Eastern Highlands Health District
Board of Directors Regular Meeting*
Agenda
1712 Main Street, Coventry
Town Hall Annex
Thursday April 16, 2026 4:30 PM

Call to Order

Approval of Minutes (January 15, 2026)

Public Comments

Old Business - none

New Business

1. Auditor appointment for FY25/26

Subcommittee Reports

2. Finance Committee
   a. Financial report period ending 03/31/26
   b. CT DPH Proposed FY 27 Budget for Grant Payments to Local Public Health

Directors Report

3. CADH Legislative Session Report
4. Quarterly Activity Reports – 12/31/25 & 03/31/26
5. Windham Hospital Community Health Needs Assessment/Implementation Plan
6. Health District staffing update – Job opening (no attachment)
7. Strategic Plan Implementation Report – March 2026

Medical Advisor Report

Town Reports

Communications/Other

8. Hartford Courant re: Scientists are sounding alarm. An increasing number…of ticks…
9. Patch re: Storrs Free Dental Clinic to Serve About 1,200 patients…
10. Connecticut Water Co. re: Letter of Intent to…amend Rates
11. Governor Lamont re: Grant to Transform Rural Health Care…
12. CT DPH re: Clarification on recommended vaccine schedule in CT
13. Chief Roache re: Letter of Appreciation – Stafford Road Train Derailment
14. CADH re: Transparency of Private Well Water Data
15. R Miller re: CT Mission of Mercy Free Dental Clinic

Adjournment

Next Board Meeting – June 18, 2026 4:30PM

*Virtual Meeting Option: In accordance with PA 22-3, this will be a hybrid meeting. Please email mbrosseau@ehhd.org or call 860-429-3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live. A video recording of the meeting will be available at EHHD.ORG within seven (7) days after the meeting. Public comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received by 3:00 PM on the day of the meeting to be shared at the meeting (public comment received after the meeting will be shared at the next meeting).

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - DRAFT

Thursday, January 15, 2026

Members present: R. Aylesworth (Mansfield-Virtual), J. Drumm (Coventry), J. Elsesser (Coventry), J. Rupert (Bolton), M. Walter (Columbia-Virtual)

Staff present: Director of Health R. Miller, Office Manager M. Brosseau, Medical Advisor Dr. Dardick (Virtual), Director of Finance A. Backhaus (Virtual)

Scheduled Item: EHHD Public Hearing – Proposed FY26/27 Operating Budget, & Proposed FY26/27 CNR Budget.

J. Elsesser opened the public hearing at 4:30pm. R. Miller read the public notice into the record. (See attached). R. Miller gave a brief overview of the budget. R. Miller noted that there were no written comments received. There was no public present at the meeting to speak.

J. Elsesser closed the public hearing at 4:33pm

J. Elsesser called the regular meeting to order at 4:33pm

Minutes

M. Walter made a MOTION, seconded by J. Rupert to approve the minutes of the December 11, 2025 meeting as presented. MOTION PASSED with J. Rupert abstaining.

Election of Officers

R. Miller informed the board that B. Foley agreed to put his name in as nominee for Assistant Treasurer.

J. Drumm made a MOTION, seconded by J. Rupert to nominate and elect J. Elsesser as Chair. MOTION PASSED unanimously.

J. Drumm made a MOTION, seconded by J. Rupert to nominate and elect M. Walter as Vice Chair. MOTION PASSED unanimously.

J. Drumm made a MOTION, seconded by J. Rupert to nominate and elect B. Foley as Assistant Treasurer. MOTION PASSED unanimously.

Proposed Fiscal Year *FY26/27* Operating Budget & Proposed FY *FY26/27* CNR Budget

J. Rupert made a MOTION, seconded by M. Walter to adopt the Fiscal Year *FY26/27* Operating Budget & FY *FY26/27* CNR Budget as presented. MOTION PASSED unanimously.

Finance Committee

R. Miller presented the salient items of the financial report ending 12/31/25.

J. Rupert made a MOTION, seconded by J. Drumm to accept the financial report as presented. MOTION PASSED unanimously.

Medical Advisors Report

Dr. Dardick reported that there are numerous cases of influenza being seen in the community and relatively low levels of COVID. The influenza cases are amongst vaccinated and unvaccinated individuals. Dr. Dardick noted that he is not seeing vaccine hesitancy for children in his practice. He further noted that the messaging from the state is supportive and affirmative.

Dr. Dardick informed the board that South Carolina is experiencing a measles outbreak and the outbreaks in Utah and Texas continue.

J. Elsesser called attention to the recent purchase of 2 hospitals by Hartford Healthcare and inquired as to whether the Health District should reach out to Hartford Healthcare. Dr. Dardick supported sending a letter to them. R. Miller noted that he will determine the correct contacts and reach out to them.

R. Miller provided details of the Public Dental Clinic being sponsored by the CT Dental Foundation and CT Mission of Mercy. The clinic will be held April 17 & 18 at EO Smith High School. It is anticipated that there will be up to 1000 patients. A press release will be done soon by CT MOM. Following the press release, EHHD will begin to push out information to towns. J. Elsesser requested that the information be sent to human services departments and local clubs and organizations.

Directors Report

Staffing Update

R. Miller informed the board that T. King has submitted his formal letter of retirement. His last day will be February 2, 2026. He will stay on part time until the position is filled.

R. Miller will send out a communication to town leaders regarding staffing support.

Vaccine Program Update

R. Miller reported that EHHD has hosted 16 seasonal viral vaccination clinics. 7 of these were with Beacon Pharmacy who offered additional respiratory vaccines. At these clinics EHHD administered 372 vaccines, Beacon Pharmacy administered an additional 443 vaccines.

Town Reports

Bolton J. Rupert reported that the town has received a grant from the Hartford Foundation for Giving for opioid prevention. He will confer with Rob so efforts are not duplicated.

Columbia M. Walter informed the board that there will be a Gala Fundraiser January 17th. This will be part of America celebrating 250 years. In addition, there will be a picnic and June and a parade July 4th. M. Walter noted that there is a new coffee shop open in town.

M. Walter also noted that his tax collector informed him that post marks on letters are not guaranteed unless you bring the mail to the post office.

Mansfield R. Aylesworth note that the Barnes and Noble will be converted to a learning lab/teaching bar. R. Aylesworth reported that the water issue at Mansfield Elementary School has resolved and people are able to drink the water. R. Aylesworth noted that the Downtown Partnership has brought back the "Game Night Shuttle".

Coventry J. Drumm reported that the town is waiting for DPH approval for the Plains Road water line. The plan is to go out to bid in the winter with installation in the Spring.

Communications

R. Miller referenced the communication regarding the water issue in Waterbury and stated that it speaks to the risk for other cities with similar infrastructure.

Adjournment

J. Rupert made a MOTION, seconded by J. Drumm to adjourn the regular meeting at 5:15 pm. MOTION PASSED unanimously.

Next Board Meeting – February 19, 2026, 4:30 PM

Respectfully submitted,

Robert Miller

Secretary

Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

To: Eastern Highland Health District Board of Directors
From: Amanda L. Backhaus, CPA, Director of Finance
Date: April 16, 2026
Re: Appointment of Auditor to Conduct Financial Audit for Fiscal Year 2025/26

Subject Matter/Background

Section 7-396 and 4-232 of the Connecticut General Statutes, as amended, requires that each audited agency annually designate an independent public accounting firm to audit the books and accounts of that government. Audit services were put out to bid out in April 2024 with the award going to CliftonLarsonAllen LLP ("CLA") who have performed the annual audit for EHHD since. Although the bid had included 3 years of audit services, OPM requires that entities formally appoint their auditor on an annual basis.

Financial Impact

Funds are included in the proposed 26/27 budget to cover the audit fees of $14,475.

Recommendation

The following motion is in order:

Move, effective April 16, 2026 to appoint CliftonLarsonAllen LLP as the auditing firm for Eastern Highland Health District for the Fiscal Year 2025/2026 (July 1, 2025 to June 30, 2026).

Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
March 31, 2026
(with comparative totals for March 31, 2025)

	Adopted Budget 2025/26	Amended Budget 2025/26	2026	Percent of Adopted Budget	2025
Revenues					
Member Town Contributions	$ 486,130	$ 486,130	$ 365,170	75.1%	$ 356,052
State Grants	205,520	205,520	184,965	90.0%	207,210
Septic Permits	51,610	51,610	36,265	70.3%	32,025
Well Permits	15,300	15,300	10,095	66.0%	9,875
Soil Testing Service	49,600	49,600	28,330	57.1%	26,240
Food Protection Service	93,980	93,980	76,635	81.5%	72,651
B100a Reviews	35,200	35,200	19,935	56.6%	16,890
Septic Plan Reviews	42,500	42,500	29,225	68.8%	24,920
Other Health Services	10,910	10,910	9,815	90.0%	6,488
Cosm Insp	6,600	6,600	6,255	94.8%	6,300
Appropriation of Fund Balance	74,540	74,540	-	0.0%	-
Total Revenues	1,071,890	1,071,890	766,691	71.5%	758,650
Expenditures					
Salaries & Wages	709,096	709,096	500,979	70.7%	484,295
Grant Deductions	(71,369)	(71,369)	(55,606)	77.9%	(72,130)
Benefits	262,153	262,153	191,902	73.2%	169,627
Miscellaneous Benefits	13,100	13,100	6,316	48.2%	6,132
Insurance	15,240	15,240	11,131	73.0%	15,542
Professional & Technical Services	53,290	53,290	21,569	40.5%	22,799
Vehicle Repairs & Maintenance	5,000	5,000	5,367	107.3%	9,113
Health Reg*Admin Overhead	35,920	35,920	26,940	75.0%	26,306
Other Purchased Services	33,060	33,060	29,897	90.4%	28,877
Other Supplies	11,500	11,500	3,438	29.9%	3,874
Equipment - Minor	4,900	4,900	513	10.5%	152
Total Expenditures	1,071,890	1,071,890	742,445	69.3%	694,588
Operating Transfers					
Transfer to CNR Fund	-	-	-	0.0%	-
Total Exp & Oper Trans	1,071,890	1,071,890	742,445	69.3%	694,588
Excess (Deficiency) of Revenues	-	-	24,246		64,062
Fund Balance, July 1	550,180	550,180	550,180		551,726
Fund Balance plus Cont. Capital, Mar.31	$ 550,180	$ 550,180	$ 574,426		$ 615,787

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
March 31, 2026
(with comparative totals for March 31, 2025)

	2026	2025
Assets		
Cash and Cash Equivalents	$ 280,823	$ 277,372
Total Assets	280,823	277,372
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	-	-
Total Liabilities	-	-
Fund Balance	280,823	277,372
Total Liabilities and Fund Balance	$ 280,823	$ 277,372

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
March 31, 2026
(with comparative totals for March 31, 2025)

	2026	2025
Revenues		
General Fund	$ -	$
Total Revenues	-	-
Operating Transfers		
General Fund	-	-
Total Operating Transfers	-	-
Total Rev & Oper Trans	-	-
Expenditures		
Professional & Technical Services	4,599	4,700
Vehicles	-	29,575
Office Equipment	-	-
Total Expenditures	4,599	34,275
Excess (Deficiency) of Revenues	(4,599)	(34,275)
Fund Balance, July 1	285,422	311,647
Fund Balance plus Cont. Capital, Mar 31	$ 280,823	$ 277,372

Eastern Highlands Health District
General Fund
Balance Sheet
March 31, 2026
(with comparative totals for March 31, 2026)

	2026	2025
Assets		
Cash and Cash Equivalents	$ 570,045	$ 612,389
Accounts Receivable	120	120
Total Assets	570,165	612,509
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	239	519
Total Liabilities	239	519
Fund Balance	569,926	611,990
Total Liabilities and Fund Balance	$ 570,165	$ 612,509

2b

Department of Public Health
DPH48500

Permanent Full-Time Positions

Fund	Actual FY 24	Actual FY 25	Governor Estimated FY 26	Original Appropriation FY 27	Governor Revised FY 27	Committee FY 27	Difference -Gov FY 27
General Fund	480	481	484	484	503	509	6
Insurance Fund	9	9	9	9	13	9	(4)
Cannabis Regulatory Fund	3	3	3	3	3	3	-

Budget Summary

Account	Actual FY 24	Actual FY 25	Governor Estimated FY 26	Original Appropriation FY 27	Governor Revised FY 27	Committee FY 27	Difference -Gov FY 27
Personal Services	36,534,617	40,854,367	40,420,559	40,640,559	42,656,663	43,237,915	581,252
Other Expenses	6,252,942	9,530,395	8,732,228	8,939,228	9,635,270	9,685,270	50,000
Other Current Expenses							
Gun Violence Prevention	700,032	3,812,137	4,404,299	4,404,299	4,204,299	4,404,299	200,000
Lung Cancer Detection and Referrals	408,268	86,233	479,137	479,137	479,137	479,137	-
Pancreatic Cancer Screening	-	-	106,996	127,161	127,161	127,161	-
Public Health Response	-	-	-	720,931	720,931	720,931	-
Other Than Payments to Local Governments							
Community Health Services	1,862,846	1,916,568	4,342,827	2,398,494	1,898,494	1,898,494	-
Rape Crisis	600,754	600,893	630,623	616,233	616,233	616,233	-
Various Grants	-	-	-	-	507,200	634,000	126,800
Grant Payments to Local Governments							
Local and District Departments of Health	7,210,900	7,210,900	6,509,802	8,213,916	8,341,658	8,341,658	-
School Based Health Clinics	10,265,071	12,435,778	13,772,114	14,400,721	14,400,721	14,843,721	443,000
Agency Total - General Fund	**63,835,430**	**76,447,271**	**79,398,585**	**80,940,679**	**83,587,767**	**84,988,819**	**1,401,052**
Needle and Syringe Exchange Program	429,312	553,900	524,665	513,515	513,515	513,515	-
Children's Health Initiatives	3,158,623	2,940,242	3,449,882	3,389,838	3,389,838	3,389,838	-
AIDS Services	4,016,491	4,911,743	5,442,930	5,366,231	5,366,231	5,366,231	-
Breast and Cervical Cancer Detection and Treatment	2,274,786	2,450,568	2,609,710	2,563,100	2,563,100	2,563,100	-
Immunization Services	26,515,015	42,537,699	49,176,811	50,845,097	50,845,097	50,845,097	-
Health Systems Planning Unit	-	-	-	-	784,018	-	(784,018)
X-Ray Screening and Tuberculosis Care	442,338	423,153	971,849	971,849	771,849	871,849	100,000
Venereal Disease Control	166,133	114,623	203,256	203,256	203,256	203,256	-
Agency Total - Insurance Fund	**37,002,698**	**53,931,928**	**62,379,103**	**63,852,886**	**64,436,904**	**63,752,886**	(684,018)
Personal Services	102,203	139,953	192,520	192,520	192,520	192,520	-
Other Expenses	194,633	162,887	275,700	275,700	275,700	275,700	-
Agency Total - Cannabis Regulatory Fund	**296,836**	**302,840**	**468,220**	**468,220**	**468,220**	**468,220**	**-**
Total - Appropriated Funds	**101,134,964**	**130,682,039**	**142,245,908**	**145,261,785**	**148,492,891**	**149,209,925**	**717,034**

GPS
Graff Public Solutions, LLC

CADH Bill Tracking Report - Apr. 9, 2026

CADH - **1 - HIGH** 4 Bills

HB5167 - An Act Concerning The Disclosure Of Water Quality Test Results For Certain Private And Semipublic Wells.

Introducers: Public Health Committee

Intro Date: 2/10/2026

Summary: To permit the disclosure of private well and semipublic well water quality test results to certain individuals without requiring approval of the Commissioner of Public Health.

Complete History:
03/16/2026 FILE NO. 24 **24**
03/16/2026 HOUSE CALENDAR NUMBER 48 **48**
03/16/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
03/16/2026 RPTD. OUT OF LCO
03/09/2026 REFERRED TO OLR, OFA 03/16/26 12:00 PM
03/03/2026 FILED WITH LCO
03/02/2026 Joint Favorable
02/13/2026 PUBLIC HEARING WED 2/18/26 12:00PM - PUBLIC HEALTH 0218
02/11/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5164 - An Act Concerning The Use Of Funds In The Tobacco Settlement Fund.

Introducers: Public Health Committee

Intro Date: 2/10/2026

Summary: To require funding of tobacco control programs to prevent and reduce tobacco use at the amount recommended by the Centers for Disease Control and Prevention.

Complete History:
04/07/2026 REF. BY HOUSE TO COMMITTEE ON FIN FINANCE, REVENUE AND BONDING
03/16/2026 FILE NO. 21 **21**
03/16/2026 HOUSE CALENDAR NUMBER 45 **45**
03/16/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
03/16/2026 RPTD. OUT OF LCO
03/09/2026 REFERRED TO OLR, OFA 03/16/26 12:00 PM
03/03/2026 FILED WITH LCO
03/02/2026 Joint Favorable Substitute
02/13/2026 PUBLIC HEARING WED 2/18/26 12:00PM - PUBLIC HEALTH 0218
02/11/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5044 - An Act Establishing Connecticut Vaccine Standards.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/4/2026

Summary: To implement the Governor's budget recommendations.

Complete History:
04/07/2026 FILE NO. 405 **405**
04/07/2026 HOUSE CALENDAR NUMBER 289 **289**
04/07/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/07/2026 RPTD. OUT OF LCO
03/30/2026 REFERRED TO OLR, OFA 04/07/26 12:00 PM
03/19/2026 FILED WITH LCO
03/18/2026 House Favorable Substitute
03/18/2026 Joint Favorable Substitute
03/06/2026 PUBLIC HEARING WED 3/11/26 10:30AM - PUBLIC HEALTH 0311
02/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

SB450 - An Act Concerning The Standard Of Care For Immunization.

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To clarify the standard of care for immunization in the state.

Complete History:
04/07/2026 FILE NO. 476 **476**
04/07/2026 SENATE CALENDAR NUMBER 288 **288**
04/07/2026 FAV. RPT., TAB. FOR CAL., SEN.
04/07/2026 RPTD. OUT OF LCO
03/30/2026 REFERRED TO OLR, OFA 04/07/26 12:00 PM
03/19/2026 FILED WITH LCO
03/18/2026 Joint Favorable Substitute
03/06/2026 PUBLIC HEARING WED 3/11/26 10:30AM - PUBLIC HEALTH 0311

03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

CADH - **2 - MEDIUM** **11 Bills**

HB5522 - An Act Concerning The Sewage Right-To-Know Act And Requiring A Report Concerning Well Contamination Protocols.

Introducers: Environment Committee

Intro Date: 3/5/2026

Summary: To provide for certain implementation and public availability of the requirements of the sewage right-to-know act.

Complete History:
04/07/2026 REF. BY HOUSE TO COMMITTEE ON APP APPROPRIATIONS
04/02/2026 FILE NO. 397 **397**
04/02/2026 HOUSE CALENDAR NUMBER 284 **284**
04/02/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/02/2026 RPTD. OUT OF LCO
03/27/2026 REFERRED TO OLR, OFA 04/01/26 5:00 PM
03/19/2026 FILED WITH LCO
03/18/2026 Joint Favorable Substitute
03/09/2026 PUBLIC HEARING FRI 3/13/26 11:00AM - ENVIRONMENT 0313
03/06/2026 REF. TO JOINT COMM. ON ENV ENVIRONMENT

HB5519 - An Act Concerning The Department Of Public Health's Recommendations Regarding On-Site Wastewater Specialists And Water Operator Apprentices.

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To establish certification and training requirements for on-site wastewater specialists.

Complete History:
04/09/2026 HOUSE CALENDAR NUMBER 364 **364**
04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/09/2026 RPTD. OUT OF LCO
04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM
03/24/2026 FILED WITH LCO
03/24/2026 Joint Favorable Substitute
03/23/2026 Joint Favorable Substitute
03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313
03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5518 - An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Environmental Health And Drinking Water Statutes.

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To implement the Department of Public Health's recommendations regarding various revisions to the environmental health and drinking water statutes, including statutes relating to bottled water, environmental laboratories and asbestos abatement.

Complete History:
04/09/2026 HOUSE CALENDAR NUMBER 363 **363**
04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/09/2026 RPTD. OUT OF LCO
04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM
03/24/2026 FILED WITH LCO
03/23/2026 Joint Favorable
03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313
03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5515 - An Act Concerning The Department Of Mental Health And Addiction Services' Recommendations Regarding Access To Opioid Overdose Reversal Medication.

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To remove barriers to access opioid antagonists.

Complete History:
04/09/2026 HOUSE CALENDAR NUMBER 360 **360**
04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/09/2026 RPTD. OUT OF LCO
04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM
03/24/2026 FILED WITH LCO
03/24/2026 Joint Favorable Substitute
03/23/2026 Joint Favorable Substitute
03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313
03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5514 - An Act Concerning Various Revisions To The Public Health Statutes.

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To make various revisions to the public health statutes.

Complete History:
04/09/2026 HOUSE CALENDAR NUMBER 359 **359**
04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/09/2026 RPTD. OUT OF LCO
04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM
03/24/2026 FILED WITH LCO
03/23/2026 Joint Favorable Substitute
03/23/2026 House Favorable Substitute
03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313

03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5513 - An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes.

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To implement the Department of Public Health's recommendations regarding various revisions to the public health statutes.

Complete History:
04/09/2026 HOUSE CALENDAR NUMBER 358 **358**
04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/09/2026 RPTD. OUT OF LCO
04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM
03/24/2026 FILED WITH LCO
03/24/2026 Joint Favorable
03/23/2026 Joint Favorable
03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313
03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

SB382 - An Act Concerning Edible Food Recovery.

Introducers: Public Health Committee

Intro Date: 2/25/2026

Summary: To require the development of protocols regarding the donation of surplus edible food by retail food establishments to food distribution organizations.

Complete History:
03/18/2026 FILE NO. 55 **55**
03/18/2026 SENATE CALENDAR NUMBER 66 **66**
03/18/2026 FAV. RPT., TAB. FOR CAL., SEN.
03/18/2026 RPTD. OUT OF LCO
03/12/2026 REFERRED TO OLR, OFA 03/17/26 5:00 PM
03/10/2026 FILED WITH LCO
03/09/2026 Joint Favorable Substitute
02/27/2026 PUBLIC HEARING WED 3/4/26 11:30AM - PUBLIC HEALTH 0304
02/26/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

SB365 - An Act Establishing A Bridge Program For Emergency Treatment And Recovery Navigation For Persons With An Opioid Use Disorder.

Introducers: Public Health Committee

Intro Date: 2/25/2026

Summary: To require hospitals to (1) treat patients presenting to the emergency department with symptoms of opioid use disorder with buprenorphine without requiring admission of the patient to the hospital, (2) discharge such patients from the emergency department with a supply of opioid antagonists, and (3) refer such patients to local substance use disorder treatment programs.

Complete History:
03/24/2026 FILE NO. 157 **157**
03/24/2026 SENATE CALENDAR NUMBER 110 **110**
03/24/2026 FAV. RPT., TAB. FOR CAL., SEN.
03/24/2026 RPTD. OUT OF LCO
03/18/2026 REFERRED TO OLR, OFA 03/23/26 5:00 PM
03/10/2026 FILED WITH LCO
03/09/2026 Joint Favorable Substitute
02/27/2026 PUBLIC HEARING WED 3/4/26 11:30AM - PUBLIC HEALTH 0304
02/26/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

SB195 - An Act Concerning The Prevention Of Accidental Overdose Deaths And Improving Access To Treatment And Recovery Services For Substance Use Disorder.

Introducers: Public Health Committee

Intro Date: 2/10/2026

Summary: To prevent accidental overdose deaths and improve access to treatment and recovery services for substance use disorder.

Complete History:
03/16/2026 FILE NO. 30 **30**
03/16/2026 SENATE CALENDAR NUMBER 51 **51**
03/16/2026 FAV. RPT., TAB. FOR CAL., SEN.
03/16/2026 RPTD. OUT OF LCO
03/09/2026 REFERRED TO OLR, OFA 03/16/26 12:00 PM
03/03/2026 FILED WITH LCO
03/02/2026 Joint Favorable
02/13/2026 PUBLIC HEARING WED 2/18/26 12:00PM - PUBLIC HEALTH 0218
02/11/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5537 - An Act Imposing A Tax On Certain Sweetened Beverages, Syrups And Powders And Dedicating The Revenue Generated To A Universal Free School Meals Program.

Introducers: Finance, Revenue and Bonding Committee

Intro Date: 3/10/2026

Summary: To impose a tax on certain sweetened beverages, syrups and powders and dedicate the revenue generated to a universal free school meals program to reimburse local and regional boards of education for the provision of free school breakfasts and lunches to all public school students.

Complete History:
04/01/2026 FILED WITH LCO
03/30/2026 Joint Favorable Substitute
03/12/2026 PUBLIC HEARING MON 3/16/26 1:00PM - FINANCE, REVENUE AND BONDING 0316
03/11/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

HB5032 - An Act Adjusting The State Budget For The Biennium Ending June 30, 2027.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/4/2026

Summary: To implement the Governor's budget recommendations.

Complete History:
03/31/2026 FILED WITH LCO
03/31/2026 Joint Favorable Substitute
02/10/2026 PUBLIC HEARING MON 2/23/26 2:00PM - APPROPRIATIONS 0223
02/10/2026 PUBLIC HEARING FRI 2/20/26 5:00PM - APPROPRIATIONS 0220
02/10/2026 PUBLIC HEARING THU 2/19/26 5:00PM - APPROPRIATIONS 0219
02/10/2026 PUBLIC HEARING WED 2/18/26 2:00PM - APPROPRIATIONS 0218
02/10/2026 PUBLIC HEARING TUE 2/17/26 3:00PM - APPROPRIATIONS 0217
02/06/2026 PUBLIC HEARING FRI 2/13/26 2:00PM - APPROPRIATIONS 0213
02/06/2026 PUBLIC HEARING TUE 2/10/26 3:00PM - APPROPRIATIONS 0210
02/06/2026 PUBLIC HEARING WED 2/11/26 4:00PM - APPROPRIATIONS 0211
02/05/2026 REF. TO JOINT COMM. ON APP APPROPRIATIONS

CADH - 3 - LOW 7 Bills

HB5511 - An Act Concerning The Department Of Public Health's Recommendations Regarding Consent Orders.

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To allow the Commissioner of Public Health to (1) impose conditions on the issuance or renewal of any permit, approval, registration, certificate or license, and (2) resolve enforcement actions with an agreed settlement or consent order without need for a formal hearing.

Complete History:
04/09/2026 HOUSE CALENDAR NUMBER 357 **357**
04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/09/2026 RPTD. OUT OF LCO
04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM
03/24/2026 FILED WITH LCO
03/24/2026 Joint Favorable Substitute
03/23/2026 Joint Favorable Substitute
03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313
03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5255 - An Act Implementing The Recommendations Of The Auditors Of Public Accounts Concerning Oversight Of State Agency Grants.

Intro Date: 2/18/2026

Summary: To implement the recommendations of the Auditors of Public Accounts requiring the developing of standard requirements for the award and subaward of state grant funds and subsequent monitoring of the use of such grant funds, training of state agency employees in such standards and annual reporting concerning such awards and subawards.

Complete History:
04/07/2026 REF. BY HOUSE TO COMMITTEE ON APP APPROPRIATIONS
04/01/2026 FILE NO. 321 **321**
04/01/2026 HOUSE CALENDAR NUMBER 240 **240**
04/01/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/01/2026 RPTD. OUT OF LCO
03/26/2026 REFERRED TO OLR, OFA 03/31/26 5:00 PM
03/17/2026 FILED WITH LCO
03/17/2026 Joint Favorable
02/27/2026 PUBLIC HEARING TUE 3/3/26 11:00AM - GOVERMENT OVERSIGHT 0303
02/19/2026 REF. TO JOINT COMM. ON GOS GOVERMENT OVERSIGHT

SB239 - An Act Concerning Nutrition And Food-Based Interventions For Patients With Diabetes And Congestive Heart Failure.

Introducers: Public Health Committee

Intro Date: 2/17/2026

Summary: To require hospitals to (1) examine the nutrition needs of community members with diabetes and congestive heart failure when conducting a community health needs assessment, and (2) prioritize medically tailored and food-based interventions for such community members in the hospital's community benefits implementation strategy.

Complete History:
03/16/2026 FILE NO. 31 **31**
03/16/2026 SENATE CALENDAR NUMBER 52 **52**
03/16/2026 FAV. RPT., TAB. FOR CAL., SEN.
03/16/2026 RPTD. OUT OF LCO
03/09/2026 REFERRED TO OLR, OFA 03/16/26 12:00 PM
03/03/2026 FILED WITH LCO
03/02/2026 Joint Favorable Substitute
02/19/2026 PUBLIC HEARING MON 2/23/26 11:30AM - PUBLIC HEALTH 0223
02/18/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

SB84 - An Act Concerning Revenue Items To Implement The Governor's Budget.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/4/2026

Summary: To implement the Governor's budget recommendations.

Complete History:
04/01/2026 FILED WITH LCO
03/31/2026 Joint Favorable Substitute
03/05/2026 PUBLIC HEARING WED 3/11/26 1:00PM - FINANCE, REVENUE AND BONDING 0311
02/05/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

HB5031 - An Act Making Deficiency Appropriations For The Fiscal Year Ending June 30, 2026.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/4/2026

Summary: To implement the Governor's budget recommendations.
Complete 03/31/2026 FILED WITH LCO
History: 03/31/2026 Joint Favorable Substitute
03/12/2026 PUBLIC HEARING FRI 3/20/26 10:00AM - APPROPRIATIONS 0320
02/05/2026 REF. TO JOINT COMM. ON APP APPROPRIATIONS

HB5030 - An Act Implementing The Governor's Budget Recommendations For General Government.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/4/2026

Summary: To implement the Governor's budget recommendations.

Complete 04/02/2026 FILED WITH LCO
History: 04/01/2026 Joint Favorable Substitute
03/06/2026 PUBLIC HEARING THU 3/12/26 1:00PM - APPROPRIATIONS 0312
02/05/2026 REF. TO JOINT COMM. ON APP APPROPRIATIONS

SB83 - An Act Establishing The Federal Cuts Response Fund.

Introducers: Sen. Martin M. Looney (D); Rep. Matthew Ritter (D); Sen. Bob Duff (D); Rep. Jason Rojas (D)

Intro Date: 2/3/2026

Complete 02/26/2026 TRANSMITTED TO SECRETARY OF THE STATE
History: 02/11/2026 SPECIAL ACT 26-1
02/09/2026 SIGNED BY GOVERNOR IN ORIGINAL
02/05/2026 RULES SUSPENDED, TRANSMITTED TO THE GOVERNOR
02/05/2026 IN CONCURRENCE
02/05/2026 HOUSE PASSED
02/05/2026 HOUSE REJECTED HOUSE AMEND. SCH. A 742 **A**
02/04/2026 IMMEDIATE TRANSMITTAL TO THE HOUSE
02/04/2026 SENATE PASSED
02/04/2026 SEN. REJ. SEN. AMEND. SCH. C 678 **C**
02/04/2026 SEN. REJ. SEN. AMEND. SCH. B 677 **B**
02/04/2026 SEN. REJ. SEN. AMEND. SCH. A 675 **A**
02/03/2026 EMERGENCY CERTIFICATION

***NO PRIORITY* 0 Bills**

Dead Bills

CADH **- 1 - HIGH 0 Bills**

CADH **- 2 - MEDIUM 0 Bills**

CADH **- 3 - LOW 1 Bill**

~~HB5187 - An Act Adjusting The Fiscal Guardrails.~~

Introducers: Rep. Jason Doucette (D); Rep. Patrick Biggins (D); Rep. Kevin Brown (D); Rep. Brandon Chafee (D); Rep. Mike Demicco (D); Rep. Josh Elliott (D); Rep. Kate Farrar (D); Rep. Mary Fortier (D); Rep. Nick Gauthier (D); Rep. Jillian Gilchrest (D); Rep. Bob Godfrey (D); Rep. Kenneth Gucker (D); Rep. William Heffernan (); Rep. Susan M. Johnson (D); Rep. Eleni Kavros DeGraw (D); Rep. Sarah Keitt (D); Rep. Maryam Khan (D); Rep. Roland J. Lemar (D); Rep. Geoff Luxenberg (D); Rep. Rebecca Martinez (D); Rep. Nicholas Menapace (D); Rep. Trenee McGee (D); Rep. Amy Morrin Bello (D); Rep. Anthony L. Nolan (D); Rep. Corey P. Paris (D); Rep. Kaitlyn Shake (D); Rep. Michael Shannon (D); Rep. Travis Simms (D); Rep. Laurie Sweet (D); Sen. Derek Slap (D); Rep. Kara Rochelle (D); Rep. Gary A. Turco, Jr. (D); Rep. Steven Winter (D)

Intro Date: 2/10/2026

Summary: To adjust the methodology used to calculate the threshold amounts for volatility funds transfers and increase the maximum capacity of the Budget Reserve Fund.

