

2016 Stamford Hospital Community Health Needs Assessment

City of Stamford & Town of Darien



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

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 many other regional partners, including Stamford Hospital and its community partners serving the City of Stamford and Town of Darien. The Community Wellbeing Index serves as a **Community Health Needs Assessment** for Fairfield County and the towns within it. Topics covered in the Community 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 Stamford area, including data points on the two towns (Stamford and Darien) that in some cases would not fit within the main Community Wellbeing Index. It also documents the process that Stamford Hospital used to conduct the regional health assessment and plan health improvement activities. The full Index is posted on the DataHaven website (ctdatahaven.org), Fairfield County's Community Foundation website (fccfoundation.org), the Stamford Hospital website (stamhealth.org), and several other websites.

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EXECUTIVE SUMMARY

Stamford Hospital is committed to serving the residents of Lower Fairfield County by delivering a broad array of programs and services intended to improve the health and wellbeing of residents throughout the Hospital's service area. In order to appropriately meet the health needs of the community that it serves, the Hospital began the process of updating its triennial Community Health Needs Assessment in 2015 in collaboration with DataHaven, Greenwich Hospital, Norwalk Hospital, Danbury Hospital, New Milford Hospital, Bridgeport Hospital, St. Vincent's Hospital, Fairfield County's Community Foundation, and The Strategy Group.

This assessment fulfills the Internal Revenue Service (IRS) requirement in the Patient Protection and Affordable Care Act which mandates that all non-profit hospitals conduct a community health needs assessment (CHNA) every three years. Furthermore, hospitals are required to engage local public health officials, 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 assessment must 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 Stamford and Darien communities in the future.

Goals of the 2016 CHNA

1. Provide an overview of the demographics, health behaviors, and overall health status of Stamford and Darien
2. Prioritize the health needs specific to the communities of Stamford and Darien
3. Develop a plan of action to address the health concerns identified

Health Priorities & Strategies

Based on feedback from our interviews, focus groups, and online survey, we have determined that there is a need to address the following health priorities:

- Mental Health/Substance Abuse
- Chronic Disease Prevention and Management
- Access to Care

Our community health improvement plan will seek to develop programs and processes to address the concerns listed above.

STAMFORD HOSPITAL

Overview: Stamford Hospital includes a 305-bed, not-for-profit hospital providing area residents with access to the latest technology using a compassionate, patient-centered care approach. In addition to the main hospital, other facilities include the Tully Health Center and an expansive ambulatory care network of programs and distributed facilities. It should be noted that we recently opened our replacement hospital on the main campus. This represents a substantial investment in the future health of our community and was made possible, in part, by donations from many individuals and groups.

Our areas of expertise include: cancer care, heart services, orthopedics, and women's health. Stamford Hospital is an affiliate of the New York-Presbyterian Healthcare System that involves collaboration in the heart services program and is a major teaching affiliate of the Columbia University College of Physicians & Surgeons.

In fiscal year 2015, there were a total of 49,240 visits to our Emergency Department and an additional 26,304 visits to the Tully Immediate Care Center. A total of 12,761 acute care patients and 2,131 newborns were discharged from the Hospital. In addition, we provided many patients with services in our our urgent care centers and physician offices which are located throughout the region.

Mission: *Together with our physicians, Stamford Hospital provides a broad range of high-quality health and wellness services focused on the needs of our communities.*

Values:

1. *Teamwork:* Work together, share common goals, support each other
2. *Compassion:* Put patients first, be understanding, have pride, show empathy
3. *Integrity:* Advocate, model ethics, inspire trust and maintain high standards
4. *Respect:* Listen, acknowledge, be courteous and appreciate others
5. *Accountability:* Communicate, lead, accept responsibility and take ownership

2016 COMMUNITY HEALTH NEEDS ASSESSMENT

OBJECTIVES

The goals of this report are to 1) provide an overview of the demographics, health behaviors, and overall health status of the residents of Stamford and Darien; 2) prioritize the health needs specific to the communities of Stamford and Darien; and 3) develop a plan of action to address the health concerns identified.

Community Served

For the development of its Community Health Needs Assessment, Stamford Hospital focused on the City of Stamford and the Town of Darien. Stamford Hospital chose to focus on Stamford because it is the city in which the Hospital is located and over 70% of the patients that the hospital serves reside in Stamford. Another 5% of the Hospital's patients come from each of the following towns: Norwalk, Greenwich and Darien. The remaining portion of the patients served by the Hospital come from a number of towns in Connecticut, New York and beyond. Because Norwalk and Greenwich residents overwhelmingly seek care at either Norwalk Hospital or Greenwich Hospital, those hospitals chose to include them in their own service area definitions. However, Darien was included in Stamford Hospital's service area definition because nearly 60% of the town's residents seek care at Stamford Hospital.

When defining the service area of Stamford Hospital, no towns, communities, or populations were excluded based on socio-economic, medical or other factors.

METHODOLOGY

Phase I: Quantitative Analysis

Existing Secondary Data

Stamford Hospital engaged DataHaven (a nonprofit organization with a 25-year history of public service to Connecticut communities) to perform an analysis of available quantitative data. The DataHaven team relied on a variety of secondary data sources including the U.S. Census, U.S. Bureau of Labor Statistics, Centers for Disease Control and Prevention, State of Connecticut Department of Public Health, Connecticut Health Information Management Exchange (CHIME), as well as that from local organizations and agencies. Findings from this review are primarily covered within the 2016 Fairfield County Community Wellbeing Index.

2015 DataHaven Community Wellbeing Survey

Stamford Hospital also partnered with DataHaven to complete the 2015 DataHaven Community Wellbeing Survey. The 2015 DataHaven Community Wellbeing Survey was used to gather data not

provided by 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 2015 DataHaven Community Wellbeing Survey was administered by cell phone and landline between April and October of 2015 by interviewers at the Siena College Research Institute. In total, 16,219 adults statewide completed the survey, of which 836 were adults living in Stamford and 175 were adults living in Darien. Interviews were weighted to be statistically representative of adults living in each sub-region, including the individual towns of Stamford and Darien, based on Census data on age, gender, and race/ethnicity. The Stamford surveys were administered in both English and Spanish and zip codes were targeted to supplement samples of hard-to-reach populations.

The survey results provide information that was previously not available at a local level. Specifically, the analysis provides information on neighborhood quality, happiness, housing, transportation, health, economic security, workforce development, and other topics. Findings from the 2015 DataHaven Community Wellbeing Survey 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. The data from Stamford is reported with a margin of error of 4.2% while the data from Darien is reported with a margin of error of 8.4%.

Phase II: Qualitative Analysis

In the spring of 2016, Stamford Hospital engaged The Strategy Group to gather qualitative feedback on the health needs and priorities of the residents of Stamford and Darien. The team utilized three methods to gather data: (1) interviews, (2) focus groups, and (3) an online survey.

Interviews: The team conducted a total of 17 individual interviews. An interview guide was used to focus and structure the conversations. Each interview lasted up to 60-minutes in length.

Focus Groups: The team also conducted 14 focus groups in which a total of 91 individuals participated. Each focus group was led by a moderator who utilized a focus group guide. The focus groups were up to 90-minutes in length.

Online Survey: An online survey was sent to 233 leaders and members of the community. Individuals were given approximately 4 weeks to respond to the survey. Ultimately, 69 individuals responded to the survey, yielding a 30% response rate.

Through questions in the online survey, the Hospital received written feedback about the Hospital's 2013 Community Health Needs Assessment and Improvement Plan. All respondents who had knowledge of the CHNA and CHIP were asked to comment on the impact of both on the community. For a brief summary of the written comments received on both the CHNA and CHIP, please refer to **Exhibit F**.

In total, the Hospital received qualitative input from 177 individuals. Many individuals providing input represent medically underserved, low-income, and minority populations.

All interviews and focus groups were conducted between April 1, 2016 and June 15, 2016. The online survey was open from April 21, 2016 to May 19, 2016.

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

- City of Stamford, Department of Health & Social Services
- Darien Health Department
- Stamford Emergency Medical Services
- AmeriCares
- Optimus Health Care
- Darien Senior Center
- Neighbors Link
- Childcare Learning Centers

Individuals with whom we spoke at all of the organizations listed above either have expertise in public health or represent a minority and/or underserved group in the community.

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

Through our online survey, we were able to gather input from a wider range of individuals representing many organizations based in Stamford or Darien. Below is a sample list of the organizations and groups from which representatives provided feedback through our online survey:

- Stamford Health Commission
- Stamford Chamber of Commerce
- Person-to-Person
- Darien Community YMCA
- Shelter for the Homeless
- Business Council of Fairfield County

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

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

LIMITATIONS

As with all analyses, there are several limitations to this report. Through the focus groups and interviews, this assessment attempted to gain the input of both leaders and community members. While most of the focus groups were well attended, participation was minimal at those held in community spaces. Furthermore, despite the use of social media, email reminders, and posts in local newspapers to encourage participation, no members of the community attended the focus group scheduled at the Darien Library. While attempts were made to gather additional input directly from the general public, it is believed that the concerns and opinions of Stamford and Darien residents were well represented in the assessment by leaders in the community and other community advocates through the interviews and the online survey.

RESEARCH FINDINGS

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

Quantitative

This section provides a brief overview of the research findings for the Greater Stamford Region 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 2016 Fairfield County Community Wellbeing Index ([click here](#)).

The Community Wellbeing Index demonstrates that numerous factors are associated with the health and well-being of a community, including available resources and services, as well the makeup of the community. While individual characteristics such as age, gender, race, and the ethnicity have an impact on people's health, how people are distributed across a community is also critically important and can affect the number and type of services and resources required.

Demographics

As described in more detail in the 2016 Fairfield County Community Wellbeing Index, the population in Fairfield County is racially and ethnically diverse, particularly within urban centers such as Stamford. In the recent decade, nearly 100% of population growth in Fairfield County can be attributed to an increase in the foreign-born population, with many individuals (both foreign-born and native-born) migrating to the region from the Greater New York City area.

Table 1: Population and Demographic Composition, 2010-2014 American Community Survey

	Population	Median Age	White Not-Hispanic	Black Not-Hispanic	Hispanic	Other Not-Hispanic
Connecticut	3,592,053	40.3	70%	10%	14%	6%
Fairfield County	934,215	39.6	65%	10%	18%	7%
Hospital Community Served	146,591	36.4	56%	11%	23%	9%
Darien	21,190	39.1	91%	0%	2%	6%
Stamford	125,401	36.0	50%	13%	27%	10%

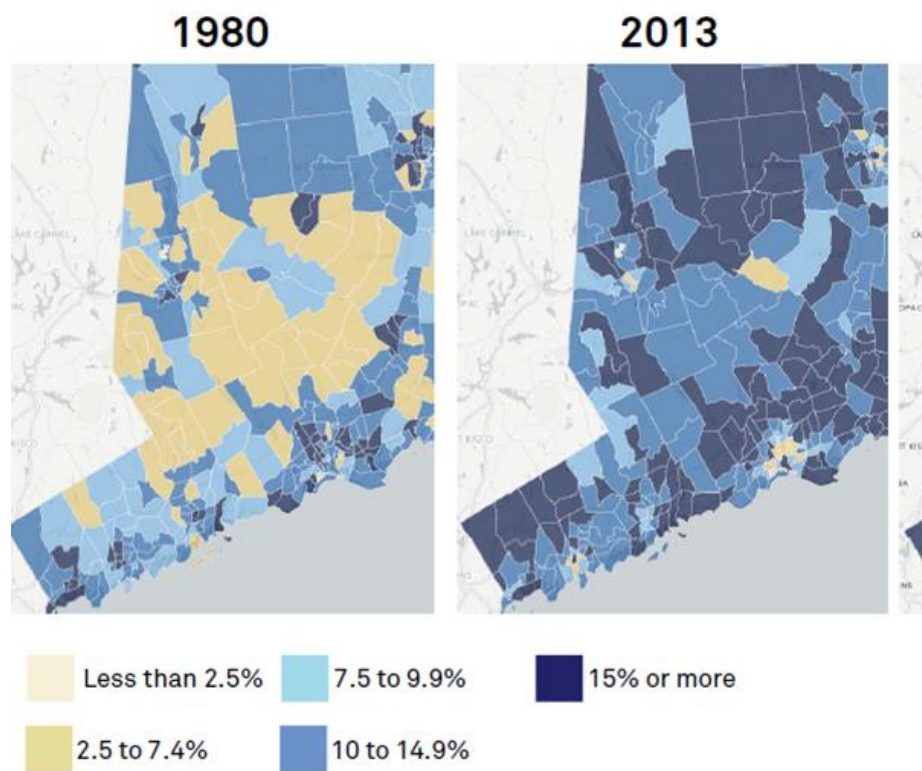
Source: DataHaven analysis of 2010 – 2014 American Community Survey, via census.gov and Census API

As demonstrated in Table 1 above, Darien has a fairly homogenous population. In general, residents of Darien tend to be healthier and wealthier than residents in the county and the state overall. The diversity of the population in Stamford is worth noting. Minorities are disproportionately represented among lower socio-economic neighborhoods that tend to be less safe.

Age Distribution

The population of Fairfield County is aging, particularly within suburban communities, and is projected to age rapidly over the coming decades. Median age varies by town and neighborhood, from 36 in Stamford to 39 in Darien. The area, as a whole, is somewhat younger on average than outer suburbs of Fairfield County and other parts of Connecticut. That said, in Stamford and Darien the number of residents age 65 and over has increased substantially since 1980, similar to most sections of Fairfield County.

