

DKH DAY KIMBALL HEALTH

Community Health Needs Assessment **2025**



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Our Ongoing Commitment to Community Health

At Day Kimball Health, our purpose has always been clear: to improve the health and well-being of the people we serve. Last year, we conducted a one-year bridge Community Health Needs Assessment (CHNA), which gave us the opportunity to listen closely to our community, strengthen collaborations, and align our reporting with other healthcare institutions across Connecticut.

This year marks a return to our traditional three-year CHNA cycle. With this report, we take a more comprehensive look at the health challenges and opportunities facing Northeast Connecticut. The insights we have gathered from data, community partners, and most importantly, from the voices of residents, provide us with a clear road map for the next three years.

The findings of this CHNA highlight both progress and ongoing needs. They reinforce the importance of continued investment in areas such as access to care, behavioral health, and chronic disease prevention, while also underscoring the need for stronger community partnerships and innovative approaches to meet emerging challenges.

As your independent community hospital, we remain deeply committed to ensuring that the care we provide reflects the needs of the people we serve. This work is not something we can do alone. It requires collaboration across healthcare providers, social service agencies, businesses, schools, and community members – all working together toward a healthier future.

Our legacy of more than 130 years of care in Northeast Connecticut has taught us that true progress happens when we combine compassion with action. This CHNA is more than a regulatory requirement; it is a tool that guides our decisions, strengthens our accountability, and ensures that our resources are focused where they are needed most.

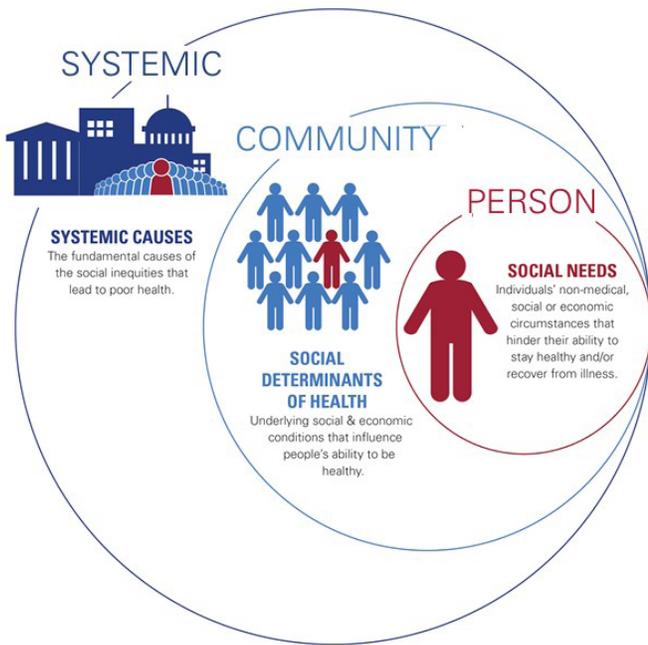
Together, we can build on our past, address the challenges of today, and create a healthier tomorrow for generations to come. Thank you for your trust, your partnership, and your ongoing commitment to our community's health.

R. Kyle Kramer
Chief Executive Officer



EXECUTIVE SUMMARY

Each tax-exempt hospital is required to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation plan to address the community health needs identified in the CHNA. Day Kimball Health has long known that social factors and inequities impact the health and wellbeing of our communities. These factors that impact health are known as Social Determinants of Health (SDOH).



The central role of this CHNA is to provide a framework for partnering with community groups in Northeast Connecticut to address policies and practices that improve access, resources and opportunities to reduce inequities, improve health, and positively impact SDOH - together. Strategies to improve health can be at the individual level, community level, or systemic level as depicted in this graphic.

Source: [SocietalFactorsFramework_12.2020.pdf \(aha.org\)](#)

Our CHNA development is guided by the 9-step process created by the American Hospital Association's Community Health Improvement initiative. This report represents the first 6 steps of the CHNA process. The remaining 3 steps will be completed by February 2026 with the development and publication of Day Kimball Health's Community Health Implementation Plan

Source: [Community Health Assessment Toolkit | ACHI \(healthycommunities.org\)](#)



The Robert Wood Johnson Foundation states: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care . . . For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.” While health equity is often discussed in terms of racial and ethnic health disparities, the data in this report demonstrates that our rural communities experience health disparities as a result of social determinants of health specific to rural areas which lead to worse health outcomes than non-rural areas of Connecticut.

Last year, Day Kimball Health conducted a transitional year CHNA as we migrated to the same assessment cadence of the major health systems in Connecticut. In the transitional year assessment, we elected to focus on the 3 most mentioned priorities since the subsequent Community Health Implementation Plan (CHIP) is also a transitional, one-year document. The three priorities established were Behavioral Health, Transportation, and Food Insecurity. In the 7 months since the transitional CHIP was published, Day Kimball Health and our community partners have made progress in all three areas as fully described on pages 40-42.

In this CHNA, we have updated data previously reported in the interim CHNA and added new information for our community partners to review and consider. In our community partner survey, multiple organizations expressed concerns that recent federal policy and funding changes have caused an increase in area residents’ inability to meet basic needs. As a result of the survey responses, we are reorganizing the prioritization of health needs into 3 main areas: Access to Care, Food Insecurity, and Housing. Within the Access-to-Care umbrella, we will address the previously identified community needs related to Behavioral Health and Transportation. We are adding an additional focus, Smoking Cessation, given the region’s high prevalence of chronic diseases with known links to tobacco use. Over the coming months, Day Kimball Health will work with community partners to develop the 2026 CHIP, and we anticipate that most of the initiatives established in the 2025 CHIP will be retained.

OVERVIEW

Day Kimball Health (“Day Kimball”) is a non-profit, integrated medical services provider comprised of Day Kimball Hospital, Day Kimball Medical Group, healthcare centers in Danielson, Dayville, and Plainfield, Day Kimball HomeCare, and Hospice & Palliative Care of Northeastern Connecticut.

Our service area includes Northeast Connecticut as well as nearby Massachusetts and Rhode Island communities. Day Kimball Health’s comprehensive network offers more than 1,100 employees, including nearly 300 associated, highly-skilled physicians, surgeons, and specialists.

We are a comprehensive healthcare system offering primary care and a multitude of medical and surgical specialties, along with leading-edge technology and sophisticated diagnostics.



Day Kimball's Service Area is made up of the following towns and populations:

• Ashford	4,218
• Brooklyn	8,402
• Canterbury	5,067
• Chaplin	2,229
• Eastford	1,618
• Hampton	1,639
• Killingly	17,757
• Plainfield	15,065
• Pomfret	4,289
• Putnam	9,270
• Sterling	3,610
• Thompson	9,254
• Woodstock	8,243
TOTAL	90,661

The mission of Day Kimball is to improve the health and wellbeing of our community by providing the best medical care. Our vision is to be the premier regional system, creating excellence and innovation in patient care.

Day Kimball is the major healthcare provider for the rural towns it serves, spanning approximately 450 square miles. The Five Connecticut's classification system categorizes the 169 towns in Connecticut into five categories based on socioeconomic variables, primarily focusing on population density, poverty, and income. All towns within Day Kimball's service area are considered rural according to the Five Connecticut's methodology.

Wherever possible, this CHNA will contain information about each of Day Kimball's service area towns. For measures or indicators that are not available at the town level or are suppressed because of small sample size, Windham County data is used as a proxy.

METHODOLOGY

Quantitative Analysis

Day Kimball conducted its own analysis of available quantitative data from publicly available resources such as the U.S. Census Bureau, the American Community Survey, the Centers for Disease Control and Prevention (CDC), the Connecticut Behavioral Risk Factor Surveillance System (BRFSS), the Connecticut Office of Rural Health (CT-ORH), the National Center for Health Statistics, the University of Wisconsin's County Health Rankings & Roadmaps, and the DataHaven 2024 Community Well-Being Survey Connecticut Town Equity Reports.

The principle researchers and writers for this CHNA are:

- Mary M. Heffernan – Tannery Lane Partners, LLC
- Heather A. Riley – Day Kimball Health Marketing Manager

Qualitative Analysis

During 2024, Day Kimball gathered qualitative feedback on the health needs and priorities for residents of the 13-town service area through surveys of the local federally qualified health center (FQHC) and various community groups. Participating entities included:

- Generations Family Health Center
- Thompson Ecumenical Empowerment Group, Inc.
- Interfaith Human Services of Putnam
- EASTCONN
- United Services, Inc.

Board of Directors

This report was presented to and approved by the Day Kimball Health Board of Directors (Board) on September 30, 2025. The Board also reviewed and approved the community health priorities identified through the survey of community groups, thereby establishing the framework for Day Kimball's Community Health Implementation Plan (CHIP).

CHIP

Day Kimball will engage with community groups to present the final 2025 CHNA report and collaborate on the development of joint strategies to establish goals and tactics that address priority community health needs. The final CHIP will be made publicly available in February 2026.

Limitations

This CHNA has limitations, as does all research. The DataHaven Community Well-Being Survey involves the use of self-reported information gathered through telephone interviews and paper surveys. The 2024 survey has an 11.1% margin of error at the 95% confidence interval, which is considered high. Readers should be careful in drawing conclusions from the one-year survey. Because of the margin of error in the one-year responses, we have included a link in the “Additional Resources” section that will take interested readers to a file with 10-year composite cross-tabs. The 10-year composite survey has a much lower 4.5% margin of error at the 95% confidence interval.

Survey research has several potential limitations including:

- **Recall Bias:** This occurs when a respondent’s answers may be influenced by inaccurate memories of past experiences.
- **Social Desirability Bias:** Survey participants may answer in a way that they believe is socially acceptable or what they believe the surveyor wants to hear.
- **Correlation versus Causation:** While surveys are valuable in demonstrating relationships between variables, they do not necessarily establish cause-and-effect relationships.
- **Non-Response Bias:** Not all individuals contacted choose to participate in the survey. These individuals may have different characteristics from those who choose to participate, potentially leading to a biased sample.
- **Sampling Error:** Even representative samples might not accurately reflect the community makeup due to random variation.

Another limitation is that the data in this CHNA is drawn from multiple data sources collected over different time periods. This may hinder the ability to identify trends. Additionally, the population size of the service area is small with limited diversity in race and ethnicity. Population homogeneity resulted in the suppression of certain analyses in order to protect confidentiality. We are hopeful that over time, pooled data will permit analyses of racial and ethnic disparities in the region.

POPULATION CHARACTERISTICS AND DEMOGRAPHICS

The Day Kimball service area is considered to be rural according to The Five Connecticut's methodology. Analysis of available data reveals that the Day Kimball service area is nearly 73% less densely populated than Connecticut as a whole and residents have a slightly lower life expectancy than the statewide average.

Measure	CHNA Area	State of CT	Percent Difference
			CHNA Area vs. CT Statewide
Total population	90,661	3,611,317	
Total households	36,494	1,409,807	
Population density (per square mile)	190.9	705.2	-72.9%
Life expectancy (years)	79.5	80.3	-1.0%
Population living in a rural area (%)	100.0%	12.4%	706.5%

Sources: U.S. Census Bureau, American Community Survey (2018-2022), TIGER 2023, USALEEP (2010-2015)

The distribution of population by age group in the Day Kimball service area is similar to the statewide distribution. However, the service area population is less racially and ethnically diverse than Connecticut as a whole.

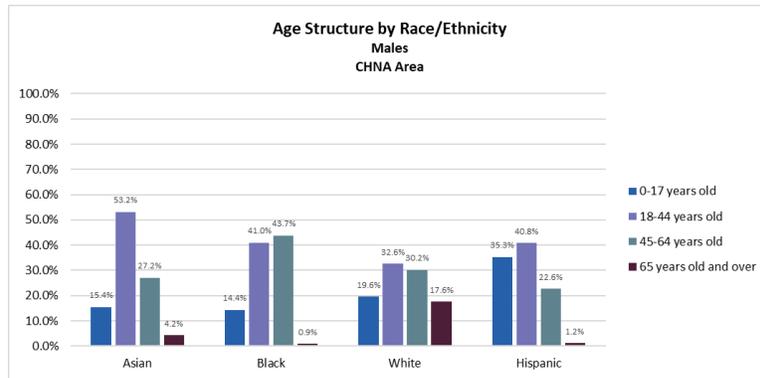
Measure	CHNA Area	State of CT	Percent Difference
			CHNA Area vs. CT Statewide
Under age 5 (%)	4.9%	5.1%	-3.9%
Age 5-17 (%)	15.3%	15.5%	-1.3%
Age 18-39 (%)	27.8%	28.4%	-2.1%
Age 40-64 (%)	34.8%	33.6%	3.6%
Over age 65 (%)	17.2%	17.4%	-1.1%
Median age	41.4	40.9	1.2%
Women of childbearing age, 15-55 (%)	24.5%	25.7%	-4.7%
Asian (%)	1.5%	4.7%	-68.1%
Black or African American (%)	1.7%	10.7%	-84.1%
White (%)	85.3%	69.8%	22.2%
Multiracial (%)	7.6%	8.0%	-5.0%
Other race (%)	4.0%	6.8%	-41.2%
Hispanic (%)	12.0%	17.4%	-31.0%
Non-Hispanic (%)	88.0%	82.6%	6.5%
Not proficient in English (%)	1.6%	5.2%	-69.2%
Born outside US (%)	5.4%	16.0%	-66.2%
Female (%)	49.9%	51.0%	-2.2%
Male (%)	50.1%	49.0%	2.2%

Source: U.S. Census Bureau, American Community Survey (2018-2022)

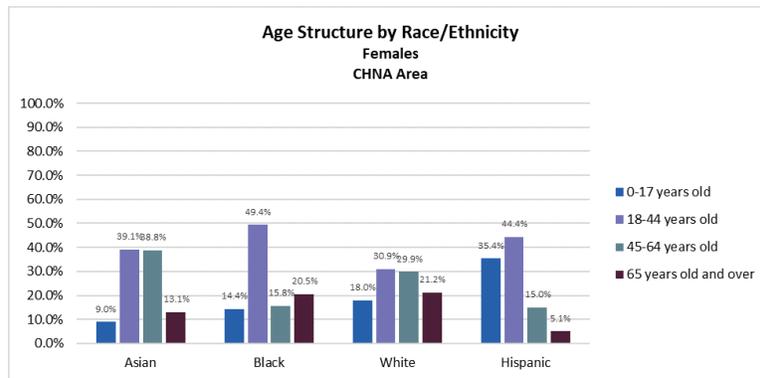
The following charts stratify the Day Kimball service area by sex, race/ethnicity, and age band. Service area persons of color tend to be younger than the White persons in the region. The median age for White persons in the service area is higher than that for persons of color.

