



# 2012 REPORT:

## COMMUNITY HEALTH NEEDS ASSESSMENT



LAWRENCE  
+ MEMORIAL  
HOSPITAL

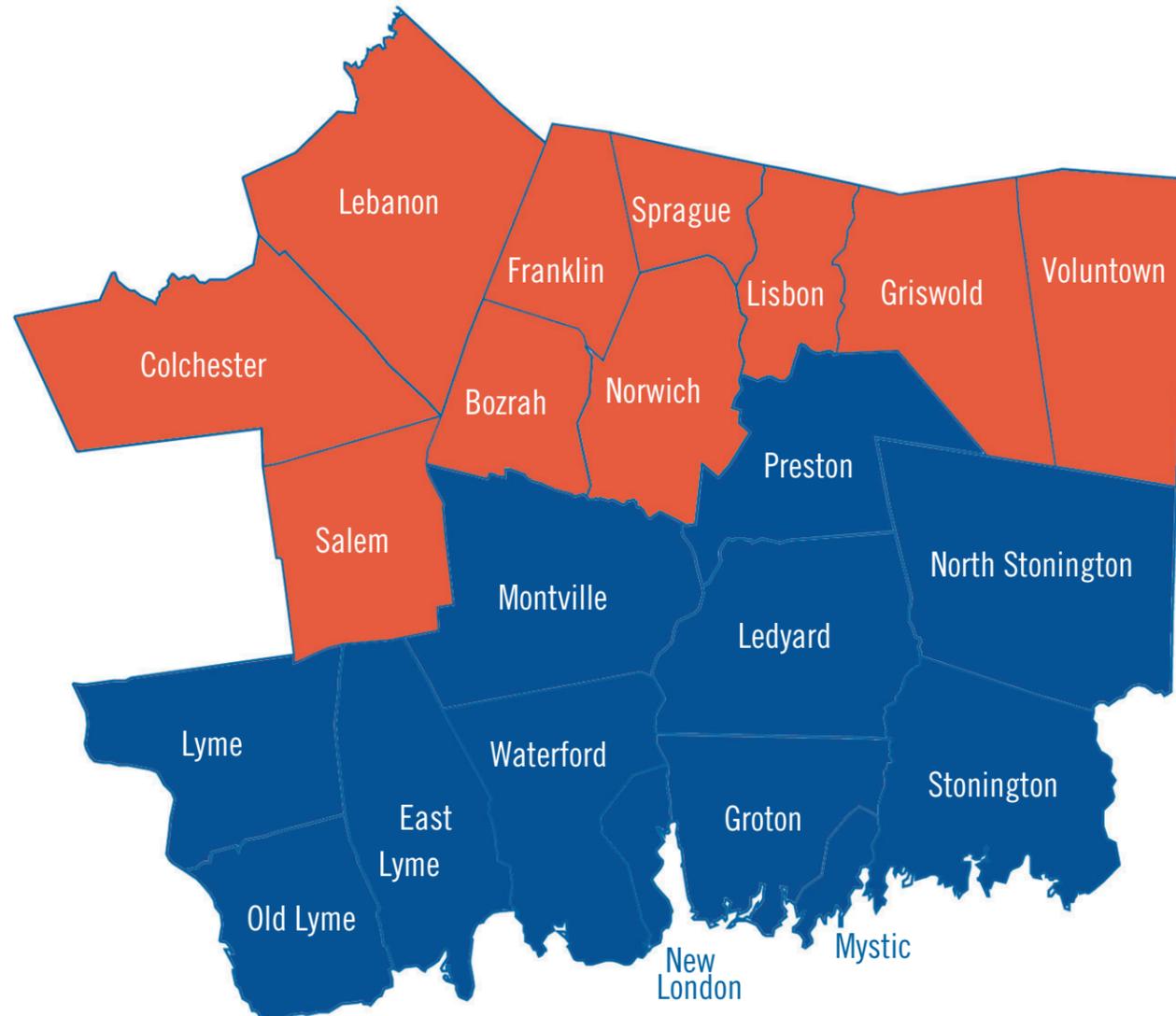
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# TABLE OF CONTENTS

I. EXECUTIVE SUMMARY .....	4	Asthma .....	17
II. DEMOGRAPHICS		Diabetes .....	18
Population .....	6	Tobacco Use/Smoking .....	19
Household .....	8	Health Status and Access .....	20
Income .....	9	Alcohol Consumption .....	21
Health Insurance Coverage .....	10	IV. CONCLUSIONS	
Education .....	10	Strengths .....	22
Cancer Statistics .....	12	Opportunities .....	23
Sexually Transmitted Diseases .....	14	V. BENEFITS OPERATING MODEL .....	28
BMI And Obesity .....	15		



The Lawrence + Memorial Hospital primary service area includes the following Connecticut towns: New London, East Lyme, Lyme, Groton, Ledyard, Montville, North Stonington, Stonington, Old Lyme, and Waterford.

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# EXECUTIVE SUMMARY

Lawrence + Memorial Hospital (L+M) has been serving New London County, Connecticut for over 100 years and has been involved in ongoing community needs assessment and community health collaborations working to improve the health of area residents. In 2012, L+M contracted with Holleran Consulting, an independent research and consulting firm located in Lancaster, Pennsylvania, to execute a summary of trends and comparisons highlighted in their primary service area by the various regional and county assessments that have been conducted over the last five years. The following Connecticut towns are included in the primary service area: East Lyme, Groton, Ledyard, Lyme, Montville, New London, North Stonington, Old Lyme, Stonington, and Waterford. (see map, page 2)

The assessment process included a review and analysis of data from four source types:

- Secondary Data (compiled from the Centers for Disease Control (CDC), Local and National health departments, the U.S. Census, and Healthy People 2020)
- Community Needs Assessments conducted by the United Way of Southeastern Connecticut (2010), and New London County Health Collaborative (2007)
- Hospital discharge data from 2008 through 2010
- Key informant interviews (Winter-Spring 2012)

This report is not necessarily a detailed representation of all the data that has been collected, but rather highlights the data and conclusions worth noting throughout the previous reports and research. Areas that have raised concern in the past and in which there are continued negative health outcomes reported include:

- **Cancer**  
Cancer incidences along with behavioral risk factors for cancer are higher in New London County than in Connecticut and in some instances the Nation.

- **Sexually transmitted diseases**  
Chlamydia rates were high in L+M's primary service area.
- **BMI and Obesity**  
The percentage of adults who reported a BMI indicating obesity in New London County was higher than that reported for the state.
- **Asthma**  
The incidence of Asthma within L+M's service area has remained constant over the previous three years and is much higher than the rates set forth by Healthy People 2020.
- **Diabetes**  
Diabetes incidence within the primary service area has steadily increased since 2008, and is much higher than the Healthy People 2020 goal.
- **Tobacco use**  
The percentage of adults currently smoking is higher in New London County than recommended by Healthy People 2020, a fact that raises concern due to its link to so many chronic diseases such as cancer.
- **Health status and access to care**  
Multiple sources report that residents of New London County face barriers to care such as delaying care due to cost and affordability of prescription medications.
- **Alcohol consumption**  
The percentage of adults who reported excessive drinking is high in both the state of Connecticut and New London County when making comparisons to the National Benchmark. As with tobacco use, higher than normal alcohol consumption is linked to many chronic conditions.

These areas of concern can have negative ramifications in many aspects of the community's health care and hospital systems. Many of these issues are behavioral risk factors for a variety of chronic health conditions, which place a heavy burden on local emergency departments, primary care centers, and disease management services.

It is also important to note that social determinants such as income and education can significantly impact health status, health behaviors, and health outcomes. Research has shown that lower educational attainment, poverty, and race/ethnicity are risk factors for certain health conditions. The demographic profile of the L+M service area correlates with the higher incidence of the negative health outcomes listed above.

Upon completion of data collection and analysis, in May 2012 L+M invited a team of hospital and community representatives to a community health strategic planning session. The purpose of the strategic planning session was to share the results of the community health needs assessment, to discuss and prioritize community health needs, and to develop community health goals and strategies to guide the L+M Community Health Implementation Plan. Holleran Consulting also facilitated this session. An asset mapping process was also undertaken in order to identify existing resources, services, and initiatives in the hospital service area.

