

# TOWN OF GLASTONBURY



# GLASTONBURY HEALTH ALLIANCE COMMUNITY HEALTH ASSESSMENT

February 2020



# Acknowledgements

This Community Health Assessment was prepared by the Glastonbury Health Department, who wishes to acknowledge and thank the members of the Glastonbury Health Alliance, community and local partners, Connecticut Department of Public Health (DPH), and the residents and workers in Glastonbury who willingly shared their opinions for the benefit of this assessment.

This document has been created for the benefit of the community, and all community partners are strongly encouraged to use and reference this report. The Glastonbury Health Department is very interested in learning of its use. When referenced, please use the citation provided below. Your comments and questions are appreciated and may be directed to Glastonbury Director of Health, Wendy Mis, at **(860) 652-7534** or **wendy.mis@glastonbury-ct.gov**.

Citation: Glastonbury Health Alliance Community Health Assessment; Glastonbury Health Department, Glastonbury Connecticut; February 2020

Special thanks to Wendy S. Mis, MPH, CHES, Director of Health, and Krista L. Timken, MPH, RN, Community Health Nurse, for research, coordination, and authoring of this assessment. Additional appreciation to Kathryn Paquette for formatting.

Partial funding for this assessment was provided by the U.S. Preventive Health and Health Services Block Grant, through the Connecticut Department of Public Health.

This assessment is available for download at: [www.Glastonbury-ct.gov/gha](http://www.Glastonbury-ct.gov/gha).

# Table of Contents

<b>EXECUTIVE SUMMARY</b> .....	8
<b>TOWN OF GLASTONBURY OVERVIEW</b> .....	14
<b>POPULATION AND DEMOGRAPHICS</b> .....	14
HOUSEHOLDS.....	14
RACIAL AND ETHNIC DIVERSITY.....	15
LANGUAGE.....	16
PEOPLE WITH DISABILITIES.....	16
AGE.....	18
VETERAN STATUS.....	19
EDUCATIONAL ATTAINMENT.....	20
ECONOMIC STABILITY.....	21
EMPLOYMENT.....	23
<b>SOCIAL AND PHYSICAL ENVIRONMENT</b> .....	23
HOUSING.....	23
COMMUNITY SAFETY.....	25
EMERGENCY PLANNING.....	26
TRANSPORTATION.....	27
ENVIRONMENTAL.....	27
Radon and Uranium.....	27
Air Quality.....	28
<b>HEALTH BEHAVIORS AND OUTCOMES</b> .....	29
NATIONAL AND STATE MEASURES.....	29
SELF-RATED HEALTH.....	31
HEALTHY EATING AND PHYSICAL ACTIVITY.....	32
Healthy Eating.....	32
Physical Activity.....	33
OBESITY.....	35
TOBACCO AND NICOTINE USE.....	35
LEADING CAUSES OF DEATH.....	37
CHRONIC DISEASES.....	38
Cardiovascular Disease and Stroke.....	38
Cancer.....	39
Chronic Lower Respiratory Disease.....	40
Asthma.....	40
Diabetes.....	41
Kidney Disease.....	41
Dementia and Alzheimer’s Disease.....	41

## Table of Contents Continued

INFECTIOUS DISEASES.....	42
Hepatitis C.....	42
HIV/AIDS.....	43
Sexually Transmitted Infection.....	43
Pneumonia and Seasonal Influenza.....	44
Tick-borne diseases.....	45
Foodborne Illness.....	45
MATERNAL AND INFANT HEALTH.....	46
Infant Mortality.....	46
Prenatal Care.....	46
Low Birthweight Births.....	47
ORAL HEALTH.....	47
Dental Care Utilization.....	48
UNINTENTIONAL INJURY.....	48
INTENTIONAL SELF-HARM (SUICIDE).....	49
ALCOHOL AND DRUG USE.....	49
Alcohol Use.....	49
Opioids and other drugs.....	50
MENTAL HEALTH.....	51
Emotional Wellbeing.....	51
Bullying and Harassment.....	51
<b>HEALTH SYSTEMS and ACCESS TO CARE.....</b>	<b>52</b>
RESOURCES AND UTILIZATION MEASURES.....	52
CHALLENGES TO ACCESSING HEALTH CARE.....	53
HEALTH INSURANCE COVERAGE.....	53
<b>APPENDICES</b>	
Appendix 1: Glastonbury Health Alliance Committee Members.....	55
Appendix 2: Glastonbury Quality of Life Assets.....	57
Appendix 3: Glastonbury Asset Inventory.....	62
Appendix 4: Glastonbury Health Alliance Quality of Life Electronic Survey - Qualitative Analysis.....	65
Appendix 5: Glastonbury Health Alliance Quality of Life Focus Groups - Qualitative Analysis.....	67
Appendix 6: Glastonbury Health Alliance Quality of Life Key Contributor Survey - Qualitative Analysis.....	70
Appendix 7: Climate Change and Public Health Concerns.....	72
Appendix 8: Uranium.....	79
Appendix 9: Definitions of Key Terms.....	80
Appendix 10: 2016 Glastonbury Health Alliance Quality of Life Survey and Analysis Report.....	81
Appendix 11: Citations.....	102

## Table of Contents Continued

FIGURES	
Figure 1: Social Determinants of Health.....	9
Figure 2: Disability by Age.....	17
Figure 3: Disability Type by Age Group, Glastonbury, 2012 - 2016.....	17
Figure 4: Percent Glastonbury Population by Age Group, 2000 – 2010.....	18
Figure 5: Glastonbury Population 2000, 2010, 2025.....	18
Figure 6: Glastonbury Population Under 18 Years of Age.....	19
Figure 7: Glastonbury Population Over 65 Years of Age.....	19
Figure 8: Percent Veteran Status by Sex.....	19
Figure 9: Veteran Age.....	20
Figure 10: Educational Attainment 2010 – 2014.....	20
Figure 11: Median Income by Sex and Education, Glastonbury and Connecticut.....	21
Figure 12: Glastonbury Percent Below Poverty Level by Family Status.....	21
Figure 13: Percent 2016 Top Request Categories 2-1-1 Counts from Connecticut and Glastonbury.....	22
Figure 14: Unemployment Rate in US, Connecticut, and Glastonbury, 2012-2016.....	23
Figure 15: Percent of Homeowners and Renters, Town, County, State.....	23
Figure 16: Glastonbury Monthly Mortgage/Rent Costs as Percent of Income.....	23
Figure 17: Distribution of House Sales, 2013.....	24
Figure 18: Glastonbury Residents Who Feel Glastonbury is a Safe Place to Live.....	26
Figure 19: Three Day Emergency Supply on Hand.....	26
Figure 20: Emergency Supplies for Pets.....	26
Figure 21: Percent Stayed Home/No Access to Reliable Transportation.....	27
Figure 22: Factors that Influence Health.....	29
Figure 23: Self-Rated Health Glastonbury, Outer Ring, Connecticut.....	31
Figure 24: Percent Outer Ring Residents with ‘Excellent’ or ‘Very Good’ Health.....	31
Figure 25: Glastonbury Grown Purchasing Survey.....	32
Figure 26: Frequency of Physical Activity, Glastonbury.....	33
Figure 27: Glastonbury Outdoor Activities.....	33
Figure 28: Glastonbury Indoor Activities.....	33
Figure 29: Percent Obese Youth and Adults, Connecticut and US, 2015.....	35
Figure 30: Smoked 100 Cigarettes in Lifetime.....	36
Figure 31: Currently Smoke Cigarettes.....	36
Figure 32: Leading Causes of Death 2008 – 2012 Connecticut, Hartford County, and Glastonbury.....	37
Figure 33: Heart Disease Age-Adjusted Mortality, 2008 -2012.....	39
Figure 34: Stroke Age-Adjusted Mortality, 2008 -2012.....	39
Figure 35: Cancer Age-Adjusted Mortality, 2008 – 2012.....	39
Figure 36: Top Five Cancers by Site, Age-Adjusted Cancer Incidence Rates, 2008 – 2012.....	40
Figure 37: Chronic Lower Respiratory Disease Age-Adjusted Mortality, 2008 - 2012.....	40
Figure 38: Diabetes: Age-Adjusted Mortality, 2008 - 2012.....	41
Figure 39: Kidney Disease Age-Adjusted Mortality, 2008 - 2012.....	41
Figure 40: Alzheimer’s Disease Age-Adjusted Mortality, 2008 - 2012.....	41

## Table of Contents Continued

Figure 41: Perceptions of Dementia and Alzheimer’s Disease in the Community.....	42
Figure 42: Rates of Reported Chlamydia Cases, 2014.....	43
Figure 43: Chlamydia Rates, 2011 - 2015.....	43
Figure 44: Gonorrhea Rates, 2011 - 2015.....	43
Figure 45: Pneumonia and Influenza: Age-Adjusted Mortality, 2008 - 2012.....	44
Figure 46: Percent Glastonbury Residents Reporting How Often They Get a Flu Shot.....	44
Figure 47: Facility Where Residents Received Flu Shot 2016.....	44
Figure 48: Rates of Laboratory-Confirmed Lyme Disease 2015: Connecticut, Hartford County, Glastonbury.....	45
Figure 49: Percent Laboratory-Confirmed Foodborne Illness Glastonbury, 2012 - 2016.....	45
Figure 50: Number of Laboratory-Confirmed Foodborne Diseases, Glastonbury, 2012 - 2016.....	45
Figure 51: Percent of Births with Non-Adequate Prenatal Care, 2013.....	46
Figure 52: Percent of Births with Non-Adequate Prenatal Care by Race, 2013.....	46
Figure 53: Percent of Low Birthweight Births, 2013.....	47
Figure 54: Percent of Low Birthweight Births by Race, 2013.....	47
Figure 55: Dentists, Hartford County, Connecticut, 2010 - 2015.....	47
Figure 56: Percent Adults Without Dental Exam in the Past 12 Months.....	48
Figure 57: Percent Residents with Poor Dental Health, 2006 - 2010.....	48
Figure 58: Unintentional Injury Age-Adjusted Mortality, 2008 - 2012.....	48
Figure 59: Unintentional Injury Age-Adjusted Mortality by Sex, Connecticut, Glastonbury, 2008 - 2012.....	48
Figure 60: Alcohol Use.....	49
Figure 61: All Accidental Drug Related Deaths, 2012-2017.....	50
Figure 62: All Overdose Deaths Hartford County by Year & Age Group (not including pure ethanol intoxication)...	51
Figure 63: Percent Population Without Health Insurance.....	53
<b>TABLES</b>	
Table 1: Households, 2010 US Census.....	14
Table 2: Change in Population Characteristics: 2000 – 2010.....	15
Table 3: Change in Demographic Characteristics: 2000 – 2010.....	18
Table 4: Percent Graduation and College 2013-2014.....	20
Table 5: 2015 Crime Index Totals.....	25
Table 6: Percent Select Arrests 2015.....	25
Table 7: Percent Commuting Characteristics.....	27
Table 8: Food Insecurity Rates 2016.....	32
Table 9: Percent of Students Passing CT Physical Fitness Assessment, 2015-2016.....	34
Table 10: Leading Causes of Death: Age-Adjusted Mortality Rate, 2008 – 2012 (per 100,000 Population).....	38
Table 11: Age-Adjusted Mortality Rates by Sex, 2008 – 2012 (per 100,000 Population).....	37
Table 12: Suicide rates per 100,000 population, 2008-2012.....	49
Table 13: Fiscal Year 2016 Utilization Measures, Hospitals Within 15 Miles of Glastonbury.....	52
Table 14: Leading Causes of Hospitalization, Connecticut 2014.....	52

## Table of Contents Continued

<b>MAPS</b>	
Map 1: Glastonbury, Hartford County, Connecticut.....	14
Map 2: EPA Radon Zones in Connecticut.....	28
Map 3: Average Fine Particulate Matter ( $\mu\text{g}/\text{m}^3$ ) for Connecticut.....	28
Map 4: Neighborhood Atlas Map Key and Connecticut Data.....	30
Map 5: Neighborhood Atlas Map Key and Glastonbury Data.....	30
Map 6: Glastonbury Asthma ED Visits and Hospitalizations by Census Tracts, 2010-2014.....	40
Map 7: Reported Chronic Hepatitis C, Connecticut, 2016.....	42
Map 8: People Living with HIV by Current Residence, Connecticut, 2016.....	43

# Executive Summary

Glastonbury has long prided itself on providing a desirable community for people to live, learn, work, and play. Quality of life through excellent public education, picturesque parks and open space, as well as opportunities for shopping and community activities are much of what attracts people to Glastonbury.

The definition and measurement of health is changing dramatically at national, state, and local levels. Health, long-associated with a person's physical well-being, now takes into consideration mental and emotional health, where an individual lives and works, and community infrastructure. It is important to understand Glastonbury's current health status, including the many factors that impact health, in order to identify strengths and local assets, and understand where future partnerships and initiatives should be explored.

In an attempt to gain an understanding of the health and health-related needs of people who live and work in Glastonbury, the Glastonbury Health Department launched a major endeavor in 2016 to create the Glastonbury Health Alliance and conduct a Glastonbury-focused community health assessment.

Through Alliance work, the Department's overarching goals included:

1. Conduct and complete a comprehensive Glastonbury-focused community health assessment to identify the town's strengths and challenges in providing a healthy environment for residents and individuals who work in town.
2. Develop a community health improvement plan to serve as a guidepost for further improving the health of Glastonbury.
3. Identify, gather, and engage partners, organizations, and individuals to develop a vision for a healthier Glastonbury and to help bring that vision into being.
4. Fulfill primary requirements for the Glastonbury Health Department's pursuit to become a nationally accredited health department.

This document, the Glastonbury Health Alliance Community Health Assessment, is the foundation for future work. It examines the current health of Glastonbury residents and seeks to identify health-related challenges and experiences of residents, in fulfillment of the first objective of this process. This report also presents data that indicates an additional need for resources, many of which are outlined in [Appendix 2](#) and [Appendix 3](#).

## Health Alliance Overview and Process

On May 17, 2016, the Glastonbury Health Department invited representatives from a number of community agencies and Town Departments to attend a meeting relating to public health in Glastonbury. The May 2016 event was the kick-off meeting of the Glastonbury Health Alliance (GHA), a collaborative group of individuals and organizations engaged in the provision of services that support good health in the community. These community stakeholders were invited to serve on the GHA to discuss and understand public health in Glastonbury, with a primary task of guiding the development of a Glastonbury-focused community health assessment. Nineteen individuals with wide-ranging expertise elected to participate as the Glastonbury Health Alliance. The Glastonbury Director of Health and Community Health Nurse, with support from two Glastonbury Health Alliance members, formed the GHA Workgroup and led the community health assessment process. The GHA provided guidance and input to the Workgroup during the assessment process and will be instrumental in developing a community health improvement plan. See [Appendix 1](#) for a list of Glastonbury Health Alliance and Workgroup members.

In the summer of 2016, the Town contracted with Harvest Development Group using a Preventive Health and Human Services Block Grant, funded through the Connecticut Department of Public Health, to conduct a multi-faceted quality of life community survey to explore the health needs and perceptions of individuals who live and/or work in Glastonbury. This 2016 Glastonbury Health Alliance Quality of Life Survey (2016 GHA Survey) gathered community thoughts and feedback through focus groups, key contributor surveys, and a broad-reaching electronic survey.



## Health Alliance Overview and Process Continued

Results from the 2016 GHA Survey were presented to the Glastonbury Health Alliance in September 2016, and members identified critical themes and concepts. These quality of life findings were included as part of the larger Community Health Assessment, and the preliminary assessment was presented to the Glastonbury Health Alliance in July 2018. The Committee provided feedback on the assessment, identifying information gaps and potentially underserved groups for additional exploration to ensure representation of all populations in Glastonbury. Additional research was conducted and incorporated into the preliminary assessment.

Key findings of this preliminary assessment were presented to the Glastonbury community in multiple public forums in the fall of 2019. Attendees were engaged in discussion and asked to prioritize identified health topics. Public input was summarized for presentation back to the GHA to select and consolidate health priorities, and develop strategies and objectives for a Glastonbury Community Health Improvement Plan. See [Appendix 10](#) for the findings of the 2016 Glastonbury Health Alliance Quality of Life Survey.

## Health Department Accreditation

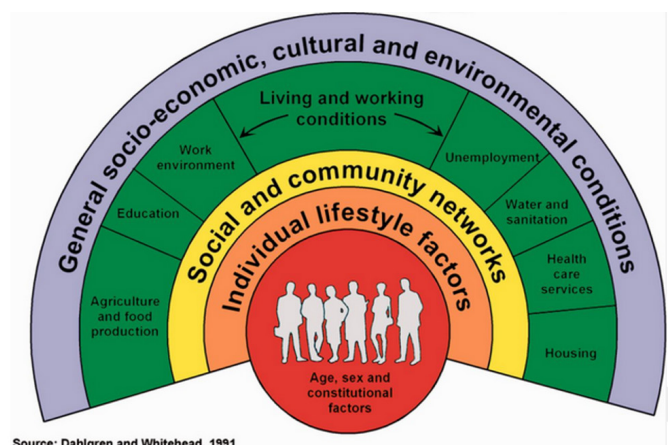
National accreditation is the measurement of a health department's performance against nationally recognized, practice-focused, and evidence-based standards. It provides a framework to advance quality and performance within public health departments nationwide. The Public Health Accreditation Board (PHAB) began accrediting health departments in 2013. At the time of this document's publication, three local health departments and the Connecticut Department of Public Health are accredited in Connecticut.

The Glastonbury Health Department is seeking voluntary accreditation to demonstrate that core function requirements are in place to effectively serve and support a healthy community. The core functions are assessment, assurance, and public health policy development; these functions provide a framework to the ten essential public health services.<sup>1</sup> A community health assessment and a community health improvement plan developed from that assessment are foundational requirements of the public health accreditation process.

## Social Determinants of Health

It is widely understood that we may achieve and maintain good health through activities such as eating well and staying active, refraining from cigarette and tobacco use, and receiving immunizations and screening tests. Increasingly understood is that health is also determined, in part, by access to social and economic opportunities, such as neighborhoods and communities, the quality of schooling, the cleanliness of water and air, and the nature of one's social interactions and relationships. These are social determinants of health, defined as the conditions in which individuals are born, grow, live, work, and age. The social determinants of health framework (**Figure 1**) illustrates this relationship. This Glastonbury Health Alliance Community Health Assessment includes consideration of the social, economic, and environmental contexts that shape the health of the community.

Figure 1: Social Determinants of Health



Source: [www.researchgate.net](http://www.researchgate.net)

## Methodology

The Glastonbury Health Alliance (GHA) Community Health Assessment was guided by *Guidelines for Conducting a Community Health Needs Assessment* developed by the Connecticut Hospital Association and the Connecticut Association of Directors of Health, and the Robert Wood Johnson County Health Rankings and Roadmaps, as well as Connecticut Department of Public Health topic-specific assessments and plans.

The goal of the Glastonbury assessment process was to consider and measure health, quality of life, and conditions that affect the health of people who live and/or work in Glastonbury. This Assessment includes data from both primary and secondary data sources:

- **2016 GHA Quality of Life Survey:** Administration of the Glastonbury Health Alliance community-wide survey in the summer of 2016 using multiple contact techniques to query the Glastonbury community about quality of life in town. Through five focus group conversations, key contributor interviews, and an electronic survey, hundreds of impressions were gathered. Statistical significance was achieved through this GHA Survey, and crucial qualitative data was collected during each aspect of the survey process.
- **Quantitative data:** Collection and analysis of existing social, economic, and health data collected by local, state, and federal agencies. This secondary data was obtained from a broad range of regional, state, and federal sources, including the U.S. Census, Connecticut Department of Public Health, and the DataHaven 2015 Wellbeing Survey. Data sources are referenced where applicable and can be found in the Citations section (**Appendix 11**) of this assessment.

## Quantitative Methods

Data for the GHA Community Health Assessment was obtained from multiple sources. Demographic, social, and economic indicator data was obtained from the US Census Bureau. The Centers for Disease Control and Prevention and Connecticut Department of Public Health provided much of the data on chronic and infectious diseases. The disease indicators and illness data selected is limited to those for which local data is available. A considerable collection of Glastonbury-specific data is included in this Assessment, and for those topics where such figures were unavailable, regional data, obtained through validated databases such as Community Commons, is presented as representative of the Glastonbury community. If additional Glastonbury-specific data sources are identified in future years, this report will be updated. Where information was available, a breakdown by sex is provided.

Data relating to physical and social environs of the community was obtained through the DataHaven Community Wellbeing Survey, which contains weighted estimates for the Hartford Inner Ring region, as well as the 2016 GHA Electronic Survey.

The 2016 GHA Survey was developed to collect information regarding the community's opinions, suggestions, and viewpoints regarding health and overall quality of life in town. The link to this survey was widely shared on the Town of Glastonbury website, social media platforms, and the local newspaper, the *Glastonbury Citizen*. The survey used scaled questions and open-ended response formats to provide capability to share viewpoints as completely as possible, while also allowing the ability to statistically measure differences among local populations. Responses were collected from one hundred and seventy eight individuals, and, while the survey was anonymous, it collected a variety of demographic indicators such as sex, race/ethnicity, and age.

## Qualitative Methods

The 2016 GHA Survey also gathered community perceptions through focus groups and key contributor interviews. In organizing the focus groups, five population subsets were identified to represent and report on the health and quality of life issues within their unique communities: Seniors, Youth, Parents, Faith-based organizations, and Business Professionals. Between July and September of 2016, these five groups, comprised of twenty-eight community members, participated in one-hour focus groups that posed a variety of questions and allowed participants to expand on their experience and vision of Glastonbury. Additionally, telephone interviews were conducted with 15 key community leaders, chosen from a lengthy list of potential candidates developed by the Glastonbury Health Alliance Workgroup. A Key Contributor Survey was administered via confidential one-on-one conversations with these individuals from the community. These included town employees, local business owners, local residents (both working and retired), and local health professionals. The questions asked in the Key Contributor Surveys were similar to those asked during the focus groups, but were more open-ended in nature to encourage conversation and reflection.

### 5 Diverse Groups of Community Representatives



Seniors



Faith-Based  
Individuals



Parents



Youth



Business  
Professionals

## Limitations

As with all research efforts, there are several limitations related to the Assessment's research methods that should be acknowledged. Years of data differ by data source. Data referenced in this report may span up to ten years, depending on the data source and health topic. In addition, since indicators are presented as one point in time, data presented applies to the time frame referenced. Data that relies on self-report should be interpreted with caution, in that respondents may over or under report behaviors and perceptions based on fear of social stigma or misunderstanding the question. The 2016 GHA Electronic Survey used a convenience sample rather than a random or probability sampling methodology.

While the information collected through this process provided valuable insights, the results of focus groups and key contributor surveys are not statistically representative of a larger population due to non-random recruiting techniques and small sample size. Recruitment for both efforts was conducted through community organizations and by availability of individuals to participate.

## Key Findings

A brief overview of key findings from this Community Health Assessment is summarized below.

### Demographics

- **Population** - In 2010, the population of Glastonbury was 34,427, an increase of 8.0% from 2000 (31,876 residents). Neither Hartford County (4.3%) nor Connecticut (4.9%) experienced as much population growth as Glastonbury.
- **Households** - Average household size in Glastonbury (2.59 persons) is only slightly larger than, and similar to, households in Hartford County (2.47 persons), and Connecticut (2.52 persons) respectively.
- **Racial and Ethnic Diversity** - The Glastonbury population is largely non-diverse with a white-only population of 88.3%. Glastonbury has become more diverse from 2000 – 2010 however, with a 3.4% increase of Asian residents, which was greater than the increase seen in Hartford County (1.8%) and Connecticut (1.4%).
- **Language** - In Glastonbury, 15.7% of homes speak a language other than English. A 2016 report states that 43 different languages are represented in the Glastonbury Public Schools, and all 9 schools in the Glastonbury Public School system have students with home languages other than English.<sup>2</sup>
- **Age** - Glastonbury's median age is 43.1 years, slightly higher than Hartford County (39.9 years) and Connecticut (40.0 years). Glastonbury has a higher percentage of residents under 18 years (26.5%) than Hartford County (22.8%) or Connecticut (22.9%), but the percent of residents 65 years and older in Glastonbury (14.3%) is similar to Hartford County (14.6%) and Connecticut (14.2%).
- **Educational Attainment** - Glastonbury residents have generally achieved a higher level of schooling, with 61.2% of Glastonbury residents with a Bachelor's degree, compared to 35.6% in Hartford County and 37.0% in Connecticut. Additionally, 32.3% of Glastonbury residents have a graduate or professional degree, compared with Hartford County (15.4%) and Connecticut (16.4%).
- **Economic Stability and Employment** - Median household income in Glastonbury (\$108,157) surpasses Hartford County (\$65,499) and Connecticut (\$69,899), although poverty in Glastonbury's female-headed households with children under 18 years of age surpasses 11%. Median income by sex and education is consistently higher for males than females in Glastonbury and Connecticut. Glastonbury's unemployment rate (3.1%) is lower than Connecticut (4.5%) and the nation as a whole (4.9%).

**43** different languages  
are represented within the  
9 Glastonbury Public Schools

**32.3%** of Glastonbury  
residents have a graduate or  
professional degree

### Social and Physical Environment

- **Housing** - The percent of Homeowners in Glastonbury (81.2%) exceeds the percent of Hartford County (65.1%) and Connecticut homeowners (67.3%). More than 32% of Glastonbury Renters pay 35% or more of their household income towards rent. Glastonbury has a higher percentage of houses sold for \$200,000 or more than does Hartford County or Connecticut.
- **Community Safety** - Crime Index Total Rates for Glastonbury (1,107.7) are lower than both Hartford County (2,510.1) and Connecticut (2,054.1). Rates are per 100,000 residents. The 2016 GHA Survey indicated that more than 89% of respondents feel that Glastonbury is a safe place to live.
- **Emergency Preparedness** - Nearly 87% of 2016 GHA Survey respondents reported that they have some or all of a three day supply of non-perishable food, water, batteries, and other essentials on hand in preparation for a power outage or weather emergency.
- **Transportation** - Glastonbury residents (5.6%) carpooled at a lower rate than did Hartford County (8.3%) or Connecticut (8.2%). The 2015 DataHaven Survey found that females in the 23 towns comprising the Hartford Outer Ring, which includes Glastonbury, were more than twice as likely as males to stay home due to lack of access to reliable transportation.
- **Environmental** - Overall, Hartford County has a low radon potential, although naturally occurring rock formations in Glastonbury may create an area of higher risk than other areas of Hartford County. Some private wells in Glastonbury have been identified with elevated levels of naturally occurring uranium. Air quality, as measured by daily fine particulate matter, is moderate in Hartford County in comparison to other Connecticut counties.

## Key Findings Continued

### Health Behaviors and Outcomes

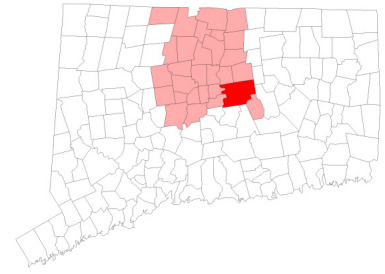
- **Self-Rated Health** - In the 2016 GHA Survey, 76% of responders rated their health as “Excellent” or “Very Good”.
- **Leading Causes of Death** - The top three leading causes of death for Glastonbury residents are cancer, diseases of the heart, and unintentional injuries. Glastonbury rates of death for cerebrovascular diseases (stroke), Alzheimer’s disease, accidents, and self-harm were higher than Hartford County and Connecticut.
- **Heathy Eating, Physical Activity, and Obesity** - Glastonbury residents (8.8%) experience less food insecurity than do Hartford County (13.4%) or Connecticut (13.1%) residents. As indicated in the 2016 GHA Survey, many Glastonbury residents (89%) are active ‘A few times a week or more’, and 92% of respondents walk to stay fit. Students in Glastonbury Public Schools (50.7%) exceed Connecticut students overall (50.5%) in the percent of students passing the state physical fitness assessment. Connecticut adults (25.0%) and adolescents (12.3%) are obese at a lower rate than U.S. adults (36.5%) and youth (17.0%).
- **Smoking and Tobacco Smoke** - Glastonbury Non-White Youth (13.2%) report a higher percent of ever having smoked cigarettes than White Youth (7.7%). In addition, more Non-White Youth (4.7%) are current smokers than White Youth (3.5%). Residents of the Glastonbury Housing Authority are concerned about secondhand smoke and only 12.8% allow people, including themselves, to smoke in their home.
- **Chronic Diseases** - Most Glastonbury residents enjoy good health. Age-adjusted mortality rates of chronic disease in Glastonbury are generally lower than Hartford County and Connecticut, although Alzheimer’s disease rates for Glastonbury females (31.6%) exceeds rates for Connecticut females (18.5%).
- **Infectious Diseases** - Glastonbury shows the same upward trend of Hepatitis C cases as seen over time throughout Connecticut. Glastonbury has lower mortality from pneumonia and seasonal flu than Hartford County and Connecticut. Glastonbury’s infection rate from Lyme disease (58.1) is higher than Hartford County (37.8) but lower than Connecticut (71.4).
- **Maternal and Infant Health** - Glastonbury’s rate of infant mortality is 0%, but non-adequate prenatal care is higher in Glastonbury (33.2%) than Hartford County (28.1%) or Connecticut (22.9%). The percent of Glastonbury (16.7%) Other non-Hispanic low birthweight births exceed both Hartford County (8.8%) and Connecticut (9.0%) levels.
- **Oral Health** - The percent of Hartford County residents (11.8%) with poor dental health is similar to the state overall (11.7%).
- **Unintentional Injury** - Glastonbury (36.4%) has a higher unintentional injury mortality rate than Hartford County (34.2%) or Connecticut (32.3%).
- **Alcohol and Drug Use** - Self-reported use of alcohol by Glastonbury Grade 12 youth decreased between 2009 (31.4%) and 2013 (24.7%). Much like the United States overall, Connecticut is experiencing a drug overdose epidemic. Between 2012 and 2017, nineteen Glastonbury residents died from accidental drug related deaths. In the U.S., deaths from drug overdose have increased among both men and women of all races and adults of nearly all ages.
- **Mental Health** - The relationship between bullying and harassment, emotional wellbeing, and mental health is becoming better understood on a national level. Glastonbury Grade 12 students (98%) think it is wrong to tease someone to hurt their feelings. In the 2016 GHA Survey, bullying was reported as an issue of concern in town by participants of the Key Contributor Interviews, electronic survey, and focus groups.

### Health Systems and Access to Care

- **Resource and Utilization Measures** - Glastonbury has five acute care hospitals, including one acute care children’s hospital, located within 15 miles of town, and numerous specialty care providers within town boundaries.
- **Health Insurance Coverage and Challenges to Accessing Health Care** - Rates of uninsured for Glastonbury (4.1%) are lower than Hartford County (6.9%) and Connecticut (7.9%). Challenges to accessing health care voiced during the 2016 GHA Survey included cost of copays, lack of transportation, and local providers not accepting specific insurances.

<b>Rates of Uninsured:</b>	<b>4.1%</b>	<b>6.9%</b>	<b>7.9%</b>
	Glastonbury	Hartford County	Connecticut

# Town of Glastonbury Overview



Map 1: Glastonbury, Hartford County, Connecticut.

Incorporated in 1693, Glastonbury, Connecticut is one of the state’s oldest municipalities. Located along the banks of the Connecticut River in the lower corner of Hartford County, Glastonbury is approximately 10 miles southeast of Hartford, Connecticut’s capital city. Glastonbury has the largest total area (52.19 sq. miles) of any Hartford County town.

**(Map 1).** Hartford County has a population of 894,014 as per the 2010 US Census, and is both the second most populated county and the second largest county by land area in Connecticut. With 34,427 residents, Glastonbury is ranked ninth in population of the County’s 29 towns. This represents an 8.0% increase in population since 2000, which is higher than the average state population growth rate of 4.9% over the past decade.<sup>3, 4</sup>

In 1959, Glastonbury adopted the Town Council/Town Manager/Board of Finance form of government. The Town Council is made up of nine bipartisan members who are elected every two years by the registered voters in town. There is a requirement that the minority party have at least three members serving on the Town Council at all times. The Town Council is responsible for adopting all of the laws and policies necessary for town government to operate and also makes appointments to Boards and Commissions as applicable. The Town Manager is appointed by the Town Council and is the Chief Executive Officer. The Town Manager ensures that the laws and policies adopted by the Town Council are carried out and oversees the day-to-day operations of the town. The Town Manager also hires all employees, excluding the Board of Education staff. In addition to the Town Council, there is a Board of Finance that is comprised of six bipartisan members who are elected by the registered voters in town. The major function of the Board of Finance is to act as an advisor board to the Town Council by making recommendations regarding the annual budgets submitted by the Town Manager and the Board of Education.<sup>5</sup>

## POPULATION AND DEMOGRAPHICS

The health of a community is typically reflective of community demographics. Demographic information, combined with underlying economic and environmental factors, help present a comprehensive picture of the community. Demographic characteristics, with population changes over time, effect a change of health status. Demographic information also allows comparison of communities using specific data sets. Socioeconomic and economic environments are becoming increasingly important in their effect on the health of the community. Inequalities in health are related to socioeconomic status, race, ethnicity, sex, country of birth, and other social characteristics.



\*Other Hartford County towns that are similar to Glastonbury in size or demographic characteristics can be considered “like” Glastonbury. Simsbury was selected as a “like” town for comparison purposes in this report due to its similar demographics, socioeconomic status, and educational achievement. Data from Connecticut, Hartford County, and the town of Simsbury will be referenced in this report for various activities and key indices.

## HOUSEHOLDS

As reported by the 2010 US Census, there are 13,135 households in Glastonbury, with an average household size of 2.59 persons. Nearly 26% (25.8%) of Glastonbury households include persons over 65 years of age, and 37.4% of households include persons under 18 years of age. As compared to Hartford County households of 26.5% and 31.9%, and Connecticut households of 26.5% and 32.7% respectively, Glastonbury has a lower percentage of households with persons over 65 years and a higher percentage of households with persons less than 18 years of age (**Table 1**). Comparatively, Glastonbury households are slightly older than Simsbury households.

**Table 1: Households, 2010 US Census**

	# Households (HH)	Average HH Size	% of HH with persons over 65 years of age	% of HH with persons under 18 years of age
Glastonbury	13,135	2.59	25.8	37.4
Simsbury	8,776	2.64	25.4	38.9
Hartford County	350,854	2.47	26.5	31.9
Connecticut	1,371,087	2.52	26.5	32.7

Source: 2010 US Census

## RACIAL AND ETHNIC DIVERSITY

Changes in the ethnic and racial composition in town over the past decade are shown in **Table 2**. While the population of Glastonbury is largely non-diverse, Glastonbury has become more diverse from 2000 to 2010, with the highest increase in the Asian population (1,250 persons or an increase of 3.4%), surpassing the state average increase of 1.4%. Based on the increase in absolute numbers of persons, the next highest increase was in White residents (725 persons), although this increase in number actually reflects a decrease in the percent of White residents as a whole (-4.80%). Black or African American residents increased by 211 persons (+0.50%), Hispanic or Latino residents increased by 669 persons (+1.80%), and American Indian and Alaska Native residents increased by 15 persons (+0.1%). Racial and ethnic changes in Glastonbury were reflective of trends in both Hartford County and the state. Glastonbury has 11.7% foreign-born residents, compared to 15.1% in Hartford County, and 13.9% in Connecticut overall.<sup>6</sup>

**Table 2: Change in Population Characteristics: 2000 – 2010**

<b>Glastonbury</b>				<b>Simsbury</b>			
<b>Race &amp; Ethnicity (as % of total population)</b>	<b>2000</b>	<b>2010</b>	<b>% Change 2000-2010</b>	<b>Race &amp; Ethnicity (as % of total population)</b>	<b>2000</b>	<b>2010</b>	<b>% Change 2000-2010</b>
White only	93.1%	88.3%	-4.8%	White only	95.3%	92.1%	-3.2%
Black or African American only	1.5%	2.0%	+0.5%	Black or African American only	1.2%	1.7%	+0.5%
Asian only	3.4%	6.8%	+3.4%	Asian only	2.1%	3.8%	+1.7%
Hispanic or Latino (any)	2.5%	4.3%	+1.8%	Hispanic or Latino (any)	1.5%	3.1%	+1.6%
American Indian and Alaska Native only	0.1%	0.2%	+0.1%	American Indian and Alaska Native only	0.1%	0.1%	0.0%
<b>Hartford County</b>				<b>Connecticut</b>			
<b>Race &amp; Ethnicity (as % of total population)</b>	<b>2000</b>	<b>2010</b>	<b>% Change 2000-2010</b>	<b>Race &amp; Ethnicity (as % of total population)</b>	<b>2000</b>	<b>2010</b>	<b>% Change 2000-2010</b>
White only	76.9%	72.4%	-7.5%	White only	81.6%	77.6%	-4.0%
Black or African American only	11.7%	13.3%	+1.6%	Black or African American only	9.1%	10.1%	+1.0%
Asian only	2.4%	4.2%	+1.8%	Asian only	2.4%	3.8%	+1.4%
Hispanic or Latino (any)	11.5%	15.3%	+3.8%	Hispanic or Latino (any)	9.4%	13.4%	+4.0%
American Indian and Alaska Native only	0.2%	0.3%	+0.1%	American Indian and Alaska Native only	0.3%	0.3%	0.0%

Source: 2000 - 2010 US Census

“It’s a big, small town. There’s a strong sense of community. We have great access to healthy food, but it’s not cheap. There are parks, tons of programs for exercise, and we have a teen center that is always trying to figure out how to make it better.”

Key Contributor during Interview

## LANGUAGE

According to the U.S. Census American Community Survey (ACS) 5-Year Estimates for 2010-2014, the predominant ancestries in Glastonbury were Irish (22.7%), Italian (19.7%), English (14.7%), German (14.6%) and Polish (10.3%). The ACS also states that, among people at least 5 years old living in the United States in 2010-2014, 20.1% spoke a language other than English at home; 8.7% of these persons reported that they speak English less than “very well.” By comparison, 15.7% of Glastonbury homes speak a language other than English, and 3.6% reported that they speak English less than “very well.” While the vast majority (84.3%) of Glastonbury residents speak English, the predominant non-English languages spoken include “Other Indo-European languages (8.1%)”, Asian and Pacific Island languages (3.9%), and Spanish (3.2%).

The 2016 report released by the Glastonbury Board of Education titled “Home Language Numbers and Immigrant Survey Information” provides a snapshot of student immigrants and languages spoken for the Glastonbury Public Schools at the beginning of the 2016-2017 school year. The report states that there are 82 immigrants in the school district, representing 27 different countries. Of the 43 different languages represented in the Glastonbury Public Schools, the six largest language groups are Spanish, Mandarin, Korean, Arabic, Telugu, and Vietnamese. All nine schools in the Glastonbury Public Schools system have students with home languages other than English.<sup>7</sup>

It is important to note that Census ACS data are estimates based on a sample and, as such, subject to sampling variability. In contrast, the decennial Census data are official population and housing counts. Additional information on the sampling methodology used in the ACS is available at [www.census.gov](http://www.census.gov).

## PEOPLE WITH DISABILITIES

The Americans with Disabilities Act (ADA) is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to ensure that people with disabilities have the same rights and opportunities as everyone else.<sup>8</sup> The 2008 American Community Survey (ACS) collects and reports data about six disability types, and respondents who report any of the six are considered to have a disability.<sup>9</sup>

Difficulty	Definition
Hearing	Deaf or having serious difficulty hearing
Vision	Blind or having serious difficulty seeing, even when wearing glasses
Cognitive	Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions
Ambulatory	Having serious difficulty walking or climbing stairs
Self-Care	Having difficulty bathing or dressing
Independent Living	Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor’s office or shopping

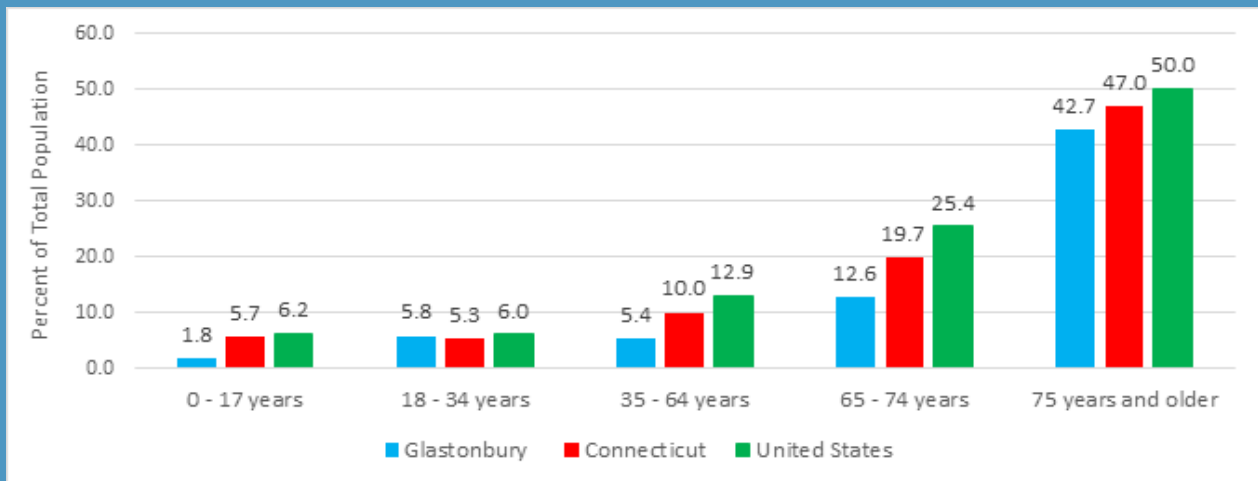


## PEOPLE WITH DISABILITIES CONTINUED

Using data from the 2012-2016 ACS 5-Year Estimates, as a percent of the total population, 7.6%, (6.4% male, 8.8% female), of Glastonbury residents have a disability, compared to 10.9%, (10.5% male, 11.3% female), in Connecticut, and 12.5%, (12.4% male, 12.7% female), in the nation overall. Data shown is for civilian non-institutionalized persons.

