

**TOWN OF WINDSOR, CONNECTICUT
Special Meeting Notice**



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AGENCY: Health & Safety Committee

DATE: June 17, 2025

TIME: 6:30 PM

PLACE: Hybrid - Virtual and In Person in Council Chambers at Town Hall

AGENDA

1. Call to Order
2. Public Comment
3. *Overview of Community Health Needs Assessment Report
4. *Presentation and discussion of speed enforcement cameras (including public comment opportunity on this topic)
5. Staff Reports
6. Approval of Minutes
 - a) *December 11, 2024
7. Adjournment

*Back up materials

Agenda Item Summary

Date: June 17, 2025

To: Members of the Health and Safety Committee

Prepared by: Michael Pepe PhD, Director of Health
Jennifer Waldo RN, MS, Public Health Nurse

Reviewed by: Peter Souza, Town Manager 

Subject: Community Health Needs Assessment (CHNA) Survey Results

Background

In September 2024, the Windsor Health Department received funding for the Mental Health Promotion and Suicide Prevention Grant, funded by the Centers for Disease Control and Prevention's Preventive Health and Health Services Block Grant. One of the requirements of this grant, was to conduct a Community Health Needs Assessment (CHNA). The purpose of the CHNA was to identify the priorities and needs of the community in areas related to public health, with a particular focus on the areas of mental health and suicide prevention.

Through a competitive bid process, Berry, Dunn, McNeil and Parker, LLC was selected to assist with the CHNA process. This item is presented to provide the results of the CHNA Survey and the priorities and goals identified by the Windsor Mental Health Alliance, a collaboration of representatives from town departments, private and public schools, healthcare sector and members of the faith community.

Discussion/Analysis

The CHNA process included analysis of existing health-related data for the town and surrounding area, as well as collecting first-hand input from community members about their experiences, perceptions and opinions related to the community's health through a community survey.

The analysis of existing health-related data was completed and the findings were used in part to inform the development of the community survey questions. Survey questions included topics such as health status, access to health care, social determinants of health, household health needs and priorities and residents' perceptions and experiences in the community.

In early January 2025, the CHNA community survey was launched using an online community engagement platform. The survey was open for one month and was promoted through social media, community partners and the town's website. While the survey was primarily conducted on-line, printed surveys were available at select locations at Town Hall, both libraries, LP Wilson Community Center and 330 Windsor Avenue Community Center.

Through the CHNA process, the Health Department collected responses from 376 Windsor residents and engaged with approximately 14 organizational partners to obtain input and develop priority area and high-level goals for the CHNA. The survey respondents were largely women over the age of 55.

Several key report findings include:

- Hartford County's ratio of mental health providers per population is better than all other CT counties
- County's ratio of primary care providers per population was lower than the rest of the State and the country
- Depression and frequent mental distress is estimated to be higher in Windsor compared to State overall
- 46% of respondents indicated cost to be main barrier to accessing mental health services and support
- Over 50% of respondents were not satisfied with their access to health care
- Social isolation / loneliness cited as top contributor to poor mental health by survey respondents
- Nearly 50% of respondents do not exercise for at least 150 minutes per week
- 36% of respondents indicated nutrition and exercise programs are a primary healthcare need in their household
- Many respondents indicated their weight and/or lack of time or space exercise was a concern or factor in their level of health.

In collaboration with the Windsor Mental Health Alliance the following priority and goal areas were identified:

1. Mental Health Services - The prevalence of depression and frequent mental distress is estimated to be higher in Windsor than across the State of Connecticut overall, with over a quarter of Windsor residents estimated to be socially isolated and/or lacking necessary social, emotional and mental health supports.

- Increase awareness of mental health resources, including 988 Suicide, Crisis Lifeline and Minds Matter programs.
- Strengthen partnerships and improve connections to mental health care and support.
- Offer programming to facilitate social connections and educational opportunities.

2. Physical Wellness - Results of the CHNA Community Survey highlight that factors, including not being at a healthy weight, a disease or illness and the ability to exercise, are among the top barriers to respondents' success being as healthy as possible.

- Increase awareness of existing community programming.
- Develop programs to address gaps in physical activity, nutrition and wellness to help prevent and manage chronic disease.

3. Access to Care - As of 2021, the ratio of primary care providers per population in Hartford County was notably lower than both the State of Connecticut and the national average, indicating a shortage of providers in the region.

- Partner with providers to promote and expand services.
- Increase availability and ease of access to substance misuse disorder resources.

Next steps include creating a multi-stage action plan to address the priority and goal areas listed above. This work will be done in partnership with the Windsor Mental Health Alliance led by the Health Department in collaboration with other town departments including Recreation and Leisure Services, Senior Services, Social Services, Police Department and Library Services and the Wilson Branch Library.

Financial Impact

None

Other Board Action

None

Recommendations

This item is presented for information purposes. No formal action is requested of the committee.

Attachments

Community Health Needs Assessment Survey



Town of Windsor, Connecticut

2025 Community Health Needs Assessment

Submitted By:

Berry, Dunn, McNeil & Parker, LLC
2211 Congress Street, Portland, ME 04102
207.541.2200

Julie Sullivan, Principal

jsullivan@berrydunn.com

Kristen Dow, Project Manager

kristen.dow@berrydunn.com

Submitted On:

May 13, 2025

Leadership Message

Dear Community Members,

The Windsor Health Department is proud to share the results of our 2025 Community Health Needs Assessment (CHNA). This report reflects months of data collection and integrates the voices of our community members so that we can better understand the current health needs of those who live, work, and play in our town.

Through your input, we have gained a deeper understanding of the health challenges and strengths in our community. We have heard about barriers to mental health support and services; the importance of our walking trails and parks; and the need to promote existing community services, such as the 988 Suicide and Crisis Lifeline. The priorities we have developed in the CHNA will guide our next steps as we work with partners and community members to turn this report into action.

We are thankful for those who shared their time and voice during this process. Your thoughtful input will help us as we continue demonstrating our commitment to improve the health and well-being of all Windsor residents.

Sincerely,

Michael A. Pepe, PhD

Director of Health

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Revision History

Table i: Version History

Document Version	Date	Revision Notes
1.0	05/02/2025	Initial Draft Submitted to Town
2.0	05/13/2025	Final Draft Submitted to Town

1.0 Executive Summary

Beginning in September 2024 through April 2025, the Town of Windsor (Town) Health Department carried out data collection and assessment activities to inform the development of a Community Health Needs Assessment (CHNA) in order to better understand the health status, needs, and priorities of the Town's residents. The Health Department worked with BerryDunn, a contractual partner, to collect and review available health-related secondary data, administer a community survey to Windsor residents, and collaborate with local partners. These local partners convened as the Windsor Mental Health Alliance to understand the current health status and priority needs of Windsor residents related to both physical and mental health as well as community well-being. The CHNA contains several sections dedicated to mental health-related data and findings, including both secondary data and primary data collected as part of the CHNA Community Survey. Funded by the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention, the CHNA is one part of the Health Department's ongoing effort to promote mental health and help prevent suicide deaths in Windsor.

Through the CHNA process, the Health Department collected responses from 376 Windsor residents and engaged with approximately 14 organizational partners to obtain input and develop priority areas and high-level goals for the CHNA. Across the data collection, prioritization, and goal setting processes, the Health Department and partners continued to emphasize the role of mental health in the community's overall health and priority needs.

Across all data collection methods, the Health Department and partners identified several cross-cutting themes and areas of need, which were distilled into the high-level priority areas of mental health services, physical wellness, and access to care. These priority areas served as a guide for developing high-level goals for addressing community health needs and will be a reference point for the Health Department's development of interventions and future health improvement initiatives.

2.0 Introduction

2.1 Purpose

The purpose of this CHNA is to identify and understand the Town of Windsor's current health status, needs, and priority issues. This CHNA incorporates newly collected and existing data related to health outcomes and access to care, as well as input from community members about their biggest concerns and perceived strengths related to health in the community. The findings of this report will help to inform future interventions and health improvement efforts for the Town.

2.2 CHNA Process Overview

The CHNA was developed by Berry, Dunn, McNeil & Parker, LLC (BerryDunn) and the Windsor Health Department, with support from the Windsor Mental Health Alliance, which is comprised of multi-sector representatives working in partnership to enhance mental health in the community. The CHNA process included analysis of existing health-related data for the Town and surrounding area, as well as the collection of first-hand input from community members about their experiences, perceptions, and opinions related to the community's health through a community survey. The analysis of existing health-related data was completed, and the findings were used in part to inform the development of the community survey questions.

The CHNA survey was administered to the community from January 9, 2025, to February 7, 2025, with a total of 376 survey responses received from Windsor residents. Once the survey was closed, the findings were analyzed and used to conduct a strengths, weaknesses, opportunities, and threats (SWOT) analysis. The SWOT analysis, along with secondary data and community survey findings, were then used to inform selection of community health priorities and goals through an interactive meeting with members of the Windsor Mental Health Alliance.

2.3 Data Collection Methods

The Health Department and partners conducted a secondary data analysis, which reviewed existing health data pertaining to the Town of Windsor and the surrounding communities. The data was analyzed to better understand community demographics, identify trends, and evaluate current community health status. The secondary data findings then helped guide community engagement efforts and the development of the community survey.

A CHNA community engagement platform was developed using Social Pinpoint. The Social Pinpoint site was used as a key tool to gather diverse and inclusive community information via mapping and hosting the online community survey. The survey was promoted widely through the Social Pinpoint site on the Town of Windsor website, social media outlets, email distribution lists, community gathering points, and community organizations to share and promote within their networks. Paper versions of the survey were available at select locations, including the senior center, the library, and community centers to support access to the survey for residents without internet access or those who were not comfortable using the online survey tool. Respondents who completed the survey online also had the opportunity to contribute to a

“social map,” where they could mark areas of the community with a comment about how the area supports their health or makes it harder to stay healthy.

2.3.1 Data Sources

The following are the key data sources used for the secondary data analysis:

- United States Census Bureau. 2025. *Windsor town, Hartford County, Connecticut Profile*. United States Census Bureau. Accessed 2025.
- Centers for Disease Control and Prevention. 2025. *PLACES: Local Data for Better Health*. Centers for Disease Control and Prevention. Accessed 2025.
- County Health Rankings and Roadmaps. 2025. *County Health Rankings and Roadmaps*. University of Wisconsin Population Health Institute. Accessed 2025.
- Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System*. Centers for Disease Control and Prevention. Accessed 2025.
- Connecticut Department of Public Health, Injury and Violence Surveillance Unit. 2025. 2020 – 2023 Crude Suicide Rates by Town/City

3.0 CHNA Findings Summary

3.1 Secondary Data Findings

Secondary data was reviewed to provide insight into health-related factors, trends, and outcomes in Windsor. Data related to Windsor's demographic makeup, health outcomes, and health-related factors, such as access to care and health-risk behaviors, all support an understanding of overall health status in Windsor.

Windsor is a diverse community of approximately 29,472 residents. Approximately 43% of Windsor residents 25 years and older hold a bachelor's degree or higher (Figure 2)¹.

Figure 1

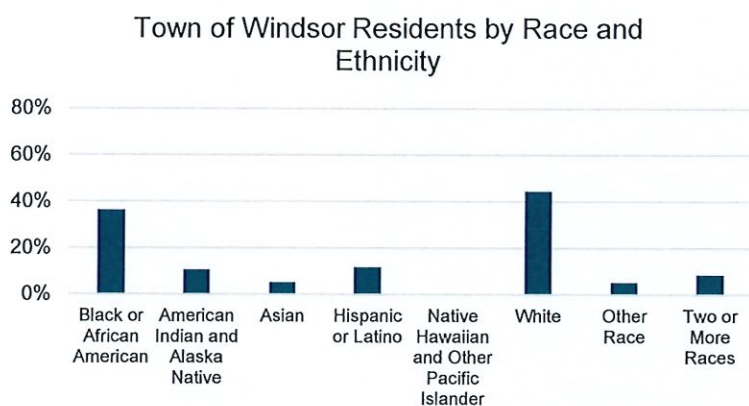
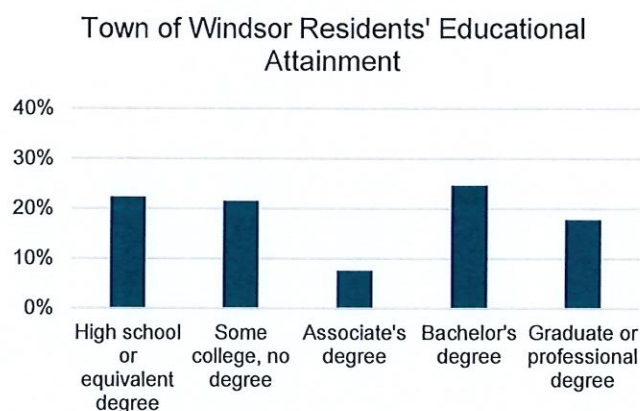
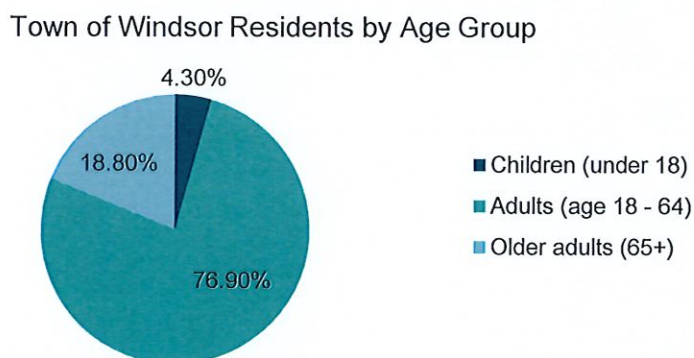


Figure 2



Nearly one-fifth of Windsor residents are older adults, age 65 or older (Figure 3).

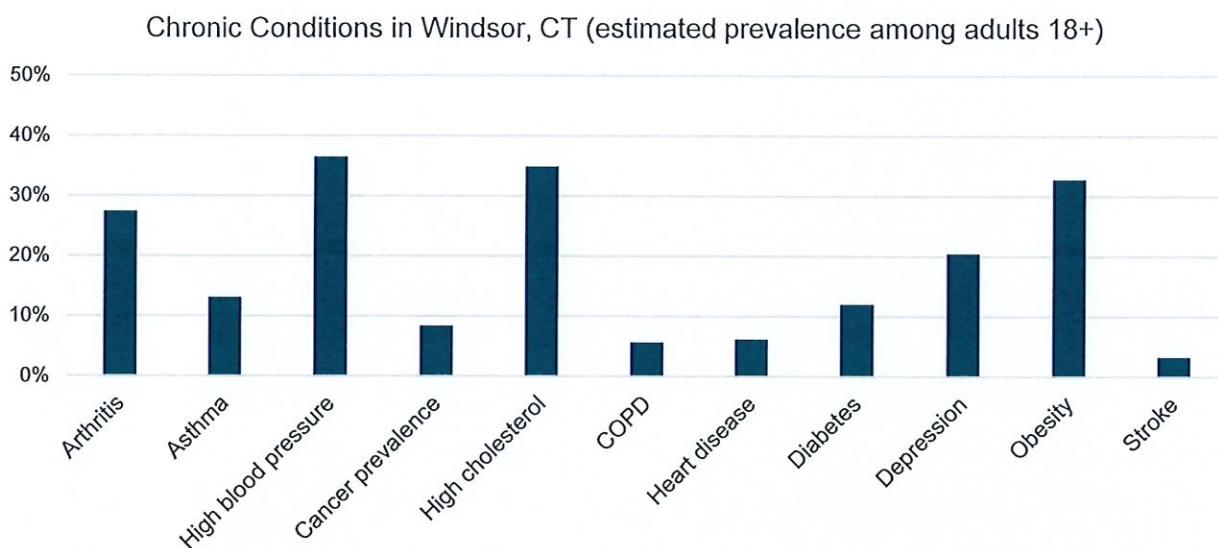
Figure 3



¹United States Census Bureau. 2025. *Windsor town, Hartford County, Connecticut Profile*. United States Census Bureau. Accessed 2025 https://data.census.gov/profile/Windsor_town,_Hartford_County,_Connecticut?q=060XX00US0900387000

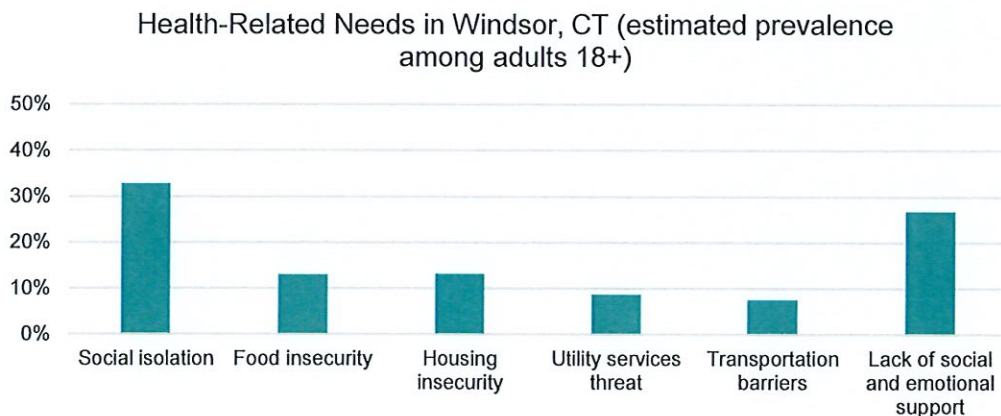
The prevalence of chronic conditions within a community has implications for the health and well-being of the community overall, in addition to those directly impacted. Chronic conditions and illnesses are long-term conditions that often necessitate ongoing medical treatment and can limit individuals' daily activities. High prevalence of chronic conditions, such as diabetes, heart disease, and cancer, within a town or area can negatively impact the community overall by increasing social isolation of those experiencing these conditions, reduce productivity and residents' ability to participate in the workforce, and increase healthcare costs. In Windsor, the most prevalent chronic conditions are high blood pressure, high cholesterol, and obesity (Figure 4).

Figure 4



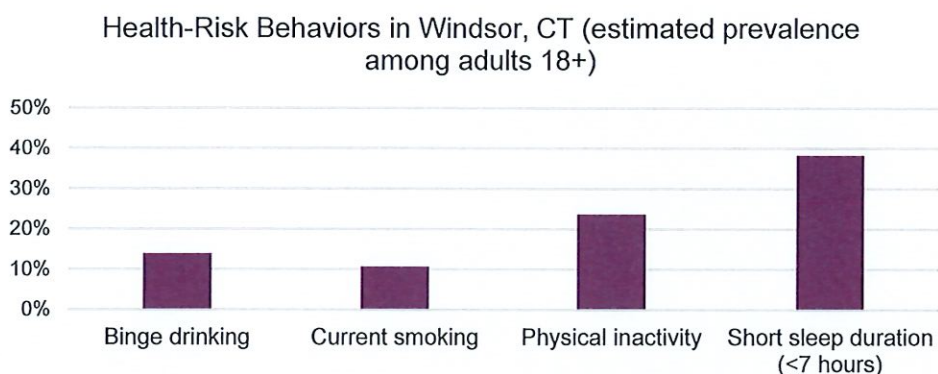
The most prevalent health-related needs in Windsor, as estimated by CDC PLACES, are social isolation and lack of social and emotional support (Figure 5).

Figure 5



Certain behaviors and activities, such as smoking or being physically inactive, can also increase risk of certain health conditions or poorer health outcomes. Among Windsor residents, the most prevalent health-risk behaviors include typically sleeping fewer than seven hours per night and physical inactivity (Figure 6). Both of these behaviors can put individuals at a higher risk for health conditions, such as cardiovascular disease, diabetes, and mental health issues like anxiety and depression^{2,3}.

