

Danbury Hospital & New Milford Hospital 2022 Community Health Needs Assessment Report





A letter from Nuvance Health

Communication. Collaboration. Commitment.

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

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

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

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

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

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

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

With gratitude,



John M. Murphy, MD
President and CEO



Table of Contents

OUR COMMITMENT TO COMMUNITY HEALTH	3
EXECUTIVE SUMMARY	4
CHNA LEADERSHIP	4
RESEARCH PARTNERS	5
METHODOLOGY AND COMMUNITY ENGAGEMENT	5
COMMUNITY HEALTH PRIORITIES	6
BOARD APPROVAL	6
DANBURY HOSPITAL & NEW MILFORD HOSPITAL SERVICE AREA	7
SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY	10
COMMUNITY HEALTH NEEDS	29
BEHAVIORAL HEALTH	30
HEALTH RISK FACTORS AND CHRONIC DISEASE	32
MATERNAL AND CHILD HEALTH	36
EVALUATION OF IMPACT FROM 2019-2022 CHIP	38
NEXT STEPS	42



Our Commitment to Community Health

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

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

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

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

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

Community partners:

- Community Action Agency of Western Connecticut
- Connecticut Counseling Centers
- Connecticut Community Care
- Connecticut Institute for Communities
- Danbury Youth Services
- Jericho Partners
- Reach, Newtown
- Regional YMCA of Western Connecticut
- United Way of Western Connecticut
- Western Connecticut Coalition for Mental Health and Substance Abuse

In addition to the Danbury and New Milford health departments, the Pomperaug Health District and the health departments of Bethel, Brookfield, New Fairfield, Newtown, and Ridgefield were active participants in this assessment.

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



2022 CHNA Executive Summary

CHNA Leadership

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

Danbury Hospital Community Health Committee

- **Carrie Amos- Chair - Jericho Partnerships**
- Thomas Dubin – Board Member
- Lisa Alexander– Community (United Way of Western CT)
- Isabel Almeida– Community (United Way of Western CT)
- Stacy Benson– Community (CT Counseling)
- John S. Bocuzzi – Community - Friends of Newtown Seniors
- Melanie Bonjour– Community (CT Institute for Communities)
- Edward Briggs – Community (Ridgefield Health Dept.)
- Adam Carley– Community (Reach Newtown)
- Elizabeth Cotter – Community (Danbury Youth Services)
- Donna Culbert– Community (Newtown Health Dept.)
- Diane Doling– Community (Danbury Youth Services)
- Alison Fulton– Community (Western CT Coalition)
- Michelle James– Community (Community Action Agency)
- Joan Laucius – Community (Reach Western CT)
- Marie Miszewski – Community (Regional YMCA)
- Lisa Morrissey – Community (Housatonic Valley Health District)
- Lisa O’Connor – Community (Regional YMCA)
- Sherry Ostrout – Community (Age Well Community Council)
- Kara Prunty – Community (Danbury Health Dept.)
- Timothy Simpkins – Community (New Fairfield Health Dept.)
- Jackie Romaniuk – Community – (CT Dental Health Partnership)
- Ray Sullivan – Community (Brookfield Health Dept.)
- Laura Vasile – Community (Bethel Health Dept.)
- Janice Wiggins – Community (CT Community Care)

Professional Staff

- Rowena Bergmans – Nuvance VP Strategic Payer and Community Partnerships
- Robert Carr, MD – Nuvance
- Billie-Jo Frazier – DH Program Manager Account Health Committee
- Sally Herlihy – Nuvance VP Strategic Planning & Bus Development
- Kevin McVeigh – DH Community Care Team Manager
- Akshara Patel – DH Clinical Research Coordinator
- Ildiko Rabinowitz – Nuvance AVP Health Equity Diversity & Inclusion
- Ellen Ryan – Nuvance Clinician
- Andrea Rynn – Nuvance AVP Community Govt and Public Relations
- Alison Zaloski– DH Nursing Manager



Our Research Partners

Nuvance Health contracted with Community Research Consulting to compile the CHNA reporting and guide the development of the Community Health Improvement Plan. CRC is a woman-owned business that specializes in conducting stakeholder research to illuminate disparities and underlying inequities and transform data into practical and impactful strategies to advance health and social equity. Their interdisciplinary team of researchers and planners have worked with hundreds of health and human service providers and their partners to reimagine policies and achieve measurable impact. Learn more about our work at buildcommunity.com.



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



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



Methodology and Community Engagement

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

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

- **Analysis of Health and Socioeconomic Data:** Public health statistics, demographic and social measures, and healthcare utilization data were collected and analyzed to develop a comprehensive community profile that illuminated health disparities and underlying inequities.



- **Community Surveys of Lived Experiences:** As part of the DataHaven Community Wellbeing Survey across Connecticut, a statistical telephone survey was conducted with more than 700 households in the Greater Danbury community to gather information on wellbeing and quality of life.
- **Community Perception Surveys:** As part of the GNYHA CHNA Survey, a web- and paper-based convenience survey was conducted with nearly 750 households in the Danbury Hospital and New Milford Hospital service area to garner perceptions on community health priorities.
- **Input from Experts and Key Stakeholders:** Health and social service providers, public health experts, and representatives from a wide range of community-based organizations participated in the CHNA to guide the process and provide insights on community health needs.

Community Health Priorities

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

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

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

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

Board Approval

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

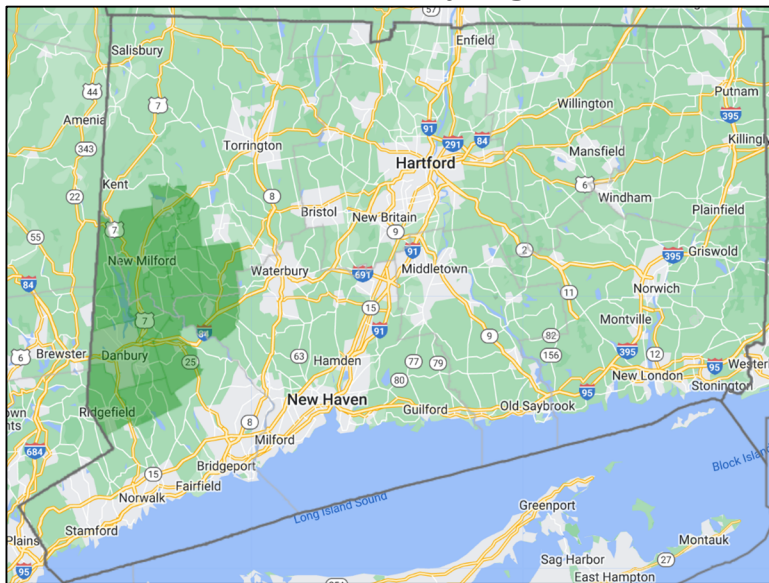
Following the Board's approval, the CHNA report was made available to the public via the Nuvance Health website at [Nuvance Health](#).



Danbury Hospital & New Milford Hospital Service Area

The 2022 CHNA provides local level health-related data about Danbury and New Milford, and the surrounding towns of Bethel, Bridgewater, Brookfield, New Fairfield, Newtown, Redding, Ridgefield, Roxbury, Sherman, Southbury, Washington, and Woodbury. This region is referred to as Greater Danbury throughout the remainder of the report. The CHNA data may also be presented for all of Fairfield and Litchfield counties, the home counties of Danbury and New Milford, based on data availability.

Greater Danbury Region



Greater Danbury Region and 2020 Populations by Town

- | | |
|--------------------------|-----------------------|
| • Bethel (20,358) | • Redding (8,765) |
| • Bridgewater (1,662) | • Ridgefield (25,033) |
| • Brookfield (17,528) | • Roxbury (2,260) |
| • Danbury (86,518) | • Sherman (3,527) |
| • New Fairfield (13,579) | • Southbury (19,879) |
| • New Milford (28,115) | • Washington (3,646) |
| • Newtown (27,173) | • Woodbury (9,723) |

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

Connecticut overall is an aging state. Between 2010 and 2020, the state's population remained similar in total number, but increased in the proportion of adults and decreased in the proportion

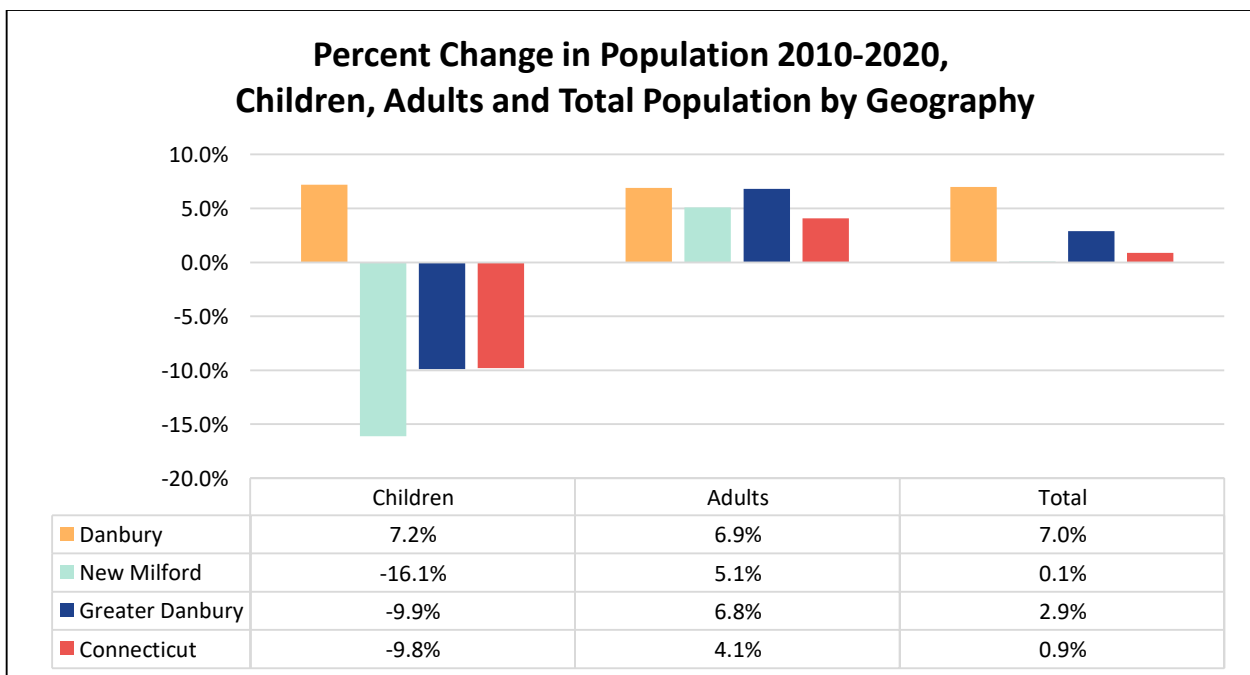


of children. During the same period, Greater Danbury experienced a 3% increase in overall population, although the region is also aging. Between 2010 and 2020, Greater Danbury saw adult population growth of +13,537 individuals and child population loss of -6,106 individuals. The City of Danbury is unique within the region, experiencing growth in both adult and child populations.

Total Population and Population Change by Age Group

	2010 Population	2020 Population	Change
Danbury			
All Ages	80,893	86,518	+5,625
Children under age 18	17,042	18,270	+1,228
Adults 18 or over	63,851	68,248	+4,397
New Milford			
All Ages	28,241	28,115	-27
Children under age 18	6,839	5,735	-1,104
Adults 18 or over	21,303	22,380	+1,077
Greater Danbury			
All Ages	260,335	267,766	+7,431
Children under age 18	61,891	55,785	-6,106
Adults 18 or over	198,444	211,981	+13,537
Connecticut			
All Ages	3,574,097	3,605,944	+31,847
Children under age 18	817,015	736,717	-80,298
Adults 18 or over	2,757,082	2,869,227	+112,145

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



Source: US Census Bureau 2010 & 2020 Decennial Census P.L. 94-171 Redistricting Data

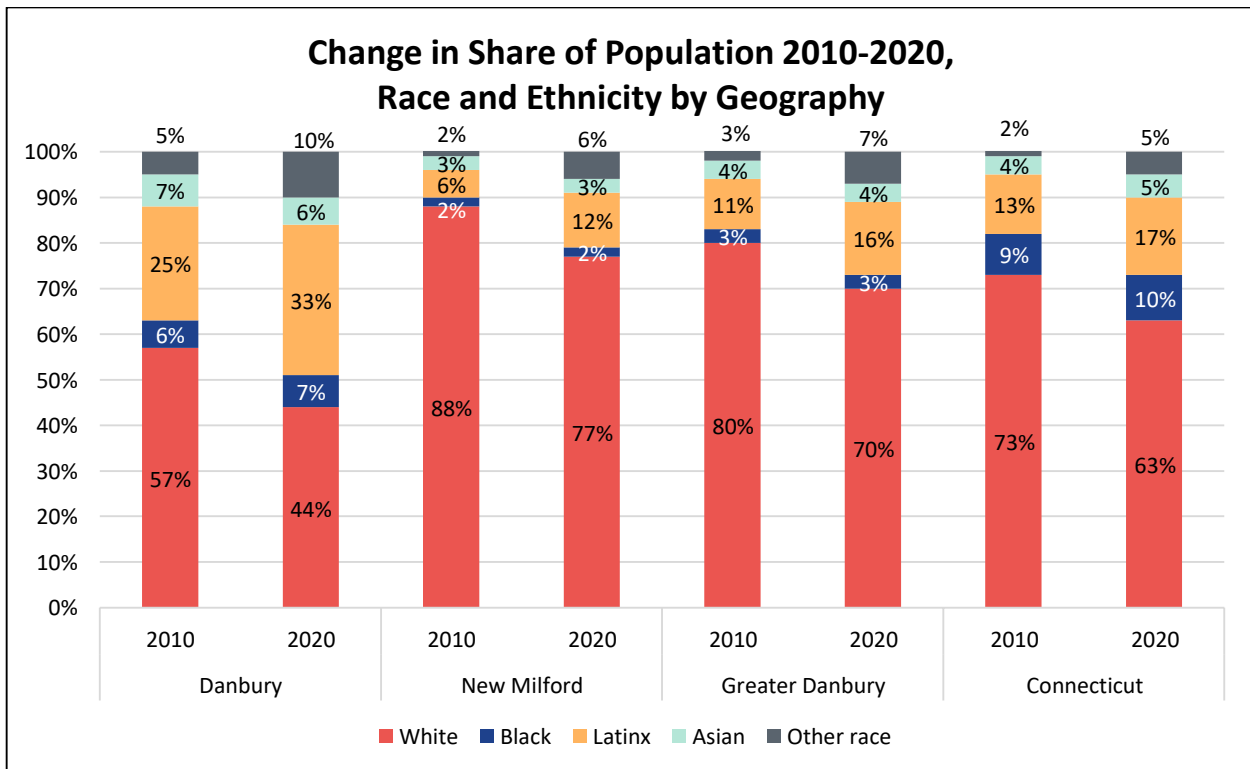


The City of Danbury is a majority-minority city, with a racial and ethnic diversity of residents unmatched in the surrounding areas. Regionally, Greater Danbury is less diverse than Connecticut, although consistent with statewide trends, the region is becoming more diverse.

