About the 2022 CHNA and Partners

St. Vincent’s Medical Center and its community partners conduct a Community Health Needs Assessment (CHNA) every three years. The 2022 CHNA was a community-wide undertaking with extensive data collection and input from community residents, health and social services experts, and people who serve our community every day.

The 2022 CHNA was conducted in collaboration with the Health Improvement Alliance, a coalition of community based organizations that serve the Greater Bridgeport region of Connecticut and are committed to broad collaboration and meaningful community engagement to improve the health and wellbeing of residents across Greater Bridgeport. A list of the member organizations is included on page 33.

The CHNA tracks the health and wellbeing of our community and monitors the social and environmental factors that influence health outcomes. These data illuminate health disparities across population groups and geographies and help us direct resources to advance health equity. Through the CHNA, we confirmed our understanding of community health priorities, and gathered new insights toward collaborative solutions.

Conducting the CHNA during the COVID-19 pandemic afforded a unique view of our community’s resources and needs. We saw the strength of our community come together to help one another. We witnessed innovative and swift responses to a health and economic crisis. We also documented gaps in our service delivery systems that reflect longstanding inequities in our society.

The triennial CHNA presents an opportunity to measure our progress toward equity, and to foster new partnerships and opportunities for collaboration. The information learned from the CHNA guides our collective work toward improving health and wellbeing, and advancing health equity so that all residents can benefit from the resources in our community.

We must work together as a community to develop collaborative solutions for these complex challenges. Making measurable progress will take time, but we continue to make significant strides every day.

Our CHNA research included:

- **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.

- **Community Survey of Lived Experiences**
  As part of the DataHaven Community Wellbeing Survey across Connecticut, a telephone survey was conducted with community residents to document lived experiences and personal perspectives of health and wellbeing.

- **Key Informant Survey and Interviews**
  Surveys and interviews were conducted with key informants to better understand the impact of COVID-19 on the community and diverse populations.

- **Input on Priority Health Needs from Community Representatives**
  We asked residents from diverse communities what they saw as priority health needs, and how those issues impact their day-to-day lives.

- **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 their expertise on community health needs.

The 2022 CHNA was conducted from March 2021 to June 2022 and aligned with IRS Code 501(r) requirements for not-for-profit hospitals to conduct a CHNA every three years as well as Connecticut state requirements for hospital community benefit reporting.
About St. Vincent’s Medical Center

St. Vincent’s Medical Center is a licensed 473-bed community teaching and referral hospital with a Level II trauma center and a 76-bed inpatient psychiatric facility in Westport. The Medical Center offers a full range of inpatient and outpatient services with regional centers of excellence in cardiology, surgery, cancer care, orthopaedics, family birthing, behavioral health, and an array of specialized services.

St. Vincent’s Medical Center is a fully Catholic hospital, founded in 1903 by the Daughters of Charity. The hospital was created in response to a needs assessment that determined Bridgeport needed a second hospital to serve the healthcare needs of the European immigrant populations who were flocking to the city.

Today, we continue our historic mission through our commitment to developing programs and cultivating partnerships that enhance local neighborhoods and improve the quality of life of community members. These programs are organized across the following four focus areas that are intended to address root causes of community health issues.

+ Promoting Healthy Behaviors and Lifestyles
+ Reducing the Burden of Chronic Disease
+ Improving the Coordination of Services and Access to Care
+ Enhancing Community-Based Behavioral Health

About Hartford HealthCare

In October 2019, St. Vincent’s became part of Hartford HealthCare. With 36,000 colleagues, Hartford HealthCare’s unified culture enhances access, affordability, equity and expertise. Its care-delivery system—with more than 400 locations serving 185 towns and cities—includes two tertiary-level teaching hospitals, an acute-care community teaching hospital, an acute-care hospital and trauma center, three community hospitals, a behavioral health network, a multispecialty physician group, a clinical care organization, a regional home care system, an array of senior care services, a mobile neighborhood health program, and a comprehensive physical therapy and rehabilitation network. On average, Hartford HealthCare touches more than 17,000 lives every single day. The unique, system-wide Institute Model offers a unified high standard of care in crucial specialties at hospital and ambulatory sites across Connecticut offering unparalleled expertise at the most affordable cost. The institutes include Cancer, Heart and Vascular, Ayer Neuroscience, Orthopedics, and Tallwood Urology.
A profile of the health and social factors that impact health and wellbeing in the Greater Bridgeport Community.

Sources: DataHaven Community Wellbeing Survey 2021; Centers for Disease Control and Prevention 2019; American Community Survey 2015-2019

Greater Bridgeport Area of Connecticut consists of the towns of:

<table>
<thead>
<tr>
<th>Town</th>
<th>Life Expectancy in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgeport</td>
<td>77.6</td>
</tr>
<tr>
<td>Easton</td>
<td>83.4</td>
</tr>
<tr>
<td>Fairfield</td>
<td>82.3</td>
</tr>
<tr>
<td>Milford</td>
<td>80.1</td>
</tr>
<tr>
<td>Monroe</td>
<td>81.6</td>
</tr>
<tr>
<td>Stratford</td>
<td>79.6</td>
</tr>
<tr>
<td>Trumbull</td>
<td>82.4</td>
</tr>
</tbody>
</table>

Populations by Race and Ethnicity

Bridgeport

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>56%</td>
</tr>
<tr>
<td>Black</td>
<td>16%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>21%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
</tbody>
</table>

Greater Bridgeport

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>56%</td>
</tr>
<tr>
<td>Black</td>
<td>16%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>21%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
</tbody>
</table>

Connecticut

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>68%</td>
</tr>
<tr>
<td>Black</td>
<td>16%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>

Percentages of Population by Age Groups

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Bridgeport</th>
<th>Greater Bridgeport</th>
<th>Connecticut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5</td>
<td>6%</td>
<td>6%</td>
<td>4%</td>
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<tr>
<td>5 to 19</td>
<td>20%</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>20 to 44</td>
<td>38%</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>28%</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>65 and older</td>
<td>17%</td>
<td>15%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Social Drivers of Health

Food Insecurity
- 17% received food from emergency services during COVID-19 Pandemic
- 29% low availability of affordable high-quality fruits and vegetables

Economic Stability
- 11.5% people below poverty level
- 15% no reliable transportation
- 32% financially difficult or just getting by
- 15% still be in debt if sold all major possessions and turned them into cash to pay off debts

Housing
- Renters cost-burdened household: 58%
- Home ownership: 59%

Town | Median Household Income $
---|---
Easton | 157,448
Fairfield | 139,122
Trumbull | 122,451
Monroe | 118,669
Milford | 91,799
Stratford | 79,430
Connecticut | 78,444
Bridgeport | 46,662
A profile of the health and social factors that impact health and wellbeing in the Greater Bridgeport Community.

Sources: DataHaven Community Wellbeing Survey 2021; Centers for Disease Control and Prevention 2019; American Community Survey 2015-2019

Community Wellbeing

Community Perspective of Living in Greater Bridgeport

- **84%** Satisfied with their city or area
- **65%** Think it is a good place to raise kids
- **66%** Report it is safe to walk at night

Self-Reported Health, Life Satisfaction, and Happiness

- **Bridgeport**: Good Health 42%, Life Satisfaction 48%, Happiness 60%
- **Greater Bridgeport**: Good Health 55%, Life Satisfaction 61%, Happiness 66%
- **Connecticut**: Good Health 58%, Life Satisfaction 66%, Happiness 68%
Health Risk Factors

- Adults never exercise:
  - Bridgeport: 26%
  - Greater Bridgeport: 19%
  - Connecticut: 19%

- Adults experiencing obesity:
  - Bridgeport: 44%
  - Greater Bridgeport: 32%
  - Connecticut: 30%

Self-Reported Chronic Diseases

- Diabetes:
  - Bridgeport: 10%
  - Greater Bridgeport: 10%
  - Connecticut: 13%

- Hypertension:
  - Bridgeport: 31%
  - Greater Bridgeport: 31%
  - Connecticut: 34%

- Heart Diseases:
  - Bridgeport: 6%
  - Greater Bridgeport: 5%
  - Connecticut: 6%

- Asthma:
  - Bridgeport: 20%
  - Greater Bridgeport: 25%
  - Connecticut: 38%

- Depression:
  - Bridgeport: 31%
  - Greater Bridgeport: 34%
  - Connecticut: 34%
A profile of the health and social factors that impact health and wellbeing in the Greater Bridgeport Community.

Sources: DataHaven Community Wellbeing Survey 2021; Centers for Disease Control and Prevention 2019; American Community Survey 2015-2019

Healthy Lifestyles

Greater Bridgeport Overall
- Obesity: 32%
- Hypertension / High Blood Pressure: 31%
- Diabetes: 10%

Black / African Americans
- Obesity: 48%
- Hypertension / High Blood Pressure: 42%
- Diabetes: 14%

Hispanics
- Obesity: 39%
- Hypertension / High Blood Pressure: 26%
- Diabetes: 8%

Whites
- Obesity: 26%
- Hypertension / High Blood Pressure: 30%
- Diabetes: 10%

Access to Care

Greater Bridgeport Overall
- Didn't Get Needed Medical Care: 12%
- No One Person or Place as Primary Care Practitioner: 13%
- No Annual Dental Visit: 10%

Whites
- Didn't Get Needed Medical Care: 11%
- No One Person or Place as Primary Care Practitioner: 19%
- No Annual Dental Visit: 14%

Hispanics
- Didn't Get Needed Medical Care: 13%
- No One Person or Place as Primary Care Practitioner: 11%
- No Annual Dental Visit: 14%

Black/African Americans
- Didn't Get Needed Medical Care: 13%
- No One Person or Place as Primary Care Practitioner: 33%
- No Annual Dental Visit: 37%

Greater Bridgeport Overall
- Didn't Get Needed Medical Care: 14%
- No One Person or Place as Primary Care Practitioner: 19%
- No Annual Dental Visit: 30%
Behavioral Health

Drug Overdose Death Rate Per 100,000 People
- Bridgeport: 46.0
- Greater Bridgeport: 31.6
- Connecticut: 35.2

Child Wellbeing
- Pregnant women accessing prenatal care in the 1st trimester: 74%
- Adults reporting they think their neighborhood is a good place to raise children: 65%
A closer look at the factors that influence health in our community.

Social Drivers of Health

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, functioning, and quality-of-life outcomes and risks.¹

SDoH are grouped into five domains that include factors like receiving timely healthcare; living in safe neighborhoods with transportation options; having nutritious food to eat; feeling valued and treated with respect; and having access to quality learning opportunities. The quality and availability of these “place-based” inputs directly contribute to health outcomes that can be measured in higher rates of disease and years of life lost.

By addressing each of these domains, we can dismantle longstanding inequities in our society and rebuild a healthier community for all people.

¹ World Health Organization who.int

What is Health Equity?

Health equity means everyone has a fair and just opportunity to be as healthy as possible.

To achieve health equity we need to focus efforts on the “upstream” factors like social drivers of health, and we need to acknowledge racism and discrimination as root causes of inequity.
Honoring Diversity in our Community

Socioeconomic and Health Disparities by Race and Ethnicity

The impact of social drivers of health and underlying inequities can be seen in health disparities experienced within population groups and in neighborhoods. These disparities are often the result of historical structural barriers that have prevented equal access to opportunity through racism and discrimination.

Using tools like the Community Needs Index (CNI) supports place-based investments in people and neighborhoods to reduce disparities and advance health equity.

Describe your community:
“A very ethnically, socio-economically and religiously diverse community that is very divided by geographical sub-areas within the town.” —Community Member

The Community Needs Index (CNI)
The CNI Score shows highest socioeconomic needs among zip codes within and near the city of Bridgeport.