Figure 6



Access to care and health services also impacts both individual and community health and outcomes. Adequate access to healthcare supports prevention and early detection of illness and can reduce the financial and time burden associated with having to travel to access needed services or utilize out-of-network providers. In the United States, whether an individual has health insurance coverage plays a significant role in whether they are able to regularly access healthcare, including preventive services. In Windsor, approximately 97% of residents have healthcare coverage⁴ (Figure 7). However, approximately one-fifth of residents report not receiving an annual checkup⁵ (Figure 8).

² Johns Hopkins Medicine. n.d. "Risks of Physical Inactivity." *Johns Hopkins Medicine*. Accessed 2025 <https://www.hopkinsmedicine.org/health/conditions-and-diseases/risks-of-physical-inactivity>

³ Pankowska MM, Lu H, Wheaton AG, Liu Y, Lee B, Greenlund KJ, et al. Prevalence and Geographic Patterns of Self-Reported Short Sleep Duration Among US Adults, 2020. *Prev Chronic Dis* 2023;20:220400. DOI: <http://dx.doi.org/10.5888/pcd20.220400>

⁴ United States Census Bureau. 2025. *Windsor town, Hartford County, Connecticut Profile*. United States Census Bureau. Accessed 2025 [https://data.census.gov/profile/Windsor town, Hartford County, Connecticut?q=060XX00US0900387000](https://data.census.gov/profile/Windsor%20town,%20Hartford%20County,%20Connecticut?q=060XX00US0900387000)

⁵ Centers for Disease Control and Prevention. 2025. *PLACES: Local Data for Better Health*. Centers for Disease Control and Prevention. Accessed 2025 <https://www.cdc.gov/places/index.html>

Figure 7

Healthcare Coverage Among Windsor, CT Residents

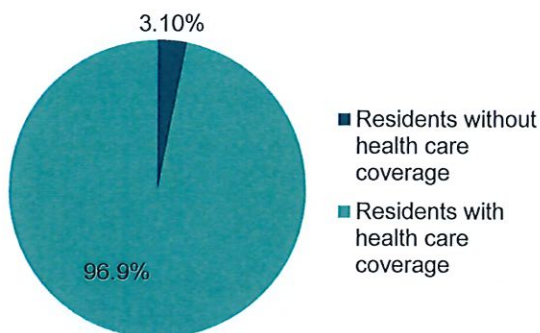
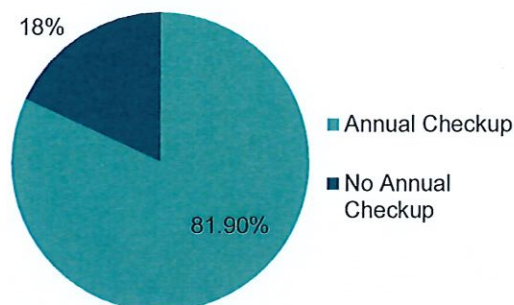


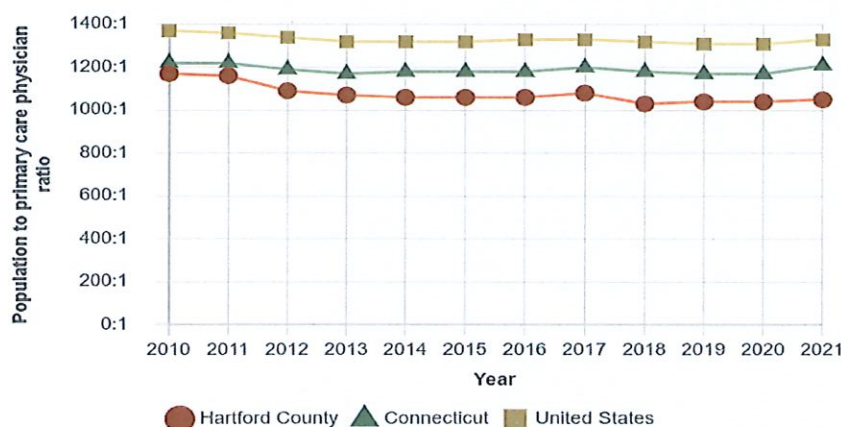
Figure 8

Annual Checkup Among Windsor, CT Residents (estimated prevalence among adults 18+)



In addition to whether or not community members have coverage, the number and availability of providers in an area also impacts access to care. As of 2021, Hartford County, where Windsor is located, had a primary care provider-to-population ratio that is slightly lower than both Connecticut and the United States overall (Figure 9), though County Health Rankings and Roadmaps noted this as an improving metric for the county.

Figure 9. Primary Care Provider-to-Population Ratio in Hartford County⁶

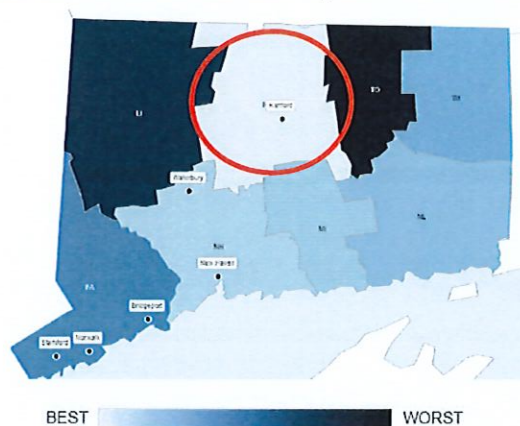


⁶ County Health Rankings and Roadmaps. 2025. *County Health Rankings and Roadmaps*. University of Wisconsin Population Health Institute. Accessed 2025 <https://www.countyhealthrankings.org/health-data/connecticut/hartford?year=2025>

3.1.1 Mental Health and Suicide Prevention Secondary Data Findings

Mental health and suicide prevention are crucial components of community health and well-being. For emotionally vulnerable members of a community, the occurrence of a death from suicide in the community can exacerbate depression, anxiety, or suicidal thoughts, particularly for youth⁷. Access to mental health care and services is a key resource for those experiencing mental health challenges or mental illness. Hartford County has the highest ratio of mental health providers to population in Connecticut, with a ratio of one mental health provider for every 170 people. However, the counties surrounding Hartford have the lowest mental health provider-to-population ratios in the state⁸, which may make accessing local services for residents of those counties more challenging and increase the demand for services available in Hartford County.

Figure 10. Mental Health Care Provider-to-Population Ratios by County⁸



Windsor's four-year rate of deaths from suicide (2020 – 2023) was 9.98 per 100,000 persons, which was the ninth highest in the state for this time period⁹.

⁷ Joanne Barker. January 6, 2022. "When a friend dies by suicide: Preventing suicide contagion." *Boston Children's Hospital*. Accessed 2025 <https://answers.childrenshospital.org/suicide-contagion/>

⁸ County Health Rankings and Roadmaps. 2025. *County Health Rankings and Roadmaps*. University of Wisconsin Population Health Institute. Accessed 2025 <https://www.countyhealthrankings.org/health-data/connecticut/hartford?year=2025>

⁹ Connecticut Department of Public Health, Injury and Violence Surveillance Unit. 2025. 2020 – 2023 Crude Suicide Rates by Town/City

Figure 11

Number of Deaths from Suicide by Year in Windsor, CT



Figure 12

Deaths from Suicide by City/Town 2020–2023 (crude rate per 100,000)



3.2 Community Social Mapping Findings

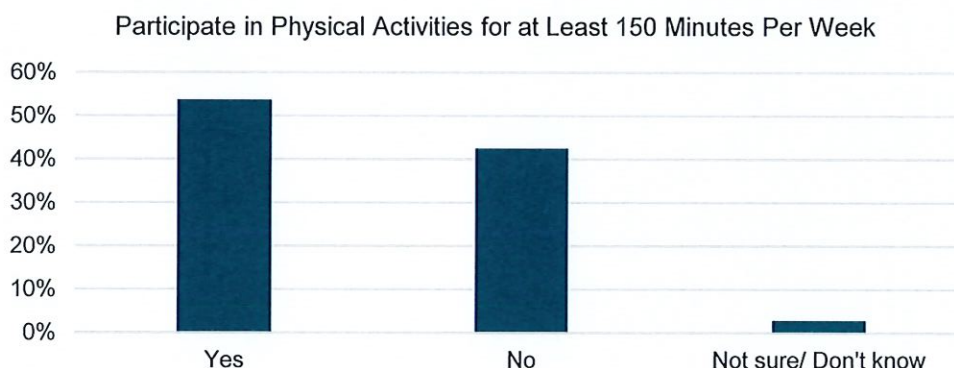
As part of the CHNA data collection and community engagement process, the Health Department sought input from the community on areas of Windsor that either made it easier or more difficult to be healthy. To collect this information, the CHNA Social Pinpoint site included a social map where community members could drop virtual pins and leave a comment describing why a particular area was a barrier or facilitator for healthy living in Windsor. Of the 25 comments that indicated areas of Windsor that make it easier to be healthy, 13 emphasized areas that support easy access to physical activity, such as walking trails, parks and playgrounds, cross-country ski trails, or other areas for sports or recreation. Other comments highlighted areas that support social connection, access to free resources at the library, and

local healthcare providers who make it easier for residents to access care. Of the 25 comments that pointed out areas of Windsor that make it harder to be healthy, 14 focused on areas that make walking, biking, or outdoor activity unsafe or unappealing due to lack of sidewalks, high traffic volume or speeds, lack of crosswalks and/or walk signals, or lack of maintenance. Other comments highlighted the negative impact of empty retail spaces; evidence of economic stressors; and a lack of desired resources accessible in a central location in town, such as gym or medical services accessible to older adults without transportation services.

3.3 Community Survey Findings

Physical activity emerged as a key theme in the CHNA Community Survey, as many respondents indicated that their weight and lack of ability to exercise (due to lack of either time or space to exercise) keep them from being as healthy as possible. Additionally, nearly half of residents (46%) who completed the survey do not exercise for at least 150 minutes per week or are unsure if they do (Figure 12). Thirty-six percent also indicated that nutrition and exercise programs are a primary healthcare need for their household. Five respondents suggested physical-activity-related topics as being of interest to them for programming or educational events, and 24 contributions to the social map were related to physical activity or safely walking, biking, or recreating outdoors.

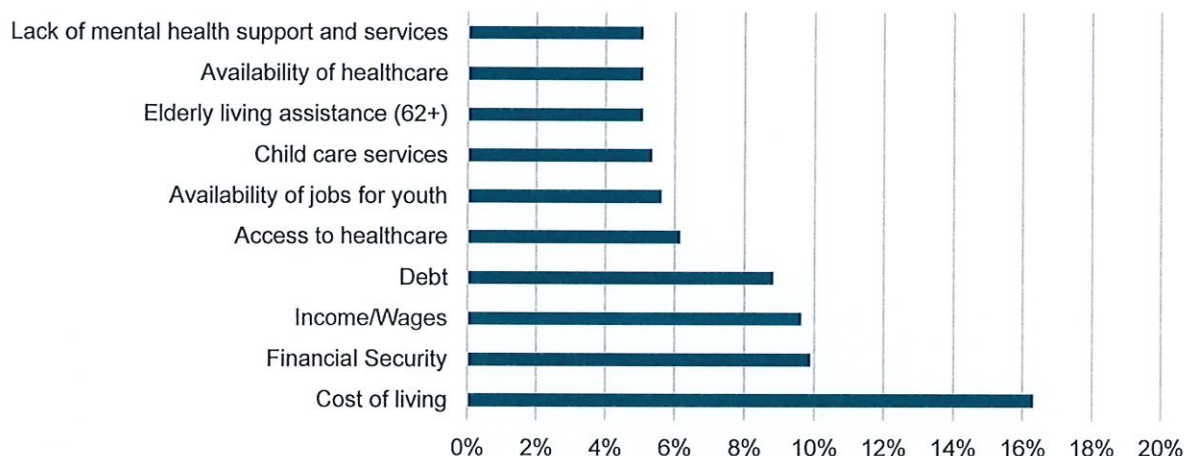
Figure 12



Cost concerns also appear to be a key source of stress for many Windsor residents, as the top four serious issues reported among Windsor households were related to economic and financial issues (Figure 13). Additionally, 46% of respondents indicated cost to be a main barrier for accessing mental health services and support, and five respondents suggested that they would be interested in programming or educational events related to identifying and navigating affordable healthcare, services, and benefits options.

Figure 13

Top 10 Issues Rated as a "Serious Problem" for Respondents' Households

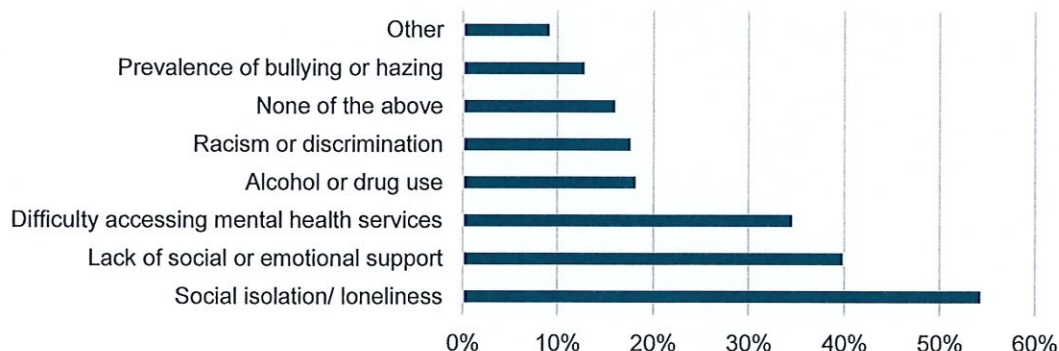


3.3.1 Mental Health and Suicide Prevention Community Survey Findings

Social Isolation, stress, and mental health all emerged as interconnected themes throughout the survey results. Mental health care was cited as the fourth highest primary healthcare need among respondent households, and 20% of respondents indicated they or a household member had trouble accessing mental health care support or services when needed. Lack of mental health support and services was also within the top 10 issues rated as a "serious problem" for respondents' households, and 17% indicated that difficulty coping with stress is one of the factors that keep them from being as healthy as possible. The top reason cited among respondents that makes it difficult for people in Windsor to stay mentally healthy is social isolation or loneliness, followed by lack of emotional support and difficulty accessing mental health services (Figure 14).

Figure 14

Factors that Make it Difficult for People in Windsor to Stay Mentally Healthy



This connection is reinforced by respondents' write-in feedback, which cites several types of stressors that make it difficult to stay mentally healthy and includes approximately 38 suggestions for programming or educational opportunities related to mental health and/or stress management.

3.4 Strength, Weakness, Opportunity, Threat (SWOT) Analysis Findings

The Town of Windsor benefits from several key strengths, including strong social networks to support families in Windsor during times of need, a high rate of healthcare coverage among residents; over 50% of survey respondents reported that they are happy with the quality of life in Windsor, and the community is a good place to both raise children and age at home.

The assessment also identified community weaknesses, such as a relatively high prevalence of chronic conditions that keep residents from being as healthy as possible, and a lower primary care provider to county population ratio in Hartford County than CT and the U.S. overall; more than 50% of survey respondents were not satisfied with their access to healthcare in Windsor.

Despite these challenges, there are opportunities to improve the health of the community, which include strong community resources and partnerships to engage diverse community members, an opportunity to provide education regarding service availability and access to address gaps in knowledge around where or how to seek services, a strong appetite among survey respondents for mental health and stress management education/programming, and opportunities to leverage existing community engagement channels at the Health Department to promote resources.

However, the community must remain mindful of emerging threats, such as survey respondents reporting that social isolation, loneliness, lack of social and emotional support, and difficulty finding a provider or appointment for mental health services make it difficult to stay mentally healthy. Additionally, financial stress emerged as a threat, with approximately half of survey respondents indicating that income and wages in Windsor are a moderate or serious problem, and almost 60% of survey respondents indicating cost of living is a moderate or serious problem.

4.0 Identified Community Health Priorities

4.1 Mental Health Services

The prevalence of depression and frequent mental distress is estimated to be higher in Windsor than across the State of Connecticut overall, with over a quarter of Windsor residents estimated to be socially isolated and/or lacking necessary social, emotional, and mental health supports. Lack of mental health support and services were within the top 10 issues rated as a “serious problem” for households in the community survey, and 17% of respondents indicated that difficulty coping with stress is among the factors that keep them from being as healthy as possible. This connection is reinforced by survey respondents’ write-in feedback, which cited several types of stressors as contributors to what makes it difficult to stay mentally healthy and included a desire for mental health and stress management education/programming.

4.1.1 Goal #1

- Increase awareness of mental health resources, including 988 Suicide & Crisis Lifeline and Minds Matter.

4.1.2 Goal #2

- Strengthen partnerships and improve connections to mental healthcare and support.

4.1.3 Goal #3

- Offer programming to facilitate social connections and educational opportunities.

4.2 Physical Wellness

Results of the CHNA Community Survey highlight certain factors, including not being at a healthy weight, a disease or illness, and ability to exercise, which are among the top barriers to respondents’ ability to be as healthy as possible. Additionally, nearly half of survey respondents (43%) indicated that, on average, they do not engage in recommended weekly levels of physical activity. Nearly one-fifth of respondents indicated a self-reported health status of “fair” (as opposed to “poor,” “good,” or “excellent”), highlighting a potential opportunity for improvement. Both CHNA survey data and BRFSS local estimate data highlight a high prevalence of short sleep duration (< 7 hours of sleep on a typical night), which has negative implications for physical and mental health. Additionally, the estimated prevalence of chronic conditions, including high blood pressure, high cholesterol, and obesity, are each estimated to be over 30% among Windsor residents. Opportunities identified through the SWOT Analysis of CHNA survey findings and available secondary data included opportunities for the Town and Health Department to support residents in finding time to be physically active, and to leverage existing community engagement channels to promote resources.

4.2.1 Goal #1

- Increase awareness of existing community programming.

4.2.2 Goal #2

- Develop programs to address gaps in physical activity, nutrition, and wellness to help prevent and manage chronic disease.

4.3 Access to Care

As of 2021, the ratio of primary care providers per population in Hartford County was notably lower than both the State of Connecticut and the national average, indicating a shortage of providers in the region. This was reflected in the CHNA Community Survey, with 50% of respondents reporting that they were not satisfied with their access to healthcare services in Windsor. In addition to primary care access concerns, the community identified substance use disorder as an area of need for programming for nearly all age groups. Many residents additionally expressed a desire for educational programming focused on navigating the healthcare system and learning how to identify affordable healthcare, supportive services, and benefit options, underscoring the importance and need of additional health education in the community.

4.3.1 Goal #1

- Partner with providers to promote and expand services.

4.3.2 Goal #2

- Increase availability and ease of access to substance use disorder resources.

5.0 Acknowledgments

5.1 Funding

This project is funded through the Windsor Health Department with funding provided by the Mental Health Promotion and Suicide Prevention Grant, through the Centers for Disease Control and Prevention's Preventive Health and Health Services Block Grant.

