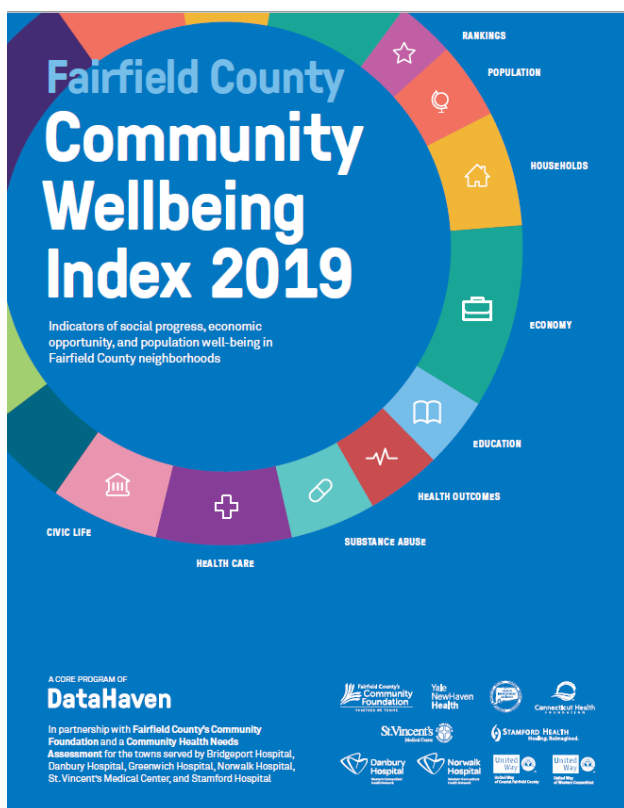


# 2019 Stamford Health Community Health Needs Assessment

*City of Stamford & Town of Darien*



## **ABOUT THIS REPORT**

This document is a companion to the Fairfield County Community Wellbeing Index 2019, 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 and its community partners serving the city of Stamford and town of Darien. Special thanks to the Directors of Health in the city of Stamford and the town of Darien for their support and participation in the development of this report.

This report, the Stamford Health Community Health Needs Assessment (CHNA), is a comprehensive appraisal of the diverse socio-economic populations in the city of Stamford and the town of Darien. Stamford Health sincerely appreciates the invaluable input from the city of Stamford, the town of Darien, DataHaven, the Fairfield County Community Foundation, and the many dedicated nonprofit social service providers contributing to this assessment.

Both the Fairfield County Community Wellbeing Index and this report will be posted on the DataHaven website ([ctdatahaven.org](http://ctdatahaven.org)) and the Stamford Health website ([stamhealth.org](http://stamhealth.org)). We hope this CHNA will be a resource to spark dialogue, to inform potential interventions and to foster collaboration among our community partners.

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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 wellbeing 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, the Stamford Health began the process of updating its triennial Community Health Needs Assessment<sup>1</sup> in 2018 in collaboration with DataHaven and the hospitals of lower Fairfield County.

The report outlines the manner in which Stamford Health engaged with myriad stakeholders as well as the priorities to be further analyzed and developed into a Community Health Implementation Plan (CHIP) in collaboration with community-based organizations in Stamford and Darien.

Consistent with the 2016 CHNA, Stamford Health focused on the city of Stamford and the town of Darien because Stamford Health is the primary provider of inpatient services for residents of those communities. Additionally, these communities are not included in the CHNA's of other acute care hospitals in our region. When determining the service area of Stamford Health, the community was not defined to exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. In addition, all patients were taken into account regardless of whether they or their insurers pay for the care received or whether they are eligible for assistance under the hospital's financial assistance policy.

### *Goals of the 2019 CHNA*

1. Provide an overview of the demographics, 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. Develop a framework to report findings to community stakeholders and organize participants to collaborate on the Stamford Health Community Health Implementation plan

### *Key Findings & Health Priorities*

Stamford Health, in conjunction with community leaders and health experts, utilized a process combining both the qualitative and quantitative research to develop a set of health priorities. Below are the steps we took to identify a list of health priorities for Stamford and Darien.

1. Reviewed quantitative data and conducted interviews to validate initial list of findings and assess community readiness to address issues identified
2. Evaluated identified issues and scored each using prioritization criteria
3. Based on the prioritization exercise, consolidated findings from the quantitative and qualitative research and identified the following as top issues:

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<sup>1</sup> 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. Furthermore, hospitals are required to solicit and take into account input received from persons who represent the broad interests of the community when developing the CHNA. All hospitals are required to develop a community health implementation plan (CHIP) to address the priority issues identified as a result of the research.

*Mental Health: The number of individuals presenting to the hospital with a primary or secondary mental health diagnosis is on the rise. Health experts caution the magnitude and prevalence of mental health concerns may be underestimated as mental health conditions are not reportable conditions. In Darien, survey data suggests anxiety among residents is on the rise. In both Stamford and Darien, approximately 20–25% of Community Wellbeing Survey respondents reported feeling down, depressed or hopeless in the 14 days prior to responding to the survey.*

*Substance Use Disorder: Survey data suggest approximately 30% of adults in Stamford and Darien report binge drinking on one or more occasion in the 30 days prior to responding to the Community Wellbeing Survey. In Stamford, those between the ages of 18 and 34 are most likely to report binge drinking. Data from a youth survey<sup>2</sup> in Darien suggests use of alcohol is prevalent among middle and high school students and the number of kids using e-cigarettes and similar devices is increasing. Qualitative feedback suggests similar trends among youth in Stamford.*

*Access to Services: Data shows that more individuals have health insurance, but qualitative research suggests that an increasing number of individuals may be under-insured, which was demonstrated through data implying that the cost of care was a primary cause for why individuals delayed needed care. A lack of knowledge of the health and social services available in the community is leading to an underutilization of programming and, in some cases, a misuse of health resources.*

*Nutrition & Obesity: More than 50% of students in the Stamford Public Schools are eligible for free or reduced lunch, but many of those eligible for the program do not utilize it. Obesity rates are at a concerning level -47%- among the low income. Data suggests that low-income residents are most likely to report not having access to affordable healthy foods.*

4. Along with a group of health experts and community leaders, validated and finalized the list of priorities and drafted working definitions of each to guide the development of a forthcoming community health implementation plan. This group consolidated the above priorities into three key priority areas:
  - Behavioral Health
  - Access to Health & Social Services
  - Nutrition

A Community Health Implementation Plan will be developed in collaboration with community stakeholders and subject experts to address the findings of the CHNA. The group will further refine the priorities in an effort to develop targeted interventions to meet the needs of sub-populations in Stamford and Darien.

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<sup>2</sup> Darien Youth Survey Addendum Report, 2018

## **STAMFORD HEALTH**

### *Overview:*

Stamford Health is a non-profit independent healthcare system with more than 3,500 employees committed to compassionately caring for the community and offering a wide-range of high-quality health and wellness services. Patients and their families can rely on comprehensive person-centered care through the system's 305-bed Stamford Hospital; Stamford Health Medical Group, with more than 30 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 also a major teaching affiliate of the Columbia University College of Physicians and Surgeons. Dedicated to being the community's most trusted healthcare partner, Stamford Health puts patients first to build long-lasting relationships.

## **MISSION, VISION & VALUES**

### *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 healthcare 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*

## 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

### OBJECTIVES

The goals of this report are to 1) provide an overview of the demographics, 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; and 3) develop a framework to report findings to community stakeholders and organize participants to collaborate on the Stamford Health Community Health Implementation Plan.

#### *Community Served*

Consistent with the 2016 CHNA, Stamford Health focused on the city of Stamford and the town of Darien. In fiscal year 2018, 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 serves residents from towns throughout lower Fairfield and Westchester Counties and beyond, Stamford Health 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 not defined to exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. In addition, all patients were taken into account regardless of whether they or their insurers pay for the care received or whether they are eligible for assistance under the hospital's financial assistance policy.

### METHODOLOGY

#### *Phase I: Quantitative Analysis*

##### Existing Secondary Data

Stamford Health engaged DataHaven (a nonprofit organization with a 25-year history of public service to Connecticut communities) to perform an analysis of available quantitative data. The DataHaven team relied on a variety of secondary data sources including the U.S. Census, U.S. Bureau of Labor Statistics, Centers for Disease Control and Prevention, State of Connecticut Department of Public Health, Connecticut Health Information Management Exchange (CHIME), as well as data from local organizations and agencies.

##### 2018 DataHaven Community Wellbeing Survey

Stamford Health partnered with DataHaven to complete the 2018 DataHaven Community Wellbeing Survey. The DataHaven Community Wellbeing Survey was 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 2018 DataHaven Community Wellbeing Survey was

administered by cell phone and landline between March and November of 2018 by interviewers at the Siena College Research Institute. In total, 16,043 adults statewide completed the survey, of which 725 were adults living in Stamford and 125 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 on 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 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 4.2% while the data from Darien is reported with a margin of error of 9.7%.

The survey collected data from a representative sample of both the Darien and Stamford communities. For more detail about those who responded to the survey, please refer to Exhibit A.

### *Phase II: Qualitative Analysis*

In the spring of 2019, Stamford Health gathered qualitative feedback on the health needs and priorities of the residents of Stamford and Darien. The team utilized three methods to gather data: (1) interviews, (2) focus groups, and (3) an online survey.

Interviews: The team conducted a total of 27 individual and small group interviews. In all, 38 individuals were interviewed. An interview guide was used to focus and structure the conversations. Each interview was approximately 60 minutes in length.

Focus Groups: The team also conducted 2 focus groups in which a total of 12 individuals participated. Each focus group was led by a moderator who utilized a focus group guide. The focus groups were approximately 60 minutes in length.

Online Survey: An online survey was sent to 88 thought leaders and community stakeholders. Individuals were given approximately 4 weeks to respond to the survey. Ultimately, 36 individuals representing 28 organizations completed the entire survey, yielding a 42% response rate.

Through questions in the online survey, Stamford Health received written feedback about the Hospital's 2016 Community Health Needs Assessment and Implementation Plan. All respondents who had knowledge of the CHNA and CHIP were asked to comment on the impact of both on the community. For a brief summary of the written comments received on both the CHNA and CHIP, please refer to Exhibit G.

In total, Stamford Health received qualitative input from approximately 80 individuals. Many individuals providing input represent medically underserved, low-income, and minority populations. Research indicates that individuals in these groups are often underrepresented in population-wide surveys such as those conducted by DataHaven. 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 April 12, 2019 and July 18, 2019. The online survey was open from January 7, 2019 to January 31, 2019.



Through the focus groups and interviews, Stamford Health gathered feedback 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
- Stamford Public Schools
- Darien Senior Center
- Domus
- Building One Community

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.

Through our online survey, input was gathered from a wide range of individuals representing organizations based in Stamford and Darien. Below is a sample list of the organizations and groups from which representatives provided feedback through the online survey:

- Person-to-Person
- Fairfield County's Community Foundation
- The Interfaith Council of Southwestern Connecticut
- Child Guidance Center of Southern Connecticut
- Family Centers
- Liberation Programs
- Americares Free Clinic of Stamford

Please refer to Exhibit D for a list of organizations from which representatives provided feedback through our online survey. It is important to note that not all respondents to the survey provided contact information and, therefore, are not included in Exhibit D.

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

## **LIMITATIONS**

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

1. The Community Wellbeing Survey, a primary source of data for this report, relies on self-reported information from respondents. While such information is valuable, it should be noted that individuals may over or underreport health conditions and behaviors due to recall bias, fear, or other reasons. Despite these limitations, the Community Wellbeing Survey data provides invaluable data 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. Data used in this report was collected over different time periods which can hinder the ability to observe trends across multiple data sources.

## RESEARCH FINDINGS

The research findings 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. Characteristics such as age, gender, race, and ethnicity have an impact on health.

This section provides a brief overview of the research findings for Stamford and Darien 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 2019 Fairfield County Community Wellbeing Index.

#### *Demographics*

As described in more detail in the 2019 Fairfield County Community Wellbeing Index, the population of Fairfield County is racially and ethnically diverse, particularly within urban centers such as Stamford. In the recent decades, much of the population growth in Fairfield County can be attributed to an increase in the foreign-born population. According to data gathered through the American Community Survey, in Stamford, the foreign born population represented 30% of the population in 2000 and has grown to represent 35% of the population in 2017, which constitutes nearly all of the growth in the city's population over that period.

**Table 1: Population and Demographic Composition, 2017**

	Total Population	% Foreign Born	Race of Population				
			% White	% Black	% Latino	% Asian	% Other Race
<b>Fairfield County</b>	947,328	22%	63%	10%	19%	5%	3%
<b>Darien</b>	21,742	11%	88%	1%	3%	6%	2%
<b>Stamford</b>	128,851	35%	49%	14%	27%	8%	2%

*Source: U.S. Census Bureau, 2017 American Community Survey 5-Year Estimates*

As demonstrated in Table 1 above, Darien's population is fairly racially homogenous while the population of Stamford is quite racially diverse. Of note is the high percentage of Latino residents living in Stamford, especially as compared to the County overall.

Since 1990, the number of older individuals living in Fairfield County has grown considerably and growth of the population age 65 and older is expected to continue. Such demographic changes are expected to have a significant impact on healthcare resources in the region as older adults tend to use more health services. Despite this anticipated growth, the population over the age of 65

remains relatively small in Stamford and Darien as compared to all other age groups in the towns. The median age of residents in Darien is 39.4 and in Stamford the median age is 37.0.

**Table 2: Population by Age Group in Darien and Stamford**

	All Ages	Population Breakdown by Age Group					Median Age
		0-19	20-44	45-64	65-84	85+	
<b>Darien</b>	<b>21,742</b>	7,676	5,090	6,370	2,185	421	39.4
<b>Stamford</b>	<b>128,851</b>	28,906	49,221	32,919	14,825	2,980	37.0
<b>Total</b>	<b>150,593</b>	<b>36,582</b>	<b>54,311</b>	<b>39,289</b>	<b>17,010</b>	<b>3,401</b>	
<b>% of Population</b>		24%	36%	26%	11%	2%	

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

### *Social Determinants<sup>3</sup>*

Income and poverty are closely correlated with health status. As demonstrated in Table 3, Stamford and Darien are similar to or are better off than residents of the State on various social determinants of health factors.

