

2022 Community Health Needs Assessment

Stamford & Darien



COMMITMENT TO THE COMMUNITY

Stamford Health is blessed to have a strong and vital relationship with the communities we serve. This type of relationship is increasingly rare in today's healthcare environment. It is the reason we fight so hard to maintain our status as an independent, not-for-profit health system. We believe that our local communities know what is best, and so decisions at Stamford Health are made by and for the people and physicians who live here—not by distant shareholders or executives. Our vision makes it clear that Stamford Health is reimagining healing in every way, distinguishing ourselves as the most trusted healthcare partner for the communities we serve; and we regard that commitment to the community as both a privilege and an obligation.



Part of that obligation is knowing what our communities really need. As stewards of the resources our communities provide, we want to make sure our priorities align with the greatest opportunities to improve their overall health and quality of life. We do not want to take our own impressions for granted, especially when circumstances can change quickly and dramatically. And so, every three years, with our community partners, we conduct an in-depth study that results in the Community Health Needs Assessment summarized in this report.

The findings here are rigorous. They enable us to move forward with confidence that we are addressing the most pressing challenges our communities face. Furthermore—although this report has been prepared by a health system, there are learnings and insights that transcend healthcare. All members of the community—leaders, policymakers, businesspeople, advocates—can find data and insights that will help us improve the communities in which we work and live.

This report gives us all reasons to be proud. Overall, the health of our communities has improved despite the profound impact of the COVID-19 pandemic. But this report also serves as a reminder of how much remains to be done. There are changes to the demographics present in our region, persistent areas of concern, and stubborn health inequities in our region similar to those experienced elsewhere in the country. Armed with the insights from this Community Health Needs Assessment we can be sure we are directing our attention where it will make the most difference.

I would like to thank all of the individuals and community partners who contributed to the preparation of this report, and I would like to thank you for taking your time to read and absorb the information here. I look forward to working with you and being your most trusted healthcare partner.

Kathleen Silard, RN, BSN, MS, FACHE
President & CEO

ABOUT THIS REPORT

This document is a companion to the Fairfield County Community Wellbeing Index 2022, a high-level report about health and health-related topics in Fairfield County and the towns within it. The Community Wellbeing Index was produced by DataHaven in partnership with the Fairfield County's Community Foundation and other regional partners, including Stamford Health. DataHaven is a Connecticut-based, nonprofit that works with partners across the state to collect and provide access to data and reports focused on well-being, equity, and quality of life.

The Stamford Health Community Health Needs Assessment (CHNA) is a comprehensive evaluation of the diverse populations of the city of Stamford and the town of Darien. Stamford Health appreciates the invaluable input from its community members and partners and their contribution to this assessment. Special thanks to the Directors of Health in the city of Stamford and the town of Darien, and their staff, for their support and participation in the development of this report.

We hope this CHNA will inform Stamford and Darien residents, spark dialogue, and foster collaboration among our community partners to improve the health of our community.

Special thank you to those who contributed to the development of this report:

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EXECUTIVE SUMMARY

Together with our physicians and community partners, Stamford Health is committed to serving the residents of Lower Fairfield County by delivering a broad array of programs and services to improve the health and well-being of residents throughout the region. To most effectively meet the health needs of the community and serve as an insightful resource for others in the region, Stamford Health began the process of updating its triennial Community Health Needs Assessment¹ (CHNA) in 2021 in collaboration with DataHaven. While the IRS requires the CHNA for hospital facilities only, system-wide resources were harnessed to conduct this assessment, as the entire Stamford Health system is committed to understanding the root causes of health disparities and addressing the health needs of the community.

Consistent with its 2016 and 2019 CHNAs, Stamford Health focused on the city of Stamford and the town of Darien, as Stamford Health is the primary provider of inpatient services for residents of those communities. Additionally, these communities are not included in the CHNAs of other acute care hospitals in our region. The community was defined to include all members of the community, including the medically underserved, low-income, and the diverse populations who live in the geographic areas from which the hospital draws its patients.

The report outlines the manner in which Stamford Health engaged with a myriad of stakeholders to identify priorities that will be used to develop the Community Health Implementation Plan (CHIP) in collaboration

with community-based organizations in Stamford and Darien.

The American Hospital Association's 9-step pathway was used as a guide to develop this CHNA.

Figure 1: ACHI's Community Health Assessment Toolkit



Source: Association for Community Health Improvement. (2017). Community Health Assessment Toolkit. Accessed at www.healthycommunities.org/assesstoolkit

This report includes our work outlined through Step 6 in the diagram above. The work associated with Steps 7 – 9 will commence once the assessment is complete.

GOALS OF THE 2022 CHNA

1. Provide an overview of the demographics, social determinants impacting health, health behaviors, and overall health status of individuals living in Stamford and Darien.
2. Prioritize the health needs specific to the communities of Stamford and Darien.
3. Encourage dialogue and foster collaboration among partners to improve the health of our community.

¹ This assessment fulfills the Internal Revenue Service (IRS) requirement in the Patient Protection and Affordable Care Act which

mandates that all non-profit hospitals conduct a community health needs assessment (CHNA) every three years.

HEALTH PRIORITIES

In collaboration with a team of community leaders and health experts, including local public health directors, Stamford Health evaluated both qualitative and quantitative research to identify priority areas for Stamford and Darien. Initial priorities were broken into two categories: health conditions and social determinants of health. Using a survey instrument, the team was asked to select, from each category, the top three priorities based on, 1) the magnitude of the concerning issue, 2) the severity of the concerning issue, and 3) the ability and willingness of the community to act on the concerning issue. Team members were asked to consider the population overall as well as sub-populations which might be disproportionately impacted by the concerning issue.

The prioritization exercise resulted in the identification of the following top three priorities for Stamford and Darien:

1. *Behavioral health*: Defined as mental health and substance use disorder, behavioral health was identified as the top concern through qualitative research and quantitative data for both Stamford and Darien. Individuals acknowledged that behavioral health concerns have long existed in the community but were exacerbated by the COVID-19 pandemic. During the spring of 2022, there were several deaths by suicide reported in the community. Deaths by suicide are one illustration of the severity of behavioral health concerns in the region.
2. *Access to primary & preventive care*: Data available through the Centers for Disease Control and Prevention (CDC) suggest that in particular Stamford neighborhoods, use of preventive care varies greatly by neighborhood. Limited capacity, and availability, of primary care providers, especially for residents who are underinsured or who lack insurance, means individuals are unable to get the care they need when they need it.
3. *Housing*: Data available through Stamford Health's *GetWellNetwork* platform, as well as through the United Way's 211 Counts database, reveals housing is a top concern among individuals living in Stamford. It was recognized, during interviews, that housing can have a significant impact on the health and well-being of individuals. Poor housing conditions can contribute to the development of, or exacerbate, underlying health concerns such as asthma. The Connecticut Hospital Association has identified housing as a priority for hospitals to collectively address. Acknowledging more than 40% of households in Stamford are housing insecure, the City of Stamford recently completed a Housing Affordability Plan to identify strategies to address affordability concerns.²

If you or someone you know is struggling emotionally or is at risk for suicide, help is available through the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or by dialing 988

Additional details regarding the priorities are discussed later in this report. The priorities will inform the Community Health Implementation Plan that Stamford Health, in collaboration with public health experts, including local health departments and its community partners, will begin to develop. The group assembled to develop the Implementation Plan will further refine the priorities to develop targeted interventions to meet the needs of sub-populations in Stamford and Darien.

² Source: <https://www.stamfordct.gov/home/showpublisheddocument/16020/637865778690230000>

STAMFORD HEALTH

OVERVIEW

Stamford Health is a nonprofit independent health care system with more than 3,700 employees committed to caring for the community through a wide range of high-quality health and wellness services. Patients and their families receive expert, compassionate care through the system's 305-bed Stamford Hospital; Stamford Health Medical Group, with more than 40 offices in lower Fairfield County offering primary and specialty care; a growing number of ambulatory locations across the region; and support through the Stamford Hospital Foundation.

Stamford Health is known for its expert, person-centered care through its many recognitions and partnerships. *U.S. News & World Report* has recognized Stamford Hospital as a High Performing Hospital. The Centers for Medicare and Medicaid Services (CMS) rated Stamford Hospital as a five-star hospital for Overall Quality. The American Nurses Credentialing Center has granted Stamford Hospital Magnet Status, which recognizes superior patient care with the highest level of safety, quality, and patient satisfaction. Stamford Hospital is a Planetree Gold-Certified Person-Centered Hospital of Distinction, and one of only seven in the world to attain that distinction.

Stamford Health is a major teaching affiliate of the Columbia University Vagelos College of Physicians and Surgeons and has recently expanded its relationship with Columbia to offer treatment and expertise from Columbia University Irving Medical Center's nationally recognized heart surgeons. Stamford Health and Hospital for Special Surgery have created a premier center for specialty orthopedic care right in Stamford, CT. Additionally, in 2020 Stamford Health's Carl & Dorothy Bennett Cancer Center entered into an expanded

collaboration with Dana-Farber Brigham Cancer Center.

Dedicated to being the community's most trusted health care partner, Stamford Health puts patients first to build long-lasting relationships. For more information, visit StamfordHealth.org.

MISSION

Together with our physicians, we provide a broad range of high-quality health and wellness services focused on the needs of our communities.

VISION

Stamford Health is reimagining healing in every way, distinguishing ourselves as the most trusted health care partner for the communities we serve.

VALUES

Teamwork: Work together, share common goals, support each other

Compassion: Put patients first, be understanding, have pride, show empathy

Integrity: Advocate, model ethics, inspire trust and maintain high standards

Respect: Listen, acknowledge, be courteous and appreciate others

Accountability: Communicate, lead, accept responsibility and take ownership



2022 COMMUNITY HEALTH NEEDS ASSESSMENT

BACKGROUND & CONTEXT

Since completing the last Community Health Needs Assessment (CHNA) in 2019, much has changed. In 2020, a global pandemic shook the world, disrupting normal activity while it sickened and took the lives of many in our region. Additionally, over the past several years, political and social unrest across the country has forced us to reexamine constructs that inhibit inclusion and equity in all facets of our lives, including in the delivery of health services.

Our state and local governments have responded to these events in numerous ways, including adopting policies to promote equity and eliminate disparities. To that end, in 2021, the Connecticut Legislature established the Connecticut Commission on Racial Equity in Public Health responsible for making recommendations to measure inequity and reduce disparities in public health. At the local level, the City of Stamford hired its first Diversity, Equity, and Inclusion (DEI) Officer in 2022; a role responsible for promoting a culture of inclusivity in the workplace within the city government and across the city.

Considering the changes and challenges of the past few years, Stamford Health took action. The organization has consistently demonstrated its desire to provide services that benefit all members of the community such as through the development of its cardiac surgery program aimed at providing sophisticated cardiac care to our local residents—while reducing outcome disparities by race—and through the development of its KIDS FANS program aimed at promoting nutrition and healthy eating to all Stamford Public School students. Nonetheless, the past few years highlighted the need to do more. To that end, during the COVID-19 pandemic, Stamford Health partnered with the federal government to establish a field hospital, thereby expanding capacity to care for *all* in the region. When COVID-19 vaccines became available, Stamford Health partnered with organizations across the city of Stamford to develop the *No Barriers* program to ensure COVID-19 vaccines were easily accessible to socially vulnerable residents including immigrants, regardless of their immigration status.

The organization also took on many ambitious projects in response to the priorities identified through its 2019 Community Health Needs Assessment. To address behavioral health concerns, Stamford Health utilized a consultant to determine service gaps in the community and identify opportunities to expand access to inpatient and outpatient behavioral health services. Stamford Health also, in collaboration with Liberation Programs, developed a pilot to allow for the co-location of primary care and behavioral health providers in select Medical Group offices. To address nutrition and promote healthy weight, the Stamford Health Medical Group developed an evidence-based medical weight loss program; a program which has earned accolades. Recognizing the need to better understand the social determinants of health impacting our inpatients, Stamford Health rolled out a survey through the *GetWellNetwork*, the organization's digital engagement tool; the tool allows the organization to identify and work to address— in real-time— the social needs of patients.

During this period, Stamford Health also strengthened its commitment to advancing diversity, equity, and inclusion (DEI) across its organization. Stamford's DEI work is specifically focused on four pillars which include workforce, workplace, patients and community, and partnerships with a

goal of fostering a culture of inclusivity and strengthening our ability to improve health equity. The organization's journey has included efforts to foster an engaged and inclusive workforce through awareness and training as well as evaluating opportunities to improve equitable outcomes for patients and address community-wide social determinants of health.

Stamford Health's DEI Commitment Statement:

We at Stamford Health earn the trust of **all** by celebrating and understanding diversity, being inclusive and respectful of others, and ensuring equitable treatment **for all.**"

Through the development of the 2022 Community Health Needs Assessment, we endeavored to highlight inequities and health disparities that exist in our community. The data in the report is intended to spark dialogue and further discussion about these issues that persist in our community. The Community Health Implementation Plan will be the vehicle through which we, along with our community partners, commence the work of addressing the most pressing needs of the community while considering the diverse needs of *all* community members.

Community served

Consistent with its 2016 and 2019 CHNAs, Stamford Health focused on the city of Stamford and the town of Darien for its 2022 CHNA. In fiscal year 2021, approximately 80% of Stamford residents and 60% of Darien residents chose Stamford Health as the hospital at which to receive inpatient care. While Stamford Health, as a system, serves residents from towns throughout lower Fairfield and Westchester counties and beyond, it provides inpatient care to less than 50% of residents in all other towns. As a result, Stamford Health chose to focus on the two locations where it serves as the primary provider of inpatient services to the community's residents.

When determining the service area of Stamford Health, the community was defined to include all members of the community including the medically underserved, low-income, and the diverse populations who live in the geographic areas from which the hospital draws its patients. Additionally, the needs of all individuals were considered regardless of their ability to pay for the care they may receive.

METHODOLOGY

Phase I: Quantitative analysis

Existing secondary data

Stamford Health conducted its own analysis of and engaged DataHaven to perform analysis of available quantitative data. Secondary data sources analyzed included data from the U.S. Census, Centers for Disease Control and Prevention, State of Connecticut Department of Public Health, Connecticut Health Information Management Exchange (CHIME) and from local organizations and agencies.

2021 DataHaven Community Wellbeing Survey

As it did in 2015 and 2018, Stamford Health partnered with DataHaven to complete the 2021 DataHaven Community Wellbeing Survey with residents in the city of Stamford and the town of Darien. The survey tool has largely remained unchanged since 2015, allowing for a year-over-year comparison of results which are displayed in tables and graphs throughout the report.

The DataHaven Community Wellbeing Survey is used to gather data not available through secondary sources and to understand public perceptions of health, social determinants, and other issues. The survey instrument was designed by DataHaven and the Siena College Research Institute in consultation with local, state, and national experts, including local public health experts in the Stamford area. The 2021 DataHaven Community Wellbeing Survey was administered by cell phones and landlines between May and December of 2021 by interviewers at the Siena College Research Institute. In total, 9,139 adults statewide completed the survey, of which 404 were adults living in Stamford and 74 were adults living in Darien. Interviews were weighted to be statistically representative of adults living in each sub-region, including the individual towns of Stamford and Darien, based on Census data pertaining to age, gender, race and ethnicity. The Stamford surveys were administered in both English and Spanish and ZIP codes were targeted to supplement samples of hard-to-reach populations.

Specifically, the DataHaven Community Wellbeing Survey provides information on *neighborhood quality, happiness, housing, transportation, health, economic security, workforce development*, and other topics. Detailed data by town are available in the survey crosstabs on the DataHaven website. The data from Stamford is reported with a margin of error of 6.3%, while the data from Darien is reported with a margin of error of 13.6%.

For more detail about those who responded to the survey, please refer to Exhibit A.

Phase II: Qualitative analysis

In the fall of 2021, Stamford Health, along with the City of Stamford, gathered qualitative feedback on the health needs and priorities of the residents of Stamford and Darien through individual interviews, small group interviews, and focus groups to collect qualitative data.

Interview and focus group guides were used to lead the discussions and ensure consistency in the questions being asked of each participant. The length and format of the discussion varied based on the number of individuals participating, but typically lasted between 30 and 60 minutes.

In total, Stamford Health received qualitative input from more than 75 individuals, many of whom represent the medically underserved, low-income, and diverse populations who live in the geographic areas from which the hospital draws its patients. Research indicates that individuals in these groups are often underrepresented in population-wide surveys. Therefore, an emphasis was placed on gathering feedback from these groups during the collection of qualitative data so as to provide the most accurate reflection of community need. All interviews and focus groups were conducted between October 2021 and April 2022.

Through the focus groups and interviews, feedback was gathered from many key organizations and individuals. Below are some of the organizations from which feedback was gathered in the form of either an interview or focus group:

- City of Stamford Department of Health
- Town of Darien, Health Department
- Stamford Emergency Medical Services
- Darien Post 53 (Emergency Medical Services)
- Stamford Public Schools
- Darien Senior Center
- Building One Community
- OPTIMUS Health Care
- Community Health Centers, Inc.

Please refer to Exhibit B for the complete list of organizations represented through interviews and Exhibit C for the complete list of organizations at which focus groups were hosted.

For a brief description of some of the organizations from which we gathered input, please refer to Exhibit C.

LIMITATIONS & CONSIDERATIONS

As with all analyses, there are several limitations to this report that should be acknowledged.

1. The Community Wellbeing Survey relies on self-reported information from respondents. While such information is valuable, it should be noted that individuals may over- or under-report health conditions and behaviors due to recall bias, fear, or other reasons. Despite these limitations, the Community Wellbeing Survey data provides invaluable insights at the town-level. To add to the strength of the study, the survey administrators utilize random sampling to select respondents, ensure robust sample sizes, and administer the same survey repeatedly, enabling comparison of data overtime.
2. The U.S. Census Bureau acknowledges that through its data collection process, certain populations are either over- or undercounted. Specifically, the U.S. Census Bureau acknowledged it undercounted the Black or African American population, the American Indian or Alaska Native population living on a reservation, the Hispanic or Latino population, and people who reported being of Some Other Race while it overcounted the Non-Hispanic White population and the Asian population in the most recent 2020 census estimates.³
3. Data used in this report was collected over different time periods which can hinder the ability to observe trends across multiple data sources.
4. Some data for this report was collected during the COVID-19 pandemic, an unprecedented time that presented a great challenge to public health. As a result, self-reported data and qualitative data may have been influenced by economic and social disruption that was not present in the 2016 and 2019 CHNAs.
5. Challenges abound with the collection of sociodemographic data. A lack of consistency in collection methodologies and definitions results in the inability to examine many datasets utilizing sociodemographic factors. Efforts at the federal, state, and organizational level strive to improve collection of such sociodemographic factors to enable enhanced analysis and understanding of concerns for individuals of particular demographic groups.
6. Due to the small sample size, the qualitative data results must be considered in the context of other data available for the region. To strengthen the collection and interpretation of such data and to mitigate inherent biases associated with qualitative research, several individuals participated in the interviews, helped to analyze and code the data, and discussed conclusions derived from the data.

³ Source: <https://www.census.gov/newsroom/press-releases/2022/2020-census-estimates-of-undercount-and-overcount.html>

RESEARCH FINDINGS

The research findings below are discussed for both quantitative issues and qualitative issues.

QUANTITATIVE

Data collected through the Community Wellbeing Survey demonstrates that numerous factors are associated with the health and well-being of a community, including available resources and services, as well as the makeup of the community. The data demonstrates that characteristics such as age, gender, race, income, and ethnicity have an impact on health.