Total Population by Race and Ethnicity

	White	Black	Latinx	Asian	Native American	Other race/ethnicity
Danbury						
Count	37,963	5,630	28,690	5,339	70	8,826
Share	44%	7%	33%	6%	<1%	10%
New Milford						
Count	21,515	639	3,241	958	<50	1,730
Share	77%	2%	12%	3%	NA	6%
Greater Danbury						
Count	186,769	8,547	42,725	11,760	221	17,744
Share	70%	3%	16%	4%	<1%	7%
Connecticut						
Share	63%	10%	17%	5%	<1%	5%

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



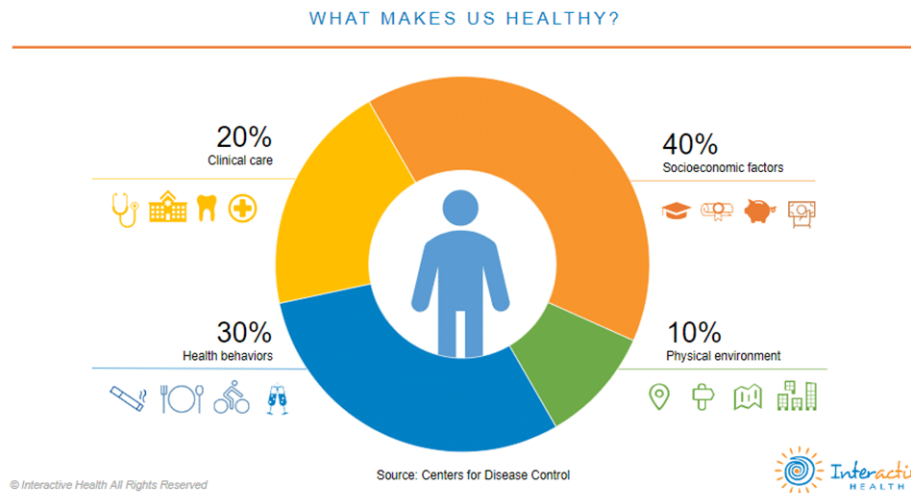
Source: US Census Bureau 2010 & 2020 Decennial Census P.L. 94-171 Redistricting Data



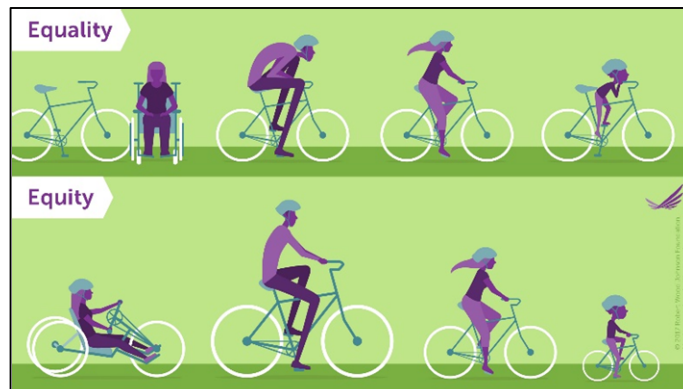
Social Determinants of Health and Health Equity: A closer look at factors that influence well-being

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health risks and outcomes. Healthy People 2030, the CDC’s national benchmark for health, outlines five key areas of SDoH: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.

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



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



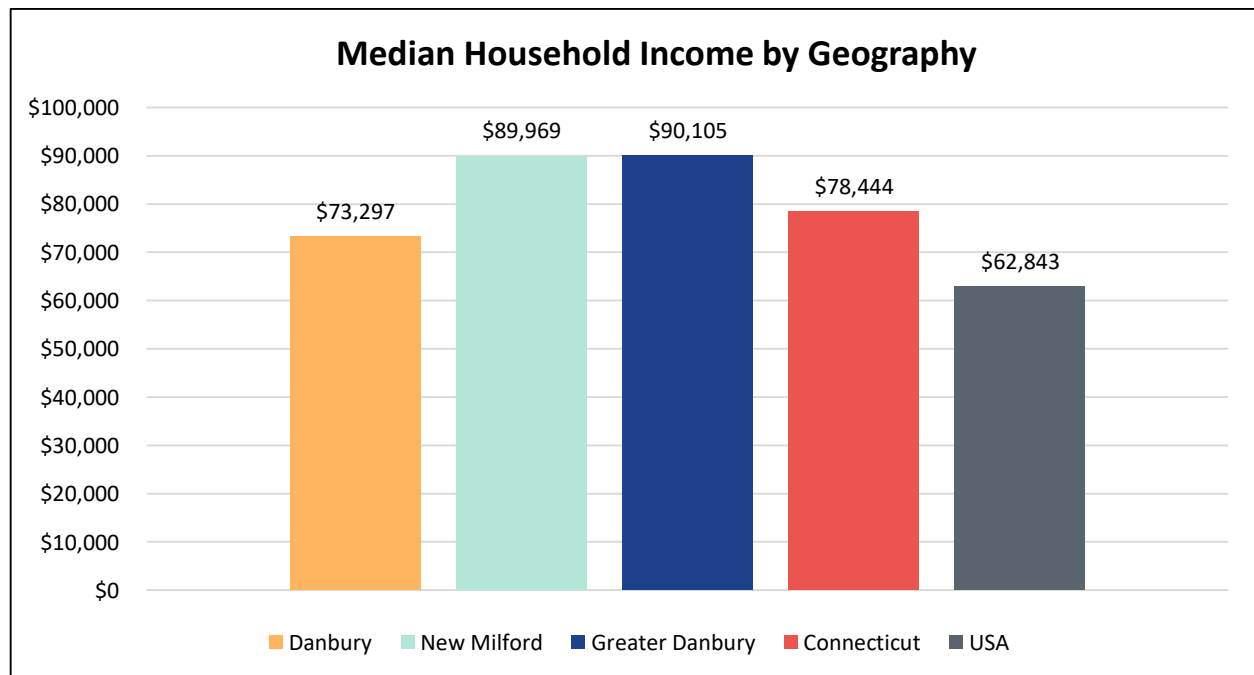


Social Determinants of Health within Greater Danbury

Economic Stability

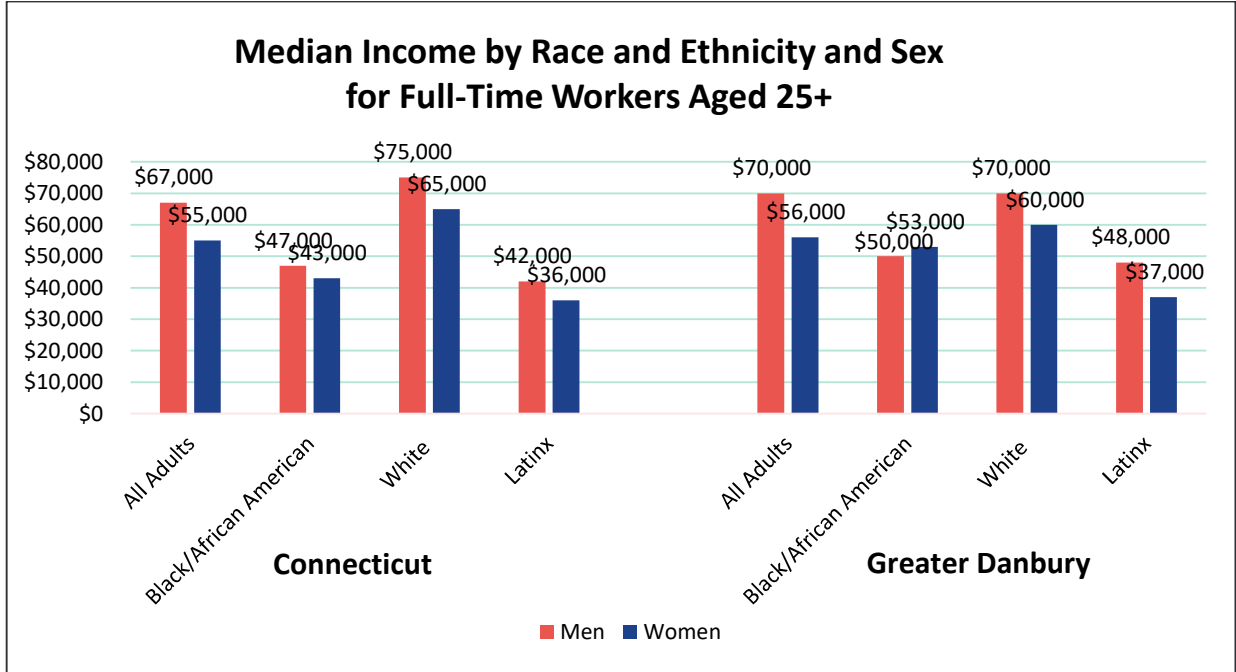
Income and work impact health outcomes. For example, many Americans access health insurance through their job, although not all types of work provide access to health insurance. Beyond health insurance, making healthy choices, such as purchasing lean meats and fresh produce or joining a gym, all cost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

The median household income in Greater Danbury is \$90,105, compared to \$77,696 statewide, and fewer residents or children in Greater Danbury live in poverty compared to the state overall. However, this positive experience is not shared by all residents. Within the region, median household incomes by town range from \$73,297 in Danbury to \$163,945 in Ridgefield. Danbury also has higher poverty levels, affecting 12% of all residents and 17% of children.

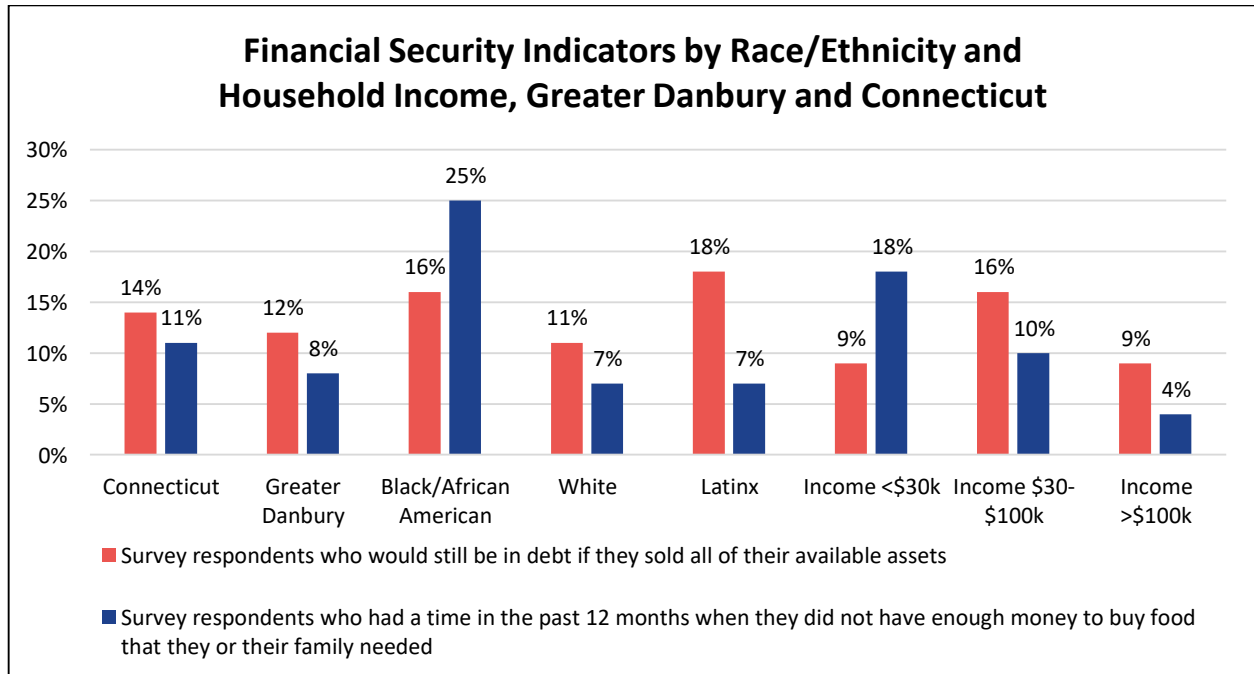


Source: DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

Historical barriers based on race, gender, ethnicity, and other factors continue to impact financial security and income for people today. For example, within Greater Danbury, median income for male Black/African American and Latino workers is approximately \$20,000 less than for male white workers. A similar disparity is seen for female Latina workers compared to female white workers. This disparity in economic resources impacts the ability of people with lower incomes to engage in health promoting activities, creating differences in the choices available to people in Greater Danbury to live their healthiest lives.



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



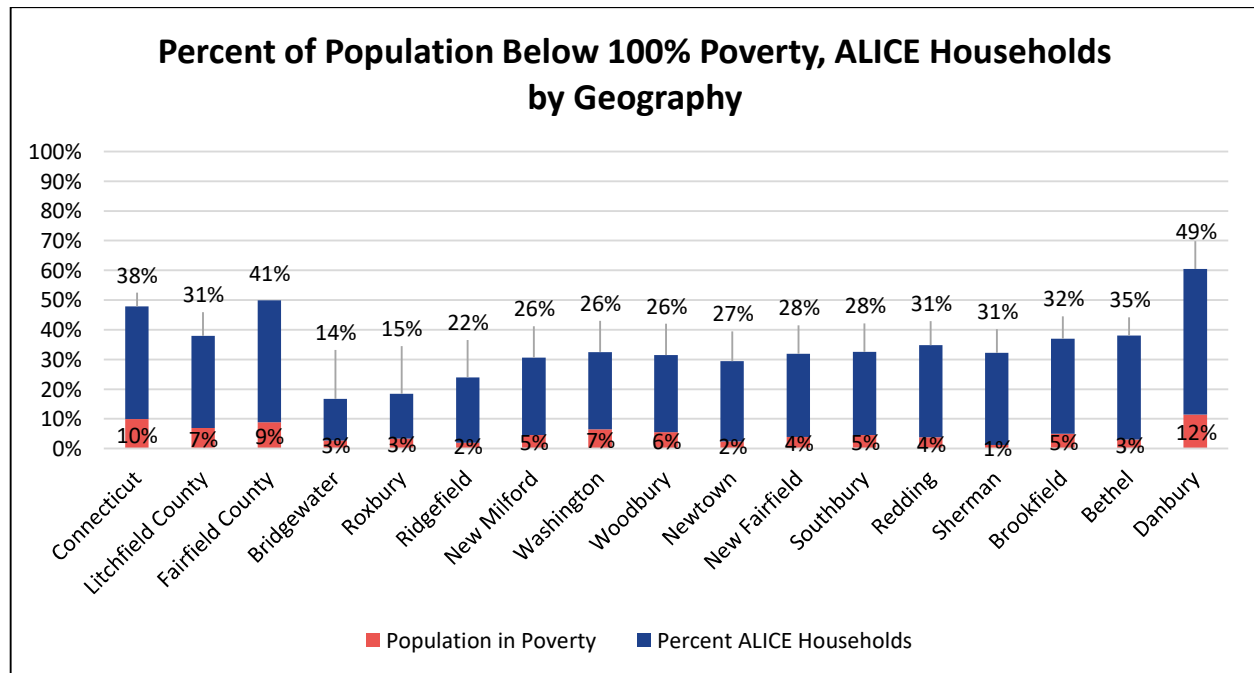
Source: 2021 DataHaven Community Wellbeing Survey

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



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

While the proportion of people living below the poverty level is relatively low across the Greater Danbury Area, more than 1 in 10 and up to 49% of all households throughout the area met the ALICE threshold *before the start of the COVID-19 pandemic*. While the data regarding these measures during the pandemic are not yet available, anecdotal information suggests that the proportion of struggling households has increased during more recent years.



