GREENWICH HOSPITAL
YALE NEW HAVEN HEALTH

Community Health Needs Assessment

Final Summary Report

June 2013

Prepared by
HOLLERAN

COMMUNITY HEALTH NEEDS ASSESSMENT

FINAL SUMMARY REPORT

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I. COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

EXECUTIVE SUMMARY

Beginning in September 2012, Greenwich Hospital led a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in the hospital's Service Area. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment examined a variety of indicators including risky health behaviors (alcohol use, tobacco use, etc.) and chronic health conditions (diabetes, heart disease, etc.).

The completion of the CHNA enabled Greenwich Hospital and its partners to take an in-depth look at its greater community. The findings from the assessment were utilized by Greenwich Hospital to prioritize community health issues and develop a health implementation strategy focused on meeting community needs. Greenwich Hospital is committed to the people it serves and the communities they live in. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Summary Report serves as a compilation of the overall findings of each research component.

Research Components

The CHNA included the following research methodologies, conducted between October 2012 and June 2013.

- Secondary Statistical Data Profile of the Greenwich Hospital Service Area
- Key Informant Interviews with 144 community stakeholders
- Focus Group Discussions with 42 community residents
- Prioritization Session
- Implementation Strategy

Prioritized Health Issues

Based on the feedback from community partners including health care providers, public health experts, health and human service agencies, and other community representatives, Greenwich Hospital plans to focus community health improvement efforts on the following health priorities over the next three-year cycle:

- Access to Care
- Cancer
- Mental Health
- Promoting Healthy Lifestyles

Documentation

A final report of the CHNA was made public on September 30, 2013 and can be found on the Hospital's website. The Greenwich Hospital Board of Trustees adopted the Summary Report and an Implementation Plan for community health improvement activities on June 25, 2013.

HOSPITAL & COMMUNITY PROFILE

Hospital Overview

Greenwich Hospital is a 206-bed, not-for-profit regional health care facility serving communities in Fairfield County, Connecticut and Westchester County, New York. It is a major academic affiliate of Yale University School of Medicine and a member of the Yale New Haven Health System. Since opening in 1903, Greenwich Hospital has evolved into a progressive medical center and teaching institution with an internal medicine residency.

The Hospital consists of the following facilities:

- The Main Hospital facility located at 5 Perryridge Road, Greenwich, CT and encompassing the Helmsley Medical Building and the Thomas and Olive C. Watson Pavilion which houses, the hospital's Emergency Department, its Outpatient Clinic and inpatient units;
- The Sherman and Gloria H. Cohen Pavilion located at 77 Lafayette Place, Greenwich, CT which houses the Bendheim Cancer Center, and the Breast Center;
- 500 West Putnam Avenue in Greenwich, CT which houses the Endoscopy Center and the Home Hospice Program;
- 55 Holly Hill in Greenwich, CT which houses, the Helmsley Ambulatory Surgery Center and the Greenwich Fertility Center;
- 75 Holly Hill Lane in Greenwich, CT which houses occupational health services
- 2015 West Main Street in Stamford, CT, which houses diagnostic imaging and physical therapy
- Multiple satellite blood draw stations.

Community Commitment

The Greenwich Hospital Board of Trustees is directly involved in community benefits through a subcommittee called the Community Advisory Committee (CAC). A Board of Trustees member chairs the CAC, which meets quarterly to discuss the community benefit strategy as well as specific community outreach activities based on identified needs. The CAC includes 30 members who represent a variety of community organizations such as the United Way, YMCA, YWCA,

houses of worship, local municipal health departments, Hispanic Health Council, Family Centers, Youth and Senior Services representatives, National Association for the Advancement of Colored People, Housing Authorities of Greenwich and Port Chester, Chamber of Commerce, federally qualified health centers, Greenwich Emergency Medical Services (GEMS) and other private and corporate groups. The President and Chief Executive Officer of Greenwich Hospital and several other senior level administrators regularly attend CAC meetings. The CAC Chairman provides updates on community benefit programs at Board of Trustees meetings.

In 2003, the CAC established the Greenwich Community Health Improvement Partnership (GCHIP) to assist with meeting the health needs of the Greenwich community. Since 2003, the Greenwich Community Health Improvement Partnership (GCHIP) has met monthly and is a very diverse collaborative group composed of professionals from service organizations and laypeople that have a vested interest in improving the health of their communities.

The members of the GCHIP are representatives and members of the Town of Greenwich Department of Health, Department of Social Services, the United Way, Board of Education, PTA, Greenwich Library, League of Women's Voters, Housing Authority of Greenwich, Child Guidance Centers, Greenwich Police Department, Family Centers, Inc., Pathways, YMCA, YWCA, Lower Fairfield Regional Action Council (LFRAC) Southwest Regional Mental Health Board, National Alliance on Mental Illness (NAMI),Greenwich Emergency Medical Services (GEMS) senior and youth representatives (Boys & Girls Club, Greenwich Adult Day Care), Greenwich Alliance for Education and numerous interested community members. Attaining the goals of building healthy communities is possible through collaborative efforts and relationships that have been established and built between the Hospital and various community groups. The Hospital provides staff and financial support for the Greenwich Community Health Improvement Partnership which conducts informal health assessments via the communication and reporting by the members of the partnership. Over the last several years, the GCHIP has implemented over 75 health initiatives that has greatly benefitted the Greenwich and lower Fairfield County community.

In New York, Greenwich Hospital collaborates with The Council of Community Services (CCS) of Port Chester, Rye Brook, and Rye Town to provide community health outreach activities. The CCS board members meet bi-monthly and a Greenwich Hospital representative is a board member. The CCS has approximately 10 community coalitions that meet monthly and report up to the CCS board and include the Adolescent Health Task Force, Health Network, Latino Network, Senior Network, Housing Information Network, and Port Chester Care Committee. Each coalition conduct initiatives with the overall mission of bringing together community leaders and linking people with community resources to meet the vital needs of the community. Greenwich Hospital as a community partner provides staff and financial support for the various diverse health and wellness initiatives.

Community Coalitions

The Port Chester /Town of Rye Council of Community Services, Inc. was founded in 1974 by a group of concerned citizens who believed that more community awareness and participation was necessary to meets the needs of all local residents, regardless of race, age, or income.

Over the past 36 years, the Council has grown and today, the Council has 10 standing coalition committees, each one bringing together an array of community members and agencies in order to promote effective services and community integration. In 2007, the Port Chester Cares Community Coalition, was created to fill a more comprehensive role in engaging the community in positive youth development.

Community Networks

The CCS facilitates ten community-wide coalitions, with each one focusing on a specific issue. Each coalition brings together dozens of agencies to share information, enhance efforts, avoid duplication of services, and increase community integration.

- Adolescent Health Task Force
- Arts Alliance / Port Chester Fest
- Camp Scholarship Committee
- God's Green Market
- Health Network
- Housing Information Advisory Committee
- Information and Referral
- Latino Network
- Senior Network
- Port Chester Cares Community Coalition

The Council has worked with over 100 organizations around the Port Chester Community. Many organizations have representatives and members serve on the Council's Board of Directors or the Community Advisory Council. They include Houses of Worship, Open Door Family Medical Centers, Don Bosco Community Center, Family Services of Westchester, NAACP, PCRRB Volunteer Ambulance Corps, Port Chester / Rye Brook Rotary Club, Port Chester Carver Center, Port Chester Housing Authority, Port Chester Village Board, Port Chester School District, Posillipo Senior Community Center, Port Chester Senior Center, Purchase College Association, Village of Port Chester, Village of Rye Brook, Westchester County Senior Programs and Services, Westchester County Board of Legislators, Westchester County Board of Health, Blind Brook School District, Rye YMCA and Greenwich Hospital.

Definition of Hospital Service Area

Greenwich Hospital defined its Service Area based on an analysis of the geographic area where individuals utilizing Greenwich Hospital health services reside. Greenwich Hospital's Primary and Secondary Service Areas are outlined below (collectively referred to in this report as Greenwich Hospital's Service Area):

Greenwich Hospital Primary and Secondary Service Areas

Connecticut Primary Service Area	Connecticut Secondary Service Area
Darien	Norwalk
Greenwich	Weston
New Canaan	Westport
Stamford	Wilton
New York Primary Service Area	**New York Secondary Service Area**
Harrison	Bedford
Larchmont	Greenburgh
Mamaroneck	Lewisboro
Port Chester	Mount Kisco
Rye	Mount Vernon
Rye Brook	New Rochelle
	Pound Ridge
	Scarsdale
	North Castle
	White Plains

BACKGROUND

Greenwich Hospital led a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in the hospital's Service Area. The CHNA included quantitative and qualitative research conducted between September 2012 and May 2013. Greenwich Hospital engaged Holleran Consulting, a research and consulting firm based in Lancaster, Pennsylvania as its research partner.

The purpose of the CHNA was to identify significant health needs of the community in Greenwich Hospital's Service Area in an effort to ensure hospital community health improvement initiatives and community benefit activities are aligned with community need. The assessment examined a variety of community, household, and health statistics to portray a full picture of the health and social determinants of health in the Greenwich Hospital Service Area.

The findings from the CHNA were utilized by Greenwich Hospital to prioritize those community health needs identified and develop a Community Health Implementation Strategy to address the health needs. Greenwich Hospital is committed to the people it serves and the communities they live in. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life.

Methodology

The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout this report:

- Quantitative Data:
  - A **Secondary Statistical Data Profile** depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for the primary and secondary services areas was compiled.

- Qualitative Data:
  - **Key Informant Interviews** were conducted with key community leaders. In total, 144 people participated, representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

  - Three **Focus Groups** were held with Latino community members in February 2013 to better understand access to care issues, cultural competency, healthcare delivery preferences, and channels for communication.

  - A **Prioritization Session** was held on May 8, 2013 with approximately 20 representatives of community agencies including public health, health and social services providers, elected officials, and representatives of underserved populations.

Limitations of Study

It should be noted that limitations in the research may exist. Specifically, secondary data sources in the Connecticut and New York Primary and Secondary Service Areas differ in public health reporting standards. Additionally, the time lag of secondary data may present some research limitations. Greenwich Hospital sought to mitigate limitations by including a wide variety of community representatives, including those of diverse and underserved populations, to better understand the health needs in the hospital's Service Area.

Research Partner

To conduct research in support of the CHNA, Greenwich Hospital contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania. Holleran has more than 20 years of experience in conducting community health and stakeholder research and conducting community health needs assessments. The firm provided the following assistance:

- Collected and interpreted Secondary Data;
- Conducted, analyzed and interpreted data from Key Informant Interviews;
- Conducted three focus groups with community members;
- Facilitated a prioritization and implementation planning session; and
- Compiled the Final Summary Report and Implementation Strategy, in cooperation with Greenwich Hospital leadership.

Community engagement and feedback were an integral part of the CHNA process. Greenwich Hospital sought input from persons who represent the broad interests of the community served by the hospital through Focus Groups with community members, Key Informant Interviews with community stakeholders, and inclusion of community partners in the Prioritization and Implementation Planning process. Public health and health care professionals shared knowledge and expertise about health issues, while leaders and representatives of non-profit and community-based organizations provided insight on the community served by Greenwich Hospital, including medically underserved, low income, and minority populations.

Following the completion of the CHNA research, Greenwich Hospital prioritized community health needs identified and developed an Implementation Strategy to address prioritized community health needs. A description of the prioritization process is included in this report, along with a listing of the participants involved.

II. SECONDARY DATA PROFILE OVERVIEW

BACKGROUND

One of the initial undertakings of the CHNA was to create a "Secondary Data Profile." Data that is obtained from existing resources is considered "secondary." Demographic and health indicator statistics were gathered and integrated into a report to portray the current health status of Greenwich Hospital Service Area.

Quantitative data was collected from reputable sources including the U.S. Census Bureau, Centers for Disease Control and Prevention, National Cancer Institute, and the New York and Connecticut Departments of Public Health. Data sources are listed throughout the report and a full reference list is included in Appendix A. The most recent data available was used wherever possible, unless comparable data comparisons were not available, as indicated in the report. When available, state and national comparisons were also provided as benchmarks.

The profile details data covering the following areas:

- Population Statistics
- Household Statistics
- Income/Employment Statistics
- Education Statistics
- Mortality Statistics
- Birth Statistics
- Sexually Transmitted Illness Statistics
- Communicable Disease Statistics
- Environmental Health Statistics
- Health Behaviors

KEY FINDINGS

This section serves as a summary of the key takeaways from the secondary data profile. A full report of all of the statistics is available through Greenwich Hospital's Community Health Department.

Demographic Statistics

The population in the Connecticut Primary Service Area is approximately 224,284 people and has seen an increase of 4.7% from 2000 to 2010. The population in the Connecticut Secondary Service Area is approximately 140,235 people and has seen an increase of 2.8% from 2000 to 2010. Connecticut and the United States as a whole have experienced a greater increase in population than the Connecticut Primary Service Area.

