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Hartford HealthCare

CHARLOTTE HUNGERFORD HOSPITAL

Community Health Needs Assessment

June 2018

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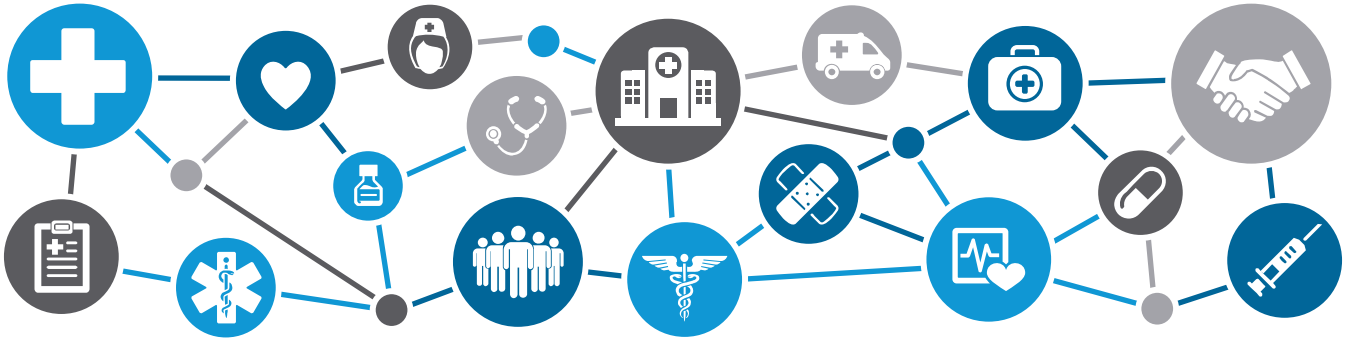
INTRODUCTION AND OVERVIEW



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ENGAGEMENT BACKGROUND AND PURPOSE

The 2018 Community Health Needs Assessment ("CHNA") for Charlotte Hungerford Hospital ("CHH" or the "Hospital"), part of Hartford HealthCare's Northwest Region, leverages numerous sources of local, regional, state and national data along with input from community-based organizations and individuals to provide insight into the current health status, health-related behaviors and community health needs for the Hospital service area.

In addition to assessing traditional health status indicators, the 2018 CHNA took a close look at social determinants of health such as poverty, housing, transportation, education, fresh food availability, and neighborhood safety. Social determinants of health have become a national priority for identifying and addressing health disparities, and Hartford HealthCare is committed to addressing these disparities through the Community Health Improvement Plan that will follow this Assessment.

This CHNA will be used to develop an ongoing, measurable Community Health Improvement Plan ("CHIP") that will focus on those top priorities identified in this CHNA in order to:

- Improve the health status of the community;
- Identify opportunities for better preventive care and wellness initiatives;
- Address social determinants of health and health disparities within the service area;
- Continuously improve access to and quality of health care and community education that will enable community members to improve their overall well-being.

Percival Health Advisors, a national health care advisory firm with a strong commitment to community health improvement efforts, conducted this Community Health Needs Assessment in conjunction with Hartford HealthCare, its Northwest Region Board, and its many community health partners.

METHODOLOGY OVERVIEW

This assessment incorporates data from both quantitative and qualitative sources. The quantitative assessment allows for comparison of leading health indicators to benchmark data at the state and national levels. Additionally, where available, local data was compared to Healthy People 2020 ("Healthy People") target metrics.

The Healthy People initiative provides national objectives for improving the health of all Americans. The objectives were developed through an extensive stakeholder feedback process that integrates input from public health and prevention experts, and federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public.

Key sources of quantitative data include, but are not limited to:

- Connecticut Department of Public Health
- Centers for Disease Control and Prevention
- Connecticut Hospital Association
- United States Census Bureau
- U. S. Department of Health & Human Services

In addition to the quantitative data sources outlined above, qualitative input was used to further inform the CHNA. Focus groups, community forums, and individual key informant interviews were conducted from February to May 2018 with representatives from Hartford HealthCare, the Hospital and numerous community-based organizations and social services agencies. Participants were asked to identify and discuss the top community health issues facing the service area. These responses were tallied and summarized, and additional qualitative perspective was added from key informant interviews. This summary was presented to the Hartford HealthCare Northwest Region Board for further discussion and input regarding the top community health needs and priorities.

IRS FORM 990 SCHEDULE H

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy specific requirements of tax reporting, under provisions of the Patient Protection & Affordable Care Act of 2010. The following table cross-references which sections of this report relate to the hospital's reporting requirements on IRS Form 990 Schedule H.

IRS Form 990 Schedule H	Report Page(s)
Part V Section B Line 3a A definition of the community served by the hospital facility	19-22
Part V Section B Line 3b Demographics of the community	23
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	52-53
Part V Section B Line 3d How data was obtained	7-8
Part V Section B Line 3e The significant health needs of the community	11-12
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	13-17
Part V Section B Line 3h The process for consulting with persons representing the community's interests	5
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	54-59

DATA SOURCES

In addition to the information provided by Hartford Healthcare and the Hospital, the external data sources included for each section of this report are as follows:

Data Element	Data Source
• **Local Area Definitions**	Connecticut Department of Public Health
• **Characteristics and Causes of Death**	Centers for Disease Control and Prevention
• **Insurance Coverage Estimates**	Connecticut Hospital Association
• **Medically Underserved Areas** • **Health Professional Shortage Areas**	U.S. Department of Health & Human Services
• **Demographics** • **Ethnicity Distributions** • **Median Household Incomes** • **Homeownership Rates**	The Nielsen Company
• **Poverty Metrics** • **Unemployment Rates** • **Educational Metrics**	American Community Survey
• **Children in Poverty and Single-Parent Households** • **Linguistically Isolated Populations** • **Uninsured Population Estimates** • **Clinical Provider Ratios** • **Physical Environment Metrics**	County Health Rankings
• **Crime Rates**	State of Connecticut
• **General Health Status Indicators**	Connecticut Department of Public Health Centers for Disease Control and Prevention
• **Cancer Prevalence and Screening Indicators**	Community Commons Health Indicators Report
• **Cardiovascular Disease**	Connecticut Department of Public Health Community Commons Health Indicators Report
• **Respiratory Disease**	Connecticut Department of Public Health Community Commons Health Indicators Report
• **Diabetes**	Connecticut Department of Public Health County Health Rankings Centers for Disease Control and Prevention
• **Infectious Diseases**	Connecticut Department of Public Health Centers for Disease Control and Prevention
• **Sexually Transmitted Diseases**	Centers for Disease Control and Prevention Community Commons Health Indicators Report
• **Births and Prenatal Care**	Centers for Disease Control and Prevention
• **Health Behaviors**	Connecticut Department of Public Health
• **Benchmark Metrics**	HealthyPeople2020

KEY PARTICIPANTS AND CONTRIBUTORS

The qualitative information included in this report was gathered through interviews, focus groups, surveys, planning sessions and discussions with representatives from the following organizations:

- Northwest Connecticut YMCA
- Prime Time House
- McCarthy Senior Center
- Sullivan Senior Center
- NWCT Community Foundation
- Charlotte Hungerford Hospital
- Winchester Schools Family Resource Center
- NWCT Chamber of Commerce
- Torrington Area Health District
- NW Hills Council of Governments
- NW Hills Credit Union
- Community Health and Wellness Center
- NW Connecticut Transitions Committee
- McCall Center for Behavioral Health
- NW Arts Council
- Litchfield Community Center
- Torrington Savings Bank
- City of Torrington Mayor's Office
- Brooker Memorial
- Visiting Nurse Services
- New Opportunities Waterbury
- NWCT Chamber of Commerce
- Town of Winchester Mayor's Office
- The NW United Way
- CHH Primary Care and Pediatrics

LIMITATIONS IN DATA AND INFORMATION

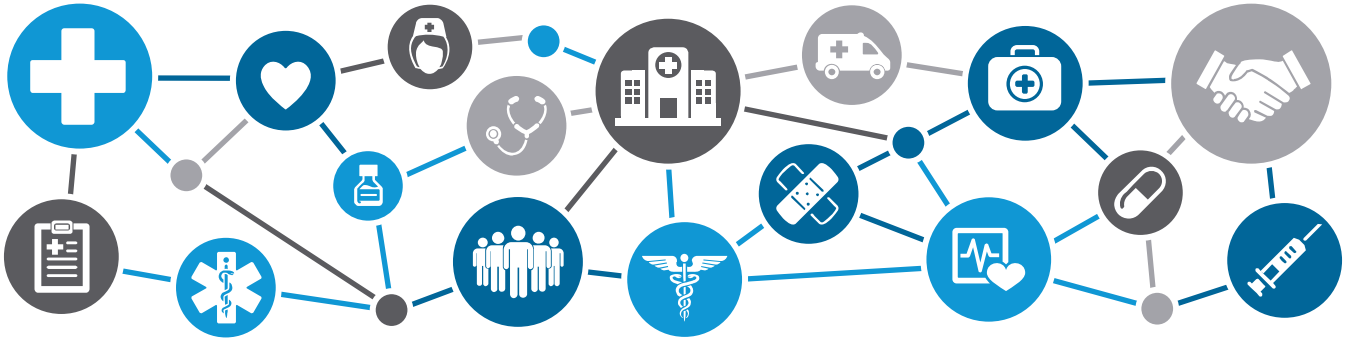
While this report was designed to provide a comprehensive assessment of the community's overall health, we recognize that it cannot accurately measure all possible aspects of the community's health.

This assessment incorporates a significant amount of quantitative data that was collected from a variety of sources. However, this information was sometimes limited as to the level of geographic detail or demographic identifier, availability for all diseases and health indicators, and by the timeliness of the information's reporting period.

Qualitatively, many community individuals were involved in the development of this report, however, given that input was not provided by all community members, there may be instances where specific health issues are not adequately represented.

These information gaps could potentially limit this report's ability to assess all of the community's health needs.

KEY FINDINGS AND PRIORITIES



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SIGNIFICANT COMMUNITY HEALTH NEEDS

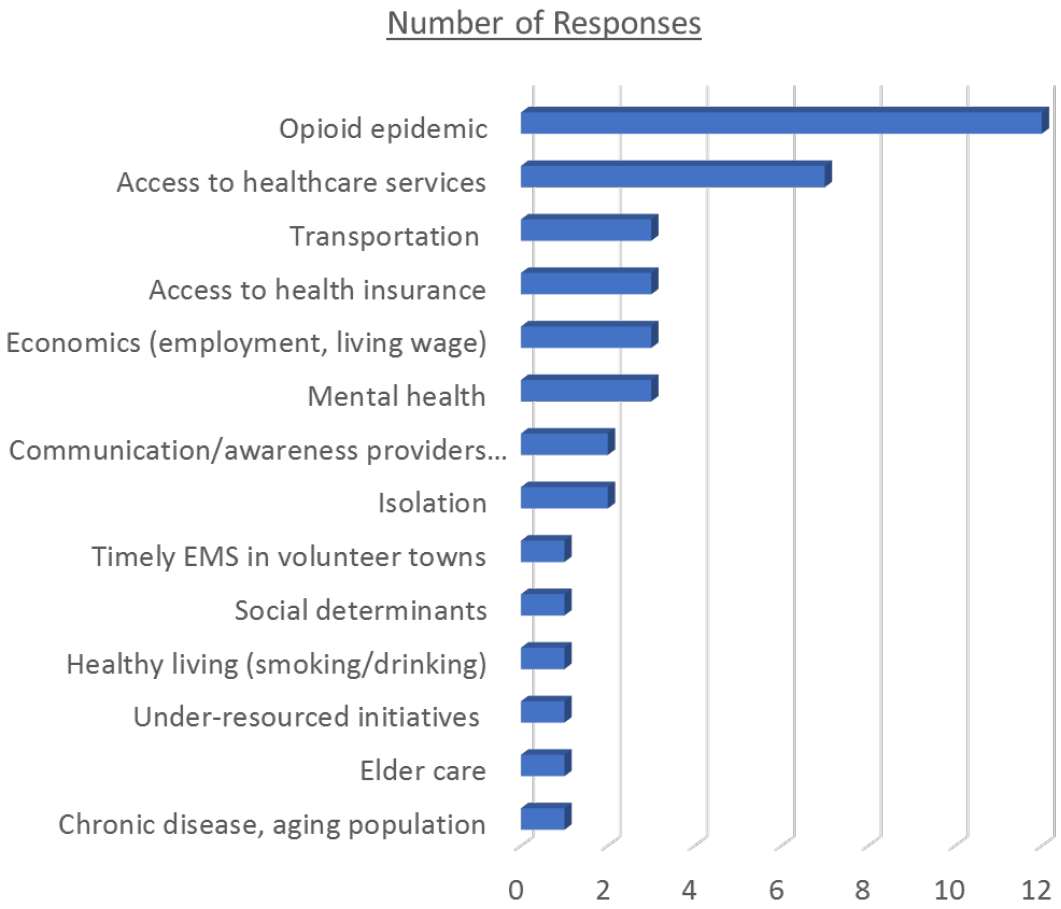
Based on data analysis, surveys, focus groups, and interviews, these are the top community health needs and priorities identified for the Charlotte Hungerford Hospital focus area:

- Greater Torrington core community health issues include depth of poverty across the area, poor quality of older mill housing for lower-income residents, and low population density (lowest of any county in Connecticut) that contributes to areas of isolation and poor access to services
    - Lack of resources compared to other Connecticut towns that get more attention: Torrington is the center of a dispersed population where there are issues with living wage and employment. Jobs are not competitive with other areas salary-wise.
    - Lack of broadband and poor or non-existent reception are big issues in the area and impacts ability to implement and leverage tele-health
- Widespread opioid and substance abuse issues across all income levels
    - Limited access to treatment, including the need for timely intervention
    - Opioid crisis is widespread in the Northwest region. While there is not comparable data available, recent years have seen increases in opioid arrests, deaths, and treatment
- Transportation issues, including limited hours and services that are not convenient to bus lines
    - Need for more in-home services for the senior population as their needs are impacted by transportation issues
    - Funding, number of bus lines, hours of operation, access to providers
- Access to care
    - Need for primary, specialty care, mental health services, and dental care
    - Shortage of primary care physicians leads to emergency department overuse, often as a substitute for primary or urgent care, for care that could be delivered in lower cost settings
    - Behavioral health wait times are long
    - Designation of Litchfield County as a mental health shortage area
- Access to healthy food, especially for children
    - Teachers, school systems, and social services offer support for providing meals for children, but there are still not enough resources in the community
- In the region, geographically Torrington and the Plymouth area scored significantly worse in physical and mental health indicators
- Lack of coordination among and between providers and community-based organizations limits the overall effectiveness of the programs that are going to help serve the populations most in need
    - Communication, education, and awareness: especially between providers
    - Fragmented services and too many silos
    - Need more community educational events as part of preventive care, including education of parents for children's health issues
    - Need comprehensive and dynamic asset mapping of available services

At the February 2018 Focus Group participants were asked:

What are the two biggest community health issues facing your community?

