



Access Community Action Agency

2023 Community Needs Assessment

Formally Accepted by the Board of Directors 04/04/2023

Our Community Vision

All Windham and Tolland County residents will be economically secure.

Our Mission

To build equitable access to opportunities that empower under-resourced individuals, families and communities to achieve and sustain economic stability.

Our Commitments

Build Equitable Access to -

- Resources that Increase Food Security
- Safe Decent Affordable Housing
- Pathways to Jobs and other keys to Self-Reliance

Our Values

- Accountability
- Compassion
- Diversity
- Excellence
- Inclusion
- Respect
- Synergy

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A. Contact Information & Board Acceptance

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Federal Fiscal Year: 2022

Date of Board Acceptance of Community Needs Assessment (CNA) report: 04/04/2023

See meeting minutes in Appendix H.1.

B. Executive Summary

B.1. What is a Community Needs Assessment (CNA)?

A Community Needs Assessment (CNA) is an integral part of a community action agency's (CAA) strategic planning process and is included as part of the Community Action Plan. It is a requirement of the CSBG contract to be conducted every 3 years and establishes a profile of the catchment areas priority issues. Data collected and analyzed during the process should be influential in informing agency-wide strategies.

The CNA is a key component of the Results Oriented Management & Accountability (ROMA) cycle of Assessment, Planning, Implementation, Achievement of Results, and Evaluation. Determining the needs and resources of a community constitutes the first phase of the ROMA cycle and sets the stage for the agency planning process.

Ultimately, the CNA's identification of prioritized needs on both the family and community level is the foundation of the strategic planning process and the basis for determining each CAA's planned achievement of outcomes.

B.2. About Access Community Action Agency

The ACCESS Theory of Change

If those who live in poverty are to move toward economic stability, they must first meet their basic need for adequate healthy food, safe decent housing, and quality healthcare. Once those needs are met, with effective support and increased resources, they can develop pathways that lead to lasting self-reliance and healthy interdependence with others.

Our Community Vision

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Our Mission

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Our Strategic Commitments

Build Equitable Access to:

- Resources that Increase Food Security
- Safe Decent Affordable Housing
- Pathways to Jobs and other keys to Self-Reliance

Our Values

- | | |
|------------------|-------------|
| ● Accountability | ● Inclusion |
| ● Compassion | ● Respect |
| ● Diversity | ● Synergy |
| ● Excellence | |

Categories of Services We Provide

- | | |
|----------------------|--------------------------------|
| ● Employment | ● Food Security and Nutrition |
| ● Energy Assistance | ● Housing and Shelter Services |
| ● Financial Literacy | ● Senior Support Services |

B.3. Priority Issues Summary

We sought to explore data with these questions:

- What are the causes and conditions of poverty in our catchment area?
- Which causes and conditions of poverty are the most impactful to people living in our region?
- What assets and service gaps exist around the prioritized needs in our region?

During the Community Needs Assessment we identified that rising inflation has had a significant impact on the economic stability of under-resourced individuals in Access’s catchment areas of Windham and Tolland counties, Connecticut. Details of the findings of the priority issues listed can be found in E.1 - E.6 of this report.

- E.1 Affordable Housing*
- E.2 Energy Assistance*
- E.3 Affordable, Healthy Food*
- E.4 Adequate Income to Provide Basic Needs*
- E.5 Access to Healthcare*
- E.6 Equity in the Social Determinants of Health*

B.3.a. Key Findings on the Causes & Conditions of Poverty

Following a review of available community level data, evaluation of the Community Needs Assessment surveys and focus group information Access has identified the following as key findings on the causes and conditions of poverty in Windham and Tolland County.

Condition(s)	Causes
Households spending more than 30% of their income on rent, mortgage, or other household needs are considered “cost-burdened”	<ul style="list-style-type: none">• Rents have increased an average of 15% in one year in Tolland county and 36% in four years in Windham County.• 56% of the 271 people surveyed identified “cost of housing” as a major cause of poverty in their area.• Low housing inventory makes finding apartments more competitive and raises rents.

Condition(s)	Causes
An increase in energy and heating prices has had a negative financial impact on consumers	<ul style="list-style-type: none"> ● Residential heating costs have increased in 2022 and 2023 after a dip in prices in 2021 (see graph, page 27). ● Eversource energy supply rates have doubled, as of January 2023, resulting in an \$84 per month increase for the average user. ● Eversource customers are unable to change suppliers if they utilize the energy assistance program.
Increases in food prices have left more residents food insecure	<ul style="list-style-type: none"> ● SNAP income eligibility that does not encompass all people who are struggling with food insecurity. ● Inflation of 11.3% in grocery prices and 9.1% for all food. ● Low access to traditional grocery stores for those without personal transportation.
Inflation has left many with inadequate income to pay for basic needs	<ul style="list-style-type: none"> ● Out of the 271 people surveyed, 162 responded that there are things they need but struggle to pay for. ● A 40-hour minimum wage work week is equal to per capita income of \$29,120 per year. ● Lack of higher education leading to lower-paying employment. 11.4% of Windham County residents have not completed high school, and 26.5% have a Bachelor's/Master's Degree. ● Gender inequality impacts womens' pay including single parent female heads of households.
Low access to healthcare leads to negative health outcomes	<ul style="list-style-type: none"> ● High ratio of patients to providers for dental and primary care. ● Limited options for healthcare, behavioral health providers and substance use treatment programming in rural communities. ● Windham county has the highest premature death rates in the state of Connecticut at 7,500 per 100,000 residents.
Inequity in the social determinants of health	<ul style="list-style-type: none"> ● Education access and quality. ● Health care and quality. ● Neighborhood and built environment. ● Social and community context. ● Economic stability.

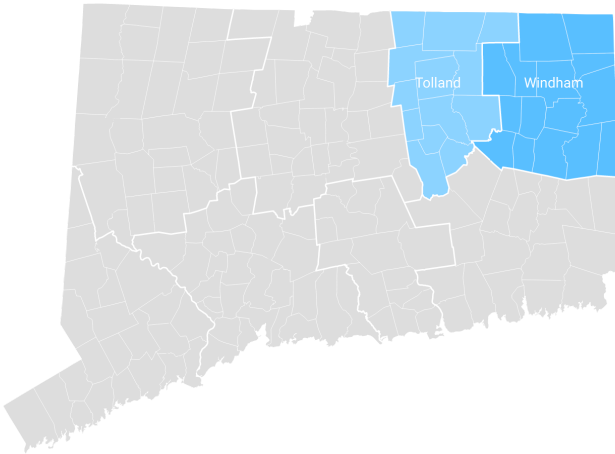
B.3.b. Table of Prioritized Issues & Service Gaps

Prioritized Issue	Service Gap
Affordable Housing	<p>There is a gap in the need for Fair Rent Commissions or other recourse for rural towns with low populations that are lower than population requirements to have Fair Rent Commissions.</p> <p>Low inventory of affordable housing.</p>
Energy Assistance	<p>With an increase in heating prices, there is a larger demand for energy assistance than there is available funds, causing households to exhaust approved benefit levels and search for additional support.</p> <p>Other privately funded energy assistance safety net programs are experiencing unprecedented demand due to reduced benefit levels of federal and state funded programs. Customers that do not qualify for Access Energy Assistance are referred to Operation Fuel, which has paused their energy assistance program for the months of March and April. They will return in May with a 50% reduction in benefits to assist additional families.</p>
Affordable, Healthy Food	<p>As food costs have increased, individuals who are ineligible for SNAP benefits are experiencing a financial burden to afford healthy foods. The increase in traffic to local food pantries has resulted in stock reduction and lack of funds to replenish.</p> <p>Lack of reliable public transportation and the rural character of towns in both counties can result in households struggling to access full service grocery stores if transportation is a barrier.</p>
Adequate Income to Provide Basic Needs	<p>People who previously made adequate income are now struggling financially due to the cost of living increase influenced by inflation.</p>
Access to Healthcare	<p>People with low access to healthcare struggle with negative health outcomes.</p>
Equity in the Social Determinants of Health	<p>The social determinants of health impact the overall well-being of individuals in Access's catchment area. These include but are not limited to education access and quality, healthcare, neighborhood and built environment, social and community context and economic stability.</p>

C. Introduction to Access Community Action Agency

C.1. Agency History & Background

In 1965 The ACCESS Agency, Inc., originally incorporated as the Windham Area Community Action Program, Inc. (WACAP), was created to provide opportunities that assist low-income families in distressed communities in achieving economic independence.



The Access Community Action Agency continues to be guided by our founding principles as we work to meet basic human needs and build capacity for income and asset accumulation for low-income residents of Windham and Tolland Counties.

Windham (15 towns) and Tolland (13 towns) counties are located in the northeastern corner of Connecticut, bordering Massachusetts to the north and Rhode Island to the east.

C.1.a. Programs & Services

Programs and Services Provided by Access

- **Case Management:** Access Case Managers assess customer needs and develop plans for assistance with employment, benefits, housing, transportation, and referrals. Free services are provided to help income-eligible individuals and families to meet their needs and move toward increased self-reliance. Access offers assistance with in-house programs and linkages to a network of community providers utilizing the Human Service Infrastructure (HSI) delivery service model embracing the “No Wrong Door” philosophy.
- **Crossroads – Supportive Work Education Transitional Program:** This eight-bed residential, community-based, supervised clustered apartment transitional living program in Norwich works to prepare older adolescent girls and boys in transitioning to independent living as they leave the care of the Department of Children and Families (DCF).
- **Supplemental Nutrition Assistance Program (SNAP Outreach):** Case management staff attend events throughout the community providing information to potentially eligible low-income people individuals who are not currently participating in SNAP.

Employment:

- **Access to Employment (A2E):** A training program designed to help under and unemployed individuals in northeastern Connecticut become job ready, and to find and maintain successful employment in specifically identified job openings in the region.

Housing:

- **Accessing Home Ownership Program:** The program assists income eligible buyers in purchasing two-family properties in eight targeted high opportunity communities in northeast Connecticut. The buyers must live in one unit and rent the other unit to income-eligible tenants as an income producing opportunity. Financial support for a downpayment and home renovations is provided.
- **Access to Affordable Housing:** Access manages 200 units of subsidized and unsubsidized affordable housing throughout northeast CT. Properties managed include:
 - Willington Woods in Willington and Elisha Brook in Franklin featuring 32 and 27 HUD funded and subsidized one-bedroom units for seniors
 - Salem Village with 96 one-bedroom HUD and U.S. Dept. of Agriculture (USDA) funded and subsidized units for senior and disabled individuals
 - Parker Place with 37 units for seniors funded by the Town of Tolland, CT DOH, Federal Home Loan Bank of Boston through their local partner Berkshire Bank, Tax Credit Investors and the CT Housing Finance Authority
 - Access also owns and manages nine affordable apartments Danielson, CT
- **CT Energy Assistance Program:** The Low Income Home Energy Assistance Program (LIHEAP) is a federally funded program that purchases home heating assistance for income eligible households. Heating System Replacement/Repair is for eligible households of heating systems and associated equipment of single family owner occupied dwellings determined to be unsafe or inoperable. Assurance 16 provides enhanced case management in an effort to assist low-income households in reducing their overall energy needs/burden. The energy program is state-administrated by CT DSS through the CT Energy Assistance Program (CEAP).
- **Eastern CT Coordinated Access Network (Eastern CT CAN) Intake Assistance:** 2-1-1, the CT information hotline, refers anyone experiencing a housing crisis to the CAN where they are then provided with a standardized assessment and referral process to access community resources. The primary goal is to help communities focus on rapidly ending each person's homelessness by connecting them with appropriate housing and resources as quickly as possible.
- **The Emergency Shelter:** A 38 bed facility available to homeless families and single adults. The Shelter program is staffed 24 hours a day, seven days a week. Guests are provided 3 meals a day and basic needs items as necessary. Support for every adult includes comprehensive case management. Housing Plans assist individuals to address needs such as medical, housing, employment, treatment programs and transportation. Guests are required to actively participate in housing and job searches.

- **Low Income Household Water Assistance Program (LIHWAP):** The Low Income Household Water Assistance Program is a federally funded program that assists households with household water and wastewater costs. These could include restoration of household water service, reduction of arrearages, and prevention of service disconnection.
- **Northeast Overnight Cold-Weather No Freeze Shelter:** (Danielson) Provides a safe warm place for up to 14 individuals per night who are experiencing homelessness during the winter in northeast Connecticut. This project came together through a collaboration of local nonprofits, local town governments, faith communities, businesses and concerned residents. The shelter is open from December 1 - March 31.
- **MyHomeCT:** Serves as a housing resource center supporting homeowners to apply for the MyHomeCT mortgage assistance program through the CT Housing Finance Authority. Staff perform outreach to community partners to market the program and support individual homeowners in the application process.
- **Rapid Rehousing (RRH):** An evidence-based approach to end homelessness as quickly as possible for families and individuals. This program uses targeted financial assistance and short-term services to quickly return individuals and families who slipped into homelessness back into housing and stability.
- **Shelter Diversion:** Diverts individuals and families from becoming homeless or from entering emergency shelter within 14 days of becoming homeless using targeted financial assistance and case management.
- **Supportive Housing for Families (SHF):** Dedicated to family preservation and reunification, Access is contracted by The Connection, Inc.® to provide Supportive Housing for Families (SHF) in our region. Rendering intensive home-based case management and subsidized housing to families who are in successful compliance with their Department of Children and Families (DCF) treatment plan.
- **Next Steps Supportive Housing:** Provides assistance to chronically homeless single adults in obtaining and maintaining permanent housing through case management, education, rental vouchers and other support.
- **Youth Homelessness Demonstration Program (YHDP) /Youth Rapid Rehousing (YRRH):** Is a coordinated community approach to preventing and ending youth homelessness. This program provides youth with housing assistance and case management support, in order to connect them to safe, decent housing, a place to live where they can establish a solid foundation for a successful future.

Food Security:

- **Child & Adult Care Food Program (CACFP):** Reimburses participating licensed home child care providers in Connecticut for serving nutritious meals and snacks to the day care children in their care. CACFP offers nutrition consultations with CACFP nutrition experts through home visits and monthly newsletters. CACFP currently has 150 licensed home care providers serving approximately 1,200 children.
- **Emergency Food Pantry:** The Emergency Food Pantry Service is available at both the Willimantic and Danielson locations for individuals and families throughout Windham and Tolland Counties who find themselves in a situation where they run the risk of being without food.
- **Mobile Food Pantry:** Our Food Van picks up and distributes food to four towns identified in Windham and Tolland Counties as food insecure. It increases access to nutritious food for families with little or no access to local food banks, grocery stores or soup kitchens. Information on SNAP benefits and making healthy food choices are distributed.
- **Women, Infants and Children (WIC) - Nutrition Program:** Provides nutritious, supplemental no-cost food assistance, nutrition education, health service referrals, and breast feeding support to eligible families. EBT cards Vouchers are provided for the purchase of specific WIC-approved foods that can be exchanged at participating local stores and markets. WIC is state-administered through the CT Department of Public Health (DPH).

C.2. Assessment Process Background

The community needs assessment was organized by the Planning and Performance team at Access Community Action Agency in collaboration with Senior Directors, Directors, Supervisors and additional staff. The data collected was used to analyze the needs of our community in Windham and Tolland counties.

