

2016 Greater Norwalk Region

Community Health Needs Assessment and Priorities



This document is a special chapter of the 2016 Fairfield County Community Wellbeing Index: Indicators of social progress, economic opportunity, and well-being in Fairfield County neighborhoods.

A core program of DataHaven, in partnership with Fairfield County's Community Foundation and a Community Health Needs Assessment for the towns served by all Fairfield County hospitals, including Norwalk Hospital.



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About this Report

This document is a special chapter of the **2016 Fairfield County Community Wellbeing Index**, a comprehensive report about Fairfield County and the towns within it. The Community Wellbeing Index was produced by DataHaven in partnership with Fairfield County's Community Foundation and other regional funding partners, including the Norwalk Health Department and Norwalk Hospital. The Community Wellbeing Index serves as a **Community Health Needs Assessment** for Fairfield County and the towns within it, including the five towns in

the Greater Norwalk Region (New Canaan, Norwalk, Weston, Westport, and Wilton). Topics covered in the Wellbeing Index include demographic changes, housing, early childhood education, K-12 education, economic opportunity, leading public health indicators, and civic and community life.

This chapter provides additional local detail of relevance to the Greater Norwalk Region, including data points on the towns that in some cases are reported in aggregate within the main Community Wellbeing Index. It also documents the process that Norwalk Hospital and the Norwalk Health Department used to conduct the regional health assessment and involve additional community partners. The 2016 Greater Norwalk Community Health Needs Assessment was approved by the Western Connecticut Board of Directors on September 22, 2016.

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Executive Summary

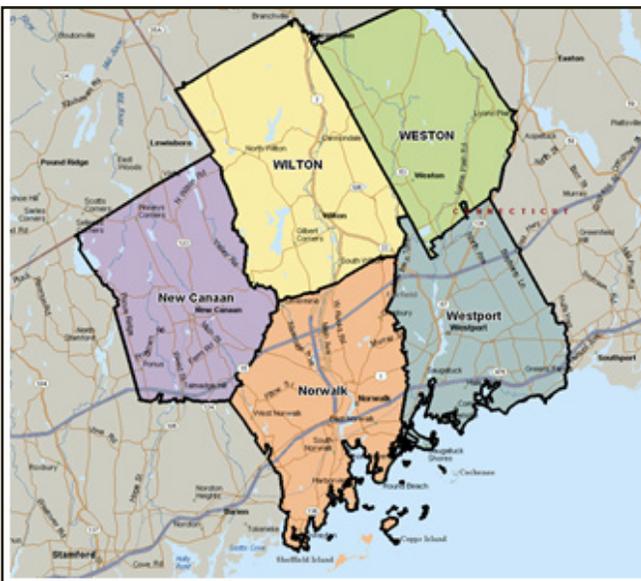
Introduction

Improving the health of a community is essential to enhancing residents' quality of life. Norwalk Hospital and Norwalk Health Department have been leading a community health planning process to improve residents' health in the Greater Norwalk Region. The health departments of New Canaan, Weston, Westport, and Wilton and other community partners are also involved in this regional effort. The process includes two phases:

- (1) Community Health Needs Assessment (CHNA) that identifies community strengths and health needs and priorities in the Greater Norwalk Region.
- (2) Community Health Improvement Plan (CHIP) that conveys priorities identified through the health assessment and determines goals and strategies for implementation to improve health and create a healthy community throughout the Greater Norwalk Region.

This report provides an overview of key findings from the community health assessment and key elements that will be used to develop the community health improvement plan.

FIGURE 1: Map of Greater Norwalk Region, Connecticut



PART I: Community Health Assessment

Methods and Procedures

The Community Health Needs Assessment (CHNA) was guided by a participatory approach that examined health and the social and environmental factors that affect health. Norwalk Hospital and Norwalk Health Department collected quantitative data and qualitative data from the Greater Norwalk Region. Norwalk Hospital defined the Greater Norwalk Region as the city of Norwalk and the surrounding towns: New Canaan, Weston, Westport, and Wilton. Although Darien, Fairfield and Ridgefield were included in the 2012 Community Health Assessment, a regional approach was taken in this assessment, to avoid duplication of effort among Fairfield County hospitals, and yet ensure that each town in the region served by Norwalk Hospital was included in a CHNA.

Quantitative data was collected by DataHaven, a non-profit organization that works to improve quality of life by collecting, interpreting, and sharing public data for effective decision-making. DataHaven conducted a state-wide Community Wellbeing Survey (CWS), from May through October 2015. Over 900 surveys were completed by residents of the Greater Norwalk Region. The process also included integrating existing data regarding social, economic, and health indicators in the region with the qualitative information.

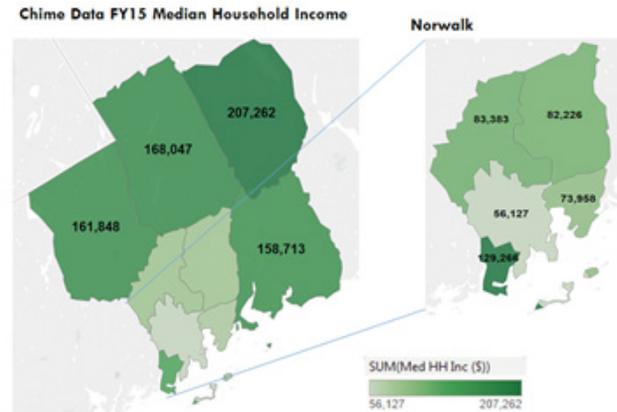
A Community Forum, attended by over 45 representatives of health, social service and government agencies was held in April, 2016. These community members agreed to participate in a Community Task Force to assist in conducting the CHNA. An online key informant survey (KIS) was developed and distributed to 184 community leaders in the towns of Norwalk, New Canaan, Westport, Wilton, and Weston. A 29% participation rate was achieved. KIS respondents included community stakeholders; community and behavioral health providers, local health departments, school and government officials. A second Community Forum was held in July 2016, and preliminary findings were shared with the Community Task Force. The Task Force then completed a voting exercise to rank findings and participated in a facilitated discussion to determine health priorities, and identify resources needed for the Community Health Improvement Planning process.

Key Findings

Demographic and Social Determinants

- Overall Population:** In 2015, the total population of the Greater Norwalk Region was 161,382, an increase of less than 1% (0.8%) since 2010. Overall, the population of towns in the Greater Norwalk Region has decreased since 2010 with the exception of Norwalk with an annual growth rate of 0.4%. Norwalk is the most populous town in the region, comprising 54% of the region's population in 2015.
- Age Distribution:** The age distribution for the region is similar to that of Connecticut. Across the five municipalities, there is variation in the age distribution and growth rates for each group. Norwalk has the youngest population, with almost 60% below the age of 44. Although the younger age groups comprise a majority of the population, both 0-19 and 20-44 age groups show declining growth rates.
- Racial and Ethnic Diversity:** While the region as a whole has less racial and ethnic diversity than the state, Norwalk is the most diverse with 47% identifying as minority (CERC, 2016). In the towns surrounding Norwalk, over 85% identify as white, with small populations of Asian Pacific and Hispanic.
- Income and Employment:** The Greater Norwalk Region is characterized by substantial variation in income, with both very wealthy and less affluent households across the region and within Norwalk. With the exception of Norwalk, all of the towns in the region have a median household income greater than \$100,000. The unemployment rate for the region and in the individual towns was lower than that for the state as a whole (6.6%). Unemployment rates were highest in Norwalk at 5.6%.
- Poverty:** Poverty rates vary throughout the Greater Norwalk Region, ranging from 2.2% in Weston to 8.1% Norwalk.
- Education Attainment:** The self-reported education attainment in the CWS correlates with the State Collaborative data. A majority of the towns have a highly educated population, with over 70% with Bachelor's degree or higher. However, educational levels of adults in Norwalk were generally lower, with 40% having a Bachelor's degree or higher.

FIGURE 2: Median Household Income by Town, 2015



- Housing:** As a generally affluent region, housing in the Greater Norwalk Region is fairly expensive, with median housing costs for monthly mortgages and rent exceeding that of the state. KIS participants identified the high cost of living in the region as a concern. While 75% of Norwalk CWS respondents were very or somewhat satisfied with their housing affordability, this is somewhat less than the state's 82% average. Of those respondents who rented in Norwalk, 22% were receiving assistance, consistent with the state average, compared with only 3% in surrounding towns.
- Environmental Quality:** A majority of the population reported they are satisfied with the city they live in. KIS participants described a clean, safe environment conducive to outdoor activity as a driving force behind what makes this community an attractive destination to work and live. Both the CWS and KIS respondents reported their area as a place to live is getting better or much better.
- Transportation:** Transportation is a concern for many parts of the region, especially for seniors, youth, and low income individuals. Six percent of Norwalk CWS respondents reported not having access to a vehicle, compared to less than 1% of the other respondents in the Greater Norwalk Region.
- Crime and Violence:** Safety was one of the concerns cited in the KIS. While majority of residents in Norwalk feel safe to walk in their neighborhood at night, many KIS respondents reported a rise in crimes and violence especially regarding drugs.

Health Behaviors

- Healthy Eating, Physical Activity, and Overweight/Obesity:** Similar to patterns

nationwide, issues around overweight and obesity — particularly healthy eating and physical activity — emerged as key health concerns for interview participants. In the Greater Norwalk Region, the reported prevalence of adult obesity in Norwalk and Fairfield County (22%) was lower than that of the state (26%). However, 38% of Norwalk CWS respondents identified as overweight. In the towns surrounding Norwalk, 11% identified as obese, and 36% as overweight. Diet, busy lifestyles, safety, and sedentary lifestyles were cited as factors contributing to the prevalence of overweight and obesity.

- **Smoking:** Self-reported smoking prevalence is 15% in the state, compared to 13% in Norwalk and 5% in the surrounding towns.
- **Mental Health and Substance Abuse:** Participants described mental health and substance abuse as key health concerns for the region. KIS participants identified lack of resources and services as challenges. An increase in the number of deaths due to opioid overdose was also cited as a primary concern. The CT Office of the Chief Medical Examiner reported that there were 445 drug overdose deaths in Connecticut where heroin, morphine and/or codeine were detected in 2015, which is a 128% increase from 2012 (195 deaths).

Health Outcomes

- **Perceived Health Status:** The CWS results show that Norwalk (89%) and Greater Norwalk respondents (92%) said they are in good or excellent health. This is above the Connecticut average of 85%.
- **Overall Leading Causes of Death and Hospitalization:** Quantitative data indicate that the top two causes of mortality in the Greater Norwalk Region are cancer and diseases of the heart. High blood pressure and type II diabetes were the top two conditions for inpatient hospitalizations, while falls and high blood pressure were the top two conditions for ED non-admissions.
- **Chronic Diseases/Obesity:** When asked about health concerns in their communities, KIS participants cited chronic diseases as a top concern. The self-reported prevalence of heart disease (4%), diabetes (6%) and asthma (10%) among adults in the Greater Norwalk Region is lower than the state as a whole. Obesity was frequently cited as

a health concern, and is a risk factor for these chronic diseases.

- **Mental Health and Substance Abuse:** CWS participants also reported mental health and substance abuse as major health concerns. 25% of Norwalk respondents to the CWS reported feeling anxious, while 28% reported feeling depressed or hopeless sometimes/often. KIS participants cited gaps in services and funding as factors that contribute to the mental health concerns in the region.

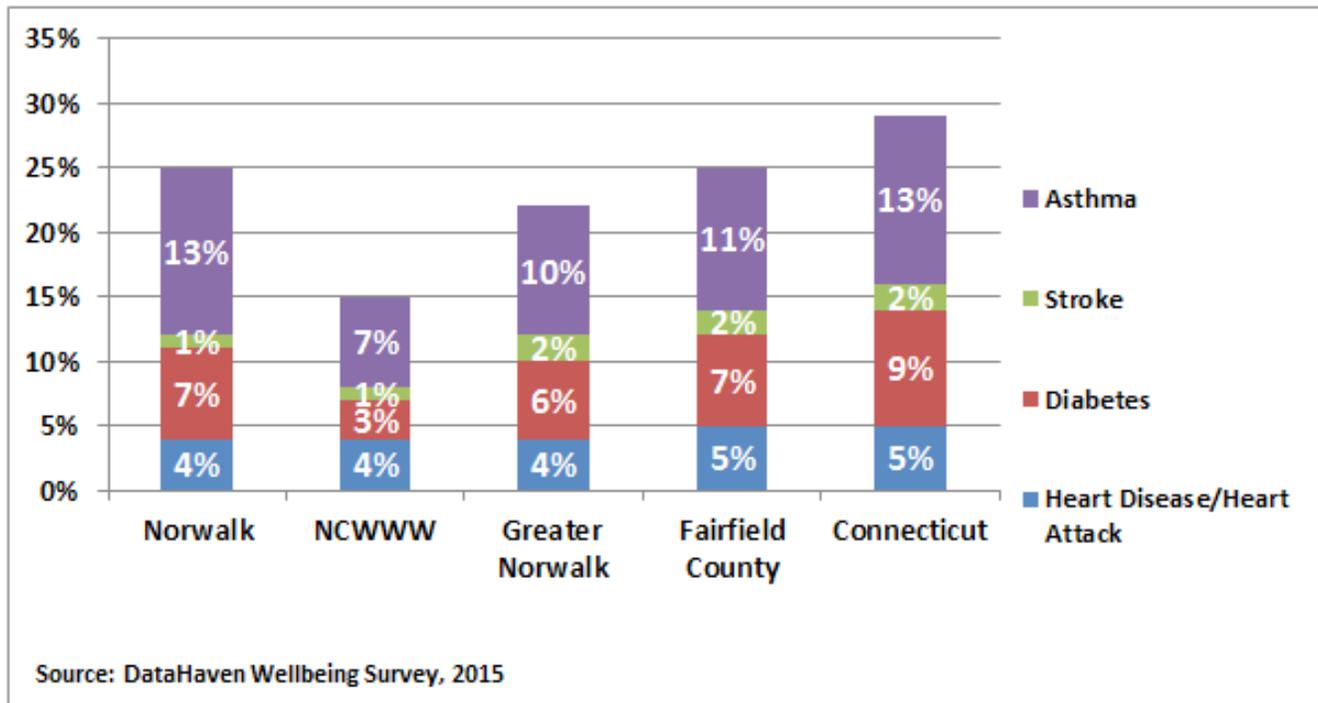
Health Care Access and Utilization

- **Resources and Use of Health Care Services:** The Greater Norwalk Region is seen as having substantial health resources, including a hospital, community health centers, active health departments, and an AmeriCares free clinic. In addition, there are school-based health centers and urgent care centers throughout the region that play an important role in advancing public health. KIS participants expressed concerns regarding collaboration between these resources and dissemination of information. They noted residents are unaware of available resources and services. They also reported substantial funding limitations and lack of mental health professionals. According to County Health Rankings, Fairfield County has a ratio of population to mental health providers of 387:1, which is worse than the ratio for the state as a whole (300:1).
- **Challenges in Accessing Health Care Services:** Despite having many health care resources, residents identified barriers to accessing care. Barriers include lack of insurance coverage, cost of care, and competing priorities. While only 5% of Greater Norwalk residents reported they do not have insurance, 17% of respondents stated they had postponed seeking care. Reasons cited for postponement included: other commitments, not believing the issue was serious enough, and cost.

Community Strengths and Challenges

- **Strong Community Programs:** KIS participants identified various initiatives of the Healthy for Life Project, led by the Norwalk Health Department, such as Walk to School Day events and the Greater Norwalk Healthy Restaurant Initiative as major strengths.

Figure 3: Prevalence of Chronic Diseases



- Health Care Initiatives:** Norwalk Hospital sponsors a Community Care Team (CCT) that works to increase mental health and substance abuse awareness and decrease use of emergency department services in the region. The CCT created individualized care plans for over 200 individuals to date, effectively increasing communication and collaboration among community providers as well as improving patient engagement.
- Recreational Facilities Promoting Healthy Behaviors:** According to KIS participants, recreational activities, facilities, parks and green spaces were important and accessible resources for youth and families in the region. Not only do safe sidewalks and bike paths promote healthy lifestyles, but they also serve as safe means of transportation.
- Demographic Shifts:** The region has a high proportion of seniors, which is projected to grow over the next ten years. Residents in the region noted that the aging population will bring challenges to economic stability and health/social infrastructure.

Identifying Key Priorities

After reviewing and discussing the data presented in the CHNA, Norwalk Hospital and Norwalk Health Department convened members of the Community

Task Force in a two-hour meeting on July 13, 2016 to share the preliminary findings of the CHNA and identify priorities for the CHIP. Various community members and leaders attended this session, representing diverse perspectives and sectors from the community. A quality improvement multi-voting process was used to identify the three most important health concerns for Greater Norwalk from the list of six major themes identified from the CHNA and several other health concerns identified during the discussion. The following three health priority areas were identified:

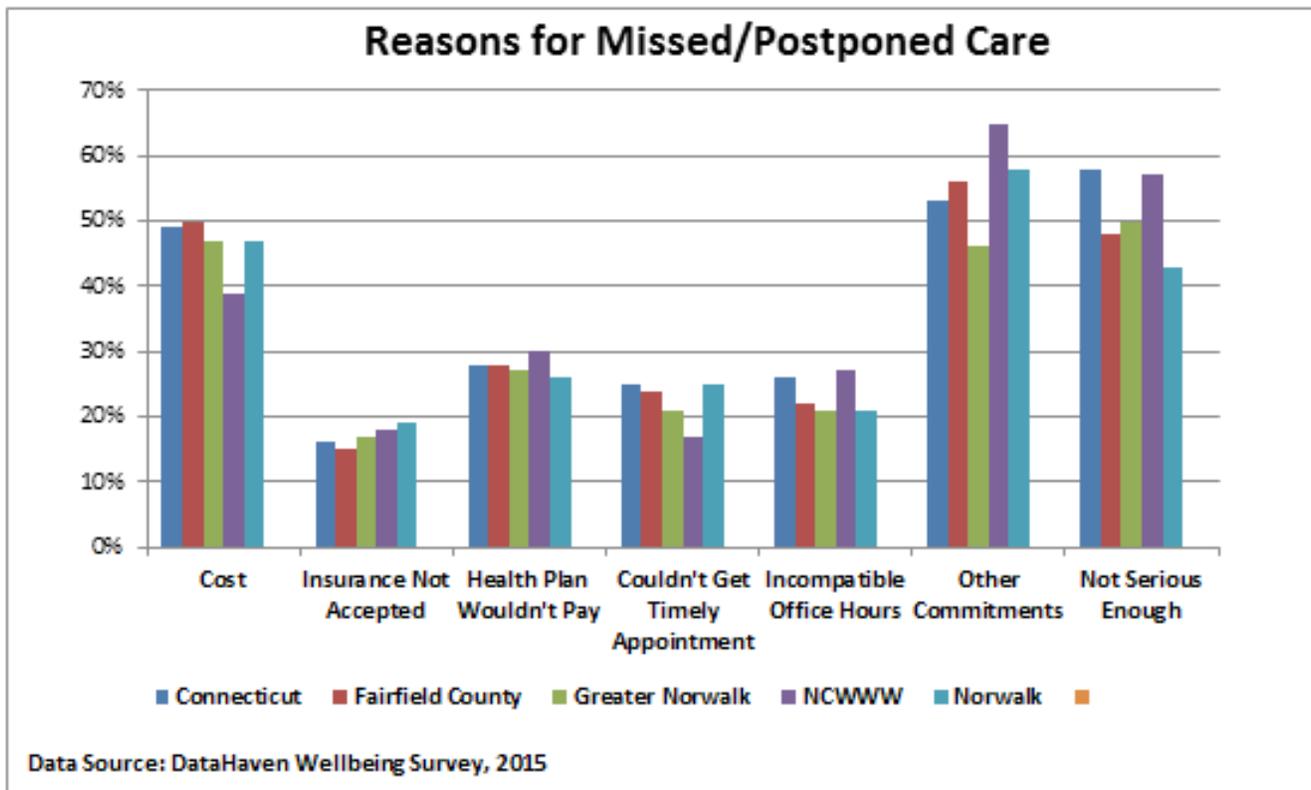
1. Chronic Disease/Obesity
2. Mental Health and Substance Abuse
3. Access to Care

The Task Force then broke out into three work groups and participated in a facilitated discussion to identify strategies to address these priorities, resources already in place, gaps in service or resources, and what additional resources should be included to develop the community health improvement plan.