- More than half of the respondents mentioned the opioid crisis (including a few who also mentioned substance abuse or treatment)
- Access to healthcare included mentions of specialty care (2), primary care, quality care, and long wait times
- 2 or 3 who mentioned mental health specifically called out children or adolescents
- Communication issues are between providers and in educating the community



HEALTHY PEOPLE 2020 KEY BENCHMARKS AND METRICS

The following table highlights some of the service area's key health metrics as compared to the State of Connecticut and the Healthy People 2020 targeted benchmarks. The indicators shown in the table below reflect data from the Connecticut Department of Health's Local Analysis.

Green text indicates metrics that are better than the Healthy People 2020 benchmark, and red text indicates metrics that are worse than the Healthy People 2020 benchmark. The service area and the State of Connecticut have the same indicators that are above and below the Healthy People 2020 benchmarks.

	SERVICE AREA	STATE OF CONNECTICUT	HEALTHY PEOPLE 2020
HEALTH STATUS INDICATORS			
Good Physical Health	84.9%	84.6%	79.8%
Good Mental Health	84.4%	84.0%	80.1%
Healthy Weight	39.5%	38.6%	33.9%
HEALTH RISK BEHAVIORS			
No Leisure Time or Physical Activity	19.9%	23.2%	32.6%
Current Cigarette Smoking	15.2%	15.3%	12.0%
Excessive Alcohol Consumption	21.3%	18.9%	25.4%
HEALTH PROTECTIVE BEHAVIORS			
Influenza Vaccination	41.4%	41.9%	90.0%
Pneumococcal Vaccination	72.0%	70.1%	90.0%
HIV Test	30.7%	35.6%	73.6%

LOCAL-AREA INDICATORS

SELECTED LOCAL AREAS

In order to understand population health behaviors and indicators at a more granular level, metrics were retrieved from the Connecticut Department of Health based on their 53 local area definitions based on county subdivisions, with selected area definitions highlighted in the table below.

Charlotte Hungerford Hospital
Selected Local Areas

Local Area/Included Cities and Towns	Label
7 - Bridgewater, Brookfield, New Fairfield, New Milford, Newtown, Roxbury, Sherman, Washington	Brookfield
20 - Bethlehem, Canaan, Cornwall, Goshen, Harwinton, Kent, Litchfield, Middlebury, Morris, Norfolk, North Canaan, Salisbury, Sharon, Warren	Harwinton
26 - Barkhamsted, Canton, Colebrook, East Granby, Granby, Hartland, New Hartford	Granby
43 - Torrington, Winchester	Torrington
51 - Plymouth, Thomaston, Watertown	Plymouth

Source: Connecticut Department of Public Health

LOCAL HEALTH-INDICATOR DEFINITIONS

The following table provides definitions for each of the local health indicators.

Health Indicator Definitions

Health Indicator	Definition
Health Status Indicators	
Good or Better General Health (% of Adults)	General health categorized as "Good", "Very Good", or "Excellent"
Good Physical Health (% of Adults)	Less than 14 days in the last 30 days where their physical health was not good
Good Mental Health (% of Adults)	Less than 14 days in the last 30 days where their mental health was not good
Healthy Weight (% of Adults)	Body-mass index between 18.5 and 25.0
Health Risk Behaviors	
No Leisure Time or Physical Activity (% of Adults)	No participation in any physical activities or exercise, outside of work, in the last 30 days
Current Cigarette Smoking (% of Adults)	Smoke cigarettes every day or some days
Excessive Alcohol Consumption (% of Adults)	Classified as a heavy or binge drinker. Heavy drinking is defined as at least three drinks daily for men or at least two drinks daily for women. Binge drinking is defined as six or more drinks during one occasion for men, or five or more drinks per occasion for women.
Health Protective Behaviors	
Routine Check-Ups (% of Adults)	Visited a doctor for a routine checkup in the past two years
Influenza Vaccination (% of Adults)	Received a flu shot or vaccine within the last year
Pneumococcal Vaccination (% of Adults Aged 65+)	Received a pneumonia short or vaccine in their lifetime
HIV Test (% of Adults Aged 18-64)	Tested for HIV in their lifetime
Chronic Conditions	
Current Asthma (% of Adults)	Diagnosed with asthma
Arthritis (% of Adults)	Diagnosed with arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
Diabetes (% of Adults)	Diagnosed with diabetes
Depression (% of Adults)	Diagnosed with a depressive disorder
Chronic Obstructive Pulmonary Disease (% of Adults)	Diagnosed with COPD, emphysema, or chronic bronchitis
Cardiovascular Disease (% of Adults)	Diagnosed with a heart attack, myocardial infarction, angina, coronary heart disease, or stroke

Source: Connecticut Department of Public Health

SUMMARY OF LOCAL INDICATORS

The following chart outlines health indicators by local area as compared to the State of Connecticut. Scores range from one to five stars, from significantly worse to significantly better than the State of Connecticut, respectively. Actual scores show in the subsequent table.

DETAILED LOCAL INDICATORS

The following table provides additional detail for each local area's health indicator.

Health Indicators and Behaviors
Prevalence as a Percent of Adult Population

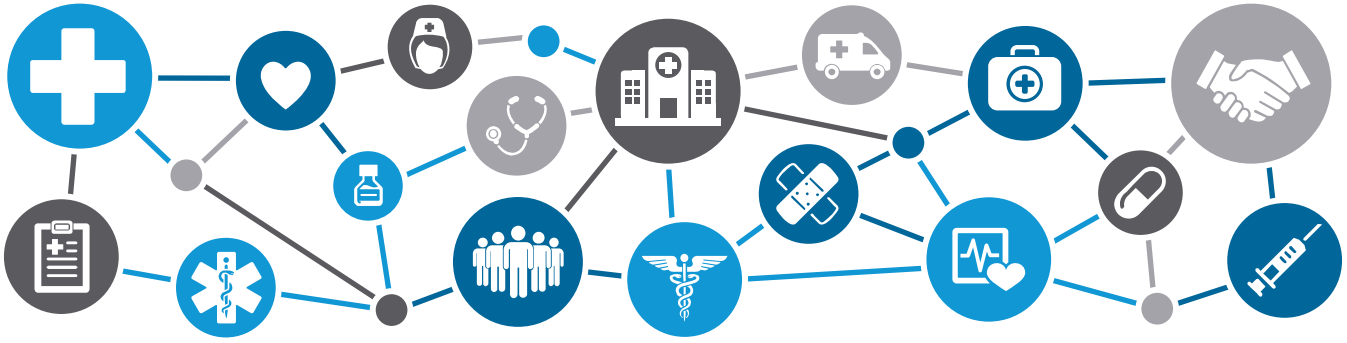
Health Indicator	Local Area					CHH Service Area	State of Connecticut
	Brookfield	Harwinton	Granby	Torrington	Plymouth		
Health Status Indicators							
Good or Better General Health	90.5%	90.4%	92.3%	80.4%	85.2%	88.2%	85.6%
Good Physical Health	87.2%	87.6%	87.8%	75.7%	84.1%	84.9%	84.6%
Good Mental Health	84.2%	87.4%	87.1%	83.0%	80.8%	84.4%	84.0%
Healthy Weight	41.8%	40.3%	41.3%	34.8%	36.7%	39.5%	38.6%
Health Risk Behaviors							
No Leisure Time or Physical Activity	16.7%	20.4%	15.5%	24.0%	26.4%	19.9%	23.2%
Current Cigarette Smoking	12.6%	11.9%	10.7%	21.1%	22.4%	15.2%	15.3%
Excessive Alcohol Consumption	25.1%	16.4%	16.6%	18.5%	25.1%	21.3%	18.9%
Health Protective Behaviors							
Routine Check-Ups	86.8%	87.7%	86.0%	82.3%	84.6%	85.7%	86.8%
Influenza Vaccination	41.8%	44.5%	43.5%	37.2%	40.0%	41.4%	41.9%
Pneumococcal Vaccination	69.5%	73.3%	75.4%	73.0%	72.2%	72.0%	70.1%
HIV Test	31.1%	24.2%	33.5%	35.9%	27.7%	30.7%	35.6%
Chronic Conditions							
Current Asthma	7.5%	8.0%	12.2%	8.1%	10.1%	8.8%	9.8%
Arthritis	25.3%	25.1%	25.8%	32.9%	25.5%	26.7%	23.9%
Diabetes	6.8%	7.6%	7.1%	11.1%	9.8%	8.2%	9.1%
Depression	17.5%	14.4%	16.0%	25.9%	18.5%	18.4%	17.2%
Chronic Obstructive Pulmonary Disease	5.0%	5.0%	5.0%	9.0%	5.0%	5.7%	5.5%
Cardiovascular Disease	6.2%	6.7%	6.1%	10.2%	9.0%	7.4%	7.3%

Source: Connecticut Department of Public Health

Significantly Better Than State Average

Significantly Worse Than State Average

COMMUNITY DEFINITION AND OVERVIEW



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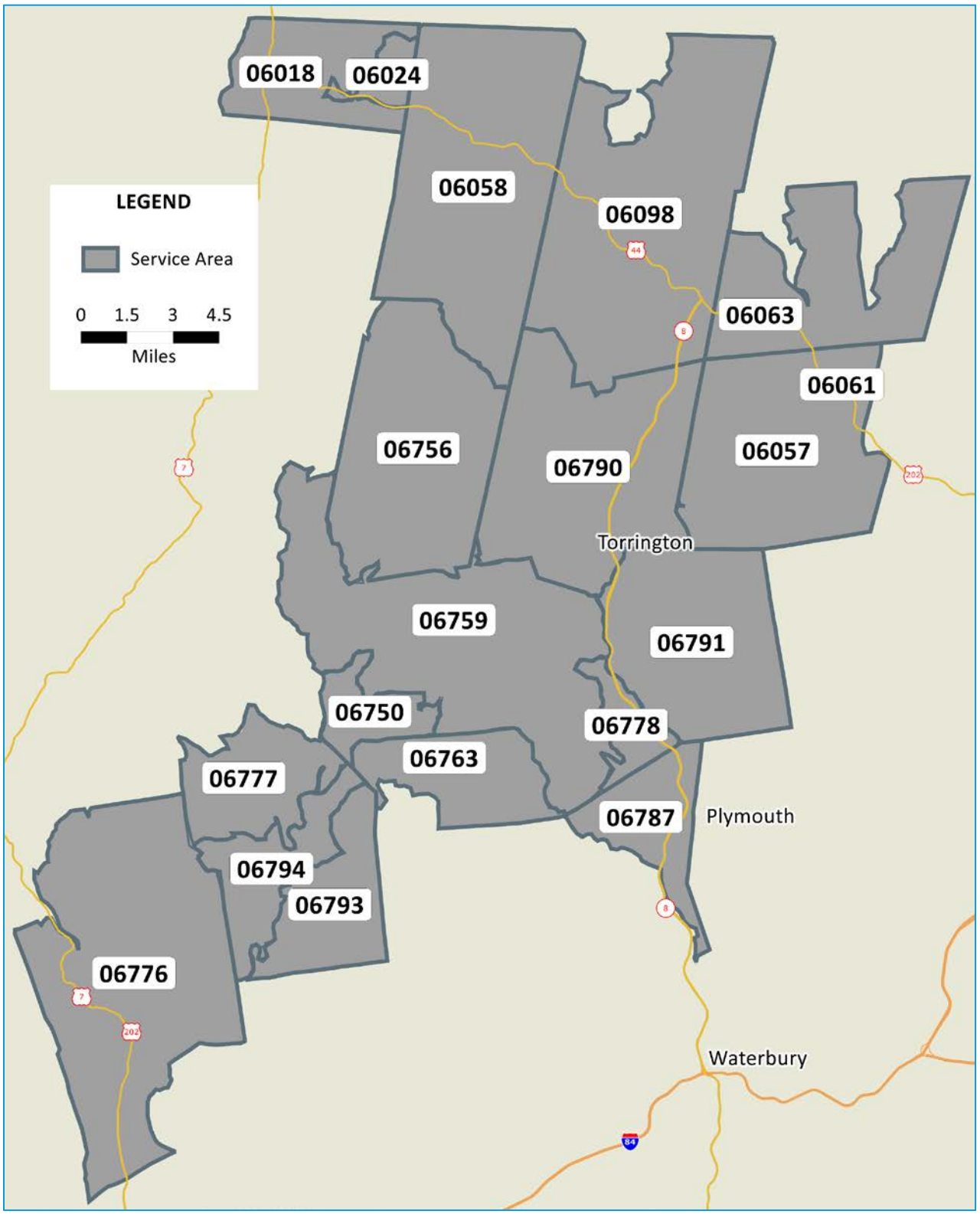
SERVICE AREA DEFINITION

The Hospital's service area definition was provided by Hartford HealthCare and is defined by the 19 ZIP Codes highlighted on the map below. When available, information relating to these specific ZIP Codes was integrated into this report.