Primary Data Collection

- **Community Needs Assessment (CNA) Survey:** The community needs assessment survey was available to the public in Windham/Tolland counties from August 2022 to January 2023. Both online and physical paper copies were distributed. To capture the needs of our customers, the energy assistance and employment programs distributed surveys in person and through mail. 271 survey responses were completed, 225/271 (83.02%) from Windham County and 46/271 (16.97%) from Tolland County. Links to the CNA survey were sent to Community-Based Organizations, Faith-Based Organizations, Private Sector, Public Sector, and Educational Institutions. Additional flyers were distributed and posted in public spaces with scannable QR codes. 83.39% of the 271 respondents to the CNA survey had income 300% or below the Federal Poverty Level (FPL), which the State of Connecticut identifies as “low-income”.
- **Customer Satisfaction Surveys:** Customer satisfaction surveys were presented to the Board of Directors (BoD) Strategic Planning and Performance Results (SPPR) Committee. This information was also evaluated during the annual self-assessment program evaluation dated October 1, 2021 - September 30, 2022.
- **In-Person Customer Interviews:** A member of the Planning and Performance team visited a senior living facility in Tolland county to obtain input from the residents. Other senior living facilities run by Access were canvassed and surveys were distributed.
- **Staff Interviews:** Staff were interviewed to discern what they viewed as the most influential factors they have observed among customers experiencing poverty and challenges that are seen among customers in each program.
- **Provider focus groups:** Two focus groups targeting providers in the area were conducted on November 18th 2022 via Zoom. Discussion was conducted on the current needs observed by the providers in relation to the work they do and services they provide in the community.
- **Internal reports:** Internal reports from our data collection program were used for internal statistics and trends. Data was analyzed from each program to identify trends within our community that are prevalent among Access customers.

Secondary Data Collection

In addition to primary data collected, a wide array of secondary data sources were utilized. Some of the key data sources we looked to include:

- US Census Bureau American Community Survey (ACS). This ongoing survey (conducted online by paper and via phone) collects from individuals within Connecticut each month on demographics, housing, income and employment, health insurance coverage and other topics.
- Centers for Disease Control Behavioral Risk Factor Surveillance System survey (BRFSS). This survey (conducted over the phone) collects data about “health-related risk behaviors, chronic health conditions and use of preventative services.”
- 2-1-1 Connecticut, 2-1-1 counts service request data. This data displays the categories of care requested by 2-1-1 by ZIP code, county, school district, etc.
- CTData Collaborative. The Data Collaborative is a network of non-profit organizations, government agencies, and philanthropic partners that facilitates data sharing and data integration among its partners.

C.2.a. Community Needs Assessment Workgroup

The CNA was conducted by the Planning and Performance department, composed of the following Access staff: Senior Director - Planning and Performance and Specialist - Data Management and Administrative Support. The role of the workgroup was to gather and analyze data in reference to the needs of the community and identify gaps in services. This team interviewed internal stakeholders including internal staff members, developed timelines, the CNA survey, organized two facilitated community provider forums and collected primary and secondary data.

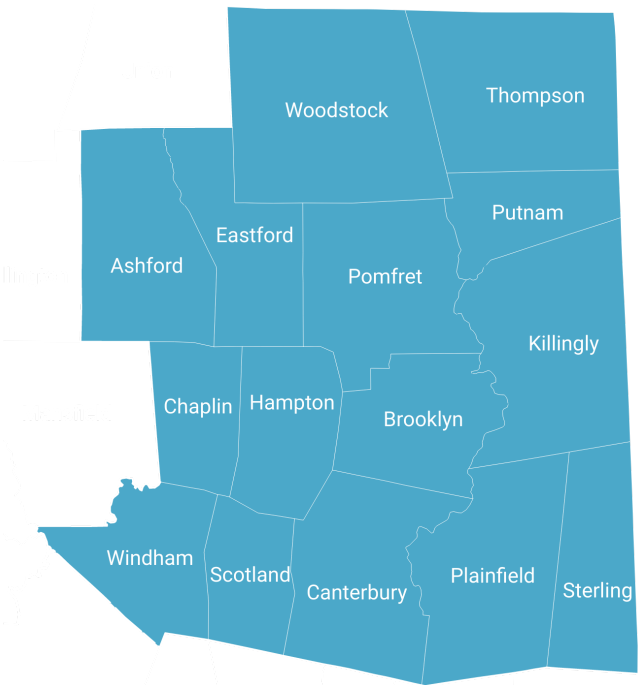
C. Community Profiles

D.1. Windham County

Population

The population of Windham County was approximately 116,418 individuals as of the 2021 Census Population Estimates and comprises 15 towns. Of the 15 towns, Windham, Killingly and Plainfield have the largest populations at 24,655 (21.15%), 17,231 (14.78%) and 15,105 (12.96%) individuals respectively. Seven towns have populations under 5,000 individuals, and three towns, Hampton, Eastford, and Scotland, have populations under 2,000 individuals. All towns in Windham County are considered rural except Killingly, Plainfield, and Windham. Windham County has the smallest population of any county in Connecticut.

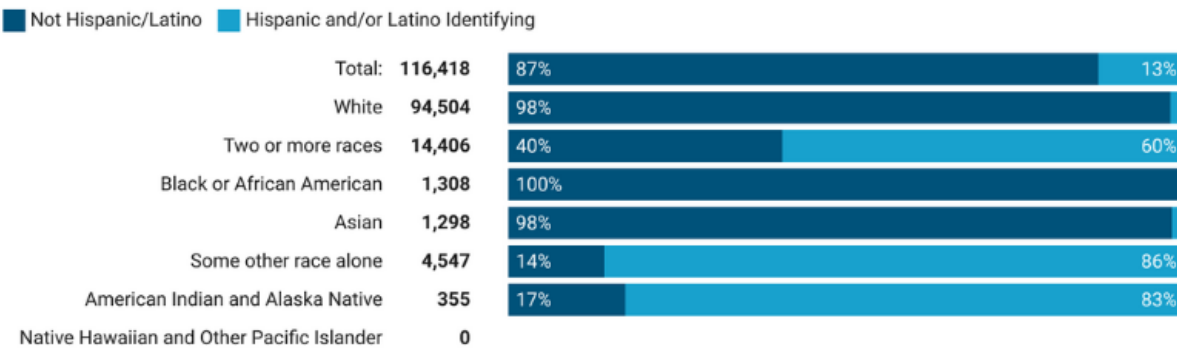
Windham County, CT Towns



Race and Ethnicity

With 81.2%, the racial makeup of Windham County is primarily white. 12.8% of all Windham County residents identify as Hispanic and/or Latino. 85.8% of individuals who chose “Other” for race and 59.5% of those who chose “Two or more races” indicated that they were Hispanic/Latino. Willimantic, an incorporated city of the town of Windham, has the highest concentration of these residents in Windham County with 47.8%, bringing the overall Hispanic/Latino population of the town of Windham to 40.5%.

Windham County, CT Race and Ethnicity



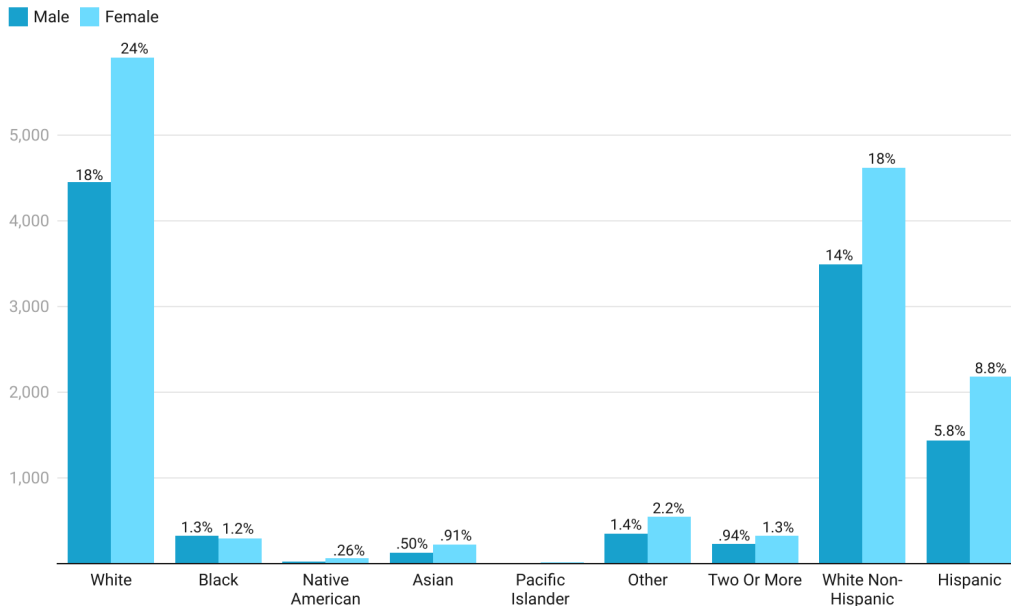
Source: The Census Bureau ACS 1-year Estimate • Created with Datawrapper

People Living in Poverty

11.84% of residents in Windham County are at or below the poverty line, around 13,790 individuals. This is the second highest rate of poverty in Connecticut, following New Haven County which has the

Poverty by Gender, Race and Ethnicity in Windham County, CT

Females in Windham County, CT make up 60.06% of the individuals below the poverty line



Source: The Census Bureau ACS 5-year Estimate • Created with Datawrapper

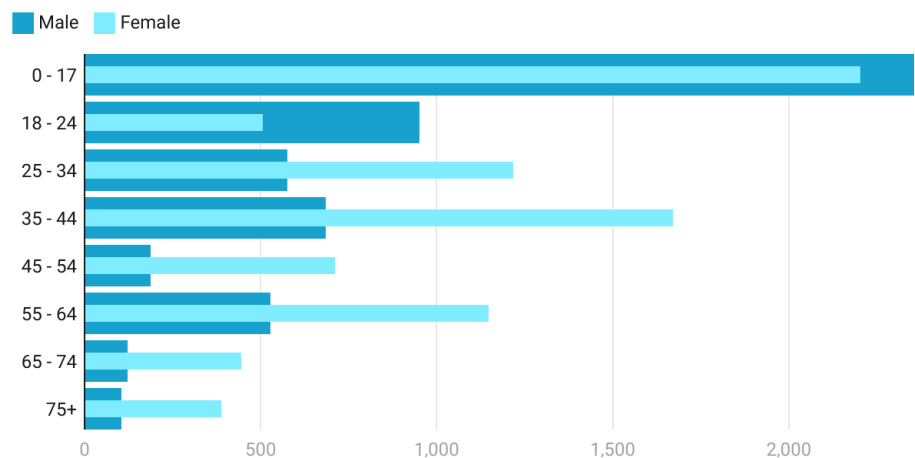
highest rate of 12.0%. Despite this, Windham County has the lowest median and per capita incomes in the state. 20.26% of Windham county's 22,500 children are in poverty, making up 33% of the total population in poverty.

Poverty and Gender

In Windham County, CT the largest age ranges in poverty are children, adults aged 18 to 24, and adults aged 35 to 44. Females make up 60.06% of the individuals below the poverty line, 5.44% higher than the Connecticut average. Single-parent households make up 41.22% of all households with children, (Federal Reserve Bank of Saint Louis) and women comprise 69.31% of single-parent households.

Distribution of Poverty Population by Age and Gender in Windham County, CT

There are more females in poverty than males except among children and those aged 18 to 24



Source: The Census Bureau ACS 1-year Estimate • Created with Datawrapper

D.2. Tolland County

Population

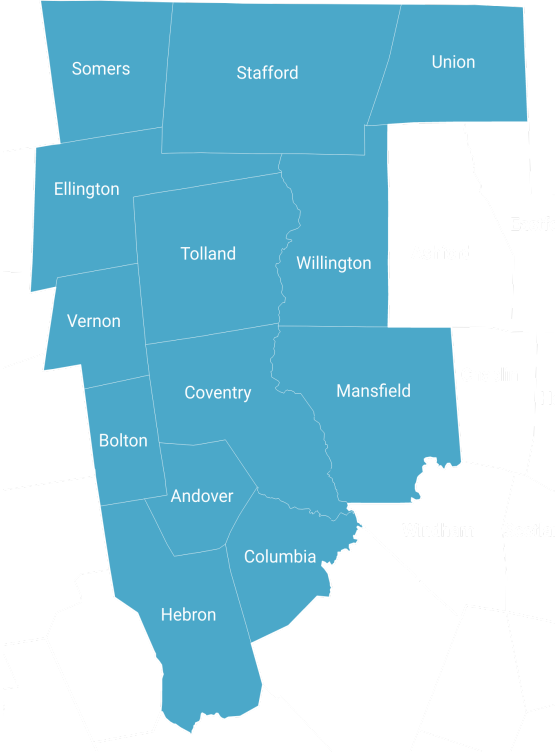
Tolland County’s population was approximately 151,063 residents as of the 2021 Census Population Estimates. Vernon has the largest portion of the population at 19.35% with 29,232 residents. Second highest is Mansfield with a population of 25,799 (19.35%). Manfield is home to the University of Connecticut (UConn), which has an on-campus residential student population of 12,000. Union has the smallest population with 894 residents, 0.59% of the total population of Tolland County. The six towns with the smallest populations (Andover, Bolton, Columbia, Hebron, Union, Willington) are classified as rural towns.

Tolland County, CT Population by Town

Town	Population
Vernon	29,232
Mansfield	25,799
Ellington	16,170
Tolland	14,713
Coventry	12,433
Stafford	11,881
Somers	11,005
Hebron	9,512
Willington	5,893
Columbia	5,417
Bolton	4,911
Andover	3,203
Union	894
Total	151,063

Source: CT Data Collaborative • Created with Datawrapper

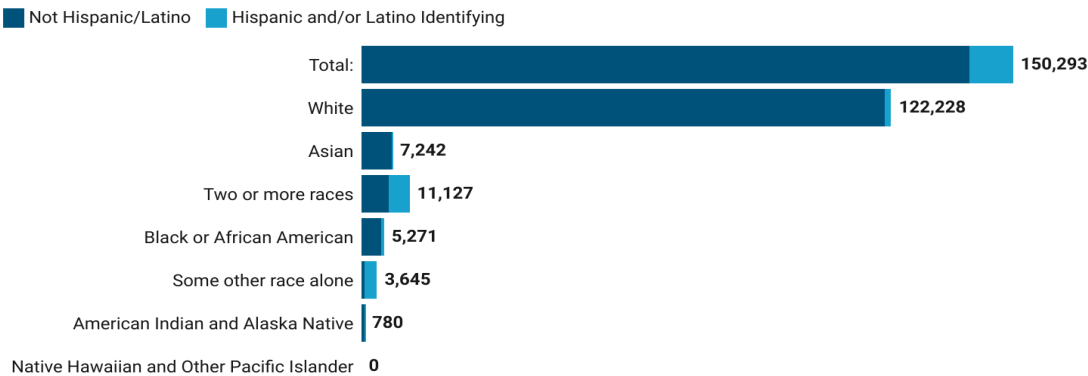
Tolland County, CT Towns



Race and Ethnicity

The primary race in Tolland County is white at 81.33%. There is notably an Asian population that comprises 4.82% of the population in Tolland. The town of Mansfield, which is home to UConn, has an Asian population of 11%, higher than the Connecticut average of 4.79%.

