NORTHEAST DISTRICT DEPARTMENT OF HEALTH

2023-2026 COMMUNITY HEALTH NEEDS ASSESSMENT

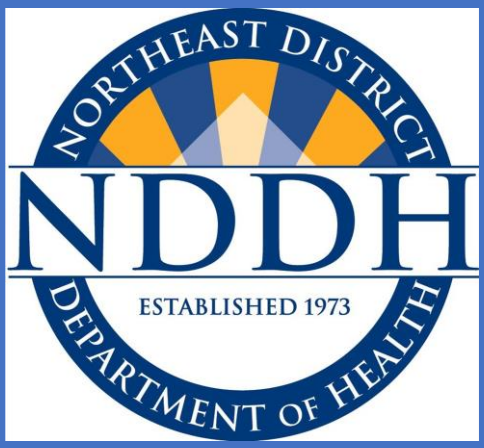


Table of Contents

PART I: NDDH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

Introduction

Northeast District Department of Health (NDDH) is a government entity authorized under Chapter 368f of the Connecticut General Statutes for the purpose of providing local public health services. The governing authority is the Board of Directors, with the Director of Health acting as a delegate agent of the Commissioner of Public Health, for the purpose of enforcing the Public Health Code.

NDDH is one of twenty district departments of health in the state of Connecticut. Established on July 1, 1973, it serves twelve towns: Brooklyn, Canterbury, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, Union, and Woodstock. The district encompasses approximately 438 square miles with a total population of around 85,000 residents.

The mission of NDDH is, through community partnerships, to promote, protect, and improve the health of the residents of Northeastern Connecticut, by monitoring health concerns, preventing illness, and encouraging healthy lifestyles.

Our highly skilled, public health professionals conduct this mission by community education, environmental health services, education-based enforcement of the Public Health Code and local health ordinances, data collection, evaluation and planning, community leadership in establishment of health policy, community linkages and referrals, and with technical assistance and follow-up. NDDH offers services specializing in, but not limited to community health, environmental health, and emergency preparedness. Our community health team is responsible for education and investigations to prevent chronic and infectious diseases within our district. We provide an arrangement of preventative health programs with a goal to increase the health and wellness of our communities. Our efforts included COVID-19 response by administering over 15,000 COVID-19 vaccines at different clinic locations throughout Northeast Connecticut, enforcing COVID-19 related laws, sharing up-to-date guidance, and collaborating with local community organizations and school districts to provide COVID-19 sector guidance, outreach, and education services. Our environmental health team takes preventative measures to prevent illness from interactions between our residents and the environment. The environmental health team provided a total of 3,360 services between July 1, 2021, and June 30, 2022. These services focused on subsurface sewage disposal, potable water, food service sanitation, health inspections, complaints, and other health services. Our emergency preparedness team is responsible for the continuous planning efforts of building preparedness capabilities within our community to deal with emergency situations. At NDDH, this requires us to have a coordinated group of staff members, a volunteer force that regularly reviews preparedness plans, and robust partnerships with our local emergency services. Some services that are provided by our emergency preparedness team include natural disaster response, pandemic response including the distribution of PPE and provision of COVID-19 vaccines, drive-thru flu clinics, and more.

This community health needs assessment (CHNA) describes the health status and factors that impact health in northeast Connecticut. It includes information from a variety of sources and is intended to be shared with community partners to improve our collective and collaborative efforts to create the conditions in which people can be healthy.

I. THE PROCESS

NDDH used a modified MAPP (Mobilizing for Action through Planning and Partnerships) process in developing the CHNA (NACCHO, 2023). This CHNA was also guided by The Ten Essential Public Health Services as outlined by Connecticut General Statutes Sec. 19a-207a. Basic Health program (CGS, 2023).

A. Data Sources

Data for the communities was collected from several sources. Primary data sources include:

B. Key Informant Interviews

Nineteen key informant interviews were conducted. Key informants represented the district and included representatives from groups that work directly with the elderly, school-aged children, and people with disabilities. Those interviewed included town leaders, representatives from various agencies like healthcare, education and social services, school system representatives, a local probation officer, business owners, and a fire and emergency management representative (Appendix A). Collectively, these individuals and groups represent the diverse communities in our health district. Secondary data sources include:

- 2021 County Health Rankings (County Health Rankings, 2021)
- 2019 Analysis of Health Indicators for Connecticut Health Districts and Departments (Pino, Raul, 2019)
- 2021 DataHaven Connecticut Town Equity Reports: Brooklyn, Canterbury, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, Union, and Woodstock (DataHaven, 2021)

Community Well-being Survey

A Community Well-being Survey was collected on behalf of DataHaven, by the Siena College Research institute (SRI), where they conducted the survey of Connecticut residents, including 208 served by NDDH. Surveys were conducted from May 24 through December 9, 2021. Residents aged eighteen and older were interviewed from all 169 Connecticut towns. “The overall Connecticut sample of 9,139 and the NDDH sample of 208 were weighted by age, gender, reported race, and geography to ensure that they were statistically representative of the area’s demographics” (DataHaven, 2021).