This section provides a brief overview of the research findings for Stamford and Darien from the Community Wellbeing Survey and other sources that were of particular interest to local stakeholders. For a more detailed review of regional demographics, economic conditions, health, and community issues, please refer to the 2022 Fairfield County Community Wellbeing Index.

Demographics

As described in more detail in the 2022 Fairfield County Community Wellbeing Index, the population of Fairfield County is racially and ethnically diverse, primarily within urban centers such as Stamford. Figure 2 demonstrates the diversity of the Stamford population; in contrast, Darien is relatively homogeneous.

Figure 2: Population and Demographic Composition - 2021

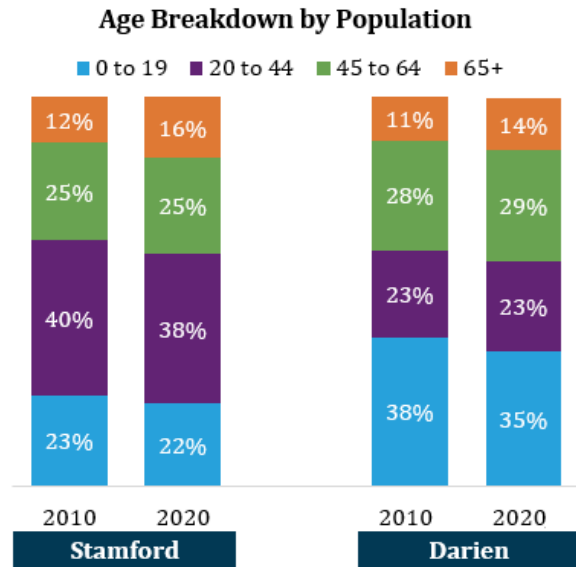
	Total Population (2021 Estimate)	% Foreign Born	Race of Population				Ethnicity
			% White	% Black	% Asian	% Other /Multiple Races	% Latino
Fairfield County	959,768	22%	78%	13%	6%	3%	21%
Darien	21,500	12%	89%	1%	6%	4%	4%
Stamford	136,309	33%	62%	14%	9%	15%	27%

Source: U.S. Census Bureau, American Community Survey – Quick Facts (Accessed - June 2022)

Since 2010, both Stamford and Darien have observed population growth. While Darien’s population grew by about 4%, Stamford’s population swelled by approximately 11%.

In Darien and Stamford, the composition of the population, by age, is different. In Darien, those age 19 and under, represent approximately 35% of the population; in Stamford, only 22% of the population is age 19 or under. The largest share of Stamford’s population falls between the ages of 20 – 44, with that group representing approximately 38% of the population.

Figure 3: Population by Age Group in Darien and Stamford



Source: U.S. Census Bureau, 2010 & 2020 American Community Survey 5-Year Estimates.

Since 2010, Darien has observed a 3-percentage point increase in residents age 65+, the largest increase among the age group categories. In Stamford, the largest increase was also observed among those age 65+. In fact, this segment of the population grew by approximately 4 percentage points between 2010 and 2020.

Despite the increase in residents aged 65+, Stamford’s median age remains slightly lower than that of Darien. In 2020, the median age in Stamford was 37.9 compared to 38.9 in Darien.

Social determinants

The Healthy People 2030 report defines social determinants of health (SDOH) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” The report goes on to organize the social determinants of health into five categories as depicted to the right:

In the following section we provide a discussion of several social determinants of health.

Figure 4: Social Determinants of Health



Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.⁴

Economic stability

Data suggests that income and poverty are closely correlated with health status. As demonstrated in Figure 5, Darien has a low poverty rate (3.4%) among all residents and an especially low poverty rate among youth. Though Stamford’s overall rate of poverty is slightly below that of the state, the percentage is considerably higher than the rate in Darien. Additionally, approximately 10.3% of youth in the city live in poverty.

Figure 5: Poverty & Employment

Element	CT	Stamford	Darien
Poverty Rate ⁵	9.7%	9.1%	3.4%
Youth Poverty Rate (< age 5)	14.6%	10.3%	0.6%
Unemployment Rate	6.0%	6.3%	4.9%
Median HH Income	\$78,444	\$93,059	\$232,523

Source: U.S. Census Bureau, American Community Survey – Quick Facts (April 2022)

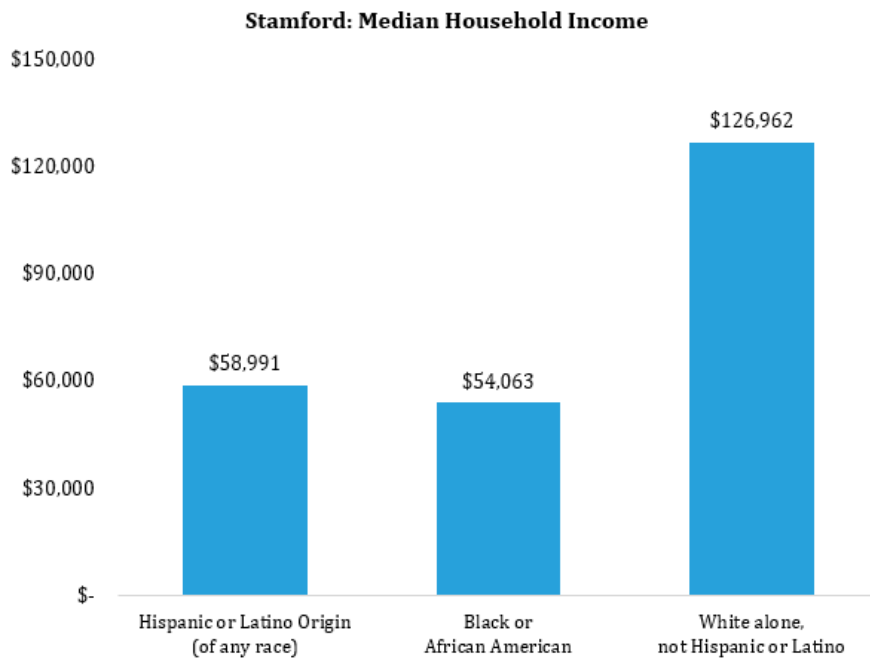
It should be noted, however, that poverty rates vary greatly by race and ethnicity within Stamford. Among white (non-Hispanic) residents of Stamford the poverty rate is estimated to be about 5% while approximately 14% of Black or African American residents are estimated to live in poverty. Across all races, approximately 15% of Hispanic residents live in poverty, meaning the poverty rate is approximately three times higher for Hispanic residents as compared to White (non-Hispanic) residents of Stamford.

⁴ Retrieved March 2022, from: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

⁵ U.S. Census Bureau calculation of poverty: <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>

The rate of unemployment is contributing to poverty. Within Stamford, unemployment is slightly higher than the rate observed in the state. For those who are employed, median household income in both Stamford and Darien is higher than that of state; in fact, Stamford’s household income is approximately 20% higher than the median household income observed across the state and Darien’s median household income is nearly three times higher than the state median. Income, however, also varies greatly in Stamford based on an individual’s race and ethnicity. In fact, data available through the U.S. Census Bureau shows that white residents have a median household income that is more than double the median household income of Black or African American residents, as well as residents (of any race) who identify as Hispanic.

Figure 6: Household Income - Stamford



Source: U.S. Census Bureau, American Community Survey (June 2022)

Variability in median household income has a significant impact on the ability of individuals to access, and afford, suitable housing. In our region, the cost of housing is significantly higher than in other parts of the state. In fact, Stamford’s median home value is nearly double the median home value observed across the state; in Darien, the median home value is approximately five times higher.

Figure 7: Home Value

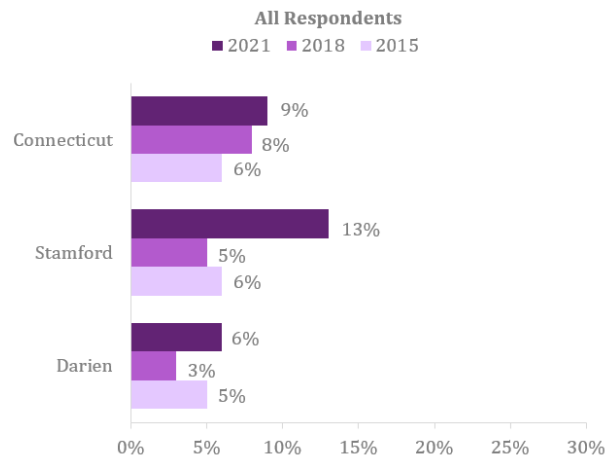
Element	CT	Stamford	Darien
Median Home Value	\$275,400	\$532,700	\$1,471,700

Source: U.S. Census Bureau, American Community Survey – Quick Facts (April 2022)

When asked about housing through DataHaven’s Community Wellbeing Survey, 13% of Stamford residents noted challenges with paying for housing for themselves and their families. The survey revealed that housing challenges are particularly acute among Hispanic residents; approximately 20% indicated that within the past 12 months, they did not have sufficient funds to provide adequate shelter for themselves and their families. A contributing factor is likely the lower median household income observed among Hispanic residents in Stamford as noted previously.

Figure 8: Housing Affordability

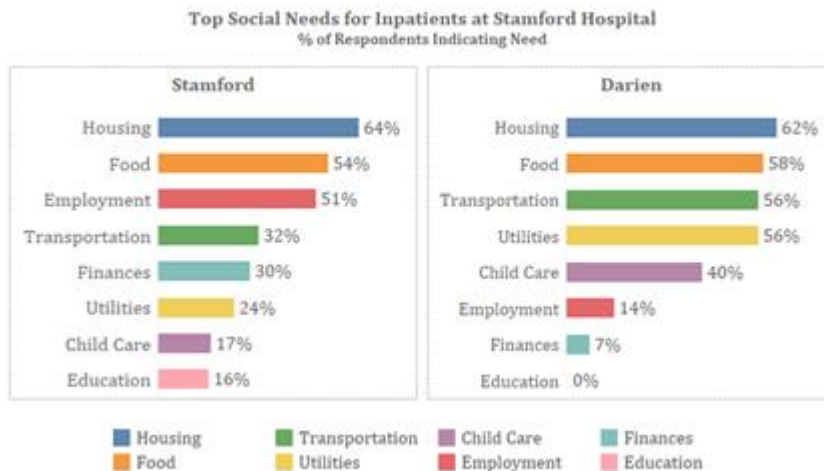
In the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?
% of adults responding Yes



Source: 2015, 2018, 2021 DataHaven Community Wellbeing Survey

While hospitalized at Stamford Health, patients are asked about the top social concerns impacting their well-being. The survey, administered through the organization’s digital engagement tool, *GetWellNetwork*, reveals that housing is the top social concern among residents of Stamford and Darien who completed the survey in 2021, followed by food.

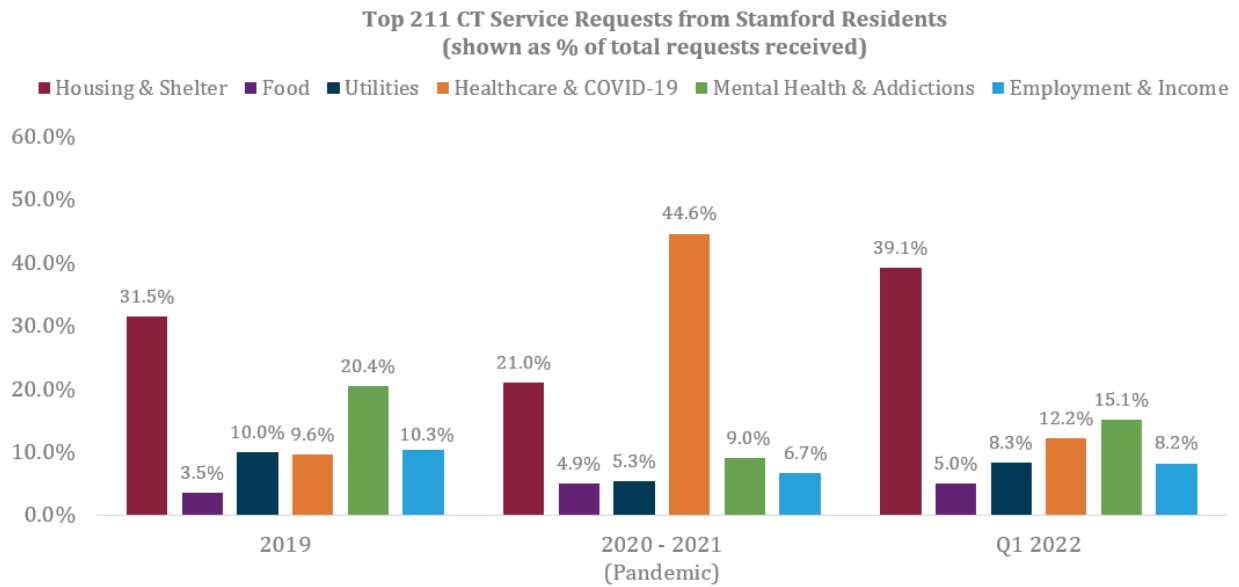
Figure 9: Top Social Needs for Inpatients at Stamford Health



Source: GetWellNetwork (Stamford Health Internal Data)

Concerns over housing in Stamford also emerged through data obtained from 211-Counts, a database through which calls and inquiries to the Statewide 211 system are recorded. As demonstrated in the figure below, prior to the COVID-19 pandemic, more than 30% of service requests made to 211 from Stamford residents were related to housing; this is consistent with preliminary data pulled for the first quarter of 2022.

Figure 10: 211-Counts Inquiries from Stamford Residents



Source: 2-1-1 CT Counts (<https://ct.211counts.org>)

Numerous studies have demonstrated the connection between safe and stable housing and health outcomes. A 2018 policy brief in *Health Affairs* discussed several published studies highlighting the impact of housing on one’s health. The brief specifically noted “observational studies have shown that being without a stable home is detrimental to one’s health. People who are chronically homeless face substantially higher morbidity in terms of both physical and mental health and of increased mortality.”⁶

⁶ “Housing And Health: An Overview of The Literature,” Health Affairs Health Policy Brief, June 7, 2018. DOI: 10.1377/hpb20180313.396577

Education access and quality

Nearly all residents in Darien, approximately 98% over the age of 25, graduate from high school. In Stamford, approximately 89% of residents graduate from high school, a figure that is consistent with the state's high school graduation rate.

In both Stamford and Darien, most 3- and 4-year-olds are enrolled in preschool, with the rate of preschool enrollment being slightly higher in Darien than in Stamford. Regardless, in both communities, the rate of preschool enrollment among 3- and 4-year-old children is considerably higher than the rate observed across the state. Research demonstrates that preschool enrollment is a predictor of later academic success and achievements, especially among those whose home language is not English.⁷

Figure 11: Education Access

Element	CT	Stamford	Darien
% Eligible Children Enrolled in Preschool*	65.0%	77.9%	81.4%
% Graduate from High School	90.9%	89.3%	97.9%
% Bachelor's degree or higher	48.9%	52.5%	86.2%

Source: U.S. Census Bureau, American Community Survey – Quick Facts (April 2022)

Neighborhood & built environment

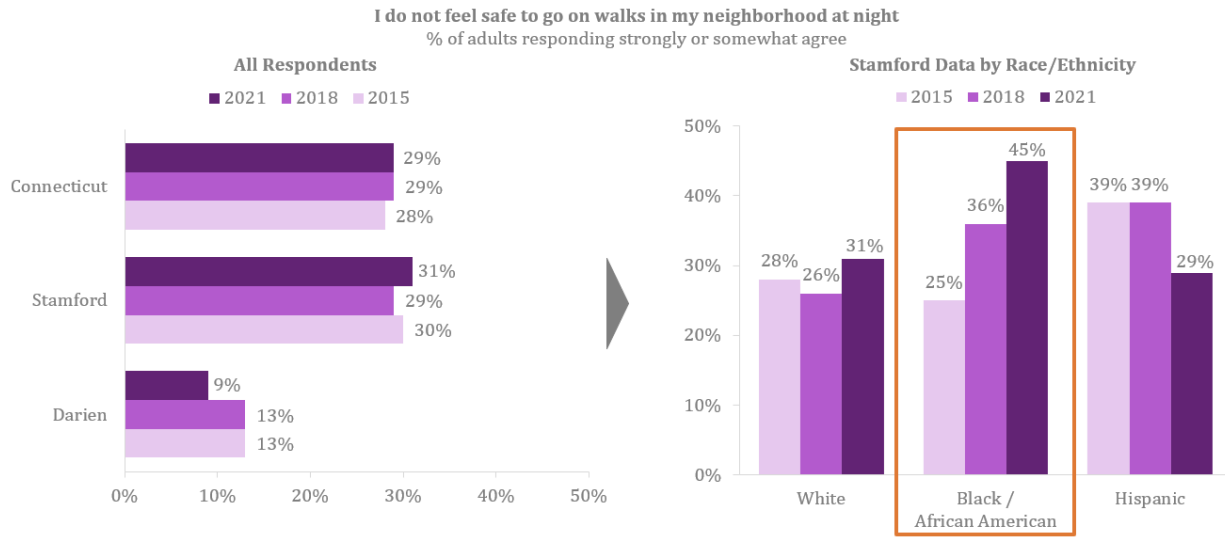
A key factor impacting one's well-being is feeling safe, especially in one's own community. The Community Wellbeing Survey sought to understand the degree to which individuals feel secure and protected in their own communities.

Specifically, through the Community Wellbeing Survey, individuals were asked to respond to the following statement: *I do not feel safe to go on walks in my neighborhood at night.* In Darien, 9% of respondents *strongly* or *somewhat agree* with this statement. In Stamford, however, 31% of respondents *strongly* or *somewhat agree* with this statement.

When Stamford data is evaluated by race, large differences emerge. Specifically, 45% of Black respondents indicate that they *strongly* or *somewhat agree* with this statement, compared to approximately 30% of white and Hispanic residents. Furthermore, when evaluated by income, 39% of those with an income of less than \$30k per year *strongly* or *somewhat agree* with this statement, while of those with incomes of more than \$100k per year, only 23% *strongly* or *somewhat agree* with this statement.

⁷ Source: https://www.brookings.edu/wp-content/uploads/2017/04/duke_prekstudy_final_4-4-17_hires.pdf

Figure 12: % of Respondents who do not feel safe to go on walks at night



Source: 2015, 2018, 2021 DataHaven Community Wellbeing Survey

In Connecticut’s largest cities – Stamford, New Haven, Hartford, Bridgeport and Waterbury – individuals were also asked about gun violence. Specifically, respondents were asked *if they worry about being hurt by gun violence*. In Stamford, 17% of individuals indicated that, *yes*, they are concerned about being hurt by gun violence; this figure is lower than the 36% of respondents from all five cities who note concern with being hurt by gun violence.

Within Stamford, Hispanic residents are most likely to express concern with being hurt by gun violence. In fact, 29% of Hispanic respondents indicated through the Community Wellbeing Survey that they are concerned with being hurt by gun violence.

When responses of Stamford residents are evaluated by income, only 12% of residents with an income of \$30k or more are concerned with being hurt by gun violence while 38% of those with an income less than \$30k per year have such concerns. This finding is consistent with a report produced by the U.S. Department of Housing and Urban Development's Office of Policy Development and Research which found that across the United States “low-income people are much more likely than others to experience crime, including violent crime.”⁸

Furthermore, when respondents were asked if any family members had been hurt or killed by gun violence in the past year, 9% of Hispanic residents responded *yes* while no white or Black respondents reported having family hurt or killed by gun violence within the last 12 months.

Residents were also asked to rate the job done by police to keep residents safe. Eighty-nine percent of Darien respondents and 69% of Stamford respondents feel the police do an *excellent* or *very good job* of keeping residents safe. Hispanic respondents were most likely to report that the police do a *poor job* of keeping residents safe.

