

**Griffin Hospital**  
**2013 – 2016 Community Health Needs Assessment**  
**Executive Summary**

*The Patient Protection and Affordable Care Act) requires non-profit hospitals to perform a Community Health Needs Assessment (CHNA) every three years and to adopt an implementation strategy to meet outstanding community health needs identified in the assessment as a condition of maintaining the institution's federal tax exemption. Griffin Hospital's first CHNA was required to be submitted not later than September 30, 2013. In preparing the Griffin Hospital CHNA, the hospital collaborated with the Valley Council of Health and Human Service Organizations, the Lower Naugatuck Valley Health District, The Connecticut Hospital Association and the Connecticut Association of Directors of Health and numerous local community health and human service organizations that participated in focus groups and review of the CHNA document. Griffin's CHNA was shared with the Lower Naugatuck Valley Health District for use in preparing its Community Health Improvement Plan.*

---

Griffin Hospital, licensed by the State of Connecticut for 160 beds and 15 bassinets, is a general acute care hospital serving a Primary Service Area (PSA) of six towns, Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton Connecticut. The six town region has come to be known as the Lower Naugatuck Valley or more simply just "the Valley". The Valley has been self defined by the community since the first town – Derby, was settled in 1642 and incorporated in 1775. With 5 square miles of land area, Derby, where Griffin Hospital is located, is Connecticut's smallest municipality. The six towns with an area of a little more than 100 square miles have a combined population of over 107,000 based on current estimates.

The Valley evolved as an insular community due to the ethnic make-up of the population, the topography of the Valley and a poor road system from the Valley to the three cities that surround it. The Valley, at the time, was made up principally of immigrants of Italian, Irish and eastern European descent who migrated from their homeland to New York and then the sixty miles from New York to the Valley attracted by available jobs in the rubber, metals and heavy machinery manufacturing plants that predominated the area. The region was a smokestack manufacturing community located in a Valley that likely resulted in a high volume of air pollution that may have contributed to pulmonary problems. As the years passed additional family members migrated to the Valley resulting in large nuclear and extended families. Valley residents lived, shopped, worked, recreated and used health care and other services in the community. The community organizations that emerged provided services to all or most of the six Valley towns.

The Valley Community has a long and storied history of collaboration by government and non-profit organizations working together to improve the health and quality of life of the community and its residents. Griffin Hospital has been a partner and leader in the many initiatives. In addition to Griffin Hospital, Valley organizations that evolved include the Valley Council of Governments,

Valley Regional Planning Agency, Greater Valley Chamber of Commerce, Valley United Way, Naugatuck Valley Health District, Valley Council of Health and Human Service Organizations, Valley Emergency Medical Services, Valley Parish Nurse Program, Valley Transit District and the Valley Substance Abuse Action Council. Concurrent with the evolution of the six town Valley community, Griffin Hospital defined its Primary Service Area to include the six towns.

Griffin Hospital's founders identified the need for a community hospital to serve residents of the Valley in 1901 and the hospital was chartered and opened in 1909. The hospital continues as its founders envisioned, meeting the health care needs of the Valley community providing a wide array of quality clinical services and creating and providing an exceptional healthcare experience for those it serves. Griffin Hospital is distinguished as an award-winning, innovative organization, recognized as an industry leader in providing personalized, humanistic, consumer-driven health care in a healing environment.

Griffin Hospital not only strives to exceed patient expectations by providing an exceptional patient experience, but also superior clinical performance and outcomes and a strong emphasis on patient safety and privacy. The hospital's commitment to quality improvement and patient safety emanates from the hospital's governing body. The Board of Trustees established a Quality Committee of the Board that became operational in 2005 that is responsible for the adoption of policies, plans and goals that maintain and seek to continuously improve the quality of care, patient safety and customer service provided throughout the organization. The committee also reviews and evaluates organization-wide performance against established targets and reports in summary fashion to the full board including recommendations for improved performance. In September, 2006, Griffin Hospital configured a new operating division, the Patient Safety and Care Improvement Division. The division merged the functions of the Quality and Risk Management Departments, Infection Control, Case Management, and Medical Records. The Patient Safety and Care Improvement Division is responsible for augmenting Griffin's efforts related to creating an exceptional patient experience, developing a culture of patient safety, providing industry leading customer service and achieving superior clinical outcomes. Griffin Hospital reports the second best aggregate CMS Core Measure performance of all Connecticut Hospitals. It is also a leader in HCAHPS patient experience ratings. Griffin's historical performance is ratified by the numerous quality, value and patient experience awards Griffin has received from the various national organizations that measure and monitor hospital performance. These awards recognize the exemplary care and service that Griffin's talented and dedicated staff deliver to each and every patient served.

In fiscal year 2012 the hospital had 6,904 discharges, including 619 newborns, 196,386 outpatient visits including 41,256 Emergency Department encounters. The hospital recorded total revenue from patient care, other services and investments of about \$126 million. The hospital employed 1,325 and is the largest employer in the Valley with compensation and benefits paid totaling over \$70 million.

The Valley's demographics in terms of population by age group mirror those of the State of Connecticut. The Valley's African American population is 4% compared to 10.1% for the state and the Hispanic population is 6% compared to 13.4 % for the state. The African American population is centered primarily in Ansonia (11.6%) and the Hispanic population is centered primarily in

Ansonia (16.7%) and Derby (14.2%). Population by ethnic background remains primarily Italian – 23%, Polish/Russian/Ukrainian – 17% and Irish – 11%. The age 65 and over population is 14% compared to the State of Connecticut also at 14% in 2010.

The religious affiliation of the Valley community is predominantly Christian. Griffin established a Department of Pastoral Care Services in the early 1980's to respond to patient needs and in recognition of viewing the patient as a whole person – mind, body and spirit. There was early recognition that this meant reaching out to all in-house staff including physicians, nurses, administrators, and various support staff. It also meant going beyond the walls of Griffin to include the religious community representing a variety of faith groups located in the hospital's primary service area. Griffin's chaplains are available 24 hours a day seven days a week to provide spiritual care through direct patient interaction, crisis intervention, provision of religious resources, and assistance of area clergy members. Griffin Hospital's accredited Clinical Pastoral Education Program provides interfaith professional education for ministry through an intense involvement with persons in need and provides the opportunity for students to grow in their pastoral formation. Clinical Pastoral Education brings theological students and ministers of all faiths (pastors, priests, rabbis, imams, and others) into supervised encounters with persons in crisis. The first CPE unit was offered in 1997. Since that time more than 110 students have completed Level 1 and 3 students have completed Supervisory Education at Griffin Hospital.

