



# **2025 Community Health Needs Assessment**

## **Stamford & Darien**



## COMMITMENT TO THE COMMUNITY

At Stamford Health, we believe that strong communities are built on strong relationships, mutual trust, and a shared commitment to improving health outcomes and addressing the needs of everyone who lives and works in Stamford. This belief is not just aspirational – it is the foundation of every decision we make and is reflected in our vision to be the most trusted healthcare partner for the communities we serve.

As an independent, not-for-profit health system, serving our community is both a privilege and a responsibility. Part of that responsibility is knowing what our communities really need to grow and thrive. Each year, those needs evolve due to shifting demographics, economic conditions, and emerging health trends. That is why every three years, with our community partners, we conduct our Community Health Needs Assessment (CHNA) – a comprehensive report that reflects the voices, experiences, and needs of our diverse community.

Backed by robust data and community input, the CHNA outlines the most pressing health challenges facing our community today and provides a clear picture of where we stand – and where we must go. With this insight, we, and our partners in Stamford and Darien, can invest in new programs and services that individuals and families need most.

Though significant progress has been made, this year's findings echo those of our 2022 report – from chronic disease and mental health to access to care and social determinants of health – underscoring the continued urgency to address the challenges we face together. The fact that these challenges remain prevalent in the community only reinforces the need for continued, focused action, and reminds us that there is still much work to be done.

This report is an opportunity for everyone – business owners, physicians, educators, civic leaders, policymakers and advocates alike – to learn more about the community we all call home. Understanding the broader health landscape helps us align our efforts, foster meaningful partnerships, and create solutions that are both inclusive and impactful.

We believe that a healthy community is not a destination, but a journey – one that requires listening, learning, and acting together. We are proud to walk this path together and remain steadfast in our commitment to breaking down barriers to care, addressing disparities, and ensuring that every person in our community has the opportunity to lead a healthier life.

Thank you to everyone whose hands and voices shaped this report to chart the course for a better tomorrow. And thank you for taking the time to read this crucial information. I look forward to working with you and to being your most trusted healthcare partner.

Kathleen Silard, RN, BSN, MS, FACHE

President & CEO

## ABOUT THIS REPORT

This document is a companion to the 2026 Fairfield County Community Well-being Index, a high-level report about health and health-related topics in Fairfield County and the towns within it. The Community Well-being Index is produced by DataHaven in partnership with the Fairfield County's Community Foundation and other regional partners, including Stamford Health. DataHaven is a Connecticut-based, nonprofit that works with partners across the state to collect and provide access to data and reports focused on well-being, accessibility, and quality of life.

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

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

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

Maggie Vergati, Director of Strategy – Lead researcher and writer  
Emily Stokes, Strategic Planning Analyst – Lead researcher and writer  
Brittany Dube, Behavioral Health, Health Promotion, & Emergency Response Specialist, City of Stamford – Lead research and writer

Ben Wade, SVP, Strategy & Marketing and Chief Strategy Officer  
Rohit Bhalla, MD, SVP, Clinical Affairs & Quality, and Chief Clinical & Quality Officer  
Samantha Henderson, Executive Director of Strategy, Analytics, & Innovation  
Jody Bishop-Pullan, Director of Health, City of Stamford  
Mindy Chambrelli, Director of Health, Town of Darien  
Ali Ramsteck, Director of Human Services, Town of Darien  
Henry Yoon, MD, Medical Advisor, City of Stamford / Stamford Health Medical Group Physician  
Anka Badurina, Consultant  
Jennifer Smith, Consultant  
Laura Jordan, Director, Government Affairs & Community Relations

## EXECUTIVE SUMMARY

Together with our physicians and community partners, Stamford Health is committed to serving the residents of Lower Fairfield County by delivering a broad array of programs and services to improve the health and well-being of residents throughout the region. In 2024, Stamford Health began the process of developing its triennial Community Health Needs Assessment (CHNA) in collaboration with internal and community stakeholders to better understand the evolving needs of the Stamford and Darien communities. While the IRS requires the CHNA for hospital facilities only, system-wide resources were harnessed to conduct this assessment, as the entire Stamford Health system is committed to addressing the health needs of the community and understanding the root causes of health disparities, or persistent gaps in access, which are identified to help provide tailored healthcare solutions.

Consistent with its prior CHNAs, Stamford Health focused on the city of Stamford and the town of Darien, as Stamford Health is the primary provider of inpatient services for residents of those communities. These communities are not included in the CHNAs of other acute care hospitals in our region. The community was defined to include all members of the community, including the medically underserved, low-income, and the varied populations living in the geographic areas served by the hospital.

This year's assessment builds on the priorities identified in the 2022 CHNA, which were behavioral health, access to primary and preventative care, and housing. Since that time, Stamford Health and its community partners have worked collaboratively to implement a range of initiatives aimed at addressing these critical areas including:

- **Behavioral Health:** Stamford Health has expanded access to mental health services through integration of services into primary care practices in partnership with Liberation Programs, opening an outpatient adult behavioral health clinic, and hosting an annual behavioral health symposium with 60+ community partners. Stamford Health and its community partners have supported crisis intervention and promoted early intervention strategies.
- **Access to Primary and Preventative Services:** Stamford Health has increased availability of primary care providers, educated individuals on how to appropriately access care, and enhanced cultural awareness and sensitivity via REaL data training and expanding language and translation services across the health system.
- **Housing:** Stamford Health and its community partners have supported economic opportunities for vulnerable populations, advocated for an increase in the availability of safe, affordable housing in partnership with Vita and the City of Stamford, and advocated for identified, dedicated space within shelters for vulnerable populations.

Despite these efforts, compared to the 2022 CHNA, the 2025 CHNA indicates that there is a broad degradation across many indicators—not only in health-specific measures but also in areas such as financial security, stress levels, and overall quality of life. This trend underscores the interconnected nature of physical, mental, and social well-being, and reflects the economic impact of pressures like inflation, housing costs, and financial uncertainty.



These findings reinforce the importance of continuing to address both social determinants of health and health needs in the community, and they validate our continued focus areas of behavioral health, access to healthcare, and housing. The recurrence of these issues does not reflect lack of effort; rather, it highlights the persistent challenges posed by the complex, evolving, and deeply interconnected conditions that shape community health. This CHNA offers an opportunity to re-energize and refine our strategies in partnership with the community.

The report outlines the process by which Stamford Health engaged with a myriad of stakeholders to identify priorities that will be used to develop the Community Health Improvement Plan (CHIP) in collaboration with community-based organizations in Stamford and Darien.

Stamford Health’s CHNA is guided by the American Hospital Association’s Community Health Improvement (ACHI) toolkit—see Figure 1—to ensure a structured and evidence-based approach. This toolkit was recently revised to highlight an intentional health equity focus at every juncture, especially in community engagement and data practices, which aligns with Stamford Health and our community partners’ commitment to health equity.

**Figure 1: AHA Community Health Improvement Toolkit**



Source: AHA. (2024). Community Health Assessment Toolkit.

This report reflects the work outlined through Step 6 in the CHNA process. The work associated with Steps 7 – 9, including implementation planning and tracking, will commence upon completion of this assessment.

## GOALS OF THE 2025 CHNA

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

## HEALTH PRIORITIES

In collaboration with a team of community partners and health experts, including local public health directors, Stamford Health evaluated both qualitative and quantitative research to identify community health priorities for both Stamford and Darien. We identified core priorities as well as key areas of focus. Our core priorities were identified from the recurring themes in our qualitative interviews, reinforced by supporting evidence from quantitative data and validated against our established evaluation criteria: 1) the magnitude of the concern, 2) the severity of the concern, 3) the ability and willingness of the community to act, 4) the ability to have a measurable impact on the issue, and 5) whether the issue is a root cause of other problems. Leveraging two distinct methodologies—scoring and ranking—the team was then asked to identify the sub-areas of focus based on the above criteria. Team members were asked to consider the population overall, as well as sub-populations that might be disproportionately impacted by an issue.

The above process resulted in the identification of the following core priorities and key areas of focus for Stamford and Darien:

1. **Behavioral Health** – Mental health and substance use continue to be top concerns in both Stamford and Darien, with rising rates of anxiety, depression, and substance use for both youth and adults.
  - a. **Youth behavioral health** – Youth behavioral health is an increasing concern as adolescents face growing emotional and psychological pressures. Rising rates of anxiety, depression, and behavioral challenges have been observed, driven by factors like academic stress, social media influence, family instability, and exposure to trauma. In addition to mental health concerns, substance use among youth—particularly alcohol and vaping—has emerged as a significant issue. Many young people experiment with these substances at an early age, often as a coping mechanism or due to peer influence, which can complicate existing mental health struggles and lead to other complications. Of note is the ease of access for both alcohol and e-cigarettes.
  - b. **Access to services** – Access to behavioral health services remains a significant challenge in both Stamford and Darien. Residents frequently encounter long wait times for appointments, limited availability of providers—particularly for specialized or intensive services—and gaps across the continuum of care. Outpatient services are often overwhelmed, and coordination between levels of care is inconsistent, making it difficult for individuals to receive timely, appropriate support. As a result, many people do not get the care they need when symptoms first emerge, leading to worsening conditions that

ultimately require more acute interventions, such as emergency department visits or inpatient hospitalization.

- c. **Alcohol use among adults** – Alcohol use among adults in Stamford and Darien continues to be a growing concern, with binge drinking emerging as an increasingly pressing issue. Many adults report using alcohol as a coping mechanism for stress, anxiety, and daily pressures—often normalizing excessive drinking in social settings or overlooking it as a health concern. This normalization masks the risks associated with alcohol misuse, particularly its long-term health impacts. A smaller, but highly visible subset of adults are also engaging in chronic alcohol misuse, leading to repeated and intensive use of emergency departments and emergency medical services.
2. **Access to Health Care** – Across both communities, residents expressed concerns related to accessing health care citing challenges that hinder individuals from receiving timely, appropriate, and affordable care. This includes tackling cost-related barriers, improving access to necessary care, and supporting patients in navigating a complex healthcare system.
  - a. **Insurance coverage and cost of care** – Many individuals struggle to afford health insurance or face high out-of-pocket costs that prevent them from seeking care. Individuals often face challenges related to accessing health insurance and healthcare services including adequate health insurance coverage, financial barriers that may prevent individuals from seeking or receiving necessary care, and the navigation of insurance coverage.
  - b. **Access to preventative care** – Preventative services like screenings, vaccinations, and routine checkups are essential for prevention and early identification of health issues and reducing long-term costs. Preventative services should be accessible, affordable, and widely used across our communities. Barriers to preventative care may include lack of providers, ease of access, transportation issues, etc.
  - c. **Access to specialty care** – Timely access to specialists is crucial for managing complex or chronic health conditions, yet many face long wait times, limited access due to insurance coverage, and other barriers (e.g., cultural, geographic).
  - d. **Navigation of the healthcare system** – The healthcare system is complex and can be overwhelming, especially for those with limited resources or other barriers. Individuals must have the ability to understand, access and effectively use the healthcare system which requires knowledge of how to find care, make appointments, and follow through with referrals or insurance approvals. Language barriers, cultural differences, low health literacy, and lack of care coordination are common challenges in this area.
3. **Housing** – Housing continues to be a pressing concern as it impacts the overall health and well-being of our community, especially for low-income, immigrant, and senior populations. Rising concerns around the availability of affordable housing, housing quality and safety, and shelter availability were identified as key areas of focus.
  - a. **Affordable/deeply affordable housing** – There are rising concerns around the availability of housing that is financially accessible to individuals and families at or below

- certain income levels. Affordable housing generally means that households spend no more than 30% of their income on rent or a mortgage. Deeply affordable housing targets those with very low or extremely low incomes, often requiring subsidies or supportive programs to bridge the affordability gap.
- b. **Access to shelters** – Shelter capacity has been insufficient, underscoring the need for availability, accessibility, and adequacy of emergency or transitional shelter options for individuals and families experiencing homelessness or housing instability. Capacity, location, safety, eligibility requirements, and the ability to connect residents with long-term housing solutions are all challenges for residents. Navigating resources can also pose a challenge for individuals seeking assistance.
  - c. **Housing for seniors and other at-risk populations** – Seniors and other vulnerable populations are increasingly citing a lack of accessible, affordable housing and challenges with “aging in place” as their incomes are frozen while costs increase.
  - d. **Housing quality and safety** – Concerns around the physical condition and safety of housing units in our community are increasing as individuals are forced to live in substandard conditions due to affordability or other barriers. Issues include the presence of mold or pests, lead exposure, ventilation, and overcrowding, all of which can contribute to or exacerbate health conditions.

Additional details regarding top priorities are discussed later in this report. These priorities will inform the Community Health Improvement Plan (CHIP) that Stamford Health, in collaboration with public health experts, including local health departments and its community partners, will begin to develop. Stakeholders involved in the development of the CHIP will further refine the priorities as they develop targeted interventions to meet the needs of Stamford and Darien residents.



## OVERVIEW

Stamford Health is a non-profit independent health care system with more than 4,100 employees committed to caring for the community through a wide range of high-quality health and wellness services. Patients and their families receive expert, compassionate care through the system's 305-bed Stamford Hospital; Stamford Health Medical Group, with more than 40 offices in lower Fairfield County offering primary and specialty care; a growing number of ambulatory locations across the region; and support through the Stamford Hospital Foundation.

Stamford Health is known for its expert, person-centered care through its many recognitions and partnerships. U.S. News & World Report has recognized Stamford Hospital as a High-Performing Hospital. The Leapfrog Group awarded Stamford Hospital an "A" for patient safety. The American Nurses Credentialing Center has granted Stamford Hospital Magnet Status, which recognizes superior patient care with the highest level of safety, quality, and patient satisfaction. Stamford Health is Planetree Gold-Certified for Excellence in Person-Centered Care and is a Certified™ Great Place to Work.

Stamford Health is a major teaching affiliate of the Columbia University Vagelos College of Physicians and Surgeons and offers treatment and expertise from Columbia University Irving Medical Center's nationally recognized heart and neurosurgeons. Stamford Health and Hospital for Special Surgery (HSS) have created a premier center for specialty orthopedic care right in Stamford, Connecticut. Stamford Health's Carl & Dorothy Bennett Cancer Center has a robust collaboration with Dana-Farber Brigham Cancer Center.

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

## MISSION

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

## VISION

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

## VALUES

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

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

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

Respect: Listen, acknowledge, be courteous and appreciate others

Accountability: Communicate, lead, accept responsibility and take ownership

## 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

### Background & Context

Since the completion of Stamford Health's last Community Health Needs Assessment (CHNA) in 2022, the landscape in which we live, work, and provide care has continued to shift. Now in a post-COVID world, communities are still feeling the pandemic's long-term impact on behavioral health, economic stability, and access to care. At the same time, we are navigating an evolving political climate, with new leadership and shifting policy priorities at the state and federal levels. These changes bring both opportunities and challenges, and they continue to shape the health needs of our region in real-time.

Despite these changes, Stamford Health remains deeply committed to building a healthier and more accessible community. The organization has consistently demonstrated its desire to provide services that benefit all members of the community. Two examples include the development of an outpatient behavioral health program aimed at providing care to individuals with mental health concerns and the expansion of our primary care services through opening new walk-in clinics and hiring additional providers to increase access. We have made meaningful strides through the implementation of our 2023-2025 Community Health Improvement Plan (CHIP). From increasing inpatient behavioral health capacity and expanding our partnership with Liberation Programs to provide integrated services, to creating our community health worker program, our work has been guided by the priorities identified through the last CHNA. More detail on our CHIP progress and outcomes can be found in Exhibit D.

We remain committed to making Stamford Health a great place to work, practice, and receive care for all. Guided by our Planetree philosophy, we recognize and celebrate the uniqueness of every employee, provider, and patient. This commitment to a compassionate and person-centered culture is reflected in how we support our workforce, deliver care, and engage with the communities we serve.

Finally, the 2025 CHNA is aligned with Stamford Health's broader strategic plan, ensuring that our community-focused efforts remain integrated with our long-term goals for access, innovation, and quality. This assessment is both a reflection of the current moment and a reaffirmation of our shared responsibility to address gaps in access and support well-being across our region. The data in the report is intended to spark dialogue and further discussion about these issues that persist in our community. The CHIP will be the vehicle through which we, along with our community partners, commence the work of addressing the most pressing needs of the community while considering the varied needs of all community members.

### Community Served

Consistent with its 2016, 2019, and 2022 CHNAs, Stamford Health focused on the city of Stamford and the town of Darien for its 2025 CHNA, as these are the areas where it serves as the primary provider of inpatient services to the community's residents. In fiscal year 2024, of those seeking inpatient care, 80% of Stamford residents and 64% of Darien residents chose Stamford Health as the hospital at which to receive care.

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

## METHODOLOGY

### Quantitative Analysis

#### *2024 DataHaven Community Wellbeing Survey*

As in prior CHNAs, Stamford Health partnered with DataHaven to complete the 2024 DataHaven Community Well-being Survey with residents in the city of Stamford and the town of Darien. The survey tool has largely remained unchanged since 2015, allowing for a year-over-year comparison of results which are displayed in tables and graphs throughout the report.

The DataHaven Community Well-being Survey is used to gather data not available through secondary sources and to understand public perceptions of health, social determinants, and other issues. The survey instrument was designed by DataHaven and the Siena College Research Institute in consultation with local, state, and national experts, including local public health experts in the Stamford area. The 2024 DataHaven Community Well-being Survey was administered by cell phones and landlines by interviewers at the Siena College Research Institute. In total, 7,458 adults completed the survey statewide, of which 443 were adults living in Stamford and 94 were adults living in Darien. Interviews were weighted to be demographically representative of adults living in each sub-region, including the individual towns of Stamford and Darien, based on Census data pertaining to age, gender, race and ethnicity. The Stamford surveys were administered in both English and Spanish, and ZIP codes were targeted to supplement samples of hard-to-reach populations.

Specifically, the DataHaven Community Well-being 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 maximum margin of error of 5.4%, while the data from Darien is reported with a maximum margin of error of 12.0%. More information around the margin of error can be found in the *Limitations and Considerations* section of this report.

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

#### *Secondary Data*

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

## Qualitative Analysis

In the Fall of 2024, Stamford Health representatives, along with the City of Stamford, gathered qualitative feedback on the health needs and priorities of the residents of Stamford and Darien through individual interviews, small group interviews, focus groups, and a series of short surveys.

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

In total, Stamford Health received qualitative input from more than 100 individuals across 36 community organizations and conducted 108 short surveys for the medically underserved, low-income, and varied populations who live in the geographic areas from which the hospital draws its patients. Research indicates that individuals in these groups are often underrepresented in population-wide surveys, emphasizing the need for feedback from these groups to provide a comprehensive reflection of community need. All interviews and focus groups were conducted between October and December 2024.

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

- City of Stamford Department of Health and Human Services
- Town of Darien, Health Department
- Darien Post 53 (Emergency Medical Services)
- Building One Community
- Charter Oak Communities
- Family Centers Inc.
- Filling in the Blanks
- Kids in Crisis

Please refer to Exhibit B for the complete list of organizations represented through interviews and focus groups. For a brief description of some of the organizations from which we gathered input, please refer to Exhibit C.



## LIMITATIONS AND CONSIDERATIONS

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

1. The DataHaven Community Well-being Survey relies on self-reported information from respondents. While such information is valuable, it should be noted that individuals may over- or under-report health conditions and behaviors due to recall bias, fear, or other reasons. Despite these limitations, the survey provides invaluable insights at the town-level. To add to the strength of the study, the survey administrators utilize random sampling to select respondents, ensure robust sample sizes, and administer the same survey repeatedly, enabling comparison of data over time.
2. The maximum margin of error for the Stamford sample is +/- 5.4% with a 95% confidence interval including the design effects resulting from weighting. The maximum margin of error for the Darien sample is +/- 12.0% with a 95% confidence interval. This means that in 95 out of every 100 samples of the same size and type, the results we obtain would vary by no more than plus or minus 5.4 percentage points from the result we would get in Stamford and plus or minus 12.0 percentage points from the result we would get in Darien if we could interview every member of the population. This maximum margin of error applies when the observed proportion of respondents answering a question is exactly 50% (e.g., if 50% say that there are well-maintained parks in their neighborhood), but the margin of error becomes much smaller as that proportion approaches the extremes of 0% or 100%.
3. The U.S. Census Bureau acknowledges that through its data collection process, certain populations are either over- or undercounted. Specifically, the U.S. Census Bureau acknowledged it undercounted the Black or African American population, the American Indian or Alaska Native population living on a reservation, the Hispanic or Latino population, and people who reported being of Some Other Race while it overcounted the Non-Hispanic White population and the Asian population in the most recent 2020 census estimates.<sup>1</sup>
4. Data used in this report was collected over different time periods which can hinder the ability to observe trends across multiple data sources.
5. Challenges abound with the collection of sociodemographic data. A lack of consistency in collection methodologies and definitions results in the inability to examine many datasets utilizing sociodemographic factors. Efforts at the federal, state, and organizational level strive to improve collection of such sociodemographic factors to enable enhanced analysis and understanding of concerns for individuals of particular demographic groups.
6. Due to the small sample size, the qualitative data results must be considered in the context of other data available for the region. To strengthen the collection and interpretation of such data and to mitigate inherent biases associated with qualitative research, several individuals participated in the interviews, helped to analyze and code the data, and discussed conclusions derived from the data.