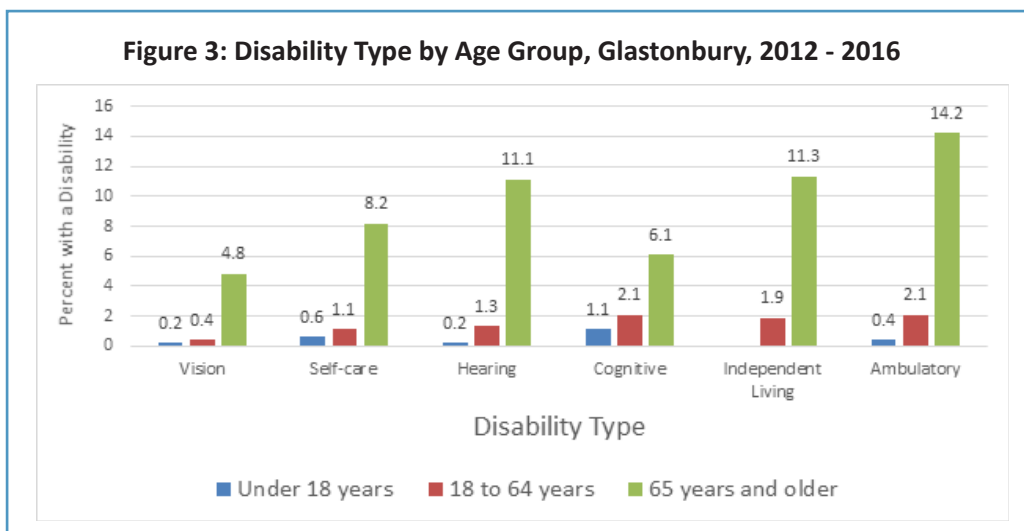
In general, the percentage of individuals reporting at least one kind of disability increased with age. As seen in **Figure 2**, more than 42% of Glastonbury residents ages 75 years and older reported a disability.

Figure 2: Disability by Age



**Figure 3** shows types of disabilities reported by Glastonbury residents. Independent Living data is not provided for residents under 18, as they would not be living independently due to their age. The type of disability most commonly reported varied by age. For the under 18 year range, cognitive disability was the most frequently reported disability (1.1%). In the 18 – 64 year range, cognitive and ambulatory difficulty were both reported at 2.1%. For those in the oldest population of 65 years and older, ambulatory difficulty (14.2%) was most frequently reported. The challenge of disability for elderly residents is well-illustrated by the data.<sup>10</sup>

Figure 3: Disability Type by Age Group, Glastonbury, 2012 - 2016

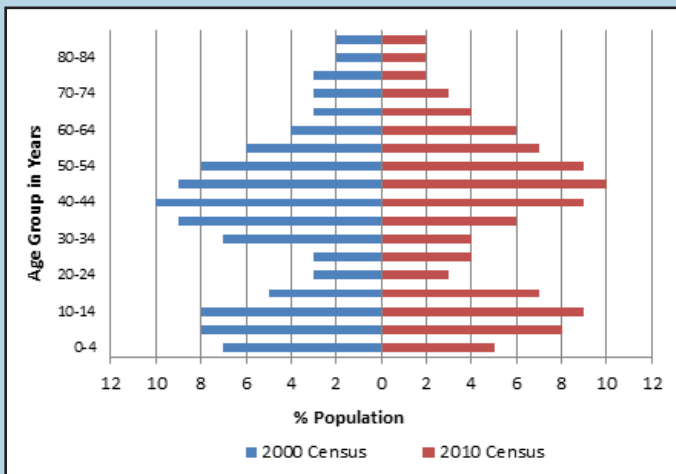


Source of Figures 2 and 3: 2012-2016 American Community Survey 5-Year Estimates

## AGE

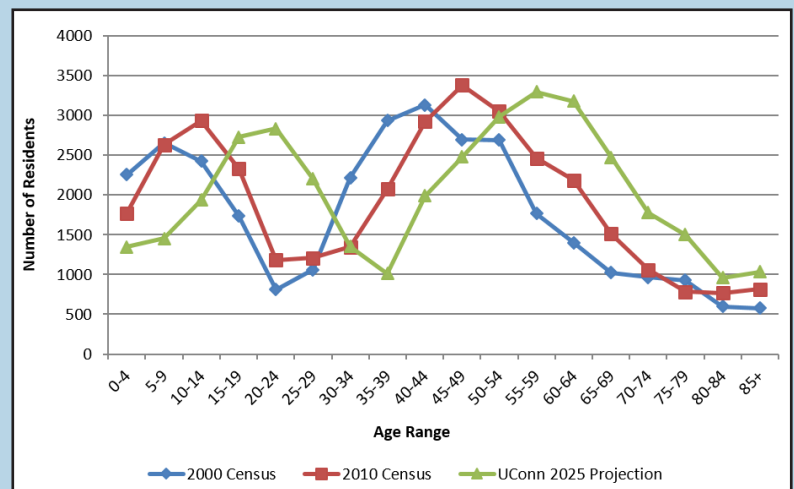
Using the 2010 U.S. Census data, Glastonbury’s median age is 43.1 years. This is higher than the median ages of Hartford County (39.9 years), Connecticut (40.0 years), but slightly less than Simsbury (43.5 years). **Figure 4**, comparing Glastonbury age groups over a ten-year period, and **Figure 5**, with a population projected out to 2025, indicate a population that is generally aging in place. Using data from the US Census 2000 and 2010, as well as population projection data from *Connecticut State Data Center at the University of Connecticut Libraries Map and Geographic Information Center – MAGIC*, the increase in population is demonstrated by increases in most age groups. Important changes are seen over time with a shift of population groups with a decrease in the number of residents from 25 - 44 years of age, as well as the 0 – 4 year old population. The population of residents of reproductive age has decreased, while the population of 45 years and older has increased. Nationally, the “baby boomer” population has been growing more quickly than any other age group. Combined with declining birth rates, the “baby boomer” generation has led to an aging population. Data indicates that Connecticut and Glastonbury are consistent with this national trend. Glastonbury residents under 18 years of age decreased at a slower rate than Simsbury, Hartford County, and Connecticut. Glastonbury’s rate of change for residents over 65 years was surpassed by Simsbury only (**Table 3**).

**Figure 4: Percent Glastonbury Population by Age Group, 2000 – 2010**



Source: 2000 – 2010 U.S. Census

**Figure 5: Glastonbury Population 2000, 2010, 2025**



Source: [http://ctscd.uconn.edu/2005\\_2030\\_projections/](http://ctscd.uconn.edu/2005_2030_projections/), 2000 – 2010 US Census

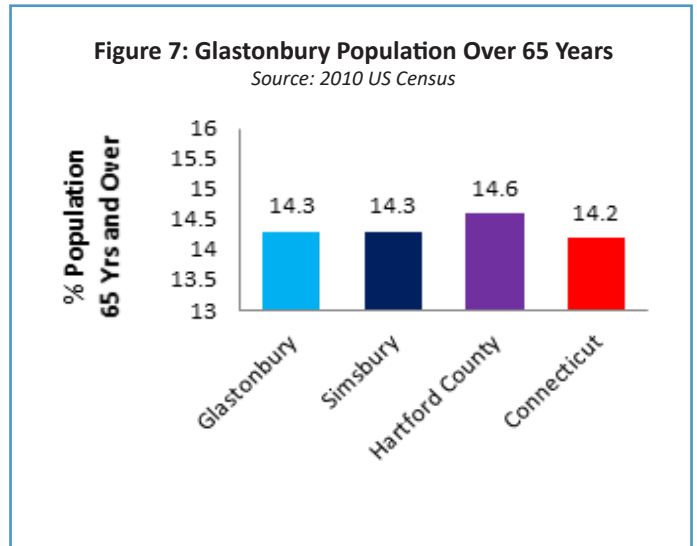
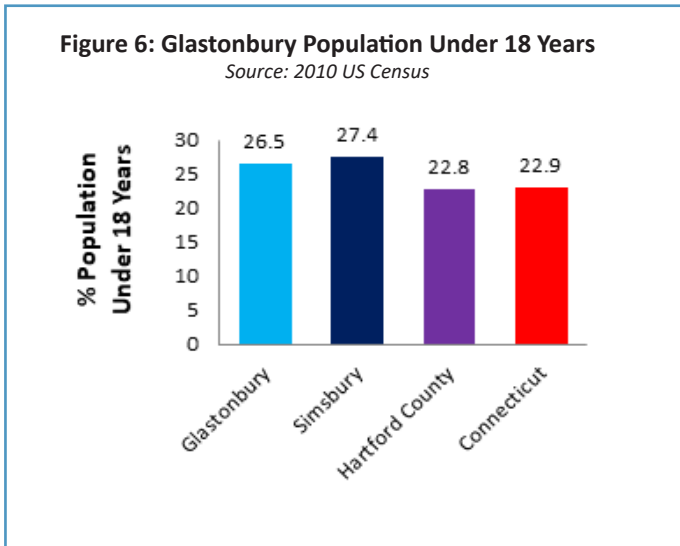
**Table 3: Change in Demographic Characteristics: 2000 – 2010**

Glastonbury Characteristic	2000	2010	Change 2000-2010	Simsbury Characteristic	2000	2010	Change 2000-2010
Population	31,876	34,427	+2,551 (+8.0%)	Population	23,234	23,511	+277 (+1.2%)
Median Age (years)	39.8	43.1	+3.3 yrs	Median Age (years)	39.6	43.5	+3.9 yrs
<18 years of age	26.8%	26.5%	-0.3%	<18 years of age	29.5%	27.4%	-2.1%
≥65 yrs of age	12.7%	14.3%	+1.6%	≥65 yrs of age	12.5%	14.3%	+1.8%
Hartford County Characteristic	2000	2010	Change 2000-2010	Connecticut Characteristic	2000	2010	Change 2000-2010
Population	857,183	894,014	+36,831 (+4.3%)	Population	3,405,565	3,574,097	+168,532 (+4.9%)
Median Age (years)	37.7	39.9	+2.2 yrs	Median Age (years)	37.4	40.0	+2.6 yrs
<18 years of age	24.6%	22.8%	-1.8%	<18 years of age	24.7%	22.9%	-1.8%
≥65 yrs of age	14.7%	14.6%	-0.1%	≥65 yrs of age	13.8%	14.2%	+0.4%

Source: 2000 – 2010 U.S. Census

## AGE Continued

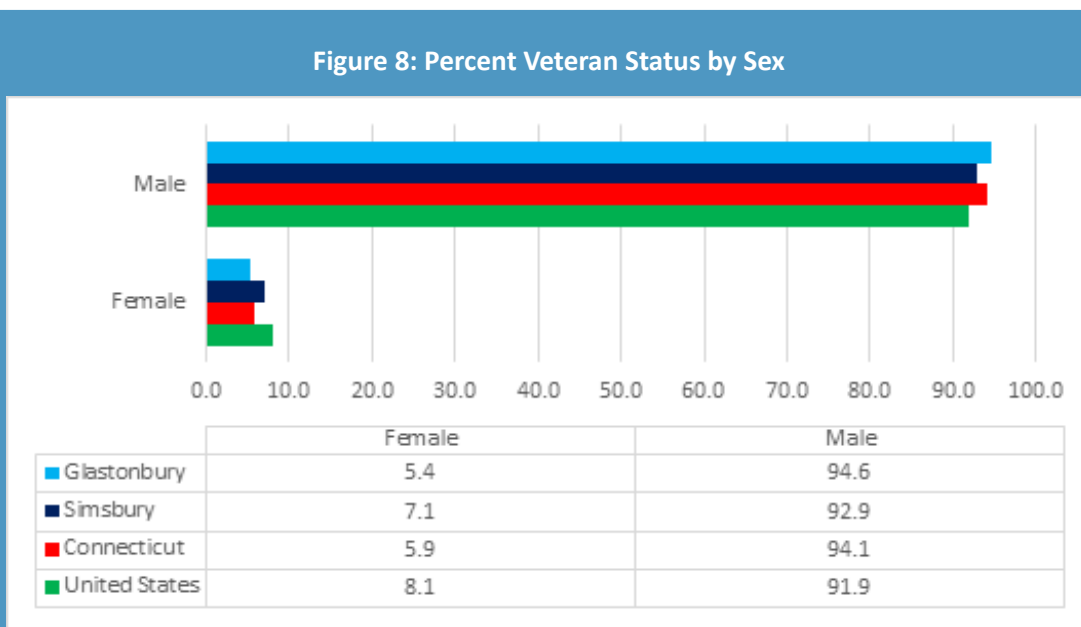
Glastonbury has a larger distribution of residents under age 18 (26.5%) when compared to Connecticut overall (22.9%), and approximately the same distribution of residents over age 65, with Glastonbury at 14.3% and Connecticut at 14.2%, as seen in Figures 6 and 7.



## VETERAN STATUS

The American military veteran population is a unique population. Individuals serve in varying military service branches and have experiences that differ with their race, sex, age at time of service, and branch of service. Health issues may be related to the individual’s era of service, and/or the individual’s unique experiences. Military service can have an impact on a veteran’s transition back to civilian life once he or she separates from service.<sup>11</sup>

Glastonbury’s population of individuals 18 years and older with veteran status, as a percent of the total population, is 5.9%. Glastonbury has a lower percent of veterans when compared to Simsbury (7.8%), Connecticut (6.7%), and the United States (8.0%). **Figure 8** shows veteran status by sex.



## VETERAN STATUS CONTINUED

**Figure 9** provides the age ranges of veterans. In Glastonbury, nearly 38 percent (37.9%) of veterans are 75 years of age and older.<sup>12</sup>

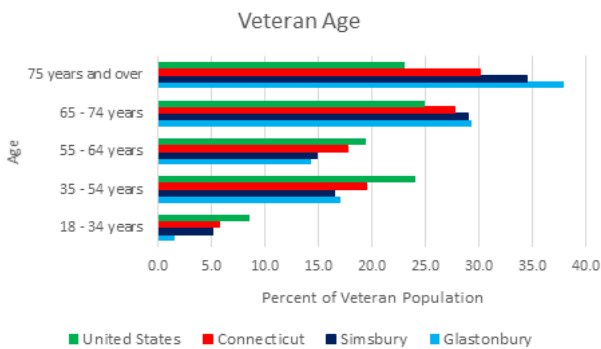
## EDUCATIONAL ATTAINMENT

Educational attainment, as addressed in the Self-Rated Health section of this report, is an important factor contributing to health status. Glastonbury’s educational attainment, as indicated in **Figure 10** showing the 2010-2014 ACS 5-Year estimates, surpasses the state average; 96.2% of Glastonbury residents are high school graduates or higher, 61.2% have earned a Bachelor’s degree or higher, and 32.3% of the population age 25 and older have achieved a Graduate or professional degree. Among Glastonbury’s military veteran population, 47.5% have achieved a Bachelor’s degree or higher (ACS 5 year 2012-2016). Nearly 36% of Connecticut’s population with a disability (35.9%) are high school graduates (including equivalency) and 19.6% have achieved a Bachelor’s degree or higher.<sup>13</sup>

State education averages are 89.5%, 37.0%, and 16.4% respectively, for high school, Bachelor, and Graduate or professional degrees. The Connecticut State Department of Education (CSDE) Five-Year Comprehensive Plan 2016-21 states a promise of an excellent public education to equip every child with the knowledge and skills needed to succeed in college, careers, and civic life. An expected outcome includes increased graduation rates. Glastonbury schools consistently surpass state graduation rates, including for the 2013-2014 school year, when Glastonbury Schools surpassed state graduation by almost ten percent.

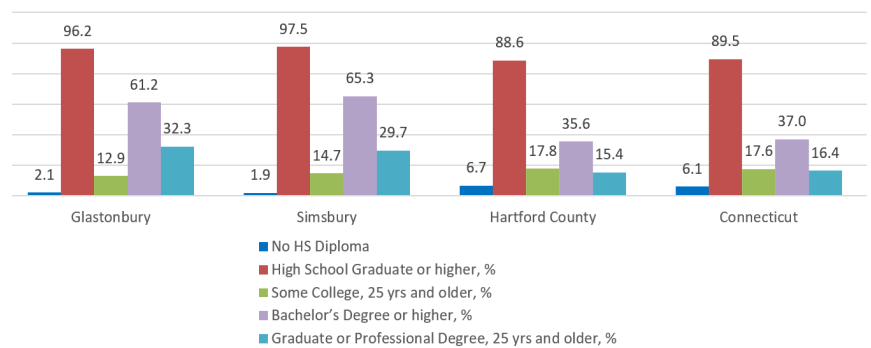
**Figure 9: Veteran Age**

Source: 2012-2016 American Community Survey 5-Year Estimates



**Figure 10: Educational Attainment 2010 – 2014**

Source: 2010-2014 American Community Survey 5-Year Estimates



College entrance refers to the percent of high school graduates who enroll in college within the first year after high school. College persistence is the percent of students who enroll in college the first year after high school and return for a second year (Freshman to Sophomore persistence). Glastonbury School District students exceed the state overall in college entrance and college persistence, including for the 2013-2014 school year. **Table 4** compares the rates from Glastonbury to Simsbury School District and Connecticut overall.

**Table 4: Percent Graduation and College 2013-2014**

	<b>Cohort Graduation: Four-Year, 2013 - 14</b>	<b>College Entrance Class of 2014</b>	<b>College Persistence Class of 2013</b>
<b>Glastonbury School District</b>	96.1%	85.1%	96.2%
<b>Simsbury School District</b>	94.5%	86.8%	95.0%
<b>Connecticut</b>	87.0%	72.6%	88.8%

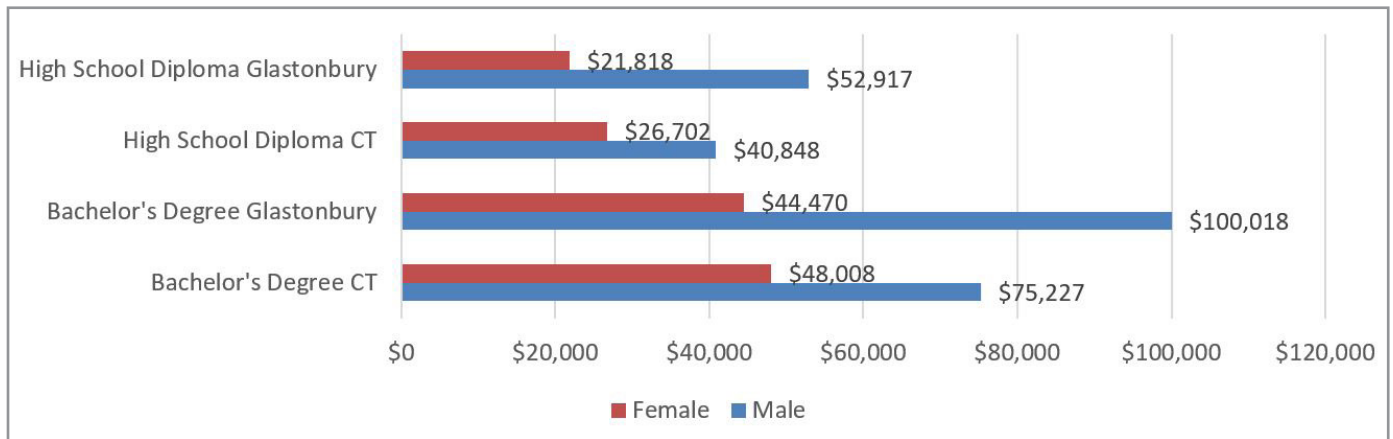
Source: <http://edsight.ct.gov>

## ECONOMIC STABILITY

Health and wealth are closely associated, and factors such as household income, years of education, and occupational prestige or employment grade positively influence health. The median household income in Glastonbury as estimated by the 2010 - 2014 ACS 5-Year Estimates was \$108,157, ranking Glastonbury's median household income 6th in Hartford County's 29 towns. The median household income for Hartford County and the State of Connecticut, respectively, during this same time was \$65,499 and \$69,899; Simsbury's median household income was \$109,823. Median earnings for a Connecticut resident with disability was \$23,575,<sup>14</sup> and median earnings for a Glastonbury military veteran was \$52,372.<sup>15</sup>

The 2010-2014 ACS 5-Year Estimates states that 3.7% of Glastonbury's population was living in poverty, well below the state average of 10.5%. Even with some college or an Associate's degree, female households in town without a spouse experience a 20.6% poverty rate. Females earned considerably less than males with the same educational attainment (**Figure 11**). Poverty surpasses 11% (11.3%) in female-headed households with children under 18 years of age.

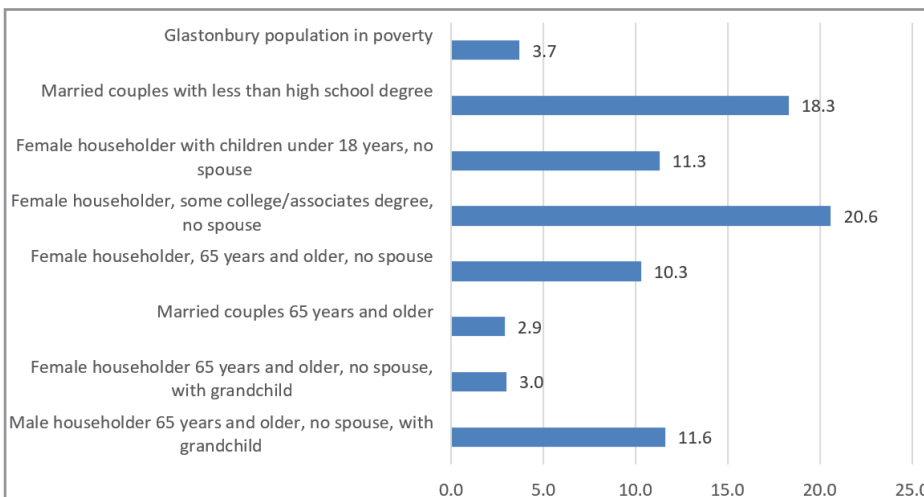
**Figure 11: Median Income by Sex and Education, Glastonbury and Connecticut**



Source: 2010-2014 American Community Survey 5-Year Estimates

Married couples in town with less than a high school degree experience an 18.3% poverty rate. For residents 65 years and older, the poverty rate for married couples is 2.9%. More than ten percent (10.3%) of female householders 65 years and older with no spouse live below the poverty level. Men 65 years and older without a spouse who are raising their grandchildren experience a poverty rate of 11.6%, whereas 3.0% of women 65 years and older without a spouse raising their grandchildren live in poverty. **Figure 12** shows the high poverty areas existing in certain Glastonbury communities.

**Figure 12: Glastonbury Percent Below Poverty Level by Family Status**



Source: 2010-2014 American Community Survey 5-Year Estimates

“There’s a lot of assumption that everyone in Glastonbury has money. Just like in any town, when you have people who have lower means, they don’t necessarily have access to the same healthcare, things like day-to-day wellness, and I assume there would be a concern about health and safety, too.”

- Key Contributor,  
Interview response

## ECONOMIC STABILITY CONTINUED

United Way of Connecticut is the state association for the fifteen independent United Way organizations in Connecticut. These regional United Ways entities in Connecticut have collaboratively identified a population in Connecticut that is Asset Limited, Income Constrained, Employed (ALICE). ALICE households are working households that have earnings above the federal Poverty Level but below the basic cost of living threshold. ALICE defines the basic cost of living as the average annual Household Survival Budget (a bare bones budget for basic needs) for a Connecticut family of four (two adults with one infant and one preschooler) as a range from \$66,168 to \$73,716 – more than triple the U.S. family poverty rate of \$23,850. ALICE household individuals may be employed as retail salespeople, personal care aides, or work in the gig economy. These jobs often pay insufficient wages to afford the basics of housing, child care, food, health care, and transportation. United Way of Connecticut projects that cost of necessities will continually rise, while growth of low-skilled jobs will outpace medium and high-skilled opportunities in Connecticut and nationwide into the next decade.

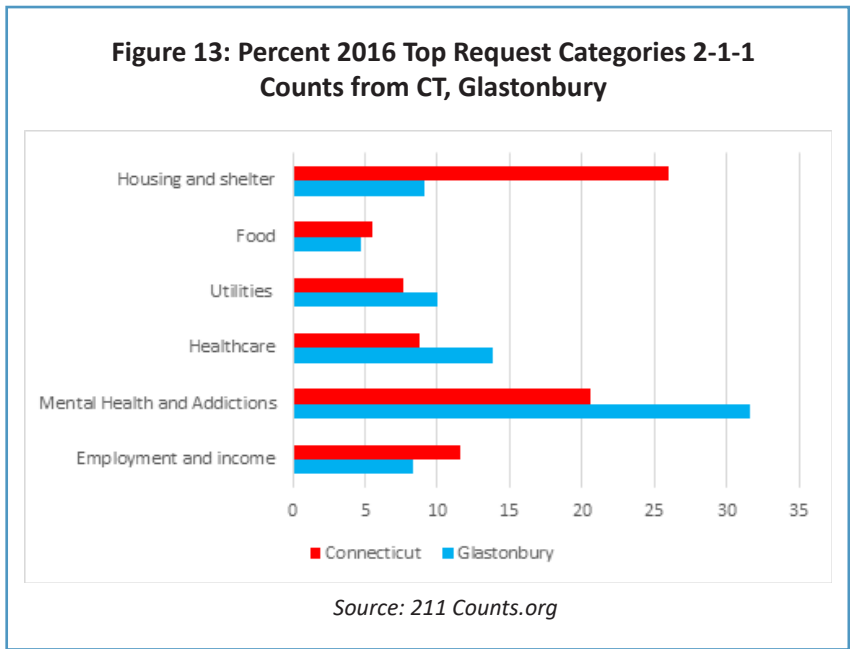
Based upon the Summer 2016 ALICE Report, 11% of Connecticut’s 1.36 million households lived in poverty in 2014, and another 27% were ALICE. While the 2010-2014 American Community Survey 5-Year Estimates reported a 3.7% poverty rate in Glastonbury, United Way of Connecticut reported an additional 16% ALICE households in town. ALICE found that families with a single parent household were more likely to have income below the ALICE Threshold.<sup>16</sup> Many ALICE families and people in need don’t meet strict poverty level-based criteria from government-based assistance programs. Furthermore, those that do meet the criteria find a gap in what is provided and what is needed. In response to community need, local and faith-based organizations develop programs to assist individuals and families to fill needs not met by structured assistance programs.

Foodshare, a regional foodbank that serves 42 towns in the greater Hartford region, receives donations from the food industry and distributes them to 300 food pantries, community kitchens, homeless shelters, and other partner programs. Mobile Foodshare brings perishable foods directly to people in need. As a host site for Mobile Foodshare, First Church of Christ Congregational in Glastonbury provides volunteers to assist with food distribution to people in need. In 2016, an average 123 individuals attend the twice-monthly Mobile Foodshare events at the First Church of Christ Congregational.<sup>17, 18</sup>

2-1-1 Counts, created by the Health Communication Research Laboratory at Washington University, is an online tool that uses information from 2-1-1 calls nationwide to provide real-time, searchable data snapshots of community-specific needs. The most requested categories in 2016 are depicted in **Figure 13**. The percent of inquiries from Glastonbury for information and assistance regarding utilities, healthcare, and mental health and addictions exceeded the percent of requests from the state as a whole for those same categories.

As an indicator of financial need, during the 2014-2015 school year, 9.2% of Glastonbury School District students, and 37.6% of Connecticut students overall were eligible for free or reduced-price meals. Income eligibility for free meals is at or below 130% of the federal poverty level; for reduced meals it ranges from 130% to 185% of the federal poverty level.

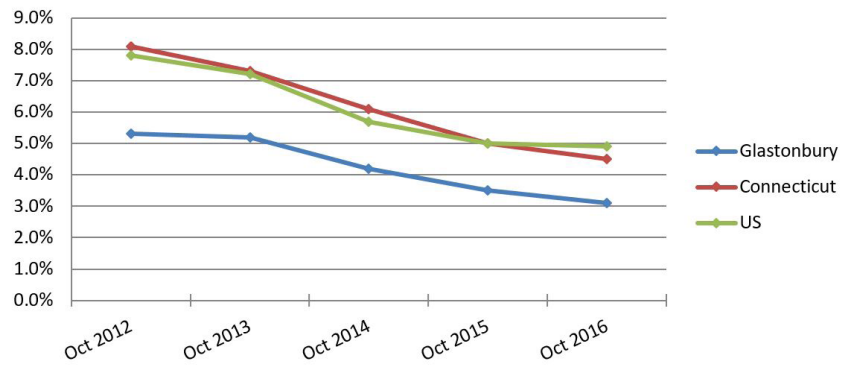
The Connecticut Economic Resource Center (CERC) reported 552 Glastonbury cases for Supplemental Nutrition Assistance Program (SNAP) in 2014. SNAP helps eligible individuals and families afford the cost of food at supermarkets, grocery stores, and farmers’ markets. Farmers certified by the Connecticut Department of Agriculture through these nutrition programs are authorized to accept vouchers distributed to eligible program participants for use at eligible farmers' markets.



## EMPLOYMENT

Employment is an indicator of economic health. When individuals are unemployed, their families lose wages and the nation as a whole loses their contribution to the economy. Between October 2012 and October 2016, Glastonbury's unemployment rate was consistently lower than both the state of Connecticut and the nation as a whole (**Figure 14**). In 2016, Glastonbury's unemployment rate was 3.1%, as compared to Connecticut (4.5%) and the U.S. (4.9%). Less than 25% (24.5%) of Connecticut residents with a disability are employed<sup>19</sup>, and 5.9% of Glastonbury military veterans are unemployed.<sup>20</sup>

**Figure 14: Unemployment Rate in US, Connecticut, and Glastonbury 2012-2016**



Source: <http://www1.ctdol.state.ct.us/lmi/laus/lauslma.asp>



## SOCIAL AND PHYSICAL ENVIRONMENT

### HOUSING

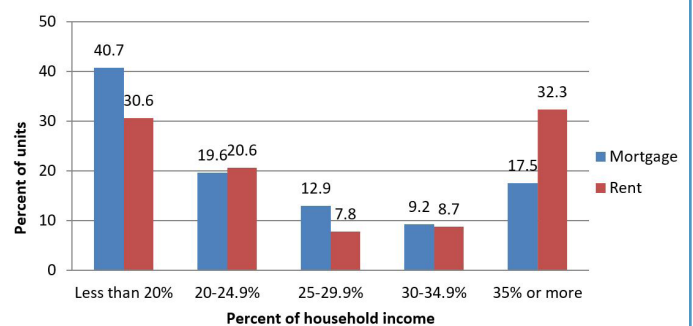
More than 81% of Glastonbury residents own their home, while less than 19% of town residents rent. Compared to Glastonbury, more Simsbury residents and fewer Connecticut residents overall own their home, as shown in **Figure 15**.

Nearly one third (32.3%) of Glastonbury renters pay 35% or more of their household income towards rent, less than Simsbury residents (39.6%) or the state overall at 44.2%. Slightly more than 17% of Glastonbury homeowners pay 35% or more of their household income towards a mortgage (**Figure 16**).

**Figure 15: Percent of Homeowners and Renters, Town, County, State**



**Figure 16: Glastonbury Monthly Mortgage/Rent Costs as a Percent of Income**



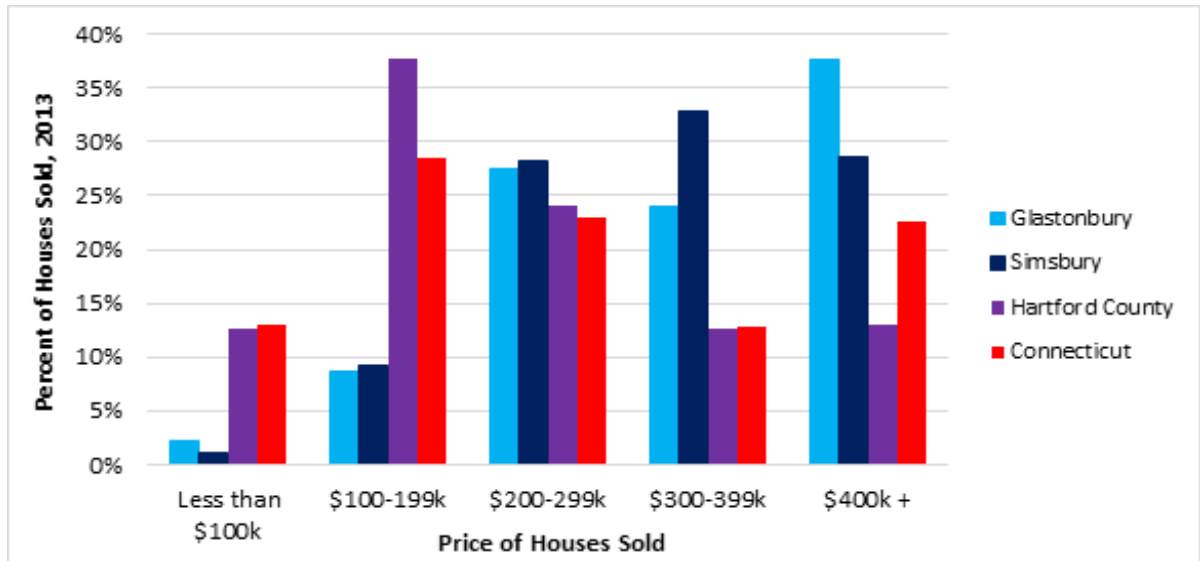
Source for Figures 15 and 16: 2010-2014 American Community Survey 5 Year Estimates

## HOUSING CONTINUED

Housing prices in Glastonbury are higher than Hartford County and Connecticut overall (**Figure 17**). Connecticut Economic Resource Center (CERC) house sale data in 2013 shows that 38% of houses were sold for \$400,000 or more.

**Figure 17: Distribution of House Sales, 2013**

Source: Connecticut Economic Resource Center (CERC)



According to the Glastonbury Town profile on the CERC website, there are 759 subsidized housing units in town. The Glastonbury Housing Authority provides property management for 467 assisted dwelling units throughout town. Housing developments include Center Village, Herbert T. Clark House, Village Green, and Welles Village, as well as Housing Choice vouchers (Section 8). The Housing Authority was the developer of these properties and also provides management services to the Herbert T. Clark Congregate and assisted living facilities. The Housing Authority provides housing to families, individuals, and seniors whose incomes range from below 30% of Area Mean Income (AMI) and up to 80% of AMI, depending on the program. Non-Housing Authority affordable housing options include Naubuc Green, Carter Court, and Cobbs Mill Cooperative, providing Glastonbury a diverse offering of housing options. Affordable housing units are located near the town center to allow access to shopping, amenities, and public transportation.

Affordable and safe housing is important to the wellbeing and health of individuals and families. Compared to Hartford County (46.3%) and Connecticut (45%), Glastonbury has a relatively low amount of housing built before 1960 (30.3%) based on ACS 2011-14 5 Year Estimates. While lead-based paints were banned for residential use in 1978, the U.S. Environmental Protection Agency reports that 83% of homes built prior to 1980 contain some lead-based paint. Lead is a toxin that is particularly harmful to children, as it harms the nervous system and is associated with reduced IQ, behavioral problems, and learning disabilities. If ingested in large amounts, lead can cause coma, convulsions, and death. Children are most commonly exposed to lead from lead-based paint hazards, typically in their homes.

Blood lead screenings are the only way to know if a child has elevated blood lead levels. In 2015, 77% of Glastonbury children ages 9 months to 2 years were screened to evaluate their blood lead level, regardless of the age of their dwelling. More than 99% of Glastonbury children less than 6 years old with a confirmed blood lead test had a blood lead level below 5 micrograms per deciliter, the level considered by Connecticut Department of Public Health to be lead poisoned.<sup>21</sup>



## COMMUNITY SAFETY

Community safety is a personal and neighborhood concept that represents a positive state of well-being among people. A community perceived as safe can build strong, cohesive, vibrant, and participatory neighborhoods. Connecticut’s Uniform Crime Reporting Program (UCR) gathers monthly data from all 104 police departments statewide. The Crime Index, a summary statistic, is developed from information submitted through this program, and can be reported as a state, county, local, urban, or non-urban statistic. The seven index offenses which form the Crime Index are murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. Arson is not included in the calculation of the Crime Index. The Crime Index is then calculated from the number of Index offenses (less arson) reported per 100,000 people in the specific area of geographic interest.

**Table 5** indicates that Crime Index Total Rates for Hartford County are higher than rates for Connecticut, and are more than double Glastonbury rates. Multiple factors affect the volume and type of crime, including population, access to the highway, economic conditions, cultural factors, and educational characteristics, as well as crime reporting practices of the citizenry.

**Table 5: 2015 Crime Index Totals**

*Note: Rates are per 100,000 residents. Arson not included in Crime Index Total.*

Crime Index Total 2015 (Rate)	
Glastonbury	1,107.7
Simsbury	567.8
Hartford County	2,510.1
Connecticut	2,054.1

Source: <https://ucr.fbi.gov/nibrs/2012/resources/variables-affecting-crime>

“I think public safety is a major concern and we need to team up with our police department to create neighborhood watches and report any suspicious activity.”

- Electronic survey respondent

As seen in **Table 6**, Glastonbury mirrored Hartford County and Connecticut for top offenses in 2015, with simple assault and larceny-theft among the most common arrests. Using FBI definitions from Crime in Connecticut 2015, Glastonbury offenses were mostly found in property crimes (includes burglary, larceny, and motor vehicle theft), rather than violent crimes (includes robbery and aggravated assault).<sup>22</sup>

**Table 6: Percent Select Arrests 2015**

Index Offenses	Simple Assault	Larceny-Theft	Drug Abuse Violations	DUI	Disorderly Conduct
Glastonbury	17.3%	15.8%	11.1%	9.6%	2.9%
Simsbury	21.8%	13.5%	8.2%	25.9%	6.5%
Hartford County	19.6%	14.4%	11.0%	6.9%	10.6%
Connecticut	17.3%	12.7%	9.0%	8.7%	11.2%

Source: *Crime in Connecticut 2015*

## COMMUNITY SAFETY CONTINUED

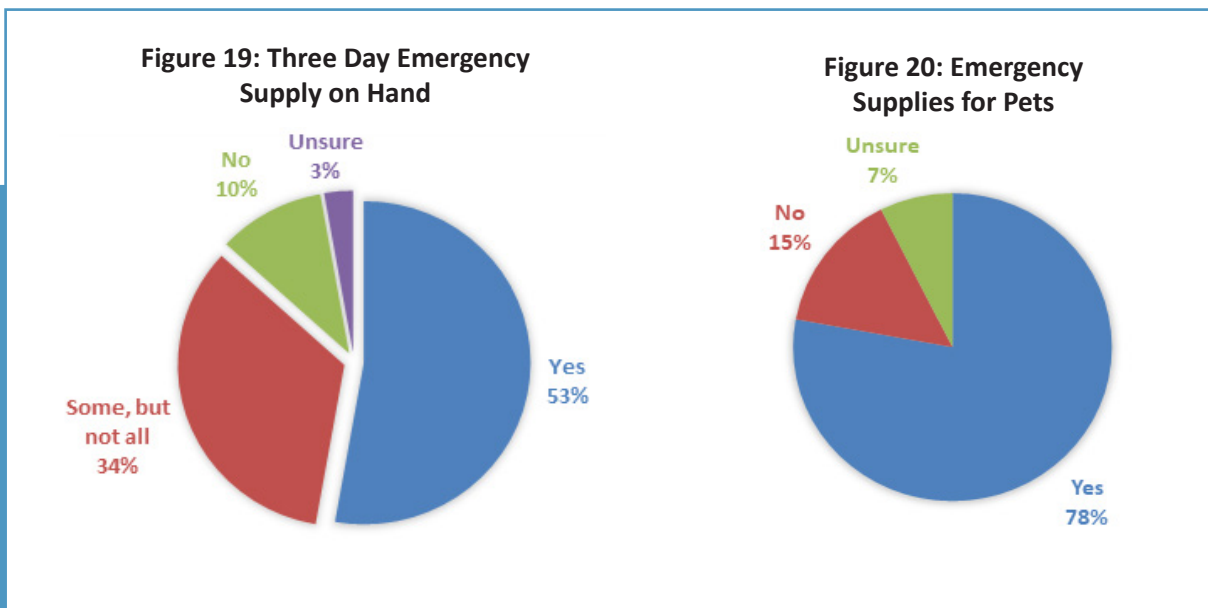
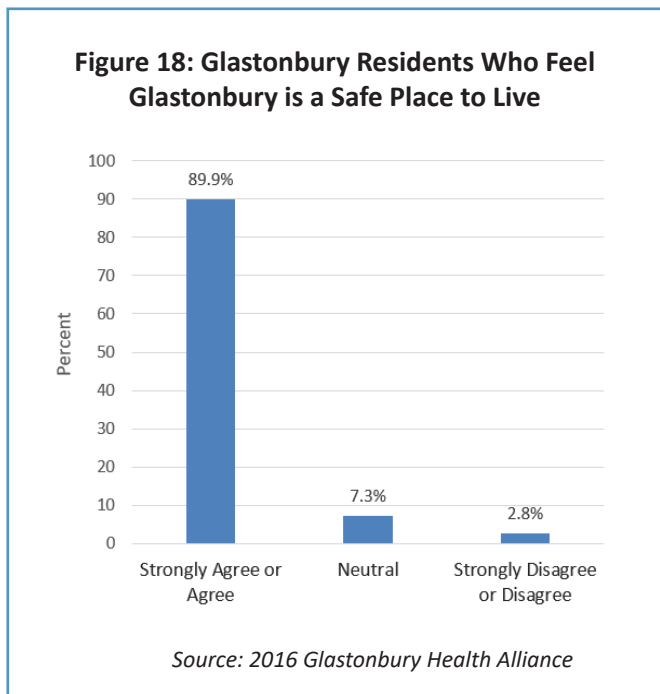
The 2016 GHA Survey found that nearly 90% of respondents “Agree” or “Strongly Agree” that Glastonbury is a safe place to live (Figure 18).

