DKH DAY KIMBALL HEALTH

Community Health Needs Assessment
2024

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Our Commitment To The Needs Of Our Community

Our commitment to serving Northeast Connecticut isn't just a responsibility—it's a legacy. As we celebrate our 130th Anniversary, we're reminded of the profound bond we share with our community. For over a century, Day Kimball Hospital has continuously evolved to meet the needs of generations while staying true to our mission: improving the health and well-being of our community.

This milestone year offers a moment to reflect on our decades of service while also looking ahead. We recognize the need to adapt to better serve our community. As we expand our role, it's essential to leverage our resources and collective assets to make an even greater impact. Listening to the voices of local community organizations will guide our efforts, ensuring we remain aligned with the true needs of those we serve.

The Community Health Needs Assessment (CHNA) is a crucial step in this journey. In collaboration with our community partners, we conducted a study and summarized the findings in this report. This year's CHNA serves as a bridge, allowing us to align our reporting and progress with other healthcare institutions across the state while reaffirming our dedication to the community where we live and work.

The CHNA is more than a regulatory requirement—it's a tool that helps us better understand and address the specific health challenges facing our unique community. It ensures that resources benefiting our community are accessible and effectively utilized.

We are honored to stand with you as your independent community hospital and are excited to embark on this next chapter together, building on a legacy of care that has spanned more than a century.

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 Healthcare has long known that social factors and inequities impact the health and wellbeing of our communities. These factors that impact health are know as Social Determinants of Health ("SDOH").
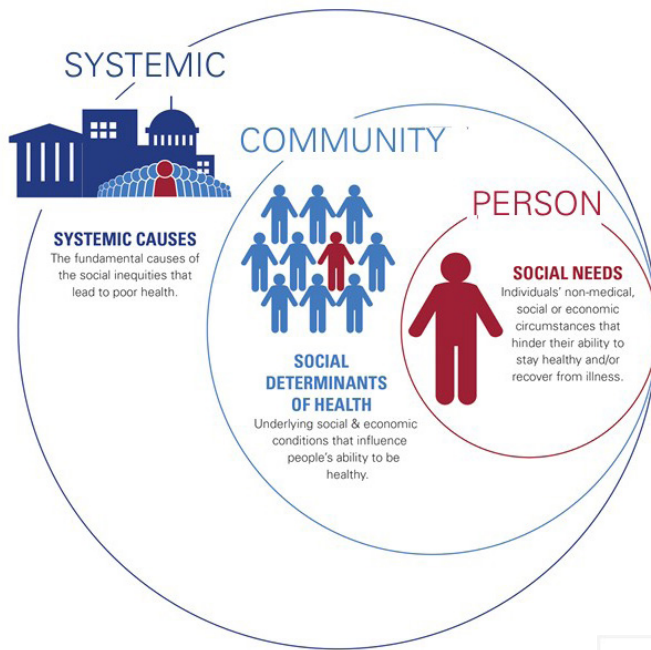
The central role of this CHNA is to provide a framework for partnering with community groups in Northeast Connecticut to address policies and practices that improve access, resources and opportunities to reduce inequities, improve health, and positively impact SDOH - together. Strategies to improve health 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 2025 with the development and publication of Day Kimball Healthcare's Community Health Implementation Plan.

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

EXECUTIVE SUMMARY

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.

This CHNA is a transitional one as Day Kimball Healthcare migrates to the community health assess-ment cadence of the major health systems in Connecticut. We will complete another CHNA in 2025. While our community partners identified 6 health need priorities for improving the health of our shared constituents, we have elected to focus on 3 most mentioned priorities during this transitional year: Behavioral Health, Transportation, and Food Insecurity.

OVERVIEW

Day Kimball Healthcare ("Day Kimball") is a non-profit, integrated medical services provider comprised of Day Kimball Hospital, Day Kimball Medical Group, 4 healthcare centers, Day Kimball HomeCare, and Hospice & Palliative Care of Northeastern Connecticut.

Based in Putnam, Connecticut, Day Kimball service area is comprised of 13 towns in Windham County. Day Kimball Hospital is a 122-bed acute care community hospital that offers a 24-hour emergency department, general medical-surgical care, obstetrics and gynecology, pediatrics, hematology and oncology, cardiopulmonary, behavioral health, and sophisticated diagnostic testing.

Day Kimball is a Community Partner with Yale New Haven Health and maintains clinical partnerships with Connecticut Children's Medical Center, and the University of Massachusetts Memorial Medical Center.

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

• Ashford	4,191
• Brooklyn	8,450
• Canterbury	5,045
• Chaplin	2,151
• Eastford	1,649
• Hampton	1,728
• Killingly	17,752
• Plainfield	14,973
• Pomfret	4,266
• Putnam	9,224
• Sterling	3,578
• Thompson	9,189
• Woodstock	8,221
TOTAL	90,417

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 primarily rural towns it serves, spanning approximately 450 square miles. The Connecticut Office of Rural Health ("CT-ORH") defines a rural town in Connecticut as one having a population of 10,000 or less with a population density of 500 persons or less per square mile. With the exception of Killingly and Plainfield, Day Kimball service area towns meet the CT-ORH definition of a rural town.

This Community Health Needs Assessment ("CHNA") is a transitional one for Day Kimball as we move to align our CHNA cycle with other healthcare systems in Connecticut. Day Kimball will complete another CHNA in 2025.

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, the American Community Survey, the Centers for Disease Control and Prevention ("CDC"), the Connecticut Behavioral Risk Factor Surveillance System ("BRFSS"), the CT-ORH, the National Center for Health Statistics, the University of Wisconsin's County Health Rankings & Roadmaps, and the DataHaven 2023 Connecticut Town Equity Reports.

The principle researchers and writers for this CHNA are:

Mary M. Heffernan – Tannery Lane Partners, LLC

Heather A. Connors – 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

- Danielson Veterans Coffeehouse

- Putnam Police Department

- Putnam Fire Department

- Thompson Ecumenical Empowerment Group, Inc.

- Interfaith Human Services of Putnam

Board of Directors

This report was presented to and approved by the Day Kimball Healthcare Board of Directors ("Board") on August 27, 2024. 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 2024 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 2025.

DEMOGRAPHICS

Population

The 2020 US Decennial Census indicates that the Day Kimball service area population decreased by 1.1% while the statewide population grew by nearly 1%.

POPULATION CHANGE 2020 CENSUS			
Town	2010 Census	2020 Census	% Change
Ashford	4,317	4,191	-2.9%
Brooklyn	8,210	8,450	2.9%
Canterbury	5,132	5,045	-1.7%
Chaplin	2,305	2,151	-6.7%
Eastford	1,749	1,649	-5.7%
Hampton	1,863	1,728	-7.2%
Killingly	17,370	17,752	2.2%
Plainfield	15,405	14,973	-2.8%
Pomfret	4,247	4,266	0.4%
Putnam	9,584	9,224	-3.8%
Sterling	3,830	3,578	-6.6%
Thompson	9,458	9,189	-2.8%
Woodstock	7,964	8,221	3.2%
Service Area	91,434	90,417	-1.1%
State	3,574,097	3,605,944	0.9%
Source: US Decennial Census			

The region has fewer youth and young adults than the State and has a larger percentage of adults aged 50 to 69.

DKH SERVICE AREA POPULATION BY AGE		
AGE BAND	SERVICE AREA	STATE
Under 10	10%	11%
10 to 19	12%	13%
20 to 29	11%	13%
30 to 39	12%	12%
40 to 49	13%	13%
50 to 59	17%	15%
60 to 69	14%	12%
70 to 79	7%	7%
80 +	4%	5%

Source: US Census, American Community Survey 2015-2019

DEMOGRAPHICS

Age

With the exception of Ashford, each service area town has a higher median age than the State median. The median life expectancy in the area is slightly lower than the State median (79.7 vs. 80.3 years).

