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Hartford HealthCare

WINDHAM HOSPITAL

Community Health Needs Assessment

June 2018

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INTRODUCTION AND OVERVIEW



ENGAGEMENT BACKGROUND AND PURPOSE

The 2018 Community Health Needs Assessment (“CHNA”) for Windham Hospital (“Windham” or the “Hospital”), a 130-bed, not-for-profit acute care community hospital that is part of Hartford HealthCare’s East 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 Central 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 East Region Board, covering Windham Hospital, for further discussion and input regarding the top community health needs and priorities.

INTRODUCTION AND OVERVIEW

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	18-21
Part V Section B Line 3b Demographics of the community	22
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	48-49
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
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	12-16
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)	50-54

INTRODUCTION AND OVERVIEW

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
<ul style="list-style-type: none"> Local Area Definitions 	Connecticut Department of Public Health
<ul style="list-style-type: none"> Characteristics and Causes of Death 	Centers for Disease Control and Prevention
<ul style="list-style-type: none"> Insurance Coverage Estimates 	Connecticut Hospital Association
<ul style="list-style-type: none"> Medically Underserved Areas Health Professional Shortage Areas 	U.S. Department of Health & Human Services
<ul style="list-style-type: none"> Demographics Ethnicity Distributions Median Household Incomes Homeownership Rates 	The Nielsen Company
<ul style="list-style-type: none"> Poverty Metrics Unemployment Rates Educational Metrics 	American Community Survey
<ul style="list-style-type: none"> Children in Poverty and Single-Parent Households Linguistically Isolated Populations Uninsured Population Estimates Clinical Provider Ratios Physical Environment Metrics 	County Health Rankings
<ul style="list-style-type: none"> Crime Rates 	State of Connecticut
<ul style="list-style-type: none"> General Health Status Indicators 	Connecticut Department of Public Health Centers for Disease Control and Prevention
<ul style="list-style-type: none"> Cancer Prevalence and Screening Indicators 	Community Commons Health Indicators Report
<ul style="list-style-type: none"> Cardiovascular Disease 	Connecticut Department of Public Health Community Commons Health Indicators Report
<ul style="list-style-type: none"> Respiratory Disease 	Connecticut Department of Public Health Community Commons Health Indicators Report
<ul style="list-style-type: none"> Diabetes 	Connecticut Department of Public Health County Health Rankings Centers for Disease Control and Prevention
<ul style="list-style-type: none"> Infectious Diseases 	Connecticut Department of Public Health Centers for Disease Control and Prevention
<ul style="list-style-type: none"> Sexually Transmitted Diseases 	Centers for Disease Control and Prevention Community Commons Health Indicators Report
<ul style="list-style-type: none"> Births and Prenatal Care 	Centers for Disease Control and Prevention
<ul style="list-style-type: none"> Health Behaviors 	Connecticut Department of Public Health
<ul style="list-style-type: none"> 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:

- Center for Healthy Aging
- Connecticut Legal Services
- Eastern Connecticut Health Insurance Program (ECHIP)
- Eastern Connecticut Workforce Board
- Eastern Highlands Health District
- Generations
- Mansfield Youth Services
- NCDHD
- Northeast District Department of Health
- St. Joseph's Living
- Town of Mansfield
- UConn Student Health Services
- United Services, Inc
- Willimantic DCF office
- Willimantic Fire Department
- Willimantic Police
- Windham Hospital
- Windham Public Schools
- Windham Region Transit District

LIMITATIONS IN DATA AND INFORMATION

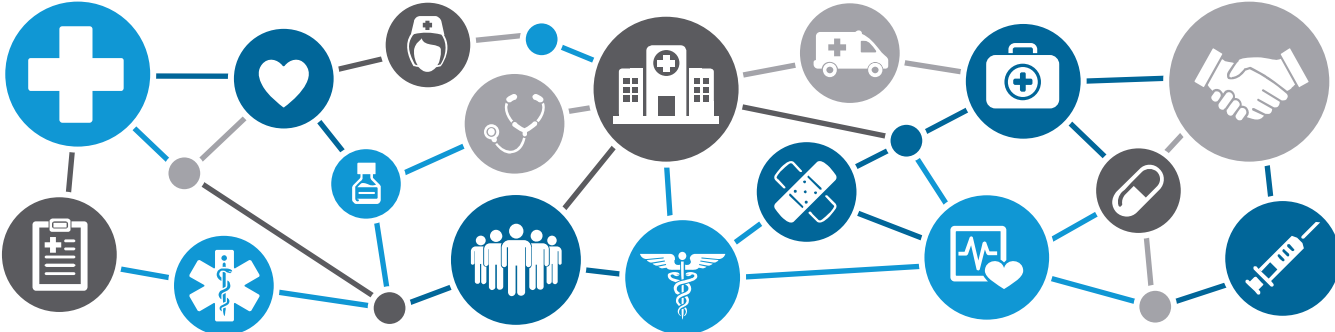
While this report was designed to provide a comprehensive assessment of the community's overall health, we recognize that it cannot accurately measure all possible aspects of the community's health.

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



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 Windham Hospital focus area:

- Transportation was identified as a top social determinant issue in Windham service area. Community members can't get to appointments, including specialists that are far away.
 - Local transit municipal grant funding is inadequate and requires capping services. No Medicaid funds available.
 - Dial-A-Ride has a 30-mile radius. Med-Cab can't bring kids with them, which is a big issue for many families. EMS fills the gaps and is over-stressed with transportation issues.
- Access to care
 - Leads to overuse of the ED
 - Need for bilingual health counselors in community organizations
 - Need for more smoking cessation programs and awareness
 - Access to dental care, many have to leave the area
 - Need for community educational events as part of preventive care
 - Lack of women's health services and postpartum services
- Substance abuse issues
 - Improvements have been made in the last few years
 - Willimantic continues to be challenged with the stigma of heroin availability and use
 - The number of drug-exposed infants is very high in the area
- Mental health issues
 - Undocumented citizens not seeking or accepting care for fear of losing other services
 - The stigma of mental health difficult to overcome
 - Availability of services for children
 - Home behavioral health services can be 6-8 weeks on the waiting list
 - Need for more providers and more screening services
- Access to healthy food
 - High density and proportionality of fast food in the area
 - Schools have high BMI, poor nutrition, and need for more education and dedicated community dietician
 - The high cost of healthy food and need for more voucher programs and increasing focus on food donation
- In the region, geographically Windham and Killingly/Plainfield scored significantly worse in physical and mental health indicators
 - Windham, Killingly/Plainfield, and Brooklyn/Hampton/Canterbury all had higher than state average rates in the following chronic conditions: asthma, arthritis, and diabetes
- Lack of coordination among and between providers and community-based organizations limits the overall effectiveness of the programs and the funding that is going to help serve the populations most in need

KEY FINDINGS AND PRIORITIES

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	87.0%	84.6%	79.8%
Good Mental Health	84.8%	84.0%	80.1%
Healthy Weight	36.5%	38.6%	33.9%
HEALTH RISK BEHAVIORS			
No Leisure Time or Physical Activity	22.2%	23.2%	32.6%
Current Cigarette Smoking	16.5%	15.3%	12.0%
Excessive Alcohol Consumption	19.8%	18.9%	25.4%
HEALTH PROTECTIVE BEHAVIORS			
Influenza Vaccination	41.7%	41.9%	90.0%
Pneumococcal Vaccination	67.8%	70.1%	90.0%
HIV Test	32.4%	35.6%	73.6%

KEY FINDINGS AND PRIORITIES

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.

**Windham Hospital
Selected Local Areas**

Local Area/Included Cities and Towns	Label
21 - Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Scotland, Tolland	Coventry
25 - Bozrah, Lebanon, North Stonington, Salem, Stonington	Stonington
27 - Mansfield, Stafford, Willington	Stafford
44 - Brooklyn, Canterbury, Eastford, Hampton, Pomfret, Union, Woodstock	Brooklyn
47 - Norwich	Norwich
48 - Franklin, Griswold, Lisbon, Montville, Preston, Sprague, Voluntown	Griswold
53 - Windham	Windham

Source: Connecticut Department of Public Health

KEY FINDINGS AND PRIORITIES

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 shot 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

KEY FINDINGS AND PRIORITIES

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.



KEY FINDINGS AND PRIORITIES

DETAILED LOCAL INDICATORS

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

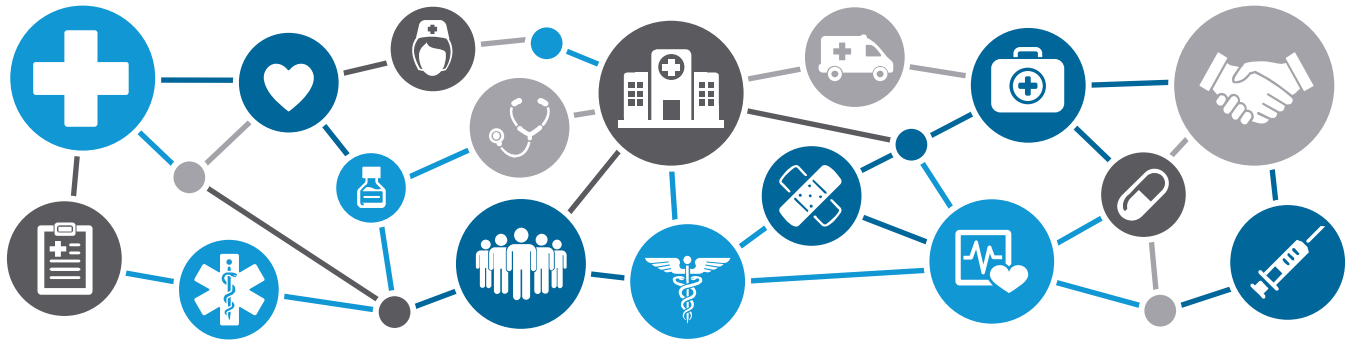
Health Indicators and Behaviors
Prevalence as a Percent of Adult Population

Health Indicator	Local Area							Windham Service Area	State of Connecticut
	Brooklyn	Coventry	Griswold	Norwich	Stafford	Stonington	Windham		
Health Status Indicators									
Good or Better General Health	90.7%	90.5%	88.1%	83.4%	87.9%	87.8%	77.7%	87.0%	85.6%
Good Physical Health	88.2%	87.4%	83.6%	82.9%	86.0%	86.7%	76.8%	84.8%	84.6%
Good Mental Health	84.5%	87.1%	85.8%	83.7%	84.2%	87.1%	78.3%	84.8%	84.0%
Healthy Weight	39.6%	37.3%	30.0%	28.5%	45.7%	39.2%	36.0%	36.5%	38.6%
Health Risk Behaviors									
No Leisure Time or Physical Activity	20.6%	16.4%	24.2%	28.5%	21.5%	16.3%	31.0%	22.2%	23.2%
Current Cigarette Smoking	16.1%	11.2%	16.6%	27.0%	12.4%	13.9%	21.1%	16.5%	15.3%
Excessive Alcohol Consumption	14.2%	22.4%	24.8%	14.5%	21.5%	20.3%	17.2%	19.8%	18.9%
Health Protective Behaviors									
Routine Check-Ups	88.7%	86.8%	87.0%	86.9%	87.1%	88.5%	82.0%	86.9%	86.8%
Influenza Vaccination	41.7%	43.7%	40.8%	39.8%	42.7%	43.8%	37.8%	41.7%	41.9%
Pneumococcal Vaccination	75.7%	66.5%	66.9%	66.5%	70.0%	65.3%	65.0%	67.8%	70.1%
HIV Test	30.5%	27.2%	27.8%	38.5%	34.8%	27.8%	45.3%	32.4%	35.6%
Chronic Conditions									
Current Asthma	13.2%	9.9%	11.2%	11.4%	9.4%	5.0%	14.4%	10.4%	9.8%
Arthritis	29.8%	23.6%	28.7%	27.9%	21.5%	26.7%	24.7%	26.0%	23.9%
Diabetes	11.7%	7.7%	10.6%	11.1%	7.3%	7.5%	10.0%	9.3%	9.1%
Depression	18.5%	17.5%	18.5%	20.0%	16.9%	13.8%	29.6%	18.7%	17.2%
Chronic Obstructive Pulmonary Disease	10.0%	4.9%	9.2%	9.1%	5.0%	5.0%	5.0%	6.9%	5.5%
Cardiovascular Disease	8.6%	7.2%	7.0%	7.7%	6.2%	10.1%	5.0%	7.4%	7.3%