Median household income (2007-2011) in all Valley towns has been increasing, but Ansonia (\$55,259) and Derby (\$55,478) remain almost \$15,000 below the state median. The remaining towns, Seymour (\$65,036) Beacon Falls (\$70,228), Shelton (\$79,176) and Oxford (\$95,710) were close to or considerably above the Connecticut median (\$68,055), an indication of the economic disparities within the Valley. The number of food stamp recipients in Ansonia (2,998 – 16%) and Derby (1,612 – 12%) were higher than the Connecticut rate (10%). All other towns were considerably below the state rate. The Overall Poverty Rate was the highest in the Valley (Year 2009) in Derby (11.5%) and Ansonia (10.7 %). All other towns were considerably below the state rate (11.9%) with Oxford the lowest (2.1%). Ansonia is designated by HRSA as a primary care Health Professional Shortage Area (HPSA). Ansonia and Derby experienced insignificant population declines between the 2000 and 2010 census. In all other towns the population grew between 4% and 31% in Oxford which was the fastest growing town in the state percentage wise. The total Valley population is projected to be 109,510 in 2017 up from the current 107,000.

Griffin became a pioneer early in its history in community health improvement and in developing partnerships with Valley health and human service organizations to provide leadership to improve the health and quality of life of the community and its residents. Griffin also was a pioneer in using market research techniques to help in identifying community health care needs and expectations and responding to them. As a result, today Griffin offers a vast array of services and programs broader than similar hospitals of its size. With the exception of major cardiac and transplant surgery services, Griffin offers a full range of acute care services. One remaining identified void is in cardiac catheterization and emergency angioplasty services for which the hospital plans to submit a Certificate of Need application to the state for approval in calendar year 2013.

Griffin has a history of community service and social responsibility dating back to its founding over 100 years ago and of providing educational, preventive and screening programs and services. In

1970, funded by a grant from the Kellogg Foundation, Griffin established one of the first hospital Departments of Community Health in the country to focus on the health and social needs of the community it serves. Over the past fifteen years, Griffin's reach has been expanding into the community like never before. In addition to providing health information and services to the public at the hospital and other satellite locations, Griffin takes these activities into the communities where patients live and work. By offering a variety of support groups, training sessions, educational programs, and other community-based resources and activities, and collaborating with other non-profit organizations and government entities, Griffin has extended its mission far beyond the hospital's walls to improve the health and quality of life of people of all ages.

Almost fifteen years ago, the hospital established the Department of Community Outreach and Parish Nursing to fulfill its healthy community mission and goals. Through this department, Griffin Hospital sponsors and provides operational leadership for the Valley Parish Nurse Program (VPNP), one of the largest parish nurse initiatives in the country. Started by Griffin Hospital in 1990 with five churches, the program continues to grow, now with thirty-five churches, with an aggregate population of over 35,000 parishioners, in Griffin's PSA. While services are provided to a cross-section of the population, the primary focus of outreach efforts are to the underserved, minority, low income populations. Griffin coordinates the program out of its Department of Community Outreach and Parish Nursing. The department has 5 employees who support the 75 volunteer parish nurses and 320 volunteers who serve on the Healthcare Cabinets of the churches. Parish nurses are persons of faith who are experienced registered nurses, and who have received special education in holistic health care. They have skills in teaching and health counseling as well as knowledge of community resources. The parish nurse promotes wellness within the congregation, enhances the church's outreach ministry, and strengthens the awareness of the connection between faith and health.

The Valley, geographically located in south central Connecticut, is surrounded by three of the state's largest cities, New Haven, to the South, Bridgeport, to the Southwest, and Waterbury to the North each between 9 and 15 miles from Griffin Hospital. There are two tertiary care hospitals in Bridgeport and Waterbury and with the merger of the Hospital of St. Raphael with Yale New Haven Hospital, one very large hospital in New Haven. Yale New Haven Hospital is now one of the ten largest hospitals in the country. Each has varying degrees of market share in Griffin's primary service area towns depending on the proximity to the three cities and the hospitals located there. Griffin's larger geographic region is one of the most competitive hospital markets in the country for both patients and staff.

The Valley community actually produced its first community health needs assessment in 1996 as part of the community's Healthy Valley project. Griffin Hospital was one of the founders of Healthy Valley and was the only corporate funding sponsor. Healthy Valley, launched in 1994, was Connecticut's first healthy community project and received national recognition and awards as a model for other communities across the country. Healthy Valley is about mobilizing and engaging the community to identify and solve its problems and to build on existing strengths and resources. Total community involvement is viewed as critical to success and much was committed to communicating to the community. Communication efforts included a formal Annual Report, a periodic newsletter, news releases and speaking engagements.

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

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

Valley data that was researched and gathered was compared with state norms. This data was used as a tool by the Healthy Valley Stakeholder group to help select "Key Performance Areas" to focus on. This list was fine tuned and reduced to a manageable "Report Card" which was tracked on an ongoing basis. In effect the Healthy Valley Community Health and Quality of Life Profile was the first Community Health Needs Assessment produced for the Griffin Hospital Primary Service Area. The Healthy Valley "Report Card" set the stage for the production of the Community Health Profile by the Yale-Griffin Prevention Research Center on a continuing basis. The Yale-Griffin Prevention Research Center was established in 1998 through a grant from the Centers for Disease Control (CDC). One of 37 such centers nationwide, each of which represents an academic/community partnership, the Yale-Griffin PRC is the only center in the network based in a hospital. These centers engage in interdisciplinary applied prevention research in collaboration with community partners, federal, state, and local health and education agencies, and other universities.