DKH SERVICE AREA MEDIAN AGE AND LIFE EXPECTANCY

TOWN NAME	MEDIAN AGE	LIFE EXPECTANCY (YEARS)
Ashford	37.6	78.1
Brooklyn	42.6	79.7
Canterbury	46.0	N/A
Chaplin	44.3	78.3
Eastford	44.9	83.5
Hampton	49.7	83.6
Killingly	42.2	78.2
Plainfield	41.5	79.3
Pomfret	47.0	N/A
Putnam	44.3	77.0
Sterling	41.7	81.6
Thompson	50.3	80.7
Woodstock	44.0	82.6
State	41.0	80.3

Source: US Census, American Community Survey 2017-2021; National Center for Health Statistics

DEMOGRAPHICS

Race/Ethnicity

Day Kimball's service area is less diverse than Windham County as a whole as well as the overall State of Connecticut.
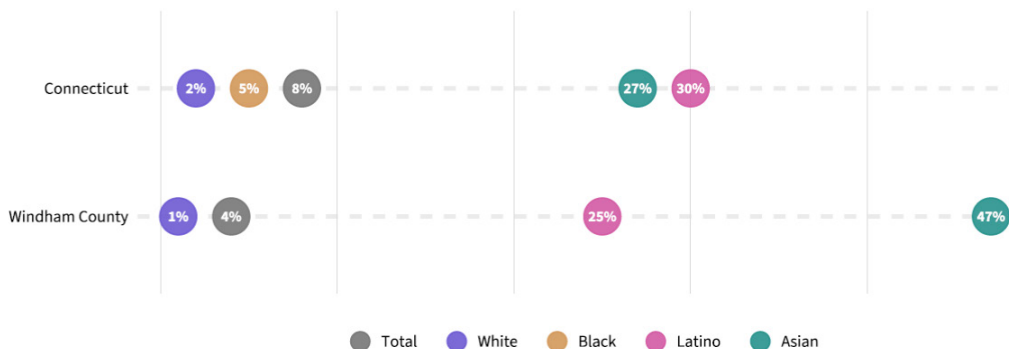
DAY KIMBALL SERVICE AREA RACE AND ETHNICITY DATA

REGION	WHITE	BLACK	LATINO	ASIAN	OTHER	TOTAL POPULATION
			RACE/ETHNICITY			
Ashford	3,702	55	186	58	190	4,191
Brooklyn	7,185	196	537	123	409	8,450
Canterbury	4,454	64	210	<50	292	5,045
Chaplin	1,877	<50	121	<50	121	2,151
Eastford	1,496	<50	61	<50	68	1,649
Hampton	1,563	<50	58	<50	90	1,728
Killingly	15,298	235	837	326	1,056	17,752
Plainfield	12,790	228	825	192	938	14,973
Pomfret	3,786	50	179	101	150	4,266
Putnam	7,802	144	548	115	615	9,224
Sterling	3,110	<50	120	<50	294	3,578
Thompson	8,264	72	299	77	477	9,189
Woodstock	7,532	<50	219	89	335	8,221
Service Area %	87.2%	1.4%	4.6%	1.2%	5.6%	100%
Windham County %	79%	2%	12%	2%	5%	100%
Statewide %	63%	10%	17%	5%	5%	100%

Source: 2020 US Census

Immigration

In Windham County, the largest number of immigrants were born in Mexico, followed by China and Guatemala. Those of Asian origin are more likely to find themselves isolated in Windham County by virtue of native language and limited English proficiency. (DataHaven analysis of US Census Bureau American Community Survey 2021 5-year estimates)

Connecticut: White 2%, Black 5%, Total 8%, Asian 27%, Latino 30%
Windham County: White 1%, Total 4%, Latino 25%, Asian 47%

Legend: Total, White, Black, Latino, Asian

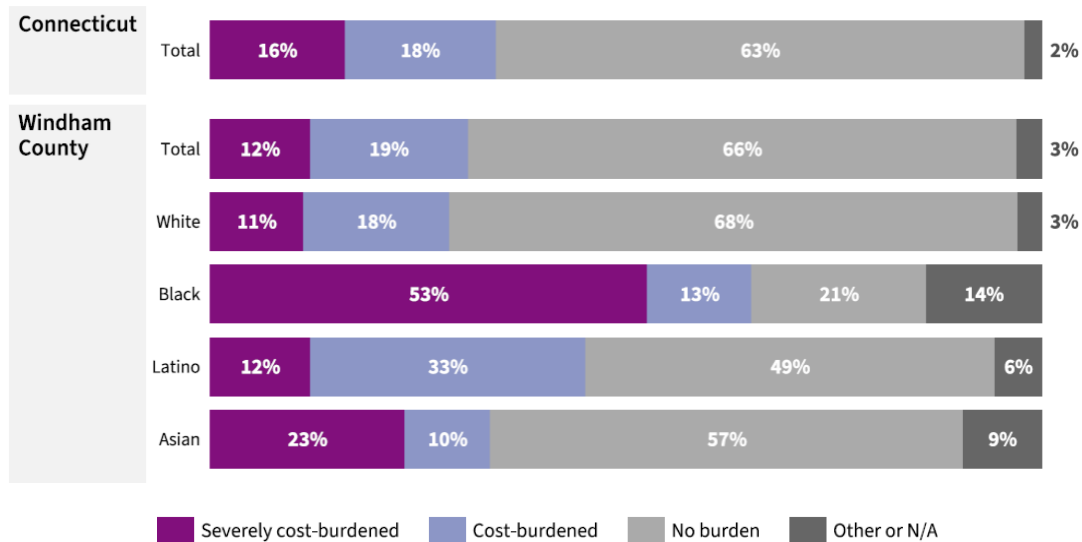Source: DataHaven 2023 Town Equity Reports

HOUSING

The region has 35,972 households. With the exception of the town of Putnam, resident households are more likely than the State to be homeowner households. Median home values in the region are generally lower than the State median, while the regional median household income is slightly higher that the State median.

DKH SERVICE AREA HOUSEHOLDS

TOWN NAME	HOUSEHOLDS	HOMEOWNER HOUSEHOLDS %	MEDIAN HOME VALUE	MEDIAN HH INCOME
Ashford	1,762	78%	$ 270,700	$ 90,441
Brooklyn	2,807	77%	$ 227,800	$ 79,961
Canterbury	2,138	83%	$ 253,300	$ 95,364
Chaplin	893	86%	$ 211,000	$ 85,083
Eastford	630	81%	$ 263,400	$ 98,000
Hampton	690	92%	$ 259,800	$ 92,143
Killingly	7,099	67%	$ 213,800	$ 70,728
Plainfield	6,045	74%	$ 202,700	$ 68,915
Pomfret	1,690	79%	$ 316,300	$ 93,467
Putnam	3,756	61%	$ 197,400	$ 67,070
Sterling	1,255	80%	$ 220,200	$ 86,394
Thompson	3,802	81%	$ 222,900	$ 81,649
Woodstock	3,405	85%	$ 296,400	$ 94,451
State	1,397,324	66%	$ 286,700	$ 83,572

Source: US Census, American Community Survey 2017-2021

Households that spend 30% or more of household income on housing costs are considered to be cost-burdened. Those spending 50% or more of household income on housing costs are considered to be severely cost-burdened. Asian and Black households are more likely than White households to be housing cost-burdened according to DataHaven 2023 Town Equity Reports.

Source: DataHaven 2023 Town Equity Reports

EDUCATION

Educational attainment is associated with health outcomes. Those with higher levels of educational achievement tend to experience better health. Day Kimball service area are less likely to have attained a bachelor's degree or more than the State.