Diversity enriches communities.

Communities benefit from embracing diversity of race, language, culture, identity, and perspectives. Different backgrounds and lived experiences contribute new ideas for solving longstanding challenges. In conducting the CHNA, significant efforts were made to collect input from people from all walks of life across our community and representatives of organizations that serve distinct populations.

Inviting diverse input from community stakeholders, we heard that we need more healthcare and social service providers who reflect the different cultural backgrounds, perspectives, and values of residents. Our community health improvement plan outlines ways we are pursuing strategies to advance Diversity, Equity, Inclusion and Belonging (DEIB) across our organizations and within our community.

Developed by Dignity Health and IBM Watson Health™ cni.dignityhealth.org
Healthcare Access and Quality

Availability of high quality healthcare, receiving services when you need them, and being able to afford care are some of the key factors associated with this social driver of health domain.

As shown in the Provider Availability chart below, the Greater Bridgeport community is generally well served by healthcare providers, but not all residents are benefiting from these resources. In the Greater Bridgeport community, Hispanic residents are most likely to report not receiving care when they need it.

Lack of health insurance is one barrier that keeps people from accessing healthcare. Without health insurance residents are less likely to receive preventive care like health screenings and may postpone treatment.

About 16% of Hispanic residents in the Greater Bridgeport area report not having health insurance, approximately 2-3 times higher than their White and Black/African American neighbors.

During the past 12 months, was there any time when you didn’t get the medical care you needed?

Source: DataHaven Community Wellbeing Survey 2021

<table>
<thead>
<tr>
<th>Location</th>
<th>2018 Primary Care Provider Availability</th>
<th>2019 Dental Provider Availability</th>
<th>Hispanic Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairfield County</td>
<td>93.1</td>
<td>95.3</td>
<td>317.0</td>
</tr>
<tr>
<td>Connecticut</td>
<td>84.5</td>
<td>87.8</td>
<td>413.3</td>
</tr>
<tr>
<td>US</td>
<td>75.8</td>
<td>71.4</td>
<td>263.2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>% Uninsured</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Bridgeport</td>
<td>5.4%</td>
<td>7.2%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Fairfield County</td>
<td>6.6%</td>
<td>9.7%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>4.2%</td>
<td>6.8%</td>
<td>13.3%</td>
</tr>
<tr>
<td>US</td>
<td>7.9%</td>
<td>10.1%</td>
<td>18.2%</td>
</tr>
</tbody>
</table>

Source: American Community Survey 2015-2019
COVID-19 Impact in Our Community

The 2022 CHNA was conducted during the COVID-19 pandemic, which created unprecedented health and socioeconomic challenges for people across the Greater Bridgeport community, and the world. COVID-19 demanded equal measure in response from healthcare, social services, government, businesses, families, and individuals.

COVID-19 exacerbated existing disparities within the health and social service systems and exposed long-standing inequities in power and socioeconomic opportunities within our society.

COVID-19 did not impact all people equally. The graph below shows that Hispanic, Black/African American, Indigenous, and other People of Color (BIPOC) experienced disproportionately higher deaths due to COVID-19 relative to their overall population distribution. That means even though more White people died from COVID-19, a larger proportion of BIPOC populations died from COVID-19 than did White people.

This trend illuminated wider disparities in health outcomes for these populations and reflects structural factors like racism, lower wages, limited educational opportunities, inadequate housing, and unsafe working conditions, among other factors that contribute to higher rates of COVID-19 and poorer health outcomes from other diseases.

The dual impact of the COVID-19 pandemic and social justice movement helped shine a light on these disparities and the underlying inequities within our communities. Data tools like the COVID-19 Community Vulnerability Index (CCVI) were used to predict what communities could be most at-risk for high COVID-19 spread and infection.

2019-2022 Population Distributed COVID-19 Deaths by Race, Ethnicity in Connecticut

Source: Centers for Disease Control and Prevention

% of Populations Classified as Very High or High Vulnerability for COVID-19

Source: Sergo Ventures, https://www.precisionforcoviddata.org
Social Drivers of Health: Economic Stability

Economic Stability

Having enough money to afford food, housing, healthcare, and daily needs is essential to wellbeing. Community representatives and individual residents alike told us that economic security was among the top needs in our community.

“All the prices went up, but my income is not going up.” –Community Member

Meet ALICE (Asset Limited, Income Constrained, Employed)
The ALICE Index represents the working poor, based on local cost of living. ALICE households have income above the poverty level, but not enough to meet all their basic needs.

Families and individuals whose economic means are just above the poverty level struggle to keep afloat. These individuals are Asset Limited, Income Constrained, Employed or ALICE. They make too much money to receive significant social assistance, but are one financial crisis away from falling into poverty. ALICE households were some of the most economically impacted by the COVID-19 pandemic.

Shown in this graphic, life expectancy is lower in communities with higher household economic instability. Bridgeport has the lowest life expectancy and the highest populations in poverty and ALICE households.

Percent of Population Below 100% Poverty, ALICE Households and Life Expectancy by Geography
Source: American Community Survey 2015-2019; United for ALICE

Key measures of economic stability are:
+ Home ownership
+ Housing cost burden
+ Food security

United for ALICE is a United Way initiative to drive innovation, research, and action to impact life across the country for ALICE and all.
Survey respondents who perceived that they will “be in debt” if they were to sell all of their assets, and turned them into cash to pay off all of their debts.

Source: DataHaven Community Wellbeing Survey 2021

“My pay has not grown with the cost of living, every month I dive deeper into savings.” – Community Member

Homeownership, Cost-burdened Renters and Children in Poverty by Geography

Source: American Community Survey 2015-2019

In Greater Bridgeport communities with a higher percentage of homeownership, there is a lower percentage of children in poverty.

“We need to keep people in their homes and the utilities on.” – Community Resident

*Cost burdened is defined as spending 30% or more of income on housing.
Home Ownership, Housing Cost Burden

Owning a home is an investment. For many families, their home is their largest asset. People need to have resources to purchase and maintain a home, so it’s not surprising that people with less household income are less likely to own their home. However, clear disparities among racial and ethnic groups point at inequities that go beyond income. Only one third of Black/African American residents and less than one half of Hispanic residents own their home—compared to nearly three fourths of White residents.

Practices like red-lining allowed, and enforced, community segregation and created economic inequities that can be seen today in disproportional homeownership among communities of color.

Equitable homeownership is important to building healthy communities. Having safe and appropriate housing is a key factor in one’s health. Neighborhood stability influences investments in community infrastructure, such as schools, roads, public transportation, and green spaces, creating a healthier environment for everyone.

Survey respondents who stated that they own their own home.
Source: DataHaven Community Wellbeing Survey 2021

By Income

- <$30K: 21%
- $30K - $100K: 59%
- >$100K: 86%

By Race/Ethnicity

- Black/African American: 35%
- Hispanic: 45%
- White: 71%

Housing Insecurity vs. Prevalence of Asthma

Source: DataHaven Community Wellbeing Survey 2021

Our home environments impact our health. The graphics below show the relationship between inadequate housing and asthma. Lower income households, Hispanic residents, and Black residents are more likely to have inadequate housing and experience higher rates of asthma.
Food Security

Food security depends on many factors including the type of food that is available in neighborhoods, the local cost of food, and the amount of household resources available to spend on food. Easy access to fresh foods is an important component of healthy living. In the Greater Bridgeport area, there are wide disparities by race, education and income among households who needed food assistance. More than 1 in 4 households in the city of Bridgeport reported food security problems.

Survey respondents who stated that they had times in the past 12 months when they did not have enough money to buy food that they or their family needed.

Source: DataHaven Community Wellbeing Survey 2021

Food Insecurity vs. Diabetes

The inability to afford healthy food impacts health. The graph below shows the relationship between food affordability and prevalence of diabetes. People who are more likely to report struggling with diabetes are also more likely to report struggling to afford healthy food.

Source: DataHaven Community Wellbeing Survey 2021

“It’s difficult to have healthy food when there isn’t enough money. Sometimes it’s cheaper to buy unhealthy food.” – Community Member

Survey respondents who stated that they or any other adult in their household received groceries or meals from a food pantry, food bank, soup, kitchen, or other emergency food service since February 2020.

Source: DataHaven Community Wellbeing Survey 2021
Social Drivers of Health: Neighborhood and Built Environment

Neighborhood and Built Environment

In addition to the resources available in communities, the physical environment and infrastructure of neighborhoods impact health. The availability of good schools, well-maintained roads, public transportation, green spaces, healthy environments, technology, and public safety promotes or hinders good health.

COVID-19 brought issues like access to high speed internet to the forefront as people needed reliable technology for school, work, health, and social connections.

Public transportation is essential to ensuring people can get to work, and the services that are available in their community. Safe neighborhoods and having access to free or low-cost recreational activities promotes physical activity and social engagement, which contribute to healthy bodies and minds.

In the Greater Bridgeport community, residents in the city of Bridgeport report the most needs for infrastructure investments.

The Digital Divide
Source: American Community Survey 2015-2019

During COVID-19 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.

<table>
<thead>
<tr>
<th>Internet Access by Location</th>
<th>Internet Subscription (any)</th>
<th>Broadband Subscription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgeport (lowest)</td>
<td>79.0%</td>
<td>78.7%</td>
</tr>
<tr>
<td>Easton (highest)</td>
<td>95.7%</td>
<td>95.7%</td>
</tr>
<tr>
<td>Greater Bridgeport</td>
<td>85.2%</td>
<td>84.9%</td>
</tr>
<tr>
<td>Fairfield County</td>
<td>88.8%</td>
<td>88.5%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>85.9%</td>
<td>85.5%</td>
</tr>
<tr>
<td>US</td>
<td>83.0%</td>
<td>82.7%</td>
</tr>
</tbody>
</table>

Built Environment vs. Physical Activity
Source: DataHaven Community Wellbeing Survey 2021

Households with higher income levels are more likely to have affordable recreation options and be more physically active. Hispanic and Black households have less access to available recreation options and report less physical activity than White households.
Survey respondents who perceived that the condition of public parks and other public recreational facilities was “good” or “excellent”

Source: DataHaven Community Wellbeing Survey 2021

<table>
<thead>
<tr>
<th>By Income</th>
<th>By Race/Ethnicity</th>
<th>By Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$30K</td>
<td>$30K - $100K</td>
<td>&gt;$100K</td>
</tr>
<tr>
<td>60%</td>
<td>68%</td>
<td>80%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>Hispanic</td>
<td>White</td>
</tr>
<tr>
<td>61%</td>
<td>62%</td>
<td>80%</td>
</tr>
<tr>
<td>High School or Less</td>
<td>Some College or Associate’s</td>
<td>Bachelor’s or Higher</td>
</tr>
<tr>
<td>65%</td>
<td>66%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Survey respondents who stated that there have been times in the past 12 months when they stayed home when they needed to go someplace because they had no access to reliable transportation.

