Hartford HealthCare

Windham Hospital

2021

Community Health Needs Assessment

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EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Windham Hospital to identify significant community health needs and to inform development of an Implementation Strategy to address those needs.

Windham Hospital is a 130-private bed, not-for-profit acute care community hospital that has provided inpatient, outpatient, rehabilitation, and emergency services in Northeastern Connecticut for over 75 years. The hospital also has a Cancer Institute with a state-of-the-art infusion center and The Center for Healthy Aging. Windham Hospital operates five school-based health centers in partnership with the town of Windham. For more information, please visit www.windhamhospital.org.

Windham Hospital is a member of Hartford HealthCare. Hartford HealthCare operates seven acute-care hospitals, air-ambulance services, behavioral health and rehabilitation services, a physician group and clinical integration organization, skilled-nursing and home health services, and a comprehensive range of services for seniors, including senior-living facilities. For more information, please visit https://hartfordhealthcare.org/.

This CHNA was conducted using generally accepted methodologies to identify the significant health needs of the community served by Windham Hospital. The CHNA also was conducted to comply with federal laws and regulations.

Community Assessed

For purposes of this CHNA, Windham Hospital's community was defined as the following Connecticut towns: Chaplin, Columbia, Coventry, Hampton, Lebanon, Mansfield, Scotland, and Windham. In this report, these towns are referred to as the Windham HSA (Hospital Service Area).

In calendar year 2020, the Windham HSA accounted for approximately 60 percent of the hospital's inpatient volumes and 71 percent of the hospital's emergency department visits. The total population of these towns in 2020 was 81,407.

The following map portrays the community assessed by Windham Hospital.
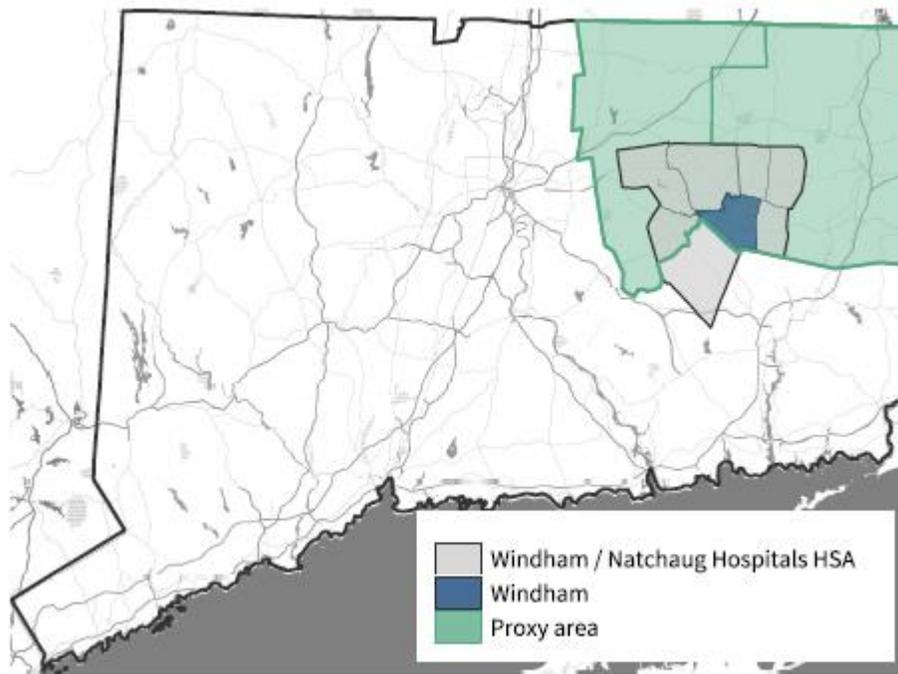
The CHNA includes data for the Connecticut towns that comprise the hospital's HSA. Certain data also for the town of Windham and for a proxy area comprised of Windham and Tolland counties also have been considered in the assessment.

Significant Community Health Needs

As determined by analyses of secondary community health data and of input provided by community stakeholders, significant health needs in the community served by Windham Hospital are:

- Access to health care services, which has been affected by an undersupply of primary care physicians and mental health providers, limited transportation resources, gaps in insurance coverage and overall affordability, and community members being unable to take advantage of telehealth services due to a "digital divide."
- The COVID-19 pandemic, which has caused virus-related illness and death, increased isolation and mental health problems, and economic challenges – and has exposed certain weaknesses in the area's public health infrastructure and preparedness.
- Numerous racial and ethnic health and economic disparities, associated with systemic racism and language barriers, among other contributing factors.
- Poverty and other Social Determinants of Health, including affordable housing, levels of educational achievement, and food insecurity.
- Comparatively high rates of smoking and obesity in the Town of Windham.
- Poor mental health status and comparatively high rates of suicide.

DATA AND ANALYSIS

This section summarizes findings from an assessment of secondary community health data and of community input for the Windham Hospital CHNA.

Secondary Data Summary

Secondary community health data were provided by DataHaven. *See* Appendix B for a March 2021 report entitled *Windham Hospitals HSA 2021 Equity Profile*.

Secondary data from two other sources were assessed:

- County Health Rankings (with benchmarking comparisons based on Community Health Status Indicators methodologies), and
- Data from SparkMap – including certain statistics regarding the COVID-19 pandemic.

DataHaven 2021 Equity Profile

The following table identifies unfavorable community health indicators within the DataHaven report for the community assessed by Windham Hospital. The table focuses on Social Determinants of Health.

For example, the table indicates that 47 percent of households in the Town of Windham are owned – a statistic well below the 66 percent average for the State of Connecticut.

The rightmost column provides the exhibits (Tables and Figures) in the DataHaven report where the statistics can be found.

Unfavorable Secondary Data Indicators
Social Determinants of Health

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
Homeownership rate	Windham	47.0%	66.0%	Connecticut	Table 1
Homeownership rate - Black	Windham HSA	30.0%	77.0%	Homeownership rate - White	Table 3
Homeownership rate - Latino	Windham HSA	27.0%			
Housing cost burden rate	Windham	44.0%	36.0%	Connecticut	Table 1
Housing cost burdened - Black	Windham HSA	57.0%	29.0%	Housing cost burdened - White	Figure 4
Housing cost burdened - Latino	Windham HSA	41.0%			
Adults with less than a high school diploma	Windham	19.0%	9.0%	Connecticut	Table 1
No high school diploma - Black	Windham HSA	28.0%	5.0%	No high school diploma - White	Figure 7
No high school diploma - Latino	Windham HSA	29.0%			
Median household income	Windham	$47,481	$78,444	Connecticut	Table 1
Poverty rate	Windham	25.0%	10.0%	Connecticut	Table 1
Poverty rate	Windham HSA	15.0%			Table 1
Poverty rate - Black	Windham HSA	33.0%	10.0%	Poverty rate - White	Table 6
Poverty rate - Latino	Windham HSA	30.0%			
Adults without health insurance	Windham	15.0%	10.0%	Connecticut	Table 1
Uninsured rate - Latino	Windham HSA	14.0%	4.0%	Uninsured rate - White	Figure 11
Linguistically isolated - Latino	Windham HSA	28.0%	1.0%	Linguistically isolated - White	Figure 2
Linguistically isolated - Asian	Windham HSA	28.0%			
Unemployment rate - Black	Windham HSA	7.0%	6.0%	Unemployment rate - White	Figure 8
Unemployment rate - Latino	Windham HSA	13.0%			
Food Insecurity	Windham	21.0%	13.0%	Connecticut	Figure 13
Food Insecurity - Latino	Windham	31.0%	13.0%	Food Insecurity - White	Figure 13

Source: Analysis of DataHaven Report, March 2021 (see Appendix B).

These unfavorable secondary data indicators suggest that the following community health issues are significant within the community assessed by Windham Hospital:

- Homeownership and housing costs:
  o Town of Windham
  o Black and Latino populations in the Windham HSA
- No high-school diploma:
  o Town of Windham
  o Black and Latino populations in the Windham HSA
- Poverty rates (and low median household incomes):
  o Town of Windham
  o Black and Latino populations in the Windham HSA
- Latino unemployment rate in the Windham HSA
- Comparatively high uninsured rate:
  o Town of Windham
  o Latinos in the Windham HSA
- Food insecurity:
  o Town of Windham
  o Latinos in the Windham HSA

The next table identifies additional, unfavorable community health indicators within the DataHaven report for the community assessed by Windham Hospital. This table focuses on health behaviors and outcomes.

Unfavorable Secondary Data Indicators
Health Behaviors and Outcomes

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
Life expectancy (years)	Windham	77.5	80.3	Connecticut	Table 1
Self-rated health "excellent" or "very good"	Windham	46.0%	60.0%	Connecticut	Figure 13
Smoking	Windham	18.0%	14.0%	Connecticut	Figure 13
Obesity	Windham	30.0%	25.0%	Windham HSA	Figure 13
Experiencing anxiety	Windham	19.0%	12.0%	Connecticut	Table 8
Experiencing anxiety - Black	Connecticut	15.0%	11.0%	Experiencing anxiety - White	Table 8
Experiencing anxiety - Latino	Connecticut	19.0%			
Bothered by depression	Windham	17.0%	9.0%	Connecticut	Table 8
Bothered by depression - Black	Connecticut	10.0%	8.0%	Bothered by depression - White	Table 8
Bothered by depression - Latino	Connecticut	14.0%			
Share of drug overdose deaths involving fentanyl, 2019-2020	Windham HSA	88.0%	36.0%	Share of drug overdose deaths involving fentanyl, 2015-2016	Figure 16
Late or no prenatal care	Windham	4.1%	3.4%	Late or no prenatal care - Connecticut	Table 9
Low birthweight	Windham	9.5%	7.8%	Low birthweight, Connecticut	Table 9
Maternal mortality per 100,000 births - Black	Connecticut	48.0	14.8	Maternal mortality per 100,000 births - White	Figure 19

Source: Analysis of DataHaven Report, March 2021 (see Appendix B).

These indicators suggest that the following additional community health issues are significant within the community assessed by Windham Hospital:

- In the Town of Windham:
  o Comparatively short life expectancy
  o Comparatively few individuals rating their overall health to be "excellent" or "very good"
  o Comparatively high rates of smoking and obesity
  o Comparatively high proportions of people experiencing anxiety and bothered by depression
  o Above average prevalence of low birthweight births and women with late or no prenatal care
- Mental health disparities across Connecticut for Black and Latino residents
- A significant increase in the number of drug overdose deaths involving fentanyl in the Windham HSA
- A comparatively high Black maternal mortality rate in Connecticut

Additional Secondary Data

DATA AND ANALYSIS

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties across the United States can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

County-level data from SparkMap also were assessed. SparkMap is a product of the Center for Applied Research and Engagement Systems (CARES) and hosted by the University of Missouri.

Unfavorable County-Level Secondary Data Indicators
CHSI and SparkMap

Indicator	Area	Value	Benchmark Value	Benchmark Area	Exhibit
% of Adults Physically Inactive	Windham County	23.1%	19.9%	Connecticut	SparkMap
% with Access to Exercise Opportunities	Tolland County	76.6%	85.3%	Peer Counties	CHSI
% Driving Deaths with Alcohol Involvement	Tolland County	42.7%	30.6%	Peer Counties	CHSI
Per-Capita Supply of Primary Care Physicians	Windham County	50.2	78.2	Peer Counties	CHSI
Per-Capita Supply of Primary Care Physicians	Tolland County	45.6	73.0	Peer Counties	CHSI
Per-Capita Supply of Dentists	Windham County	50.4	65.1	Peer Counties	CHSI
Per-Capita Supply of Dentists	Tolland County	48.7	62.1	Peer Counties	CHSI
Preventable Hospitalizations (per 100,000 Medicare Enrollees)	Windham County	4,763.0	4,179.1	Connecticut	CHSI
% with Severe Housing Problems	Windham County	15.9%	14.2%	Peer Counties	CHSI
% of Population in Rural Areas	Windham County	49.8%	12.0%	Connecticut	SparkMap
% of Population in Rural Areas	Tolland County	38.2%	12.0%	Connecticut	SparkMap
Median Household Income	Windham County	$ 66,560	$ 78,444	Connecticut	SparkMap
Population Below 100% FPL	Windham County	11.4%	9.9%	Connecticut	SparkMap
Children Below 100% FPL	Windham County	14.5%	13.3%	Connecticut	SparkMap
Children Eligible for Free or Reduced Price Lunch	Windham County	47.9%	41.7%	Connecticut	SparkMap
Preschool Enrollment (Age 3-4)	Windham County	58.2%	65.0%	Connecticut	SparkMap
Preschool Enrollment (Age 3-4)	Tolland County	56.8%	65.0%	Connecticut	SparkMap
Population 25+ with Bachelor's Degree or Higher	Windham County	24.3%	39.3%	Connecticut	SparkMap
Population 25+ with No High-School Diploma	Windham County	11.6%	9.4%	Connecticut	SparkMap
Teen Births per 1,000 Population	Windham County	13.5	10.9	Connecticut	SparkMap
Cancer Incidence All Sites	Windham County	494.8	470.6	Connecticut	SparkMap
Medicare Beneficiaries with Asthma	Windham County	8.2%	6.5%	Connecticut	SparkMap
Adults with Diabetes (Age Adjusted Rate)	Windham County	9.4%	7.8%	Connecticut	SparkMap
Years of Life Lost per 100,000	Windham County	7,090	5,677	Connecticut	SparkMap
Age Adjusted Death Rate - Suicide (Per 100,000)	Windham County	14.4	10.5	Connecticut	SparkMap
Age Adjusted Death Rate - Suicide (Per 100,000)	Tolland County	14.3	10.5	Connecticut	SparkMap
Adults with BMI > 30.0 (Obese)	Windham County	30.6%	26.0%	Connecticut	SparkMap

Sources: Verité analysis of County Health Rankings data; SparkMap.