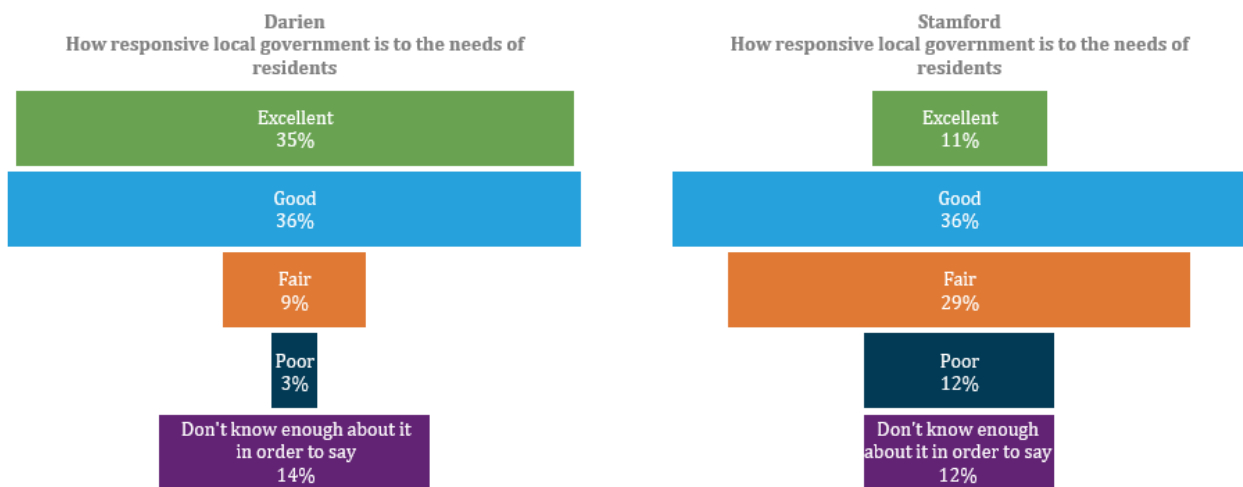
⁸ Source: <https://www.huduser.gov/portal/periodicals/em/summer16/highlight2.html>

Social & community context

Through the DataHaven Community Wellbeing Survey, residents of Stamford and Darien were asked about their satisfaction with the place in which they live. Residents of both Stamford and Darien are overwhelmingly satisfied with the city in which they live. In fact, 94% of Darien respondents and 89% of Stamford respondents indicated being satisfied with the city or area in which they live.

A component of one's satisfaction with the city in which individuals live is the perceived responsiveness of the local government. Figure 13 below shows how individuals in Darien and Stamford rate the responsiveness of the local government to the needs of residents. More than 70% of Darien residents rate the responsiveness of the local government as *excellent* or *very good*, while less than half of residents in Stamford rate the local government's responsiveness as *excellent* or *very good*. In fact, nearly 12% of Stamford residents rate the local government's responsiveness to residents as *poor*. Of the Stamford respondents, those who are white were most likely to rate the government's responsiveness as *poor*.

Figure 13: Responsiveness of Local Government



Source: 2021 DataHaven Community Wellbeing Survey

Health & healthcare

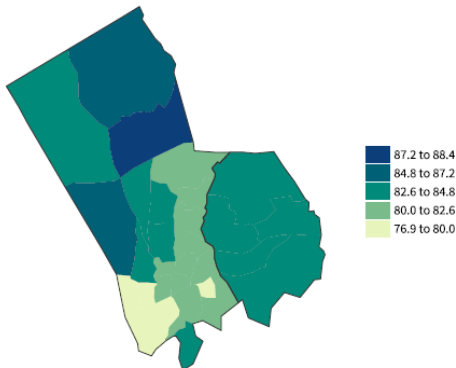
Life expectancy

Life expectancy is generally viewed as a good measure of overall well-being and health. Throughout the report, various data regarding specific health conditions and topics are presented, many of which, as demonstrated through research, have a meaningful impact on life expectancy. In fact, a 2014 study published in *Medical Care*, found for each chronic condition that a Medicare beneficiary has, life expectancy declines.⁹

This is consistent with data presented in the report which demonstrate that areas in Stamford in which life expectancy is lowest are also the areas in which residents are least likely to have used preventive care services in the previous 12 months (including dental services), and are the areas in which chronic conditions, such as diabetes, are most prevalent.

Figure 14 highlights the variability in life expectancy by census tract within the City of Stamford. While individuals in Northern Stamford can expect to live for approximately 87.2 to 88.4 years, those living on the west side can expect to live for approximately 76.9 to 80.0 years; meaning, within Stamford, life expectancy varies by census tract by up to 11.5 years.

Figure 14: Life Expectancy by Census Tract, 2015



Source: DataHaven's Analysis of PLACES Project Data (CDC)

It should be noted, the data displayed in Figure 14 is from 2015. Across the country, significant declines in life expectancy were observed in 2020¹⁰ due to the COVID-19 pandemic. When available, data should be analyzed for our region to understand if and how the life-expectancy gaps, by census tract, may have changed as a result of the pandemic.

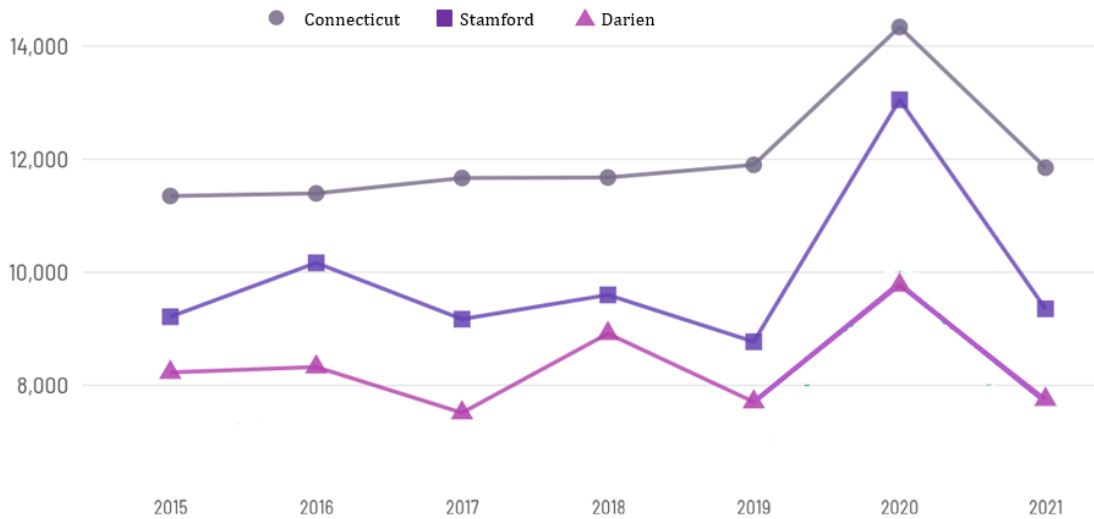
⁹ DuGoff, Eva H. MPP^{*}; Canudas-Romo, Vladimir PhD^{*†}; Buttorff, Christine BA, BS^{*}; Leff, Bruce MD^{*‡§}; Anderson, Gerard F. PhD^{*} Multiple Chronic Conditions and Life Expectancy, *Medical Care*: August 2014 - Volume 52 - Issue 8 - p 688-694 doi: 10.1097/MLR.000000000000166

¹⁰ Islam N, Jdanov D A, Shkolnikov V M, Khunti K, Kawachi I, White M et al. Effects of covid-19 pandemic on life expectancy and premature mortality in 2020: time series analysis in 37 countries *BMJ* 2021; 375 :e066768 doi:10.1136/bmj-2021-066768

Mortality data

For the past several years, excluding 2020, in Stamford and Darien the age-adjusted all-cause mortality rate has been relatively stable.

Figure 15: Mortality Rates
Age-adjusted, All-Cause Mortality Rates (per million), 2015 - 2021



Source: DataHaven analysis (2022) of CTDPH vital statistics records. Includes provisional data.

As expected, the COVID-19 pandemic had a negative impact on mortality rates and caused the rate to increase significantly in both communities, but in Stamford the increase was more pronounced.

Data available through the Connecticut Data Collaborative shows that, across the state of Connecticut, the age-adjusted rate of death per 100,000 population attributed to COVID-19 was highest among Black and Hispanic residents. In fact, per 100,000 residents there were 266 COVID-19 deaths attributed to Black residents and 239 COVID-19 deaths attributed to Hispanic residents. These figures are more than double the number of deaths attributed to white residents (117 per 100,000 population).¹¹ Mortality data broken down by race and ethnicity is not available for Stamford.

Furthermore, a weekly report produced by the Connecticut Department of Health shows deaths attributed to COVID-19 across the state were highest among older adults, specifically those over the age of 80. In fact, as of June 2022, there were 3,470 deaths per 100,000 population over the age of 80 in Connecticut attributed to COVID-19; this is more than 10 times the rate observed across the state for all age groups (305 deaths per 100,000 population).¹² Again, data showing COVID-19 death broken down by age is not available for Stamford and Darien.

In 2021, the mortality rate declined to pre-pandemic levels in both Stamford and Darien.

¹¹ CT Data Collaborative - accessed 6/28/22: <https://public.tableau.com/app/profile/connecticut.state.data.center/viz/ConnecticutCOVID-19CaseTracking/CTdataCollaborativeCOVID-19>

¹² Weekly Extended Data Report - accessed 6/28/22: <https://stateofhealth.ct.gov/content/coronavirus/weekly/ctdphcovid19Summary.pdf>

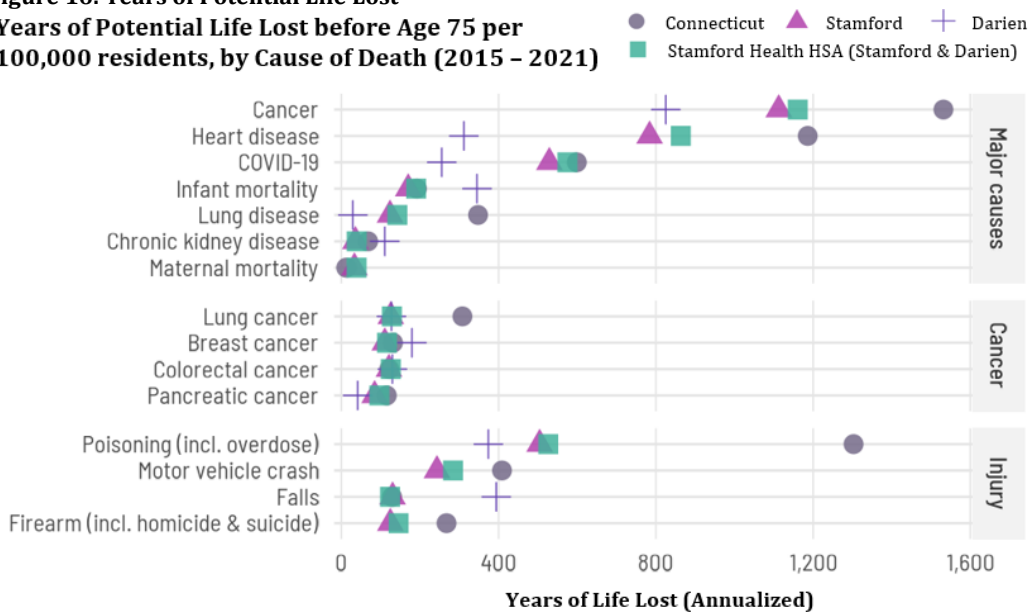
Years of potential life lost

In addition to all-cause mortality, years of potential life lost (YPLL) can help to identify causes of premature deaths in a population. YPLL is often used as a measure to identify health conditions for which interventions may be most impactful. Data in Figure 16 demonstrates the primary causes of years of potential life lost before age 75 in Stamford, Darien, and Connecticut. For those who are under 75 years of age, cancer is the primary cause of death in our community and across the state.

In Stamford, after cancer, heart disease is the primary cause of death for those under age 75, followed by COVID-19 and poisoning (including overdose). In Darien, the most common cause of death after cancer is falls and poisonings (including overdose).

Figure 16: Years of Potential Life Lost

Years of Potential Life Lost before Age 75 per 100,000 residents, by Cause of Death (2015 – 2021)



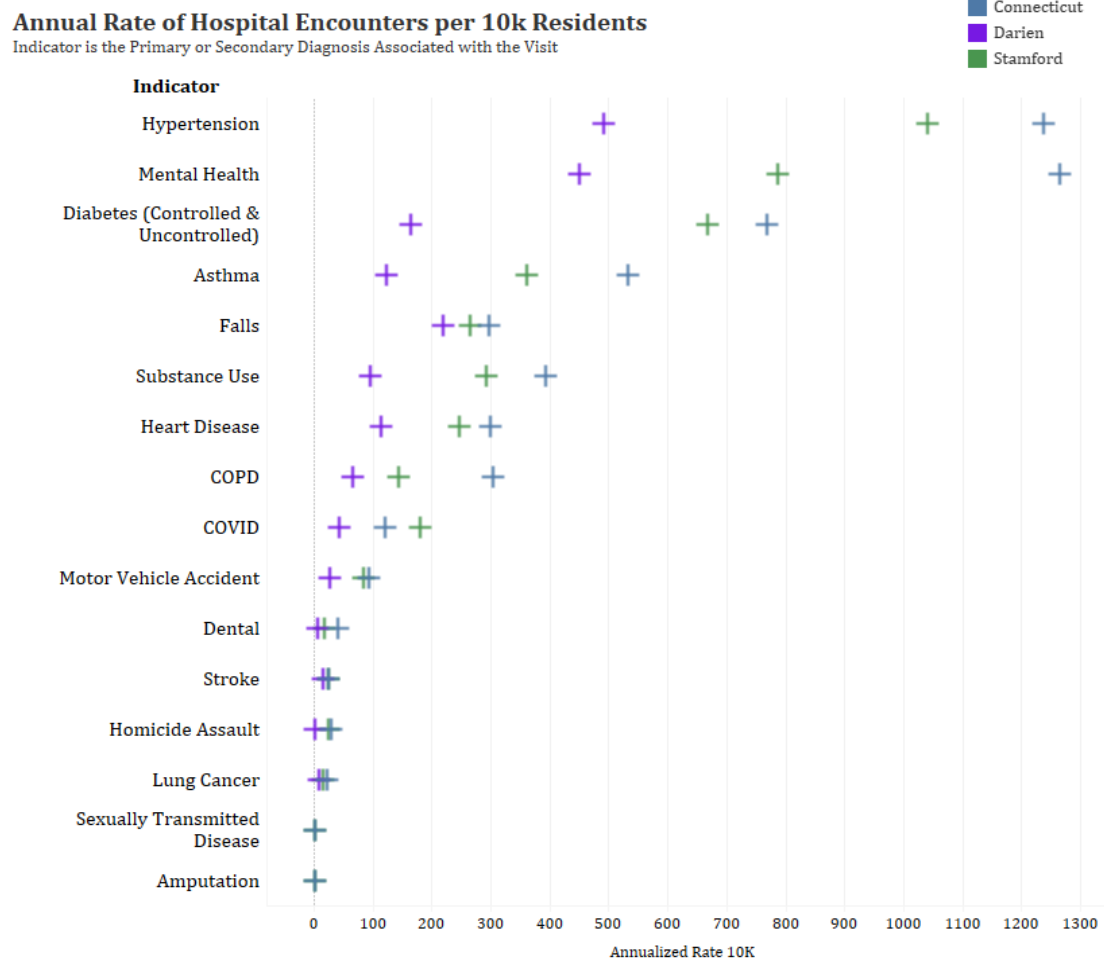
Source: DataHaven analysis (2022) of CTDPH vital statistics records. Includes provisional data.

Hospital encounters

Understanding how individuals are utilizing Connecticut hospitals and the conditions with which individuals present to hospitals most frequently, contributes to our understanding of disease prevalence and severity within a geography. Hospital encounter data provides us insight into this while allowing us to compare the rate of hospital encounters in a particular community to that of a similar or a larger geography. In doing so, we gain a better understanding of the relative burden of disease in a community compared to others.

To that end, as compared to the state of Connecticut, the rate of hospital encounters is lower in Stamford and Darien for nearly every condition analyzed as a primary or secondary diagnosis. Importantly, the only condition for which the rate of hospital encounters was higher than the state, was the rate of encounters with a primary or secondary diagnosis of COVID-19 among Stamford residents between 2018 and 2021. This result is not surprising, as lower Fairfield County was disproportionately impacted by the first wave of COVID-19, when little was known about the virus and treatment protocols were not established.

Figure 17: Rate of Hospital Encounters for Select Conditions – Connecticut, Stamford & Darien (2018 – 2021)



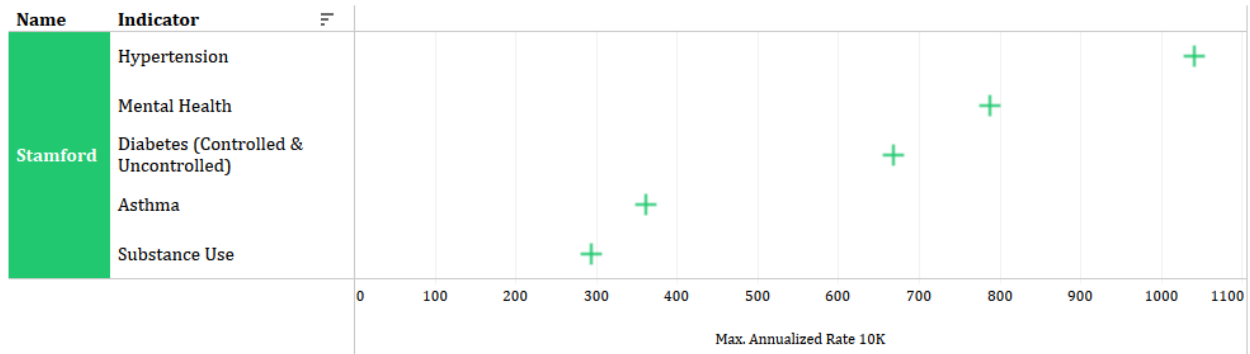
Source: DataHaven's Analysis of CHA's CHIME Data

To better assess the concerns in Stamford, the conditions associated with the highest hospital encounter rates for Stamford alone are shown in Figure 18 below. In Stamford, the rate of hospital encounters is highest among individuals with a primary or secondary diagnosis of hypertension. Following hypertension, the most common primary or secondary diagnosis among those with a hospital encounter included a diagnosis of a mental health condition, and then diabetes.

Figure 18: Stamford - Rate of Hospital Encounters for Select Conditions (2018 – 2021)

Stamford: Annual Rate of Hospital Encounters per 10k Residents

Indicator is the Primary or Secondary Diagnosis Associated with the Visit



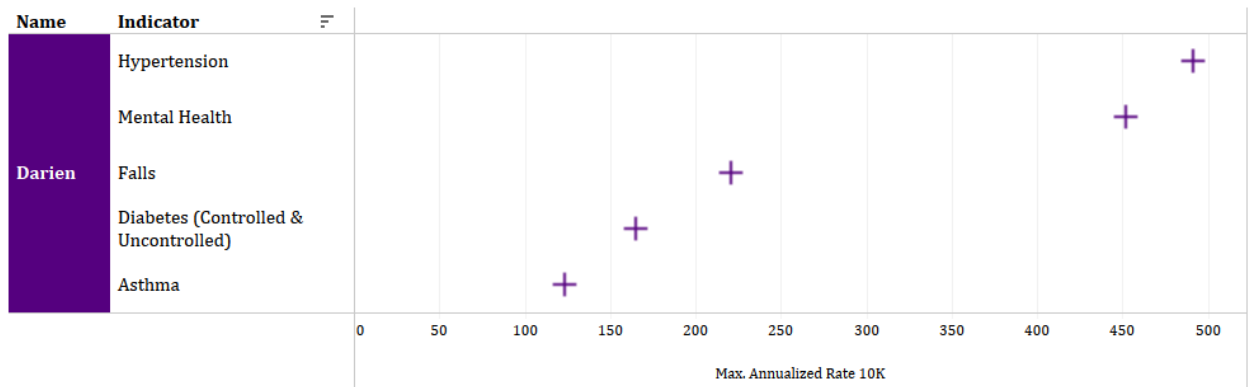
Source: DataHaven's Analysis of CHA's CHIME Data

In Darien, like Stamford, the rate of hospital encounters is highest among individuals with a primary or secondary diagnosis of hypertension. The next most common primary or secondary diagnosis among those with a hospital encounter, is a diagnosis of a mental health condition, followed by falls.

