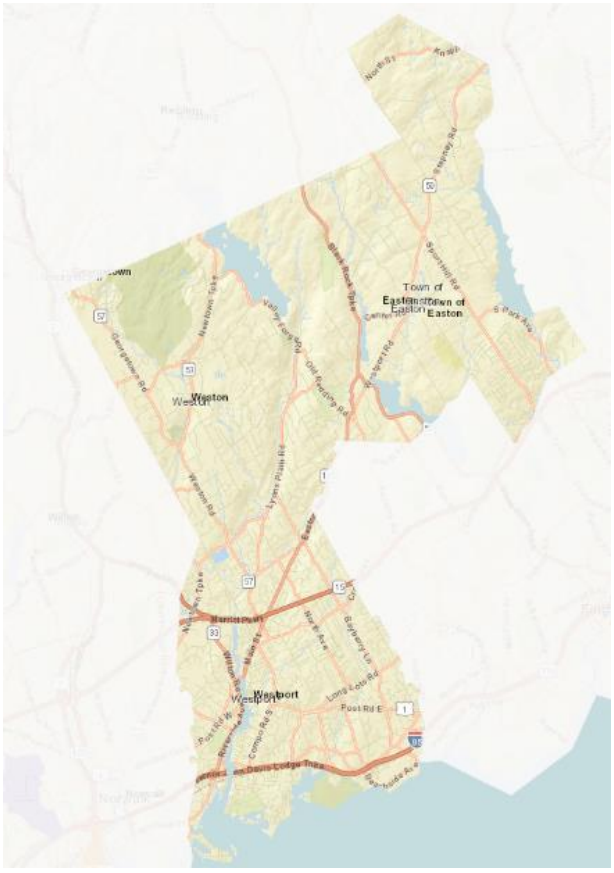
Aspetuck Health District

Serving residents of Easton, Weston, and Westport Connecticut



2023 Community Health Assessment & Community Health Improvement Plan

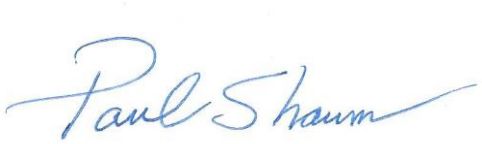
A Letter from Aspetuck Health District

Aspetuck Health District (AHD) is pleased to present our 2023 Community Health Assessment Report. The purpose of this undertaking, which is a state requirement, was to measure the relative health and wellbeing of our communities, and identify the major health issues, leading drivers of health, and vulnerable populations in our communities. It involved collecting data and input from health and social services experts, residents, and people who serve our towns every day. The findings will enable the Health District to better direct our focus for maximum community impact.

The report assisted AHD in confirming our understanding of health priorities and added new insights thanks to valuable feedback from partner organizations. We worked to better understand local health challenges, identify trends, determine gaps in the current delivery system, and evaluate areas of opportunity. The first step was to collect and analyze existing statistical data. Second, the report was informed by numerous organizations and partners, as well as community members, represented on the steering committee. This array of information moved us toward a more holistic understanding of health status, barriers, and strategies for improvement.

Overall, our communities are healthy, despite the profound and lasting impact of the COVID-19 pandemic. AHD is fortunate to serve member towns that feature top tier schools, access to quality healthcare and human service professionals, vibrant businesses, and rich cultural and recreational opportunities. However, this report serves as a reminder that there are still challenges to be met and work to be done. Changing demographics, persistent areas of concern, and health inequities in the Health District are like those experienced across the state and country. Although the report is complete, our work will continue as we develop action plans and strategies over the coming months to address the identified priorities and make improvements in those areas to benefit the residents of Westport, Weston, and Easton.

We thank all the individuals and community partners who contributed to this report. It is our hope that this information will serve as a resource for all members of our community: leaders, policy makers, businesspeople, and advocates. We look forward to working together to continue to improve the health of our residents.



Paul Shaum
Chairman

Mark Cooper
Director of Health

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About Aspetuck Health District

The Aspetuck Health District (AHD) is a governmental agency which provides local public health services. AHD is governed by a Board of Directors appointed by the First Selectpersons of Easton, Weston, and Westport. AHD provides environmental health, community health, and emergency preparedness services for residents within the health district.

Environmental Health works to prevent and control the spread of disease in the environment and responds to local environmental emergencies. Sanitarians perform health inspections, investigate, and resolve nuisance complaints, respond to public health hazards, and educate the public about communicable disease prevention. Services include:

- Permitting food service establishments
- Approval of septic systems and private wells
- Monitoring the water quality of public swimming pools, beaches, and surface waters

Community Health provides health promotion and disease prevention through education, screenings, immunizations, and surveillance. These efforts help prevent chronic disease and improve the health of the community. The majority of these services are provided at the AHD's office and an appointment is necessary for most services. Services include:

- Travel and routine immunizations
- Free blood pressure screenings
- Confidential HIV/STD counseling and testing

Emergency Preparedness conducts planning activities to prepare for and respond to emergencies. These include threats of disease outbreaks (e.g., COVID-19 pandemic), contaminated food or water, chemical releases, insect-borne diseases, and other health hazards.

AHD works with the towns of Easton, Weston, and Westport; state and regional entities; health and social service partners; and other community-based organizations to convene collaboration toward community health improvement. For more information visit aspetuckhd.org or call 203.227.9571.

In collaboration with its community partners and stakeholders, from May 2023 to December 2023 AHD undertook a Community Health Assessment (CHA) and the development of a Community Health Improvement Plan (CHIP). The CHA sought to illuminate unique community health strengths and opportunities for AHD to inform health improvement planning and strategies. Understanding changes in population demographics, socioeconomics, and health status is critical to plan for changes in healthcare, housing, economic opportunity, education, social services, transportation, and other essential infrastructure elements.

By working together, sharing strengths, and generating ideas, the collaborative CHA effort fostered a common understanding of the resources and challenges facing residents within Easton, Weston, and Westport, Connecticut. Leveraging the collective and individual strengths across the health district, AHD is working toward a healthier, more equitable community for all.

2023 CHA/CHIP Leadership

The 2023 CHA/CHIP was overseen by a Planning Committee and an Advisory Committee of health and human services experts, community leaders, elected officials, citizens, and other representatives serving Easton, Weston, and Westport. The Planning Committee met bi-weekly throughout the study to oversee the CHA while the Advisory Committee came together monthly to provide broad perspectives and insights. Together, these committee members shared their expertise, insights, and fostered collaboration toward actionable strategies to improve community health.

CHA Planning Committee

Mark A.R. Cooper, Director of Health, Aspetuck Health District
Elaine Daignault, Director of Human Services, Westport Connecticut
Kerri Hagan, Director of Special Projects, Aspetuck Health District
Vanessa Hurta, Director of Clinical Services, Aspetuck Health District
Allison Lisbon, Municipal Agent and Senior Services Director, Weston Connecticut
Alison Witherbee, Municipal Agent for the Aging, Easton Connecticut

Regional Advisory Committee

David F. Bindelglass, MD, First Selectman, Easton Connecticut
Suzanne Levasseur, MSN, APRN, CPNP, Coordinator for Health Services, Westport Public Schools
Edward P. Mally, Board Member, Aspetuck Health District
Laura Marks, MD, Willow Pediatrics and Weston School System Medical Advisor
Helen McAlinden, President and C.E.O., Homes With Hope
Samantha Nestor, First Selectwoman, Weston Connecticut
Paul Shaum, Chairman, Aspetuck Health District
Jennifer Tooker, First Selectwoman, Westport Connecticut
Vanessa Wilson, LMFT, MA, Executive Director, Positive Directions Center for Prevention and Counseling
Brian McGunagle, Founder, Westport Pride

Our Research Partner

AHD partnered with *Build Community* to conduct the CHA. Build Community is a woman-owned business that specializes in conducting stakeholder research to illuminate disparities and underlying inequities and transform data into practical and impactful strategies to advance health and social equity. Build Community's interdisciplinary team of researchers and planners have worked with hundreds of health and human service providers and their partners to reimagine policies and achieve measurable impact. Learn more about their work at buildcommunity.com.

Build Community

Approval and Adoption of CHA/CHIP

AHD is committed to advancing initiatives and community collaboration to support the issues identified through the CHA. The 2023 CHA report and CHIP was presented to the AHD Board of Directors and approved in June 2024. The research findings will be used to guide community health improvement efforts, strategic planning, and to engage local partners to collectively address identified health needs. These documents are available to the public at www.aspetuckhd.org.

2023 Community Health Assessment Research Methods

The CHA study was conducted from May 2023 to December 2023 using a comprehensive mix of quantitative and qualitative research methods.

Secondary Data Analysis

Secondary data, including demographic, socioeconomic, and public health indicators, were analyzed to measure health status and assess emerging health needs. Data were compared to state and national benchmarks and Healthy People 2030 (HP2030) goals, as available, to assess areas of strength and opportunity. Public health data were analyzed for a number of health issues, including access to care, health behaviors and outcomes, chronic disease prevalence and mortality, mental health and substance use disorder, maternal and child health, and older adult health.

Data were compiled from secondary sources including the Connecticut Department of Public Health, Centers for Disease Control and Prevention (CDC), DataHaven, the University of Wisconsin County Health Rankings & Roadmaps program, Health Resources and Services Administration, US Census Bureau, American Community Survey among other sources noted throughout the report. The most recently available data at the time of publication was used to develop the CHA. Reported data typically lag behind "real time" by as much as one to two years. It is important to consider community feedback to both inform trends and disparities, and to better understand new or emerging health needs.

Primary Research and Community Engagement

Community engagement was an integral part of the CHA. In assessing community health needs, input was solicited and received from people who represent the broad interests of the community, including underserved communities, people with limited economic means, and historically disenfranchised populations. These community stakeholders shared their lived experiences, provided input on community health needs, insights into service delivery gaps, perspectives on health trends, expertise about existing community resources, and recommendations for solutions to reduce health disparities and inequities.

Primary research and community engagement study methods included:

- Interviews with health and social service agencies, community leaders and advocates, and service recipients to better understand and document the current capacity of existing services, gaps in services, and residents that are not benefitting from the resources in our community
- Surveys with residents that received health, economic, or social services from our municipal partners to collect input to increase access to these services and document the impacts of COVID-19 on their socioeconomic status and needs
- A Community Forum that brought together 35 community representatives from health and human service providers, the faith community, advocacy organizations, and other community stakeholders to review CHA findings and collectively define challenges and priority needs
- Conversations with Advisory Committee members to align community health planning and community engagement strategies with agency resources and strategic initiatives

Aspetuck Health District Service Area

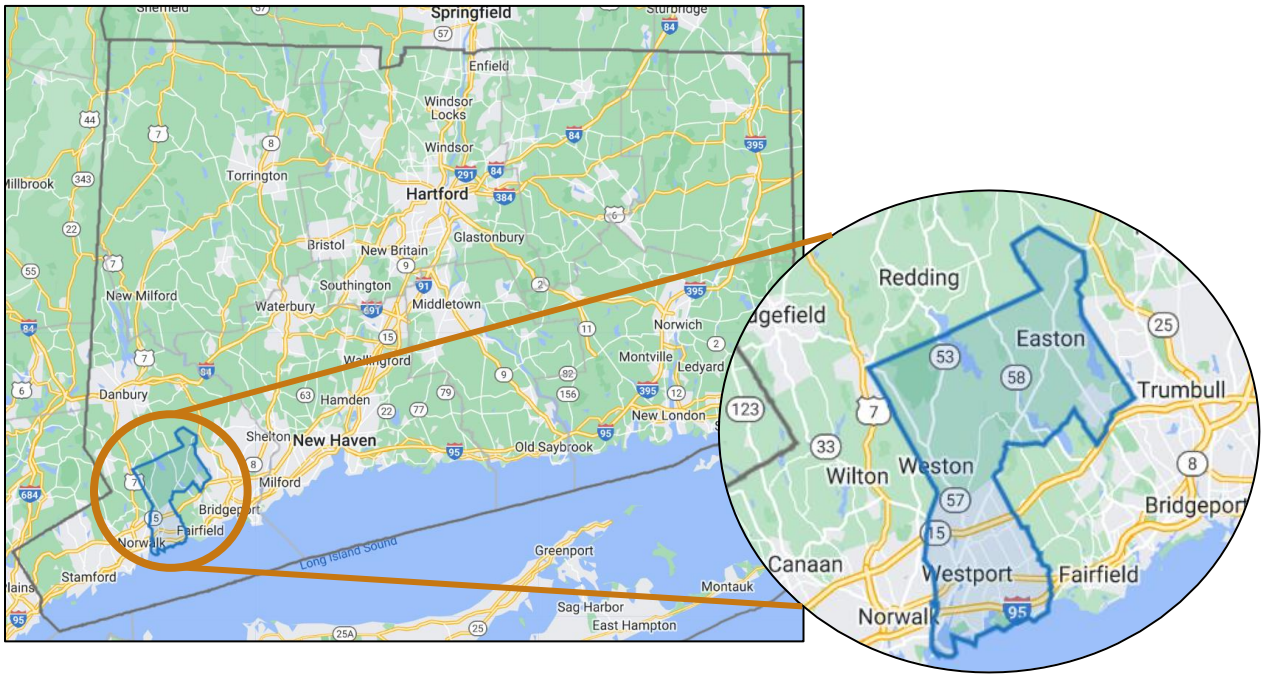
The 2023 CHA provides local level public health data for the AHD service area, which comprises the towns of Easton, Weston, and Westport in Fairfield County, Connecticut. Data for the entire State of Connecticut and the United States are provided for benchmarking purposes to assess areas of strength and opportunity and emerging trends.

Easton is a small, rural community of approximately 7,605 residents, located in central Fairfield County. The Aspetuck Historic District is located within Easton. Easton has a larger range of socioeconomic levels compared to other towns within AHD and has the largest growing older adult population. The town is a mix of rural working farms and suburb of surrounding metro areas.

Weston is a residential community of approximately 10,354 residents, located just west of Easton. It is among the highest median income areas in the state of Connecticut. Weston is home to more families with children and its population is slowing becoming more diverse.

Westport is located along the Long Island Sound and is one of the most affluent suburbs in America. It borders Norwalk and is the largest of the AHD municipalities with approximately 27,141 residents. Westport has strong economic growth, and its public school system is top ranked in Connecticut. It has less socioeconomic diversity than the other towns and racial diversity is slowly increasing.

Aspetuck Health District



Social Drivers of Health and Health Equity

Where we live impacts the choices available to us

Social drivers of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health risks and outcomes. Healthy People 2030, the CDC's national benchmark for health, recognizes SDoH as central to its framework, naming "social and physical environments that promote good health for all" as one of the four overarching goals for the decade. Healthy People 2030 outlines five key areas of SDoH: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Public health agencies, including the CDC, widely hold that **at least 50% of a person's health profile is influenced by SDoH.**

Addressing SDoH is a primary approach to achieving *health equity*. Health equity, as defined by the Centers for Medicare and Medicaid Services (CMS), is "The attainment of the highest level of health for all people, whereby every person has a fair and just opportunity to attain their optimal health regardless of their race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, preferred language, and geography." Achieving health equity could help mitigate and prevent further widening of health disparities by improving health outcomes for all people.

The AHD service area is a resource-rich community where most residents experience a high quality of life. However, not all of our neighbors experience the full benefit of these resources. According to organizations like the Centers for Disease Control and Prevention and World Health Organization, structural and systemic inequities—like power and wealth distribution, education attainment, job opportunities, housing, and safe environments—are born through racism and discrimination and contribute to higher levels of disease burden and worse health outcomes among historically disenfranchised populations.

The 2023 CHA includes an array of indexes that compare AHD to regional, state, and national benchmarks to illustrate the potential for health disparities and inequities.

Determining Community Health Priorities

An important goal of the CHA was to help AHD determine areas on which to focus its planning over the next five years. In addition to identifying health disparities within its community, AHD must determine where it can best invest resources to address needs while carrying out its responsibilities to ensure health and safety. Like other public health entities, AHD is charged with providing essential health services for the communities it serves such as:

- monitoring and responding to environmental health needs
- preparing and planning for public health emergencies (like the COVID-19 pandemic)
- providing health education and promoting community health
- tracking and reporting data on community health status
- advancing community health initiatives to improve health equity for all residents

In addition to the health district, AHD communities benefit from high quality health providers, a robust social service network, excellent schools, wide cultural and recreational outlets, a strong economic outlook, and high community engagement among residents. Reflected in the CHA findings, the AHD service area fares better across most health and socioeconomic indicators compared to the benchmarks of Fairfield County, Connecticut state, and the nation.

COVID-19 Impact on the AHD Service Area

Despite these strong community assets, COVID-19 had a significant impact on AHD residents and its community-based organizations. Across AHD, there were a total of 59 COVID-related deaths as of April 30, 2023. In addition to direct health outcomes, the pandemic exposed wide disparities and inequities in socioeconomic opportunities within the community. Keeping with one of its core tenets to ensure preparation and responsive to health emergencies, AHD will detail and incorporate lessons learned from the COVID-19 pandemic into processes and procedures for future emergency response. Documenting the outsized impact of the pandemic on economically and socially marginalized communities, AHD will use this data to increase safety net response for AHD's priority populations.

Disparities among Populations of Special Interest

Households with limited financial means were particularly impacted by the pandemic, as were residents who faced new financial challenges due to employer closures and cutbacks. Many residents needed assistance with daily expenses and food security for the first time. These increased needs challenged AHD—and all community agencies—to respond to calls for social assistance amid orchestrating a coordinated COVID-19 public health response.

Consistent with Connecticut state, AHD communities are aging faster than the nation. The high proportion of older adults in AHD contributes to an overall higher median age that exceeds the state median by 5-7 years. Nearly 40% of the population across AHD is aged 45-64 years, indicating future growth of older adult populations and increased demand for senior services. Increasing healthcare needs as people age coupled with limited Medicare coverage for home care contribute to increased need for aging services, especially among income constrained households which rely on AHD and its

human services partners to provide care. During COVID, AHD was a "life saver" for older adults who lived alone, ensuring these residents maintained health and wellbeing during social isolation.

Social isolation took a toll on older adults and youth alike. School studies show increases in student stress, anxiety, depression, and use of alcohol and marijuana. Youth behavioral health professionals confirmed that COVID intensified existing behavioral health concerns. For many teens behavioral health needs are rooted in the community's culture of "high performance" and expectations to excel in school and extracurriculars. Increased needs for behavioral health services put an additional burden on already limited resources and underscored an urgency to increase behavioral health providers within the AHD service area. Community-wide education and interventions are needed, and parents are an essential part of the solution.

LGBTQIA+ youth experience higher levels of depression and suicidal ideation than their peers. More resources focused on this population are emerging in schools and the community, while advocacy is needed to create more welcoming healthcare settings for LGBTQIA+ people of all ages.

Partner Feedback

In determining priority areas on which to focus its community health improvement efforts, AHD considered needs identified in the CHA in conjunction with existing community resources. Health and social service providers, community agencies and representatives, elected officials, and other community stakeholders provided input to define challenges and recommended actions to guide AHD initiatives. Taking into account recommendations from the Partner Forum that AHD collaborate more with community partners, advocate for state policy making and funding for health needs, convene dialogue among CBOs, and connect residents to resources across its service area, AHD determined that one of its highest priorities was to ensure that the health district was seen and used as a resource by community residents and served as a key collaborator with community partners. This role will afford AHD opportunities to leverage state and federal funding toward collective impact to meet community needs.

The AHD Community Health Improvement Plan

AHD developed a Community Health Improvement Plan (CHIP) to guide its efforts toward addressing priority health needs over the next five years. The CHIP details goals, objectives, strategies, action steps, and measurements to monitor progress. Like the CHA, the CHIP reflects input from diverse stakeholders and helps to foster collaboration among community-based organizations.

The AHD CHIP aligns with the Healthy Connecticut 2025 State Health Improvement Plan (SHIP), a five-year strategic plan for improving the health of CT residents. This alignment advances statewide efforts and enhances local initiatives by leveraging state resources to improve the health and wellbeing of all people.

An overview of the CHIP follows. The full CHIP can be found on pages 85-87.

Priority Area: Strengthen public awareness of AHD programs and services.

Goal: Increase knowledge of and access to health care and other human services.

Objectives:

Increase Outreach and Education

- Increase the number of people that see AHD as a resource for community and public health information.
- Increase the number of referrals from AHD to health care and other human services.

Foster Collaboration

- Increase partnerships and collaborations with community, faith-based, healthcare, and other organizations to address health needs.

Improve Access

- Increase AHD referrals to services for homebound older adults.
- Promote behavioral health programs and services to priority populations.

Priority Area: Ensure prevention, responsiveness, preparedness

Goal: Support community responsiveness, safety, and sustainability through preparedness, service delivery, and data reliability.

Objectives:

Increase Outreach and Education

- Increase individual and community preparedness.

Foster Collaboration

- Support community responders in response to safety, emergency, and public health issues.

Improve Access

- Provide key foundational public health capabilities and services consistent with the state's direction and the needs and resources of AHD's constituent communities.
- Provide greater reserve capacity for emergency response.

Community Commitment and Collaboration

The Aspetuck Heath District values our partnership with the Easton, Weston, and Westport municipalities and our community-based partners across these communities. We know we cannot do this work alone and that sustained, meaningful health improvement will require collective impact to ensure all residents benefit from the wide resources in our communities.

To learn more about AHD and our work, visit www.aspetuckhd.org or contact us at 203.227.9571 or publichealth@aspetuckhd.org.

2024 Community Health Assessment
Full Report of Findings

Secondary Data Profile

Secondary data sources were used to collect demographic, socioeconomic, and public health statistics for the AHD service area. Data were analyzed to accurately portray community health status, track relevant indicators, and identify emerging trends. Key data were depicted over time to reflect trends in health status.

Data were compared to state and national benchmarks and Healthy People 2030 (HP2030) goals, as available, to assess areas of strength and opportunity. Healthy People 2030 is a US Department of Health and Human Services health promotion and disease prevention initiative that sets science-based, 10-year national objectives for improving the health of all Americans.

All reported demographic and socioeconomic data were provided by the US Census Bureau, American Community Survey, unless otherwise noted. Public health data were analyzed for a number of health issues, including access to care, health behaviors and outcomes, chronic disease prevalence and mortality, mental health and substance use disorder, maternal and child health, and older adult health. Data were compiled from secondary sources including the Connecticut Department of Public Health, Centers for Disease Control and Prevention (CDC), DataHaven, the University of Wisconsin County Health Rankings & Roadmaps program, Health Resources and Services Administration, among other sources noted throughout the report.

The most recently available data at the time of publication is reported throughout the report. Reported data typically lag behind “real time” by as much as one to two years. It is important to consider community feedback to both inform trends and disparities, and to better understand new or emerging health needs.

Age-adjusted rates are referenced throughout the report to depict a comparable burden of disease among residents. Age-adjusted rates are summary measures adjusted for differences in age distributions so that data from one year to another, or between one geographic area and another, can be compared as if the communities reflected the same age distribution.

A full list of data sources is included as Appendix A.

Demographics: Who Lives in Aspetuck Health District?

Our Community and Residents

Consistent with Connecticut overall, **the AHD is an aging community, with an increasing proportion of older adults and declining youth population. This trend is most evident in Easton**, where nearly 20% of residents are aged 65 or over and the proportion of seniors increased nearly 50% from 2010.

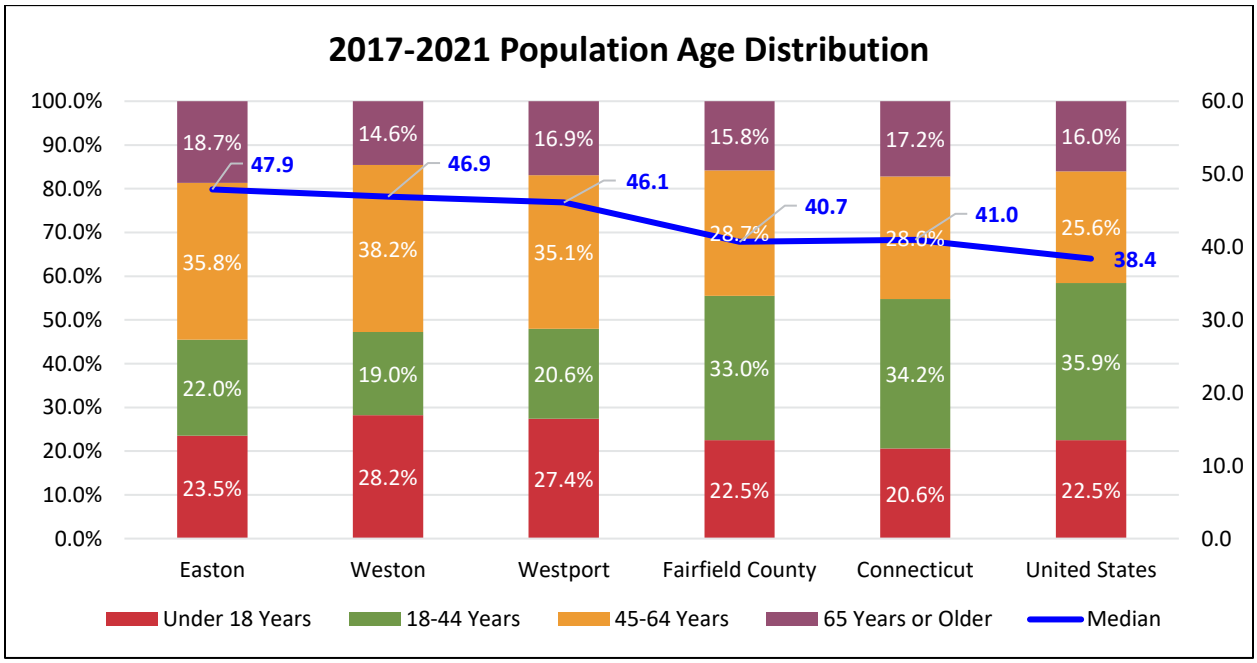
Nearly 40% of the population in all three AHD communities is aged 45-64 years, indicating future growth of older adult populations and demand for related services. The high proportion of older adults in the AHD contributes to an overall higher median age that exceeds the state median by 5-7 years.

Weston and Westport differ from Easton and other comparison geographies with proportionately more youth. Nearly 30% of residents in these two communities are under age 18. This finding reinforces the potential impact of upstream, preventative initiatives in these communities.

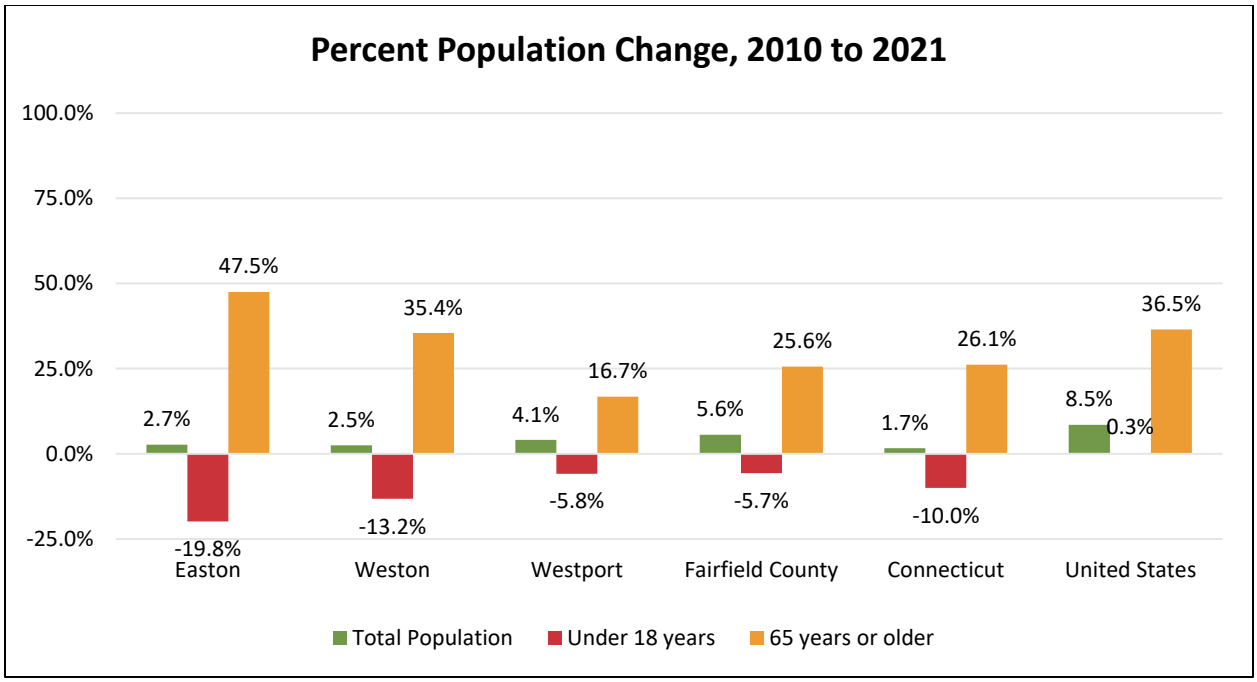
2017-2021 Total Population

	Total Population
Easton	7,602
Weston	10,339
Westport	27,168
Fairfield County	956,446
Connecticut	3,605,330
United States	329,725,481

Source: US Census Bureau, American Community Survey

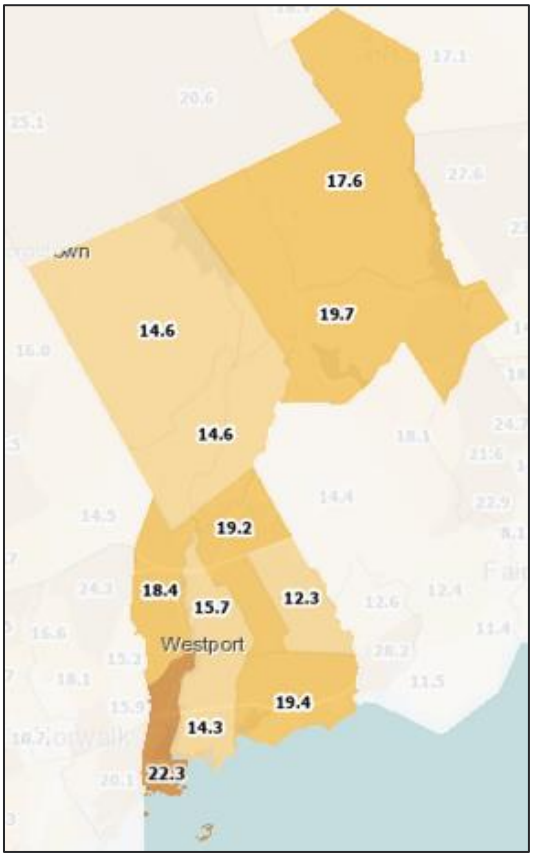


Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey

2017-2021 Population Aged 65 or Older as a Percentage of Total Population by Census Tract



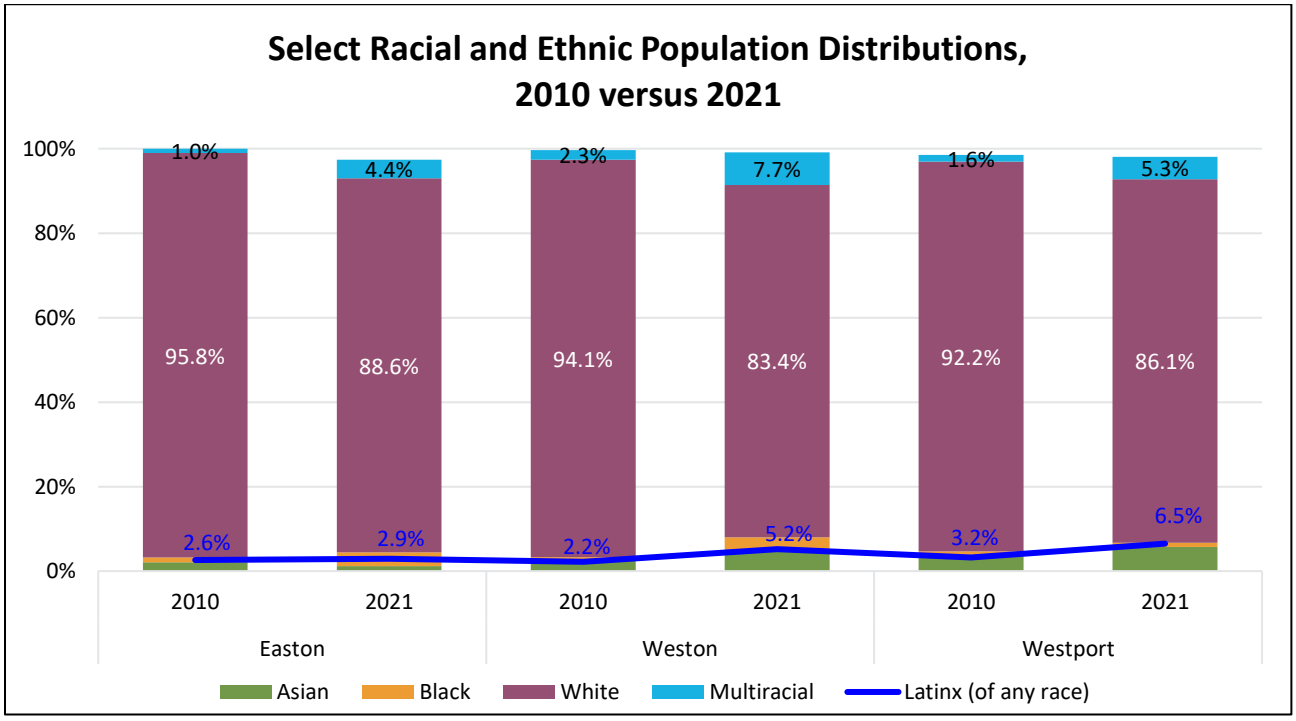
Source: US Census Bureau, American Community Survey & Center for Applied Research and Engagement Systems

The AHD is a majority white community with less racial diversity than county, state, and national benchmarks. Less than 17% of residents identify with a race other than white and less than 7% identify as Latinx (any race). However, consistent with state and national trends, population diversity is increasing within the AHD. **In Weston, from 2010 to 2021, the white population as proportion of the total population declined nearly 11 percentage points, while the multiracial population as proportion of the total population increased more than 5 percentage points.**

2017-2021 Population by Race and Ethnicity

	American Indian / Alaska Native	Asian	Black or African American	Native Hawaiian / Pacific Islander	White	Other Race	Two or More Races	Latinx origin (any race)
Easton	0.0%	1.2%	3.2%	0.0%	88.6%	2.6%	4.4%	2.9%
Weston	0.3%	5.2%	2.8%	0.0%	83.4%	0.5%	7.7%	5.2%
Westport	0.3%	5.7%	1.0%	0.1%	86.1%	1.5%	5.3%	6.5%
Fairfield County	0.2%	5.5%	11.5%	0.1%	68.0%	8.1%	6.7%	20.5%
Connecticut	0.2%	4.6%	10.8%	0.0%	72.0%	6.0%	6.3%	16.9%
United States	0.8%	5.7%	12.6%	0.2%	68.2%	5.6%	7.0%	18.4%

Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey

Income and Work

AHD communities benefit from overall economic strength, including median household income that is approximately double to triple the state median, few individuals living in poverty, and low unemployment.

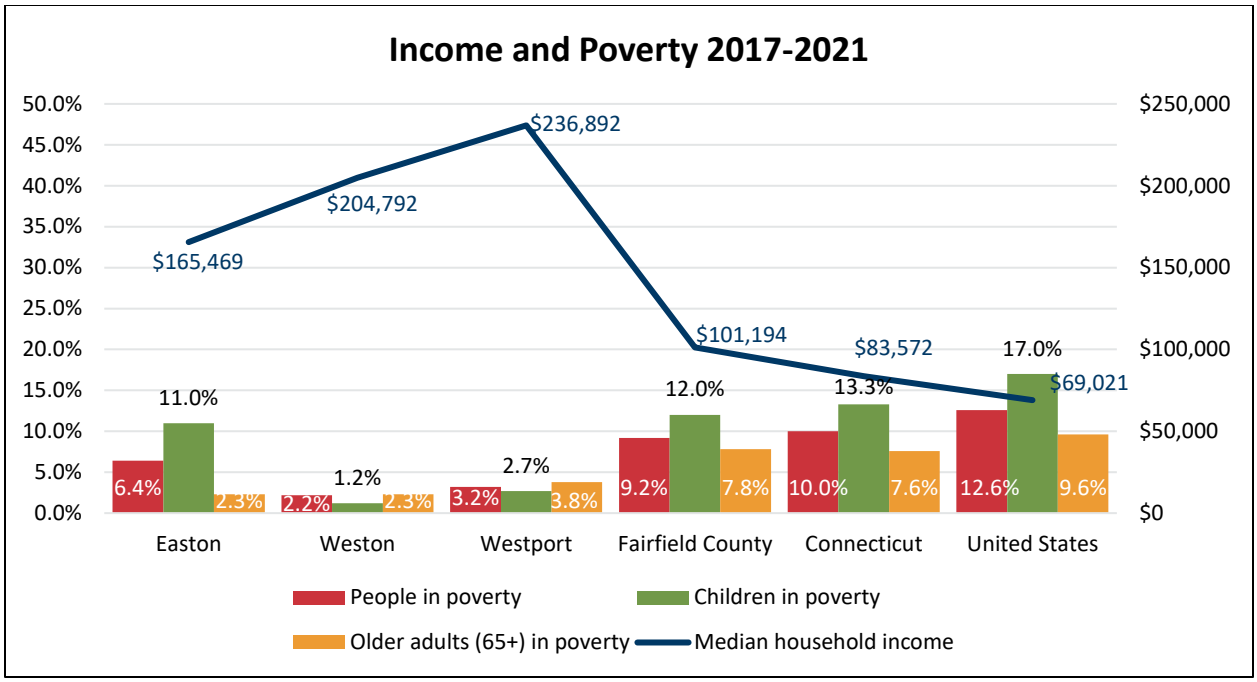
While all AHD communities compare favorably to county, state, and national benchmarks for economic metrics, recent trends in Easton indicate a potential uptick in residents experiencing financial hardship. **The proportion of Easton residents living in poverty more than doubled in 2021, increasing from an estimated 198 people to 487 people. While the increase in poverty levels affected all age groups, 11% of children in Easton (n=196) were estimated to live in poverty in 2021, an increase from 4.5% in 2020.** Poverty levels vary across the Easton community; in the northeast portion of Easton, 12.2% of all people and 22.5% children experience poverty, as shown in the map below.