Source: Connecticut Department of Public Health

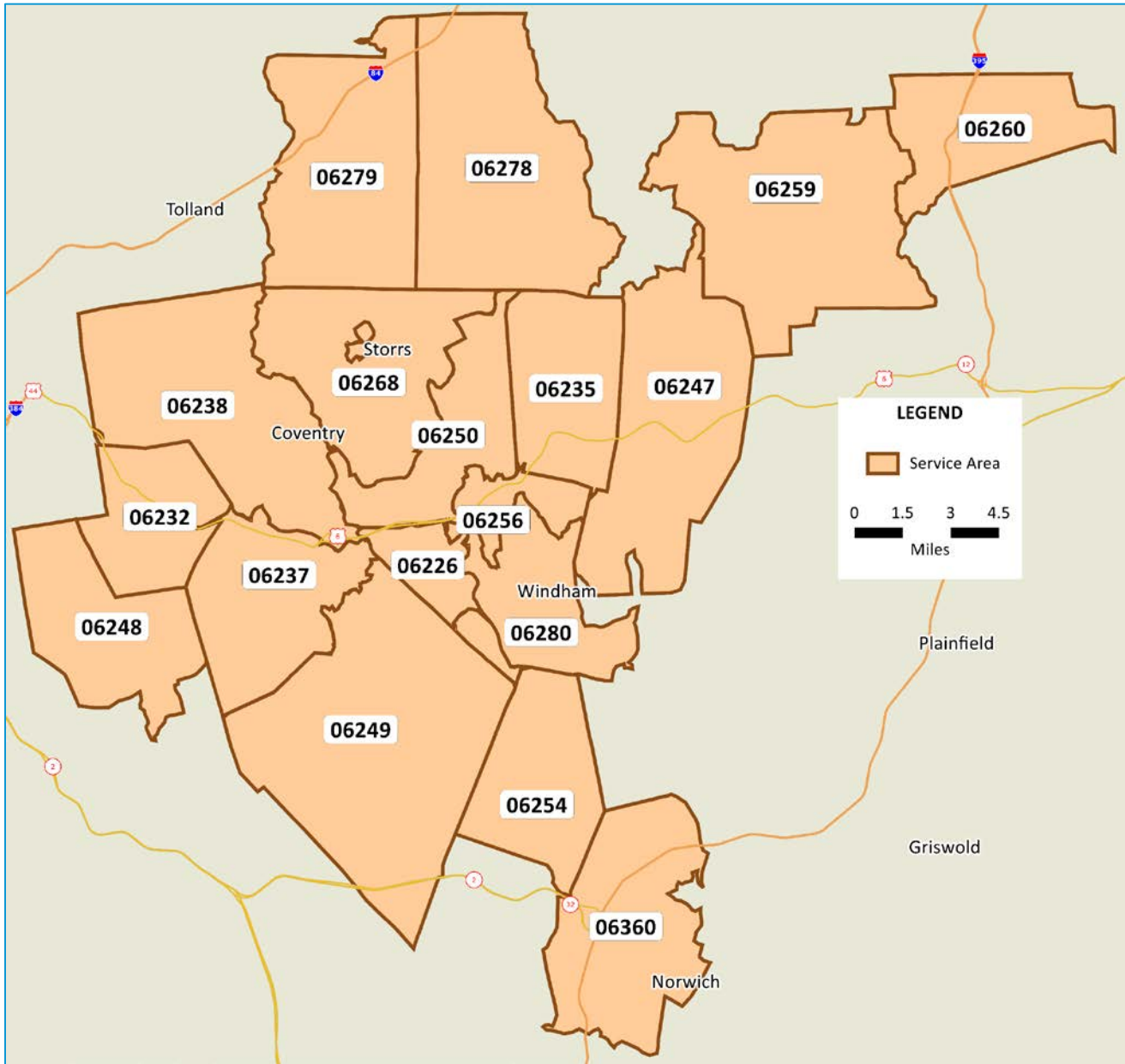
- Significantly Better Than State Average
- Significantly Worse Than State Average

COMMUNITY DEFINITION AND OVERVIEW



SERVICE AREA DEFINITION

The Hospital's service area definition was provided by Hartford HealthCare and is defined by the 20 ZIP Codes highlighted on the map below. When available, information relating to these specific ZIP Codes was integrated into this report.



COMMUNITY DEFINITION AND OVERVIEW

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

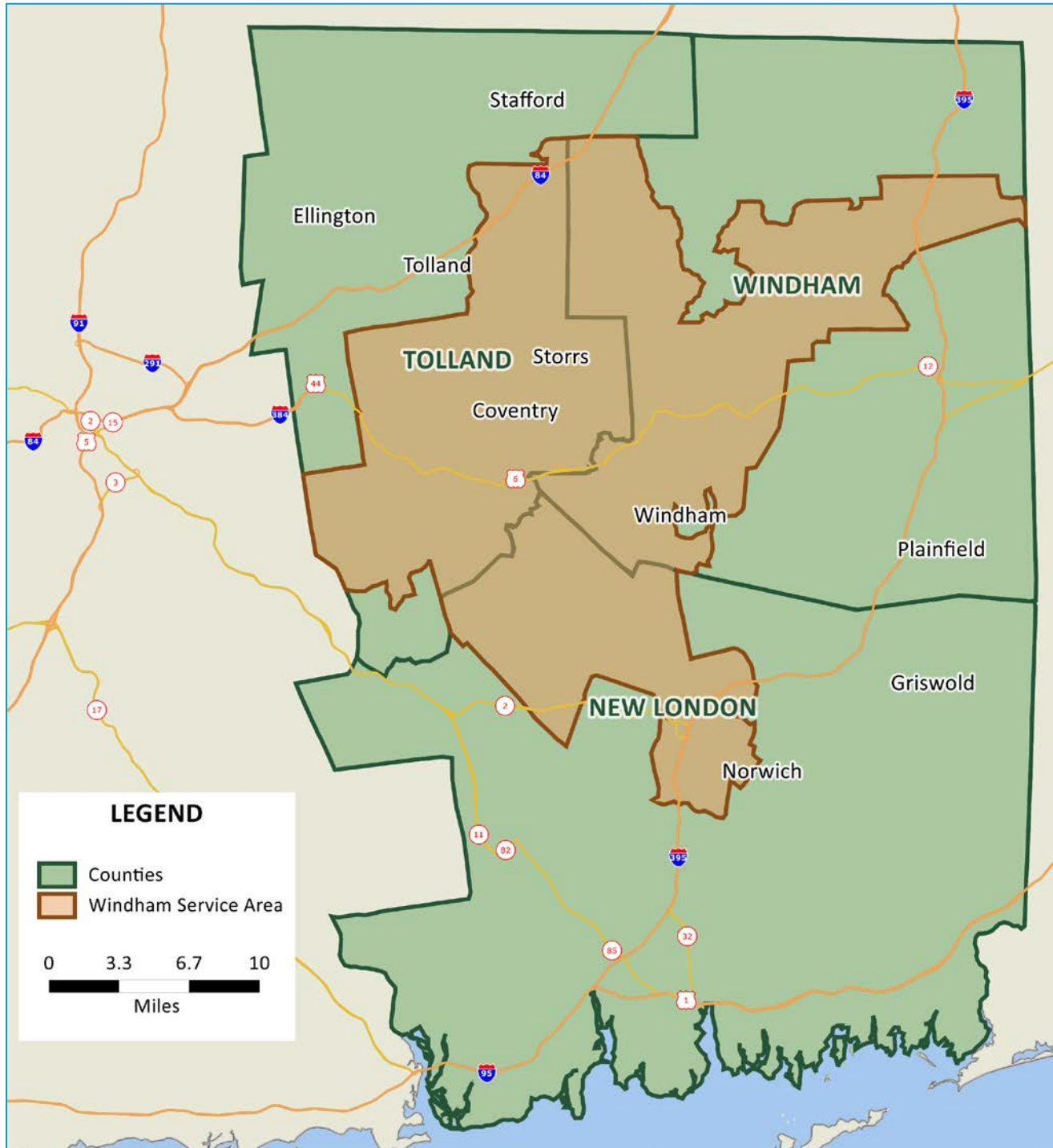
Windham Hospital Service Area Definition

ZIP Code	City	State
06226	Willimantic	CT
06232	Andover	CT
06235	Chaplin	CT
06237	Columbia	CT
06238	Coventry	CT
06247	Hampton	CT
06248	Hebron	CT
06249	Lebanon	CT
06250	Mansfield Center	CT
06254	North Franklin	CT
06256	North Windham	CT
06259	Pomfret Center	CT
06260	Putnam	CT
06266	South Windham	CT
06268	Storrs Mansfield	CT
06269	Storrs Mansfield	CT
06278	Ashford	CT
06279	Willington	CT
06280	Windham	CT
06360	Norwich	CT