Figure 19: Darien - Rate of Hospital Encounters for Select Conditions (2018 – 2021)

Darien: Annual Rate of Hospital Encounters per 10k Residents

Indicator is the Primary or Secondary Diagnosis Associated with the Visit

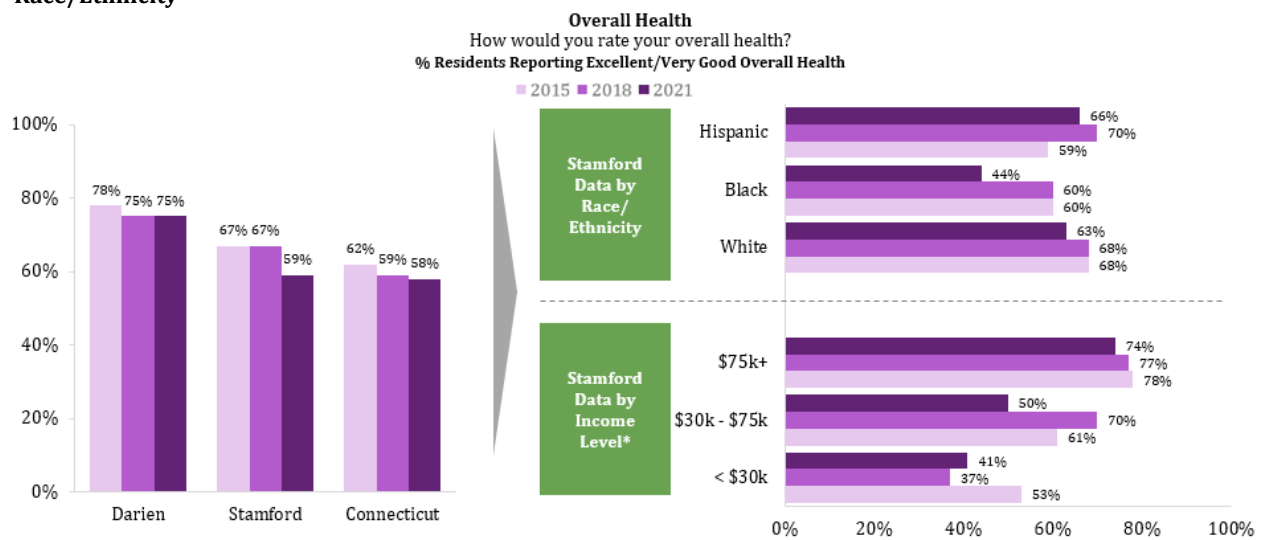


Source: DataHaven's Analysis of CHA's CHIME Data

Self-reported health status

Self-reported health status is considered a good predictor of the future health status of an individual.¹³ To help understand the self-reported health status of residents in Connecticut, the 2021 DataHaven Community Wellbeing Survey asked respondents to rate their overall health. As demonstrated in Figure 20, in Darien, 75% of respondents rate their health as *excellent* or *very good*; consistent with the results of the 2018 Community Wellbeing Survey. In Stamford, however, the percent of individuals who report having *excellent* or *very good* health declined in 2021 as compared to 2018. Of note, is the decline in the percent of Black respondents who rate their health as *excellent* or *very good*. In 2018, 60% of Black respondents noted having *excellent* or *very good* health while in 2021, only 44% did.

Figure 20: Self-Reported Health Status of Respondents by State and City/Town and Stamford data by Race/Ethnicity



Source: 2015, 2018, & 2021 DataHaven Community Wellbeing Survey

Research conducted at a national level corroborates the finding that Black residents are less likely than white residents to report having *excellent* or *very good* overall health.¹⁴ As demonstrated throughout this report, there are a variety of factors that may contribute to differences in reported health status both by race/ethnicity and income level. Research shows that one's self-reported health status "is strongly associated with morbidity and disability."¹⁵ The same study notes that both economic as well as social factors also contribute to one's self-reported health status.

¹³ Wu S, Wang R, Zhao Y, Ma X, Wu M, Yan X, He J. The relationship between self-rated health and objective health status: a population-based study. BMC Public Health. 2013 Apr 9;13:320. doi: 10.1186/1471-2458-13-320. PMID: 23570559; PMCID: PMC3637052.

¹⁴ Krupa Gandhi, Eunjung Lim, James Davis & John J. Chen (2020) Racial-ethnic disparities in self-reported health status among US adults adjusted for sociodemographics and multimorbidities, National Health and Nutrition Examination Survey 2011–2014, Ethnicity & Health, 25:1, 65-78, DOI: [10.1080/13557858.2017.1395812](https://doi.org/10.1080/13557858.2017.1395812)

¹⁵ Wu S, Wang R, Zhao Y, Ma X, Wu M, Yan X, He J. The relationship between self-rated health and objective health status: a population-based study. BMC Public Health. 2013 Apr 9;13:320. doi: 10.1186/1471-2458-13-320. PMID: 23570559; PMCID: PMC3637052.

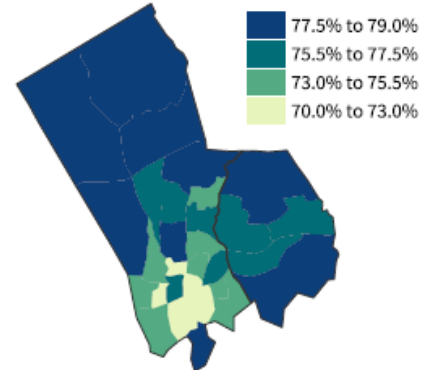
Preventive care

Preventive care is a critical component of maintaining one's overall health. Data available through the Centers for Disease Control and Prevention suggests that across census tracts in Stamford and Darien, between 70 to 79% of adults had an annual checkup in 2018.

While the figures are encouraging, the map highlights potential geographic areas where opportunity exists to promote the use of primary and preventive care services.

Furthermore, ensuring adequate access to primary and preventive care for all residents of Stamford should be a focus. Research shows that communities with a greater supply of primary care physicians exhibit lower mortality rates.¹⁶

Figure 21: Percent of Adults who had an Annual Checkup as of 2018



Source: DataHaven's Analysis of PLACES Project Data (CDC)

¹⁶ Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. *JAMA Intern Med.* 2019 Apr

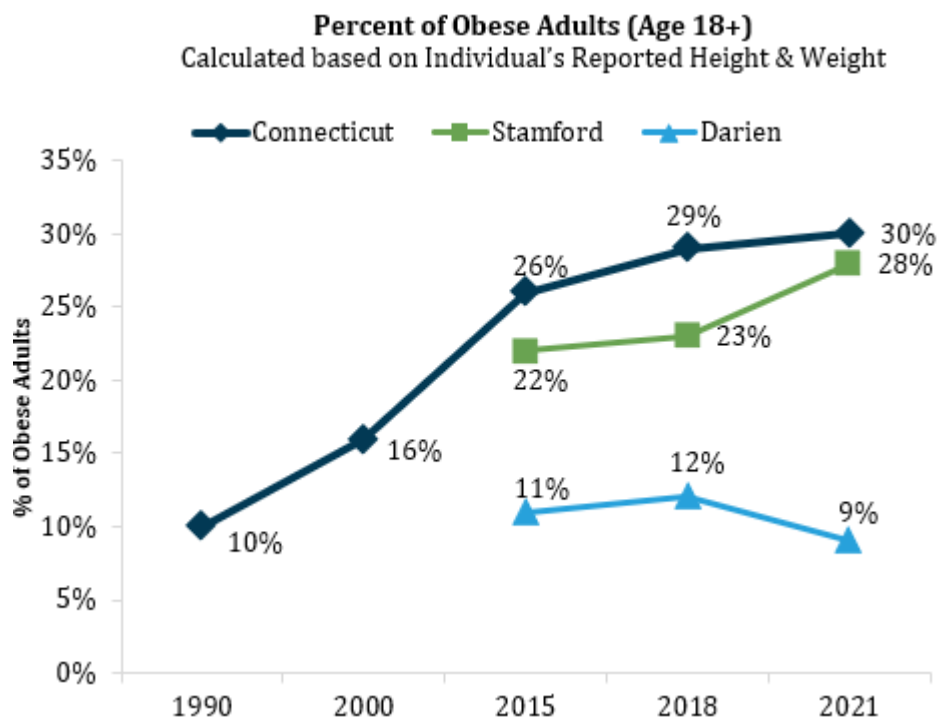
1;179(4):506-514. doi: 10.1001/jamainternmed.2018.7624. PMID: 30776056; PMCID: PMC6450307.

Obesity & obesity-related conditions

A key component and indicator of overall health is one's weight. Data obtained from the Wellbeing Survey demonstrates a concerning trend in Stamford; the rate of obesity is on the rise. While the percent of individuals who are obese in Stamford is still below the statewide percent, the gap between the two figures is closing. In 2015, the rate of obesity in Stamford was estimated to be 22%; in 2021, that figure rose by 6 percentage points to 28%.

In Darien, the rate of obesity has declined slightly in 2021 and remains well below the percent observed across the state.

Figure 22: Obesity Rate by State and City/Town

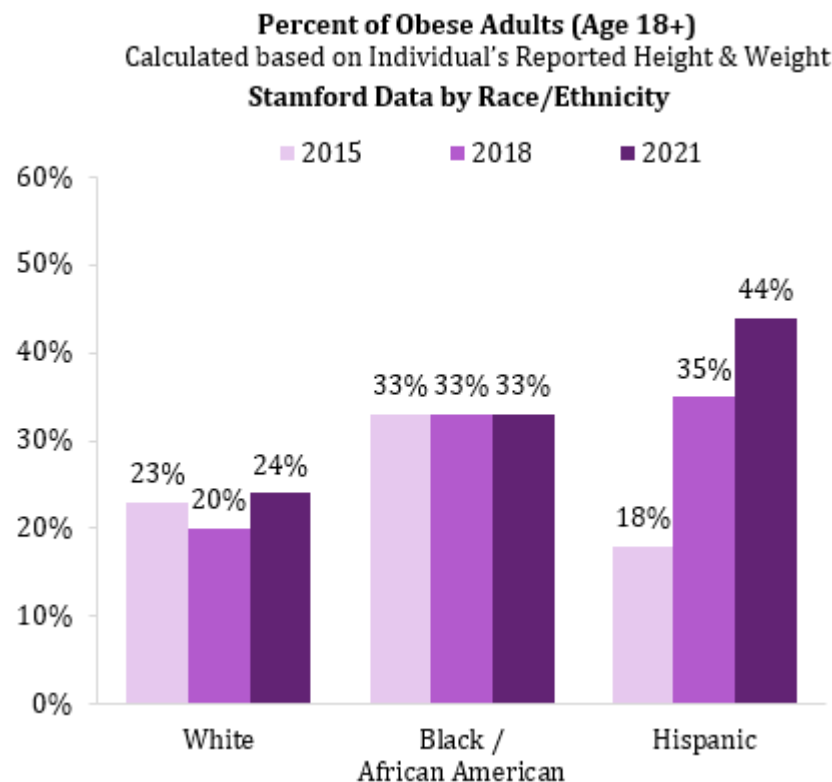


Source: 2015, 2018, and 2021 DataHaven Community Wellbeing Survey; 2007 CT Health Data Scan

Note: Obesity is defined as an individual having a BMI >30 and was calculated using the self-reported weight and height of survey respondents.

When the data for Stamford is reviewed by race and ethnicity, differences emerge. Of note is the high percentage of Hispanic individuals who are considered to be obese based on self-reported height and weight. Since 2015, the percent of Hispanics who qualify as obese rose from 18% to a staggering 44%. Among Black residents, the percent who are obese has remained high, but steady since 2015, with 33% of Black residents estimated to be obese.

Figure 23: Obesity Rate by Race/Ethnicity



Source: 2015, 2018, and 2021 DataHaven Community Wellbeing Survey

Note: Obesity is defined as an individual having a BMI >30 and was calculated using the self-reported weight and height of survey respondents.

The rise in the percent of obese individuals in Stamford is particularly concerning as obesity is known to increase the risk of developing several chronic diseases and is associated with higher rates of all-cause mortality and higher rates of mortality due to obesity-related conditions, such as heart disease and diabetes.¹⁷

The tables in Figure 24 demonstrate the percent of individuals who have been told they have certain obesity-related conditions by a physician. Since 2015, the individuals who report having heart disease or having had a heart attack, diabetes, and high blood pressure or hypertension, has fluctuated, but has remained relatively stable in both Stamford and Darien. It should be noted, however, that in 2021, the percent of Stamford residents who report having high blood pressure is nearly double the percent of Darien residents who report having high blood pressure. The difference in reporting between the two communities is even greater for diabetes; the percent of

¹⁷ Kitahara CM, et al. Association between Class III Obesity (BMI of 40–59 kg/m) and Mortality: A Pooled Analysis of 20 Prospective Studies. *PLOS Medicine*. July 8, 2014. DOI: 10.1371/journal.pmed.1001673

residents in Stamford who report having diabetes is more than four times greater than the percent of residents in Darien who report having diabetes.

Figure 24: Medical Conditions

Medical Conditions
Have you ever been told by a doctor or health professional that you have...

Location	Year	High blood pressure/ Hypertension	Diabetes	Heart disease/ Heart attack
Darien	2015	20%	4%	3%
	2018	14%	3%	5%
	2021	18%	2%	2%
Stamford	2015	24%	8%	4%
	2018	28%	9%	5%
	2021	30%	9%	4%

Location	Year	High blood pressure/ Hypertension	Diabetes	Heart disease/ Heart attack
Stamford	White	30%	9%	5%
	Black	54%	8%	4%
	Hispanic	16%	3%	0%

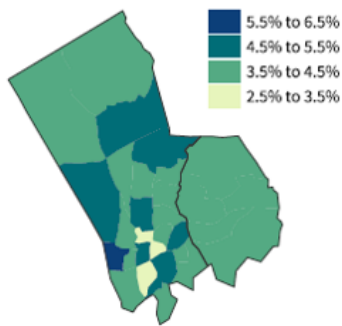
Source: 2015, 2018, and 2021 DataHaven Community Wellbeing Survey

When the data from Stamford is broken down by race and ethnicity, it highlights concerning results. Specifically, in Stamford, Black residents are nearly twice as likely as white residents to have been told by a doctor or health care professional that they have high blood pressure or hypertension, and nearly three times as likely as Hispanic residents to have been told that they have high blood pressure or hypertension. The rate of hypertension observed among Black residents in Stamford is, however, consistent with a statistic issued through the American Heart Association, which notes that approximately 55% of Black adults nationwide have hypertension.¹⁸

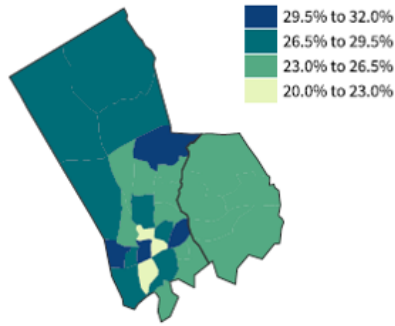
¹⁸ Source: <https://www.heart.org/en/health-topics/high-blood-pressure/why-high-blood-pressure-is-a-silent-killer/high-blood-pressure-and-african-americans>

Data available through the CDC from 2019 demonstrates, by census tract, the prevalence of each condition discussed above. Numbers in the maps below suggest a similar, but slightly higher, prevalence rate for each condition as compared to the self-reported data collected through the Community Wellbeing Survey. Of note is the particularly high prevalence of hypertension observed in many census tracts.

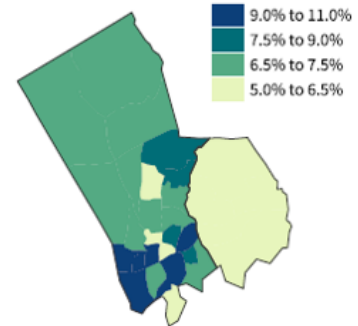
Figure 25: Prevalence of Select Conditions by Census Tract, 2019
Heart Disease



Hypertension



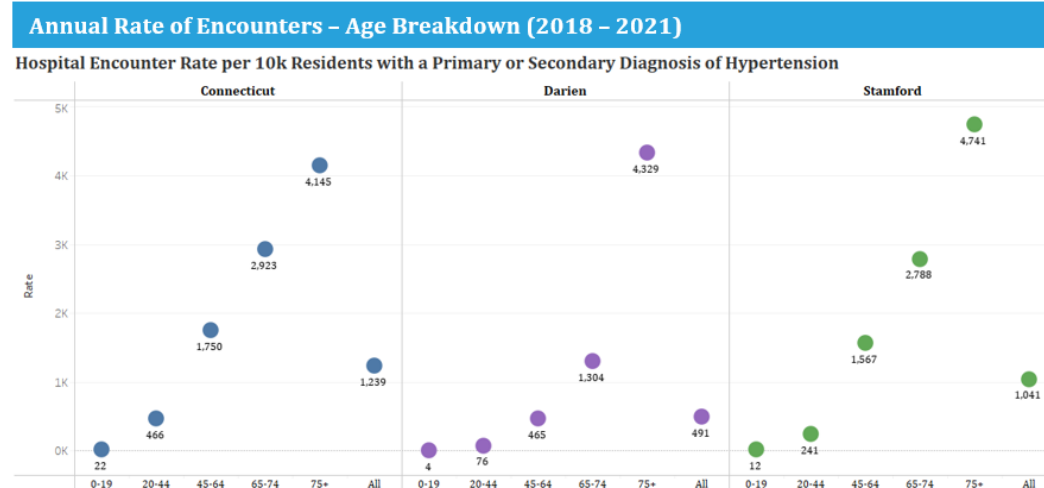
Diabetes



Source: DataHaven's analysis of data from PLACES Project (CDC)

As discussed previously, the annual rate of hospital encounters among residents with a primary or secondary diagnosis of hypertension was the highest among a group of 20+ clinical conditions evaluated. Though the annual rate of hospital encounters among residents in Stamford and Darien with a primary or secondary diagnosis of hypertension has been high, it has been relatively stable over the past several years. The data from both Darien and Stamford shows a similar pattern to that observed across the state; older residents are most likely to present to the hospital with a primary or secondary diagnosis of hypertension. It should be noted that in Stamford, among those age 75+, the annual rate of hospital encounters for those with a primary or secondary diagnosis of hypertension exceeds the rate observed across the state.

