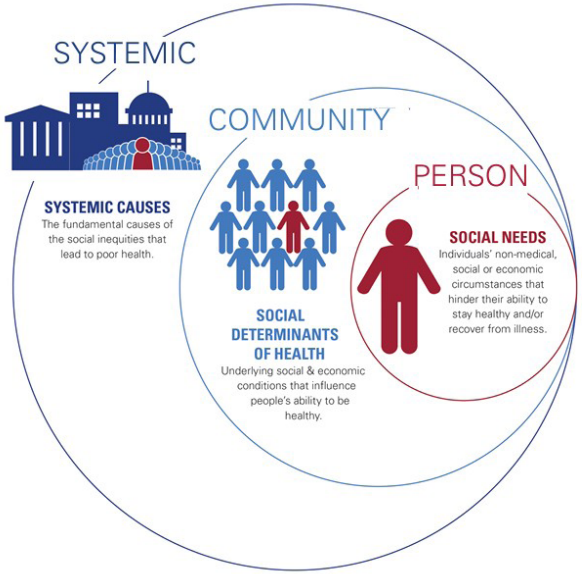
DKH DAY KIMBALL HEALTH

Community Health Improvement Plan 2026

INTRODUCTION

Each tax-exempt hospital is required to conduct a Community Health Needs Assessment ("CHNA") every three years and then develop and implement a Community Health Improvement Plan ("CHIP") to address priority health and wellbeing needs as identified by 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 purpose of this CHIP 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 identified in the CHNA - 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)

The full CHNA/CHIP cycle is guided by the 9-step process created by the American Hospital Association's Community Health Improvement initiative. The first 6 steps of the cycle relate to the CHNA assessment and development process. The remaining 3 steps reflect the CHIP development and implementation process

Source: Community Health Assessment Toolkit | ACHI (healthycommunities.org)

COMMUNITY HEALTH IMPROVEMENT PLAN

In 2025, Day Kimball Health developed a one-year CHIP while it migrated to the CHNA/CHIP cycle of the major health systems in Connecticut. The 2026 CHIP is a full three-year plan. Our local partners include Generations Family Health Center (Generations), Putnam Police Department, Thompson Ecumenical Empowerment Group, Inc.(TEEG), Interfaith Human Services of Putnam/Daily Bread (IHSP/Daily Bread), EASTCONN, The ACCESS Agency, the Eastern Connecticut Workforce Investment Board, the Northeast District Department of Health (NDDH), and HealthQuest Northeastern Connecticut (HealthQuest).

In our community partner survey, multiple organizations expressed concerns that recent federal policy and funding changes have caused an increase in area residents' inabilities 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.

This CHIP was presented to and approved by the Day Kimball Health Board of Directors on January 27, 2026.

PROGRESS: 2025 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

The three priority areas selected for focused action in 2025 were:

- Behavioral Health
- Transportation
- Food Insecurity

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.

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.

BEHAVIORAL HEALTH

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 the 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.

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.

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, state regulations 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 preparation 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.

2026 – 2029 Community Health Improvement Plan

ACCESS TO CARE: BEHAVIORAL HEALTH

Day Kimball's service area residents have higher prevalence rates of substance abuse and mental health disorders than the State. The service area is also considered to be a mental health professional shortage area by the federal Health Resource & Services Administration. Community partners identified access to adolescent and adult community-based behavioral resources as lacking. In particular, community partners expressed concern that mental health concerns among school-aged children was taxing public school systems in the region.