Darien has a low poverty rate among all residents and especially among youth. Nearly all students in Darien graduate from high school and most 3-4 year olds are enrolled in preschool. As compared to the State, the unemployment rate in Darien is slightly lower, while the median household income is more than double that of the State.

According to data gathered through the American Community Survey in Table 3, Stamford's poverty rate is slightly below that of the State, but its rate of poverty among youth is significantly lower. Stamford has a similar high school graduation rate and pre-school enrollment rate to the State. Of note is the high rate of severe housing cost burden, defined as the percent of households spending more than 50% of their annual income on housing, in Stamford. Though the median income is higher in Stamford than the State overall, the median value of a home in Stamford is more than double the median value for a home in the State.

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<sup>3</sup> CDC's Healthy People 2020 describes social determinants of health as the "social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age"

**Table 3: Key Social Determinants, 2017 American Community Survey**

Category	Element	Connecticut	Stamford	Darien
<b>Poverty</b>	<b>Poverty Rate</b>	10%	9%	4%
	<b>Youth Poverty Rate</b> (<5 years of age)	15%	8%	.6%
<b>Education</b>	<b>% Graduate from High School</b>	90%	89%	98%
	<b>% Eligible Children Enrolled in Preschool</b>	64%	63%	86%
<b>Housing</b>	<b>Rate of Severe Housing</b>	17%	22%	15%*
	<b>Median Home Value</b>	\$207k	\$516k	\$1.398k
<b>Income</b>	<b>Median Household Income</b>	\$74k	\$85k	\$209k
<b>Employment</b>	<b>Unemployment Rate</b>	7%	7%	6.2%

\*Data combined for the 6 of the wealthiest towns in Fairfield County

*Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates and DataHaven analysis of housing cost burden*

Overall, residents of Stamford and Darien are happy with their communities. Residents generally feel that both communities are good places to raise children and have well maintained parks and recreational facilities. Additionally, residents of both communities feel that the police do a good job to keep residents safe.

**Table 4: Community Characteristics by State and City/Town**

**Are you satisfied with the area where you live?**

% Individuals responding

	Connecticut	Stamford	Darien
<b>Yes</b>	81%	<b>83%</b>	<b>94%</b>
<b>No</b>	18%	16%	6%

**Considering different aspects of life in your city or area, for each of the following, rate that part of life in your area**

% Individuals responding *Excellent or Good*

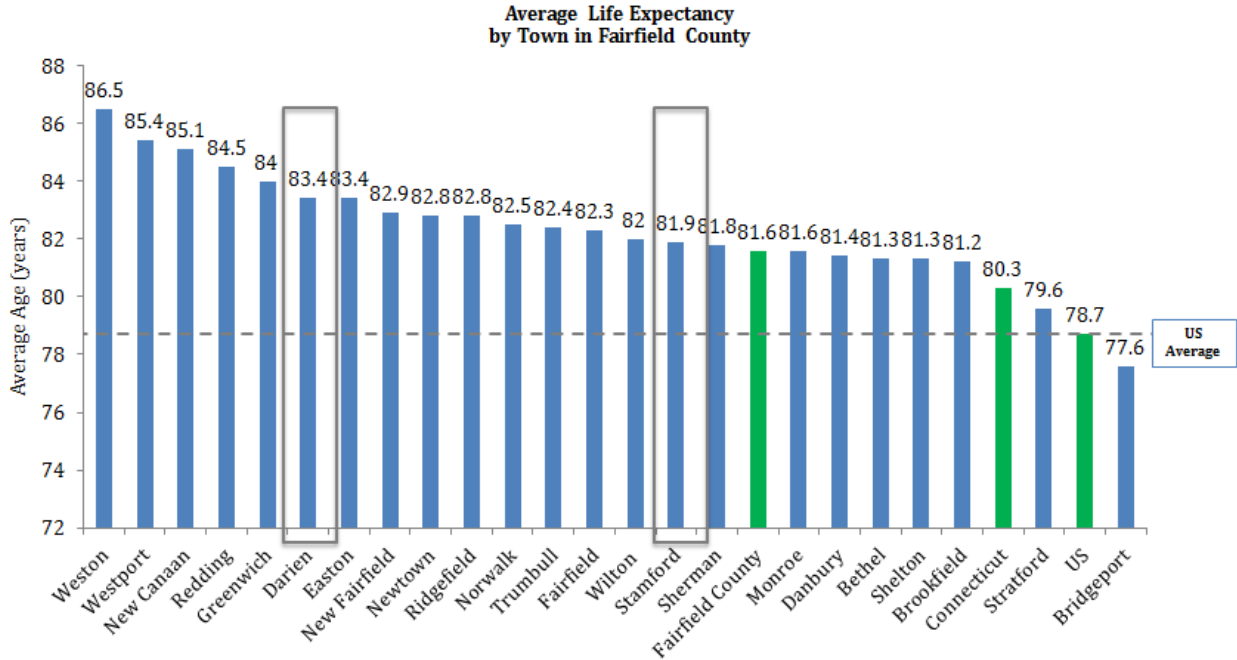
	Connecticut	Stamford	Darien
<b>Responsiveness of local government</b>	45%	40%	65%
<b>Job done by police to keep residents safe</b>	75%	<b>80%</b>	<b>94%</b>
<b>Ability of residents to obtain suitable employment</b>	44%	55%	55%
<b>As a place to raise children</b>	71%	<b>71%</b>	<b>88%</b>
<b>Condition of public parks &amp; recreational facilities</b>	72%	<b>75%</b>	<b>90%</b>

Source: 2018 DataHaven Community Wellbeing Survey

*Life Expectancy*

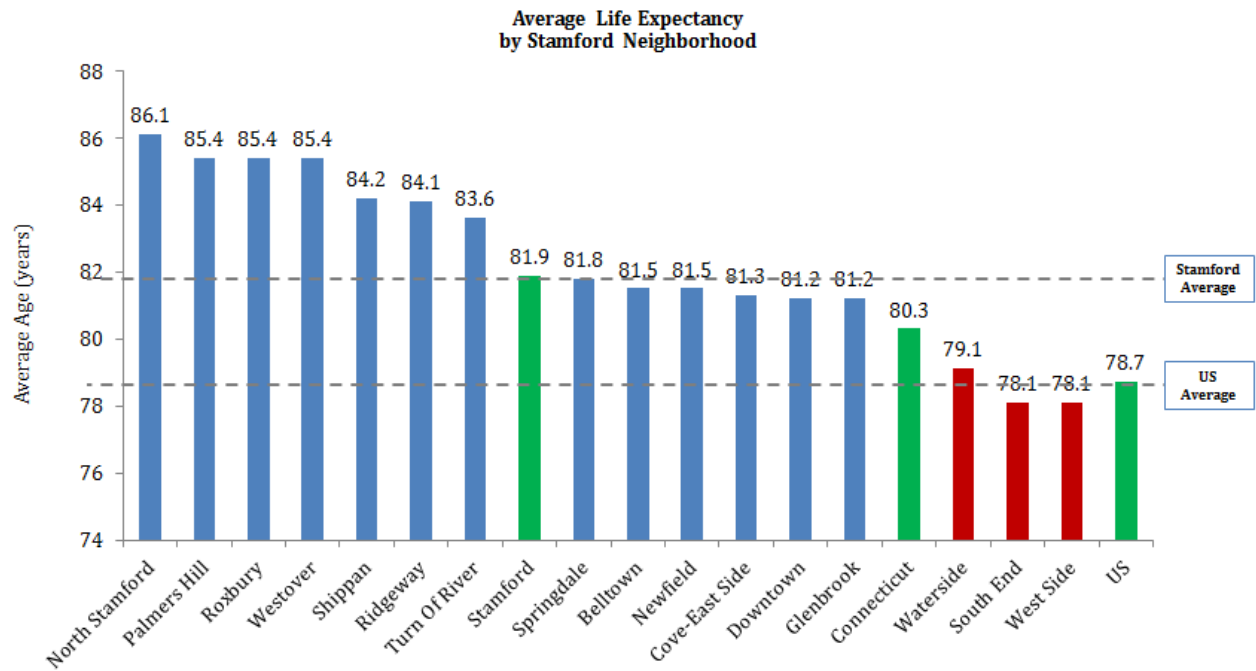
Residents of Fairfield County have an average life expectancy that exceeds that of the State and the Country. Darien residents have an average life expectancy of 83.4 years while Stamford residents have an average life expectancy of 81.9 – both averages are above that of the County which has an average life expectancy of 81.6 years.

**Figure 1: Average Life Expectancy by Town in Fairfield County compared to State and Country**



Source: DataHaven’s analysis of CDC’s National Center for Health Statistics data

**Figure 2: Average Life Expectancy by Neighborhood – Stamford**



Source: DataHaven’s analysis of CDC’s National Center for Health Statistics data

Though the overall life expectancy in Stamford is high, an examination of the data at the neighborhood level reveals significant disparities between neighborhoods in the city. As demonstrated in Figure 2, the life expectancy of residents living in North Stamford is 86.1, while the life expectancy of residents living in other neighborhoods in Stamford is as low as 78.1 – a difference of 8 years.

### Mortality Rates

Similar to Connecticut as a whole, mortality rates declined in both Stamford and Darien for the period of 2010–2014 as compared to 2005–2009. The mortality rate in both Darien and Stamford is much lower than that of the state overall. As the largest provider of health care services in Stamford and Darien, Stamford Health is particularly pleased with these findings.

**Table 5: Age Adjusted Mortality Rates per 100,000 Population by City/Town – All Cause**

All Causes of Death						
	Cause of Death	# Deaths 2005-2009	Age Adjusted Mortality Rate 2005-2009	# Deaths 2010-2014	Age Adjusted Mortality Rate 2010-2014	Statistically significant change between 2005 – 2009 and 2010-2014?
<b>Darien</b>	All	554	633.1	520	480.0	Yes – lower
<b>Stamford</b>	All	4,062	625.0	3,932	520.9	Yes – lower
<b>Connecticut</b>	All	144,186	696.8	147,089	646.3	Yes – lower

Source: DataHaven analysis of CTDPH data; Note: the standard used for age adjustment was the 2000 U.S. census population age distribution

### Age Adjusted Mortality Rates Other-Cause

Table 6 shows the mortality rates for Stamford, Darien and Connecticut from the period 2010–2014 for the top five causes of death, defined as those with the greatest number of associated deaths. The table also shows how the mortality rates changed in Stamford and Darien for the period 2010–2014 and how the rates compared to the benchmark period (2005–2009).

**Table 6: Mortality rates for top 5 causes (greatest # associated deaths) Stamford, Darien and Connecticut from 2010–2014 and comparison to Mortality Rates for 2005–2009 period**

Cause of Death	Stamford		Darien		Connecticut
	Age Adjusted Mortality Rate 2010-2014	Statistically significant Δ between '05 –'09 and '10-'14?	Age Adjusted Mortality Rate 2010-2014	Statistically significant Δ between '05 –'09 and '10-'14?	Age Adjusted Mortality Rate 2010-2014
<b>Cancer</b>	131.3	Yes - lower	139.3	-	151.9
<b>Heart Disease</b>	115.5	Yes - lower	110.5	Yes - lower	149.6
<b>Injury</b>	34.9	-	33.0	-	48.9
<b>Stroke</b>	23.3	Yes - lower	26.0	-	27.2
<b>Accident</b>	24.6	-	22.8	-	35.3

Source: DataHaven analysis of CTDPH data; Note: the (-) is used to indicate that no statistically significant change or difference was observed and (\*) is used to indicate that data are not reported by CTDPH



As shown in Table 6, there has been a statistically significant reduction in the mortality rates for various causes in both Stamford and Darien, similar to data observed at the State-level. Of note, is the statistically significant decline in the age adjusted mortality rates in Stamford associated with deaths from cancer, heart disease, and stroke. In Darien, of note, is the statistically significant decline in the age adjusted mortality rates associated with deaths from heart disease. In both Stamford and Darien, cancer is the leading cause of death, followed by heart disease.

Below is a breakdown of the age adjusted mortality rates by cancer type. As demonstrated in Table 7, the highest age adjusted mortality rates are observed for lung, breast, and prostate cancer in Stamford. In Darien, the highest age adjusted mortality rate is observed for lung cancer.