Median Age by Race-Ethnicity and Geography								
Location	Asian		Black		White		Hispanic	
	Male	Female	Male	Female	Male	Female	Male	Female
State of CT	35.1	36.6	33.2	36.8	44.3	47.3	29.2	30.8
CHNA Area	33.0	41.6	38.9	40.7	43.2	45.5	25.9	27.6

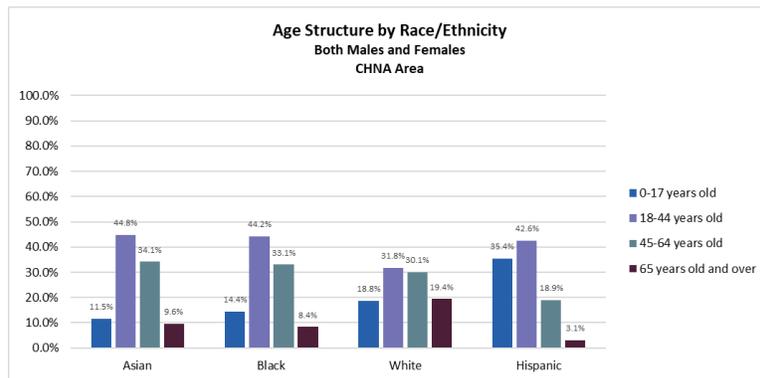
Sources: U.S. Census Bureau, American Community Survey (2018-2022); U.S. Small-area Life Expectancy Estimates Project (USALEEP)



Source: U.S. Census Bureau, American Community Survey (2018-2022)



Source: U.S. Census Bureau, American Community Survey (2018-2022)



Source: U.S. Census Bureau, American Community Survey (2018-2022)

SOCIOECONOMIC STATUS

Socioeconomic status (SES) is a major social determinant of health and is estimated to have a greater influence on a person’s health than genetic factors or access to care. Low SES is consistently linked to poorer health outcomes. Typical SES measures include education, employment, income, and insurance status. In comparison to statewide statistics, residents of the Day Kimball service area are less likely to have graduated college and have a lower employment rate.

Area Deprivation Index

The Area Deprivation Index (ADI) uses factors like income, education, employment and housing quality to rank areas by socioeconomic disadvantage at the census block level. Some 77% of the Day Kimball service area population live in an area with higher than median levels of deprivation. The Social Vulnerability Index (SVI) assesses a community’s risk during hazards such as natural disasters or disease outbreaks. Service area residents are more vulnerable than the state as a whole.

Measure	CHNA Area	State of CT	Percent Difference
			CHNA Area vs. CT Statewide
Adults (over 25 years-old) with a high school level education (%)	34.8%	25.8%	34.9%
Adults (over 25 years-old) with at least a bachelor's degree (%)	25.0%	41.4%	-39.6%
Employment rate, population aged 16 years-old and above (%)	92.5%	94.1%	-1.7%
Gini Index of Income Inequality (0 = perfect equality in income distribution, 1 = perfect inequality in income distribution)	0.40	0.50	-20.0%
Households with earnings below the poverty level (%)	8.9%	9.9%	-10.1%
Median household income (\$)	\$83,333	\$90,213	-7.6%
Households that are asset limited, income constrained, employed (ALICE) (%)	34.3%	39.2%	-12.5%
Uninsured children (%)	1.6%	2.8%	-42.9%
Uninsured adults (%)	5.0%	5.8%	-13.8%
Population insured through Medicaid (%)	33.3%	32.1%	3.7%
Population living in areas with above median levels of area deprivation (ADI) (%)	77.0%	47.2%	63.1%
Population living in areas with above median levels of social vulnerability (SVI) (%)	56.8%	48.6%	16.9%
Population living in areas with below median rankings on the Environmental Justice Index (EJI) (%)	47.6%	42.2%	12.8%

Note: The Medicaid data presented in this report are preliminary and may be subject to change.

Sources: U.S. Census Bureau, American Community Survey (2018-2022); Connecticut Department of Social Services Data Dashboard (2023); CT United for ALICE (2018-2022); University of Wisconsin Neighborhood Atlas, Area Deprivation Index (ADI, 2022); Center for Disease Control/Agency for Toxic Substances and Disease Registry (ATSDR), Social Vulnerability Index (SVI, 2022); Center for Disease Control/Agency for Toxic Substances and Disease Registry (ATSDR), Environmental Justice Index (EJI, 2022).

Environmental Justice Index

The Environmental Justice Index (EJI) measures the cumulative impacts of environmental injustice on health by census tract with the aim of ensuring fair treatment and meaningful involvement of all people in environmental decision-making, regardless of race, income, or origin. Those living below the median EJI experience greater environmental injustices. Day Kimball service area residents experience greater environmental injustice than the state as a whole.

While fewer area residents live below the poverty level than the statewide population, more service area residents are insured through Medicaid and household income lags the statewide average.

Location	Population Enrolled in Medicaid	Percent of Population Enrolled in Medicaid	Percent Difference	
			Comparison to CHNA Area	Comparison to State
Ashford	1,170	27.7%	-16.8%	-13.7%
Brooklyn	2,623	31.2%	-6.3%	-2.8%
Canterbury	1,308	25.8%	-22.5%	-19.6%
Chaplin	746	33.5%	0.6%	4.4%
Eastford	305	18.9%	-43.2%	-41.1%
Hampton	590	36.0%	8.1%	12.1%
Killingly	7,366	41.5%	24.6%	29.3%
Plainfield	6,194	41.1%	23.4%	28.0%
Pomfret	813	19.0%	-42.9%	-40.8%
Putnam	4,034	43.5%	30.6%	35.5%
Sterling	1,070	29.6%	-11.1%	-7.8%
Thompson	2,438	26.3%	-21.0%	-18.1%
Woodstock	1,569	19.0%	-42.9%	-40.8%
CHNA Area	30,226	33.3%		3.7%
State of CT	1,159,630	32.1%	-3.6%	

Source: State of Connecticut Department of Social Services Data Dashboard (2023)

HOUSING

Housing is also linked to health and selected housing interventions for low-income people have been found to improve health outcomes and decrease healthcare costs. According to a Health Affairs overview of published research on housing's impact on health (https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/hpb_2018_rwjf_01_w.pdf), people who face housing instability are more likely to experience poor health in comparison to those who are stably housed. Housing instability is linked to increased teen pregnancy, early drug use, depression, anxiety, increased alcohol abuse, and suicide. Households that spend more than 30% of household income on housing are considered to be “cost burdened”. Being cost burdened due to housing limits the household’s ability to meet other essential expenses. Cost burdened households are less likely to have a usual source of medical care, more likely to postpone treatment and go without filling prescriptions, and may face difficulty purchasing food.

According to the most recent census data, the Day Kimball service area has 39,427 housing units with the majority being owner-occupied. Further, vacancy rates are quite low.

SERVICE AREA HOUSING ESTIMATES

TOWN NAME	HOUSING UNITS	OWNER OCCUPIED	RENTER OCCUPIED	HOMEOWNER VACANCY RATE	RENTAL VACANCY RATE
Ashford	2,068	1,477	350	0.7	0.0
Brooklyn	3,184	2,270	619	2.4	0.0
Canterbury	2,305	1,946	284	0.0	0.0
Chaplin	939	751	151	0.0	10.7
Eastford	734	507	97	0.0	0.0
Hampton	727	624	62	2.9	0.0
Killingly	7,772	4,977	2,225	1.1	2.0
Plainfield	6,264	4,500	1,632	0.0	0.0
Pomfret	1,730	1,325	326	0.0	6.6
Putnam	4,295	2,456	1,672	0.0	1.5
Sterling	1,329	1,046	226	0.0	3.8
Thompson	4,269	3,277	729	0.0	0.0
Woodstock	3,811	2,937	627	0.0	5.6
State	1,536,049	939,912	480,258	0.9	4.6

Source: US Census, American Community Survey 2019-2023

Census data also reveals that renters in Canterbury, Chaplin, Eastford, Pomfret, and Thompson are more likely to be cost burdened than the statewide average. Homeowners in Plainfield, Putnam, and Sterling are more likely to be cost burdened.

SERVICE AREA MEDIAN HOME VALUE AND HOUSING COSTS

TOWN NAME	MEDIAN HOME VALUE	SMOCAPI ¹ > 30%	GRAPI ² ≥ 30%	MEDIAN MORTGAGE PAYMENT	MEDIAN RENT PAYMENT
Ashford	\$ 315,400	22.5%	39.1%	\$ 2,411	\$ 1,230
Brooklyn	\$ 275,400	27.8%	27.0%	\$ 1,909	\$ 1,149
Canterbury	\$ 294,800	24.6%	51.8%	\$ 1,899	\$ 816
Chaplin	\$ 242,700	26.2%	53.8%	\$ 1,820	\$ 1,180
Eastford	\$ 321,300	18.2%	55.7%	\$ 1,971	\$ 914
Hampton	\$ 291,100	24.1%	54.5%	\$ 1,886	\$ 1,276
Killingly	\$ 266,100	29.5%	45.4%	\$ 1,812	\$ 1,072
Plainfield	\$ 253,100	34.3%	42.9%	\$ 1,860	\$ 1,224
Pomfret	\$ 391,900	27.2%	56.5%	\$ 2,287	\$ 1,332
Putnam	\$ 257,500	33.9%	37.5%	\$ 1,834	\$ 1,124
Sterling	\$ 268,200	39.7%	36.9%	\$ 2,016	\$ 1,606
Thompson	\$ 272,400	21.1%	52.0%	\$ 1,857	\$ 993
Woodstock	\$ 383,000	25.7%	30.6%	\$ 2,318	\$ 1,201
State	\$ 343,200	29.8%	51.3%	\$ 2,383	\$ 1,431

Source: US Census, American Community Survey 2019-2023

¹SMOCAPI means Selected Monthly Owner Costs as a Percentage of HHI. Values >30% indicate being cost burdened

²GRAPI means Gross Rent as a Percentage of HHI. Values >30% indicate being cost burdened

Connecticut General Statute 8-30g, enacted in 1989, sets a goal for each town to achieve 10% affordable housing stock. According to the most recent Department of Housing data, most of the Day Kimball service area falls short of the goal.

SERVICE AREA HOUSING AFFORDABILITY BY TOWN

TOWN NAME	GOVERNMENT ASSISTED	TENANT RENTAL ASSISTANCE	SINGLE FAMILY CHFA/USDA MORTGAGES	DEED RESTRICTED	PERCENT AFFORDABLE
Ashford	32	0	30	0	3.22%
Brooklyn	205	11	53	0	8.05%
Canterbury	76	1	50	0	6.21%
Chaplin	0	1	26	0	2.83%
Eastford	0	1	10	0	1.36%
Hampton	0	1	10	0	1.39%
Killingly	467	145	134	0	9.46%
Plainfield	429	188	164	4	12.53%
Pomfret	32	2	11	0	2.67%
Putnam	536	71	59	0	15.52%
Sterling	0	7	22	0	1.96%
Thompson	151	15	36	0	4.88%
Woodstock	24	1	23	0	1.31%

https://data.ct.gov/Housing-and-Development/Affordable-Housing-by-Town-2011-2023/3udy-56vi/about_data

FOOD INSECURITY

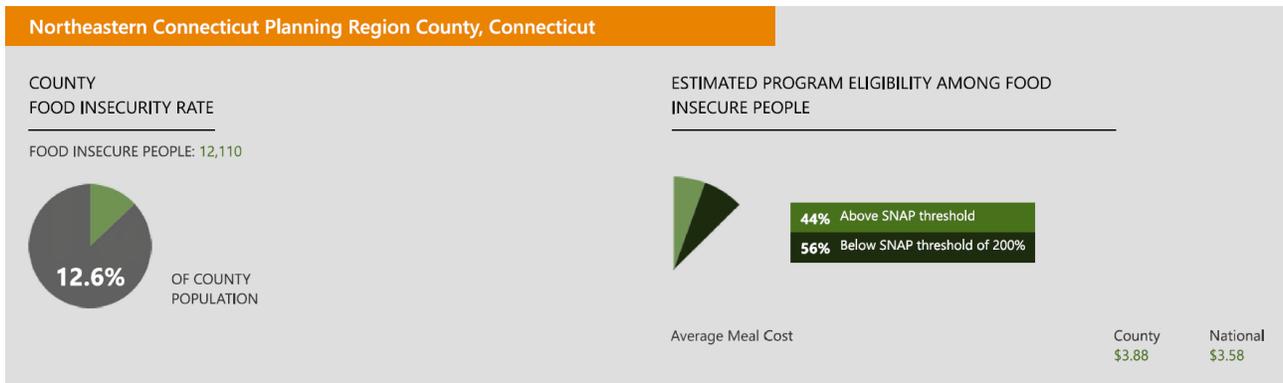
The Supplemental Nutrition Assistance Program (SNAP) is a Federal assistance program, administered in Connecticut by the Department of Social Services, which provides low-income individuals and families with financial assistance to purchase food. The two most populous towns in Day Kimball’s service area as well as its hometown, Putnam, have higher rates of food assistance needs than Connecticut.

DAY KIMBALL SERVICE AREA 2022 SNAP RECIPIENTS

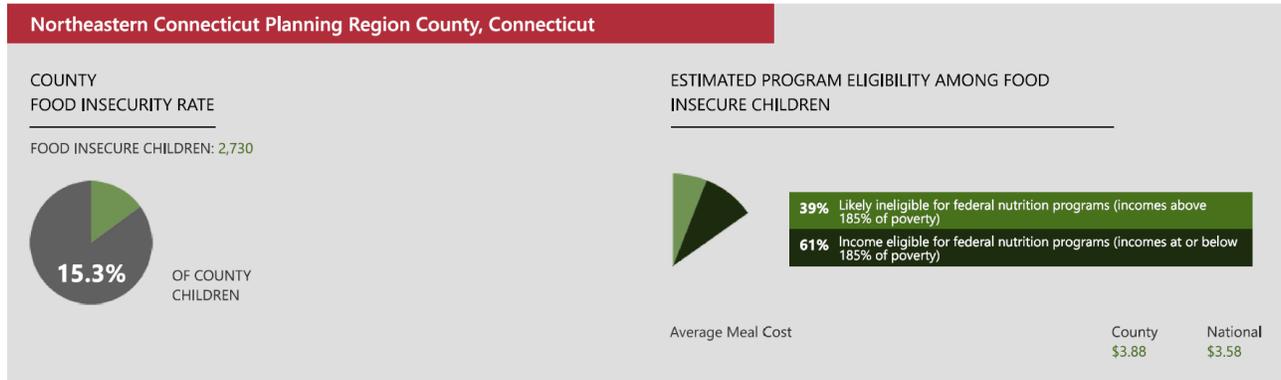
TOWN NAME	SNAP RECIPIENTS	TOWN POPULATION (DPH Estimates July 2020)	ESTIMATED PERCENTAGE RECEIVING SNAP
Ashford	269	4,185	6.43%
Brooklyn	698	8,451	8.26%
Canterbury	276	5,041	5.48%
Chaplin	211	2,141	9.86%
Eastford	76	1,650	4.61%
Hampton	116	1,729	6.71%
Killingly	2,219	17,738	12.51%
Plainfield	1,837	14,984	12.26%
Pomfret	151	4,270	3.54%
Putnam	1,325	9,219	14.18%
Sterling	267	3,581	7.46%
Thompson	695	9,185	7.57%
Woodstock	242	8,228	2.94%
State	368,938	3,603,448	10.24%

Source: Office of Legislative Research Report 2022-R-0045

Food insecurity occurs when a household cannot access enough food because of a lack of money or other essential resources. Children are disproportionately impacted by food insecurity as are single-parent households, people in rural areas, the formerly incarcerated, and people with disabilities. According to the Feeding America “Map the Meal Gap” 2025 report, 12.6% of area residents are food insecure. Of those who are food insecure in the service area, 44% are ineligible for SNAP assistance because their household incomes are higher than the federal limit (200% of poverty level).



Food insecurity for children in the service area is rising. Since our 2024 interim CHNA, child food insecurity rose by 3.4% in the Day Kimball service area. Of the 15.3% of children who are food insecure, 39% are ineligible for federal nutrition programs. Based on the average meal cost in the region and assuming stable federal funding, Feeding America estimates that an additional \$8.9 million is needed to solve food insecurity in the service area.



TRANSPORTATION

Access to reliable transportation is essential in rural areas like the Day Kimball service area. Without reliable transportation, area residents experience barriers to getting and maintaining jobs, purchasing nutritious food, obtaining healthcare, and filling prescription medications. National data on rural households report an average of 2.4 cars per household. On average, 70% of Day Kimball service area towns have 2 or less cars per household.