Based on the quantitative results of the CHNA study, the qualitative feedback garnered from key informant interviews, and the expert knowledge of the group participants, a list of community health needs was refined and prioritized. The following list outlines the key health issues that were identified and prioritized.

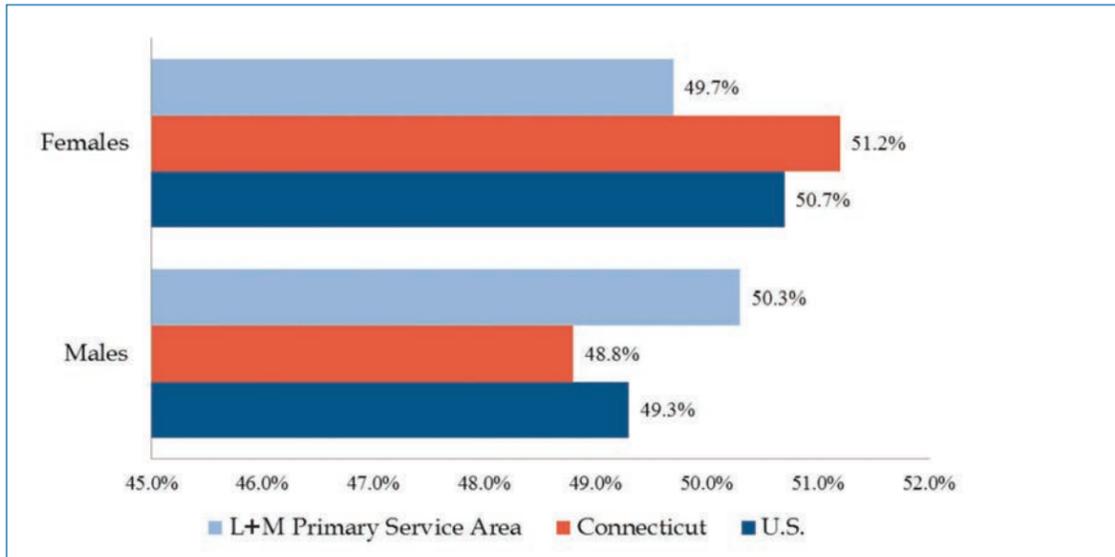
## PRIORITIZED COMMUNITY HEALTH NEEDS

RANK	ISSUE
1	Overweight & Obesity
2	Access to Care
3	Cancer
4	Sexual Health
5	Mental & Behavioral Health
6	Asthma

# DEMOGRAPHICS

## POPULATION

The **population** in the Lawrence and Memorial (L+M) primary service area is over 174,000, with a male to female ratio very close to the state and national ratios as seen in Figure A1. Actual numbers are displayed in Table 1.



**Figure A1:** Gender breakdown for the United States, Connecticut, and the L+M primary service area, 2009

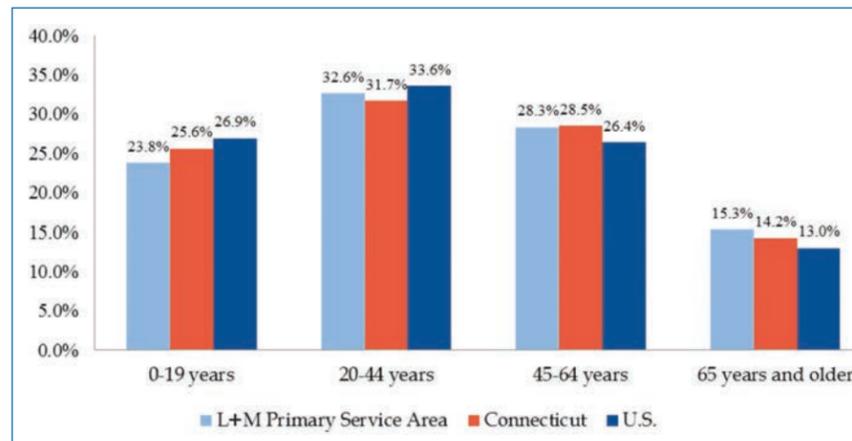
**Table 1:** Overall Population and Gender Breakdown (2009)

	U.S. <sup>a</sup>		Connecticut		L+M Service Area	
	n	%	N	%	n	%
Population	307,006,550		3,518,288		174,884	
Gender						
Male	151,449,490	49.3	1,717,636	48.8	87,915	50.3
Female	155,557,060	50.7	1,800,652	51.2	86,969	49.7

Source: Connecticut Department of Health, U.S. Census

<sup>a</sup>National data obtained from 2010 U.S. Census

The **age breakdown** in L+M's primary service area is similar to the associated breakdowns in Connecticut and the United States. There does seem to be a proportionally higher population of 45-64 year olds within the County.



**Figure A2:** Age breakdown for the United States, Connecticut and L+M's primary service area, 2010 (U.S. Census)

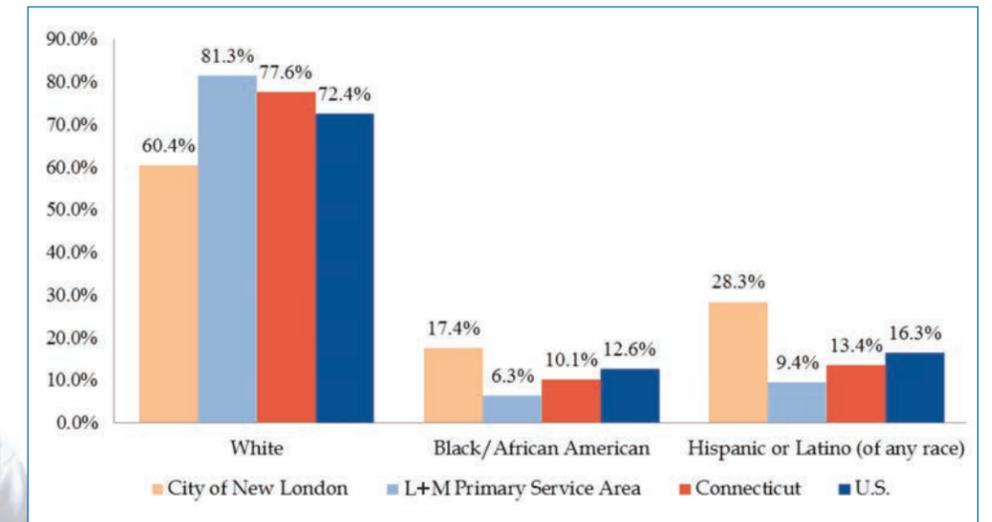
The **population change** of all races in New London County from 2000 to 2010 is shown below in Table 2. The total population increased by 5.8 percent during that time. This growth was primarily due to increases in minority populations.

**Table 2:** Population change of all races in New London County (2000-2010)

	2000	2010	Change
Total Population	259,088	274,055	5.8
Race	n	n	%
White	225,406	225,213	-0.1
Black/African American	13,703	16,025	17.0
American Indian/Alaskan Native	2,487	2,505	0.7
Asian	5,075	11,383	124.3
Native Hawaiian/Pacific Islander	151	180	19.2
Other	5,319	8,722	64.0
Two or more races	6,947	10,027	44.3
Hispanic/Latino of any race	13,236	23,214	75.4

The **racial breakdown** of the primary service area is a mix between Hispanic/Latino, Black, and White. According to Figure A3, the service area's White population is much higher than National and State comparisons, while the proportion of Black and Hispanic/Latino residents is much lower. However, the City of New London has a much higher proportion of Hispanic/Latino and Black residents than the State and Nation.