Overall Population (2010) – Connecticut

	U.S.		Connecticut		Connecticut Primary Service Area		Connecticut Secondary Service Area	
Population	308,745,538		3,574,097		224,284		140,235	
Population Change (00' - 10')	9.7%		4.9%		4.7%		2.8%	
Gender	n	%	n	%	n	%	n	%
Male	151,781,326	49.2	1,739,614	48.7	109,231	48.7	68,518	48.9
Female	156,964,212	50.8	1,834,483	51.3	115,053	51.3	71,717	51.1

Source: U.S. Census Bureau, 2010

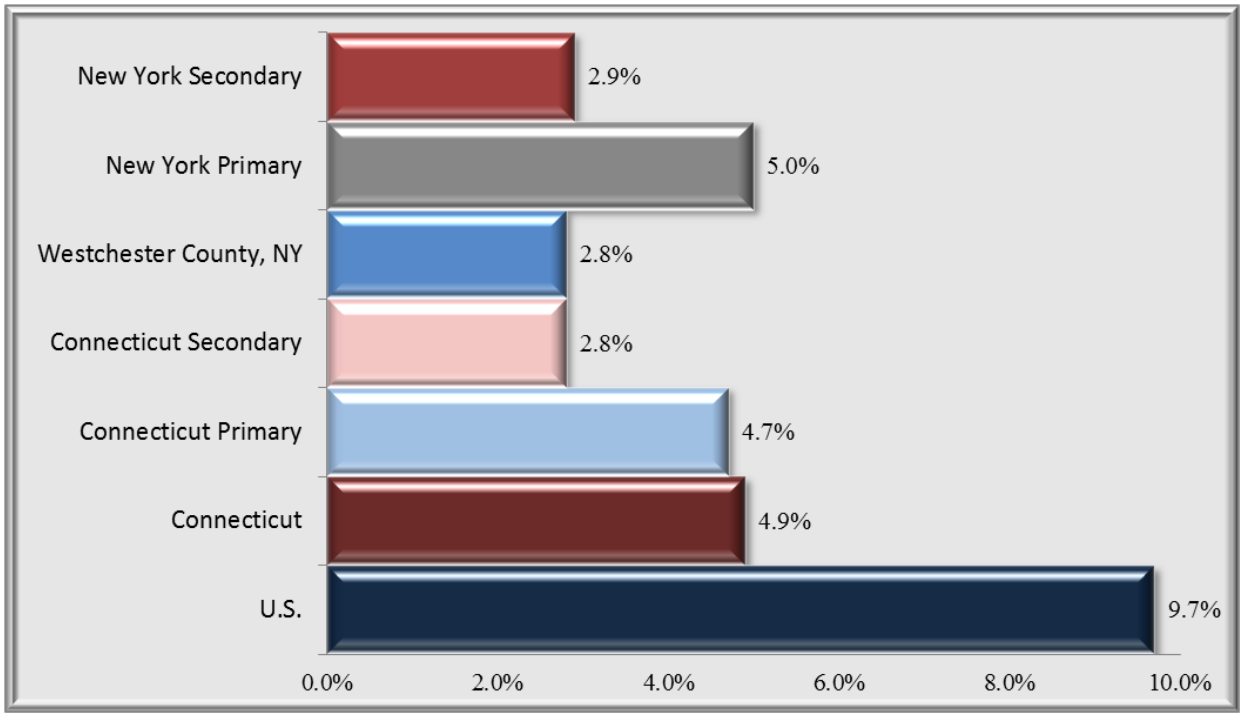
The population in the New York Primary Service Area is approximately 116,526 people and has seen an increase of 5.0% from 2000 to 2010. The population in the New York Secondary Service Area is approximately 364,341 people and has seen an increase of 2.9% from 2000 to 2010. In total, the Connecticut and New York Service Areas encompass 845,386 people.

Overall Population (2010) – New York

	Westchester County, NY		New York Primary Service Area		New York Secondary Service Area	
Population	949,113		116,526		364,341	
Population Change (00' - 10')	2.8%		5.0%		2.9%	
Gender	n	%	N	%	n	%
Male	456,661	48.1	57,023	48.9	173,055	47.5
Female	492,452	51.9	59,503	51.1	191,286	52.5

Source: U.S. Census Bureau, 2010

Percent Population Change, Service Areas Compared to Connecticut, New York, and the U.S (2000 - 2010)



Source: U.S. Census Bureau, 2010

The age breakdown in the Service Area is similar to the associated age breakdowns for Connecticut. Connecticut (40.0) and both the Primary (39.4) and Secondary (40.0) Service Areas have a slightly higher median age than the United States (37.2).

Population by Age (2010) - Connecticut

	U.S.		Connecticut		Connecticut Primary		Connecticut Secondary	
	n	%	n	%	n	%	n	%
Under 5	20,201,362	6.5	202,106	5.7	14,835	6.6	8,906	6.4
5 – 9	20,348,657	6.6	222,571	6.2	15,726	7.0	10,079	7.2
10 – 14	20,677,194	6.7	240,265	6.7	16,151	7.2	10,401	7.4
15 – 19	22,040,343	7.1	250,834	7.0	13,694	6.1	8,791	6.3
20 – 24	21,585,999	7.0	227,898	6.4	10,116	4.5	5,988	4.3
25 – 34	41,063,948	13.3	420,377	11.8	28,235	12.6	15,470	11.0
35 – 44	41,070,606	13.3	484,438	13.5	33,061	14.7	20,708	14.8
45 – 54	45,006,716	14.6	575,597	16.1	35,496	15.8	23,967	17.1
55 – 59	19,664,805	6.4	240,157	6.7	13,981	6.2	9,400	6.7
60 – 64	16,817,924	5.4	203,295	5.7	11,663	5.2	7,741	5.5
65 – 74	21,713,429	7.0	254,944	7.2	15,412	6.9	9,864	7.0
75 – 84	13,061,122	4.3	166,717	4.7	10,624	4.7	6,213	4.4
85 and over	5,493,433	1.8	84,898	2.4	5,290	2.4	2,707	1.9
Median Age	**37.2**		**40.0**		**39.4**		**40.4**	
% 18 years and over	**76.0%**		**77.1%**		**74.8%**		**74.5%**	
% 65 years and over	**13.0%**		**14.2%**		**14.0%**		**13.4%**	

Source: U.S. Census Bureau, 2010

The following chart profiles the age distribution for Westchester County, New York and the defined Primary and Secondary Service Areas.

Population by Age (2010) – New York

	Westchester Co, NY		New York Primary		New York Secondary	
	n	%	N	%	n	%
Under 5	57,199	6.0	7,246	6.2	21,406	5.9
5 – 9	63,212	6.7	8,810	7.6	23,352	6.4
10 – 14	65,680	6.9	8,629	7.4	25,096	6.9
15 – 19	65,316	6.9	8,856	7.6	24,638	6.8
20 – 24	53,580	5.6	7,419	6.4	19,780	5.4
25 – 34	108,013	11.3	12,570	10.8	42,168	11.6
35 – 44	132,984	14.0	17,126	14.7	50,515	13.9
45 – 54	149,032	15.7	17,617	15.1	57,757	15.9
55 – 59	61,788	6.5	6,790	5.8	24,647	6.8
60 – 64	53,187	5.6	5,516	4.7	21,085	5.8
65 – 74	68,766	7.2	7,453	6.4	27,455	7.5
75 – 84	47,629	5.0	5,595	4.8	17,889	4.9
85 and over	22,727	2.4	2,899	2.5	8,553	2.3
Median Age	**40.0**		**37.9**		**40.3**	
% 18 years and over	**76.0%**		**74.3%**		**76.4%**	
% 65 years and over	**14.7%**		**13.7%**		**14.8%**	

Source: U.S. Census Bureau, 2010

Both the Connecticut Primary (77.6%) and New York Primary (79.9%) Service Areas consist predominantly of White residents. It should be noted that higher proportions of special populations exist within specific zip codes and/or communities.

Racial Breakdown (2010) [a] - Connecticut

	U.S.		Connecticut		Connecticut Primary		Connecticut Secondary	
	n	%	n	%	n	%	n	%
White	223,553,265	72.4	2,772,410	77.6	170,706	76.1	109,384	78.0
Black/African American	38,929,319	12.6	362,296	10.0	18,676	8.3	12,803	9.1
American Indian/ Alaska Native	2,932,248	0.9	11,256	0.3	527	0.2	366	0.3
Asian	14,674,252	4.8	135,565	3.8	15,121	6.7	6,267	4.5
Native Hawaiian or Other Pacific Islander	540,013	0.2	1,428	0.0	108	0.0	66	0.0
Some other race	18,503,103	6.0	198,466	5.6	13,572	6.1	8,036	5.7
Two or more races	9,009,073	2.9	92,676	2.6	5,574	2.5	3,313	2.4
Hispanic or Latino (*of any race*)[b]	50,477,594	16.3	479,087	13.4	36,465	16.3	22,575	16.1

Source: U.S. Census Bureau, 2010

The following chart displays the racial distribution for Westchester County and the New York Primary and Secondary Service Areas. Nearly 80% of the New York Primary Service Area identifies themselves as white, compared to Westchester County overall (68.1%). Also, 23.5% of the New York Primary Service Area identifies themselves as Hispanic or Latino, compared to 21.8% in all of Westchester County.

Racial Breakdown (2010) [a] – New York

	Westchester County, NY		New York Primary		New York Secondary	
	n	%	N	%	n	%
White	646,471	68.1	93,127	79.9	227,638	62.5
Black/African American	138,118	14.6	3,871	3.3	78,865	21.6
American Indian/ Alaska Native	3,965	0.4	424	0.4	1,456	0.4
Asian	51,716	5.4	5,313	4.6	21,568	5.9
Native Hawaiian or Other Pacific Islander	387	0.0	35	0.0	150	0.0
Some other race	78,503	8.3	10,412	8.9	23,283	6.4
Two or more races	29,953	3.2	3,344	2.9	11,381	3.1
Hispanic or Latino (*of any race*)[b]	207,032	21.8	27,334	23.5	68,533	18.8

Source: U.S. Census Bureau, 2010

[a] Percentages may equal more than 100% as individuals may report more than one race

[b] Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African-American Hispanic

Of the population age five and older, approximately 33.2% of residents within the Connecticut Primary Service Area consider their primary language something other than English. Of this population, approximately 14.5% reported that they speak English less than "very well".

Language Spoken at Home, 5 Years Old and Older (2006 - 2010) – Connecticut

	U.S.	Connecticut	CT Primary	CT Secondary
Population 5 years old and over	283,833,852	3,340,358	206,626	129,712
English only	79.9%	79.4%	66.8%	76.5%
Language other than English	20.1%	20.6%	33.2%	23.5%
Speak English less than "very well"	8.7%	8.1%	14.5%	9.3%
Spanish	12.5%	10.2%	15.4%	12.1%
Speak English less than "very well"	5.8%	4.3%	8.2%	5.7%
Other Indo-European languages	3.7%	7.8%	13.4%	9.2%
Speak English less than "very well"	1.2%	2.7%	4.8%	3.0%
Asian and Pacific Islander languages	3.1%	2.1%	3.8%	1.8%
Speak English less than "very well"	1.5%	0.9%	1.4%	0.5%

Source: U.S. Census Bureau, ACS estimates, 2010

Similarly, of the population age five and older within the New York Primary Service Area, approximately 33.8% of residents primarily speak a language other than English. Of this population, approximately 14.6% reported that they speak English less than "very well".