C. Analyzing Data

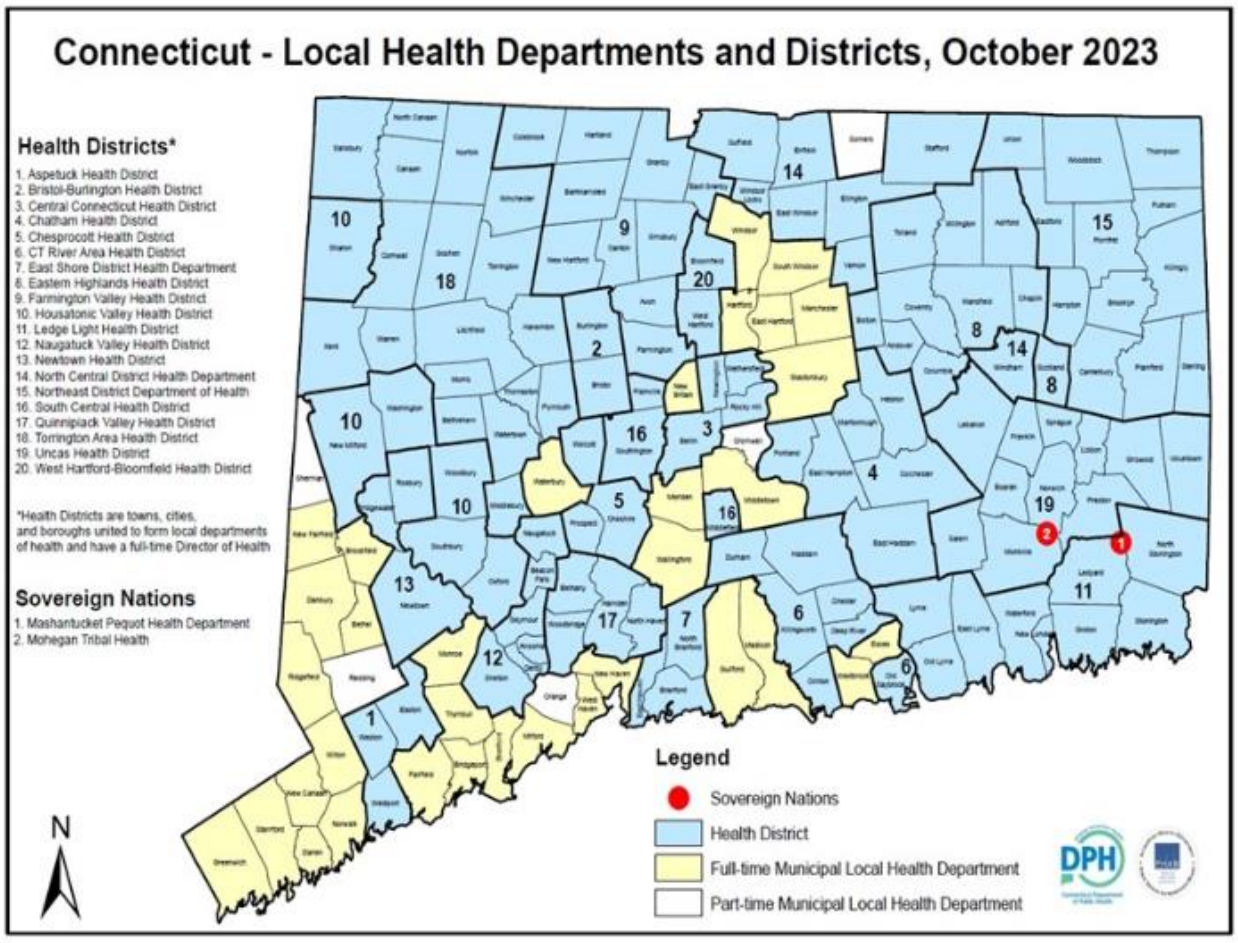
All data was analyzed internally with some primary and secondary data analyzed by DataHaven.

II. FINDINGS

A. Demographics: The People in the District

The Northeast District Department of Health, located in Windham County, Connecticut, serves the towns of Brooklyn, Canterbury, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, Union, and Woodstock, seen as section "15" on the map of Connecticut local health departments and districts below:

Figure 1: Local Health Departments and Districts, October 2023



The population of Connecticut in the 2020 Census was 3,605,944 compared to the 2010 Census 3,574,097: an increase of 31,847 residents (United States Census Bureau, 2021). Although Connecticut's population is increasing, NDDH has seen a decrease of population in almost every town that it serves, with small increases in population in Brooklyn, Killingly, Pomfret, and Woodstock (DataHaven, 2021).