**Figure A3:** Race breakdown for the United States, Connecticut, the City of New London, and L+M's primary service area, 2010 (U.S. Census)



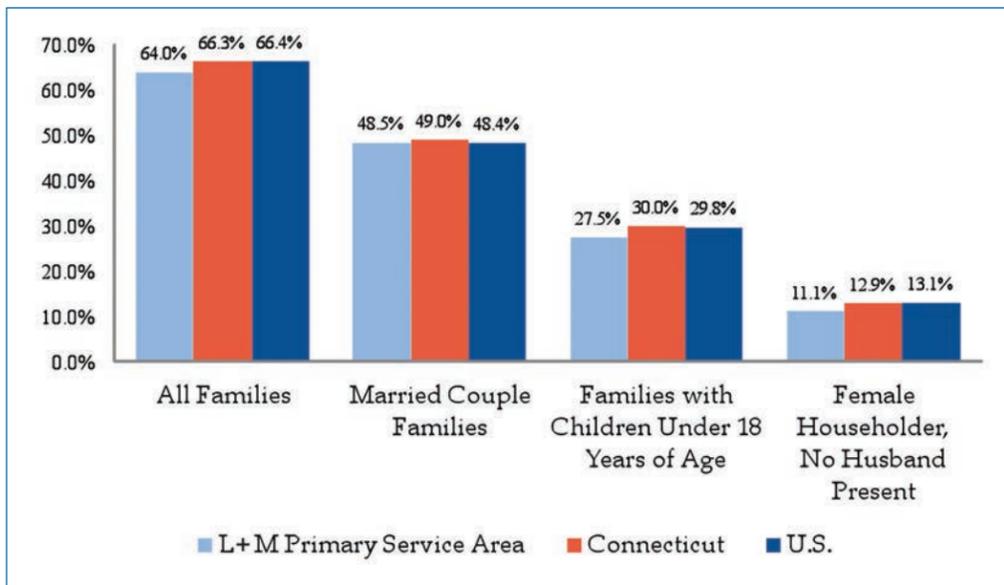
According to the CDC Office of Minority Health & Health Equity (2012), race and ethnicity correlate with significant health disparities. Specifically, Hispanic/Latinos are at higher risk for asthma, diabetes, HIV/AIDS, cervical cancer, lack of prenatal care, and infant mortality. Blacks/African Americans are at higher risk for heart disease, hypertension, diabetes, and infant mortality. Both populations are also at higher risk for overweight/obesity issues.



# DEMOGRAPHICS

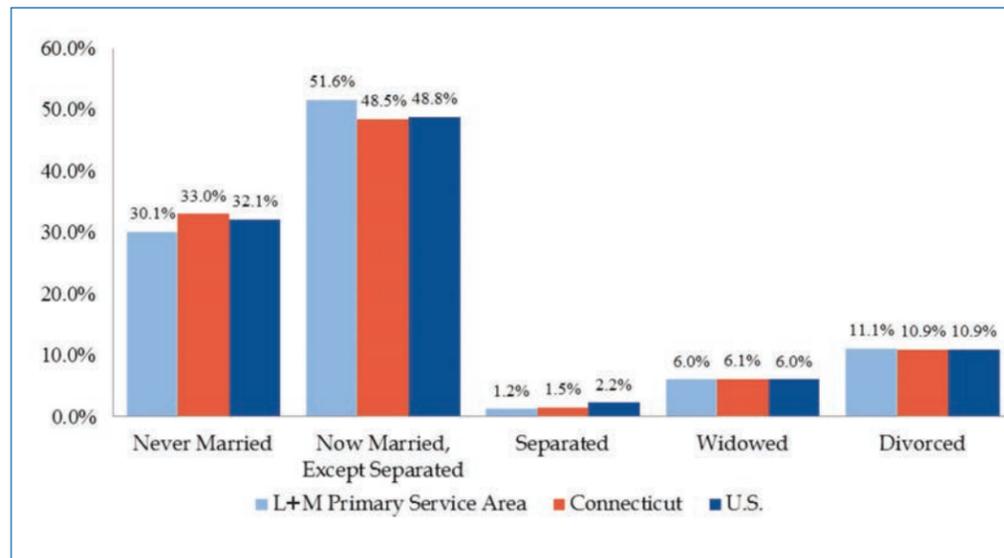
## HOUSEHOLD

**Household statistics** for the primary service area, including the number of families, married couple families, families with children under age 18 and households with only a female guardian, while similar are all slightly below the State and National numbers. These figures are displayed in Figure B1.



**Figure B1:** Household Type breakouts for the United States, Connecticut, and L+M's primary service area, 2010 (U.S. Census)

Regarding **marital status**, the primary service area has a smaller percentage of people who have never been married compared to the State and the Nation. The percent of the population that is divorced is also slightly higher in the service area than compared to the State and Nation. These marital status statistical comparisons are displayed in Figure B4.

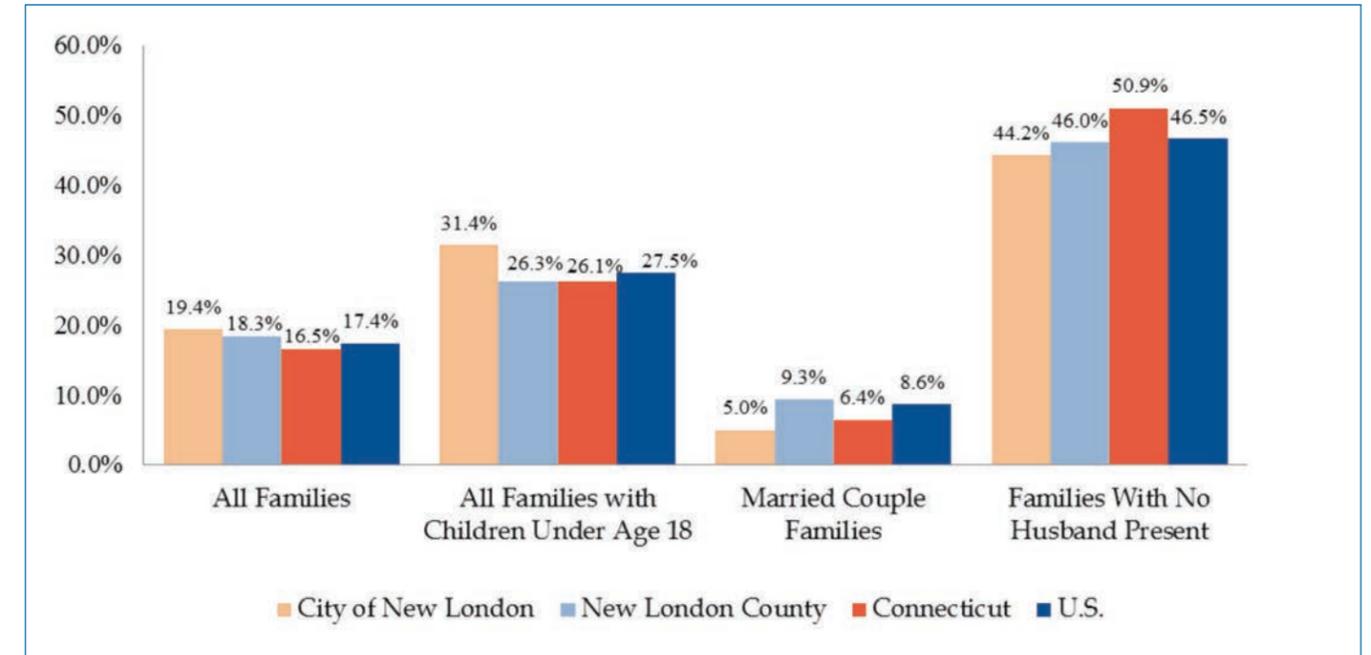


**Figure B4:** Marital Status statistics for the United States, Connecticut, and L+M's primary service area, 2010 (U.S. Census)

# DEMOGRAPHICS

## INCOME

The **poverty statistics** for New London County are lower than Connecticut and the United States in terms of percentages across the board. These statistics are displayed in Figure C3. However, poverty among all families and families with children are higher in the City of New London than compared to the State and the Nation.