5.2 Project Team

Name	Role
Michael Pepe, PhD	Town of Windsor Health Department, Director of Health
Jennifer Waldo, RN, MS	Town of Windsor Health Department, Public Health Nurse
Molly Shannon	Town of Windsor Public Relations, Communications Specialist
Kristen Dow	BerryDunn, Project Manager
Julie Sullivan	BerryDunn, Project Principal
Luci Matthews	BerryDunn, Lead Business Analyst

5.2.1 Town of Windsor Staff

Town Department	Name
Town of Windsor Recreation and Leisure Services	Paul Norris
Town of Windsor Social Services	Eliana Medina-James
Town of Windsor Volunteer Fire Department	Paul Goldberg

5.2.2 Windsor Mental Health Alliance

Organization	Name
Amplify	Nicole Bengtson
Anytime Fitness	Leagh Clearly
Community Health Resources	Elizabeth Smith
Community Health Services	Sarah MacDonald
Club Fitness	Rosa Collyer
First Town Downtown	Deb DeLucia

Organization	Name
First Church of Windsor	Reverend Adrienne Armes
Hopewell Baptist Church	David Massey
Islamic Center for Connecticut	Ahsan Saghir
Loomis Chaffee	Julie Field
Madina Academy	Ray Cooper, PhD
Mary's Place	Brittany Sheehan
Saint Gabriel School	Ruth Ann Schuler
Windsor Chamber of Commerce	Andrew Surprise
Windsor Public Schools	Mary Cristofaro

Appendix A: Glossary of Acronyms and Abbreviations

Table A-1: Acronyms and Terms List

Acronym/Term	Description
CHNA	Community Health Needs Assessment
SWOT	Strengths, Weaknesses, Opportunities, and Threats
BRFSS	Behavioral Risk Factor Surveillance System
CT	Connecticut

Appendix B: Secondary Data Findings Report

To access the Secondary Data Findings Report, download the PDF below:



Windsor_CHNA_Secondary
Data_Report.pdf

Appendix C: Community Survey Findings Report

1. Introduction

The 2025 Windsor Community Health Needs Assessment (CHNA) Survey (the survey) was administered to the Windsor, CT community from January 9, 2025, to February 7, 2025, by BerryDunn, a contractual partner of the Town of Windsor Health Department. BerryDunn integrated the survey within a community engagement website for the CHNA using the platform Social Pinpoint. The Town and Health Department promoted the survey and Social Pinpoint site through their website, social media, email distribution lists, community gathering points, and to partner and community organizations to share and promote within their networks. The Health Department also provided paper versions of the survey at select locations, including senior centers, the library, and community centers to support access to the survey for residents without internet access or those who were not comfortable using the online survey tool. A total of **376 survey responses** were submitted by Windsor residents, in addition to four submitted by members of the community who are not residents of the town. Respondents who completed the survey online also had the opportunity to contribute to a “social map”, where they could mark areas of the community with a comment about how the area supports their health or makes it harder to stay healthy. Results of the social map are compiled in Appendix B. The survey did not collect any individually identifying data. The data findings described in this report reflect only the survey responses submitted by respondents who indicated they are current residents of Windsor.

2. Demographics

This section summarizes the results of the survey related to survey respondents’ demographics.

Figure 2.1

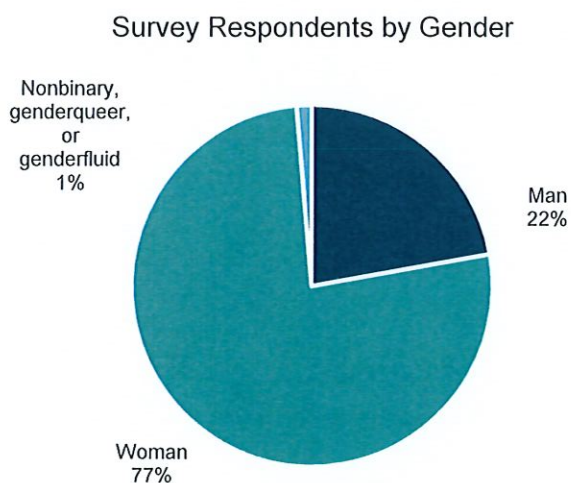
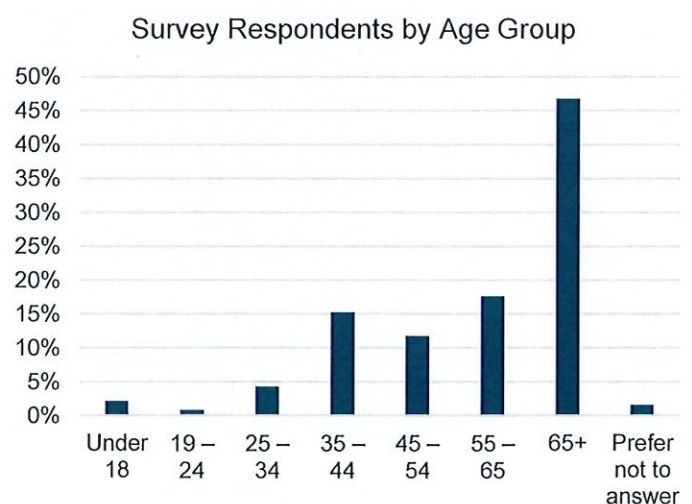


Figure 2.2



The majority of people who responded to the survey identified as women (77%). Survey respondents represented all age groups, with the 65 or older age group having the greatest representation.

Figure 2.3

Survey Respondents' Highest Level of Education Completed

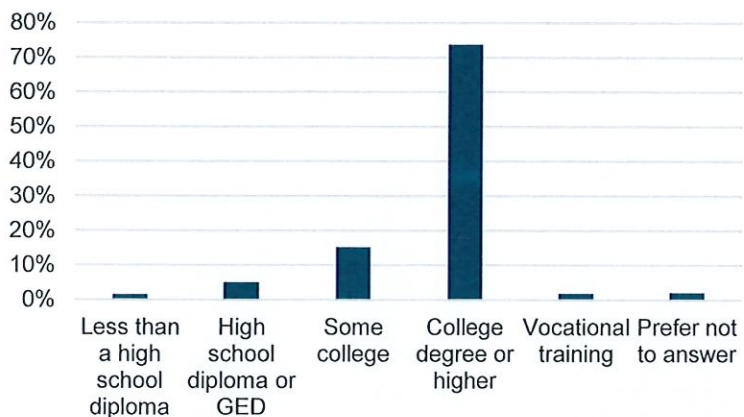
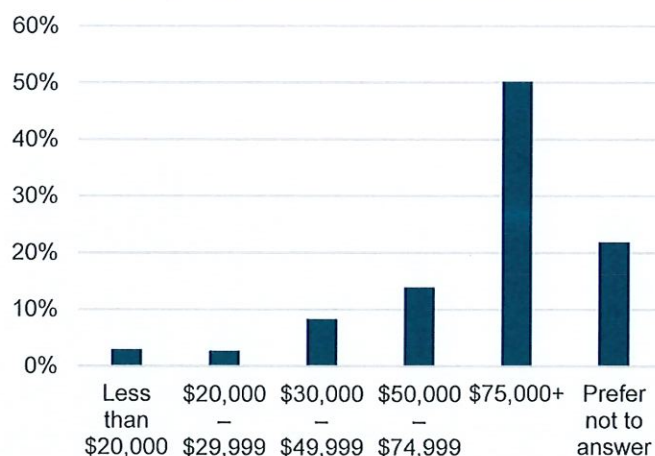


Figure 2.4

Survey Respondents' Household Income



Most survey respondents had obtained a college degree or higher, and approximately 50% indicated that their household income was \$75,000 or more.

Figure 2.5

Survey Respondents' Sexual Orientation



87% of survey respondents identified as straight, and 7% identified as gay or lesbian, bisexual, queer, asexual, or other (LGBTQIA+).

3. Town and Health Department Programming Preferences

Survey respondents were asked to indicate their preferences regarding attending programming or educational events provided by the Town of Windsor or Health Department, including their preferred format (in-person, virtual, or hybrid) and preferred days, times, and topics of interest. The majority of respondents (54%) indicated a preference for a hybrid format, with the option to attend virtually or in-person (Figure 3.1). Preferences for other formats varied by age group (Figure 3.3). For those who preferred virtual programming, top reasons included the time commitment associated with attending in-person events, scheduling issues, and issues with health or mobility that make it challenging to attend in-person events (Figure 3.2).

Figure 3.1

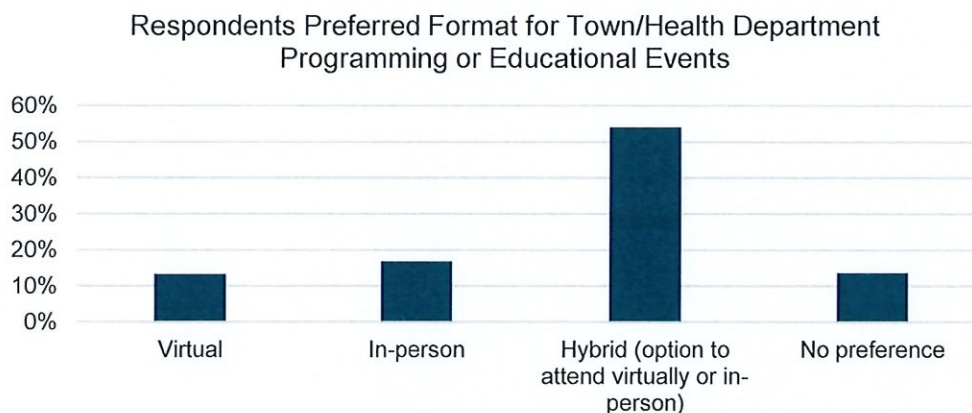


Figure 3.2

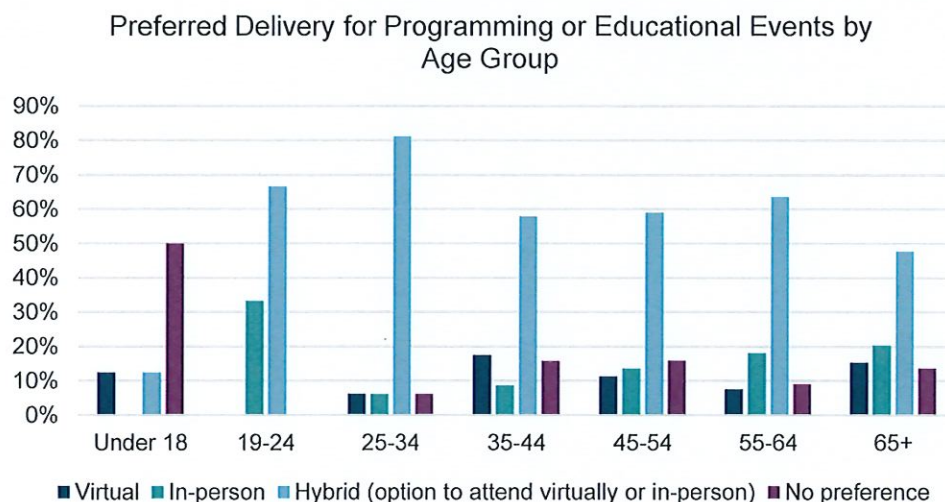


Figure 3.3

Respondents' Reasons for Preferring Virtual Programming (of those who indicated preference for virtual)

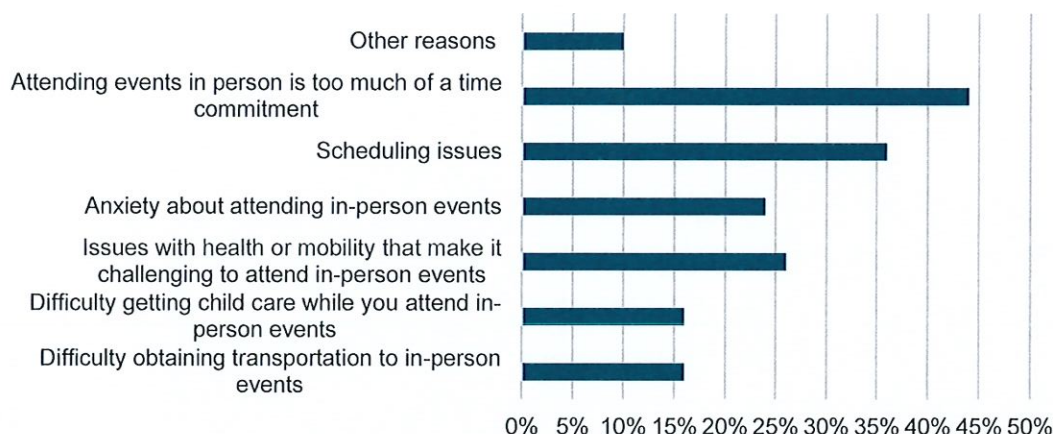
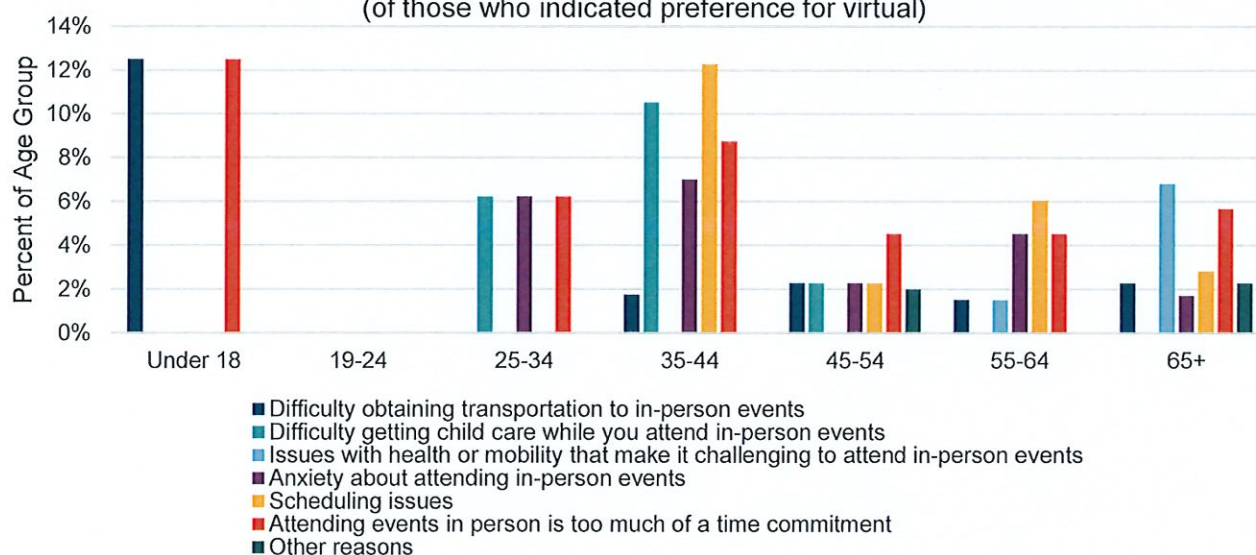


Figure 3.4

Reasons for Preferring Virtual Programming/Educational Events by Age Group (of those who indicated preference for virtual)



The most preferred time for programming or educational events was evenings, followed by mid-day (Figure 3.5). This was true across all age groups except those 65 or older, 33% of whom indicated a preference for mid-day events (Figure 3.6). Approximately 20% of respondents did not have a preference for timing of events. Forty-six percent of respondents did not have a preferred day of the week for programming or educational events. Of the days of the week for which respondents did indicate a preference, Wednesdays were the most popular (29%).

Figure 3.5

Preferred Times for Town/Health Department Programming or Educational Events

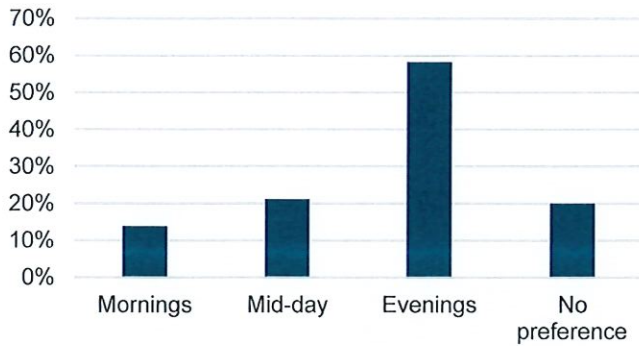


Figure 3.6

Preferred Timing for Programming/Educational Events by Age Group

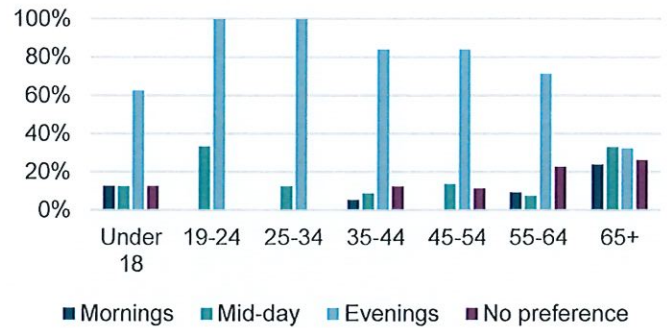


Figure 3.7

Preferred Days for Town/Health Department Programming or Educational Events

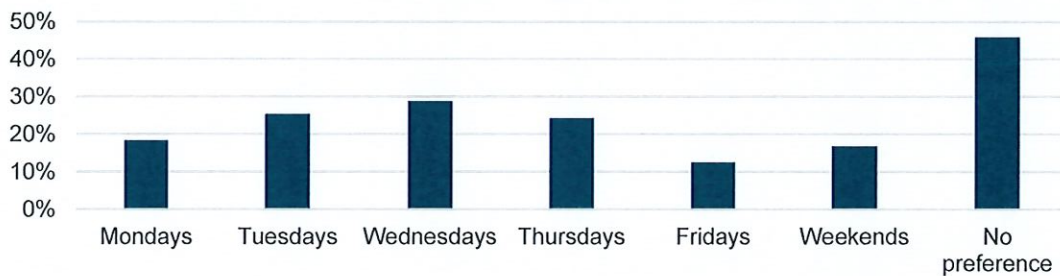
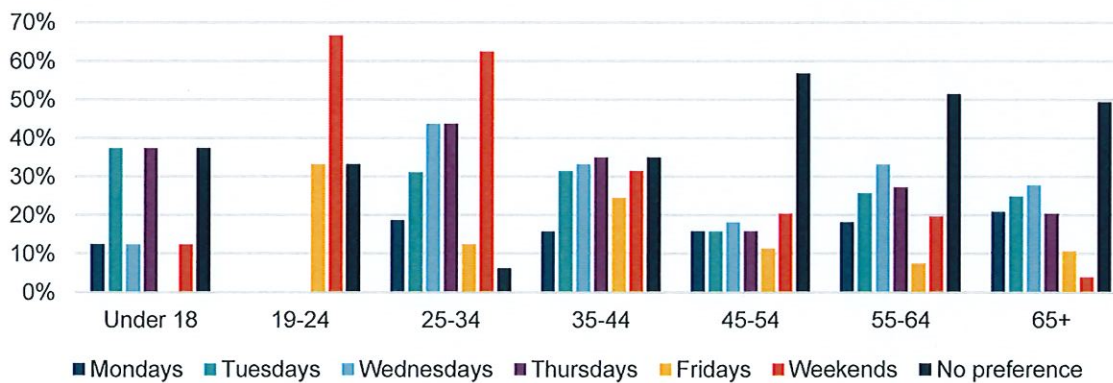


Figure 3.8

Preferred Days for Programming/Educational Events by Age Group



Topics for programming or educational events which respondents listed as being of interest to them are summarized below and are categorized by age group. Topics may appear multiple times if they were noted by respondents from multiple age groups.

Programming or Educational Event Topics:

Under 18:

- Mental health
- Meditation with stress relief devices (stress balls, fidget spinners, calming music, etc.)
- Bullying prevention

19 – 24:

- Substance use support
- Active and supportive listening for parents

25 – 34:

- Mental health and support for those with mental illness and their family members
- Stress reduction and social support programs (e.g., to support LGBTQ+ adults, people struggling with anxiety or stress)
- Support for men
- Emotional intelligence
- Positive parenting (e.g., limiting screen time, coping with stress/conflict, motivation)
- Nutrition education

35 – 44:

- Food safety (including how to look up recalls)
- Vaccine schedules and recommendations for adults
- Resources for mental health services, including substance use disorder
- Stress and anxiety management (including communicating with children about coping with stress; support for men's mental health)
- Mental health first aid
- Parenting (including positive parenting, current information on puberty/child development)
- Caretaker resources (e.g., aging parents, children with special needs)
- Transportation safety
- Grief

45 – 55:

- Tips for family health
- Managing menopause
- Health and wellness services available locally
- Mental health (including for youth)
- Managing stress and anxiety
- Support with disability information
- Healthy cooking and nutrition (including to help manage chronic conditions, diabetes, heart disease, etc.)
- Ten-minute workouts
- Importance of movement, hydration, and varied diet
- Women's health
- Social programming (e.g., social gatherings not focused on parents or older adults)
- Improving sleep
- Identifying mis/disinformation and seeking credible sources
- Emergency preparedness
- Financial preparedness
- Parenting support

55 – 64:

- Coping with stress
- Coping with chronic pain
- Improving mental health and emotional resilience (including identifying issues/supporting others, children with anxiety, older adult mental health)
- Finding mental health providers
- Parenting
- Healthy cooking and nutrition on a budget
- Chronic disease prevention
- Older adult care (including dementia prevention and management)
- Age-specific healthcare needs
- Navigating Medicare/Medicaid options
- Caretaking for older parents
- Fitness and exercise programs (resistance training, tai chi, yoga, etc.)