Figure 1: Change in the Population Age 65 and over in Fairfield County and Surrounding Communities between 1980 and 2013



Sources: US Census, Neighborhood Change Database, and CT State Data Center. Maps posted on DataHaven

Note: Maps include Fairfield County and surrounding CT towns

Social and Physical Environment

Income and poverty are closely correlated with health status. A higher income makes it easier to live in a safe neighborhood with good schools and with many recreational opportunities. Higher wage earners are better able to afford medical insurance and medical care, purchase nutritious foods, and obtain quality child care as compared to those earning lower wages. Lower income communities have higher rates of asthma, diabetes, and heart disease. Populations with lower incomes also generally experience shorter life expectancies.

Though the economic status of the Stamford region as a whole is high, household income levels are lower in sections of the southern half of Stamford, when compared to surrounding towns and to Fairfield County and Connecticut. However, in contrast to the other four largest urban centers in Connecticut (Bridgeport, New Haven, Hartford, and Waterbury) to which it is sometimes compared, the city does not have large areas of widespread and concentrated poverty. That said, there is a concentration of people living in low-income households, particularly children – with the city having a low income rate among persons ages 0-17 of 32%, rising to 43% in the south Stamford neighborhoods, compared to 8% in Darien, 26% in Fairfield County, 30% in Connecticut, and 61-77% in the state’s other 4 largest urban centers.

Table 2: Key Social Determinants, 2010-2014 American Community Survey

	Bachelor’s degree or higher	Commute time >30 min	Preschool enrollment rate, Age 3-4	Disconnected Youth, age 16-19	Housing: Percent severely cost-burdened	Median Household Income	Low income rate among children age 0-17
Connecticut	37%	34%	64%	6%	18%	\$69,899	30%
Fairfield County	45%	38%	69%	6%	20%	\$83,163	26%
Hospital Service Area (combined)	50%	32%	64%	3%	22%	\$92,347	27%
Darien	80%	41%	83%	1%	18%	\$199,444	8%
Stamford	46%	31%	60%	3%	23%	\$77,221	32%
Neighborhood statistical areas within Stamford							
South/Central Stamford	40%	30%	53%	5%	26%	\$54,866	43%
Northern Stamford	57%	31%	77%	1%	18%	\$111,419	10%

Source: DataHaven analysis of 2010 – 2014 American Community Survey, via census.gov and Census API

Health Outcomes

Chronic diseases are a major concern as are related self-reported risk factors like smoking and obesity, which are measured in the 2015 DataHaven Community Wellbeing Survey. Secondary data shows that cancer and heart disease are leading causes of death throughout the communities by a wide margin. However, other issues such as stroke, lung disease, infant mortality, drug use, accidents, suicide, and homicide also contribute to higher mortality rates in some areas. Towns vary greatly according to age and economic status. These factors affect the burden and types of health conditions that are of concern in these communities. Areas which are older in average age have a greater burden of age-related illnesses such as cancer and Alzheimer's.

Stamford is seeing the combined effects of economically-distressed neighborhoods, lower socioeconomic status, older housing, and a younger population, which relate to elevated rates of childhood asthma, among other issues. Chronic disease—especially heart disease—impacts populations at a younger age in certain neighborhoods within Stamford's southern half.

Mental health is an ongoing concern, as it overlaps with many other health issues. As mentioned above, drug use and overdose (generally included within accidents) is a leading cause of premature mortality. As measured by CHIME data, substance abuse-related admissions and accidental poisonings are far more prevalent within neighborhoods in the southern half of Stamford than in the wealthier northern half of Stamford or in surrounding towns.

Differences in Mortality Rates

Similar to Connecticut as a whole, mortality rates have been declining in most towns since 2003-2007. However, large differences exist in mortality rates by town. Mortality rates in Stamford are generally higher than rates in wealthy surrounding towns, including Darien.

Table 3: Age Adjusted Mortality Rates per 100,000 Population by City/Town – All Cause

Town	Cause of Death	# Deaths 2003-2007	Age Adjusted Mortality Rate 2003-2007	# Deaths 2008-2012	Age Adjusted Mortality Rate 2008-2012	Statistically significant change between 2003 - 2007 rate and 2008 - 2012 rate?
DARIEN	All	569	511.8	553	537.3	No
STAMFORD	All	4149	590.4	4014	554.1	Yes - Decline

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

For the period 2008 – 2012, Stamford saw a statistically significant decline in its all-cause age-adjusted mortality rate as compared to the benchmark period (2003 – 2007). The change in Darien was not considered statistically significant. During the 2008 – 2012 period, both Stamford and Darien had statistically significantly all-cause lower age adjusted mortality rates than the state as a whole.

Age Adjusted Mortality Rates All-Cause and Other-Cause

Table 4 shows the change in mortality rates in Stamford between the benchmark period (2003 – 2007) and the most recent period (2008 – 2012) for each cause of death. The table also shows how, by cause, the mortality rates of Stamford (2008 – 2012) compare to those of Fairfield County (2008 – 2012) and Connecticut (2008 – 2012).

Table 4: Comparison of Stamford 2008 – 2012 Mortality Rates to Stamford 2003 – 2007 Rates, Fairfield County 2008 – 2012 Rates and Connecticut 2008 – 2012 Rates

Cause of Death	Stamford
All-Cause Mortality	
Stamford (2003 – 2007)	Mortality Rate Decreased
Fairfield County (2008 – 2012)	Lower Mortality Rate
Connecticut (2008 – 2012)	Lower Mortality Rate
Accident	
Stamford (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	Lower Mortality Rate
Alcohol	
Stamford (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-
Cancer	
Stamford (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	Lower Mortality Rate
Diabetes	
Stamford (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-
Drugs	
Stamford (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	Lower Mortality Rate
Heart Disease	
Stamford (2003 – 2007)	Mortality Rate Decreased
Fairfield County (2008 – 2012)	Lower Mortality Rate
Connecticut (2008 – 2012)	Lower Mortality Rate
Homicide	
Stamford (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-
Kidney Disease	
Stamford (2003 – 2007)	-
Fairfield County (2008 – 2012)	-

Connecticut (2008 – 2012)	Lower Mortality Rate
Chronic Lower Respiratory Disease	
Stamford (2003 – 2007)	-
Fairfield County (2008 – 2012)	Lower Mortality Rate
Connecticut (2008 – 2012)	Lower Mortality Rate
Stroke	
Stamford (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	Lower Mortality Rate
Suicide	
Stamford (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-

Source: DataHaven analysis of CTDPH data; Note: the (-) is used to indicate that no statistically significant change or difference was observed

Table 5 shows the change in mortality rates in Darien between the benchmark period (2003 – 2007) and the most recent period (2008 – 2012) for each cause of death. The table also shows how, by cause, the mortality rates of Darien (2008 – 2012) compare to those of Fairfield County (2008 – 2012) and Connecticut (2008 – 2012).

Table 5: Comparison of Darien 2008 – 2012 Mortality Rates to Darien 2003 – 2007 Rates, Fairfield County 2008 – 2012 Rates and Connecticut 2008 – 2012 Rates

Cause of Death	Darien
All-Cause Mortality	
Darien (2003 – 2007)	-
Fairfield County (2008 – 2012)	Lower Mortality Rate
Connecticut (2008 – 2012)	Lower Mortality Rate
Accident	
Darien (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	Lower Mortality Rate
Alcohol	
Darien (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-
Cancer	
Darien (2003 – 2007)	Mortality Rate Increased
Fairfield County (2008 – 2012)	Higher Mortality Rate
Connecticut (2008 – 2012)	-
Diabetes	
Darien (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-
Drugs	
Darien (2003 – 2007)	-

Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-
Heart Disease	
Darien (2003 – 2007)	-
Fairfield County (2008 – 2012)	Lower Mortality Rate
Connecticut (2008 – 2012)	Lower Mortality Rate
Homicide	
Darien (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-
Kidney Disease	
Darien (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-
Chronic Lower Respiratory Disease	
Darien (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-
Stroke	
Darien (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-
Suicide	
Darien (2003 – 2007)	-
Fairfield County (2008 – 2012)	-
Connecticut (2008 – 2012)	-

Source: DataHaven analysis of CTDPH data; Note: the (-) is used to indicate that no statistically significant change or difference was observed

As shown in Tables 4 & 5, there has been little change in the health status of Stamford or Darien between the benchmark period (2003 – 2007) and the most recent period (2008 – 2012). Stamford has seen a statistically significant improvement in the age adjusted mortality rates associated with deaths from all-causes and heart disease. As compared to the state, Stamford had statistically significant lower age adjusted mortality rates for the following causes of death: all-cause, stroke, chronic lower respiratory disease, kidney disease, heart disease, drugs, cancer, and accidents. Darien had statistically significant lower age adjusted mortality rates for all-cause, heart disease and accidents, as compared to the state. Darien saw an increase in the age adjusted mortality rate associated with cancer; a rate that was also higher than that observed in Fairfield County. It should be noted, however, that the actual mortality change for the two time periods involve only an additional 39 deaths; the total deaths from cancer in Darien increased from 141 to 179 over the 5 year period.

Table 6 includes the highest age adjusted mortality rates in Stamford and Darien by leading cause of death. As mentioned previously, in both Stamford and Darien, the leading causes of death, by a large margin, are cancer and heart disease.

Table 6: Age Adjusted Mortality Rates per 100,000 Population by State, County and City/Town

	2008 - 2012 Age Adjusted Mortality Rates			
	Connecticut	Fairfield County	Stamford	Darien
Cancer	160.0	143.6	143.1	180.3
Heart	157.3	142.6	124.1	118.2
Stroke	29.5	28.2	25.9	29.0
Accident	33.3	28.3	25.9	21.9
Chronic Lower Respiratory Disease	32.2	24.8	19.9	*

Source: DataHaven analysis of CTDPH data; Note: the standard used for age adjustment was the 2000 U.S. census population age distribution; * indicates data are not reported by CTDPH

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

Table 7: Age Adjusted Mortality Rates per 100,000 Population for the State, County and City/Town by Cancer Type

	2008 - 2012 Age Adjusted Mortality			
Type of Cancer (subset)	Connecticut	Fairfield County	Stamford	Darien
Lung	41.7	35.0	32	27.1
Breast	20.2	19.1	18.5	26.0
Prostate	20.4	18.7	16.8	*
Colorectal	12.8	12.0	12.4	*
Pancreatic	11.5	10.9	11.7	*
Ovarian	7.3	7.4	6.8	27.7
Leukemia	6.7	6.5	4.6	*
Liver	5.4	4.8	4.5	*
Bladder	4.9	3.9	4.5	*
Brain	4.2	3.9	4.5	*

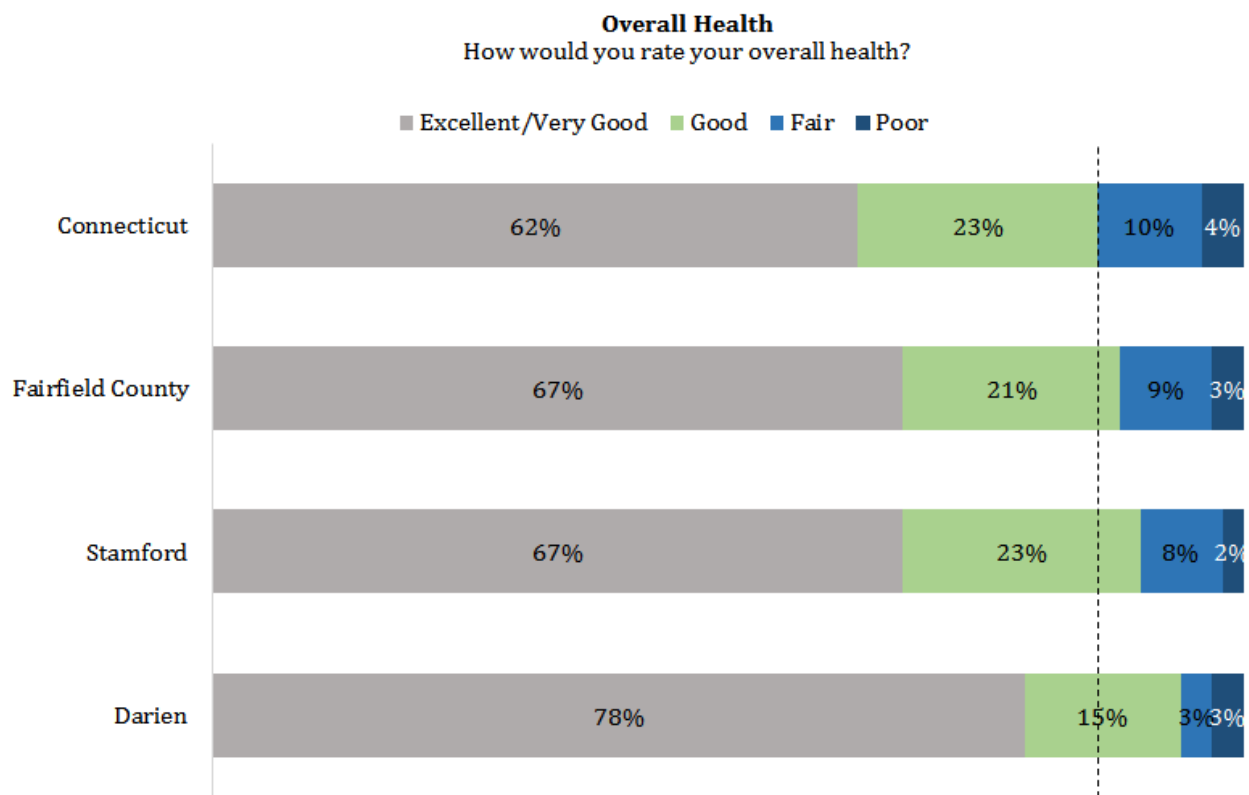
Source: DataHaven analysis of CTDPH data; Note: the standard used for age adjustment was the 2000 U.S. census population age distribution; * indicates data are not reported by CTDPH

2015 DataHaven Community Wellbeing Survey

Self-Reported Health Status

Self-reported health status is generally accepted as a good predictor of the future health status of an individual. The 2015 DataHaven Community Wellbeing Survey asked respondents to rate their overall health. As demonstrated in Figure 2, more people in Stamford and Darien report having *excellent/very good* or *good* health as compared to Fairfield County as a whole and the state of Connecticut overall.