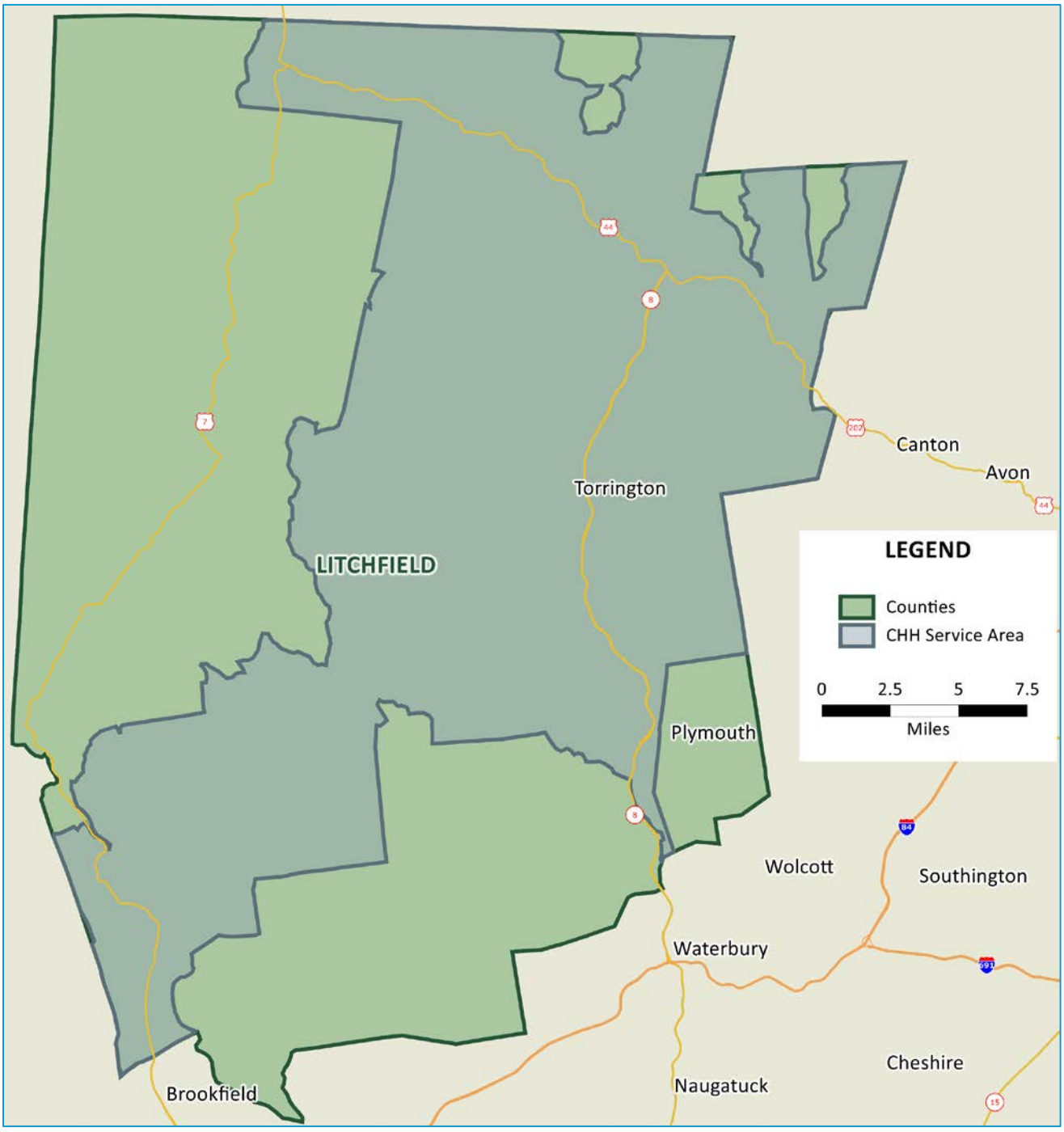
The following table outlines the ZIP Codes that comprise the Hospital's service area definition as provided by Hartford HealthCare.

Charlotte Hungerford Hospital
Service Area Definition

ZIP Code	City	State
06018	Canaan	CT
06024	East Canaan	CT
06057	New Hartford	CT
06058	Norfolk	CT
06061	Pine Meadow	CT
06063	Barkhamsted	CT
06098	Winsted	CT
06750	Bantam	CT
06756	Goshen	CT
06759	Litchfield	CT
06763	Morris	CT
06776	New Milford	CT
06777	Washington/Warren	CT
06778	Northfield	CT
06787	Thomaston	CT
06790	Torrington	CT
06791	Harwinton	CT
06793	Washington	CT
06794	Washington Depot	CT

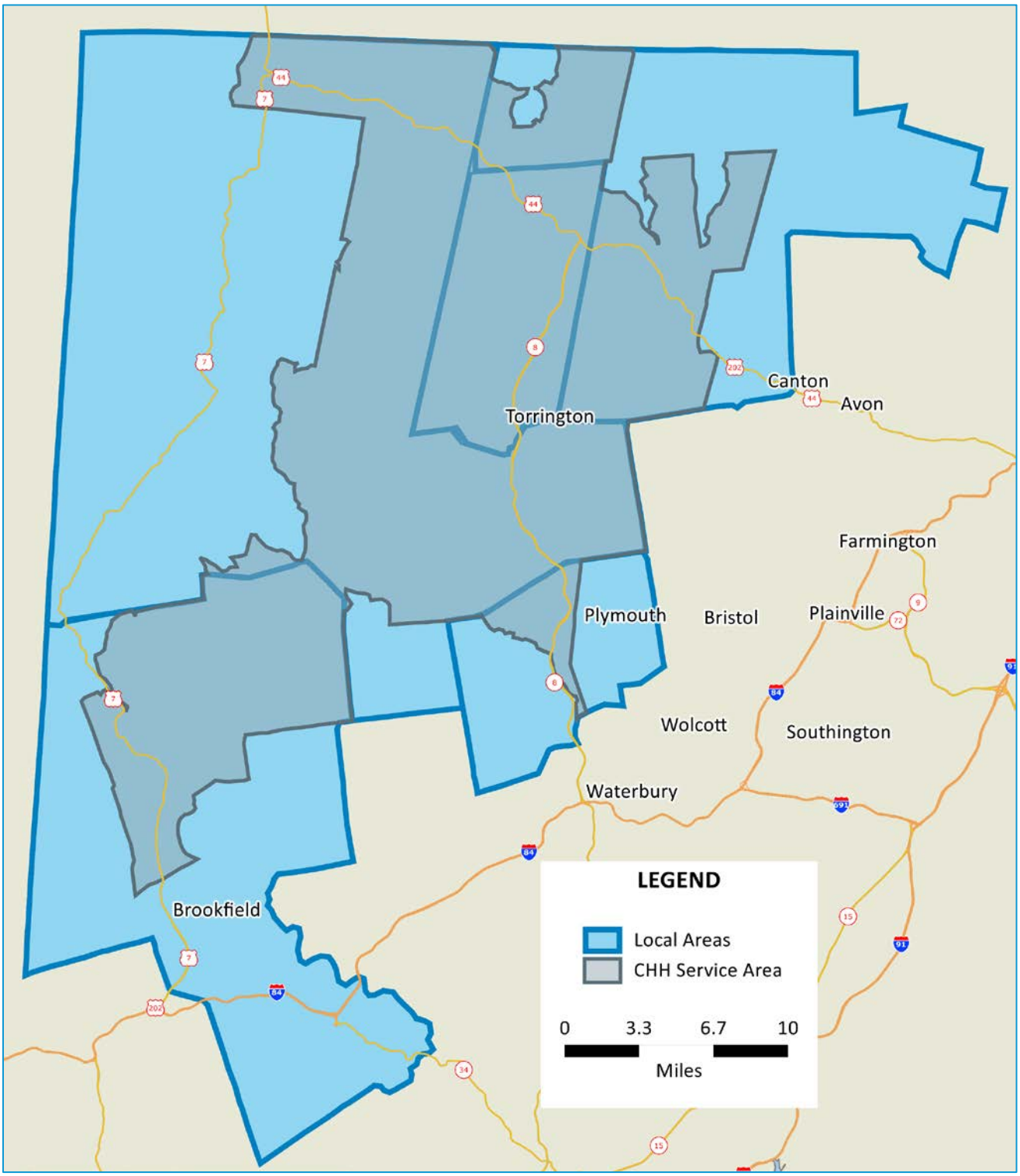
SELECTED COUNTIES

Due to limited data available at the ZIP Code level, when appropriate, key information and metrics were calculated and assessed for Litchfield County, which is highlighted in green in the map below.



CONNECTICUT DEPARTMENT OF HEALTH LOCAL AREAS

In addition to county data, in order to understand population health behaviors and indicators at a more granular level, metrics were retrieved from the Connecticut Department of Health based on their 53 local area definitions based on county subdivisions. Health indicators for the local areas highlighted in blue in the map below were assessed in aggregate and are incorporated into this report.



POPULATION GROWTH AND AGE DISTRIBUTION

Overall, the service area population is expected to decrease by 2.2% over the next five years, which is greater than the State of Connecticut in total. However, similar to national trends, the population is projected to shift towards residents aged 65 and older.

Demographic Summary

Age Group	Population 2017	Population 2022	Percent Change	Distribution (%) 2017	Distribution (%) 2022
Service Area					
0 - 17	22,372	20,044	-10.4%	19.1%	17.5%
18 - 44	34,334	34,034	-0.9%	29.3%	29.7%
45 - 64	38,433	36,068	-6.2%	32.8%	31.4%
65+	22,108	24,566	11.1%	18.9%	21.4%
Total/Overall	**117,247**	**114,712**	**-2.2%**	**100.0%**	**100.0%**
State of Connecticut					
0 - 17	749,574	711,393	-5.1%	20.9%	19.7%
18 - 44	1,224,277	1,227,332	0.2%	34.1%	34.1%
45 - 64	1,024,279	985,413	-3.8%	28.5%	27.3%
65+	592,007	679,504	14.8%	16.5%	18.9%
Total/Overall	**3,590,137**	**3,603,642**	**0.4%**	**100.0%**	**100.0%**

Source: The Nielsen Company

ETHNICITY BREAKDOWN

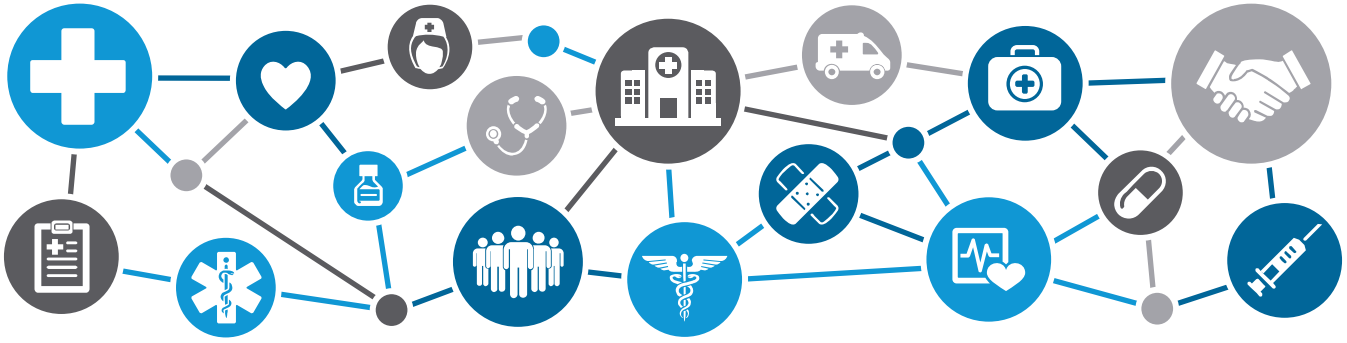
While the total service area population is expected to decline, both the service area and the State of Connecticut are projected to see an increase in Hispanic, black, and other ethnicities, and a decrease in residents who identify as white.

Ethnic Summary

Ethnicity	Population 2017	Population 2022	Percent Change	Distribution (%) 2017	Distribution (%) 2022
Service Area					
White	102,279	97,641	-4.5%	87.2%	85.1%
Hispanic	8,135	9,530	17.1%	6.9%	8.3%
Black	2,311	2,629	13.8%	2.0%	2.3%
Other	4,522	4,912	8.6%	3.9%	4.3%
Total/Overall	**117,247**	**114,712**	**-2.2%**	**100.0%**	**100.0%**
State of Connecticut					
White	2,400,758	2,293,789	-4.5%	66.9%	63.7%
Hispanic	544,952	614,281	12.7%	15.2%	17.0%
Black	389,366	409,438	5.2%	10.8%	11.4%
Other	255,061	286,134	12.2%	7.1%	7.9%
Total/Overall	**3,590,137**	**3,603,642**	**0.4%**	**100.0%**	**100.0%**