- Vaccines
- Substance use support
- Emergency preparedness
- Preventing and treating osteoporosis
- Education on how the Town/Health Department tracks and manages disease outbreaks
- Suicide awareness and prevention
- How to grow/access locally grown food
- Healthcare services for immigrants

65 and older:

- Supporting and understanding others with mental health challenges
- Improving mental health and how/where to access services
- Coping with stress (support for caregivers, parents, youth)
- Nutrition and healthy eating
- Brain health
- Exercise programs for older adults (such as walking groups)
- Availability of in-home care and senior housing
- Suicide awareness and prevention
- Dementia and Alzheimer's
- Domestic violence
- Technology education and support
- How to resolve issues/stress for people with limited English proficiency
- Vaccines for older adults
- First aid programs (such as CPR, Stop the Bleed)
- Managing chronic and degenerative diseases
- Navigating Medicare
- Substance use support
- Resources to support aging in place and preventing falls/accidents
- Opportunities for older adults to connect socially, share their skills and experiences

Overlapping Themes:

- Coping with stress (for parents, young adults, older adults, caregivers, queer/LGBTQ+ community)

- Improving mental health
- Suicide awareness and prevention
- Vaccine schedules for adults and older adults
- Diet and healthy eating (including nutrition, food safety, maintaining wellness)
- Supporting and understanding others with mental health challenges
- Preventing and managing chronic disease (e.g., coronary artery disease, diabetes, dementia)
- Exercise programs (e.g., those for older adults, walking, ten-minute workouts, tai chi, yoga)
- Treatment resources for substance use disorders
- Accessing and navigating healthcare and social services (e.g., Medicare, home health, senior housing services)
- Technology education and support
- First aid trainings (e.g., CPR, Stop the Bleed, mental health first aid)
- Parenting (e.g., positive parenting, puberty education for parents)
- Social programming (e.g., social gatherings not focused on parents or older adults)
- Bullying awareness and prevention
- Emergency preparedness

4. Household and Community Health

Barriers to Health and Quality of Life

The survey included an item asking respondents to indicate factors that keep them from being as healthy as possible. Responses to this question are depicted in Figure 4.1 and 4.2. **Not being at a healthy weight (overweight or underweight)** emerged as a top factor, and many respondents indicated both a lack of time to exercise (22%) and lack of space to exercise (9%) as factors that keep them from being as healthy as possible. **A disease or illness (physical or mental) and difficulty coping with stress** were also among the top factors that respondents reported keep them from being as healthy as possible.

Figure 4.1

Top Issues That Keep Respondents from Being as Healthy as Possible

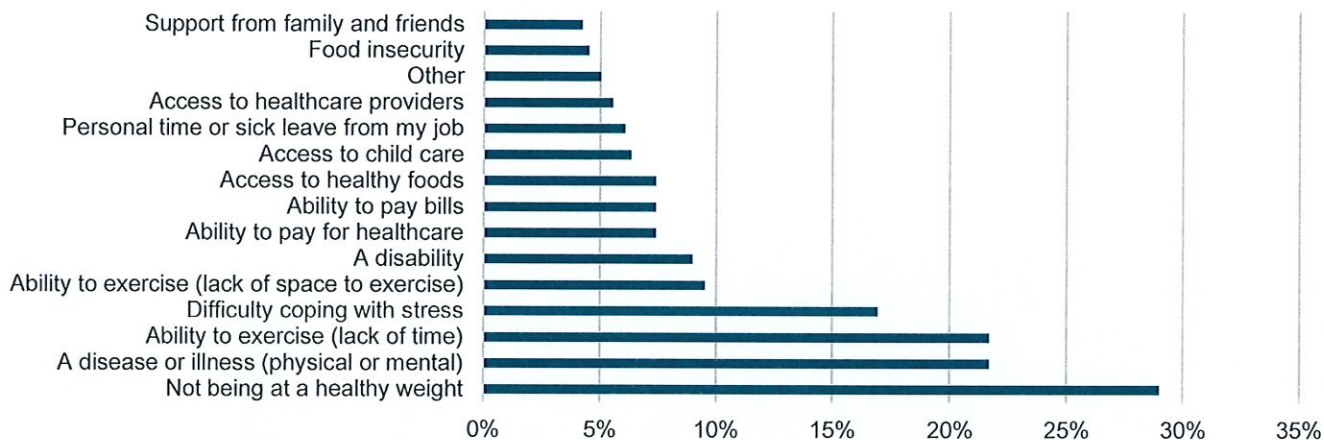


Figure 4.2

Additional Issues That Keep Respondents from Being as Healthy as Possible

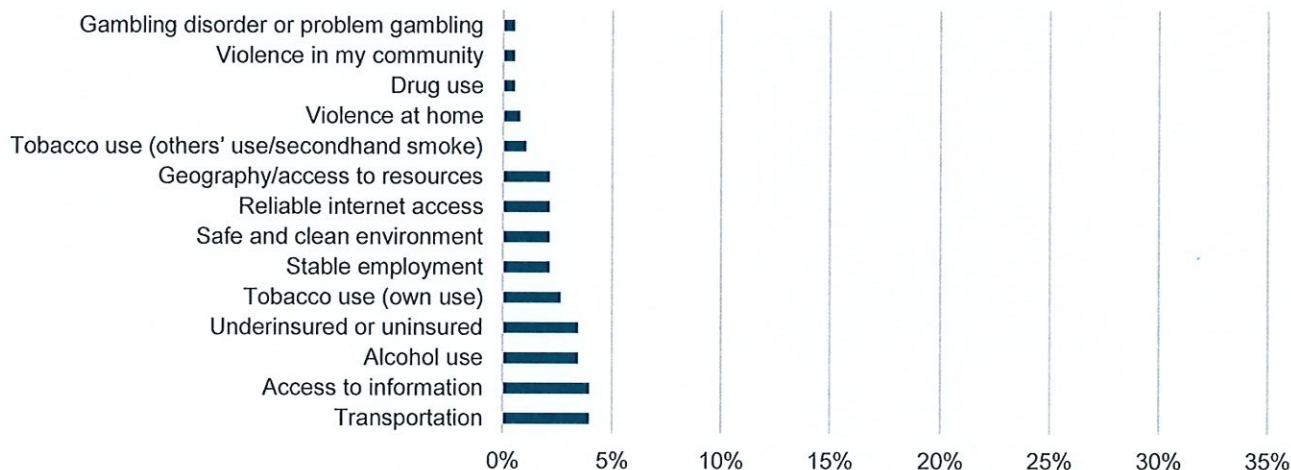


Table 4.1 below outlines the top issue indicated by respondents from each age group.

Table 4.1

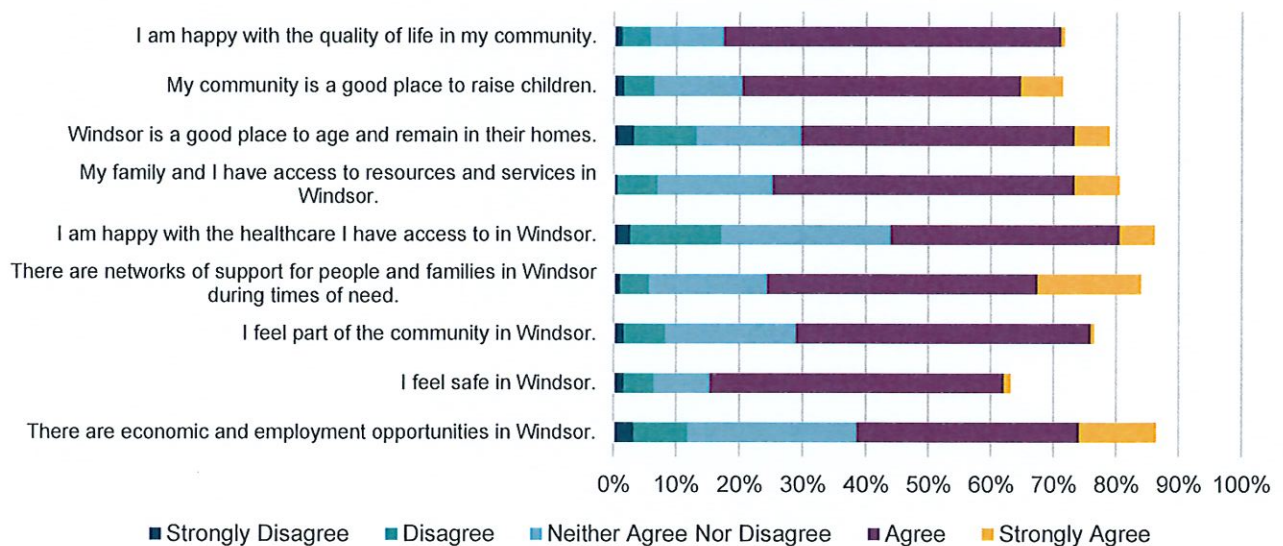
Age Group	Top Issue Keeping Respondents from Being as Healthy as Possible
Under 18	Difficulty coping with stress
19 – 24	A disease or illness
25 – 34	Ability to exercise (lack of time)

Age Group	Top Issue Keeping Respondents from Being as Healthy as Possible
35 – 44	Ability to exercise (lack of time)
45 – 54	A disease or illness (physical or mental)
55 – 64	Not being at a healthy weight (overweight or underweight)
65+	Not being at a healthy weight (overweight or underweight)

Residents who completed the survey were asked to indicate their level of agreement with several statements about health and quality of life in Windsor. Figure 4.3 below depicts the level of agreement indicated for each statement. **Respondents indicated the highest agreement (either agree or strongly agree) with the statement “there are networks of support for people and families in Windsor during times of need”, with 60% of respondents either agreeing or strongly agreeing with that statement. Respondents indicated the lowest agreement (either disagree or strongly disagree) with the statement “I am happy with the healthcare I have access to in Windsor,” with 17% of respondents either disagreeing or strongly disagreeing with that statement.**

Figure 4.3

Health and Quality of Life in Windsor



Responses by age group are depicted in Figures 4.4 through 4.12.

Figure 4.4

There are economic and employment opportunities in Windsor.

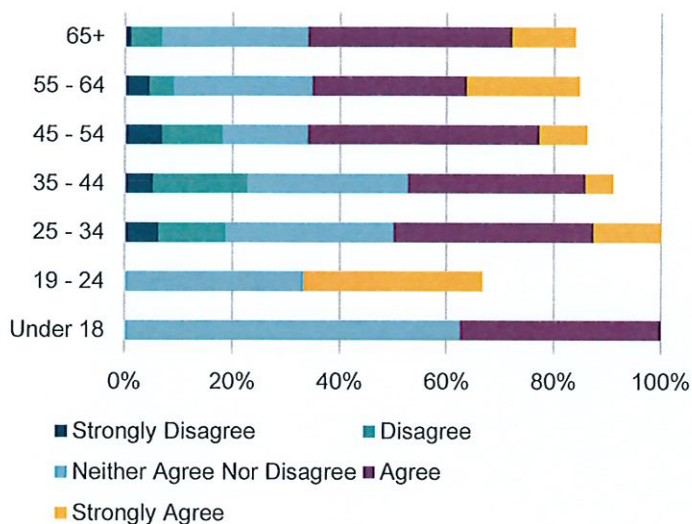


Figure 4.5

I feel part of the community in Windsor

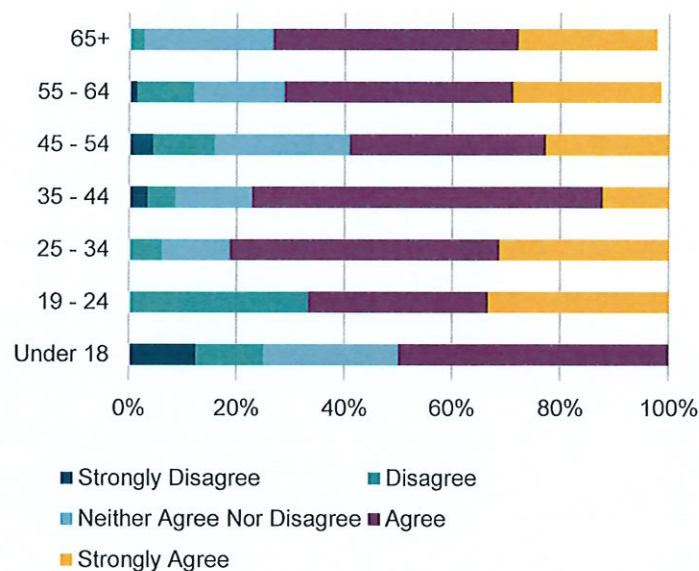


Figure 4.6

I feel safe in Windsor.

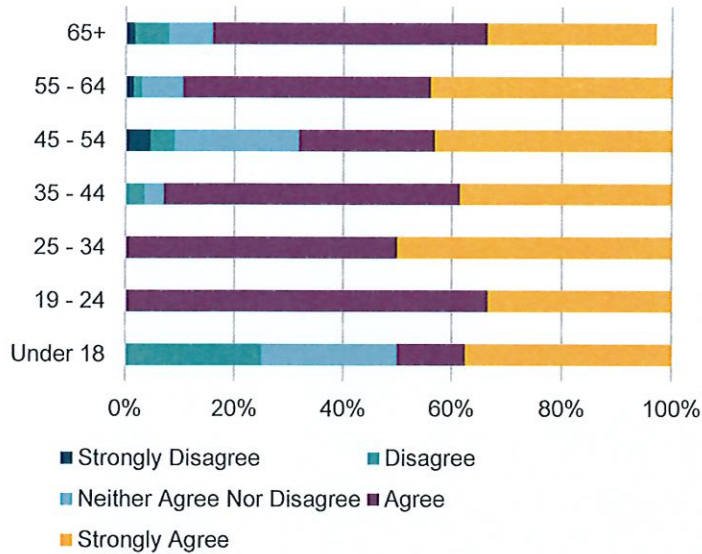


Figure 4.7

There are networks of support for people and families in Windsor during times of need.

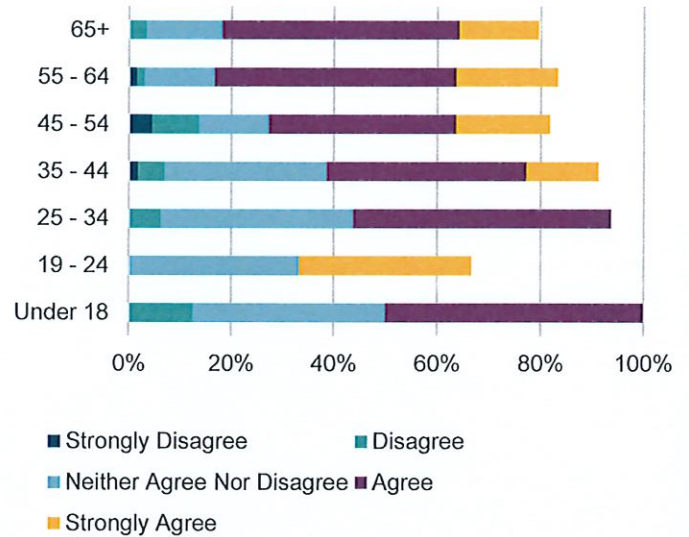


Figure 4.8

I am happy with the healthcare I have access to in Windsor.

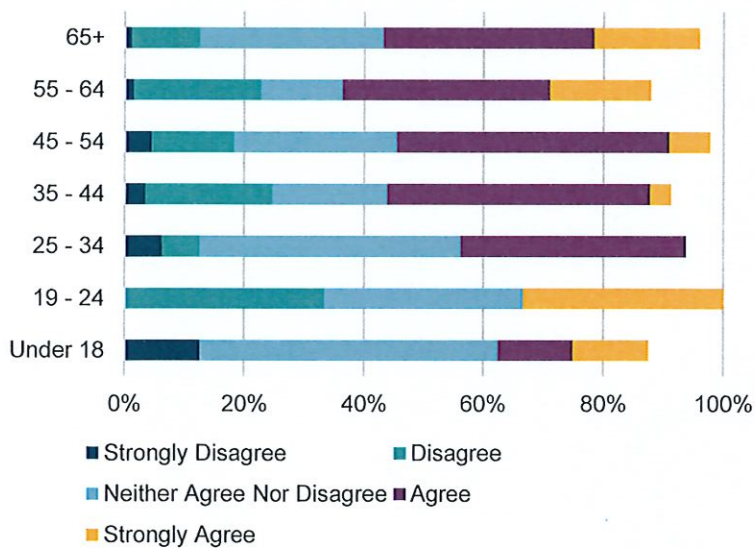


Figure 4.9

My family and I have access to resources and services in Windsor.

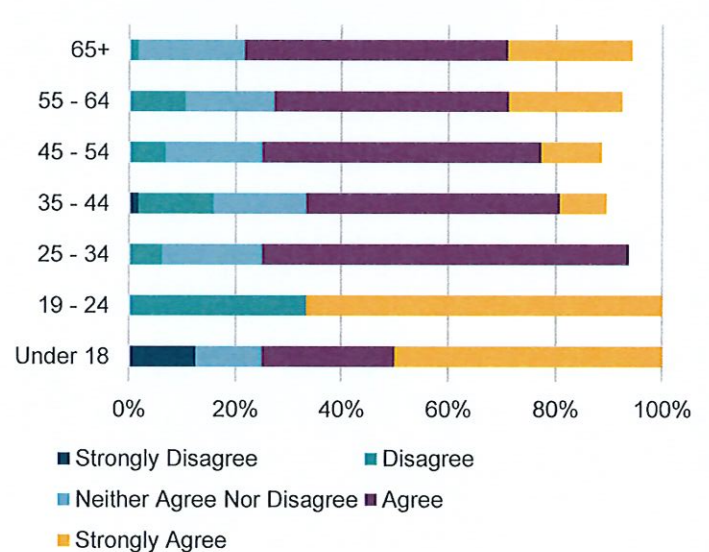


Figure 4.10

Windsor is a good place for people to age and remain in their homes.

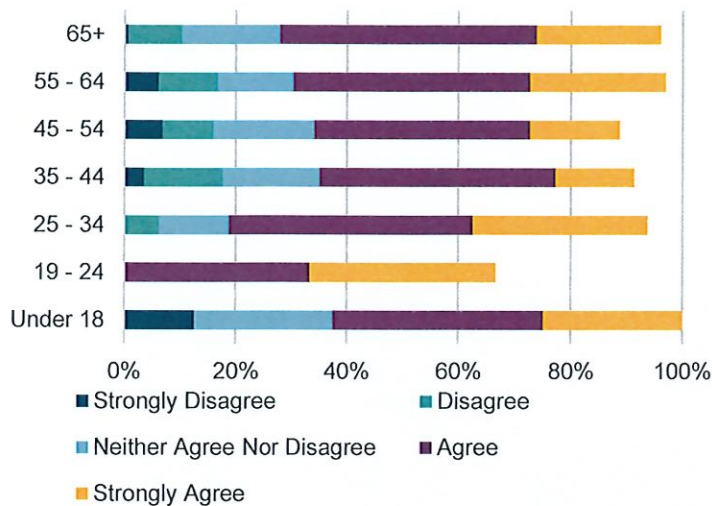


Figure 4.11

My community is a good place to raise children.