Key Themes and Conclusions

- There is significant variation in the Greater Norwalk Region's population composition**

Figure 4: Reasons for Missed/Postponed Care



and economic status. Norwalk is more racially and ethnically diverse and has a higher proportion of households with lower median incomes compared to the rest of the region.

- Mental health and substance abuse is a top concern for which current services are not meeting community needs.** KIS respondents and Task Force participants identified a scarcity of mental health services as well as the stigma around seeking mental health services as barriers to accessing care. Mental health providers are needed that specialize in addressing the needs of children and teens, and services to patients that have mental health/substance abuse related emergency department visits. The opioid crisis was identified as an emerging concern.
- Healthy lifestyles and obesity were major issues cited by respondents, particularly as chronic diseases are the leading causes of morbidity and mortality.** Recreational facilities, parks, walkable communities, and nutritious food sources were all identified as important for leading healthier lives and promoting prevention.

- There is an awareness and identified need for greater collaboration in the community.** Participants acknowledge the work and progress that has been done so far, but would like more efforts to be made from government and health care institutions.

Next Steps

The components included in this report will serve as the foundation for developing the strategic framework for a data-driven, community-enhanced Community Health Improvement Plan (CHIP). Members of the Community Task Force will develop the CHIP, implementation timeline, and sustainability plan. They will revise and refine the suggested activities and timelines drafted by workgroup members to complete the action plans for the CHIP. Additionally, partners and resources will be aligned to ensure successful CHIP implementation and coordination of activities and resources among key community partners in the Greater Norwalk Region.

Introduction

Overview

Understanding that health is affected by where we live, work, and play, in 2015, Norwalk Hospital and the Norwalk Health Department began the process of updating the tri-annual Community Health Needs Assessment and Improvement Plan, in order to appropriately meet the health needs of the community. Together they invited additional town and district health departments and over 200 community members from various professions to participate on the Community Health Improvement Task Force. The health departments from the towns of New Canaan, Westport/Weston, and Wilton also joined this regional effort, in collaboration with Danbury Hospital, Greenwich Hospital, Stamford Hospital, Bridgeport Hospital, St. Vincent's Medical Center, the Fairfield County Foundation, and DataHaven, a non-profit organization that works to improve quality of life by collecting, interpreting, and sharing public data for effective decision-making.

This assessment fulfills the Internal Revenue Service (IRS) requirement in the Patient Protection and Affordable Care Act (PPACA), that mandates all non-profit hospitals to conduct a community health needs assessment (CHNA) and strategic planning process every three years. Furthermore, hospitals are required to engage local public health officials and other health and social service providers, and local residents when developing the CHNA. Hospitals are also required to develop a community health improvement plan (CHIP) to address the areas of concern identified. The plan will outline both the manner in which the Hospital engaged such officials and residents, as well as the manner in which the Hospital will collaborate with local partners to address the health needs of the Greater Norwalk Region.

The approach to the CHNA and CHIP was guided by the Association for Community Health Improvement (ACHI)/Health Research & Education Trust (HRET) framework (Figure 1).

This report provides an overview of key findings from

FIGURE 1: HRET Community Health Assessment and Implementation Pathway, 2016



the CHNA and key elements that will be used to develop the CHIP.

Advisory Structure and Process

Purpose and Scope

The purpose and scope of this Initiative was to:

- Assess the health status and broader social, economic, and environmental conditions that impact health
- Recognize community health assets and strengths
- Identify priority issues for action to improve community health
- Develop and implement an improvement plan with performance measures for evaluation
- Guide future community decision-making related to community health improvement

The Greater Norwalk CHNA was conducted to meet several overarching goals:

- Gain a greater understanding of the health issues of residents of New Canaan, Norwalk, Weston, Westport, and Wilton (Figure 2).
- Identify where and why we are healthy.

- Identify where and what we need to do to improve the community's health.

To provide feedback and guidance to Norwalk Hospital and the Norwalk Health Department on the assessment and improvement plan, an advisory committee, named the Community Health Improvement Task Force, of community partners was engaged. Many of the task force members participated in the 2012 – 2013 CHNA and CHIP, and have remained involved in the various workgroups and initiatives. Engagement of community members and partners on this task force was expanded to throughout the project to include over 50 individuals, including representations from housing, social services, education, business, local government, and neighboring health departments. The list of community participants can be found in Appendix A.

Community Served

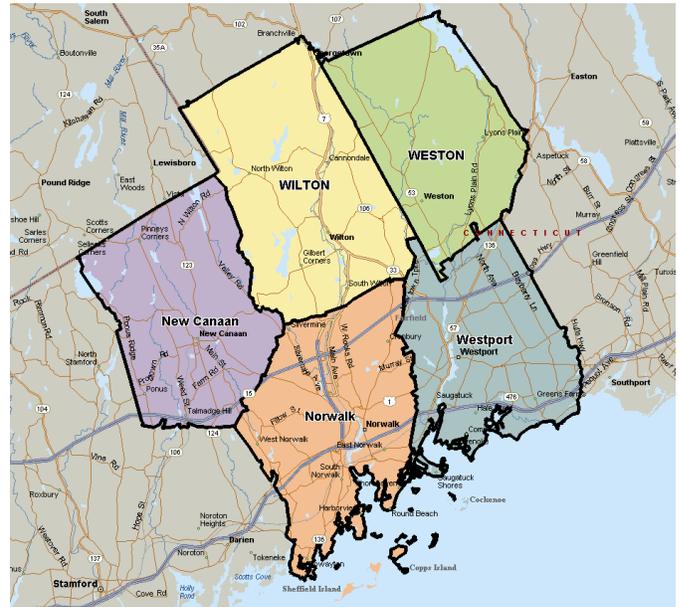
Norwalk Hospital focused the CHNA on the Greater Norwalk Region which encompasses all of Norwalk and the surrounding towns: New Canaan, Weston, Westport, and Wilton (see Figure 2). Over 78% of the patients served by Norwalk Hospital reside in these towns. Although Darien, Fairfield and Ridgefield are towns in Norwalk Hospital's secondary service area, they are also included in Stamford Hospital, Bridgeport Hospital/St. Vincent's Medical Center, and Danbury Hospital service areas. Through the Fairfield County hospital/health department collaboration it was agreed that towns included in other hospital CHNAs were not included in the Greater Norwalk Region to avoid duplication of effort, and yet ensure that each town in the region served by Norwalk Hospital was included in a CHNA.

Upon defining the geographic area and population served in Greater Norwalk, Norwalk Hospital, Norwalk Health Department and the Community Health Improvement Task Force participants were diligent to ensure that no groups, especially minority, low-income or medically under-served, were excluded. This service area definition is specific for community health improvement purposes and was designed not to overlap with geographic areas identified by other acute care hospitals and/or collaborations.

Methods

The following section details how the data for the CHNA were compiled and analyzed, as well as the

FIGURE 2: Map of Greater Norwalk Region, Connecticut



framework used to guide this process. Specifically, the CHNA defines health in the broadest sense and recognizes that numerous factors at multiple levels—from lifestyle behaviors (e.g., diet and exercise), to clinical care (e.g., access to medical services), to social and economic factors (e.g., employment opportunities), to the physical environment (e.g., air quality)—have an impact on the community's health. The following section describes the social determinants of health framework which helped to guide this process.

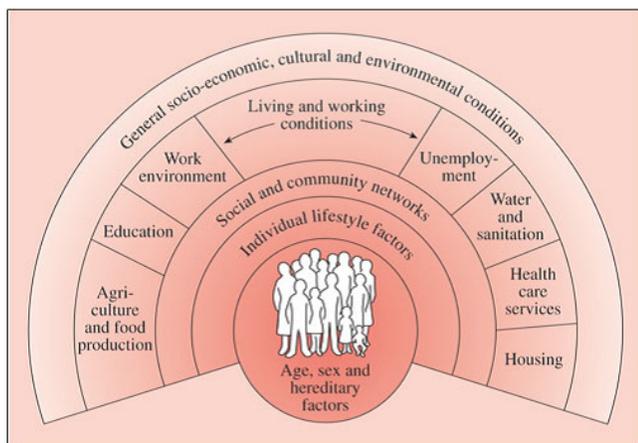
Social Determinants Framework

It is important to recognize that multiple factors affect health, and there is a dynamic relationship between people and their environments. Where and how we live, work, play, and learn are interconnected factors that are critical to consider when assessing a community's health. That is, not only do people's genes and lifestyle behaviors affect their health, but health is also influenced by factors such as employment status and quality of housing. The social determinants of health framework addresses the distribution of wellness and illness among a population—its patterns, origins, and implications. While the data to which we have access is often a snapshot of a population in time, the people represented by that data have lived their lives in ways that are enabled and constrained by economic circumstances, social context, and government policies. Building on this

framework, this assessment utilizes data to discuss which populations are healthiest and least healthy in the community as well as to examine the larger social and economic factors associated with good and poor health.

Figure 3 provides a visual representation of personal, lifestyle, social, economic and environmental factors that can influence health status.

FIGURE 3: Social Determinants of Health Framework



Source: World Health Organization, Commission on the Social Determinants of Health, 2005

Data Collection Methods

Quantitative Data

Review Existing Secondary Data

The Greater Norwalk CHNA builds off of previous efforts in the Greater Norwalk Region, specifically, the 2012 CHNA and CHIP that have been guiding the community health improvement work of Norwalk Hospital and Norwalk Health Department over the past three years. In addition to completing the Community Wellbeing Survey (CWS), DataHaven was engaged to perform an analysis of available secondary data sources including but not limited to, the U.S. Census, County Health Rankings, Centers for Disease Control and Prevention, Connecticut Department of Public Health, Connecticut Health Information Management Exchange (CHIME), Norwalk Hospital, Norwalk Health Department, as well as local organizations and agencies.

2015 DataHaven Community Wellbeing Survey (CWS)

Norwalk Hospital partnered with DataHaven to help

fund the 2015 CWS. The CWS gathered quantitative data that was not provided at a local level by secondary sources, to understand public perceptions around health, social determinant, and other issues. The survey instrument was designed by DataHaven and the Siena College Research Institute, in consultation with local, state, and national experts. The CWS was conducted from May to October 2015 by the Siena College Research Institute interviewers who completed in-depth interviews with 16,219 adults statewide including 912 adults living in the Greater Norwalk region. The survey was administered via randomly-selected land and cell phones in both English and Spanish. Interviews were weighted to be statistically representative of adults in each sub-region, and zip codes were targeted to supplement samples of hard-to-reach populations.

The survey has created information that was previously unavailable at a local level from other sources, and cross sector analysis provides information on neighborhood quality, happiness, housing, transportation, health, economic security, workforce development, and other topics. Findings from the CWS are primarily covered within the 2016 Fairfield County Community Wellbeing Index. Detailed data by town are available in the survey crosstabs on the DataHaven website (ctdatahaven.org), and referenced in this report. The results for Norwalk are reported separately, while the results for New Canaan, Westport, Weston, and Wilton are aggregated and reported as NCWWW. The results for Norwalk and NCWWW together are referred to as Greater Norwalk.

Qualitative Data

Community Health Improvement Task Force

A Community Forum, attended by over 45 representatives of health, social service and government agencies was held in April, 2016 and again in July 2016. These community members agreed to participate in an advisory committee, named the Community Health Improvement Task Force, to provide guidance on the CHNA process, and participate in identifying priority issues. Engagement of community members and partners was expanded throughout the project to include additional representatives from housing, education, business, local and state government, health care, social services, mental health and behavioral health, philanthropy, advocacy, and community-based organizations. The list of Community Health Improvement Task Force member organizations may be found in Appendix A.

Specifically, the Task Force was asked to provide existing quantitative and qualitative data; identify additional appropriate secondary data sources; provide input on primary data collection; motivate and recruit community members to participate in the assessment process; provide technical assistance in their areas of expertise; identify priority issues for health improvement; and develop and implement programs and policies to address priority issues.

The United Way of Western Connecticut shared the ALICE (Asset Limited, Income Constrained, Employed) Community Conversation and Survey 2015 Summary report, information was obtained from the Norwalk Public Schools, and the 2016 Region One Behavioral Health Priority Services Report for Southwestern CT. Information from these sources was reviewed and incorporated into the community health needs assessment.

Throughout the process, information was provided to all Task Force members via email allowing participants to be informed on the progress of the project and the opportunities to share their expertise.

Key Informant Surveys (KIS)

The online KIS was administered to community leaders and service providers in the Greater Norwalk Region using an online survey tool. The survey was distributed to 184 key informants and had 54 responses in total (a 29% response rate). Respondents included health care professionals, community leaders and members, and government officials. The survey was designed to better understand the health needs of the Greater Norwalk Region and included questions on community health initiatives, strengths and challenges, health concerns and limitations, and vulnerable populations. Please refer to Appendix B or organizations contacted and responding to the KIS.

Analyses

The secondary data and qualitative data from the CWS and KIS were synthesized and integrated in this report. Key themes that emerged across all groups were identified, as well as unique issues that were noted for specific populations. While community differences are noted where appropriate, analyses emphasized findings common across the Greater Norwalk Region. Selected paraphrased quotes – without personal identifying information – are presented in the narrative of this report to further illustrate points within topic areas. The information from these sources

was used to identify priorities and opportunities for action.

Limitations

As with all research efforts, there are several limitations related to the CHNA's research methods that should be acknowledged. Self-reported data may include over or underreported behaviors and illnesses based on misunderstanding of the question being asked or fear of social stigma. Respondents may also be prone to recall bias, attempting to answer accurately but remember incorrectly. It should be noted that for the secondary data analyses, several sources did not provide current data stratified by race/ethnicity, gender, or age – thus, these data could only be analyzed for the total population.

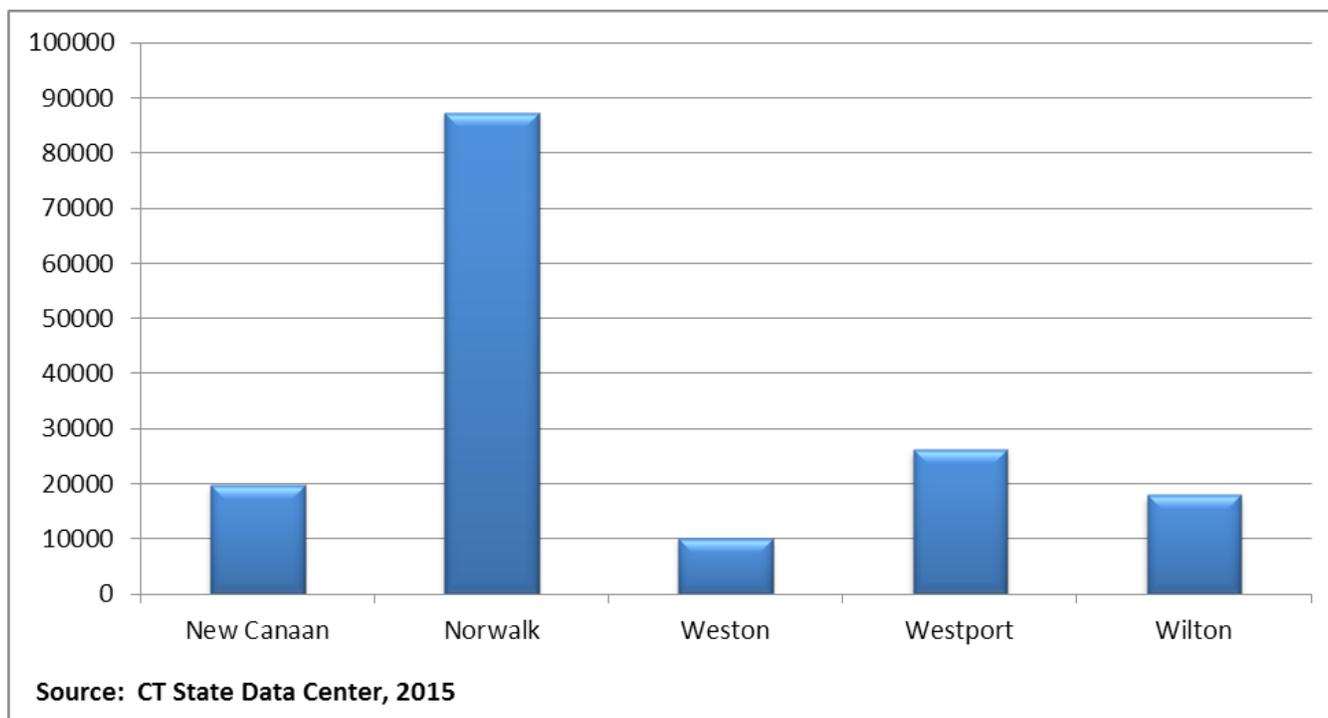
While the community meetings and KIS conducted for the CHNA provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. It is also important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

Findings

The Greater Norwalk Region is located about 50 miles outside of New York City, in southwestern Fairfield County. KIS participants described their region as one with substantial assets, such as proximity to New York and Long Island Sound; numerous amenities such as restaurants, beaches, parks, walking trails, and theaters; and cultural/social opportunities such as museums. The region's population was described as a combination of new and old residents, including recent immigrants. Although KIS participants described their region as largely affluent, there were differences seen between the towns. These factors have implications for community health and well-being.

Demographics

Numerous factors are associated with the health of a community, including what resources and services are available as well as who lives in the community. While individual characteristics such as age, gender, race, and ethnicity have an impact on people's health, the distribution of these characteristics across a community is also critically important and can

FIGURE 4: Population by Town, 2015**Table 1: Population Change in Greater Norwalk and Towns, 2010 and 2015**

Town	2010 Total	2015 Total	CAGR 2010-2015 (Total)
New Canaan	19,738	19,695	-0.04%
Norwalk	85,603	87,329	0.40%
Weston	10,179	10,173	-0.01%
Westport	26,391	26,271	-0.09%
Wilton	18,062	17,914	-0.16%
Grand Total	159,973	161,382	0.18%
CT Total	3,574,097	3,638,843	0.36%

Source: CT State Data Center, 2010-2015

affect the number and type of services and resources. The section below provides an overview of the population of the Greater Norwalk Region.