Tolland County, CT Race and Ethnicity



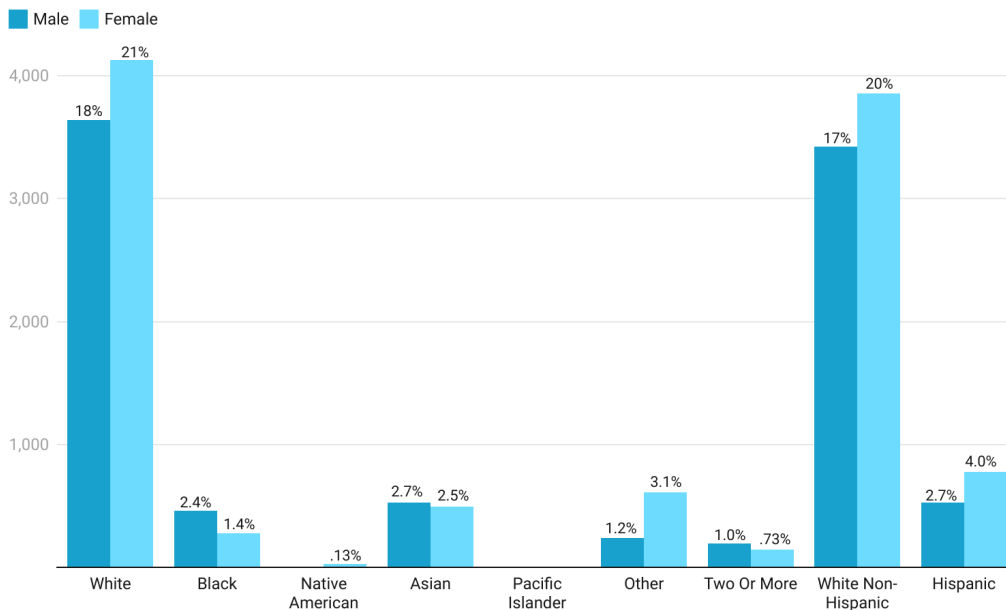
Source: The Census Bureau ACS 1-year Estimate • Created with Datawrapper

People Living in Poverty

14.24% of Tolland County, CT is living in poverty, approximately 19,350 people. There is a direct correlation between the population of UCONN and the demographics of the area. The age distribution of poverty reflects that the largest group is in the age range of 18 to 24, consistent with the average age of an undergraduate student.

Poverty by Gender, Race and Ethnicity in Tolland County, CT

Males and Females aged 18 - 24 combined comprise 35% of the population under the poverty line in Tolland County, CT



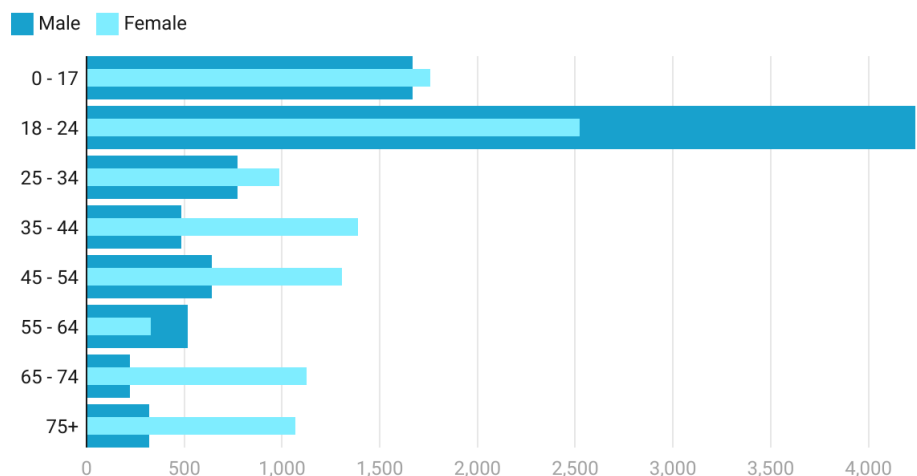
Source: The Census Bureau ACS 5-year Estimate • Created with Datawrapper

Poverty and Gender

In Tolland County, 47% of the population under the poverty line is male and 53% of the population is female. Combined, males and females age 18 to 24 comprise 34.96% of the population under the poverty line in Tolland County, CT. This age group is 47.82% of the entire male population in poverty, but only 24.09% of the female population in poverty.

Distribution of Poverty Population by Age and Gender in Tolland County, CT

The population below the poverty line in Tolland County, CT is 47% Male and 53% Female

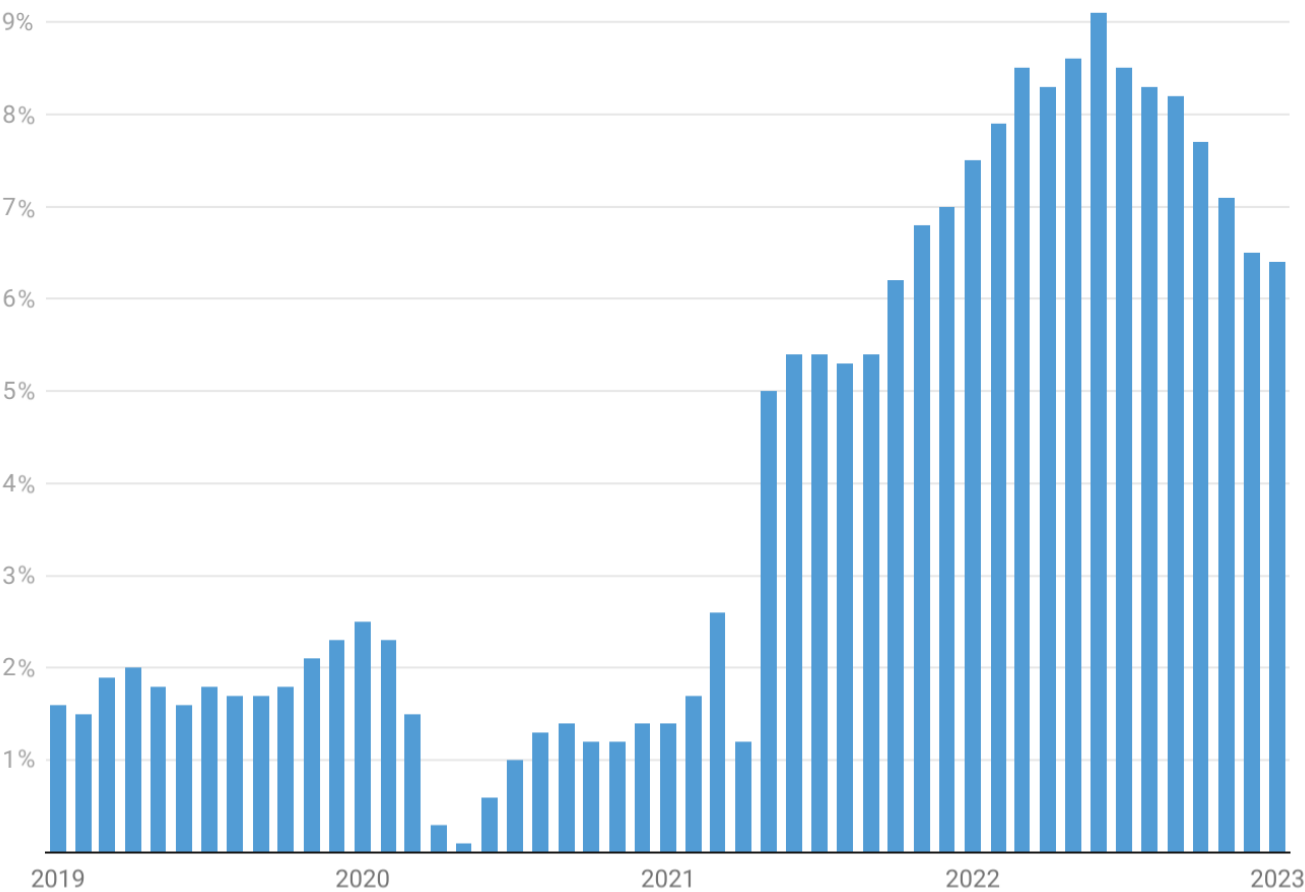


Source: The Census Bureau ACS 1-year Estimate • Created with Datawrapper

D. Priority Issues: Rising inflation’s impact on the economic stability of under-resourced individuals

Despite an inflation rate on consumer products of 6.4% from January 2022, income has yet to rise and meet the new “normal” for prices. In Windham and Tolland Counties, where median and per capita income are ranked last and second to last in Connecticut respectively, this is a growing issue, especially for those on the “benefits cliff”, the sudden and unexpected decrease in public benefits that can occur with a small increase in earnings. There is a gap in the service availability for people in this sector of the population and continued challenges for individuals who fall below the poverty line. Out of the 271 people surveyed during the Community Needs Assessment, 177 said they are customers of Access, this is 65.31% and 94 said they were not, 34.68%. When asked if there were things they needed but struggled to pay for 162 respondents out of 271 said “yes”.

Consumer Price Index 12-month percentage change 2019 - 2023



Source: U.S. Bureau of Labor Statistics • Created with Datawrapper

E.1. Domain 1: Affordable Housing

There has overall been a 36.95% rent increase in Windham County across five years from 2019 to 2023 and 14.45% in Tolland County across one year from 2022 to 2023. The prices of all rental units have increased in Windham County, depicted in the adjacent graph.

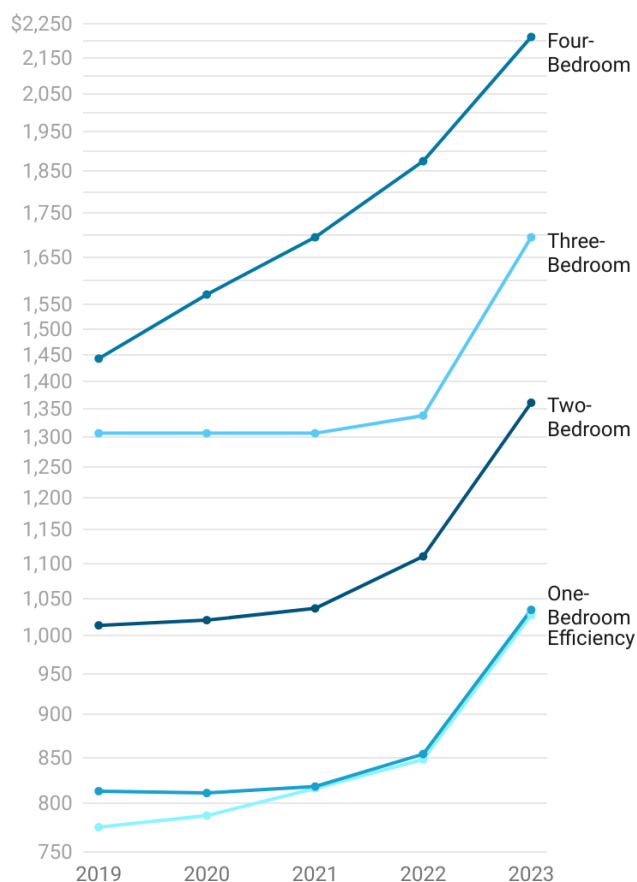
What are the conditions related to this domain?

In our 2023 Community Needs Assessment Survey, 56.09% of those surveyed identified “Cost of housing” as a major cause of poverty in their area, 60% of renters and 51% of owners.

According to the U.S. Census Bureau, “Households are considered cost-burdened when they spend more than 30% of their income on rent, mortgage and other housing needs.” In Windham County, the median gross income in 2021 for a single individual was \$35,500. A single-person household living in an efficiency or one-bedroom apartment, around \$1,030, making this dollar amount has 35% of their gross income allocated solely to their rent, not including other household expenses. “When families have to spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.” (CT Department of Public Health, 52) There was an increase in rent in Windham County for a one-bedroom apartment of 21% between 2022 and 2023. A four-bedroom apartment rent in Windham county has increased 53.22% over the past 5 years; these increases contribute to an additional threat of housing displacement.

A quote from one of the renters surveyed when asked ‘What do you see as important needs of the community?’ stated “That we can be able to sustain basic living needs with decent pay and employment. To be able to not worry about my family going hungry, to be able to pay [for a] roof over their heads and what it takes to keep it running.”

Windham County, CT Increase in rent from 2019 - 2022

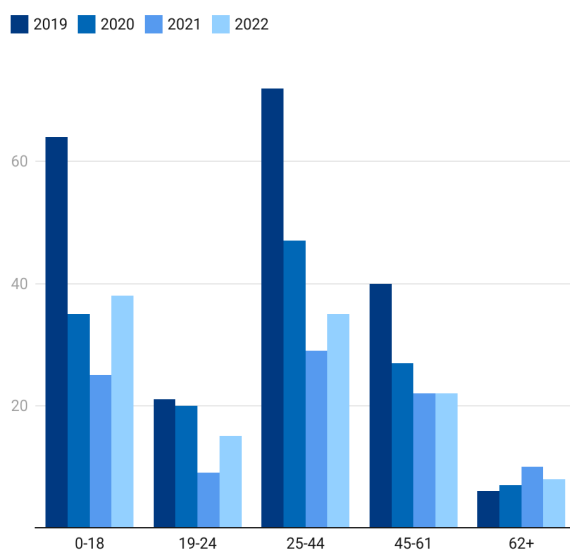


Source: U.S. HUD Economic and Market Analysis Division • Created with Datawrapper

In the CNA Survey, 15 people identified as homeless and 5 as “staying with friends or family”, a total of 7.4% of respondents. According to 2-1-1 Counts, from March 2022 to March 2023 in Windham and Tolland counties, 46.9% of calls came in for shelter and 13% of those went unmet. The Eastern Connecticut Coordinated Access Network (ECAN), reports that there are approximately 31 families and 114 individuals that are actively homeless as of March 6, 2023 in Windham county and includes the Tolland county towns of Columbia, Coventry, Mansfield, and Willington.

The Access Emergency shelter is a 38-bed facility, ninety-seven guests were sheltered from 2019 to

Age of Guests in ACCESS Emergency Shelter from 2019 - 2022



Source: ACCESS Emergency Shelter • Created with Datawrapper

2020 and increased to ninety-nine from 2021 to 2022, with an increase in the average number of bed night guests from 15 to 22. The Access Community Action Agency has a current shelter waitlist of seven families and forty-eight single adults, as of March 6, 2023.

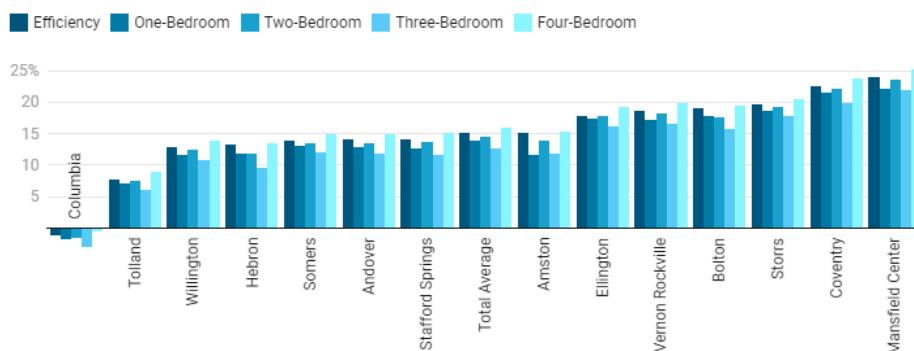
In 2021 and 2022, the shelter had a 38.46% increase in guests over the age of 62. The Senior Service Coordinator for the Access shelter, Marcia Melton, reports that across her 35 years at the shelter she has never seen such an increase in the amount of elderly experiencing homelessness. Elderly guests are facing additional barriers when attempting to locate housing due to fixed income, long waitlists for elderly or income adjusted units, medical needs requiring handicap or accessible units, and the overall lack of available affordable housing.