The CHSI and SparkMap data suggest that certain additional issues are present in Windham and Tolland counties:

- Windham and Tolland counties:
  - o Per-capita supply of primary care physicians
  - o Per-capita supply of dentists
  - o Suicide rate
- Windham County:
  - o Physical inactivity
  - o Preventable hospitalizations
  - o Teen birth rate
  - o Adult asthma (Medicare beneficiaries)
  - o Adults with diabetes
  - o Cancer incidence

SparkMap also maintains data regarding the COVID-19 pandemic.

COVID-19 Cases and Deaths (as of June 3, 2021)

Area	Cases	Deaths	Incidence Rate per 100,000	Mortality Rate per 100,000	Adults Fully Vaccinated	Adults Hesitant About Receiving Vaccination
Windham County	10,888	195	9,303.80	166.6	44.0%	6.5%
Tolland County	9,598	187	6,359.60	123.9	49.4%	5.3%
Connecticut	346,495	8,246	9,698.50	230.8	67.5%	5.2%
United States	32,832,861	587,452	10,063.30	180.1	52.5%	10.4%

Source: Johns Hopkins University via SparkMap, 2021

Per capita COVID-19 cases and deaths in Windham and Tolland counties have been lower than state and U.S. averages.

Community Input Summary

Community input regarding community health issues was obtained by conducting eleven (11) interviews with twelve (12) stakeholders. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations. *See* Appendix C for information regarding those who participated in the community input process.

Questions focused first on identifying and discussing the most significant health issues in the community. Interviews then focused on impacts associated with the COVID-19 pandemic and on what has been learned about the community's health given those impacts. Stakeholders also were asked to describe the types of initiatives, programs, and investments that can be implemented to address the identified issues and risks.

Interviewees most frequently identified the following issues as significant.

- Virtually all interviewees identified **transportation** as a significant issue. Limited transportation resources affect the ability of residents to access a variety of health and other basic needs resources.

    o In particular, **non-emergency medical transportation** options are needed so that residents can access preventive health services and adhere to treatment plans.

    o Public transportation options are limited and/or unreliable for most residents. Frequent schedule changes are problematic.

    o Populations most at risk due to transportation challenges include: low-income populations, rural populations, and the elderly.

- **Access to medical care** was identified as problematic for several reasons, including:

    o The **cost of care** – which is considered most significant for **lower-income residents**.

    o **Gaps in health insurance coverage** including high copays and deductibles also contribute to access problems, particularly for the "working poor." These individuals are ineligible for Medicaid and other federal programs but often live "paycheck-to-paycheck" and have limited health insurance benefits.

    o **Windham Hospital service reductions** – specifically OB/GYN services also was identified as a concern.

- Community members are experiencing significant difficulties **navigating the healthcare system and connecting to needed services**. Barriers include limited awareness about the services and their eligibility requirements, long wait times, and insurance restrictions.

- **Disparities in health** – both in terms of access to services and in health outcomes – are widespread and significant.

    o Windham has a large **Hispanic and Latino population** with reduced ability to access care due to language barriers, certain cultural norms, and problems obtaining insurance coverage due to immigration status. Significant language barriers are present for primary care, mental health, and social services.

    o Both **Black populations** and **low-income and impoverished populations** experience significant barriers to accessing care and remaining healthy.

    o **Systemic racism** – including within the healthcare system – also is a prevalent issue.

- **Mental health status** is a significant concern. Many interviewees cited the increasing prevalence of depression, anxiety, and severe mental health conditions. **Access to mental health care** is limited due to an undersupply of providers and long waiting lists for services.

- **Social determinants of health** are significant for various segments of the population. Many issues were identified, including problems with **access to basic needs** such as food and affordable housing.

  o **Poverty and income disparity** is an underlying contributor to many needs, impacting the ability of residents to live healthy lives.

  o **Food insecurity** is a significant issue – made worse by the **COVID-19 pandemic**. Many have limited access to healthy food due to financial barriers, transportation issues, cultural norms, and education around healthy eating.

  o The ability to find **safe and affordable housing** is limited for many.

  o In some areas, **community safety** is affecting the ability to feel safe and mentally well and to live healthy lifestyles.

- Stakeholders were asked about the impacts of the **COVID-19 pandemic**. All stated that the impacts have been significant.

  o **Isolation** of populations during the pandemic has worsened mental and physical health. People experiencing these problems have been unable to interact with people who can help.

  o The **economic impacts of the pandemic** are extensive and not yet fully realized, including job losses, housing instability, and business closures.

  o The pandemic has **exposed weaknesses in public health infrastructure and preparedness.** Public health responses have taken time to implement, including testing, vaccinations, masking, and other interventions. Interviewees emphasized the need for **better, coordinated information regarding the pandemic and vaccine availability**.

- While **telehealth services have expanded greatly** during the pandemic and have increased access to care, issues with technology knowledge and costs have created a **"digital divide."** Many cannot access these services due to the cost, availability, and knowledge of modern technologies. Low income, rural, and elderly populations are particularly affected.

- **Elderly residents** are considered particularly vulnerable due to transportation issues, the digital divide, the high costs of remaining in homes as they age, and other issues.

- **Substance abuse** issues were also identified as significant, specifically opioid use and the rise of fentanyl.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities, clinics, and resources available in the Windham Hospital community that are available to address community health needs.

Hospitals

The following table presents information on hospital facilities located in Tolland and Windham counties.

Hospitals Located in Community Counties

Name	Hospital Type	City	ZIP Code
Tolland County, CT			
Johnson Memorial Hospital	General Hospital	Stafford Springs	06076
Natchaug Hospital, Inc.	Hospital for Mentally Ill Persons	Mansfield Center	06250
Rockville General Hospital	General Hospital	Vernon Rockville	06066
Windham County, CT			
Day Kimball Hospital	General Hospital	Putnam	06260
Windham Community Memorial Hospital, Inc.	General Hospital	Willimantic	06226

Source: State of Connecticut eLicense web portal, 2021.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are three FQHC sites operating in Windham Hospital's HSA.

Federally Qualified Health Centers Located the Hospital HSA

Name	Address	City	ZIP Code
Generations Family Health Center, Inc.	40 Mansfield Ave	Willimantic	06226
Leap SBHC	729 Main St	Willimantic	06226
Generations Family Health Center	1315 Main St	Willimantic	06226

Source: HRSA, 2021.
Note: According to Windham Hospital, Generations Health Center has only one location in Willimantic (40 Mansfield Avenue) and no school based health center (SBHC) currently is operating in the HAS.

According to 2019 data published by the Health Resources and Services Administration:

- 13.4 percent of uninsured persons; and
- 18.2 percent of Medicaid enrollees in the Windham community are served by FQHCs.

Nationally, FQHCs served 22 percent of uninsured patients and 19 percent of the nation's Medicaid recipients.[1]

Other Community Resources

Many social services and resources are available throughout the community and the State of Connecticut to assist residents. The United Way of Connecticut, with support from the State of Connecticut and Connecticut United Ways, maintains a database of resources to serve residents. The United Way 2-1-1 is available online and by telephone, 24-hours a day, seven days a week, and has resources in the following categories:

- Basic Needs;
- Children & Families;
- Crisis;
- Food;
- Health Care;
- Housing;
- Income;
- Legal Assistance;
- Mental Health;
- Older Adults;
- Re-Entry;
- Substance Use;
- Transportation;
- Utility Assistance; and
- Youth.

Additional information about these resources and participating providers can be found at: https://www.211ct.org/.

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[1] See: http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/chartbook-2020-final/ and https://www.udsmapper.org/.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[2] In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community's health needs.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are these problems present?

The focus on **who** is most vulnerable and **where** they live is important to identifying groups experiencing health inequities and disparities. Understanding **why** these issues are present is challenging but is important to designing effective community health improvement initiatives. The question of **how** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged), and/or the hospital

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[2] Internal Revenue Code, Section 501(r).

facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[3] Accordingly, the community definition considered the geographic origins of the hospital's patients and also the hospital's mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews. Interviewees represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health and (2) input from community stakeholders who participated in the interview process.

In addition, data were gathered to evaluate the impact of various services and programs identified in the hospital's previous CHNA process. *See* Appendix D.

Collaborating Organizations

For this community health assessment, Windham Hospital collaborated with the following Hartford Healthcare hospitals: Backus Hospital, Charlotte Hungerford Hospital, Hartford Hospital, Hospital of Central Connecticut, MidState Medical Center, and Natchaug Hospital. These facilities collaborated by gathering and assessing secondary data together, scheduling and conducting interviews together, and by relying on shared methodologies, report formats, and staff to manage the CHNA process.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Hartford HealthCare. Comparisons to benchmarks were made where possible.

Input from persons representing the broad interests of the community was taken into account through key informant interviews with twelve (12) individuals. Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

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[3] 501(r) Final Rule, 2014.

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 60 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in hospital community benefits and Community Health Needs Assessments.

DataHaven is a non-profit organization with a 25-year history of public service to Connecticut. Its mission is to empower people to create thriving communities by collecting and ensuring access to data on well-being, equity, and quality of life. DataHaven is a formal partner of the National Neighborhood Indicators Partnership of the Urban Institute in Washington, D.C.

APPENDIX B – DATAHAVEN 2021 EQUITY PROFILE

Please refer to the Windham Hospital H.S.A. 2021 Equity Profile pdf.

# WINDHAM HOSPITAL HSA 2021 EQUITY PROFILE

Contents

EXECUTIVE SUMMARY

Throughout most of the measures in this report, there are important differences by race/ethnicity and neighborhood that reflect differences in access to resources and other health-related social needs. Wherever possible, data will be presented with racial/ethnic breakdowns.

- The Windham Hospital HSA is a region of **81,407 residents**, including **13,301 children** and **10,677 seniors**.

- The population of the Windham Hospital HSA is **25 percent** people of color and **8 percent** foreign-born.

- Of the region's **26,339 households**, **68 percent** are owner-occupied.

- **Thirty-six percent** of the Windham Hospital HSA's households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.

- **Eighty-nine percent** of the region's public high school seniors graduated within four years in 2019.

- Among the region's adults ages 25 and up, **35 percent** have earned a bachelor's degree or higher.

- The Windham Hospital HSA is home to **26,317 jobs**, with the largest share in the Health Care and Social Assistance sector.

- The median household income in the Windham Hospital HSA is **$69,640**.

- The Windham Hospital HSA's average life expectancy is **79.8 years**.

- **Fifty-eight percent** of adults in Windham Hospital HSA say they are in excellent or very good health.

- In 2020, **27 people** in the Windham Hospital HSA died of drug overdoses.

- **Eighty-three percent** of adults in Windham Hospital HSA are satisfied with their area, and **54 percent** say their local government is responsive to residents' needs.

- In the 2020 presidential election, **78 percent** of registered voters in the Windham Hospital HSA voted.

- **Thirty-eight percent** of adults in Windham Hospital HSA report having stores, banks, and other locations in walking distance of their home, and **41 percent** say there are safe sidewalks and crosswalks in their neighborhood.

DataHaven

OVERVIEW

For the purposes of this report, the Windham Hospital HSA will be compared to Connecticut, as well as to the area's core city of Windham when available. Where necessary, data may be presented for Tolland and Windham Counties as a proxy region, covering at least 90 percent of the HSA's population. **Charts and tables based on these proxy areas are noted as such in their titles.** In addition, DataHaven Community Wellbeing Survey data are presented for Tolland & Windham Counties where sample sizes are otherwise too small.