<sup>1</sup> Source: [U.S. Census Bureau, 2022](#)

## RESEARCH FINDINGS

The research findings below include both qualitative and quantitative data. These findings are organized and reported separately to clearly distinguish between statistical analysis and community-informed insights, ensuring a balanced representation of health needs and priorities.

### QUANTITATIVE

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

This section provides an in-depth overview of the research findings for Stamford and Darien from the DataHaven Community Well-being Survey and other sources that were of particular interest to local stakeholders. For a more detailed review of regional demographics, economic conditions, health, and community issues, please refer to the 2023 Fairfield County Community Well-being Index.

## Demographics

### Population Size and Diversity

As evident in the 2023 Fairfield Community Well-being Index, Fairfield County is home to a varied population that includes White, Black, Asian, Hispanic, and multiracial residents, with many concentrated in urban centers like Stamford. As evident in Figure 2, Stamford and Darien differ notably in both size and demographic composition, with Stamford having a larger and more heterogeneous population, while Darien is smaller and more homogenous. Both towns experienced significant population growth from 2010 to 2020, with 4% growth in Darien and 11% growth in Stamford.

**Figure 2: Population and Demographics**

|                               |                                   | Stamford | Darien | Fairfield County |
|-------------------------------|-----------------------------------|----------|--------|------------------|
| Population                    |                                   | 136,226  | 22,020 | 959,768          |
| Population Growth 2010 – 2020 |                                   | +10.5%   | +3.6%  | +4.4%            |
| Foreign-born                  |                                   | 32%      | 11%    | 23%              |
| Gender                        | Male                              | 49%      | 50%    | 49%              |
|                               | Female                            | 51%      | 50%    | 51%              |
| Race                          | % White                           | 49%      | 84%    | 59%              |
|                               | % Black                           | 20%      | 1%     | 12%              |
|                               | % Asian                           | 7%       | 7%     | 6%               |
|                               | % Latino                          | 28%      | 5%     | 21%              |
|                               | % Multiple Races                  | 12%      | 7%     | 13%              |
| Age                           | < 5 years                         | 5%       | 7%     | 5%               |
|                               | < 18 years                        | 18%      | 31%    | 22%              |
|                               | > 65 years                        | 16%      | 14%    | 17%              |
| Insurance Coverage            | Medicare, alone or in combination | 15%      | 12%    | 16%              |
|                               | Medicaid, alone or in combination | 23%      | 5%     | 19%              |
|                               | Private, alone or in combination  | 66%      | 91%    | 70%              |
|                               | Uninsured                         | 9%       | 2%     | 8%               |

Source: U.S. Census Bureau. (2023). ACS 5-Year Estimates (2018–2023).

Among Stamford's foreign-born residents, a significant portion identify as Hispanic or Black and many have annual incomes below \$30,000. In contrast, Darien's population is predominately White and has a much smaller share of foreign-born residents.

The age composition of Stamford and Darien also differs notably: approximately 31% of Darien's residents are aged 18 and under, compared to just 18% in Stamford. Concurrently, the populations of both Stamford and Darien continue to age, with residents aged 65 and older comprising 16% and 14% of their respective populations.

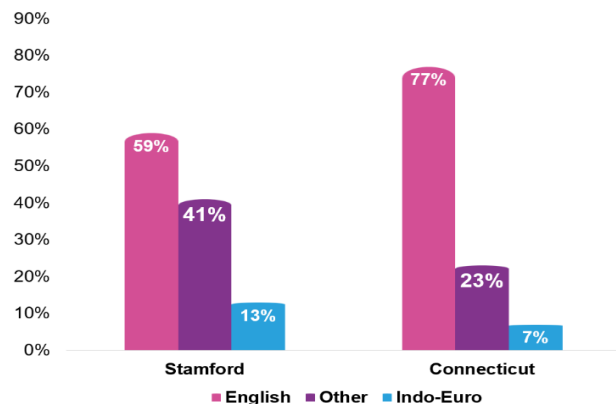
### Insurance Coverage

As shown in Figure 2 above, insurance coverage varies significantly across Stamford, Darien, and Fairfield County. In Stamford, 66% of residents have private insurance (alone or in combination), 23% are covered by Medicaid, 15% by Medicare, and 9% are uninsured. Darien has the highest rate of private insurance coverage at 91%, with much lower reliance on Medicaid (5%) and Medicare (12%), and only 2% uninsured. Countywide, 70% have private insurance, 19% rely on Medicaid, 16% on Medicare, and 8% are uninsured. This suggests that Stamford has higher public insurance reliance and a greater uninsured population compared to Darien and the county overall.

### Language

A higher proportion of households in Stamford speak a language other than English at home compared to the Connecticut state average. According to the 2023 ACS 5-Year Estimates, 41% of residents reported speaking a language other than English at home, compared to only 23% statewide. The most common non-English languages spoken in Stamford are Spanish (23%) and other Indo-European languages (13%).

**Figure 3: Language**



Source: U.S. Census Bureau 2023 American Community Survey 5-year

### Social Determinants of Health

The Healthy People 2030 report defines social determinants of health (SDOH) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”<sup>2</sup> Social determinants are organized into five distinct categories, as depicted in Figure 4. In the following section, we provide a discussion of several of these factors.

**Figure 4: Social Determinants of Health**



Social Determinants of Health  
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Healthy People 2030

Source: Healthy People 2030. (2025). Social Determinants of Health.

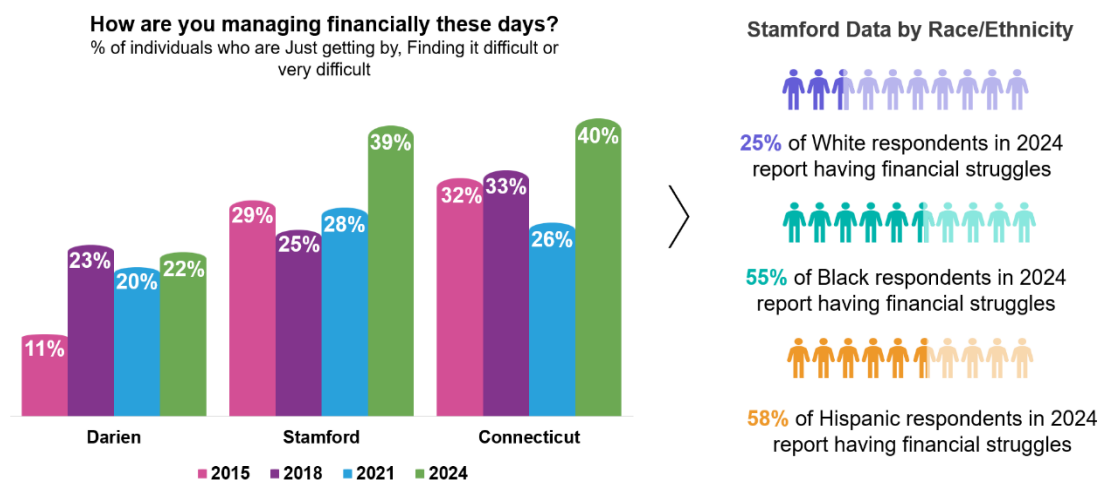
<sup>2</sup> Source: [Healthy People 2030, n.d.](#)



## Economic Stability

According to the DataHaven Community Well-being survey from 2021 to 2024, concerns around economic stability in Stamford and Darien have remained steady or increased. In both communities, a growing percentage of individuals reported experiencing financial struggles—shown in Figure 5—with disproportionately higher rates among Black/African American and Hispanic residents in Stamford.

**Figure 5: Financial Stability**

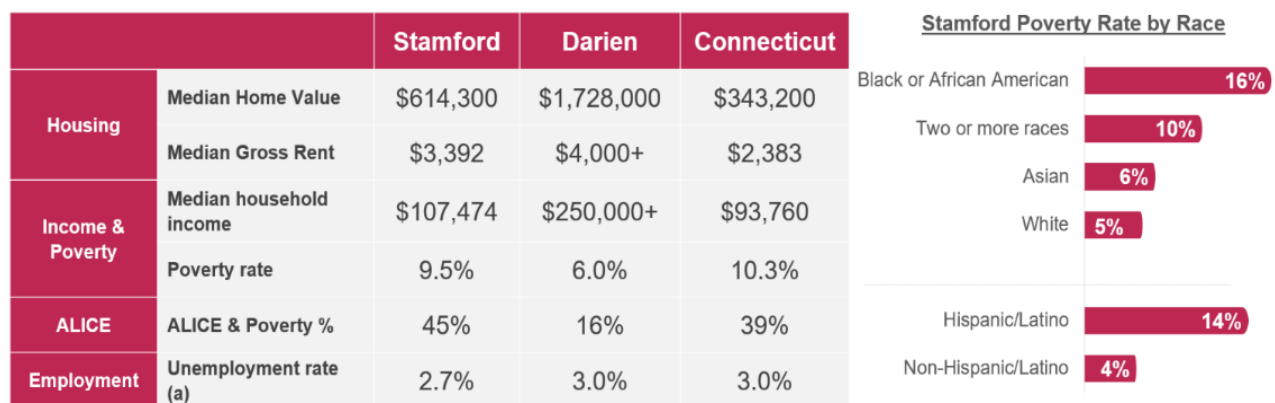


Source: DataHaven. (2015–2024). *Community Wellbeing*

These variations are further reflected in measures of income inequality. The Gini Index for the Stamford Health Service Area (HSA)—inclusive of Stamford and Darien—is 0.51, which is slightly higher than the statewide average of 0.50 indicating greater income variation within the region.

Data suggests that income and poverty are closely linked to health outcomes. Darien has greater economic stability compared to Stamford, characterized by a lower poverty rate and a higher median household income—see Figure 6. While Stamford fares better than the state overall, median HHI is much lower than Darien and poverty rates vary greatly by race and ethnicity with 16% of Black/African American residents and 14% of Hispanic residents experiencing poverty.

**Figure 6: Economic Stability & Poverty**



Source: U.S. Census Bureau, American Community Survey – Quick Facts (February 2025)

Our area has a higher rate of ALICE (asset limited, income constrained, employed) residents than the state – shown in Figure 6. In Stamford, the percentage of individuals classified as ALICE residents or living in poverty rose to 45%, up 5% from the prior report, while Darien remained steady at 16%. This means that despite being employed, these families may still struggle to afford basic essentials such as housing, childcare, and healthcare. Additional indicators underscore the level of socioeconomic vulnerability in Stamford. According to the CDC’s social vulnerability index (SVI), 55% of Stamford’s population lives in areas with higher-than-average vulnerability. Further, 34% reside in areas with slightly below-median rankings on the Environmental Justice Index (EJI), and 9% live in neighborhoods with above-median deprivation as measured by the Area Deprivation Index (ADI). Together, these metrics reflect varying degrees of financial and environmental stress that may limit residents’ ability to access consistent care.

Statewide, the unemployment rate is 3%, matching Darien’s, while Stamford reports a slightly lower rate of 2.7%. However, according to the DataHaven Community Well-being Survey—see Figure 7—Stamford’s underemployment rate—defined as individuals who are unemployed or working part-time but seeking more hours—is significantly higher at 21%, compared to the state average of 15%. This figure rose slightly from 19% in 2021. Among Stamford residents, 38% of Hispanic individuals and 23% of Black individuals report experiencing underemployment.

**Figure 7: Employment**



Additionally, as shown in Figure 8 according to the CDC’s Social Vulnerability Index (SVI), 55% of Stamford’s population live in areas with higher-than-average social vulnerability, 34% of residents live in areas with below-media rankings on the Environmental Justice Index, and 9% live in areas with above-median levels of deprivation as measured by the Area Deprivation Index. Together, these indicators highlight varying degrees of financial and environmental stress that may influence residents’ overall health and well-being.

**Figure 8: Socioeconomic**

| Measure  | Stamford HSA | Connecticut |
|--|--------------|-------------|
| Gini Index of Income Inequality (0 = perfect equality in income distribution, 1 = perfect inequality in income distribution) | 0.51         | 0.50        |
| Households that are asset limited, income constrained, employed (ALICE) (%)  | 41.3%        | 39.2%       |
| Population living in areas with above median levels of area deprivation (ADI) (%)  | 8.6%         | 47.2%       |
| Population living in areas with above median levels of social vulnerability (SVI) (%)  | 54.8%        | 48.6%       |
| Population living in areas with below median rankings on the Environmental Justice Index (EJI) (%)                           | 34.4%        | 42.2%       |

| Town     | Households | ALICE & Poverty % |
|----------|------------|-------------------|
| Stamford | 53,520     | 45%               |
| Darien   | 7,116      | 16%               |

Source: CHA. (2025). *Social & Health Indicators Analysis (2018–2023)*.

Source: CT United for ALICE (2024 Report)

## Housing

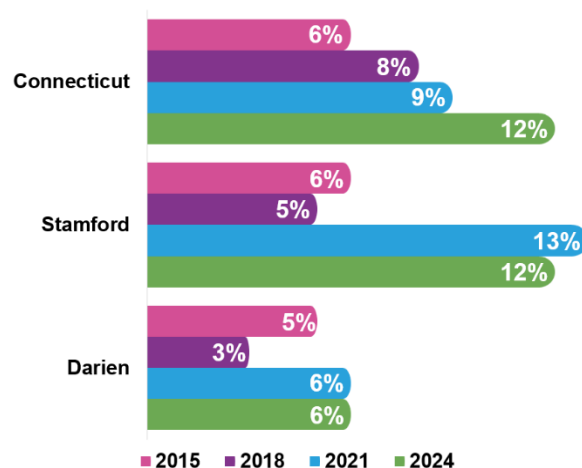
In our region, the cost of housing is significantly higher than in other parts of the state, with Stamford's median home value nearly double the median home value observed across the state; in Darien, the median home value is approximately six times higher. Median gross rent is higher in both municipalities as well; Stamford's \$3,392 pales to Darien's \$4,000+ average but both are significantly higher than the CT average gross rent of \$2,383.

The gap between average income and housing costs in Stamford highlights ongoing concerns around housing affordability. As shown in Figure 9, when asked about housing through DataHaven's Community Well-being Survey, 12% of Stamford residents reported not having enough money to afford adequate housing or shelter for themselves or their families—doubling since 2015. The survey revealed that housing challenges are particularly acute among Hispanic residents, Black residents, and those earning less than \$30,000 annually.

**Figure 9: Housing Stability**

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

% of adults responding Yes

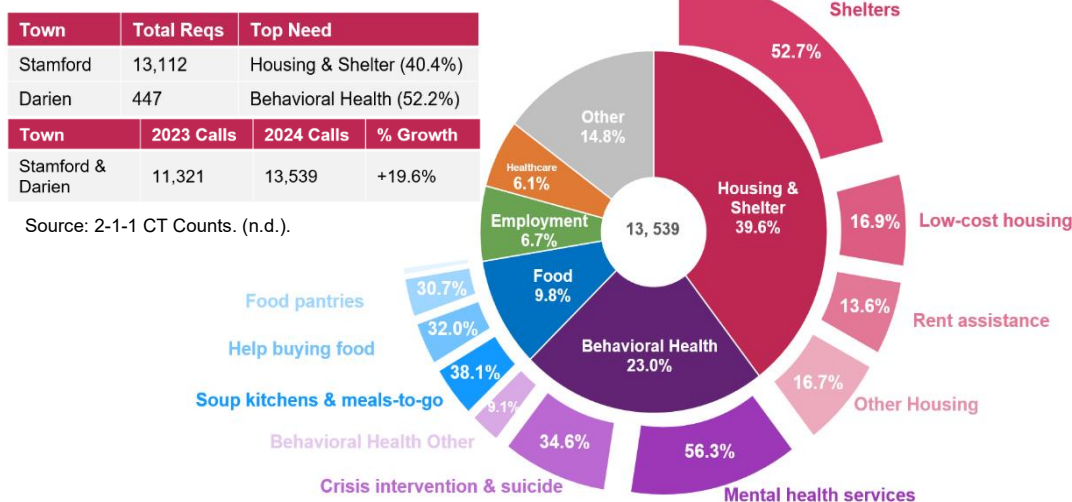


Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.



Concerns over housing also emerged through data obtained from 211-Counts, a database through which calls and inquiries to the Statewide 211 system are recorded. As demonstrated in Figure 10, housing was identified as a top need in Stamford and Darien, accounting for approximately 40% of all caller requests. Of these, 53% were specifically related to shelter concerns, and 28% of those needs went unmet, highlighting persistent gaps in housing support and resources. Notably, from 2023 to 2024, the number of calls made to 211 increased by nearly 20%, emphasizing the growing needs and pressures on housing and other social services in Stamford and Darien.

**Figure 10: 2-1-1 Counts**

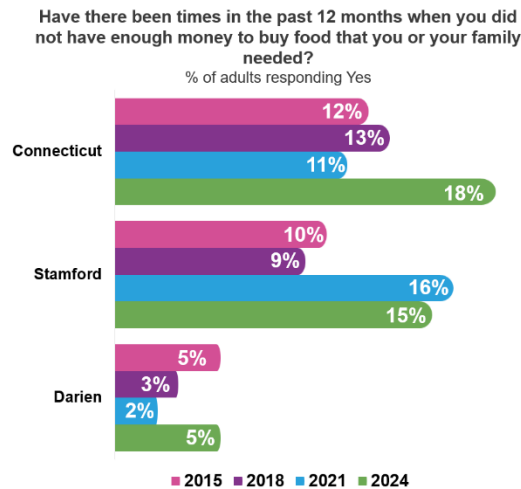


Numerous studies have demonstrated the connection between safe and stable housing and health outcomes. A 2024 study published in *Health Affairs* titled, “Homelessness And Health: Factors, Evidence, Innovations That Work, And Policy Recommendations” highlighted the impact of housing on one’s health. The study specifically noted that “compared to low-income populations with housing, people experiencing homelessness have a higher prevalence of acute and chronic physical and mental health conditions and higher mortality rates. This has been attributed, in part, to evidence indicating that homelessness has direct and indirect deleterious impacts on health and that it interferes with access to primary health care.” The study also noted that “people experiencing homelessness have elevated rates of mental health conditions and substance use disorders.”<sup>3</sup>

<sup>3</sup> Source: [Homelessness and Health, 2024](#)

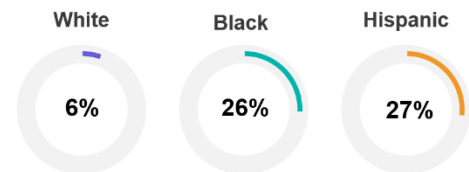
According to DataHaven's Community Well-being Survey—Figure 11—the percentage of Darien residents reporting difficulty affording food in the past 12 months increased to 5%. In Stamford, overall rates remained steady at 15%; however, food insecurity rose by 6% among Black

**Figure 11: Food Insecurity**

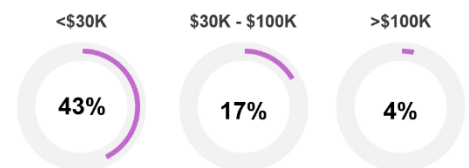


Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

**Stamford Data by Race/Ethnicity**



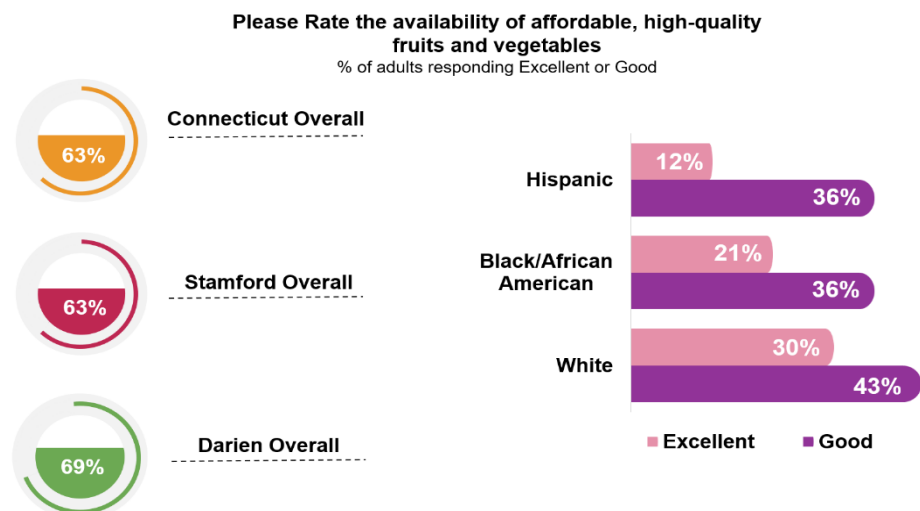
**Stamford Data by Income**



residents, while rates declined among Hispanic residents. Food access also emerged as the second most frequently cited social need among inpatients from Stamford and Darien responding to Stamford Health's social determinants of health survey, distributed through the GetWell Network.