**Figure C3:** Poverty Statistics for the United States, Connecticut, the City of New London, and New London County, 2010 (U.S. Census)

\*Data not available for primary service area

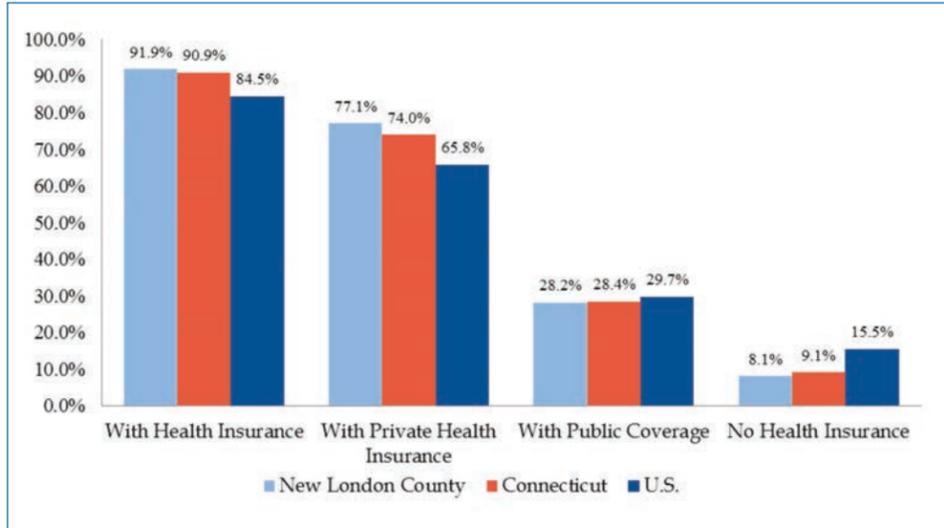
According to the CDC Office of Minority Health & Health Equity (2012), socioeconomic status is also a major factor leading to health disparities. Individuals living in poverty have higher rates of morbidity and mortality for a number of health issues including chronic diseases like diabetes, cancer, and heart disease.



# DEMOGRAPHICS

## HEALTH INSURANCE COVERAGE

The percent of those with **health insurance coverage** overall and those with private insurance is higher in New London County compared to both the State and National percentages. The proportion of those who reported having no health insurance was lower than the State and much lower than the Nation. These statistics are shown in Figure D1.



**Figure D1:** Employment Statistics for the United States, Connecticut, and New London County, 2010 (U.S. Census)

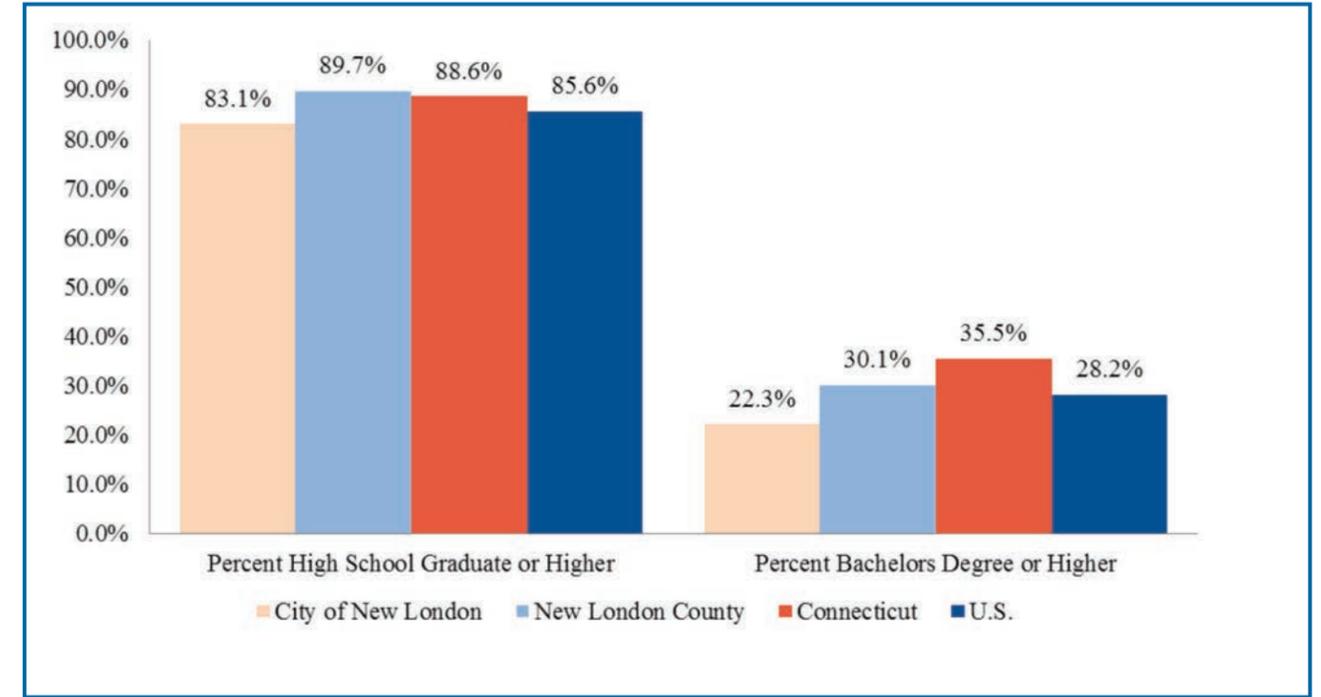
\*Data not available for primary service area



# DEMOGRAPHICS

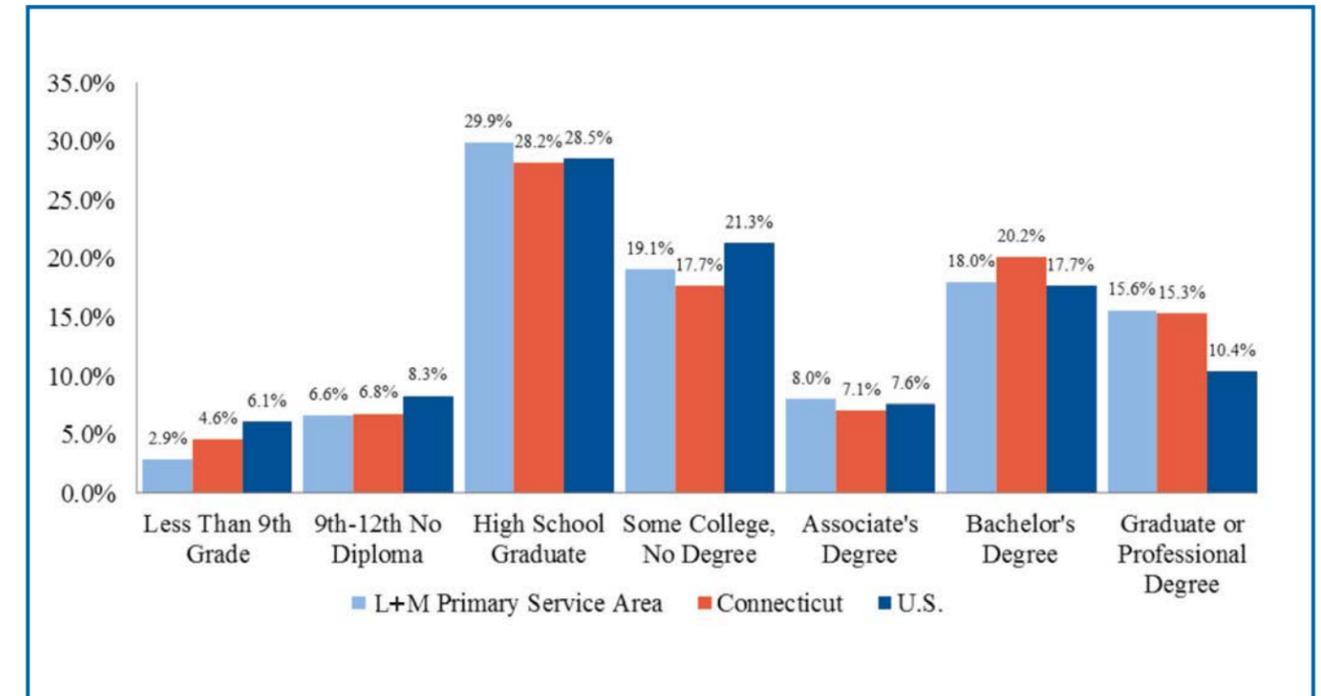
## EDUCATION

Regarding **educational attainment**, the percentage of New London County's population with a bachelor's degree or higher is lower than the State, but still remains above the National figure (Figure E1). New London County has a slightly higher percentage of high school graduates than the State and Nation. Educational attainment for the City of New London is lower than the County, State and Nation.



**Figure E1:** Educational Attainment for 25 years and older population in the United States, Connecticut, and New London County, 2010 (U.S. Census)\* \*Data not available for primary service area

Figure E2 further highlights educational status regarding only L+M's primary service area.



**Figure E2:** Educational Attainment for 25 years and older population in the United States, Connecticut, and L+M's primary service area, 2010 (U.S. Census)

# HEALTH INDICATORS

## CANCER STATISTICS

The incidence rates for selected leading cancers at the National, State, and Local level are displayed in Table 3. Additionally, incidence for childhood cancers is shown in Table 4 in the same fashion.