Data for the health indicators were compiled by a professor at the Southern CT State University Public Health Department. The health of the Valley community and its residents was rated at very good overall, prompting the Healthy Valley group to give the Valley's health a grade of B+.

The report showed the overall death rate for all causes and for all major diseases to be below the state rate. Also below the state rate were the infant death rate, low birth weight babies and births to teenage mothers. The number of infectious disease cases was significantly lower than the state rate in all areas including the sexually transmitted diseases of gonorrhea, chlamydia, syphilis and

AIDS. The other infectious diseases of Hepatitis A and B, Lyme disease and rabies were all below the state average, and there were no new cases of either tuberculosis or measles reported in 1994.

Healthy Valley selected 6 "Key Performance Areas" (KPAs) to focus on: Arts & Recreation, Economic Development, Community Involvement, Health, Education and Youth / America's Promise. In addition, an Electronic Valley team created an Internet information and communications system to link together all segments of the Valley community. The Electronic Valley [www.electronicvalley.org](http://www.electronicvalley.org) continues to provide a unique communications system to the Valley community today.

### **Development of the Griffin Hospital CHNA**

Griffin Hospital in partnership with the Naugatuck Valley Health District established a task force to collaborate on the development of the Griffin Hospital Community Health Needs Assessment. Griffin Vice President William Powanda chairs the Task Force. The goal of the task force is to ensure an integrated approach to development of the CHNA and the Lower Naugatuck Valley Health District Community Health Improvement Plan which are being developed simultaneously. Members of the task force include, in addition to Powanda, Karen Spargo, Director, Naugatuck Valley Health District, Beth Comerford, Associate Director, Yale- Griffin Prevention Research Center, Amy Shields, Intern, Naugatuck Valley Health District, Mary Nescott, Director of Quality Management, Birmingham Group Health Services, Heidi Zavaton-Veth, Director, Valley Council of Health and Human Service Organizations, Data Analyst, Yale – Griffin Prevention Research Center, Ken Roberts, Director, Griffin Hospital Department of Communications and Public Affairs, Ken Steele, Data Management Coordinator, Griffin Hospital.

In addition, three organizations representing their respective members have joined together to meet aligned goals and foster significant improvements in community health and health outcomes in Connecticut. The collaborative includes the Connecticut Hospital Association, the Connecticut Association of Directors of Health and the Federally Qualified Health Centers. This collaborative initiative is developing a model community health assessment template for use by hospitals, community health centers, health departments and others providing a standardized method for data collection and reporting on benchmark indicators that can be used regionally and statewide. Ideally, the assessment tool could serve as a national model. Beyond this, this collaborative is also working on guidelines for strategy and implementation of an improvement plan with outcomes measures. The Connecticut Association of Directors of Health (CADH) and the Connecticut Hospital Association (CHA) have agreed to work together to conduct community health needs assessments with input from public health directors, acute care hospitals and community members and adopt an implementation strategy to meet needs identified by the assessments. The long-term vision of the Collaboration is the development of sustainable partnerships between local health departments and hospitals to address the public health and healthcare needs of the communities they serve while 1) leveraging existing resources to coordinate initiatives, 2) Creating synergy and avoiding duplicative efforts, and 3) demonstrating value and accountability to community stakeholders and funders. Griffin Hospital and the Lower Naugatuck Valley Health District are active members of the Collaborative.

The work of the state collaborative in guiding the development process of the CHNA and the research conducted by the local collaborative were valuable in the development of the Griffin Hospital CHNA.

The Griffin Hospital CHNA also includes past research including the work done by Healthy Valley (referenced earlier) and the Yale-Griffin Prevention Research Center and the Valley Council on Health and Human Services. It also includes research done specifically for this needs assessment. The community health assessment includes both quantitative and qualitative data. The following lists the research that helped formulate a list of community needs that is included in more detail in the CHNA.

- ❖ Healthy Valley Research and Report
- ❖ Griffin Hospital Primary Service Area Claritas Demographic Snapshot Report
- ❖ Griffin Hospital Community Perception Survey
- ❖ Valley Substance Abuse Action Council Biennial Student Substance Abuse Survey
- ❖ Valley Cares Community Needs Survey Results
- ❖ Valley Cares Report Summary
- ❖ Yale- Griffin PRC Community Health Profile 2009-2010 (Released August 2012)
- ❖ Griffin Hospital Medical Manpower Plan
- ❖ Senior Needs Assessment
- ❖ CHNA Email Survey – 2012
- ❖ Focus Group Summary Reports: Valley Council of Health and Human Service Organizations, Valley Parish Nurses, Valley Clergy, Educators, Greater Valley Chamber of Commerce Health Council

### **Findings – The State of the Valley’s (Griffin Hospital Primary Service Area) Health**

The research previously done and the research done specifically for the development of the CHNA indicates that the state of the Valley’s health remains consistent with the grade established by the Healthy Valley leaders in 1998. The health of the Valley community and its residents then was rated at very good overall, prompting the Healthy Valley group to give the Valley's health a grade of B+. “Health” at that time was defined in a broader context to include all factors of quality of life whereas health as defined for the CHNA may be somewhat narrower in scope. Overall, however, a grade of B+ seems fair for the assessment of the community’s health at this time. In the Valley Cares survey (2009-2010) an impressive percent of respondents, 92.8%, reported their quality of life as either “very good” (33.0%) or “good” (59.8%), while another 7.3% reported “poor” (5.8%) or “very poor” (1.5%). When asked to state the current issues or problems which are affecting their quality life in the Valley, the top responses included the following: “none/nothing” (57.5%), “healthcare” (7.8%) and “don’t know” (7.5%).

Themes that emerged from the overall research are:

- **Awareness of Health and Human Services**
- **Transportation**
- **Obesity**
- **Primary Care Access**

- **Community Population Based Medical Issues**
- **Clinical Services**
- **Substance Abuse**
- **Pre-Natal Care**
- **Regional Cooperation on Health Issues**

- ❖ **Awareness of Health and Human Services** – There is a wealth of health and human services available in the PSA as documented in the Community Health Services Inventory. Griffin Hospital also offers a broader array of services as documented in the Griffin Hospital Patient Services Section of the CHNA than hospitals of similar size and complexity. Clearly community residents are unaware of community and Griffin services available in the PSA indicating a need for increased awareness and promotion. It would be labor intensive, costly and likely a futile exercise to try and promote each service.