## EMERGENCY PLANNING

Public health emergency planning is a responsibility of both the public health and health care systems, working as a Healthcare Coalition with community partners to identify potential threats and develop plans for response to emergencies such as significant outbreak of infectious disease, terrorist threat, natural disaster, or other catastrophic events.

Climate change can bring extreme weather events that stress the power grid, including storms or extreme heat. These weather events may result in power outages that lead to Glastonbury residents seeking emergency shelter away from their homes. Extreme heat can stress refrigeration units that hold food at safe temperatures, both at home and commercial establishments.<sup>23</sup> Information regarding emergency preparedness at home or in the workplace can be found at [www.ready.gov](http://www.ready.gov).

In the 2016 GHA Survey, residents were asked if they had a three day supply of non-perishable food, water, batteries, and other essentials on hand for all members of the household in the event of a weather emergency. Almost 87% of respondents had some or all of the supplies needed (Figure 19). Additionally, nearly 78% of pet owners indicated that they had emergency food and supplies for their pets (Figure 20).



Source: 2016 Glastonbury Health Alliance

## TRANSPORTATION

Commuting to work connects places of employment and location of housing. Automobile commutes impact environmental conditions such as air pollutant emissions and long commutes can affect physical health concerns such as physical inactivity and associated health concerns. The majority of Glastonbury residents who traveled to work did so by driving alone (**Table 7**). Compared to county and state commuters, fewer Glastonbury residents carpooled or took public transportation. Commuting characteristics below do not include data for residents who work from home.

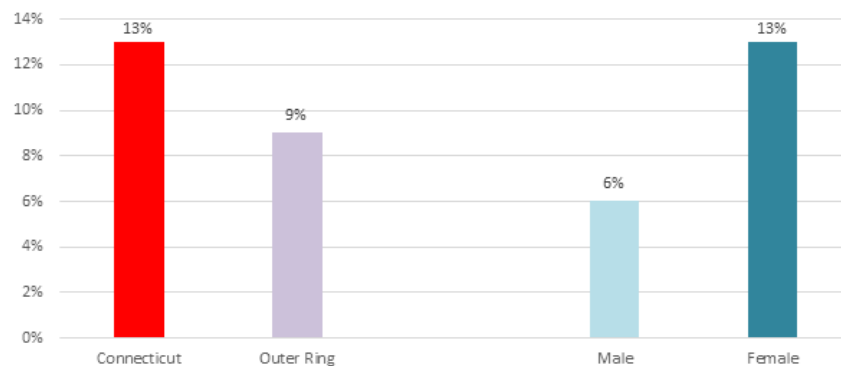
**Table 7: Percent Commuting Characteristics**

	Connecticut	Hartford County	Glastonbury
<b>Drove Alone</b>	78.7	81.0	84.0
<b>Carpooled</b>	8.2	8.3	5.6
<b>Public Transportation</b>	4.7	3.7	0.7
<b>Walked</b>	3.0	2.2	2.3
<b>Other traveling means</b>	1.2	1.4	1.2

*Source: 2010 – 2014 American Community Survey 5-Year Estimates*

A 2015 DataHaven Community Wellbeing Survey compared the responses of residents in Connecticut overall to the residents of the Hartford Outer Ring, an area comprised of Glastonbury and 22 neighboring towns. Compared to Connecticut residents overall, Outer Ring residents were less likely to stay home when they needed or wanted to go somewhere because they had no access to reliable transportation. Females, however, were more than twice as likely as males to stay home due to lack of access to reliable transportation (**Figure 21**).

**Figure 21: Percent Stayed Home / No Access to Reliable Transportation**



*Source: DataHaven – 2015 Community Wellbeing Survey Hartford, CT Outer Ring Crosstabs*

## ENVIRONMENTAL

### Radon and Uranium

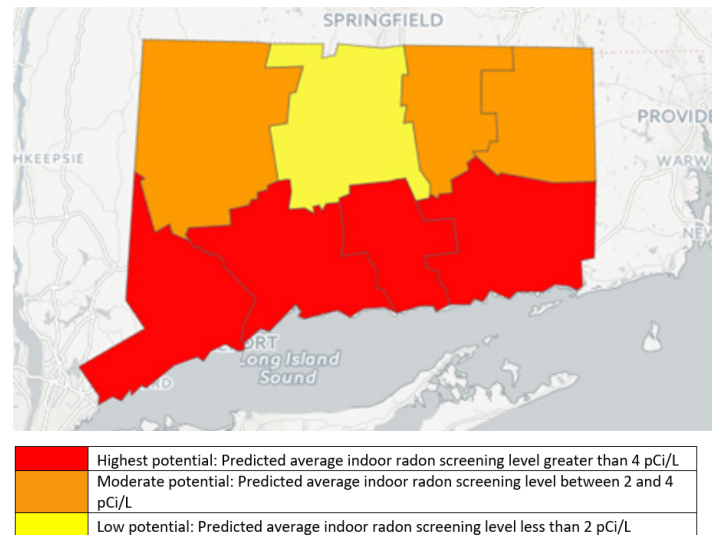
Radon is a naturally occurring radioactive gas found in low concentrations in soil and rock worldwide. Radon gas has no color, odor, or taste and forms from the natural radioactive breakdown of uranium in the ground. The Environmental Protection Agency (EPA) estimates that radon causes approximately 21,000 lung cancer deaths in the United States each year. Exposure to radon is considered the second leading cause of death from lung cancer, preceded by smoking, and is the leading cause of lung cancer among non-smokers. Radon gas in the soil and rock can move into the air and into underground water and surface water, and enter homes through cracks and other openings in building foundations. The amount of radon in the air is measured in picocuries per liter of air (pCi/L). Long-term exposure to high levels of radon gas increases the risk of developing lung cancer.<sup>24</sup>

## Radon and Uranium Continued

High levels of dissolved radon are found in the groundwater in some areas flowing through granite or granitic sand and gravel formations, and radon can enter private drinking water wells. Well water poses an inhalation and ingestion risk, although most of the risk from radon in water comes from radon released into the air when water is used for showering and other household purposes.

**Map 2** shows the EPA radon zones in Connecticut with Hartford County's overall low radon potential, although naturally occurring rock formations in Glastonbury may create an area of higher risk than other areas of Hartford County. The EPA recommends that homes with air radon levels at 4 pCi/L or higher be reduced. Homes should be tested for radon irrespective of the county classification, as homes with elevated radon levels have been found in all three zones.

**Map 2: EPA Radon Zones in Connecticut**



Source: City-data.com

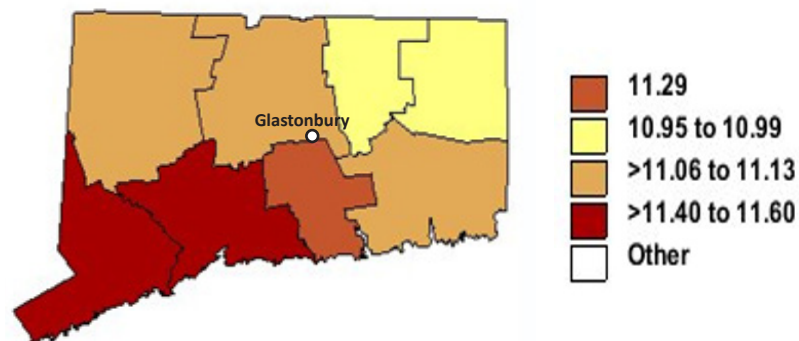
Uranium occurs naturally in New England bedrock and groundwater, therefore drinking water wells are susceptible to contamination. Wells with high levels of uranium have been identified throughout Connecticut, including in Glastonbury. The amount of uranium in bedrock and well water varies greatly from place to place, and can only be confirmed through testing. The EPA standard for uranium in well water is 30 micrograms per liter (30 ug/L). Studies show that drinking water with elevated levels of uranium can affect the kidneys over time, and there may be a small increase in cancer risk over the course of a lifetime.<sup>25</sup> If uranium levels in water exceed 900 ug/L, homeowners should investigate water treatment options or alternative water supplies. See **Appendix 8** for more information regarding uranium in Glastonbury.

## Air Quality

Poor air quality from air pollution is linked to multiple respiratory diseases including asthma, cardiovascular disease, and even death, according to the National Institutes of Health. Fine particles (solid matter or liquid droplets with an aerodynamic diameter less than 2.5 micrometers) in the air can aggravate existing heart and lung disease, change the body's defenses against inhaled materials, and damage lung tissue. Chemicals in and on particulates can be very toxic. Repeated exposure to air pollution can cause chronic bronchitis, asthma, and decrease lung function. **Map 3** shows the average fine particulate matter for Connecticut for 2003 – 2011.

Daily weather conditions can affect air quality. Wind and shifting air masses can move air pollutants from one area to another, and stagnant air can bring about an increased concentration of harmful pollutants. Air quality information is posted on the Connecticut Department of Energy and Environmental Protection (DEEP) website at [www.ct.gov/deep/aqi](http://www.ct.gov/deep/aqi). Climate change is expected to impact human health through increased level of air pollution in numerous locations due to an increase in ground level ozone and particulate matter air pollution.<sup>26</sup>

**Map 3: Average Fine Particulate Matter ( $\mu\text{g}/\text{m}^3$ ) for Connecticut**



Source: Daily Fine Particulate Matter (PM<sub>2.5</sub>) ( $\mu\text{g}/\text{m}^3$ ) for years 2003-2011 on CDC WONDER Online Database, released 2013. Accessed at <http://wonder.cdc.gov/NASA-PM.html> on Jul 10, 2017 12:42:28 PM

# HEALTH BEHAVIORS AND OUTCOMES

Health behaviors are activities people undertake to maintain, reach, or retain good health and prevent illness. Healthy behaviors can have a strong positive impact on one’s health outcomes. Health outcomes are changes in the health status of a person, group, or population which is attributable to planned interventions. Health outcomes can also be influenced by demographics and social environment.



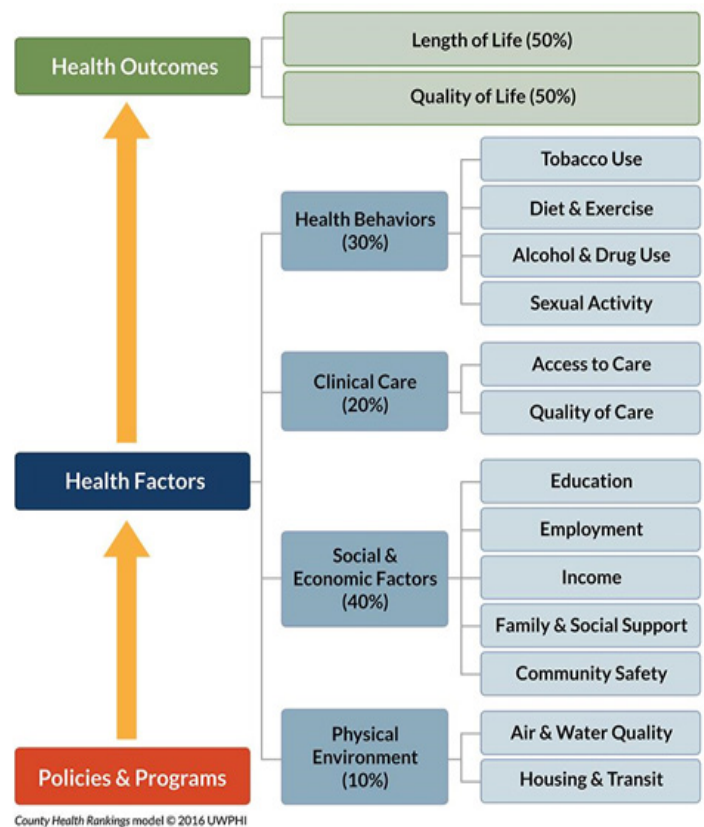
## NATIONAL AND STATE MEASURES

In late 2016, the United Health Foundation issued the *America’s Health Rankings Annual Report*. In review of historical trends, the report studied multiple factors including a comprehensive set of behaviors, policy, and health outcomes data to provide a full assessment of the health of the nation. Connecticut ranked the third healthiest state out of 50 states in 2016, an improvement from the 6th place ranking achieved in 2015. The report cited Connecticut’s strengths as low prevalence of smoking, low incidence of infectious disease, and high immunization coverage among children. Challenges for the state included the high prevalence of excessive drinking, high levels of air pollution, and large disparity in health status by educational attainment. Specifically noted in the report was the 44% increase in drug deaths from 10.5 to 15.1 deaths per 100,000 population, as well as a 14% increase in physical inactivity in the past year from 20.6% to 23.5% of adults.<sup>27</sup>

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. County Health Rankings views health as a wide range of factors that influence how long and how well one lives (Figure 22). Their annual County Health Rankings report measures health factors including obesity, smoking, access to healthy foods, and the quality of air and water. Reported at the county level, information from County Health Rankings can build awareness of multiple factors that influence health and engage local leaders from many sectors to talk about and work for sustainable community health changes.

The 2016 County Health Rankings report ranks Hartford County 7th of the 8 Connecticut counties for overall health outcomes. The health outcomes ranking is based on how long people live and how healthy people feel. Hartford County ranks 5th of the 8 counties in overall rankings for the health factors of health behaviors, clinical care, social and economic, and physical environment factors. The County Health Rankings report suggests some of the areas to explore further for Hartford County include adult smoking, adult obesity, children in poverty, and children in single parent households.<sup>28</sup>

Figure 22: Factors that Influence Health



County Health Rankings model © 2016 UWPHI

Source: <http://www.countyhealthrankings.org/what-is-health>

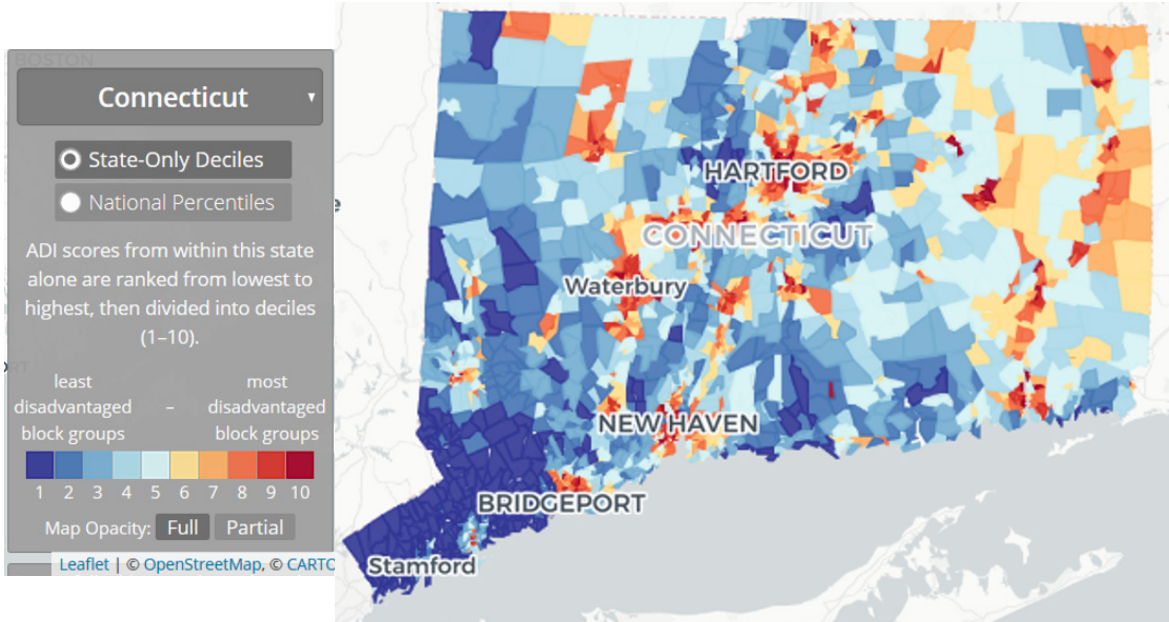
“It’s a very health-oriented community. You see people out biking and running. There are a lot of options in town. There are many food options.”

Key Contributor, during Interview

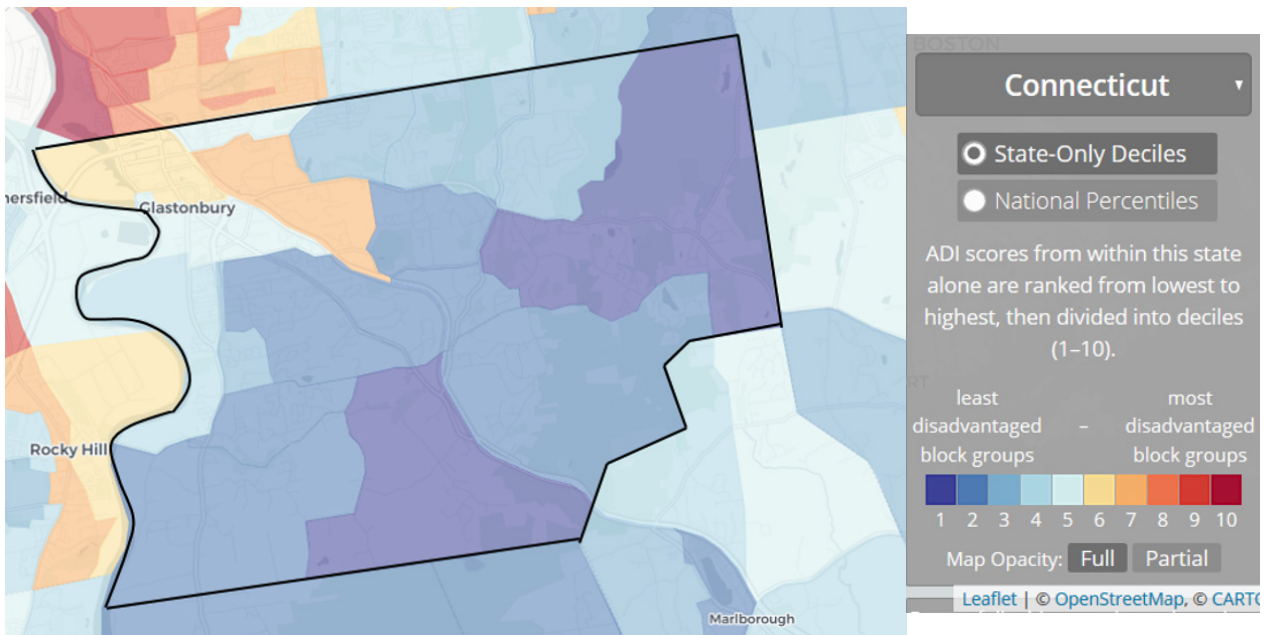
## NATIONAL AND STATE MEASURES CONTINUED

The Neighborhood Atlas, a tool released in 2018, allows for the visualization of socioeconomic data at the community level. The tool includes seventeen measures of unemployment, education, housing quality, and poverty, updated with current American Community Survey data. Maps range from the national level to the census block level. Information at the local level can help inform health resources, policy, and social interventions. **Map 4** shows the color-ranked map key and socioeconomic data for the state of Connecticut at the census block level. **Map 5** shows the color-ranked map key and a section of the same map with the town of Glastonbury outlined. Once viewed at the census block level, socioeconomic disparities are visible within the town.<sup>29</sup>

**Map 4: Neighborhood Atlas Map Key and Connecticut Data**



**Map 5: Neighborhood Atlas Map Key and Connecticut Data**



Source of Maps 4 and 5: University of Wisconsin School of Medicine and Public Health

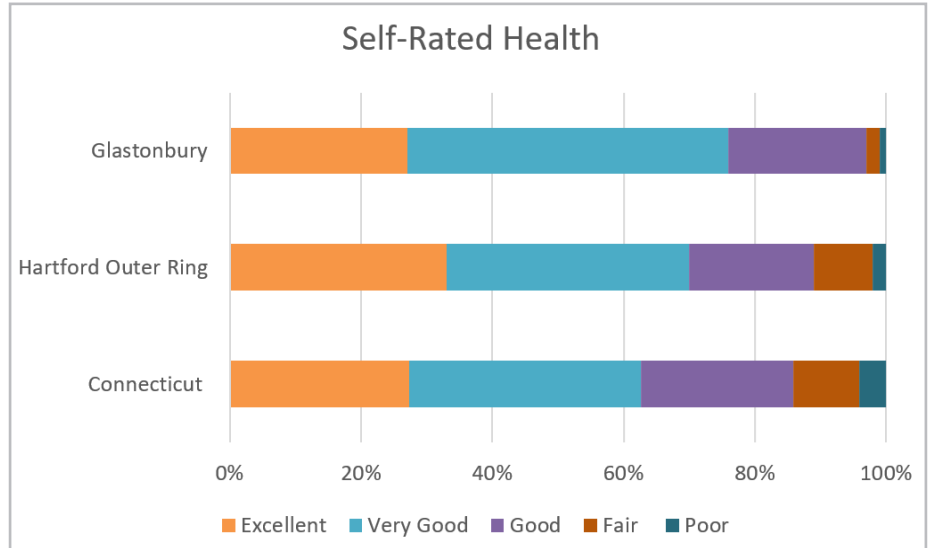
## NATIONAL AND STATE MEASURES CONTINUED

The Connecticut Department of Public Health (DPH) presented a statewide health assessment in spring of 2014, designed to identify and quantify health conditions throughout the state. The assessment document was accompanied by a statewide health improvement plan and together the documents form Healthy Connecticut 2020, a report to be considered a roadmap to improve the state's health. The assessment showed that overall, Connecticut meets most national targets for health, and has better health outcomes than many other states on several health indicators such as smoking and obesity prevalence, teen birth rates, infectious disease incidence, and health insurance coverage. Health disparities were found to exist by age, sex, race, ethnicity, geography, and socioeconomics. The assessment and the health improvement plan are available for study on the DPH website at [www.ct.gov/dph](http://www.ct.gov/dph).

### SELF-RATED HEALTH

In the 2016 electronic GHA Survey, 76% of Glastonbury residents described their overall health to be "Excellent" or "Very Good". DataHaven's 2015 Community Wellbeing Survey reports that 70% of Outer Ring respondents and 62% of Connecticut residents characterized their health as Excellent or Very Good (Figure 23).

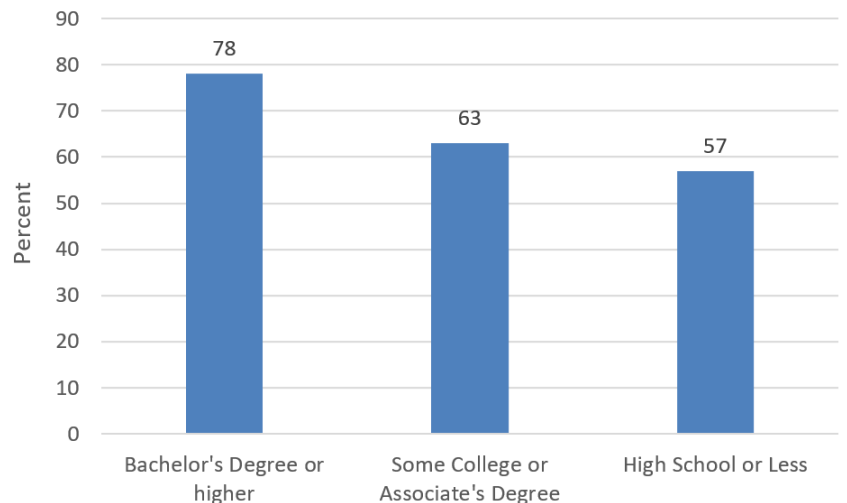
**Figure 23: Self-Rated Health Glastonbury, Outer Ring, Connecticut**



Source: DataHaven – 2015 Community Wellbeing Survey Hartford, CT Outer Ring Crosstabs; Glastonbury Health Alliance 2016

**Figure 24: Percent Outer Ring Residents with 'Excellent' or 'Very Good' Health**

Individuals who are more highly educated tend to be healthier, employed in positions that offer higher income and access to better health care, and live longer than those with less education. As seen in Figure 24, in 2015, 78% of college educated residents in the Hartford Outer Ring towns self-reported "Excellent" or "Very Good" health. Outer Ring residents with some college and some high school education self-reported "Excellent" or "Very Good" 63% and 57% respectively.



Source: DataHaven – 2015 Community Wellbeing Survey Hartford, CT Outer Ring Crosstabs

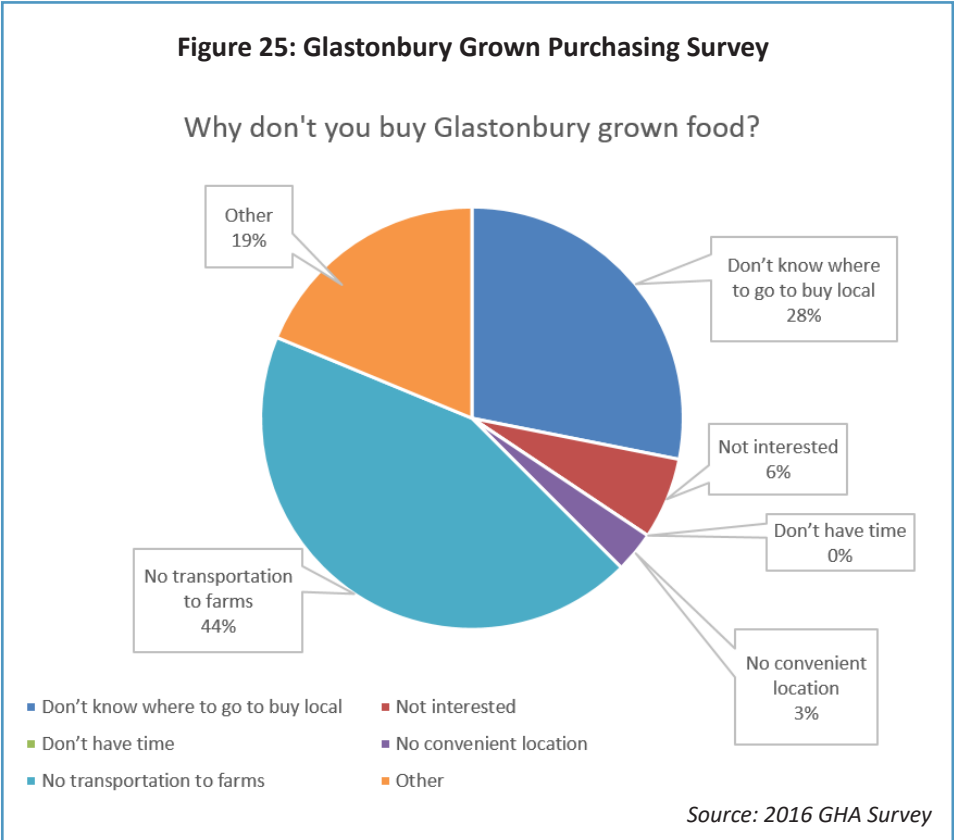
# HEALTHY EATING AND PHYSICAL ACTIVITY

## Healthy Eating

A nutritious, well-balanced diet is an important part of a healthy lifestyle. Healthy eating, including a diet rich in vegetables and some fruit, can reduce the risk of chronic disease and may protect against certain kinds of cancers. Not everyone has access to quality food, however.

In a 2018 Town of Glastonbury survey to a convenience sample of Glastonbury Housing Authority residents, when asked if they purchased food grown on farms in Glastonbury, 43% of people surveyed said they did not. In a follow-up question, individuals cited various reasons why they did not buy locally grown food, as seen in **Figure 25**. The two most frequently reported responses were lack of transportation to the farms (44%) and lack of knowledge of where to go to purchase locally grown foods (28%). Of those who did purchase Glastonbury grown food, 63% made purchases weekly or every other week.

As described by the U.S. Department of Agriculture, food insecurity is a state in which consistent access to adequate food is limited by a lack of money and other resources at times during the year.



In the absence of healthy food options, people may eat foods that are higher in calories and lower in nutritional value. While Glastonbury fares better than Hartford County and Connecticut as a whole (**Table 8**), some residents experienced food-access challenges that resulted in a reduced quality diet. Developed by Feeding America, food insecurity rates incorporate household data from the American Community Survey and Bureau of Labor Statistics.

**Table 8: Food Insecurity Rates 2016**

<b>8.8%</b>	<b>GLASTONBURY</b>
<b>13.4%</b>	<b>HARTFORD COUNTY</b>
<b>13.1%</b>	<b>CONNECTICUT</b>

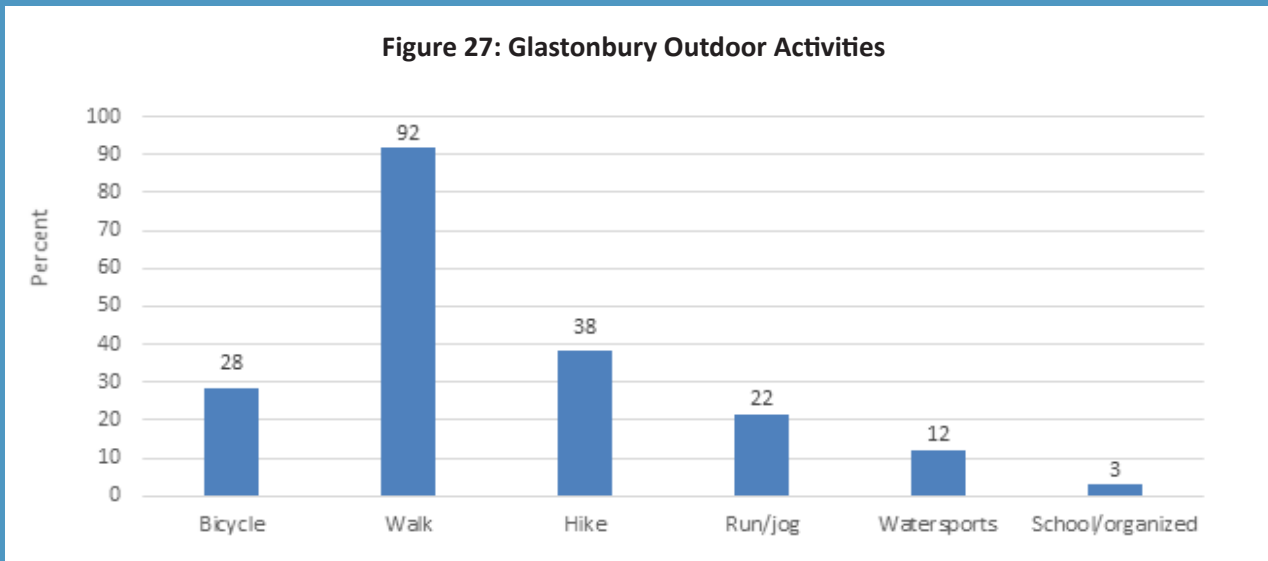
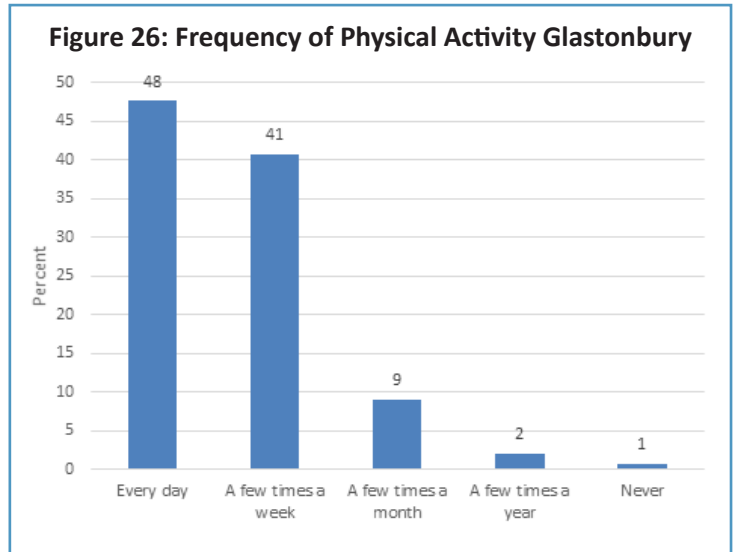
Source of Table 8: <http://www.ctfoodbank.org/about-us/hunger-in-connecticut/>

Citation: Gunderson, C., Dewey, A., Crumbaugh, A., Kato, M., Engelhard, E., Map the Meal Gap 2016: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2016



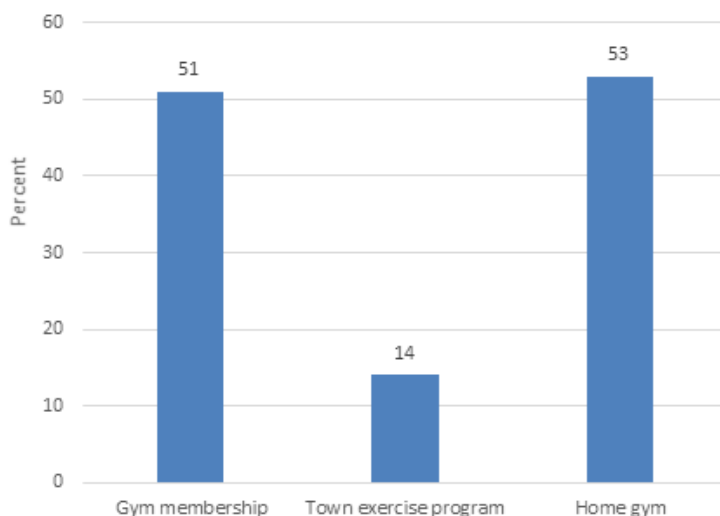
## Physical Activity

Physical activity can improve health and quality of life. People who are physically active feel better, have more energy, and report a more positive mood and better sleep. Physical activity can reduce the risk of developing several diseases such as cardiovascular disease, type 2 diabetes, and some cancers. It can also strengthen bones, muscles, and joints, which decreases the risk of osteoporosis and falls. In Connecticut, 42.1% of adults with disabilities are inactive, similar to the 43.0% of inactive adults with disabilities in the nation overall.<sup>30</sup> In the 2016 GHA Survey, 89% of respondents reported that they were physically active “A few times a week” or more frequently, as shown in **Figure 26**.



Source of Figures 26, 27, and 28: 2016 Glastonbury Health Alliance electronic survey

**Figure 28: Glastonbury Indoor Activities**



Respondents from the 2016 GHA Survey also indicated several ways they maintain physical activity as shown in **Figure 27**. An overwhelming number of respondents walk to stay fit, with several commenting in support and appreciation of the walking trails in town, including the multi-purpose trail by Smith Middle School, and daily walks through neighborhoods. Indoor activities to keep physically active shown in **Figure 28** focused on the use of home gyms (53%) and gym memberships (51%).

## Physical Activity Continued

A measure of the level of physical fitness in youth is the percentage of students in schools passing all four components of the state physical fitness tests. These standardized tests include four areas of fitness: sit up and reach, curl up, push up, and mile run/progressive aerobic cardiovascular endurance run (PACER). The Connecticut Physical Fitness Assessment (CPFA) is administered to all students in grades 4, 6, 8, and 10. Only students assessed in all four areas are included in the Health Standard calculation.<sup>31</sup>

The Health Standard results for students in Glastonbury Schools during the 2015 – 2016 school year is shown in **Table 9**, broken out by administered grade levels. Buttonball Lane School and Hebron Avenue School both surpassed the Connecticut Grade 4 statewide percent of 50.6. Gideon Welles School (49.9%) surpassed the Connecticut Grade 6 percent of students passing (49.8%). Connecticut Grade 8 testing (50.6%) surpassed levels at Smith Middle School (47.7%). The percent of students meeting the Health Standard at Glastonbury High School (58.7%) was higher than Connecticut Grade 10 overall (51.1%). Overall, Glastonbury School District (all schools) scored higher than Connecticut All Grades at 50.7% and 50.5% respectively.

**Table 9: Percent of Students Passing CT Physical Fitness Assessment 2015-2016**

GLASTONBURY SCHOOLS		CONNECTICUT SCHOOLS
<b>Glastonbury Grade 4</b>		<b>Connecticut Grade 4</b>
Buttonball Lane School (K-5)	67.4	50.6
Eastbury School (PK-5)	32.7	
Hebron Avenue School (K-5)	50.8	
Hopewell School (K-5)	41.9	
Naubuc School (K-5)	32.8	
Nayaug Elementary School (PK-5)	44.7	
<b>Glastonbury Grade 6</b>		<b>Connecticut Grade 6</b>
Gideon Welles School (6)	49.9	49.8
<b>Glastonbury Grade 8</b>		<b>Connecticut Grade 8</b>
Smith Middle School (7-8)	47.7	50.6
<b>Glastonbury Grade 10</b>		<b>Connecticut Grade 10</b>
Glastonbury High School (9-12)	58.7	51.1
<b>Glastonbury School District (All Schools)</b>	<b>50.7</b>	<b>Connecticut All Grades 50.5</b>

Source: Connecticut State Department of Education EdSight

Outdoor physical activity may be adversely impacted by environmental variation due to climate change. Rising carbon dioxide levels may lead to an increase in the leaf size and toxicity of poison ivy. Additionally, an expansion of the range of species of insects can result in an increase of vector-related diseases, including the Zika virus. Higher levels of carbon dioxide can create massive algal blooms that can close swimming areas, and extended periods of warm weather that elevate water temperatures in swimming areas may also lead to an increase in water related diseases.<sup>32</sup>

“For [biker and walker] safety, we need to make enforcement of our crosswalk laws, right on red, and texting while driving laws much stronger.”

-Key Contributor Interview Response

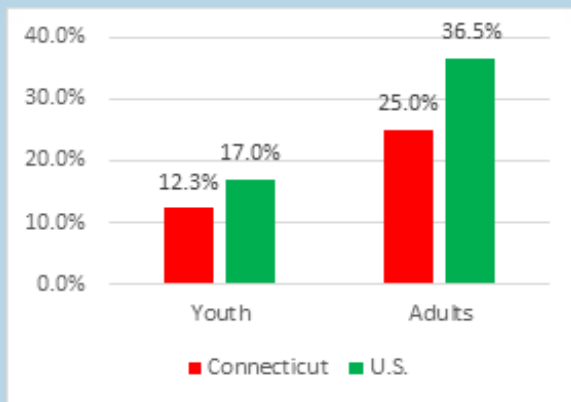


## OBESITY

The Centers for Disease Control and Prevention reports that more than one third of all U.S. adults have obesity. Obesity is defined as an excess of body fat in proportion to lean body mass with a Body Mass Index (BMI) of 30.0 or higher. Obesity is a serious health concern, as it is associated with reduced quality of life, poorer mental health outcomes, and leading causes of death in the U.S. and worldwide including diabetes, heart disease, stroke, and some types of cancer.

