Yale
NewHaven
Health

**Yale New Haven
Hospital**

2025
**Community Health
Needs Assessment**

Greater New Haven

September 2025

Dear Neighbor,

As president of Yale New Haven Hospital and a resident of the Greater New Haven community, I am proud to share our 2025 Community Health Needs Assessment with you. Identifying and responding to the needs of our community is not only our responsibility, but also part of our history. Yale New Haven Hospital, the first voluntary hospital in Connecticut, was founded in 1826 in direct response to community need. It is a privilege to carry on that tradition as we have evolved into an innovative, world-class academic medical center dedicated to the patients we are privileged to serve.

This comprehensive assessment, conducted by the Yale New Haven Health Office of Health Equity & Community Impact, identified obstacles faced by many individuals in the Greater New Haven region when it comes to their health and wellbeing. The assessment also incorporated valuable input and insight from the Healthier Greater New Haven Partnership, which includes representatives from local health departments, Federally Qualified Health Centers, colleges and universities, and community-based organizations.

Recognizing the importance of different perspectives, we worked with our community partners in encouraging your voice and that of your neighbors to be heard during the data gathering process. Based on the results of the Community Health Needs Assessment, Yale New Haven Hospital is committed to addressing issues of behavioral health and access to food over the next three years in collaboration with our community partners.

Service to our community is at the heart of our mission. We also subscribe to continuous improvement and innovation as core principles in health care. If you have suggestions on how we can improve this work, please let us know at CHNAcommentsYNHH@ynhh.org. Thank you for your continued support of our community.
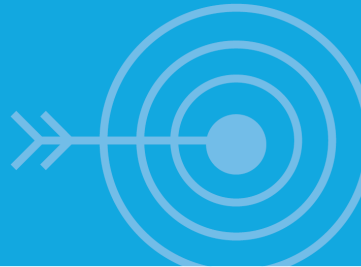
Sincerely,

Katherine Heilpern, MD, FACEP
President, Yale New Haven Hospital
Executive Vice President, Yale New Haven Health

MISSION, VISION AND VALUES

MISSION

Yale New Haven Health is committed to innovation and excellence in patient care, teaching, research and service to our communities.

VISION

Yale New Haven Health enhances the lives of the people we serve by providing access to high value, patient-centered care in collaboration with those who share our values.

VALUES

Patient-Centered – Putting patients and families first

Respect – Valuing all people

Compassion – Being empathetic

Integrity – Doing the right thing

Accountability – Being responsible and taking action

YaleNewHaven**Health**

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EXECUTIVE SUMMARY

The 2025 Community Health Needs Assessment

Yale New Haven Hospital (YNHH) is dedicated to improving the health and well-being of patients and community members. As a not-for-profit hospital, YNHH conducts a Community Health Needs Assessment (CHNA) every three years, as required by Section 501(r)(3) of the Internal Revenue Code. This assessment identifies the region's most pressing health challenges and helps guide the hospital's efforts to address them.

The CHNA process included insights and input from a range of community members and leaders representing diverse backgrounds across the 12-town Greater New Haven region. The municipalities in the Greater New Haven region service area include the cities of New Haven and West Haven and the towns of Bethany, Branford, East Haven, Guilford, Hamden, Madison, North Branford, North Haven, Orange, and Woodbridge. These municipalities are all located within New Haven County, Connecticut.

CHNA Methodology and Data Gathering

The CHNA methodology involved a three-stage process which included an environmental analysis, community input, and prioritization as outlined below.

Stage 1:
Environmental Analysis

Purpose:
Community Profile of Greater New Haven

Methods:
Secondary Population Research, Connecticut Hospital Association Data

Stage 2:
Needs Assessment & Community Input

Purpose:
Comprehensive Community-based Research

Methods:
Key Informant Interviews, Focus Group Discussions, Community Survey Results from DataHaven

Stage 3:
Needs Analysis & Reporting

Purpose:
Analysis, Identification & Prioritizing Community Needs

Methods:
Data Analysis, Needs Prioritization with Community and Hospital & Reporting Results

Data Collection: Our robust data collection process included qualitative and quantitative data collection which provided critical insights into demographics of the region, access and experience of care and services and how social drivers impact health outcomes.

Environmental Analysis & Collection of Secondary Data: 30 + secondary sources and 60 + Health Indicators including the American Community Survey (Census), Centers for Disease Control and Prevention, United Way of Connecticut, U.S. Department of Housing and Urban Development, County Health Rankings and Connecticut Hospital Association, among others, with information on demographics insurance status, health outcomes and more.

DataHaven Community Wellbeing Survey: 1,060 telephonic surveys completed by Greater New Haven community members as part of the probability sampling process conducted by DataHaven. The survey is used to evaluate local health and wellbeing opportunities spanning health care, housing, employment, and community needs, gaps and resources.

Key Informant Interviews: 30 one-on-one (Virtual and Telephonic) key informant interviews with 27 key informants and three Community Advocates.

Focus Groups: Nine focus groups, two in Spanish; seven in English speaking with and learning from over 82 community members.

Access Audit: Mystery shopper calls to evaluate how easily community members can access health care, social services, and resources in the Greater New Haven region.

Data Analysis and Community Health Prioritization

A structured prioritization process was conducted, integrating community feedback and evidence-based decision-making. This included:

- **Community Voices Survey** – electronic survey in English and Spanish distributed through the Healthier Greater New Haven Partnership (HGNHP) and community partners engaging **77 community members** who ranked the most serious community health needs for themselves and their family.
- **In-person regional prioritization session** was held with local leaders, Community Advocates, members of HGNHP and hospital staff where participants reviewed data on the top 25 health needs, results of the Community Voices Survey and systematically voted through an evidence-based process and criteria.
- **YNHH prioritization session** leaders considered the Community Voices survey results and regional prioritization findings to select organizational priorities for the Implementation Strategy Plan.

Hospital Priority Areas

The 2025 - 2028 community priorities identified were presented to YNHH leadership who agreed to adopt two community identified priorities:

Behavioral Health

Food Insecurity

Health System Priority Area

Community members, from across our hospital regions, identified cultural competency as a need during the 2025 CHNA process. This valuable feedback revealed opportunities to improve patient care by expanding language access and cultural sensitivity training and education for staff.

In response, Yale New Haven Health (YNHHS) selected Culturally Competent Care as a 2025-2028 priority area and will be implementing national standards for Culturally and Linguistically Appropriate Services (CLAS) at each of our hospitals.

Culturally Competent Care

Next Steps: From Analysis to Action

The CHNA findings and selected priority areas were used to inform our 2025-2028 Implementation Strategy Plan (ISP). This document can be found online at https://www.ynhh.org/about/community/health-needs-assessment

INTRODUCTION

Yale New Haven Hospital (YNHH) is dedicated to improving the health and well-being of patients and community members. As a not-for-profit hospital, YNHH conducts a Community Health Needs Assessment (CHNA) every three years, as required by Section 501(r)(3) of the Internal Revenue Code. This assessment identifies the region's most pressing health challenges and helps guide the hospital's efforts to address them.

The CHNA process included input from a range of community members and leaders including public health experts, community organizations, and representatives of under-resourced populations. This approach ensures that the assessment and its findings reflect the diverse health needs and experiences of the community.

Conducted in collaboration with the Healthier Greater New Haven Partnership (HGNHP) and other community partners, the assessment combines quantitative data with input from community members. Highlighting the health status of the region, community assets, critical health concerns and barriers to care and services, it identifies opportunities to strengthen health equity.

The CHNA report was approved by the Yale New Haven Hospital Board of Trustees on September 29, 2025. The findings in this report informed a separate Implementation Strategy Plan (ISP), which outlines specific steps YNHH will take to address selected health priorities, which will receive Board of Trustees approval in Fiscal Year 2026. The documents will be made publicly available, to ensure transparency and accountability.

Through strong partnerships and commitment to community health, YNHH aims to support the HGNHP vision, "For all people in Greater New Haven to have optimal health, wellness, and quality of life." The hospital's efforts, in collaboration with local organizations, will help create a healthier future for all residents of Greater New Haven.

Community input is essential to ensuring that the Community Health Needs Assessment (CHNA) reflects the priorities and experiences of those who live and work in the region.

If you would like to share feedback or comments on this CHNA, we welcome your input. Please email CHNAcommentsYNHH@YNHH.ORG to share your thoughts and help shape future efforts to improve community health.

ABOUT OUR HOSPITAL

Yale New Haven Hospital (YNHH), with two campuses in downtown New Haven**,** is a nationally recognized, not-for-profit academic medical center located in New Haven, Connecticut. It serves as the flagship hospital of Yale New Haven Health (YNHHS) and is affiliated with the Yale School of Medicine, providing advanced medical care, research, and education.

YNHH also includes several specialized hospitals, ensuring comprehensive, patient-centered care. **Yale New Haven Children's Hospital** offers specialized pediatric services, including neonatal and pediatric intensive care. **Yale New Haven Psychiatric Hospital** provides inpatient and outpatient mental health services for adolescents and adults. **Smilow Cancer Hospital**, part of the Yale Cancer Center, is a nationally recognized leader in cancer treatment and research.

As a major referral center for Connecticut and beyond, YNHH offers specialized services in cardiology, neurology, transplant surgery, trauma care, and more. The hospital is committed to improving community health through outreach programs, research, and partnerships aimed at addressing health disparities and expanding access to care.

For more information, visit Yale New Haven Hospital's website at www.ynhh.org.

ABOUT OUR PARTNERS

As mentioned above, the 2025 CHNA for the Greater New Haven region was collaboratively conducted with the Healthier Greater New Haven Partnership (HGNHP), a coalition of community-based organizations, healthcare providers, social service agencies, local health departments, and others, led by a steering committee. The HGNHP was formed in 2010 and serves 12 municipalities across the region, fostering collaboration to address shared challenges and opportunities. A list of partner organizations is in Appendix B.

In addition to members of HGNHP, several other local organizations participated in the 2025 CHNA process. This included hosting focus groups, participating in interviews, distributing surveys, and serving on committees that provided feedback and informed the work. We thank everyone for their time and investment in making this as robust and inclusive as possible.

Community Advocates

This CHNA employed three Community Advocates to help engage historically underrepresented communities. Community Advocates are individuals who represent a specific community and have the knowledge to speak about community concerns. They participated in key informant interviews, the needs prioritization process and will help share its findings in the community. Their involvement gave additional voice to communities that have had less representation in past CHNAs, ensuring their voices were reflected in the assessment.

OUR REGION

The municipalities in the Greater New Haven region service area include the cities of New Haven and West Haven and the towns of Bethany, Branford, East Haven, Guilford, Hamden, Madison, North Branford, North Haven, Orange, and Woodbridge. These municipalities are all located within New Haven County, Connecticut. Throughout this report, the collective service area is referred to the as "Greater New Haven Region" or "Greater New Haven." A full list of zip codes that make up this region is provided in Appendix C.
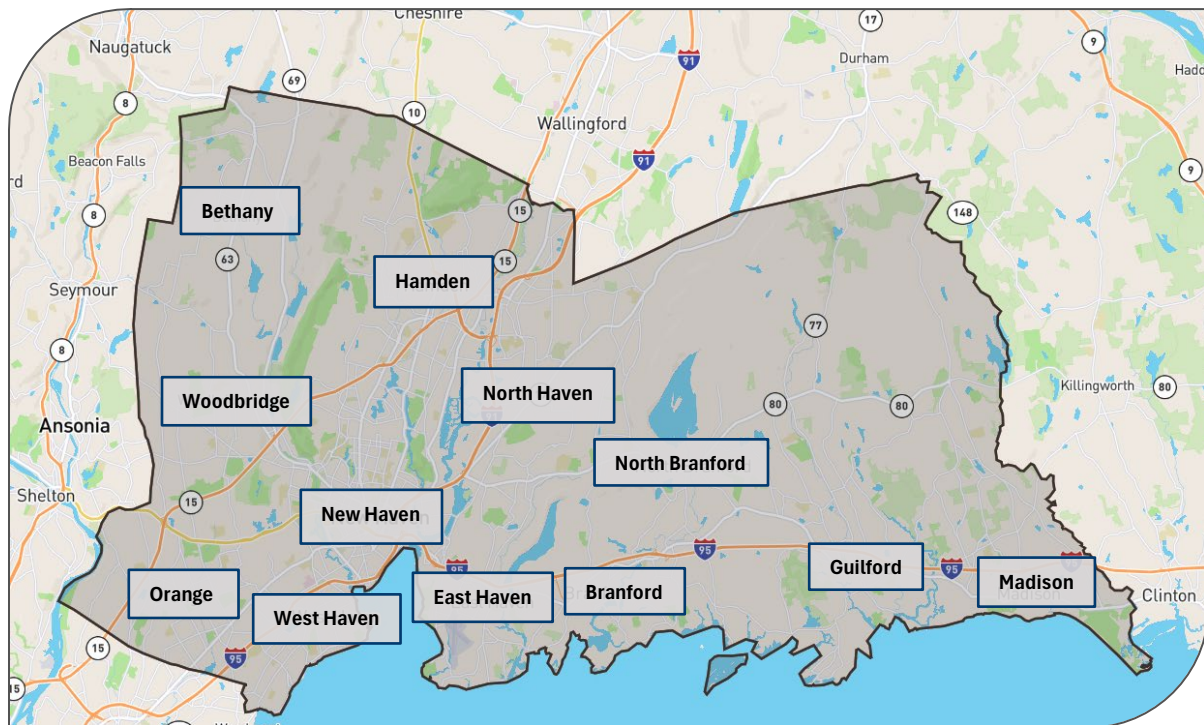
CHNA METHODOLOGY

This Community Health Needs Assessment used several research methods: reviewing existing secondary data, analyzing survey results from the DataHaven Community Well-Being Survey (DCWS), conducting interviews and focus groups with community members and key informants, and a multi-step evidence-based process to prioritize community needs. Each of these methods is explained in more detail below.

Stage 1: **Environmental Analysis**	**Stage 2:** **Needs Assessment &** **Community Input**	**Stage 3:** **Needs Analysis &** **Reporting**
Purpose: Community Profile of Greater New Haven	**Purpose:** Comprehensive Community-based Research	**Purpose:** Analysis, Identification & Prioritizing Community Needs
Methods: Secondary Population Research, Connecticut Hospital Association Data	**Methods:** Key Informant Interviews, Focus Group Discussions, Community Survey Results from DataHaven	**Methods:** Data Analysis, Needs Prioritization with Community and Hospital & Reporting Results

Data Sources

Stage 1: Environmental Analysis

Secondary Data and Internal Data Analysis from state, federal, and hospital sources provided insight into demographics of Greater New Haven, social drivers of health, and behavioral health-related measures, among many others.

Stage 2: Needs Assessment & Community Input

Qualitative Research, a component of community engagement, included 30 individual interviews with 27 key informants and three Community Advocates, and nine focus groups (two in Spanish; seven in English), speaking with over 82 community members between late summer through early fall 2024.

DataHaven Community Wellbeing Survey is a statewide survey that uses probability sampling to generate highly reliable estimates of health, well-being, and quality of life at the local level. The survey is conducted by telephone in English and Spanish and includes responses from 1,060 randomly selected adults in the region. Data collection occurred throughout spring and early summer 2024. All survey percentages represent weighted estimates of the adult population (ages 18+) and should be interpreted as estimates of adult prevalence, not just of respondents.

An **Access Audit** in fall 2024 provided insights into access to care barriers and challenges experienced by residents with accessing services and resources.

Stage 3: Needs Analysis & Needs Prioritization

A multi-step **Needs Prioritization Process** took place over several months from January-February 2025. It layered data, community voice, a regional partner discussion and voting to evaluate the most impactful community needs.

- The Community Voices Survey, an electronic survey available in English and Spanish, allowed community members to select which of the 25 health needs identified from the data analysis were most important or impactful for them.
- A regional prioritization session was held with local leaders, members of the HGNHP and hospital staff in early January 2025. Participants identified priority health needs through a structured process that incorporated data review, results from the Community Voices survey, and scoring techniques. Utilizing a combination of the Hanlon (scoring needs based on magnitude, severity, and feasibility of addressing) and PEARL-E (scoring needs based on proprietary, economics, acceptability, resources, legality and equity) methods followed by group discussion, attendees voted on the most pressing regional health and wellbeing concerns.
- YNHH held an internal prioritization session where leadership considered the Community Voices Survey results and regional prioritization findings to select organizational priorities for the YNHH Implementation Strategy Plan.

Data Limitations

Data collection methodologies inherently present certain limitations that can affect the comprehensiveness and representativeness of findings. It's important to interpret data within the context of who had the opportunity to participate and how it's collected.

Environmental Analysis: Utilizing publicly available secondary data sources, such as the U.S. Census Bureau's American Community Survey (ACS), provides valuable insights. However, these datasets are limited to respondents who completed the survey, potentially leading to underrepresentation of specific groups. Notably, the ACS experienced a response rate decline from 86% in 2019 to 71% in 2020, with rates not fully rebounding to pre-pandemic levels by 2023.[1] This decline may result in nonresponse bias, affecting the accuracy and completeness of the data.

Qualitative Data: Efforts to engage diverse community sectors are crucial for comprehensive qualitative insights. Despite these efforts, participation is limited to those who chose to or were able to engage in interviews or focus groups, which may not fully capture the perspectives of all community segments.

DataHaven Community Wellbeing Survey (DCWS): The DCWS employs probability sampling to gather reliable local information on quality of life, health, employment, and neighborhood resources. While the DCWS aims for comprehensive coverage, the reliance on respondents' willingness and ability to participate can introduce nonresponse bias, potentially affecting the representativeness of the data.

Regional Definition: Note that the region has a specific zip code definition (available in Appendix C), and all data, where possible, mirrors that definition. There are some data points that use a regional proxy (e.g. county for a region, etc.) in order to provide descriptive data.

How to Read This Report

This CHNA aims to give a holistic depiction of the health and well-being of the hospital region. The report includes a summary of qualitative findings from focus groups and key informant interviews and is organized by the five Social Drivers of Health domains (Economic Stability, Neighborhood and Built Environment, Education Access and Quality, Social and Community Context, Healthcare Access and Quality). Each section includes summary data with supporting quotes. While the report aims to be comprehensive, it is not an exhaustive list of all the strengths, challenges, and data for the region.

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[1] U.S. Census Bureau. *Response rates*. American Community Survey. Retrieved December 3, 2024, from https://www.census.gov/acs/www/methodology/sample-size-and-data-quality/response-rates/

Report Terms and Definitions

Term	Definition
Health Equity	Everyone has a fair and just opportunity to be as healthy as possible (Katella, 2021).
Health Literacy	The ability to access, understand, evaluate, and apply health information to make informed decisions about one's health (CDC, 2024).
Key Informant	A person who has specialized knowledge, insight, or experience about a particular community, issue, organization, or population (Pahwa et al., 2023).
Language Barrier	A situation in which a person or household has limited or no ability to communicate in the dominant language of the surrounding community (Link et al., 2005).
Personal Health Record	An organized, secure record of one's health information, such as medical history, medications, test results, and immunizations (Mayo Clinic, n.d.)
Qualitative Data	Non-numerical information describing qualities, experiences, or perspectives of people or situations, often collected through interviews, focus groups, or observations (Hassan, 2024a).
Quantitative Data	Information that can be counted or measured and used to analyze patterns, relationships, or trends through statistics (Hassan, 2024b).
Secondary Data	Existing data, not gathered firsthand by the current researcher (Hassan, 2024c).
SNAP	Supplemental Nutrition Assistance Program (SNAP), the largest federal nutrition program in the United States, designed to help individuals and families with low incomes access food (USDA, n.d.).
Social Drivers of Health (SDoH)	Social, economic, and environmental factors that impact a person's health outcomes and access to care, including income, education, housing, transportation, food access, and social support (CMS, n.d.).
Stigma	Negative attitudes, beliefs, stereotypes, and discrimination directed towards individuals or groups based on certain characteristics, attributes, or conditions (Washington State Department of Health, n.d.).
Under-Resourced	Populations that have inadequate access to resources, such as healthcare, education, or social services. (AHRQ, 2021).
Underrepresented	Groups that are proportionately smaller in decision-making spaces, research, or policy considerations. (Bibbins-Domingo & Helman, 2022).
WIC	Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides supplemental foods, health care referrals, nutrition education and breastfeeding promotion and support to low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk (CT DPH, n.d.).

Health Equity Lens

Where possible and relevant, this report presents data stratified by race, ethnicity, education, gender identity, age and income to show disparities or differences in health outcomes. Breaking down the data in this way helps highlight gaps in access to care and can inform strategies to improve health for all. The goal is to provide a clearer picture of community health needs and support efforts to ensure that every individual can achieve good health, regardless of background or circumstance.

Health Equality vs. Health Equity

Everyone should have the opportunity to be as healthy as possible but achieving that goal requires an understanding of the differences between health equality and health equity.

Source: Visualizing Health Equity: One Size Does Not Fit All Infographic – RWJF Alignment. Reproduced with permission of the Robert Wood Johnson Foundation, Princeton, N.J.

Health Equality means providing everyone with the same resources or services. However, because people have unique needs, equal treatment does not always lead to equal outcomes.

Health Equity means ensuring that individuals receive the support necessary for their specific circumstance. Some people may need additional resources, such as healthcare navigation, affordable medications, or transportation assistance, to achieve the same level of health as others.

Social Drivers of Health Framework

Social drivers of health (SDoH) are the conditions where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They also contribute to a wide range of health disparities and inequities due to differences in access to safe, quality resources, distributions of power and opportunity, and current and historical policy, regulatory and funding decisions.