COMMUNITY DEFINITION AND OVERVIEW

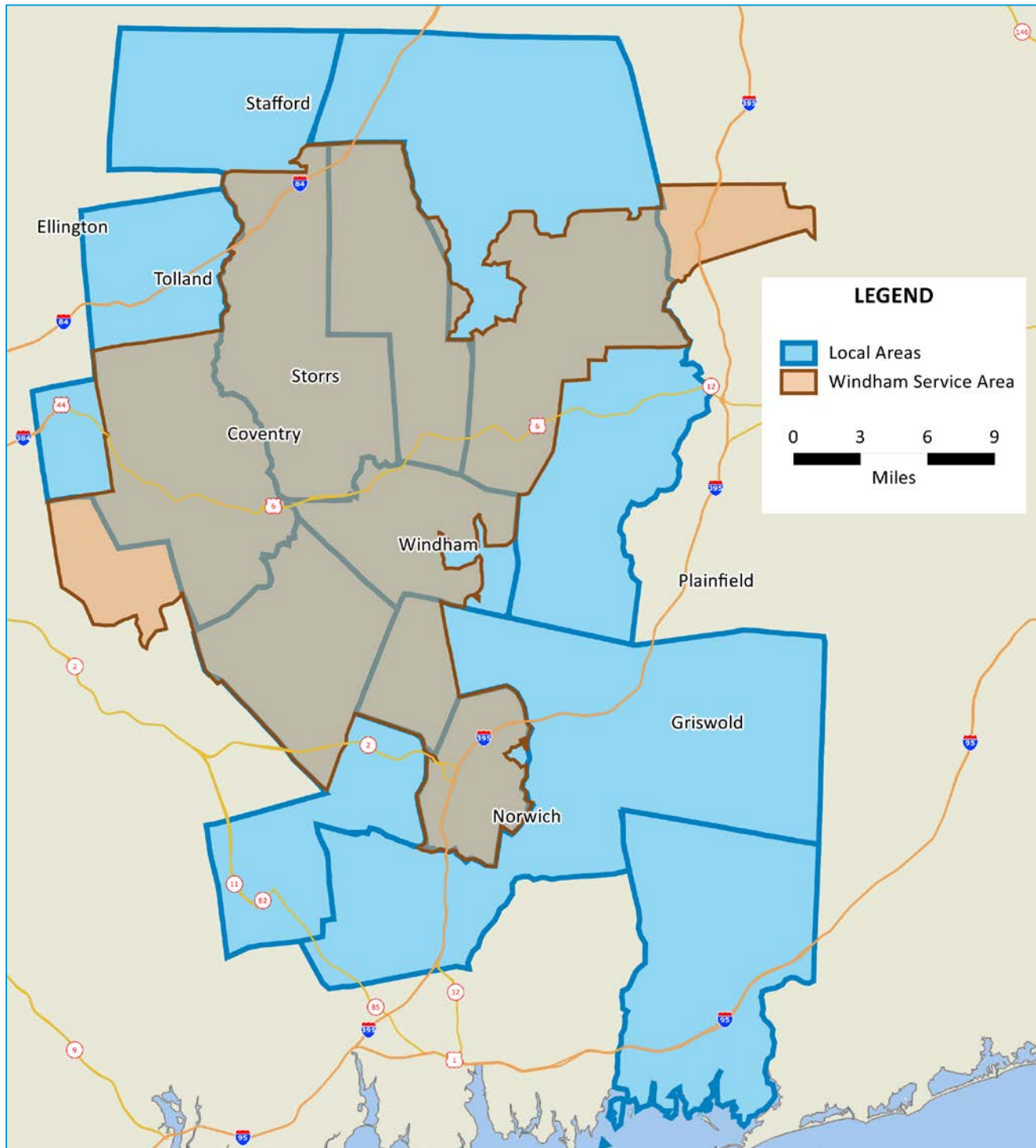
SELECTED COUNTIES

The Hospital's service area spans across New London County, Windham County, and Tolland County. Due to limited data available at the ZIP Code level, when appropriate, key information and metrics were calculated and assessed for these three counties, which are 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.



COMMUNITY DEFINITION AND OVERVIEW

POPULATION GROWTH AND AGE DISTRIBUTION

Overall, the service area population is expected to remain flat over the next five years, which is comparable to 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		Percent Change	Distribution (%)	
	2017	2022		2017	2022
Service Area					
0 - 17	28,372	26,718	-5.8%	18.6%	17.6%
18 - 44	62,543	62,021	-0.8%	40.9%	40.8%
45 - 64	39,629	37,365	-5.7%	25.9%	24.6%
65+	22,298	25,766	15.6%	14.6%	17.0%
Total/Overall	152,842	151,870	-0.6%	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

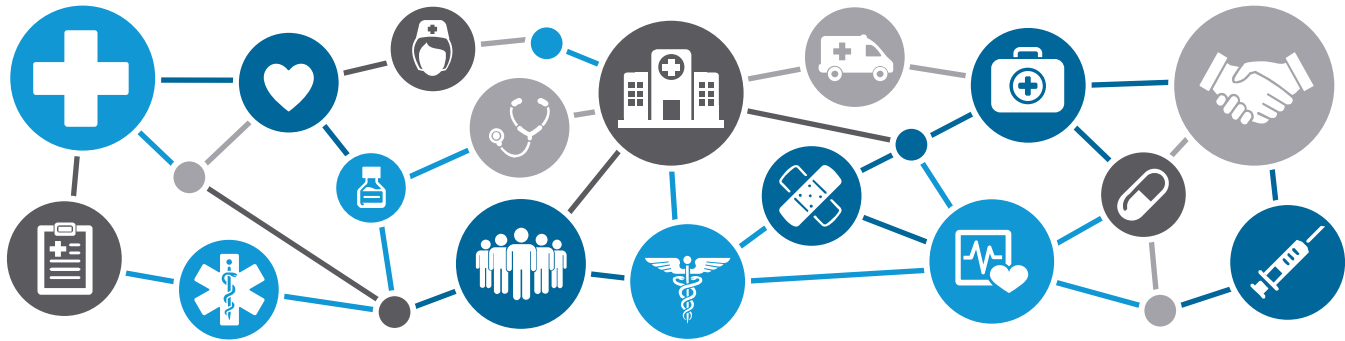
While the total population is expected to remain flat, both the service area and the State of Connecticut are projected to see an increase in Hispanic, black, and other ethnicities, and a decrease in residents who identify as white.

Ethnic Summary

Ethnicity	Population		Percent Change	Distribution (%)	
	2017	2022		2017	2022
Service Area					
White	112,707	107,245	-4.8%	73.7%	70.6%
Hispanic	19,569	22,300	14.0%	12.8%	14.7%
Black	8,447	9,241	9.4%	5.5%	6.1%
Other	12,119	13,084	8.0%	7.9%	8.6%
Total/Overall	152,842	151,870	-0.6%	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%