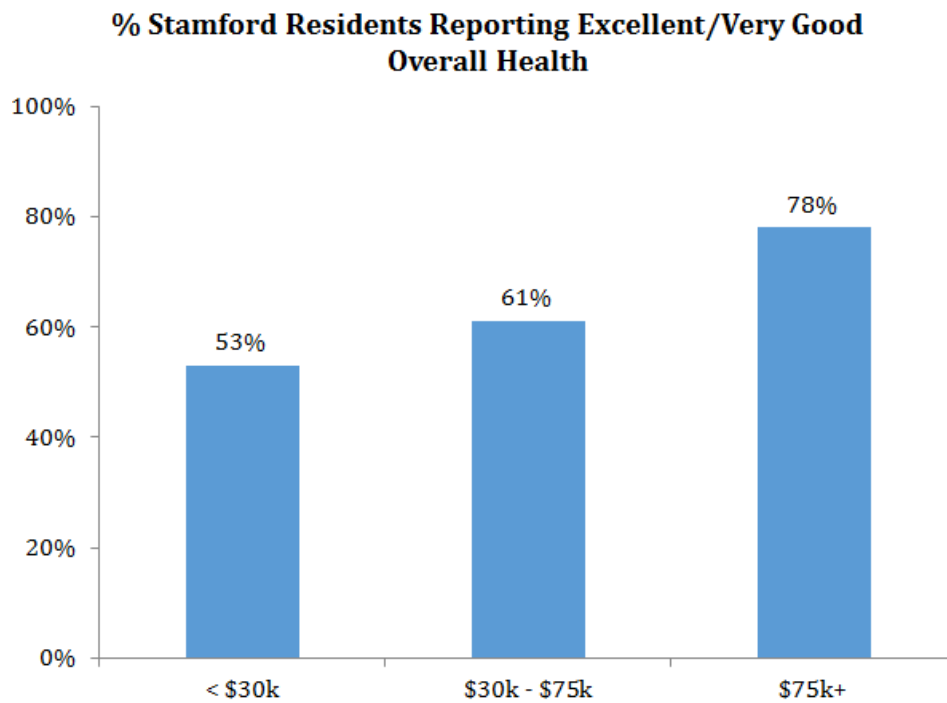
Figure 2: Self-Reported Health Status of Respondents by State, County and City/Town



Source: 2015 DataHaven Community Wellbeing Survey

That said, when the data specific to Stamford is evaluated either by level of educational attainment or income level, differences emerge. Figure 3 shows the percent of individuals living in Stamford who report having either *excellent* or *very good* health by income level. Individuals with higher incomes were more likely to report having good health as compared to those with lower incomes.

Figure 3: Self-Reported Health Status of Respondents from Stamford by Income Level

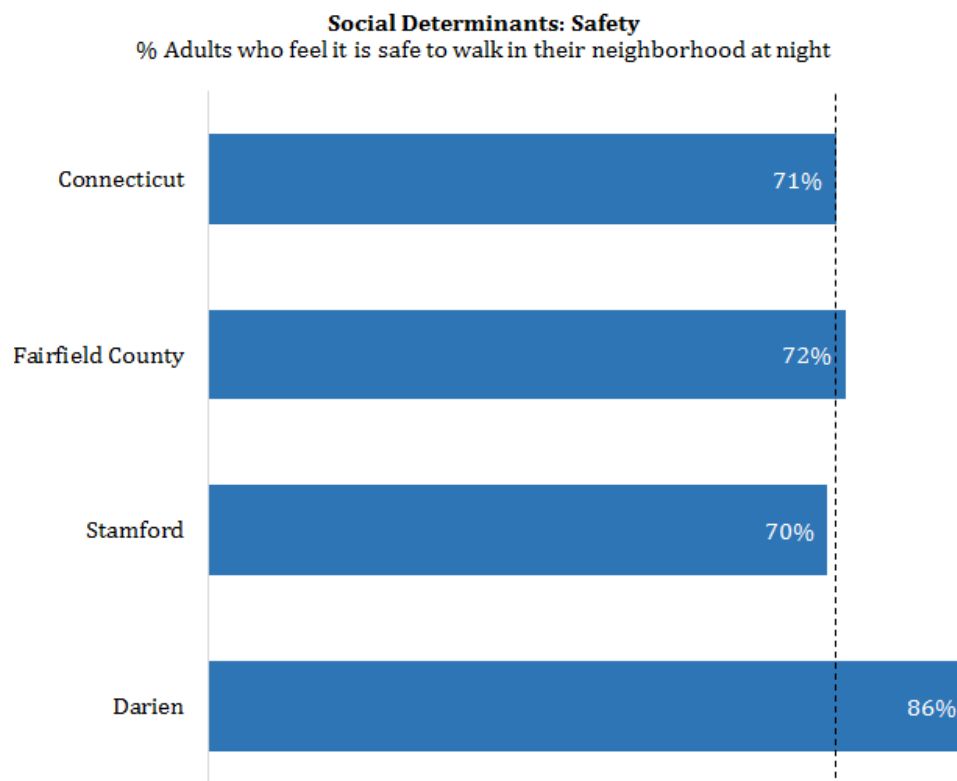


Source: 2015 DataHaven Community Wellbeing Survey

Neighborhood Environment

In understanding the overall health of a community, it is important to evaluate the built environment and the neighborhoods in which individuals live. In a healthy community, residents feel safe and supported by one another. The 2015 DataHaven Community Wellbeing Survey asked individuals about several aspects of their neighborhoods and the responses, overall, for Stamford and Darien mirrored the responses of Fairfield County and the state. Figure 4 shows the percent of individuals who report feeling safe walking in their neighborhood at night. In Darien, a higher percent of residents feel safe walking in their neighborhood at night as compared to individuals responding across the county and the state. A slightly smaller portion of residents of Stamford report feeling safe walking in their neighborhoods at night as compared to the percent reported for the county and the state.

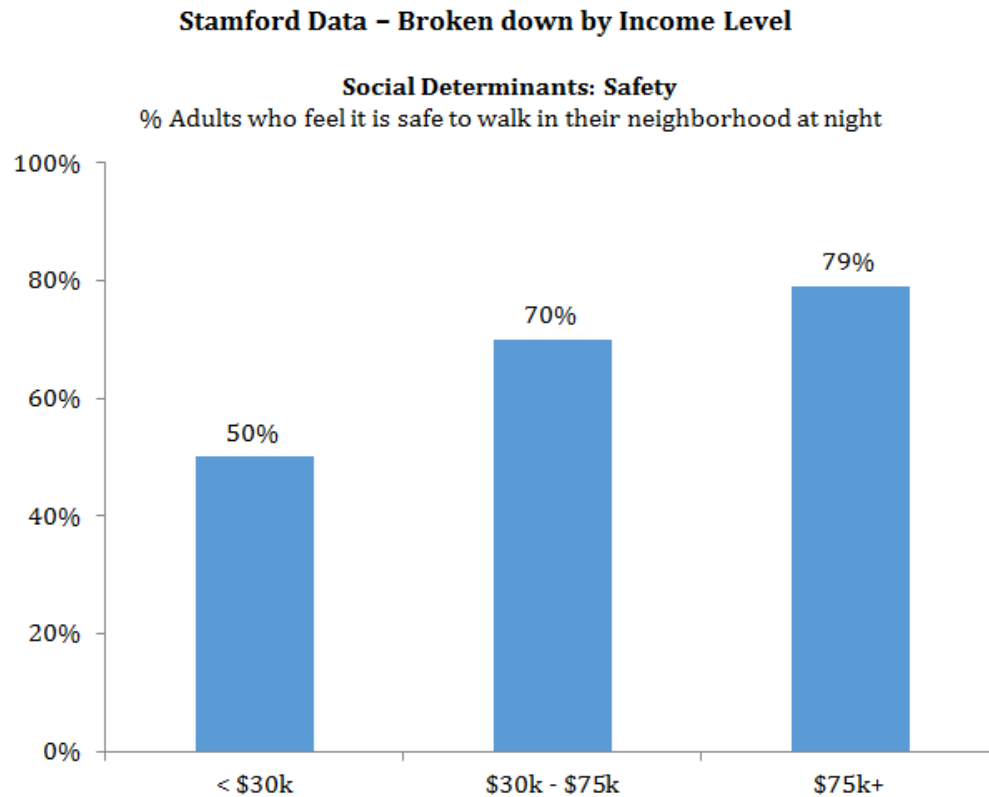
Figure 4: % Adults who report feeling safe to walk in their neighborhood at night by State, County and City/Town



Source: 2015 DataHaven Community Wellbeing Survey

However, when the data from Stamford is broken down by income level, stark differences appear in terms of how safe individuals feel walking in their neighborhood at night. Specifically, those with the lowest incomes are much less likely (~30% less likely) to report feeling safe walking in their neighborhoods at night as compared to those with incomes of more than \$75,000 per year.

Figure 5: % Adults who report feeling safe to walk in their neighborhood at night in Stamford by Income Level



Source: 2015 DataHaven Community Wellbeing Survey

Another factor related to the neighborhood safety is the rate of crime and violence in a particular area. Table 8 includes the number of homicides in Stamford for the periods 2003 – 2007 and 2008 – 2012.

Table 8: Number of Homicides in Stamford between 2003 – 2007 and 2008 – 2012 and the Crude Mortality Rate from Homicides by State, County and City per 100,000 Population

	# Homicides 2003 – 2007	# Homicides 2008 – 2012
Stamford	12	21

	Crude Mortality Rate 2008 – 2012
Stamford	3.4
Fairfield County	3.9
Connecticut	3.7

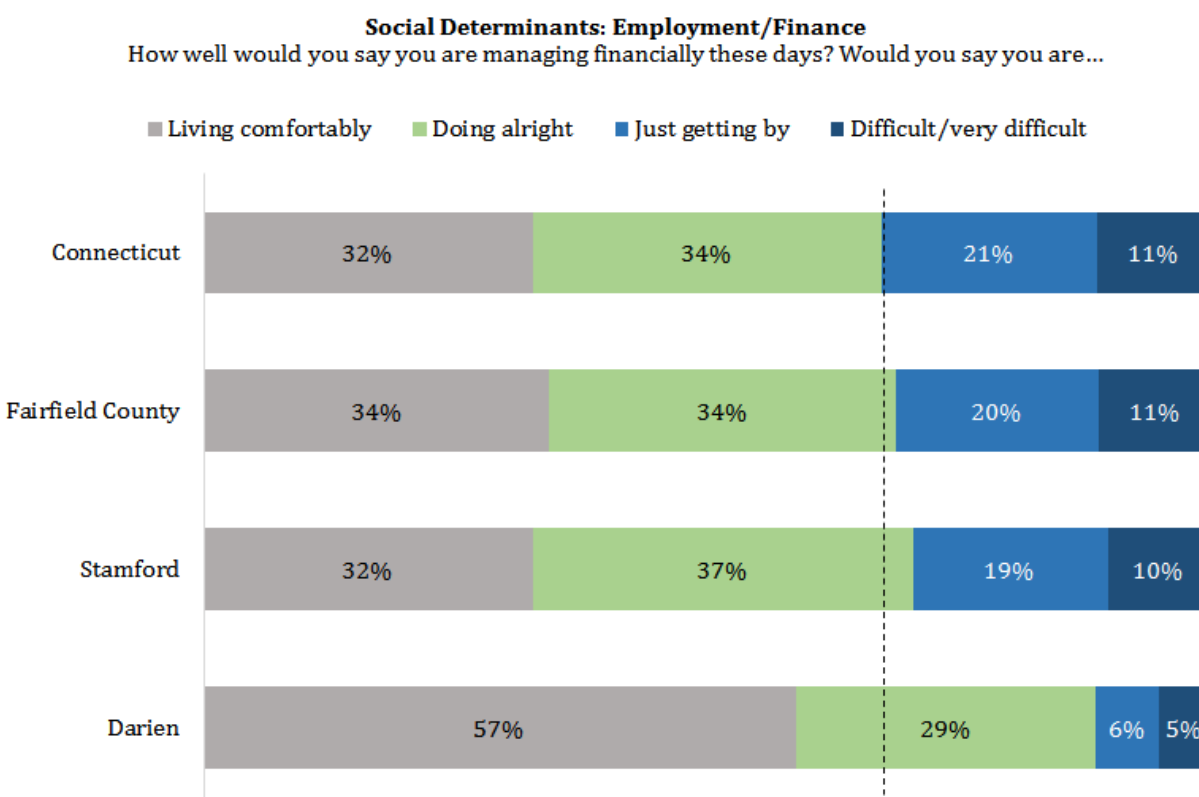
Source: DataHaven analysis of CTDPH data

Though the increase in the number of homicides is not statistically significant and general conclusions cannot be drawn from the data, the number of homicides should be monitored closely going forward. Compared to the state and the county, the crude mortality rate from homicides in Stamford is slightly lower.