Yale New Haven Health (YNHHS) has adopted the term social driver rather than determinant, as it may also be known, to reframe that the impact of social factors is not destined but can be overcome and changed by people and communities over time. YNHHS, together with its community partners, is committed to understanding and addressing SDoH to advance health equity.
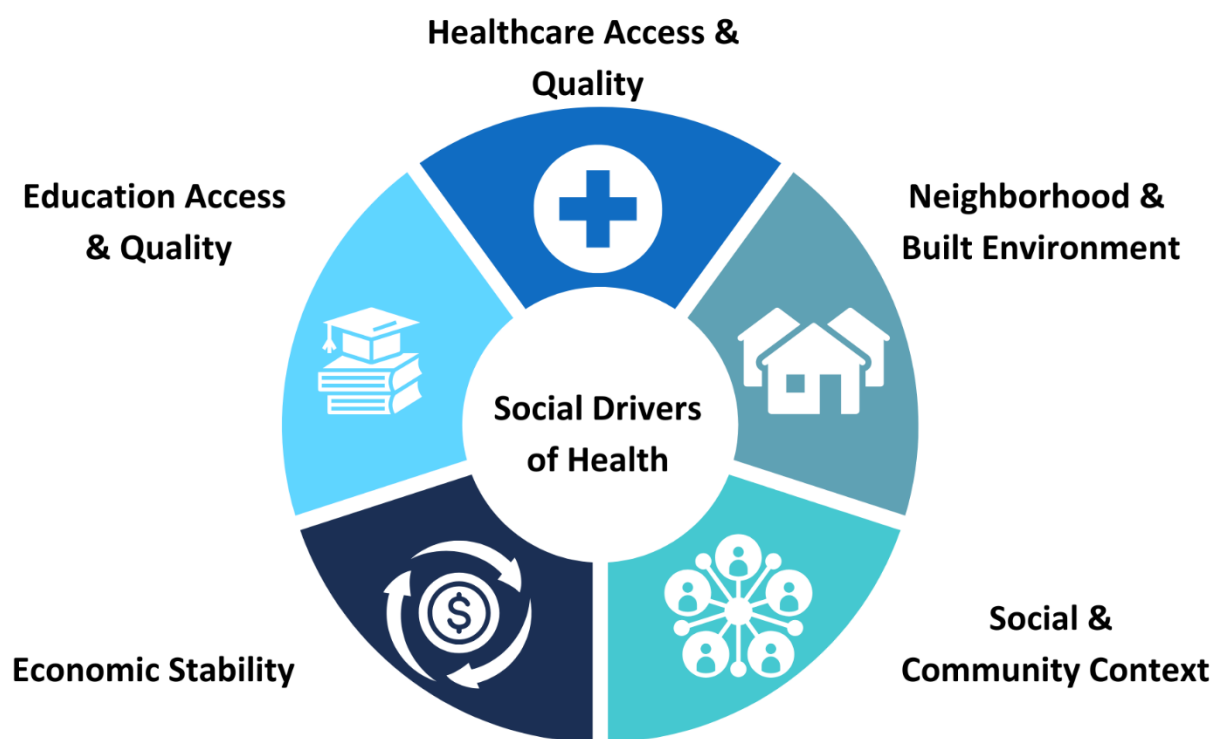
COMMUNITY PROFILE

Demographics

Qualitative Key Findings

To begin to understand how people interact in their communities and with the systems, policies, and programs they encounter we must build relationships, trust and provide space for community members and partners to share their expertise and lived experience. Drawing on narrative we are better positioned to identify the root causes of health and well-being behaviors and outcomes and not just quantify what those behaviors and outcomes are.

Qualitative data, collected through individual interviews and community focus groups, provides an important context for the health and well-being outcomes and trends contained in the numbers underlying the environmental analysis and forthcoming in this report. Together, qualitative and quantitative data produce a broader picture of what a community is experiencing and enable a more thorough and well-rounded approach to program and policy development. Quotes from key informants and community members are embedded throughout the report.

Populations Engaged

Community Advocates, community members and staff of social service and health organizations, healthcare providers, seniors, parents, educators, people with lower income, uninsured and unhoused populations, veterans, formerly incarcerated individuals, and community members across the service area towns participated in conversations and provided meaningful feedback and insight on community assets and health and wellbeing opportunities.

In total, input was collected from 27 key informants, three Community Advocates, and nine community focus groups conducted in the Greater New Haven region with 82 participants. Seven focus groups were conducted in English and two were conducted in Spanish.

Themes

The overarching qualitative themes coalesce to illustrate both the systemic difficulties and the interrelated challenges faced by residents of Greater New Haven. While not mutually exclusive, the overarching themes extrapolated from the research include:

Health Equity	Quality of Care	Diversity	Mental Health

Throughout the interviews and focus groups, community members identified increasing **health equity** as an ever-present goal for the community. Many participants expressed concern that there is inequitable access to resources based on where they live, their income, primary

language spoken, citizenship status, and level of education. Participants shared that proximity of Yale University accentuates the contrast between those with greater resources, and those with fewer in New Haven. These inequities have a significant impact on residents' ability to access care and services.

While healthcare access was often discussed alongside health equity, **quality of care** was also noted as a concern for Greater New Haven residents. Although YNHH has a strong healthcare presence in the region and many residents are satisfied with availability, the quality of care was highlighted as an issue.

The **diversity** of the Greater New Haven region intersected with many of the community's needs. Because of the diverse nature of the community, participants emphasized the importance of cultural competence and humility between providers, community organizations, and residents. When individuals are understood, both linguistically and culturally, they are often more likely to seek care and follow recommendations.[2] Community members involved in the interviews and focus groups shared ideas for building organizations and a community that supports the diversity of those living and working in it, such as recruiting providers and staff who reflect the community they serve.

The Greater New Haven region faces significant **mental health** challenges, worsened by the Covid-19 pandemic, including long wait times, a shortage of providers, and limited crisis services. Systemic barriers, like inadequate interpreter services and navigation issues, hinder access, particularly for under-resourced populations. Key informants emphasized the need for school-based programs, stigma reduction, and expanded treatment for co-occurring substance use and mental health issues.

These themes are not mutually exclusive and often have compounding impacts on individuals. The interconnectedness of these themes highlights the need for a comprehensive approach that utilizes the strengths of the community to improve the wellbeing of its residents.

Community Strengths

Conversations with individuals that live and work in Greater New Haven emphasized how the services provided by nonprofits, municipalities, community organizations and healthcare organizations are integral to the health of the region. **Participants identified several community strengths, including a strong sense of community and collaboration, healthcare availability, and resourceful community organizations that serve as advocates for populations in need.** A list of community assets and resources that support community health and wellbeing is available in Appendix F.

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[2]Parker, M., Fang, X., & Bradlyn, A. (2020). Costs and effectiveness of a culturally tailored communication training program to increase cultural competence among multi-disciplinary care management teams. *BMC Health Services Research, 20*(1), 784. https://doi.org/10.1186/s12913-020-05662-z

Economic Stability

Economic Stability refers to the connection between the financial resources and opportunities people have-income, cost of living, employment-and their health. For example, people living in poverty are more likely to experience food insecurity, housing instability or poor housing conditions, and limited access to healthcare services, which can all contribute to poor health outcomes.

Income and Poverty

Income disparities across Greater New Haven highlight significant financial strain for many residents, particularly in the city of New Haven, where the median household income ($53,771) is far lower than the county ($91,648) and state ($93,760) averages. Poverty rates are highest in New Haven and West Haven, as shown in Exhibit 1, with concentrated pockets of financial hardship.

EXHIBIT 1: MEDIAN HOUSEHOLD INCOME

Geography	Income
Woodbridge	$201,926
Madison	$168,341
Bethany	$153,879
Orange	$145,625
Guilford	$130,036
North Haven	$126,807
North Branford	$113,687
Branford	$97,223
Connecticut	*$93,760*
Hamden	$92,176
New Haven County	*$91,648*
East Haven	$86,498
West Haven	$73,566
New Haven	$53,771

EXHIBIT 2: PERCENT OF POPULATION LIVING IN POVERTY

People Below Poverty Level per capita with poverty status determined
US Census Bureau ACS 5-year 2019-2023

Legend: 0.7% – <3.1%, 3.1% – <6.6%, 6.6% – <12.5%, 12.5% – <25.0%, 25.0%+

LEGEND Less ——— More

Beyond those living in poverty, many residents fall into the ALICE (Asset Limited, Income-Constrained, Employed) population, meaning they earn above the federal poverty level but struggle to afford basic necessities like housing, food, and healthcare. In New Haven County, 29% of households fall into this category, matching the state average. When combined with those living below the poverty line, **40.6%** of the population faces economic insecurity.

EXHIBIT 3: UNITED WAY ASSET LIMITED INCOME-CONSTRAINED, EMPLOYED (ALICE) POPULATION

New Haven County	Connecticut
29%	29%
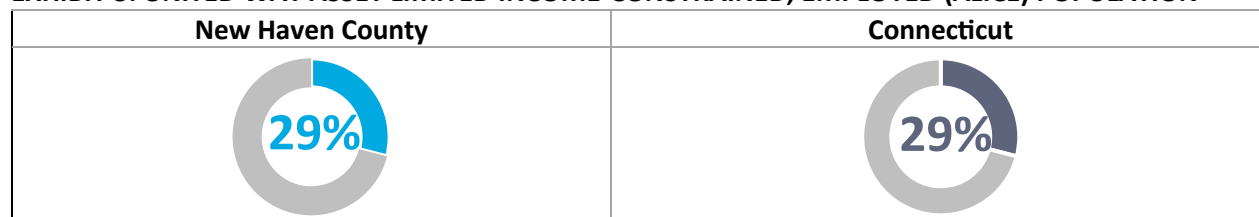
> **"The cost of just basic living, not even anything extravagant, but being able to afford housing and food access and childcare costs are probably some of the primary drivers on affordability in the community right now."**
> **- Community Member (2024)**

Yale New Haven Health's Community Health Workers provide assistance, navigation and referrals to community resources to address the social drivers of health needs of patients.

Source: United Way United for ALICE Research Center, Connecticut, 2022. Table 26

EXHIBIT 4: POPULATION BELOW FEDERAL POVERTY LEVEL, ALICE HOUSEHOLDS, AND LIFE EXPECTANCY

Population Below FPL, ALICE Households, and Life Expectancy
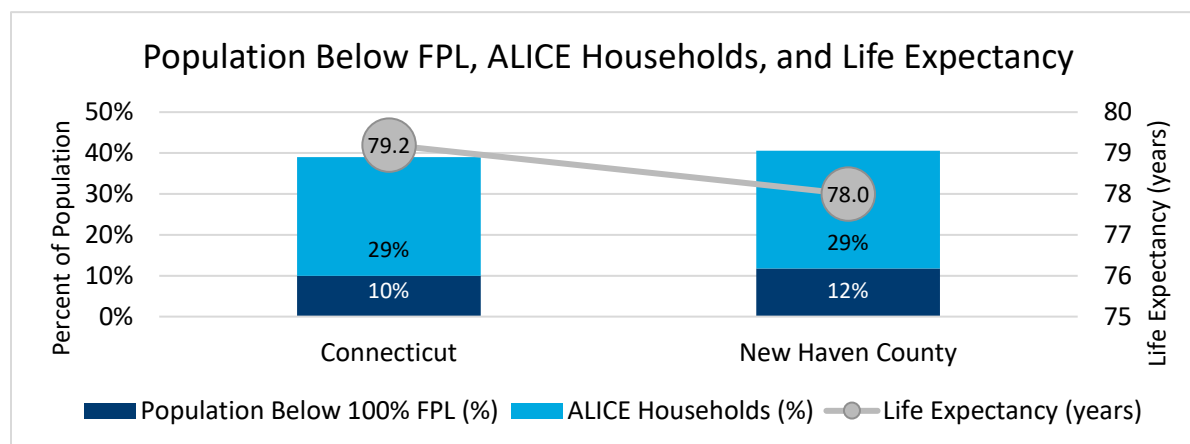
Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates | United Way United for ALICE Research Center, Connecticut, 2022 | County Health Rankings 2020-2022. Table 25, Table 26, Table 43

DCWS data further illustrates financial instability. When asked about their financial situation if they sold all major assets, 19% of Greater New Haven residents report they would *still be in debt*, while 15% of residents would only *break even*. Financial security also varies by race and income, with White residents more likely to *have resources left over*, while Black and Latino residents, as well as individuals with lower incomes, were more likely to struggle financially.

EXHIBIT 5: DCWS QUESTION – HOUSEHOLD FINANCIAL STATUS AFTER SELLING ALL MAJOR POSSESSIONS, INVESTMENTS, ASSETS, AND PAYING OFF ALL DEBTS, BY RACE/ETHNICITY AND INCOME (GREATER NEW HAVEN)
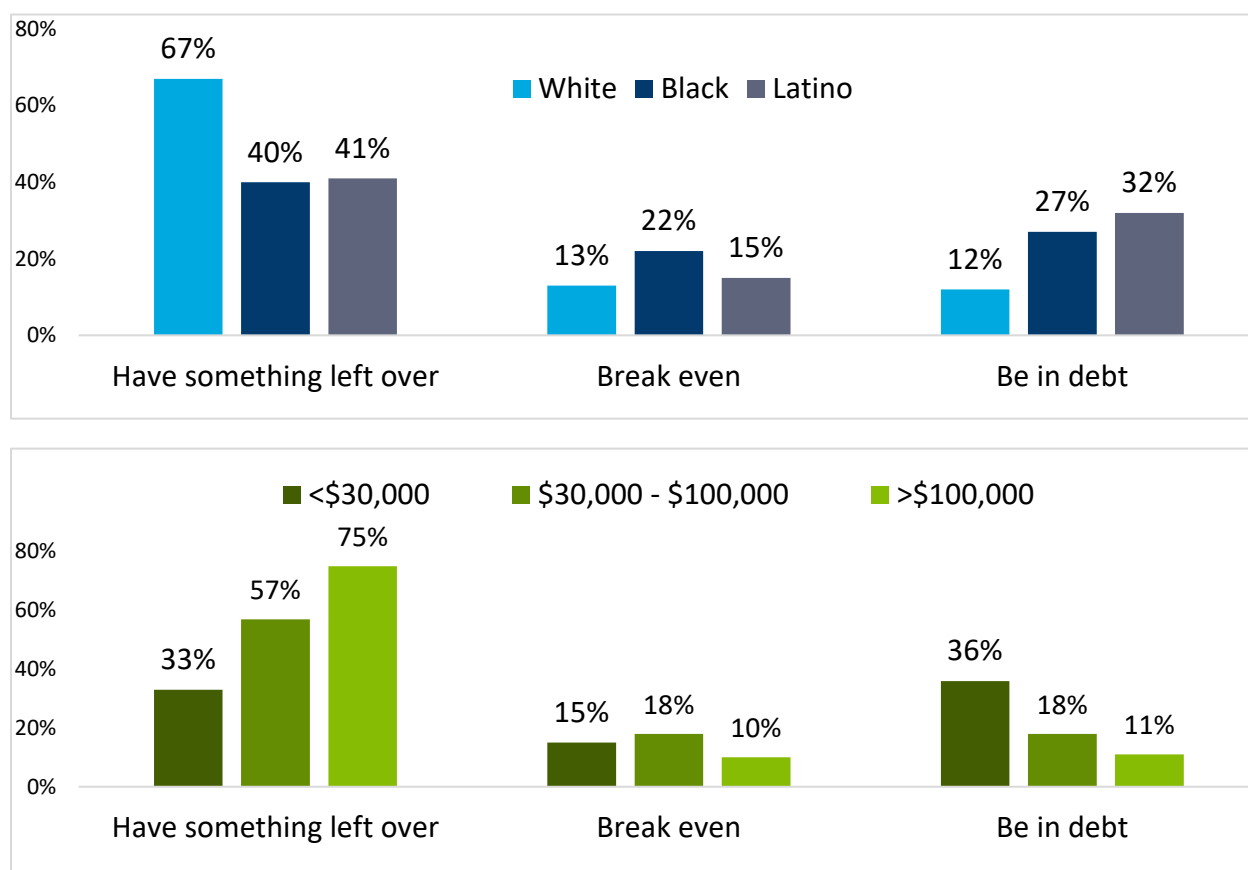
Employment and Livable Wages

Access to livable-wage jobs remains a challenge, with many residents struggling to secure stable employment. Community members and key informants report that Yale University and YNHH are major employers in the area, but institutional barriers make it difficult for many to access entry level positions. Resume and interview skills, as well as reliance on personal connections, often play a key role in hiring, limiting opportunities for those without established networks.

DCWS data show that 7% of residents were *unemployed in the past 30 days but wanted to work,* with rates higher among Latino residents (12%) and those earning less than $30,000 (15%).

EXHIBIT 6: DCWS QUESTION – PARTICIPANTS WHO HAVE NOT HAD A JOB IN THE PAST 30 DAYS, BUT WOULD LIKE TO WORK, BY RACE/ETHNICITY AND INCOME (GREATER NEW HAVEN)
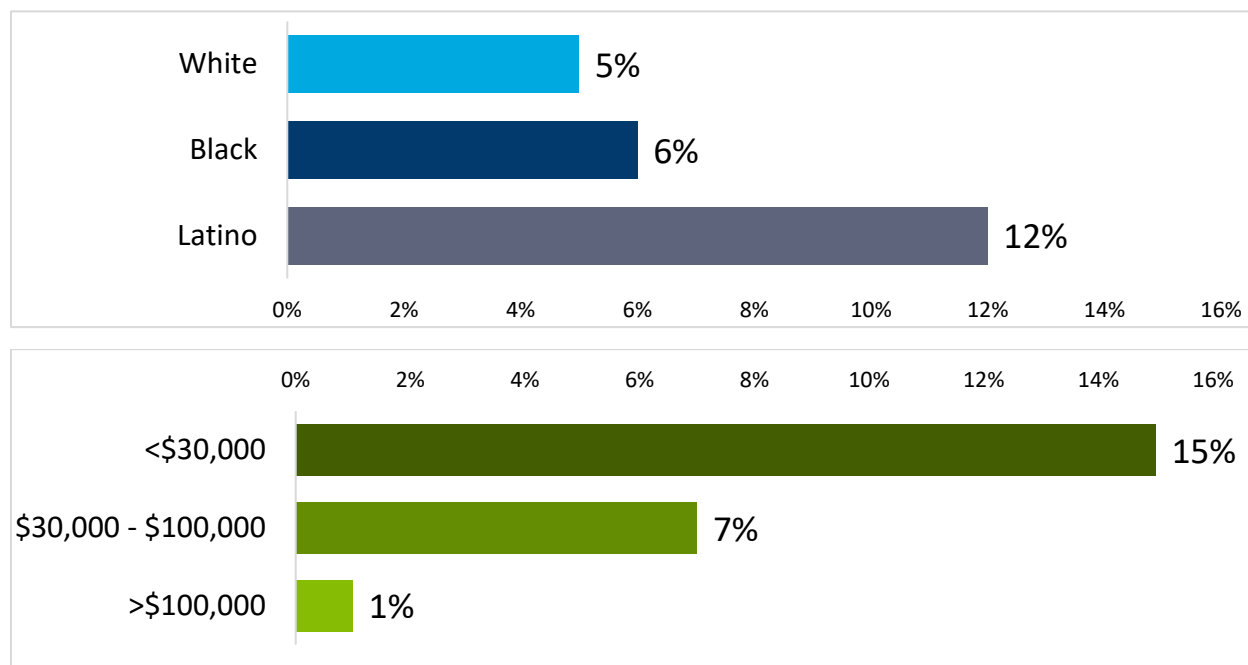
Additionally, 42% of Greater New Haven residents rated the ability to find suitable employment as *'Excellent' or 'Good'*, but this perception was lower among Latino residents and lower-income individuals, highlighting disparities in job accessibility and economic opportunity.