DKH SERVICE AREA EDUCATIONAL ATTAINMENT

	High School Only	Some College/Associates Degree	Bachelor's Degree or More
ASHFORD	44%	21%	32%
BROOKLYN	31%	38%	19%
CANTERBURY	29%	33%	27%
CHAPLIN	42%	25%	22%
EASTFORD	30%	27%	39%
HAMPTON	33%	28%	36%
KILLINGLY	36%	30%	22%
PLAINFIELD	41%	34%	15%
POMFRET	24%	27%	44%
PUTNAM	38%	27%	22%
STERLING	32%	40%	19%
THOMPSON	35%	30%	27%
WOODSTOCK	23%	28%	46%
STATE	26%	24%	41%

Source: US Census, American Community Survey 2017-2021

According to a DataHaven analysis of the US Census Bureau American Community Survey 2017-2021, Latino, Black, and Asian residents are less likely than White residents to attain a bachelor's degree.
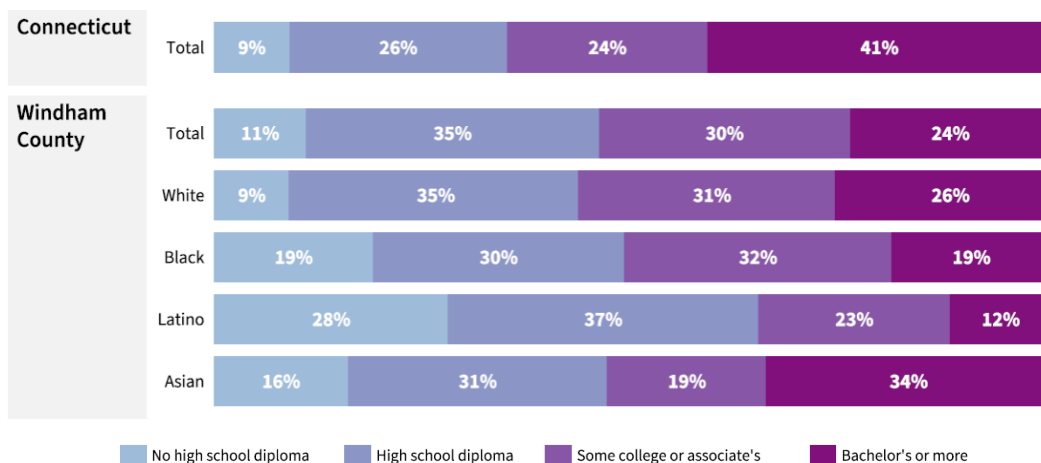
Source: DataHaven 2023 Town Equity Reports

ECONOMY

According to the Connecticut Department of Labor, statewide unemployment rates declined from 4.1% in 2022 to 3.8% in 2023 as the labor force continues to recover from the COVID-19 pandemic. Day Kimball's service area town unemployment rates are nearing pre-pandemic levels.
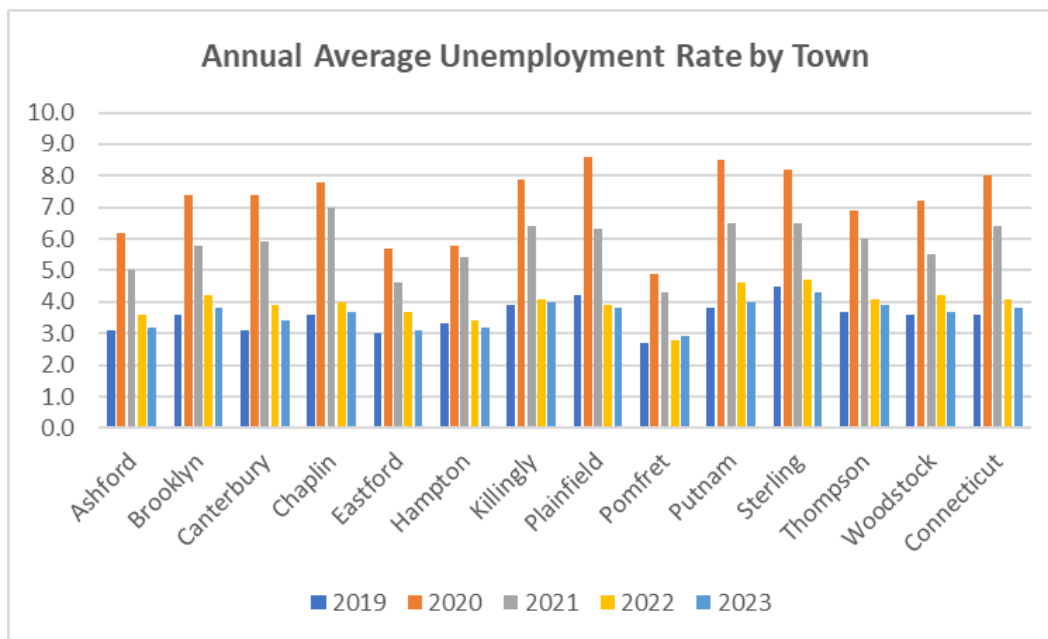
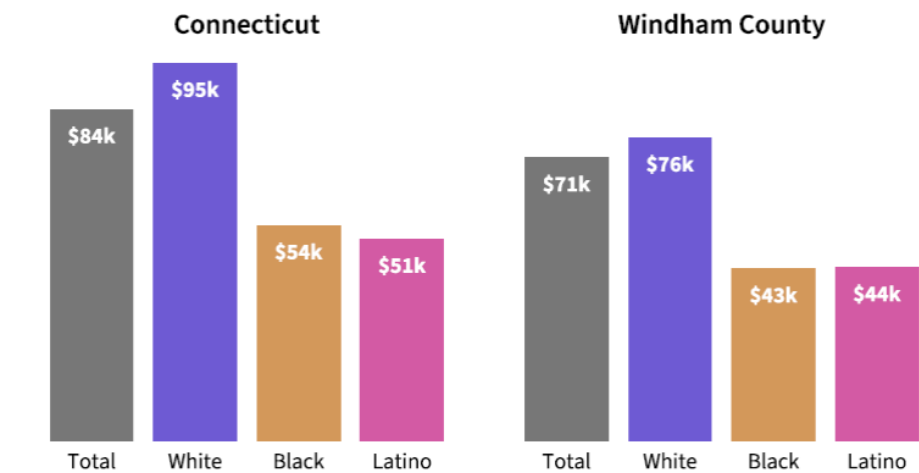Source: US Bureau of Labor Statistics and Connecticut Deparment of Labor

2023 WINDHAM COUNTY JOBS AND WAGES BY 5 LARGEST SECTORS

Sector	Annual Average Employment	Annual Average Wage
Health care and social assistance	7,125	$ 54,192
Manufacturing	6,053	$ 74,980
Retail trade	5,245	$ 37,187
Accommodation and food services	3,470	$ 25,976
Educational services	3,025	$ 57,714

Source: Connecticut Department of Labor

INCOME & WEALTH

Median household income is lower in households headed by Black and Latino adults. Windham County median household income is lower that the Connecticut median across all races and ethnicities. (2021)

Connecticut

| Total | White | Black | Latino |
| $84k | $95k | $54k | $51k |

Windham County

| Total | White | Black | Latino |
| $71k | $76k | $43k | $44k |

Source: DataHaven 2023 Town Equity Reports

The percentage of Windham County residents living below the poverty level is greater than the statewide percentage.

DAY KIMBALL SERVICE AREA POVERTY RATE

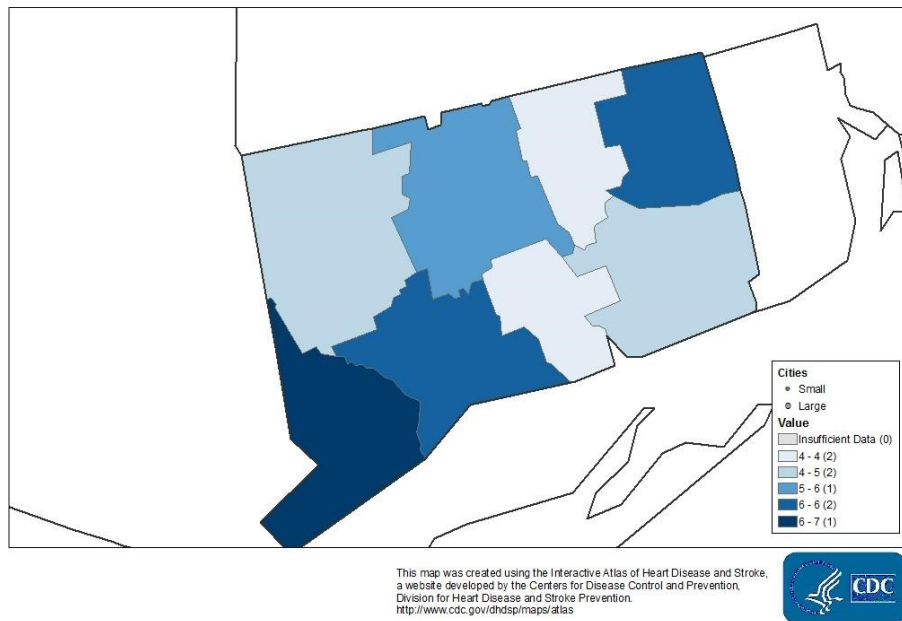| TOWN NAME	POVERTY RATE
Ashford	6%
Brooklyn	6%
Canterbury	6%
Chaplin	5%
Eastford	6%
Hampton	6%
Killingly	13%
Plainfield	8%
Pomfret	8%
Putnam	7%
Sterling	17%
Thompson	6%
Woodstock	5%
Windham County	11%
State	10%

Source: US Census, American Community Survey 2017-2021

INCOME & WEALTH

Health Insurance

Some 6% of area residents under the age of 65 have no health insurance.