Multiple causes and factors contribute to obesity. Genetics, physical ability, medication, and individual behaviors such as dietary patterns and sedentary lifestyle contribute to obesity, as do societal influences like food marketing and promotion, and the physical activity environment. In Connecticut, 25.0% of adults and 12.3% of adolescents are obese. Nationwide, 36.5% of adults and 17.0% of youth are obese, slightly higher than numbers seen for Connecticut (Figure 29).<sup>33</sup> Almost 39% (38.7%) of Connecticut adults with disability are obese, and 39.6% of the nation’s adults with disability are obese.<sup>34</sup>

**Figure 29: Percent Obese Youth and Adults, Connecticut and US, 2015**



Source: CDC

### Many factors contribute to obesity:

- ✓ **Genetics**
- ✓ **Physical ability**
- ✓ **Lifestyle**
- ✓ **Diet**
- ✓ **Medication**
- ✓ **Societal influences**
- ✓ **Physical environment**

## TOBACCO AND NICOTINE USE

Tobacco use is the leading cause of preventable illness and death in the nation, according to the U.S. Department of Health and Human Services. It causes many different cancers, heart disease, pregnancy-related problems, chronic lung diseases such as emphysema and bronchitis, and many other serious health problems. Smoking is the number one cause of heart disease, and heart disease is the leading cause of death in the United States and in Connecticut, and the second leading cause of death in Glastonbury. Tobacco use also reduces the health of smokers in general. In the United States, cigarette smoking causes more than 480,000 deaths every year, and the Connecticut Department of Public Health estimates that 4,900 adults die in Connecticut each year from their own smoking.



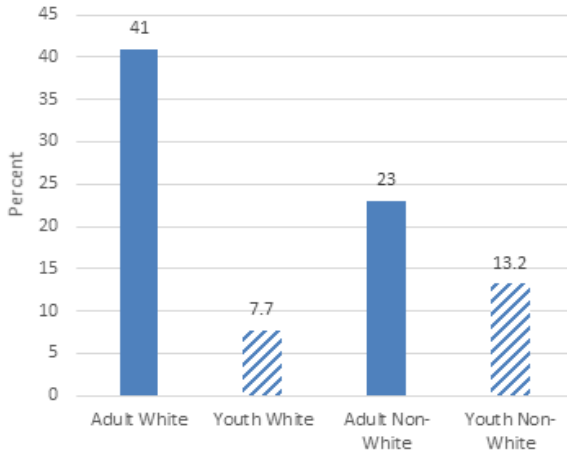
In the 2015 DataHaven Survey, Connecticut and Hartford Outer Ring town residents were asked about their lifetime use of cigarettes, defined as smoking at least five packs throughout their life. Lifetime use of cigarettes among adults in the Outer Ring towns (39%) was similar to Connecticut residents overall (40%). The rate of current smokers that reported smoking “Every Day” or “Some Days” was analogous between Outer Ring (36%) and Connecticut residents (37%).<sup>35</sup> Information from the CDC states that 30% of Connecticut adults with disability and 30.6% of adults with disability nationwide smoke.<sup>36</sup>

The 2013 Youth Survey Report for Glastonbury showed a continued decrease in the “Recent/Current (past 30 days)” use of cigarettes. The report stated that, when compared to 2012 national data, lifetime and 30-day use of cigarettes are far less prevalent in Glastonbury, especially among younger youth.<sup>37</sup>

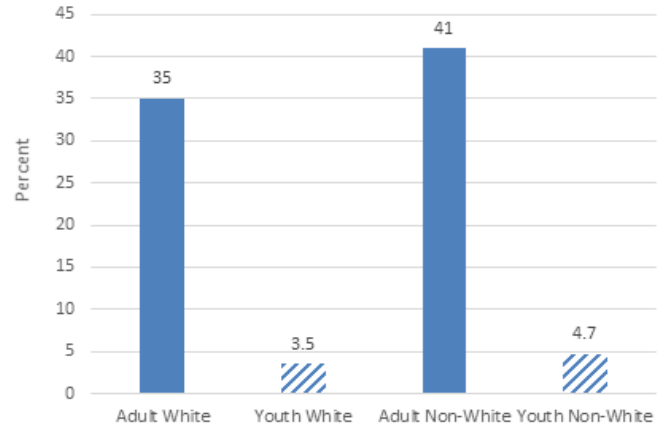
## TOBACCO AND NICOTINE USE CONTINUED

When viewed by race, Non-White Youth had more lifetime cigarette use than White Youth, in contrast to Adult data (**Figure 30**). For current smokers, where Adults smoked every day or some days, and Youth had smoked within 30 days, Non-White Adults and Non-White Youth smoked more than their White counterparts did. (**Figure 31**).

**Figure 30: Smoked 100 Cigarettes in Lifetime**



**Figure 31: Currently Smoke Cigarettes**



Source: DataHaven – 2015 Community Wellbeing Survey Hartford, CT Outer Ring Crosstabs; Swindell, 2013 Youth Survey Report, Glastonbury, Connecticut

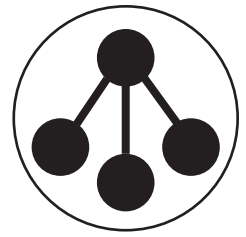
Exposure to secondhand smoke, (smoke from burning tobacco products such as cigarettes, cigars and pipes, and smoke exhaled by the smoker), can cause heart disease, lung cancer, and stroke in adults who have never smoked. The 2010 Connecticut Adult Tobacco Survey estimated that, in the seven days prior to the survey, 39.4% of non-smoking adults were exposed to secondhand smoke, either in the workplace, at home, in a vehicle, or in a public place.<sup>38</sup>

In preparation for a U.S. Department of Housing and Urban Development requirement for each public housing authority to implement a smoke-free policy by July 30, 2018, Glastonbury Housing Authority conducted a 2017 survey of their residents about smoking and tobacco use. Housing Authority residents include individuals and families, adults, and seniors. Only 12.8% of respondents reported that they allowed people, including themselves, to smoke or use tobacco products in their home. When asked about their experience with tobacco smoke, 56% reported that they were bothered by smoke that entered their apartment from somewhere else around the building.<sup>39</sup>

Electronic cigarettes have become a popular method of easing the transition from traditional cigarettes to not smoking at all. Electronic cigarettes, vape pens, e-hookahs, and mods are all examples of Electronic Nicotine Delivery Systems (ENDS). ENDS products contain nicotine and come in many flavors, including fruit and candy flavors attractive to youth.<sup>40</sup>

The increased popularity of ENDS among youth may increase the risk of addiction to nicotine early in life. Potential harm from nicotine exposure to a developing adolescent brain, and exposure to chemicals that may be associated with adverse health effects. Compared with non-users, youth who use e-cigarettes are more likely to transition to conventional cigarettes, risking a lifetime of addiction to smoking and the diseases associated with smoking.<sup>41</sup>

## LEADING CAUSES OF DEATH



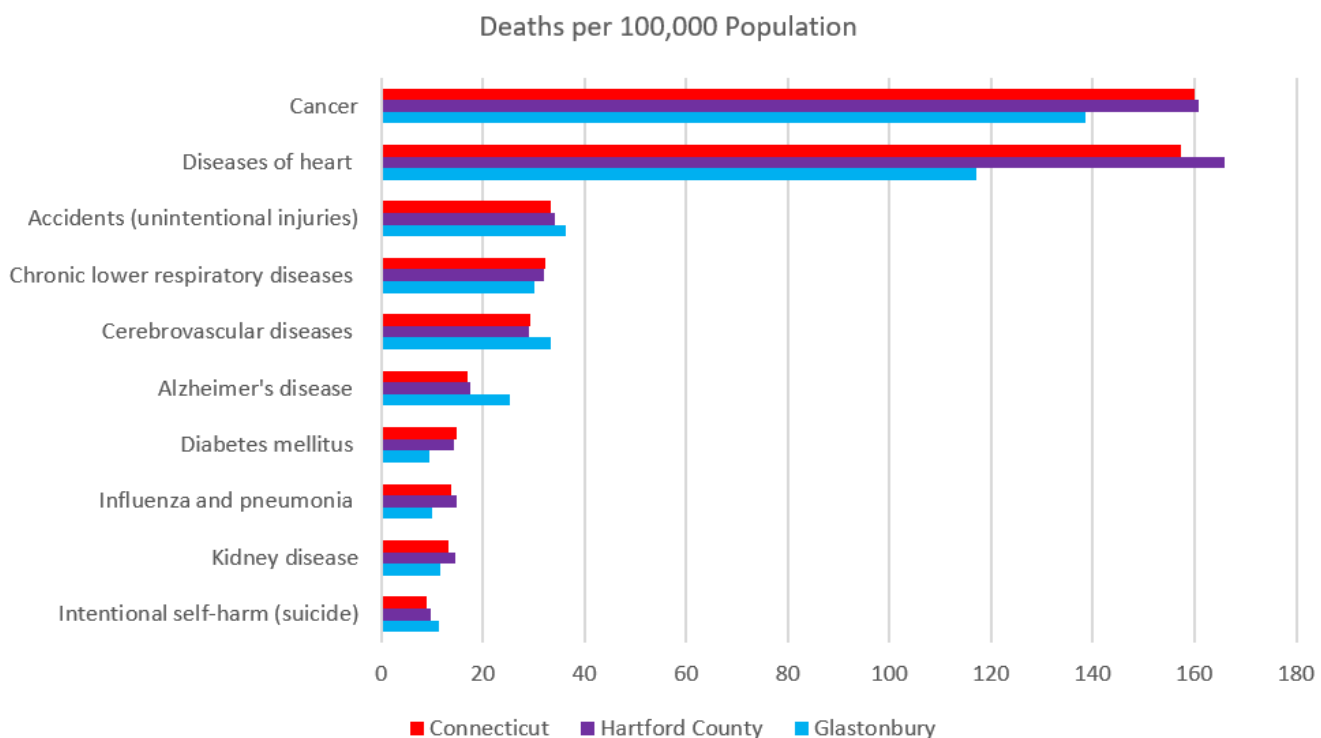
**Table 10** and **Figure 32** below present the Age-Adjusted Mortality Rates (AAMR) for the top ten leading causes of death per 100,000 population in Connecticut between 2008 and 2012 (most recent data available). Connecticut, Hartford County, and Glastonbury rates are included to allow comparison across the different communities. When compared to Connecticut overall, Glastonbury residents enjoy good health and Glastonbury mortality rates were generally lower than Connecticut overall. Mortality rates for the most frequently seen causes show that the rate of death of Glastonbury residents is lower than those for Connecticut and Hartford County residents, including malignant neoplasms (cancer), major cardiovascular disease, and diabetes. However, rates of death for cerebrovascular diseases (stroke), Alzheimer’s disease, accidents, and intentional self-harm in Glastonbury were higher than the state and county.

**Table 10: Leading Causes of Death: Age-Adjusted Mortality Rate 2008 – 2012 (per 100,000 Population)**

Cause of Death	Connecticut	Hartford County	Glastonbury
All Causes	660.39	Not Available	583.76
Cancer	159.95	160.9	138.65
Diseases of heart	157.28	166.00	117.12
Accidents (unintentional injuries)	33.26	34.2	36.40
Chronic lower respiratory diseases	32.20	32.1	30.06
Cerebrovascular diseases	29.46	29.1	33.41
Alzheimer's disease	16.85	17.5	25.35
Diabetes mellitus	14.84	14.2	9.39
Influenza and pneumonia	13.70	14.8	10.07
Kidney disease	13.13	14.7	11.55
Intentional self-harm (suicide)	8.98	9.8	11.43

Source: CT DPH

**Figure 32: Leading Causes of Death 2008 – 2012 Connecticut, Hartford County and Glastonbury**



Source: CDC Wonder, CT DPH

## LEADING CAUSES OF DEATH CONTINUED

Glastonbury's sex-specific mortality rates were not available for select diseases, as seen in **Table 11**. The Connecticut Department of Public Health calculates age-adjusted mortality rates when there are at least 15 deaths within a town for a specific cause-of-death. Otherwise, the rates are suppressed and not made available. Many towns do not meet this threshold. To maximize the information available, mortality data for five years is aggregated. Mortality rates from 2008 – 2012 for males in Glastonbury exceeded state rates for accidents and drug induced deaths; rates for Glastonbury females exceeded state rates for Alzheimer's disease, chronic lower respiratory disease, and accidents.

**Table 11: Age-Adjusted Mortality Rates by Sex 2008 – 2012 (per 100,000 Population)**

\* Indicates data is not available

Cause of Death	Connecticut			Cause of Death	Glastonbury		
	Total	Male	Female		Total	Male	Female
All	660.39	792.09	561.00	All	583.76	637.77	535.58
Malignant Neoplasms	159.95	192.92	138.31	Malignant Neoplasms	138.65	168.09	119.49
Diabetes Mellitus	14.84	18.17	12.32	Diabetes Mellitus	9.39	*	*
Alzheimer's Disease	16.85	13.57	18.51	Alzheimer's Disease	25.35	*	31.64
Major Cardio Vascular Disease	200.18	242.63	167.99	Major Cardio Vascular Disease	165.79	168.18	161.06
Pneumonia & Influenza	13.70	17.20	11.60	Pneumonia & Influenza	10.07	*	9.19
Chronic Lower Respiratory Disease	32.20	35.48	30.16	Chronic Lower Respiratory Disease	30.06	26.49	32.71
Nephritis, nephrotic syndrome, nephrosis	13.13	17.13	10.64	Nephritis, nephrotic syndrome, nephrosis	11.55	*	*
Accidents	33.26	47.39	20.94	Accidents	36.40	54.81	21.05
Drug induced	10.92	14.77	7.13	Drug induced	15.40	27.34	5.5

Source: CT DPH

## CHRONIC DISEASES

### Cardiovascular Disease and Stroke

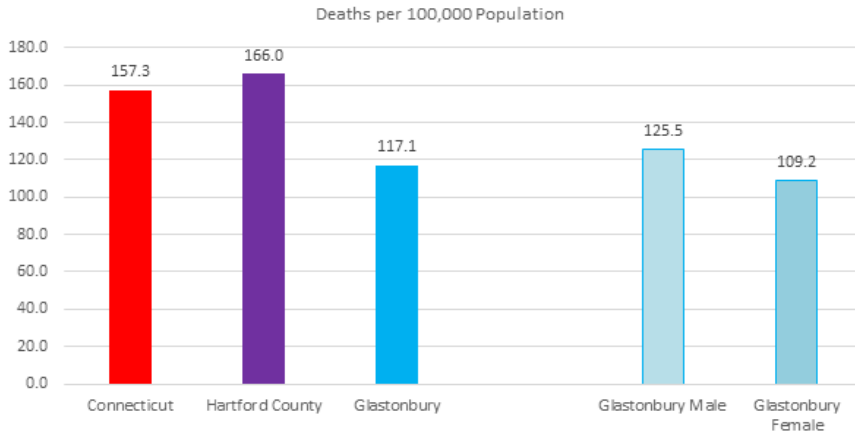
Cardiovascular disease (CVD) is a broad term for a wide variety of heart and blood vessel diseases. The most common forms of CVD are coronary heart disease and cerebrovascular disease (stroke). Heart disease is the leading cause of death nationwide for both men and women. While major CVD risk factors include high blood pressure, high blood cholesterol, and smoking, other important factors include socioeconomic status, obesity, and physical activity. Lifestyle modifications such as improved diet, refraining from tobacco use, and reducing blood pressure levels can reduce the chance of heart disease and stroke.



## Cardiovascular Disease and Stroke Continued

Glastonbury residents experience a lower mortality rate than Hartford County or Connecticut residents overall, as shown in **Figure 33**. While higher than the town average, mortality of Glastonbury males was lower (statistically significant) compared to data from 2003 – 2007.

**Figure 33: Heart Disease Age-Adjusted Mortality 2008 -2012**



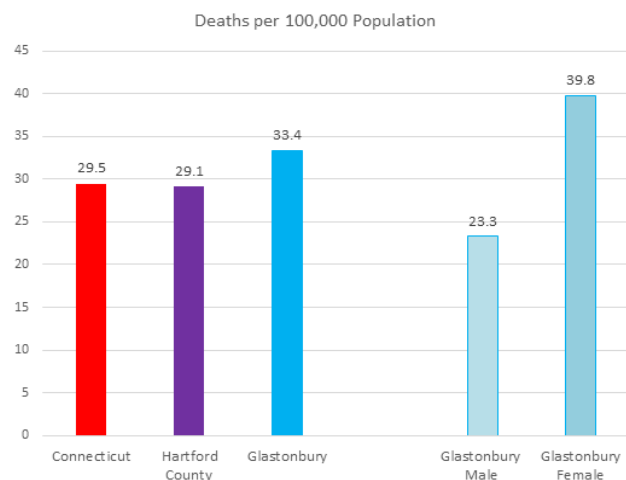
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics. Data extracted June 2017; Backus K, Mueller L. (2015) Age-Adjusted Mortality Rates for Connecticut Towns, 2008-2012. Hartford, CT: Connecticut Department of Public Health

Stroke occurs when blood flow to an area of the brain is cut off, causing a deprivation of oxygen and subsequent death of brain cells. There are two main types of stroke, ischemic and hemorrhagic stroke. Ischemic strokes are more common, and occur when blockages form in the artery that supplies blood to the brain. Blood clots also often lead to ischemic stroke. A hemorrhagic stroke is caused by bleeding. High blood pressure and aneurisms are conditions that can cause a hemorrhagic stroke. Stroke is preventable through healthy diet and weight management, and treatable through prompt emergency medical care. Glastonbury experiences more deaths from stroke than both Connecticut and Hartford County (**Figure 34**).

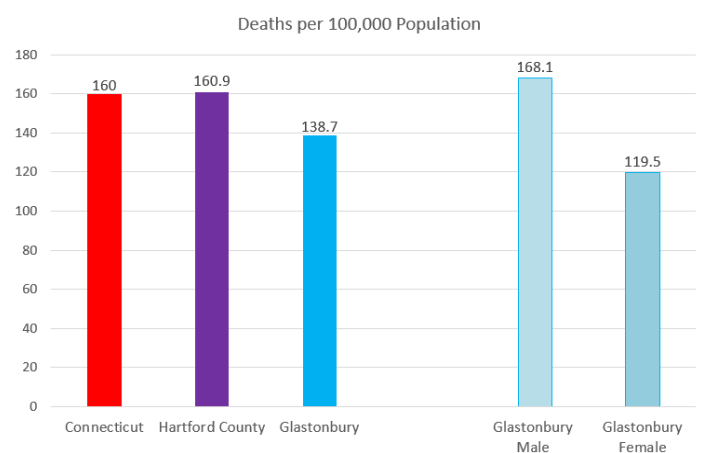
## Cancer

The CDC states that cancer is not just one disease, but many. Cancer is a term for diseases in which abnormal cells divide without control and can invade other tissues. There are more than 100 types of cancer. Many cancers are preventable by reducing risk factors such as tobacco and alcohol use, physical inactivity, poor nutrition, obesity, and ultraviolet light exposure from the sun or indoor tanning. For all cancers, Glastonbury experiences fewer deaths than Hartford County or Connecticut overall (**Figure 35**).

**Figure 34: Stroke Age-Adjusted Mortality 2008 -2012**



**Figure 35: Cancer Age-Adjusted Mortality 2008 – 2012**

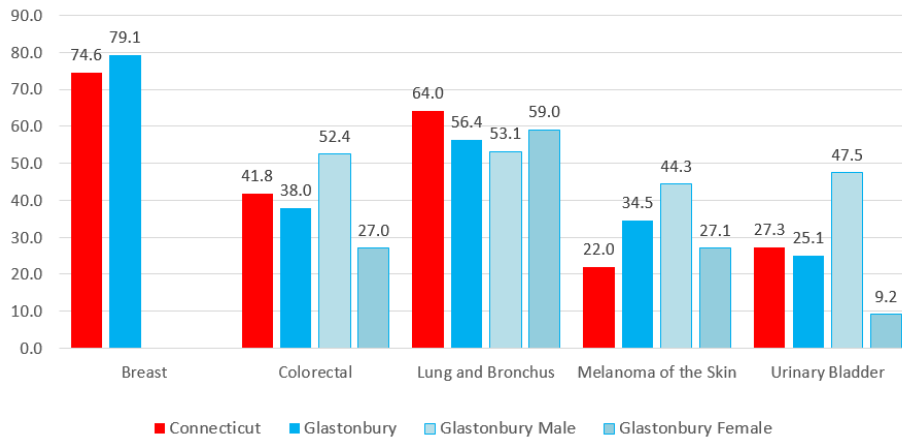


Sources for Figures 34 and 35: CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics. Data extracted June 2017; Backus K, Mueller L. (2015) Age-Adjusted Mortality Rates for Connecticut Towns, 2008-2012. Hartford, CT: Connecticut Department of Public Health

## Cancer Continued

The five most diagnosed cancers in Glastonbury during 2008 – 2012 are compared with the state in **Figure 36**. The rate of melanoma of the skin in Glastonbury was higher (statistically significant) than the state overall. While the incidence rate of breast cancer is higher in Glastonbury than Connecticut overall, the increase is not statistically significant.

**Figure 36: Top Five Cancers by Site, Age-Adjusted Cancer Incidence Rates 2008 – 2012**

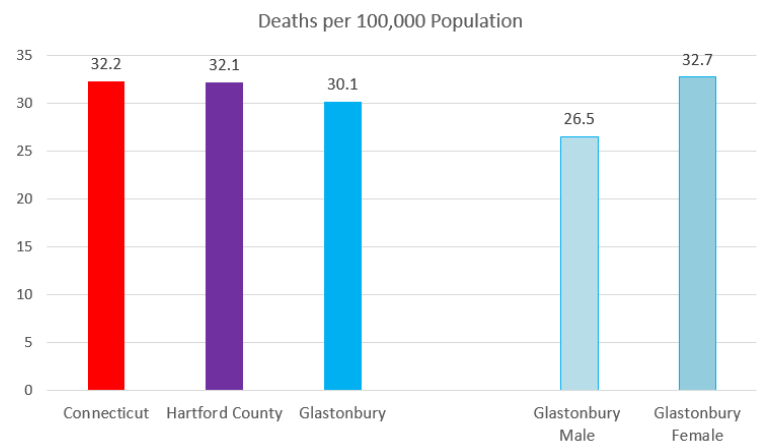


**\*\*NOTE:** Insufficient data exists to break out breast cancer by sex.  
Source: CT DPH

## Chronic Lower Respiratory Disease (CLRD)

Chronic lower respiratory disease (CLRD) comprises three major diseases: chronic bronchitis, emphysema, and asthma. These three diseases are all characterized by shortness of breath caused by airway obstruction. While the obstruction is reversible with asthma, it is irreversible with chronic bronchitis and emphysema, which are progressive diseases. While rates for Glastonbury females exceeded state rates for CLRD, Glastonbury overall has a lower rate of CLRD deaths than both Hartford County and Connecticut (**Figure 37**).

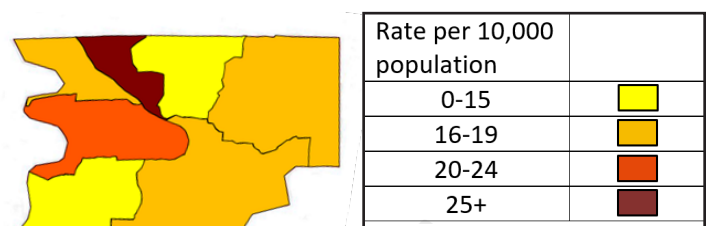
**Figure 37: Chronic Lower Respiratory Disease Age-Adjusted Mortality 2008 - 2012**



## Asthma

Asthma, a chronic lung disease that inflames and narrows the airways, makes breathing difficult. Among Connecticut residents surveyed in 2014, 9.6% of children and 9.2% of adults suffered from asthma. While asthma hospitalization rates in town declined from 2009 to 2014, Glastonbury was ranked 59 out of all Connecticut towns for asthma hospital healthcare charges in 2014. **Map 6** shows the rate of combined emergency department and hospitalization visits broken out by US Census Tracts.<sup>42</sup>

**Map 6: Glastonbury Asthma ED Visits and Hospitalizations by Census Tracts, 2010-2014**



Source: CT DPH

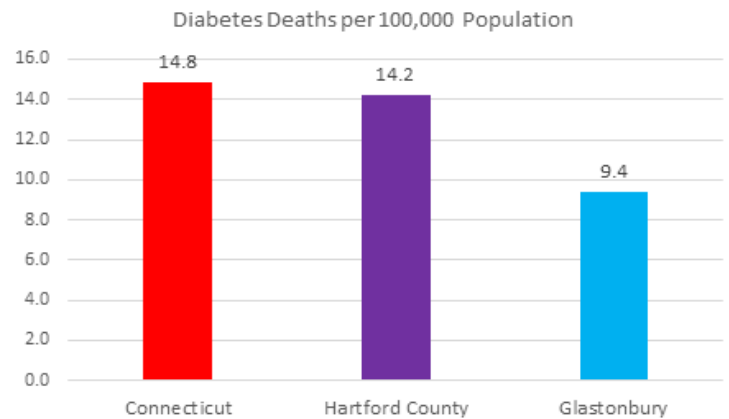
Source of Figure 37: CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics. Data extracted June 2017; Backus K, Mueller L. (2015) Age-Adjusted Mortality Rates for Connecticut Towns, 2008-2012. Hartford, CT: Connecticut Department of Public Health Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics. Data extracted June 2017; Backus K, Mueller L. (2015) Age-Adjusted Mortality Rates for Connecticut Towns, 2008-2012. Hartford, CT: Connecticut Department of Public Health.



## Diabetes

Diabetes, the seventh leading cause of death in the United States, is a group of diseases that occur as a result of too much sugar in the blood (high blood glucose). Over time, elevated blood glucose can cause serious health problems, including damage to the eyes, kidneys, and nerves. Diabetes can also cause heart disease, stroke and limb amputation. Glastonbury residents experience a much lower mortality from diabetes than Hartford County or State residents (Figure 38).

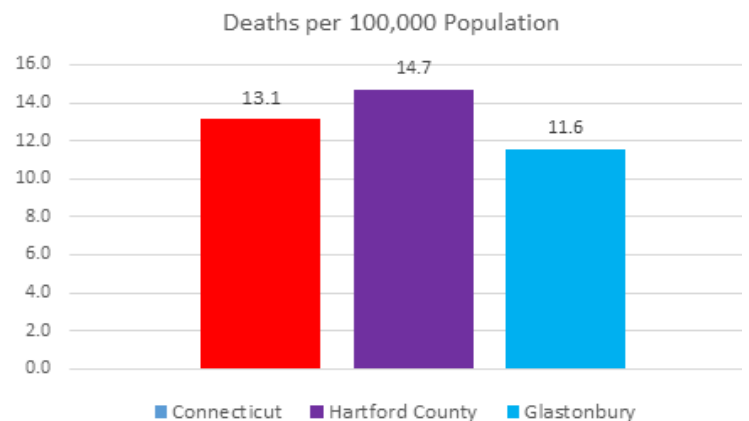
**Figure 38: Diabetes Age-Adjusted Mortality 2008 - 2012**



## Kidney Disease

Kidney disease occurs when the kidneys are damaged to the extent they are unable to properly filter blood. Chronic kidney disease is often due to high blood pressure or diabetes. The mortality rate of kidney disease in Glastonbury (11.6%) is lower than in Hartford County (14.7%) and Connecticut (13.1%) (Figure 39).

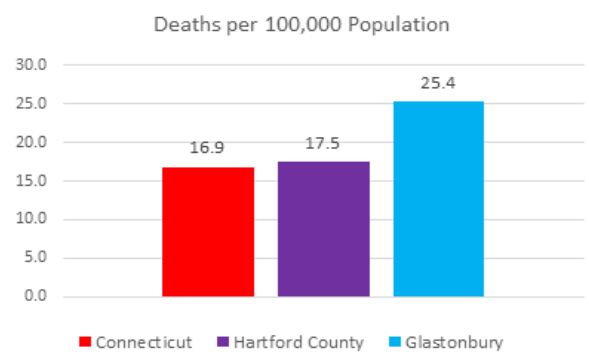
**Figure 39: Kidney Disease Age-Adjusted Mortality 2008 - 2012**



## Dementia and Alzheimer's Disease

Alzheimer's is a progressive disease that begins with mild memory loss which may lead to loss of ability to carry on a conversation or respond to events and activities in the environment. Scientists do not fully understand what causes Alzheimer's disease at this time, although each person is likely affected differently, with several factors causing illness. Glastonbury residents experience a higher mortality from Alzheimer's disease than do county or state residents (Figure 40). As previously stated in the Leading Causes of Death section of this report, Alzheimer's disease rates for Glastonbury females (31.6%) exceeds rates for Connecticut females (18.5%).

**Figure 40: Alzheimer's Disease Age-Adjusted Mortality 2008 - 2012**



**Glastonbury residents experience a lower mortality rate from diabetes and kidney disease than Hartford County or State of Connecticut residents.**

## Dementia and Alzheimer’s Disease Continued

An online Key Informant Survey was conducted by Professional Research Consultants, Inc. as part of the 2015 Community Health Needs Assessment for the Hartford Hospital Service Area. In response to a question asking community stakeholders about their perception of the severity of dementias, including Alzheimer’s Disease as a problem in the community, respondents rated Dementia and Alzheimer’s Disease as a “Moderate Problem” (Figure 41).

Many people with Alzheimer’s disease are cared for at home by family members. While caregiving can have numerous positive effects for both the caregiver and the person being cared for, caring for a person with Alzheimer’s disease can become overwhelming for caregivers.<sup>43</sup>

## INFECTIOUS DISEASES

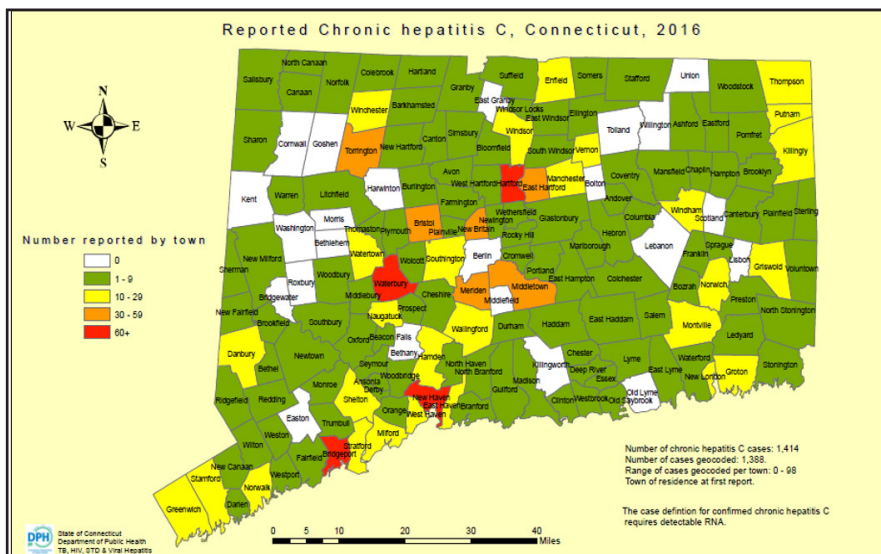
### Hepatitis C

Hepatitis C is a viral infection that causes liver inflammation. The Hepatitis C virus (HCV) spreads through contact with infectious blood, fluids, and secretions of someone already infected with HCV. Acute infection, occurring in the first six months after exposure, typically produces no symptoms or very mild symptoms during the early stages. Many people don’t know they have the disease until it becomes chronic and liver damage is evident. HCV infection can last a lifetime and lead to serious liver problems including cirrhosis, liver cancer, or death. No vaccine presently exists for Hepatitis C.



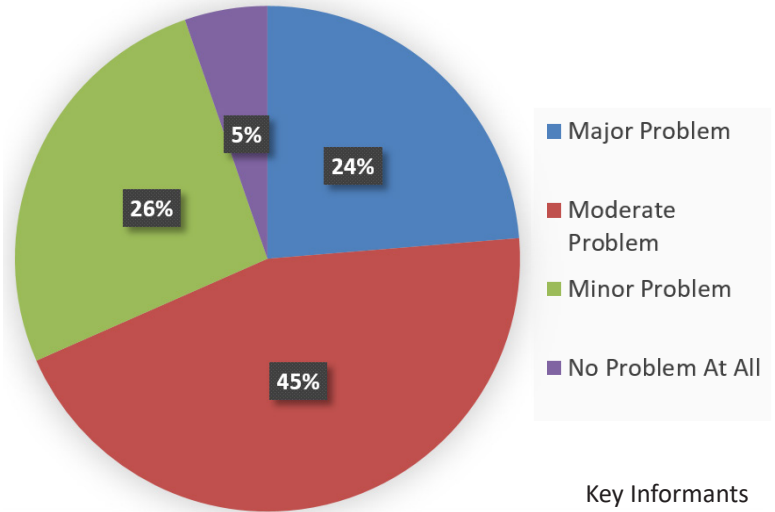
Currently in Connecticut, the most common risk factor for acquiring Hepatitis C is using injection or street drugs (54% of cases). Hepatitis C can be contracted through a single injection. During the last three years, a rise in new infections in Connecticut was seen in the 20-39 age group, predominantly with a risk factor of injection drug and/or street drug use. Reports of Hepatitis C from 2006 to 2015 in Glastonbury, as throughout the state, have shown a general upward trend in the number of cases. **Map 7** shows reported cases of Hepatitis C throughout the state.<sup>44</sup>

**Map 7: Reported Chronic Hepatitis C, Connecticut, 2016**



Source: CT DPH

**Figure 41: Perceptions of Dementia and Alzheimer’s Disease As a Problem in the Community**



Source: 2015 Community Health Needs Assessment for the Hartford Hospital Service Area

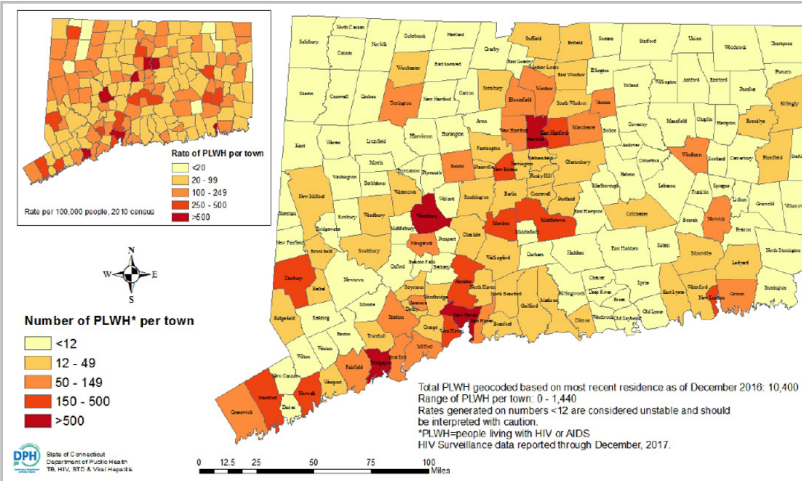
Citation: Professional Research Consultants, (2015). 2015 Community Health Needs Assessment: Hartford Region. Omaha, Nebraska.

# INFECTIOUS DISEASES CONTINUED

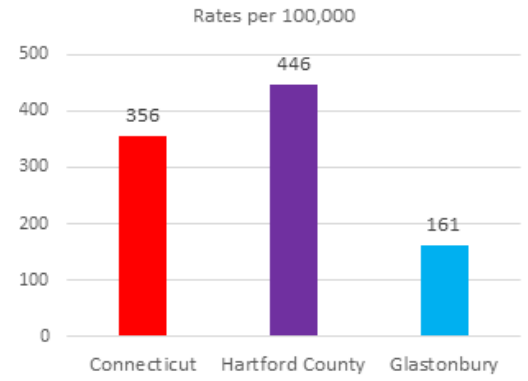
## HIV/AIDS

HIV (human immunodeficiency virus) remains a significant cause of death for certain populations across the United States and worldwide. Left untreated, HIV can progress into acquired immunodeficiency disease (AIDS), for which there is no cure. While there is no vaccine or cure for HIV, it can be controlled through treatment and medication. In Connecticut, the number of deaths from HIV/AIDS has declined steadily since 2004.<sup>45</sup> **Map 8** provides information about the prevalence of HIV disease in Connecticut.

**Map 8: People Living with HIV by Current Residence, Connecticut, 2016**



**Figure 42: Rates of Reported Cases of Chlamydia 2014**



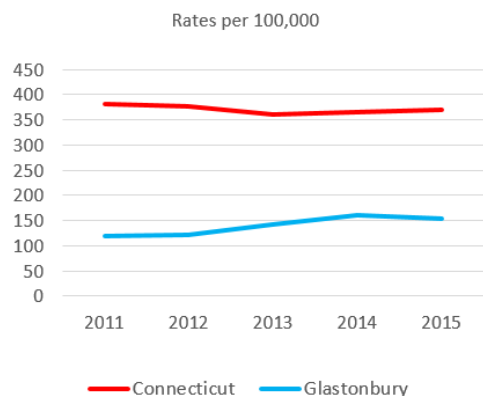
Source of Map 8 and Figure 42: CT DPH

## Sexually Transmitted Infections

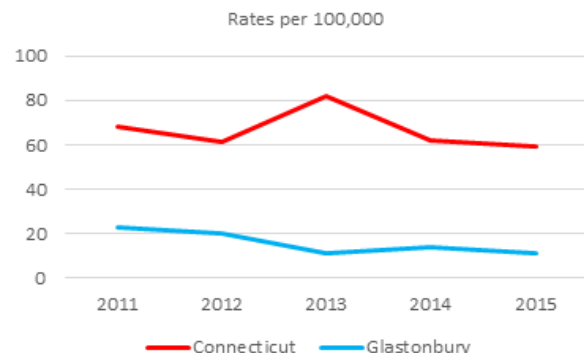
New cases of chlamydia, gonorrhea, and syphilis are increasing nationwide, and there are an estimated 110 million sexually transmitted infections (STIs) throughout the nation at any given time, according to the 2016 STD Surveillance Report by the CDC. Most common STIs are preventable. They are easily treatable and cured if diagnosed early. Undiagnosed and untreated chlamydia and gonorrhea can put a woman at increased risk of chronic pelvic pain and life-threatening ectopic pregnancy, as well as an increased chance of infertility.

While Glastonbury's rates of chlamydia are much lower than Hartford County or Connecticut (**Figure 42**), overall rates for Connecticut are trending downward for 2011 – 2015, while Glastonbury rates are rising (**Figure 43**). Connecticut and Glastonbury rates for Gonorrhea for 2011 – 2015 are decreasing (**Figure 44**).

**Figure 43: Chlamydia Rates 2011 - 2015**



**Figure 44: Gonorrhea Rates 2011 - 2015**



Source of Figures 42, 43, and 44: CT DPH

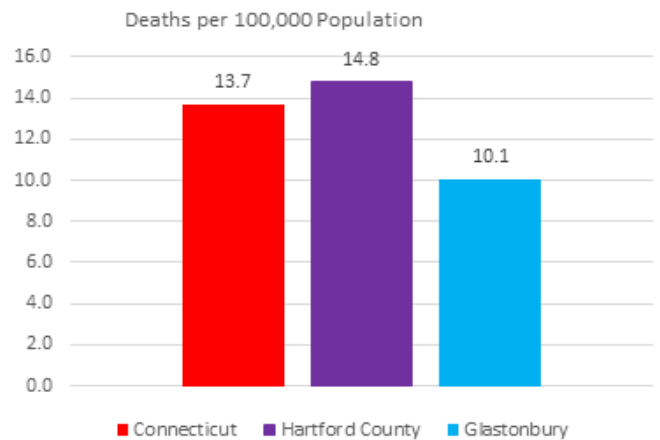
## Pneumonia and Seasonal Influenza

The influenza virus can cause mild to severe illness. Known as the flu, this contagious respiratory illness is spread through the respiratory tract of infected persons through coughing and sneezing, and by direct contact with respiratory droplets on surfaces. People at high risk of illness include young children, seniors, and individuals with underlying medical conditions. While the impact of the flu varies, the CDC estimates that annually, between 12,000 and 56,000 Americans have died from the flu since 2010.<sup>46</sup>

When compared to Connecticut and Hartford County, Glastonbury has a lower mortality rate from pneumonia and flu (**Figure 45**). As shown in **Figure 46**, more than 75% of responders in the 2016 GHA Survey reported that they received a flu shot every year or most years.

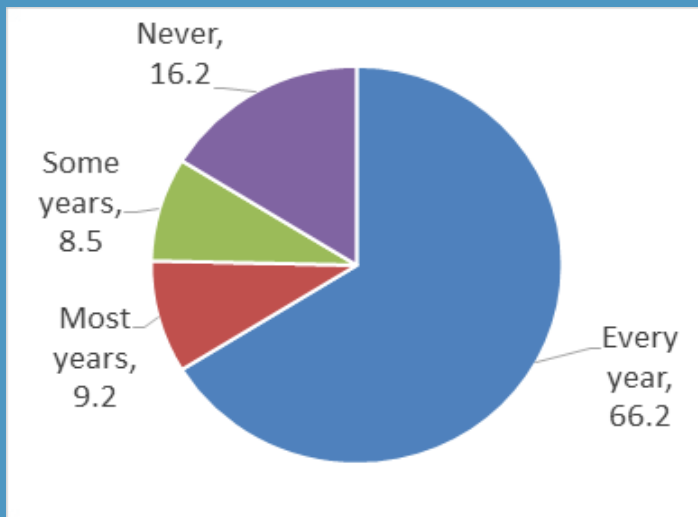
Respondents of the 2016 GHA Survey who typically receive a flu shot indicated they most often received their vaccination from their health care provider (**Figure 47**).