Conversely, as shown in Figure 12 approximately two-thirds of residents in both Stamford and Darien reported having excellent or good access to affordable, high-quality fruits and vegetables—comparable to the statewide average. However, among Stamford residents, Hispanic individuals reported slightly lower levels of access.

**Figure 12: Access to Healthy Foods**



Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

## Education Access and Quality

Education is a key social determinant of health, strongly linked to better health outcomes and improved quality of life. Nearly all residents in Darien, approximately 98% over the age of 25, are high school graduates, while in Stamford, the percentage is slightly lower than the state's average at 88.4%. Both towns exceed the state average for the proportion of residents holding a Bachelor's degree or higher; however, Darien stands out significantly with 85.6% of its population holding such degrees compared to 51.7% in Stamford.

**Figure 13: Education**

|           |                                    | Stamford | Darien | Connecticut |
|-----------|------------------------------------|----------|--------|-------------|
| Education | High school graduate or higher (b) | 88.4%    | 98.4%  | 91.3%       |
|           | Bachelor's degree or higher (b)    | 51.7%    | 85.6%  | 41.9%       |

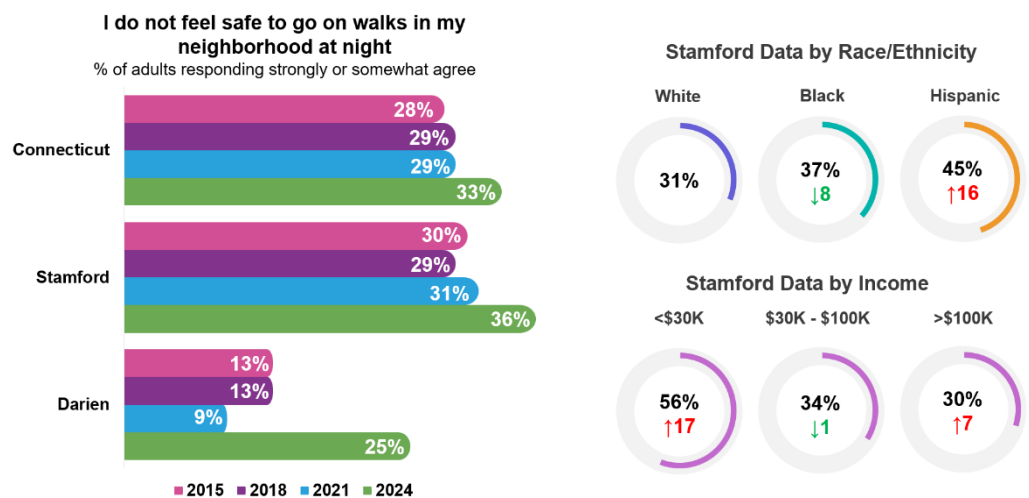
Source: U.S. Census Bureau. (2025). QuickFacts: Education (2019–2023).

## Neighborhood and Built Environment

Feeling safe in one's neighborhood is foundational to living a health and fulfilling life. The DataHaven Community Well-being Survey explores how secure residents feel in their communities, recognizing that perceptions of safety influence everything from long-term health, social cohesion, and overall quality of life.

As evident in Figure 14, residents in both Stamford and Darien are increasingly feeling unsafe going for walks in their neighborhood at night. In Stamford, approximately 1 in 3 individuals feeling unsafe, with higher rates among the Hispanic population and those earning an income of less than \$30,000. In Darien, 1 in 4 individuals reported feeling unsafe, a rate that has tripled since 2021.

**Figure 14: Neighborhood Safety**



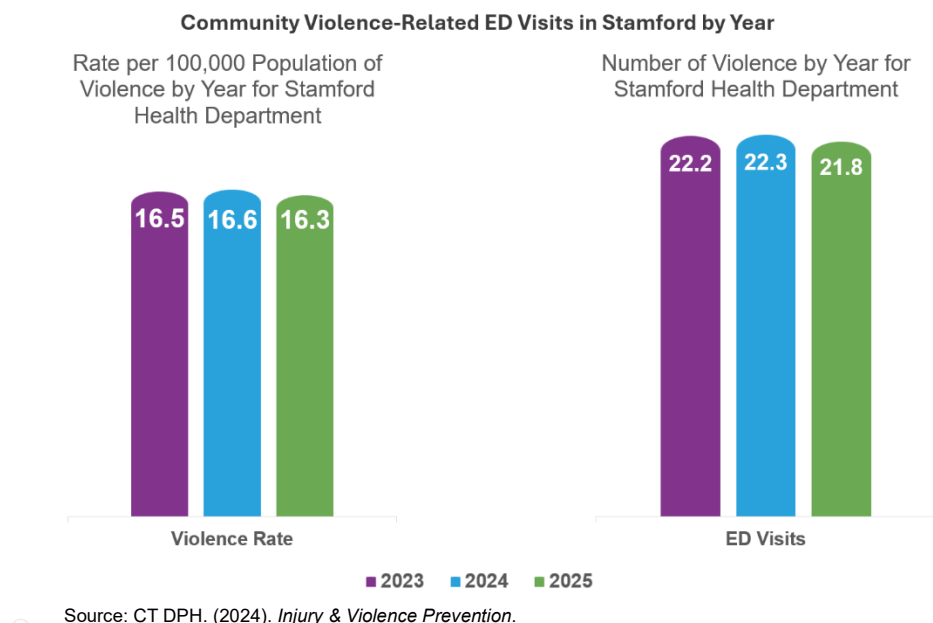
Source: DataHaven. (2015–2024). Community Wellbeing Survey.

### Gun Violence

According to the DataHaven Community Well-being Survey, 16% of Stamford residents said they fear that they or a family member could be harmed by gun violence, with the highest rates among the Hispanic population. Further, 3% of residents reported having a family member injured or killed by gun violence, while 4% have witnessed gun violence firsthand. Although these numbers are relatively low, they are on the rise as compared to prior surveys.

According to violence reports from the CT Department of Public Health, rates of violence in both Stamford and Darien have remained relatively steady in recent years. While data for Darien shows consistently low or no reported cases, Stamford averages around 22 cases per year, closely aligning with that of the state average.

**Figure 15: Violence**

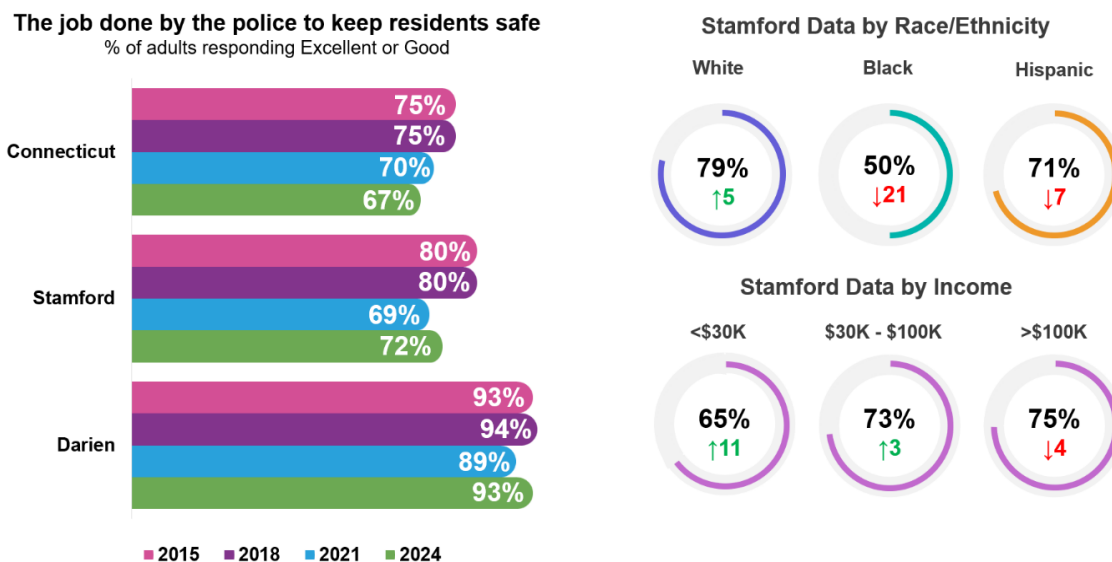




## Job Done by Police

In the DataHaven Community Well-being Survey, the majority of residents in both Stamford and Darien expressed positive views regarding the police's efforts to keep the community safe, with favorable ratings increasing in both towns compared to 2021. However, in Stamford, 1 in 4 residents do not believe the police do an excellent or good job in maintaining safety. This perception has notably worsened among Black residents and, to a lesser degree, among Hispanic residents. These findings are based on Stamford survey data with a margin of error of  $\pm 5.4$  percentage points at the 95% confidence level.

**Figure 16: Job Done by Police**



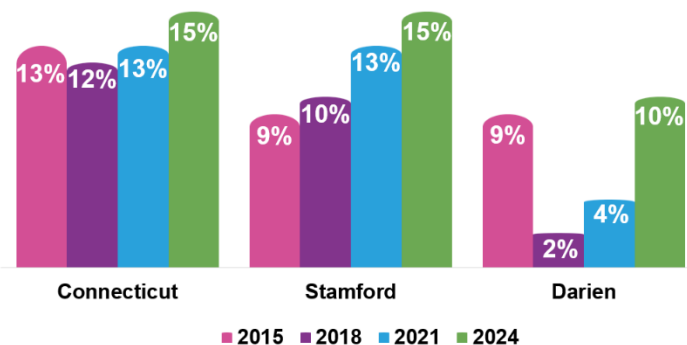
Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

## Transportation

Transportation can significantly affect the well-being of individuals by influencing access to essential services, social connections, and job opportunities. Efficient, affordable, and safe transportation is critical for promoting social inclusion, reducing barriers, and supporting overall physician and mental health by enabling people to participate fully in their communities and access the resources they need. According to the DataHaven Community Well-being Survey, an increasing number of residents in Stamford and Darien are struggling with transportation access. In Stamford, 15% of residents reported staying home when they needed to go somewhere due to unreliable transportation, while 6% of Darien residents faced the same challenge—both figures rising compared to previous years. Limited transportation access has also been associated with missed healthcare appointments and delayed care. Additional findings related to transportation and care access can be found in the *Access to Care* section.

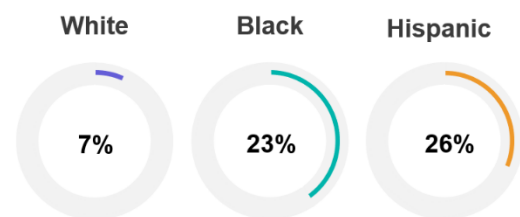
**Figure 17: Transportation**

**In the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?**  
% of individuals responding Yes

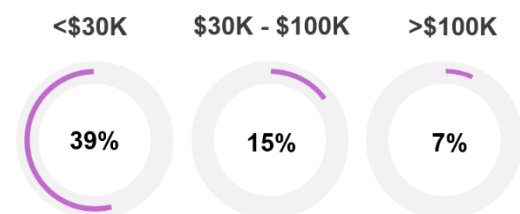


Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

### Stamford Data by Race/Ethnicity



### Stamford Data by Income

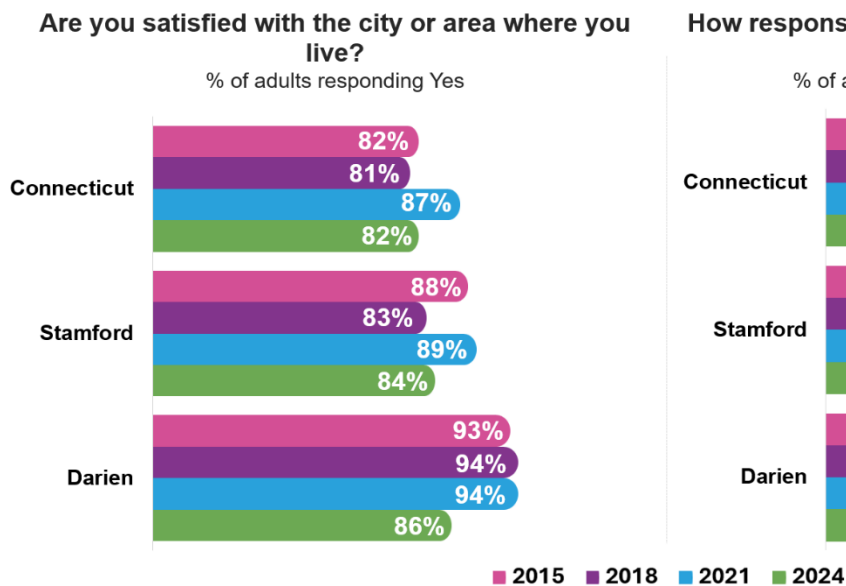


## Social and Community Context

Social and community context plays a critical role in shaping health outcomes, as relationships with family, friends, co-workers, and neighbors can significantly influence well-being. The DataHaven Community Well-being Survey captures these dynamics by asking residents about the satisfaction with their communities.

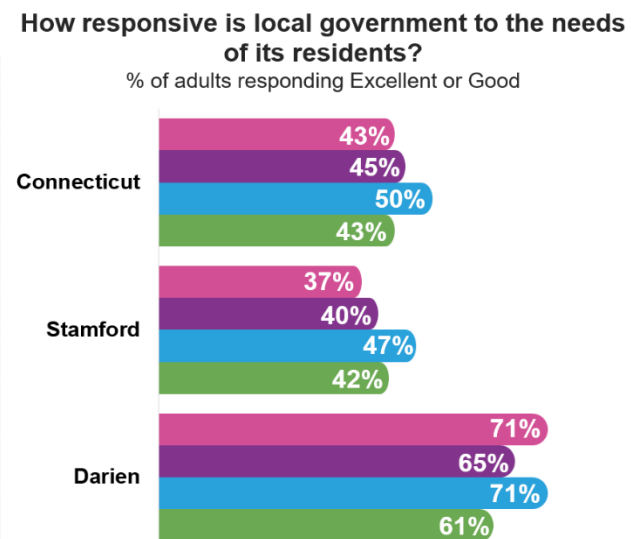
While the majority of residents in both Stamford and Darien report being satisfied with where they live, satisfaction has declined since the previous survey, most notably among Hispanic residents and those with household incomes between \$30,000 and \$100,000. Additionally, fewer residents feel positively about the responsiveness of their local government compared to previous years. In Stamford, 42% of residents rated local government responsiveness as *excellent or good*, down 5% from 2021. In Darien, 61% gave an *excellent or good* rating, reflecting a 10-point decline. Some of the higher ratings in 2021 may have been influenced by heightened visibility and responsiveness of local governments during COVID.

**Figure 18: Satisfaction with City**



Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

**Figure 19: Responsiveness of Local Government**

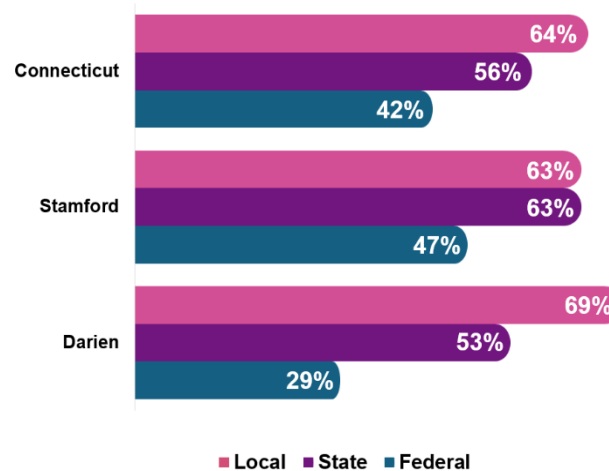


Despite these declines, trust in local and state government remains higher than trust in the federal government. In Stamford, 63% of respondents reported trusting local government, compared to 69% in Darien. By contrast, about half of Stamford residents and 70% of Darien residents expressed little to no trust in the federal government. Notably, Black and Hispanic residents in Stamford reported lower levels of trust across all levels of government.

**Figure 20: Trust in Government**

**How much trust do you have in each of the following to look out for the best interests of you and your family? The Federal, State, and Local Government**

% of adults responding A great deal or A fair amount



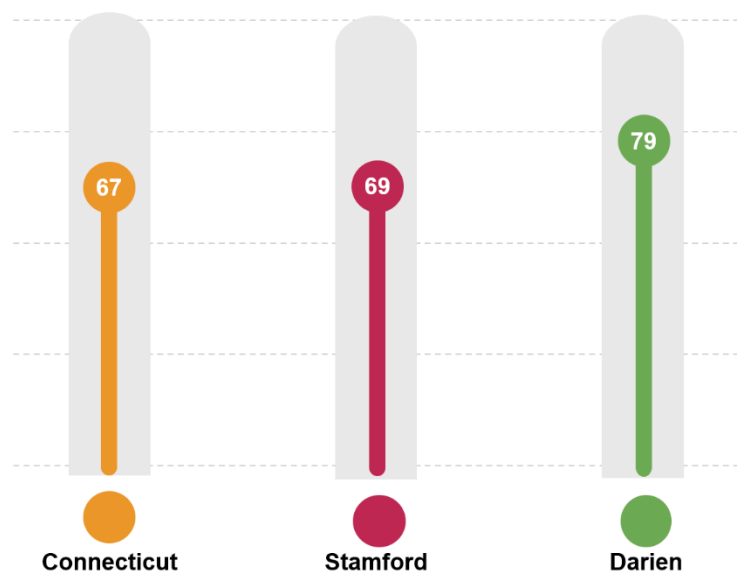
Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

The survey also includes a community asset score, which reflects the percentage of residents who believe their area is a good place to raise children—based on access to parks, fresh produce, job opportunities, and safe spaces for walking and biking. This score, measured on a scale from 0 to 100, serves as a potential indicator of broader health outcomes. Stamford’s score of 69 is on par with the state average, while Darien scored higher at 79.

**Figure 21: Community Assets**

**Community Asset Score**

Based on individuals who reported Good place to raise kids, Good parks, Employment opportunities, Good produce, Safe to walk at night, Safe biking, Recreational facilities available

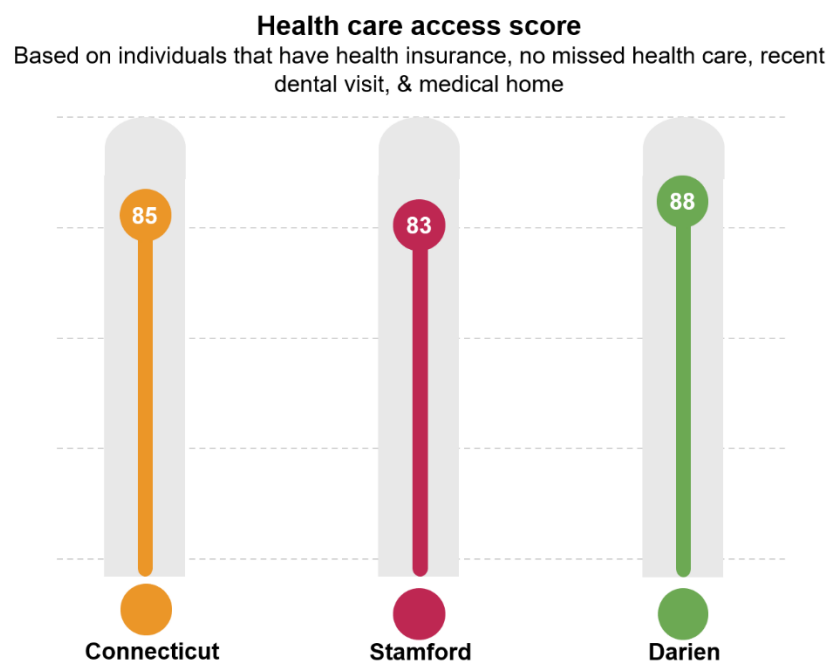


Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

## Healthcare Access & Quality

Access to timely, high-quality healthcare is essential to the health and well-being of any community. Insights from the DataHaven Community Well-being Survey offer valuable insight on the accessibility of care and the barriers that prevent individuals from receiving the services they need.