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

**ACTION:** The Valley Council of Health and Human Service Organizations, Valley United Way and Griffin Hospital will initiate a project to 1) ensure that all Valley health and human service organizations submit the required current information to 211 to be included in their data base, and 2) develop an awareness campaign including free, donated and possibly paid media promotion of 211 with a goal of raising community awareness of this valuable service to the same level as community awareness of the 911 emergency service. Griffin Hospital will also promote the awareness of 211 to the Griffin family (staff, volunteers, doctors) and to patients and the community that uses Griffin services.

- ❖ **Transportation** – There is a perceived or real lack of transportation services in the PSA even though the availability of services as identified in the Transportation section of the CHNA is fairly robust. Transportation services and facilities available include: Valley Transit District, Connecticut Transit and the Greater Bridgeport Transit Authority bus service with routes through the Valley and to urban cities surrounding the Valley, Metro North Railroad Line, the Valley Cab service, Senior Centers that have vehicles and provide free service to their members and Oxford Airport. There has been criticism in the past of the timing of Valley

services so there is connectivity from one service to another i.e. train stops at Valley stations and the timing of bus stops at those locations.

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

The Valley Transit District is a public agency that operates a fleet of 14 minibuses on a reserved ride basis. In 2012 through a federal grant the VTD received all new vehicles. VTD is the public transportation system for the cities of Ansonia, Derby, Seymour and Shelton. Valley Transit District service will extend outside its service area to New Haven for ADA riders. Riders must be certified for ADA status. The VTD service is fully accessible for individuals with disabilities and can accommodate wheelchairs through wheelchair lift equipment and other mobility devices. VTD drivers give riders curb to curb assistance from their origin to their destination. General public rider fares are \$4.50 one-way. Fares for rides to work, school trips, seniors over age 60 and riders with ADA certification are \$2.50 one-way. The VTD was founded with a goal of providing convenient, affordable transportation for health and medical visits.

The TEAM Medical Transportation program provides basic transportation for seniors who cannot access traditional transportation systems. Arrangements are made to transport elderly persons to medical appointments. The Program services persons 60 years and older. A contract with the VTD provides transportation to medical and health facilities located in the area and out of the Valley to Bridgeport, New Haven, West Haven, Hamden, Stratford and Trumbull. Service is handicapped accessible. The service is free but a suggested donation is requested.

The need/lack of awareness identified in the CHNA research will be shared with VTD leadership. Griffin Hospital will promote awareness of the VTD service for medical services at the hospital and at other community health providers. While services seem to be reasonably priced, additional investigation will be done to see if funds are needed to be available for individuals who may not be able to afford the cost for medical appointments.

- ❖ **Obesity** – Research identified a general concern about obesity at the childhood, adolescent and adult ages. Some members of focus groups were aware of the VITAHLS – Valley Initiative to Advance Health and learning in Schools – childhood and adolescent obesity prevention initiative (see VITAHLS in Section II of CHNA) and were complementary and supportive of it. However, those and others expressed concern about the overall obesity epidemic and the high number of adults that are obese or overweight and the need to address the adult obesity problem as well as childhood and adolescent obesity in the Valley.

VITAHLS, now in its second year, was originally designed and intended to reach the parents of school aged youth and the community at large. The number of obese adults, along with related disease rates and health care costs, is on course to increase dramatically in Connecticut over the next 20 years, according to *"F as in Fat: How Obesity Threatens America's Future 2012"*, a report released in September 2012 by Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF).

The annual report, for the first time, includes an analysis that forecasts 2030 adult obesity rates in each state and the likely resulting rise in obesity-related disease rates and health care costs. By contrast, the analysis also shows that states could prevent obesity-related diseases and dramatically reduce health care costs if they reduced the average body mass index of their residents by just 5 percent by 2030. (For a six-foot-tall person weighing 200 pounds, a 5 percent reduction in BMI would be the equivalent of losing roughly 10 pounds.) If obesity rates continue on their current trajectories, by 2030, the obesity rate in Connecticut could reach 46.5 percent. According to the latest data from the U.S. Centers for Disease Control and Prevention (CDC), in 2011, 24.5 percent of adults in the state were obese. Over the next 20 years, obesity could contribute to 412,641 new cases of type 2 diabetes; 1,014,057 new cases of coronary heart disease and stroke, 941,046 new cases of hypertension, 597,155 new cases of arthritis, and 147,883 new cases of obesity-related cancer in Connecticut. Currently, more than 25 million Americans have type 2 diabetes, 27 million have chronic heart disease, 68 million have hypertension and 50 million have arthritis. In addition, 795,000 Americans suffer a stroke each year, and approximately one in three deaths from cancer per year (approximately 190,650) are related to obesity, poor nutrition or physical inactivity. By 2030, obesity-related health care costs in Connecticut could climb by more than 15.7 percent, which could be the 22nd highest increase in the country. Nationally, nine states could see increases of more than 20 percent.

If BMIs were lowered by 5 percent, Connecticut could save 7 percent in health care costs, which would equate to savings of \$7,370,000,000 by 2030.

The number of Connecticut residents who could be spared from developing new cases of major obesity-related diseases includes:

- 83,932 people could be spared from type 2 diabetes,
- 79,528 from coronary heart disease and stroke,
- 75,911 from hypertension,
- 38,564 from arthritis, and
- 6,374 from obesity-related cancer.

The Connecticut Youth Risk Behavior Survey indicates that among high school students 13% were obese, 4% did not eat fruit or drink 100% fruit juices during the 7 days before the survey, 4% did not eat vegetables during the 7 days before the survey, 12% did not participate in at least 60 minutes of physical activity on any day, 27% watched television 3

or more hours per day on an average school day and 31% used computers 3 or more hours per day on an average school day.