EXHIBIT 7: DCWS QUESTION – PARTICIPANT PERSPECTIVES ON THE ABILITY OF RESIDENTS TO OBTAIN SUITABLE EMPLOYMENT, BY RACE/ETHNICITY AND INCOME (GREATER NEW HAVEN)
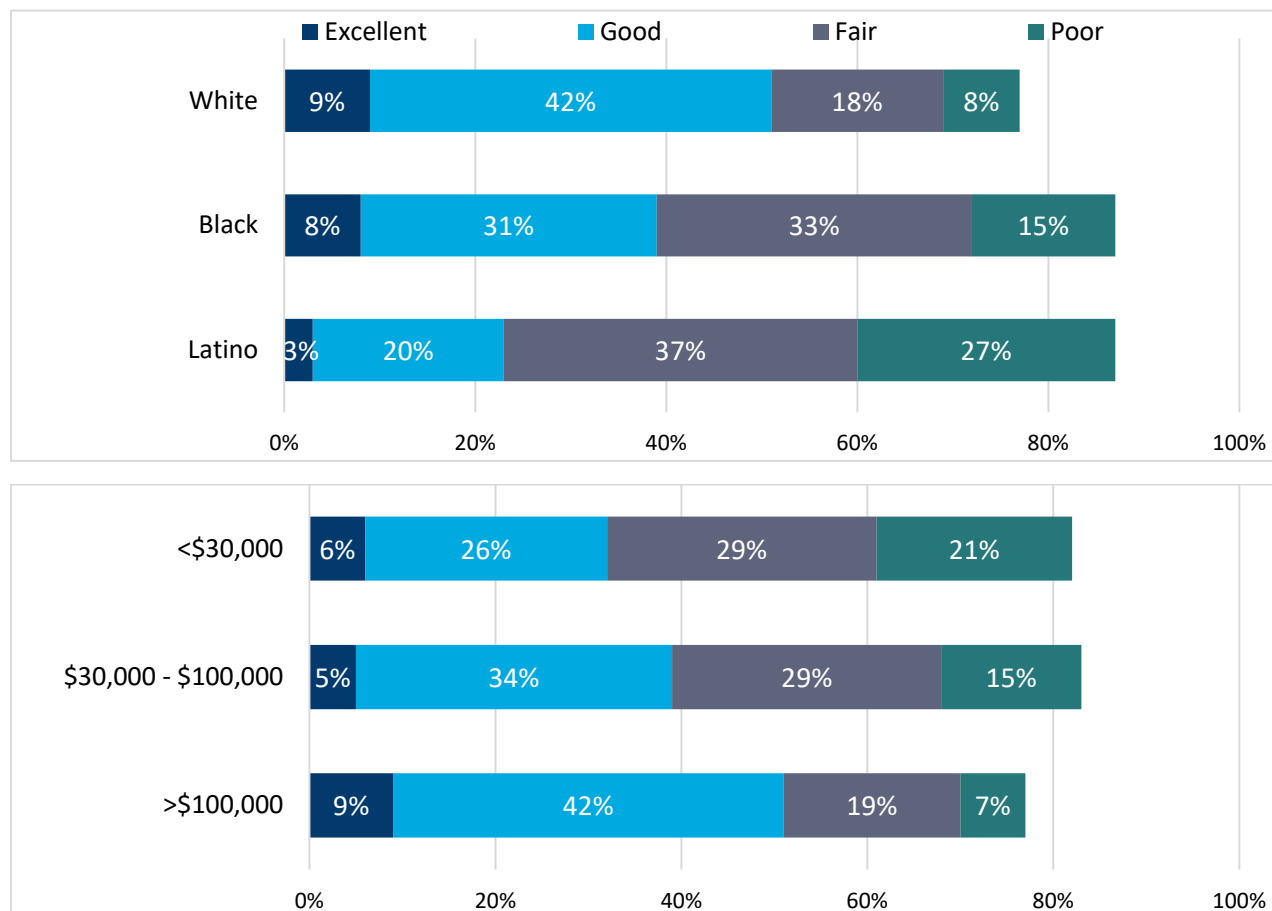
Since 2010, the Connecticut Center for Arts and Technology (ConnCAT) has been partnering with Yale New Haven Hospital to provide skills training to job seekers facing employment barriers. Courses include medical coding, phlebotomy and culinary arts.

Food Insecurity

Food insecurity is a significant challenge in Greater New Haven, impacting residents' ability to consistently access nutritious meals. Overall, 16.6% of adults in the Greater New Haven region experience food insecurity, a rate higher than the statewide average of 14.8%. Community members and service providers recognize the severity of the issue, with some highlighting the difficult trade-offs families face, such as having to choose between paying rent and feeding their children.

> "We serve [an outpatient program], and all the patients need food. Many patients have food insecurity."
>
> - Key Informant (2024)

EXHIBIT 8: RATES OF FOOD INSECURITY AMONG ADULTS

Location	Rate
New Haven	26.9%
Greater New Haven Region	16.6%
New Haven County	16.3%
Connecticut	14.8%
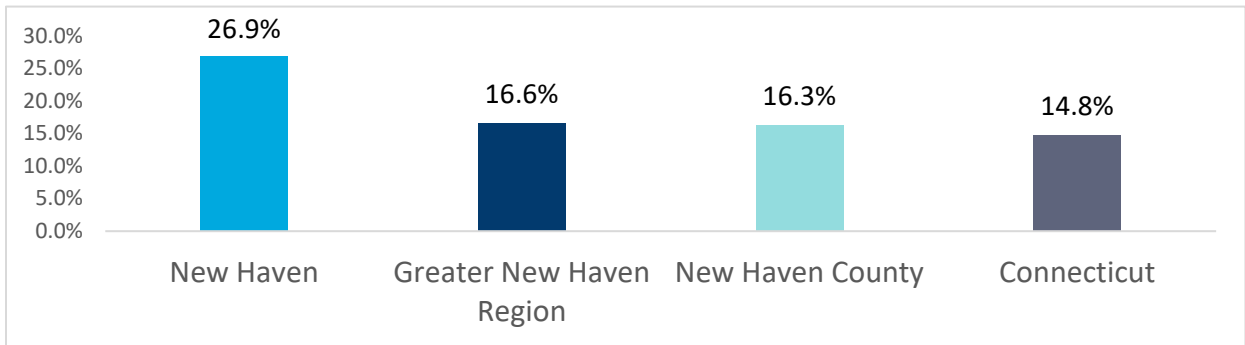
Source: CDC BRFSS PLACES 2022. Table 32

DCWS data shows that 12% of residents *relied on food pantries, soup kitchens, or other emergency food services in the past year*. This need is especially high among Latino (20%) and Black (18%) residents, as well as those earning less than $30,000 (28%).

Yale New Haven Hospital manages and supports on-and offsite Women, Infants and Children (WIC) Offices that provide nutritious food, nutrition education and breastfeeding support through individual counseling and group classes for eligible families.

EXHIBIT 9: DCWS QUESTION – PARTICIPANTS WHO RECEIVED GROCERIES OR MEALS FROM A FOOD PANTRY, FOOD BANK, SOUP KITCHEN, OR OTHER EMERGENCY FOOD SERVICE IN THE PAST 12 MONTHS, BY RACE/ETHNICITY AND INCOME (GREATER NEW HAVEN)
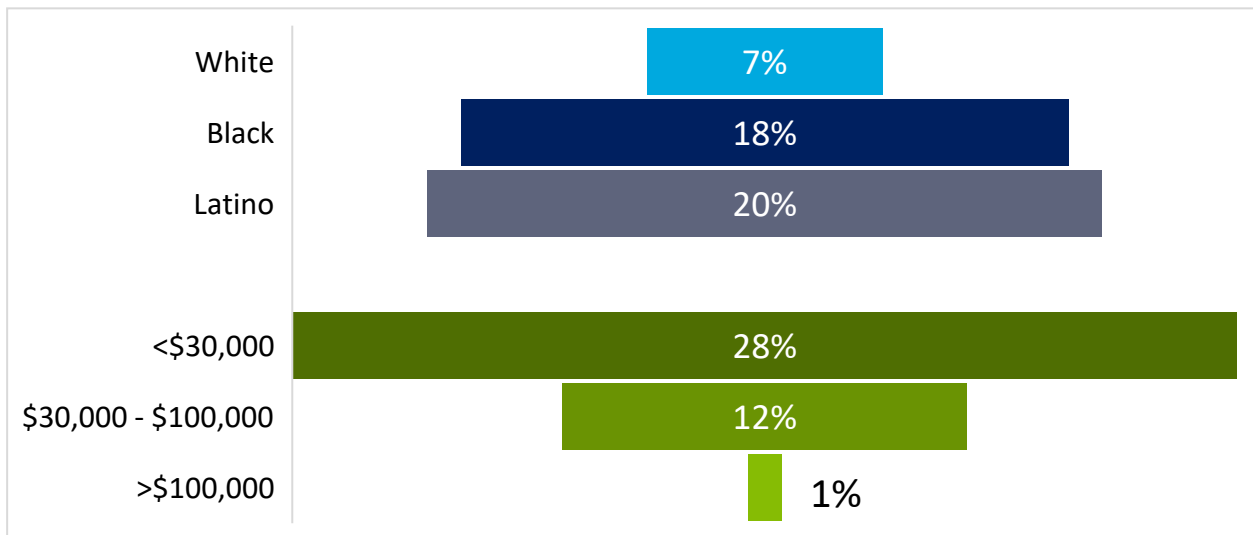
Additionally, data on SNAP (Supplemental Nutrition Assistance Program) usage reveals that households in New Haven and West Haven are the most reliant on food assistance, with participation rates exceeding 26% in some areas.

EXHIBIT 10: PERCENT OF HOUSEHOLDS RECEIVING SNAP BENEFITS
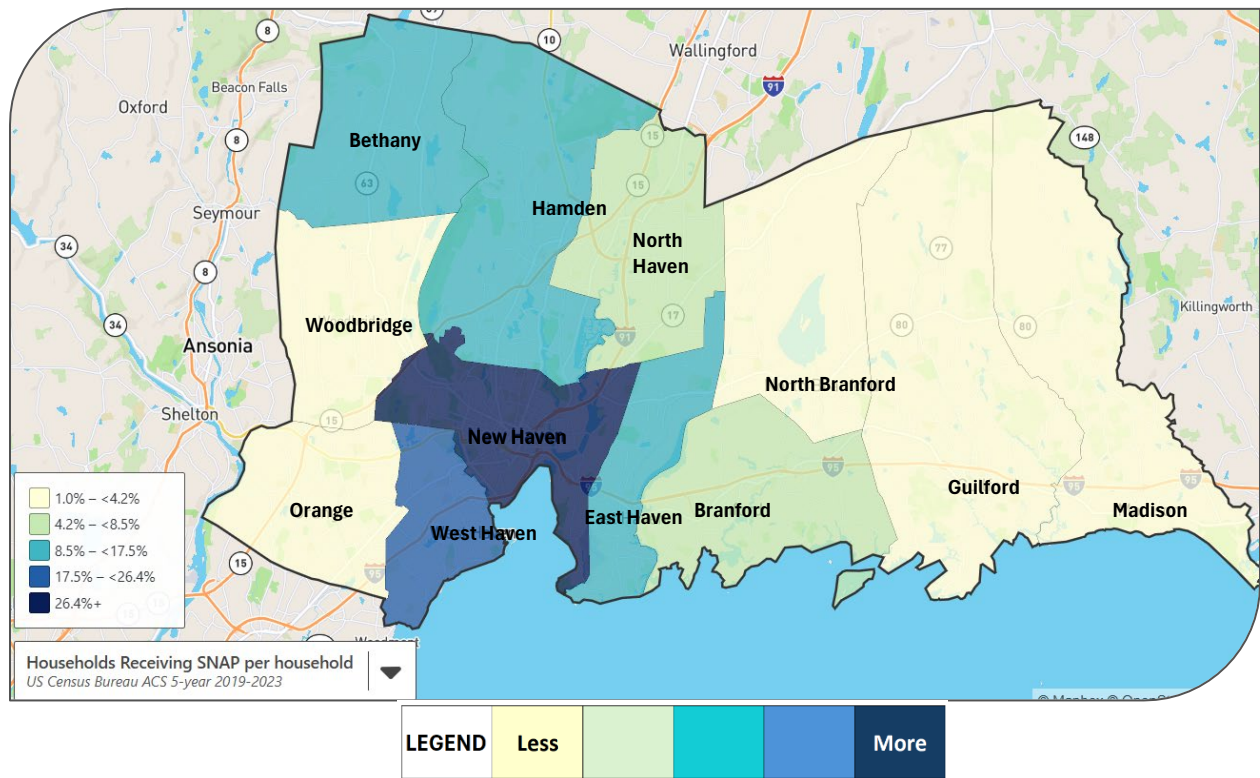
Key informants also emphasized the opportunity to reduce food waste and redistribute unused food from hospitals and other institutions back into the community at food pantries and soup kitchens to address gaps in food access.

> # 7.8%
>
> of 43,093 screened YNHH patients report **food insecurity.**
>
> Source: Yale New Haven Health's SDoH screening initiative (10/01/23- 09/30/24)

In April 2025, Yale New Haven Health employees joined volunteers from community organizations to fill 1,200 grocery bags for the School Break Groceries initiative organized by the Coordinated Food Access Network (CFAN). The grocery bags included fresh fruit and vegetables donated through YNHHS' #GiveHealthy virtual food drive to support New Haven Public Schools students and families.

Childcare

More than 27% of households in the Greater New Haven region have children (Table 37). Key informants stated that the cost of daycare is high in Greater New Haven and is not affordable for most families. Many suggested it feels impossible to access quality childcare and that trust was a large factor in finding daycare programs.

Housing

Access to safe, stable housing is essential for health and well-being, yet affordability remains a challenge in Greater New Haven. To afford fair market rent for a two-bedroom apartment, a household would need an hourly wage of $32.23 (approximately $67,000 annually), far exceeding many residents' earnings.

DCWS data shows that 47% of residents in Greater New Haven *own their homes*, while 39% *rent*.

> **Hourly Wage Necessary to Afford a 2-Bedroom Apartment at Fair Market Rent:**
>
> **$32.23**
> in New Haven HUD Metro Area
> Source: National Low Income Housing Coalition (2023). Table 36

Homeownership rates vary significantly by race and income—60% of White residents own their home, compared to 24% of Black and 29% of Latino residents. Lower-income residents are far more likely to rent (63%) or live with family or friends.

EXHIBIT 11: DCWS QUESTION – LIVING ARRANGEMENTS OF RESPONDENT, BY RACE/ETHNICITY AND INCOME (GREATER NEW HAVEN)

White	Black	Latino	Living Arrangements	<$30,000	$30,000 - $100,000	>$100,000
60%	24%	29%	I own my home	15%	44%	72%
27%	60%	57%	I rent my home	63%	43%	19%
10%	8%	7%	I live with family or friends who own	9%	10%	8%
1%	4%	5%	I live with family or friends who rent	8%	2%	0%
1%	1%	0%	I live in a Retirement Community/Senior Care	1%	0%	0%

LEGEND

Least   Most

Community members and key informants report that high housing costs, long wait times for subsidized housing, and substandard rental conditions contribute to housing instability.

> "We made great strides at local and state levels to address homelessness before the pandemic, but it was a perfect storm. For families experiencing homelessness, it's a lack of income for housing that's available. Individuals work and still can't afford housing."
>
> **- Key Informant (2024)**

Many households in the Greater New Haven region face high housing costs. More than half of renters and nearly 51% of homeowners in the region spend a large share of their income (more than 30%) on housing, a higher rate than the statewide average. These financial pressures can affect residents' ability to afford other basic needs like food, transportation, and healthcare.

3.7%

of 45,319 screened YNHH patients report **housing insecurity.**

Source: Yale New Haven Health's SDoH screening initiative (10/01/23- 09/30/24)

EXHIBIT 12: OWNER AND RENTER EXCESSIVE HOUSING COSTS BY GEOGRAPHY[3]
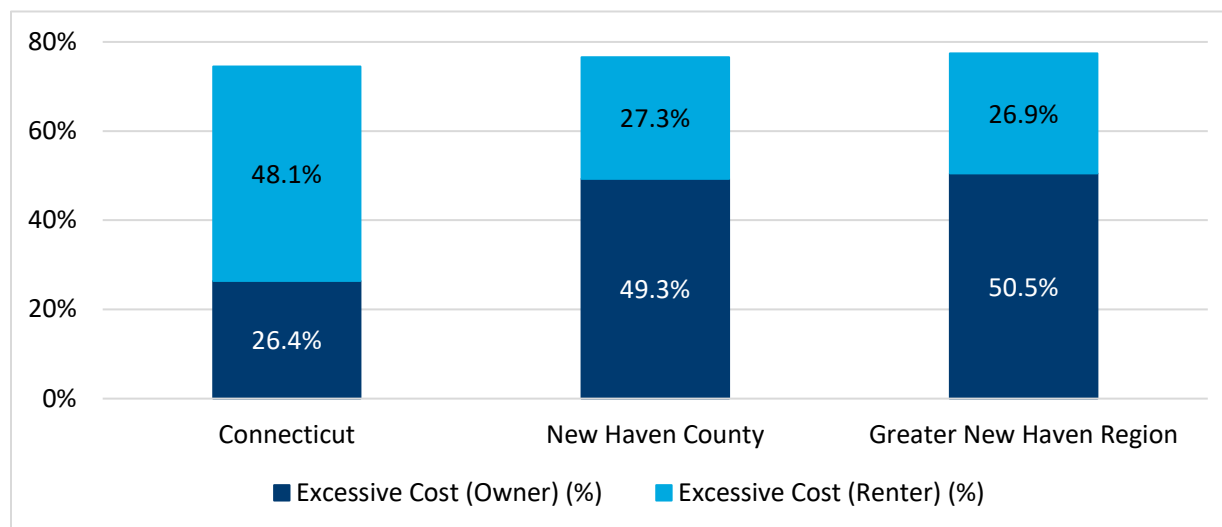
Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates, Table 33

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[3] Excessive housing costs are defined by the U.S. Department of Housing and Urban Development (HUD) as spending more than 30% of household income on housing expenses, including rent or mortgage, utilities, and insurance. Source: U.S. Department of Housing and Urban Development. "Affordable Housing."

Neighborhood and Built Environment

Neighborhood and Built Environment includes key issues such as quality of housing, access to transportation, and neighborhood crime and violence. Environmental conditions, such as air pollution, unsafe drinking water, and climate change can also impact individual and community health.

Environmental Health

The CDC's Environmental Justice Index (EJI) looks at how pollution and environmental factors affect people's health. It combines data on air and water quality, extreme heat, and other environmental conditions with social and health data to show which communities may face greater health risks from their surroundings.

In the Greater New Haven region, 57% of residents live in areas that rank in the bottom half of the Environmental Justice Index statewide, meaning they are more likely to experience poor environmental conditions and fewer protections. In the city of New Haven, this number is even higher: 82% of residents live in these lower-ranked areas.

These areas are more likely to face things like air pollution, heat exposure, and limited green space, which can all contribute to poor health over time. Improving environmental conditions in these neighborhoods can support healthier communities.

EXHIBIT 13: POPULATION LIVING IN AREAS WITH BELOW MEDIAN RANKINGS ON THE ENVIRONMENTAL JUSTICE INDEX
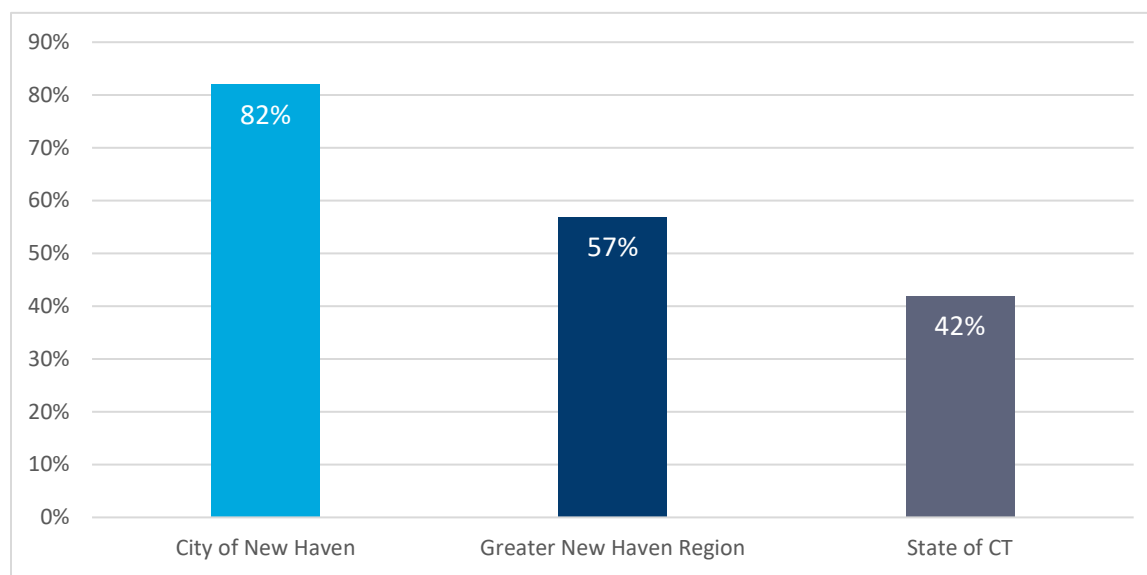
Source: CDC/ATSDR – Environmental Justice Index (EJI, 2022). Provided by Connecticut Hospital Association.

The map below shows how different areas of the region score on the Environmental Justice Index. The darker the color, the more environmental risk, and fewer protections a community has. Areas with the darkest shading—like New Haven and parts of West Haven—face the greatest environmental challenges.

The legend on the right of the map shows how each census tract is ranked on a scale from 0 to 10:

- **Scores closer to 0** (yellow) represent areas with **fewer risks and better environmental conditions**.

- **Scores closer to 10** (dark blue) indicate areas with **more environmental and social risk factors**.