“The number of homeless seniors 62+ increased and the condition they are in when they arrive...the multiple barriers they are facing makes it difficult to work with them, increasing the length of their shelter stay.” - Brenda Coutu, Access Emergency Shelter Program Specialist

What are the causes related to this finding?

The increase in rents and the lack of inventory of rental units has caused the demand to outnumber the supply of affordable housing. Small rural towns without rent caps and Fair Rent Commissions are unable to provide recourse

Tolland County, CT % Increase in rent from 2022 - 2023 by town



Source: U.S. HUD Economic and Market Analysis Division • [Get the data](#) • Created with Datawrapper

for renters who had increases to their rents that made their affordable housing unaffordable. While the cost of housing increases, often an individual's income remains the same.

The chart on page 22 illustrates the increases in rent by towns in Tolland County. On average, the rent of an apartment increased between thirteen and sixteen percent. The rents in the town of Mansfield experienced an average increase of 23%, and the town of Columbia saw the only decrease, at an average rate of -1.5%.

Multiple renters that we surveyed reported that large increases to existing rents had affected them;

"...landlords raise rent whenever they want. My rent was 650 [dollars] for my studio and they raised it to 900 [dollars]. I don't make that much and there isn't even a separate bedroom, it's just one room."

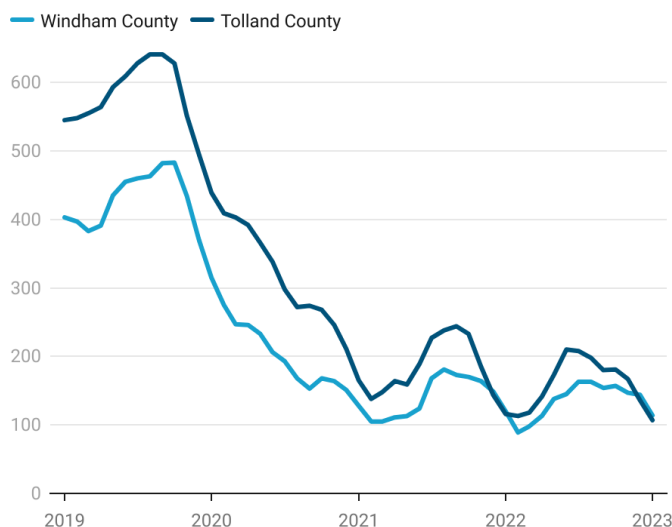
"I couldn't afford the \$300 increase to my rent so I had to move."

"Rent is too expensive and I have been on waitlists for affordable housing...they are just too long."

"Our rental house was just sold. [The] new landlord plans to increase the rent at the end of our lease. We can barely afford what we pay now and the house is falling apart."

With the increase in costs associated with owning and maintaining properties, landlords say they are also feeling the rise in costs and contend that they have had to raise rents to turn a profit or in some cases break even.

Housing Inventory: Active Listing Counts in Windham and Tolland Counties, CT



Source: Realtor.com • Created with Datawrapper

During an interview with Rhiannon McCabe, Director of Homeless Prevention outreach at Access Community Action Agency, Rhiannon elaborated on specific housing challenges she has recently observed and encountered. She explained that the 2021 Connecticut moratorium on evictions was helpful to some renters that were unable to pay their rent because they were sick with COVID, lost their jobs, had no daycare and stayed home with kids, had underlying health issues, or cared for sick relatives; the moratorium worked the way it was intended for these people.

However, there were tenants that knew they could not be evicted for non-payment of rent throughout the moratorium and may have made a choice to use available funds for other expenses or priorities. This has caused problems for the housing workers who tried to mediate between

tenants and landlords. The Housing Programs assist with a portion of rent payments for up to 9-12 months depending on the program guidelines, with the understanding that following the assistance the renter needs to take responsibility for the full amount of their rent. Some landlords left their units empty instead to prevent the risk of nonpayment.

Many landlords who received no rental income for a year fell behind on their own financial obligations and made the decision to sell. When real estate investors or larger property management firms began buying up properties from these disenfranchised landlords, they in turn evicted existing tenants or refused to renew leases even if the tenants were not behind on rent, opening apartments up for renovations. Supply chain issues on building materials made it more cost effective to evict or not renew leases rather than pay for short-term relocation and possible extensions if additional time was required. After completion, the renovated apartments were rented to new tenants, returning to the market \$200 to \$400 more expensive than before.

Putting individuals in new apartments is more difficult than it has been in the past. Locating apartments that fall within Housing and Urban Development (HUD) Fair Market Rent (FMR) prices is difficult, but a requirement for placing a person in an apartment using state or federal assistance programs like Rapid Rehousing. With the decrease in inventory and increase in demand, landlords are able to be more preferential. Costs associated with moving in such as security deposits have increased, and the requirement of a credit check is usually attached to an additional charge; all large barriers to already cost-burdened renters looking for a safe place to live.

What are the assets?

Accessing Home Ownership Program (AHOP) guidelines are changing to include the purchases of single family homes; not just duplexes. We will partner with CT's Time to Own forgivable down payment assistance program for first-time home buyers so that AHOP funds that previously would have been used for down payment assistance can instead be put toward more rehab costs. In addition, to make homeownership more likely and affordable, the income-eligible home buyer will no longer be required to rent the non-owner occupied unit solely to low-income tenants.

The CT Department of Housing is in the process of determining how much funding they can provide toward meeting the significant capital needs at Salem Village, a Brooklyn, CT 96-unit affordable housing development for seniors and disabled. The CT DoH funds in combination with funds provided by the US Department of Agriculture, will allow Access to take over ownership of the development and for these units to remain as affordable well into the future.

The Connecticut General Assembly enacted in January of 2023 the appropriation of funds for certain homelessness response programs. This increase in funding will provide additional opportunities to fight homelessness in Connecticut.

When the Fair Market Rent (FMR) guidelines went up, an efficiency/room rental FMR allowance increased from \$848.00 in 2022 to \$1,027.00 in 2023. These increases assisted the housing team in locating available, eligible units which were previously out of budget.

Discussions are beginning about instituting a blanket rental cap across the state of Connecticut, but has been tabled for the current session. Without rental commissions or a statewide rental cap, tenants have no recourse to challenge the increase in rental prices. CAP the Rent CT is a coalition campaigning for rent stabilization and joined a legislative round table discussion on March 6, 2023 to talk about next steps to combat this problem.

The State of Connecticut has “Affordable Housing Funds” available to increase housing security. The Incentive Housing Zone Program provides financial incentives to municipalities seeking to create Incentive Housing Zones (IHZ) to promote the expansion of market-rate and affordable housing opportunities. Low-Income Housing Tax Credits provide incentives for developers to acquire, rehabilitate and build new low or mixed-income housing through the allocation of federal tax credits to raise equity for a project. These and other programs are created with the intention to increase affordable housing.

What are the gaps/needs?

Since 1981 housing programs measure housing as being affordable if the cost is under 30% of income. There have been discussions about more accurate ways to measure affordable housing but nothing has been implemented and no adjustments have been made to the current measuring system in 42 years (HUDUser | Office of Policy Development and Research).

Only towns with a population of greater than 25,000 are required by the CT legislature to create a Fair Rent Commission by 2023. Out of the 28 towns served by Access Community action Agency, only two fall into this population category, Vernon and Mansfield, the other 26 towns do not have population counts that fall under the mandated criteria (see Community Profile D.1 and D.2).

E.2. Domain 2: Energy Assistance

The Access Community Action Agency provides energy assistance to qualifying households of Windham and Tolland counties that fall within 60% of the state's median income.

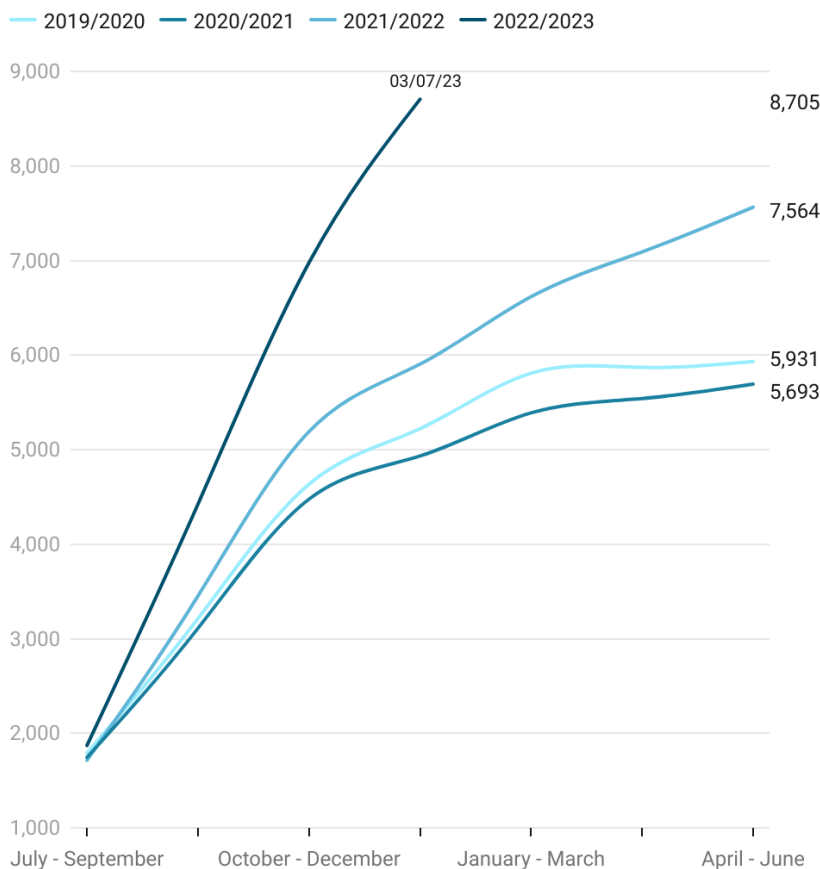
What are the conditions related to this domain?

56.45% of the people we survey reported that they are currently receiving energy assistance. During the COVID-19 pandemic, additional funding was available to assist with customer benefits, however pre-pandemic levels of funding were restored. This has resulted in a 38% decrease in benefit levels of households with a vulnerable designation (children under the age of 6 or adults over age 65) and 39%

decrease in benefits for non-vulnerable households.

Home Energy Assistance Program (HEAP) Applications Completed FY 2020 - FY 2023

Applications for the 2022 - 2023 heating season will continue to be accepted until May 31, 2023



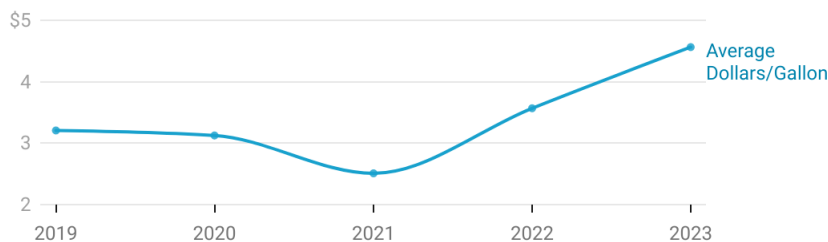
Source: ACCESS Home Energy Assistance Program (HEAP) • Created with Datawrapper

The 2023 energy season will be accepting applications until May 31, 2023 and as of March 7, 2023 has already taken 1,141 more applications this season than at the conclusion of the last energy season. The temperature from November 2021 to March 2022 was an average of 33.2 °F. The average temperature in the same time frame for 2022 to 2023 was 36.2 °F, an average increase of three degrees. The average low in January 2022 was 14.5 °F, fifteen degrees colder than January 2023's average low of 29.6 °F. Higher temperatures did not equal a reduction in the amount of applications, nor did it reduce the cost burden of heating due to the increase in prices.

What are the causes related to this finding?

Residential heating costs have gone up in 2022 and 2023 after a dip in 2021 as a result of surplus supply caused by the population's decline in usage during the COVID-19 world wide pandemic. This

CT Residential Heating Oil Prices 2019 - 2023



Measured in USD Dollars per gallon

Source: U.S. Energy Information Administration • Created with Datawrapper

situation is made more complex by a number of factors including reduced production as a result of the pandemic, the ongoing conflict in Ukraine, and the economic sanctions on Russia.

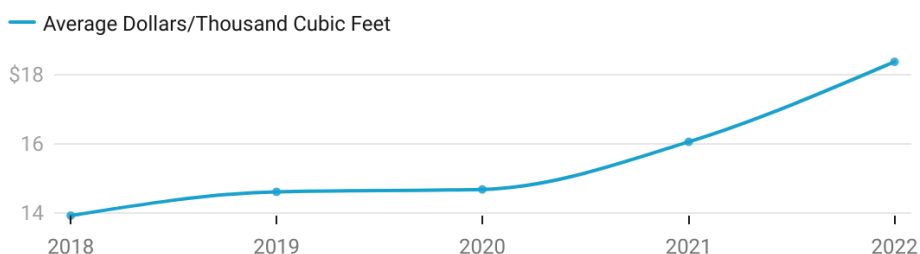
In a press release on November 17, 2023 from the Connecticut Office of the Attorney General William Tong, “Eversource

supply rates will double from 12.05 cents per kWh to 24.2 cents per kWh, resulting in an \$84 per month increase for the average user.”

Eversource customers on a payment program utilizing the energy assistance program are unable to change suppliers even if they offer a better rate.

The Connecticut Public Utilities Regulatory Authority was told by Eversource in a technical meeting that natural gas prices are the reason for the increase in electricity prices as gas pipeline capacity is “severely constrained”. In New England nearly half of all electricity consumed is generated by natural gas-fire power plants. (“Clean Energy Groups Seek FERC Action on ISO-NE Capacity Rules for Gas-Only Units”)

CT Residential Natural Gas Prices 2018 - 2022



Measured in USD Dollars per Thousand Cubic Feet

Source: U.S. Energy Information Administration • Created with Datawrapper

“I am grateful for Energy Assistance... without [it] I would have lost my heat and my house that I have struggled for so long to keep.”

“The biggest issue is UTILITY COSTS! Why is Eversource being allowed to gouge us constantly, and still get rate hikes approved every 6 months??? And why can ALL other states do it cheaper???”

“It's good that the energy assistance program exists because we wouldn't be able to afford oil.”

What are the assets?

Some of the increase in energy assistance customers could be attributed to additional advertising and outreach efforts to schools, community centers, low-income and senior housing complexes.

Customer applications can now be done online making it easier for the customer but increasing demand on intake technicians. Over 2,000 applications were submitted online this season, a change from the previous year as it was only offered at the end of the season.

As of the end of February 2023, Access's commitments to our energy assistance customers have exceeded the base LIHEAP federal allocation awarded to Access by the state of CT DSS. Thankfully, due to Supplemental Funds included in legislation 117-328 there are additional federal funds for LIHEAP available, which includes more funding to Access.

What are the gaps/needs?

Given the documented need for energy assistance, it is imperative that continuous efforts are made to ensure that the federal government continues to fund LIHEAP and supplemental levels to provide Connecticut with the funding it needs to successfully run the program.

Cathy Whitehead, Director of HEAP said that adjustments should be made to increase the qualifying income for energy assistance because they do not reflect the cost of living. The majority of the people that apply are from working families, or on a fixed income like the elderly and disabled. People are finding themselves over income for benefits, sometimes by a few extra hundred dollars a year, while still struggling to afford heating bills.