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

Strategy	DKH Lead/Community Partner	Measurement	Status
Offer professional education sessions regarding identification of children with behavioral health needs.	• Peter Neal, Ph.D, LPC DKH Director of Behavioral Health Services • EASTCONN	• Quarterly educational sessions held in the community/ public schools • Attendees for each session	
Provide school-based education for teaching staff on stress management and burnout prevention.	• Peter Neal, Ph.D, LPC DKH Director of Behavioral Health Services • EASTCONN	• Quarterly educational sessions held in the community/ public schools • Attendees for each session	
Provide training to school faculty on implementing and maintaining internal peer support teams.	• Peter Neal, Ph.D, LPC DKH Director of Behavioral Health Services • EASTCONN	• Peer support training sessions held • Number of participants	

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

Strategy	DKH Lead/Community Partner	Measurement	Status
Offer a clinical internship program to train clinicians in child and adolescent behavioral health.	• Peter Neal, Ph.D, LPC DKH Director of Behavioral Health Services	• Completed internships	

ACCESS TO CARE: TRANSPORTATION

Access to healthcare is dependent upon reliable transportation to and from services. Lack of access to reliable transportation is a persistent issue in the communities Day Kimball serves and compounds residents' access barriers to good health. Transportation barriers lead to missed medical appointments, difficulty in obtaining prescription medication, and less ability to engage in wellness activities in the community. More than half of the households in Putnam have either no car or only one car for the entire household.

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

Strategy	DKH Lead/Community Partner	Measurement	Status
Participate in regional transportation collaborative.	• Robert Viens, DKH Executive Director, Government Affairs and Director, Pharmacy • John O'Keefe, RN, MSN DKH Chief Nursing Officer and Vice President, Patient Services • EASTCONN • The Access Agency • Generations • Eastern Connecticut Workforce Investment Board	• Hours of participation	
Collaborate with the EASTCONN to complete rideshare App testing and launch App within the community.	• Kyle Kramer, DKH CEO • EASTCONN	• Hours of participation • Identification of funding sources	

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	DKH Lead/Community Partner	Measurement	Status
Monitor implementation of federal Rural Health Transformation Grant and assess opportunities.	• Kyle Kramer, DKH CEO • The Access Agency • NDDH • HealthQuest	• Solutions identified • Funding sources identified • Funding secured	

ACCESS TO CARE: SMOKING CESSATION

Northeastern Connecticut has persistently high rates of tobacco smoking as well as high rates of chronic diseases associated with smoking such as lung and bronchus cancers, COPD, heart attack, stroke, coronary artery disease, community acquired pneumonia, arthritis, and long-term complications of diabetes. To impact the prevalence of these chronic diseases, the root causes need to be addressed.

Objective #1: Improve regional uptake of evidence-based smoking cessation strategies by area providers.

Strategy	DKH Lead/Community Partner	Measurement	Status
Explore the development of a multi-organizational coalition to reduce tobacco smoking in Northeastern Connecticut.	• John O'Keefe, RN, MSN, DKH CNO and VP, Patient Services • Andrew Gerardi, Vice President, Operations, DKMG • Generations • NDDH • HealthQuest	• Feasibility Assessment completed	
Ensure that area community providers utilize evidence-based strategies in daily clinical practice to reduce tobacco smoking prevalence.	• John O'Keefe, RN, MSN, DKH CNO and VP, Patient Services • Andrew Gerardi, Vice President, Operations, DKMG • Generations • NDDH • HealthQuest • EASTCONN	• Smoking prevalence rates	
Explore the feasibility of implementing nurse navigation or patient navigation support for smoking cessation in primary care locations	• John O'Keefe, RN, MSN, DKH CNO and VP, Patient Services • Andrew Gerardi, Vice President, Operations, DKMG	• Feasibility Assessment completed • Funding sources identified	

Objective #2: Close resource gaps in available individual counseling, group counseling, and/or telehealth counseling for tobacco smoking cessation.