Source: The Nielsen Company

SOCIAL DETERMINANTS OF HEALTH



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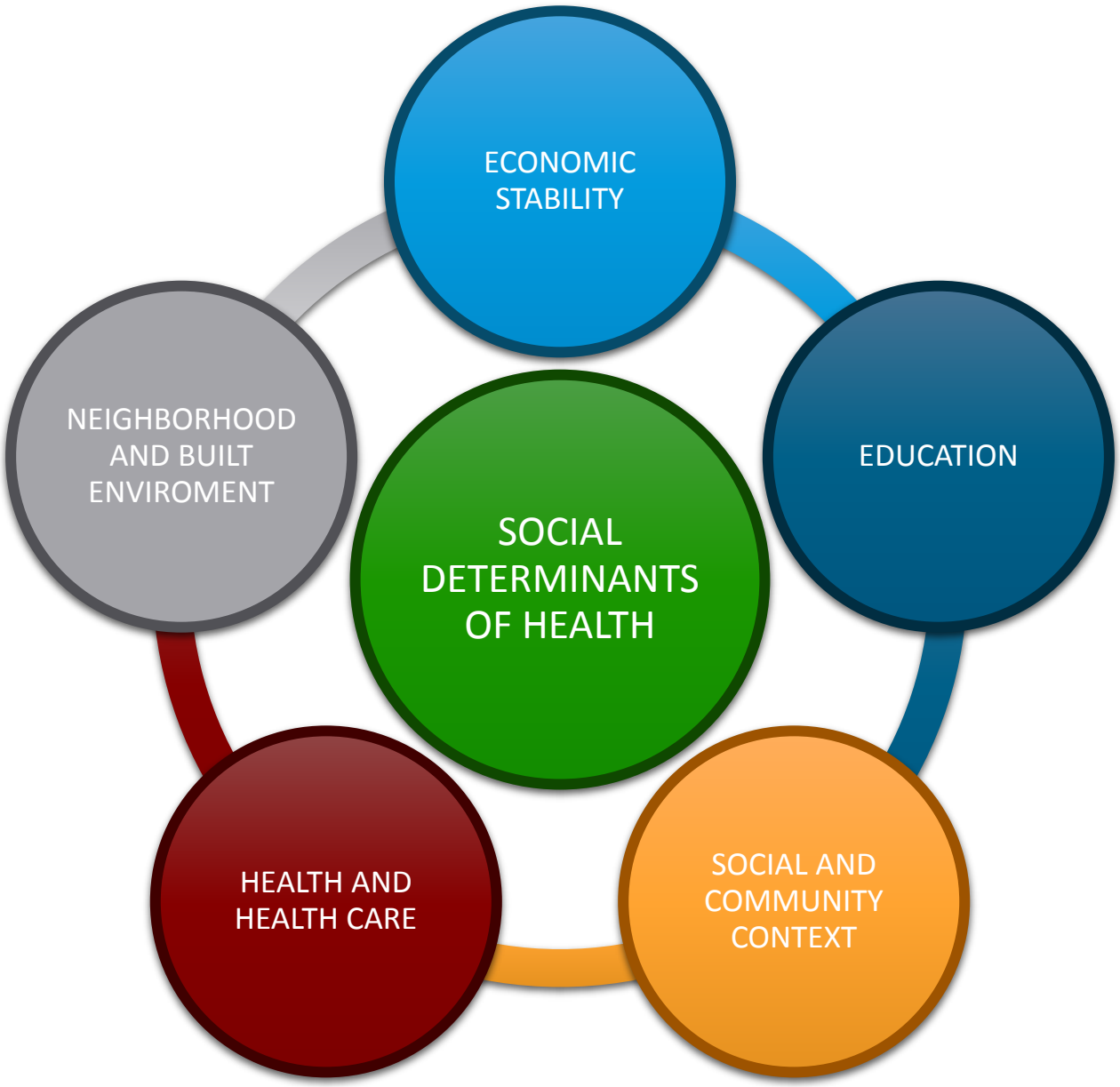
OVERVIEW

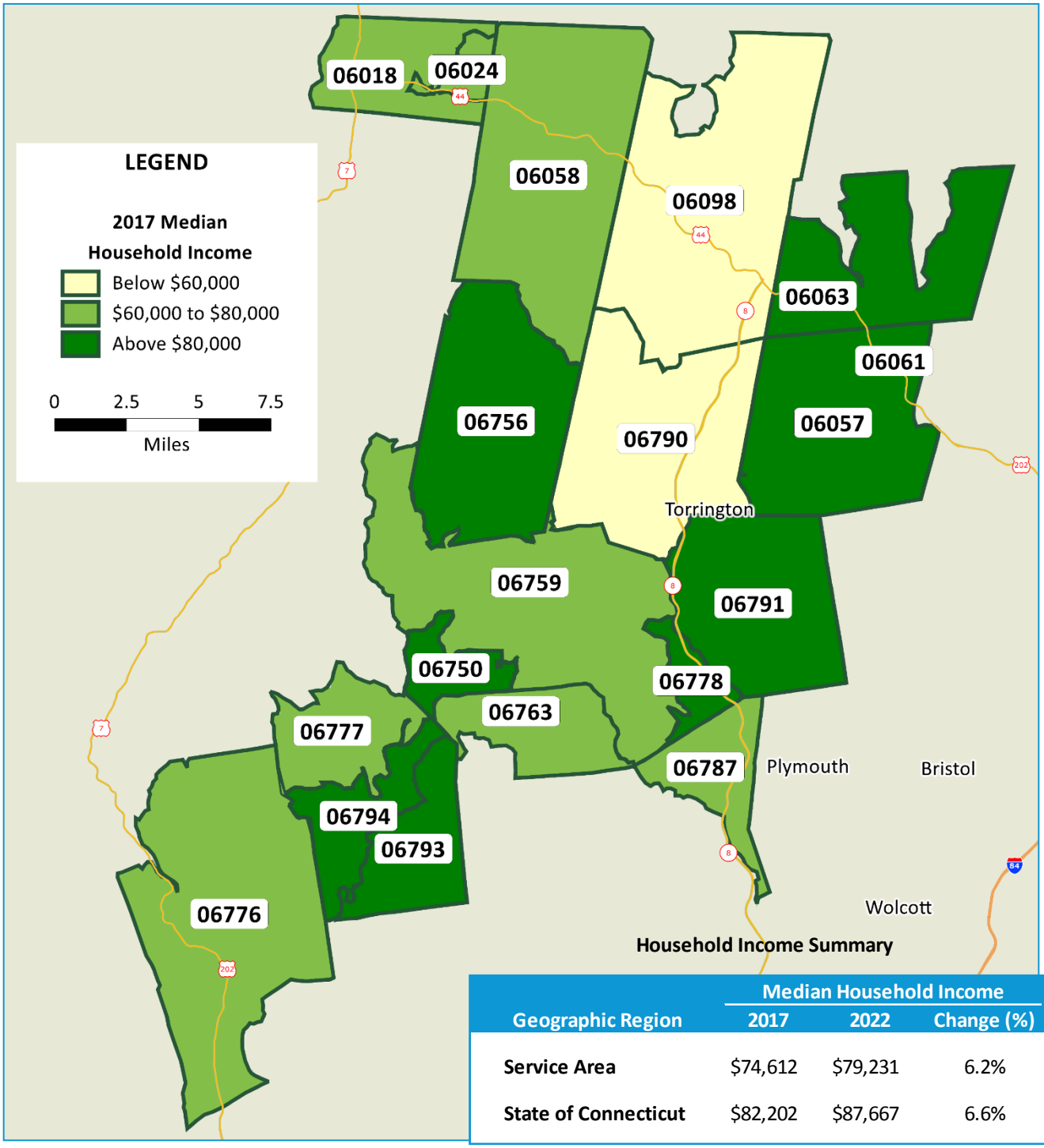
Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. (HealthyPeople.gov)



ECONOMIC STABILITY

MEDIAN HOUSEHOLD INCOME

While the service area has a lower median household income compared to the State of Connecticut, the eastern side has a large concentration of households with income greater than $80,000.



Household Income Summary

Geographic Region	Median Household Income 2017	2022	Change (%)
Service Area	$74,612	$79,231	6.2%
State of Connecticut	$82,202	$87,667	6.6%

Source: The Nielsen Company

POVERTY METRICS

The poverty rate in Litchfield County is significantly lower than the State of Connecticut, with lower percentages of all ethnicities below the poverty line.

Poverty Metrics

Percent Below Poverty Line	Litchfield County	State of Connecticut
Ethnicity		
White	6.4%	7.8%
Black	14.0%	20.3%
Hispanic	16.4%	24.5%
Total/Overall	**6.9%**	**10.4%**
Male	6.8%	9.4%
Female	7.1%	11.3%

Source: American Community Survey

KEY INFORMANT COMMENTS ON POVERTY

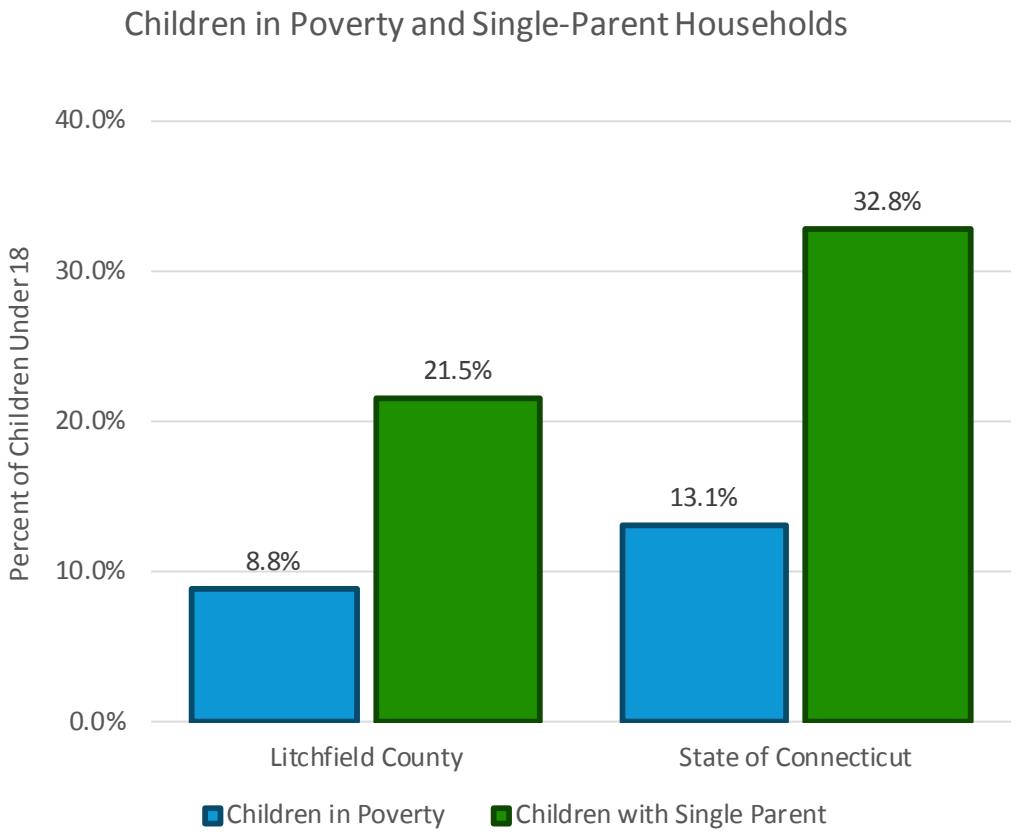
The area is costly to live (high taxes, rents are high) which means personal income is being diverted away from being spent on a person's healthcare needs

Lack of jobs/employment is a significant impact on the community health issue - Torrington is in denial of its poverty, health takes a back seat to people experiencing poverty

Poverty taking a major toll on Litchfield County

CHILDREN IN POVERTY AND SINGLE-PARENT HOUSEHOLDS

The percentage of children living in poverty and in single-parent households is significantly lower in Litchfield County as compared to the State of Connecticut, with the more substantial variance occurring in single-parent households.



Source: County Health Rankings

HOMEOWNERSHIP RATES

The service area has a greater percentage of homeowners than the State of Connecticut, and it is projected to remain consistent through 2022.

Home Ownership Rates

Geographic Region	Percent of Households		
	2017	2022	Variance
Service Area			
Owner	74.6%	74.6%	0.0%
Renter	25.4%	25.4%	0.0%
Total/Overall	**100.0%**	**100.0%**	**0.0%**
State of Connecticut			
Owner	67.3%	67.2%	-0.1%
Renter	32.7%	32.8%	0.1%
Total/Overall	**100.0%**	**100.0%**	**0.0%**

Source: The Nielsen Company

KEY INFORMANT COMMENTS ON HOUSING

In Torrington the quality of housing for lower-income residents is very poor: "60% of the housing was built before 1960"

Residential housing is not affordable for young working families, even with two incomes. Rents too high.

Homelessness is having a significant impact on the community

UNEMPLOYMENT RATES

Compared to the State of Connecticut, the overall unemployment rate in Litchfield County is slightly lower, with a similar difference across ethnicities.

Employment Summary

Category	Unemployment Rate		
	Litchfield County	State of Connecticut	United States
Ethnicity [1]			
White	6.5%	6.7%	6.3%
Black	13.3%	14.6%	13.3%
Hispanic	11.4%	11.9%	8.7%
Total/Overall	**6.7%**	**8.0%**	**7.4%**
Male [2]	6.8%	7.8%	7.0%
Female [2]	5.8%	6.9%	6.7%

Source: American Community Survey

[1] Population aged 16 or older

[2] Population aged 20 to 64

KEY INFORMANT COMMENTS ON EMPLOYMENT

Note: most of the comments in this section are from the Torrington Working Cities Challenge in September 2017

Lack of transportation – 600 job openings that aren't being filled partly due to people not being able to access work sites

Insufficient, unappealing job opportunities for local young people

People often leave Torrington in search of viable jobs, and once found they rarely return to live here

Torrington labor market perceived as being heavily dominated by minimum wage/low-wage jobs

Most jobs available in Torrington are "so what" jobs, not requiring a college degree. Many of the attractive jobs here are blocked by 30-somethings. Connecticut very expensive for young people/workers just starting out and need to pay back loans and get started with good wages.

Companies haven't modernized technology to communicate effectively about available opportunities

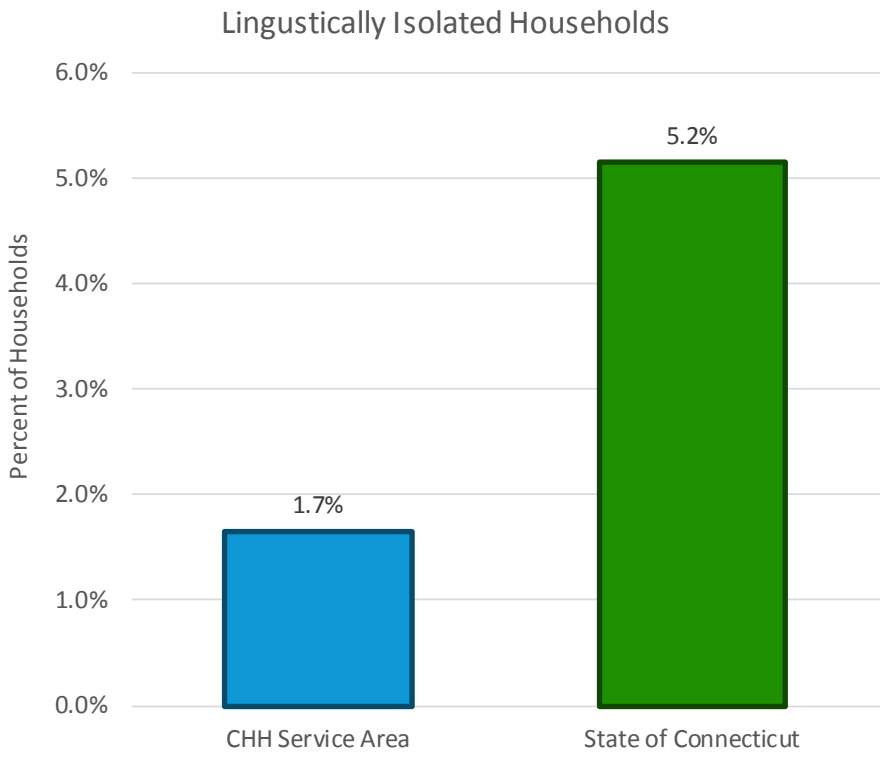
The demise of Torrington-based large manufacturers is a major challenge

Torrington businesses compete with Hartford/New Haven companies for talent and are unable to get qualified candidates to apply. The image is problematic.