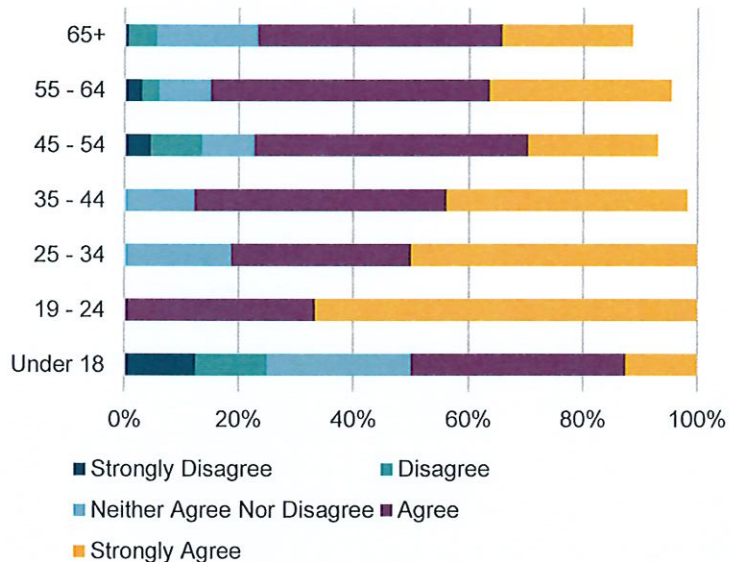
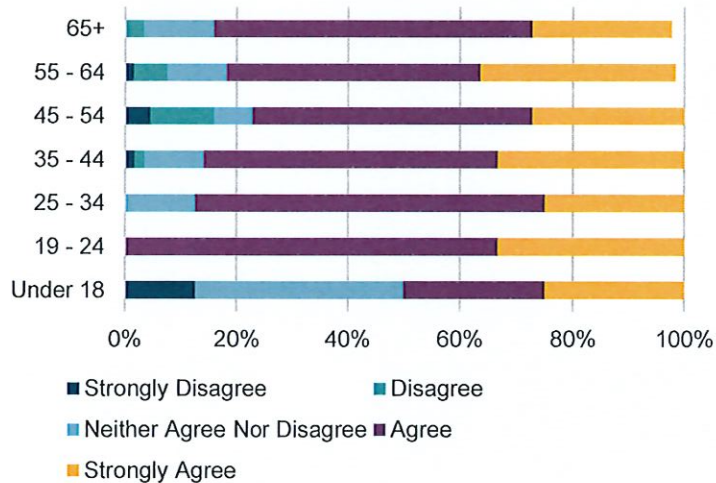


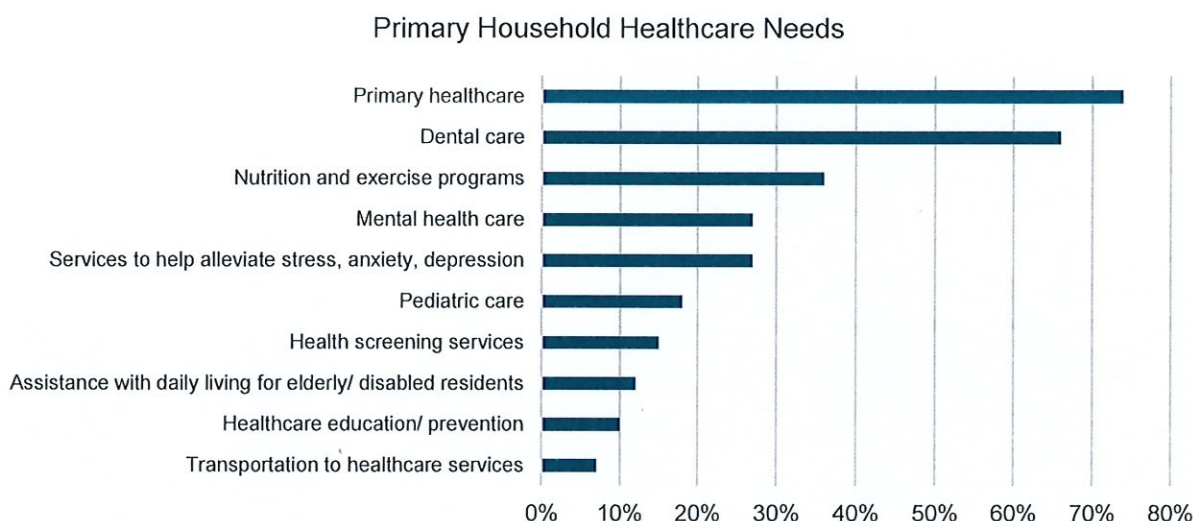
Figure 4.12

I am happy with the quality of life in my community.



Survey respondents were asked to select the primary healthcare needs in their household. Of the options provided, the highest need indicated among Windsor residents was **primary healthcare** (74%), followed by **dental care** (66%), **nutrition and exercise programs** (36%), **mental health care** (27%), and **services to help alleviate stress, anxiety, and depression** (27%). Primary healthcare was the top indicated primary household needs across all age groups except 45 – 54, for whom the top primary household healthcare need was dental care. Data for each age group can be found in Appendix C.

Figure 4.13



Respondents also rated a selection of health-related household issues and the severity within their own household. Respondents indicated whether each issue was a serious problem, moderate problem, not a problem, or did not apply to them/their household. Figure 4.14 below depicts how respondents rated each issue for their household. Of the top 10 issues rated as a “serious problem” by respondents, four were directly related to economic/financial wellbeing. Other serious problems included availability of jobs for youth, and access and availability of services such as healthcare, child care services, elderly living assistance and mental health support.

Figure 4.14

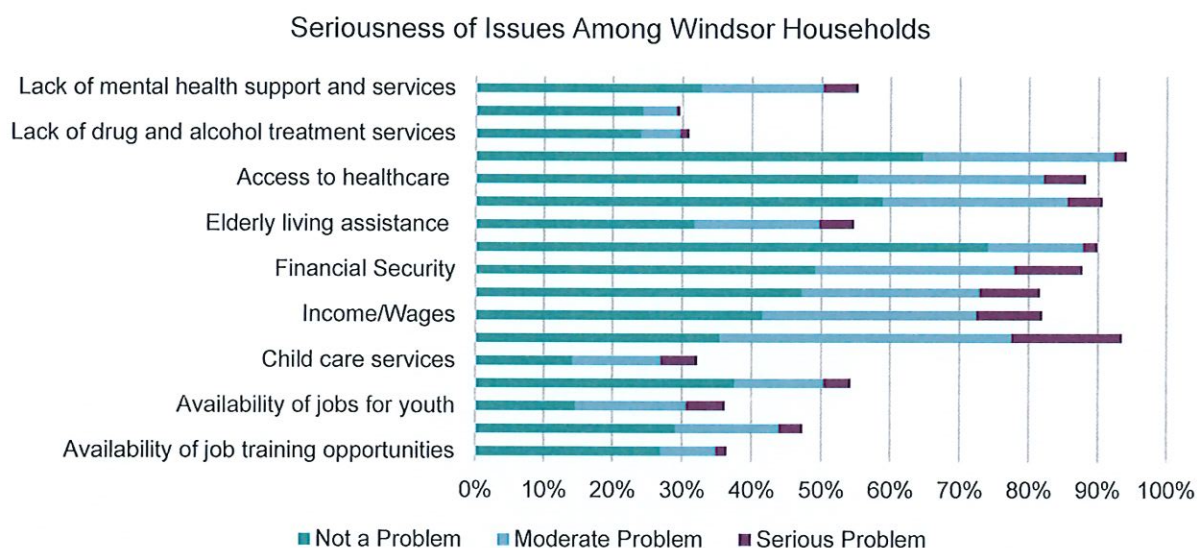
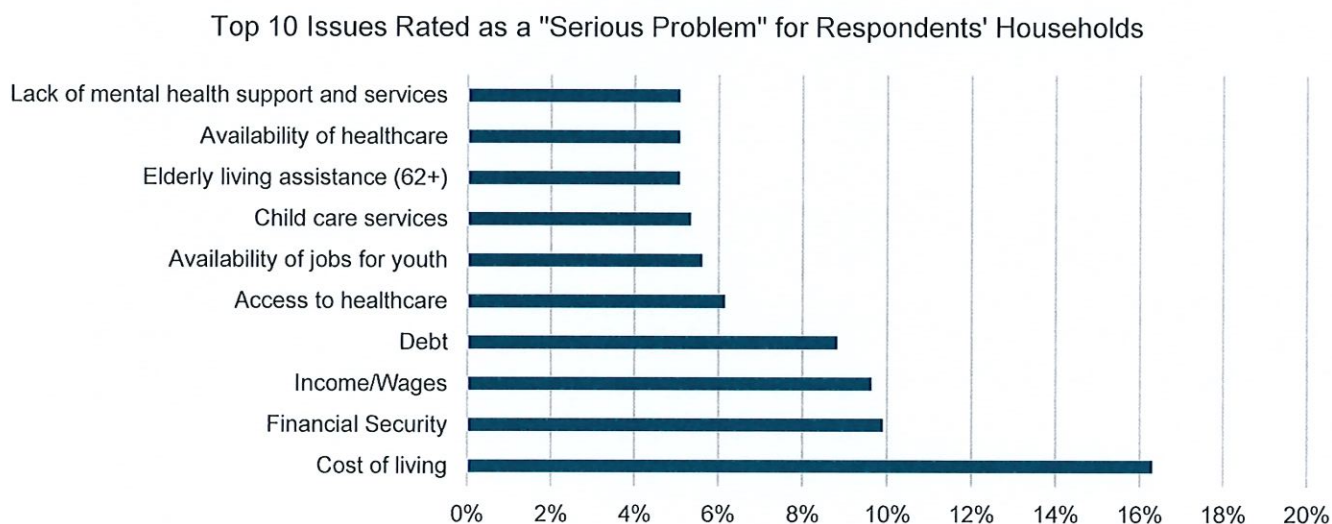


Figure 4.15



The top issues rated as "serious problem" by each age group are outlined in Table 4.2 below. All age group specific data is available in Appendix C.

Table 4.2

Age Group	Top Issue Rated as a "Serious Problem"
Under 18	Lack of mental health support and services
19 – 24	Debt
25 – 34	Debt; Financial security (tie)

Age Group	Top Issue Rated as a "Serious Problem"
35 – 44	Cost of living
45 – 54	Cost of living
55 – 64	Cost of living
65+	Cost of living

Health Behaviors and Access

A slight majority of respondents (54%) indicated that on average, they engage in at least 30 minutes of moderate-intensity activity on most days, totaling at least 150 minutes per week, while 43% indicated they do not. As discussed in the section above, lack of both time and space to exercise were among top factors that people reported as keeping them from being as healthy as possible. 63% of survey respondents indicated that their health status was good, while 18% reported it was fair, and 18% reported it was excellent.

Figure 4.16

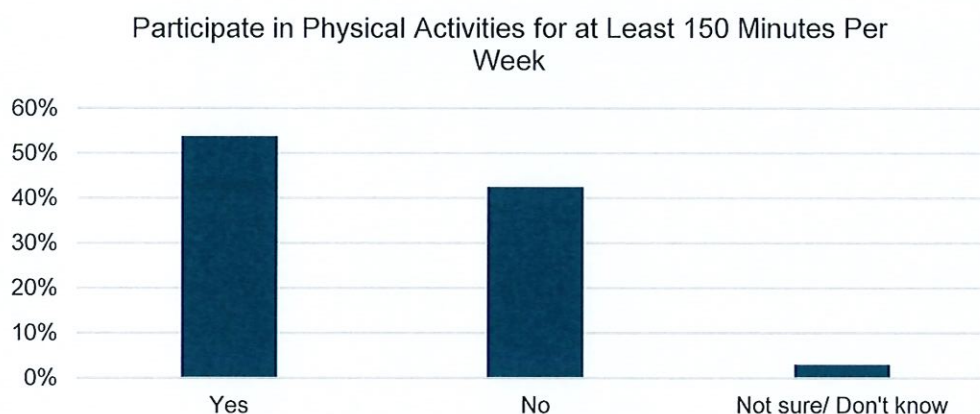


Figure 4.17

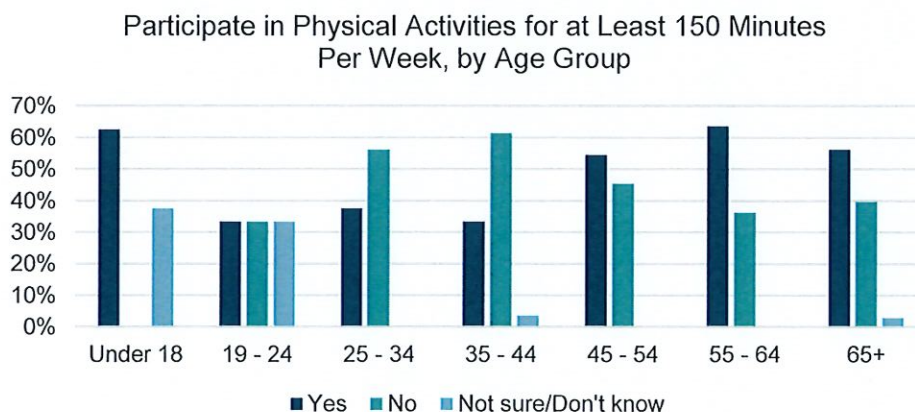


Figure 4.9 depicts the number of hours respondents' report sleeping on a typical night. Chronic sleep loss, which can occur when adults' average sleep duration is shorter than seven to eight hours per night, can contribute to symptoms such as poor memory and concentration, depressed mood, and other serious health consequences. **Over a quarter of survey respondents indicate they typically sleep six or less hours per night** (Figure 4.20).

Figure 4.18

Survey Respondents' Self-Reported Health Status

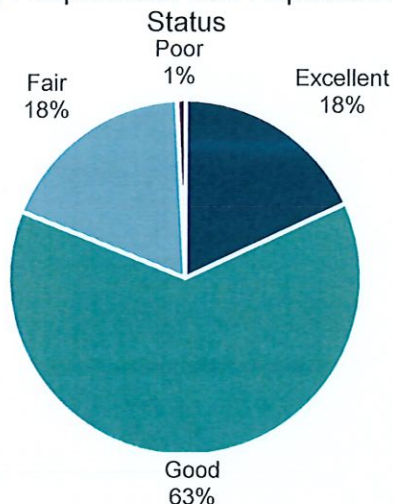


Figure 4.19

Survey Respondents' Self-Reported Health Status by Age Group

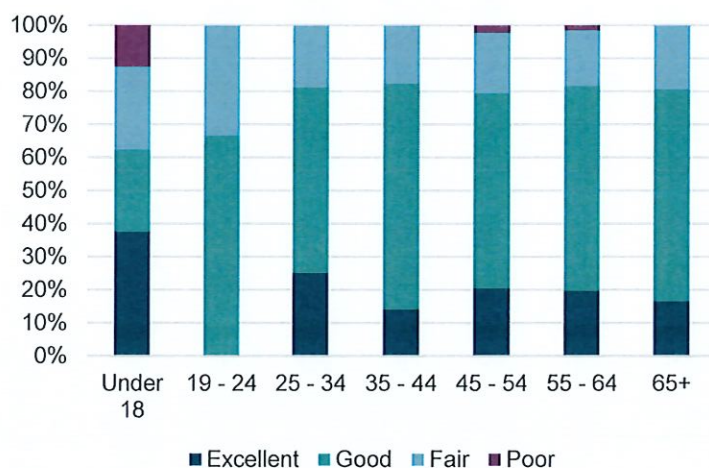


Figure 4.20

Hours Slept on a Typical Night

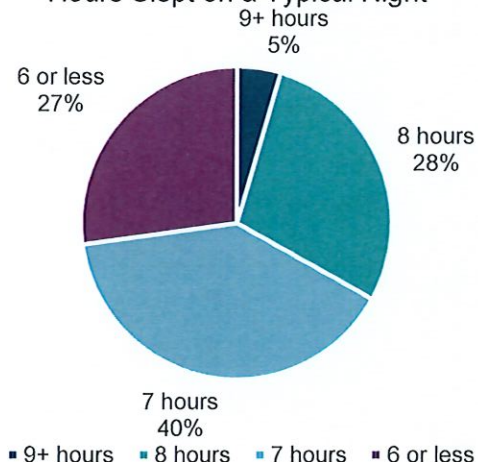
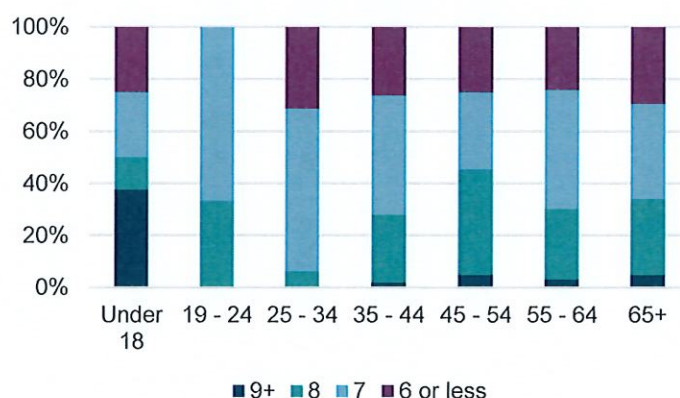


Figure 4.21

Hours Slept on a Typical Night by Age Group



5. Mental Health

The CHNA survey included several questions focused on mental health in Windsor. Approximately one-third of respondents indicated that within the past year, they or a member of their household had experienced a mental health issue(s) that negatively impacted their life.

Figure 5.1

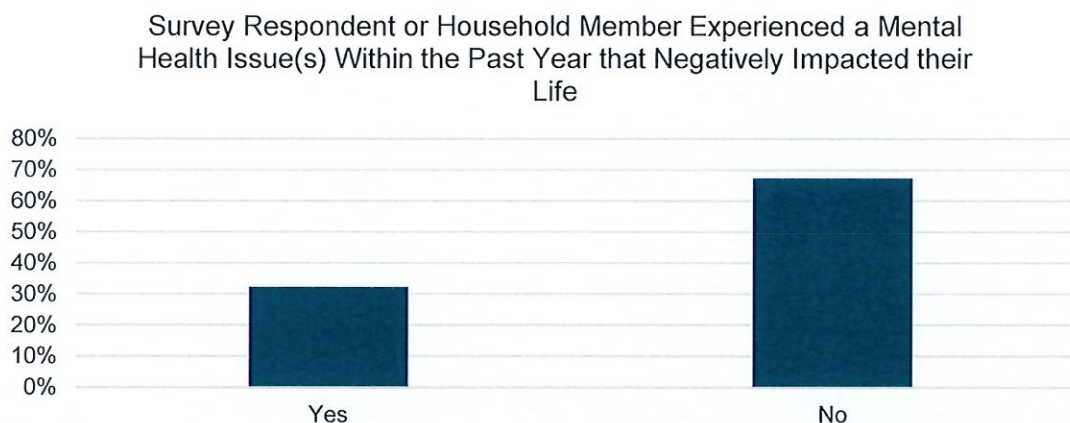
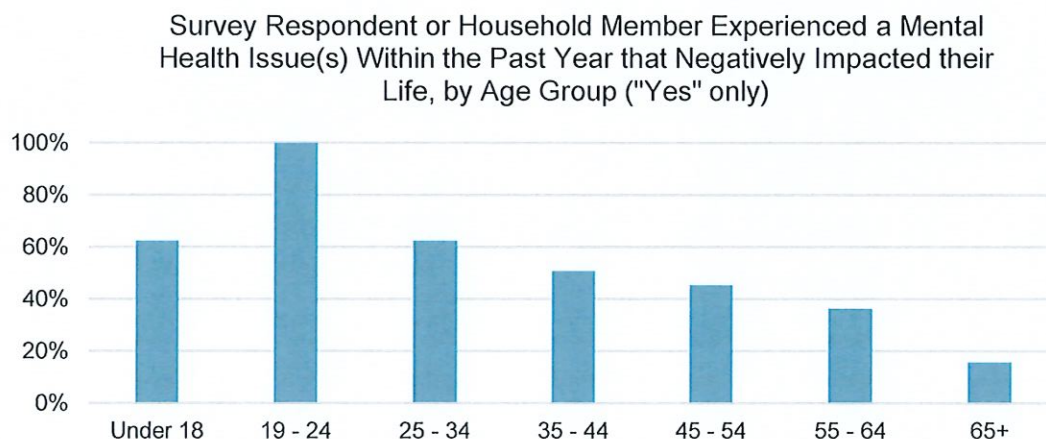


Figure 5.2



Approximately 20% of respondents indicated they or a household member had trouble accessing mental health care support or services when they needed them. However, a greater percentage, 36%, indicated they had not had trouble accessing such services when needed, and 44% indicated that neither they nor a member of their household had attempted to access these services.