Economic Stability & Financial Health

Another key element of a healthy community is a robust economy that provides financial stability to those who live there. Through a series of questions, the 2015 DataHaven Community Wellbeing Survey was able to assess the financial comfort of those responding to the survey. Figure 6 shows the responses of individuals, by town, to a question asking how individuals are managing financially. Sixty-eight percent of individuals living in Fairfield County report that they are *living comfortably* or *doing alright*. Stamford slightly outperformed Fairfield County, with 69% of individuals responding that they are *living comfortably* or *doing alright*. Darien had a higher percent (86%) of individuals responding that they are *living comfortably* or *doing alright* as compared to Stamford, Fairfield County and the State.

Figure 6: Degree to which individuals are managing financially by State, County and City/Town



Source: 2015 DataHaven Community Wellbeing Survey

When Stamford-specific data is broken down by income level, the difference in responses of those with the lowest incomes compared to those with the highest incomes, as expected, is significant. Approximately 31% of those with the lowest income levels respond that they are having difficulty managing financially as compared to only 4% of the wealthiest individuals who respond to the question. For those living in Darien, only 5% of the respondents (all incomes) indicate that they are *finding it difficult/very difficult to manage* financially these days.

Medical Conditions

Overall, Stamford and Darien fair well compared to the state and county with regard to the number of individuals reporting specific medical conditions. Fewer individuals in Darien report having hypertension, high cholesterol, diabetes, and asthma as compared to individuals across the state and county.

Table 9: % of Respondents told by a Health Professional that they have a Medical Condition by State, County and City/Town

Medical Conditions Have you ever been told by a doctor or health professional that you have...				
	Connecticut	Fairfield County	Stamford	Darien
High blood pressure/ Hypertension	28%	24%	24%	20%
High cholesterol	23%	21%	23%	18%
Diabetes	9%	7%	8%	4%
Heart disease/Heart attack	5%	5%	4%	3%
Asthma	13%	11%	9%	9%
Stroke	2%	2%	2%	2%

Source: 2015 DataHaven Community Wellbeing Survey

When the data in Stamford is broken down by income-level, it is clear that hypertension, high cholesterol, diabetes, and asthma are much more prevalent among those with the lowest annual incomes and this may well be correlated with the statistics reported later in this assessment on obesity.

Table 10: % of Stamford Respondents told by a Health Professional that they have a Medical Condition by Income Level

Medical Conditions Have you ever been told by a doctor or health professional that you have...				
	Stamford	<\$30,000	\$30,000 - \$75,000	>\$75,000
High blood pressure/ Hypertension	24%	34%	20%	19%
High cholesterol	23%	27%	19%	23%
Diabetes	8%	19%	5%	4%
Heart disease/Heart attack	4%	7%	4%	2%
Asthma	9%	13%	13%	8%
Stroke	2%	4%	3%	1%

Source: 2015 DataHaven Community Wellbeing Survey

Access to Care

A critical component of the health of a community is ensuring that individuals have access to appropriate care when it is needed. The data in Table 11 includes the reasons that individuals give for postponing care. In Stamford and Darien individuals most often postpone care because they are too busy with other commitments. A high percent of individuals in both Stamford and Darien also delay care because they do not feel that the problem is serious enough to warrant care. In Stamford, individuals also frequently postpone care due to worries about the cost of the care. As compared to the state and county, a greater portion of those individuals living in Stamford who delay getting health care are worried about the cost of care.

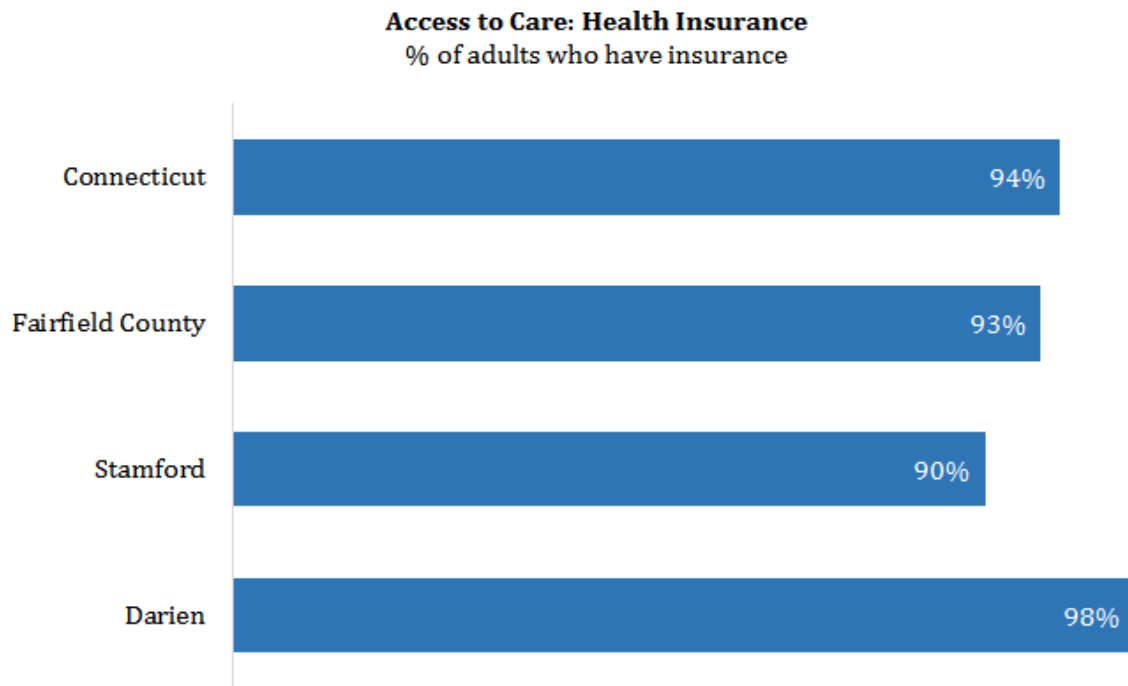
Table 11: % of Respondents who Delayed Medical Care and Reason for Delay by State, County and City/Town

Access to Medical Care Reasons Delaying (not getting or postponing) Care				
	Connecticut	Fairfield County	Stamford	Darien
Percent of all adults 18+ who reported that they postponed or did not get the medical care they needed in the past year:	(21%)	(20%)	(21%)	(19%)
Too busy with work or other commitments	53%	56%	58%	60%
Due to worries about cost	49%	50%	56%	30%
Did not think problem was serious enough	46%	48%	51%	54%
Health plan would not pay for treatment	28%	28%	30%	13%
Couldn't get there when office/clinic was open	26%	22%	21%	28%
Couldn't get appointment soon enough	25%	24%	21%	26%
Doctor/hospital wouldn't accept health insurance	16%	15%	16%	8%

Source: 2015 DataHaven Community Wellbeing Survey

To understand why the cost of healthcare is of such concern for individuals, it is important to consider whether or not individuals have health insurance. Figure 7 shows, by town, the percent of adults who have health insurance. The percent of individuals in Darien with health insurance is above the percent reported both for the state and county, while the percent of individuals with insurance in Stamford is slightly lower.

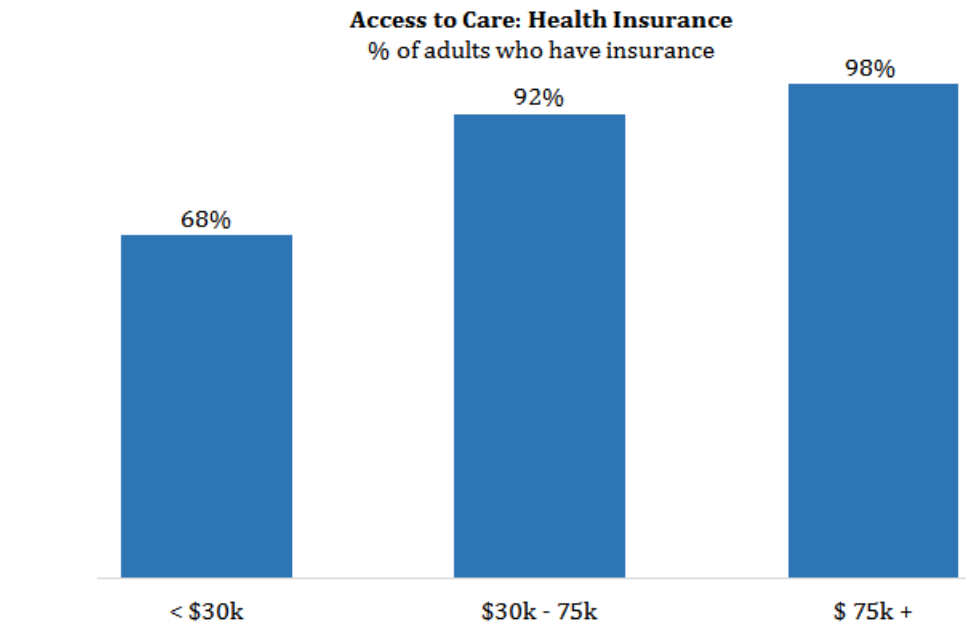
Figure 7: % of Respondents with Health Insurance by State, County and City/Town



Source: 2015 DataHaven Community Wellbeing Survey

Despite the fact that 90% of respondents from Stamford report being insured, the percent of uninsured individuals is quite significant among the lower-income population. Figure 8 demonstrates the percent of insured individuals by income level in Stamford.

Figure 8: % of Stamford Respondents with Health Insurance by Income Level

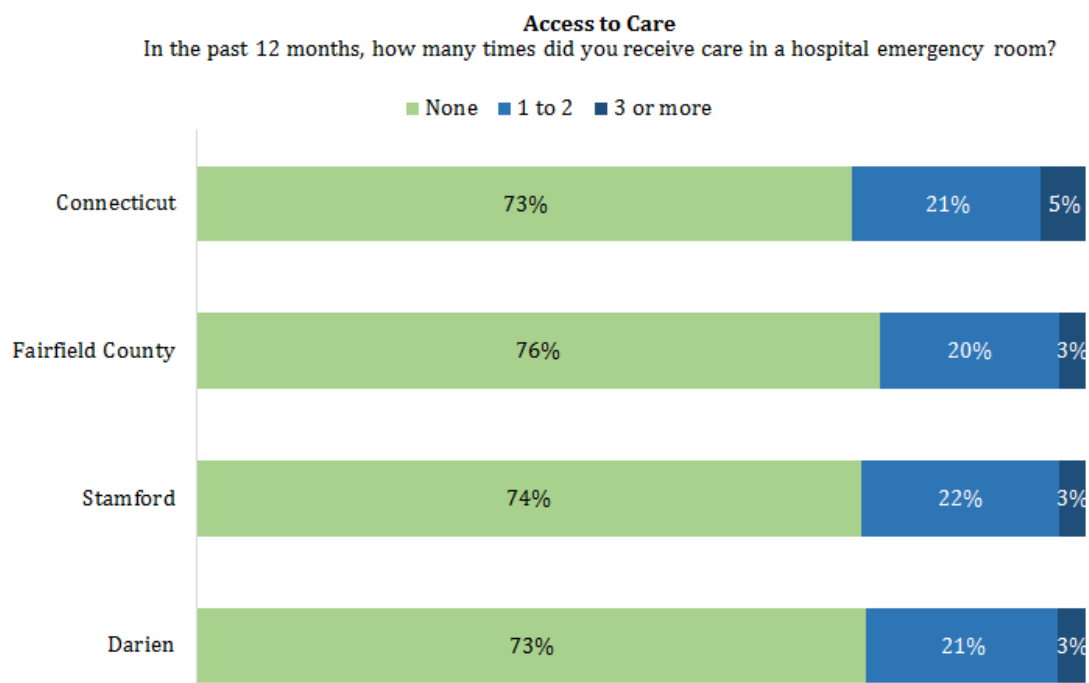


Source: 2015 DataHaven Community Wellbeing Survey

Emergency Department Use

A key measure of an individual's access to care is his or her use of the emergency room. Those with limited access to care or those who do not have a primary care provider often utilize the emergency room more than those with good access to care and a strong primary care network. Experts recommend providing basic education to newly insured individuals about the appropriate care setting for specific ailments, as the emergency room tends to be an expensive default option for many. As compared to the state and county, residents of Stamford and Darien report seeking care in the emergency room with almost the same frequency. While it is not clear from the data below, many studies suggest that a relatively high percentage of emergency room visits tend to be non-emergent.

Figure 9: Reported use of the Emergency Room by State, County and City/Town

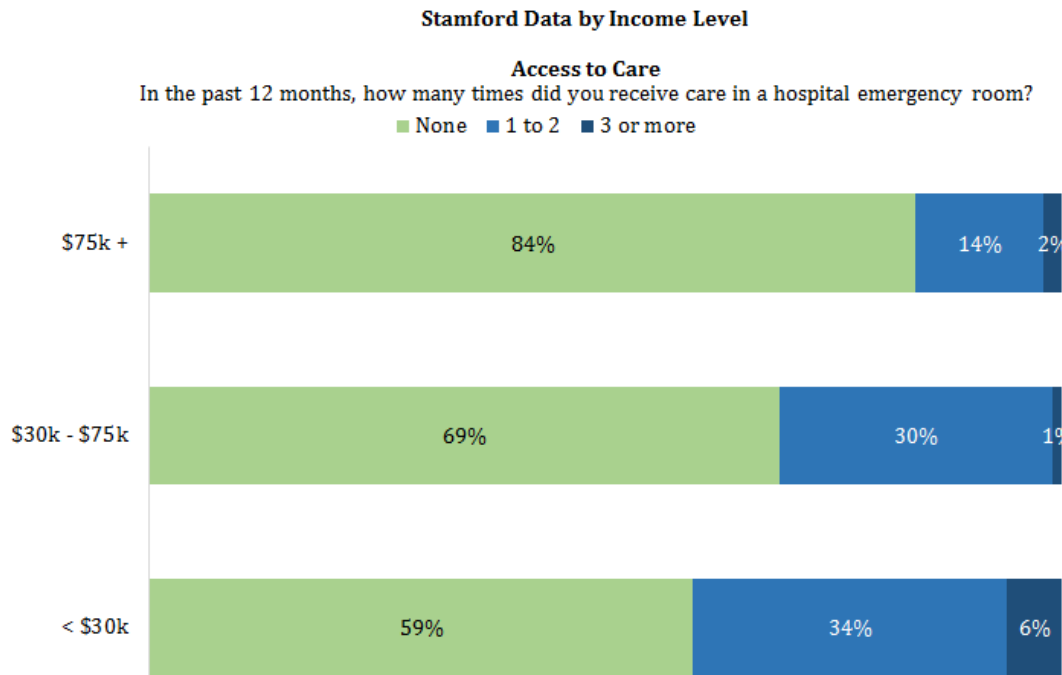


Source: 2015 DataHaven Community Wellbeing Survey

Note: 1% of respondents declined to answer the question in CT, Fairfield County and Stamford. Three percent of respondents declined to answer the question in Darien. Thus, the percentages included in the table above do not add to 100%.