There has been a 15% increase in applications completed so far this heating season in comparison to the total amount of applications received last year. Customers have voiced concerns on customer satisfaction surveys, emails and on the website as having difficulty getting through to the agency by phone. The increase in the volume of calls and applications lead to longer hold and wait times, and funding to hire additional staff to assist the increased volume of customers applying for energy would assist with bridging that gap.

Operation fuel is in the process of reviewing over 3,000 applications and had to place a pause on accepting new applications for the program. Brenda Watson, Operation Fuel's Executive Director reports that; *"We regret that we must do this but we feel we had no choice. There has already been an extremely high number of requests for energy assistance this program season. We must pause to get through the backlog so that folks who have applied get their applications reviewed promptly."*

On April 3, 2023 they expect to resume accepting applications with a reduced benefit amount from \$1,000 to \$500 to assist additional households.

E.3. Domain 3: Affordable Healthy Food

The Bureau of Labor Statistics reports an 11.3% increase in the price of “food at home” (the total expenditures for food at grocery stores and food prepared by the consumer unit on trips) from 2019 to 2023. This contributes to an increase in the household expense of groceries. The cumulative total that presents itself at grocery stores for individual items to make a meal is sometimes greater than the in-the-moment prices for prepared foods. This can influence meal selections for people with fixed food budgets and choices that people make when it comes to meeting their basic food needs.

As part of the Community Needs Assessment, when asked:

What do you see as important needs of the community?

“things being actually affordable...I don't know what everyone is doing going along with these crazy prices...a gallon of milk used to be like [\$]2.15 max now it's like [\$]4.50. How can anyone buy anything?”

What are your household's greatest challenges?

Multiple survey responders referenced affordability of kitchen staples that contribute to their ability to have healthy meals.

“Groceries that are healthy like vegetables, meats and dairy”.

What are the conditions related to this domain?

Twenty-nine percent of the people surveyed said that their household runs out of food before the end of the month. Of the people who identified that they used food pantries, Supplemental Nutrition Assistance Program (SNAP) or both, 56.34% said that their household did not run out of food, indicating that the programs are working to effectively reduce food insecurity for these individuals. However, that means that 43.66% of the people surveyed were still struggling with food costs despite receiving food assistance.

In 2020 Feeding America estimated that 40% of individuals who are food insecure in Windham County are above the threshold for SNAP eligibility. In the 2022 DataHaven survey, “most households experiencing food insecurity also reported that they have been impacted by the recent rise in inflation. Overall, 68 percent of Connecticut adults say that inflation has had at least some impact on their spending habits, but this ranges from 43 percent among adults earning \$200,000 or more to 80 percent among adults earning \$30,000 or less.”

This shows that people earning \$30,000 or less are more impacted than those earning more. These statistics are especially significant when it comes to Windham county, where the average adult is making \$35,000 annually.

43% of children in Connecticut are eligible for free or reduced price lunch. Tolland county has a significantly reduced amount at 27% and Windham county has the second highest rate in Connecticut at 48%.

What are the causes related to this finding?

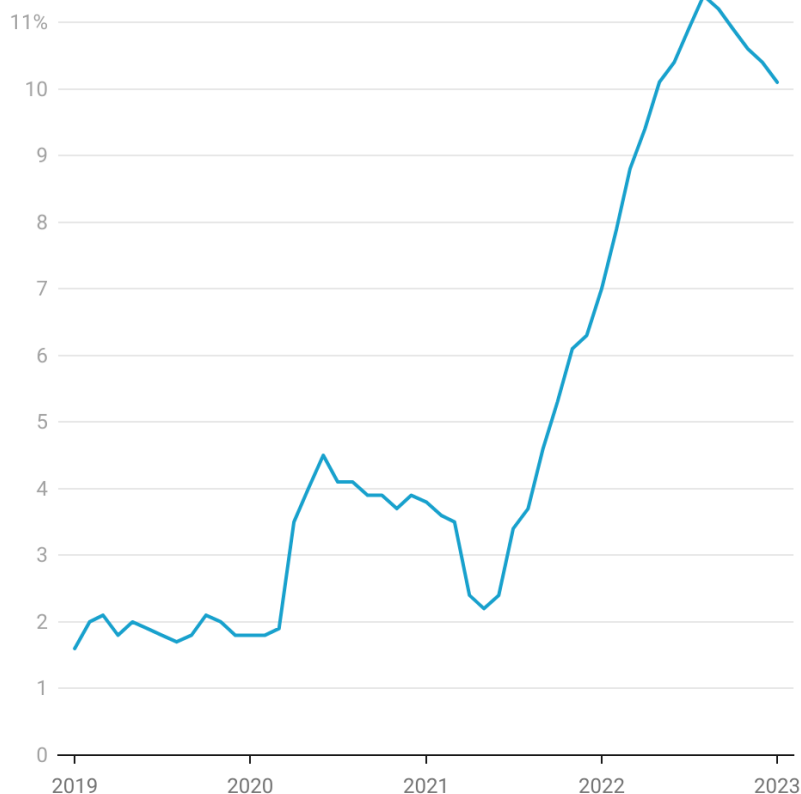
The drastic inflation in food prices from 2020 to 2022 is the largest in a generation. Those whose income has not increased in the past two years may be financially burdened by the current 9.1% food price hike.

Food pantries have felt the strain as well. With more people who depend on food pantries, more food is needed but not always available. Access site-based and mobile food pantries combined have had an increase in volume in food distribution of 144% from 2021 to 2022 with 2,399 more customer visits. Staff reports that a large number of these individuals are within the benefit cliff category and not eligible for SNAP. The Supplemental Nutrition Program (SNAP) has income limits up to 200% of the Federal Poverty Level (FPL).

Individuals and families that are on the “benefits cliff”, who do not qualify for SNAP or qualify for under \$25/month, continue to struggle under inflation. Connecticut Foodshare, the state of Connecticut’s largest nonprofit food bank, has expressed challenges in obtaining inventory of highly requested items like meat and pantry staples due to ongoing supply shortages. Using pandemic relief funds Connecticut Foodshare was able to provide food at no cost to participating partner pantries, but those programs will be ending in July 2023 and pantries will again be required to pay a cost share for certain foods.

Windham county towns are known as part of the “Quiet Corner” of Connecticut, because it is a “peaceful, scenic area” that includes the towns of Woodstock, Pomfret, Thompson, Putnam, Killingly, Eastford and Brooklyn. The rural nature of these small towns and those surrounding them contributes to far distances from traditional grocery stores for some residents. Unless equipped with

Connecticut Food Consumer Price Index (CPI) Percent Increase 2019 - 2023



Source: U.S. Bureau of Labor Statistics • Created with Datawrapper

personal transportation, individuals in these towns must resort to delivery services which come with additional fees, or convenience stores which have large markups in prices. These stores generally have a reduced range of food products with little to no fresh produce and many shelf stable or processed food options.

What are the assets?

Reducing food insecurity is a priority set by the State of Connecticut evident by the funding allocated for food programs with such examples as SNAP, WIC, CACFP and school meal programs. Food pantries and other food resources are available to residents of Windham and Tolland counties and searchable on the 2-1-1 Connecticut website.

Access has begun working with the MidWest Food Bank New England, a new private non-profit food bank. Their inventory fluctuates and the food pantry benefits from what is available. Continuing to identify and partner with new food suppliers will bridge the gaps of unstocked items.

What are the gaps/needs?

The increased need for food has put a strain on the capacity of organizations that have programs dedicated to food security. Access food pantries are given a portion of their food through donated products which vary in nutritional value.

Food pantries benefit from greater access to fresh food to provide families the opportunity to cook healthy meals including an increase in fresh fruits, vegetables and dairy. There is limited availability to programs that provide produce to families including coupons for local farmers markets, which not only benefit the household but the local farmers whose business is supported.

A group of people in the “benefits cliff” category are not eligible for SNAP benefits and are still going hungry. Households who do qualify for SNAP saw a minimum of \$95 extra each month throughout the COVID-19 pandemic. *“Recently, the Federal Government passed the Consolidated Appropriations Act of 2023. This bill ends the extra SNAP benefits after the February 2023 distributions. This means that Connecticut’s SNAP-eligible households will receive their last extra payment in February 2023”* (Department of Social Services).

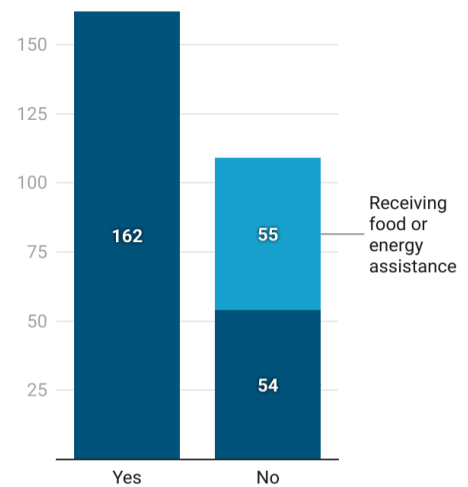
E.4. Domain 4: Adequate Income to Provide Basic Needs

The concept of basic needs was introduced by the International Labor Organization's World Employment Conference in 1976. *"A traditional list of immediate basic needs is food (including water), shelter, and clothing. Many modern lists emphasize that the minimum level of consumption of basic needs also includes sanitation, education, and health care."* The concept of basic needs was established to help set a baseline of universal needs to keep an individual safe and healthy.

What are the conditions related to this domain?

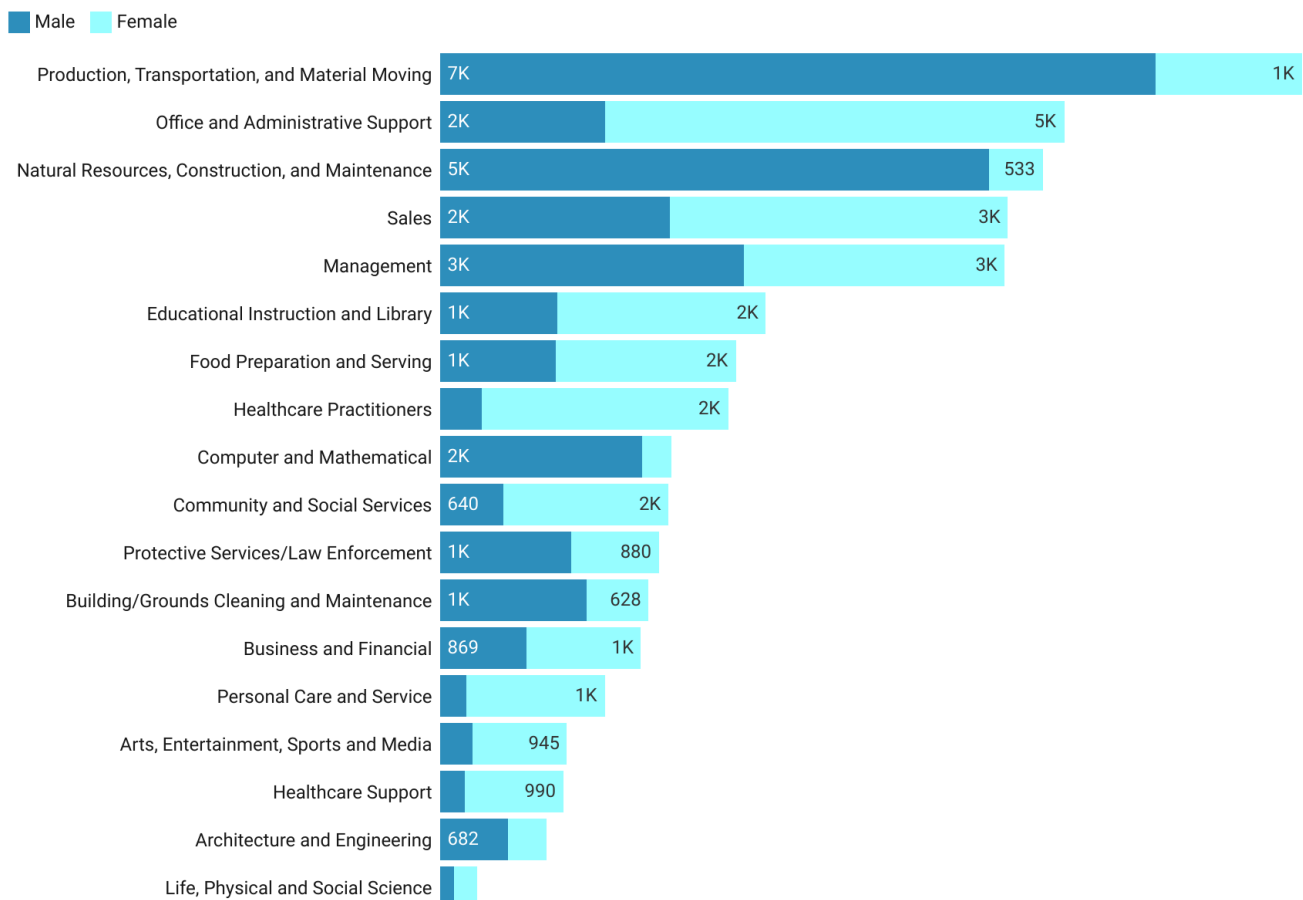
According to the U.S. Census Bureau, as of 2021, the average per capita income per person in Windham County was \$35,484 and Tolland County was \$40,579. There are a large number of

Are there things you need but struggle to pay for?