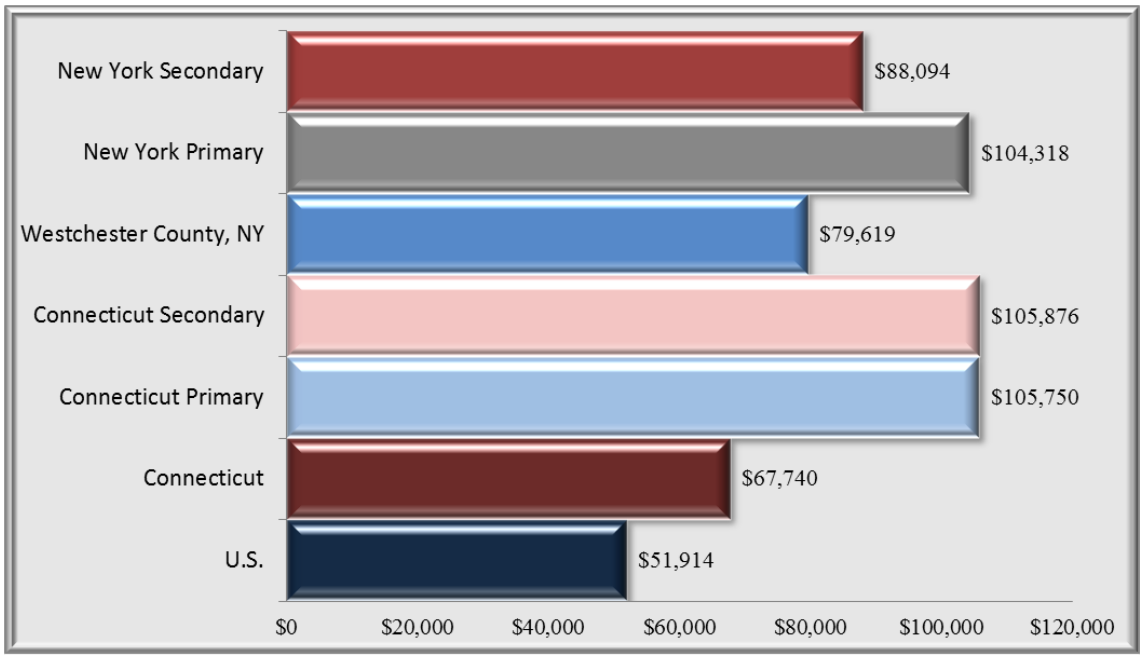
Language Spoken at Home, 5 Years Old and Older (2006 - 2010) – New York

	Westchester County, NY	New York Primary	New York Secondary
Population 5 years old and over	881,427	107,106	339,984
English only	68.9%	66.2%	72.3%
Language other than English	31.1%	33.8%	27.7%
Speak English less than "very well"	12.3%	14.6%	11.7%
Spanish	17.7%	19.9%	14.8%
Speak English less than "very well"	8.3%	10.8%	7.6%
Other Indo-European languages	9.1%	10.0%	8.7%
Speak English less than "very well"	2.5%	2.3%	2.8%
Asian and Pacific Islander languages	3.0%	3.0%	3.1%
Speak English less than "very well"	1.1%	1.4%	1.2%

Source: U.S. Census Bureau, ACS estimates, 2010

The household income statistics for the defined Service Areas are above Connecticut and the national median values. The chart below provides a visual representation of the median household income values for these seven geographies.

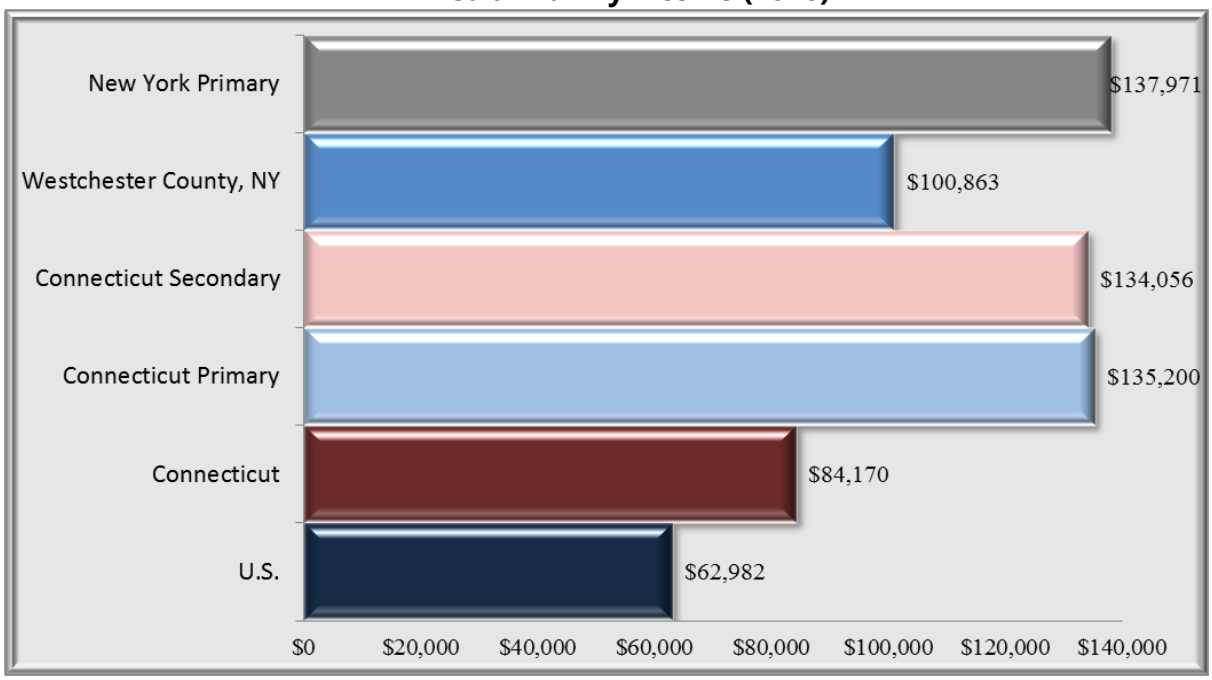
Median Household Income (2010)



Source: U.S. Census Bureau, ACS estimates, 2010

Also, family income statistics for the defined Service Areas are above Connecticut and the national median values as seen in the chart below.

Median Family Income (2010)



Source: U.S. Census Bureau, ACS estimates, 2010

The following chart provides an overview of the poverty status of families within the Greenwich Hospital Service Areas. The United States Census Bureau sets the federal poverty thresholds which are based on the size of the family and the ages of the members. Overall, the Service Areas have a lower percentage of population who fall below the poverty level than Connecticut and national percentages.

Poverty Status of Families and People in the Past 12 Months (2006 - 2010)

	U.S.	Connecticut	Connecticut Primary	Connecticut Secondary
Families	10.1%	6.5%	5.1%	1.8%
With related children under 18 years	15.7%	10.4%	7.6%	2.1%
With related children under 5 years	17.1%	11.9%	7.0%	0.9%
Married couple families	4.9%	2.3%	2.5%	1.4%
With related children under 18 years	7.0%	3.0%	3.5%	1.3%
With related children under 5 years	6.4%	3.1%	2.6%	0.4%
Families with female householder, no husband present	28.9%	22.4%	16.3%	4.7%
With related children under 18 years	37.4%	30.3%	22.3%	6.8%
With related children under 5 years	45.8%	40.5%	20.2%	27.2%
All people	13.8%	9.2%	7.6%	2.5%
Under 18 years	19.2%	12.2%	8.3%	2.5%
18 years and over	12.1%	8.2%	7.5%	2.7%
65 years and over	9.5%	6.6%	5.9%	1.6%
Unrelated individuals 15 years and over	24.8%	19.6%	18.2%	10.8%

	Westchester County, NY	New York Primary	New York Secondary
Families	5.8%	4.5%	5.0%
With related children under 18 years	9.0%	6.7%	8.1%
With related children under 5 years	9.6%	6.1%	7.4%
Married couple families	2.5%	2.0%	2.2%
With related children under 18 years	3.5%	3.2%	3.4%
With related children under 5 years	3.0%	0.6%	2.9%
Families with female householder, no husband present	18.4%	15.4%	13.5%
With related children under 18 years	25.7%	22.1%	18.7%
With related children under 5 years	36.9%	33.2%	28.2%
All people	8.2%	6.6%	7.8%
Under 18 years	10.5%	7.9%	9.5%
18 years and over	7.5%	6.3%	7.2%
65 years and over	7.1%	5.1%	7.3%
Unrelated individuals 15 years and over	18.8%	17.4%	18.7%

Source: U.S. Census Bureau, ACS estimates, 2010

The household statistics paint a picture of Service Areas that are comprised primarily of family households in both the Connecticut Primary (67.8%) and New York Primary (71.5%). These family households are primarily married-couple families in both Connecticut Primary (53.8%) and New York Primary (57.9%).

Households by Type (2010)

	U.S.		Connecticut		Connecticut Primary		Connecticut Secondary	
	n	%	n	%	n	%	n	%
Total households	116,716,292	100.0	1,371,087	100.0	84,141	100.0	52,341	100.0
Average household size	2.6	--	2.5	--	2.6	--	2.7	--
Average family size	3.1	--	3.1	--	3.2	--	3.2	--
Family households	77,538,296	66.4	908,661	66.3	57,040	67.8	36,137	69.0
Male householder, no wife	5,777,570	5.0	59,675	4.4	2,984	3.5	1,885	3.6
With own children under 18 yrs.	2,789,424	2.4	26,178	1.9	1,108	1.3	730	1.4
Female householder, no husband	15,250,349	13.1	176,973	12.9	8,822	10.5	5,616	10.7
With own children under 18 yrs.	8,365,912	7.2	97,651	7.1	4,539	5.4	2,962	5.7
Husband-wife families	56,510,377	48.4	672,013	49.0	45,234	53.8	28,636	54.7
Nonfamily households	39,177,996	33.6	462,426	33.7	27,101	32.2	16,204	31.0
Householder living alone	31,204,909	26.7	373,648	27.3	22,188	26.4	13,001	24.8

	Westchester County, NY		New York Primary		New York Secondary	
	n	%	n	%	n	%
Total households	347,232	100.0	39,554	100.0	136,113	100.0
Average household size	2.7	--	2.8	--	2.6	--
Average family size	3.2	--	3.3	--	3.2	--
Family households	236,419	68.1	28,293	71.5	90,649	66.6
Male householder, no wife	14,855	4.3	1,632	4.1	5,616	4.1
With own children under 18 yrs.	5,729	1.6	618	1.6	2,138	1.6
Female householder, no husband	44,487	12.8	3,761	9.5	17,881	13.1
With own children under 18 yrs.	22,221	6.4	1,794	4.5	8,693	6.4
Husband-wife families	177,077	51.0	22,900	57.9	67,152	49.3
Nonfamily households	110,813	31.9	11,261	28.5	45,464	33.4
Householder living alone	94,614	27.2	9,491	24.0	38,778	28.5

Source: U.S. Census Bureau, 2010

Health Status Indicators

Greenwich Hospital has conducted health indicator research of their Service Areas and the following section provides a summary of selected data elements.

Top 10 Leading Causes of Death, All Ages (2007 - 2009)

	U.S.[a]	Connecticut	Connecticut Primary	Connecticut Secondary	Westchester County, NY[a]
The following are the top 10 leading causes of death in ranking order of the United States.					
Diseases of heart	25.0%	25.1%	24.2%	23.4%	31.2%
Malignant neoplasms (Cancer)	23.1%	23.6%	25.4%	24.9%	25.2%
Chronic lower respiratory diseases	5.5%	5.0%	4.1%	3.5%	4.5%
Cerebrovascular diseases (Stroke)	5.4%	5.0%	5.9%	6.1%	4.7%
Accidents (Unintentional injuries)	5.0%	4.6%	4.4%	4.4%	3.1%
Alzheimer's disease	3.2%	2.8%	2.3%	2.9%	1.6%
Diabetes Mellitus	2.9%	2.2%	1.9%	1.6%	1.9%
Influenza and pneumonia	2.2%	2.5%	2.9%	5.5%	2.6%
Nephritis, nephrotic syndrome and nephrosis	2.0%	2.0%	1.7%	1.5%	1.7%
Intentional self-harm (Suicide)	1.5%	1.0%	1.0%	1.1%	0.8%

Sources: Center for Disease Control and Prevention, Connecticut Department of Public Health, and Westchester County Department of Health, 2011

[a] Statistics represent 2009 data

Cancer was the leading cause of death in both the Connecticut Primary and Secondary Service Areas and was the second leading cause of death in Westchester County. **Heart Disease** is the leading cause of death in Westchester County and the second leading cause of death in the Connecticut Primary and Secondary Service Areas. All Service Areas reflect higher percentage of residents dying from Cancer than the Connecticut and National comparisons. Only Westchester County exceeds the comparisons with regard to heart disease. **Stroke** is the third leading cause of death in the Connecticut Service Areas, and the rate exceeds the state and nation. **Influenza and Pneumonia** is the fourth leading cause of death in the Connecticut Secondary Service Area. The percentage of influenza and pneumonia deaths is more than double that for the US and Connecticut and exceeds both the Connecticut Primary Service Area and Westchester County, which also reflect a slightly elevated rate than the State and National benchmarks.

Diabetes

Diabetes is a major cause of heart disease and stroke and the seventh leading cause of death in the United States. In Connecticut, 2.2% of all deaths occurred as a result of diabetes, a smaller percentage when compared to the United States. However, diabetes disproportionately affects different demographic groups within Connecticut. The following table illustrates the percentage of adults diagnosed with diabetes by their gender, race/ethnicity, age, education, and income.