**Figure 45: Pneumonia and Influenza: Age-Adjusted Mortality 2008 - 2012**

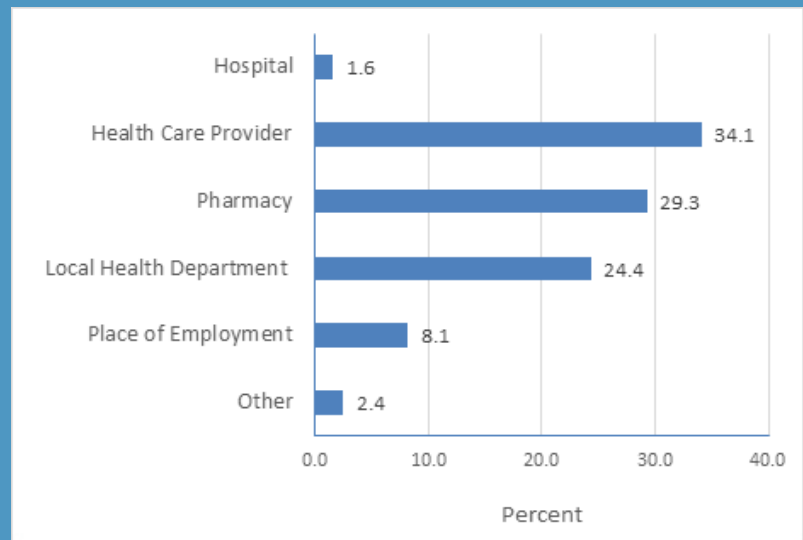


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics. Data extracted June 2017; CT DPH <http://www.ct.gov/dph/cwp/view.asp?a=3132&q=521462>

**Figure 46: Percent Glastonbury Residents Reporting How Often They Get a Flu Shot**



**Figure 47: Facility Where Residents Received A Flu Shot 2016**



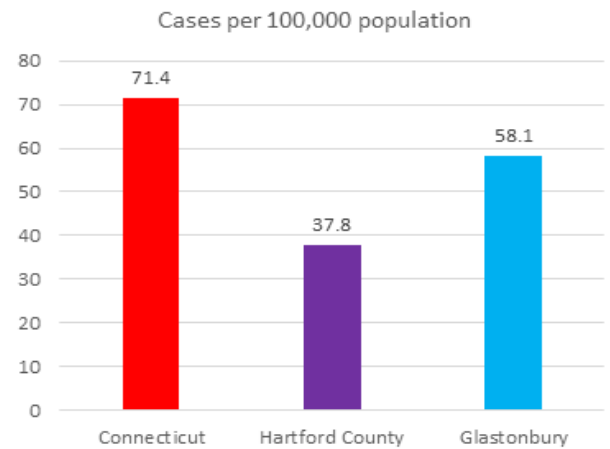
Source of Figures 46 and 47: 2016 Glastonbury Health Alliance Survey

## Tick-borne Diseases

Lyme Disease is an illness caused by a bacterium and transmitted to humans through the bite of an infected black-legged tick, also known as a deer tick. While many symptoms are associated with Lyme Disease, one early sign observed in eighty percent of positive cases is a concentric circular “bull’s-eye” rash that begins at the site of the tick bite within 3 – 30 days after the bite. In 2015, Glastonbury had an infection rate of 58.1 cases of Lyme Disease per 100,000 population, greater than Hartford County (37.8), but less than Connecticut overall (71.4).<sup>47</sup> (Figure 48)

Other tick-borne diseases frequently seen in Glastonbury include Babesiosis, an infection caused by a parasite, and Human granulocytic anaplasmosis/erlichiosis, an infection caused by a bacterium. These diseases, similar to Lyme Disease, are transmitted to humans through the bite of an infected black-legged (deer) tick. Throughout the state, onset of Lyme and other tick-borne diseases is highest during the warm months of June, July, and August, when ticks are most active.

**Figure 48: Rates of Laboratory-Confirmed Lyme Disease 2015: Connecticut, Hartford County, Glastonbury**



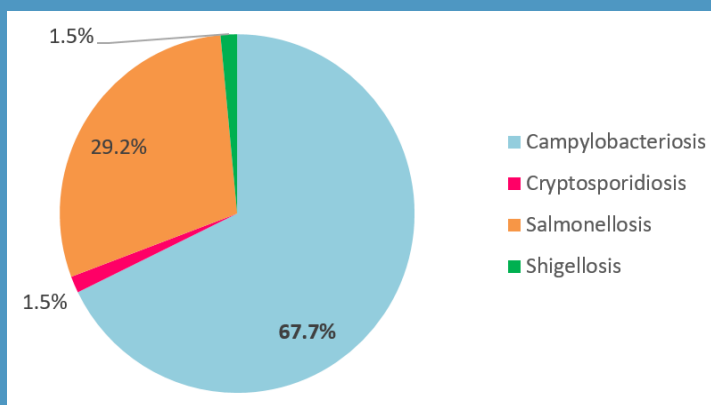
Source: CT DPH

## Foodborne Illness

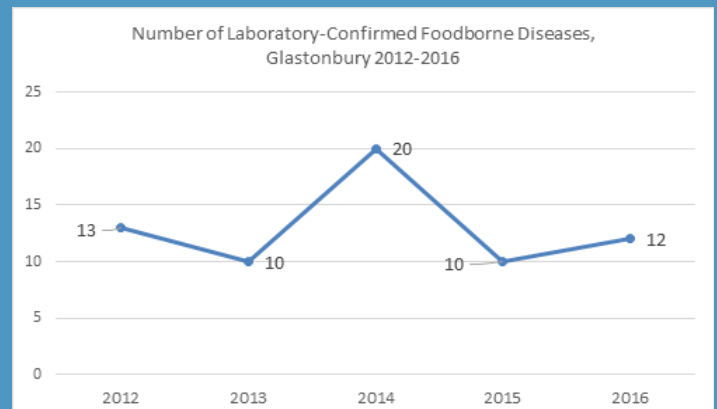
Foodborne illness is a common, costly, and preventable occurrence. The CDC estimates that 1 in 6 Americans get sick from eating contaminated food every year. While anyone can get a foodborne illness, some populations are more likely to develop one, including children under 5 years of age, adults over 65 years of age, pregnant women, and people with weakened immune systems. Food poisoning symptoms can range from mild to severe, and last a few hours to several days. Some people develop severe illness requiring hospitalization, and illness may result in long term health problems or death. Between 2012 and 2016, 3.0% of laboratory-confirmed foodborne cases occurred in children under 5 years of age, and in 18.2% of residents 65 years and older.

Figure 49 shows the percent distribution of laboratory-confirmed foodborne illness in Glastonbury residents from 2012 through 2016. Campylobacter was the most commonly diagnosed foodborne illness, followed by Salmonellosis with Cryptosporidiosis and Shigellosis tied for third place. Figure 50 shows the number and trend of Glastonbury’s laboratory-confirmed cases of foodborne illness during this same time. According to CDC FoodNet 2015 Surveillance Report, in Connecticut and the U.S. nationwide, Campylobacter was the most common laboratory-confirmed foodborne illness, Salmonella was the second most common, and Cryptosporidiosis and Shigellosis alternated for third and fourth places between the state and the nation.

**Figure 49: Percent Laboratory-Confirmed Foodborne Illness Glastonbury, 2012 - 2016**



**Figure 50: Number of Laboratory-Confirmed Foodborne Diseases, Glastonbury 2012 - 2016**



Source of Figures 49 and 50: Glastonbury Health Department

# MATERNAL AND INFANT HEALTH



Both maternal and infant health produce an impact on the next generation, predicting future public health challenges for families, communities, and the health care system. Identifying health risks before and during pregnancy, and focusing on preventing health complications can lead to healthier mothers and children.

## Infant Mortality

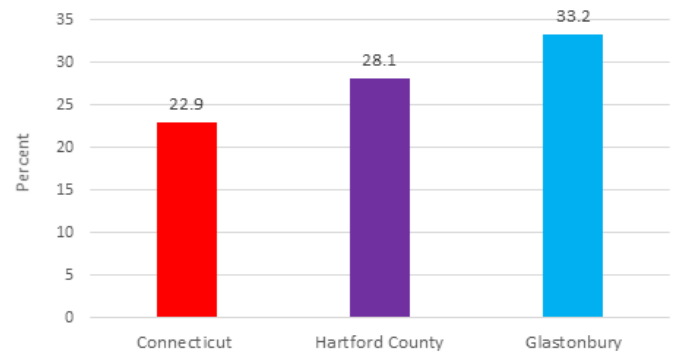
Infant mortality refers to the death of an individual of less than 365 days of age. In Glastonbury, the 2013 rate of infant mortality (deaths per 1,000 live births), was 0%, compared to rates in Connecticut of 4.7%, and Hartford County at 3.8%.<sup>48</sup>

## Prenatal Care

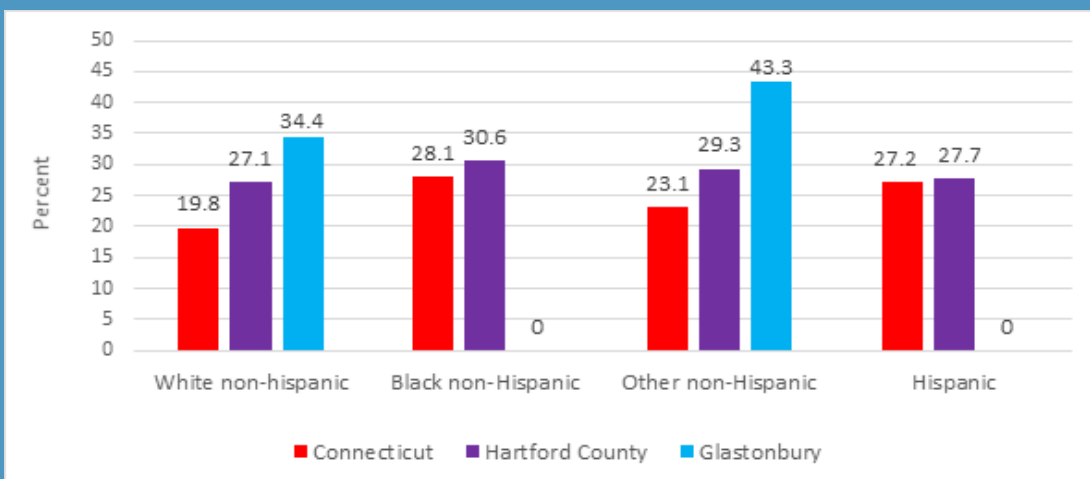
The American College of Obstetricians and Gynecologists strongly advises women to begin prenatal care as soon as they know they are pregnant. Prenatal care is the primary way for medical care providers to identify problems during pregnancy and to monitor the health of the mother and her baby throughout pregnancy. Women who have little or no prenatal care are at increased risk for preterm labor and other threats to themselves and their babies.

Non-adequate prenatal care is defined as late or no prenatal care, (care that begins by or after the fourth month of pregnancy) and less than 80% of the recommended visits received. Compared to Connecticut and Hartford County, Glastonbury experiences a statistically higher rate of births with non-adequate prenatal care (**Figure 51**). Further examination of the rates with a breakdown by race, shows that Glastonbury’s White Non-Hispanic and Other Non-Hispanic women receive non-adequate prenatal care at a higher rate than Connecticut and Hartford County women (**Figure 52**).<sup>49</sup> Further investigation is needed to better understand these disparities.

**Figure 51: Percent of Births with Non-Adequate Prenatal Care, 2013**



**Figure 52: Percent of Births with Non-Adequate Prenatal Care by Race, 2013**



Note: Percentages for Black non-Hispanic and Hispanic births were not calculated due to statistical variability associated with small numbers.

## MATERNAL AND INFANT HEALTH CONTINUED

### Low Birthweight Births

Low birthweight is a term used to describe babies who are born weighing less than 2,500 grams (5 pounds, 8 ounces). Data is represented as a percent of all live births. While Glastonbury rates are lower than both the Connecticut and Hartford County rates overall (**Figure 53**), when broken out by race, disparities can be seen (**Figure 54**). Other non-Hispanic low birthweight rates in Glastonbury exceed state and county levels.<sup>50</sup>

Figure 53: Percent of Low Birthweight Births, 2013

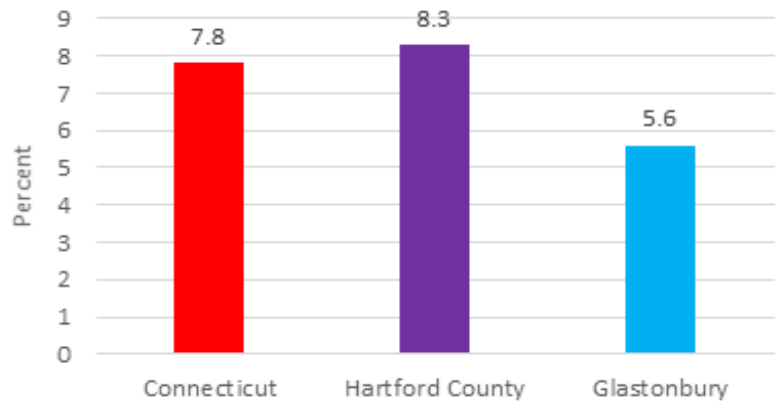
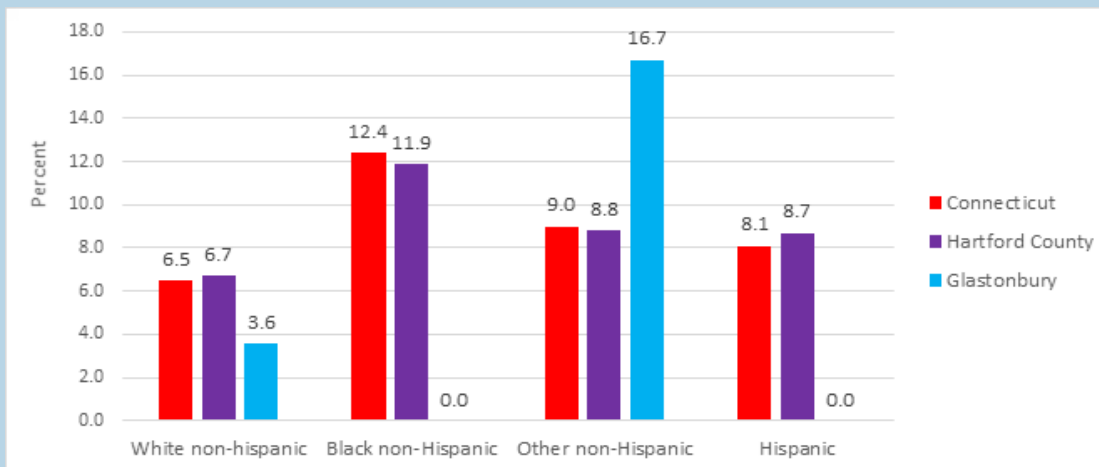


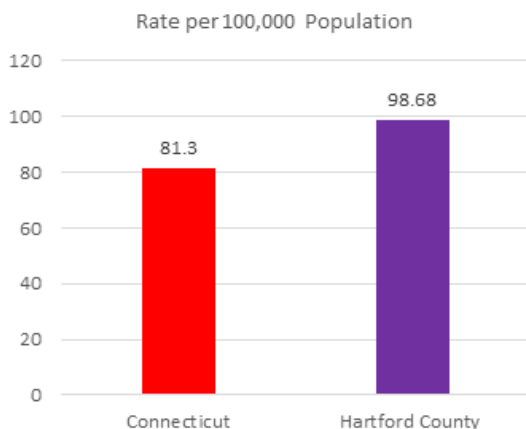
Figure 54: Percent of Low Birthweight Births by Race, 2013\*



\*Note: Percentages for Black non-Hispanic and Hispanic births were not calculated due to statistical variability associated with small numbers.

Source of figures 53 and 54: CT DPH

Figure 55: Dentists, Hartford County, Connecticut 2010 - 2015



Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. As reported in Community Commons.

## ORAL HEALTH

Access to dentists and dental professionals is an important part of oral health. Oral health affects general health and well-being while poor oral health is associated with diseases such as diabetes, stroke, and respiratory disease. Children with untreated oral health problems may experience attention deficits, trouble in school, and problems sleeping and eating. Poor oral health in older adults is significantly associated with disability and reduction in mobility.<sup>51</sup>

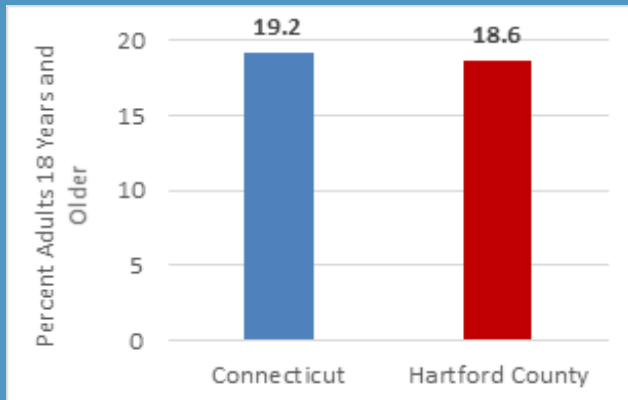
Hartford County has more dentists per 100,000 residents than Connecticut overall, as seen in **Figure 55**.



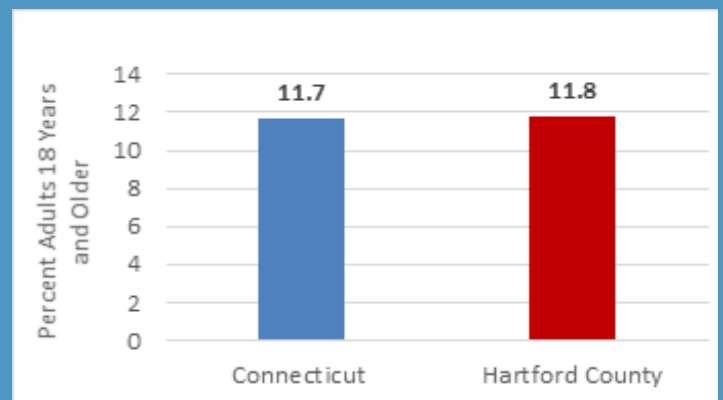
## Dental Care Utilization

**Figure 56** shows the percent of adults 18 years and older who have not visited a dentist, dental hygienist, or dental clinic within the past year. As seen in **Figure 57**, for the period of 2006 – 2010, 11.8% of Hartford County residents reported having poor dental health, defined as having 6 or more teeth removed, similar to 11.7% of Connecticut residents. Teeth were removed as a result of tooth decay, gum disease, or infection.<sup>52</sup>

**Figure 56: Percent Adults Without Dental Exam in the Past 12 Months**



**Figure 57: Percent Residents with Poor Dental Health 2006 - 2010**



Source for Figures 56 and 57: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. As reported in Community Commons.

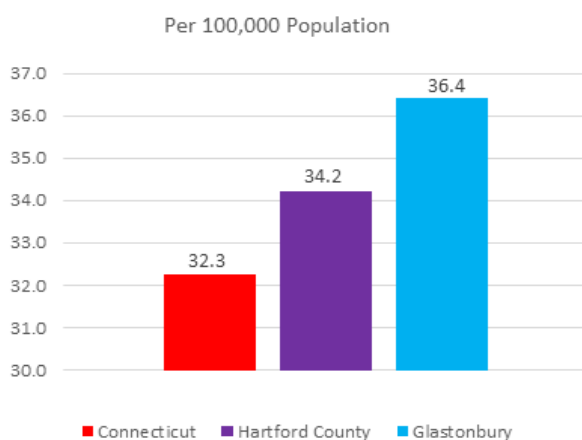
## UNINTENTIONAL INJURY

Injuries are a leading cause of death. In Connecticut, the highest rate of emergency department visits is due to injury. Unintentional injuries, an injury that occurs without intent or harm of death, can include falls, motor vehicle crashes, prescription or drug overdose, concussion, and brain trauma.

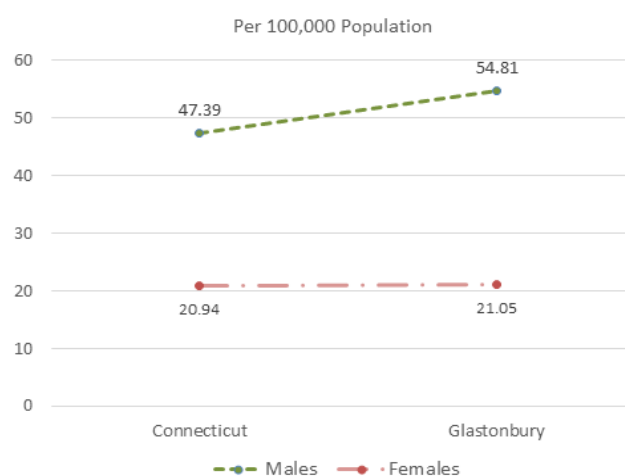


**Figure 58** shows that Glastonbury (36.4%) has a higher unintentional injury mortality rate than Connecticut (32.3%) or Hartford County (34.2%). **Figure 59** compares the rate of unintentional injury mortality by sex for Glastonbury residents and Connecticut residents overall.

**Figure 58: Unintentional Injury Age-Adjusted Mortality 2008 - 2012**



**Figure 59: Unintentional Injury Age-Adjusted Mortality by Sex, Connecticut, Glastonbury, 2008 - 2012**



Source for Figures 58 and 59: Backus K, Mueller L. (2015) Age-Adjusted Mortality Rates for Connecticut Towns, 2008-2012. Hartford, CT: Connecticut Department of Public Health.



# INTENTIONAL SELF-HARM (SUICIDE)



In the United States, suicide and suicidal behaviors have been identified as major public health problems that have far-reaching personal, social, and economic implications. Suicide rates in the U.S. have been on the rise since 1999.<sup>53</sup> In Connecticut, suicide is the 10th leading cause of death. As previously presented in **Table 10**, Glastonbury has a higher rate of suicide (11.43) than both Hartford County (9.8) and the state of Connecticut (8.98) per 100,000 people. When broken down by sex (**Table 12**), males in both Glastonbury and Connecticut have a significantly higher rate than females, however, the suicide rate in Glastonbury females is 1.7 times higher than Connecticut as a whole. **Appendix 2** offers a selection of local mental health resources for Glastonbury residents.

**Table 12: Suicide rates per 100,000 population 2008-2012**

\*Data unavailable

	Glastonbury	Hartford County	Connecticut
<b>All</b>	11.43	9.8	8.98
<b>Male</b>	17.1	*	14.43
<b>Female</b>	6.7	*	3.92

Source: CT DPH



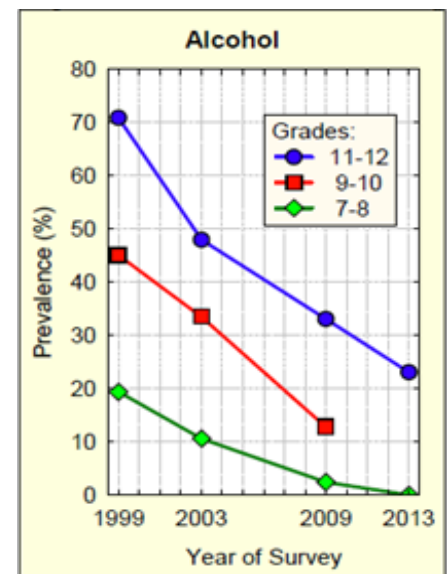
## ALCOHOL AND DRUG USE

### Alcohol Use

Each year in the United States, excessive alcohol use is responsible for about 88,000 deaths and 2.5 million years of potential life lost. Excessive alcohol use includes binge drinking (drinking 5 or more drinks on an occasion for men, or 4 or more drinks on an occasion for women), heavy drinking (15 or more drinks per week for men and 8 or more drinks per week for women), and any drinking by pregnant women. Excessive alcohol use can lead to increased risk of health problems such as injuries, violence, liver diseases, and cancer. In 2010, excessive drinking cost the United States \$249 billion through workplace productivity, healthcare expenses, criminal justice expenses, motor vehicle crash costs, and property damage.<sup>54</sup>

Among youth under 21 years of age, excessive drinking is responsible for more than 4,300 deaths each year in the U.S. While drinking by people under the age of 21 is illegal, youth aged 12 – 20 years drink 11% of all alcohol consumed in the United States, 90% of which is consumed in the form of binge drinking. In Connecticut, 15.9% of adults reported binge drinking in 2014 and 20.0% of high school students reported binge drinking in 2013.<sup>55</sup>

**Figure 60: Alcohol Use**



Source: Swindell, 2013 Youth Survey Report, Glastonbury, Connecticut

Alcohol was the most commonly used substance among Glastonbury youth as noted in separate self-report studies conducted in 2009 and 2013. Use of alcohol by youth decreased over the four-year period between 2009 to 2013, particularly among younger youth, and is substantially below national averages. **Figure 60** shows the decrease in 30-day use of alcohol by Glastonbury’s school-aged youth. Between 2009 and 2013, Grade 8 alcohol use within 30 days fell from 3.9% to 0, and Grade 12 decreased from 31.4% to 24.7%. Multiple focus groups and many electronic survey respondents in the 2016 GHA Survey identified concern with alcohol use in Glastonbury youth. The results of the 2009 and 2013 youth self-report studies isn’t supported by the responses from the 2016 GHA Survey.

“Use of alcohol and drugs by teens is a huge issue and another one that is brushed under the rug. It’s not any worse than any other towns, but there is a problem.” - Key Contributor, during Interview

## Opioids and Other Drugs

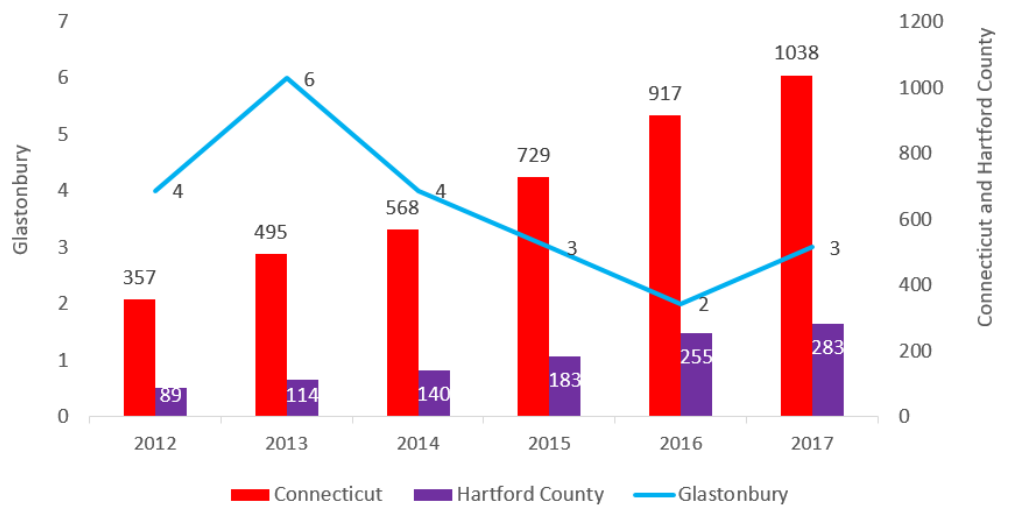
The United States, including Connecticut, is in the middle of an opioid and other drug overdose epidemic. Deaths from drug overdose have increased among both men and women, all races, and adults of nearly all ages. Nationwide, more than three out of five drug overdose deaths involve an opioid.<sup>56</sup>

Opioids are a class of prescription pain medications that includes hydrocodone, oxycodone, morphine, methadone, and heroin. Prescription and illicit opioids killed more than 33,000 Americans in 2015, and drug overdose deaths are the leading cause of injury death in the United States.

A majority of the unintentional drug overdose deaths among Connecticut residents are linked to overdose of prescription opioid painkillers.

In 2012, Connecticut ranked 50th in the nation for opioid deaths, but ranked 12th by 2015. Opioid-related deaths in the state have increased at four times the rate of the national average. Connecticut saw a 35% increase in fatal overdoses in 2016 compared to the previous year. Statistics released by the Chief State’s Medical Examiner for 2016 – 2017 show that there was a 21% increase in opioid-related deaths in Connecticut.<sup>57</sup> The Connecticut Office of the Chief Medical Examiner (OCME) reports that 3,583 people died from accidental drug related deaths (not including death by pure ethanol intoxication) between 2012 and 2017, including nineteen Glastonbury residents. (Figure 61)<sup>58</sup>

Figure 61: All Accidental Drug Related Deaths 2012-2017



Source: Connecticut Open Data

**Nationwide, more than 3 out of 5 drug overdose deaths involve an opioid.**

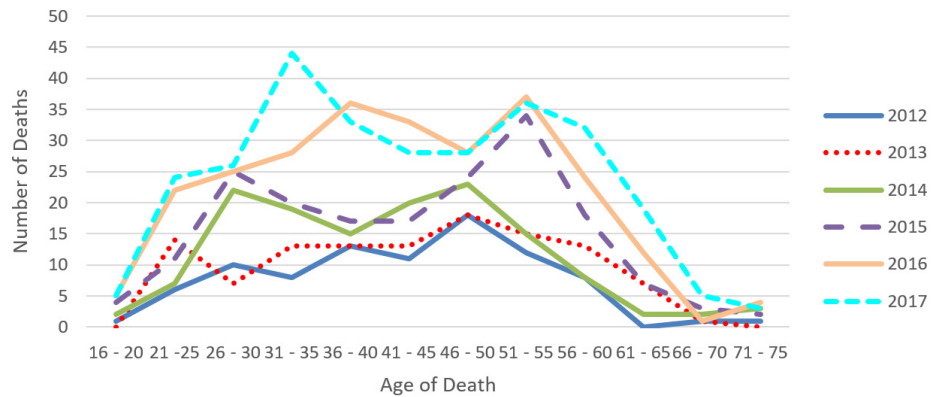
People are getting addicted to opiates. They don't realize how quickly they can get addicted. They have the "It won't happen to me" attitude.

- Key Contributor, during Interview

## Opioids and other drugs Continued

Figure 62 shows that deaths from accidental drug overdose occur across the age spectrum, and have increased over time across almost all age groups.

Figure 62: All Overdose Deaths Hartford County by Year and Age Group (not including pure ethanol intoxication)



Source: Connecticut Open Data



## MENTAL HEALTH

Mental health is defined by the World Health Organization as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Mental health encompasses one's emotional and psychological health and ability to make decisions.

### Emotional Wellbeing

Data Haven asked residents in the Hartford Outer Ring towns how happy they were overall during the day prior to the survey. Seventy nine percent (79%) of Outer Ring residents reported they were “Mostly Happy” or “Completely Happy”, compared to 74% of Connecticut residents overall. Correspondingly, when asked how anxious residents felt the day before the survey, only 8% of Outer Ring and 11% of Connecticut residents reported they were “Mostly Anxious” or “Completely Anxious”.

“It’s not only boys that bully people. It’s girls that like to bully people.”

“My daughter got bullied. She never told me.”

- Two Participants from the Parent Focus Group

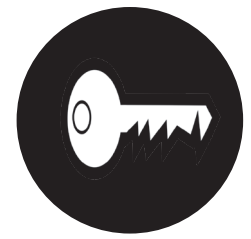
### Bullying and Harassment

Nationally, bullying is considered a significant public health problem for youth. Defined as an aggressive behavior which may be physical, verbal, or social, bullying may occur directly between persons or through technology. Bullying can have long-term harmful effects including increased risk of anxiety, depression, suicidal behavior, physical health problems, and low academic achievement. Any involvement in bullying is associated with negative outcomes, for the child being bullied, the child witnessing the act(s), or the bully themselves.<sup>59</sup>

The CDC estimates that nationally, more than a quarter of middle and high school students are bullied at school each year. Approximately 22% of Connecticut students who participated in the 2013 Youth Risk Behavior survey said that they experienced bullying in school – higher than the national average of 19.6%.

When asked how wrong they thought it was for someone their age to tease someone to hurt their feelings, 98% of Grade 12 students participating in the Glastonbury 2013 Youth Survey Report stated they thought it was either “somewhat wrong”, or “very wrong”. In this same Grade 12 group, 38% of respondents indicated they themselves had bullied to hurt someone’s feelings in the past year.<sup>60</sup>

In the 2016 Glastonbury Health Alliance survey, bullying was raised as a concern by multiple focus groups, several Key Contributors, and a number of e-survey respondents. More than 28% of e-survey respondents commented that the Town should commit more resources to mental health issues.



## RESOURCES AND UTILIZATION MEASURES

Access to comprehensive and quality health care services positively impacts personal health and quality of life. Glastonbury offers many options to accommodate varied levels of care. Within town, there are numerous specialty care providers, multiple facilities for short term rehabilitation and long term care, as well as independent living, memory and Alzheimer’s care, assisted living, and senior living communities. Within 15 miles of town, there are five acute care hospitals, including one acute care children’s hospital.

Select utilization measures for the five area hospitals are provided in **Table 13**. The leading causes of hospitalization in Connecticut during 2014, categorized by age group, can be seen in **Table 14**. Diagnostic groups are determined by ICD-9 CM codes, the official system for assigning codes to diagnoses and procedures associated with hospital utilization in the United States. (As of October 2015, these diagnostic codes were transitioned to ICD-10).<sup>61</sup> Hospitalizations related to pregnancy and birth are not included in this data. Mental health issues are the leading reason residents ages 5 through 44 are hospitalized.<sup>62</sup>

**Table 13: Fiscal Year 2016 Utilization Measures, Hospitals Within 15 Miles of Glastonbury**

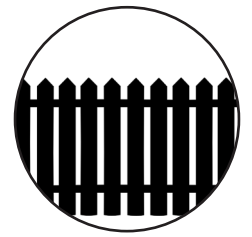
	CT Children’s Medical Center	Hartford Hospital	Manchester Memorial Hospital	Middlesex Hospital	Saint Francis Hospital & Medical Center	Statewide
Discharges	6,416	43,336	9,365	13,338	32,534	399,555
Patient Days	44,704	233,354	44,776	54,860	143,708	1,935,350
Average Length of Stay (Days)	7.0	5.4	4.8	4.1	4.4	4.8
Staffed Beds	182	645	174	183	593	6,996
Occupancy of Staffed Beds	67.3%	99.1%	70.5%	82.1%	66.4%	75.8%
Average Daily Census	122	639	123	150	394	5,302

**Table 14: Leading Causes of Hospitalization, Connecticut 2014**

RANK	0 - 4 years old	5 - 14 years old	15 - 24 years old	25 - 44 years old	45 - 64 years old	65+ years old
1	Respiratory	Mental	Mental	Mental	Digestive	Heart
2	Injury / Poisoning	Respiratory	Injury / Poisoning	Digestive	Mental	Respiratory
3	Endocrine	Injury / Poisoning	Digestive	Injury / Poisoning	Heart	Digestive
4	Infectious	Digestive	Endocrine	Endocrine	Musculo-skeletal	Injury / Poisoning
5	Digestive	Nervous	Respiratory	Respiratory	Injury / Poisoning	Infectious

In the 2016 GHA Survey, 87% of respondents indicated they “Agreed” or “Strongly Agreed” that there is good health care available in Glastonbury. Eighty-seven percent (87%) also indicated that they were “Highly Satisfied” or “Very Highly Satisfied” with the health care system in town. For this question, health care system was described to include access to care, insurance accepted by local providers, and other similar measures.

## CHALLENGES TO ACCESSING HEALTH CARE



Challenges to accessing health care can take many forms including lack of transportation, inability to afford treatment, insufficient medical care providers, or any number of other barriers. Access to comprehensive health care services is a cornerstone of achieving and maintaining a healthy life for everyone. Quality health care affects one's overall physical, social, and mental health status and aids in the prevention of disease and disability. It also supports detection and treatment of health conditions, improves quality of life, and can decrease preventable death.<sup>63</sup> Certain populations experience increased challenges to accessing health care.

Military veterans frequently access health care through the U.S. Department of Veteran's Affairs (VA). The VA has identified multiple management challenges nationwide regarding service to military veterans, including health care and benefits delivery, financial management, and information management.<sup>64</sup> Connecticut has a variety of VA facilities, ranging from medical centers (2), community based outpatient clinics (6), vet centers (4), regional benefit offices (1), and intake sites (1).<sup>65</sup> Many of these facilities are available to Glastonbury veterans.

Connecticut has established a Military Support Program (MSP) to address behavioral health needs of National Guard and Reserve personnel affected by deployment in Operation Enduring Freedom, Operation Iraqi Freedom, and veterans of active duty service and their families. Administered by the Connecticut Department of Mental Health and Addiction Services, MSP offers several services, including a toll-free hotline (1-866-251-2913), outpatient counseling, and referral and advocacy.<sup>66</sup>

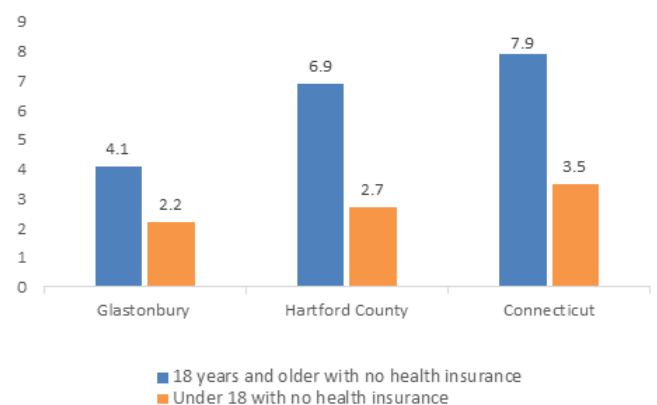
In 2014, the Center for Medicaid and Children's Health Insurance Program conducted a survey of Medicaid-only enrollees with disability compared to those without disability ages 18 years and older to determine national and state-by-state measures of access, barriers to care, and experiences with care. Health care experiences for people with disabilities enrolled in Medicaid only showed that 77.8% nationwide, and 80.6% of Connecticut enrollees could "Always" or "Usually" get needed care. While the report indicates high ratings for health care experiences overall, lack of transportation was one of the top five barriers identified to obtaining care believed necessary by the beneficiary or their doctor. Of the top five barriers to care, lack of transportation was more frequently cited by Medicaid beneficiaries with disabilities than Medicaid beneficiaries overall, and accounted for the largest disparity between adults with disability and all adult beneficiaries who could not get necessary care.<sup>67</sup>

## HEALTH INSURANCE COVERAGE

In March of 2010, the United States Congress signed into law President Barack Obama's Affordable Care Act (ACA), generally referred to as Obamacare. Key provisions of the ACA include health coverage for millions of previously uninsured Americans, implementation of measures designed to lower health care costs and improve system efficiency, and elimination of industry practices that include cancellation and denial of coverage due to pre-existing conditions. ACA requires that all Americans purchase a private health care plan, get an exemption, or pay a tax penalty on their federal income taxes. Connecticut's Access Health CT is the state's official marketplace for health insurance and offers the required coverage for the ten essential benefits identified by the ACA, which include preventive and wellness services, pediatric care, and maternity and newborn care.

In Glastonbury, 4.1% of the civilian, non-institutionalized population does not have health insurance. Rates for this population in Hartford County and the state as a whole are 6.9% and 7.9%, respectively. In the population of civilian, non-institutionalized population under 18 years of age, 2.2% of Glastonbury is without health insurance, as compared to Hartford County (2.7%) and Connecticut (3.5%) (Figure 63).<sup>68</sup>

Figure 63: Percent Population Without Health Insurance



Source: 2011-2015 American Community Survey  
5-Year Estimates

"A huge barrier to getting treatment is insurance. To get insurance to even pay for services is a huge barrier. Women who want help but can't show up because they can't get childcare."