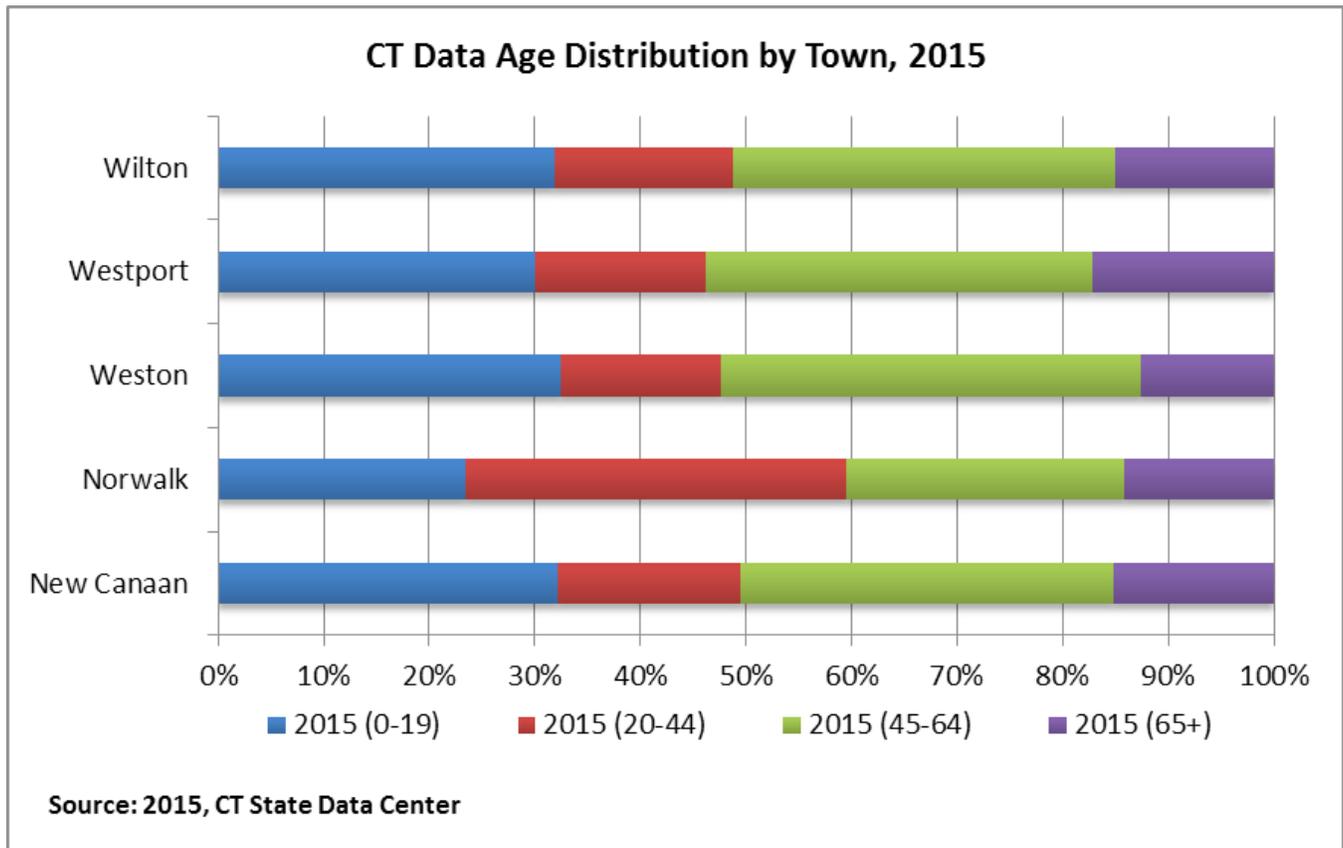
Population

In 2015, the total population of the Greater Norwalk Region was 161,382, an increase of less than 1% (0.8%) since 2010. Overall, the population of towns in the Greater Norwalk Region has decreased since 2010 with the exception of Norwalk with an annual

growth rate of 0.4%. Norwalk is the most populous town in the region, comprising 54% of the region's population in 2015. Figure 4 shows the 2015 population for each town in the Greater Norwalk Region, and Table 1 shows the population changes between 2010 and 2015.

Age Distribution

The age distribution for the region is similar to that of Connecticut, showing an aging population in the

FIGURE 5: Age Distribution in Connecticut, Greater Norwalk, and Towns, 2015

suburban communities, and a younger population in the larger towns. Figure 5 shows a comparison of age distribution by town. Norwalk has the youngest population, with almost 60% below the age of 44. Other towns have less than 50% of their population in these age brackets.

The population of Fairfield County is aging, particularly within suburban communities. A comparison of population growth rates between 2010 and 2015 reveals that Greater Norwalk's population ages 0-44 experienced a significant decrease. Although the younger age groups comprise a majority of the population, both 0-19 and 20-44 age groups show declining growth rates of up to -4.1%. Norwalk is the exception to this, but shows very little growth in these age groups. Norwalk and Weston experienced the highest rate of growth in the 65 and over category, at 2.4% and 2.8% respectively.

Race and Ethnic Diversity

The towns surrounding Norwalk were described by KIS participants as affluent, educated, and largely white while Norwalk was described as more economi-

cally and racially diverse. A respondent described the region as *"An eclectic group from the very poor to the very rich, the uneducated to the professor, and every stage between."*

While the Greater Norwalk Region as a whole has less racial and ethnic diversity than the state, Norwalk is the most diverse with 47% identifying as minority (CERC, 2016). In the towns surrounding Norwalk, over 85% identify as white, with small populations of Asian Pacific and Hispanic.

Social and Physical Environment

There are numerous factors that contribute to Greater Norwalk's social and physical environment and affect the health of its residents. Higher income and education are positively correlated with home ownership, making it easier to live in safe neighborhoods with access to good schools and recreational opportunities. Poverty can result in reduced access to health care, quality food, and recreational opportunities leading to unhealthy lifestyles.

FIGURE 6: Population Change by Age Group, 2015

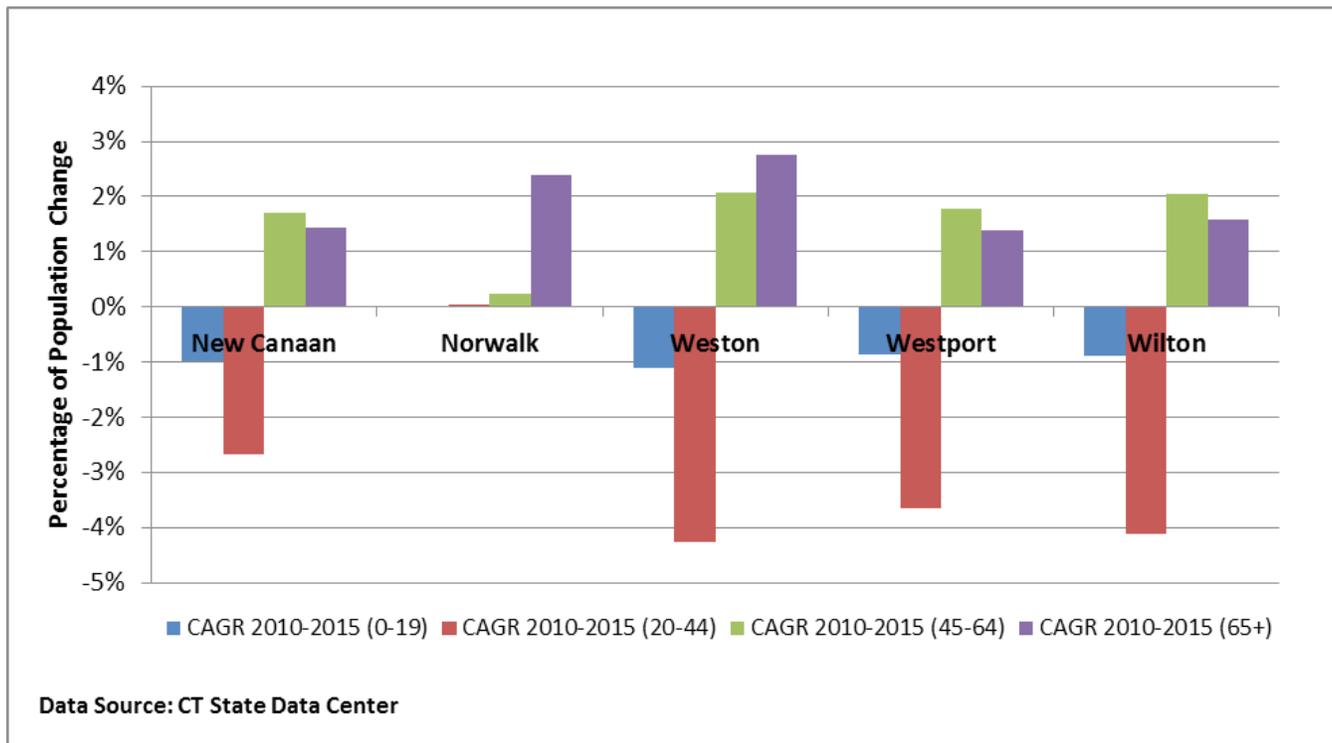
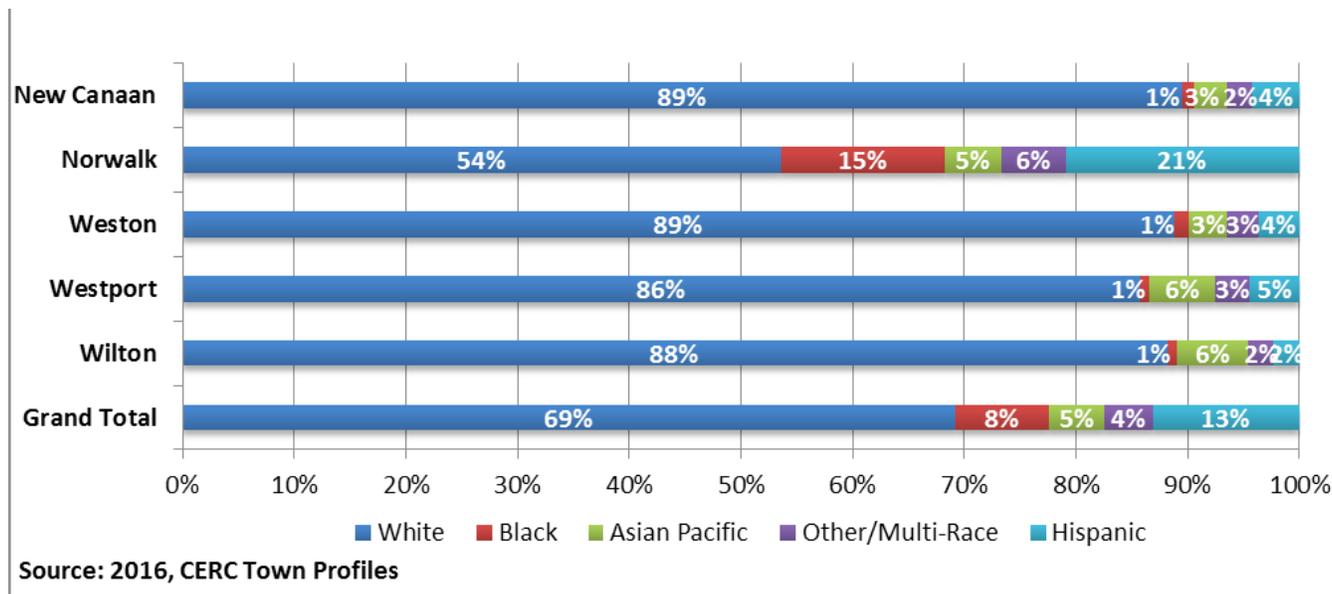


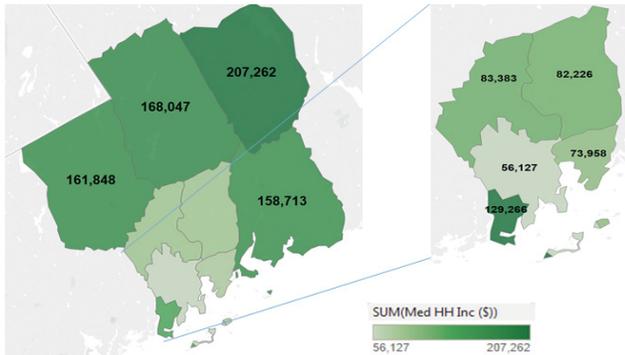
FIGURE 7: Population by Race and Ethnicity, 2015



"I am proud to be part of such a vibrant community, with like-minded community leaders working together to tackle broader health issues." —Key Informant

"Wide availability of state-of-the-art medical care and facilities, arts and culture, shoreline/water access, good school system, modern conveniences and proximity to NYC." —Key Informant

FIGURE 8: Median Household Income by Town, 2015



Income and Employment

The Greater Norwalk Region is characterized by substantial variation in income, with both very wealthy and less affluent households across the region and within municipalities. With the exception of Norwalk, all of the towns in the region have a median household income of greater than \$100,000 (Figure 8). Norwalk has the lowest median household income of \$76,051 (CERC 2016) and the lowest median household income in the 06854 zip code of \$56,127. Higher income levels correlate to increased access to quality food, health care, and better living conditions. Lower income communities tend to have higher rates of chronic diseases and poverty.

Poverty

Poverty rates vary throughout the Greater Norwalk Region, ranging from 2.2% in Weston to 8.1% Norwalk. According to the 2014 US Census Data, poverty rates by town are:

New Canaan	2.8%	Westport	4.3%
Norwalk	8.1%	Wilton	3.6%
Weston	2.2%	Connecticut	10.8%

Figure 9 shows the unemployment rates for each town in the region have continued to decline. The unemployment rate for the region and in all towns in the region was lower than that for the state as a whole (6.6%). Unemployment rates were highest in Norwalk at 5.6%, and lowest in Wilton at 4.6%. This aligns with CWS results that show 6% of respondents in Norwalk and 5% in Greater Norwalk said they did not have a job but would like to work (Table 2), whereas for the surrounding towns the rate was 4%.

Educational Attainment

Attaining a higher level of education is usually correlated with higher incomes. For CWS respondents, 43% in Norwalk reported having a Bachelor’s de-

gree or higher, which is lower than the state (46%) and lower than the surrounding towns (72%). The self-reported education attainment in the CWS correlates with the State Collaborative data, as seen in Figure 10. The majority of the Greater Norwalk towns have a highly educated population. However, educational levels of adults in Norwalk were generally lower than the rest of the towns in the region but similar to the state..

Housing

As a generally affluent region, housing in the Greater Norwalk Region is fairly expensive, with median housing costs for monthly mortgages and rent exceeding that of the state. KIS participants identified the high cost of living in the region as a concern, especially for the low income and senior population. Homelessness was also identified as a concern as there are limited resources for shelters and public housing.

While affordable housing was a top issue cited in the KIS, CWS results show that 75% of respondents in Norwalk and 80% in the remaining towns (NCWWW) are satisfied with their housing affordability (Table 3). Table 4 shows that more of those with yearly income below \$30K are satisfied with the affordability of their housing (75%), compared to those who make between \$30k and \$70k (73%). When looking at affordability by race, those that identified as Black/African American are the most unsatisfied in the region. In Norwalk alone, 37% were somewhat/very unsatisfied, compared to 22% for white, and

"One of the biggest determinants to positive health care outcomes is access to affordable housing. As an affordable housing provider, we recognize that housing instability and unaffordability can affect an individual's health outcome. As an organization, we are focused on maintaining and potentially adding to the area/region's affordable housing stock for seniors. Equally as important to this is coupling affordable housing stock with enriched on-site wellness, home health, and primary care services." —Key Informant

FIGURE 9: Yearly Unemployment Rates by Town, 2014

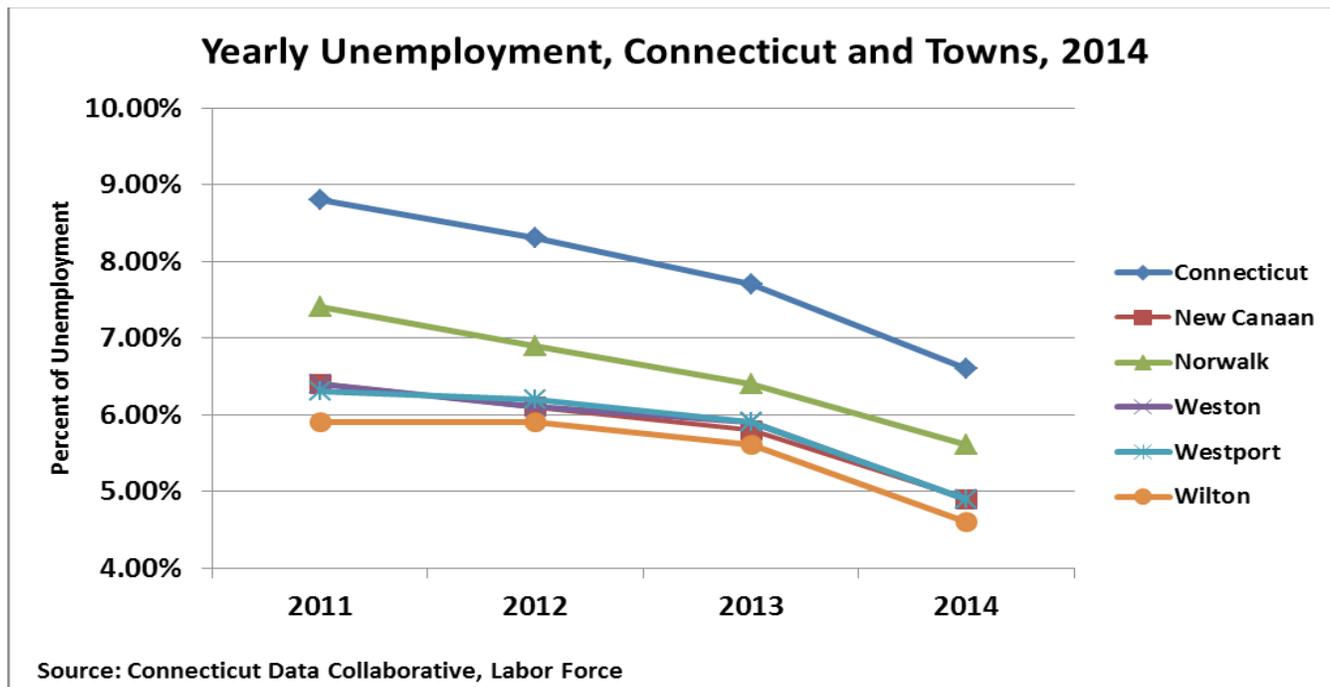


Table 2: Unemployment in the last 30 days

Have you had a paid job in the last 30 days?	CT	Norwalk	NCWWW*	Greater Norwalk	Fairfield County
Yes	65%	68%	63%	65%	67%
No, but would like to work	5%	6%	4%	5%	5%

Source: Community Wellbeing Survey, 2015
 *NCWWW: New Canaan, Weston, Westport, Wilton

16% for Hispanic (Table 5). These rates are much higher when compared to Black/African Americans in Fairfield County (24%) and Connecticut (21%).