**Table 3:** Selected Cancer Incidence by Site and Gender (2004-2008)<sup>a</sup>

	U. S. <sup>b</sup>	Connecticut	New London County
Breast (female only)	121.0	136.2	137.8
Colorectal	47.6	49.2	49.3
Male	55.6	57.4	56.7
Female	41.4	42.9	43.7
Lung and Bronchus	67.9	68.1	74.1
Male	84.3	80.2	90.3
Female	55.8	60.0	63.0
Prostate (male only)	152.7	162.1	139.5
<b>All Sites</b>	<b>465.0</b>	<b>504.7</b>	<b>520.4</b>
<b>Male</b>	<b>543.4</b>	<b>582.0</b>	<b>588.6</b>
<b>Female</b>	<b>410.4</b>	<b>453.8</b>	<b>477.0</b>

Source: SEER National Cancer Registry, National Cancer Institute

<sup>a</sup> Age-Adjusted rates per 100,000

<sup>b</sup> Rates based on 2008 data

**Table 4:** Childhood (Ages 0-19 years) Cancer Incidence<sup>a</sup>

	U.S.		Connecticut		New London County	
	Number	Rate	Number	Rate	Number	Rate
2004 - 2008	N/A	16.9	166	17.8	14	20.9

Source: SEER National Cancer Registry, National Cancer Institute

<sup>a</sup> Rates per 100,000 population

**Table 5:** Selected Cancer Mortality by Site and Gender (2004-2008)<sup>a</sup>

	U.S. <sup>b</sup>	Connecticut	New London County	Healthy People 2020
Breast (Female only)	22.5	23.2	24.0	20.6
Colorectal	16.4	15.6	14.5	14.5
Male	19.7	18.1	18.3	14.5
Female	13.8	13.8	11.5	14.5
Lung and Bronchus	49.6	46.9	53.4	45.5
Male	64.0	58.5	67.9	45.5
Female	39.0	39.1	43.4	45.5
Prostate	22.8	25.7	23.6	21.2
<b>All Sites</b>	<b>175.8</b>	<b>176.9</b>	<b>185.8</b>	<b>160.6</b>
<b>Male</b>	<b>215.7</b>	<b>216.4</b>	<b>233.4</b>	<b>160.6</b>
<b>Female</b>	<b>148.4</b>	<b>152.5</b>	<b>155.0</b>	<b>160.6</b>

Sources: SEER National Cancer Registry, National Cancer Institute, 2008, Healthy People 2020

<sup>a</sup> Age-adjusted rates per 100,000

<sup>b</sup> Rates based on 2008 data

**Table 6:** Childhood (Ages 0-19 years) Cancer Mortality

	U.S.		Connecticut		New London County		Healthy People 2020	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2004 - 2008	N/A	16.9	16	1.7	*	*	N/A	N/A

Source: SEER National Cancer Registry, National Cancer Institute

<sup>a</sup> Rates per 100,000 population

\*3 or fewer cases reported



# HEALTH INDICATORS

## SEXUALLY TRANSMITTED DISEASES

Displayed below in Table 7 is the reported number of cases of Chlamydia at the National, State, and Local level. Also included in the table, is data pertaining only to the Lawrence + Memorial primary service area and for comparison purposes, the 2011 National Benchmark for reported cases of Chlamydia. Figure G1 further illustrates the differences between these regions and the Benchmark. Displayed in Tables 8 and 9 are the rates of chlamydia by age and race/ethnicity among females for the City of New London and Groton in 2007. Females have much higher rates of Chlamydia. Age and Race/Ethnicity are also risk factors for Chlamydia.

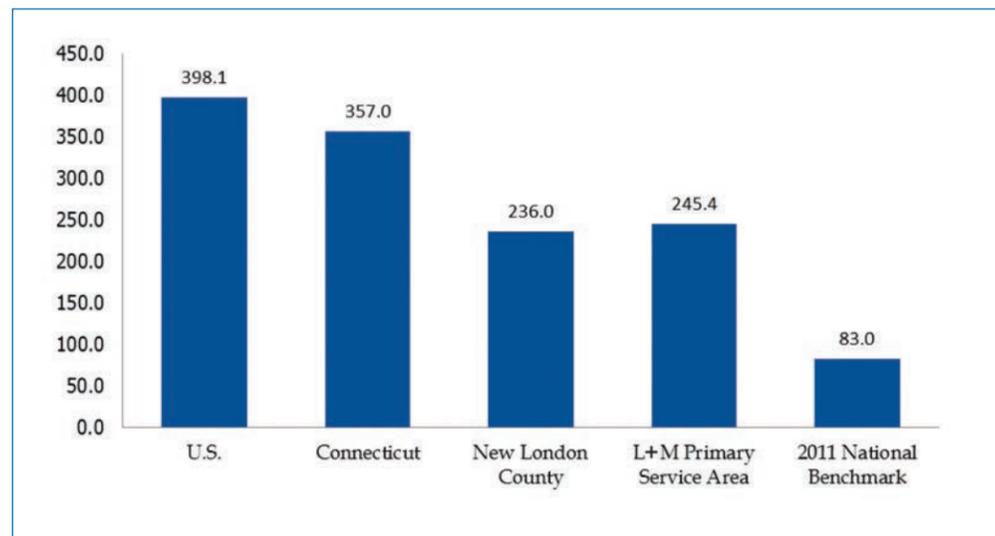
**Table 7:** Number of Chlamydia Infections per 100,000 (2008)

U.S.	Connecticut	New London County	L + M Primary Service Area	2011 National Benchmark
Number	Number	Number	Number	Number
398.1	357.0	236.0	245.4	83.0

Source: CDC STD Surveillance Report, 2010

Connecticut Department of Health, STD Statistics, 2009

County Health Rankings, 2011



**Figure G1:** Number of Reported Chlamydia Cases per 100,000

**Table 8:** Chlamydia Infections per 100,000 in Groton by Race/Ethnicity and Age group: 15-29 Year Old Females (2007)

Race	15-19	20-24	25-29
White, Non-Hispanic	1504.8	1030.0	396.0
Hispanic	1033.6	3816.8	678.0
Black, Non-Hispanic	8000.0	4621.8	613.5

Source: Ledge Light Health District Epidemiology Program, 2010

**Table 9:** Chlamydia Infections per 100,000 in City of New London by Race/Ethnicity and Age group: 15-29 Year Old Females (2007)

Race	15-19	20-24	25-29
White, Non-Hispanic	1060.6	1097.8	623.3
Hispanic	0.0	1212.1	1036.3
Black, Non-Hispanic	3960.4	5494.5	0.0

Source: Ledge Light Health District Epidemiology Program, 2010

# HEALTH INDICATORS

## BMI AND OBESITY

The data regarding Obesity collected in 2007 pointed to childhood obesity as a major issue. These data are shown here in Table 10 along with the Healthy People 2020 objective for the percentage of the population that is obese. More recent data collected on the percentage of adults who reported BMI's above 30, indicating they were obese, are displayed in Table 11 along with the Healthy People 2020 target for that age group.