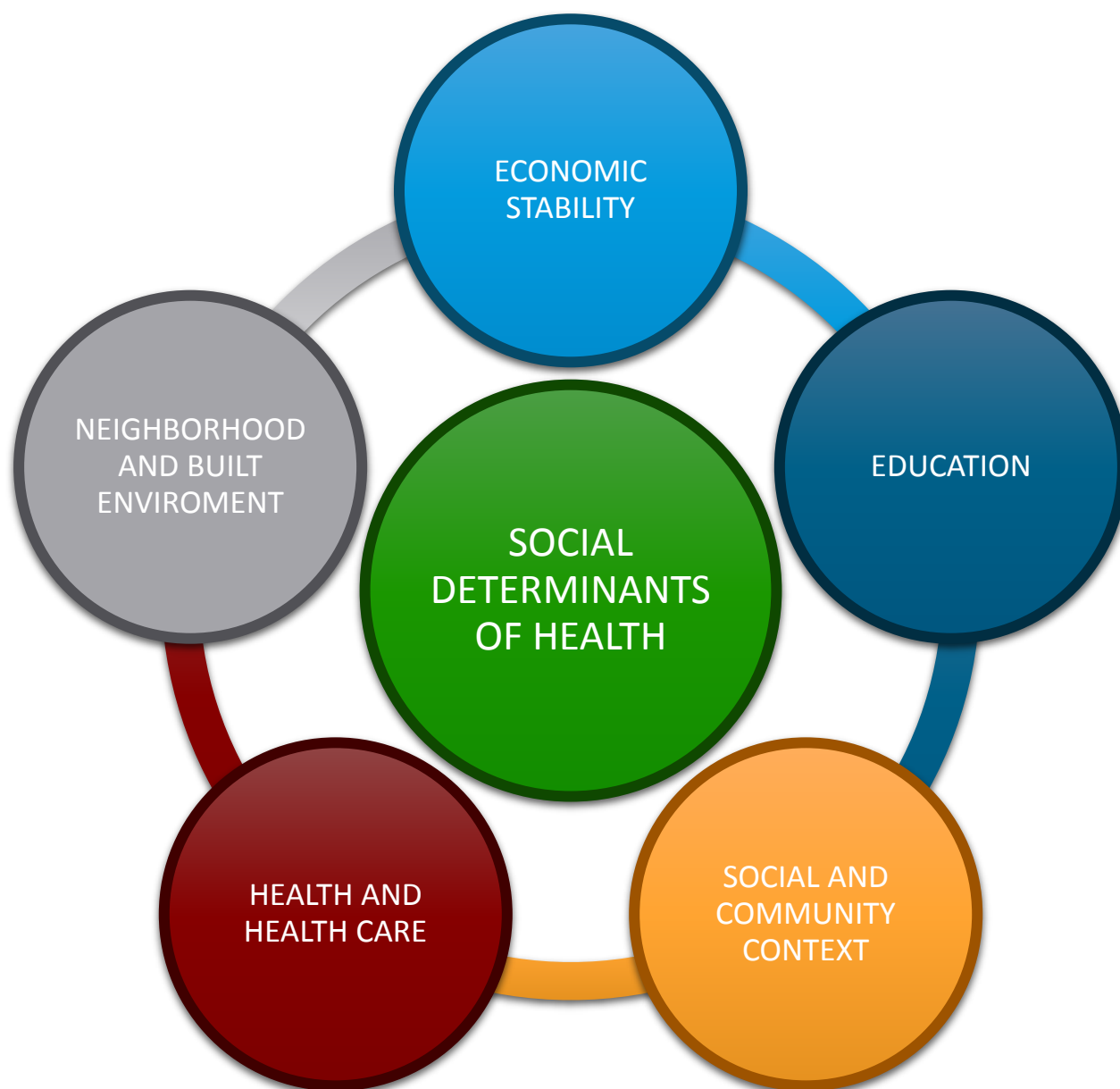
Source: The Nielsen Company

SOCIAL DETERMINANTS OF HEALTH



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

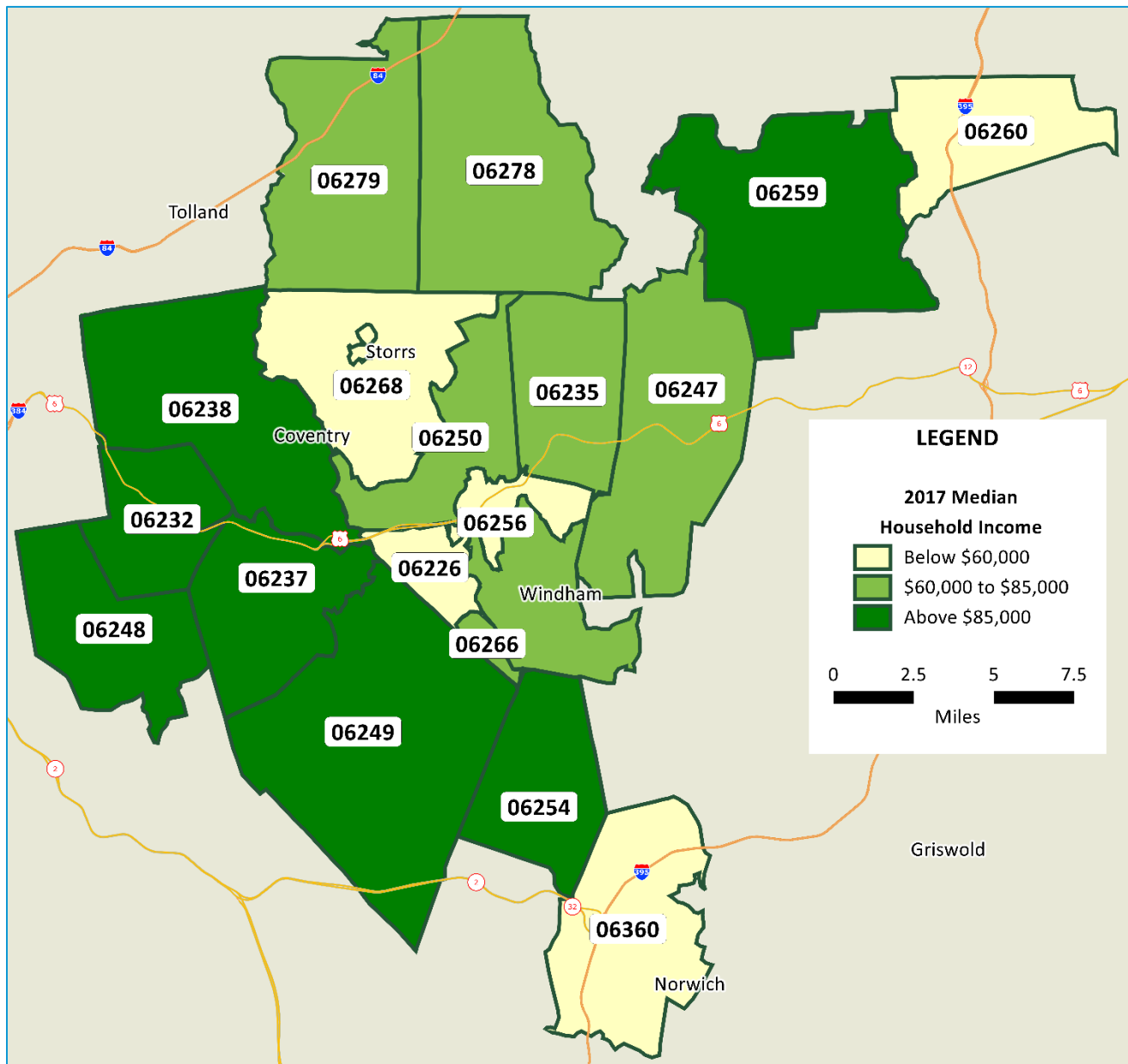
MEDIAN HOUSEHOLD INCOME

While the service area has a lower median household income compared to the State of Connecticut, there is a central concentration of high-income households.

Household Income Summary

Geographic Region	Median Household Income		
	2017	2022	Change (%)
Service Area	\$68,562	\$73,102	6.6%
State of Connecticut	\$82,202	\$87,667	6.6%

Source: The Nielsen Company



SOCIAL DETERMINANTS OF HEALTH

POVERTY METRICS

The poverty rates in New London and Tolland counties are lower than the State of Connecticut, whereas Windham county has a slightly larger poverty rate. All three counties and the State of Connecticut have lower poverty rates than the United States overall.

Poverty Metrics

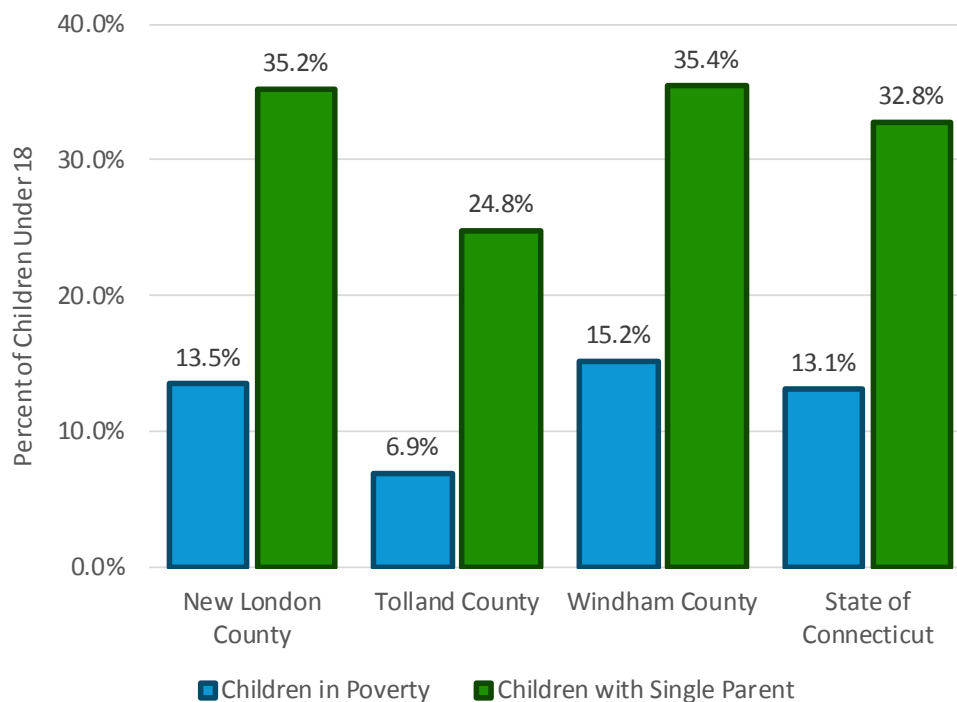
Percent Below Poverty Line	New London County	Tolland County	Windham County	State of Connecticut	United States
Ethnicity					
White	8.0%	5.9%	9.6%	7.8%	12.4%
Black	21.4%	20.3%	19.1%	20.3%	26.2%
Hispanic	25.8%	22.3%	35.2%	24.5%	23.4%
Total/Overall	9.9%	6.8%	11.2%	10.4%	15.1%
Male	8.8%	6.0%	9.5%	9.4%	13.8%
Female	10.9%	7.6%	12.9%	11.3%	16.3%

Source: American Community Survey

CHILDREN IN POVERTY AND SINGLE-PARENT HOUSEHOLDS

The percentage of children living in poverty and single-parent households is higher than the State of Connecticut in New London and Windham counties, but significantly lower in Tolland County. This same trend appears in the percent of children living in single-parent households.

Children in Poverty and Single-Parent Households



Source: County Health Rankings

SOCIAL DETERMINANTS OF HEALTH

KEY INFORMANT COMMENTS

Poverty leads to disadvantages for youth and many enter the juvenile justice system early which does not have effective support to help get low-level offenders help and back to school, impacting their health and future success.

Higher unemployment rate in this region is at the root of many other problems with social determinants – people can't afford transportation, food, health insurance and housing.

Northeast has woefully less family services, parenting services lacking

HOMEOWNERSHIP RATES

The distribution of home ownership and renters within the service area is comparable to the State of Connecticut and is projected to remain consistent through 2022.

Home Ownership Rates

Geographic Region	Percent of Households		
	2017	2022	Variance
Service Area			
Owner	65.6%	65.5%	-0.1%
Renter	34.4%	34.5%	0.1%
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

Many seniors do not have healthy homes – even if they own their home, they are not always safe and often have to give up their homes in order to afford the care and care-giving they need.

Many homeless people in the region and migrant workers who rely on FQHCs for care

SOCIAL DETERMINANTS OF HEALTH

UNEMPLOYMENT RATES

Compared to the State of Connecticut, New London and Tolland counties have slightly lower unemployment rates, and Windham County is slightly higher. Tolland County has the lowest unemployment rates in every category.

Employment Summary

Category	Unemployment Rate				
	New London County	Windham County	Tolland County	State of Connecticut	United States
Ethnicity ⁽¹⁾					
White	7.0%	8.1%	5.9%	6.7%	6.3%
Black	14.0%	8.7%	10.1%	14.6%	13.3%
Hispanic	12.9%	13.6%	8.7%	11.9%	8.7%
Total/Overall	7.7%	8.4%	6.3%	8.0%	7.4%
Male ⁽²⁾	7.5%	8.8%	5.5%	7.8%	7.0%
Female ⁽²⁾	7.5%	6.6%	5.3%	6.9%	6.7%

Source: American Community Survey

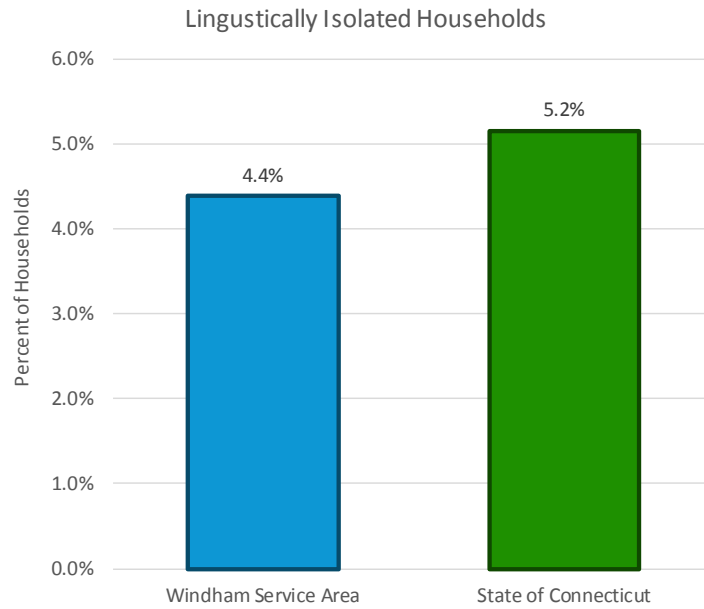
⁽¹⁾ Population aged 16 or older

⁽²⁾ Population aged 20 to 64

EDUCATION AND LANGUAGE

LINGUISTICALLY ISOLATED POPULATION

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



Source: County Health Rankings

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	9.6%	9.9%
High School Graduate	30.9%	27.3%
Some College	20.3%	17.3%
Associate's Degree	8.8%	7.5%
Bachelor's Degree	16.9%	21.3%
Graduate Degree	13.5%	16.8%
Total/Overall	100.0%	100.0%