Percentage without Health Insurance, Under Age 65, 2021

This map was created using the Interactive Atlas of Heart Disease and Stroke, a website developed by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention. http://www.cdc.gov/dhdsp/maps/atlas

INCOME & WEALTH

Supplemental Nutrition Assistance Program

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

According to the Feeding America "Map the Meal Gap" 2024 report, 12.7% of area residents are food insecure.
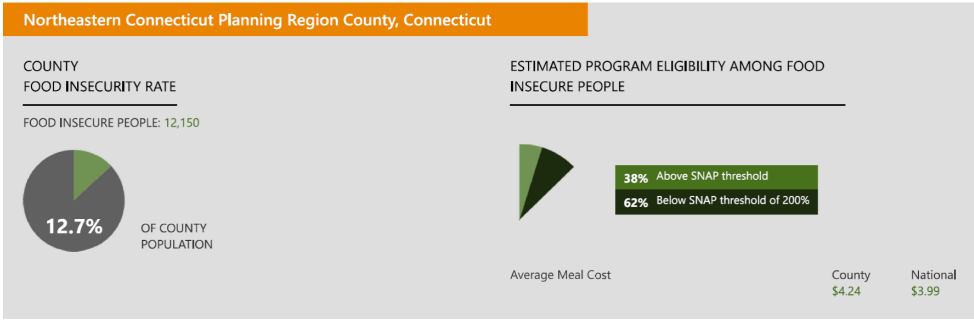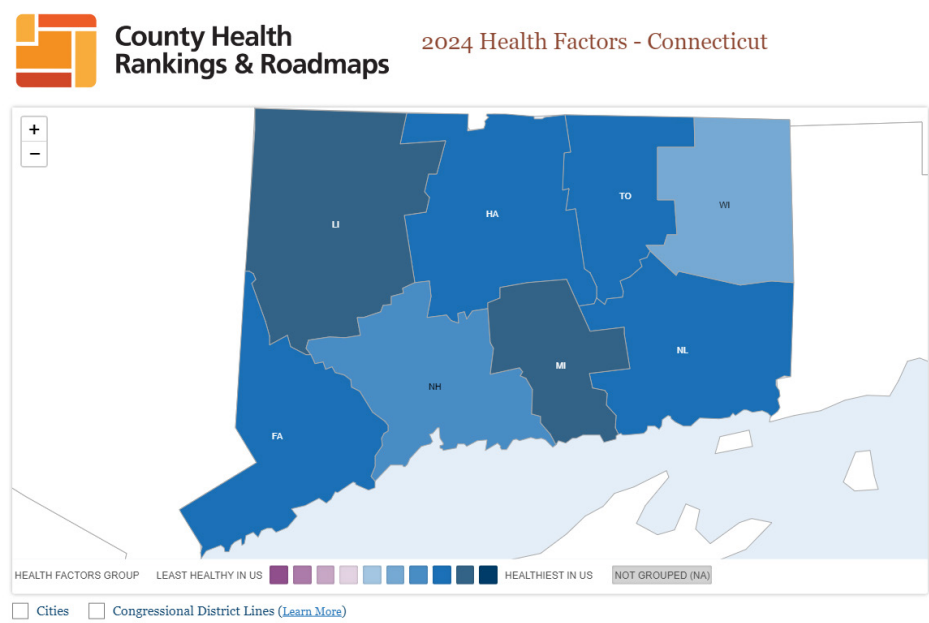

Some 2,840 area children are food insecure with 40% likely ineligible for SNAP benefits.
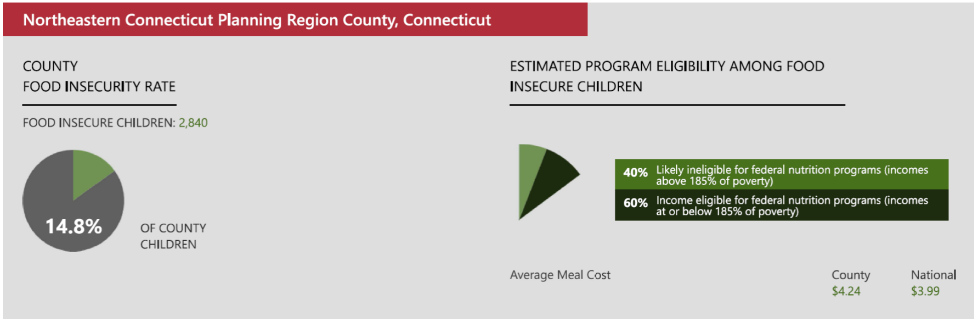
HEALTH

Risk Factors

Windham County is the least healthy county in Connecticut in terms of behaviors, environmental factors, access to care, and socioeconomic conditions that impact overall health and wellbeing.

At the town level, the following table demonstrates that the Day Kimball service area residents experience lower perceptions of good health and engage more in behaviors that may lead to chronic disease development.

DKH SERVICE AREA SELECTED HEALTH RISK FACTORS

| TOWN NAME	EXCELLENT/VERY GOOD HEALTH*	FOOD INSECURITY	SMOKING	OBESITY	EXERCISE 3+ DAYS A WEEK
Ashford	59%	10%	18%	26%	65%
Brooklyn	61%	19%	17%	36%	60%
Canterbury	61%	12%	14%	23%	67%
Chaplin	61%	4%	18%	26%	57%
Eastford	Sample size too small to report				
Hampton	50%	10%	23%	26%	68%
Killingly	51%	23%	21%	33%	59%
Plainfield	45%	13%	10%	34%	65%
Pomfret	61%	16%	14%	33%	76%
Putnam	58%	21%	20%	44%	67%
Sterling	56%	17%	24%	26%	68%
Thompson	50%	17%	17%	32%	69%
Woodstock	72%	6%	9%	15%	68%
State	**60%**	**13%**	**14%**	**27%**	**61%**

Source: 2023 DataHaven Town Health Equity Reports
*Self-rated

HEALTH

Smoking & Obesity

Smoking and obesity are risk factors for the development of chronic conditions such as diabetes, cardiovascular disease, and cancer. According to the CDC, Windham County has the highest percentage of current adult smokers and the highest prevalence of obese adults in Connecticut.
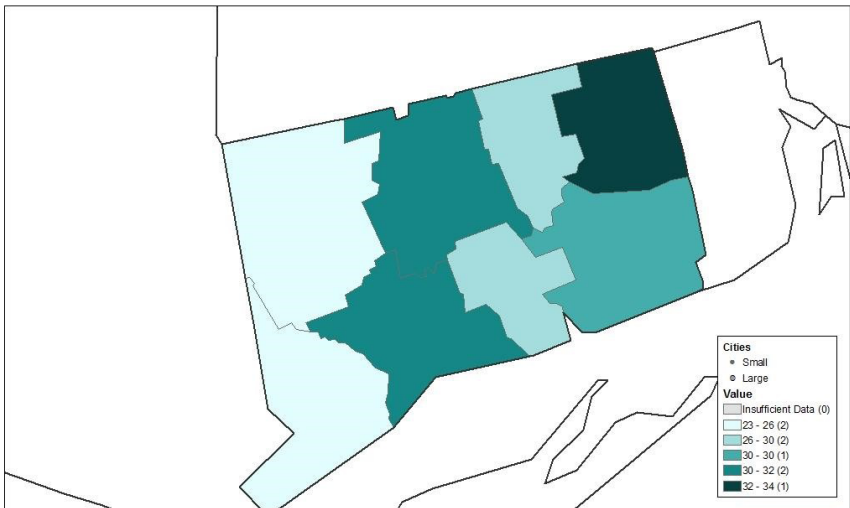
Current Smoker Status Among Adults Ages 18+, 2021
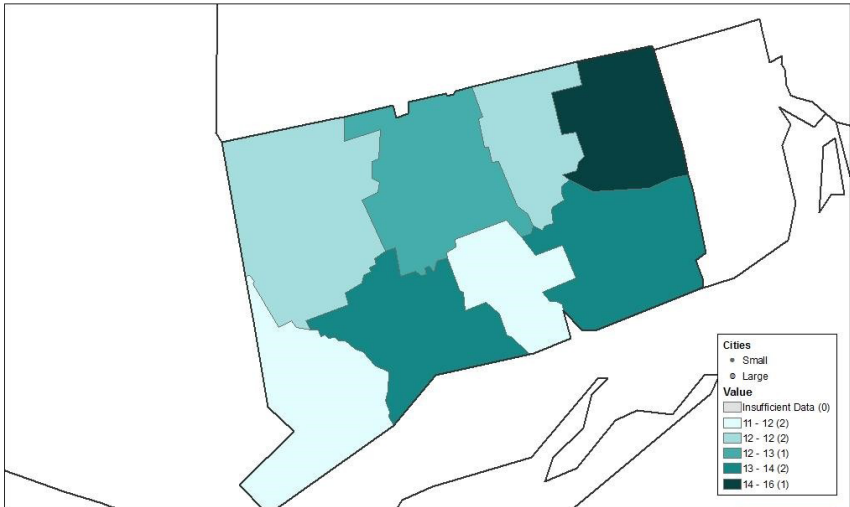
Obesity, Age-Adjusted Percentage, 20+, 2021