**Figure 22: Healthcare Access**



Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

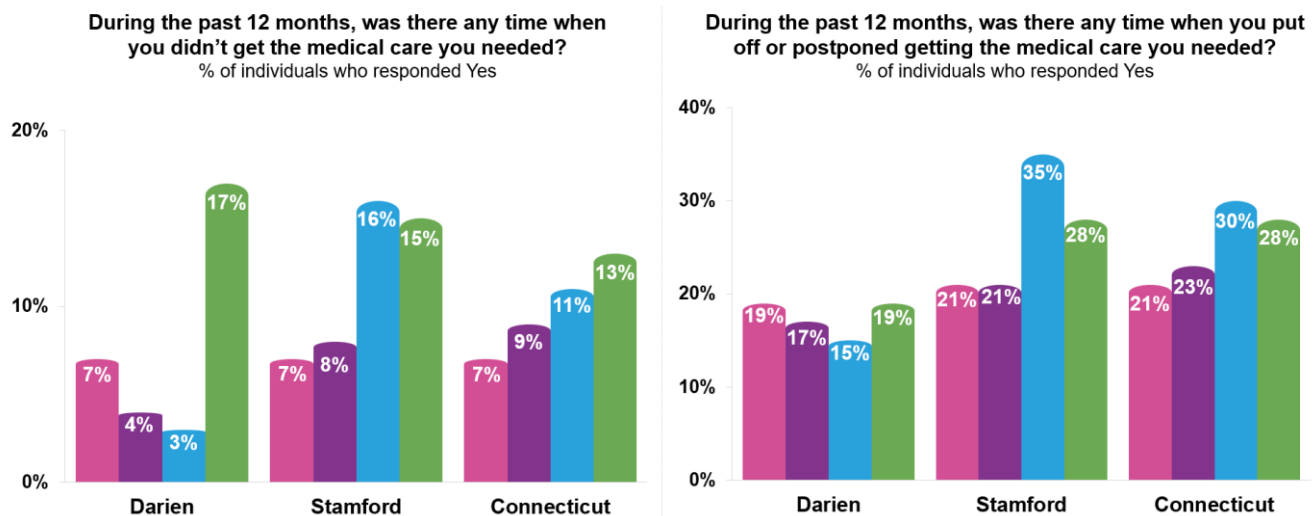
The DataHaven Community Well-being Survey evaluates healthcare access based on key factors, including health insurance coverage, uninterrupted medical care, recent dental visits, and having a designated medical home. Stamford (83) and Darien (88) both rank highly in terms of overall access; however, a closer examination of specific survey questions and supplemental data highlights deeper concerns surrounding accessibility, quality of care, and preventative health services.



## Access & Quality

Survey results revealed that 15% of Stamford residents and 17% of Darien residents did not receive necessary medical care within the last 12 months. Additionally, 28% of respondents in Stamford and 19% in Darien reported postponing care during the same period. In Stamford, the most common reason for postponing care was being too busy with work or other responsibilities. Other top reasons were concerns about the cost of care and a perception that the health issue wasn't serious enough to warrant immediate attention.

**Figure 23: Delayed Care**



Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

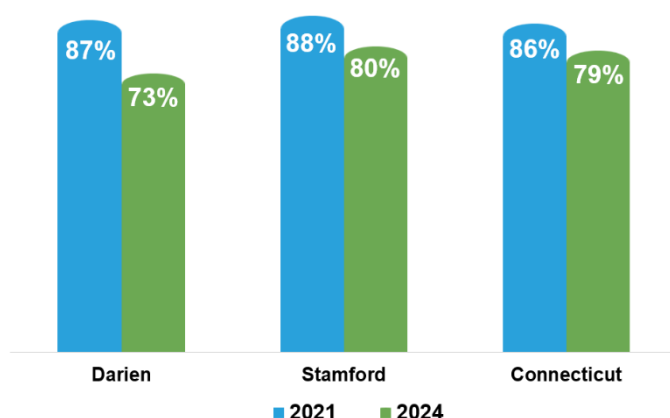
Perceptions of care quality play a critical role in an individual's willingness to seek medical attention when needed. According to the DataHaven Community Well-being Survey, 13% of Stamford respondents reported feeling they were treated with less respect or received care that did not align with the experiences of others. Residents in Stamford with an income of less than \$100,000 are more likely to report having been treated with less respect compared to those with incomes of more than \$100,000. Similarly, Black and Hispanic residents are nearly twice as likely to report having been treated with less respect or receiving services that were not as good as compared to White respondents. When asked about the reasons behind receiving lower-quality care, Stamford respondents most commonly identified race and health insurance status as key contributing factors.

Trust in healthcare providers and local health officials also remains a critical component of healthcare access. Figure 24 shows that while the majority of residents in both Stamford and Darien report trust in these officials, rates declined in both areas—by 8% in Stamford and 15% in Darien. In Stamford, trust levels are notably lower among Black and Hispanic individuals.

**Figure 24: Trust in Local Healthcare Officials**

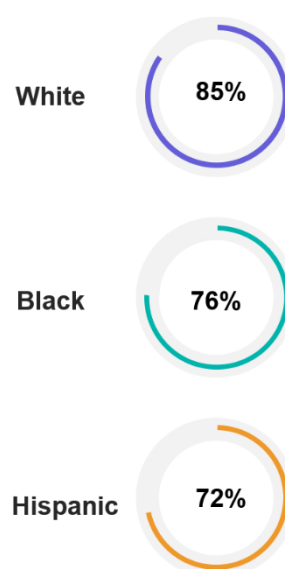
How much trust do you have in each of the following to look out for the best interests of you and your family – Local health officials & Healthcare workers?

% of individuals who responded A great deal or A fair amount



Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

**Stamford Data by Race/Ethnicity**



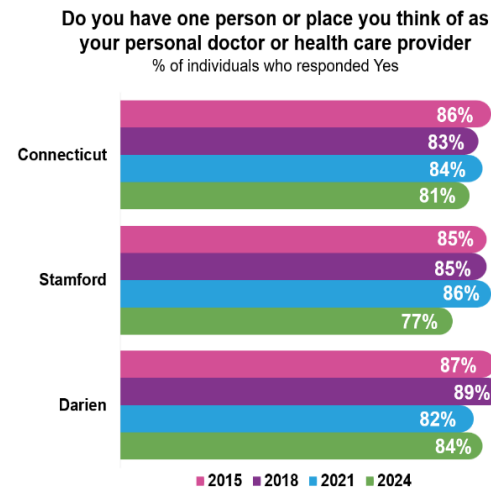
## Preventative Care

Preventative care—comprised of primary care, screenings, and other preventative behaviors—is a critical component of maintaining one’s overall health.

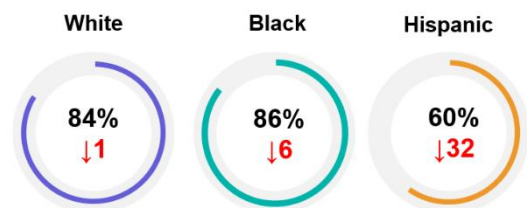
Primary care is a cornerstone of health and well-being, providing essential, ongoing support for individuals and families. Research shows that communities with a greater supply of primary care physicians exhibit lower mortality rates<sup>4</sup>. In the 2024 DataHaven Community Well-being Survey, respondents were asked whether they have a person or place they consider their personal doctor or healthcare provider. Statewide, 81% of respondents reported having a regular source of care. In Darien, that number was slightly higher at 84%, up from 82% in 2021. In Stamford, 77% of residents reported having a personal provider, reflecting a notable decline from 86% in 2021.

When examined by race and ethnicity, the data showed some variation. Eighty-four percent of White residents and 85% of Black residents reported having a regular provider. Conversely, among Hispanic residents only 60% reported having a regular provider, down substantially from the 2021 survey. These findings highlight differences in access to primary care, particularly among populations that may already face systemic barriers to healthcare. Access to primary care also varied by income level. Among residents earning less than \$30k annually, only 60% reported having a regular provider, down 34% from the 2021 survey. For those earning \$30k-\$100k, 79% reported having a provider, an 11% decline from prior reporting. In contrast, 84% of residents earning more than \$100k per year reported having a regular healthcare provider, increasing 5% from 2021.

**Figure 25: Access to Primary Care Provider**



### Stamford Data by Race/Ethnicity



### Stamford Data by Income

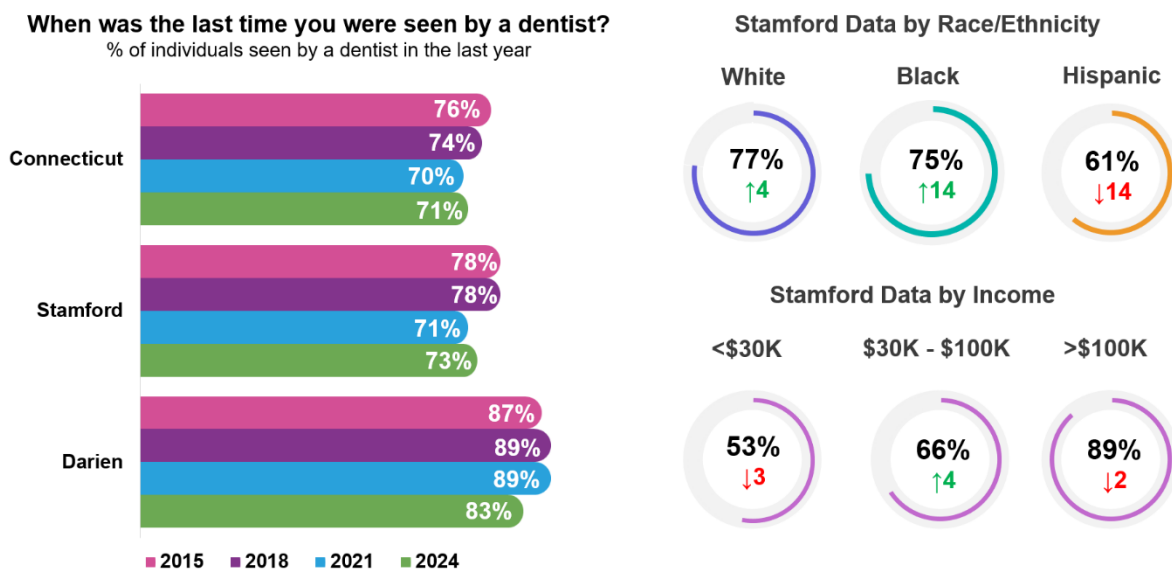


Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

<sup>4</sup> [Association of Primary Care Physician Supply with Population Mortality, 2019](#)

Oral health is also closely linked with the overall health of individuals, making access to dental care a key indicator of community well-being. According to the DataHaven Community Well-being Survey, 83% of Darien respondents reported seeing a dentist within the past year, compared to 73% of Stamford respondents—a 10% gap. Within Stamford, variation in dental care access is more pronounced when data is broken down by race and ethnicity. Hispanic individuals were the least likely to have received dental services in the past year, with a 14% decline from the 2021 survey.

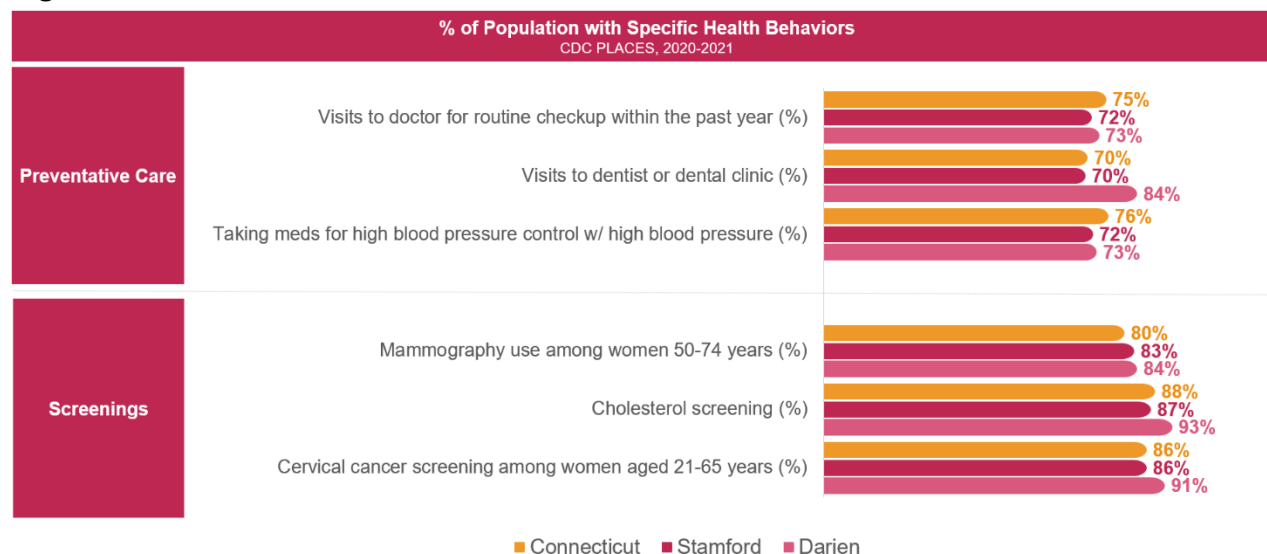
**Figure 26: Dental Care**



Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

These findings align with the CDC PLACES data from 2021, which showed that 72% of Stamford residents received preventive dental care, compared to 84% in Darien.

**Figure 27: Health Behaviors**



CHA. (2021). CDC PLACES Data Analysis (2020–2021).

As shown in Figure 27, CDC PLACES data also provides key insights on other preventative health behaviors linked to access and well-being. According to this data, almost 1 in 3 individuals in Stamford and Darien are not receiving an annual check-up or taking high blood pressure medication when necessary. Conversely, residents in both Stamford and Darien show strong engagement in preventative care through screenings including mammographies, cholesterol screenings, and cervical cancer screenings.

Insurance coverage—referenced earlier in this report in Figure 2—also plays a critical role in accessing primary and preventative care. People with health insurance—especially private insurance—are more likely to have a regular doctor, receive preventative services, and get timely treatment. In contrast, those who are uninsured or rely on public insurance like Medicaid may face barriers such as fewer provider options, longer wait times, and higher out-of-pocket costs, all of which can delay, or limit needed care.



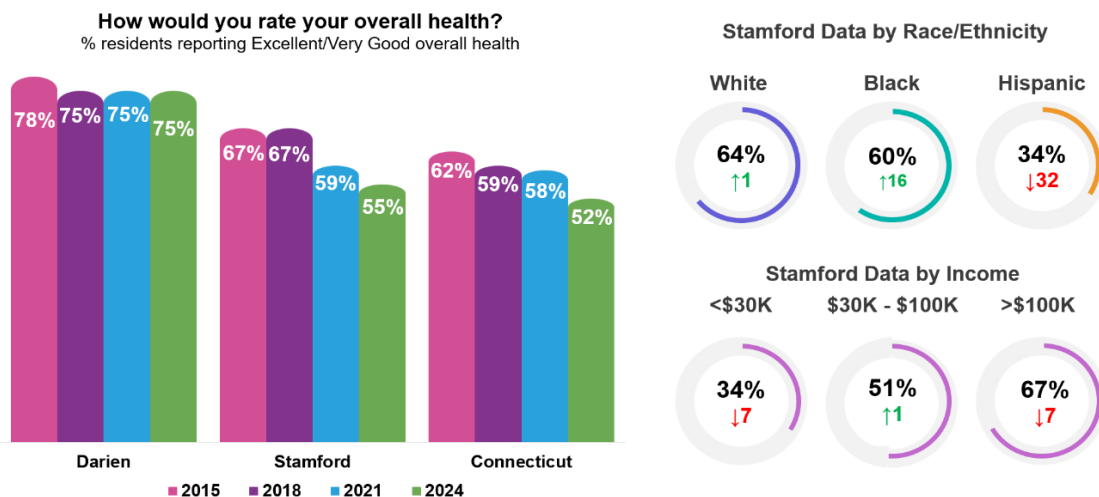
## Health Conditions and Prevalence

### Self-reported Health Status

Self-reported health status is widely recognized as a strong indicator of future health outcomes. To better understand how residents perceive their own health, the 2024 DataHaven Community Well-being Survey asked respondents to rate their overall health. As shown in Figure 28, 75% of Darien residents rated their health as *excellent or very good*—consistent with previous years. In contrast, only 55% of Stamford residents reported *excellent or very good* health, a slight decline from 2021 and only marginally above the state average of 52%. Variation becomes more evident when the data is broken down by race and ethnicity. Sixty-four percent of White residents rated their health as excellent or very good, a modest increase from 2021. Black residents also reported improvements, with 60% rating their health positively—a 16 percentage-point increase from 2021. However, only 34% of Hispanic residents reported *excellent or very good* health, marking a sharp 32-point decline since 2021. This finding is based on Stamford data with a margin of error of  $\pm 5.4$  percentage points at a 95% confidence level, which should be considered when interpreting year-over-year changes.

Research conducted at a national level corroborates the finding that Black residents are less likely than white residents to report having *excellent or very good* overall health.<sup>5</sup> As demonstrated throughout this report, there are a variety of factors that may contribute to differences in reported health status both by race/ethnicity and income level. Research shows that one’s self-reported health status “is strongly associated with morbidity and disability.”<sup>6</sup> The same study notes that both economic as well as social factors also contribute to one’s self-reported health status.

**Figure 28: Overall Health Status**



Source: 2024 DataHaven Community Wellbeing Survey 1) In 2021, the income groups changed to >\$30k, \$30k – \$100k, >\$100k

Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

<sup>5</sup> Source: [NIMHD, 2025](#)

<sup>6</sup> Source: [CDC, 2022](#)

## Health Conditions

Chronic conditions such as high blood pressure, diabetes, heart disease, and asthma remain persistent health concerns in our community. Chronic conditions can lead to increased healthcare costs, reduced quality of life, and economic strain, requiring targeted interventions. Both the DataHaven Community Well-being Survey and CDC PLACES data highlight the prevalence of self-reported chronic conditions across Stamford and Darien.

According to CDC PLACES data—see Figure 29—approximately 1 in 3 individuals report having high cholesterol, 1 in 4 report having high blood pressure and obesity, and 1 in 10 report having asthma. Similar rates were observed in the DataHaven Community Well-being Survey—see Figure 30. According to the survey, overall rates of these conditions have remained relatively steady since 2015, apart from asthma which increased in both Stamford and Darien. However, when the data from Stamford is broken down by race and ethnicity, it highlights concerning results that indicate widening variation in outcomes.

**Figure 29: Chronic Conditions (CDC)**

| % of Population with Select Chronic Conditions (Self-Reported)<br>DataHaven Analysis of CDC PLACES, 2022 |        |          |                  |
|--|--------|----------|------------------|
| Measure  | Darien | Stamford | Fairfield County |
| Coronary heart disease   | 5%     | 5%       | 6%               |
| Current asthma   | 10%    | 10%      | 11%              |
| Diabetes   | 6%     | 9%       | 9%               |
| High blood pressure  | 24%    | 26%      | 28%              |
| High Cholesterol   | 32%    | 30%      | 33%              |

Source: CHA. (2022). CDC PLACES Data Analysis (2022).

As shown in Figure 30, self-reported chronic conditions such as hypertension and diabetes are notably higher among Black residents in Stamford, while conditions like asthma are notably higher among Hispanic residents. Both populations have experienced an increase in chronic condition prevalence, primarily for diabetes and asthma.