In the early months of the COVID-19 crisis, tens of millions of people lost their jobs, and by the end of 2020, average unemployment for the US was approximately double what it was at the beginning of the year. Unemployment also increased in the AHD, although to a smaller degree than what was seen statewide or nationally. **Unemployment has since declined from 2020 but continues to slightly exceed pre-pandemic levels.** The potential long-term impacts from this experience should continue to be monitored.

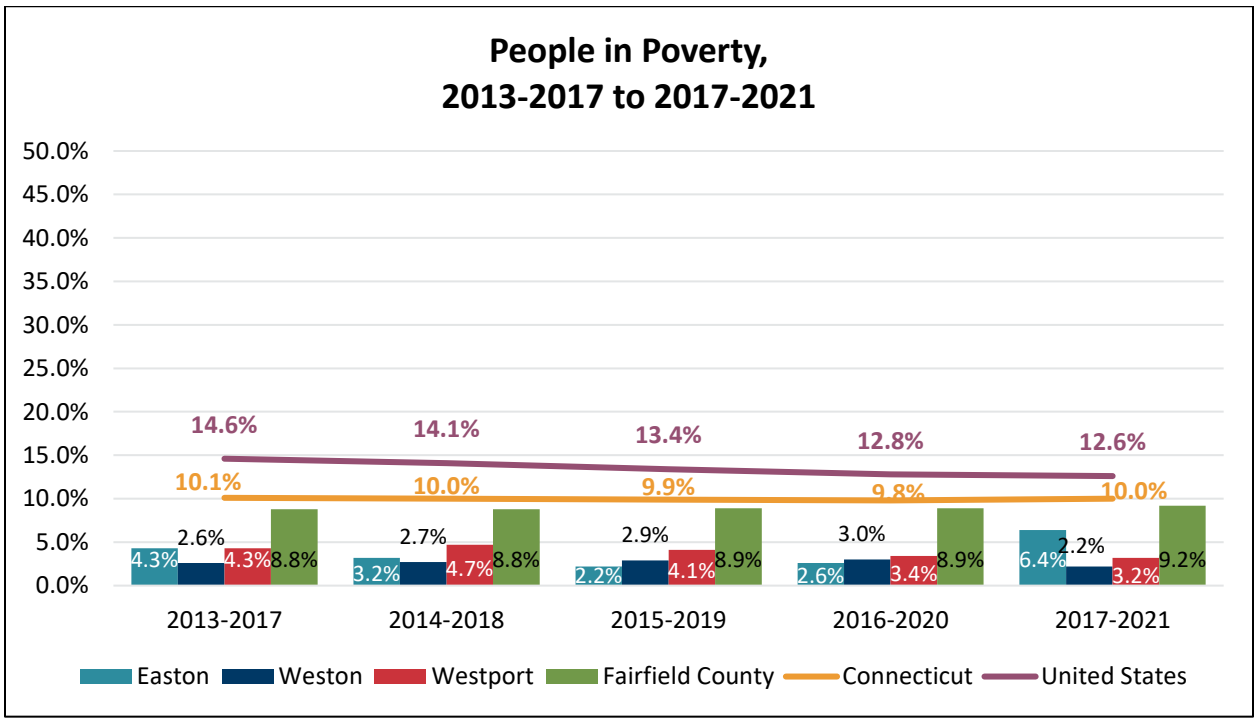
Economic Indicators

	Easton	Weston	Westport	Fairfield County	Connecticut	United States
Income and Poverty (2017-2021)						
Median household income	$165,469	$204,792	$236,892	$101,194	$83,572	$69,021
People in poverty	6.4%	2.2%	3.2%	9.2%	10.0%	12.6%
Children in poverty	11.0%	1.2%	2.7%	12.0%	13.3%	17.0%
Older adults (65+) in poverty	2.3%	2.3%	3.8%	7.8%	7.6%	9.6%
Unemployment						
January 2020	3.6%	3.8%	3.3%	4.3%	4.3%	4.0%
2020 average	6.1%	6.5%	5.6%	8.0%	7.9%	8.1%
February 2023	4.0%	4.5%	4.0%	4.7%	4.6%	3.9%

Source: US Census Bureau, American Community Survey & US Bureau of Labor Statistics

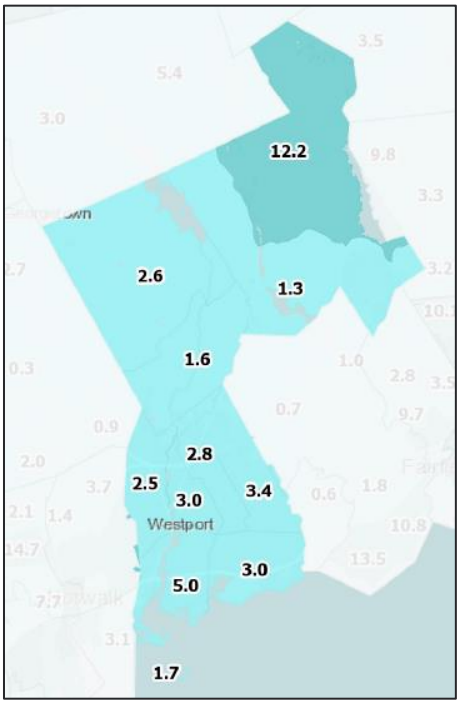


Source: US Census Bureau, American Community Survey



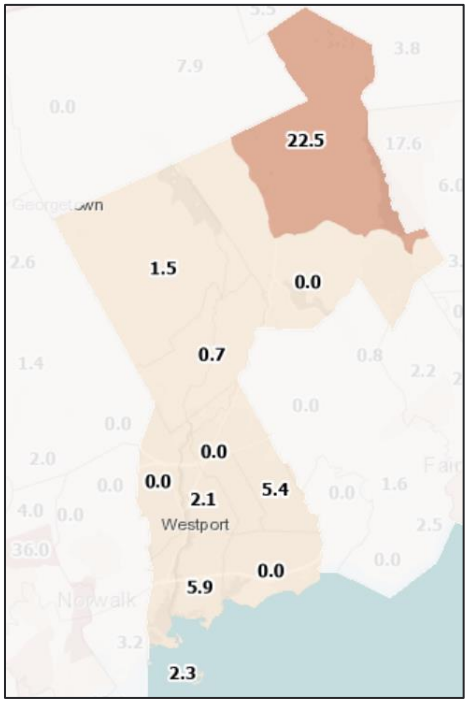
Source: US Census Bureau, American Community Survey

2017-2021 Population in Poverty by Census Tract



Source: US Census Bureau, American Community Survey &
Center for Applied Research and Engagement Systems

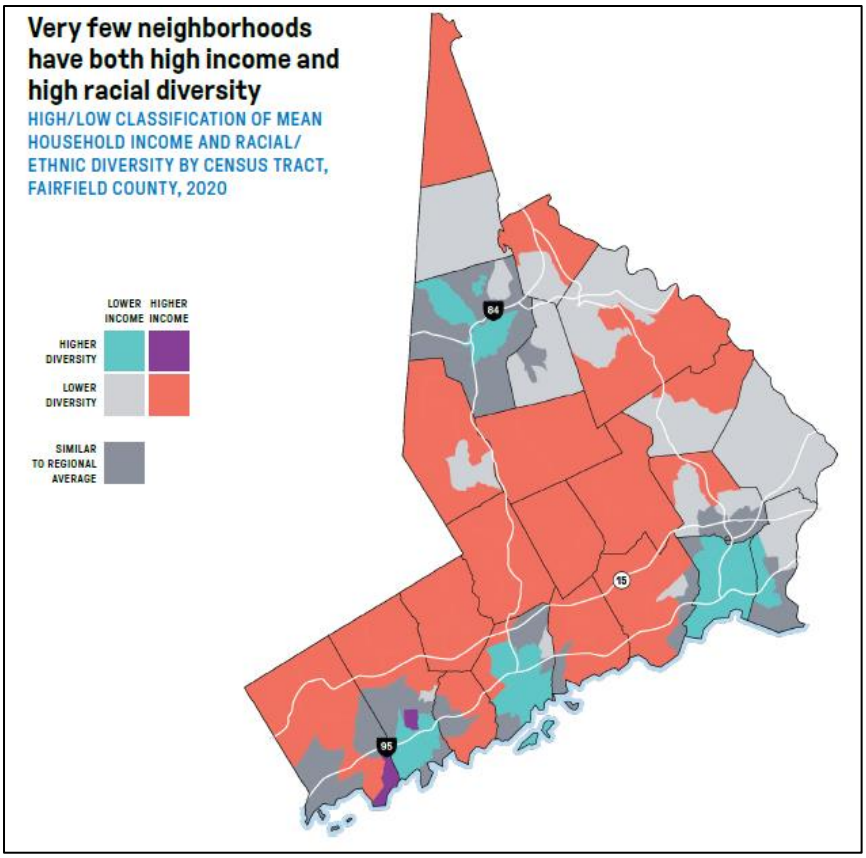
2017-2021 Children in Poverty by Census Tract



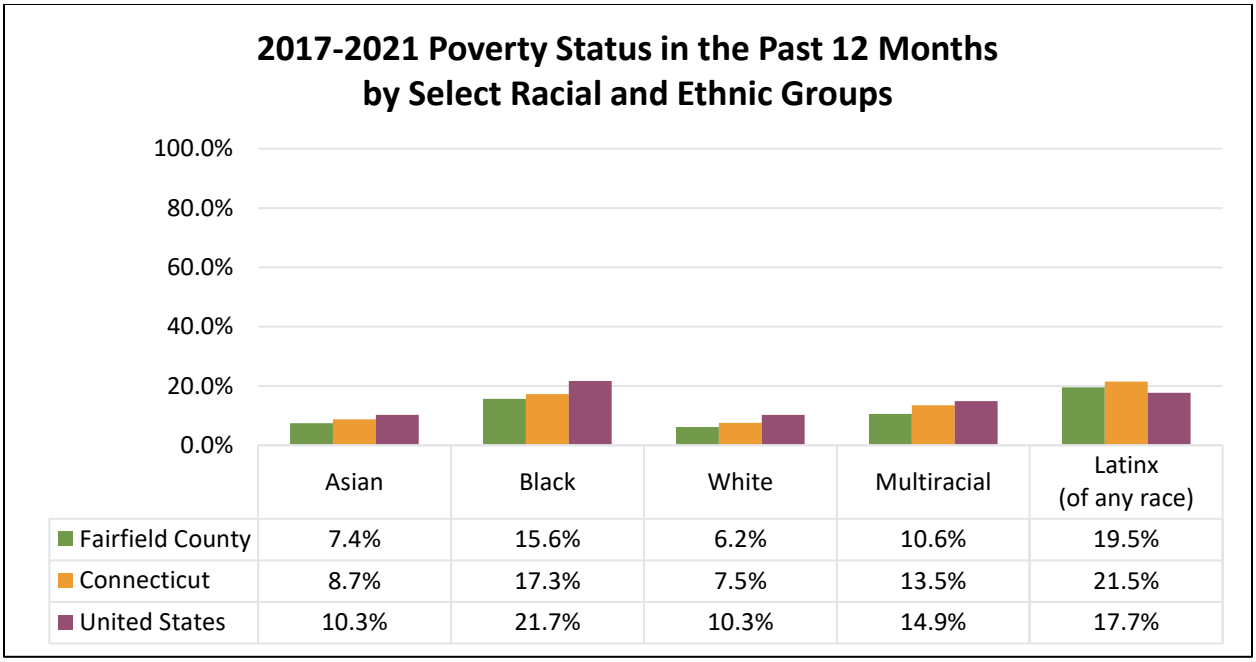
Source: US Census Bureau, American Community Survey &
Center for Applied Research and Engagement Systems

In the *Fairfield County Community Wellbeing Index 2023* report, DataHaven stated, "Connecticut is highly segregated, particularly by race and income. Previous research by DataHaven found that Connecticut's concentrations of wealth and poverty rival some of the most segregated metro areas in the US. Even as the state diversifies, inequality has become more pronounced. Segregation can lead to a lack of resources in some neighborhoods, but it can also mean advantaged groups miss out on the benefits of a more diverse community." As shown in the image below, **most Fairfield County neighborhoods, including the AHD, have both very high incomes and very low racial diversity. "Only 1 percent of the county's population lives in a neighborhood that is both high income and high diversity."**

Income inequality across Fairfield County and the state is further demonstrated by poverty levels by race and ethnicity. Black and Latinx residents of Fairfield County and Connecticut are two to three times as likely to live in poverty as white residents living in the same communities.



Source: DataHaven Fairfield County Community Wellbeing Index

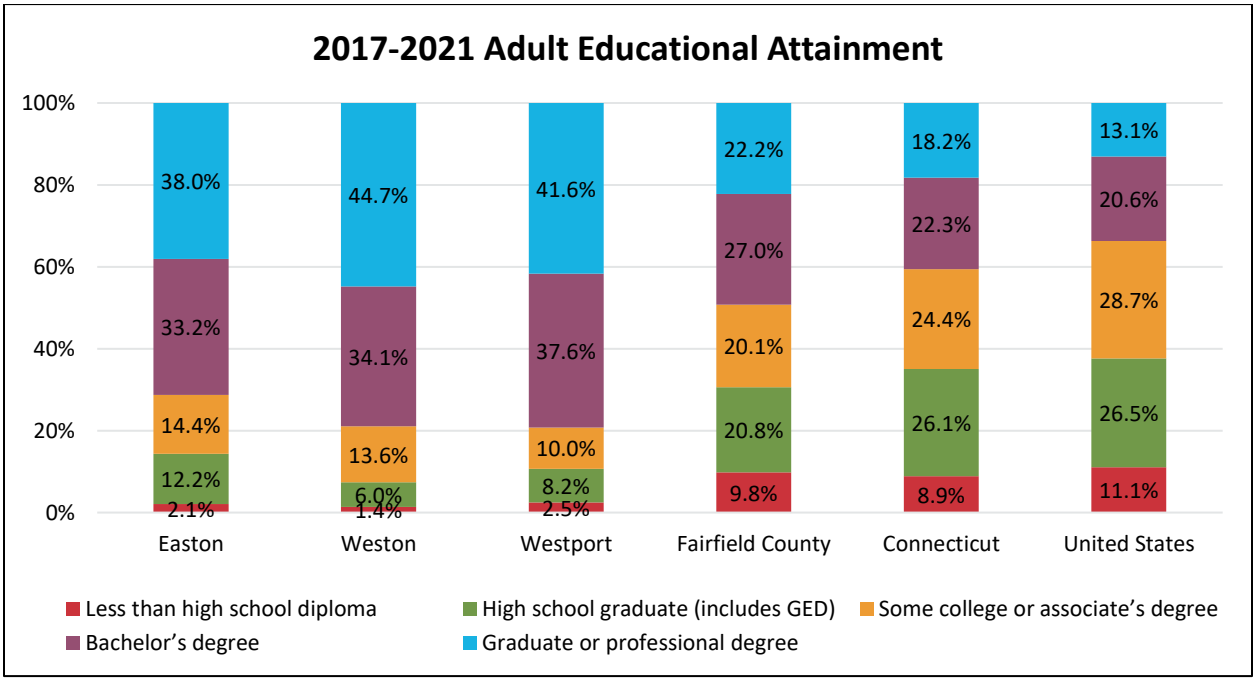


	Asian	Black	White	Multiracial	Latinx (of any race)
Fairfield County	7.4%	15.6%	6.2%	10.6%	19.5%
Connecticut	8.7%	17.3%	7.5%	13.5%	21.5%
United States	10.3%	21.7%	10.3%	14.9%	17.7%

Source: US Census Bureau, American Community Survey
*Data for AHD communities are masked due to low population counts.

Education

High school graduation is one of the strongest predictors of longevity and economic stability. Within AHD communities, 97% of adults graduated high school and more than two-thirds attained a bachelor's or graduate degree, exceeding county, state, and national benchmarks.



Source: US Census Bureau, American Community Survey

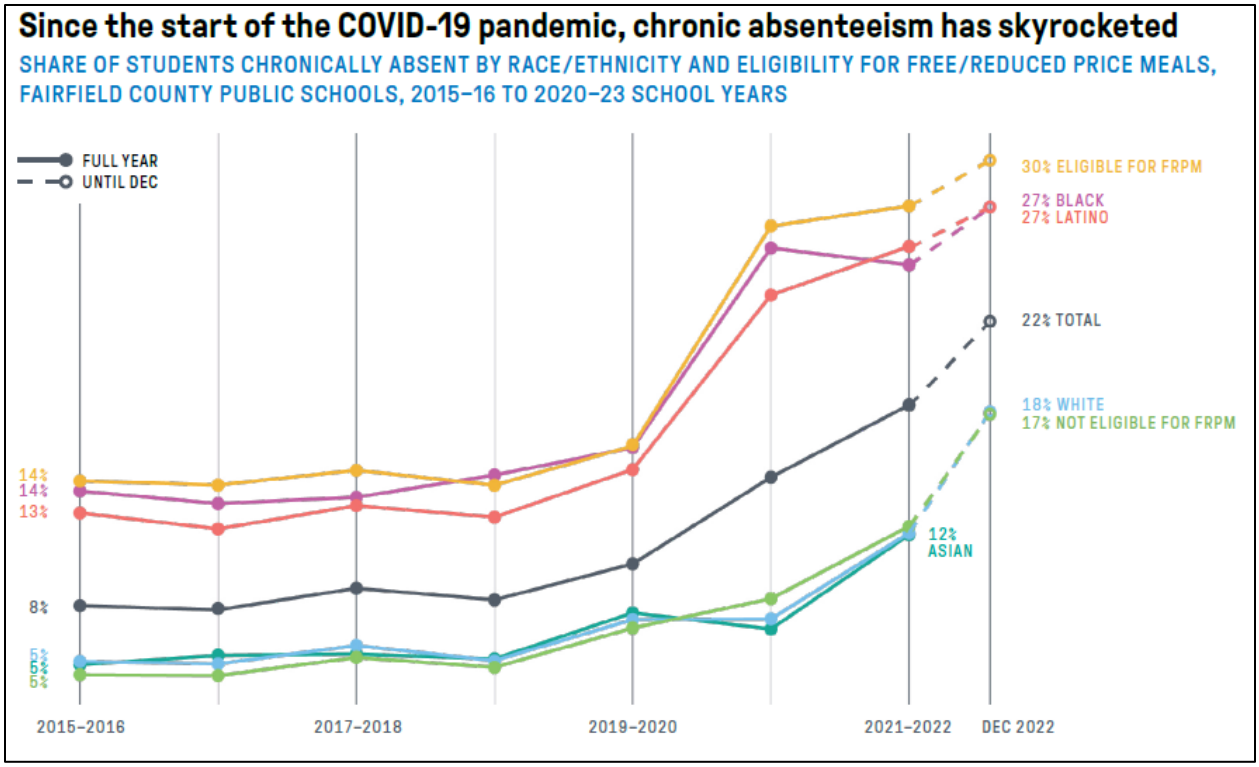
The COVID-19 pandemic disrupted education, contributing to learning loss for students and deepening educational inequities. **Prior to the pandemic, chronic absenteeism, defined as missing 10% or more of school days, was around 8-9% for Fairfield County school districts. In the 2020-21 and 2021-22 school years, chronic absenteeism rates rose to 14-18%, respectively.** Similarly, Smarter Balanced Assessment Consortium (SBAC) standardized testing results for the 2021-22 school year declined. Approximately 52% of third graders and 54% of eighth graders taking the English/Language Arts (ELA) test passed, down from 58% and 61%, respectively, in the 2018-19 school year. Despite documented learning loss, high school graduation rates remained high at 91%, continuing an upward trend over the past decade.

Educational inequities existed before the pandemic and were deepened by the experience. **While 22% of all Fairfield County students were chronically absent as of December 2022, students placed at risk, including students eligible for free or reduced-price meals (FRPM) (30%) and Black and Latinx students (27%), were most affected.** Students placed at risk were also less likely to pass standardized testing, more likely to experience unfairly harsh discipline, and less likely to graduate high school. These negative experiences have lifelong implications, affecting opportunity for higher educational attainment and financial wellbeing, among others.

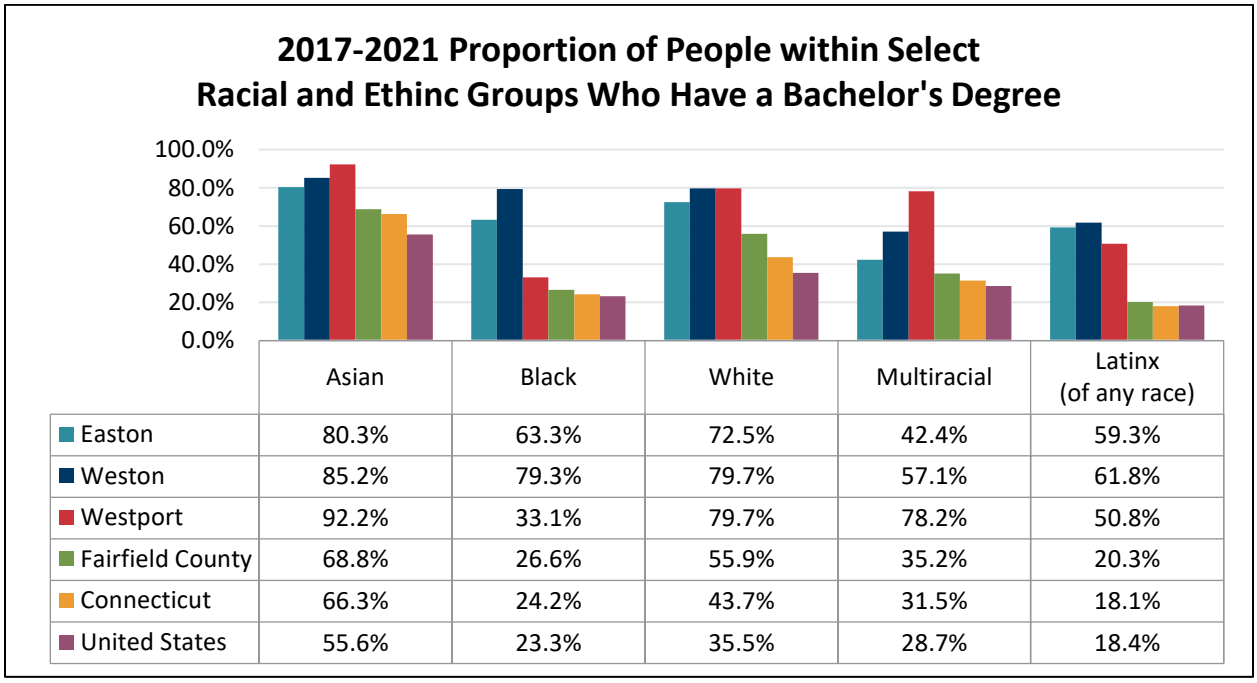
Academic and Disciplinary Outcomes for School Students, 2020-2021 and 2021-2022 School Years

LOCATION	GRADE 3 SBAC ELA PASS RATE *	SUSPENSIONS PER 1K STUDENTS *	GRADUATION RATE †
Connecticut	46%	68	90%
Fairfield County	52%	45	91%
BY DEMOGRAPHIC WITHIN FAIRFIELD COUNTY			
White	70%	24	96%
Black	24%	117	82%
Latino	28%	60	82%
Asian	48%	13	96%
FRPM	26%	85	82%
Not FRPM	57%	25	96%
SPED	N/A	81	73%
Not SPED	N/A	38	94%
ELL	N/A	60	69%
Not ELL	N/A	44	92%
6 wealthiest FC	80%	15	97%
Bridgeport SD	18%	76	76%
Danbury SD	33%	87	82%
Fairfield SD	71%	14	97%
Greenwich SD	77%	15	96%
Norwalk SD	34%	59	88%
Stamford SD	38%	49	85%
Stratford SD	36%	86	93%
Trumbull SD	68%	18	97%
Westport SD	85%	12	97%

Source: DataHaven Fairfield County Community Wellbeing Index
*2021-22 school year †2020-21 school year



Source: DataHaven Fairfield County Community Wellbeing Index



	Asian	Black	White	Multiracial	Latinx (of any race)
Easton	80.3%	63.3%	72.5%	42.4%	59.3%
Weston	85.2%	79.3%	79.7%	57.1%	61.8%
Westport	92.2%	33.1%	79.7%	78.2%	50.8%
Fairfield County	68.8%	26.6%	55.9%	35.2%	20.3%
Connecticut	66.3%	24.2%	43.7%	31.5%	18.1%
United States	55.6%	23.3%	35.5%	28.7%	18.4%

Source: US Census Bureau, American Community Survey

Our Homes and Where We Live

Homeownership is generally the largest source of wealth for families. **More than 80% of AHD households own their home, and the median value of these homes is nearly 3 to 5 times higher than the national median, indicating significant potential wealth among residents.**

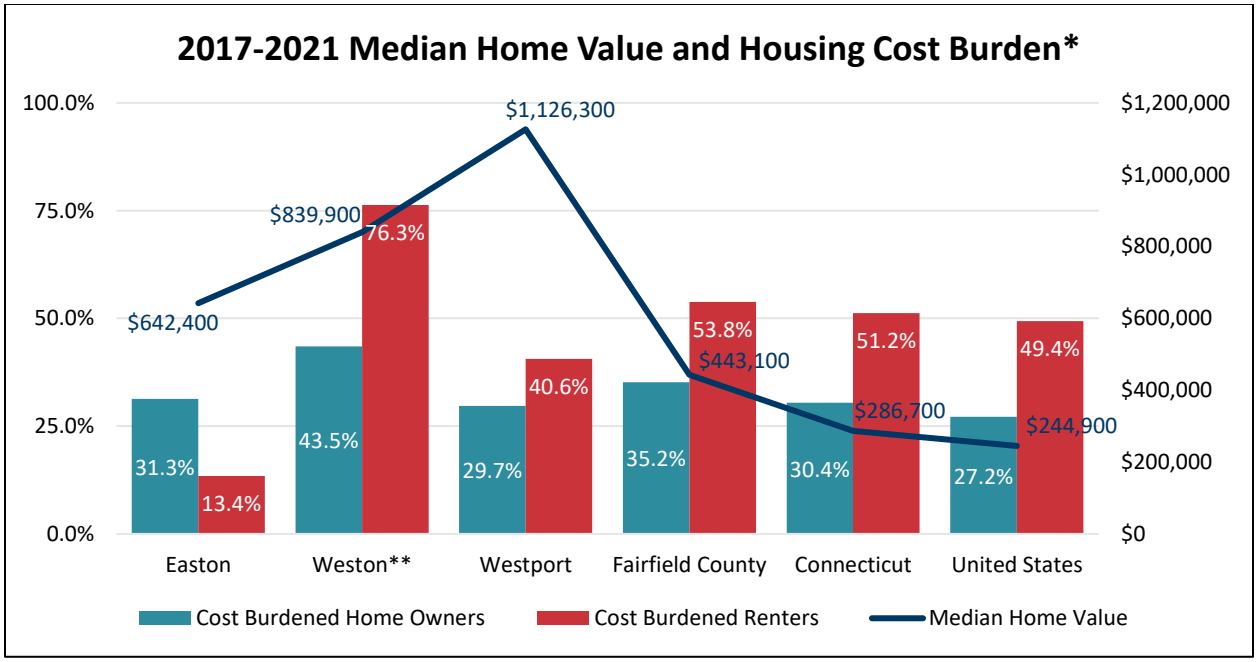
While housing can be a source of financial wellbeing, it is also the largest single expense for most households. Housing within the AHD is expensive, with median rent estimated at $4,000+ in each town compared to $2,891 across Fairfield County. **In Weston, only 3% of households rent their home, but 76.3% (n=77) of renters are considered housing cost burdened.** Weston homeowners are also more likely to experience housing cost burden (43.5%, n=1,112).

The pandemic exacerbated housing affordability issues for many communities. From 2020 to 2022, average home prices nationally and in Fairfield County rose more than 30%; rent rose more than 20%.

2017-2021 Housing Occupancy

	Owner Occupied Units	Renter Occupied Units
Easton	83.7%	16.3%
Weston	97.0%	3.0%
Westport	88.0%	12.0%
Fairfield County	66.6%	33.4%
Connecticut	66.2%	33.8%
United States	64.6%	35.4%

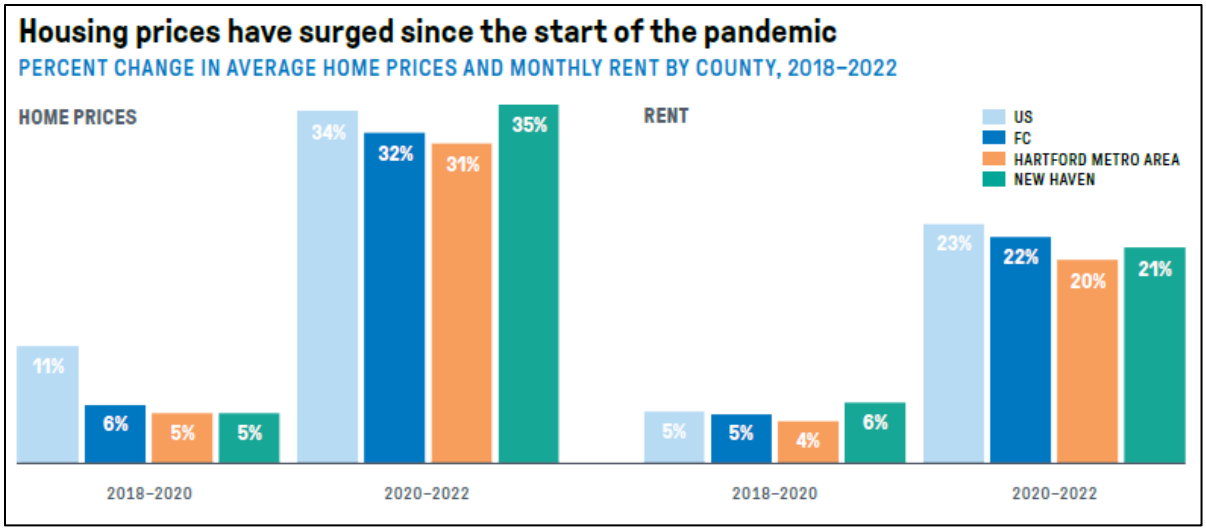
Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey

*Defined as spending 30% or more of household income on rent or mortgage expenses.

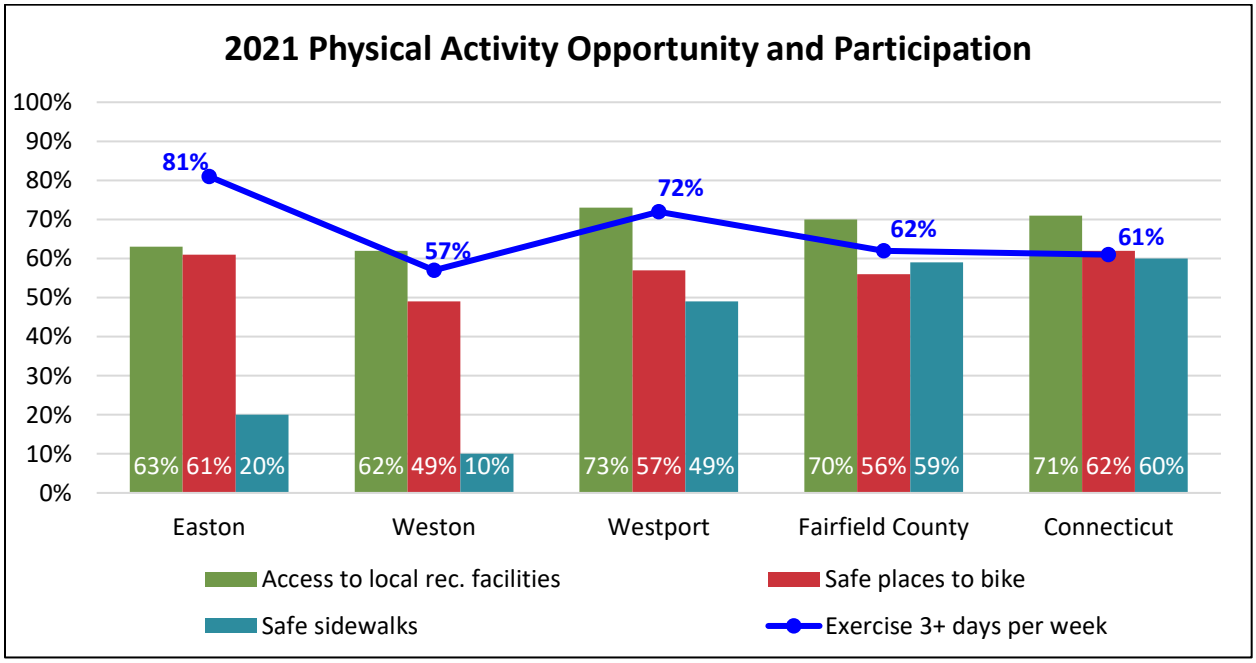
**The proportion of cost burdened renters in Weston is based on a small count of 77 households.



Source: DataHaven Fairfield County Community Wellbeing Index

The physical environment and infrastructure of neighborhoods impacts health. The availability of well-maintained roads and safe sidewalks and access to recreation and other amenities are important components for healthy living.

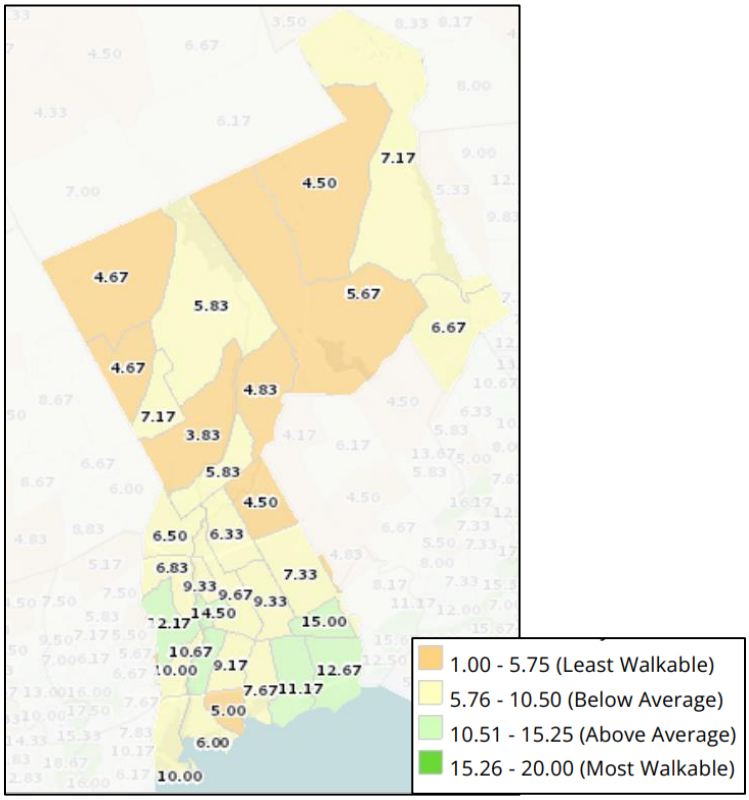
Easton and Weston are more rural communities and residents who participated in the DataHaven Community Wellbeing Survey generally reported less access to recreational facilities. Weston respondents were also less likely to participate in regular exercise (57%). In contrast, more than 80% of Easton respondents reported regular exercise, potentially indicating other sources, such as investment in home-based facilities or outdoor sources.



Source: DataHaven 2021 Health Equity Profiles

Wellbeing survey respondents from AHD communities were less likely to report access to safe sidewalks compared to county and state benchmarks. This finding is consistent with the National Walkability Index, which rated all of Easton and Weston and most of Westport as “below average” or “least walkable.” Westport survey respondents reported better access to safe sidewalks than other AHD respondents; southern portions of the town rank “above average” on the National Walkability Index.