Prevalence of Diagnosed Diabetes among Adults 18+ years in Connecticut (2011)

Characteristics	Unweighted Total Number of Respondents[a]	Adults with Diagnosed Diabetes[b]		
		Unweighted Number[a]	Weighted Number[a,c]	Weighted Percent (95% Confidence Interval)
All Connecticut Adults	6,816	753	257,039	9.3% (8.4 – 10.2)
Gender				
Male	2,611	313	131,786	9.9% (8.5 – 11.4)
Female	4,205	440	125,253	8.8% (7.7 – 9.8)
Race & Ethnicity				
Non-Hispanic White	5,338	524	170,452	8.4% (7.5 – 9.3)
Non-Hispanic Black or African American	502	89	33,969	14.5% (9.9 – 19.2)
Hispanic or Latino	547	88	38,402	12.5% (8.9 – 16.0)
Age (in years)				
18-44	1,909	60	32,188	2.6% (1.8 – 3.4)
45-64	2,733	276	109,320	11.2% (9.4 – 12.9)
65+	2,071	404	112,264	21.9% (19.5 – 24.4)
Education				
Less than high school	483	115	56,917	17.6% (13.6 – 21.5)
High school graduate/G.E.D	1,667	257	89,939	11.4% (9.5 – 13.3)
Some college	1,567	180	63,989	8.6% (7.1 – 10.2)
College graduate	3,078	199	45,788	5.1% (4.2 – 6.1)
Annual Household Income				
<$25,000	1,285	247	86,316	16.0% (13.4 – 18.6)
$25,000 - $49,999	1,331	154	55,314	10.8% (8.3 – 13.2)
$50,000 - $74,000	889	87	30,606	8.5% (6.1 – 10.9)
$75,000+	2,296	133	49,103	5.4% (4.2 – 6.5)

Source: Connecticut Department of Public Health, 2013

[a] Numbers may not sum to total due to missing data

[b] Respondents answering "yes" to the question, "Has a doctor ever told you that you have diabetes?" Women who only had diabetes during pregnancy are not considered to have diabetes. Percentages are not age-adjusted

[c] Data are weighted to make the responses representative of the state's population

Cancer

Cancer affects millions of Americans each year. The risk of developing many types of cancer may be reduced by changes in a person's lifestyle, and new treatments and screening tests are improving survival rates for many types of cancers. The following charts show the incidence rates by site for the Service Areas. Incidence rates are new diagnoses of cancer in the defined time period. There is a higher incidence rate of prostate cancer in the Connecticut Primary and

Secondary Service Areas than in the state and the nation. The Connecticut Primary Service Area also has higher incidence rates for female breast and colorectal cancers than the state and the nation.

Cancer Incidence by Site per 100,000 (2007; 2005 – 2009)[a]

	U.S.		Connecticut		Connecticut Primary		Connecticut Secondary		Westchester County, NY	
	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
Female breast	207,017	135.3	2,854	155.6[b]	228	198.2[b]	97	135.3[b]	4,075	138.8[c]
Colorectal	146,040	48.4	1,795	51.3	126	57.5	64	46.7	2,447	51.6
Lung	209,969	69.6	2,602	74.3	131	59.8	78	56.9	3,086	65.0
Prostate	230,979	155.4	3,015	173.3[b]	213	195.0[b]	134	195.6[b]	4,171	174.3[c]
All Sites	**1,497,926**	**496.7**	**19,669**	**561.6**	**1,232**	**562.5**	**726**	**529.8**	**27,192**	**573.0**

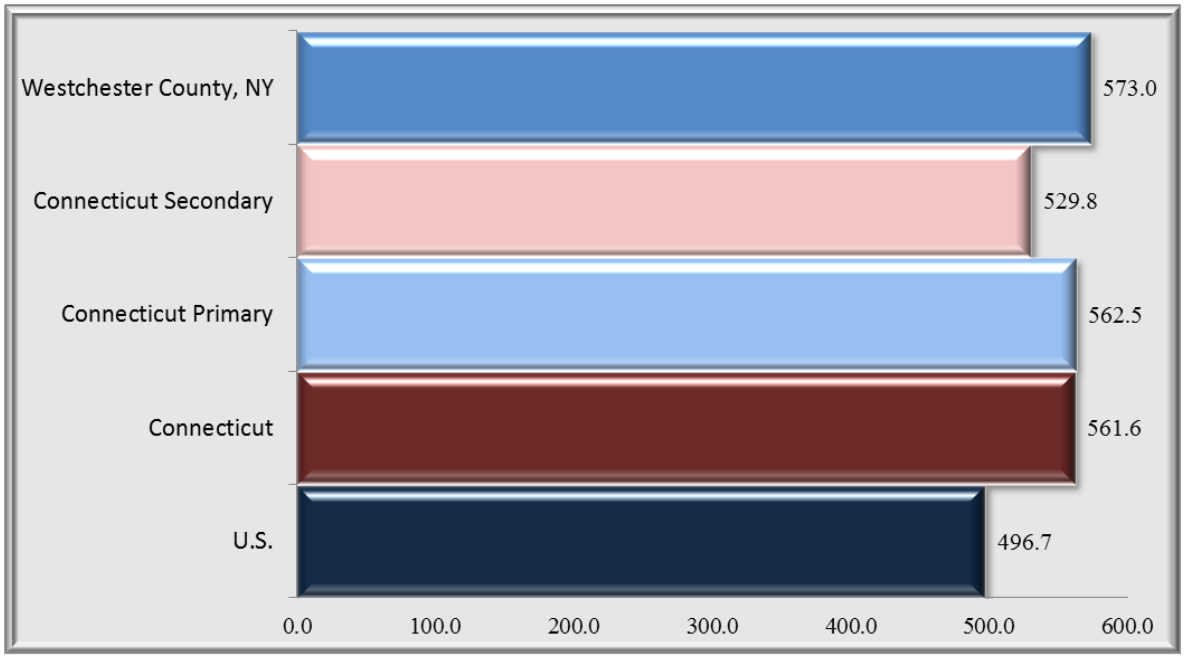
Sources: Center for Disease Control and Prevention, 2012, Connecticut Department of Public Health, n.d., and New York Department of Health, 2011

[a] Connecticut statistics represent 2007 data; New York statistics represent 2005 – 2009 aggregate data

[b] Rates based on 2010 population counts

[c] Rates based on average annual cases from 2005 - 2009

All Sites Cancer Incidence (2007; 2005-2009)



Sources: Center for Disease Control and Prevention, 2010

Overall, with the exception of the Connecticut Secondary Service Area, the Service Areas have a higher incidence rate of cancer (for all sites) than Connecticut or the nation.

Cancer Mortality by Site per 100,000 (2007 - 2009; 2005 – 2009)[a]

	U.S.		Connecticut		Connecticut Primary		Connecticut Secondary		Westchester County, NY	
	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
Female breast	N/A	23.0[b]	1,488	*	81	*	52	*	734	23.4[c]
Colorectal	158,470	17.4	1,734	16.5	103	15.5	56	13.6	845	17.8
Lung	475,433	52.1	5,252	49.9	229	34.5	148	35.8	2,044	43.1
Prostate	85,652	19.0	1,092	*	62	*	32	*	480	22.6[c]
All Sites	**1,695,955**	**185.8**	**20,233**	**192.3**	**1,104**	**166.3**	**625**	**151.3**	**8,667**	**182.6**

Sources: Center for Disease Control and Prevention, 2010, Center for Disease Control and Prevention, 2011, Connecticut Department of Public Health, 2011, National Cancer Institute, 2012 and New York Department of Health, 2011

[a] U.S. and Connecticut statistics represent 2007 - 2009 aggregate data; NY statistics represent 2005 – 2009 aggregate data

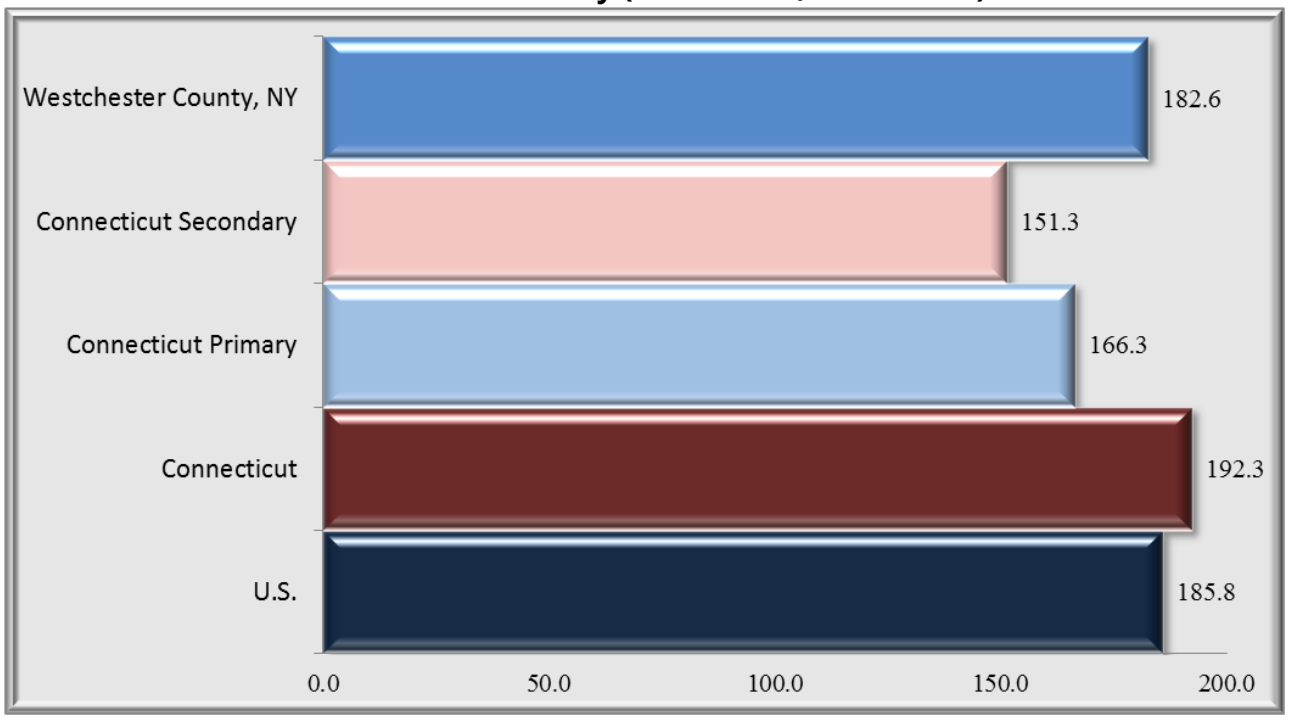
[b] Statistic represents 2005 – 2009 data

[c] Rates based on average annual cases from 2005 - 2009

*Crude rates cannot be calculated for aggregated data

While the incidence rates are relatively high, the mortality rates (all sites) are lower than Connecticut and national rates.

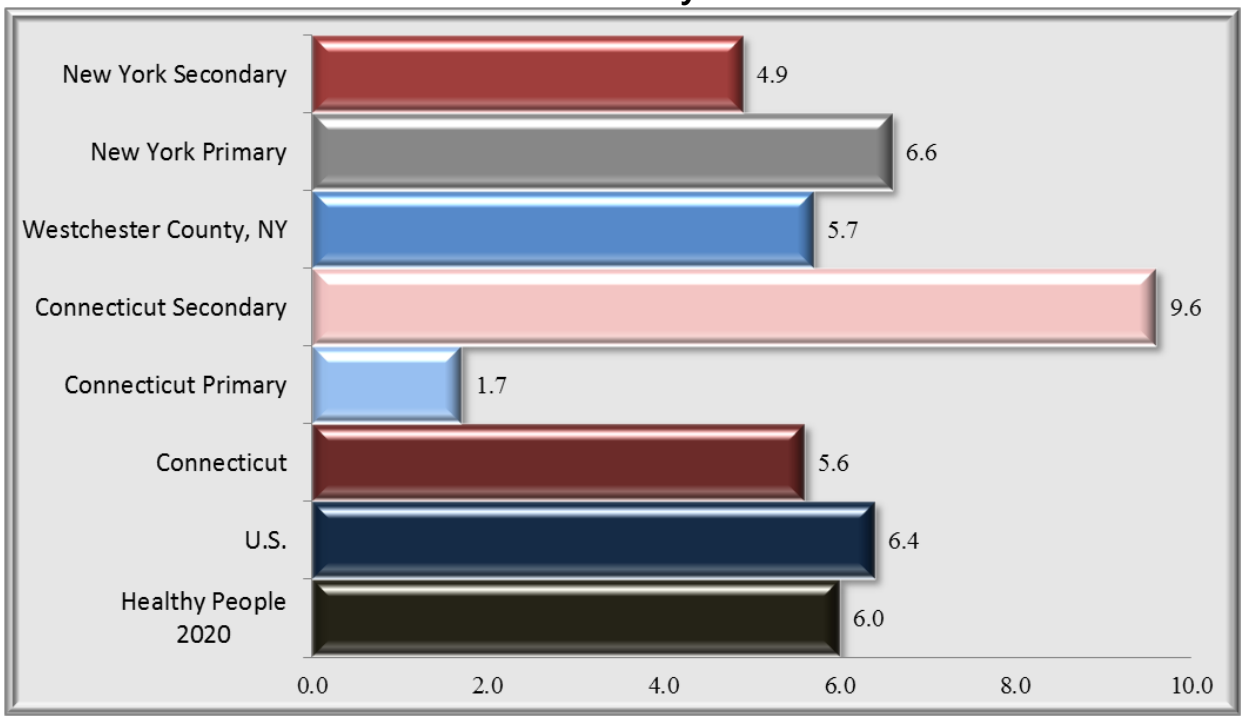
All Sites Cancer Mortality (2007 – 2009; 2005 - 2009)



Maternal and Infant Health

The leading causes of death among infants [nationally] are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. The Connecticut Secondary Service Area has a higher rate of infant deaths (9.6) than the state (5.6) and the nation (6.4). In addition, the rate is more than three points higher than the Healthy People 2020 goal of 6.0 per 1,000 live births. The infant death rate should be considered for the entire Service Area, but it is also important to consider the towns that comprise the Service Area. The town of Norwalk within the Connecticut Secondary Service Area has an infant death rate of 10.2. This exceeds all other Service Area towns and comparison benchmarks. In addition to a higher infant death rate, the Connecticut Secondary Service Area has a higher rate of neonatal deaths- twice the rate of Connecticut, the nation, and the Healthy People 2020 goal. The New York Primary Service Area also has a higher rate of infant deaths than the nation and the Healthy People 2020 goal.