SERVICE AREA AVAILABLE VEHICLES PER HOUSEHOLD

TOWN NAME	NO VEHICLE	ONE VEHICLE	TWO VEHICLES	THREE OR MORE VEHICLES
Ashford	0.8%	26.3%	46.1%	26.8%
Brooklyn	3.3%	24.5%	38.4%	33.9%
Canterbury	2.6%	24.3%	37.1%	36.0%
Chaplin	3.2%	26.6%	35.0%	35.1%
Eastford	1.5%	21.0%	34.1%	43.4%
Hampton	3.4%	31.2%	34.7%	30.8%
Killingly	4.7%	32.3%	42.1%	20.8%
Plainfield	6.3%	31.8%	37.4%	24.6%
Pomfret	6.8%	26.0%	43.9%	23.4%
Putnam	8.6%	42.3%	34.2%	14.8%
Sterling	1.5%	27.1%	40.3%	31.1%
Thompson	3.0%	25.5%	42.6%	28.9%
Woodstock	2.5%	27.9%	34.8%	34.7%
State	8.6%	33.3%	37.3%	20.9%

Source: US Census, American Community Survey 2019-2023

Access to public transportation in Northeastern Connecticut is extremely constrained and consists of 3 bus services with limited routes and schedules.

DKH SERVICE AREA PUBLIC TRANSPORTATION

TOWN NAME	CTtransit SERVICE	PUBLIC BUS	TRAIN SERVICE
Ashford	NO	Dial-A-Ride ¹	NO
Brooklyn	NO	NECT Transit ²	NO
Canterbury	NO	NO	NO
Chaplin	NO	Windham Regional ³	NO
Eastford	NO	NECT Transit ²	NO
Hampton	NO	WindHam Regional ³	NO
Killingly	NO	NECT Transit ²	NO
Plainfield	NO	NO	NO
Pomfret	NO	NO	NO
Putnam	NO	NECT Transit ²	NO
Sterling	NO	NO	NO
Thompson	NO	NECT Transit ²	NO
Woodstock	NO	NO	NO

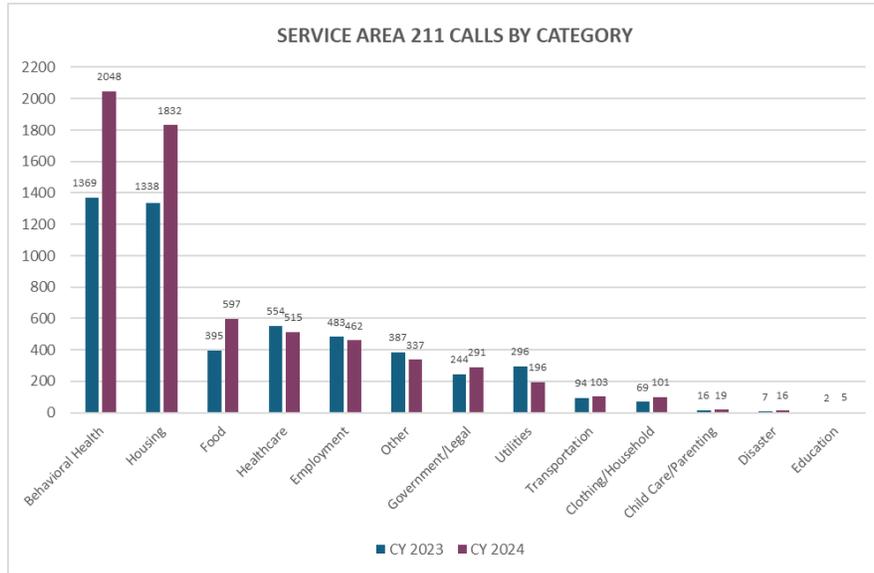
¹Requires a minimum 2-business day notice; seniors prioritized

² M-F 7:30a - 5:30p, Sa-Su 7:30a - 1p; limited connectivity to DKH

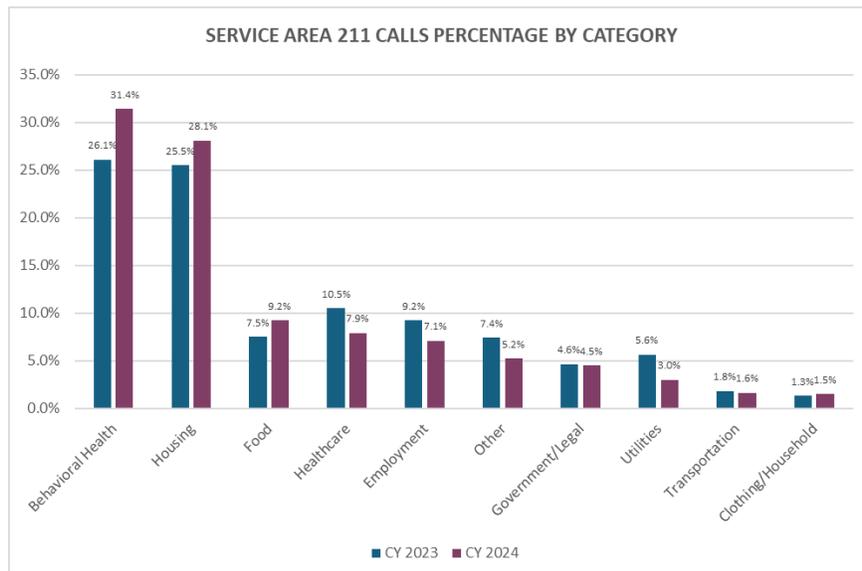
³No service to DKH

CONNECTICUT 211 ASSISTANCE REQUEST CALLS

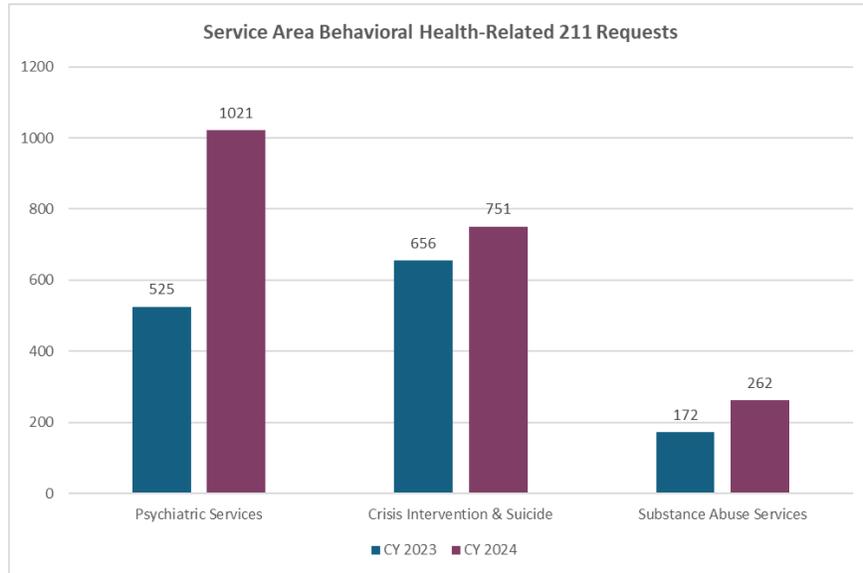
Connecticut 211 is a free, 24/7 service provided by the United Way of Connecticut that connects residents with health and human services referrals. Across all assistance request categories, Day Kimball service area requests grew by 24% between calendar years 2023 and 2024.



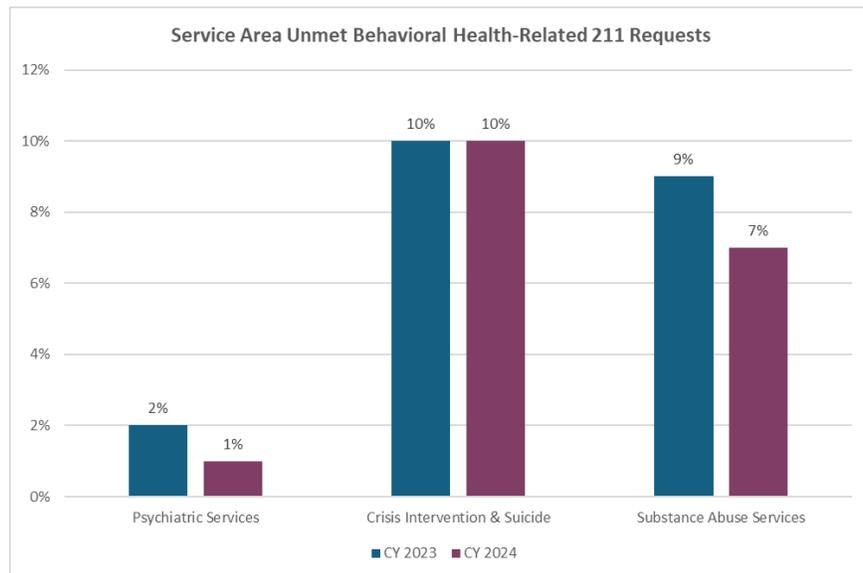
During calendar year 2024, behavioral health, housing, and food concerns were the most frequently requested service needs.



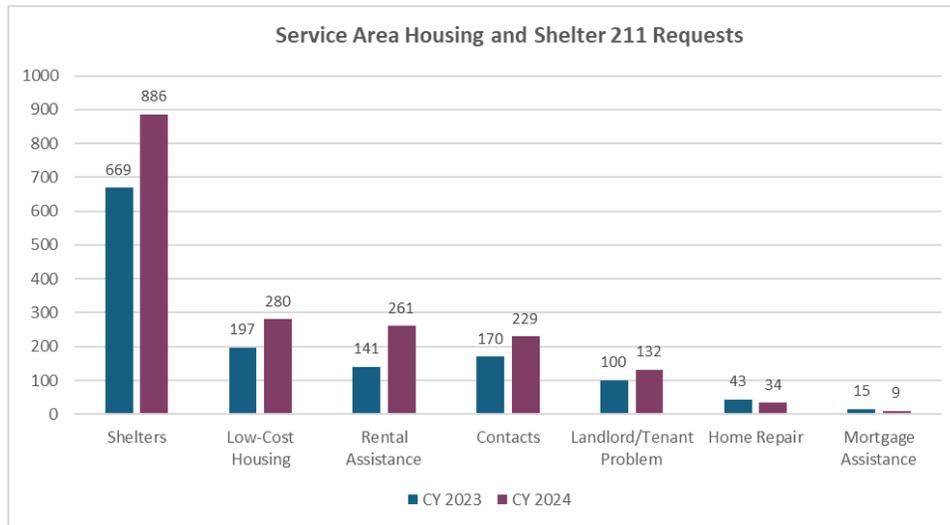
In the following chart, 211 behavioral health-related requests are shown by type of service requested. Requests for psychiatric services increased by nearly 95% while substance abuse services saw requests increase by more than 52%.



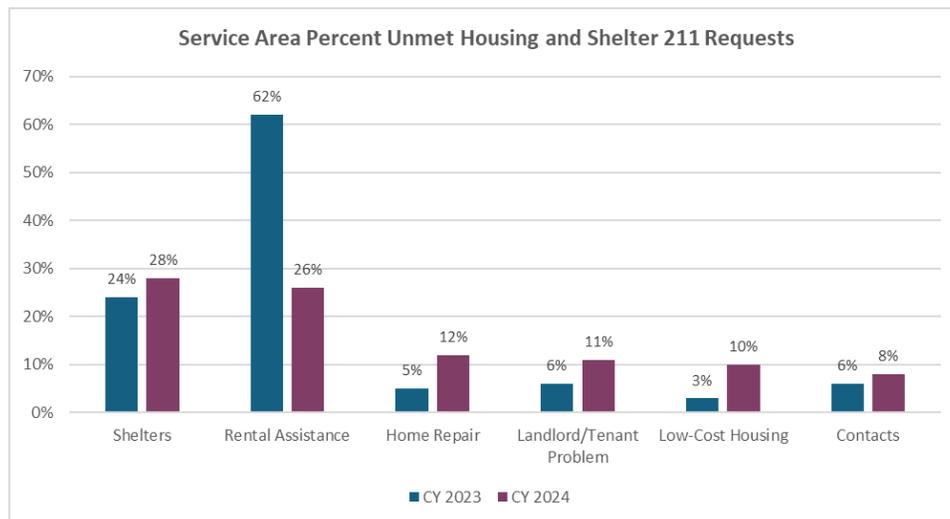
Despite this increase in behavioral health services requests in 2024, nearly all requests resulted in a referral for services.



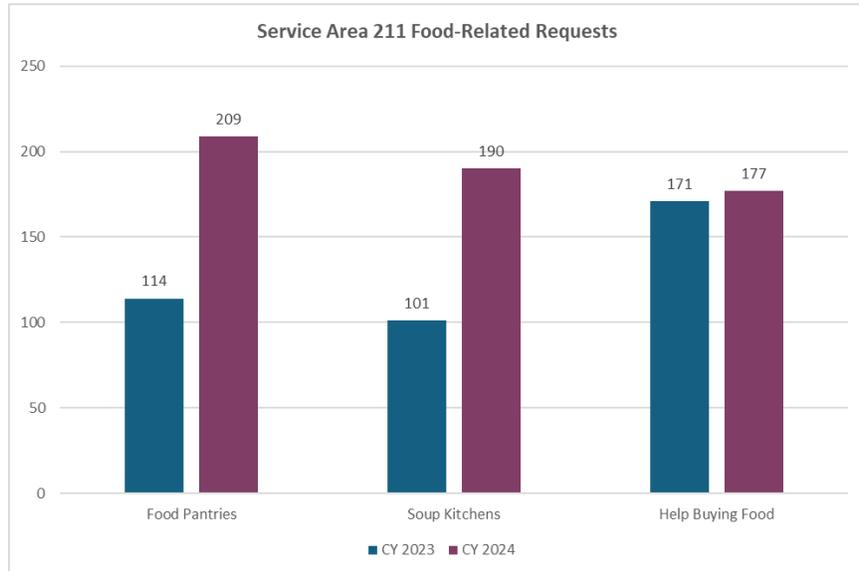
Housing was the second most frequent reason for service area resident calls to 211. Between 2023 and 2024, requests for shelters grew 32.4%; requests for low-cost housing grew 42.1%; and requests for rental assistance grew by 85.1%.



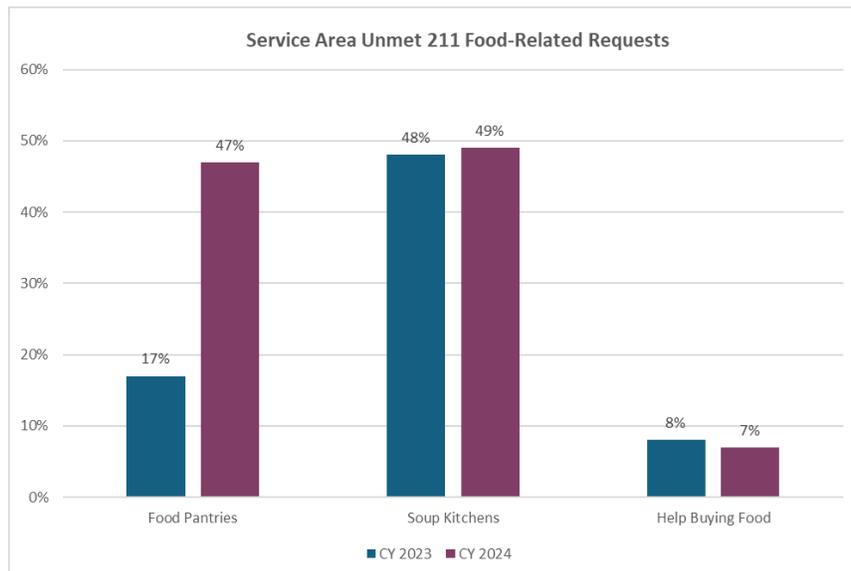
Despite the dramatic increase in rental assistance requests, there were significant improvements in meeting these needs. The unmet need for shelters increased during 2024.