**ACTION:** Working in partnership with six Valley School Districts, Griffin Hospital and the Yale-Griffin Prevention Research Center launched the VITAHLS childhood and adolescent obesity prevention initiative. The initiative was formally launched in October 2011 after six months of planning and development with the involvement of the leadership of the school districts. The mission of the initiative is to develop, implement, evaluate and sustain a comprehensive Valley-wide school-based childhood and adolescent obesity prevention program that focuses on nutrition and physical activity to reduce the prevalence of obesity and to promote health and academic readiness in students Pre-K to grade 12. The Initiative was included in Griffin Hospital's Board approved Strategic Plan in response to concerns about the obesity epidemic. It is consistent with Griffin's Mission – "to providing leadership to improve the health of the community we serve." Griffin Hospital committed to creating programs and activities that are sustainable with little or no budget impact on the school districts. VITAHLS will incorporate the NuVal food scoring system, Nutrition Detectives and ABC for Fitness developed by the Yale-Griffin Prevention Research Center. Five of the six school districts in Griffin's service area are participating in addition to the Emmett O'Brien Regional Technical School. The VITAHLS Working Group Committee continues to meet monthly with other subcommittees also meeting. BMI scales (cost \$4,300 each) are being provided to the schools to help measure the effectiveness of the program. The NuVal Nutritional scoring System was formally launched in October 2012 in the Derby High School and in the Derby Middle School in 2013. The Yale-Griffin Prevention Research Center developed a working version of a middle school and/or high school nutrition education program called "The Road to Health." This program was originally created by the PRC as a summer nutrition program for youth at the Yale Community Rowing Program held in the Valley at the Yale boathouse, but is potentially appropriate for school use as well. The program includes hands-on activities and use of nutrition information from various fast food menus to examine the nutrient content of a typical fast food meal and plan a more healthful fast food meal. The PRC piloted the program in selected schools in 2013 and plans to have a more formal version of the program ready for the 2013-2014 school year.

A fund raiser was held at Jones Tree Farm in Shelton with \$5,000 raised for the VITAHLS program. Griffin Hospital is providing funding support and in-kind staff support for the program. It is estimated that \$45,000 was provided by Griffin for program and equipment and in-kind costs. Additionally, the proceeds from the Griffin Hospital Annual Gala in 2012 were committed to support the program. More than \$100,000 was raised by the Gala. The funding is being used for a part-time VITAHLS program coordinator. In 2012, the Ansonia Public School District received a \$50,000 grant from the Connecticut Department of Education's Bureau of Health/Nutrition, Family Services and Adult Education to implement and evaluate a school nutrition rating system to guide student's food selections and school food service purchases from vendors. The district plans to use the NuVal Nutritional Scoring System, which assigns a score of 1 to 100 to foods based on their overall nutritional value. The Yale-Griffin PRC will provide technical support and assist with the evaluation, which will focus on whether educating students about NuVal and posting NuVal scores next

to cafeteria foods leads to changes in school food purchases that reflect a trade-up to foods with higher nutritional value. All services are delivered free of charge to students. The VITAHLS initiative is being led by Griffin Vice President William Powanda and Beth Comerford, Deputy Director of the Yale-Griffin Prevention Research Center. Communications Director Ken Roberts is responsible for media. Other Griffin staff serve on working subcommittees and are available as specific needs emerge. VITAHLS is an ongoing project that will evolve as new components are developed. The hiring of a coordinator will allow the program to expand to reach out as it was designed to parents and the community at-large.

Unfortunately, obesity data by town/school district is not currently available for the State of Connecticut.

- ❖ **Primary Care Access** – Concerns were raised in focus groups and in other forums about access to medical care in the Valley, reliance on Griffin’s Emergency Department and other community urgent care centers and availability of primary care physicians in the Valley. This issue is addressed in Section XV. Of the CHNA – Griffin Hospital Medical Manpower Plan. Connecticut does rank 5<sup>th</sup> highest of states in physicians per capita at 33.5 physicians providing patient care per 10,000 population as compared to an average of 25.7 physicians per 100,000 for the United States. Idaho is the lowest at 17.0 and Massachusetts is the highest at 39.7 physicians per 100,000 population. (Kaiser State Health Facts)

**ACTION:** Griffin Hospital intends to continue to increase the number of primary care providers, as well as meet specialty care shortages, within the primary service area consistent with the needs identified in the Griffin Hospital Medical Manpower Plan. Griffin will also seek to place primary and specialty care physicians in select locations in its secondary service area where there is deemed to be a need. The limiting factors will be the availability of primary care physicians and the hospital’s financial resources available to recruit and place them. The Griffin Faculty Practice (GFP) was established to assist in the recruitment and placement of community based physicians, to offer inpatient services including a hospitalist service, surgical PA services, childbirth PA services and hospice care; as well as to provide teaching faculty for the Internal Medicine and Preventative Medicine Programs. The Griffin Faculty Practice is a multi-specialty medical group affiliated with Griffin Hospital. It includes fifteen physicians and medical practitioners. In the community GFP provides primary care, geriatrics, breast surgery, urology and integrative medicine. Based on the Medical Manpower Plan, the Griffin Faculty Practice has recently placed primary care physicians Shilpa Shetty, M.D. in Derby, Shoba Jagadeesh, M.D. in Oxford, Shyla Muriel, M.D. in Seymour, APRN Holly Major in Oxford and Richard Biondi, M.D. in Southbury (Secondary Service Area.) GFP has also placed Denise Barajas, M.D. as the Medical Director and Breast Surgeon at the Center for Breast Wellness in Derby and Brian Sperling, M.D. a urologist in Shelton. GFP is committed to providing the best possible care for patients. In keeping with the Planetree model, GFP physicians strive to provide patient-centered, personalized care to those it serves. GFP uses a state-of-the-art Electronic Medical Records (EMR) system that affords patients with 24/7 access to their records through an online patient portal. GFP physicians practice evidence-based medicine and focus on managing chronic diseases to help patients reach their personal health goals. GFP