2021 National Walkability Index by Census Block Group

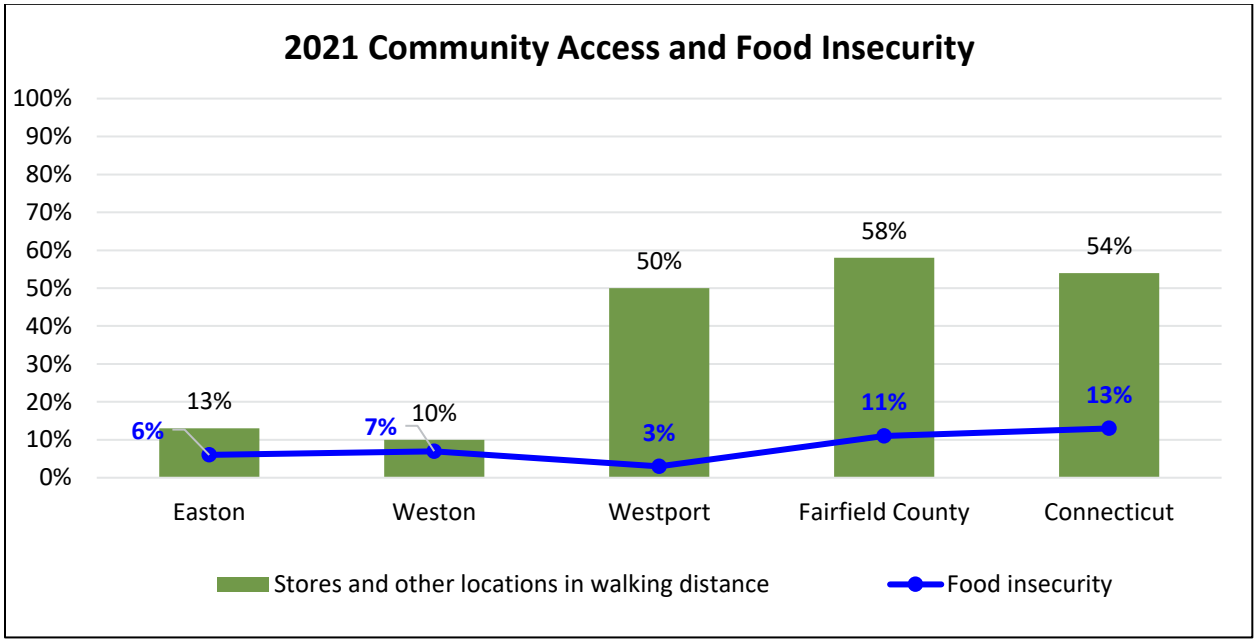


Source: Environmental Protection Agency &
Center for Applied Research and Engagement Systems

Food insecurity is defined as not having reliable access to a sufficient amount of nutritious, affordable food. Food insecurity is associated with lower household income and poverty, as well as poorer overall health status. Among Community Wellbeing Survey respondents, the proportion of food insecure individuals in the AHD was approximately half or less than the statewide average.

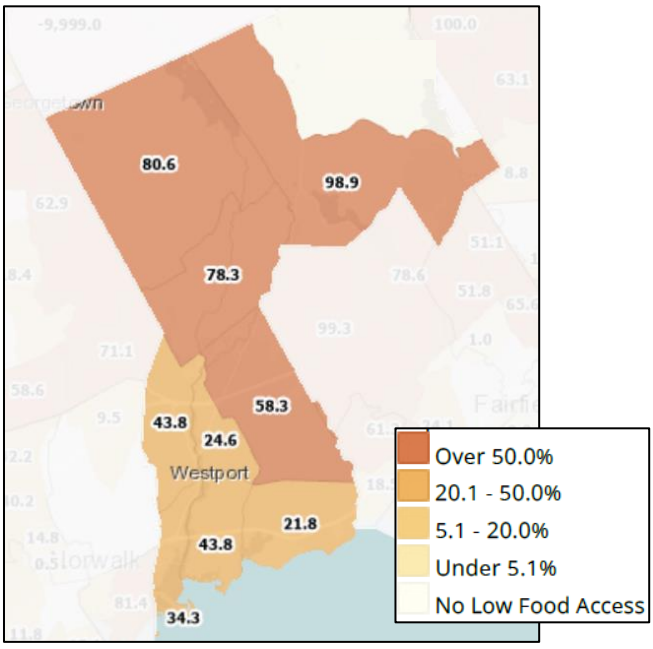
It is worth noting that self-reported food insecurity was lowest in Westport, where there was also better perceived access to stores within walking distance. More than 50% of residents in Easton and Weston are considered to have limited food access, however, this is a result of intentional community design. Zoning practices in Easton and Weston promote the conservation of rural village settings and limit commercial business to town centers. **No areas within the AHD are considered at risk for both limited food access and economic barriers, such as low income or lacking personal transportation.** The US Department of Agriculture defines limited food access as living farther than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.

Community Wellbeing Survey results reflect pre-pandemic findings. Data for 2022 show that Connecticut overall saw an uptick in food insecurity as pandemic relief programs ended and food prices surged. This burden disproportionately affected populations historically placed at risk, including communities of color and children. **Approximately 23% of Connecticut households with children were estimated to be food insecure in 2022.**

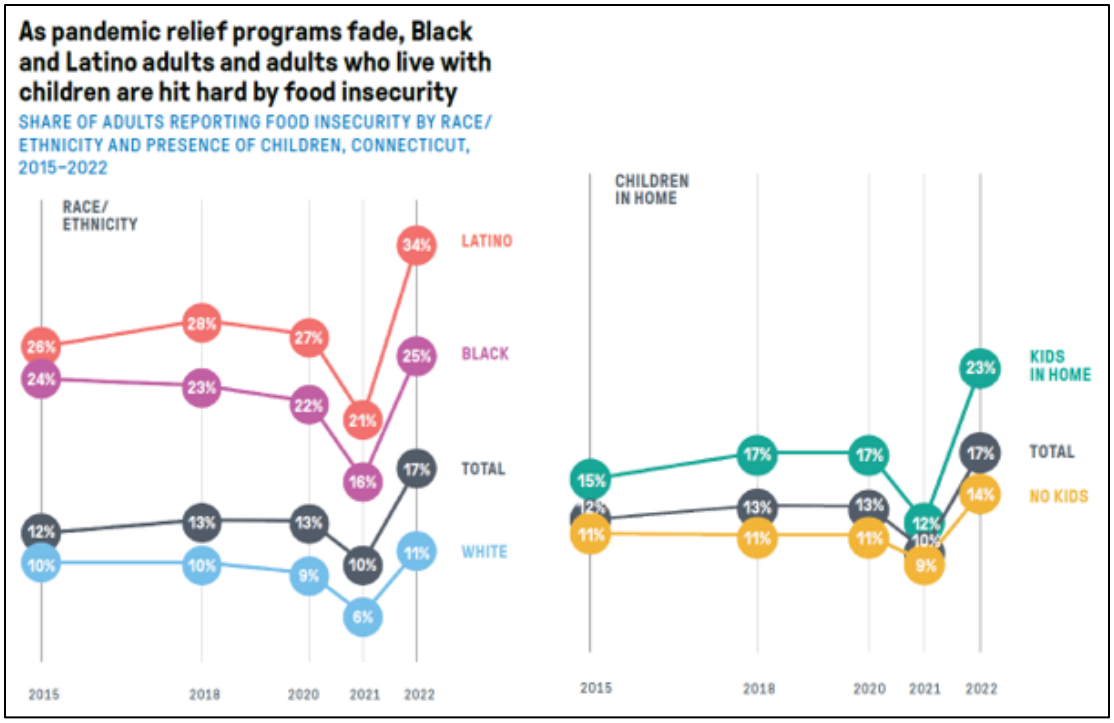


Source: DataHaven 2021 Health Equity Profiles

2019 Percentage of Population with Limited Food Access by Census Tract



Source: US Department of Agriculture



Source: DataHaven Fairfield County Community Wellbeing Index

Having access to the internet connects people to school, employment opportunities, healthcare, family and friends, and special interest groups. Barriers to accessing the internet – ranging from not understanding how to use devices, availability or cost of broadband access, or the limits of data plans – stop people from making connections to care, services, and one another.

Termed the "digital divide," there is a growing gap between populations that have access to modern information and communications technology and those that don't or have restricted access, particularly affecting people with low income, living in rural communities, with a disability, and/or elderly.

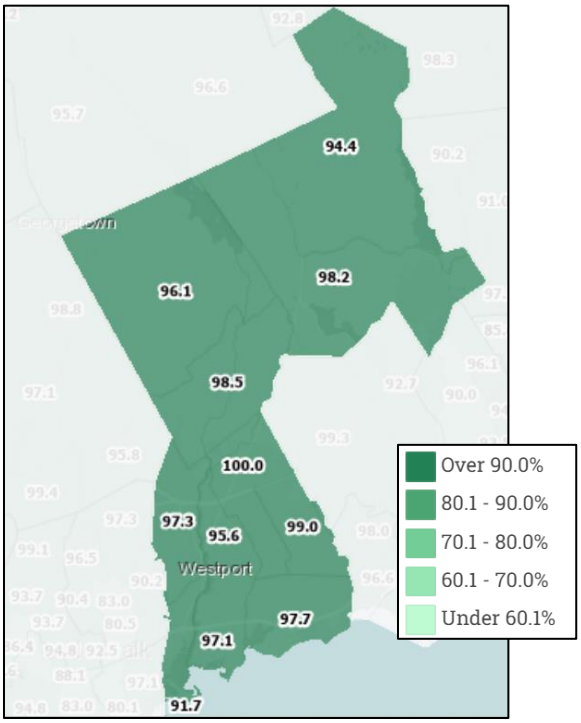
AHD communities benefit from high digital access, with nearly 100% of households having broadband internet and owning a computer and/or smartphone device.

2017-2021 Households by Digital Access

	With Computer Access		With Internet Access	
	Desktop / Laptop	Smartphone	Internet Access	Broadband Access
Easton	93.9%	92.8%	96.4%	96.4%
Weston	96.7%	96.2%	97.3%	97.1%
Westport	94.7%	93.9%	97.5%	97.2%
Fairfield County	85.0%	87.8%	91.4%	91.2%
Connecticut	81.4%	85.8%	89.1%	88.9%
United States	78.9%	86.5%	87.2%	87.0%

Source: US Census Bureau, American Community Survey

2017-2021 Households with any Broadband Internet by Zip Code



Source: US Census Bureau, American Community Survey & Center for Applied Research and Engagement Systems

The pandemic contributed to a nationwide shortage of childcare workers. A New York Times article published in October 2022 reported, "There are 100,000 fewer childcare workers than there were before the coronavirus pandemic, according to the Bureau of Labor Statistics." The shortage of workers has resulted in both fewer childcare options and higher costs for care. **Fairfield County overall is estimated to have higher availability of childcare centers than the state and nation, but similarly high costs, estimated at approximately one-quarter of median household income.**

2021/2022 Childcare Availability and Affordability

	Number of childcare centers per 1,000 population under 5 years old	Childcare costs for a household with two children as a percent of median household income
Fairfield County	9.7	24.3%
Connecticut	8.7	24.7%
United States	7.0	27.0%

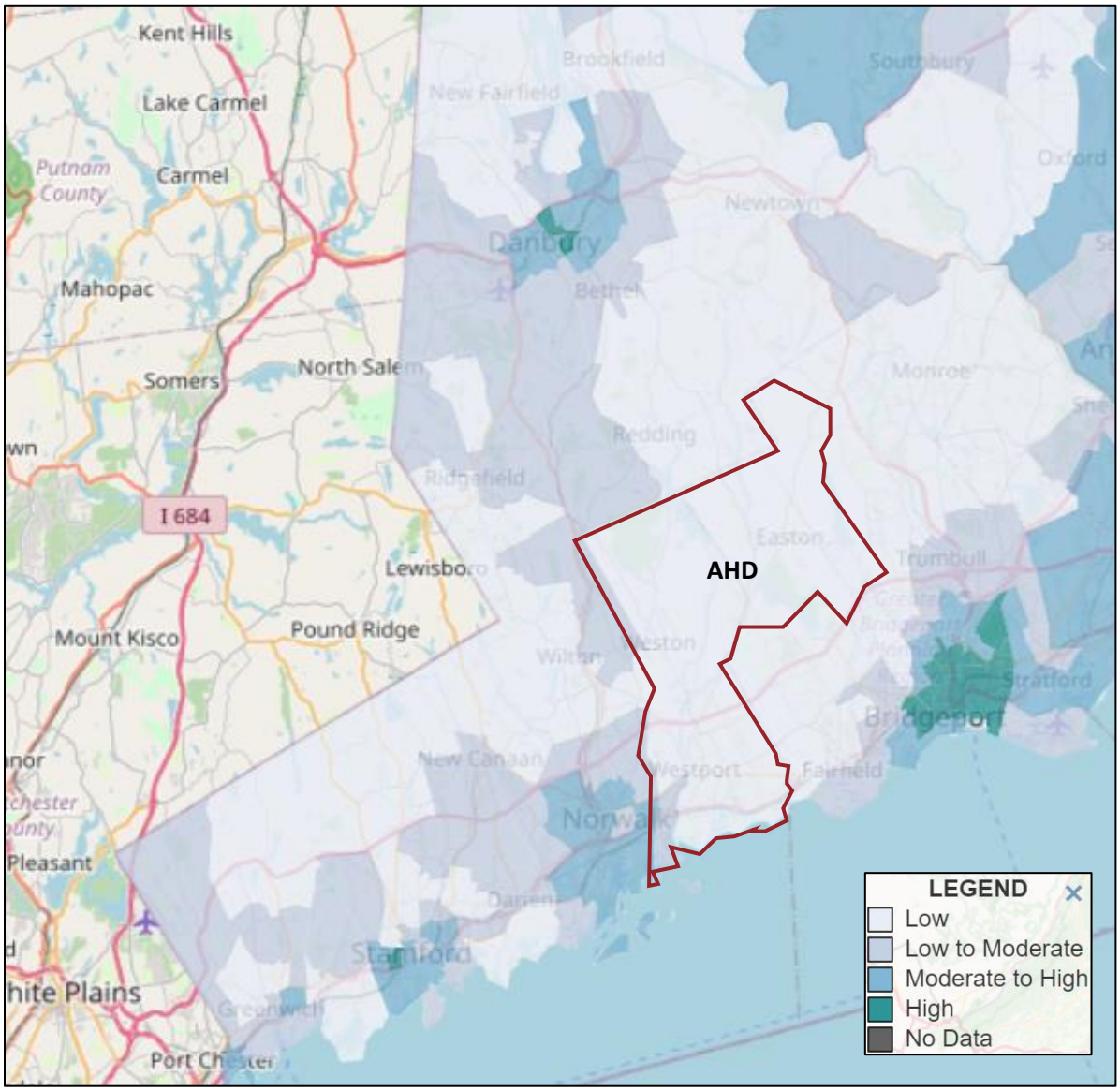
Source: Homeland Infrastructure Foundation-Level Data, 2010-2022 & The Living Wage Calculator, Small Area Income and Poverty Estimates, 2022 & 2021

The CDC utilizes the Environmental Justice Index to demonstrate the relative effects of environmental conditions, such as air and water quality, on measures of justice and equity in health outcomes within a particular community. The Environmental Justice Index uses data from the Census Bureau, Mine Safety

and Health Administration, Environmental Protection Agency, and Centers for Disease Control and Prevention to rank the cumulative impacts of environmental injustice on health for every census tract.

While there are areas of Fairfield County that experience a high ranking, indicating a high degree of environmental *in*justice, and increased specific disease burdens for conditions such as asthma and mental illness, the towns of Easton, Weston, and Westport report low degrees of environmental injustice, and low resulting chronic disease burden.

2022 Fairfield County Environmental Justice Index Rank



Source: CDC National Environmental Public Health Tracking Network

Social Drivers of Health and Health Equity

An array of indexes and tools are available to illustrate the potential for health disparities and inequities at the community-level based on SDoH. A description of each index is provided below followed by data visualizations of each tool that show how well the AHD fares compared to state and national benchmarks.

- **Community Index:** The DataHaven Community Index assigns an average score, ranging from 0 to 1,000, to towns in Connecticut, allowing comparisons to one another and to other parts of the United States based on measures of economic, health-related, and educational wellbeing.

- **Health Resources and Services Administration Unmet Need Score (UNS):** The UNS provides a zip code-based index of unmet need for primary and preventive healthcare services. UNS scores are displayed on a scale from 0 (least unmet need) to 100 (most unmet need).

- **Social Vulnerability Index (SVI):** The CDC's SVI has historically been used to help public health officials and local planners better prepare for and respond to emergency events like hurricanes, disease outbreaks, or exposure to dangerous chemicals. The SVI identifies census tract-level community vulnerability to these events based on social factors, such as poverty, lack of access to transportation, and overcrowded housing. Each census tract receives a ranking from 0.0 (lowest vulnerability) to 1.0 (highest vulnerability).

- **Asset Limited Income Constrained Employed (ALICE):** The ALICE index measures the minimum income level required for survival for an average sized household, based on localized cost of living and local average household sizes. The ALICE index captures the percent of households whose income is above the federal poverty level, but below the threshold necessary to meet all basic needs according to the cost of living.

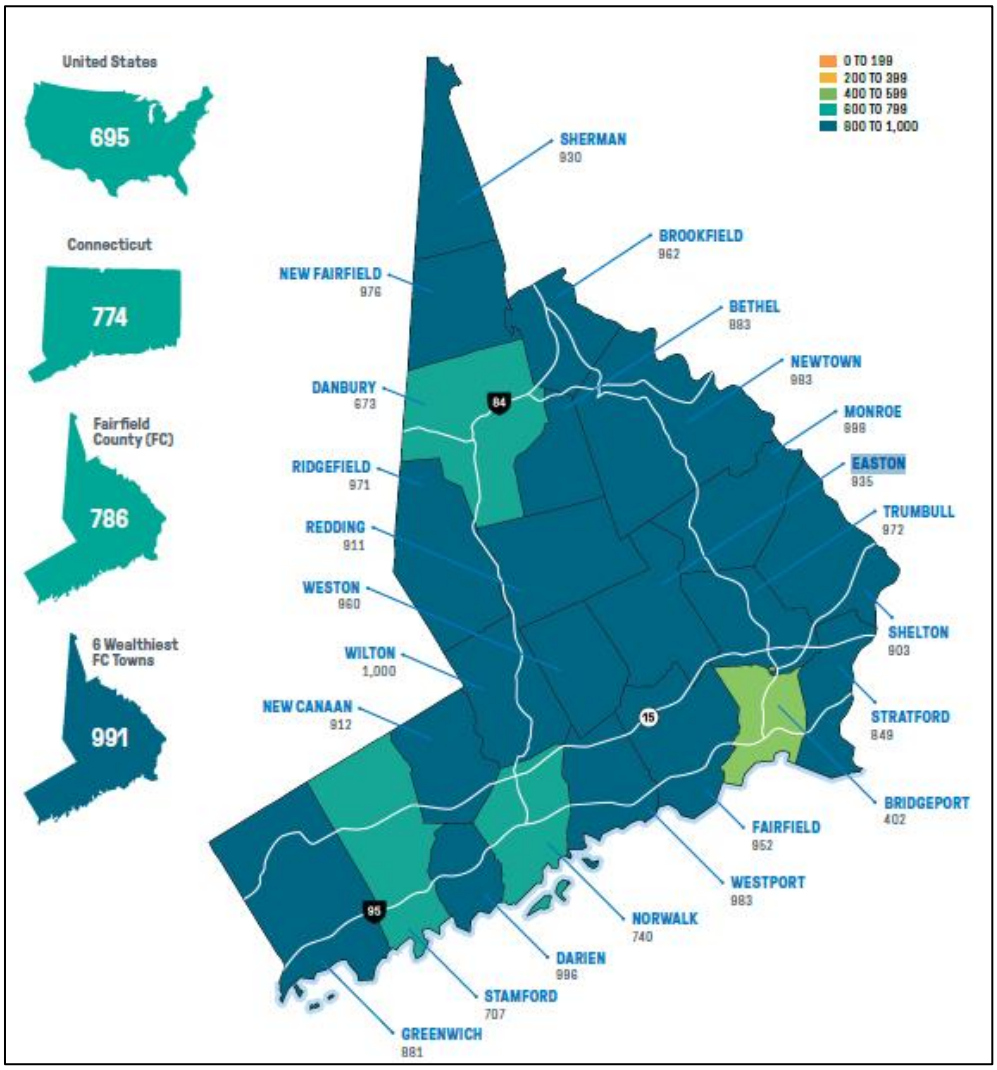
- **2-1-1 Counts:** Each year, 16 million people in the United States dial 2-1-1 for help with basic needs like food and shelter or emergency services. 2-1-1 Counts provides real-time, searchable data from 2-1-1 call centers across the nation, displayed by region, zip code, or call center.

- **COVID-19 Community Vulnerability Index:** In the United States, people living in vulnerable community are significantly more likely to have been burdened by COVID-19, including illness, hospitalization, and death. Surgo Ventures developed the Community Vulnerability Index to measure the potential burden of COVID-19 in communities based on access to resources like healthcare, affordable housing, transportation, childcare, and safe and secure employment.

Community Index, Unmet Need Score, and Social Vulnerability Index

The DataHaven Community Index assigns aggregate scores of 0 (negative outcomes) to 1,000 (positive outcomes) based on measures of economics, health, and education. Fairfield County has a high index score of 786 and ranks 12th out of 100 metropolitan areas in the nation. **The area that AHD serves reflects overall wellbeing and high quality of life within Fairfield County, as evidenced by Index scores ranging from 935 (Easton) to 983 (Westport).** Similarly, communities comprising AHD have low HRSA Unmet Need Scores, indicating better access to primary and preventive healthcare services.

Community Index



Source: DataHaven Fairfield County Community Wellbeing Index

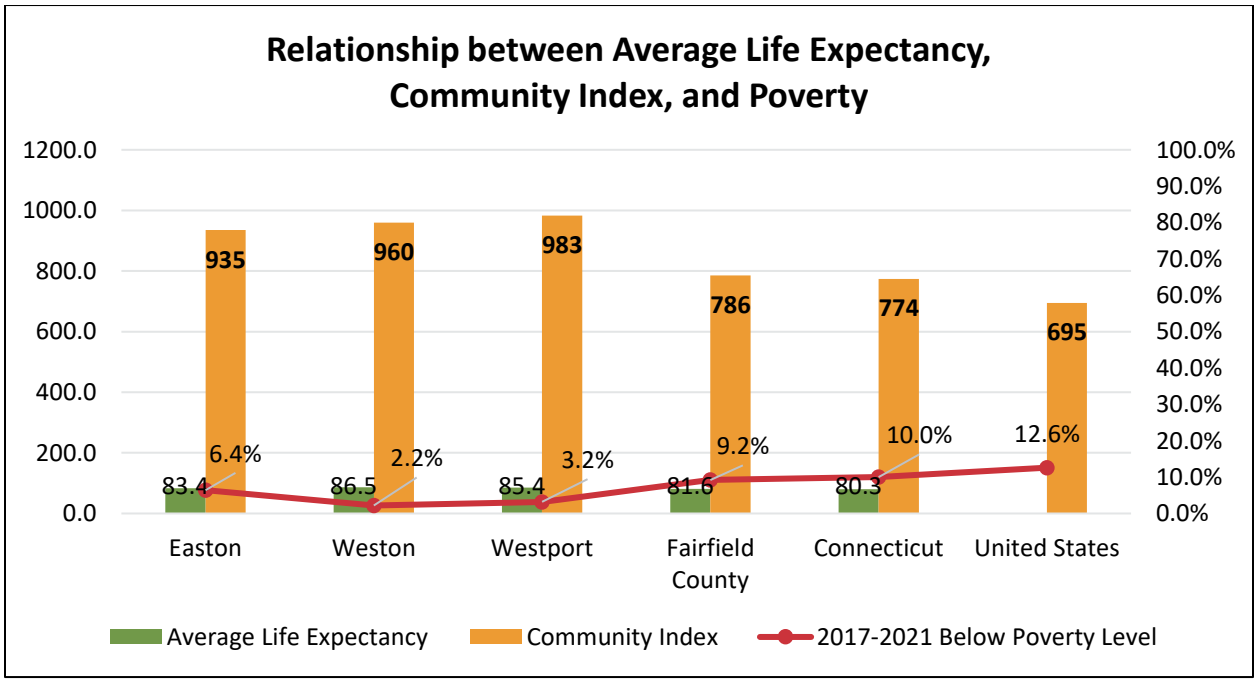
2017-2021 Social Drivers of Health for Aspetuck Health District Communities
In Ascending Order by Unmet Need Score (UNS)

	Population in Poverty	Children in Poverty	No High School Diploma	No Health Insurance	Community Index (0 "low" to 1000 "high" wellbeing)	UNS (0 "least" to 100 "most" unmet need)
Westport	3.2%	2.7%	2.5%	1.8%	983	14.42
Easton	6.4%	11.0%	2.1%	3.7%	935	19.09
Weston	2.2%	1.2%	1.4%	2.5%	960	22.32
Fairfield County	9.2%	12.0%	9.8%	7.7%	786	NA
Connecticut	10.0%	13.3%	8.9%	5.2%	774	NA
United States	12.6%	17.0%	11.1%	8.8%	695	NA

Source: US Census Bureau, American Community Survey; Health Resources and Services Administration

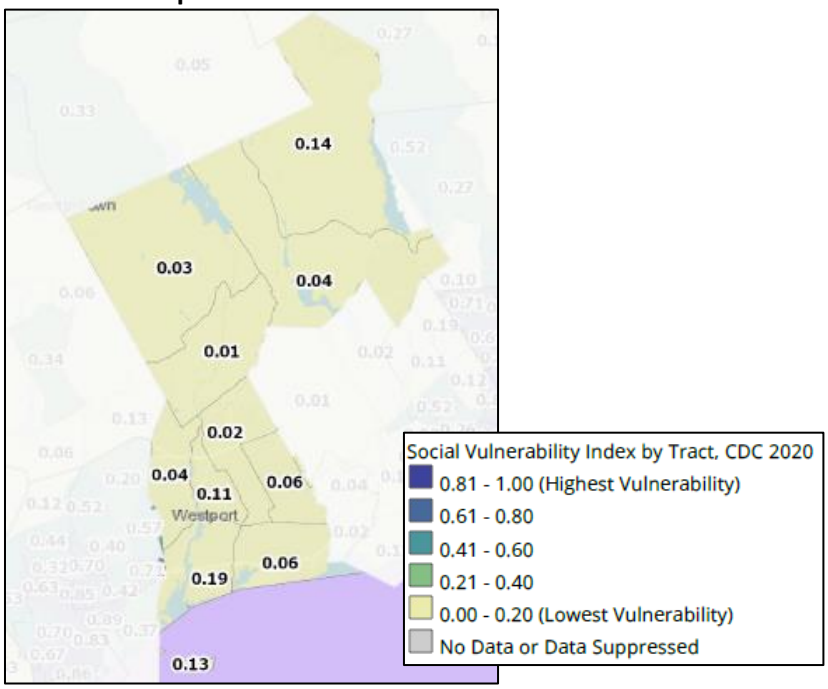
Social factors like economics, health, and education can ultimately affect life expectancy. The graph below demonstrates the relationship between Community Index scores, individuals in poverty, and average life expectancy at birth. **Easton, Weston, and Westport have high Community Index scores, low poverty, and average life expectancy that exceeds the state average by 3 to 6 years.** Social risk factors or vulnerabilities are generally low across the AHD. A census tract assessment of social risk indicates all areas within the AHD score in the lowest vulnerability category.

It is worth noting that while all AHD census tract communities benefit from average life expectancy of 82 years or higher, there are differences between communities, including a 7-year difference between the southern portions of Easton and Westport and the western portion of Westport. This finding may indicate potential for health improvement, building on a foundation of overall positive health outcomes.



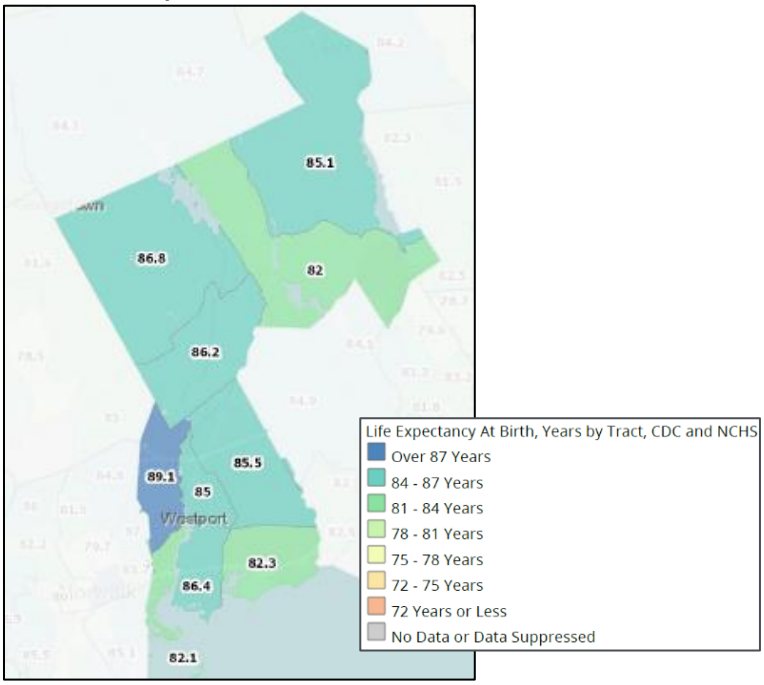
Source: US Census Bureau, American Community Survey & DataHaven

2020 Social Vulnerability Index by Census Tract within Aspetuck Health District



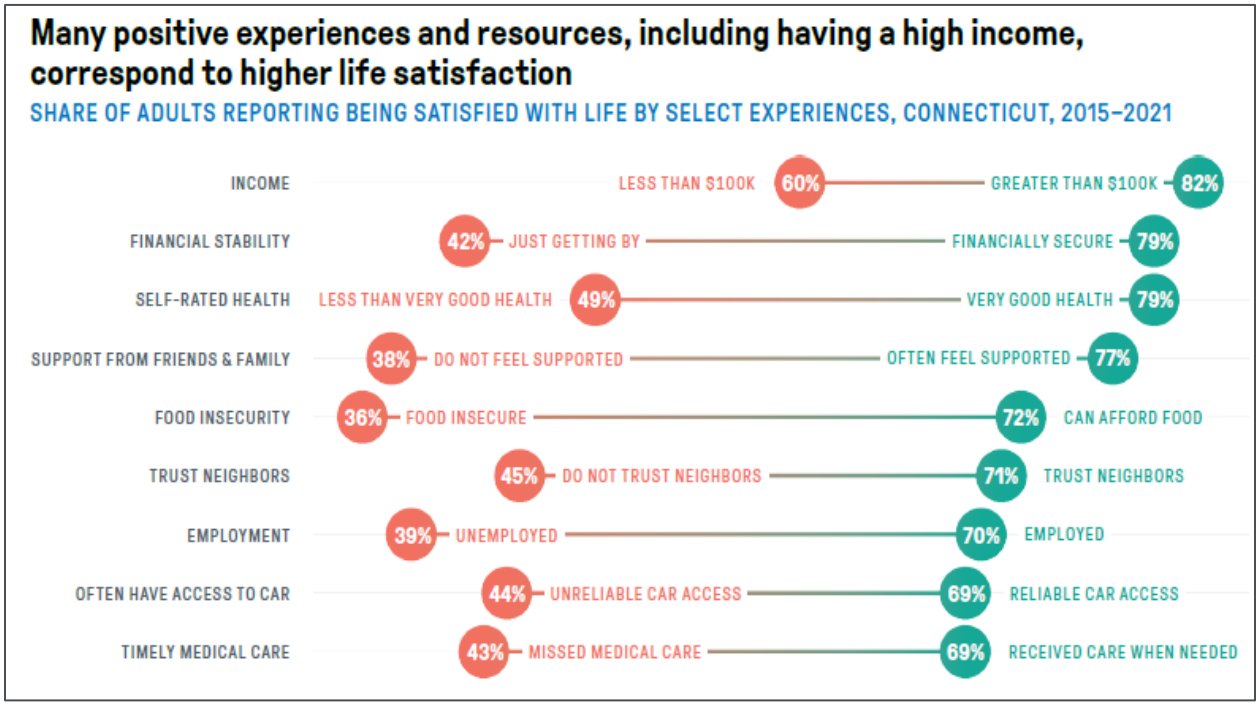
Source: Centers for Disease Control and Prevention & Center for Applied Research and Engagement Systems

2010-2015 Life Expectancy by Census Tract within Aspetuck Health District



Source: Centers for Disease Control and Prevention & Center for Applied Research and Engagement Systems

While the Health District and Fairfield County overall benefit from more positive community indicators, this experience is not shared by all residents. Fairfield County includes some of the highest and lowest scoring areas in the nationwide Community Index analysis, indicating significant disparities between communities. While these disparities are most evident within the Bridgeport community, negative social outcomes can affect health and wellbeing in all communities. **A statewide assessment of life satisfaction found a 20- to 40-point difference in overall satisfaction based on characteristics like financial stability, social support, community trust, and access to healthcare.**



Source: DataHaven Fairfield County Community Wellbeing Index

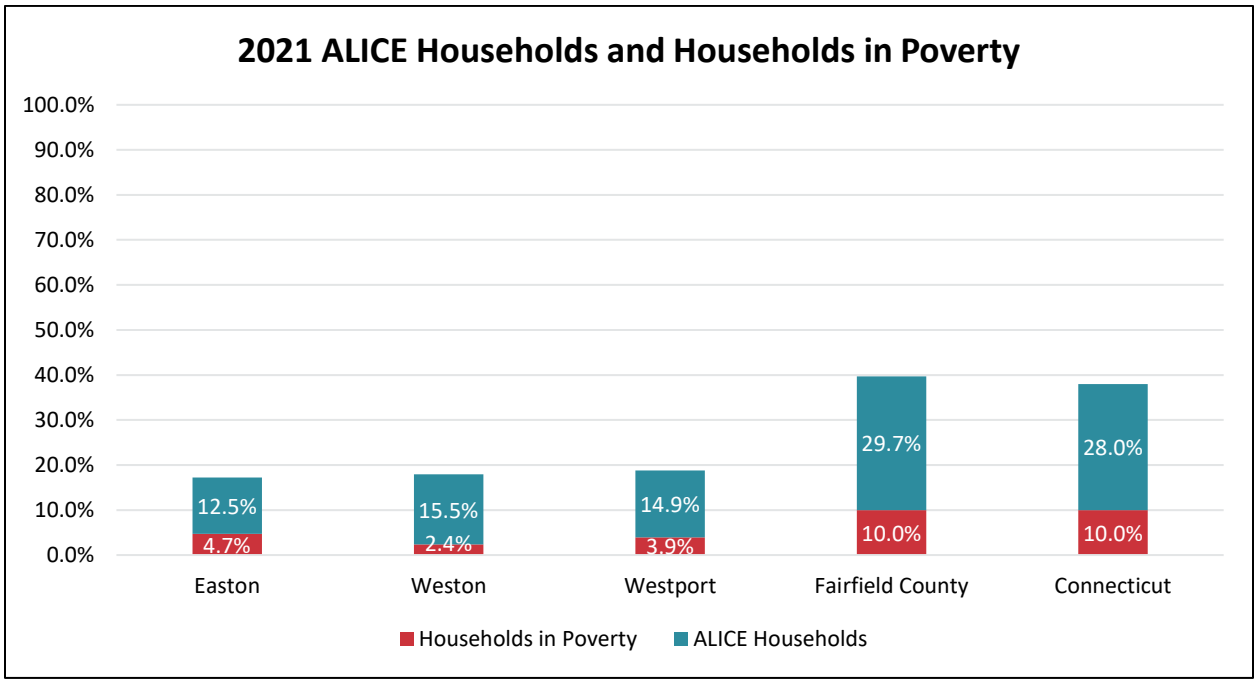
Meet ALICE (Asset Limited Income Constrained Employed

ALICE households represent the working poor in our community based on local cost of living. ALICE households have income above the poverty level, but not enough to meet all their basic needs. These households are a paycheck or two away from acute financial strife. The ALICE index is produced by United for ALICE, a United Way initiative to drive innovation, research, and action to impact life across the country for ALICE households and all.