Food insecurity was the third most frequent cause for calls to 211 in the Day Kimball service area. In 2024, requests for food pantries grew by more than 83% while requests for soup kitchens grew by 88%.



Nearly one half of food pantry and soup kitchen requests were unmet in 2024. Notably, these data points pre-date federal funding cuts.



HEALTH AND WELL-BEING

This section reports federal data on the prevalence of certain chronic health conditions, area residents' sense of general well-being, prevalence of certain health behaviors, participation in preventative care, and adherence to recommended health screenings.

The following table arrays the prevalence of self-reported chronic health conditions and general well-being for the Day Kimball service area versus the State of Connecticut. Area residents are more likely to have coronary heart disease, high blood pressure, obesity, COPD, depression, and report poor mental health than the statewide rates.

Measure	CHNA Area	State of CT	Percent Difference
			CHNA Area vs. CT Statewide
Cancer (excluding skin cancer) among adults (%)	7.0%	6.9%	1.4%
Coronary heart disease among adults (%)	5.4%	5.2%	3.8%
High blood pressure among adults (%)	31.0%	29.7%	4.4%
High cholesterol among adults (%)	31.4%	33.4%	-6.0%
Stroke among adults (%)	2.8%	2.8%	0.0%
Depression among adults (%)	24.6%	20.9%	17.7%
Mental health not good for two weeks or more among adults (%)	15.3%	14.6%	4.8%
Diagnosed diabetes among adults (%)	9.6%	9.4%	2.1%
Chronic kidney disease among adults (%)	2.7%	2.8%	-3.6%
Obesity among adults (%)	34.7%	30.2%	14.9%
Chronic obstructive pulmonary disease among adults (%)	6.5%	5.7%	14.0%
Current asthma among adults (%)	11.2%	11.1%	0.9%
Fair or poor self-rated health status among adults (%)	13.1%	13.3%	-1.5%
Physical health not good for two weeks or more among adults	10.6%	10.0%	6.0%

Source: CDC PLACES (2020-2021)

The Center for Disease Control (CDC) collaborates with the Robert Wood Johnson Foundation to produce health data for small areas across the United States. This include data from telephone survey data as well as the Behavioral Risk Factor Surveillance System. This joint effort is named PLACES: Local Data for Better Health (CDC Places). The following table compares Day Kimball service area social and health behaviors with statewide population. These behaviors are known to impact overall health and wellbeing.

Measure	CHNA Area	State of CT	Percent Difference
			CHNA Area vs. CT Statewide
Binge or heavy drinking (%)	17.7%	15.5%	14.2%
Current adult smokers (%)	16.5%	13.9%	18.7%
Fewer than 7 hours of sleep on average (%)	33.8%	33.6%	0.6%
No leisure time physical activity (% of adults)	21.5%	22.7%	-5.3%
Taking medicine for high blood pressure control among adults with high blood pressure (%)	75.7%	75.9%	-0.3%
Visits to dentist or dental clinic among adults (%)	71.0%	70.4%	0.9%
Visits to doctor for routine checkup within the past year among adults (%)	74.5%	75.3%	-1.1%
Cervical cancer screening among adult women aged 21-65 years (%)	86.3%	86.0%	0.3%
Cholesterol screening among adults (%)	88.0%	88.3%	-0.3%
Mammography use among women 50-74 years (%)	77.0%	80.2%	-4.0%

Source: CDC PLACES (2020-2021)

CDC PLACES data demonstrates that service area residents are more likely to engage in risk behaviors such as excessive alcohol use and smoking tobacco products. Area women are also less likely to follow preventative mammography screening guidelines. These behaviors negatively impact area resident health.

Consistent with its high smoking rates, Windham County has the highest age-adjusted incidence of lung and bronchus cancers in Connecticut, and the rate is rising.

	Age-Adjusted Incidence Rate per 100,000 Population, 2017-2021									
	All Races		Asian		Black		White		Hispanic	
	County	State	County	State	County	State	County	State	County	State
All Cancer Sites	462.3	445.5	S	258	430.6	414.3	473.5	455.1	345.5	417.6
Breast (Female)	131.9	143.1	S	88.5	S	135.4	134.2	148.1	82.5	122.8
Colon & Rectum	32.8	30.1	S	19.8	S	35.2	33.2	29.3	S	30.9
Lung & Bronchus	72.2	53.5	S	22.7	S	46.7	76	56.9	S	34.2
Prostate	100.7	130	S	51.2	S	204.8	100.2	125.4	S	116.2

Note: "S" indicates the data have been suppressed. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category.

Source: statecancerprofiles.cancer.gov

HOSPITAL UTILIZATION RATES FOR KEY HEALTH INDICATORS

This section examines how area residents with chronic conditions, infections, and mental health/substance use diagnoses use hospital services such as inpatient admissions, emergency department admissions and observation admissions. Data was sourced from ChimeData, which is a data warehouse of hospital encounters supplied by each acute care hospital in Connecticut. Wherever possible, the key health indicators reported herein align with evidence-based quality and prevention measures established by the Agency for Healthcare Research and Quality (AHRQ), available at <https://qualityindicators.ahrq.gov/>.

All rates for each health indicator are based on a count of distinct patients who reside in the Day Kimball service area in fiscal year 2024 and had at least one hospital encounter in either inpatient, emergency department, or observation status settings with a principal diagnosis that matches one of the ICD-10-CM codes for a given health indicator. To calculate rates, the encounter counts for individual key health indicators were divided by population estimates from the U.S. Census Bureau's American Community Survey 5-Year Data (2018-2022), which is available at <https://data.census.gov/>.

To ensure the anonymity of this data, any measure for any given group and any age category with a count of less than 16 has been suppressed and therefore, not reported. Each calculated rate in this section is per 1,000 population.

Table 1 lists the 15 health indicators from highest hospital utilization in the Day Kimball service area to lowest utilization. Please note that the data reflects utilization based on residence in the Day Kimball service area and does not mean that care was sought at Day Kimball Hospital or in the service area. Care could have been delivered at any of Connecticut's acute care hospitals. Table 1A breaks out substance related disorders hospital utilization among area residents. Note that the substance use disorder utilization does not capture encounters at non-hospital substance use treatment facilities.

Table 1: Ranked List of 15 Select Health Indicator Hospital Utilization Rates for Adults in Connecticut

CHNA Rank	Health Indicator	Age-Adjusted Principal Diagnosis Rate per 1,000 Adults		Percent Difference
		CHNA Area	State of CT	CHNA Area vs. CT Statewide
1	Mental Health Composite	12.0	10.4	15.6%
2	Heart Failure (HF)	9.0	4.3	109.9%
3	Sepsis	8.7	8.4	3.7%
4	Chronic Obstructive Pulmonary Disease (COPD)	8.2	2.2	276.3%
5	Substance-Related Disorders (SRD)	6.9	8.1	-15.0%
6	Community Acquired (CommAcq) Pneumonia	6.4	4.3	46.5%
7	High Blood Pressure (HBP)	5.2	4.5	15.1%
8	Stroke	5.2	2.5	104.9%
9	Acute Myocardial Infarction (AMI)	4.4	1.8	147.3%
10	Asthma	3.2	2.8	16.0%
11	Diabetes - Uncontrolled/Short Term Complications (Unc-STC)	2.7	2.7	-1.9%
12	Arthritis	2.3	1.8	29.0%
13	Coronary Artery Disease (CAD)	2.1	1.0	108.5%
14	Diabetes - Long Term Complications (LTC)	2.0	1.3	58.2%
15	Overweight/Obesity	0.0	1.0	0.0%

Table 1A: Ranked List of the 3 Substance-Related Disorder Subconditions

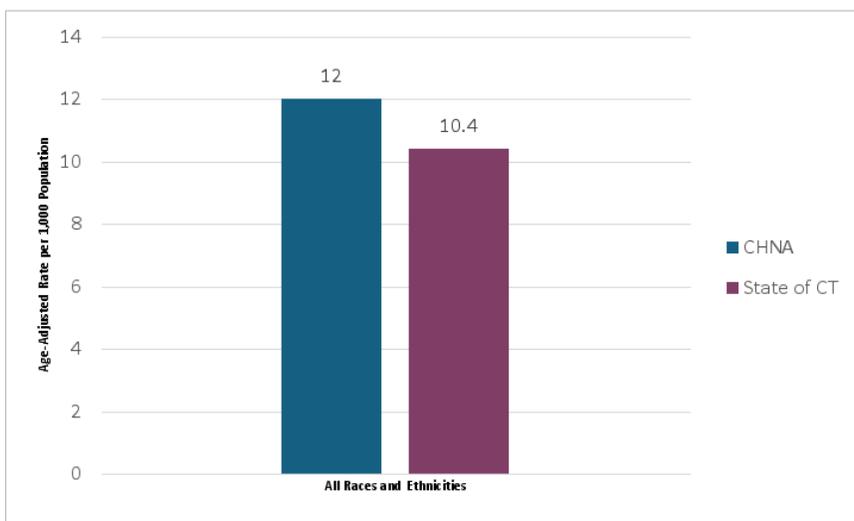
CHNA Rank	Substance-Related Disorder Subconditions	Principal Age-Adjusted Diagnosis Rate per 1,000 Adults		Percent Difference
		CHNA Area	State of CT	CHNA Area vs. CT Statewide
1	Alcohol-Related Disorders	4.3	4.6	-6.5%
2	Non-Opioid-Related Disorders	2.2	2.6	-15.4%
3	Opioid-Related Disorders	1.1	1.6	-31.2%

The data indicates that Day Kimball service area residents sought hospital services at higher rates than the statewide rate for Chronic Obstructive Pulmonary Disease (COPD), Acute Myocardial Infarction (AMI), Heart Failure, Coronary Artery Disease, Stroke, Long Term Complications of Diabetes, Community Acquired Pneumonia, and Arthritis – most of which are linked to smoking.

Each of the fifteen key health indicators were sorted by race, ethnicity, and age. However, given the small population size of Day Kimball’s service area and lack of racial diversity, much of the stratification was suppressed because the 16-person threshold was not met. Therefore, the following charts combine all races, ethnicity for adult-aged data. We hope to be able to aggregate multiple years’ worth of utilization in the next CHNA cycle so that the data exceeds suppression thresholds for age bands and race/ethnicity, allowing us to explore disparities more fulsomely.

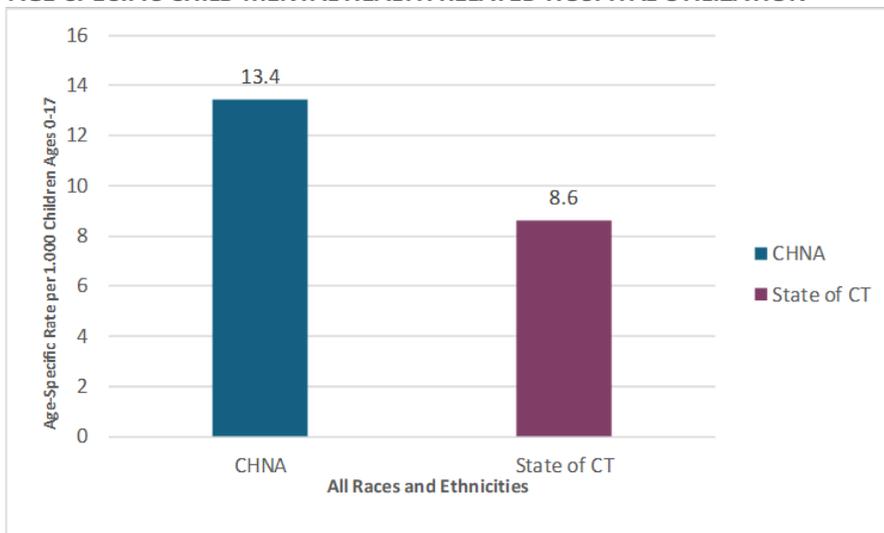
In fiscal year 2024, Mental Health problems were the number one cause of hospital admissions in the Day Kimball service area. The service area utilization rate of 12.3 per one-thousand population is 15.6% higher than statewide utilization.

AGE-ADJUSTED MENTAL HEALTH RELATED HOSPITAL UTILIZATION



The service area rate of hospital admissions of children younger than 18 years of age for mental health reasons is 44% higher than the statewide rate.

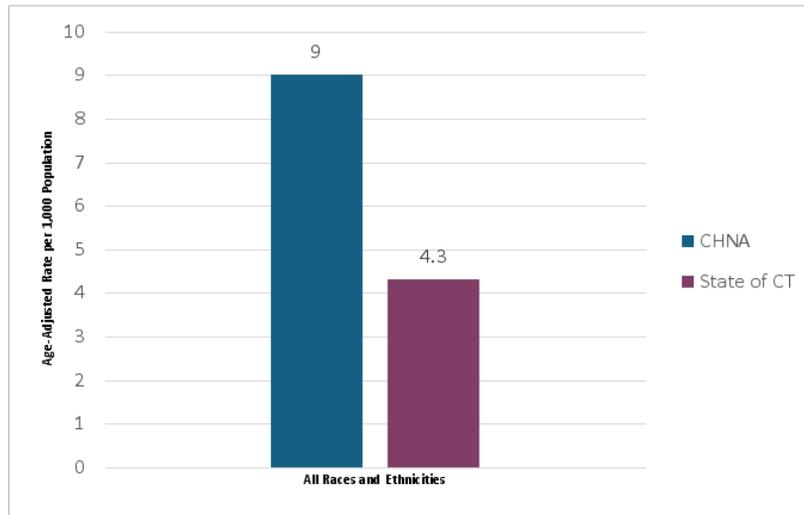
AGE-SPECIFIC CHILD MENTAL HEALTH RELATED HOSPITAL UTILIZATION



Heart Failure

Heart Failure is the second most frequent reason for adult hospital utilization in the Day Kimball service area, and the utilization rate is more than twice that of the entire State.

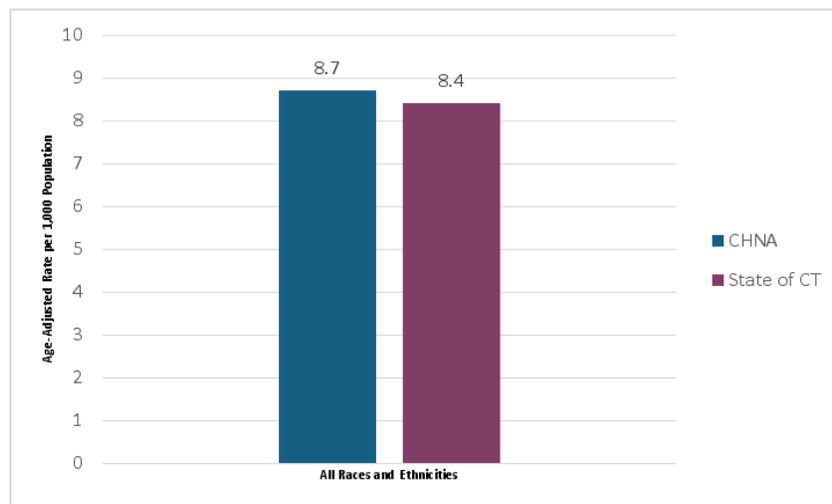
AGE-ADJUSTED ADULT HEART FAILURE HOSPITAL UTILIZATION



Sepsis

Sepsis is a life-threatening condition arising from the human body's response to an infection and is a medical emergency requiring prompt treatment. It is a leading cause of death and is one of the most expensive conditions to treat in hospitals. Day Kimball service area adults experience a rate of sepsis similar to the statewide rate.