Source: American Community Survey

KEY INFORMANT COMMENTS

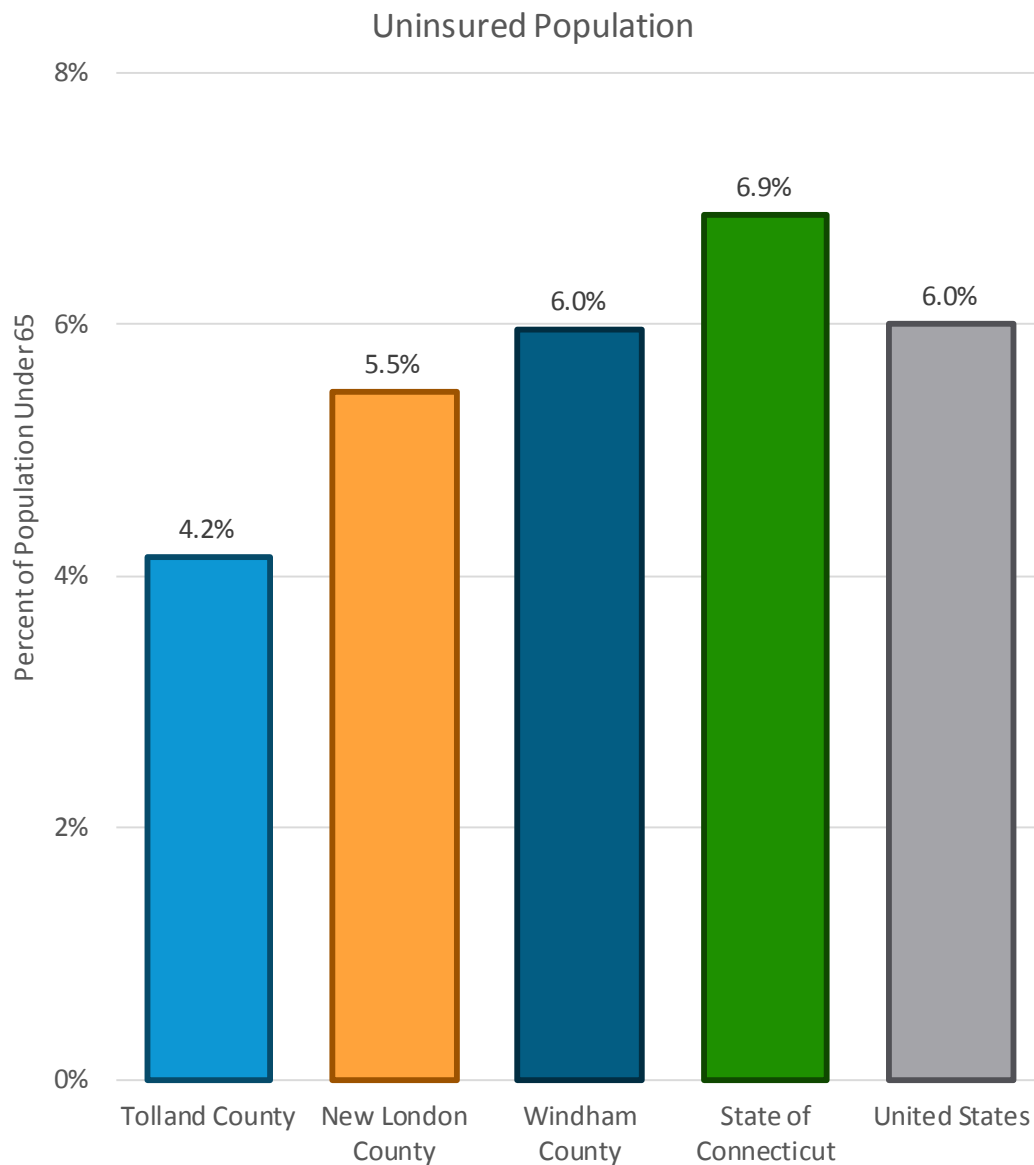
Cultural sensitivity and language barriers create an access problem and make it more difficult for families to navigate the health care and insurance systems.

Increased resources for the growing Hispanic population in the region will be critical to addressing access and patient education.

HEALTH AND HEALTH CARE

UNINSURED POPULATION

Compared to the State of Connecticut, all three counties have a lower percentage of uninsured residents, with Tolland and New London counties exceeding the top 10th percentile of counties nationwide. Tolland County has a significantly lower rate of uninsured residents, at only 4.2%.



Source: County Health Rankings

SOCIAL DETERMINANTS OF HEALTH

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	23.1%	22.6%
Medicare	51.6%	50.4%
Medicaid	22.5%	24.2%
Other	1.2%	0.9%
Uninsured	1.6%	1.9%
Total/Overall	100.0%	100.0%
Emergency Room Visits (Non-Admission)		
Private	26.7%	27.6%
Medicare	20.1%	18.8%
Medicaid	44.5%	44.2%
Other	3.0%	2.3%
Uninsured	5.6%	7.1%
Total/Overall	100.0%	100.0%

Source: Connecticut Hospital Association

KEY INFORMANT COMMENTS

For patients on the margins, they have to get sick and lose money before eligibility kicks in to get care

Large payers like Anthem and United create many issues themselves — not about patient care anymore

Undocumented people have no insurance and are sometimes afraid to seek any financial assistance

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 3 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)

All three counties have less primary care physicians, dentists, and mental health providers per person than the State of Connecticut. New London County has better provider ratios than Windham or Tolland counties, which are significantly worse than the State of Connecticut and the top 10th percentile of counties across the United States.

Clinical Provider Ratios

Population Ratio ⁽¹⁾	New London County	Windham County	Tolland County	State of Connecticut	United States
Primary Care Physicians	1,486	1,976	1,966	1,180	1,030
Dentists	1,466	2,113	2,042	1,180	1,280
Mental Health Providers	309	360	477	290	330

Source: County Health Rankings

⁽¹⁾ Number of persons per provider

KEY INFORMANT COMMENTS

Impossible to hire psychiatrists, they don't get paid enough here

Need surgical specialists, pulmonology, diabetes (have to transfer to Backus, Norwich)

Lack of geriatricians in East — West Hartford, Southington, Norwich is the closest

Only 1 part-time urologist in northeast so that is a real need

Nephrology running six separate hospitals with two nephrologists

Access to care is a big issue, not enough physicians to serve people homebound, no bus system in certain towns and almost impossible to get to Hartford — hardship expense to go to Hartford

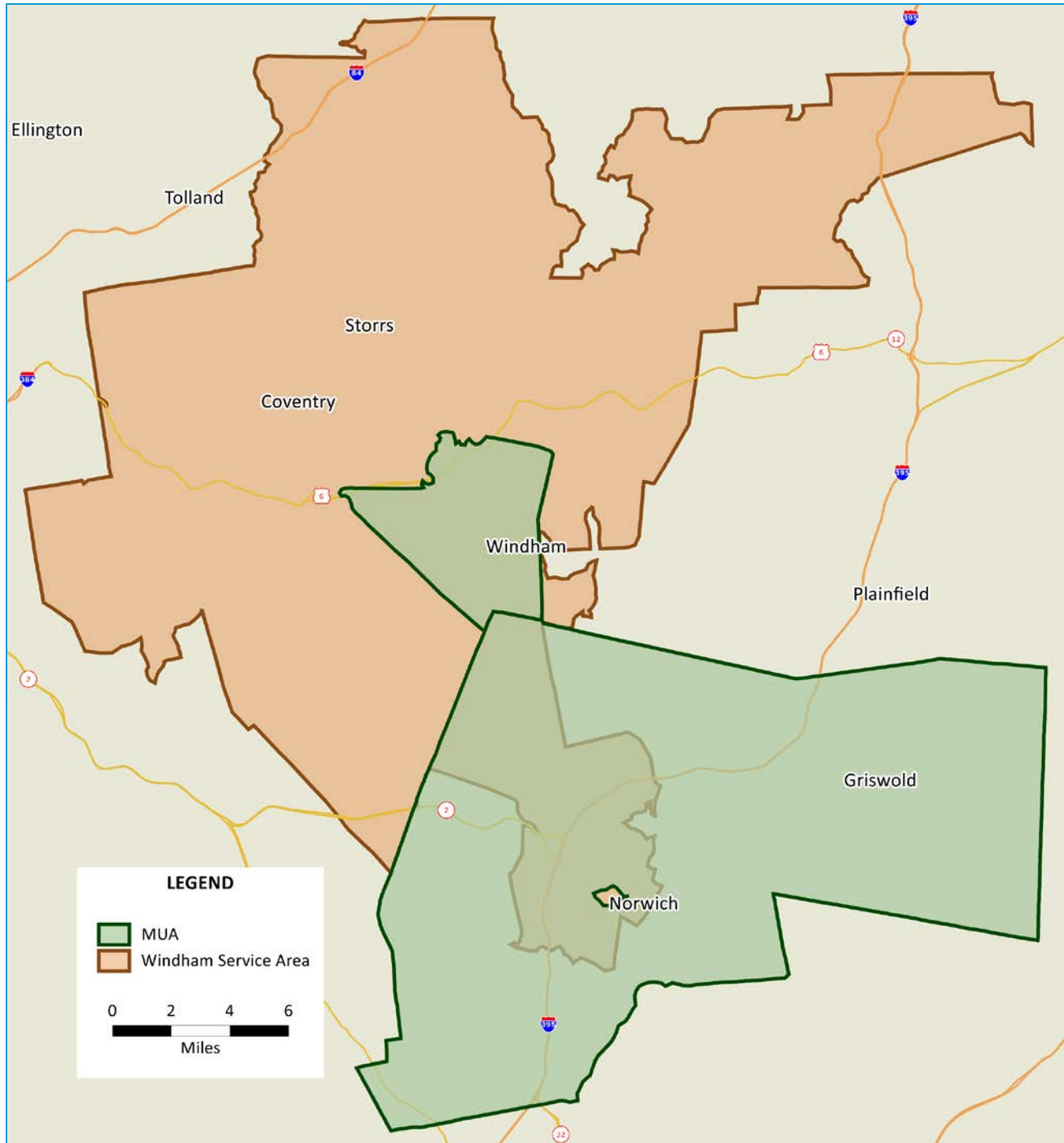
Public transportation very limited in region

No funding to fix public transportation – big issue because you can't get patients to providers

Public transportation issues in Hampton area — can't come into Windham using dial-a-ride anymore

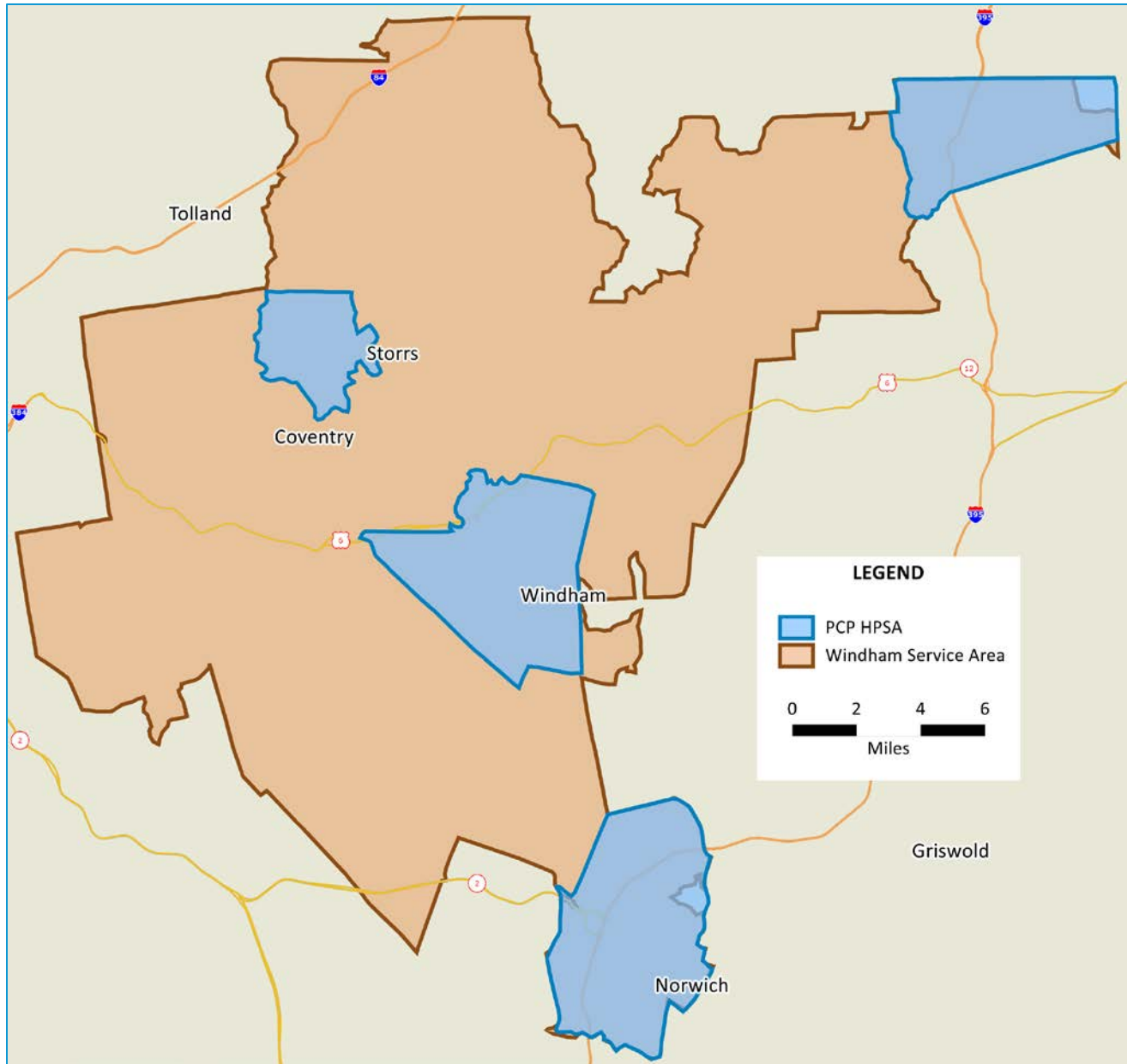
MEDICALLY UNDERSERVED AREAS

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 are two MUAs in the service area around Windham and Norwich, 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 are four primary care HPSAs within the service area, with overlapping MUAs in Windham and Norwich, Connecticut.