Complete 02/20/2026 PUBLIC HEARING FRI 2/27/26 11:00AM - FINANCE, REVENUE AND BONDING 0227
History: 02/18/2026 Reserved for Subject Matter Public Hearing
02/11/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

***NO PRIORITY* 5 Bills**

~~HB5233 - An Act Authorizing Bonds Of The State For Improvements To Water And Sewer Infrastructure In The Town Of Manchester.~~

Introducers: Rep. Geoff Luxenberg (D)

Intro Date: 2/17/2026

Summary: To provided funding for improvements to the water and sewer infrastructure in the north end of the town of Manchester.

Complete 02/18/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING
History:

~~SB16 - An Act Concerning Funding For The Easy Breathing Asthma Program.~~

Introducers: Sen. John A. Kissel (R)

Intro Date: 2/3/2026

Summary: To provide funding for the Easy Breathing asthma program.

Complete 02/04/2026 REF. TO JOINT COMM. ON APP APPROPRIATIONS
History:

~~SB14 – An Act Concerning Funding For The State-Wide Narcotics Task Force.~~

Introducers: Sen. Paul Cicarella (R)

Intro Date: 2/3/2026

Summary: To provide funding to combat the illegal manufacturing and sale of fentanyl in Hartford, New Haven, Bridgeport and Waterbury.

Complete History: 02/04/2026 REF. TO JOINT COMM. ON APP APPROPRIATIONS

~~SB115 – An Act Exempting Covid-19 At-Home Test Kits From The Sales And Use Taxes.~~

Introducers: Sen. Derek Slap (D)

Intro Date: 2/9/2026

Summary: To exempt COVID-19 at-home test kits from the sales and use taxes.

Complete History: 02/10/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

~~SB118 – An Act Authorizing Bonds Of The State To Address The Contamination Of Wells In The Town Of Franklin.~~

Introducers: Sen. Catherine A. Osten (D)

Intro Date: 2/9/2026

Summary: To provide funding to assist the town of Franklin to address the contamination of wells associated with the Franklin Town Hall and at the Franklin Volunteer Fire Department.

Complete History: 02/10/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

Activity Report
January 1, 2026 – March 31, 2026

Highlighted Accomplishments/Activities

- This agency provided material support to the Town of Coventry in their efforts to manage the Patriot's Park geese population, and improve the water quality in the park bathing area. This included but is not limited to answering questions and providing testimony to IWA regarding the proposed water circulator. These efforts supported final project approval by the IWA.

- Appointed by CGA Public Health Committee Co-chairs to the PH Committee Workgroup on Septic Systems. Workgroup charge is to make recommendations on proposed regulations that balance public health protection and affordable housing. Weekly workgroup meeting began in September. The final workgroup recommendation were submitted to the PH committee in February.

- Significant advocacy work conducted as part of CADH's Advocacy Committee. This includes but is not limited to participating in a leadership meeting with PH Committee regarding CADH priorities, direct testimony provided on HB5167, and participated in bi weekly strategy meeting with CADH advocacy committee.

- We continue to provide significant support to the Town of Tolland in their efforts to address NaCl ground water contamination. This includes but is not limited to participating in bi-weekly status meetings with CT DEEP during this period.

- Posted and circulated the newly open position of Assistant DOH/Sanitarian II, with recruitment efforts on going.

- Provided emergency response support to the Mansfield and Coventry in response to train derailment. This included communications and coordination with the CT DPH, supporting incident command during media briefings on the first day, supporting the CT Water Company in their request for information, community with DEEP staff on the ground to assess any potential human exposures, updating the Coventry Town Managers office the day of, and participating in the After Action Hot Wash hosted by the Mansfield FD.

- Work with the selected vendor to upgrade the agency website is progressing.

- Attended two meetings and participated as an active member of the UConn Institutional Bio-safety Committee, community member at-large.

- As a duly appointed member participated in the January meeting of the Governors Opioid Settlement Advisory Committee.

- Conducted a person orientation meeting with new first selectmen form the Town of Chaplin, James Harrington.

- Active support of planning and promotion of free dental clinic scheduled for April 17 & 18 at EO Smith High School.

- Conducted a number of preliminary meetings with individual member towns regarding the Opioid Action Initiative. These include Tolland, Mansfield, Bolton and Chaplin. Mansfield executed the agreement for services in March.

- Attended and participated as an active member of the UConn Student and Health and Wellness Infection Prevention Committee.

- Participated in the Mansfield's ongoing efforts to assess and explore facility upgrades by reviewing and commenting on recent spacing requirements for the health district.

- Per the Town of Columbia's request, we initiated an inquiry of an oil spill in the Woodland Terrance area in coordination with the CT DPH water supply section. The office also supported public communications on the matter and participated in a public forum meeting.

- Participated in the Mansfield interview process for their new Director of Recreation.

- Working with the Finance Committee presented the proposed Fiscal Year 2026/2027 budgets to the board of directors. Subsequent to a public hearing in January, the Board adopted the FY26/27 budgets.

- *Community Health and Wellness Programs:* Staff is currently managing 25 cases of Elevated Blood Lead Levels in children. Four (4) lead investigation conducted during this period. Eight (8) infectious disease outbreak investigations were conducted during this period. Conducted four (4) BP screening event, 52 persons attended. Hosted 3 Blood Pressure Management educational sessions with a total of 20 persons attending. (See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, Chronic Disease activities, and other outreach initiatives.)

- *Emergency Preparedness Program:* conducted quarterly call down communications drill; continue to update EP plans as needed, participated in table-top exercise in Region 4. (See attached EP report)

Plans for the Next Quarter

- Provide services per the executed agreement and work to engage new member towns in the Opioid Action Initiative.

- Ongoing working with CADH Advocacy Committee engage CGA members on policy affecting local public health during the current legislative session.

- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.

- On-going work on the Preventive Health and Human Services Block Grant to prevent hypertension.

- Finalized contract terms with CT DPH regarding the Tobacco Best Practices Grant.

- Track and monitoring on going progress on the agency strategic plan.

- Continue to support the Town of Columbia with the Woodland Terrance oil spill response and public communications.

- Plan to initiate the interview and hiring process for Assistant DOH candidates.

- Scheduling spring NaCl sampling for Tolland selected properties.

- Working to finalize and launch the upgraded agency website.

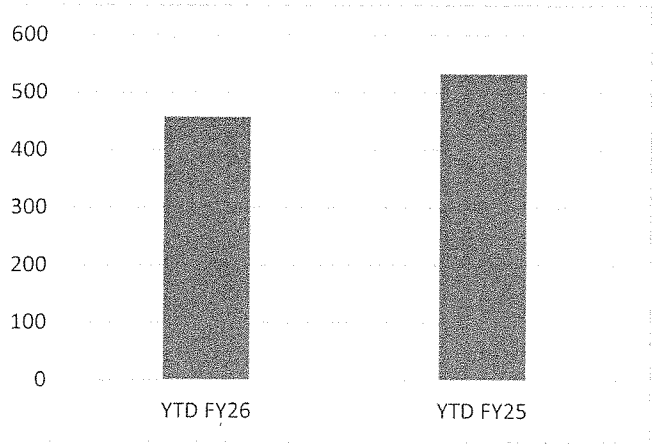
- Support the free dental clinic operations at EO Smith.

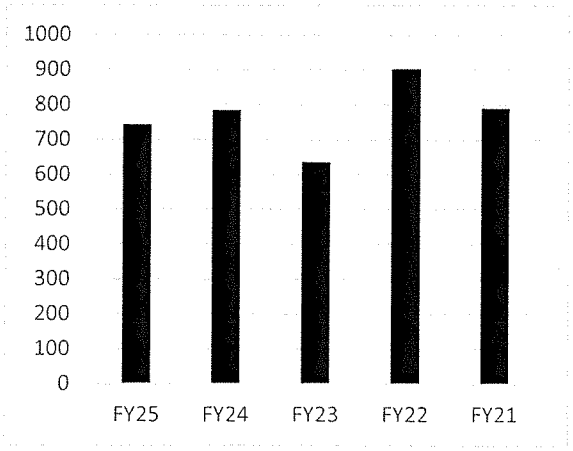
- Explore support opportunities for the Coventry Low Impact Development workgroup.

Statistical Report (Attached)

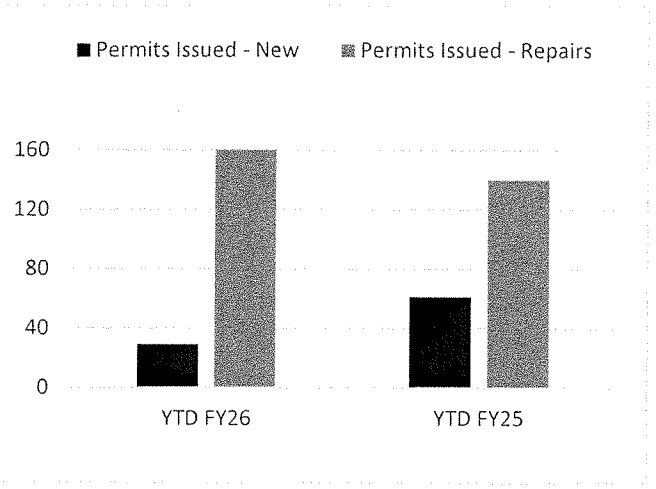
Quarterly Report January 1, 2026 - March 31, 2026
Year to Date Historgrams with 5 Year Trend Comparisons for Selected Activity Indicators

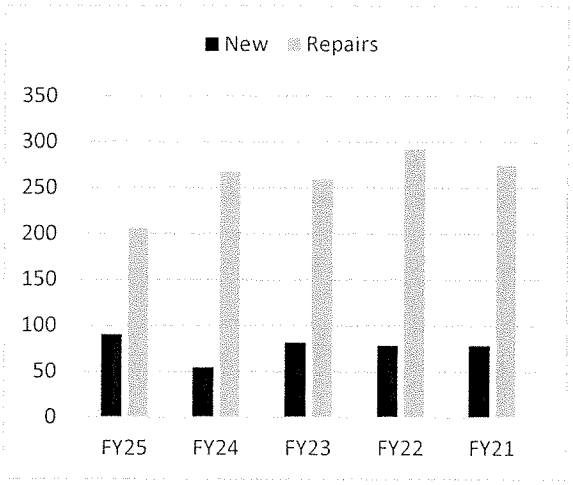
Deep Test Holes



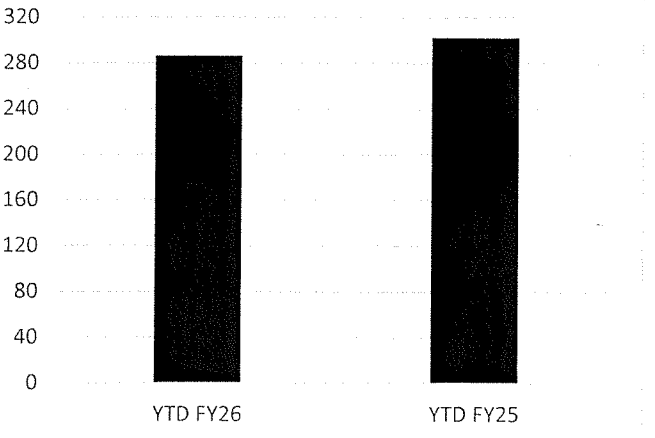


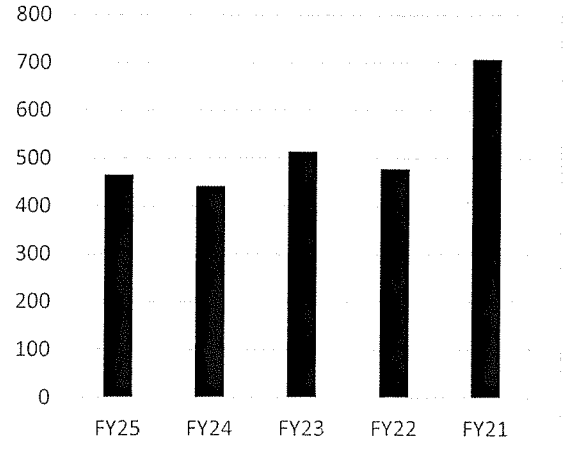
Septic Permits Issued





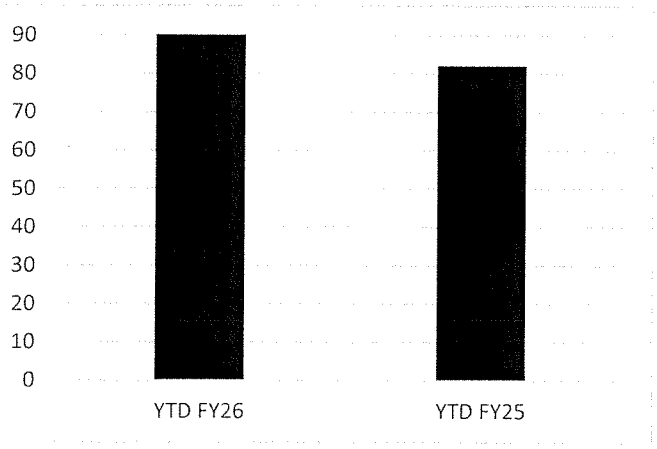
Public Health Reviews

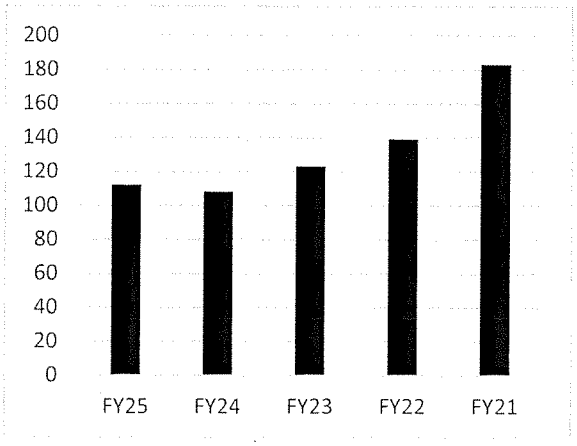




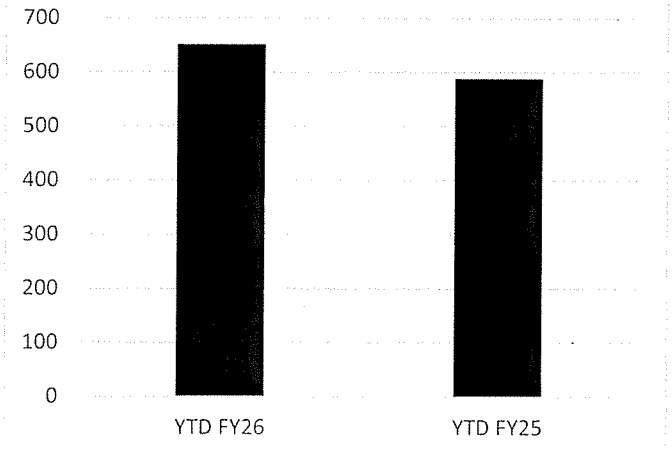
Quarterly Report January 1, 2026 - March 31, 2026
Year to Date Historgrams with 5 Year Trend Comparisons for Selected Activity Indicators

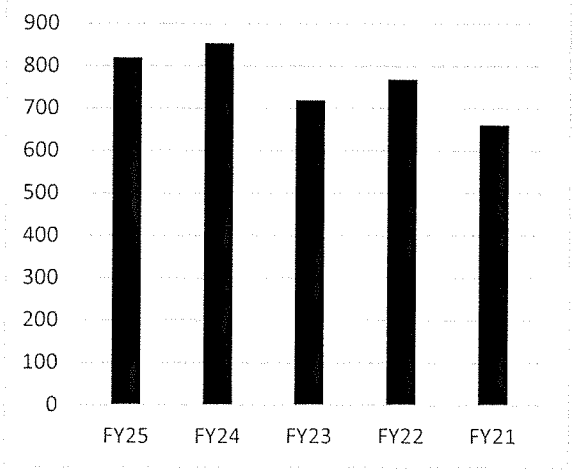
Complaints



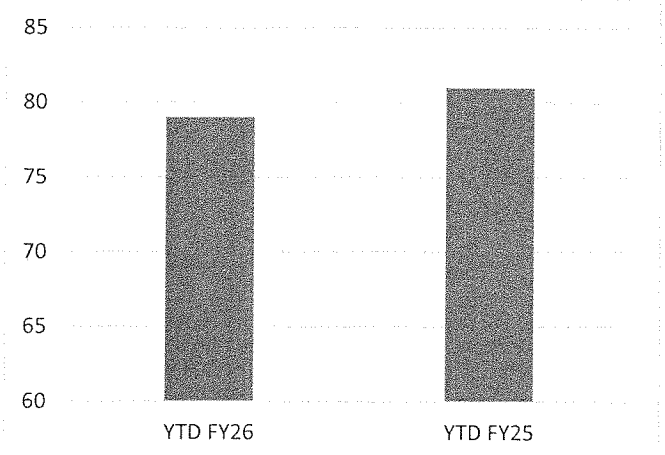


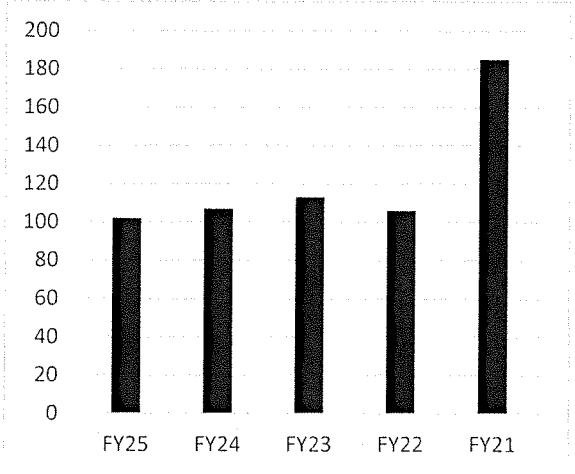
Food Service Inspections





Well Permits





EASTERN HIGHLANDS HEALTH DISTRICT THIRD QUARTER FISCAL YEAR 2025-2026

January 1, 2026 - March 31, 2026

Activity Indicators		MONTHS				Current	Previous
ENVIRONMENTAL HEALTH ACTIVITIES		January	February	March	Total	YTD FY26	YTD FY25
Compaints							
	Air Quality	0	0	1	1	5	2
	Animals/Animal Waste	0	0	1	1	1	2
	Activity without Permit	0	0	2	2	6	3
	Food Protection	1	1	7	9	20	2
	Housing Issues	2	5	4	11	30	18
	Emergency Response	0	2	1	3	3	1
	Refuse/Garbage	0	0	0	0	6	8
	Rodents/Insects	0	1	0	1	6	8
	Septic/Sewage	0	4	3	7	11	19
	Other	1	2	0	3	11	16
	Water Quality	1	0	1	2	6	3
	Total	5	15	20	40	105	82
Health Inspection							
	Group homes	0	0	0	0	0	1
	Day Care	2	1	1	4	10	7
	Camps	0	0	0	0	1	1
	Public Pool	0	0	0	0	5	0
	Other	0	0	0	0	8	10
	Schools	0	0	0	0	1	1
	Mortgage, FHA, VA	0	0	0	0	0	0
	Bathing Areas	0	0	0	0	1	1
	Cosmetology	34	19	22	75	79	95
	Total Health Inspections	36	20	23	79	105	116
On-site Sewage Disposal & Wells							
	Site inspection	24	48	52	124	662	741
	Deep hole tests	30	34	58	122	458	533
	Percolation tests	5	9	19	33	106	100
	Permits issued, new	1	2	10	13	29	61
	Permits issued, repair	16	8	21	45	195	140
	Site Plans Reviewed	24	16	32	72	258	238
	Public Health Reviews	19	16	40	75	286	302
Wells							
	Well sites inspected	1	7	3	11	63	69
	Well permits issued	2	10	6	18	79	81
Laboratory Activities (samples taken)							
	Potable water	0	0	0	0	32	14
	Surface water	0	0	0	0	218	218
	Ground water	0	0	0	0	0	0
	Rabies	0	0	0	0	7	8
	Lead	0	55	35	90	159	265
	Other	0	0	1	1	26	19
Food Protection							
	Inspections	20	41	27	88	347	343
	On Site inspection violation follow up	3	4	6	13	57	53
	Documented inspection violation follow up	11	9	9	29	155	80
	Temporary permit	0	1	25	26	70	96
	Temporary inspections*	0	0	12	12	65	87
	Plan review	0	2	3	5	20	16
	Pre-operational inspections	3	0	2	5	27	25
Lead Activties							
	Housing inspection	0	2	1	3	13	12
	Abate plan reviewed	0	0	0	0	5	2
Miscellaneous Activities							
	Planning and Zoning referrals	0	0	1	1	3	2
	Subdivision reviewed (# of lots)	0	0	0	0	1	5

ANDOVER QUARTERLY REPORT

January 1, 2026 - March 31, 2026

Activity Indicators

		January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality			1	1	1
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	2
	Food Protection				0	9
	Housing Isssues				0	11
	Emergency Response				0	3
	Refuse/Garbage				0	0
	Rodents/Insects				0	1
	Septic/Sewage				0	7
	Other				0	3
	Water Quality				0	2
	Total	0	0	1	1	40
	Group homes				0	0
	Day Care				0	4
	Camps				0	0
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	75
	Total	0	0	0	0	79
On-site Sewage Disposal						
	Site inspection -- all site visits		1	2	3	124
	Deep hole tests -- number of holes		3	3	6	122
	Percolation tests -- number of holes		1		1	33
	Permits issued, new			1	1	13
	Permits issued, repair	1		2	3	45
	Site plans reviewed			2	2	72
	Public Health Reviews			4	4	75
Wells						
	Well sites inspected				0	11
	Well permits issued				0	18
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water				0	0
	Ground water				0	0
	Rabies				0	0
	Lead				0	90
	Other				0	1
Food Protection						
	Inspections	1		1	2	88
	On Site inspection violation follow up				0	13
	Documented inspection violation follow up				0	29
	Temporary permits				0	26
	Temporary inspections				0	12
	Plan reviews				0	5
	Pre-operational inspections				0	5
Lead Activties						
	Housing inspection				0	3
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	1
	Subdivision reviewed (per lot)				0	0

	A	B	C	D	E	F	G	H	I
1	**ASHFORD QUARTERLY REPORT**								
2	**January 1, 2026 - March 31, 2026**								
3									
4	**Activity Indicators**								
5									
6					January	February	March	***Total***	***District Total***
7	ENVIRONMENTAL HEALTH ACTIVITIES								
8	*Complaints*								
9		Air Quality						0	1
10		Animals/Animal Waste						0	1
11		Activity Without Proper Permits					1	1	2
12		Food Protection						0	9
13		Housing Isssues				1		1	11
14		Emergency Response						0	3
15		Refuse/Garbage						0	0
16		Rodents/Insects						0	1
17		Septic/Sewage				1		1	7
18		Other						0	3
19		Water Quality			1			1	2
21		Total			1	2	1	4	40
22	*Health Inspection*								
23		Group homes						0	0
24		Day Care						0	4
25		Camps						0	0
26		Public Pool						0	0
27		Other						0	0
28		Schools						0	0
29		Mortgage, FHA, VA						0	0
30		Bathing Areas						0	0
31		Cosmetology				4		4	75
32		Total			0	4	0	4	79
33	*On-site Sewage Disposal*								
34		Site inspection -- all site visits			4	2	7	13	124
35		Deep hole tests -- number of holes				4	12	16	122
36		Percolation tests -- number of holes				1	4	5	33
37		Permits issued, new				1		1	13
38		Permits issued, repair			1	2	1	4	45
39		Site plans reviewed			2	3	1	6	72
40		Public Health Reviews			2	1	2	5	75
41	*Wells*								
42		Well sites inspected						0	11
43		Well permits issued			1	1		2	18
44	*Laboratory Activities (samples taken)*								
45		Potable water						0	0
46		Surface water						0	0
47		Ground water						0	0
48		Rabies						0	0
49		Lead						0	90
50		Other						0	1
51	*Food Protection*								
52		Inspections			2	1		3	88
53		On Site inspection violation follow up					1	1	13
54		Documented inspection violation follow up			1			1	29
55		Temporary permits					3	3	26
56		Temporary inspections						0	12
57		Plan reviews				1		1	5
58		Pre-operational inspections						0	5
59	*Lead Activties*								
60		Housing inspection						0	3
61		Abate plan reviewed						0	0
62	MISCELLANOUS ACTIVITIES								
63		Planning and Zoning referrals						0	1
64		Subdivision reviewed (per lot)						0	0

BOLTON QUARTERLY REPORT

January 1, 2026 - March 31, 2026

Activity Indicators

		January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	1
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	2
	Food Protection				0	9
	Housing Isssues		1		1	11
	Emergency Response				0	3
	Refuse/Garbage				0	0
	Rodents/Insects				0	1
	Septic/Sewage			2	2	7
	Other				0	3
	Water Quality				0	2
	Total	0	1	2	3	40
Health Inspection						
	Group homes				0	0
	Day Care	1			1	4
	Camps				0	0
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology		2		2	75
	Total	0	2	0	3	79
On-site Sewage Disposal						
	Site inspection -- all site visits	0	13	3	16	124
	Deep hole tests -- number of holes		3	13	16	122
	Percolation tests -- number of holes		1	4	5	33
	Permits issued, new			2	2	13
	Permits issued, repair	2		2	4	45
	Site plans reviewed	2	1	5	8	72
	Public Health Reviews	3		3	6	75
Wells						
	Well sites inspected		1	2	3	11
	Well permits issued	1			1	18
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water				0	0
	Ground water				0	0
	Rabies				0	0
	Lead				0	90
	Other				0	1
Food Protection						
	Inspections	4	1	2	7	88
	On Site inspection violation follow up				0	13
	Documented inspection violation follow up		1	1	2	29
	Temporary permits				0	26
	Temporary inspections				0	12
	Plan reviews		1	1	2	5
	Pre-operational inspections				0	5
Lead Activties						
	Housing inspection				0	3
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	1
	Subdivision reviewed (per lot)				0	0

CHAPLIN QUARTERLY REPORT

January 1, 2026 - March 31, 2026

Activity Indicators

		January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	1
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	2
	Food Protection				0	9
	Housing Isssues				0	11
	Emergency Response				0	3
	Refuse/Garbage				0	0
	Rodents/Insects				0	1
	Septic/Sewage				0	7
	Other				0	3
	Water Quality				0	2
	Total	0	0	0	0	40
Health Inspection						
	Group homes				0	0
	Day Care				0	4
	Camps				0	0
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	75
	Total	0	0	0	0	79
On-site Sewage Disposal						
	Site inspection -- all site visits				0	124
	Deep hole tests -- number of holes	3			3	122
	Percolation tests -- number of holes	1			1	33
	Permits issued, new				0	13
	Permits issued, repair			1	1	45
	Site plans reviewed			1	1	72
	Public Health Reviews	2		2	4	75
Wells						
	Well sites inspected				0	11
	Well permits issued				0	18
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water				0	0
	Ground water				0	0
	Rabies				0	0
	Lead				0	90
	Other				0	1
Food Protection						
	Inspections	1	3	2	6	88
	On Site inspection violation follow up	3	1		4	13
	Documented inspection violation follow up		1		1	29
	Temporary permits				0	26
	Temporary inspections				0	12
	Plan reviews				0	5
	Pre-operational inspections	1			1	5
Lead Activties						
	Housing inspection				0	3
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	1
	Subdivision reviewed (per lot)				0	0

COLUMBIA QUARTERLY REPORT

January 1, 2026 - March 31, 2026

Activity Indicators

		January	February	March	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	1
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	2
	Food Protection				0	9
	Housing Isssues				0	11
	Emergency Response				0	3
	Refuse/Garbage				0	0
	Rodents/Insects				0	1
	Septic/Sewage		1		1	7
	Other				0	3
	Water Quality				0	2
	Total	0	1	0	1	40
Health Inspection						
	Group homes				0	0
	Day Care				0	4
	Camps				0	0
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology			6	6	75
	Total	0	0	6	6	79
On-site Sewage Disposal						
	Site inspection -- all site visits	5	6	7	18	124
	Deep hole tests -- number of holes	5	3		8	122
	Percolation tests -- number of holes	2	1		3	33
	Permits issued, new			1	1	13
	Permits issued, repair	2	2	3	7	45
	Site plans reviewed	3	3	5	11	72
	Public Health Reviews	1	1	8	10	75
Wells						
	Well sites inspected				0	11
	Well permits issued		1		1	18
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water				0	0
	Ground water				0	0
	Rabies				0	0
	Lead				0	90
	Other				0	1
Food Protection						
	Inspections	3		1	4	88
	On Site inspection violation follow up				0	13
	Documented inspection violation follow up	1			1	29
	Temporary permits				0	26
	Temporary inspections				0	12
	Plan reviews				0	5
	Pre-operational inspections	1			1	5
Lead Activties						
	Housing inspection				0	3
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	1
	Subdivision reviewed (per lot)				0	0

COVENTRY QUARTERLY REPORT

January 1, 2026 - March 31, 2026

Activity Indicators

		January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	1
	Animals/Animal Waste				0	1
	Activity Without Proper Permits			1	1	2
	Food Protection			7	7	9
	Housing Isssues				0	11
	Emergency Response				0	3
	Refuse/Garbage				0	0
	Rodents/Insects				0	1
	Septic/Sewage				0	7
	Other				0	3
	Water Quality				0	2
	Total	0	0	8	8	40
Health Inspection						
	Group homes				0	0
	Day Care				0	4
	Camps				0	0
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology	2	1		3	75
	Total	2	1	0	3	79
On-site Sewage Disposal						
	Site inspection -- all site visits	7	3	7	17	124
	Deep hole tests -- number of holes	3	6	6	15	122
	Percolation tests -- number of holes		2	1	3	33
	Permits issued, new			2	2	13
	Permits issued, repair	2	1	4	7	45
	Site plans reviewed	7	1	3	11	72
	Public Health Reviews	2	4	4	10	75
Wells						
	Well sites inspected	1	2		3	11
	Well permits issued		3	2	5	18
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water				0	0
	Ground water				0	0
	Rabies				0	0
	Lead				0	90
	Other				0	1
Food Protection						
	Inspections	4	1	7	12	88
	On Site inspection violation follow up			1	1	13
	Documented inspection violation follow up		1	2	3	29
	Temporary permits			4	4	26
	Temporary inspections				0	12
	Plan reviews				0	5
	Pre-operational inspections				0	5
Lead Activties						
	Housing inspection				0	3
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	1
	Subdivision reviewed (per lot)				0	0

MANSFIELD QUARTERLY REPORT

January 1, 2026 - March 31, 2026

Activity Indicators

		January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	1
	Animals/Animal Waste			1	1	1
	Activity Without Proper Permits				0	2
	Food Protection		1		1	9
	Housing Isssues		3		3	11
	Emergency Response		1	1	2	3
	Refuse/Garbage				0	0
	Rodents/Insects				0	1
	Septic/Sewage		1	1	2	7
	Other				0	3
	Water Quality				0	2
	Total	0	6	3	9	40
Health Inspection						
	Group homes				0	0
	Day Care	1	1		2	4
	Camps				0	0
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology	7	10	13	30	75
	Total	8	11	13	32	79
On-site Sewage Disposal						
	Site inspection -- all site visits	2	8	18	28	124
	Deep hole tests -- number of holes		9		9	122
	Percolation tests -- number of holes		3	2	5	33
	Permits issued, new	1	1	2	4	13
	Permits issued, repair	1		4	5	45
	Site plans reviewed	2	1	8	11	72
	Public Health Reviews			3	3	75
Wells						
	Well sites inspected		3		3	11
	Well permits issued		1	3	4	18
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water				0	0
	Ground water				0	0
	Rabies				0	0
	Lead		29	35	64	90
	Other				0	1
Food Protection						
	Inspections		17	7	24	88
	On Site inspection violation follow up		3	1	4	13
	Documented inspection violation follow up	6	3	4	13	29
	Temporary permits		1	15	16	26
	Temporary inspections			12	12	12
	Plan reviews			2	2	5
	Pre-operational inspections	1		1	2	5
Lead Activties						
	Housing inspection		1	1	2	3
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	1
	Subdivision reviewed (per lot)				0	0

SCOTLAND QUARTERLY REPORT

January 1, 2026 - March 31, 2026

Activity Indicators

		January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	1
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	2
	Food Protection				0	9
	Housing Isssues				0	11
	Emergency Response				0	3
	Refuse/Garbage				0	0
	Rodents/Insects				0	1
	Septic/Sewage				0	7
	Other				0	3
	Water Quality				0	2
	Total	0	0	0	0	40
Health Inspection						
	Group homes				0	0
	Day Care				0	4
	Camps				0	0
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	75
	Total	0	0	0	0	79
On-site Sewage Disposal						
	Site inspection -- all site visits				0	124
	Deep hole tests -- number of holes			6	6	122
	Percolation tests -- number of holes			2	2	33
	Permits issued, new				0	13
	Permits issued, repair			1	1	45
	Site plans reviewed			1	1	72
	Public Health Reviews	2		2	4	75
Wells						
	Well sites inspected				0	11
	Well permits issued				0	18
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water				0	0
	Ground water				0	0
	Rabies				0	0
	Lead				0	90
	Other				0	1
Food Protection						
	Inspections	1			1	88
	On Site inspection violation follow up				0	13
	Documented inspection violation follow up	1			1	29
	Temporary permits				0	26
	Temporary inspections				0	12
	Plan reviews				0	5
	Pre-operational inspections				0	5
Lead Activties						
	Housing inspection				0	3
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	1
	Subdivision reviewed (per lot)				0	0