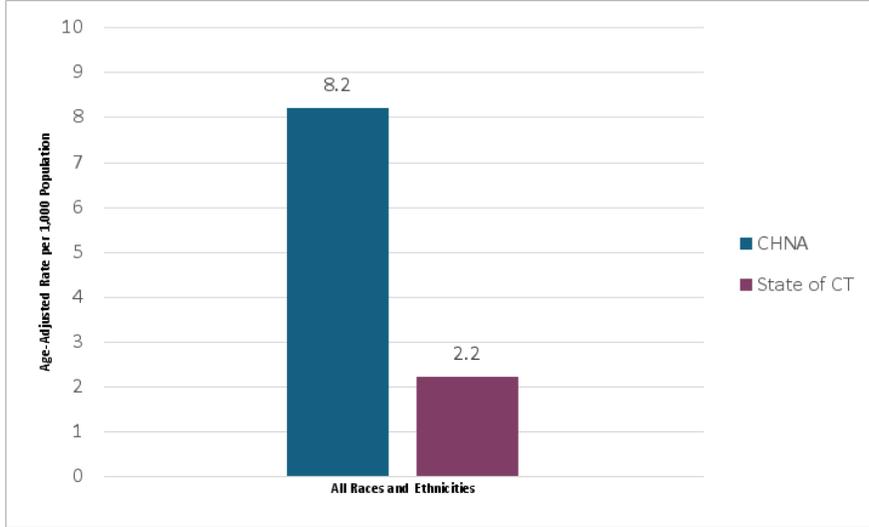
AGE-ADJUSTED ADULT SEPSIS HOSPITAL UTILIZATION



COPD

Consistent with the service area's high rate of cigarette smoking, the region has nearly three times the prevalence of hospital admissions for COPD than the state rate.

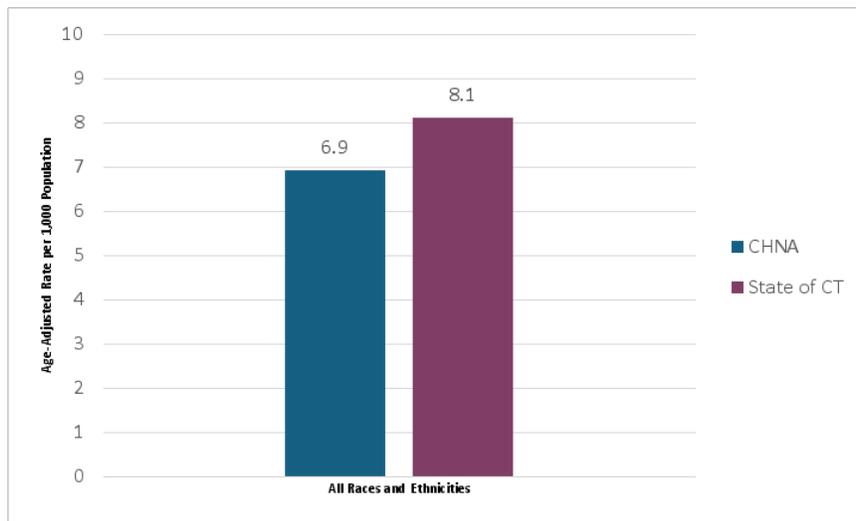
AGE-ADJUSTED ADULT COPD HOSPITAL UTILIZATION



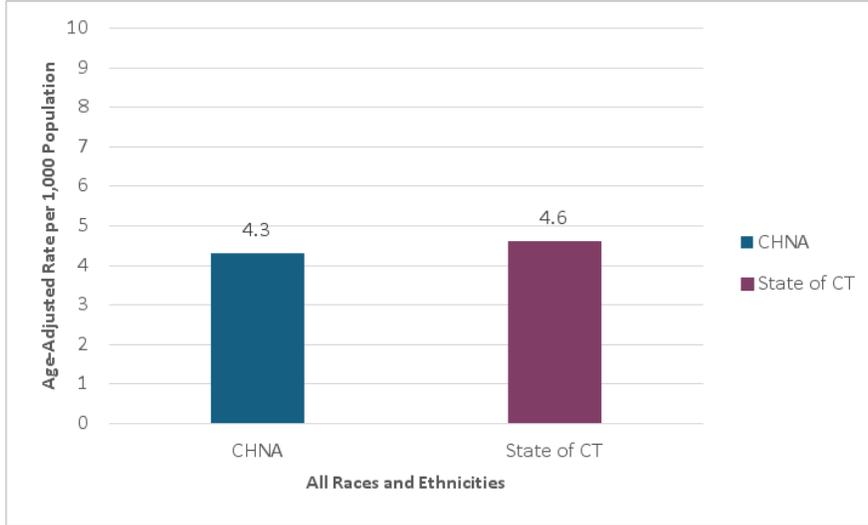
Substance Related Disorders

The fifth most common reason for hospital use in the Day Kimball service area is for Substance-Related disorders. In comparison to statewide utilization, the prevalence of substance use disorder acute care hospital utilization lags. Readers should note that this data is limited to admissions with a primary substance use disorder diagnosis and likely understates the true impact of substance use disorders on healthcare utilization. The next four charts show the aggregate substance use disorder utilization followed by charts that break out alcohol, non-opioid substance use, and opioid use disorders.

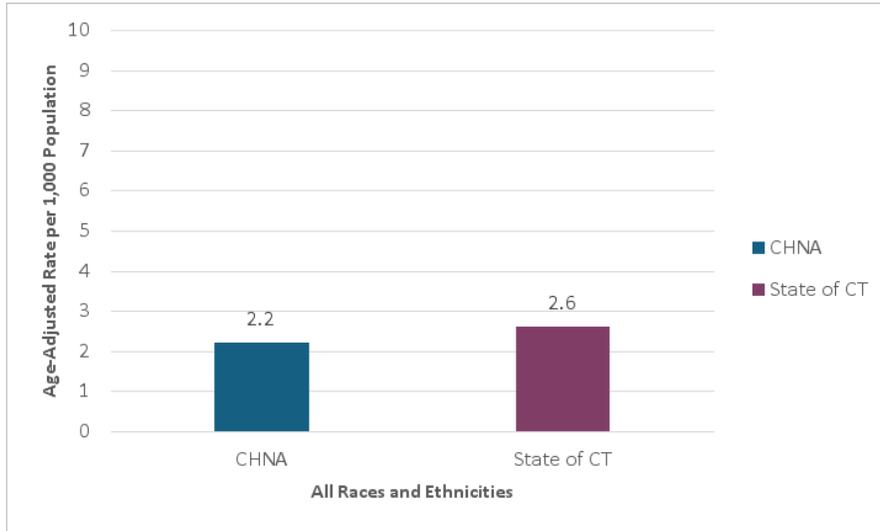
AGE-ADJUSTED ADULT SUBSTANCE USE DISORDERS



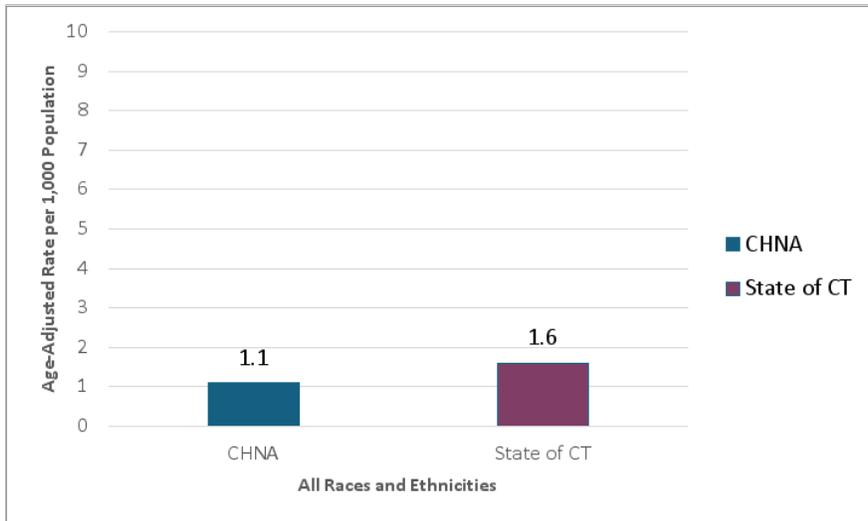
AGE-ADJUSTED ADULT ALCOHOL USE DISORDERS



AGE-ADJUSTED ADULT NON-OPIOID SUBSTANCE USE DISORDERS



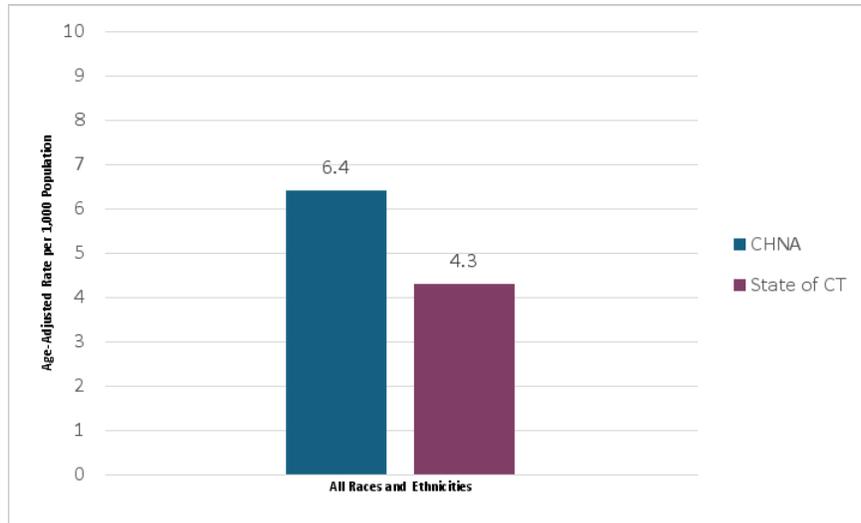
AGE-ADJUSTED ADULT OPIOID USE DISORDERS



Community Acquired Pneumonia

Community Acquired Pneumonia (CAP) is a leading cause of hospitalization and the eighth leading cause of death in the United States. Risk increases with age, which is why adults 65 years and older should receive a pneumococcal vaccine. CAP is the sixth leading cause of hospital admissions in the Day Kimball service area. Notably, smoking is a significant risk factor for CAP. Both current and former smokers are at increased risk compared to those who have never smoked. The CAP rate in the Day Kimball service area is 46.5% higher than the statewide rate.

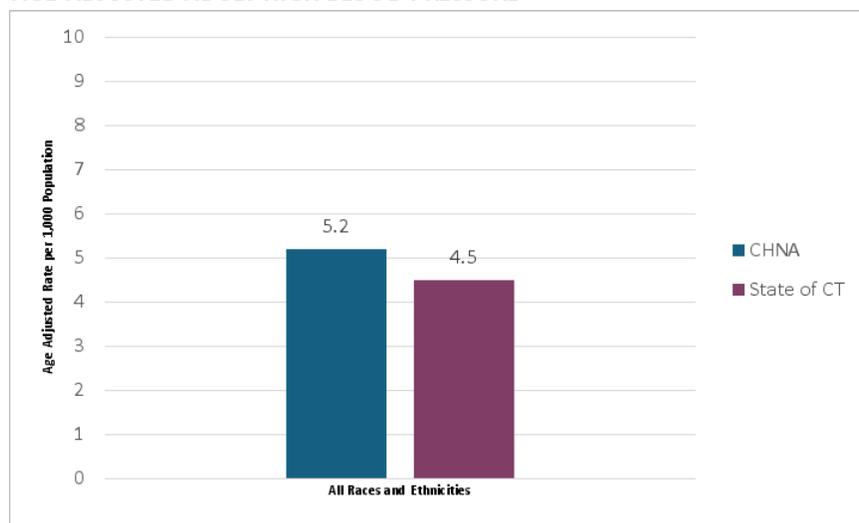
AGE-ADJUSTED ADULT COMMUNITY ACQUIRED PNEUMONIA



High Blood Pressure

High Blood Pressure is an important community health indicator because it is a major risk factor for heart disease and stroke, which are leading causes of death. Known as the “silent killer”, high blood pressure often has no symptoms. Residents of the Day Kimball service area experience about 15% higher rates of hospital admissions for high blood pressure than the statewide rate.

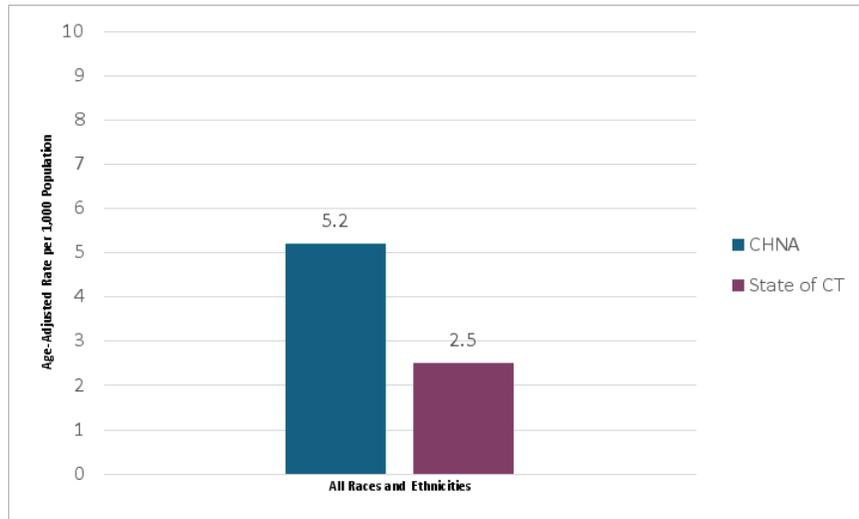
AGE-ADJUSTED ADULT HIGH BLOOD PRESSURE



Stroke

The Day Kimball service area has a hospital admission rate for Stroke that is 105% higher than the statewide rate. Stroke risk factors include a history of smoking and high blood pressure, and has been linked to poverty, lack of access to healthy food, and lower levels of education. It is also a leading cause of disability which has a long-term economic impact on families and the community at large.

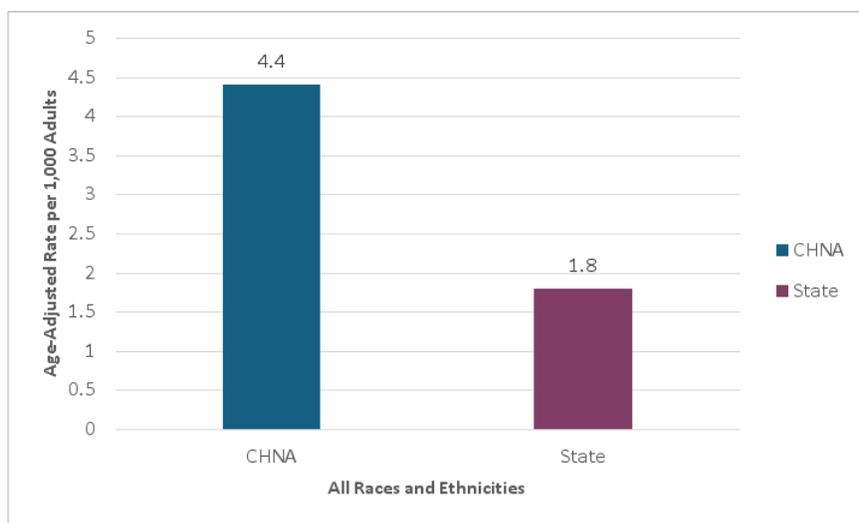
AGE-ADJUSTED ADULT STROKE



Acute Myocardial Infarction

Acute Myocardial Infarction (heart attack) rates reflect the overall heart health of a community. Heart attacks are associated with disability, death, and high-cost healthcare. The risk of heart attack can be lowered by modifying risk factors such as smoking, obesity, physical inactivity, and unhealthy diet. The Day Kimball service area rate of hospital admissions for heart attack is 147.3% higher than the statewide rate.