EXHIBIT 14: CT ENVIRONMENTAL JUSTICE INDEX
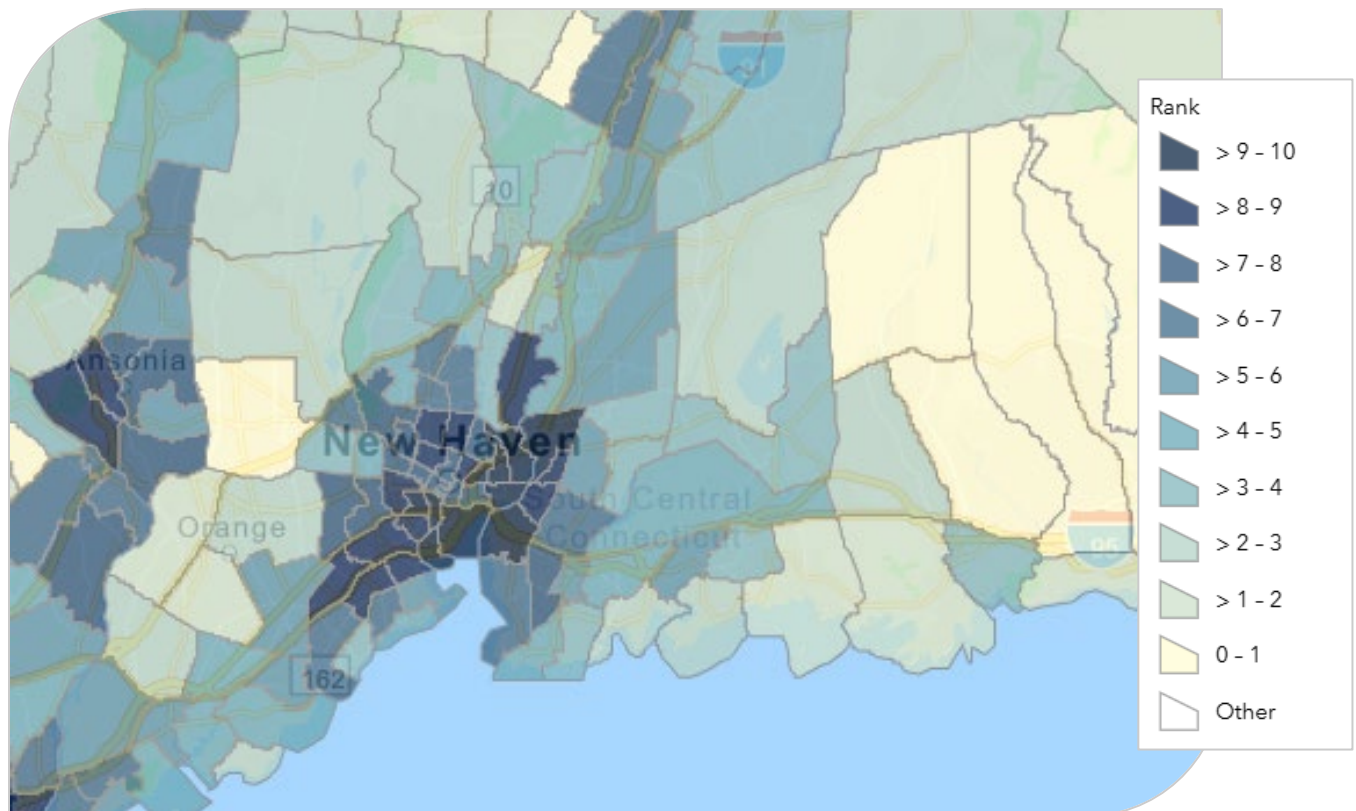
Connecticut Environmental Justice Mapping Tool. Link to access the interactive map and view scores by census tract: https://connecticut.maps.arcgis.com/apps/webappviewer/index.html?id=5adac07c27db40bbabc193af58634e5a

Community members also expressed concerns about air pollution, especially near Tweed Airport, and its impact on children's respiratory health.

Safety

Safety is an important part of a healthy and thriving community. In Greater New Haven 38% of adults report *feeling unsafe walking in their neighborhoods at night,* with concerns more common among Latinos and residents of lower income.

EXHIBIT 15: DCWS QUESTION – I DO NOT FEEL SAFE TO GO ON WALKS IN MY NEIGHBORHOOD AT NIGHT, BY RACE/ETHNICITY AND INCOME (GREATER NEW HAVEN)
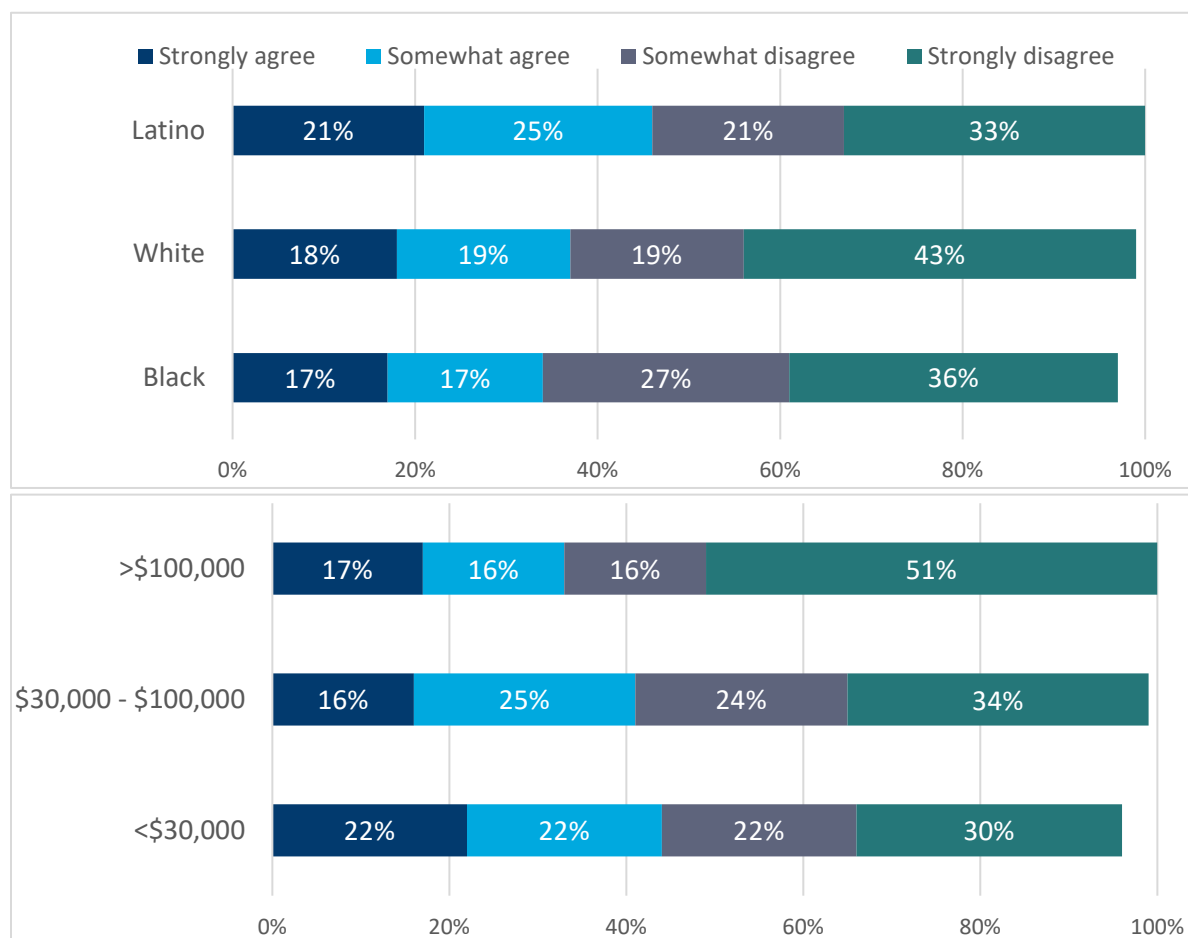
Community members and key informants report that historically Black and Latino neighborhoods experience higher rates of trauma, violence, and distress, with substance use, gang activity, and gun violence in New Haven. Gun violence, a major community concern, tends to increase in the summer, and while organizations provide support to victims, public safety remains a challenge.

Despite these concerns, 69% of residents *believe people in their community are working to improve their neighborhoods,* highlighting efforts to promote safety, reduce violence, and strengthen community connections.

Yale New Haven Hospital has a hospital-based Violence Intervention Program that provides services and case management to victims of assault, gun violence, sexual assault, and human-trafficking.

Transportation

Reliable transportation is essential for accessing jobs, healthcare, and other daily needs, yet cost and availability remain barriers for many residents. According to the DCWS, 86% of Greater New Haven residents have access to a car *very often or fairly often* when needed, but access varies by race and income—with lower rates among Latino residents (60%) and those earning less than $30,000 (53%).

EXHIBIT 16: DCWS QUESTION – FREQUENCY OF ACCESS TO CAR WHEN NEEDED, BY INCOME (GREATER NEW HAVEN)
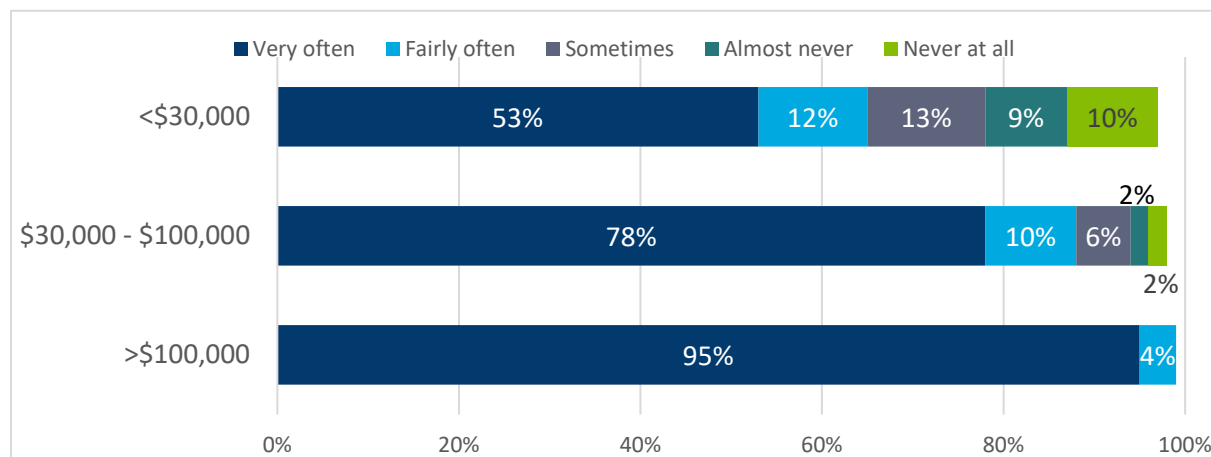
3.1%

Of 4,3331 screened YNHH patients report **transportation insecurity.**

Source: Yale New Haven Health's SDoH screening initiative, 10/01/23- 09/30/24

Community members and key informants shared that public transportation can be unreliable, with scheduling issues and long travel times, particularly for families with children or older adults. High transportation costs further limit mobility for those without a personal vehicle, making it harder to reach essential services, workplaces, and healthcare

> **"If you don't have a car, you need to take a bus to get to suburbs where the big box stores are. A single mom with three kids needs to commute twice a week for hours then she needs to pick up her kids - how do people without cars do it? It's impossible."- Community Member (2024)**

appointments. Publicly funded medical transportation options and community-based organizations like Interfaith Volunteer Caregivers and Senior Centers are working to meet some of the transportation demand but are not able to meet all the needs. Expanding affordable and reliable transportation options could improve equity and access across the region.

> **"A lot of our clients need to get around town, but they don't have any transportation. The cost of buying a monthly bus pass is a lot of money for many, many people. I think a monthly bus pass is close to $70 a month now, and our clients cannot afford that. We try to provide bus passes when we can, but for us to buy a month's supply of bus passes from Connecticut transit costs us $1,000 so that's $12,000 a year to help our kids get to a job interview or to get to our shelter program. - Key Informant (2024)**

> Yale New Haven Hospital assists patients in need by facilitating services with Uber Health and M7 and providing public transportation vouchers.

Recreation

Access to affordable recreational opportunities is an important part of a healthy community. Parks, gyms, walking trails, and fitness programs make it easier for people to stay active and support their physical and mental well-being.

DCWS data show that Latino residents in Greater New Haven were most likely to report a *lack of access to affordable recreation* (43%), followed by White residents (27%) and Black residents (24%). Black residents, however, reported the highest rate of *no physical activity* (28%), compared to 20% of Latino residents and 17% of White residents. These patterns suggest that both perceived access and other factors may influence physical activity levels, which are closely tied to long-term health outcomes.

EXHIBIT 17: DCWS QUESTIONS - ACCESS TO AFFORDABLE RECREATION IN COMMUNITY (STRONGLY DISAGREE AND SOMEWHAT DISAGREE) VS. HOW MANY DAYS PER WEEK DO YOU EXERCISE (NONE), BY RACE/ETHNICITY (GREATER NEW HAVEN)
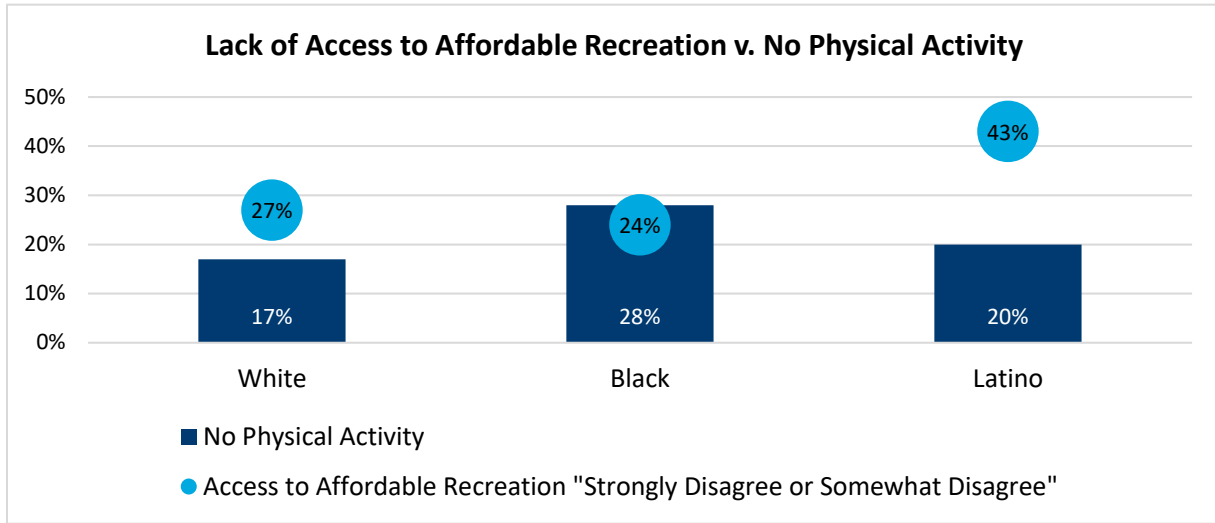
Education Access and Quality

Education shapes economic opportunity, health literacy, and well-being. Access to quality education leads to higher-paying jobs, improving access to healthcare, nutritious food, and safe housing. Health literacy is also essential for understanding medical information and navigating care, making education a key factor in reducing health disparities.

Educational attainment in Greater New Haven varies by race and overall degree completion, affecting opportunities for economic and health stability. 8.4% of adults in the region did not finish high school, which is like the statewide average of 8.7%. However, disparities exist across racial groups—23.3% of Latino adults, 10.8% of Black adults, and 5.1% of White adults lack a high school diploma, highlighting inequities in access to education.

While 27.4% of Greater New Haven residents have only a high school diploma, 43% hold at least a bachelor's degree, slightly exceeding the state average. Higher education levels are linked to improved health literacy, which influences the ability to understand medical information, engage in preventive care, and navigate healthcare systems.

EXHIBIT 18: PERCENT OF ADULTS WITHOUT A HIGH SCHOOL DIPLOMA (AGE 25+), BY RACE/ETHNICITY IN GREATER NEW HAVEN REGION
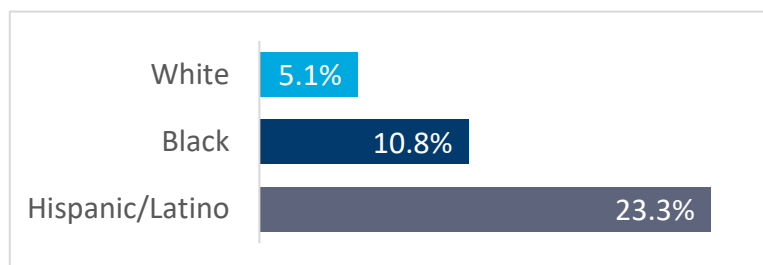
Race/Ethnicity	Percent
White	5.1%
Black	10.8%
Hispanic/Latino	23.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates, Table 21

EXHIBIT 19: HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT, 25 YEARS AND OLDER

Attainment	Greater New Haven Region	State of CT
Did Not Finish High School	8.4%	8.7%
High School Degree	27.4%	25.5%
Some College or Associate's Degree	21.2%	23.8%
Bachelor's Degree	21.2%	23.0%
Graduate Degree	21.8%	19.0%
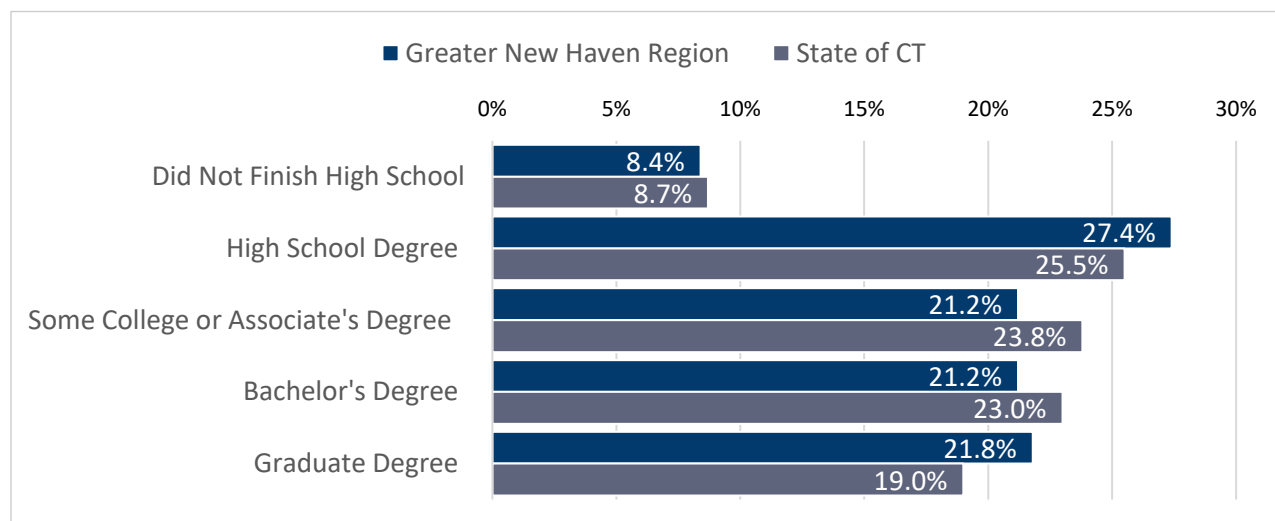
Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates, Table 18

Yale New Haven Hospital provides support for New Haven students through New Haven Promise, a comprehensive program that provides free tuition to a four-year university for residents of New Haven.

Health Coverage and Education

Education can influence health in many ways, including whether someone has health insurance, usually through their employer. In Greater New Haven, residents with a high school education or less were more than three times as likely to be uninsured compared to those with higher levels of education. This gap may reflect challenges related to health literacy, job opportunities with benefits, and understanding how to enroll in coverage, all of which can limit access to health care.

EXHIBIT 20: DCWS QUESTION - DO YOU HAVE HEALTH INSURANCE? (NO), (GREATER NEW HAVEN)

Uninsured Respondents by Education Level

Education Level	Percent
High school or less	10%
Bachelor's Degree or Higher	3%
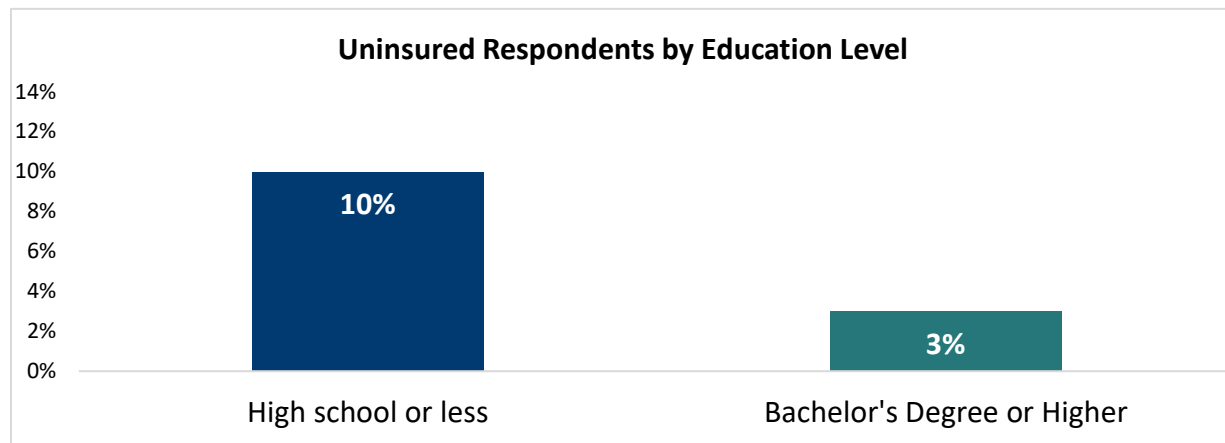
Every year in the month of March, Yale New Haven Health staff members participate in Read Across America in partnership with the United Way of Greater New Haven. Staff members read and donate books to elementary school children, promoting and encouraging literacy, self-confidence and the joys of reading.
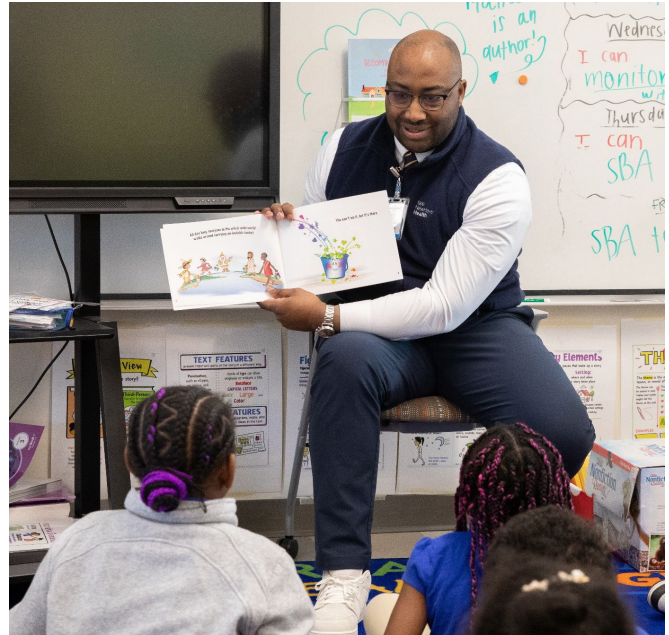
Social and Community Context

A person's relationships, interactions and sense of belonging with family, friends, coworkers, and neighbors impacts their health and well-being. Many people face challenges with social contact and support, such as living in unsafe neighborhoods, experiencing discrimination, or loneliness which can negatively impact their health and safety.