Figure 5.3

Survey Respondent or Household Member Had Trouble Accessing
Mental Health Care Support or Services When Needed

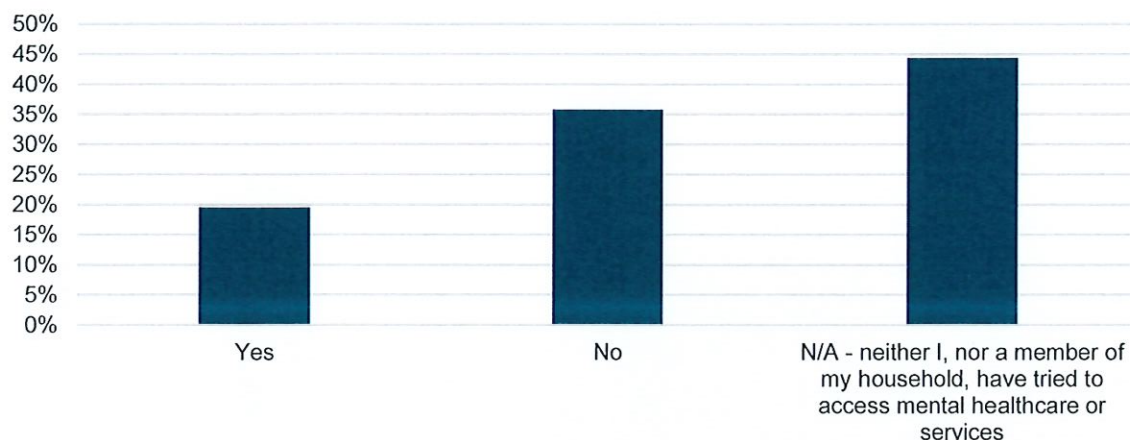
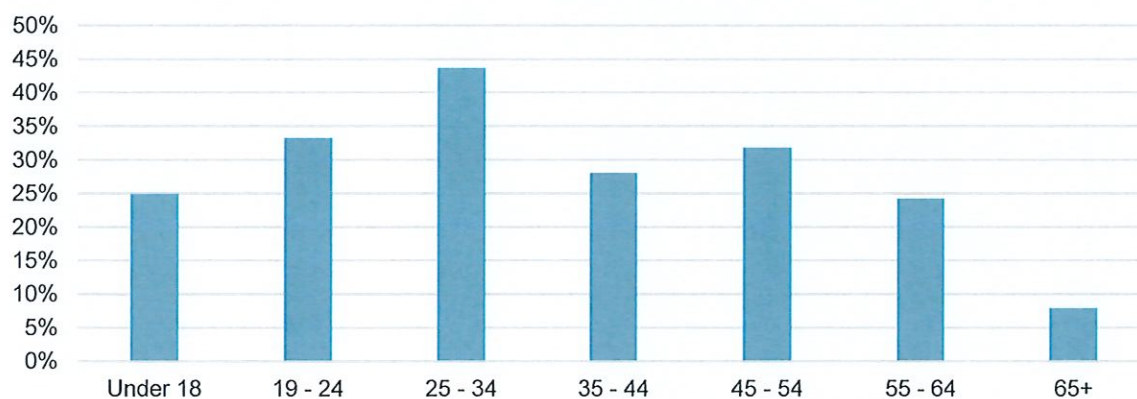


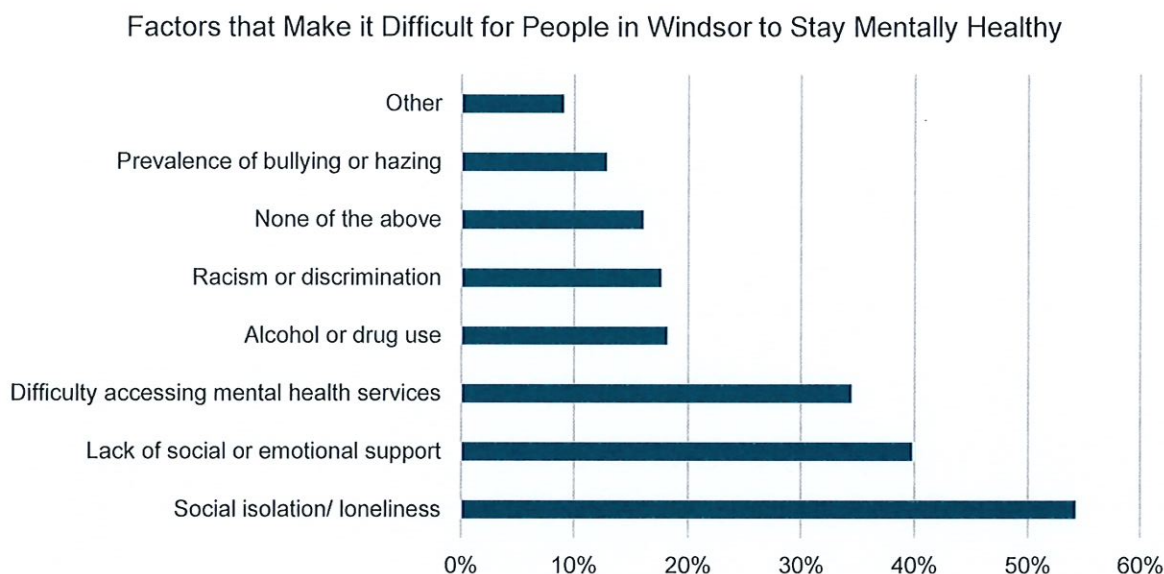
Figure 5.4

Survey Respondent or Household Member Had Trouble Accessing Mental
Health Care Support or Services When Needed, by Age Group ("Yes"
only)



Regarding what factors Windsor residents believe make it difficult for people in Windsor to stay mentally healthy, the top reasons indicated by survey respondents included **social isolation or loneliness, lack of social or emotional support, and difficulty accessing mental health services** (Figure 5.5). Social isolation or loneliness emerged as the top factor selected across all age groups. All age group-specific data can be found in Appendix C.

Figure 5.5



Of those who indicated “other” factors make it hard for people in Windsor to stay mentally healthy, responses included:

- Presence of street harassment observed by one individual
- Challenges experienced by people with disabilities, including those with hearing impairments
- A need for increased skills of resilience and resourcefulness in young people
- Social anxiety and disconnection associated with social media and cell phone use
- Stress associated with inability to cover expenses
- Lack of time outdoors in nature
- Lack of understanding of the importance of mental health
- Lack of walkability to most shops/restaurants in town; vacant downtown stores
- Stress related to political and world events and climate change
- Lack of physical activity during winter months

According to survey respondents, the main barriers to accessing mental health services and support for residents of Windsor are **not knowing where to go or how to get help, difficulty finding a provider or appointment, and high cost** (Figure 5.6).

Figure 5.6

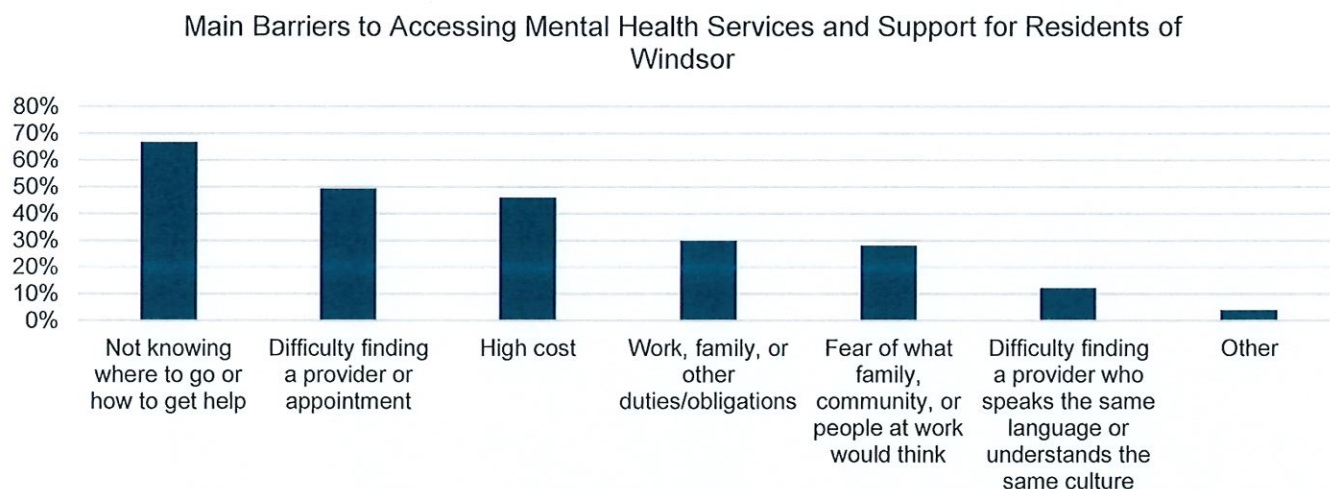


Table 5.1 below outlines the top barrier indicated by each age group in response to the survey.

Table 5.1

Age Group	Top Barrier to Accessing Mental Health Services and Support for Residents of Windsor
Under 18	Not knowing where to go or how to get help
19 – 24	High cost
25 – 34	Difficulty finding a provider or appointment
35 – 44	Not knowing where to go or how to get help
45 – 54	Not knowing where to go or how to get help
55 – 64	Not knowing where to go or how to get help
65+	Not knowing where to go or how to get help

Of those who answered “other” regarding main barriers to accessing mental health services, responses included:

- Difficulty obtaining a near-term appointment
- Difficulty finding a provider with aligned ideology
- Prevalence of virtual care that is not a suitable substitute for everyone
- Prevalence of out of network providers

The 988 Suicide and Crisis Lifeline provides free and confidential emotional support to people experiencing suicidal crisis or emotional distress 24 hours a day, 7 days a week. Survey respondents were asked whether they were aware of the 988 Lifeline prior to completing the survey. **Over half of respondents (55%) indicated that they did not know about the 988 Lifeline prior to completing the survey.**

Figure 5.7

Aware of 988 Lifeline Prior to Survey

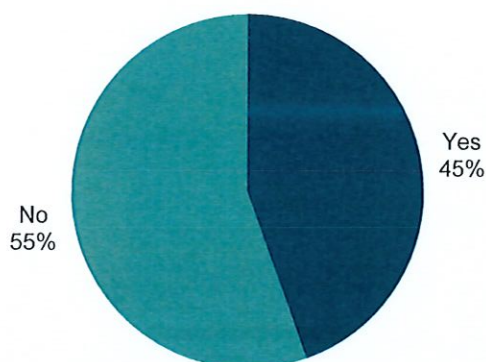
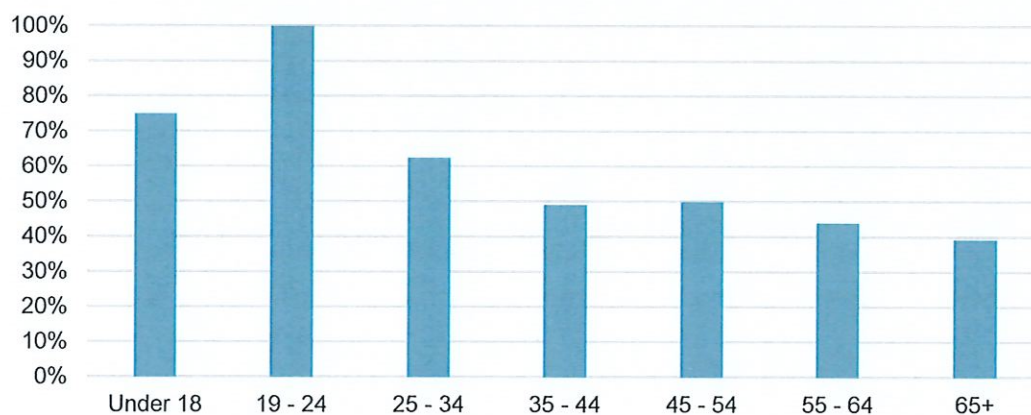


Figure 5.8

Aware of 988 Lifeline Prior to Survey, by Age Group



6. Conclusion

Key Themes

The findings of the CHNA Survey highlight several key themes that can help guide and influence the development of the CHNA and selection of community health priorities.

Physical Activity emerged as a theme, as many respondents indicated that their weight and lack of ability to exercise (due to lack of either time or space to exercise) keep them from being as healthy as possible. Additionally, nearly half of residents (46%) who completed the survey do not exercise for at least 150 minutes per week or are unsure if they do. Thirty-six percent also indicated that nutrition and exercise programs are a primary healthcare need for their household. Five respondents suggested physical-activity-related topics as being of interest to them for programming or educational events, and 24 contributions to the social map were related to physical activity or safely walking, biking, or recreating outdoors.

Cost Concerns appear to be a key source of stress for many Windsor residents, as evidenced by economic/financial issues comprising the top four serious issues among Windsor households. Additionally, 46% of respondents indicated cost to be a main barrier for accessing mental health services and support, and five respondents suggested that they would be interested in programming or educational events related to identifying and navigating affordable healthcare, services, and benefits options.

Social Isolation, Stress, and Mental Health all emerged as interconnected themes throughout the survey results. Mental health care was cited as the fourth highest primary healthcare need among respondent households, and 20% of respondents indicated they or a household member had trouble accessing mental health care support or services when needed. Lack of mental health support and services was also within the top 10 issues rated as a “serious problem” for respondents’ households, and 17% indicated that difficulty coping with stress is among factors that keep them from being as healthy as possible. The top reason cited among respondents that makes it difficult for people in Windsor to stay mentally healthy is social isolation or loneliness, followed by lack of emotional support, and difficulty accessing mental health services. This connection is reinforced by respondents’ write-in feedback, which cites several types of stressors as contributors to what makes it difficult to stay mentally healthy and includes approximately 38 suggestions for programming or educational opportunities related to mental health and/or stress management.

To access the survey question, social map contributions, and survey results by age group download the PDF of the 2025 Community Health Assessment Survey Findings Report below and see Appendix A, Appendix B, and Appendix C:



Windsor_CHNA_Survey_Findings_Report.pdf

Appendix D: SWOT Analysis

1.0 Introduction

The following is an analysis of strengths, weaknesses, opportunities, and threats (SWOT) related to public health and community well-being in the Town of Windsor, CT (Town). Findings are based on available secondary health-related and economic data for the Town, as well as results of the Community Health Needs Assessment Community Survey, which was administered to the Windsor community from January 9, 2025, through February 7, 2025.

SWOT analysis findings can be used to inform selection of community health priorities and development of appropriate interventions to improve and support positive community health outcomes and well-being.

2.0 Strengths

Summarized below are strengths that emerged based on analysis of health-related secondary data and results of the Windsor Community Health Needs Assessment (CHNA) Community Survey.

Overall Strengths

- CHNA survey results indicated overall agreement that there are social networks to support families in Windsor during times of need.
- More than 50% of survey respondents are happy with the quality of life in Windsor.
- More than 50% of survey respondents indicated Windsor is a good place to raise children.
- More than 50% of survey respondents indicated Windsor is a good place to age at home.
- Windsor has a high rate of healthcare coverage among residents (97%).
- Residents expressed appreciation and indicated popularity of walking trails and parks.
- Windsor has a diverse population.
- The robust response rate to the CHNA survey indicates a strong community engagement and outreach presence of the Town and health department.
- The 65+ age group was the most represented age group among survey respondents, yet daily living support, medical transportation, and at-home care for seniors did not emerge as outstanding needs or problems.

Mental Health–Related Strengths

- Hartford County, where Windsor is located, has the highest ratio of mental health providers to population in the state, with a ratio of one provider for every 170 residents.

3.0 Weaknesses

Summarized below are weaknesses that emerged based on analysis of health-related secondary data and results of the Windsor CHNA Community Survey.

Overall Weaknesses

- Windsor has a relatively high prevalence of chronic conditions that keep residents from being as healthy as possible.
- There is a high prevalence of physical inactivity, and residents reported they do not regularly get at least 150 minutes of physical activity per week (43% of CHNA survey respondents).
- More than 50% of CHNA survey respondents were not satisfied with their access to healthcare in Windsor.
- Hartford County has a lower primary care provider to county population ratio than CT and the U.S. overall.

4.0 Opportunities

Summarized below are opportunities that emerged based on analysis of health-related secondary data and results of the Windsor CHNA Community Survey.

Overall Opportunities

- The Town and Health Department could support residents in finding time to be physically active.
- There are strong community resources and partnerships to engage diverse community members.
- There are opportunities to leverage existing community engagement channels at the Health Department to promote resources.

Mental Health-Related Opportunities

- CHNA survey respondents indicated there are support networks in Windsor during times of need.
- There is an opportunity to provide and promote 988 Suicide and Crisis Lifeline education, as more than 50% of CHNA survey respondents indicated they were not aware of the 988 Suicide and Crisis Lifeline prior to completing the survey.
- There is an opportunity to provide education regarding service availability and access to address gaps in knowledge around where or how to seek services.

- The relatively high ratio of mental health providers to residents in the county could be leveraged to link people to services and care.
- There is a strong appetite among survey respondents for mental health and stress management education/programming.
- Of CHNA survey respondents within the age group with the highest statewide number of suicide deaths in 2023, 81% indicated they would prefer in-person or hybrid programming/education events.

5.0 Threats

Summarized below are threats that emerged based on analysis of health-related secondary data and results of the Windsor CHNA Community Survey.

Overall Threats

- Almost 60% of CHNA survey respondents indicated cost of living is a moderate or serious problem.
- Approximately half of CHNA survey respondents indicated that income and wages in Windsor are a moderate or serious problem.
- More than one-third of CHNA survey respondents indicated that debt is a moderate or serious problem for their household.
- Pedestrian safety was a common concern expressed on social map contributions.
- More than two-thirds of survey respondents (67%) indicated they sleep seven hours or less per night, which is considered a health risk behavior; the 2022 Behavioral Risk Factor Surveillance System (BRFSS) estimate for short sleep duration is 38%¹⁰.

Mental Health–Related Threats

- CHNA survey respondents indicated a lack of mental health support and services in Windsor. This is a disconnect with the relatively high ratio of mental health service providers.
- CHNA survey respondents indicated a lack of awareness of where to go/how to get help for mental health challenges.
- CHNA survey respondents indicated that difficulty finding a provider or appointment for mental health services makes it challenging to stay mentally healthy in Windsor.