Table 6 shows housing by ownership and income. Compared to the state average, fewer Norwalk CWS respondents own their homes, and more are renting. In the surrounding towns (NCWWW), those owning homes are significantly higher than the state average. Home ownership is positively correlated with income levels, both in Norwalk and the surrounding towns, whereas a majority of renters have incomes of <\$75K, and the proportion of renters increases as income decreases. 22% of Norwalk renters live in subsidized apartments or receive government assistance, compared to only 3% in NCWWW.

Transportation

Transportation is a concern for many parts of the region, especially for seniors, youth, and low income individuals. The CWS data in Figure 11 shows that only 2% of Greater Norwalk survey respondents lack access to a vehicle, compared to Connecticut’s average of 6%. While NCWWW CWS respondents, overall, have access to a vehicle, 6% of Norwalk respondents do not. Further, a higher proportion of Norwalk CWS respondents (10%) use public transportation to get to work than the state as a whole (5%), as illustrated in Figure 12. Some of these findings may be attributable to the proportion of the population that commutes into New York City for work.

FIGURE 10: Educational Attainment by Town

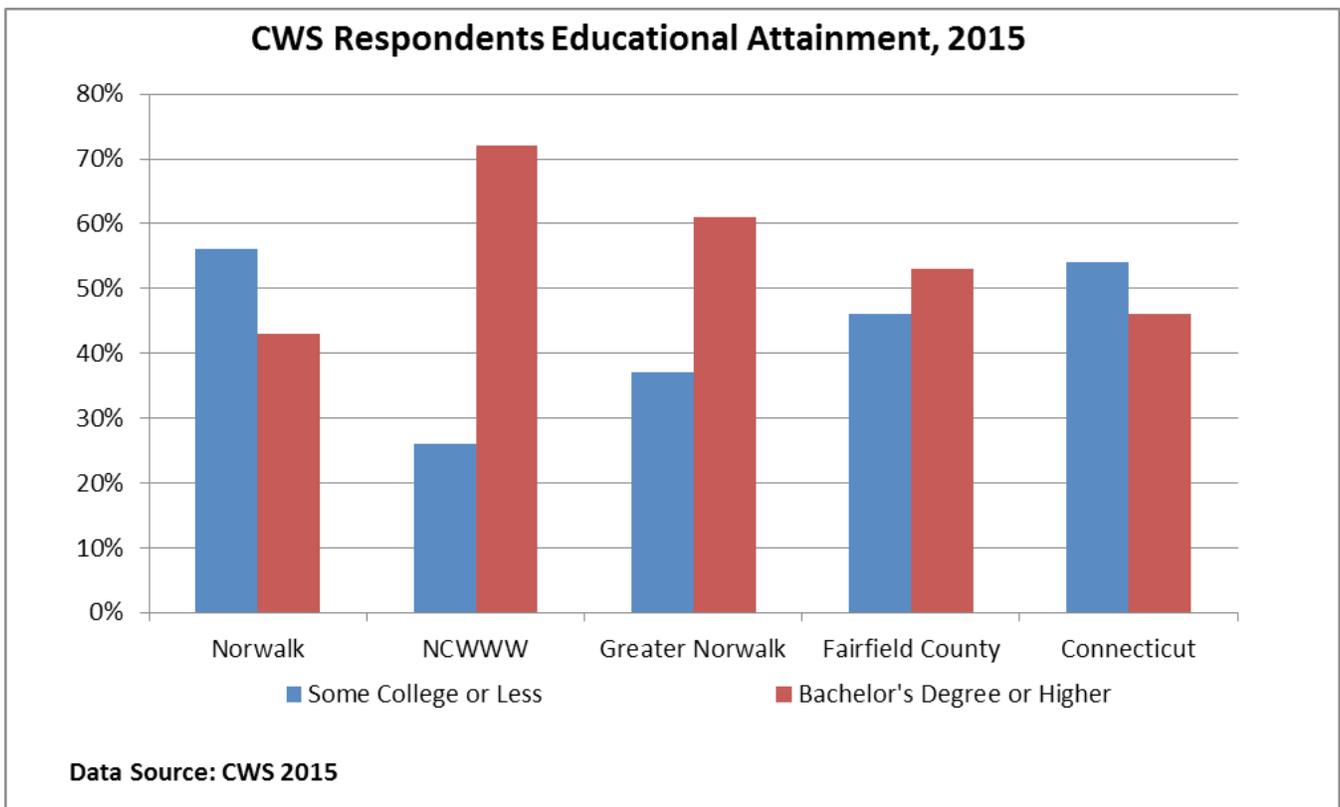
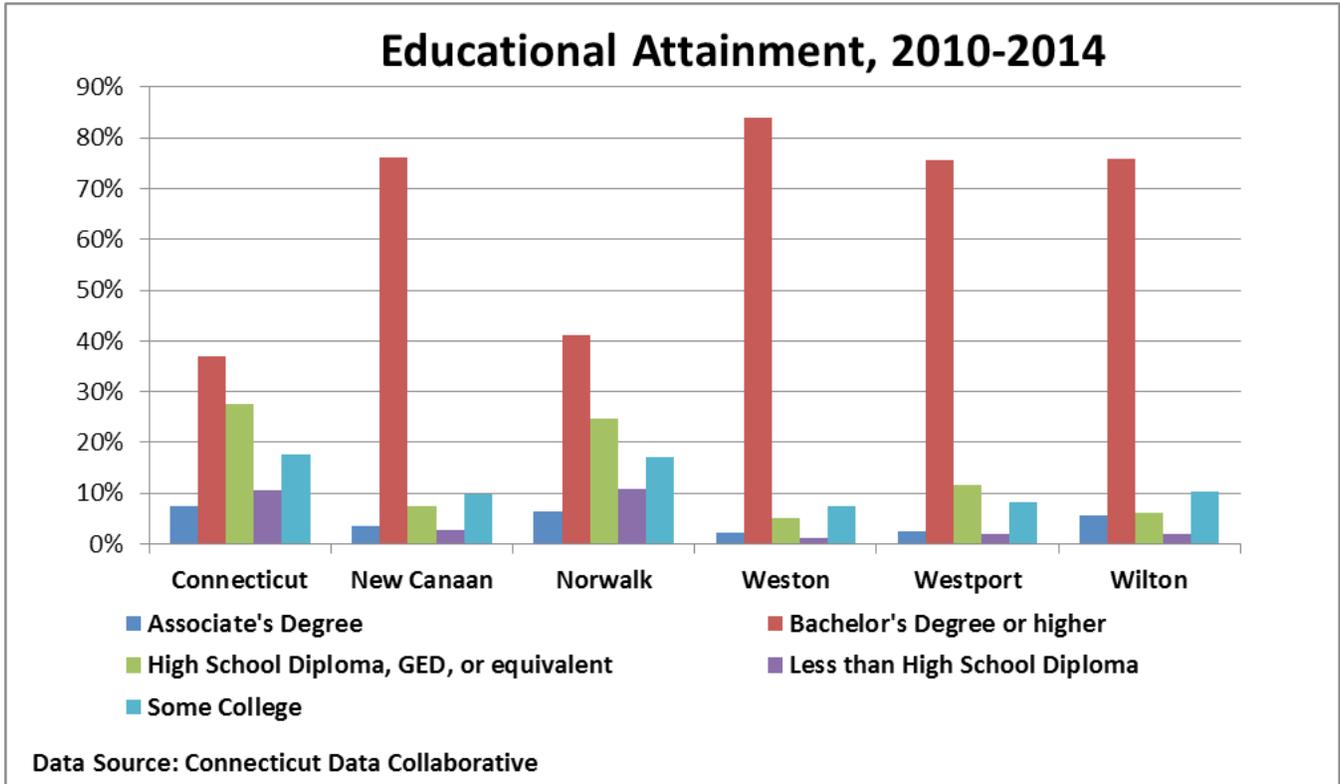


Table 3: Housing Affordability

	NORWALK	NCWWW	GREATER NORWALK	FAIRFIELD COUNTY	CONNECTICUT
Very Satisfied	35%	42%	40%	38%	42%
Somewhat Satisfied	40%	38%	40%	41%	40%
Somewhat Unsatisfied	15%	12%	13%	12%	10%
Very Unsatisfied	9%	6%	6%	7%	6%
Don't Know	1%	1%	1%	2%	1%

Source: Community Wellbeing Survey 2015

Table 4: Housing Affordability by Income

	NORWALK			GREATER NORWALK						
	< \$30K	\$30K- \$70K	> \$70k	<\$15K	\$15K-\$30K	\$30K- \$50K	\$50K- \$75K	\$75K- \$100K	\$100K- \$200K	\$200K+
Very Satisfied	36%	43%	28%	37%	37%	50%	37%	32%	30%	40%
Somewhat Satisfied	39%	30%	48%	31%	40%	25%	43%	44%	48%	45%
Somewhat Unsatisfied	14%	18%	14%	13%	17%	17%	12%	14%	16%	10%
Very Unsatisfied	11%	10%	8%	19%	6%	8%	7%	9%	5%	4%
Don't Know	0%	0%	2%	0%	0%	0%	1%	0%	1%	1%
Refused	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%

Source: Community Wellbeing Survey 2015

Table 5: Housing Affordability by Race/Ethnicity

	NORWALK			GREATER NORWALK			FAIRFIELD COUNTY			CONNECTICUT		
	White	Black	Hispanic	White	Black	Hispanic	White	Black	Hispanic	White	Black	Hispanic
Very satisfied	36%	26%	36%	41%	26%	34%	40%	30%	33%	43%	36%	36%
Somewhat satisfied	41%	35%	48%	40%	36%	50%	40%	44%	48%	39%	42%	45%
Somewhat unsatisfied	13%	25%	9%	12%	26%	10%	12%	13%	10%	10%	11%	9%
Very unsatisfied	9%	12%	7%	6%	9%	5%	6%	11%	8%	6%	10%	8%
Don't know	1%	3%	0%	1%	2%	0%	2%	1%	1%	1%	1%	1%

Source: Community Wellbeing Survey 2015

A large proportion of Greater Norwalk CWS respondents (56%) and Connecticut respondents (59%) said there were safe sidewalks and crosswalks in their neighborhoods. However, respondents across the Greater Norwalk Region report that there are no places to bicycle in or near their neighborhoods that are safe from traffic at a higher rate than the state

(Table 7). This may be due to zoning restrictions and lack of sidewalks in some NCWWW towns.

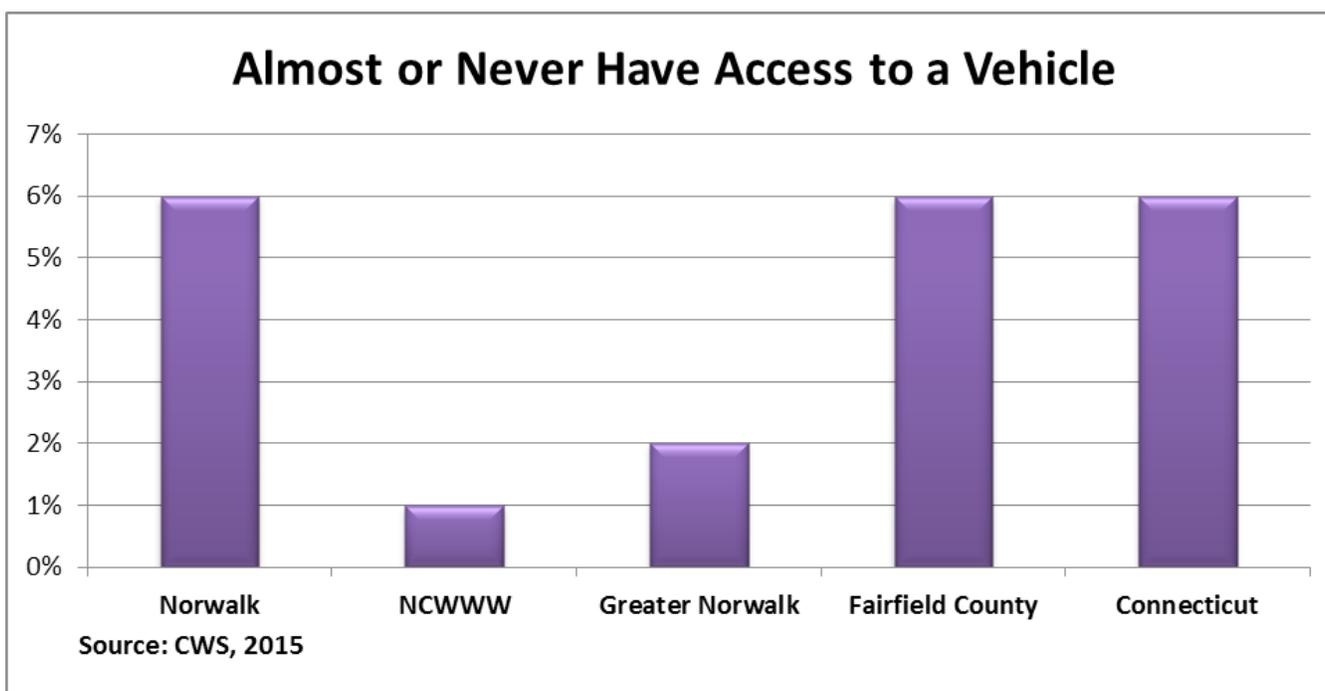
Crime and Violence

Connecticut state data shows violent crime offenses are 40% lower than the national average and property crime is 25% lower than national average. Wilton,

Table 6: Housing by Ownership

	NCWWW				Norwalk			
	CT	NCWWW	<\$75K	>\$75K	Norwalk	<\$30K	\$30K-\$75K	\$75K+
I own my home	63%	85%	64%	89%	58%	19%	57%	78%
I rent my home	27%	7%	24%	5%	31%	68%	38%	14%
I live with family or friends who own	7%	6%	6%	6%	7%	7%	5%	6%
I live with family or friends who rent	1%	0%	0%	0%	1%	2%	0%	0%

Source: Community Wellbeing Survey 2015

FIGURE 11: Households with No Vehicle Available

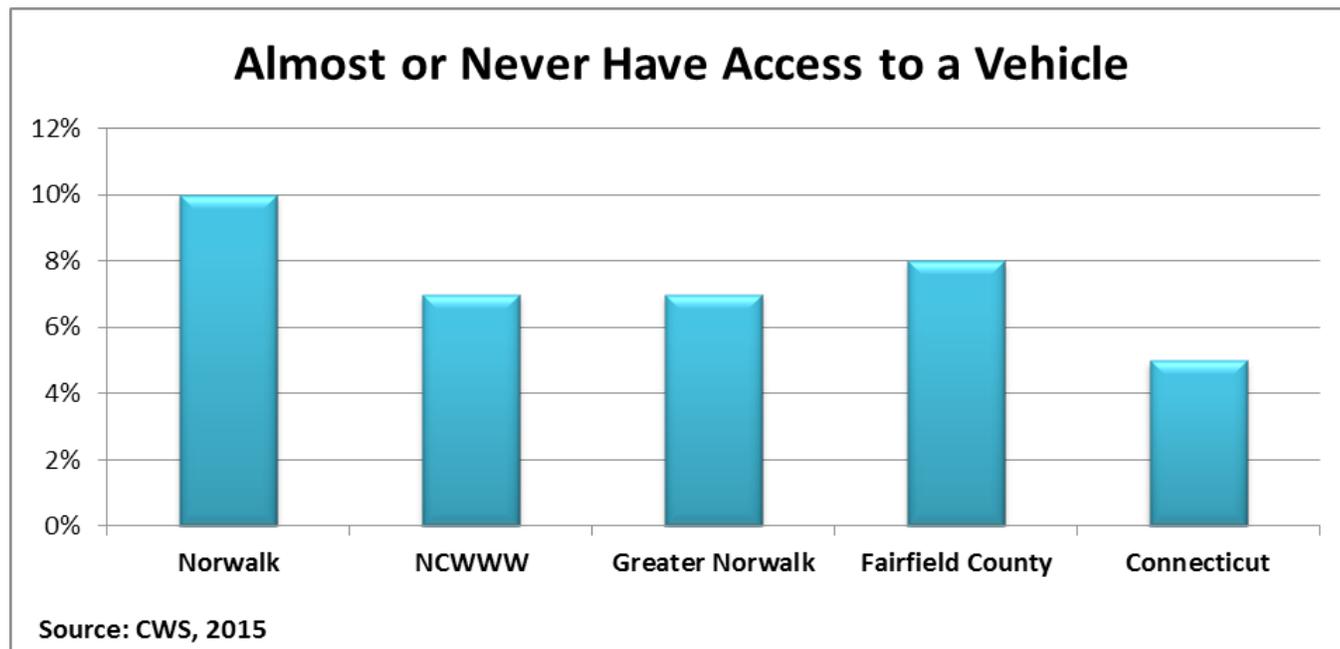
Weston, and New Canaan were ranked in the top ten safest cities in Connecticut (of cities with population greater than 19,000) by SafeWise, based on FBI Crime Report statistics from 2014.

Safety was one of the concerns cited in the KIS. While majority of CWS respondents in Norwalk (29%) feel safe to walk in their neighborhood at night (Table 8), many KIS respondents reported a rise in crimes and violence especially relating to drugs. Norwalk has the highest rate in the region for homicide or purposely inflicted hospital encounters, while Weston has the lowest (Figure 13). Overall,

48% of KIS respondents said their geographic area is getting better, aligning with CWS results (Table 8).

Environmental Quality

A majority of the population of the region as a whole reported they are satisfied with the city they live in. KIS participants described a clean, safe environment conducive to outdoor activity as a driving force behind what makes this community an attractive destination to work and live. Both the CWS and KIS respondents reported their area as a place to live is getting better or much better (Table 9).