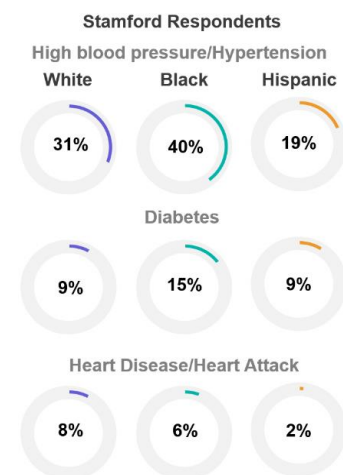
These shifts highlight the importance of continued investment in chronic disease prevention and management, particularly for historically underserved communities.

**Figure 30: Chronic Conditions (CWS)**

Have you ever been told by a doctor or health professional that you have...  
(based on 443 participants reporting "Yes")

| City     | Survey Year | High blood pressure/Hypertension | Diabetes | Heart disease/Heart attack |
|----------|-------------|----------------------------------|----------|----------------------------|
| Darien   | 2015        | 20%                              | 4%       | 3%                         |
|          | 2018        | 14%                              | 3%       | 5%                         |
|          | 2021        | 18%                              | 2%       | 2%                         |
|          | 2024        | 19%                              | 3%       | 4%                         |
| Stamford | 2015        | 24%                              | 8%       | 4%                         |
|          | 2018        | 28%                              | 9%       | 5%                         |
|          | 2021        | 30%                              | 9%       | 4%                         |
|          | 2024        | 28%                              | 10%      | 5%                         |

Source: DataHaven. (2015–2024). Community Wellbeing Survey.

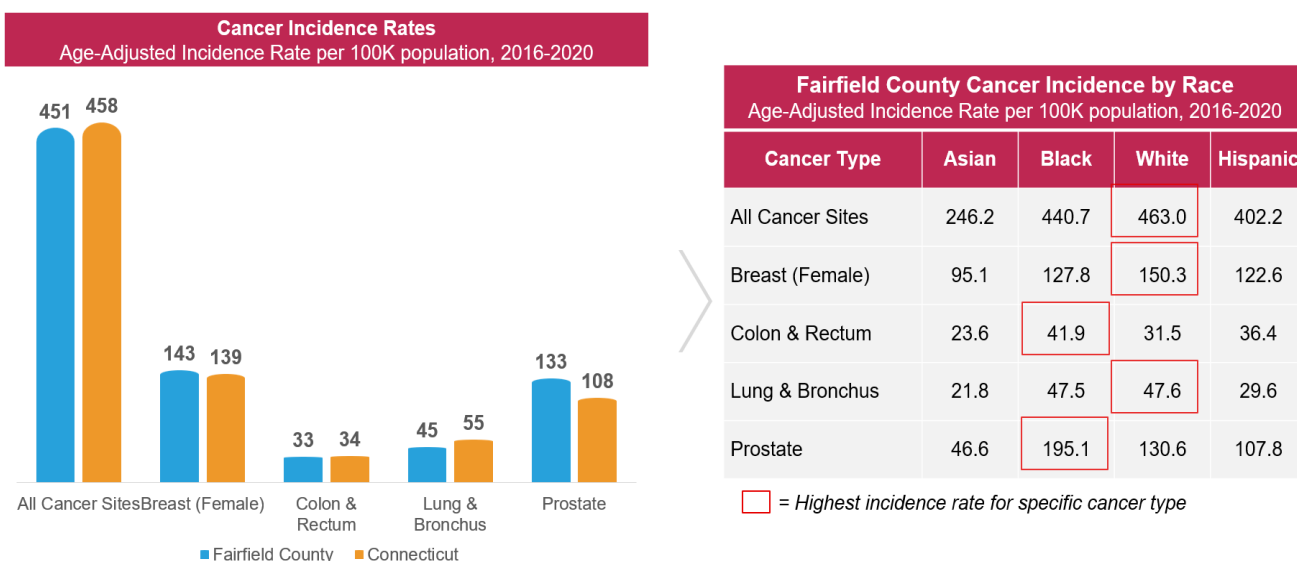


## Cancer

Cancer remains a leading cause of illness and death in the community, affecting individuals across all age groups. Fortunately, as shown in Figure 31, cancer incidence rates in Fairfield County tend to be lower than the state, except for breast cancer and prostate cancer. According to a recent study conducted by researchers at Columbia University Mailman School of Public Health, Connecticut has the highest rates of early-onset breast cancer in the country, at 41 cases per 100,000 people.<sup>7</sup>

Incidence rates within the county also vary by race, with White individuals experiencing the highest rates of breast and lung cancer and Black individuals experiencing the highest rates of colon and prostate cancer. While the county performs better than the state, cancer remains the leading cause of mortality in both Stamford and Darien—see Figure 45 under *Hospital Utilization*.

**Figure 31: Cancer Incidence**



Source: CHA. (2021). State Cancer Profiles Analysis (2016–2020).

## Behavioral Health

Behavioral health—including both mental health and substance use—continues to be an increasingly pressing issue in our community. Individuals across all age groups are facing heightened challenges with youth and adults alike experiencing rising rates of depression, anxiety, and substance use. In recent years, the strain on behavioral health has intensified fueled by factors such as economic stress, trauma, and limited access to timely care. Understanding the trends related to behavioral health is essential for shaping responsive services and coordinated efforts to improve well-being across the community.

<sup>7</sup> Source: [Columbia Mailman School of Public Health, 2025](#)

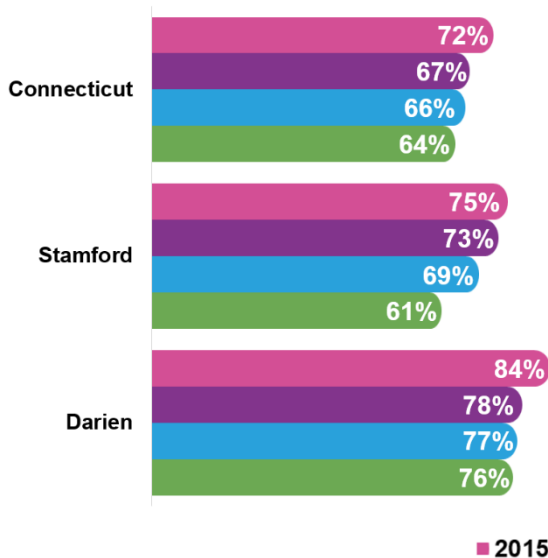
## Mental Health

Mental health is recognized as having a large impact on one's overall health and well-being. The DataHaven Community Well-being Survey assesses the current state of individual's mental health with a series of questions related to satisfaction with one's life, anxiety, and depression. As evident in Figure 32, the percent of individuals who reported being *completely or mostly* satisfied with their life nowadays declined across both Stamford and Darien, with substantial declines for Hispanic residents. As shown in Figure 33, when asked how anxious they felt yesterday, a greater percentage of individuals reported *completely or mostly* anxious compared to previous years. This rise may reflect ongoing mental health challenges in the aftermath of the COVID-19 pandemic, as well as broader national trends pointing to increased anxiety across all age groups. The increase was especially pronounced in Darien, where the rate rose from 3% in 2021 to 14% in 2024.

**Figure 32: Satisfaction with Life**

Overall, how satisfied are you with your life nowadays?

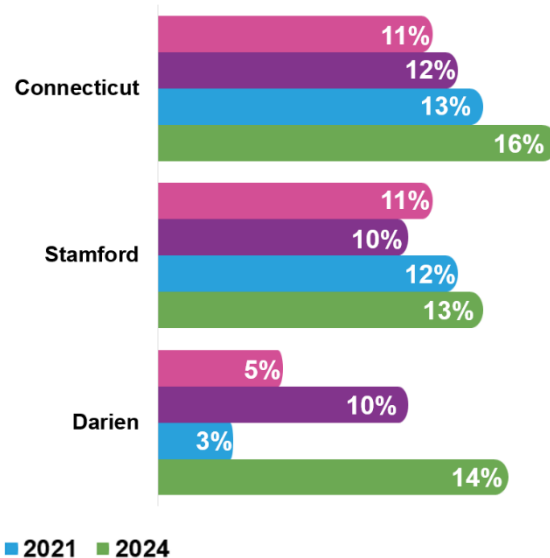
% of individuals responding Completely/Mostly



**Figure 33: Anxiety**

Overall, how anxious did you feel yesterday?

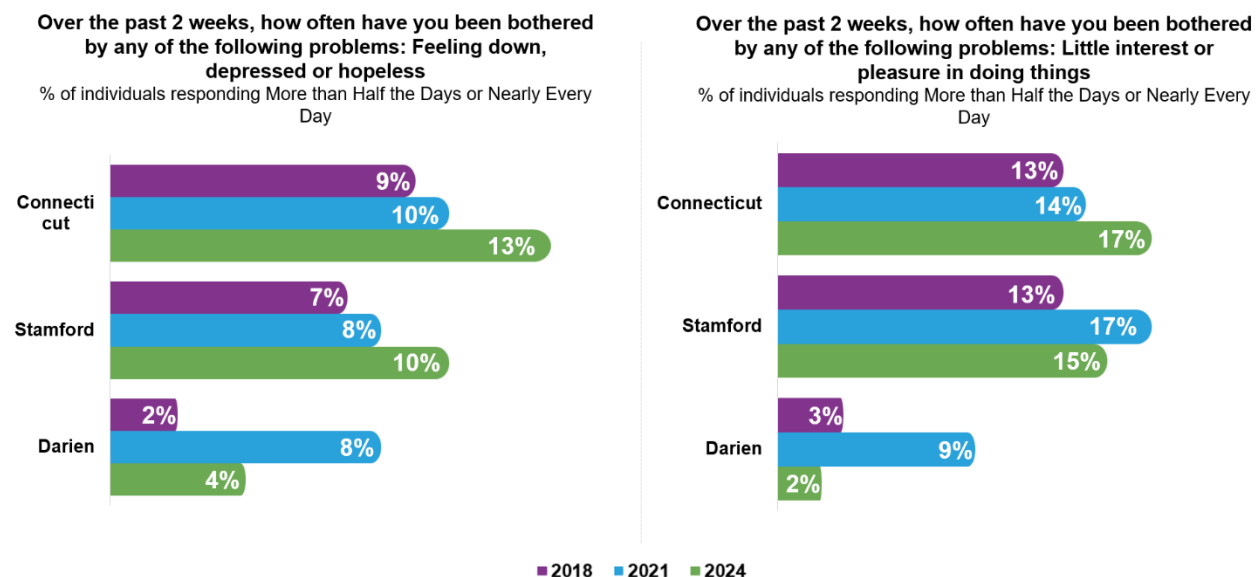
% of individuals responding Completely/Mostly



Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

Through the survey, individuals were also asked about symptoms of depression. In Stamford, the percentage of individuals indicating that they were bothered by feeling down, depressed, or hopeless over the past two weeks more than half the days or nearly every day increased from 8% in 2021 to 10% in 2024. In Darien, however, the percentage of individuals indicating that they were bothered by feeling down, depressed, or hopeless over the past two weeks more than half the days or nearly every day decreased from 8% in 2021 to 4% in 2024.

**Figure 34: Depression**



Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

While understanding how individuals respond to questions about depression in the community is important, many individuals do not recognize or label their feelings as such. As a result, the DataHaven Community Well-being Survey also asked individuals about their interest or pleasure in doing things. This question is used in combination with the above question regarding feelings of depression in the nationally recognized and validated Patient Health Questionnaire-2; a tool used by clinicians to evaluate the mental health of patients.

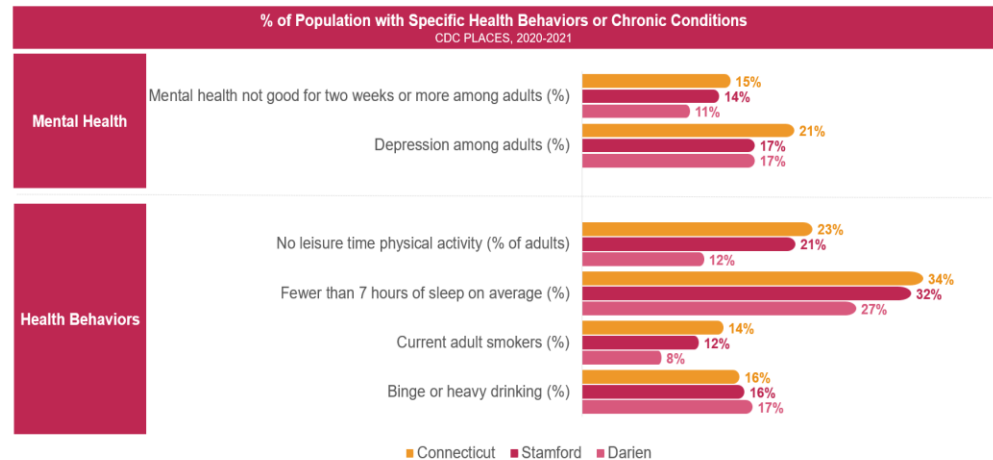
As demonstrated in Figure 34, in Stamford, more individuals report having little interest or pleasure in doing things *more than half the days or nearly every day* as compared to those who experience feelings of depression. In Darien, the percentage of respondents who report having little interest or pleasure in doing things *more than half the days or nearly every day* declined as compared to 2021.

For both questions, Black and Hispanic residents in Stamford responded at higher rates, suggesting increased mental health struggles among these populations.



CDC PLACES data also assesses behavioral health indicators and chronic conditions related to mental health and substance use. According to the data—shown in Figure 35—almost 1 in 5 adults in both Stamford and Darien report depression. In Stamford, residents also report higher rates of no leisure time physical activity (21%) and fewer than 7 hours of sleep on average (32%). While rates are slightly lower in Darien, these concerns still persist with 12% and 27% of respondents, respectively. These behaviors are closely linked to the mental health and well-being of individuals.

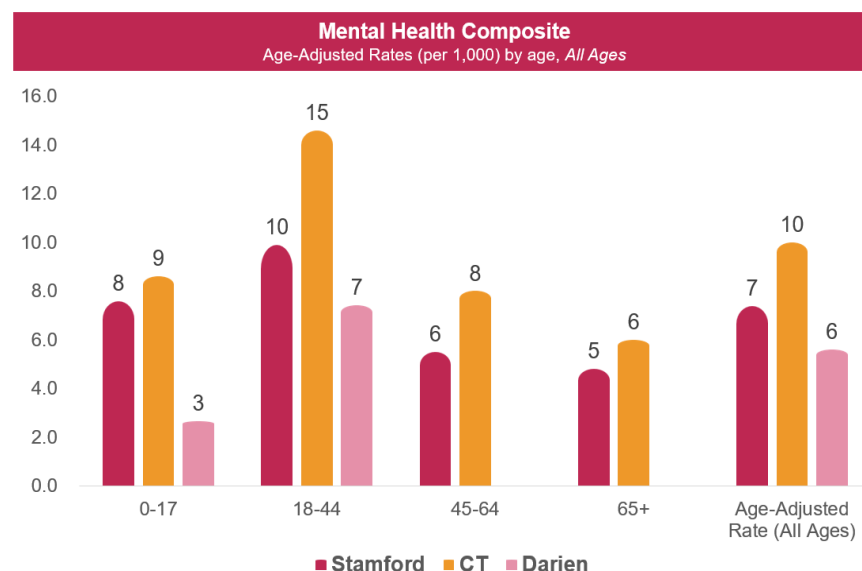
**Figure 35: Behavioral Health Conditions and Behaviors**



Source: CHA. (2021). CDC PLACES Data Analysis (2020–2021).

Hospitalization data for the communities of Stamford and Darien further suggest that mental health conditions are pervasive in both communities, as well as across the state of Connecticut. While mental health-related hospitalizations are generally lower than the statewide average, they represent one of the most common reasons for hospital encounters in both Stamford and Darien compared to other conditions evaluated—see Figure 36. Figure 36 shows the breakdown of annual hospital encounter rates for those with a primary diagnosis of a mental health condition. As demonstrated by the data, the rate of hospitalizations is particularly high among children and adolescents in Stamford and those aged 18–44 in both areas. Data for the 45–64 and 65+ age groups in Darien was not available due to cell size suppression, which occurs when the number of patients in a category is too small (N<16) to report reliability.

**Figure 36: Mental Health Hospitalizations**



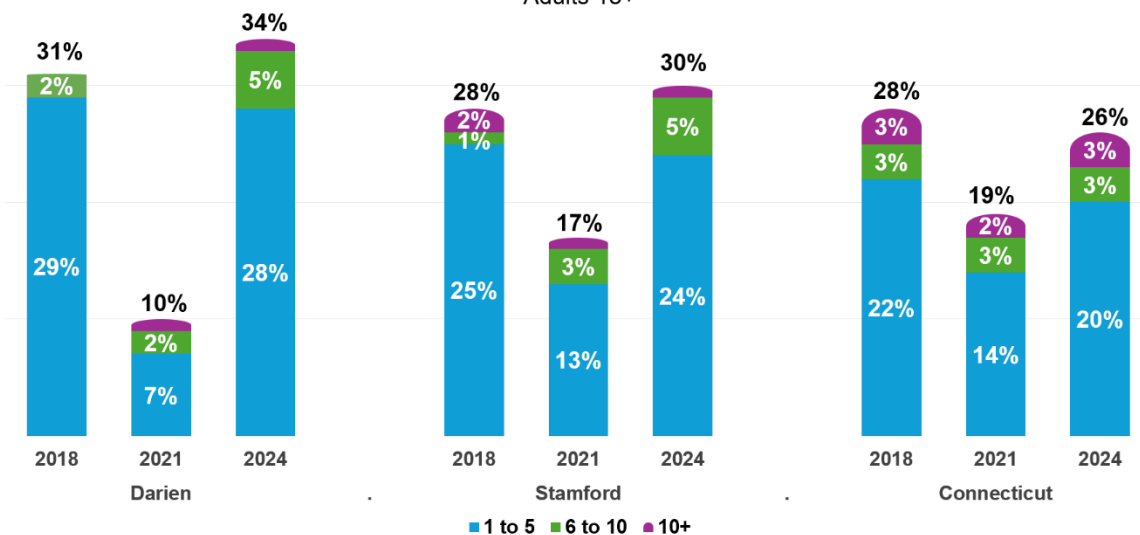
Source: CHA. (2024). CHIME Hospitalization Data, FY2024.

## Substance Use

In 2021, concerns around the consumption of alcohol declined substantially likely driven by the COVID-19 pandemic. Specifically, the DataHaven Community Well-being Survey asked individuals the number of times they engaged in binge drinking (defined as 5+ drinks for men and 4+ drinks for women) within a 30-day period. The 2021 survey results suggested that approximately 10% of respondents in Darien and 17% of respondents in Stamford engaged in binge drinking on a regular basis—both figures down substantially from the 2018 survey. Data collected through the 2024 survey, however, indicates an increased frequency of binge drinking beyond the rates of 2018. As shown in Figure 37, 34% of respondents in Darien and 30% of respondents in Stamford reported binge drinking in the past 30 days—a 24 percentage point and 13 percentage point increase from 2021, respectively. Both CDC PLACES data—see Figure 35—and DataHaven Community Well-being Survey data show the binge drinking rates in Stamford and Darien are higher than the state average.

**Figure 37: Binge Drinking**

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (men)/4 (women) or more on an occasion  
Adults 18+

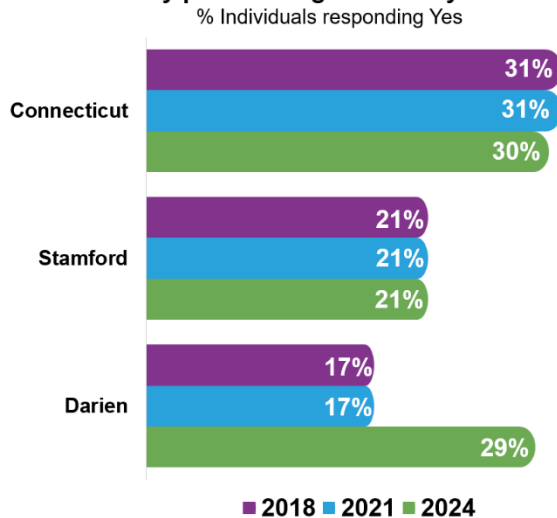


Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

According to research published in *The Lancet*, the opioid crisis peaked in 2020.<sup>1</sup> When conducting research for the 2019 CHNA the team was keenly aware of the concern at the time and carefully monitored hospitalizations attributed to opioid use. However, in the 2021 DataHaven Community Well-being Survey, there was no substantial increase in the percent of individuals who report knowing an individual who has struggled with addiction to opiates. That trend remained largely consistent in the 2024 survey—see Figure 38—, with two notable exceptions: a significant increase in Darien, from 17% in 2021 to 29% in 2024, and a rise among Hispanic residents and those earning less than \$30,000 annually in Stamford responding yes. The increase observed in Darien is particularly striking, though it should be interpreted with caution due to the  $\pm 12$  percentage point error at the 95% confidence level in the data.