Source: DataHaven Community Wellbeing Survey 2021

<table>
<thead>
<tr>
<th>By Income</th>
<th>By Race/Ethnicity</th>
<th>By Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$30K</td>
<td>$30K - $100K</td>
<td>&gt;$100K</td>
</tr>
<tr>
<td>39%</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>Hispanic</td>
<td>White</td>
</tr>
<tr>
<td>25%</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>High School or Less</td>
<td>Some College or Associate’s</td>
<td>Bachelor’s or Higher</td>
</tr>
<tr>
<td>26%</td>
<td>21%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Survey respondents who stated that they “very often” or “fairly often” have access to a car when they need it

Source: DataHaven Community Wellbeing Survey 2021

<table>
<thead>
<tr>
<th>By Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$30K</td>
</tr>
<tr>
<td>63%</td>
</tr>
</tbody>
</table>

Survey respondents who perceived that the availability of affordable, high-quality fruits and vegetables was “good” or “excellent”

Source: DataHaven Community Wellbeing Survey 2021

<table>
<thead>
<tr>
<th></th>
<th>By Income</th>
<th>By Race/Ethnicity</th>
<th>By Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$30K</td>
<td>$30K - $100K</td>
<td>&gt;$100K</td>
<td></td>
</tr>
<tr>
<td>74%</td>
<td>66%</td>
<td>48%</td>
<td></td>
</tr>
</tbody>
</table>
### Social Drivers of Health: Education Access and Quality

**Education Access and Quality**

Education is one of the best predictors of good health and long life.

Throughout most of the Greater Bridgeport area, nearly all teens graduate from high school on time, exceeding the statewide average. However, recent graduation rates for the Bridgeport School District continue to be much lower than surrounding communities. This measure, combined with lower post-secondary education attainment for Black and Hispanic adults, points to systemic barriers that contribute to a cycle of inequity.

**Did you know:** Higher levels of education create access to a wider range of employment opportunities, leading to increased access to healthy living resources, including health insurance and transportation.

### High School Graduation Rate, Greater Bridgeport Area School Districts 2020-2021 School Year

*Source: CT State Department of Education (SDE), 2020-2021

*Easton is part of Regional School District 09 (ER9) that includes both Easton and Redding students.

### Equity in Education

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, increase the opportunity for upward mobility, economic security, and better health outcomes.

### % of Population Age 25+ with Bachelor’s Degree or Higher by Race/Ethnicity

*Source: American Community Survey 2015-2019*
Diversity of race, language, culture, and perspective enriches communities.

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 and 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. Poverty, violence, poor housing, racism, and discrimination create Adverse Community Environments that perpetuate trauma and increase Adverse Childhood Events (ACEs) that have lasting impact on people and their communities.

Across the Greater Bridgeport area, people identifying as Black/African American or Hispanic were more likely to feel they were treated with less respect than others when seeking healthcare, but residents of all races reported similar experiences of unfair treatment at work.

*Responses reflected any healthcare setting and are not specific to St. Vincent’s Medical Center or Hartford HealthCare.

Survey respondents who perceived that at any time in their life, they have been unfairly fired, unfairly denied a promotion, or raise, or not hired for a job for unfair reasons.

Source: DataHaven Community Wellbeing Survey 2021

Survey respondents who perceived that, when seeking healthcare, they have been treated with less respect or received services that were not as good as what other people get.*

Source: DataHaven Community Wellbeing Survey 2021
Determining Priority Health Needs

To determine community health priorities, we must consider what the data show, 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 members 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 CHNA data and stakeholder input reinforced that the areas we’ve been focused on are still the most pressing needs in our community. Through community conversations, we asked how residents experience these issues in their day to day lives, and how we could do a better job helping them to live a healthier life.

Community Health Priorities:
- Access to Care
- Behavioral Health
- Child Wellbeing
- Healthy Lifestyles

Residents shared their attitudes and experiences about community needs most important to them through a telephone survey of 400 households and community surveys with 131 diverse community residents across Greater Bridgeport.
Determining Priority Health Needs

What you told us:

+ We need to help all people benefit from our community’s robust health and social services. Many people are not aware of these resources or cannot access them.
+ We need to increase opportunities for community members to share lived experiences and participate in collaborative solutions to community challenges.
+ We need to grow trust in the healthcare system and that starts with honoring diversity and ensuring equitable delivery of services.

How we will respond:

We developed a Community Health Improvement Plan (CHIP) to guide our efforts in responding to our community’s needs. Using recommendations from the people who deliver and use these services, we will foster collaboration to better coordinate our community resources. We will seek to better connect people to the services they need and reduce disparities in health and socioeconomic measures that stem from underlying inequities in our society.

The following pages highlight key findings from the CHNA that support community health priorities and how we are addressing these concerns.

In your words
The top issues impacting our community are:

+ Affording food
+ Affording medical care, prescriptions, and supplies
+ Education
+ Financial security (paying bills, etc.)
+ Mental health
+ Drugs and Alcohol

These needs are in line with requests for services to the 211 referral system.

Top Requested Services* to 211 Referral System

<table>
<thead>
<tr>
<th>Need Category</th>
<th># of times requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Housing &amp; Shelter</td>
<td>15,615</td>
</tr>
<tr>
<td>2 Mental Health &amp; Addictions</td>
<td>4,801</td>
</tr>
<tr>
<td>3 Utilities</td>
<td>2,738</td>
</tr>
<tr>
<td>4 Employment &amp; Income</td>
<td>2,659</td>
</tr>
<tr>
<td>5 Food</td>
<td>1,943</td>
</tr>
<tr>
<td>6 Government &amp; Legal</td>
<td>1,776</td>
</tr>
<tr>
<td>7 Clothing &amp; Household Goods</td>
<td>331</td>
</tr>
<tr>
<td>8 Transportation Assistance</td>
<td>281</td>
</tr>
<tr>
<td>9 Disaster</td>
<td>243</td>
</tr>
<tr>
<td>10 Child Care &amp; Parenting</td>
<td>103</td>
</tr>
</tbody>
</table>

*This list excludes requests for other healthcare services.

Did you know you can dial “2-1-1” on any phone or visit uwc.211ct.org to connect to all kinds of services across our community?
Priority Health Needs

Access to Care

The Greater Bridgeport area has robust, engaged, and high quality healthcare and social services that are essential components to ensuring health and wellbeing in our community.

However, not all of our residents benefit from these community resources. The data show wide disparities among communities of color and those with lower incomes in receiving the services they need, when they need them. We need to address social drivers of health as the root causes of these disparities and a reflection of the underlying inequities within our society.

As health and social service providers we are doing this by bringing care to people in their neighborhoods through the use of community health workers and technology. We continue to provide free and low cost services regardless of ability to pay. We are working to better reflect the populations we serve through staffing, language capabilities, and honoring diverse people and cultures.

We asked healthcare and social service providers about how COVID-19 will continue to impact our communities. This is what they told us:

- Postponed care during the pandemic has led to greater acuity in need or disease
- Providers are experiencing a backlog of patients, higher acuity, and longer wait times
- Staff shortages are reducing capacity of health and human services, childcare, and education institutions
- Loss of trust in healthcare and government are keeping people from proactively seeking services
- We need to re-establish positive relationships among residents of all ages

Survey respondents who stated that they do not have one person or place they think of as their personal doctor or healthcare provider

Source: DataHaven Community Wellbeing Survey 2021

Having a trusted provider and medical home promotes positive health behaviors like receiving health screenings and ensures access to medical care when needed. Availability of providers and capacity of current services ensure timely care. Community members and key stakeholders alike agreed that wait times for essential services like affordable housing and behavioral healthcare are longer than ever before.
COVID-19 showed that we can achieve wide access to services across our community.

COVID-19 testing and vaccination sites were erected in days. Food distribution channels multiplied across the community. Virtual meetings, telehealth, mass text messaging, and online information allowed for safe interaction and continuation of services during the periods of isolation and community quarantine.

St. Vincent’s operates The Hope Charitable Pharmacy of Greater Bridgeport, which dispensed 14,863 medications (a value of $1.26M) to 4,549 patients from October 2020 to September 2021.

St. Vincent’s continued offering its Medical Mission at Home in November 2019, June 2021, and November 2021, serving more than 700 persons.

St. Vincent’s continues to expand relationships with faith leaders in diverse communities to address health disparities and inequalities exposed by the COVID-19 pandemic.

From February to June 2021, St. Vincent’s/Hartford HealthCare’s Fairfield Region administered 40,000 COVID-19 vaccinations, provided 28 mobile vaccination clinics, and delivered 16 vaccine equity clinics across the region.
Behavioral Health

Behavioral health encompasses mental health conditions, substance use disorders, and one’s overall sense of well-being. Nationwide, there has been an increase in demand for behavioral health services, a trend we have seen in Greater Bridgeport communities too.

Referrals for mental health and addictions were the second most common request to the 211 referral system.

Feedback from community service providers and residents confirmed that, like most communities, demand for behavioral health services are outpacing our delivery system capacity. This challenge compels us to leverage our community assets in new ways, and rethink how we can create environments that reduce trauma and foster community connections.

Mental Health and Substance Use Disorders as Percentage of Total Visits

The graph below shows the increase in visits (in any setting) for mental health and substance use disorders as a percentage of total visits during 2015-2020 for St. Vincent’s Medical Center and Bridgeport Hospital, two hospitals that serve Greater Bridgeport.

Suicide Death Rate Per Age-Adjusted 100,000

Source: CT Office of the Chief Medical Examiner (OCME), 2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Fairfield County</th>
<th>Connecticut</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>13.5</td>
<td>14.2</td>
<td>13.9</td>
</tr>
<tr>
<td>2017</td>
<td>14</td>
<td>14.2</td>
<td>13.9</td>
</tr>
<tr>
<td>2018</td>
<td>10.1</td>
<td>14</td>
<td>13.9</td>
</tr>
<tr>
<td>2019</td>
<td>7.4</td>
<td>10.6</td>
<td>11.4</td>
</tr>
<tr>
<td>2020</td>
<td>9.1</td>
<td>9.3</td>
<td>8.6</td>
</tr>
</tbody>
</table>

Overdose Death Rate per 100,000 (2020)

Source: CT Office of the Chief Medical Examiner (OCME), 2020

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Bridgeport</td>
<td>31.6</td>
</tr>
<tr>
<td>Bridgeport</td>
<td>46.0</td>
</tr>
<tr>
<td>Milford</td>
<td>35.0</td>
</tr>
<tr>
<td>Stratford</td>
<td>34.5</td>
</tr>
<tr>
<td>Fairfield</td>
<td>16.2</td>
</tr>
<tr>
<td>Trumbull</td>
<td>13.9</td>
</tr>
<tr>
<td>Monroe</td>
<td>10.2</td>
</tr>
<tr>
<td>Easton</td>
<td>N/A</td>
</tr>
<tr>
<td>Fairfield County</td>
<td>23.9</td>
</tr>
<tr>
<td>Connecticut</td>
<td>35.2</td>
</tr>
</tbody>
</table>
How we are responding to behavioral health needs

- St. Vincent’s Medical Center’s Behavioral Health Services department offers Community Residential Services (CRS) to provide permanent supportive housing and case management for adults who might otherwise be homeless. CRS assists adults with mental health and substance abuse issues by providing them with independent living opportunities while they continue to receive support and services from our attentive, professional staff.
- St. Vincent’s incorporated the Emergency Department Recovery Coach (EDRC) program from the Connecticut Community for Addiction Recovery (CCAR) into our Emergency Department (ED). Discussions are underway to expand this program across the Medical Center.
- St. Vincent’s representatives co-chair the HIA Behavioral Health Task Force and the Care Coordination Team, which focuses on the behavioral health needs of high utilizers of the ED.

Survey respondents who have been bothered by feeling down, depressed, or hopeless “several days”, “more than half the days”, or “nearly every day” over the past 2 weeks

Source: DataHaven Community Wellbeing Survey 2021

Survey respondents who stated that they personally know anyone who has struggled with an addiction to heroin or other opiates such as prescription painkillers at any point during the last three years

Source: DataHaven Community Wellbeing Survey 2021

Many people throughout Greater Bridgeport experienced increased stress or trauma in their daily lives and since the onset of the COVID-19 pandemic. Nearly half of all adults ages 18-34 throughout the community reported feeling down for two weeks or longer.