Source: ACCESS Community Needs Assessment Survey • Created with Datawrapper

Individuals in Workforce by Industry and Gender in Windham County, CT

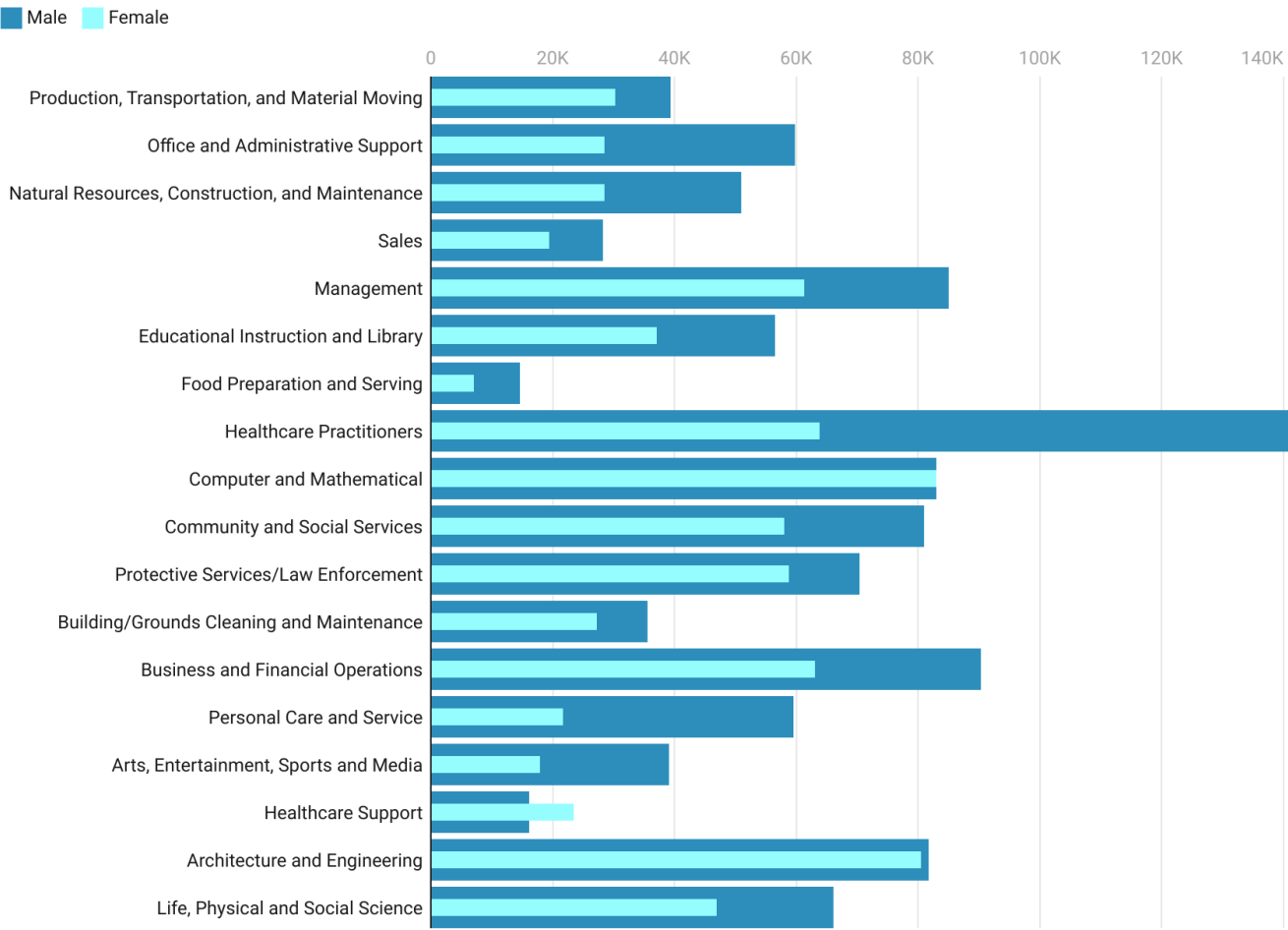


Source: The Census Bureau ACS 1-year Estimate • Created with Datawrapper

people in our catchment area that are single earner households, single parents, or the elderly on a fixed income. Families living paycheck to paycheck struggling to maintain household costs may be susceptible to take on debt if anything unexpected happens that puts additional strain on their budget.

The CT Department of labor reports that the largest employers in Windham County are Day Kimball Healthcare, Frito-Lay, Lowe’s Distribution Center, Walmart and Windham Hospital. Two of the five are hospital groups, and there is a significant difference in the average pay between healthcare practitioners that are male and female. However, healthcare support positions are the only sector in which women out-earn men. Except for healthcare support, women make less than men. For example, in management positions women make approximately \$28,000 less than their male counterparts. With an elevated number of single female heads of households in Windham and Tolland counties, the wage gap contributes to the poverty rate among these families.

Median Earnings (USD) by Industry and Gender in Windham County, CT



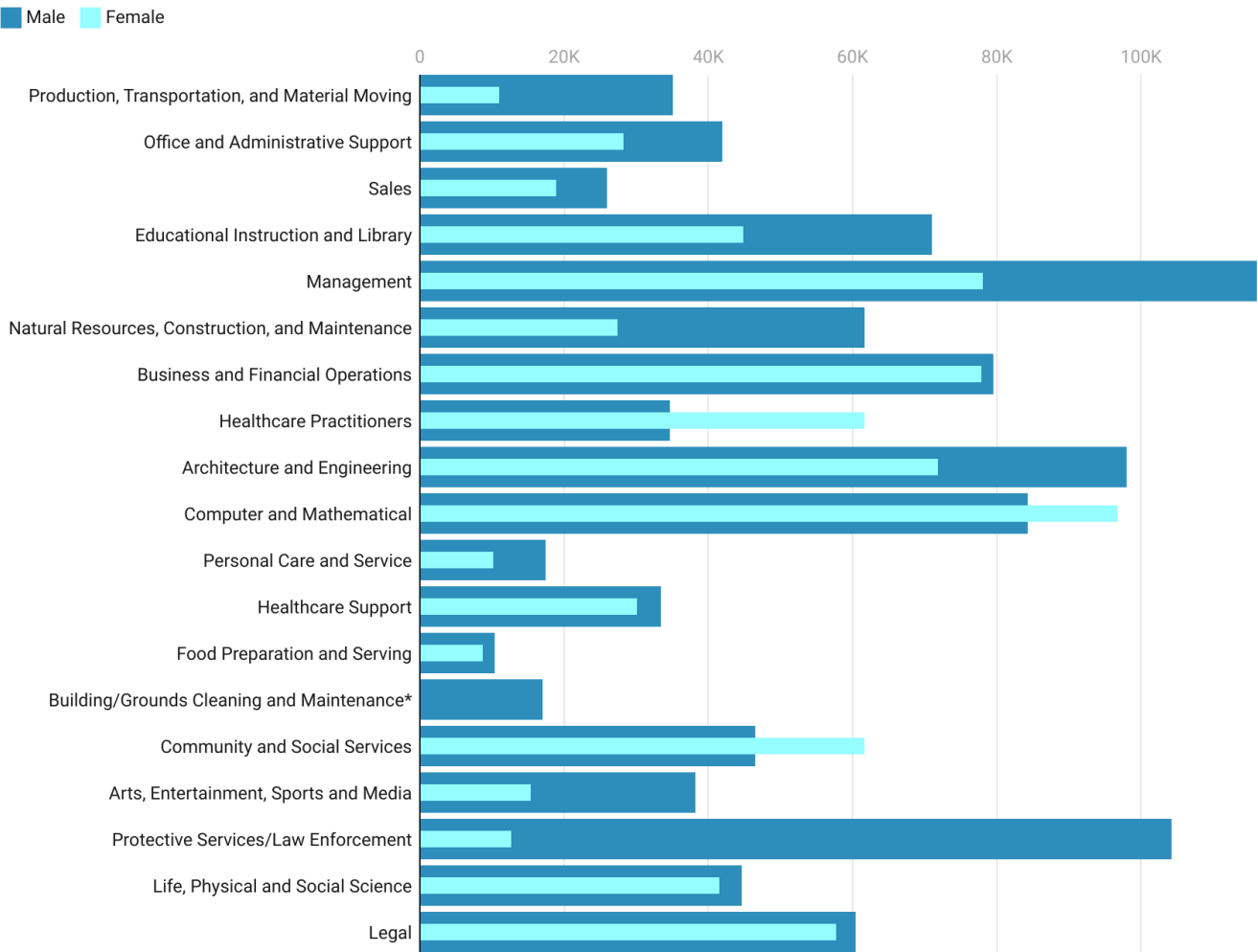
Source: U.S. Census Bureau ACS 1-year estimates • Created with Datawrapper

Lower paying jobs such as retail are more consistent across genders than in higher paying positions. The four most common occupational industries in Windham County all make under \$60,000 a year; in

all of these positions women make less than \$31,000. The two industries that have very similar rates of pay for men and women are computer and mathematical and architecture and engineering, but are male-dominated positions.

Tolland county has a different set of challenges than are experienced in Windham county. Women out-earn men in three industries; healthcare practitioners, computer and mathematical, and community and social services. The pay for women in these positions is on average \$18,000 more than men. In comparison, women in protective services and law enforcement make on average \$90,000 less than men. The five largest employers in Tolland county are the Osborn Correctional Institution, Priority Urgent Care, TTM Technologies, the University of Connecticut, and visiting nurse health services.

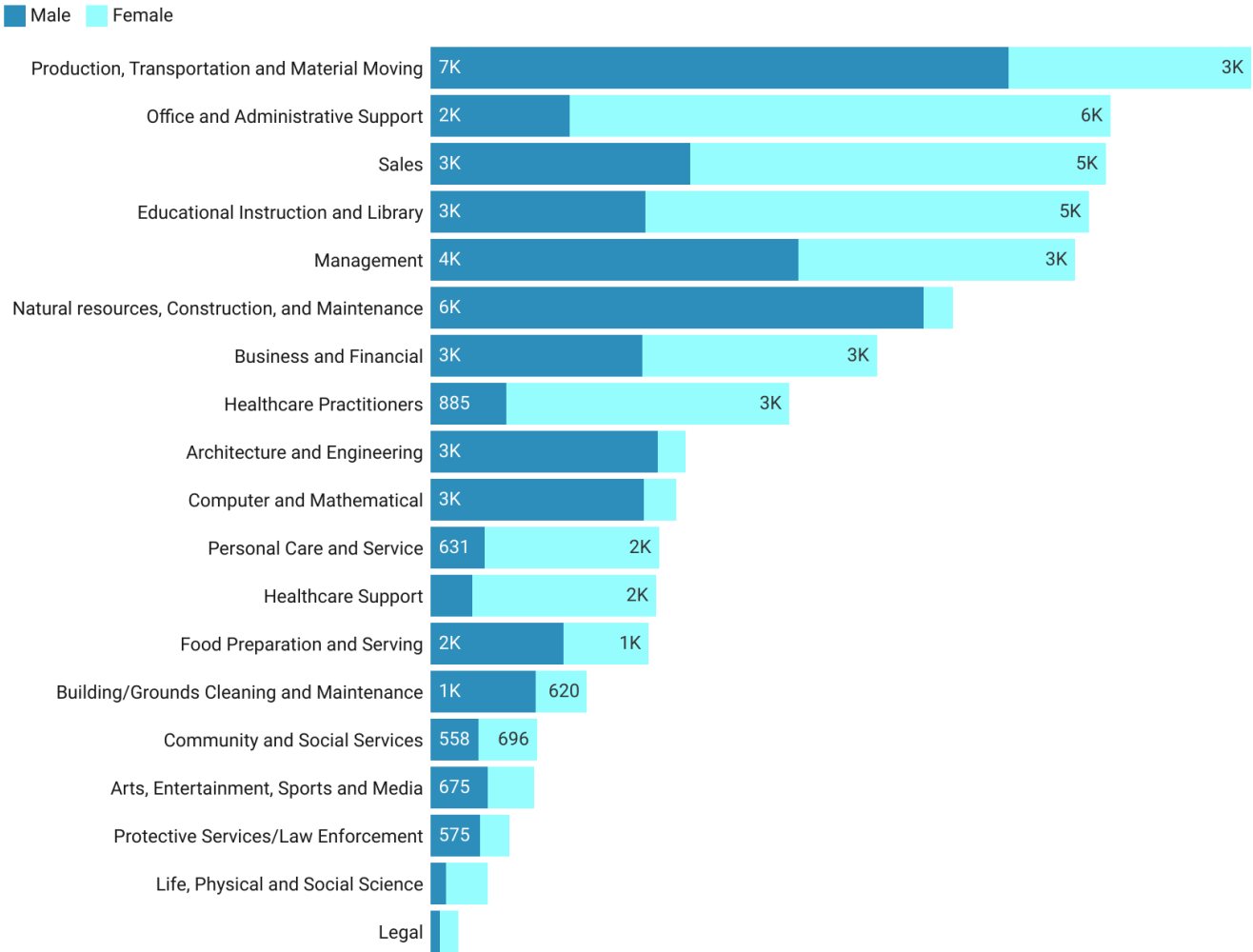
Median Earnings (USD) by Industry and Gender in Tolland County, CT



*There was no data available for the average female wage in Building/Grounds Cleaning and Maintenance
Source: U.S. Census Bureau ACS 1-year estimates • Created with Datawrapper

The industry that employs the most women in Tolland county is office and administrative support, with an average salary of \$28,300 per year for women. The largest industries that employ men are production, transportation and material moving and natural resources, construction and maintenance, which have average male salaries of \$35,000 and \$61,500 respectively.

Number of Individuals in Workforce by Industry and Gender in Tolland County, CT



Source: The Census Bureau ACS 1-year Estimate • Created with Datawrapper

What are the causes related to this finding?

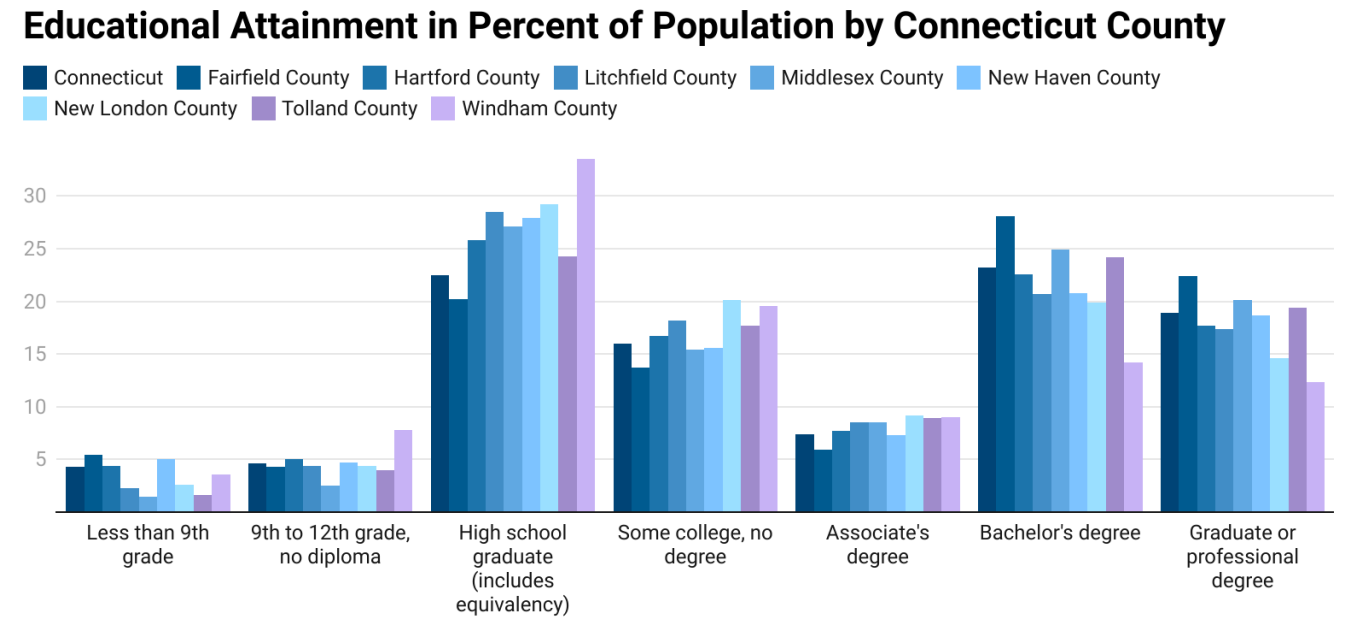
Many of the major employment industries do not provide adequate income to prevent poverty and cost-burdened households, more prominently in Windham than Tolland county. When the minimum wage of \$14 per hour is the primary income for an individual, a full-time 40-hour week is equal to a per capita income of \$29,120 per year.

The recent cost of living adjustment for Social Security beneficiaries and minimum wage increase did not outpace inflation. As prices climb, the amount of people who are unable to afford basic

necessities, even those who qualify for SNAP, may be unable to purchase what they need. SNAP requirements restrict the use of funds to edible items and do not allow for the purchase of prepared foods or toiletries.