¹⁰ Centers for Disease Control and Prevention, CDC PLACES estimates 2024, [PLACES: Local Data for Better Health](#)

- The counties surrounding Hartford County have the lowest ratios of mental health providers to population in the state.
- The rate of death from suicide in Windsor during the 2020–2023 time period was the ninth highest in the state.
- CHNA survey respondents reported that social isolation, loneliness, and lack of social and emotional support make it difficult for people in Windsor to stay mentally healthy.

Agenda Item Summary

Date: June 17, 2025

To: Members of the Health & Safety Committee

Prepared By: Scott Colby, Assistant Town Manager

Reviewed By: Peter Souza, Town Manager 

Subject: Automated Traffic Enforcement Safety Devices

Background

In 2023 the State of Connecticut adopted traffic safety related legislation which allows for municipalities to utilize automated traffic enforcement safety devices or cameras. Initial information on the new law was presented to the Town Council in January 2024, and in July 2024 and December 2024, the Health & Safety Committee met to review the topic in more detail. The Health and Safety Committee previously requested information relative to cost of implementing the program as well as a forecast of potential revenue. That information is outlined below in the financial impact section. Also outlined below are multiple steps needed to be completed prior to submitting a plan to the CT Department of Transportation for review and approval.

The goal of this agenda item is to provide an opportunity for the public to hear an overview of the potential use of speed enforcement cameras in Windsor, to ask initial questions they may have and provide committee members comments on the possibility of implementing such technology in town.

Discussion/Analysis

Public Act 23-116 (PA-116) implements the recommendations of the Vision Zero Council, an interagency work group dedicated to eliminating transportation-related injuries and fatalities throughout Connecticut with automated traffic enforcement safety devices.

These devices or cameras detect and collect evidence of alleged driving violations. The images captured by these devices include license plate information and the date, time, and location of alleged violations related to 1) speeding of 10 miles-per-hour or more over the posted limit and 2) failure to stop at a steady red light.

Municipalities need to follow the provisions set forth by PA-116 in order to receive approval to install and activate automated traffic enforcement safety devices. Primary requirements include adoption of an ordinance authorizing the use of these cameras and submission of a plan to CT DOT. Additionally, interested municipalities must adopt a citation hearing procedure, comprehensive safety action plan, and written privacy policy/protocol. Prior to submitting a plan to CT DOT, the municipality must conduct a public hearing and the municipal legislative body must vote on the proposal.

An ordinance needs to include the following:

- A requirement that the cameras be operated by a certified ATESD operator,
- assertion that the owner of a motor vehicle commits a violation of the ordinance should they travel 10 or more miles above the speed limit and/or fail to stop at a steady red light,

- cameras be used only to identify violations of the ordinance,
- written warnings only will be issued for the first 30 days after the device is put into service,
- payment of fines may be made electronically,
- recorded images will be reviewed by an authorized authority prior to the issuance of a violation.

Ordinances may also include information pertaining to the cost of fines for ordinance violation and fees for the processing of electronic payment. Fines for violations cannot be more than \$50 for the first violation and no more than \$75 for subsequent violations. Fine payments received need to be utilized for improving transportation mobility, investing in transportation infrastructure, or paying the costs associated with the use of the cameras, such as staff and maintenance. Additionally, a fee of no more than \$15 may be assessed to cover the cost of electronic payment processing and/or any administrative costs associated with the violation.

Along with adoption of an ordinance, municipalities are also required to create a comprehensive safety action plan which would be required three years after the first camera(s) become operational. Such a plan describes how a municipality will ensure that their streets can accommodate users of all ages, abilities, and modalities. Similar to a Vision Zero or complete streets plan, a comprehensive safety action plan can identify a variety of municipal traffic safety issues while presenting an array of methods to improve road safety concerns.

Municipalities need to create and submit a plan regarding the placement of cameras to the CT DOT prior to the use of such devices. CT DOT will review the plans and approve or deny them (in part or in whole) within 60 days. Primary considerations include the likelihood of camera placement to improve traffic safety in the area and equitable distribution of cameras throughout the municipality. Municipalities need to consider the following factors in formulation of a camera plan:

- history of traffic crashes caused by excessive speeding and/or traffic signal/sign violations at such location
- history of traffic crashes that resulted in fatality or serious injury at such location
- average daily traffic at such location
- history of traffic stops conducted
- roadway alignment of any such location

Further, municipalities must complete a number of actions subsequent to the plan approval by the CT DOT but prior to camera activation. These actions include the following:

- Installation of at least two signs for each approach along the roadway leading to the device,
- creation and implementation of a public awareness campaign regarding speed limits, traffic control signals, and the new cameras,
- training of an ATESD safety device operator,
- notification of the camera location to navigational mobile application operators.

By the end of 2025, CT DOT will issue guidance to municipalities regarding evaluation requirements for the effectiveness of activated devices and submission of subsequent camera plans.

Previously committee members asked questions regarding how CT Department of Motor Vehicles (CT DMV) is involved. Fines will be a violation of a municipality's ordinance, which means no points will be deducted from someone's license. Warnings or citations are not reported to the CT DMV.

Staff from the Engineering Department and Police Department have evaluated data to determine where these cameras could be placed. The following parameters were used in the evaluation:

- 85th Percentile Speed 10 MPH over the posted speed limit
- Average Daily Traffic (ADT) volumes of 3,500 or greater
- Motor vehicle stops related to speed
- Location of motor vehicle accidents

Utilizing the above parameters four locations were identified to be considered for Traffic Camera installation:

- Poquonock Avenue (Route 75) between the I-91 South off-ramp and Farmstead Lane
- Broad Street between Island Road and Remington Road
- Windsor Avenue between Deerfield Road and Windsor Shopping Center
- Rainbow Road between East Granby Road and Merriman Road

At this time, we are not recommending the use of cameras for 'red light' violations as we have a relatively small number of traffic stops and accidents related to signal violations.

Financial Impact

There are two potential options for the Town Council to consider regarding the implementation of automated traffic safety cameras: 1. Purchasing Outright and 2. Monthly Service Fee. Both options have distinct financial implications, and the choice will depend on the town's budgetary priorities and long-term objectives.

For the first option, the town would make a one-time capital investment to purchase the automated traffic cameras and all associated hardware and software. This upfront payment would cover the full cost of installation, integration with existing infrastructure, and necessary setup.

The cost to purchase eight cameras for four locations is estimated at \$200,000 not including the cost for any electrical work needed. There is still a monthly service fee which is either \$1,000 a month per camera or a usage fee based on the number of citations that were processed (this is an administrative fee), whichever is greater.

For the second option, it involves entering into a service agreement with a vendor, where the town pays a monthly fee for the use and maintenance of the automated traffic safety cameras. The service fee would typically cover installation, monitoring, maintenance, software updates, and technical support for the duration of the contract. All hardware and software are provided. The cameras are essentially leased during this period.

This option has a monthly service fee which is either \$1,000 a month per camera or a usage fee based on the number of citations that were processed (this is the administrative/processing fee), whichever is greater.

In total the cameras would cost at a minimum approximately \$8,000 a month or \$96,000 year. Each vendor is somewhat unique in equipment costs and fees for processing the citations.

Preliminary revenue projections have been developed for each location. Please note that each location identified above would require two cameras, one for each direction of travel. The revenue projections are based on the expected volume of traffic and percentage of those vehicles going 10mph over the posted speed limit. This also takes into account that no fines will be issued during the first month of operation as required by state law. Over time, as drivers become more

accustomed to the cameras and hopefully adjust their behavior, the percentage of violators is assumed to decrease each month. This projection assumes a reduction of 50% of violators from month 1 to month 2 and another 50% reduction for the remaining ten months. We are also being conservative and assuming only 1% of violators are issued fines and make payment. While there are many variables that make it difficult to determine a revenue projection for these devices, based on these assumptions, below is a breakdown of the estimated year one revenues for each location.

- Poquonock Avenue (*Route 75 between the I-91 South off-ramp and Farmstead Lane*)
\$52,700
- Broad Street (*between Island Road and Remington Road*)
\$96,600
- Windsor Avenue (*between Deerfield Road and Windsor Shopping Center*)
\$3,700
- Rainbow Road (*between East Granby Road and Merriman Road*)
\$82,100

Estimated year one revenue equals approximately \$235,000. We are assuming part-time police/program administration, including the appeals process at a cost of \$70,000.

Other Board Action

None

Recommendation

This item is presented for information and discussion purposes at this time. Based on Committee discussion and needed follow up information, staff would anticipate bringing this item back to the full Town Council over the summer or fall for the introduction of an ordinance and the automated traffic enforcement safety device plan.

Attachments

None



**TOWN OF WINDSOR
HEALTH AND SAFETY COMMITTEE
SPECIAL MEETING
COUNCIL CHAMBERS
DECEMBER 11, 2024
HYBRID MEETING**

UNAPPROVED MINUTES

1. CALL TO ORDER

Councilor Mary Armstrong, Chair of the Health & Safety Committee, called the meeting to order at 6:31 p.m. with Deputy Mayor Darleen Klase and Councilor Lenworth Walker present.

Staff Present: Peter Souza, Town Manager; Scott Colby, Assistant Town Manager; Donald Melanson, Police Chief, and Jennifer Waldo, Public Nurse

2. PUBLIC COMMENT - None

3. DISCUSSION OF UPCOMING COMMUNITY HEALTH NEEDS ASSESSMENT

Mike Pepe, Director of Health and Jennifer Waldo, Public Nurse introduced Kristen Dow, from BerryDunn and Lucy Matthews from BerryDunn. Mr. Pepe stated they will be giving an overview of the CHNA process and slideshow. Ms. Dow stated they will be doing the following:

- Conduct a data review and draft a Data Findings Report
- Create a community engagement platform using Social PiinPoint
- Develop and implement a community needs assessment survey, analyze the findings and draft a findings report
- Conduct a Strengths, Weaknesses, Opportunities and Threat (SWOT) analysis and draft Specific, Measurable, ambition Realistic, Time-bound, Inclusive and Equitable (SMARTIE) objectives
- Draft a Community Health Needs Assessment (CHNA) and present it to the community partners and the Windsor Town Council

The Community Health Needs Assessment (CHNA) process includes analysis of existing health-related data for the town and surrounding area, as well as collecting first-hand input from community members about their experiences, perceptions, and opinions related to the community's health through a community survey. The analysis of existing health-related data was completed, and the findings were used in part to inform the development of the community survey questions. The survey questions were developed with attention to areas of specific interest to the CHNA, such as mental health, and are designed to cover a range of relevant community health topics on which public health interventions may be feasible or relevant, or which may inform the development of programs or policies. These include topics such as health status, access to healthcare,

social determinants of health, household health needs and priorities, and residents' perceptions and experiences in the community. The survey development process is data-driven and based on best practices from nationally-recognized organizations such as the National Association of County and City Health Officials (NACCHO).

In early January 2025, the CHNA community survey will be formally launched using the online community engagement platform, Social Pinpoint. The survey will remain open for one month and will be promoted through social media, community partners, Windsor Journal and the town's website. While the survey will primarily be conducted online, printed surveys will be available at select locations such as Town Hall, both libraries, LP Wilson Community Center and 330 Windsor Avenue community center.

Once the survey has closed in early February, the findings will be analyzed and used to inform the development of the CHNA report. The CHNA report will contain community demographics, health-related data for the community / region, survey results, as well as a set of recommended objectives to address the top identified health challenges facing the community. The CHNA report is expected to be completed in May 2025.

Councilor Armstrong asked what are some of threats Ms. Dow is speaking of. Ms. Dow replied that threats could be like funding sources that are not currently coming and that there are no community partners that are working on a specific item. It is things that are a challenge.

Councilor Armstrong asked what are their perspectives on community involvement? How would that happen? Ms. Dow said they have started with the Windsor Mental Health Alliance. Ms. Waldo stated that all the organizations who provided a letter of support when we wrote the grant have been invited to participate on the Windsor Mental Health Alliance. We invited 17 people and have held two meetings. Some of the organizations are still working on who that representative might be, and we would certainly see an addition of a few people as well.

Councilor Armstrong said the intention is for them to help with this project correct? Ms. Waldo said yes. As we work through and get ready to launch, we will be sending information to them to work with their communities to ensure that we get it out to as many people as we can.

Ms. Waldo asked Ms. Dow if they wanted to talk about the fact that we might end up doing some paper surveys as well for those who aren't as adept at using online surveys. Ms. Dow said that she and Ms. Matthews are currently developing a community survey distribution guide and that will be outlined in that guide. The community surveys are primarily online. We will be launching that through the Social Pinpoint site and sharing that on social media. Then emails, posters or flyers that can be displayed at recreation areas, places like doctor's offices or pharmacies. It can also be placed on a community bulletin board, libraries that'll have the QR codes that people can scan the QR code and then take the online survey. Knowing that not everyone has access to Internet, and to

reach as many people as possible, they will be doing some paper surveys that will be available at specific locations which can be completed and dropped in via a drop box.

Ms. Dow went over the sections of the survey which included:

- Demographic Information
- Individual Opinion – household and community health
- Mental Health

Councilor Armstrong had a question about number one on the survey which states 'What is your gender identity?' She is not familiar with the options of nonbinary, genderqueer or genderfluid. Ms. Dow said those are recommended on a lot of surveys. She asked Ms. Matthews if she had information on this area. Ms. Matthews stated that nonbinary gender, genderqueer and genderfluid are all gender identities that some folks associate with when they don't necessarily identify as a man or woman specifically. These are common terms for gender identity.

Deputy Mayor Klase asked if they could make question seven (Would you prefer to attend programming or educational events put on by the Town or Health Department that are virtual [an online video call meeting or live stream] or held in person?) Deputy Mayor Klase would like to know more about why people prefer virtual meetings over in person ones. Is it a transportation issue or is it just a preference? Her concern is when you talk about mental health, she feels it's better to be with people than to isolate. She's trying to understand why virtual is better for that group? Ms. Dow asked Ms. Matthews if they could add if someone chooses virtual, if they can elaborate on why they chose that. Ms. Matthews said absolutely and that's a great suggestion.

Deputy Mayor Klase asked if that is part of the introduction to the survey, where they would know to contact that hotline for service? Ms. Dow stated that yes, they are going to put it on the Social Pinpoint site before they link it to the survey and then at the very end they talk about 9-8-8 in the bold area at the end of the document.

Deputy Mayor Klase asked if there is a way that an optional question stating 'would you like us to reach out to you now' could be added. She knows that the town's Social Services Department isn't huge. Perhaps if they are looking for help and they give us their name and contact information. Is there a way to reach out to them? Town Manager Souza said we can maybe add a couple of links to agencies that might be able to help them. Deputy Mayor Klase said or just adding 2-1-1 or 9-8-8.

Deputy Mayor Klase asked how long do you think this survey is going to take them to start and finish? Ms. Dow said about 15 minutes.

Councilor Armstrong said that this will all be confidential information, correct? Ms. Dow said yes, all of this is anonymous as well. We will not ask for anyone's name, email, address or phone number.

Ms. Waldo added that they will be adding in a question in the survey to ask if they are a Windsor resident because some of the Mental Health Alliance partners have communities outside of Windsor and on the Social Pinpoint the Health Department is listed as a contact.

Councilor Armstrong said she didn't see here any of the educational programs that they would suggest having. Was any of that part of the suggestion? Ms. Dow said she believes question number 10 that says, "Please list any topics on which you would like to see the Town, or Health Department provide programming or host educational events" is what she is looking for.

Councilor Armstrong said she saw on question 11 where they can select issues/items that keep them from being as healthy as possible. She doesn't see where any of these would apply or what education programs they would suggest. Town Manager Souza said he believes question 10 is an open ended type of question. Ms. Dow agreed with Town Manager Souza. The committee discussed the specifics of this question.

Deputy Mayor Klase said since our under 18 years olds might get the survey, we may have to do some parental education because we don't want them to think we're asking questions that are leading to choices about sexual orientation or something like that. Town Manager Souza said staff can talk that over with the team and see if there are some examples out there. Ms. Dow said they can do an example communication that schools could use to give to the parents and they can draft it up.

Deputy Mayor Klase asked if this will be distributed to schools? Ms. Waldo said it would probably be distributed through the schools so that they would be giving it to parents, through the virtual backpack. This is how the school communicates with the parents about their different events that are going on and where they put all notices in.

Councilor Armstrong said she was a little confused about question 12 (Please rate your agreement with the following statements about the health and quality of life in Windsor.) Ms. Dow asked if the question was on the layout of it? Councilor Armstrong said yes. Ms. Dow stated they wanted to know where people lean towards a certain topic. It's another way for people to start thinking about these health questions. This way they're not all just random, multiple choice but more ranking on different areas.

Deputy Mayor Klase asked if the buttons will be radio buttons where you have a question and you just need to press the button to answer it? Ms. Matthews answered that it will not be the boxes that they presently see on the draft survey. They will be buttons. She added that the surveys that will be printed will have a dot that needs to be filled in.

Councilor Armstrong asked what the phrase "There are economic and." What does that mean? Ms. Dow said it means there are employment opportunities in Windsor. That box is split up on two pages. The remainder of the question is on the next page.

Deputy Mayor Klase stated that is a good point. If we do this online, that's fine, but if it's a printed survey, the question has to be all together on one page and not split up. Ms. Dow said they would absolutely do that.

Councilor Armstrong then said it goes on to question 13 with the primary needs in the household. Ms. Dow said that is correct and there are some selections to this question.

Councilor Armstrong asked about question 22 (The 9-8-8 Suicide Crisis Lifeline provides free and confidential emotional support to people experiencing suicidal crisis or emotional distress 24 hours a day, 7 days a week. Did you know about the 9-8-8 Lifeline prior to taking this survey?) When they call this number does that tell you that you'll get support and how does it work? Ms. Dow said typically with a 9-8-8 call, they are linked with a counselor immediately in that crisis moment.

Deputy Mayor Klase stated it's like the 2-1-1 of suicide and crisis. It's like a 9-1-1 call as well. You are immediately linked to a person who talks you through and will help you through your crisis.

Deputy Mayor Klase said question number 11 does not address gambling. Could it be added? Ms. Dow said that isn't a problem they can certainly add that to the listing.

Councilor Armstrong said she sees 'violence in my community' but not 'violence in my home.' Can that be added? Ms. Dow said that can be added.

Town Manager Souza stated that we have some programming coming up. Ms. Waldo stated that yes, we do. Unfortunately, they've not had a good response with the QPR course or the therapy dog visit at Wilson Branch Library scheduled for Saturday so they are going to reschedule these programs to January or February. The thought is to offer the QPR course as well as the therapy dog program quarterly.

Deputy Mayor Klase said she wonders if the therapy dog would do well if they just brought it to Windsor High? Ms. Waldo stated that they thought about working with the school. They did a therapy dog in August and they had young children. They have created packets of information which includes resources for mental health to distribute to all the schools. They spoke of another event that happened at the school that was very successful where they reached nearly 1,200 students on that day. The committee discussed the event.

Councilor Armstrong asked if there was something that we can say about coping with stress, or the household or something like that. Can that be added to the survey? Town Manager Souza said this could be a teaser to grab folks' attention or it could be one of

the prompts for question number 10. Ms. Dow said it could also be added to number 13 under 'What are the primary healthcare needs in your household?' We could add it there.

Councilor Armstrong asked how long the survey is going to take? Ms. Dow said at least a month or 4 weeks as the survey is open for 4 weeks. So it'll go through to at least the beginning of February.

Councilor Armstrong asked how long before they see the results? Ms. Dow said it would be probably by the end of February.

4. DISCUSSION OF CAMERAS FOR SPEED ENFORCEMENT

Peter Souza, Town Manager, stated Public Act 23-116 (PA-116) implements the recommendations of the Vision Zero Council, an interagency work group dedicated to eliminating transportation-related injuries and fatalities throughout Connecticut with automated traffic enforcement safety devices.

These devices or cameras detect and collect evidence of alleged driving violations. The images captured by these devices include license plate information and the date, time, and location of alleged violations related to 1) speeding of 10 miles-per-hour or more over the posted limit and 2) failure to stop at a steady red light.

