Johnson Memorial Hospital
Trinity Health

Community Health Needs Assessment

AUGUST 2019

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MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Core Values

Reverence
We honor the sacredness and dignity of every person.

Commitment to Those Who are Poor
We stand with and serve those who are poor, especially those most vulnerable.

Justice
We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity
We are faithful to who we say we are.

More Than a Century of Caring

Johnson Memorial Hospital is a 92-bed hospital located in Stafford Springs, Connecticut that has been an anchor institution in north central Connecticut for 107 years. The Hospital moved from its original location on East Street in Stafford Springs to its present location on Chestnut Hill Road in 1975. During the 1980s, few health care organizations throughout the United States were branching out by creating subsidiaries, and Johnson Memorial Medical Center (JMMC) - known then as Johnson Memorial Corporation - was one of the first to bring this type of business structure to Connecticut. Early in the decade, Johnson Health Care, Johnson Development Fund and Wellcare joined Johnson Memorial Hospital under the Johnson Memorial Corporation umbrella. Soon after, the organization opened Connecticut's first free-standing, hospital-affiliated outpatient surgery center, Johnson Surgery Center. In the intervening years, Johnson has continued expanding services to meet the community's needs. In September 2010, JMMC emerged from Chapter 11 as an independent, community-based health care provider, as it had been for nearly a century. In July of 2012, JMMC and Saint Francis Care signed an Affiliation Agreement, resulting in a mutually beneficial relationship that has provided the community with a sustainable, high quality healthcare resource. As a result, JMMC has experienced improved operations by all measures of financial performance.

In 2016, Johnson Memorial Hospital and the other Johnson entities became part of Trinity Health of New England, an integrated health care delivery system that is a member of Trinity Health, Livonia, MI, one of the largest multi-institutional Catholic health care delivery systems in the nation. Today, Johnson Memorial Hospital, Johnson Health Care and Home & Community Health Services provide a continuum of health care services to those living and working in north central Connecticut and western Massachusetts.

While Johnson Memorial Hospital strives to honor the legacy of the Hospital’s founders, Cyril and Julia C. Johnson, through its mission of compassionate care, the hospital is hardly focused on the past. Johnson Memorial Hospital is continually looking ahead to anticipate better ways to deliver care in a rapidly changing environment. The result is a patient-centered model of care designed to produce a patient experience of the highest measureable quality for the

communities the hospital serves. The resources and benefits available to Johnson Memorial Hospital as a result of the acquisition have positioned the hospital to respond nimbly to the changes in health care that the future will inevitably bring.

The CHNA:

The federal Patient Protection and Affordable Care Act, passed into law in 2010, requires hospitals to conduct a CHNA – a periodic evaluation of the health needs of the community they serve. The CHNA may be a modern-day metric, but it fits easily into Johnson Memorial Hospital's ongoing efforts to be a center of healing for its local and regional communities. Johnson Memorial Hospital published its first two federal mandated CHNAs in 2013, and 2016. The 2019 assessment will build on existing and new data-based goals and strategies on how to address the needs that have been identified. The health needs acknowledged by the CHNA will be integrated into a three-year community outreach plan and implementation strategy to combat the issues. By utilizing existing resources, strengthening partnerships and creating innovative programs on both the hospital campus and within the community, Johnson Memorial Hospital hopes to make a positive impact on these identified needs.

REPORT ON 2016 CHNA PROGRESS

The top health concerns conveyed in the 2016 Johnson Memorial Hospital CHNA included obesity, diabetes, behavioral health, substance abuse (including alcoholism and tobacco use), asthma, and heart failure. The health needs acknowledged by the 2016 Community Health Needs Assessment were integrated into a three-year community outreach plan. After reviewing current community collaborations and partnerships, and internal resources, Johnson Memorial Hospital developed a Community Health Implementation Strategy focusing on access to healthcare, substance abuse and tobacco use, and support for healthy behavior change: diet and exercise.

Access to Care

The hospital made a financial counselor available to patients to help them navigate health insurance, and other assistance programs. The financial counselor is shared with Saint Francis Hospital and Medical Center. One to two times a week the counselor is physically at Johnson Memorial Hospital, and the remaining time is available by email and phone. 178 individuals received financial counselor services since the previous CHNA. The hospital operated pilot minute clinic for 1 year within the Stafford Springs Big Y supermarket. The minute clinic was closed after the pilot operation as more funding is sought. The hospital created a 6-bed behavioral health emergency department to better serve and provide an environment more suitable for behavioral healthcare. The behavioral health ED provides privacy through an environment away from the larger ED population. It is a ligature safe area, equipped with furniture and features to reduce the risk of injury to patients and staff. Additionally, staff have been specially trained to serve patients struggling with behavioral health challenges. 1,286 patients have been served in the behavioral health ED since August 1, 2018.

Substance Abuse and Tobacco Use

Johnson Memorial Hospital supported a wider initiative called Tobacco 21, an effort to raise the minimum age to purchase tobacco to 21 years old. The initiative was successful. The Governor signed the bill raising the statewide minimum tobacco purchase age to 21 on June 18, 2019. According to tobacco21.org, 95% of smokers begin smoking before age 21 and raising the minimum purchase age of tobacco to 21 is an effective means of reducing the smoking rate among teenagers. Statistical analysis found that smoking rate among 18-20 year olds decreased from 16.5% to 8.9% during 2011-2016 in metropolitan/micropolitan statistical areas that adopted Tobacco 21. Areas with complete adoption of tobacco 21 policy saw a 3.1 percentage point reduction in the likelihood of 18-20 year olds smoking. Tobacco 21 policy was passed only a short time before this CHNA and the effectiveness of the policy is not yet apparent in the data. The smoking rate among teens will likely decrease in the future, as it has for other states that adopted Tobacco 21.

Support for Healthy Behavior Change: Diet and Exercise

The hospital provided community health education classes covering a range of healthy eating and active living behaviors. 321 individuals were educated about healthy behavior change topics since the previous CHNA. Topics included sugar, diets, diabetes, stroke prevention, bariatric surgery, heart disease prevention, and physical fitness.. Classes were available in the Stafford Senior Center, the Enfield Senior Center, Johnson Memorial Hospital, and Saint Francis Hospital and Medical Center at Enfield. The hospital also provides 4 outpatient group classes a month at Johnson Memorial Hospital's Cardiac and Pulmonary Rehabilitation Center. The classes have a rotating curriculum of cardiac health, pulmonary health, and weight management.

EXECUTIVE SUMMARY

From 2016-2019, the healthcare environment Johnson Memorial Hospital operates in continued to change. The State of Connecticut began shifting towards a value based payment model. The population continued to age. The opioid epidemic became a national health emergency. The healthcare environment has proven to be dynamic and challenging, with national and regional trends, as well as local issues reflected in community health needs. Yet, more than a century after its birth, Johnson Memorial Hospital remains steadfast in its mission: to serve in the spirit of the Gospel as a compassionate and transforming healing presence in the community. Johnson Memorial Hospital is committed to improving and enriching the lives of individuals and families in north central Connecticut and western Massachusetts; through readily accessible emergency care, lifespan health care services, and prevention-orientated education in a warm, caring environment.

The Community Health Needs Assessment (CHNA) is the first step in a process designated to better understand community needs by engaging healthcare providers, community leaders and community members in a conversation about how to improve health and well-being. We are excited to share what we have learned and to find ways to collaborate on solutions. The exchanges that took place during the implementation of the CHNA point to readiness for the collaboration across disciplines and in ways that respect community input. New ideas about the role of hospitals and healthcare systems in supporting community development are beginning to take hold, and Johnson Memorial Hospital is ready to embrace a leading role in north central Connecticut. Becoming part of Trinity Health has brought to the table significant expertise in this area. We look forward to the next steps in the process of developing a strategic plan for community health and wellbeing designed to address the needs identified within this document.

Johnson Memorial Hospital conducted a Community Health Needs Assessment for its service area, targeting the Connecticut towns of Ashford, East Windsor, Ellington, Enfield, Somers, Stafford, Tolland, Union, and Willington.