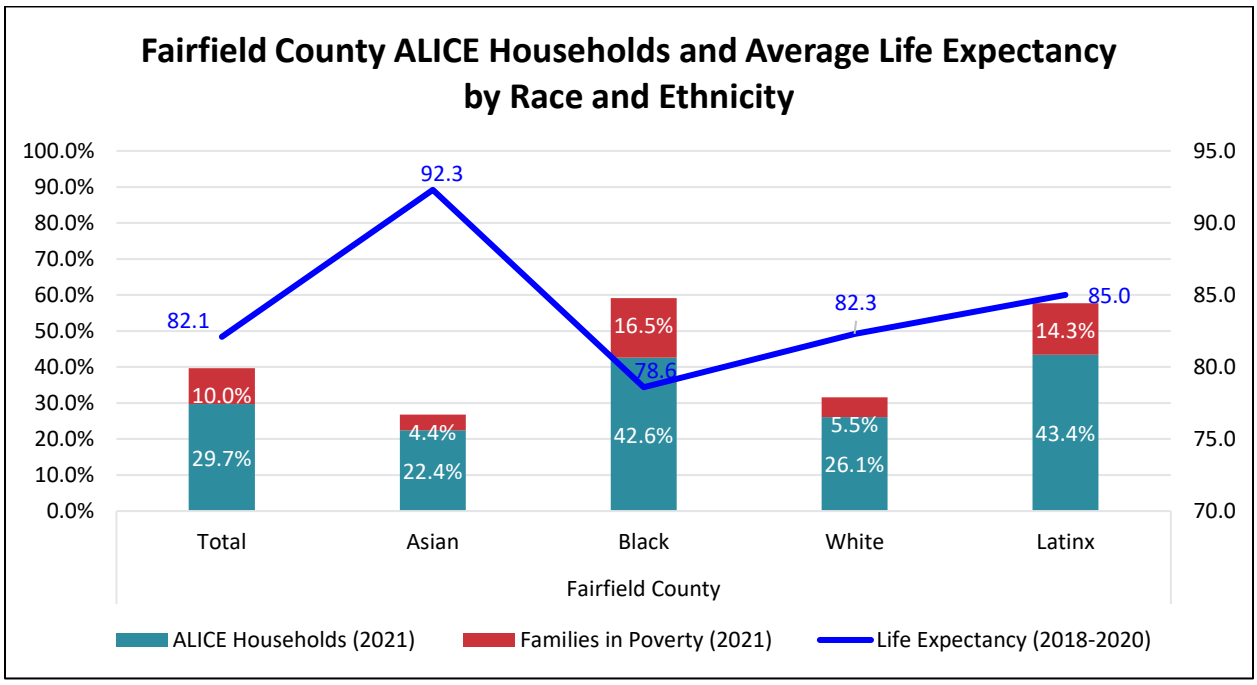
Consistent with having more positive socioeconomic indicators, **few households in the AHD are ALICE when compared to county and state benchmarks, but more than 1 in 10 households are affected, a proportion that is 3-6 times higher than the proportion living in poverty.**

Socioeconomic strength is not shared equitably between racial and ethnic groups. **Across Fairfield County, Black and Latinx households are nearly twice as likely as white households to be ALICE or live in poverty.** These disparities, rooted in systemic issues of racism, have a significant, negative impact on

health and wellbeing, particularly for Black residents. Average life expectancy for Black residents of Fairfield County is lower than any other racial or ethnic group.



Source: United for ALICE



Source: United for ALICE

2-1-1 Counts

The following is a list of 2-1-1 service requests by AHD residents from May 16, 2022 to May 15, 2023. Across all three communities, the top service requests included housing and shelter assistance, mental health and addictions services, and healthcare and COVID-19 services. The top needs related to these areas are shown below. Note: the number of requests was small, outside of Westport.

Top AHD Service Requests and Related Needs:

- Housing and shelter assistance: Shelters (e.g., temporary housing) and/or low-cost housing
- Mental health and addictions services: Crisis intervention and suicide supports and/or mental health services (e.g., assessment, screening, counseling)
- Healthcare and COVID-19 services: Health insurance and/or nursing homes and adult care

2-1-1 Counts Service Requests from May 16, 2022 to May 15, 2023 by Zip Code of Residence

	06612 Easton		06880 Westport		06883 Weston	
	Number of Requests	Percent of Total	Number of Requests	Percent of Total	Number of Requests	Percent of Total
Housing & Shelter	18	23.4%	246	32.1%	7	9.1%
Mental Health & Addictions	16	20.8%	213	27.8%	46	59.7%
Healthcare & COVID-19	16	20.8%	62	8.1%	9	11.7%
Government & Legal	<5	5.2%	59	7.7%	5	6.5%
Utilities	10	13.0%	47	6.1%	<5	5.2%
Employment & Income	<5	3.9%	46	6.0%	<5	1.3%
Other	5	6.5%	43	5.6%	<5	3.9%
Food	<5	3.9%	41	5.3%	<5	1.3%
Child Care & Parenting	<5	1.3%	<5	<1%	<5	1.3%
Clothing & Household	<5	1.3%	<5	<1%	0	0.0%
Disaster	0	0.0%	<5	<1%	0	0.0%
Transp. Assistance	0	0.0%	<5	<1%	0	0.0%
Education	0	0.0%	0	0.0%	0	0.0%

Source: 2-1-1 Counts

Westport residents generally had the most unmet need for housing and shelter, mental health and addictions, and healthcare and COVID-19 services. **Approximately 14% of shelter requests and 19% of low-cost housing requests by Westport residents were not met.** It is also worth noting that while there were only 9 shelter requests among Easton residents, 22% of these requests were unmet.

2-1-1 Counts Top Service Requests by Category and Unmet Need

	Housing & Shelter			Mental Health & Addictions			Healthcare & COVID-19		
	Top Requests	Number	Unmet Need*	Top Requests	Number	Unmet Need*	Top Requests	Number	Unmet Need*
06612 Easton	Shelters	9	22%	Crisis intervention & suicide	11	0%	Health insurance	6	0%
	Low-cost housing	5	0%	Mental health services**	4	0%	Nursing homes & adult care	3	0%
06880 Westport	Shelters	174	14%	Mental health services**	104	2%	Health insurance	32	3%
	Low-cost housing	26	19%	Crisis intervention & suicide	101	11%	Nursing homes & adult care	11	9%
06883 Weston	Low-cost housing	4	0%	Crisis intervention & suicide	33	3%	Health insurance	3	0%
				Mental health services**	9	0%	COVID vaccine	3	0%

Source: 2-1-1 Counts
*Defined as the percentage of requests for which no help was available.
**Includes mental health assessment, screening, counseling, etc.

A common trend across Easton, Weston, and Westport was the request for crisis intervention and suicide services among youth. **While the total number of requests for crisis intervention and suicide services was small in Easton (11) and Weston (33), more than 70% of requests were for youth under age 18.**

2-1-1 Counts Crisis Intervention & Suicide Service Requests by Demographic Characteristics

	06612 Easton	06880 Westport	06883 Weston
Total	11	101	33
Female	7	47	10
Male	<5	53	21
Under 18 years	8	35	26
18-29 years	0	20	<5
30-39 years	0	<5	0
40-49 years	0	<5	0
50-59 years	0	<5	0
60 years or older	<5	<5	<5
Unknown	<5	34	0

Source: 2-1-1 Counts

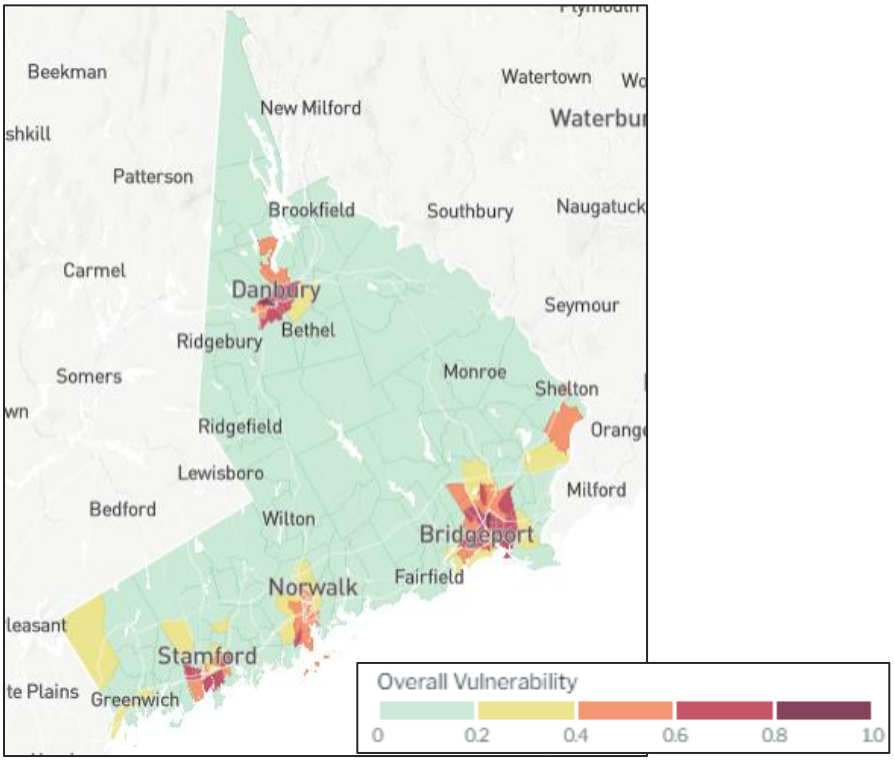
COVID-19 Community Vulnerability Index

COVID-19 has not impacted all people equally. Rather, certain structural issues—population density, low income, crowded workplaces, etc.—contribute to higher levels of spread and worse outcomes from COVID-19 in select communities.

The onset of the COVID-19 pandemic resulted in economic recession, evidenced in soaring food insecurity and unemployment. Nationally, food insecurity in the beginning months of the pandemic was projected to increase to 13.9% for adults and 19.9% for children. **Unemployment in AHD communities averaged 5.6-6.5% by the end of 2020, an increase from 3.3-3.8% at the start of the year.** While these indicators have since improved, the potential long-term impacts from these experiences should continue to be monitored.

As estimated by the Surgo Ventures Community Vulnerability Index, Fairfield County overall had low vulnerability to COVID-19 compared to most US counties. The factors that made Fairfield County most vulnerable to the virus were population density, potential language barriers among non-English speakers, and disparities experienced by minority populations. **COVID-19 vulnerability within Fairfield County was largely centered in urban areas. AHD communities scored in the lowest vulnerability category.**

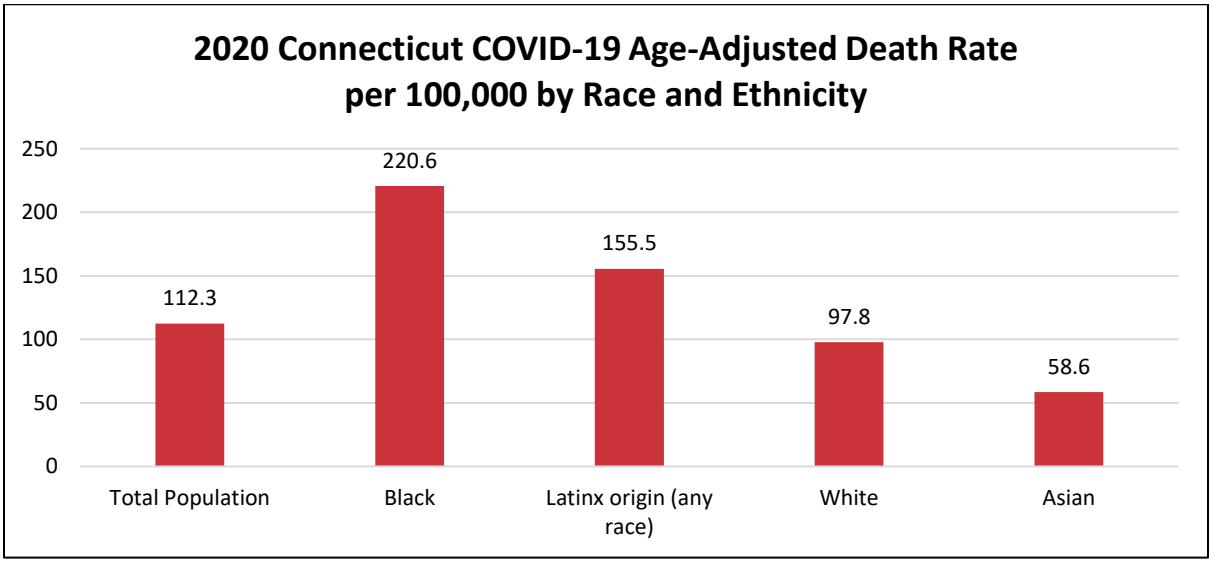
COVID-19 Community Vulnerability Index



Source: COVIDActNow

COVID-19 infections and deaths are tracked by race and ethnicity to identify, prevent, treat, and vaccinate communities most impacted by the virus. The method of determining effects between different groups is arrived upon by calculating age-adjusted rates. Age adjusting is a statistical method of making a fair comparison of two or more groups who have different age distributions. For example, nationally, Black and Latinx racial and ethnic groups have younger age distributions than white non-Hispanics. Since negative outcomes such as hospitalization and death from COVID-19 increase with advanced age, by age adjusting, the impact of COVID-19 on groups can be compared as if the age distribution is the same in all populations.

Although a larger number of COVID-19 deaths occurred among white Connecticut residents compared to other racial and ethnic groups, when the raw numbers are adjusted to reflect a standardized age distribution, the negative impact of COVID-19 is more significant among Black and Latinx people. The COVID-19 rate of death for Black people was more than twice as high as the rate of death for white people. Leading causes of death data for 2020 indicate that COVID-19 was the #1 cause of death for both Black and Latinx people, based on counts.



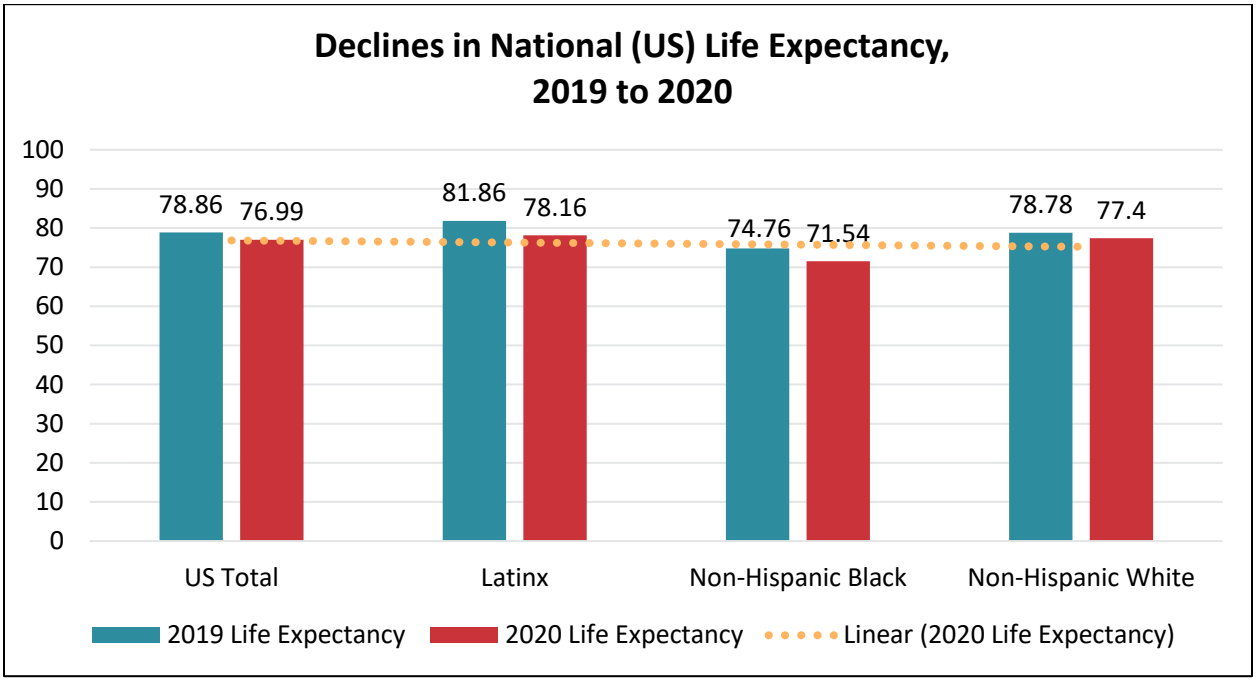
Source: Centers for Disease Control and Prevention

Leading Causes of Death among Connecticut Residents by Race and Ethnicity in 2020

Rank	Asian		Black		White		Latinx (any race)	
	Cause	Count	Cause	Count	Cause	Count	Cause	Count
1	Cancer	105	COVID-19	795	Heart disease	6,035	COVID-19	567
2	Heart disease	82	Heart disease	612	Cancer	5,550	Cancer	393
3	COVID-19	77	Cancer	562	COVID-19	4,309	Heart disease	355
4	Cerebrovascular diseases	30	Accidents	283	Accidents	1,800	Accidents	324
5	Accidents	28	Cerebrovascular diseases	109	Cerebrovascular diseases	1,224	Cerebrovascular diseases	94

Source: Centers for Disease Control and Prevention

The COVID-19 pandemic both highlighted and deepened socioeconomic and health inequities and exposed disparities within the health and social services systems. **The graph below shows that while overall life expectancy decreased nationally from 2019 to 2020, it decreased by more than 3 years for Black and Latinx residents compared to 1.4 years for white residents.**



Source: Centers for Disease Control and Prevention

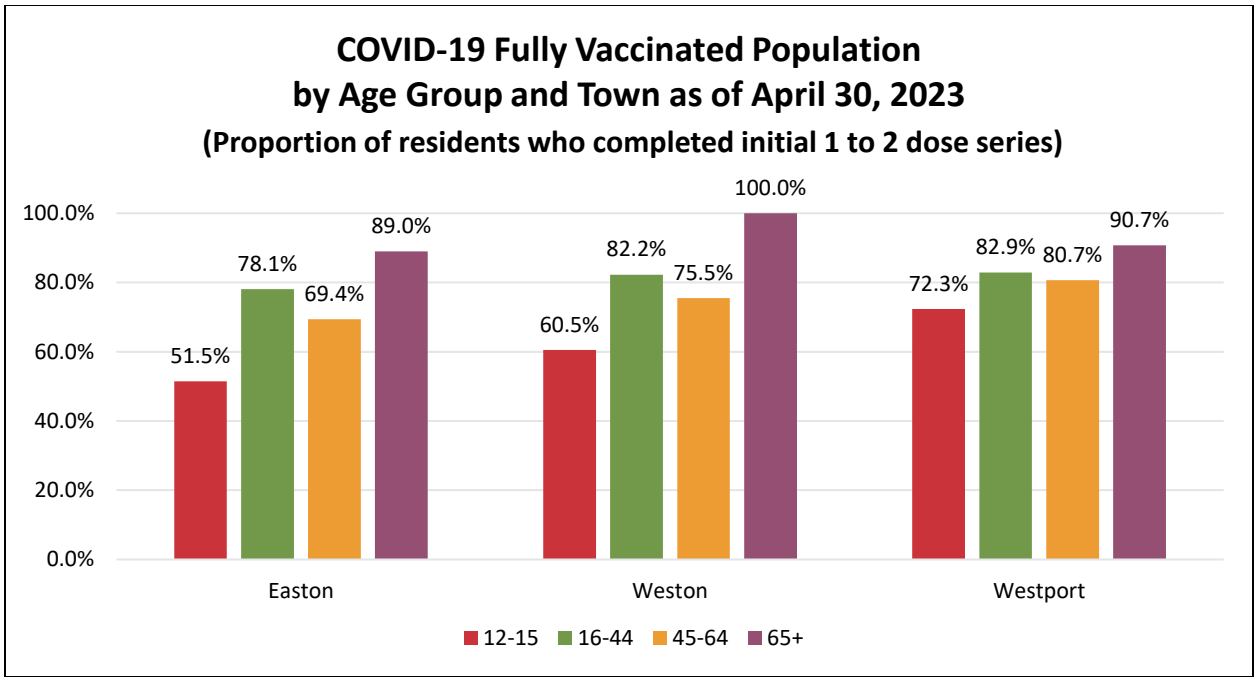
During the height of the COVID-19 pandemic, social distancing, wearing masks, and vaccination were recommended to help prevent the spread of the disease, and potential illness and death. Vaccines were a necessary component of reaching a phenomenon called herd immunity, defined as when a large portion of the community (the herd) becomes immune to a disease, thereby limiting the spread of disease from person to person.

COVID-19 vaccine uptake was generally high within the AHD, although it lagged in Easton relative to other communities. When considered by age group, **only 51.5% of youth aged 12-15 in Easton were vaccinated as of April 2023**. Across the AHD, there were a total of 59 COVID-related deaths as of April 2023.

Cumulative COVID-19 Deaths Cases and Deaths within Aspetuck Health District (as of April 30, 2023)

	Cases	Deaths
Easton	1,709	7
Weston	2,042	8
Westport	6,496	44

Source: Connecticut Department of Public Health



Source: Connecticut Department of Public Health April 2023

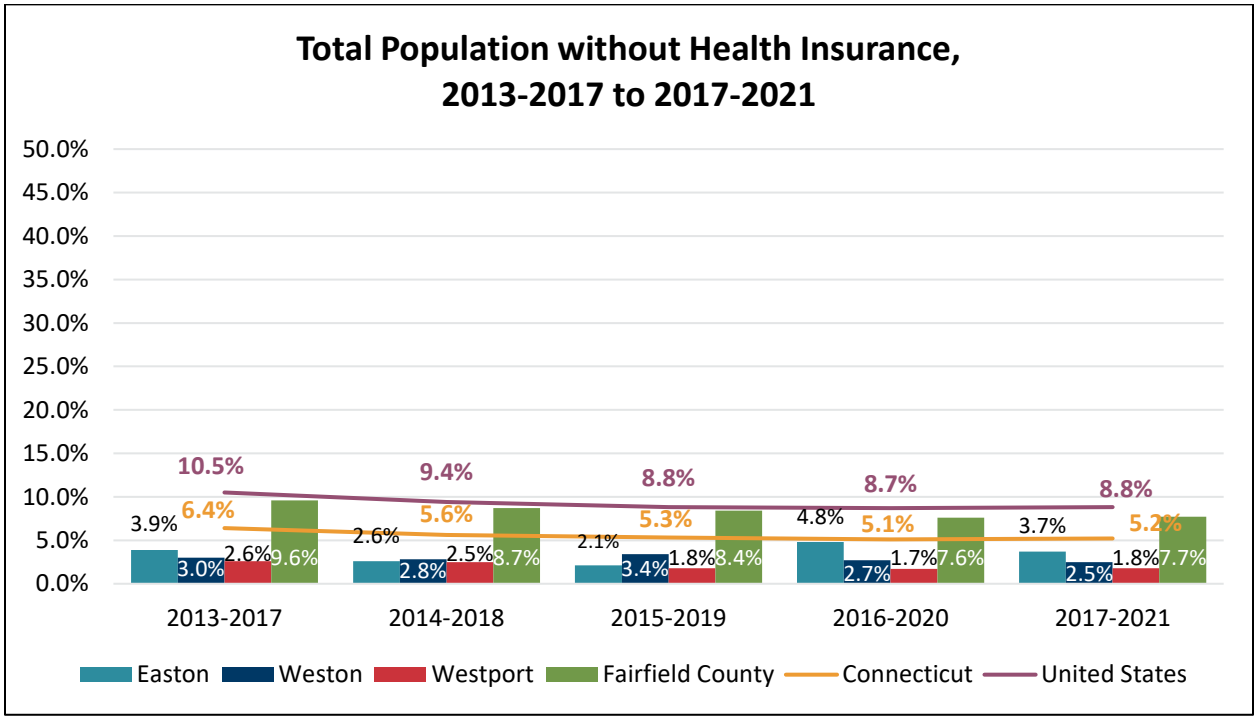
Our Health Status as a Community

Access to Care

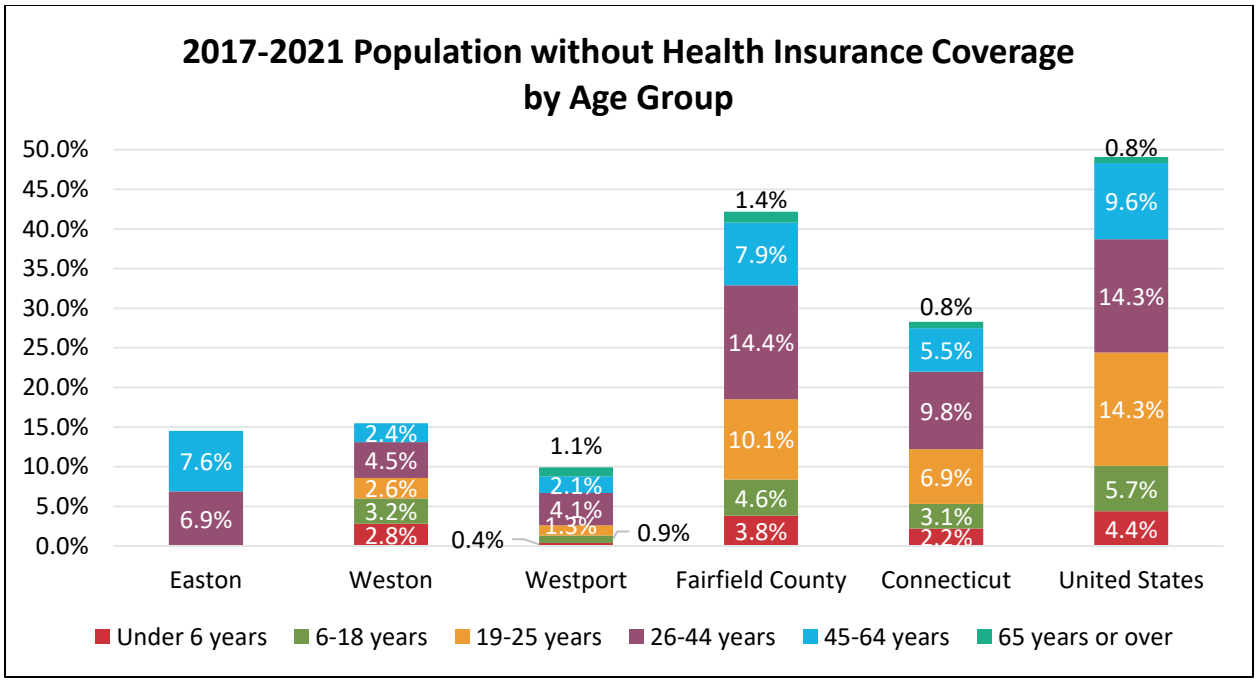
AHD communities have fewer uninsured residents than the state and nation and meet the HP2030 goal of 92.1% insured residents. This finding is consistent across age groups.

Uninsured data by race and ethnicity are not shown for AHD communities due to low counts. Across Fairfield County, and consistent with state and national trends, individuals identifying as Latinx have a disproportionately higher uninsured rate (18.5%) than other racial groups. Multiracial individuals, one of the fastest growing demographics in the AHD, also have a high uninsured percentage of nearly 12%.

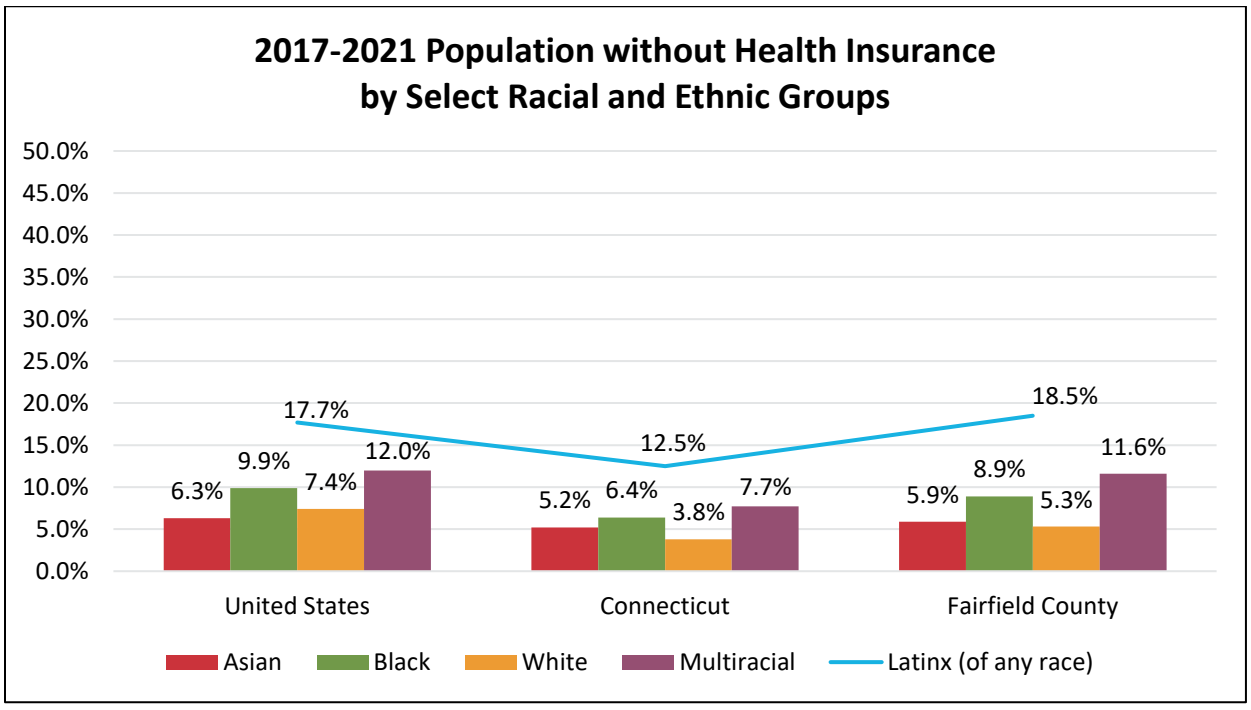
Insurance coverage types among AHD residents generally reflect demographic and socioeconomic trends. Easton, home to an older demographic, has a slightly higher proportion of Medicare insured residents than other AHD towns, and a higher proportion of Medicaid covered residents. All three communities have a high proportion of residents covered by employer-based plans and/or self-purchased plans compared to state and national benchmarks.



Source: US Census Bureau, American Community Survey

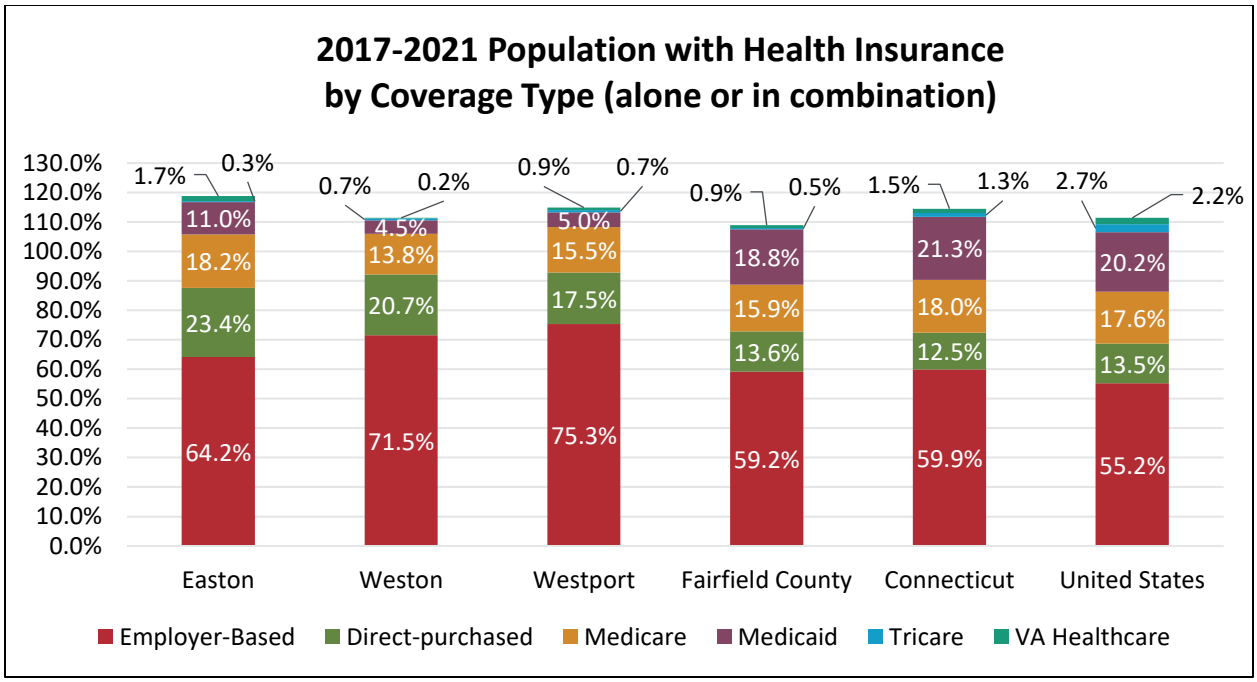


Source: US Census Bureau, American Community Survey



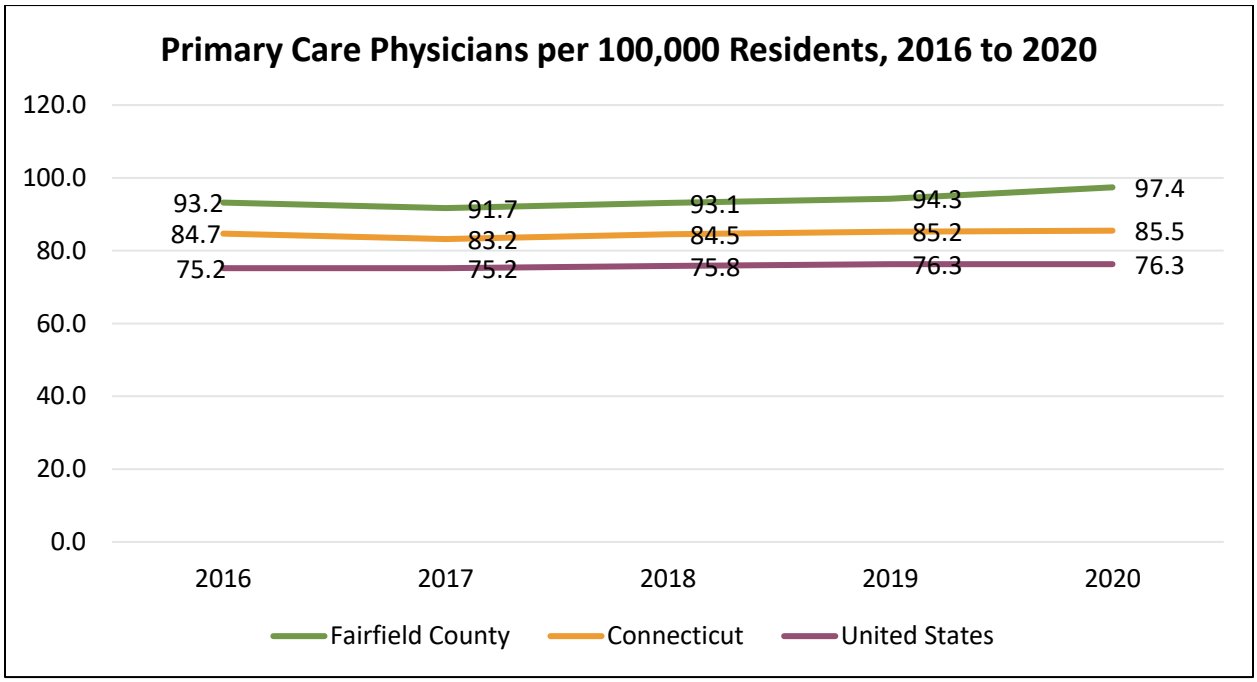
Source: US Census Bureau, American Community Survey

*Data are not reported for Easton, Weston, and Westport due to low population counts.

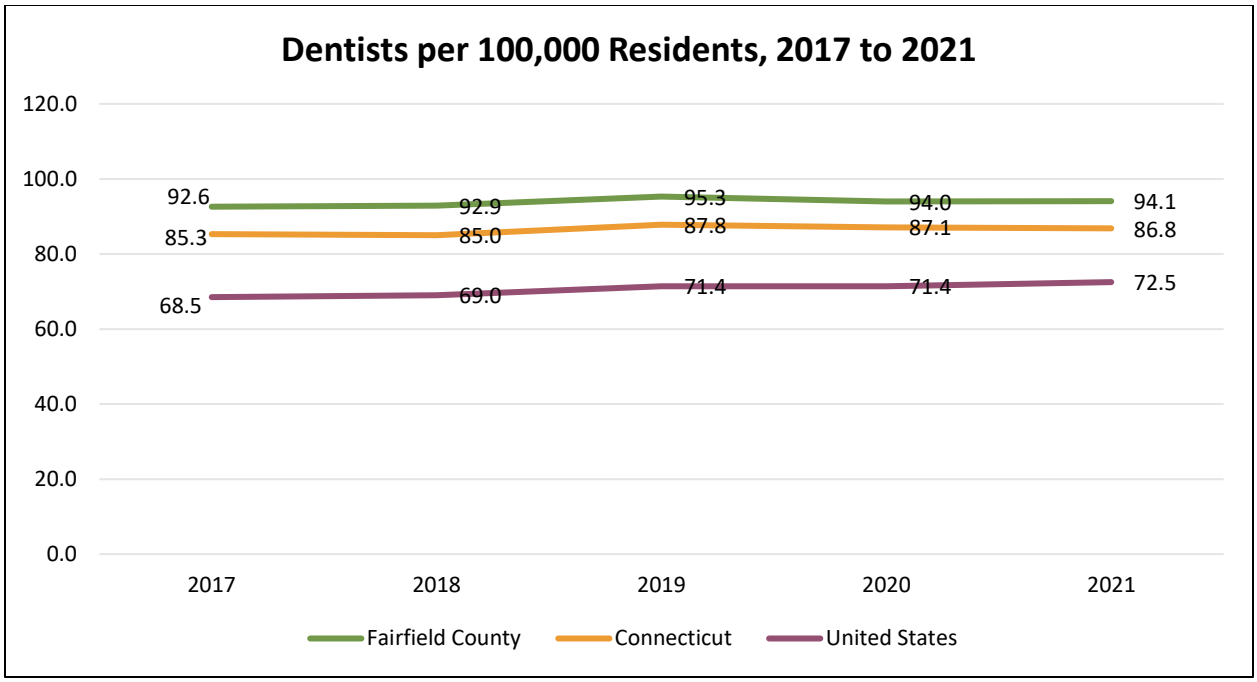


Source: US Census Bureau, American Community Survey

Fairfield County is generally well served by healthcare providers, including primary care physicians and dentists, when compared to state and national benchmarks. **Within the AHD, healthcare providers are largely concentrated in Westport, but all three towns have a similarly high proportion of adults accessing routine physical and/or dental care.** The proportion of adults with a recent dental visit is nearly 20 points higher than the national average.