Figure 1: Study area
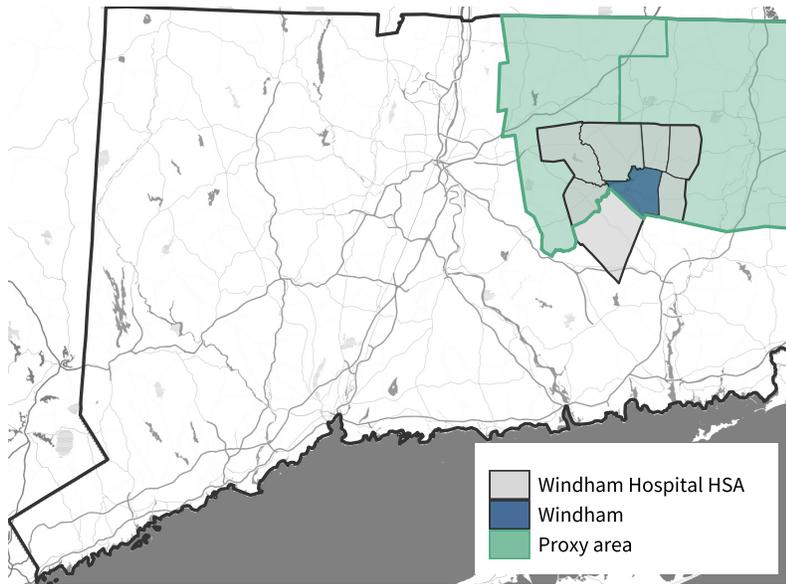
Windham Hospital HSA is made up of the following towns *(with population)*:

- Chaplin *(2,489)*
- Columbia *(5,417)*
- Coventry *(12,433)*
- Hampton *(1,830)*
- Lebanon *(7,215)*
- Mansfield *(25,799)*
- Scotland *(1,569)*
- Windham *(24,655)*

The proxy for the area is the combination of:

- Tolland County *(151,002)*
- Windham County *(116,627)*

Table 1: About the area

| Indicator	Connecticut	Windham Hosp. HSA	Windham
Total population	3,575,074	81,407	24,655
Total households	1,370,746	26,339	8,590
Homeownership rate	66%	68%	47%
Housing cost burden rate	36%	36%	44%
Adults with less than a high school diploma	9%	9%	19%
Median household income	$78,444	$69,640	$47,481
Poverty rate	10%	15%	25%
Life expectancy (years)	80.3	79.8	77.5
Adults w/o health insurance	10%	10%	15%

DataHaven

DEMOGRAPHICS

As of 2019, the population of the Windham Hospital HSA is 81,407, including 6,397 residents (8 percent) who are foreign-born. Twenty-five percent of the Windham Hospital HSA's residents are people of color.

Table 2: Population by race/ethnicity and age group, 2019

Area	White		Black		Latino		Asian		Native American		Other race/ethnicity	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	2,392,013	67%	354,120	10%	574,240	16%	159,989	4%	5,596	<1%	89,116	2%
Windham Hospital HSA	61,453	75%	2,190	3%	12,754	16%	3,446	4%	52	<1%	1,512	2%
Windham	12,471	51%	1,093	4%	10,143	41%	421	2%	<50	N/A	510	2%

Sixteen percent of Windham Hospital HSA's residents are children under age 18, and 13 percent are adults ages 65 and up. As Connecticut's predominantly white Baby Boomers age, younger generations are driving the state's increased racial and ethnic diversity. Black and Latino populations in particular skew much younger than white populations. In Windham Hospital HSA, 28 percent of Black and Latino residents are children, compared to 14 percent of white residents.

Figure 2: Population by race/ethnicity and age group, 2019

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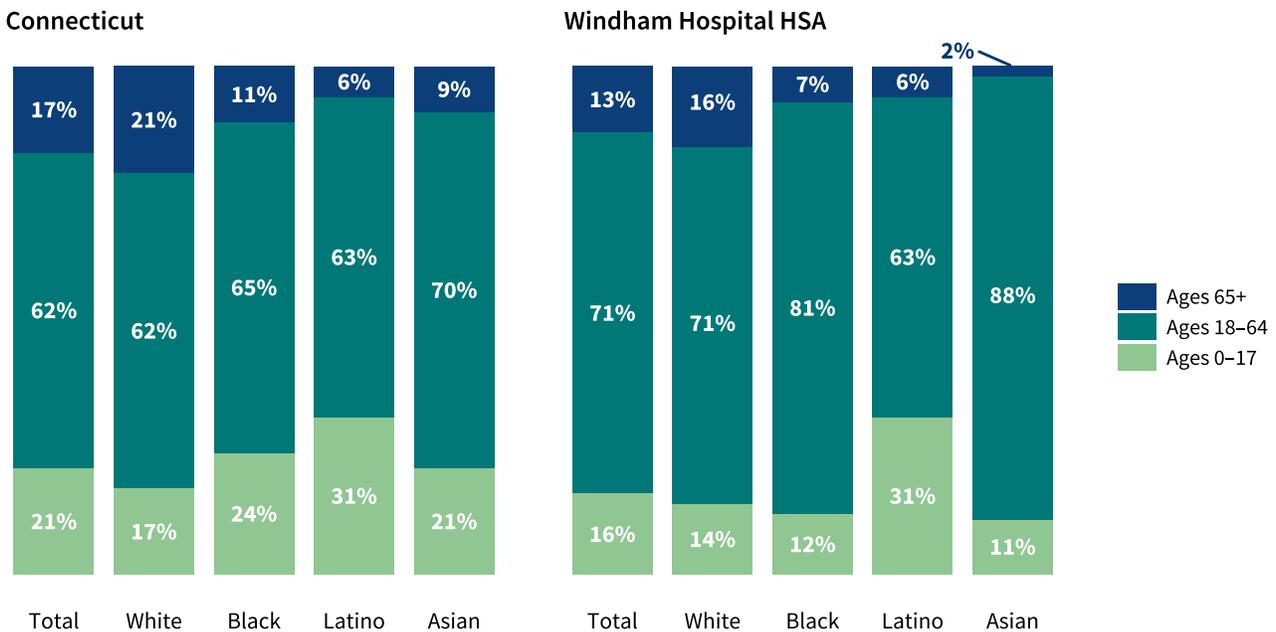
Linguistic isolation is characterized as speaking English less than "very well." People who struggle with English proficiency may have difficulty in school, seeking health care, accessing social services, or finding work in a largely English-speaking community. In the Windham Hospital HSA, 5,333 residents, or 7 percent of the population age 5 and older, are linguistically isolated. Latinos and Asian Americans are more likely to be linguistically isolated than other racial/ethnic groups.

Figure 3: Linguistic isolation by race/ethnicity, 2019

Legend: ● White ● Black ● Latino ● Asian

Connecticut: White 3%, Black 5%, Asian 28%, Latino 30%
Windham Hosp. HSA: White 1%, Black 8%, Latino 28%, Asian 28%
Windham: White 1%, Black 13%, Latino 35%, Asian 51%

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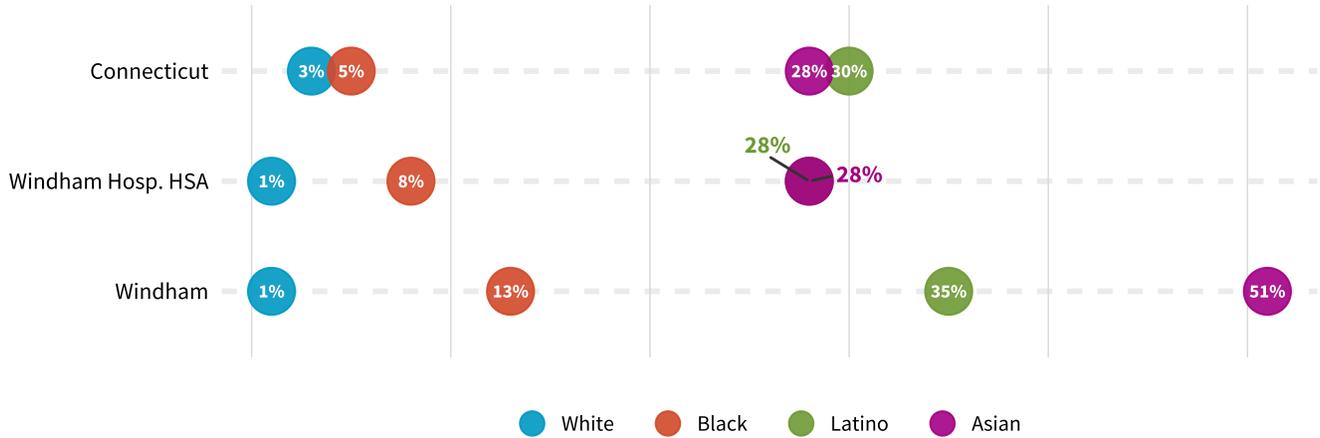
HOUSING

The Windham Hospital HSA has 26,339 households, of which 67 percent are homeowner households. Of the Windham Hospital HSA's 28,858 housing units, 70 percent are single-family and 28 percent are multifamily, compared to Windham, where 47 percent are single-family and 50 percent are multifamily.
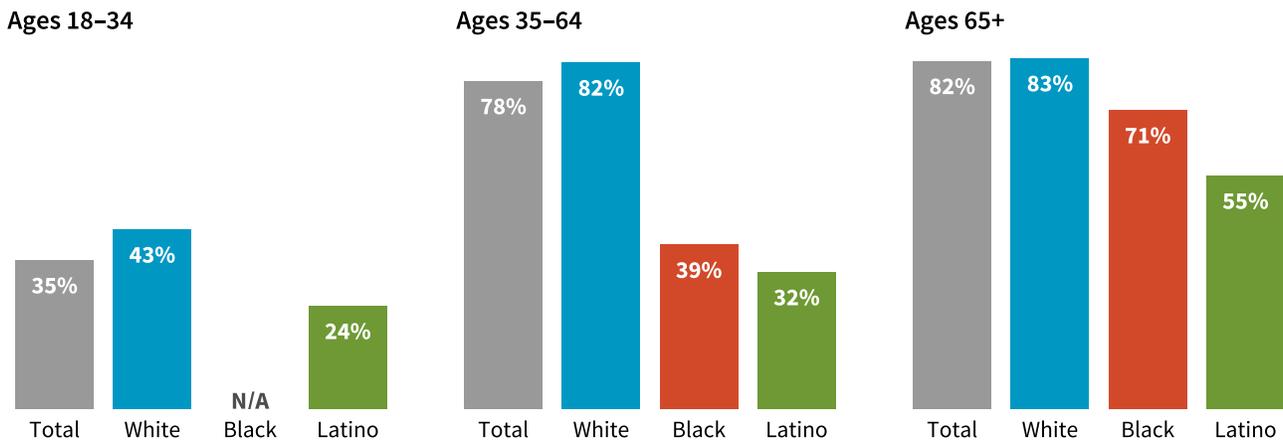
Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for advantaged groups because the process of purchasing a home has a long history of racially discriminatory practices that continue to restrict access to homeownership today. This challenge, coupled with municipal zoning dominated by single-family housing, results in de facto racial and economic segregation seen throughout Connecticut.

Table 3: Homeownership rate by race/ethnicity of head of household, 2019

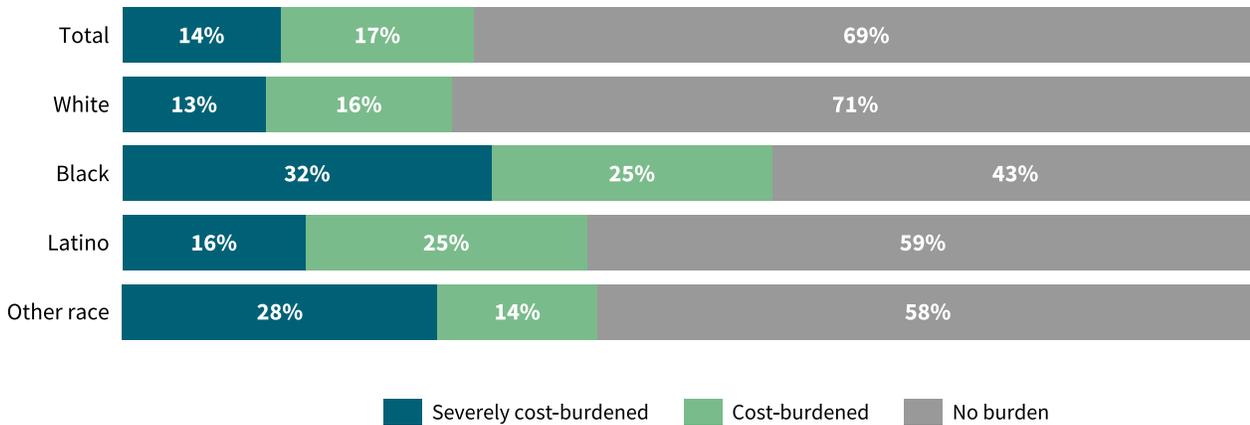| Area	Total	White	Black	Latino	Asian	Native American
Connecticut	66%	76%	39%	34%	58%	40%
Windham Hospital HSA	68%	77%	30%	27%	44%	36%
Windham	47%	63%	27%	24%	N/A	29%

Younger adults are less likely than older adults to own their homes across several race/ethnicity groups; however, younger white adults own their homes at rates comparable to or higher than older Black and Latino adults.