HEALTH

Chronic Disease

Windham County has the highest prevalence of diagnosed diabetes in adults than any other county in Connecticut.

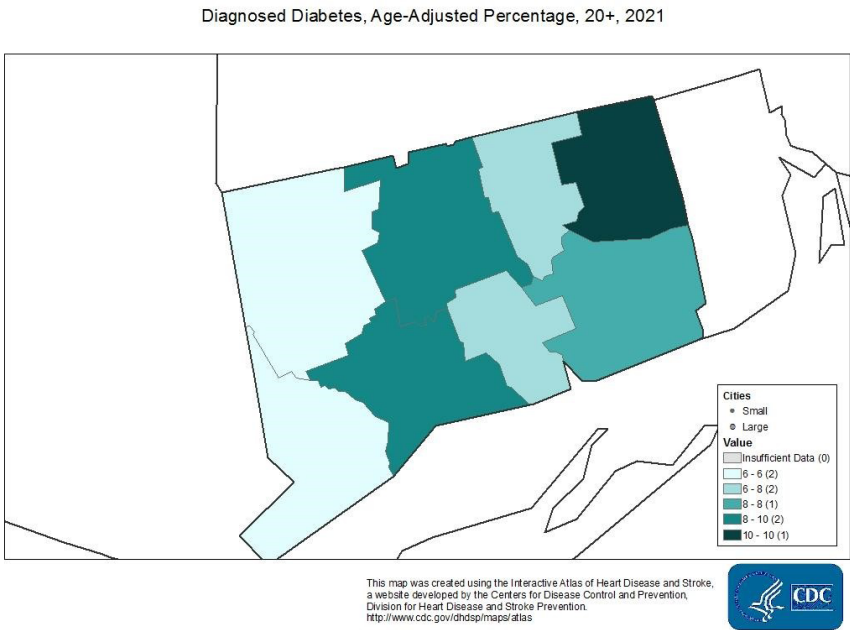Diagnosed Diabetes, Age-Adjusted Percentage, 20+, 2021

This map was created using the Interactive Atlas of Heart Disease and Stroke, a website developed by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention. http://www.cdc.gov/dhdsp/maps/atlas
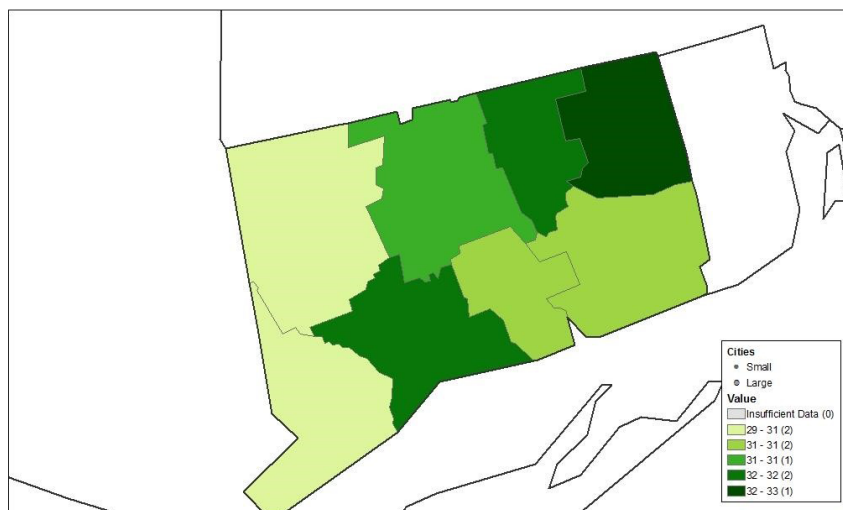
HEALTH

Windham County also has the highest prevalence of diagnosed heart disease among Medicare beneficiaries in Connecticut and leads Connecticut in avoidable heart disease and stroke deaths.
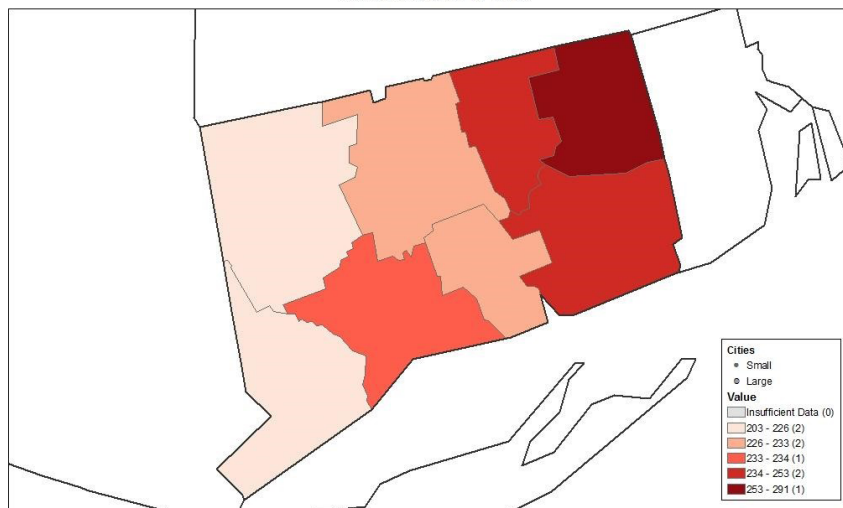
Prevalence of Diagnosed Heart Disease Among Medicare Beneficiaries, 2021

Avoidable Heart Disease and Stroke Death Rate per 100,000, All Races/Ethnicities, All Genders, 2019-2021
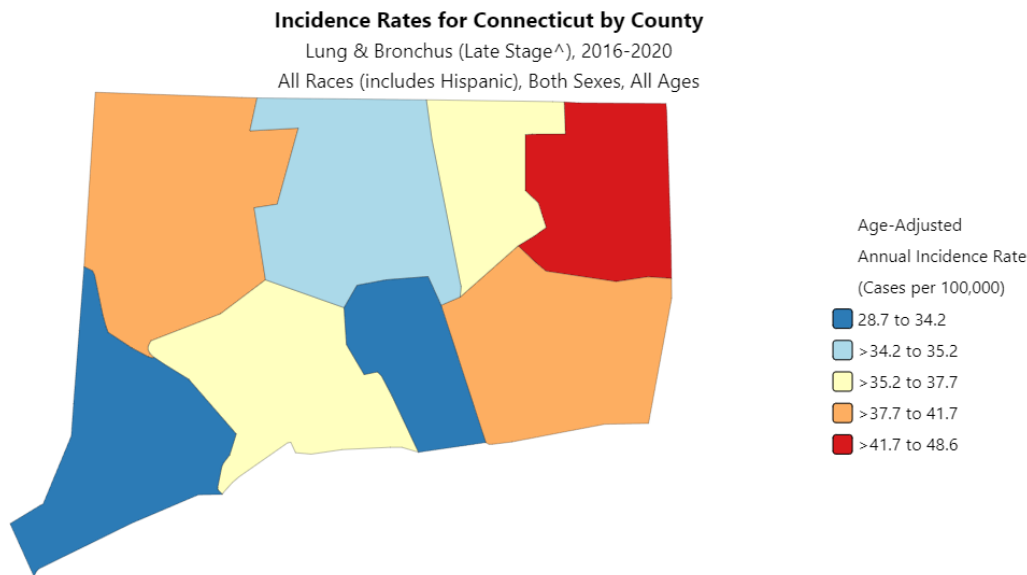
HEALTH