Roughly 1 in 3 adults across all demographic groups within the Greater Bridgeport area personally know someone struggling with opiate addiction.
Child Wellbeing

Traumatic or stressful events in childhood are called Adverse Childhood Events or ACEs. ACEs have been shown to have lifelong impacts on the economic, educational, and mental and physical health outcomes for individuals, and are associated with decreased life expectancy.

ACEs grow from Adverse Community Environments. By taking an upstream approach to emphasize interventions that address adverse community environments such as promoting “trauma informed care,” we can prevent, identify, and offset life’s negative events.

Focusing community health interventions on underlying social drivers of health, such as poverty and discrimination, can yield more effective and impactful treatment of downstream disease conditions, and pave the way for equitable health outcomes. The following diagram from the CDC illustrates the connection between environment and experiences.

How we are building resiliency among youth

+ Connecticut Children’s neonatologists provide 24/7 physician coverage for the St. Vincent’s Neonatal Intensive Care Unit (NICU). This collaboration reflects an ongoing investment by St. Vincent’s to expand services for mothers and children and is consistent with Connecticut Children’s mission of providing world-class pediatric care close to home.

+ St. Vincent’s Medical Center conducts student tours and educational programs for elementary, middle, high school, and college students to provide information about health and technology, lessen anxiety about hospital visits, and give an overview of medical careers.

+ In partnership with the Health Improvement Alliance, St. Vincent’s colleagues serve on the child wellbeing task force, formed in January 2021 as a result of collaboration on the Health Enhancement Communities (HEC) Pre-Planning grant.

The Pair of ACEs

Source: Centers for Disease Control and Prevention

Adverse Childhood Experiences

+ Maternal Depression
+ Emotional & Sexual Abuse
+ Substance Abuse
+ Domestic Violence
+ Physical & Emotional Neglect
+ Divorce
+ Mental Illness
+ Incarceration
+ Homelessness

Adverse Community Environments

+ Poverty
+ Discrimination
+ Community Disruption
+ Lack of Opportunity, Economic Mobility, & Social Capital
+ Poor Housing Quality & Affordability
+ Violence
Trauma, isolation, and lack of socialization during COVID-19 created environments that can have long lasting impact on youth.

Youth Measures of Mental Health and Substance Use, 9th-12th Graders

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey 2019
Connecticut Department of Public Health

<table>
<thead>
<tr>
<th></th>
<th>Feel Consistently Sad or Depressed</th>
<th>Attempted Suicide</th>
<th>E-cigarette Use (last 30 days)</th>
<th>Alcohol Use (last 30 days)</th>
<th>Marijuana Use (last 30 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>30.6%</td>
<td>6.7%</td>
<td>27%</td>
<td>25.9%</td>
<td>21.7%</td>
</tr>
<tr>
<td>US</td>
<td>36.7%</td>
<td>8.9%</td>
<td>32.7%</td>
<td>29.1%</td>
<td>21.7%</td>
</tr>
</tbody>
</table>

Starting Out Strong

Ensuring pregnant people have the support they need to help each baby start life as healthy as possible is important. The data show that most pregnant people in the Greater Bridgeport area are able to access early prenatal care, which is the best way to promote a healthy pregnancy and delivery.

Infant Mortality

Infant mortality (death of a child before age 1) is used as an international measure of overall community health. This is because the death of babies is impacted by social and economic factors and quality of life conditions for mothers.

Disparities in infant mortality are measures of structural socioeconomic inequities that happen long before pregnancy or birth. Upstream strategies that address the root causes of inequities can have far reaching impact on infant mortality, child wellbeing, reducing family trauma, and increasing life expectancy for all people.

Maternal and Child Health, 2019 Data

Source: Connecticut Department of Public Health Registration Report Births, Deaths, Fetal Deaths, and Marriages

As shown in this table, Bridgeport has lower rates of early prenatal care and higher infant mortality rates than the region and the state.

<table>
<thead>
<tr>
<th></th>
<th>% First Trimester Prenatal Care</th>
<th>% Low Birth Weight</th>
<th>Infant Death Rate per 1,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgeport</td>
<td>74.5</td>
<td>10.1</td>
<td>7.3</td>
</tr>
<tr>
<td>Easton</td>
<td>98.3</td>
<td>NA</td>
<td>0.0</td>
</tr>
<tr>
<td>Fairfield</td>
<td>89.2</td>
<td>5.6</td>
<td>1.9</td>
</tr>
<tr>
<td>Milford</td>
<td>91.4</td>
<td>7.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Monroe</td>
<td>91.6</td>
<td>6.4</td>
<td>0.0</td>
</tr>
<tr>
<td>Stratford</td>
<td>85.3</td>
<td>6.5</td>
<td>6.5</td>
</tr>
<tr>
<td>Trumbull</td>
<td>87.4</td>
<td>8.4</td>
<td>0.0</td>
</tr>
<tr>
<td>Greater Bridgeport</td>
<td>80.9</td>
<td>NA</td>
<td>4.8</td>
</tr>
<tr>
<td>Fairfield County</td>
<td>81.5</td>
<td>7.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Connecticut</td>
<td>84.7</td>
<td>7.8</td>
<td>4.5</td>
</tr>
<tr>
<td>US</td>
<td>77.6</td>
<td>8.3</td>
<td>5.6</td>
</tr>
</tbody>
</table>
Healthy Lifestyles

Disparities, Impact of Social Drivers of Health

Prior to COVID-19, the top leading causes of death among all populations in the US were chronic diseases. Across Greater Bridgeport communities, it is clear that preventive care, early diagnosis, and comprehensive treatment are high quality and effective. However, wide health disparities exist between those that benefit from these lifesaving services and those that die prematurely. The data reinforce that social drivers of health directly impact health outcomes for chronic disease, resulting in inequities in life expectancy by race and neighborhood.

Adult Health Indicators, Age Adjusted, 2019 BRFSS

Source: Centers for Disease Control and Prevention 2019

<table>
<thead>
<tr>
<th></th>
<th>Fairfield County</th>
<th>Connecticut</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Obese (BMI 30+)</td>
<td>24.4%</td>
<td>28.7%</td>
<td>31.3%</td>
</tr>
<tr>
<td>% Tobacco Use Current Smokers</td>
<td>10.9%</td>
<td>12.4%</td>
<td>15.7%</td>
</tr>
<tr>
<td>% Diabetes</td>
<td>7.9%</td>
<td>8.2%</td>
<td>9.7%</td>
</tr>
<tr>
<td>% High Blood Pressure</td>
<td>25.6%</td>
<td>27.2%</td>
<td>29.6%</td>
</tr>
<tr>
<td>% Asthma</td>
<td>8.2%</td>
<td>10.8%</td>
<td>8.9%</td>
</tr>
<tr>
<td>% Depression</td>
<td>13.5%</td>
<td>14.7%</td>
<td>18.9%</td>
</tr>
<tr>
<td>% Binge Drinking</td>
<td>17.0%</td>
<td>17.3%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

Average Life Expectancy by Race/Ethnicity, 2017-2019

Source: National Center for Health Statistics

<table>
<thead>
<tr>
<th></th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairfield County</td>
<td>94.2%</td>
<td>80.8%</td>
<td>87.7%</td>
<td>82.8%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>92.9%</td>
<td>79.0%</td>
<td>84.7%</td>
<td>80.6%</td>
</tr>
</tbody>
</table>

Key informants were asked what factors most impacted residents’ good health. Their responses below reinforce that healthy lifestyles start with healthy environments.

1. Housing
2. Medical insurance
3. Employment
4. Healthy food
5. Adequate transportation
6. Open space
Self-Reported Chronic Diseases
Source: DataHaven Community Wellbeing Survey 2021

- Depression
  - White: 33%
  - Hispanic: 33%
  - Black: 34%
  - Greater Bridgeport: 31%
  - CT: 31%

- High Blood Pressure
  - White: 26%
  - Hispanic: 31%
  - Black: 30%
  - Greater Bridgeport: 31%
  - CT: 31%

- Asthma
  - White: 17%
  - Hispanic: 20%
  - Black: 17%
  - Greater Bridgeport: 17%

- Diabetes
  - White: 10%
  - Hispanic: 8%
  - Black: 10%
  - Greater Bridgeport: 10%

- Heart Disease
  - White: 6%
  - Hispanic: 5%
  - Black: 5%
  - Greater Bridgeport: 5%

Populations who experience unfavorable social drivers of health, such as lack of access to quality education and employment, are also at greater risk for disease. In Greater Bridgeport, Hispanic and Black residents report chronic disease diagnoses more frequently than their White neighbors.

How we are helping people live healthier

- St. Vincent’s collaborates with HIA partners to deliver Know Your Numbers (KYN), a grassroots public education campaign that provides free screenings and information about risk factors for heart disease and diabetes to people in our community.

- The St. Vincent’s Monthly Food Distribution served more than 10,600 families from May 2019 through July 2022, remaining fully operational during the height of the COVID-19 pandemic.

- Since 2009, the St. Vincent’s Farm Stand has offered farm fresh, local produce weekly from June to November, serving about 5,000 people from October 2019 to July 2022. As part of the Bridgeport Farmers Market Collaborative, Supplemental Nutrition Assistance Program (SNAP/EBT) purchases are accepted and doubled, and Farmers Market Nutrition Program (FMNP) checks are accepted.
Community Partners:
Thank you to our community partners that provide guidance, expertise, and ongoing collaboration to foster collective impact in improving the health and wellbeing of the Greater Bridgeport community.

Greater Bridgeport / Health Improvement Alliance (HIA)
- Access Health CT
- Alliance for Community Empowerment
- American Heart & Stroke Association
- Americares Free Clinic of Bridgeport
- Aspetuck Health District
- Beacon Health Options
- Bridgeport Alliance for Young Children
- Bridgeport Child Advocacy Coalition
- Bridgeport Farmers Market Collaborative
- Bridgeport Hospital
- Bridgeport Regional Business Council
- Bridgeport Rescue Mission
- Building Neighborhoods Together
- Catholic Charities
- Central CT Coast YMCA
- City of Bridgeport
- City of Bridgeport Department of Health and Social Services
- City of Milford
- Community Health Network of Connecticut, Inc.
- Continuum of Care, LLC
- Council of Churches of Greater Bridgeport
- CT Dental Health Partnership
- CT State Department of Public Health
- CT State Department of Social Services
- CT State Dept. of Mental Health/ Greater Bridgeport Community Mental Health Center (GBCMHC)
- Fairfield Health Department
- Fairfield University School of Nursing
- Greater Bridgeport Medical Association
- Hartford HealthCare Medical Group
- Hispanic Health Council
- Hope Dispensary of Greater Bridgeport
- Housatonic Community College
- Interdenominational Ministerial Alliance
- Liberation Programs
- LifeBridge Community Services
- Milford Health Department
- MOMS Partnership
- Monroe Health Department
- National Association of Hispanic Nurses-CT Chapter
- Northeast Medical Group
- Optimus Healthcare
- Park City Communities
- Pediatric Healthcare Associates
- Recovery Network of Programs, Inc.
- Sacred Heart University, Colleges of Nursing and Health Professions
- Salvation Army
- Shiloh Baptist Church
- Southern Connecticut State University
- Southwest Community Health Center
- Southwestern CT Area Health Education Center, Inc.
- St. Vincent’s Medical Center
- Stratford Health Department
- Supportive Housing Works
- The Connection, Inc.
- The Hub, a division of Regional Youth Social Action Partnership (RYASAP)
- The Kennedy Center
- Town of Easton
- Town of Fairfield
- Town of Monroe
- Town of Stratford
- Town of Trumbull
- Trumbull Health Department
- United Way of Coastal Fairfield County
- University of Bridgeport
- Visiting Nurse Services of CT

Research Partners:
Thank you to our research partners for their essential role in completing the 2022 CHNA.