- Key Contributor, during Interview

# **APPENDIX**

# APPENDIX 1: Glastonbury Health Alliance (GHA) Committee Members

\* Work Group member

† Core Group member

NAME AND TITLE	DEPARTMENT/ORGANIZATION
Adam VanSkiver, Police Agent	Glastonbury Police Department
Barbara Bailey, Library Director	Welles-Turner Memorial Library
Daniel Pennington, P.E., Town Engineer / Manager of Physical Services	Glastonbury Engineering Department
Dr. Michael Deshaies, D.O., Glastonbury Health Department Medical Advisor	Starling Physicians
Durlene Mikkelson, Director of Human Services	Glastonbury Human Services
Jackie Chalifoux, Resident Service Coordinator	Naubuc Green Apartments
Jane Megson, R.N., Glastonbury Public Schools Head Nurse	Glastonbury Board of Education
Jonathan Mullen, Planner	Glastonbury Community Development
Kathryn Paquette, Marketing & Communications Manager*	Glastonbury Town Manager's Office
Khara Dodds, Director of Land Use & Planning Services	Glastonbury Community Development
Krista Timken, MPH, RN, Community Health Nurse*†	Glastonbury Health Department
Neil Griffin, Executive Director	Glastonbury Housing Authority
Patti White, Senior Center Program Supervisor	Glastonbury Senior Services
Lisa Zerio, Director of Parks & Recreation	Glastonbury Parks & Recreation
Richard J. Johnson, Town Manager	Town Manager's Office
Susan Parotta, Outreach Social Worker	Glastonbury Human Services
Wendy Ehrhardt, Director Herbert T. Clark House*	Glastonbury Housing Authority
Wendy Mis, MPH, RS, Director of Health*†	Glastonbury Health Department

The following people participated as Committee Members in the Glastonbury Health Alliance but are no longer employed with the Town as of this document's publication:

*Russell Hahn, Former Chief of Service, Glastonbury Emergency Medical Services (GEMS)*

*Raymond Purtell, Former Director, Glastonbury Parks & Recreation*

*Ginny Burgess, Former Clinical & Outreach Services Supervisor, Glastonbury Youth & Family Services*

## **APPENDIX 1: Glastonbury Health Alliance (GHA) Community Members & Contributors**

The following organizations and agencies are gratefully acknowledged for the information they provided through Key Contributor Interviews, Focus Groups, Surveys, and personal interviews:

- Bicycles East
- Brookdale Mountain Laurel / Atria Glastonbury
- Chiroworks
- Dr. Michael Deshaies / Starling Physicians
- First Church of Christ Congregational, Glastonbury
- Foodshare, Inc.
- Connecticut River Valley Chamber of Commerce (Glastonbury and East Hartford Chambers)
- Glastonbury River Runners
- InterCommunity Health Care
- Mahoney Sabol, LLP
- Rushford Glastonbury / Hartford HealthCare
- St Augustine Church
- St Dunstan Church
- St James' Episcopal Church, Glastonbury
- St Paul Church



## APPENDIX 2: Glastonbury Quality of Life Assets

The National Prevention Strategy was created by the National Prevention, Health Promotion, and Public Health Council, in consultation with the public and third party experts. This comprehensive plan recognizes that good health is a result of access to quality health care, clean air and water, safe outdoor spaces for physical activity, safe worksites, healthy foods, violence-free environments, and healthy homes. Glastonbury has long pursued many of these same healthy principles through community support programs and built environment.

Quality of life in Glastonbury is supported by organization-wide efforts, with extensive programming provided through the following Town of Glastonbury departments:

- **Health Department** - A fully staffed team including a Registered Nurse, who host numerous programs each year to prevent, promote, and protect public health. Environmental and regulatory inspections are conducted by professional staff at food service establishments and temporary food events, septic system and drinking water well installations, child day care centers, salons, hotels, and migrant labor housing. Weekly wellness clinics and health education programs are provided by the Community Health Nurse.
- **Parks & Recreation Department** - Staff coordinate a diverse and broad scope of programming and activities for residents of all ages. This Department also manages and maintains the numerous parks, pools, and open spaces.
- **Police Department** - The nationally accredited Department's responsibilities include protection of life and property, preserving the peace, and preventing and repressing crime. The Department takes pride in employing officers who demonstrate the ability to establish positive relationships within the community.
- **Senior Services** - Senior Services provides residents ages 50 years and older with a variety of recreational, social, educational, wellness, cultural, and informational activities. The Department was accredited by the National Institute of Senior Centers in 2007 and most recently reaccredited in 2017.
- **Social Services** - Social Services staff provide a wide range of no-cost services to any Glastonbury resident in need, or to a resident who is an unpaid caregiver to someone else.
- **Youth & Family Services** - An agency devoted to programs and services that respond to the needs of Glastonbury youth and their families, this Department is comprised of four divisions: Clinical Services, Creative Experiences, Outreach Services, and Substance Abuse Prevention Services. Staff includes master/licensed clinical social workers and doctoral prepared candidates.

In addition to town-organized programs, health and quality of life programming is also available through the Glastonbury Housing Authority, community-based organizations, and local religious institutions.

### COMMUNITY SUPPORT PROGRAMS

#### Physical Well-being

The Glastonbury Health Department coordinates several programs to promote public health. Multiple seasonal influenza vaccination clinics are held each year, providing flu shots to children and adults. Glastonbury's Registered Nurse hosts weekly Wellness Clinics at the Riverfront Community Center and Herbert T. Clark House, which are available to attendees at no cost. Wellness Clinic services include blood pressure screenings, heart rate, oxygen saturation, body mass index analysis, prescription medication and diet review, symptom management, and health education. In fiscal year 2016, the Wellness Clinics provided 1,585 confidential screenings at no cost to participants.<sup>69</sup>

The Parks and Recreation Department provides a wide variety of recreational opportunities to enhance the quality of life and physical well-being of Glastonbury residents. Programs include summer day camp for children, senior fitness classes, music enjoyment for parents and children as young as newborns, and Easter egg hunts for dogs. A seasonal program brochure is produced and mailed to resident households twice per year and is listed on the town website year-round.

## APPENDIX 2: Glastonbury Quality of Life Assets Continued

### Food Assistance and Basic Necessities

Glastonbury Senior Services provides a daily nutritious lunch at an affordable fee for residents ages 50 years and older. In 2015, over 10,000 nutritious daily lunch meals were served, and lunchtime lectures on a variety of topics by an assortment of speakers were provided at more than 30 meals.<sup>70</sup>

Managed by Glastonbury Social Services staff, the Glastonbury Food Bank provides non-perishable food items, paper products, and other items to Glastonbury families and individuals with financial need. In fiscal year 2015, 633 unduplicated households were served. Social Services also organizes additional food and nutrition programs to meet emergency or supplemental food needs. Programming includes annual Thanksgiving Food Programs as well as Back to School (backpack) collections, a Holiday Gift Program, Re-gifting Programs for Mother's Day and Father's Day, and fee waiver and scholarship programs for Parks and Recreation programs and summer camp. In fiscal year 2015, 477 household applications were processed for assistance with heat and utilities as part of the local and state Energy Assistance Program through Social Services in Glastonbury and 327 children shopped for holiday gifts at the Holiday Toy Shop.<sup>71</sup>

Supplemental Nutrition Assistance Program (SNAP) is a federal nutrition program formerly known as food stamps. It was designed to help residents in need to stretch their food budget and buy healthy food for their families. SNAP does not cover the purchase of hygiene products, leaving many without access to these basic goods. To help fill this void, St. James Episcopal Church operates a paper goods program called Carol's Closet. The Carol's Closet pantry collects donated paper and personal hygiene products for Glastonbury residents in need. Donated toothbrushes, toothpaste, shampoo, soap, and other personal goods are then distributed to elderly and low income families of Glastonbury.<sup>72</sup>

### Mental Health

United Way of Connecticut maintains Connecticut 2-1-1, a free health and human service information and referral hotline, available at [www.211ct.org](http://www.211ct.org). With an extensive searchable online system and staff available to answer calls 24 hours a day, 7 days a week, Connecticut 2-1-1 provides immediate support to callers looking for food pantries, utility assistance, mental health and health care resources, child care, and crisis services. An online e-library provides information and guidance on a collection of frequently requested topics.

For senior residents with early stage dementia, Glastonbury Senior Services offers a social engagement program called the Friendship Circle Memory Program. With a goal of helping each participant maintain their optimal level of functioning in a supportive atmosphere, the program provides the opportunity to gain the many benefits derived from being active and socially engaged with others.

In collaboration with St. Paul's Roman Catholic Church, Saint Dunstan Church has developed a Parish outreach program. Through this initiative, the churches have established a flexible schedule whereby volunteers from both churches are assigned regular visits with community members at assisted living facilities, medical treatment centers, long term care, and memory care facilities. Visits range from faith-based services to informal, personal interactions and help provide emotional support and companionship to sustain a high quality of life.<sup>73</sup>

## APPENDIX 2: Glastonbury Quality of Life Assets Continued

In 2017, the Glastonbury Police Department installed a prescription drug drop box in their main lobby located at 2108 Main Street. It is available 24 hours a day, 7 days a week, for the public to safely dispose of unused and expired household prescription medications. The drop-box provides an environmentally safe method to dispose of medications and reduces access to addictive medications for accidental or intentional misuse by children or others in the home. In the first 10 months of the program, 505 pounds of medications were collected and disposed of.<sup>74</sup> The drop-box is available through the support of East of the River Action for Substance Abuse Elimination (ERASE), the Glastonbury Health Department, Glastonbury Youth & Family Services, and Glastonbury Community Action Partnership (GCAP). The drop box was purchased through a donation by ERASE and the medications are incinerated at no charge through a prescription take-back program provided by Covanta.<sup>75</sup>

Connecticut Department of Mental Health and Addiction Services has recently made an “Addiction Services Bed Availability” resource available at [www.ctaddictionservices.com](http://www.ctaddictionservices.com). The website provides information about detox programs, residential treatment, and recovery houses throughout the state. The name and city of the institution, phone number, and number of open beds available as of a specific time are listed.

### Social / Emotional Wellness

Glastonbury Youth & Family Services provides a variety of clinical services geared towards supporting and advocating for the social and emotional development of Glastonbury’s youth, young adults, and their families, as well as all students who attend Glastonbury schools. Such services include counseling and psychotherapy, consulting with schools and community organizations, and clinical support groups. Glastonbury Social Services also provides support groups and outreach social workers to help meet the emotional needs of residents of all ages.

In addition to the clinical services division, Glastonbury Youth & Family provides outreach and substance abuse prevention services town-wide. Programming includes prevention and intervention programs, coping support, community outreach, and peer education.

Glastonbury Community Action Partnership (GCAP) is a nonprofit organization that works to reduce underage drinking and the negative outcomes associated with substance abuse. GCAP works collaboratively with the Town’s Youth & Family Services, Parks & Recreation, and Police Department staff, and hosts a number of awareness programs and events for town youth throughout the year.

Glastonbury Youth & Family Services provide programs that help create learning environments that accommodate youth of all ages, and their extensive programming includes the Creative Experiences Division. Creative Experiences programs provide opportunities for youth to become positively involved in the community and effectively learn and use social skills in real life settings. Participating youth perform community service, learn TV production, and build their communication and expressive skills through theatrical performances. In fiscal year 2016, more than 260 children expressed their creativity and skills in the Summer Musical program through performance, technical crew, and orchestra.<sup>76</sup>

## APPENDIX 2: Glastonbury Quality of Life Assets Continued

### BUILT ENVIRONMENT

The collaborative efforts of Departments town-wide allow for ongoing community planning and design and maintenance of infrastructure. Countless other contributions and activities not listed here may not be immediately noticeable.

#### Parks, Open Space, and Recreational Infrastructure

Glastonbury is approximately 52 square miles including nearly 9 miles bordering the Connecticut River. The Town makes a concerted effort to maintain abundant open space for recreational opportunities, and since 1988, has acquired over 2,000 acres of open space for public use. Municipal developed recreation facilities include Riverfront Park and the Glastonbury Boathouse, a skate park, two outdoor pools<sup>77</sup>, an indoor pool, a pond suitable for swimming, numerous children's playgrounds, 10 tennis courts, an all-weather outdoor running track and synthetic turf field, a covered picnic pavilion, outdoor basketball courts, a 9-hole public golf course, picnic areas, a public boat launch, and numerous athletic fields. Town owned areas for cross-country skiing, lacrosse, and ice skating allow for active enjoyment of the outdoors and are open to everyone at no cost. Picnic areas, a community garden, walking and hiking trails, and hundreds of acres of undeveloped open space allow more quiet enjoyment of the outdoors.

Meshomasic State Forest, more than 9,000 acres in size, spans the towns of Glastonbury, Portland, East Hampton, Marlborough, and Hebron, and offers open area and trails for a wide range of no-cost outdoor recreation. Meshomasic's popular activities include fishing, hiking, letterboxing, hunting, and mountain biking. The blue-blazed Shenipsit Trail ends in Glastonbury with twelve of the trail's 40 miles located within Meshomasic State Forest.

#### Physical Infrastructure

##### Sidewalk Network

Glastonbury has an extensive system of more than 100 miles of sidewalk. Playing a critical role in community health and quality of life, properly designed sidewalks offer a safe way to increase physical activity, as well as a non-vehicular option to access town residences, municipal facilities, and businesses. Health benefits from regular sidewalk use can include improved muscle strength and balance, decreased obesity, and improved mental and emotional health.<sup>78</sup>

To demonstrate its strong commitment to safe and convenient walkability, Glastonbury has developed a sidewalk project rating system to fund sidewalk construction. Sidewalks are inspected annually and short connections, significant additions to the sidewalk network, and sections in need of repair are evaluated and assigned a priority. Funding is identified in the Town's budget for prioritized projects. A Sidewalk Master Plan found on the Glastonbury town website shows Glastonbury's extensive network of existing and proposed sidewalk modifications.<sup>79</sup>

##### Housing

Glastonbury residents can choose from a number of affordable housing developments, made available through the Glastonbury Housing Authority. All affordable housing facilities are built in wooded, park-like settings, have access to sidewalks and public transportation, and are just moments away from a variety of shopping outlets, medical offices, and religious institutions. Housing accommodations are designed for low income residents as well as disabled and elderly residents, and all offer a diverse variety of social programs and activities to help residents maintain a high quality of life. Housing complexes include Welles Village, Center Village, Village Green, Herbert T. Clark House Congregate and Assisted Living, and Housing Choice Vouchers.

## APPENDIX 2: Glastonbury Quality of Life Assets Continued

### Access to Healthy Food

Availability of a variety of food markets allows residents to purchase and consume healthy foods, and reliable access to healthy foods enables a nutritious diet and good health. Glastonbury has five grocery stores and larger supermarkets and access to several other supermarkets in neighboring towns. Glastonbury has an extensive farming community, many of which sell produce directly to community members, and a seasonal farmers' market that provides fresh fruits, vegetables, and an assortment of Connecticut grown and produced foods and agricultural products. Several Glastonbury farms also offer a Community Supported Agriculture (CSA) program. Through the CSA program, farms allot a certain number of farm shares to be purchased, and, upon subscribing to a share as a member, the customer receives a weekly box of seasonal produce throughout the farming months. Glastonbury Farmers' Market, which runs weekly from June through September, participates with the Connecticut Farmers' Market Nutrition Programs, a set of popular supplemental food programs at many Connecticut Farmers' Markets. The Connecticut Department of Agriculture maintains a listing of all farmers' markets throughout the state which can be found at [www.ct.gov/doag](http://www.ct.gov/doag).

### TRANSPORTATION TO QUALITY OF LIFE ASSETS

Glastonbury is serviced by CT Transit, the public bus system. Weekday service with multiple free parking locations throughout town and a weekday peak-hour express service provide accessible transportation to and from Glastonbury. All CT Transit buses have bike rack, (with the ability to carry a maximum of two bikes, on a "first-come, first served" basis), and are wheelchair and mobility device accessible. Senior citizens and persons with disabilities can travel for a reduced fare at any time on CT Transit. Additionally, the CT Transit Minibus offers door-to-door transportation services for any purpose to persons who are unable to use regular CT Transit bus service. The service operates seven days a week during the same time as regular bus service, although some geographic restrictions apply.

Dial-A-Ride, provided by the Glastonbury Senior Services Department, provides free transportation services within town for residents who are at least 60 years of age or permanently disabled. Transportation to medical appointments, shopping, senior programs, and other activities is provided during the day, Monday through Friday, when the Senior Center is open. Vans are equipped with a wheelchair lift.

Friends in Service Here (F.I.S.H.) offers transportation for out-of-town medical appointments or medical appointments in Glastonbury for persons unable to use Dial-A-Ride. The service is available at no charge, Tuesday through Friday. Transportation is provided by volunteers in their own vehicles, therefore they are not able to accommodate wheelchairs.

DYNTEK offers transportation to medical appointments for persons on the Medicaid program. The service is funded by the state Medicaid program, and transportation is typically via taxi.

**Built Environment:** Refers to the human-made surroundings that provide the setting for human activity, ranging in scale from buildings and parks or green space to neighborhoods and cities that can often include their supporting infrastructure such as water supply or energy networks.

Source: [www.definitions.net](http://www.definitions.net)

# APPENDIX 3: Glastonbury Asset Inventory

This inventory represents a wide sampling of assets in the Glastonbury community, both Town-managed and otherwise. Please note, these assets can change over time. Assets listed here are accurate at the time of document development.

## Communication Assets

- CT River Valley Chamber of Commerce Marketing Platforms (e.g. Website, e-Newsletter)
- Everbridge Emergency Notification System
- Local Media (e.g. Glastonbury Citizen Weekly Newspaper, Hartford Courant Daily Newspaper)
- Town Newsletters - WTML, Herbert T. Clark, Senior Newsletter (Sharing Tree)
- Parks & Recreation Platforms (e.g. Brochures, E-newsletters)
- Radio Stations for Emergencies
- Q Alert System – Citizen Request System (web-based)
- Sign Boards (Displayed at Town Hall & Hubbard Green Announcing Public Events)
- Town Website - [www.glastonbury-ct.gov](http://www.glastonbury-ct.gov)
- Town GIS
- Town Clerk's Database (web-based)
- Town Social Media Pages (e.g. Facebook, Instagram, Twitter)
- Town Email Subscription Service (eNotify)
- Town Flyers and Mailings (e.g Tax Insert sent 2x/year)
- Town Annual Documents – Budget, Annual Report
- Town Staff - Marketing & Communication Manager
- United Way's CT 2-1-1

## Cultural Assets

- Audubon Society
- Community Events, Festivals, and Concerts
- GHS / Youth & Family Theatrical Presentations
- Glastonbury Art Guild
- Glastonbury Community Action Partnership (GCAP)
- Glastonbury Newcomers and Neighbors
- Glastonbury Partners in Planting (GPIP)
- Glastonbury Town Center Initiative (TCI)
- Glastonbury-Rocky Hill Ferry
- Historical Society
- Historic Homes, Buildings & Sites
- Irish-American Home
- Museums
- Public Greens (Fountain & Hubbard)
- The Glastonbury Boathouse and Riverfront Park

## Educational Assets

- Arts and Music Programs
- Childcare and Preschool Providers (0-5 years) - Public and Private
- Community / Senior Center
- Creative Experiences Programs (Youth & Family Services)
- Glastonbury - East Hartford Magnet School
- Glastonbury Planetarium
- Nationally Ranked Public School System (Grades K – 12)
- Nature Center - Audubon Society
- Public Libraries
- Truancy Intervention
- Tutoring / Mentoring Providers

## Employment Assets

- Chamber of Commerce
- Farmers
- Health Care Provider Offices
- Public Employers (Local/State/Federal)
- Self-Employed & Startups
- Shopping Centers
- Small Business Employers
- Veteran Employment Assistance (offered through Social Services)

# APPENDIX 3: Glastonbury Asset Inventory Continued

## Food System/Healthy Eating Assets

- Agricultural Farms (20+)
- Community Bread Program - Markets Donate Bread/Baked Goods for Social Services Distribution
- Community Center Foodbank and Holiday programs
- Community Garden
- Community Partner Days - Local Restaurants Donate Proceeds to Glastonbury Food Bank
- Community Supported Agriculture (CSA)
  - Beckett Farms
  - Botticello Farms
  - Deercrest Farm
  - Dondero Orchards LLC
  - Killam and Bassett Farmstead LLC
  - Wind Hill Community Farm
  - Woodland Farm LLC
  - Woolly Acres
- Congregate Meal Sites  
(Welles Village - Kids in Summer & RCC-Seniors Year-Round)
- Farmers' Market
- Foodshare Program at First Church
- Full Service Grocery Stores (5)
- Naubuc Backpack Program
- Restaurants with Healthy Food Choices
- School Lunch Program (9 School Cafeterias)

## Housing Assets

- Aging in Place Efforts
- Assisted Living Facilities
- Carol's Closet Paper Pantry
- Glastonbury Fuel Bank
- Homelessness Prevention—Social Services
- Mixed Use Zoning Regulations
- Rental Housing, Landlords & Developments
- Subsidized Housing Developments  
(Glastonbury Housing Authority, Cobbs Mill Cooperative)
- Tax Relief Program

## Health Care System Assets

- Alternative Medicine Providers
- Community Mental Health Services
- Dental Care Providers
- Disease - Based Support Groups
- Emergency Medical Transportation
- Health Department Flu & Wellness Clinics
- Imaging Services (X-ray, MRI, Mammography, Ultrasound, CT Scan, etc.)
- Laboratory Services
- Long-Term Care Facilities / Nursing Homes
- Outpatient Surgical Centers
- Pharmacies
- Physical and Occupational Therapists
- Primary and Specialty Care Physicians
- Rehabilitation, Home Health, & Hospice Providers
- School Counselors / Psychologists
- School and Parish Nurses
- Special Needs Registry
- Substance Abuse Treatment & Recovery Providers
- Substance Abuse Prevention Staff
- Urgent Care Centers
- Vision and Hearing Care Providers

# APPENDIX 3: Glastonbury Asset Inventory

## Continued

### Organizational Assets

- Chamber of Commerce
- Community Service Organizations (Public & Private)
- Crisis Intervention—Mental Health Clinician, Youth and Family Services
- Faith-Based Organizations
- Human Services Collaborative
- Local Charities, Grant-Makers, and Foundations
- Glastonbury MLK Community Initiative (GLMKCI)
- Multi-Sector Coalitions  
(GCAP, FOGY, Health & Wellness Council)
- Non-Government Organizations
- Substance Abuse Recovery Organizations / Programs
- Town Center Initiative (TCI)

### Public Safety Assets

- Community Service Officers
- Emergency Operations Center
- Emergency Preparedness Coalitions
- Fire Department (4 Fire Companies)
- Fire Marshal
- HeartSafe Community
- Local Emergency Medical Services (EMS)
- Local Public Health Department
- Low Crime Rate
- Neighborhood Watch Groups
- Police Department
- Prescription Drug Drop Box - accessible 24/7
- School Resource Officers
- Smoke & Tobacco Free Parks
- State Police / Federal Agencies

### Transportation Assets

- Alternative Fuel Vehicles for Town Fleet
- Ambulance Services Providers
- Bicycle Friendly Community
- Close Proximity to Major Highways
- CT Transit
- Dial-A-Ride Services
- Electric Car Charging Stations
- International Airport Less than 30 Miles Away
- Park & Ride / Carpooling Lots
- Taxi Service / UBER / Lyft
- Transportation to Healthcare Appointments (FISH and Dyntek)

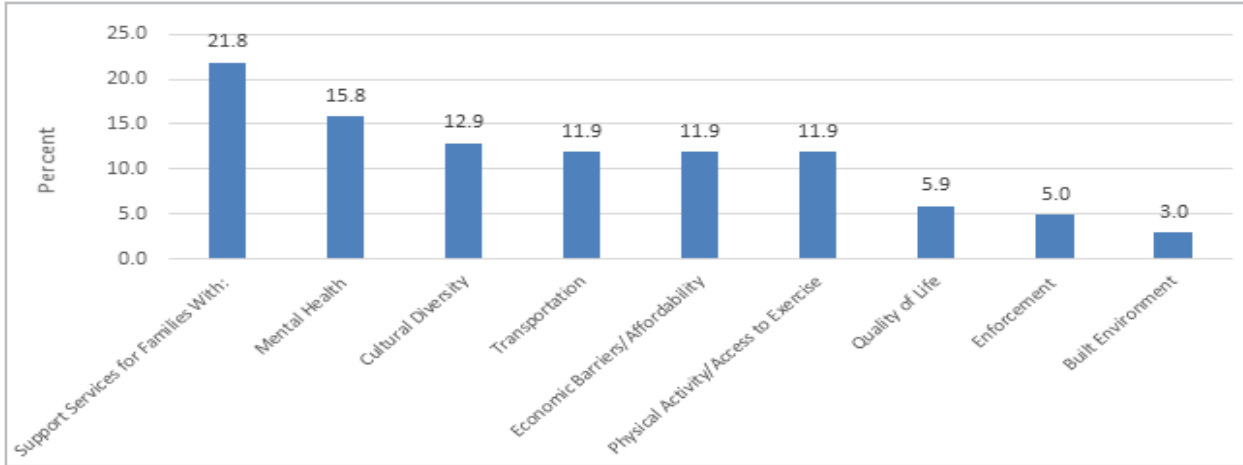
### Recreational Assets

- Annual Road Races (Apple Fest 5K, Santa's Run)
- Athletic Fields
- Basketball Courts
- Bicycle Friendly Community
- Bike Routes
- Bike Walk Glastonbury
- Boat Launch to CT River  
(Boat/Canoe/Kayak Storage, Outdoor Discovery Schools)
- Cross Country Skiing
- 'Do a 180, MOVE!' Chamber Program
- Forest / Open Space (Local & State)
- Glastonbury Hills Country Club
- Glastonbury Tennis Center
- Gymnastics Center
- Indoor Play Areas for Children
- Indoor Soccer Center
- Indoor Virtual Golf
- Painting & Pottery Studios
- Parks—Addison, J.B. Williams, Riverfront Park
- Parks & Recreation Programming  
(Exercise Classes, Camps, and Trips)
- Personal Training Gyms
- Private Membership Fitness Centers and Pool Clubs
- Minnechaug Public Golf Course
- Public Swimming Areas - Grange & Addison pools, Eastbury Pond
- Riverfront Community Center Recreation/Exercise Classes
- School-Based Athletics Programs
- Rock Climbing Gym
- Running Clubs
- Sidewalk System (100+ Miles)
- Skateboard Park at Academy
- School Based Athletic Programs
- Sporting Goods Stores
- Town Sponsored Youth Athletic Programs - Soccer, Basketball, Baseball, Softball
- Tracks-Indoor & Outdoor
- Trail system—Walking/Running/Hiking/Biking
- YMCA Recreation and Fitness Programs



# APPENDIX 4: GHA Quality of Life Electronic Survey - Qualitative Analysis

**Q: Which services, programs, or initiatives should the town make available to residents in order to support a healthy living?**



The following themes and concerns were expressed during the Key Contributor Interviews and Focus Group Discussions and are grouped to coincide with the graph above:

## Support Services for Families (21.8%)

Autism, Disabilities, Senior, Homebound, Need help with coordination of services, Special needs kids in school, Need for Meals on Wheels, Respite for care-takers

## Mental Health (15.8%)

Services for all, including for youth and in schools, Bullying in schools, Access to services, Substance abuse services & programs

## Cultural Diversity (12.9%)

Racism, Integration, Discrimination, Inequalities, Diveristy, Inclusion, Implicit Bias

## Transportation (11.9%)

Dial-A-Ride, Bicycle Networks, Sidewalk System, Public Transportation, Walking Trails, Out of town senior transportation

## Physical Activity / Access to Exercise (11.9%)

Outdoor space needed, Need for adult, retiree, and teen programs, Indoor opportunities needed, Swimming pool needed, Continue Chamber of Commerce program

## Economic Barriers / Affordability (11.9%)

Low income access to healthy foods, Housing, including for the elderly, lower taxes/fixed income, taxes for elderly, services for lower middle and working class, Free/affordable health screenings, food pantry, support for renters

## Quality of Life (5.9%)

Promote civic responsibility, Better delivery of Town information, More adult education classes, Blue light/LED light pollution, Noise ordinance, Property maintenance program

## Enforcement (5.0%)

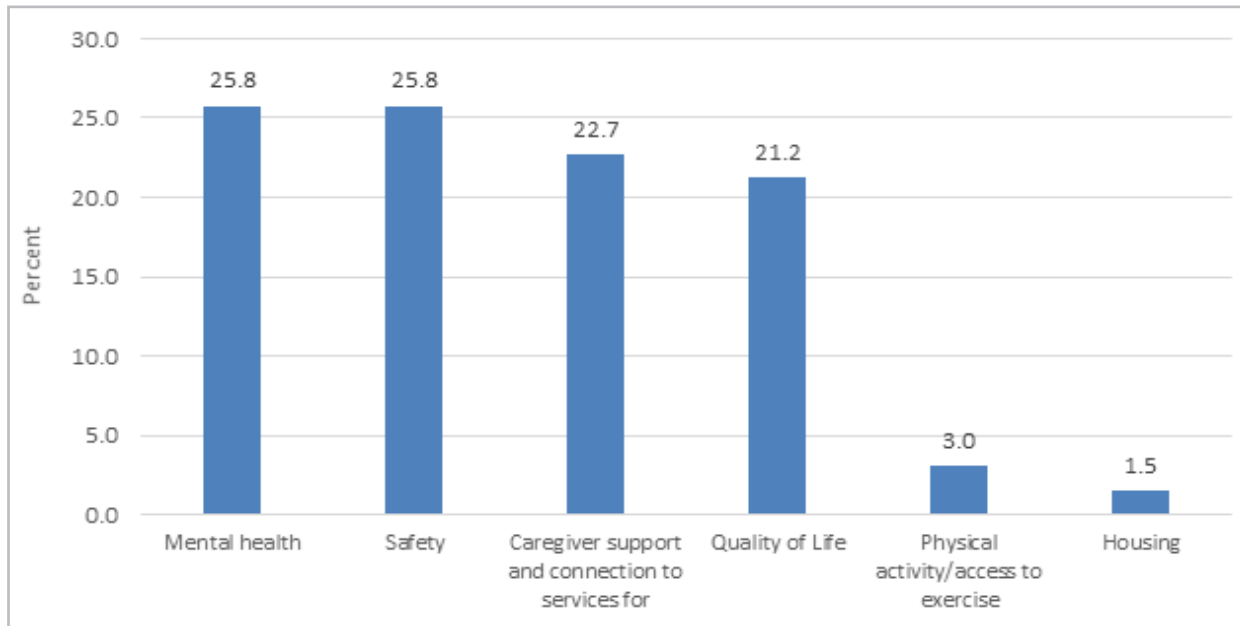
Leash law, Crosswalk safety, Pedestrian safety from drivers, Road/traffic speeds

## Built Environment (3.0%)

Bring businesses to town, Air conditioning in schools, Livable community design

## APPENDIX 4: GHA Quality of Life Electronic Survey - Qualitative Analysis

**Q: To which initiatives should the town commit resources?**



The following themes and concerns were expressed during the Key Contributor Interviews and Focus Group Discussions and are grouped to coincide with the graph above:

%	Initiative	Details (in no particular order)
25.8%	<b>Mental Health</b>	Services for all, specifically including youth and in schools Substance abuse services and programs Bullying in school Access to services
25.8%	<b>Safety</b>	Public safety and crime prevention Emergency preparedness and Emergency services Shooting regulations in residential zones Personal safety programs
22.7%	<b>Caregiver support and connection to services for individuals/groups needing assistance</b>	People/families with Autism People with disabilities; Special needs children in school Elderly Homebound Sandwich generation
21.2%	<b>Quality of Life</b>	Veteran's programs Self/anger management programs Obesity prevention/nutrition programs Better delivery of Town information Parenting programs Aging in place/healthy aging
3.0%	<b>Physical Activity/ Access to Exercise</b>	Outdoor areas for activity Programs for adults/retired people needed
1.5%	<b>Housing</b>	Housing/housing for elderly

# APPENDIX 5: GHA Quality of Life Focus Groups - Qualitative Analysis

A total of 28 people participated in one of five Focus Groups, representing populations indicated below. Key themes were identified from the conversations, and grouped to provide continuity. The themes are summarized from each of the five groups, and summarized in a comparative chart following the data below.

## 5 Focus Group Populations



## Key Themes from Focus Groups

Youth Focus Group	
Theme	Detail (in no particular order)
Substance Abuse	There is lots of peer pressure, especially with alcohol and drugs
Stress / Mental Health	There are a lot of cliques at school People will definitely make comments about peoples' weight High school can get really competitive sometimes In school if you're more on the big side people usually make fun of you We need just a spot for people to hang out
Built Environment	There's mainly a bunch of food places. There's not really anything to actually do I would like to see maybe more healthier places to eat in town
Affordability	Swim areas are too far to walk and you'd have to put up gas money for someone to drive us If you want healthy (food) stuff, it's usually expensive

Senior Citizens Focus Group	
Theme	Detail (in no particular order)
Substance Abuse	Adults are often out of touch about drug use Alcohol is a rite of passage for youth Teens and youth use drugs to fit in and let loose
Stress / Mental Health	People gossip a lot
Communication	There should be more publicity of events and services
Affordability	Taxes are high
Cultural Diversity	Our homogeneous community is culturally limiting Diversity overall (in town) is a struggle

## APPENDIX 5: GHA Quality of Life Focus Groups - Qualitative Analysis

### Key Themes from Focus Groups Continued

Faith Based Services Focus Group	
Theme	Detail (in no particular order)
Substance Abuse	I see a lot of addiction, drugs and unannounced early deaths
Stress / Mental Health	Mental health issues aren't dealt with I appreciate the volunteers here in town Caregivers need an enormous amount of help and assistance
Built Environment	Downtown is very busy and traffic is congested
Communication	There's a lack of consistent town wide process to get information out about programs
Affordability	There is no Meals on Wheels in Glastonbury

Business Community Focus Group	
Theme	Detail (in no particular order)
Substance Abuse	We in town understate amount of teenage drug use/drinking going on
Stress / Mental Health	Kids get overworked and overwhelmed This is a very competitive town Our volunteers experience volunteer fatigue Kids need a place to hang out
Built Environment	There are parking issues downtown, especially during lunch We need sidewalks out past the center of town
Communication	There is not good communication about events available Fliers for sports programs are no longer allowed in backpacks by BOE The Town should be a clearing house for event information
Affordability	Child daycare is very expensive in town Groceries cost more here than other towns Prices of homes are high

## APPENDIX 5: GHA Quality of Life Focus Groups - Qualitative Analysis

### Key Themes from Focus Groups Continued

Parent Focus Group	
Theme	Detail (in no particular order)
Substance Abuse	Drugs and alcohol are a problem at the high school
Stress / Mental Health	Kids are too cliquey Boys bully people and girls bully people too
Built Environment	Fast food is an unhealthy option, and there are too many fast food options
Communication	Sports organizations & clubs can't send brochures home in student backpacks anymore The town doesn't communicate well enough about a lot of free programs they have
Affordability (Access to Healthcare)	The town needs to do more free events and free events for kids Most doctors in town don't take Husky, or you have to pay the cash cost Everything costs more in town There is a lot of pressure on parents to provide costly phones and clothing to keep up with other kids A lot of the free programs are offered to seniors and not working people
Cultural Diversity	There is not a lot of diversity with other kids or with school teachers
Transportation (Access to Healthcare)	Without a car, I can't get to the store or to the doctor

### Identified Themes from all Focus Groups

Theme	Parents	Faith Based	Business / Chamber	Seniors	Youth
Substance Abuse					
Stress / Mental Health					
Built Environment					
Communication					
Affordability					
Cultural Diversity					
Transportation					
Access to Health Care					

## APPENDIX 6: GHA Quality of Life Key Contributor Survey- Qualitative Analysis

One-on-one conversations were conducted with 15 individuals selected from a larger list of key voices of the community. Concepts from the conversations were identified and grouped into themes where possible.

**What are the most important health-related and quality of life concerns for the community?**  
*Themes and details (feedback) in random order below.*

“

### **Substance Abuse**

Drug use in our community  
Opioid use  
Parents drinking with the kids is bigger than we all like to think it is  
Heroin and drug use beyond marijuana  
Students drinking Monster, Red Bull, and other energy drinks  
Students who are impaired during the school day

### **Stress / Mental Health**

Bullying  
Undiagnosed mental health issues  
The influence of technology on the community and the balance of mind, body and spirit. People are feeling isolated after being immersed in so much technology.  
Stress from daily living

### **Healthy Eating / Active Living**

Obesity is a little bit of a taboo  
Need to convince parents that it is acceptable to have kids outside and active  
A need for nutrition and exercise programs

### **Law Enforcement**

Enforcement of motor vehicle laws to protect pedestrians and bicyclists  
Distracted driving

### **Access to Health Care**

Lack of health insurance

”

### **Transportation**

Transportation for older people

## **APPENDIX 6: GHA Quality of Life Key Contributor Survey- Qualitative Analysis**

The following questions were posed during Key Contributor Surveys/Interviews with responses provided in random order.

### **What barriers exist to improving health and quality of life for individuals in Glastonbury?**

“Sense of entitlement”

“Kids can be very tight-lipped about concerns because they don’t want their friends to get in trouble”

“Some rural areas are missing sidewalks”

“Some parents are unwilling to admit that there is a substance abuse problem with their children”

“Lack of transportation”

“Financial challenges”

“People without insurance might not be able to afford prescriptions”

“Insurance doesn’t pay for all services, and treatment is expensive”

“Women may need medical help but can’t go because of lack of childcare”

“There is a communication gap with getting the word out in the right places about opportunities to participate in programs”

### **What needs to be done to address the barriers?**

“Town-run transportation”

“People with health concerns and have no resources or family in town need an advocate”

“We need to be more open to hearing these concerns and willing to discuss them”

“Offer women on-site childcare so they can get the help they need”

“Explore the lack of teamwork between the town and the Board of Education”

### **Are there people in town whose quality of life or health is not as good as others?**

“Lack of a car, lack of access to transportation”

“People without access to proper prescription medications”

“Not all people have access to the same healthcare”

“Families with two working parents still may not be able to afford activity programs for their kids”

“Economically disadvantaged”

## **APPENDIX 7 - Climate Change and Public Health Concerns**



### **CLIMATE CHANGE AND PUBLIC HEALTH CONCERNS**

**CLIMATE CHANGE – AIR QUALITY, AIR POLLUTION, and EFFECTS ON HEALTH**  
By Debbie Sergeant, B.S., Health Inspector

**EXTREME WEATHER EVENTS**  
By Don Kendrick, B.S., M.S., Sanitarian

**CLIMATE CHANGE AND OUTDOOR RECREATION**  
By John Deckert, B.A., Chief Sanitarian



# APPENDIX 7 - Climate Change and Public Health Concerns

## Climate Change - Air Quality, Air Pollution, and Effects on Health

*By Debbie Sergeant*

Climate change is slated to impact human health through increased levels of air pollution in various locations, due to an increase in ground-level ozone and particulate matter air pollution. Areas where air pollution will affect human health will be seen in increased hospital visits for asthma, lung issues, etc. Air pollution is a mixture of natural and man-made substances in the air we breathe. It is typically separated into two categories: outdoor air pollution and indoor air pollution.

### Factors Affecting Air Pollution

Some factors affecting air pollution are smog (part of ground level-ozone), methane emissions, and stagnant air. Smog is fog mixed with smoke - e.g. a cloud of dirty air from cars, factories, etc. - which is usually found in cities. Ozone is a form of oxygen that is found in a layer high in the earth's atmosphere, with a pungent odor, that is a major air pollutant in the lower atmosphere. Envisioned increases in temperature, shifts in wind patterns will later affect ground level - ozone concentrations. Average global temperatures have increased 7 degrees Celsius over the last 100 years. Climate change resulting in more warm, seasonal air temperatures can contribute to changes in flowering times and pollen initiation from allergic plant species. Higher pollen counts and longer pollen seasons can lead to an increase in allergic sensitizations and asthma episodes. Air quality is strongly dependent on weather and is therefore sensitive to climate change. The future climate is expected to be more stagnant, due to a weaker global circulation and decreasing frequency of mid-latitude cyclones. Air pollution results from the combination of high emissions and unfavorable weather. The two air pollutants of most concern for public health are surface ozone and particulate matter. Ozone is produced in the troposphere by photochemical oxidation of CO, methane, and non-methane VOC's. Ozone pollution is generally a summer problem because of the photochemical nature of the source.

### Extreme Heat

Northeastern cities, with their abundance of concrete and asphalt and relative lack of vegetation, tend to have higher temperatures than surrounding regions. During extreme heat, night time temperatures in the region's big cities are generally several degrees higher than surrounding regions, leading to an elevated number of heat-related deaths among those unable to recover from the day's heat. Since the hottest days in the Northeast are typically associated with high concentrations of ground-level ozone and other pollutants, the combination of heat stress and poor air quality can pose a major health risk to vulnerable groups: young children, the elderly, and those with pre-existing health conditions.<sup>1</sup> The higher temperatures in the Northeast are likely to increase heat related deaths and decreased air quality, especially in urban areas.<sup>2</sup> People who live alone or are in a low income bracket are also at increased risk, particularly if they don't have access to air conditioning.<sup>3</sup>

As temperatures reach more frequent and hotter highs, deaths and illnesses occurring from heat stress, heat stroke, cardiovascular diseases, kidney diseases, and other causes often increase. Nationally, heat extremes are projected to become more common. Rising temperatures along with greater air stagnation and other climate effects increase ground level-ozone smog. People with asthma or chronic respiratory diseases are especially vulnerable to the effects of ozone smog, which makes it difficult to get a lung full of air.