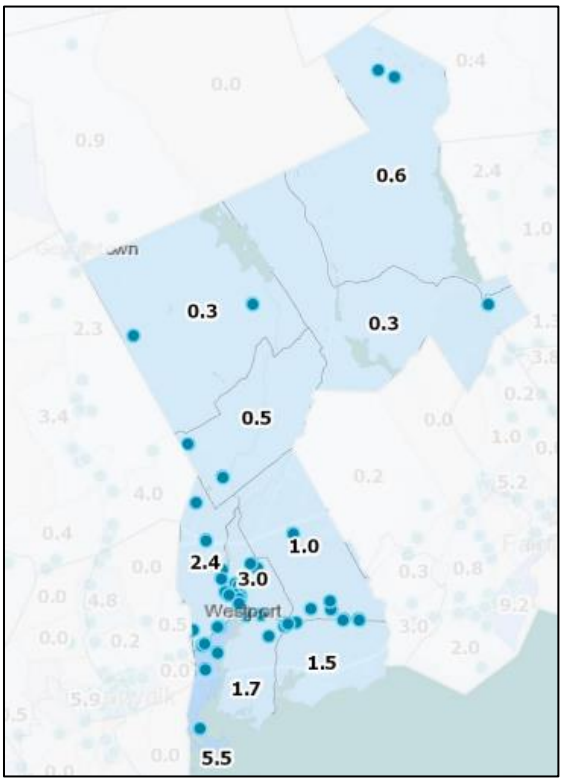


Source: Health Resources & Services Administration

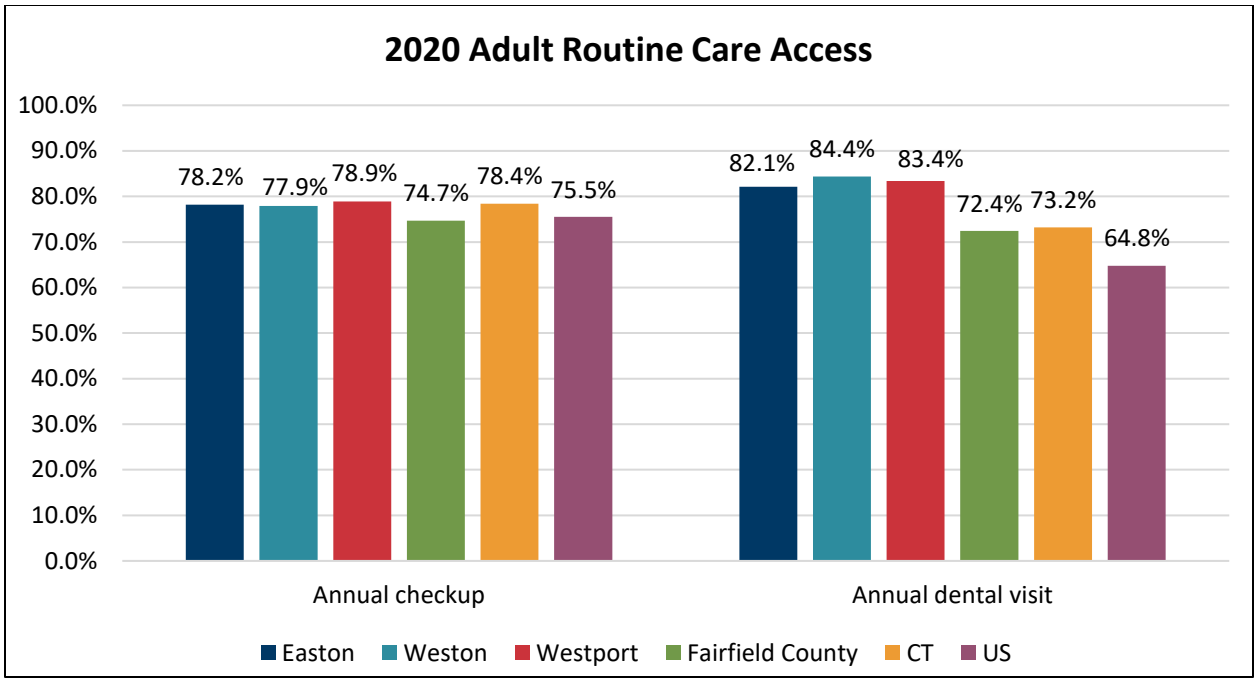


Source: Health Resources & Services Administration

2022 Primary Care Physician Locations and Rate per 10,000 by Census Tract



Source: Centers for Medicare and Medicaid Services & Center for Applied Research and Engagement Systems



Source: Centers for Disease Control and Prevention

Health Risk Factors and Chronic Disease

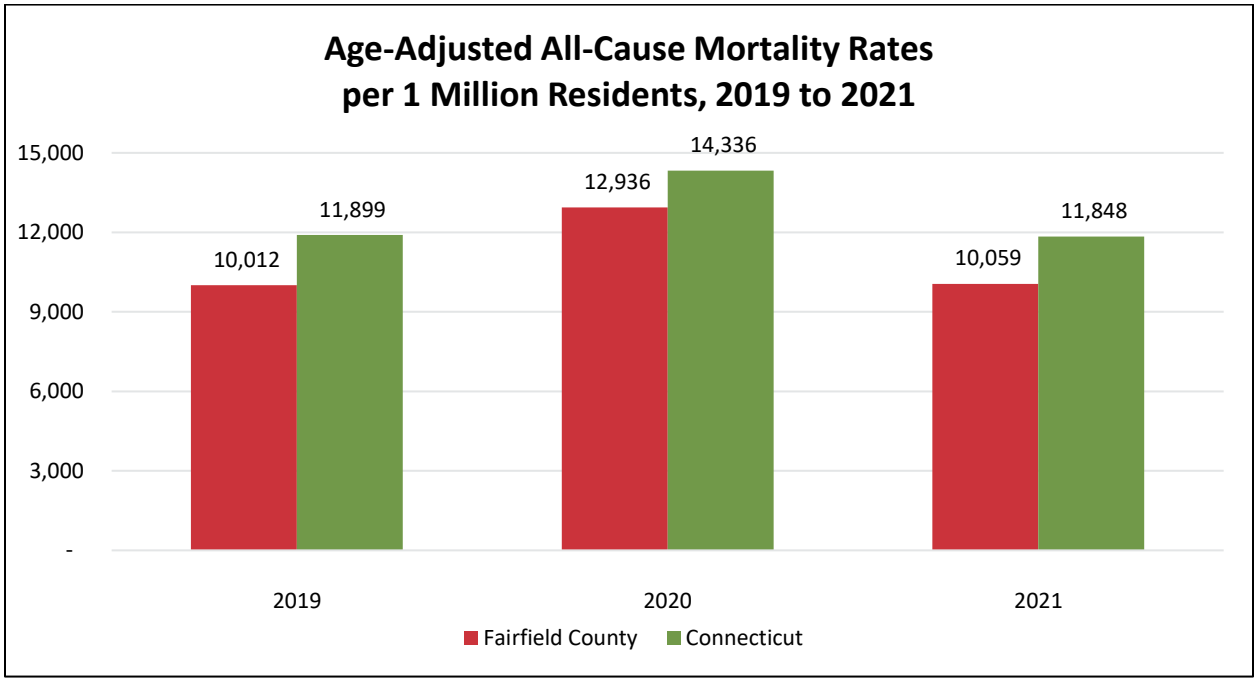
The following report sections further explore health risk factors and chronic disease, and their connection to underlying SDoH. Negative SDoH not only lead to poorer health outcomes and the onset of disease, but they are also likely to impede disease management and treatment efforts, further exacerbating poorer health outcomes.

Consistent with having more positive SDoH overall, residents of Fairfield County experience fewer premature deaths and lower death rates due to leading causes like cancer, heart disease, and poisoning (including overdose). However, chronic conditions, like cancer and heart disease, as well as diabetes and lung disease, continue to be leading causes of morbidity and mortality.

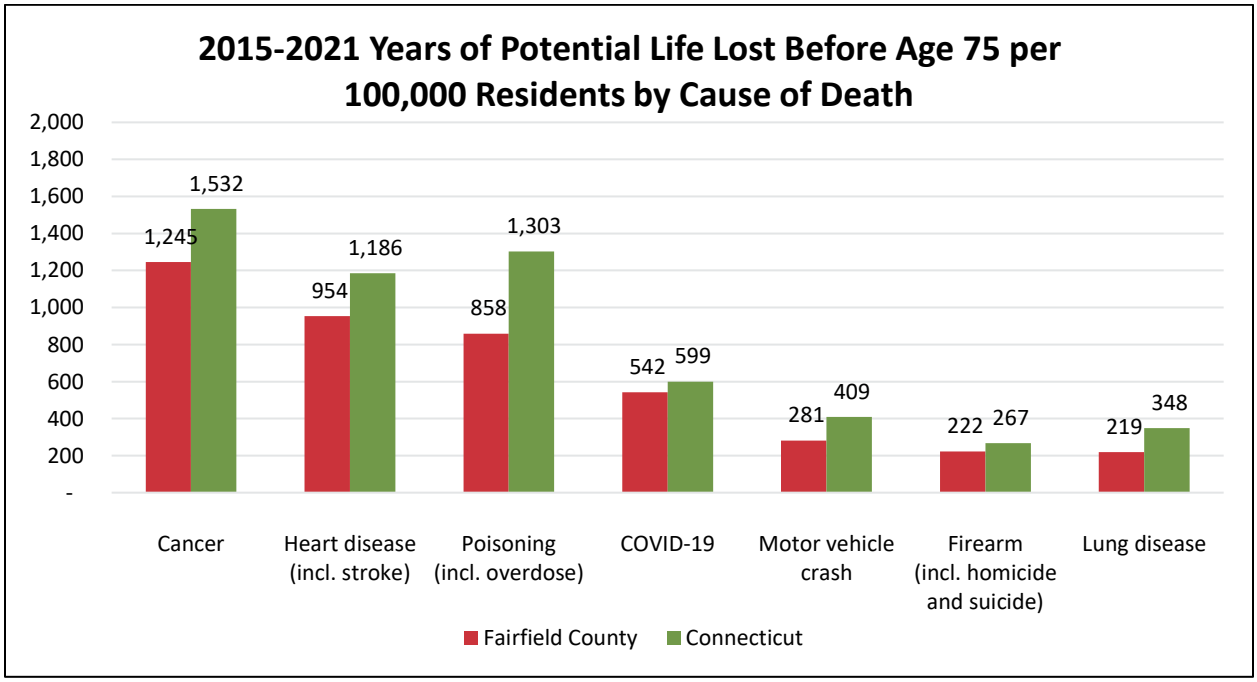
Within the AHD, nearly 1 in 10 adults have been diagnosed with any type of cancer (excluding skin), slightly exceeding state and national benchmarks. This finding may be due in part to better screening practices. Female cancer screenings, such as mammography and Pap tests, are generally high across the AHD, a positive indicator for early detection and treatment. However, **less than three-quarters of age-recommended AHD adults have received a colorectal cancer screening. Nationally, colorectal cancer is the third most common cancer diagnosed in both men and women each year.**

Within the AHD, approximately one-quarter to one-third of adults have at least one risk factor for heart disease and diabetes, including high blood pressure, high cholesterol, and/or obesity. However, consistent with more positive SDoH and overall health outcomes, related disease burden is generally lower among AHD adults compared to state and national benchmarks.

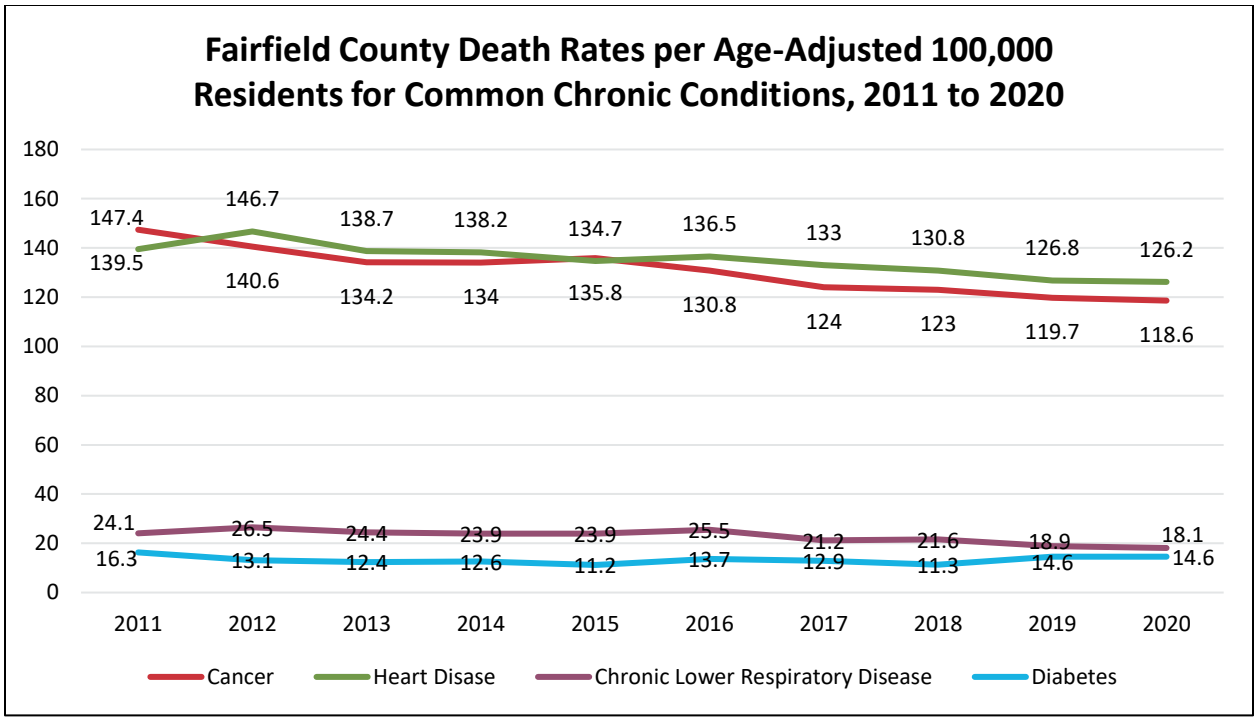
Adult residents of the AHD are less likely to smoke than their peers statewide and nationally. They also have a slightly lower prevalence of lung disease, including asthma and chronic obstructive pulmonary disease (COPD).



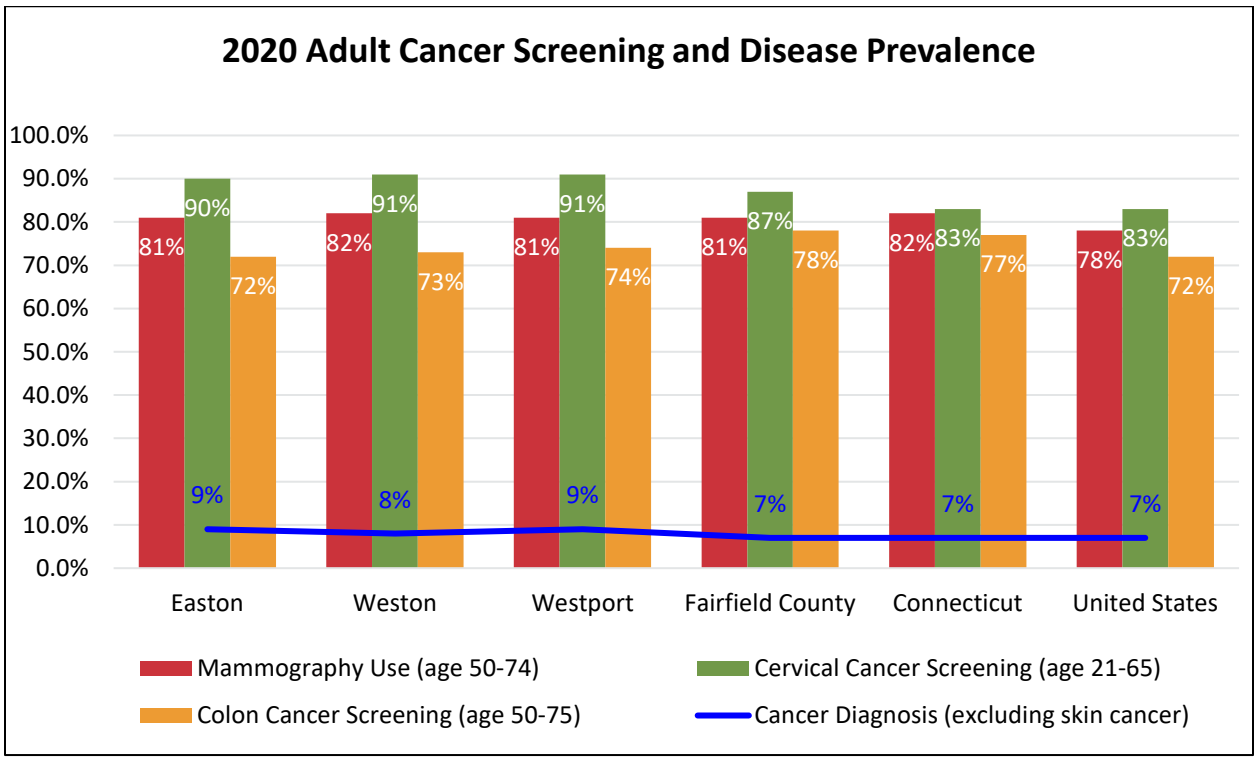
Source: DataHaven Fairfield County Community Wellbeing Index



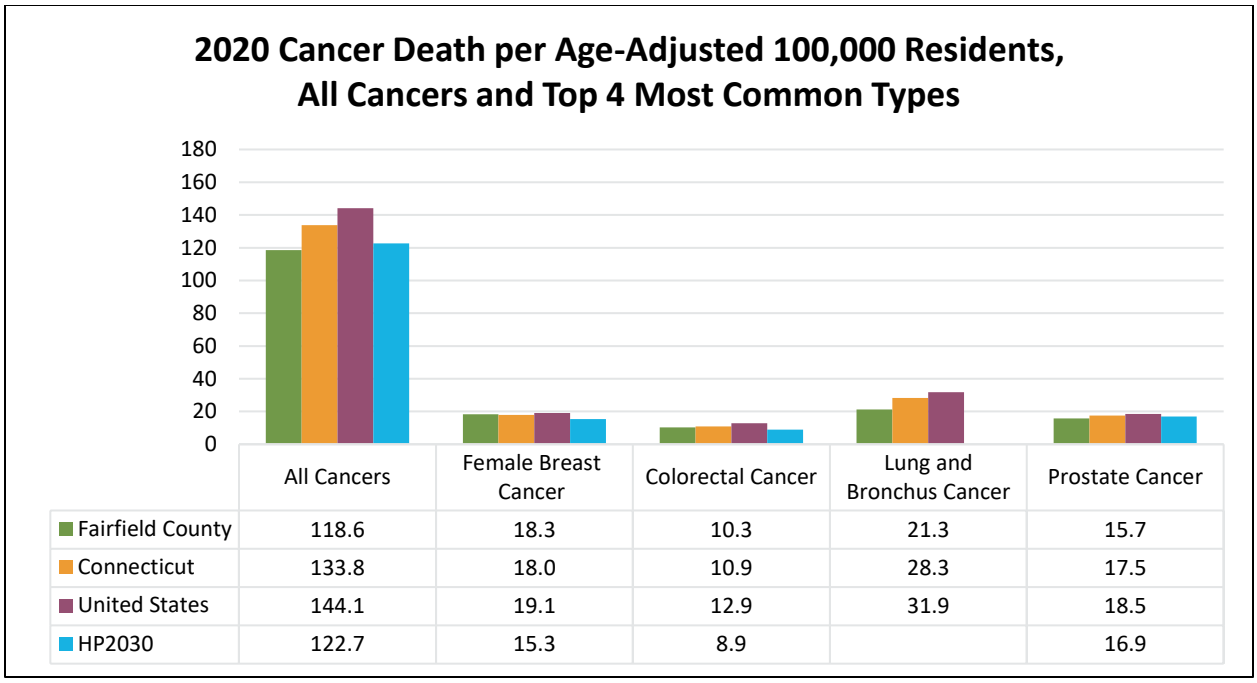
Source: DataHaven Fairfield County Community Wellbeing Index



Source: Centers for Disease Control and Prevention

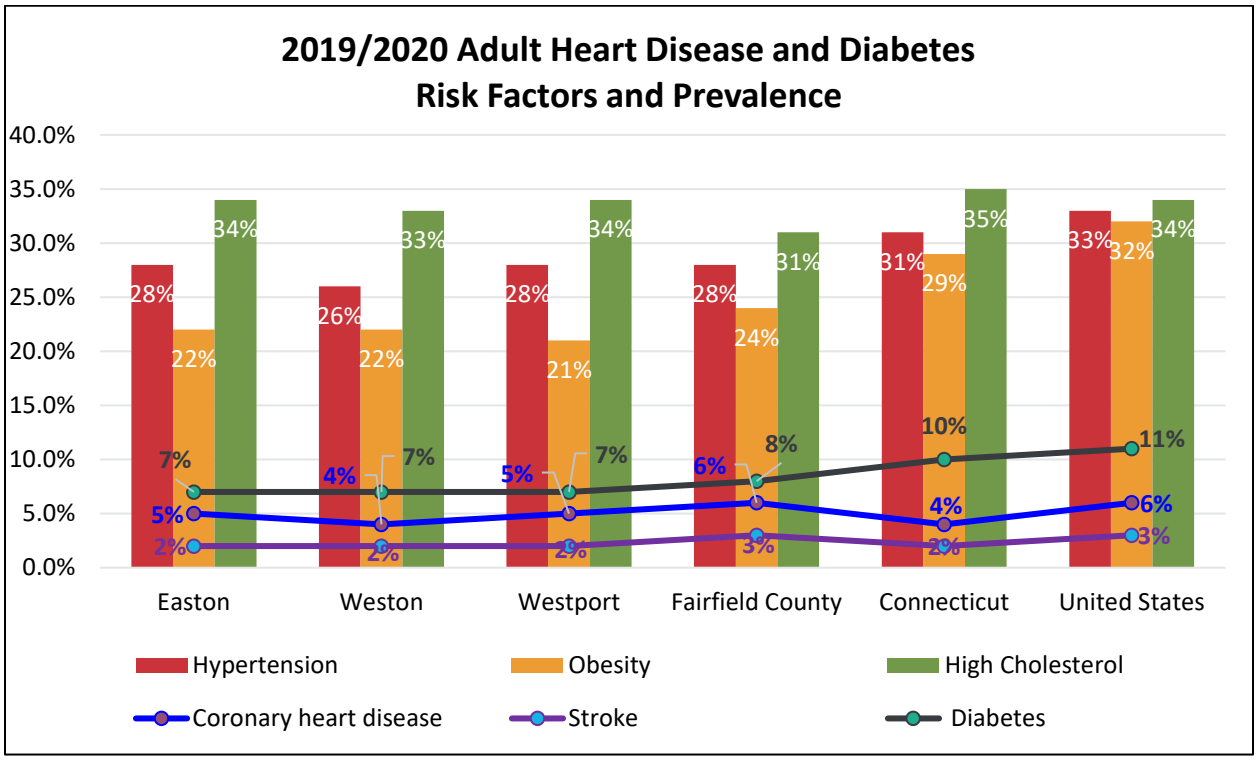


Source: Centers for Disease Control and Prevention

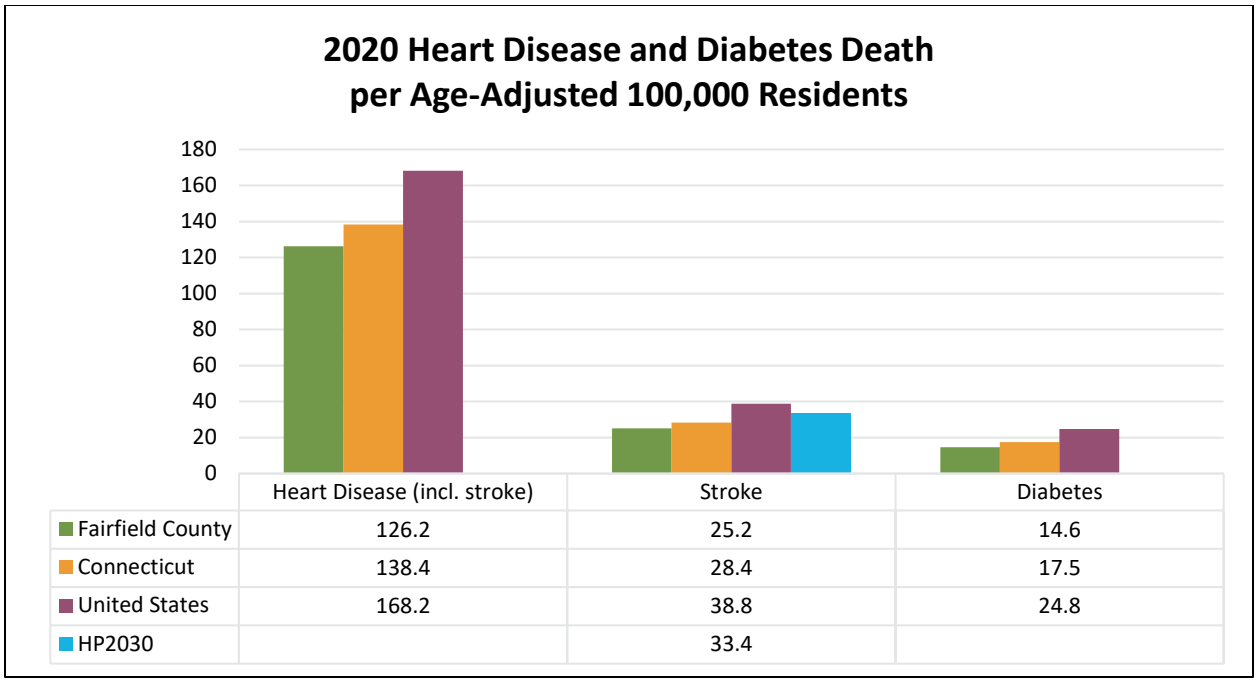


	All Cancers	Female Breast Cancer	Colorectal Cancer	Lung and Bronchus Cancer	Prostate Cancer
Fairfield County	118.6	18.3	10.3	21.3	15.7
Connecticut	133.8	18.0	10.9	28.3	17.5
United States	144.1	19.1	12.9	31.9	18.5
HP2030	122.7	15.3	8.9		16.9

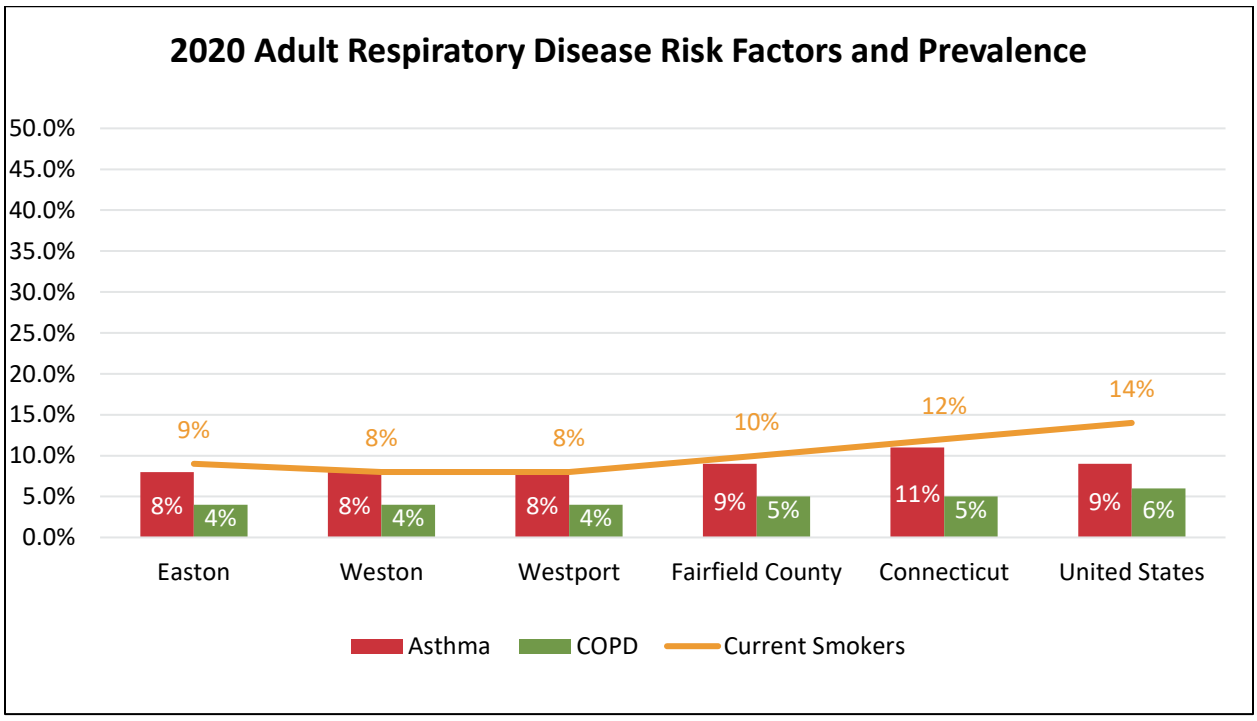
Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention



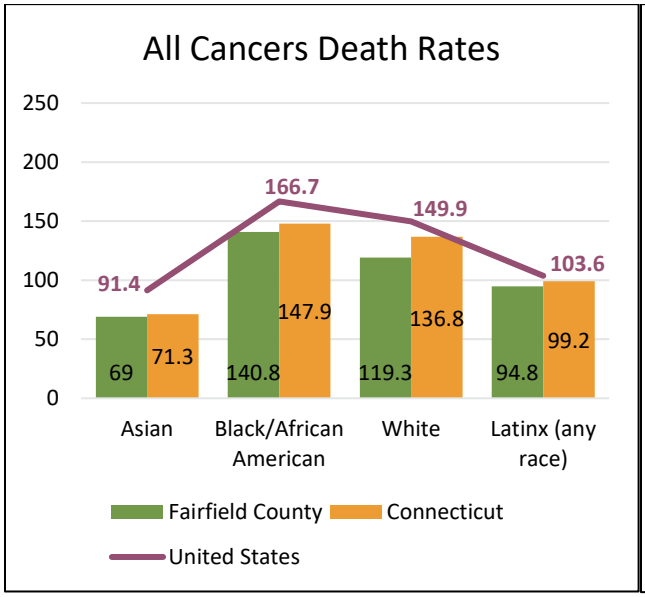
Source: Centers for Disease Control and Prevention

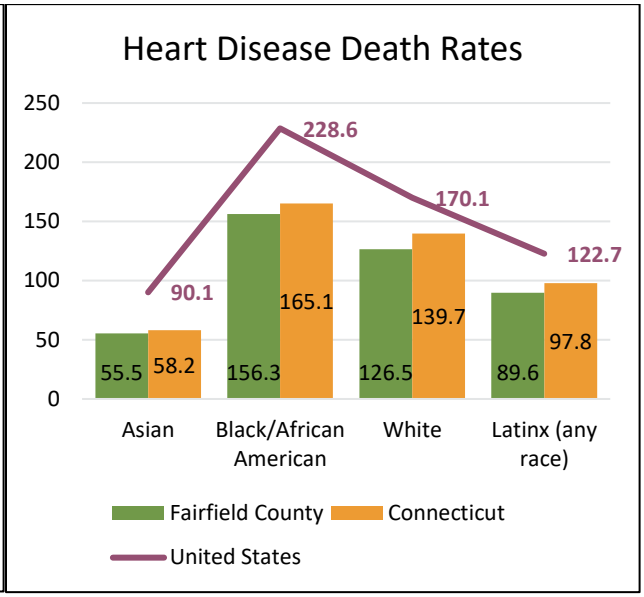


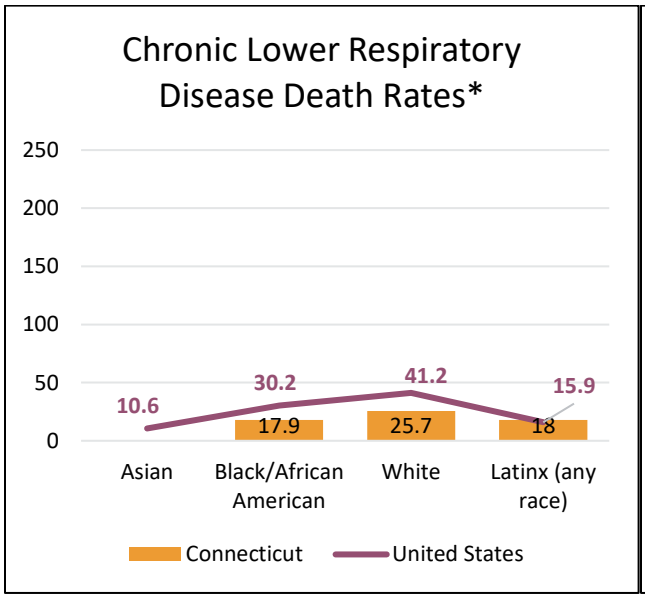
Source: Centers for Disease Control and Prevention

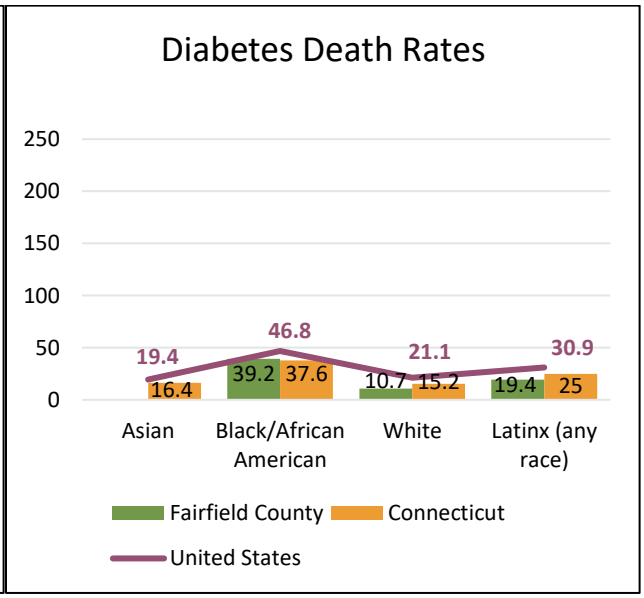
Chronic disease indicators are not presented by race and ethnicity for AHD communities due to low population counts. Across Fairfield County, Connecticut, and the nation, people of color, particularly Black people, experience disparate outcomes relative to white people living in the same community. In Fairfield County, these disparities include heart disease and cancer death rates that are 20 to 40 points higher for Black people than white people, and a diabetes death rate that is more than three times higher.