DataHaven | ctdatahaven.org
DataHaven conducted the DataHaven Community Wellbeing Survey (DCWS), a statistical household survey to gather information on wellbeing and quality of life in Connecticut’s diverse neighborhoods. The DCWS is a nationally-recognized program that provides critical, highly-reliable local information not available from any other public data source.

At DataHaven, our mission is to empower people to create thriving communities by collecting and ensuring access to data on wellbeing, equity, and quality of life. 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.

Community Research Consulting | buildcommunity.com
CRC correlated data across all research efforts and facilitated multiple meetings with community partners and stakeholders. Applying insights from these sessions, CRC developed the CHNA report and led strategic planning in creation of the Community Health Improvement Plan (CHIP).

A woman-owned business based in Lancaster, Pennsylvania, Community Research Consulting (CRC) partners with our clients to build vibrant, healthier, sustainable communities. Our approach emphasizes wide participation in dynamic dialogue to both define and solve challenges with the people who experience them. Using quantitative and qualitative research methods, we conduct studies and develop solutions for community health, housing, socioeconomic disparities, capacity-building, population health management, and similar challenges. We specialize in transforming research into action through strategic planning, policy change, and collective impact.

Community Wisdom/NRC Health | nrchealth.com
Community Wisdom/NRC Health conducted community conversations through a series of interviews and surveys of 142 diverse community residents during March and April 2022 to collect feedback on community health priorities.

NRC Health helps partners know each person they serve—behaviors, preferences, wants, and needs—not as point-in-time insights, but as an ongoing relationship. Our approach to content development is guided by a single objective: information that will help our clients tangibly improve the experiences of the people they serve. We examine a broad variety of topics and share our point of view across formats, including the Community Wisdom Survey.
APPENDIX A:
St. Vincent’s Medical Center Evaluation of Impact 2019-2022 CHIP

St. Vincent’s Medical Center
Community Commitment
Since 2003, St. Vincent’s Medical Center (SVMC) has served as co-lead alongside Bridgeport Hospital (BH) for the Health Improvement Alliance (HIA), the regional community health improvement partnership. Representatives from each hospital co-chair the monthly steering committee meeting and oversee the work of the current task forces designed to address the CHNA priority areas. Both SVMC and BH also provide significant in-kind support to coordinate monthly task force meetings and initiatives, as well as all communications activities. The regular monthly meetings alone equal about 6 hours per month, not including time spent on meeting preparation and project implementation. In-kind support from both organizations also includes all work related to the triennial CHNA process.

Health Improvement Alliance (HIA)
HIA is comprised of almost 100 individuals representing St. Vincent’s Medical Center, Bridgeport Hospital, seven local health departments, federally qualified health centers (FQHCs), community agencies, faith-based organizations, universities, town and city agencies, and residents from Bridgeport, Easton, Fairfield, Milford, Monroe, Stratford, and Trumbull. In 2019, HIA completed a Community Health Needs Assessment (CHNA) and prioritization process to identify priority health issues. Priority health needs were grouped into three overarching focus areas: access to care, behavioral health, and healthy lifestyles. Individual task forces, comprised of HIA members, work together on each focus area. In October 2019, HIA launched the 2019-2022 Community Health Implementation Plans (CHIPs) for the three focus areas mentioned above. Just six short months later, responding to the COVID-19 pandemic became the focus for all HIA partner organizations, shifting the focus of the work outlined in the 2019-2022 CHIPs. Each task force adapted and collaborated to respond to community needs that were a result of or exacerbated by the pandemic.

The HIA steering committee and task forces all continued to meet on a monthly basis, with one new task force, Child Wellbeing, added in January 2020. In December 2020, the partnership decided that further collaboration was needed and convened a weekly regional COVID-19 coordination meeting with representatives from the hospitals, FQHCs and all of the local departments of health. At each phase of the pandemic, from education around masking, to COVID-19 testing and vaccinations, partners found it invaluable to come together to discuss challenges, share resources and coordinate a regional, cohesive response.

Since completing its last CHNA in 2019, the partnership took multiple steps to align its work, deepen relationships and serve the community, especially in regard to the COVID-19 pandemic.

Highlights of HIA accomplishments since 2019 include:

- Completed Phase 1 and 2 Health Enhancement Community (HEC) Pre-Planning Grant, which led to the addition of a Child Wellbeing Task Force.
- Worked with Unite Us to launch their services in Greater Bridgeport, which led to the onboarding of many HIA partner organizations into the online platform for referrals for health and social care.
- Expanded HIA region to include the City of Milford.
- Launched HIA website and Facebook in Spring 2020 to address the need for partners to share COVID-19 information with the community.
- Developed the online resource page on the HIA website that is regularly updated.
- Developed the Trusted Voices COVID-19 vaccine video series featuring HIA partners talking about their reasons for getting vaccinated.
- In Summer 2021, expanded HIA social media to include LinkedIn and Instagram as a way to reach a broader audience and promote our work in the communities we serve.
- Monthly HIA meetings have included presentations about emerging issues including a housing forum, 2-1-1, The Hub mental health resources, MOMS partnership, and Access Health CT.
- Participated in DASH LAPP grant with other HECs from around CT.
- Partnership expanded to include 32 new members representing 15 new organizations.

From 2019-2022, SVMC and BH, along with the four HIA task forces, made significant progress towards CHIP goals in the Greater Bridgeport region. In 2019, the priority areas for Greater Bridgeport were identified as Access to Care, Healthy Lifestyles, and Behavioral Health. The 2019-2022 CHIPs for both SVMC and BH mirrored those for HIA and included initiatives addressing those same priority areas.
Access to Care Accomplishments

The Access to Care Task Force organized and conducted multiple programs with the goal of increasing access to and reducing barriers to health care. Work throughout the region is supported by the efforts of HIA and both SVMC and BH.

**Goal:** By February 2022, only 13% of adults in Greater Bridgeport will report not having a medical home and 74% will report visiting a dentist at least once in the past year.

**Indicator:** Percentage of people in Greater Bridgeport that indicate they do not have a medical home [2015-N/A, 2018-19%, 2021-14%]

**Indicator:** Percentage of people in Greater Bridgeport that have indicate they have been to the dentist in the last year [2015-74%, 2018-72%, 2021-68%]

St. Vincent’s Medical Center Initiatives

- Continued Medical Mission at Home, an annual event that brings medical services to underserved populations in Bridgeport. Events were held in November 2019, June 2021, and November 2021, serving more than 700 patients.
- Continued to fund and operate the Hope Dispensary of Greater Bridgeport, serving 4,549 patients and dispensing 14,863 prescriptions valued at $1.26M. In July 2022, St. Vincent’s funded another half-day of service, opening the pharmacy on Wednesdays for 4 hours.
- Continued its Parish Nurse Program, a partnership with approximately 80 churches of all faiths in the greater Bridgeport area and throughout Fairfield County. More than 200 nurses provide educational programs, health screenings, referrals, resources and support in their respective parishes.
- Building collaboration with Sacred Heart University School of Nursing to launch a Faith Community Nursing Program.
- From February to June 2021, stood up and staffed two mass vaccination sites at Central High School and Sacred Heart University. Administered almost 40,000 vaccinations. Also offered 28 mobile vaccination clinics throughout Bridgeport, Stratford and Fairfield, administering more than 1,000 doses. Partnered with DPH to deliver 16 vaccine equity clinics in Bridgeport and 4 in Stratford, administering approximately 370 doses.
- A representative is serving on the Board of Sage Health, a clinic embedded onsite at Bridgeport Rescue Mission to improve access for their guests and community members.
- Offers specialty care clinics embedded in Hartford HealthCare Medical Group.
- Provided transportation for patients through taxi vouchers and other transportation providers.
- Received grant funding to support a pilot Community Health Worker (CHW) program, which launched in May 2022 with the hiring of two CHWs who provide resources and help improve access to health care for residents and patients in various settings, including the SVMC Emergency Department, the SVMC Farm Stand, food pantries, soup kitchens, food distribution sites and more. In less than two months, more than 1200 persons served more than 1200 persons.

HIA Partnership Initiatives

- Dental handout with COVID-19 guidelines that were developed by this team were leveraged by DPH and COHI to create branded communication.
- Developed the “Your Health Can’t Wait” messaging in response to COVID-19 and posted the images on a new page on the HIA website.
- Redesigned and launched CLAS Assessment with 11 partner organizations completing the assessment in Summer 2020. Hosted two health literacy workshops as a direct result of needs identified by the CLAS assessment, attended by over 65 local partners.
- Weekly calls took place from mid-December 2020 through June 2021, as a way for HIA partners to coordinate COVID-19 response activities related to testing, vaccination and sharing information.
- Partners worked on how to design mobile vaccination clinics for those who were falling behind with flu and routine childhood vaccinations.
- Communications Committee launched website and Facebook page, improving the ability to share information across HIA organizations.
- Developed the online resources page as a centralized channel to share information with the public on how to access healthcare and other resources.
- Designed and implemented a COVID-19 Activities Assessment of HIA partner organizations to capture regional efforts related to the pandemic that took the focus off our 2019 CHIP goals. From March 2020-December 2021:
  - HIA partners hosted more than 18,988 vaccination clinics combined and administered more than 320,969 doses.
  - Ten HIA partner organization launched telehealth services due to the pandemic.
  - HIA partner organizations reported more than 356,628 combined staff hours were spent on COVID-19 related efforts. This total does not include staff hours from SVMC or BH.
Behavioral Health Accomplishments

The Behavioral Health Task Force worked together on multiple initiatives with the goal of increasing social and emotional support for adults in the region. Work throughout the region is supported by the efforts of HIA and both St. Vincent’s Medical Center and Bridgeport Hospital.

Goal: By February 2022, the Health Improvement Alliance (HIA) efforts will result in a 2% increase in social and emotional support for adults in the Greater Bridgeport area.

Indicator: Percentage of people in the Greater Bridgeport region who indicate they receive the social and emotional support they need (DHWS, 2018 Baseline: 66% Always/Usually, 2021-62%)

St. Vincent’s Medical Center Initiatives

+ A St. Vincent’s representative co-chaired the Behavioral Health Task Force from 2019 to 2022. Before COVID-19, St. Vincent’s hosted the Task Force meetings onsite and now provides the virtual platform for the monthly meeting.
+ A St. Vincent’s representative leads the Coordinated Care Team (CCT), which meets weekly.
+ St. Vincent’s incorporated the Emergency Department Recovery Coach (EDRC) program from the Connecticut Community for Addiction Recovery (CCAR) into its ED; discussions are underway to expand the program to entire Medical Center
+ St. Vincent’s Medical Center’s Behavioral Health Services continues to offer permanent supportive housing and case management for adults who might otherwise be homeless through Community Residential Services (CRS). CRS assists adults with mental health and substance abuse issues by providing them with independent living opportunities while they continue to receive support and services from staff.