According to the National Institute on Aging, the health risks associated with prolonged social isolation are equivalent to smoking 15 cigarettes a day.[4] Humans thrive on social connection, which is the feeling of closeness and belonging to others. However, due to a variety of factors, including social media and the digital world, the COVID-19 pandemic, and other factors, people are not feeling as connected to their physical communities.

Social Connectedness

Social connectedness is the feeling that a person belongs to a group or generally feels close to other people. The Greater New Haven region has a myriad of community-based organizations (CBOs) and institutions working for the wellbeing of its residents. However, key informants shared there is a "sense of fragmentation" in the New Haven region exacerbated by the COVID-19 pandemic, distrust in institutions and polarizing political landscape. There seems to be a looming concern around the current political climate, according to community members, that shifts at the federal level are going to undercut some of the safety net services and the nonprofits that have been very important in this community.

> "There is a lack of a sense as a region that we're all in this together and we will all thrive together or we'll all suffer the outcomes together."
> - Community Member (2024)

While community-based organizations play a vital role in supporting residents, survey data suggests that many individuals in Greater New Haven experience challenges related to emotional well-being and mental health. Feelings of anxiety were common, with 34% of residents reporting they *did not feel anxious at all*, but a combined 40% feeling at least *somewhat anxious* on the day prior to the survey.

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[4] https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks

EXHIBIT 21: DCWS QUESTION – HOW ANXIOUS DID YOU FEEL YESTERDAY? (GREATER NEW HAVEN)
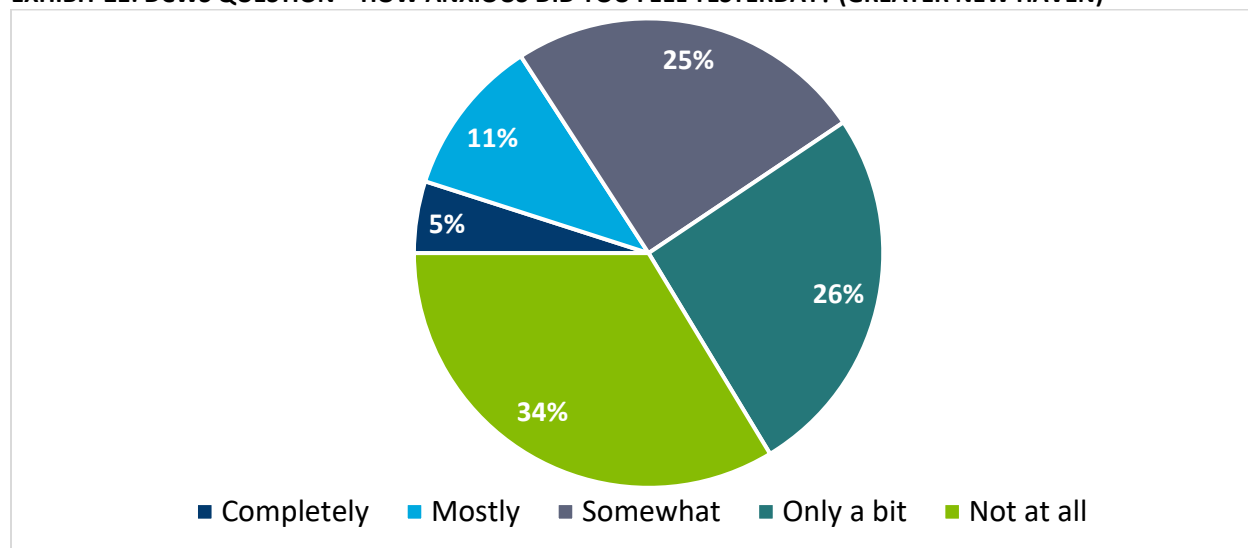
In addition, 19% of Greater New Haven survey residents screened *at risk for major depression* using a standard two-question tool.

EXHIBIT 22: DCWS QUESTION – PHQ-2 GREATER THAN OR EQUAL TO 3 INDICATING RISK OF MAJOR DEPRESSIVE EPISODE (GREATER NEW HAVEN)
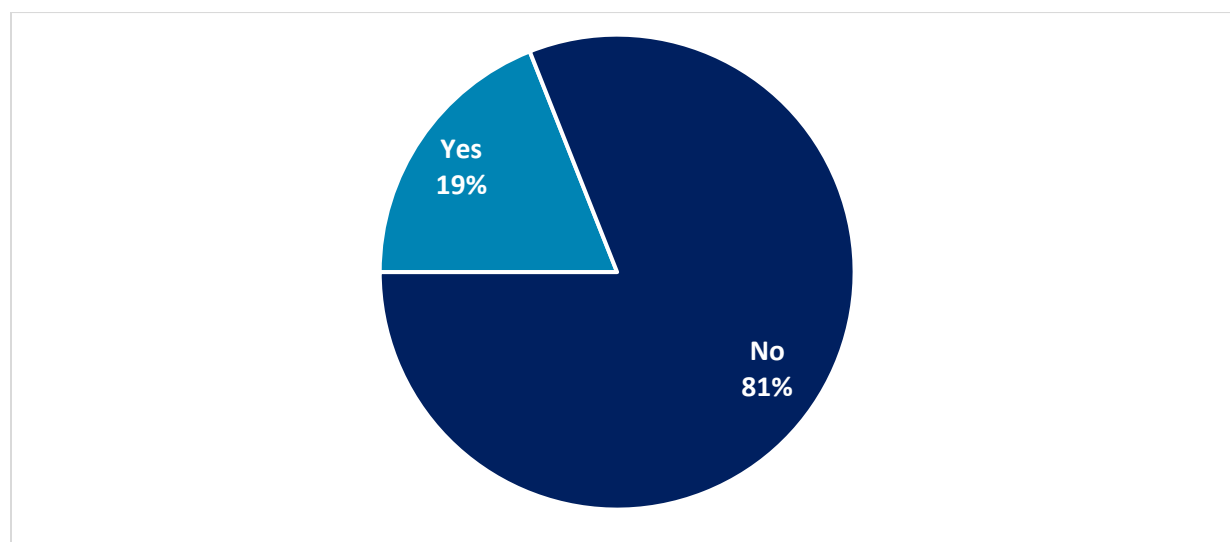
Access to social and emotional support also differed by racial and ethnic identity. While 73% of White residents reported that they *"always" or "usually"* receive the social and emotional support they need, the rate was lower among Black residents (66%) and Latino residents (60%).

EXHIBIT 23: DCWS QUESTION - SURVEY RESPONDENTS WHO PERCEIVE THEY "ALWAYS OR USUALLY" GET THE SOCIAL AND EMOTIONAL SUPPORT THEY NEED, BY RACE/ETHNICITY (GREATER NEW HAVEN)

White	73%
Black	66%
Latino	60%
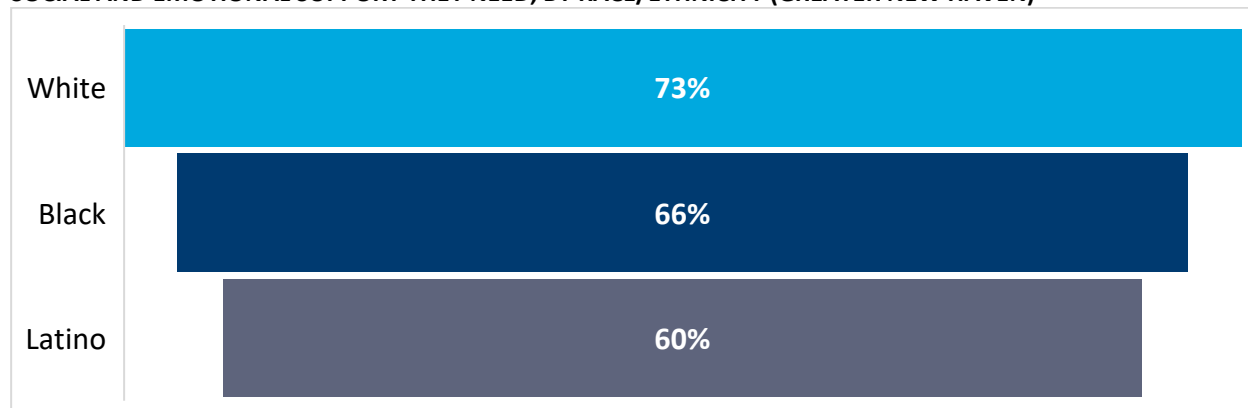
Health Care Access and Quality

Health care access and quality affects health outcomes and overall well-being by shaping the availability, effectiveness, delivery, experience and safety of care. People may face barriers to high-quality health care due to factors such as income, insurance coverage, transportation, or a shortage of local providers.

Access to Care Barriers

The type of insurance that someone has—uninsured, public, or private—shapes healthcare access. Being uninsured creates financial hurdles and may mean delaying necessary and preventive care.

People with public insurance plans (Medicaid/HUSKY Health and Medicare for those 65+ or younger with specific medical conditions) may face restrictions such as fewer providers accepting their insurance, limited access to specialists, longer wait times for appointments, and coverage constraints for specific treatments or medications.

Insurance

Overall, only 5.5% of the region's population is uninsured, some municipalities have significantly higher rates. In West Haven, 9.1% of residents are uninsured, while 7.4% of New Haven residents lack coverage (Table 1). These gaps contribute to differences in health outcomes, as those without insurance often delay or forgo needed medical care due to cost.

EXHIBIT 24: POPULATION UNINSURED BY TOWN
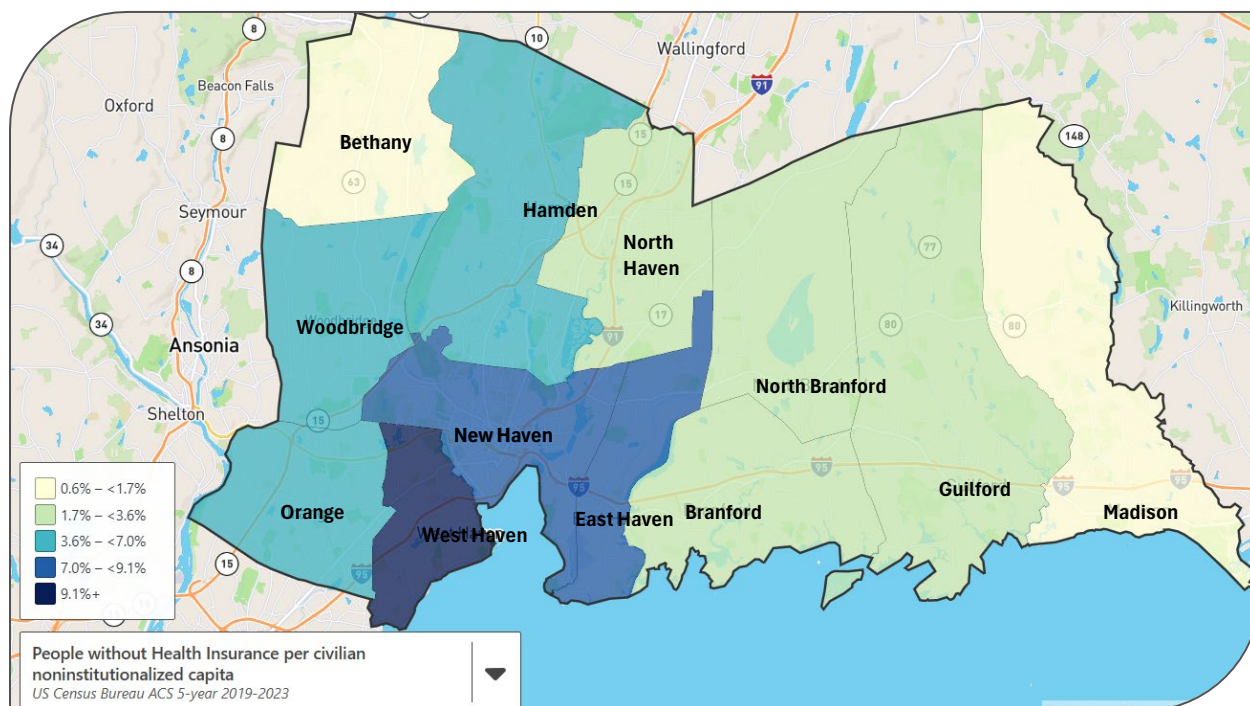
Insurance coverage also varies by race and income, affecting healthcare access and affordability. Among adults with insurance, White residents are most likely to have employer-sponsored insurance (55%), compared to 41% of Black residents and 37% of Latino residents. In contrast, government-assisted health coverage, such as Medicaid or HUSKY, is more common among Latino (31%) and Black (28%) residents than White residents (14%) who have insurance.

Income plays a major role in coverage type. Among adults with insurance, 53% of individuals earning less than $30,000 are relying on Medicaid, compared to only 1% of those making over $100,000. Meanwhile, employer-sponsored insurance is the dominant coverage for higher-income individuals, with 82% of those earning over $100,000 receiving insurance through their employer, compared to only 11% of those in the lowest income bracket. These disparities illustrate how economic status and systemic barriers shape access to private insurance and, by extension, healthcare options.

EXHIBIT 25: DCWS - WHAT TYPE OF INSURANCE DO YOU HAVE? (AMONG ADULTS WITH INSURANCE), BY RACE/ETHNICITY AND INCOME (GREATER NEW HAVEN)

Race			Type of Insurance	Income		
White	Black	Latino		<$30,000	$30,000 - $100,000	>$100,000
55%	41%	37%	Insurance obtained through a current or former employer or union	11%	48%	82%
10%	7%	11%	Insurance purchased directly from an insurance company	11%	9%	8%
31%	25%	14%	Medicare	38%	27%	13%
14%	28%	31%	Medicaid, Medical Assistance, HUSKY, or any kind of government-assistance plan	53%	17%	1%
6%	17%	19%	State Health Insurance Exchange such as Access Health CT	15%	11%	3%
3%	2%	6%	Any other type of health insurance plan	2%	4%	4%

LEGEND

Least   Most

Yale New Haven Hospital assists patients in applying for public and government health insurance options for those that qualify. Between October 2022 and December 2024, more than 2,500 staff hours were dedicated to assisting patients submit more than 3,400 health insurance applications.

Healthcare Provider Availability

Provider shortages exacerbate access challenges. While New Haven County has a lower patient-to-primary-care-provider (PCP) ratio (645:1) than the state average (834:1), the availability of other specialists is more limited. For example, the dentist-to-population ratio is 1,512:1, which is higher than the Connecticut state average (1,398:1), meaning there are fewer dentists per capita.

HEALTH CARE PROVIDER RATIOS, PEOPLE PER PROVIDER — NEW HAVEN COUNTY VS. CT STATE	
Primary Care Physicians (PCP)	**Dentists**
645 : 1	**1,512 : 1**
CT State Ratio 834 : 1	CT State Ratio 1,398 : 1
Higher ratios indicate fewer providers per person.	

Source: National Plan & Provider Enumeration System NPI, 2023. Table 40

Community members and key informants report long wait times for both primary and specialty care, particularly in underserved neighborhoods. Access to specialists often requires long travel times, adding additional burdens for those without reliable transportation. Additionally, the community shared that the closure of several pediatric offices in New Haven has further strained families seeking vaccinations and school physicals for children. These provider shortages contribute to extended appointment delays, forcing some residents to seek care in emergency rooms or travel long distances to find available specialists.

Yale New Haven Children's Hospital's pediatric dental van promotes access to oral healthcare in the community. Pediatric Dentists and Residents provide comprehensive dental care to at-risk children. Dental care includes dental exams, x-rays, dental cleanings, fluoride treatments and home care instruction.

Emergency Room Utilization

Community members and key informants report that poor access to primary care and specialists often leads to increased reliance on emergency rooms. Without timely access to physicians, some residents turn to the emergency room (ER) for non-urgent conditions, leading to overcrowding and increased healthcare costs. Addressing long wait times, expanding provider availability, and improving health system navigation could help reduce the need for emergency visits and improve overall healthcare access.

Looking at ER utilization offers further insight into the effects of healthcare access barriers and associated disparities. White residents were more likely to report *visiting the ER in the past year*, with 29% making one or two visits, compared to 16% of Black residents. Higher ER utilization is also linked to income disparities, as 29% of residents earning less than $30,000 reported one or two ER visits, compared to 22% of those in higher income brackets. Those in households with lower income were also more likely to visit the ER three or more times (8%), compared to just 2% of those earning over $100,000.

> "People use urgent care and the ER for primary care and not doctors. No one can have a primary care provider because it takes 6-8 months to get an appointment, so people go to urgent care."
>
> - Community Member (2024)

EXHIBIT 26: DCWS QUESTION – IN THE PAST 12 MONTHS, HOW MANY TIMES DID YOU RECEIVE CARE IN A HOSPITAL EMERGENCY ROOM? BY RACE/ETHNICITY AND INCOME (GREATER NEW HAVEN)

Race			Trips to the Emergency Room (past 12 months)	Income		
White	Black	Latino		<$30,000	$30,000 - $100,000	>$100,000
29%	16%	ND	1 to 2 trips	29%	22%	22%
7%	8%	ND	3 or more trips	8%	7%	2%

LEGEND

Least   Most
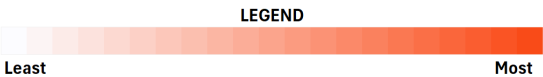
Navigation and System Barriers

Community members and key informants report that navigating the healthcare system remains a significant challenge for many residents. A lack of available health navigators and poor care coordination make it difficult for individuals to access the care they need. Many struggle to advocate for themselves in a complex system, and without clear guidance, they may experience delays in treatment or difficulty accessing specialty care.

While digital tools like MyChart (electronic personal health portal) have helped improve appointment scheduling and provider communication, community members note that more solutions are needed to reduce barriers, especially for those who face challenges with digital literacy or access to reliable internet. A successful model for navigation support is Project Access, whose participants express deep appreciation for holistic navigation, financial assistance and support provided. Expanding health navigation services and improving patient support systems could help ensure that all residents can successfully access and utilize healthcare resources.

> Yale New Haven Hospital collaborates with and supports Project Access New Haven, a community-based non-profit organization dedicated to increasing access to medical care and services that assist underserved individuals in Greater New Haven.

Trust

Trust in health care providers and public health systems plays a key role in whether people seek and receive timely medical care. In Greater New Haven, Latino and Black residents were *more likely* than White residents to report *low trust in local health officials and health care workers* (18% and 16%, respectively, compared to 7%). However, experiences with accessing necessary medical care varied: while 18% of Latino residents reported being *unable to access care*, only 11% of Black residents and 12% of White residents did so. This suggests that low trust does not always correspond directly with access to care, and different factors may shape the experiences of each group.

EXHIBIT 27: DCWS SURVEY QUESTIONS: THOSE UNABLE TO ACCESS NECESSARY MEDICAL CARE VS. THOSE WITH LOW TRUST IN LOCAL HEALTH OFFICIALS AND HEALTH CARE WORKERS (HCWS), BY RACE/ETHNICITY (GREATER NEW HAVEN)

Chart: Unable to Access Care v. Trust in Local Health Officials and HCWs

	White	Black	Latino
Unable to Access Necessary Medical Care	12%	11%	18%
Trust in Local Health Officials and HCWs "Not Very Much"	7%	16%	18%

Legend:
■ Unable to Access Necessary Medical Care
● Trust in Local Health Officials and HCWs "Not Very Much"
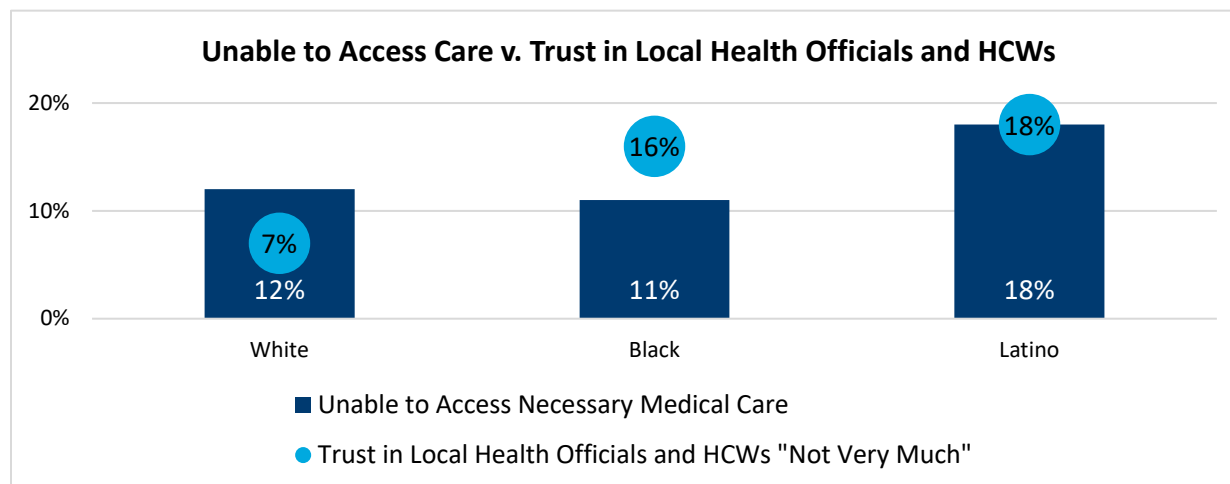
Quality of Care

Experiences of Disrespect and Poor-Quality Care

From the patient perspective, community members and key informants shared their concerns about low trust in primary care providers, with many preferring Federally Qualified Health Centers (FQHCs) over other healthcare settings. Key informants highlight that provider education on chronic disease and trauma-informed care is lacking, leading to medication-first approaches rather than holistic, personalized care. For example, individuals with diabetes often receive prescriptions for medication but lack nutritional counseling and education on lifestyle management. Additionally, long wait times for subsidized care cause many residents to delay seeking medical treatment, further compounding health issues.