is taking part in an innovative program to improve primary care for patients. It is working to become an “Advanced Primary Care Practice” also known as a “Patient Centered Medical Home”. These programs are recognized by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). The Advanced Primary Care Practice / Patient Centered Medical Home is a model of primary care that seeks to improve primary care in five specific areas/attributes: Comprehensive, Patient-Centered, Coordinated Care, Accessible Services and Quality and Safety. In addition, the Cornell Scott Hill Health Center is a federally qualified community health center. The Center provides an extensive array of medical, behavioral health and dental services to more than 33,000 people each year at 16 care sites including sites in Ansonia and Derby, both in Griffin Hospital’s primary service area. The Cornell Scott Hill Health Center in Ansonia provides Internal Medicine, Pediatrics, Gynecology, Family Planning, Podiatry and Nutrition Services as well as Outpatient Mental Health evaluation and treatment and Outpatient Substance Abuse evaluation and treatment. Behavioral health services are designed specifically for children, adults and families. The Cornell Scott-Hill Health Center seeks to make its services more affordable for uninsured, low-income patients. Uninsured and low-income patients may qualify for reduced fees based on income called a sliding-fee scale. Patients may apply for one of five discount levels, based on annual income and family size. The discounts off the Center’s standard charges remain valid for one year after the date of application, unless the patient qualifies for or secures insurance coverage in the interim.

- ❖ **Community Population Based Medical Issues** – The first Valley Health Profile was produced in 1998 at approximately the same time the Yale-Griffin Prevention Research Center was founded. It was produced as part of the research for the Healthy Valley healthy community project by staff at Southern Connecticut State University. It was created to assess the health and well-being of Valley residents. The purpose was to create a report whereby comparisons could be made between the health of the populations of the Valley and the state of Connecticut and to present Valley agencies with a useful, comprehensive document to inform program and policy decision-making.

Subsequent editions were produced in 2000, 2002, 2005, 2007, 2009, 2012 by the Yale-Griffin PRC. Detailed results from the latest Community Health Profile are included in CHNA Section XV - Yale-Griffin PRC Community Health Profile 2009-2010 (Released August 2012). The continued goal of the health profile is to develop an efficient and meaningful way of tracking various causes of morbidity and mortality in the people of the Valley. The current edition of the CHP continues to include the most recently available data describing aspects of the population; as well as data covering ten year time periods that describe trends in morbidity, mortality and cancer (incidence and mortality). For trend analysis, rates of individual towns in the Valley, as well as total Valley rates were compared to rates in the state of Connecticut and in major Connecticut cities.

Results in the latest Community Health Profile show that the annual age-adjusted mortality rates from heart disease in the Valley remained significantly higher in comparison to Connecticut for the newly added years of 2007, 2008 and 2009. The ten year annual age-adjusted mortality rates from heart disease in the Valley declined from 1999 to 2009. These rates of mortality were significantly higher in the Valley when compared to the

state (especially amongst males) during this timeframe. Age-adjusted cerebrovascular disease mortality rates fluctuated from 2007 to 2009, but were significantly higher than Connecticut. Age-adjusted cerebrovascular disease mortality rates in the Valley declined from 1999 to 2009. From 2005 to 2008, rates in the Valley were significantly higher when compared to the state. Mortality data from 2009 indicated that the Valley had a significantly lower age-adjusted rate of mortality from cerebrovascular disease when compared to the state for the first time since 2004.

With respect to cancer morbidity and mortality, the crude incidence rates for all invasive cancers in the Valley were significantly higher than the rate of Connecticut in 2007 and 2008. From 2004 to 2008, the incidence rate of breast cancer among females in the Valley towns was lower than the state (but no significant differences were found). In a previous CHP, it was reported that there was sharp increase in the number of deaths from breast cancer in the Valley in 2005. 2005's increased rate was not significantly higher than the previous year and the data from the following years remained relatively stable. The 2008 breast cancer age-adjusted rate of mortality in the Valley was significantly higher than the state for the first time since 2005.

The Griffin Hospital Primary Service area includes five towns that are in New Haven County (Ansonia, Beacon Falls, Derby, Oxford and Seymour. The sixth town, Shelton, is in Fairfield County. New Haven County does not meet the Healthy People Objectives (State Cancer Profiles – NCI) for the following Cancer types:

<u>Cancer Type</u>	<u>HP 2020 Objective/100,000</u>	<u>Annual Death Rate/100,000</u>
• Melanoma of the Skin	2.4	2.5
• Prostate	21.2	24.3
• Colon & Rectum	14.5	15.4
• Breast	20.6	23.6
• Lung & Bronchus	45.5	48.6
• Oral Cavity & Pharynx	2.3	2.4

Crude incidence rates of colorectal cancer in the Valley remain higher than the state as well (but do not significantly differ). Mortality rates of colorectal cancer in the Valley were significantly higher than the state from 2005 to 2008. The Valley had significantly higher mortality rates due to colorectal cancer than the state in 2007 and 2008. In addition, the Valley continued to have significantly higher age-adjusted rates of mortality from lung cancer than the state. Crude incidence of prostate cancer in the Valley fluctuated and the latest data indicates that the Valley had lower (non-significant) rates than the state in 2007 and 2008. Annual data collected since the last report indicates that crude incidence rates of prostate cancer in the Valley have increased but remained lower than the state. From 1998 to 2008, the age-adjusted mortality rate due to prostate cancer in the state has remained fairly constant. Incidence rates of Thyroid cancer remain higher in the Valley than the state but are not found to significantly differ.

Historically, since the first Community Health Profile (CHP) was produced, the breast cancer mortality rate has tended to be higher in the six Valley towns than the state rate

and mammography screening rates were also identified as below the state rate. Griffin initiatives were launched after the first CHP was produced in 1998 focused on increasing the mammography screening rates throughout the Valley. A 2012 report by the Komen Foundation revealed that the breast cancer mortality rate in five of the six Valley towns had fallen below the state rate, the only exception being the city of Shelton and the city of Naugatuck in Griffin's secondary service area. Since 1998, it appears that the age-adjusted breast cancer mortality rates among females of in the Valley have declined (with the exception of an upward spike in rates in 2005). Rates in 2007 were the lowest in the Valley since CHP data collection began in 1995. From 2004 to 2008, rates in the Valley were significantly lower than the state. Rates in Connecticut were relatively stable from 1998 to 2008. Information from the Connecticut Peer Review Organization showed that only 20% of women age 65 and older in the Valley are receiving screening mammograms, compared to 27% for the state which is also a very low number. Similarly Griffin launched initiatives to increase the number of colonoscopies performed for residents of the Valley. Those initiatives continue.