FIGURE 12: Use of Public Transportation (Bus, Train)**Table 7: Neighborhood Safety**

There are safe sidewalks and crosswalks on most streets in my neighborhood?	CT	Greater Norwalk	Norwalk	NCWWW
Strongly Agree	39%	36%	46%	20%
Somewhat Agree	20%	20%	25%	16%
Somewhat Disagree	11%	13%	15%	11%
Strongly Disagree	29%	30%	13%	52%
Don't Know	1%	1%	1%	1%
There are places to bicycle in or near my neighborhood that are safe from traffic, such as on the street or on special lanes, separate paths or trails.	CT	Greater Norwalk	Norwalk	NCWWW
Strongly Agree	32%	26%	26%	24%
Somewhat Agree	27%	30%	31%	26%
Somewhat Disagree	14%	16%	18%	20%
Strongly Disagree	25%	26%	24%	28%
Don't Know	2%	1%	1%	2%

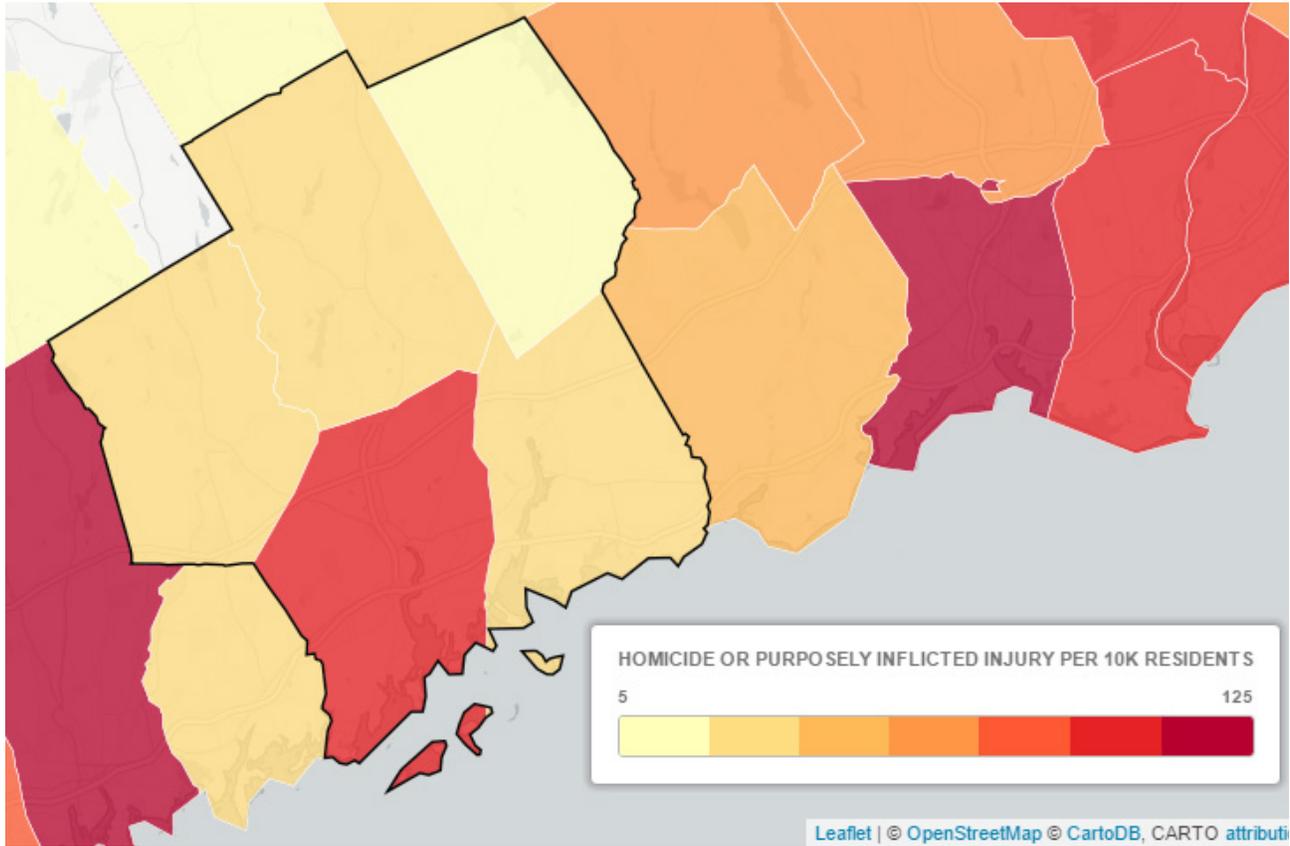
Source: Community Wellbeing Survey, 2015

Table 8: Neighborhood Safety at Night

I do not feel safe to go on walks in my neighborhood at night.	CT	Greater Norwalk	Norwalk	NCWWW
Strongly Agree	16%	11%	14%	11%
Somewhat Agree	12%	10%	15%	8%
Somewhat Disagree	16%	15%	20%	12%
Strongly Disagree	55%	63%	50%	55%
Don't Know	1%	1%	1%	1%

Source: Community Wellbeing Survey, 2015

FIGURE 13: Homicide or Purposely Inflicted Injury Age-adjusted



Hospital area	Town
Greater Norwalk	Norwalk
Greater Norwalk	Westport
Greater Norwalk	Wilton
Greater Norwalk	New Canaan
Greater Norwalk	Weston

Source: DataHaven Analysis of Chime Data

Table 9: Geographic Area as a Place to Live

As a place to live, your (geographic area) is getting:	Much Better/ Better	About the same	Worse/ Much Worse	Don't Know
Key Informant Survey (KIS)	48%	36%	16%	
Norwalk	45%	37%	17%	2%
NCWWW	26%	63%	10%	1%
Greater Norwalk	37%	47%	15%	1%
CT	29%	49%	20%	2%

Source: Community Wellbeing Survey, 2015 and Key Informant Survey.

Primary and Secondary Health Data

Health Behaviors

This section examines lifestyle behaviors among Greater Norwalk residents that may promote or hinder health. These include individuals' behaviors and risk factors such as physical activity, nutrition, and alcohol and substance use that contribute substantially to morbidity and mortality. Findings from the 2015 CWS with relevance to the Greater Norwalk Region are highlighted.

Healthy Eating, Physical Activity, and Overweight/Obesity

Similar to patterns nationwide, issues around overweight and obesity – particularly healthy eating and physical activity – emerged as key health concerns for interview participants. In the Greater Norwalk Region, the reported prevalence of adult obesity in Norwalk (22%) was lower than that of the state (26%), but significantly higher than the surrounding towns reported 11% (Figure 14). However, 38% of Norwalk CWS respondents identified as overweight, as did 36% in the towns surrounding Norwalk, and 36% at the state level.

Diet, busy lifestyles, safety, and sedentary lifestyles were cited as factors contributing to the prevalence of overweight and obesity for both adults and children.

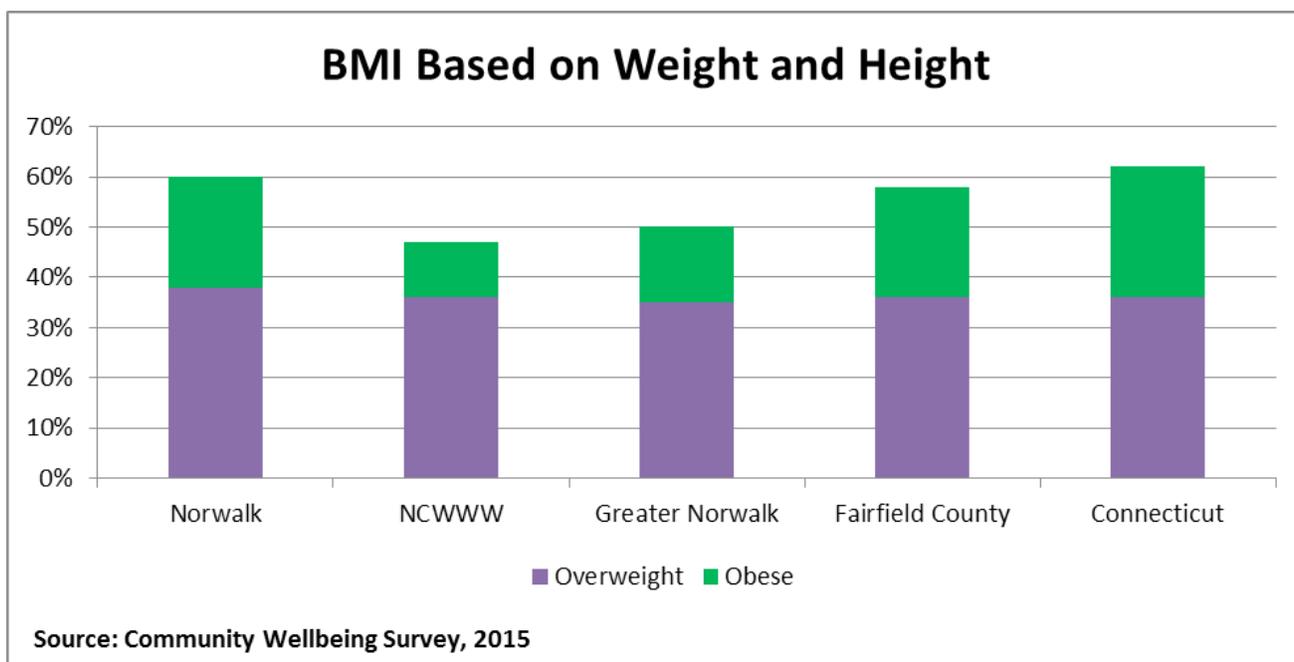
"It is difficult to get these nutrition/physical activity services to people of all ages with budget restraints . . . difficult to reach kids when not done during the school day." —Key Informant

"A variety of "whole" food markets and shops assists in the process as well." —Key Informant

In 2012, data on body weight status was collected from Norwalk School District students in kindergarten, 3rd, 6th, and 9th grades. A majority of those students are minorities (40% Hispanic, 19% Black, and 5% Asian); while 35% are White (Figure 15). Similar to adults, Figure 16 shows that 22% of the students were obese and 18% were overweight. For third graders, obesity by race was as follows: White 15%, Black 21%, and Hispanic 34%.

One KIS respondent mentioned "easy access to health foods and healthy lifestyle programs at times that work around a work schedule" as factors that influence healthy choices. CWS results show that majority of respondents across the region exercised at least 1-4 times a week (Figure 17). In the Greater Norwalk Region, 10% said they do not exercise compared to Connecticut's average of 17%. However,

FIGURE 14: Overweight and Obesity



18% in Norwalk reported not exercising at all, which is much higher than the surrounding towns.

Smoking

Self-reported smoking prevalence is 15% in the state, compared to 13% in Norwalk and 5% in the surrounding towns (Figure 18). In the Greater Norwalk Region, smoking prevalence is greater in Black/African Americans (13%) and Hispanics (15%) than in Whites (8%). Of those who reported smoking

currently (every day or some days), 56% of respondents in Norwalk and NCWW reported trying to quit in the past year (not smoking for at least 24 hours in an attempt to quit).

Mental Health and Substance Abuse

Participants described mental health and substance abuse as key health concerns for the region. KIS and community forum participants identified lack of resources and services as challenges. Another issue consistently mentioned is drug addiction, most

FIGURE 15: Norwalk School Students by Race/Ethnicity, 2012

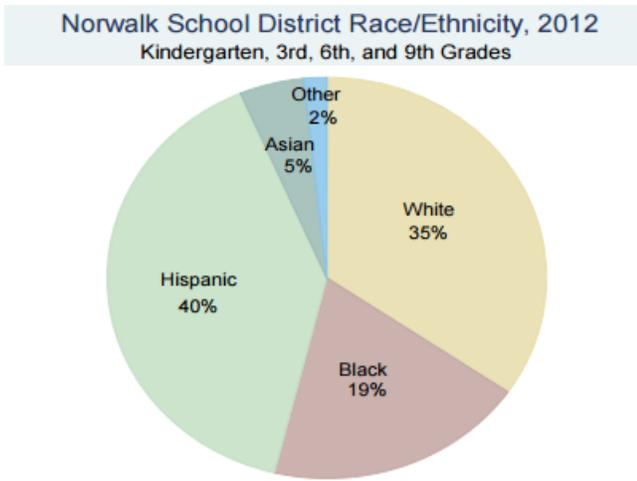


FIGURE 16: Norwalk School District BMI, 2012

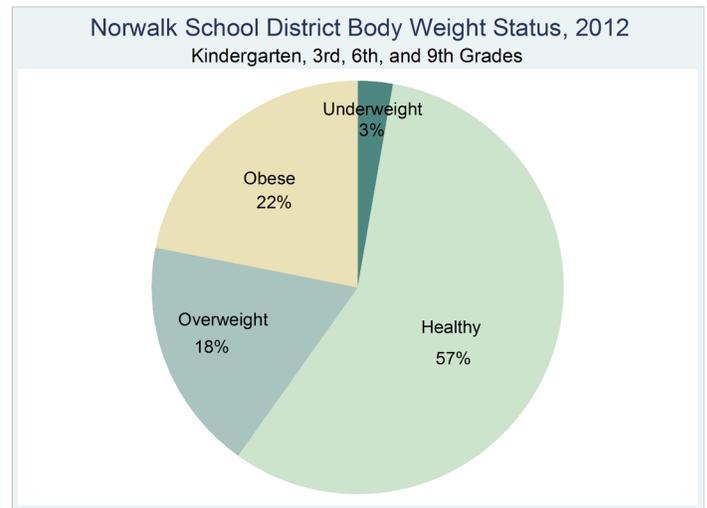


FIGURE 17: Weekly Exercise

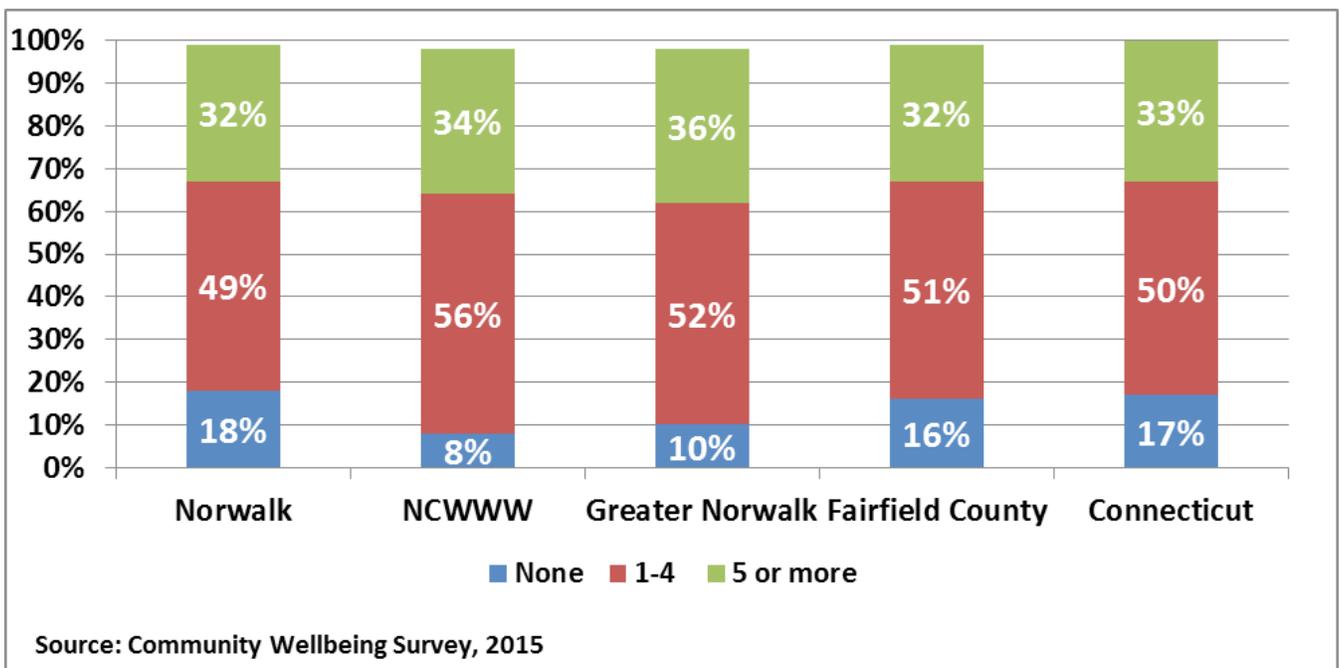
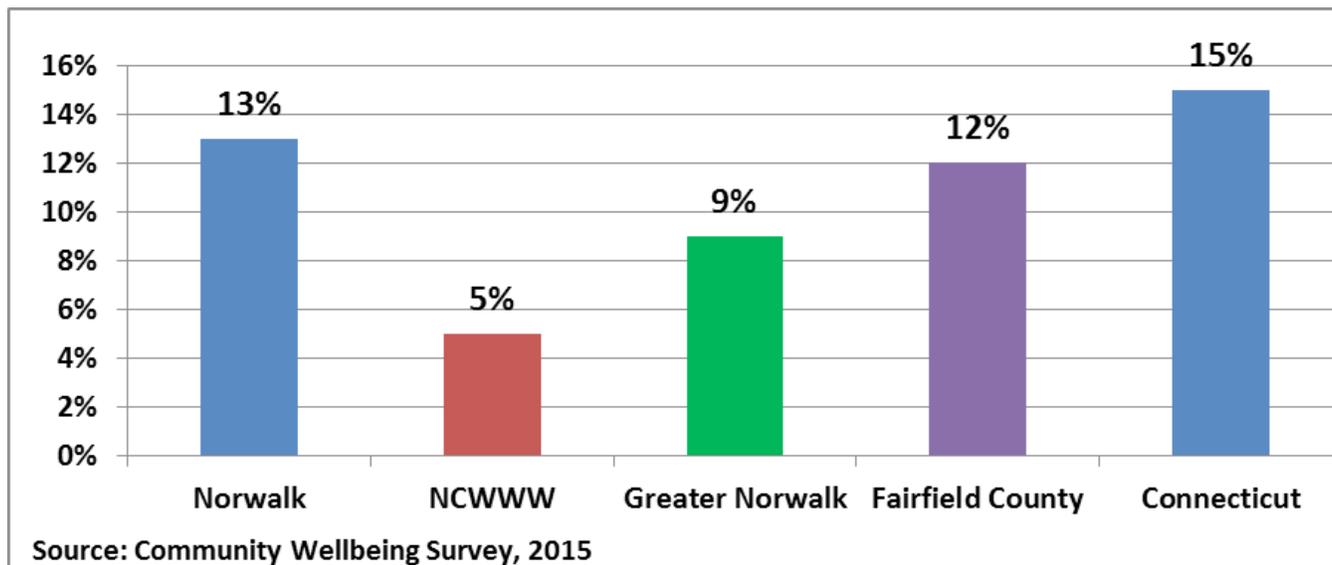
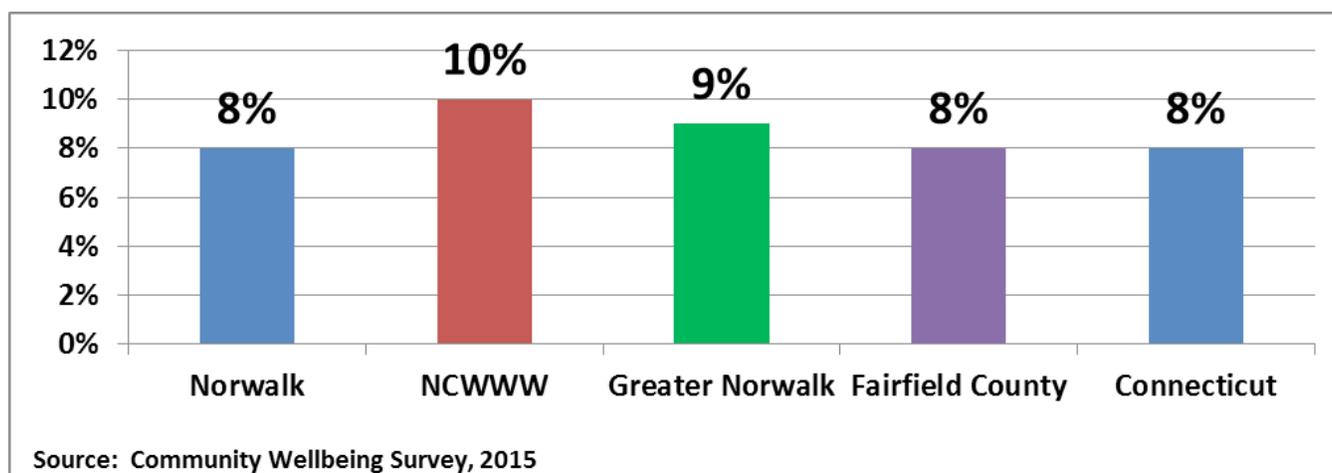


FIGURE 18: Smoking Prevalence**FIGURE 19: Feel the Need to Cut Down on Drinking and Drug Use**

notably opioid abuse, and the impact it is having on populations of young people. In 2015 alone, there were 729 accidental intoxication deaths in Connecticut. Mental health and substance abuse affects a wide range of populations. From 2012-2013, rates of unintentional overdose, prescription drug overdose, and heroin deaths rose for all races and ethnicities in Connecticut.