HIA Partnership Initiatives

+ Development of a community resources page on HIA website as a way to share information with partners and the community.
+ Distributed regularly scheduled emails to a dedicated distribution list to ensure resources are shared across HIA partners.
+ Created and distributed a toolkit focused on the resource available from local partner, The Hub, as a way to share their comprehensive mental health and peer supports resource guides widely across the region.
+ In response to a need identified in the community, created a flyer and resource card featuring information on available warm lines and crisis support hotlines.
+ The Community Care Team (CCT) was reactivated in September 2020 and meets via Zoom. The CCT focuses on identifying and working with high utilizers of the ED. In 2019, the CCT appointed new Co-Chairs and the group met 68 times from October 2019-August 2021.
Healthy Lifestyles Accomplishments

The Healthy Lifestyles Task Force organized and conducted multiple programs with the goal of decreasing chronic disease through the promotion of lifestyles changes. Work throughout the region is supported by the efforts of HIA and both St. Vincent’s Medical Center and Bridgeport Hospital.

Goal: By February 2022, promote healthy lifestyles in the Greater Bridgeport region to reduce diagnosed hypertension and diabetes in adults by 3%.

Indicator: % of people in Greater Bridgeport who have been told they have high blood pressure [2015-28%, 2018-29%, 2021-31%], diabetes [2015-9%, 2018-11%, 2021-10%] or heart disease [2015-5%, 2018-5%, 2021-5%]

St. Vincent’s Medical Center Healthy Initiatives

+ A representative from St. Vincent’s Medical Center serves as co-chair of the Healthy Lifestyles Task Force.
+ St. Vincent’s Farm Stand runs weekly from July to October; extended into November in 2020 and 2021. Selling CT Grown produce and farm fresh items, the farm stand accepts, WIC and Senior FMNP checks, and doubles SNAP/EBT benefits.
+ Initiated and maintained a monthly food distribution, distributing bags of food to families in need. Since its inception in May 2019, the food distribution has served 11,728 families.
+ Conducted blood pressure screenings and provided stress relief packets during its Farm Stand in 2021, which was expanded to include A1C screenings in 2022. More than 300 persons have been served to date.
+ Developed and shared best practice to continue offering safe food distributions during the height of the COVID-19 pandemic.
+ In partnership with Aquarion Water Company, conducted the Annual House of Hope food drive, a two-month-long donation drive supporting seven local food pantries; collected approximately 17 tons of food in 2020 and 2021.
+ Four St. Vincent’s physicians participated in the HIA Walk ‘n Talk for Essential Workers in September 2021.

HIA Partnership Initiatives

+ Developed ways to continue supporting local food pantries while they were closed due to COVID-19, including developing and providing them with mental health wellbeing materials to distribute to their clients.
+ Face-to-face Know Your Numbers health screenings were paused until spring 2021. Screened 31 individuals at 2 locations in 2021, with a total of 143 screened from early 2020-2021.
+ Continued creating and disseminating Get Healthy CT monthly resources on various health topics.
+ St. Vincent’s, Bridgeport Hospital and Stratford Health Department continued hosting their own monthly food distributions.
+ Two HIA partners, SVMC and BH, hosted weekly farm stands and offered SNAP doubling incentives and Bridgeport Bucks through partnership with the Bridgeport Farmers Market Collaborative.
+ Hosted a Walk ‘n Talk for Essential Workers in September 2021, featuring around 15 different local healthcare professional volunteers.
+ Carried out the Healthy Communities Grant, a multi-year grant awarded to the Stratford Health Department, in partnership with other regional health departments in Bridgeport, Fairfield, Monroe and Trumbull.
One goal of the Community Health Needs Assessment (CHNA) is to understand the strengths, needs, and challenges communities face. Needs can vary across individuals, organizations, neighborhoods and even cities. Various community-based resources including community leaders, policies, social service agencies and welcoming physical spaces help alleviate burdens and elevate the quality of life of residents. Identifying and sharing information on available, well-liked and frequently used community resources increases awareness of existing gaps and best practices.

**Methodology:**
Community assets were derived from research of the United Way 2-1-1 online database and additional internet research. The following tables list examples of community resources that are categorized into seven areas of community needs. These seven areas are:

- **Access to Care:** Resources providing various healthcare services, ranging from reproductive health, dental care, general community clinics, health screenings, etc.
- **Behavioral Health:** Resources helping to connect community members to mental health services as well as services that deal with supporting and treating those dealing with substance abuse.
- **Financial Assistance:** Resources helping to connect community members to employment opportunities and financial support programs.
- **Food Assistance:** Resources comprised of programs and initiatives that provide food and education surrounding nutrition to community members.
- **Housing/Utility Assistance:** Resources for housing including emergency services for domestic violence and homelessness; payment assistance for rent, mortgage, utilities, and other housing costs.
- **Promoting Wellness & Healthy Lifestyles:** Resources that have to do with positive and health lifestyles, such as physical activity (green space, fitness centers), youth & family enrichment, and/or community establishments that foster both connectivity and fellowship amongst members.
- **Transportation Assistance:** Resources on transportation assistance for general regional needs as well as health services and medical appointments.

The following community resources listed across each category is not an exhaustive list. To learn about or access any services within the Greater Bridgeport region, visit uwc.211ct.org or call 2-1-1 from any phone.
## Greater Bridgeport Community Resources

### Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Information</th>
<th>Key Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridges Healthcare</td>
<td>949 Bridgeport Ave, Milford, CT 06460 (203) 878-6365 bridgesct.org Mon - Thurs 8 am-5 pm, Fri 8 am-5 pm</td>
<td>Mental Health &amp; Recovery Programs and Services. Recovery focused services to support individuals with severe and prolonged mental illness and addiction problems. Short term emotional and behavioral issues. Helps adults, children, and families toward healing, recovery, and renewal.</td>
</tr>
<tr>
<td>Bridgeport Hospital Milford Campus</td>
<td>300 Seaside Ave, Milford, CT 06460 (203) 876-4000 bridgeporthospital.org ED 24/7, different department hours vary</td>
<td>ED and Urgent Care, Joint Replacement, Advance Wound Care Center.</td>
</tr>
<tr>
<td>GBAPP-HIV Services</td>
<td>1470 Barnum Ave, Suite 301, Bridgeport, CT 06610 (203) 366-8255 gbapp.org Mon - Fri 9 am-4:30 pm, weekend hours depend on service</td>
<td>Network of services providing clients with treatment, education, and outreach. People of all ages living with HIV/AIDS.</td>
</tr>
<tr>
<td>Hall Neighborhood House-Health Center</td>
<td>52 George E Pipkin’s Way, Bridgeport, CT 06608 (203) 345-2000 hnonline.org Mon - Fri 8 am-5 pm</td>
<td>Full Service. Includes physicals, immunizations, and ongoing medical care. Youth, childcare, and senior centers that offer on-site medical care. Behavioral health services and dental treatment coming soon.</td>
</tr>
<tr>
<td>Onesight-Lenscrafter-Trumbull</td>
<td>5065 Main St, Trumbull, CT 06611 (203) 374-1744 onesight.org Mon - Thurs 11 am-8 pm, Fri &amp; Sat 10 am-9 pm, Sun 11 am-6 pm</td>
<td>Vision Screening. Eye Care. Eyeglass Program. May only obtain services through a referral from a social service organization or church. Service prioritizes low income individuals without insurance.</td>
</tr>
<tr>
<td>Onesight-Pearle Vision-Fairfield</td>
<td>1901 Black Rock Turnpike, Fairfield, CT 06825 (203) 334-7722 onesight.org Mon-Fri 9 am-5 pm, Sat 9 am-3 pm</td>
<td>Vision Screening. Eye Care. Eyeglass Program. May only obtain services through a referral from a social service organization or church. Service prioritizes low income individuals without insurance.</td>
</tr>
<tr>
<td>Optimus Health Care- Bridgeport &amp; Stratford</td>
<td>982 E Main St, Bridgeport, CT 06608 (203) 696-3260 onesight.org Mon, Wed, Thurs, Fri 8 am-5 pm, Tues 8 am-7:30 pm, Sat 9 am-1 pm 305 Boston Ave Stratford, CT 06614 Mon-Fri 8 am-5 pm optimushealthcare.org</td>
<td>Medical: Behavioral, Primary, Women’s. Dental: Adult &amp; Pediatric. Specialty: Acupuncture, Asthma, Chiropractic, General Surgery, Geriatrics, Naturopathic, Obstetrics &amp; Gynecology, Ophthalmology, Podiatry. Programs: Child Social Work, CT Wise Women, ECAR, Grant funded, Health &amp; Education Outreach, Healthcare for the Homeless, Parental Social Work, IWHP, WIC.</td>
</tr>
<tr>
<td>Weisman Americas Free Clinic of Bridgeport</td>
<td>115 Highland Avenue, Bridgeport, CT 06604 (203) 333-9775 americareesfreeclinics.org Tues. &amp; Wed. 9 am-5 pm, Thurs, 10 am-6 pm, Every 2nd Sat 9 am-12:30 pm</td>
<td>Diagnosis and Treatment. Essential Medication. X-Ray and Diagnostic Services. Physical Exam. Referrals. Services only offered to those without insurance (including Medicaid, Medicare, and Veterans care). Eligible to individuals with a total household income under 250% of the Federal Poverty Level (FPL). Must bring photo ID, proof of income, and medical record/prescriptions. Appointments preferred.</td>
</tr>
<tr>
<td>Bridgeport Hospital</td>
<td>Primary Care Center 267 Grant Street, Bridgeport, CT 06610 (203) 384-3235 bridgeporthospital.org Mon - Fri 8:30 am - 5:00 pm ED 24/7, different department hours vary</td>
<td>Acute &amp; Chronic Pain Management, Adolescent Services, Ahtbin Rehabilitation Center, Anesthesia &amp; Pain Management, Blood Management Services, Brain Tumors, Cancer (Oncology), Children (Pediatrics), Diabets, Ear Nose &amp; Throat (Otolaryngology), Emergency Services, Geriatric (Aging), Gynecologic Cancer, Head and Neck Cancer, Heart &amp; Vascular, Hospitalist Services, Lymphoma/Leukemia, Maternity, Neurology &amp; Neurosurgery, Occupational Medicine &amp; Wellness Services, Ophthalmology, Oral &amp; Maxillofacial Surgery, Orthopedics, Ostomy Services, Palliative Care, Plastic &amp; Reconstructive Surgery, Podiatry, Pulmonary Medicine, Radiation Oncology, Radiology Services, Sarcoma, Sleep Disoders &amp; Sleep Medicine, Stroke, Surgery, Trauma &amp; Burn, Urology, Weight Loss (Bariatric) Surgery, Wound Care.</td>
</tr>
</tbody>
</table>

*These resource lists were compiled in summer 2021 and are not meant to be exhaustive. For additional resources, and the most up-to-date contact information, please visit 211ct.org.*
## Greater Bridgeport Behavioral Health