When the Stamford data is broken down by income, individuals with the lowest incomes report receiving care in the emergency room within the last 12 months at a much higher rate (40%) than the rate reported by all individuals living in Stamford (25%).

Figure 10: Reported use of the Emergency Room by Stamford Respondents by Income Level

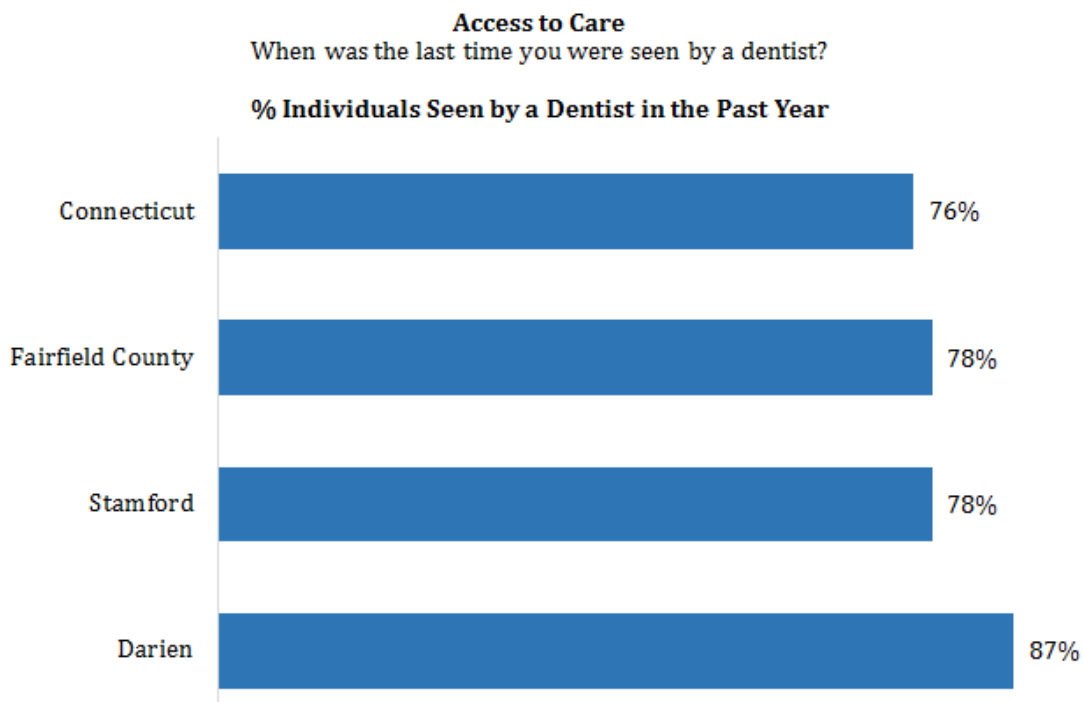


Source: 2015 DataHaven Community Wellbeing Survey

Oral Health

Oral health is closely linked with the overall health of individuals. The 2015 DataHaven Community Wellbeing Survey asked individuals when they were last seen by a dentist. Individuals in Stamford were as likely as those in the state and county to have been seen by a dentist in the last 12 months (78%). In Darien, a greater number of individuals, 87%, report having been seen by a dentist in the last 12 months. These figures generally diverge by household income level, with adults with low income levels being much less likely to have had dental visits in the past year.

Figure 11: % of Respondents seen by a Dentist by State, County and City/Town



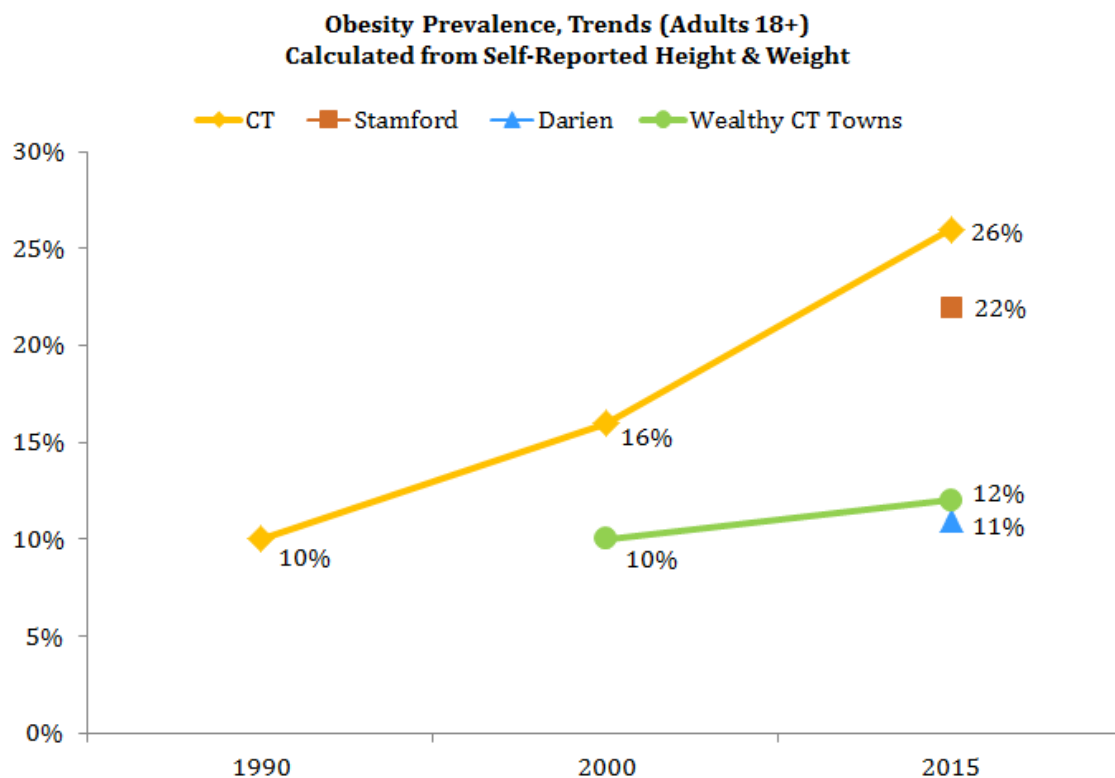
Source: 2015 DataHaven Community Wellbeing Survey

Health Behaviors

Obesity

As demonstrated by the data in Figure 12, obesity is a growing concern in the state of Connecticut. The percent of Stamford residents who are obese (22%) is slightly less than the state rate (26%). Obesity rates in Stamford are highest (33%) among individuals with annual incomes of less than \$30K and lowest (19%) among individuals with annual incomes of more than \$75K per year. Even compared to the rates for highest income group in Stamford (19%), Darien had a low obesity rate (11%).

Figure 12: Obesity Rate by State and City/Town



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

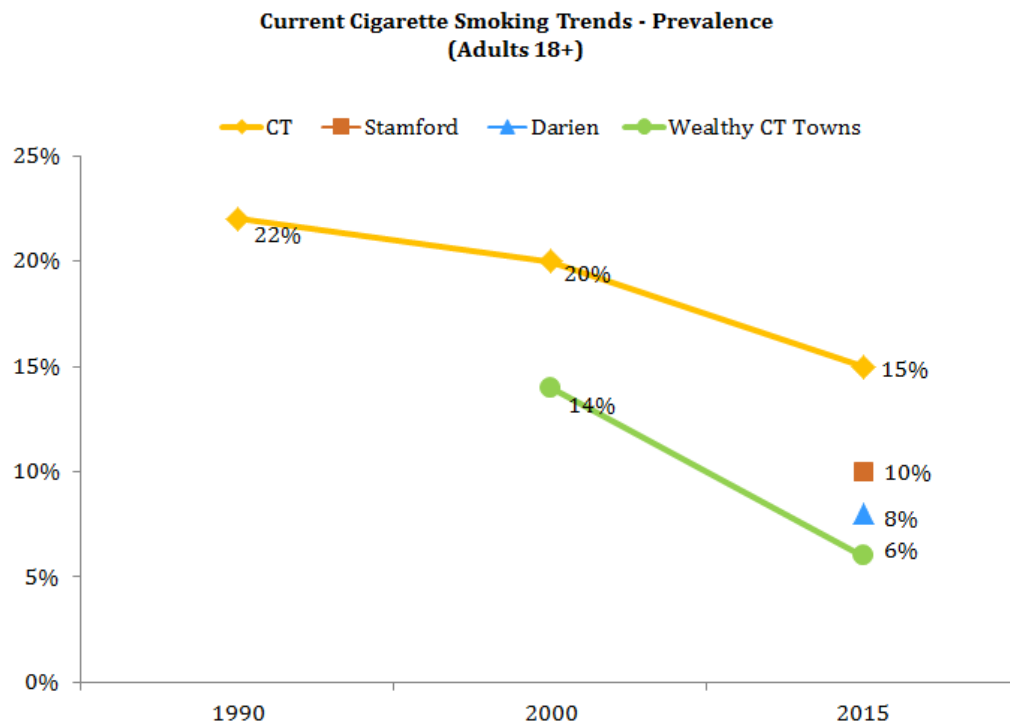
Note: Obesity is defined as an individual having a BMI >30 and was calculated using the self-reported weight and height of survey respondents.

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

Smoking Prevalence

Across the state of Connecticut, the prevalence of cigarette smoking has declined over the past 25 years. 15% of individuals in Connecticut report smoking cigarettes in 2015 as compared to 22% in 1990. In Stamford 10% of individuals and in Darien 8% of individuals report smoking cigarettes in 2015.

Figure 13: Smoking Prevalence by State and City/Town



Source: 2015 DataHaven Community Wellbeing Survey

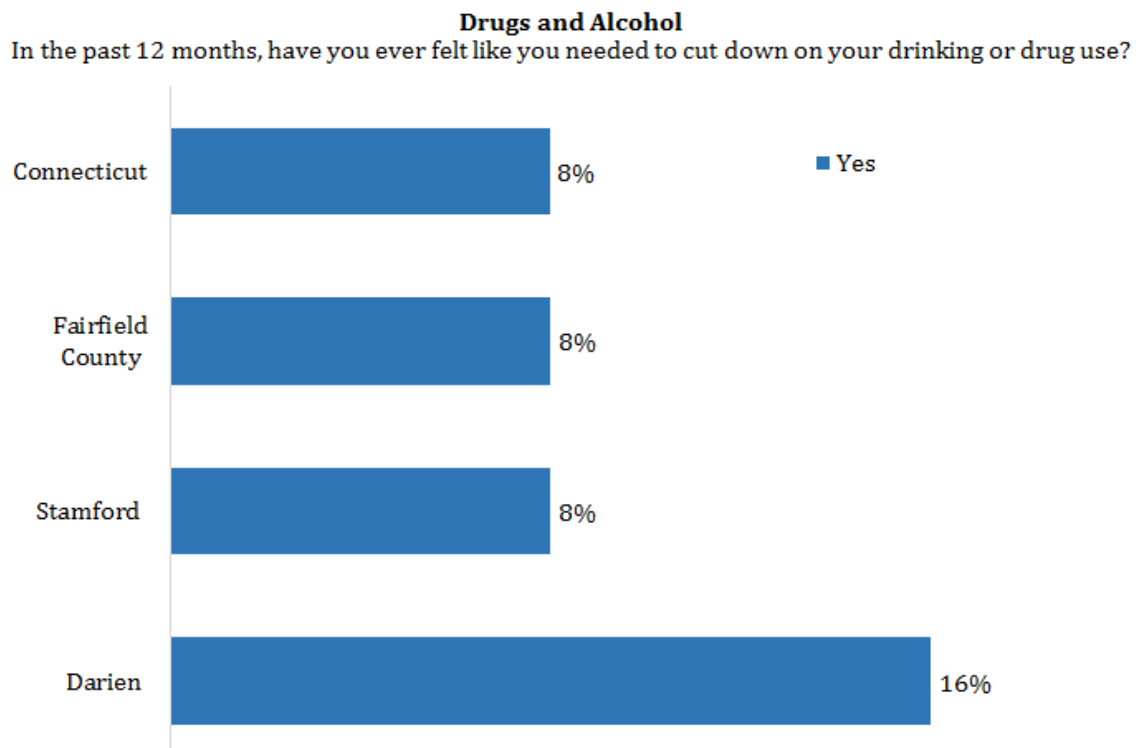
Note: Wealthy CT Towns are Darien, Ridgefield, New Canaan, Westport, Weston and Wilton

While the decline in the prevalence of cigarette smoking is encouraging, trends suggest that there has been a corresponding uptick in the use of e-cigarettes, particularly among young adults. In Darien, 8% of individuals report having tried an e-cigarette (at least once), while 13% of individuals in Stamford report having tried one. There is growing concern that the use of e-cigarettes is not much safer than tobacco cigarettes.