Figure 4: Homeownership rates by age and race/ethnicity of head of household, Windham Hospital HSA (with proxy area), 2019

Ages 18–34

Total	White	Black	Latino
35%	43%	N/A	24%

Ages 35–64

Total	White	Black	Latino
78%	82%	39%	32%

Ages 65+

Total	White	Black	Latino
82%	83%	71%	55%

DataHaven

A household is cost-burdened when they spend 30 percent or more of their income on housing costs, and severely cost-burdened when they spend half or more of their income on housing costs. Housing costs continue to rise, due in part to municipal zoning measures that limit new construction to very few towns statewide. Meanwhile, wages have largely stagnated, especially among lower-income workers who are more likely to rent. As a result, cost burden generally affects renters more than homeowners, and has greater impact on Black and Latino householders. Among renter households in the Windham Hospital HSA, 59 percent are cost-burdened, compared to 26 percent of owner households.

Figure 5: Housing cost-burden rates by race/ethnicity, Windham Hospital HSA (with proxy area), 2019

	Severely cost-burdened	Cost-burdened	No burden
Total	14%	17%	69%
White	13%	16%	71%
Black	32%	25%	43%
Latino	16%	25%	59%
Other race	28%	14%	58%

Household overcrowding is defined as having more than one occupant per room. Overcrowding may increase the spread of illnesses among the household and can be associated with higher levels of stress. Increasing the availability of appropriately-sized affordable units helps to alleviate overcrowding.

Table 4: Overcrowded households by race/ethnicity of head of household, 2019

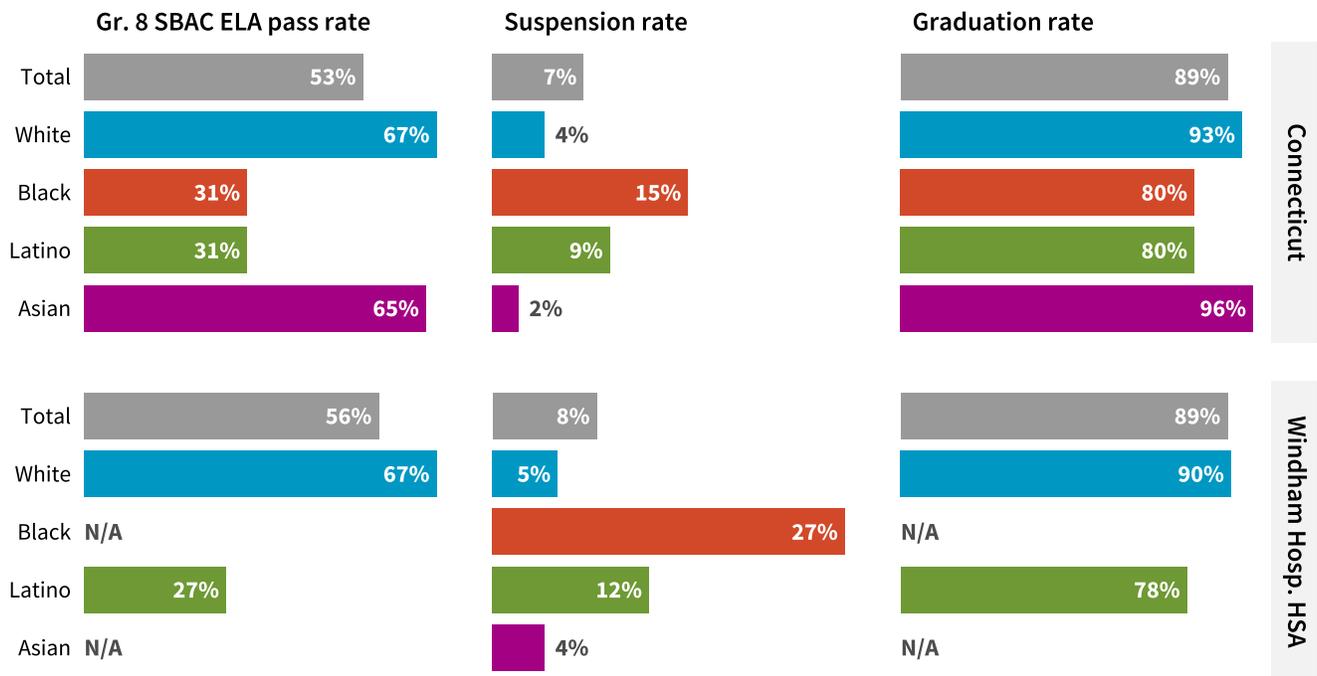| Area	Total Count	Total Share	White Count	White Share	Black Count	Black Share	Latino Count	Latino Share	Asian Count	Asian Share	Native American Count	Native American Share
Connecticut	25,541	2%	7,252	<1%	4,437	3%	10,771	6%	2,954	6%	158	4%
Windham Hospital HSA	519	2%	243	1%	<50	N/A	207	5%	<50	N/A	<50	N/A
Windham	259	3%	55	1%	<50	N/A	188	6%	<50	N/A	<50	N/A

DataHaven

EDUCATION

As of the 2019–2020 year, there were 9,202 students enrolled in the public K–12 school districts serving towns in the Windham Hospital HSA. Tracking student success measures is important since disparate academic and disciplinary outcomes are observed as early as preschool and can ultimately affect a person's long-term educational attainment and economic potential.

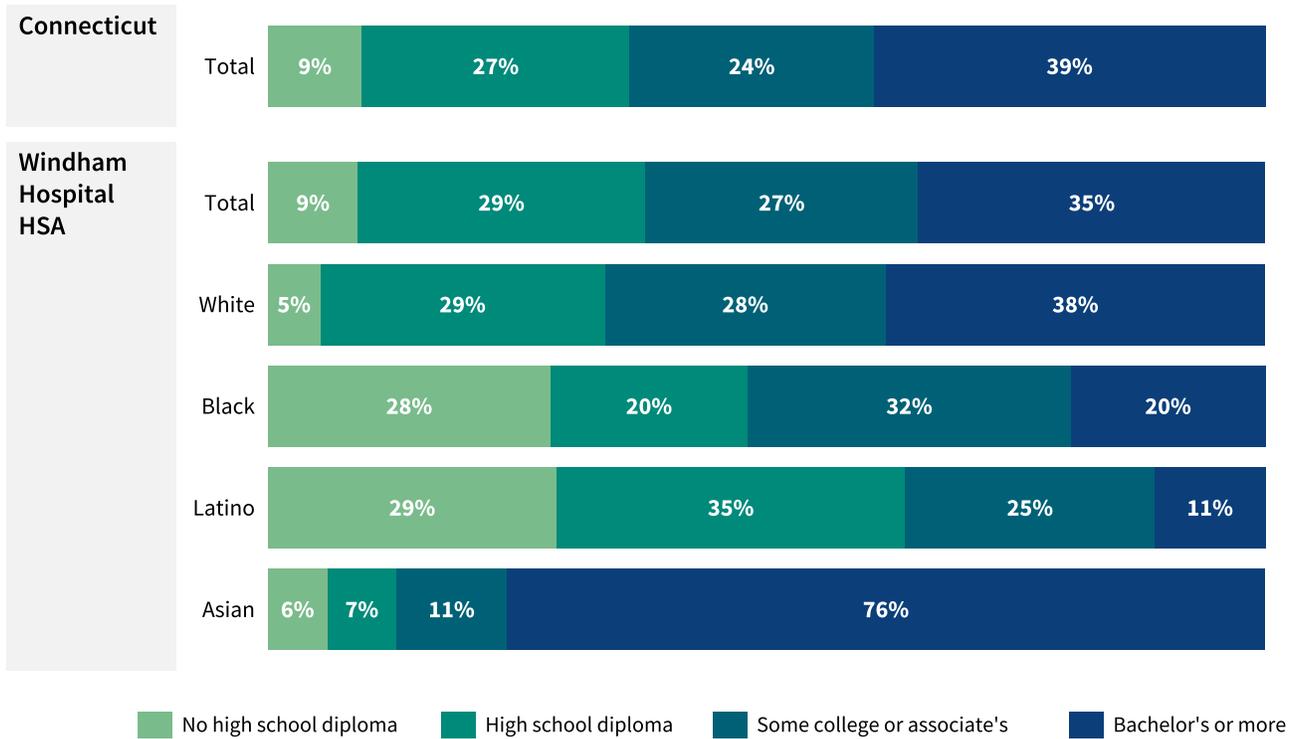**Figure 6: Public K–12 student enrollment by race/ethnicity per 100 students, 2019–2020**
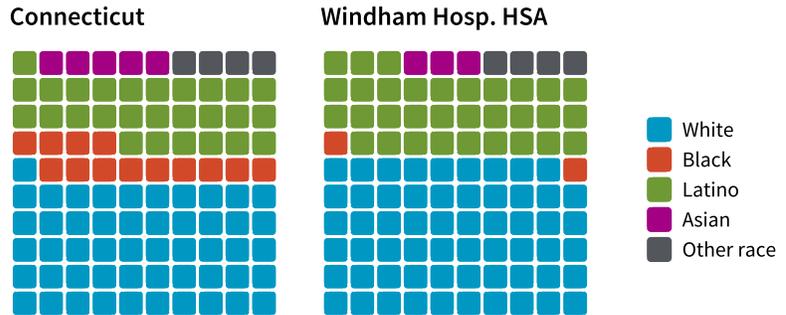
Connecticut   Windham Hosp. HSA

- White
- Black
- Latino
- Asian
- Other race

Figure 7: Selected academic and disciplinary outcomes by student race/ethnicity, 2018–2019

Gr. 8 SBAC ELA pass rate

Connecticut
- Total: 53%
- White: 67%
- Black: 31%
- Latino: 31%
- Asian: 65%

Windham Hosp. HSA
- Total: 56%
- White: 67%
- Black: N/A
- Latino: 27%
- Asian: N/A

Suspension rate

Connecticut
- Total: 7%
- White: 4%
- Black: 15%
- Latino: 9%
- Asian: 2%

Windham Hosp. HSA
- Total: 8%
- White: 5%
- Black: 27%
- Latino: 12%
- Asian: 4%

Graduation rate

Connecticut
- Total: 89%
- White: 93%
- Black: 80%
- Latino: 80%
- Asian: 96%

Windham Hosp. HSA
- Total: 89%
- White: 90%
- Black: N/A
- Latino: 78%
- Asian: N/A

DataHaven

Adults with high school diplomas or college degrees have more employment options and considerably higher potential earnings, on average, than those who do not finish high school. In the Windham Hospital HSA, 9 percent of adults ages 25 and over, or 3,940 people, lack a high school diploma; statewide, this value is 9 percent.

Figure 8: Educational attainment by race/ethnicity, share of adults ages 25 and up, 2019

		No high school diploma	High school diploma	Some college or associate's	Bachelor's or more
Connecticut	Total	9%	27%	24%	39%
Windham Hospital HSA	Total	9%	29%	27%	35%
	White	5%	29%	28%	38%
	Black	28%	20%	32%	20%
	Latino	29%	35%	25%	11%
	Asian	6%	7%	11%	76%

Legend: No high school diploma ▪ High school diploma ▪ Some college or associate's ▪ Bachelor's or more
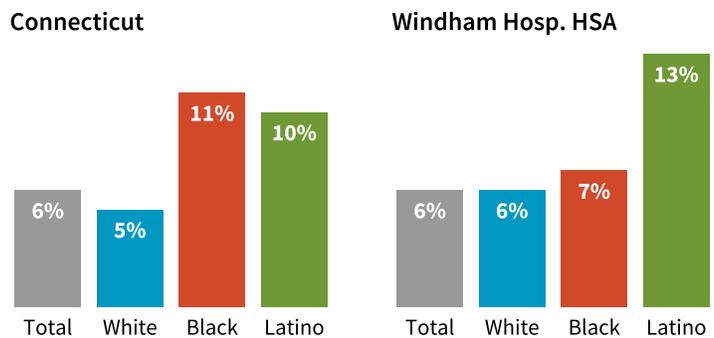
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ECONOMY

There are 26,317 total jobs in the Windham Hospital HSA, with the largest share in the Health Care and Social Assistance sector. While these numbers are from 2019 and do not include economic outcomes related to the COVID-19 pandemic, they describe general labor market strengths and average wages for the area.

Table 5: Jobs and wages in Windham Hospital HSA's 5 largest sectors, 2019

Sector	Connecticut		Windham Hosp. HSA	
	Total jobs	Avg annual pay	Total jobs	Avg annual pay
All Sectors	1,670,354	$69,806	26,317	$51,029
Health Care and Social Assistance	271,014	$54,858	4,088	$49,724
Retail Trade	175,532	$35,833	2,615	$30,585
Accommodation and Food Services	129,012	$23,183	2,288	$22,282
Administrative and Support and Waste Management and Remediation Services	89,852	$47,443	799	$39,219
Manufacturing	161,893	$85,031	784	$66,646

Rates of unemployment tend to vary by race and ethnicity. Generally, workers of color are more likely to be unemployed due to factors ranging from hiring practices to proximity to available jobs. Overall unemployment in the Windham Hospital HSA averaged 6 percent in 2019.