TOLLAND QUARTERLY REPORT

January 1, 2026 - March 31, 2026

Activity Indicators

		January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	1
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	2
	Food Protection				0	9
	Housing Isssues			1	1	11
	Emergency Response		1		1	3
	Refuse/Garbage				0	0
	Rodents/Insects		1		1	1
	Septic/Sewage		1		1	7
	Other	1	1		2	3
	Water Quality				0	2
	Total	1	4	1	6	40
Health Inspection						
	Group homes				0	0
	Day Care			1	1	4
	Camps				0	0
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology	24	1	3	28	75
	Total	24	1	4	29	79
On-site Sewage Disposal						
	Site inspection -- all site visits	5	2	2	9	124
	Deep hole tests -- number of holes	13	6	9	28	122
	Percolation tests -- number of holes	1		4	5	33
	Permits issued, new			1	1	13
	Permits issued, repair	5	2	2	9	45
	Site plans reviewed	6	4	5	15	72
	Public Health Reviews	6	6	11	23	75
Wells						
	Well sites inspected				0	11
	Well permits issued		2		2	18
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water				0	0
	Ground water				0	0
	Rabies				0	0
	Lead				0	90
	Other			1	1	1
Food Protection						
	Inspections	3	7	7	17	88
	On Site inspection violation follow up			3	3	13
	Documented inspection violation follow up	2	1	2	5	29
	Temporary permits			3	3	26
	Temporary inspections				0	12
	Plan reviews				0	5
	Pre-operational inspections			1	1	5
Lead Activties						
	Housing inspection				0	3
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	1
	Subdivision reviewed (per lot)				0	0

WILLINGTON QUARTERLY REPORT

January 1, 2026 - March 31, 2026

Activity Indicators

		January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	1
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	2
	Food Protection	1			1	9
	Housing Isssues	2		3	5	11
	Emergency Response				0	3
	Refuse/Garbage				0	0
	Rodents/Insects				0	1
	Septic/Sewage				0	7
	Other		1		1	3
	Water Quality			1	1	2
	Total	3	1	4	8	40
Health Inspection						
	Group homes				0	0
	Day Care				0	4
	Camps				0	0
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology	1	1		2	75
	Total	1	1	0	2	79
On-site Sewage Disposal						
	Site inspection -- all site visits	1	13	6	20	124
	Deep hole tests -- number of holes	6		9	15	122
	Percolation tests -- number of holes	1		2	3	33
	Permits issued, new			1	1	13
	Permits issued, repair	2	1	1	4	45
	Site plans reviewed	2	3	1	6	72
	Public Health Reviews	1	4	1	6	75
Wells						
	Well sites inspected		1	1	2	11
	Well permits issued		2	1	3	18
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water				0	0
	Ground water				0	0
	Rabies				0	0
	Lead		26		26	90
	Other				0	1
Food Protection						
	Inspections	1	11		12	88
	On Site inspection violation follow up				0	13
	Documented inspection violation follow up		2		2	29
	Temporary permits				0	26
	Temporary inspections				0	12
	Plan reviews				0	5
	Pre-operational inspections				0	5
Lead Activties						
	Housing inspection		1		1	3
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals			1	1	1
	Subdivision reviewed (per lot)				0	0

Eastern Highlands Health District
Community Health and Wellness Coordinator
3rd Quarter Report January 1, 2026 –March 31, 2026

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally 1,834 individuals in member towns this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

Action Item	Progress this quarter	Outcome
1b (1) Refine/update grant monitoring network	CHWC is working with staff the Block Grant targeting hypertension. CHWC applied for the free radon test kits. EHHD was awarded 50 free radon kits.	**EHHD distributed 50 radon kits to distribute this winter**
1g (1) Explore and expand partnership opportunities	CHWC is part of the Immunization Coalition and attended 1 meeting **CHWC attended meetings of the Local Prevention Councils of:** **Coventry** **Bolton** **Tolland** CHWC worked **on supporting and promoting the CTMOM Free Dental Clinic set to occur on April 17 and 18 at EO Smith High School.**	CHWC provided feedback to the meetings.
2a (2) Effective communication of health district programs and news with staff and member towns officials	Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings. CHWC continues to produce quarterly newsletters. CHWC oversees the immunization clinical staff and volunteers for vaccination clinics.	Bulletin boards with health and safety messages were updated. Topics included: physical activity information, healthy snacks, respiratory illnesses and vaccination resources, and safe healthy home cooking. Newsletters are distributed to member town officials, UConn Be Well Tolland members and residents.
3c (1) Engage in advocacy events and activities	CHWC is a source for the public on public health issues including immunization information, including Covid-19 and influenza.	CHWC will continue to explore ways to support community events CHWC supported with correspondence, promotion, and attending planning meetings the coordination of

		CTMOM Free Dental Clinic to happen on April 17 and 18 at E. O. Smith High School
Childhood Lead Activities	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.	There were **25 cases** followed in this reporting period. **2 events** were closed. 13 **phone calls** were made to families and providers. 14 **correspondences completed to families.** CHWC worked with the Chief Sanitarian on **4 investigations for elevated lead levels that included risk assessments or epidemiological investigations.**
Communicable Disease Control	CHWC interviews and follow-up as needed for enteric diseases and f/u on other communicable disease such as TB. Documenting and faxing information to DPH as necessary.	please see chart below
CHWC Training and Continued Education	CHWC looks for ways to improve with training and continued education.	CHWC did training on naloxone distribution and how to talk about naloxone with patients. CHWC will continue to look for look for opportunities to participate in continuing education that support the CHWC role.
Vaccine Program	CHWC attended 2 monthly meetings of Immunization Coalition. EHHD also provided information about vaccines to the public.	CHWC using the information at the meetings with partners and provided by CDC, and CTDPH to improve and expand the immunization program. **1 flu vaccine was provided at the office.**

Emergency Preparedness/Response

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CT Responds system. In total, in this reporting period there are **103 volunteers**. Activities this reporting

period: CHWC sends emails to MRC volunteers to staff the upcoming events and then assigns the volunteers to the events. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters.
CHWC continues to attend PHEP/Region 4 MRC meetings and Statewide MRC meetings and to maintain the National MRC activity log.
CHWC worked with the emergency preparedness coordinator to update the Volunteer Management Plan for EHHD

CHWC supported and participated in the tabletop exercise organized by NDDH and conducted in Putnam on 01/22/2026

CHWC promoted and attended the Region 4 MRC virtual meeting, Self-Care for First Responders with Brian Pasqurell from the Disaster Behavioral Health Response Network. 7 EHHD MRC volunteers attended.

Grants: Blood Pressure/ Immunizations

During this quarter there were **4 bp screening event with 52 people attending in total, including a BP screening at the Ashford Business Fair/Ashford Winter Farmer's Market**

During this quarter there were **3 BP Educational Series: Chaplin, 11 people attended, Ashford 3 people attended, and Mansfield 6 people attended.**

Be Well Employee Wellness Programs

Activities to meet contract deliverables for the current employer groups (Town of Tolland) continue as planned.

Tolland

The CHWC conducted the 3rd Quarterly Educational Event, for the Tolland Town employees: **Food Safety at Home 8 attended** in person and an online version was posted to the Be Well website for people unable to attend.

Community Outreach

CHWC developed naloxone distribution plan, including obtaining a standing order for medical providers to distribute.

CHWC provided information to individuals and stakeholders regarding respiratory illness in phone calls and emails.

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Communicable disease*	January	February	March	Quarter
Number of reported cases	8	11	16	35
Interviews	1	4	4	9
Investigations	1	2	5	8

*These numbers do not include SAR-Covid-19 cases.

Date	Description	# served	Community
Spring 2026	Employee Wellness Newsletter (UConn) 201	202	UConn
Spring 2026	Employee Wellness Newsletter 60	60	Andover
Spring 2026	Employee Wellness Newsletter 60	60	Ashford
Spring 2026	Employee Wellness Newsletter 200	200	Bolton
Spring 2026	Employee Wellness Newsletter 30	30	Chaplin
Spring 2026	Employee Wellness Newsletter 60	60	Columbia
Spring 2026	Employee Wellness Newsletter 60	60	Coventry
Spring 2026	Employee Wellness Newsletter 60	50	Scotland
Spring 2026	Employee Wellness Newsletter 435	435	Tolland
Spring 2026	Employee Wellness Newsletter 40	40	Willington
Meetings/events		Number of meetings	
Tolland Local Prevention Council/Youth Advisory Board	Monthly meetings of Tolland stakeholders for the prevention of harm to youth and the reduction of substance abuse. The council includes: Social Services, high school staff, librarians, children's counseling services, and local religious leaders.	2	
Bolton Prevention Council	Monthly meetings of Bolton stakeholders for the prevention of harm to the community and the reduction of substance abuse. The council includes: Social Services, librarians, local counselors, and regional prevention groups.	2	
Coventry Prevention Council	Monthly meetings of Coventry stakeholders for the prevention of harm to the community and the reduction of substance abuse. The council includes: Social Services, librarians, and regional prevention groups.	2	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	1	
Region 4 MRC	Monthly meetings to discuss MRC volunteer training, deployments, and pandemic response.	3	
Bike Mansfield	CHWC attends Bike Mansfield meetings to help planning for the Mansfield Bike 4th Grade Bike Safety class to have MRC volunteers support he event.	0	
R-4 ESF 8 meeting	Region 4 emergency response meeting		
Bolton Health and Wellness		0	

Coventry Safety and Wellness		0	
CDC ALLSTLT Response	**Biweekly CDC meeting to update LHD on emerging disease**	4	

Eastern Highlands Health District
Public Health Preparedness Program
Jan – March 2026

Statewide Training & Exercise Workgroup (STEW) & other Statewide meetings

- Feb STEW cancelled
- 2/18/26 attended virtual HCC bi-monthly meeting
- 3/11/26 attended virtual STEW meeting; R3 will offer training on DispenseAssist

Region 4 PHEP Meetings & Activities:

- 1/12/26 attended virtual meeting; reviewed & edited presentation for Bio 100 TTX
- 2/6/26 attended virtual meeting; reviewed Volunteer Management Plan & discussed Bio 200 meeting
- 3/4/26 Region 4 call down exercise completed and report submitted to JotForms
- 3/9/26 attended virtual meeting; discussed Bio200 exercise plans and Capabilities 13 & 6; assigned role for Bio200 to oversee operations at 'off site' community gathering point to complete DispenseAssist
- 3/11/26 updated AFN

Region 4 ESF-8 meetings:

- 1/29/26 attended virtual meeting; reviewed Bio100 plans
- 2/19/26 attended virtual meeting; presentation by B. Pasqurell on first responder self-care
- 3/19/26 attended virtual meeting; CTNG presentation on 'Civil Support Operations'

Region 3 ESF-8 & PHEP meetings:

- 1/7/26 ESF8 attended virtual meeting; Juvari is offering training on new MRC CT Responds platform; General awareness that increased travel/congestion June & July with visitors for FIFA matches between NJ and Boston
- 1/9/26 PHEP attended virtual meeting; Others are having trouble getting Everbridge privileges, B Perkins is working on it; Drill dates & location TBD (E Hart having complications with plans)
- 2/4/26 ESF8 attended virtual meeting; presentation by CT public health nurses & discussion of Bio100 & 200 exercises
- 2/6/26 attended virtual PHEP meeting; discussed bio 100 & 200 exercises
- 3/4/26 attended virtual ESF8 meeting; announced that Josh (DEMHS) is shifting to R4
- 3/6/26 attended virtual PHEP meeting; Discussed DispenseAssist (managed by Johnson County, KS)

Plans for BP2:

Capability 14: Responder Safety and Health: Region 4 will address the following Functions:

- Function 1: Identify responder safety and health risks
- Function 2: Identify and support risk-specific responder safety and health training

Capability 15: Volunteer Management: Region 4 will address the following Functions

- Function 1: Recruit, coordinate, and train volunteers
- Function 2: Notify, organize, assemble, and deploy volunteers

- Continue with BP2 PHEP deliverables and any necessary new 5-year budget period requirements
- Support CRI Region 4 partners to complete MCM action plan and ORR
- Support Statewide Training and Exercise Work Group
- Update EHHD preparedness plans
- Research alternate platforms for notification system; create a back-up plan / updated Code Red for this quarter's call down exercise; on-going activities to update and shift to Everbridge via CRCOG platform
- NOTE: Old set of radios and charging station donated to Boy Scout Camp

Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

Activity Report
October 1, 2025 – December 31, 2025

Highlighted Accomplishments/Activities

- This agency provided material support to the Town of Coventry in their efforts to manage the Patriot's Park geese population, and improve the water quality in the park bathing area. This included but is not limited to participating in meetings with Town staff, and making presentation to Town IWA regarding bathing water testing on Coventry Lake.

- Appointed by CGA Public Health Committee Co-chairs to the PH Committee Workgroup on Septic Systems. Workgroup charge is to make recommendations on proposed regulations that balance public health protection and affordable housing. Weekly workgroup meeting began in September.

- We continue to provide significant support to the Town of Tolland in their efforts to address NaCl ground water contamination. This includes but is not limited to:

    1. Participated in bi-weekly status meetings on efforts to address Tolland NaCl challenges
    2. Providing fall sampling and reporting regarding a new investigation in the Lakeview Hts Neighborhood and other identified properties
    3. Participated in public forum meeting to update residents in the Vineyard area.

- Solicited proposals and selected a vendor to update the agency website.

- Attended two meetings and participated as an active member of the UConn Institutional Bio-safety Committee, community member at-large.

- Hosted and conducted a kick off meeting of the new agency Opioid Action Initiative for interested member towns.

- Initiated annual Radon detection program in partnership with the CT DPH to provide free kits to residents.

- Presented annual agency update to the Town of Mansfield Town Council.

- Presented the topic Public Health 101 to the Mansfield Academy participants.

- Attended and participated as an active member of the UConn Student and Health and Wellness Infection Prevention Committee.

- Participated in the Mansfield's ongoing efforts to assess and explore facility upgrades by participating in the survey conducted by the town contractor.

- Participated in an ad-hoc DPH workgroup to review and update the rabies specimen submittal form for the DPH laboratory.

- Conducted two meetings with the CT DPH to work out a final work plan for the Tobacco Best Practices grant.

- Working with the Personnel Committee the Board of Director completed a statewide salary survey of Health District Directors and approved a new pay range.

- Per the Town of Columbia's request, we initiated an inquiry of an oil spill in the Woodland Terrance area in coordination with the CT DPH water supply section.

- Working with the Finance Committee developed and presented the proposed Fiscal Year 2026/2027 budgets to the board of directors.

- *Community Health and Wellness Programs:* Staff is currently managing 24 cases of Elevated Blood Lead Levels in children. Three (3) infectious disease outbreak investigations were conducted during this period. Conducted one BP screening event, 8 persons attended. Hosted 14 vaccination clinics administering 262 vaccines shots; (See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, Chronic Disease activities, and other outreach initiatives.)

- *Emergency Preparedness Program:* conducted quarterly call down communications drill; continue to update EP plans as needed. (See attached EP report)

Plans for the Next Quarter

- Initiate Opioid Action Initiative with participating member towns.

- Working with Coventry to finalize water circulations plans and IWA approvals to address chronically high bacteria levels at Patriots Park bathing area.

- Ongoing working with CADH Advocacy Committee engage CGA members on policy affecting local public health during the upcoming legislative session.

- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.

- On-going work on the Preventive Health and Human Services Block Grant to prevent hypertension.

- Finalized contract terms with CT DPH regarding the Tobacco Best Practices Grant.

- Working with selected vendor work to update agency website.

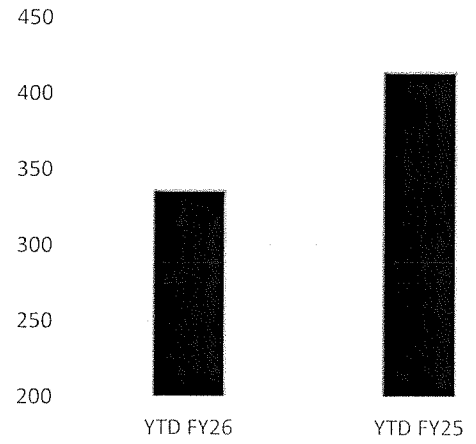
- Ongoing planning work for CT Mission of Mercy free Dental clinic.

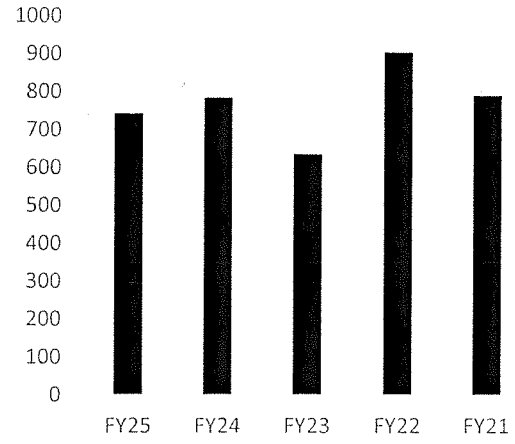
- Track and monitoring on going progress on the agency strategic plan.

- Continue to support the Town of Columbia with the Woodland Terrance oil spill response and public communications.

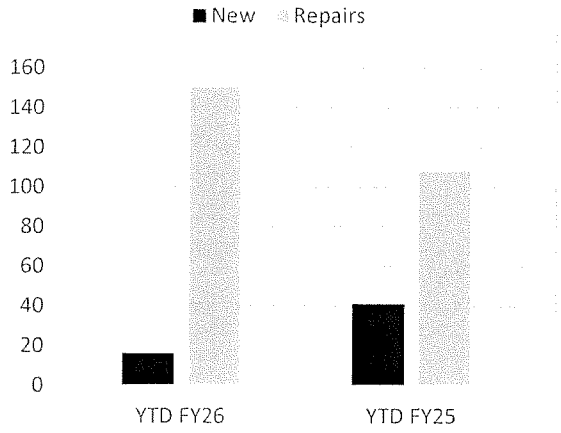
Statistical Report (Attached)

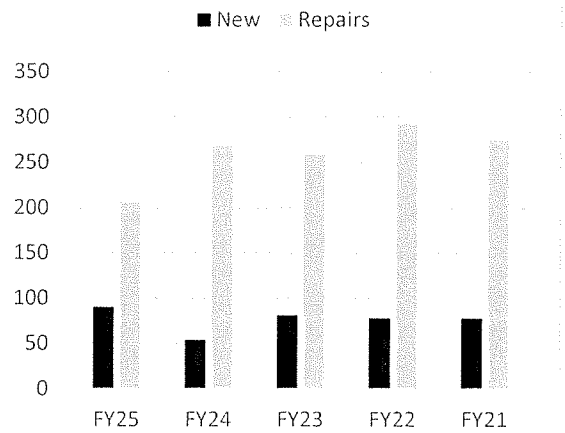
Deep Test Holes



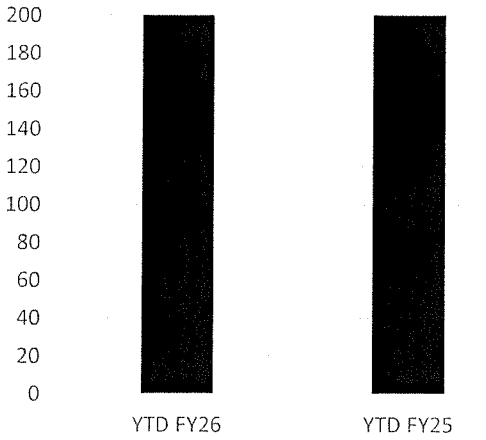


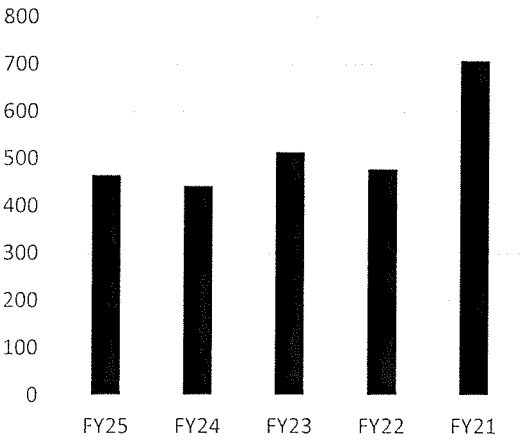
Septic Permits



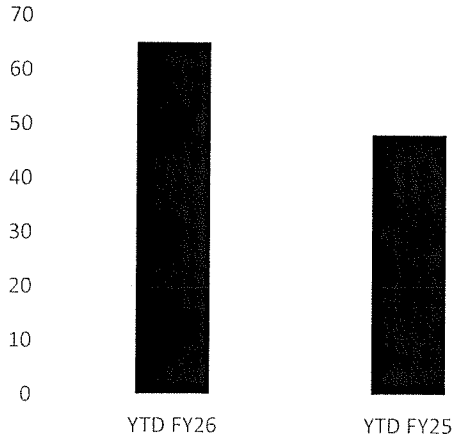


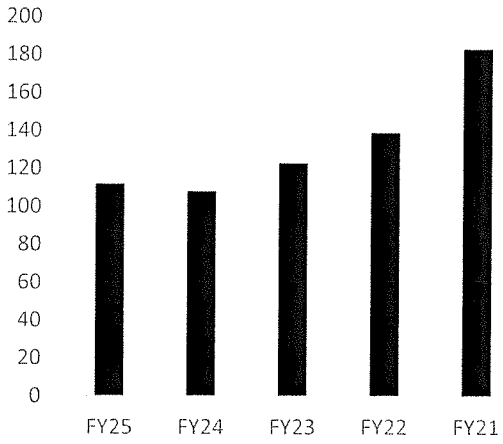
Public Health Reviews



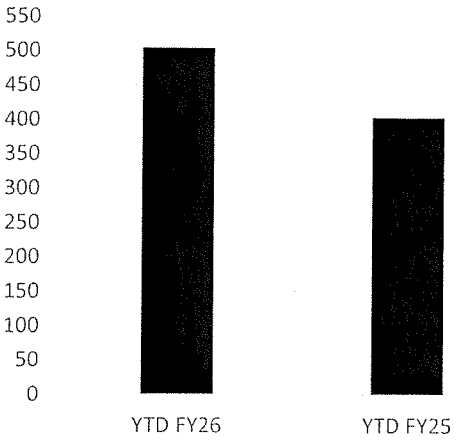


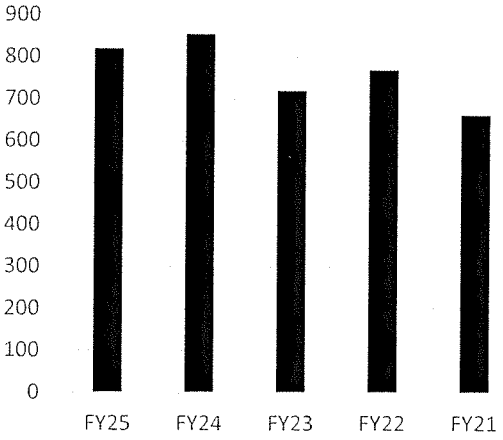
Complaints



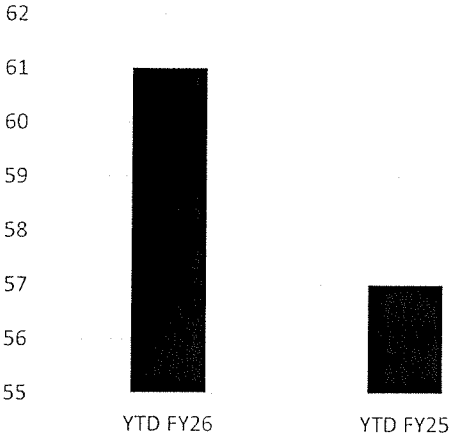


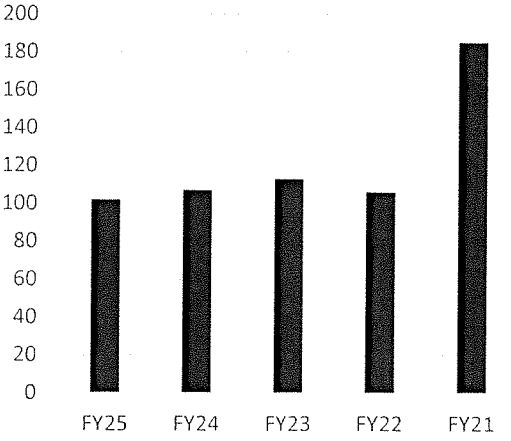
Food Service Inspections





Well Permits Issued





EASTERN HIGHLANDS HEALTH DISTRICT SECOND QUARTER FISCAL YEAR 2025-2026
October 1, 2025 - December 31, 2025

ACTIVITY INDICATORS		MONTHS				Current	Previous
ENVIRONMENTAL HEALTH ACTIVITIES		Oct	Nov	Dec	Total	YTD FY26	YTD FY25
Compaints							
	Air Quality	0	0	0	0	4	2
	Animals/Animal Waste	0	0	0	0	0	1
	Activity without Permit	2	0	0	2	4	1
	Food Protection	1	1	0	2	11	2
	Housing Issues	1	3	6	10	19	10
	Emergency Response	0	0	0	0	0	1
	Refuse/Garbage	0	0	0	0	6	4
	Rodents/Insects	2	0	0	2	5	6
	Septic/Sewage	0	1	2	3	4	12
	Other	0	2	2	4	8	7
	Water Quality	2	0	0	2	4	2
	Total	8	7	10	25	65	48
Health Inspection							
	Group homes	0	0	0	0	0	0
	Day Care	0	1	0	1	6	6
	Camps	1	0	0	1	1	1
	Public Pool	0	0	0	0	5	0
	Other	0	0	0	0	8	10
	Schools	0	0	0	0	1	1
	Mortgage, FHA, VA	0	0	0	0	0	0
	Bathing Areas	0	0	0	0	1	1
	Cosmetology	0	0	3	3	4	6
	Total	1	1	3	5	26	25
On-site Sewage Disposal							
	Site inspection	113	81	103	297	538	545
	Deep hole tests	67	85	37	189	336	414
	Percolation tests	13	13	10	36	73	80
	Permits issued, new	4	3	2	9	16	41
	Permits issued, repair	31	28	11	70	150	108
	Site Plans Reviewed	33	33	20	86	186	177
	Public Health Reviews	43	23	24	90	211	222
Wells							
	Well sites inspected	9	4	11	24	52	44
	Well permits issued	10	11	6	27	61	57
Laboratory Activities (samples taken)							
	Potable water	32	0	0	32	32	14
	Surface water	0	0	0	0	218	218
	Ground water	0	0	0	0	0	0
	Rabies	2	1	1	4	7	7
	Lead	0	0	0	0	69	152
	Other	2	10	0	12	25	13
Food Protection							
	Inspections	37	41	46	124	259	221
	On Site inspection violation follow up	4	3	14	21	44	33
	Documented inspection violation follow up	20	6	28	54	126	60
	Temporary permits	9	5	2	16	44	70
	Temporary inspections	2	7	0	9	53	70
	Plan review	2	1	2	5	15	14
	Pre-operational inspections	7	1	3	11	22	19
Lead Activties							
	Housing inspection	2	0	3	5	10	6
	Abate plan reviewed	2	1	2	5	5	1
MISCELLANOUS ACTIVITIES							
	Planning and Zoning referrals	0	0	2	2	2	1
	Subdivision reviewed (# of lots)	0	0	0	0	1	5

ANDOVER QUARTERLY REPORT

October 1, 2025 - December 31, 2025

Activity Indicators

		Oct	Nov	Dec	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	2
	Housing Isssues				0	10
	Emergency Response				0	0
	Refuse/Garbage				0	0
	Rodents/Insects				0	2
	Septic/Sewage				0	3
	Other				0	4
	Water Quality				0	2
	Total	0	0	0	0	25
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	1
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	3
	Total	0	0	0	0	5
On-site Sewage Disposal						
	Site inspection -- all site visits	5	3	12	20	297
	Deep hole tests -- number of holes	3	33	3	39	189
	Percolation tests -- number of holes	1			1	36
	Permits issued, new				0	9
	Permits issued, repair	1	2		3	70
	Site plans reviewed	1	2	1	4	86
	Public Health Reviews	2	1	2	5	90
Wells						
	Well sites inspected		1	1	2	24
	Well permits issued	2	1	1	4	27
Laboratory Activities (samples taken)						
	Potable water				0	32
	Surface water				0	0
	Ground water				0	0
	Rabies				0	4
	Lead				0	0
	Other		1		1	12
Food Protection						
	Inspections	1		3	4	124
	On Site inspection violation follow up				0	21
	Documented inspection violation follow up	1			1	54
	Temporary permits	1			1	16
	Temporary inspections				0	9
	Plan reviews				0	5
	Pre-operational inspections				0	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed				0	5
Miscellaneous Activities						
	Planning and Zoning referrals				0	2
	Subdivision reviewed (per lot)				0	0

	A	B	C	D	E	F	G	H	I	J
1	**ASHFORD QUARTERLY REPORT**									
2	**October 1, 2025 - December 31, 2025**									
3										
4	**Activity Indicators**									
5										
6					Oct	Nov	Dec	*Total*	*District Total*	
7	ENVIRONMENTAL HEALTH ACTIVITIES									
8	**Complaints**									
9		Air Quality						0	0	
10		Animals/Animal Waste						0	0	
11		Activity Without Proper Permits						0	2	
12		Food Protection						0	2	
13		Housing Isssues						0	10	
14		Emergency Response						0	0	
15		Refuse/Garbage						0	0	
16		Rodents/Insects						0	2	
17		Septic/Sewage				1		1	3	
18		Other						0	4	
19		Water Quality			1			1	2	
20		Total			1	1	0	2	25	
21	**Health Inspection**									
22		Group homes						0	0	
23		Day Care						0	1	
24		Camps						0	1	
25		Public Pool						0	0	
26		Other						0	0	
27		Schools						0	0	
28		Mortgage, FHA, VA						0	0	
29		Bathing Areas						0	0	
30		Cosmetology						0	3	
31		Total			0	0	0	0	5	
32	**On-site Sewage Disposal**									
33		Site inspection -- all site visits			8	2	6	16	297	
34		Deep hole tests -- number of holes			7	6		13	189	
35		Percolation tests -- number of holes			1	1		2	36	
36		Permits issued, new				1		1	9	
37		Permits issued, repair			3	3		6	70	
38		Site plans reviewed			5	3	2	10	86	
39		Public Health Reviews			4	4	2	10	90	
40	**Wells**									
41		Well sites inspected			2		1	3	24	
42		Well permits issued				1	1	2	27	
43	**Laboratory Activities (samples taken)**									
44		Potable water						0	32	
45		Surface water						0	0	
46		Ground water						0	0	
47		Rabies						0	4	
48		Lead						0	0	
49		Other						0	12	
50	**Food Protection**									
51		Inspections			2	1	3	6	124	
52		On Site inspection violation follow up					1	1	21	
53		Documented inspection violation follow up			2		3	5	54	
54		Temporary permits				1		1	16	
55		Temporary inspections						0	9	
56		Plan reviews						0	5	
57		Pre-operational inspections						0	11	
58	**Lead Activties**									
59		Housing inspection						0	5	
60		Abate plan reviewed						0	5	
61	**Miscellaneous Activities**									
62		Planning and Zoning referrals						0	2	
63		Subdivision reviewed (per lot)						0	0	

BOLTON QUARTERLY REPORT

October 1, 2025 - December 31, 2025

Activity Indicators

		Oct	Nov	Dec	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	2
	Housing Isssues		1		1	10
	Emergency Response				0	0
	Refuse/Garbage				0	0
	Rodents/Insects				0	2
	Septic/Sewage			1	1	3
	Other				0	4
	Water Quality				0	2
	Total	0	1	1	2	25
Health Inspection						
	Group homes				0	0
	Day Care		1		1	1
	Camps				0	1
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	3
	Total	0	1	0	1	5
On-site Sewage Disposal						
	Site inspection -- all site visits	5	7	5	17	297
	Deep hole tests -- number of holes	3	3		6	189
	Percolation tests -- number of holes	1	1		2	36
	Permits issued, new				0	9
	Permits issued, repair	3	4	2	9	70
	Site plans reviewed	2	5	3	10	86
	Public Health Reviews	2	2	1	5	90
Wells						
	Well sites inspected				0	24
	Well permits issued				0	27
Laboratory Activities (samples taken)						
	Potable water				0	32
	Surface water				0	0
	Ground water				0	0
	Rabies				0	4
	Lead				0	0
	Other		1		1	12
Food Protection						
	Inspections	2	3	2	7	124
	On Site inspection violation follow up				0	21
	Documented inspection violation follow up	1	1	2	4	54
	Temporary permits	1	1		2	16
	Temporary inspections				0	9
	Plan reviews	1			1	5
	Pre-operational inspections	1		1	2	11
Lead Activties						
	Housing inspection	1			1	5
	Abate plan reviewed				0	5
Miscellaneous Activities						
	Planning and Zoning referrals				0	2
	Subdivision reviewed (per lot)				0	0