**Table 10:** Percent of Children in New London Public Schools who are Overweight or Obese

Grade/Gender	Percent Overweight or Obese	Healthy People 2020
Pre-K Girls	36.4	9.6
Pre-K Boys	41.0	9.6
Grade 4 Girls	58.6	15.7
Grade 4 Boys	44.9	15.7

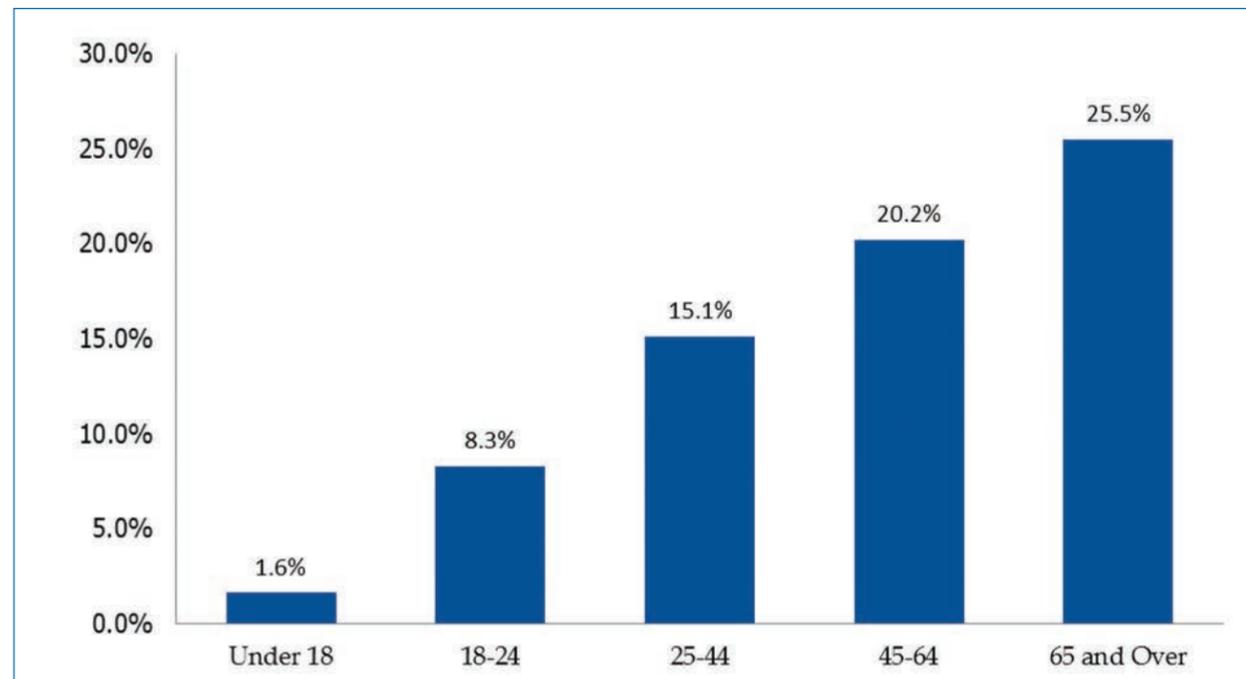
Source: 2007 CHPPR NLC Community Health Assessment, Healthy People 2020



**Table 11:** Percent of Adults in New London County who Reported a BMI of 30 or Greater (2010)

Connecticut	New London County	Healthy People 2020
23.1	26.0	30.6

Source: Health Indicators Warehouse, Healthy People 2020



**Figure H1:** Percent Obese by age group in New London County, 2010 (Achieve New London)

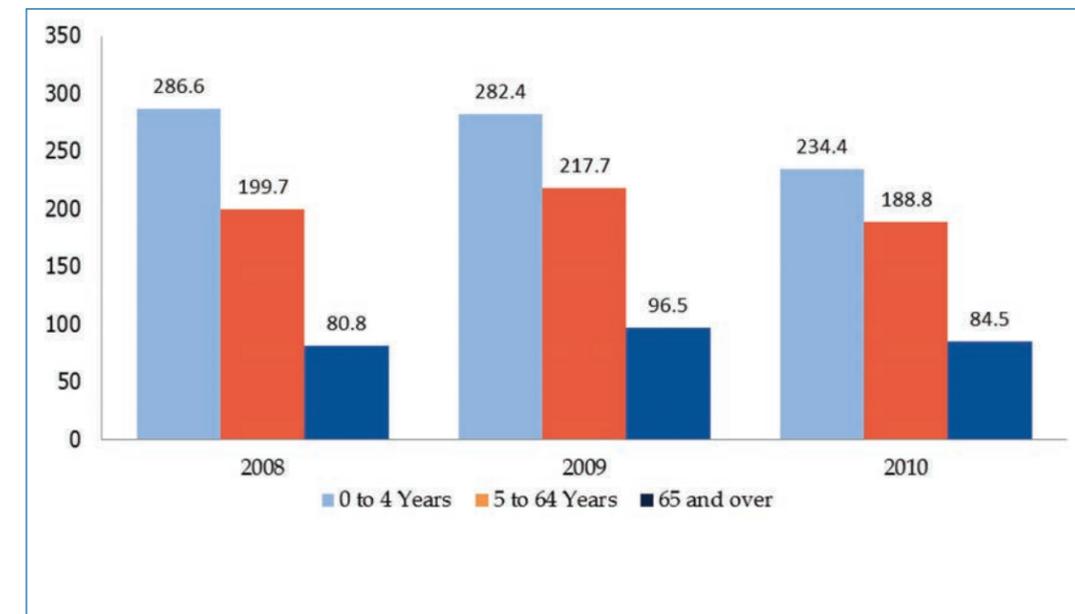
The following data regarding the crude incidence of Asthma within the primary service area is based upon hospital discharge data supplied by Lawrence + Memorial Hospital. Looking at Table 12, the crude incidence of Asthma within the primary service area far exceeds the goal set forth by Healthy People 2020. Additionally, data spanning three years, 2008 through 2010, is displayed in figure I1 below.

**Table 12:** Asthma Crude Incidence by Age Group for the L+M Primary Service Area (2010)

Age Group	L + M Service Area	Healthy People 2020
0-4 Years	234.4	18.1
5-64 Years	188.8	8.6
65 and Over	84.5	20.3

Source: Healthy People 2020, U.S. Census, L+M hospital discharge data

\*Rates per 10,000 population



**Figure I1:** Crude Incidence of Asthma by Age Group from 2008 to 2010, L+M Primary Service Area (L+M hospital discharge data, U.S. Census)

\*Rates per 10,000 population



# HEALTH INDICATORS

## DIABETES

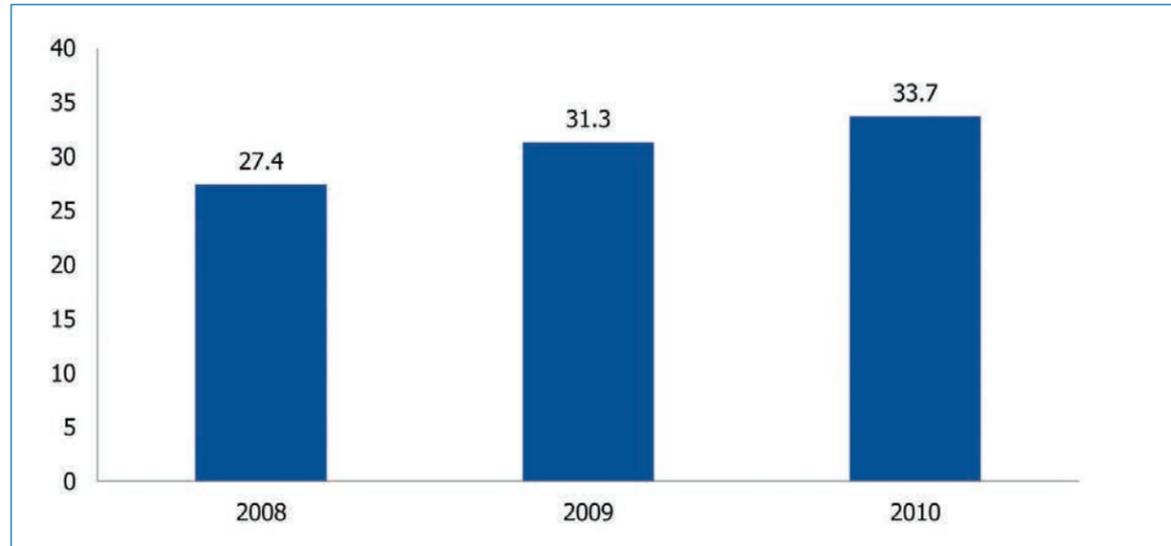
The following data regarding the crude incidence of Diabetes in the primary service area was derived using hospital discharge data as was the case with Asthma (Table 13). The crude rate of Diabetes in L+M's primary service area is much higher than the goal determined by Healthy People 2020 for the 18 to 84 age group. Furthermore, looking at Figure J1, the rate of Diabetes within the 18 to 84 age group is increasing each year from 2008 through 2010.