The Economic Policy Institute’s (EPI) Family Budget Calculator “measures the income a family needs in order to attain a modest yet adequate standard of living. The budgets estimate community-specific costs for 10 family types...in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI’s family budgets provide a more accurate and complete measure of economic security in America”. The EPI calculator takes the county-level costs of housing, food, childcare, transportation, health care, taxes and other necessities. For a one-person household in Windham County, EPI’s calculator estimates that the income needed for “modest yet adequate” living was \$40,703 which is \$5,219 *more* than the average gross per capita income per person. The same one-person household in Tolland County, \$44,227 would be needed. A family of four with two adults and two children would need a household income of \$87,140 in Windham County and \$102,471 in Tolland County. The median household income for a family of four with two adult earners is \$71,418 in Windham County and \$88,525 in Tolland county.

11.4% of Windham County residents have not completed high school. Many of the jobs in Windham County are "entry level". Higher paying jobs are usually linked to higher education; in Windham County there are only 26.5% of individuals with a Bachelor’s or Master’s Degree. This is less people with higher education than in any other Connecticut county and eight percent lower than the second lowest county, New London County, which has a higher education rate of 34.5%. In comparison, Tolland County has the second highest rate of high school graduates and the third highest rate of college graduates.



Source: The Census Bureau ACS 1-year Estimates • Created with Datawrapper

What are the assets?

The Connecticut Department of Labor reports that Connecticut's unemployment rate was 4.2% in January of 2023. Windham county was slightly above at 4.3% with a workforce of 109,400, and Tolland county slightly below at 3.9% with a workforce of 86,400. Increases in the minimum wage would raise the standard of living for people who are working for this amount.

The Eastern Connecticut Workforce Investment Board - The American Job Center and the Connecticut Department of Labor are considered great resources for those who are looking for help with resume development and employment training with two locations in Windham county. Some programs are available to provide paid training and increase the marketability of an individual on the job market, and would benefit from more awareness.

Connecticut legislators are working to increase pay transparency by publishing salaries so the wage gap between men and women can become more equal.

What are the gaps/needs?

The so-called 'benefits cliff' - when families qualifying for assistance receive an increase in income that makes them ineligible for benefits they can find themselves worse off financially than before. There is a need for improving how cut offs from benefits are structured, making the decrease gradual to help set people up for success.

An increase in the amount of employment programs and awareness of existing employment programs that include training would increase the employment opportunities for individuals who are under-resourced.

There is a need to encourage employers that pay a livable wage to set up business in or around Windham and Tolland counties. The Connecticut Health Improvement Coalition's State Health Improvement Plan has an objective to "increase the number of employers across sectors that offer equitable and sustainable employment opportunities for all levels and demographics by 2025".

"I work full time and don't have enough money and it doesn't make sense."

"There are many people in the Northeastern CT area that are struggling on a regular basis."

"[I struggle to pay for] healthy meals and bills, I'm always on the edge."

E.5. Domain 5: Access to Healthcare

The U.S. Department of Health and Human Services defines health equity as attainment of the highest level of health for all people. “Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities” (Office of Disease Prevention and health Promotion)

“Equity is the absence of unfair, avoidable or remediable differences among groups of people...Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being.” (World Health Organization)

What are the conditions related to this domain?

Access Community Action agency hosted two virtual Community Provider Forums on November 18, 2022. Invitations were sent out to local community service agencies to share information with us about what they have identified as the most pressing community needs. These meetings were facilitated by Kathleen Krider, Senior Director - Community Engagement and Resource Management, Access. Representatives from Hartford Healthcare, Town of Somers Social Services, and United Way attended the first forum and Whole Life, Inc., United Services, Windham Interfaith Ministry (WAIM) and Hartford Healthcare Eastern Region attended the second.

Attendees at both meetings identified access to affordable healthcare as a community need. Lack of access to quality, low-cost healthcare will often cause individuals to avoid medical care until there are more serious problems. There is a need for more medical and mental health providers as well as mental health and substance abuse groups. Providers are short staffed due to high demand and low capacity. Recommendations made were to recruit and maintain additional medical and mental health staff as well as multilingual service providers.

Windham county has the highest premature death rates in the state of Connecticut, at 7,500 per 100,000 residents. In contrast, Tolland has the second lowest in the state, with 5,400 premature deaths per 100,000 residents. Windham county residents have the lowest life expectancy at 78 years; the average in Connecticut is 80.1, and the average in Tolland county is 81.3 years.

Windham and Tolland Counties have higher disabled populations than the average of Connecticut in every age category. The highest age group with disabilities are aged 65 years and older with a Connecticut average of 29.30%, a Tolland County average of 30.70%, and the Windham County average of 35.10%. Overall, 13.9% of Windham County and 12.5% of Tolland County residents are disabled. 43% of respondents to the Community Needs Assessment survey indicated that they have a

chronic illness and 36% identified that they experienced mental illness. Windham county has 4.5 days a month of “poor mental health days”, the highest in Connecticut, where the average is 3.9 days.

Mental health providers in the area have experienced longer-than-average waiting times for initial therapy intakes which is concerning in a field where early intervention is necessary.

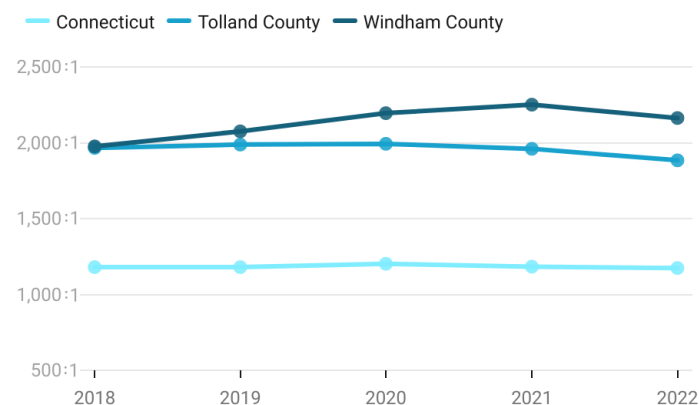
A respondent to the Community Needs Assessment Survey said;

“Access to human needs services needs to be improved for the residents in this community. When dealing with crises, folks cannot wait weeks for help. Behavioral health, perhaps in part due to the pandemic, is a crisis in this community and elsewhere. Resources need to be placed in this area...to grow a more courageous, empowered community.”

What are the causes related to this finding?

15.5% of respondents to the Community Needs Survey identified that they had difficulty receiving routine medical treatment in the wake of COVID. This is seen in the ratio of primary care physicians to individuals in the Windham and Tolland county areas. The average physician in Connecticut has

Ratio of Primary Care Physicians to Patients



Source: County Health Rankings & Roadmaps • Created with Datawrapper

1,170 patients to care for. Overall, in the United States there are 1,310 patients to every one physician. In Windham County, there are 2,160 people for every physician, showing that there are an inadequate number of doctors available to residents. The American Association for Physician Leadership recommends that a “reasonable panel” for a primary care physician was about 1,950 patients. Overburdened physicians combined with already limited geographic availability in rural areas contribute to deficiencies in the community for preventative care.

In Windham county there are limited options for healthcare, with main providers working under Day Kimball Healthcare or Hartford Healthcare. Day Kimball, an independent hospital, has been struggling financially despite being one of the largest employers in the region. Though a proposed partnership recently fell through, hospital leadership are optimistic in recent media reports of the hospital's continued viability.

The State of Connecticut’s HUSKY Health program offers a comprehensive health care benefit package to those who have qualified income. The benefits cliff exists in this setting as well, and as

medical expenses increase, those who are over the income limit for HUSKY may become further burdened to the point where they are left with less income after expenses than if they had initially qualified.

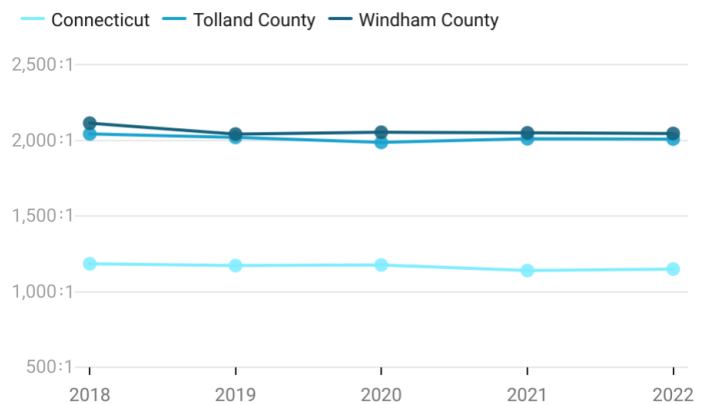
The ratio of dentists to patients in the state of Connecticut is 1,149:1. In Tolland county, the ratio is 2008:1 and in Windham county the ratio is 2,045 patients for every one dentist. Lack of access to dentistry has been linked to adverse health outcomes. “Oral conditions are frequently considered separate from other chronic conditions, but these are actually interrelated. Poor oral health is associated with other chronic diseases such as diabetes and heart disease” (Center for Disease Control and Prevention). The 2008 Affordable Care Act (ACA), set minimum essential coverage

requirements for all qualified health plans. The Act does not define dental care as an “essential health benefit,” and adult oral health services remain at state discretion. Dental insurance is often separate from primary medical policies, but is included in HUSKY health coverage, which is funded by Medicaid dollars. Medicare does not cover dental procedures, except in limited circumstances in Medicare Advantage plans, which are managed through private insurance providers. The World Health Organization identifies oral health as an integral part of overall health. “Oral health...enables individuals to perform essential functions such as eating, breathing and speaking, and encompasses psychosocial dimensions such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment. Oral health varies over the life course from early life to old age, is integral to general health and supports individuals participating in society and achieving their potential”.

“Medicaid denied me because I make over the allotted income...however, with the cost of living [and] paying for the 20% of what Medicare doesn’t cover, [it] is a lot for me. I no longer have dental and vision insurance and won’t go for certain procedures...because I can’t afford the cost.”

“High deductible medical plans have left me with credit card debt as well as over \$5,000 [in] hospital debt that I am paying off monthly on a payment plan. I now have bad credit due to the medical debt. I wish more attention could be given to this... I do not qualify for the programs at Access...but it is a struggle to pay for my bills especially now that the prices of gas and groceries have skyrocketed.”

Ratio of Dentists to Patients



Source: County Health Rankings & Roadmaps • Created with Datawrapper

What are the assets?

The State of Connecticut has developed the Healthy Connecticut 2025 Plan. Key guiding principles that evolved during the assessment process embraced the philosophy that all Connecticut residents deserve to experience health and wellbeing throughout their lifetimes.

As part of the COVID-19 public health emergency unwinding the State Department of Social Services is working closely with HUSKY participants who may have had their eligibility status change during the pandemic's continuous enrollment period. Each month after March 31, 2023 a portion of current HUSKY health participants will be sent a renewal notification to determine continued eligibility. Benefits will not be automatically terminated, which will assist individuals in planning for new coverage options if necessary.

Covered Connecticut is a new Department of Social Services program that aims to assist Connecticut residents who are over income for HUSKY health benefits, but struggle to afford the cost of traditional health insurance coverage. In partnership with Access Health CT, individuals are eligible for financial assistance to purchase silver level plans on the insurance exchange, receive no cost dental coverage and non-emergency medical transportation.

Access Health CT is Connecticut's official health insurance marketplace, established by the ACA, where you can shop, compare and enroll in qualified health plans. It is also the only place where you can qualify for financial help to lower your costs, and if eligible, enroll in no- or low-cost coverage through HUSKY Health Programs (Medicaid and the Children's Health Insurance Program (CHIP)) or the Covered Connecticut Program.

What are the gaps/needs?

There is a gap in health equity and more work needs to be done so that no one is disadvantaged and everyone is valued equally, achieving health equity. The Community Provider Forum identified there would be a benefit in the increase in inter-agency communication to coordinate with other providers and improve the quality of care for individuals they are working with.

E.6. Domain 6: Equity in the Social Determinants of Health



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

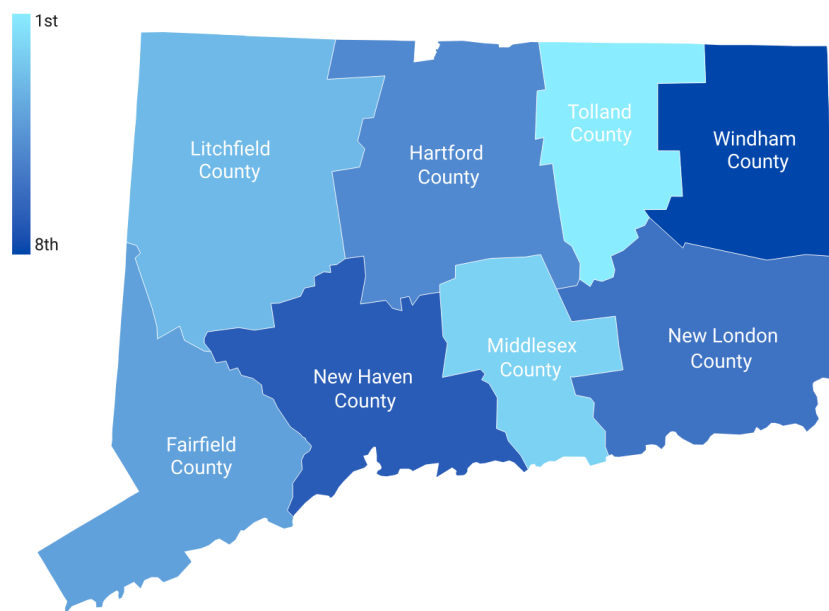
Social determinants of health (SDOH) as defined by the World Health Organization, are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.

Five of the social determinants of health are identified as Education Access and Quality, Health Care and Quality, Neighborhood and Built Environment, Social and Community Context, and Economic Stability. There is a need to take a holistic approach when looking at the social determinants of health and to find ways to promote equity that influences healthy outcomes that are inclusive to all.

According to data from County Health Rankings which used health behaviors, clinical care, social and economic factors, physical environment, length of life and quality of life to determine overall health factors rankings, Tolland is the healthiest county in Connecticut and Windham county is the least healthy. It is interesting that you can be at the borderline of these two

Overall Health Factors Rankings by Connecticut County



Source: County Health Rankings & Roadmaps • Created with Datawrapper

counties and have one foot placed in the healthiest communities and the other in the least healthy.

The needs identified in E.1 - E.5, E.1 Affordable Housing, E.2 Energy Assistance, E.3 Affordable Healthy Food, E.4 Adequate Income to Provide Basic Needs, and E.5 Access to Healthcare can all be placed under the umbrella of the five listed SDOH. Stressors can compile from an initial inequity and extend to other domains. Inequity in one domain contributes to health outcomes and can affect the community's quality of life.

What are the conditions related to this domain?

Education Access and Quality

Ensuring the access and quality of equal education opportunities for all students improves outcomes.