The latest Community Health Profile produced by the Yale-Griffin Prevention Research Center and released in August 2012, suggests that crude incidence rates for lung cancer in the Valley have increased. From 2004-2008 (a five year period), crude incidence rates increased in the Valley, however this change was not viewed as statistically significant. From 1998 to 2008, crude incidence of lung cancer remained stable in the state. Further newly added data in the 2012 Community Health Profile report showed that crude incidence rates of lung cancer in the Valley are significantly higher than the major cities and the state overall. The Valley towns continued to remain comparable with regards to the crude incidence rates in neighboring towns (Naugatuck, Southbury, and Woodbury). Since 2001, rates of mortality from lung cancer in the Valley were significantly higher than the state. However, it would appear that rates in the Valley have declined since their highest point in 2003. New Haven County in which five of the six towns in Griffin's Primary Service Area are located had the highest Annual Incidence Rate – 74.2/100,000 people of Connecticut's eight counties and higher than the overall Connecticut rate of 66.1/100,000 for the period 2006 – 2010 (National Cancer Institute). The Healthy People 2020 objective is to reduce the Lung Cancer Death Rate to 45.5/100,000. Connecticut overall met the annual death rate objective at 44.2/100,000 over the 2006-2010 period. New Haven County did not meet the death rate objective at 48.6/100,000. At Griffin Hospital, 58 lung cancers were diagnosed in 2010. Only 20 of these cases were diagnosed at Stage I.

**ACTION:** Griffin Hospital has been aggressively addressing PSA population based medical issues since the first Community Health Profile was produced in 1988. The first report showed the overall death rate for all causes and for all major diseases to be below the state rate. Also below the state rate were the infant death rate, low birth weight babies and births to teenage mothers. The number of infectious disease cases was significantly lower than the state rate in all areas including the sexually transmitted diseases of gonorrhea, chlamydia, syphilis and AIDS. The other infectious diseases of Hepatitis A and B, Lyme disease and rabies were all below the state average, and there were no new cases of either tuberculosis or measles reported in 1994.

Average death rates reported for the 7 year period, 1986-92: avg. death rate, all causes - .2% below state; avg. death rate, heart -12.3% below state; avg. death rate, lung disease - 6.7% below state; avg. death rate, pneumonia - 3.1% below state; avg. death rate, cancer - 2.4% below state; avg. death rate, stroke -- 1.9% below state. Areas where the Mortality Rates were higher than the state rates for the period 1989 to 1991 were Lung cancer in men - 23% above state and expected rate; Colon cancer in men - 13% above state and expected rate; Ovarian cancer in women - 25% above state and expected rate; Uterine cancer in women - 9% above state and expected rate and Lung cancer in women - 2% above state and expected rate.

Griffin Hospital launched a High Risk Lung Cancer Screening Program in July 2013. Griffin purchased Covidien's SuperDimension I-Logic navigation bronchoscopy (ENB) system to be used in concert with the Screening Program. The I-Logic system uses "GPS-like" technology to navigate the lungs and access solitary pulmonary nodules and lymph nodes. This access provides a safe, effective and minimally invasive alternative for diagnosis, staging, and ultimate treatment of lung cancer. This technology potentially improves the diagnostic yields identifying possible lung cancers at early stages and reducing unnecessary surgeries and complications for high risk patients. Griffin will promote the Lung Cancer Screening program and the availability of the I-Logic navigation bronchoscopy system to its medical staff and to potential patients.

- ❖ **Clinical Services** – In response to questions related to hospital or health care services that those queried would like to see provided in the community, general mention was made in the Community Perception Survey, the Valley Cares Community Survey and in focus groups of the need for more cardiac and mental health services.

**ACTION:** Griffin Hospital plans to submit a Certificate of Need application to the Connecticut Office of Health Care Access (OHCA) for approval to establish Cardiac Catheterization and Emergency Angioplasty Services on the hospital's main campus in calendar 2013. These services are now considered to be state-of-the-art for community hospitals of Griffin's size and complexity and Griffin believes that the application will provide the required justification for the services based on need. Griffin Hospital's senior leadership expects approval by OHCA. Cardiac Catheterization and Emergency Angioplasty are the two cardiac related services most requested by community residents to be provided locally.

Griffin Hospital has no plans to increase mental health services. Griffin Hospital has a 14-bed Inpatient Unit for adult and geriatric short-term treatment that provides comprehensive evaluation and focused crisis-oriented treatment for patients who cannot be treated safely on an outpatient basis. The Griffin Hospital Department of Psychiatry also offers a full range of outpatient behavioral health and chemical dependency programs. These programs and services include mental health services for those with state insurance or no insurance, services for alcohol or drug abuse, suicide prevention, medication needs and more. Griffin offers a 24-hour crisis intervention and consultation service where a trained counselor will help connect anyone with a mental health or substance abuse

related crisis to appropriate services. In addition to services offered by Griffin Hospital, BH Care is a state licensed, non-profit behavioral health care provider located in Ansonia, Connecticut, serving the citizens of Griffin Hospital's primary service area. BH Care has been providing services for children, families and individuals affected by mental illness, domestic violence and substance abuse for more than 25 years. BH Care receives funding from the CT Department of Mental Health and Addiction Services and the CT Department of Social Services.

- ❖ **Substance Abuse** – Concerns were raised and identified in most of the various research components related to substance abuse in the Valley particularly, but not solely youth. The Valley Cares Community survey (2009- 2010) concluded: Residents surveyed expressed a considerable degree of concern about illegal drug usage within the Valley community. Eighty-two percent of respondents saw illegal drugs as a somewhat or very serious problem in the Valley.