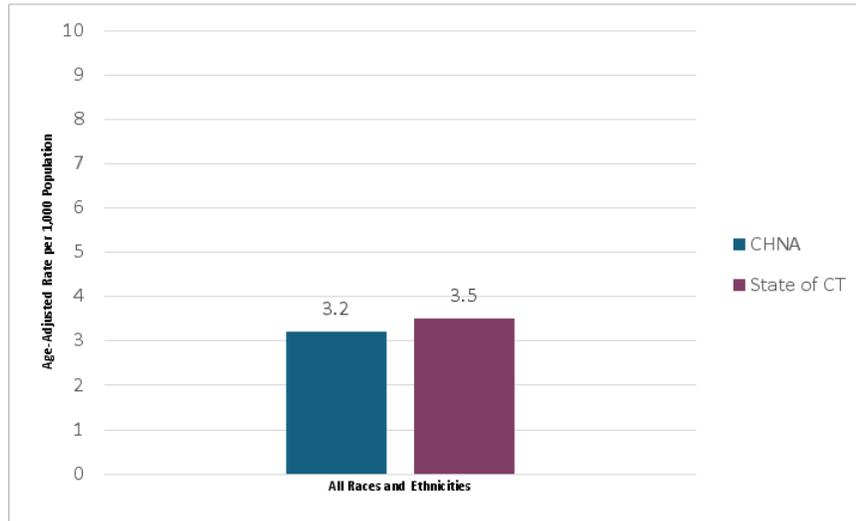
AGE-ADJUSTED ADULT ACUTE MYOCARDIAL INFARCTION



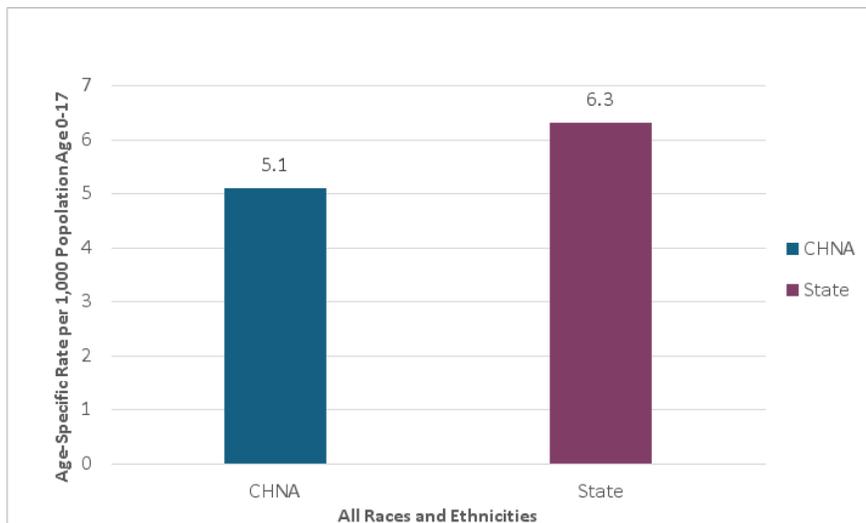
Asthma

Asthma is another key community health indicator due to its widespread prevalence, impacts on quality of life, and potential for disparities based on socioeconomic and environmental factors such as substandard housing and air quality. Asthma impacts the overall community through increased healthcare cost, missed school, missed work, and reduced overall well-being. Day Kimball service area adults and children have lower rates of hospital admissions for asthma compared to the statewide rate.

AGE-ADJUSTED ADULT ASTHMA



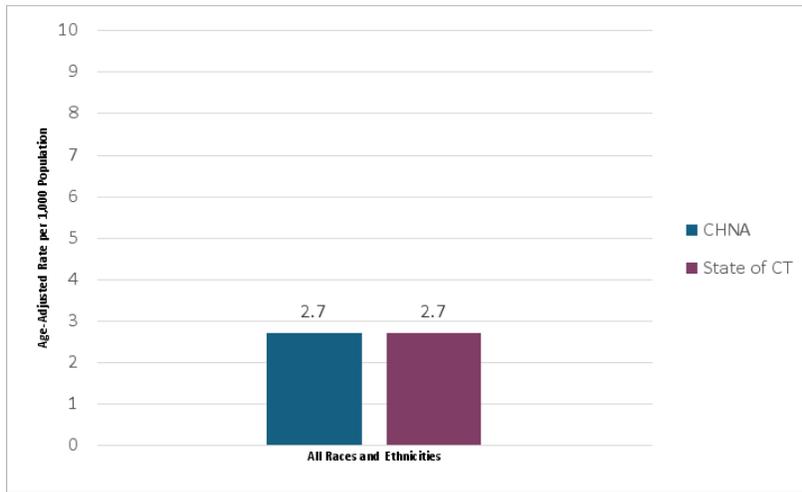
AGE-SPECIFIC PEDIATRIC ASTHMA



Diabetes

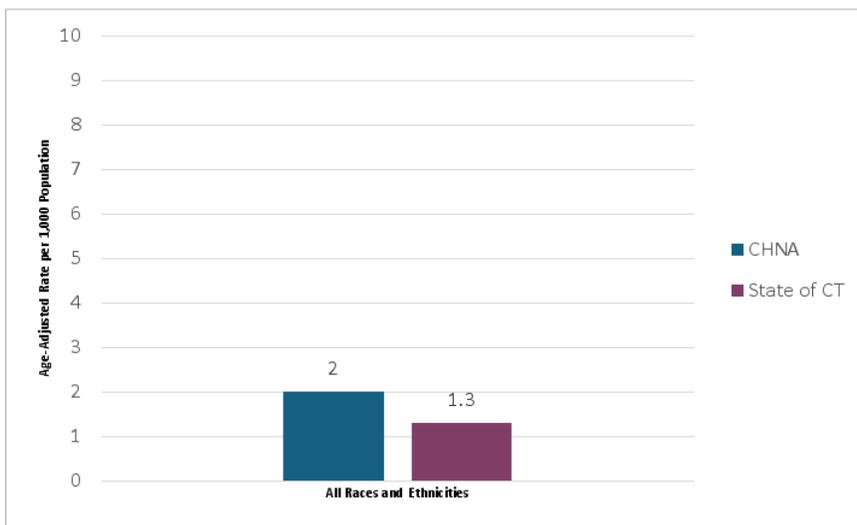
Diabetes disproportionately impacts minority groups and those with lower socioeconomic status. Hospital admissions are often preventable with timely, proper access to primary care. Factors such as food insecurity, lack of affordable housing, and low income negatively affect an individual's ability to manage diabetes. Therefore, hospital admissions for short-term diabetes complications or uncontrolled diabetes is an indicator of insufficient support for self-management or barriers to care access. Service area residents experience the same rate of hospital utilization as the state.

AGE-ADJUSTED ADULT SHORT-TERM DIABETES COMPLICATIONS OR UNCONTROLLED DIABETES



If diabetes is not adequately managed, the result is the development of long-term complications such as limb amputation, vision loss, and kidney failure. Timely and effective access to primary care can dramatically reduce these complications. The Day Kimball service area's rate of hospital admissions for long-term complications of diabetes is more than 58% higher than the statewide rate.

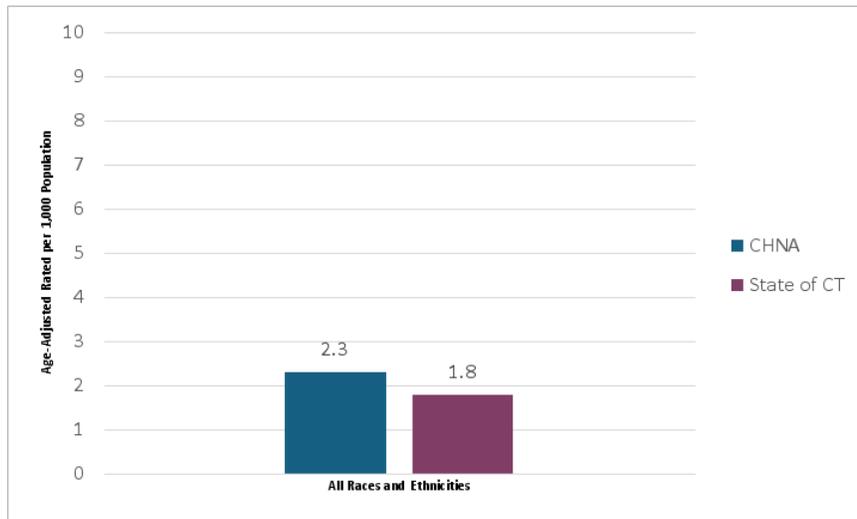
AGE-ADJUSTED ADULT LONG-TERM DIABETES COMPLICATION



Arthritis

Arthritis is a chronic condition that affects a sizable portion of the adult population. It disproportionately affects lower-income and minority populations and is considered to be an “ambulatory care-sensitive condition”, meaning that hospital admissions can be avoided through timely access to effective primary care and rheumatology services in the community. Day Kimball service area residents experienced 29% more hospital admissions than the statewide rate in 2024.

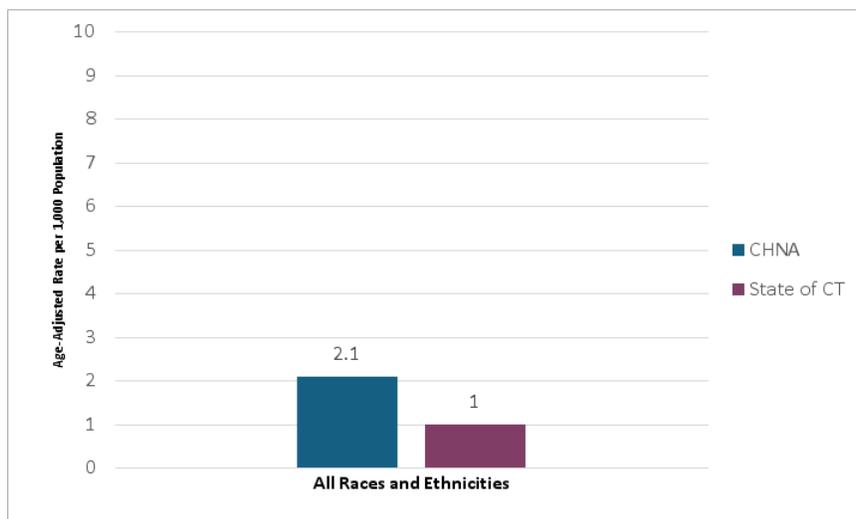
AGE-ADJUSTED ADULT ARTHRITIS



Coronary Artery Disease (CAD)

Coronary Artery Disease (CAD) is the most common type of heart disease and is the primary cause of heart attacks. It is linked to preventable risk factors such as smoking, high blood pressure, diabetes, high cholesterol, obesity and lack of exercise. Higher rates of hospital admissions for CAD suggest gaps in access to prevention strategies in the community. Further, CAD is linked to low socioeconomic status, poor diet, smoking, psychosocial stress, and reduced access to primary care. The Day Kimball service area rate of hospital admissions for CAD is twice that of the statewide rate.

AGE-ADJUSTED ADULT CORONARY ARTERY DISEASE



2024 DATAHAVEN COMMUNITY WELLBEING SURVEY

The DataHaven Community Wellbeing Survey is an annual survey conducted by DataHaven in all 169 towns in Connecticut since 2012. The 2024 Day Kimball service area survey was conducted from March 11 to July 25, 2024 via telephone interviews and paper surveys of randomly selected adults by the Siena College Research Institute. Some 119 area residents fully completed the survey, and the following chart summarizes participant characteristics.

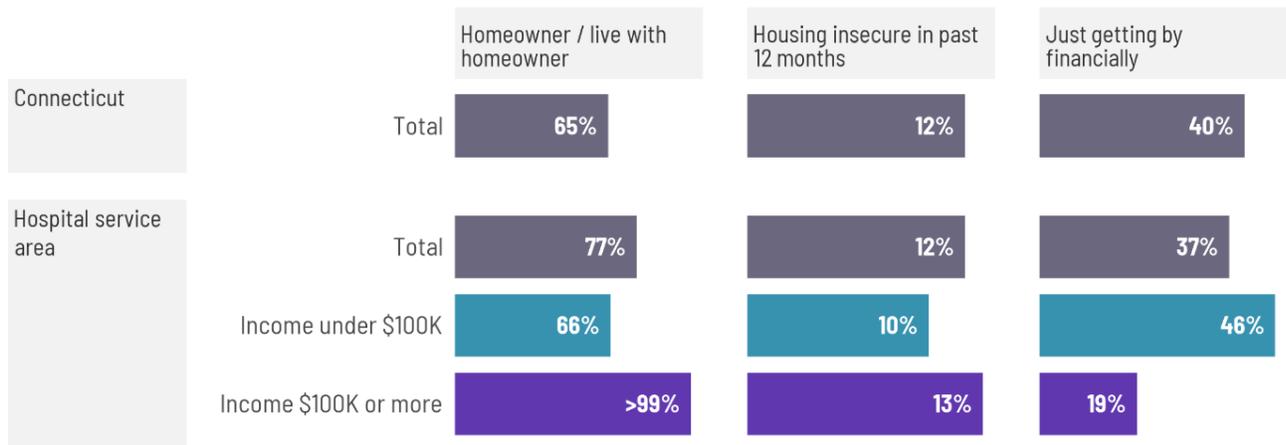
Category	Group	Observed count
Total	Total	119
Gender	Male	59
Gender	Female	57
Education	High school or less	30
Education	Some college or Associate's	51
Education	Bachelor's or higher	38
Income	Income >\$100K	30

Housing and Financial Well-Being

Service area residents have a higher percentage of home ownership than Connecticut as a whole and are somewhat less likely to report significant financial difficulties.