In the KIS, many respondents drew connections between poor mental health and the rise in drug addiction. Approximately 8% of both Norwalk and Fairfield County adults stated that they felt the need to cut down on alcohol or drug use, within the last 12 months (Figure 19). When looking at the CWS

respondents by race, there is a slightly greater percentage of Black/African Americans than other races/ethnicities that reported wanting to cut down on drinking or drug use across the region (Figure 20).

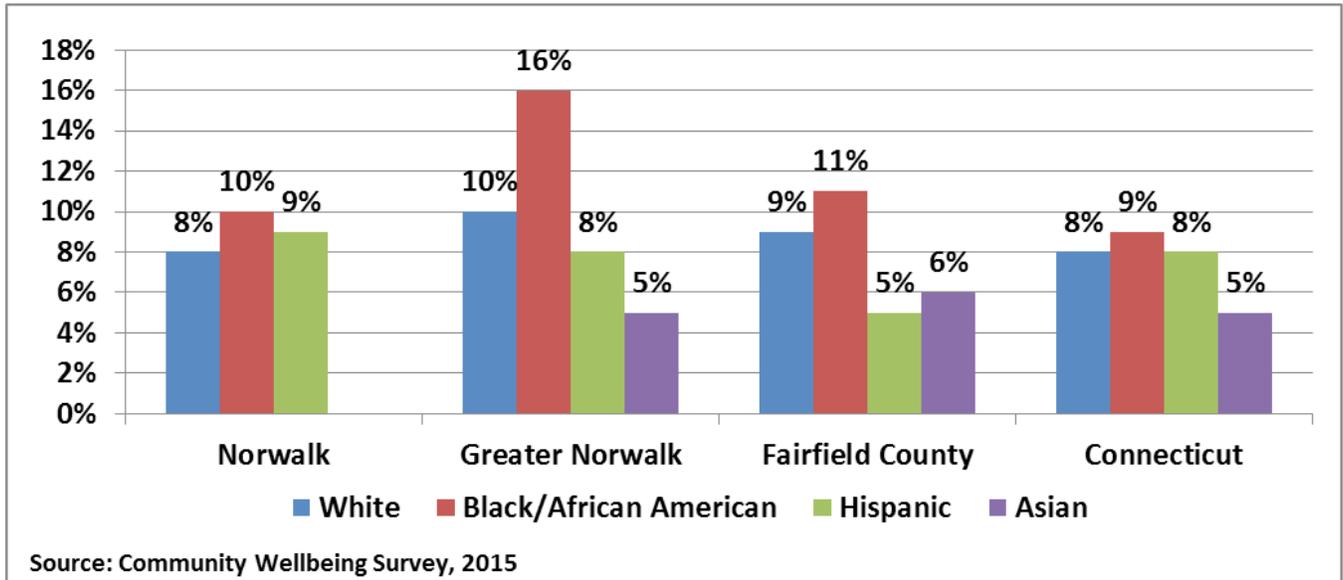
Health Outcomes

This section provides a review of secondary data regarding the leading health conditions in the Greater Norwalk Region, while also discussing self-reported health outcomes among respondents to the CWS.

Perceived Health Status

CWS results show that 89% of Norwalk respondents and 92% of Greater Norwalk respondents said they are in good or excellent health. This is above the

FIGURE 20: Feel the Need to Cut Down on Drinking and Drug Use by Race



Connecticut average of 85% (Figure 21). People’s perception of their health status has been shown to be a good indicator for mortality risk. Those who rate their health as poor are at twice the mortality risk as people who rate themselves as excellent.

Chronic Disease/Obesity

When asked about health concerns in their communities, KIS respondents cited chronic diseases as a top concern. The self-reported prevalence of heart

disease (4%), diabetes (6%) and asthma (10%) among adults in the Greater Norwalk Region is lower than the state as a whole (Figure 22). However, Norwalk’s reported rate of asthma (13%) is higher than the surrounding towns (7%), and is on par with the Connecticut average. The prevalence of diabetes is also higher in Norwalk (7%) than in the surrounding towns (3%), but is equal to the Fairfield County rate and lower than the state rate of 9%. When looking at asthma prevalence by race, a greater percentage

FIGURE 21: Perceived Health Status by Town

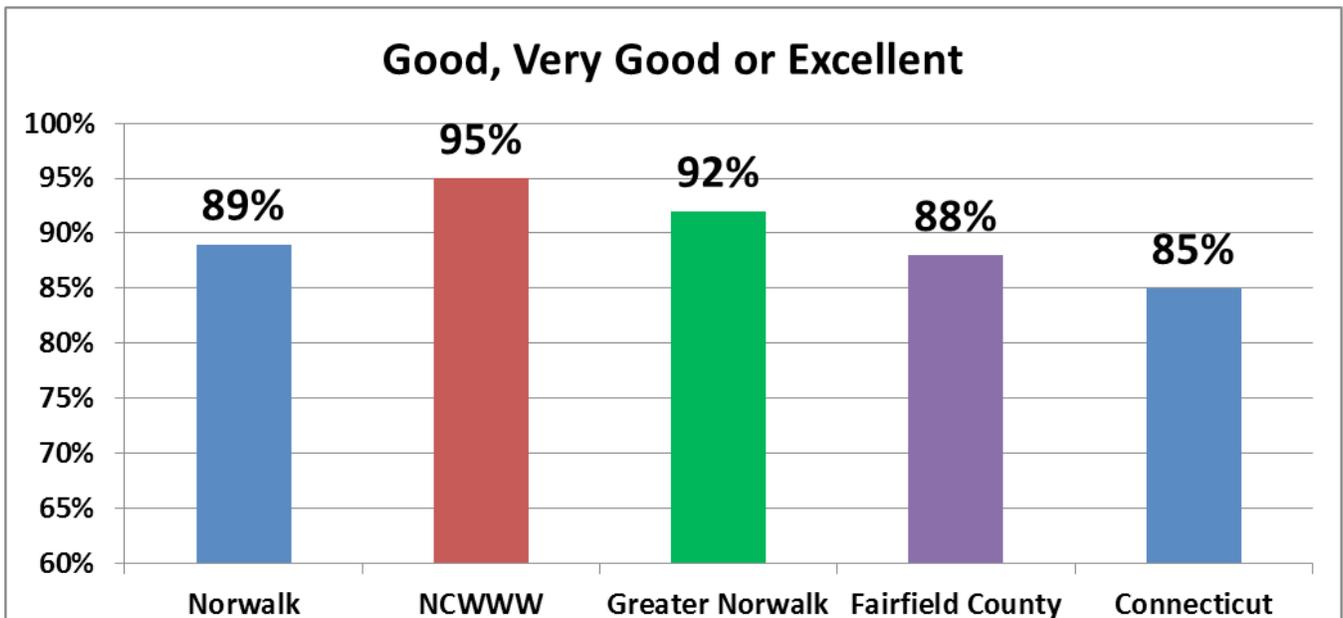
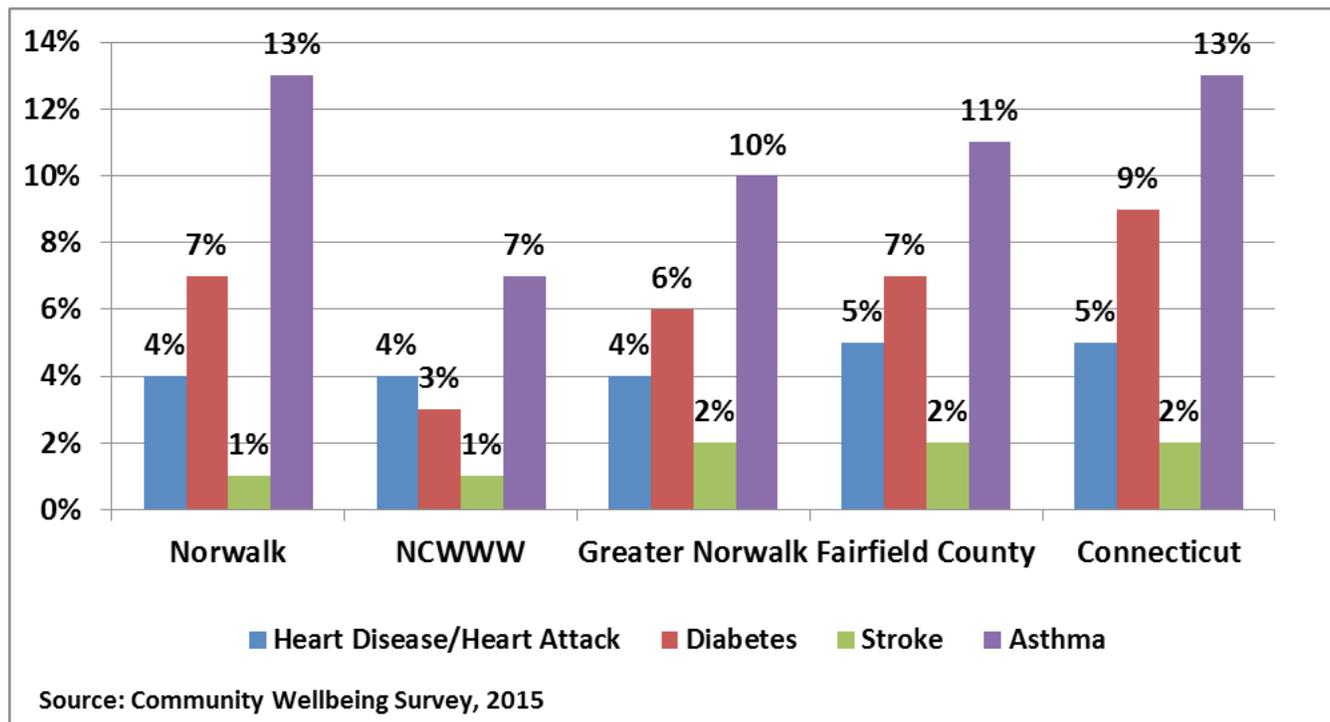


FIGURE 22: Prevalence of Chronic Disease



of Black/African Americans than other races/ethnicities report having asthma in Greater Norwalk (16%), Norwalk (18%), and Fairfield County (14%), as compared to the state, where 19% of Hispanics report being diagnosed with asthma (Figure 23).

The asthma prevalence within public school children is similar to that of adults (CT School-based Asthma Surveillance Report, 2014). Overall, one out of every seven (13.9%) public school students in the state has asthma. Figure 24 shows the asthma prevalence

FIGURE 23: Asthma Prevalence by Race

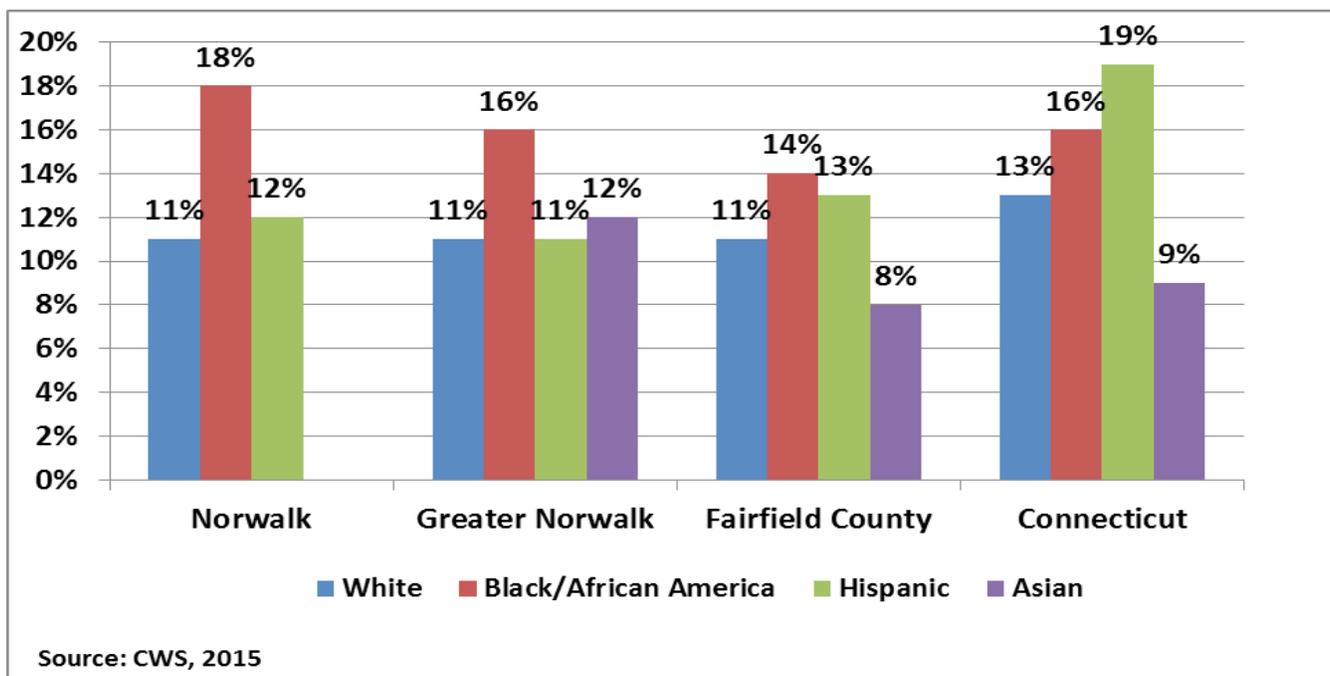
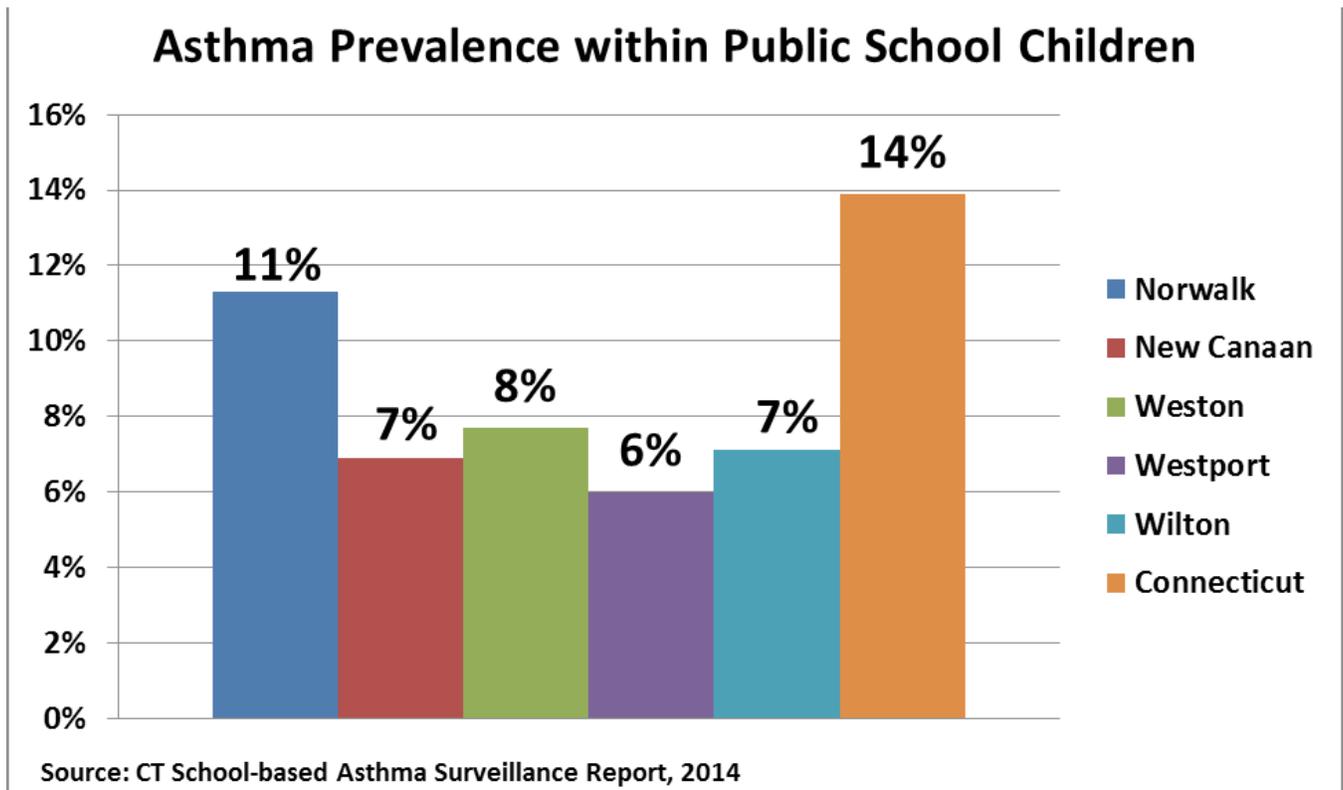


FIGURE 24: Asthma Prevalence within Public School Children

by town, with Norwalk (11%) having the high prevalence and Westport (6%) having the lowest.

Obesity is a risk factor for these chronic diseases and was cited a concern amongst KIS respondents. When looking at obesity by race/ethnicity, 28% of both Black and Hispanic adult populations are obese in Norwalk, compared to 21% of their White counterparts, based on BMI calculated from self-reported height/weight (Table 10). There are also higher self-reported rates of obese Black/African Americans in Greater Norwalk (34%) and the state (38%).

Relating to obesity, those CWS respondents in the lowest income category (<\$30k) had the highest prevalence of both heart disease and diabetes in Norwalk (Table 11). However, self-reported diabetes seems to be more prevalent among respondents earning less than \$30k than heart disease. Diabetes is also more prevalent in Black/African Americans across Norwalk and the Greater Norwalk Region (13%) than other races (Table 12).