**Table 7: Age Adjusted Mortality Rates per 100,000 Population for the State, County and City/Town by Cancer Type in Descending Order (sorted by greatest # deaths to lowest)**

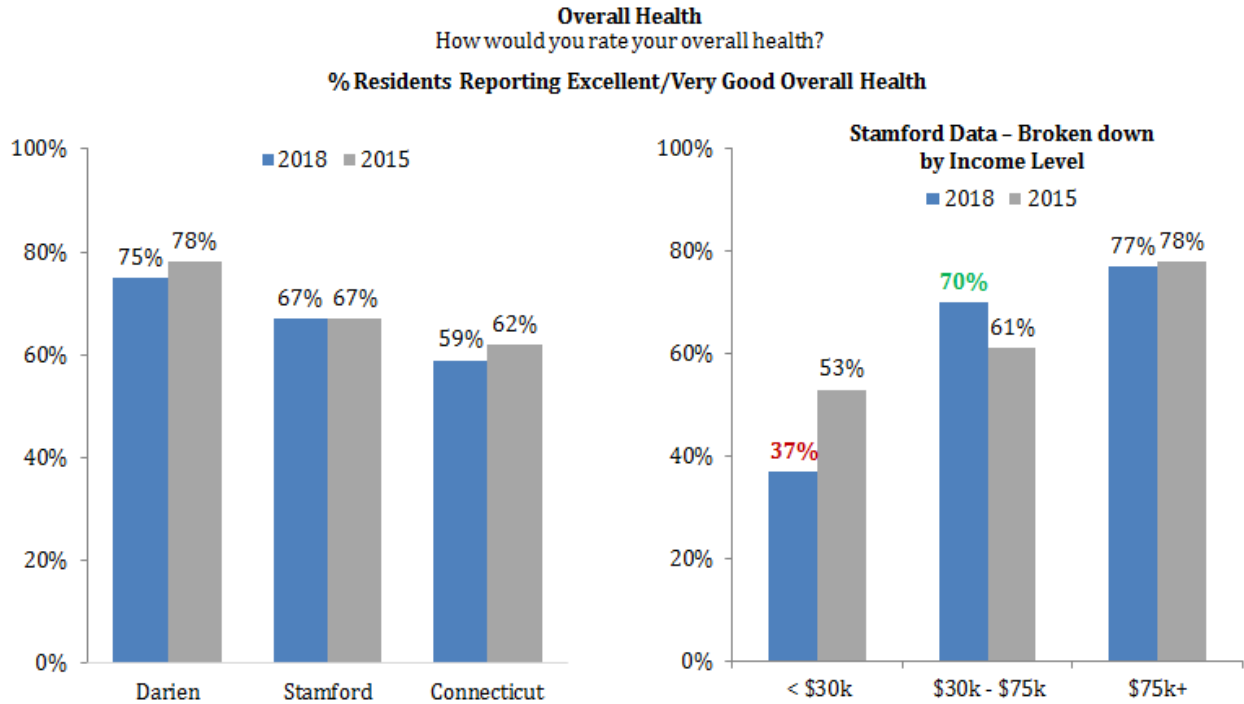
Cause of Death – Cancer Type	Stamford		Cause of Death – Cancer Type	Darien	
	Age Adjusted Mortality Rate 2010-2014	# Deaths 2010-2014		Age Adjusted Mortality Rate 2010-2014	# Deaths 2010-2014
Lung	28.3	199	Lung	30.9	32
Colorectal	9.9	73	Breast	*	14
Breast	17.0	72	Ovarian	*	13
Pancreatic	9.9	71	Prostate	*	11
Prostate	15.5	45	Colorectal	*	10
Bladder	5.1	39	Pancreatic	*	10
Liver	4.9	36	Liver	*	8
Leukemia	4.8	35	Leukemia	*	5
Ovarian	6.5	28	Bladder	*	3
Brain	3.6	25	Brain	*	1
Cervical	*	10	Cervical	*	1

Source: DataHaven analysis of CTDPH data; Note: the (\*) is used to indicate that data are not reported by CTDPH

*Self-Reported Health Status*

Self-reported health status is generally accepted as a good predictor of the future health status of an individual. The 2018 DataHaven Community Wellbeing Survey asked respondents to rate their overall health. As demonstrated in Figure 3, more people in Stamford and Darien report having excellent or very good health as compared to residents in the state of Connecticut overall.

**Figure 3: Self-Reported Health Status of Respondents by State and City/Town and Stamford data by Income Level**



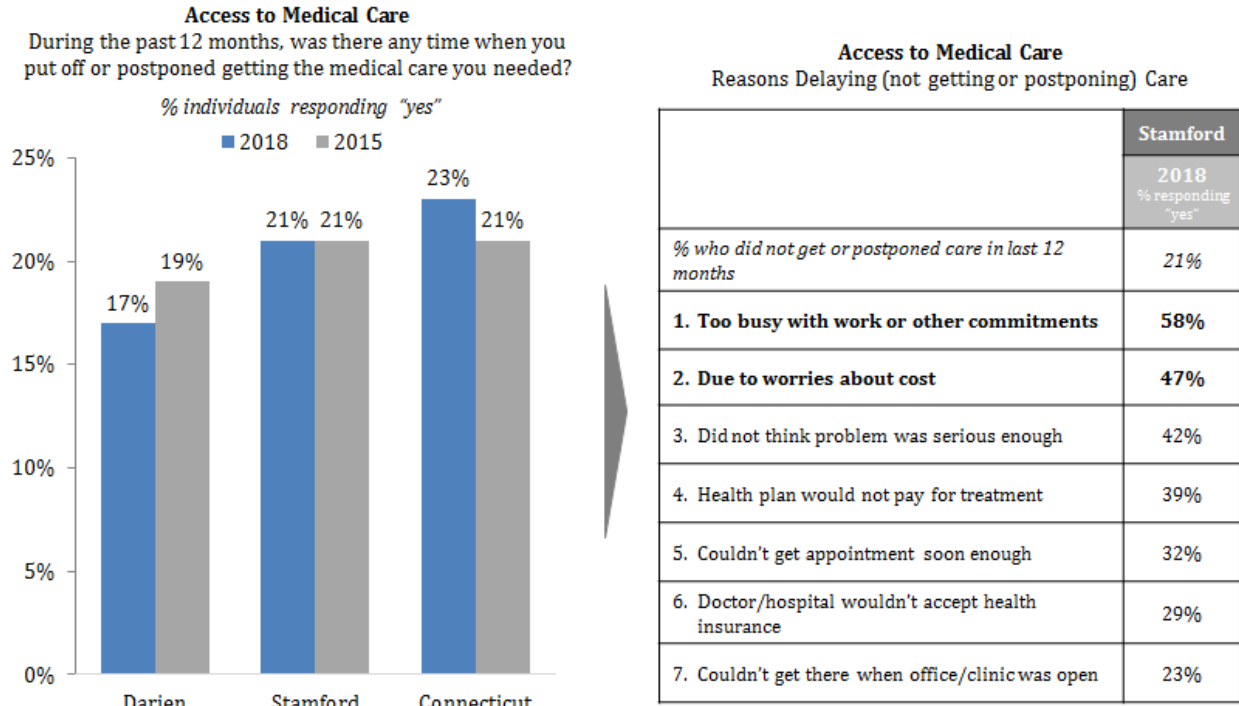
Source: 2015 & 2018 DataHaven Community Wellbeing Survey

That said, when the data specific to Stamford is evaluated at a more granular level, differences emerge. Figure 3 also shows the percent of individuals living in Stamford who report having either *excellent* or *very good* health by income level. Individuals with higher incomes are much more likely to report having good health as compared to those with lower incomes. Of note is the decline between 2015 and 2018 in the percent of individuals with the lowest income who report having excellent or very good overall health; Stamford Health and its partners will place particular emphasis on this population in forthcoming community health improvement plans.

*Access to Care*

A critical component of the health of a community is ensuring that individuals have access to appropriate care when it is needed. Figure 4 shows the percent of respondents who postponed needed care at some point during the last 12 months. In Stamford, 21% of respondents indicated they had postponed getting needed care in the last 12 months, while in Darien only 17% of residents had.

**Figure 4: % of Respondents who Delayed Medical Care by State and City/Town and Reason for Delaying Care - Stamford**

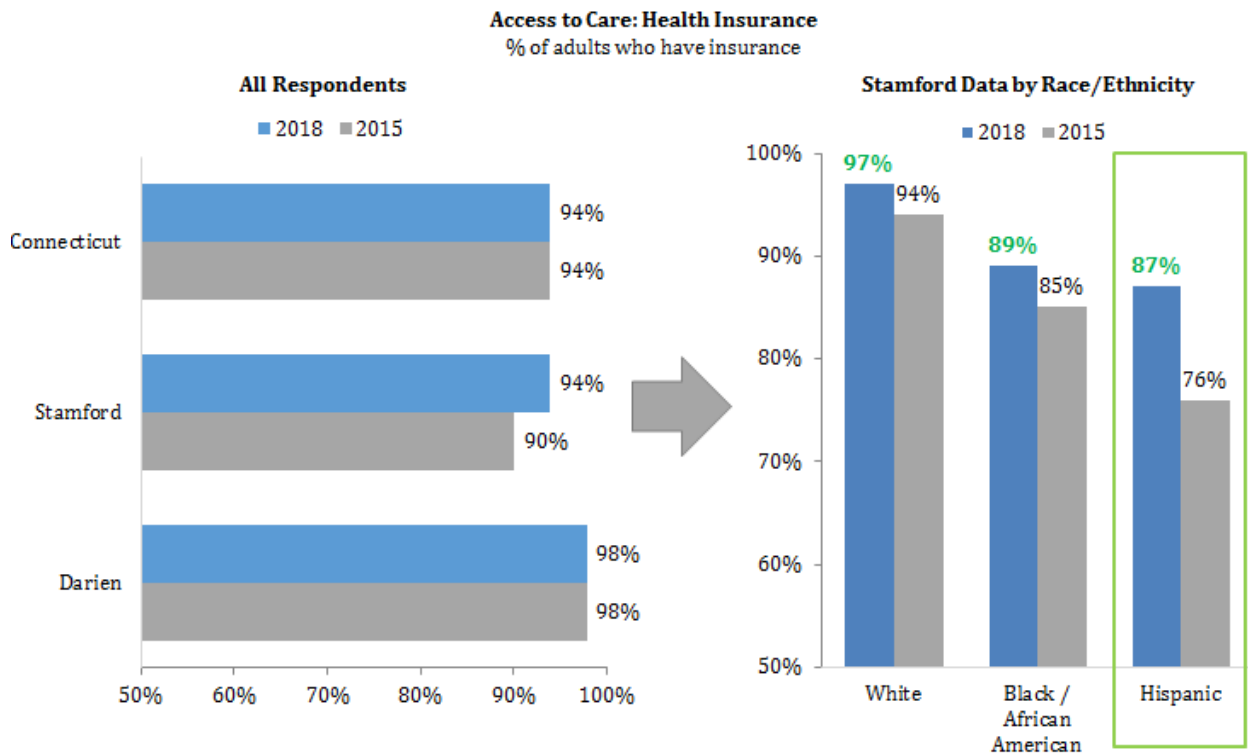


Source: 2015 & 2018 DataHaven Community Wellbeing Survey

The table included in Figure 4 highlights the reasons Stamford residents gave for postponing care. In Stamford, individuals most often postpone care because they are too busy with other commitments or because they are worried about the cost of care.

To understand why the cost of healthcare is of such concern for individuals, it is important to consider whether or not individuals have health insurance. Figure 5 shows, by town, the percent of adults who have health insurance. In Darien the percent of individuals reporting that they have health insurance remained consistent between 2015 and 2018 at 98% while in Stamford the percent increased from 90% to 94%. This period coincides with nationwide expansions of coverage due largely to federal policies enacted through the Affordable Care Act.

**Figure 5: % of Respondents with Health Insurance by State, County and City/Town and % of Stamford Respondents with Health Insurance by Race/Ethnicity**



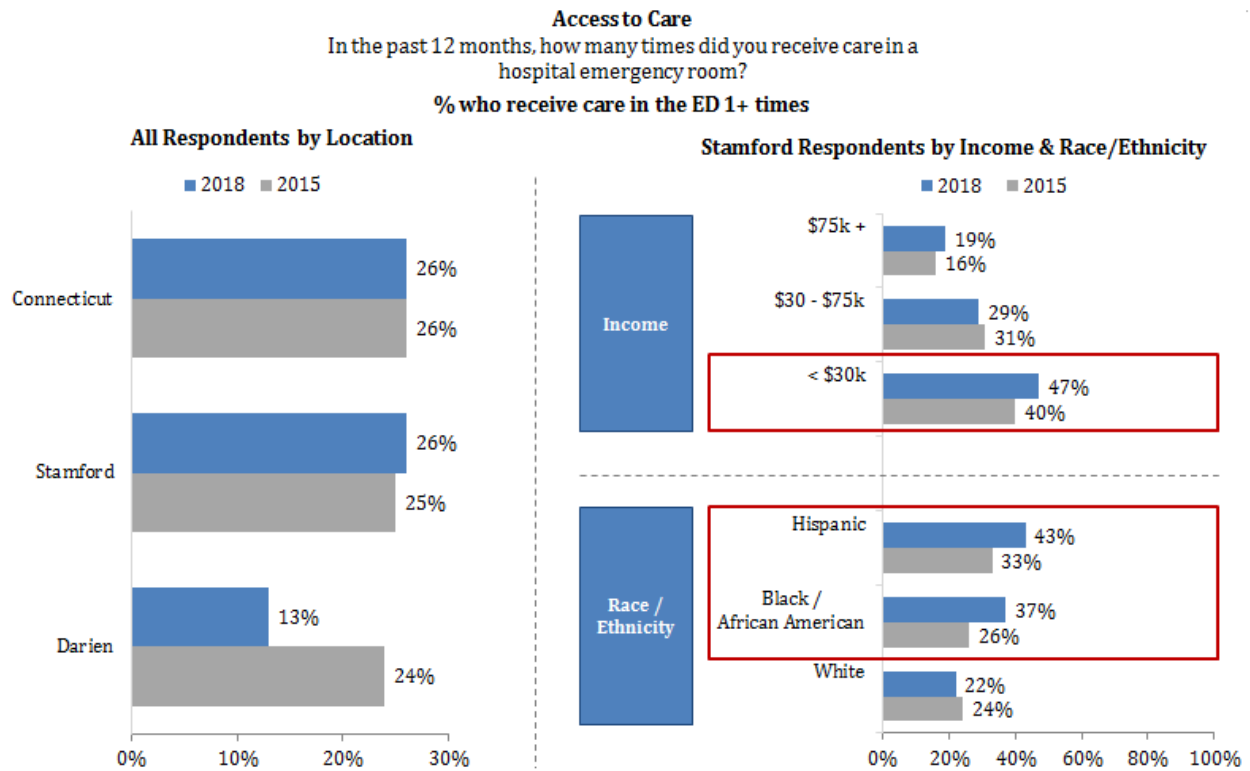
Source: 2018 DataHaven Community Wellbeing Survey

Of particular note is the increase in the percent of Hispanic individuals who report having health insurance. Figure 5 demonstrates this change. While the increase in the percent of individuals with insurance is encouraging, the concerns of individuals related to the cost of care suggest that individuals may be underinsured due to high deductible health plans and other factors. Stamford Health will focus on these issues in forthcoming community health improvement plans, in policy advocacy, and in pricing discussions with payer partners.