Figure 9: Unemployment rate by race/ethnicity, 2019

Connecticut

Total	White	Black	Latino
6%	5%	11%	10%

Windham Hosp. HSA

Total	White	Black	Latino
6%	6%	7%	13%

10

DataHaven

INCOME & WEALTH

The median household income in Connecticut is $78,444. Within the Windham Hospital HSA, town-level median household incomes range from a minimum of $47,481 in Windham to a maximum of $109,962 in Columbia. Racial disparities in outcomes related to education, employment, and wages result in disparate household-level incomes and overall wealth. Households led by Black or Latino adults generally average lower incomes than white households.

The Supplemental Nutritional Assistance Program (SNAP, or food stamps) is a program available to very low-income households earning less than 130 percent of the federal poverty guideline ($25,750 for a family of four in 2019). Throughout the state, poverty and SNAP utilization rates are higher among Black and Latino households than white households.

Table 6: Selected household economic indicators by race/ethnicity of head of household, 2019

| Indicator	Area	Total		White		Black		Latino		Asian		Native American	
		Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Below poverty level	**Connecticut**	344,146	10%	137,123	6%	65,664	18%	123,431	22%	12,398	8%	1,629	17%
	Windham Hosp. HSA	9,617	15%	4,889	10%	561	33%	3,586	30%	470	28%	<50	N/A
	Windham	5,219	25%	1,618	16%	282	29%	3,119	32%	154	46%	<50	N/A
Receives SNAP	**Connecticut**	162,967	12%	67,339	7%	34,650	26%	56,091	32%	3,145	6%	958	26%
	Windham Hosp. HSA	3,369	13%	1,600	8%	182	24%	1,532	38%	<50	N/A	121	50%
	Windham	2,446	28%	784	16%	182	50%	1,490	46%	<50	N/A	118	56%

Access to a personal vehicle may also be considered a measure of wealth since reliable transportation plays a significant role in job access and quality of life. Vehicle access reduces the time a family may spend running errands or traveling to appointments, school, or work.

Table 7: Households with no vehicle at home by race/ethnicity of head of household (with proxy area), 2019

Area	Total		White		Black		Latino		Other race	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	121,434	9%	55,942	6%	27,048	21%	30,496	17%	7,948	10%
Windham Hospital HSA	5,506	6%	4,243	5%	351	15%	658	10%	254	6%

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Over the past 40 years, neighborhood income inequality has grown statewide as the share of the population living in wealthy or poor neighborhoods has increased and the population in middle income areas declined in a process known as "economic sorting," which often leads to further disparities in access to economic opportunity, healthy environments, and municipal resources.

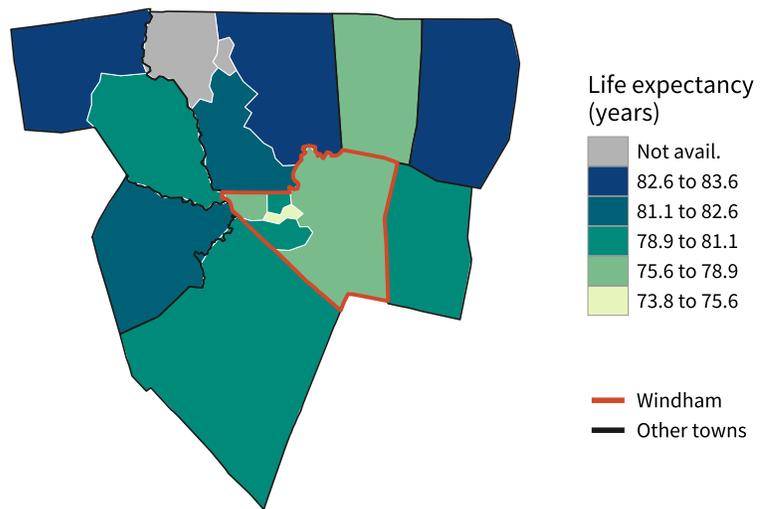**Figure 10: Distribution of population by neighborhood income level, Windham Hospital HSA, 1980–2019**

Neighborhood type
- Affluent
- High income
- Middle income
- Low income
- Poor

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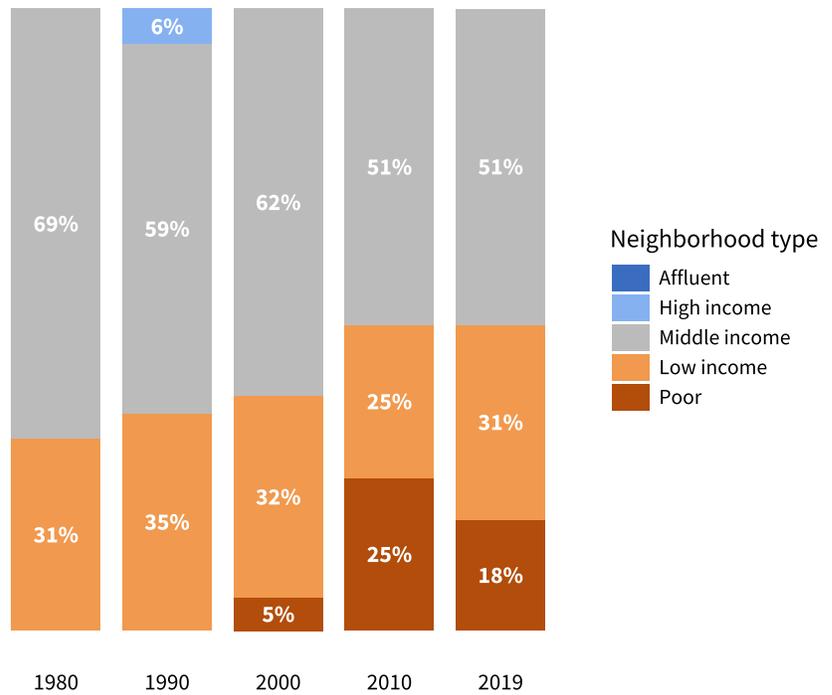
HEALTH

The socioeconomic disparities described above tend to correlate with health outcomes. Factors such as stable housing, employment, literacy and linguistic fluency, environmental hazards, and transportation all impact access to care, physical and mental health outcomes, and overall quality of life. Income and employment status often drive differences in access to healthcare, the likelihood of getting preventive screenings as recommended, the affordability of life-saving medicines, and the ability to purchase other goods and services, including high-quality housing and nutritious food.

Life expectancy is a good proxy for overall health and well-being since it is the culmination of so many other social and health factors. The average life expectancy in the Windham Hospital HSA is 79.8 years, and 80.3 years in Connecticut. Regionally, these values range from a low of 77.5 in Windham to a high of 83.6 in Hampton.

Figure 11: Life expectancy, Windham Hospital HSA by Census tract, 2015

Life expectancy (years)

- Not avail.
- 82.6 to 83.6
- 81.1 to 82.6
- 78.9 to 81.1
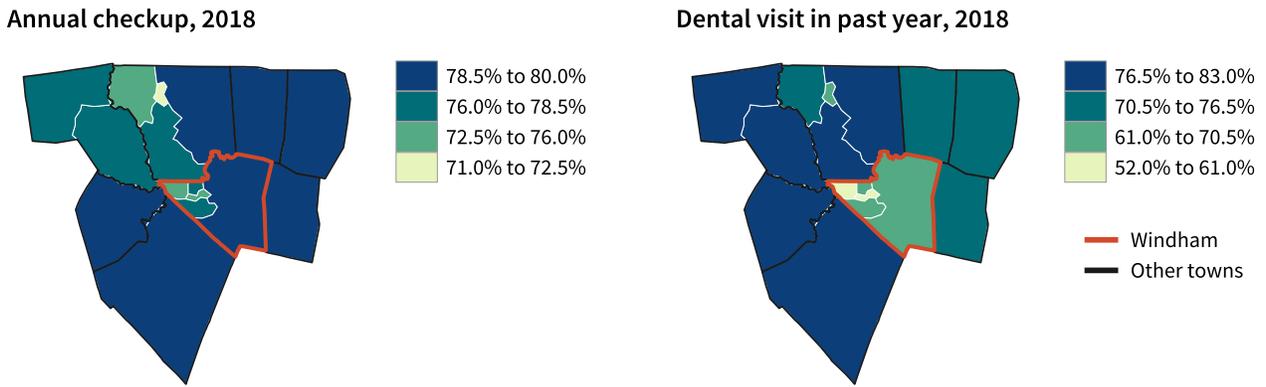- 75.6 to 78.9
- 73.8 to 75.6

— Windham
— Other towns

Health-related challenges begin with access to care. Due to differences in workplace benefits, income, and eligibility factors, Black and especially Latino people are less likely to have health insurance than white people.

Figure 12: Uninsured rate among adults ages 19–64 by race/ethnicity, 2019

Connecticut

Total	White	Black	Latino	Asian
8%	4%	9%	19%	7%

Windham Hospital HSA

Total	White	Black	Latino	Asian
5%	4%	3%	14%	2%

DataHaven
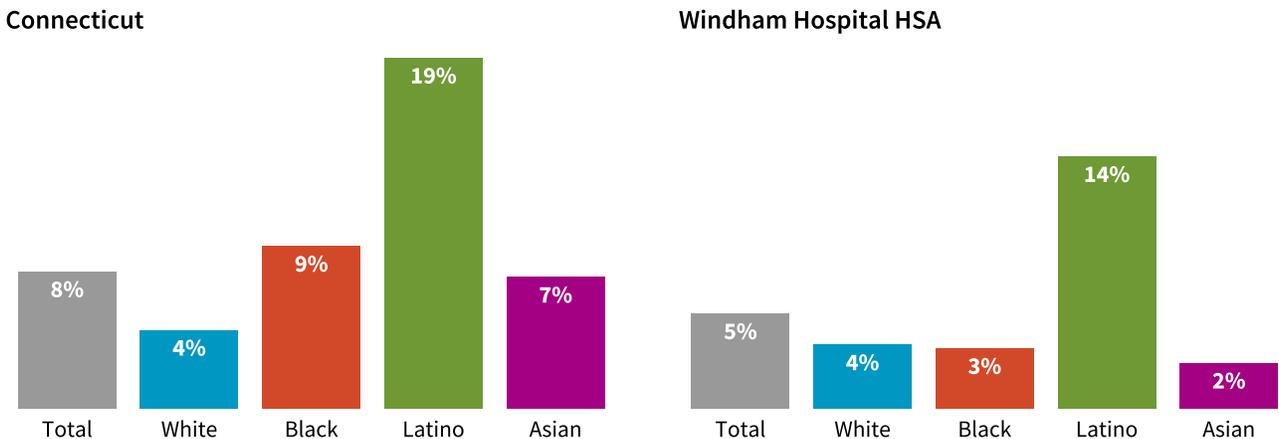
Preventive care can help counteract economic disadvantages, as a person's health can be improved by addressing risk factors like hypertension and chronic stress early. Lack of affordable, accessible, and consistent medical care can lead to residents relying on expensive emergency room visits later on. Overall, 77 percent of the adults in the Windham Hospital HSA had an annual checkup as of 2018, and 72 percent had a dental visit in the past year.

Figure 13: Preventive care measures, share of adults by Census tract, Windham Hospital HSA

Annual checkup, 2018

78.5% to 80.0%
76.0% to 78.5%
72.5% to 76.0%
71.0% to 72.5%

Dental visit in past year, 2018

76.5% to 83.0%
70.5% to 76.5%
61.0% to 70.5%
52.0% to 61.0%

— Windham
— Other towns

Throughout the state, people of color face greater rates and earlier onset of many chronic diseases and risk factors, particularly those that are linked to socioeconomic status and access to resources. For example, diabetes is much more common among older adults than younger ones, yet middle-aged Black adults in Connecticut have higher diabetes rates than white seniors.