Overall Leading Causes of Death and Hospitalization

Connecticut Department of Public Health (CT DPH) data indicate that the top two causes of mortality in the Greater Norwalk Region are cancer and diseases of the heart (Table 13). The age-adjusted mortality rate (AAMR) for the two leading causes is shown by town in Figure 25. The data shows that chronic diseases such as stroke and respiratory disease, and accidents are also a concern in the region.

Age adjusted mortality rates by town are shown in Figure 26, with those shaded in red statistically worse than the state average, those shaded yellow the same as the state average, and those shaded green better than the state average. The trend shows that AAMR in most towns in the region improved from 2003-2007 to 2008-2012, and was statistically significant in some cases.

Figure 27 shows the top five conditions for hospital utilization for inpatient and emergency department (ED) for the residents of the Greater Norwalk Region. High blood pressure and type II diabetes were

TABLE 10: BMI by Race/Ethnicity

	NORWALK			GREATER NORWALK			FAIRFIELD COUNTY			CONNECTICUT		
	White	Black	Hispanic	White	Black	Hispanic	White	Black	Hispanic	White	Black	Hispanic
Underweight	2%	8%	3%	1%	6%	1%	2%	2%	1%	2%	2%	2%
Normal Weight	41%	37%	30%	52%	37%	38%	42%	28%	33%	38%	27%	31%
Overweight	36%	27%	39%	34%	23%	38%	37%	35%	36%	36%	34%	38%
Obese	21%	28%	28%	13%	34%	23%	19%	35%	29%	24%	38%	29%

Source: CWS 2015

TABLE 11: Diabetes and Heart Disease Prevalence in Norwalk by Income

Norwalk	Diabetes			Heart Disease		
	<\$30k	\$30k-\$75k	>\$75k	<\$30k	\$30k-\$75k	>\$75k
Yes	14%	11%	4%	5%	2%	3%
No	86%	99%	94%	95%	98%	96%

Source: CWS, 2015

TABLE 12: Diabetes Prevalence by Race

	NORWALK			GREATER NORWALK			FAIRFIELD COUNTY			CONNECTICUT		
	White	Black	Hispanic	White	Black	Hispanic	White	Black	Hispanic	White	Black	Hispanic
Yes	6%	13%	3%	5%	13%	5%	7%	12%	9%	9%	14%	11%
No	91%	87%	95%	94%	87%	94%	91%	88%	90%	90%	86%	88%
Don't know	1%	0%	1%	0%	0%	1%	0%	0%	0%	0%	0%	0%
Refused	2%	0%	1%	1%	0%	0%	2%	1%	0%	1%	1%	0%

Source: CWS, 2015

the top two conditions for inpatient hospitalizations, while falls and high blood pressure were the top two conditions for ED non-admissions.

Age-adjusted hospital encounters show that Norwalk has the highest rate (464) per 10,000 residents for diabetes from 2012-2014, while Weston has the least (135). Similarly, Norwalk also has the highest rate for heart disease at 180, while New Canaan has the least at 94 (Figure 29). These rates were calculated as an aggregate for 2012-2014 and adjusted to be comparable between towns.

Mental Health and Substance Abuse

Mental health and substance abuse were major health concerns raised by participants. 25% of Norwalk CWS respondents reported feeling anxious, while 28% reported feeling depressed or hopeless sometimes/often. Figure 30 shows substance abuse

age-adjusted hospital encounters for the Greater Norwalk Region. Norwalk has the highest rate at 114, while Wilton and New Canaan have the least at 41.

KIS participants cited gaps in services and funding as factors that contribute to the high prevalence of poor mental health in the region. KIS participant said that "mental health (access and effective treatment), the heroin and opiate crisis, and substance abuse in general are big concerns in the community." Connecticut youths, especially, are becoming an increasingly at-risk population in regards to drug abuse. The Connecticut Opioid Response Initiative (CORE) cites data from the 2014 National Survey on Drug use to note "in the same year (2014) there were an estimated 12,000 Connecticut residents between the ages of 12 and 17 with non-medical use of prescription analgesics. This represented 4% of all Connecticut adolescents.

TABLE 13: Leading Causes of Death (AAMR)

Leading Causes of Death By Town: Greater Norwalk Region						
AAMR 2008 - 2012 (Rate per 100,000 population)						
Leading Cause of Death	NEWCANAAN	NORWALK	WESTON	WESTPORT	WILTON	Grand Total
Cancer	114.1	147.7	144.6	109.1	126.2	641.7
Heart	100.0	135.5	128.1	77.2	110.5	551.3
Stroke	27.0	33.9	0.0	25.5	26.0	112.4
Accident*	0	24.2	0	32.9	36.3	93.4
CLRD**	17.3	22.9	0.0	12.1	32.1	84.4
Alzheimer's	20.7	6.5	0.0	11.9	42.8	81.9
P & I****	13.1	20.2	0.0	17.8	17.6	68.7
Sepsis	0.0	10.6	0.0	9.6	0.0	20.2
Diabetes	0.0	14.1	0.0	0.0	0.0	14.1
Kidney	0.0	9.6	0.0	0.0	0.0	9.6
CLD***	0.0	6.5	0.0	0.0	0.0	6.5
Suicide	0	5.5	0	0	0	5.5
Parkinson's	0.0	5.0	0.0	0.0	0.0	5.0
HIV	0.0	3.7	0.0	0.0	0.0	3.7
Homicide	0.0	0.0	0.0	0.0	0.0	0.0
*Accident Includes: Falls, Poisoning, Motor Vehicle Accident						
**Chronic Lower Respiratory Disease						
*** Chronic Liver Disease						
****Pneumonia & Influenza						

SOURCE: DataHaven analysis of CT DPH Data

Table 14: Accidental Drug Intoxication Deaths in Greater Norwalk, 2015 – 2016

Town	Deaths in 2015	Deaths in 2016 through June
Norwalk	13	5
New Canaan	1	0
Weston	0	1
Westport	0	1
Wilton	0	0
Grand Total	14	7

Source: Office of the Chief Medical Examiner

Health Care Access

The following section provides a quantitative and qualitative overview of health care access in the region.

Resources and Use of Health Care Services

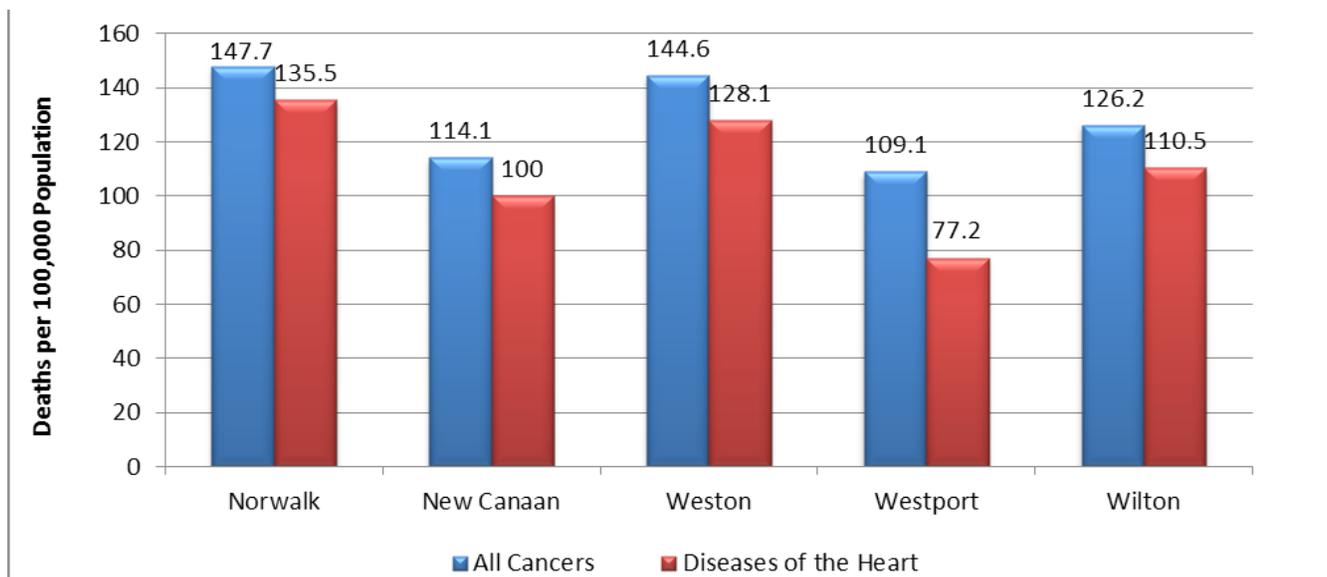
The Greater Norwalk Region is seen as having substantial health resources including a hospital, community health center, active health departments, and an AmeriCares free clinic. In addition, there are school based health centers and urgent care centers throughout the region that play an important role in advancing public health. KIS participants expressed concerns regarding collaboration between these resources and dissemination of information. They also

"It would be great for someone to really map the assets in the community around the key outcomes that need to change and then step back and see where the gaps are and what can be scaled or what might need to be added."
 —Key Informant

reported substantial funding limitations and lack of mental health professionals.

One KIS respondent commented "It's really quite

FIGURE 25: Age-adjusted Leading Causes of Death, 2008-2012



Source: DataHaven Analysis of CT DPH Data

FIGURE 26: Age-adjusted Mortality Rates 2003-2012 (All Causes)

Greater Norwalk Region						
Age Adjusted Mortality Rates per 100,000 by Town						
Town	Case of Death	# deaths 2003-2007	AAMR 2003-2007	# deaths 2008-2012	AAMR 2008-2012	Significant Change?
NEWCANAAN	All	554	493	541	430	
NORWALK	All	2856	644	2679	581	Yes
WESTON	All	186	558	187	462	
WESTPORT	All	786	503	700	406	Yes
WILTON	All	605	573	674	593	

SOURCE: DataHaven Analysis of CTDPH Data

sad that this community, this state, lack awareness to the need to further develop these resources. The lack of advocacy and providers who are willing to 'dig in' and get truly involved in the care of the clients they serve is not just disheartening, but horrifying."

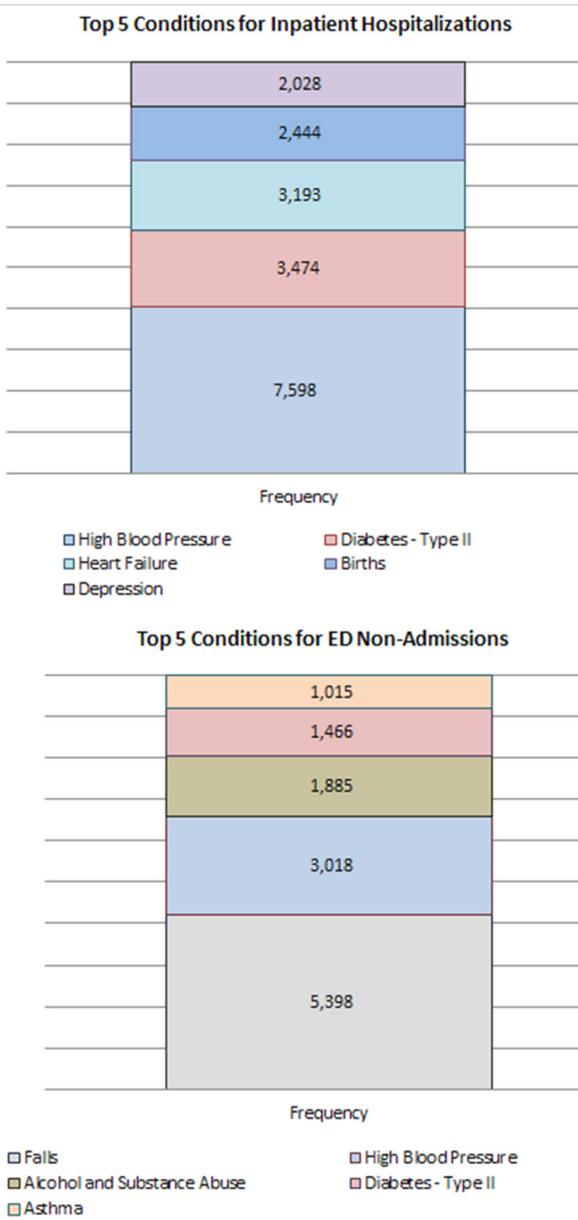
Challenges in Accessing Health Care Services

Despite having many health care resources, residents identified barriers to accessing care. While 5% of Greater Norwalk CWS respondents reported they

do not have insurance, 17% of respondents cited postponement of care as the top barrier (Figure 31). Care was postponed due to cost, other commitments, or not believing the health issue was serious enough (Figure 32). Cost was a factor for 47% of Greater Norwalk CWS respondents. For those with yearly income less than \$30k, this number rose to 66%. KIS respondents cited lack of outreach and awareness as contributing factors. Connections between the community and service providers need to be fortified, in order to facilitate broader outreach.

Cultural barriers in Norwalk create outreach challenges. 13% of Norwalk households use a language other than English as their primary form of communication (Table 13) and 23% of Norwalk adults were born outside of the United States, compared to

Figure 27: Top 5 Conditions for Hospital Utilization, 2014



Source: CHA, Norwalk Community Profile, Nov. 2015

FIGURE 28: Diabetes Age-adjusted Hospital Encounters, 2012-2014

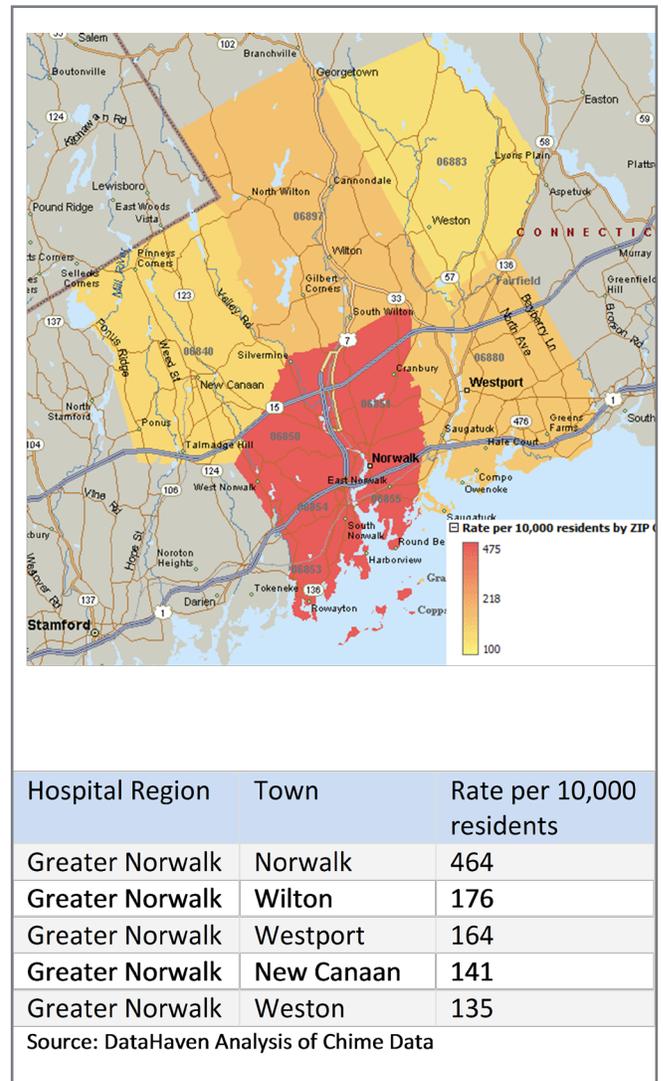
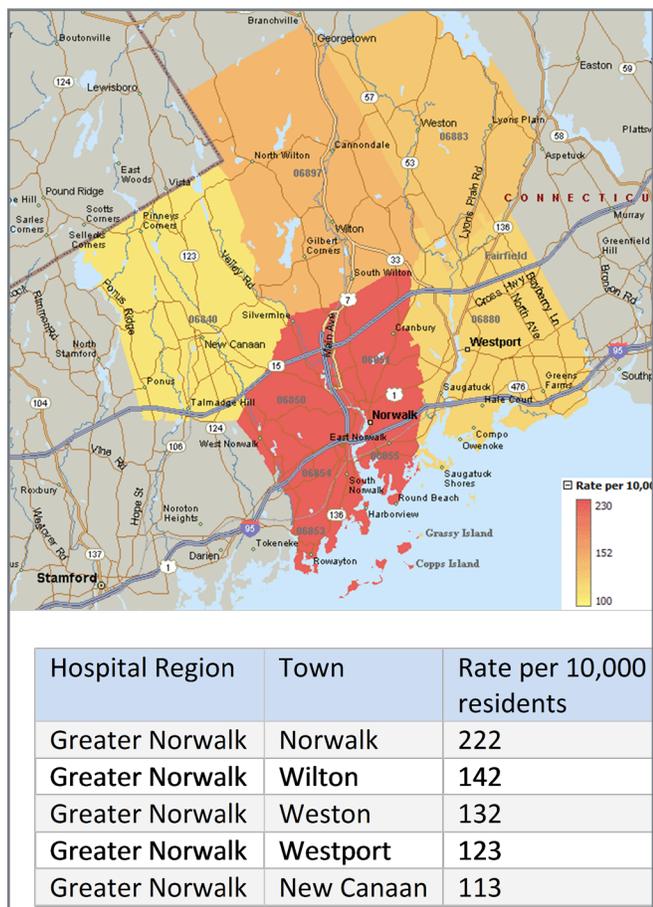


FIGURE 29: Heart Disease Age-adjusted Hospital Encounters, 2012-2014



SOURCE: DataHaven Analysis of Chime Data

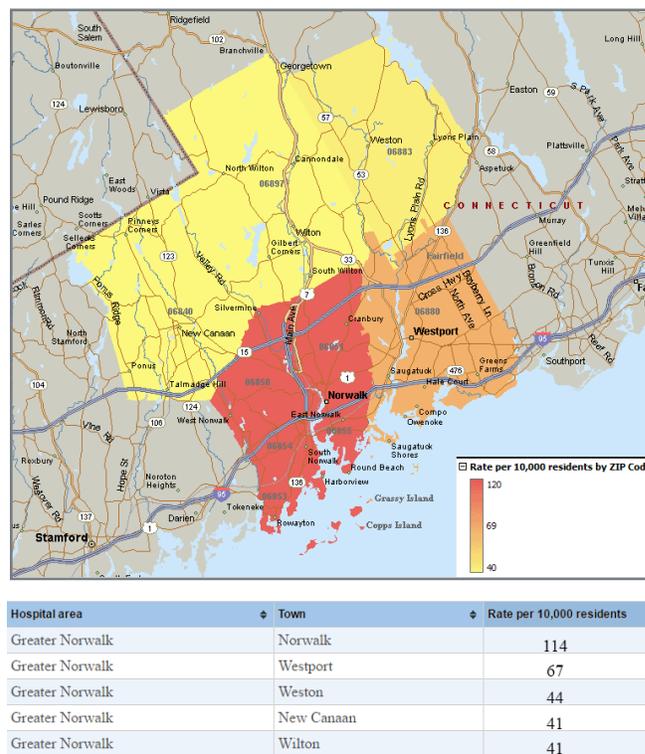
"We need to work to reach into the community to those people who are struggling. People with private insurance don't have as much trouble accessing services. We need to make sure that everyone is able to do so."
 —Key Informant

13% statewide (Table 14). KIS respondents noted that Norwalk's diverse population can contribute to barriers in accessing prevention and primary care services.