### Emergency Department Use

A key measure of access to care is an individual's use emergency room. Those with limited access to care or those without a primary care provider often utilize the emergency room more than those with good access to care and a strong primary care network. As compared to the state, residents of Stamford report seeking care in the emergency department one or more times in the last twelve months with the same frequency as residents in the State. In Darien, fewer individuals report seeking care in the emergency department within the last 12 months as compared to Stamford and the State.

**Figure 6: Reported use of the Emergency Room by State and City/Town**



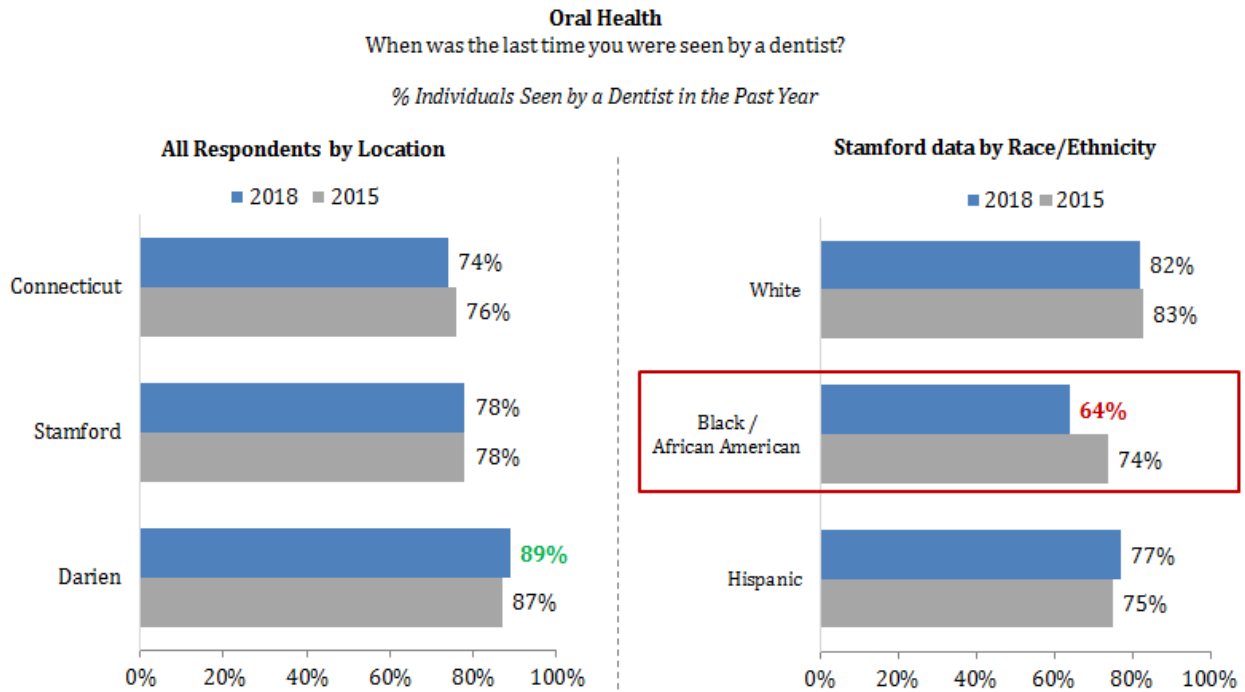
Source: 2015 & 2018 DataHaven Community Wellbeing Survey

When the Stamford data is broken down by income level, race and ethnicity, differences in the use of the emergency department emerge. Individuals with the lowest incomes report receiving care in the emergency room within the last 12 months at a much higher rate (47%) than the rate reported by all individuals living in Stamford (26%). Likewise, Hispanic residents and Black/African American residents of Stamford use the emergency department at a higher rate than residents of Stamford overall and their use of the emergency department has increased since 2015.

## Oral Health

Oral health is closely linked with the overall health of individuals. The 2015 and 2018 DataHaven Community Wellbeing Survey asked individuals when they were last seen by a dentist. Individuals in Stamford and Darien are more likely to have been seen by a dentist within the past year as compared to all residents of the State.

**Figure 7: % of Respondents seen by a Dentist by State and City/Town**



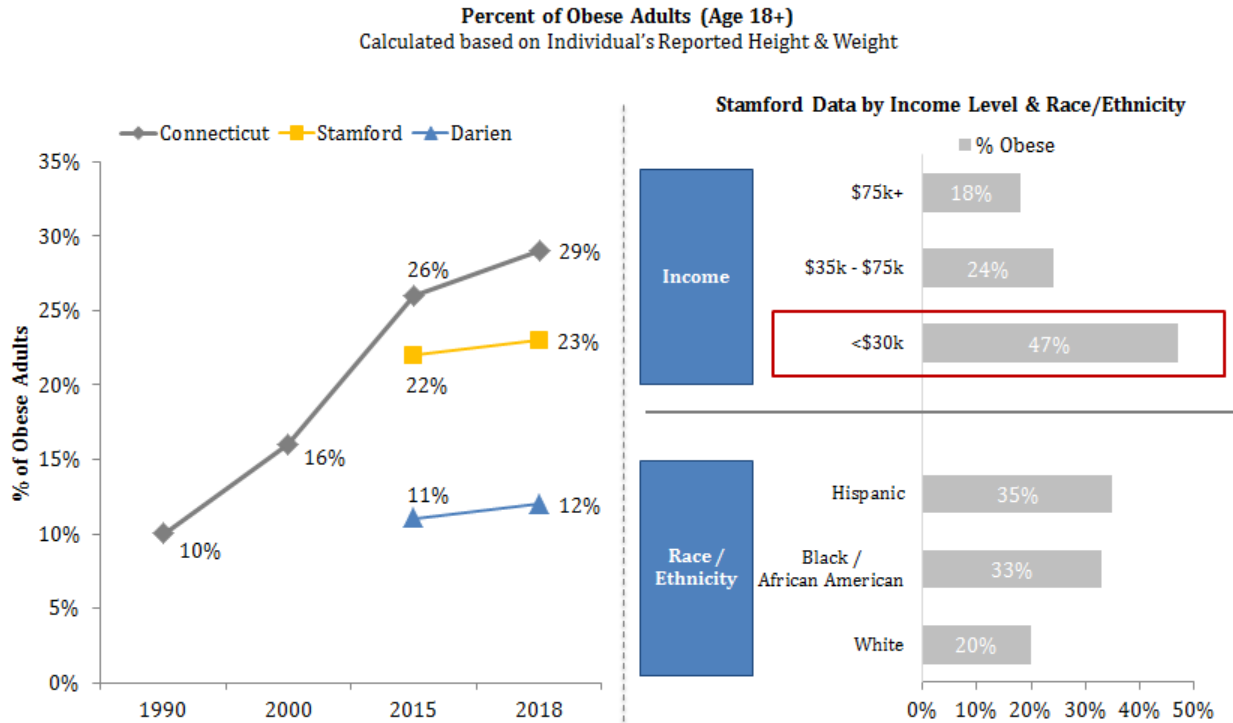
Source: 2015 & 2018 DataHaven Community Wellbeing Survey

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

*Nutrition & Obesity*

As demonstrated by the data in Figure 8, obesity is a growing concern in the state of Connecticut. The percent of Stamford residents who are obese (23%) is less than the percent of residents in the State who are obese (29%), but is still concerning.

**Figure 8: Obesity Rate by State and City/Town and Stamford data by Income-Level and Race/Ethnicity**



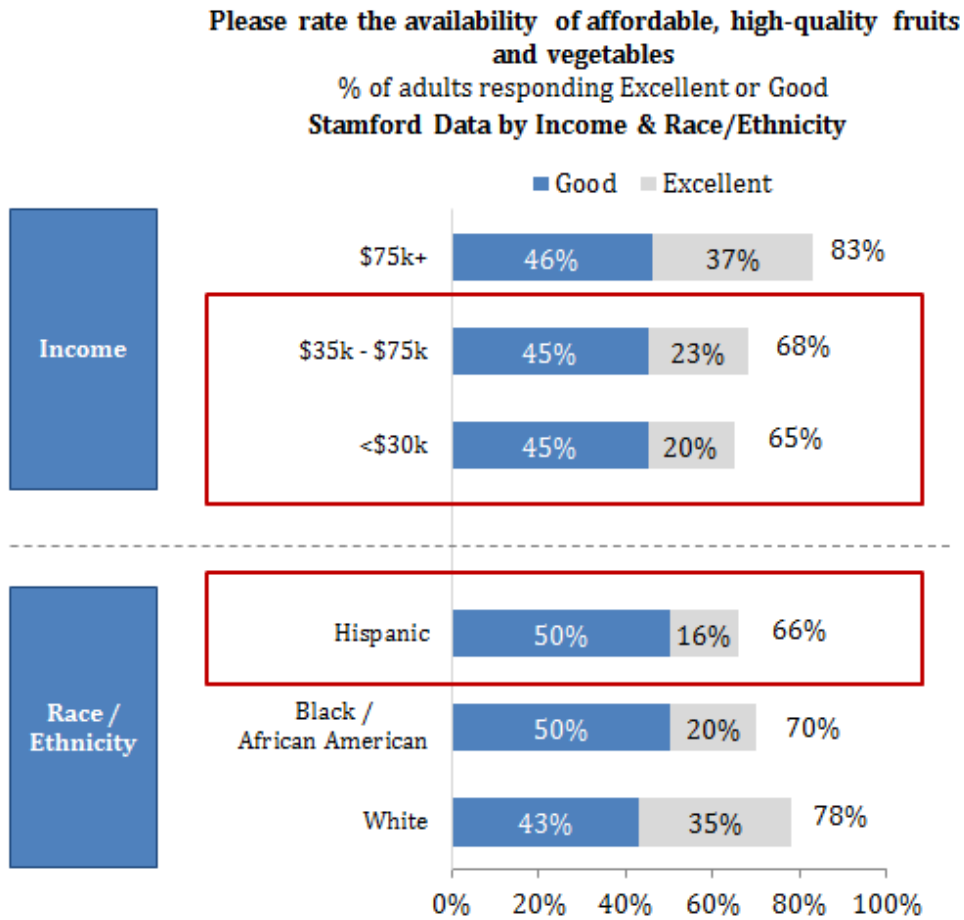
Source: 2015 & 2018 DataHaven Community Wellbeing Survey; 2007 CT Health Data Scan

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

Obesity rates in Stamford are highest (47%) among individuals with annual incomes of less than \$30k and lowest (18%) among individuals with annual incomes of more than \$75k per year. Even compared to the rates for the highest income group in Stamford, Darien had a low obesity rate (12%).

Given the variation in the obesity rate among residents in Stamford, it is important to understand their access to healthy foods such as fresh fruits and vegetables. As expected, groups with higher rates of obesity in Stamford are less likely to report having good or excellent access to high quality fruits and vegetables. As demonstrated in Figure 9, only 65% of individuals with the lowest annual incomes report having excellent or good access to affordable fruits and vegetables while 83% of individuals with the highest incomes report having good or excellent access to such foods.

**Figure 9: Nutrition – Availability of Affordable, high-quality fruits and vegetables in Stamford by Income and Race/Ethnicity**



Source: 2018 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.



### Chronic Diseases

Hypertension is among the most prevalent chronic conditions reported among residents of both Darien and Stamford. In Stamford approximately 28% of individuals reported being told by a healthcare provider that they had hypertension, while 14% of Darien residents have. When broken down by income and race, those making less than \$30k per year are nearly twice as likely as those making over \$75k per year to report having been told that they have hypertension. Those making less than \$30k per year are also most likely to report having been told that they have diabetes and/or asthma.

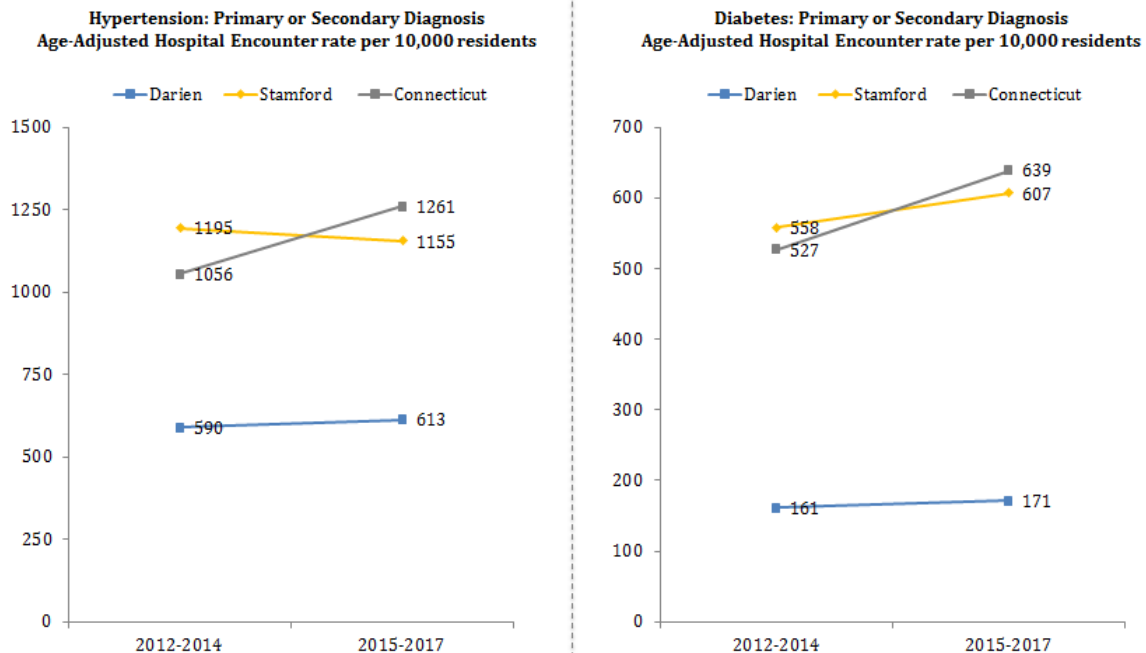
**Table 8: % of respondents who have been told by a doctor or health professional that they have one of the following conditions**

	Darien	Stamford	Stamford					
			Income Level			Race / Ethnicity		
			<\$30k	\$30k-\$75k	>\$75k	White	Black/African American	Hispanic
<b>Hypertension</b>	14%	<b>28%</b>	<b>42%</b>	<b>30%</b>	24%	<b>30%</b>	<b>34%</b>	19%
<b>Diabetes</b>	3%	9%	<b>19%</b>	8%	6%	8%	9%	7%
<b>Heart disease/ Heart attack</b>	5%	5%	5%	7%	4%	6%	3%	4%
<b>Asthma</b>	6%	<b>12%</b>	<b>19%</b>	12%	11%	10%	12%	<b>15%</b>

Source: 2018 DataHaven Community Wellbeing Survey

Findings from the 2018 Community Wellbeing Survey are substantiated by hospital encounter data which suggests a large number of hospital encounters attributed to Stamford residents had either a primary or secondary diagnosis of hypertension and/or diabetes.