NEIGHBORHOOD AND BUILT ENVIRONMENT

CRIME AND SAFETY

All three counties have lower crime indices than the State of Connecticut and the United States. Specifically, Windham and Tolland counties have significantly lower crime rates. New London County has comparable burglary and larceny rates to the State of Connecticut, but lower murder, robbery, and motor vehicle theft rates.

Crime Rates

Crime Rate	New London County	Windham County	Tolland County	State of Connecticut	United States
Rate per 100,000 Persons					
Murder	1.1	3.5	0.7	2.2	5.3
Rape	24.2	25.3	14.7	21.7	40.4
Robbery	29.4	23.5	6.3	75.7	102.8
Aggravated Assault	140.3	41.9	32.8	128.1	248.5
Burglary	284.9	150.9	140.2	281.8	468.9
Larceny	1,108.5	524.1	556.0	1,333.5	1,745.0
Motor Vehicle Theft	95.1	75.0	72.6	198.5	236.9
Crime Index Total	1,683.5	844.2	823.3	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, New London and Windham counties have slightly better air pollution, whereas Tolland County has slightly worse air pollution. Additionally, all three counties have less severe housing problems, but worse food environment indices than the State of Connecticut.

Physical Environment

Indicator	New London County	Windham County	Tolland County	State of Connecticut	United States
Air Pollution ⁽¹⁾	7.8	8.0	8.4	8.2	6.7
Severe Housing Problems ⁽²⁾	15.4%	17.0%	12.0%	19.0%	9.0%
Food Environment Index ⁽³⁾	7.9	8.2	8.1	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

KEY INFORMANT COMMENTS

Soup kitchens only 1 day a week in each town

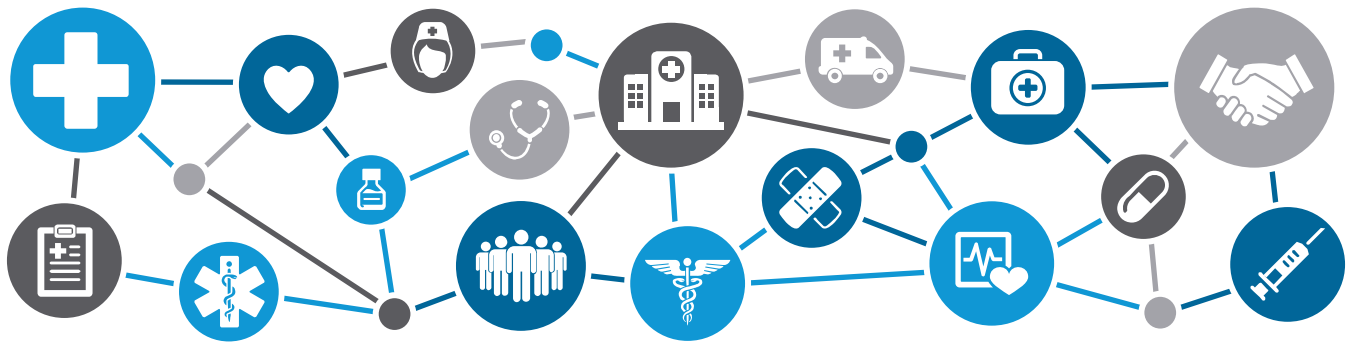
Access to healthy food a top issue

Lot of readmissions based on diet

Only 1 Meals on Wheels program for entire part of the state — because where they are, often a bag lunch and frozen dinner or just lunch

Very expensive to eat healthy, need to address this. Need more funding for better eating habits.

HEALTH STATUS AND BEHAVIORS



OVERALL HEALTH STATUS

The service area has slightly better physical health metrics and comparable mental health metrics to the State of Connecticut. Tolland County has the lowest rates of poor physical and mental health.

General Health Status Indicators

Health Indicator	Windham Service Area	State of Connecticut
General Health		
Windham Local Area Region ⁽¹⁾		
Good or Better General Health (% of Adults)	87.0%	85.6%
Good Physical Health (% of Adults)	84.8%	84.6%
New London County ⁽²⁾		
Poor or Fair Health (% of Adults)	12.1%	14.0%
Poor Physical Health Days (Last 30 Days)	3.2	3.4
Windham County ⁽²⁾		
Poor or Fair Health (% of Adults)	12.9%	14.0%
Poor Physical Health Days (Last 30 Days)	3.3	3.4
Tolland County ⁽²⁾		
Poor or Fair Health (% of Adults)	9.8%	14.0%
Poor Physical Health Days (Last 30 Days)	2.8	3.4
Mental Health		
Windham Local Area Region ⁽¹⁾		
Good Mental Health (% of Adults)	84.8%	84.0%
Depression (% of Adults)	18.7%	17.2%
New London County ⁽²⁾		
Poor Mental Health Days (Last 30 Days)	3.7	3.8
Windham County ⁽²⁾		
Poor Mental Health Days (Last 30 Days)	4.0	3.8
Tolland County ⁽²⁾		
Poor Mental Health Days (Last 30 Days)	3.6	3.8

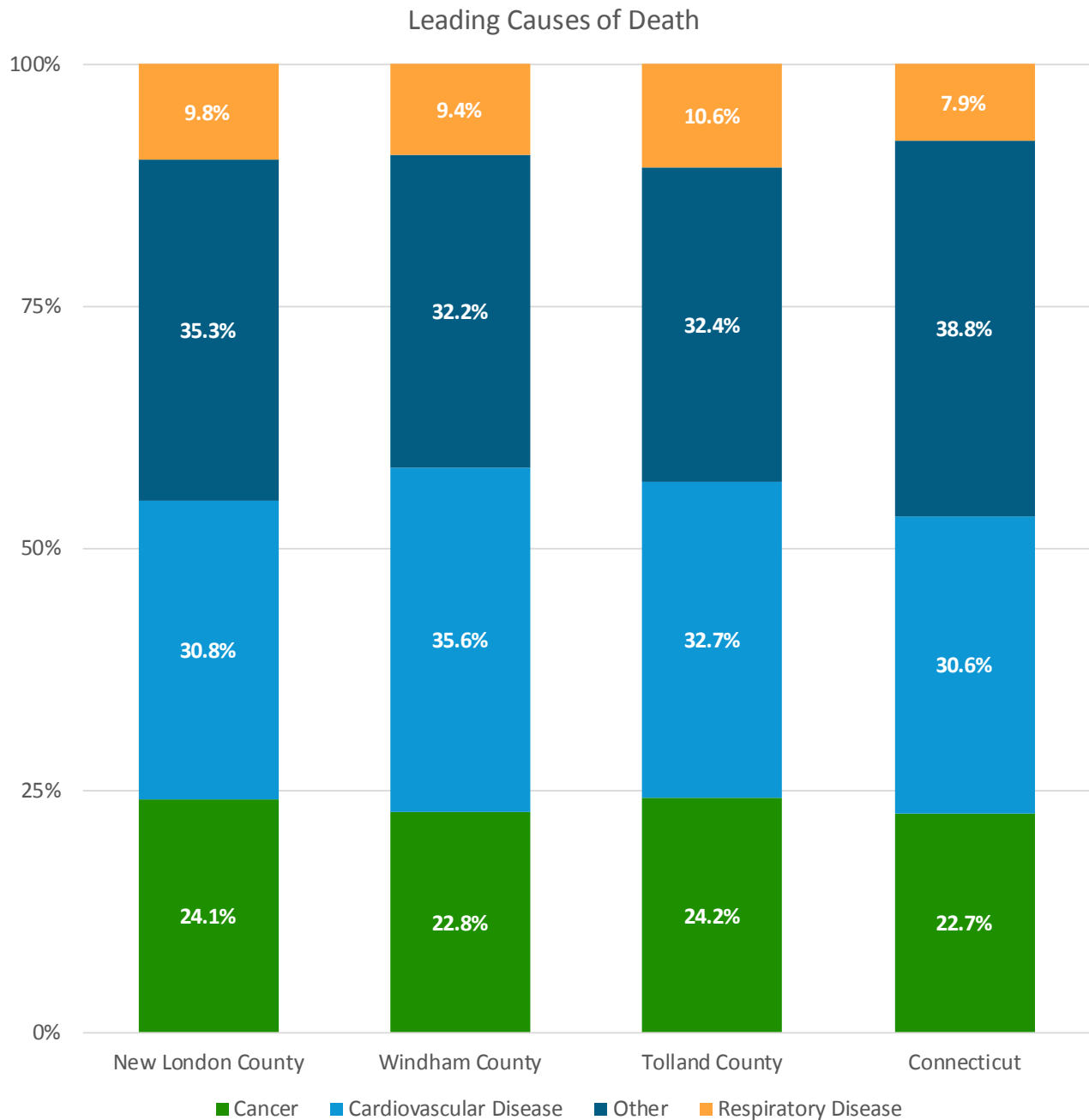
Sources:

⁽¹⁾ Connecticut Department of Health - Local Analysis of Selected Health Indicators - 2017

⁽²⁾ Centers for Disease Control - 2016 Behavioral Risk Factor Surveillance System

CHARACTERISTICS AND CAUSES OF DEATH

Similar to national and regional trends, cardiovascular disease and cancer are the largest causes of death in all three counties, followed by respiratory disease. Additionally, the distribution of cause of death is similar across all geographies.



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)

All three counties and the State of Connecticut have similar prevalence rates for cervical, colon and rectum, and lung cancer, however, all three counties have lower rates of prostate cancer. Windham and Tolland counties have the highest rates of mammograms, and New London County has the highest rate of pap tests.