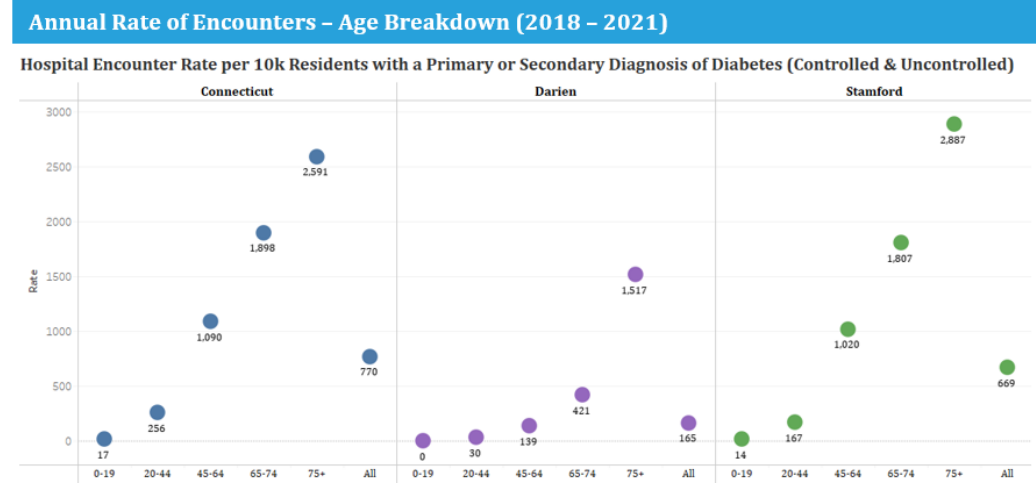
Figure 26: Annual Rate of Hospital Encounters – Hypertension



Source: DataHaven's Analysis of Connecticut Hospital Association's CHIME Data

When considering the rate of hospital encounters among residents in Stamford with a primary or secondary diagnosis of diabetes, it should be noted that the rate has increased over the past several years. Similar to hypertension, the rate of hospital encounters among older residents (those age 75+) is especially high and exceeds the rate of encounters for the same age group observed across the state.

Figure 27: Annual Rate of Hospital Encounters – Diabetes

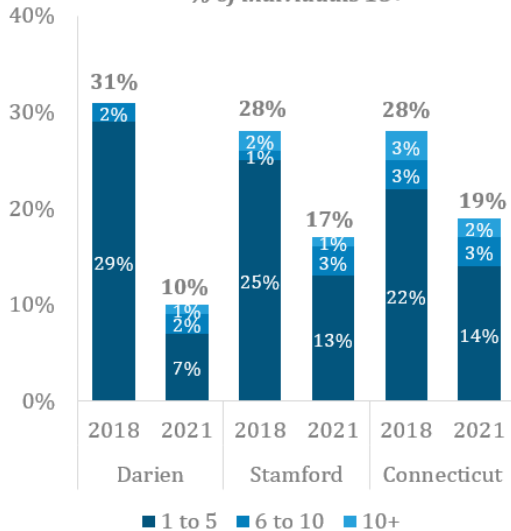


Source: DataHaven's Analysis of Connecticut Hospital Association's CHIME Data

Substance use

In 2018, consumption of alcohol was a top concern in our communities. Specifically, the Community Wellbeing Survey asked individuals the number of times they engaged in binge drinking (defined as 5+ drinks for men and 4+ drinks for women) within a 30-day period. The 2018 survey results suggested that approximately 30% of respondents in Darien and Stamford engaged in binge drinking on a regular basis. Data collected through the 2021 survey, however, indicates that adults have reduced the frequency with which they engage in binge drinking, an encouraging finding. As demonstrated in Figure 28, between 2018 and 2021, the percent of respondents who report binge drinking in the past 30 days declined from 31% to 10% in Darien and in Stamford the percent declined from 28% to 17%.

Figure 28: Consumption of Alcohol by City & State
 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (for men)/4 (for women) or more drinks on an occasion?
 % of individuals 18+

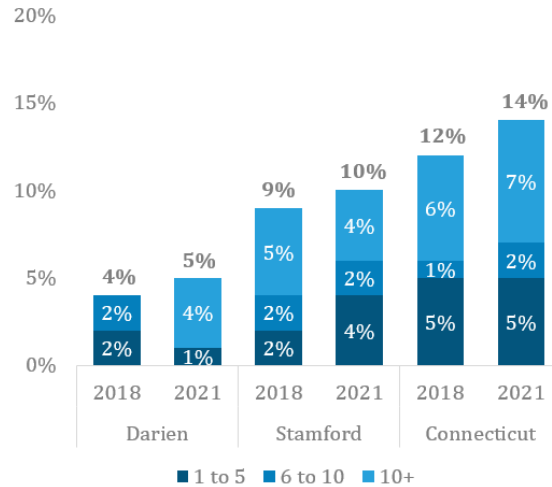


Source: 2018, & 2021 DataHaven Community Wellbeing Survey

These results are consistent with survey results from Thriving Youth Task Force’s Youth Survey conducted in 2021 with middle and high school students in Darien. The survey found that since 2014, the rate of high school seniors who report using alcohol has declined. In 2021, 46% of 12th grade students reported consuming alcohol in the previous 30 days while in 2014, more than 65% of students did.¹⁹

With the legalization of cannabis in 2021, many expected to observe a sharp rise in the use of cannabis. Data from the 2021 Community Wellbeing Survey suggests that use of the substance has not increased substantially since 2018. In 2021, 5% of Darien respondents reported using cannabis in the past 30 days as compared to 4% in 2018. Similarly in 2021, 10% of Stamford respondents report using cannabis in the past 30 days as compared to 9% in 2018.

Figure 29: Use of Cannabis by City & State
 During the past 30 days, on how many days did you use marijuana or cannabis?
 % of individuals 18+



Source: 2015, 2018, & 2021 DataHaven Community Wellbeing Survey

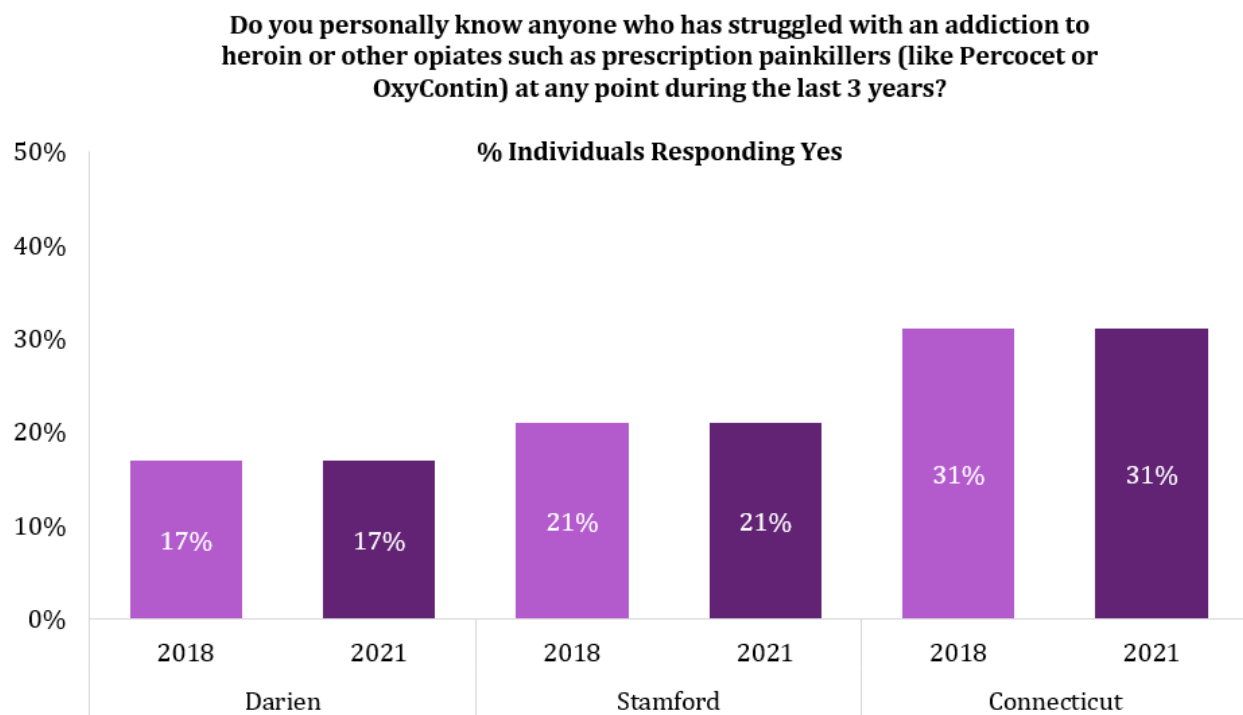
¹⁹ Source: <https://www.communityfunddarien.org/student-survey-results.html>

When Stamford data is evaluated by race and ethnicity, white respondents were most likely to have used cannabis in the past 30 days. In fact, 4% of white residents report using cannabis more than 10 times in the past 30 days, while 8% report using cannabis between one and 10 times during the past 30 days. Seven percent of Hispanic respondents indicate using cannabis more than 10 times in the past 30 days, while 3% report using cannabis between one and 10 times during the past 30 days. Black respondents are least likely to report using cannabis, with 3% indicating use of cannabis more than 10 times in the past 30 days.

According to research published in *The Lancet*²⁰, the opioid crisis peaked in 2020. When conducting research for the 2019 Community Health Needs Assessment the team was keenly aware of the concern at the time and carefully monitored hospitalizations attributed to opioid use.

Interestingly, data from the 2018 and 2021 Community Wellbeing Survey shows no difference in the percent of individuals who report knowing an individual who has struggled with an addiction to opiates over the two periods. In Darien, 17% of respondents reported knowing someone who has struggled with an addiction to an opiate in the past three years, while in Stamford 21% of respondents reported knowing someone who has struggled with such an addiction.

Figure 30: Addiction to Opiates City & State



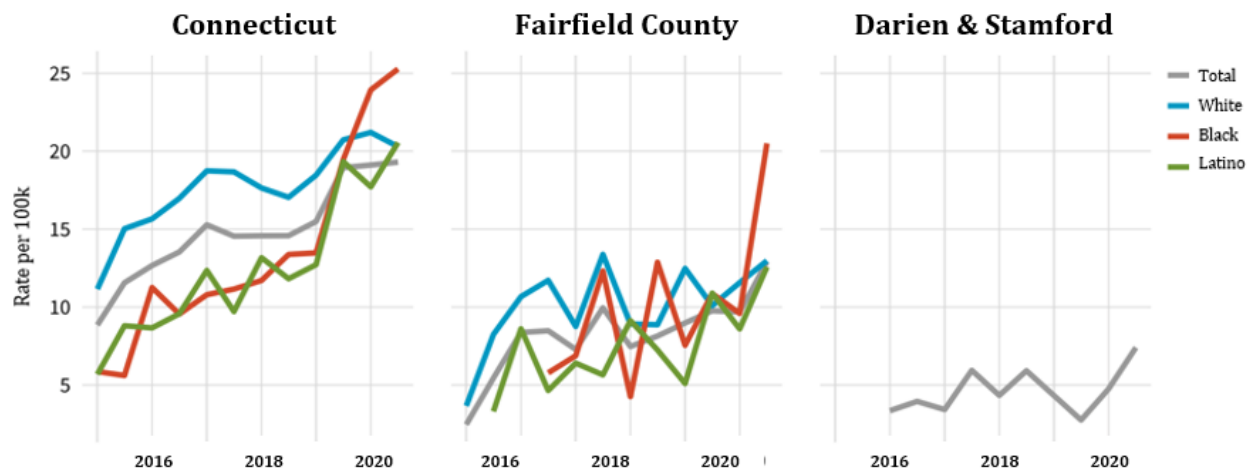
Source: 2015, 2018, & 2021 DataHaven Community Wellbeing Survey

²⁰ A time of crisis for the opioid epidemic in the USA, *The Lancet*, Volume 398, Issue 10297, 2021, Page 277, ISSN 0140-6736, [https://doi.org/10.1016/S0140-6736\(21\)01653-6](https://doi.org/10.1016/S0140-6736(21)01653-6). (<https://www.sciencedirect.com/science/article/pii/S0140673621016536>)

In Stamford, 29% of white residents report knowing someone who has an addiction to opiates as compared to 3% of Black residents and 14% of Hispanic residents. Additionally, those with incomes of more than \$100k are most likely to know someone who has struggled with an addiction to opiates; in fact, 30% of such individuals report knowing someone personally who has struggled with an opiate addiction in the past three years compared to 17% of those whose income falls between \$30k and \$100k, and 13% of those whose income is below \$30k.

As noted previously, poisoning (including overdoses) is a leading cause of premature death in both Darien and Stamford. However, when deaths attributed to overdoses are evaluated and compared to the state of Connecticut and the County, Stamford, and Darien (combined) have a relatively low number of deaths attributed to drug overdoses. That said, data suggests a concerning trend in recent years with an uptick in deaths in 2020.

Figure 31: Age-adjusted semi-annual rates of drug overdose deaths per 100,000 residents by race/ethnicity, 2015 - 2020



Note: values suppressed for small populations/few overdoses

Source: DataHaven analysis of Accidental Drug Related Deaths 2012 – 2018, CT Office of the Chief Medical Examiner

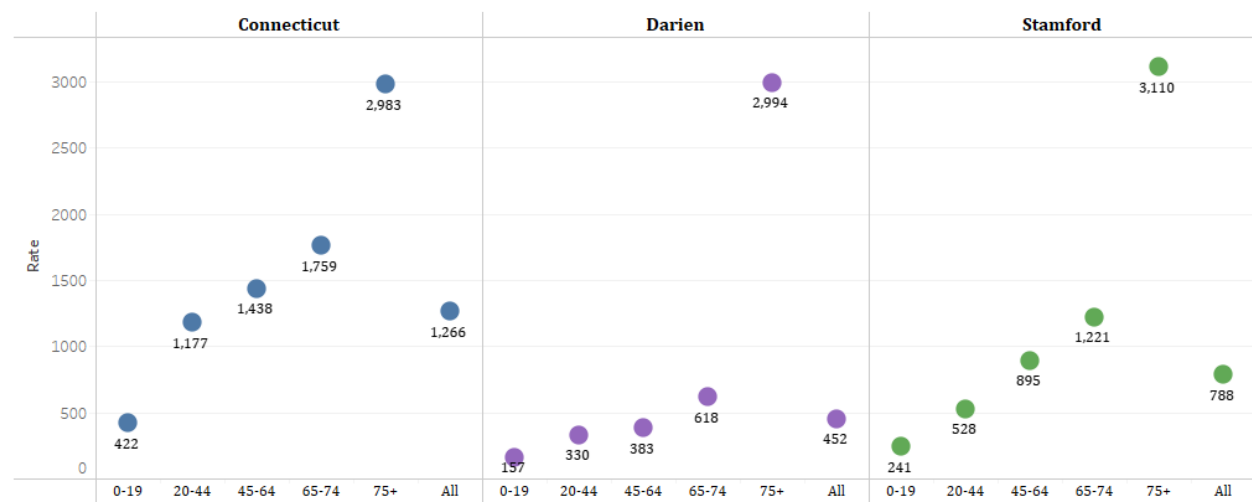
Mental health

Mental health is recognized as having a large impact on one’s physical health and well-being. Hospitalization data for the communities of Stamford and Darien suggest that mental health conditions are pervasive in both communities as well as across the state of Connecticut. As noted previously, the rate of hospital encounters among those with a primary or secondary diagnosis of a mental health condition is among the highest compared to the rate of hospitalizations for the conditions evaluated in both Stamford and Darien.

Figure 32 below shows the breakdown of the annual hospital encounter rate for those with a primary or secondary diagnosis of a mental health condition. As demonstrated by the data, the rate of hospitalizations, particularly among older adults in Stamford and Darien, is very high and of great concern. In Stamford, the rate of hospitalizations with a primary or secondary diagnosis of a mental health condition, among those age 75+ exceeds the rate observed across the state.

Figure 32: Annual Hospital Encounter Rate – Mental Health

Hospital Encounter Rate per 10k Residents with a Primary or Secondary Diagnosis of Mental Health



Source: DataHaven’s Analysis of Connecticut Hospital Association’s CHIME Data

Through the Community Wellbeing Survey, individuals were also asked about symptoms of depression and anxiety. In Stamford, the percent of individuals indicating that they were bothered by feeling down, depressed, or hopeless over the past two weeks *more than half the days* or *nearly every day* increased from 7% in 2018 to 8% in 2021. In Darien, however, the percent of individuals indicating that they were bothered by feeling down, depressed, or hopeless over the past two weeks *more than half the days* or *nearly every day* increased substantially from 2% in 2018 to 8% in 2021. In both Stamford and Darien, however, the percent of individuals expressing feelings of depression and hopelessness was slightly lower than the percent reported across the state.

While understanding how individuals respond to questions about depression in the community is important, many individuals do not recognize or label their feelings as such. As a result, the Community Wellbeing Survey also asked individuals about their interest or pleasure in doing things. This question is used in combination with the above question regarding feelings of

depression in the nationally recognized and validated Patient Health Questionnaire-2; a tool used by clinicians to evaluate the mental health of patients.

As demonstrated in Figure 34 below, in Stamford, many more individuals report having little interest or pleasure in doing things *more than half the days* or *nearly every day* as compared to those who experience feelings of depression. Additionally, the percent of Stamford respondents who report having little interest or pleasure in doing things *more than half the days* or *nearly every day* in 2021 increased by 4 percentage points since 2018. In Darien, the percent of respondents who report having little interest or pleasure in doing things *more than half the days* or *nearly every day* increased by 6 percentage points as compared to 2018.

Figure 33: % of Individuals Feeling Down, Depressed or Hopeless

Over the past 2 weeks, how often have you been bothered by any of the following problems: Feeling down, depressed or hopeless
% of adults responding More than Half the Days or Nearly Every Day

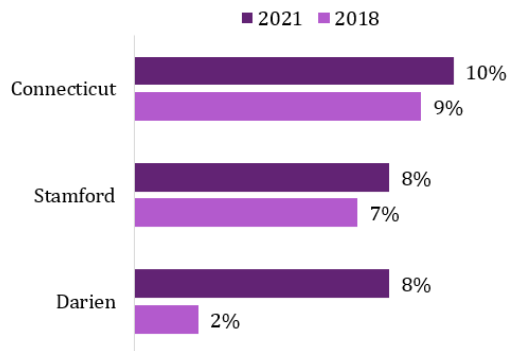
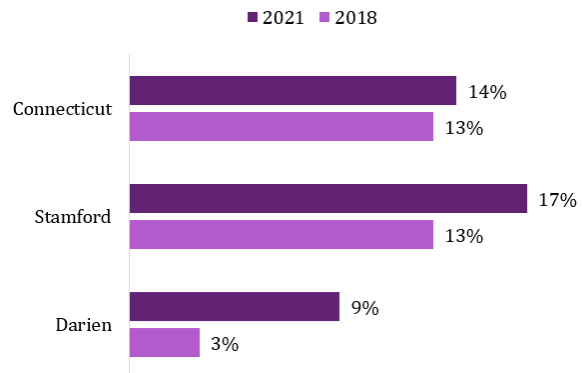


Figure 34: % of Individuals Having Little Interest or Pleasure in Doing Things

Over the past 2 weeks, how often have you been bothered by any of the following problems: Little interest or pleasure in doing things
% of adults responding More than Half the Days or Nearly Every Day



Source: 2018 & 2021 DataHaven Community Wellbeing Survey

Oral health

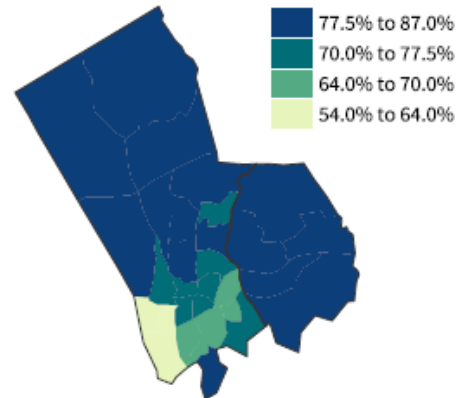
Oral health is closely linked with the overall health of individuals.