CHAPLIN QUARTERLY REPORT

October 1, 2025 - December 31, 2025

Activity Indicators

		Oct	Nov	Dec	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	2
	Housing Isssues				0	10
	Emergency Response				0	0
	Refuse/Garbage				0	0
	Rodents/Insects				0	2
	Septic/Sewage				0	3
	Other				0	4
	Water Quality				0	2
	Total	0	0	0	0	25
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	1
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	3
	Total	0	0	0	0	5
On-site Sewage Disposal						
	Site inspection -- all site visits	6	6	6	18	297
	Deep hole tests -- number of holes		3		3	189
	Percolation tests -- number of holes		1		1	36
	Permits issued, new			1	1	9
	Permits issued, repair	1	1	1	3	70
	Site plans reviewed	3	1		4	86
	Public Health Reviews	3	1	1	5	90
Wells						
	Well sites inspected		1		1	24
	Well permits issued		1		1	27
Laboratory Activities (samples taken)						
	Potable water				0	32
	Surface water				0	0
	Ground water				0	0
	Rabies			1	1	4
	Lead				0	0
	Other				0	12
Food Protection						
	Inspections	5	1	3	9	124
	On Site inspection violation follow up		1	3	4	21
	Documented inspection violation follow up	5		1	6	54
	Temporary permits				0	16
	Temporary inspections				0	9
	Plan reviews				0	5
	Pre-operational inspections	1	1		2	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed	1			1	5
Miscellaneous Activities						
	Planning and Zoning referrals				0	2
	Subdivision reviewed (per lot)				0	0

COLUMBIA QUARTERLY REPORT

October 1, 2025 - December 31, 2025

Activity Indicators						
		Oct	Nov	Dec	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	2
	Housing Isssues				0	10
	Emergency Response				0	0
	Refuse/Garbage				0	0
	Rodents/Insects				0	2
	Septic/Sewage				0	3
	Other				0	4
	Water Quality				0	2
	Total	0	0	0	0	25
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	1
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	3
	Total	0	0	0	0	5
On-site Sewage Disposal						
	Site inspection -- all site visits	10	9	6	25	297
	Deep hole tests -- number of holes	3	9	12	24	189
	Percolation tests -- number of holes	1	3	4	8	36
	Permits issued, new	1			1	9
	Permits issued, repair	1	3	3	7	70
	Site plans reviewed	1	4	2	7	86
	Public Health Reviews	8	1	1	10	90
Wells						
	Well sites inspected	1			1	24
	Well permits issued	2		1	3	27
Laboratory Activities (samples taken)						
	Potable water				0	32
	Surface water				0	0
	Ground water				0	0
	Rabies				0	4
	Lead				0	0
	Other				0	12
Food Protection						
	Inspections	1		3	4	124
	On Site inspection violation follow up				0	21
	Documented inspection violation follow up				0	54
	Temporary permits				0	16
	Temporary inspections				0	9
	Plan reviews				0	5
	Pre-operational inspections				0	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed				0	5
Miscellaneous Activities						
	Planning and Zoning referrals				0	2
	Subdivision reviewed (per lot)				0	0

COVENTRY QUARTERLY REPORT

October 1, 2025 - December 31, 2025

Activity Indicators						
		Oct	Nov	Dec	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	0
	Activity Without Proper Permits	2			2	2
	Food Protection				0	2
	Housing Isssues				0	10
	Emergency Response				0	0
	Refuse/Garbage				0	0
	Rodents/Insects				0	2
	Septic/Sewage				0	3
	Other		1		1	4
	Water Quality				0	2
	Total	2	1	0	3	25
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	1
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	3
	Total	0	0	0	0	5
On-site Sewage Disposal						
	Site inspection -- all site visits	25	12	18	55	297
	Deep hole tests -- number of holes	19	15	9	43	189
	Percolation tests -- number of holes	1	3	3	7	36
	Permits issued, new	1			1	9
	Permits issued, repair	4	5	2	11	70
	Site plans reviewed	7	7	4	18	86
	Public Health Reviews	5	6	3	14	90
Wells						
	Well sites inspected	1			1	24
	Well permits issued			1	1	27
Laboratory Activities (samples taken)						
	Potable water				0	32
	Surface water				0	0
	Ground water				0	0
	Rabies	1			1	4
	Lead				0	0
	Other				0	12
Food Protection						
	Inspections	5	3	3	11	124
	On Site inspection violation follow up			1	1	21
	Documented inspection violation follow up	2		2	4	54
	Temporary permits	5	3	2	10	16
	Temporary inspections		6		6	9
	Plan reviews				0	5
	Pre-operational inspections	1			1	11
Lead Activties						
	Housing inspection	1			1	5
	Abate plan reviewed				0	5
Miscellaneous Activities						
	Planning and Zoning referrals				0	2
	Subdivision reviewed (per lot)				0	0

MANSFIELD QUARTERLY REPORT

October 1, 2025 - December 31, 2025

Activity Indicators						
		Oct	Nov	Dec	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection	1	1		2	2
	Housing Isssues			2	2	10
	Emergency Response				0	0
	Refuse/Garbage				0	0
	Rodents/Insects	1			1	2
	Septic/Sewage			1	1	3
	Other		1	1	2	4
	Water Quality				0	2
	Total	2	2	4	8	25
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	1
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology			1	1	3
	Total	0	0	1	1	5
On-site Sewage Disposal						
	Site inspection -- all site visits	20	9	6	35	297
	Deep hole tests -- number of holes	9	3	3	15	189
	Percolation tests -- number of holes	2		1	3	36
	Permits issued, new			1	1	9
	Permits issued, repair	10	3		13	70
	Site plans reviewed	5	3	3	11	86
	Public Health Reviews	5		7	12	90
Wells						
	Well sites inspected	1		1	2	24
	Well permits issued	2	3	1	6	27
Laboratory Activities (samples taken)						
	Potable water				0	32
	Surface water				0	0
	Ground water				0	0
	Rabies		1		1	4
	Lead				0	0
	Other	2	5		7	12
Food Protection						
	Inspections	14	23	19	56	124
	On Site inspection violation follow up	3	2	5	10	21
	Documented inspection violation follow up	3	3	16	22	54
	Temporary permits				0	16
	Temporary inspections				0	9
	Plan reviews	1	1		2	5
	Pre-operational inspections	2		1	3	11
	Housing inspection				0	5
	Abate plan reviewed			1	1	5
Miscellaneous Activities						
	Planning and Zoning referrals				0	2
	Subdivision reviewed (per lot)				0	0

SCOTLAND QUARTERLY REPORT

October 1, 2025 - December 31, 2025

Activity Indicators

		Oct	Nov	Dec	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	2
	Housing Isssues				0	10
	Emergency Response				0	0
	Refuse/Garbage				0	0
	Rodents/Insects				0	2
	Septic/Sewage				0	3
	Other				0	4
	Water Quality				0	2
	Total	0	0	0	0	25
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	1
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	3
	Total	0	0	0	0	5
On-site Sewage Disposal						
	Site inspection -- all site visits	3	3	7	13	297
	Deep hole tests -- number of holes	3			3	189
	Percolation tests -- number of holes	1			1	36
	Permits issued, new				0	9
	Permits issued, repair	2			2	70
	Site plans reviewed	2			2	86
	Public Health Reviews	1		1	2	90
Wells						
	Well sites inspected			1	1	24
	Well permits issued				0	27
Laboratory Activities (samples taken)						
	Potable water				0	32
	Surface water				0	0
	Ground water				0	0
	Rabies				0	4
	Lead				0	0
	Other				0	12
Food Protection						
	Inspections				0	124
	On Site inspection violation follow up				0	21
	Documented inspection violation follow up				0	54
	Temporary permits				0	16
	Temporary inspections				0	9
	Plan reviews				0	5
	Pre-operational inspections				0	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed				0	5
Miscellaneous Activities						
	Planning and Zoning referrals				0	2
	Subdivision reviewed (per lot)				0	0

TOLLAND QUARTERLY REPORT

October 1, 2025 - December 31, 2025

Activity Indicators

		Oct	Nov	Dec	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	2
	Housing Isssues			2	2	10
	Emergency Response				0	0
	Refuse/Garbage				0	0
	Rodents/Insects				0	2
	Septic/Sewage				0	3
	Other			1	1	4
	Water Quality	1			1	2
	Total	1	0	3	4	25
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	1
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology			2	2	3
	Total	0	0	2	2	5
On-site Sewage Disposal						
	Site inspection -- all site visits	18	22	26	66	297
	Deep hole tests -- number of holes	12	13	3	28	189
	Percolation tests -- number of holes	3	4		7	36
	Permits issued, new	2	2		4	9
	Permits issued, repair	5	7	3	15	70
	Site plans reviewed	6	8	4	18	86
	Public Health Reviews	10	7	3	20	90
Wells						
	Well sites inspected	4	1	5	10	24
	Well permits issued	3	5		8	27
Laboratory Activities (samples taken)						
	Potable water	32			32	32
	Surface water				0	0
	Ground water				0	0
	Rabies	1			1	4
	Lead				0	0
	Other		2		2	12
Food Protection						
	Inspections	3	5	9	17	124
	On Site inspection violation follow up	1		3	4	21
	Documented inspection violation follow up	2	1	3	6	54
	Temporary permits	2			2	16
	Temporary inspections	2	1		3	9
	Plan reviews			1	1	5
	Pre-operational inspections	2			2	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed	1			1	5
Miscellaneous Activities						
	Planning and Zoning referrals				0	2
	Subdivision reviewed (per lot)				0	0

WILLINGTON QUARTERLY REPORT

October 1, 2025 - December 31, 2025

Activity Indicators

		Oct	Nov	Dec	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	2
	Housing Isssues	1	2	2	5	10
	Emergency Response				0	0
	Refuse/Garbage				0	0
	Rodents/Insects	1			1	2
	Septic/Sewage				0	3
	Other				0	4
	Water Quality				0	2
	Total	2	2	2	6	25
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps	1			1	1
	Public Pool				0	0
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	3
	Total	1	0	0	1	5
On-site Sewage Disposal						
	Site inspection -- all site visits	13	8	11	32	297
	Deep hole tests -- number of holes	8		7	15	189
	Percolation tests -- number of holes	2		2	4	36
	Permits issued, new				0	9
	Permits issued, repair	1			1	70
	Site plans reviewed	1		1	2	86
	Public Health Reviews	3	1	3	7	90
Wells						
	Well sites inspected		1	2	3	24
	Well permits issued	1		1	2	27
Laboratory Activities (samples taken)						
	Potable water				0	32
	Surface water				0	0
	Ground water				0	0
	Rabies				0	4
	Lead				0	0
	Other		1		1	12
Food Protection						
	Inspections	4	5	1	10	124
	On Site inspection violation follow up			1	1	21
	Documented inspection violation follow up	4	1	1	6	54
	Temporary permits				0	16
	Temporary inspections				0	9
	Plan reviews			1	1	5
	Pre-operational inspections			1	1	11
Lead Activties						
	Housing inspection			3	3	5
	Abate plan reviewed		1	1	2	5
Miscellaneous Activities						
	Planning and Zoning referrals			2	2	2
	Subdivision reviewed (per lot)				0	0

Eastern Highlands Health District
Community Health and Wellness Coordinator
2nd Quarter Report October 1, 2025 –December 31, 2025

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally 1,887individuals in member towns this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

Action Item	Progress this quarter	Outcome
1b (1) Refine/update grant monitoring network	CHWC is working with staff the Block Grant targeting hypertension. CHWC applied for the free radon test kits	**EHHD was awarded 50 radon kits to distribute this winter**
1g (1) Explore and expand partnership opportunities	CHWC is part of the Immunization Coalition and attended 2 meetings **CHWC attended meetings of the Local Prevention Councils of:** **Coventry** **Bolton** **Tolland**	CHWC provided feedback to the meetings.
2a (2) Effective communication of health district programs and news with staff and member towns officials	Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings. CHWC continues to produce quarterly newsletters. CHWC oversees the immunization clinical staff and volunteers for vaccination clinics.	Bulletin boards with health and safety messages were updated. Topics included: physical activity information, healthy snacks, respiratory illnesses and vaccination resources, and dangers of vaping. Newsletters are distributed to member town officials, UConn Be Well Tolland members and residents.
3c (1) Engage in advocacy events and activities	CHWC is a source for the public on public health issues including immunization information, including Covid-19 and influenza.	CHWC will continue to explore ways to support community events
Childhood Lead Activities	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.	There were **24 cases** followed in this reporting period. **0 events** were closed. 12 **phone calls** were made to families and providers. 16 **correspondences completed to families.**

		CHWC worked with the Chief Sanitarian on 0 **investigations for elevated lead levels that included risk assessments or epidemiological investigations.**
Communicable Disease Control	CHWC interviews and follow-up as needed for enteric diseases and f/u on other communicable disease such as TB. Documenting and faxing information to DPH as necessary.	please see chart below
CHWC Training and Continued Education	CHWC attended a 2 day training for planning and conducting Points of Distribution sites	CHWC will continue to look for look for opportunities to participate in continuing education that support the CHWC role.
Vaccine Program	CHWC attended 2 monthly meetings of Immunization Coalition. EHHD also provided information about vaccines to the public. **CHWC worked with Beacon Pharmacy of New Britain to schedule Covid-19, RSV, high-dose flu, and pneumonia. This included having them do some homebound patient's vaccines.** **CHWC is conducting flu vaccine clinics this season**	CHWC using the information at the meetings with partners and provided by CDC, and CTDPH to improve and expand the immunization program. **During this quarter there 14 clinics where EHHD vaccinated. 262 vaccines provided by EHHD. There were 7 clinic done by Beacon Pharmacy during this quarter, providing 443 vaccines.**

Emergency Preparedness/Response

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CT Responds system. In total, in this reporting period there are **105 volunteers**. Activities this reporting period: CHWC sends emails to MRC volunteers to staff the upcoming events and then assigns the volunteers to the events. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters.
CHWC continues to attend PHEP/Region 4 MRC meetings and Statewide MRC meetings and to maintain the National MRC activity log.
CHWC attended an Animal Sheltering meeting with DEHMAS and the American Red Cross 10/2025
CHWC worked with the emergency preparedness coordinator to update the Volunteer Management Plan for EHHD

CHWC organized a Region 4 MRC training on Active Threat with conducted by UConn PD 11/20/2025
CWC completed a 2-day training for POD deployment 12/02-12/03/2025

Grants: Blood Pressure/ Immunizations

During this quarter there were **1 bp screening event with 8 people attending**

Be Well Employee Wellness Programs

Activities to meet contract deliverables for the current employer groups (Town of Tolland) continue as planned.

Tolland

The CHWC conducted the 2nd Quarterly Educational Event 12/09/25, for the Tolland Town employees: **Gentle Yoga 9 people attended** in person and an online version was posted to the Be Well website for people unable to attend.

Community Outreach

CHWC provided information to individuals and stakeholders regarding respiratory illness in phone calls and emails.

.

Communicable disease*	October	November	December	Quarter
Number of reported cases	16	11	21	47
Interviews	11	4	6	20
Investigations	1	1	1	3

*These numbers do not include SAR-Covid-19 cases.

Date	Description	# served	Community
Winter 2025	Employee Wellness Newsletter (UConn) 201	202	UConn
Winter 2025	Employee Wellness Newsletter 60	60	Andover
Winter 2025	Employee Wellness Newsletter 60	60	Ashford
Winter 2025	Employee Wellness Newsletter 200	200	Bolton
Winter 2025	Employee Wellness Newsletter 30	30	Chaplin
Winter 2025	Employee Wellness Newsletter 60	60	Columbia
Winter 2025	Employee Wellness Newsletter 60	60	Coventry
Winter 2025	Employee Wellness Newsletter 60	50	Scotland
Winter 2025	Employee Wellness Newsletter 435	435	Tolland
Winter 2025	Employee Wellness Newsletter 40	40	Willington
Meetings/events		Number of meetings	
Tolland Local Prevention Council/Youth Advisory Board	Monthly meetings of Tolland stakeholders for the prevention of harm to youth and the reduction of substance abuse. The council includes: Social Services, high school staff, librarians, children's counseling services, and local religious leaders.	2	
Bolton Prevention Council	Monthly meetings of Bolton stakeholders for the prevention of harm to the community and the reduction of substance abuse. The council includes: Social Services, librarians, local counselors, and regional prevention groups.	2	
Coventry Prevention Council	Monthly meetings of Coventry stakeholders for the prevention of harm to the community and the reduction of substance abuse. The council includes: Social Services, librarians, and regional prevention groups.	1	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	2	
Region 4 MRC	Monthly meetings to discuss MRC volunteer training, deployments, and pandemic response.	2	
Bike Mansfield	CHWC attends Bike Mansfield meetings to help planning for the Mansfield Bike 4th Grade Bike Safety class to have MRC volunteers support he event.	0	
R-4 ESF 8 meeting	Region 4 emergency response meeting	1	
Bolton Health and Wellness		0	

Coventry Safety and Wellness		0	
CDC ALLSTLT Response	**Biweekly CDC meeting to update LHD on emerging disease**	3	

Eastern Highlands Health District
Public Health Preparedness Program
October – December 2025

Statewide Training & Exercise Workgroup (STEW)

- 10/2/25 - attended virtual IPPW; David Boyer discussed Response Readiness Framework (RRF) State community reception center exercise planned & TTE for radiation response planned for 2026
- 11/12/25 – attended virtual meeting; minimal updates or info
- 12/10/25 - attended virtual meeting; discussion of upcoming regional biologic TTX and functional drill of POD/POV and early discussion on the statewide drill for radiologic response (DPH will take lead)

Region 4 PHEP Meetings & Activities:

- 10/6/25 – BP2 Quarter 1 Progress Report completed and submitted.
- 10/6/25 – attended virtual meeting; discussed using survey for #14 capability learning needs assessment; reminder that we need to exercise POD every 5 years (Site survey, Site activation, Staff notification) – checking with state to determine if it is primary POD or all PODs
- 10/21/25 – EHHD participated in regional call-down drill utilizing Code Red; report submitted; Concentrated effort to update contact cell provider to address missed calls to volunteers & staff
- 11/10/25 – attended virtual meeting; Reviewed Safety & Health survey and the Framework draft and initial plans for biologic drills (TTX and functional; NDDH taking lead for location details)
- 11/25/24 – EHHD staff WebEOC log in verification
- 12/8/25 – attended virtual meeting; Discussed framework for responder safety & health

Region 4 ESF-8 meetings:

- 10/23/25 – attended virtual meeting; which included a presentation on Senior Resources in R4; Andrew & Corrine (DPH) shared that PHERP reviews are in process / will contact LHD
- 11/20/25 – attended virtual meeting; discussed Family Assistance Center and the role of LHD vs ARC
- 12/18/25 – attended virtual meeting; date for R4 TTX biologic will be Jan 22nd at Putnam HS; presentations on food insecurity and a recap of LTC drill (both NL county centric)

Region 3 ESF-8 & PHEP meetings:

- 10/1/25 – attended virtual ESF8 meeting Ian Alexander presented on state response framework
- 10/3/25 – attended virtual PHEP meeting DPH provided TA re: JotForm reporting
- 11/5/25 – attended virtual ESF8 meeting; A. Potter (DPH) reported SNS no longer has Rx listed on ASPER site and PPE is being liquidated and sent to states
- 12/3/25 – attended virtual ESF8 meeting; no substantial updates
- 12/5/25 – attended virtual PHEP meeting; no substantial updates

Plans for BP2:

Capability 14: Responder Safety and Health: Region 4 will address the following Functions:

- Function 1: Identify responder safety and health risks
- Function 2: Identify and support risk-specific responder safety and health training

Capability 15: Volunteer Management: Region 4 will address the following Functions

- Function 1: Recruit, coordinate, and train volunteers
- Function 2: Notify, organize, assemble, and deploy volunteers

- Continue with BP2 PHEP deliverables and any necessary new 5-year budget period requirements
- Support CRI Region 4 partners to complete MCM action plan and ORR
- Support Statewide Training and Exercise Work Group
- Create internal manual for worker safety and health
- Update EHHD preparedness plans; work with C. Serazo to update EHHD Volunteer Mgmt Plan.
- Research alternate platforms for notification system; create a back-up plan
- Review and complete onboarding guide, checklist and training for coordinator position (attached)

Hartford HealthCare
Windham Hospital

CHNA

Community Health Needs Assessment

and Implementation Plan

2025

Letter from Hartford HealthCare

Dear Reader,

Thank you for reading the 2025 Community Health Needs Assessment (CHNA) for Windham Hospital.

Hartford HealthCare's (HHC) 2025 CHNA process presents us with a historic opportunity to align dialogue with action to improve health for all. Listening with humility and curiosity to the voices and lived experiences of the people, families, and organizations that shape each neighborhood we serve is essential.

It is our intention that the ensuing report provides an important foundation for community stakeholders to identify and define priorities for health improvement, to name and amplify existing community strengths and assets, and to outline areas for further collaboration and collective action.

This CHNA is designed to improve the lives and quality of life of local residents by helping the hospital focus its resources and activities on areas of greatest need. The CHNA process is highly inclusive and combines extensive amounts of quantitative and qualitative research, including direct feedback from community members.

Further, the CHNA is an important element of HHC's continual efforts to engage the communities it serves and be part of neighborhood conversations about health and healthcare in order to tailor and improve the services we offer. As with previous CHNA findings, we learned that people's health varies greatly across geographic and socioeconomic lines. Our community members' trust in healthcare also varies, often due to an inability to access timely, affordable, high-quality care, or a lack of information about what is available to them.

In the process of identifying our top community health priorities, we focused on the following objectives:

1. Enhance community engagement and better incorporate the community voice in our process
2. Sustain and grow our community-based partnerships through this work
3. Better align and integrate our community health priorities within health equity goals and across the HHC system
4. Bring greater clarity and impact to our community health actions and interventions

In conducting this CHNA with these objectives in mind, we found overarching themes that have a significant impact on health and will shape our community health improvement plans. These include:

- **Food insecurity has increased**, with notable differences by race and ethnicity: 13% white, 32% black, 29% Hispanic, and 9% Asian.
- **Housing insecurity has increased,** doubling from 6% in 2015 to 12% in 2024.
- **40% of households in CT** were earning more than the Federal Poverty Level, but not enough to afford the basics where they live (Asset Limited, Income Constrained, Employed, or ALICE households).
- Between 2010 and 2023 the total number of households in CT increased by 6%, but **the number of ALICE households increased by 13% and the number of households in poverty increased by 18%.**
- Recent changes to Medicaid affecting eligibility and reducing subsidies are expected to result in up to **11.8 million Americans losing public insurance by 2034** (Source: Congressional Budget Office), translating to over **100,000 covered lives in CT** (Source: Kaiser Family Foundation).

As we reflect on the above key findings, and the many insights and voices captured in this CHNA, we recognize the strength, resilience, and expertise of the communities we serve. Our path forward is to better serve them, and we invite the highest state of collaboration in working towards better health for all.

In good health,

Sarah S. Lewis
Chief Health Equity Officer
Hartford HealthCare

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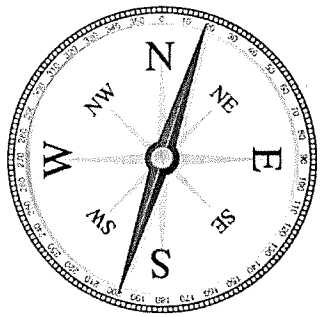
The Purpose of the Community Health Needs Assessment and the Structure of this Document

The Community Health Needs Assessment (CHNA) is designed to improve the lives and quality of life of local residents by helping the hospital focus its resources and activities on areas of greatest need. The CHNA is an important element of Hartford HealthCare's (HHC) continual efforts to engage the communities it serves, be part of neighborhood conversations about health and healthcare, and prioritize efforts to services offered — and the way they are offered — to the community.

Needs Assessment "Compass" or "Roadmap"

The following CHNA document is a summary of the research and collaborative activities conducted late in 2024 and early 2025. The document is structured to answer the following questions:



- *"What is the Community Health Needs Assessment and why is it important?"*
  An introduction and description of Hartford HealthCare, the hospital, and the community that it serves
- *"What information did we collect and how did we identify community needs?"*
  A brief description of the process overview and timeline
- *"What is unique about this community and its health needs?"*
  The hospital and community description
- *"What did the data tell us and what did we learn?"*
  Research findings of the Community Input – secondary research and primary research (quantitative and qualitative) used to establish a prioritized list of community health needs
- *"What have we already accomplished or initiated?"*
  A summary evaluation of 2023–2025 Implementation Plan emerging from the previous CHNA
- *"What did we prioritize and why?"*
  A list of identified community needs and the approach taken to prioritize them
- *"What do we intend to do, and how will we know we are successful (CHIP)?"*
  Implementation Plan-related actions illuminate the pathway to address higher-priority community health needs and describe metrics used to measure impact and success.

The following pages answer these questions and provide information that can be helpful in directing collaborative efforts to improve community health and well-being.

To align this CHNA with Internal Revenue Service (IRS) requirements, please see Appendix 12: Community Health Needs Assessment Requirements as per the Internal Revenue Service; the appendix provides a requirements list and page or section references.

The Regional, Collaborative, and Inclusive Approach

Hartford HealthCare (HHC) has long cultivated a collaborative, regional approach to addressing community health needs. Using this model for the Community Health Needs Assessment (CHNA) process emphasizes strong partnerships and inclusive planning. This approach incorporates several key elements: establishing a shared vision, fostering cross-organizational collaboration, engaging those most impacted by health disparities, and implementing continuous planning with shared accountability. These principles are reflected throughout the CHNA process and this report, which is designed to foster community dialogue around health concerns, mobilize local assets and collaborators, and guide priority-setting for future health initiatives.

HHC's regional model brings together a wide network of partners — spanning geographic regions, hospital service areas, and grassroots health advocates. This approach recognizes that eliminating health disparities and efficiently deploying resources within healthcare and community organizations are essential starting points for meaningful improvement. To do so, HHC intentionally engaged a broad spectrum of stakeholders representing a wide range of insights and perspectives – including those from communities that have traditionally lacked access to health services.

The inclusive approach to the CHNA required a wide range of quantitative and qualitative data to better understand core health-related issues and priorities.

HHC regional teams were led by onsite staff members well-versed in their communities and heavily engaged in leading ongoing community health initiatives. A table of the regional leaders follows.

HHC Hospital	Region	Regional Leaders
Backus Hospital	East	Regional Director Community Health
Charlotte Hungerford Hospital	Northwest	Regional Director of Community Health
Hartford Hospital	Hartford	Manager of Community Health and Health Promotion
Hospital of Central Connecticut	Central	Director, Community Health & Engagement
MidState Medical Center	Central	Director, Community Health & Engagement
Natchaug Hospital	East	Regional Director of Development
St. Vincent's Medical Center	Fairfield	Manager Mission Services and Community Impact
Windham Hospital	East	Regional Director Community Health

"What did we Learn?" – Executive Summary

Background

This executive summary serves as an introduction and an overview of the longer report. The full report and detailed data appendices are designed as a resource for HHC hospitals and their community, stakeholders, agencies, associations, and the public. All readers are encouraged to explore the main body of the report and experience the voices and insights of community members across the service area.

Process / Methodology

The assessment involved substantial secondary research (for example, collecting and analyzing existing data from the U.S. Census Bureau, online sources, and existing reports), as well as primary research using things like interviews, focus groups, surveys, and others. This "mixed method" approach provides a solid, data-based foundation for the CHNA while including personal stories, experiences, and a quantitative understanding of community perceptions and opinions about health and health-related topics. Some of the specific approaches and sources include, but are not limited to, the following:

- Data from the Connecticut Hospital Association, the U.S. Census Bureau, the March of Dimes, the SEER Database, the ALICE database, DataHaven, and many others
- Stakeholder one-on-one interviews with community members, providers, Public Health officials, community based organizations
- Group Discussions and prioritization meetings with the Board of Directors, community members, providers, community based organizations
- The Community Well-being Survey
- Quantitative and qualitative research with Public Health officials and agencies

The combination of secondary and primary research approaches provided in-depth insight and a comprehensive evaluation of community health and factors directly impacting HHC's ability to focus on the highest priority community health needs. Key themes and health-related issues include the following:

Access to Healthcare Services

Many communities are experiencing a decline in locally available health services due to insurance restrictions / affordability, transportation, inconvenient office hours, and a lack of primary and specialized care providers.

Socio-economic Factor Impacting Healthcare

Issues such as the cost of healthy, nutritious food; affordable housing; jobs that do not pay a living wage; and other factors present both a financial and emotional burden for many households. In addition, individuals who are new to America or otherwise from non-English-speaking households often struggle to find healthcare providers who understand cultural aspects that impact community health and healthcare.

Behavioral Health Barriers

Behavioral health and substance use treatment issues are widespread and impact all facets of life. Stakeholders emphasized the importance of addressing socio-economic issues simultaneously since the interrelationship is directly connected. Issues relating to reducing stigma, mental health and substance use early intervention and treatment, and the need to improve access to services are common. Additionally, there is a need for increased staffing, enhanced community outreach, and better communication about available resources.

Chronic Health Conditions

Chronic health conditions such as heart disease, cancer, diabetes, and asthma continue to be the leading causes of death. However, CHNA research identified some detailed insight which provides a more detailed perspective and supports future planning.

Results

Within these key themes, the hospital deployed quantitative and qualitative methods to arrive at a prioritized list of specific health needs. Windham Hospital's 2025 priorities distill the wide-ranging 2022 needs list into four strategic categories— health-related socio economic factors, mental / behavioral health, access to care/chronic disease, and maternal health. The prioritized list of needs follows:

Aggregated Needs By Tier For Windham Hospital
Health-related Socio Economic Factors / Increased Workforce Capacity
Mental Behavior Health Services, Substance Use, Emergency Dept. Improvements
Access To Care /Physical Health Chronic Disease Preventative Care Initiatives Outreach and Resources Awareness Community Health Education
Maternal Health – Women's Health Services

Specifically, note the following:

- **Consolidation of Specific Services:** In 2022, priorities included targeted needs like inpatient SUD beds, transportation, gero-psych, and youth prevention. In 2025, priorities fell into broader categories such as "Mental/Behavioral Health" and "Access to Care/Physical Health."
- **Workforce Emphasis Elevated:** While 2022 noted recruitment and retention with DEI awareness, the 2025 list explicitly expands this into "Health-related Socio-Economic Factors / Increased Workforce Capacity," elevating workforce challenges as a core community-level determinant.
- **New Focus on Maternal and Women's Health:** In 2025, there was a notably stronger emphasis on "Maternal Health / Women's Health Services" as a stand-alone category, reflecting increased recognition of women's health as a distinct community priority.

2022 Final Prioritized List of Needs

Aggregated Needs By Tier For Windham Hospital
Inpatient Substance Use Disorder Treatment Beds
Mental Health And Substance Use Disorder Transition Care For Inmates Being Released From Jail
Transportation For All Community Members Needing but Unable To Get To Healthcare Services
Outpatient Mental Health Services Capacity for Adults, Adolescents, and Children – Including in-home and caregiver support – Including in-home and caregiver support
Recruit And Retain Medical and Mental Health Care Staff With DEI Awareness
Coordinated Efforts Between Larger Health Systems And Community-Based Health Services To Care For People With More Complicated Medical Needs
Substance Use Prevention Initiatives For Youth
Gero-Psych And Dementia Care
Focused Initiatives Addressing Chronic Health Conditions
Access to Healthy, Affordable Food
Additional Programs To Enhance Access to Care For Lower-income Families
Broad-based, integrated services --- Medical, Mental Health, Substance Use Disorder, HRSN – for People and Families Experiencing Homelessness
Care Coordination and Support to Help Manage Care for Patients With Complex Health Conditions
Enhanced Collaboration with Community Partners
Substance Use Disorder Crisis Care and Treatment

"What is the Community Health Needs Assessment and why is it important?"

Introduction – About Hartford HealthCare

With 45,000 colleagues, Hartford HealthCare's unified culture enhances access, affordability, and excellence. Its care-delivery system — with 500 locations serving 185 towns and cities — includes two tertiary-level teaching hospitals, an acute-care community teaching hospital, an acute-care hospital and trauma center, three community hospitals, a behavioral health network, a multispecialty physician group, a clinical care organization, a regional home care system, an array of senior care services, a mobile neighborhood health program and a comprehensive physical therapy and rehabilitation network. Every day, Hartford HealthCare cares for more than 27,000 people. In every aspect of its work — from training to research to charitable care and screenings — Hartford HealthCare is committed to making the communities it serves healthier. The HHC health system is more fully described in the section "About Hartford HealthCare."