Municipalities need to follow the provisions set forth by PA-116 in order to receive approval to install and activate automated traffic enforcement safety devices. Primary requirements include adoption of an ordinance authorizing the use of these cameras and submission of a plan to CT DOT. Additionally, interested municipalities must adopt a citation hearing procedure, comprehensive safety action plan, and written privacy policy/protocol. Prior to submitting a plan to CT DOT, the municipality must conduct a public hearing and the municipal legislative body must vote on the proposal.

An ordinance needs to include the following:

- a requirement that the cameras be operated by a certified ATESD operator,
- assertion that the owner of a motor vehicle commits a violation of the ordinance should they travel 10 or more miles above the speed limit and/or fail to stop at a steady red light,
- cameras be used only to identify violations of the ordinance,
- written warnings only will be issued for the first 30 days after the device is put into service,
- payment of fines may be made electronically,
- recorded images will be reviewed by an authorized authority prior to the issuance of a violation.

Ordinances may also include information pertaining to the cost of fines for ordinance violation and fees for the processing of electronic payment. Fines for violations cannot be more than \$50 for the first violation and no more than \$75 for subsequent violations. Fine payments received need to be utilized for improving transportation mobility, investing in

transportation infrastructure, or paying the costs associated with the use of the cameras, such as staff and maintenance. Additionally, a fee of no more than \$15 may be assessed to cover the cost of electronic payment processing and/or any administrative costs associated with the violation.

Along with adoption of an ordinance, municipalities are also required to create a comprehensive safety action plan which would be required three years after the first camera(s) become operational. Such a plan describes how a municipality will ensure that their streets can accommodate users of all ages, abilities, and modalities. Similar to a Vision Zero or complete streets plan, a comprehensive safety action plan can identify a variety of municipal traffic safety issues while presenting an array of methods to improve road safety concerns.

Municipalities need to create and submit a plan regarding the placement of cameras to the CT DOT prior to the use of such devices. CT DOT will review plans and approve or deny (in part or in whole) within 60 days. Primary considerations include the likelihood of camera placement to improve traffic safety in the area and equitable distribution of cameras throughout the municipality. Municipalities need to consider the following factors in formulation of a camera plan:

- history of traffic crashes caused by excessive speeding and/or traffic signal/sign violations at such location
- history of traffic crashes that resulted in fatality or serious injury at such location
- average daily traffic at such location
- history of traffic stops conducted
- roadway alignment of any such location

Further, municipalities must complete a number of actions subsequent to the plan approval by the CT DOT but prior to camera activation. These actions include the following:

- Installation of at least two signs for each approach along the roadway leading to the device,
- creation and implementation of a public awareness campaign regarding speed limits, traffic control signals, and the new cameras,
- training of an ATESD safety device operator,
- notification of the camera location to navigational mobile application operators.

By the end of 2025, CT DOT will issue guidance to municipalities regarding evaluation requirements for the effectiveness of activated devices and submission of subsequent camera plans.

There are two potential options for the Town Council to consider regarding the implementation of automated traffic safety cameras: 1. Purchasing Outright and 2. Monthly Service Fee. Both options have distinct financial implications, and the choice will depend on the town's budgetary priorities and long-term objectives.

Assistant Town Manager Colby said at the last meeting there were a few questions in regards to if a citation were to be issued, how it impacts a driver, their insurance record, anything like that. He just wanted to mention that the fines are a violation of the

municipalities' ordinance. That means that there's no points that will be deducted from someone's license and then the warnings and citations are not reported to the Department of Motor Vehicle.

The other information that was requested focuses more along the financial components of that. Cameras can be implemented within the community. Looking at that, there's two different ways of acquiring those, and one is either purchasing the equipment outright or having a monthly service fee.

For the first option, we have not put out an RFP or anything like that. We've met with some of the vendors that are currently doing business within the State of CT in regards to this. Looking at some of the information we have available to us, if the town wanted to purchase a one-time capital investment of the cameras themselves, this would not include any of the electric work that may be needed to tie those in from where the locations are that we have proposed. We'd be looking at approximately \$200,000 for that and that is just for the cameras. On top of that, there would be a monthly service fee for processing the citations and fines as they go through. The equipment is under warranty for a certain period of time only. Then there are software updates as well. That would be included within that warranty period. That would be about \$1,000 per month minimum per camera. We would be required to have 8 cameras for the 4 locations that we have proposed so that would be a minimum of \$96,000 per year.

Looking at the revenue projections, this is where it can get a little bit tricky. This assumes a very conservative view and assuming only 1% of violators are issued fines and make that payment. Based upon the assumptions that we have, looking at those 4 locations, we would estimate that within the first year, the revenues could be approximately \$235,000 and we are assuming that part-time police/program administration and the appeals process of that would cost \$70,000.

Councilor Armstrong asked what Assistant Town Manager Colby is referring to when he says the 'appeals process?' Assistant Town Manager Colby responded that under the State law there are four or five circumstances in which an individual can appeal a citation if they were to receive one. Under State law it requires that there has to be a formal citation process for someone to appeal a violation that they had occurred. Town Manager Souza said that process says it cannot be anyone within the police department or another town full-time or part-time employee. It has to have independence so we would anticipate it could perhaps be a retired police officer or hearing officer, an attorney, semi-attorney or administrative judge. Something like that is what we'd be looking for to act as the 'hearing officer' during an appeal.

Councilor Armstrong said as she understands it, we said nothing will be reported to the Department of Motor Vehicles correct? Assistant Town Manager Colby said that was correct. Councilor Armstrong said and it wouldn't affect their insurance? Assistant Town Manager Colby said that was correct.

Councilor Armstrong asked what if they don't pay these citations? How do we move forward on that if it's not reported or things aren't done about it? Don Melanson, Police Chief said it would be similar to our town ordinance violation process where when they issue a ticket such as parking on the street during a snow band, per the town ordinance that fine gets doubled and then it goes out to collection. The same thing would happen here. The company we use to process those tickets would send those out to collection. Assistant Town Manager Colby added there are very few circumstances that are allowed to have an appeal process move forward. Mr. Melanson added that even when the Police Department uses radar laser, the officers have to calibrate those and verify that they're operating properly. This is done annually. They are certified. Then there are internal checks to make sure they are working properly on a daily basis.

Councilor Armstrong asked if this revenue is for the town only? Assistant Town Manager Colby said the revenue that is received from any violation has to be utilized for traffic safety purposes or traffic enforcement. Town Manager Souza added that basically it's for traffic infrastructure, administration of the program, and transportation related expenses. This being so new there is a question mark. During his brief conversation with the Department of Transportation program manager he asked if it could be used for our Drive Wise program or to hire officers. His interpretation was it could not be used for additional police officers.

Councilor Armstrong stated there are specifics where this money could go like in processing. Of course, you're going to have someone to monitor this right? Deputy Mayor Klase added it has to be a certified person. Councilor Armstrong stated so that person has to be trained right? Deputy Mayor Klase said yes, they don't have to be a police officer but they have to be trained. Town Manager Souza gave a possible overview of the position and how much it might cost to have a trained person in the position. Assistant Town Manager Colby stated that any funds would need to be used for the purposes of improving transportation, mobility, investing in transportation, infrastructure improvements or paying the costs associated with the use of automated traffic enforcement safety devices, which is a long term for speed cameras.

Councilor Armstrong asked if we determined an amount as there were options for a vendor to lease this equipment rather than just buy it outright. Assistant Town Manager said those options are estimations. We have not done a formal RFP for the actual costs of those. The \$200,000 that is mentioned there as purchasing the capital is looking at just a high-level estimation of what the camera cost would be if we were to purchase that capital. That does not include the cost for any electrical work that may be needed to tie those to the appropriate locations or service maintenance fees. There will be a base level

warranty for those cameras and then following however long that warranty goes, that would be the cost.

Councilor Armstrong said that the cameras are going to be \$1,000 per month. The eight cameras, you can do them in both directions, is that right? Assistant Town Manager Colby said yes you can do that in order to capture both directions of traffic. You would need to have two cameras at each location.

Assistant Town Manager Colby stated in order to move forward with this, the town would have to adopt an ordinance to allow for the use of these traffic speed cameras. They would also have to adopt a citation hearing procedure (which we already have). A Safety Action Plan would be required by the State of Connecticut for each of the locations for accident history. All of the details for those proposed locations would then be submitted to the Department of Transportation for their review and feedback. There would have to be a public hearing for the ordinance. Once the proposed locations and that plan are in place and before it goes to the DOT, a public hearing would need to take place.

Councilor Armstrong said that will come before the Town Council before the public hearing, right? Town Manager Souza stated the public hearing on the ordinance would be before the Council. Town Manager Souza added he's not sure they specifically require the public hearing to be before the Council or a subgroup of that.

Deputy Mayor Klase said that the Council has to approve a public hearing anyway, right? Town Manager Souza said there are different ways of doing a public hearing. But in the State, he believes it's been very flexible. Traditionally, our public hearings are before the full Council. Town Manager Souza stated that there are obviously clear mechanical steps that have to get done. The other comments the last time we discussed this was about more of the informal piece of it. How do we inform, educate, get the community feedback, and does the Council want to do that concurrently with introducing an ordinance or do they want to do that first? So, that's the kind of questions that's on his mind. Town Manager Souza also stated that the ordinance itself is just basically an enabling ordinance. It doesn't talk about locations or anything. Are the Councilors comfortable with going with the speed cameras for the enforcement or enforcement for speed but then you get into the nitty gritty with the action plans and public hearing requirements for what locations and speed.

Councilor Armstrong stated that she remembers before that there were four locations that had the data on where it would be best to put them. Town Manager Souza stated that those are the locations that met the majority of those four criteria. Assistant Town Manager Colby replied yes, he looked at the average daily traffic count, exceeding 3,500 or greater, and then motor vehicles stops, related speed and motor vehicles accidents, as well as looking at the data of students on those roads.

Councilor Walker stated that he asked about two things from the last time. One was about getting the traffic data from the town center up to Palisado Road versus the town center

to Pierson Lane and he doesn't see that in there. Town Manager Souza stated that they do not have that handy. Town Manager Souza asked if he is looking for Pierson Lane North? Councilor Walker said yes, the last time they met for Health and Safety meeting he had mentioned that the speeding continues beyond Pierson. Councilor Walker stated that he has walked down there and has talked with some of the residents and they have actually seen the speeding. Town Manager Souza thanked Councilor Walker for confirming that it was North of Palisado and said he will get that information to him. Councilor Walker also said that most of the places that have already implemented the speeding cameras he is aware of and he went on to list a few State names and stated that most of the municipalities have outsourced and they are managing the whole thing. He isn't sure if that is the way to go based on the cost or if that's not the way to go because there are two options and there is a cost to these two options including maintaining each camera for a \$1,000. He's not sure if they have drilled down into the cost benefits analysis deep enough.

Town Manager Souza said that the staff's recommendation is that we outsource. We do not maintain the cameras. We outsource 100% except for the traffic citation. Councilor Walker said he understood. Town Manager Souza stated this is without going through a formal request for a proposal and is based upon the conversations they had with two or three vendors. Assistant Town Manager Colby confirmed that it was two vendors. Town Manager Souza went on to say that outsourcing is the way to go. We don't have to deal with software or maintenance, or anything like that or field maintenance. If a camera gets knocked down, for whatever reason, we can pick up the phone and call the vendor, and they will come out within a certain amount of the contracted period of time.

Deputy Mayor Klase stated that she would love to see them recommend a public forum similar to the Poquonock forum. She isn't sure that everyone is a fan of those. She believes that those are the four areas that they have identified and possibly two more with Councilor Walker's areas. She would love to hear the public's input in a more informal way to say, yes, this is the way we want to proceed as a community. Deputy Mayor Klase also stated that she is a fan of going with a vendor. She has an organization that has 13 electric signs in 13 buildings across the state and they are inside. She said that she has a vendor for that because things go wrong every day and it would cost her a lot more to maintain those herself. She does feel that there is a hidden cost beyond the officer or person who's certified to look at the tapes because even though she has a vendor license, they do come out. She has to send people out once in a while to help liaison between the cameras and see what's going on. She stated that she isn't sure what other towns are experiencing, but she would highly advocate before they proceed to get a community poll some way.

Councilor Armstrong said that she is in agreement with the leases part of it and that it would be a benefit. She isn't sure what the cost will be for that. They would have the lease and they can maintain it. She is not sure what the warranty would be and so forth but she thinks there would be a benefit to that as well. She also stated that she saw somewhere where they had a public awareness campaign. People would be made aware of what is

going on and what they are talking about as far as this, and they would let the public know if they are going to be stopped at certain areas. She believes it is important that they should know these things. She also saw that there is a 30-day grace period for a citation. Town Manager Souza said yes, it is a 30-day grace period and they would get a warning.

Councilor Armstrong asked how will they monitor which individuals have received a warning? Also, they would have to compile this data so someone would have to be staffed to do that correct? Town Manager Souza said that this would be a part of the vendor's responsibility. They would generate reports, educate, and they would teach us how to generate reports. So, basically, they will have their 30-day grace period and day 31 you will get a citation, regardless of what happened within that first 30-days.

Councilor Armstrong said if a person gets a violation, they will only get a warning but if they come back again and get another violation, they will get a fine? Town Manager Souza answered yes. Assistant Town Manager Colby stated that if that first warning is given within those first 30 days that the camera is active, they will only receive a paper warning. There's no fine. They will not have a financial loss at that point. Anything over that, so day 31, if anyone were to go through 10 miles over the posted speed limit, they will receive a fine.

Councilor Armstrong gave an overview on what has been said so far and asked if she understood all of it correctly.

Deputy Mayor Klase stated that she does not disagree that those are very difficult areas and they have to figure out something. Windsor is a very community focused policing vibe. She stated that not every time that a Police Officer pulls someone over in Windsor who has violated the speed limit, and especially if they are a resident of Windsor, they are not always going to get a ticket. They will generally get a gentle warning unless they are doing something crazy or if they are under the influence. That is one of the things people like about Windsor. We have a community focused policing model. She believes that this will change that dynamic dramatically.

Town Manager Souza stated that based upon the numbers, regardless if you are a resident of Windsor or a nonresident of Windsor you will get that friendly warning.

Deputy Mayor Klase stated that we really want to try and make our roads safe and that means a lot more money to cover those 4-6 areas. Town Manager Souza stated that there are more than the 4-6 areas. He stated that having a community forum, informal forum, or an education forum of opportunity, those are the topics that could be discussed. Deputy Mayor Klase also stated that it would be nice to know that your 16-year-old kid, their first-time driving, makes a slip-on Mountain Road, and get stopped and they are heavily warned instead of getting a ticket. The second time they would get a ticket but the first time 90% of them learn the difference. Town Manager Souza asked is that something you would want to have a conversation in some form with the Town Council?

Is that something we would want to consider and also raise the awareness to everyone. He stated that they need to look at all the priorities that the Town Council has on their table.

Deputy Mayor Klase said that it will take some administrative time as they will have to get an RFP out and also set it up. Town Manager Souza gave some suggestion on how to go about setting things up. Councilor Armstrong stated that she would advise the Council to discuss it. Deputy Mayor Klase agreed with her. Police Chief Melanson said that the question is if you want to do it or not and if this is what you want for the town. Councilor Armstrong said that she thinks they should have that discussion with the Town Council before they move on this because there is a lot of components with it.

Town Manager Souza agreed that there are a lot of components. We can have an informational conversation at the Town Council and say let's move forward with the community forum or let's not at this point in time. He also stated that this is not a mechanical thing to go through. There is fairly significant philosophical/policy discussion. He stated that there are probably less than 10 communities that he is aware of that are pursuing applying to the state. There's two small towns Washington and Kent. Both communities, population wise, are smaller than the Wilson neighborhood but they're as large as the Town of Windsor. Town Manager Souza went on to name a few more towns that are ready to prepare. He also stated that Wethersfield has already adopted an ordinance. They are planning on going forward with submission to the State.

Councilor Walker said that he agrees with Deputy Mayor Klase and Councilor Armstrong with taking this conversation back to the Town Council for discussion.

Town Manager Souza said they can certainly do that if that's the consensus of the committee. They can do that at one of the meetings in January. It probably won't be at the first meeting in January because the January 6th agenda is already full. So, perhaps the second meeting in January would be better and at a higher-level conversation. Town Manager Souza said to Councilor Walker that someone will get the Palisado number to him.

Councilor Armstrong asked Chief Melanson about the crime van they had discussed previously. Chief Melanson said that he was trying to get the van there that evening. He stated that he had received a shipping notification that it was going to be in two weeks but there were two custom-made cabinets that were on back order so it did not make it in. He is hoping that it will be in soon.

Councilor Armstrong asked about the K-9 dog. Chief Melanson said yes, she has completed her certification and has graduated. So, she's on patrol. Her name is K-9 Tiger. She is a German Shepherd and she is 2 years old. He also stated that she is off to a phenomenal start. They were doing training before graduation; however, she was certified and they didn't cross train her. So, she's generally trained in patrol work, which would be tracking, apprehending, building searches, area searches and article finds but she is also

trained in narcotics. We also trained her in gun detection or black powder detection. So, gun casings and firearms and things along those line. Chief Melanson also stated that while K-9 Tiger was in Training in Newington, there was a shooting in Meriden and they were requesting a gun dog and she went out with her partner and they were able to find a gun that was tossed in the leaves.

Councilor Armstrong asked about how the grant works and if the person that is with her trained to handle canines? Chief Melanson answered yes, so there is a 12-week training for both the K-9 and the Police Officer. Deputy Mayor Klase asked if we are still at an adequate stipend for the officer for the care of the dog? Chief Melanson said yes, they receive at FLSA an hour a day somewhere around minimum wage or \$15 an hour. It's somewhere along those lines. Councilor Armstrong asked if the K-9 was kept with Officer Finik's house? Chief Melanson answered yes, the K-9 is kept at her house. They help provide fencing and a kennel which is part of the grant as well as all of the vet bills and transportation. They have a vehicle assigned to them that has a self-opening door and a remote control so she can release the dog away from the car. It already has temperature sensing controls in it. So, it can sense the different temperatures in the car and can turn the car on for the air conditioning if it gets too hot as well as in the winter time it will turn on the heat if it gets too cold.

Deputy Mayor Klase stated that they should think about having a social media page for K-9 Tiger to keep the community involved. Chief Melanson and Town Manager Souza said absolutely. They think that Officer Finik has that personality once she gets settled in, we will see more of them. Councilor Armstrong asked what is a red-light violation? Town Manager Souza answered that the red-light violation is part of the state law that allows for the speed cameras and they also allow for the cameras to be put on the traffic signals and to track people who are running the red lights. Councilor Armstrong asked about the Wrong-Way signs on exit 35 if there was a way to get reflectors? Town Manager Souza stated that those are the states and asked Chief Melanson if he gets any reports on those? Chief Melanson said that he does not get any reports on them unless the alarm goes off.

Town Manager Souza said that he knows there has been media accounts of at least two, if not three that have been detected/stopped because of lights here in Windsor. Chief Melanson stated that he believes that the vehicles that are going the wrong way are predominantly intoxicated drivers. Assistant Town Manager Colby stated that the Wrong-Way signs have a strong flash when they indicate someone driving the wrong-way.

5. STAFF REPORTS- None

6. APPROVAL OF MINUTES

a) July 8, 2024 Special Meeting

MOVED by Deputy Mayor Klase, seconded by Councilor Walker to approve the unapproved minutes of the July 8, 2024 special meeting as presented.

Motion Passed 3-0-0

7. ADJOURNMENT

MOVED by Councilor Walker, seconded by Deputy Mayor Klase, to adjourn the meeting at 7:59 p.m.

Motion Passed 3-0-0

Respectfully submitted by,

Helene M. Albert
Recording Secretary