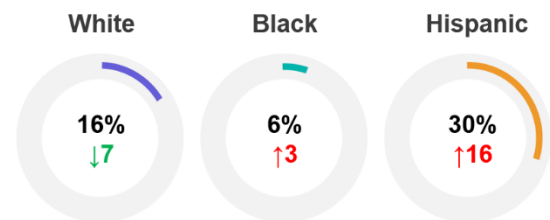
**Figure 38: Opiate Addiction**

**Do you personally know anyone who has struggled with an addiction to heroin or other opiates such as prescription painkillers (like Percocet or OxyContin) at any point during the last 3 years?**  
% Individuals responding Yes

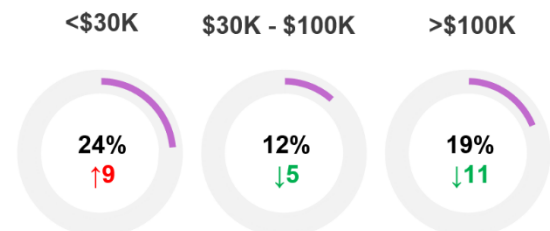


Source: DataHaven. (2015–2024). *Community Wellbeing Survey*.

**Stamford Data by Race/Ethnicity**



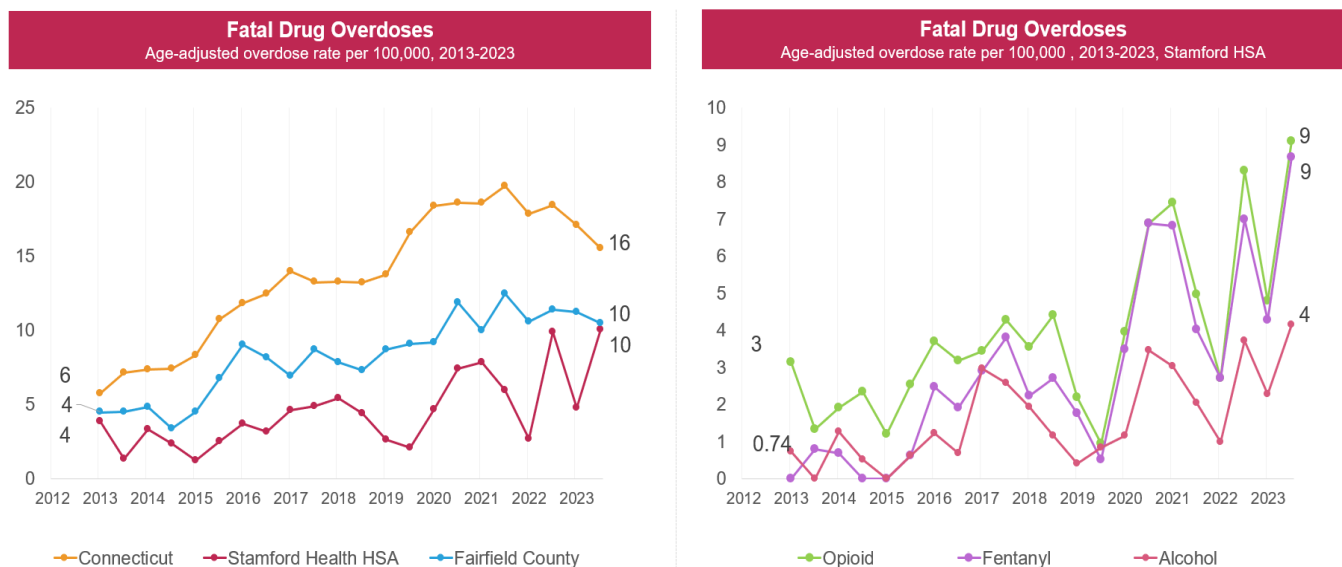
**Stamford Data by Income**



To further understand the impact of opiates, we looked at the fatal drug overdose rate per 100,000 from 2013-2023 (Figure 39). In Stamford Health's HSA, the age-adjusted rate of fatal drug overdoses has shown a clear upward trend in recent years, primarily driven by opioid- and fentanyl-related overdoses. While the absolute number of deaths remains relatively small, fluctuations can appear more pronounced due to the way the data is calculated and presented.

In addition to overdose deaths, the rate of hospital encounters for individuals with a primary diagnosis of a substance-related disorder is among the highest compared to other conditions evaluated in Stamford (Figure 43). This is primarily driven by alcohol-related disorders, for which the rate in Stamford Health's HSA exceeds the state average.

**Figure 39: Fatal Drug Overdoses**



Source: DataHaven. (2024). Overdose & Mortality Trends Analysis.

## Youth Behavioral Health

Youth in our community are facing a growing behavioral health crisis. Rates of anxiety, depression, and substance use are rising, driven by increasing stress, social pressures, and limited access to support.

Stamford (grades 7-12) and Darien (grades 6-12) both conduct local youth surveys in their school districts, providing valuable insights around youth behavioral health. As depicted in Figure 40, the surveys indicate youth are experiencing high rates of mental health issues, with almost 1 in 4 children reporting anxiety and 1 in 5 reporting depression. Mental health issues are being exacerbated by risk factors like social media and gaming. According to the surveys, 25% of students in Stamford and 35% of students in Darien reported feeling worse about themselves due to social media. Similarly, 34% in Stamford and 30% in Darien noted that they have lost sleep due to gaming. Gambling is also on the rise in Darien—given its more affluent demographics—with 22% of student respondents reporting having engaged in gambling activities.

**Figure 40: Youth Behavioral Health Surveys – Mental Health**

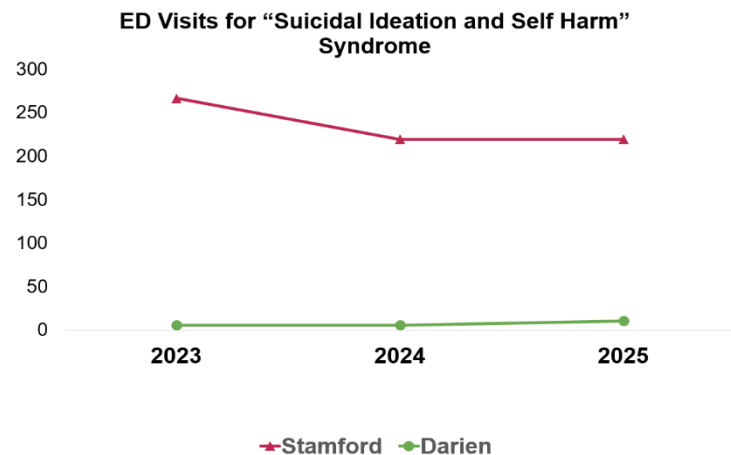
| Survey Measure     |   | 2023 Darien Youth Survey              | 2024 Stamford Youth Voices Count        |
|--------------------|---|---------------------------------------|---|
| Sample Size        |   | 1,907 (Grades 6-12)                   | 3,819 (Grades 7-12)                     |
| Protective Factors | Have connection to a trusted adult              | 80%                                   | 89%                                     |
|                    | Feel safe in the community                      | 87%                                   | 86%                                     |
|                    | Feel safe at school                             | 84%                                   | 79%                                     |
|                    | Know where to go for help                       | 71% (MH), 52% (SU) <sup>1</sup>       | 83%                                     |
| Risk Factors       | Felt worse about themselves due to social media | 35%                                   | 25%                                     |
|                    | Lost sleep due to gaming                        | 30%                                   | 34%                                     |
|                    | Have engaged in gambling activities             | 22%                                   | 8%                                      |
| Mental Health      | Anxiety   | 24%                                   | 23%                                     |
|                    | Depression                                      | 21%                                   | 21%                                     |
|                    | Thoughts of suicide                             | 9%                                    | 9%                                      |
|                    | Other (Suicide/Self Harm)                       | 2% attempted suicide in the past year | 10% reported self harm in the past year |

1. MH – Mental Health, SU – Substance Use  
Source: TYTF. (2023). Darien Youth Survey Findings.



More alarmingly, almost 1 in 10 students in both Stamford and Darien reported having thoughts of suicide, with 2% attempting suicide in the past year in Darien and 10% reporting self-harm in Stamford. According to the Connecticut Suicidal Ideation and Self Harm Emergency Department Visit Report (Figure 41) from the CT Department of Public Health, rates were highest among the 10-17 age group, with a rate of 490.7 per 10,000 visits. Darien's rate for the 10-17 age group was even higher at 643.7 per 10,000 visits. The rate across Connecticut for this group was 497.8 per 10,000 visits.

**Figure 41: Suicidal Ideation and Self Harm Emergency**



Source: CT DPH. (2024). *Injury & Violence Prevention*.

Youth in both areas also report substance use, with alcohol having the highest prevalence—12% reported use in the past 30 days in Darien and 5% reported use in the past 30 days in Stamford. While alcohol use has declined notably in Darien since 2018, 59% of students agreed that alcohol is relatively easy to access. In Stamford, 1 in 5 students reported having used alcohol in their lifetime with 44% of students agreeing that alcohol is relatively easy to access.

**Figure 42: Youth Behavioral Health Surveys – Substance Use**

| Survey Measure |   | 2023 Darien Youth Survey | 2024 Stamford Youth Voices Count |
|----------------|---|--------------------------|----------------------------------|
| Sample Size    |   | 1,907 (Grades 6-12)      | 3,819 (Grades 7-12)              |
| Substance Use  | Alcohol (past 30 days)                        | 12%                      | 5%                               |
|                | Marijuana (past 30 days)                      | 4%                       | 3%                               |
|                | Vaping (past 30 days)                         | 3%                       | 4%                               |
|                | Agree it's very/sort of hard to get alcohol   | 41%                      | 66%                              |
|                | Agree it's very/sort of hard to get marijuana | 87%                      | 74%                              |

Source: TYTF. (2023). Darien Youth Survey Findings.

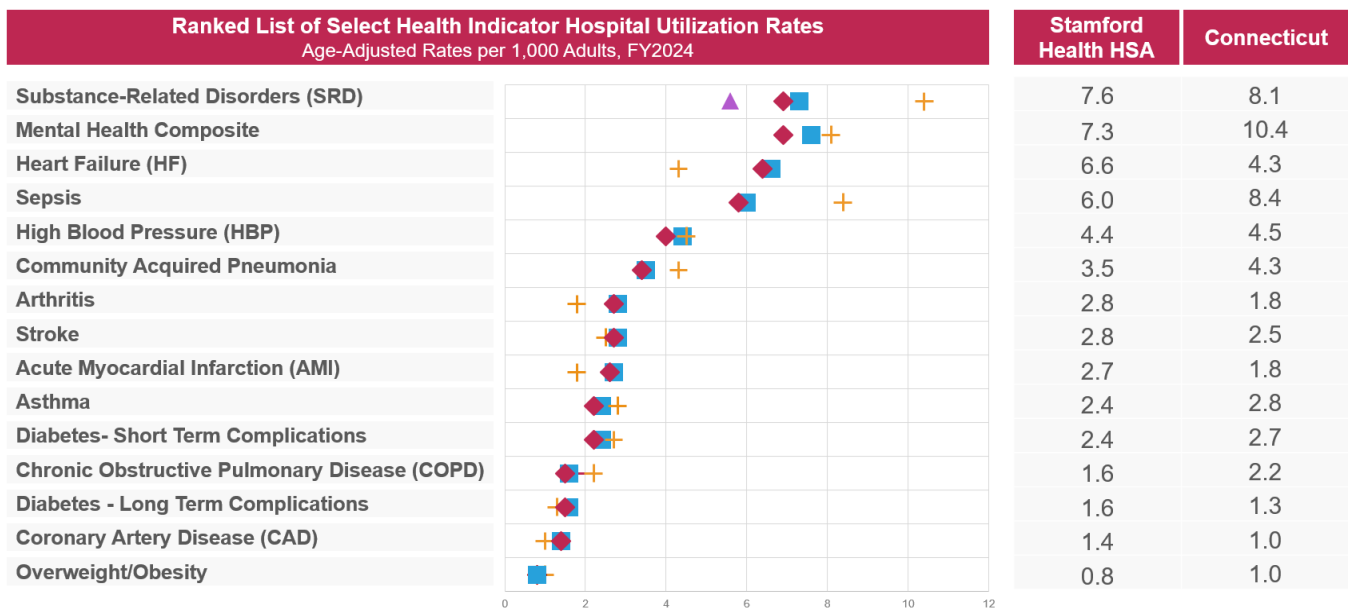
Other substances, like marijuana and vaping, are used less frequently. In Stamford, only 3% of students reported marijuana use and 4% reported vaping in the past 30 days. Similarly, in Darien only 4% reported marijuana use and 3% reported vaping in the past 30 days. Nonetheless, use of substances can lead to increased risk factors and mental health issues. It should also be noted that students may underreport usage via these surveys in fear of consequences.





## Hospital Utilization

Understanding how individuals utilize Connecticut hospitals and the conditions with which individuals present to hospitals most frequently contributes to our understanding of disease prevalence and severity within a geography. Hospital encounter data provides insight into this while allowing us to compare the rate of hospital encounters in a particular community to that of a similar or a larger geography. In doing so, we gain a better understanding of the relative burden of disease in a community compared to others. Higher hospitalization rates can be linked to limited access to preventative care, socioeconomic factors, and poorer health outcomes.

As evident in Figure 43, within Stamford Health's HSA, health indicators with the highest hospital utilization rates based on a primary diagnosis include substance-related disorders, mental health, and heart failure. When comparing to Connecticut overall, Stamford and Darien combined have higher rates of utilization for heart failure, stroke, arthritis, acute myocardial infarction (AMI), diabetes (long-term complications), and coronary artery disease (CAD). Available data suggests that rates across most indicators tend to be higher in Stamford than Darien.

**Figure 43: Hospital Utilization**

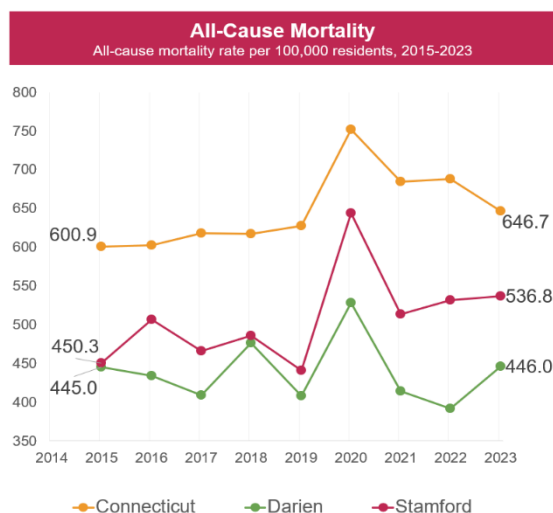


Source: CHA. (2024). CHIME Hospitalization Data, FY2024.  Stamford Health HSA  Connecticut  Stamford  Darien

## Mortality & Years of Potential Life Lost

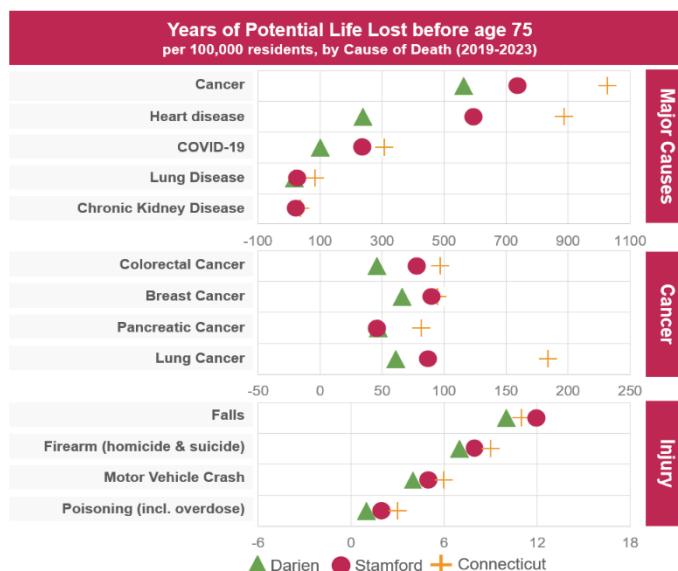
All-cause mortality increased in both Stamford and Darien from 2021 through 2023 after a large spike during the COVID-19 pandemic. As expected, the COVID-19 pandemic had a negative impact on mortality rates and caused the rate to increase significantly in both communities, but in Stamford the increase was more pronounced.

**Figure 44: All-Cause Mortality**



Source: DataHaven. (2024). Occurrent Deaths Analysis (2015–2023).

**Figure 45: Years of Potential Life Lost**



In addition to all-cause mortality, years of potential life lost (YPLL) can help to identify causes of premature deaths in a population. YPLL is often used as a measure to identify health conditions for which interventions may be most impactful. Data in Figure 45 demonstrates the primary causes of years of potential life lost before age 75 in Stamford, Darien, and Connecticut for 2019-2023. For those who are under 75 years of age, cancer is the primary cause of death in our community and across the state. In both Stamford and Darien, after cancer, heart disease is the primary cause of death for those under age 75, followed by COVID-19.

## QUALITATIVE

### Behavioral Health

Behavioral health, defined as mental health and substance use, emerged as the most consistently cited and deeply concerning issue across the Stamford and Darien communities. Both youth and adult populations are increasingly experiencing mental health challenges that are exacerbated by social stressors and limited access to care.

#### Concerns Among Youth

Behavioral health challenges among youth surfaced as a central concern in both Stamford and Darien. Stakeholders and community members consistently reported rising rates of depression, anxiety, and social withdrawal in school-aged children and adolescents. Many participants noted an increase in chronic absenteeism, classroom disengagement, and disciplinary issues that appear closely tied to unmet mental health needs. The COVID-19 pandemic's lingering effects, combined with academic pressures, family instability, and social media influences, have compounded these challenges. As a result, community members also cited a need for more community-based resources, programs, and safe spaces to positively engage youth outside of school—particularly those with high risk factors (e.g., isolation).

Of particular note was that newly arriving immigrant youth are navigating complex layers of trauma that significantly impact their behavioral health. Many have experienced or witnessed violence, displacement, or family separation in their countries of origin or during the migration journey. Upon arrival, they face the additional stress of cultural adjustment, language barriers, and fears around immigration status. These youth may struggle silently with anxiety, grief, or post-traumatic stress and without appropriate support, these young individuals remain at high risk for emotional and academic challenges, further deepening varied outcomes across the community.

In addition to mental health concerns, substance use among youth—particularly vaping and alcohol consumption—was identified as an escalating issue. Vaping was frequently mentioned, with community members alarmed at the increasing prevalence of e-cigarette use among middle and high school students. Youth often perceive vaping as harmless, despite growing evidence of its negative impact. Alcohol use also remains widespread and is often normalized in social settings, including among younger adolescents. One interviewee cited increased alcohol use in the high school bathrooms. A particularly troubling concern is the accessibility of these substances. Numerous participants pointed to the proliferation of local smoke shops in Stamford—many of which are reportedly selling vaping products and other substances illegally to minors. Community members emphasized that enforcement is inconsistent, and youth are often able to purchase these products without proper age verification.

### COMMUNITY VOICES

*"Things are not getting better, they are getting worse."*

*"Mental health is a mountain we still need to climb."*

*"There is a pervasive sense of general unhappiness, characterized by stress, anxiety, overwork, financial struggles, and political tensions."*

*"Access to mental health services remains challenging, with providers having long waitlists even for insured patients."*

*"Alcohol use was viewed as a means to relieve stress and, as a group, not seen as a health concern."*

This accessibility, combined with peer pressure and stress, can contribute to early initiation and more complex issues related to substance use.