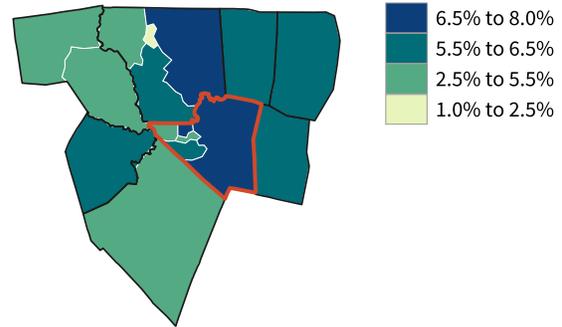**Figure 14: Selected health risk factors, share of adults, 2015–2018**

		Excellent/very good self-rated health	Food insecurity	Smoking	Obesity	Exercise 3+ days a week
Connecticut	Total	60%	13%	14%	27%	61%
Windham Hosp. HSA	Total	58%	13%	14%	25%	64%
	White	60%	13%	15%	24%	64%
	Latino	52%	31%	15%	22%	58%
Windham	Total	46%	21%	18%	30%	62%

DataHaven

Figure 15: Chronic disease prevalence, share of adults by Census tract, Windham Hospital HSA

High blood pressure, 2017

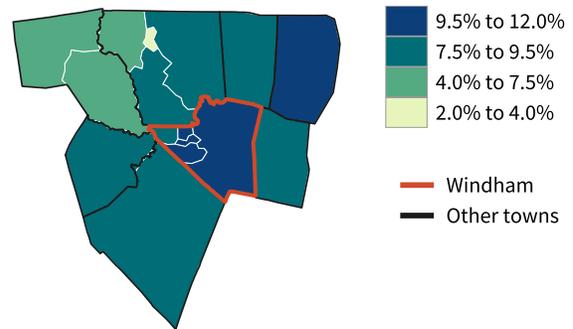|	
■	29.5% to 35.0%
■	24.5% to 29.5%
■	15.0% to 24.5%
■	10.0% to 15.0%
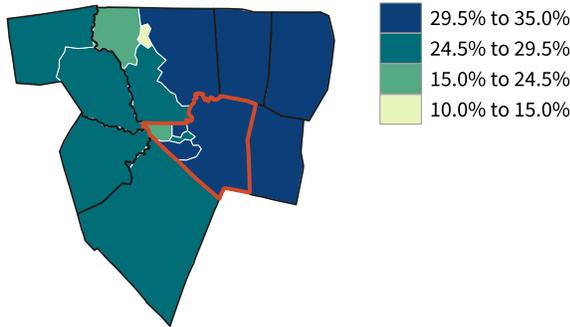
Coronary heart disease, 2018

■	6.5% to 8.0%
■	5.5% to 6.5%
■	2.5% to 5.5%
■	1.0% to 2.5%

Current asthma, 2018

■	12.5% to 14.0%
■	11.5% to 12.5%
■	10.5% to 11.5%
■	10.0% to 10.5%

Diabetes, 2018

■	9.5% to 12.0%
■	7.5% to 9.5%
■	4.0% to 7.5%
■	2.0% to 4.0%

▬	Windham
▬	Other towns
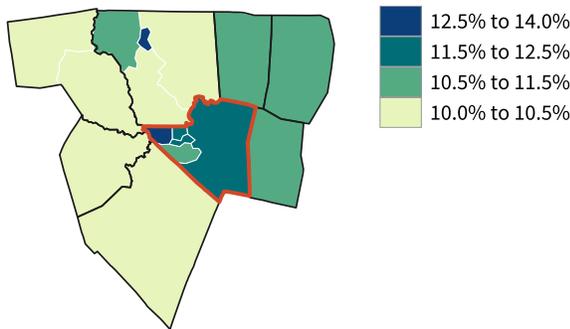
Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems as well, including by complicating a person's ability to keep up other aspects of their health care. People of color are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 13 percent of Windham Hospital HSA adults report experiencing anxiety regularly and 9 percent report being bothered by depression.

Table 8: Selected mental health indicators, share of adults, 2015–2018

Indicator	Area	Total	White	Black	Latino	Asian	Native American
Experiencing anxiety	**Connecticut**	12%	11%	15%	19%	14%	15%
	Windham Hosp. HSA	13%	11%	N/A	20%	N/A	N/A
	Windham	19%	14%	N/A	N/A	N/A	N/A
Bothered by depression	**Connecticut**	9%	8%	10%	14%	8%	12%
	Windham Hosp. HSA	9%	8%	N/A	20%	N/A	N/A
	Windham	17%	18%	N/A	N/A	N/A	N/A

DataHaven

Like other states, Connecticut has seen a rise in drug overdose deaths in the last several years. In 2020, Connecticut saw an average of 113 overdose deaths per month, up from 60 in 2015. White residents long comprised the bulk of these deaths, but with the increasing rate of overdose deaths overall has come an increasing share of people of color counted among overdose deaths.

Figure 16: Age-adjusted monthly rates of drug overdose deaths per 100,000 residents by race/ethnicity, 6-month rolling averages, 2015–2020
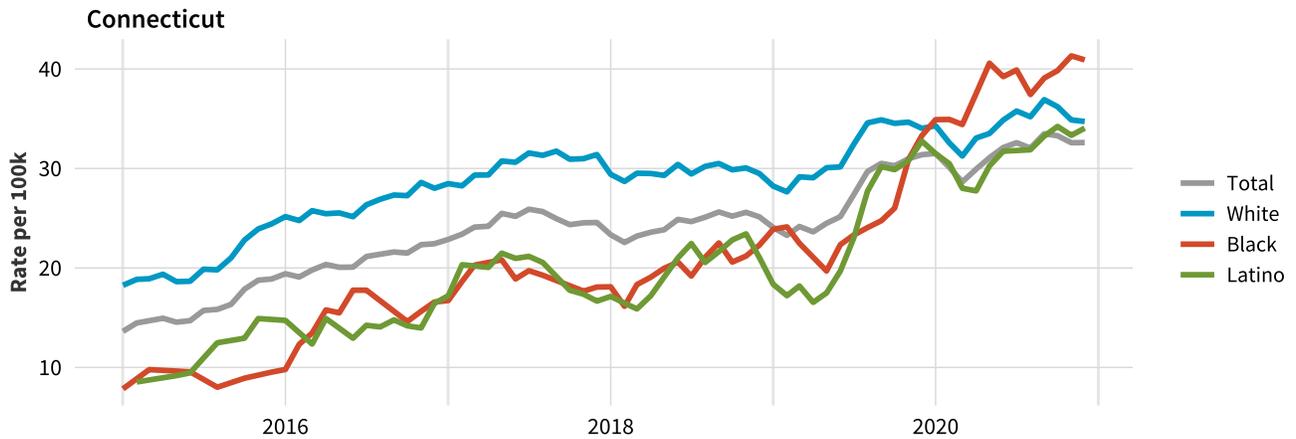
Note: values suppressed for small populations or few overdose incidents.

The introduction and spread of fentanyl in drugs—both with and without users' knowledge—is thought to have contributed to this steep rise in overdoses. In 2015 and 2016, 36 percent of the drug overdose deaths in the Windham Hospital HSA involved fentanyl; in 2019 and 2020, this share was 88 percent.

Figure 17: Share of drug overdose deaths involving fentanyl, 2015–2020

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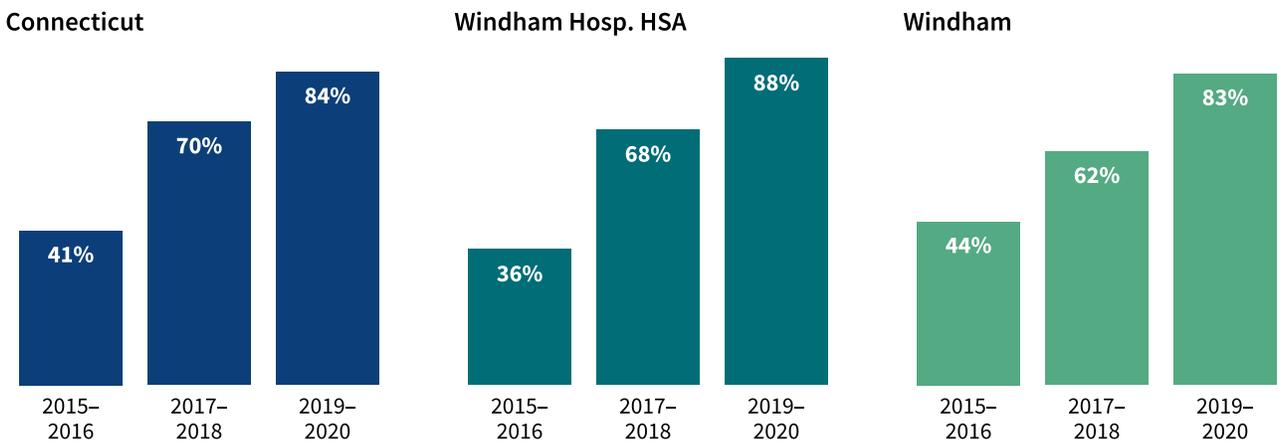
Sexually transmitted infections (STIs) can have long-term implications for health, including reproductive health problems and certain cancers, and can increase the risk of acquiring and transmitting diseases such as HIV and hepatitis C. Following nationwide trends, Connecticut has seen increases in the rates of STIs like chlamydia and gonorrhea over the past two decades. Between 2016 and 2018, Tolland & Windham Counties had annual average case rates of 282 new cases of chlamydia per 100,000 residents, 37 cases of gonorrhea per 100,000, and 1.5 cases of syphilis per 100,000.

Figure 18: Annualized average rates of new cases of selected sexually transmitted infections per 100,000 residents, 2001–2003 through 2016–2018
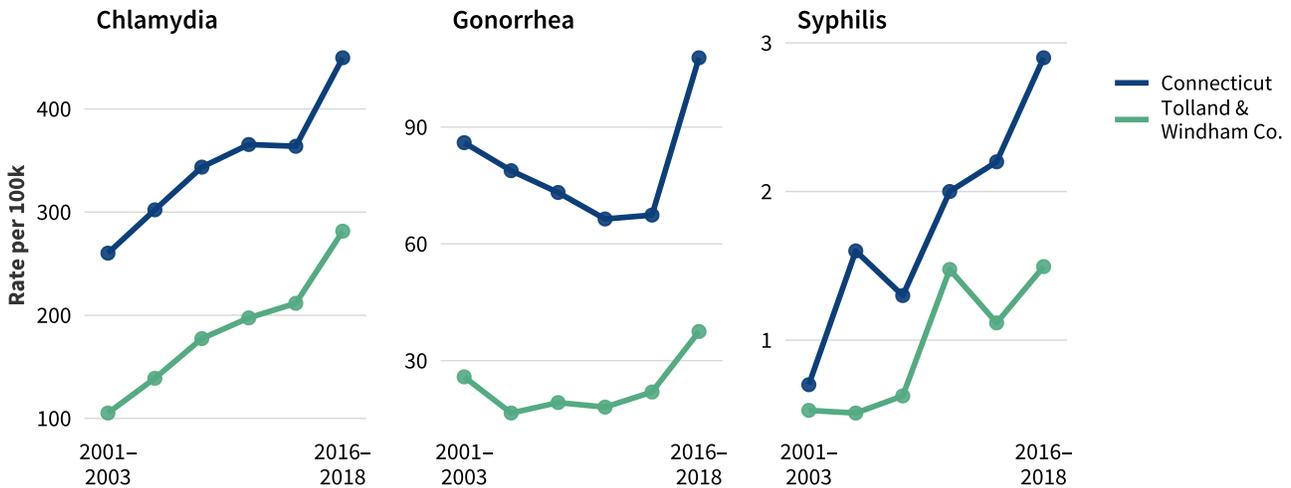
Like many other diseases, Connecticut's Black and Latino residents face a higher burden of HIV rates. Statewide between 2016 and 2018, Black residents ages 13 and up were more than 10 times more likely to be diagnosed with HIV than white residents.

Figure 19: Annualized average rate of new HIV diagnoses per 100,000 residents ages 13 and over, 2016–2018
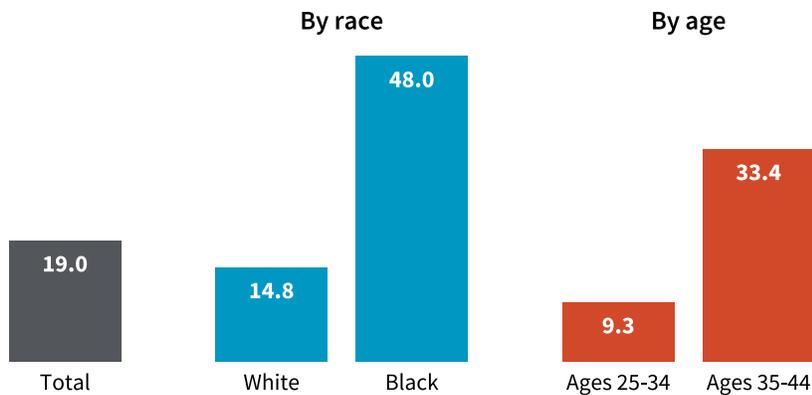
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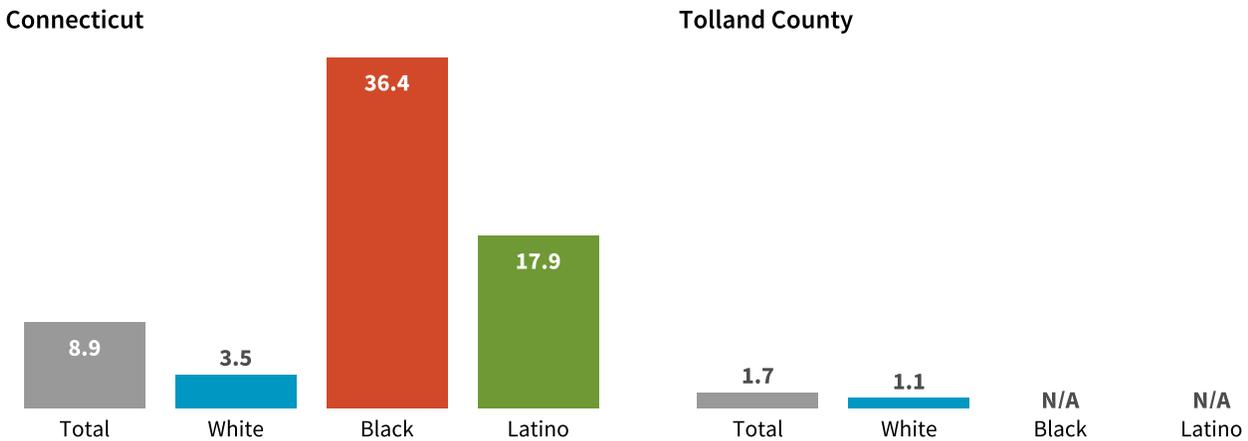
Birth outcomes often reflect health inequities for parents giving birth, and those outcomes can affect a child throughout their life. Often, parents of color have more complications related to birth and pregnancy than white parents. Complications during pregnancy or childbirth also contribute to elevated mortality among parents giving birth.