Windham Hospital is part of Hartford HealthCare, Connecticut's most comprehensive healthcare network. Windham Hospital and The William W. Backus Hospital (Backus) in Norwich are part of the East Region of HHC, which has seven acute care hospitals in five geographic regions across Connecticut. As part of its mission "to improve the health and healing of all," Hartford HealthCare and its hospitals conduct a Community Health Needs Assessment (CHNA) every three years. This process includes working with community members to systematically identify community health priorities and create a plan for addressing them. This report shares the results from the current assessment of health needs in the community served by Windham Hospital and the implementation plan to address those needs from 2026–2028. This report also highlights the hospital's 2023–2025 activities to address needs identified in the 2022 assessment.

People's health varies greatly across geographic and socioeconomic lines. Further, people's trust in healthcare varies, often due to an inability to access timely and high-quality care or a lack of understanding about what's available to them. The CHNA/CHIP processes are grounded in Hartford HealthCare's mission "to improve the health and healing of all" and its Vision "to be most trusted for personalized coordinated care." In addition to its mission, vision and values, Hartford HealthCare has also adopted the following Health Commitment: "We commit to specific actions that measurably improve access, intentionally eliminate barriers, and create opportunities for all."

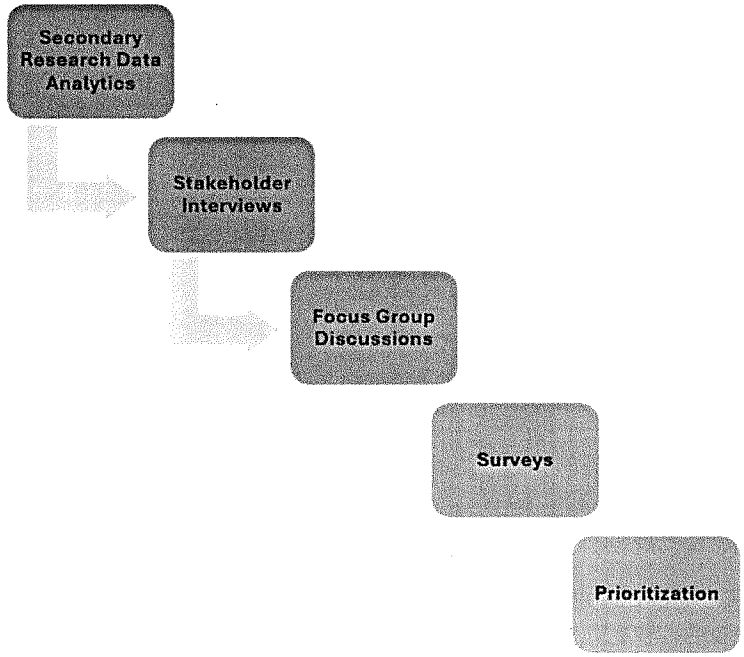
"What information did we collect and how did we identify community needs?"

CHNA Process Overview and Timeline

The CHNA process was highly inclusive and combined extensive amounts of quantitative and qualitative research – including direct feedback from scores of community members.

Needs Assessment Research Approach

Hartford HealthCare worked with its data partner and a range of local, regional, and statewide resources to create and execute a comprehensive review of community needs and engagement of stakeholders. The approach engaged a breadth of stakeholders and community groups. The methodology included secondary and primary (quantitative and qualitative) research techniques to engage community partners and develop well-supported results.



HHC used research processes such as the following to conduct the CHNA:

- Secondary research from validated, publicly available sources.
- Primary research (qualitative) from key stakeholder interviews (KSI) and focus group discussions (FGD).
- Primary research (quantitative) as collected through the 2015-2024 DataHaven Community Wellbeing Survey.

The CHNA approach provided a thorough and inclusive way to identify and prioritize key community-based health needs. It also served as the basis for subsequent Implementation Plans, or Community Health Improvement Plans (CHIPS). The following section provides some additional details regarding each of the three major research processes.

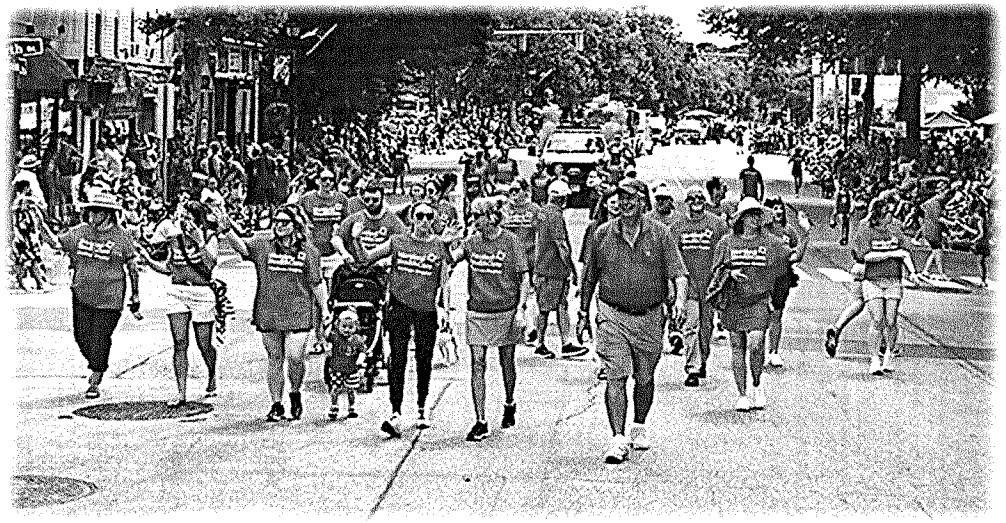
Detailed Research Method

The 2025 CHNA for the Hartford HealthCare East Region of Connecticut was collaboratively conducted with the Health Improvement Collaborative of New London (HIC), Yale New Haven Health System's Lawrence + Memorial (L+M) Hospital, the Eastern Connecticut Health Collaborative (ECHC), and Hartford HealthCare's Backus and Windham Hospitals. These partnerships bring together a broad spectrum of organizations, healthcare providers, and community stakeholders, fostering collaboration to address the unique needs of the region. This collective effort reflects a shared commitment to understanding and addressing the health and well-being of residents across the East Region of Connecticut.

- Secondary research: Research included collection and analysis of existing data from the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Census Bureau, the SEER database, and others. Highlights are included later in this assessment, and the appendices contain a more expansive array, for additional reference.
- Primary research (quantitative) – The Community-Based Assets and Needs Survey (CBANS) [also known as the Wellbeing Survey]: Connecticut hospitals along with the Connecticut Hospital Association negotiated with DataHaven to create a shortened version of its Well Being survey in order to be able to enlist the voices of more community members. Yale New Haven Health and HHC worked together on the inclusion of survey questions, translation of the survey into different languages, how to capture hospital service areas, and survey dissemination. In the area covered by HHC's East Region, both hospital systems worked in step with the two local health collaboratives to disseminate the survey to the community through food pantries, community events, social media, Community Benefit Organization daily operations, etc. This survey and this work enabled the East Region to eliminate the "not applicable" designation (apparent in past results) for many racial and ethnicity data points due to a previous lack of survey sample size.
- Primary research (qualitative): In addition to innovating the way data was collected in the East Region and ensuring unbiased samples, the collective (mentioned above) worked together to conduct 26 focus groups and 25 stakeholder interviews throughout the entire region. The collaboratives provided contact and suggestions on whom from the community to interview or attend focus groups. For organizations who were part of both collaboratives, their interviews or focus groups were facilitated by the leaders of those collaboratives. Organizations that were specific to only one collaborative were facilitated by the hospital and collaborative leader associated with that specific collaborative.

"What is unique about this community and its health needs?"

The Windham Hospital service area — encompassing the towns of Chaplin, Columbia, Coventry, Hampton, Lebanon, Mansfield, Scotland, and Windham — represents a distinct region within Connecticut, characterized by its blend of rural landscapes, small-town communities, and rich cultures. Unlike more densely populated or urbanized parts of the state, the area features a more dispersed population, limited public transportation infrastructure, and a higher proportion of residents facing economic hardship. The region is home to both long-established communities and a growing number of new, culturally rich communities, particularly in Windham.



The region is, in part, characterized by rural healthcare challenges, as well as some of the benefits offered by a more rural setting. There are some challenges due to its proximity to major metro regions, yet the presence of institutions like Quinebaug Valley Community College, Eastern Connecticut State University in Windham and the University of Connecticut in nearby Storrs (adjacent to Mansfield) brings a dynamic, younger population and opportunities for community-academic partnerships. These unique factors shape the community's health profile and highlight the benefits of locally responsive strategies to improve community health.

As noted, Hartford HealthCare used a regional approach to enhance the efficiency of the needs assessment process, better understand the unique needs of each region it serves. This section frames community health status and serves as a research-based platform to launch or enhance initiatives to improve community well-being. Specifically, the section focuses on the following:

- Identifying available resources, existing strengths, and obstacles to improving health outcomes.
- Gaining deeper insight into barriers to healthcare access, particularly those affecting underserved communities.
- Fostering collaboration among community partners to capitalize on opportunities for population health improvement.

The CHNA and the data it includes are designed to be shared with community partners and updated as needed. Sharing this information in various formats is essential for keeping partners, stakeholders, community organizations, associations, and the public informed about the CHNA findings and empowering community members to take action.

Hospital Description and Service Area

Windham Hospital is a 130-bed, not-for-profit acute care community hospital that has continuously provided inpatient, outpatient, rehabilitation, and emergency services in Northeastern Connecticut for more than 75 years. The hospital's oncology care, through the Hartford HealthCare Cancer Institute, includes a state-of-the-art infusion center; the Women's Health Center provides a wide range of critical health services; and The Center for Healthy Aging provides resources for seniors and their caregivers. For more information, please visit www.windhamhospital.org.

In Fiscal Year 2024, the hospital employed close to 600 individuals and had nearly 500 physicians. Windham Hospital had close to 35,000 emergency department visits and performed over 1,600 surgeries. The Lown Institute Hospital Social Responsibility Index has recognized Windham Hospital as the most racially inclusive hospital in Connecticut, and the hospital also earned The Joint Commission Gold Seal of Approval for Advanced Certification for total hip and total knee replacement after demonstrating continuous compliance with performance standards.

Data Notes & Limitations

Health disparities impact, and are impacted by, the conditions in the environments where people are born, live, learn, work, play, worship, and age.[1]

The secondary data collection portion of the CHNA report utilizes text and tables from Version 1.0 of the DataHaven town profiles, which DataHaven has published for all 169 towns and several regions of Connecticut. The health access data was augmented with information from the United States Census Bureau American Community Survey (ACS), which covers a broad range of topics about the social, economic, demographic, and housing characteristics of the U.S. population.

The primary advantage of using multiyear estimates is the increased statistical reliability of the data for less-populated areas and small population subgroups. By collecting and analyzing data from a great breadth of publicly available data sources, proprietary databases, and other sources, the team developed a detailed view of each of the seven HSAs represented in this report.

Some health access data can have percentage changes that look dramatic because the raw counts of some populations are so small. In addition, cross-tabulations by county or HSA may result in slight differences in totals.

As DataHaven notes in each HSA report found in the appendix, "throughout most of the measures in this report, there are important differences by race and ethnicity as well as neighborhood that reflect differences in access to resources and other health-related social needs. Wherever possible, data will be presented with racial and ethnic breakdowns. Data for White, Black, Asian, and other populations represent non-Hispanic/Latino members of each racial group." Note that instances in which small sample sizes prohibit the display of data, an "NA" is shown.

[1] Health.gov. How does Healthy People 2030 define health disparities and health equity? Available at: https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers#q9

"What did the data tell us and what did we learn?"

The Windham Hospital CHNA was a comprehensive and collaborative effort. It took place over several months and included many voices from across the community. This section explains how the CHNA was planned, the timeline, and the ways data was collected and studied. The process was led by HHC and local hospital and regional leaders, and it included strong partnerships with other local hospitals and organizations to make sure the work matched the mission of improving health for all.

To understand community needs, the team used both quantitative data and personal stories and opinions (qualitative data). Information came from official sources like the U.S. Census and the federal Centers for Disease Control and Prevention, along with surveys, interviews, and focus groups. Special care was taken to include people from many different backgrounds — such as seniors, youth, new Americans, as well as people from racial, ethnic, and other communities. By working together with partners like the Health Improvement Collaborative of New London and the Eastern Connecticut Health Collaborative, the team gathered stronger, more complete data to produce a final report reflecting the real experiences and needs of people living in HHC's East Region.

The following section presents important statistical data (and other secondary research), qualitative research results, and other information that provide a clear profile of the hospital service area while highlighting specific health-related needs or service gaps. This section is divided into the eight topics, or sub-sections, listed below.

- Demographic Analysis and Community Input
- Mortality and Morbidity
- Maternal Health
- Life Expectancy
- Health-related Social Factors and Predictive Analytics
- Qualitative Research Highlights
- Community Well-being Survey and Other Research
- Data Analysis and Community Input Summary

Demographic Analysis and Community Input

Demographic and Secondary Research Highlights

Understanding the demographic composition of a community is essential for assessing health needs and identifying disparities in health outcomes. Population characteristics such as age, race/ethnicity, income, education, and geographic distribution influence access to healthcare, health behaviors, and overall well-being. Throughout this report, demographic data serve as a foundation for examining differences in health indicators and outcomes across various population groups.

Wherever possible, granular data are presented to highlight disparities that may exist – potentially due to differences in access to healthcare, economic opportunities, and other health-related social needs. Additionally, geographic variations in health outcomes are examined, where helpful, recognizing that neighborhood-level differences often reflect disparities in access to healthcare resources, economic stability, and other factors that shape community health.

The following are directly supported by the referenced data tables; each also has more granular data-supported observations:

- The Windham Hospital CHNA service area is highly rural compared to the state average, yet life expectancy is the same. *See Table 1.*
- The Windham Hospital CHNA service area has a low median age (35.7 years) and a mostly White demographic profile, as the population is less than 3% Black or African American (compared to nearly 11% for the state); the percent Hispanic population is also lower than the state average. *See Table 1.*
- Asian and Hispanic communities in the service area are notably young. Consistent with Connecticut state data, Hispanic residents in the CHNA service area are much younger (median age approximately 25 years) than the state Hispanic average (i.e., 30 years); Black / African American and Asian residents have an even lower median age in the service area (22 years) and the state (35 years). *See Table 2.*
- There are pockets of higher-need areas, even though parts of the Windham Hospital CHNA service area are somewhat affluent. Community members have good educational attainment and income, though both slightly lag state averages. However, nearly two of five households (39.3%) are asset-limited, income-constrained yet employed ("ALICE"). *See Table 3.*
- Mental health challenges (including depression) in the Windham Hospital CHNA service area are notably more prominent than statewide averages. However, most chronic disease conditions are less common in the service area. *See Table 4.*
- Even though chronic disease rates in the hospital CHNA service area tend to be lower than the state averages, preventive screenings are below state rates. *See Table 5.*
- Overall cancer rates are similar between the CHNA service area and the state, but there is tremendous variance by cancer site and race or ethnicity. *See Table 6.*

Community Demographic Profile

The Windham Hospital CHNA service area is highly rural compared to the state average, yet life expectancy is the same.

Table 1: Windham Hospital CHNA Service Area Characteristics

With about 100,000 people, the Windham Hospital CHNA service area is largely rural (62.4%) and much less densely populated (263.9 people per square mile) than the Connecticut state average (12.4% rural and 705.2 people per square mile).

- The service area life expectancy is the same as the state average.

The Windham Hospital CHNA service area has a low median age (35.7 years) and a mostly White demographic profile, as the population is less than 3% Black or African American (compared to nearly 11% for the state); the percent Hispanic population is also lower than the state average.

- One of eight residents (12.2%) is Hispanic – lower than the one of six (17.4%) for the Connecticut average.[2]
- As a percentage of the total population, children under age 5 is low – less than 3% – yet the median age (35.7 years) is also notably lower than the state average (40.9 years).
- The percent of Black or African Americans is about 70% less than the Connecticut average (2.7% and 10.7%, respectively).
- Statewide, approximately one in 20 residents are not proficient in English. In the Windham Hospital CHNA service area, the rate is much lower (about one in 40).

Measure	CHNA Area	State of CT
Total population	103,466	3,611,317
Population density (per square mile)	263.9	705.2
Life expectancy (years)	80.3	80.3
Population living in a rural area (%)	62.4%	12.4%
Age		
Under age 5 (%)	2.8%	5.1%
Over age 65 (%)	15.8%	17.4%
Median age	35.7	40.9
Race and Ethnicity		
Asian (%)	4.7%	4.7%
Black or African American (%)	2.7%	10.7%
White (%)	82.7%	69.8%
Hispanic (%)	12.2%	17.4%
Non-Hispanic (%)	87.8%	82.6%
Language and Birth Location		
Not proficient in English (%)	2.6%	5.2%
Born outside US (%)	8.6%	16.0%

[2] Note: The U.S. Census faces limitations in accurately counting migrant populations due to factors such as language barriers, fear of government interaction, frequent mobility (e.g., general transience or working on multiple farms), and lack of stable housing, which may contribute to undercounts.

Asian and Hispanic communities in the service area are notably young. Consistent with Connecticut state data, Hispanic residents in the CHNA service area are much younger (median age approximately 25 years) than the state Hispanic average (i.e., 30 years); Black / African American and Asian residents have an even lower median age in the service area (22 years) and the state (35 years).

Table 2: Median Age by Race-Ethnicity and Geography

	Asian		Black		White		Hispanic	
Location	Male	Female	Male	Female	Male	Female	Male	Female
State of CT	35.1	36.6	33.2	36.8	44.3	47.3	29.2	30.8
CHNA Area	22.6	23.8	22.5	21.8	37.7	39.2	23.3	26.8

- Excluding Whites, the median age in the CHNA service area is about 23 years; this may have notable implications on healthcare needs and helpful services.
- Statewide and in the CHNA service area, Whites are notably older than other racial or ethnic groups.
- Median ages for Asians, Blacks / African Americans, and Hispanics are approximately 15 years younger than for Whites.

There are pockets of higher-need areas, even though parts of the Windham Hospital CHNA service area are somewhat affluent. Community members have good educational attainment and income, though both slightly lag state averages. However, nearly two of five households (39.3%) are asset-limited, income-constrained [yet] employed ("ALICE").

Table 3: Health-related Socioeconomic Measures

			CHNA Area vs. CT Statewide	
Measure	**CHNA Area**	**State of CT**	**Point Variance**	**Percent Variance**
Adults (over 25 years old) with a high school level education (%)	28.7%	25.8%	2.9	11.2%
Adults (over 25 years old) with at least a bachelor's degree (%)	38.6%	41.4%	-2.8	-6.8%
Employment rate, population aged 16 years-old and above (%)	93.8%	94.1%	-0.3	-0.3%
Gini Index of Income Inequality (0 = perfect equality in income distribution, 1 = perfect inequality in income distribution)	0.43	0.50	-0.07	-14.0%
Households with earnings below the poverty level (%)	12.7%	9.9%	2.8	28.3%
Median household income ($)	$83,254	$90,213	-6,959	-7.7%
Households that are asset limited, income constrained, employed (ALICE) (%)	39.3%	39.2%	0.1	0.3%
Uninsured children (%)	2.2%	2.8%	-0.6	-21.4%
Uninsured adults (%)	3.8%	5.8%	-2.0	-34.5%
Population insured through Medicaid (%)	26.5%	32.1%	-5.6	-17.4%
Population living in areas with above median levels of area deprivation (ADI) (%)	46.5%	47.2%	-0.7	-1.5%
Population living in areas with above median levels of social vulnerability (SVI) (%)	39.4%	48.6%	-9.2	-18.9%
Population living in areas with below median rankings on the Environmental Justice Index (EJI) (%)	24.8%	42.2%	-17.4	-41.2%

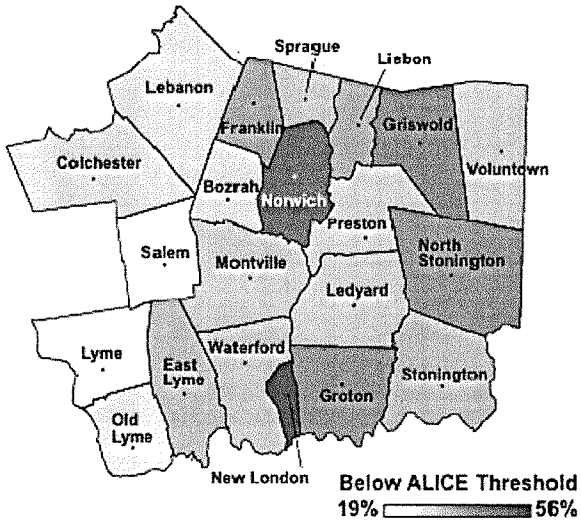
- CHNA service area residents are similarly educated (i.e., 38.6% have a bachelor's degree) and have lower median household income ($83,254) than the state average (i.e., 41.4% have a bachelor's degree and median household income is $90,213).
- Equal to the Connecticut average, nearly two of five (39.3%) CHNA area households are asset limited, income constrained yet employed; many working households still struggle to remain economically viable.

In Connecticut, nearly four in ten households struggle to afford the basic cost of living, with many falling into the ALICE category—Asset Limited, Income Constrained, Employed. These households earn above the federal poverty level but below what is needed to meet the rising costs of essentials like housing, childcare, food, transportation, and healthcare. In Southeastern Connecticut, encompassing New London County, financial hardship is particularly pronounced, with local data showing that 40% of households are either below the poverty line or living as ALICE. The information below provides a more detailed snapshot of ALICE households in the region, highlighting economic trends, survival budgets, and municipal disparities to inform policy and community response efforts.

- As of 2022, Connecticut had approximately 1,430,904 households, of which 151,105 (10.6 %) lived in poverty and 412,407 (28.8 %) were classified as ALICE (Asset-Limited, Income-Constrained, Employed) — meaning that together 39 % of households fell below the ALICE Threshold of Financial Survival.[3]
- This represents an ongoing decade-long upward trend in financial hardship, with modest wage gains failing to keep pace with rising costs of basics (housing, child care, food, transportation, health care, technology).
- The **ALICE Essentials Index** projects an **18.2 % increase in the cost of household essentials from 2021 to 2023**, making survival budgets significantly higher across the state — up to $39,141 annually for a single adult and $126,018 for a family of four.[4]

Town	Total Households	% Below ALICE Threshold
Bozrah	921	26%
Colchester	6,097	26%
East Lyme	7,570	32%
Franklin	705	36%
Griswold	4,885	43%
Groton	16,043	40%
Lebanon	2,847	26%
Ledyard	5,696	29%
Lisbon	1,668	35%
Lyme	951	21%
Montville	6,613	29%
New London	11,138	56%

Town	Total Households	% Below ALICE Threshold
North Stonington	2,106	40%
Norwich	16,923	50%
Old Lyme	3,100	24%
Preston	1,835	28%
Salem	1,652	19%
Sprague	1,163	31%
Stonington	8,324	32%
Voluntown	1,053	28%
Waterford	8,191	30%
Connecticut	1,397,324	39%
United Way of Southeastern Connecticut	109,481	37%



[3] United Way. Available at United For Alice+4uwsect.org+4alice.ctunitedway.org+4
[4] Ibid.

Mental health challenges (including depression) in the Windham Hospital CHNA service area are notably more prominent than statewide averages. However, most chronic disease conditions are less common in the service area.

Table 4: Health and Chronic Conditions

			CHNA Area vs. CT Statewide	
Measure	**CHNA Area**	**State of CT**	**Point Variance**	**Percent Variance**
Cancer (excluding skin cancer) among adults (%)	5.9%	6.9%	-1.0	-14.5%
Coronary heart disease among adults (%)	4.5%	5.2%	-0.7	-13.5%
High blood pressure among adults (%)	26.2%	29.7%	-3.5	-11.8%
High cholesterol among adults (%)	30.5%	33.4%	-2.9	-8.7%
Stroke among adults (%)	2.5%	2.8%	-0.3	-10.7%
Depression among adults (%)	25.7%	20.9%	4.8	23.0%
Mental health not good for two weeks or more among adults (%)	16.4%	14.6%	1.8	12.3%
Diagnosed diabetes among adults (%)	8.4%	9.4%	-1.0	-10.6%
Chronic kidney disease among adults (%)	2.4%	2.8%	-0.4	-14.3%
Obesity among adults (%)	31.6%	30.2%	1.4	4.6%
Chronic obstructive pulmonary disease among adults (%)	5.6%	5.7%	-0.1	-1.8%
Current asthma among adults (%)	12.0%	11.1%	0.9	8.1%
Fair or poor self-rated health status among adults (%)	12.4%	13.3%	-0.9	-6.8%
Physical health not good for two weeks or more among adults (%)	9.9%	10.0%	-0.1	-1.0%

- More than one in four service area adults (25.7%) report having depression. One of six (16.4%) say that their "Mental health [has] not [been] good for two weeks or more." Both data points are higher than the state averages.
- Rates of cancer, heart disease, hypertension, high cholesterol, and stroke are lower in the service area compared to statewide.

Even though chronic disease rates in the hospital CHNA service area tend to be lower than the state averages, preventive screenings are below state rates.

Table 5: Lifestyle and Behaviors

			CHNA Area vs. CT Statewide	
Measure	**CHNA Area**	**State of CT**	**Point Variance**	**Percent Variance**
Binge or heavy drinking (%)	17.3%	15.5%	1.8	11.6%
Current adult smokers (%)	14.3%	13.9%	0.4	2.9%
Fewer than 7 hours of sleep on average (%)	33.7%	33.6%	0.1	0.3%
No leisure time physical activity (% of adults)	21.2%	22.7%	-1.5	-6.6%
Taking medicine for high blood pressure control among adults with high blood pressure (%)	70.1%	75.9%	-5.8	-7.6%
Visits to dentist or dental clinic among adults (%)	68.7%	70.4%	-1.7	-2.4%
Visits to doctor for routine checkup within the past year among adults (%)	74.9%	75.3%	-0.4	-0.5%
Cervical cancer screening among adult women aged 21-65 years (%)	79.4%	86.0%	-6.6	-7.7%
Cholesterol screening among adults (%)	83.0%	88.3%	-5.3	-6.0%
Mammography use among women 50-74 years (%)	78.4%	80.2%	-1.8	-2.2%

- Binge or heavy drinking rates and tobacco use rates are slightly above state rates.
- The following preventive care rates in the service area are all lower than Connecticut rates:
    - Dental visits
    - Routine doctor visits
    - Cervical cancer screenings
    - Cholesterol screening
    - Mammography use

Overall cancer rates are similar between the CHNA service area and the state, but there is tremendous variance by cancer site and race or ethnicity.

Table 6: Cancer Incidence Rates by County (Windham County), 2016 - 2020)

Age-Adjusted Incidence Rate per 100,000 Population, 2016-2020										
Cancer Type	All Races		Asian		Black		White		Hispanic	
	County	State	County	State	County	State	County	State	County	State
All Cancer Sites	464.9	458.2	S	232.3	457.2	445.8	475.5	467.8	341.7	418.5
Breast (Female)	117.7	138.5	S	83.1	S	129.0	119.2	143.6	68.2	119.6
Colon & Rectum	34.9	33.6	S	19.2	S	38.0	34.7	33.0	41.9	36.4
Lung & Bronchus	71.6	55.2	S	24.0	S	53.7	74.2	57.7	52.9	38.4
Prostate	98.3	107.6	S	48.2	S	190.8	99.8	118.3	S	107.6

Note: "S" means "suppressed" due to low sample sizes

- Windham Hospital service area Hispanic community members are notably less likely to have been diagnosed with cancer than Black / African Americans or Whites. Note: This is also much lower than Hispanic rates in New London County, where Backus Hospital is located.
- Lung and bronchus cancer rates for Whites are much higher than the state average of 74.2 and 57.7 per 100,000 population, respectively.

Mortality and Morbidity

Including morbidity and mortality data in the CHNA is helpful for understanding the most pressing health challenges facing a population. Mortality data, such as the leading causes of death, provides insight into the diseases and conditions that have the most significant impact on life expectancy and community well-being. These statistics help identify patterns and disparities across different geographies or demographic groups. By analyzing causes of death — whether from chronic diseases like heart disease or cancer, or from external factors such as accidents – HHC may be better able to target services and allocate resources where they are most urgently needed.

Similarly, morbidity data – such as rates of hospitalizations, emergency department visits, and diagnoses of chronic or acute illnesses – offers a snapshot of the ongoing health burdens that affect residents' quality of life. This information highlights not only what conditions are most common, but also where gaps in preventive care, access to primary care, or health education may exist. Understanding patterns of illness and injury can guide the development of community health programs, outreach initiatives, and healthcare services aimed at reducing preventable hospitalizations and improving overall health outcomes.

Most Common Causes of Death (Mortality) with County-level Incidence and Comparisons

Windham County has the highest mortality rates of any Connecticut county for each of the four most common causes of death – notably higher than state and US rates.

Table 7: Mortality Rates per 100,000 Population by County, Part 1 of 2 (The top six ranked causes of death)

County	Heart Disease	Cancer	Accidents & Adverse Effects	Chronic Lower Respiratory Disease	Cerebrovascular Disease	Alzheimer's Disease
Fairfield County	128.7	122.5	44.4	19.3	25.9	20.2
Hartford County	152.8	135.2	64.0	27.3	28.4	20.7
Litchfield County	136.3	139.1	69.8	31.9	30.6	23.5
Middlesex County	133.3	129.0	56.7	24.6	28.1	24.7
New Haven County	146.7	142.7	73.3	27.9	33.9	21.0
New London County	150.8	148.8	73.3	32.1	31.2	21.2
Tolland County	156.5	134.9	48.9	29.2	27.8	13.9
Windham County	179.5	159.3	76.7	47.0	29.0	23.4
Connecticut	144.0	135.6	62.1	26.6	29.4	20.9
US	167.5	146.0	56.6	36.9	38.9	30.8

Source: US DHHS, National Institute on Minority Health and Health Disparities, 2018-2022. Available at Data Link

- For each of the top six causes of death except Accidents & Adverse Effects, the Connecticut rates are better than (i.e., lower) the US rates.
- Windham County mortality rates tend to be highest among all Connecticut counties.
- For reference, in each of the six most common causes of death except Alzheimer's Disease, Fairfield County rates are better than (i.e., lower) other counties' rates, as well as the state and US rates.

Table 8: Mortality Rates per 100,000 Population by County, Part 2 of 2 (Causes of death ranked seven through thirteen)

The following conditions are also among the most common – ranked 7 through 13 – causes of death in the hospital CHNA service area. Again, Windham County rates of death per 100,000 population tend to be higher than other counties, yet the Connecticut state average rates tend to be at, or below, US rates.

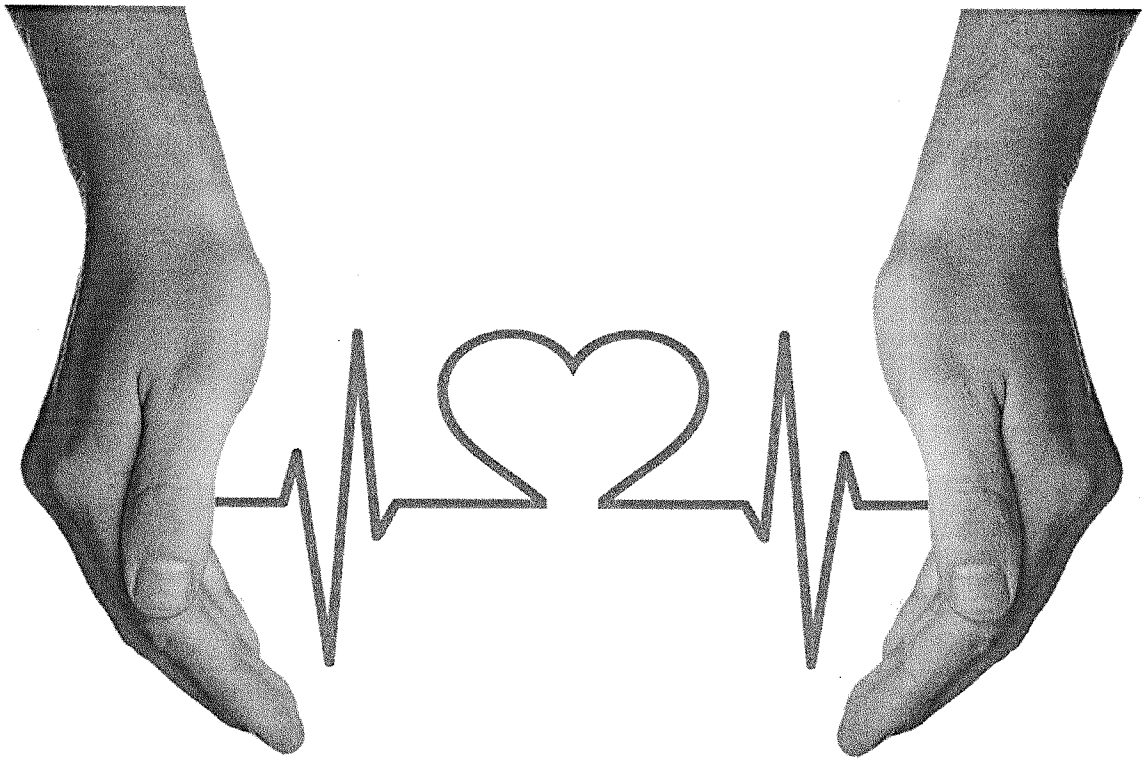
County	Diabetes	Kidney Disease	Suicide & Self-Inflicted Injury	Liver Disease	Septicemia	Pneumonia	Influenza
Fairfield County	13.7	10.2	8.3	7.9	9.8	9.1	1.5
Hartford County	17.2	15.0	10.2	10.7	12.7	9.9	1.8
Litchfield County	16.1	11.5	13.9	14.2	11.2	11.5	1.5
Middlesex County	13.6	9.3	11.6	12.6	8.2	7.9	NA
New Haven County	17.3	15.2	9.9	10.8	12.5	9.1	1.5
New London County	16.2	15.0	12.9	12.7	12.2	12.8	2.1
Tolland County	13.3	13.9	13.3	13.1	10.0	11.9	NA
Windham County	24.2	12.6	14.4	12.9	14.5	13.6	3.0
Connecticut	16.1	13.2	10.3	10.6	11.5	9.9	1.6
US	23.5	13.2	13.9	12.8	10.0	11.0	1.5

Source: US DHHS, National Institute on Minority Health and Health Disparities, 2018-2022. Available at Data Link

- The Windham County mortality rate is approximately 50% higher than the Connecticut average rate.
- The Connecticut mortality rate for each condition in the table above is lower (or near) the US rates.