Lung cancer prevalence is particularly high and more lung cancers are diagnosed in late stages in Windham County. Further, Windham County is the only county in Connecticut not experiencing declines in lung cancer incidence.
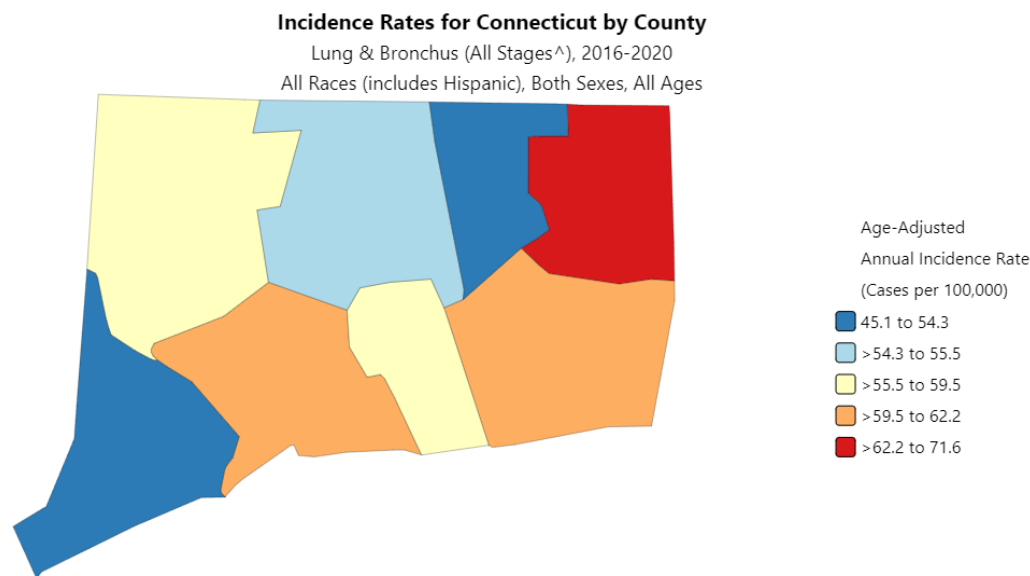
Incidence Rates for Connecticut by County
Lung & Bronchus (All Stages^), 2016-2020
All Races (includes Hispanic), Both Sexes, All Ages

Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)
- 45.1 to 54.3
- >54.3 to 55.5
- >55.5 to 59.5
- >59.5 to 62.2
- >62.2 to 71.6

Created by statecancerprofiles.cancer.gov on 07/15/2024 12:18 pm.

Incidence Rates for Connecticut by County
Lung & Bronchus (Late Stage^), 2016-2020
All Races (includes Hispanic), Both Sexes, All Ages

Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)
- 28.7 to 34.2
- >34.2 to 35.2
- >35.2 to 37.7
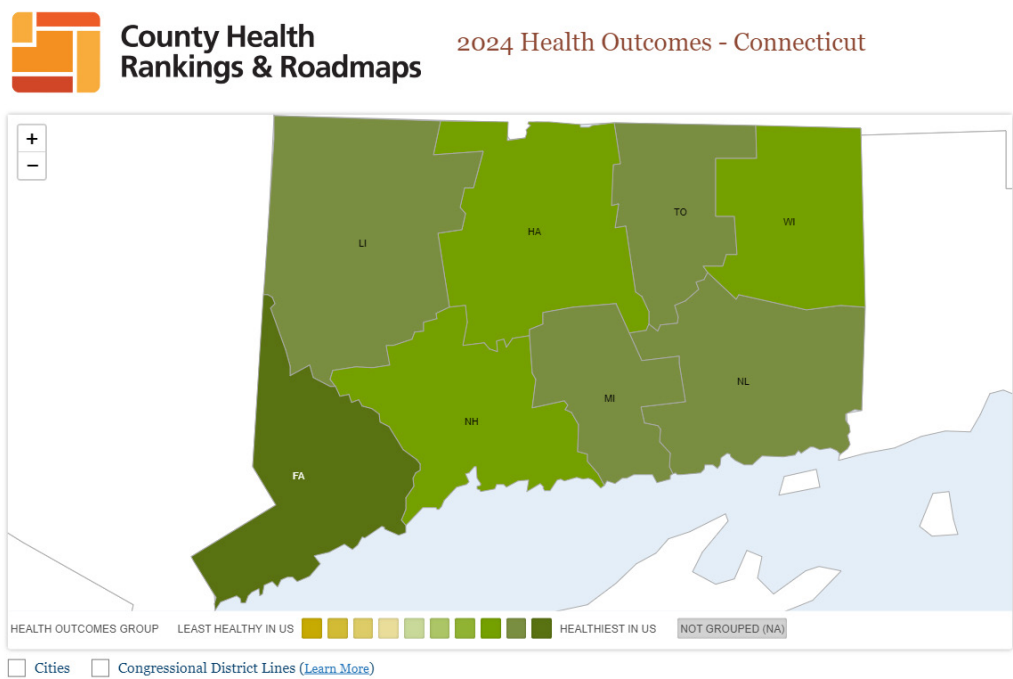- >37.7 to 41.7
- >41.7 to 48.6

Created by statecancerprofiles.cancer.gov on 07/15/2024 12:22 pm.

HEALTH

Outcomes

In a composite measure of health outcomes which encompasses premature death and quality of life measures, Windham County is less healthy than its neighbors.

The June 2022 report by DataHaven and CT-ORH, "Rural Health in Connecticut", examined rural community wellbeing and health outcomes. The analyses grouped Connecticut rural towns into three distinct types, based on demographic and geographic similarities. Day Kimball's service area towns are defined as a "Type One", which are towns with fewer adults with post-secondary education and lower median household incomes compared to other rural towns. Type One towns have higher rates of hospital encounters than other rural areas as well as Connecticut for hypertension, behavioral health, type 2 diabetes, and COPD.

Annualized age-adjusted hospital encounter rates per 10,000 residents, 2018-2021
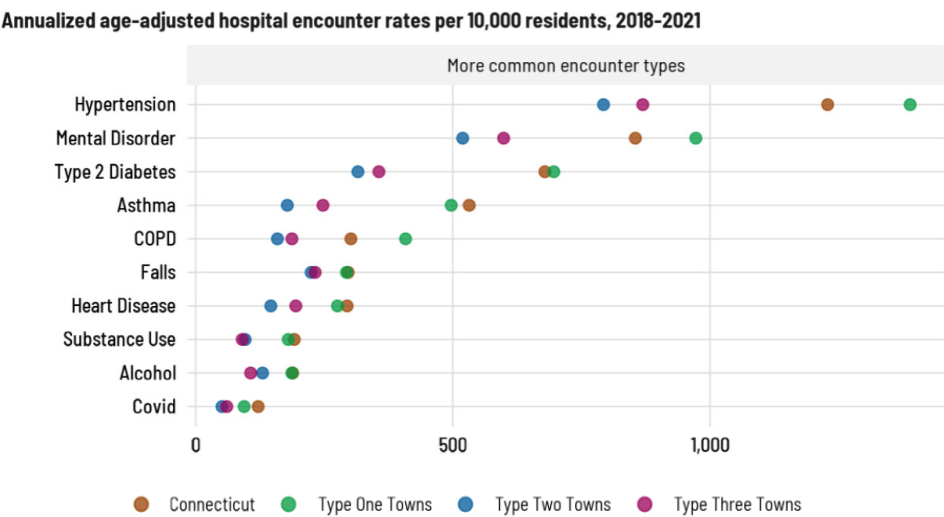
Source: DataHaven 2023 Town Equity Reports

HEALTH

Further, Type One towns experience more years of potential life lost before age 75 due to cancer, heart disease, lung disease, lung cancer, and poisoning/overdose than other rural town types or Connecticut.