EDUCATION AND LANGUAGE

LINGUISTICALLY ISOLATED POPULATION

The service area has a significantly lower percentage of households that are considered linguistically isolated as compared to the State of Connecticut. These households are defined by all members 14 years old and over having some difficulty speaking English.



Source: County Health Rankings

KEY INFORMANT COMMENTS ON CULTURAL ISSUES/MINORITIES

Aging White population feels increasingly disconnected from increasing resident population of "people of color"/"minorities" whose primary language is other than English creating a growing racial/ethnic disconnect

Changing demographics in terms of ethnicity – language barriers, lack of documentation creates fear that limits willingness to access healthcare

Two people at Charlotte Hungerford that can assist with language services, but need more resources

Lack of insurance and cultural hesitation to go to doctor; for example, patient went to NYC (Washington Heights) for a doctor appointment; that individual felt more comfortable seeing a Hispanic provider – half of clients go to see Hispanic doctors in NYC (cheaper doctors in NYC because not in emergency room)

Need for more educational programs to both community and hospital staff on cultural competency

Language barriers, lack of documentation creates fear that limits willingness to access healthcare

EDUCATIONAL METRICS

Compared to the State of Connecticut, the average level of educational attainment is lower in the service area, with lower proportions of residents who have earned a bachelor's degree or higher.

Educational Attainment

Level of Attainment	Service Area	State of Connecticut
No High School Diploma	9.2%	9.9%
High School Graduate	30.7%	27.3%
Some College	19.6%	17.3%
Associate's Degree	8.8%	7.5%
Bachelor's Degree	19.2%	21.3%
Graduate Degree	12.5%	16.8%
Total/Overall	**100.0%**	**100.0%**

Source: American Community Survey

KEY INFORMANT COMMENTS ON EDUCATION

Physical improvements to schools lacking

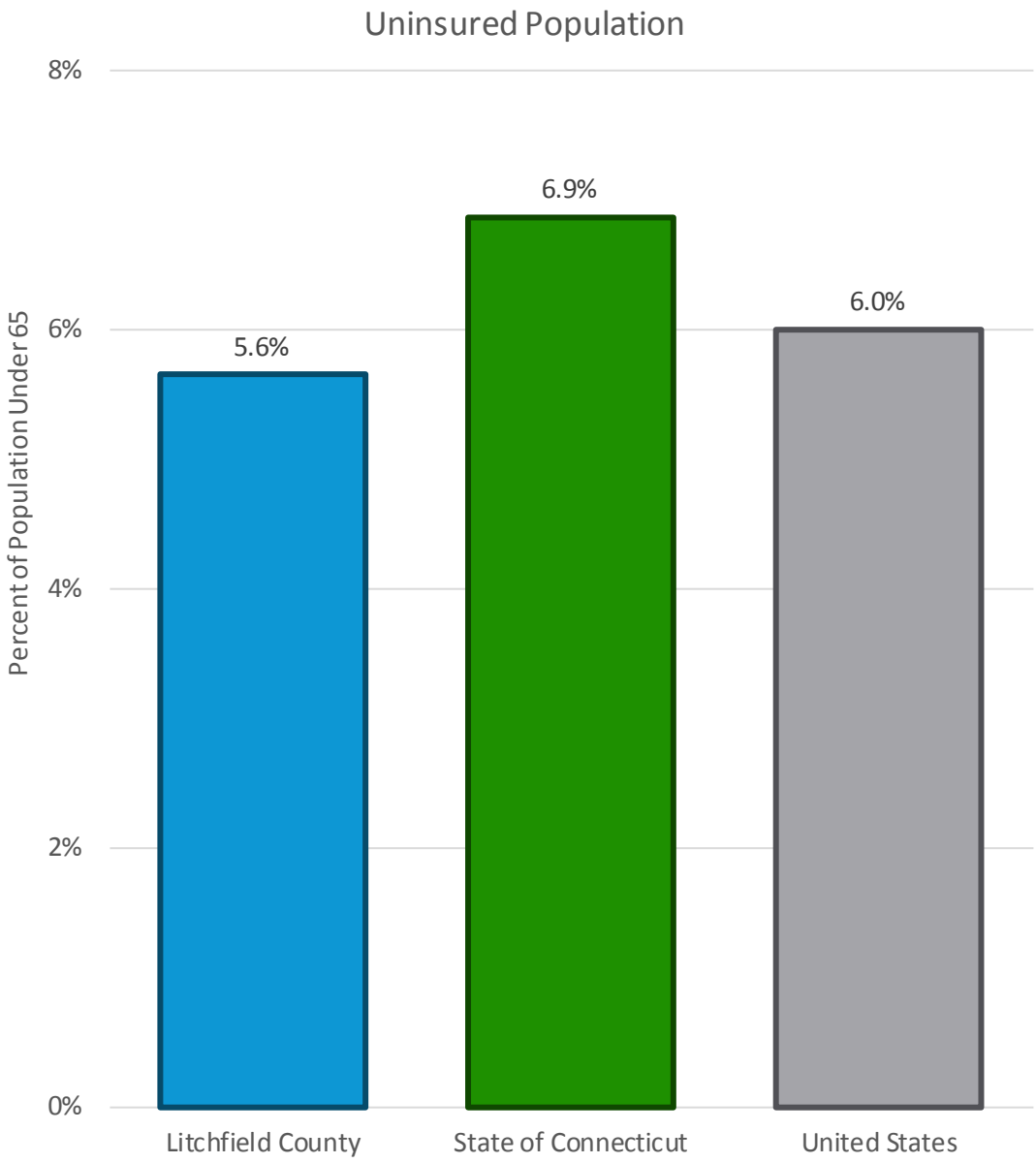
Reduction in number of school-based clubs/activities is a concern, sends bad signals

Lack of funding/resources for quality education system is major concern

HEALTH AND HEALTH CARE

UNINSURED POPULATION

Compared to the State of Connecticut, Litchfield County has a lower percentage of residents without health insurance and is better than the top 10th percentile of counties in the United States.



Source: County Health Rankings

INSURANCE COVERAGE

Of the service area's residents who received inpatient care in 2017, approximately 75% of the patient days were covered by governmental coverage (Medicaid/Medicare), which is comparable to the State of Connecticut. However, from an emergency room perspective, the percentage of Medicaid coverage is significantly higher for both the service area and the State of Connecticut, which is expected as these patients are often the highest users of emergency services.

Insurance Coverage Estimates

Payer Category	Service Area	State of Connecticut
Inpatient Days		
Private	23.9%	22.6%
Medicare	54.4%	50.4%
Medicaid	19.4%	24.2%
Other	1.1%	0.9%
Uninsured	1.2%	1.9%
Total/Overall	**100.0%**	**100.0%**
Emergency Room Visits (Non-Admission)		
Private	31.6%	27.6%
Medicare	24.7%	18.8%
Medicaid	36.7%	44.2%
Other	2.4%	2.3%
Uninsured	4.6%	7.1%
Total/Overall	**100.0%**	**100.0%**

Source: Connecticut Hospital Association

ACCESS TO HEALTH CARE PROVIDERS

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans. This topic area focuses on three components of access to care: insurance coverage, health services, and timeliness of care. When considering access to health care, it is important to also include oral health care and obtaining necessary prescription drugs. (HealthyPeople.gov)

Litchfield County has less primary care physicians, dentists, and mental health providers per person than the State of Connecticut, and has worse ratios compared to the top 10th percentile of counties across the United States.

Clinical Provider Ratios

Population Ratio [1]	Litchfield County	State of Connecticut	United States
Primary Care Physicians	1,569	1,180	1,030
Dentists	1,534	1,180	1,280
Mental Health Providers	461	290	330

Source: County Health Rankings

[1] Number of persons per provider

KEY INFORMANT COMMENTS ON ACCESS

Many residents find access to health services difficult here and move to places closer to health services/hospitals in other communities

Very challenging to contact providers due to different EMR/EHR programs. Multiple providers for single patient case requires multiple lines of communication.

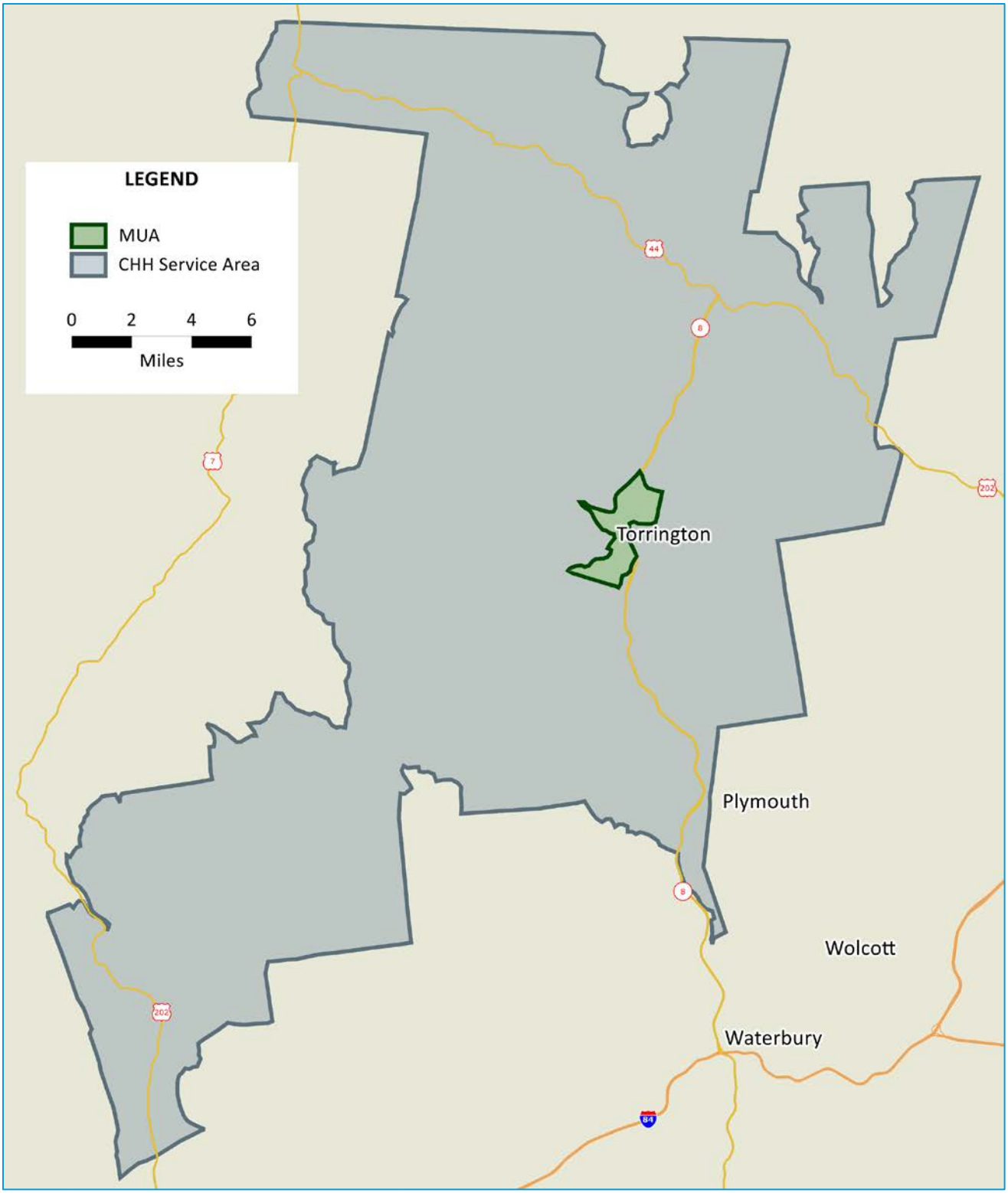
Access to care for substance abuse and for people who are underemployed is very difficult

Primary care has been a challenge for a while, hard to recruit; it is the biggest area of deficit and regression