Strategy	DKH Lead/Community Partner	Measurement	Status
Update DKH website to ensure smoking cessation information complies with evidence-based practices and links to external resources are accurate.	• Heather Riley, DKH Marketing Manager • The Access Agency • NDDH • HealthQuest	• Website Update	
Assess availability and sufficiency of individual and group counseling for smoking cessation.	• Kyle Kramer, DKH CEO • John O'Keefe, RN, MSN, DKH Chief Nursing Officer and Vice President, Patient Services • Peter Neal, Ph.D., LPC DKH Director of Behavioral Health Services • NDDH • HealthQuest	• Assessment of regional resources completed • Gap analysis completed	
Explore development of telehealth smoking cessation counseling and support.	• Kyle Kramer, DKH CEO • John O'Keefe, RN, MSN, DKH Chief Nursing Officer and Vice President, Patient Services • Peter Neal, Ph.D., LPC DKH Director of Behavioral Health Services • NDDH • HealthQuest	• Feasibility Assessment completed • Telehealth counseling plan developed for implementation contignent on positive feasibilty results	

FOOD INSECURITY

Some 12.7% of area residents are food insecure including 15.3% of area children. It is estimated that 40% of the food insecure children do not qualify for SNAP benefits. Community partners indicate that food insecurity is increasing in the region as income growth fails to keep pace with food costs. Notably, this data predates the recent federal gutting of food and nutritional supports which will only worsen area food insecurity.

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

Strategy	DKH Lead/Community Partner	Measurement	Status
Identify a campus location and begin the planning process for a community garden at DKH, including implementation and food distribution strategies.	• DKH Facilities • DKH Nutritional Services • DKH Administration • IHSP/Daily Bread • NDDH • HealthQuest	• Location identified • Implementation and distribution plans complete • Staff hours involved	
Implement post-discharge food support program, ensuring that patients in need have access to nutritious meals to aid in recovery.	• DKH Nutritional Services • DKH Administration • TEEG • NDDH • HealthQuest	• Number of patients identified as food insecure prior to discharge • Total number of meals provide • Staff hours involved	
Assess impact of Public Law 119-21 on food insecurity in the region and identify strategies to mitigate the funding losses.	• DKH Nutritional Services • DKH Administration • IHSP/Daily Bread • TEEG • NDDH • HealthQuest	• Feasibility Assessment completed • Actions identified to support continued acccess to afforfable, healthy food	
Monitor the Department of Public Health roll-out of the Transforming Rural Health Grant for potential food insecurity goals and funding.	• DKH Administration • NDDH • HealthQuest	• Review of roll-out completed • Potential initiatives and funding opportunities identified	

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

Strategy	DKH Lead/Community Partner	Measurement	Status
Provide community-based nutrition education/food preparation classes for at-risk populations (low-income, chronic disease, infants and children)	• DKH Nutrition Services • IHSP/Daily Bread • TEEG • NDDH • HealthQuest	• Number of classes conducted • Number of unique participants • Staff hours involved	

HOUSING

Housing is 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/do/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.

Census data 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. Most recent data indicates that none of the service area towns meet the 10% affordable housing stock target established in Connecticut General Statute 8-30g. Housing is the second most frequent reason for service area 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%.

Objective #1: Support regional efforts to expand affordable housing by participating in the regional housing assessment.

Strategy	DKH Lead/Community Partner	Measurement	Status
• Collaborate with regional planning agency, municipalities, and community partners to participate in the development of the regional housing assessment with a focus on identifying affordable housing needs and goals for each municipality in Northeast Connecticut.	• Northeastern Connecticut Council of Governments (NECCOG) • Kyle Kramer, DKH CEO • Robert Viens, DKH Executive Director, Government Affairs and Director, Pharmacy	• Completion of regional housing assessment that includes an affordable housing goal established for each participating municipality	

Objective #2: Advance long-term housing growth and stability in Northeast Connecticut through participation in regional housing planning efforts.

Strategy	DKH Lead/Community Partner	Measurement	Status
• Engage with regional partners and planning entities to support the development of Northeast Connecticut Housing Growth Plan, ensuring alignment with community health priorities.	• Northeastern Connecticut Council of Governments (NECCOG) • Kyle Kramer, DKH CEO • Robert Viens, DKH Executive Director, Government Affairs and Director, Pharmacy	• Northeast Connecticut Housing Growth Plan submitted to the Connecticut Office of Policy and Management (OPM) by June 2028	