Hospital Use Characteristics (Morbidity) and CHIME / Connecticut Hospital Association Data

The following CHIME-based[5] hospital data represent the count of patients who had at least one hospital encounter (based on discharge data), in either the Inpatient, Emergency Department, or Observation service settings, with a principal diagnosis that matches one of the ICD-10-CM codes associated with the given condition or health indicator.[6] The data also allows the comparison of hospital CHNA service area data to the Connecticut state average. When doing so, important differences sometimes arise. [7]



[5] ChimeData, provided by the Connecticut Hospital Association, is a robust data and analytics resource that offers hospital and healthcare utilization data across the state. It features interactive tools that support analysis of key health issues impacting the hospital service area. In addition, ChimeData also enhances hospitals' ability to measure an area's health trends against statewide benchmarks.

[6] A more complete and extensive description is found in the Appendices, and the ICD-10 codes associated with each health indicator are also all listed in Appendix 9: Code Reference Sheet.

[7] All hospitals in the CHNA service area, not only Windham Hospital.

For the Windham Hospital CHNA Service Area, hospitalizations for heart failure and COPD are notably higher than the state rate. However, hospitalization for mental health and substance use disorder (as well as sepsis) tend to be lower. [8]

Table 9: Hospital Service Utilization

Windham Hospital			
	Utilization Rates per 100,000		Percent variance to the State
Health Indicator	Hospital CHNA Area	State of Connecticut	
Mental Health Composite	9.4	10.4	-9.6%
Sepsis	7.7	8.4	-8.3%
Heart Failure (HF)	7.1	4.3	65.1%
Substance-Related Disorders (SRD)	6.5	8.1	-19.8%
Community Acquired (CommAcq) Pneumonia	5.4	4.3	25.6%
High Blood Pressure (HBP)	5.1	4.5	13.3%
Chronic Obstructive Pulmonary Disease (COPD)	4.7	2.2	113.6%
Acute Myocardial Infarction (AMI)	3.5	1.8	94.4%
Stroke	3.4	2.5	36.0%
Diabetes - Uncontrolled/Short Term Complications	2.4	2.7	-11.1%
Asthma	2.3	2.8	-17.9%
Coronary Artery Disease (CAD)	2.2	1.0	120.0%
Arthritis	3.0	1.8	66.7%
Diabetes - Long Term Complications (LTC)	1.9	1.3	46.2%
Overweight/Obesity	0.9	1.0	-10.0%

Note that on a "Utilization Rate per 100,000 Population" measure, hospitalization rates for coronary artery disease (CAD), arthritis, and others is much higher than the state average, yet the raw numbers are relatively low. For instance, "2.2" is 120% higher than "1.0" (see CAD, below), yet the variance equates to only 1.2 people out of every 100,000. Therefore, variances to state data need to be carefully considered.

- Cardiac issues (e.g., Heart Failure and Coronary Artery Disease) in the Windham Hospital CHNA service area are approximately twice as common in Windham County as the Connecticut state average.
- COPD rates are also notably higher in Windham County.
- Mental Health and Substance-related Disorder rates in Windham County are lower than the state average.

[8] Note that tables reflecting all HHC hospital CHNA service areas and state comparisons are contained in the appendices.

Maternal Health

Maternal health remains a critical indicator of a health system's overall performance, reflecting access to quality care during pregnancy, childbirth, and the postpartum period. Nationally, the maternal mortality rate has fluctuated in recent years, with a slight decrease from 22.3 deaths per 100,000 live births in 2022 to 18.6 in 2023. However, stark disparities persist across racial and age groups. In 2022, non-Hispanic Black women experienced a maternal mortality rate of 49.5—more than twice the rate of their White counterparts. Additionally, maternal deaths among women aged 40 and older were significantly higher (87.1 per 100,000 live births) compared to younger women. Mental health conditions, cardiovascular disorders, and hypertensive complications continue to be leading causes of maternal mortality, underscoring the need for comprehensive, interdisciplinary care models that integrate mental and physical health services.

In Connecticut, maternal and infant health outcomes generally outperform national averages, though important disparities remain across racial, ethnic, and geographic lines. The state's maternal mortality rate (16.7 per 100,000 live births) is below the national average, and the infant mortality rate (4.5 per 1,000 live births) ranks among the nation's lowest. Nonetheless, outcomes vary significantly by county and demographic group. Rural areas such as Windham and Litchfield Counties face provider shortages and higher risk factors like tobacco use and preterm births, while urban counties like Hartford and New Haven show pronounced racial disparities in outcomes like low birth weight and first trimester prenatal care access. Black infants face mortality rates more than twice those of White infants, and Black women face increased barriers to care. These disparities point to persistent systemic challenges and emphasize the importance of targeted interventions, improved access to culturally responsive care, and sustained investments in maternal health infrastructure.

Additional narrative and data regarding maternal health is included in the appendices.

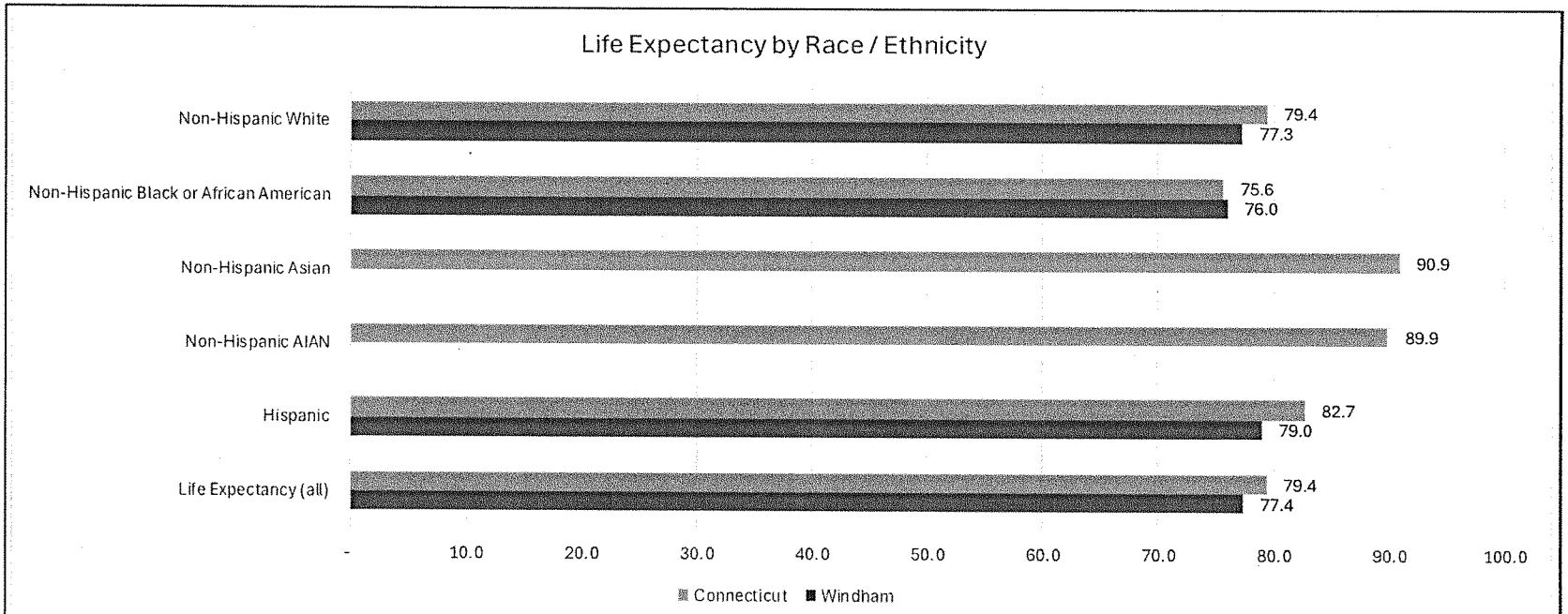
Life Expectancy

Life expectancy is a foundational indicator in community health needs assessments because it encapsulates the cumulative impact of various health, social, and economic conditions over a population's lifespan. It reflects not only the prevalence of chronic diseases and behavioral risk factors, but also broader health-related issues such as access to care, education, income, and environmental quality. A lower life expectancy, as seen in Windham County, signals concerns about health challenges that may be targeted by public health strategies. Incorporating life expectancy data into a community health assessment helps identify priority populations, set benchmarks for improvement, and guide resource allocation to the areas most in need.

Life expectancy in Windham County is 77.4 years, which is below the Connecticut average of 79.6 years but closely mirrors the national average. This figure reflects a range of health challenges, including higher rates of premature death and poor physical and mental health. Windham County's premature death rate—measured as years of potential life lost before age 75—stands at 8,000 per 100,000, significantly above Connecticut's 6,500. Indicators such as 14% of residents reporting poor or fair health, 3.6 poor physical health days per month, and 5.2 poor mental health days underscore chronic health burdens in the community. These statistics point to a need for stronger chronic disease management, mental health support, and access to quality healthcare.

Behavioral health risks and healthcare access issues further compound the county's life expectancy concerns. Smoking (17%) and obesity (35%) rates are higher than both state and national averages, while access to exercise opportunities (74%) lags behind the rest of Connecticut (93%). Healthcare provider shortages are evident, with Windham County's primary care ratio at 2,330:1, nearly double the state's 1,210:1. These barriers limit preventive care uptake and delay treatment for chronic conditions. Health-related social need issues such as higher child poverty (17%) and lower educational attainment also contribute to health disparities. Additionally, elevated injury death rates (93 per 100,000) and a spike in mortality among adults aged 40 to 44 highlight the urgency of targeted interventions to improve population health and life expectancy in Windham County.

Additional narrative and data regarding life expectancy is included in the appendices.



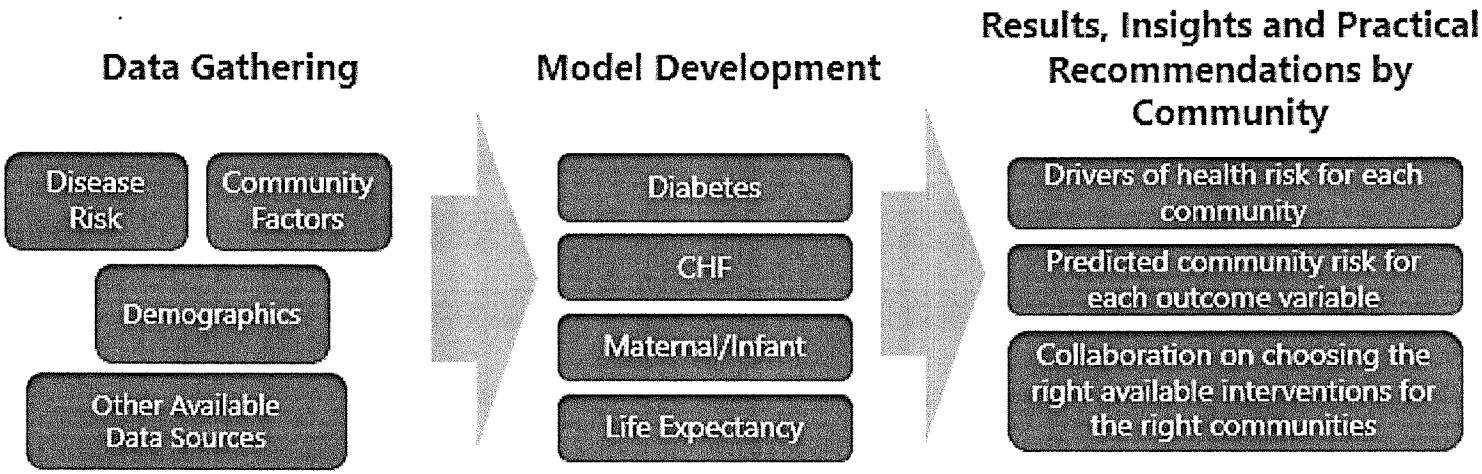
	Life Expectancy (all)	Hispanic	Non-Hispanic AIAN	Non-Hispanic Asian	Non-Hispanic Black or African American	Non-Hispanic White
Connecticut	79.4	82.7	89.9	90.9	75.6	79.4
Windham County	77.4	79.0	NA	NA	76.0	77.3

Additional narrative and data regarding life expectancy is included in the appendices.

Health-related Social Factors and Predictive Analytics

To increase the impact of its CHNAs and CHIPS, Hartford HealthCare (HHC) has taken additional steps to evaluate four core health conditions in the state. This deeper evaluation aims to better understand the underlying health-related social need factors driving risk for these outcomes. By understanding these factors, HHC can more effectively prioritize interventions and resources within the communities served, ultimately maximizing HHC's positive influence. Specifically, HHC examined community health risk profiles developed using machine learning and predictive analytics. These analyses identified and evaluated important factors contributing to negative outcomes associated with diabetes, congestive heart failure, maternal/child health, and life expectancy. The resulting insights allow HHC to optimize interventions by 1) identifying key factors driving risk in the four areas, 2) establishing a solid basis for data-driven decision-making while setting expectations around community-based trends, and 3) pinpointing where in our communities to focus efforts, both for improvement and for leveraging best practices.

Optimizing insights and interventions through predictive modeling followed three essential steps:



1. Data Gathering – disease risk, health-related social need factors, Demographics, Secondary Sources (as available)
2. Model Development – Machine Learning focused on: Diabetes, CHF, Maternal/Infant, Life Expectancy (Life Expectancy results not discussed herein, but are available)
3. Results, Insights, and Practical Recommendations – social/behavioral/community drivers of health risk, predicted health risk based on community profile, intervention selection

Using the predictive modeling approach outlined above, we focused on health issues within our service areas that are at risk of accelerating due to underlying demographic, lifestyle, and other community trends. To address these potential challenges proactively, we have identified the key drivers behind each issue (i.e., the impacting demographic or lifestyle trends) and potential key levers (actions or initiatives likely to positively impact the associated negative outcomes). The following provides a high-level summary of these findings.

Health-Related Social Need Factors Impact on Diabetes

Key Drivers of Risk

- Smoking is the single most important factor increasing diabetes risk
- Higher % drive alone (physical and social isolation)
- Low housing occupancy rates

Key Levers (particularly in communities with high non-white and high elementary student to teacher ratios)

- Increase tobacco cessation activities, promote physical activity and good nutrition in communities identified as having both high smoking rates and high obesity rates
- Increase utilization and availability of transportation services, particularly in communities with high percentages of individuals who drive alone, which increases physical inactivity and social isolation

Health-Related Social Need Factors Impact on Cardiovascular Risk

Key Drivers of Risk

- High SNAP usage
- Low Educational Attainment
- Higher % drive alone (physical inactivity and social isolation)

Key Levers (particularly in communities with poor, non-Hispanic white populations)

- Increase utilization and availability of transportation services, as driving alone is associated with increased cardiovascular risk (in addition to diabetes risk).
- Increase utilization and availability of language translation services, both in hospitals and community settings, particularly in areas like Windham where increasing services is likely to have an impact.

- Leverage worship facilities and libraries as community education outlets for cardiovascular health, considering bringing library-based services to communities lacking them.

Health-Related Social Need Factors Impact on Maternal Health and Delivery Risk

Key Drivers of Risk

- High SNAP and Medicaid Usage
- Low Educational Attainment
- Low Housing Occupancy
- Higher % drive alone (physical inactivity and social isolation)

Key Levers (particularly in communities with low income, those whose residents tend to work in industries focused on skilled labor/trade, locations where smoking rates are high [e.g., Windham/New London], and those requiring improved prenatal visits [e.g., Torrington/Winsted and Windham])

- Target smoking cessation efforts to communities with high SNAP utilization and low educational attainment, and specifically to individuals or groups who report higher rates of smoking while pregnant.
- Increase utilization of prenatal care in communities with low educational attainment and expecting mothers with higher-risk factors for social needs and maternal mortality.

Health-Related Social Need Factors Impact on Infant Mortality, Low Birth Weight/Pre-term Births, Cesareans

Key Drivers of Risk

- High SNAP usage
- Higher % drive alone (physical inactivity and social isolation)
- Low income non-Hispanic White population
- Single parent households

Key Levers (particularly Hartford, which ranked in the top 2 for predicted risk for **all** delivery outcome risks measured; and Bridgeport with high cesarean risk)

- Increase health education efforts, addressing existing health conditions like diabetes or hypertension.
- Focus interventions on communities with high proportions of single-parent households and high SNAP benefit recipients, as these are major drivers of increased delivery risks across all measured outcomes.
- Promote physical activity and good nutrition efforts, as high rates of driving alone are associated with less physical activity and higher stress, contributing to delivery risks.
- Investigate effective programs within veteran communities for potential replication because they tend to be associated with better delivery outcomes. Additionally, prioritize resources in communities with low marriage rates to support single parents and address increased delivery risks.

Qualitative Research Highlights

Qualitative research was conducted to gain a deeper understanding of the healthcare challenges and opportunities facing the communities we serve. Interviews were conducted with hospital leaders and external community partners. They provided valuable insights into the experiences, concerns, and priorities of healthcare professionals, administrators, and community leaders, all of whom play a crucial role in ensuring access to healthcare services. The qualitative research respondents report that the community faces several critical challenges in addressing the health and social needs. Key barriers include limited access to healthcare services, inadequate housing, and insufficient resources for vulnerable populations such as the elderly, individuals experiencing homelessness, and those with behavioral health or substance use disorders. More granular details from the qualitative research follow.

- **Behavioral Health Barriers**
  Behavioral health and substance use treatment are severely limited, with a shortage of providers and lengthy wait times for services. Residential treatment options, particularly for individuals with Medicare or Medicaid, are minimal. Patients often relapse or return to unsafe environments due to inadequate resources for long-term recovery and case management.

  Stakeholders also emphasized the importance of addressing health-related social needs, reducing stigma around mental health and substance use, and improving healthcare affordability. Additionally, there is a need for increased staffing, enhanced community outreach, and better communication about available resources.

- **Healthcare Access**
  Access to care remains a significant issue, with patients facing long wait times for primary and specialty care appointments. Preventive care, patient education, and early intervention are often overlooked, leading to late presentations of chronic illnesses such as diabetes, cancer, and cardiovascular disease. Food insecurity and a lack of affordable, healthy food options are widespread, exacerbating health disparities, particularly among populations managing chronic conditions.

- **Housing Instability**
  Homelessness and housing insecurity were identified as primary contributors to poor health outcomes. A lack of shelters and short-term housing options for individuals and families, including seniors with medical conditions, creates significant obstacles for discharge planning and care transitions.

- **Transportation Barriers**
  Transportation remains a top barrier to accessing care. Both medical and non-medical transportation services are insufficient, especially for seniors and low-income individuals. This lack of mobility limits access to healthcare, food, and social services, compounding health-related challenges.

Community Well-being Survey and Other Research

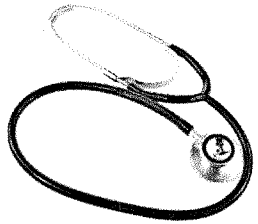
The Community Wellbeing Survey was administered in 2024 throughout Connecticut. It included a diverse and geographically expansive set of respondents. The survey covered topics such as those listed below.

- Chronic disease
- Community satisfaction
- Health risks
- Healthcare access
- Housing and financial well-being
- Mental health
- Nutritional Security
- Transportation
- Well-being and support

The resulting data was categorized and analyzed by hospital service area. Highlights of the Wellbeing Survey for the Windham Hospital service area are shown below while more detailed visuals are included in the appendices.

Chronic Disease

The Chronic disease section of the Wellbeing Survey focused on hypertension, diabetes, and heart disease. Survey results showed that the Windham Hospital service area consistently showed favorable incidence rates compared to the state average for all three chronic diseases.



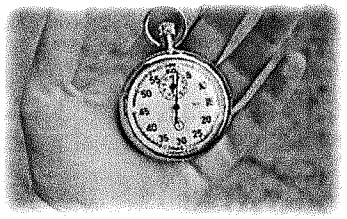
When examining chronic disease among specific communities within the hospital service area (as opposed to comparison to state averages), the incidence of diabetes and heart disease was slightly higher among high income groups, while hypertension rates among lower income survey respondents were slightly lower than those with higher income levels above $100,000 per year.

Community Satisfaction

Community satisfaction refers to impressions that may impact quality of life and lifestyle, such as overall satisfaction with the town where you live, opinions about whether you live in a place good to raise children, local green spaces or parks being in good condition, and a responsive local government. The survey data show that five of six Connecticut residents (83%) are satisfied with their town; even more (88%) in the hospital service area believe so. Additionally, though, people with household incomes under $100,000 tend to be less satisfied with each of the Community Satisfaction measures. The biggest variance is that six of seven hospital service area residents (82%) with incomes over $100,000 believe that where they live is a good place to raise kids while only slightly over half (57%) of others believe that to be true.

Health risks

Health risks include a snapshot of issues that tend to reflect general health conditions in the hospital service area. They include self-reported overall health, the amount of leisure-time exercise and asthma rates.

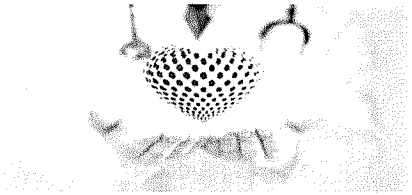


Wellbeing survey results highlight several health risks among adults in the Windham Hospital service area, with disparities evident by income level. Overall, slightly over half (52%) of adults in the service area rated their health as excellent or very good, similar to the statewide average (56%). This figure drops to 45% among those with incomes under $100,000, while rising significantly to 65% among higher-income residents, reflecting a notable income-based disparity in perceived health. However, this may well also be correlated with age, as older respondents tend to face more health challenges than younger ones.

Rates of no leisure-time exercise are relatively similar across groups, with 13% of all adults in the hospital area reporting no such activity—on par with the lower-income group and slightly below the statewide rate of 19%. Asthma prevalence is somewhat higher in the Windham area (16%) compared to the state (13%), and notably, 21% of higher-income residents report having asthma — more than the 13% reported by lower-income individuals (under $30,000).

Healthcare access

Healthcare Access refers to community members who (1) have health insurance and, (2) have a medical home (a doctor, clinic, or other provider where they commonly seek – or could seek – medical care). The survey showed that most adults in the hospital service area (97%) have access to health insurance (slightly above the statewide average of 93%). One of nine (11%) residents overall lack a medical home – slightly higher among those earning under $30,000 (12%) compared to 9% of higher-income individuals (over $100,000 per year).



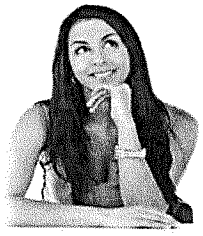
Housing and financial well-being

Nationally, as well as in the hospital service area, housing costs and the lack of affordable housing options are growing. Survey results reveal important insights into housing stability and financial well-being among adults in the Windham Hospital service area.

Overall, three of four (77%) residents report owning a home or living with a homeowner – higher than the statewide average (65%). However, housing insecurity affected one of ten (10%) area residents in the past year, aligning closely with the state average (11%), though this figure rises to 12% among lower-income adults. Financial strain is also more pronounced among lower-income individuals, with half (50%) reporting they are "just getting by financially" (or worse) compared to only 29% of higher-income residents. While homeownership is relatively high in the hospital service area, a notable portion of lower-income residents continue to face financial and housing-related vulnerabilities that could negatively impact overall well-being.

Mental health

Mental health – or, feelings of being anxious or depressed – impact overall health and the ability to enjoy a quality lifestyle. In the hospital service area, one in eight (12%) of survey respondents say that they feel anxious while one of 11 (9%) feel down or depressed – both rates are slightly better than the Connecticut state averages of 15% and 12%, respectively. For both conditions, income significantly impacts the outcomes, as only 3% or fewer survey respondents with annual income over $100,000 say that they are anxious or depressed while much higher percentages of survey respondents with income under $100,000 are anxious (17%) or depressed (13%).

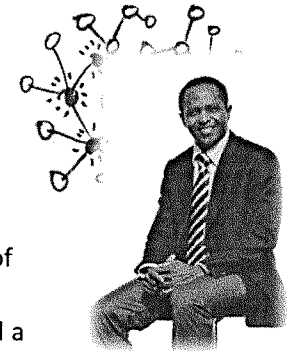


Nutritional Security

Food insecurity means being unsure of being able to acquire healthful, nutritional food for yourself and family members. In the hospital service area, more than one of six survey respondents (17%) – and more than one of four (26%) of those with annual income under $100,000 – experienced food insecurity within the past 12 months. About two of three people experiencing food insecurity visited a food pantry. As with most other measures reflected in the survey, higher annual income highly correlates with easier access to health and well-being.

Transportation

Reliable transportation is one of the fundamental components of being able to access health services as well as other resources impacting the quality of life. In the hospital service area, most people (93%) have access to reliable transportation – slightly better than the state average (86%). However, some (15%) said that at some point within the past year they did not have access to reliable transportation – limiting their ability to access health services.



Well-being and support

As with many other survey-included measures, feeling satisfied with life and receiving social and emotional support are highly correlated with income; however, higher income is no guarantee of positive outcomes. For example, six of 10 (60%) of lower income hospital service area survey respondents are satisfied with life, and three of four (76%) higher income survey respondents (i.e., those with annual income over $100,000). Although people with higher incomes tend to be more satisfied a notable portion (24%) are not. Survey results support the idea that higher income positively impacts perceptions and access to healthy options, yet it is no guarantee.

The appendices contain detailed graphics reflecting Wellbeing Survey comments noted above.

Data Analysis and Community Input Summary

To develop a comprehensive and accurate understanding of community health needs, we employed a multi-modal approach that included the collection and analysis of quantitative data from validated secondary sources, qualitative feedback from focus groups and stakeholder interviews, results from a broad-based community survey, and trends in health service utilization data. Each contributed valuable perspectives and insights, offering both depth and breadth to our understanding of the health status, service gaps, and health-related social needs affecting the population. The resulting information reflects not only the voices of individuals and organizations within the community, but also the evidence base that supports data-driven planning for health improvement.

After gathering and reviewing all sources, we synthesized the findings into a single, integrated list of community health needs. This list represents a de-duplicated and thematically aligned summary of the priorities that emerged most consistently across data sources. The list of needs, in alphabetical order, is shown below.

Community Health Needs	Suggested, High-level Actions to Address the Needs
Affordable Childcare	Increase access to childcare services to support working families.
Affordable Housing Solutions	Increase availability of safe and affordable housing, including shelters and long-term options.
Affordable Nutrition Programs	Increase funding and resources for affordable, healthy food options, including community gardens and farmer's markets.
Behavioral Health Services Access	Expand mental health services, reduce wait times, and address capacity challenges for both children and adults.
Case Management Services	Offer centralized support to connect individuals with healthcare and social services.
Community Health Education	Expand education on nutrition, preventive care, diabetes management, and healthcare literacy.
Community-Based Programs	Leverage local leaders, churches, and community groups to build trust and resource access.
Dental Care Access	Increase access to affordable dental care, particularly for low-income and uninsured populations.
Elderly Support Services	Expand resources and advocacy for geriatric care, technology assistance, and housing for seniors.
Emergency Department Improvements	Develop specialized units for behavioral health crises and substance abuse management.
Healthcare Access	Address systemic barriers to ensure access healthcare for underserved populations.
Evening/Night Healthcare Services	Extend operating hours for healthcare services to improve access.
Hygiene Facilities for the Homeless	Establish locations for showers, laundry, and basic hygiene needs.
Increased Workforce Capacity	Recruit and retain healthcare providers and support staff, especially in underserved areas.
Language and Cultural Support	Provide interpretation services and culturally insightful care for non-English speakers.
Maternal Health and Life Expectancy	Continually focus on improving access to prenatal and newborn health and wellness services; measure impact of these and other activities by life expectancy
Medication Compliance Support	Create programs to assist with medication adherence and affordability.
Outreach and Resource Awareness	Centralize information hubs to increase awareness of healthcare and social services.
Palliative and Hospice Care	Expand end-of-life care services and provide education for families.
Preventive Care Initiatives	Focus on early interventions and chronic disease management through screenings and outreach programs.

Community Health Needs	Suggested, High-level Actions to Address the Needs
Substance Abuse Treatment	Enhance recovery programs, including specialized units for pregnant individuals and improved education on prevention and treatment.
Support for Undocumented Populations	Create safe access points for healthcare and basic needs for immigrant communities.
Transportation Services	Improve transportation options for accessing healthcare, particularly in rural areas and for vulnerable populations.
Veteran-Centered Care	Improve care for veterans by training providers and implementing veteran liaisons in healthcare settings.
Women's Health Services	Expand access to gynecology, labor and delivery care, and pelvic floor therapy.
Youth Programs and Education	Provide accessible and affordable activities and health education for adolescents.

As noted above, CHNA project leaders conducted a well-structured prioritization process. The following section reviews the process and final results of the Prioritization Process.

In the following section, we present these needs as the foundation for further prioritization and strategy development.

"What have we already accomplished or initiated?"

Evaluation of 2023–2025 Implementation Plan

Summary

As a guide to developing the 2025-2027 CHNA, HHC evaluated the higher-priority issues identified in the previous (2022) CHNA and subsequent targeted Implementation Plan (IP) / Community Health Improvement Plan (CHIP) activities designed to address them. This section summarizes key activities and highlights how HHC worked in partnership with community members, underserved communities, and local organizations to improve health outcomes. Guided by the insights of stakeholders gathered through interviews, focus groups, and outreach to often hard-to-reach communities, HHC pursued initiatives that responded to critical issues such as the following:

- Promote Healthy Behaviors and Lifestyles
- Reduce the Burden of Chronic Disease
- Improve Health-related Social Issues, and Access to and Coordination of Care and Services
- Enhance Community-Based Behavioral Health Services.

It addressed these priorities between 2023 and 2025 through local and systemwide activities.

The 2025-2027 CHNA builds on this momentum, offering a comprehensive overview of the progress made and lessons learned over the past three years. The body of this CHNA report includes detailed data appendices and community narratives that illustrate both the challenges and the resilience found throughout the region. HHC's regional teams have continued to prioritize community-informed solutions to support HHC's commitment to community health, collaboration, and accountability.

A description of systemwide activities and hospital service area initiatives follows.

Local Windham Hospital Activities

The following section outlines local hospital-based activities that Windham Hospital implemented to address the highest-priority community health needs identified in the 2022 Community Health Needs Assessment. These initiatives reflect a deep commitment to advancing community health, improving access to care, and responding to the specific challenges voiced by community members across the hospital service area. Grounded in collaboration with local partners and guided by data-driven priorities, these efforts span a range of focus areas — from promoting healthful behaviors to reducing chronic diseases, and others. Each activity was designed to build healthier, more inclusive communities throughout the hospital service area.

Promote Healthy Behaviors and Lifestyles

- **RX For Health** — This program provides vouchers for fresh produce to individuals in need of nutritional support. Funded by Windham Hospital, vouchers are distributed in various settings such as pediatrician offices, soup kitchens, women's health centers, Head Start Programs, etc. Windham Hospital collaborates with local community partners to identify families and individuals who would benefit. Vouchers are currently exchanged at the Willimantic Farmers' Market, Willimantic Food Co-op and Windham hospital's farm stand. An HHC dietitian provides ongoing nutritional support to families. For Fiscal Year 2024, local farmers accepted 2,799 vouchers from residents.