Housing and financial well-being

Share of adults, Day Kimball Healthcare service area by location and income, 2024



Source: 2024 DataHaven Community Wellbeing Survey

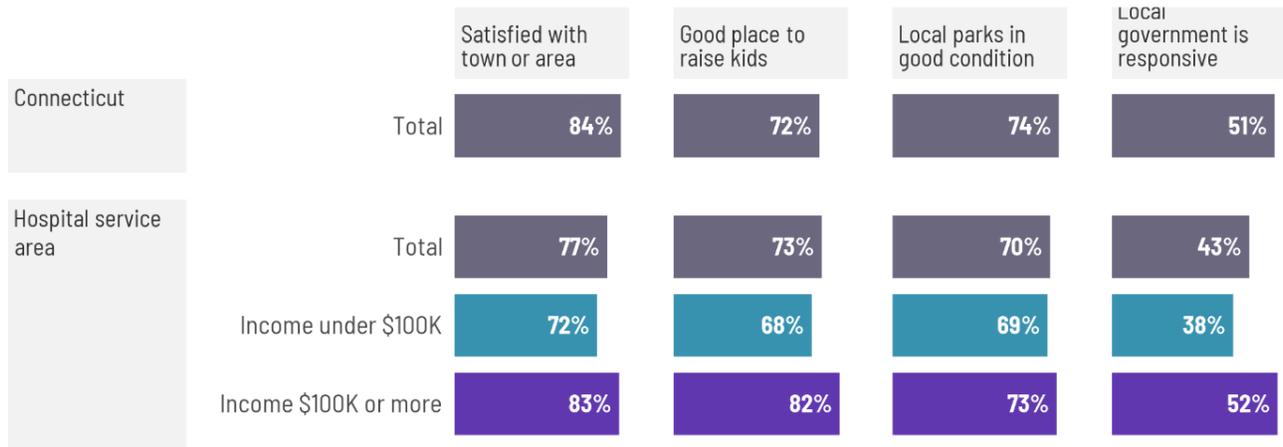
DataHaven

Community Satisfaction

Day Kimball service area residents are generally less satisfied with their communities and the responsiveness of local government officials than Connecticut residents as a whole. Community satisfaction improves as income levels increase.

Community satisfaction

Share of adults, Day Kimball Healthcare service area by location and income, 2024



Source: 2024 DataHaven Community Wellbeing Survey

DataHaven

Neighborhoods

Service area residents reported fewer opportunities for local access to recreational facilities in the region as well as a greater sense of insecurity while walking at night.

Neighborhoods

Share of adults, Day Kimball Healthcare service area by location and income, 2024



Source: 2024 DataHaven Community Wellbeing Survey

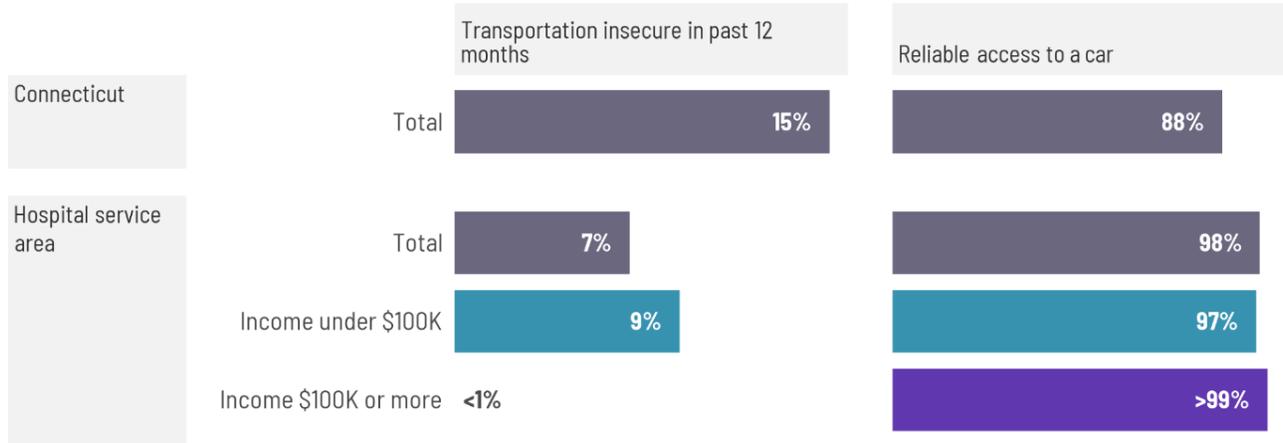
DataHaven

Transportation

Fewer service area residents reported being transportation-insecure in 2024. This finding may be a result of sampling rather than a true improvement in area transportation systems since the average 10-year (2015 – 2024) measure for transportation insecurity in the service area is 12%.

Transportation

Share of adults, Day Kimball Healthcare service area by location and income, 2024



Source: 2024 DataHaven Community Wellbeing Survey

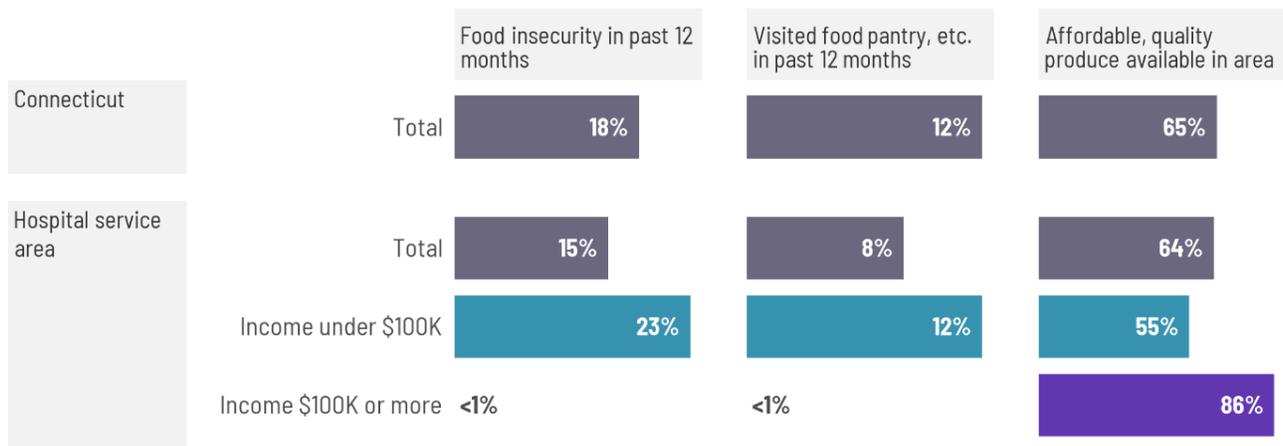
DataHaven

Nutritional Security

More service area residents with incomes less than \$100,000 report being food secure, reliant on food banks, and having less access to affordable fresh produce. According to the Center on Budget and Policy Priorities, substantial research shows that food insecurity increases the risk of poor health, complicates the ability to manage illness, and is linked to higher health care costs. In fact, food insecure households spend roughly 45% more on medical care per year than people in food secure households.

Nutritional security

Share of adults, Day Kimball Healthcare service area by location and income, 2024



Source: 2024 DataHaven Community Wellbeing Survey

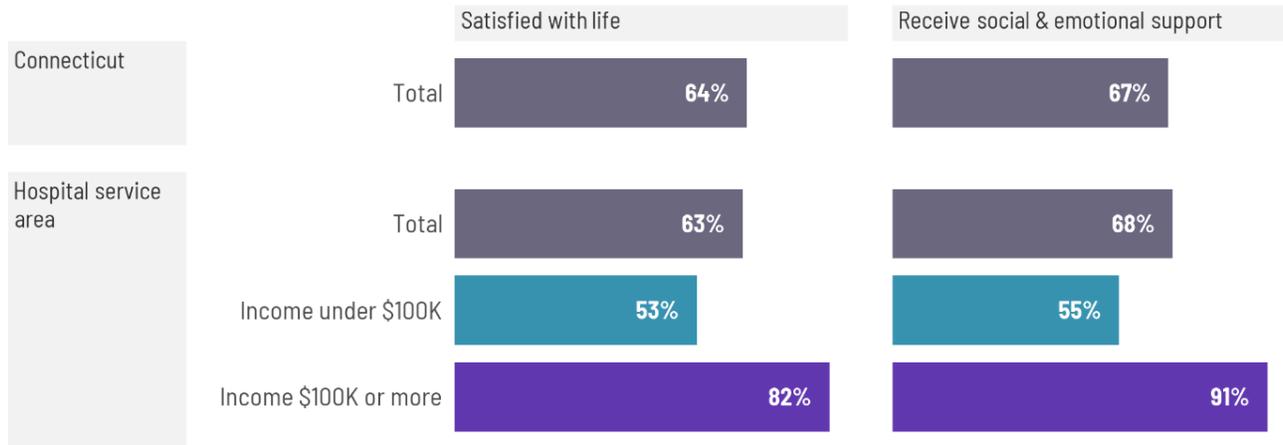
DataHaven

Well-Being and Support

In terms of overall satisfaction and community support, Day Kimball service residents report rates of life satisfaction and the availability of social and emotional support similar to Connecticut overall.

Well-being and support

Share of adults, Day Kimball Healthcare service area by location and income, 2024



Source: 2024 DataHaven Community Wellbeing Survey

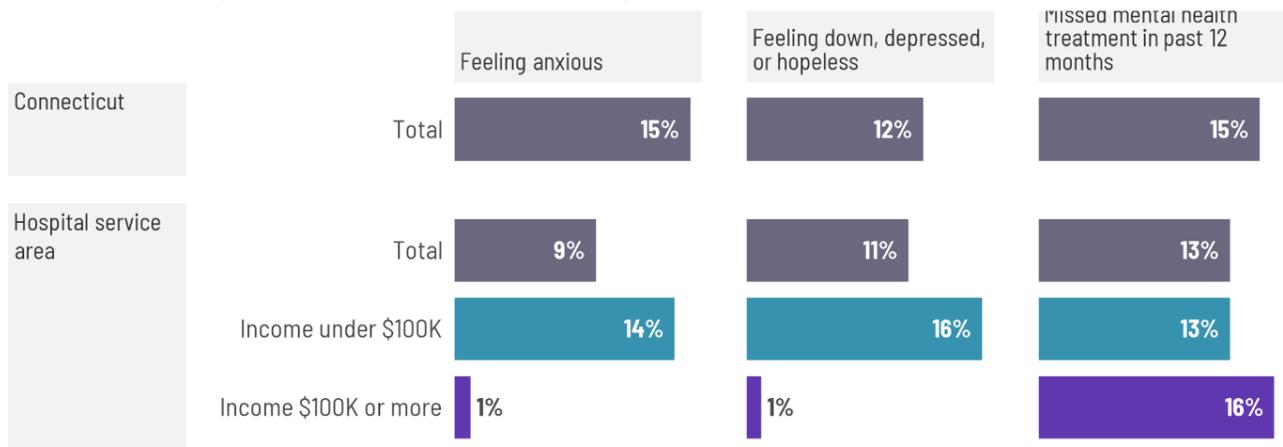
DataHaven

Mental Health

Area residents are less likely to experience anxiety or depression and report lower rates of missed mental health treatment appointments. Notably, area residents in higher income households are more likely to miss mental health treatment appointments than lower income households.

Mental health

Share of adults, Day Kimball Healthcare service area by location and income, 2024



Source: 2024 DataHaven Community Wellbeing Survey

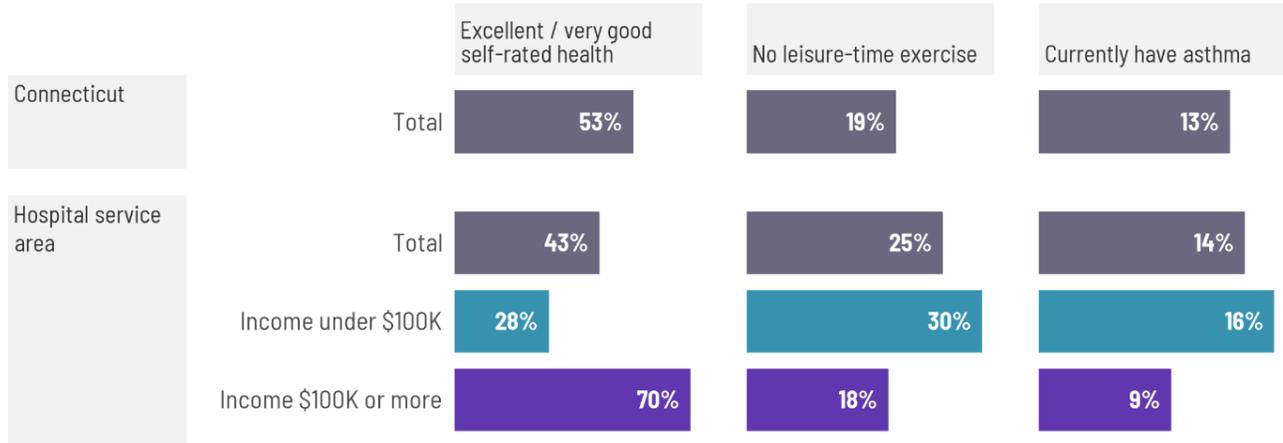
DataHaven

Health Status

Lower income service area residents are significantly less likely to report their health status as being “excellent” or “very good” and are more likely to avoid leisure-time exercise. Members of lower income household in the region report higher prevalence of asthma.

Health risks

Share of adults, Day Kimball Healthcare service area by location and income, 2024



Source: 2024 DataHaven Community Wellbeing Survey

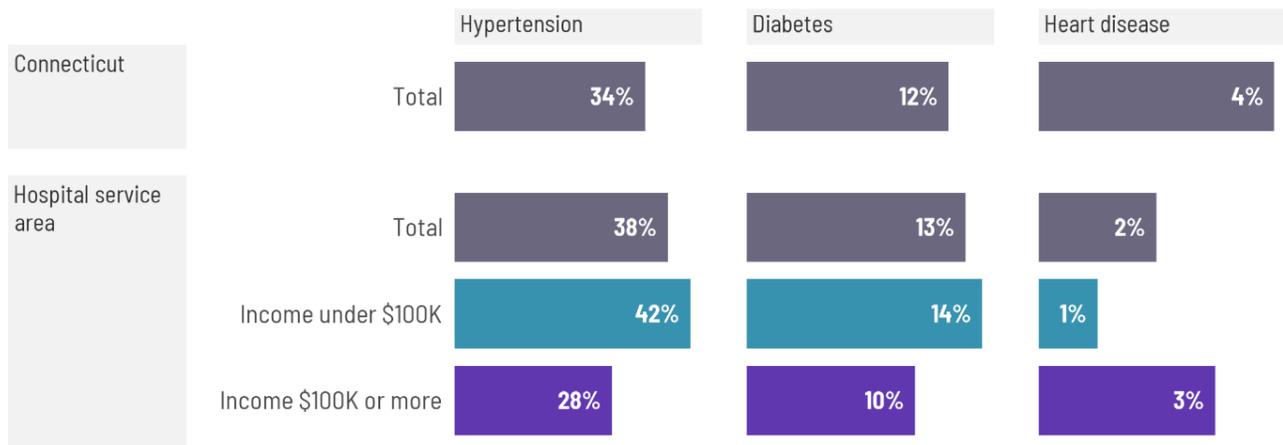
DataHaven

Chronic Conditions

Certain chronic diseases are known to be sensitive to societal issues such as poverty, food insecurity, substandard housing, and access to care. Service area residents report higher levels of hypertension and diabetes than the Connecticut as a whole. While the 2024 survey shows a low rate for heart disease in the service area, this result is inconsistent with the 10-year average of survey results (5%) and may be a sampling artifact.