Infant Mortality Rate



Sources: Center for Disease Control and Prevention, Connecticut Department of Public Health, Westchester County Department of Health, 2011 and Healthy People 2020, 2010

Infant Mortality per 1,000 Live Births by Town (2009)

Connecticut Primary Service Area	Infant Deaths	Infant Mortality Rate
Darien	0	0.0
Greenwich	0	0.0
New Canaan	0	0.0
Stamford	5	2.6
Connecticut Secondary Service Area	**Infant Deaths**	**Infant Mortality Rate**
Norwalk	13	10.2
Weston	0	0.0
Westport	1	*
Wilton	2	*
New York Primary Service Area	**Infant Deaths**	**Infant Mortality Rate**
Harrison	2	*
Larchmont	1	*
Mamaroneck	0	0.0
Port Chester	3	*
Rye	0	0.0
Rye Brook	2	*
New York Secondary Service Area	**Infant Deaths**	**Infant Mortality Rate**
Greenburgh	2	*
Lewisboro	0	0.0
Mount Kisco	1	*
North Castle	1	*
Pound Ridge	0	0.0
Bedford	0	0.0
Mount Vernon	7	7.0
New Rochelle	6	6.2
Scarsdale	0	0.0
White Plains	2	*

Sources: Connecticut Department of Public Health, 2011
Westchester County Department of Health, 2011

Babies born with a low birth weight are often associated with premature birth and are more likely than babies of normal weight to require specialized medical care. The following chart profiles the numbers and percentages of low birth weight babies within the hospital's Service Area, Westchester County, Connecticut, and the U.S. The Connecticut and New York Secondary Service Areas are noteworthy as having higher percentages of low birth weight babies. Within these Service Areas, the towns of Wilton, CT and Mount Vernon, NY stand out with low birth weight percentages of 13.0% and 12.9% respectively.

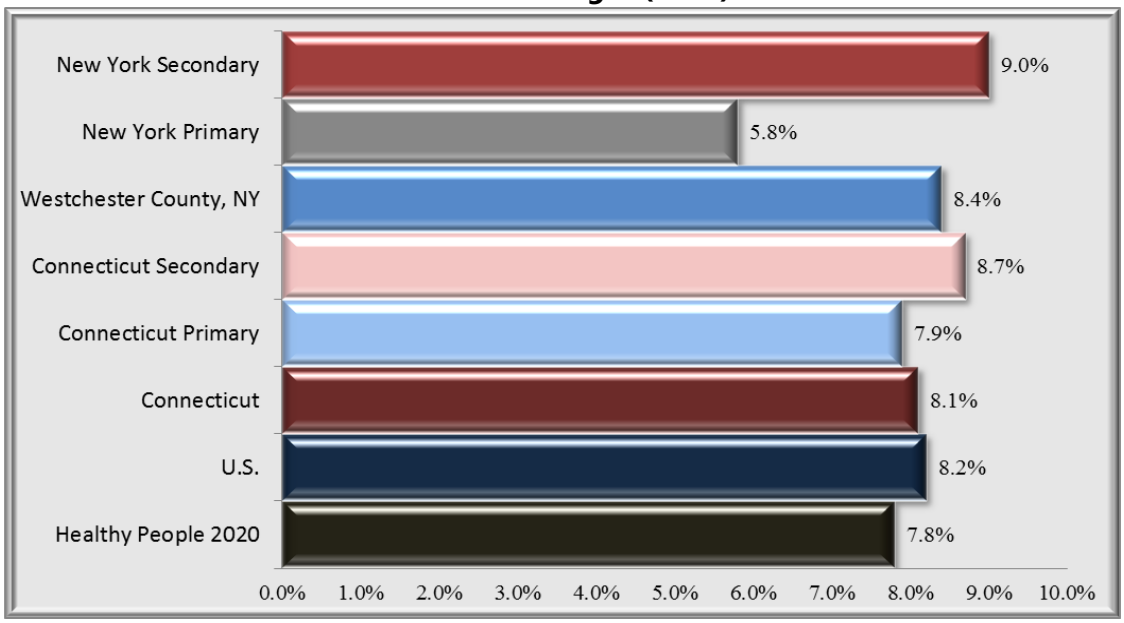
Birth Weight (2009)

	Healthy People 2020	U.S.		Connecticut		Connecticut Primary		Connecticut Secondary	
	%	n	%	n	%	n	%	n	%
Low birth weight	7.8	336,747	8.2	3,138	8.1	229	7.9	144	8.7
Very low birth weight	1.4	59,917	1.5	557	1.4	27	0.9	29	1.7

	Westchester County NY		New York Primary		New York Secondary	
	n	%	n	%	n	%
Low birth weight	930	8.4	70	5.8	349	9.0
Very low birth weight	184	1.7	N/A	N/A	N/A	N/A

Sources: Center for Disease Control and Prevention, 2011, Westchester County Department of Health, 2011, Connecticut Department of Public Health, 2011, and Healthy People 2020, 2010

Low Birth Weight (2009)



Sources: Center for Disease Control and Prevention, 2011, Westchester County Department of Health, 2011, Connecticut Department of Public Health, 2011, and Healthy People 2020, 2010

The month of onset and the adequacy of prenatal care are also key indicators for maternal and child health outcomes. The Connecticut Primary and Secondary Service Areas fall below the state for the percentage of mothers who receive adequate [and intensive] prenatal care. Approximately 80% of mothers across Connecticut receive adequate or intensive prenatal care compared to 70.4% across the Connecticut Primary Service Area and 76.2% across the Connecticut Secondary Service Area. The New York Primary and Secondary Service Areas also fare worse than New York state for the percentage of mothers who received delayed or no prenatal care. Within the New York Service Areas, the towns of Port Chester and Mount Vernon stand out with 36.9% and 39.6% of mothers receiving delayed or no prenatal care respectively.

Prenatal Care Adequacy (2009)

	Healthy People 2020 Goal[b]	Connecticut	Connecticut Primary	Connecticut Secondary
Late[a]	N/A	12.2%	13.0%	15.3%
Non-Adequate	N/A	19.8%	27.9%	22.1%
Adequate	77.6%	44.3%	39.7%	41.5%
Intensive		35.9%	30.7%	34.7%

	Westchester County, NY	New York Primary	New York Secondary
Delayed or no prenatal care	27.1%	29.3%	27.8%

Sources: Connecticut Department of Public Health and Westchester County Department of Health, 2011 and Healthy People 2020, 2010

[a] Late prenatal care defines mothers seeking prenatal care in the second or third trimester

[b] The Healthy People 2020 goal represents the percentage of mothers who receive early and adequate prenatal care and is not a direct comparison to data provided for Connecticut, which includes adequate prenatal care regardless of whether it was provided early or late in the pregnancy.

Late to No Prenatal Care (2009)

Service Area by Town	Mothers Receiving Delayed or No Prenatal Care
New York Primary Service Area	
Harrison	22.9%
Larchmont	15.9%
Mamaroneck	31.1%
Port Chester	36.9%
Rye city	22.2%
Rye Brook village	20.7%
New York Secondary Service Area	
Greenburgh	23.2%
Lewisboro	7.1%
Mount Kisco	10.2%
North Castle	4.9%
Pound Ridge	9.1%
Bedford	18.7%
Mount Vernon	39.6%
New Rochelle	30.6%
Scarsdale	11.75
White Plains	25.9%

Sources: Westchester County Department of Health, 2011

Sexually Transmitted Infections

The following charts outline the number of infectious disease cases and corresponding rates for the Service Area, Westchester County, Connecticut, and the U.S.

Sexually Transmitted Illness Cases per 100,000 (2009; 2010)

	U.S.		Connecticut		Connecticut Primary		Connecticut Secondary	
	n	Rate	n	Rate	n	Rate	n	Rate
HIV[a]	47,129	16.1	407	11.4	18	8.3	13	9.5
Gonorrhea[b]	301,174	98.1	2,554	72.6	52	23.2	64	46.2
Chlamydia[b]	1,244,180	405.3	12,136	344.9	387	173.0	276	199.2
Primary/Secondary Syphilis[b]	13,997	4.6	65	1.8	3	*	4	*

[a] Statistics represent 2010 data

[b] Statistics represent 2009 data

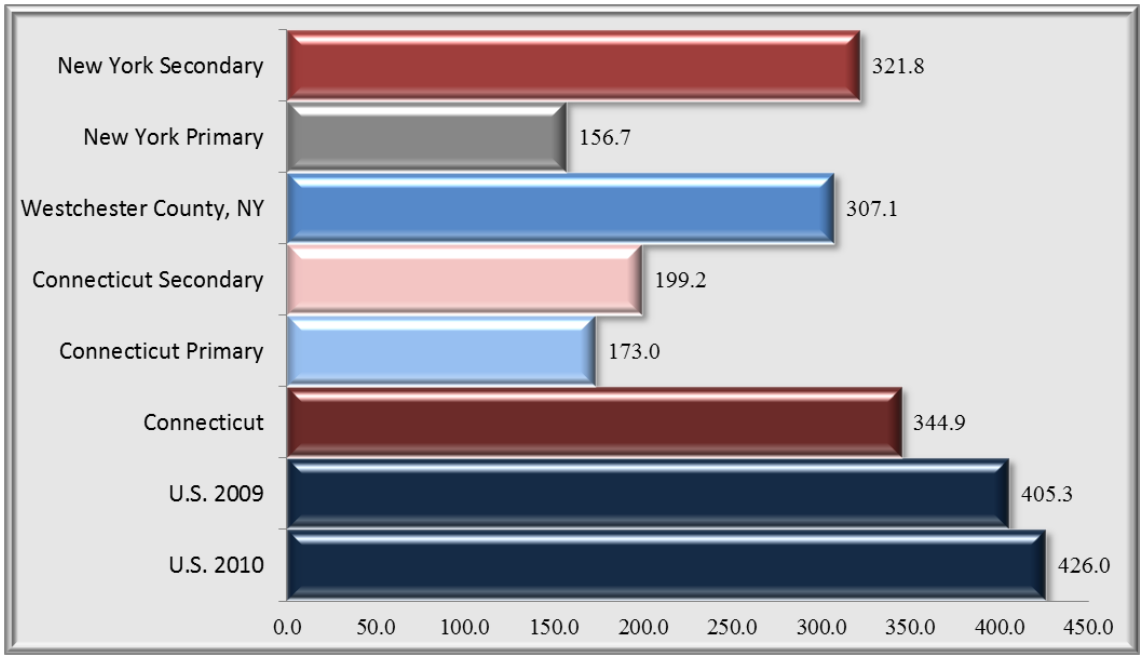
*Rate not calculated for counts less than 5

Sexually Transmitted Illness Cases per 100,000 (2010)

	U.S.		Westchester County, NY		New York Primary		New York Secondary	
	n	Rate	n	Rate	n	Rate	n	Rate
Gonorrhea[a]	309,341	100.8	474	49.9	14	12.6	245	69.2
Chlamydia[a]	1,307,893	426.0	2,915	307.1	174	156.7	1,140	321.8
Syphilis (All stages) [a]	45,834	14.9	148	15.6	19	17.1	56	15.8

Sources: Center for Disease Control and Prevention, 2011; Connecticut Department of Public Health, n.d.; Westchester County Department of Health, 2011

Chlamydia Incidence (2009; 2010)



Sources: Center for Disease Control and Prevention, 2011; Connecticut Department of Public Health, n.d.; Westchester County Department of Health, 2011

Hepatitis Cases per 100,000 (2011)

	Healthy People 2020	U.S.[a]		Connecticut		Connecticut Primary		Connecticut Secondary		Westchester County, NY[a]	
	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
Acute Hep. A	0.3	1,670	0.5	18	0.5	0	0.0	0	0.0	8	0.8
Acute Hep. B	N/A	3,350	1.1	19	0.5	0	0.0	0	0.0	3	0.3
Chronic Hep. B	N/A	N/A	N/A	351	9.8	28	12.5	12	8.6	93	9.8
Acute Hep. C	0.2	850	0.3	47	1.3	0	0.0	0	0.0	0	0.0

Sources: Center for Disease Control and Prevention, 2012, Westchester County Department of Health, 2011
Connecticut Department of Public Health, 2012, and Healthy People 2020, 2010

[a] Statistics represent 2010 data

Mental and Behavioral Health

The following charts profile data on the mental health of residents as well as indicators regarding substance abuse and/or addiction issues.