Table 9: Selected birth outcomes by race/ethnicity of parent giving birth, 2016–2018

Indicator	Area	Total	White	Black	Latina (overall)	Puerto Rican	Other Latina	Asian
Late or no prenatal care	**Connecticut**	3.4%	2.5%	5.7%	4.0%	2.9%	5.1%	3.5%
	Windham Hosp. HSA	2.9%	2.3%	N/A	4.0%	3.3%	5.5%	N/A
	Windham	4.1%	3.8%	N/A	4.0%	3.6%	4.9%	N/A
Low birthweight	**Connecticut**	7.8%	6.4%	12.1%	8.3%	10.2%	6.6%	8.7%
	Windham Hosp. HSA	9.1%	7.7%	N/A	8.9%	4.7%	N/A	N/A
	Windham	9.5%	N/A	N/A	8.9%	N/A	N/A	N/A
Infant mortality (per 1k live births)	**Connecticut**	4.6	3.1	9.5	5.0	N/A	N/A	N/A
	Windham Hosp. HSA	3.5	N/A	N/A	N/A	N/A	N/A	N/A
	Windham	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Note: "Latina" header spans the columns Latina (overall), Puerto Rican, and Other Latina.

Figure 20: Maternal mortality rate per 100k births, Connecticut, 2013–2017

By race

Total: 19.0
White: 14.8
Black: 48.0

By age

Ages 25-34: 9.3
Ages 35-44: 33.4

DataHaven

Children under 7 years old are monitored for potential lead poisoning, and 3.5 percent of these children in the Windham Hospital HSA have blood-lead levels in excess of the state's accepted threshold. Children living in homes built before 1960 are at a higher risk of potential lead poisoning due to the more widespread use of lead-based paints in older homes. Black and Latino households are slightly more likely to live in structures built before 1960.

Table 10: Households living in structures built before 1960 by race/ethnicity of head of household (with proxy area), 2019

Area	Total Count	Total Share	White Count	White Share	Black Count	Black Share	Latino Count	Latino Share	Other race Count	Other race Share
Connecticut	580,941	42%	399,512	40%	63,552	49%	93,011	53%	24,866	32%
Windham Hospital HSA	32,948	33%	28,842	33%	598	25%	2,731	44%	777	20%

DataHaven

CIVIC LIFE & COMMUNITY COHESION

Beyond individual health, several measures from the DataHaven Community Wellbeing Survey show how local adults feel about the health of their neighborhoods. High quality of life and community cohesion can positively impact resident well-being through the availability of resources, sense of safety, and participation in civic life. For example, adults who see the availability of role models in their community may enroll their children in extracurricular activities that benefit them educationally and socially; residents who know and trust their neighbors may find greater social support. Overall, 83 percent of Windham Hospital HSA adults reported being satisfied with the area where they live.

Figure 21: Residents' ratings of community cohesion measures, share of adults, 2015–2018

Connecticut — Windham Hosp. HSA — Windham

DataHaven
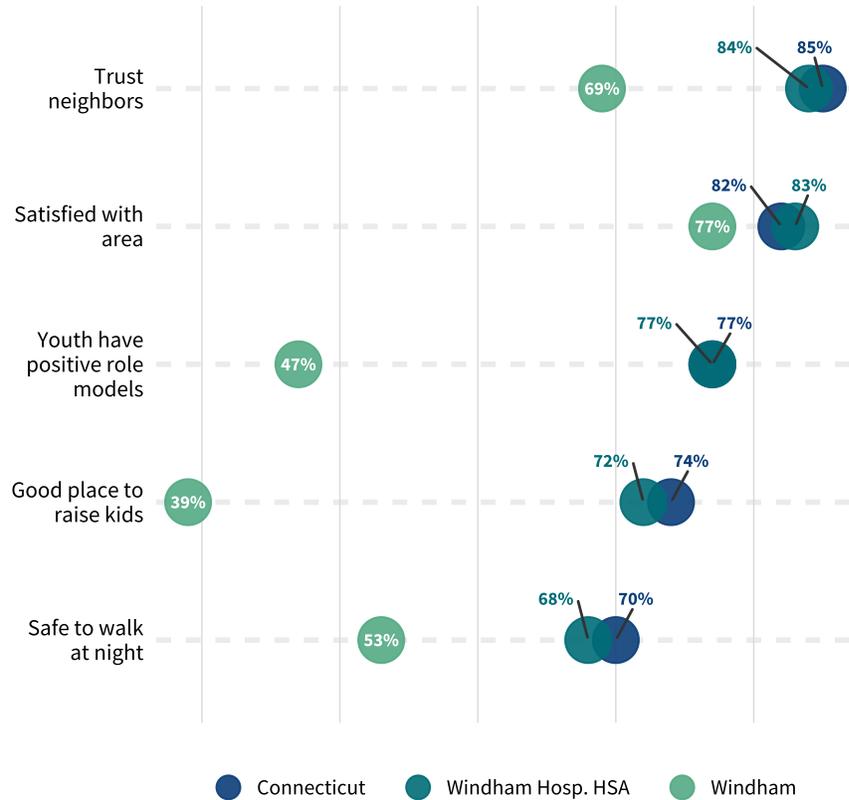
Crime rates per 100,000 residents are based on reports to law enforcement of violent force against persons, as well as offenses involving property. Not all crimes involve residents of the areas where the crimes occur, which is important to consider when evaluating crime rates in areas or towns with more commercial activity. Crime patterns can also vary dramatically by neighborhood. Crime can impact the social and economic well-being of communities, including through negative health effects.

Figure 22: Part I crime rates per 100,000 residents by town / jurisdiction, 2019

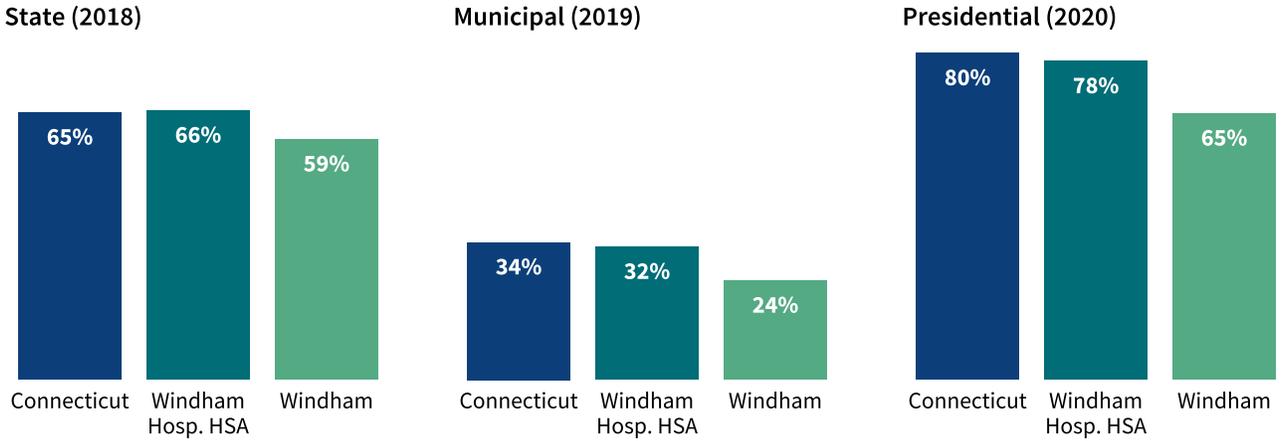**Crimes against persons**
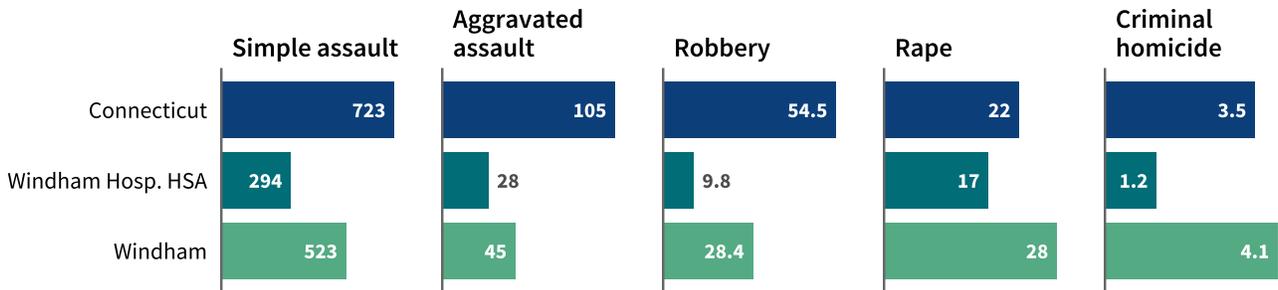
Crimes against property
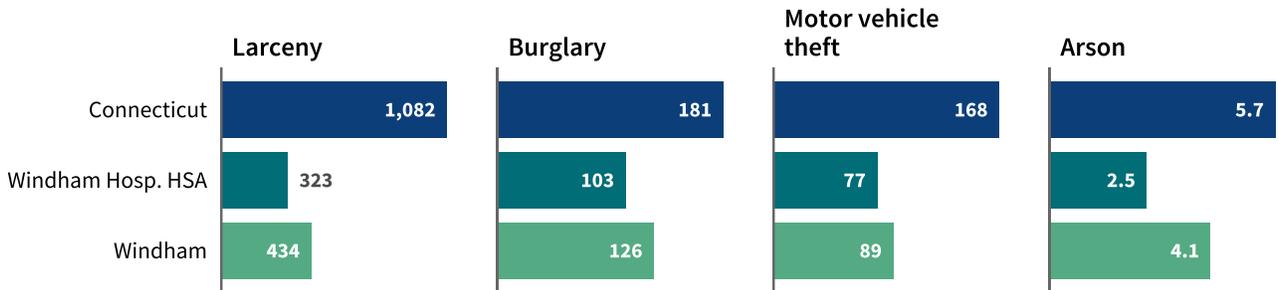
A lack of trust in and engagement with local government and experiences of unfair treatment by authorities can impair community well-being and cohesion. Fifty-four percent of Windham Hospital HSA adults feel their local government is responsive to residents' needs, compared to 51 percent statewide.

Table 11: Residents' ratings of local government, share of adults, 2015–2018

Area	Unfairly stopped by police	Local govt is responsive	Have some influence over local govt
Connecticut	11%	51%	67%
Windham Hospital HSA	13%	54%	69%
Windham	13%	43%	70%

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During the 2020 presidential election, 78 percent of Windham Hospital HSA registered voters cast ballots, compared to 80 percent statewide, and to 78 percent in the 2016 presidential election.

Figure 23: Registered voter turnout, 2018–2020

| State (2018)	Municipal (2019)	Presidential (2020)

State (2018):
- Connecticut: 65%
- Windham Hosp. HSA: 66%
- Windham: 59%

Municipal (2019):
- Connecticut: 34%
- Windham Hosp. HSA: 32%
- Windham: 24%

Presidential (2020):
- Connecticut: 80%
- Windham Hosp. HSA: 78%
- Windham: 65%

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ENVIRONMENT & SUSTAINABILITY

Many environmental factors—from access to outdoor resources to tree canopy to exposure to pollutants—can have direct impacts on residents' health and quality of life. Environmental justice is the idea that these factors of the built and natural environments follow familiar patterns of socioeconomic disparities and segregation. The federal Environmental Protection Agency (EPA) ranks small areas throughout the US on their risks of exposure to a variety of pollutants and hazards, scaled to account for the historically disparate impact of these hazards on people of color and lower-income people.