Chronic disease

Share of adults, Day Kimball Healthcare service area by location and income, 2024



Source: 2024 DataHaven Community Wellbeing Survey

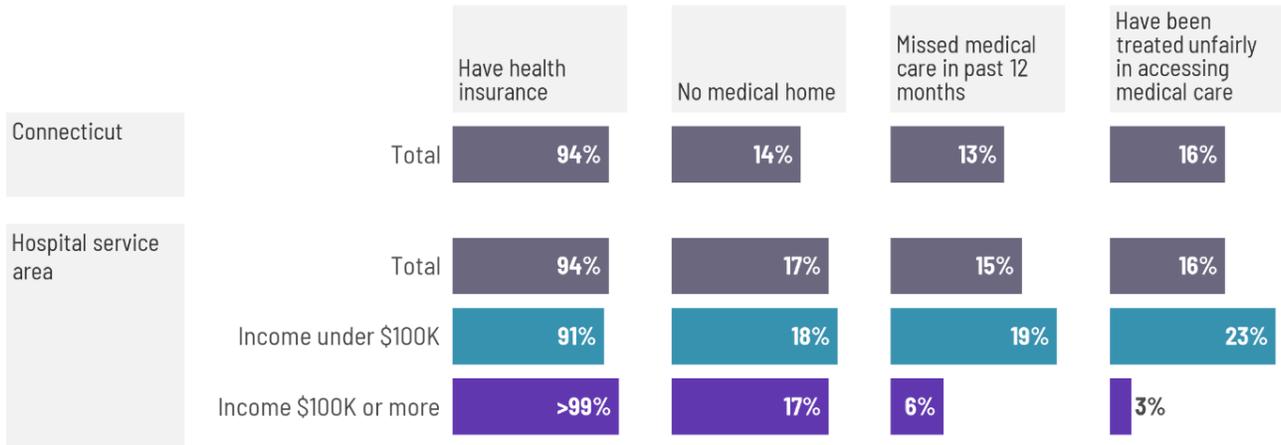
DataHaven

Healthcare Access

While the same proportion of area residents report having healthcare insurance as the statewide average, fewer report having a medical home and more report having missed medical care. Lower income area residents report being treated with less respect by providers or perceive receiving lower quality healthcare than others in the region.

Healthcare access

Share of adults, Day Kimball Healthcare service area by location and income, 2024



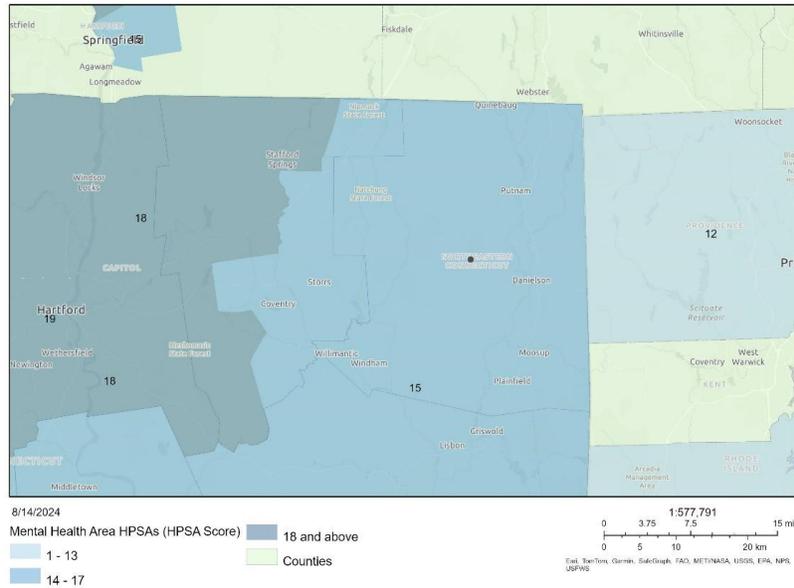
Source: 2024 DataHaven Community Wellbeing Survey

DataHaven

HEALTHCARE PROVIDER AVAILABILITY

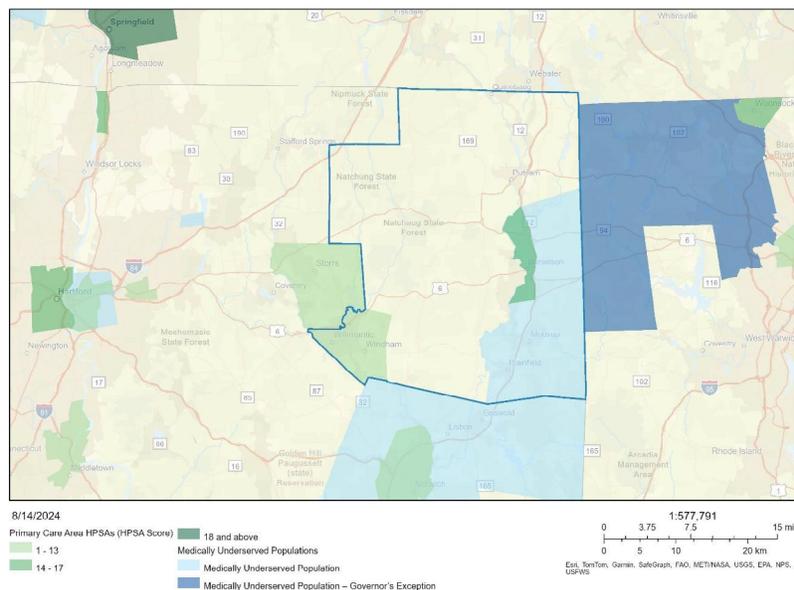
The Health Resources & Services Administration (HRSA) is a federal agency that analyses and scores geographies for professional shortages in primary care, dentistry, and mental health. Day Kimball's service area is within a Mental Health Professional Shortage Area, meaning there are not enough licensed providers to meet the region's mental healthcare needs.

Mental Health Professional Shortage Areas



In addition to having a shortage of Mental Health providers, the Day Kimball service area has a shortage of Primary Care providers to serve a region which is designated as Medically Underserved.

Primary Care Shortage Area/Medically Underserved Population



PROGRESS: 2025 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

In response to the transitional one-year 2024 Community Health Needs Assessment (CHNA), Day Kimball Health in collaboration with community partners, identified six priority areas and selected three to guide the development of a one-year Community Health Improvement Plan (CHIP). This transitional approach allowed Day Kimball to align its CHNA/CHIP cycle with other major health systems across Connecticut.

The three priority areas selected for focused action were:

- Behavioral Health
- Transportation
- Housing

To address these priorities, targeted strategies and measurable objectives were developed, and key organizations were identified to support implementation. Collective resources were leveraged to strengthen existing initiatives and create new programs designed to meet community needs. The following section provides an overview of the progress made in support of each objective.

TRANSPORTATION

Objective #1: Improve local access to innovative ride share and other transportation start-ups to address health and wellness transportation.

Strategy: Participate in regional transportation collaborative.

Outcomes: DKH leaders actively participated in several regional transportation collaboratives contributing to discussions with community partners aimed at addressing gaps in local transportation and identifying potential solutions. While much of the progress to date has been incremental, these conversations have highlighted practical opportunities that can help reduce transportation barriers over time. Continued participation will allow DKH to remain engaged in shaping long-term regional strategies.

Strategy: Collaborate with EASTCONN to narrow ride App project scope and quantify funding need.

Outcomes: DKH worked with EASTCONN and other local agencies to refine the scope of a community ride app project designed to connect residents to reliable transportation. The app is expected to launch in fall 2025, with the goal of increasing access to rides and reducing transportation-related barriers.

Objective #2: Identify possible sources of funding for patient medical transportation/wheelchair van services to Day Kimball treatment sites and patient discharge to lower levels of care.

Strategy: Identify potential grant opportunities to support the expansion of patient transport via QC Transport and/or KB Ambulance.

Outcomes: Due to the shortened one-year CHNA/CHIP cycle, DKH was not able to fully explore funding options for expanding patient transportation outside of our other efforts. This remains an important objective, and groundwork laid through transportation collaboratives and ride app development provides a foundation for deeper exploration of opportunities in our full CHNA/CHIP cycle.

BEHAVIORAL HEALTH

Objective #1: Improve public school staff ability to identify children with behavioral health needs and strengthen teaching staff resilience/reduce teacher burnout.

Strategy: Offer professional education sessions regarding identification of children with behavioral health needs.

Strategy: Provide school-based education for teaching staff on stress management and burnout prevention.

Strategy: Provide training to school faculty on implementing and maintaining internal peer support teams.

Outcomes: In October 2024, DKH partnered with EASTCONN to host a professional development session focused on behavioral health needs of school-aged children and staff wellness. Approximately 20-25 participants attended. DKH's Director of Behavioral Health Services facilitated presentations and discussions that addressed child behavioral health identification, staff stress management strategies, and models for creating and sustaining internal peer support systems. This collaborative session allowed educators and school staff to increase awareness, build practical skills and share experiences, while strengthening partnerships between health and education sectors.

Objective #2: Increase the child-adolescent behavioral health workforce in Northeast Connecticut.

Strategy: Offer a clinical internship program to train clinicians in child and adolescent behavioral health.

Outcomes: DKH continued its behavioral health internship program which provides clinical training opportunities for students. In this CHNA/CHIP cycle:

- One intern completed the program and joined DKH as a Licensed Professional Counselor Associate (LPC-A)
- A second intern will complete the program in December 2025
- A third intern is currently enrolled in the program
- A fourth intern will start the program in November 2025

Over the past 5 years, approximately 50% of program's interns have been hired into permanent positions within the DKH behavioral health department. This outcome demonstrates the internship's effectiveness as both a training pipeline and a recruitment tool, helping to grow the local behavioral health workforce and increase access to care for children and families.

FOOD INSECURITY

Objective #1: Expand access to affordable, healthy food including fresh fruits and vegetables.

Strategy: Assist TEEG with finding additional food storage capacity so it can expand services.

Outcomes: While DKH explored options to support TEEG in expanding food storage capacity, regulatory statutes prevented the hospital from serving as a storage site. This limitation underscored the importance of identifying alternative community based solutions. DKH remains committed to working with TEEG and other local partners to explore feasible options for expanding food storage and food distribution in the future.

Strategy: Raise funds to help local schools eliminate school lunch debt so more students may be served.

Outcomes: DKH conducted research into school meal programs across the service area and found that most districts already offer free lunch or similar assistance programs for eligible students. As a result, the need for direct debt relief appeared limited. DKH will continue to inventory local schools to monitor gaps and identify targeted opportunities to support students who may still face food insecurity.

Strategy: Identify a campus location and begin the planning process for a community garden at DKH, including implementation and food distribution strategies.

Outcomes: Although a campus location for a community garden was not identified during this CHNA/CHIP cycle, DKH recognizes the potential for a garden to provide fresh produce and serve as an educational resource. This initiative has been identified as a priority for exploration in our full CHNA/CHIP cycle, with the aim of developing a feasible design and distribution plan.

Strategy: Develop a post-discharge food support program, ensuring patients in need have access to nutritious meals.

Outcomes: DKH established internal processes to identify patients who may require food assistance upon discharge, secured necessary equipment, and created a workflow for program implementation. However, changes in federal policy and funding restrictions for food pantries halted program launch just as preparations were finalized. DKH continues to seek new partnerships to activate this program, recognizing its potential to improve patient health outcomes and reduce readmissions.

Objective #2: Provide community education and food preparation demonstrations that address healthy eating on a limited budget.

Strategy: Provide community-based nutrition education/food preparation classes for at-risk populations (low-income, chronic disease, infants and children).

Outcomes: DKH's registered dietitian provided nutritional educational sessions at the YMCA, and launched two free, ongoing community nutrition classes in 2025, one focused on diabetes management and another on nutrition and heart health. These programs expand access to evidence-based nutrition education, support individuals in managing chronic conditions, and reflect DKH's commitment to preventative health through community engagement.

PRIORITIZATION OF HEALTH NEEDS

During the summer of 2025, we reached out to our community partners to review progress on our interim 2025 Community Health Improvement Plan (CHIP) initiatives, share current CHNA findings, seek input on retaining the 2024 interim priorities, and ask for their thoughts on additional community needs they witness. Each of the responding community partners endorsed Transportation, Food Insecurity, and Behavioral Health as priority needs for the upcoming CHIP.

Respondents offered the following comments regarding the priorities established in the interim 2024 CHNA as well as recommendations for refining the focus in the upcoming CHIP, including:

- **Transportation:**

- 100% reported that the lack of reliable public transportation continues to negatively impact community wellness because it causes patients to miss appointments, have difficulty getting to pharmacies, and have difficulty getting to the grocery store for nutritious food.
- While hopeful that the pilot program between EASTCONN and DKH is successful and can be expanded in the region, government assistance is needed to solve this persistent issue.

- **Food Insecurity:**

- 80% of respondents identified ongoing lack of access to affordable, healthy food in the region.
- 80% of respondents also stated that federal funding cuts to SNAP and food banks have significantly reduced access to food in the region.
- One community partner specifically cited the paucity of grocery stores within reasonable commuting distances, causing residents to over-utilize convenience stores which are costly and lack nutritious foods.
- One community partner expressed concerns that SNAP cuts will cause a greater reliance on school nutrition programs at a time when there are potential funding cuts on the horizon.

- **Behavioral Health:**

- Access to behavioral health services continues to be challenging, particularly for adolescents and young adults.
- Because of a lack of available treatment, community partners observed a troubling increase in adolescents and young adults turning to Artificial Intelligence as a source of care.
- One organization reported a 25% increase in demand for behavioral health services coupled with higher acuity.
- Respondents also reported increased depression and anxiety among Medicaid beneficiaries and non-citizens tied to recent immigration and Medicaid policy changes at the federal level.
- 40% of respondents noted increased needs for mental health and substance use treatment for older adults.
- 100% of respondents cited transportation issues as a barrier to behavioral healthcare access.
- 60% of respondents cited stigma as a barrier to seeking out behavioral health services.
- 60% of respondents also cited lack of available provider appointments as well as cost/insurance coverage issues as ongoing barriers to obtaining behavioral health services in the region.

In addition to asking for an assessment of the three current priority areas, we asked our partners about the current availability of evidence-based smoking cessation programs because of the persistently high rates of smoking and associated chronic diseases.

- 80% of respondents reported a decrease in cigarette smoking, but an increase in vaping and chew tobacco products.
- 80% of respondents stated that they rarely experience requests for tobacco cessation help.
- Respondents indicated that program availability is sporadic due to funding issues, offered on a limited basis, and not widely known in the community.
- Respondents also noted a need for youth smoking prevention programming, better knowledge of and access to medication assisted treatment, greater coordination among community organizations and providers, and the use of virtual programming to increase evening and weekend access to treatment.

The community partner survey included an open-ended question regarding additional needs observed in the community.

- 60% of the respondents recommended adding Access to Care as a priority need. Concerns included ongoing shortages of healthcare professionals and difficulty recruiting in the region.
- 40% of respondents recommended including Housing as a priority need.

Based upon our community partner feedback as well as the data presented in this CHNA, DKH is establishing Access to Care, Food Insecurity, and Housing as the priority needs for the upcoming CHIP. Behavioral Health, Transportation, and Smoking Cessation will be addressed under the Access to Care umbrella. Over the coming months, DKH will engage community partners in developing the 2026 CHIP to be published in February 2026.

ADDITIONAL RESOURCES

- DataHaven 2024 Community Wellbeing Survey Crosstabs, Day Kimball Service Area (https://www.daykimball.org/files/public/dcws_day_kimball_healthcare_2024v1.xlsx)
- DataHaven 2015-2024 Community Wellbeing Survey Crosstabs, Day Kimball Service Area (https://www.daykimball.org/files/public/dcws_day_kimball_healthcare_2015_2024-v0.2.0.xlsx)
- Center on Budget and Policy Priorities; “SNAP is Linked With Improved Health Outcomes and Lower Health Care Costs”. <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-health-outcomes-and-lower-health-care-costs>
- DataHaven report, “Coverage at Risk: Projected Losses in Medicaid and Access Health CT by Town and Community”. <https://www.ctdatahaven.org/reports/coverage-risk-projected-losses-medicaid-and-access-health-ct-town-and-community>
- United Way of Connecticut, “The State of ALICE in Connecticut: 2025 Update on Financial Hardship”. <https://www.ctunitedway.org/wp-content/uploads/2025/08/state-of-alice-report-connecticut-2025.pdf>
- Connecticut 211 <https://uwc.211ct.org/about-211>