Mental Illness and Addiction (2012)

	Connecticut Primary	Connecticut Secondary
Adult population	167,775	104,502
With a mental illness	26.2%	26.2%
With a serious mental illness	5.4%	5.4%
With an addiction	8.9%	8.9%

Source: DMHAS Region 1 Regional Priority Services Report, 2012

Persons Receiving DMHAS Mental Health and/or Substance Abuse Services (2012)

	Connecticut Primary	Connecticut Secondary
Number of mental health consumers	1.3%	1.6%
Number of substance abuse consumers	0.9%	1.2%
Number of both mental health and substance abuse consumers	0.1%	0.2%

Source: DMHAS Region 1 Regional Priority Services Report, 2012

Based in Norwalk, CT, the Liberation Program provides counseling, inpatient rehabilitation, and education to support patients and their families struggling with substance abuse. The number of Greenwich adults and adolescents using the Liberation Programs from 2005 to 2010 increased, while the number of adult residential facilities decreased.

Substance Abuse: Liberation Programs Utilized by Greenwich Residents (2005 – 2010)

Program	2005	2006	2007	2008	2009	2010
Adult Outpatient	36	25	38	49	54	43
Adolescent Outpatient	60	38	72	71	70	80
Adult Residential	24	1	1	0	2	2
Annual New Admissions	120	64	111	120	126	125

Source: Liberation Programs, n.d. (as cited in Assessment of Human Service Needs & State of Greenwich Statistical Portrait, 2011)

Emergency Department Visits/Discharges

Because it is common practice for the uninsured and underinsured populations to utilize hospital emergency rooms as a primary source of care, Greenwich Hospital has compiled internal hospital discharge data from their emergency department to assist in the identification of services that are being used and that could be provided through a more appropriate service delivery option. This data will give Greenwich Hospital information that it can use to further improve the quality of care that it delivers and identify opportunities to be more fiscally responsible when providing such care. Chart A shows the number of patients who were treated and released from the ED by principal diagnosis in FY2012 for Greenwich Hospital. Chart B shows the number of patients that were admitted to the hospital from the ED by principal diagnosis in FY2012 for Greenwich Hospital.

Emergency Department Visits Treated and Released by Principal Diagnosis
Greenwich Hospital (FY 2012)

Major Diagnosis Category	Total
Injury and poisoning	**11,995**
Symptoms; signs; and ill-defined conditions and factors influencing health status	**4,568**
Diseases of the respiratory system	**3,418**
Diseases of the nervous system and sense organs	**3,019**
Diseases of the musculoskeletal system and connective tissue	**2,133**
Diseases of the genitourinary system	**1,897**
Diseases of the digestive system	**1,670**
Mental illness	**1,538**
Diseases of the circulatory system	**1,475**
Diseases of the skin and subcutaneous tissue	**999**
Infectious and parasitic diseases	**896**
Endocrine; nutritional; and metabolic diseases and immunity disorders	**631**
Complications of pregnancy; childbirth; and the puerperium	**583**
Residual codes; unclassified; all E codes [259 and 260]	**238**
Diseases of the blood and blood-forming organs	**48**
Neoplasms	**46**
Certain conditions originating in the perinatal period	**15**
Congenital anomalies	**7**
Total, All Visits	**35,176**

Source: Connecticut CHIME data 2012

Emergency Department Patients Who Required Inpatient Admission to Greenwich Hospital by Principal Diagnosis
(FY 2012)

Major Diagnostic Categories	Total
Diseases of the circulatory system	**1,503**
Diseases of the digestive system	**1,071**
Diseases of the respiratory system	**885**
Injury and poisoning	**605**
Diseases of the genitourinary system	**401**
Infectious and parasitic diseases	**358**
Endocrine; nutritional; and metabolic diseases and immunity disorders	**319**
Mental illness	**292**
Symptoms; signs; and ill-defined conditions and factors influencing health status	**275**
Diseases of the nervous system and sense organs	**223**
Diseases of the musculoskeletal system and connective tissue	**178**
Diseases of the skin and subcutaneous tissue	**172**
Neoplasms	**170**
Diseases of the blood and blood-forming organs	**94**
Complications of pregnancy; childbirth; and the puerperium	**49**
Residual codes; unclassified; all E codes [259 and 260]	**28**
Certain conditions originating in the perinatal period	**4**
Total	**6,627**

Source: Connecticut CHIME data

III. KEY INFORMANT INTERVIEWS

BACKGROUND

A survey was conducted among area "Key Informants." Key Informants were defined as community stakeholders with expert knowledge including public health expertise and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other area authorities.

Holleran staff worked closely with Greenwich Hospital to identify key informant participants and to develop the Key Informant Survey Tool. The questionnaire focused on gathering qualitative feedback regarding perceptions of community needs and strengths across three key domains:

- Key Health Issues
- Health Care Access
- Challenges & Solutions

The online survey garnered 144 completed surveys, collected between December 2012 and January 2013. It is important to note that the results reflect the perceptions of some community leaders, but may not necessarily represent all community representatives within the hospital's Service Area.

KEY THEMES

The following section provides a summary of the Key Informant Interviews including key themes and select comments.

Connecticut	New York
Service Area: Connecticut: Greenwich, Old Greenwich, Stamford, Cos Cob, Darien, Riverside, New Canaan	**Service Area:** New York: Rye, Port Chester, Harrison, Larchmont, Mamaroneck
Respondents: 69 Key Informants	**Respondents:** 75 Key Informants
Key Health Issues: ➢ Overweight/Obesity ➢ Mental Health/Suicide ➢ Substance Abuse/Alcohol Abuse ➢ Access to Health Care/Uninsured/Underinsured ➢ Heart Disease	**Key Health Issues:** ➢ Overweight/Obesity ➢ Diabetes ➢ Access to Health Care/Uninsured/Underinsured ➢ Substance Abuse/Alcohol Abuse ➢ Cancer
Health Care Access Concerns: ➢ Bilingual providers ➢ Providers accepting Medicaid ➢ Mental/behavioral health providers	**Health Care Access Concerns:** ➢ Transportation ➢ Bilingual providers ➢ Mental/behavioral health providers ➢ Providers accepting Medicaid
Key Barriers: ➢ Inability to Pay Out of Pocket Expenses ➢ Lack of Health Insurance Coverage ➢ Inability to Navigate Health Care System ➢ Language/Cultural Barriers ➢ Time Limitations	**Key Barriers:** ➢ Inability to Pay Out of Pocket Expenses ➢ Lack of Health Insurance Coverage ➢ Inability to Navigate Health Care System ➢ Language/Cultural Barriers ➢ Transportation
Underserved Populations: ➢ Uninsured/Underinsured ➢ Low-income/Poor ➢ Hispanic/Latino ➢ Immigrant/Refugee	**Underserved Populations:** ➢ Hispanic/Latino ➢ Uninsured/Underinsured ➢ Low-income/Poor ➢ Black/African-American ➢ Immigrant/Refugee
Resources Needed: ➢ Free/Low Cost Dental Care ➢ Free/Low Cost Medical Care ➢ Mental Health Services ➢ Bilingual Services ➢ Prescription Assistance	**Resources Needed:** ➢ Free/Low Cost Dental Care ➢ Prescription Assistance ➢ Free/Low Cost Medical Care ➢ Health Education/Information/Outreach ➢ Mental Health Services
Key Recommendations: ➢ Increase Awareness/Education/Community Outreach ➢ Increased Collaboration/Coordination ➢ Improved Access to Medical Care ➢ Improved Access to Free & Low Cost Dental Care ➢ Enhance Mental Health & Substance Abuse Services ➢ Enhance Senior/Aging Services	**Key Recommendations:** ➢ Increase Awareness/Education/Community Outreach ➢ Increased Collaboration/Coordination ➢ Improved Access to Affordable Medical Care & Dental Care ➢ Improved Access to Affordable Exercise & Nutrition Programs ➢ Enhanced Mental Health & Substance Abuse Services ➢ Need For Patient Navigation

Prior to conducting the Key Informant Interviews, Holleran staff facilitated a discussion on November 14, 2012 with the Greenwich Hospital Community Advisory Committee provided some additional information about community needs. The discussion questions mirrored the Key Informant Survey questions and generated similar responses. Discussion results are highlighted below.

What health issues do you see in your community?

- Access to care
- Air Quality
- Asthma
- Cancer
- Dental Health
- Diabetes/Pre-Diabetes
- Domestic abuse
- Food allergies
- Heart Disease
- Mental Health Issues -Anxiety/Depression
- Obesity
- Substance Abuse/Addictions
- Suicide
- Veterans

Which are the most significant?

- Cancer
- Dental Health
- Diabetes/Obesity
- Heart Disease
- Mental Health Issues
- Substance Abuse/Addictions

What are the most significant barriers that keep people in the community from accessing health care when they need it?

- Lack of Health Insurance – leads to use of ED for non-emergent care
- Language/Cultural barriers
- Lack of Trust/Fear – Immigrants/Undocumented Immigrants (Latinos, Haitians, Philippine, Chinese, etc.)

What health resources or services are missing in the community?

- Inpatient Mental Health Unit
- Dental Health: Dental clinic reduced at hospital. Patients referred to Open Door and Optimus, but there are still long waiting lines
- Homeless Services: Continue to support Homeless Shelter in Stamford
- Drug Addictions Programs: Help continue to support Mental Health programs/services (RAC Liberation, Child Guidance and Family Centers) and coordinate efforts to expand services

Are there specific populations that are not being adequately served by local health services?

- Uninsured/Low-income
- Hispanic/Latinos
- Immigrants/Refugees

Contributing Factors to health issues:

- Poor nutrition
- Access to healthy foods: Farmers market/community gardens
- Lack of education about healthy eating and healthy lifestyles choices
- Lack of physical activity
- Lack of safe, affordable places for physical activity
- Personal responsibility/accountability
- Smoking
- Demographics – Growing Aging population (Increase in Alzheimer's Disease)

Areas of Opportunity Identified Through Key Informant Interviews

- Cancer
- Dental Health
- Diabetes/Obesity
- Heart Disease
- Mental Health Issues
- Substance Abuse/Addictions

IV. FOCUS GROUPS OVERVIEW

BACKGROUND

Three focus groups were held with Latino residents in the Connecticut and New York Primary Service Areas. The goal of the focus groups was to better understand barriers to care, perceptions of healthcare providers and delivery, and identify opportunities for health improvement initiatives, as well as best channels for communication.

KEY THEMES

About half of the Focus Group participants spoke Spanish as their first language. A translator was used to interpret responses.

Participants shared concerns about access to care, especially for those who are uninsured or on public assistance programs. Participants saw Greenwich Hospital as good option for care. Many Greenwich residents used the family outpatient health clinic for services, or received care at the Emergency Department for emergencies and after hours care. For uninsured individuals few other options exist within the town of Greenwich. Focus Group participants stated they recognized that the hospital had greatly improved efforts to serve a more diverse population. "They always ask you if you need a translator or you can just ask for one, and they will provide one." While cultural competency has improved at Greenwich Hospital, some thought there was still room for improvement. Some described that at times the ED is overburdened and there is a long wait time to receive services.

Many Latino residents who live in Port Chester, NY use Open Door Family Medical Centers health clinic located in Port Chester, NY as their primary health provider. The New York focus group participants voiced their opinions with the health clinic regarding customer service concerns ranging from the ability to get a timely appointment, length of time in the waiting room, and the expertise and cultural sensitivity of the pediatric medical providers. Exceptions existed with Open Door's school-based health clinics that were seen to provide a high level of quality care and had high satisfaction ratings amongst the focus group participants. The focus groups provided invaluable feedback and this platform was a productive forum for open dialogue and communication with our Latino Community members. Based on the feedback that was received, Greenwich Hospital will continue to communicate and collaborate with our community service providers.