Substance Use

In an effort to understand the use of substances (drugs and alcohol) in Connecticut, the 2015 DataHaven Community Wellbeing Survey asked individuals if they ever felt as though they needed to cut back on their use of drugs or alcohol. Similar to the state and county, 8% of respondents from Stamford indicate that they have, at some point in the last 12 months, needed to reduce their use of drugs or alcohol. In Darien, however, the percent was higher. In fact, 16% of respondents from Darien indicate that they have, at some point in the last 12 months, needed to reduce their use of drugs or alcohol.

Figure 14: % of Respondents who have felt the need to cut down on drinking or drug use in the last 12 months by State, County and City/Town

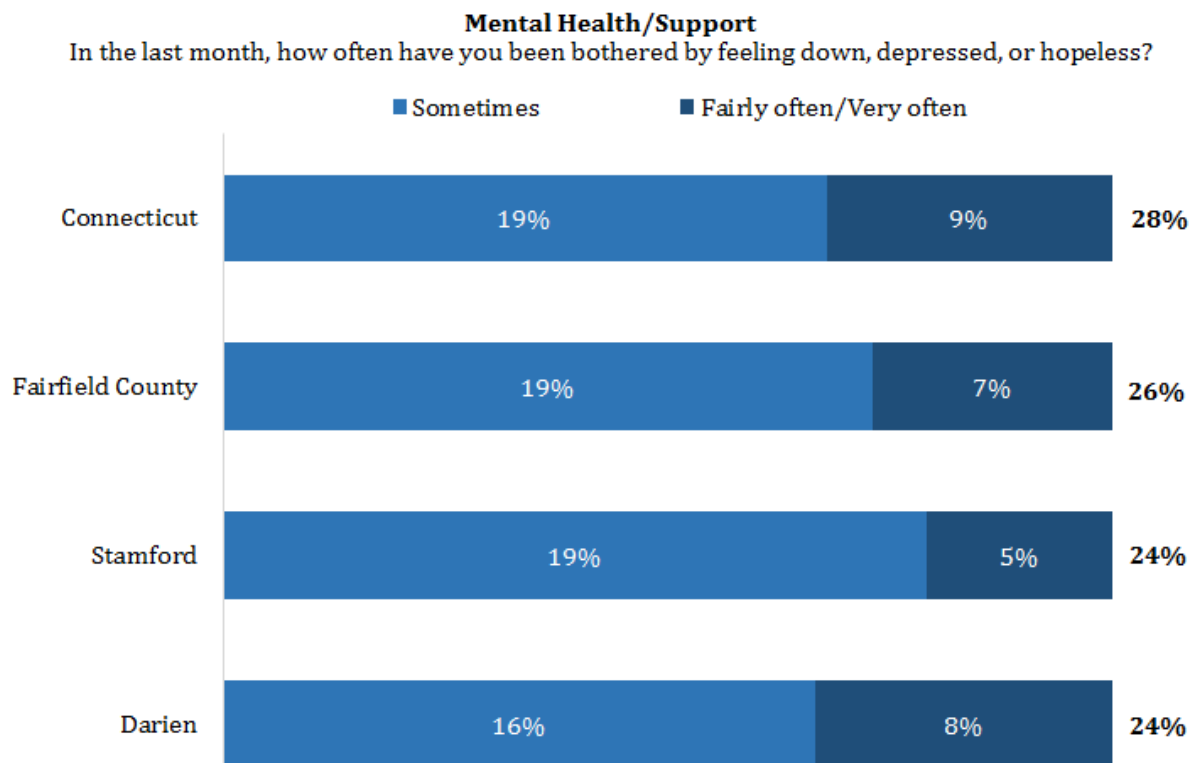


Source: 2015 DataHaven Community Wellbeing Survey

Mental Health

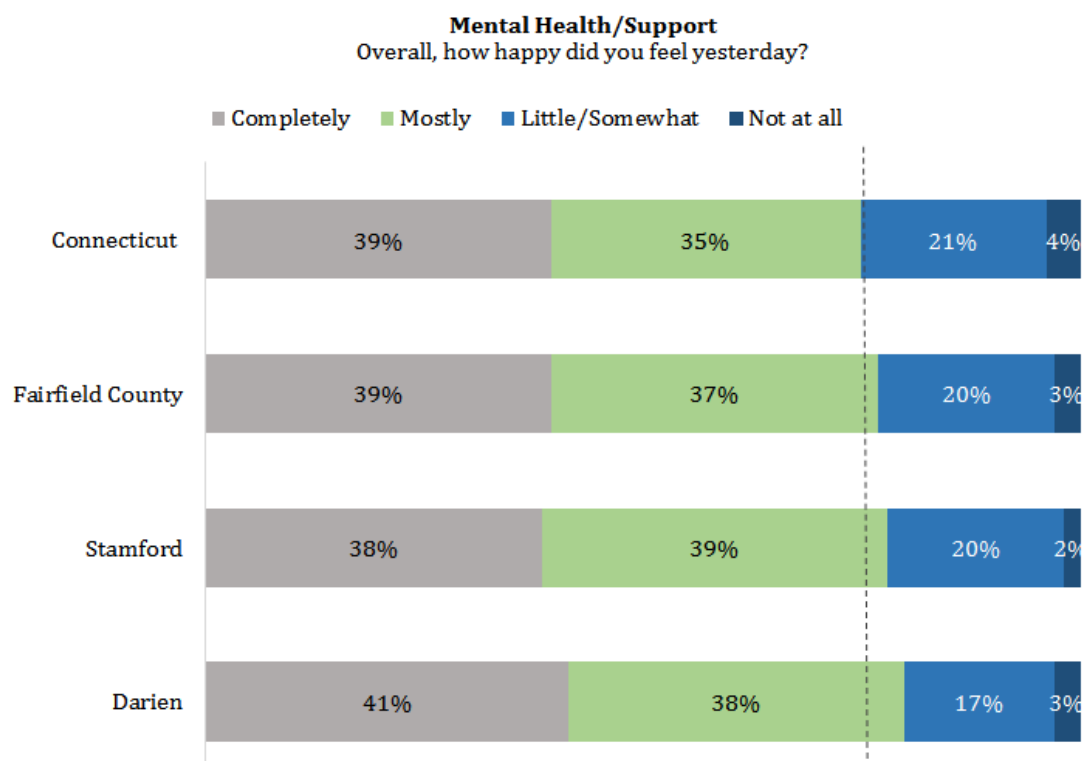
A final category covered in this assessment is mental health. The 2015 DataHaven Community Wellbeing Survey assessed the mental health of individuals through a series of questions pertaining to feelings of happiness, anxiety and depression. In Stamford and Darien, the percent of individuals responding that they *sometimes* or *fairly/very often* felt depressed was slightly lower than the percent observed throughout the state and county. Likewise, a slightly higher percent of individuals reported feeling *completely* or *mostly happy* in Darien and Stamford as compared to the state and county.

Figure 15: % of Respondents who have felt down, depressed or hopeless in the past month by State, County and City/Town



Source: 2015 DataHaven Community Wellbeing Survey

Figure 16: Degree to which individuals report feeling happy by State, County and City/Town



Source: 2015 DataHaven Community Wellbeing Survey

While the data above does not present a particularly concerning view of the state of mental health in Stamford and Darien, the increase in the number of suicides over the last several years should be noted. Due to the relatively low number of suicides in each town, the change in the number of suicides between the two periods, are not considered statistically significant (Table 12). Furthermore, the crude suicide rates for Stamford and Darien are not statistically different from the rates of the county or the state for the 2008 – 2012 period.

Table 12: Number of Suicides between 2003 – 2007 and 2008 – 2012 and the Crude Mortality Rate from Suicides by State, County and City per 100,000 Population

Town	Number of Deaths by Suicide 2003 - 2007	Number of Deaths by Suicide 2008 - 2012
Darien	2	9
Stamford	27	45

Town	Crude Mortality Rate (Suicide) 2008 - 2012
Darien	8.7
Stamford	7.3
Fairfield County	7.3
Connecticut	9.4

Qualitative

This section provides a brief overview of the research findings from the interviews, focus groups, and online survey. As mentioned previously, a primary goal of the project was to capture the perceptions of a diverse group of consumers and service providers regarding the health needs of the Stamford and Darien communities. Among the service providers who provided input, the majority serve patients in a wide range of income levels and over a quarter serve primarily low-income individuals and families. Furthermore, the consumers who participated were socio-economically and racially diverse. Please refer to **Exhibit D** for a description of several of the organizations and individuals from whom we received input.

Key Health Issues

Based on the analysis of qualitative data, a few key themes emerged as noted in Table 13.

Table 13: Top Health Concerns Identified through Interviews, Focus Groups and the Online Survey

Top Health Concerns
Mental Health
Chronic Disease Management
Substance Abuse
Access to affordable, quality care

As noted above, mental health and substance abuse were two of the top health concerns identified in the interviews, focus groups, and surveys. Qualitative feedback suggests that these issues impact individuals of all ages and socio-economic levels in Stamford and Darien.

Services for those with mental health issues exist, but they are limited in scope and strained due to high demand for the services and the chronic nature of those who are afflicted. Respondents noted that there are long waiting lists to access mental health services, especially for those with no health insurance. For those who completed the online survey, 81.2% responded that residents *sometimes* or *rarely* had access to behavioral health services. The perception is that those with acute mental health needs are often left untreated due to the lack of residential treatment facilities in the region. In the more affluent areas, it was noted that mental health services are often not utilized due to the stigma associated with seeking such care.

Those providing feedback suggested that substance abuse is on the rise. Populations that seem to be particularly afflicted with substance abuse problems include the youth, immigrant workers, and seniors. Many, many participants stressed the alarming increase in heroin and opioid addiction, which is receiving increased media attention nationally. Similarly, participants felt that alcoholism

is an issue in the community that needs to be addressed. As noted previously, individuals of all income levels are impacted by substance abuse.

Overall, responses collected through the online survey suggested that community leaders need to take a more active role in addressing mental health and substance abuse issues. The perception of those who responded to the survey was that both mental health and substance abuse would continue to be an issue of significant concern over the next few years. This issue has reached national crisis status according to many experts.

In Stamford, untreated or unmanaged chronic diseases were also identified as a health burden in the community. Participants noted that many of the chronic diseases impacting the community are related to or a result of obesity and poor nutrition. Those providing feedback suggested that diabetes, obesity, and cancer were of particular concern. It was also noted that chronic diseases “result in lost productivity at work, for both caregiver and patient.” Loss in productivity can have a significant impact on the ability of individuals to provide for themselves and their families. Previous studies have shown the dramatic impact that lost productivity has on the economy.

Finally, participants noted the need for better access to high quality health care services. Many believe that there is not adequate access to specialty care in the region, especially for those with little or no health insurance. In the interviews and focus groups, many spoke of limited access to specialty care, especially dental care and vision. In the online survey, less than 50% said that residents had access to specialty care *always* or *most of the time* and only about 35% thought the residents had access to dental care *always* or *most of the time*. As noted previously, access to mental and behavioral health services is perceived to be particularly limited.

Other Health Issues

In addition to the priorities listed above, another topic that was brought up repeatedly during interviews and focus groups, as well as on the online survey, was the need for healthcare navigation services. Healthcare organizations are known to be complex and a major criticism of the healthcare system is its fragmentation. Navigation services have grown in popularity in areas such as cancer care to help facilitate appropriate follow-up care for patients discharged from the hospital. Such services also tend to focus on patient education regarding the most appropriate settings in which to seek medical care. Many patients with little or no insurance utilize the emergency department as their default navigator, not realizing that they can get advice and access to the care they need through other less costly channels.

Similarly, many individuals brought up the need for targeted education about healthy behaviors, especially nutrition and physical activity. Such education could empower individuals to improve their health and, ideally, that of their families and communities.

Finally, the online survey asked questions related to barriers to children's health. In ranked order, respondents noted that the greatest barriers or challenges that negatively impact the health outcomes among children were:

1. Poor nutrition, food insecurity and lack of physical exercise
2. Parenting/family situations
3. Lack of insurance/access to medical care
4. Low income/lack of financial resources
5. Violence
6. Lack of preventative care

Social Determinants

Affordable housing, access to healthy foods and language barriers were the most commonly cited social conditions that act as primary determinants of health. These three social determinants were most prevalent in the Stamford community.

The high cost of housing in Stamford and Darien makes quality housing inaccessible to many low- and moderate-income residents. Overcrowded conditions, limited access to kitchens, and the prevalence of lead paint were a few additional housing-related issues that were most frequently discussed, particularly for recent immigrants.

Many respondents spoke about the limited access low-income families have to healthy foods and their reliance on fast food as a cheap and filling option. Respondents specifically noted the limited number of grocery stores and markets with fresh food options in certain sections of Stamford.

The immigrant community continues to grow regionally, especially in Stamford. Individuals who have recently arrived in this country often have language barriers and do not understand how to access the healthcare system. For individuals with language barriers, many believe that there is a lack of multilingual health providers.

Violence was noted as a concern in the low-income areas of Stamford, especially the West Side. Individuals spoke of the rash of shootings that made their neighborhood unsafe. Domestic violence was raised as a concern in only one focus group.