### *Concerns Among Adults*

Behavioral health challenges among adults in the community are steadily worsening, driven largely by the pressures of the current economic and social environment. Many residents are navigating heightened financial instability, job insecurity, housing pressures, etc.—all of which have contributed to a noticeable increase in anxiety, depression, and chronic stress. Community members reported that the rising cost of living, compounded by limited access to affordable healthcare and social services, is weighing heavily on individuals and families alike. It was noted that these stressors are affecting adults across all income levels but are particularly acute for low-income populations and the immigrant population in Stamford.

Alcohol use among adults has also increased significantly in recent years, with many individuals using it as a means to cope with ongoing stress and untreated mental health issues. Binge drinking in particular was highlighted as a growing concern, with community members observing a normalization of heavy alcohol consumption in social settings. For many, alcohol use is not seen as a health issue has become a coping mechanism in the absence of healthier, community-supported alternatives.

### *Insufficient Services*

Despite the growing need, interviewees noted that behavioral health services in the community continue to lack in both availability and accessibility. Participants described long wait times for counseling or psychiatric care, limited provider availability—especially for services covered by public insurance—and a shortage of culturally and linguistically competent professionals. This shortage spans across both public and private sectors and affects individuals of all age groups and insurance statuses. As a result, early behavioral health symptoms may go untreated, leading to increased complexity and the need for more acute services such as the emergency department or inpatient treatment.

Interviewees noted that access issues are particularly pronounced among immigrant and low-income populations, who face additional barriers such as language, transportation, and lack of familiarity with the health system. Even when services are technically available, they are often out of financial reach for underinsured residents. The fragmented nature of behavioral health care, coupled with persistent stigma, prevents many individuals from seeking or sustaining treatment. This gap in services contributes to worsening health outcomes, increased emergency room visits, and greater demand on crisis services such as law enforcement and emergency departments.



## Access to Healthcare

Access to affordable, timely, and appropriate healthcare remains a persistent challenge across the Stamford and Darien communities. Qualitative feedback revealed that, while healthcare infrastructure exists, there are barriers that still prevent many residents—particularly those from underserved populations—from utilizing available services. These barriers fall into three primary categories: the high cost of care and limitations of insurance coverage, gaps in preventative and specialty care, and the overall complexity of navigating the healthcare system.

### *Cost of Services and Insurance Coverage*

The cost of healthcare services was one of the most commonly cited barriers in community feedback. Even individuals with insurance reported avoiding care due to high deductibles, copayments, and out-of-pocket expenses. For those who are underinsured or reliant on limited public health programs, costs often make regular medical attention inaccessible. Uninsured individuals—especially undocumented immigrants and part-time workers—face even greater barriers, often delaying or forgoing care until a crisis arises, at which point emergency services become the only viable option.

### *Preventative and Specialty Care*

Preventative care—including vaccinations, screenings, and routine check-ups—is often the first line of defense in managing public health, but many residents are missing out due to systemic access issues. Participants described long wait times for primary care appointments, limited availability of culturally competent providers, and scheduling challenges, particularly for working adults and families with children. These barriers are compounded for non-English-speaking residents, who may struggle to understand the process of securing appointments or determining eligibility for services.

Access to specialty care is even more constrained than primary care. Community members noted difficulty securing referrals to specialists for conditions that require more complex treatment, such as cardiology, endocrinology, or behavioral health. Extended wait times—sometimes several months—are not uncommon. These delays in specialty care often result in the worsening of health conditions, more frequent emergency room visits, and avoidable complications.

### *Complexity of the Healthcare System*

Beyond financial and logistical hurdles, many residents experience frustration with the overall complexity of the healthcare system. For individuals with limited health literacy or unfamiliarity with healthcare processes—such as new immigrants, older adults, and those with lower education levels—navigating appointments, referrals, insurance paperwork, and prescription requirements can be overwhelming. Even those who speak English fluently noted difficulty understanding their insurance plans or knowing which providers are in-network. Interviewees note that there is a general lack of

## COMMUNITY VOICES

*"How do you help someone that is crying out for help but who doesn't have the means to be seen [by a provider] except when they call 911 or EMS? That is the only way individuals without coverage are able to receive healthcare."*

*"Health insurance is not affordable, especially for people who are self-employed, the monthly premium is so high."*

*"People know healthcare services exist but do not know how to connect or navigate the system."*

understanding of where to receive appropriate care (e.g., urgent care vs. emergency department). Additionally, once discharged from the hospital, patients often don't understand where—or know how—to get appropriate follow-up care.

Language barriers further compound these issues. Spanish-speaking and Haitian-Creole-speaking community members in particular described struggling to communicate with providers, access forms in their language, or advocate for themselves within clinical settings. This can lead to delayed diagnoses, inappropriate treatment, and increased mistrust of healthcare institutions.

Overall, the complexity and fragmentation of the system often result in individuals falling through the cracks—either receiving incomplete care or disengaging from the system entirely. This suggests a need for improved navigation, reduction of language and cultural barriers, and simplified pathways to care, especially for the most vulnerable populations.

## Housing

Housing insecurity was continuously cited as a rising issue in both Stamford and Darien. Community members overwhelmingly cited challenges related to affordability, quality, and access to safe, stable housing. Many residents—particularly low- and moderate-income families, immigrants, and seniors—struggle to secure and maintain housing. These concerns are multifaceted and were consistently identified across qualitative interviews and focus groups.

### Cost of Housing

The cost of housing in Stamford and surrounding areas has reached crisis levels for many community members. Rising rents and home prices are making it difficult for working families, older adults on fixed incomes, and essential workers to afford long-term housing, leading to increased financial stress and tradeoffs. Interviewees also cited the high cost of housing as an “overriding factor” for lower-income people, meaning that residents may face tradeoffs as a disproportionate amount of their income goes to rent or mortgage payments, leaving little room for other basic needs such as food, transportation, healthcare, or education.

### COMMUNITY VOICES

*“Within the immigrant community, many seek more affordable housing options, which often means living in spaces that give rise to serious health concerns [like] unsafe living conditions including respiratory problems from mold and mildew, illnesses caused by insufficient heating during colder months, and mental health challenges that manifest as physical ailments.”*

*“There is a critical need for affordable housing. High costs force many to share apartments or move far from their workplaces.”*

*“The market won't correct itself.”*

*“There is a pressing need for affordable and deeply affordable housing, as well as housing specifically for seniors (with a waitlist of approximately two years) and veterans.”*

*“The shelters are full, and we have women and children who are unhoused and we cannot find any shelter space anywhere—even all the way up to Hartford or New Haven.”*

It was noted that this financial strain is especially acute for immigrants and low-wage workers who often live in overcrowded housing situations. The lack of affordable housing options not only causes stress but also creates instability that disrupts school attendance, employment, and healthcare continuity. Participants also emphasized that affordable housing units, when available, often come with long waitlists, restrictive eligibility requirements, or poor maintenance standards.

### *Safe and Stable Housing*

Beyond affordability, many interviewees voiced concerns about the safety and habitability of available housing. Substandard housing conditions—including issues like mold, pest infestations, water leaks, and lack of proper heating or ventilation—were mentioned, particularly in lower-income neighborhoods. These environmental hazards pose direct health risks, especially for children, seniors, and individuals with chronic conditions such as asthma.

Insecure leases, informal rental agreements, and the threat of eviction also contribute to housing instability. It was noted that tenants may avoid reporting unsafe conditions for fear of retaliation or displacement. The mental and emotional toll of living in unstable or unsafe housing is significant and contributes to a broader sense of vulnerability among already disadvantaged populations.

### *Homelessness and Shelter Access*

Homelessness was identified as a growing issue in the community. Participants described an increase in individuals and families experiencing homelessness or at immediate risk of losing their housing. Individuals experiencing housing issues are sharing housing with friends or relatives, living in cars, or relying on temporary shelter arrangements. The available emergency shelters and transitional housing services in the area are not sufficient to meet current demand, particularly for populations with specific needs such as families with children, individuals with disabilities, or people with complex behavioral health conditions.

Barriers to shelter access include capacity limits, restrictive rules (e.g., curfews, sobriety requirements), lack of accommodations for couples or families, and insufficient staffing to manage mental health or substance use issues. Many residents in crisis turn to emergency departments or remain unsheltered because existing services are not flexible or accessible enough to meet their needs. This gap in the housing continuum contributes to cycles of instability, worsened health outcomes, and growing pressure on already strained social and medical services.

### **Chronic Disease**

In Stamford and Darien, community members and interviewees reported a noticeable increase in chronic diseases in recent years, especially since the onset of the COVID-19 pandemic. Conditions such as hypertension, high blood pressure, diabetes, and obesity were consistently cited as growing concerns. Interviewees emphasized that the pandemic exacerbated existing health issues while also contributing to the onset of new chronic conditions.

Several interviewees highlighted the long-term roots of chronic disease, pointing to unhealth behaviors and habits that often begin early in life. Poor nutrition—particularly in childhood and adolescence—was repeatedly mentioned as a foundational issue. A lack of access to affordable, healthy food options was seen as a key barrier, particularly for low- and middle-income families. Community members expressed

concern that residents often rely on fast food or highly processed meals due to cost, convenience, and limited availability of fresh produce in certain neighborhoods.

There was also concern that the community has remained overly focused on acute care, often at the expense of managing and preventing chronic conditions. Interviewees highlighted the need for more proactivity, especially for individuals who may not regularly engage with the healthcare system until their conditions become severe. In response, many stressed the critical importance of strengthening access to primary and preventative care services, pointing to the need for more consistent screenings, patient education, and early intervention efforts that could help residents better manage their health over time and reduce the long-term burden of chronic illness in the community.

### **Social Determinants of Health**

Beyond healthcare and housing, several social determinants of health emerged as pressing community challenges. Food insecurity was a notable concern, with many interviewees noting the increased inability of community members to consistently afford health foods, which can contribute to nutritional deficiencies and chronic health conditions like diabetes and hypertension. The high cost of living in general—including childcare, transportation, and utilities—makes it difficult for some community members to maintain a stable and healthy lifestyle.

Transportation barriers were also cited by interviewees. Lack of reliable transportation can limit access to medical appointments, employment opportunities, and social services. For individuals without cars, especially seniors and those with disabilities, transportation challenges can result in missed appointments or social isolation.

### **Community Strengths**

Despite these challenges, interviewees cited notable strengths of the community that can be leveraged to create a meaningful impact. The most significant asset identified was the strong partnership network among community stakeholders. Collaborative efforts between healthcare providers, nonprofit organizations, schools, and local government agencies have created a solid foundation for resource sharing and program implementation. These partnerships are particularly important for addressing complex, cross-cutting issues such as housing and behavioral health. Other strengths include the wide availability of community services, a population with various cultural assets, and local financial support.

## PRIORITIZATION PROCESS & TOP PRIORITIES

### Process

In collaboration with a team of community leaders and health experts— including local public health directors— Stamford Health evaluated both qualitative and quantitative research to identify core priority areas for Stamford and Darien, and potential sub-areas of focus. To determine the most pressing needs we used a structured prioritization methodology designed to ensure transparency, data-driven decision-making, and stakeholder engagement. This year, we began by identifying top community health concerns based on qualitative insights gathered through stakeholder interviews. Each interview was systematically reviewed, and the frequency of issue mentions were tallied and summarized to identify commonly cited concerns across participants. The interviews also provided rich, context-specific understanding of the key issues impacting residents.

To further refine and target potential sub-priorities within each core focus area, we conducted a prioritization exercise with a team of community leaders and health experts using two complementary methodologies: Scoring and Ranking. The exercises we based on five pre-defined criteria—below—and the team members were asked to consider the population overall as well as sub-populations which might be disproportionately impacted by the concerning issue.

#### Prioritization

To identify the most pressing needs in the community, we **conducted a prioritization exercise** that considers the below criteria:

1. Magnitude of the concern
2. Severity of the concern – across the population of within a sub-population
3. Ability & willingness of the community to act
4. Ability to have a measurable impact on the issue
5. Whether the issue is a root cause of other problems (e.g., substance use influencing mental health issues)

#### Scoring

- Each sub-priority was evaluated using **five predefined criteria**.
- Participants assigned **scores** (1-3) to each sub-priority under each criterion.
- The scores across all five criteria were **summed** to generate a **total score** per sub-priority.
- Higher total scores indicated higher overall priority.

#### Ranking

- For specific criterion—including ability and willingness to act, ability to have a measurable impact, and whether the issue is a root cause of other problems—participants were asked to select their **top 3 sub-priorities**.
- We assigned **ranking points** as follows:
  - 1<sup>st</sup> place: **3 points**
  - 2<sup>nd</sup> place: **2 points**
  - 3<sup>rd</sup> place: **1 point**
- Points were tallied across all participants and criteria to identify frequently top-ranked sub-priorities.



This dual approach enabled us to not only capture the depth of individual issue impact but also highlight the areas of highest collective concern across the community, allowing us to narrow our focus by identifying sub-priorities. By combining interview findings with structured prioritization data, we ensured that our final list of core and sub-priorities reflects both community voice and measurable need.

Both methods resulted in the same prioritized core areas and sub-areas of focus:

**1. Behavioral Health**

- a. Youth behavioral health
- b. Access to services
- c. Alcohol use amongst adults

**2. Access to Healthcare**

- a. Insurance coverage and cost of care
- b. Access to preventative care
- c. Access to specialty care
- d. Navigation of the healthcare system

**3. Housing**

- a. Affordable/deeply affordable housing
- b. Access to shelters
- c. Housing for seniors and other at-risk populations
- d. Housing quality and safety

Please note that these sub-priorities were defined to help us focus our efforts and guide targeted planning in our upcoming Community Health Improvement Plan (CHIP). Other related issues within these broader categories may also be acknowledged and addressed in the improvement plan.

## **STRATEGIES & IMPROVEMENT PLAN**

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

As the task force builds the CHIP, it will consider the programs, organizations and facilities available in the community to help address the identified health priorities. Exhibit F is a partial list of community organizations and resources that may be consulted to address the issues. The hospital will also consider the partnerships that were established or expanded in connection with the 2023-2025 CHIP as set forth in Exhibit D.

The task force will work throughout the fall to develop the CHIP. The final plan will be submitted and made publicly available by February 2026.

## SUPPORTING MATERIALS

### Exhibit A: Community Well-being Survey Respondents Demographic Breakdown

| Population Characteristics <sup>8</sup> |                             | Darien   |          | Stamford |          |
|---|-----------------------------|----------|----------|----------|----------|
|   |                             | Observed | Weighted | Observed | Weighted |
| Total                                   |                             | 94       | 94       | 443      | 443      |
| Gender                                  | Male                        | 53%      | 49%      | 53%      | 49%      |
|   | Female                      | 47%      | 51%      | 47%      | 51%      |
| Age                                     | 18-34                       | -        | -        | 19%      | 33%      |
|   | 35-49                       | -        | -        | 20%      | 25%      |
|   | 50-64                       | -        | -        | 26%      | 23%      |
|   | 65+                         | -        | -        | 34%      | 19%      |
| Ethnicity/Race                          | White                       | -        | -        | 65%      | 50%      |
|   | Black/African American      | -        | -        | 13%      | 12%      |
|   | Hispanic                    | -        | -        | 14%      | 29%      |
|   | Other                       | -        | -        | 9%       | 9%       |
| Education                               | High School or less         | -        | -        | 15%      | 19%      |
|   | Some college or Associate's | -        | -        | 18%      | 20%      |
|   | Bachelor's or higher        | -        | -        | 66%      | 61%      |
| Income                                  | <\$30k                      | -        | -        | 12%      | 17%      |
|   | >\$30k - 100k               | -        | -        | 31%      | 33%      |
|   | \$100k+                     | -        | -        | 47%      | 41%      |
| Children in Household                   | No                          | -        | -        | 27%      | 36%      |
|   | Yes                         | -        | -        | 70%      | 62%      |

<sup>8</sup> Source: DataHaven. (2015-2024). 2024 DataHaven Community Wellbeing Survey.

## Exhibit B: Interviews and focus groups

| Organization / Group Name                         | # Individuals Interviewed |
|---|---------------------------|
| 100 Black Men of Stamford                         | 1                         |
| Americares  | 1                         |
| Boys & Girls Club of Stamford                     | 1                         |
| Building One Community                            | 6                         |
| Children's Health Collaborative                   | 15                        |
| City of Stamford                                  | 10                        |
| Community Health Center                           | 1                         |
| Connecticut Department of Children and Families   | 1                         |
| Darien Post 53                                    | 1                         |
| Darien Public Schools                             | 1                         |
| Darien Senior Center                              | 1                         |
| Domestic Violence Crisis Center                   | 1                         |
| Faith Tabernacle Missionary Baptist Church        | 1                         |
| Family Centers                                    | 1                         |
| Family Centers / Charter Oak Communities          | 4                         |
| Independent Physician                             | 1                         |
| Inspirica   | 2                         |
| Kids in Crisis                                    | 1                         |
| OPTIMUS Health Care                               | 1                         |
| Person to Person                                  | 1                         |
| Shop Rite / Wakefern                              | 1                         |
| SilverSource                                      | 1                         |
| Stamford EMS                                      | 2                         |
| Stamford Health                                   | 5                         |
| Stamford Health Commission                        | 3                         |
| Stamford Public Schools                           | 3                         |
| Stamford Senior Center                            | 1                         |
| The Child Guidance Center of Southern Connecticut | 2                         |
| The Community Fund of Darien                      | 1                         |
| The Depot (formerly)                              | 1                         |
| Thriving Youth Task Force                         | 1                         |
| Town of Darien                                    | 5                         |
| <b>Total</b>                                      | <b>78</b>                 |

## Exhibit C: Community and Expert Contributors

Below is a brief description of several organizations from which Stamford Health solicited and received input. All have knowledge of health care or represent 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 mixed group, they earn less than 250% of the Federal Poverty Level. Stamford Health partners with the clinic by allowing easy access to diagnostic testing and ER visits as per charity care policy. Supported by private philanthropy and a volunteer model, the clinic is located on the East Side of Stamford, accessible to public transportation.

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

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

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

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

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



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

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

**Darien EMS – Post 53:** A unique, student-run emergency medical service in Darien. It is a nonprofit that emphasizes leadership, responsibility, and service among youth while delivering high-quality pre-hospital care.

**Inspirica:** Inspirica is one of Connecticut’s largest providers of services to the homeless. Its mission is to break the cycle of homelessness by offering emergency shelter, transitional and permanent supportive housing, and deeply affordable housing. The organization also provides job training services as well as early childhood education, and mental health support to help individuals and families achieve stability.

**Kids in Crisis:** Kids in Crisis offers 24/7 emergency shelter, crisis counseling, and community education for children and families facing issues like domestic violence, mental health challenges, and homelessness. Since 1978, they’ve helped over 170,000 children and teens. Their services include a 24-hour helpline, school-based mental health programs, and individualized care plans.

**Silver Source:** SilverSource, based in Stamford, provides a safety net for older adults in lower Fairfield County. It helps seniors maintain housing, access food and healthcare, and avoid isolation. The organization offers case management, financial assistance, and advocacy, especially for those facing eviction, utility shut offs, or elder abuse. SilverSource also partners with other agencies to support aging with dignity and independence.

**The Community Fund of Darien:** Since 1951, The Community Fund of Darien has granted over \$28 million to nonprofits in Darien, Norwalk, and Stamford. It supports programs that address basic needs, youth success, community health, and workforce development. The fund relies on local donations and volunteer grant reviewers to ensure effective community investment.

**The Child Guidance Center of Southern Connecticut:** CGC provides mental and behavioral health services to children and teens in Stamford, Greenwich, Darien, and surrounding areas. Services include crisis intervention, therapy, substance abuse treatment, and trauma recovery. CGC also operates a nationally accredited Child Advocacy Center to support victims of abuse and their families. No child is turned away due to inability to pay.