**Figure 10: Hypertension & Diabetes - age adjusted hospital encounter rate per 10,000 residents among those with a primary or secondary diagnosis of hypertension or diabetes**

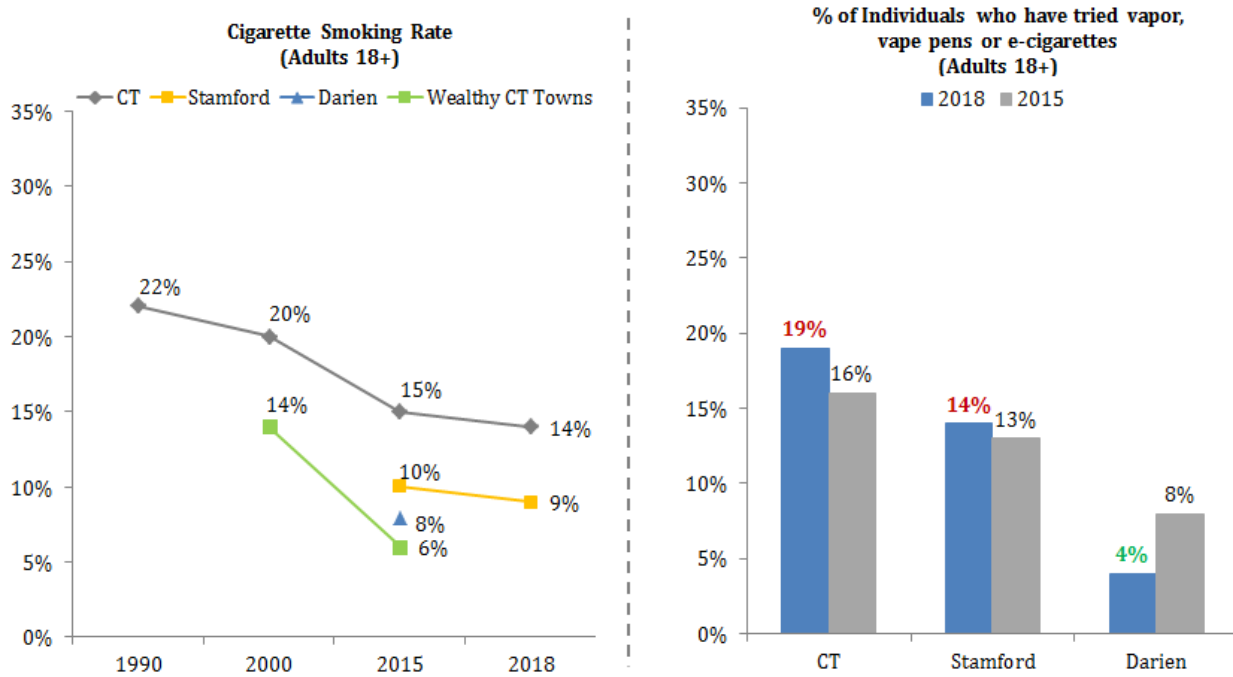


Source: DataHaven analysis of CHA's CHIME Data

### Smoking Prevalence

Across the state of Connecticut, the prevalence of cigarette smoking has declined over the past 25 years. 14% of individuals in Connecticut report having smoked cigarettes in 2018 as compared to 22% in 1990. In Stamford, 9% of individuals report smoking cigarettes in 2018 down from 10% in 2015. While the decline in the prevalence of cigarette smoking is encouraging, trends suggest that there has been a corresponding uptick in the use of e-cigarettes and vapor, particularly among young adults. In Darien, 4% of individuals report having tried an e-cigarette, vapor or vape pens (at least once), while 14% of individuals in Stamford report having tried one.

**Figure 11: Smoking Prevalence by State and City/Town & use of Vapor, Vape Pens or e-Cigarettes by State and City/Town**



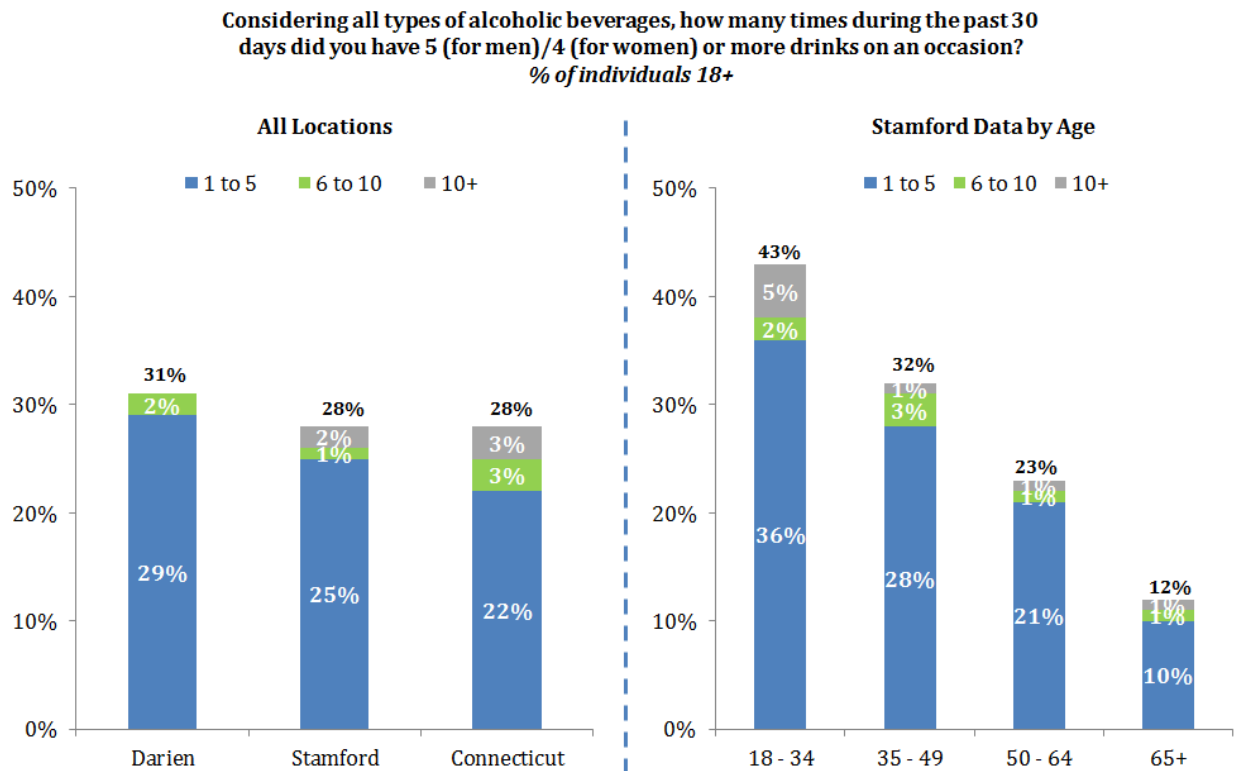
Source: 2015 & 2018 DataHaven Community Wellbeing Survey

Note: Wealthy CT Towns are Darien, Ridgefield, New Canaan, Westport, Weston and Wilton

*Substance Use*

In an effort to understand the use of alcohol in Connecticut, the 2018 DataHaven Community Wellbeing Survey asked individuals how many times they engaged in binge drinking (defined at 5+ drinks for men and 4+ drinks for women) within a 30 day period. Across Stamford, Darien and the State, approximately 30% of individuals responded that they engaged in binge drinking within the last 30 days. When Stamford specific data is broken down by age, the data demonstrate that younger residents are most likely to binge drink.

**Figure 12: Frequency with which adults report binge drinking within a 30-day period by State and City/Town and Stamford Data by Age**



Source: 2018 DataHaven Community Wellbeing Survey

Data suggest the use of substances other than alcohol is less prevalent. Only 4% of individuals in Darien report using marijuana in the past 30 days while 9% of Stamford residents report using the substance.

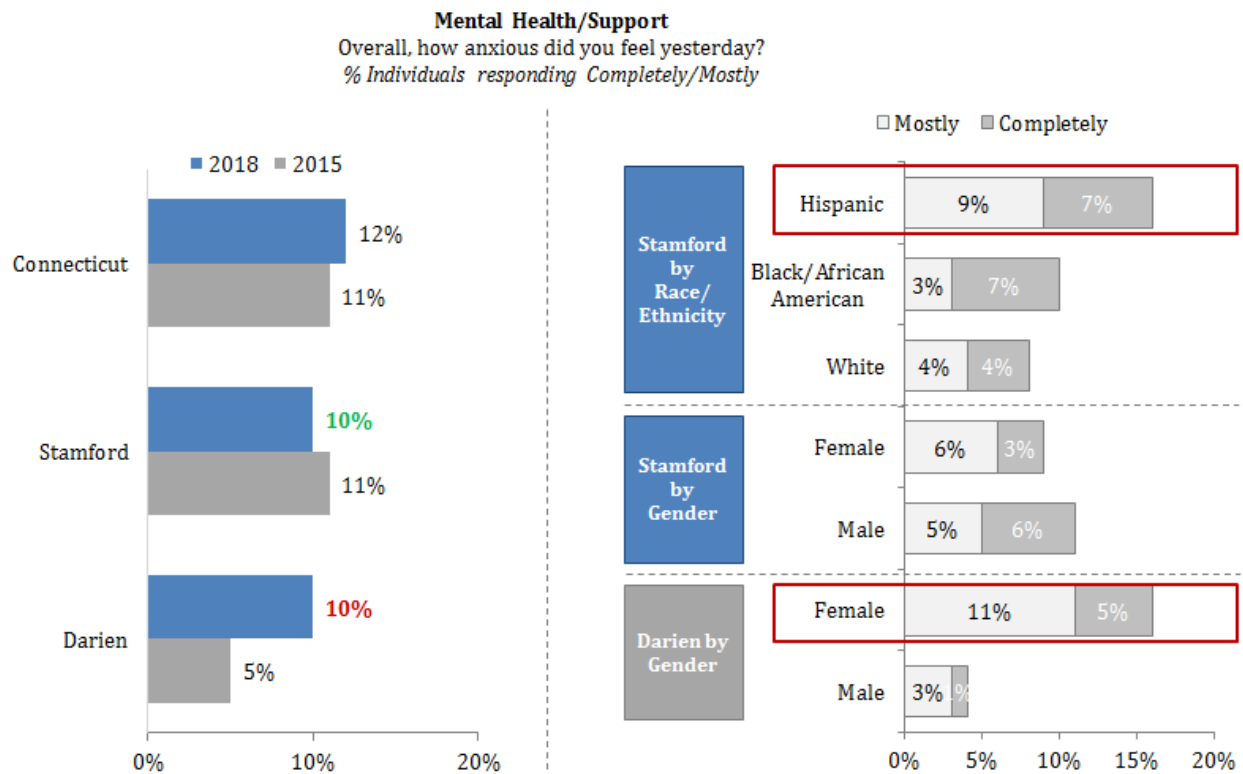
Additionally, through the Community Wellbeing Survey, individuals were asked if they knew anyone who had struggled with the misuse of or addiction to heroin or other opiates such as prescription painkillers at any point during the last 3 years. In Stamford, 21% of individuals responded that they knew 1 or more individuals who had struggled with such misuse or addiction and in Darien, 17% of individuals responded that they did.

*Mental Health*

A final category covered in this assessment is mental health. The 2018 DataHaven Community Wellbeing Survey assessed the mental health of individuals through a series of questions pertaining to feelings of happiness, anxiety and depression.

When asked how anxious individuals felt yesterday, 10% of residents in Stamford and Darien responded they felt *completely or mostly* anxious. While in Stamford, this was consistent with the results of the 2015 survey, in Darien the percent doubled.

**Figure 13: % of Respondents who felt anxious yesterday by State and City/Town and Stamford data by race/ethnicity and gender and Darien data by gender**

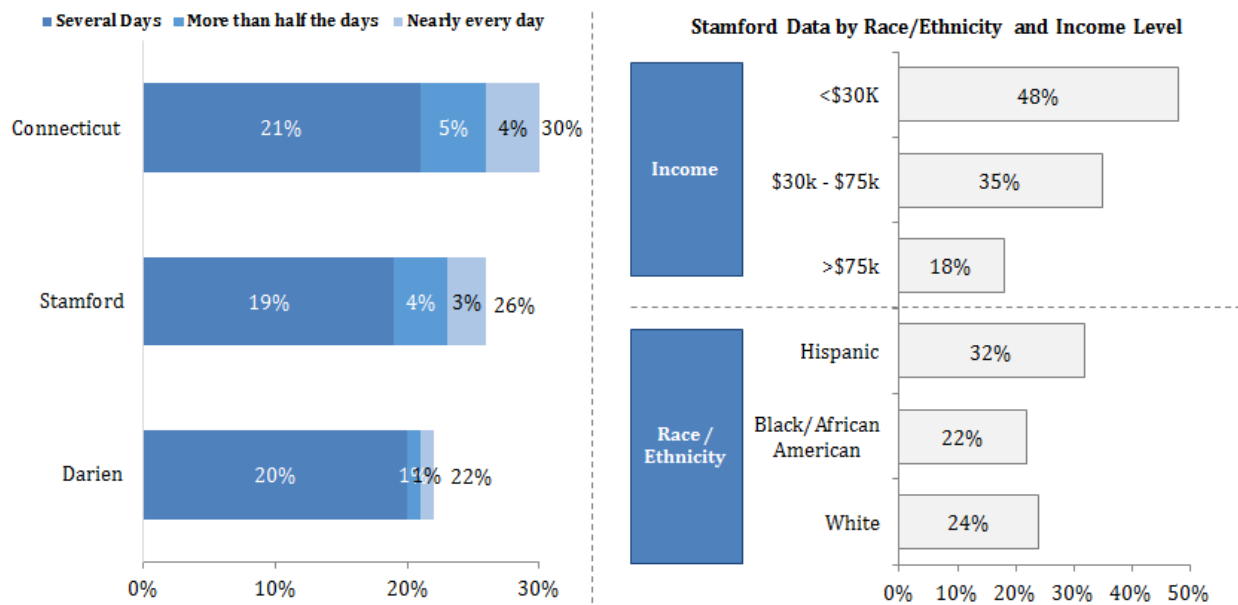


Source: 2015 & 2018 DataHaven Community Wellbeing Survey

A closer examination of the data suggests that pockets of the population may struggle with anxiety more than others. In Stamford, Hispanic residents are most likely to report feeling anxious, but there is little difference in the rate with which males and females report feeling anxious. In Darien, however, females are much more likely to report feeling anxious as compared to males.