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

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

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

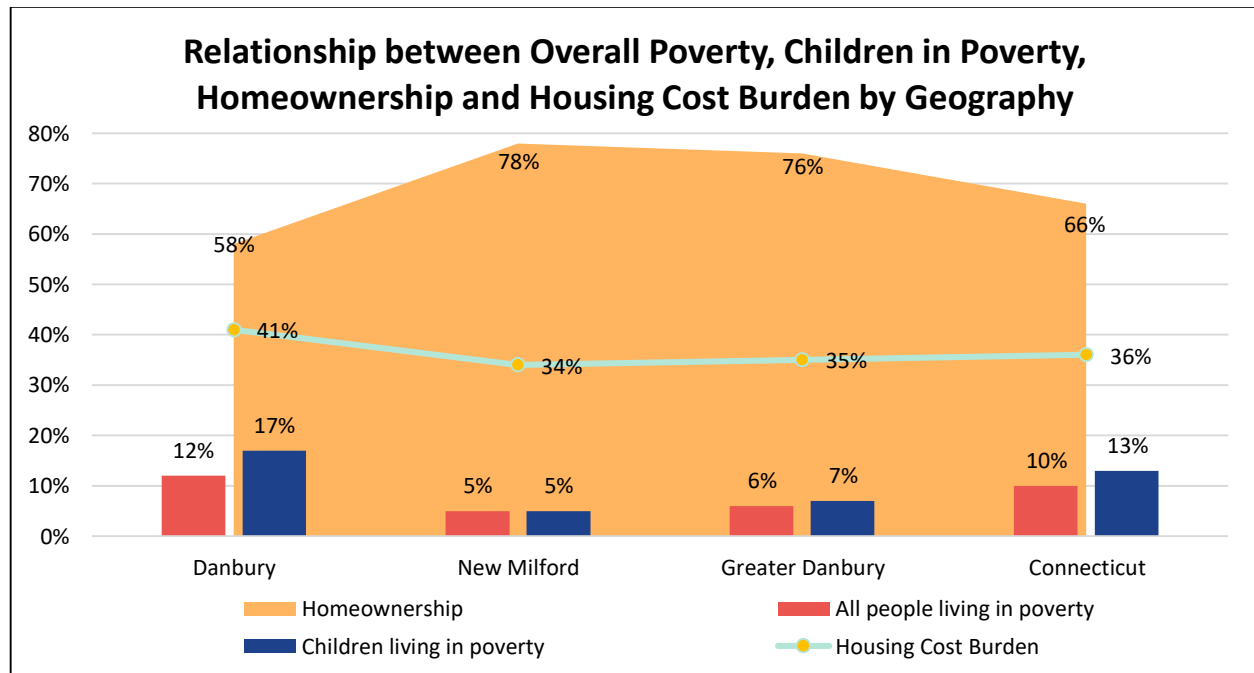
Owning a home is an investment. For many families, their home is their largest asset. However, historically, structures have been in place that prevent people of color and others from purchasing a home. Today, this historic structural inequity manifests in the financial assets that certain populations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

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



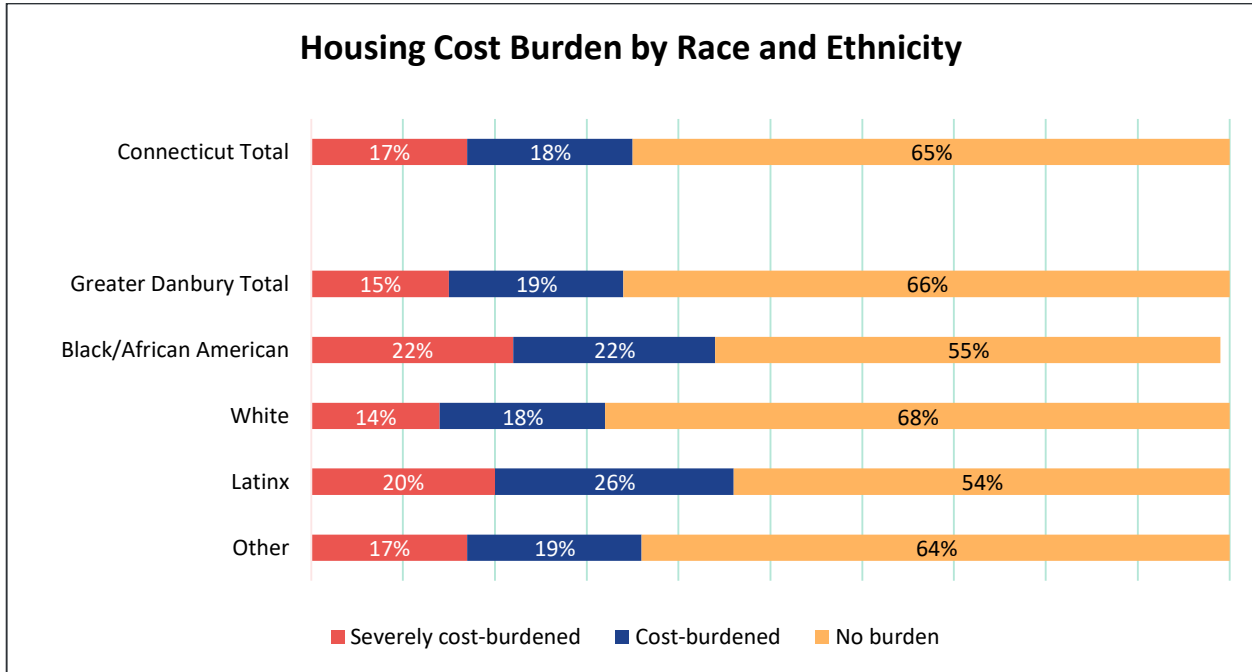
income on housing, they are considered housing cost-burdened. When housing costs consume more than 30% of a household budget, fewer resources are available for other necessities like food, transportation, and childcare.

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



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

Among renter households in Greater Danbury, 49% are cost-burdened compared to 30% of owner households. Among Black/African American and Latinx householders (owner or renter), approximately 45% are cost-burdened compared to 32% of white householders.



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

Education Access and Quality

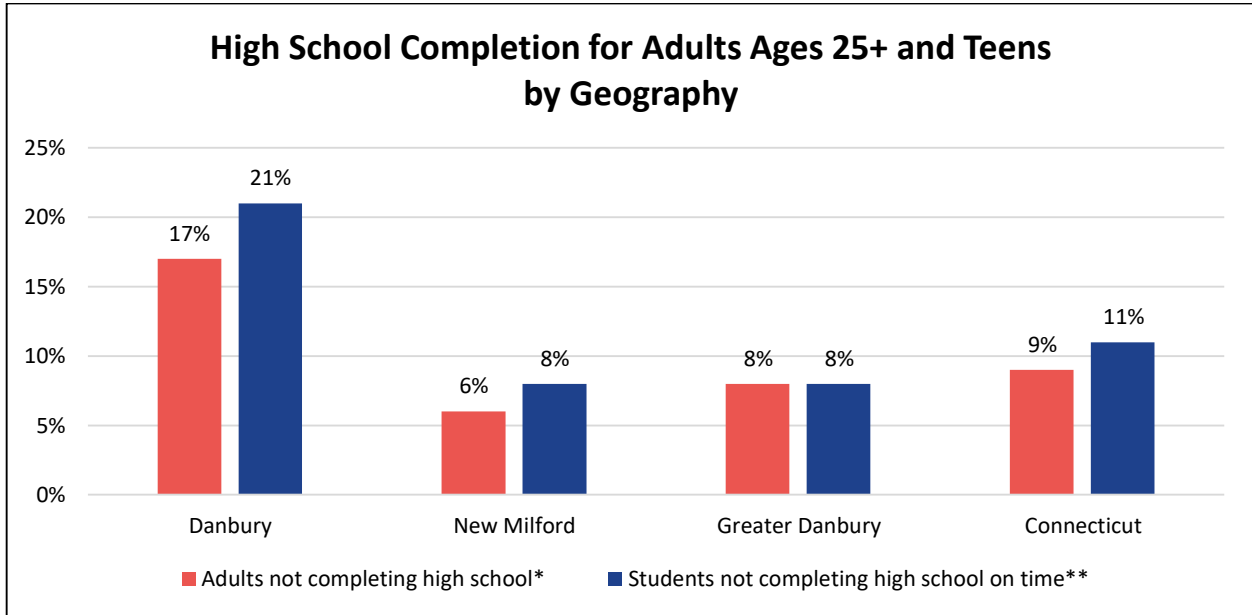
Education is one of the best predictors of good health and long lives. Availability of accessible, well-funded, and well-resourced public education opportunities and exposure to diverse employment pathways, such as in the healthcare and social services fields, build a strong foundation for young people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

Overall, people living in Greater Danbury are well educated and residents perceive high likeliness for school success and job opportunities post-graduation. However, disparities in the City of Danbury include 21% of high school students not graduating on time and 17% of adults not completing high school. These disparities likely reflect, in part, inequities among students of color, who make up a higher proportion of the Danbury population, are more likely to experience unfairly harsh discipline, and are less likely to graduate high school due to other structural barriers. Disparities may also reflect fewer community resources and investments in public education, a factor that is common in communities with more rental households.

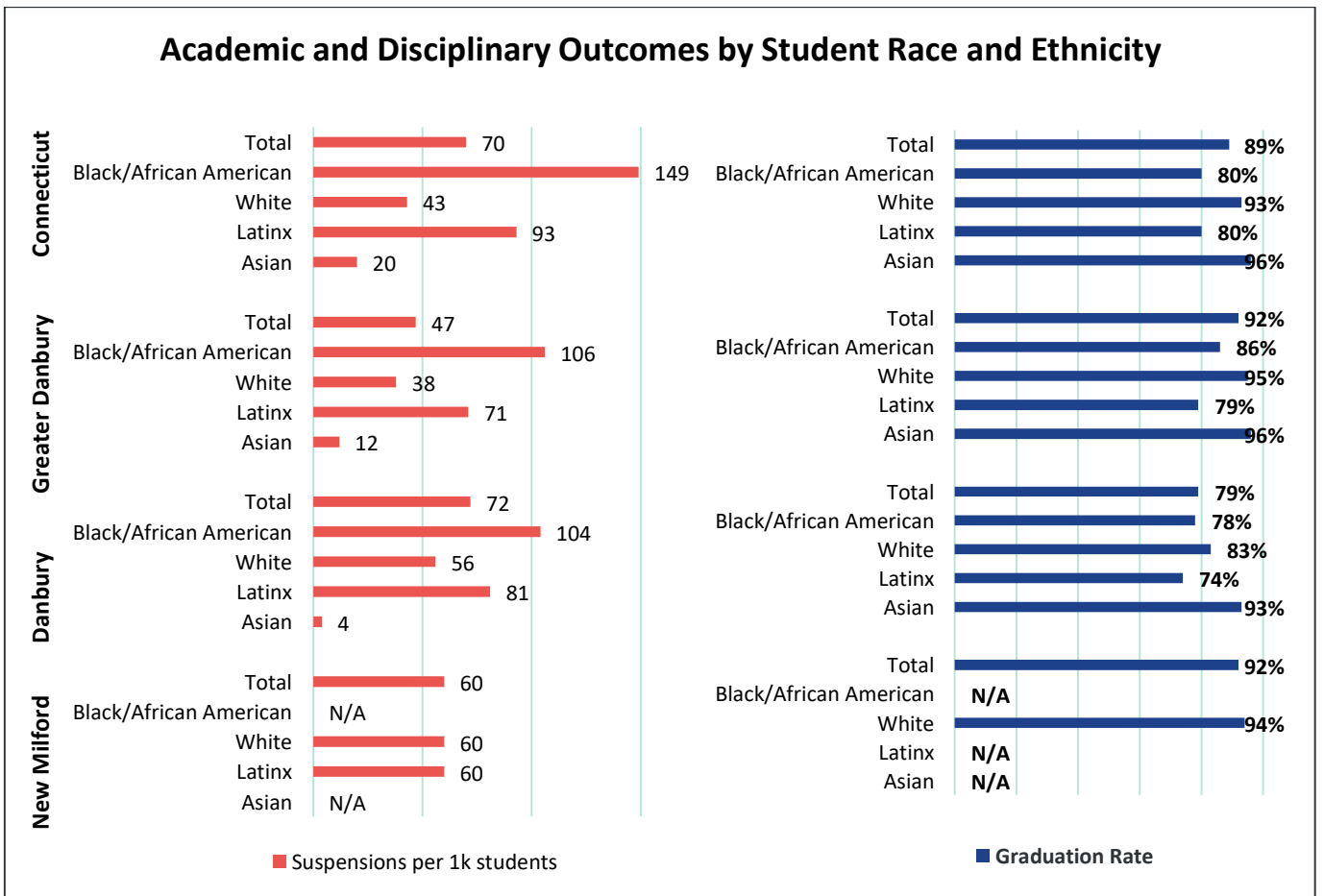
Community Wellbeing Survey Respondents Who Thought It Was “Almost Certain” or “Very Likely” That Young People in Their Neighborhood Could:

	Greater Danbury	Connecticut
Graduate from high school	100%	91%
Get a job with opportunities for advancement	72%	61%

Source: 2021 DataHaven Community Wellbeing Survey



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



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

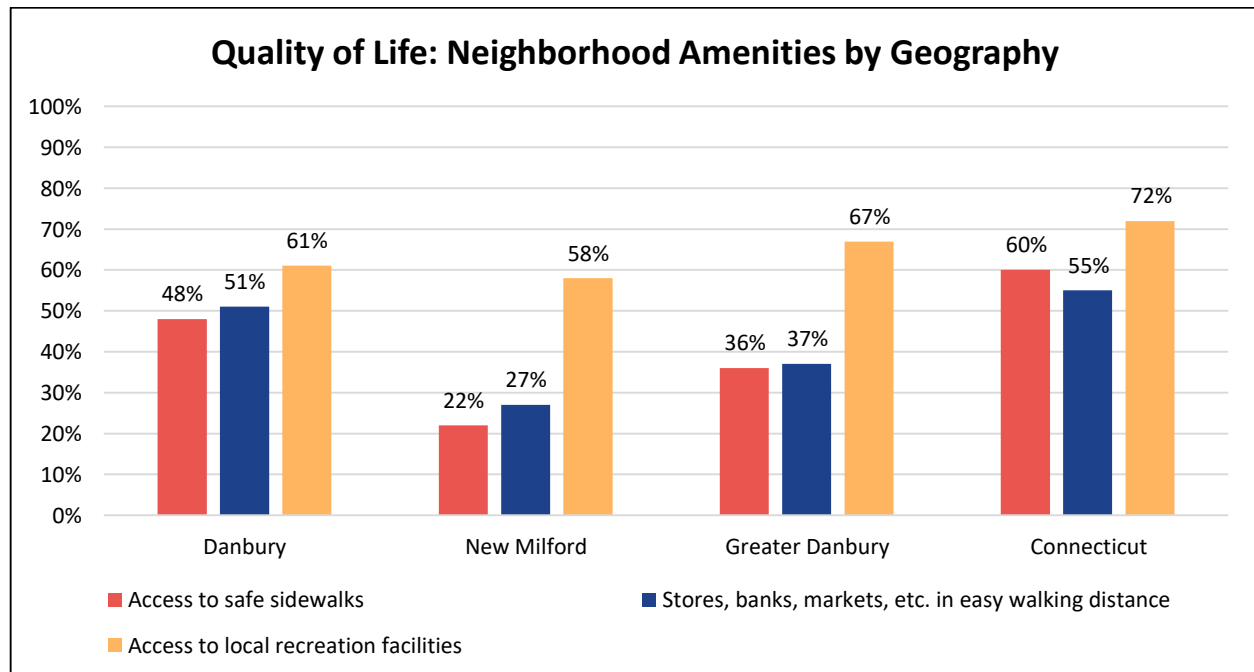


Neighborhood and Built Environment

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

Access to safe sidewalks, recreation, and shopping is less available in the Greater Danbury area than Connecticut as a whole. Within the Greater Danbury area, the City of Danbury has better access to these amenities than New Milford, although fewer households in Danbury have a vehicle at home to access services not within walking distance.

Lack of transportation is an access barrier for many residents, largely along income lines. Among Community Wellbeing Survey respondents, nearly 20% of individuals in the low-income range and nearly 10% in the middle-income range stated that they stayed home when they needed or wanted to go someplace, because they did not have reliable transportation.