Cancer Prevalence and Screening

Type of Cancer	New London County	Windham County	Tolland County	State of Connecticut	United States
Disease Prevalence (Per 100,000)					
Breast	142.2	131.3	146.7	139.2	123.5
Cervical	8.5	6.2	5.2	6.7	7.6
Colon and Rectum	37.5	41.6	37.0	38.8	39.8
Lung	67.3	65.7	60.9	62.1	61.2
Prostate	104.4	86.9	109.5	118.8	114.8
Screening Prevalence (Age-Adjusted %)					
Mammogram	68.6%	70.5%	71.2%	67.8%	63.1%
Pap Test	82.6%	80.2%	78.1%	82.1%	78.5%
Sigmoidoscopy/Colonoscopy	72.1%	73.8%	66.5%	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 to the State of Connecticut. However, the mortality rate for heart disease is significantly higher in all three counties.

Cardiovascular Disease

Health Indicator	Service Area	State of Connecticut
Windham Local Area Region ⁽¹⁾		
Cardiovascular Disease	7.4%	7.3%
New London County ⁽²⁾		
High Blood Pressure	26.9%	25.0%
High Cholesterol	35.6%	36.3%
High Blood Pressure Management ⁽³⁾	20.9%	20.6%
Health Disease Mortality ⁽⁴⁾	151.3	101.6
Stroke Mortality ⁽⁴⁾	31.1	27.3
Windham County ⁽²⁾		
High Blood Pressure	25.2%	25.0%
High Cholesterol	38.8%	36.3%
High Blood Pressure Management ⁽³⁾	15.0%	20.6%
Health Disease Mortality ⁽⁴⁾	176.3	101.6
Stroke Mortality ⁽⁴⁾	31.1	27.3
Tolland County ⁽²⁾		
High Blood Pressure	22.9%	25.0%
High Cholesterol	38.6%	36.3%
High Blood Pressure Management ⁽³⁾	17.0%	20.6%
Health Disease Mortality ⁽⁴⁾	143.9	101.6
Stroke Mortality ⁽⁴⁾	25.9	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 slightly higher in the service area compared to the State of Connecticut. Additionally, the mortality rate for chronic lower respiratory disease is significantly higher in all three counties.

Respiratory Disease

Prevalence (% of Adults)	Service Area	State of Connecticut
Windham Local Area Region ⁽¹⁾		
Asthma	10.4%	9.8%
Chronic Obstructive Pulmonary Disease	6.9%	5.5%
Lung Disease - Mortality ⁽²⁾		
New London County	40.1	15.9
Windham County	43.5	15.9
Tolland 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 surrounding counties are similar to the State of Connecticut. However, New London and Tolland counties have significantly lower rates of diabetes mortality than the State of Connecticut.

Diabetes

Indicator	Service Area	State of Connecticut
Windham Local Area Region		
Diabetes ⁽¹⁾	9.3%	9.1%
New London County		
Diabetes Monitoring ⁽²⁾	83.6%	86.6%
Diabetes - Mortality ⁽³⁾	7.7	14.3
Windham County		
Diabetes Monitoring ⁽²⁾	88.0%	86.6%
Diabetes - Mortality ⁽³⁾	N/A	14.3
Tolland County		
Diabetes Monitoring ⁽²⁾	91.8%	86.6%
Diabetes - Mortality ⁽³⁾	9.7	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 a lower rate of pneumococcal vaccination, but lower rates of influenza and pneumonia mortality than the State of Connecticut. New London County has a significantly higher incidence rate of tuberculosis, and Windham County has a significantly higher incidence rate of hepatitis C.

Infectious Diseases

Health Indicator	Service Area	State of Connecticut
Windham Local Area Region ⁽¹⁾		
Influenza Vaccination	41.7%	41.9%
Pneumococcal Vaccination	67.8%	70.1%
New London County		
Influenza and Pneumonia - Mortality ⁽²⁾	10.2	11.7
Hepatitis C ⁽³⁾	43.4	39.5
Tuberculosis ⁽³⁾	3.7	1.4
Windham County		
Influenza and Pneumonia - Mortality ⁽²⁾	11.6	11.7
Hepatitis C ⁽³⁾	86.9	39.5
Tuberculosis ⁽³⁾	1.7	1.4
Tolland County		
Influenza and Pneumonia - Mortality ⁽²⁾	11.1	11.7
Hepatitis C ⁽³⁾	23.8	39.5
Tuberculosis ⁽³⁾	0.7	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 24.³ 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, all three counties have significantly lower rates of STIs, but also lower rates of HIV screenings.

Sexually Transmitted Diseases

Health Indicator	New London County	Windham County	Tolland County	State of Connecticut
Prevalence per 100,000⁽¹⁾				
HIV	215.0	193.3	90.1	338.7
Chlamydia	310.1	281.4	212.0	387.4
Gonorrhea	51.9	26.6	23.8	76.1
Syphilis	1.1	1.7	0.0	3.1
HIV Screenings ⁽²⁾	29.5%	29.2%	31.7%	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 sociodemographic 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, all three counties have lower rates of low-birth-weight births and births that have no initial prenatal care. Across ethnicities, rates of low-birth weights and no initial prenatal care are similar between mothers who are white, Hispanic, or black.

Birth Statistics and Metrics

Ethnicity	Low Birth Weight ⁽¹⁾	No Initial Prenatal Care ⁽²⁾	Percent of Live Births
New London County			
White	6.6%	8.3%	19%
Hispanic	4.1%	10.0%	5%
Black	6.1%	7.7%	2%
Other	0.0%	4.5%	3%
Total/Overall	5.5%	8.2%	100%
Windham County ⁽³⁾			
Total/Overall	5.1%	11.0%	100%
Tolland County ⁽³⁾			
Total/Overall	4.6%	8.9%	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

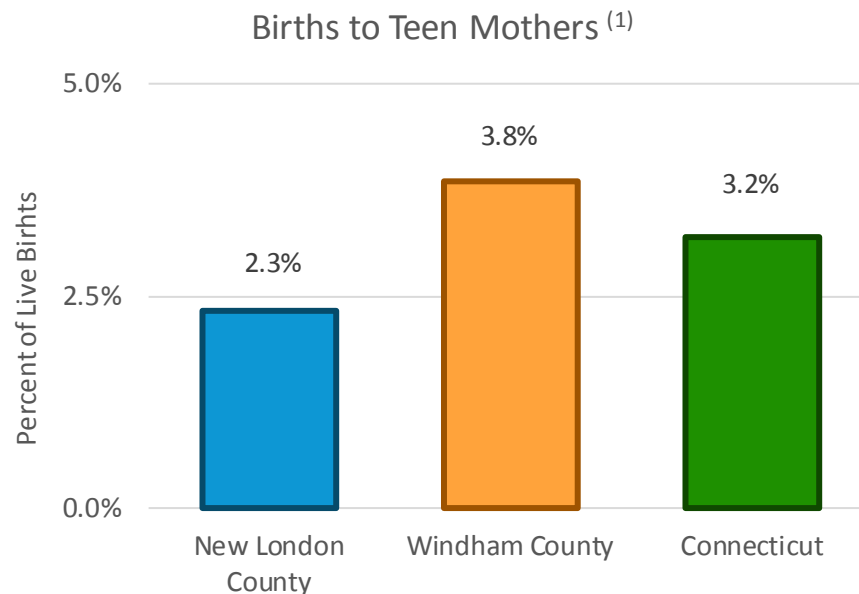
HEALTH STATUS AND BEHAVIORS

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, New London County has a lower proportion of teenage mothers, and Windham County has a slightly higher proportion of teenage mothers. Data was not available for Tolland county due to limited sample size.



⁽¹⁾ Mother's age <20 years

Source: Centers for Disease Control and Prevention

KEY INFORMANT COMMENTS

Region has highest percent of childhood abuse in the state, a lot of trauma, highest percentage of teen births

HEALTH BEHAVIORS

Obesity - Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. 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 and more than \$156 billion in lost productivity.

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. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. 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 a similar percentage of adults who lack leisure time or physical activity, and lower rates of adults who are at a healthy weight. The proportion of adults who smoke cigarettes or excessively consume alcohol are higher than the State of Connecticut.

Indicator	Service Area	State of Connecticut
Healthy Weight	36.5%	38.6%
No Leisure Time or Physical Activity	22.2%	23.2%
Current Cigarette Smoking	16.5%	15.3%
Excessive Alcohol Consumption	19.8%	18.9%

Source: Connecticut Department of Health

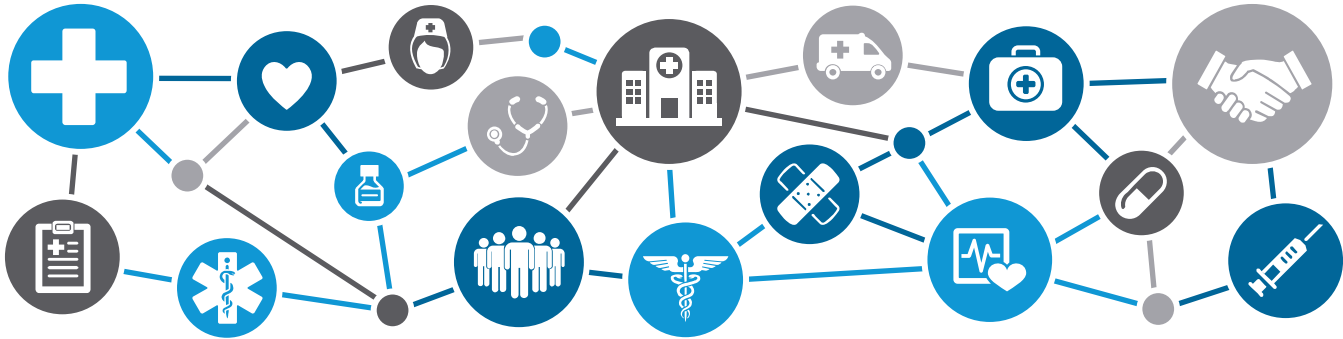
KEY INFORMANT COMMENTS

Mental health patients get dumped in the ED — see more and more as not able to medically and behaviorally handled
Smoking a big issue in this region

Other major issue is substance abuse — 28-year-old in hospital requesting heroin detox but cleared medically — small amount of places that are residential — call 20 times to get a bed — discharged out of hospital because no medical issues but will have serious detox issues and go back to heroin

Detox facility in this area would be huge

LOCAL AREA RESOURCES



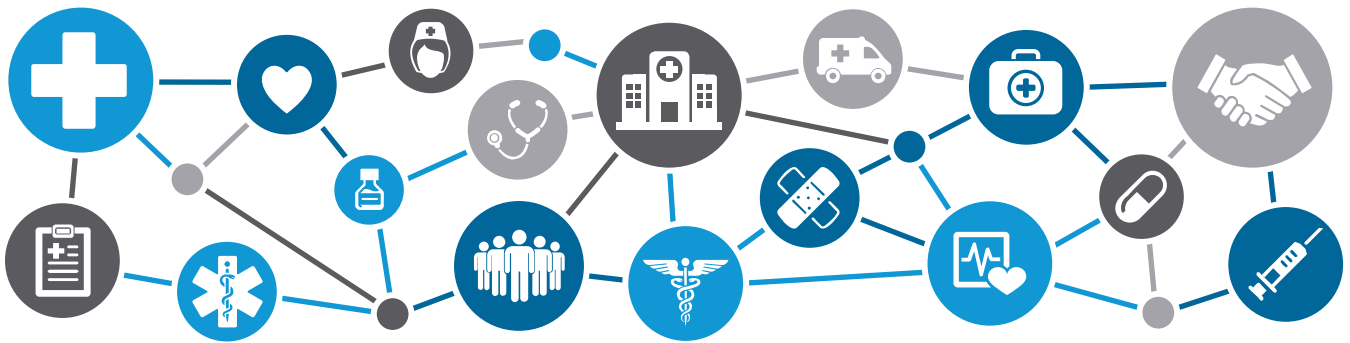
LOCAL AREA RESOURCES

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.