“People with higher levels of education are more likely to be healthier and live longer...Children from low-income families, children with disabilities and children who routinely experience forms of social discrimination...are more likely to struggle with math and reading. They’re also less likely to graduate from high school or go to college. This means they’re less likely to get safe, high-paying jobs and more likely to have health problems like heart disease, diabetes, and depression. In addition, some children live in places with poorly performing schools, and many families can’t afford to send their children to college. The stress of living in poverty can also affect children’s brain development, making it harder for them to do well in school. Interventions to help children and adolescents do well in school and help families pay for college can have long-term health benefits.” (U.S. Department of Health and Human Services)

Health Care and Quality

Improving healthy outcomes inclusive to all people. (Health Equity)

“Many people in the United States don’t get the health care services they need...About 1 in 10 people in the United States don’t have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventative care and treatment for chronic illnesses. Sometimes people don’t get recommended health care services, like cancer screenings, because they don’t have a primary care provider. Other times, it’s because they live too far away from health care providers who offer them. Interventions to increase access to health care professions and improve communication - in person or remotely - can help more people get the care they need.” (U.S. Department of Health and Human Services)

Neighborhood and Built Environment

“The human-made space in which people live, work, and recreate on a day-to-day basis”

“The neighborhoods people live in have a major impact on their health and well-being...Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. Racial/ethnic minorities and people with low incomes are more likely to live in places with these risks. In addition, some people are exposed to things at work that can harm their health, like secondhand smoke or loud noises. Interventions and policy changes at the local, state, and federal level can help reduce these health and safety risks and promote health. For example, providing opportunities for people to walk and bike in their communities - like by adding sidewalks and bike lanes - can increase safety and help improve health and quality of life.” (U.S. Department of Health and Human Services)

Social and Community Context

Social and Community Context refers to the settings in which people live and work, and it includes relationships between people, as well as the connections between people and institutions (social, religious, cultural, and occupational).

“People’s relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being...Many people face challenges and dangers they can’t control - like unsafe neighborhoods, discrimination, or trouble affording the things they need. This can have a negative impact on health and safety throughout life. Positive relationships at home, at work, and in the community can help reduce these negative impacts. But some people - like children whose parents are in jail and adolescents who are bullied - often don’t get support from loved ones or others. Interventions to help people get the social and community support they need are critical for improving health and well-being.” (U.S. Department of Health and Human Services)

Economic Stability

The relationship between a person’s financial resources and their health. A person’s income, their cost of living, their socioeconomic status, housing stability and food security all play a role in their health.

“In the United States, 1 in 10 people live in poverty, and many people can’t afford things like healthy foods, health care, and housing...People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still don’t earn enough to afford the things they need to stay healthy. Employment programs, career counseling, and high-quality child care opportunities can

help more people find and keep jobs. In addition, policies to help people pay for food, housing, health care, and education can reduce poverty and improve health and well-being.” (U.S. Department of Health and Human Services)

The following is a comment by a CNA survey respondent when asked about needs in the community;

“Youth support (education, leisure activities, programs that provide hope and encouragement). Affordable, quality housing and public transportation infrastructure. Quality Childcare and subsidy programs that allow single parents to go to work. We need more accessible mental health...[and] Farmers Market/CSA year-round produce accessible to all income levels.”

What are the causes related to this finding?

Education Access and Quality

People who have a limited education are more likely to work for lower wages than those that have obtained higher degrees. 11.4% of Windham county residents have not obtained a high school diploma. Windham county has the lowest percentages of high school graduates *and* higher degrees among all eight Connecticut counties.

Health Care and Quality

There are high ratios of patients to health care providers in Windham and Tolland counties. This can contribute to a lack of primary care providers for individuals and reduced preventative care. Windham County has the highest percentage of smokers in the state of Connecticut with 17% of residents. Windham and Tolland counties have the lowest percentages of people with access to exercise opportunities in the state of Connecticut at 66% and 59% respectively. Individuals are considered to have adequate access to exercise opportunities if they reside in a census block that is within a half mile of a park, one mile of a recreational facility in an urban area or three miles of a recreational facility in a rural area. In contrast, the average percentage of people with access to exercise opportunities in the entire state of Connecticut is 89%.

Neighborhood and Built Environment

There is a lack of affordable housing because of low inventory and increased rents. Across four years from 2019 to 2023, there was an average increase in the price of rents of 36.95% in Windham county. From 2022 to 2023 in Tolland county, there was an average increase in the price of rents of 14.45%. The average per capita income per individual combined with rent prices has contributed to the addition of many cost-burdened households. Households that are in need of affordable housing are

unable to find it at market prices and face waitlists for income-adjusted housing that span multiple years.

Social and Community Context

Extended length of time in isolation during COVID and becoming acclimated to the re-entry into the social environment post COVID.

A comment by a CNA survey respondent;

“Everyone here takes care of each other (senior housing). We have a meal together each month and trips over the summer together to go do things. We have a Christmas party and make sure we're doing things. If we didn't have each other it would be different, so it's important I guess to have a group of people who you can see and do things with. It really helped us through COVID.”

Economic Stability

The rise in inflation does not reflect in earnings that remain the same. Despite low unemployment rates there is a large section of residents that do not earn enough to afford essentials. The current 9.1% increase in food prices has led to increased food insecurity and an increase in the number of customers utilizing the Access food pantries. Hygiene essentials are not purchasable items with SNAP and some necessities are out of reach for low income families.

What are the assets?

Healthy Connecticut 2025, a plan that has determined all Connecticut residents deserve to experience health and wellbeing throughout their lifetimes. Healthy Connecticut 2025 has the goal of “Increas[ing] the number of opportunities for children, young adults, adults, and retirees/older adults for equitable, affordable education on career development and personal finance by 2025.”

Healthy People 2030 is a national objective to improve health and well-being over the next decade by the U.S. Department of Health and Human Services. The plan includes Leading Health Indicators (LHI), “high priority objectives selected to drive action toward improving health and well-being.” (Healthy People 2030).

There has been funding made available for the training of additional community health workers. Generations Family Health center is introducing community therapeutic group sessions. Groups include a group for teenage girls that educates about relationships, social skills, making friends and maintaining relationships, an adult women’s group to learn coping skills and explore aspects of healthy relationships for adult women, a group on improving wellness, and a group specifically for

spanish-speaking adults. A respondent for the CNA survey reported that they believed there should be “better support other than police [such as] women's groups”.

Limited English Proficiency (LEP) - is designed to improve accessibility to programs, services and activities to eligible people who report that they don't speak English well or that it is not their primary language.

What are the gaps/needs?

Access to the internet has become an increasingly important part of everyday life and contributes to an individual's ability to check finances, pay bills, attend school, schedule appointments. While Tolland County's access to the internet is consistent with Connecticut averages, 5.8% of Windham County households do not have a computer and 11.4% do not have access to the internet.

Affordable childcare is an important part in talking about increasing employment opportunities. Putting a child in a preschool center full-time costs an average of \$265/week in Connecticut reported by 2-1-1 childcare as of January 2023. The Children and Families Administration established that for childcare the “Federal benchmark for affordable family co-payments [is] seven percent of family income”. An adult making the per capita wage of Windham county would be using 38.83% of their gross income towards childcare for one child at the rate of \$265 per week. In Tolland county, it would be 33.95%.

There are imbalances of opportunities available based on geographic location and limited recreational activities and entertainment present in small, rural communities.

Accessible public transportation can help bridge the gap for people who are unable to access healthcare, employment opportunities and required shopping.

Some of the CNA Survey respondents when providing additional comments said;

“Our children really struggle with loneliness, isolation, and other mental health problems. There is absolutely a need for wholesome social community time and spaces for our adolescents”

Additional comments from the Community Needs Assessment Survey;

“Thank you from myself and others for the hand up not the hand out!”

“Please keep doing the work you are doing. It is needed in our community to assist those who struggle.”

E. How This Report Was Created

F.1. Big Questions

Areas of exploration include:

- Affordable Housing
- Energy Assistance
- Affordable Healthy Food
- Adequate Income to Provide Basic Needs
- Access to Healthcare
- Equity in the Social Determinants of Health

Rising inflation's impact on the economic stability of under-resourced individuals has a large impact on people living in poverty. The inability to provide basic needs for yourself and your family can result in a negative impact on the quality of life experienced. Many people that were struggling before the pandemic are struggling even more in the economic aftermath.

There is a heightened awareness of the compounding problems faced by people living in poverty. The understanding that it impacts multiple areas of their lives has opened conversations on how to create positive change.

F.2. Community Needs Assessment Workgroup

The workgroup was primarily current staff, including:

- Elizabeth Smith, Sr. Director - Planning and Performance
- Anna Whalon, Specialist - Data Management & Administrative Support
- Parker Stevens, Sr. Director - Finance & Information Systems
- Cathy Whitehead, Director - HEAP
- Rhiannon McCabe, Director - Homeless Prevention Outreach
- Brenda Coutu, Program Specialist - Emergency Shelter
- Marcia Melton, Sr. Service Coordinator - Emergency Shelter
- Emmanuel Travis, Program Specialist - Food Pantry
- Kathleen Krider, Sr. Director - Community Engagement / Resource Management
- Emma Pietrantonio King, Vice President / Chief Program Officer

F.3. Methodology

We used a variety of methods to identify the conditions and causes of poverty, the assets that seek to address those, and the service gaps that need to be filled. We explored qualitative and quantitative public and customer data and findings derived from these sources, led to the selection of the identified needs. Our interviews and focus groups provided greater context for the issues that arose through those explorations

For Primary Data Collection, see C.2. Assessment Process Background - Primary Data Collection. The analysis of data was conducted by the Planning and Performance team. The interviews were conducted in person, by phone, via Zoom and emails.

F.4. Limitations

Community Needs Assessment (CNA) Survey: 271 surveys were completed and included in data collection. An additional 27 surveys which were distributed by paper were not adequately filled out and were unable to be used. There was a smaller number of surveys completed by residents of Tolland county than Windham county.

Provider focus groups: We would have liked input from more community providers, however after sending out more than 50 invitations, only 6 providers attended the forum.

Data Collection: We were unable to find current data within the past two years for food insecurity rates for Connecticut counties.

F. Next Steps

The Community Needs Assessment will inform our Strategic Plan and then the Community Action Plan. As part of the process, the Senior Leadership Team and the Board of Directors will be involved in the utilization of Results Oriented Management and Accountability (ROMA) through assessment - planning- implementation - achievement of results - and evaluation, to address the needs identified within our mission statement.

G.Appendices

H.1.a. Board Acceptance Meeting Minutes

[Board Meeting Minutes 2023-04-04](#)

H.1.b. Community Needs Assessment Survey

[2023 Community Needs Assessment Survey - English](#)

[2023 Community Needs Assessment Survey - Spanish](#)

H.1.c. Community Needs Assessment Survey Results

[2023 Community Needs Assessment Survey Results](#)

H.1.d. Community Needs Assessment Primary and Secondary Data Table

[2023 Community Needs Assessment Primary and Secondary Data Tables](#)

H.1.e. Community Provider Forum

[2023 CNA Community Provider Forum Minutes 2022-11-18](#)

H.2. Data Sources: Quantitative and Qualitative Data

H.2.a. Primary Data Collected

Who provided the data	Location(s) of Respondents	Collection Tool	Type	Method of Collection	Date/Date Range of Collection	Analysis Method	Page(s) where info is found
Access Emergency Shelter	Danielson, CT	STEPS Data Collection System	Quantitative	STEPS Demographic Information	2019 - 2023	Quantitative Analysis	22
Access Energy Assistance	Windham/ Tolland counties	CAPTAIN	Quantitative	Applications	2019 - 2023	Quantitative Analysis	26, 27, 28

Access Food Pantries	Windham/ Tolland counties	STEPS Data Collection System	Quantitative	STEPS Demographic Information	2021 - 2023	Quantitative Analysis	30
Windham/ Tolland county residents	Windham/ Tolland counties	Community Needs Assessment Survey	Quantitative and Qualitative	Online and paper surveys	2022 - 2023	Quantitative and Qualitative Analysis	20, 21, 22, 23, 26, 29, 37, 39, 40, 45, 46, 47

H.2.b. Secondary Data Compiled

Data Source	Dataset	Geographies	Date/Date Range of Dataset	Analysis Methods	Who Analyzed the Data?	Page(s) where info is found
CTData Collaborative	Connecticut Town Profiles	Town	2021	Town population	CNA Workgroup	16, 18
U.S. Census Bureau	ACS 2021 1-Year B03002 B17001 B19301 DP02 S2401 S2405 S2411	County, State	2021	Race/Ethnicity Poverty Status by Sex/Age Per Capita Income Social Characteristics Occupation by Sex Industry by Occupation Occupation by sex and median earnings	CNA Workgroup	16, 17, 18, 19, 21, 32, 36, 38, 39, 45, 46, 47
HUD User	FY 2023 Fair Market Rent Documentation System	Town, County	2019 - 2023	Fair Market Rent Percentage Increases	CNA Workgroup	21, 23, 25
FRED Economic Data	Housing Inventory: Active Listing Count	County	2019 - 2023	Housing Inventory Increase/ Decrease	CNA Workgroup	21, 23

Data Source	Dataset	Geographies	Date/Date Range of Dataset	Analysis Methods	Who Analyzed the Data?	Page(s) where info is found
	Single-Parent Households with Children			Percentage of single-parent households		
timeanddate.com	Historical Weather Trends	County	2021 - 2023	Temperature changes	CNA Workgroup	26
U.S. Energy Information Administration	Residential Heating Oil Price Natural Gas	State	2019 - 2023	Heating price increases Natural gas price increases	CNA Workgroup	27
CT Department of Energy and Environmental Protection	Energy Price and Supply Information	State	2023	Residential heating prices	CNA Workgroup	27
U.S. Bureau of Labor Statistics	Consumer Price Index	State	2019 - 2023	Food Consumer price index increases	CNA Workgroup	20, 29, 30, 46
CT Department of Labor	Current Labor Force Data for Connecticut Towns	Town	2023	Labor force	CNA Workgroup	33, 34, 35, 37
County Health Rankings & Roadmaps	CT Health Outcomes	County	2022	Health outcomes	CNA Workgroup	38, 39, 40, 42, 45, 47
2-1-1 Counts	Call Requests	County	2022 - 2023	Requests for services	CNA Workgroup	22
Feeding America	Food Insecurity Map	County, State	2020	Food Insecurity rates	CNA Workgroup	29
DataHaven	Food Insecurity Survey	State	2022	Food Insecurity and SNAP eligibility	CNA Workgroup	29
Economic Policy Institute	Family Budget Calculator	County, State	2023	Family Income Levels	CNA Workgroup	36
University of Connecticut	Demographics	University	2023	Race/Ethnicity Demographics	CNA Workgroup	18, 19

H.3. Primary Data Collection: Sectors

Organization	Location(s) of Org	Method of Collection	Date of Collection	Page Where Info is Found
Hartford Healthcare	State of Connecticut	Provider Forum	2022/11/18	38, 39, 41
Town of Somers Social Services	Somers, CT	Provider Forum	2022/11/18	38, 39, 41
United Way	Central and Northeastern Connecticut	Provider Forum	2022/11/18	38, 39, 41
Epilepsy Foundation of CT	Connecticut	Provider Forum	2022/11/18	38, 39, 41
United Services	Windham County	Provider Forum	2022/11/18	38, 39, 41
University of Connecticut	Storrs, CT	Document Review	2023/03/21	18, 19
Windham Area Interfaith Ministry (WAIM)	Windham, CT	Provider Forum	2022/11/18	38, 39, 41

H.4. Primary Data Collection: People with low incomes

Who provided the data	Determination that they had low incomes	Tool and Method of Collection	Page Where Info is Found
Agency Clients in the Food Pantry program	Program eligibility	STEPS Data Collection System	30
Agency Clients that are in the Emergency Shelter Program	Program eligibility	STEPS Data Collection System	22
Agency Clients that are in the Energy Assistance Program	Program Eligibility	CAPTAIN Data Collection System	26, 27, 28
CNA Survey Respondents	Demographic questions around household income and if Access customer	CNA Survey	20, 21, 22, 23, 26, 29, 37, 39, 40, 45, 46, 47

H.5. Data Collection Tools

See Appendix H.1.b through H.1.e.

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