Table 1. CT Population (Census) 2020				
Area	Population, 2010	Population, 2020	Change %	Non-White Population Change
Connecticut	3,574,097	3,605,944	0.89%	131%
Windham County	118,428	116,418	-1.70%	

Brooklyn	8,210	8,450	2.92%	66%
Canterbury	5,132	5,040	-1.70%	100%
Eastford	1,749	1,649	-5.72%	55%
Hampton	1,863	1,728	-7.25%	63%
Killingly	17,370	17,752	2.20%	63%
Plainfield	15,405	14,973	-2.80%	54%
Pomfret	4,247	4,266	0.45%	93%
Putnam	9,584	9,224	-3.76%	89%
Sterling	3,830	3,578	-6.58%	160%
Thompson	9,458	9,189	-2.84%	98%
Union	854	785	-8.08%	16%
Woodstock	7,964	8,221	3.23%	130%

There is limited racial or ethnic diversity in the region; over 95% of the population is White, non-Hispanic, and 99% report English as their primary language (Flexer, Hoween, 2018). Approximately 97% of residents were born in the United States (DataHaven, 2021). According to DataHaven's 2021 Town Health Equity Profiles, all NDDH towns have seen a significant increase of non-White populations: Union (lowest) with an increase of 16% to Sterling (greatest) with an increase of 160% non-White population. It is expected that due to an increase in communities more susceptible to health disparities, we will see an increase in these types of needs, further proving how important it is to address the needs of our communities (DataHaven, 2021).

B. The Physical Environment

This area is known as the Quiet Corner of CT and is a part of New England's Last Green Valley. According to The Last Green Valley, this region is made up of 84% farmland and forest and is the last of its kind in New England which makes it a unique national resource. The region has four distinct seasons, that all pose different health risks, and a "Humid Continental Climate" classification. The weather can be severe with heavy precipitation. Reliance on woodburning for heat increases environmental particulate and very fine particulate matter, which is associated with health risks including respiratory disease and heart attacks. Warmer weather allows disease carrying insects to spread into areas formerly too cold for them to survive. The ecosystem includes species capable of transmitting tick-borne disease (Lyme, Anaplasmosis, Babesiosis), mosquito-borne disease (Eastern Equine Encephalitis, West Nile disease), and rabies, all of these threatening the health and livelihood of NDDH residents (The Last Green Valley, 2021).

While it is one of the least populated areas of the state, it is close to several large metropolitan areas including Providence, Rhode Island, Worcester and Boston, Massachusetts, and Hartford, Connecticut. Transportation options in the area include bus, rail, and air, with the road system being the most widely used. According to the Day Kimball Healthcare 2021 Community Health Needs Assessment, a lack of transportation is a barrier to healthcare, and access to reliable transportation seems to be an issue in NECT (DKH Day Kimball Healthcare, 2021). Like other rural health systems, barriers to transportation result in issues such as missed or delayed medical

appointments and the inability to fill medication prescriptions, all resulting in poorer health outcomes.

C. Health Rankings

The University of Wisconsin Population Health Institute's *2021 County Health Rankings* provides an overview of health status in counties across the nation. The report highlights the importance of addressing health equity and health disparities, and includes the following definitions and message:

> "**Health equity** means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. **Health disparities** are differences in health or in key determinants of health such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups. Health equity and health disparities are closely related to each other. Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities. Reducing and ultimately eliminating disparities in health and its determinants of health is how we measure progress towards health equity" (County Health Rankings, 2021).

Health outcomes are measured by how long people live and how healthy people feel, while health factors determine how long and how well we live (County Health Rankings, 2021). Windham County ranks lowest in the state for health outcomes and health factors. Tables 2-6 compare United States (US), Connecticut (CT), and Windham County rankings.

Table 2. County Health Rankings, Health Outcomes 2021

Measure: Description	US Overall	CT	Windham County
Premature Death: Years of potential life lost before age 75 per 100,000 population	6,900	5,700	7,200
Poor or fair health: % of adults reporting fair or poor health	17%	13%	15%
Poor physical health days: Average # of physically unhealthy days reported in past 30 days	3.7	3.3	3.8
Poor mental health days: Average # of mentally unhealthy days reported in past 30 days	4.1	3.8	4.1
Low birthweight: % of live births with low birthweight (<2500 grams)	8%	8%	8%

Table 3. County Health Rankings, Health Behaviors 2021

Measure: Description	US Overall	CT	Windham County

Adult smoking: % of adults who are current smokers	17%	13%	16%
Adult obesity: % of adults that report BMI ≥ 30	30%	26%	31%
Food environment index: Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	7.8	8.2	8.1
Physical inactivity: % of adults aged 20 and over reporting no leisure-time physical activity	23%	20%	24%
Access to exercise opportunities: % of population with adequate access to locations for physical activity	84%	94%	82%
Excessive drinking: % of adults reporting binge or heavy drinking (age adjusted)	19%	20%	19%
Alcohol-impaired driving deaths: % of driving deaths with alcohol involvement	27%	32%	25%
Sexually transmitted infections: # of newly diagnosed chlamydia cases per 100,000 population	539.9	466.3	328.3
Teen births: Number of births per 1,000 female population ages 15-19	21	10	12