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

No Vehicle at Home

Danbury	New Milford	Greater Danbury	Connecticut
9%	3%	5%	9%

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

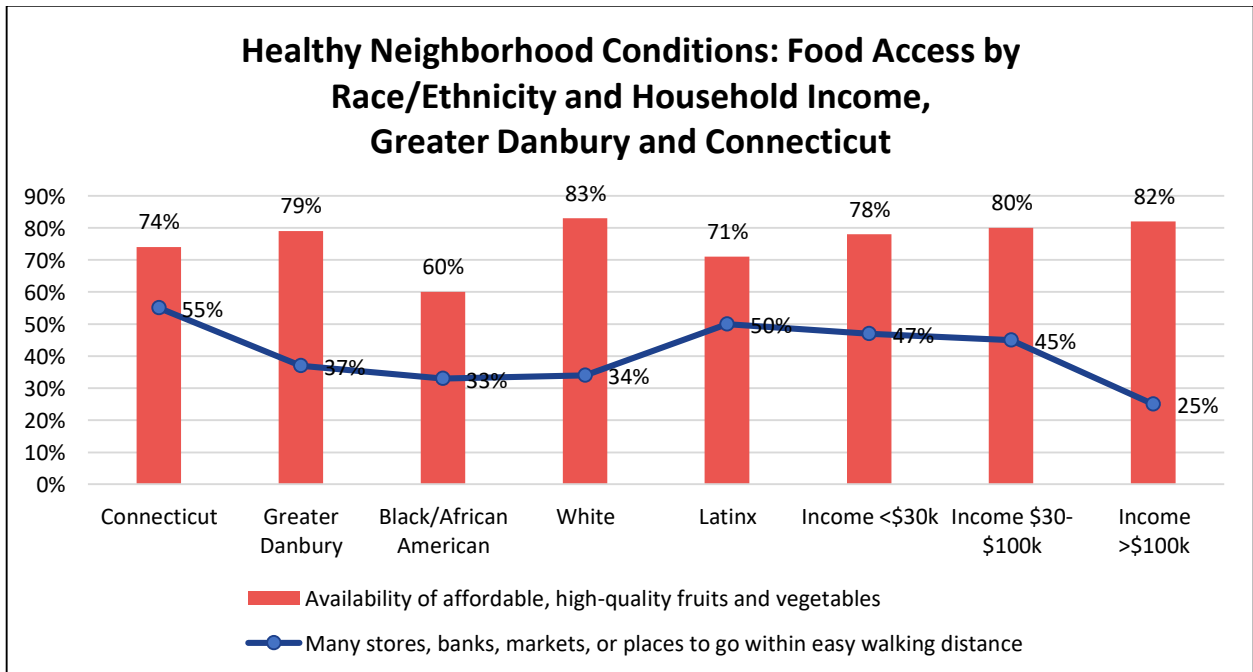


Community Wellbeing Survey Respondents Who Stayed Home When They Needed or Wanted to Go Somewhere Because They Did Not Have Reliable Transportation

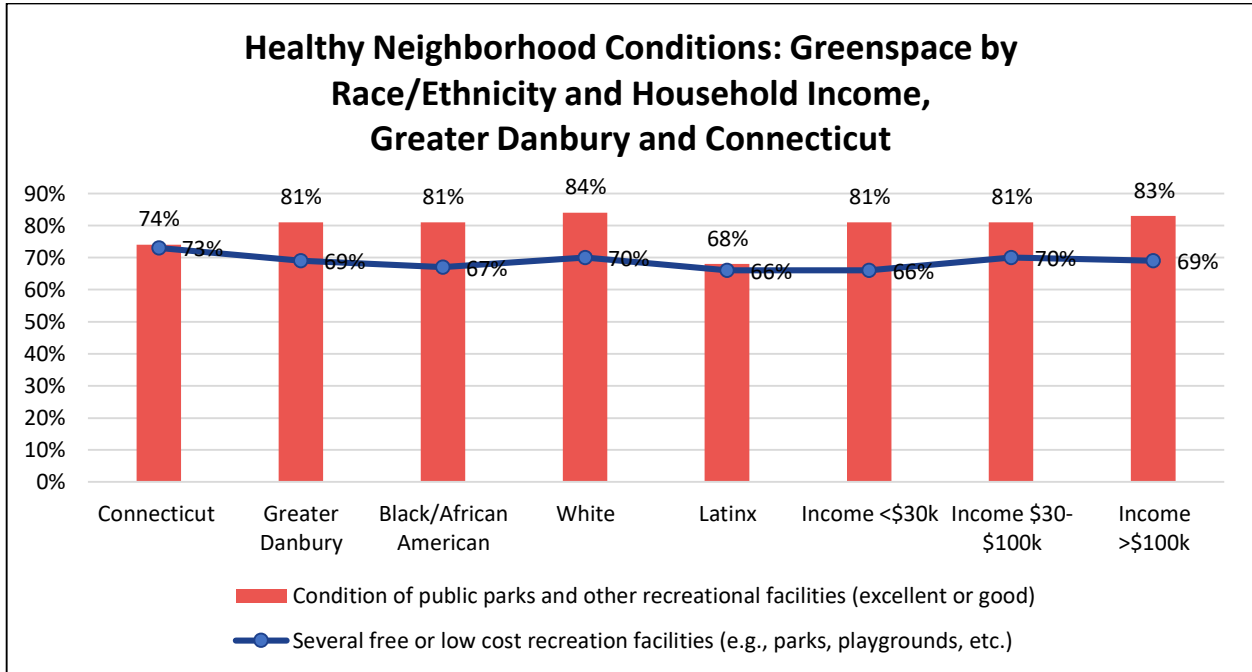
	Percent
Connecticut (All Adults)	13%
Greater Danbury (All Adults)	6%
Black/African American	15%
White	6%
Latinx	8%
Household income <\$30k	19%
Household income \$30-\$100k	8%
Household income >\$100k	2%

Source: 2021 DataHaven Community Wellbeing Survey

In addition to reporting lower access to community amenities, residents of Greater Danbury have wide variability in their perceptions of the quality of available amenities. Disparities are most evident among individuals with lower income and/or identifying as Black/African American or Latinx. Of note, 60% of Black/African American and 71% of Latinx residents perceived having access to affordable and high-quality fruits and vegetables compared to 83% of white residents. Latinx residents also perceived lower access to quality parks and other recreational facilities.

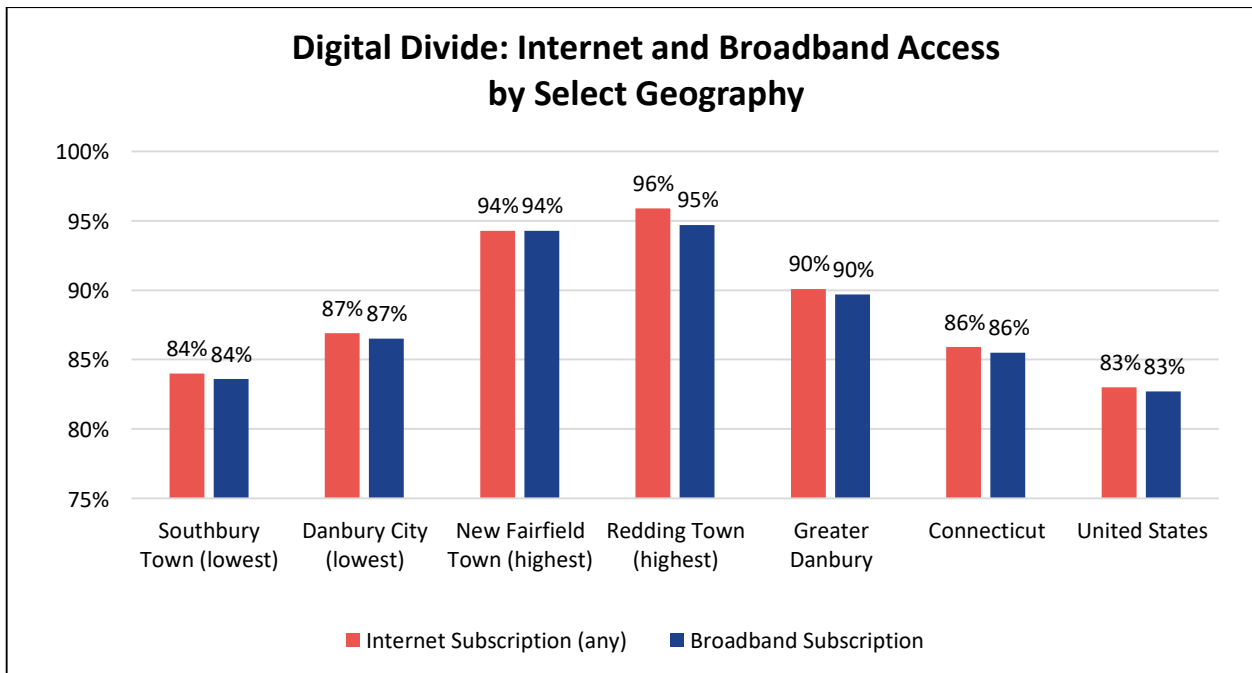


Source: 2021 DataHaven Community Wellbeing Survey



Source: 2021 DataHaven Community Wellbeing Survey

During COVID we were able to use technology to bring services to people in their homes, but we need to bridge the wide digital divide within our communities to effectively reach all residents. Within Greater Danbury, there is approximately a 10-point difference in access to internet and broadband between residents of Southbury or Danbury and residents of New Fairfield or Redding.



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



Healthcare Access and Quality

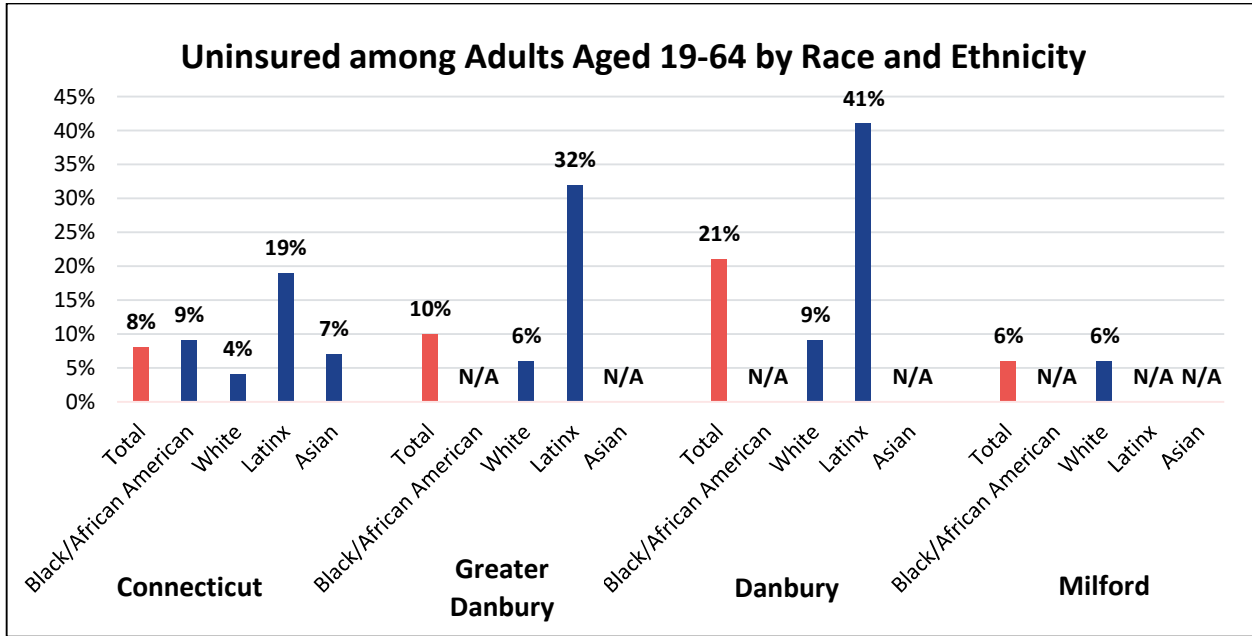
Lack of health insurance is a barrier to accessing healthcare. Without health insurance, residents face high costs for care when they need it, and they are less likely to receive preventive care. Preventive care, such as well visits and screenings, can detect small problems that can be treated more easily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

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

While Fairfield County overall is generally well served by healthcare providers, Danbury is a Health Professional Shortage Area (HPSA) for primary, dental, and mental health services. Neighboring Litchfield County has lower provider availability than the state and/or nation and is also a HPSA for mental healthcare. When viewed at the census tract-level, Danbury residents are less likely to receive regular physical or dental checkups when compared to neighboring communities.

Additional disparities in accessing healthcare are evidenced by Community Wellbeing Survey results. Across Greater Danbury, 12% of Latinx respondents reported not have a personal doctor or healthcare provider and 24% reported not visiting a dentist within the past two years. Access disparities among Latinx residents may be exacerbated by language barriers and lack of bilingual providers or interpreter services. Approximately 37% of Greater Danbury Latinx residents are considered linguistically isolated, characterized as speaking English less than “very well.” Approximately 27% of Asian residents are also considered linguistically isolated.

While only 4% of Black/African American respondents reported not having a personal doctor or healthcare provider, 37% reported putting off or postponing needed medical in the past 12 months. This finding may reflect a multitude of factors, including experiences of discrimination. Twenty-six percent of Black/African American respondents stated that when seeking healthcare, they were treated with less respect or received services that were not as good as what other people get.



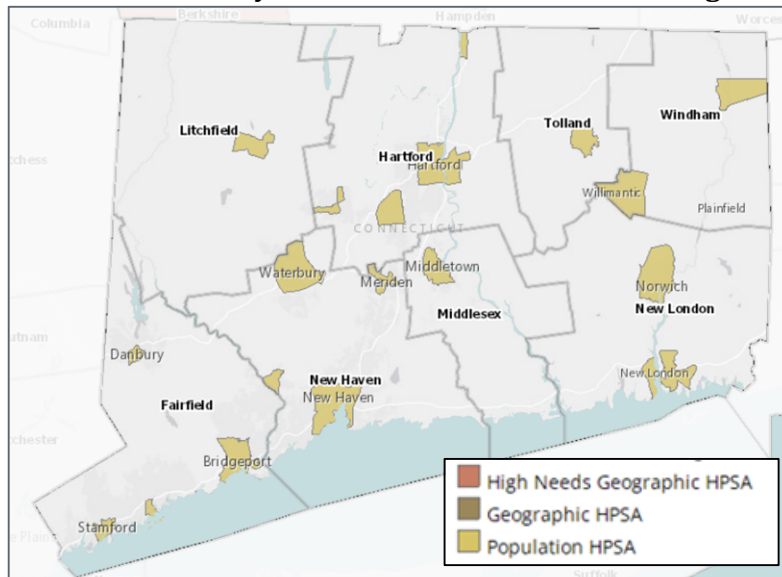
Source: DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

Healthcare Provider Availability: Provider Rates per 100,000 Residents

	2019 Primary Care Physicians	2020 Dentists	2021 Mental Health Providers
Fairfield County	94.3	94.0	338.4
Litchfield County	58.2	66.3	287.8
Connecticut	85.2	87.1	439.2
United States	76.3	71.4	285.7

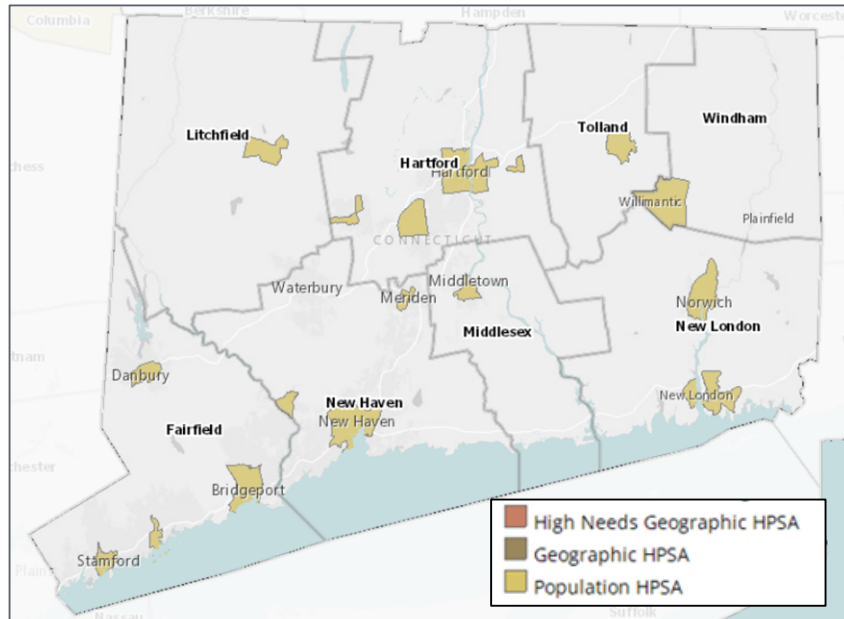
Source: Health Resources and Services Administration and Centers for Medicare and Medicaid Services