The most prevalent social determinants of health in the Darien community were stress and anxiety. In focus groups and interviews, people spoke about the town being very competitive for both adults and children. Sports was provided as an example of how individuals have taken recreational activities and made them too competitive for young children. People also spoke about the stress of commuting to New York and the hours that family members spent working.

PRIORITIZATION OF HEALTH NEEDS

After reviewing both the quantitative and qualitative data gathered through the assessment process, several themes and areas of concern emerged.

Mortality – High mortality rates observed from both cancer and heart disease in Stamford and Darien were concerning. Of particular concern was the statistically significant increase in the age adjusted mortality rate from cancer observed in Darien.

Neighborhood Safety – Data shows and qualitative feedback suggests that in specific low-income neighborhoods in Stamford, safety is a concern. In focus groups and interviews with individuals, violence was raised as an issue, particularly on the West Side of Stamford.

Medical Conditions – Through the 2015 Community Wellbeing Survey, many individuals, particularly low-income individuals, report having hypertension, diabetes, or high cholesterol. In focus groups with community members, hypertension and diabetes were also discussed as concerning health conditions.

Access to Medical Care – For certain portions of the community, access to medical care is a challenge. Individuals report postponing care due to busy schedules and because they do not always feel that the problem is serious enough to seek medical attention. Through interviews and the focus groups, financial concerns were the most common reason provided for postponing needed medical care. In at least one focus group, individuals suggested that they also did not know where or how to get non-emergency care when they needed it.

Health Behaviors – Limited access to healthy foods in specific neighborhoods in Stamford was raised as a concern in several of the focus groups. Related to healthy eating is the prevalence of obesity. Data from the 2015 Community Wellbeing Survey demonstrated that obesity is an issue in Stamford, disproportionately impacting low-income individuals.

Substance Abuse/Mental Health - A concern identified in both the data and through discussions was the prevalence of substance abuse in both Stamford and Darien. Related to substance abuse, mental health was also identified as a concern in both communities primarily through interviews, the focus groups, and the online survey.

Once themes were identified, the Hospital evaluated each within the context of the following considerations: 1) the magnitude of the health concern; 2) the impact of the health concern on quality of life measures; 3) the perceived desire of the community to address the issue; and 4) the feasibility of developing and implementing programs to address the issue.

Building on the work of our assessment partners and in consultation with public health officials and the hospital leadership team, Stamford Hospital identified three key priority areas:

- Mental Health and Substance Abuse
- Chronic Disease Prevention and Management
- Access to Care

As noted in Table 13, the 2016 themes were all identified as priorities in 2013 as well.

Table 13: Health Priorities Identified through the 2013 and 2016 Community Health Needs Assessments

Health Priority Areas	
2013	2016
Mental Health/Substance Abuse	Mental Health/Substance Abuse
Chronic Disease	Chronic Disease Prevention and Management
Access to Services	Access to Care
Health and Wellness	

While much work has been done to address the 2013 priorities (**Exhibit E**), these issues remain significant health concerns in our communities and across the county. It should be noted that Health and Wellness is not included as a priority on its own in 2016 as it is the overall goal and mission of the Hospital to provide health and wellness services to the community. Thus, all of the initiatives that the Hospital will undertake to address the health priorities identified will have an impact on the health and wellbeing of our community.

STRATEGIES & IMPROVEMENT PLAN

This report was reviewed and adopted by the Hospital's leadership team and Board of Directors on September 28, 2016.

As a next step, Stamford Hospital has identified a task force that will be responsible for developing a community health improvement plan (CHIP) to address the 2016 health priorities. The task force will include representatives from our quality, nursing, case management, ambulatory, finance and service line teams. Additionally, several physicians will be asked to participate on the committee as well as leaders 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 G** is a partial list of community organizations and resources which may be consulted to address the issues. The Hospital will also consider the partnerships which were established or expanded in connection with the 2013 CHIP as set forth in **Exhibit E**. For issues identified through the CHNA, but not addressed in the 2016 CHIP, Stamford Hospital will work with its partners to determine the most suitable resources available in the community to address those issues.

The task force will work throughout the fall to develop the CHIP. The final plan will be submitted and made publicly available in February 2017.

ACKNOWLEDGEMENTS

Stamford Hospital would like to thank its partners DataHaven, Greenwich Hospital, Western Connecticut Health Network, Bridgeport Hospital, St. Vincent's Hospital, and Fairfield County's Community Foundation for their help in developing the collaborative Fairfield County Community Health Needs Assessment. The Hospital would also like to gratefully acknowledge those who were interviewed, surveyed or who provided input through focus groups. The information gathered by our partner, The Strategy Group, through these venues from our community members, community leaders, public health officials, and others was invaluable.

SUPPORTING MATERIALS

Exhibit A

Interviews	
Organization	Title / Department
AmeriCares	Executive Director, Free Clinics
City of Stamford	Director, Youth Services Bureau
City of Stamford	Medical Advisor, Family Medicine Physician
City of Stamford	Health Inspector, Department of Health
Communities4Action	Executive Director
Community Health Center, Inc.	Assistant to the President for Strategic Development
Eastside Partnership	Executive Director
Fairfield County Community Foundation	Vice President of Programs
Franklin Community Health Center	VP Western Region
Optimus Health Care	Chief Executive Officer
Stamford Health	Medical Director of Ambulatory Practice
Stamford Health	Director of Case Management; New Canaan Health Director
Stamford Health	Nurse Manager, Emergency Room
Stamford Health	Chair, Department of Emergency Medicine
Stamford Health Medical Group	Internal Medicine Physician
The Community Fund of Darien	Executive Director
Town of Darien	First Selectman

Exhibit B

Focus Groups	
Organization	Participants
Boys and Girls Club	After School Counselors
Charter Oak / Family Centers	Resident Coordinators
Childcare Learning Centers	Social Workers, Nurses, Teachers
City of Stamford	Department of Health & Social Services and the Department of Public Safety, Health & Welfare
Community Care Team	Community Leaders
Darien Department of Health	Leadership Team
Darien Library*	No members of the community participated
Darien Senior Center	Darien Senior Citizens
Ferguson Library (Stamford)	Stamford Community
Interfaith Council	Clergy
Jewish Community Center	Stamford Community
Neighbors Link	Neighbors Link Clients
Stamford EMS	Leadership Team
Stamford Health	Department of Case Management

*See note in the Limitations section of the report

Exhibit C

Online Survey*	
Organization	Title
Abilis	Director of Early Intervention
American Cancer Society	Senior Manager, Corporate Account Operations
Boys & Girls Club of Stamford	Director

Business Council of Fairfield County	Director, Public Policy
Charter Oak Communities	Chief Executive Officer
Chester Addison Community Center, Domus	Director
Child Guidance Center of Southern Connecticut	Chief Executive Officer
City of Stamford	Public Health Educator, Department of Health & Social Services
City of Stamford	Director of Public Safety, Health & Welfare
Darien Community YMCA	Chief Executive Officer
Darien Library, Inc.	Director
Darien Human Services	Case Manager
Domus	Chief Community Officer
Family Centers	Director, Behavioral Health
Harvard Business School Alumni - Community Partners	Board Member
KIDS' FANS	Manager
Laurel House	President & CEO
Liberation Programs	Chief Development Officer
Neighbors Link	Executive Director
Noroton Presbyterian Church	Interim Associate Pastor
Noroton Presbyterian Church	Associate Pastor for Pastoral Care
Person-to-Person	Executive Director
Pioneers for Progress	Chief Executive Officer
ROSCCO	Program Coordinators (2 individuals)
Shelter for the Homeless	Program Director

SilverSource, Inc.	Executive Director
Stamford Board of Education	President
Stamford Chamber of Commerce	President & Chief Executive Officer
Stamford Family YMCA	Chief Executive Officer
Stamford Health	Director, Women's and Children's Services
Stamford Health	Medical Director, Medical Home Initiative
Stamford Health	Director, Clinical Operations
Stamford Health	Chair, Department of Medicine
Stamford Health	Director, Clinical Operations
Stamford Health	Director of Palliative Care and Family Medicine Faculty
Stamford Health	Executive Director, Marketing
Stamford Health	Senior Vice President, Medical Affairs
Stamford Health	Director, Ambulatory Nursing
Stamford Health	Chief Operating Officer
Stamford Health	Executive Director, Ambulatory Services
Stamford Health	Director of Care Management
Stamford Health	Vice President, Chief Quality Officer
Stamford Health Commission	Commissioner
Stamford Health Commission	Chairperson
Stamford Health Medical Group	President
United Way of Western Connecticut	EVP, Community Engagement

*Not all respondents provided contact information

Exhibit D

Below is a brief description of several of the organizations from which Stamford Hospital solicited and received input, with special knowledge of healthcare or representing minority or underserved populations:

AmeriCares Free Clinic: Focuses on providing primary care and diagnostic services for the uninsured in a mobile unit, this division of the global relief organization provides no-cost medical care to the uninsured.

Boys & Girls Club: This local chapter of the national organization provides after-school programs, recreation and support for school-aged children. The Boys & Girls Club supports working families with childcare, providing nutrition education, tutoring, mentor programs, and opportunities for education and social enrichment. Boys & Girls Club also operates the Yerwood Center in Stamford's West Side.

Charter Oak Communities, Inc.: Formerly the Stamford Housing Authority, COC provides attractive, affordable homes and housing support for thousands of Stamford residents, comprising a wide range of demographics and needs. COC is a leading advocate and champion for innovative, creative partnerships that are redefining public housing communities in CT and across America.

Childcare Learning Centers (CLC): Providing child care and preschool education, CLC has seven locations throughout the city and is the largest pre-kindergarten program in Fairfield County. Families seeking care for their children, pay for care on a sliding scale based upon income. Thirteen percent of families pay nothing for programs and services received, and many pay less than \$50 per week.

Community Health Center, Inc.: With a large office downtown on Franklin Street (also the location for Inspirica), this organization is a Federally Qualified Health Center that offers comprehensive dental care; primary medical for adults and children; school-based health services; behavioral health services, and gynecological care including family planning.

Communities4Action: This organization is a regional resource supporting local initiatives on substance misuse by providing speakers, trainings, evidence-based programs, legislative efforts, funding sources, coalition-building, evaluation tools, and community-based programs, with services offered in both English and Spanish.

DomusKids: A haven for underserved children in Stamford's East Side, DomusKids provides education, after-school programs and social services support. DomusKids also has a strong education component (alternative middle and high school), as well a home for boys in need.

Eastside Partnership: Founded in 2002, the East Side Partnership is a non-profit organization, supporting community development efforts and transforming the East Side of Stamford into a vibrant urban village. The organization is comprised of area residents, business owners and community advisors.

Family Centers, Inc.: Family Centers is a private, nonprofit organization offering education and human and human services to children, adults and families in Fairfield County. The organization's support services are also instrumental in helping families in crisis. Vocational training, housing resources, counseling and self-sufficiency programs also help low-income families, those with long-term mental illness and aging adults realize their dreams of living independently.

Neighbors Link Stamford: A comprehensive resource center for recent immigrants in the Stamford area, this organization's mission includes education, empowerment, and employment.

Optimus Health Center: Optimus operates a Federally Qualified Health Center providing services for low-income individuals and families, including adult medicine, pediatrics, mental health, family and pediatric preventive care, dental, and behavioral health (including substance abuse) services.

Stamford Emergency Medical Services (SEMS): A non-profit organization providing pre-hospital emergency care and education to the citizens of Stamford.

Source: <http://vitastamford.com/partnerships/>

EXHIBIT E

PROGRESS ON THE 2013 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

In response to the 2013 Community Health Needs Assessment, Stamford Hospital, along with public officials and members of the community, established priorities to improve the health of the community. The team identified four priority areas:

- 1) Health and Wellness;
- 2) Chronic Disease;
- 3) Behavioral/Mental Health; and
- 4) Access to Services

In order to address these priorities, Stamford Hospital and its partners developed a roadmap based on the following strategies/goals:

- A. Improve lifestyle and address social/environmental factors that contribute to chronic disease and lead to preventable hospitalizations and unnecessary Emergency Room visits.
- B. Improve access to primary, specialty, and preventative services to all community residents to reduce documented and ethnic disparities.
- C. Improve the coordination of care between the hospital, outpatient providers, the home and the patient to facilitate a more seamless connection between the hospital system and the community it serves.

The team leveraged existing programs at the hospital and proposed the development of new programs and initiatives to address each of the above strategies. Below is a brief update on the work that has been done to accomplish each strategy.

Improve lifestyle and address social/environmental factors that contribute to chronic disease and lead to preventable hospitalizations and unnecessary Emergency Room visits.

Over the past three years, the Hospital has dedicated resources to address the social and environmental factors that contribute to chronic diseases, including:

- Continued to build a relationship with Charter Oak Communities in an effort to further the development of the Vita Health and Wellness District. Along with the Charter Oak Communities and the City of Stamford, the Hospital leads the Community Collaborative which brings together local organizations that work together to provide needed services to the residents of the Vita District. The Hospital provides strategic expertise to the collaborative.