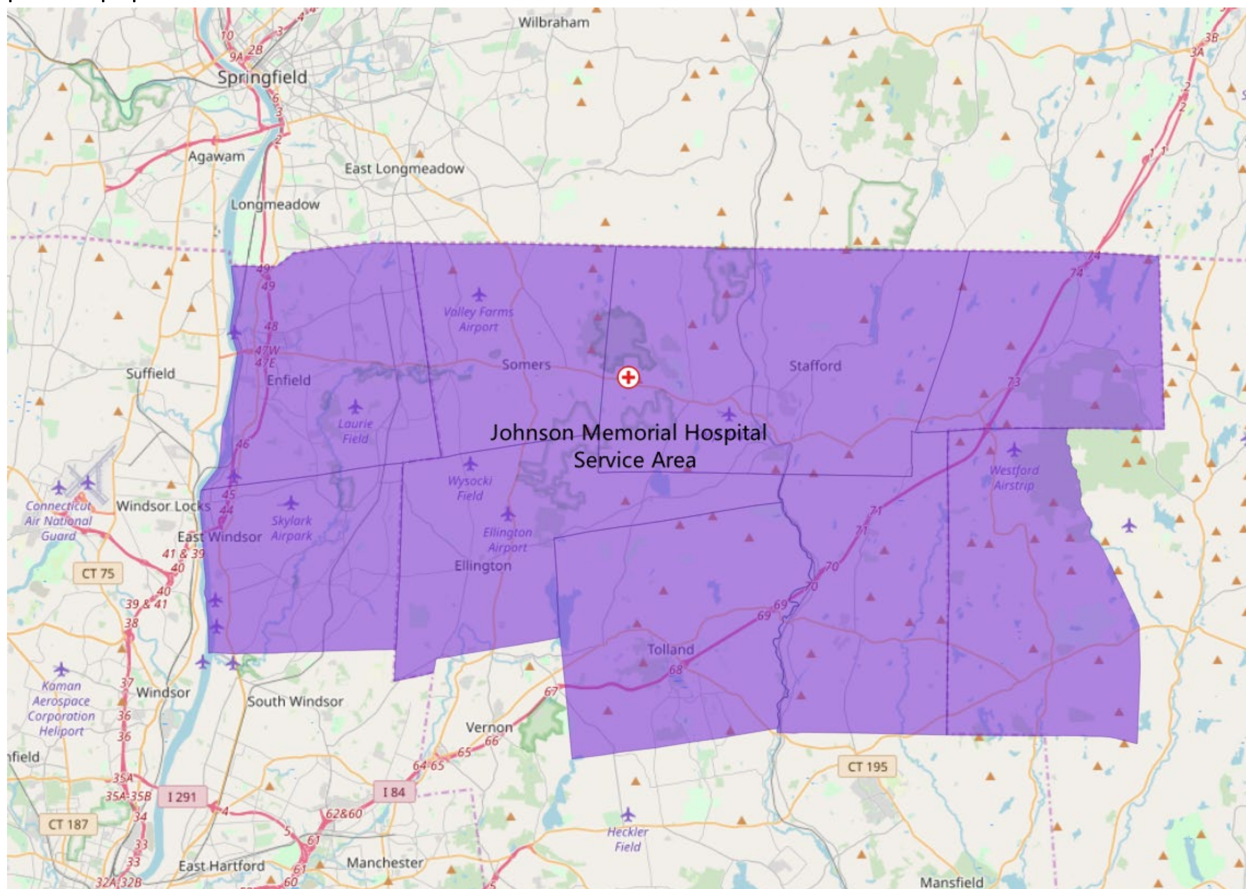
The purpose of the 2019 Community Health Needs Assessment (CHNA) was to identify health needs within the Johnson Memorial Hospital service area based on data gathered from citizens and health care providers. A community phone survey provided community member input, revealing needs not apparent in high-level data sources. Additional information was gathered from local health departments, conversations with key informants, and other sources.

Health needs identified through this process include substance abuse/mental health, aging population and isolation, homelessness, smoking/vaping, and obesity. A Strategic Plan for Community Transformation will be designed to address those needs with activities that align with Johnson Memorial Hospital's mission, vision and values. Strategic plan goals, objectives and outcome measures will be reviewed and adjusted annually to ensure their ongoing effectiveness in addressing the health needs of the community.

COMMUNITY SERVED

Geographic Area Served

The Johnson Memorial Hospital service area covers 320 square miles across 14 U.S. Census zip codes in 9 Connecticut municipalities. The area includes the municipalities of Ashford, East Windsor, Ellington, Enfield, Somers, Stafford, Tolland, Union, and Willington. The service area for this CHNA matches the service area defined for Johnson Memorial Hospital by the State of Connecticut. The State defines hospital service area as the area containing 75% of a hospital's patient population.



Population Served & Population Demographics

Johnson Memorial Hospital's service area is home to an estimated population of 121,117 residents. At 377 persons per square mile, the area is more densely populated than the national average of 91 persons per square mile.

Race and Ethnicity

The population is mostly white (88%), followed by Black/African American (5%), and Asian (3%). Smaller portions of the population are multiple races (3%), uncategorized race (1.6%), Native American. 6% of the population is of Hispanic/Latino ethnicity. This makes the Johnson service area less diverse than the state as a whole (CT Total 77% white, and 15% Hispanic/Latino).

Sex

52% of the service area is male and 48% is female, compared to the State at 49% and 51% respectively. The slight majority of females at the State level reflects a typical difference associated with longer female life expectancy. The service area ratio with a slight majority of males suggests a factor may be causing males to enter the area or females to

leave the area. The difference may be linked to employment opportunities, perceptions about the area for raising children, or other factors.

Age

20% of the Johnson service area is younger than 18 years old and 15% is over 64 years of age, comparable to the state at 21% and 16% respectively. Both reflect an aging population when compared to 2016 values.

Education

The service area has a lower rate of higher education with only 33% of residents age 25+ having a bachelor's degree or higher, compared to 38.43% for the State. However, there are more high school graduates with 93% of residents having a high school diploma or higher, compared to 90% for the State.

Income

Median household income is not specifically available for the service area. The closest geographic availability is at the county level. Tolland County has a median household income of $81,312, higher than the State level of $73,781.

Unemployment:

Unemployment is lower in the service area at 3.1% compared to 3.3% for the State.

HEALTH FACILITIES AND SERVICES PROVIDED

Johnson Memorial Hospital

Johnson Memorial Hospital is a general, acute-car , 92-bed hospital located in Stafford Springs Connecticut, and a member of Trinity Health of New England. It offers a comprehensive span of inpatient and outpatient services, including medical and surgical care, obstetrics and gynecology, pediatrics, mental health, emergency and intensive care, oncology, rehabilitation, pain management, and more. The hospital achieved the maximum award for its quality of care from The Joint Commission, which accredits Health Care organizations.

Johnson Occupational Medicine Center

Johnson Occupational Medicine Center is an occupational health facility in Enfield, CT which provides occupational and industrial medicine services to local businesses.
Johnson Surgery and Outpatient Services Center
An outpatient department of Johnson Memorial Hospital located on the Enfield, CT campus, offering technologically advanced same-day surgical procedures. The Center also offers a state-of-the-art diagnostic imaging center, which features a full range of radiology, nuclear medicine and laboratory services,

Johnson Memorial Cancer Center

The Johnson Memorial Cancer Center is a state-of-the-art facility located on the Enfield, CT Campus that offers a full range of cancer care services. Located within the Cancer Center is the 14-chair Karen Davis Krzynowek Infusion Center (KDKIC), which provides chemotherapy and biotherapy administration, transfusions, injections and other outpatient services in a comfortable environment. KDKIC also houses a pharmacy and laboratory onsite. Saint Francis Hospital and Medical Center provides medical directorship for the Johnson Memorial Cancer Center.

Advanced Wound Center
The Advanced Wound Center, which is located on the Enfield, CT campus, offers expert care for difficult wounds. Its team of physicians, nurses, dietitians and other staff trained in wound care evaluation and treatment, including hyperbaric oxygen therapy.

Cardiac and Pulmonary Rehabilitation
Johnson Memorial Hospital's Cardiac and Pulmonary Rehabilitation Center is located in Enfield, CT. The Cardiac Rehabilitation Program is for those who have had a heart attack, heart surgery or angioplasty. Johnson Memorial Hospital's Pulmonary Rehabilitation Program helps patients' combat chronic obstructive pulmonary disease through education and exercise. It helps patients enjoy an improved quality of life and fewer hospital admissions. Services include phase II, III pulmonary rehabilitation, and the Better Breathers Club support group.

Johnson Chemical Dependency
The Chemical Dependency Program is part of the psychiatric services offered by Johnson Memorial Hospital. The outpatient program, located in Enfield, CT treats individuals who have substance abuse disorders, as well as those with co-occurring disorders.

Laboratory and Pathology Services
Johnson Memorial Hospital's Laboratory is accredited by the College of American Pathologists. The hospital offers outpatient collection centers in Stafford Springs, Enfield and Tolland.

Outpatient Rehabilitation
Johnson Memorial Hospital's Physical Medicine and Rehabilitation Services enjoy a reputation for excellence, successfully restoring health, and functional capabilities to thousands of area residents coping with a vast array of conditions or injuries. Outpatient Physical Medicine and Rehabilitation services are provided in Enfield and Stafford.

Sleep Laboratory Center
The Sleep Center, which is accredited by The American Association of Sleep Medicine, is equipped with the most advanced software and hardware technology available and features a more expansive array of services than found at most sleep laboratories. The Sleep Laboratory is located in Enfield, CT.
The CHNA Process and Methods Used

METHODS AND DATA SOURCES
The data collection process began with the identification of a team representing healthcare, community development, government and local groups and community foundation agencies. Work officially began with an agreement among these groups to review existing data sets; engage DataHaven, a nonprofit data-collection organization specializing in public health, to complete telephone interviews of community residents; involve program participants and present its findings to "Key Informants" (community leaders and leaders of partner agencies).
All aspects of the information-gathering process were designed to reach beyond the walls of the hospital to get answers to the questions: Who? What? Where? How? The process focused on collecting significant community input to gain a better understanding of what affects the health of the Johnson Memorial Hospital service area. Local level data, collected with telephone interviews and informal discussions with community leaders, identified the greatest needs and challenges in the area. Additional information was gathered from key informants through a presentation of DataHaven

Community Health and Wellbeing survey results, and group conversations among key informants. Key informant input provided direction to the prioritization process and informed discussions among hospital staff. The resulting assessment will serve as a starting point for databased goals and strategies to address community health needs in the service area.

Findings from the CHNA will be used to develop a balanced portfolio of interventions addressing Center for Disease Control and Prevention (CDC) categories for health influencers, composed of:

- Socioeconomic factors and the physical environment
- Health behaviors
- Clinical care
- Analysis of Existing Data Sets

Data Resources

Connecticut County Health Rankings

Connecticut County Health Rankings were reviewed for 2018 and 2019 with regard to Health Outcomes and Health Factors. Health Outcome rankings are based on mortality and morbidity measures (weighted equally) and Health Factors are weighted on scores with regard to behavioral health, clinical, social, economic, and environmental factors. Of the eight counties in Connecticut, Tolland County received a Health Outcomes rank of #1 and a Health Factors rank of #2 in both 2019 and 2018. Hartford County received a Health Outcomes rank of #6 and a Health Factors rank of #5 in both 2019 and 2018. Windham County received the worst overall rank in the State at #8, with a Health Outcomes rank of #8 and a Health Factors rank of #8 in both 2018 and 2019.

The 2018 ALICE Report

This study is based on 2016 data and conducted by the Connecticut United Ways. The study, carried out by a team of researchers in collaboration with a Research Advisory Committee, utilizes substantial community social and economic data to calculate indicators of financial viability and marginality, such as the "ALICE Threshold". ALICE is an acronym for Asset Limited Income Constrained Employed; the ALICE Threshold is "the actual cost of basic household necessities on a per county basis'" i.e., the adequate survival level above the federal poverty guidelines. This metric expands poverty to include the population known as the "working poor", those that do not earn enough to meet their basic needs. Data are provided by state, by county and municipality.
http://alice.ctunitedway.org/wp-content/uploads/2018/08/CT-United-Ways-2018-ALICE-Report-8.13.18

The US Center for Disease Control and Prevention

The US Center for Disease Control and Prevention (CDC) works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. CDC researchers, scientists, doctors, nurses, economists, communicators, educators, technologists, epidemiologists and many other professionals all contribute their expertise to improving public health.
http://www.cdc.gov

The Uniform Crime Reporting Program

The Uniform Crime Reporting Program (UCR) periodically measures crime in the United States. It does this by counting offenses brought to the attention of law enforcement agencies. The program's objective is to produce reliable crime statistics for law enforcement administration, operations, and management. Criminal justice professionals, legislators, scholars, and others concerned with crime problems make frequent use of UCR generated statistics. The UCR Program measures the extent, fluctuation, and distribution of crime in the United States.

https://www.dpsdata.ct.gov/dps/ucr/data/2017/Crime%20in%20Connecticut%202017.pd

Community Input Resources

The CHNA research team engaged community member input through a comprehensive randomized telephone survey conducted by DataHaven, and informal discussions with "Key Informants"—community leaders and leaders of partner agencies.

The 2019 DataHaven Community Health and Wellbeing Survey

The 2019 DataHaven Community Health and Wellbeing Survey was conducted by DataHaven, a nonprofit public service organization, and was supported by 90 state and local government, healthcare, academic and community partners. DataHaven, whose mission is "to improve quality of life by collecting, interpreting and sharing public data for effective decision-making," designed and conducted a telephone survey that collected information from a sampling of 32,000 residents of Connecticut. The sample drawn with a random-digit dialing methodology and included subjects from all 169 Connecticut towns. Questions derived from a variety of standard surveys yielded data on residents' perceptions of their wellbeing, quality of life, neighborhood, employment and public health. The raw data and weighted data aggregated by various demographic variables are available online. This study represents an enormous resource for healthcare and social service agencies throughout Connecticut.

The DataHaven Community Health and Wellbeing Survey data was not readily available for the Johnson Memorial Hospital service area geography. However, data was available for the North Central District Health Department (NCDHD) geography. The team decided to utilize NCDHD data based on good stewardship. Although the NCDHD area is not an exact match to the Johnson Memorial Hospital service area, it has significant overlap. The team deemed Johnson Memorial Hospital's limited resources would be better spent on implementing improvement strategies than on obtaining data for a more precise geography. Data from the NCDHD geography will align improvement efforts with efforts of the predominant health department in the area. Additionally, the NCDHD provides consistent geographic bounds for examining trends in the future, compared to the variable service area defined by the State. This CHNA refers to NCDHD DataHaven survey data as the Johnson Memorial Hospital service area. Approximately 700 residents were surveyed in the NCDHD area.

Collaborative Partners

- The North Central District Health Department
- The North Central District Health Department Health Coalition
- Greater Hartford CHNA Key Informants
- DataHaven
- Hospital Staff
-

Written Comments on Previous CHNA

There was a large amount of staff turnover at Johnson Memorial Hospital since the 2016 CHNA. As a result, none of the staff involved in the 2016 CHNA were present to participate in the 2019 CHNA. During CHNA meetings input was sought from Johnson Memorial Hospital team members, including those that work closely with patients through case management. Team members indicated a consensus of understanding why the previous CHNA prioritized its needs, but did not have written comments to provide. The team agreed upon the importance of continuity in the CHNA process in the future.

Community Health Need Prioritization Process

The CHNA team compiled input collected from the North Central District Health Department (NCDHD), the North Central District Health Department Health Coalition, Greater Hartford CHNA Key Informants, members of the community, and hospital staff. Community input, presented to health department officials and hospital staff, informed discussions about the community. Further prioritization discussions with hospital staff considered health department input and led to closely aligned hospital and health department priorities. A summary of the process can be found in exhibit 2. The group analyzed the data and organized it using a modified version of the "Invest in Your Community: 4 Considerations to Improve Health and Wellbeing for All", as a guide and framework for its work. The "Invest in Your Community", graphic model for community health and wellbeing published by the federal Centers for Disease Control and Prevention (CDC),which can be found on page 28 of the CHNA, proved to be an effective way to frame the data and organize the findings into focused categories that impact health.

The team focused on the CDC's breakdown of the elements of good health:

- Socioeconomic Factors and Physical Environment, which accounts for 50% of the health "pie"
- Health Behaviors, which account for 30%
- Clinical Care, which accounts for 10%

Please note, that the CDC model considers socioeconomic factors and the physical environment as two separate elements of good health; however, the CHNA team chose to consider them together, as they are often interdependent.

DATA FINDINGS

Socioeconomic Factors and Physical Environment

Combined, socioeconomic factors and physical environment make up 50% of the influences on health according the CDC model of community health and wellbeing. Good health can be credited to a combination of factors: genetics, lifestyle, environment, medical care, education, and most importantly, location. Where someone lives is the greatest predictor of their health. While people are born with their genetic makeup, other factors that contribute to health depend on resources like a good education, safe neighborhood, employment opportunities, affordable housing, appropriate medical care, community support, and an environment that allows for good lifestyle choices. These factors are known as the "social influencers of health." Good lifestyle choices are easier to make when there is enough money available to follow through on them; healthy environments are likewise more easily accessible when an individual or household has the income to afford them.