<table>
<thead>
<tr>
<th>Organizations</th>
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<tbody>
<tr>
<td><strong>Family Advocacy for Children's Mental Health (FAVOR)</strong>&lt;br&gt;185 Silas Deane Hwy&lt;br&gt;Wethersfield, CT 0610&lt;br&gt;(860) 563-3232favor-ct.org</td>
<td>Mon-Fri 8:30 am-4:30 pm</td>
<td>Family Peer Support Program. Family Systems Management Program. Learning &amp; Leadership Academy. CT Medical Home.</td>
</tr>
<tr>
<td><strong>Family Re-Entry of Bridgeport</strong>&lt;br&gt;75 Washington Ave, Bridgeport, CT 06604&lt;br&gt;(203) 576-6924familyreentry.org</td>
<td>Mon-Fri 9 am-5 pm</td>
<td>Transitional Housing. Youth Mentoring. Support for Mental Health and Substance Use Issues. Fatherhood Engagement.</td>
</tr>
<tr>
<td><strong>Liberation Programs (Recovery for Life)- Multiple Locations</strong>&lt;br&gt;399 Mill Ave, Bridgeport CT 06850&lt;br&gt;(203) 962-4516liberationprograms.org</td>
<td>Mon-Fri 5:30 m-1 pm, 2:30 pm-6:30 pm, Sat 6 am-10 am</td>
<td>Outpatient Services. Inpatient Services. Housing. Medication Assisted Treatment Wellness Vans. Prevention. Locations: Bridgeport, Stamford, Norwalk and Greenwich.</td>
</tr>
<tr>
<td><strong>Mental Health Connecticut</strong>&lt;br&gt;61 S Main St, Suite 100, West Hartford, CT 06107&lt;br&gt;(860) 529-1970mhconn.org</td>
<td>Mon-Thurs 8:30 am-5:30 pm, Fri 9 am-1 pm</td>
<td>Addressing Homeless. Community Support. Home-Based Support. MHCC Wellness Programs. Residential Services. Supported Education. Supported Employment.</td>
</tr>
<tr>
<td><strong>Mobile Crisis Intervention Services</strong>&lt;br&gt;Connecticut Dept. of Children and Families (2-1-1)&lt;br&gt;mobilecrisisempct.org&lt;br&gt;24/7</td>
<td></td>
<td>Services are provided by teams of mental health workers (psychiatrists, RNs, MSWs, psychologists, psychiatric technicians) who intervene in situations where an individual’s mental or emotional condition results in behavior which constitutes an imminent danger to him or herself or to another. Visit people in their homes or community sites, and others meet clients in clinics or hospital emergency rooms. Psychiatric emergency rooms and mental health facilities can provide crisis services to people in crisis who can travel or get help with transportation to a facility.</td>
</tr>
<tr>
<td><strong>New Era Rehabilitation Bridgeport</strong>&lt;br&gt;4675 Main St, Bridgeport, CT 06606&lt;br&gt;(203) 344-0025newerarehabilitation.com</td>
<td>Mon-Fri 5 am-2 pm</td>
<td>Counseling. Medicated Assisted Treatment. Intensive Outpatient Counseling. Ambulatory Detox. Mental Health &amp; Addiction Treatment. Group Therapy. Eating Disorder Treatment. Individual &amp; Family Therapy. Located in New Haven also.</td>
</tr>
<tr>
<td><strong>REACH Program: Bridgeport Hospital</strong>&lt;br&gt;1558 Barnum Ave, Bridgeport, CT 06610&lt;br&gt;(203) 394-3377bridgeporthospital.org/locations/bridgeport-1558-barnum-ave.aspx</td>
<td>Mon-Thurs 8:30 am-5:30 pm, Fri 9 am-1 pm</td>
<td>Intake Assessments. Medication Management. Group Therapy. Case Management. After Care Planning.</td>
</tr>
</tbody>
</table>

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## Greater Bridgeport Food Assistance

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Bishop Jean Williams Food Pantry</td>
<td>4 Worth St, Bridgeport, CT 06604&lt;br&gt;(203) 873-0260&lt;br&gt;parkcityinitiative.org&lt;br&gt;Tues 10:00 am-2:00 pm, Wed 12:00 pm-4:00 pm, Thurs 1:00 pm-6:00 pm</td>
<td>Provides emergency meals to low-to-moderate families that are food insecure. Families are able to shop on a weekly basis. Provides groceries for families to prepare balanced meals for their families. By appointment due to COVID-19.</td>
</tr>
<tr>
<td>Bridgeport Farmer’s Market Collaborative - Multiple Locations</td>
<td>bridgeportfarmersmarkets.org</td>
<td>Various locations: Alliance Farmers Market, St Vincent’s Farm Stand Health &amp; Wellness, East Side Market, Farmers Market of Black Rock, Downtown at McLevy Green, Bridgeport Hospital, Stratfield Market, Reserve Community Farm Stand, East End NRZ Market &amp; Cafe. All accept Senior and WIC FMNP checks and double SNAP payments.</td>
</tr>
<tr>
<td>Bridgeport Nutrition Program: Meals on Wheels</td>
<td>215 Warren St, Bridgeport, CT 06604&lt;br&gt;(203) 332-3264&lt;br&gt;<a href="https://www.cwresources.org/lines-of-business/food-services/">https://www.cwresources.org/lines-of-business/food-services/</a>&lt;br&gt;call for more information</td>
<td>Provides two meals per day by way of delivery.</td>
</tr>
<tr>
<td>Bridgeport Rescue Mission</td>
<td>1088 Fairfield Ave, Bridgeport, CT 06605&lt;br&gt;(203) 333-4087&lt;br&gt;bridgeportrescuemission.org&lt;br&gt;Daily 6:45-7:15 am, 12:30-1:00 pm, 5:30-6:00 pm</td>
<td>Food Distribution. Clothing Distribution. Addiction Recovery. Emergency Housing. Women &amp; Children’s Housing.</td>
</tr>
<tr>
<td>Connecticut Department of Agriculture</td>
<td>450 Columbus Blvd, Suite 701 Hartford, CT 06103&lt;br&gt;(860) 713-2503&lt;br&gt;www.CTgrown.gov&lt;br&gt;portal.ct.gov/DOAG/ADaRC/Publications/Farmers-Markets</td>
<td>Connecticut has nearly 100 farmers’ markets and can be found in virtually any town, seven days a week. The popularity of the markets mirrors the benefits - fresh, local products, friendly farmers that are the face behind the food you’re buying, and a community gathering place for everyone to enjoy. Nearly all farmers’ markets in Connecticut are affiliated with the Farmers’ Market Nutrition Program (FMNP) which serves participants of Women, Infant, and Children (WIC) and the Senior Farmers’ Market Nutritional Program (SFMNP) for seniors who are over the age of 60 and meet income eligibility guidelines with checks to purchase fresh fruits, vegetables, cut herbs and honey. USDA Supplemental Nutrition Assistance Program (SNAP) benefits are also available to improve access to fresh fruits and vegetables to low-income Americans and are issued on electronic benefits transfer or EBT cards that are used like debit cards. For more information, please visit the FMNP page: Farmers’ Market Nutrition Programs.</td>
</tr>
<tr>
<td>Connecticut Foodshare</td>
<td>2 Research Pkwy, Wallingford, CT 06492&lt;br&gt;(203) 469-5000&lt;br&gt;<a href="https://www.ctfoodshare.org/">https://www.ctfoodshare.org/</a>&lt;br&gt;Mon-Fri 8:30 am-4:00 pm</td>
<td>Mobile Foodshare pantry on wheels. Food pantries can be found by searching 2-1-1 of CT, a United Way program.</td>
</tr>
<tr>
<td>Council of Churches of Greater Bridgeport</td>
<td>1718 Capitol Ave, Bridgeport, CT 06604&lt;br&gt;(203) 334-1121&lt;br&gt;<a href="https://www.ccgb.org/">https://www.ccgb.org/</a>&lt;br&gt;Mon-Fri 8:45 am-4:45 pm</td>
<td>FEED Center - free culinary courses for low income residents. Oversees the mobile marketplace, serve as incubator kitchens for new food businesses and oversees a network of 40 food pantries.</td>
</tr>
<tr>
<td>First Baptist Church of Stratford Agape Food Pantry</td>
<td>105 Hamilton Ave, Stratford, CT 06615&lt;br&gt;(203) 377-1441&lt;br&gt;<a href="https://fbcstratford.org/">https://fbcstratford.org/</a>&lt;br&gt;2nd, 3rd, 4th Sat of every month 10:00 am-12:00 pm</td>
<td>Offers emergency food assistance to anyone in need. Pantry is open on the 2nd, 3rd and 4th Saturday of every month from 10:00 am-12:00 noon. Pantry is closed the 1st Saturday of every month.</td>
</tr>
<tr>
<td>nOURish Bridgeport, Inc.</td>
<td>2200 North Ave, Bridgeport, CT 06604&lt;br&gt;(203) 367-9306&lt;br&gt;<a href="https://www.nourishbpt.org/super-food-pantry">https://www.nourishbpt.org/super-food-pantry</a>&lt;br&gt;Mon, Wed 2:00-6:00 pm</td>
<td>Super Food Pantry and Baby Center serving neighbors in the South and West End of Bridgeport. By appointment only during COVID-19. Photo ID required.</td>
</tr>
<tr>
<td>The Thomas Merton Center</td>
<td>43 Madison Ave, Bridgeport, CT 06604&lt;br&gt;(203) 367-9306&lt;br&gt;<a href="https://www.themertoncenter.org/">https://www.themertoncenter.org/</a>&lt;br&gt;Mon-Fri 7:30 am-3:00 pm</td>
<td>Breakfast (9:00 am-10:00 am) &amp; Lunch (11:30 am-12:30 pm), Eat Smart Marketplace (Mon, Wed &amp; Fri 10:00 am-11:00 am by appointment only), Shower (Mon &amp; Tues appointment required), Warm Project, Other Services: Mail Program, Case Management, Support Groups, Referrals to other services, Title V training program.</td>
</tr>
</tbody>
</table>

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### Greater Bridgeport Housing & Utility Assistance

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<tr>
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</tr>
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<tbody>
<tr>
<td>Building Neighborhoods Together</td>
<td>570 State St, Bridgeport, CT 06604</td>
<td>All our classes and counseling sessions are free. Pre-Purchase Counseling and Education. Rental Assistance thru UnitCT. Rental Counseling and Education. Eviction Prevention Counseling. Foreclosure Prevention Counseling and Education. Reverse Mortgage Counseling. Financial Literacy Counseling &amp; Education. Credit Counseling and Coaching. Budget Counseling and Coaching. Fair Housing Discrimination Counseling &amp; Education Benefits. Resident Engagement and Empowerment.</td>
</tr>
<tr>
<td>Cassie’s Cottage</td>
<td>Address Upon Inquiry</td>
<td>A private women’s sober living home in Fairfield County. To be a safe, recovery-focused home where women ages 20+ learn how to stay sober through accountability, self-efficacy, honesty, and connection to recover from the disease of addiction. Stay at least 3 months.</td>
</tr>
<tr>
<td>Clifford House</td>
<td>1450 Main St, Bridgeport, CT 06604</td>
<td>100 apartment mid-rise building with 5 apartments specially equipped to accommodate residents confined to wheelchairs. The Project Based, Section 8 facility accommodates low-income one or two person households where the head of household is at least 62 years of age or older, unless disabled/handicapped. Smoke-Free Facility.</td>
</tr>
<tr>
<td>Emerge Inc.</td>
<td>89 Colony St, Stratford, CT 06615</td>
<td>Offers transitional shelter for up to one year or longer, and permanent supportive housing options for female survivors of domestic violence and their children. Most services are provided in-house including rehabilitation programs, counseling, parenting skills, employment assistance and money management.</td>
</tr>
<tr>
<td>Isaiah House II</td>
<td>120 Clinton Ave, Bridgeport, CT 06605</td>
<td>Halfway House.</td>
</tr>
<tr>
<td>Liberation Programs (Recovery for life)</td>
<td>399 Mill Hill Ave, Bridgeport, CT 06610</td>
<td>Liberation provides 18 units of permanent supportive housing for families who are homeless or at risk of homelessness and in need of help maintaining their mental health and/or recovery at Gini’s House in Norwalk. Outpatient Service. Inpatient Service. Prevention. Medical Assistance Treatment Wellness Van.</td>
</tr>
<tr>
<td>Milford Redevelopment and Housing Partnership</td>
<td>75 Demaio Dr, Milford, CT 06460</td>
<td>Milford Redevelopment and Housing Partnership is a housing authority that participates in the Section 8 Housing Choice Voucher (HCV) and Public Housing programs.</td>
</tr>
<tr>
<td>Park City Communities</td>
<td>150 Highland Ave, Bridgeport, CT 06604</td>
<td>Park City Communities is committed to providing quality housing of choice, empowering residents to their highest level of self-sufficiency, and forming public and private partnerships to help revitalize our neighborhoods.</td>
</tr>
</tbody>
</table>