Connecticut: Primary Care Health Professional Shortage Areas

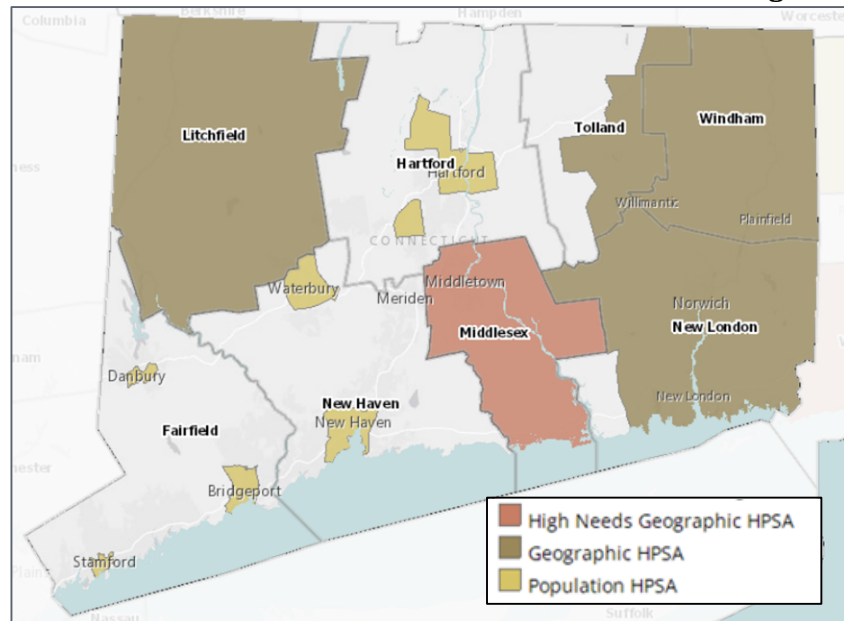




Connecticut: Dental Health Professional Shortage Areas

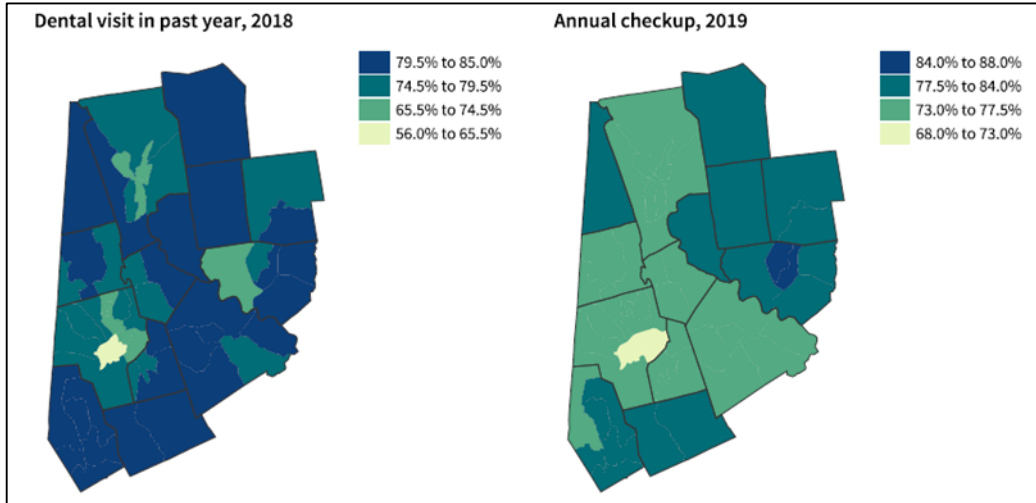


Connecticut: Mental Healthcare Health Professional Shortage Areas





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

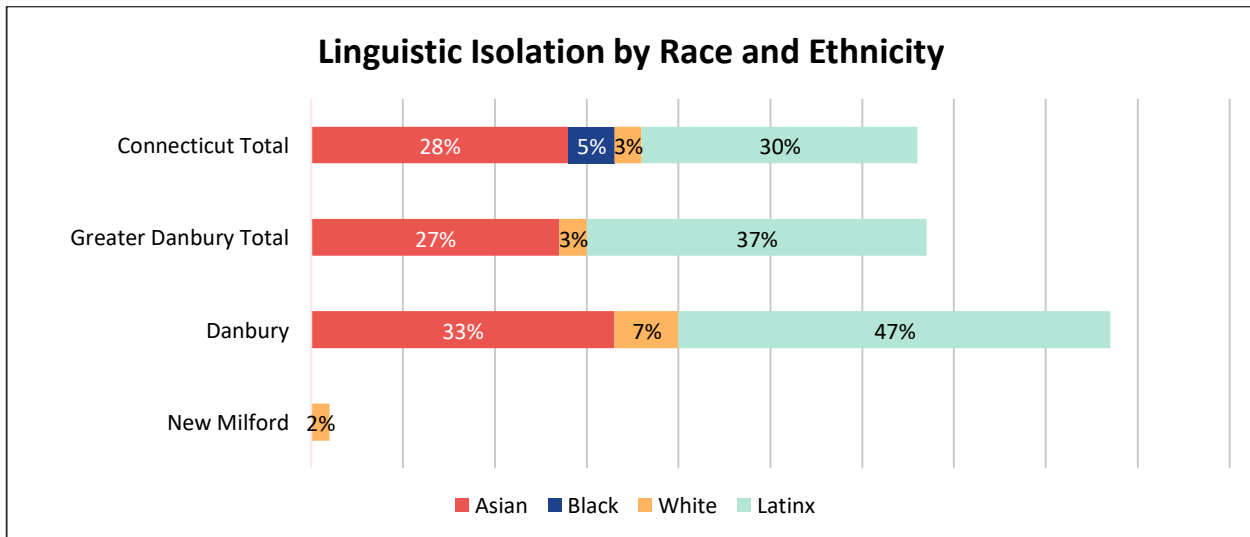


Source: PLACES Project. Centers for Disease Control and Prevention

Healthcare Access among Adults in Greater Danbury

	No personal doctor or healthcare provider	Put off or postponed needed medical care in past 12 months	Saw a dentist more than two years ago
Connecticut (All Adults)	11%	30%	13%
Greater Danbury (All Adults)	9%	31%	13%
Black/African American	4%	37%	7%
White	9%	31%	11%
Latinx	12%	32%	24%
Household income <\$30k	2%	31%	29%
Household income \$30-\$100k	16%	31%	14%
Household income >\$100k	6%	34%	8%

Source: 2021 DataHaven Community Wellbeing Survey



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



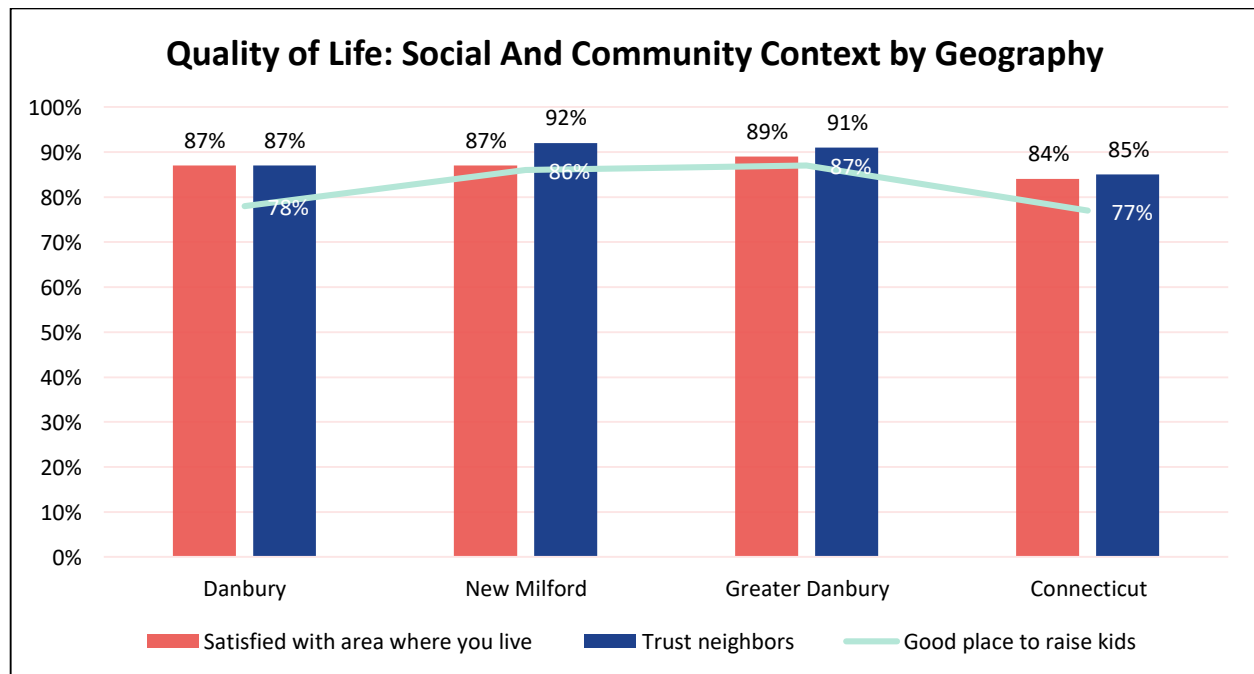
Social and Community Context

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

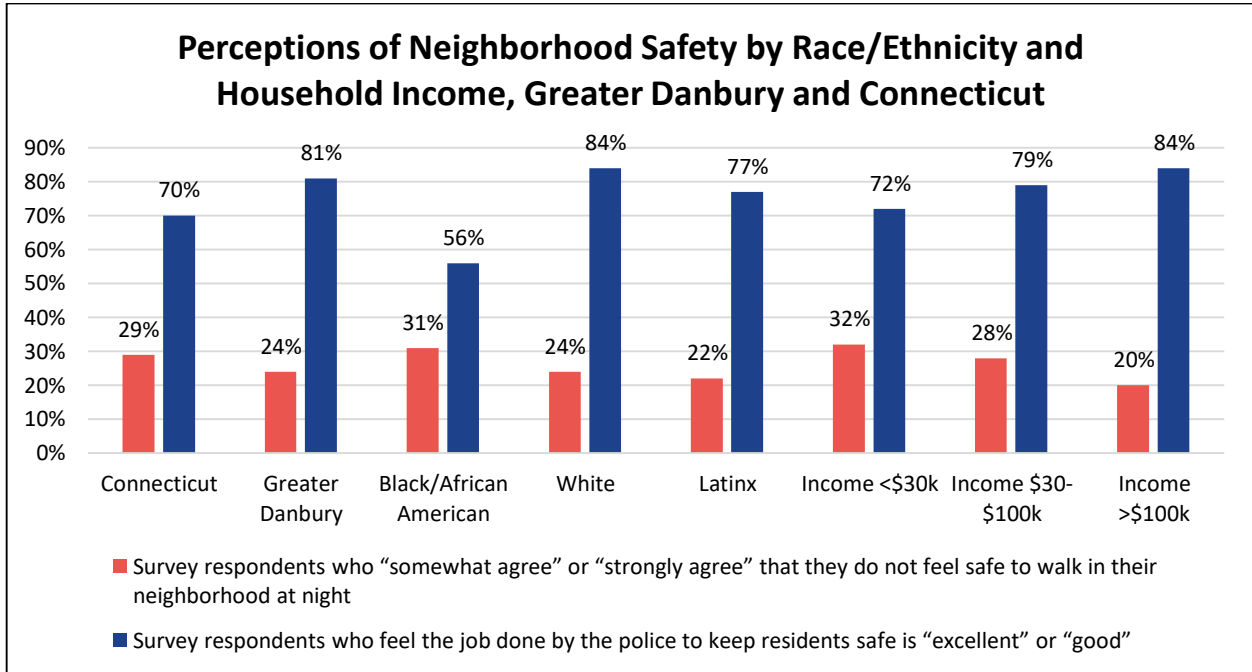
Feeling like you belong, are appreciated, and are valued in your community reinforces protective health factors that help people and communities overcome adversity. Experiences of poverty, violence, poor housing, racism, and discrimination create Adverse Community Environments and chronic stress that perpetuate trauma and increase Adverse Childhood Events (ACEs) that have a lasting impact on people and their communities.

Residents of Greater Danbury, including Danbury and New Milford, have overall high perceived satisfaction in where they live, as well as overall positive perceptions of neighborhood safety, relative to the state. However, these experiences are not shared by all residents. Black/African American residents are less likely to feel safe walking in their neighborhood at night and/or that police are doing a “good” or “excellent” job of keeping residents safe. These findings are consistent with experiences of discrimination among Black/African American residents in interacting with police, as well as in other environments like the workplace or healthcare setting.

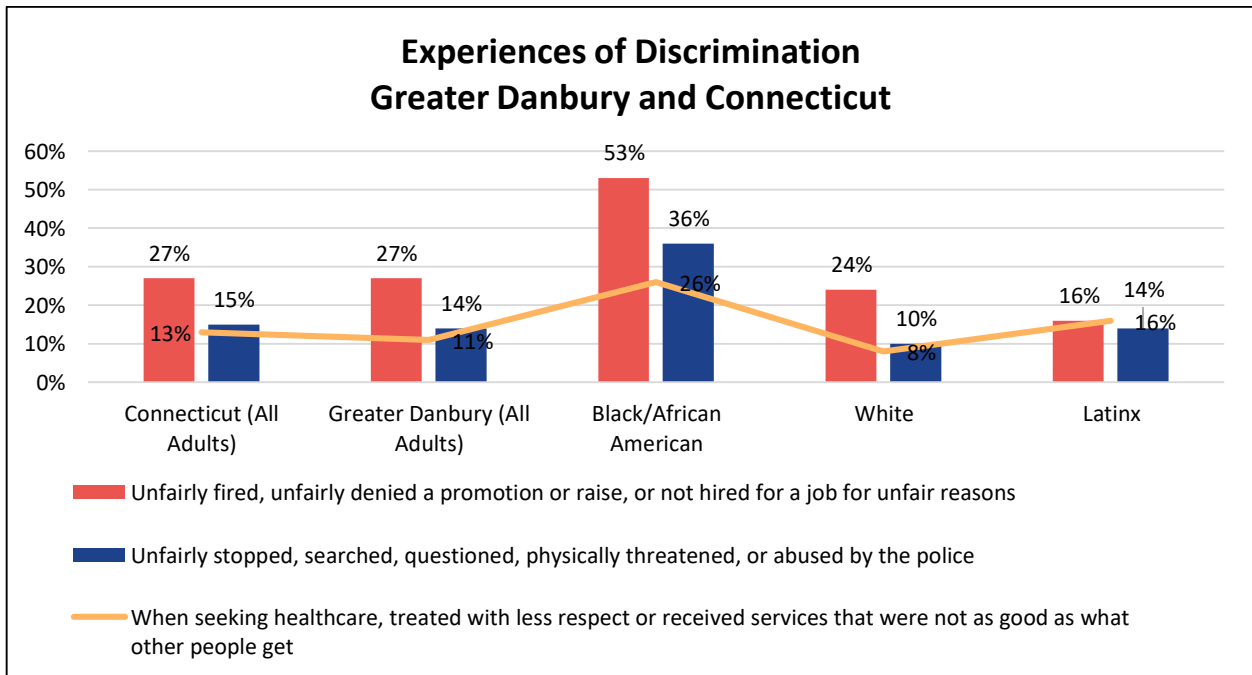
Disparities in safety and discrimination along race lines indicate an opportunity to examine policies and procedures that can be amended to create greater equity of access and inclusion.



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



Source: 2021 DataHaven Community Wellbeing Survey



Source: 2021 DataHaven Community Wellbeing Survey

Life Expectancy

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



quality and length of lives. The average life expectancy in Greater Danbury is 82 years, compared to 81.4 years in Danbury, 81 years in New Milford, and 80.3 years statewide.

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

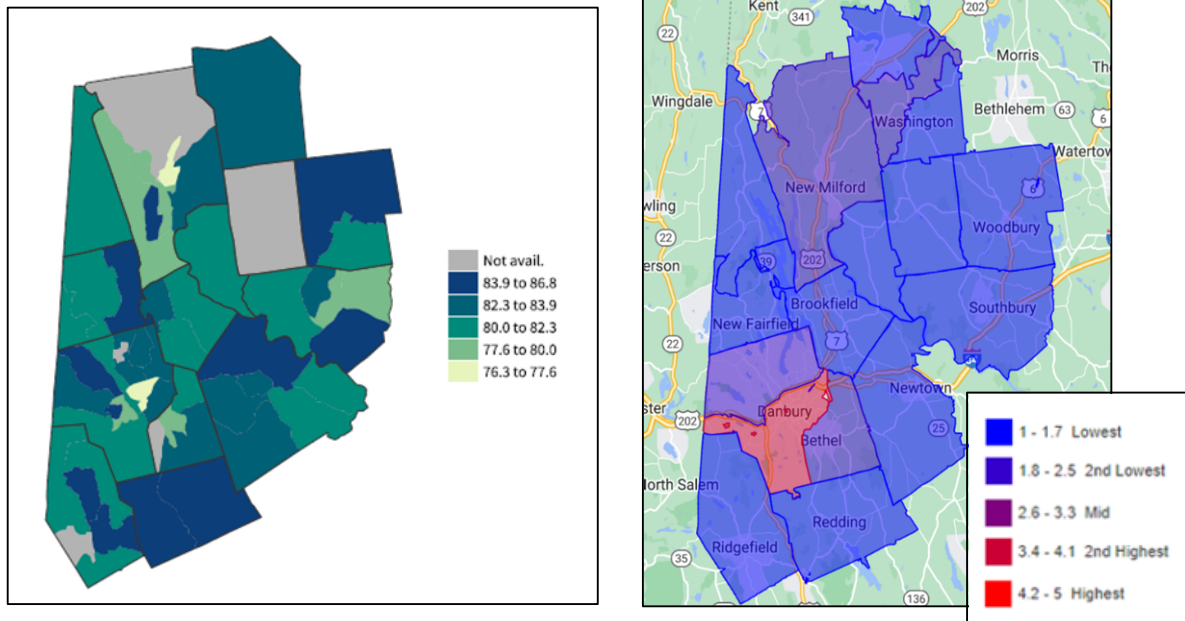
Within Greater Danbury, Danbury zip code 06810 has the highest CNI score of 4.0. The next highest CNI score within the region is in Danbury zip code 06811 at 2.4. The CNI score, reflective of community socioeconomic barriers, correlates with wide differences in life expectancy in Danbury relative to other neighboring communities.