Figure 24: EPA Environmental Justice Index by block group, Windham Hospital HSA
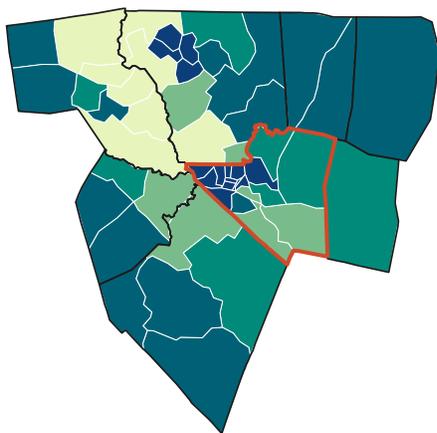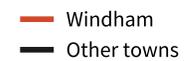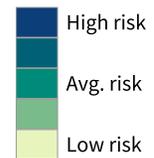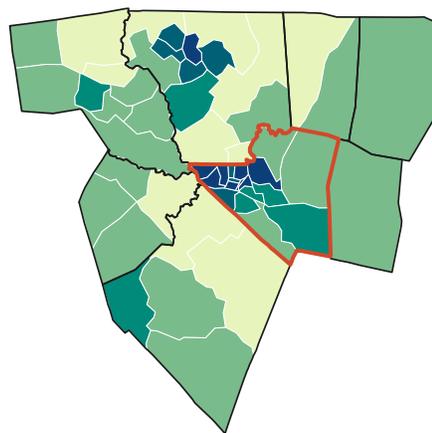
Lead paint exposure risk
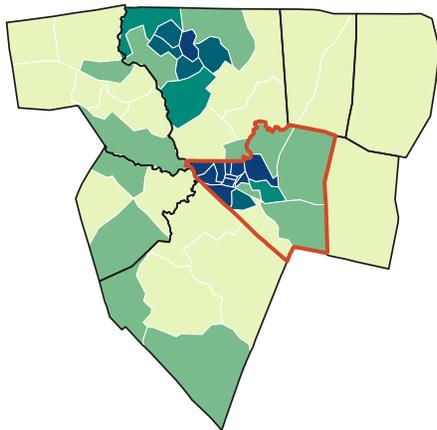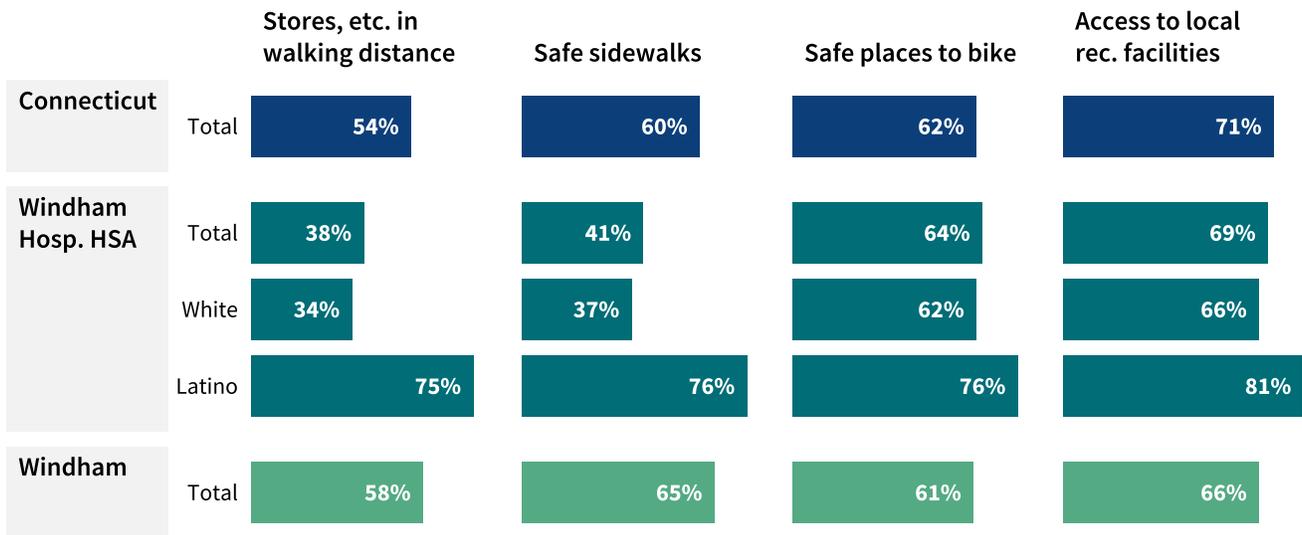
Air cancer risk
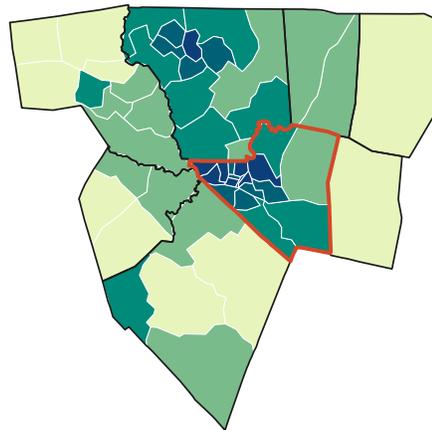
Proximity to water discharge

Proximity to treatment facilities

DataHaven

High-quality built environment resources, such as recreational facilities and safe sidewalks, help keep residents active and bring communities together. Walkable neighborhoods may also encourage decreased reliance on cars. Throughout Connecticut, Black and Latino residents are largely concentrated in denser urban areas which tend to offer greater walkability. Of adults in the Windham Hospital HSA, 38 percent report having stores, banks, and other locations they need in walking distance, lower than the share of adults statewide.

Figure 25: Residents' ratings of local walkability measures by race/ethnicity, share of adults, 2015–2018

		Stores, etc. in walking distance	Safe sidewalks	Safe places to bike	Access to local rec. facilities
Connecticut	Total	54%	60%	62%	71%
Windham Hosp. HSA	Total	38%	41%	64%	69%
	White	34%	37%	62%	66%
	Latino	75%	76%	76%	81%
Windham	Total	58%	65%	61%	66%

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NOTES

Figure 1. Study area. Map tiles by Stamen Design, under CC BY 3.0. Data by OpenStreetMap, under ODbL.

Table 1. About the area. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates. Available at https://data.census.gov; PLACES Project. Centers for Disease Control and Prevention. Available at https://www.cdc.gov/places; and National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html

Table 2. Population by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 2. Population by race/ethnicity and age group, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 3. Linguistic isolation by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 3. Homeownership rate by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 4. Homeownership rates by age and race/ethnicity of head of household, Windham Hospital HSA (with proxy area), 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year public use microdata sample (PUMS) data, accessed via IPUMS. Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek. IPUMS USA: Version 11.0 [dataset]. Minneapolis, MN: IPUMS, 2021. https://doi.org/10.18128/D010.V11.0

Figure 5. Housing cost-burden rates by race/ethnicity, Windham Hospital HSA (with proxy area), 2019. DataHaven analysis (2021) of Ruggles, et al. (2019).

Table 4. Overcrowded households by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 6. Public K–12 student enrollment by race/ethnicity per 100 students, 2019–2020. DataHaven analysis (2021) of 2019–2020 school year enrollment data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov

Figure 7. Selected academic and disciplinary outcomes by student race/ethnicity, 2018–2019. DataHaven analysis (2021) of 2018–2019 school year testing (8th grade English/language arts), discipline, and four-year graduation data from the Connecticut State Department of Education, accessed via EdSight.

Figure 8. Educational attainment by race/ethnicity, share of adults ages 25 and up, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 5. Jobs and wages in Windham Hospital HSA's 5 largest sectors, 2019. DataHaven analysis (2021) of annual employment data from the Connecticut Department of Labor. Available at https://www1.ctdol.state.ct.us/lmi/202/202_annualaverage.asp

Figure 9. Unemployment rate by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 6. Selected household economic indicators by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 7. Households with no vehicle at home by race/ethnicity of head of household (with proxy area), 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 10. Distribution of population by neighborhood income level, Windham Hospital HSA, 1980–2019. DataHaven analysis (2021) of household income and population by Census tract. Values for 1980–2000 are from the US Census Bureau Decennial Census, provided by the Neighborhood Change Database (NCDB) created by GeoLytics and the Urban Institute

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with support from the Rockefeller Foundation (2012). 2019 values are calculated from US Census Bureau American Community Survey 2019 5-year estimates.

Figure 11. Life expectancy, Windham Hospital HSA by Census tract, 2015. Data from National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html

Figure 12. Uninsured rate among adults ages 19–64 by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 13. Preventive care measures, share of adults by Census tract, Windham Hospital HSA. Data from PLACES Project. Centers for Disease Control and Prevention.

Figure 14. Selected health risk factors, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey. Available at https://ctdatahaven.org/reports/datahaven–community–wellbeing–survey

Figure 15. Chronic disease prevalence, share of adults by Census tract, Windham Hospital HSA. Data from PLACES Project. Centers for Disease Control and Prevention.

Table 8. Selected mental health indicators, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 16. Age-adjusted monthly rates of drug overdose deaths per 100,000 residents by race/ethnicity, 6-month rolling averages, 2015–2020. DataHaven analysis (2021) of Accidental Drug Related Deaths 2012–2018. Connecticut Office of the Chief Medical Examiner. Available at https://data.ct.gov/resource/rybz–nyjw. Rates are weighted with the U.S. Centers for Disease Control and Prevention (CDC) 2000 U.S. Standard Population 18 age group weights available at https://seer.cancer.gov/stdpopulations

Figure 17. Share of drug overdose deaths involving fentanyl, 2015–2020. DataHaven analysis (2021) of Accidental Drug Related Deaths 2012–2018. Connecticut Office of the Chief Medical Examiner.

Figure 18. Annualized average rates of new cases of selected sexually transmitted infections per 100,000 residents, 2001–2003 through 2016–2018. DataHaven analysis (2021) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2019. https://www.cdc.gov/nchhstp/atlas/index.htm

Figure 19. Annualized average rate of new HIV diagnoses per 100,000 residents ages 13 and over, 2016–2018. DataHaven analysis (2021) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus.

Table 9. Selected birth outcomes by race/ethnicity of parent giving birth, 2016–2018. DataHaven analysis (2021) of data from the Connecticut Department of Public Health Vital Statistics. Retrieved from https://portal.ct.gov/DPH/Health–Information–Systems––Reporting/Hisrhome/Vital–Statistics–Registration–Reports

Figure 20. Maternal mortality rate per 100k births, Connecticut, 2013–2017. America's Health Rankings analysis of CDC WONDER Online Database, Mortality files, United Health Foundation. Retrieved from https://www.americashealthrankings.org

Table 10. Households living in structures built before 1960 by race/ethnicity of head of household (with proxy area), 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 21. Residents' ratings of community cohesion measures, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 22. Part I crime rates per 100,000 residents by town / jurisdiction, 2019. DataHaven analysis (2021) of 2019 Crimes Analysis Offenses. Connecticut Department of Emergency Services and Public Protection. Available at https://portal.ct.gov/DESPP/Division–of–State–Police/Crimes–Analysis–Unit/Crimes–Analysis–Unit

Table 11. Residents' ratings of local government, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 23. Registered voter turnout, 2018–2020. DataHaven analysis (2021) of data from the Connecticut Office of the Secretary of the State Elections Management System. Available at https://ctemspublic.pcctg.net

Figure 24. EPA Environmental Justice Index by block group, Windham Hospital HSA. United States Environmental Protection Agency. 2019 version. EJSCREEN. Retrieved from https://www.epa.gov/ejscreen

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Figure 25. Residents' ratings of local walkability measures by race/ethnicity, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

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APPENDIX C – INTERVIEWEE ORGANIZATIONS

Interviewee Organizational Affiliations

Organization
Center for Healthy Aging
CHR (Community Health Resources)
Connecticut Alliance for Basic Human Needs
Eastern Highlands Health District
FoodShare/CT Food Bank
Generations Family Health Center, Inc.
North Central District Health Department
United Way of Central and Northeastern Connecticut
Windham Area Interfaith Ministry
Windham Public Schools

APPENDIX D – IMPACT EVALUATION

Windham Impact Statement 2021

Enhance Coordination of Services with high utilizers of care.

- Created a Preventive Medicine Team consisting of an APRN and an MSW
  Started 2019- consults and ED Transitional Care Guides: 36 people served

- Partnered with Generations to provide primary care services at Prides Corner Farm & No Freeze Shelter.
  Impact: 247 people served; services were suspended 3/20 through year end due to COVID.

Promoting Healthy Behaviors and Lifestyle
Connecting people & resources to create a healthy community

- Freedom from Smoking Classes. Instruction provided by the Respiratory Therapy department.
  Impact: 10 people attended. In 2020 the program was cancelled due to COVID

- Bilingual Diabetes Support Group. Facilitated by registered dieticians.
  Impact: 192 people attended. Suspended in 2020 due to COVID.

Improving Community Behavioral Health
Addiction support/referrals

- Recovery Coach program embedded in the Windham Emergency Department
  Impact: 112 Drug and/or Alcohol abuses were referred to Coaches