The Community Wellbeing Survey asked individuals when they were last seen by a dentist. Eighty-nine percent of Darien respondents indicated that they have been seen by a dentist within the past year, a much higher percentage than the 71% of individuals in Stamford responding that they had seen a dentist in the past 12 months.

When Stamford-specific data is broken down by race and ethnicity, differences in how groups access dental services emerge. Specifically, it appears that Black residents were least likely to have received dental care in the last year as compared to other residents of the city.

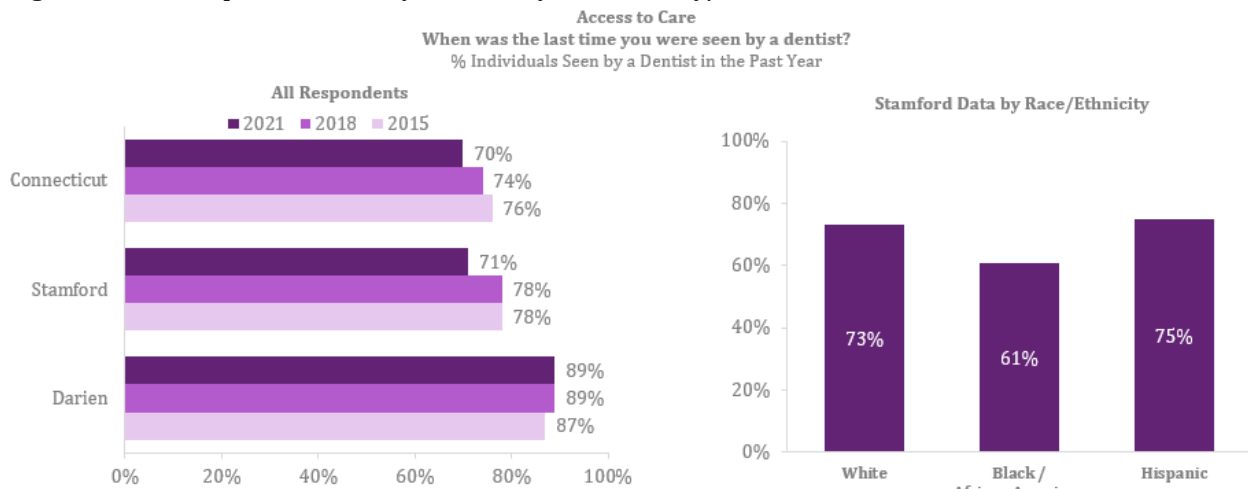
Additionally, data by census tract reveals large differences in the frequency with which adults in Stamford access dental services.

Figure 35: Dental Visit in Past 12 Months (2018), % of Adults



Source: DataHaven's analysis of data from PLACES Project (CDC)

Figure 36: % of Respondents seen by a Dentist by State and City/Town



Source: 2015, 2018, 2021 DataHaven Community Wellbeing Survey

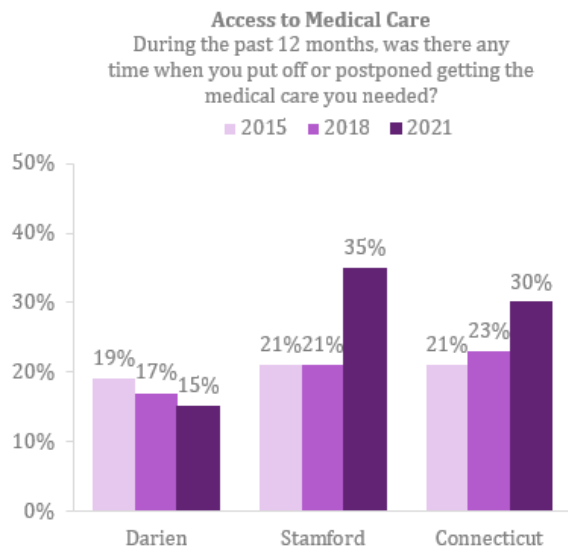
Despite a reduction in the number of individuals reporting visits to the dentist within the past year, between 2018 and 2021, the number of hospitalizations per 10k residents with a primary or secondary diagnosis related to oral health declined as compared to the prior period (2015 – 2017).

Access to care

The ability of residents to access high-quality care at the right time and in the right setting has a tremendous impact on the health and well-being of an individual. Data from the Community Wellbeing Survey provides insight into the ability of individuals to access care as well as the rationale for why they may postpone or delay care.

Figure 37 shows the percent of respondents who postponed needed care at some point during the last 12 months. In Stamford, 35% of respondents indicated they had postponed getting needed care in the last 12 months, while in Darien only 15% of residents had.

Figure 37: % of Respondents who Delayed Medical Care by State and City/Town



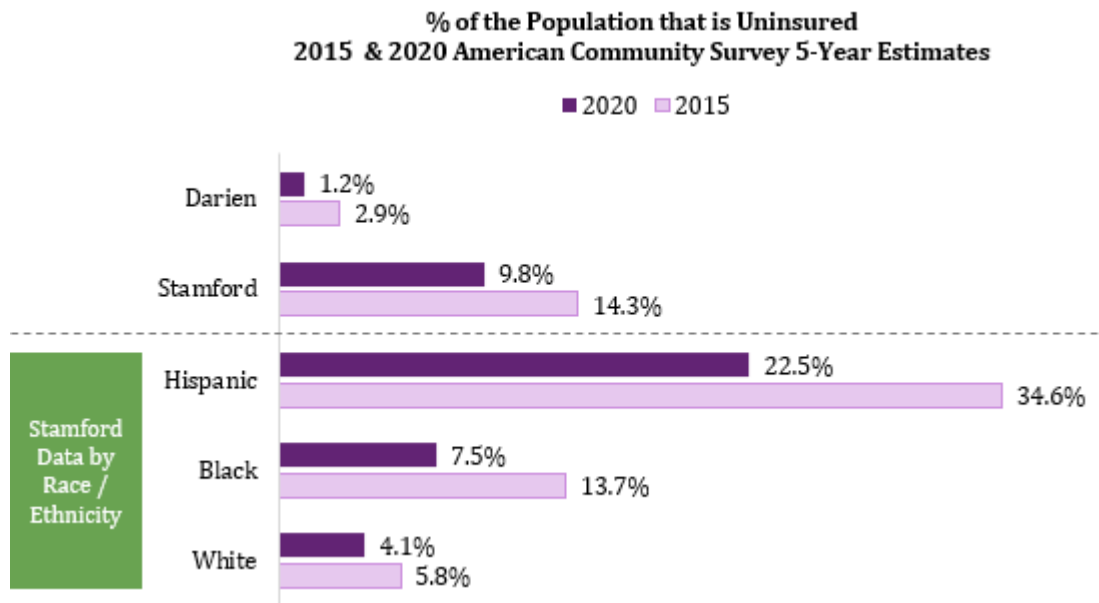
Source: 2015, 2018 & 2021 DataHaven Community Wellbeing Survey

Though data for Darien and Stamford is not available, across the state individuals report most frequently postponing care due to the COVID-19 pandemic followed by being *too busy with work or other commitments*. It is reasonable to assume that these are likely reasons that residents of Stamford and Darien also postponed care in 2021. In fact, in 2018, Stamford residents indicated that the top reason residents postponed care was due to being *too busy with work or other commitments*.

In 2018, Stamford residents also cited concerns about the cost of care as a reason for postponing or delaying care. The cost of health care is of most concern to those who are uninsured or underinsured.

Data available through the 2020 American Community Survey (U.S. Census Bureau) suggests that, in Darien, approximately 1.2% of the population is uninsured and, in Stamford, approximately 9.8% of the population is uninsured, as demonstrated in Figure 39 below. The percent of uninsured individuals in both Darien and Stamford has declined over the past several years. Of note is the decline in the percent of Hispanic residents of Stamford who are uninsured; between 2015 and 2020, the percent of Hispanic residents who are uninsured declined by 12.1 percentage points. Of the uninsured population in Stamford, approximately 84% are foreign-born individuals of which approximately 72% are not U.S. citizens. The citizenship status of individuals is of consequence as it *may* impact the ability of individuals to obtain insurance.

Figure 39: % of the Population that is Uninsured



Source: 2015 & 2020 American Community Survey - ACS 5-Year Estimates Subject Tables, Census Bureau

More recently collected data from the 2021 Community Wellbeing Survey (self-reported data among a smaller group), demonstrates a higher rate of insurance among those who completed the survey.

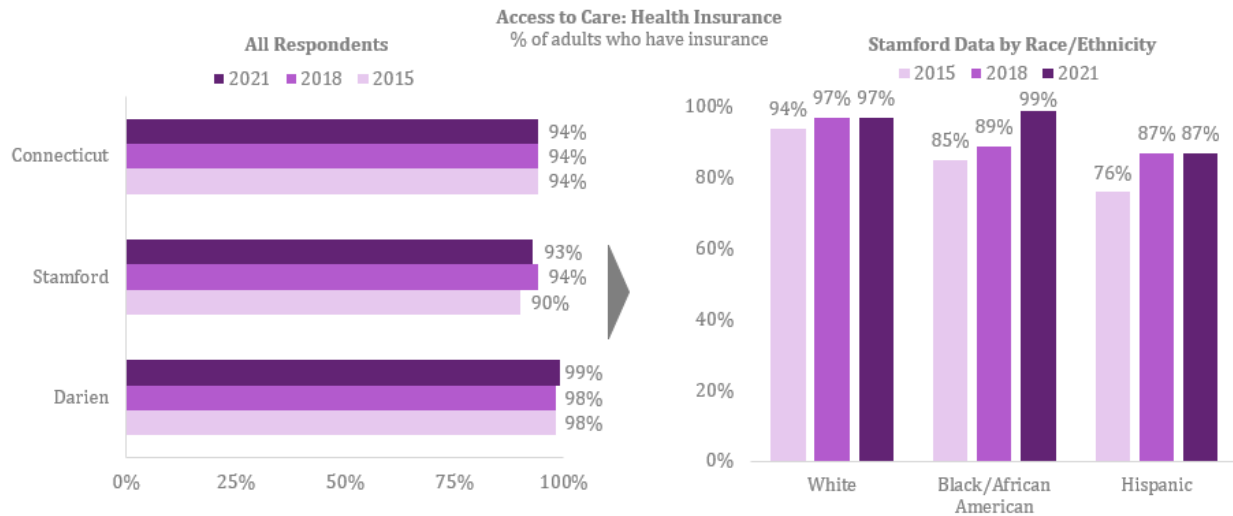
In fact, Figure 40 shows, by town, the percent of adults who report having health insurance. In both Darien and Stamford, the percent remained relatively stable between 2018 and 2021. Of note, however, is the 14-percentage point increase in the percent of Black respondents living in Stamford who report having health insurance between 2015 and 2021. Similarly, the percent of Hispanic respondents who indicate having health insurance in 2021 increased by 11 percentage points since 2015.

Interestingly, when the Stamford data is broken down by income, differences emerge in the percent of individuals who report having insurance, but not drastically so; 92% of respondents with incomes of less than \$30k report having insurance, while 97% of those making more than \$30k report having insurance.

The largest discrepancies in insurance status emerge when considering one's level of education. Specifically, only 78% of those with a high school degree or less report having insurance compared to 95% of those with some college and 99% of those with a bachelor's degree or higher.

These positive results from the Community Wellbeing Survey, however, must be considered in the context of the data available through the American Community Survey.

Figure 40: % of Respondents with Health Insurance by State, County and City/Town and % of Stamford Respondents with Health Insurance by Race/Ethnicity



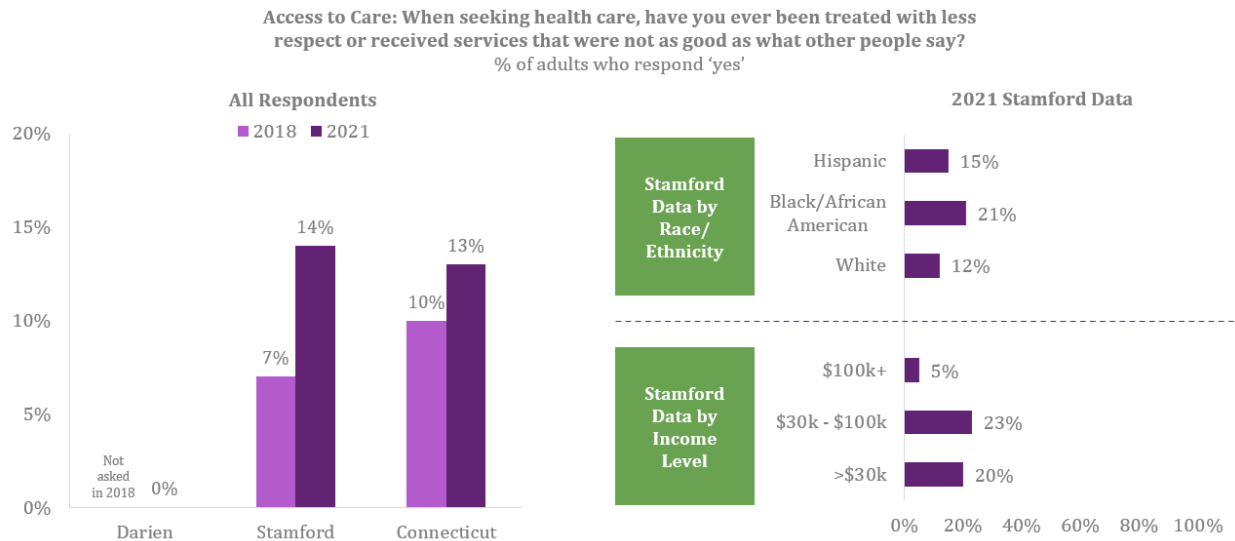
Source: 2015, 2018 & 2021 DataHaven Community Wellbeing Survey

Another critical factor impacting the willingness and desire of individuals to seek care when needed is their perception of the quality care they receive. Individuals who feel the care they receive is of lesser quality than that received by others are less likely to seek care, impacting their overall health. To back this up, a national study published in 2004 in the *Journal of Family Practice* explored the impact of disrespect in the health care setting and found that “respondents who reported negative experiences in health care environments were less likely to get appropriate and necessary care.” Furthermore, the study found that non-white patients were most likely to report feeling of disrespect in the health care setting, as compared to white respondents.²¹

Data from the Community Wellbeing Survey corroborated this finding in our community. Figure 41 shows the percent of individuals who feel as though they were treated with less respect than other individuals or received services that were not comparable to services received by other individuals. The rate of individuals responding *yes* to this question increased by 7 percentage points in Stamford between 2018 and 2021. Though data for Darien was not available in 2018, in 2021 no respondents from Darien responded *yes* to this question.

²¹ "R-E-S-P-E-C-T: Patient Reports of Disrespect in the Health Care Setting and Its Impact on Care," Janice Blanchard, M.D., M.P.H., and Nicole Lurie, M.D., M.S.P.H., *Journal of Family Practice* 53, 9 (September 2004): 721

Figure 41: % of Respondents who have been treated with less respect or received services that were not as good as others by City, Race/Ethnicity, and Income



Source: 2018 & 2021 DataHaven Community Wellbeing Survey

Residents in Stamford with an income of less than \$100k are more than four times as likely to report having been treated with less respect or receiving services that were not as good as others as compared to those respondents with incomes of more than \$100k. Similarly, Black residents are nearly twice as likely to report having been treated with less respect or receiving services that were not as good as others as compared to white respondents.

QUALITATIVE

Behavioral health

Behavioral health, defined as mental health and substance use, was identified as the most concerning health priority in both Darien and Stamford. Interviewees noted behavioral health concerns impact individuals of all ages, races, ethnicities and income levels. Many interviewees discussed the ways in which the COVID-19 pandemic had exacerbated behavioral health conditions in the community and specifically the way the pandemic has had a negative impact on the mental health of individuals. Emergency responders from both Stamford and Darien noted an uptick in calls placed for individuals who are emotionally disturbed. Below is a discussion of the concerns identified pertaining to behavioral health.

- *Insufficient services.* For individuals of all ages, there is a **dearth of behavioral health services in our community across all acuity levels**. Providers note they are “constantly at a loss for where to refer patients for services.” Of particular concern, noted by several interviewees, was the lack of intermediate-acuity services, such as intensive outpatient and partial hospitalization programs. Where services do exist, wait times for outpatient appointments or inpatient beds are long; this presents a particular challenge for patients in crisis or causes concerns that might be addressed with lower-acuity services, but instead escalate and become crises. Providers of behavioral health services cite a **lack of clinicians available to hire** as one of the contributing factors leading to capacity constraints. Where services do exist, across all acuity levels, individuals note challenges in finding behavioral health providers who accept insurance as well as those able to accommodate non-English speaking patients.
- *Concerns among youth.* Prior to the COVID-19 pandemic, schools were concerned with the mental health and well-being of students. The pandemic, however, intensified the problem and administrators note the current school environment is very challenging for both students and staff. **In young children, mental health concerns are manifesting themselves through extreme behaviors**; school administrators have noted an increase in aggressive behaviors such as kicking and biting peers. In older students, school administrators note more anxiety and depression among the student population and higher rates of absenteeism. There has also been a recognition of an increase in serious mental health concerns among older students; specifically, **an increase in mood disorders, severe depression and anxiety, and suicidal ideation**. A final group to note are Stamford public school students in the “New Arrivals” program; many of these students recently came to Stamford and, in their home countries or in their travel to the U.S., experienced trauma and other events that impact their mental health and well-being. Finally, vaping is reported to be “out of control” in the schools, and the perception among school officials is that students are increasingly vaping with cannabis; there is a lack of understanding surrounding the safety and health consequences of vaping.
- *Concerns among adults.* Substance use and mental health concerns have long existed in the community, but those concerns have increased notably in recent years. The pandemic had and continues to have a significant impact on social isolation as well as job and economic security. Many individuals in the community lost friends, family members and acquaintances to COVID-19. The collective grief has had negative ramifications on the well-being of the community. In part due to the isolation, stress and grief experienced by individuals, **providers have noticed an increase in use of all substances as a form of**

“self-treatment,” including alcohol, which has long been a substance of concern in the community. Since its legalization in the state in 2021, use of cannabis has also become much more “normal” and prevalent. Many interviewees also commented on the increase in **isolation, anxiety and fear observed among older adults**. Prior to the pandemic, older adults who regularly congregated with friends and colleagues at local facilities (e.g., senior centers) were left with few options to connect with others during the height of the pandemic. Caregivers discussed the negative impact of isolation and anxiety on the physical health of older adults.