Average Life Expectancy (years)

Danbury	New Milford	Greater Danbury	Connecticut
81.4	81.0	82.0	80.3

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

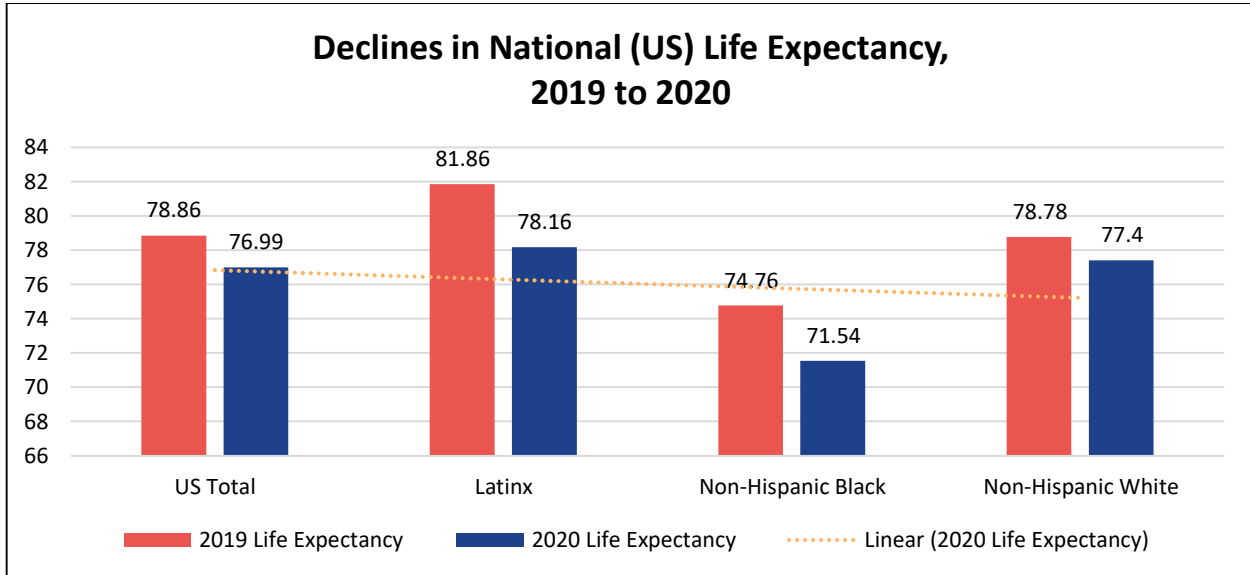
2015 Life Expectancy by Census Tract and 2021 Community Need Index by Zip Code



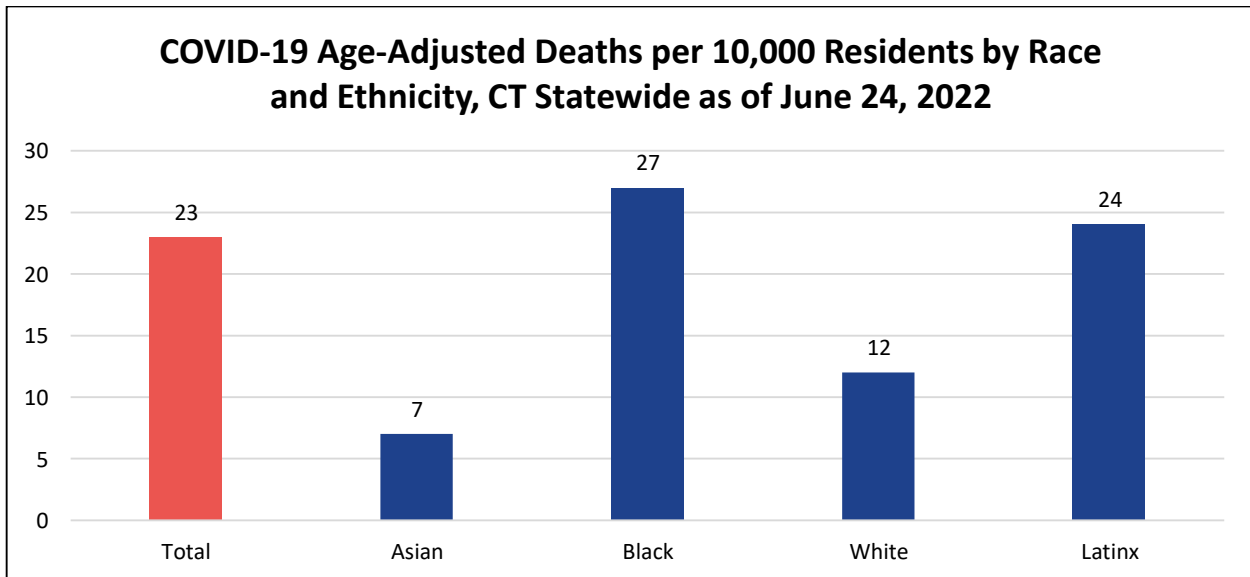
The COVID-19 pandemic both highlighted and deepened socioeconomic and health inequities and exposed disparities within the health and social services systems. COVID-19 has not impacted all people equally. Rather, certain structural issues—population density, low income, crowded workplaces, etc.—contribute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



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



Source: Centers for Disease Control and Prevention



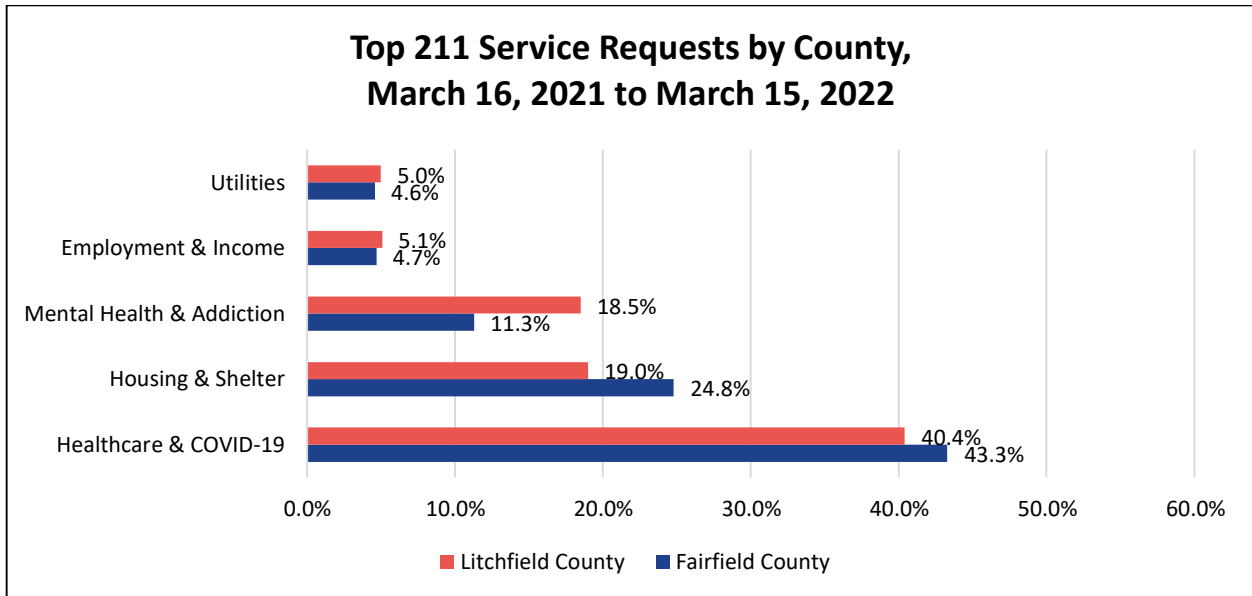
Source: Connecticut Department of Public Health

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

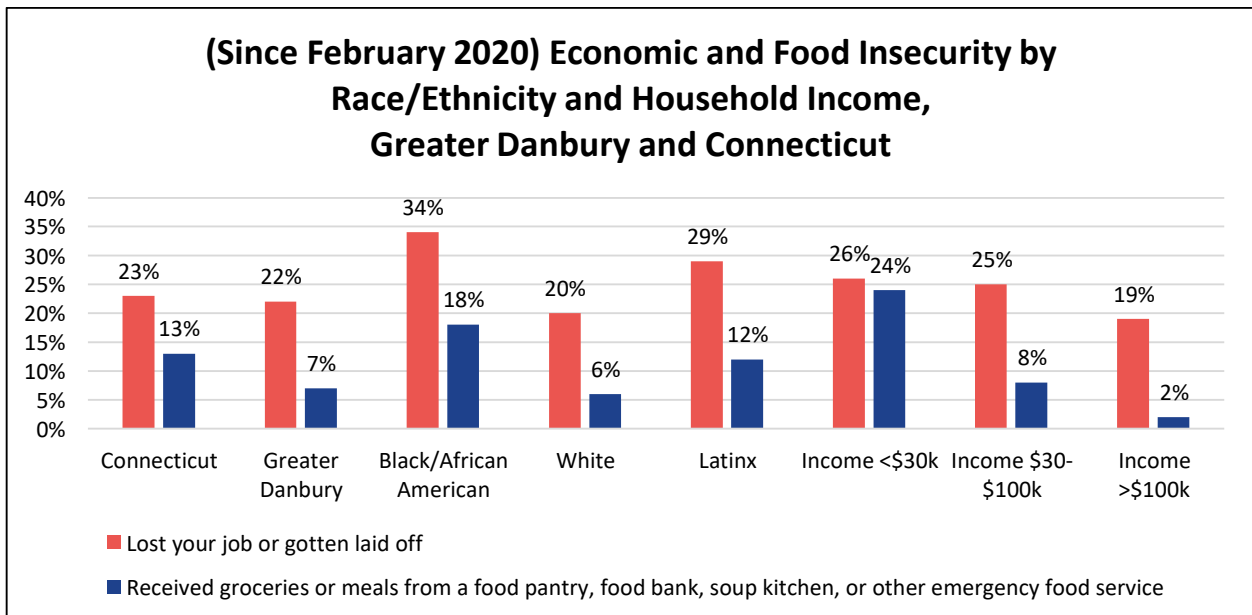


The COVID-19 pandemic had deep economic and mental health impacts. Among Fairfield and Litchfield County residents, the top 211 service requests, after healthcare and COVID-19, were housing and shelter and mental health and addiction.

Community Wellbeing Survey results demonstrated that the economic impacts of the pandemic were disproportionately felt by low-income households and communities of color. Within Greater Danbury, 34% of Black/African American respondents reported being laid off or losing their job compared to 20% of white respondents. Approximately 24% of low-income households received food assistance compared to 8% of mid-income and 2% of high-income households.



Source: United Way 211



Source: 2021 DataHaven Community Wellbeing Survey



Community Health Needs

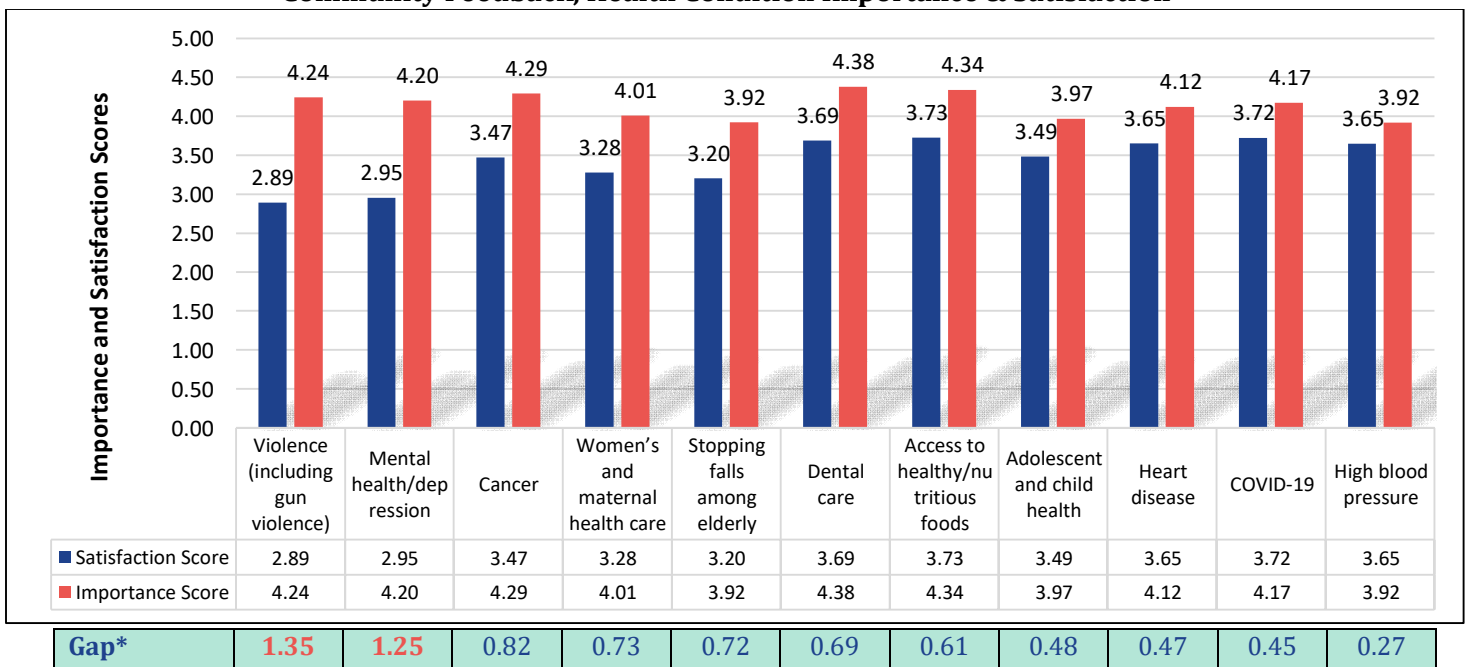
To determine community health priorities, we must consider what the data are telling us, and more importantly, what our community sees as the most pressing health concerns.

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

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

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

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



Source: Greater New York Hospital Association CHNA Survey, 2022



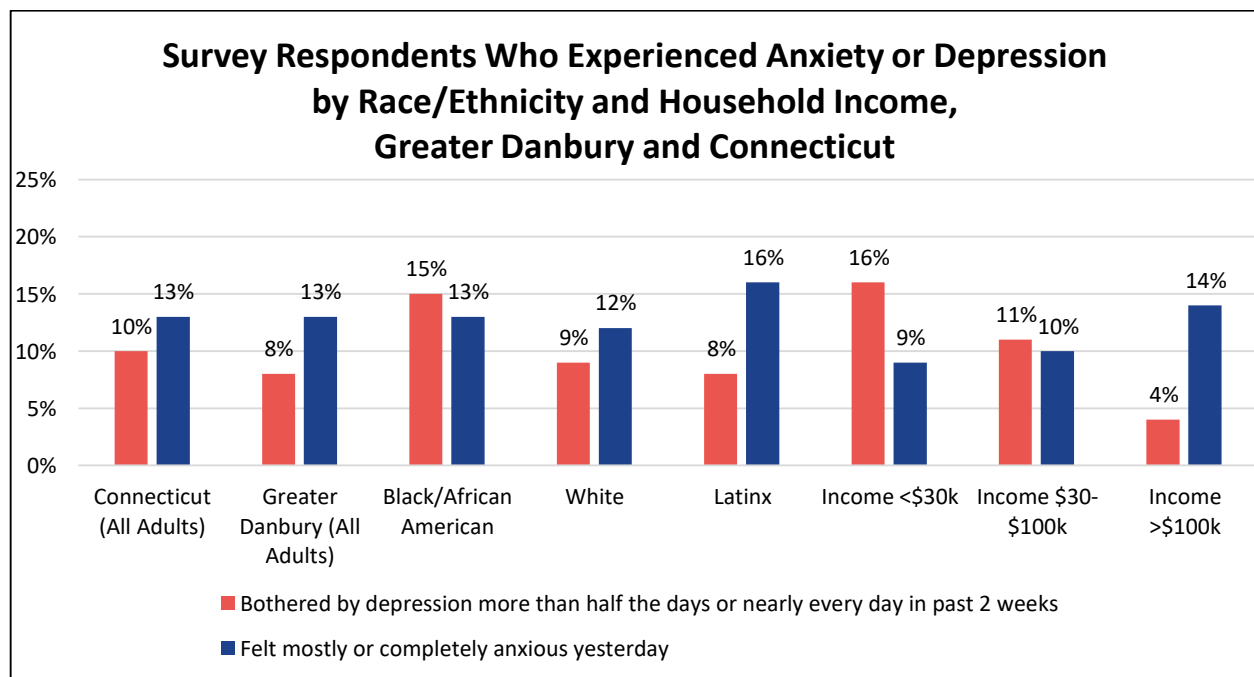
*Difference between Importance Score and Satisfaction Score

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

Behavioral Health

Mental health concerns like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems, including by complicating an individual’s ability to keep up other aspects of their healthcare. Overall, 13% of Greater Danbury adults report experiencing anxiety regularly and 8% report being bothered by depression. Consistent with having a higher likelihood of experiencing chronic stress related to health and social inequities and/or experiences of racism and discrimination, feelings of anxiety and depression are higher among Black/African Americans and individuals with lower income.