Lack of providers that speak Spanish

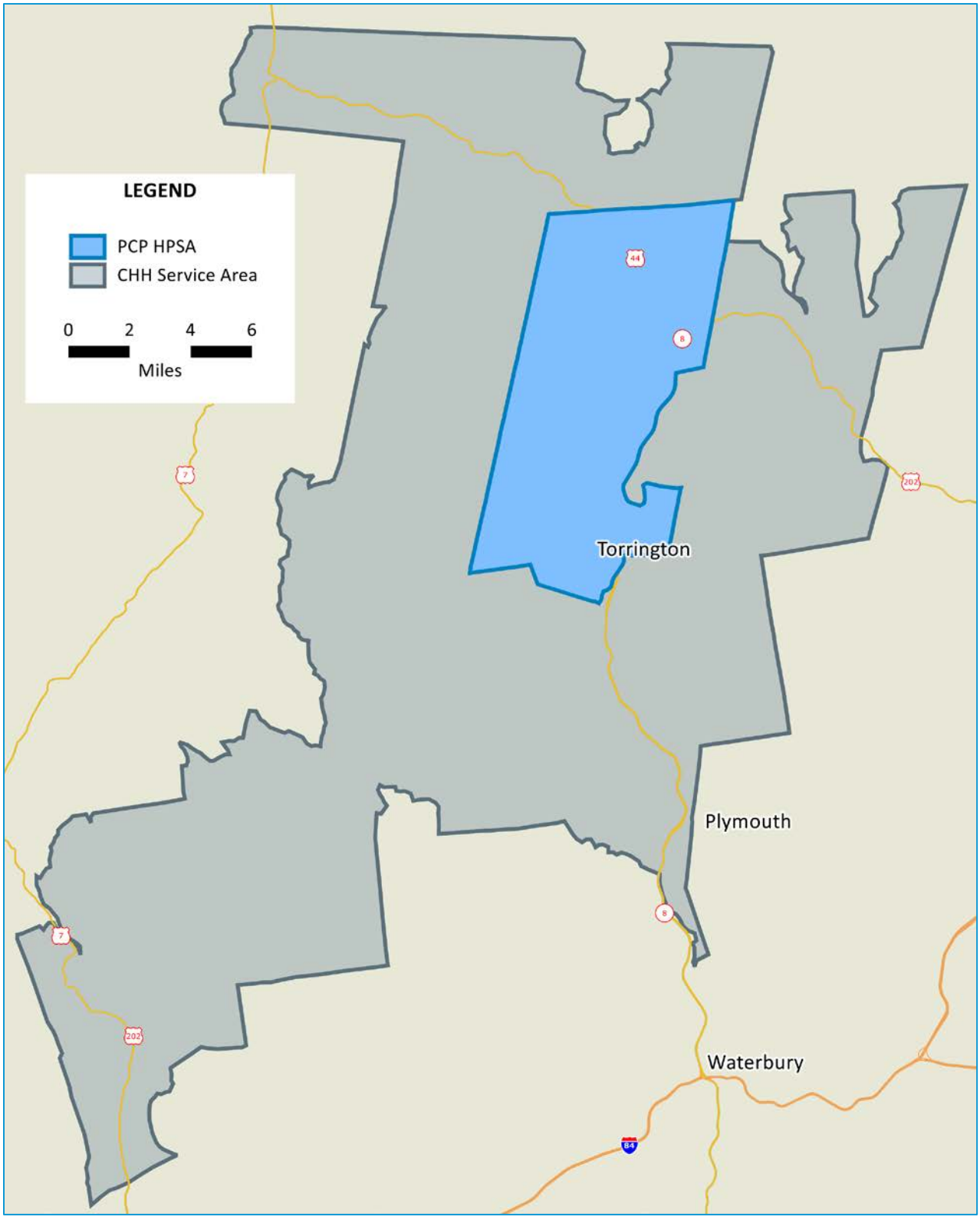
MEDICALLY UNDERSERVED AREAS

Medically Underserved Areas and Populations ("MUAs") are geographic regions designated by the Health Resources & Services Administration under the U. S. Department of Health & Human Services as having too few primary care providers, high infant mortality, high poverty or a high elderly population. As shown in the map below, there is one MUA in the service area, surrounding Torrington, Connecticut.



HEALTH PROFESSIONAL SHORTAGE AREAS

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources & Services Administration under the U. S. Department of Health & Human Services as having shortages of primary medical care, dental or mental health providers. As shown in the map below, there is one primary care and dental health HPSAs within the service area, overlapping with the MUA in Torrington. The entire Litchfield County is designated HPSA for mental health.



NEIGHBORHOOD AND BUILT ENVIRONMENT

CRIME AND SAFETY

Crime in Litchfield County is significantly lower than the State of Connecticut and the United States in all categories.

Crime Rates

Crime Rate	Litchfield County	State of Connecticut	United States
Rate per 100,000 Persons			
Murder	0.5	2.2	5.3
Rape	13.1	21.7	40.4
Robbery	20.4	75.7	102.8
Aggravated Assault	42.8	128.1	248.5
Burglary	191.6	281.8	468.9
Larceny	866.2	1,333.5	1,745.0
Motor Vehicle Theft	63.7	198.5	236.9
Crime Index Total	**1,198.3**	**2,041.4**	**2,847.8**

Source: 2016 Annual Report of the Uniform Crime Reporting Program - State of Connecticut

PHYSICAL ENVIRONMENT

Compared to the State of Connecticut, Litchfield County has better air pollution, less severe housing problems, and better overall access to healthy foods. However, the top 10th percentile of counties in the United States have a significantly lower percentage of households with severe housing problems.

Physical Environment

Indicator	Litchfield County	State of Connecticut	United States
Air Pollution [1]	7.3	8.2	6.7
Severe Housing Problems [2]	15.8%	19.0%	9.0%
Food Environment Index [3]	8.7	8.5	8.6

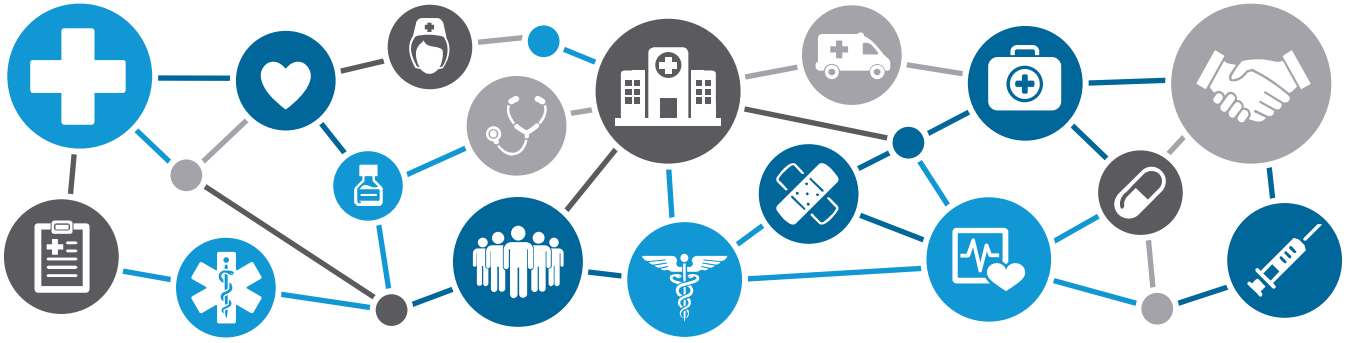
Source: County Health Rankings

[1] Average daily density of fine particulate matter in micrograms per cubic meter

[2] Percent of households with overcrowding, high housing costs, or lack kitchen/plumbing facilities

[3] Score (0 - 10) representing limited access to healthy foods

HEALTH STATUS AND BEHAVIORS



PERCIVAL
HEALTH ADVISORS

OVERALL HEALTH STATUS

The service area has better physical and mental health metrics than the State of Connecticut but has a larger percentage of adults who have been diagnosed with a depressive disorder.

General Health Status Indicators

Health Indicator	CHH Service Area	State of Connecticut
General Health		
CHH Local Area Region [1]		
Good or Better General Health (% of Adults)	88.2%	85.6%
Good Physical Health (% of Adults)	84.9%	84.6%
Litchfield County [2]		
Poor or Fair Health (% of Adults)	8.8%	14.0%
Poor Physical Health Days (Last 30 Days)	2.6	3.4
Mental Health		
CHH Local Area Region [1]		
Good Mental Health (% of Adults)	84.4%	84.0%
Depression (% of Adults)	18.4%	17.2%
Litchfield County [2]		
Poor Mental Health Days (Last 30 Days)	3.3	3.8

Sources:

[1] Connecticut Department of Health - Local Analysis of Selected Health Indicators - 2017

[2] Centers for Disease Control - 2016 Behavioral Risk Factor Surveillance System

KEY INFORMANT COMMENTS ON MENTAL HEALTH

Need more care coordination to support behavioral health patients including support for families

For general mental health, patients must scramble for care

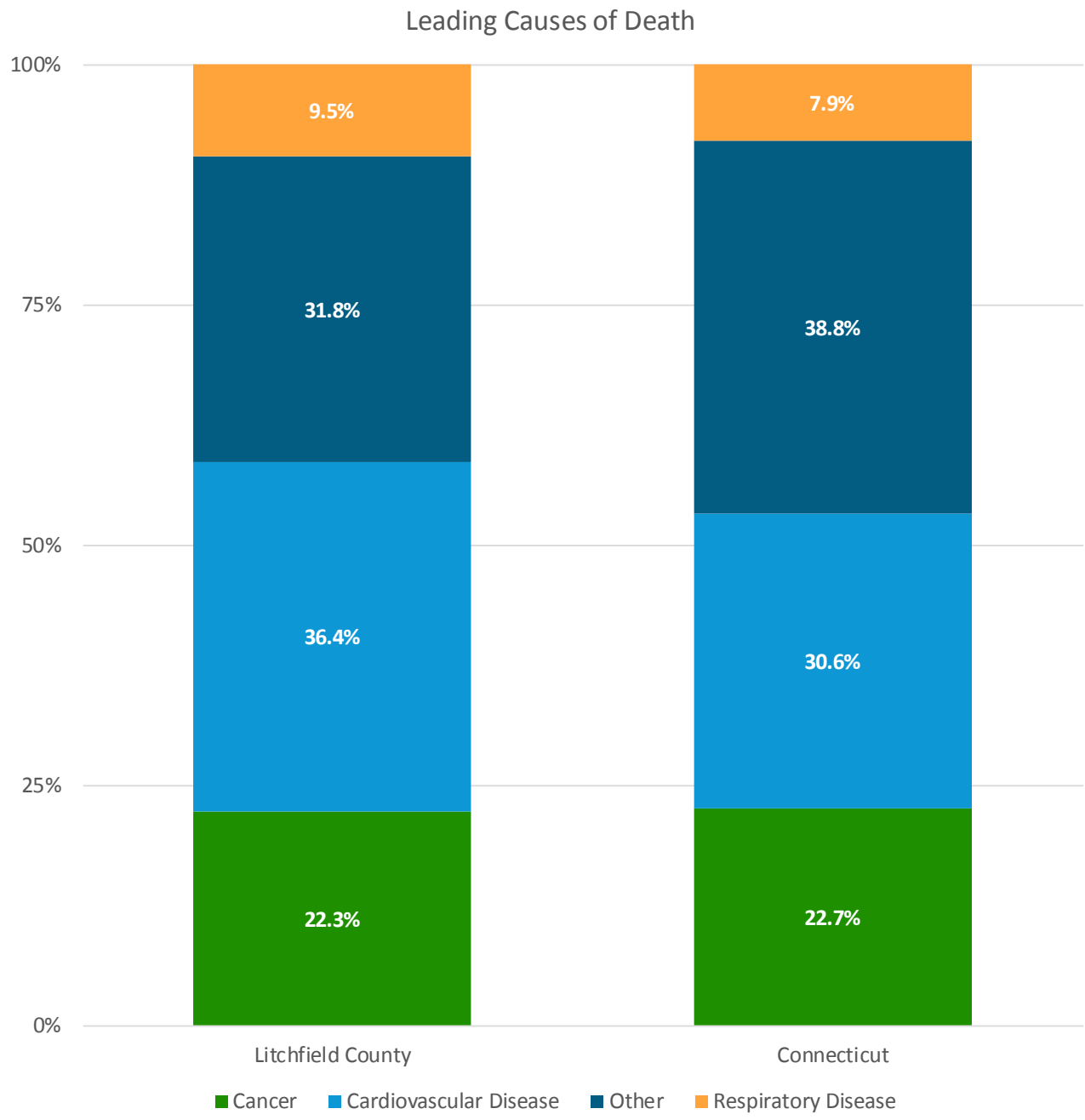
Behavioral health issues are having a significant impact on the community

There is a lack of psychiatric AP/RN and associated mental health professionals. The Charlotte Hungerford mental health program is excellent but needs more resources. Additionally, there is a need for more housing for the mentally ill (like Fernwood).

Need more care coordination to support behavioral health patients including support for families

CHARACTERISTICS AND CAUSES OF DEATH

Similar to national and regional trends, cardiovascular disease and cancer are the largest causes of death in Litchfield County, followed by respiratory disease.



Source: CDC Wonder Online Query System

CANCER PREVALENCE AND SCREENING

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years, yet cancer remains a leading cause of death in the United States, second only to heart disease. Many cancers are preventable by reducing risk factors such as the use of tobacco products, physical inactivity, poor nutrition, obesity, and ultraviolet light exposure. Screening is effective in identifying some types of cancers in early, often highly treatable stages. For cancers with evidence-based screening tools, early detection must address the continuum of care from screening to appropriate follow-up of abnormal test results and referral to cancer treatment. (HealthyPeople.gov)

Compared to the State of Connecticut, Litchfield County has lower breast and cervical cancer prevalence rates, but higher colon and rectum, and prostate cancer rates than the State of Connecticut. Cancer screening prevalence is comparable between Litchfield County and the State of Connecticut, and with a slightly worse prevalence of mammograms.

Cancer Prevalence and Screening

Type of Cancer	Litchfield County	State of Connecticut	United States
Disease Prevalence (Per 100,000)			
Breast	124.0	139.2	123.5
Cervical	4.2	6.7	7.6
Colon and Rectum	40.8	38.8	39.8
Lung	61.4	62.1	61.2
Prostate	125.4	118.8	114.8
Screening Prevalence (Age-Adjusted %)			
Mammogram	64.7%	67.8%	63.1%
Pap Test	82.6%	82.1%	78.5%
Sigmoidoscopy/Colonoscopy	71.1%	69.6%	61.3%

Source: Community Commons Health Indicators Report

CARDIOVASCULAR DISEASE

Heart disease is the leading cause of death in the United States. Stroke is the fifth leading cause of death in the United States. Together, heart disease and stroke, along with other cardiovascular disease, are among the most widespread and costly health problems facing the Nation today, accounting for approximately $320 billion in health care expenditures and related expenses annually. Fortunately, they are also among the most preventable. The leading modifiable (controllable) risk factors for heart disease and stroke are high blood pressure, high cholesterol, cigarette smoking, diabetes, unhealthy diet and physical inactivity, and obesity. (HealthyPeople.gov)

Overall, the prevalence of cardiovascular disease, high blood pressure, and high cholesterol are similar in the service area and Litchfield County as compared to the State of Connecticut. However, the mortality rate for heart disease is significantly higher in Hartford County.

Charlotte Hungerford Hospital
Cardiovascular Disease

Health Indicator	Service Area	State of Connecticut
CHH Local Area Region [1]		
Cardiovascular Disease	7.4%	7.3%
Litchfield County [2]		
High Blood Pressure	24.8%	25.0%
High Cholesterol	35.6%	36.3%
High Blood Pressure Management [3]	18.1%	20.6%
Health Disease Mortality [4]	168.2	101.6
Stroke Mortality [4]	26.7	27.3

Sources:
[1] Connecticut Department of Health
[2] Community Commons
[3] Percent of adults needing, but not taking blood pressure medication
[4] Age-Adjusted rate per 100,000 persons

RESPIRATORY DISEASE

Asthma and chronic obstructive pulmonary disease ("COPD") are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lungs to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Currently more than 25 million people in the United States have asthma. Approximately 14.8 million adults have been diagnosed with COPD, and approximately 12 million people have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the health care system, the burden of respiratory diseases also falls on society; it is paid for with tax dollars, higher health insurance rates, and lost productivity. Annual health care expenditures for asthma alone are estimated at $20.7 billion. (HealthyPeople.gov)

The prevalence of asthma is lower in the service area, and the prevalence of COPD is higher as compared to the State of Connecticut. Additionally, the mortality rate for chronic obstructive respiratory disease is significantly higher in Litchfield County.