Residents of Stamford and Darien were also asked about feeling depressed. In Stamford, 26% of respondents answered that they felt down, depressed or hopeless over the prior two weeks while in Darien 22% of respondents did. Both figures suggest nearly a quarter of residents in Stamford and Darien are grappling with feeling depressed.

**Figure 14: % of individuals who report feeling down, depressed or hopeless *several days, more than half of the days or nearly every day* in the past two weeks by State and City/Town**

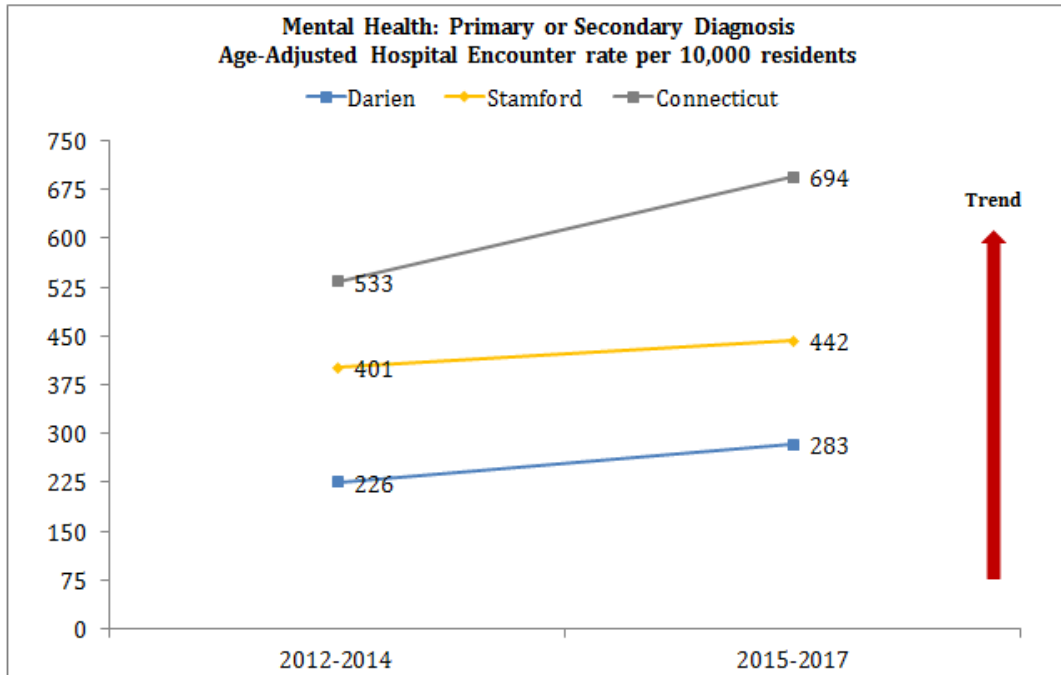


Source: 2018 DataHaven Community Wellbeing Survey

In Stamford, a closer look at the data suggests that those with the lowest incomes are most likely to report feeling down, depressed or hopeless, while Hispanic residents are somewhat more likely to report such feelings as compared to other residents.

Within Stamford and Darien, the number encounters attributed to individuals presenting to the hospital with a primary or secondary mental health diagnosis has increased over the past several years.

**Figure 15: Mental Health - age adjusted hospital encounter rate per 10,000 residents among those with a primary or secondary diagnosis of mental health conditions<sup>4</sup>**



Source: DataHaven analysis of CHA's CHIME Data, Age-Adjusted Hospital Encounter Rate per 10,000 Residents

<sup>4</sup> CHA's definition of mental health is expansive and includes conditions such as depressive disorders, bipolar disorders, personality disorders, anxiety, among others

## QUALITATIVE

This section provides an overview of the research findings from the interviews, focus groups and online survey. A primary goal of the project was to capture the perceptions of a diverse group of service providers and community members regarding the health needs of the Stamford and Darien residents. Research indicates that underserved individuals are frequently underrepresented in population-wide surveys such as those conducted by DataHaven, and that is reflected in the demographic profile of the respondents to the DataHaven survey in comparison to the population overall. As a result, there was a focus on gathering insights pertaining to the health and social needs of traditionally underserved populations so as to provide the most accurate reflection of community need. Many of the interviewees serve clients in a wide range of income levels and many serve low-income individuals and families. Additionally, individuals who participated in focus groups included low-income individuals, members of the medically underserved, as well as those representing minority populations. Please refer to Exhibit E for a description of some of the organizations and individuals from whom we received input.

### *Key Health Issues*

Based on the analysis of qualitative data, a number of themes emerged as potential areas of focus:

1. Mental Health
2. Substance Use Disorders
3. Access to Services
4. Nutrition & Obesity
5. Transportation & Housing
6. Oral Health
7. Violence

Below is a synopsis of the qualitative findings pertaining to each area of focus.

### *Mental Health*

In nearly every interview, mental health was identified as the most concerning health priority in both Darien and Stamford. A health expert noted that data most likely underestimates the number of individuals afflicted with mental health concerns in our community, as mental health conditions are not reportable to the Centers for Disease Control and Prevention. Interviewees suggested that mental health conditions touch individuals of all ages, races, ethnicities and income levels. In Darien, stress and anxiety were noted as the top issues – some speculate that mental health concerns are exacerbated by a pervasive desire to succeed and a drive toward perfectionism among residents in the community. In Stamford, however, the issues raised pertaining to mental health were more varied. Loneliness among the elderly and stress among residents of all ages were identified. Another concern discussed in many interviews was the mental health impact of individuals who have experienced trauma; this again was a concern raised among residents of all ages in Stamford. Additional issues identified related to mental health included:

1. *Gaps in Mental Health Services.* Services for those with mental health issues exist, yet respondents report significant gaps in the current system. Respondents reported long waiting lists to access mental health services, especially for those with limited or no health insurance. The perception is that those with acute mental health conditions often remain untreated due to the lack of nearby services such as those required to address the needs of

specific populations including geriatric patients, pediatric and adolescent patients, maternity and post-partum patients, oncology patients, non-English speakers and those who have experienced significant trauma. Additionally, there are limited treatment options for inpatient care and outpatient care. Finally, the cost of treatment can be prohibitive, even for those with means.

2. *Inadequate screening & education.* In both communities, individuals believe there is a need for more preventative services and several individuals suggested making resources available to aid in the early identification of mental health concerns. As an indication of perceived need, the public school systems in both Darien and Stamford are either developing or considering the development of a social and emotional curriculum to address some of the mental health concerns observed in schools. These curriculums would focus on providing students with tools for how to identify and address -such concerns in themselves and their peers. In Darien, officials approved hiring additional school-based psychologists available to students to address the need for such services. Individuals surveyed also suggested that physicians in the community should more consistently incorporate mental health screening tools into routine visits.
3. *Reluctance to seek help.* In both communities, providers noted the reluctance of individuals to seek needed services. Stigma is perceived to be a barrier to accessing services in both communities; contributing to the underestimation of the prevalence of these concerns.

### *Substance Use Disorders*

Respondents report that substance use disorder is prevalent in both Stamford and Darien. While there is concern about opioids, marijuana, heroin and synthetics such as fentanyl, alcohol continues to represent the largest share of substance use disorders. As noted previously, substance use disorder impacts individuals of all income levels.

1. *Gaps in Addiction and Detox Services.* Similar to mental health, individuals noted a lack of services available for those suffering from substance use disorders. Treatment options for those with substance use disorders are limited and are often cost prohibitive or do not meet the needs of those requiring help (due to scheduling, type of therapy available, language barriers, etc.).
2. *Poor transitions of care.* It was suggested that hospitals and other health providers could do a better job of connecting patients with resources during their medical treatment and after discharge. Service providers, especially first responders, expressed concern about the cycle observed among patients with substance use disorders. Such patients are brought to hospitals and are subsequently discharged; a subset of these patients is frequently brought back to the hospital by first responders.
3. *Resources for families.* Interviewees noted that families who identify substance use disorders in their loved ones often feel helpless and do not know where to turn for guidance. As an indication of perceived need, Darien is investigating how it might make family recovery coaches available to its residents.
4. *Substance use among youth.* Respondents from the Stamford and Darien public schools voiced concern about the growing number of adolescents experimenting with vaping, some starting as early as middle school. Both school administrators and nurses alike report a need for health education to counter misleading marketing by the e-cigarette/tobacco industry. However, consumption of alcohol is the most common substance used by youth in Darien, according to a recent survey of middle and high school students<sup>5</sup>.

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<sup>5</sup> Darien Youth Survey Addendum Report, 2018



### *Access to Services*

Nearly every interviewee and focus group participant raised access to health and social services as an issue, but how it was described and the particular issues described differed in each conversation. Below are the key issues highlighted during conversations and identified through the online survey.

1. *Cost of services and medications.* Though data suggests more individuals have insurance, the cost of medical care and medications remains too high for many residents due to the structure of their insurance plans (e.g., high deductible) and due to coverage gaps. Respondents spoke about how those with Medicare have difficulty navigating the health system and understanding what their plans do and do not cover.
2. *Lack of knowledge of the healthcare system and appropriate sites of care.* Respondents suggested that for a subset of residents, the emergency department remains the primary location through which they access healthcare. Providing information to these individuals could help them access health services through more appropriate, less costly channels.
3. *Lack of knowledge of available services.* As noted by many, Stamford and Darien are resource-rich communities. There are many programs and organizations to help individuals access food, transportation, primary care, child care, and other benefits. Interviewees and those participating in focus groups suggested there is an opportunity to better educate and connect individuals with services available.

### *Nutrition & Obesity*

1. *Lack of knowledge of healthy eating.* Many expressed the need for more targeted education for low-income families about nutrition, exercise and healthy weight. Educators expressed concerns about how their students' diets affect their weight and behavior.
2. *Insufficient access to healthy foods.* In focus groups, residents expressed frustration with the cost of healthy, nutritious foods such as fruits and vegetables. Residents said that they often buy unhealthy (processed, fast food) options for their children and families because they are inexpensive and more cost-effective.
3. *Underutilization of food resources available.* Social service providers reported food insecurity as a top health priority, especially among low-income working families. Focus group participants were largely unaware of community resources that make reasonably-priced healthy and fresh food available (e.g., food pantries, Fairgate Farm, etc.). Respondents were also frequently unaware of food subsidies for school-age children, including free and reduced-price lunches throughout the year.
4. *Contributing factor to chronic diseases.* Poor nutrition was acknowledged as a contributing factor in the development of many health conditions.

### *Housing & Transportation:*

1. *Housing.* Respondents rated the lack of affordable housing as a pressing concern, especially in Stamford. The high cost of housing contributes to stress particularly among low-income residents. With the high cost of living in Stamford (as well as in Darien), many adults must have more than one job to pay the rent and put food on the table. Interviewees noted significant demand for public housing in Stamford.
2. *Transportation.* Most residents of Darien and Stamford rely on cars for transportation. For those without a car, public transportation options are available, but limited. As a result of limited public transportation, respondents noted that some residents of Stamford (primarily) have difficulty accessing health and other social services in the city.

### *Oral Health*

Participants noted the need for more affordable dental services, especially for low-income families and seniors. Respondents expressed concern about the potentially serious health issues resulting from untreated dental problems.

### *Violence*

1. *Domestic Violence.* Domestic Violence was raised as a concern in both Stamford and Darien by several individuals. Among those interviewed, there is a perception that domestic violence is underreported due to fear of retribution among victims. A high “dual arrest rate” –when both victim and aggressor are arrested after a call is made to authorities– in the State is also considered a contributing factor to the potential underreporting of such violence.
2. *Other Violence & Public Safety.* The numbers of violent crimes have continued to decline in Stamford over the past several years. Crime and violence was mentioned in a handful of interviews pertaining to Stamford, but in general respondents consider Stamford to be a safe community. Respondents in Stamford praised efforts by the Stamford Police Department and community providers to provide evening and weekend programming for teens and young adults on the West Side; summer internship programs sponsored by the Mayor of Stamford and local businesses; summer camp scholarships for low income youth; and Stamford Public School summer continuing education options. Public safety was not raised as a concern in Darien.

## PRIORITIZATION OF HEALTH NEEDS

### Process

Stamford Health, in conjunction with community leaders and health experts, utilized a process combining both qualitative and quantitative research to develop a set of health priorities.