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



Source: 2021 DataHaven Community Wellbeing Survey

2019 Youth Measures of Mental Health and Substance Use

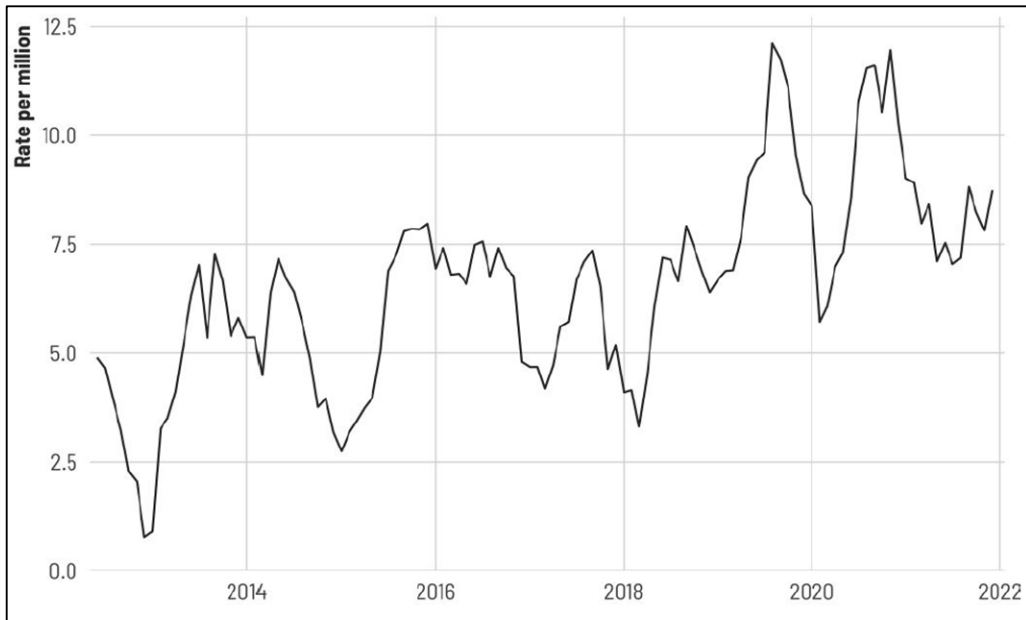
	Feel Consistently Sad or Depressed	Attempted Suicide	E-cigarette Use (last 30 days)	Alcohol Use (last 30 days)	Marijuana Use (last 30 days)
Connecticut	30.6%	6.7%	27.0%	25.9%	21.7%
US	36.7%	8.9%	32.7%	29.1%	21.7%

Source: CDC Youth Risk Behavior Survey



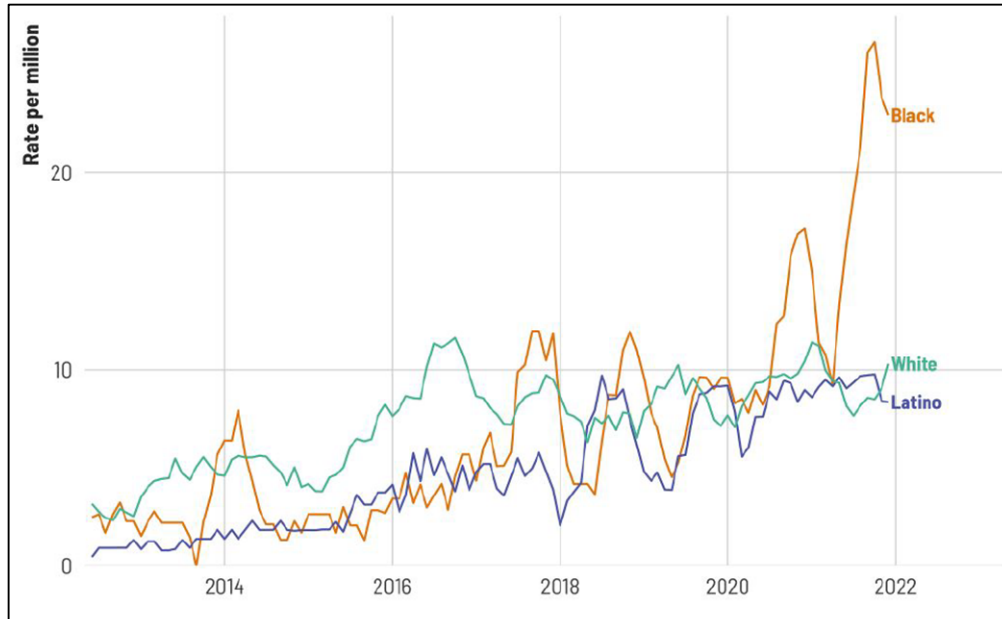
Like other states, Connecticut has seen a rise in drug overdose deaths in the last several years. In 2020, Connecticut saw an average of 113 overdose deaths per month, up from 60 in 2015. White residents long comprised the bulk of these deaths, but as overall overdose death rates have increased, an increasing share of those deaths have been people of color.

Age-Adjusted Accidental Overdose Death per 1 Million Residents, Greater Danbury Hospital Service Area 2012-2021 6-Month Rolling Mean



Source: DataHaven analysis (2021)

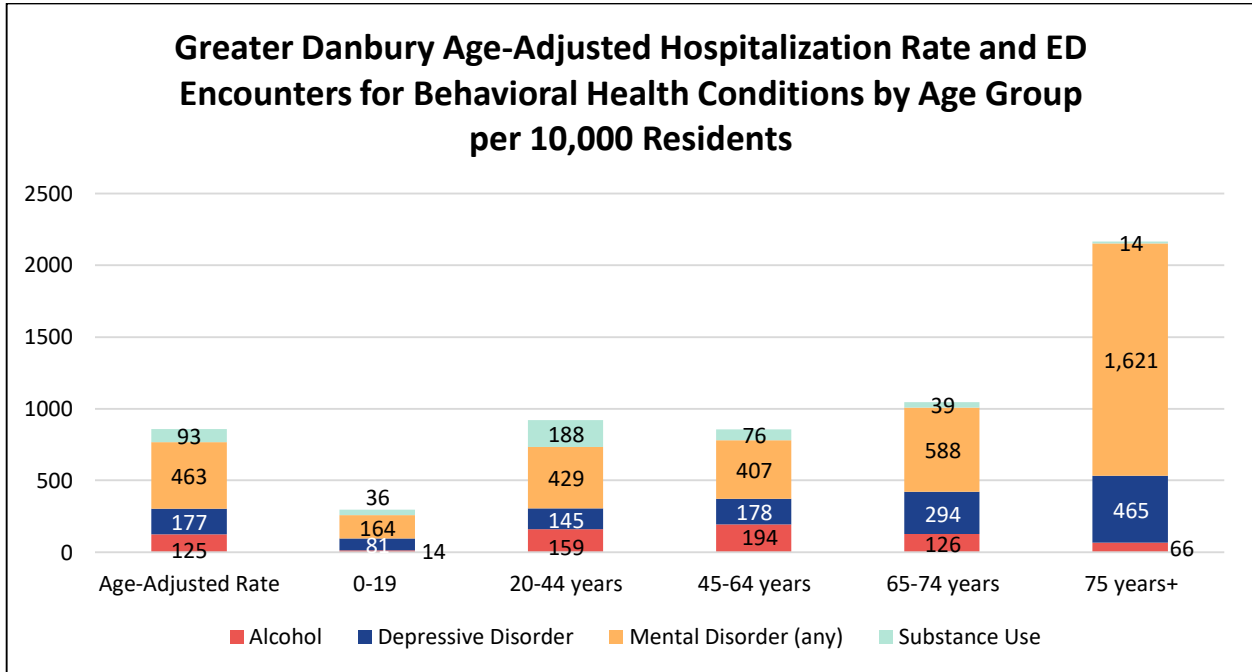
Age-adjusted Accidental Overdose Death per 1 Million Residents by Race and Ethnicity as Available, Fairfield County 2012-2021 6-Month Rolling Mean



Source: DataHaven analysis (2021)

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

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



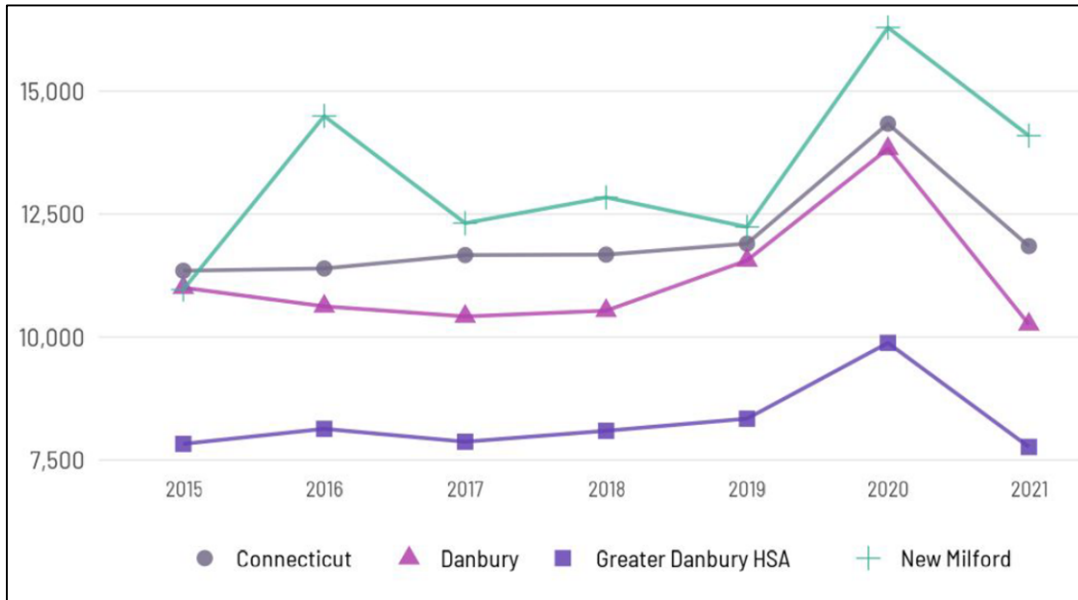
Source: DataHaven analysis (2021) of 2018-2021 Connecticut Hospital Association CHIME

Health Risk Factors and Chronic Disease

All-cause mortality spiked in 2020 due to the COVID-19 pandemic. In Danbury, nearly all of the increase in mortality in 2020 is attributable to COVID-19 deaths. In 2020 in Danbury, COVID-19 mortality rates were similar to mortality rates from heart disease and cancer, at about 2-3 times the rate of the surrounding region. Excluding COVID-19, cancer, heart disease, and poisonings (including overdose) were the leading causes of premature death in the region from 2015 to 2021.

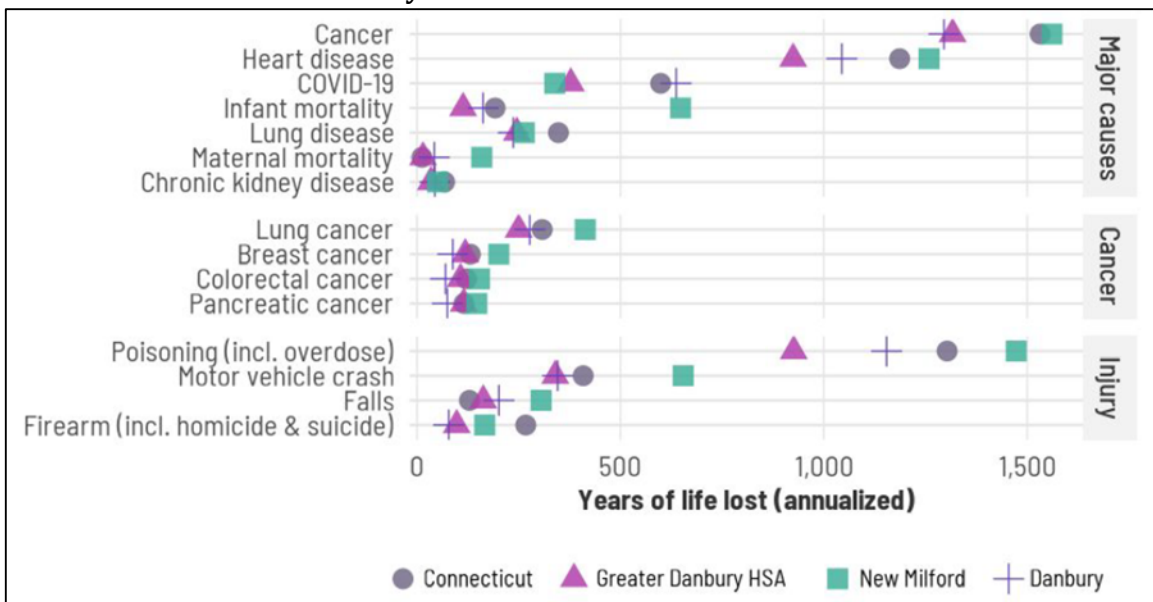


Age-Adjusted, All-Cause Mortality per 1 Million Residents 2015-2021



Source: DataHaven analysis (2021)

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



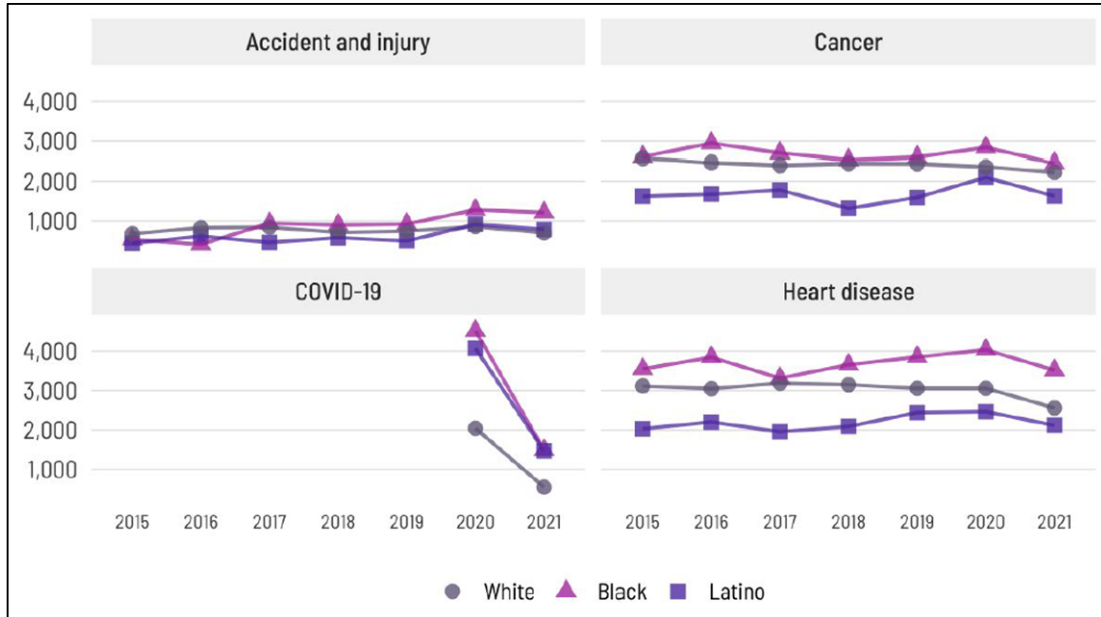
Source: DataHaven analysis (2021)

Relative to the top causes of death in the region, residents of color experience higher mortality rates. This disparity is most evidenced by heart disease death rates. Danbury overall also reports a disproportionately high burden of chronic disease relative to surrounding communities, as evidenced by hospital and ED encounters data. A risk ratio assessment, a measure of the risk of an event happening to one group compared to the risk of the same event happening to another group,



found that Danbury patients were about twice as likely to seek hospital services for uncontrolled diabetes or type 2 diabetes relative to surrounding communities.