DCWS data reflects experiences with the broader healthcare system, not care received at any specific institution. In Greater New Haven, Black residents (23%) were the most likely to report *experiencing disrespect or poorer-quality care*, followed by Latino (17%) and White residents (16%). These patterns were also seen across income levels: 22% of individuals earning less than $30,000 reported poor treatment, compared to 13% of those earning over $100,000. These findings point to the role of systemic bias, insurance-related barriers, and financial stress in shaping patients' experiences with healthcare overall.

EXHIBIT 28: DCWS QUESTION – PARTICIPANTS WHO HAVE RECEIVED LESS RESPECT OR POORER QUALITY SERVICES WHEN SEEKING HEALTHCARE, BY RACE/ETHNICITY (GREATER NEW HAVEN)
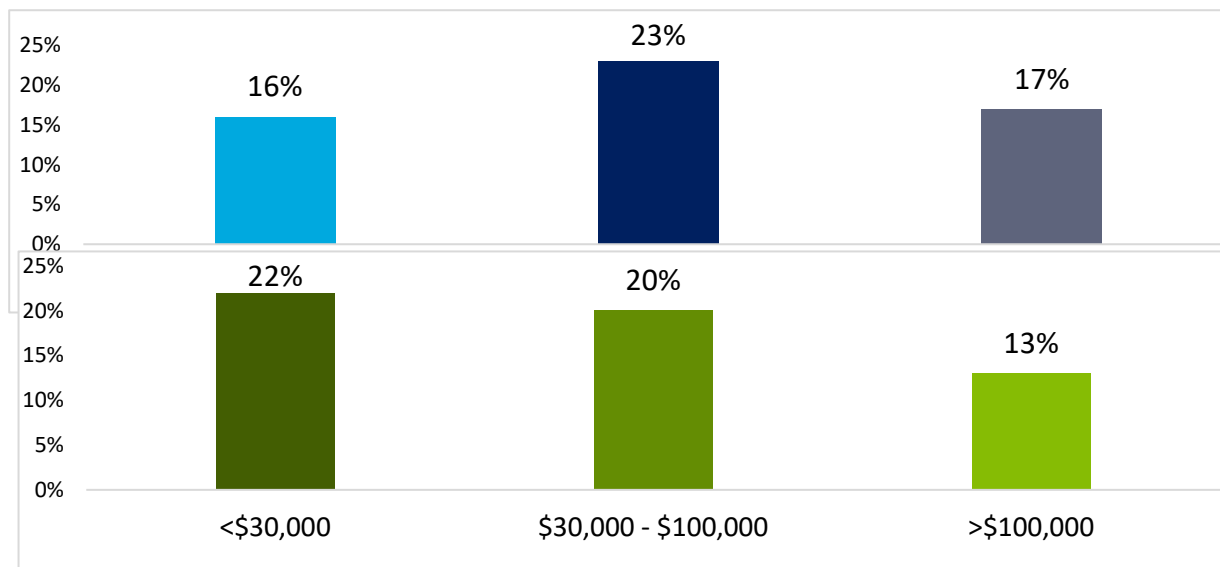
Reasons and Settings for Discrimination in Healthcare

Community members and key informants shared that patients may receive lower-quality care or less respect in healthcare settings based on personal characteristics. Survey data from DCWS supports these concerns. Among Black residents who reported that *they ever experienced discrimination in healthcare*, 65% said *race played a role* in how they were treated, compared to 38% of Latino residents and 8% of White residents. *Health insurance status* was another commonly cited reason, particularly among lower-income individuals—31% of residents earning less than $30,000 who ever experienced discrimination reported it as a factor, compared to 19% of those earning $100,000 or more. *Gender and weight* were also reported as contributing factors across income groups.

EXHIBIT 30: DCWS QUESTION – TOP 5 REASONS PARTICIPANTS FELT THEY RECEIVED LESS RESPECT OR POOR-QUALITY SERVICES WHEN SEEKING HEALTHCARE, (AMONG ADULTS REPORTING DISCRIMINATION) BY RACE/ETHNICITY (GREATER NEW HAVEN)

	White	Black	Latino
Your Race	8%	65%	38%
Your Gender	25%	33%	23%
Your Health Insurance Status	33%	6%	15%
Your Age	18%	21%	8%
Your Weight	13%	11%	14%

LEGEND

Least   Most

EXHIBIT 31: DCWS QUESTION – TOP 5 REASONS PARTICIPANTS FELT THEY RECEIVED LESS RESPECT OR POOR-QUALITY SERVICES WHEN SEEKING HEALTHCARE (AMONG ADULTS REPORTING DISCRIMINATION), BY INCOME (GREATER NEW HAVEN)

	<$30,000	$30,000 - $100,000	>$100,000
Your Race	36%	36%	11%
Your Gender	16%	34%	27%
Your health insurance status	31%	17%	19%
Your Age	15%	18%	18%
Your Weight	4%	10%	31%

LEGEND

Least   Most
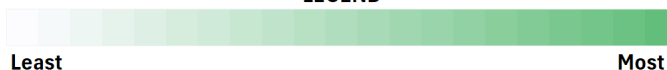
The setting where care is received also influences the likelihood of experiencing poor treatment. DCWS data indicates that most reports of *disrespect occurred in doctor's offices*, where 60% of White residents, 58% of Black residents, and 50% of Latino residents who ever experienced discrimination reported experiencing lower-quality care. However, *hospitals and emergency rooms* were more frequently cited by Black (62%) and Latino (58%) residents, suggesting that racial disparities may be more pronounced in emergency healthcare settings.

In 2023, Yale New Haven Hospital developed a 'We Ask Because We Care' campaign to help identify and address health disparities due to race, ethnicity and language.

We ask because we care.

Yale New Haven Health

Everyone is unique and deserves access to the best health care.

What is your race? What is your ethnicity? What is your ethnic background? What is your preferred language? By asking these questions, we are better able to deliver equitable health care to all. Scan to learn more.
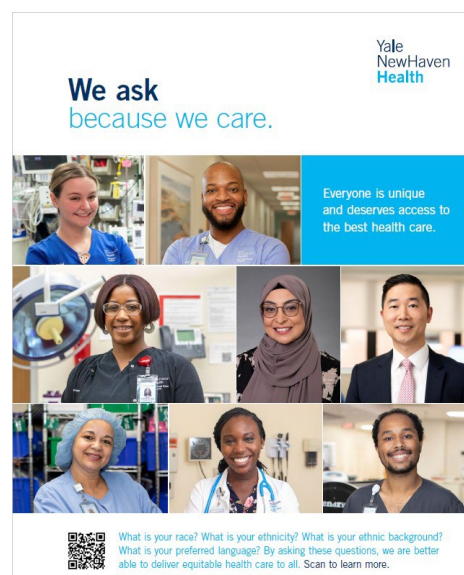
EXHIBIT 32: DCWS QUESTION – WHERE PARTICIPANTS FELT THEY RECEIVED LESS RESPECT OR POOR-QUALITY SERVICES WHEN SEEKING HEALTHCARE, BY RACE/ETHNICITY (GREATER NEW HAVEN)

	White	Black	Latino
At a doctor's office or when visiting the doctor	60%	58%	50%
At a hospital or emergency room	47%	62%	58%

EXHIBIT 33: DCWS QUESTION – WHERE PARTICIPANTS FELT THEY RECEIVED LESS RESPECT OR POOR-QUALITY SERVICES WHEN SEEKING HEALTHCARE (AMONG ADULTS REPORTING DISCRIMINATION), BY INCOME (GREATER NEW HAVEN)

	<$30,000	$30,000 - $100,000	>$100,000
At a doctor's office or when visiting the doctor	45%	63%	68%
At a hospital or emergency room	61%	42%	56%

Health Outcomes

Understanding overall health status helps identify key health challenges and disparities within a community. Chronic diseases, such as heart disease, diabetes, and obesity, contribute to long-term health complications, reduce quality of life, and increase healthcare costs.

Hospitalizations for chronic diseases of Greater New Haven residents exceed state averages, indicating potential gaps in preventive care and disease management.

EXHIBIT 34: HEALTH INDICATOR HOSPITAL UTILIZATION RATES FOR ADULTS IN CONNECTICUT
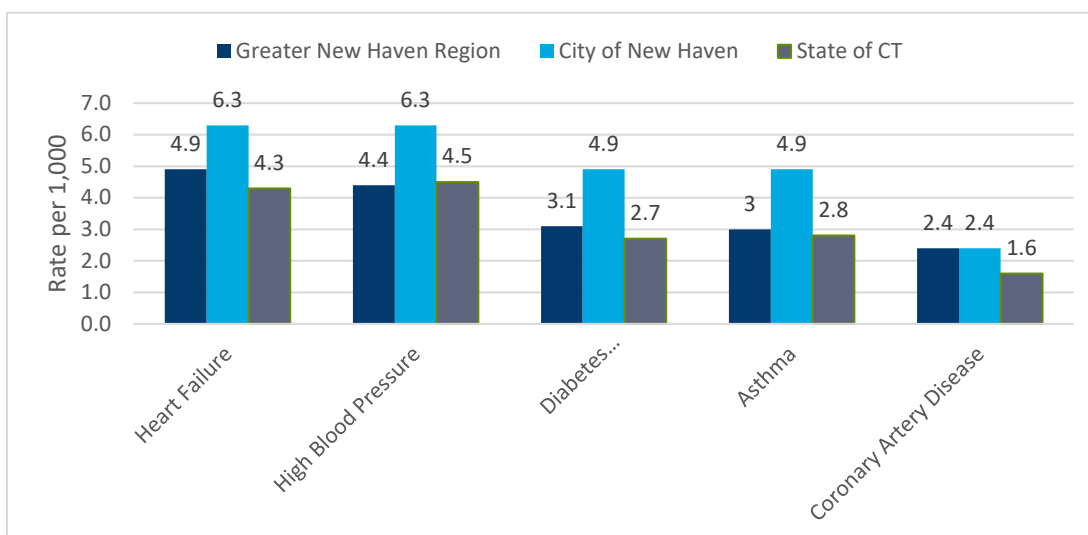
Source: Table 48, Connecticut Hospital Association, ChimeData

As shown in the Exhibit below, high cholesterol, high blood pressure, and obesity are among the most common chronic conditions self-reported in the region. Asthma, depression, and diabetes also affect a significant portion of the population (Table 45). These conditions contribute to long-term health complications, underscoring the need for preventive care and disease management. There is a consistent pattern of disparity between the city of New Haven and the Greater New Haven area for heart failure, diabetes, blood pressure, diabetes, and asthma.

EXHIBIT 35: SELF-REPORTED CHRONIC CONDITIONS
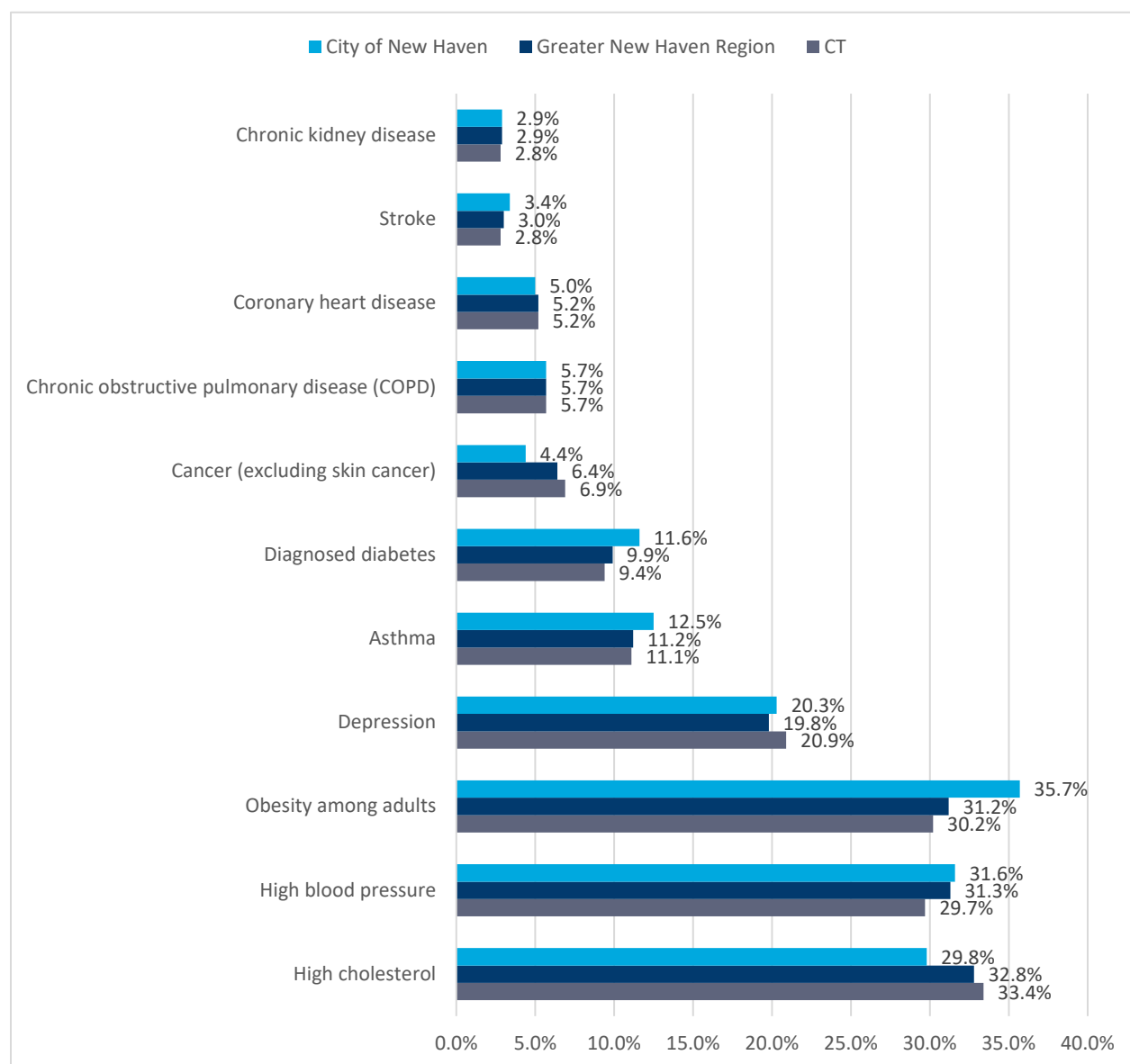
Source: CDC PLACES (2020-2021). Provided by Connecticut Hospital Association. Table 45

Greater New Haven population that self-rated their health status as 'fair' or 'poor':

14.1%

Compared to 13.3% in the state of Connecticut.
Source: CDC PLACES (2020-2021). Provided by Connecticut Hospital Association. Table 46
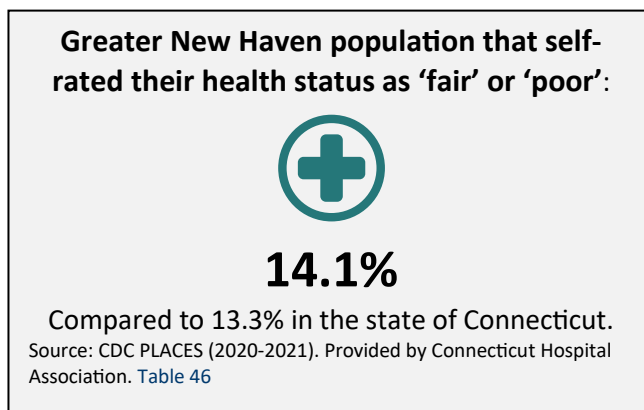
Race, place and income play a significant role in overall health status, influencing the risk of chronic conditions and serious health events such as heart attacks. A higher percentage of Black residents report *being told by a doctor or healthcare provider that they have had a heart attack*. Income disparities also affect heart health, with 5% of individuals earning less than $30,000 reporting a heart attack diagnosis, compared to 2% of those earning $30,000-$100,000 and just 1% of those earning $100,000 or more.

EXHIBIT 36: DCWS QUESTION – PARTICIPANTS DIAGNOSED WITH HEART ATTACK, BY RACE/ETHNICITY AND INCOME (GREATER NEW HAVEN)
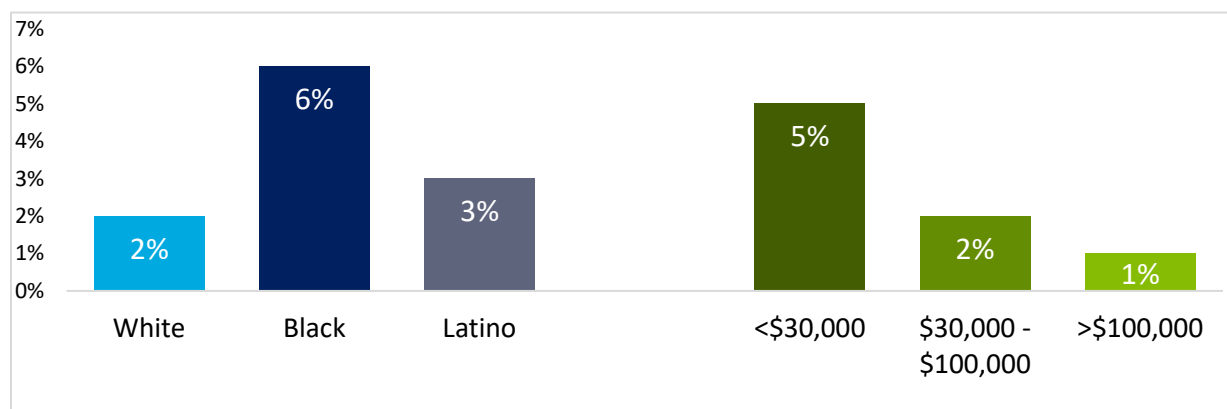
Self-reported health status also varies by race, ethnicity, and income. White residents are more likely to report *"excellent"* or *"very good"* health, while Black and Latino residents report higher rates of *"fair"* or *"poor"* health. Income plays a significant role, with higher-income individuals rating their health more favorably than those earning less than $30,000.

EXHIBIT 37: DCWS QUESTION –HOW WOULD YOU RATE YOUR OVERALL HEALTH, WOULD YOU SAY YOUR HEALTH IS EXCELLENT, VERY GOOD, GOOD, FAIR OR POOR, BY RACE/ETHNICITY (GREATER NEW HAVEN)
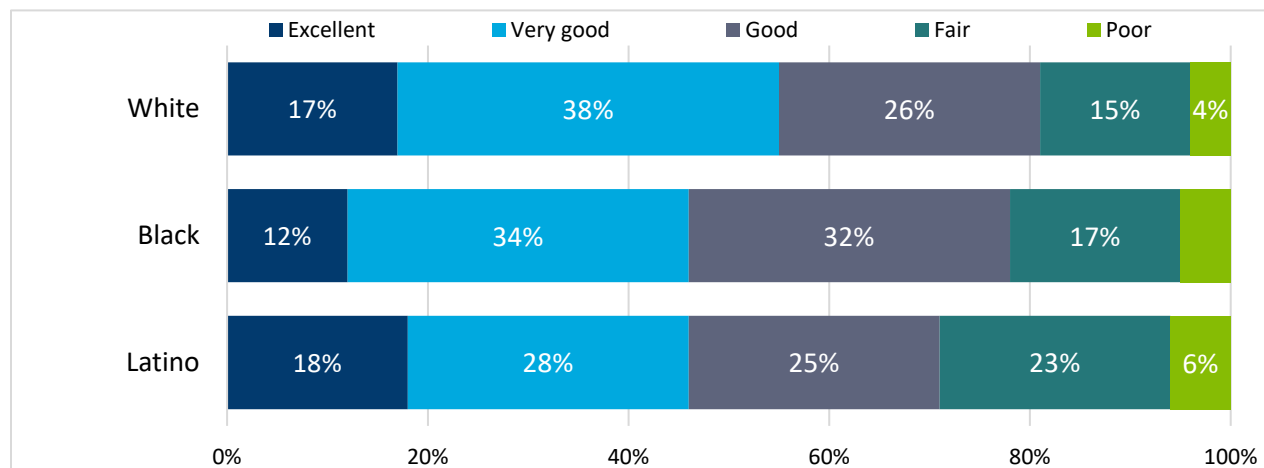
EXHIBIT 38: DCWS QUESTION –HOW WOULD YOU RATE YOUR OVERALL HEALTH, WOULD YOU SAY YOUR HEALTH IS EXCELLENT, VERY GOOD, GOOD, FAIR OR POOR BY INCOME (GREATER NEW HAVEN)
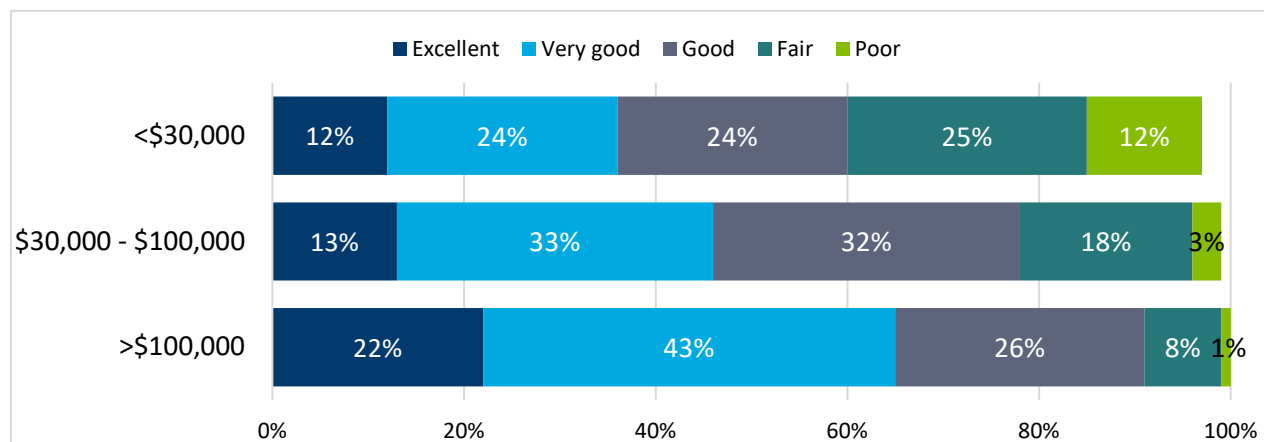
Mental Health

Hospitalization rates for mental health conditions are higher for Greater New Haven residents than in the state overall, with especially elevated rates in the city of New Haven. In 2024, 15.7 out of every 1,000 adults in New Haven were hospitalized for a mental health condition, compared to 10.8 in the Greater New Haven region and 10.4 statewide. Rates were particularly high among Black and Latino adults in New Haven (21.2 and 19.2 per 1,000, respectively) suggesting gaps in access to routine and outpatient mental health services that may lead to increased use of emergency care.