**Table 13:** Crude Incidence of Diabetes in the L+M Primary Service Area for Ages 18-84

Year	L+ M Service Area	Healthy People 2020
2008	27.4	7.2
2009	31.3	
2010	33.7	

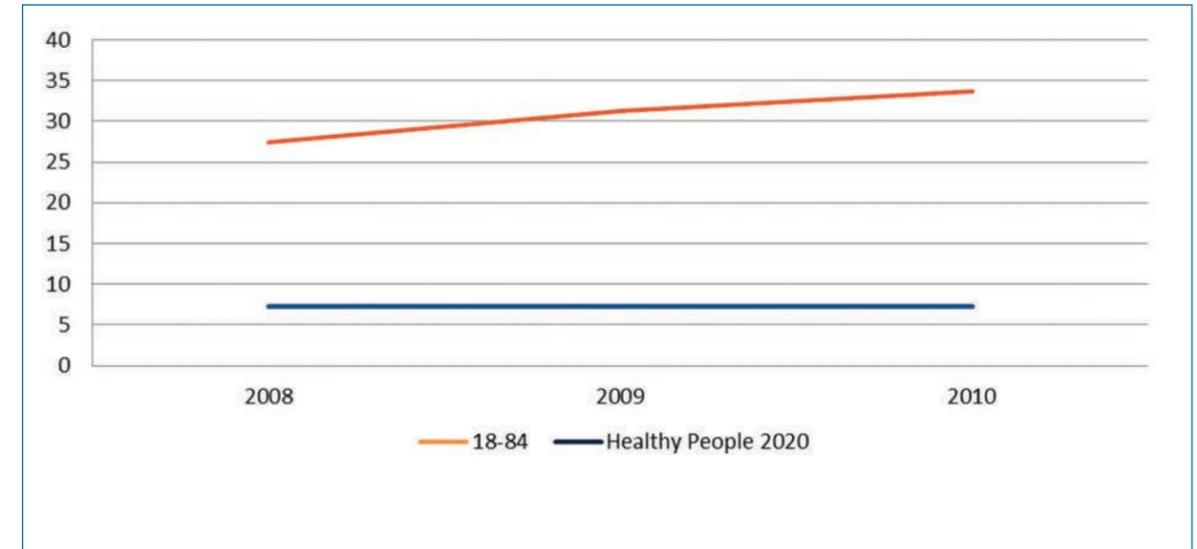
Source: Healthy People 2020, U.S. Census, L+M hospital discharge data

\*Rates per 1,000 population



**Figure J1:** Crude Incidence of Diabetes for Ages 18 to 84 in L+M's Primary Service Area (L+M hospital discharge data, U.S. Census)

\*Rates per 1,000 population



**Figure J2:** Crude Incidence of Diabetes in the L+M Primary Service Area Compared to HP2020 Goal Over Three Years (L+M hospital discharge data, U.S. Census)

\*Rates per 1,000 population

# HEALTH INDICATORS

## TOBACCO USE/SMOKING

The following data represents survey results of those who smoke from the 2007 Connecticut SMART BRFS for New London County, and the 2010 United Way of Southeastern Connecticut survey with comparisons to Healthy People 2020 (Table 14).

**Table 14:** Smoking Status of County and Regional Residents

Smoking Status	BRFSS 2007	UWSC 2010	Healthy People 2020
Every day	15.7	11.3	N/A
Some days	1.6	4.1	N/A
Currently smoking	17.3	15.4	12.0

Source: Connecticut SMART BRFS of New London County, Healthy People 2020, United Way of Southeastern Connecticut 2010



# HEALTH INDICATORS

## HEALTH STATUS AND ACCESS

Table 15 presents data regarding respondent's health status or condition by race. A greater percentage of Hispanics reported asthma, high cholesterol, and diabetes as primary health conditions compared to both Blacks and Whites. The highest reported percentage of high blood pressure was recorded in the Black population.

**Table 15:** Percentage of Health Conditions Reported by Race/Ethnicity

Health Condition	Race/Ethnicity		
	White (%)	Black (%)	Hispanic (%)
Heart Disease	6.1	4.7	4.6
Asthma	9.9	14.1	17.9
High Blood Pressure	17.9	26.4	14.1
High Cholesterol	14.6	4.1	16.0
COPD	4.0	2.8	0.3
Diabetes	6.0	6.9	7.2
Overweight/Obesity	16.5	13.8	15.5

Source: 2010 ACHIEVE New London Healthy Resident Survey results

The remaining tables report access to services and prescription medicines. It is important to note that the ratio of primary care physicians to residents in New London County (1,098:1) is poor when compared to the National Benchmark (631:1) and Connecticut (729:1).

**Table 16:** Access to a Primary Source of Care within Southeastern Connecticut

Response	UWSC 2010	Healthy People 2020
Yes	95.5	95.0
No	4.2	N/A

Source: Healthy People 2020, United Way of Southeastern Connecticut 2010

**Table 17:** Percent of Population Who Delayed Medical Care Due to Cost in New London County and Southeastern Connecticut

HIW* 2008-2010	HIW* 2010	UWSC 2010	Healthy People 2020
7.4	5.9	14.2	4.2

Source: Healthy People 2020, Health Indicators Warehouse, United Way of Southeastern Connecticut 2010

**Table 18:** Percent of Those Who Could not Receive Prescription Medicines Due to Cost

UWSC 2010	Healthy People 2020
12.3	2.8

Source: Healthy People 2020, United Way of Southeastern Connecticut 2010

# HEALTH INDICATORS

## ALCOHOL CONSUMPTION

Data regarding the percent of those who had at least one drink within the past 30 days is displayed below in Table 19. The results come from the New London County SMART BRFSS questionnaire from 2007 and the United Way of Southeastern Connecticut 2010 Survey. The percent of those who reported excessive drinking is found in Table 20. This data is reported by the County Health Rankings website and is compiled from the annual BRFSS administered by the CDC.

**Table 19:** Percent of Those Who Had at Least One Drink Within the Past 30 Days

BRFSS 2007	UWSC 2010
62.5	43.1

Source: Connecticut SMART BRFSS for New London County, United Way of Southeastern Connecticut

**Table 20:** Excessive Drinking in Adults Age 18 and Over (2012)

National Benchmark	Connecticut	New London County
8.0%	18.0%	18.0%

Source: County Health Rankings 2012



# CONCLUSIONS

## STRENGTHS

### Demographics

- The percent of families living in poverty with no husband present is much lower in New London County (13.3) than the U.S. (30.3) and Connecticut (22.2).
- The percent of individuals with health insurance is higher in New London County (91.9) than in the U.S. (84.5) and Connecticut (90.9).
- The percent of those that have graduated high school is highest in New London County (89.7) compared to National (85.6) and State (88.6) averages.
- When looking at the primary service area (15.6), the percent of individuals who have received a graduate or professional degree is higher than both the State (15.3) and Nation (10.4).

### Cancer Statistics

- Prostate Cancer among males is lowest in New London County (139.5) compared to the State (162.1) and National statistics (152.7).
- Mortality due to Colorectal Cancer in both males and females is lowest in New London County (14.5) and has met the Healthy People 2020 goal of 14.5.
- Although higher than the State and Nation, mortality due to Lung and Bronchus Cancer in females (43.4) has reached and surpassed the Healthy People 2020 goal of 45.5. The same can be said for Cancer in females of all sites (155.0) which has reached and surpassed the Healthy People 2020 goal of 160.6.

### BMI and Obesity

- The percent of adults who reported a BMI of 30 or greater in New London County (26.0) was lower than the Healthy People 2020 goal of 30.6. However, it was still higher than that reported for the State (23.1).

### Asthma

- The crude incidence of Asthma in the 0 to 4 age group has seen a slight decline from 2008 through 2010.
- A decline in crude incidence was also seen from 2009 to 2010 in the 5 to 64 and 65 and over age groups.

### Alcohol Consumption

- The number of those who reported at least one drink within the past 30 days has decreased from 2007 to 2010.

### Tobacco Use

- The percent of those currently smoking has decreased from the 2007 survey (17.3) compared to both of the 2010 surveys (NLC 13.5, SE CT 15.4).

### Health Status and Access

- According to the United Way survey of Southeastern Connecticut, 95.5% of residents surveyed have access to a primary source of care. This exceeds the Healthy People 2020 goal of 95.0%.

# CONCLUSIONS

## OPPORTUNITIES

### Asthma

- Crude incidence rates for Asthma in the primary service area were much higher than those recommended by Healthy People 2020. In the 0 to 4 age group, the rate is 234.4, while Healthy People 2020 sets the goal at 18.1.