Below were the steps taken to identify a list of health priorities for Stamford and Darien:

1. Reviewed quantitative data and conducted interviews to validate initial list of findings and assess community readiness to address issues identified (below)
  - Mental Health
  - Substance Use Disorders
  - Access to Services
  - Nutrition & Obesity
  - Transportation & Housing
  - Oral Health
  - Violence
  
2. Evaluated identified issues and scored each using the following prioritization criteria<sup>6</sup>

Prioritization Criteria*	Leading Health Indicators						
	Mental Health	Substance Use Disorder	Violence	Nutrition & Obesity	Access to Services	Transportation & Housing	Oral Health
The importance of problem to community members	✓	✓	✓	✓	✓	✓	✓
Community's capacity and willingness to act on the issue	✓	✓		✓	✓		
Magnitude of the problem	✓	✓					
Trending concerns in the community	✓	✓		✓	✓		
Whether the issue is a root cause of other problems	✓	✓		✓	✓	✓	✓
Alignment with an organization's existing priorities	✓	✓			✓		
Score	6	6	1	4	5	2	2

3. Based on the prioritization exercise, consolidated findings from the quantitative and qualitative research and identified the following as top issues:

***Mental Health:** The number of individuals presenting to the hospital with a primary or secondary mental health diagnosis is on the rise. Health experts caution the magnitude and prevalence of mental health concerns may be underestimated as mental health conditions are not reportable conditions. In Darien, survey data suggests anxiety among residents is on the rise. In both Stamford and Darien, approximately 20–25% of Community Wellbeing Survey respondents reported feeling down, depressed or hopeless in the 14 days prior to responding to the survey.*

<sup>6</sup> Adapted from a list developed by ACHI

***Substance Use Disorder:** Survey data suggest approximately 30% of adults in Stamford and Darien report binge drinking on one or more occasion in the 30 days prior to responding to the Community Wellbeing Survey. In Stamford, those between the ages of 18 and 34 are most likely to report binge drinking. Data from a youth survey<sup>7</sup> in Darien suggests use of alcohol is prevalent among middle and high school students and the number of kids using e-cigarettes and similar devices is increasing. Qualitative feedback suggests similar trends among youth in Stamford.*

***Access to Services:** Data shows that more individuals have health insurance, but qualitative research suggests that an increasing number of individuals may be under-insured, which was demonstrated through data implying that the cost of care was a primary cause for why individuals delayed needed care. A lack of knowledge of the health and social services available in the community is leading to an underutilization of programming and, in some cases, a misuse of health resources.*

***Nutrition & Obesity:** More than 50% of students in the Stamford Public Schools are eligible for free or reduced lunch, but many of those eligible for the program do not utilize it. Obesity rates are at a concerning level -47%- among the low income. Data suggests that low-income residents are most likely to report not having access to affordable healthy foods.*

4. A group of health experts and community leaders validated and finalized the list of priorities and developed a working definition of each to guide the development of a forthcoming community health implementation plan. This group consolidated the above priorities into three key priority areas:
  - Behavioral Health
  - Access to Health & Social Services
  - Nutrition

The priorities identified as part of the 2019 Community Health Needs Assessment are very similar to those identified through the 2016 Assessment.

**Table 8: Health Priorities Identified through the 2016 & 2019 Community Health Needs Assessments**

2016	2019
▪ Behavioral Health	▪ Behavioral Health
▪ Chronic Disease Prevention & Management	▪ Access to Health & Social Services
▪ Access to Care	▪ Nutrition

While much work has been done to address the 2016 priorities (Exhibit F), these issues remain significant health concerns in our communities and across the county.

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<sup>7</sup> Darien Youth Survey Addendum Report, 2018

## **STRATEGIES & IMPLEMENTATION PLAN**

This report was adopted by the Hospital's leadership team and Board of Directors on July 24, 2019.

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 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 H 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 2016 CHIP as set forth in Exhibit F.

The task force will work throughout the fall to develop the CHIP. The final plan will be submitted and made publicly available by February 2020.

## **SUPPORTING MATERIALS**

**Exhibit A**

**Community Wellbeing Survey Respondents and American Community Survey (US Census)  
Demographic Breakdown**

		Darien		Stamford	
	Population Characteristics	CWS <sup>1</sup>	Census Data	CWS <sup>1</sup>	Census Data
	# Respondents/ Population	125	21,742	725	128,851
Gender	Male	60 / 48%	48%	355 / 49%	49%
	Female	65 / 52%	52%	370 / 51%	51%
Age	18 – 34	12%	15%	31%	31% <sup>2</sup>
	35 – 49	28%	35%	22%	27% <sup>2</sup>
	50 – 64	35%	31%	21%	24% <sup>2</sup>
	65+	17%	19%	20%	18% <sup>2</sup>
Ethnicity / Race	White	88%	88%	62%	49%
	Black/African American	-	1%	14%	14%
	Hispanic	-	3%	12%	27%
	Other	10% (non-white)	8%	10%	10%
Education	High School or less	-	-	17%	-
	Some college or Associate's	-	-	21%	-
	Bachelor's or higher	-	-	61%	-
Income	<\$30k	-	-	13%	20% <sup>3</sup>
	>\$30k – 75k	-	-	23%	25% <sup>3</sup>
	\$75k+	-	-	45%	55% <sup>3</sup>
Children in Household	No	-	-	66%	-
	Yes	-	-	33%	-

Source: 2018 Community Wellbeing Survey (CWS) and factfinder.census.gov

Notes: 1 – % within categories do not always add to 100% as some respondents did not provide information; 2 – Census data is % of residents age 20+ and lowest bracket shows # residents age 20 – 34; 3 – income % are % of households & lowest income bracket is \$0 – 35k (not \$30k)

## Exhibit B

### *Interviews*

Organization	# Individuals Interviewed
Charter Oak Communities	2
City of Stamford	2
Communities4Action	1
Darien Senior Center	1
Domestic Violence Crisis Center	1
Domus	1
Fairfield County's Community Foundation	2
Interfaith Council	1
Optimus Health Center	1
Planned Parenthood	5
Post 53	1
St. Joseph's Parenting	3
Stamford EMS	2
Stamford Health	5
Stamford Public Schools	1
The Community Fund of Darien	2
Town of Darien	3
Trailblazers Academy	1
United Way of Western Connecticut	3
<b>Total</b>	<b>38</b>

## Exhibit C

### *Focus Groups*

Organization	# of Participants
Boys and Girls Club	7
Building One Community	5
<b>Total</b>	<b>12</b>



## Exhibit D

### Online Survey

Responding Organizations
Americares Free Clinic of Stamford
Building One Community
Charter Oak Communities
Child Guidance Center of Southern Connecticut City of Stamford
Community Action Agency
Community Health Center
CT Counseling
Fairfield County Community Foundation
Family Centers
Forensic Health Services (FHS)
Filling in the Blanks
Harvard Business School Club of CT
Interfaith Council
iStep
Kids in Crisis
KIDS' FANS
Liberation Programs
New Covenant House
Optimus Health Center
Over 60 Club
Person-to-Person
SilverSource, Inc.
St. Joseph's Parenting
Stamford Health
Stamford Public Schools
Town of Darien
United Way of Western Connecticut

*\*Not all respondents provided contact information/organization name*

## Exhibit E

Below is a brief description of several organizations from which Stamford Health solicited and received input. All have knowledge of healthcare 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. Quest Diagnostics provides a full range of laboratory testing and SMG and community based physicians provide specialty care at little or no cost. 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:** 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. Boys & Girls Club also operates the Yerwood Center in Stamford's West Side. The organization serves 1,600 children ages 5-19 every year. 50% of the children come from single parent families and over 75% of the children are on free and reduced or reduced lunch. Approximately 42% of the children identify as African Americans, 41% as Hispanic and 7% as White, Asian or other.

**Charter Oak Communities, Inc.:** Formerly the Stamford Housing Authority, COC builds and operates attractive, mixed-income housing communities and manages Stamford's robust Section 8 program. In all, COC provides housing opportunities for approximately 7,500 residents, or more than 5% of Stamford's total population. COC is a leading champion for quality housing that is affordable to a range of income levels and subpopulations as well as a recognized leader in forming innovative, community development partnerships.

**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.

**Communities4Action:** This regional organization provides resources and support to local initiatives focused on prevention and education about substance misuse in lower Fairfield County. In addition to an annual legislative agenda, it provides speakers, trainings, evidence-based programs, policy recommendations legislative efforts, funding sources, coalition-building, evaluation tools, and community-based programs. Services are offered in both English and Spanish. Communities4Action partners with the Stamford Health Pain Management team, and advocates for targeted state resources. One such example of successful advocacy resulted in the establishment of the CCAR Recovery Coach program at the Stamford Health Emergency Department.

**Domus:** The vision of Domus is that no child shall be denied hope, love, or a fair chance in life. The organization delivers against this vision by addressing the needs of more than 1,700 young people

and helping them achieve academic and life success through school, out-of-school, and juvenile justice programs in Stamford, Bridgeport, and Hartford. 100% of the students in Domus schools qualify for free school lunch.

**Family Centers, Inc.:** Family Centers is a private, nonprofit organization offering a comprehensive, inter-connected network of 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. Serving Stamford, Greenwich, Darien and New Canaan, Family Centers has touched the lives of more than 21,000 local residents last year. The organization's early education and two-generational programs provide children with a solid academic foundation and wrap-around family supports to close the Opportunity Gap. Through its collection of health services – including a federally qualified health center – Family Centers has made medical, dental and mental health services accessible to underserved populations. Meanwhile, community support services, including literacy instruction, vocational coaching, housing assistance and self-sufficiency support, help strengthen our communities and facilitate outstanding outcomes for all residents regardless of their income. 67% of Family Centers' clients live in Stamford. Additionally, more than 70% of students utilizing Family Centers' School Based Health Centers in Stamford Public Schools qualify for the Federal Free and Reduced Lunch Program. Finally, more than 800 residents of Charter Oak Communities accessed vocational training, housing assistance, self-sufficiency support and other community resources.

**Building One Community, (formerly Neighbors Link Stamford):** Building One Community's (B1C) mission is to advance the successful integration of immigrants and their families into the community. B1C's efforts have helped more than 9,400 adult immigrant residents make tangible changes in their lives. B1C primarily serves immigrants who live and work throughout the greater Stamford area, which includes the communities of Stamford, Darien, Greenwich, and New Canaan. Many of B1C's clients come from Central and South American countries, although since 2015 we have seen increasing diversity in their countries of origin, including Haiti, Bangladesh, Syria, and Afghanistan. According to client surveys, more than 65% are very low-income and live below the Federal Poverty Level. The remaining 35% are low-income and many are ALICE – Asset Limited, Income Constrained, and Employed.

**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.

**St. Joseph Parenting Center (SJPC):** The center's mission is to strengthen families that are at risk of child abuse and neglect by providing parent education and support. Group classes focus on health and safety, the importance of school attendance, academics, play and reading. The overall goal is to help parents learn to cope with the challenges of parenting. The center is located at the Yerwood Center, which is operated by the Boys & Girls Club.

**Planned Parenthood (PP):** In addition to family planning services and testing, vaccinations and treatment of sexually transmitted diseases, PP provides women's, men's and general primary health care. PP also provides sex education and welcomes patients with or without insurance.

**Domestic Violence Crisis Center (DVCC):** The center mission is to provide effective services, support and education for the prevention and elimination of domestic, intimate partner and dating violence, and provides “safe” residential shelters for victims of abuse. To ensure privacy, the shelters are located in multiple communities throughout the state of Connecticut.

**Stamford Emergency Medical Services (SEMS):** A non-profit 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. SEMS has a strong track record in providing “hands only CPR” training for the community. In response to the Sandy Hook mass shooting, SEMS is educating the community how to “Stop the Bleed”, with instruction of how to increase the chances of survival for victims of accidental injury and violence.

## EXHIBIT F

### PROGRESS ON THE 2016 COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP)

In response to the 2016 Community Health Needs Assessment, Stamford Health, along with public officials and members of the community, established priorities to improve the health of the community. The team identified three priority areas:

- A. Access to Care
- B. Mental Health & Substance Use Disorder
- C. Chronic Disease Prevention & Management

In order to address these priorities, Stamford Health and its partners developed key goals related to each priority. The team leveraged its collective resources to bolster existing initiatives and develop new programs to build an implementation plan to address the health priorities identified through the 2016 Community Health Needs Assessment (CHNA). The outline below provides an overview of the work accomplished to support each goal.

#### Priority #1: Access to Care

##### Goal: Improve access and availability of primary care services

- *Intervention: define a primary care physician referral process for unaffiliated and uninsured patients seen in the Stamford Health emergency department.*
  - In June 2017, the Stamford Health Medical Group hired an individual to visit patients preparing for discharge in the emergency department and on the inpatient units with the goal of making recommended follow-up appointments with primary care and specialty care providers. *Metric – hired 1 individual*
  - Optimus piloted the use of a referral coordinator in the Stamford Health emergency department, but found that the position did not generate a sufficient number of referrals to justify the role.
- *Intervention: increase immediate appointment capabilities.*
  - The Stamford Health Medical Group opened a walk-in center. *Metric – # visits: FY17 – 5,905; FY18 – 8,834.*
  - Our FQHC partners, Optimus and Community Health Center (CHC) reserved time in the daily schedules of providers for urgent care appointments.
- *Intervention: promote extended and weekend hours at primary care sites.*
  - Our FQHC partners, Optimus and Community Health Centers (CHC) both provide extended weekday and weekend hours.
  - The Stamford Health Medical Group opened a walk-in center to accommodate patients on weekends and during extended hours during the week.
- *Intervention: distribute information defining primary care resources available in Stamford for residents*
  - To expand awareness about the availability of the health and social services programs in our area, we worked with the United Way of Western Connecticut to promote its

greatly enhanced 211 CT resource and referral service. Presentation given to the Stamford Health Medical Group leadership team.