1. [Global Change.gov](http://GlobalChange.gov)

2. [EPA.gov](http://EPA.gov)

3. [EPA.gov/climatechange/impacts/northeast.html](http://EPA.gov/climatechange/impacts/northeast.html)

## APPENDIX 7 - Climate Change and Public Health Concerns Continued

### Air Pollution and Effects on Asthma

Asthma is an inflammatory disease of the lung. The inflammation can occur along the entire airway from the nose to the lung, and, once the airway becomes swollen and inflamed, it becomes more narrow and less air gets through to the lung tissue. This results in symptoms like wheezing, coughing, chest tightness, and difficulty breathing. During an asthma attack, the muscles around the airways tighten up and the symptoms become worse than usual. Once considered a minor ailment, asthma has progressively increased over the past 15 years. In the U.S., nearly 40 million people, 13.3% adults and 13.8% children, have been diagnosed with asthma.<sup>4</sup> There are 3,600 deaths per year resulting from asthma and an estimated 14.2 million days of work and 14.4 million days of school missed annually. Asthma is responsible for \$15.6 billion in direct medical costs. About 10 million Americans suffer from “Allergic Asthma” in which their attacks are triggered by a reaction to pollen or other airborne allergens.<sup>5</sup> If global warming increases, the risk of asthma attacks are likely to increase. Air pollution also increases the risk and severity of asthma attacks.

In addition to potential effects on outdoor mold growth and allergen release related to changing climate variables, there is a concern for indoor mold growth with rising air moisture, especially after extreme storms and flooding. Though mold allergy is uncommon, it has been shown that asthma and respiratory symptoms are 30-50% more prevalent in damp homes. Asthma in children in mild climates is often associated with mite allergy. With an increase in extreme summer weather events and less extreme weather in winter months, it is possible people will stay indoors more often.

### Localized Impacts

While climate change is a global process, it has localized impacts that can affect communities. Increasing temperatures are directly linked to poor air quality, which in turn can affect the heart and exacerbate cardiovascular disease. Examples of this may include a rise in pollen due to increased plant growth, or rise in molds due to severe storms, both of which can worsen allergies and other lung diseases, such as asthma.<sup>6</sup> The impacts of climate change on public health will go beyond the direct effects of temperature on human function. The changing distributions of temperature, precipitation, and carbon dioxide could affect the strength of plant allergens.<sup>7</sup>

In Glastonbury and many other towns, an abundance of outdoor community events take place during the warmer months. As temperatures increase, event coordinators will need to pay closer attention to the heat index and determine whether or not the temperature and humidity allows for participants to safely enjoy such programs. Events may potentially be cancelled or postponed to a day where humidity and temperature aren't as high and won't pose a health threat.

### How can we help to protect our health and environment?

There are ways in which we can help to lessen the greenhouse gas emissions and protect our health. To lessen one's exposure to high levels of air pollution, one can pay attention to the Air Quality Index (AQI). The AQI is a tool that indicates when high levels of air pollution are predicted and how it can affect one's health. The AQI can be found online, through local T.V. weather forecasts, or by signing up for free e-mail tools and apps. The AQI provides information on five major air pollutants in the U.S. that are regulated by the EPA<sup>8</sup> - Ozone, Particle Pollution, Carbon Monoxide, Sulfur Dioxide, and Nitrogen Dioxide.

To help reduce greenhouse gas emissions which lead to changes in the climate, community members can take steps to reduce, reuse, and recycle as much as possible. Use Energy Star-rated products and more green power: electricity generated from renewable energy sources. There are many other ways to help with the reduction of greenhouse gas emissions, which are available on the EPA website.

4. [Niehs.nih.gov/cdc.gov](https://niehs.nih.gov/cdc.gov)

5. [Niehs.nih.gov/health/topics/agents/air-pollution](https://niehs.nih.gov/health/topics/agents/air-pollution)

6. [Niehs.nih.gov/health/topics/agents/air-pollution](https://niehs.nih.gov/health/topics/agents/air-pollution)

7. [EPA.gov](https://www.epa.gov)

8. [Niehs.nih.gov/health/topics/agents/air-pollution](https://niehs.nih.gov/health/topics/agents/air-pollution)

# APPENDIX 7 - Climate Change and Public Health Concerns Continued

## Extreme Weather Events

*By Don Kendrick*

### Rainfall

Most climate models are predicting increased precipitation for the northeastern U.S. with more frequent intense rainfall events particularly in the winter and spring. Events that were once every 20 years will be occurring 2 to 5 times more frequently by 2100. This will result in more floods - particularly more frequent "100-year Floods". The last significant flood that affected Glastonbury occurred in 1984 and it was not considered a "100-year flood." During this event, floodwaters went up Salmon Brook and extended across Main Street and beyond Route 2. Properties that could be affected are currently a combination of commercial and residential.

Most properties in, or adjacent to a FEMA flood hazard zone are served by public water - MDC. The primary exceptions are those properties south of Dug Road on Tryon Street. There are a few parcels elsewhere in town that have private wells which could be impacted by flooding.

### Storms

There is data showing an increasing number of severe thunderstorms over the past 40 years. Increased humidity is a requirement for thunderstorms and increased humidity fosters the growth of mold and mildew.

While the frequency of Atlantic hurricanes may not change, the intensity of individual storms is expected to increase. There will probably be more category 4 and 5 hurricanes.

The cold season storm track is shifting northward and this is expected to result in stronger and more frequent winter storms resulting in increased rainfall and snow. The shift will also result in an increase of extreme wind speeds.

## Extreme Heat Events

Extreme heat events are increasing in frequency, intensity, and duration. From 1999 to 2009, extreme heat events caused more than 7800 deaths. Winters will be milder so the number of deaths and injuries from cold weather events should decrease, but this is not expected to compensate for the increase in heat-related deaths. These events stress the power grid which could lead to power outages. Extreme heat events also stress refrigeration units.

### Refrigeration

High temperatures stress refrigeration units in food service establishments, even those that are well maintained. Older units and those not well maintained struggle to keep food cold and some fail completely. It is expected that if and when Connecticut's Public Health Code is changed to adopt the FDA's Food Code, many food service establishments will be forced to replace marginal refrigeration units with ones that can maintain 41°F. These newer units will hopefully be able to cope with extreme heat events.

# APPENDIX 7 - Climate Change and Public Health Concerns Continued

## Extreme Weather Events Continued

By Don Kendrick

### Water Supply

Flooding could negatively impact the water sources and infrastructure. If either or both of the water systems that supply the Town are affected, alternative temporary water sources will need to be identified. The Town currently operates three community wells - J.B. Williams Park (789 Neipsic Road), Eastbury School (1389 Neipsic Road), and Eastbury Pond (41 Fisher Hill Road). The Eastbury School well is the only one that is operational year-round; the other two are seasonal. There is a well at Butler Field (225 Forest Lane) that supplied a water fountain until 2009 when it was taken off the State's sampling list. The fountain has been removed and the well is now used only for irrigation. There may be other Town-owned wells like the irrigation well at the Longo Farm (community farm—3006 Hebron Avenue) and the well at the horse farm (Lot S-1 Bailey Street).

### Our Response to Extreme Weather Events

#### Sheltering

Any of the aforementioned conditions could result in the need to provide emergency shelter for residents. Events like the October 2011 snowstorm, where people were sheltered at the high school for several days, are expected to be a more frequent occurrence.

Essential elements for consideration include an adequate inventory of:

1. Space, bedding, and other supplies for evacuees.
2. Facilities and trained personnel for the safe distribution of food.
3. Sanitary facilities - e.g. showers and toilets.
4. Trash disposal facilities, keeping in mind it may be days before commercial trash haulers are back on schedule.

---

### Sources

*"Historical Floods on the Connecticut River at Hartford Connecticut" from the U.S.G.S. Records.*

Horton, R.; Solecki, W.; and Rosenzweig, C. "Climate Change in the Northeast, A Sourcebook", Draft Technical Input Report Prepared for the U.S. National Climate Assessment (2012). Retrieved from <http://data.globalchange.gov/report/nca-climchne-2012>

Climate Impacts in the Northeast. Retrieved from <https://www3.epa.gov/climatechange/impacts/northeast.html>

Frumhoff, P.; McCarthy, J.; Mellilo, J.; Moser, S.; and Wuebbles, D.; "Confronting Climate Change in the Northeast." (July 2007). Retrieved from [http://www.ucsusa.org/sites/default/files/legacy/assets/documents/global\\_warming/pdf/confronting-climate-change-in-the-u-s-northeast.pdf](http://www.ucsusa.org/sites/default/files/legacy/assets/documents/global_warming/pdf/confronting-climate-change-in-the-u-s-northeast.pdf)

Easterling, W.; Kates, R.; Ruth, M.; Sussman, E.; Whelchel, A.; Wolfe, D.; "National Climate Assessment" (2014). Retrieved from <http://nca2014.globalchange.gov/report/regions/northeast#intro-section-2>.

## APPENDIX 7 - Climate Change and Public Health Concerns Continued

### Climate Change and Outdoor Recreation

*By John Deckert*

With climate change and the increase in outdoor temperatures, local health departments may see an increase in public health related problems during outdoor recreational activities. Glastonbury prides itself on offering a variety of outdoor activities for the general public. Biking paths, athletic fields, swimming areas, parks, festivals, summer music series, and other outdoor activities are key components of Glastonbury leisure time. The following issues may be encountered and will involve the local health department:

#### **Increased toxicity of poison ivy**

Elevated levels of carbon dioxide due to climate change may create hardier poison ivy plants. Greater amounts of the itch causing compound (urushiol) coats the leaves of poison ivy plants when exposed to increased carbon dioxide.<sup>9</sup> Approximately, 80% of adults are sensitive to the oils that cause blisters and red rashes. Researchers have discovered that as global carbon dioxide levels rise, poison ivy's toxic properties have risen as well. People who are sensitive to poison ivy already could have more severe reactions to the hardier plant.

Complaints of poison ivy will certainly find their way to local health departments. Other departments will be involved in controlling the problem (ex: Parks & Recreation and/or Facilities) by removal or treatment with chemicals on town and school properties. Local health will also receive inquiries from the private sector (daycares, outdoor athletic events, etc.) regarding poison ivy concerns and will be involved in advising how to eliminate the problem.

#### **Increased vector-related diseases**

Connecticut is already host to insects that can spread disease. Deer ticks spread Lyme disease and certain species of mosquitoes spread West Nile virus. Climate change can expand the range of other species of insects that may cause disease or injuries to humans. Fire Ants found further south could migrate north and the Asian Tiger mosquito could move into areas that normally would not be suited to their survival.

Migrating birds may bring exotic ticks to the United States. Neotropical tick species that normally would not survive, may become established due to a warmer climate, particularly in the northern areas.<sup>10</sup>

Local health may be involved in investigating vector complaints, assist in monitoring/trapping vectors for different agencies, and providing critical control/prevention information to the public and media.

Connecticut also has a population of the protected Timber Rattlesnake in certain parts of the state. Glastonbury is one area of the state that has a defined habitat that hosts the rattlesnake. Climate change could increase their range as well. Since many people like to hike or enjoy a residence near their proximity, a dangerous encounter could become a common occurrence.

#### **Increased harmful algae blooms**

Algae need carbon dioxide to survive and climate change tends to increase levels of carbon dioxide. These higher levels can create massive algae blooms, including the toxic blue-green algae.<sup>11</sup> Warmer water increases those growths. Natural bodies of water that are used for recreation may be limited or eliminated for recreational use altogether. Two bodies of water in Glastonbury (Diamond Lake and Eastbury Pond) are used for swimming. The latter is owned and overseen by the Town of Glastonbury.

9. <http://www.webmd.com>

10. <http://www.webmd.com>

11. <http://www.epa.gov>

## APPENDIX 7 - Climate Change and Public Health Concerns

### Increased waterborne illnesses

Extended periods of warm water in natural swimming areas can lead to an increase in water related diseases. For example, the *Naegleria fowleri* is a species of amoeba that is found in warm freshwater. The amoeba travels up a person's nose and into the brain, causing primary amoebic meningoencephalitis (PAM). Infections tend to increase during July and August and grow best when water temperatures rise.<sup>12</sup>

### Increased heat-related illnesses

The burning of fossil fuels has created an increase of greenhouse gases such as carbon dioxide and methane. Since these gases trap heat in the atmosphere, the Earth's temperature is rising.<sup>13</sup> This change in climate can result in more extreme heat events. According to the EPA, extreme heat events are defined as "periods of summertime weather that are substantially hotter and/or humid than typical for a given location at that time of year". Extreme heat events can cause a range of health problems, including death. Certain populations, such as, the elderly, young children, homeless, and lower income are more vulnerable. Many outdoor events and activities expose people to heat related illnesses. Local health departments may be called upon to create and/or oversee Extreme Heat Programs. Extreme Heat Programs are designed to protect the public health and save lives.

Glastonbury, like many towns, offers a variety of outdoor events during the summer. Charity events, outdoor summer music series, and athletic events are promoted and held in the community. Local health may be involved in the operation of cooling centers or in making the decision to cancel an outdoor activity during a heat wave. Local health may also be involved in providing guidance and recommendations to schools and daycare facilities regarding outdoor activities during extreme heat events.

12. [Health.mn.gov/divs/idepc/diseases/naegleria](http://health.mn.gov/divs/idepc/diseases/naegleria)

13. "Climate Change and Extreme Heat Events" CDC. <http://emergency.cdc.gov/disasters/extremeheat>

## APPENDIX 8: Uranium

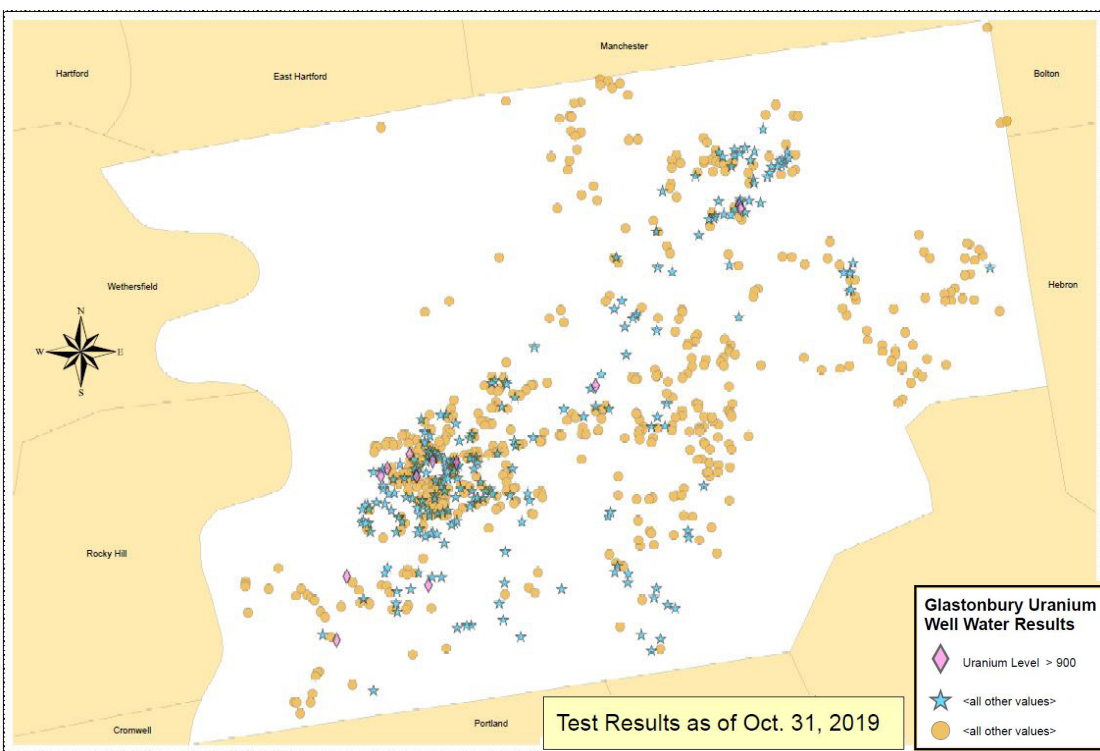
### Town of Glastonbury Health Department Response to Naturally Occurring Uranium in Well Water

In fall 2017, several homeowners in a neighborhood advised the Glastonbury Health Department (GHD) of uranium exceedances in their drinking water wells, as identified through private lab testing. The property owners made their water quality concerns public, which drove public interest for more information regarding uranium in drinking water in town. The GHD provided an informational forum in April 2018, with presentations by subject matter experts from the Connecticut Department of Public Health and water treatment professionals. During the forum, a request was made that the public share any private uranium well water test results with the GHD for a public health study to build the knowledge of uranium in Glastonbury wells.

Upon notification of an unusually elevated uranium result from a private well in February 2019, the GHD collected water samples from fifty-six (56) homes in the neighborhood of concern. Through partnership with the Connecticut State Public Health Laboratory, the GHD then provided free uranium water test kits to residents town-wide. More than 525 homes were sampled through this no-cost initiative. An open request was made for residents to share privately conducted uranium water test results with the Health Department as part of the public health study. This was done to help the Town better understand the range and extent of uranium in community neighborhoods.

Glastonbury Gneiss bedrock, known to be high in naturally occurring uranium, has been identified under a substantial area of town, and many water tests in the area of the bedrock show elevated levels of uranium. In May of 2019, the GHD enacted a requirement, as permissible through Connecticut General Statutes 19a-37(g), in which all new Glastonbury wells must be tested for uranium and radon, with results provided to the GHD.

The study of naturally occurring uranium in Glastonbury is ongoing. Test results have been grouped by risk exposure level and plotted on a map, which is updated as needed. The map and all efforts to date have been posted to the town website at [www.glastonbury-ct.gov/uranium](http://www.glastonbury-ct.gov/uranium). Additional studies may be helpful to provide a greater understanding of uranium in groundwater in the town of Glastonbury.



## APPENDIX 9: Definitions of Key Terms

**Age adjusted rates** - Age adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, sex, or time periods.) Age adjustment can make the different groups more comparable. A "standard" population distribution is used to adjust death and hospitalization rates. The age-adjusted rates are rates that would have existed if the population under study had the same age distribution as the "standard" population. Therefore, they are summary measures adjusted for differences in age distributions.<sup>80</sup>

**Primary data** - Data that is collected first-hand through surveys, listening sessions, interviews, and observations.<sup>81</sup>

**Qualitative Data** - A broad category of data that can include almost any non-numerical data, and often uses words to describe a particular health-related event. The data can be observed, but not measured. Qualitative data often involves observing people in selected places and listening to discover how they feel and why they might feel that way.<sup>82</sup>

**Quantitative Data** - Data that is measurable, often used for comparisons, and involves counting of people, behaviors, conditions, or other discrete events (Wang, 2013).<sup>83</sup>

**Ratios** - Ratios can be used to depict the value of one variable divided by the value of another. Summary ratios can be calculated in multiple ways, at both the group and individual levels, depending on the question of interest.<sup>84</sup>

**Secondary Data** - Data collected by another entity or for another purpose.<sup>85</sup>



# APPENDIX 10: 2016 Glastonbury Health Alliance Quality of Life Survey & Analysis

## The following questions were included in the 2016 Glastonbury Health Alliance (GHA) Quality of Life Survey.

### Question 1: How much do you agree with the following statements about living in Glastonbury?

A. Rank these statements on the following scale: Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

- There is good health care available in Glastonbury.
- Glastonbury is a safe place to live.
- Glastonbury is a good place to raise children.
- There are plenty of businesses and services in town that support healthy living.
- Town services provide opportunities for me to live a healthy lifestyle.
- There is plenty of help for people during times of need in Glastonbury.
- Glastonbury is a good place to grow old.

### Question 2: What do you enjoy most about living in Glastonbury?

A. Open ended

### Question 3: Please rate the following on a scale of 1-5 with 5 being the most positive or greatest degree of satisfaction/agreement and 1 being the most negative or lowest degree of satisfaction.

A:

- How important is regulation and oversight of environmental health systems? (E.g. food service inspections, septic systems, well quality, etc.)
- How satisfied are you with the health care system in Glastonbury? (Consider access to care, insurance accepted by local providers, etc.)
- How satisfied are you with the quality of life in Glastonbury? (Consider your sense of safety, well-being, participation in community life and associations, etc.)
- Is there an active sense of civic responsibility and engagement and of civic pride in shared accomplishment in the Glastonbury community?
- Are there networks of support for individuals and families in times of stress or need? (Consider neighborhoods, support groups, faith-based community outreach, agencies, organizations, etc.)
- Do all individuals and groups in Glastonbury have the opportunity to contribute to, and participate in the community's quality of life?
- Do you feel there are adequate social services available in Glastonbury? (E.g. youth services, financial assistance, food pantry services, energy assistance, tax preparation services, etc.)
- Do all residents perceive that they, both individually and collectively, can make the community a better place to live?
- Does the community have sufficient resources and services in place to support populations in need? (E.g. mental health needs, low income families, individuals struggling with substance abuse, homelessness, etc.)
- Do you believe discrimination and racism are prevalent issues in Glastonbury?

### Question 4: In your own words, what services, programs, or initiatives should the Town of Glastonbury make available to residents in order to support healthy living?

A. Open ended

### Question 5: How would you describe your overall health (physically and mentally)?

A. Choose one: Excellent | Very Good | Good | Fair | Poor

### Question 6: About how often do you use Town services that directly or indirectly benefit your overall well-being?

A. Choose one: Every Day | A few times a Week | A few times a Month | A few times a Year | Never

# APPENDIX 10: 2016 Glastonbury Health Alliance Quality of Life Survey & Analysis

## Quality of Life Survey Questions Continued:

**Question 7: How satisfied are you with the health-related programs and services offered by the Town of Glastonbury?**

A. Choose one: Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied

**Question 8: How often are you physically active?**

A. Choose one: Every Day | A few times a Week | A few times a Month | A few times a Year | Never

**Question 9: Do you stay physically active through any of these INDOOR activities?**

A. Check all that apply: Gym Membership | Town exercise program | Home gym

**Question 10: Do you stay physically active through any of these OUTDOOR activities?**

A. Check all that apply: Bicycle | Walk | Hike | Run/Jog | Watersports | School or Organized Sports

**Question 11: How often do you get a flu shot?**

A. Choose one: Every year | Most years | Some years | Never

**Question 12: Do you plan to get a flu shot this year?**

A. Choose One: Yes | No | Unsure

**Question 13: Where do you typically receive your flu shot?**

A. Choose One: Healthcare provider | Pharmacy | Local Health Department | Hospital | Other (please specify)

**Question 14: Have you ever attended the weekly wellness clinics at the Riverfront Community Center?**

A. Choose One: Yes | No | I was not aware of the clinics

**Question 15: In the event of a weather-related emergency, do you have a 3 day supply of non-perishable food, water, batteries, and other essentials on hand for all members of your household?**

A. Choose One: Yes | Some, but not all | No | Unsure

**Question 16: If you have pets, do you have emergency food and supplies for them?**

A. Choose One: Yes | No | Unsure | No pets

**Question 17: In your opinion, which health topics do people in your community need more information about?**

A. Check all that apply:

- Substance abuse prevention (e.g. drugs & alcohol)
- Preparing for emergencies / natural disasters
- Elder Care
- Stress Management
- Caring for family members with special needs / disabilities
- Going to the doctor for checkups and screenings
- Eating well / nutrition
- Managing weight
- Personal safety
- Crime prevention
- Exercise / fitness
- Child care / parenting
- Anger management
- Getting flut shots and other vaccines

**Question 18: In your own words, which health topics listed above (Q17) should the Town should commit resources?**

A. Choose from Q17 options and make additional comments.

# APPENDIX 10: 2016 Glastonbury Health Alliance Quality of Life Survey & Analysis

## Quality of Life Survey Questions Continued:

### Question 19: Where do you seek information about the Glastonbury community?

A. Check all that apply:

- Newspapers (print or online)
- Town website
- Word of mouth
- Social media
- Email Notifications (eNotify)
- TV
- Radio
- Channel 16
- Telephone
- Other (please specify)

### Question 20: What is your connection to the Glastonbury community?

A. Choose One: Live in Glastonbury | Work in Glastonbury | Both live and work in Glastonbury

### Question 21: About how long have you lived in Glastonbury?

A. Open ended

### Question 22: How much longer do you plan to stay in Glastonbury?

A. Open ended

### Question 23: What is your gender?

A: Female | Male | Other (specify)

### Question 24: What is your age?

A: 18-24 | 25-49 | 50-64 | 65 or older

### Question 25: What is your approximate average household income?

Answer Options:

\$0 - \$24,999	\$150,000 - \$174,999
\$25,000 - \$74,999	\$175,000 - \$199,999
\$75,000 - 99,999	\$200,000+
\$100,000 - 124,999	Prefer not to say
\$125,000 - \$149,999	

### Question 26: What is your ethnicity?

A. Please select all that apply:

American Indian or Alaskan Native	Hispanic or Latino
Asian or Pacific Islander	White / Caucasian
Asian Indian	Other (please specify)
Black or African American	Prefer not to Answer

# Glastonbury Health Alliance

## Research in Support of Community Health Assessment



Data Analysis Report

September 29, 2016

# Overview of Glastonbury Research Initiative

---

- Glastonbury Health Alliance used a contractor to collect the community's opinions, suggestions, and viewpoints regarding its health and overall quality of life. This report summarizes the results of that work.
- The results of this collection have been analyzed for themes that will support the writing of the Community Health Assessment
- **Variety of data collection methods**
  1. Health survey
    - 178 responses
    - Confidence interval of +/-7%
  2. Focus groups
    - Five groups: seniors, youth, parents, pastoral services, business community
  3. Key contributor survey
    - One-on-one conversations with 15 individuals

*The following analysis weaves together results from all three collection methods.*

---

# Demographics of Survey Respondents and Town of Glastonbury

---

## Survey Responses

- 69% female, 31% male
- 92% white
- Only those above the age of 18 surveyed
  - 33% aged 25-49
  - 49% aged 50-64
  - 18% aged 65 or older
- 86% live or live & work in town
- Have lived in town an average of 23 years
- Planning on living in town an average of 16 more years

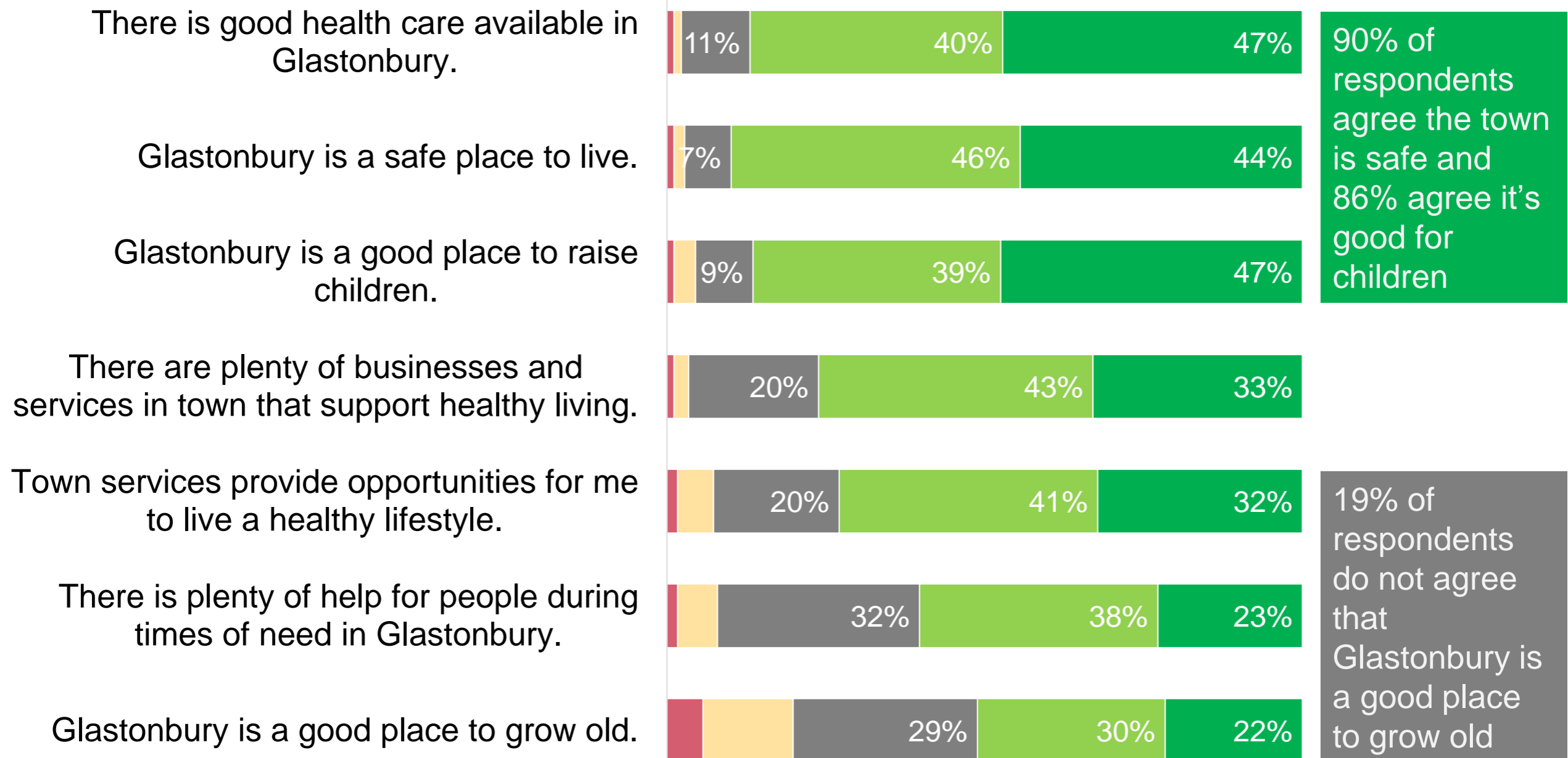
## US Census Statistics (2014)

- 51% female, 49% male
- 86% white
- Median age of 43
  - 15% aged 65 or older
- 88% of residents born in the United States
- 84% of residents live in owner-occupied housing
  - Average household size of three individuals
- 61% with a bachelor's degree or higher

# A majority of Glastonbury residents feel safe and believe that it is a good place to raise children

How much do you agree with the following statements about living in Glastonbury?

Strongly disagree | Disagree | Neutral | Agree | Strongly agree



n=177

# Glastonbury residents praise the safety and beauty of the town as well as easy access to services

What do you enjoy most about living in Glastonbury?

- *Safety*

- Sense of community among neighbors and coworkers; dependability
- “Nowhere else like Glastonbury that kids can walk downtown alone”
- Children are safe and well-educated in school system

- *Beauty*

- Bucolic farmlands; small town feel
- Waterfront is an excellent benefit; great to have events by the river
- Mix of trails and walkability throughout town

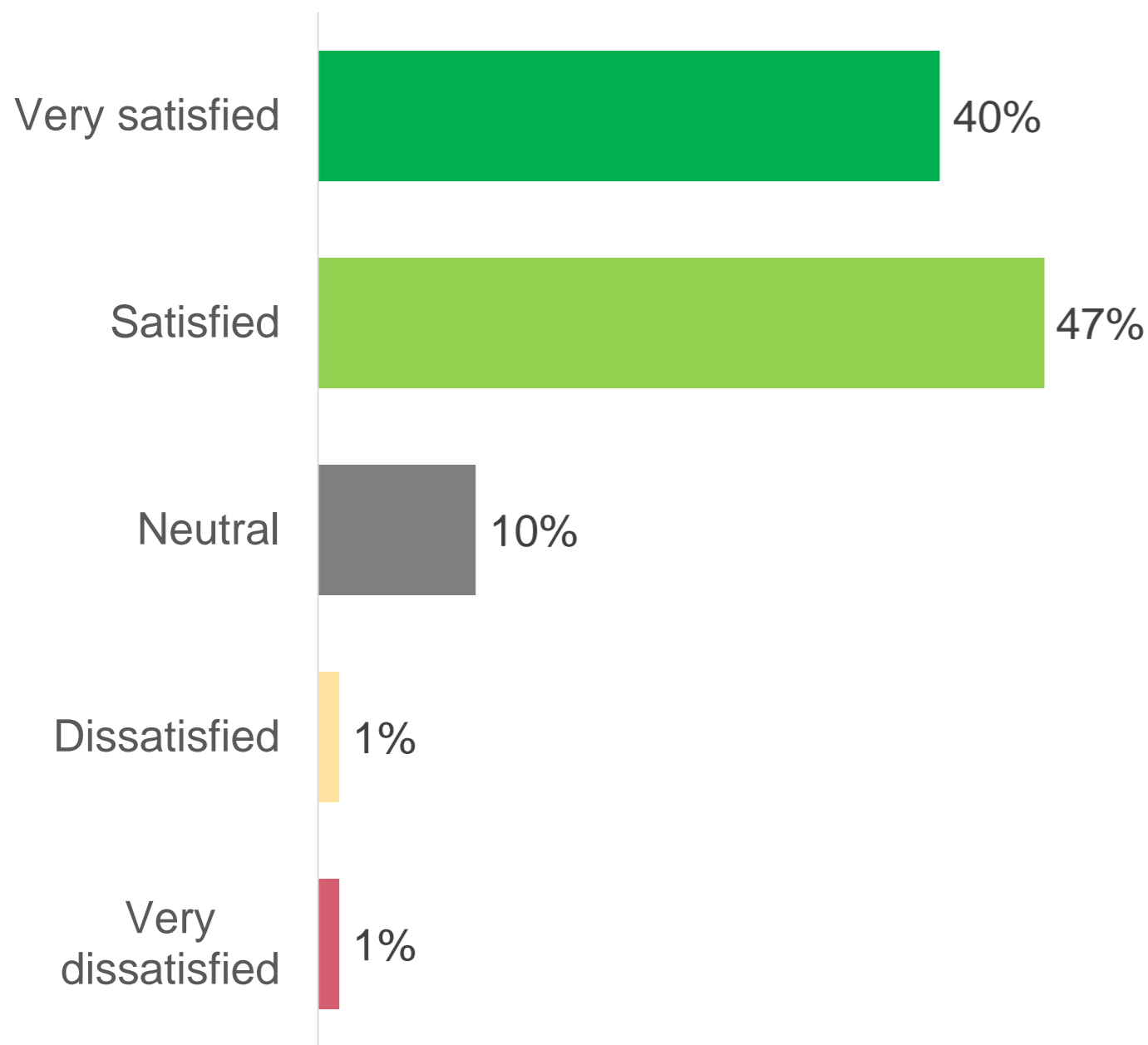
- *Accessibility*

- Easy access to commercial and community services
- Modern convenience of restaurants and stores, but still focus on rural living
- Proximity to highways and Hartford; opportunities within a short drive



# Glastonbury residents are satisfied with their quality of life which resonates in relationships with others

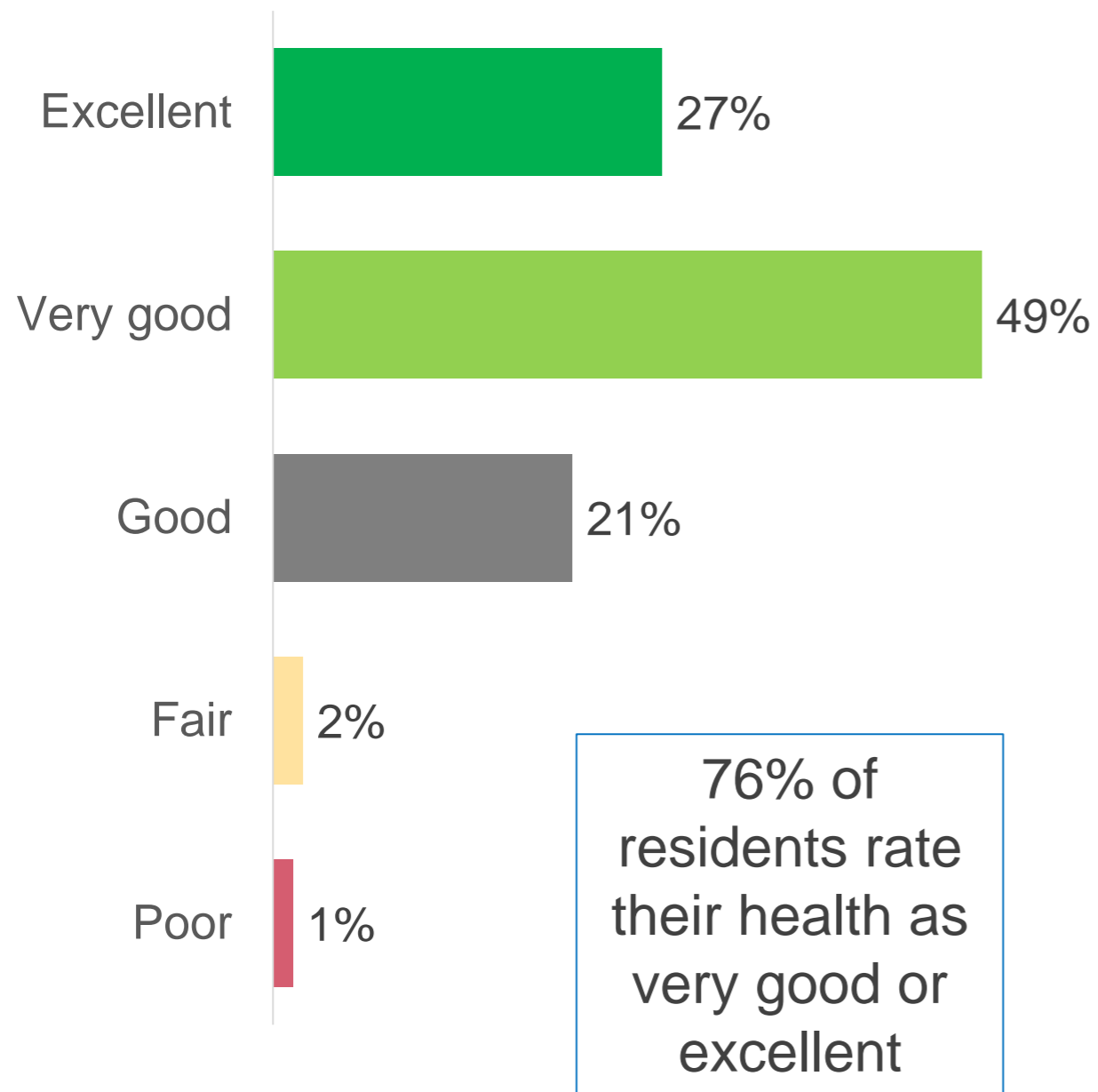
How satisfied are you with the quality of life in Glastonbury?