Comments and research noted:

- It is a big problem everywhere as well as here in the Valley; it definitely needs to be addressed and is in the top 3 of community issues – it affects everything that goes on in the community i.e. Unemployment, domestic violence, child care neglect
- There is a shortage of inpatient addiction services.
- There is a need for more inpatient substance abuse care in the Valley and in the State; after a certain number of days, these people are thrown back to go to the 3 major cities
- Those with addiction issues such as opiates – don't want to be stigmatized – their own doctors aren't even doing preventive screenings – doctors don't know what to do with addicts – primary care physicians don't know how to handle these issues (14-54 age range);
- inappropriate use/abuse of prescription drugs;
- Tobacco – is still an issue with young people; now we see more of an increase with the marijuana issue; young people somehow feel safer now that it is legalized
- Increase in sale of cigarittos and cigars since no tax; people are switching from cigarettes to these;
- The number of substance abuse related hospital visits to Griffin Hospital demonstrates the personal and financial impact of substance abuse. In the past 3 years, about 3% of emergency room visits were substance abuse related, with close to 1,000 such visits per year. In the 2009 fiscal year, about 12% of all inpatient hospitalizations were related to substance abuse. When asked about the social & health concerns facing schoolchildren survey respondents with children under 18 at home most commonly identified drugs (49%) and bullying (26%).
- According to the 2009 Valley Substance Abuse Action council (VSAAC) Survey, alcohol remains the substance most frequently used by Valley youth. In 2009, 62% of Valley 11th graders reported using alcohol during the past 12 months. In addition, 36% of high school juniors indicated they had used marijuana in the past year. For most substances, usage rates increase markedly between middle school and high school.

- Surveys of Valley middle and high school students demonstrate that youth substance use is common, particularly in the case of alcohol and marijuana.
- The percent of Middle & High School Students Reporting Substance Use in Past 12 Months:
  - 11<sup>th</sup> grade = Alcohol 62%, Marijuana 36%, Cocaine/Crack 4%, Prescription Drugs 13%
  - 9<sup>th</sup> grade = Alcohol 43%, Marijuana 19%, Cocaine/Crack 2%, Prescription Drugs 7%
  - 7<sup>th</sup> grade = Alcohol 15%, Marijuana 1%, Cocaine/Crack 1%, Prescription Drugs 5%
- **ACTION:** The Valley Substance Abuse Action Council (VSAAC) is a public/private partnership comprised of community leaders and citizens who develop and carry out strategies to reduce alcohol, tobacco, and other drug use in the Lower Naugatuck Valley, Greater New Haven and surrounding communities. VSAAC was created from a community retreat held in 1989 by the Valley United Way with concerned citizens to address substance abuse issues in the Valley. VSAAC was founded through a multi-year federal grant from the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (CSAP). VSAAC’s mission is to reduce alcohol, tobacco, other drug use, suicide, risky behaviors, and promote good mental health in its service area among youth and, over time, among adults through community mobilization, public awareness, and advocacy. VSAAC offers a variety of interactive workshops and presentations for youth and adults, as well as resource materials, curriculums, training programs, referrals, and other information about drug abuse, alcohol, and tobacco that can help parents, children, and the larger community become better aware and equipped to combat the intrusion of these harmful substances in daily lives. VSAAC conducts a biennial student substance abuse survey in Valley school systems that track substance use and trends. VSAAC has received additional federal grants to support programs to achieve its mission including a competitive federal Drug Free Communities Grant providing ten years of operational support funding. VSAAC is a member of the Valley Council of Health and Human Service Organizations and works with its member agencies, including Griffin Hospital to comprehensively address community substance abuse issues.

❖ **Pre-Natal Care** – Discussion in a number of forums and focus groups raised the issue of a perception that pre-natal care was low and that an intervention was needed. Research, however, revealed that prenatal care for mothers-to-be in the Valley was significantly better when compared to the state and New Haven County as reported by the Connecticut Department of Public Health. Pre-Natal Care for Connecticut Resident Births in 2009 was as follows:

	<u>None</u>	<u>Adequate</u>	<u>Intensive</u>	<u>Timing – Late</u>
Connecticut	19.8%	44.3%	35.9%	12.3%
New Haven County.	16.2%	45.7%	39.1%	12.9%
Valley – Avg.	11.6%	35.7%	53.8%	6.0%

**ACTION:** Based on the actual data above there is no action required related to Pre-Natal Care. The information should be widely shared with health and human service organization and other community leaders to ensure that there is increased knowledge of the Valley data as compared to New Haven County and the State of Connecticut.

- **Regional Cooperation on Health Issues** – Regional cooperation, the leadership of Griffin Hospital on community health improvement and the effectiveness of efforts was positively noted in focus groups, forums and surveys. Of particular note was the Valley Council of Health and Human Service Organizations (VCHHSO) Griffin Hospital was a leader in establishing The Valley Council of Health and Human Service Organizations which has become a model for other communities. The Valley Council is a cooperative venture founded over twenty years ago linking approximately 50 non-profit health & human service providers throughout the Valley. Its mission is to identify, plan, implement, and coordinate a comprehensive system of human service delivery and to advocate for community-wide and culturally diverse planning approaches in the larger Valley community. Decision makers from each of the active members meet monthly. The Council's objectives are to: 1. Engage in periodic assessment and identification of local service needs, including client input. 2. Collaboratively evaluate current services, identify gaps, and strategize on how to fill gaps in services. 3. Serve as the primary planning and coordinating body for the regions' service provision system. 4. Provide a place for support and networking among the Valley human services community. 5. Advocate for the needs of local residents and for resources to meet those needs on a local, state, and federal level. 6. Seek to develop partnerships with other community systems (i.e. schools, businesses, state and local governments, public safety) to enhance service delivery. Griffin remains an active member of the Council. Not only is Griffin Hospital a continuing member, the Valley Parish Nurse Program and the Yale-Griffin Prevention Research Center also are members. The Lower Naugatuck Valley region was named an All- America City by the National Civic League in 2000 gaining national recognition of the capacity and community building effort of multiple organizations and people. Judges praised the community for partnerships, teamwork, regional cooperation and innovation in selecting the Valley for the award.

The material in this Community Health Needs Assessment will document Griffin's commitment to the six town Valley community that has been its Primary Service Area for over a century. Much of the research referenced and used in the CHNA has been done over a two decade period of time and has been a collaborative effort between the Valley Council of Health and Human Service Organizations, Griffin Hospital and the Yale-Griffin Prevention Research Center.