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



Source: DataHaven analysis (2021)

Danbury Age-Adjusted Hospitalization and ED Encounters and Risk Ratios for Leading Causes of Morbidity and Mortality

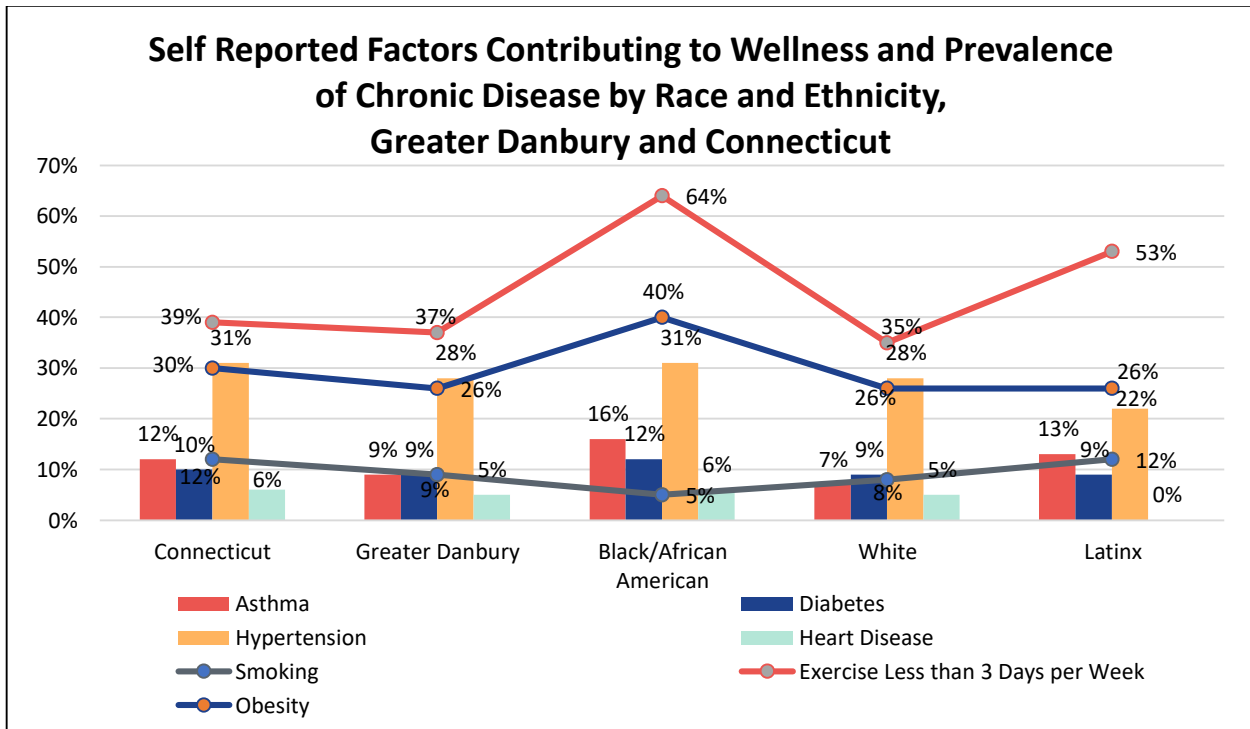
	Age-Adjusted Encounter Rate	Risk Ratio Compared to Surrounding Towns	Number of Fewer Encounters per 10,000 Residents (age-adjusted) if Rate was Same as Surrounding Towns
COVID-19	139	2.2	75
Uncontrolled Diabetes	64	2.1	34
Type 2 Diabetes	561	1.9	269
Asthma	222	1.5	72
COPD	191	1.4	53
Hypertension	905	1.3	204
Heart Disease	203	1.3	50

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

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

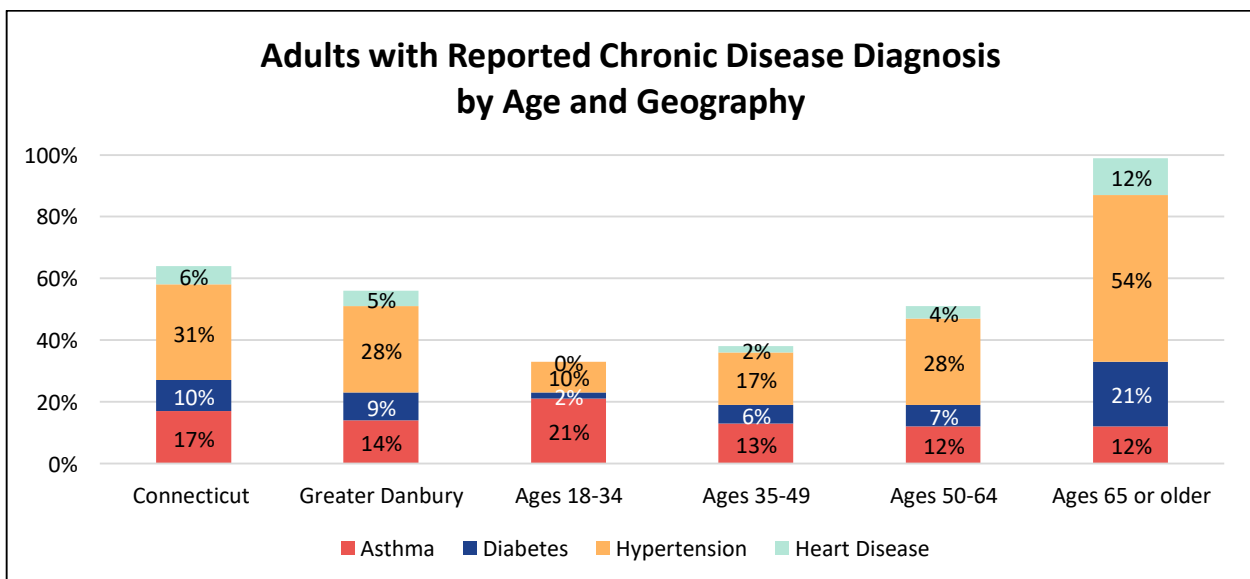


factors like obesity and physical inactivity and prevalence of chronic conditions like hypertension and diabetes.



Source: 2021 DataHaven Community Wellbeing Survey

Greater Danbury is an aging community and older adults are more vulnerable to chronic disease. The following graph depicts self-reported chronic disease by age group. Of note, 54% of Greater Danbury adults aged 65 or over report having hypertension and 21% report having diabetes.



Source: 2021 DataHaven Community Wellbeing Survey



Maternal and Child Health

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

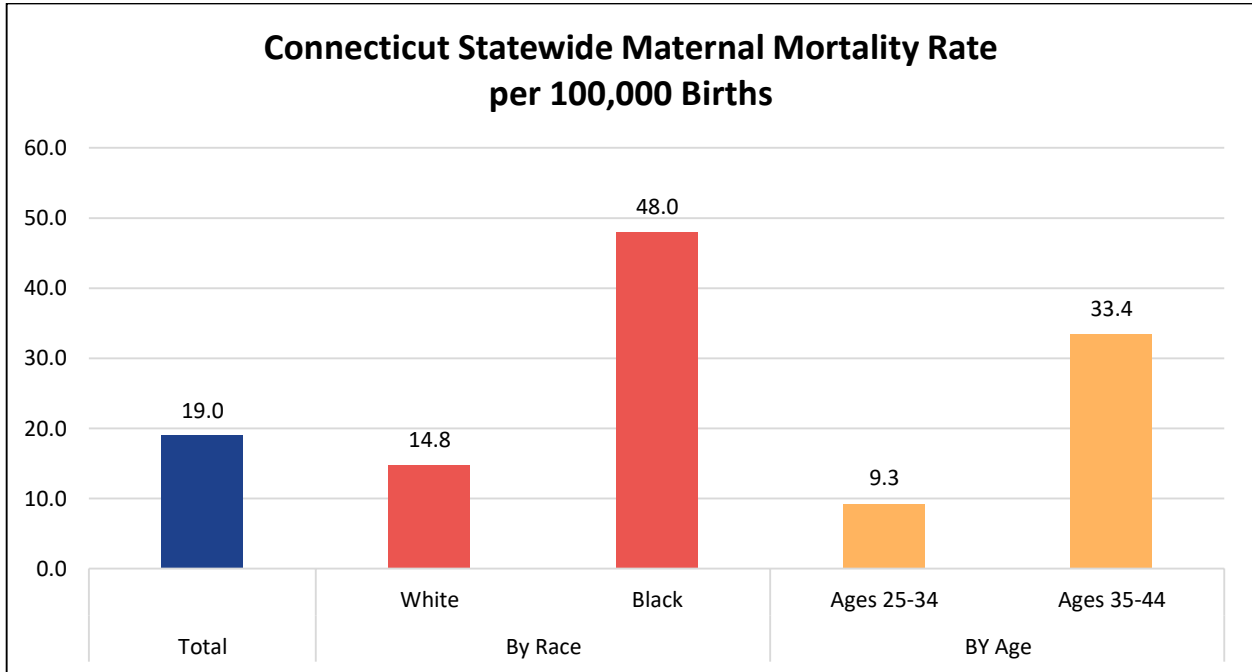
Infant mortality measures the rate of death among people under one year of age per 1,000 live births. Maternal mortality measures the rate of death during pregnancy or within one year of the end of pregnancy. Both measures are internationally utilized as key community health indicators because they are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

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

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

	Total	Asian	Black	White	Latina		
					Latina (overall)	Puerto Rican	Other Latina
Late or no prenatal care							
Connecticut	3.4%	3.5%	5.7%	2.5%	4.0%	2.9%	5.1%
Greater Danbury	2.9%	2.5%	5.2%	2.2%	4.1%	NA	4.3%
Danbury	3.6%	NA	3.4%	2.3%	4.6%	NA	4.8%
New Milford	2.4%	0.0%	NA	2.1%	NA	0.0%	NA
Low Birth Weight							
Connecticut	7.8%	8.7%	12.1%	6.4%	8.3%	10.2%	6.6%
Greater Danbury	6.7%	NA	NA	6.7%	5.7%	NA	5.9%
Danbury	7.0%	NA	NA	7.3%	5.7%	NA	5.9%
New Milford	7.5%	NA	NA	8.2%	NA	NA	NA
Infant Mortality (per 1,000 live births)							
Connecticut	4.6	NA	9.5	3.1	5.0	NA	NA
Greater Danbury	2.8	NA	0.0	2.4	3.6	NA	NA
Danbury	3.4	NA	0.0	NA	4.5	NA	NA
New Milford	NA	NA	0.0	0.0	0.0	NA	NA

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



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

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



Evaluation of Impact from 2019-2022 Community Health Improvement Plan

Danbury and New Milford Hospitals, in collaboration with the Regional YMCA of Western Connecticut, the Western Connecticut Coalition, and Connecticut Community Care, Inc., led the development of the 2019-2022 CHIP, with participation from community partners. The Community Health Committee (CHC) of the Danbury Hospital Board provided oversight of the process, and work groups were convened for each of four priority areas identified. The workgroups developed goals, objectives, strategies, short-term and long-term action steps, and metrics to measure success for their respective health priorities.

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

While maintaining efforts to address chronic disease prevalence, address gaps in access and increase efforts to meet the mental health needs of the community, the Danbury Hospital Community Care Team (CCT) was highly utilized to meet the needs of vulnerable populations. The CCT continued to partner with key community stakeholders to address gaps in access to healthcare, healthy food resources, homelessness, in addition, coordinated resources for residents who frequented the emergency rooms for medical or mental health needs.

The four focus areas that were considered for the joint Danbury Hospital and New Milford Hospital CHIP were:

- Chronic disease prevention/Obesity
- Mental health/Substance use
- Healthy aging
- Access to healthcare

The goal of the CHIP was to:

- Develop a strategic framework to address the priority health issues identified in the CHNA
- Identify resources and partners to develop and implement an improvement plan with performance measures for evaluation of impact
- Guide future community decision- making related to community health improvement.



Chronic Disease Prevention/Obesity

Goals:

- All people to be supported in practicing positive habits that include physical activity and healthy eating
- People of all ages and economic backgrounds need to be supported in obtaining health screenings and participating in disease prevention and health maintenance programs

Interventions:

- Chamber of Commerce meetings and events were held to promote economic development in the Danbury Hospital service area, state and local elected officials and agency heads were lobbied in support of maintaining patient access to essential services for the uninsured and underinsured
- Through the Health Fairs held in towns of Bethel, Candlewood Valley, and the Mission Health Day event in Danbury, 805 residents were included to address chronic disease prevention, healthy food choices, physical activity, and exercise
- The Women's Club of Danbury provided Diabetes-focused education to 74 community members during an in-person event
- Cardiovascular disease-focused education was completed in partnership with the Danbury Library, Newtown Community Center, and Bethel Health Care
- 49 chronic disease- specific lectures were held via Health Talks, aired on Comcast, serving over quarter million residents in partnership with the Danbury Man's Club, Heritage Village, Cartus Corporation, and the Community Forum
- Over 300 residents attended the "Let's Get Cooking" nutrition and wellness-focused lecture, in partnership with the new Milford Food Pantry
- The Go! 5,2,1,0 program demonstrated great success in increasing physical activity in children. This program has been adopted by local pediatricians, nine public schools and 43 sector sites. Parents reported their children maintaining healthy behaviors at home, reducing sugary beverages, decreased screen time and increased consumption of health foods.

Mental Health/Substance Use

Goals:

- Educate and increase awareness of preventive infections that have chronic implications focusing on influenza and sexually transmitted diseases
- Reduce substance use across the lifespan in our region
- Promote behavioral health and wellness across the lifespan in the Greater Danbury region
- Reduce the number of opiate addiction disorders, overdoses, and related deaths in the region.

Interventions:

- To address the increased prevalence of anxiety and depression, which was further exacerbated by the COVID pandemic, large-scale support group meetings were held in the



region to provide coping support, grief and recovery assistance in the form Zoom discussions, in partnership with the COVID-Loss Support Group

- Opioid and Substance Use Disorder work group meetings were held to support the prevention of opioid and substance use in the community, also promoting treatment options
- A Behavioral Health Integration Model was applied to primary care areas, allowing behavioral health consultants to be added to the interdisciplinary teams. Together with the primary care providers, these consultants (experienced behavioral health social workers) were able to meet the medical and emotional health needs of their patients in a coordinated, patient centered manner
- Assisting the most vulnerable populations, the Danbury Community Care Team assisted hundreds of residents with medical, mental, addiction, detox, residential rehabilitation, and outpatient treatment needs, resulting in reduced ED utilization, and improved medical, behavioral health and social outcomes. Peer Recovery Specialist were integrated into the CCT team to better serve the residents who needed detox and recovery service support. In addition, we worked with the City of Danbury and community/state agencies to convert hotel space into temporary housing for homeless individuals.

Healthy Aging

Goals:

- Identify needs and support services to achieve healthy aging
- Enhance education, advocacy, access, and communication to support the ability of seniors to age in place
- Address prevention of falls

Interventions:

- In order to increase services and supports to allow seniors to age in the place of their choice, Danbury Hospital partnered with numerous community-based agencies, such as the Age Well Community Council, Connecticut Community Care, United Way of Western Connecticut, Nuvance Health Primary Care, and the Danbury EMS.
- While the pandemic prompted the cancellation of many in-person events, lectures held via Zoom and holding Health Talks aired on Comcast reached nearly a quarter million residents, with a large presence from the aging population. These events were available through Nuvance Health's websites, social media sites and through links in Vital Signs. Topics during these discussions included chronic disease prevention, heart and cardiac wellness, depression & anxiety, and cancer, to name a few.



Access to Healthcare

Goals:

- Identify needs and address deficiencies in access to programs that prevent chronic diseases
- Improve behavioral health and social determinants of health factors by enhancing partnerships with community services, school-based services and specialty care clinics and others.

Interventions:

- It is the policy of Danbury Hospital to provide necessary treatment to all without discrimination on the grounds of many dimensions, including race, ethnicity, national origin, age, and sexual orientation. Once the patient was classified as a charity care based on ability to pay for healthcare related services, the hospital did not anticipate a payment for such services provided. In assessing the patient's ability to pay, the hospital utilized the generally recognized federal poverty income guidelines, but also included certain cases when incurred charges were significant compared to the patient's income and countable assets, limiting the financial burden on the patient



Next Steps

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

Responsibilities and scope of activities

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

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

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

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