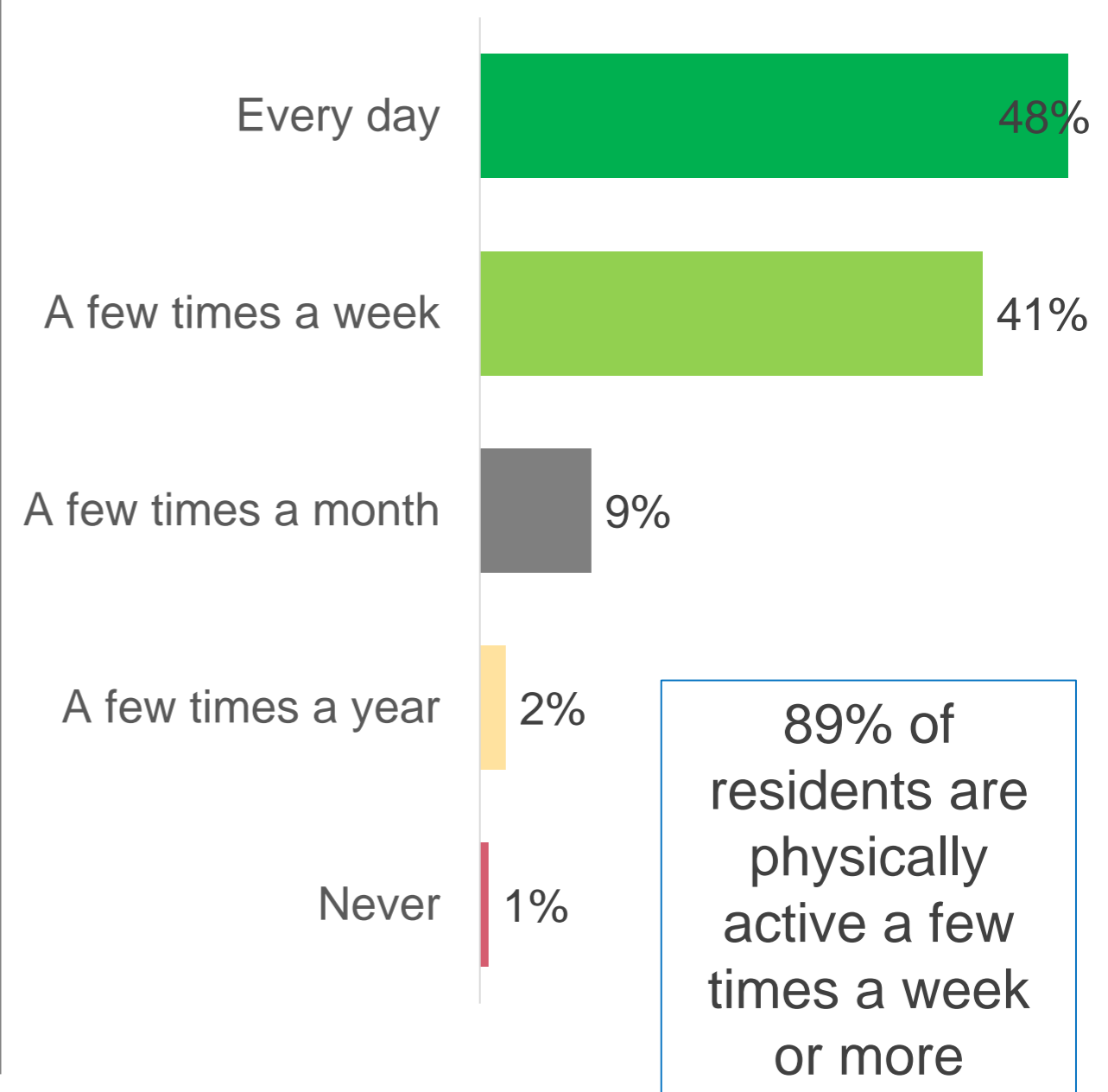
- 87% of residents are satisfied with the quality of life in town
- Those residents who are satisfied with the quality of life in Glastonbury also believe in their community
  - Individually and collectively residents can make the community a better place to live (.607\*)
  - Active sense of civic responsibility and engagement (.606\*)
- “So many great events and opportunities in Glastonbury”

# A majority of Glastonbury residents believe they are healthy and are active more than a few times a week

## How would you describe your overall health (physically and mentally)?



## How often are you physically active?



# Glastonbury residents are active in their own way, not using Town indoor services

How do you stay physically active?\*

- *Outdoor activities*

- 92% walk
- 38% hike
- 28% bicycle
- 22% run/jog
- 12% watersports
- 3% school or organized sport
- Golf and gardening were popular write-in responses

- *Indoor activities*

- 53% home gym
- 51% gym membership
- 14% town exercise program

“It’s so great to see so many people active in this town”

“You see people out biking and running and groups of people who get together to do these things”

“A bike friendly town in areas, but more work to do on bike safety”

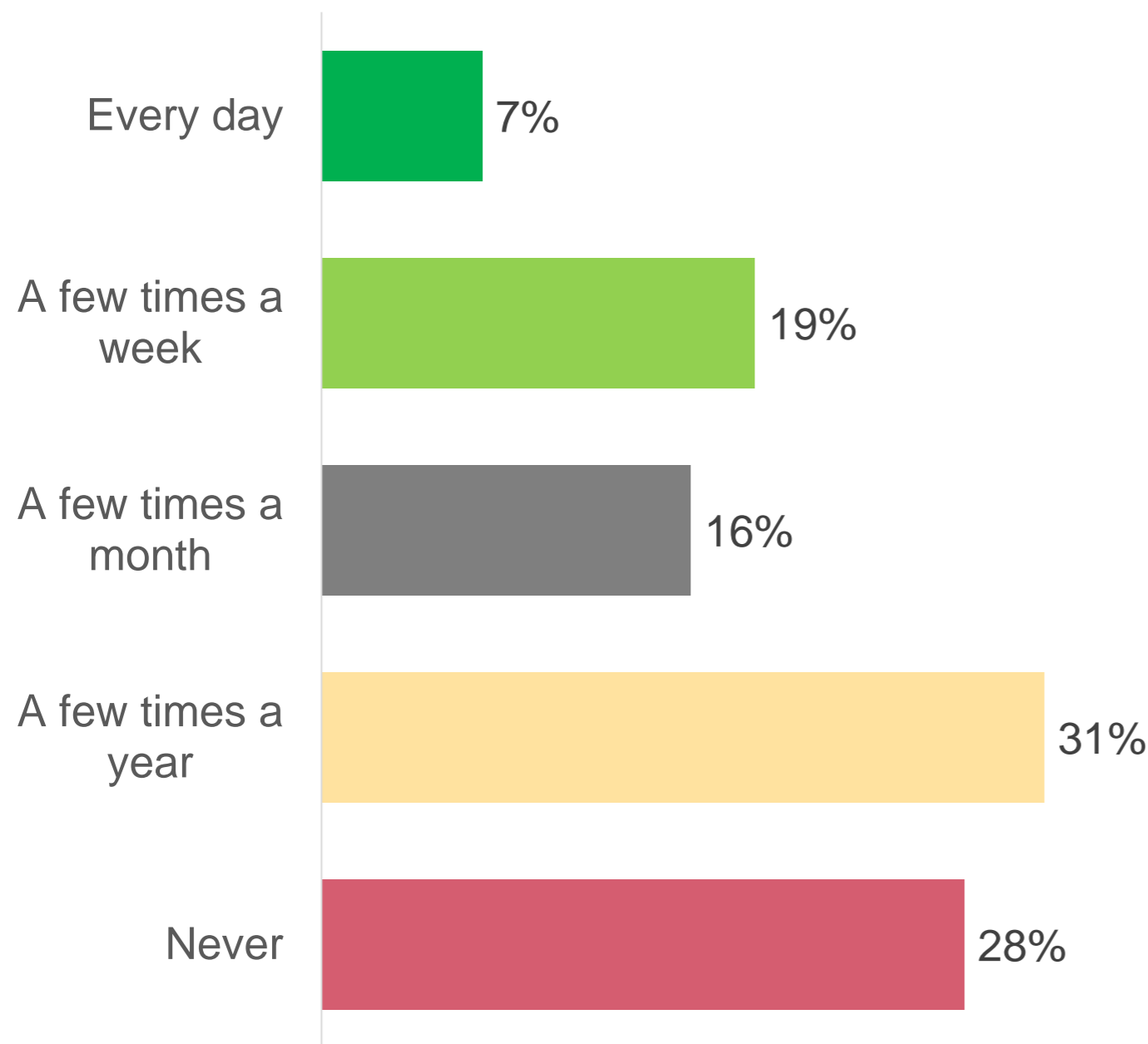
“There are a lot of options in town, private gyms, yoga, our Rec department, and school groups”

“The access to healthy food and local parks is fantastic”

\*Check all that apply

# Glastonbury residents are active but not using the services the Town provides to support them

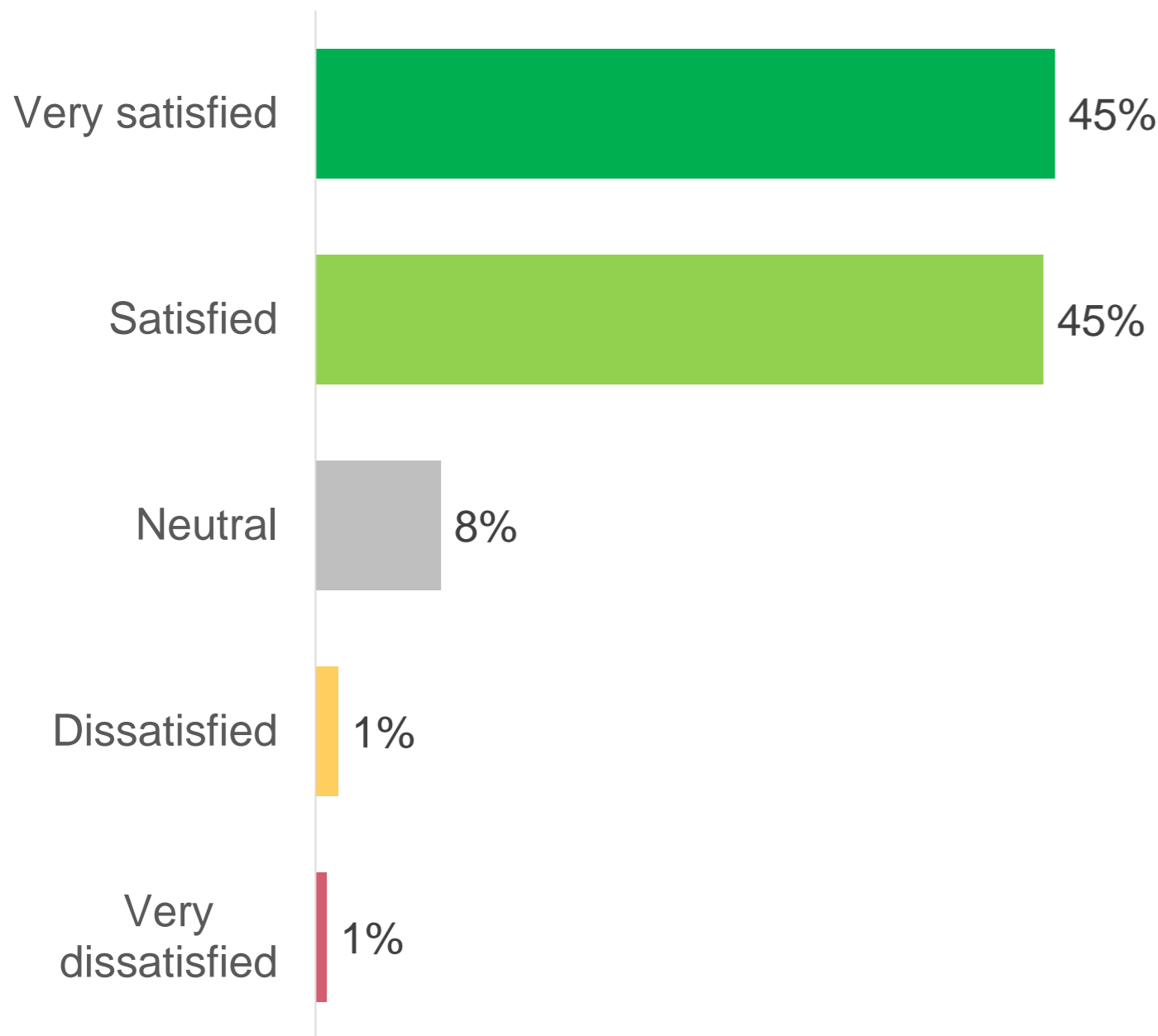
About how often do you use Town services that directly, or indirectly, benefit your overall well-being?



- 59% of residents use Town services only a few times a year or never
- Those residents who use Town services in Glastonbury also have an active sense of civic responsibility and engagement (.279\*)
- Seniors use the community center frequently
- Youth use public spaces for gathering

# Glastonbury residents are very satisfied with the health care system in town, use local offices

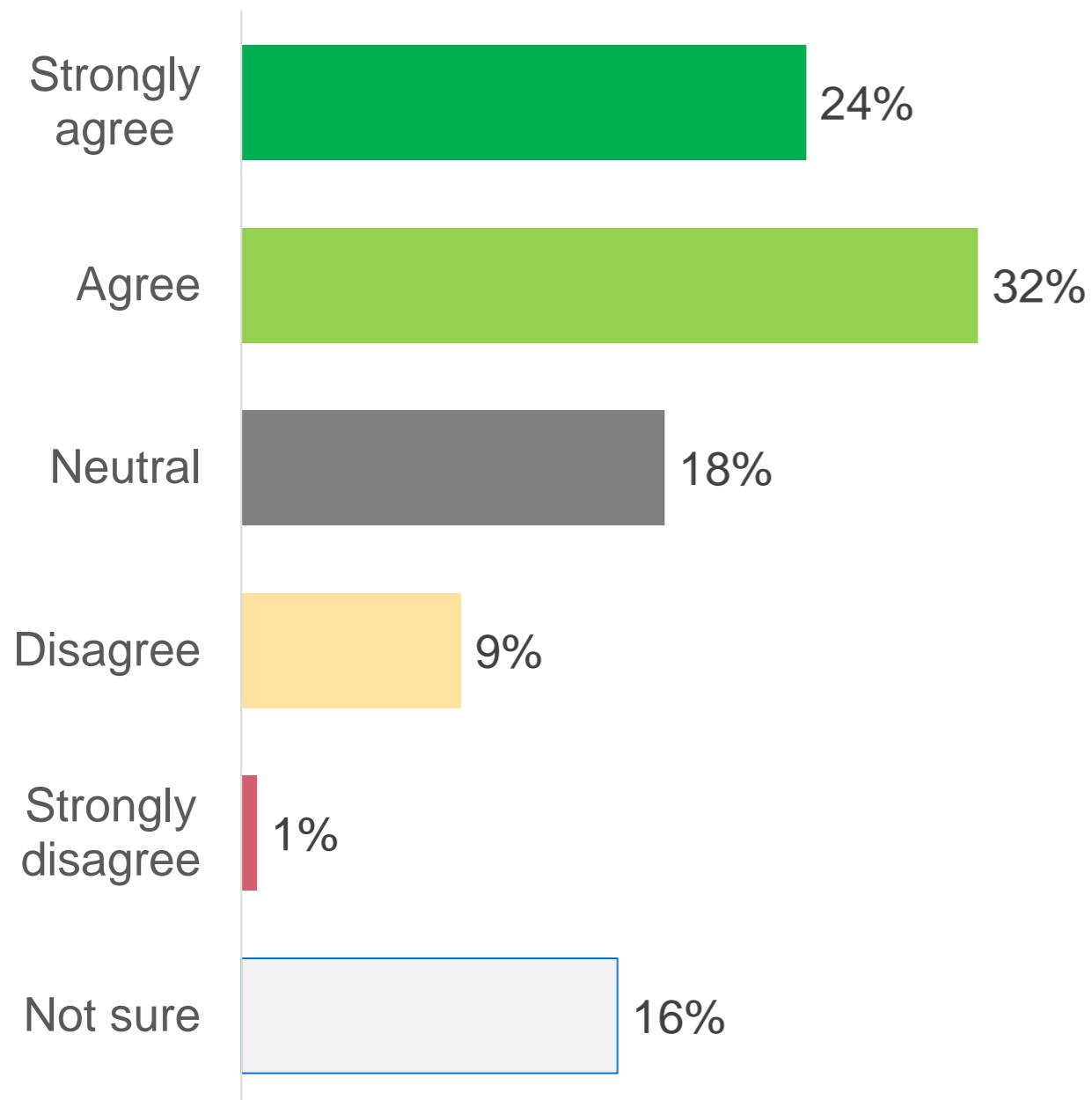
How satisfied are you with the health care system in Glastonbury?  
(Consider access to care, insurance acceptance locally, etc.)



- 90% of residents are satisfied with the health care system in Glastonbury
- Those residents who are satisfied with health care in Glastonbury also rely on their neighbors
  - Networks of support for individuals and families in times of stress or need (.581)
- Focus group and key contributors relied heavily on medical care within town, no need to go somewhere else
  - “Western Blvd. growth was needed and is helpful”

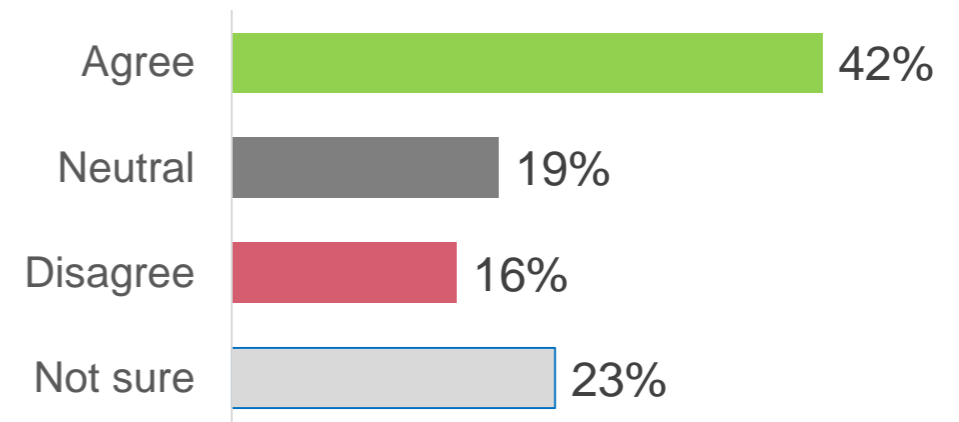
# Glastonbury residents believe there are adequate social services, but many are unclear about their availability

## Do you feel there are adequate social services available in Glastonbury?



- 56% of residents believe there are adequate social services in town
  - However, 16% are unsure

*Do you believe the community has sufficient resources and services to support populations in need?*

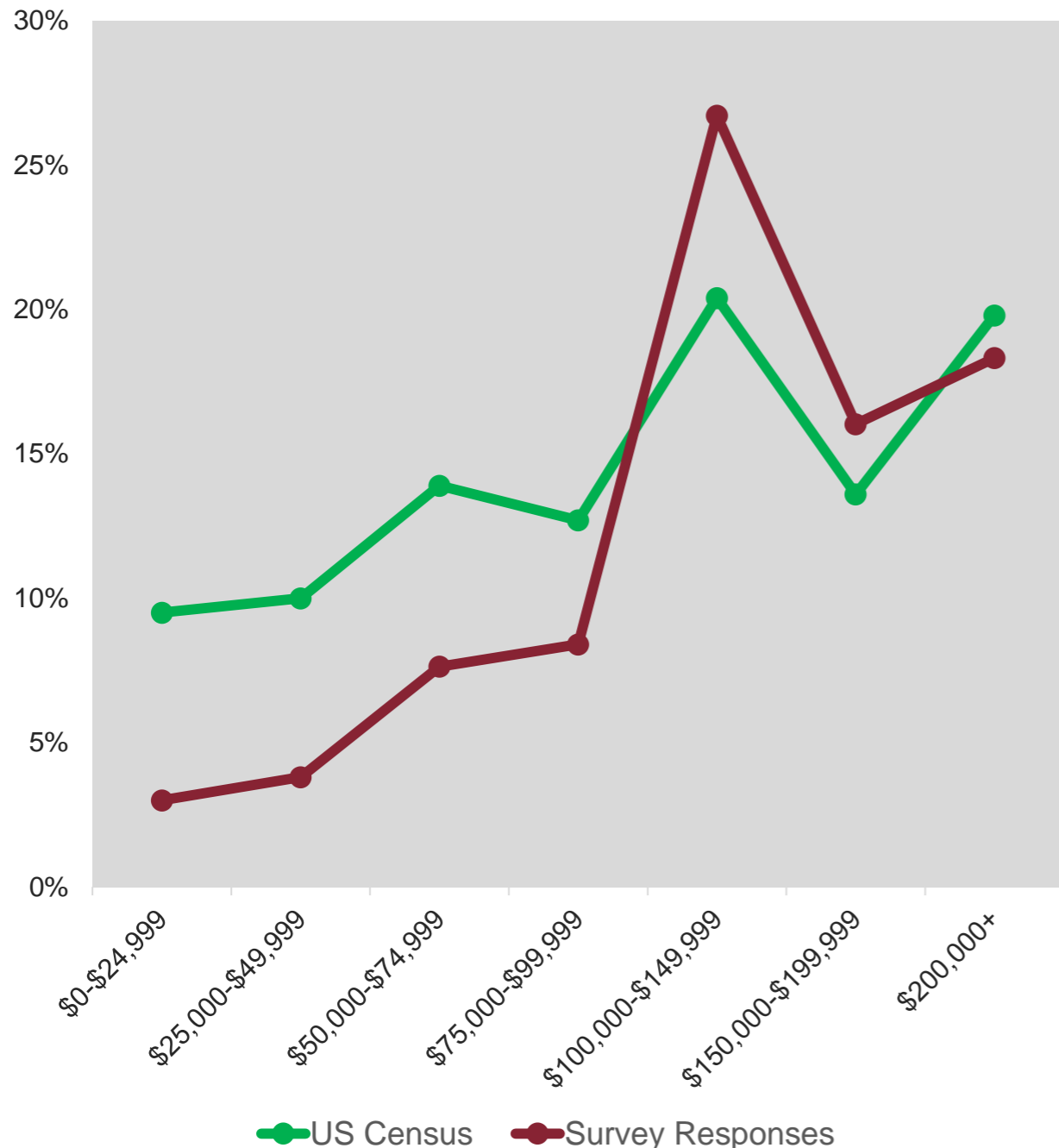


### Take-away questions:

- Are residents not aware of services?
- Do they not feel as if they need to use them?

# Glastonbury residents with a household income above the Town's mean are less likely to be aware of Town-provided social services

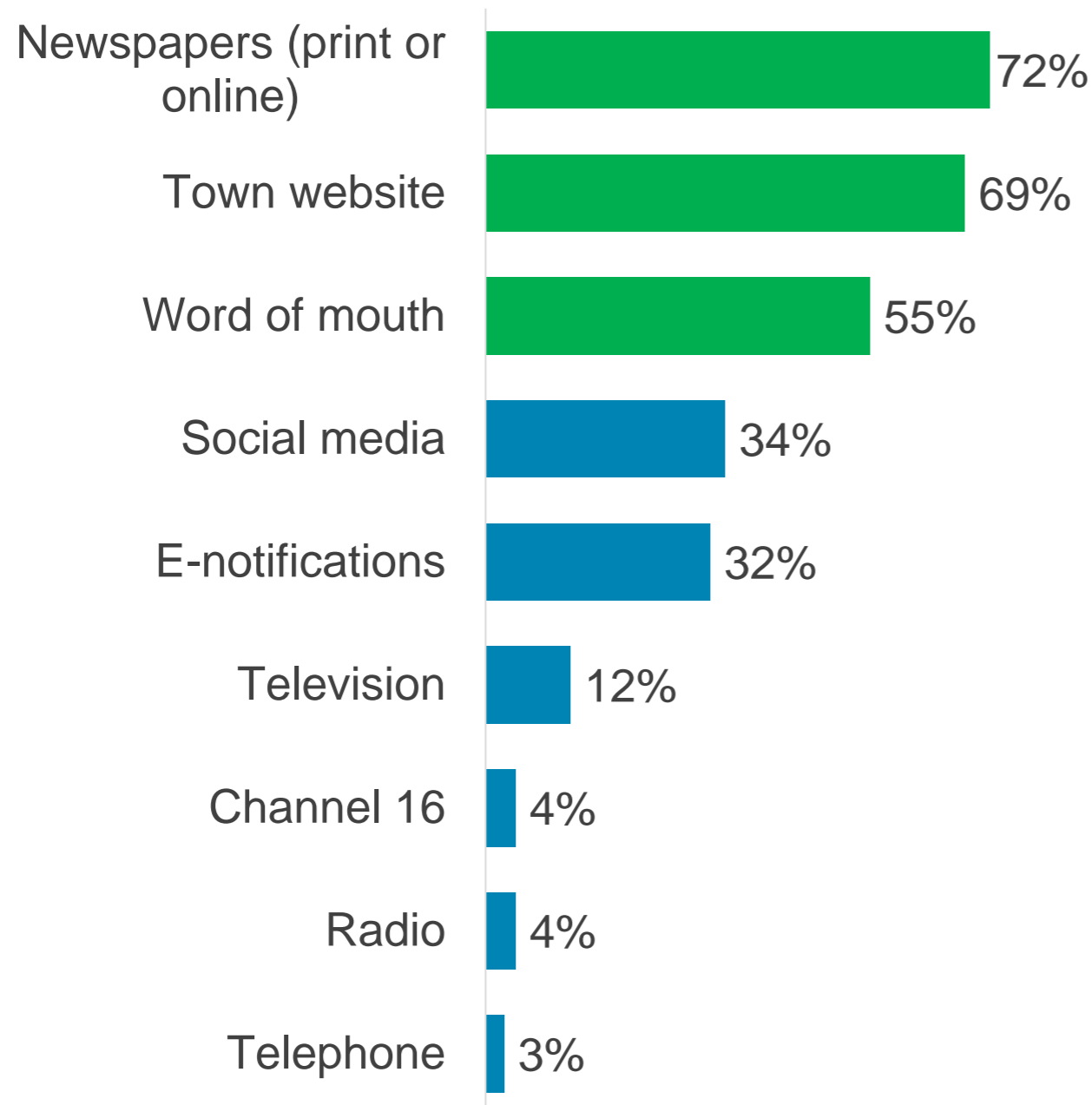
*Household income of the survey respondents mirrored the town's overall average income.*



- *The mean household income for Glastonbury in 2014 was \$145,000*
- 78% of those who chose “not sure” about adequate social services available in Glastonbury have a household income above \$150,000
- 54% of those who chose “not sure” regarding the community offering sufficient resources to support populations in need have a household income above \$150,000

# Glastonbury residents get their information from newspapers or the town website

Where do you seek information about the Glastonbury community?



- There is a portion of residents that do not know about the services the Town provides
- Communication of Town-sponsored services and events was a common theme in focus groups and key contributor interviews
  - This differed by age as the older generation sought information from the *Glastonbury Citizen* while parents relied on word of mouth
  - Mail flyers are a popular option
- Residents shared concern about the change to digital
  - Elderly don't access computers in order to check the Town website



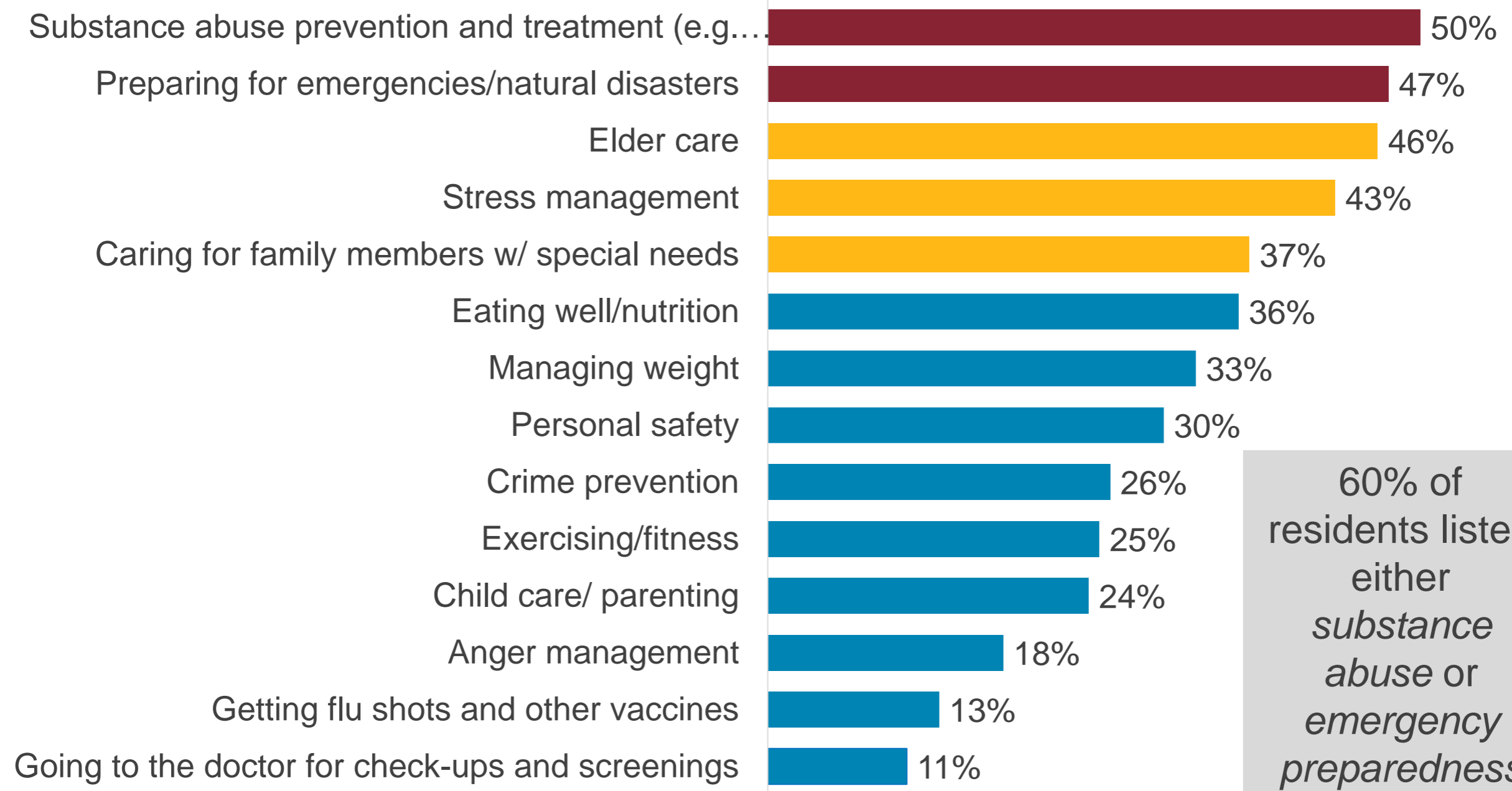
## Glastonbury residents want the ability to walk even more, as well as focus on the elderly and more diversity programming

In your own words, what services, programs, or initiatives should the Town of Glastonbury make available to residents in order to support healthy living?

- *Expansion of sidewalks, crosswalks, and walking paths beyond Town Center*
  - Walking is popular among all age groups
  - Pedestrian safety is a concern as well
- *Diversity – socioeconomically and ethnically*
  - More affordable housing, especially for those on fixed income
  - Certain communities have their own events, but limited to that group
  - Education on diverse cultures
- *Services regarding the elderly*
  - Dial-a-Ride is critical to the home bound, Meals on Wheels important as well
  - Education on care of the aging and caregiving in general is needed
  - Communication of events and services to all residents

# Glastonbury residents believe that more information needs to be shared concerning substance abuse prevention and treatment

In your opinion, which health topics do people in your community need more information about?



60% of residents listed either *substance abuse* or *emergency preparedness* as a concern

\*Check all that apply

# Glastonbury residents have concern about substance abuse, emergency preparedness, and mental health

In your own words, which health topics should the Town commit resources?

- *Substance abuse education and prevention*
  - Drugs, specifically, are a growing problem in the schools
    - Bored; trying to fit in
    - Pressure coming from all adults (parents and teachers) for students to succeed, can lead to drugs in order to relax
  - Alcohol consumption is high among both children and adults
    - “Most people have someone who is effected”
    - Adults are commonly drinking in social situations and children pick up the habits
    - Students come to school impaired
- *Emergency preparedness*
  - Only 53% of residents have a three day supply of essential items
- *Mental health*
  - Residents don't know options in town that can help them
  - Autism is misdiagnosed in schools
  - Bullying in schools
    - This, along with drugs and alcohol, is “pushed under the rug”

# Summary

---

- Glastonbury residents are satisfied with the quality of life, noting the safety and beauty of the town
  - Residents are generally active and enjoy outdoor activities such as walking
- Town social services are underused and unknown to a large portion of the population
- Residents need more information on a variety of topics as well as a commitment of resources:
  - Substance abuse education and prevention
  - Emergency preparedness
  - Mental health treatment

## APPENDIX 11: Citations

1. <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>
2. This report includes information about six schools providing services for grades Kindergarten through eighth grade. In school year 2018, Glastonbury reduced the number of kindergarten through eighth grade schools to five, resulting in eight schools in the school system.
3. US Census Bureau, Census 2000 Summary File 1, <http://factfinder.census.gov>
4. DP-1 - Profile of General Population and Housing Characteristics: 2010, <http://factfinder.census.gov>
5. Town of Glastonbury, <http://www.glastonbury-ct.gov/about-us/town-government>
6. US Census Bureau, 2011-2015 American Community Survey 5-Year Estimates
7. Rita A. Oleksak, and Debbie Howard, "Home Language Numbers and Immigrant Survey Information" (Town of Glastonbury, Board of Education, November 29, 2016). This report includes information about six schools providing services for grades Kindergarten through eighth grade. Glastonbury has since reduced the number of Kindergarten through eighth grade schools to five.
8. <https://adata.org/learn-about-ada>
9. US Census Bureau, <https://www.census.gov/topics/health/disability/guidance/data-collection-acs.html>
10. US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
11. Morgan RO, Teal CR, Reddy SG, Ford ME, Ashton CM. Measurement in Veterans Affairs Health Services Research: veterans as a special population. *Health Serv Res.* 2005;40(5 Pt 2):1573-83. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361220/>
12. US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
13. US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
14. US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
15. US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
16. Connecticut United Ways, 2016. "United Way ALICE Report- 2016 Update for Connecticut". <http://alice.ctunitedway.org/files/2014/11/2016-ALICE-Report-Update.pdf>
17. Foodshare. <http://site.foodshare.org>
18. S Hill via telephone with W Mis 6/16/17.
19. US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
20. US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
21. Hung, T., Davila, J., Veneziano, K. (2017). CT Department of Public Health 2015 Annual Disease Surveillance Report on Childhood Lead Poisoning Prevention and Control. Hartford, CT: Connecticut Department of Public Health.
22. State of Connecticut Department of Emergency Services and Public Protection Crime Analysis Unit. "Crime in Connecticut January – December 2015." <http://www.dpsdata.ct.gov/dps/ucr/data/2015/Crime%20in%20Connecticut%202015.pdf>
23. Kendrick, D. "Climate Change – Extreme Weather Events." Staff Report. Glastonbury Health Department. 2016.
24. Radon in your Well Water, Connecticut Department of Public Health, March 2017 <http://www.portal.ct.gov/DPH/Environmental-Health/Radon/Radon-in-Water>
25. Arsenic and Uranium in Private Wells in Connecticut, 2013 – 15, Sarah M. Flanagan, Craig J. Brown, 2017, Open File Report 2017-1046

## APPENDIX 11: Citations Continued

26. Sergeant, D. "Climate Change - Air Quality, Air Pollution and Effects on Health." Staff Report. Glastonbury Health Department. 2016.
27. America's Health Rankings®, United Health Foundation. <http://www.americashealthrankings.org/>
28. County Health Rankings and Roadmaps. <http://www.countyhealthrankings.org/>
29. University of Wisconsin School of Medicine and Public Health Neighborhood Atlas, <https://www.nih.gov/news-events/news-releases/nih-funded-scientists-put-socioeconomic-data-map/>
30. Centers for Disease Control and Prevention, [www.cdc.gov/disabilities](http://www.cdc.gov/disabilities)
31. CT State Department of Education EdSight <http://edsight.ct.gov/SASPortal/main.do>
32. Deckert, J. "Climate Change – Climate Change and Outdoor Recreation." Staff Report. Glastonbury Health Department. 2016.
33. Centers for Disease Control and Prevention. "Connecticut- State Nutrition, Physical Activity, and Obesity Profile, 2015."
34. Centers for Disease Control and Prevention, [www.cdc.gov/disabilities](http://www.cdc.gov/disabilities)
35. DataHaven 2015. "2015 DataHaven Community Wellbeing Survey Hartford, CT Outer Ring Crosstabs."
36. Centers for Disease Control and Prevention, [www.cdc.gov/disabilities](http://www.cdc.gov/disabilities)
37. Swindell, Archie C. "2013 Youth Survey Report, Glastonbury, Connecticut." Quantitative Services.
38. Connecticut Department of Public Health, Tobacco Use and Prevention Program, September 2014. "Secondhand Smoke Exposure - Connecticut."
39. Glastonbury Housing Authority, 2017.
40. Centers for Disease Control and Prevention. [https://www.cdc.gov/tobacco/data\\_statistics/sgr/e-cigarettes/pdfs/2016\\_sgr\\_entire\\_report\\_508.pdf](https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_sgr_entire_report_508.pdf)
41. Centers for Disease Control and Prevention. <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>
42. Connecticut Department of Public Health. "Combined Asthma ED and Hospitalizations by Census Tract, Glastonbury, Connecticut, 2010-2014." <http://www.ct.gov/dph/cwp/view.asp?a=3137&q=581046>
43. Centers for Disease Control and Prevention. <https://www.cdc.gov/dotw/alzheimers/index.html>
44. Connecticut Department of Public Health. "Reported Chronic Hepatitis C, Connecticut, 2016."
45. Trend in HIV Infection Cases by Year of Diagnosis, Death, and Prevalence, Connecticut, 1981 – 2015. Connecticut Department of Public Health HIV Surveillance Program.
46. Centers for Disease Control and Prevention. <https://www.cdc.gov/flu/index.htm>
47. Connecticut Department of Public Health. "Lyme Disease Cases and Rates by Town and County, Connecticut 2015." <http://portal.ct.gov/DPH/Infectious-Diseases/Tickborne/Lyme-Disease-Statistics>
48. Connecticut Department of Public Health. "Connecticut Registration Report: Births, Deaths, and Marriages Calendar Year 2013." <http://www.portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Vital-Statistics-Registration-Reports>
49. Connecticut Department of Public Health. "Connecticut Registration Report: Births, Deaths, and Marriages Calendar Year 2013." <http://www.portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Vital-Statistics-Registration-Reports>

## APPENDIX 11: Citations Continued

50. Connecticut Department of Public Health. "Connecticut Registration Report: Births, Deaths, and Marriages Calendar Year 2013." <http://www.portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Vital-Statistics-Registration-Reports>
51. The Network for Public Health Law, June 2014. "Oral Health- Dental Auxiliary Scope of Practice Connecticut Fact Sheet." [https://www.networkforphl.org/\\_asset/n5xlc/CT-Dental-and-Oral-Health-Fact-Sheet.pdf](https://www.networkforphl.org/_asset/n5xlc/CT-Dental-and-Oral-Health-Fact-Sheet.pdf)
52. Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. Behavioral Risk Factor Surveillance System, accessed via Community Commons.
53. Hedegaard H, Curtin SC, Warner M. Suicide mortality in the United States, 1999–2017. NCHS Data Brief, no 330. Hyattsville, MD: National Center for Health Statistics. 2018. <https://www.cdc.gov/nchs/products/databriefs/db330.htm>
54. Centers for Disease Control and Prevention. Excessive Drinking is Draining the U.S. Economy. <https://www.cdc.gov/features/costsofdrinking/index.html>
55. Centers for Disease Control and Prevention. Prevention Status Reports: Connecticut. Atlanta, GA: US Department of Health and Human Services; 2016. Accessed December 26, 2018. <https://wwwn.cdc.gov/psr/?state=Connecticut>
56. Centers for Disease Control and Prevention. Overview of an Epidemic. <https://www.cdc.gov/drugoverdose/data/index.html>
57. State of Connecticut. Connecticut Open Data; Accidental Drug Related Deaths 2012 – 2017 <https://data.ct.gov/Health-and-Human-Services/Accidental-Drug-Related-Deaths-2012-2017/rybz-nyjw>
58. State of Connecticut. Connecticut Open Data; Accidental Drug Related Deaths 2012 – 2017 <https://data.ct.gov/Health-and-Human-Services/Accidental-Drug-Related-Deaths-2012-2017/rybz-nyjw>
59. [www.kidsdata.org](http://www.kidsdata.org)
60. Swindell, Archie C. "2013 Youth Survey Report, Glastonbury, Connecticut." Quantitative Services.
61. [https://www.cdc.gov/nchs/icd/icd10cm\\_pcs\\_background.htm](https://www.cdc.gov/nchs/icd/icd10cm_pcs_background.htm)
62. Connecticut Department of Public Health. "Connecticut Resident Hospitalizations, 2014. Leading Causes of Hospitalization (Number of Hospitalizations) by Age and Sex." <http://portal.ct.gov/DPH/Office-of-Health-Care-Access/Health-Data/Dashboard-2014>
63. Healthy People 2020. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited [January 3, 2018]]. [www.healthypeople.gov](http://www.healthypeople.gov)
64. <https://www.va.gov/oig/pubs/VAOIG-2017-MMC.pdf>
65. <https://www.va.gov/directory/guide/state.asp?STATE=CT&dnum=ALL>
66. <https://www.ct.gov/dmhas/cwp/view.asp?a=3833&q=453942>
67. Health Care Experiences of Adults with Disabilities: Findings from a 2014-2015 Nationwide Survey of Medicaid Beneficiaries [nam.cahps.medicaid.gov](http://nam.cahps.medicaid.gov); November 2017 <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/namcahpsdisabilitybrief.pdf>
68. U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates
69. Town of Glastonbury Health Department
70. Town of Glastonbury Senior Services
71. Town of Glastonbury Social Services Annual Report FY 2015

## APPENDIX 10: Citations Continued

72. Sister Mary O’Neill via telephone with K Kell 12/14/16.
73. [www.episcopalct.org](http://www.episcopalct.org)
74. A. VanSkiver, personal communication with W. Mis, March 28, 2018.
75. Town of Glastonbury, <http://www.glastonbury-ct.gov/departments/departments-directory-l-z-/police/prescription-drug-drop-box>
76. Glastonbury Youth and Family Services
77. Due to repairs needed to Grange Pool, the Town of Glastonbury is evaluating whether to open the pool in summer 2019.
78. Centers for Disease Control and Prevention. CDC Vital Signs August 2012. <https://www.cdc.gov/vitalsigns/walking>
79. Town of Glastonbury. <http://www.glasct.org/home/showdocument?id=12535>
80. [https://health.mo.gov/data/mica/CDP\\_MICA/AARate.html](https://health.mo.gov/data/mica/CDP_MICA/AARate.html)
81. <https://www.cdc.gov/stltpublichealth/cha/data.html>
82. <https://www.nihlibrary.nih.gov/resources/subject-guides/health-data-resources/common-data-types-public-health-research>
83. <https://www.nihlibrary.nih.gov/resources/subject-guides/health-data-resources/common-data-types-public-health-research>
84. <https://www.cdc.gov/nchs/tutorials/Dietary/Basic/Ratios/Info1.htm>
85. <https://www.cdc.gov/stltpublichealth/cha/data.html>



This page intentionally left blank.