Table 4. County Health Rankings, Clinical Care 2021

Measure: Description	US Overall	CT	Windham County
Uninsured: % of population under age 65 without health insurance	10%	6%	5%
Primary care physicians: Ratio of population to primary care physician	1,320:1	1,180:1	2,250:1
Dentists: Ratio of population to dentists	1,400:1	1,140:1	2,050:1
Mental health providers: Ratio of population to mental health providers	380:1	240:1	280:1
Preventable hospital stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,236	4,040	5,087
Mammography screening: % of female Medicare enrollees ages 65-74 that receive annual mammography screening	42%	46%	46%
Flu vaccinations: % of fee-for-service (FSS) Medicare enrollees that had an annual flu vaccination	48%	56%	55%

Table 5. County Health rankings, Social and Economic Environment 2021

Measure: Description	US Overall	CT	Windham County
High school completion: % of adults ages 25 and over with a high school diploma or equivalent	88%	91%	88%
Some college: % of adults ages 24-44 with some post-secondary education	66%	69%	61%
Unemployment: % of population ages 16 and older unemployed but seeking work	3.7%	3.7%	4.0%

Children in poverty: % of people under age 18 in poverty	17%	14%	14%
Income inequality: Ratio of household income at the 80th percentile to income at the 20th percentile	4.9	5.1	4.5
Children in single-parent households: % of children that live in a household headed by a single parent	26%	25%	27%
Social associations: # of membership associations per 10,000 population	9.3	9.4	9.2
Violent crime: # of reported violent crime offenses per 100,000 population	386	232	
Injury deaths: # of deaths due to injury per 100,000 population	72	72	87

Table 6. County Health rankings, Physical Environment 2021			
Measure: Description	**Us Overall**	**CT**	**Windham County**
Air pollution-particulate matter: average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	7.2	7.2	6.5
Drinking water violations: Indicator of the presence of health-related drinking water violations. Yes- indicated the presence of a violation, No- indicates no violation	N/A	N/A	Yes
Severe housing problem: % of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	18%	18%	15%
Driving alone to work: % of workforce that drives alone to work	76%	78%	83%
Long commute-driving alone: Among workers who commute alone, % of commuting > 30 minutes	37%	34%	39%

D. Health Status

The Northeast District Department of Health includes eleven of the fifteen towns in Windham County. In the 2019 report titled, Analysis of Health Indicators for Connecticut Health Districts and Departments: Results of Connecticut Behavioral Risk Factor Surveillance, (Pino, Raul, 2019), no statistical difference was found between NDDH and the state regarding the percentage of adults reporting:

- Good health
- Good mental health
- Good physical health
- Health insurance coverage
- Having a doctor
- Getting a routine check-up
- Getting an influenza vaccine

- Getting an HIV test
- Getting mammograms
- Getting adequate sleep
- Meeting physical activity guidelines
- Meeting fruit and vegetable intake guidelines
- Using an electronic cigarette
- Excessive alcohol consumption
- Never worried or stressed about paying for housing
- Never worried or stressed about paying for nutritious meals

However, the averages for NDDH adults were significantly worse than State averages for the following:

- **Being at a healthy weight**
- **Depression**
- **Cigarette smoking** (NDDH: 20.8% vs CT: 14.6%) – highest in the State
- **Getting a Protein Specific Antigen test; PSA screening for prostate cancer**
    - (NDDH: 34.2% vs CT: 43.5%) – lowest in the State
- **Asthma** (NDDH: 14.2% vs CT: 10.0%) – highest in the State
- **Chronic Obstructive Pulmonary Disease (COPD)**
    - (NDDH: 9.7% vs CT: 5.5%) – highest in the State
- **Arthritis** (NDDH: 33.4% vs CT: 24.4%) – highest in the State
- **Diabetes** (NDDH: 12.6% vs CT: 9.2%) – highest in the State
- **Seeing a dentist** (NDDH: 71.2% vs CT: 76.5%) – lowest in the State

Using the same report from 2015 and comparing it to these statistics from 2019, NDDH adults are still significantly more likely than all adults across the state to have obesity, arthritis, and diabetes. In the 2015 report, 30% of adults in the NDDH service area had diabetes, and in the updated 2019 report, the same measure increased to 32.4%. Comparing arthritis percentages in 2015, 29% of NDDH adults reported they had arthritis, and in the 2019 updated report, 33.4% of NDDH adults reported this, a significant increase while also being almost 10% higher than the state average of 24.4%. Diabetes in the NDDH service area has always been higher than state averages. In the 2015 report, 13% of NDDH adults claimed they had been told by a doctor that they had diabetes. In the 2019 report, 12.6% of NDDH adults reported they had diabetes, a 0.04% decrease. Although this statistic has decreased (slightly) from the past report, NDDH still has the highest rate of diabetes in the state compared to other health departments.