Participants' responses about health behaviors, such as receiving regular checkups, healthy eating and exercise varied. Most participants recognized the relationship between healthy lifestyles and regular health screenings with optimal health. However, not all were receiving their recommended screenings and living healthy lifestyles.

Lack of insurance and time were seen as the biggest obstacles. Participants who did not have health insurance cited cost as a barrier to annual preventive exams and screenings. Those in the group with insurance said they get their annual exams and screenings. Some noted that for treatment of disease, they've returned to their "home country," citing more affordable care, as well as more holistic treatment options.

Participants acknowledged the health benefits of healthy eating and exercise, but admitted they did not always have time to exercise. Some in the group said they exercise regularly; a few noted that their jobs required physical labor and "kept them fit." Others, particularly mothers of children, said they did not have time to exercise, but knew that they should be making time for it to maintain their health. Participants said that their diets and those of their children included many fruits and vegetables. They said healthy foods were available and affordable in their neighborhoods.

Participants thought that local health providers could best improve community health by providing better access to primary and specialty care. Pediatric care was seen as a particular need in the Port Chester, NY community. Free health programs and education, offered in Spanish and in coordination with community social service providers, was seen as a positive way to help people better prevent and manage disease.

V. OVERALL ASSESSMENT FINDINGS & CONCLUSIONS

COMMUNITY HEALTH ISSUES

While the research components for the Community Health Needs Assessment yield different perspectives and information, some common themes emerged. The following list outlines key health needs that were identified.

Cancer Incidence

Cancer was the leading cause of death in both the Connecticut Primary and Secondary Service Areas and was the second leading cause of death in Westchester County. Overall, with the exception of the Connecticut Secondary Service Area, the Greenwich Hospital Service Area has a higher incidence rate of cancer (for all sites) than Connecticut or national rates. Specifically, secondary data indicates that there are higher incidence rates of prostate cancer in the Connecticut Primary and Secondary Service Area than the state. The Connecticut Primary Service Area also has higher incidence rates for female breast and colorectal cancers than the state rates. While the incidence rates are relatively high, the mortality rates (all sites) are lower than Connecticut and national rates. This indicates that residents within these areas are being screened for cancer and when diagnosed they are receiving successful treatments.

Heart Disease

Heart disease is the leading cause of death in Westchester County and is the second leading cause of death for the Connecticut Primary and Secondary Service Area. Additionally, the hospital discharge data indicated that diseases of the circulatory system are a top diagnosis within the emergency department. The key informants also prioritized heart disease as one of the primary community health concerns among area adults.

Stroke

Similar to the national statistic, stroke is the third leading cause of death for hospital Service Area. A stroke occurs when blood vessels carrying oxygen to the brain become blocked or burst which can lead to death or disability. The most important modifiable risk factors for stroke are high blood pressure, high cholesterol, and diabetes mellitus.

Prenatal/Maternal Care

Women who receive appropriate care in the first trimester of a pregnancy enable treatment of conditions or correction of compromising behaviors that can be damaging to the developing fetus. The Connecticut Secondary Service Area has a higher rate of infant deaths than the state rate. This rate is over three points higher than the Healthy People 2020 goal of 6.0 per 1,000 live births. This Service Area also has a higher rate of neonatal deaths- twice the rate of Connecticut and the Healthy People 2020 goal. The New York Primary Service Area also has a higher rate of infant deaths than the national and Healthy People 2020 goal.

Mental Health/Substance Abuse

Key Informants shared that mental/behavioral health issues and substance abuse were significant problems in their communities, and they emphasized the need for education, prevention, treatment, and support services. Key Informants indicated that the Liberation Program needed additional support. Secondary data showed a portion of residents with mental health/substance abuse needs. Most noteworthy is the increasing trend of adolescents in the Greenwich Hospital Service Area that are diagnosed with substance abuse in the Service Area.

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

On May 8, 2013, approximately 20 individuals representing Greenwich Hospital's Service Area met to review the research findings from the CHNA and determine the most pressing issues in the Greenwich Hospital Service Area, for inclusion in Greenwich Hospital's Implementation Strategy. Among the attendees were representatives from local health and human service agencies, area non-profit organizations, health providers, and public health representatives. A list of attendees can be found in Appendix B. The goal of the meeting was to discuss and prioritize key findings from the CHNA and to set the stage for the development of the hospital's Implementation Strategy.

The meeting began with an abbreviated research overview presented by Holleran Consulting. The presentation covered the purpose of the study, research methodologies, and the key findings. The comprehensive CHNA included a mix of quantitative and qualitative research including a compilation of secondary data, 144 key informant interviews, three focus groups, and a prioritization session. Holleran Consulting compiled the secondary data, collected the key informant interviews, and facilitated the focus groups and the prioritization session. Holleran prepared all reports in cooperation with Greenwich Hospital.

Following the research overview, participants were provided with information regarding the prioritization process, criteria to consider when evaluating key areas of focus, and other aspects of health improvement planning, such as goal setting and developing strategies and measures. Holleran then facilitated an open group discussion for attendees to share what they perceived to be the needs and areas of opportunity in Greenwich Hospital's Service Area. Overlapping strategies, cross-cutting issues, and the ability for regional health and human services providers to effectively address the various needs was discussed.

After much dialogue and consolidation, the following "Master List of Needs" was developed by the attendees to be evaluated as potential priority areas for community health improvement activities. (Presented in alphabetical order)

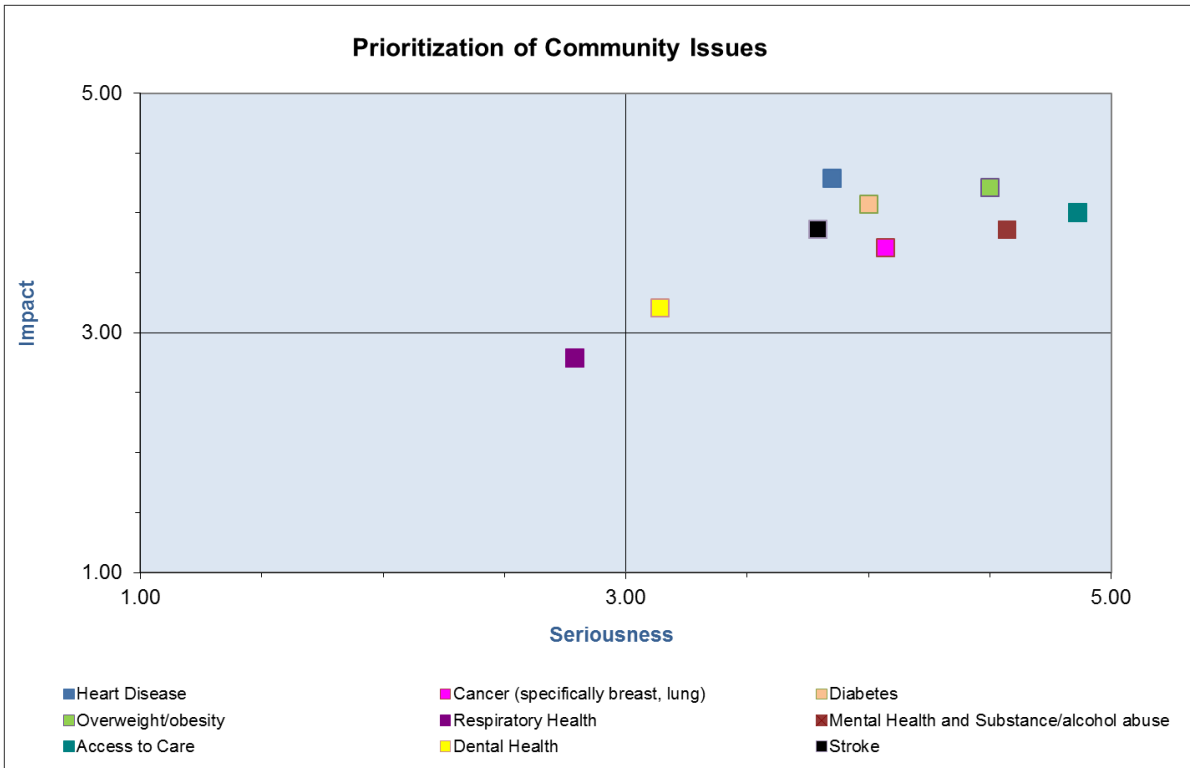
- Access to Care
- Cancer Incidence
- Dental Care
- Diabetes
- Heart Disease
- Mental Health/Substance Abuse
- Overweight/Obesity
- Respiratory Disease
- Stroke

Once the master list was compiled, participants were asked to rate each need based on two criteria. The two criteria included seriousness of the issue and the ability to impact the issue. Respondents were asked to rate each issue on a 1 (not at all serious; no ability to impact) through 5 (very serious; great ability to impact) scale. The ratings were gathered instantly and anonymously through a wireless audience response system. Each attendee received a keypad to register their vote. The following table reveals the results of the voting exercise from highest rated need to lowest based on the average score of the two criterions.

Prioritization Voting Results of Community Health Needs

Master List	Seriousness Rating (average)	Impact Rating (average)	Average Total Score
Access to Care	4.86	4.00	4.43
Overweight/obesity	4.50	4.21	4.36
Mental Health and Substance/alcohol abuse	4.57	3.86	4.22
Heart Disease	3.85	4.29	4.07
Diabetes	4.00	4.07	4.04
Cancer (specifically breast, lung)	4.07	3.71	3.89
Stroke	3.79	3.86	3.83

The priority area that was perceived as the most serious was Access to Care (4.86 average rating), followed by Mental Health and Substance Abuse (4.57 average rating), and Overweight and Obesity (4.50 average rating). The ability to impact Heart Disease was rated the highest at 4.29, followed by Overweight and Obesity with an impact rating of 4.21, and Diabetes, with a score of 4.07. The matrix below outlines the intersection of the seriousness and impact ratings. Those items in the upper right quadrant are rated the most serious and with the greatest ability to impact.



GREENWICH HOSPITAL COMMUNTIY HEALTH PRIORITIES

Greenwich Hospital shared the prioritization results with its Community Advisory Committee (CAC) made up of community leaders from the hospital's Connecticut and New York Service Areas. A list of CAC members can be found in Appendix C. Members of the CAC reviewed the CHNA key findings and the recommendations for priority areas from the community representatives, along with its current services and programs, resources and areas of expertise, and other existing community assets.

Considering recommendations from the prioritization session and the CAC, Greenwich Hospital plans to address the following identified community health needs:

- Access to Care
- Cancer
- Mental Health
- Promoting Healthy Lifestyles

RATIONALE FOR COMMUNITY HEALTH NEEDS NOT ADDRESSED

In taking a comprehensive approach to improve healthy lifestyles of residents, Greenwich Hospital expects to play a leadership role in impacting the priority health issues of heart disease, diabetes, respiratory disease, and overweight and obesity. The hospital will also lead efforts to improve access to care for all individuals regardless of their ability to pay for services. Concerted efforts to reduce Cancer incidence among community residents will also continue.

Greenwich Hospital recognizes that partnerships with community agencies have the broadest reach to improve community health issues. In some initiatives, the hospital plays a lead role; at other times, it supports the work of its community partners. While not the highest need identified in the community, Dental Health was identified as a wide-spread need. Given the Hospital's leadership role on the issues outlined above, Greenwich Hospital will play a support role in improving dental access for area residents.

APPROVAL FROM GOVERNING BODY

The Greenwich Hospital Board of Trustees met on June 25, 2013 to review the findings of the CHNA and the recommended Implementation Strategy. The Board voted to adopt this CHNA Report and the Implementation Strategy as outlined and provide the necessary resources and support to carry out the initiatives therein.