- A key component of the Vita Health and Wellness District is the Fairgate Farm; a community farm providing food to residents of the district as well as to shelters and soup kitchens in the area. The Hospital has been actively engaged in the development of educational programming at the Fairgate Farm to promote healthy eating by teaching local residents how to cook produce grown at the farm.
- For the last few years, the Hospital also provided education to the public through speaking engagements with physicians, advanced practitioners and our nursing team at public libraries, senior centers, and other community centers. In FY15, the Hospital offered a Mini-Medical School to the public, a free six-week series of lectures by volunteer physicians. The series included discussions about cancer, cardiology, gastroenterology, infectious diseases, orthopedics, among other topics.
- For several years, Stamford Hospital has run KIDS' Fitness and Nutrition Services (FANS), a community collaborative designed to promote smart eating, physical activity and a healthy weight among children. Through KIDS' FANS, Stamford Hospital provides programming to 6 afterschool programs and 3 summer school programs; the programs serve approximately 3,000 children. The Hospital also offers one-on-one nutrition assessments to children at its 3 middle school-based clinics. During the month of March, Nutrition Month, the KIDS' FANS program offers educational programs that reach nearly 4,000 elementary school-age children in Stamford.
- The Tully Health and Fitness Institute, located in Stamford, provides Stamford Hospital employees and members of the community access to fitness equipment and classes, a pool and an indoor track for a monthly membership fee. The center offers fitness classes focused on topics such as weight loss, stress reduction, and pain management. The facility has nearly 200,000 visits annually.

Together, these programs have created a foundation from which Stamford Hospital will continue to build programs that address lifestyle, social, and environmental factors in the community.

Improve access to primary, specialty, and preventative services to all community residents to reduce documented and ethnic disparities.

Recognizing that access to quality healthcare is a critical component of the health of a community, Stamford Hospital has actively taken steps to improve the access of the community to its providers and services:

- In the fall of 2015, Stamford Hospital opened a new urgent care center on the West Side of Stamford, giving all members of the community the opportunity to seek care for non-emergency needs. When appropriate, the center refers patients to primary care physicians and other specialists.

- Additionally, the Hospital recently opened a walk-in clinic at its new ambulatory site, located on Long Ridge Road in Stamford. The walk-in clinic serves as an extension of the primary care offices housed in the ambulatory site and provides all members of the community access to primary care services beyond normal business hours (weekends and evenings).
- Through a partnership with AmeriCares, the Hospital provides diagnostic imaging services, free of charge, to patients who are underinsured or who do not qualify for government programs. Many of the individuals who seek care at the clinics have undiagnosed chronic diseases. These services are provided to the community in a mobile unit that has the ability to travel to the neighborhoods where the greatest number of individuals, in need of these services, live. In 2015, the mobile unit served more than 500 patients. Because demand for the services offered on the mobile clinic exceeds capacity, the team is actively looking to develop a permanent clinic with the ability to accommodate additional volume.
- Stamford Hospital continues to partner with the Optimus Health Center, a federally qualified health center, to provide care for medically underserved communities in Stamford. The Hospital provides substantial funding to the Center to ensure its viability and employs physicians and mid-level providers who work at and provide care to patients in the Center. Stamford Hospital and the Optimus Health Center are collaborating to develop a sustainable model for providing specialty care to patients. The two organizations are also working on a plan to implement *Project Access* in Stamford.
- To a select number of corporations in Stamford, the Hospital offers Executive Health and Corporate Wellness programs. The Hospital is exploring opportunities to provide health services for additional employed groups in the city.
- On an ad hoc basis, the Hospital assists local corporations and community centers with employee wellness events.
- For the last several years, Stamford Hospital offered screening services (including mammograms) in its Mobile Wellness Center at no cost to patients who were underinsured. Though the Hospital has decided to cease operation of the mobile wellness coach, the Hospital will continue to offer screening services, free of charge, to underinsured patients at the Tully Health Center.
- In an effort to provide assistance to those requiring long-term help for substance abuse, Stamford Hospital purchased a bed allocation at Liberation Programs. The program allows patients, suffering from alcoholism, to continue to receive treatment after being discharged from the Hospital. The bed allocation is available to those who are uninsured and underinsured.
- The Stamford Health Medical Group recently made depression and alcohol screening tools available in the Medical Group's electronic medical record platform. The Medical Group is

currently evaluating the best manner in which to encourage broad adoption of the tools. Additionally, the Medical Group has focused on having primary care physicians conduct smoking screening tests and body mass index (BMI) assessments as well as providing education to patients about how to control their high blood pressure, as appropriate.

As a result of these efforts, the Hospital has made strides to increase access that all members of the community have to the health services available through the Hospital.

Improve the coordination of care between the hospital, outpatient providers, the home, and the patient to facilitate a more seamless connection between the hospital system and the community it serves.

The following activities have been completed in support of this:

- The Hospital is developing chronic disease management programs for both congestive heart failure (CHF) and obstructive pulmonary disease (COPD). There is a dedicated nurse practitioner for cardiac patients, including those with CHF, who has begun to assess interventions to optimize outcomes in this population. Discussions are underway to initiate a pilot program on a medical floor to optimize the care of CHF patients both in the acute care and the community setting.
- CHF patients, as well as those with multiple co-morbidities, also benefit from the services of the Hospital's Anticoagulation and Medication Reconciliation Clinic which actively monitors patients' anticoagulation. To improve medication adherence, the clinic also packages the daily medications of patients in pill boxes. Patients being discharged from the hospital receive education about their medications.
- For patients diagnosed with chronic obstructive pulmonary disease (COPD) or for those identified as having a strong family history of COPD, the Hospital offers a robust education program aimed at helping them appropriately use inhalers and oxygen. Patients discharged from the Hospital receive periodic calls from our staff to confirm that patients have received appropriate follow-up care and answer any questions that they may have.
- For diabetic patients, the Hospital offers an American Diabetes Association (ADA)-certified Diabetes Self-Management Education program. The program is led by a team of nurse educators and dietitians. Over the past several years, the program has seen significant growth and is a key resource for patients actively working to manage their diabetes.
- For asthmatic patients, the Hospital participates in a state-wide asthma initiative, under the oversight of the Connecticut Hospital Association. The initiative promotes a model of treatment and education aimed at reducing emergency room visits and hospitalizations from asthma. As required through the initiative, the Hospital formed a Hospital Community Partnership last summer and implemented a pediatric-asthma pilot program. The Hospital

next plans to develop a program that will address asthma treatment and follow-up for patients of all ages.

- For patients living with lung disease, Stamford Hospital offers a pulmonary rehabilitation program. The multi-disciplinary program is designed to help patients cope with the physical, emotional and social effects of lung disease. Our program emphasizes medical management, exercise, patient education, breathing retraining, and psycho-social support.
- For our oncology patients, Stamford Hospital employs a nurse navigator to help patients understand their diagnosis, answer questions as needed, connect patients with resources and education, coordinate care, and refer patients to additional support services. The Hospital also offers the STAR (Survivorship Training & Rehabilitation) program to its patients; a program that helps survivors heal emotionally and physically from the effects of treatment.
- Since 2014, Stamford Hospital has worked with Remedy Partners to optimize patients in the bundled payment for care improvement (BPCI) program. As of February of 2016, Stamford Hospital has a dedicated a case manager to follow our BPCI patients discharged from the Hospital to skilled nursing facilities or home for a total of 90 days after their initial admission. By dedicating resources to these patients, the hospital has been able to better coordinate the post-acute care of these patients, leading to lower lengths of stay both in the hospital and in the skilled nursing facilities. In an effort to improve communication and increase the quality of the transition of patients from the Hospital to post-acute care providers, the Hospital facilitates a quarterly meeting with local post-acute care providers including skilled nursing facilities and home health agencies. The goal of these meetings is to improve the transitions of care of patients across the health care continuum.
- Another vehicle through which the Hospital provides resources and coordinates care for members of the community is through the Community Care Team (CCT), a group which the Hospital was instrumental in establishing. The CCT is an interdisciplinary group of nonprofit organizations operating in the Stamford community, dedicated to helping individuals with complex health, social, and economic issues. The group has successfully reduced hospital admissions by facilitating access to resources including shelter and essential follow-up care for this vulnerable population. An example of the team's success was when the team monitored and actively provided services for four of the Hospital's most needy patients for one year (FY15). In doing so, the Hospital was able to reduce the cost of care attributed to these individuals by 60%, resulting in savings of several hundred thousand dollars.
- In an effort to provide medications to patients at discharge, the Hospital has been working on plans to open a retail pharmacy. The pharmacy is expected to open in early 2017.

Exhibit F

Awareness of the 2013 Community Health Needs Assessment and Improvement Plan

Through the online survey, Stamford Hospital asked individuals about their knowledge of the 2013 Community Health Needs Assessment and the accompanying Improvement Plan. Among the 47 survey respondents who answered the question, 75% were aware that Stamford Hospital had conducted a community health needs assessment in 2013. Of the 27 respondents who answered the question, over three quarters (78%) felt that the 2013 CHNA led to greater community collaborations. Individuals were asked to provide written feedback regarding the CHNA and the accompanying improvement plan. Many individuals wrote that, as a result of assessment and improvement plan, they have become involved with the initiatives focused on the Vita Health & Wellness District. Respondents also wrote that the assessment and improvement plan have brought greater awareness to the health concerns of our community and have increased dialogue among organizations in the community to address issues of concern. In the interviews, focus groups, and online survey, many individuals noted the Fairgate Farm as a positive addition to the West Side community.

While developing the 2016 CHNA, both the verbal and written comments received on the 2013 CHNA and CHIP were taken into consideration.

Exhibit G

Resource List

Health Clinics

AmeriCares Free Clinic, Stamford
Dental Center of Stamford, Stamford
Franklin Street Community Health Center, Stamford
Optimus Health Center, Stamford
Town Center Dental of Stamford, Stamford

Health Departments

Stamford Department of Health and Social Services
Darien Health Department

Housing Authorities and Housing Resources

Charter Oak Communities (Stamford Housing Authority), Stamford
Urban League of Southern CT, Stamford
Darien Housing Authority, Darien

Housing

Augustus Manor, Stamford
Belltown Manor, Stamford
Bishop Curtis Homes of Glenbrook, Stamford
Clinton Manor, Stamford
Cross Road Residence, Stamford
Czescik Homes, Stamford
Eleanor Roosevelt House, Stamford
Glenbrook Manor, Stamford
Harboursite, Stamford
Mapleview Tower, Stamford
Mutual Housing Association of SW CT, Stamford
Neighborhood Housing Services of Stamford, Stamford
New Neighborhoods, Inc., Stamford
Pilgrim Towers, Stamford
Quintard Manor, Stamford
Rippowam Manor, Stamford
Shelter for the Homeless – Pacific House, Stamford
Shippan Place, Stamford
St. John's Towers, Stamford
St. Luke's Lifeworks – Inspirica, Stamford
Stamford Green, Stamford
The Atlantic, Stamford
Willard Manor, Stamford

Behavioral Health Services

Child Guidance Center of Southern Connecticut, Stamford
NEON - Viewpoint, Stamford

Family Centers, Inc., Stamford
Franklin DuBois Center, Stamford
Jewish Family Services of Stamford, Stamford
Laurel House, Inc., Stamford
Liberation Programs, Inc., Stamford
Optimus Health Care Behavioral Health Center, Stamford
Shelter for the Homeless, Inc., Stamford
St Luke's Community Services, Stamford

Food & Nutrition Services

Catholic Charities: Senior Nutrition Program, Stamford
Community Tabernacle Outreach Center Food Pantry, Stamford
Food Bank of Lower Fairfield County, Stamford
New Covenant House, Stamford
Salvation Army of Stamford, Stamford
Zion Lutheran Church Food Pantry, Stamford

Long Term Care, Hospice and Assisted Living Facilities; Home Care Agencies

Almost Family, Stamford
Atria of Stamford, Stamford
Brighton Gardens, Stamford
ComforCare Home Care, Stamford
Courtland Gardens Health Center Inc., Stamford
Danielcare, Stamford
Edgehill, Stamford
Stamford Long Ridge of Stamford, Stamford
Scofield Manor, Stamford
Senior Helpers, Stamford
Smith House Skilled Nursing Facility, Stamford
St. Camillus Health Center, Stamford
Stellar Home Care, Stamford
Sunrise of Stamford, Stamford
Synergy Homecare, Stamford
Wormser Congregate, Stamford

Atria Darien, Darien
Maplewood at Darien, Darien
Right at Home, Darien

Senior Services

Adult Protective Services/Dept. of Social Services, Stamford
Catholic Charities - Hispanic Outreach to Seniors, Stamford
City of Stamford Med-Assist Program, Stamford
Over Sixty Club, Stamford
Senior Neighborhood Support, Stamford
Senior Services of Stamford, Stamford
Stamford Senior Center, Stamford

Darien Senior Activities Center, Darien

Social Services

City of Stamford Department of Social Services, Stamford
City of Stamford Social Service Commission, Stamford

Darien Department of Human Services, Darien
Person to Person, Darien

Transportation Services

Fish of Stamford, Stamford
Stamford Share the Fare Program, Stamford
Voluntary Service for the Blind, Stamford

Gallivant Program, Darien

Educational Resources

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

Workforce and Immigration Assistance

CT Works Centers, Stamford
Hispanic Advisory Council, Stamford
International Institute, Stamford
Literacy Volunteers, Stamford
NeighborsLink, Stamford
Urban League of SWCT, Stamford
YWCA Stamford

Other Health Resources

American Red Cross ARI of Connecticut, Inc., Stamford
Catholic Family Services, Stamford
Connecticut Legal Services, Stamford
Domestic Violence Crisis Center, Stamford
Planned Parenthood, Stamford
Sexual Assault Crisis Center, Inc., Stamford
Stamford Cares, Stamford
Stamford Emergency Medical Services (SEMS), Stamford
United Way of Western CT, Stamford
Utility Assistance Programs, Stamford

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

Al-Anon/Alcoholics Anonymous (Nationwide)
Center for Medicare Advocacy (Nationwide)

Infoline 211 (Statewide)

March of Dimes (Statewide)
Medical Home for Children with Special Needs (Statewide)
Parent Leadership and Training Institute (Statewide)