Years of potential life lost before age 75, per 100,000 residents, by cause of death, 2015-2021
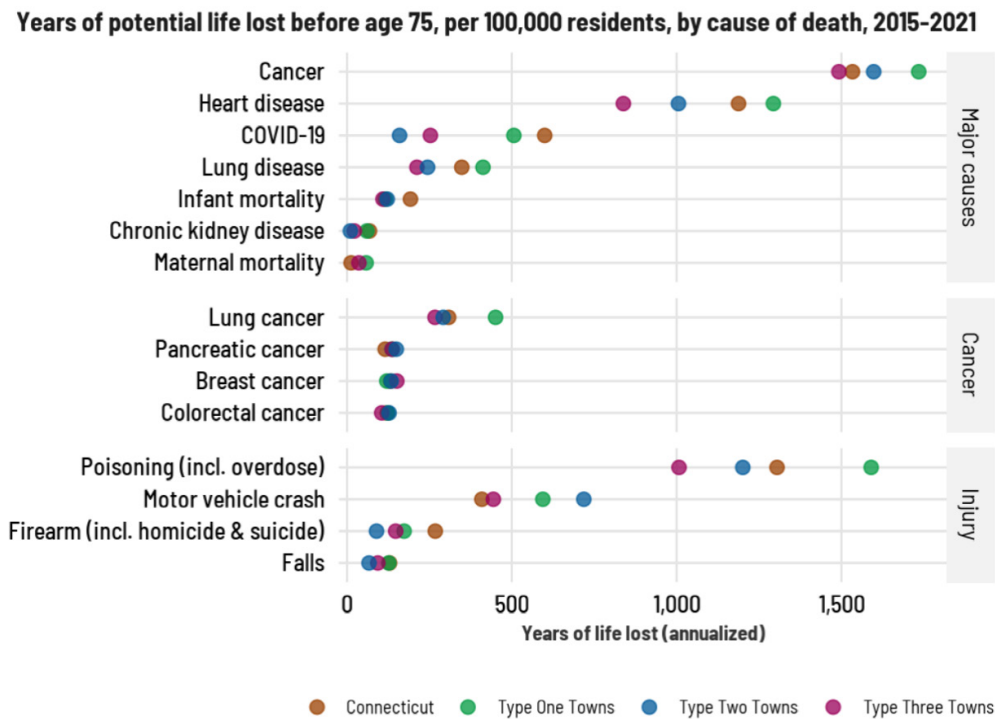
Source: DataHaven 2023 Town Equity Reports

HEALTH

Behavioral Health

The US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration ("SAMHSA") leads public efforts to advance and improve the behavioral health of the nation. SAMHSA conducts a National Survey on Drug Use and Health ("NSDUH") yearly and analyses substate data in 3-year intervals. The most recent substate analysis available is 2016-2018 because of data integrity concerns that arose subsequent to the COVID-19 pandemic.

Eastern Connecticut is the NDSUH region that contains Day Kimball's service area towns. In comparison to statewide prevalence, Eastern Connecticut has higher prevalences of substance use and mental health disorders.

ADULT SUBSTANCE USE AND MENTAL HEALTH DISORDER PREVALENCE

INDICATOR	STATE PERCENT OF POPULATION	EASTERN CONNECTICUT PERCENT OF POPULATION
Illicit Drug Use	13.16	14.14
Heroin Use	0.65	0.69
Methamphetamine Use	0.32	0.40
Pain Reliever Misuse	4.10	4.20
Binge Drinking	30.86	31.16
Illicit Drug Use Disorder	3.30	3.62
Pain Reliever Misuse Disorder	0.60	0.60
Substance Use Disorder	8.77	9.28
Needing but not Receiving SA Treatment	2.98	3.26
Needing but not Receiving ETOH Treatment	6.04	6.57
Serious Mental Illness Past Year	4.15	4.36
Any Mental Illness Past Year	18.62	20.15
Serious Thoughts of Suicide Past Year	4.17	4.63
Major Depression Past Year	6.84	7.34

Source: SAMHSA, NSDUH 2016-2018

Town level data on substance use and behavioral health in those aged 65 and older suggests a need for geriatric psychiatry services in the region.
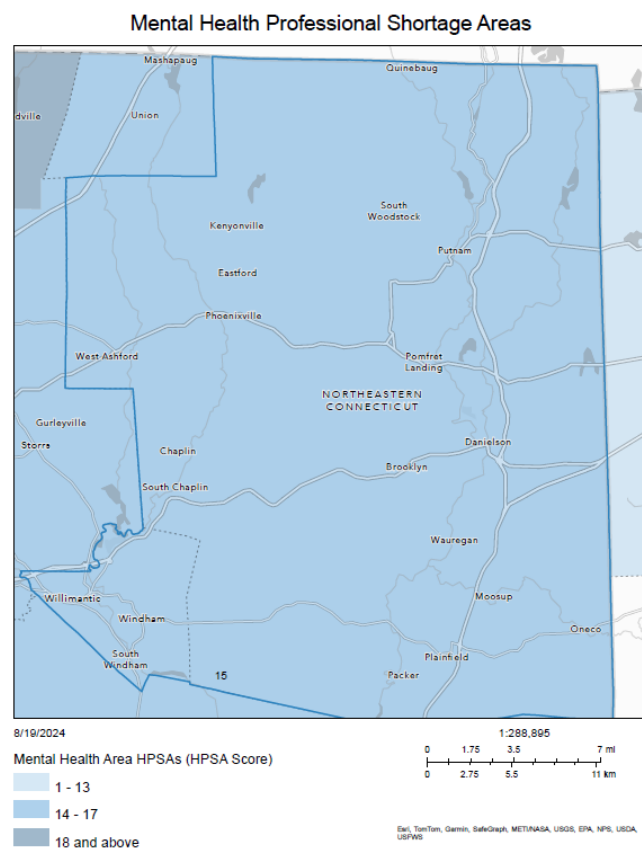
GERIATRIC BEHAVIORAL HEALTH INDICATORS

TOWN	POPULATION AGED 60+	POPULATION AGED 65+	% 65+ WITH ALZHEIMER'S OR DEMENTIA	% 65+ WITH SUD	% 60+ WITH EXCESSIVE DRINKING	% 65+ WITH DEPRESSION	% 65+ WITH ANXIETY DISORDER
Ashford	938	571	10.0%	7.3%	10.0%	29.1%	23.3%
Brooklyn	2,042	1,574	14.2%	7.8%	7.5%	34.9%	30.2%
Canterbury	1,280	824	10.5%	4.8%	7.5%	27.0%	29.9%
Chaplin	659	393	11.2%	8.2%	7.5%	28.9%	24.0%
Eastford	438	300	10.0%	7.3%	10.0%	29.1%	23.3%
Hampton	563	357	11.2%	8.2%	7.5%	28.9%	24.0%
Killingly	3,930	2,655	14.2%	8.2%	11.4%	35.0%	33.4%
Plainfield	3,752	2,676	14.2%	8.2%	11.4%	35.0%	33.4%
Pomfret	1,052	613	10.0%	4.9%	10.0%	29.6%	28.3%
Putnam	2,238	1,687	13.7%	8.4%	11.4%	35.5%	31.4%
Sterling	699	442	14.2%	8.2%	11.4%	35.0%	33.4%
Thompson	2,112	1,422	11.2%	8.3%	11.4%	28.8%	30.2%
Woodstock	1,862	1,351	10.0%	4.9%	10.0%	29.6%	28.3%
Total Persons	21,565	14,865	1,888	1,117	2,221	4,852	4,548

Source: 2021 Connecticut Healthy Aging Community Profile

HEALTH

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.

Mental Health Professional Shortage Areas

8/19/2024 — 1:288,895

Mental Health Area HPSAs (HPSA Score)
- 1 - 13
- 14 - 17
- 18 and above

Esri, TomTom, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA, USFWS

ACCESSIBILTY

Access to health care depends upon the availability of providers as well as reliable transportation. Day Kimball serves a designated Medically Underserved Population in a region with a shortage of primary care providers.