APPENDIX A: Data Sources

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APPENDIX B: Prioritization Session Attendees

Name	Title	Organization
Alice Melly	Board of Directors	Liberations Program Greenwich Greenwich Adult Day Care (GADC), CT
Caroline Smit	Community Planning & Agency Relations Coordinator	United Way, Greenwich, CT
Chelsea Bodansky	Coalition Coordinator	Port Chester Community Cares Coalition (PCCC), NY
Dan Lipka	Executive Director	Council of Community Services , Town of Rye, NY
Deb Travers	Director of Family Health	Health Department, Greenwich
Ellette Hirschorn	Director of Clinical Services	Open Door Family Medical Center, NY
Eric Rios	Children's Program	Carver Center, Port Chester, NY
Gene Ceccarelli	Board of Trustees	Village of Port Chester, NY
Ingrid Gillespie	Director, LFCRAC	Lower Fairfield County Regional Action Council (LFCRAC), CT
Jessica Welt	Psychologist, Director	Child Guidance Center of Southern CT
Kathy Carley-Spanier	Director, CHGH	Greenwich Hospital, CT
Laura Tiedge	Sr. Director of Healthy Living	Rye YMCA, Rye, NY
Liz Rotfeld	Director	Rye Brook Senior Center, NY
Lu Ann Murphy	Licensed Clinical Social Worker (LCSW)	Greenwich Hospital, CT
Margaret Watt	Executive Director	South West Regional Mental Health Board , CT
Marisol Rivera	Program Coordinator	Family Center, Greenwich, CT
Mary Ann Murray	MSW, Director Social Work Department	Greenwich Schools, CT
Tina M. Corlett	Licensed Clinical Social Worker (LCSW)	Social Services, Town of Greenwich, CT
Veronica Medina, RN	Practice Manager	Optimus Health Care, Stamford, CT
Don Palmer	Program Director	Boys & Girls Club, Greenwich, CT

APPENDIX C: Community Advisory Committee Members

Name	Title	Organization
Stuart D. Adelberg	President	United Way, Greenwich, CT
Nathan Allen, Jr.	Trustee Emeritus	Town of Greenwich, CT
Matthew Anderson	Administrator	Osborn Nursing Home/Rehab, Rye, NY
Robert Arnold	President	Family Centers, Greenwich, CT
Carlton Barnswell	Community Member	Greenwich, CT
Alan Barry, PhD	Psychologist Greenwich Commissioner of Services	Department of Social Services, Greenwich, CT
Marjorie Berkley	Vice President	F.C. Fish Corporation, Greenwich, CT
Margaret Bragg	Past President	GHA, Auxiliary, Greenwich, CT
Nancy Brown	Chair Person, POCD Task Force	POCD Housing, Greenwich, CT
Kathy Carley-Spanier	Director, CHGH	Greenwich Hospital, CT
Frank Corvino	President & CEO	Greenwich Hospital, CT
Louis Duff	President of Duff Associates	Greenwich, CT
Lindsay Farrell	President & CEO	Open Door Medical Centers , NY
William Finger	Representative, RTM Member	Greenwich, CT
Shirlee Hilton	Community Member	Mamaroneck, NY
Gregg Howells	President & CEO	Rye YMCA, Rye, NY
Donald Kirk	Board of Trustees	Greenwich Hospital, CT
Gerald Logan	Former Mayor	Port Chester-Rye Brook Rotary, NY
Frank Madonia	President	Port Chester Chamber of Commerce, NY
Carol Mahoney	Director	Greenwich Library, Greenwich, CT
Marcia O'Kane	Community Member	Riverside, CT
Rosario Ordonez	Case Manager	Greenwich Department of Social Services, CT
Stephanie Paulmeno, RN	Community Member	Greenwich, CT
Winston Robinson	President	NAACP, Greenwich, CT

Name	Title	Organization
Adrianne Singer	Executive Director	YWCA, Greenwich, CT
John Toner	Hospital Trustee	Greenwich Hospital, CT
Julia Schwartz-Leeper	Executive Director	Riverdale Senior Services, NY
Nancy Rosenthal	Senior Vice President, Health Systems Development	Greenwich Hospital, CT
Shirley Truman-Smith	Community Member	Greenwich, CT

APPENDIX D: Key Informant Interview Participants

New York

Name	Title	Organization
Ana Martinez	Community Outreach Worker	Family Ties Of Westchester, NY
Anne Verrastro	Staff Nurse	White Plains Hospital, NY
Basia Kinglake	Coordinator	Department of Community Mental Health, NY
Betti Weimersheimer	Executive Director	SPRYE, Inc., NY
Bruce Baker	Pastor	All Souls Parish, NY
Carol Nielsen	Director	Port Chester Senior Community Center, NY
Carrie Aaron-Young	Director, Nutrition/WIC Services	Westchester County Department of Health,NY
Caryl Weinstein	Licensed Clinical Social Worker (LCSW)	Dept. of Senior Services Cancer Care, NY
Chelsea Bodansky	Coalition Coordinator	Port Chester Cares Community Coalition, NY
Dan Lipka	Executive Director	Council of Community Services, Rye Town, NY
Daniel W. Colangelo, Jr.	Executive Director	Port Chester Housing Authority, NY
Denise Woodin	Director of Community Impact and Social Responsibility	Rye YMCA, NY
Dinah Howland	President of the Board of Directors	Port Chester Carver Center, NY
Elizabeth Cook	Development Director	Carver Center, NY
Ellette Hirschorn	Director of Clinical Services	Open Door Family Medical Centers, NY
Emil D'Onofrio	Reference Librarian	Port Chester - Rye Brook Public Library, NY
Gene Ceccarelli	Chairman	Senior Network Committee Council of Community Services, NY
Greg Austin	Chief of Police	Rye Brook Police Department, NY
Gregg Howells	Executive Director	Rye YMCA, NY
Helen Gates	Executive Director	Rye Arts Center, NY

Name	Title	Organization
Isobel Perry	Board Member	Council of Community Services
Jananne Abel	Editor	Westmore News, NY
Janett Grose	Manager of Children's Program	Port Chester Carver Center, NY
Jiali Li	Director of Research & Evaluation	Westchester County Department of Health, NY
Joan Feinstein	Mayor	Rye Brook, NY
Joan Grangenois-Thomas	Community Volunteer	Port Chester, NY
Joe Kwasniewski	Operations Director	Port Chester Carver Center, NY
John Touri	Retired School Board Trustee	Port Chester, NY
Joseph Krzeminski	Chief of Police	Port Chester Police Department, NY
Judy Myers	Legislator	Westchester County Board of Legislators, Rye , NY
Karen Fink	Clinic Director	Family Services of Westchester, NY
Kathleen Sutherland	Program Director	Port Chester School District, NY
Kathy Lonergan	Chief Clinical Officer	The Osborn, Rye, NY
Kerry Walsh	Executive Director	Carver Center, NY
Kitty Little	Director	Rye Free Reading Room, NY
Laura Tiedge	Senior Director of Healthy Living	Rye YMCA, NY
Lauren Martinez	Teen Center Manager	Port Chester Carver Center, NY
Lindsay Farrell	Chief Executive Officer	Open Door Family Medical Center, NY
Lisa Urban	Community Outreach Coordinator	Rye YMCA, NY
Maria Flores	Community School Coordinator	Thomas Edison School, NY
Marjorie Leffler	Vice President	Family Services of Westchester, Inc., NY
Mary Mediate	Director of Counseling	Blind Brook School District, NY
Miguel Garcia-Colon	Branch Manager	Byram Library
Mitchell Combs	Principal	Port Chester High School, NY
Nancy Haneman	President	SPRYE, NY
Naomi Butner	SBHC Coordinator	Open Door Family Medical Centers, NY

Name	Title	Organization
Naomi Klein	Director of Planning	Westchester County Department of Transportation, NY
Natalie Wimberly	Pastor	Saint Frances AME Zion Church, NY
Rosalie Hamm-Hines	Program Director	Family Services of Westchester, NY
Rozlyn Carvin	Treasurer	One World, NY
Ruth Nirenberg, Psy.D.	Quality Assurance Administrator	Mental Health Association of Westchester, NY
Sally Wright	Development Director	Rye YMCA, NY
Sandy Samberg	President	SoleRyeders, NY
Scott Pickup	City Manager & President of Rye Rotary Club	City of Rye, NY
Sheila Filipowski	Secretary	Council of Community Services, Rye Town, NY
Tanya Stack	Diabetes Prevention Program Regional Coordinator	Rye YMCA, NY
Thomas M. Saunders	Chair, Executive Committee	SPRYE, Rye, NY
Tom Kissner	Vice President	Port Chester-Rye NAACP, NY
Veruzca Guzman	After School Program Coordinator	Port Chester High School, NY
William Connors	Police Commissioner	City of Rye Police Department, NY

Connecticut

Name	Title	Organization
Alan Barry	Greenwich Commissioner of Social Services	Town of Greenwich, CT
Alice Melly	Board of Directors	Liberation Program Greenwich Adult Day Care (GADC), CT
Anthony L. Johnson	Executive Director	Greenwich Housing Authority, CT
Bill Bogardus	Teacher	Greenwich Public Schools, CT
Brita Darany von Regensburg	Founder /President	Friends of Autistic People, CT
Carol Burns	Executive Director	GADC River House, CT
Caroline Baisley	Director of Health	Greenwich Department of Health, CT
Caroline Smit	Coordinator	Greenwich United Way, CT
Chitra Shanbhogue	Executive Director	Community Answers, Inc., CT
Chris Davison, MD	Medical Director, Emergency Department	Greenwich Hospital, CT
Christopher Mosunic, PhD	Director of Weight Loss and Diabetes Center	Greenwich Hospital, CT
Cindy Lyall	President Elect	Junior League of Greenwich, CT
Clarena McBeth	Licensed Mental Health Counselor/Licensed Professional Counselor	Greenwich Mental Health Counseling, CT
Danielle Polizzi	School Social Worker	Greenwich High School, CT
Diane Carletti Romer	Case worker	Department of Social Services, CT
Don Palmer	Program Director	Boys & Girls Club of Greenwich, CT
Erica Christ	Manager Outpatient Nutrition Services	Greenwich Hospital, CT
H. Narea	Community Representative	Greenwich, CT
Henri Roca, MD	Medical Director, Greenwich Hospital's Integrative Medicine Program	Greenwich Hospital, CT
Janice Cianflone	Art Teacher	Westchester Community College

Name	Title	Organization
Jenny Byxbee	Greenwich Youth Services Coordinator	United Way, Greenwich Youth Services Bureau, CT
Jessica Welt, Psy.D.	Director, Greenwich	Child Guidance Center of Southern Connecticut, CT
Jim Heavey	Chief	Greenwich Police Department, CT
Jody Breakell	Co-Owner	B&B Consulting - Solutions for Nonprofits
Judy Holding	Oncology Chaplain	Greenwich Hospital, CT
Julie Faryiarz	Executive Director	Greenwich Alliance for Education, CT
Kathleen Conway	Oncology Counselor - APRN	Greenwich Hospital, CT
Kathy Steiner	Wellness Education Teacher	Greenwich High School, CT
Katrina Robinson	Board Member	United Way Planning Council, CT
Kim Eves	Director of Communications	Greenwich Public Schools, CT
Kim O'Reilly	Executive Director	Southwest Regional Mental Health Board
Laura Geffs	President	Junior League, Greenwich, CT
Linda St Pierre	Hospice Director	Greenwich Hospital, CT
Lisa Smith	Executive Director	Jewish Family Services of Greenwich, CT
Lise Jameson	LCSW ,Executive Director	At Home in Greenwich Inc, CT
Lori Jackson	Vice-Chair Community Services, Greenwich United Way	United Way, Town of Greenwich, Commission on Aging, CT
LuAnn Murphy	Clinical Social Worker (LSCW)	Greenwich Hospital, CT
Marianne Barnum	Diversity Coordinator	Brunswick School, CT
Meredith Gold	Program Coordinator	Domestic Abuse Services of YWCA Greenwich, CT
Mia Weinberg	Community Education and Volunteer Coordinator	YWCA Greenwich - Domestic Abuse Services, CT
Monica Bruning	Team Administrator	Greenwich Department of Social Services, CT

Name	Title	Organization
Naomi Schiff Myers	Social Policy Director	League of Women Voters of Connecticut, CT
Patricia Schumacher	LCSW	Greenwich Department of Social Services, CT
Peter Case	President	National Alliance on Mental Illness -Stamford/Greenwich Affiliate, CT
Richard Porter	Board Member	United Way, CT
Roni Lang LCSW	Clinical Social Worker	Greenwich Hospital, CT
Sam Deibler	Director	Greenwich Commission on Aging, CT
Scott Moore	EMS Administrator	Port Chester–Rye–Rye Brook EMS
Stephanie Haen	Director of Behavioral Health	Family Centers Inc, CT
Stephanie R. Paulmeno MS RN NHA	CEO/President	Global Health Systems Consultants, LLC, CT
Stephen Corman, MS	Peer Coordinator	Prostate Cancer Education Forum, Secretary, National Alliance of State Prostate Cancer Coalition
Stuart Adelberg	President	Greenwich United Way, CT
Teryl Elliott	Senior Asset Manager	Greenwich Housing Authority, CT
Tess Kryspin	Associate Medical Director	Optimus Healthcare, CT
Rev. Eddie Lopez	Director of Spiritual Care	Greenwich Hospital, CT
Tina M. Corlett	LCSW , Social Services Provider ll	Greenwich Department of Social Services, CT
William Gonzalez	Coordinator Older Adult Services	Liberation Programs, CT