## Exhibit D: Progress on the 2023 Community Health Improvement Plan (CHIP)

In response to the 2023 Community Health Needs Assessment, Stamford Health, along with public officials and members of the community, reviewed the CHNA data and identified top priorities reflected in the data. Collectively, this stakeholder group identified three priority areas:

- A. Behavioral Health
- B. Access to Primary Care & Preventative Care
- C. Housing

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

### Priority #1: Behavioral Health

#### Goal: Optimize SH's Behavioral Health Services and Explore Expansion of Services

- *Stamford Health's Interventions:*
  - ❖ Increased inpatient capacity by 20% by adding four rooms. (bringing the total to 24) to its adult, inpatient unit and making clinical improvements.
  - ❖ Created an organization-wide Behavioral Health Quality & Safety Committee.
  - ❖ Increased Press Ganey Likelihood to Recommend scores for inpatient psychiatry
  - ❖ Hired two psychiatrists and three licensed clinical social workers to provide behavioral health care to cancer, geriatric, maternity, and other Stamford Health patients.
  - ❖ Opened adult behavioral health clinic at Tully Health Center.
  - ❖ Completed six-year behavioral health service line strategic plan that includes relocation and expansion of free-standing outpatient behavioral health program, expansion of outpatient behavioral health program in secondary service area, launch of a pediatric crisis program with redesigned and expanded pediatric emergency department space, relocation and expansion of inpatient psychiatry programs to 36 adult beds, creation of an adult partial hospitalization program, and creation of interventional psychiatry programs.
  - ❖ Secured state bonding assistance to support a new need for inpatient unit.
  - ❖ Secured federal grant to support creation of a pediatric crisis clinic in the emergency department.
  - ❖ Began capitol campaign to support new and expanded behavioral health offices and facilities.

- ❖ Redesigned the Stamford Health Behavioral Health website.
- ❖ *Participated in multiple behavioral health community outreach and educational events.*

### **Goal: Expand and Leverage Community Partnerships to Enhance Access to Programs and Services**

- *Intervention:*
  - ❖ Expanded partnership with Liberation Programs (LP).
  - ❖ Continued financial support for BH community partners.
  - ❖ *Served the community by co-leading and financially supporting the Youth Mental Health Alliance collaborative.*

### **Goal: Continually Assess the Needs of the Community**

- *Intervention:*
  - ❖ Hosted two annual BH Symposiums with 60+ community partners.

### **Priority #2: Access to Primary Care & Preventative Care**

#### **Goal: Improve Knowledge of Primary Care and Preventative Services**

- *Intervention: Educate underserved populations about benefits of primary and preventative care in community spaces*
  - ❖ Filling in the Blanks (FITB) mobile pantry: FITB provides free healthy, organic fruits, vegetables, herbs and eggs and poultry to about 600 people at a monthly Saturday morning event in Stamford. Individuals are in line for over two hours while they wait for food. Stamford Health organizes health and social services for this vulnerable population including vaccines, blood pressure checks, information about preventative care, where to get care, enrollment in Medicaid and how to access financial assistance, and numerous area nonprofits attend to provide critical information about housing, other food pantries, job training, etc.
  - ❖ Stamford Health has a Community Health Worker (CHW) program. CHWs work with Stamford Health patients and members of the community to help them navigate the health information. They work with specific cultural organizations to promote health fairs and physician presentations free to the community.
  - ❖ Stamford Health holds over 20 physician public speaking events annually.
- *Intervention: Educating Stamford Health staff about available resources, programs, and services for the underserved.*
  - ❖ Members of the State Department of Social Services explained the state's Medicaid and HUSKY programs at medical Grand Rounds.

- *Intervention: Develop multilingual infographic about available services and appropriate care settings.*
  - ❖ Stamford Health, in partnership with Vita, created a multilingual infographic and distribute it at FITB trucks and other locations. Vita members also distribute the infographic. It provides information about when to visit a community clinic versus an emergency department and provides information about the names and locations of community clinics including federally qualified health centers.

### **Goal: Enhance Cultural Awareness and Sensitivity**

- *Intervention: Improve capture of patient demographic information and provide training to staff to support efforts*
  - ❖ REaL Data Training: Stamford Health has trained staff on the collection of demographic data and Social Determinant of Health (SDOH) information.
- *Intervention: Offer cultural awareness and linguistic sensitivity training to staff*
  - ❖ Stamford Health provided cultural information for its staff through educational events and community partnerships highlighting, for example, immigrant experiences and global healthcare perspectives.
  - ❖ Stamford Health recognizes cultural and heritage months through celebrations and incorporates spiritual observances in internal communications and signage.
  - ❖ Stamford Health helped patients better access care through increased language services. It has deployed 32 additional Language Line VRI Systems throughout the organization and identified a backup vendor for the service in the event of a service disruption.
    - Stamford Health has been approved for Language Line video integration with EPIC for our telehealth services.
- *Intervention: External activities in the community enhancing cultural awareness and sensitivity*
  - ❖ Advanced health equity and workforce development by hiring and funding Community Health Workers, addressing provider bias in substance use care, and supporting language access for Spanish and Haitian Creole-speaking patients.

### **Goal: Reduce Barriers to Accessing Care**

- *Intervention: Promote health insurance enrollment to uninsured individuals, Stamford School System, B1C, Haitian churches*
  - ❖ Organized the participation of numerous nonprofit community partners in FITB trucks in Stamford.
  - ❖ Brought resources to community partners concerning insurance enrollment.
- *Intervention: Continuously advocating for expanded eligibility for government insurance plans*

- ❖ Organized public event with legislators about the need for behavioral care for including for the immigrant population.
- ❖ Advocate before state and federal legislative bodies to increase Medicaid eligibility.
- *Intervention: Organize events in partnership with Vita that promote enrollment in government or subsidized insurance plans*
  - ❖ Stamford Health organized over 30 events where participants have been able to be enrolled in government insurance plans.

### **Goal: Improve Access to Primary Care & Preventative Services**

- *Intervention: Explore ways to increase vaccines for vulnerable populations and collaborate with community partners on COVID-19 and flu vaccines*
  - ❖ Stamford Health provided a flu clinic at B1C at which 83 people received a flu shot.
  - ❖ Stamford Health organized the City of Stamford's Public Health Department to provide flu and COVID vaccine clinics at the FITB truck.
  - ❖ Stamford Health helped to coordinate a City of Stamford-administered COVID-19 vaccine event in December at B1C and a FITB flu vaccine clinic in November.
  - ❖ Stamford Health and the City are partnering to provide flu and COVID vaccines in October at the FITB truck, B1C, and the Henry Street clinic.
- *Intervention: Improve phone system for each SHMG practice for more consistent phone answering experience for callers (automated call back during long wait times and better call routing)*
  - ❖ Each primary care practice in the medical group was brought on to the phone system.
  - ❖ The phone answering quality assurance program across SHMG ensures patients are getting the same quality of interaction in all offices.
- *Intervention: Rollout Luma Health patient engagement platform to help streamline patient communication across the organization*
  - ❖ Luma Health is fully live with appointment reminders and expanded automated messaging for specific appointment types.
  - ❖ Stamford Health is planning further improvements to assist patients with access to health care.
- *Intervention: increase access through SHMG hiring of PCPs and other physicians and implement expanded hours at walk-in centers*
  - ❖ SHMG hired 12 PCPs and 4 PC APPs across all service areas.
  - ❖ Two primary care physicians were onboarded who speak Haitian Creole.
  - ❖ Stamford Health Medical Group (SHMG) opened a walk-in clinic in Harbor Point.
  - ❖ SHMG and the Hospital for Special Surgery opened a new office in Westport.
- *Intervention: Distribute prepaid phones to patients who are at risk for readmission*



- ❖ Prepaid phones are distributed to certain vulnerable patients who are at risk of readmission.
- *Intervention: Promote Stamford Health On-call care*
  - ❖ Stamford Health promotes Stamford Health On Demand Care while planning to grow this post-Epic program to provide a more integrated patient experience.
  - ❖ For on-call care:
    - Launched a paid search campaign promoting all urgent care and virtual options,
    - Improved clarity of on-call landing page to more clearly direct patients to appropriate care,
    - Created in-office signage promoting urgent care options, and
    - Sent an email to the patients in the Stamford Health database educating them on urgent care options.
- *Intervention: Implement strategic plan improvements including templating physician calendars*
  - ❖ Established templates for 100% of SHMG and non-SHMG physicians in eCW to enable expansion of online scheduling.
  - ❖ Stamford Health is improving templates to optimize patient access, same day availability, and online scheduling.
- *Intervention: Conduct screening events in the community*
  - ❖ Providing monthly blood pressure checks with clinical guidance at monthly FITB food trucks.
  - ❖ Hosted a cervical cancer educational presentation in Spanish at B1C.
  - ❖ Host an annual health expo in Harbor Point.
  - ❖ Participate in several health fairs annually.
- *Intervention: Obtained funding to provide nutrition counseling to Medicaid patients under multi-year grant*

### Priority #3: Housing

**Goal: Support Economic Opportunities for Vulnerable Populations so they may better access affordable, safe housing**

- *Intervention:*
  - ❖ Partnered with Family Center's Pathways to Employment Growth (PEG) program.
  - ❖ Provided grants to GEMS employees to pursue a BA.
  - ❖ Board service for workforce/economic development organizations.

**Goal: Advocate for an Increase in the Availability of Safe, Affordable Housing in Stamford**

- *Intervention:*
  - ❖ Supported Mayor's Affordable Housing Executive Order (estimated to add 1,000 new/rehabilitated units).
  - ❖ Advocated with Vita at the state level for more safe, affordable housing.

- ❖ Organized legislative advocacy training for Vita partners and helped draft a housing advocacy.

**Goal: Identify Opportunities to Improve Access to Homeless and Other Shelters**

- *Intervention*
  - ❖ Advocated for, and identified, dedicated space within shelters for vulnerable populations (e.g., BH patients).
  - ❖ Stamford Health's Community Care Team \ helps clients secure housing and other resources.
  - ❖ Advocated for additional resources for Pacific House.
  - ❖ Served on Pacific House Board and provided financial assistance.

## **Exhibit E**

### **Feedback on the 2022 Community Health Needs Assessment and 2023-2025 Improvement Plan**

Following the development of the Community Health Needs Assessment, Stamford Health hosted a series of Community Conversations. These public forums gave residents, community leaders and government officials the opportunity to hear about the findings of the assessment and engage in dialogue about the health priorities identified. Experts from Building One Community, Charter Oak Communities, Liberation Programs, Faith Tabernacle Missionary Baptist Church, Child Guidance Center, Darien Humna Services Department, the State of Connecticut, and Stamford Health participated in panel-style discussions to offer further context for the findings and insights about how to address some of the concerns in our communities.

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

To allow for and encourage written feedback on both the 2022 CHNA and 2023-2025 CHIP, an email address was added to the Stamford Health webpage on which both documents are posted.

## Exhibit F: Community Resources

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

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

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

Dialing from Connecticut: 2-1-1

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

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

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

### Health clinics

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

### Health departments

Stamford Department of Health  
Darien Health Department

### Housing authorities & resources

Charter Oak Communities; Stamford  
Darien Housing Authority; Darien

### Housing (Select)

Augustus Manor; Stamford  
Bayview Towers; Stamford  
Belltown Manor; Stamford  
Bishop Curtis Homes; Stamford  
Clinton Manor; Stamford  
Cross Road Residence; Stamford  
Eleanor Roosevelt House; Stamford  
Glenbrook Manor; Stamford  
Harboursite; Stamford  
Mapleview Tower; Stamford

Mutual Housing Association of SW CT;  
Stamford

New Neighborhoods, Inc.; Stamford  
Park Square West; Stamford  
Pilgrim Towers; Stamford  
Quintard Manor; Stamford  
Rippowam Manor; Stamford  
Pacific House; Stamford  
Shippan Place; Stamford  
Inspirica; Stamford  
Stamford Green; Stamford  
Summer Place; Stamford  
Willard Manor; Stamford  
The Heights; Darien

### Behavioral health services

Child Guidance Center of Southern  
Connecticut; Stamford  
Connecticut Counseling Center; Stamford  
CT Renaissance  
Family Centers, Inc.; Stamford  
Franklin S. DuBois Center; Stamford  
Schoke Jewish Family Services; Stamford  
Kids in Crisis; Stamford

Laurel House, Inc.; Stamford  
 Liberation Programs, Inc.; Stamford  
 Mental Health CT; Stamford  
 Stamford Counseling Center  
 Centro Bienestar  
 Regional Mobile Crisis Team (DHMAS)  
 Stamford Police Department Behavioral Health Unit

#### **Food & nutrition services**

Catholic Charities: Senior Nutrition Program; Stamford  
 Food Bank of Lower Fairfield County; Stamford  
 Haitian American Catholic Center; Stamford  
 New Covenant House; Stamford  
 Marshall Commons Food Pantry; Stamford  
 Person to Person; Darien  
 Schoke Jewish Family Services; Stamford  
 Salvation Army of Stamford; Stamford  
 United Way of Western CT; Stamford

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

Almost Family; Stamford  
 Atria of Stamford; Stamford  
 Brighton Gardens; Stamford  
 ComforCare Home Care; Stamford  
 Cassena Care; Stamford  
 DanielCare; Stamford  
 Edgehill; Stamford  
 Long Ridge Post-Acute Care; Stamford  
 Scofield Manor; Stamford  
 Senior Helpers; Stamford  
 Sunrise of Stamford; Stamford  
 Synergy Homecare; Stamford  
 The Villa at Stamford; Stamford  
 Wormser Congregate; Stamford  
 Atria Darien; Darien  
 Maplewood at Darien; Darien  
 Right at Home; Darien  
 At Home in Darien; Darien

#### **Older adult services**

Protective Services/Dept. of Social Services; Stamford  
 MedAssist Program; Stamford  
 Over 60 Club; Stamford  
 SilverSource; Stamford  
 Stamford Senior Center; Stamford  
 Family Centers, Inc.; Stamford  
 Darien Senior Center; Darien

#### **Social services**

Stamford Social Service Commission; Stamford  
 Darien Department of Human Services; Darien  
 Person to Person; Darien

#### **Transportation services**

FISH of Stamford; Stamford  
 Stamford Share the Fare Program; Stamford  
 Voluntary Service for the Blind; Stamford  
 At Home in Darien; Darien

#### **Educational resources**

Adult & Continuing Education - Stamford Public Schools; Stamford  
 Boys & Girls Club of Stamford; Stamford  
 Child Care Learning Centers, Inc.; Stamford  
 Sacred Heart University; Stamford  
 University of Connecticut; Stamford  
 Saint Joseph Parenting Center; Stamford

#### **Workforce and immigration assistance**

Connecticut Institute for Refugees and Immigrants; Stamford  
 Literacy Volunteers at Family Centers; Stamford  
 Building One Community; Stamford  
 Urban League of SWCT; Stamford  
 Family Centers, Inc.; Stamford

#### **Other health resources**

American Red Cross; Stamford  
 ARI of Connecticut, Inc.; Stamford  
 Connecticut Energy Assistance Program; Stamford



Connecticut Legal Services; Stamford  
Domestic Violence Crisis Center; Stamford  
Parent Leadership and Training Institute;  
Stamford  
Planned Parenthood; Stamford  
The Rowan Center; Stamford

Stamford Cares; Stamford  
Stamford Emergency Medical Services  
(SEMS); Stamford  
Center for Hope; Darien  
Post 53 Emergency Medical Services; Darien

## Exhibit G: Data Sources

**Figure 1: AHA Community Health Improvement Toolkit.** Association for Community Health Improvement. (2024). *Community Health Assessment Toolkit* [Web-based resource]. Retrieved from <https://www.healthycommunities.org/resources/community-health-assessment-toolkit>

**Figure 2: Population & Demographics.** U.S. Census Bureau. (2023). American Community Survey 5-Year Estimates, 2018–2022 and 2019–2023 [Data sets]. <https://www.census.gov/programs-surveys/acs/>

**Figure 3: Language.** U.S. Census Bureau 2023 American Community Survey 5-year estimates

**Figure 4: Social Determinants of Health.** Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved March 2025, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

**Figure 5: Financial Stability.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 6: Economic Stability & Poverty.** U.S. Census Bureau, American Community Survey – Quick Facts (February 2025)

**Figure 7: Employment.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 8: Socioeconomic.** Connecticut Hospital Association. (2025). *Analysis of social and health indicators using multiple data sources: 2018–2023* [Data compilation]. Based on data from the U.S. Census Bureau, Connecticut United for ALICE, Connecticut Department of Social Services, University of Wisconsin Neighborhood Atlas (ADI), and the Centers for Disease Control and Prevention (SVI, EJI).

**Figure 9: Housing Stability.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 10: 2-1-1 Counts.** 2-1-1 CT Counts (<https://ct.211counts.org>)

**Figure 11: Food Insecurity:** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 12: Access to Healthy Foods.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 13: Education.** U.S. Census Bureau. (2025). *QuickFacts: Percent of persons aged 25 years and over, 2019–2023* [Data set]. American Community Survey 5-Year Estimates Data Profiles. Retrieved February 2025, from <https://data.census.gov/table/ACSDP5Y2023.DP05>

**Figure 14: Neighborhood Safety** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 15: Violence.** Connecticut Department of Public Health, Office of Injury and Violence Prevention. (2024). *Injury and violence prevention initiatives and data resources* [Web page]. Retrieved from <https://portal.ct.gov/dph/health-education-management--surveillance/the-office-of-injury-prevention/office-of-injury-prevention>

**Figure 16: Job Done by Police.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 17: Transportation.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 18: Satisfaction with City.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 19: Responsiveness of Government.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 20: Trust in Government.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 21: Community Assets.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 22: Healthcare Access.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 23: Delayed Care.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 24: Trust in Local Healthcare Officials.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 25: Access to Primary Care Provider.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 26: Dental Care.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 27: Health Behaviors.** Connecticut Hospital Association. (2021). *Analysis of CDC PLACES data, 2020–2021* [Data analysis]. Based on data from Centers for Disease Control and Prevention. (2021). *PLACES: Local data for better health* [Data set]. Retrieved from <https://www.cdc.gov/places/index.html>

**Figure 28: Overall Health Status.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 29: Chronic Conditions (CDC).** Connecticut Hospital Association. (2021). *Analysis of CDC PLACES data, 2020–2021* [Data analysis]. Based on data from Centers for Disease Control and Prevention. (2021). *PLACES: Local data for better health* [Data set].

**Figure 30: Chronic Conditions (CWS).** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 31: Cancer Incidence.** Connecticut Hospital Association. (2021). *Analysis of CDC/NIH State Cancer Profiles data, 2016–2020* [Data analysis]. Based on data from Centers for Disease Control and Prevention & National Cancer Institute. (2021). *State Cancer Profiles* [Data set]. Retrieved from <https://statecancerprofiles.cancer.gov>

**Figure 32: Satisfaction with Life.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 33: Anxiety** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 34: Depression.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 35: Behavioral Health Conditions and Behaviors.** Connecticut Hospital Association. (2021). *Analysis of CDC PLACES data, 2020–2021* [Data analysis]. Based on data from Centers for Disease Control and Prevention. (2021). *PLACES: Local data for better health* [Data set]. Retrieved from <https://www.cdc.gov/places/index.html>

**Figure 36: Mental Health Hospitalizations.** Connecticut Hospital Association. (2024). *Analysis of CHIME hospitalization data, FY2024* [Data analysis].

**Figure 37: Binge Drinking.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 38: Opiate Addiction.** DataHaven. (2015–2024). *Community Wellbeing Survey* [Data sets]. Retrieved from <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 39: Fatal Drug Overdoses.** DataHaven. (2024). *Analysis of overdose and mortality trends using data from the Connecticut Office of the Chief Medical Examiner* [Data analysis].

**Figure 40: Youth Behavioral Health Surveys – Mental Health.** Thriving Youth Task Force. (2023). *Darien Youth Survey: Summary of findings*; City of Stamford, Youth Services Bureau. (2024). *Stamford Voices Count Survey* [Survey reports].

**Figure 41: Suicidal Ideation and Self Harm Emergency.** Connecticut Department of Public Health. (2024). *Office of Injury and Violence Prevention*

**Figure 42: Youth Behavioral Health Surveys – Substance Use.** Thriving Youth Task Force. (2023). *Darien Youth Survey: Summary of findings*; City of Stamford, Youth Services Bureau. (2024). *Stamford Voices Count Survey* [Survey reports].

**Figure 43: Hospital Utilization.** Connecticut Hospital Association. (2024). *Analysis of CHIME hospitalization data, FY2024* [Data analysis].

**Figure 44: All-Cause Mortality.** DataHaven. (2024). *Analysis of occurrent deaths, 2015–2023, using data from the Connecticut Department of Public Health* [Data analysis].

**Figure 45: Years of Potential Life Lost.** DataHaven. (2024). *Analysis of occurrent deaths, 2015–2023, using data from the Connecticut Department of Public Health* [Data analysis].

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