Making these comparisons at the local level is important. It allows us to see where the health of our residents stands, while comparing it to the rest of the state. Comparing current data to past data also allows us to see the progress we as a district are making. It also allows us to modify programs intended to meet the needs of our communities as new data is collected.

According to a telephone survey conducted by DataHaven in 2021, comparing NDDH to the rest of the State, the NDDH population appears:

- More likely to own a home
- More likely to feel happy
- More likely to have been told by a doctor they have high blood pressure or hypertension
- More likely to have asthma
- Equally likely to have health insurance
- More likely to get the social and emotional support they need
- Less likely to smoke cigarettes daily
- Less likely to have a paid job within the last 30 days
- More likely to leave home and commute to work
- Less likely to have a computer or tablet with internet access
- More likely to be deaf or have serious difficulty hearing
- More likely to be blind or have serious difficulty seeing, even with eyeglasses
- Less likely to receive the Covid-19 vaccine
- Less likely to have someone deliberately try to vandalize, try to steal, or steal any property that you own, or have someone try to break into your house

E. Disparities within the District

According to the 2021 DataHaven survey, there are population sub-groups in the district that are disproportionately experiencing a higher burden of disease or conditions associated with adverse health outcomes, including health behaviors and access to care, and needed services.

Disparities Based on Gender

Females appear more likely to:

- Obtain affordable, high-quality fruits/vegetables
- Gamble
- Not have enough money to buy food for themselves or family
- Have Asthma
- Be underemployed
- Think their neighborhood has unsafe areas to walk or bike
- Be worse financially
- Missed healthcare due to lack of transportation

Males appear more likely to:

- Trust people in their neighborhood
- Have high blood pressure or hypertension
- Have heart disease or a history of heart attacks
- Be overweight
- Have a personal doctor
- Not get the social or emotional support they need

- Have little interest or pleasure in doing things
- Have a full-time job
- Rate their overall health poor
- Exercise

Disparities Based on Age

Compared to those under age 65, those over age 65 are:

More likely to:

- Have access to medical care when needed
- Visit the dentist
- Feel down, depressed, or hopeless
- Have high blood pressure
- Have a personal doctor
- Gamble; weekly
- Be satisfied with the area they live
- Receive a COVID-19 vaccine

Less likely to:

- Have asthma
- Smoke daily
- Drink alcohol
- Use cannabis
- Have a full-time job (by choice)

Disparities Based on Education Attainment

When comparing those with a high school education to those with some college, or a college degree:

High school graduates are:

More likely to feel anxious

- More likely to have a history of heart disease or heart attacks
- Less likely to have a personal doctor
- Less likely to have a full-time job
- Less likely to be able to provide adequate housing for themselves or family
- More likely to miss healthcare due to lack of transportation

Those with some college appear:

- More likely to be obese
- More likely to have high blood pressure or hypertension
- More likely to have a history of smoking cigarettes
- Less likely to visit a dentist
- More likely to personally know someone struggling with addiction to heroin or another opiate

Those with a college degree appear:

- More likely to report health as excellent

- Less likely to have heart disease
- Less likely to have asthma
- More likely to be overweight
- Less likely to be underemployed
- More likely to be able to afford food and shelter for themselves and family
- More likely to visit the dentist

Disparities Based on Income

The most apparent disparities are seen between groups of different income levels, further proving how important economic and social factors are regarding an individual's health. Compared to State averages with those who earn less than $30,000 are:

More likely to:

- Rate overall health as "poor"
- Be completely anxious
- Have diabetes
- Have asthma
- Smoke cigarettes
- Find it difficult to get by financially
- Not have a job due to disability
- Be underemployed
- Receive groceries/meals from a food pantry

Less likely to:

- Find suitable employment
- Have access to affordable fruits/vegetables
- Have access to a car when needed
- Have high blood pressure
- Visit a dentist
- Exercise
- Have a full-time job