### Diabetes

- The crude incidence of Diabetes in the L+M primary service area was much higher from 2008 through 2010 than recommended by Healthy People 2020. For example, in 2010, the rate for the service area was 33.7, while the Healthy People 2020 goal is 7.2.
- Another major concern in this area is the fact that hospitalizations, due to Diabetes, have been steadily increasing from 2008 through 2010 for the 18 to 84 age group.

### Tobacco Use

- Looking at data from the 2007 survey compared to both of the 2010 surveys, the percent of those who are currently smoking in the county and region has decreased, but has still not reached the Healthy People 2020 goal.

### Health Status and Access

- According to two sources, Health Indicators Warehouse and the United Way Survey, in 2010, the percent of the population who delayed medical care due to cost (5.9-14.2) was still higher than that recommended by the Healthy People 2020 goal of 4.2.
- According to the United Way Survey, 12.3 percent of those surveyed could not receive prescription medications due to cost. This is higher than the recommended 2.8 percent set by Healthy People 2020.

### Cancer Statistics

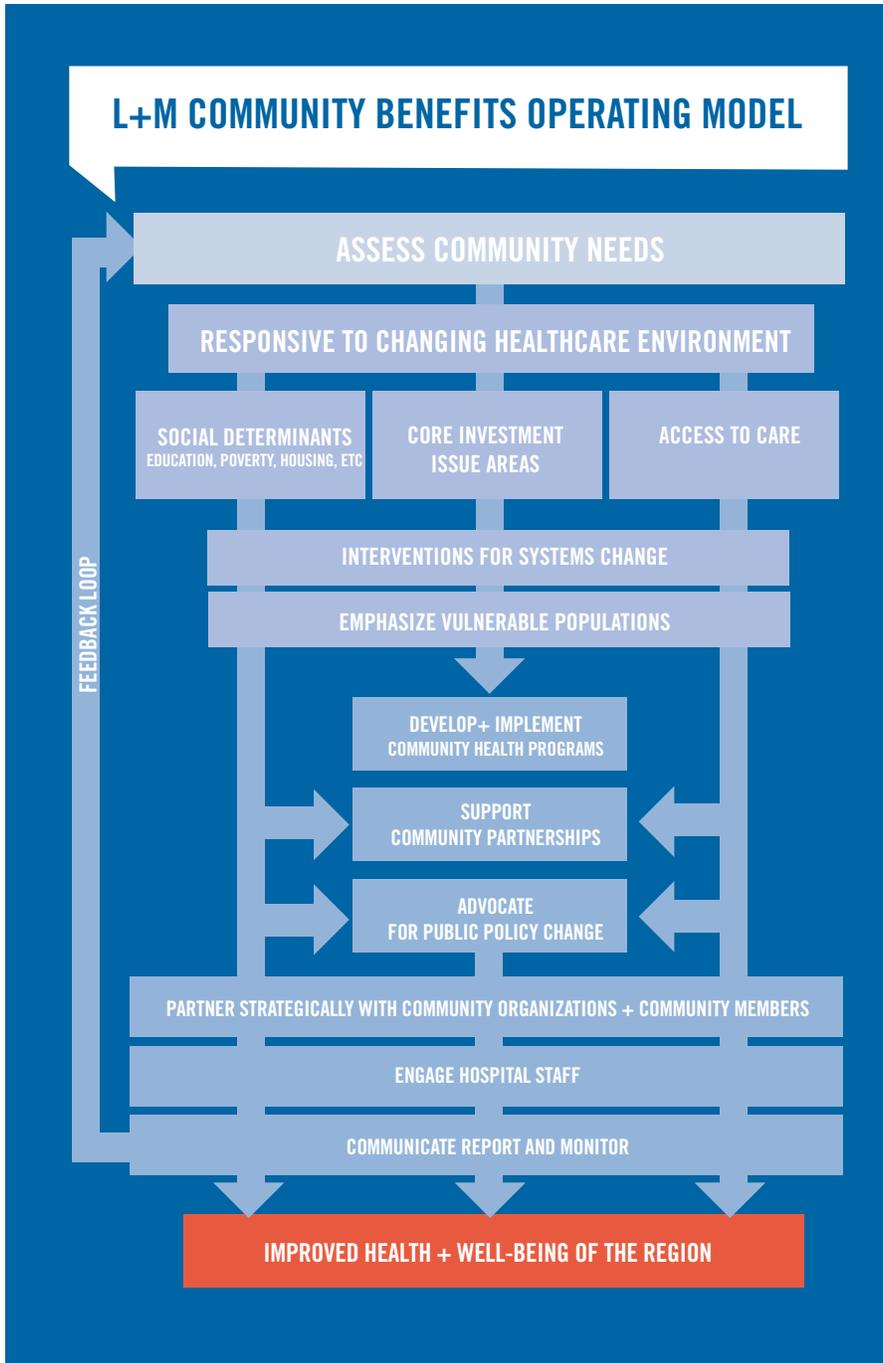
- Incidence of the following Cancers was higher in New London County than the State and Nation: Breast (female only), Colorectal in both males and females, Lung and Bronchus in both males and females, all sites in both males and females.
- The incidence of childhood Cancer was higher in New London County (20.9) than it was in the State (17.8) and Nation (16.9).
- Mortality for the following Cancers was higher in New London County compared to the State and Nation: Breast (female only), Lung and Bronchus in males, all sites in Males.

### Sexually Transmitted Diseases

- The rate of Chlamydia infections per 100,000 people was higher in the L+M primary service area (245.5) compared to New London County (236) and the 2011 National Benchmark (83).
- In the city of New London and Groton, Chlamydia infections are highest among Blacks and Hispanics.

### BMI and Obesity

- The percent of children in 2007 that were overweight or obese is much higher than recommended by Healthy People 2020. For example, the percent of Pre-K girls was 36.4, while the Healthy People 2020 goal is 9.6. The same was true for Pre-K boys, and both girls and boys in Grade 4.
- The 65 and over age group reported the highest percent (25.5) of obese individuals in 2010.



Facilitators provided a framework showing the relationship between assessing community needs and hospital community benefit planning to help guide the group discussion of health issues.



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## L+M in the Community

At L+M Hospital, doctors, nurses and staff are also your neighbors and friends, so it's no wonder we're deeply committed to the health of our region far beyond the doors of our buildings.

At L+M, we're determined to make southeastern Connecticut a better, healthier place to live, and that includes an array of outreach programs. In fact, L+M's "Community Benefits" totaled over \$15 million last year, and our services are aimed at those who need it most, such as expectant mothers, infants, senior citizens, and those who are homeless.

There are many reasons for what we do, but the most obvious is quite simple: we believe in giving each other a hand up. Because we live here, too. And, like you, we care.

The broad range of L+M Hospital's **community benefit activity** includes educational programs, community disaster preparedness, health promotion, faith community outreach, and collaborative school programs. Furthermore, there are services for the homeless, injury prevention programs, student internships, and many other programs that simply wouldn't exist if not for the staff and resources provided by Lawrence + Memorial.

When it comes to community benefits, it's often the little things that make the biggest differences. Consider what happens each day at the Homeless Hospitality Center in New London: an employee from the shelter drops off dirty sheets at L+M Hospital; they return to the shelter with clean ones. It happens every day, all year, free of charge, thanks to L+M. The service saves the shelter time, boosts the moral of the guests who always sleep on clean linens, and, most importantly of all, the service saves the shelter many thousands of dollars.

Another such program is a collaboration between L+M and the Gemma E. Moran United Way Labor Food Center, to collect and distribute disposable diapers and baby wipes to families in need. When the program first kicked off in 2009, more than 7,000 diapers were delivered in the first two months.

Organizers found that in some cases, children were being left in dirty diapers all day until needy families could afford to buy more. For many families, the program helped bridge that gap until the next paycheck, improving the health and quality of life for both the child and family. Said one organizer: "The diaper bank program is a much-needed addition to the region's safety net and has made a tremendous impact."

But L+M's community commitment doesn't stop with infants. Outreach programs in schools also include such things as pediatric weight management to help children fight obesity, and health and exercise programs to encourage physical fitness.

Another major aspect of L+M's community involvement is subsidized healthcare services for those in need, ranging from emergency and trauma visits to neonatal intensive care. The OB Clinic at the hospital provides education and testing for expectant mothers, and women who qualify can also receive free exams for breast and cervical cancer as part of a community benefit.