Mental Health Hospitalizations
More adults in Greater New Haven are hospitalized for mental health conditions than the statewide average, suggesting barriers to outpatient care and increased reliance on emergency settings.

- **Mental health conditions**:
  o **10.8 per 1,000** in Greater New Haven
  o **15.7 per 1,000** in the city of New Haven
  o **10.4 per 1,000** statewide

Source: Connecticut Hospital Association, ChimeData. Table 48

EXHIBIT 39: GREATER NEW HAVEN PATIENTS WITH A HOSPITAL ENCOUNTER FOR MENTAL HEALTH BY RACE/ETHNICITY AND GEOGRAPHY, FY 2024
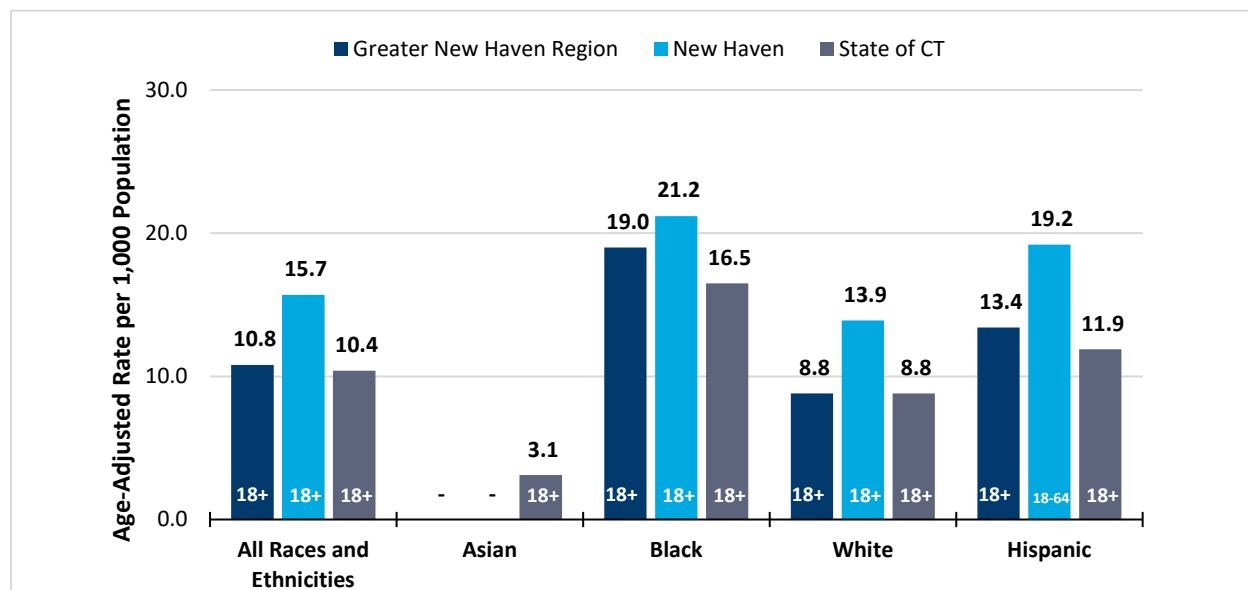
Source: Connecticut Hospital Association, ChimeData

Community members and key informants report significant service gaps, especially for children, with long waitlists and unclear pathways to care. Adults in crisis also face limited access to crisis beds, which is particularly concerning for individuals experiencing housing insecurity. Without stable housing, there are few safe places to recover, and the lack of immediate support can escalate the crisis. While telehealth is widely used, many residents still prefer in-person mental health services. Key informants also highlight concerns around provider accountability and insurance-based biases, which further complicate access.

According to DCWS, 17% of residents report being *unable to access needed mental health treatment*. Latino residents (26%) were nearly twice as likely

> **"Inpatient psych beds are the overall the hardest to find and it's been getting worse for decades. The pediatric ER says half of the beds are full of kids who need psych services.**
>
> **- Key Informant (2024)**

as White or Black residents (14%) to report difficulties. Lower-income individuals faced the greatest barriers, with 20% of those earning less than $30,000 struggling to receive treatment, compared to 12% of those earning $100,000 or more.

EXHIBIT 40: DCWS QUESTION – PARTICIPANTS WHO HAVE BEEN UNABLE TO ACCESS NEEDED MENTAL HEALTH TREATMENT OR COUNSELING, BY RACE/ETHNICITY AND INCOME (GREATER NEW HAVEN)

Category	Percentage
White	14%
Black	14%
Latino	26%
< $30,000	20%
$30,000 - $100,000	21%
> $100,000	12%
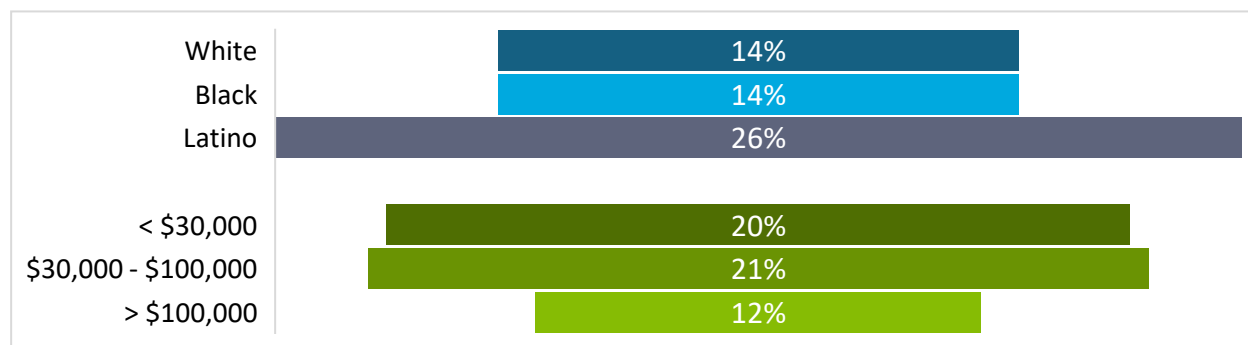
Substance Use

Substance use is a major health concern in Greater New Haven, with substance-related disorders being the leading cause of hospital encounters in the Greater New Haven region. In 2024, 11.0 per 1,000 adults in Greater New Haven were hospitalized for substance-related disorders, a rate that was even higher in the city of New Haven (19.3 per 1,000) compared to 8.1 per 1,000 statewide. Alcohol-related disorders accounted for the most hospitalizations, highlighting the widespread impact of alcohol misuse.

The exhibit below shows that hospitalization rates are higher for Black and Hispanic adults compared to White adults. These findings may reflect underlying differences in substance use trends, access to prevention and treatment services, and other contributing social or economic factors.

Substance Use Hospitalizations
Hospitalization rates for substance-related disorders in the Greater New Haven Region exceed state averages, reflecting the ongoing impact of substance use in the community.

- **All substance-related disorders**:
  - **11.0 per 1,000** adults in Greater New Haven
  - **19.3 per 1,000** in the city of New Haven
  - **8.1 per 1,000** statewide

Alcohol-related disorders is the most common substance leading to hospitalizations (5.9 per 1,000), followed by non-opioid related disorders (4.0 per 1,000).
Source: Connecticut Hospital Association, ChimeData. Table 48

EXHIBIT 41: GREATER NEW HAVEN PATIENTS WITH A HOSPITAL ENCOUNTER FOR SUBSTANCE-RELATED DISORDERS BY RACE/ETHNICITY AND GEOGRAPHY, FY 2024
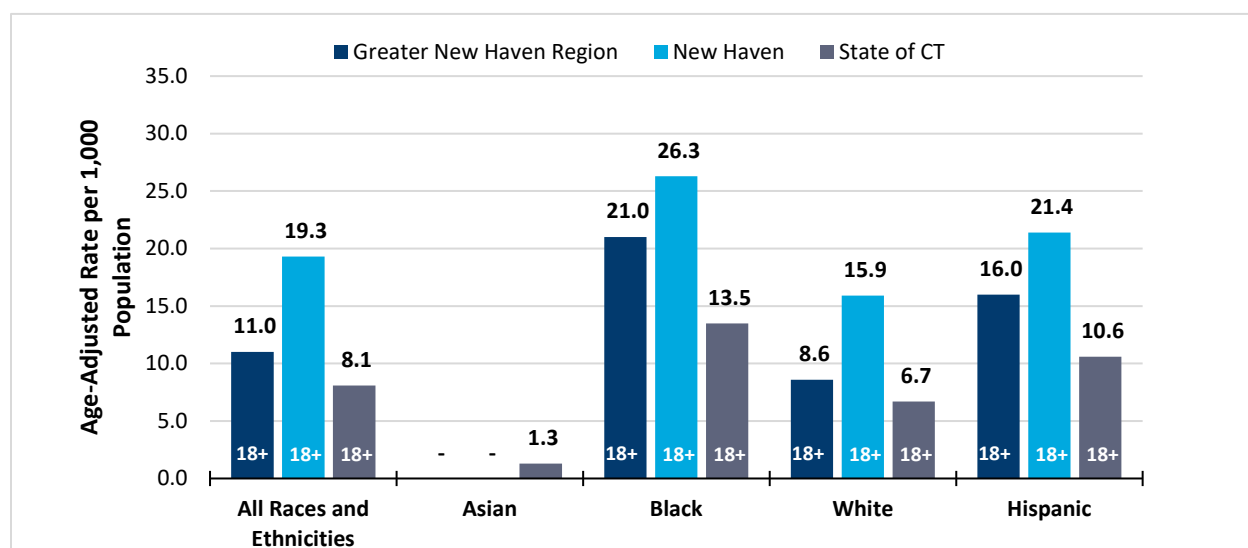
Source: Connecticut Hospital Association, ChimeData

Community members reportedly observe excessive substance use and residents seemingly self-medicating in public because of a lack of prevention, early intervention and consistent treatment opportunities.

"A lot of the folks that we serve self-medicate because they've not been able to get into care."

- Key Informant (2024)

Across New Haven County, 15% of residents *smoke cigarettes* (Table 50). According to the DCWS, 12% of residents in Greater New Haven *currently smoke cigarettes*. Smoking rates were highest among Black (17%) and Latino (13%) residents, compared to 11% of White residents. Smoking was also more common among lower-income individuals, with 20% of those earning less than $30,000 reporting cigarette use every day or some days, compared to 14% of those earning over $100,000. These disparities highlight the connection between certain types of substance use and economic instability.

EXHIBIT 42: DATAHAVEN SURVEY QUESTION – CURRENT SMOKER: HAS SMOKED AT LEAST 100 CIGARETTES AND CURRENTLY SMOKES EVERY DAY OR SOME DAYS, BY RACE/ETHNICITY AND INCOME (GREATER NEW HAVEN)
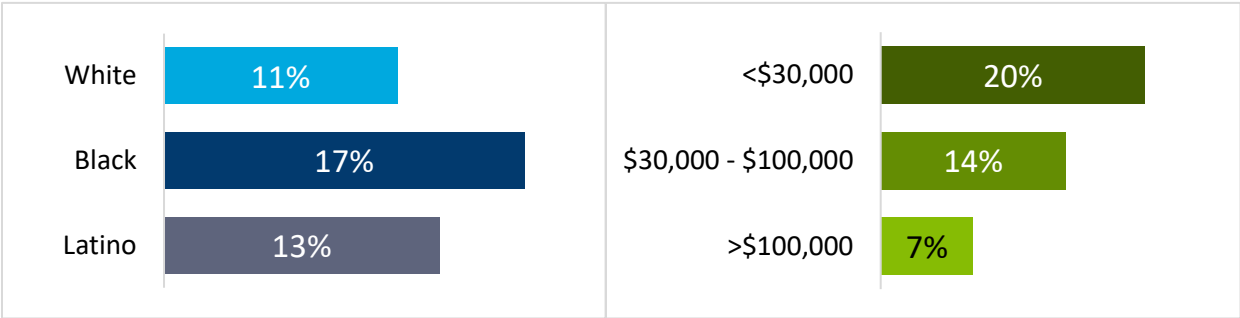
Maternal Health

Community members and key informants identify maternal and child health as a priority, particularly for Black women, refugee women, and undocumented individuals. These populations may face barriers to OB/GYN care, including transportation, language, cultural differences, and insurance limitations. Additionally, financial and physical challenges can reduce access to nutritious food, which is critical during pregnancy.

Quality of care also plays a key role in maternal health. Community members report that poor experiences with providers discourage women from seeking preventive

> **"We used to have a robust maternal-child program, but [...] we [could] be doing better as a community."**
>
> **- Key Informant (2024)**

care, further limiting access. Black maternal health specifically remains a major concern for community members, particularly regarding maternal and infant mortality, with key informants emphasizing the need to build trust through consistent, high-quality care.

Access to timely, high-quality prenatal care plays a critical role in supporting healthy birth outcomes. Between 2021 and 2023, fewer than 77% of Black and Hispanic mothers in New Haven County received early prenatal care, compared to nearly 87% of White mothers. Rates of inadequate prenatal care were also higher for Black (14.5%) and Hispanic (15.3%) mothers than for White mothers (7.8%) during the same time period (Table 57).

These differences in care access are reflected in birth outcomes. The average preterm birth rate for Black infants in New Haven County was 14.1%—the highest of any group—compared to 10.3% among Hispanic infants, 8.5% among White infants, and 7.6% among Asian/Pacific Islander infants. Risks associated with preterm birth include short and long-term complications such as breathing issues, brain injury and cerebral palsy.

EXHIBIT 43: PRETERM BIRTH RATE BY RACE/ETHNICITY IN NEW HAVEN COUNTY
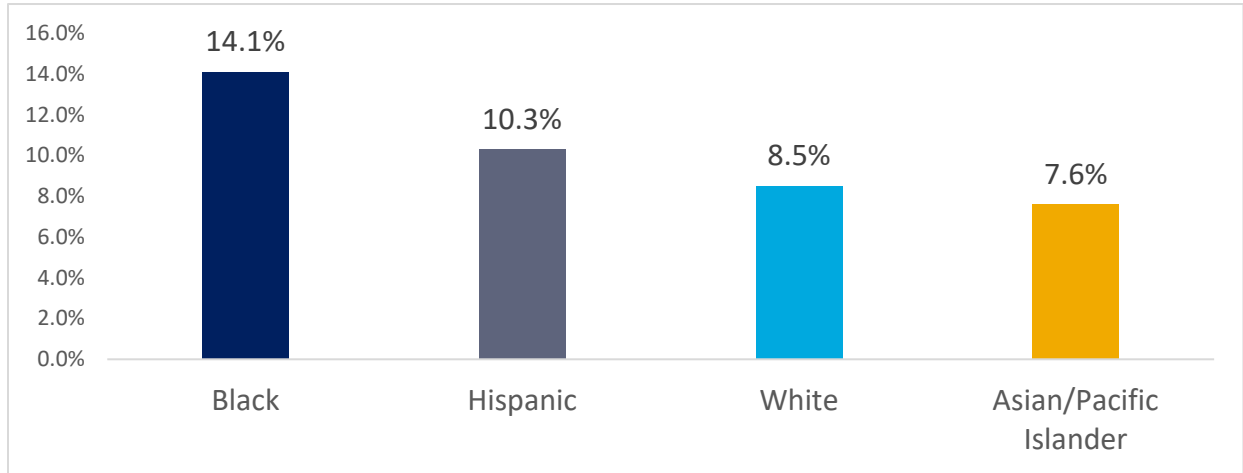
Source: National Center for Health Statistics, final natality data. Table 56

NEEDS PRIORITIZATION

List of Identified Community Health Needs

The following list highlights the full community needs identified through the 2025 Community Health Needs Assessment data analysis process for Greater New Haven. These needs are categorized into high-level focus areas and are presented without prioritization.

Healthcare Needs

Behavioral Health Needs

Culturally Competent Care Needs

Social Drivers of Health Needs

Healthcare Needs

- Better access to specialty care services, including orthopedics and cardiology to address extended wait times.
- Enhanced access to affordable medications to address high out-of-pocket costs for individuals on state insurance.
- Establishment of culturally competent health navigators to assist patients in navigating healthcare systems.
- Expanded maternal and prenatal care for underserved populations to improve birth outcomes.
- Expansion of community health clinics to provide preventive care and manage acute care needs.
- Increased availability of affordable dental care services, particularly for Medicaid recipients.
- Increased availability of primary care providers to reduce wait times and improve access.

Behavioral Health Needs

- Development of crisis intervention services to provide immediate support for individuals experiencing behavioral health crises.

- Expanded access to affordable substance use treatment programs, including recovery resources.
- Greater investment in school-based behavioral health programs to address youth mental health challenges.
- Implementation of integrated care models that combine behavioral health and physical health services.
- Increased availability of mental health services for youth and adults to address long wait times for care.
- Stigma reduction programs to encourage individuals to seek behavioral health care and substance use treatment.

Culturally Competent Care Needs

- Broader initiatives focused on addressing socioeconomic and demographic disparities in healthcare delivery and resource distribution.
- Enhanced training programs for healthcare providers to promote cultural competence and reduce implicit bias.
- Expansion of equitable resource distribution to underserved neighborhoods to reduce health disparities.
- Improved language accessibility in healthcare services through bilingual providers and interpreter services.
- Increased outreach and tailored programs for immigrant populations to reduce barriers to care.

Social Drivers of Health Needs

- Development of affordable childcare programs to support working families and improve economic stability.
- Enhanced access to fresh and affordable food options to address food insecurity.
- Expansion of youth programs, including recreational and educational opportunities, to promote well-being.
- Improved environmental health initiatives to address air and noise pollution, water quality, and exposure to environmental hazards in underserved neighborhoods.
- Improved transportation services to ensure reliable access to medical appointments and community resources.
- Increased access to affordable housing to improve stability for low-income families.
- Strengthened support services for seniors, including transportation and affordable healthcare, to reduce isolation.

Regional Community Prioritization

To ensure that the 2025 Community Health Needs Assessment (CHNA) reflects the perspectives and priorities of Greater New Haven residents, a structured prioritization process was conducted using a combination of community input and evidence-based decision-making methods.

A Community Voices Survey, available in English and Spanish, was distributed through the Healthier Greater New Haven Partnership (HGNHP) and other community partners, engaging 77 community members who ranked the most essential community needs for themselves and/or their family. Their feedback informed the regional prioritization session. Those ranked top eight needs were:

1. Increased access to **affordable housing** to improve stability for low-income families.
2. Enhanced access to fresh and affordable food options to address **food insecurity**.
3. Development of **affordable childcare** programs to support working families and improve economic stability.
4. Expanded **maternal and prenatal care** for underserved populations to improve birth outcomes.
5. Expansion of **youth programs**, including recreational and educational opportunities, to promote well-being.
6. Increased availability of **mental health services for youth and adults** to address long wait times for care.
7. Greater investment in school-based behavioral health programs to address **youth mental health** challenges.
8. Expansion of **equitable resource distribution** to underserved neighborhoods to reduce health disparities.

The prioritization session, conducted in person with HGNHP members, Community Advocates, hospital staff and other community partners, utilized a modified Hanlon Method, an evidence-based approach approved by the National Association of County and City Health Officials (NACCHO).[5] Participants first completed a pre-session survey, scoring the original 25 needs from the data analysis based on magnitude, severity and feasibility which generated an initial prioritization score.