Key Informant Survey

From the online KIS, it was found that 83% of respondents were aware that a CHNA was conducted

FIGURE 30: Substance Abuse Age-adjusted Hospital Encounters, 2012-2014



SOURCE: DataHaven Analysis of Chime Data

It brings stakeholders together to share ideas and insights; enhances open communication.

It is providing greater awareness of health initiatives in the area. Organizations are working together for common program goals and community awareness.

in 2012, but only 43% were involved in the process. Over 70% of respondents were aware that a CHIP was produced as a result of the CHNA process, but less than half (49%) believed the CHNA and CHIP led to greater collaboration in the community. For those responding that the CHNA/CHIP led to greater collaboration, some specific examples were provided:

The following section illustrates what the KIS participants believe to be the community's strengths, challenges and vision for the future.

FIGURE 31: Access to Care Barriers

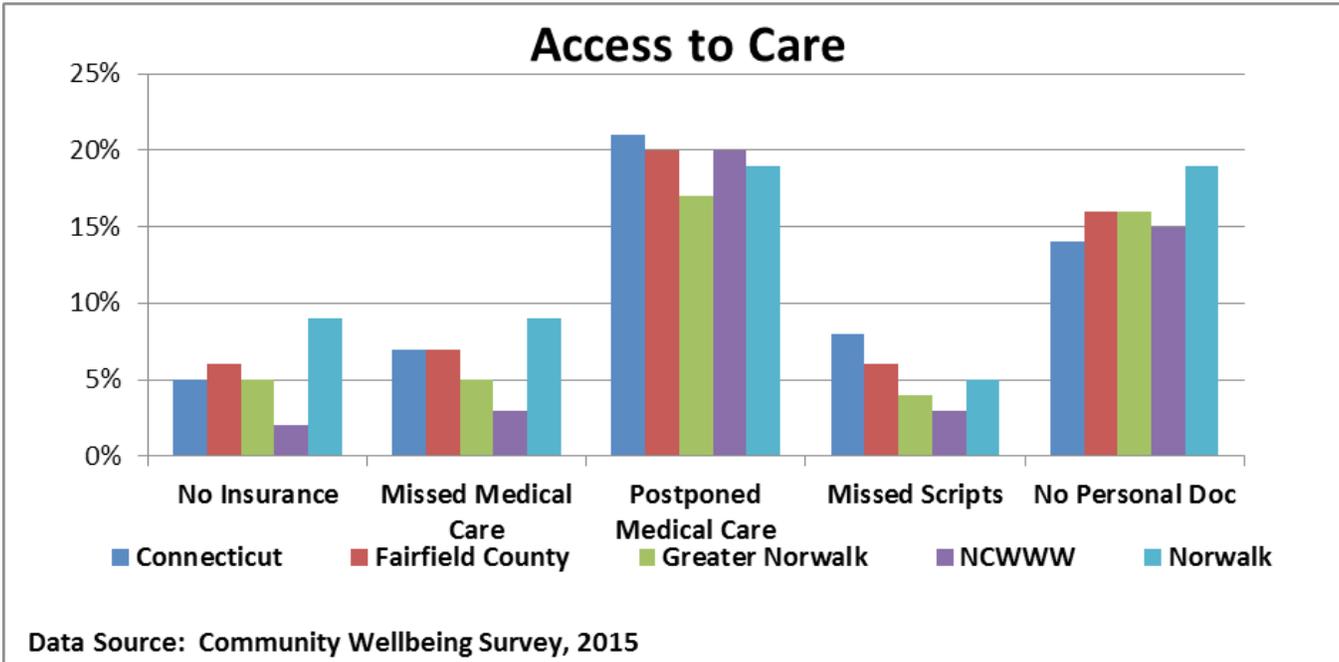


FIGURE 32: Reasons for Missed/Postponed Care

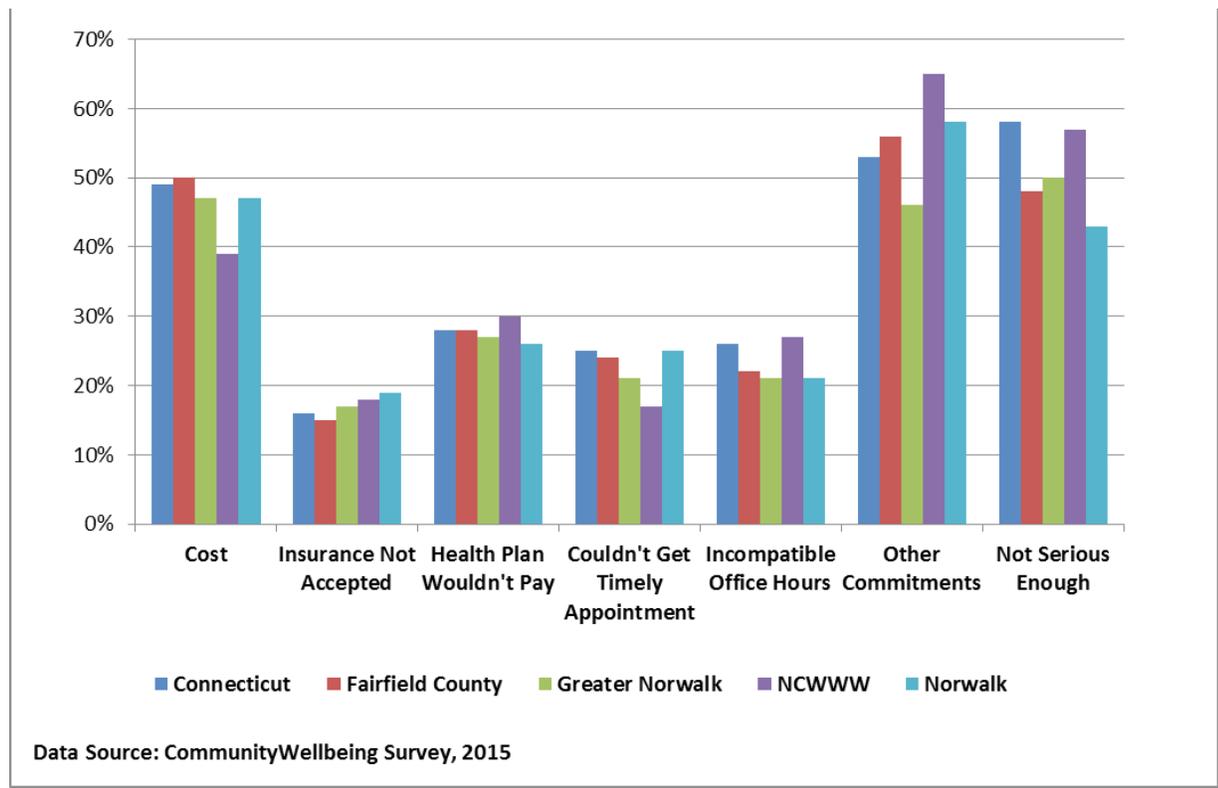


Table 13: English as Primary Language in the Home

	NORWALK	NCWWW	GREATER NORWALK	FAIRFIELD COUNTY	CONNECTICUT
Yes	87%	96%	96%	89%	93%
No	13%	3%	3%	10%	7%
Refused	0%	1%	1%	0%	0%

Table 14: Born in the United States

	NORWALK	NCWWW	GREATER NORWALK	FAIRFIELD COUNTY	CONNECTICUT
Yes	77%	86%	84%	80%	86%
No	23%	12%	15%	20%	13%
Refused	0%	2%	1%	0%	1%

Source: CWS 2015

Community Strengths and Challenges

Additional assets, resources and challenges identified in the Greater Norwalk Region included:

Health Care Initiatives

The Norwalk Hospital led Greater Norwalk Community Care Team (CCT) worked to increase mental health and substance abuse awareness and coordination of services in the region. The CCT created individualized care plans for over 200 individuals, effectively increasing communication and collaboration among community providers as well as improving patient engagement.

Strong Community Programs

KIS participants identified various initiatives of the Healthy Lifestyles Project, led by the Norwalk Health Department, as major strengths in increasing active lifestyles and healthy eating choices and also noted the YMCA helps make the community a healthier place to live.

Community Resources

Recreational activities, recreational facilities, parks and green spaces were important and accessible resources for youth and families in the region. However, safety in driving, walking and biking was noted as a concern.

Demographic Shifts

The region has a high proportion of seniors, which is projected to grow over the next ten years. KIS participants noted that the aging population will bring

challenges to economic stability and health/social infrastructure.

Vision for the Future

KIS participants and Community Task Force participants were asked about what was needed to address health challenges in the region. The following key themes emerged:

Communication

Several respondents reported that more outreach needs to be provided. One KIS participant commented that there is a lack of community awareness – with a strong divide between the wealthy and the working poor. Forums are needed to communicate the importance of health, with appropriate languages and culturally relevant formats.

Greater Community Collaboration

While there is collaboration among community organizations, respondents cited greater communication and coordination is needed to provide effective services. One KIS participant stated that “People still want to see greater involvement from the community. Policy level and physical changes will make the most significant impact.” Another noted that “our community has many groups and committees, these groups are communicating and collaborating more with each other.”

Identifying Key Priorities

Norwalk Hospital and Norwalk Health Department convened the members of the Community Task Force

on July 13, 2016 to share the preliminary results of the CHNA and identify priorities for the CHIP. Additional Health Department Directors and other community members were in attendance, representing diverse perspectives and sectors from the community. After reviewing and discussing the data presented in the CHNA, the following themes emerged:

- **Mental Health** – including depression, stress and anxiety, access to services, and stigma
- **Substance Abuse** – including tobacco, alcohol, marijuana, and opioid abuse
- **Chronic Disease** – including cardiovascular disease, cancer, diabetes, and asthma
- **Obesity** – with the need to promote healthy eating and active living
- **Access to Care**
- **Healthy Aging**

After reviewing and discussing the CHNA findings, community members suggested that Lead Poisoning Prevention, Noise Pollution and Air Quality be added to the list of major themes for priority selection.

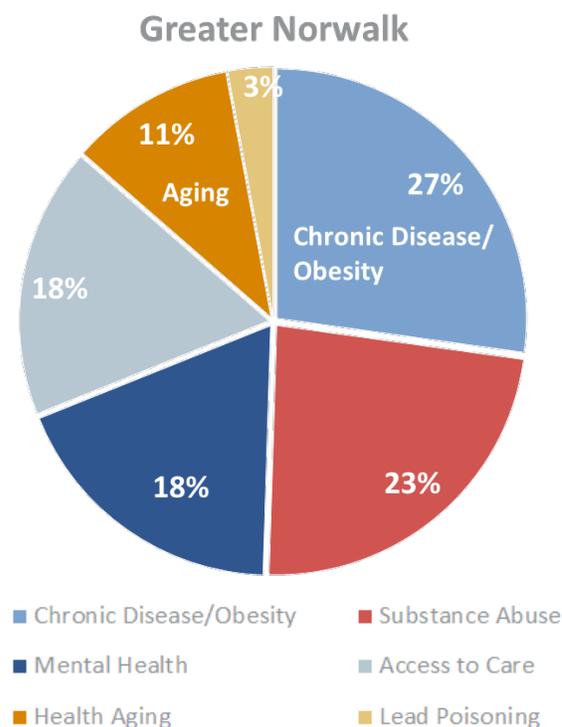
Each participant was then asked to identify the three most important health concerns for Greater Norwalk Region from the list of six major themes identified from the CHNA and several other health concerns identified during the discussion based on the following agreed-upon criteria:

- Builds on/enhances current initiatives
- Community values: Likely community mobilization, important to community
- Key area of need (based on data)
 - Size: Many people affected
 - Trend: Getting worse
 - Seriousness: Deaths, hospitalizations, disabilities
 - Causes: Can identify root causes/social determinants
 - Research/evidence-based
- Measurable outcomes
- Population Based Strategies: can focus on targeted population(s)
- Can move the needle: feasible, proven strategies

The results of the voting process are shown in Figure 33, with Chronic Disease ranked the top priority, Substance Abuse ranked second, and Mental Health tied with Access to Care for third priority. Lead poisoning prevention received only 3% of the votes, and air quality and noise pollution were less than 1%.

Based on the results of the facilitated discussion, participants agreed to combine Mental Health and

FIGURE 33: Greater Norwalk Region Health Priorities



Substance Abuse. Obesity was grouped with chronic disease prior to the voting. The following three healthy priority areas for the CHIP are:

1. Chronic Disease/Obesity
2. Mental Health and Substance Abuse
3. Access to Care

Task Force members engaged in three group discussions around the priority areas. They recommended specific areas of focus for the priority areas, identified resources that might be needed and those that are already available to address the issues, and identified organizations and individuals that should be involved in workgroups to develop the CHIP.



Key Themes and Conclusions

Integrating regional secondary data, the CWS and surveys completed by community organizations, this report provides an overview of the social and economic environment of the Greater Norwalk Region that impact health. It analyzes the health conditions and behaviors that most affect its residents, and the perceptions of strengths and challenges in the current public health and health care systems. Several overarching themes emerged from this analysis:

- **There is significant variation in the Greater Norwalk Region's population composition and economic status.** Norwalk is more racially and ethnically diverse and has a higher proportion of households with lower median incomes compared to the rest of the region.
- **Mental health and substance abuse is a top concern for which current services are not meeting community needs.** Survey respondents and Task Force participants identified a scarcity of mental health services as well as the stigma around seeking mental health services as barriers to accessing care. Mental health providers that specialize in addressing the needs of children and teens are needed, as well as services to patients that have mental health/substance abuse related emergency department visits. The opioid crisis was identified as an emerging concern.
- **Promoting healthy lifestyles and decreasing/preventing obesity were major issues cited by respondents, particularly as chronic diseases are the leading causes of morbidity and mortality.** Recreational facilities, parks, walkable communities, and nutritious food sources were all identified as important for leading healthier lives and promoting prevention.
- **There is an awareness and identified need for greater collaboration in the community. KIS participants acknowledged the work that has been done and progress made so far, but would like more efforts to be made between**

agencies and sectors. Education, outreach, and enhanced awareness were identified as essential to improving access to and engagement in care across delivery sites.

Next Steps

The data and findings included in the report will serve as the foundation for developing the strategic framework for a data-driven, community-enhanced Community Health Improvement Plan (CHIP). Norwalk Hospital, Norwalk Health Department and the Community Task Force will convene workgroups around each of the three priorities identified in the CHNA. The workgroups will develop goals and action plans around each of the three priority areas.

Appendices

Appendix A: Core Leadership Team and Task Force Members

One of the great successes of the process to develop the CHNA and CHIP was the high level of cross-sector collaboration. This collaboration was led by Norwalk Health Department and Norwalk Hospital who met on frequently to discuss each step of the process and review progress.

Core Leadership Team

Tim Callahan	Director of Health, Norwalk Health Department
Jeryl Topalian	Director, Planning, Western Connecticut Health Network
Deanna D'Amore	Project Coordinator, Norwalk Health Department
Theresa Argondezzi	Health Educator, Norwalk Health Department

Community Health Improvement Task Force Invitees/Participants

AFC/Doctors Express Urgent Care
 American Cancer Society
 American Heart Association
 Americares
 Center for Senior Activities
 City of Norwalk
 City of Norwalk Common Council
 Community Health Centers, Inc.
 Connecticut Department of Public Health
 Connecticut House of Representatives
 Connecticut Renaissance, Inc
 Connecticut Senate
 ElderHouse
 Environmental Innovations Group
 Fairfield County's Community Foundation
 Family & Children's Agency
 Family First
 Get About Van

Grade A ShopRite
 Greater Norwalk Chamber of Commerce
 Human Services Council
 Keystone House
 Kingsway
 Liberation Programs, Inc.
 Mid-Fairfield Child Guidance Center
 National Association for the Advancement of Colored People
 New Canaan Health Department
 New Canaan Social Services
 New Canaan Town Council
 New Canaan Volunteer Ambulance Corp
 New Canaan YMCA
 Norwalk ACTS
 Norwalk Bike Walk Task Force
 Norwalk Board of Health
 Norwalk Community College
 Norwalk Community Health Center
 Norwalk Early Childhood Council
 Norwalk Grows
 Norwalk Health Department
 Norwalk Hospital
 Norwalk Housing Authority
 Norwalk Medical Group
 Norwalk Police Department
 Norwalk Public Library
 Norwalk Public Schools
 Norwalk Redevelopment Agency
 Norwalk Senior Center
 Norwalk Senior Services
 Norwalk Transit District
 Open Door Shelter
 Operation Hope
 Parks and Rec. Department, Westport
 Peter de Bretteville Architect
 Positive Directions
 Positive Youth Development Program Manager
 Purdue Pharmaceuticals
 Riverbrook Regional YMCA
 Sacred Heart University
 Silver Hill Hospital

Soundview Medical Associates
 Southwest Regional Mental Health Board
 Southwestern Connecticut Agency on Aging
 STAR
 Staying Put, New Canaan
 Stepping Stones Museum
 The Open Door Shelter, Inc.
 Town of New Canaan
 Town of Weston
 Town of Westport
 Town of Westport Human Services Department
 Town of Wilton
 United Way of Coastal Fairfield County
 Visiting Nurse and Hospice
 Waveny Care Network
 Western CT Health Network
 Westport Emergency Medical Services, Police Department
 Westport Family YMCA
 Westport Human Services Department
 Westport Parks and Recreation Department
 Westport Personnel Department
 Westport Weston Family YMCA
 Westport Weston Health District
 Wilton Department of Social Services
 Wilton Health Department
 Wilton Parks and Recreation
 Wilton Police Department
 Greater Norwalk Chamber of Commerce
 Human Services Council
 Keystone House
 Kingsway
 Mid-Fairfield Child Guidance Center
 New Canaan Health Department
 Norwalk Bike Walk Task Force
 Norwalk Board of Health
 Norwalk Community College
 Norwalk Community Health Center
 Norwalk Grows
 Norwalk Health Department
 Norwalk Hospital
 Norwalk Hospital Behavioral Health
 Norwalk Hospital, Nutrition/Dietary
 Norwalk Housing Authority
 Norwalk Medical Group
 Norwalk Public Library
 Riverbrook Regional YMCA
 Sacred Heart University
 Silver Hill Hospital
 Southwest Regional Mental Health Board
 The Open Door Shelter, Inc.
 Town of Weston
 United Way of Coastal Fairfield County
 Visiting Nurse and Hospice
 Western CT Health Network
 Westport Family YMCA
 Westport Weston Health District

Appendix B: Key Informant Survey Participants

American Cancer Society
 American Heart Association
 AmeriCares
 City of Norwalk
 City of Norwalk Common Council
 Community Health Centers, Inc.
 Environmental Innovations Group
 Fairfield County's Community Foundation
 Family & Children's Agency
 Family Programs Specialist