*These resource lists were compiled in summer 2021 and are not meant to be exhaustive. For additional resources, and the most up-to-date contact information, please visit 211ct.org.
## Greater Bridgeport Community Resources

### Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Information</th>
<th>Key Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgeport Caribe Youth Leaders</td>
<td>1067 Park Ave, Bridgeport, CT 06604 (203) 913-0073 bcy.org Mon-Fri 9 am-4 pm</td>
<td>To provide youth with sports, educational and civic direction helping them build the character and self-esteem they need to reach their full potential and value in society.</td>
</tr>
<tr>
<td>Bridgeport Public Library North Branch</td>
<td>3455 Madison Ave, Bridgeport, CT 06606 (203) 576-7003 bpperctrct.gov Mon &amp; Wed 10 am-6 pm, Tues &amp; Thurs 12 pm-8 pm, Fri &amp; Sat 10 am-5 pm</td>
<td>Books, Computers, Programs (all ages).</td>
</tr>
<tr>
<td>Edith Wheeler Memorial Library</td>
<td>733 Monroe Tpke, Monroe CT, 06468 (203) 452-2850 ewml.org Mon-Wed 9 am-7 pm, Thurs 9 am-3 pm, Fri &amp; Sat 9 am-2 pm</td>
<td>Books, Computers, Programs (all ages).</td>
</tr>
<tr>
<td>Fairfield Public Library - Main Library</td>
<td>1080 Old Post Rd, Fairfield CT, 06824 (203) 256-3155 fairfieldpubliclibrary.org Mon &amp; Wed &amp; Fri 9 am-5 pm, Tues &amp; Thurs 9 am-7 pm, Sat 1 pm-5 pm</td>
<td>Books, Computers, Programs (all ages).</td>
</tr>
<tr>
<td>Lighthouse Afterschool Program</td>
<td>45 Lyon Terr, #301, Bridgeport, CT 06604 (203) 576 7252 bpperctrct.gov Mon-Fri 3 pm-5 pm</td>
<td>Register online. School/community program which provides educational, cultural, and recreational programs. Summer program 5 days a week from 8:30 am-5:30 pm which include academics support as well as athletics and recreational activities designed to motivate participants.</td>
</tr>
<tr>
<td>Milford Public Library</td>
<td>67 New Haven Ave, Milford, CT 06460 (203) 783-3290 ci.milford.ct.us Mon 10 am-5 pm, Tues-Thurs 10 am-8:30 pm, Fri 1-5 pm, Sat 10 am-5 pm</td>
<td>Books, Computers, Programs (all ages).</td>
</tr>
<tr>
<td>Neighborhood Studios of Fairfield County</td>
<td>510 Barnum Ave, Bridgeport, CT 06608 (203) 366-3300 nstudies.org Mon &amp; Thurs 10 am-8 pm, Wed 9 am-7 pm</td>
<td>Neighborhood Studios believes art education enhances cognitive and social development in children, thereby increasing their chances for success in all areas of learning. Afterschool programming. Partnerships. Performance Opportunities. Transportation &amp; Financial Assistance.</td>
</tr>
<tr>
<td>Sterling House Community Center</td>
<td>2283 Main St, Stratford, CT 06615 (203) 378-2606 sterlinghousecc.org Mon-Thurs 9 am-6 pm, Fri 9 am-5 pm, Sat 9 am-3 pm</td>
<td>Summer Camp. Active Afternoons. SHCC Athletics. Sterling Down &amp; Dirty 5K. Service Saturdays, Sponsor an Event. Delivery Services. Food Pantry.</td>
</tr>
<tr>
<td>YMCA-Stratford</td>
<td>3045 Main St, Stratford, CT 06614 (203) 375-5844 Mon-Thu 5:30 am-8 pm, Fri 5:30 am-7 pm, Sat 7 am-5 pm, Sun 8 am-2 pm</td>
<td>From exceptional fitness facilities including our indoor pool, Life Fitness circuit, Lifecycle cycling, Elliptical Cross trainers, treadmills, recumbent bikes and upright bikes to our child watch and child care services for preschoolers, before and after-school child care and summer day camp.</td>
</tr>
</tbody>
</table>

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**APPENDIX B: Greater Bridgeport Community Resources**

### Greater Bridgeport Financial Assistance

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Contact Information</th>
<th>Key Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALS Association-Connecticut Chapter</strong></td>
<td>4 Oxford Rd, Milford, CT 06460 (203) 874-5050 webct.alisa.org Mon-Thu 8:30 am-4:30 pm, Fri 8:30 am-2:30 pm</td>
<td>Research, Public Policy, Care Services, Public Education &amp; Awareness.</td>
</tr>
<tr>
<td><strong>American Legion</strong></td>
<td>752 East Main St, Bridgeport, CT 06608 (203) 322-6648 alctsmf.org Mon, Wed &amp; Thurs 8 am-5 pm</td>
<td>The Connecticut Soldiers, Sailors, and Marines Fund was established in 1919 to assist needy wartime veterans and their families. It is administered by the American Legion in accordance with the provisions of the Connecticut General Statutes, Sections 27-136 and 27-140, and is governed under the Bylaws of the American Legion Department of Connecticut.</td>
</tr>
<tr>
<td><strong>Bridgeport Department of Social Services</strong></td>
<td>925 Housatonic Ave, Bridgeport, CT 06606 (203) 576-7416 portal.ct.gov/dss Mon, Tues, Thurs &amp; Fri 8 am-4:30 pm</td>
<td>Provides federal/state food and economic aid, health care coverage, independent living and home care, social work, child support, home-heating aid, protective services for older adults, and more vital service areas.</td>
</tr>
<tr>
<td><strong>Emerge Connecticut Inc.</strong></td>
<td>830 Grand Ave, New Haven, CT 06511 (203) 562-0171 emergect.net Mon-Fri 9 am-4 pm</td>
<td>Self-sufficient social enterprise committed to assisting formerly incarcerated people successfully integrate back into their families and communities.</td>
</tr>
<tr>
<td><strong>LifeBridge Community Services</strong></td>
<td>475 Clinton Ave, Bridgeport, CT 06605 (203) 368-4291 lifebridge.org Mon-Thurs. 9 am-8 pm, Fri 8 am-5 pm</td>
<td>The lives of the youth and families served by LifeBridge have been deeply impacted by trauma, poverty, and a lack of educational opportunity. Domestic Violence. Family Therapy. Adolescent Wellness. Community Support Program. Substance Abuse. General Counseling. Urban Scholars Program. Community Closet. Work Skills Program.</td>
</tr>
<tr>
<td><strong>PeopleReady</strong></td>
<td>752 Boston Post Rd, Milford, CT 06460 (203) 776-2265 peopleready.com Mon-Fri 5:30-6 pm, Sat 7 am-11 am</td>
<td>PeopleReady specializes in quick and reliable on-demand labor and highly skilled workers. PeopleReady supports a wide range of blue-collar industries, including construction, manufacturing and logistics, waste and recycling, and hospitality.</td>
</tr>
<tr>
<td><strong>Small Business Administration</strong></td>
<td>1000 Lafayette Cir, Bridgeport, CT 06604 (203) 457-4654 sba.gov Mon-Sat 9 am-5 pm</td>
<td>Independent agency of the federal government to aid, counsel, assist and protect the interests of small business concerns, to preserve free competitive enterprise and to maintain and strengthen the overall economy of our nation.</td>
</tr>
<tr>
<td><strong>Youth Works</strong></td>
<td>350 Fairfield Ave, Bridgeport, CT 06604 (203) 416-8487 ajcccwct.com Mon-Fri 8:30 am-4:30 pm</td>
<td>Works with Connecticut Department of Labor. The Workplace. Career Resources.</td>
</tr>
</tbody>
</table>

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## Greater Bridgeport Transportation Assistance

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Contact Information</th>
<th>Key Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALS Association- Connecticut Chapter</td>
<td>4 Oxford Rd, Milford, CT 06460</td>
<td>Van rides to ALS Clinics and/or neurology offices in Connecticut only. Must schedule 7 days in advance. Services only offered to ALS patients with or without a wheelchair who are registered with ALSA CT and live in CT. Must have no other transportation service and limited to four round trips per year.</td>
</tr>
<tr>
<td></td>
<td>(203) 874-5050</td>
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<td></td>
<td>webct.alsa.org</td>
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<td></td>
<td>Mon-Thurs 8:30 am-4:30 pm Fri 8:30 am-2:30 pm</td>
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<tr>
<td>Services</td>
<td>(203) 256-3166</td>
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<td></td>
<td>fairfieldct.org</td>
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<td></td>
<td>Mon-Fri 9 am-4 pm</td>
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<tr>
<td>Coordinated Transportation Solution</td>
<td>35 Nutmeg Dr, #120 Trumbull, CT 06611</td>
<td>Non-emergency medical transportation services, transportation consulting, workers’ compensation transportation, special education transportation and mobility management services.</td>
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<tr>
<td></td>
<td>(203) 736-8810</td>
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<tr>
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<td>ctstransit.com</td>
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<td></td>
<td>Mon-Fri 8 am-5 pm</td>
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<tr>
<td>Greater Bridgeport Transport Authority</td>
<td>Multiple Locations</td>
<td>Alternative bus transportation for individuals with mental or physical disabilities. Reservations can be made as early as five days in advance of your travel date, but no later than 4:30 pm the day prior to your trip.</td>
</tr>
<tr>
<td></td>
<td>(203) 336-7070 Ext. 131 ggbt.com/how-to-ride/for-riders-with-a-disability/</td>
<td></td>
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<td></td>
<td>Mon-Fri 9 am-4 pm</td>
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<tr>
<td>Kennedy Center</td>
<td>2440 Reservoir Ave, Trumbull, CT 06611</td>
<td>ADA Paratransit is a shared ride, advanced reservation, origin-to-destination service for persons with disabilities who are unable to use the public bus service because of their disability.</td>
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<tr>
<td></td>
<td>(203) 365-8522</td>
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<td>ctada.com</td>
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<td>Mon-Fri 8 am-5 pm</td>
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<tr>
<td>M7</td>
<td>65 Industry Dr, West Haven, CT 06516</td>
<td>Encompass Program. Traditional Service. Wheelchair-Accessible/Paratransit Transportation. Medical and Student Transportation.</td>
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<tr>
<td></td>
<td>(203) 777-7777</td>
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<td>icabb.com</td>
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<td>By Appointment</td>
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<td></td>
<td>(203) 385-4050</td>
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<tr>
<td></td>
<td>townofstratford.com/seniorservices</td>
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<td>Mon-Fri 9 am-4 pm</td>
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</tr>
<tr>
<td>Veteran’s Affairs- Shuttle Bus Program</td>
<td>752 East Main Street, 1st Floor, Bridgeport CT 06608</td>
<td>Beneficiary Travel (BT). Veterans Transportation Service (VTS). Highly Rural Transportation Grants (HRTG).</td>
</tr>
<tr>
<td></td>
<td>(203) 576-8348</td>
<td></td>
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<tr>
<td></td>
<td>va.gov/healthbenefits/vts/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mon-Fri 9 am-4:30 pm</td>
<td></td>
</tr>
</tbody>
</table>

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