Primary Care Shortage Area/Medically Underserved Population
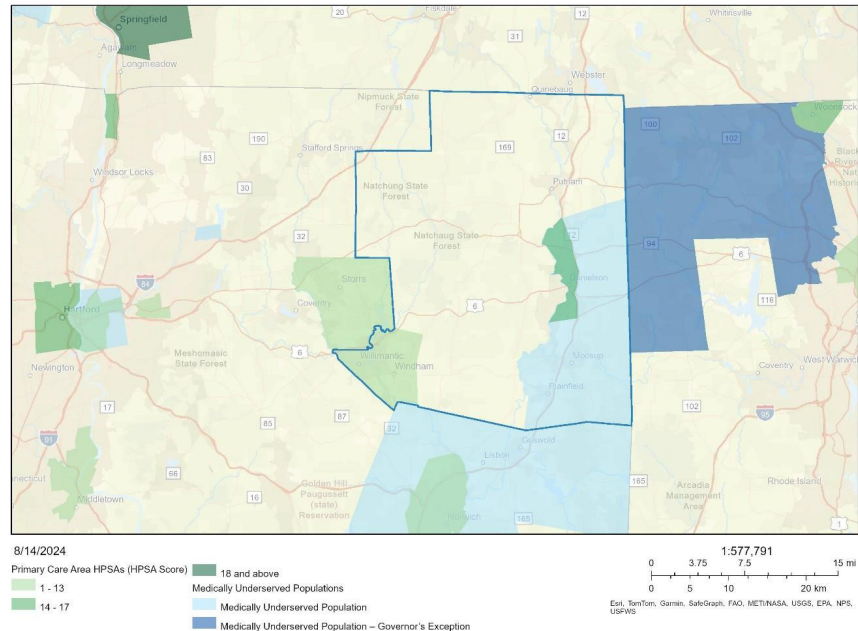
Lack of access to reliable transportation is a persistent issue in the communities Day Kimball serves and compounds residents' access barriers to good health. As identified in our previous CHNA, transportation barriers lead to missed medical appointments, difficulty in obtaining prescription medication, and less ability to engage in wellness activities. Service area towns have extremely limited access to public transportation and many households have limited access to private transportation. For example, more than half the households in Putnam have no car or only one car for the entire household.

DKH SERVICE AREA ACCESS

TOWN NAME	CTtransit SERVICE	PUBLIC BUS	TRAIN SERVICE	% HOUSEHOLDS WITHOUT CAR	% HOUSEHOLD WITH ONE CAR[4]	% HOUSEHOLD WITH TWO CARS[5]
Ashford	NO	Dial-A-Ride[1]	NO	2%	N/A	N/A
Brooklyn	NO	NECT Transit[2]	NO	8%	32%	45%
Canterbury	NO	NO	NO	2%	N/A	N/A
Chaplin	NO	Windham Regional[3]	NO	3%	N/A	N/A
Eastford	NO	NECT Transit[2]	NO	5%	N/A	N/A
Hampton	NO	WindHam Regional[3]	NO	3%	N/A	N/A
Killingly	NO	NECT Transit[2]	NO	7%	N/A	N/A
Plainfield	NO	NO	NO	5%	40%	17%
Pomfret	NO	NO	NO	4%	N/A	N/A
Putnam	NO	NECT Transit[2]	NO	9%	46%	28%
Sterling	NO	NO	NO	3%	N/A	N/A
Thompson	NO	NECT Transit[2]	NO	3%	N/A	N/A
Woodstock	NO	NO	NO	4%	N/A	N/A

Source: US Census, American Community Survey 2017-2021
[1] Requires a minimum 2-business day notice; seniors prioritized
[2] M-F 7:30a - 5:30p, Sa-Su 7:30a - 1p; limited connectivity to DKH
[3] No service to DKH
[4] Northeastern Connecticut Planning Region rate = 29.0%
[5] Northeastern Connecticut Planning Region rate = 38.4%

PRIORITIZATION OF HEALTH NEEDS

Critical Issues Impacting Health in Northeast Connecticut

Survey respondents identified several critical issues affecting the well-being and health of residents, including:

- **Behavioral Health**

   100% of respondents identified access to adult behavioral health resources as a critical issue impacting the well-being and health of the residents of NECT.

   75% of respondents identified access to adolescent behavioral health resources as a critical issue impacting the well-being and health of the teens of NECT.

   One respondent emphasized, "Mental health crisis especially affecting the pediatric population that further taxes the school system and parents."

- **Transportation Barriers**

   75% of respondents identified access to transportation as a critical issue impacting the well-being and health of the residents of NECT.

   One respondent noted "Lack of reliable/affordable transportation in this rural area adds a layer of difficulty and decreases access to care, especially specialty care."

- **Food Insecurity**

   75% of respondents identified Food Insecurity as a critical issue impacting the well-being and health of the residents of NECT.

   One respondent noted "There is no doubt that food insecurity is very prevalent in Windham County, there are numerous food bank programs i.e. project pin/ Friends of Assisi and numerous soup kitchens at local churches. The monthly food share run by The Danielson Veterans Coffeehouse continues to grow, the Putnam Lodge of Elks 574 also runs a monthly food share. The way the economy is going with higher rents, higher mortgage rates, increased food prices, increased electric rates, etc., People's incomes are not keeping up so the food insecurity continues to grow."

- **Diabetes**

   50% of respondents mentioned Diabetes as a critical issue impacting the well-being and health of the residents of NECT.

   One respondent noted, "The insufficient capacity for Diabetes Education and Nutrition in the area, which is affordable/accessible to all patients regardless of pay contributes to the high rates of diabetes, hypertension, hypercholesterolemia, and heart disease in our region."

- **Opioid Crisis/Substance Abuse**

   50% of respondents mentioned the Opioid Crisis and Substance Abuse as critical issues impacting the well-being and health of the residents of NECT.

   One respondent noted, "Substance use and alcohol abuse are rampant and significantly impact the health of residents."

- **Obesity**

   50% of respondents mentioned Obesity as a critical issue impacting the well-being and health of the residents of NECT.

PRIORITIZATION OF HEALTH NEEDS

Challenges and Availability of Resources

- Funding Issues: There is a consistent concern regarding insufficient funding to address the health and well-being needs in the community. This affects the availability and range of services provided.

- Resource Shortages: Lack of adequate mental health services, limited access to affordable healthcare, and insufficient transportation options were highlighted as major barriers.

- Workforce Limitations: The respondents mentioned challenges related to retaining and recruiting healthcare professionals, which exacerbates service delivery issues.

Impact on the Community

- Community Strain: The identified barriers have led to increased stress and strain on both the community and the organizations providing services. Mental health crises, particularly among pediatric populations, were noted as a significant concern.

- Service Demand: There is an escalating demand for services, which existing providers struggle to meet due to resource constraints. This affects the overall health and well-being of the population.

- Economic Impact: The lack of resources and support systems contributes to broader economic issues, including unemployment and financial insecurity.

Current Efforts to Address Issues

- Existing Initiatives: Efforts are being made to address these challenges, but they are often limited by funding and resources. There is a focus on mental health services, substance abuse programs, and improving access to healthcare.

- Community Collaboration: Some initiatives involve collaboration between different organizations and stakeholders, but the scale and scope of these efforts may not be sufficient to address the needs identified.

Recommendations for Leaders and Decision-Makers

- Increase Funding: A primary recommendation is for increased Medicaid funding to support healthcare and social services, especially in medical transportation, adult behavioral health, autism spectrum disorders, and pediatric behavioral health.

- Policy Changes: Suggestions include implementing state-level public policy changes to improve access to public transportation and requiring greater reliability of existing medical transport services.

- Care coordination: Encourage greater collaboration among providers, especially for specialty care services.

- Community Engagement: Encouraging greater community involvement in health initiatives and fostering collaboration between local organizations and government entities was also recommended.

Consequences of Inaction

- Worsening Health Outcomes: Failure to address issues could lead to worsening mental health crises, increased substance abuse, and broader negative impacts on public health.

- Increased Strain on Services: Continued inaction would likely result in an unsustainable demand on already overburdened healthcare and social service providers.