Reduce the Burden of Chronic Disease

- **Universal Screening** —Multiple hospital departments provide free chronic disease screenings in a variety of environments and locations. During testing, participants are given education regarding the disease that they have been screened for and information about how to achieve a "normal" range. Participants are given information about access to primary care physicians as well as urgent care if needed. On February 2,2024, Go Red for Women was one of the key universal screenings events conducted at Windham hospital. This event featured health screenings, educational presentations, and activities related to cardiovascular disease. The health screenings and education topics included balance and strength screenings, stretching and exercise education, cardiovascular risk factors education, stress relief and essential oils education, nutrition education and cooking demonstration, blood pressure screening, A1C screening, hands-only CPR education, ABI screening, BMI screening, and more.

Improve Healthcare Access,* Health-related Social Issues*, and Access to and Coordination of Care and Services

- **Diaper Connections** — HHC has partnered with Windham Women's Health Center and Willi Wellness, as a co-chair of the Diaper Connections Program for the State of Connecticut. Between these two partnerships, 91,200 diapers have been distributed to 248 families. Willi Wellness operates on a reduced-cost lease at the professional building on the Windham Hospital campus to store and

distribute diapers. They also use this space as their headquarters for Special Olympic athletes of Eastern Connecticut, and dementia-friendly and intellectual disability creative and art-based programs. During Fiscal Year 2024, 67,400 diapers were distributed to 694 families.

- **Outpatient Services for Cancer Patients —** In collaboration with the Windham Hospital Integrative Medicine Department, cancer patients benefit from five free sessions of Therapeutic Massage, Reflexology and Energy Therapy. Research has shown that relaxation techniques through integrative medicine may help decrease anxiety, strengthen the immune system, diminish pain, and accelerate healing. Sessions are approximately 60 minutes. During Fiscal Year 2024, these services continued to be provided to cancer patients free of charge.

- **Pipeline Strategy —** To promote careers in the healthcare sector and address the pipeline issues that many students from underserved backgrounds face when it comes to education and training, Hartford HealthCare conducts a series of healthcare career events and opportunities within local high schools. Schools with established certification programs (for example, CNA, EMT, etc.) are given specific focus as partnerships with high schools can lead students to open positions at Hartford HealthCare hospitals, resolving department staffing needs. Students have exposure to different career pathways through interactions with department representatives, who educate them about specific job roles and responsibilities. Staff members who participate in this program are chosen for their ability to relate culturally to the students with whom they are interacting. In 2024, 123 students participated in program events and 78 students participated in job shadow/internships.

Enhance Community-Based Behavioral Health Services

- **Neighborhood Health** — This initiative was developed in collaboration with trusted community partners. These innovative health clinics continue to be adaptable, flexible, and open to feedback to ensure access to needed services and programs. Mobile "CareVans" visit and operate daytime health clinics at specifically chosen locations every week. They offer a variety of health services including screenings, mental health counseling, medical referrals, education and support. In Fiscal Year 2024, the net expense of this program was $146,038. The Neighborhood Health Team attended Health Fairs, facilitated 19 clinics, provided 258 immunizations, gave medical care to 286 individuals, and made numerous referrals to local community providers for ongoing care and support.

"What did we prioritize – how and why?"

Prioritization Process

Research leaders paused after collecting secondary research and primary research (qualitative and quantitative) as described above. The secondary research analysis, the Wellbeing survey, key stakeholder interviews, and other CHNA activities provided a wealth of community-based strengths, needs, service gaps, and potential opportunities to improve community health. For example, the research illuminated an initial list of 26 community needs (shown below in alphabetical order).

1. Affordable Childcare
2. Affordable Housing Solutions
3. Affordable Nutrition Programs
4. Behavioral Health Services Access
5. Case Management Services
6. Community Health Education
7. Community-Based Programs
8. Dental Care Access
9. Elderly Support Services
10. Emergency Department Improvements
11. Healthcare Access
12. Evening/Night Healthcare Services
13. Hygiene Facilities for the Homeless
14. Increased Workforce Capacity
15. Language and Cultural Support
16. Maternal Health and Life Expectancy
17. Medication Compliance Support
18. Outreach and Resource Awareness
19. Palliative and Hospice Care
20. Preventive Care Initiatives
21. Substance Abuse Treatment
22. Support for Undocumented Populations
23. Transportation Services
24. Veteran-Centered Care
25. Women's Health Services
26. Youth Programs and Education

To prioritize the issues and needs, HHC regional leaders, hospital representatives, and community members worked together to implement a well-structured prioritization process.[9] Specifically, the prioritization approach included the following:

- Windham Hospital leaders held three prioritization meetings with (1) the Eastern Connecticut Health Collaborative, (2) Backus and Windham hospital executive leadership, and (3) the Hartford HealthCare East Region Board of Directors.
- In each meeting, participants participated in a Hanlon Method exercise to provide quantitative validity and qualitative inclusion to the prioritization.
- After the initial prioritization, rank-order needs were evaluated based on feasibility and organization fit using the PEARL-E test to reach a final prioritized set of community health needs which were practical / feasible for the health system to consider.
- A summary of the final results of the Prioritization Processes are shown below.

Prioritization Tools

The Hanlon Method is a validated technique which objectively considers well-defined criteria and feasibility factors based on baseline data and numerical values. Note the following two-step process:

- Step 1: Needs are ranked on a scale of 1-4 based on Relevance, Impact, and Feasibility and then calculated using the formula:
  D = [A + (2 x B)] x C where D = Priority Score; A = Size of health problem ranking (Relevance); B = Seriousness of health problem ranking (Impact); C = Effectiveness of intervention ranking (Feasibility)

  *Note: Seriousness of health issue is multiplied by two because, according to the Hanlon technique, it is weighted as being twice as important as size of health problem.

- Step 2: We apply the 'PEARL-E' test - Once health problems have been rated by criteria, use the 'PEARL-E' Test, to screen out health problems based on the following feasibility factors:
  - Propriety, Economics, Acceptability, Resources, Legality, Equity
  - Eliminate any health problems which receive an answer of "No" to any of the above factors or proceed with corrective action to ensure that potential health priorities meet all five of the feasibility factors. (https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf)

Note: Both the Hanlon Survey and the PEARLE-E test were administered via Red Cap. Specifically, Community Heath staff created these online surveys and utilized direct URLs (Zoom chat), QR codes (live sessions) and paper copies (live sessions) in order to record respondent's answers. Once surveys were completed, data were analyzed using the aforementioned algorithm and weighted appropriately. Slides were created noting the top 10 needs from each prioritization group. The final top 10 needs were weighted according to their rankings in the three prioritization groups. Needs that were only listed in two out of the three prioritization groups were weighted less. Feedback sessions were held with each prioritization group to share results, debrief and discuss process, and strategize next steps in addressing the community needs.

[9] Note that prioritization processes were done separately by each HHC hospital in order to recognize and confirm the unique needs, interests, and resources in each service area.

Final Priorities

The process described above yielded the following list of prioritized community health needs:

Aggregated Needs By Tier For Windham Hospital
Increased Workforce Capacity
Behavioral Health Services
Emergency Department Improvements
Preventive Care initiatives
Substance Use Treatment
Outreach and Resource Awareness
Women's Health Services
Community Health Education
Evening/Night Healthcare Services
HealthCare Access

The ten needs listed above were categorized into three groups as follows.

Aggregated Needs By Tier For Backus Hospital
Socio-economic factors / Increased Workforce Capacity
Mental and Behavior Health Services, Substance Use, Emergency Dept. Improvements
Access To Care / Physical Health Chronic Disease Preventative Care Initiatives Outreach and Resources Awareness Community Health Education
Maternal health Women's Health Services

"What do we intend to do, and how will we know we are successful (CHIP)?"

Implementation Plan

The Implementation Plan guides Hartford HealthCare's activities and initiatives to address high-priority community needs. It is a critical component of the Community Health Needs Assessment (CHNA) process, translating identified community health needs into actionable strategies. By outlining specific goals, evidence-based initiatives, and measurable outcomes, the Implementation Plan serves as a roadmap for improving health equity and population health.

A well-structured Implementation Plan fosters collaboration between hospitals, community organizations, and local stakeholders, ensuring that efforts are aligned and resources are efficiently utilized. With it, the hospitals track progress and assess the effectiveness of their activities and initiatives. Ultimately, the Implementation Plan helps bridge gaps in healthcare access, reduce disparities, and create sustainable improvements in community health, reinforcing each hospital's role as a key partner in public health efforts.

1. Socio-Economic Factors/Increased Workforce Capacity

Addressing socio-economic barriers and expanding workforce capacity is critical to ensure adequate healthcare coverage and reduce disparities caused by economic hardship and provider shortages.

Rationale for Action

- 39% of households in Windham County are classified as ALICE (Asset Limited, Income Constrained, Employed), compared to 38% statewide.
- Median household income in Windham County is $74,344, significantly below the Connecticut median of $90,213.
- Only 24% of employers in the region offer paid family leave, creating economic instability and challenges for workforce retention.

2. Mental & Behavioral Health Services (Behavioral Health, Substance Use, ED Improvements)

Expanding behavioral health services, integrating substance use treatment, and enhancing emergency department (ED) capacity will address high mental distress prevalence and growing ED utilization for behavioral health crises.

Rationale for Action

- Windham County has a suicide rate of 11.3 per 100,000, higher than the state average of 8.7.
    - 16% of adults report frequent mental distress, compared to 12% statewide.
    - Emergency department visits for mental health conditions have increased by 17% over the last five years.

3. Access to Care/Physical Health (Chronic Disease, Preventative Care, Outreach, Education)

Coordination of care is consistently identified as a key obstacle to achieving better access to care and services. Awareness of available resources, depth of patient and provider knowledge of community services, and tracking and follow-up of patients as they move from and between different provider organizations or points of care are challenged. Increasing access to affordable care, preventive screenings, and education will help reduce the chronic disease burden and improve early detection rates.

Rationale for Action

- 10% of adults under age 65 lack health insurance, compared to 6% statewide.
- 29% of adults have been diagnosed with high blood pressure, exceeding the state rate of 26%.
- Cancer screening rates are 12% lower than the state average for colorectal cancer and 9% lower for breast cancer.

4. Maternal Health/Women's Health Services

Expanding women's health services and improving prenatal access will reduce adverse birth outcomes and address gaps in OB/GYN availability.

Rationale for Action

- In Windham County, 22% of births mothers receive late or no prenatal care, compared to 16% statewide.
- The county's low birth weight rate is 8.4%, slightly higher than the state average of 7.9%.
- Windham County has fewer than 3 OB/GYN providers per 10,000 women, below state benchmarks.

Community Health Improvement Plan

Priority Area #1: Socio-Economic Factors and Increased Workforce Capacity			
GOALS	**STRATEGIES**	**LEAD/ PARTNERS**	**METRICS/MEASURES**
• Reduce Disconnection: Engage youth (ages 14–19) in structured career and education pathways. • Build Workforce Capacity: Develop a pipeline of skilled healthcare workers to fill critical roles in Connecticut's healthcare system. • Foster Long-Term Economic Mobility: Enable participants to achieve gainful employment and wage growth through education and mentorship.	Early talent pipeline - high school based	**Windham Hospital** Work Force Development **Community** Local Public Schools	**Yearly Follow Up** # Students in Health Science Programs, Results of Climate Surveys (Well Being, Self Esteem)
• Reduce Disconnection: Engage youth (ages 14–19) in structured career and education pathways. • Build Workforce Capacity: Develop a pipeline of skilled healthcare workers to fill critical roles in Connecticut's healthcare system. • Foster Long-Term Economic Mobility: Enable participants to achieve gainful employment and wage growth through education and mentorship.	School based partnerships (mock interviews, shadow opportunities, guest speakers)	**Windham Hospital** Work Force Development **Community** Local Public Schools	Conversion Rate of Candidates to Hire Results of Follow Up Surveys About Student Satisfaction/Interest

Priority Area #1: Socio-Economic Factors and Increased Workforce Capacity			
GOALS	**STRATEGIES**	**LEAD/ PARTNERS**	**METRICS/MEASURES**
• Reduce Disconnection: Engage youth (ages 14–19) in structured career and education pathways. • Build Workforce Capacity: Develop a pipeline of skilled healthcare workers to fill critical roles in Connecticut's healthcare system. • Foster Long-Term Economic Mobility: Enable participants to achieve gainful employment and wage growth through education and mentorship.	Project Search - program to support professional skill development and career exploration	**Windham Hospital** Work Force Development **Community** United Cerebral Palsy Eastern CT	Conversion Rate of Interns to Gainful Employment
• Partner with high schools within the Windham Hospital HSA to provide opportunities for high school students to explore careers and promote interest in the health care industry.	Educational observer	**Windham Hospital** Work Force Development Volunteer Services **Community** Local Public Schools	Increase in Shadow Occurrences Across Both Clinical and Non-Clinical Departments

Priority Area #2: Mental and Behavioral Health Service (Behavioral Health, Substance Use, Emergency Dept. Improvements)			
GOALS	**STRATEGIES**	**LEAD/ PARTNERS**	**METRICS/MEASURES**
• Reduce opioid-related morbidity and mortality by initiating evidence-based treatment in the ED. • Improve continuity of care by linking patients to MAT and programming (inpatient, outpatient, community) for long-term MAT and recovery support. • Decrease repeated ED visits and hospitalizations related to opioid use.	Implement a **standardized referral and treatment engagement protocol** across emergency departments (EDs) and inpatient units to connect patients with **Medication for Opioid Use Disorder (MOUD)**—including **Suboxone and Methadone**—and **Medication for Alcohol Use Disorder (MAUD)** when appropriate. Utilize partnerships with **Opioid Treatment Programs (OTPs)** and other community providers to ensure continuity of care.	**Windham Hospital** Behavioral Health Addiction Medicine Emergency Medicine Community Health Preventative Medicine MATCH program **Community** Local Community Benefit Organizations Opioid Task force Local FQHCs Carelon	**Formation of Work Group** # Regular Meetings # Community Resource Identified # CCT Referrals **Establish Support Groups in Hospital Spaces** # Groups Offered Attendance Rates **MOUD Protocol** Establish Standard Work for Referrals Creating Education for Clinical Staff/Providers # Patients Seen by Addiction Medicine # Patient's Connection to Care- PHP/IOP/MAT # Medications Started for AUD Or OUD # 30 Day/90 Day Re-Admissions- Length Of Stay Rates Death Rates # ER, Patients Seen/Connected to Treatment/Offered MOUD # MATCH Referrals # UCFS Referrals
To enhance the effectiveness and sustainability of Community Care Teams (CCTs) by establishing strong leadership, improving operational infrastructure, and expanding cross-sector collaboration to address complex health and social needs in the community.	CCTs	**Windham Hospital** Behavioral Health Addiction Medicine Emergency Medicine Community Health Preventative Medicine Neighborhood Health	**Milestones:** Standardized process for Intake Create connection to resources tracker Standard work on how to chair a CCT meeting Engage additional agencies Standardizing CCT workflow from intake to discharge

Priority Area #2: Mental and Behavioral Health Service (Behavioral Health, Substance Use, Emergency Dept. Improvements)			
GOALS	**STRATEGIES**	**LEAD/ PARTNERS**	**METRICS/MEASURES**
		Community Local Community Benefit Organizations Health District Opioid Task force Local FQHCs Carelon First Responders Municipal Human Services	**Metrics:** • #ED Utilization • # Hospital Admissions • # Community Referrals • # Missed Primary Care Appts • # Primary Care Appointments Attended • # CCT Individuals Tracked • # Partners Attending Meetings • # Community Referrals Completed • # Hospital Encounters • Change In ED Visit Frequency • # Referrals To Substance Abuse Programs

Priority Area #3: Access to Care/Physical Health (Chronic Disease Preventative Care Initiatives, Outreach, and Resource Awareness) and Community Health Education			
GOALS	**STRATEGIES**	**LEAD/ PARTNERS**	**METRICS/MEASURES**
Bring more health prevention services and clinical support directly to the people and communities we serve.	Increase the frequency and amount of services/support from the HHC Neighborhood Health Team in Windham County.	**Windham Hospital** Emergency Medicine Community Health Preventative Medicine Neighborhood Health	**Metrics:** # Medical visits # Locations # SDOH screenings # screened positive for (food, housing, transportation) # BH Referrals Community # BH Referrals HHC # Immunizations # clinics per month per region # Individuals served # Events per region (beyond hubs) # Referrals to community partners # telehealth visits # individuals served with insurance # served without insurance (free care) # Goods/clothing/necessities donated **Milestones**: Add a social worker once per week or 2x per month at Covenant/SVDPP Explore physicals for MAT treatment to negate the need for ER visits.

Priority Area #3: Access to Care/Physical Health (Chronic Disease Preventative Care Initiatives, Outreach, and Resource Awareness) and Community Health Education			
GOALS	**STRATEGIES**	**LEAD/ PARTNERS**	**METRICS/MEASURES**
Maintain a tertiary prevention program to identify at risk patients, implement interventions, and establish triple aim goals for experience of care, cost, and population health.	Preventative Medicine team	**Windham Hospital** Preventative Medicine Emergency Department Hospitalists Behavioral Health Care Management Addiction Medicine Geriatrics **Community** Local Community Benefit Organizations Health Districts Opioid Task force Local FQHCs First Responders Municipal Human Services Housing Authorities Residential Organizations	**General PMT** # Encounters Pre/Post Intervention # Referrals for Substance Use Support # Referrals to CCT **Older Adult Program** # Individuals Referred/Enrolled to PMT # Identified with Cognitive Impairment # Days PMT to Disposition Decision # Return home # Home with Additional Support # Conserved/Placed in Long-Term Care # Other Placements (not conserved, shelter, etc.) # Referrals to CCT
• Assist patients in understanding their plan of care. • Increase medication and care plan adherence through simple 1:1 screening (BP /A1c/BGL), education, and check-ins. • Assist patients with care coordination. • Assist with connection to Social Influencers of Health needs.	Community Health Care Coordination – LPN, RN, CHW Case Management Model	**Windham Hospital** Community Health Neighborhood Health Preventative Medicine Emergency Department	**RN** # Patients Receiving Medical Case Management # Nursing Services Provided #HHC Referrals # Community Referrals

Priority Area #3: Access to Care/Physical Health (Chronic Disease Preventative Care Initiatives, Outreach, and Resource Awareness) and Community Health Education			
GOALS	**STRATEGIES**	**LEAD/ PARTNERS**	**METRICS/MEASURES**
		Community Local Senior Centers Local Community Benefit Organizations	**LPN** # Seniors Receiving Medical Care Coordination # LPN Nursing Services Provided # HHC Referrals # Community Referrals **CHW** # Individuals Served # Hours Providing CHW Services # Days At Local Soup Kitchen # Blood Pressure Screenings # Documentation Forms Secured # Transportation Passes Distributed
To improve community health outcomes and reduce nutrition-related chronic diseases by expanding and integrating a comprehensive suite of nutrition-focused programs, including Rx for Health, Nutritional Education, hydroponic gardening, Food Pantry Services, and Annual Symposiums.	FOOD 4 Health Programs– RX for health, Nutritional Events, Food Pantries, and Gardens, Symposiums	**Windham Hospital** Community Health **Community** Local Community Benefit Organizations Local FQHCs Local Schools Faith based Organizations Senior Centers Local Farmers Local Soup Kitchens Local Food Pantries	**RX For Health** Pounds of Produce Brought to Soup Kitchens from Local Farmers. Amount of Money Redeemed in Produce from Vouchers Given in the Community and Partner Organizations. **Events** # of People Educated at Events # Nutritional Events **3 Month Senior Programs** % Improved Healthy Behaviors **Food Pantries** # Bags Given Out at Hospital Food Pantries.

Priority Area #3: Access to Care/Physical Health (Chronic Disease Preventative Care Initiatives, Outreach, and Resource Awareness) and Community Health Education			
GOALS	**STRATEGIES**	**LEAD/ PARTNERS**	**METRICS/MEASURES**
			Hydroponic Gardens Pounds of Produce Donated from Gardens
Increase community awareness and engagement in healthy behaviors by expanding culturally appropriate outreach, education, and events that connect residents to prevention resources and health services.	Community Health Education Outreach – Screenings, Presentations, and Events	**Windham Hospital** Community Health **Community** Local Community Benefit Organizations Health Districts Local FQHCs First Responders Municipal Human Services CT State Community Colleges Local Non-Profits Local Housing Complexes Regional Municipalities Chamber of Commerce Senior Centers Local Schools Veterans Groups Faith Based Orgs.	**RN** # Hands Only CPR/Education # Heartsaver/Education # Organizations Taught CPR # Presentations to Community # Participants at Presentations # Individuals Screened # Community Events **LPN** # Presentations to Senior Community # Senior Participants at Presentations # Senior Individuals Screened # Senior Community Events **CHW** # Individuals Served # Outreach Events Held # Screenings Conducted # CPR Training Facilitated # Community Partners Engaged # Volunteers or Staff Trained (Partners)

Priority Area #4: Maternal Health/Women's Health Services			
GOALS	**STRATEGIES**	**LEAD/ PARTNERS**	**METRICS/MEASURES**
• Strengthen the continuum of care for women across the reproductive lifespan, from preconception to postpartum. • Increase referrals and service integration among participating organizations. • Expand access to maternal and women's health services in underserved communities. • Promote health literacy and awareness through culturally responsive education and outreach. • Advocate for policy and funding support to address maternal health disparities in Eastern Connecticut.	Maternal Health Work group	**Windham Hospital** Women's Health Services **Community** Community Action Agencies Local FQHCs Maternal Support Organizations	**Milestones:** Recruit and host a maternal health work group Identify all community resources regarding maternal health Establish workflows, schedules and outreach strategies to increase the # of prenatal classes in the region. Create workflows and process for information sharing (Ubicare, events, patient interactions) Community awareness and participation in outreach events. **Metrics:** # Meetings # Symposiums # Educational Events/Health Fairs Attendance Rate
Enhance maternal health outcomes by increasing patient access to timely, relevant education and resources through digital engagement.	Utilize the Ubicare platform to provide education and resource awareness push notifications for every maternal health patient.	**Windham Hospital** Women's Health Services **Community** Community Action Agencies Local FQHCs Maternal Support Organizations	**Ubicare** # Clicks # Relevant Information **Prenatal Classes** # Prenatal Classes # Individuals Signed Up # Attended # Open Slots **Resources** # Received # of Cross-Referrals and Completed Care Transitions.

Priority Area #4: Maternal Health/Women's Health Services			
GOALS	STRATEGIES	LEAD/ PARTNERS	METRICS/MEASURES
			Health Outcomes Patient satisfaction and engagement scores. Health outcomes (e.g., preterm birth, low birth weight, maternal complications).

Strategic Plan Implementation Progress Report - Updated 8/11/25

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26
1.1 Upgrade technological	Update Agency's Website Platform	1	Fall 2025	Office Manager	CNR fund, staff time	New platform purchased, implemented, ADA compliance	B In progress	Budgeted; Scope of work Developed; Soliciting quotes now	9 quotes received from vendors are under review	Vendor selected. Upgrage work commenced.
1.1 Upgrade technological	Update field inspection and tracking software	2	Summer 2027	Director of Health (DOH)	CNR fund, budget initiative, grant	Tracking software obtained, implemented	B In progress	Partnered on a grant submission to develop updates	Partnered on a grant submission to develop updates	No further update. Grant not awarded.
1.2 Expand office space	Engage in the Town of Mansfield's Facility planning process	1	Based on Mansfield timeline	DOH	Staff time	Attend planning meetings as appropriate	B In progress	Town hired architect firm to engage community	Participated in Department Head facility survey. Meet with Firm representatives and toured HD space.	Reviewed and commented on projected spacial needs for office.
1.2 Expand office space	Secure additional office space	1	Summer 2028	DOH	CNR Funds, staff time	New space option identified, secured, move completed	B In progress	50K in CNR funds appropriated FY26	50K in CNR funds appropriated FY26	50K in CNR funds appropriated FY26
1.3 Strengthen community partnerships	Explore new partnerships	3	Ongoing	DOH	Staff time, budget for expenses	# attempts to communicate, connections established	B In progress	New partner - UconnCommittee on Excellence in Healthcare	CT Mission of Mercy. Facilitating planning for free dential clinic. CT Harm Reduction Alliance to partner on opioid initiative. ECHC new partnership	No further update.
2.1 Strengthen governance	Update Board Training Plan	2	Winter 2026	DOH/office manager	Staff time	Orientation manual updated	B In progress	Waiting for completion of CT DPH training/orientation materials	Waiting for completion of CT DPH training/orientation materials	CT DPH materials completed and online.
2.2 Monitor funding opportunities	Review grant opportunities and submit proposals	1	Ongoing	DOH	Staff time	# of grant opportunities reviewed, proposals submitted	B In progress	Submitted and awarded Tobacco best practices grant 166K;	No new opportunities considered during this period	Reviewed Nicotine prevention mini-grants from RBHAO's

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26
2.2 Monitor funding opportunities	Consider other possible revenue sources	1	Ongoing	DOH	staff time	# of sources considered	B In progress	Board approved initiative to pursue member town opioid settlement funds	Host Kick off meeting with member towns. Meet with two interest towns.	Executed opioid agreement with the Town of Mansfield
3.2 Strengthen staffing model	Update performance management system to reflect goals/objectives	1	Spring 2026/annually	DOH/office manager/ supervisors	Staff time	Updates to program quarterly reports, updates to staff performance goals/objectives	B In progress	Staff goals updated annually during performance evaluation	Staff goals updated annually during performance evaluation	Staff goals updated annually during performance evaluation
3.3 Support state level workforce development	Participate in internships programs, state sponsored programs	1	Ongoing	DOH	Staff time, dedicated work station	Internship prog participation, state program participation	B In progress	Currently participating in CT DPH summer intern fellowship program	Completed participation in DPH Summer internship program	exploring intership projects for the summer.
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Maintain a public health emergency operations plan	1	ongoing	Public Health Emergnecy Preparedness Coordinator	Staff time, preparedness grants	Plans updated, addemdum updated, New addenda added	B In progress	PHEP updated in June; Addenda updates in progress	Addenda updates in progress	completed addenda updates for this cycle.
4.6 Explore opportunities to address behavioral health challenges	Indentify BH related initiatives/programs	2	Ongoing	DOH/CHWC	Staff time, funding	initiatives considered, initiatives implemented	B In progress	Board approved initiative to pursue member town opioid settlement funds	Host Kick off meeting with member towns. Meet with two interest towns.	Executed opioid agreement with the Town of Mansfield. Pursuing more towns.
4.6 Explore opportunities to address behavioral health challenges	Identify BH partners & collaboration opportunites	2	Ongoing	DOH/CHWC	Staff time, funding	#outreach to partners, #collaboration/support efforts for BH services/activities	B In progress	Will be soliciting partners for opioid initiative this fall	Established collaboration with CT Harm Reduction Alliance. Meeting with Hartford Healthcare on possible collaborations.	no further update.
5.2 Enhance public trust	Vaccine hesitancy-reduction focused initiatives	2	Each Fall	CHWC/DOH	Staff time	# vaccine hesitancy reduction focused activities	B In progress	Just completed campaign promoting kids vaccinations	Currently engaged in campaign promoting vaccinations among the general population	Completed winter campaign promoting vaccinations in the population.

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26
3.2 Strengthen staffing model	Develop a succession plan for leadership positions	1	Spring 2025	DOH	Staff time, budget appropriation	Succession plan completed/implemented	B In progress	Assist DOH salary budgeted; Job class/payrange recommended by PC	Job class/payrange for Assist DOH classification approved by Board	Posted new job opportunity. Engaged in recruiting.
4.4 Increase support for CHA & CHIP	Participate in focus groups and interviews	1	Summer 2026, Summer 2029	DOH/CHWC	Staff time	#focus groups, #interviews, partnership meetings	B In progress	In spring 2025 participated HHC workgroups/key informant interviews/all partners meeting scheduled for late summer	In fall 2025 participated HHC all partners meeting scheduled. CHNA/CHIP completed and posted to HHC website	Plans to present CHA/CHIP at next board meeting.
5.2 Enhance public trust	Continue viral respiratory surveillance reports during peak season	2	Ongoing	CHWC	Staff time	# of weekly reports/year	B In progress		Reports pushed out every other week.	Reports pushed out every other week this season.
1.3 Strengthen community partnerships	Continue participation in existing partnerships	1	Ongoing	DOH	Staff time	# of partnership meetings/quarter, maintain electronic documents	C ongoing	All existing partnerships in place	All existing partnerships in place	All existing partnerships in place
2.1 Strengthen governance	Utilize standing committees and/or establish ad hoc committees	2	Ongoing	DOH, Chairperson	Staff time	# of standing/ad hoc committee meetings/year	C ongoing	Strategic Planning committee completed work.	Personnel Committee meet, working in DOH salary survey, and retirement plan adjustments	Working with personnel committee board approved updated DOH salary range
2.1 Strengthen governance	Orientation for new members	2	As needed	DOH/Chairperson	Staff time	# of orientations conducted	C ongoing	no recent members	no recent members	Provided orientation to Chaplin First Selectmen in effort to recruit to board.
2.3 Sustain advocacy efforts	Engage in state and local public health policy discussions	1	Ongoing	DOH, CHWC	Staff time	Attendance in # statewide/local policy discussions/year	C Ongoing	Meeting w PH Committee co-chair, Nuccio, Gordon schedule for August regarding well water confidentiality	Meet w PH Committee co-chair, Nuccio, Gordon schedule for August regarding well water confidentiality	CGA spring session began. As member of CADH Advo committee, participated in leadership meeting with PH Committee

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26
3.1 Promote Workforce Development	Hold regular staff meetings with program updates and share time-sensitive information	1	Ongoing	DOH	Staff time	Calendar documenting meetings, emailed updates, meeting notes	C ongoing	3 staff meeting held	3 staff meetings held	3 staff meetings held
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Track existing & identify emerging threats	1	Ongoing	DOH/assistDOH/Chief Sanitarian	Staff time	types of threats tracking, types of threats identified	C ongoing	Currently tracking NaCl issues; and, PFAS issues	Currently tracking NaCl issues; and, PFAS issues	Responded to train derailment. Currently tracking NaCl issues; and, PFAS issues
1.1 Upgrade technological	Continue OpenGov buildout	3	Ongoing	DOH, Office Manager	Staff time, identified software	Identify and implement enhancement opportunities	no update			
2.1 Strengthen governance	Encourage board participation	2	Ongoing	DOH, Chairperson	Staff time	# meetings with quorum/year, % members using virtual platform	C ongoing			Recurited Tolland reprentative to be assist treasurer
2.1 Strengthen governance	Incorporate brief training sessions in board meetings	2	Ongoing	DOH/Medical advisor	Staff time	# of trainings conduted/topic	no update	no ed sessions scheduled	no ed sessions scheduled	no ed sessions scheduled
2.2 Monitor funding opportunities	Expand the roster of private insurance payers	3	Fall 2028	DOH, CHWC	Staff time	2 additional payers	no update	deferred until Fall 2028	deferred until Fall 2028	deferred
2.3 Sustain advocacy efforts	Advocate for increased funding	1	Ongoing	DOH, Chairperson	Staff time	# of meeting w state advocacy partners	No update	State biennium adopted with 10% reduction	Working with PH Committee workgroup on Septic systems to recommend funding to LHD	CADH advocacy committee was sucessful in getting appropriations to support 25% per cap increase in OPM
3.1 Promote Workforce Development	Review and identify gaps in communication strategies	3	Spring 2028	Assistant DOH	Staff time	# of gaps identified	no update			