F. Key Informant Perspectives: Needs and Barriers

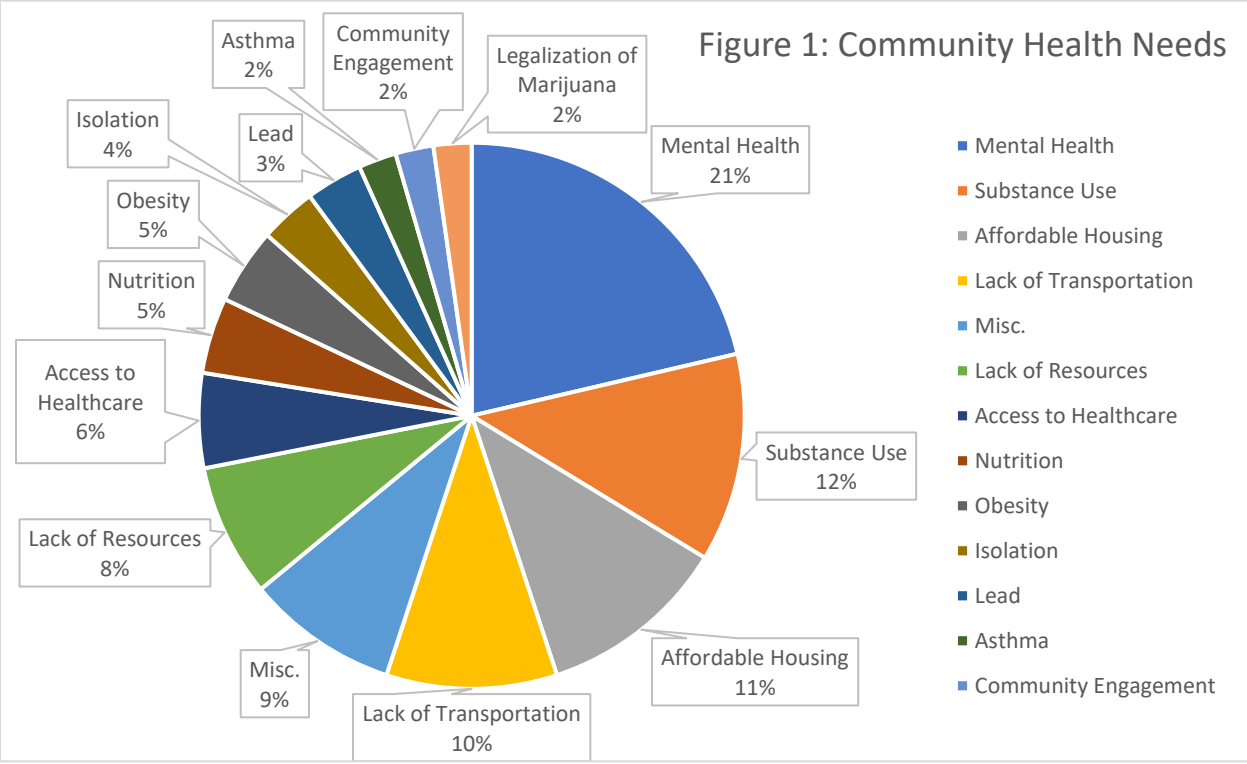
Nineteen key informants participated in the interviews. Interviewees were asked to identify the health needs of the community as well as any barriers to those needs. Figure 1 illustrates the community health needs identified by the key informants (rankings were based on the number of times a need was identified during interviews).

The following list illustrates the community health needs identified by key informants based on ranking.

#1- Mental Health
#2- Substance Use
#3- Affordable Housing
#4- Lack of Transportation
#5- Miscellaneous
#6- Lack of Resources

#7- Access to Healthcare
#8- Nutrition
#9- Obesity
#10- Isolation
#11- Lead
#12- Asthma
#13- Community Engagement
#14- Legalization of Marijuana

Figure 2: Community Health Needs



III. COMMUNITY PRIORITIES

A. Establishing Priorities

The top ten areas of concern based on the data collected and feedback from the Key Informant Interviews are listed below (in alphabetic order):

Table 7: Top 10 Priority Areas	
Access to Healthcare	Mental Health
Affordable Housing	Nutrition
Asthma	Obesity
Chronic Preventable Diseases	Poverty
Lack of Transportation	Substance Use

B. Priority Focus Areas for NDDH

From this list, the NDDH team identified three areas as priorities in our communities: chronic preventable diseases, mental health, and access to healthcare. These priority areas were recognized as such after being identified as important issues that directly impact the health of our community by the DataHaven Community Well-being Survey and Town Equity reports as well as direct feedback from key informant interviewees.

1. Chronic Preventable Diseases

Multiple types of cancers, diabetes, heart disease, asthma, obesity, and the effects of COVID-19 were all discussed as serious chronic preventable diseases in our communities. To reduce the risk of developing these preventable diseases, key informants stressed the importance of offering more health education events in the community on topics and contributing factors such as poor nutrition, a lack of physical exercise, smoking and vaping, substance use, environmental factors, and poor health literacy.

2. Mental Health

Mental health issues are a main concern identified by key informants that affect our entire community. A contributor to the mental health crisis of today is the inability to meet basic needs such as not having access to housing and food. This can be due to multiple factors like unstable employment. The awareness of mental health issues and the lack of resources to support these needs were also recognized as contributing factors to the mental health issues in our community. The COVID-19 pandemic magnified the lack of existing resources in northeast Connecticut, and increased rates of anxiety, depression, and loneliness, and increased isolation in many groups also contributing to unhealthy outcomes.

2. Access to Healthcare

Our key informants identified different contributing factors and barriers that result in a lack of access to healthcare in our communities. Issues such as unreliable transportation to and from appointments, inability to access or pay for health insurance coverage, and increased wait times for specialized services were all concerns mentioned as to why people do not access healthcare needs. The COVID-19 pandemic amplified these barriers to accessing healthcare.

IV. CONCLUSION

The key themes identified in this Community Health Needs Assessment were determined by data analysis through a review of primary and secondary data and community input through key informant interviews. This assessment provides an overview of the people residing within the district, the social determinants of health, and the presenting health conditions, outcomes, and behaviors.

Within the NDDH service area, disparities based on gender, age, income, and education attainment were present. Females in our service area are more likely to have asthma, while males are more likely to have heart disease. Based on age, those over the age of 65 are more likely to have access to medical care when needed compared to those under the age of 65. Those with a

college degree are more likely to report their health as excellent. The most apparent disparities are seen between groups of different income levels, proving how important economic and social factors are for an individual's health.

Mental health and the poor health outcomes that occur with having poor mental health were identified as an important community issue that continues to increase. Feelings of isolation have always been present in our rural communities, but since the COVID-19 pandemic, these feelings have intensified and added to the on-going mental health crisis. Substance use, another important community issue, continues to rise at a local, state, and national level. As with mental health, those who use substances encounter similar barriers to receiving the appropriate care due to the stigma around receiving these services such as a lack of resources, education, intervention opportunities, and other preventive measures that are not easily accessible.

Issues surrounding smoking and vaping, healthy eating, physical activity, and being at a healthy weight are important to NDDH residents and Key Informant Interviewees. These factors directly impact the priority area of preventable chronic diseases. Rates of cigarette smoking in NDDH adults are the highest in the state. The averages for NDDH adults having Chronic Obstructive Pulmonary Disease (COPD) are also highest, a disease directly linked to be caused by cigarette smoking or secondhand smoke exposure. NDDH adults are significantly more likely to not be at a healthy weight when compared to other health departments in the state. Being at an unhealthy weight is a risk factor for preventable chronic diseases such as heart disease and diabetes, two chronic conditions where NDDH adults are at worse than other adults' averages in the state.

Factors that contribute to these poor health outcomes include not having access to transportation to get to a grocery store or fitness center, having limited options on where to buy food or participate in physical activity, and limited access to healthcare due to different reasons such as the inability to pay.

The comprehensive information gathered regarding the current health status, needs, and issues of the NDDH service area will help develop a community health improvement plan by justifying how and where resources should be allocated to best meet community needs. The priority areas of chronic preventable diseases, mental health, and access to healthcare are the focus areas for NDDH's Community Health Improvement Plan (CHIP).

PART II: THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

A. Introduction

NDDH plans to utilize the information gained from this Community Health Needs Assessment to develop strategies for addressing the priorities focus areas of chronic preventable diseases, mental health, and access to healthcare. This Community Health Improvement Plan (CHIP) will be unique to the needs and resources of NDDH towns and partners. The CHIP will provide guidance to NDDH, town leaders, community partners, and community stakeholders for improving the health of community residents.

B. The Process

NDDH will share the results of the CHNA with town leaders, community partners, and stakeholders and develop an improvement plan by defining priority areas and goals, choosing strategies and objectives, defining responsible organizations and persons, devise a monitoring process, and adopt and implement the CHIP.

C. State and National Priorities
NDDH will consider both state and national priorities and ensure alignment when identifying priority areas for the CHIP including Healthy People 2030, the State of Connecticut Department of Health's State Health Improvement Plan. Each priority area will list the goal, objective, strategy, action steps and indicators.

APPENDICES

APPENDIX A: Key Informants

APPENDIX A: KEY INFORMANTS FOR THE NDDH COMMUNITY HEALTH NEEDS ASSESSMENT			
Name	**Affiliation**	**Town**	**Sector**
Aliaj, Sara	Probation Officer	Killingly	Government
Brensiak, Michele	Hartford Healthcare	Brooklyn	Healthcare
Brodeur, Louise	EASTCONN Head Start Program	Hampton	Children
Buell, Patti	School	Brooklyn	Children
Cash, Jessica	Real Estate Agent/Parent	Canterbury	Housing
Charron, Sophie	Senior Center	Brooklyn	Elderly
Eaton, David	Town First Selectman	Union	Government
Firth, Vincent	East Killingly Fire Department	Killingly	Healthcare
Godere, Robert	Quinebaug Valley Community College	Killingly	Higher Education
Lane, Cathy	School	Plainfield	Children
Lippke, Christopher	Town First Selectman	Canterbury	Government
Tanner, Austin	Town First Selectman	Brooklyn	Government
St. Onge, Amy	Town First Selectman	Thompson	Government
Calorio, Mary	Town Manager	Killingly	Government
Miller, Anne	TEEG	Thompson	Social Services
Morrison, Emily	United Services, Inc.	Killingly	Healthcare
Nicholson, Maureen	Town First Selectman	Pomfret	Government
Richards, Deborah	Town First Selectman	Eastford	Government
Rosati-Randel, Christine	Northeast Early Childhood Council	Killingly	Children