Employment & Poverty

Connecticut is rarely associated with significant poverty. The 2013-2017 American Community Survey suggests economic conditions in the service area are better than at the State and National level. Community Commons area estimates found 6.29% of the population is below the Federal Poverty Level, compared to 10.06% for the State and 14.58% for the Nation. Median household income is not available through Community Commons area estimates, but is available at the county level. The median income for Hartford, Tolland, and Windham Counties are $69,936, $81,312, and $62,553 respectively, compared to $73,781 for the State and $57,652 for the Nation. However, economic conditions in the State and in the service area are more complex than high-level data points reveal.

According to the 2018 ALICE Report, when combined, the numbers of households living below the federally defined poverty level and those living at the ALICE Threshold (Asset Limited Income Constrained Employment) reveal that 40% of households in Connecticut struggle to support themselves compared to 35% in the 2014 Alice Study of Financial Hardship. Within the service area, 42% of households in Stafford, and 41% of the households in Willington are below the Alice Threshold. Despite ongoing economic recovery from the Great Recession, more people in the State are struggling to meet their basic needs. This is partially due to an increasing cost of living. The report defines a household survival budget as the "bare-minimum cost to live and work in the modern economy". It found that the cost of a survival budget

for a family of 4 increased 23% from 2010–2016, outpacing the 12% increase in median earnings in the State, and the National 9% increase from inflation. The economic recovery did little to benefit low-income individuals in the State, representing a widening income gap.

BARRIERS TO HEALTHCARE ACCESS

If Postponed	Connecticut	NCDHD
Worried about the cost	50%	59%
Doctor or hospital wouldn´t accept health their insurance	18%	21%
Health plan wouldn´t pay for the treatment	29%	40%
Couldn't get an appointment soon enough	30%	26%
Couldn't get there when the doctor's office or clinic was open	25%	32%
Too busy with work or other commitments to take the time	53%	50%
Didn't have time because of caregiving obligations	22%	23%
Didn´t think the problem was serious enough	47%	53%
Note: Remaining percentage in each question answered "No", "Don't know", or "refused")		
***DataHaven Health and Wellbeing Survey**		

*2019 ALICE Report

Many interviewees said that access to the resources needed for good health is based on economics – specifically, on an individual's or household's income.

According to the DataHaven community survey, 15% of residents in the service area chose a rating of "poor," when asked "Ability of residents to obtain suitable employment". According to that same survey, 24% of participants answered yes when asked "Was there any time during past 12 months when you put off or postponed getting medical care you thought you needed?" Of those that answered yes, 59% were worried about the cost.

Key Informants for this CHNA maintained that poverty is the underlying factor in all the other barriers to good health. This affects all aspects of life and makes it difficult for individuals to meet their basic needs, including food. A troubling 15% of participants from the DataHaven Health and Wellbeing survey reported not having enough money to buy food for themselves and/or their family; and 29% of those respondents said this is a monthly event.

As mentioned, underemployment and lack of financial resources provide barriers to health care in this area, which leads to other issues and tough decisions for families. Both also lead to issues with health insurance, delayed medical appointments and housing. Although local towns have services to help people with underemployment and limited financial resources, many ALICE Households do not meet the established criteria and therefore do not qualify for assistance. These people may rely on the food bank, other local services and their church rather than social services.

FOOD INSECURITY

Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?		NCDHD
Yes	13%	15%
No	87%	85%
Don't know	0%	0%
Refused	0%	0%

How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?	Connecticut	NCDHD
Almost every month	28%	29%
Some months but not every month	39%	53%
Only 1 or 2 months	33%	17%
Don't know	0%	1%
Refused	0%	0%
*DataHaven Health and Wellbeing Survey		

Education

Educational attainment is correlated with employment and poverty. The service area is relatively well educated. According to County Health Rankings Tolland, Hartford, and Windham Counties have high school graduation rates of 92%, 86%, and 85% respectively. 75% (Tolland County), 69% (Hartford County), and 62% (Windham County) of those ages 25-44 have some post-secondary education. For comparison, the National high school graduation rate is 85%, and 65% of those age 25-44 have some post-secondary education.

The rural nature of the service area means there are few job opportunities available. This is especially true for those with less than a Bachelor's degree. 10% of respondents with a bachelor's degree reported it was difficult to find suitable employment in the area. 21% with some college education or an associate's degree, and 17% with a High School education or less, reported the same.

Neighborhoods & Safety

Percent that Somewhat Agree or Strongly Agree	Connecticut	NCDHD
There are places to bicycle in or near my neighborhood that are safe from traffic, such as on the street or on special lanes, separate paths or trails.	62%	64%
I do not feel safe to go on walks in my neighborhood at night.	29%	30%
People in this neighborhood can be trusted.	83%	83%
*DataHaven Health and Wellbeing Survey		

Violence and neighborhood safety have a direct impact on health. 2017 Connecticut Uniform Crime Reporting (UCR) Program data indicates neighborhoods and towns in the Johnson Memorial Hospital service area are extremely safe when compared to the rest of the country. The combined violent and property crime rates per 1,000 residents in Tolland County, Hartford County, and Windham County are 0.84, 2.58, and 0.84, respectively. The rates in Tolland county and Windham County are well below the state rate of 2.01 per 1,000 residents state rate, and Hartford County is below the national rate of 2.76 per 1,000 residents. The survey conducted by DataHaven supports the UCR data, showing that residents believe they live in a safe community. Only 30% of respondents somewhat or strongly agree that they do not feel safe to go on walks in their neighborhood at night, compared to 29% for the State. And, only 3% of respondents thought the police do a poor job of keeping residents safe, compared to 4% for the State. Hospital staff with local

knowledge attributed the slightly elevated response indicating residents did not feel safe walking at night to the rural nature of the service area (concern of encountering dangerous animals such as bears, and lack of sidewalks along roads).

The job done by the police to keep residents safe	Connecticut	NCDHD
Excellent	31%	26%
Good	44%	49%
Fair	16%	19%
Poor	5%	3%
Don't know enough about it in order to say	4%	3%
Refused	0%	0%
*DataHaven Health and Wellbeing Survey		

Transportation

Most residents in the Johnson Memorial Hospital service area have their own car or have access to a car. Although bus service is available in select areas, it tends to be infrequent, slow, and unreliable. Ride hailing apps like Uber and Lyft fill some of the transportation needs, however, they represent an additional expense that increases with distance from urban centers. The lack of public transportation negatively affects the health of people without a car and those who are unable to drive by acting as a barrier to accessing health care and other services. Without public transportation or a personal vehicle, it is difficult to get to medical appointments and buy healthy food at grocery stores. Additionally, limited mobility can affect mental health by creating a sense of isolation, and contributing to depression and loneliness. 15% of respondents in the service area were unable to go somewhere because they lacked access to reliable transportation in the previous 12 months, compared to 12% for the State. Of these 46% of respondents in the service area answered that they had missed medical services because of it, compared to 38% for the State.

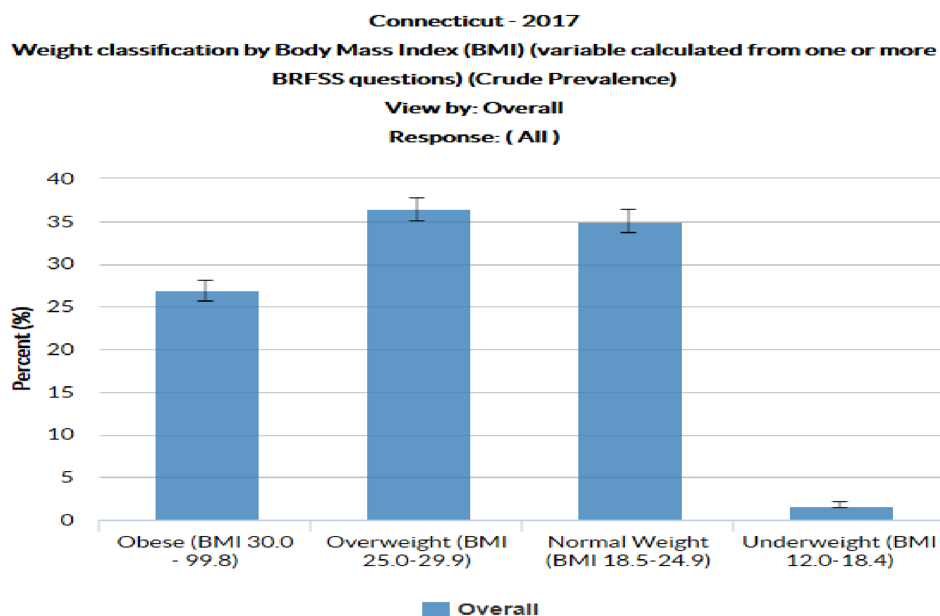
Most people have access to transportation but the small percentage who do not are often from the most vulnerable population. There are a few transportation services for this population such as car or taxi services, but there are many limitations. People need to notify the services ahead of time and even so, the service may not be available due to high demand. The cost of these services is high relative to the income of this vulnerable population. This can make it difficult if someone has multiple appointments in one week or if someone has an acute illness. In some cases, the criteria to be eligible for a ride is so strict that people do not qualify for the services.

Do you have access to a car when you need it? Would you say you have access…	Connecticut	NCDHD
Very often	82%	81%
Fairly often	6%	6%
Sometimes	5%	6%
Almost never	2%	2%
Never at all	4%	4%
Don't know	0%	0%
Refused	0%	1%
DataHaven Health and Wellbeing Survey		

In the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?	Connecticut	NCDHD
Yes	12%	15%
No	88%	85%
*DataHaven Health and Wellbeing Survey		

Health Behaviors
In the CDC's model for community health and well-being, healthy behaviors account for 30% of the "health equation". The term refers to lifestyle choices that influence an individual's health.
Yet, as the CHNA research team discovered, individual choices are profoundly affected by socioeconomic factors and physical environment. Simple activities like walking around the block for exercise or sending the kids to play in a park are out of the question for many residents in the Johnson Memorial Hospital service area because sidewalks are limited and most of the population lives outside of the walking distance for parks. Likewise, choosing healthy foods to prevent or fight obesity can be a struggle for those with limited funds who do not have easy access to healthy choices.

Obesity
The health risks of obesity are well known; it has been linked to diabetes, heart disease, and high blood pressure. According to 2017 CDC Behavioral Risk Factor Surveillance System (BFRSS) data, Connecticut has a 26.9% obesity rate among adults compared to 31.3% Nationally, 26.9% is a net increase of 0.9% from 26% in 2016, and reflects the trend of an increasing rate of obesity. Although Connecticut has a lower rate than the Nation does, it remains a key concern among providers.



Sixty eight percent of DataHaven Health and Wellbeing survey respondents in the Johnson Memorial Hospital service area were either overweight or obese, compared to 65% of respondents at the State level. In the service area 24% of respondents answered that on an average week they do not exercise a single day, compared to 20% for the State. The obesity problem is apparent in the top conditions for inpatient hospitalizations during 2017 and 2018 at Johnson Memorial Hospital. 4 of the 5 top conditions are highly correlated with obesity: Major Depressive Disorder (2), Alcohol Dependence (3), COPD (4), Heart Failure (5).

Body Mass Index & Exercise Data

BMI (Based on height and weight)	Connecticut	NCDHD
Underweight	2%	2%
Normal weight	33%	31%
Overweight	36%	37%
Obese	29%	31%
In an average week, how many days per week do you exercise?	Connecticut	NCDHD
None	20%	24%
One	8%	7%
Two	14%	13%
Three	19%	18%
Four	11%	10%
Five	11%	11%
Six	4%	3%
Seven	13%	14%
Don't know	0%	0%
Refused	0%	0%
*DataHaven Health and Wellbeing Survey		
*DataHaven Health and Wellbeing Survey		

Substance Abuse

The CHWB team connected substance abuse to many other health need

categories. Input ranging from individual stories told by hospital staff to its prioritization by the NCDHD emphasized the severity and complexity of substance abuse in the service area. Input sources broke substance abuse issues down into smoking/vaping, alcohol, and other substances. Both hospital staff and the NCDHD identified the opioid epidemic as a persistent problem in the community. DataHaven health and well-being survey results supported beliefs held my medical staff with input directly from community members, revealing elevated rates of smoking, binge drinking, and other substance abuse in the service area.

Smoking

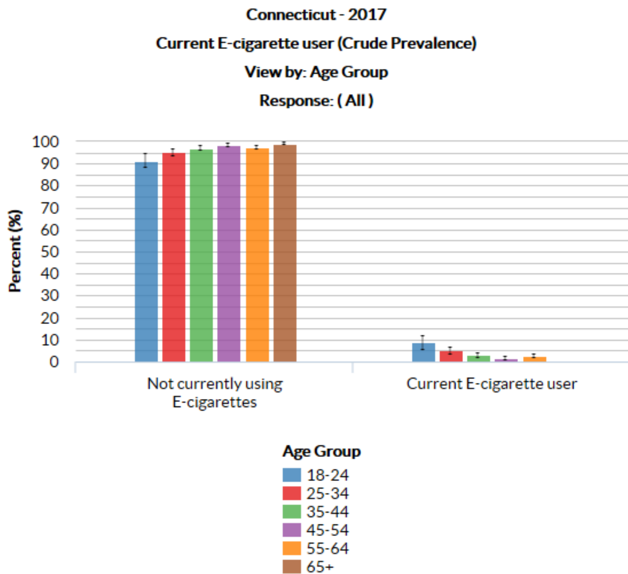
Smoking, an individual health choice, causes a spectrum of serious and life threatening illnesses. It can lead to a host of lung diseases including cancer, as well as cardiovascular disease. Yet smoking is a habit among both adults and young people. It is well known that becoming addicted at a young age makes it harder to quit smoking in adulthood. Changes in smoking regulations over the past decade have affected overall smoking rates, but improvements have been marginal, highlighting the challenges to further impact the behavior. Socioeconomic forces can influence smoking, but its addictive properties reach across economic classes. According to 2017 CDC BFRSS data, 12.7% smoking rate among adults in the State, compared to 17.1% nationally. Overall, Connecticut ranked 3rd lowest among all states.

Have you ever tried using vapor or vape pens, electronic cigarettes or E-cigarettes (such as blu, Vuse), even just one time in your entire life?	Connecticut	NCDHD
Yes	19%	24%
No	81%	76%
Don't know	0%	0%
Refused	0%	0%
*DataHaven Health and Wellbeing Survey		

Vaporizers (also known as E-Cigarettes) are an alternative means of consuming Nicotine. Instead of smoke, vaporizers emit aerosolized compounds. The lack of smoke and less obtrusive odor make the devices discrete. People do not perceive vaping as dangerous when compared to smoking, despite evidence it carries many of the same health risks as smoking. Vaporizer marketing targets younger consumers with flavored products. In addition to health risks directly associated with vaping, there is the secondary risk that vaping could increase the odds of young people becoming smokers later in life. While Connecticut extended the law banning smoking in public places to vaping, it has not expanded the law banning smoking in a vehicle with children to include vaping.

Vaping is a growing concern, particularly for the younger population. 2017 CDC BFRSS data found 3.2% Connecticut residents were current E-Cigarette users. When broken down by age range, 8.7% of those age 18-24, and 5% of those 25-34 were current E-Cigarette users. 2018 National Youth Tobacco Survey data found that 20.8% of high school students, and 4.9% of middle school students were current users of vaping products. The DataHaven Community Health and Wellbeing Survey found that 24% of respondents in the service area had tried vaping or E-Cigarettes, compared to 19% for the State. Of those that had tried vaping, 10% answered that they had vaped in the last 30 days, compared to 8% for the State.

Alcohol – Binge drinking was defined as having 5 or more drinks for men or 4 or more drinks for women on an occasion. Respondents to the DataHaven Health and Wellbeing survey reported substantially more binge drinking behavior than the State. Not only did more report they engage in binge drinking, they also reported more frequent binge drinking. Only 59% of respondents reported they had not engaged in binge drinking in the previous 30 days, compared to 71% for the State. 41% of respondents in the service area reported binge drinking with 27%, 7%, and 5% answering that they did so 1-5, 6-10, and more than 10 times, respectively. 29% of respondents in the State reported binge drinking with 22%, 3%, and 3% answering that they did so 1-5, 6-10, and more than 10 times, respectively.



Footnote

* Prevalence estimate not available if the unweighted sample size for the denominator was < 50 or the Relative Standard Error (RSE) is > 0.3 or if the state did not collect data for that calendar year.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Considering all types of alcoholic beverages, how many times during the past 30 days did you have <5 for men 4 for women> or more drinks on an occasion?	Connecticut	NCDHD
None	71%	59%
One to five	22%	27%
Six to ten	3%	7%
More than ten	3%	5%
Don't know	1%	1%
Refused	1%	1%
*DataHaven Health and Wellbeing Survey		

Other Substances - The misuse and abuse of prescription medication and opioid-based drugs has increased significantly over the years to become a public health crisis in Connecticut. In 2017 the opioid epidemic was declared a National public health emergency. Misuse or abuse of prescription medication includes taking these medications in higher doses than prescribed, for a purpose other than that for which it was prescribed, or taking a medication that was prescribed for another person or obtained off the streets. The majority of these deaths are linked to overdose of prescription opioid painkillers, and misuse/abuse of painkillers often leads to heroin abuse. Drug overdose deaths are notoriously hard to count. Pending investigations, and other factors can delay or obscure data. At the time of this CHNA, the most recent estimate available from the CDC was for 2017. The CDC found that there were 1,072 drug-induced mortalities during 2017 in Connecticut. When adjusted for age, this translates to a rate of 30.9 deaths per 100,000 residents, 42% higher than the 2017 national rate of 21.7 deaths per 100,000 residents, and an increase of 12.8% from 2016 to 2017. Although preliminary 2018 CDC estimates suggest there was a 1.3% decrease in Connecticut drug abuse mortalities from 2017 to 2018, the problem remains persistent

Clinical Care

The CDC's model of community health and well-being identifies one other factor: clinical care. Clinical care encompasses the many types of health care services that modern society relies on, from preventive care to treatment - everyday illnesses to serious, chronic conditions - mental health care to dental care and more.

Access to providers and necessary preventives and treatments is the foundation of clinical care. Yet, the data collected for this CHNA showed that, as with other aspects of the CDC Invest in Your Community model, socioeconomic barriers can and do interfere with access to care.

Socioeconomic Barriers to Care

The Affordable Care Act has done much to ensure that citizens can enroll in a health insurance plan, but it is only part of the equation. As with food insecurity, lack of money and reliance on public options for transportation can and do interfere with access to care. Further, so can the parameters that are set by insurance plans: co-pays, high-deductibles, referral policies and specific “in-network” providers.

Finally, certain providers may not be available in our community due to the population, or a provider’s business hours might not match the clients’ needs. All of these socioeconomic realities can result in people postponing needed clinical care.

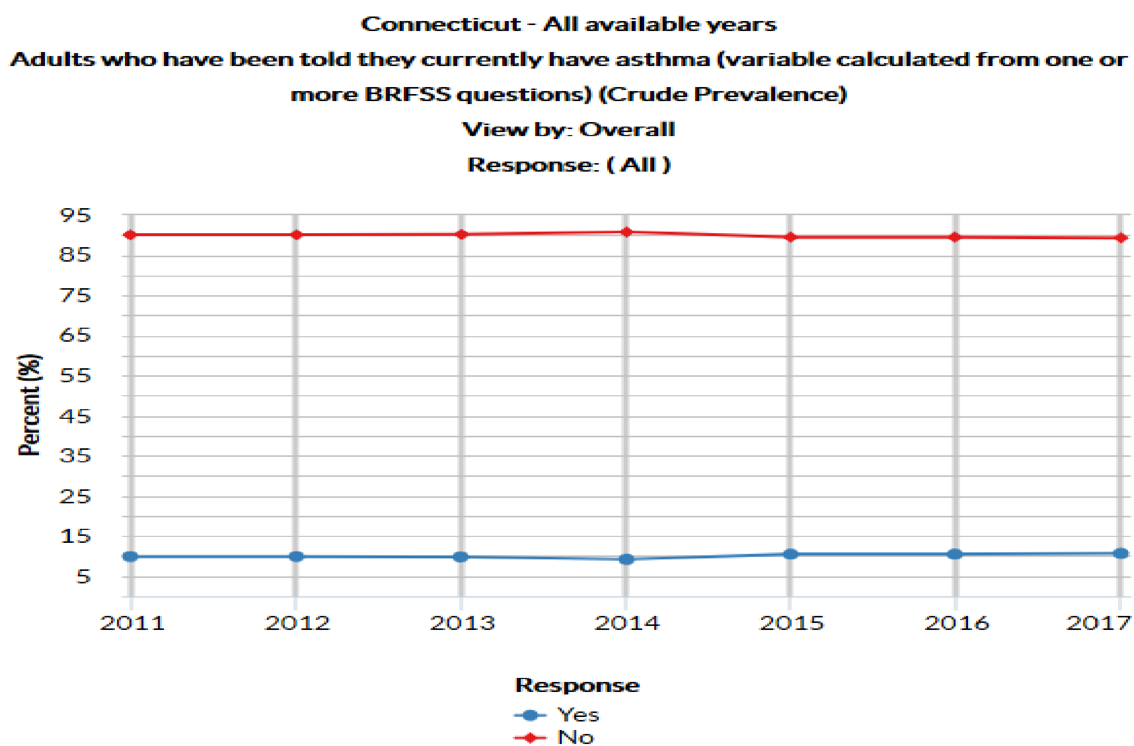
Access to care continues to be a problem in both our service area and the state of Connecticut as a whole. In Johnson Memorial Hospital’s service area, 24% of residents reported delaying care in the past 12 months, primarily due to finances, availability of care and insurance concerns.

Was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?	Connecticut	NCDHD
Yes	23%	24%
No	77%	76%
Don't know	0%	0%
Refused	0%	0%
*DataHaven Health and Wellbeing Survey		

If Postponed	Connecticut	NCDHD
Worried about the cost	50%	59%
Doctor or hospital wouldn´t accept health insurance	18%	21%
Health plan wouldn´t pay for the treatment	29%	40%
Couldn’t get an appointment soon enough	30%	26%
Couldn't get there when the doctor's office or clinic was open	25%	32%
Note: Remaining percentage in each question answered “No”, “Don’t know”, or “refused”)		
*DataHaven Health and Wellbeing Survey		

Health Promotion
Both poverty and barriers to health exacerbate many of health problems identified during this CHNA. For example, diabetes is a disease where control is dependent on at least two of the major barriers to community health (food insecurity and access to clinical care).

Asthma
2017 CDC BFRSS data indicates 10.7% of adults
in Connecticut have been told they have asthma, compared to 7.7% nationally. The reported rate of asthma has remained relatively constant in Connecticut since 2011. According to an analysis done by DataHaven of State level CHIME Data, the number of asthma patient encounters in Connecticut increased significantly from approximately 375 encounters per 10,000 patients in 2012-2014 to 486 encounters per 10,000 patients in in 2015-2017. The DataHaven Community Health and Wellbeing Survey found an elevated asthma rate of 13% in the service area, compared to 10% for the State.



Behavioral Health
Mental health is interrelated with social influencers of health, health behaviors, and clinical care. Mental health can have profound effect on quality of life. According to 2017 CDC BFRSS data, 17.6% of Connecticut adults were previously told they have a form of depression, compared to 20.5% nationally. DataHaven Community Health and Wellbeing survey data suggests depression is more common than is apparent in high-level statistics. 37% of service area respondents indicated they had experienced a lack of interest in doing things and 37% reported they had felt down, depressed, or hopeless in the 2 weeks prior to the survey. State respondents reported lower rates at 33% and 30% respectively.

Over the past 2 weeks have you had little interest or pleasure in doing things	Connecticut	NCDHD

Not at all	65%	61%
Several days	20%	21%
More than half the days	7%	10%
Nearly every day	6%	6%
Don't know	1%	1%
Refused	1%	0%
*DataHaven Health and Wellbeing Survey		

Over the past 2 weeks have you felt down, depressed, or hopeless?	Connecticut	NCDHD
Not at all	68%	61%
Several days	21%	24%
More than half the days	5%	7%
Nearly every day	4%	6%
Don't know	1%	1%
Refused	1%	1%
*DataHaven Health and Wellbeing Survey		

Quantitative data and discussions with key informants highlighted the magnitude of the mental health issue. Key informants consistently identified mental health as interrelated with other health issues, including an aging population, substance abuse, homelessness, transportation, poverty, and obesity. They identified the aging population, and the substance using population as the two populations they encounter most frequently with mental health challenges.

Key informants detailed a common scenario faced by the aging population. Many elderly community members no longer have families nearby. Although the family may occasionally visit, they do so rarely and they do not provide care. These elderly community members typically live alone, in poverty, and cannot afford a car. Because of these factors, they spend long periods completely alone at home. Social isolation and loneliness contribute to increased depression and other health issues. The lack of public transportation, depression, and poverty translate to missed medical appointments, poor compliance with treatment, and frequent readmission.

Cardiovascular Disease (heart failure)

DataHaven analysis of 2015-2017 CHIME data reported a heart disease encounter rate of 240 per 10,000 residents, and an age adjusted hypertension encounter rate of 1,261 per 10,000 residents at the State level. The DataHaven survey respondents had rates of high blood pressure, and heart disease similar to the State. 29% reported having high blood pressure, and 5% reported cardiovascular disease, compared to 30% and 6% for the State, respectively.

Cardiac issues can cause a ripple effect that touches every area of life, which is especially hard for those who live in poverty or near-poverty. This, in turn, affects their well-being dramatically. For example, cardiac issues can result in mobility problems, which affect an individual’s ability to get to the doctor, move around in the house and even bathe.

Diabetes
DataHaven analysis of 2015-2017 CHIME data reported a diabetes encounter rate of 639 per 10,000 residents, with an uncontrolled diabetes encounter rate of 57 per 10,000 residents at the State level. 9% of Data Haven survey service area respondents reported diabetes, compared to 10% for the State. Diabetes is often the result of other health concerns, including obesity, limited access to healthy food, and lack of physical activity. As with obesity, behavior changes related to diabetes is a long process and requires patients to remain motivated to make lasting changes.

Significant Community Health Needs
The top health concerns in the Johnson Memorial Hospital service area identified through analysis of existing data, community survey results and key informant interviews.

Substance abuse, smoking, and obesity (behavioral health, diabetes, and heart failure) were also identified as health concerns in the 2016 Johnson Memorial Hospital CHNA. Changes in the defined service area make it impossible to make direct comparison of health statistics, and causal program evaluation to determine the impact of programs is beyond the scope of this CHNA. However, efforts since the 2016 CHNA led to successfully raising the statewide minimum purchase age for tobacco to 21, the implementation of efforts to increase access to healthcare, and health education programs for the community. These impacts are a step towards progress. Lessons learned through these impacts will aid in the development of the 2019 Community Health Improvement Plan (CHIP).

Going Forward: Making our Community a Healthier Place to Live and Work
Many of the key informants consulted during this CHNA had strong opinions on the ingredients for a healthy community. These typically focused directly on the socioeconomic and clinical care factors that affect health outcomes. The socioeconomic and clinical care factors mentioned most often were:

- Adequate employment that pays enough for people to support their families
- Safe and Affordable Housing/Neighborhoods
- Healthy food options and information about nutrition
- Access to health care and physicians
- Access to health education services
- Supportive community with high community involvement

Another common theme was the need for communication and dissemination of information between the various organizations and local and state agencies to each other and residents.

Johnson Memorial Hospital will use the information gathered from the 2019 CHNA to develop a Community Health Improvement Plan (CHIP). The CHIP will be developed within the framework of the CDC's model for community health and well-being. Johnson Memorial Hospital will work with community residents, local organizations, the CHNA team, and partners from Trinity Health of New England to develop a plan that is consistent with its mission. Having affiliated with Trinity Health of New England, Johnson Memorial is poised to meet the challenges that will come.

PRIORITY HEALTH NEEDS

Prioritization is the first step in developing a Strategic Plan for Community Transformation. This process shifts the focus from the CHNA findings to focusing on key issues in order to maximize impact and use resources as efficiently as possible.
The needs identified in the Johnson Memorial Hospital CHNA have been prioritized as follows:

1) Substance Abuse/Mental Health

2) Aging Population & Isolation
3) Homelessness
4) Smoking/Vaping
5) Obesity

Mental health was identified as interconnected with substance abuse, an aging population, and homelessness, and will be considered during development of implementation strategies.

These priorities closely align with the NCDHD's priorities: Substance Abuse/Mental Health, Obesity, transportation, and high-deductible health insurance. Transportation was a component of prioritizing an aging population and isolation. The CHNA team did not prioritize high-deductible health insurance. Although the team recognized high-deductible health insurance as a barrier to accessing healthcare, it is not feasible to address the issue.

Johnson Memorial Hospital used the CDC model for community health and wellbeing and other criteria to determine the order health needs were prioritized. Some examples of the criteria used to determine the level of priority include: size (number of persons affected), seriousness (degree to which the problem leads to death or other serious health issues), trends (is problem getting better or worse over time), feasibility (ability of organization combat the problem given available resources), if the outcomes are measurable and achievable within the next 3 years, and consequences of inaction (risks associated with exacerbation of problem if not addressed). Criteria for each of the significant health needs were discussed during prioritization meetings, and a consensus was reached assigning a score between 1 (low) and 5 (high) to each. Significant health needs were prioritized from the highest to lowest score.

Although Johnson Memorial Hospital recognizes the importance of all needs identified by the community, such as socioeconomic factors including employment, poverty, transportation, access to healthcare, JMH will not directly design strategies for these secondary needs in the implementation plan; however we will explore the possibility of addressing these concerns either directly or through partnerships with local organizations as appropriate. For example, the concern about affordable healthcare coverage is being addressed on a national and state level. JMH has programs available to facilitate enrollment into Medicaid, application to community (charity) care funds and payment plans.

The Hospital reserves the right to amend the implementation strategy, which will be finalized by mid-November of 2019, as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending 6/30/2022, other organizations in the community may address certain needs, indicating that the Hospital could then refocus its limited resources to best serve the community.

Invest in Your Community Template

INVEST IN YOUR COMMUNITY
4 Considerations to Improve Health & Well-Being for All

WHAT — Know What Affects Health

40% SOCIOECONOMIC FACTORS
10% PHYSICAL ENVIRONMENT
20% CLINICAL CARE
30% HEALTH BEHAVIORS

www.countyhealthrankings.org

WHERE — Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.

WHO — Collaborate with Others to Maximize Efforts

COLLECTIVE VISION

PEOPLE
COMMUNITY DEVELOPERS
BUSINESSES
EDUCATION
GOVERNMENT
PHILANTHROPISTS & INVESTORS
FAITH-BASED ORGANIZATIONS
HEALTH CARE PROVIDERS
PUBLIC HEALTH
HEALTH INSURANCE
NONPROFITS

HOW — Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

Four ACTION Areas

SOCIOECONOMIC FACTORS
PHYSICAL ENVIRONMENT
HEALTH BEHAVIORS
CLINICAL CARE

VISIT www.cdc.gov/CHInav FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY'S HEALTH AND WELL-BEING

CDC
NATIONAL PREVENTION STRATEGY
Robert Wood Johnson Foundation
MARCH 2015

ACKNOWLEDGEMENTS

Creating a comprehensive, useful and engaging CHNA is a difficult task. Including the voices of the community, analyzing the data available and focusing the findings in a meaningful way requires input from many sources. This document would not have been possible without the generous support from the following groups and individuals, who took the time to share their knowledge, tell their stories and engage in discussion about potential solutions.

<table>
<tr><th colspan="3">CHNA Team</th></tr>
<tr><th>Name</th><th>Title</th><th>Organization</th></tr>
<tr><td>Mary Stuart</td><td>Director of Community Health and Well-Being</td><td>Saint Francis Hospital and Medical Center
Trinity Health of New England</td></tr>
<tr><td>Michael Barnett</td><td>Community Health and Well-Being Program Coordinator</td><td>Saint Francis Hospital and Medical Center
Trinity Health of New England</td></tr>
<tr><td>Susan Pettorini-D'Amico</td><td>Director of Patient Care Services</td><td>Johnson Memorial Hospital
Trinity Health of New England</td></tr>
<tr><td>Paul Wentworth</td><td>EMS Coordinator</td><td>Johnson Memorial Hospital
Trinity Health of New England</td></tr>
<tr><td>Stephanie Tullock</td><td>Community Liason</td><td>Johnson Memorial Hospital
Trinity Health of New England</td></tr>
<tr><td>Kylie Picard</td><td>Social Worker</td><td>Johnson Memorial Hospital
Trinity Health of New England</td></tr>
<tr><td>Erin Ballou</td><td>Health Promotion Coordinator</td><td>Johnson Memorial Hospital
Trinity Health of New England</td></tr>
<tr><td>Rebecca Ray</td><td>Clinical Dietitian</td><td>Johnson Memorial Hospital
Trinity Health of New England</td></tr>
<tr><td>Mark Abraham</td><td>Executive Director</td><td>DataHaven</td></tr>
<tr><th colspan="3">Key Informants</th></tr>
<tr><th>Name</th><th>Title</th><th>Organization</th></tr>
<tr><td>Patrice Sulik</td><td>Health Director</td><td>North Central District Health Department</td></tr>
<tr><td>Joanna Keyes</td><td>Public Health Educator</td><td>North Central District Health Department</td></tr>
<tr><th colspan="3">Key Informant Groups</th></tr>
<tr><th>Group</th><th colspan="2">Description</th></tr>
<tr><td>Greater Hartford CHNA Key Informant Conversation</td><td colspan="2">51 representatives from a collection of 45 organizations met to discuss DataHaven Community Health and Wellbeing Survey results. Organizations included government entities, healthcare providers, and community based organizations.</td></tr>
<tr><td>North Central District Health Department Health Coalition</td><td colspan="2">9 representatives from the NCDHD Health Coalition held a focus group to discuss DataHaven Community Health and Wellbeing Survey results. Organizations represented included municipal entities such as health departments, schools, parks and recreation, and social services.</td></tr>
<tr><td>North Central District Health Department DataHaven Presentation</td><td colspan="2">16 attended the presentation of DataHaven Community Health and Wellbeing Survey results. Attendees were primarily NCDHD staff, but also included staff from municipal entities, and social workers. The attendees discussed survey results.</td></tr>
</table>

EXHHIBIT 1: COUNTY HEALTH RANKING DATA

Measures	Tolland County	Hartford County	Windham County	State	US
Health Outcomes	**1**	**6**	**8**		
Length of Life	**2**	**5**	**8**		
Premature death /100,000	**4,700**	**6,000**	**6,900**	**5,600**	**6,900**
Quality of Life	**3**	**8**	**7**		
% Adults reporting fair or poor health	**10%**	**13%**	**13%**	**14%**	**16%**
Avg. physically unhealthy days/month	**2.8**	**3.2**	**3.3**	**3.4**	**3.7**
Avg. mentally unhealthy days/month	**3.6**	**3.5**	**4.0**	**3.8**	**3.8**
% Live births with low birth weight <2500g	**7%**	**9%**	**8%**	**8%**	**8%**
Health Factors	**2**	**5**	**8**		
Health Behaviors	**4**	**5**	**8**		
% Adults report currently smoking cigarettes	**12%**	**13%**	**16%**	**13%**	**17%**
% Adults reporting BMI >= 30	**24%**	**26%**	**31%**	**26%**	**29%**
Food environment index (0-worst; 10-best)	**8.2**	**8.2**	**8.3**	**8.6**	**7.7**
% Adults 20+ reporting no leisure-time physical activity	**18%**	**21%**	**22%**	**19%**	**22%**
% Pop. with adequate access to locations for physical activity	**77%**	**97%**	**83%**	**94%**	**84%**
% Adults reporting binge drinking	**22%**	**18%**	**22%**	**18%**	**18%**
% Alcohol-impaired driving deaths	**43%**	**35%**	**21%**	**33%**	**29%**
Newly diagnosed chlamydia cases /100,000	**212.0**	**471.0**	**281.4**	**387.4**	**497.3**
Teen birth rate /1,000 female pop., ages 15-19	**3**	**15**	**15**	**12**	**25**
Clinical Care	**2**	**3**	**6**		
% adults under age 65 without health insurance	**4%**	**5%**	**5%**	**6%**	**10%**
Ratio of pop. to primary care physicians	**1,990:1**	**1,060:1**	**2,070:1**	**1,050:1**	**1,330:1**
Ratio of pop. to dentists	**2,020:1**	**950:1**	**2,040:1**	**1,260:1**	**1,460:1**
Ratio of pop. to mental health providers	**450:1**	**210:1**	**330:1**	**310:1**	**440:1**
Preventable hospital stays /1,000 Medicare enrollees	**3,966**	**4,470**	**4,263**	**2,765**	**4,520**
% Diabetic Medicare enrollees receiving HbA1c test	**51%**	**50%**	**48%**	**49%**	**41%**
% Female Medicare enrollees receiving mammography	**56%**	**52%**	**53%**	**52%**	**45%**
Social & Economic Factors	**2**	**6**	**7**		
% Students who graduate HS in 4 years	**92%**	**86%**	**85%**	**87%**	**85%**
% Adults, age 25-44 with some college education	**75%**	**69%**	**62%**	**69%**	**65%**
% Pop. age 16+ unemployed but seeking work	**4.0%**	**4.8%**	**5.0%**	**4.7%**	**4.4%**
% Under age 18 in poverty	**7%**	**15%**	**16%**	**13%**	**18%**
% Children in single parent households	**24%**	**36%**	**37%**	**32%**	**33%**
# of member associations per 10,000	**7.3**	**10.4**	**9.5**	**9.4**	**9.3**
Violent crime /100,000	**NA**	**270**	**NA**	**232**	**386**
Injury mortality /100,000	**59**	**67**	**79**	**65**	**67**

Physical Environment	1	3	4		
Avg. daily fine particulate matter in micrograms/cubic meter (PM2.5)	**8.1**	**7.6**	**7.2**	**8.0**	**8.6**
Health-related drinking water violations (yes/no)	**No**	**Yes**	**Yes**	**NA**	**NA**
% Households with severe housing problems	**13%**	**18%**	**17%**	**19%**	**18%**
% Workforce driving alone to work	**81%**	**81%**	**83%**	**78%**	**76%**
% Commuting 30+ mins to work, driving alone	**42%**	**29%**	**39%**	**33%**	**35%**

Note: Ranks are out of 8 Counties in Connecticut

EXHIBIT 2: COMMUNITY INPUT & METHODS						
Input Received From:	Lead Person or Community Partner	Input Type (see examples below)	Sample Size	Method (Hand, mail, phone, web)	Where (Public, Media, Business, Event)	When (Approx. time period)
State, local, tribal, regional or other health department	DataHaven	Key Informant Conversation	16	presentation/group conversation	NCDHD satellite office in Vernon	March 2019
North Central District Health Department	Patrice Sulik	informal conversation about NCDHD CHNA and health department priorities	1		phone call	August 2019
North Central District Health Department Health Coalition	DataHaven	focus group	9	group conversation	NCDHD satellite office in Vernon	March 2019
Greater Hartford CHNA Key Informant Conversation	DataHaven	Key Informant Conversation	51	group conversation / work groups / Survey	Hartford Foundation for Public Giving	February 2019
Members or representatives of medically underserved, low-income, and minority populations and who they represent	Data Haven	survey, cross tabulation and interpretation of data	700 NCDHD, 32,000 State	phone, email	phone calls, NCDHD, State	2019 Data Haven Community Health and Wellbeing Survey, provided July 2019, conducted 2018

Written comments received on most recently conducted CHNA & Imp. Strat.	**Hospital Staff**	**CHNA prioritization process meetings, informal conversations, email, individual stories**	**6**	**in-person meetings, email, phone**	**Johnson Memorial Hospital**	**July 2019**

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North Central District Health Department	Patrice Sulik	informal conversation about NCDHD CHNA and health department priorities	1		phone call
North Central District Health Department Health Coalition	DataHaven	focus group	9	group conversation	NCDHD satellite office in Vernon
Greater Hartford CHNA Key Informant Conversation	DataHaven	Key Informant Conversation	51	group conversation / work groups / Survey	Hartford Foundation for Public Giving
Members or representatives of medically underserved, low-income, and minority populations and who they represent	Data Haven	survey, cross tabulation and interpretation of data	700 NCDHD, 32,000 State	phone, email	phone calls, NCDHD, State

Written comments received on most recently conducted CHNA & Imp. Strat.	Hospital Staff	CHNA prioritization process meetings, informal conversations, email, individual stories	6	in-person meetings, email, phone	Johnson Memorial Hospital	

EXHIBIT 2: COMMUNITY INPUT & METHODS

Input Received From:	Lead Person or Community Partner	Input Type (see examples below)	Sample Size	Method (Hand, mail, phone, web)	Where (Public, Media, Business, Event)	When (Approx. time period)
State, local, tribal, regional or other health department	DataHaven	Key Informant Conversation	16	presentation/group conversation	NCDHD satellite office in Vernon	March 2019
North Central District Health Department	Patrice Sulik	informal conversation about NCDHD CHNA and health department priorities	1		phone call	August 2019
North Central District Health Department Health Coalition	DataHaven	focus group	9	group conversation	NCDHD satellite office in Vernon	March 2019
Greater Hartford CHNA Key Informant Conversation	DataHaven	Key Informant Conversation	51	group conversation / work groups / Survey	Hartford Foundation for Public Giving	February 2019
Members or representatives of medically underserved, low-income, and minority populations and who they represent	Data Haven	survey, cross tabulation and interpretation of data	700 NCDHD, 32,000 State	phone, email	phone calls, NCDHD, State	2019 Data Haven Community Health and Wellbeing Survey, provided July 2019, conducted 2018
Others	Hospital Staff	CHNA prioritization process meetings, informal conversations, email, individual stories	6	in-person meetings, email, phone	Johnson Memorial Hospital	July 2019

CONTACT INFORMATION

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An electronic version of this Community Health Needs Assessment is publically available our website and print versions are available upon request.