Nutrition & physical activity

- *Food insecurity.* In numerous interviews and focus groups, **food insecurity was cited as a concern in Stamford**. Due to the cost of food, particularly fresh produce, individuals, and families are not able to consistently purchase an adequate supply to feed themselves and their families. Services exist in the community with the goal of providing meals and food to those in need. Demand for such services continues to rise even as government programs, such as SNAP, have expanded. Local grocers note that they receive requests for food donations daily. Furthermore, **approximately 50% of students in the Stamford Public Schools are enrolled in the free or reduced lunch program**, highlighting the magnitude of families in need of food assistance. Interviewees note that it is not uncommon for clients of their services to skip meals to pay for other items such as medication, health care or rent. Furthermore, it was noted that students, in some cases, are missing school to work so they have the ability to buy food for their families. For these families, there is a persistent “scarcity of food” in their lives. Interviewees note the cost of food, particularly health foods, is the biggest driver of food insecurities in Stamford.
- *Lack of knowledge of healthy eating and benefits of physical activities.* Several interviewees expressed the need for targeted education for children, older adults and low-income families regarding nutrition and exercise. It is believed that individuals do not clearly understand the impact of food choices and activity levels on their health. Additionally, individuals are not always aware of the resources available to them in the community; interviewees noted that in Stamford there are many parks for walking and community gardens, such as Fairgate Farm, which are wonderful resources intended to increase access to healthy foods.
- *Contributing factors to chronic diseases and obesity.* Poor nutrition and lack of physical activity were identified as contributing factors in the development of several health conditions, including diabetes, heart disease, and obesity. While heart disease is predominantly observed in older adults, **diabetes and obesity are increasingly impacting individuals of all ages, including children**. However, some interviewees noted a particularly concerning increase in the rate of diabetes among immigrants in the community. It was noted that clinical staff at every Stamford Public School now monitor students with diabetes, a change from several years ago. Several clinicians noted the uptick in overweight and obese youth presenting to their practices. The increase in obesity is believed to be an outcome of the pandemic – a period during which children (and families) were home with few extracurricular activities and sports. As a result, interviewees suggested that an absence of structure and distractions in the form of activities, in some cases, led to an increase in food consumption.

Access to services & preventive care

- *Primary & specialty care.* Interviewees repeatedly discussed access challenges related to primary care providers as well as specialists. Challenges are most acutely observed among the underinsured and uninsured population; for this population, the wait to see specialists can be in excess of one year, as demand for services greatly outpaces supply. Specialties where supply is especially constrained for those with limited insurance include dermatology, ENT, nephrology, neurosurgery, endocrinology, rheumatology, ophthalmology, and colorectal surgery. Even among well-insured patients, **physicians note challenges in finding timely appointments for them, particularly with primary care physicians, due to a lack of capacity among providers.** The lack of access to both primary and specialty care services results in the inappropriate use of high-acuity care settings such as the hospital.
- *Cost of services & insurance coverage.* The cost of care, particularly for those who are under- or uninsured, can be prohibitive. Interviewees note that **many of their clients delay or postpone care due to an inability to pay for it.** Such postponement of care can have negative implications on the health of the individuals. Applying for insurance is very confusing and then, once insurance is obtained, coverage rules are unclear.
- *Lack of knowledge of the health care system.* Interviewees note that there is a general lack of understanding of where to receive appropriate care (e.g., urgent care vs. emergency department). Additionally, once discharged from the hospital, patients often don't understand where—or know how—to get appropriate follow-up care. One interviewee noted that **“across the board – individuals of all levels of education – have very low health literacy.”** Other interviewees noted the **lack of understanding of the health care system deepens feelings of mistrust felt among pockets of the community towards health care organizations and providers.** To overcome such mistrust, it was acknowledged that, ideally, care and services would be delivered in places where individuals feel comfortable, like the school-based health clinics (SBHC) located in the Stamford Public Schools. The SBHCs are viewed as a tremendous resource for students; they remove barriers that would otherwise prevent students from receiving needed care and give information about how and when to access care. Telehealth was also cited as a benefit to increasing access to low-acuity care, along with giving individuals the ability to access that care wherever (and whenever) they feel comfort in doing so; however, technology challenges (or lack of technology) suggest there are limitations to the application of telehealth as well.

Safety & violence

- Interviewees report an uptick in violence in many settings. Over the past year or so, the Stamford police reported a decline in overall crime, but an **uptick in violent crimes, aggravated assault, and domestic violence**, among other areas. In Stamford, one interviewee who works with children noted that in the neighborhood in which she works, gun violence seems to have increased; **hearing gunshots, especially during the day, has become much more common.** She went on to share that “one afternoon she was forced to usher children inside to a safe location because of gunshots heard on a neighboring street.” Another individual who works closely with children and their families noted that since returning to school, there has been an uptick in violence in the schools, including youth attacking teachers and each other. Furthermore, there has been an increase in the number of bomb threats at the schools; such threats are unnerving for staff, students, and

administrators and only add to the anxiety and stress already present in the schools. Within the health care setting, clinicians note an increase in the number of patients and family members displaying concerning levels of agitation and anger.

Housing

- Concerns about adequate housing, particularly in Stamford, were discussed in several conversations. Individuals cite the **exorbitant cost of housing** in the area which drives some families and individuals to seek substandard living units. In some cases, families are living in illegal units with no windows, significant rodent problems, and other safety concerns. All of these contribute to poor outcomes, most frequently manifested in respiratory concerns, such as asthma. Due to housing concerns, in 2022 the City of Stamford in partnership with local organizations completed its Housing Affordability Plan. The plan and accompanying report revealed, among other things, that more than 40% of households are housing-insecure, indicating that households spend more than 30% of their income on housing.²²

Health equity

In addition to the areas of focus above, throughout the interviews, health equity was raised and discussed as a critical topic. To initiate a focused conversation about health equity, individuals were provided with the following definition of health equity: *“Health equity could be defined as identifying ways to keep patients from falling through the cracks.”* Individuals were then asked what they believe to be the primary causes of health inequities in our community. Below are the causes of health inequity raised most frequently by interviewees:

- *Language and cultural barriers:* Interviewees noted **that language barriers inhibit the ability of individuals to access care.** A focus group with Spanish-speaking residents revealed that an inability to communicate with providers often led to the provision of inappropriate or inadequate care. Individuals explained that they are not always able to effectively communicate symptoms and concerns to health care providers when language barriers exist; as a result, they do not receive the care they need. Similarly, cultural barriers can challenge the ability of individuals to communicate medical concerns and symptoms to providers. When cultural barriers exist, it can be hard for individuals to express and, likewise, for providers to understand the symptoms and concerns raised by patients. This contributes to individuals feeling as though providers are dismissive of the symptoms and concerns raised.
- *Cost of care:* In speaking directly with members of the community, cost of care is one of the biggest barriers to receiving care. Those without insurance are fearful of getting sick due to the cost of care. Additionally, for the uninsured, preventive care is not readily available. This results in postponement of care for routine services; as a result, individuals are often forced to seek care for emergencies or acute problems in high-cost settings, as noted previously.
- *Lack of time:* Many individuals in the community work long days and **lack the time needed to seek medical care.** If providers are in neighboring towns, it can take a significant amount of time to get to the provider, especially if public transportation is used. Additionally, preventive medical care is traditionally available during working hours; care outside of the workday is typically available in higher-cost settings, such as urgent care centers and emergency departments.

²² Source: <https://www.stamfordct.gov/home/showpublisheddocument/16020/637865778690230000>

PRIORITIZATION OF HEALTH NEEDS

Process

In collaboration with a team of community leaders and health experts— including local public health directors— Stamford Health evaluated both qualitative and quantitative research to identify priority areas for Stamford and Darien. Initial priorities were broken into two categories: health conditions and social determinants of health. Using a survey instrument, the team was asked to select, from each category, the top three priorities based on 1) the magnitude of the concerning issue, 2) the severity of the concerning issue, and 3) the ability and willingness of the community to act on the concerning issue. Team members were asked to consider the population overall as well as sub-populations which might be disproportionately impacted by the concerning issue.



The group then analyzed the results of the survey in two ways:

- The frequency with which each topic or condition was selected against the identified criteria; and
- A ranking methodology whereby, for each prioritization criteria, the topics and conditions were ranked based on the frequency with which they were selected.

Both methods resulted in the same top conditions and concerns:

1. Mental health
2. Substance use
3. Access to primary and preventive services
4. Housing

The results of this exercise were compared to the results of the qualitative research through which individuals were asked to prioritize a similar set of topics and health conditions. Through the qualitative research, mental health and substance use were identified as the top concerns in the community among those interviewed. Access to primary and preventive services was raised as a top concern during the focused discussions regarding health equity.

1. Behavioral health: Encompassing mental health and substance use, behavioral health was identified as the top concern through qualitative research and quantitative data for both Stamford and Darien. Individuals acknowledged that behavioral health concerns have long existed in the community but were exacerbated by the COVID-19 pandemic. During the spring of 2022, there were several deaths by suicide reported in the community; deaths by suicide are one illustration of the severity of behavioral health concerns in the region.²³ Areas of focus within behavioral health should include on the following:

- **Youth:** In young children, schools report that mental health concerns are manifesting themselves in a variety of ways including aggressive behaviors and higher rates of absenteeism. Additionally, school personnel report an increase in anxiety and depression among the student population. Of particular concern are new arrivals, many of whom have experienced trauma in their home countries or in their travels to Stamford. These mental health concerns are also linked with an increase in substance use, such as vaping. Limited services for youth in the outpatient and inpatient setting often mean that children are not getting the care that they need.
- **Adults:** Quantitative data shows that, over the past three years, a primary or secondary diagnosis of a mental health condition was one of the most common diagnoses among those presenting to the hospital for services; this was especially true among older adults. Additionally, data collected through the Community Wellbeing Survey suggests a notable increase in the number of adults who report feeling down, depressed, or hopeless, as well as an increase in the number of individuals reporting that they have little interest or pleasure in doing things. Mental health issues have also presented themselves in the form of agitation and erratic behavior, which was noted by various individuals in the community. In Darien, poisonings (including overdoses) are one of the top drivers of potential years of life lost in the community, a statistic which measures the causes of premature death in communities.

2. Access to primary & preventive care: Data available through the CDC suggests that in particular neighborhoods within Stamford, use of preventive care varies greatly by neighborhood. Limited capacity among, and availability of, primary care providers, especially for residents who are underinsured or who lack insurance, means individuals are unable to get the care they need when they need it. Based on data reviewed, below are recommended areas of focus:

- **Availability of services:** It is evident that there is a lack of availability of primary care services for individuals with all types of insurance. Individuals who lack access to primary care and preventive care lack a critical link in the health care system that serves to connect patients with a myriad of services, including access to medications and specialty care. For many, primary care providers help navigate patients through the health care system by helping them determine where and when to receive appropriate care. Additionally, through routine care, primary care providers help patients maintain their health; thereby reducing one's reliance on more complex and costly care.
- **Navigation of insurance coverage:** The cost of care, particularly for those who are under- or uninsured, is prohibitively expensive. Those without insurance are fearful of getting sick, due to the exorbitant bills they receive from local health care providers. Applying for and

²³ If you or someone you know is struggling emotionally or is at risk for suicide, help is available through the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or by dialing 988

obtaining insurance is often confusing and then, once insurance is obtained, coverage rules are unclear. Availability of insurance coverage for those who are unemployed and undocumented is also limited and requires extended waiting periods.

- *Cultural and linguistic sensitivity:* It is important to note that individuals from different cultures may lack knowledge regarding how to navigate local health systems. As a result, a lack of linguistic or cultural sensitivity among providers can inhibit the ability of individuals to receive needed care or may lead to the provision of inappropriate care. Furthermore, miscommunication or lack of cultural sensitivity can lead to individuals feeling as though providers are dismissive of symptoms and concerns raised by patients. Of note is the lack of respect and negative perception surrounding quality of care that patients may feel as a result of insensitivity, leading to mistrust of the health system.

3. **Housing:** Data available through Stamford Health's GetWellNetwork platform, as well as through the United Way's 211-Counts database, reveals housing as a top concern among individuals living in Stamford. During interviews it was recognized that housing can have a significant impact on the health and well-being of individuals. Poor housing conditions can contribute to the development of or exacerbate underlying health concerns such as asthma. The Connecticut Hospital Association has identified housing as a priority for hospitals to collectively address. In our region, the following are potential areas of focus:

- *Affordable housing:* Interviewees expressed concern over the cost of housing in the area. Some are unable to live in proper housing and resort to living in illegal rental units which present great safety concerns. Other individuals must utilize shelters—a limited resource in the community. Additionally, the exorbitant cost of housing forces some families to make challenging decisions about whether to spend their limited resources on shelter, food, or health care.
- *Safe housing:* There has been increasing concern regarding safety within neighborhoods as a result of gun violence and other incidents both locally and nationally. Within certain demographics and neighborhoods individuals report that they feel unsafe and lack trust in law enforcement to keep them safe.

STRATEGIES & IMPLEMENTATION PLAN

This report was adopted by the hospital's leadership team and Board of Directors on July 27, 2022.

As a next step, Stamford Health will establish a task force to develop a community health implementation plan (CHIP) to address the identified health priorities. The task force will include representatives from Stamford Health, local health departments and from the community.

As the task force builds the CHIP, it will consider the programs, organizations and facilities available in the community to help address the identified health priorities. Exhibit F is a partial list of community organizations and resources that may be consulted to address the issues. The hospital will also consider the partnerships that were established or expanded in connection with the 2019 CHIP as set forth in Exhibit D.

The task force will work throughout the fall to develop the CHIP. The final plan will be submitted and made publicly available by February 2023.

SUPPORTING MATERIALS

Exhibit A

Community Wellbeing Survey respondents and American Community Survey (US Census) demographic breakdown

		Darien		Stamford	
	Population Characteristics	CWS	Census Data	CWS ²⁴	Census Data
	# Respondents/ Population	74	21,500	404	136,309
Gender	Male	47%	49%	49%	49%
	Female	53%	51%	50%	51%
Age	18 – 34	-	-	31%	33%
	35 – 49	-	-	24%	20%
	50 – 64	-	-	22%	19%
	65+	-	-	19%	14%
Ethnicity / Race	White	-	-	50%	62%
	Black/African American	-	-	11%	14%
	Hispanic	-	-	25%	27%
	Other	-	-	14%	-
Education	High School or less	-	-	21%	31%
	Some college/Associate’s	-	-	24%	19%
	Bachelor’s or higher	-	-	53%	50%
Income	<\$30k	-	-	18%	8%
	>\$30k – 100k	-	-	31%	60% ²⁵
	\$100k+	-	-	38%	32%
Children in Household	No	-	-	66%	-
	Yes	-	-	31%	-

²⁴ In some cases, categories do not add to 100% because respondents did not provide requested information

²⁵ Income groups represented through the U.S. Census data breakdown as the following: <\$24,999, \$25,000 – 99,999, >\$100,000

Exhibit B

Interviews and focus groups

Organization / Group Name	# Individuals Interviewed
Americares	1
Boys & Girls Club	1
Building One Community	6
Children's Health Collaborative	15
City of Stamford	10
Community Health Center	1
Connecticut Department of Children and Families	1
Darien Post 53	1
Darien Public Schools	1
Darien Senior Center	1
Domestic Violence Crisis Center	1
Faith Tabernacle Missionary Baptist Church	1
Family Centers	1
Family Centers / Charter Oak Communities	4
Independent Physician	1
Inspirica	2
Kids in Crisis	1
OPTIMUS Health Care	1
Person to Person	1
Shop Rite / Wakefern	1
SilverSource	1
Stamford EMS	2
Stamford Health	5
Stamford Health Commission	3
Stamford Public Schools	3
Stamford Senior Center	1
The Child Guidance Center of Southern Connecticut	2
The Community Fund of Darien	1
The Depot (formerly)	1
Thriving Youth Task Force	1
Town of Darien	5
Total	77

Exhibit C

Below is a brief description of several organizations from which Stamford Health solicited and received input. All have knowledge of health care or represent minority or underserved populations:

Americares Free Clinic of Stamford: Provides quality primary care to low-income, uninsured adults residing in Stamford and Darien. These individuals have neither access to employer nor government-sponsored health insurance. An ethnically diverse group, they earn less than 250% of the Federal Poverty Level. Stamford Health partners with the clinic by allowing easy access to diagnostic testing and ER visits as per charity care policy. Supported by private philanthropy and a volunteer model, the clinic is located on the East Side of Stamford, accessible to public transportation.

Boys & Girls Club of Stamford (BGCS): This local chapter of the national organization provides after-school programs, recreation, and support for school-aged children. The Boys & Girls Club supports working families with childcare options, provides nutrition education, tutoring, mentor programs, and opportunities for education and social enrichment. The organization is located on Stamford's west side and serves more than 1,600 children. According to the organization's website, 42% of youth who use BGCS are African American, 50% Hispanic, 4% Caucasian, 2% multi-racial and 2% from other races.

Community Health Center, Inc.: CHC is a Federally Qualified Health Center providing primary care services in medicine, dentistry, and behavioral health. CHC has a commitment to the uninsured, underinsured, and populations with special needs. It incorporates prevention and health promotion, treatment of illness and management of chronic diseases. The Weitzman Center, the research arm of CHC, promotes continuous improvement through technology, including tele-medicine, and telephonic language lines for instant translations.

Family Centers, Inc.: Family Centers is a private, nonprofit organization offering a comprehensive, health, education, and human service programs to help children, adults and families overcome a variety of life's obstacles so they can realize their potential. The organization is composed of 14 licensed facilities and 40 additional locations throughout the region of lower Fairfield County. Serving Stamford, Greenwich, Darien and New Canaan, Family Centers provides services to more than 23,500 residents each year.

Building One Community: Building One Community's (B1C) mission is to advance the successful integration of immigrants and their families into the community. B1C primarily serves immigrants who live and work throughout the greater Stamford area. As of 2021, the organization has provided services to more than 13,100 immigrants hailing from 112 countries.

OPTIMUS Health Center: Optimus operates a Federally Qualified Health Center providing services for low-income individuals and families, including adult medicine, pediatrics, mental health, family and pediatric preventive care, dental, and behavioral health (including substance use disorders) services. Optimus provides an integrative model of care for medical, dental, & behavioral health services and operates Stamford Health's family medicine, pediatrics, OB/GYN and behavioral health specialty clinics.

Domestic Violence Crisis Center (DVCC): The center’s mission is to provide effective services, support and education for the prevention and elimination of domestic violence. To ensure privacy, the shelters are located in multiple communities throughout the state of Connecticut.

Stamford Emergency Medical Services (SEMS): A nonprofit organization providing pre-hospital emergency care and education to the citizens of Stamford. SEMS works closely with Stamford Health and provides CPR and EMT training.

Exhibit D

Progress on the 2019 Community Health Implementation plan (CHIP)

In response to the 2019 Community Health Needs Assessment, Stamford Health, along with public officials and members of the community, reviewed the CHNA data and established top priorities to improve the health of the community. Collectively, this stakeholder group identified three priority areas:

- A. Behavioral health
- B. Access to health and social services
- C. Nutrition

To address these priorities, Stamford Health and other stakeholders developed goals related to each priority. Collective resources were used to bolster existing initiatives, develop new programs, and, for behavioral health, begin an assessment and planning process. The outline below provides an overview of the work accomplished to support each goal.

Priority #1: Behavioral health

Goal: Develop a comprehensive plan to address behavioral health

- *Intervention: Determine behavioral health service gaps in the community and identify opportunities to expand access to inpatient and outpatient behavioral health services. Identify specialized programs to address the needs of vulnerable sub-populations.*
 - Stamford Health engaged a consultant to facilitate a service gap analysis. From May through October 2021, Stamford Health conducted interviews with over 60 individuals representing providers and community members with diverse perspectives. From there, Stamford Health convened more than 25 providers for two separate retreats to determine the gaps and begin to analyze how organizations, including Stamford Health, might expand services.
 - The retreats allowed Stamford Health to validate the data gathered through interviews and identify partners with which to partner to help solve service gaps. The retreats also allowed for a collective understanding that not one organization can shoulder the task of meeting demand. It underscored the importance of collaboration and partnerships.
 - Stamford Health continues to internally review, and plan infrastructure and programmatic changes identified through the analysis.