APPENDIX B: Key Informant Interview Guide and Questions

Key Informant Interview Guide (Community/Town Leaders)
Northeast District Department of Health (NDDH)

(Name of Interviewee)
(Name of Interviewer/Facilitator, Notetaker, Date)

Discussion Goal:
To identify the health needs and concerns, along with assets/programs/services that are most relevant to key stakeholders who have district-wide perspectives about public health matters facing residents of the NDDH service area.

Facilitator/Note-Taker Instructions:

- Modify and adapt questions as appropriate to the key informant's focus.
- For each question, facilitators should probe as indicated and appropriate. These questions are intended to be used as a guide, not a script.
- Keep within the allotted time.
- Take detailed notes on responses, focusing on key points, using the department template.

Key Informant Interview Questions:

- Please tell me what you see as the most critical and pressing issues or concerns for the communities or populations with whom you work with?
- What issues around health concern you the most as someone in the (HEALTHCARE/HOUSING/EDUCATION) field? Why?
- What do you think the (INTERVIEWEE'S FIELD) community sees as the most important issue(s) around health in NECT?
- Do you think there are any emerging threats to the health of NECT residents that might not yet be major issues, but have the potential to become more important? What are these? Why do you think these are important?
- What factors do you think contribute most to these specific health issues in NECT?
- How have these health issues affected the communities and populations you serve in NECT?
- From your experience, what are the biggest challenges to residents in addressing these conditions/issues?
- What do you see as the greatest challenges around improving health in NECT?
- What are consequences to NECT in not addressing these issues? What is the impact on the community/population you work with and the impact on your agency/organization?
- Thinking about the top health issues you have mentioned, what are NECT's greatest strengths or assets around these concerns?
- Thinking about the top health issues you have mentioned, what is currently being done to address these issues in NECT?
- What programs or services are available to organizations that are working on the top health issues facing NECT?
- What do you think leaders and decision-makers in NECT can do to help improve the health of their residents?
- Thinking about the future, if you could do one thing to improve the health of NECT residents, what would it be?

- If you could change or implement a new program, service, or policy, what would it be?
- What individuals/organizations are leading or should be leading this effort?

APPENDIX C: Inventory of Tables

APPENDIX D: References

For the 2023 Community Health Needs Assessment, we used a modified Mobilizing for Action through Planning and Partnerships (MAPP) process to help guide our agency during this process. More information can be found on the MAPP process here: https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

CGS. (2023). Municipal Health Authorities: Basic Health Program. *CT General Assembly*.

https://www.cga.ct.gov/current/pub/chap_368e.htm

County Health Rankings. (2021). Connecticut 2021 State Level Data and Ranks. *University of Wisconsin Population Health Institute Program.*

https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2021_CT.pdf

DataHaven. (2021). Connecticut Town Equity Reports. *Connecticut Town Equity Reports.*

https://www.ctdatahaven.org/reports/connecticut-town-equity-reports

DataHaven. (2021). Northeast District Dept of Health (NDDH) Towns CT Data Crosstabs – DataHaven Wellbeing Survey. *DataHaven Community Wellbeing Survey.* https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey#2021survey

DKH Day Kimball Healthcare. (2021). Community Health Needs Assessment 2021. *Day Kimball Healthcare.*https://www.daykimball.org/_files/public/files/Resources/2021-DKH_CHNA_final.pdf

Flexer, Hoween. (2018). Northeastern Connecticut: Compressive Economic Development Strategy, 2018-2023. *Northeast Connecticut Council of Governments (NECCOG).* https://neccog.org/wp-content/uploads/2019/03/NECCOG-CEDS-Final.pdf

NACCHO. (2023). Mobilizing for Action through Planning and Partnerships. *National Association of County and City Health Officials.*https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

Pino, Raul. (2019). *Analysis of Health Indicators for Connecticut Health Districts and Departments: Results of Connecticut Behavioral Risk Factor Surveillance Survey.* https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/BRFSS/CT-BRFSS-Health-District-Report.pdf

The Last Green Valley. (2021). https://thelastgreenvalley.org/tlgv/mission/

United States Census Bureau. (2021). QuickFacts Connecticut. *United States Census Bureau.* https://www.census.gov/quickfacts/fact/table/CT/PST045222