2020 Chronic Disease Death Rates per Age-Adjusted 100,000 Residents by Race and Ethnicity









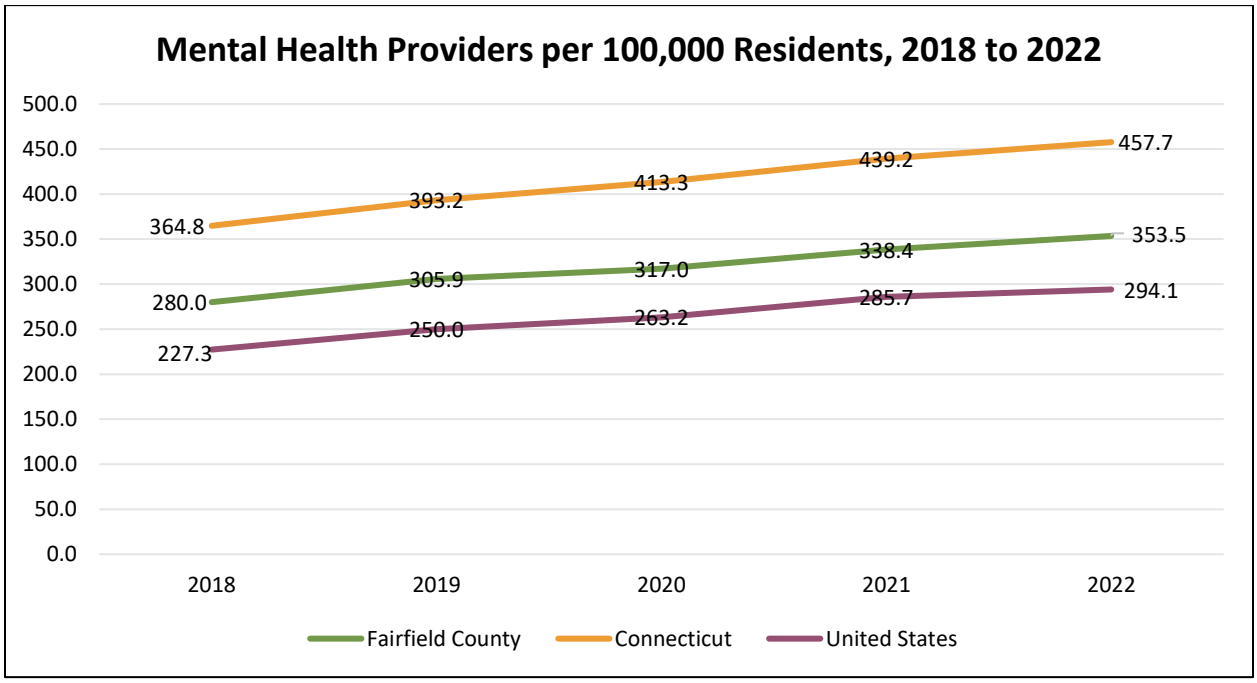
*Data are not reported for Fairfield County due to low death counts.

Mental Health and Substance Use Disorder

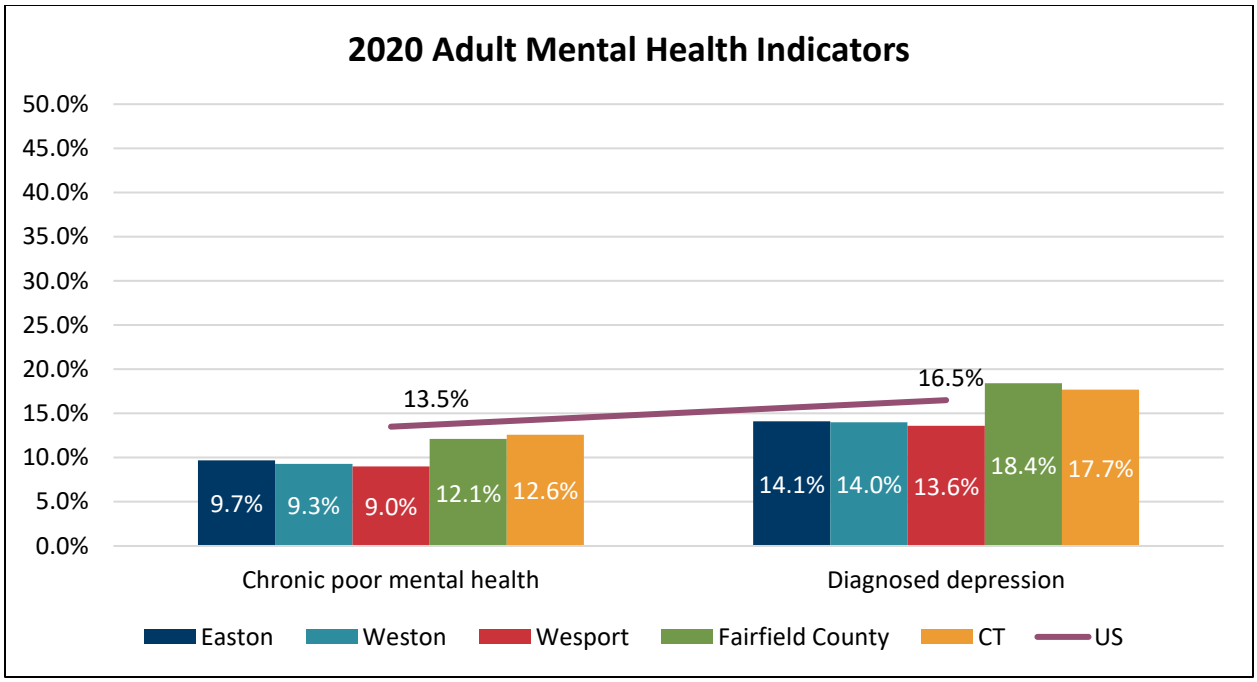
Contrary to high availability of primary care physicians and dentists, Fairfield County has lower availability of mental health providers than the state overall, as measured by the rate of providers per 100,000 population. **While Fairfield County adults have lower availability of mental health providers, they have a similar or higher prevalence of poor mental health than their peers statewide.** The proportion of county adults with chronic poor mental health increased annually from 2017 to 2020.

Despite lower availability of mental health providers and higher adult prevalence of poor mental health, Fairfield County has a historically lower rate of suicide death than the state and nation and meets the HP2030 goal for this measure.

Adult residents of the AHD report better mental health than their peers countywide or statewide, but poor mental health is still prevalent. **Nearly 1 in 10 adults in the AHD have chronic poor mental health and more than 1 in 10 adults have been diagnosed with depression.**

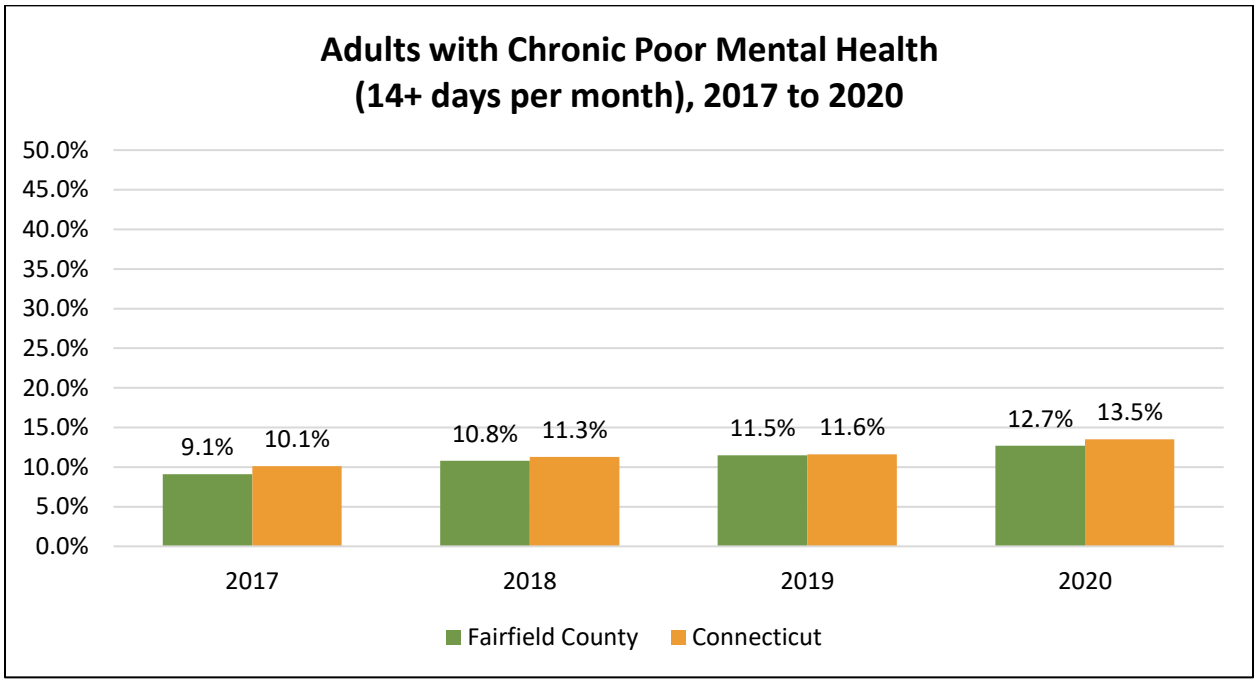


Source: Centers for Medicare and Medicaid Services

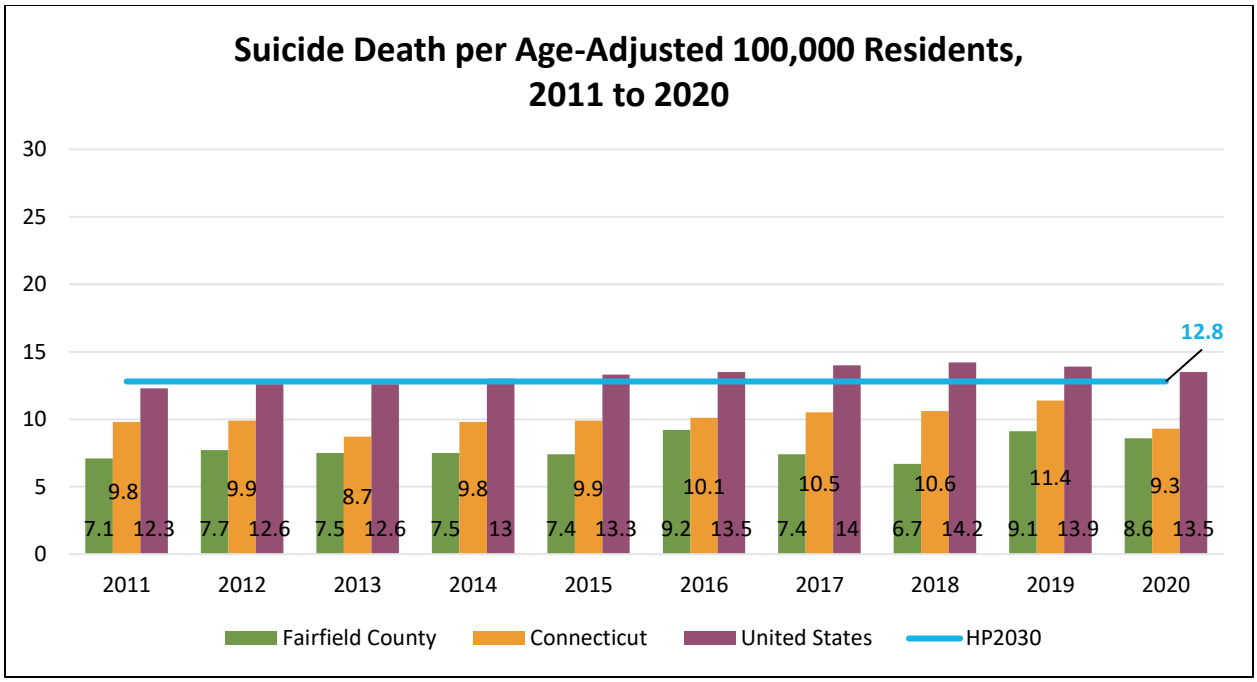


Source: Centers for Disease Control and Prevention

*Chronic poor mental health is defined as 14 or more days of poor mental health in a 30-day period.



Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention

Substance use disorder affects a person's brain and behaviors and leads to an inability to control the use of substances which include alcohol, marijuana, and opioids, among others. Alcohol is the most prevalent addictive substance used among adults. One measure of alcohol use disorder is prevalence of binge drinking among adults. As shown in the table below, **nearly 1 in 5 AHD adults report recent binge drinking, a slightly higher proportion than the county, state, and nation. Across Fairfield County from 2016-2020, 29.1% of all driving related deaths were due to alcohol impairment or driving under the influence.** This finding is consistent with Connecticut overall (30.4%) and both areas slightly exceed the national average (27%).

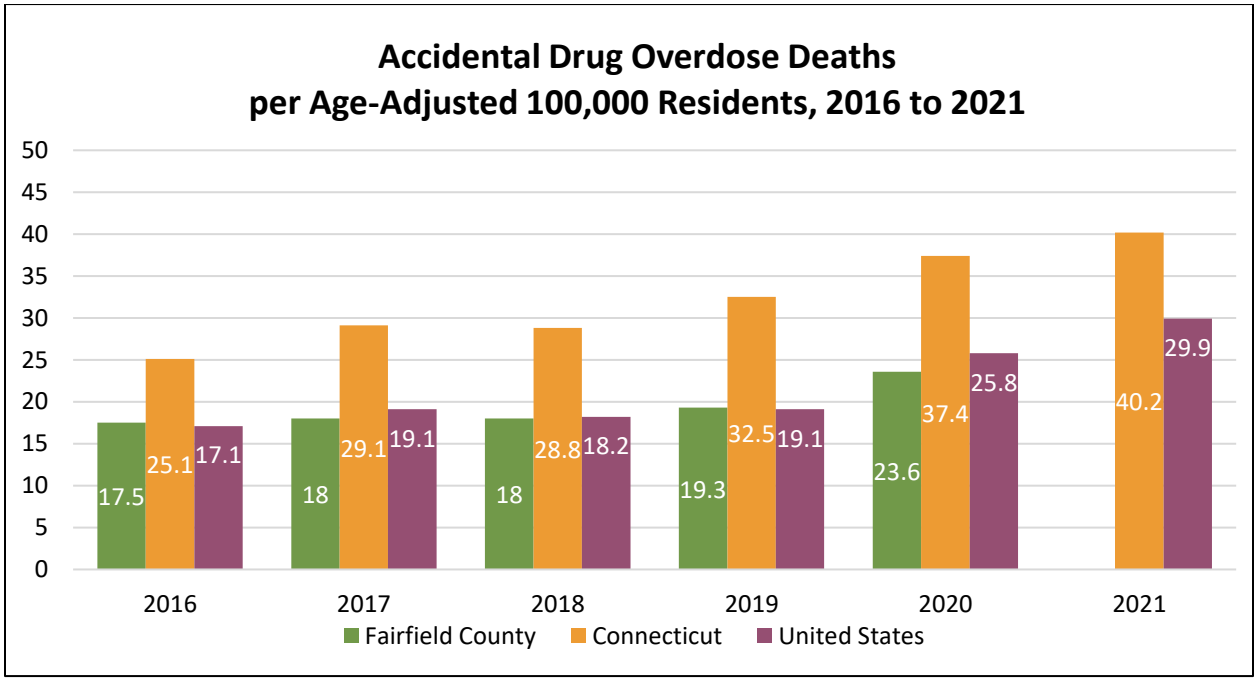
2020 Binge Drinking among Adults

	Adults aged ≥18 years who reported having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days
Easton	16.6%
Weston	17.0%
Westport	15.8%
Fairfield County	15.1%
Connecticut	14.3%
United States	15.5%

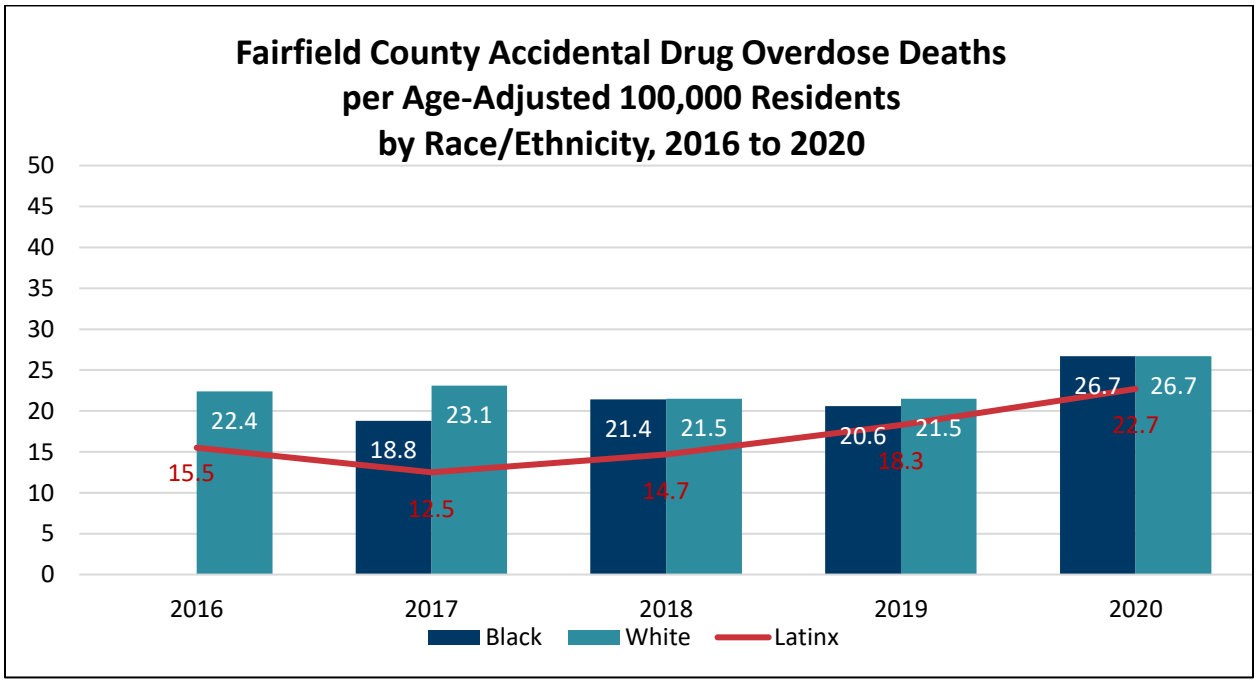
Source: Centers for Disease Control and Prevention

The CDC predicts that 2020 and 2021 brought the highest number of drug-related overdose deaths ever in the US. Connecticut has historically had more accidental drug overdose deaths than the nation, and the rate of deaths per 100,000 residents increased annually through 2021. Overdose related deaths are

also prevalent in Fairfield County, although to a lesser degree than the state overall and more closely mirroring national trends. **The AHD has had a consistently low number of drug-related overdose deaths. From 2020 to 2022, there were a total of 8 overdose deaths among AHD residents.**



Source: Centers for Disease Control and Prevention
*2021 age-adjusted death rates are not available for Fairfield County.



Source: Centers for Disease Control and Prevention
*A 2016 death rate is not reported for Black residents due to low death count.

Populations of Special Interest

Aging Population

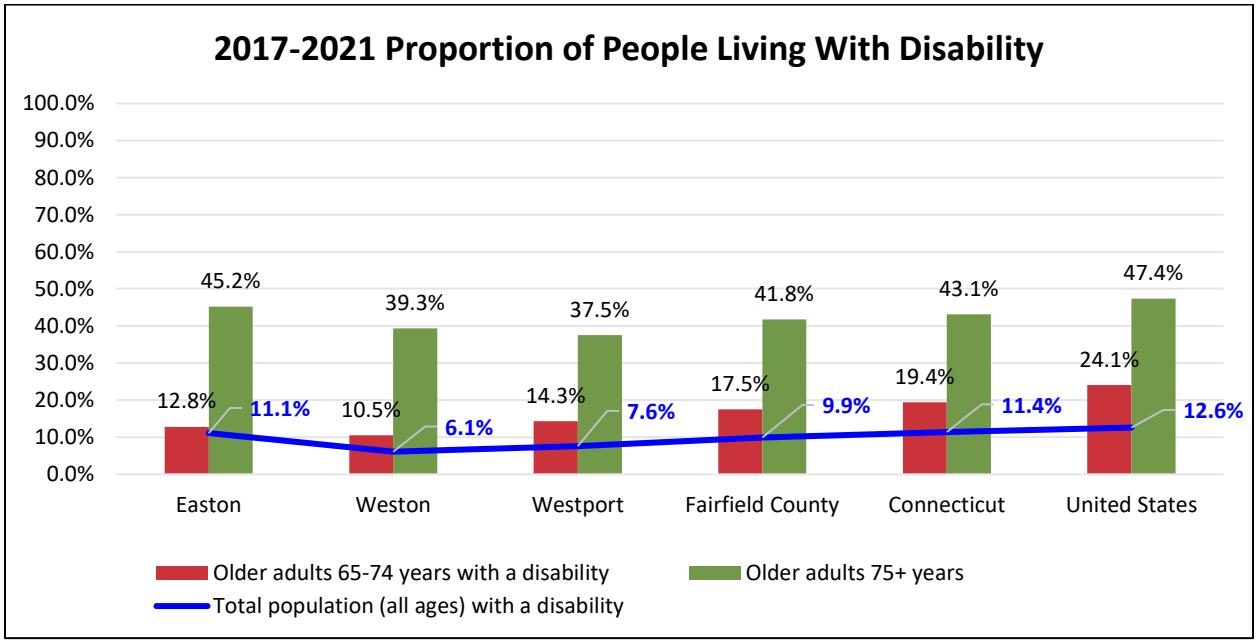
The AHD is an aging community. In Easton, adults aged 65 or older comprise nearly 1 in 5 residents, and the number of older adults increased nearly 50% from 2010. **Among older adults in Easton, 45.2% of adults aged 75 or older experience disability compared to 37-39% in other AHD towns.** Nearly one-quarter of older adults in Easton experience ambulatory (walking) difficulty.

The CDC reports that, "Aging increases the risk of chronic diseases such as dementias, heart disease, type 2 diabetes, arthritis, and cancer. These are the nation's leading drivers of illness, disability, death, and health care costs." **Across Connecticut in 2021, 51% (aged 65-74) to 81% (aged 85 or older) of older adult Medicare beneficiaries were managing three or more chronic conditions**. Among the most prevalent chronic conditions were hypertension and high cholesterol, affecting approximately 60-85% of beneficiaries depending on age group. Similar disease prevalence data are not available for AHD towns.

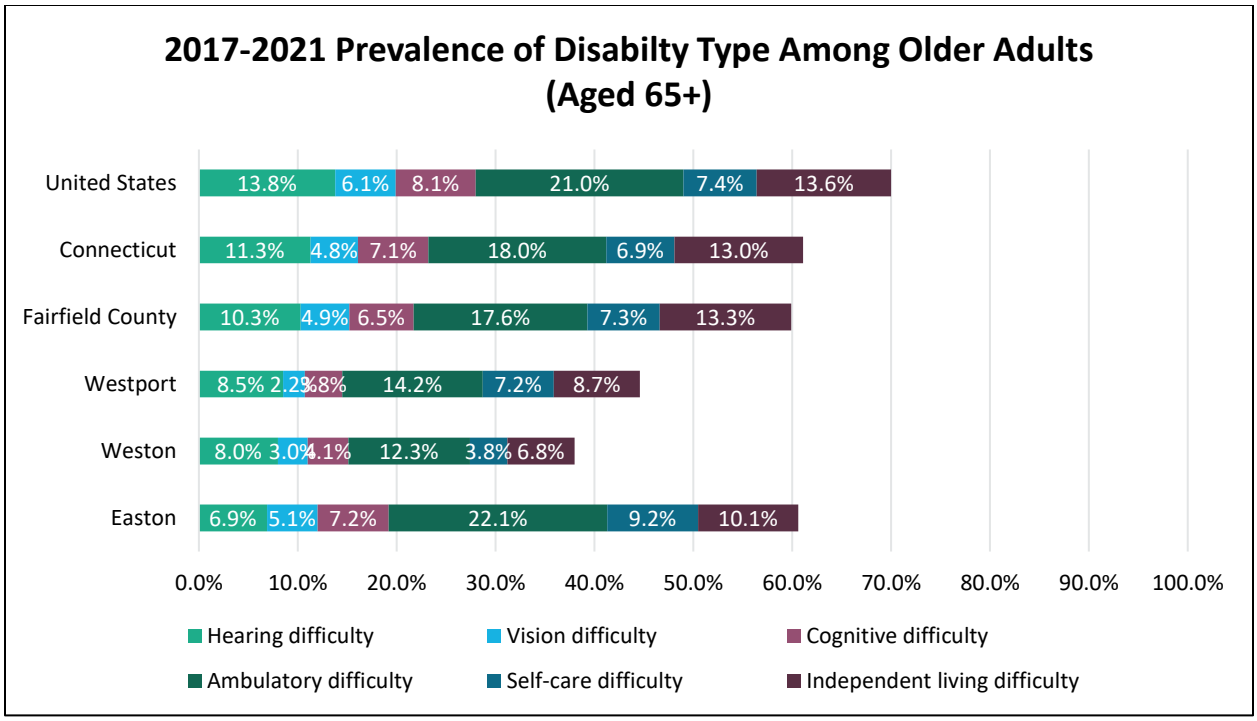
2017-2021 Older Adult (aged 65+) Population

	2017-2021 Count	2017-2021 Percent of Total Population	Percent Change from 2010
Easton	1,419	18.7%	+47.5%
Weston	1,510	14.6%	+35.4%
Westport	4,589	16.9%	+16.7%
Fairfield County	151,385	15.8%	+25.6%
Connecticut	620,179	17.2%	+26.1%
United States	52,888,621	16.0%	+36.5%

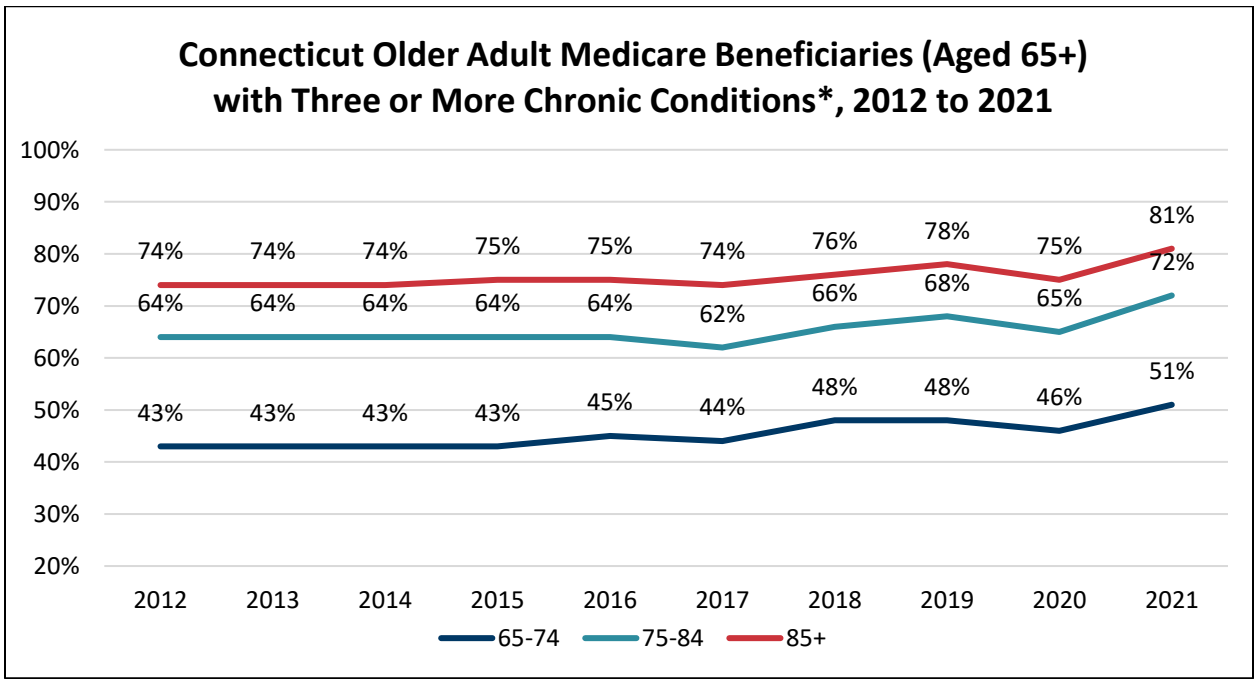
Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey

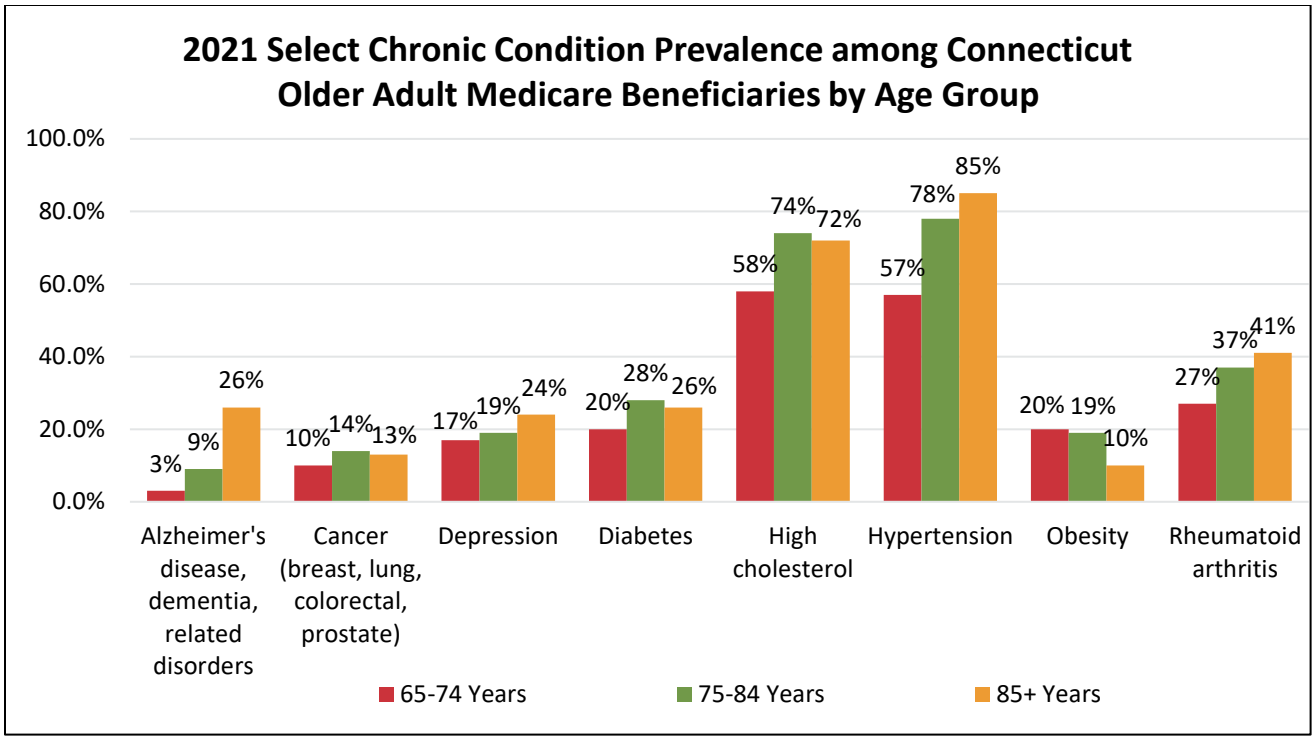


Source: US Census Bureau, American Community Survey



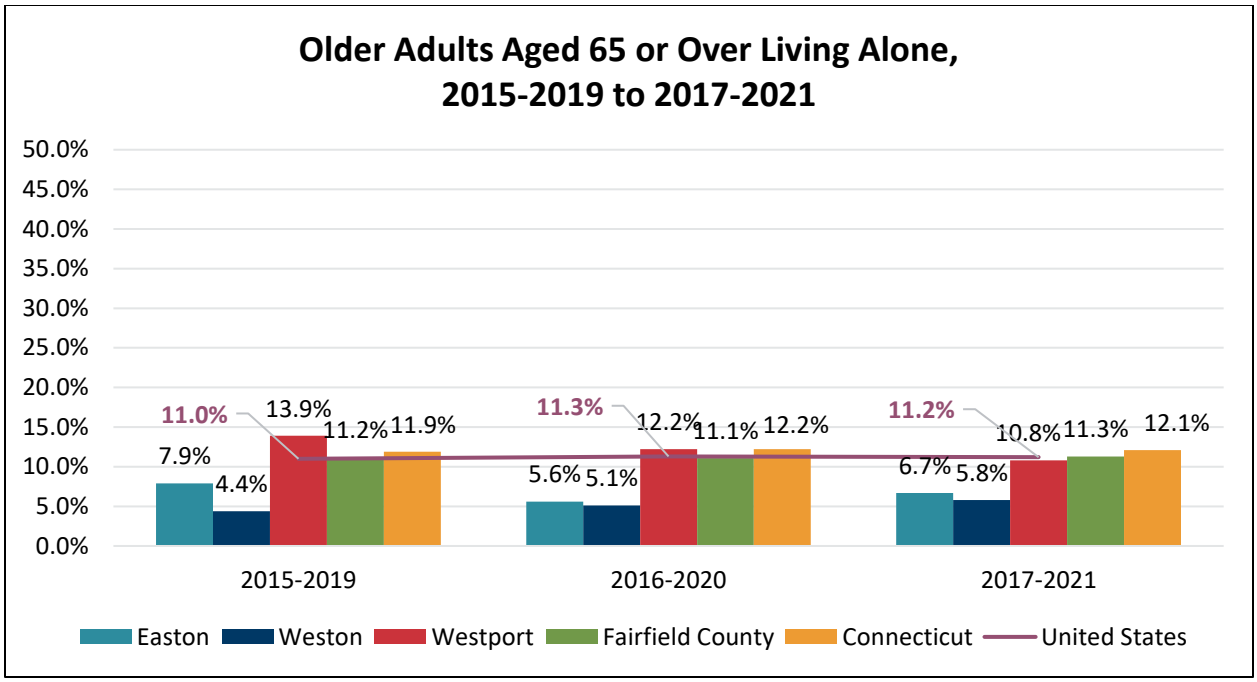
Source: Centers for Medicare & Medicaid Services

*Fairfield County data are not available after 2018. Fairfield County 2018 disease prevalence trended slightly lower than the state overall.



Source: Centers for Medicare & Medicaid Services
*Fairfield County disease prevalence data are not available after 2018.

In older adults, chronic illness often leads to diminished quality of life and increased social isolation. Social isolation may also impede effective chronic illness management and accelerate the negative impact of chronic diseases. One indicator of social isolation among older adults is the percentage who live alone**. Fewer AHD older adults live alone when compared to their peers across the state and nation, and the proportion who live alone in Westport declined in recent years.**



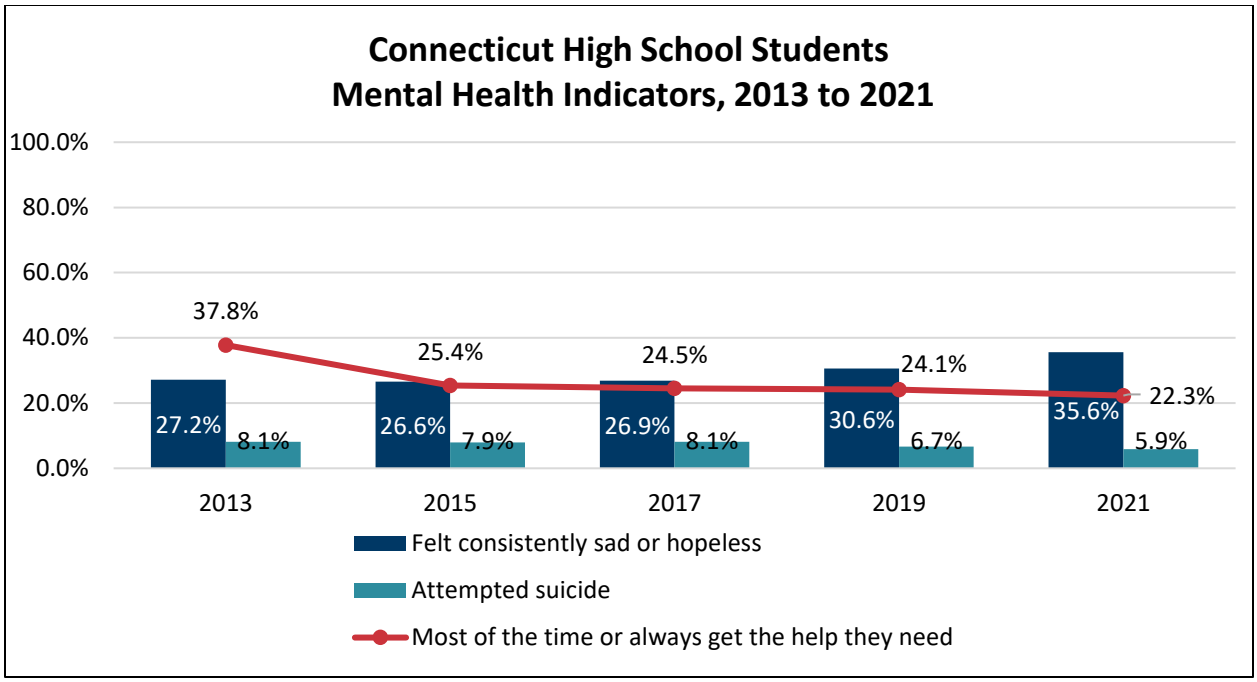
Source: US Census Bureau, American Community Survey

Youth

Connecticut Statewide Trends

The Connecticut School Health Survey (CSHS) is a school-based survey of students in grades 9-12, with randomly chosen classrooms within selected schools, and is anonymous and confidential. It is also nationally known as the Youth Risk Behavior Survey (YRBS). Survey results are provided as statewide metrics only. Key survey findings are highlighted below.

Mental health status was declining for Connecticut youth before COVID-19, and the pandemic experience did not improve outcomes. In 2021, nearly 36% of students felt sad or depressed on most days, an increase from 31% in 2019. **Of note, while the proportion of students feeling consistently sad or depressed increased, the proportion who reported most of the time or always getting the help they need decreased.** When viewed by student characteristics, 47.6% of female students felt consistently sad or depressed compared to 24% of male students. **Nearly 43% of Latinx students felt consistently sad or depressed, and they were the least likely to report receiving the help they need (17.2%).**



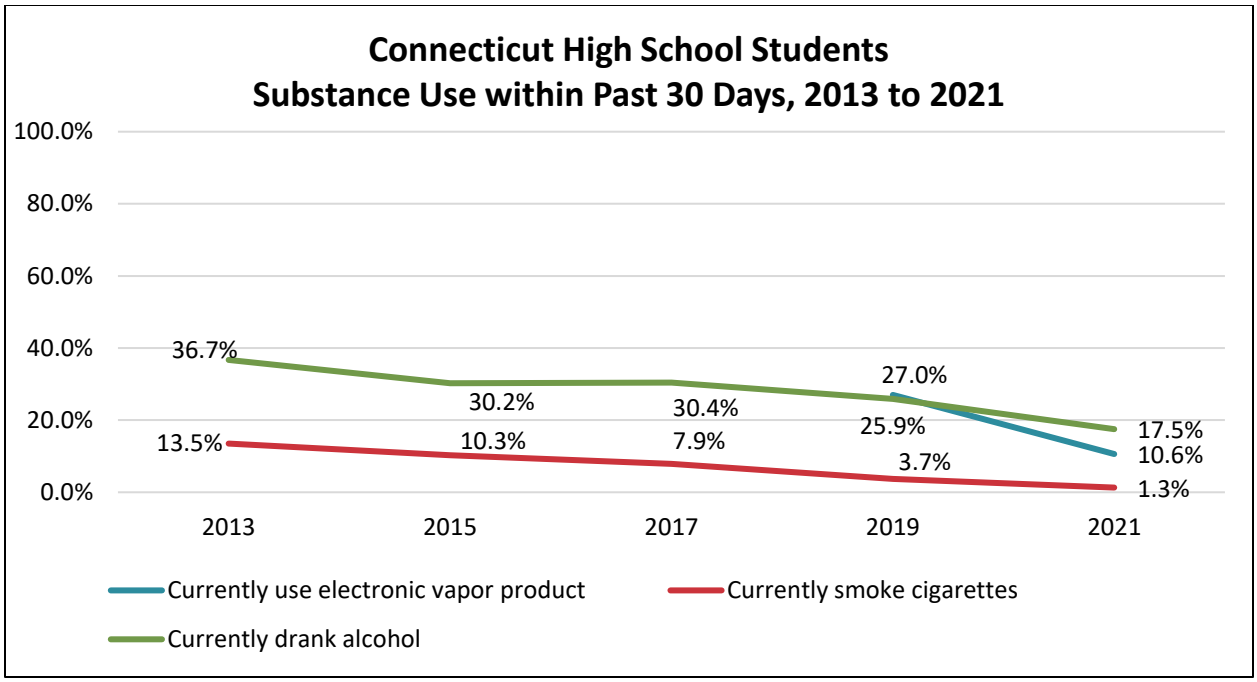
Source: Connecticut Department of Public Health

2021 Connecticut High School Students Mental Health Indicators by Student Characteristics In Descending Order by "Felt Consistently Sad or Hopeless"

	Felt Consistently Sad or Hopeless	Most of the Time or Always Get the Help They Need
Female	47.6%	22.6%
Latinx	42.6%	17.2%
Black	34.9%	20.7%
White	31.8%	25.6%
Asian	25.3%	23.8%
Male	24.2%	22.1%

Source: Connecticut Department of Public Health

Substance use among Connecticut students, including alcohol and cigarette use and vaping, has declined. **The proportion of students who reported vaping fell more than 50% from 2019 to 2021, a potential positive outcome from the pandemic.** In 2021, female students were the most likely to report vaping (14.5%) and among the most likely to report using alcohol (21.2%).



Source: Centers for Disease Control and Prevention

2021 Connecticut High School Students Substance Use within Past 30 Days by Student Characteristics In Descending Order by "Use of Electronic Vapor Product"

	Use Electronic Vapor Product	Use Alcohol
Female	14.5%	21.2%
Latinx	12.4%	13.7%
Black	10.9%	12.1%
White	10.7%	22.4%
Male	6.9%	14.2%
Asian	NA	NA

Source: Centers for Disease Control and Prevention

Weston Developmental Relationships Survey

The Weston Developmental Relationships Survey was administered in 2021 for students in grades 7-12. A total of 962 students participated, including 328 students in grades 7-8 and 634 in grades 9-12. The survey assessed self-reported substance use among students and related perceptions of harm and peer or parental disapproval. The following is a summary of the results.

Consistent with statewide findings, substance use among Weston students generally declined, with few exceptions. In 2021, youth were most likely to report using alcohol (21%), followed by vaping (9%) and marijuana (8%). Significant decreases were reported around the use of marijuana and vaping from 2017 to 2021. When viewed by student characteristics, students identifying as Lesbian, Gay, Bisexual, Transgender, or Queer (LGBTQ) were more likely to report use of alcohol, marijuana, and vaping, a

finding that may be linked to more experiences of social stigma, discrimination, and other challenges not encountered by people who identify as heterosexual.

Weston Students Past 30-Day Substance Use, 2017 and 2021

Substance	Grade	2017	2021
Alcohol	7-8	--	10%
	9-12	--	26%
	All Students	25%	21%
Tobacco (cigarettes)	7-8	--	2%
	9-12	--	3%
	All Students	4%	3%
Marijuana	7-8	--	2%
	9-12	--	10%
	All Students	17%	8%
Prescription drugs (not prescribed)	7-8	--	5%
	9-12	--	2%
	All Students	2%	3%
Vaping (tobacco, nicotine, or marijuana)	7-8	--	4%
	9-12	--	11%
	All Students	17%	9%

Source: Weston Developmental Relationships Survey

Weston Students Past 30-Day Substance Use by LGBTQ Status, 2021

Substance	LGBTQ Yes	LGBTQ No
Alcohol	25.7%	19.6%
Marijuana	12.5%	7.0%
Vaping	15.9%	7.1%

Source: Weston Developmental Relationships Survey

From 2008 to 2021, youth perception of harm around the use of alcohol, cigarettes, marijuana, and prescription drugs generally increased with few exceptions. **In 2021, Weston youth reported the lowest perception of harm around marijuana use and the highest perception of harm around tobacco and prescription drug use.**

Weston Students Who Perceive Harm in Substance Use, 2008 and 2021

Substance	Grade	2008	2021
Alcohol	7-8	76%	79%
	9-10	61%	78%
	11-12	58%	80%
Tobacco (cigarettes)	7-8	93%	77%
	9-10	90%	89%
	11-12	91%	91%
Marijuana	7-8	89%	81%
	9-10	68%	55%
	11-12	61%	46%
Prescription drugs (not prescribed)	7-8	--	89%
	9-10	--	91%
	11-12	--	94%

Source: Weston Developmental Relationships Survey

Consistent with perceptions of harm, the lowest perception of parent disapproval was around marijuana use. Approximately 88% of youth perceived that their parents would disapprove of them using marijuana compared to 93% of youth who perceived disapproval of the use of alcohol.

From 2017 to 2021 there was very little shift in youth perceptions of parent disapproval, with the exception of vaping. From 2017 to 2021, reported vaping disapproval rates increased from 87% to 96%. Survey findings indicate that youth who perceived parental disapproval of substance use were less likely to use them than those who did not perceive disapproval.

Weston Students Perception of Parental Disapproval of Substance Use, 2017 and 2021

Substance	Grade	2017	2021
Alcohol (drink regularly)	7-8	--	95%
	9-12	--	95%
	All Students	95%	93%
Tobacco (smoke cigarettes)	7-8	--	98%
	9-12	--	97%
	All Students	97%	97%
Marijuana (use)	7-8	--	98%
	9-12	--	82%
	All Students	86%	88%
Prescription drugs (not prescribed)	7-8	--	96%
	9-12	--	97%
	All Students	98%	97%
Vaping (tobacco, nicotine, or marijuana)	7-8	--	99%
	9-12	--	94%
	All Students	87%	96%

Source: Weston Developmental Relationships Survey

In 2021, the highest rates of perceived peer disapproval were reported around use of prescription drugs (without a prescription) and tobacco. **Lowest rates of perceived peer disapproval were reported around use of marijuana (69%) and vaping (74%).** From 2017 to 2021, overall reported peer disapproval for substance use increased.

Weston Students Perception of Peer Disapproval of Substance Use, 2017 and 2021

Substance	Grade	2017	2021
Alcohol (drink regularly)	7-8	--	87%
	9-12	--	75%
	All Students	71%	79%
Tobacco (smoke cigarettes)	7-8	--	91%
	9-12	--	80%
	All Students		84%
Marijuana (use)	7-8	--	90%
	9-12	--	57%
	All Students	76%	69%
Prescription drugs (not prescribed)	7-8	--	91%
	9-12	--	89%
	All Students	53%	90%
Vaping (tobacco, nicotine, or marijuana)	7-8	--	89%
	9-12	--	66%
	All Students	--	74%

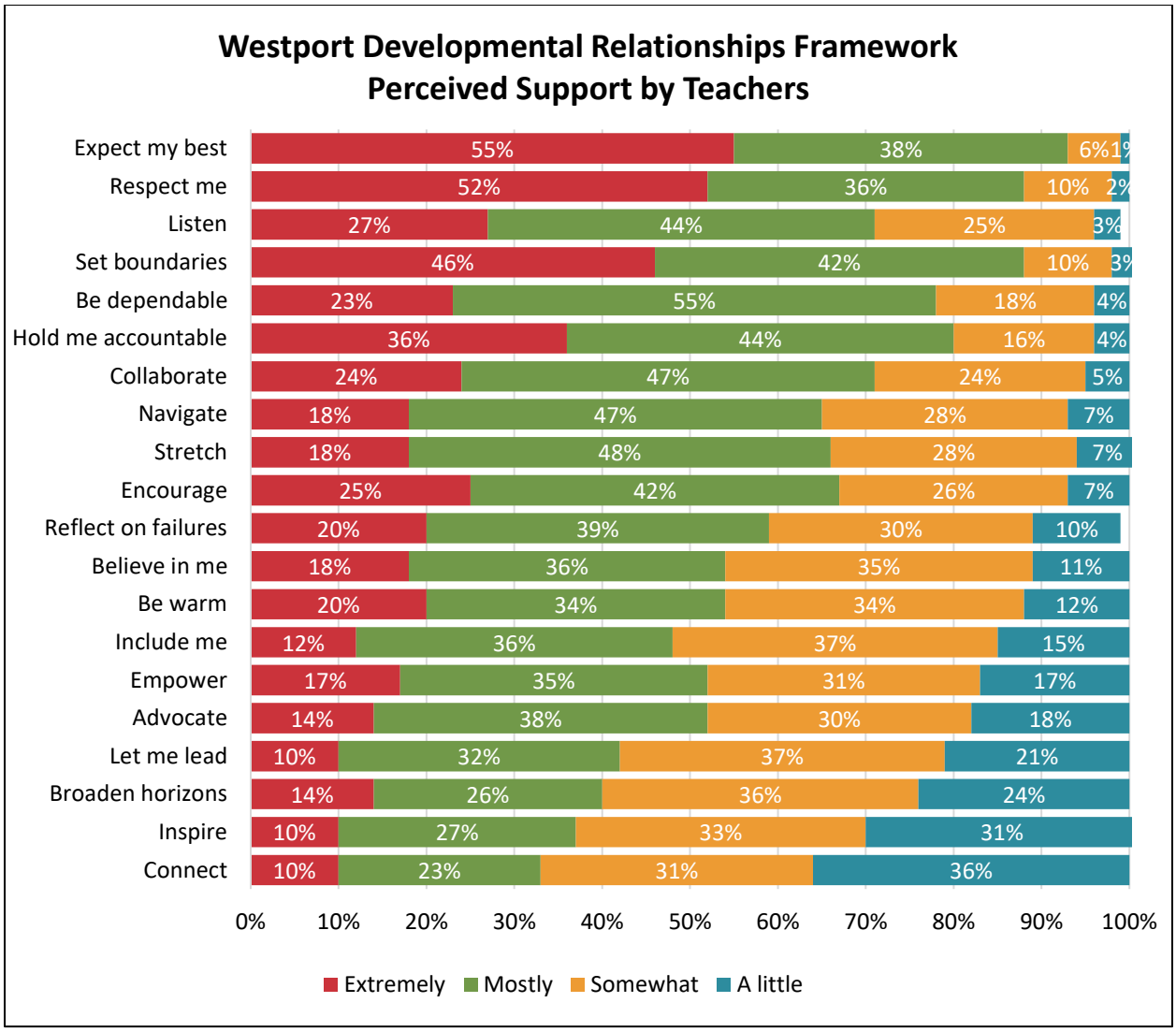
Source: Weston Developmental Relationships Survey

Westport Developmental Relationships Survey

The Westport Developmental Relationships Survey was administered in spring 2021 for students in grades 7-12. A total of 797 students participated, reaching 30% target sample in grades 7-10, and 20-25% in grades 11-12. The survey aimed to assess developmental relationships and substance use among all participants, and COVID-related stress and coping and racial injustice among high school participants. The following is a summary of results.

The Developmental Relationships Framework is based on five elements: Express Care (show me that I matter to you), Challenge Growth (push me to keep getting better), Provide Support (help me complete tasks and achieve goals), Share Power (treat me with respect and give me say), and Expand Possibilities (connect me with people and places that broaden my world). The five elements are measured by 20 corresponding actions shown in the graphic below.

For 15 of the 20 actions, more than half of students felt “extremely” or “moderately” supported by teachers. **The three actions showing the most need for improvement were associated with the “Expand Possibilities” element of the framework (e.g., connect, inspire, broaden horizons).**



Source: Westport Developmental Relationships Survey, 2021

Other assessed measures of developmental relationships were social-emotional competencies and equitable practices. **Westport students overall reported moderate to strong social-emotional skills. Youth who experienced stronger levels of support, as defined by the Developmental Relationships Framework, had stronger social emotional competence skills.** Related to equitable practices, 63% of survey participants thought it was "mostly or completely true" that the schools had a culturally responsive environment.

Substance Use

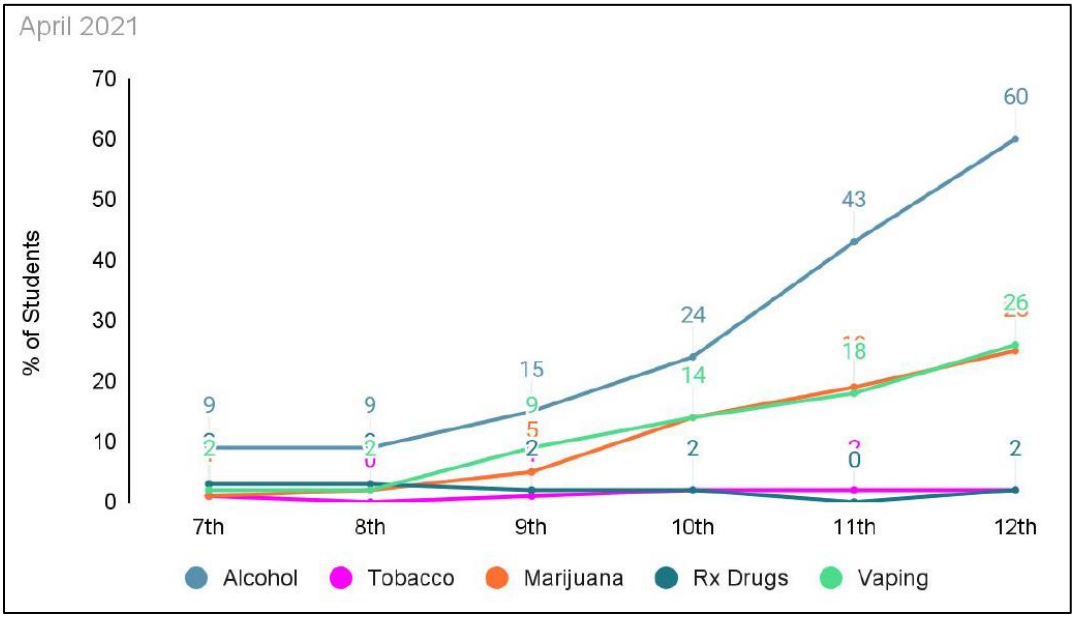
The following graph depicts self-reported substance use by Westport students within the 30 days prior to survey administration. Alcohol was the most used substance by students, followed by electronic vapor products (vaping), and marijuana.

Students in grade 12 were the most likely to report substance use. Approximately 60% of 12th graders reported recent alcohol use while three-quarters of all 7-12th grade survey participants reported no recent use. Similarly, 24-25% of 12th grade students reported recent use of marijuana or vaping while 89-90% of all Westport 7-12th grade students reported no recent use.

Among all students who reported vaping, 13% did not know what substance they vaped. About one-third of students vaped nicotine and two-thirds vaped marijuana (THC).

Overall, marijuana was perceived as a more socially approved substance by survey participants. **Almost all students (94-95%) reported that their parents disapprove of drinking or vaping, but fewer reported their parents disapprove of marijuana use (86%).** Similarly, more students reported that their peers disapprove of alcohol (77%) or vaping (70%) compared to marijuana (63%). Among seniors, the percent who reported that peers disapprove of marijuana dropped to 25%.

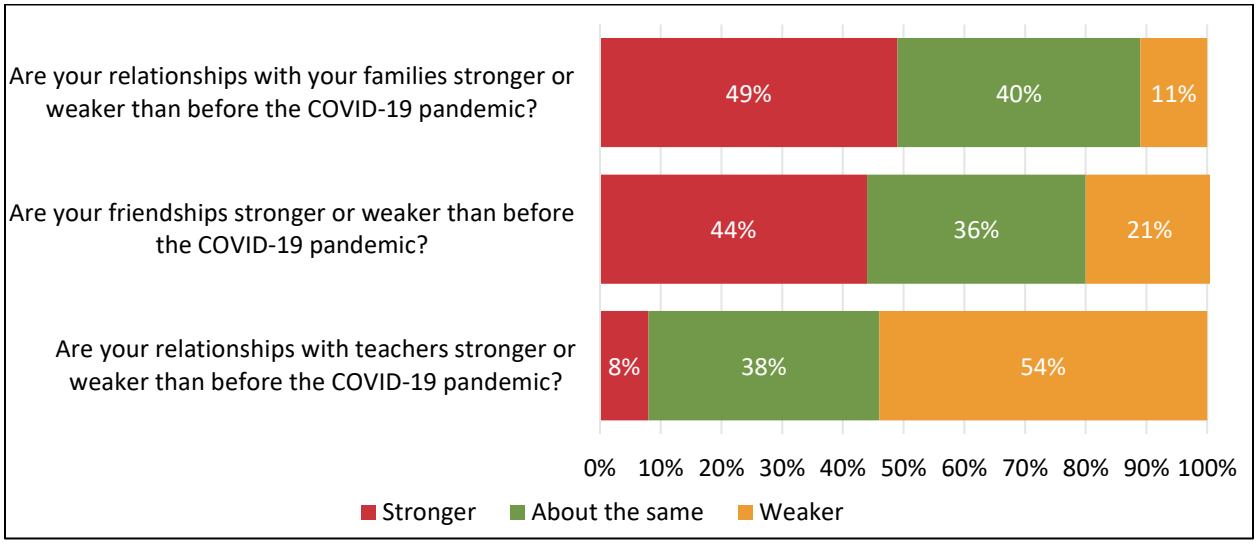
Westport Students: Past 30-Day Substance Use by Grade



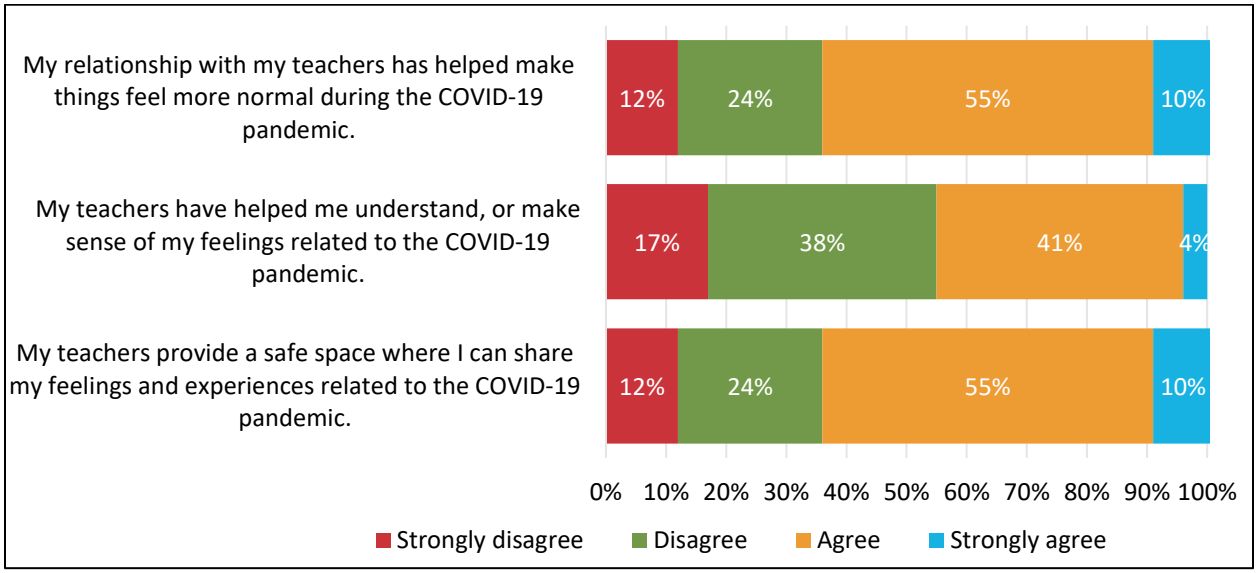
Source: Westport Developmental Relationships Survey, 2021

COVID-Related Stress and Coping

Approximately 68% of high school survey participants reported that the pandemic had been stressful for them. More than half (58%) of students felt connected to staff and students in school and 94% felt connected to friends during the pandemic, but relationship quality was perceived to weaken for many students, particularly relationships with teachers. One-third to one-half of participants "disagreed" or "strongly disagreed" that their teachers provided social-emotional support during the pandemic.



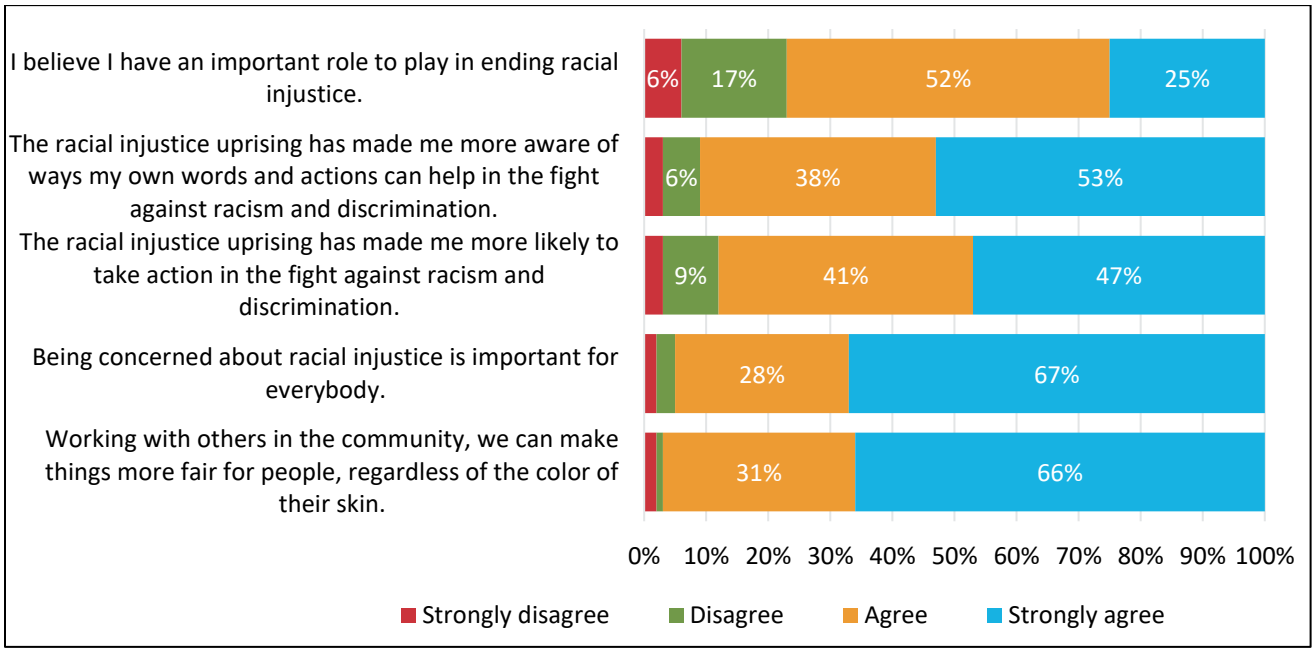
Source: Westport Developmental Relationships Survey, 2021



Source: Westport Developmental Relationships Survey, 2021

Racial Injustice

When asked to reflect on the deaths of George Floyd and Breonna Taylor (and many other people of color), most high school survey participants felt they had more awareness and concern for the issue of racial injustice, and a role to play in ending it. Notably, 97% of participants "agreed" or "strongly agreed" that by working with others in the community, they can make things fairer for people, regardless of the color of their skin. **Approximately 95% of participants "agreed" or "strongly agreed" that being concerned about racial injustice is important for everybody.**



Source: Westport Developmental Relationships Survey, 2021

Pregnancy, Birth, and Babies

There was a total of 353 births in the AHD in 2021. While most births were to Westport residents, both Westport and Weston had a lower birth rate than Fairfield County and the state overall. Consistent with the demographic characteristics of the AHD, most births within the AHD were to white people.

2021 All Births and Births by Race and Ethnicity as Percentage of All Births in the Area

	All Births		Black Birth %	White Birth %	Other Race Birth %	Latina Birth %
	Count	Birth Rate per 1,000				
Easton	79	10.4	3.8%	93.0%	7.6%	5.1%
Weston	71	6.9	0.0%	74.6%	14.1%	11.3%
Westport	203	7.4	1.5%	86.7%	4.9%	6.9%
Fairfield County	9,984	10.4	11.3%	50.1%	7.2%	31.1%
Connecticut	35,373	9.8	12.2%	53.5%	7.6%	26.6%

Source: Connecticut Department of Public Health & Centers for Disease Control and Prevention

Pregnancy and birth outcomes data are limited for Easton and Weston due to low birth counts. **Pregnant people and infants residing in or born in Westport generally have positive outcomes**, including high access to early prenatal care and a low proportion of babies born premature and/or with low birth weight.

Available data for Weston indicates a potential disparity in access to prenatal care; the proportion of pregnant people accessing early prenatal care in 2021 was lower than other AHD towns and all benchmark geographies.

Maternal and infant health indicators are not presented by race and ethnicity for AHD communities due to low birth counts. **Across Fairfield County and the state and nation, people of color, particularly Black people, experience disparate outcomes relative to white people living in the same community.** In Fairfield County, these disparities include an approximately 10-point difference in access to prenatal care and approximately double the proportion of low birth weight births.

Infant mortality measures the rate of death among people under one year of age per 1,000 live births. Maternal mortality measures the rate of death during pregnancy or within one year of the end of pregnancy. Both measures are internationally utilized as key community health indicators because they are particularly sensitive to structural factors including social and economic factors and quality of life conditions, such as housing insecurity, educational attainment of the pregnant person, and adverse childhood experiences (ACEs).

Disparities in infant and maternal mortality are measures of structural inequities that are at play well before a person gets pregnant or gives birth. Therefore, upstream strategies that address the root causes of inequities can have far reaching impact on these indicators. **Statewide Connecticut data for**

2021 show that infant mortality impacts Black babies (9.8) at three times the rate as white babies (3.1) and nearly twice the rate of Latinx babies (5.8). Nationally, maternal mortality impacts Black pregnant people at nearly three times the rate of white pregnant people.

2021 Pregnancy and Birth Outcomes by Race and Ethnicity*

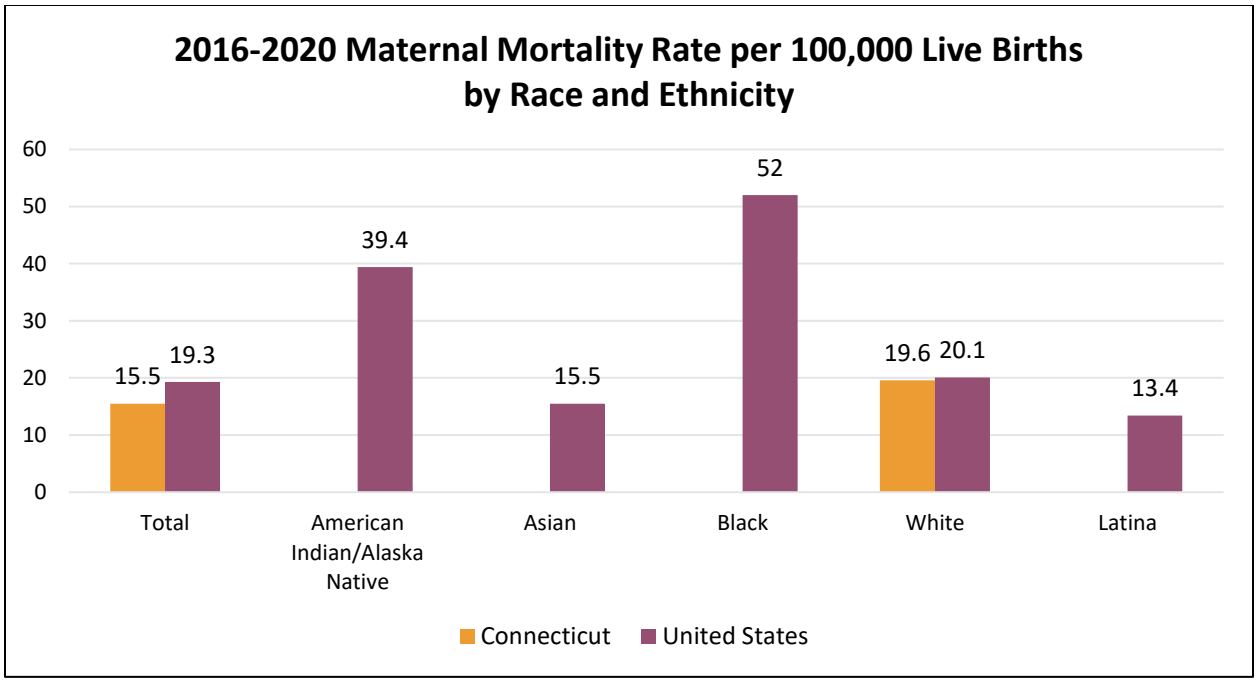
	Total Population	Asian	Black	White	Latina	HP 2030 Goal
Early 1st Trimester Prenatal Care						
Easton	93.6%	--	--	--	--	80.5%
Weston	77.5%	--	--	--	--	
Westport	81.8%	--	--	83.5%	--	
Fairfield County	81.3%	83.6%	76.8%	86.2%	74.8%	
Connecticut	84.7%	86.0%	79.3%	88.9%	78.7%	
United States	78.3%	83.5%	69.7%	83.2%	72.5%	
Preterm birth (before 37 weeks)						
Easton	--	--	--	--	--	9.4%
Weston	--	--	--	--	--	
Westport	3.0%	--	--	2.8%	--	
Fairfield County	8.8%	8.7%	11.7%	7.1%	10.3%	
Connecticut	9.6%	8.8%	13.1%	8.3%	10.8%	
United States	10.5%	9.2%	14.8%	9.5%	10.2%	
Low birth weight						
Easton	--	--	--	--	--	NA
Weston	--	--	--	--	--	
Westport	4.4%	--	--	4.0%	--	
Fairfield County	7.5%	11.1%	12.4%	4.9%	9.1%	
Connecticut	8.1%	10.2%	12.8%	6.3%	9.0%	
United States	8.5%	9.2%	14.7%	7.0%	7.8%	

Source: Connecticut Department of Public Health & Centers for Disease Control and Prevention
*Data are provided by race and ethnicity for Aspetuck Health District towns as available.

2021 Infant Deaths and Rate per 1,000 Live Births by Race and Ethnicity*

	All Infant Deaths		HP 2030 Goal (rate)
	Count	Rate per 1,000 Births	
Fairfield County	30	3.0	5.0
Connecticut	168	4.7	
United States	19,920	5.6	

Source: Connecticut Department of Public Health & Centers for Disease Control and Prevention
*There were less than 10 infant deaths within the AHD in 2021; counts and rates are masked.



Source: America's Health Rankings analysis of CDC WONDER Online Database, Mortality files

Comparing Secondary Data with Primary Data

Secondary data are valuable for tracking and benchmarking health and socioeconomic indicators over time to monitor community health status and assess progress toward community health equity. These data were compared to primary data findings to gain insight into root causes of health disparities and document lived experience of community residents. The following section describes the methods, participants, and findings from the CHA primary research.

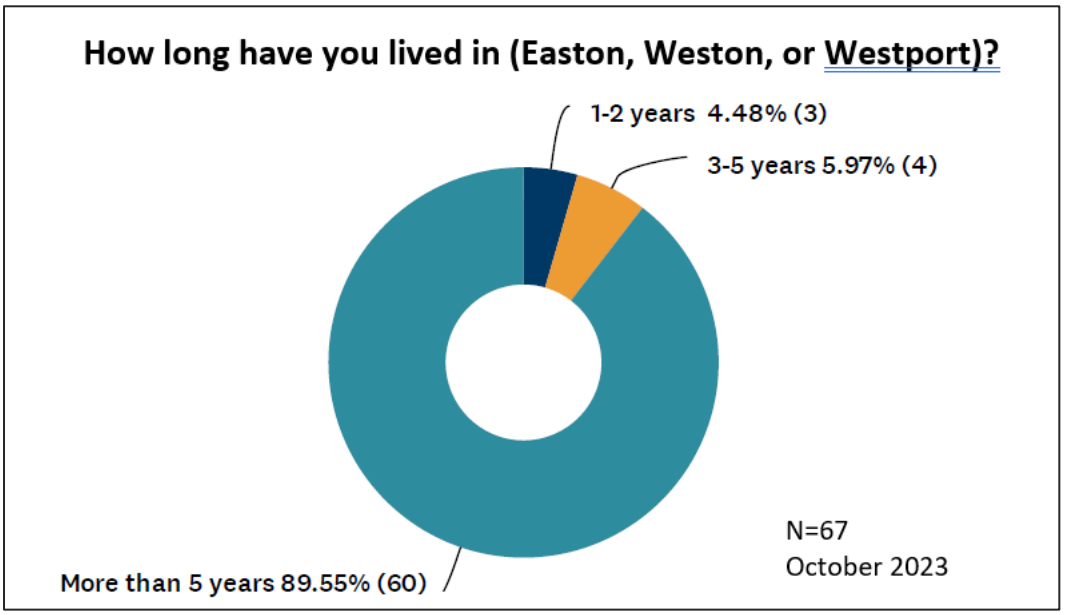
Primary Research: Survey of Human Services Recipients

Background

A survey was conducted among individuals who received services from Easton, Weston, or Westport Human Services or AHD. The survey was voluntary. A total of 67 people responded to the survey, which was distributed as an online and paper survey, as well as proctored in person and via telephone.

The research objective of the survey was to collect information about current and past needs of service recipients; learn how well people were able to access services in the community; and understand their awareness of existing services, including AHD.

Nearly 90% of service recipients had lived in the AHD service area for more than five years, which included the timeframe before, during, and immediately following the COVID-19 pandemic.

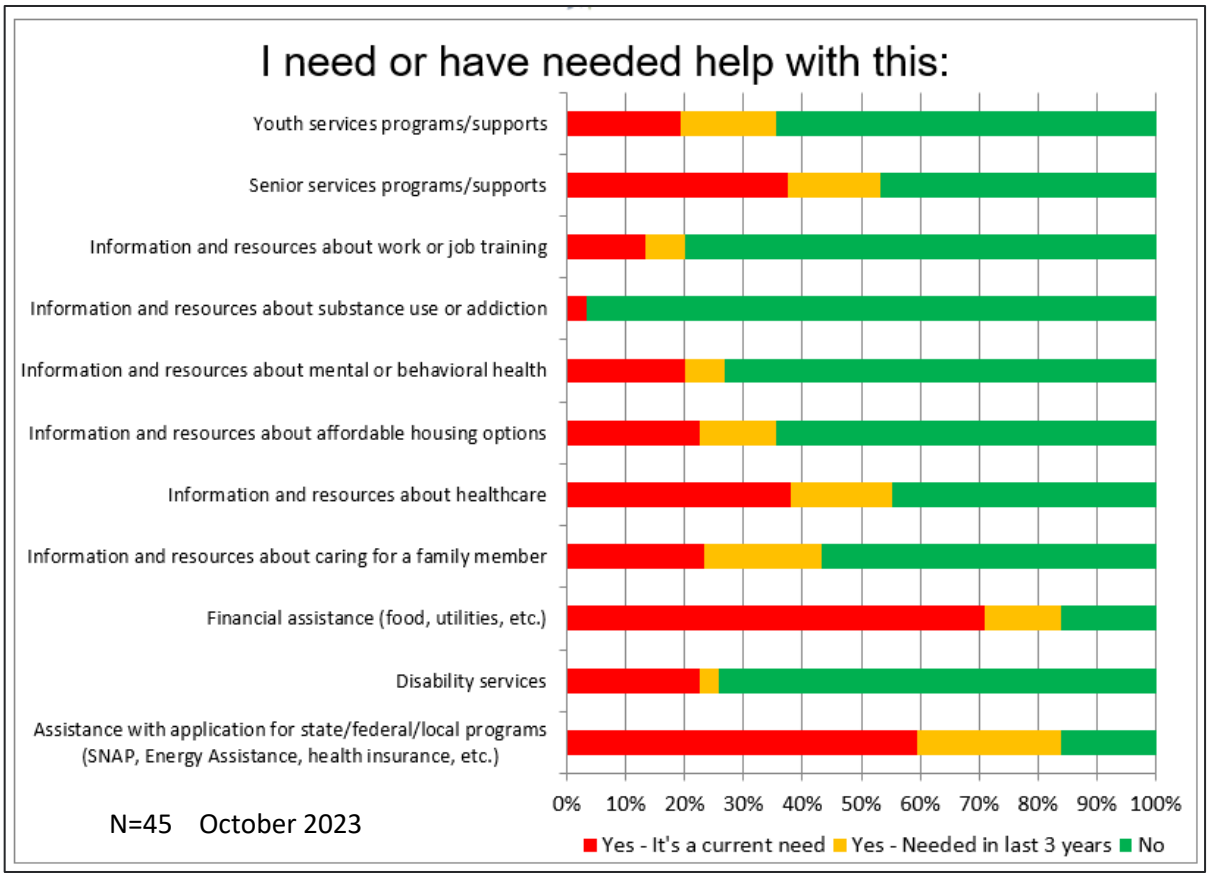


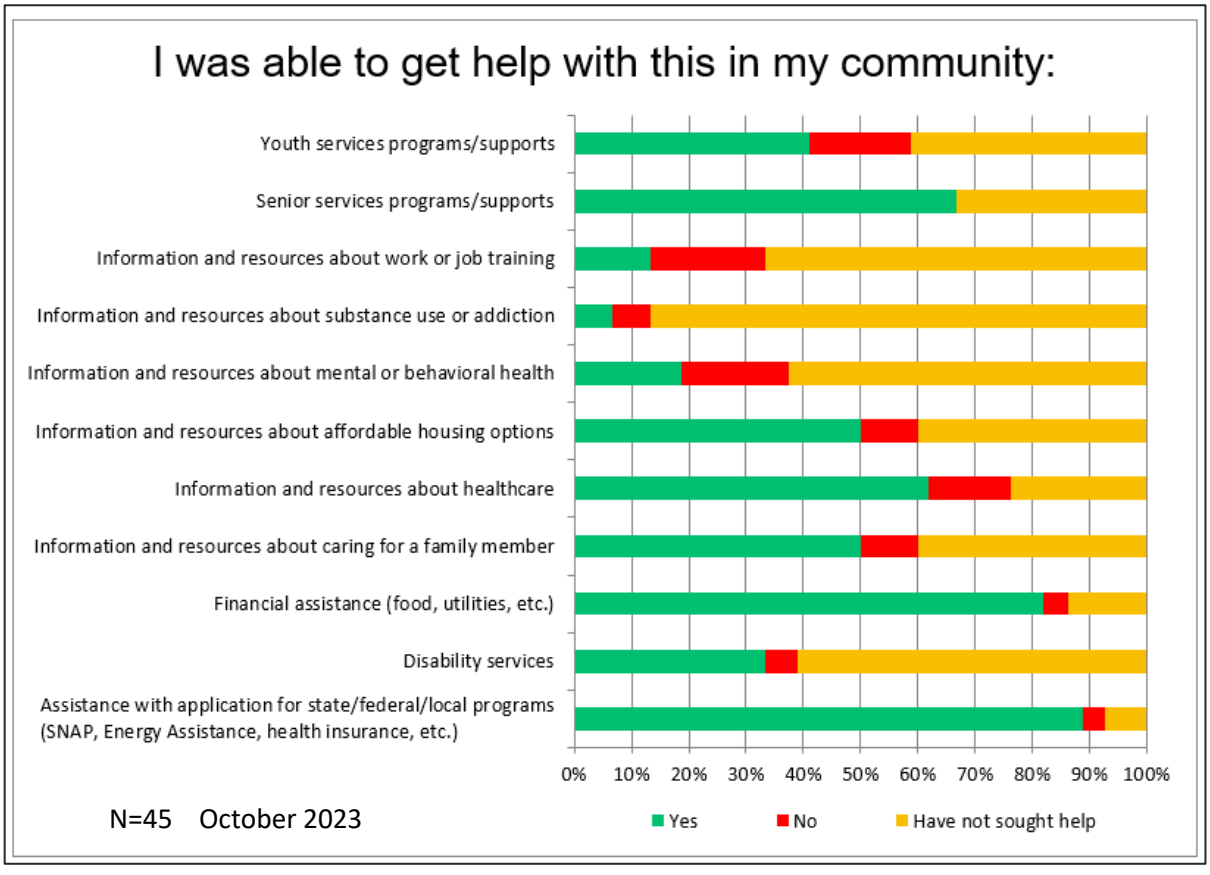
Service Needs

Survey participants were asked about what kinds of services they needed currently and within the past three years. Financial assistance (including food and utilities) was the greatest current need, followed closely by help with applications for assistance programs for those services. Senior services programs and supports was also a top current need for respondents. It's noteworthy that fewer respondents indicated these had been needs within the past three years.

Housing and behavioral health needs—which were the top requests among AHD residents to United Way 211—were lower needs among this group, although current need for these services was greater than in prior years.

It is worth nothing that for all assessed service areas, the current need was greater than in prior years.


I need or have needed help with this:
Youth services programs/supports
Senior services programs/supports
Information and resources about work or job training
Information and resources about substance use or addiction
Information and resources about mental or behavioral health
Information and resources about affordable housing options
Information and resources about healthcare
Information and resources about caring for a family member
Financial assistance (food, utilities, etc.)
Disability services
Assistance with application for state/federal/local programs (SNAP, Energy Assistance, health insurance, etc.)
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Yes - It's a current need
Yes - Needed in last 3 years
No
N=45 October 2023


I was able to get help with this in my community:
Youth services programs/supports
Senior services programs/supports
Information and resources about work or job training
Information and resources about substance use or addiction
Information and resources about mental or behavioral health
Information and resources about affordable housing options
Information and resources about healthcare
Information and resources about caring for a family member
Financial assistance (food, utilities, etc.)
Disability services
Assistance with application for state/federal/local programs (SNAP, Energy Assistance, health insurance, etc.)
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Yes
No
Have not sought help
N=45 October 2023

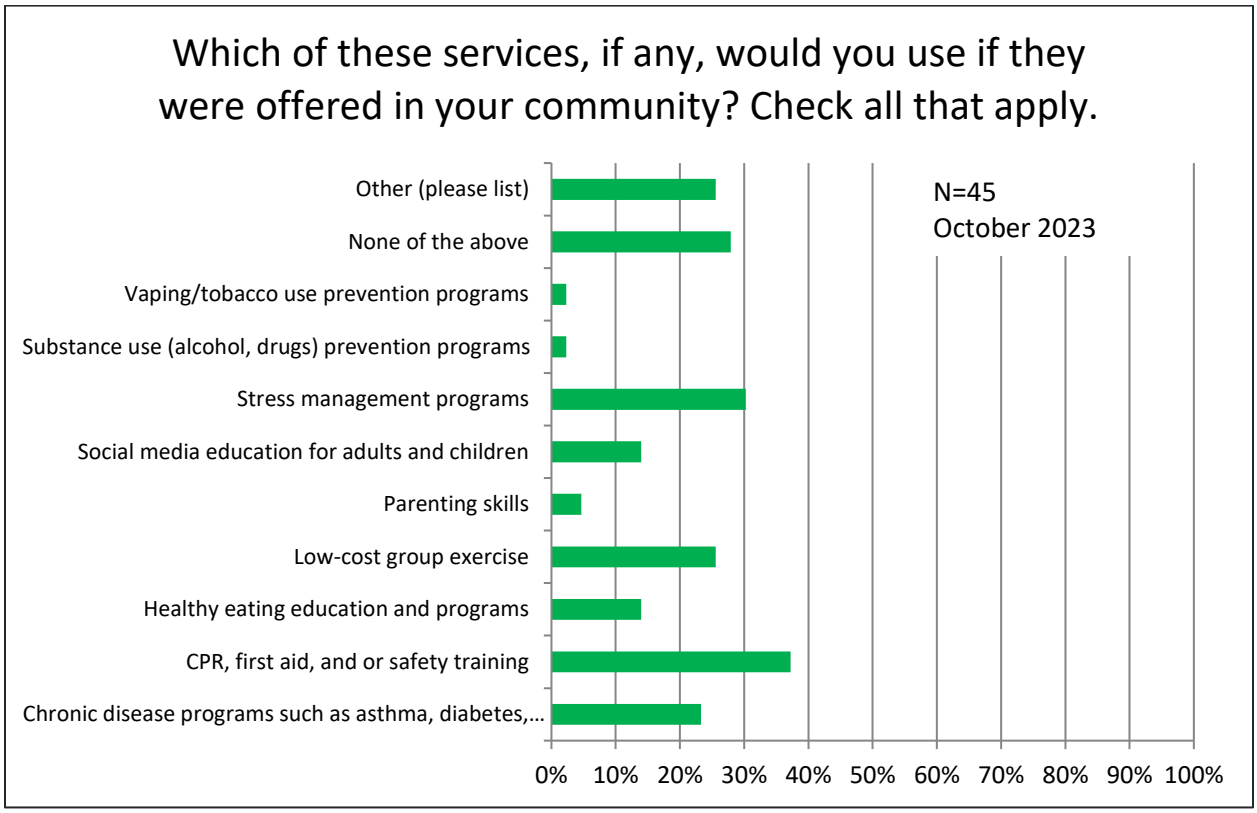
Availability of Services

Respondents were also asked if they were able to get help with the services they reported needing. Survey respondents were generally able to get help in the areas where they requested it, which may indicate that the human services agencies were successful at providing help or connecting residents to needed services. Open-ended feedback from survey respondents reflected a positive experience with the agencies, with some noting particular attention and assistance by staff members.

Job training services was the highest indicated unmet need by respondents. Youth services, behavioral healthcare resources, and healthcare information were also unmet needs, which is consistent with statistical data and perspectives shared during interviews with youth behavioral health professionals.

Requested Services

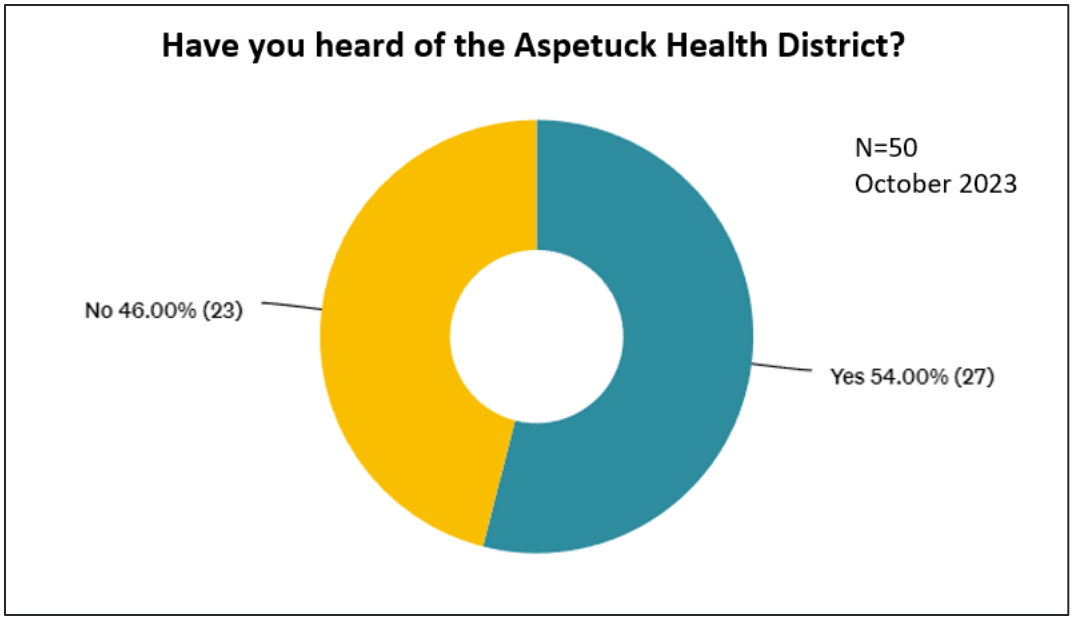
To gauge their interest and enthusiasm, survey respondents were asked what community services they would be most likely to use if offered in the community. Among responses, CPR and first aid training received the highest ranking, followed by stress management programs. Chronic disease programs were also of interest for approximately one-quarter of respondents. Notably, nearly 30% of respondents indicated that they were unlikely to use any of these services.



"Other" responses: job search practices & guidance; help with property tax for people on disability; anger management; travel requirements; senior housing options; receive covid shots through visiting nurses; grieving; caregiver; home assistance.

Awareness of Aspetuck Health District (AHD) as a Community Resource

An important objective of the survey was to determine people's awareness of AHD. Only 54% of respondents had heard of AHD. This lack of familiarity may be attributed to fewer survey responses by people who had used AHD services or a direct connection by respondents to local municipality human service agencies. The finding supports investments planned by AHD to increase overall community awareness of its services and resources.



Primary Research: Youth Behavioral Health

Background

To collect perspectives on behavioral health needs among youth, one-on-one and small group interviews were conducted with "key informants" with special expertise in youth behavioral health needs. Participants included school nurses, counselors, and youth program directors. The objectives of these interviews were to gather input on youth behavioral health needs and emerging trends since COVID-19; assess existing community resources and capacity; identify gaps in services; and collect recommendations to improve mental health and wellbeing of youth in the AHD service area. A summary of key takeaways is outlined below, grouped by priority areas and common themes.

Top Behavioral Health Issues for Youth in AHD

- **Anxiety is the primary behavioral health issue affecting youth in the AHD service area. Key informants perceived that a lot of youth anxiety is driven by a "high-achieving culture" of academic pressure and stress; many students face pressure to excel academically and in extracurriculars to the detriment of their social development and emotional wellbeing.**
  - *"We certainly have eating disorders and substance abuse, but the primary thing that we see is a lot of anxiety and some panic disorder."*
  - *"The expectations for kids here are very high. They come into high school thinking, 'What can I do to get into college?' Which is not what we want high school to be about. There's a lot of stress to be an athlete; a lot of stress to be in theater; to participate in extracurriculars. This is a big driver of all the anxiety we see."*
  - *"There is a pressure element of being in a high achieving district; these kids are really expected to be superhuman. I see how that impacts their sleep, how they're responding to the stress and trying to cope."*
  - *"There is an identity crisis [with some students]; they have little freedom and space to explore what they want. They are driven by what the parents want."*

- **There is a lack of awareness among parents regarding the stress and anxiety their children are experiencing. In some cases, parents are inadvertently exacerbating concerns for their children by imposing expectations for high achievement. Improving youth behavioral health will require both support for students and education for parents about the importance of a balanced approach to education and mental wellbeing for their children and themselves.**
  - *"[As a mother], I understand the pressures, and all these things that they have on top of schoolwork that is impacting them. They are all juggling this after a pandemic, and the impact that had on them. So maybe a little bit of awareness in the adult community of what is the reality of teenagers right now could be helpful."*
  - *"They're learning it (high stress] from their parents. So, if their parents don't know how to model effective behaviors for managing their own sort of anxiety, depression, stress, all of that […] I think developing more resources that could also engage adults [could help]."*

- **Social media and technology have been linked to increased stress and anxiety, especially among middle schoolers. TikTok challenges and other social media trends have fostered riskier behavior. Participants recommended hosting education sessions about healthy technology habits for parents and children.**
  - *"We've done a lot of work in this district to minimize technology, at least during the school day, and try to work with parents to teach healthy technology, but I certainly think social media is a factor."*
  - *"Help parents and students navigate social media. [Provide] education that includes data that shows the impact of social media related to self-esteem of girls." Suggested activities were conferences or social media education campaigns.*
  - *[Referring to TikTok challenges to assault or "jump" other youth unsuspectedly] "They [youth] are willing to hurt people and give evidence of it."*
  - *Some experts thought that social media should be regulated like other substances that impact child development. "Social media is not regulated as a dopamine regulator."*

- **Discussion participants noted a decrease in opiate use which they attributed to heightened awareness of fentanyl-related risks and awareness campaigns. Simultaneously, they noted an increase in cannabis, alcohol, hallucinogens, and nicotine. These experts noted a "permissive culture" surrounding use of alcohol and marijuana by young people coupled with easier access to cannabis due to recent legalization. They shared concerns about a lack of understanding of the potential dangers of these substances on youth development.**
  - *"It's a pretty liberal town. Some of the behaviors that we're modeling for our kids in terms of marijuana and alcohol use concern me as a parent and as a preventionist."*
  - *"There is only so much you can do targeting the kids, when the adults enable [referring to substance use among teens]."*
  - *"The culture accepts an unhealthy release of stress through alcohol or marijuana."*
  - *"There is attention and emphasis around marijuana legalization and a lack of understanding about what that substance is…here and now; it's not safe. The reality is that it is a substance with potentially very serious mental health consequences that will follow young adults for their whole lives."*
  - *"[We need] education around the links between marijuana use and schizophrenia."*
  - *"Perceptions of the consequences for substance abuse [on youth health] have changed."*

- **The COVID-19 pandemic worsened many behavioral health issues and led to new negative trends in youth mental health and wellbeing, notably in middle schoolers.**
  - *"[Kids are] having a harder time making connections with peers."*
  - *"Since the pandemic, developmental maturity [particularly in middle school] lags in social skills."*
  - *"Younger children have been at home their whole life. They have a fear of going to school."*

Community Resources Addressing Youth Behavioral Health

- **Westport Together is a robust network of community-based organizations that work together toward mental wellbeing and prevention of substance use disorders. This initiative convenes the Westport Prevention Coalition (WPC) and other prevention and youth-serving programs into one comprehensive community resource. Easton has recently revived its coalition to provide similar opportunities for collaboration and creative programming.**
  - *"The QPR training in Staples was a really great program, really creative."*
  - *"Westport Together really stepped it up the last couple of years. They were constantly evaluating opportunities for education of kids, families, and considering what's being sold in our stores."*
  - *"WPC is the local prevention council. They get a small amount of money from the state to do vaping prevention, opioid prevention, and then they get some money from the town to do substance abuse and mental health promotion, broadly."*

- **Other available community resources for youth behavioral health, as identified by participants, included:**
  - Freshmen health class presentation
  - Health Fairs
  - Kids in Crisis - behavioral health respite program in Greenwich for parents and children; kids live onsite and can have meetings with their family there
  - Liberation Programs - partnerships with the school and city for substance misuse counseling
  - Parent Teacher Associations programming
  - Positive Directions
  - Teen awareness group at Staples
  - TeenTalk with Marthe Huitre
  - Toquet Hall - substance-free supervised space for youth in town
  - Westport Youth Commission – [from website] Responsible for promoting the positive development of all youth in their families, schools, and community, and among their peers, the Commission assesses the needs and interests of young people in Westport, encouraging programs, and developing resources to respond to these needs

- **Some youth are interested in substance use cessation, but available programming is limited.**
  - *"Funding is a challenge to implementing prevention and cessation strategies. A lot of money for prevention is tied to specific substances—usually the latest viral one—limiting programming scope. Despite an increase in substance use among youth and the number of kids looking to quit, there is a lack of substance cessation programs available for youth."*
  - *"Money chases the substance. Funding is challenging to do 'overall' prevention."*
  - *"There are not many opportunities for vaping cessation or nicotine cessation programs for teens. I have seen a huge horizon in the desire to quit and the challenges and barriers that I'm finding with supporting students."*
  - *"We need comprehensive wraparound services, starting early."*

- **Outreach, education, and prevention efforts for both parents and youth are mired by many factors including messaging fatigue, language barriers, and misinformation.**
  - *"There is misinformation within the family: 'my parents don't believe in mental health'."*
  - *"[Offer] psychoeducation for parents so they learn what mental health is."*
  - *"Attention spans are shorter – we need shorter content to disseminate information."*
  - *"Getting people to come to [events] has been a challenge."*
  - *"We are competing for the bandwidth of schools."*
  - *"Finding special treatment in a specific language, is a challenge put on top of the 'normal' availability."*

- **A rise in demand for mental health services since COVID-19 uncovered gaps in services and a need for resources to help navigate the behavioral health system. There are not enough providers that are 'in-network' for health plans and the protocols for treatment options force some patients to seek resources outside of their insurance network.**
  - *"Since COVID, there is a gap in availability for mental health resources."*
  - *"There is a provider shortage, [it's] hard to find insurance-based psychiatrists."*
  - *"The behavioral health system is fragmented and it's complex. We need more resources in the community to help people navigate it."*
  - *"There is a general misunderstanding of the insurance system around mental health care and the mental health parity laws, which are not enforced."*

Opportunities for AHD to Collaborate and Support Existing Initiatives

- **Interviewees saw an opportunity for AHD to build connections with its community partners and initiate communication channels with behavioral health resources to explore mutually beneficial initiatives; identify gaps and needs in the behavioral health system; and increase community capacity. Several participants expressed that their interactions with AHD were primarily limited to the COVID-19 pandemic, and they would welcome other collaboration.**
  - *"New Canaan—as a community—has done really well. There's a very active partnership in town between behavioral health resources and we get together six times a year to have conversations about the gaps we're seeing. How can we [in AHD] come together and address some of those issues?"*
  - *"Build partnerships with behavioral health clinics [e.g. Silver Hill Hospital], invest in those relationships."*
  - *"I don't think mental health has been a focus of theirs [AHD]."*
  - *"Building partnership between behavioral health entities and the Health District is 'low hanging fruit.' It can help bridge the gap in services and increase awareness of services."*
  - *"Be connectors, advocates, and conveners [for youth behavioral health]."*
- **Provide more communication about AHD programs and services, partner with other agencies for new initiatives.**
  - *"I don't even know what programs they [AHD] run."*
  - *"Sometimes the health department will go off and do something and I think, 'Oh, we could've totally helped you do that.'"*
  - *"How can we amplify each other's work? We don't want more silos."*
  - *"[AHD can be a] platform to share our voices."*
  - *"I would love to see AHD pair up with the local communities who are trying to collect [behavioral health] data on students and parents."*
  - *"[AHD should think about] where opportunities exist that they can embed their messages and promote their programs."*
  - *"They [AHD] could be more connected with Westport Together and our group, Westport Prevention Coalition..."*
- **Identify opportunities to lead in health education and collaborate in data collection.**
  - *"AHD was highly involved during COVID; AHD should organize similar involvement for youth health and parent and community education components."*
  - *"[We] had to do the research ourselves for a presentation [at a senior center on medication interaction with marijuana]; That's an area where it would be great to have the health department get involved, for the educational component."*

Partner Forum

Background

As part of the CHA/CHIP, AHD convened a Partner Forum on September 21, 2023. Community based organizations across Easton, Weston, and Westport were invited to attend. Thirty-five participants attended representing local government, health and social service agencies, education sectors, senior services, faith-based institutions, and civic organizations across the AHD service area. The objective of the forum was to share data from the CHA and garner feedback on community health priorities and opportunities for collaboration among partner agencies.

Findings from the CHA were presented during the session followed by facilitated small group discussions to gather input on current issues and trends, consider existing resources, discuss opportunities for AHD to partner with community agencies, and identify gaps in the current delivery system.

A summary of the forum discussion grouped by priority areas and common themes is outlined below. A list of participants and their respective organizations is included in Appendix B.

- **What additional support does our community need now?**
  - *More mental health care*
  - *Marketing and promotion to communicate what is available; use social media and tailor messaging to meet audience, "not one size fits all"*
  - *Expand programming; ensure services are culturally competent and inclusive*
  - *Need a "Clearing House" for resources*
  - *Telehealth can be a good alternative for elderly, but they need to learn how to use it*
  - *We need more primary care doctors and resources for finding new doctors*
  - *There is room for discussion on continuum/reach across middle aged-substance use, health issues*
  - *Need service for home assessments for children and adolescents; Waverly Life Care is providing now but they specialize in older adults, not youth*
  - *More prescribers to oversee behavioral health prescriptions*
  - *Vaccinations in home for homebound older adults*
  - *Insurance guidance with Medicare: educate people about what is included in their plan, including home care*
  - *New funding streams to build capacity, increase services*

- **How can AHD best support community organizations in addressing those needs?**
  - *Record in-person education sessions and make available on website/social media; share with partners*
  - *Provide information about what services are available in the community*
  - *Use social media to promote services; ensure audience specific content*
  - *Participate in existing committees, i.e., education coalitions*
  - *Conduct more outreach and education to senior centers, libraries, other CBOs*
  - *Support and host parenting program with topics including behavioral health, stress, older adults; provide information about alternatives to college such as vocational/tech careers*
  - *Integrate behavioral health into home health visits*
  - *Partner at festivals*
  - *Cross-market services at Easton, Weston, Westport, and other agencies*
  - *Provide assistance with Westport Human Services Council*
- **How might needs in AHD change over the next 5-10 years?**
  - *Aging population will continue to increase, need to prepare now; more homebound elderly as people age in place*
  - *Continued growth in population that is eligible for Medicare; the more residents understand their benefits the better they can access services*
  - *With aging population may come a greater need for transportation options*
- **What investments might we need now to prepare for future needs?**
  - *Early outreach*
  - *Technology*
  - *Time/access*
  - *Trainings on NARCAN, stress management, behavioral health*
  - *AHD to increase its role in supporting mental health in the community; prevention now will create less crisis later*
  - *Expand "Better Chance Program" to middle school to help students prepare for high school*
  - *More general education for community and intentionality for inclusive services for LGBTQIA+*

Determining Community Health Priorities

AHD undertook the 2023 CHA to document community health status and help direct its future planning for community health investments. The study provides a comprehensive report of statistical health and socioeconomic indicators and includes insights from health and human service experts, service recipients, community leaders, residents, and other stakeholders. Documenting the strengths of the community and illuminating opportunities for community health improvement, the CHA is a significant community resource for all community agencies to sustain existing services and support funding for future initiatives.

An important goal of the CHA was to help AHD determine areas on which to focus its planning over the next five years. In addition to identifying health disparities within its community, AHD must determine where it can best invest resources to address needs while carrying out its responsibilities as the local public health entity.

Like other public health entities, AHD is charged with providing essential health services for the communities it serves such as:

- monitoring and responding to environmental health needs
- preparing and planning for public health emergencies (like the COVID-19 pandemic)
- providing health education and promoting community health
- tracking and reporting data on community health status
- advancing community health initiatives to improve health equity for all residents

In addition to the health district, AHD communities benefit from high quality health providers, a robust social service network, excellent schools, wide cultural and recreational outlets, a strong economic outlook, and high community engagement among residents. Reflected in the CHA findings, the AHD service area fares better across most health and socioeconomic indicators compared to the benchmarks of Fairfield County, Connecticut state, and the nation.

COVID-19 Impact on the AHD Service Area

Despite these strong community assets, COVID-19 had a significant impact on AHD residents and its community-based organizations. Across AHD, there were a total of 59 COVID-related deaths as of April 30, 2023. In addition to direct health outcomes, the pandemic exposed wide disparities and inequities in socioeconomic opportunities within the community.

Advancing Health Equity

The CHA documented disparities in poverty, education, and socioeconomic measures; access to health care and social services; disease rates and outcomes; and quality and length of life. These health disparities are most often driven by social drivers of health and reflect longstanding inequities. Surveys were conducted with community neighbors who experience food insecurity, housing needs, barriers to healthcare, and economic challenges. Better understanding the factors that influence health disparities allows us to confront policies that perpetuate disparities and advocate for change that advances health equity.

Disparities among Populations of Special Interest

Households with limited financial means were particularly impacted by the pandemic, as were residents who faced new financial challenges due to employer closures and cutbacks. Many residents needed assistance with daily expenses and food security for the first time. These increased needs challenged AHD—as well as all community agencies—to respond to calls for social assistance amid orchestrating a coordinated COVID-19 public health response.

Consistent with Connecticut state, AHD communities are aging faster than the nation. The high proportion of older adults in AHD contributes to an overall higher median age that exceeds the state median by 5-7 years. Nearly 40% of the population across AHD is aged 45-64 years, indicating future growth of older adult populations and increased demand for senior services. Increasing healthcare needs as people age coupled with limited Medicare coverage for home care contribute to increased need for aging services, especially among income constrained households which rely on AHD and its human services partners to provide care. During COVID, AHD was a "life saver" for older adults who lived alone, ensuring these residents maintained health and wellbeing during social isolation.

Social isolation took a toll on older adults and youth alike. School studies show increases in student stress, anxiety, depression, and use of alcohol and marijuana. Youth behavioral health professionals confirmed that COVID intensified existing behavioral health concerns. For many teens behavioral health needs are rooted in the community's culture of "high performance" and expectations to excel in school and extracurriculars. Increased needs for behavioral health services put an additional burden on already limited resources and underscored an urgency to increase behavioral health providers within the AHD service area. Community-wide education and interventions are needed, and parents are an essential part of the solution.

LGBTQIA+ youth experience higher levels of depression and suicidal ideation than their peers. More resources focused on this population are emerging in schools and the community, while advocacy is needed to create more welcoming healthcare settings for LGBTQIA+ people of all ages.

Partner Feedback

In determining priority areas on which to focus its community health improvement efforts, AHD considered needs identified in the CHA in conjunction with existing community resources. Taking into account recommendations from the Partner Forum that **AHD collaborate more with community partners, advocate for state policy making and funding for health needs, convene dialogue among CBOs, and connect residents to resources** across its service area, AHD determined that one of its highest priorities was to ensure that the health district was seen and used as a resource by community residents and served as a key collaborator with community partners. This role will afford AHD opportunities to leverage state and federal funding toward collective impact to meet community needs.

Keeping with one of its core tenets to ensure preparation and responsive to health emergencies, **AHD will detail and incorporate lessons learned from the COVID-19 pandemic into processes and procedures for future emergency response.** Documenting the outsized impact of the pandemic on economically and socially marginalized communities, AHD will use this data to increase safety net response for AHD's priority populations.

Developing the Community Health Improvement Plan

A Community Health Improvement Plan or CHIP is an action-oriented plan that helps organizations move from data to action in addressing the most significant issues identified in the Community Health Assessment (CHA). The CHIP serves as a guide for strategic planning by detailing goals, objectives, strategies, and action steps over the five-year reporting timeframe. Anchoring initiatives and community activities to measurable objectives, the CHIP creates a framework for measuring the impact of our initiatives. The combined CHA and CHIP report establish ownership and accountability for documented community needs and the planned strategies to address these needs and measure progress.

Like the CHA, the CHIP reflects input from diverse stakeholders and helps to foster collaboration among community-based organizations. Community health priorities were identified with feedback from health and social service providers, community agencies and representatives, elected officials, and other community stakeholders. These individuals provided input to define challenges and recommend solutions to guide AHD planning over the next five years.

The AHD CHIP aligns with the Healthy Connecticut 2025 State Health Improvement Plan (SHIP), a five-year strategic plan for improving the health of CT residents. This alignment advance statewide efforts and enhances local initiatives by leveraging state resources to improve the health and wellbeing of all people

Community Health Priorities

AHD will focus efforts in the following areas over the next five years:

- Strengthen public awareness of AHD programs and services
- Ensure Prevention, Responsiveness, Preparedness

The AHD Community Health Improvement Plan

Priority Area: Strengthen public awareness of AHD programs and services

Goal: Increase knowledge of and access to health care and other human services.

Increase Outreach and Education

Objectives:

- Increase the number of people that see AHD as a resource for community and public health information.
- Increase the number of referrals from AHD to health care and other human services.

Strategies:

- Increase awareness of existing community resources, with a focus on priority populations: income constrained, people of color, older adults, those with disabilities, LGBTQIA+, youth, and others.
- Strengthen public awareness of AHD services and communicate value to community.
- Improve health literacy and promote community prevention initiatives focused on different demographics.
- Provide training and education to community partners including schools, employers, faith-based, and other community-based organizations.

Tactics:

- Complete rebranding process and update of AHD website.
- Assess AHD communication protocols and methods and identify areas for improvement.
- Identify different communication channels including social media, e-newsletters, and mailings to reach diverse populations.
- Expand outreach through Health District specific social media platforms, identify areas for increased connections, set goals for posts/followers.
- Develop seasonally appropriate press releases, social media posts, briefings, etc. for distribution via network channels.
- Provide community education and resources for residents.
- Promote programs/services as appropriate within Health District towns and other communities.

Foster Collaboration

Objective:

- Increase partnerships and collaborations with community, faith-based, healthcare, and other organizations to address health needs.

Strategies:

- Participate in dialogue about behavioral health issues and culture of overachievement.
- Collaborate with health providers, social service agencies, policy makers, and other stakeholders to improve community capacity to address the needs of an aging population.
- Establish and strengthen partnerships between businesses and community organizations to collaborate on health needs.

Tactics:

- Create an internal committee to focus on developing a comprehensive community engagement strategy.

- Identify key partners/stakeholders and create plan for routine outreach in effort to expand AHD promotion.
- Inventory area coalitions/associations in which AHD staff should participate, discuss with appropriate staff to assign responsibility.
- Leverage environmental health relationships, education, and networking to build partnerships and collaboration.

Improve Access

Objectives:

- Increase AHD referrals to services for homebound older adults.
- Promote behavioral health programs and services to priority populations.

Strategies:

- Connect older adults to available community services.
- Monitor community health needs and communicate trends to partners, policy makers, funders, residents, and other stakeholders.
- Advocate for funding and support for community services.

Tactics:

- Reassess program performance and services every 3 to 5 years.
- Establish baseline metrics for program evaluation and set annual goals for each program/service.
- Participate in other health partners' CHAs/CHIPs.

Priority Area: Ensure prevention, responsiveness, and preparedness.

AHD Goal: *Support community responsiveness, safety, and sustainability through preparedness, service delivery, and data reliability.*

Increase Outreach and Education

Objective:

- Increase individual and community preparedness.

Strategies:

- Evaluate, review, and revise AHD emergency response plans as well as those of partner organizations, as requested.
- Educate individuals and community organizations about all hazard preparedness.

Tactics:

- Assess AHD communication protocols and methods and identify areas for improvement.
- Identify different communication channels and collaborate to reach diverse populations.
- Expand outreach through Health District website, social media platforms.

Foster Collaboration

Objective:

- Support community responders in response to safety, emergency, and public health issues.

Strategies:

- Engage, support, and collaborate with local organizations to ensure clear, robust, flexible plans are in place to address public health and other emergencies.
- Develop list of community partners and resources.

Tactics:

- Track CDC community social vulnerability to environmental and health crises.
- Inventory area coalitions/associations in which AHD staff should participate, discuss with appropriate staff to assign responsibility.
- Create an internal committee to focus on developing a comprehensive community engagement strategy.

Improve Access

Objectives:

- Provide key foundational public health capabilities and services consistent with the state's direction and the needs and resources of AHD's constituent communities.
- Provide greater reserve capacity for emergency response.

Strategies:

- Evaluate internal processes, procedures, tools, training, and staffing.
- Identify grant and funding opportunities for collaborative initiatives with partners.
- Identify and train public health volunteers to augment staff in emergencies.

Tactics:

- Continue to conduct public health surveillance and communicate as needed to community stakeholders and policy makers.
- Integrate equity measures into data collection.
- Continue to conduct health inspections and permitting for businesses and homes.
- Provide routine and travel immunizations.
- Provide screening for infectious diseases.
- Provide consultations for international travel.
- Conduct technology upgrades to AHD administrative systems.

Appendix A: Secondary Data References

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Appendix B: Community Forum Participants

Sonya Harris-Jagenberg	A Better Choice/Urban Impact
Robin Oshman	Fairfield County Medical Association
Rebecca Martin	Homes with Hope
Michael Ferguson	Kids in Crisis
Vanessa Wilson	Positive Directions
Margaret Watt	Positive Directions
Dena Miccinello	The HUB-RYASAP
Allison Lisbon	Town of Weston
Elaine Daignault	Town of Westport
Jennifer Tooker	Town of Westport
Christine Burns	Waveny Lifecare Home Care
Kathleen Tetley	Waveny Lifecare Network Home Care
Kristen Abreu	Weston Public Schools
Sue Levasseur	Weston Public Schools
Brian McGunagle	Westport PRIDE
Claudia Shaum	Westport RTM Member
Anjali McCormick	Westport Weston Family YMCA
Kevin Godburn	Westport Youth/ Human Services
Rheajeanne Britt	Aspetuck Health District
Mark Cooper	Aspetuck Health District
Kerri Hagan	Aspetuck Health District
Vanessa Hurta	Aspetuck Health District
Richard Janey	Aspetuck Health District
Edward Mally	Aspetuck Health District
Judy Reilly	Aspetuck Health District
Pam Scott	Aspetuck Health District
Paul Shaum	Aspetuck Health District
Michael Vincelli	Aspetuck Health District