Respiratory Disease

Prevalence (% of Adults)	Service Area	State of Connecticut
CHH Local Area Region [1]		
Asthma	8.8%	9.8%
Chronic Obstructive Pulmonary Disease	6.9%	5.5%
Lung Disease - Mortality [2]		
Litchfield County	33.6	15.9

Sources:

[1] Connecticut Department of Health

[2] Community Commons - Age-adjusted rate per 100,000

DIABETES

Diabetes mellitus ("Diabetes) occurs when the body cannot produce enough insulin or cannot respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications.

Effective therapy can prevent or delay diabetic complications. However, about 28 percent of Americans with diabetes are undiagnosed, and another 86 million American adults have blood glucose levels that greatly increase their risk of developing type 2 diabetes in the next several years. Diabetes complications tend to be more common and more severe among people whose diabetes is poorly controlled, which makes this disease an immense and complex public health challenge. Preventive care practices are essential to better health outcomes for people with diabetes. (HealthyPeople.gov)

Overall, the diabetes health indicators in the service area and Litchfield County are better than the State of Connecticut.

Diabetes

Indicator	Service Area	State of Connecticut
CHH Local Area Region		
Diabetes [(1)]	8.2%	9.1%
Litchfield County		
Diabetes Monitoring [(2)]	88.5%	86.6%
Diabetes - Mortality [(3)]	5.1	14.3

Sources:

[(1)] Connecticut Department of Health - Percent of adults

[(2)] County Health Rankings - Percent of diabetic Medicare enrollees that receive HbA1c monitoring

[(3)] Centers for Disease Control - Age-Adjusted rate per 100,000 persons

INFECTIOUS DISEASES

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the United States, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97 percent in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the United States. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

Viral hepatitis and tuberculosis can be prevented, yet health care systems often do not make the best use of their available resources to support prevention efforts. Because the U.S. health care system focuses on treatment of illnesses, rather than health promotion, patients do not always receive information about prevention and healthy lifestyles. This includes advancing effective and evidence-based viral hepatitis and tuberculosis prevention priorities and interventions. (HealthyPeople.gov)

The service area has similar rates of influenza and pneumococcal vaccination, and Litchfield County has a slightly lower rate of influenza and pneumonia mortality and prevalence of tuberculosis than the State of Connecticut. However, the prevalence of hepatitis C is significantly higher in Litchfield County.

Infectious Diseases

Health Indicator	Service Area	State of Connecticut
CHH Local Area Region [1]		
Influenza Vaccination	41.4%	41.9%
Pneumococcal Vaccination	72.0%	70.1%
Litchfield County		
Influenza and Pneumonia - Mortality [2]	9.8	11.7
Hepatitis C [3]	55.9	39.5
Tuberculosis [3]	0.0	1.4

Sources:

[1] Connecticut Department of Health - Percent of adults

[2] Centers for Disease Control - Age-Adjusted rate per 100,000 persons

[3] Connecticut Department of Health - Rate per 100,000 persons

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases ("STDs") refer to more than 35 infectious organisms that are transmitted primarily through sexual activity. STD prevention is an essential primary care strategy for improving reproductive health. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as:

- Reproductive health problems
- Fetal and perinatal health problems
- Cancer
- Facilitation of the sexual transmission of HIV infection

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 20 million new STD infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as $16 billion annually. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. (HealthyPeople.gov)

Compared to the State of Connecticut, Litchfield County has lower incidence rates across all STIs and a lower prevalence of HIV screenings.

Sexually Transmitted Diseases

Health Indicator	Litchfield County	State of Connecticut
Prevalence per 100,000 [1]		
HIV	143.3	338.7
Chlamydia	231.5	387.4
Gonorrhea	31.6	76.1
Syphilis	1.1	3.1
HIV Screenings [2]	28.7%	35.4%

Sources:
[1] Centers for Disease Control and Prevention
[2] Community Commons

BIRTHS AND PRENATAL CARE

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. Infant and child health are similarly influenced by socio-demographic and behavioral factors, such as education, family income, and breastfeeding, but are also linked to the physical and mental health of parents and caregivers.

Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. Environmental and social factors such as access to health care and early intervention services, educational, employment, and economic opportunities, social support, and availability of resources to meet daily needs influence maternal health behaviors and health status. (HealthyPeople.gov)

Compared to the State of Connecticut, Litchfield County has a lower proportion of low-weight births, and births that have no initial prenatal care in the first trimester. Birth statistics by ethnicity were not available for Litchfield County due to limited sample size.

Birth Statistics and Metrics

Ethnicity	Low Birth Weight [1]	No Initial Prenatal Care [2]	Percent of Live Births
Litchfield County [3]			
Total/Overall	**4.5%**	**10.0%**	**100%**
State of Connecticut			
White	6.5%	11.5%	54%
Hispanic	8.1%	20.9%	24%
Black	11.9%	23.2%	12%
Other	8.1%	16.4%	9%
Total/Overall	**7.7%**	**15.6%**	**100%**

Source: CDC Wonder Online Query System

[1] Percent of live births

[2] Lack of prenatal care in the first trimester

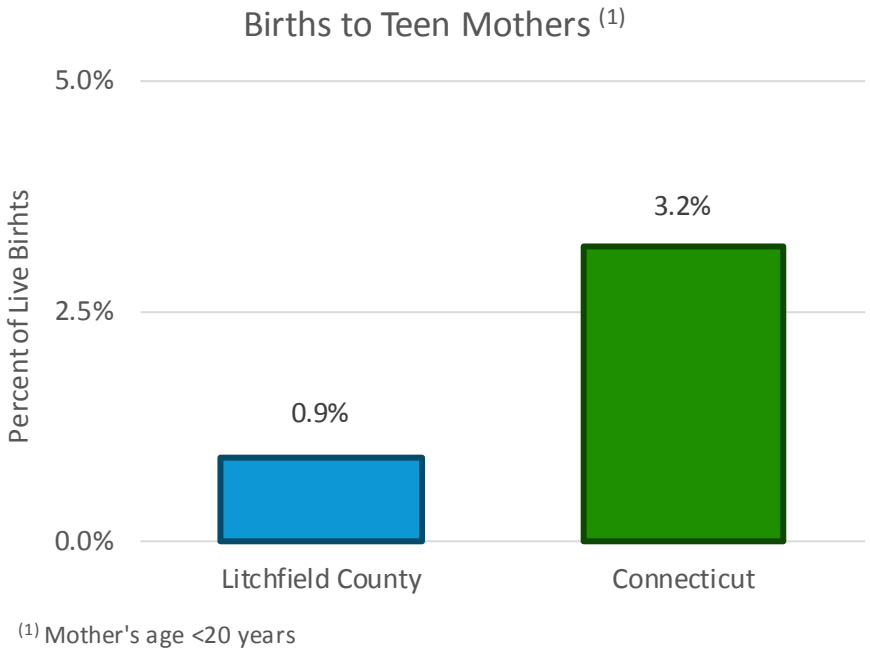
[3] Ethnicity breakdown was not available due to a small sample size

Births resulting from unintended pregnancies can have negative consequences including birth defects and low birth weight. Children from unintended pregnancies are more likely to experience poor mental and physical health during childhood, and have lower educational attainment and more behavioral issues in their teen years.

The negative consequences associated with unintended pregnancies are greater for teen parents and their children. Eighty-two percent of pregnancies to mothers ages 15 to 19 are unintended. Twenty percent of all unintended pregnancies occur among teens.

Similarly, early fatherhood is associated with lower educational attainment and lower income. The average annual cost of teen childbearing to U.S. taxpayers is estimated at $9.1 billion, or $1,430 for each teen mother per year. Moreover, children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers. (HealthPeople.gov)

Compared to the State of Connecticut, Litchfield County has a significantly lower proportion of teenage mothers.



Source: Centers for Disease Control and Prevention

HEALTH BEHAVIORS

Obesity - Diet and body weight are related to health status. A healthful diet also helps Americans reduce their risks for many health conditions. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

Physical Activity - Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Regular physical activity includes participation in moderate- and vigorous-intensity physical activities and muscle-strengthening activities. More than 80% of adults do not meet the guidelines for both aerobic and muscle-strengthening activities. Similarly, more than 80% of adolescents do not do enough aerobic physical activity to meet the guidelines for youth.

Tobacco Use - Tobacco use is the largest preventable cause of death and disease in the United States. Each year, approximately 480,000 Americans die from tobacco-related illnesses. Further, more than 16 million Americans suffer from at least one disease caused by smoking. Smoking-related illness in the United States costs more than $300 billion each year, including nearly $170 billion for direct medical care for adults.

Substance Abuse - Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders. (HealthyPeople.gov)

Compared to the State of Connecticut, the service area has similar percentages of adults at a healthy weight and cigarette smoking. However, the service area has a lower percentage of adults who have no leisure time or physical activity, and a higher percentage of adults who excessively consume alcohol.

Health Behaviors

Indicator	Service Area	State of Connecticut
Healthy Weight	39.5%	38.6%
No Leisure Time or Physical Activity	19.9%	23.2%
Current Cigarette Smoking	15.2%	15.3%
Excessive Alcohol Consumption	21.3%	18.9%

Source: Connecticut Department of Health

KEY INFORMANT COMMENTS ON SUBSTANCE ABUSE

Supply of treatment and counseling options has not kept up with demand

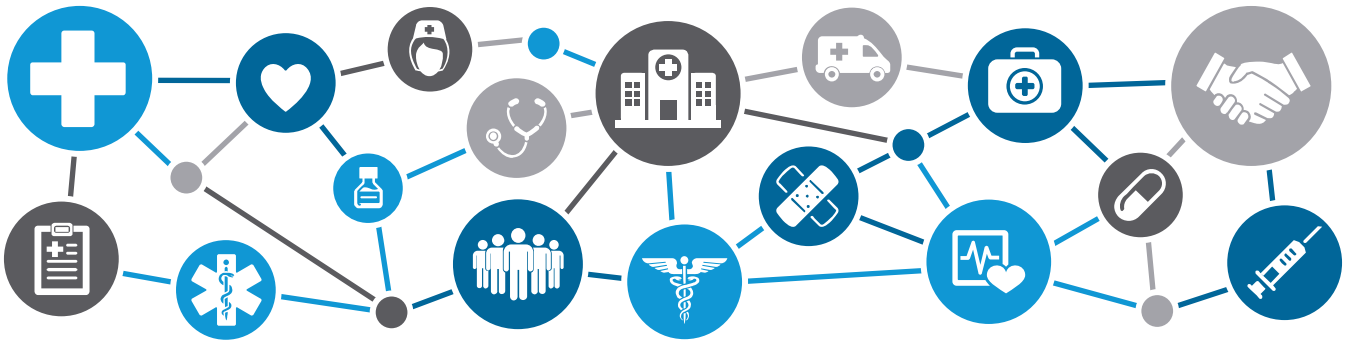
Access to care for substance abuse is very difficult

The opioid crisis has gotten worse, although CHH has been proactive in treatment

Opioid issues are having a significant impact on the community

Opioid abuse has become a major issue in Litchfield county. The McCall Foundation has established an initiative to specifically combat opioid abuse

LOCAL AREA RESOURCES



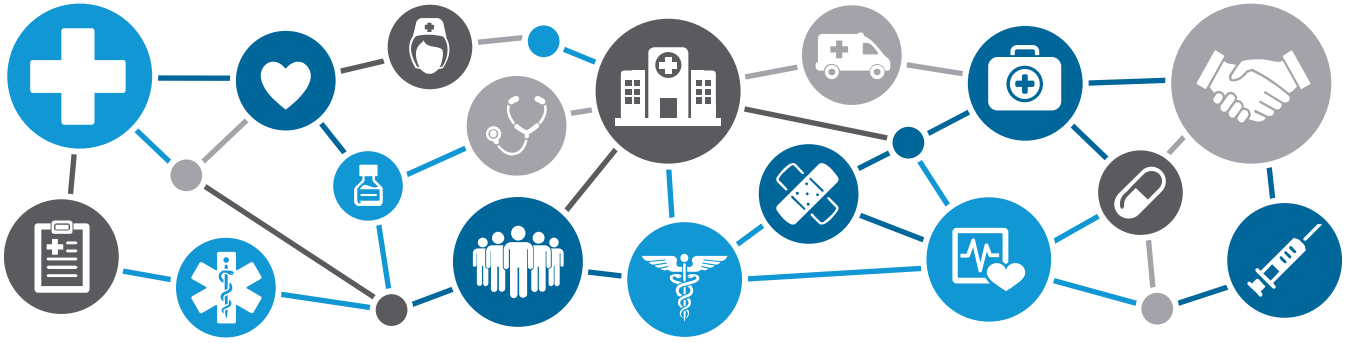
PERCIVAL
HEALTH ADVISORS

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified conducting this Community Health Needs Assessment.

Charlotte Hungerford Hospital
Local Area Resources

Name	Type	Address	City	State	ZIP Code
Ambulatory Surgery Centers					
Litchfield Hills Surgery Center	Ambulatory Surgical Center	245 Alvord Park Road	Torrington	CT	06790
Community Health and Welfare					
New Milford Health Department	Public Health and Welfare	10 Main Street	New Milford	CT	06776
Torrington Area Health District	Public Health and Welfare	350 Main Street	Torrington	CT	06790
Federally Qualified Health Centers					
Community Health & Wellness Center	Federally Qualified Health Center	115 Spencer Street	Winsted	CT	06098
Community Health & Wellness Center	Federally Qualified Health Center	88 East Albert Street	Torrington	CT	06790
Community Health Wellness	Federally Qualified Health Center	459 Migeon Avenue	Torrington	CT	06790
Fish, Inc	Federally Qualified Health Center	332 S Main Street	Torrington	CT	06790
Hospitals					
Charlotte Hungerford Hospital	Short Term Acute Care	540 Litchfield Street	Torrington	CT	06790
Connecticut Mental Health Center	Psychiatric	34 Park Street	New Haven	CT	06790
New Milford Hospital	Short Term Acute Care	21 Elm Street	New Milford	CT	06776
Mental And Behavioral Health Facilities And Programs					
Ability Beyond Disability	Intermediate Care Facility	14 Greenview Road	New Milford	CT	06776
Ability Beyond Disability	Intermediate Care Facility	54 Lanesville Road	New Milford	CT	06776
Community Residences, Inc.	Intermediate Care Facility	116 Edward Avenue	Torrington	CT	06790
Community Residences, Inc.	Intermediate Care Facility	116 Spencer Hill Road	Winsted	CT	06098
Community Residences, Inc.	Intermediate Care Facility	120 Boyd Street	Winsted	CT	06098
Community Residences, Inc.	Intermediate Care Facility	25 Honey Hill Road	Canaan	CT	06018
Greenwoods Counseling Referrals	Behavioral Health	25 South Street	Litchfield	CT	06759
HELP, Inc.	Mental Health and Illness	44 Cook Street	Torrington	CT	06790
Lodestar Counseling	Behavioral Health	36 Jardon Street	Torrington	CT	06790
McCall Foundation	Behavioral Health	231 N Main Street	Winsted	CT	06098
McCall Foundation	Mental Health	469 Migeon Avenue	Torrington	CT	06790
McCall Foundation	Mental Health	58 High Street	Torrington	CT	06790
McCall Foundation	Mental Health	83 South Canaan Road	Canaan	CT	06018
McCall Foundation	Substance Abuse Rehabilitation Facility	127 Migeon Avenue	Torrington	CT	06790
Midwestern Connecticut Council On Alcoholism, Inc.	Behavioral Health	17 East Street	New Milford	CT	06776
Midwestern Connecticut Council On Alcoholism, Inc.	Behavioral Health	62 Bridge Street	New Milford	CT	06776
Mountainside Treatment Center	Substance Abuse Rehabilitation Facility	187 S Canaan Road	Canaan	CT	06018
The Youth Light Foundation, Inc	Behavioral Health	3 West Street	Litchfield	CT	06759
Thomaston Counseling Associates	Behavioral Health	258 South Main Street	Thomaston	CT	06787
Torrington Family Respite Center	Intermediate Care Facility	195 Alvord Park Road	Torrington	CT	06790
Western Connecticut Mental Health Network	Behavioral Health	249 Winsted Road	Torrington	CT	06790
Other Health Agencies and Programs					
Stone Health Innovations	Case Management	260 Catlin Road	Harwinton	CT	06791
Specialty Health Locations and Programs					
Planned Parenthood of Connecticut	Family Planning	249 Winsted Road	Torrington	CT	06790
Urgent Care Facilities					
Concentra	Urgent Care	333 Kennedy Drive	Torrington	CT	06790

PROGRAMS DESIGNED TO ADDRESS 2015 HEALTH NEEDS



PERCIVAL
HEALTH ADVISORS

The following section outlines how the Charlotte Hungerford Hospital addressed the significant community health needs with a community health improvement plan based on the needs identified in previously conducted Community Health Needs Assessment in 2015.

PROMOTE HEALTH BEHAVIORS AND LIFESTYLES

DECREASE OVERALL TOBACCO USE, AND SPECIFICALLY E-CIGARETTE USE AMONG TEENS, AS WELL AS SMOKING DURING PREGNANCY – ALL MEASURES TO BE BELOW STATE AVERAGE.

Strategies & Scope

1) Offer "Freedom from Smoking" in conjunction with the American Lung Association at no charge to the public and our workforce two times per year
2) Collaborate with McCall Center for Behavioral Health, Northwestern CT Community College, Torrington Area Health District and EdAdvance to promote tobacco prevention activities community-wide and in area high schools
3) Worksite Policy and Signage assistance – provide to area businesses tobacco-free policies and signage without cost to the employer

Results & Outcomes

A. Free Smoking Cessation class offered October 2017 with 6 of 12 participants, January 2018 with 7 of 13 participants and April 2018 with 9 of 15 participants from the community becoming tobacco free
B. Tobacco-free messaging and activities targeting local youth and adolescents offered at a booth at Main Street Marketplace in downtown Torrington in Summer of 2017 and 2018
C. Assisting Northwest CT Community College in becoming a smoke-free campus by 2019 with worksite signage and facilitators for two smoking cessation programs starting in September 2018

INCREASE PHYSICAL ACTIVITY, AND HEALTHY EATING HABITS SO THAT RATES OF OBESITY ARE BELOW STATE AVERAGES, WE RANK AS THE HIGHEST COUNTY FOR PERCENTAGE OF ADULTS MEETING RECOMMENDED EXERCISE REQUIREMENTS, AND WE HAVE THE HIGHEST PERCENTAGE OF COUNTY RESIDENTS CONSUMING FRUITS AND VEGETABLES.

Strategies & Scope

Utilizing the Fit Together collaboration, focus on long-term policy changes including the following activities:

1) Families Fit Together- Nutrition and Movement - CHH and local YMCA piloting project at Brooker Memorial, working with local pediatricians to refer overweight/obese children who are given access to a Registered Dietitian Nutritionist, Y Personal Trainer, Psychiatric Clinician, cooking classes, etc.
2) Promote 5210 Let's Go! in the workplace, which emphasizes increasing physical activity and healthy eating behaviors for employees to be carried over to their home life
3) Promote educational talks and tips (English and Spanish) in the areas of nutrition, health navigation, and heart health risk factors
4) Promote Fit Together 5210 Let's Go! in early childhood education and schools by adopting healthy eating standards, wellness policies, and facility/program reviews for optimal health environments

Results & Outcomes

A. Families Fit Together, nutrition and movement program: Six 8-week sessions were held from August 2016- April 2018. 17 families and 34 children completed the program. Pre- and post-tests revealed increased awareness of nutrition and physical activity guidelines.
B. CHH offers annual visits to local preschools to promote hand washing techniques to prevent the spread of colds and flu, along with healthy nutrition games and information
C. 20 Area businesses implemented the Fit Together workplace wellness tool kit
D. CHH clinicians and CR staff participate in annual workplace wellness fairs for LARC, the city of Torrington and Torrington Savings Bank to promote 5210 healthy lifestyles, healthy nutrition, and portion control information

E. Currently using outdoor advertising to give Fit Together constant exposure in a high impact, high-frequency setting
F. Six area preschools, 5 area elementary schools one middle school and one high school have signed on the Fit Together's 5210 Initiative
G. Sponsor and coordinate StrongWomen, a Tufts University training program specifically for age 55+ women. Provides muscle mass and strength training, improved bone density and reduced risk for diabetes, heart disease, depression, and obesity. One ongoing program is for community population, and one is for CHH employees.
H. In FY18 CHH provided $5,000 of outreach and sponsorship to promote local events that encourage healthy activities and lifestyles, with one being. Torrington Kids Marathon final mile, which was held at Torrington High School starting in 2016. Over 300 area children participated in the 12-week wellness event each year in the past three years.

STEM ACCIDENTAL DRUG INTOXICATION DEATHS AND HEROIN-RELATED DEATHS WHICH ARE PROJECTED TO MORE THAN DOUBLE, WITH HEROIN USE IN HIGH SCHOOL STUDENTS IN REGION EXCEEDING NATIONAL AVERAGES.

Strategies & Scope

Through an Opioid Task Force co-chaired by the Hospital, several interventions are underway including (See Task Force Strategic Plan):

1) Secure Peer Recovery Coach
2) Secure Technical Support Coordinator and Task Force Coordinator
3) Spread of Harm Reduction Interventions including increased access to Narcan
4) Develop protocol for buprenorphine administration after a non-fatal OD in the ED
5) Promote additional MAT prescribers in Litchfield County
6) Promote treatment and prescribing consistent with national guidelines

Results & Outcomes

The Litchfield County Opiate Task Force, founded by CHH and McCall Center, has developed a written guide of Community Opiate Treatment Resources for patients and families.

A. Pending with CCAR Target August 2018
B. Hiring Process underway – Target August 2018
C. Purchased supply to Torrington Police Department
D. Being rolled out, BH Medical Director credentialed

REDUCE THE BURDEN OF CHRONIC DISEASE

LOWER INCIDENCE AND SEVERITY OF CARDIOVASCULAR DISEASE

Strategies & Scope

1) Efforts to improve access to preventative and primary care
2) Tobacco prevention, Fit Together and other initiatives which are targeted towards preventable risk factors: tobacco use, obesity, diabetes mellitus and hypertension
3) Congestive Heart Failure discharge programs and CHF clinic

Results & Outcomes

A. Developed and sponsored a 3-part series targeting topics related to women and heart disease in Spring 2018. Each "Heart, Body and Soul" session, serving 60 women, provided a light, healthy meal, presentation, and informational resources.
B. CHH Case Managers refer CHF patients at discharge to Cardiovascular Medicine's CHF Clinic. APRN at the office coordinates the care and services. Patients receive treatment once a week for 2-5 weeks

LOWER RATE OF DIABETES MELLITUS AND THEREFORE LOWER INCIDENCE OF CARDIOVASCULAR DISEASE AND OTHER CONDITIONS ASSOCIATED WITH DIABETES.

Strategies & Scope

1) Diabetes center with an endocrinologist, PA, and diabetic nurse provides treatment and education: insulin pump training, weight loss programs, carbohydrate counting classes, blood glucose awareness training, and continuous glucose monitoring. Also provides support for patients with gestational diabetes.
2) Developed Pre-diabetes program with local YMCA for adults. Program sets the goal to reduce body weight by 7% and increase your physical activity at least 150 minutes per week. Periodically launched with CHH subsidizing program fees for area residents.
3) A registered dietician is now a certified diabetic educator seeing patients 16 hours/week in diabetic office

Results & Outcomes

A. CHH Multi-Specialty Group Diabetes and Endocrinology Office conducts an annual Diabetes Update talk in November that is free to the community
B. CHH offers Diabetes Boot Camp, an annual intensive, programmed, a 3-day weekend retreat for Type 1 and two diabetes patients. It features lectures, equipment demonstrations, group education sessions, nutrition and exercise instruction and glucose monitoring.
C. CHH supports the Measurable Progress Unlimited Support Diabetes Prevention Program at the Northwest CT YMCA. Total number of participants since 2016 is 17, nine of whom have hit their weight loss goals.
D. Group A started 9/2016 with 5 participants. Three of these five lost >7% of their body weight
E. Group B started 3/2017 with 5 participants. Three of these five lost >7% of their body weight
F. Group C started 11/2017 with 7 participants. Three of the four still-active participants have lost >7% of their body weight in the program

IMPROVE MANAGEMENT OF CHRONIC DISEASES

Strategies & Scope

1) Co-sponsoring chronic conditions self-management program. Six-week program teaches better ways to deal with pain, fatigue, difficult emotions, anxiety and stress. Focuses on easy exercises, improving nutrition and appropriate uses of medications and supplements. Periodically launched and free to area residents.
2) Case Management education initiatives for inpatient population emphasizing the following:
   a) Create an At Home Care Plan (AHCP), which is an easy-to-understand discharge plan sent home with patient
   b) Review and orient patient to all aspects of AHCP and encourage patients to ask Q's
   c) Meet with the patient, family, and/or other caregivers to provide education and to begin discharge preparation
   d) Ask patients to explain in their own words the details of the plan (the teach-back technique)
   e) Contact family members and/or other caregivers who will share in the caregiving responsibilities
   f) Instruct on a specific plan of how to contact the primary care provider by providing contact numbers, including evenings and weekends
3) Instruct on what constitutes an emergency and what to do in cases of emergency.

Results & Outcomes

We actively promote and support the following:

A. Pulmonary Fibrosis Support Group
B. Alzheimer's Support Group
C. Parkinson's Disease Support Group
D. ALS Support Group

CHH Case Management provides a Lung Talk education program for inpatients with a COPD diagnosis prior to discharge.

IMPROVE ACCESS TO CARE

IMPROVE ACCESS TO PRIMARY AND PREVENTIVE CARE

Strategies & Scope

1) Affiliation with HHC has emerged as our single best strategy at addressing this growing challenge
2) Working with local FQHC on expanding a clinic model for the expansion of behavioral and primary care services in rural NW CT

Results & Outcomes

A. Our Multi-Specialty Group Primary Care office in Thomaston has a practice model with a focus on the healthy lifestyles and teaching patients to manage their health every day
B. In 2017 a registered dietitian nutritionist began providing medical nutrition therapy and intensive behavioral therapy for obesity for Thomaston primary care patients
C. Beginning in June 2018, a full-time physician will be joining the Thomaston Primary Care Office. In July 2018, a full-time APRN will staff a Primary Care Office in Canaan. In August 2018, two additional full-time physicians have been contracted for one year each for Thomaston and Winsted Primary Care offices.
D. Employee Wellness platform, BE Well, provides ConnectiCare covered employees:
    - Annual biometric prevention screenings
    - Annual health assessment
    - Incentives for preventative exams
    - Health coaching services
E. CHH and many of its Multi-Specialty Group practices provide secure online tools to give patients free access to their medical information and health resources. System upgraded in May 2018.
F. The HHC Center for Healthy Aging, opening Summer of 2018, is a new resource and assessment center that provides seniors and their caregivers access to a navigator who works to arrange for services and offer information in order to improve their quality of life

INCREASE RATIO OF MENTAL HEALTH PROVIDERS

Strategies & Scope

Affiliation with HHC has emerged as our single best strategy at addressing this growing challenge.

1) Continue to expand the use of telepsych and non-physician providers (i.e., psychologists, social workers, counselors, etc.) to address need
2) Continue recruitment for psychiatrist replacement and net new staff (2 FTE)
3) Explore existing FQHC relationship to understand need for outpatient psychology, substance abuse, and other programs

Results & Outcomes

A. On-going use of telepsych and non-physician providers and recruitment for psychiatrist replacement
B. CHH has an existing contract for BH staffing to FQHC