Windham Hospital Local Area Resources

Name	Type	Address	City	State	ZIP Code
Ambulatory Surgery Centers					
Eastern Connecticut Endoscopy Center	Ambulatory Surgical Center	79 Wawecus Street	Norwich	CT	06360
River Valley Ambulatory Surgery Center	Ambulatory Surgical Center	45 Salem Turnpike	Norwich	CT	06360
Community Health and Welfare					
Eastern Highlands Health District	Public Health and Welfare	4 South Eagleville Road	Mansfield	CT	06268
Gateway Behavioral Health	Public Health and Welfare	165 Lawler Lane	Norwich	CT	06360
UNCAS Health District	Public Health and Welfare	401 West Thames Street	Norwich	CT	06360
Federally Qualified Health Centers					
Generations Family Health Center, Inc	Federally Qualified Health Center	330 Washington Street	Norwich	CT	06360
Generations Family Health Center, Inc	Federally Qualified Health Center	37 Kennedy Drive	Putnam	CT	06260
Generations Family Health Center, Inc	Federally Qualified Health Center	40 Mansfield Avenue	Willimantic	CT	06226
United Community And Family Services, Inc	Federally Qualified Health Center	47 Town Street	Norwich	CT	06360
Hospitals					
Backus Hospital	Short Term Acute Care	326 Washington Street	Norwich	CT	06360
Day Kimball Hospital	Short Term Acute Care	320 Pomfret Street	Putnam	CT	06260
Natchaug Hospital	Psychiatric	189 Storrs Road	Mansfield Center	CT	06250
Windham Hospital	Short Term Acute Care	112 Mansfield Avenue	Willimantic	CT	06226
Mental And Behavioral Health Facilities And Programs					
Central Connecticut Psychotherapy	Adult Mental Health	23 Liberty Drive	Hebron	CT	06248
Community Health Resources, Inc.	Mental Health and Illness	1491 West Main Street	Willimantic	CT	06226
Community Health Resources, Inc.	Mental Health and Illness	391 Pomfret Street	Putnam	CT	06260
Community Health Resources, Inc.	Mental Health and Illness	433 Valley Street	Willimantic	CT	06226
Community Health Resources, Inc.	Mental Health and Illness	55 Main Street	Norwich	CT	06360
Community Health Resources, Inc.	Mental Health and Illness	7B Ledgebrook Drive	Mansfield	CT	06250
Eastern Connecticut Psychological Associates	Adult Mental Health	12 Case Street	Norwich	CT	06360
Generations Family Health Center	Mental Health	322 Main Street	Willimantic	CT	06226
Perception Programs	Substance Abuse Rehabilitation Facility	54 North Street	Willimantic	CT	06226
Reliance Health	Mental Health	40 Broadway	Norwich	CT	06360
Southeastern Mental Health Authority	Adult Mental Health	401 West Thames Street	Norwich	CT	06360
Sunrise Counseling Center	Behavioral Health	436 Turnpike Road	Ashford	CT	06278
The Healing Tree	Adult Mental Health	20 Pendleton Drive	Hebron	CT	06248
Transitions Therapy, LLC	Behavioral Health	36B Church Street	Putnam	CT	06260
United Community And Family Services, Inc	Behavioral Health	77 East Town Street	Norwich	CT	06360
United Services	Behavioral Health	132 Mansfield Avenue	Willimantic	CT	06226
Specialty Health Locations and Programs					
Planned Parenthood of Connecticut	Family Planning	12 Case Street	Norwich	CT	06360
Planned Parenthood of Connecticut	Family Planning	1548 Main Street	Willimantic	CT	06226
Urgent Care Facilities					
Concentra	Urgent Care	10 Connecticut Avenue	Norwich	CT	06360
GoHealth Urgent Care	Urgent Care	624 West Main Street	Norwich	CT	06360
PhysicianOne Urgent Care	Urgent Care	607 W Main Street	Norwich	CT	06360
Veterans Health Administration					
Norwich Veteran's Center	Veterans Health Administration	2 Cliff Street	Norwich	CT	06360
Willimantic Outpatient Clinic	Veterans Health Administration	1320 Main Street	Willimantic	CT	06226

PROGRAMS DESIGNED TO ADDRESS 2015 HEALTH NEEDS



PROGRAMS DESIGNED TO ADDRESS 2015 HEALTH NEEDS

The following section outlines how Windham 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.

DEVELOPMENT OF A ROBUST, DATA-DRIVEN, PRIMARY PREVENTION MODEL TO KEEP THE COMMUNITY HEALTHY AND REDUCE FUTURE DISEASE BURDEN

CANCER

Strategies & Scope

Provide cancer screenings and community outreach

- 1) Collaborate and partner with the Hartford HealthCare Cancer Institute, and affiliation with Memorial Sloan Kettering, to meet community health requirements
- 2) Annual head and neck cancer screening

Results & Outcomes

Annual head and neck screenings completed

- A. MSK community health requirements
- B. Annual head and neck cancer screenings held annually
 - 2015 - 18 people screened
 - 2016 - 12 people screened
 - 2017- 16 screenings, six referrals

ACCESS TO CARE

Strategies & Scope

- 1) Expand community outreach for health education and health screenings
 - a) CareVan – provide more preventive and diagnostic screenings in more communities

Results & Outcomes

- A. Conducted cancer screenings, bone density screenings

OBESITY, PHYSICAL ACTIVITY, AND NUTRITION AND RELATED COMORBIDITIES

Strategies & Scope

- 1) Embed and support nutrition education by dedicated community dietitian in schools, community centers, senior centers, senior housing
- 2) Establish and expand the “Just Ask” initiative in restaurants and Shop Rite grocery stores
- 3) Continue the partnership with TVCCA for elderly nutrition in Willimantic housing centers
- 4) Hispanic Diabetes Weight Loss Class @ Windham Hospital
- 5) Expansion of Rx for Health program for low-income youth at risk for obesity
- 6) Continue to provide diabetes self-management program and education classes
- 7) Provide glucose and cholesterol screenings in community settings
- 8) Flu clinics in soup kitchens

Results & Outcomes

- A. Hispanic Health class- basic education about diabetes, hypertension, weight control
- B. Diabetes self-management and education classes continue
- C. Go Red Event- free glucose and cholesterol screenings

PROGRAMS DESIGNED TO ADDRESS 2015 HEALTH NEEDS

CONTINUE TO PROVIDE COMMUNITY EDUCATION OPPORTUNITIES ABOUT HEALTH AND WELLNESS

Strategies & Scope

- 1) Provide Community Education series including:
 - a) “Let’s Talk About Your Health”
- 2) Annual Diabetes Health Fair
- 3) Annual Hispanic Diabetes Health Fair
- 4) Publish health columns in The Willimantic Chronicle, Norwich Bulletin

Results & Outcomes

- A. Conduct annual diabetes health fair
- B. Published columns in Norwich Bulletin

MENTAL HEALTH AND SUBSTANCE USE

Strategies & Scope

- 1) Windham Hospital supports and collaborates with Natchaug Hospital, and the entire Behavioral Health Network, to ensure adequate access to mental health services is available to residents of the Windham Hospital region.
- 2) Coordinate training and education of professionals and the community on substance use disorder, especially heroin addiction
 - Naloxone (Narcan) training for all EMS providers
 - Southeastern Naloxone Taskforce
 - Behavioral Health Network Mental Community Health Forums
 - “Current Drug Trends” educational program by Northeast Communities Against Substance Abuse (NECASA)
 - Mental Health First Aid training

Results & Outcomes

- A. Natchaug- secured psychiatrist in Emergency Department
- B. MH First Aid training- available on HealthStream

PROGRAMS DESIGNED TO ADDRESS 2015 HEALTH NEEDS

AMBULATORY EXPANSION AND GROWTH

SUPPORT THE INDEPENDENT PRIMARY CARE PHYSICIAN NETWORK IN EASTERN CONNECTICUT

Strategies & Scope

- 1) Recruit and retain primary care providers to fill identified shortages and to supplement new shortages arising due to pending retirements
- 2) Link to the Medical Staff Development Plan to ensure community needs are met

Results & Outcomes

- A. Recruited 20 new PCP's, coordinated with medical staff development plan

INCREASE ACCESS TO CARE (INCLUDING ORAL HEALTH) IN COMMUNITY SETTINGS

Strategies & Scope

- 1) Primary Care provided by preferred FQHC clinicians on Mobile Health Resource Van at local Soup Kitchens
- 2) Primary Care provided at the Willimantic No-Freeze Shelter

Results & Outcomes

- A. MHRC service to No freeze shelter in winter months
- B. MHRC- Pride's Farm in Lebanon from April to October

ESTABLISHMENT OF CLINICAL PROGRAMS AND SERVICES IDENTIFIED IN THE EAST REGION STRATEGIC PLAN WHICH MEET IDENTIFIED COMMUNITY HEALTH NEEDS AND SATISFY COMMUNITY BENEFIT REQUIREMENTS

CARDIOVASCULAR SERVICES (HEART DISEASE & STROKE)

Strategies & Scope

- 1) Expand Heart Disease management and infusion program
- 2) Expansion of the "Just Ask" campaign to Willimantic region

Results & Outcomes

- A. Infusion center expanded at Windham in 2018

SURGICAL SERVICES

Strategies & Scope

Establishment of the Peri-Operative Surgical Home model in multiple locations throughout the Region

Results & Outcomes

- A. Established early 2018

PROGRAMS DESIGNED TO ADDRESS 2015 HEALTH NEEDS

CANCER SERVICES

Strategies & Scope

Support the Memorial Sloan Kettering alliance through requirements set by MSK in its “Community Health” pillar. Please see the Cancer Institute Community Health Improvement Plan for action items.

Results & Outcomes

See Cancer Section

ACCESS TO MENTAL HEALTH SERVICES

INCREASE ACCESS TO COORDINATED MENTAL HEALTH SERVICES IN THE COMMUNITY

Strategies & Scope

- 1) Expand and refine the Primary Care Behavioral Health Project in the Colchester and Norwichtown Family Health Centers for immediate mental health care coordination and referral to the Willimantic region
- 2) Support the Hartford HealthCare/DCF partnership spearheaded by Regional Director of Emergency Care Services
- 3) Establish an Emergency Services-Community Public Safety Collaborative
- 4) Create a Center for Healthy Aging for the Geriatric populations in Eastern Connecticut
- 5) Participate in the Hartford HealthCare “Stop the Stigma” campaign
- 6) Education programs in schools focusing on stress, anxiety, depression, suicide prevention
- 7) Sustain Community Care Teams embedded in the Windham Emergency Department

Results & Outcomes

- A. Implemented Primary Care Behavioral Health Project in Colchester and Norwichtown
- B. HHC/DCF system led initiative
- C. Center for Healthy Aging created with HHC
- D. Stop the Stigma- HHC Initiative incorporated
- E. CCTeams continue in ED