**Goal: Enhance care coordination capabilities and services**

- *Intervention: increase Advanced Medical Homes or Patient Centered Medical Homes (PCMH)*
  - All of the practices of our FQHC partners, Optimus and Community Health Centers (CHC), are PCMH designated.
  - Stamford Health Medical Group continues to work towards PCMH designation for all of its primary care sites. *Metric – currently 15 of 16 eligible Stamford Health Medical Group sites are PCMH designated. The last will seek designation in the fall of 2019.*
- *Intervention: enhance access to mid-level providers*
  - Optimus, CHC and AmeriCares use mid-level providers extensively throughout their practices. CHC runs a one year residency program for mid-level providers. At Optimus, mid-level providers (APRNs) practice independently with a panel of patients.
  - Stamford Health expanded its use of mid-level providers (physician assistants specifically) in the emergency departments. The Hospital now houses and provides physician leadership for the Sacred Heart University Physician Assistant Program. *Metric – # physician assistants in the Stamford Health emergency department: FY16 – 13; FY19 – 15.*
- *Intervention: increase access to specialty care*
  - CHC uses e-Consults a platform which gives primary care providers access to specialists. The program has demonstrated a reduction in the unnecessary use of specialists for certain conditions. It has been expanded to include the pediatric population through a partnership with Connecticut Children’s Medical Center.
- *Intervention: increase access to telehealth modalities*
  - Stamford Health has completed the development of its telehealth strategy; the plan is scheduled to be implemented in FY19-20.

**Priority #2: Mental Health and Substance Use Disorder**

**Goal: Maximize the use of evidence-based opioid prescribing guidelines by providers**

- *Intervention: distribute Centers for Disease Control and Prevention (CDC) opioid prescribing resources to area medial staff*
  - Stamford Health provided education to providers through grand round lectures
  - All members of the Stamford Health medical staff were assigned educational modules on opioids by the Stamford Health Risk Management Department
  - Stamford Health’s Pain Management Department and the city of Stamford applied for and received a grant from National Association of County Health Officials (NACCHO) to develop educational videos for providers and patients.
  - A new program at Stamford Health screens patients prior to surgery to identify whether they are: 1) at high risk for experiencing significant pain during surgery; or 2) at high risk for developing (or currently have) a substance use disorder. Based on the results of the screening, our pain management physicians tailor therapy to reduce the likelihood of patients developing dependencies to medications.
  - Similarly, a new intake process has been developed for patients who present to Stamford Health’s Pain Management Center. The intake process uses a risk stratification tool to identify the propensity of individuals to developing an addiction. For all patients,

the pain management team utilizes a multidisciplinary and multimodal approach to address the pain of patients in an effort to reduce the use of opioids.

- *Intervention: increase use of standardized mental health & alcohol screening tools at primary care sites*
  - Stamford Health Medical Group's use of mental health & alcohol screening tools has been increasing. The alcohol screening tool is now widely used, while there is an opportunity to further encourage the use of the mental health screening tool. *Metric – % of SHMG physicians using the mental health screening tool: 2016 – 13.9%; 2018 – 16.0%. % of SHMG physicians using the alcohol screening tool: 2016 – 94.6%; 2018 – 98.5%.*
  - Community Health Centers has embedded the screening tools into their model – both are very well utilized. To support and encourage use of the tool, CHC employs mental health professionals who are co-located with the primary care physicians to allow for a warm hand-off from one provider to another.
  - Optimus uses SBIRT (Screening, Brief Intervention, and Referral to Treatment); the group employs a multidisciplinary team to work through issues identified through the screening tool.

**Goal: Enhance Awareness of providers and resources providing mental and substance use disorder services**

- *Intervention: promote use of public and private resources for mental health concerns & substance use disorders*
  - Communities4Action supports the efforts of local prevention councils and efforts in Darien (Thriving Youth Task Force) and Stamford (Youth Services). Additionally, Communities4Action organized an Opioid Prevention Committee to raise awareness about the dangers of prescription drug use disorder. An outcome of the committee was the development of a website –NoRxAbuse.org– a site rich with content and resources.

**Goal: Increase and support community and provider awareness and efforts related to mental health & substance use disorder**

- *Intervention: define community and medical education events by mental health and substance use disorder content experts*
  - With the support of Communities4Action, Stamford Health hosted the SCOPE (safer/Competent Opioid Prescribing Education) of Pain training program. *Metric: approximately 100 providers from the region attended the event.*
- *Intervention: Support local organizations' related efforts*
  - Established a quarterly meeting between Communities4Action and the Stamford Health Pain Management team to help align goals and allow for collaboration on advocacy. The collaborative resulted in the establishment a Recovery Coach program in the Stamford Health Emergency Department. The program is run by the Connecticut Community for Addiction and Recovery (CCAR) and is funded through a two-year grant from the CT Department of Mental Health and Addiction Services (DHMAS). The recovery coaches assist people who present to the emergency department with substance use disorder-related medical emergencies and connect them to treatment and other recovery support services. Recovery coaches are trained, skilled professionals who support patients by

- providing assistance to help people begin recovery or to stabilize recovery when needed. *Metric – referrals to the Recovery Coach program, April – June 2019: 33 patients.*
- Vita Health & Wellness initiative conducted an inventory of mental health resources in the community as part of its strategic planning effort. The strategic planning process revealed significant gaps in mental health services for children and adolescents in the greater Stamford region and is developing a series of initiatives to implement in the coming months and years.
  - The city of Stamford established a Hoarding Task Force, in response to this emerging mental health issue
  - The CHIP Task Forces members also recognize the growing public health threat of vaping, particularly in the school-age population and have begun to work with partners to offer educational forums for parents and the community at large

### **Priority #3: Chronic Disease Prevention and Management**

#### **Goal: Promote healthy behaviors**

- *Intervention: promote the benefits of healthy eating through education and distribution of free food (volunteer vouchers from Fairgate Farm)*
  - Fairgate Farm, a professionally managed, volunteer powered urban farm, steps from the Stamford Hospital campus, received several grants to enhance its programs for the community. Patients at CHC, Optimus and Americares received vouchers for free, fresh produce, as part of this initiative. A Farmer’s Market was established and funded through a USDA grant. The market employs local students and provides community members with access to low-cost, organic vegetables and fruits. Nutrition and cooking classes are held at the Farm and at the nearby Boys & Girls Club. A composting initiative was also grant funded and includes outreach to school-age children.

#### **Goal: Enhance care coordination for high-risk individuals and those with chronic diseases**

- *Intervention: define and expand high-risk cohort for intervention by an interdisciplinary team*
  - Stamford Health developed the position of the Complex Care Manager to focus on the care of individuals served by the Community Care Team (CCT) and the Emergency Department Friendly Faces Program. Stamford Health engaged the Harvard Business School Community Partners to develop outcome measurement tools for the CCT to better understand the impact of the group’s work. *Metric – dashboard for the CCT developed.*
- *Intervention: increase access to medications for low- income and uninsured individuals with chronic disease*
  - The Americares Free Clinic of Stamford developed and distributed information about access to free/low-cost medications for low-income and uninsured individuals. The information was distributed to all Vita Health & Wellness member agencies and shared community wide.

#### **Goal: Enhance family and childhood education regarding positive lifestyle choices**

- *Intervention: support the recommendations resulting from the Food for Thought report*
  - The Stamford Cradle to Career initiative, sponsored by the local United Way, sponsored a Food for Thought Committee to determine the extent of food insecurity among



Stamford families and school-aged children. Fairfield University provided pro bono research support to the effort. As a result of this study, the United Way hired a Food Policy Manager to address the gaps and coordinate efforts to provide food support in the community.

- *Intervention: promote children's fitness and nutrition programs in the Stamford public schools and community centers*
  - Stamford Health Kids' Fitness and Nutrition Services (KIDS' FANS) expanded its services in the schools and at community centers city-wide. Nutrition education is taught at all third grade classrooms in the Stamford Public Schools by registered dietitians with the goal of empowering children to make healthy food choices. A similar program is provided at afterschool centers and preschools and at free-standing school-based health centers operated by Family Centers, Inc. *Metric – in the 2017 – 2018 school year, 3,077 students and 77 adults participated in KIDS' FANS programming*
  - Stamford Health's Department of Pediatrics reinvigorated the Stamford Children's Health Collaborative (formerly the Obesity Prevention Task Force), another vehicle through which child-serving organizations work to promote health and wellness services. In 2018, the collaborative unanimously concluded that children's social and emotional well-being are key to its mission. The collaborative is co-chaired by a pediatrician and the city of Stamford director of recreation.
  - The recreation department has leased a former school at Our Lady Star of the Sea Church on the East Side, adjacent to city parks, for enhanced after school and summer programming for children. The City refurbished the indoor pool at the Yerwood Center which operates year round. This critical community resource allows children to be active and gives low-income, underserved children access to swim lessons.

## **Exhibit G**

### **Feedback on the 2016 Community Health Needs Assessment and Implementation plan**

Through the online survey, Stamford Health asked individuals for feedback on and knowledge about the 2016 Community Health Needs Assessment and the accompanying Implementation plan (CHIP). Of those who answered the survey question, 75% were aware that Stamford Health had conducted a community health needs assessment in 2016. 82% of respondents felt that the 2016 CHNA led to greater community collaborations and 50% were aware of specific projects adopted in the community as a result of the CHNA and CHIP. Individuals were asked to provide written feedback regarding the CHNA and the accompanying implementation plan. Several respondents expressed that they were encouraged by the increased collaboration between organizations that had previously worked in isolation; they indicated that the regular meetings among the CHIP Task Force members, a group created to execute the CHIP, had a role in fostering community collaboration. Similar to feedback provided on the 2013 CHNA, several individuals wrote that, as a result of assessment and implementation plan, they have become involved with the initiatives focused on the Vita Health & Wellness District.

While developing the 2019 CHNA, both the verbal and written comments received on the 2016 CHNA and CHIP were taken into consideration and will most directly be used to help shape the group that is pulled together to execute the CHIP.

To encourage additional written feedback on the 2019 CHNA, the results of the assessment will be shared with our community partners, including local health departments and government officials, among others. Stamford Health plans to hold community conversations in the fall of 2019. The input from those events will be considered in the Community Health Implementation Plan, to be completed by February 2020. The CHNA will be available on the Stamford Health website, where written feedback will also be encouraged.

## **Exhibit H**

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, cataloguing 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, child care, 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 the communities of Darien and Stamford by topic.

### **Health Clinics**

Americares Free Clinic of Stamford, Stamford  
Community Health Center, Stamford  
Optimus Health Center, Stamford

### **Health Departments**

Stamford Department of Health  
Darien Health Department

### **Housing Authorities and Housing Resources**

Charter Oak Communities (Stamford Housing Authority), Stamford  
Darien Housing Authority, Darien

### **Housing**

Augustus Manor, Stamford  
Belltown Manor, Stamford  
Bishop Curtis Homes of Glenbrook, 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

Neighborhood Housing Services of Stamford, Stamford  
New Neighborhoods, Inc., Stamford  
Pilgrim Towers, Stamford  
Quintard Manor, Stamford  
Rippowam Manor, Stamford  
Shelter for the Homeless – Pacific House, Stamford  
Shippan Place, Stamford  
St. John’s Towers, Stamford  
St. Luke’s Lifeworks – Inspirica, Stamford  
Stamford Green, Stamford  
Summer Place, Stamford  
The Atlantic, Stamford  
Willard Manor, Stamford

### **Behavioral Health Services**

Al-Anon/Alcoholics Anonymous, Stamford  
Child Guidance Center of Southern Connecticut, Stamford  
Connecticut Counseling Center, Stamford  
Family Centers, Inc., Stamford  
Franklin DuBois Center, Stamford  
Jewish Family Services of Stamford, Stamford  
Kids in Crisis, Stamford  
Laurel House, Inc., Stamford  
Liberation Programs, Inc., Stamford  
Optimus Health Care Behavioral Health Center, Stamford  
Shelter for the Homeless, Inc., Stamford  
St Luke’s Community Services, Stamford

### **Food & Nutrition Services**

Catholic Charities: Senior Nutrition Program, Stamford  
Community Tabernacle Outreach Center Food Pantry, Stamford  
Food Bank of Lower Fairfield County, Stamford  
New Covenant House, Stamford  
Person to Person, Darien  
Salvation Army of Stamford, Stamford  
United Way of Western CT, Stamford  
Zion Lutheran Church Food Pantry, 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  
Courtland Gardens Health Center Inc., Stamford  
Danielcare, Stamford  
Edgehill, Stamford  
Stamford Long Ridge of Stamford, Stamford  
Scofield Manor, Stamford  
Senior Helpers, Stamford

Smith House Skilled Nursing Facility, Stamford  
St. Camillus Health Center, Stamford  
Stellar Home Care, Stamford  
Sunrise of Stamford, Stamford  
Synergy Homecare, Stamford  
Wormser Congregate, Stamford

Atria Darien, Darien  
Maplewood at Darien, Darien  
Right at Home, Darien  
At Home in Darien, Darien

### **Senior Services**

Adult Protective Services/Dept. of Social Services, Stamford  
City of Stamford MedAssist Program, Stamford  
Over 60 Club, Stamford  
Senior Neighborhood Support, Stamford  
SilverSource, Stamford  
Stamford Senior Center, Stamford

Darien Senior Center, Darien

### **Social Services**

Stamford Department of Health, Stamford  
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

Gallivant Program, Darien

### **Educational Resources**

Adult Education - Stamford Public Schools, Stamford  
Child Care Learning Centers, Inc., Stamford  
Sacred Heart University, Stamford  
University of Connecticut, Stamford

### **Workforce and Immigration Assistance**

CT Works Centers, Stamford  
Hispanic Advisory Council, Stamford  
International Institute, Stamford  
Literacy Volunteers, Stamford  
Building One Community, Stamford  
Urban League of SWCT, Stamford

**Other Health Resources**

American Red Cross, Stamford  
ARI of Connecticut, Inc., Stamford  
Catholic Family Services, Stamford  
Connecticut Legal Services, Stamford  
Domestic Violence Crisis Center, Stamford  
Medical Home for Children with Special Needs, Stamford  
Planned Parenthood, Stamford  
Sexual Assault Crisis Center, Inc., Stamford  
Stamford Cares, Stamford  
Stamford Emergency Medical Services (SEMS), Stamford  
Utility Assistance Programs, Stamford

Center for Hope, Darien  
Post 53 Emergency Medical Services, Darien

March of Dimes (Statewide)  
Parent Leadership and Training Institute (Statewide)