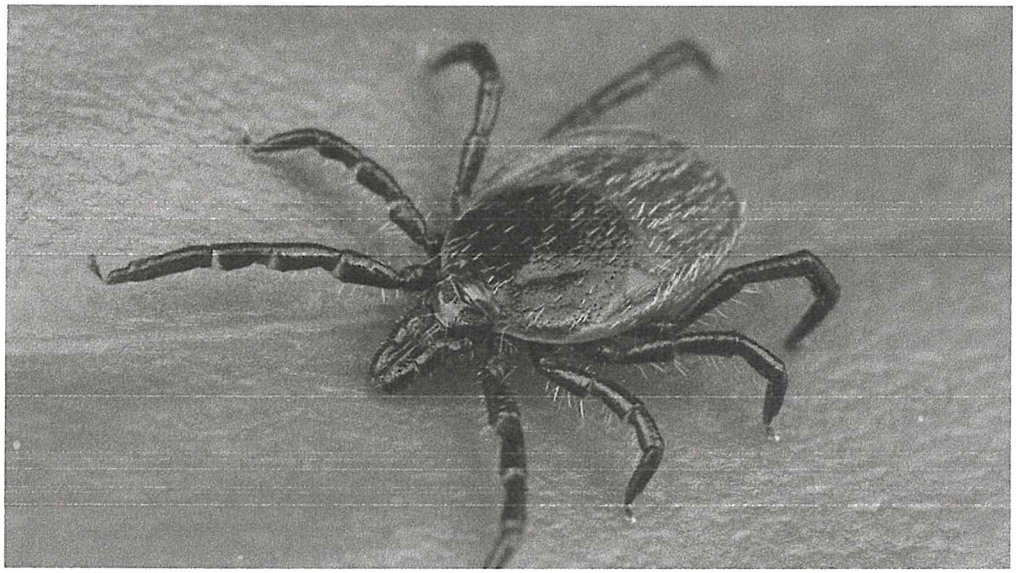
Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26
3.1 Promote Workforce Development	Establish internal department communication plan	3	Spring 2028	Assistant DOH	Staff time	Communication plan adopted	No update			
3.1 Promote Workforce Development	Establish relatted SOP's as needed	3	Spring 2029	Assistant DOH	Staff time	SOP's adopted	no update			
3.1 Promote Workforce Development	Update dept communcation s plan, and SOP's	3	Spring 2029	Assistant DOH	Staff time	Annual review of updated plan and SOP's as needed	no update			
3.2 Strengthen staffing model	Review and enhance the agency's compensation package	2	Fall 2025	DOH	Staff time, budget appropriation	Updated Compensation Package Plan	no update			
3.2 Strengthen staffing model	Improve the format and content of job postings	1	Summer 2025	DOH/Mansfield HR	Staff time	Modified Job Posting Format, Eastablish Process to review/assesss content	no update			
3.2 Strengthen staffing model	Update workforce development plan	3	Fall 2027	DOH/Assist DOH	Staff time	Updated workforce development plan	no update			
3.2 Strengthen staffing model	Establish Standard Operating Procedures for all positions	3	Fall 2027	DOH/Assist DOH/Program leads	Staff time	SOP's adopted	no update			
3.2 Strengthen staffing model	Identify opportunities to improve agency efficiency	1	Ongoing	DOH/All staff	Staff time	# of opportunities identified/impleme nted	no update			

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26
3.3 Support state level workforce development	Collaborate with Higher ED to recruit interns & staff	1	Ongoing	DOH	staff time	meetings, communications, new initiatives	no update			
4.1 Enhance communication	Identify key city departments/agencies	1	Ongoing	DOH/ HD staff	Staff time	Update list of departments/agencies, meetings attended with agencies	no update			
4.1 Enhance communication	Establish external department communication /Collaboration Plan	2	Spring 2028	DOH/ Asist DOH	Staff time	Collaboration/Communication Plan developed, Communication related SOP's developed	no update			
4.2 Enhance program evaluation	Develop evaluation methodology aligned with PHAB standards	3	Winter 2029	DOH/ Asist DOH	Staff time, template resources	Evaluation tools developed and implemented, Process developed, findings analyzed, QI conducted	no update			
4.3 Address public health mandates	Identify opportunities to improve agency efficiency	1	Ongoing	DOH/ HD staff	Staff time	Opportunities identified and implemented	no update			
4.3 Address public health mandates	Plan to Transition CHWC/PHN programs off soft funding	1	Fall 2026	DOH	Staff time, budget initiative	CHWC/PHN programs incorporated into budget	no update			
4.4 Increase support for CHA & CHIP	Maintain updated CHA/CHIP information on website, share findings	2	Fall 2026, Fall 2029	DOH/Office Manager	Staff time	Information on website, #meeting/communications to share findings	no update			
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Establish & maintain SOP for investigation and mitigation fo hazards	2	Summer 2026	Assist DOH/Chief San	Staff time	SOP developed and adopted	no update			

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26
4.7 Promote health equity in programming and service delivery	Indentify & implent tools to address health inquities	3	ongoing	DOH/CHWC	staff time	review resources available @DPH &National assoc, Share HE resources with staff as appropriate	no update			
4.7 Promote health equity in programming and service delivery	Align agency services with CLAS standards	2	Ongoing	CHWC	Staff time	CLAS standards review process for all SOP's	no update			
5.1 Develop implement marketing plan	Seek input from town officials, committees, and partners	2	Winter 2027	DOH	Staff time	Administer survey to stakeholders	no update			
5.1 Develop implement marketing plan	Research & identify gaps in communication strategies	2	Spring 2028	DOH/Workgroup members	Staff time	establish internal agency workgroup, gaps identified, plan completed	no update			
5.1 Develop implement marketing plan	Implement customer surveys (to evaluate how the public learns about	2	Winter 2027	DOH/Office Manager	Staff time	Community survey administerd, analysis of survey data	no update			
5.1 Develop implement marketing plan	Increased social media	3	Ongoing	DOH/staff	staff time	# social media post/quarter	no update			
5.2 Enhance public trust	Explore feasibility of posting food service establishment & cosme	3	Spring 2029	Assistant DOH	Staff time, online platform	Review completed, results posted online (if able)	no update			

NEWS > CONNECTICUT NEWS

Scientists are sounding alarm. An increasing number of CT ticks found to carry Lyme, other diseases



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DEER TICKS | The most dangerous tick to animals and humans is the deer tick, which carries a few diseases including Lyme disease, anaplasmosis, and babesiosis. While the severity of tick-borne illnesses varies, the Centers for Disease Control and Prevention has reported a steady increase in Lyme disease cases in the U.S.

By STEPHEN UNDERWOOD | sunderwood@courant.com | Hartford Courant

PUBLISHED: April 9, 2026 at 5:00 AM EDT

Scientists with the Connecticut Agricultural Experiment Station say they are seeing an increasing number of ticks testing positive for Lyme disease this year, a concerning trend for anyone looking to enjoy the outdoors this spring.

"During the past few weeks, we have received an average of 30 tick submissions per day for testing, and greater than 40% have tested positive for Lyme disease spirochetes. In addition, these ticks have tested positive for the pathogens responsible for babesiosis, anaplasmosis and Borrelia miyamotoi disease," said Dr. Goudarz Molaei, director of the CAES tick testing program.

"We are at the beginning of the tick activity season for adult blacklegged ticks, which often have higher infection rates because they have had two chances to acquire disease agents during their juvenile stages (larva and nymph)," Molaei said.

In March, scientists with the CAES announced that more than 10,000 ticks were collected from 40 publicly accessible locations across all eight Connecticut counties during the spring, summer and fall of 2025. The ticks were then tested for five human disease-causing pathogens including anaplasmosis, babesiosis, Lyme disease, hard tick relapsing fever and Powassan virus. Scientists said the number of ticks collected was higher than in previous years, showing a rise in the tick population.

New London County reported the highest average adult blacklegged tick density, with around 81 ticks per acre, and Litchfield County reported the highest average nymphal tick density, around 28 nymph ticks per acre. Nymphs are ticks that have not fully matured and are often the size of a poppy seed, making them hard to detect.

Treatment and prevention

According to the Centers for Disease Control and Prevention, Lyme disease is the most commonly reported vector-borne disease in the United States, affecting an estimated 475,000 people annually and causing potential damage to the joints and nervous system.

"One of the biggest issues of Lyme disease in Connecticut is that there are a lot of symptoms that are attributed to Lyme, that aren't necessarily Lyme," said Dr. Ulysses Wu, chief epidemiologist at Hartford HealthCare. "It's both an over-diagnosed disease, because the testing is not perfect for it, it's also a vastly under-diagnosed disease as well because a lot of people aren't tested for it."

Wu said that most patients with Lyme disease often display the characteristic bullseye rash, but not all who are infected will develop it. He said the most important thing is doing a tick check after spending time outdoors. Some of the first signs of Lyme disease include mild fever, joint aches, muscle pain, fatigue and headache. The first stage of Lyme disease is called "early localized disease" followed by early disseminated disease, which occurs a few weeks to a few months after an infected tick bite. This stage, while more serious, can affect the central nervous system and the heart, Wu said.

"Before we didn't always prescribe anti-microbial prophylaxes every time someone had a deer tick bite, but it's much more common nowadays, because people don't want to take the risk," Wu said. "If you find a tick on you, the first thing to do is find out if it's a deer tick. There are plenty of other ticks in Connecticut that don't transmit Lyme. If it is a deer tick, it needs to be on you greater than 36 hours, and we can judge that by the rate of engorgement. If that's the case, then we generally start prophylaxes within 72 hours."

The state's Department of Public Health reported 2,170 human cases of Lyme disease in Connecticut in 2024.

While there are no currently approved human vaccines for Lyme disease, Pfizer recently announced the results of a clinical vaccine trial that demonstrated 70% efficacy in preventing Lyme disease in individuals aged 5 years old and above. The drug maker said they will now seek FDA approval for the vaccine.

A human vaccine for Lyme disease was approved by the FDA in 1998. Called LYMErix, it was the first and only licensed vaccine for Lyme disease, developed by SmithKline Beecham. But it was discounted shortly after due to low demand, safety fears and lawsuits, according to Wu.

"This is a very promising development," Wu said. "Believe it or not, there was a vaccine in 1998, but it was discontinued because of poor sales. But there is a difficulty in making one because of the complexity of the bacteria. The Pfizer oner seems to be quite promising and expected this year. So this is a really big development for Lyme disease."

Ticks carry more than Lyme

Molaei said several other tick species found in Connecticut carry babesiosis and human granulocytic anaplasmosis. Hundreds of ticks were found to be positive last year, but the "actual number of disease cases could be nearly 10 times higher."

Babesiosis, transmitted by blacklegged ticks, can cause flu-like symptoms — fever, chills, fatigue and muscle aches — and can be severe or fatal in older adults or those with weakened immune systems, according to scientists.

"Using tick repellents when hiking or camping and conducting tick checks remain the best ways to reduce the risk of contracting tick-borne diseases," said Dr. Jason White, director of the CAES. "Connecticut residents are also encouraged to submit ticks they have removed from their bodies to our laboratory for species identification and testing. This allows them to make informed decisions concerning diagnosis and treatment in consultation with their healthcare providers."

The lone star tick, mostly native to the southeast portion of the United States, was first discovered in 2017. It was found in Fairfield and New London counties in 2019. The tick, while not a carrier of Lyme disease, is known for its unusual ability to make some people develop a red meat allergy. Alpha-gal syndrome, also known as mammalian meat allergy, is a tick-borne allergy to a sugar molecule called alpha-gal, triggering delayed reactions to ingesting red meat.

Longhorned ticks, which are also now considered established in Connecticut, are not native to the United States and are considered an exotic species. They originally were found in tropical environments in Asia and often don't bite humans, but there have been documented reports of humans being bit by them in Connecticut, according to CAES. They are unusual for their ability to reproduce primarily through parthenogenesis, a form of asexual reproduction where females lay eggs without mating.

"In addition to pervasive populations of blacklegged and American dog ticks, Connecticut has established populations of three invasive species: the lone star tick, Gulf Coast tick, and longhorned tick, primarily in the coastal areas of Fairfield and New Haven counties," Molaei said.

"These ticks are capable of transmitting their own suite of pathogens responsible for ehrlichiosis, rickettsiosis, and Heartland virus, among others," he said.

The best way to remove a tick is to grasp it close to the mouth parts near the skin surface and with gentle, steady pressure, pull the tick upward away from the skin until it releases, Molaei said. Once the tick is removed, wash the area of the bite with an antiseptic or rubbing alcohol.

According to the Center for Disease Control, the best way to prevent tick-borne illness includes:

- Checking your clothing for ticks. Ticks may be carried into the house on clothing. Any ticks that are found should be removed. Tumble dry clothes in a dryer on high heat for 10 minutes to kill ticks on dry clothing after you come indoors. If the clothes are damp, additional time may be needed. If the clothes require washing first, hot water is recommended. Cold and medium temperature water will not kill ticks.
- Examining gear and pets. Ticks can ride into the home on clothing and pets, then attach to a person later, so carefully examine pets, coats and daypacks.
- Showering soon after being outdoors. Showering within two hours of coming indoors has been shown to reduce the risk of getting Lyme disease and may be effective in reducing the risk of other tick-borne diseases. Showering may help wash off unattached ticks and it is a good opportunity to do a tick check.
- Checking your body for ticks after being outdoors. Conduct a full body check upon return from potentially tick-infested areas, including your own backyard. Use a hand-held or full-length mirror to view all parts of your body. Check these parts of your body and your child's body for ticks.

Stephen Underwood can be reached at sunderwood@courant.com.

Health & Fitness

Storrs Free Dental Clinic To Serve About 1,200 Patients At E.O. Smith High School

The two-day clinic in Storrs will offer free dental care on a first-come, first-served basis.

Chris Dehnel, Patch Staff

Posted Wed, Apr 8, 2026 at 4:50 pm ET

A two-day clinic at EO Smith will offer free dental care on a first-come, first-served basis. (Chris Dehnel/Patch)

STORRS, CT — The Connecticut Foundation for Dental Outreach will host its 20th (Dental Clinic on Friday, April 17, and Saturday, April 18, at E.O. Smith High School, will provide free dental care to underserved adults and children who cannot afford

Doors open each day at 7 a.m., and the clinic will operate on a first-come, first-served basis. Organizers expect to provide care for about 1,200 patients over the two days. The event will include 80 dental stations staffed by 800 volunteers.

Available services will include exams, X-rays, cleanings, extractions, fillings, limited root canals on front teeth and premolars, and limited interim partial dentures and repairs. According to the announcement, transportation will be available for Windham and Tolland county residents through EastConn. Others needing transportation can check CTtransit bus schedules to Storrs.

"CTMOM is committed to improving the quality of life for all we treat through necessary dental care. Storrs Village in the Town of Mansfield, CT, is well poised to help us extend our mission to as many patients as possible," said Dr. Laurence Levy, the chair of the Connecticut Foundation for Dental Outreach.

Robert Miller, the director of health for the Eastern Highlands Health District, said the district serves a diverse population across eastern Connecticut, including many rural and semi-rural communities where residents face barriers to affordable and timely healthcare.

"Challenges such as lack of insurance, limited provider availability, transportation constraints, and financial hardship continue to contribute to health inequities in our region. Programs like the CT Mission of Mercy play a critical role by providing high-quality, compassionate dental care to individuals in need," Miller said.

"We are thrilled to bring the CTMOM Free Dental Clinic to eastern Connecticut again, providing essential dental care to those who need it most," said Lisa Perry, the executive director of the Connecticut Foundation for Dental Outreach. "Access to dental care is vital to overall health, and with the generosity of our volunteers and partners, we can offer life-changing services to individuals and families in underserved communities. Our goal is to ensure that everyone, regardless of their financial situation, receives the care they deserve."

Perry also said individual and corporate donations are needed to support the clinic. More information about the clinic, supporters and updates is available at ctmom.org or by calling 1-800-688-9372. Donations can be made at cfdo.org or by calling 860-863-5940.

ConnecticutWater

93 West Main Street
Clinton, CT 06413
(800) 286-5700

March 13, 2026

VIA ELECTRONIC FILING

Jeffrey R. Gaudiosi, Esq.
Executive Secretary
Public Utilities Regulatory Authority
10 Franklin Square
New Britain, CT 06051

RE: The Connecticut Water Company - Letter of Intent to File Application to Amend Rates Pursuant to Connecticut State Agencies ("R.C.S.A.") Section 16-1-22(b)

Dear Mr. Gaudiosi:

The Connecticut Water Company ("Connecticut Water") is proud to provide water service to 60 Connecticut communities, serving over 108,000 customers in the state. As 200+ local employees, we are committed to providing clean, reliable drinking water and to serving all of our stakeholders: customers, communities, employees, investors and the environment. We know that our impact goes well beyond the tap, and that we're responsible to all of our stakeholders — not just our investors.

The challenges facing Connecticut Water and other water utilities require a continued and substantial infrastructure investment. Among the highest priorities include the following:

1. Emerging contaminants like PFAS to protect water quality
2. Aging or outdated infrastructure to support service reliability
3. Enhancing system resilience to address the impacts of climate change

Connecticut Water expects it will have invested approximately $129 million in infrastructure between its last rate case and the end of 2026. That investment is not reflected in the current rates.

We have made investments to reduce greenhouse gas emissions; to lower energy use, which also helps offset increasing energy costs; and to conserve water resources. All of these benefit our customers and Connecticut residents. Besides our infrastructure, we also invest in our people, the water professionals whose training and certifications are critically important to our responsibility as an essential service provider. And we've continued the responsible and prudent replacement of approximately 1% of our 1,800+ miles of water main each year to increase the reliability, quality and availability of water to ensure adequate supplies for essential uses to protect public health and dependable fire protection.

To that end, and pursuant to Regulations of Connecticut State Agencies §16-1-22(b), I am writing to provide notice of Connecticut Water's intent to file a general rate case application with the Connecticut Public Utilities Regulatory Authority to amend its rate schedules within the next 60 days.

Connecticut Water will seek to increase annual revenues above current levels by approximately $26 million, or 19%. As proposed, the new rates would raise the cost of a gallon of water from 1.5 cents to 1.8 cents.

The test year will be the 12-month period ending December 31, 2025, for rates to become effective February 1, 2027. The percentage increase may vary in some operating divisions, or by customer type, as the Connecticut Water continues toward rate equalization consistent with the findings in its prior rate proceedings.

Continued prudent and efficient investment in our communities' water systems is our collective responsibility and obligation. We are committed to that prudency and efficiency to provide an essential service at rates that reflect the true cost of the drinking water service we provide.

I look forward to sharing Connecticut Water's story with you and demonstrating our ongoing commitment to customers, communities, employees, investors and the environment through the rate setting process.

Sincerely,

Craig J. Patla, P.E.
President, Connecticut Water

Cc: The Honorable Ned Lamont, Governor: nml@ct.gov
Attorney General William Tong: attorney.general@ct.gov
Consumer Counsel Claire E. Coleman: claire.e.coleman@ct.gov

State Representatives and State Senators Representing Connecticut Water's Service Communities
Town Chief Executive Officers in Connecticut Water's Service Communities listed below:

Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Thursday, March 5, 2026 11:07 AM
To: Robert L. Miller
Subject: Governor Lamont Announces Landmark Federal Grant To Transform Rural Health Care in Connecticut

CT.GOV

Web Version

STATE OF CONNECTICUT
GOVERNOR NED LAMONT

Governor Lamont Announces Landmark Federal Grant To Transform Rural Health Care in Connecticut

Posted on March 5, 2026

(HARTFORD, CT) – Governor Ned Lamont today announced that Connecticut is receiving a $154 million federal grant through the Rural Health Transformation Program (RHTP), a sweeping initiative designed to improve health outcomes, expand access to care, and strengthen the social and economic foundations of the state's rural communities.

The Connecticut Department of Social Services (DSS) will serve as the lead agency on behalf of the state, partnering with other state agencies to implement dozens of projects organized across four core initiatives.

"Rural Connecticut has unique challenges, and its residents deserve the same access to high-quality care and support as anyone who lives anywhere else," **Governor Lamont said**. "This investment allows us to tackle those challenges head-on – from expanding mental health services and building a stronger health care workforce to modernizing our technology infrastructure and connecting residents to the services they need. This is about making sure every corner of Connecticut has the opportunity to thrive."

The RHTP was developed through extensive public engagement, including more than 250 written comments, meetings with health care providers, local government officials, and community

organizations, as well as in-person and virtual listening sessions held across the state. DSS will continue to provide stakeholder engagement opportunities throughout the implementation process.

The program's dozens of projects are organized across four initiatives, including population health outcomes, workforce, data and technology, and care transformation and stability.

Some of the innovative project ideas include a mobile clinic pilot featuring four primary care and four dental vans, a health workforce pipeline through the Area Health Education Center and UConn Health Center, and community health navigators.

"This program reflects our commitment to building systems that work for rural residents over the long term," **DSS Commissioner Andrea Barton Reeves said**. "We are excited and grateful to CMS for this opportunity to make sure that our investments are coordinated, impactful, and built to last."

"Every person in rural Connecticut deserves good health care close to home, and the people who provide that care deserve real support too," **Connecticut Department of Public Health Commissioner Manisha Juthani, MD, said**. "This funding helps us bring care to where people are and build the healthcare workforce our communities need. When we invest in both, we give everyone a better chance at staying healthy."

Additional information about the Rural Health Transformation Program, including opportunities for public engagement, will be made available as implementation proceeds. For more information, visit the DSS website at ct.gov/dss.

Federal Disclaimer: This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $154,249,105.53 in Budget Period 1 with 100% funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Read on CT.gov

Robert L. Miller

From: dph.immunizations@ct.gov <noreply@everbridge.net>
Sent: Thursday, January 15, 2026 3:19 PM
To: Robert L. Miller
Subject: Important Update: Connecticut Guidance Regarding Federal Childhood Immunization Schedule Changes

CONNECTICUT
Public Health

Please click here to acknowledge receipt of this message

January 15, 2026

This communication is being sent to all key contacts at provider organizations enrolled in the pediatric CT Vaccine Program (CVP) and the Connecticut Vaccines for Adult (CVFA) Program – please read this message in its entirety. Please feel free to share it with others in your organization who may benefit from the update. Note that all our communications are archived on our web site here.

Dear Providers,

This communication outlines key updates regarding the recently announced changes to the Centers for Disease Control and Prevention (CDC) childhood and adolescent immunization schedule and clarifies immunization practices, school requirements, and vaccine access in Connecticut.

Key Points:

- Connecticut's childhood immunization schedule and school requirements remain unchanged and continue to be based on long-standing, evidence-based recommendations consistent with established standards of care.
- All childhood vaccines remain available and covered by insurance, including Medicaid and the Vaccines for Children (VFC) Program; families should not delay vaccination due to concerns about access or cost.
- Shared clinical decision-making has long been standard practice, and the shift from universal to shared decision-making vaccine recommendations does not require a change in care. Providers should continue to make strong vaccine recommendations and provide patients and parents with reliable, accurate information on the benefits and risks of vaccination.

Federal Immunization Schedule Update

On January 5, 2026, the U.S. Department of Health and Human Services (HHS) announced revisions to the CDC's childhood immunization schedule, reducing the number of vaccines universally recommended for children from approximately 17 diseases to 11. This change occurred without the introduction of new scientific evidence supporting a change in vaccine safety, effectiveness, or disease risk.

- Read Governor Lamont's Statement on Trump Administration Overhaul of Childhood Vaccine Schedule
- Read Statement from CTDPH Commissioner Juthani on federal change to the US vaccine schedule

Connecticut Immunization Policy and Standard of Care

Connecticut's childhood immunization schedule and school immunization requirements have not changed.

Under Connecticut law (CGS § 19a-7f), the Commissioner of Public Health determines the immunization standard of care based on evidence-based recommendations from CDC's Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

In the absence of new scientific evidence supporting a change, Connecticut will continue to follow the previously approved, evidence-based immunization schedule. This version of the schedule has been endorsed by the AAP and AAFP and should continue to be followed by providers.

- AAP Immunization Schedule: https://publications.aap.org/redbook/resources/15585/
- AAFP Immunization Schedule: https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules/birth-through-age-18-immunization-schedule.html

School and Childcare Requirements

Immunization requirements for childcare, youth camps, and pre-kindergarten through grade 12 remain fully in effect under Connecticut law (CGS § 10-204a) and corresponding regulations. There are no changes to required vaccines for school enrollment or attendance.

Childhood Vaccine Availability and Access

There are no changes to the Connecticut Vaccine Program (CVP). CVP providers will continue to be able to order all recommended childhood vaccines according to the standard of care in Connecticut.

Vaccines remain covered by public and private insurance plans, including Medicaid and the VFC Program, consistent with federal and state law. Families should not delay or forgo vaccination due to concerns about coverage or availability.

Read the full guidance on Connecticut's Childhood Immunization Schedule and School Requirements here.

Shared Clinical Decision-Making

The evidence supporting the safety and effectiveness of childhood vaccines has not changed. While some vaccines are now categorized at the federal level as "shared clinical decision-making" or risk-based, it is important to emphasize that every vaccine decision has always involved discussion between providers, parents, and patients.

Providers play a critical role in helping families understand:

- the risks of vaccine-preventable diseases,
- the benefits and safety of vaccination, and
- how individual risk factors may apply to their child.

For the purposes of shared clinical decision-making, a healthcare provider should discuss the risks and benefits of vaccination with a patient and their family. The CDC defines a healthcare provider as anyone who provides or administers vaccines: primary care physicians, specialists, physician assistants, nurse practitioners, registered nurses, and pharmacists.

Get additional information about shared clinical decision-making here.

Vaccines that may prompt additional discussion, such as the hepatitis B birth dose, hepatitis A, meningococcal vaccines, and influenza—are safe, remain strongly recommended, and continue to be essential for protecting children's health.

Resources

Here are some resources that may help when responding to vaccine related questions:

- Communicating with Families and Promoting Vaccine Confidence, AAP
- Connecting the Dots: Vaccine Confidence, Association of Immunization Managers
- Standalone Immunization Counseling, AAP
- All About the AAP Recommended Immunization Schedule, healthychildren.org
- Vaccine Resources, Common Health Coalition
- Preparation: Routine Childhood Vaccination Schedule and Denmark Announcement, The Evidence Collective
- Viewpoint: The myth of an over-vaccinated America: The US DOES follow global consensus, Vaccine Integrity Project Staff and Advisers, CIDRAP, University of Minnesota, December 22, 2025

Upcoming Educational Opportunities:

- The Latest on Childhood Immunizations: Practical guidance for clinicians
  - Wednesday, January 28, 2026 | 7:00–8:15 pm ET
  - Hosted by the AAP and Common Health Coalition
  - Register today and submit your questions! The webinar will be recorded and available following the event for registrants.

Providers are also encouraged to follow the Connecticut Department of Public Health Instagram, Facebook, X, and LinkedIn for timely posts, short videos, and shareable content to support conversations with families and reinforce evidence-based immunization messages.

Thank you for your continued partnership and commitment to children's health.

For the CT DPH Immunization Program, visit: Contact Us

If you would like to subscribe to receive these communications, please complete this form. If you would like to unsubscribe from receiving these communications, please complete this form.

MANSFIELD
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Town of Mansfield
Fire & Emergency Services

John R. Roache
Chief of Department

Town of Mansfield Fire and Emergency Services
Letter of Appreciation- Stafford Road Train Derailment: February 5, 2026

February 17, 2026

On behalf of the Town of Mansfield Fire and Emergency Services and our local governing body, we extend our deepest gratitude for your agency's response and dedicated efforts during the train derailment incident, Stafford Road Incident, that occurred on February 5, 2026, at 0908 hours on Route 32 in Mansfield.

"Iron sharpens iron." Training builds readiness, readiness drives performance, and partnerships strengthen through shared purpose. The derailment of six (6) Liquid Propane Gas railcars and three (3) non-hazardous railcars presented a true high-risk, low-frequency event. Through rapid assessment and decisive action, our collective agencies responded with professionalism, coordination, and unwavering commitment as the situation unfolded.

The Stafford Road railroad incident required a coordinated response from local, county, and state agencies across Connecticut. The depth and breadth of resources deployed to mitigate this large-scale emergency stand as a testament to the strength of our national response framework and its ability to scale rapidly when called upon. Effective leadership at every level proved to be the cornerstone of operational success.

For years—indeed, for decades—we have trained for the one significant event that tests our systems, our resolve, and our preparedness. The fire and emergency services leaders involved in this incident demonstrated exceptional knowledge, skill, and composure. Their efforts ensured the safety of our stakeholders and enabled our community to return to normalcy once the final unit cleared the scene.

In closing, we once again thank you for your agency's response, professionalism, and partnership. Mansfield Fire and Emergency Services look forward to our continued collaboration in training and emergency response.

As the saying goes, it is not a matter of if something will happen—but when.

With sincere appreciation,

John R. Roache
Chief of Department
Mansfield Fire and Emergency Services

CADH | Connecticut Association of Directors of Health

Strengthening local public health.

February 4, 2026

Subject: Request to Raise Bill for Public Hearing – Transparency of Private Well Water Data

Dear Sen. Anwar, Rep. McCarthy Vahey, Sen. Somers, and Rep. Klarides-Ditria,

On behalf of the Connecticut Association of Directors of Health (CADH), we respectfully urge the Committee to raise a bill to hold a public hearing on the confidentiality of private well water quality data established under Public Act 22-58.

Local health departments received written guidance from the Department of Public Health (DPH) in September regarding disclosure of private well test results. This guidance is helpful in that it allows disclosure to property owners, prospective buyers, and Connecticut DEEP officials, and acknowledges the authority of local health directors under CGS §19a-25 to disclose information under certain circumstances.

However, the guidance does not resolve the core public health concerns created by the statute. It provides no clear or consistent standard for applying §19a-25 beyond a single example, leaving local health directors to manage significant legal uncertainty and potential liability. This lack of clarity will almost certainly result in inconsistent application of the law across the state.

Most critically, there remains no legal mechanism for neighboring property owners to access information about nearby well contamination. Groundwater is a shared resource, and contamination does not stop at property lines. Without access to nearby water quality data, residents cannot make informed decisions about testing or take reasonable steps to protect their health. Property owners should not have the ability to keep groundwater contamination confidential when it may pose risks to surrounding homes and families.

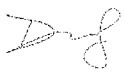
For more than sixty years, private well water quality data was publicly available. Public Act 22-58 reversed this long-standing practice without a public hearing or stakeholder input, significantly limiting—or delaying—the ability of local health departments to warn communities about long-term risks such as PFAS, EDB, fuel oil releases, and other chronic contaminants.

The current law places local health directors in the untenable position of balancing their statutory public health responsibilities against legal uncertainty. These constraints delay preventative action, undermine public trust, and create inequities where other entities with access to the same data are not bound by comparable confidentiality restrictions.

A public hearing is necessary to evaluate the public health impacts of this law and to consider balanced solutions that protect individual privacy while restoring reasonable transparency needed to safeguard community health.

Thank you for your consideration and continued commitment to public health.

Respectfully,



Deepa Joseph, CADH President, the CADH Board of Directors, and Supporting Members-at-Large

Robert L. Miller

From:	Robert L. Miller
Sent:	Wednesday, February 4, 2026 3:48 PM
To:	'Chaplin First Selectman (firstselectman@chaplinct.org)'; 'firstselectman@ashfordct.gov'; 'Heather Evans'; 'Jennifer Lavoie'; 'Jim Bellano (townadministrator@andoverct.org)'; 'Jim Drumm'; 'Jim Rupert (jrupert@boltonct.gov)'; 'John A. Elsesser (johnelsesser@gmail.com)'; 'Kenneth Dardick'; Kim Kowalyshyn; Maria Capriola; 'Mike Makuch'; 'millerrl@mansfieldct.org'; Ryan J. Aylesworth; 'SaraBeth Nivison'; 'Scotland First Selectman'; 'Tolland Town Manager'; 'Chris Moran'; 'Town Administrator (townadministrator@columbiact.org)'
Cc:	Cecile C. Serazo; Ande Bloom; Margaret Chatey; 'Beverly Bellody'; 'Annemarie Sundgren'; Jessica St.Louis; 'Irene Rowley'; 'Cote, Karen'; 'Bolton - Senior Center'; 'andoversc@andoverct.org'; 'Bernadette Derring'; 'Lisa Perry'
Subject:	CT Mission of Mercy Free Dental Clinic in Eastern Connecticut - April 17-18, 2026 | Volunteers & Outreach Needed
Attachments:	2026 CTMOM Eng Spa New.pdf; Volunteers 26 QR Code.pdf

Greetings EHHD Board Members and Member Town CEO's –

The Eastern Highlands Health District (EHHD) is partnering with the Connecticut Mission of Mercy (CTMOM) to bring a **two-day free dental clinic** to eastern Connecticut on **April 17–18, 2026, at E.O. Smith High School in Mansfield**. This clinic will provide **no-cost dental care to adults and kids who otherwise may not have access to services**.

As the local governmental public health agency, EHHD serves communities that continue to face significant barriers to oral health care, including lack of insurance, limited provider availability, transportation challenges, and financial hardship. These barriers are particularly pronounced in rural and semi-rural areas. DataHaven's *2022 Rural Health in Connecticut* report shows that **Tolland and Windham Counties have the lowest dentist-to-population ratios in the state**. The CT Mission of Mercy clinic helps address this gap by delivering high-quality, compassionate care directly to those most in need.

We are requesting your assistance in helping us reach residents who may benefit from this clinic and in sharing volunteer recruitment information within your community. EHHD is supporting outreach locally; however, **all clinic operations and volunteer coordination are managed by the Connecticut Foundation for Dental Outreach (CFDO) / CT Mission of Mercy**.

Attached are:

- Event flyers (English and Spanish) for residents seeking dental care
- A volunteer recruitment flyer (no dental experience required for many roles)

All flyers include contact information and links for additional details. Volunteers must register directly with CT Mission of Mercy to receive required training, liability coverage, and event assignments.

We respectfully ask that you share these materials through municipal communication channels such as town websites, newsletters, social media, community bulletin boards, and local organizations. Your support will help

ensure that residents who need care are aware of this opportunity and that the clinic can operate safely and effectively.

Thank you for your continued partnership and commitment to community health. Please do not hesitate to contact me with any questions.

Yours in oral health,
Rob

Robert L. Miller, MPH, RS
Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Storrs, CT 06268
860-429-3325
860-429-3321 (Fax)
Twitter/X: @RobMillerMPH
www.ehhd.org

EHHD
Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve