

Norwalk Hospital 2022 Community Health Needs Assessment Report





A letter from Nuvance Health

Communication. Collaboration. Commitment.

These are essential elements for improving population health in our communities.

Nuvance Health is pleased to present our 2022 CHNA findings. This report includes a review and analysis of health and socio-economic data that impact the health of people across our service area. The purpose of this assessment is to identify the area's health needs so we may better align with stakeholders, such as public health and healthcare providers, about opportunities for improving the health of our region. These results allow Nuvance Health, local health departments, our community partners, and other providers to set priorities, develop interventions, and commit the appropriate resources to our region more strategically.

Our workforce of more than 15,000 compassionate caregivers provides high-quality care through our six nonprofit hospitals on seven campuses, multiple outpatient care sites, numerous primary care, and specialty provider locations, and increasing set of virtual healthcare services. Across the system, we offer state-of-the-art facilities, technology, and a breadth of clinical services.

The staff of Nuvance Health are dedicated to the health and well-being of everyone in our region, regardless of race, ethnicity, age, gender, religion, sexual orientation, gender identity, gender expression, disability, economic status, and other diverse backgrounds. This is our promise to the more than 1.5 million children and adults we serve in western Connecticut and the Hudson Valley of New York.

To ensure our services are aligned with the healthcare needs of our community, we complete a Community Health Needs Assessment (CHNA) every three years for each hospital community, and it was conducted January to September 2022. This helps us better serve our community by measuring the health status of residents, gathering community input on health concerns, and identifying opportunities to collaborate. With the help of many state, county, and community partners, we had strong participation in our surveys, and we value this feedback and recognize all community stakeholders who play an integral part in advancing the health of our region.

And this is only the beginning. We continually assess how we serve our region so we can provide outstanding care, as well as education and outreach activities that meet priority needs. In doing so, we will continue to collaborate with our partners, educate our policy makers, and engage community residents to promote health for all residents of our region.

We look forward to our continued work together and thank you for putting your trust in us. At Nuvance Health, we are not only your caregivers—we are also your friends, family, and neighbors. Through our community benefit initiatives, we aim to increase well-being for everyone.

With gratitude,



John M. Murphy, MD
President and CEO



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Our Commitment to Community Health

Where some see impossible, we see what's possible. At Nuvance Health, we continually strive for progress and push past the status quo in all aspects of what we do. We are Nuvance Health!

Nuvance Health is an integrated health system offering convenient, accessible, and affordable care to community members. We're here for you—whenever and wherever you need us. Our talented team of more than 15,000 compassionate caregivers provides high-quality care through:

- Community hospitals
- Primary care and specialty practice locations
- Outpatient settings
- Home care services
- A skilled nursing and rehabilitation facility
- Telehealth visits

Our network also includes a well-known research institute, which brings breakthroughs from the lab directly to the bedside. We take research to heart and focus on treatments and cures that will benefit our community.

Improving the health of the community is essential to enhancing its residents' quality of life and supporting its future economic and social wellbeing. To effectively improve health, communities must address social, environmental, and behavioral factors in addition to ensuring access to medical services. Norwalk Hospital, under the guidance of the Community Health Committee and Greater Norwalk community partners participated in a Community Health Needs Assessment (CHNA) to assess the health and social needs of the Greater Norwalk community.

Community partners:

- AmeriCares Free Clinics
- Community Health Centers, Inc.
- Darien Health Department
- New Canaan Health Department
- NAACP
- Norwalk ACTS
- Norwalk Community Health Center
- Norwalk Health Department
- Positive Directions
- Regional Behavioral Health Action Organization
- Riverbrook Regional YMCA
- Town of Ridgefield
- Westport/Weston Health District

This report provides an overview of key findings from the CHNA and the priority elements that will be used to develop the three-year Community Health Improvement Plan to guide our community benefit and community health improvement efforts.



2022 CHNA Executive Summary

CHNA Leadership

The 2022 CHNA was overseen by the Community Health Committee of the Board of Directors of Nuvance Health. The Committee includes representations of the hospital communities, including hospital Board leadership, administrative leadership from the Nuvance Health network, local health department directors, community stakeholders, and other key hospital stakeholders.

Norwalk Hospital Community Health Committee

- **Susan Beyman - Chair – Board Member**
- Trisha Bam– Board Member
- Peter Campbell – Board Member
- Pablo Colon – Board Member
- Thomas Dubin – Board Member
- Carol Bauer – Community (former NH Board Member)
- Janice Anderson – Community (The Hub)
- Theresa Argondezzi – Community (Norwalk Health Dept.)
- Daniella Arias – Community (Regional Youth Adult Social Action Partnership)
- Edward Briggs – Community (Ridgefield Health Dept.)
- Kelsey Ciarleglio – Community (High Focus Centers)
- Mark Cooper – Community (Aspetauk Health Dept.)
- Deanna D'Amore – Community (Norwalk Health Dept.)
- Lamond Daniels – Community (City of Norwalk)
- Jen Eielson – Community (New Canaan Health Dept.)
- MaryAnn Gennuario – Community (Riverbrook YMCA)
- Karen Gottlieb – Community (Americares)
- David Knauf – Community (Darien Health Dept.)
- Fred Lione– Community (former NH Board Member)
- Giovanna Mozzo – Community (The Hub)
- Jackie Romaniuk – Community – (CT Dental Health Partnership)
- Veronica Sullivan – Community (Americares)
- Amy Taylor – Community (Community Health Center of Norwalk)
- Margaret Watt – Community (Positive Directions-Center for Prevention & Counseling)
- Denique Weidema-Lewis – Community (Norwalk ACTS)
- Michael Witherspoon - Community

Professional Staff

- Rowena Bergmans – Nuvance VP Strategic Payer and Community Partnerships
- Sally Herlihy – Nuvance VP Strategic Planning & Bus Development
- Staci Peete – NH Community Care Team Manager
- Ildiko Rabinowitz – Nuvance AVP Health Equity Diversity & Inclusion
- Ellen Ryan – Nuvance Clinician
- Curtis Stewart – Nuvance Volunteer Services



Our Research Partners

Nuvance Health contracted with Community Research Consulting to compile the CHNA reporting and guide the development of the Community Health Improvement Plan. CRC 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. Their 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 our work at buildcommunity.com.



DataHaven conducted the DataHaven Community Wellbeing Survey (DCWS), a statistical household survey to gather information on wellbeing and quality of life for Connecticut's neighborhoods. The DCWS is a nationally recognized program that provides critical, highly reliable local information not available from any other public data source. A 501(c)3 nonprofit organization and registered as a Public Charity with the State of Connecticut, DataHaven is a partner of the National Neighborhood Indicators Partnership, a learning network, coordinated by the Urban Institute, of independent organizations in 30 cities that share a mission to ensure all communities have access to data and the skills to use information to advance equity and wellbeing across neighborhoods.

DataHaven
The Twenty Fifth Year

The Greater New York Hospital Association (GNYHA) conducted the 2022 GNYHA CHNA Survey of adults aged 18 or older who live in a zip code or county served by the hospital. The survey was intended to garner resident input on community health priorities based on perceived importance and satisfaction. The survey used a non-probability convenience sample. A web-based survey tool and a paper-based tools were used to collect the survey data. Surveys were available in a variety of languages. The GNYHA CHNA questionnaire was translated from English into Spanish, Chinese, Russian, Yiddish, Bengali, Korean, Haitian Creole, Italian, Arabic, and Polish.



Methodology and Community Engagement

The 2022 CHNA included quantitative research methods and community conversations to determine health trends and disparities affecting Greater Norwalk. Community engagement was an integral part of the 2022 CHNA. In assessing community health needs, input was solicited and received from persons who represent the broad interests of the community, as well as underserved, low-income, and minority populations. These individuals provided wide perspectives on health trends, expertise about existing community resources available to meet those needs, and insights into service delivery gaps that contribute to health disparities and inequities.



The following research methods were used to determine community health needs:

- **Analysis of Health and Socioeconomic Data:** Public health statistics, demographic and social measures, and healthcare utilization data were collected and analyzed to develop a comprehensive community profile that illuminated health disparities and underlying inequities.
- **Community Surveys of Lived Experiences:** As part of the DataHaven Community Wellbeing Survey across Connecticut, a statistical telephone survey was conducted with nearly 400 households in the Greater Norwalk community to gather information on wellbeing and quality of life.
- **Community Perception Surveys:** As part of the GNYHA CHNA Survey, a web- and paper-based convenience survey was conducted with more than 471 households in the Norwalk Hospital service area to garner perceptions on community health priorities.
- **Input from Experts and Key Stakeholders:** Health and social service providers, public health experts, and representatives from a wide range of community-based organizations participated in the CHNA to guide the process and provide insights on community health needs.

Community Health Priorities

To work toward health equity, Nuvance Health commits to ensuring hospital resources and activities build upon existing priorities and collaborative activities, while ensuring responsiveness to emergent needs. Determination of priorities made by leadership of Nuvance Health included review of existing commitments, new research findings, and community feedback.

Nuvance Health will focus efforts on the following community health priorities as part of its 2022-2025 Community Health Implementation Plan (CHIP):

- Address Chronic Diseases
- Promote Well-Being and Address Mental and Substance Use Disorders

Nuvance Health is committed to continuing its collaboration with the Community Health Committee and other stakeholders to further refine focus areas within the identified health priorities. Together with these partners and stakeholders, Nuvance Health will create a CHIP that reflects collective health impact strategy and the many strengths and assets of our community partners to address these needs.

Board Approval

The 2022 CHNA was conducted in a timeline to comply with IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Affordable Care Act (ACA). The 2022 CHNA report was presented to the Nuvance Health Board of Directors and approved in September 2022.

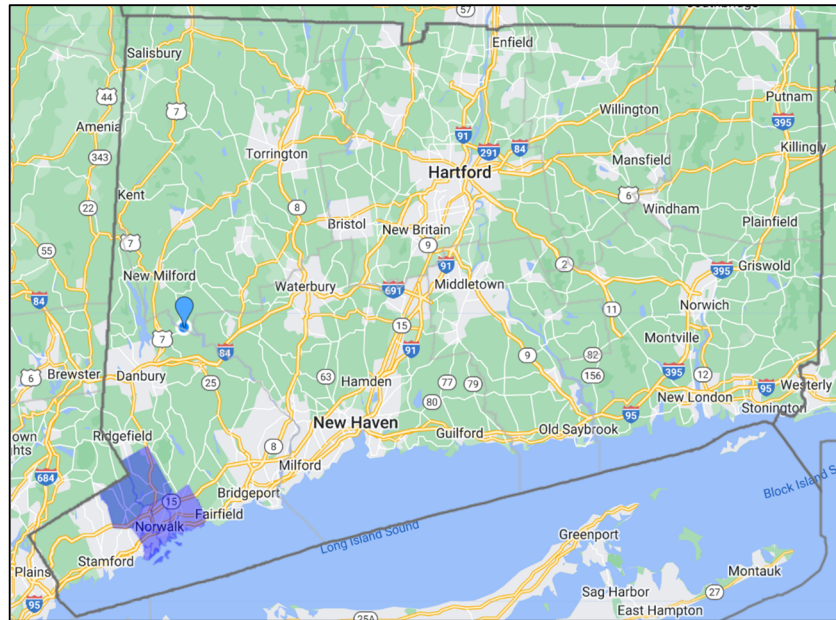
Following the Board's approval, the CHNA report was made available to the public via the Nuvance Health website at [Nuvance Health](#).



Norwalk Hospital Service Area

The 2022 CHNA provides local level health-related data about Norwalk, and the surrounding towns of New Canaan, Weston, Westport, and Wilton. This region is referred to as Greater Norwalk throughout the remainder of the report. The CHNA data may also be presented for all of Fairfield County, the home county of Norwalk, based on data availability.

Greater Norwalk Region



Greater Norwalk Region and 2020 Populations by Town

- New Canaan (20,622)
- Norwalk (91,184)
- Weston (10,354)
- Westport (27,141)
- Wilton (18,503)

Understanding changes in population demographics is critical to plan for changes in healthcare, housing, economic opportunity, education, social services, transportation, and other essential infrastructure elements.

Connecticut overall is an aging state. Between 2010 and 2020, the state's population remained similar in total number, but increased in the proportion of adults and decreased in the proportion of children. During the same period, Greater Norwalk experienced a 5% increase in overall population, although this growth occurred largely within Norwalk, and the region overall is also

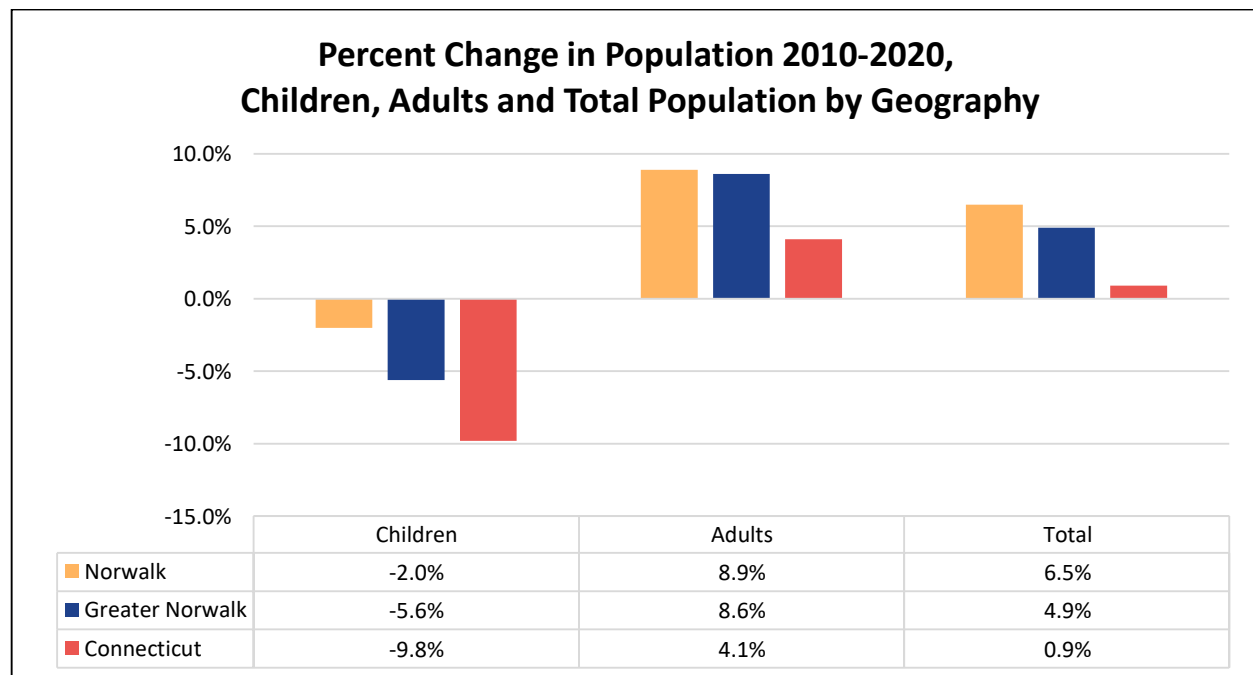


aging. Between 2010 and 2020, Greater Norwalk saw adult population growth of +10,198 individuals and child population loss of -2,367 individuals.

Total Population and Population Change by Age Group

	2010 Population	2020 Population	Change
Norwalk			
All Ages	85,603	91,184	+5,581
Children under age 18	18,874	18,502	-372
Adults 18 or over	66,729	72,682	+5,953
Greater Norwalk			
All Ages	159,973	167,804	+7,831
Children under age 18	42,062	39,695	-2,367
Adults 18 or over	117,911	128,109	+10,198
Connecticut			
All Ages	3,574,097	3,605,944	+31,847
Children under age 18	817,015	736,717	-80,298
Adults 18 or over	2,757,082	2,869,227	+112,145

Source: US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data



Source: US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data

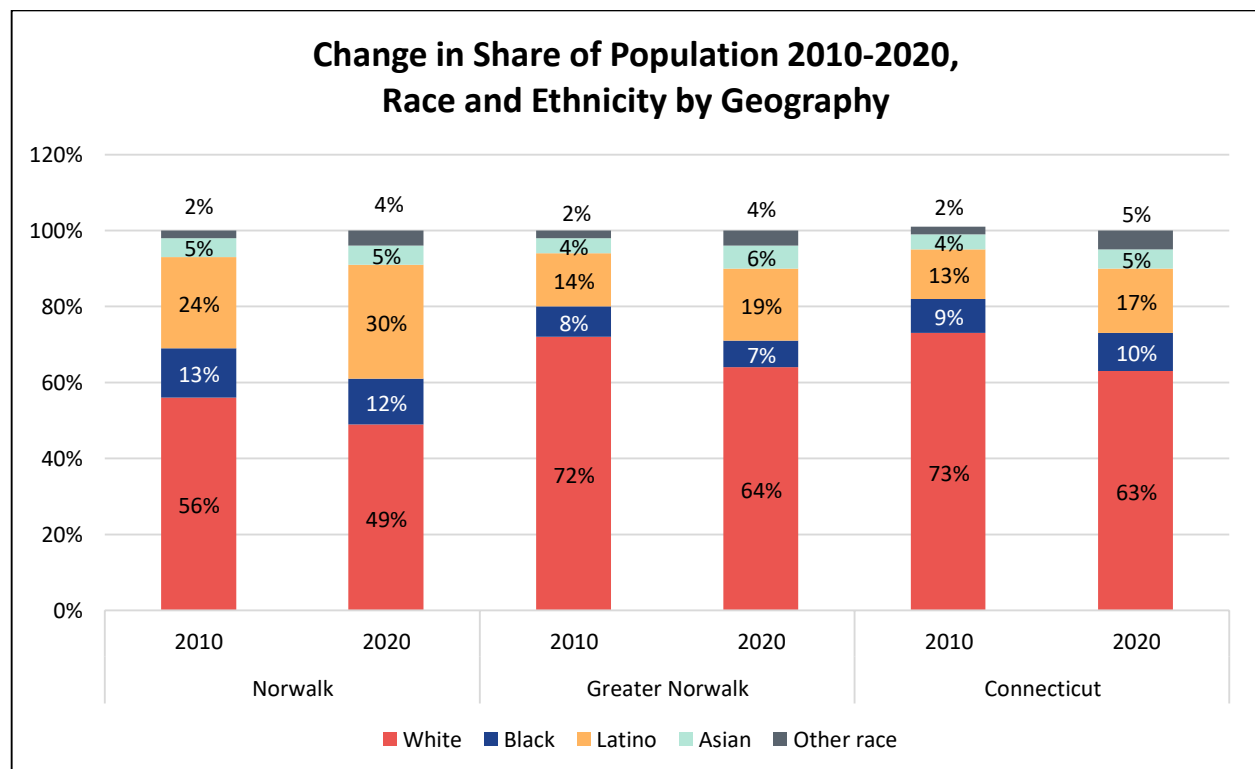


The City of Norwalk is a majority-minority city, with a racial and ethnic diversity of residents unmatched in the surrounding areas. Regionally, Greater Norwalk has a similar racial and ethnic makeup as Connecticut overall, and consistent with statewide trends, the region is becoming more diverse.

Total Population by Race and Ethnicity

	White	Black	Latino	Asian	Native American	Other race/ethnicity
Norwalk						
Count	44,314	11,074	27,629	4,772	102	3,293
Share	49%	12%	30%	5%	<1%	4%
Greater Norwalk						
Count	106,971	12,037	31,889	9,821	129	6,957
Share	64%	7%	19%	6%	<1%	4%
Connecticut						
Share	63%	10%	17%	5%	<1%	5%

Source: US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data



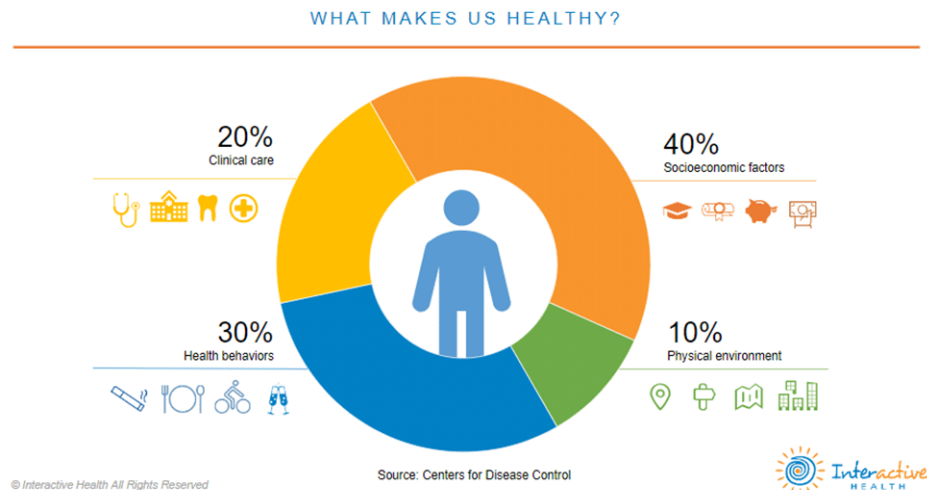
Source: US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data



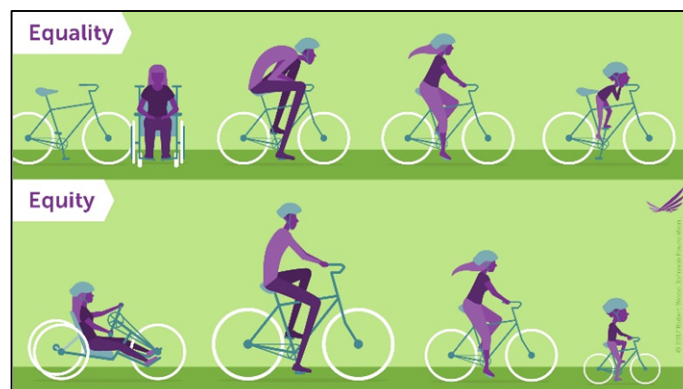
Social Determinants of Health and Health Equity: A closer look at factors that influence well-being

Social determinants 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, 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.

While health improvement efforts have historically targeted health behaviors and clinical care, public health agencies, including the US Centers for Disease Control and Prevention (CDC), widely hold that at least **50% of a person's health profile is determined by SDoH**.



Addressing SDoH is a primary approach to achieving *health equity*. **Health equity can be simply defined as “a fair and just opportunity for every person to be as healthy as possible.”** To achieve health equity, we need to look beyond the healthcare system to dismantle systematic inequities born through racism and discrimination like power and wealth distribution, education attainment, job opportunities, housing, and safe environments, to build a healthier community for all people now and in the future.



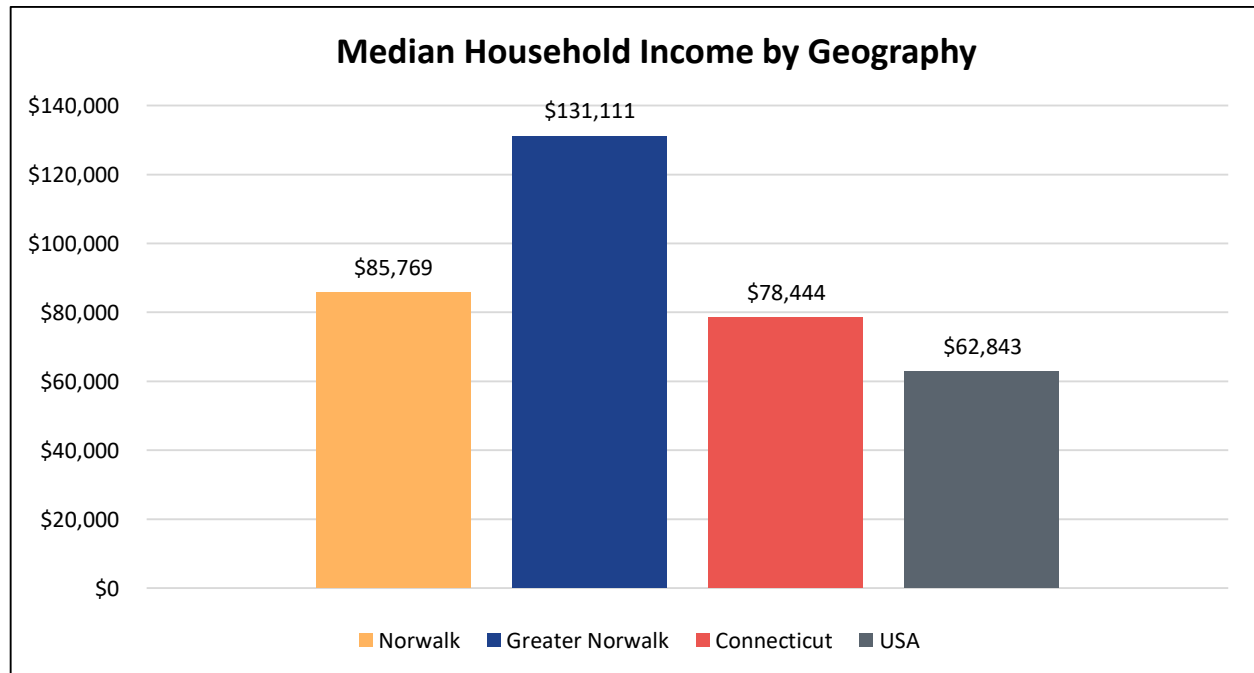


Social Determinants of Health within Greater Norwalk

Economic Stability

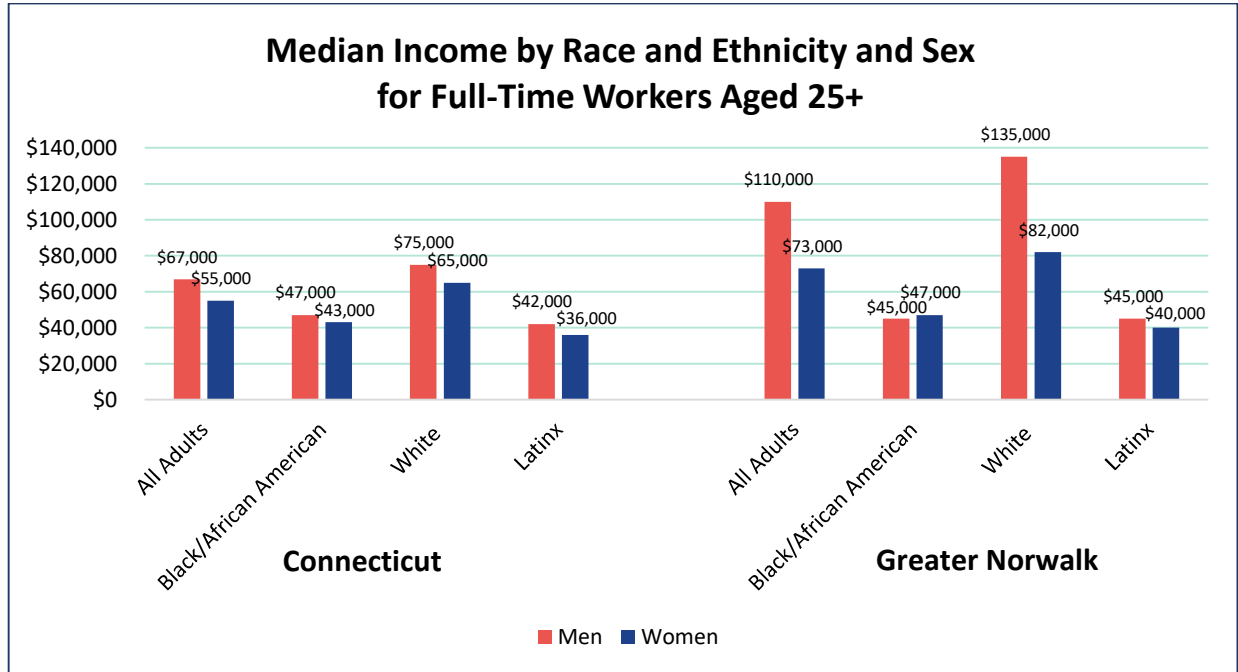
Income and work impact health outcomes. For example, many Americans access health insurance through their job, although not all types of work provide access to health insurance. Beyond health insurance, making healthy choices, such as purchasing lean meats and fresh produce or joining a gym, all cost money. Securing employment that allows individuals to provide a safe and decent home, nutritious food, transportation, child and elder care services, leisure activities, exercise, and medical needs depends on many factors. These factors can include education, age, access to employment opportunities, racism, language, and literacy, among others.

The median household income in Greater Norwalk is \$131,111, compared to \$77,696 statewide, and fewer residents or children in Greater Norwalk live in poverty compared to the state overall. However, this positive experience is not shared by all residents. Within the region, median household incomes by town range from \$85,769 in Norwalk to \$222,535 in Weston. Norwalk also has higher poverty levels, affecting 10% of all residents and 14% of children.

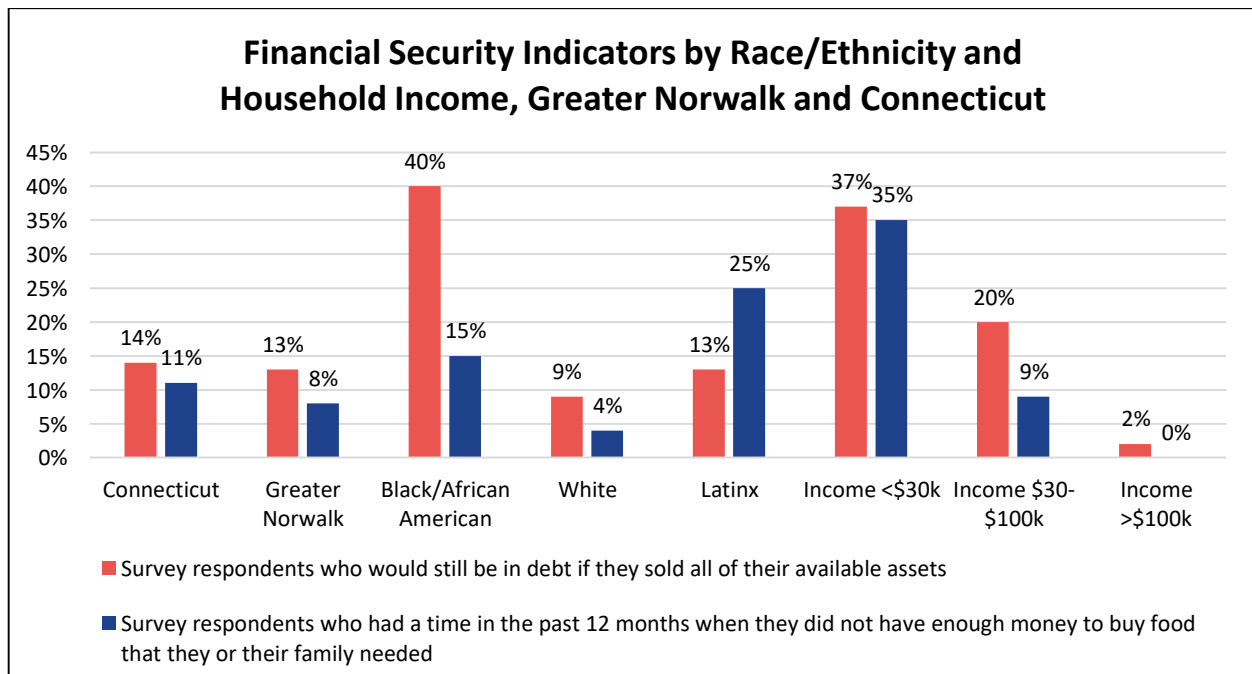


Source: DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

Historical barriers based on race, gender, ethnicity, and other factors continue to impact financial security and income for people today. For example, within Greater Norwalk, median income for male Black/African American workers is approximately one-third less than for male white workers. Among Black/African American Community Wellbeing Survey respondents in Greater Norwalk, 40% said they would still be in debt if they sold all of their assets compared to 9% of white respondents. This disparity in economic resources impacts the ability of people with lower incomes to engage in health promoting activities, creating differences in the choices available to people in Greater Norwalk to live their healthiest lives.



Source: DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates



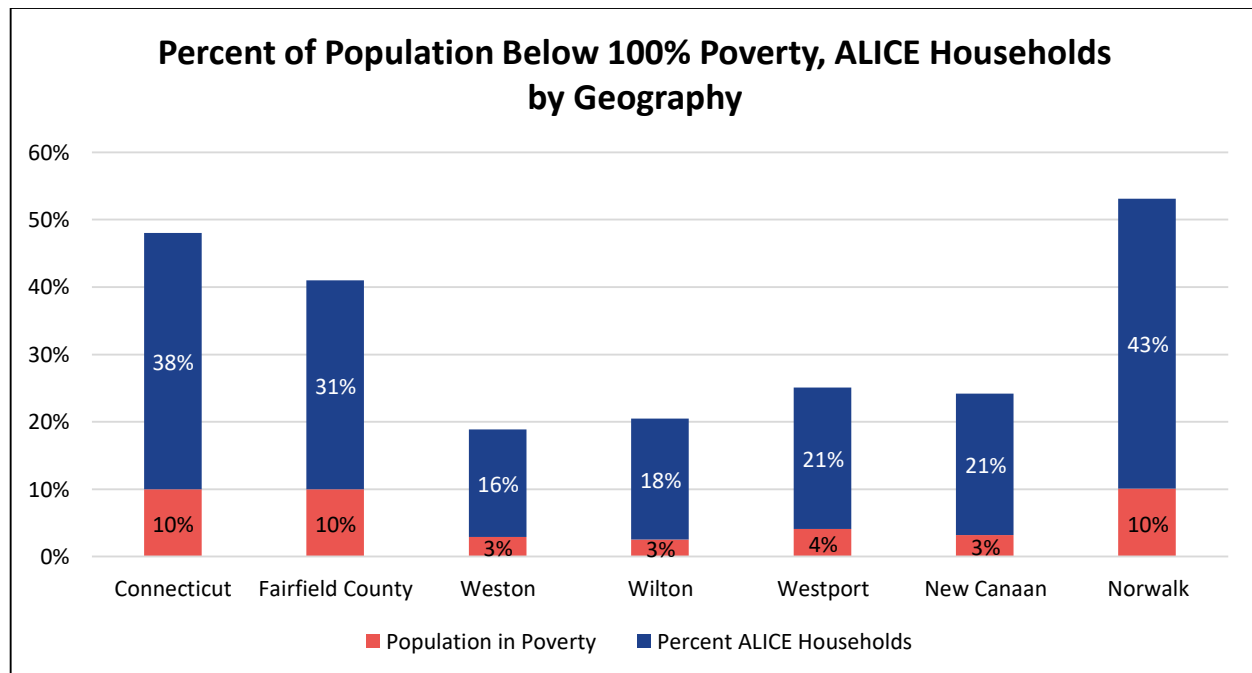
Source: 2021 DataHaven Community Wellbeing Survey

Asset Limited, Income Constrained, Employed (ALICE) The ALICE threshold is an index that captures the percent of households whose income is above the federal poverty level, but below the threshold necessary to meet all basic needs based on localized cost of living and local average



household sizes. ALICE measures the proportion of working poor and households who struggle to meet basic needs and are a paycheck or two away from acute financial strife.

While the proportion of people living below the poverty level is relatively low across the Greater Norwalk Area, more than 1 in 10 and up to 43% of all households throughout the area met the ALICE threshold ***before the start of the COVID-19 pandemic***. While the data regarding these measures during the pandemic are not yet available, anecdotal information suggests that the proportion of struggling households has increased during more recent years.



Source: United for ALICE and US Census Bureau American Community Survey 2019 5-year estimates

Where you live impacts the choices available to you. These choices impact your income, wellness, and ultimately how long you live. These place-based choices, as well as lived experiences like discrimination and racism, also inform perception of opportunities.

For neighborhoods, a higher proportion of homeownership means greater neighborhood stability. Greater neighborhood stability means greater opportunities for investment in infrastructure, such as schools, roads, public transportation, and green spaces, key elements for healthy living.

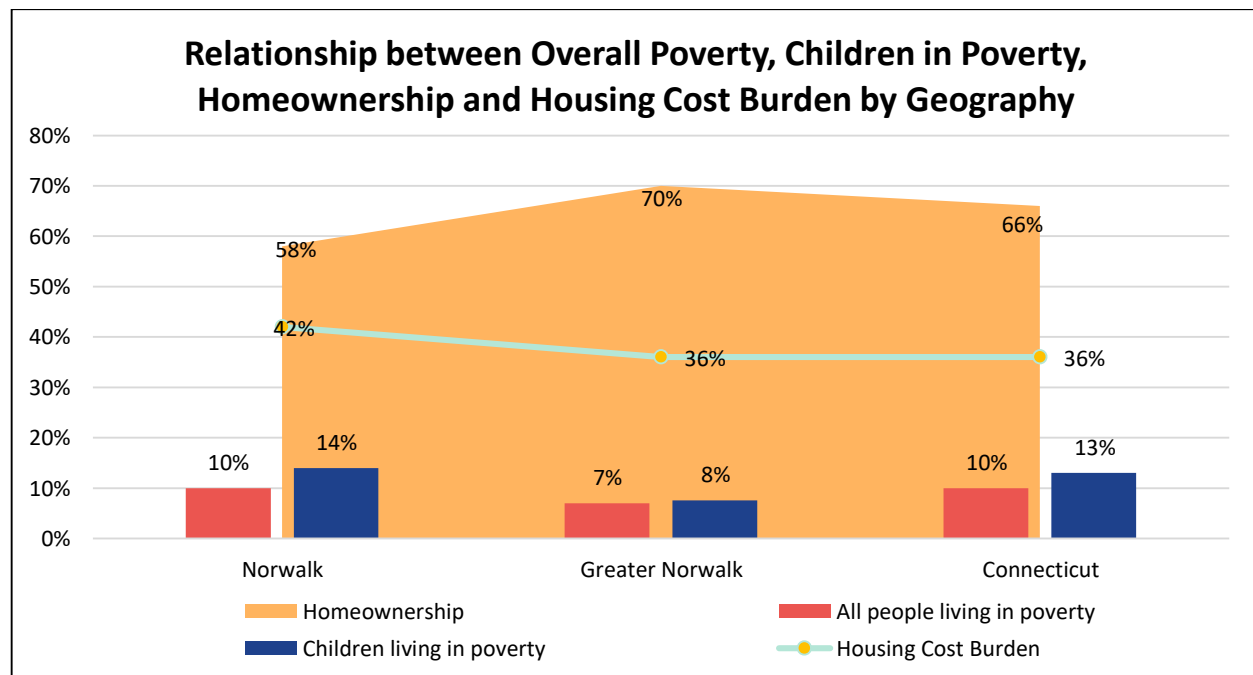
Owning a home is an investment. For many families, their home is their largest asset. However, historically, structures have been in place that prevent people of color and others from purchasing a home. Today, this historic structural inequity manifests in the financial assets that certain populations have been able to pass on to future generations. The security of knowing one has a home can also reduce chronic stress, a significant factor in developing chronic disease.

Housing is often the largest single monthly expense for households and should represent no more than 30% of a household's monthly income. When households spend more than 30% of their



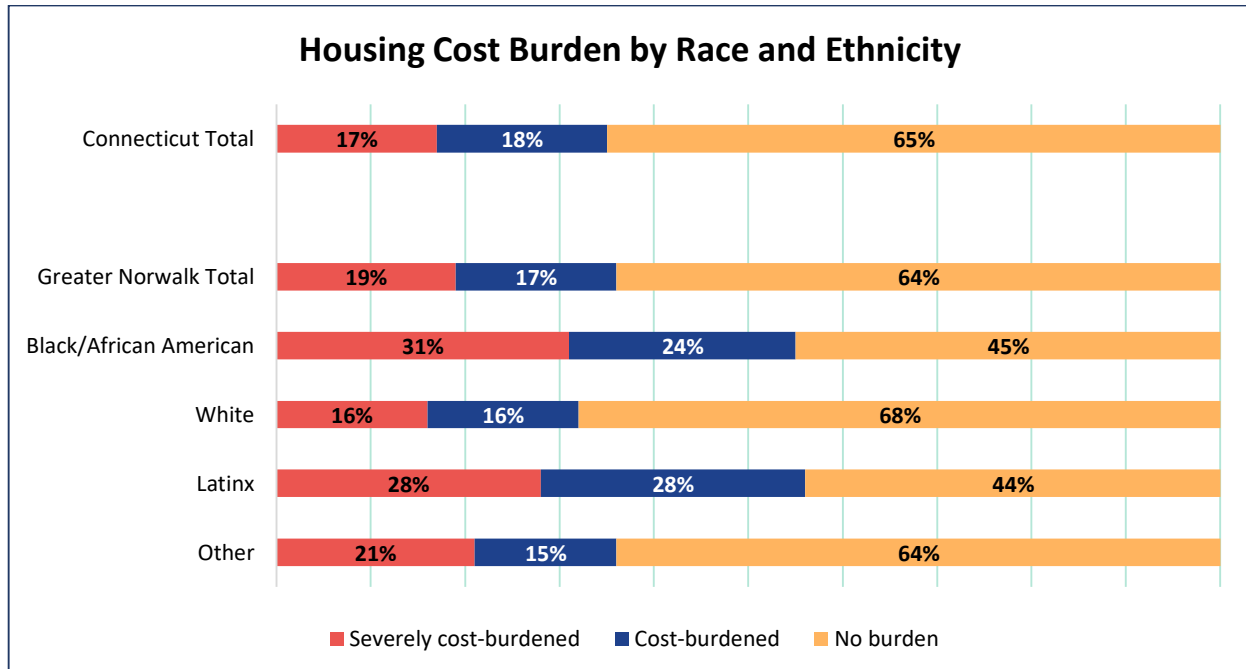
income on housing, they are considered housing cost burdened. When housing costs consume more than 30% of a household budget, fewer resources are available for other necessities like food, transportation, and childcare.

The graph below demonstrates that communities with greater proportions of homeowners are associated with fewer children living in poverty and fewer cost burdened households. However, it is worth noting that more than 1 in 3 households are considered housing cost burdened throughout the area.



Source: DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

Among renter households in Greater Norwalk, 46% are cost-burdened compared to 34% of owner households. Among Black/African American and Latinx householders (owner or renter), approximately 55% are cost-burdened compared to 32% of white householders.



Source: DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

Education Access and Quality

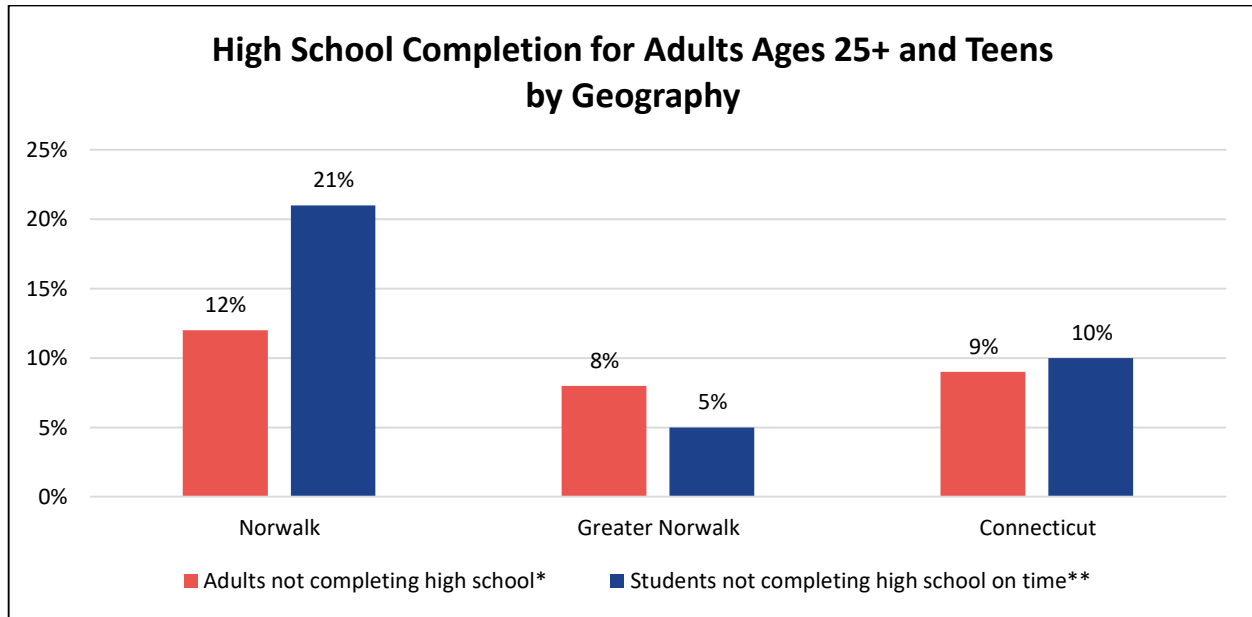
Education is one of the best predictors of good health and long lives. Availability of accessible, well-funded, and well-resourced public education opportunities and exposure to diverse employment pathways, such as in the healthcare and social services fields, build a strong foundation for young people and increase the opportunity for upward mobility, economic security, and better health.

Overall, people living in Greater Norwalk are well educated and residents perceive high likeliness for school success and job opportunities post-graduation. However, disparities in the city of Norwalk include 21% of high school students not graduating on time and 12% of adults not completing high school. These disparities likely reflect, in part, inequities among students of color, who make up a higher proportion of the Norwalk population, are more likely to experience unfairly harsh discipline, and are less likely to graduate high school due to other structural barriers. Disparities may also reflect fewer community resources and investments in public education, a factor that is common in communities with more rental households.

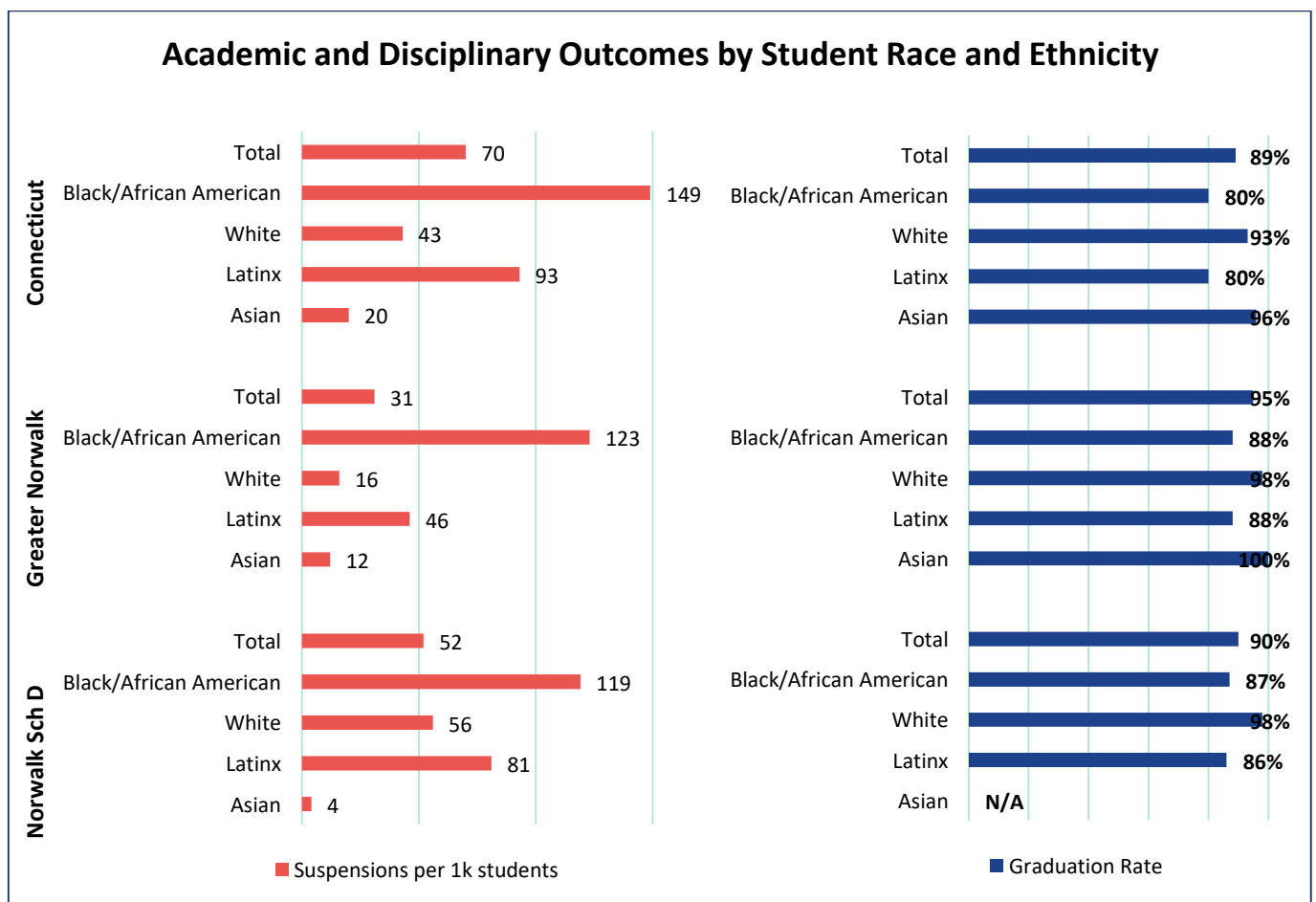
Community Wellbeing Survey Respondents Who Thought It Was “Almost Certain” or “Very Likely” That Young People in Their Neighborhood Could:

	Greater Norwalk	Connecticut
Graduate from high school	90%	91%
Get a job with opportunities for advancement	79%	61%

Source: 2021 DataHaven Community Wellbeing Survey



Source: DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates* and Connecticut State Department of Education, 2018-2019**



Source: Connecticut State Department of Education, 2018-2019 School Year

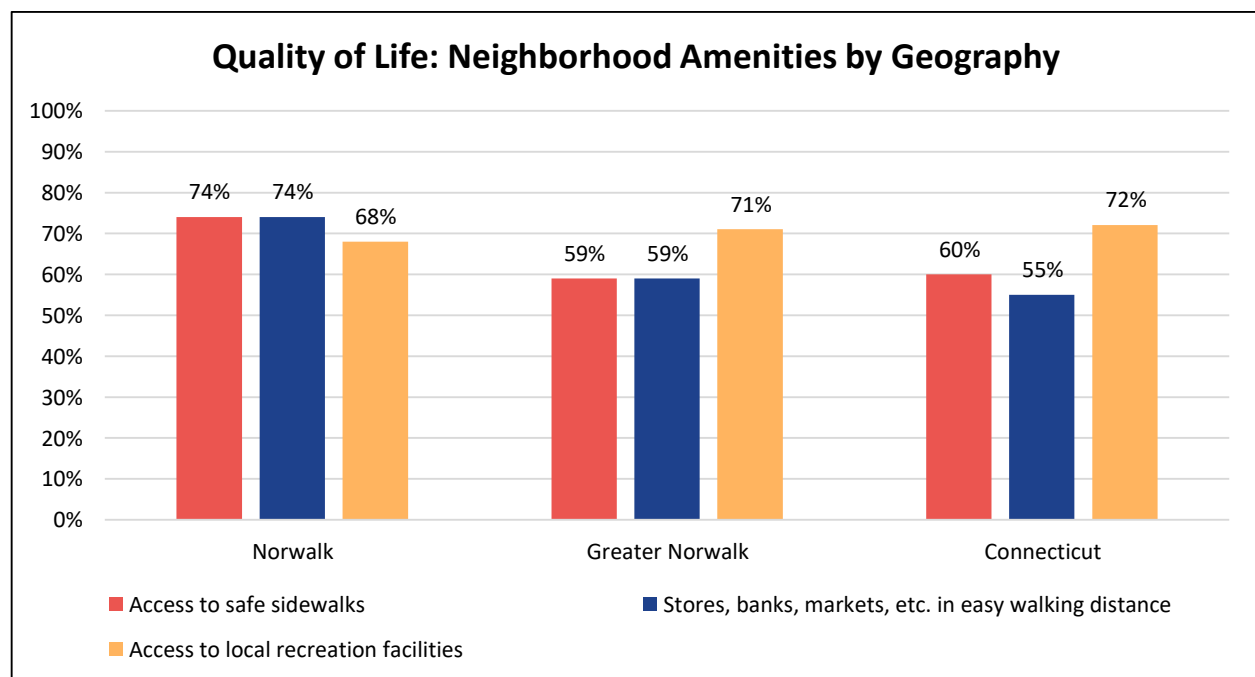


Neighborhood and Built Environment

In addition to the resources available in communities, the physical environment and infrastructure of neighborhoods impacts health. The availability of well-maintained roads and safe sidewalks, and access to recreation, stores, banks, and other amenities are important components for healthy living.

Greater Norwalk, including Norwalk, has comparable or better access to safe sidewalks, recreation, and shopping as Connecticut as a whole. Greater Norwalk residents are also more likely to have a vehicle at home to access services not within walking distance.

Despite these positive findings, transportation is still an access barrier for many residents, largely along income lines. Among Community Wellbeing Survey respondents, 32% of individuals in the low-income range stated that they stayed home when they needed or wanted to go someplace, because they did not have reliable transportation. In comparison, 1% of respondents in the high-income range experienced the same barrier.



Source: DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

No Vehicle at Home		
Norwalk	Greater Norwalk	Connecticut
7%	4%	9%

Source: DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

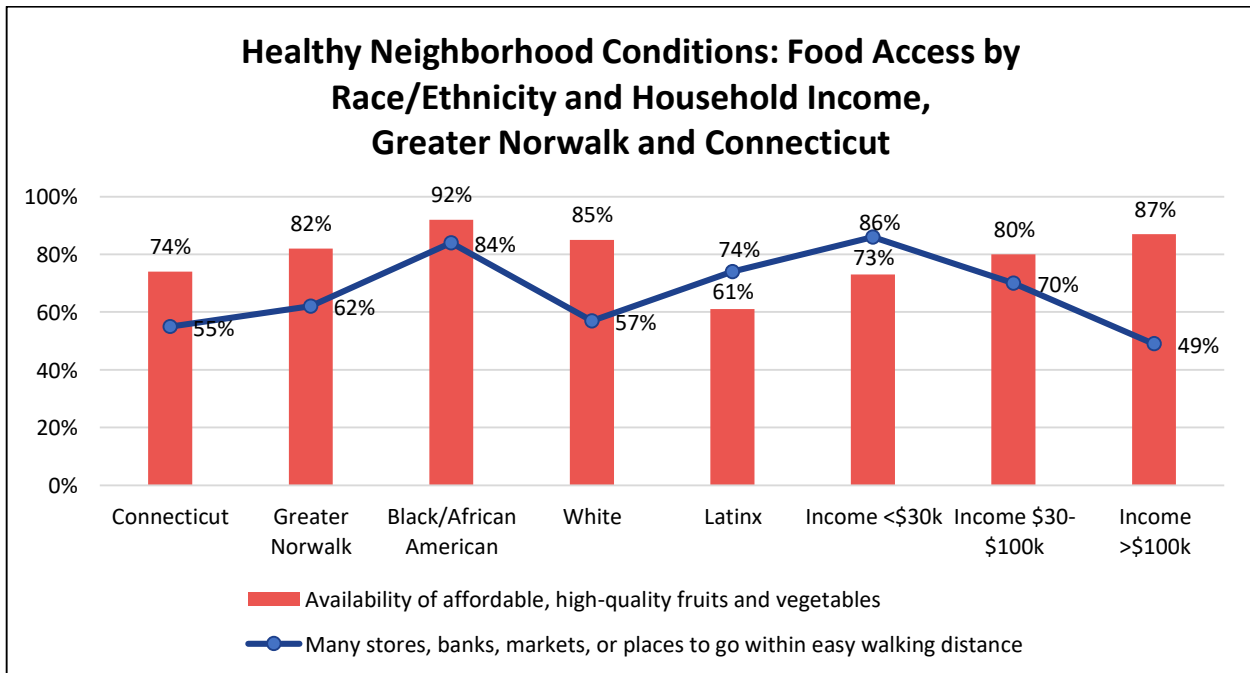


Community Wellbeing Survey Respondents Who Stayed Home When They Needed or Wanted to Go Somewhere Because They Did Not Have Reliable Transportation

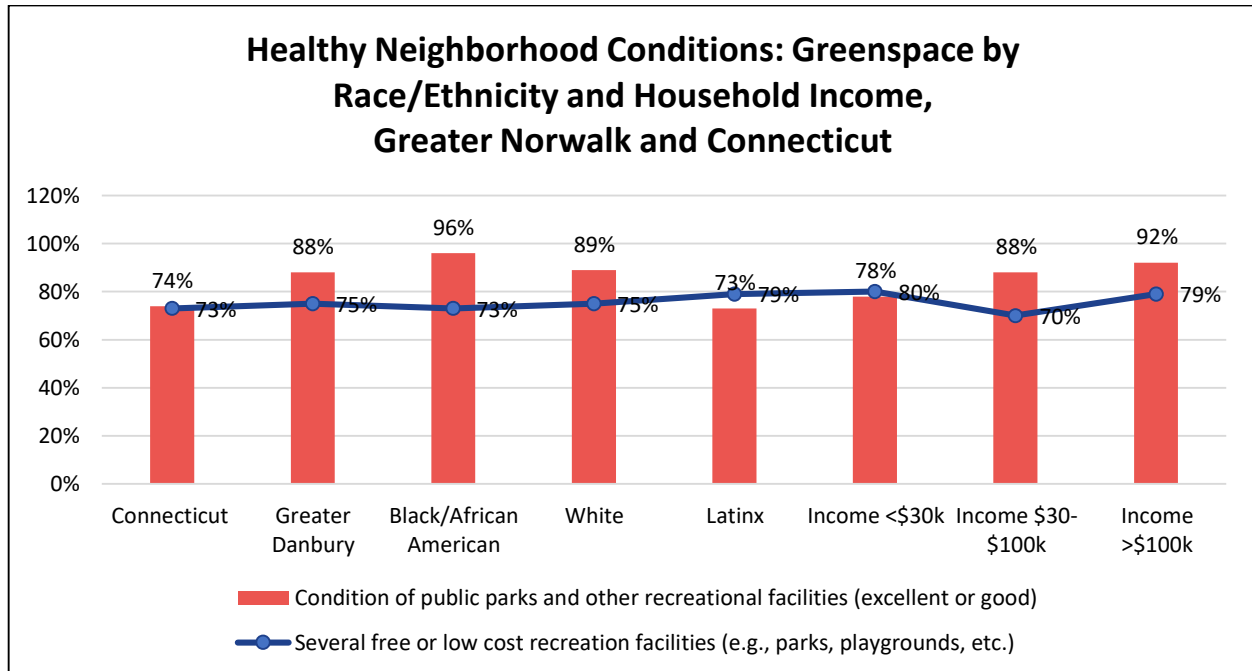
	Percent
Connecticut (All Adults)	13%
Greater Norwalk (All Adults)	9%
Black/African American	2%
White	7%
Latinx	21%
Household income <\$30k	32%
Household income \$30-\$100k	11%
Household income >\$100k	1%

Source: 2021 DataHaven Community Wellbeing Survey

While community services are generally perceived as more accessible in the Greater Norwalk area, there are wide differences in perceptions of the quality of these services. Disparities are most evident among individuals with lower income and/or identifying as Latinx. Of note, 73% of individuals with lower income perceived having access to affordable and high-quality fruits and vegetables compared to 87% of individuals with higher income.

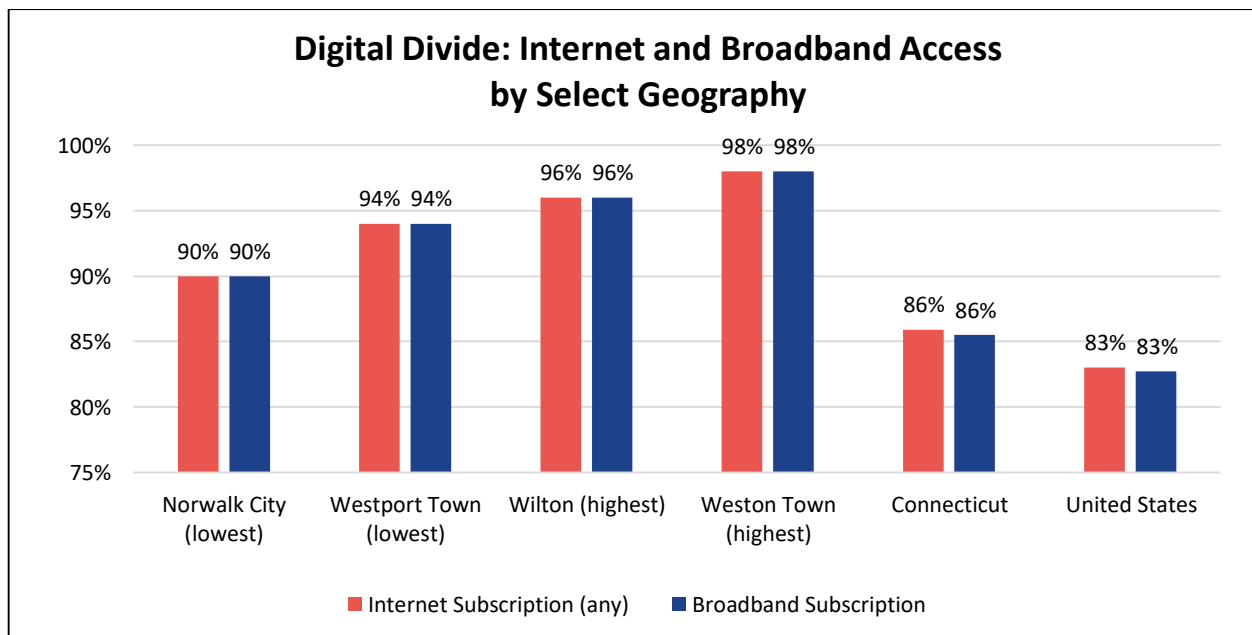


Source: 2021 DataHaven Community Wellbeing Survey



Source: 2021 DataHaven Community Wellbeing Survey

During COVID we were able to use technology to bring services to people in their homes, but we need to bridge the wide digital divide within our communities to effectively reach all residents. Within Greater Norwalk, there is a more than 5-point difference in access to internet and broadband between residents of Norwalk and residents of Wilton or Weston.



Source: US Census Bureau American Community Survey 2019 5-year estimates



Healthcare Access and Quality

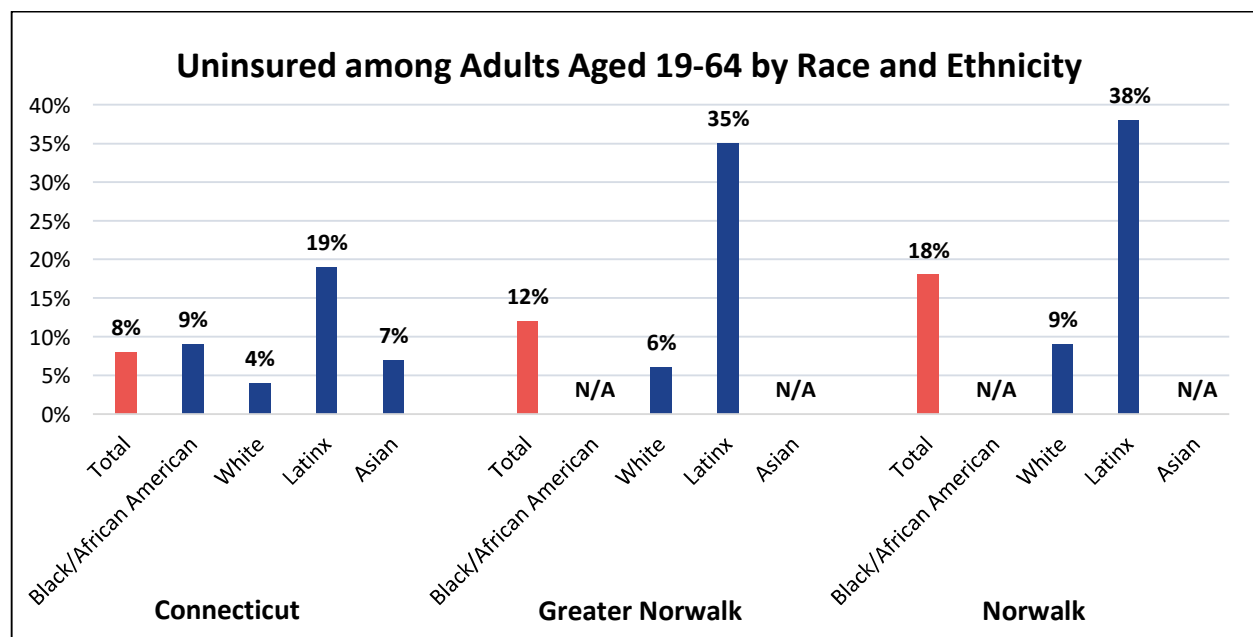
Lack of health insurance is a barrier to accessing healthcare. Without health insurance, residents face high costs for care when they need it, and they are less likely to receive preventive care. Preventive care, such as well visits and screenings, can detect small problems that can be treated more easily and effectively than if treatment is delayed. While many Greater Norwalk residents have health insurance, 1 in 3 individuals identifying as Latinx are lacking health insurance.

Having health insurance does not ensure access to healthcare when it is needed. Many other factors—like affordability, transportation, language, provider availability, and trust—keep people from receiving the care they need.

While Fairfield County overall is generally well served by healthcare providers, much of the south-central portion of Norwalk is a Health Professional Shortage Area (HPSA) for primary and dental care services. When viewed at the census tract-level, Norwalk residents are less likely to have received an annual checkup or to have visited a dentist within the past year when compared to neighboring communities.

Additional disparities in accessing healthcare are evidenced by Community Wellbeing Survey results. Across Greater Norwalk, 50% of Latinx respondents and 55% of individuals with lower household income put off or postponed needed medical care in the past 12 months. Contrary to expected data outcomes, survey respondents with higher incomes were the least likely to report having a personal doctor or healthcare provider, a finding that may be explored further.

Access disparities among Latinx residents may be exacerbated by language barriers and lack of bilingual providers or interpreter services. Approximately 42% of Greater Norwalk Latinx residents are considered linguistically isolated, characterized as speaking English less than “very well.” Approximately 19% of Asian residents are also considered linguistically isolated.



Source: DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

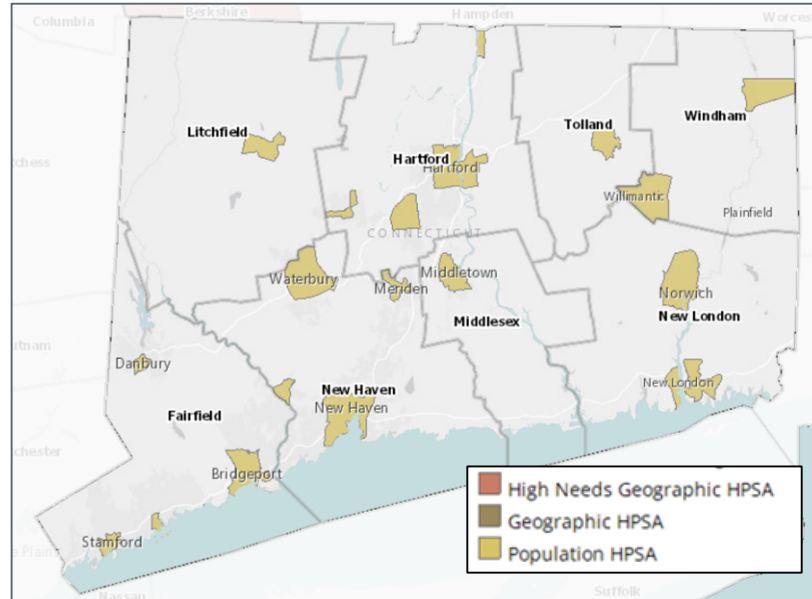


Healthcare Provider Availability: Provider Rates per 100,000 Residents

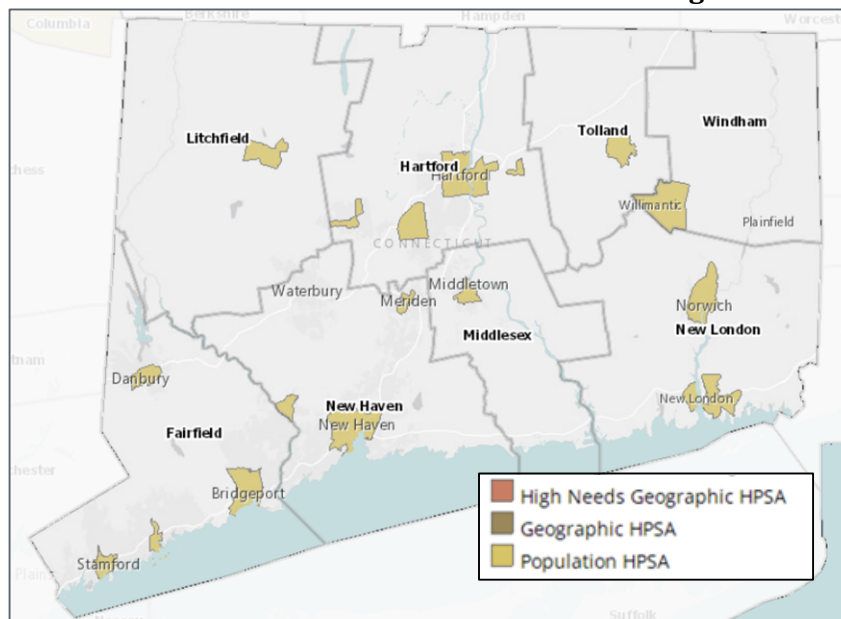
	2019 Primary Care Physicians	2020 Dentists	2021 Mental Health Providers
Fairfield County	94.3	94.0	338.4
Connecticut	85.2	87.1	439.2
United States	76.3	71.4	285.7

Source: Health Resources and Services Administration and Centers for Medicare and Medicaid Services

Connecticut: Primary Care Health Professional Shortage Areas

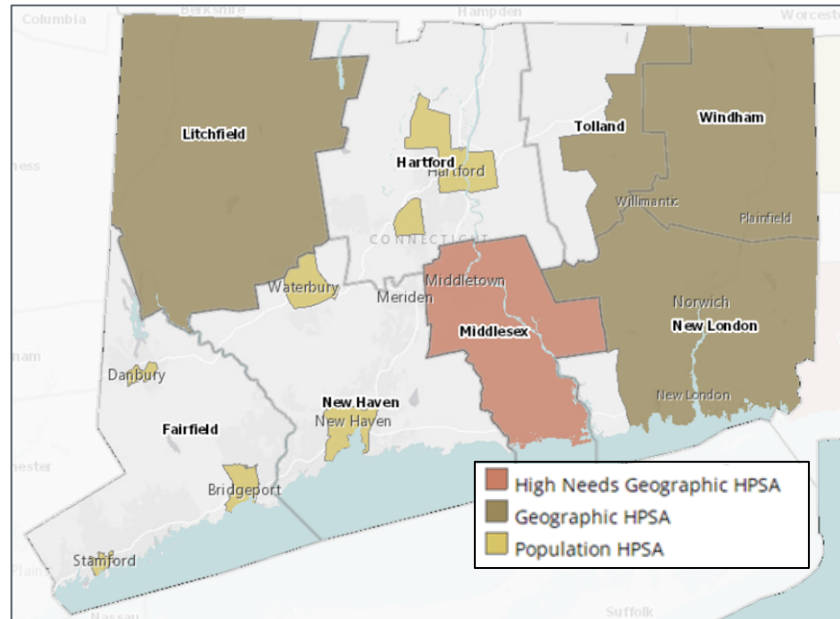


Connecticut: Dental Health Professional Shortage Areas

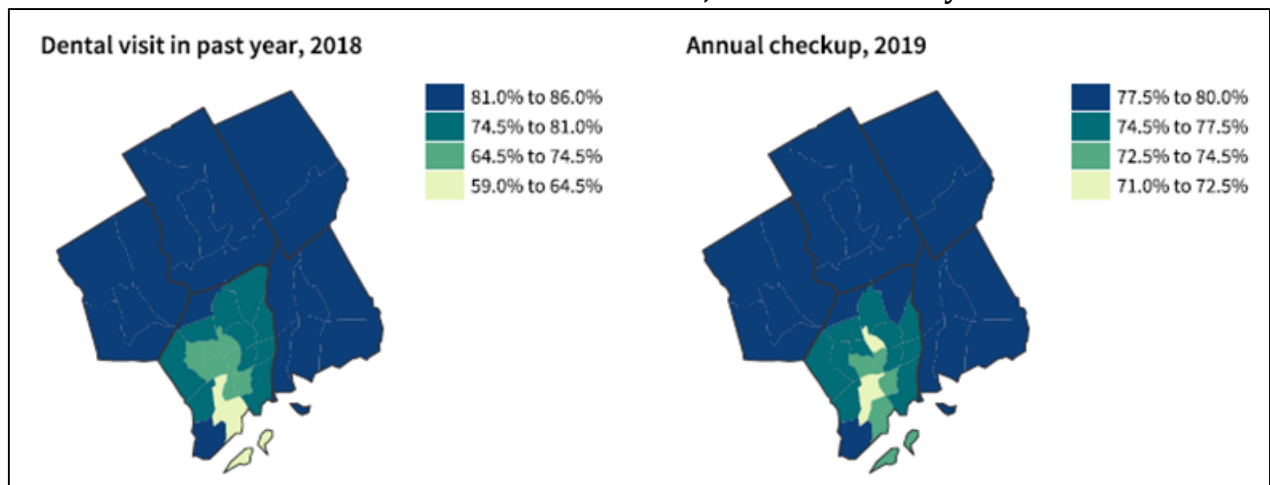




Connecticut: Mental Healthcare Health Professional Shortage Areas



Greater Norwalk Preventive Care Measures, Share of Adults by Census Tract



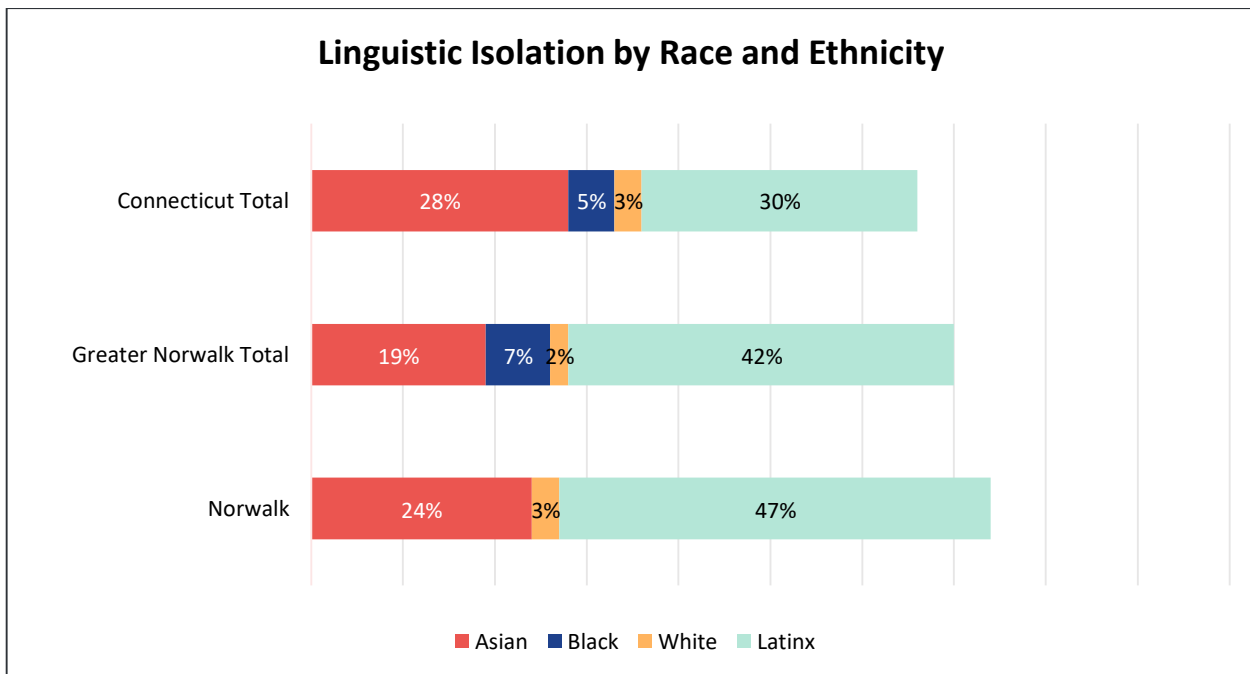
Source: PLACES Project. Centers for Disease Control and Prevention



Healthcare Access among Adults in Greater Norwalk

	No personal doctor or healthcare provider	Put off or postponed needed medical care in past 12 months	Saw a dentist more than two years ago
Connecticut (All Adults)	11%	30%	13%
Greater Norwalk (All Adults)	19%	33%	9%
Black/African American	11%	22%	13%
White	23%	32%	9%
Latinx	12%	50%	8%
Household income <\$30k	7%	55%	9%
Household income \$30-\$100k	13%	28%	13%
Household income >\$100k	30%	32%	7%

Source: 2021 DataHaven Community Wellbeing Survey



Source: DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

Social and Community Context

As much as communities are shaped by those who live there, people are impacted by the social context of the places where they live. Social context includes family, neighborhoods, school, or work environments, political or religious systems, and other interpersonal infrastructures within a community. People's lived experiences within their social context play a significant role in good health and wellbeing.

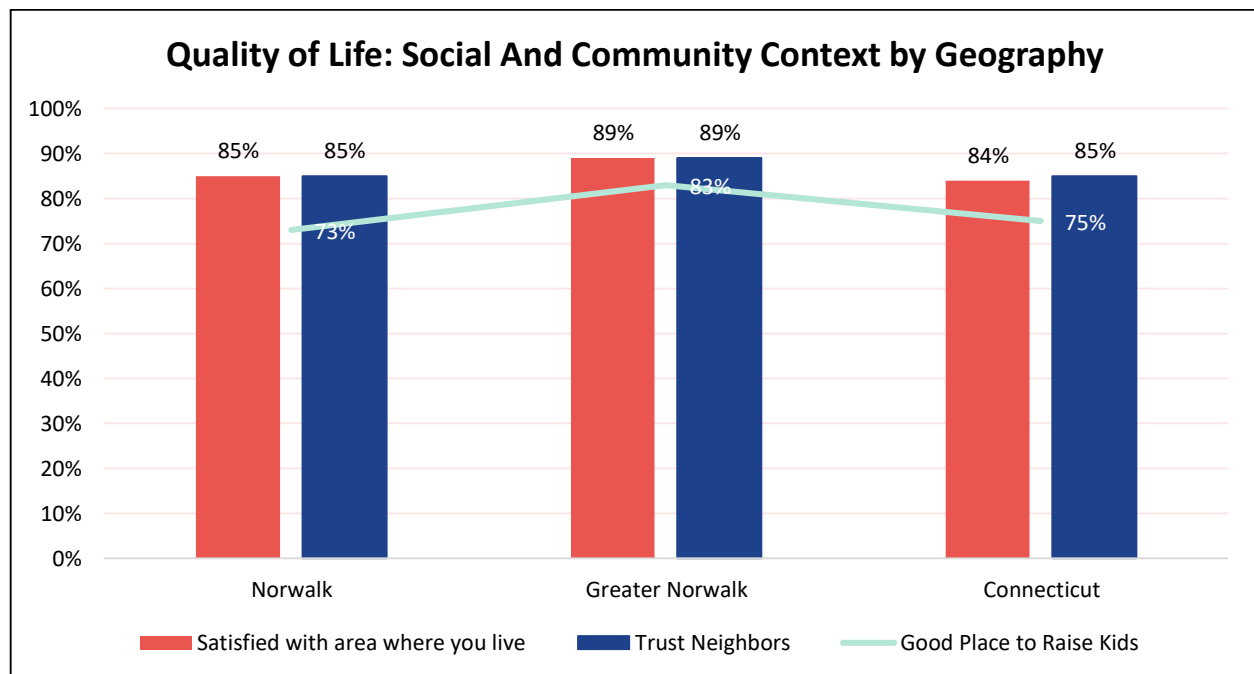
Feeling like you belong, are appreciated, and are valued in your community reinforces protective health factors that help people and communities overcome adversity. Experiences of poverty, violence, poor housing, racism, and discrimination create Adverse Community Environments and



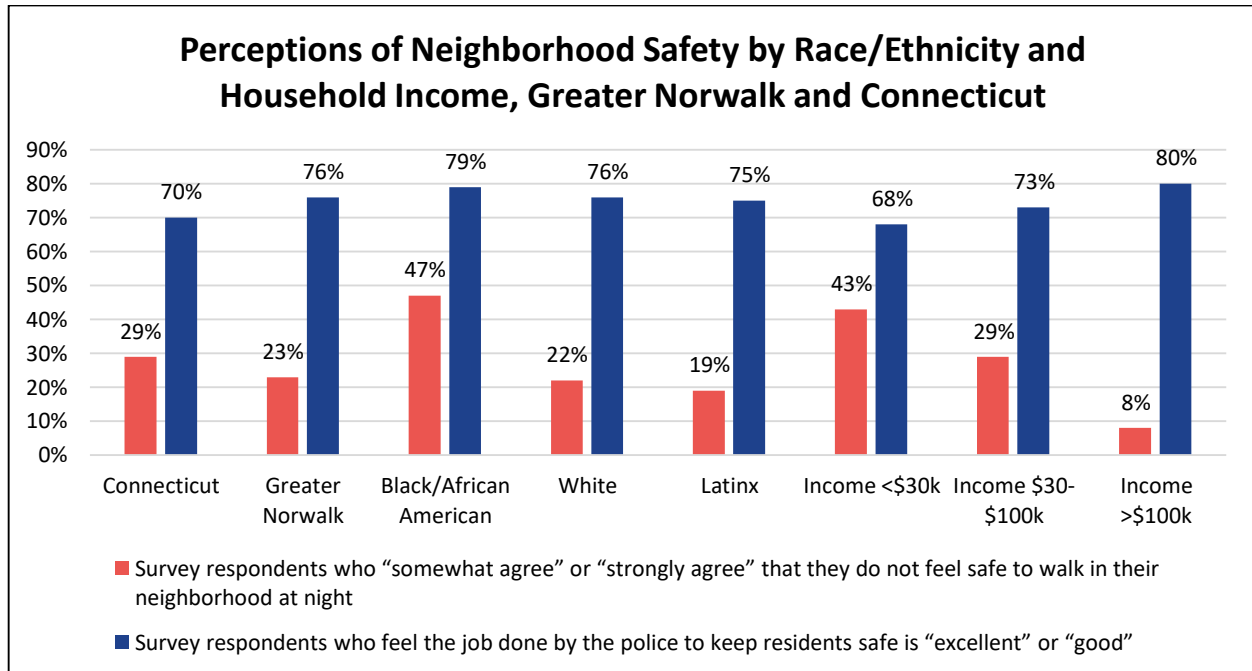
chronic stress that perpetuate trauma and increase Adverse Childhood Events (ACEs) that have a lasting impact on people and their communities.

Residents of Greater Norwalk, including Norwalk, have overall high perceived satisfaction in where they live, as well as overall positive perceptions of neighborhood safety, relative to the state. However, these experiences are not shared by all residents. Black/African American residents and individuals with lower income are less likely to feel safe walking in their neighborhood at night and/or that police are doing a “good” or “excellent” job of keeping residents safe.

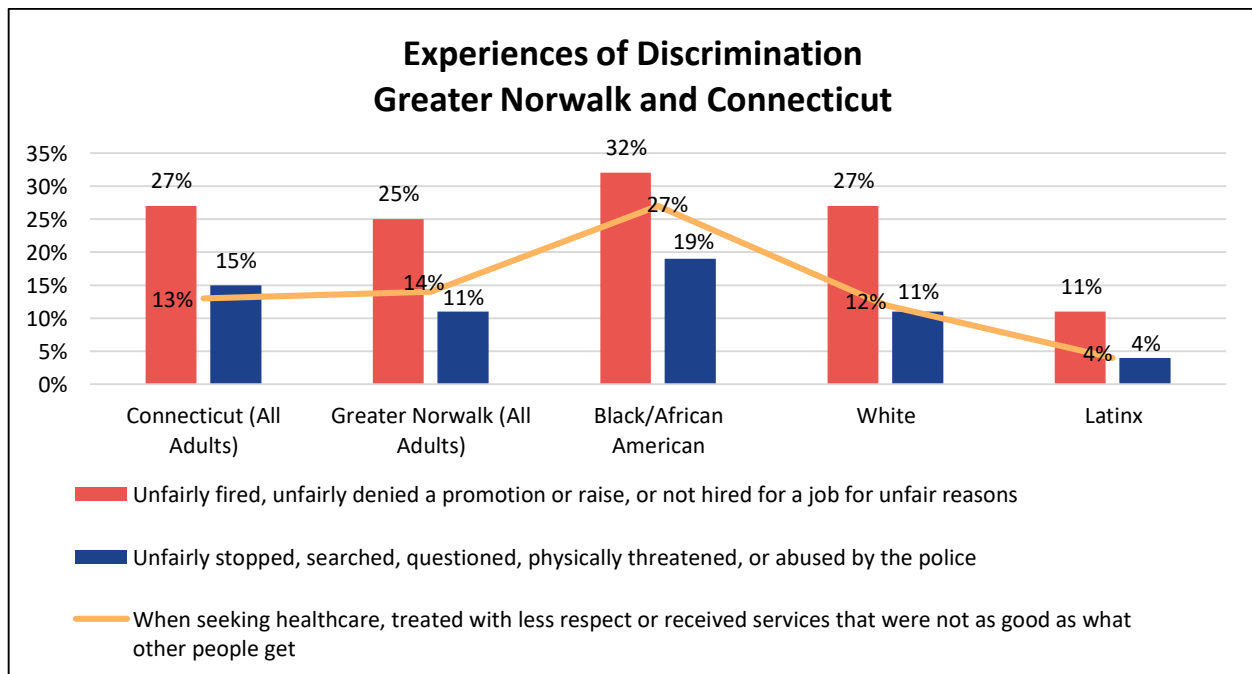
Black/African American residents of Greater Norwalk are also more likely to perceive experiences of discrimination in their workplace, in interactions with police, and in the healthcare setting. Disparities in safety and discrimination along race lines indicate an opportunity to examine policies and procedures that can be amended to create greater equity of access and inclusion.



Source: DataHaven analysis (2021) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey



Source: 2021 DataHaven Community Wellbeing Survey



Source: 2021 DataHaven Community Wellbeing Survey

Life Expectancy

Life expectancy is an overall measure of health and social equity within a community. Structural factors, including housing quality and affordability, environmental conditions, employment, education, transportation, food security, and experience of racism, all play a role in impacting the



quality and length of lives. The average life expectancy in Greater Norwalk is 83.6 years, compared to 82.6 years in Norwalk and 80.3 years statewide.

The Community Need Index (CNI) is a zip code-based index of community socioeconomic need. The CNI is strongly linked to variations in community healthcare needs, and as such, represents a useful planning tool for prioritization of geographic interventions. The CNI scores zip codes on a scale of 1.0 to 5.0, with 1.0 indicating a zip code with the least need and 5.0 indicating a zip code with the most need compared to the US national average of 3.0. The CNI weights, indexes, and scores zip codes by socioeconomic barriers, including income, culture, education, insurance, and housing.

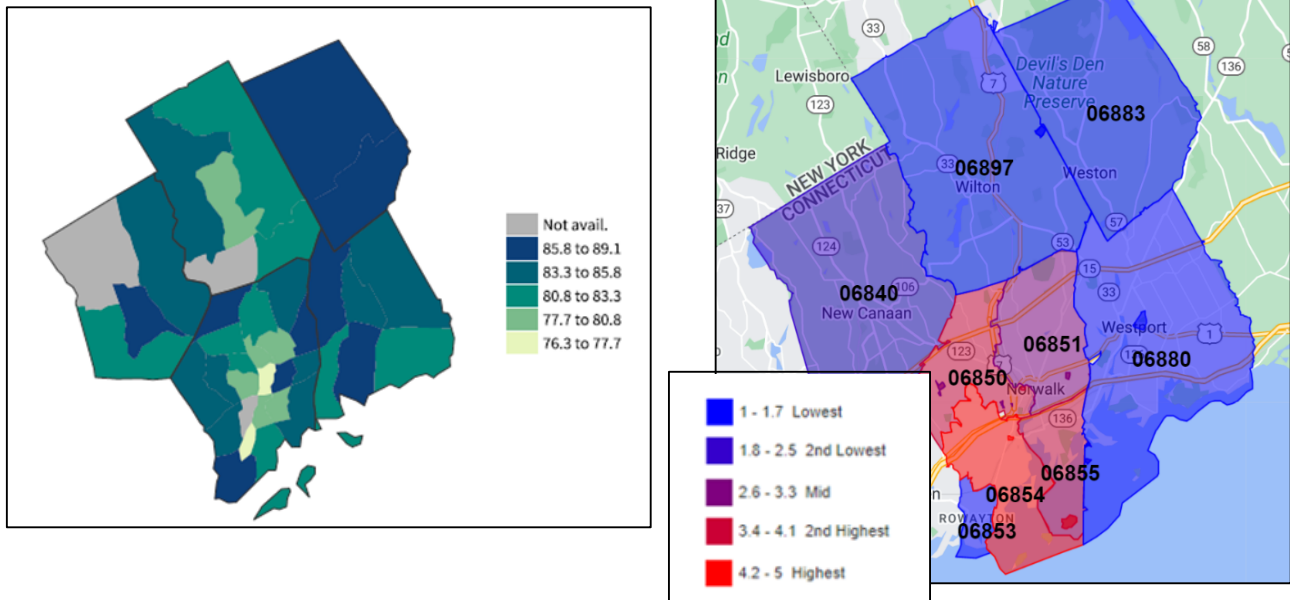
Within Greater Norwalk, Norwalk zip code 06854 has the highest CNI score of 4.2. The next highest CNI score within the region is in Norwalk zip codes 06850 and 06855 at 3.4. The CNI score, reflective of community socioeconomic barriers, correlates with wide differences in life expectancy in Norwalk relative to other neighboring communities.

Average Life Expectancy (years)

Norwalk	Greater Norwalk	Connecticut
82.6	83.6	80.3

Source: Small-Area Life Expectancy Estimates Project: Life Expectancy Estimates Files, 2010–2015

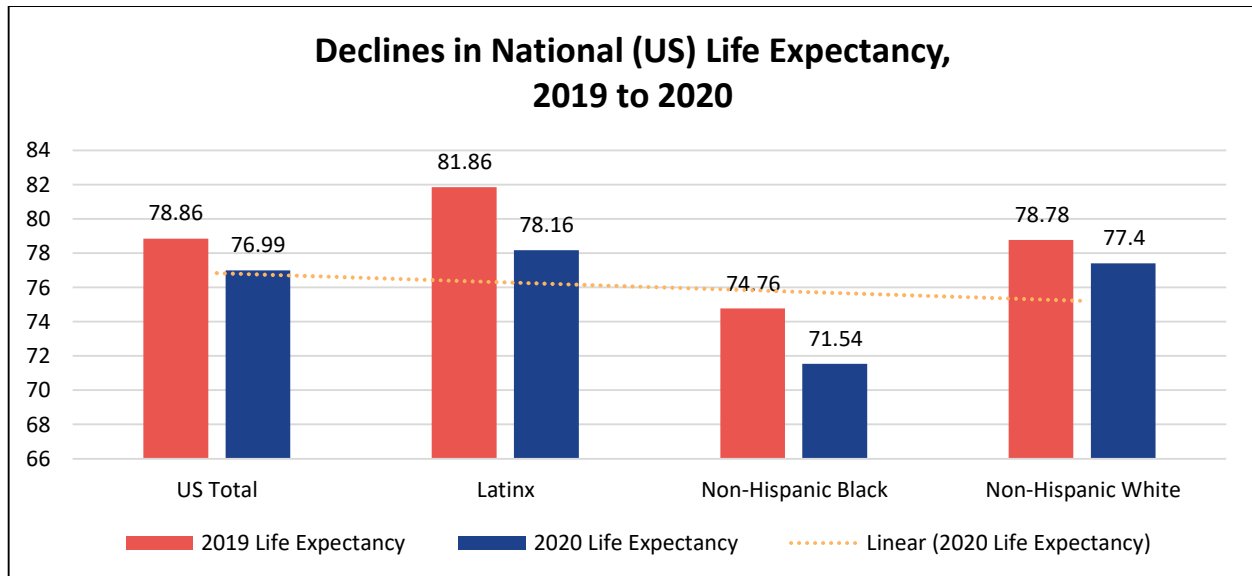
2015 Life Expectancy by Census Tract and 2021 Community Need Index by Zip Code



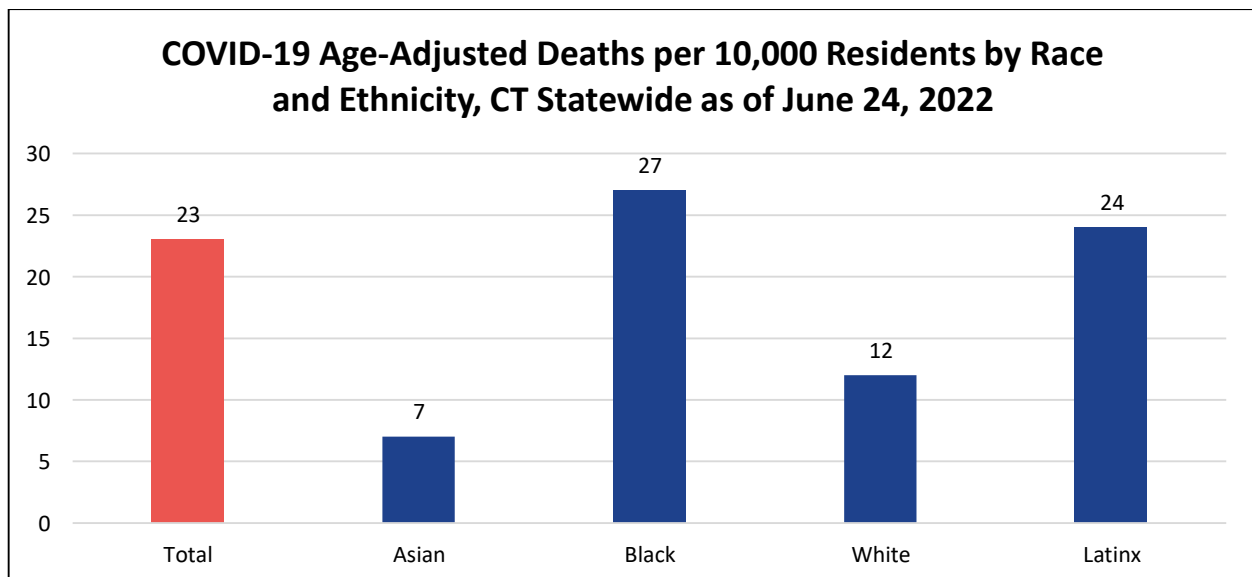
The COVID-19 pandemic both highlighted and deepened socioeconomic and health inequities and exposed disparities within the health and social services systems. COVID-19 has not impacted all people equally. Rather, certain structural issues—population density, low income, crowded workplaces, etc.—contribute to higher levels of spread and worse outcomes from COVID-19, and potentially other infectious diseases.



The graph below shows that while overall life expectancy decreased nationally from 2019 to 2020, it decreased by more than 3 years for Black/African American and Latinx residents compared to 1.4 years for white residents. This finding is also reflected in disproportionately higher death rates due to COVID-19 among people of color.



Source: Centers for Disease Control and Prevention



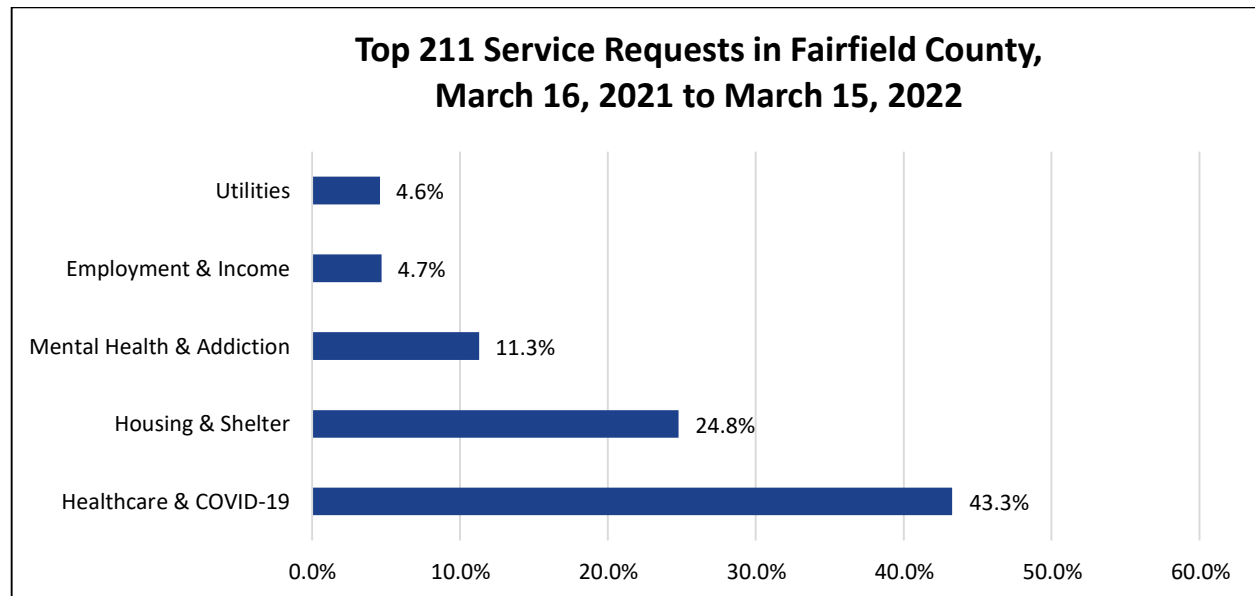
Source: Connecticut Department of Public Health

United Way 211 is a 24/7 go-to resource that helps people across the nation find local resources they need. 211 is the most comprehensive source of information about local resources and services in the country. The following graph depicts the top 211 service requests by Fairfield County residents during the COVID-19 pandemic, from March 16, 2021 to March 15, 2022.

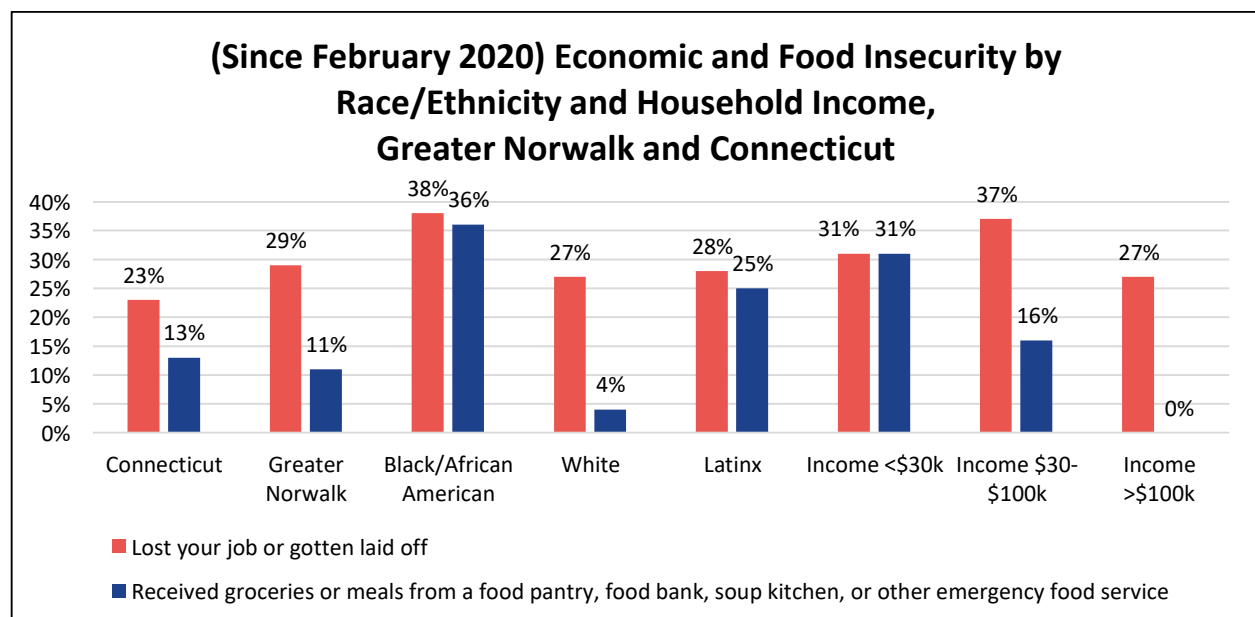


The COVID-19 pandemic had deep economic and mental health impacts. Among Fairfield County residents, the top 211 service requests, after healthcare and COVID-19, were housing and shelter and mental health and addiction.

Community Wellbeing Survey results demonstrated that the economic impacts of the pandemic were disproportionately felt by low-income households and communities of color. Within Greater Norwalk, 38% of Black/African American respondents reported being laid off or losing their job compared to 27% of white respondents. Approximately 31% of low-income households received food assistance compared to 16% of mid-income and 0% of high-income households.



Source: United Way 211



Source: 2021 DataHaven Community Wellbeing Survey



Community Health Needs

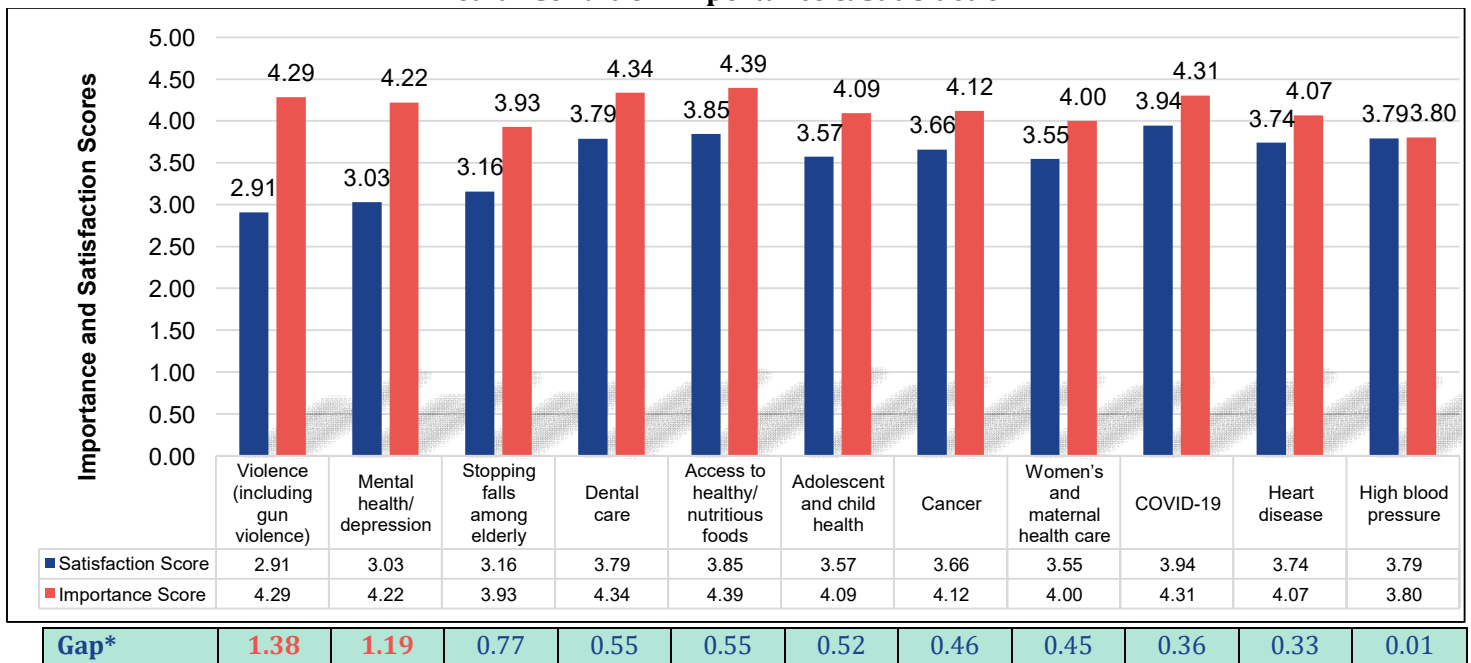
To determine community health priorities, we must consider what the data are telling us, and more importantly, what our community sees as the most pressing health concerns.

Community engagement was a central part of the CHNA. We invited wide participation from community stakeholders and organizations, including experts in health, social service representatives, advocates, community champions, policy makers, and lay community residents. These stakeholders were asked to weigh in on data findings, share their perspectives on challenges facing our community, and provide input on collaborative solutions.

The following graph depicts community feedback garnered from the GNYHA 2022 Community Health Survey, including perceived importance of community health conditions and satisfaction with current neighborhood services to address these conditions. Results are presented as aggregate importance and satisfaction scores on a scale of 1 (not at all) to 5 (extremely). The “Gap” represents the difference between importance and satisfaction scores.

The results demonstrated high perceived importance for issues like violence, mental health, and falls among elderly. Violence and mental health were further prioritized based on lower perceived satisfaction in available services to address these needs. This finding was generally supported by other CHNA research, which found that mental health concerns were largely exacerbated by the pandemic, and that residents have varying perceptions of community safety, with evident disparities among lower-income and communities of color.

**What you told us: Norwalk Hospital Service Area Community Feedback,
Health Condition Importance & Satisfaction**



Source: Greater New York Hospital Association CHNA Survey, 2022

*Difference between Importance Score and Satisfaction Score

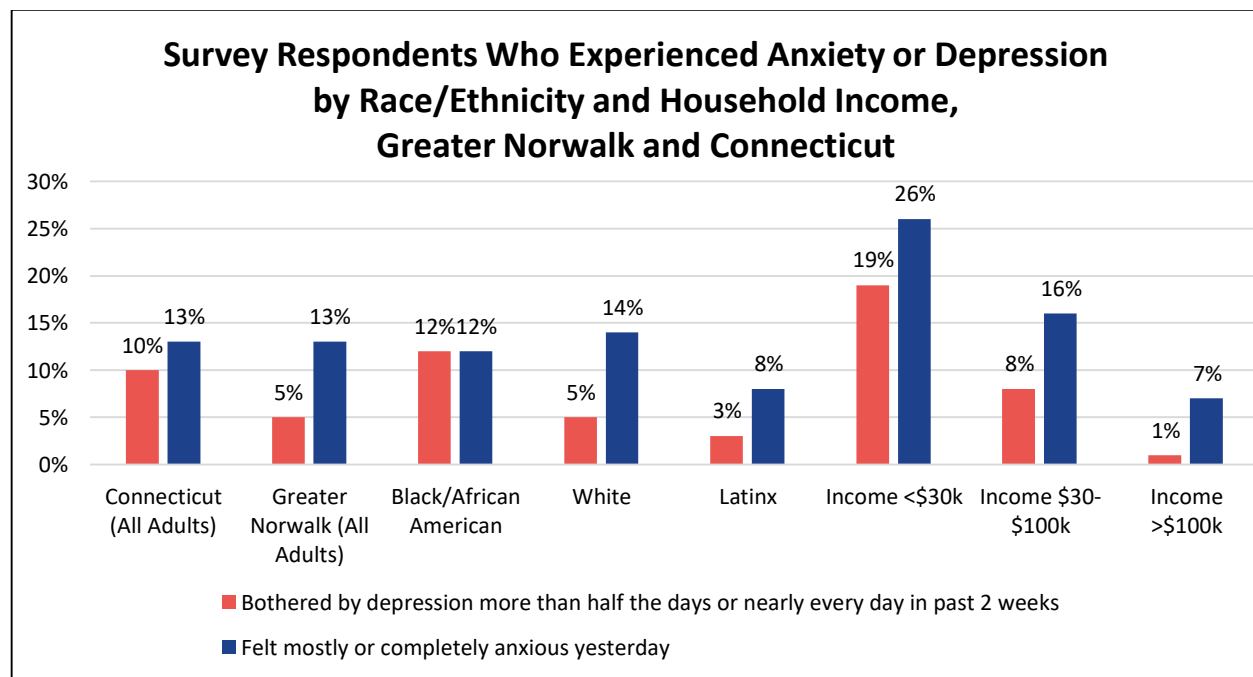


The following report sections further highlight data relative to specific health areas like behavioral health, health risk factors and chronic disease, and maternal and child health.

Behavioral Health

Mental health concerns like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems, including by complicating an individual's ability to keep up other aspects of their healthcare. Overall, 13% of Greater Norwalk adults report experiencing anxiety regularly and 5% report being bothered by depression. Adults with lower income are more likely to report these experiences.

The COVID-19 pandemic exacerbated many behavioral health concerns, particularly for youth, due to stress, isolation, and lost learning, among other factors. Before the pandemic, approximately 31% of Connecticut youth reported feeling sad or depressed and 7% had attempted suicide. About one-quarter of youth used one or more substances like tobacco, alcohol, or marijuana.



Source: 2021 DataHaven Community Wellbeing Survey

2019 Youth Measures of Mental Health and Substance Use

	Feel Consistently Sad or Depressed	Attempted Suicide	E-cigarette Use (last 30 days)	Alcohol Use (last 30 days)	Marijuana Use (last 30 days)
Connecticut	30.6%	6.7%	27.0%	25.9%	21.7%
US	36.7%	8.9%	32.7%	29.1%	21.7%

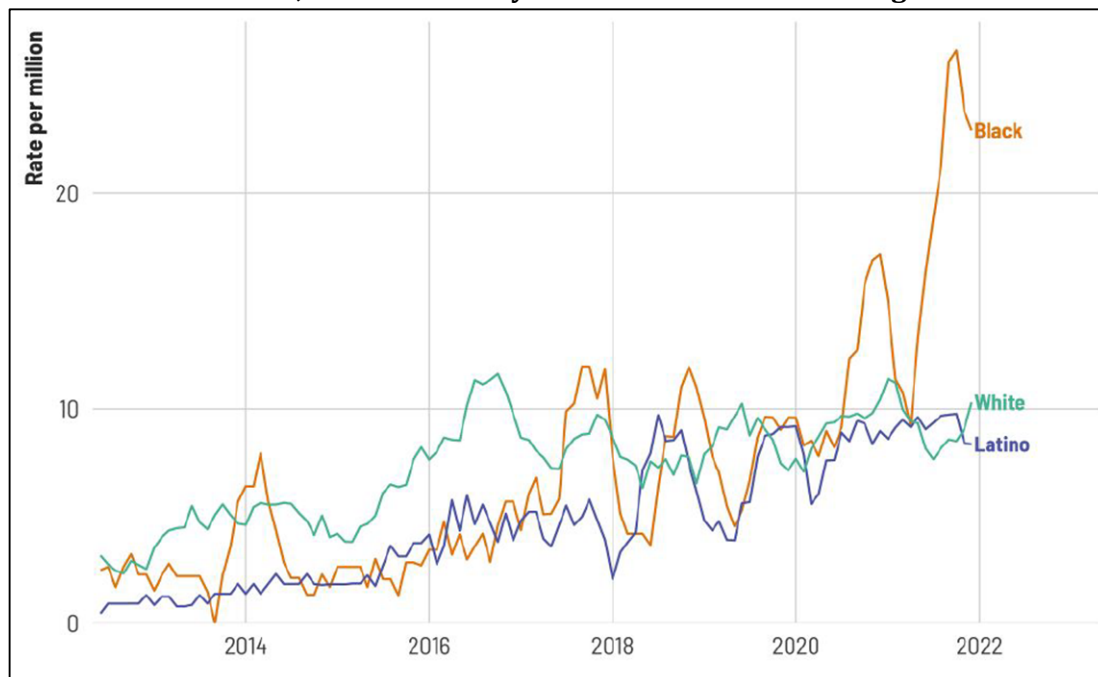
Source: CDC Youth Risk Behavior Survey



Like other states, Connecticut has seen a rise in drug overdose deaths in the last several years. In 2020, Connecticut saw an average of 113 overdose deaths per month, up from 60 in 2015. In the Greater Norwalk area, the overdose death rate more than doubled from 2012-2016 to 2017-2021, but overall is still much lower than most other areas: Greater Norwalk (15), Greater Danbury (38), Greater Bridgeport (81), Greater Waterbury (96), and Hartford (139).

Across Connecticut, white residents long comprised the bulk of overdose deaths, but as overall overdose death rates have increased, an increasing share of those deaths have been people of color.

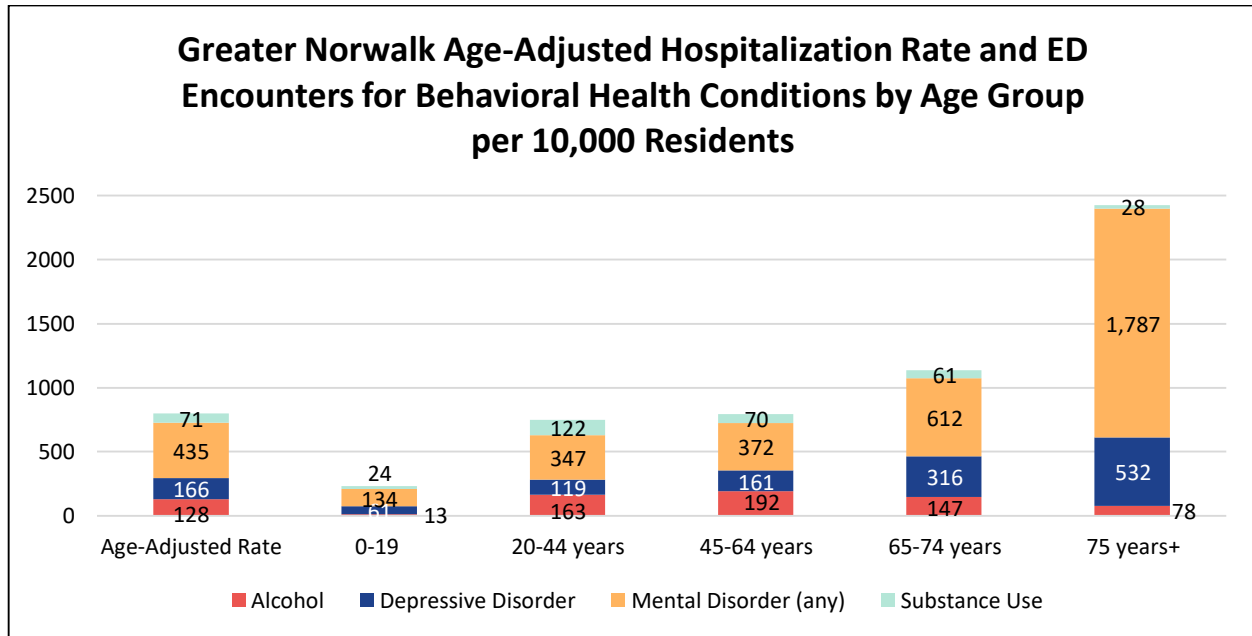
Age-adjusted Accidental Overdose Death per 1 Million Residents by Race and Ethnicity as Available, Fairfield County 2012-2021 6-Month Rolling Mean



Source: DataHaven analysis (2021)

Behavioral health conditions are considered ambulatory care sensitive (ACS) conditions, which if effectively managed in an outpatient setting, should not be the primary reason for a hospital visit. The following graph depicts hospital and emergency department (ED) encounters for select behavioral health conditions, as provided by the Connecticut Hospital Association and analyzed by DataHaven.

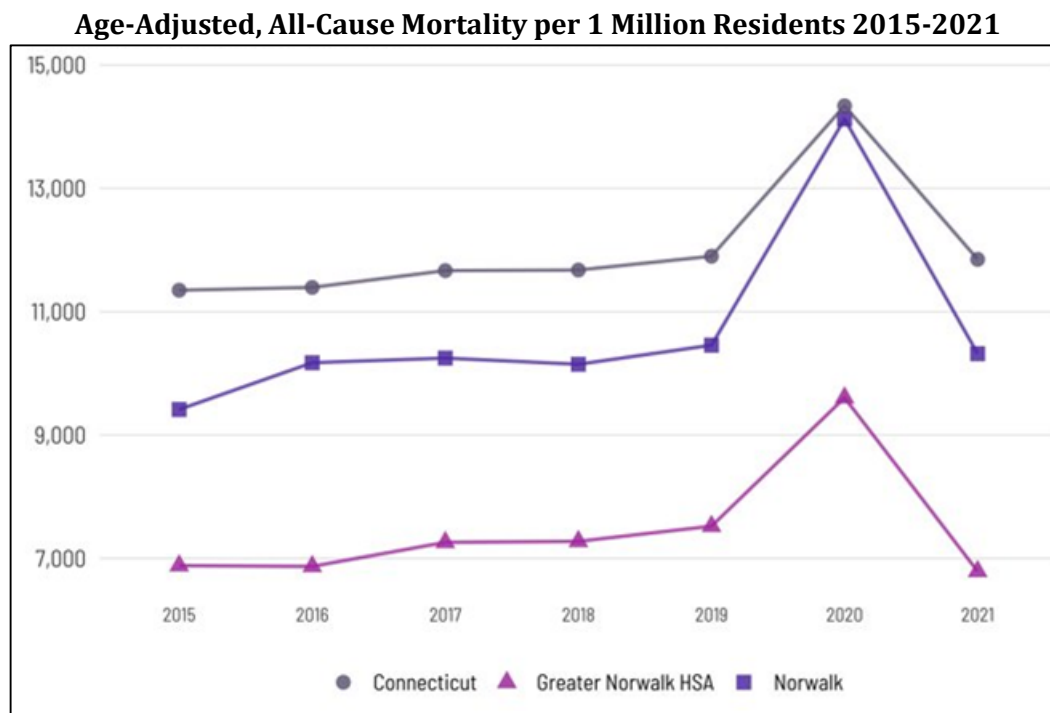
Across all age groups, mental disorders are the most prevalent behavioral health conditions that patients seek help for at the hospital, and the rate of visits is more than four times as high for older adults aged 75 or over compared to younger adult populations. It is worth noting that substance use disorder-related visits, including alcohol and drugs, follow an opposite trend, with increasing rates among younger adult populations.



Source: DataHaven analysis (2021) of 2018-2021 Connecticut Hospital Association CHIME

Health Risk Factors and Chronic Disease

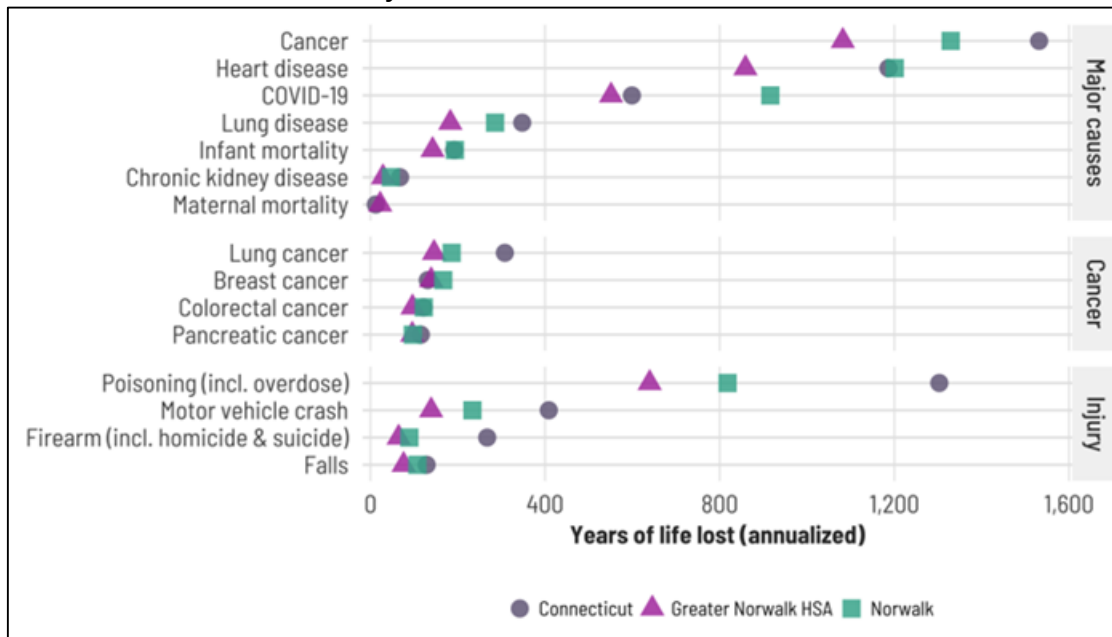
All-cause mortality spiked in 2020 due to the COVID-19 pandemic. Across Fairfield County in 2020, COVID-19 mortality rates were similar to mortality rates from heart disease and cancer. Excluding COVID-19, cancer, heart disease, and poisonings (including overdose) were the leading causes of premature death in the region from 2015 to 2021.



Source: DataHaven analysis (2021)



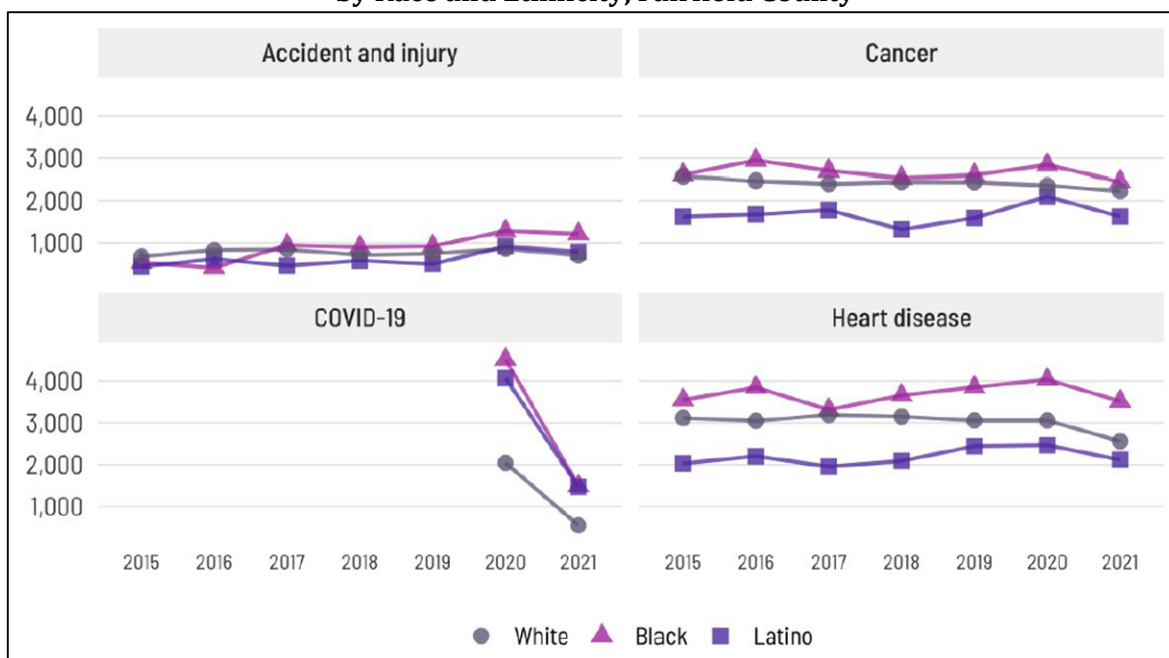
Years of Potential Life Lost Before Age 75 per 100,000 Residents by Cause of Death 2015-2021



Source: DataHaven analysis (2021)

Relative to the top causes of death in the region, residents of color experience higher mortality rates. This disparity is clearly demonstrated by heart disease death rates.

Age-Adjusted Rates of Death per 1 Million Residents for Top Causes of Death by Race and Ethnicity, Fairfield County



Source: DataHaven analysis (2021)



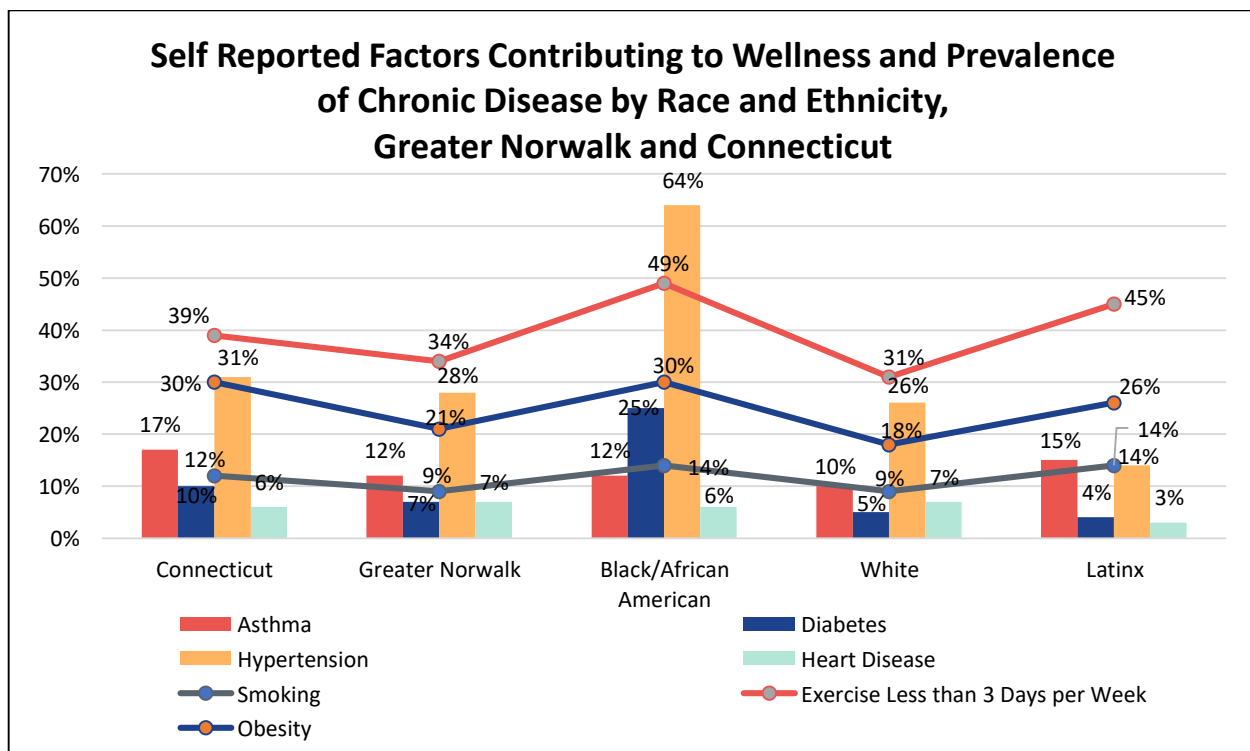
Norwalk residents generally report a lower burden of chronic disease relative to surrounding communities, as evidenced by hospital and ED encounters data. The following table compares age-adjusted encounter rates for leading causes of morbidity and mortality for Norwalk and neighboring Danbury.

**Age-Adjusted Hospitalization and ED Encounters
for Leading Causes of Morbidity and Mortality**

	Norwalk	Danbury
Hypertension	733	905
Type 2 Diabetes	375	561
Heart Disease	201	203
Asthma	167	222
COPD	113	191
Uncontrolled Diabetes	54	64

Source: DataHaven analysis (2021) of 2018-2021 Connecticut Hospital Association CHIME

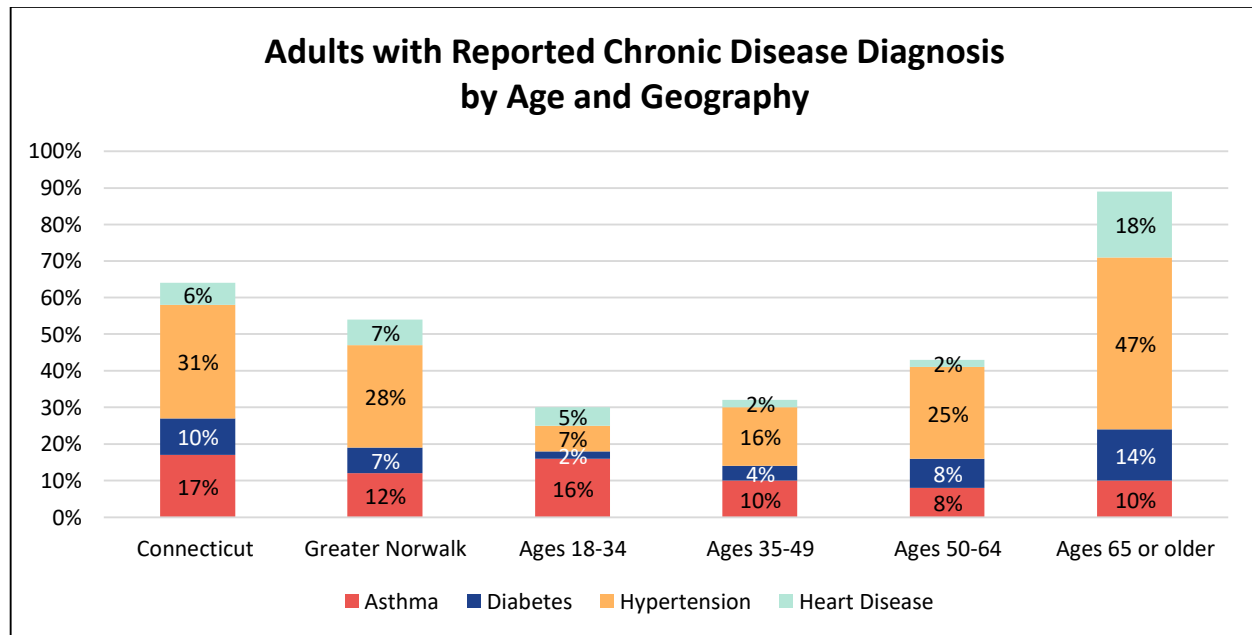
Prior to COVID-19, the top leading causes of death for US residents were chronic diseases. Across Greater Norwalk, it is clear that social determinants of health directly impact health risk factors and ultimately chronic disease, resulting in inequities in life expectancy by race and neighborhood. This connection is demonstrated in the following graph which looks at prevalence of self-reported factors like obesity and physical inactivity and prevalence of chronic conditions like hypertension and diabetes.



Source: 2021 DataHaven Community Wellbeing Survey



Greater Norwalk is an aging community and older adults are more vulnerable to chronic disease. The following graph depicts self-reported chronic disease by age group. Of note, 47% of Greater Norwalk adults aged 65 or over report having hypertension and 18% report having heart disease.



Source: 2021 DataHaven Community Wellbeing Survey

Maternal and Child Health

Having a healthy pregnancy is the best way to have a healthy birth and a healthy start to life. The data show that most people in Greater Norwalk are able to access early prenatal care, which is the best way to promote a healthy pregnancy and delivery. However, the proportion of people receiving late, or no prenatal care slightly exceeds the statewide average, and across the state and region, pregnant people of color are at least twice as likely as their white counterparts to receive late or no prenatal care and to experience related negative birth outcomes like low birth weight.

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 mother, and ACEs.

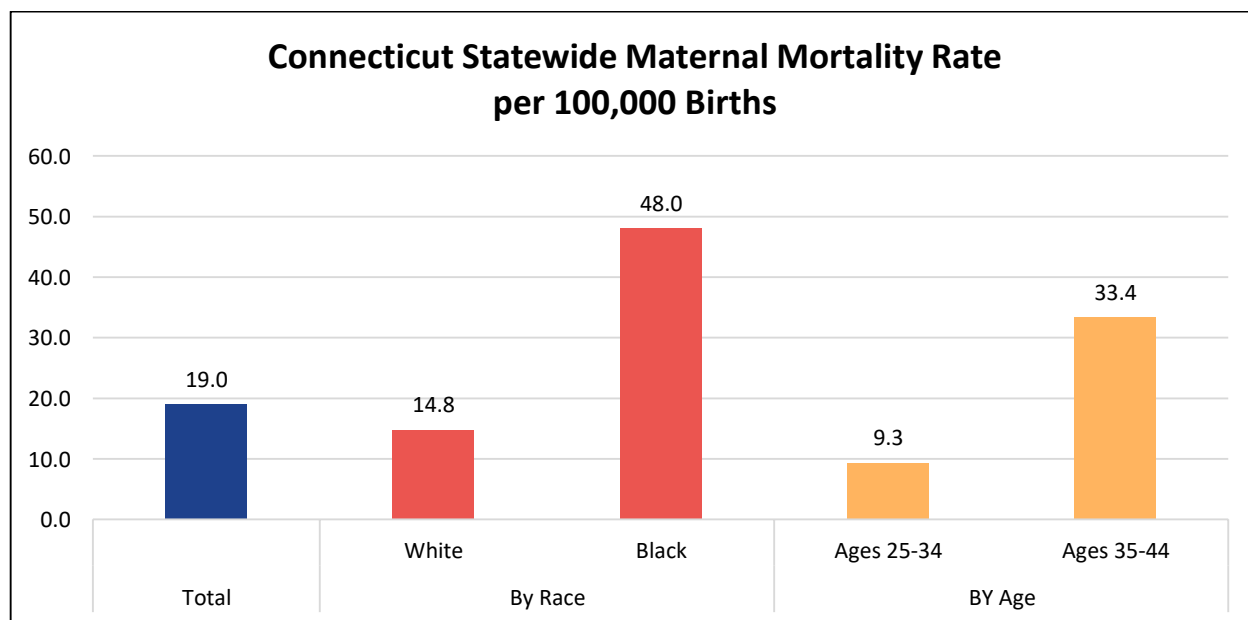
Disparities in infant and maternal mortality are measures of structural inequities that are at play well before a mother gets pregnant or gives birth. Therefore, upstream strategies that address the root causes of inequities can have far reaching impact on these indicators. The data show that infant mortality impacts Black babies at three times the rate as white babies and nearly twice the rate of Latinx babies. Maternal mortality impacts Black pregnant people at more than three times the rate of white pregnant people.



2016-2018 Selected Birth Outcomes by Race and Ethnicity of Parent Giving Birth

	Total	Asian	Black	White	Latina		
					Latina (overall)	Puerto Rican	Other Latina
Late or no prenatal care							
Connecticut	3.4%	3.5%	5.7%	2.5%	4.0%	2.9%	5.1%
Greater Norwalk	4.9%	4.6%	8.9%	3.5%	6.6%	7.9%	6.4%
Norwalk	5.3%	5.5%	8.3%	3.8%	6.2%	7.2%	6.1%
Low Birth Weight							
Connecticut	7.8%	8.7%	12.1%	6.4%	8.3%	10.2%	6.6%
Greater Norwalk	7.1%	NA	13.7%	6.6%	6.6%	NA	6.4%
Norwalk	7.5%	NA	13.7%	7.0%	6.6%	NA	6.4%
Infant Mortality (per 1,000 live births)							
Connecticut	4.6	NA	9.5	3.1	5.0	NA	NA
Greater Norwalk	3.1	NA	NA	1.9	5.9	NA	NA
Norwalk	3.6	NA	NA	NA	5.6	NA	NA

Source: DataHaven analysis (2021) of data from the Connecticut Department of Public Health Vital Statistics.



Source: America's Health Rankings analysis of CDC WONDER Online Database, Mortality files, 2013-2017

The CHNA data findings were analyzed to inform health priorities for Greater Norwalk. The data included in this report are valuable for tracking and benchmarking community health status indicators, as well as for identifying emerging community needs. In addition to the research collected as part of the 2022 CHNA, community conversations were held to solicit feedback on health priorities and opportunities for community health improvement.



Evaluation of Impact from 2019-2022 Community Health Improvement Plan

The Norwalk Community Health Committee (CHC) has representatives from the board, the executive team, hospital staff, community members, local health departments and community agencies. The CHC at Norwalk Hospital convened to review the findings of the Regional Community Health Needs Assessment (CHNA), also review the local health department priority areas to determine the hospitals' prevention agenda priorities for the 2019-2022 period.

Based on the 2019 Greater Norwalk Region CHNA, The Norwalk Hospital CHC identified the following priorities that also aligned with local health department priorities:

- CHRONIC DISEASE/OBESITY
- MENTAL HEALTH/SUBSTANCE ABUSE
- ACCESS TO HEALTHCARE

Workgroups were developed for each of these 3 areas, and goals, objectives, strategies, action steps and metrics were implemented to measure success for these priority areas. Where we have seen improvements in some of these priorities during the last couple of years, COVID has exacerbated the community needs, also barriers that were tied to these health conditions.

During the COVID-19 pandemic, Norwalk Hospital paused some of their planned community health programs and activities related to the prevention agenda priorities and implementation plan and pivoted its community programs to focus on COVID-19 education, testing and vaccinations. The hospital partnered with the Norwalk Health Department to quickly stand-up drive-up testing and vaccination sites for the local community. Where CHIP efforts did continue to address access to health care and chronic disease and obesity prevalence in the region, the emerging mental health disparity brought on by the pandemic made it necessary to prioritize the implementation of interventions that addressed the increased prevalence of anxiety and depression in the community. In addition to addressing urgent mental health needs throughout the greater Norwalk region, the pandemic also brought into focus the immediate need to conduct screening for social determinants of health factors, such as food security, adequate housing, resources to cover utilities, and domestic safety.

While maintaining efforts to address chronic disease prevalence, address gaps in access and increase efforts to meet the mental health needs of the community, the Norwalk Hospital Community Care Teams (CCTs) were highly utilized to meet the needs of vulnerable populations. The CCTs continued to partner with key community stakeholders to address homelessness, in addition, coordinated resources for residents who frequented the emergency rooms. To maintain adequate communication with community members and create opportunities for community members to stay in touch with their community-based service agencies, the hospital and CCTs leveraged technology, such as iPads for communication, which proved to be a great success, impacting the quality of lives of so many.



To address the three priority areas described in the CHIP, Nuvance Health implemented the following interventions:

1. CHRONIC DISEASE/OBESITY

- Hospital staff and affiliated physicians participated in health fairs, community education lectures, support groups and screenings, while closely partnering with community-based organizations. When the pandemic prompted the cancellation of in-person events, lectures were held via Zoom, talk shows were aired on Optimal Channel 88, a television program organized by the Public Relations department. Topics of discussions included heart health, exercise, nutrition, pulmonary medicine, anxiety, handwashing at head start preschools, just to name a few.
- Norwalk Hospital, partnering with Americares, held multiple nutritional counseling and healthy weight classes, serving 92 individuals from the community.
- Addressing heart health, 85 individuals attended the lectures of the Riverbrook YMCA and Timex Corporation.
- Food drives for local communities were held at the hospital area facilities in the spring of 2020 to benefit local food pantries.
- In 2020, Norwalk hospital provided education on COVID-19 testing, vaccines, infection prevention, and coping tips, and translated the education materials in Spanish and Portuguese to eliminate language barriers for the most vulnerable. To ensure adequate levels of communication, the hospital created a community hotline, providing an additional avenue for the community to receive updated information on COVID-19 subject areas, which was well received by the community.

2. MENTAL HEALTH/SUBSTANCE ABUSE

- Norwalk Hospital was able to utilize a DHMAS grant for the state of Connecticut to support much needed outpatient psychiatric care for the community. This grant made it possible to provide mental health services to those who were uninsured and underinsured in the region.
- Discussions held on Optimal Channel 88 proved to be an effective way of discussing emerging mental health needs, such as the increased prevalence of anxiety across all populations, all ages.
- Norwalk Hospital CCTs collaborated closely with local mental/ behavioral health providers to address the mental health, alcohol and substance use challenges that the community faced at significantly higher levels than prior to the pandemic.

3. ACCESS TO HEALTH CARE

- Norwalk Hospital provided information on all patient statements on ways to access assistance with hospital bills. Counselors were available to provide further assistance if needed.
- All uninsured patients were interviewed by financial counselors and assessed for eligibility for assistance programs.
- Schedulers referred uninsured patients to financial counseling prior to their test or procedure taking place.
- The collection department referred patients to financial counseling when patients indicated that they could not afford their balances.



Next Steps

The Norwalk Community Health Committee (CHC) was created during the community health planning process in the Greater Norwalk Region in 2012. The Committee is tasked with the review and oversight of the CHNA and CHIP in support of the organization's mission and population health initiatives.

Responsibilities and scope of activities

- Monitor assessments of population health status and social determinants that impact health
- Guide priority issues for action to improve community health
- Monitor implementation of approved work plans to address identified priority issues
- Help inform, guide, share and link successful programs and strategies that address health and wellness throughout the network's service areas
- Support community health programs that are accountable and continuously measured to improve health outcomes and reduce inefficiencies in delivery of programs and services

Progress on the 2022 CHIP and implementation strategies will continue to be monitored at routine workgroup meetings and will be reported regularly to the Norwalk CHC. The Norwalk CHC, made up of community members and representatives from community health organizations, will meet on a quarterly basis, and report at least annually to the Norwalk Hospital board and the network Strategic Planning Committee.

The work of the various task forces, workgroups and committees follows a collective impact model, which has proven to be an effective approach when addressing entrenched social and community issues. Collective impact begins with the idea that large-scale social change requires broad cross-sector coordination and occurs when organizations from different sectors agree to solve a specific social problem. The key elements of collective impact include:

- Creating and following a common agenda
- Aligning and coordinating efforts to ensure that they are mutually reinforcing
- Using common measures of success
- Maintaining excellent communication among partners
- Facilitating through "backbone" support organizations