Goal: Develop an integrated primary care & behavioral health model in the Stamford Health Medical Group

- *Intervention: Pilot a process to facilitate referrals from Stamford Health Medical Group physicians to behavioral health resources. Investigate the co-location of primary care and behavioral health providers to allow for warm hand-offs.*
 - In July of 2021, Stamford Health Medical Group and Liberation Programs initiated a collaboration to allow for the co-location of outpatient medical services with behavioral health services.
 - Liberation Programs is adept in the evaluation and treatment of a broad spectrum of behavioral and mental health concerns, including anxiety and depression.

- The collaboration is operated at the Medical Group’s 292 Long Ridge Road location in Stamford.
- **Metrics and results of the intervention**
 - 6 months after launch, additional treatment space was identified, and a second provider was hired to accommodate the demand for services.
 - Within the first quarter of FY22 alone, more than 90 individuals were referred to the program.
- *Intervention: Increase the use of standardized behavioral health screening tools at primary care sites.*
 - As part of the rollout of the pilot with Liberation Programs, education was conducted with all providers about the use of tools (e.g., PHQ-2, PHQ-9 or the GAD-7) to identify behavioral health concerns among patients. The goal of this training was to help providers identify patients appropriate for referral to the pilot program.
 - **Metrics and results of the intervention**
 - Despite training, there was no measurable increase in the documentation of the use of screening tools. This will be an area of ongoing focus for the Medical Group.

Goal: Expand the use of peer support specialists

- *Intervention: Work with ED staff to increase the number of patients referred to CCAR’s Recovery Coach Program.*
 - In 2019, Stamford Health implemented the Connecticut Community for Addiction Recovery’s Recovery Coach Model in our emergency department. As part of the program, emergency department staff offer the services of recovery coaches to patients who present to the emergency department with a substance use concern, while the patient is in the emergency department.
 - Education with clinicians in the emergency department is conducted on an ad hoc basis to encourage the use of the program and to keep the program top of mind for clinicians who may identify appropriate patients.
 - **Metrics and results of the intervention**
 - Approximately 100 patients are referred to the CCAR program on an annual basis.
- *Intervention: Explore the expansion of the peer support model (recovery coaches, recovery support specialists, etc.) to serve Stamford Health patients and their families.*
 - While we had hoped to initiate this intervention in 2020, the COVID-19 pandemic required Stamford Health to pause the effort. This initiative has, however, been included in the behavioral health strategy that was developed in 2021; discussions are underway to identify opportunities for the use of peer support models more broadly throughout Stamford Health, including possibly accessing new mental health peer support funding authorized in the state budget.
- *Intervention: Consider the development of a peer support center.*
 - Initial discussions of a peer support center began with community partners in 2020, but again, the COVID-19 pandemic required Stamford Health to pause the effort.

Goal: Support policy and advocacy efforts aimed at increasing the availability of and access to behavioral health services

- *Intervention: Work with community partners and legislators to identify advocacy opportunities.*
 - On behalf of hospitals, in 2021, the Connecticut Hospital Association began working with the state of Connecticut to address behavioral health concerns. Partnership of the state was requested to help to expand service capacity, increase the number of available staff and clinicians to care for patients, improve access to community-based services, and facilitate coordination between state agencies and providers.
 - In the 2022 session, the CT General Assembly made historic investments in behavioral health, including infrastructure, program expansion, workforce shortage solutions, and insurance coverage.
 - Stamford Health actively lobbied for these investments along with other hospitals.
 - To amplify the voice of the hospitals and to expand the ability of local nonprofits to advocate at the state level, Stamford Health provided advocacy training to community partners and organized an in-person meeting with the state Speaker of the House in April 2022. Over 20 behavioral health providers attended to directly advocate and to hear what investments the legislature was considering.

- *Intervention: Actively participate in and support existing behavioral health coalitions.*
 - Representatives from Stamford Health actively participate in local groups working to address the behavioral health needs of the community. Specifically, clinical staff participate in a group that meets quarterly and is orchestrated by the City of Stamford's Director of Public Safety Health & Welfare, with the goal of improving coordination between law enforcement officials and community resources offering behavioral health services. Additionally, representatives from Stamford Health participate in workgroups organized by Mental Health Connecticut and The Hub: Behavioral Health Action Organization for Southwest Connecticut. Both groups are involved in advocacy for, and education, about behavioral health services.

Priority #2 & 3: Access to health and social services & nutrition

Goal: Collaborate with community providers on nutrition and access needs (including awareness, coordination, and navigation)

- *Intervention: Explore the integration of SDOH screening at Stamford Health, and at key community partners.*
 - The pandemic caused this effort to be paused.

- *Intervention: Explore the adoption of the Unite Us platform at Stamford Health, and with key community partners through the Connecticut Hospital Association's (CHA) Unite Connecticut Initiatives.*
 - Many Connecticut hospitals signed up to participate in Unite CT. However, over two years into the program, few local nonprofits such as food trucks, homeless shelters or FQHCs are participating, greatly reducing its potential impact. Stamford Health will continue to seek greater participation by its area nonprofits.

- *Intervention: More closely align the Community Care Team (CCT) with Vita to improve capacity, evaluation, and data access to external resources; implement recommendations for HBS-CP and begin to track outcomes data.*

- Stamford Health integrated CCT into the Vita Health & Wellness Partnership. However, the pandemic caused the delay of this intervention.
- *Intervention: Implement an evidence-based medical weight loss program at Stamford Health.*
 - Stamford Health implemented this program which has earned press attention.
- *Intervention: Explore developing a consumer-facing comprehensive weight loss program that includes surgical options as well.*
 - Stamford Health implemented this program which has earned press attention.

Goal: Increase access to health services

- *Intervention: Complete 2019 Medical Staff Development Plan.*
 - In 2019, Stamford Health completed a Medical Staff Development Plan to understand the availability of, and need for, clinicians in our community. The plan identified several specialties in which additional physicians are required to adequately care for the population. Across the region, the plan identified a need for primary care physicians. Additional specialty gaps were identified in smaller geographic areas within the region such as hematology/oncology, rheumatology, psychiatry, neurology, and dermatology.
- *Intervention: Address primary care and specialist gaps by implementing the Ambulatory Network Strategy with an associated provider hiring plan.*
 - In 2019, Stamford Health developed an Ambulatory Network Strategy (ANS) to accompany the Hospital's Medical Staff Development Plan (MSDP). While the MSDP focused on which clinical specialties were needed to meet community demand, the ASN focused on where, specifically, to place the specialists to maximize access and benefit to the community.
 - **Metrics and results of the intervention**
 - As a result of the plan, Stamford Health expanded several of its medical office locations – specifically those located in Wilton and New Canaan. The Stamford Health Medical Group also expanded its presence in Norwalk.
 - The Stamford Health Medical Group has grown from 148 providers in January 2019 to 177 providers as of May 2022. As part of that growth, Stamford Health Medical Group added two pediatric practices to the organization — a specialty that was not previously represented in the Medical Group.
- *Intervention: Make care more accessible by expanding hours in existing locations.*
 - Due to the COVID-19 pandemic, this initiative was paused and will be re-evaluated in the future.
- *Intervention: Make care more accessible by offering direct-to-consumer virtual care options.*
 - During the COVID-19 pandemic, there was a rapid uptake of virtual care options offered by our Medical Group providers.
 - **Metrics and results of the intervention**
 - As of June 2020, all Medical Group providers had the ability to offer virtual care to their patients.
- *Unplanned intervention: Ensure socially vulnerable populations had access to COVID-19 vaccines and targeted messaging about how to stay safe, quarantine, and seek medical care if needed.*

➤ **Metrics and results of the intervention**

- With Vita partners, Stamford Health created the High-Risk Taskforce that created and distributed targeted messaging.
- Stamford Health created the No Barriers Vaccine Equity Program which it operated in coordination with its Vita partners. The program vaccinated over 3,500 socially vulnerable residents between January – May 2021.
- Stamford Health obtained private funding and kicked off a door-to-door vaccine encouragement program in economically stressed census tracts that was later supplemented with public funding. Correlating to this program, Stamford led all Connecticut cities in vaccination rates, especially of those who are socially vulnerable.

Goal: Advocate for funding, public policy, and promising solutions

- *Intervention: Work with community partners and legislators to identify advocacy opportunities.*

➤ **Metrics and results of intervention**

- Stamford Health successfully advocated for \$5 million of authorized state bonding to potentially expand the number of inpatient adult psychiatric beds at Stamford Health to meet demand identified in the service gaps assessment.
- Stamford Health, along with other advocates, successfully advocated for the expansion of state insurance for undocumented immigrants, which will include behavioral health services.

Exhibit E

Feedback on the 2019 Community Health Needs Assessment and Implementation plan

Following the development of the Community Health Needs Assessment, Stamford Health hosted a series of Community Conversations. These public forums gave residents, community leaders and government officials the opportunity to hear about the findings of the assessment and engage in dialogue about the health priorities identified. Experts from the Connecticut Food Bank, the United Way and Mental Health Connecticut participated in a panel-style discussion to offer further context for the findings and insights about how to address some of the concerns in our communities.

Feedback from the discussions were taken into consideration as the Community Health Implementation Plan was being developed.

To allow for and encourage written feedback on both the 2019 CHNA and CHIP, the email address of a staff member was added to the Stamford Health webpage on which both documents are posted.

Exhibit F

Within Stamford and Darien, there are many programs and resources to address the multifaceted concerns within the communities, including homeless shelters, food pantries, day clinics, financial assistance programs, and recreational centers. Because the needs of residents vary, cataloging all of the assets in the community within this report is impractical.

2-1-1, a program run through the United Way of Connecticut, is an excellent resource for all residents, regardless of their needs. United Way 2-1-1 aims to provide a state-wide service to educate and connect its residents to services. The database includes programs such as utility assistance, food, housing, childcare, after school programs, elder care, and crisis intervention, among others. 2-1-1 is available 24 hours a day every day of the year, with multilingual assistance available.

Residents of the state can access 2-1-1 by:

Dialing from Connecticut: 2-1-1

Dialing from outside of Connecticut: 1-800-203-1234

Accessing the program's website: <https://www.211ct.org>

Finally, below is a select list of resources available in Darien and Stamford organized by topic:

Health clinics

Americares Free Clinic of Stamford; Stamford

Community Health Center; Stamford

Optimus Health Center; Stamford

Park Square West; Stamford

Pilgrim Towers; Stamford

Quintard Manor; Stamford

Rippowam Manor; Stamford

Pacific House; Stamford

Shippan Place; Stamford

Inspirica; Stamford

Stamford Green; Stamford

Summer Place; Stamford

Willard Manor; Stamford

The Heights; Darien

Health departments

Stamford Department of Health

Darien Health Department

Housing authorities & resources

Charter Oak Communities; Stamford

Darien Housing Authority; Darien

Housing (Select)

Augustus Manor; Stamford

Bayview Towers; Stamford

Belltown Manor; Stamford

Bishop Curtis Homes; Stamford

Clinton Manor; Stamford

Cross Road Residence; Stamford

Eleanor Roosevelt House; Stamford

Glenbrook Manor; Stamford

Harboursite; Stamford

Mapleview Tower; Stamford

Mutual Housing Association of SW CT;

Stamford

New Neighborhoods, Inc.; Stamford

Behavioral health services

Child Guidance Center of Southern

Connecticut; Stamford

Connecticut Counseling Center; Stamford

CT Renaissance

Family Centers, Inc.; Stamford

Franklin S. DuBois Center; Stamford

Schoke Jewish Family Services; Stamford

Kids in Crisis; Stamford

Laurel House, Inc.; Stamford

Liberation Programs, Inc.; Stamford

Mental Health CT; Stamford

Stamford Counseling Center

Centro Bienestar

Regional Mobile Crisis Team (DHMAS)

Stamford Police Department Behavioral Health Unit

Food & nutrition services

Catholic Charities: Senior Nutrition Program; Stamford

Food Bank of Lower Fairfield County; Stamford

Haitian American Catholic Center; Stamford

New Covenant House; Stamford

Marshall Commons Food Pantry; Stamford

Person to Person; Darien

Schoke Jewish Family Services; Stamford

Salvation Army of Stamford; Stamford

United Way of Western CT; Stamford

Long-term Care, hospice and assisted living facilities; Home care agencies

Almost Family; Stamford

Atria of Stamford; Stamford

Brighton Gardens; Stamford

ComforCare Home Care; Stamford

Cassena Care; Stamford

DanielCare; Stamford

Edgehill; Stamford

Long Ridge Post-Acute Care; Stamford

Scofield Manor; Stamford

Senior Helpers; Stamford

Sunrise of Stamford; Stamford

Synergy Homecare; Stamford

The Villa at Stamford; Stamford

Wormser Congregate; Stamford

Atria Darien; Darien

Maplewood at Darien; Darien

Right at Home; Darien

At Home in Darien; Darien

Older adult services

Protective Services/Dept. of Social Services; Stamford

MedAssist Program; Stamford

Over 60 Club; Stamford

SilverSource; Stamford

Stamford Senior Center; Stamford

Family Centers, Inc.; Stamford

Darien Senior Center; Darien

Social services

Stamford Social Service Commission; Stamford

Darien Department of Human Services; Darien

Person to Person; Darien

Transportation services

FISH of Stamford; Stamford

Stamford Share the Fare Program; Stamford

Voluntary Service for the Blind; Stamford

At Home in Darien; Darien

Educational resources

Adult & Continuing Education - Stamford

Public Schools; Stamford

Child Care Learning Centers, Inc.; Stamford

Sacred Heart University; Stamford

University of Connecticut; Stamford

Saint Joseph Parenting Center; Stamford

Workforce and immigration assistance

Connecticut Institute for Refugees and Immigrants; Stamford

Literacy Volunteers at Family Centers; Stamford

Building One Community; Stamford

Urban League of SWCT; Stamford

Family Centers, Inc.; Stamford

Other health resources

American Red Cross; Stamford

ARI of Connecticut, Inc.; Stamford

Connecticut Energy Assistance Program; Stamford

Connecticut Legal Services; Stamford

Domestic Violence Crisis Center; Stamford

Parent Leadership and Training Institute; Stamford

Planned Parenthood; Stamford

The Rowan Center; Stamford

Stamford Cares; Stamford

Stamford Emergency Medical Services (SEMS); Stamford

Center for Hope; Darien

Post 53 Emergency Medical Services; Darien

Exhibit G

Data Sources

Figure 1: ACHI's Community Health Assessment Toolkit. Association for Community Health Improvement. (2017). Community Health Assessment Toolkit. Accessed at www.healthycommunities.org/assesstoolkit

Figure 2: Population and Demographic Composition. U.S. Census Bureau, American Community Survey – Quick Facts (Accessed - June 2022)

Figure 3: Population by Age Group in Darien and Stamford. U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates

Figure 4: Social Determinants of Health. Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved March 2022, from: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Figure 5: Poverty & Employment. U.S. Census Bureau, American Community Survey – Quick Facts (April 2022)

Figure 6: Household Income – Stamford. Source: U.S. Census Bureau, American Community Survey (June 2022)

Figure 7: Home Value. U.S. Census Bureau, American Community Survey – Quick Facts (April 2022)

Figure 8: Housing Affordability. 2015, 2018, 2021 DataHaven Community Wellbeing Survey

Figure 9: Top Social Needs for Inpatients at Stamford Health. GetWellNetwork (Stamford Health Internal Data)

Figure 10: 211-Counts Inquiries from Stamford Residents. 2-1-1 CT Counts (<https://ct.211counts.org>)

Figure 11: Education Access. U.S. Census Bureau, American Community Survey – Quick Facts (April 2022)

Figure 12: % of Respondents who do not feel safe to go on walks at night. 2015, 2018, 2021 DataHaven Community Wellbeing Survey

Figure 13: Responsiveness of Local Government. 2021 DataHaven Community Wellbeing Survey

Figure 14: Life Expectancy by Census Tract, 2015. DataHaven's Analysis of PLACES Project Data (CDC)

Figure 15: Mortality Rates. DataHaven analysis (2022) of CTDPH vital statistics records. Includes provisional data.

Figure 16: Years of Potential Life Lost. DataHaven analysis (2022) of CTDPH vital statistics records. Includes provisional data.

Figure 17: Rate of Hospital Encounters for Select Conditions – Connecticut, Stamford & Darien (2018 – 2021). DataHaven's Analysis of CHA's CHIME Data

Figure 18: Stamford - Rate of Hospital Encounters for Select Conditions (2018 – 2021). DataHaven's Analysis of CHA's CHIME Data

Figure 19: Darien - Rate of Hospital Encounters for Select Conditions (2018 – 2021). DataHaven's Analysis of CHA's CHIME Data

Figure 20: Self-Reported Health Status of Respondents by State and City/Town and Stamford data by Race/Ethnicity. 2015, 2018, & 2021 DataHaven Community Wellbeing Survey

Figure 21: Percent of Adults who had an Annual Check-up as of 2018. DataHaven's Analysis of PLACES Project Data (CDC)

Figure 22: Obesity Rate by State and City/Town. 2015, 2018, and 2021 DataHaven Community Wellbeing Survey; 2007 CT Health Data Scan

Figure 23: Obesity Rate by Race/Ethnicity. 2015, 2018, and 2021 DataHaven Community Wellbeing Survey

Figure 24: Medical Conditions. 2015, 2018, and 2021 DataHaven Community Wellbeing Survey

Figure 25: Prevalence of Select Conditions by Census Tract, 2019. DataHaven’s analysis of data from PLACES Project (CDC)

Figure 26: Annual Rate of Hospital Encounters – Hypertension. DataHaven’s Analysis of Connecticut Hospital Association’s CHIME Data

Figure 27: Annual Rate of Hospital Encounters – Diabetes. DataHaven’s Analysis of Connecticut Hospital Association’s CHIME Data

Figure 28: Consumption of Alcohol by City & State. 2018, & 2021 DataHaven Community Wellbeing Survey

Figure 29: Use of Cannabis by City & State. 2015, 2018, & 2021 DataHaven Community Wellbeing Survey

Figure 30: Addiction to Opiates City & State 2015, 2018, & 2021 DataHaven Community Wellbeing Survey

Figure 31: Age-adjusted semi-annual rates of drug overdose deaths per 100,000 residents by race/ethnicity, 2015 – 2020. DataHaven analysis of Accidental Drug Related Deaths 2012 – 2018, CT Office of the Chief Medical Examiner

Figure 32: Annual Hospital Encounter Rate – Mental Health. DataHaven’s Analysis of Connecticut Hospital

Figure 33: % of Individuals Feeling Down, Depressed or Hopeless. 2018 & 2021 DataHaven Community Wellbeing Survey

Figure 34: % of Individuals Having Little Interest or Pleasure in Doing Things. 2018 & 2021 DataHaven Community Wellbeing Survey

Figure 35: Dental Visit in Past 12 Months (2018), % of Adults. DataHaven’s analysis of data from PLACES Project (CDC)

Figure 36: % of Respondents seen by a Dentist by State and City/Town. 2015, 2018, 2021 DataHaven Community Wellbeing Survey

Figure 37: % of Respondents who Delayed Medical Care by State and City/Town. 2015, 2018 & 2021 DataHaven Community Wellbeing Survey

Figure 38: % of Respondents missed a healthcare appointment due to transportation – Stamford. 2015, 2018 & 2021 DataHaven Community Wellbeing Survey

Figure 39: % of the Population that is Uninsured. 2019 American Community Survey, Census Bureau

Figure 40: % of Respondents with Health Insurance by State, County and City/Town and % of Stamford Respondents with Health Insurance by Race/Ethnicity. 2015, 2018 & 2021 DataHaven Community Wellbeing Survey

Figure 41: % of Respondents who have been treated with less respect or received services that were not as good as others by City, Race/Ethnicity, and Income. 2018 & 2021 DataHaven Community Wellbeing Survey