During the live session, participants used the PEARL-E framework, a modified version of the Hanlon Method's PEARL (Proprietary, Economics, Acceptability, Resources, Legality and Equity) criteria. The "E" in PEARL-E adds an Equity component to ensure that systemic disparities were

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[5] NACCHO. (2023). *Guide to Prioritization Techniques.* National Association of County and City Health Officials. Retrieved from https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf

considered in decision making. Needs that did not meet PEARL-E criteria were removed from the final vote. At the end of the session, the top 10 priority needs were grouped into three priority themes with a thread addressing socioeconomic and demographic disparities.

1. **Social Drivers of Health - Affordable Housing, Childcare, Transportation, and Food Insecurity**

2. **Healthcare Delivery - Cultural Competence**

3. **Healthcare Outcomes - Behavioral Health and Maternal and Prenatal Care**
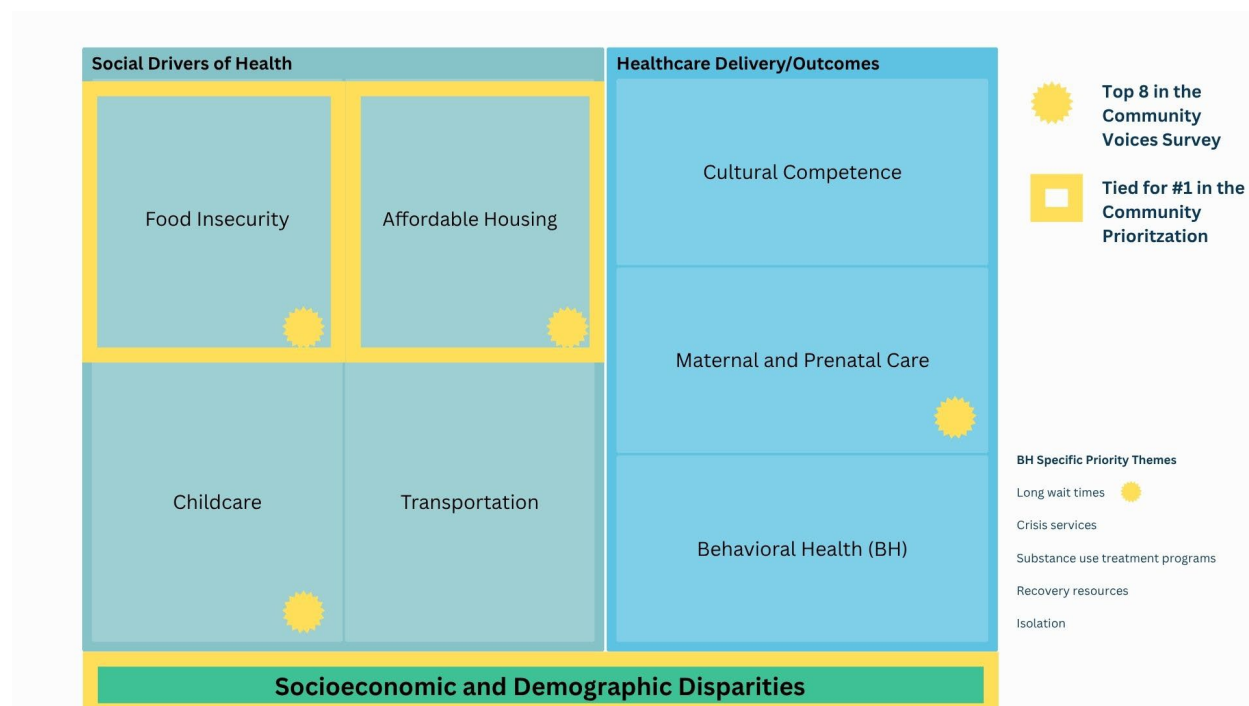
A summary of the data highlights that speak to the regional priority needs, and informed the hospital prioritization process, are detailed in the infographics in the three pages that follow.

Prioritization Data Highlights
Greater New Haven Region

Food Insecurity

Community members described affordability, transportation, and geographic barriers as primary obstacles to obtaining healthy food.

Low- income households and Latino and Black residents are significantly more likely to experience food insecurity and rely on emergency food programs. [1]

7.8%

The YNHHS Inpatient Screening Program assesses admitted patients 18 years and older for food, housing, transportation and utility needs annually. 7.8% of Yale New Haven Hospital patients screened positive for food insecurity.

The DataHaven Community Wellbeing Survey (DCWS) identified the need for food assistance programs. 12% of respondents reported that they used emergency food services. Usage of the services were higher among Latino (20%) and Black (18%) respondents. [1]

20% Latino
18% Black

28%
2%

28% of low-income residents reported that they have received groceries or meals from a food pantry, food bank or other emergency food services compared to 2% of high-income residents. [1]
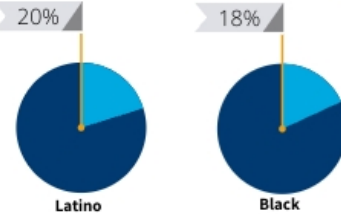
■ Low-Income Residents (< $ 30k)
■ High-Income Residents (> $ 100k)

The YNHHS Inpatient Screening Program assesses admitted patients 18 years and older for food, housing, transportation and utility needs annually. 7.8% of Yale New Haven Hospital patients screened positive for Housing insecurity.

7.8%

Housing

Community partners shared that full-time workers struggle to find affordable housing, and families often double up or live in substandard conditions due to high rent and low availability.

Lower-income and Black residents are significantly less likely to own homes and more likely to experience housing insecurity. [2]

$32.23/hour is required to afford a fair-market 2-bedroom apartment in the New Haven metro area.[3]

63%
19%

The DCWS noted that 63% of respondents earning <$30k rent their home, compared to just 19% of those earning >$100k. 60% of White respondents own homes vs. only 24% of Black respondents. [2]

1. Exhibits 8 and 9
2. Exhibit 11
3. Table 36

Prioritization Data Highlights
Greater New Haven Region

Transportation

◆◆◆◆◆◆◆◆◆◆◆◆◆

Key Informants emphasized that public transportation is expensive, unreliable, and does not adequately serve all neighborhoods— making access to healthcare and jobs difficult for low-income residents.

Low-income residents are less likely to have reliable transportation, which restricts access to healthcare, employment, and other essential services. [4]
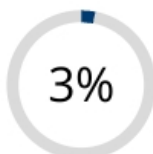
3%

The YNHHS Inpatient Screening Program assesses admitted patients 18 years and older for food, housing, transportation and utility needs annually. 3.1% of Yale New Haven Hospital patients screened positive for Transportation insecurity.

▼53%

Low-Income Residents < $ 30k

86%▼

High-Income Residents > $ 100k

DCWS revealed residents only 53% of residents earning <$30k had regular access to a car, compared to 86% of residents earning > $ 100K. [4]

Childcare

◆◆◆

Community members and stakeholders described cost, limited availability, long waitlists, and trust issues as major barriers to accessing childcare, particularly for low-income families.

Lower-income families and single parents face the greatest difficulties finding affordable, trusted childcare, limiting their economic opportunities and family stability.

Preterm Birth Rates

14.1%

8.5%

10.3%

7.6%

■ Non- Hispanic Black
■ Non-Hispanic White
■ Hispanic or Latino
■ Non-Hispanic Asian

Maternal & Prenatal Care

◆◆◆◆◆◆◆◆◆◆◆◆◆

Key Informants reported fewer providers for prenatal care, high costs for uninsured mothers, and limited culturally appropriate services.

Early Prenatal Care

76.5%

86.9%

76.7%

80.8%
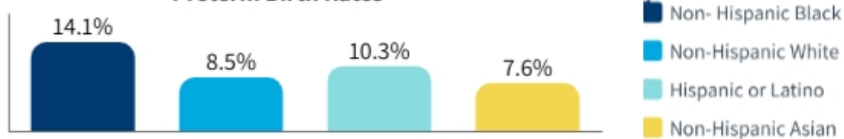
Black mothers are less likely to receive early prenatal care and more likely to have preterm births compared to White mothers. Low birthweight increases risks for health complications during infancy and later life. [5 & 6]

4. Exhibit 16
5. Table 57
6. Exhibit 41

Prioritization Data Highlights
Greater New Haven Region

Mental health was the top cause of hospitalization, 15.7 per 1,000 for Yale New Haven Health vs. 10.4 statewide.

15.7   10.4

■ YNHH ■ CT

Behavioral Health

Community members noted a shortage of child psychiatrists, long wait times for services, and difficulty navigating fragmented mental health systems.

Black and Hispanic residents are more likely than White residents to be hospitalized for mental health and also report higher barriers to accessing outpatient care. [7]

17%
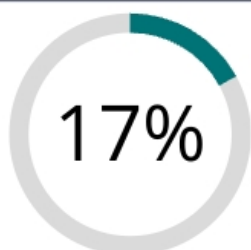
The DCWS highlighted that 17% of adults could not access needed mental health care.

26% of Latino respondents and 20% of low-income residents reported barriers. [7]

Cultural Competence

Key Informants highlighted that language access is limited. Patients often feel dismissed, and culturally appropriate care is lacking across many provider settings.

Black, Indigenous and other communities of color are more likely to experience bias and discrimination in care settings - especially in hospitals and emergency rooms. [9]

The DCWS highlighted that 65% of Black respondents felt their race influenced how they were treated in care settings. Community members and key informants shared that patients may receive lower-quality care or less respect in healthcare settings based on personal characteristics. Survey data from DCWS supports these concerns. [10]

	Your Race	Your Gender	Your Health Insurance Status	Your Age	Your Weight
Non-Hispanic Black	65%	33%	6%	21%	11%
Non-Hispanic White	8%	25%	33%	18%	13%
Hispanic or Latino	38%	23%	15%	8%	14%

■ Non-Hispanic Black   ■ Non-Hispanic White   ■ Hispanic or Latino

23%   16%   17%
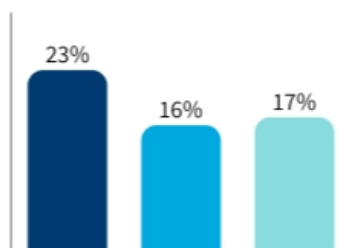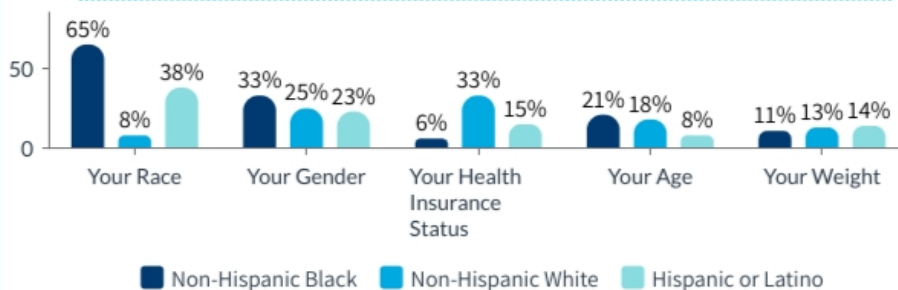
The DCWS revealed that Black (23%) and Latino (17%) respondents were more likely than White respondents (16%) to report receiving disrespectful or poor-quality healthcare. [11]

7. Exhibit 37 & 38   11. Exhibit 28
8. Table 48
9. Exhibit 35 & 36
10. Exhibit 33

Internal Hospital Prioritization

Yale New Haven Hospital leadership engaged in a data-driven prioritization process, considering multiple inputs, including:

- Findings from the Community Voices Survey
- Outcome of the Regional Prioritization Session
- Comprehensive data analysis

After reviewing this information, YNHH leadership selected two key needs:

Behavioral Health	Food Insecurity

Behavioral Health is the main hospital priority. In addition, leadership committed to partnering with the community to address Food Insecurity.

These two priority areas align with community needs while ensuring that the hospital can leverage its expertise and resources for the most significant impact over the next three years.

Internal Health System Prioritization

At YNHH the experience of our patients is of the upmost importance to us. We strive to provide high quality equitable care to every patient every time. Community members, from across our hospital regions, identified cultural competency as a need during the 2025 CHNA process. This valuable feedback revealed opportunities to improve patient care by expanding language access and cultural sensitivity training and education for staff.

In response, Yale New Haven Health (YNHHS) selected Culturally Competent Care as a 2025-2028 priority area and will be implementing national standards for Culturally and Linguistically Appropriate Services (CLAS) at each of our hospitals. These standards will enhance the existing quality of service provided to all patients, ensuring respect for every patient's health needs and preferences.

In sum, at YNHH there will be two hospital specific priorities: Behavioral Health and Food Insecurity and one YNHHS priority: Culturally Competent Care. These three focus areas align with community voice and organizational resources. The goals, strategies and action items that pertain to these three priority areas will be detailed in a separate YNHH Implementation Strategy Plan.

APPENDICES

- Appendix A: 2022-2025 Implementation Strategy Plan Progress
  - o Yale New Haven Hospital 2022-2025 Implementation Strategy Plan Update
  - o Yale New Haven Health 2022-2025 Implementation Strategy Plan Update
- Appendix B: Partner List
- Appendix C: Service Area Zip Codes
- Appendix D: Access Audit
- Appendix E: Secondary Data Tables
- Appendix F: Asset Maps and Community Resources
- Appendix G: DataHaven Survey
- Appendix H: Key Informant Interview Guide
- Appendix I: Focus Group Guide

Appendix A: 2022-2025 Implementation Strategy Plan Update

Yale New Haven Hospital 2022-2025 Implementation Strategy Plan Update

Goal 1 Community Health and Wellbeing	
Improve the health and wellbeing of the community with a focus on social drivers of health and health equity.	
Strategy 1	
Increase the rate of individuals trained in bystander CPR.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
Expand and improve training on bystander CPR through the Centers for Medicaid and Medicare Services.	90 outside hospital cardiac arrest survivors. 1,157 individuals trained in hands only CPR in the community.
Strategy 2	
Ensure comprehensive case management and crisis response support for victims of violence.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
Provide services and case management to victims of assault, gun violence, sexual assault, and humane trafficking through the hospital-based Violence Intervention Program (HVIP).	Enrolled 254 victims of violence. Services provided include personal advocacy, accompaniment, housing/shelter and emotional support.

Goal 2 Access to Care	
Ensure access to quality health care and wellbeing services for all community members.	
Strategy 1	
Increase the ability of primary care and behavioral health professionals to provide high-quality coordinated care to patients who need it.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
Continue efforts with the New Haven Primary Care Consortium to collaborate across specialties to expand behavioral health services, SDoH screening and resources to manage community-based referrals.	Embedded Behavioral Health Services: 3,389 unique patients / 25,625 visit volume.
Strategy 2	
Reduce wait times for receiving primary care.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
Continue efforts with the New Haven Primary Care Consortium to reduce wait times to receiving primary care for new and existing patients by achieving time to appointment standards.	7 days median lag time for new patients (time between when an appointment is scheduled and service received).

Strategy 3	
Increase transportation options for people to get to medical appointments.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
Provide alternative medical transportation options to patients in need e.g. Uber Health, M7, and bus tokens/vouchers etc.	42,061 alternate transportation options provided.

Strategy 4	
Provide continuity of care for uninsured and underserved patients after Emergency Department visit.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
Continue use of Follow-Up Clinic to provide care within 1-3 days after emergency department visit.	# of patients referred: 6018, # of patients with a completed visit: 2,824

Strategy 5	
Provide access to health care and services and support underserved populations.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
a. Continue to provide free care services to those eligible.	114,386 people served, $235,684,251
b. Continue to provide Medicaid services to those eligible.	817,433 people served, $697,455,827
c. Provide awareness of public/government health insurance options to patients and offer support, assistance and continual follow up throughout the enrollment process.	3,447 applications initiated / created, 2,585.25 of staff time dedicated to enrollment assistance
d. Increase local residents' awareness of free and low-cost health care resources/options.	Free and low-cost health care resources/options included in asset map developed as part of the 2025 Community Health Needs Assessment.
e. Offer financial assistance information in English and Spanish.	Yale New Haven Hospital's financial assistance policy was shared 5 times via email to the Healthier Greater New Haven Partnership distribution list, reaching approximately 150 people
f. Provide access to prescription and medication assistance programs.	$2,585,291 cost savings to patients

Goal 3 Behavioral Health	
Increase capacity and equitable availability of behavioral health services and support resources.	
Strategy 1	
Support the behavioral health needs of children.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
a. Embed behavioral health providers and care coordinators in the Pediatric Primary Care Center Fair Haven FQHC, with a warm handoff from the pediatrician.	5,893 behavioral health visits
b. Embed behavioral health providers in the YNHHS Pediatric Specialty Centers.	4 additional specialties embedded behavioral health providers (plastic surgery, gastroenterology and two orthopedic services)

c. Implement Zero Suicide Grant initiative awarded to Yale New Haven Children's Hospital to improve access to services and coordinate care.	• Developed a care pathway for pediatric patients at risk for suicide. • Developed educational programs for staff on suicide risk identification. • Developed the "Caring Contacts" post-discharge program to support patients after their hospitalization.
d. Provide educational forums to pediatricians focusing on identification of needs and development of interventions to manage children's behavioral health in their practices.	Provided 5 educational forums.

Strategy 2	
Increase the proportion of people with substance use disorders who receive treatment.	
Initiatives	**Summary Results (10/1/2022 through 12/31/2024)**
Provide expanded substance use disorder support by embedding DMHAS grant funded CT Community for Addiction Recovery (CCAR) coaches in YNHH Emergency Departments.	217 referrals made to CCAR coaches in YNHH Emergency Departments

Strategy 3	
Support behavioral health needs of the community through strategic partnerships.	
Initiatives	**Summary Results (10/1/2022 through 12/31/2024)**
Support Cornell Scott-Hill Health Center's Recovery and Wellness Center.	5-year $500,000 donation

Goal 4 Child Wellbeing **Promote child health, wellbeing, and resiliency through strengthening and supporting families and communities.**	
Strategy 1	
Support pediatric services offered in community settings to address areas of SDoH need.	
Initiatives	**Summary Results (10/1/2022 through 12/31/2024)**
a. Provide pharmacy prescription at the Children's Hospital prior to discharge to families with limited pharmacy access to support positive outcomes and prevent re-admissions.	6,427 scripts filled
b. Implement SDoH screening across children in the health system. Achieve 80% compliance. Develop interventions based on need.	100% of inpatients screened for social drivers of health
Strategy 2	
Reduce unintentional motor vehicle injuries and deaths in children.	
Initiatives	**Summary Results (10/1/2022 through 12/31/2024)**
Continue to offer and expand the hospital-based free car seat education and installation assistance program.	• 298 free car seat check appointments at York Street Campus, 32 free car seats given away • 221 community car seat checkup events, 41 car seats given away

	• 128 patients under age 8 have been given car seats after being treated in the pediatric emergency department for a motor vehicle collision • Hosted 11 four-day educational and certification classes that certified 99 car seat instillation technicians statewide • Ran 8 continuing education classes for 162 technicians to receive all 6 continuing education units for re-certification

Strategy 3	
Provide access to services and care that supports the wellbeing of children.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
a. Implement the CT Hospital Association/Diaper Bank of CT referral-based grant program.	1,700 free diapers distributed monthly before program ended across the state in summer 2024.
b. Continue to offer and serve the southern tier of Connecticut through one of two Department of Public Health grant-funded Regional Lead Treatment Centers.	16,586 total blood lead level screenings completed. At the end of calendar year 2024, there were 457 active cases, 126 of which were new referrals.
c. Support nutrition through continued WIC program services at Yale New Haven Hospital.	Average breast-feeding initiation across 4 New Haven managed sites: 86% (above CT WIC target of 80%); Average breast-feeding direction across 4 New Haven manages sites: 49%

Goal 5 Healthy Living	
Achieve equitable life expectancy for community members through availability and coordination of healthy living services and resources.	
Strategy 1	
Provide community-based health promotion activities.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
Continue to collaborate with Yale School of Medicine Primary Care Residency Program to offer Walk 'n Talk with a Doc Program.	38 walks held
Continue to offer and expand "Health Promotions" programming.	Held 27 exercise classes with 521 participants and 202 "Ask the Nurse" clinics with 564 participants.
Strategy 2	
Utilize evidence-based chronic disease screening, education and maintenance programs.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
a. Continue to offer and expand programs such as "Know Your Numbers" in community-based settings.	Held 3 screening events, screened 44 people for chronic-disease risk before programmatic shift to "Health Promotions" (see second initiative under strategy 1).

b.	Offer programs and activities for the prevention and management of diabetes, heart disease and stroke.	20 patients participated in the diabetes program. An average of 73% of patients met their healthy eating goal and an average of 79% of patients lost weight during the program.
Strategy 3 Increase availability of healthy, nutritious and culturally sensitive foods in the community.		
Initiatives		**Summary Results** (10/1/2022 through 12/31/2024)
a.	Continue to donate food to area soup kitchens through Rock N Wrap It Up food recovery program.	$9,699: dollar value of donated food to local soup kitchens
b.	Promote awareness and availability of local food pantries.	• The latest Coordinated Food Access Network (CFAN) resource guide was shared 3 times via email to the Healthier Greater New Haven Partnership's distribution list, reaching approximately 150 people. • The resource guide was also shared with Patient Navigators, Community Health Workers and Social Workers at Yale New Haven Hospital and Project Access and embedded into the social drivers of heath care pathway in Epic.
c.	Conduct healthy food drives to support local food programs.	9,967 total pounds of food donated to 19 hunger-relief organizations in 2023 and supported the 2024 New Haven Public School's April Break grocery distribution program benefitting 1,200 students and families through the virtual #GiveHealthy food drive.
d.	Continue to offer and expand sustainable, innovative, and nutritious food and beverage sourcing, policies, practices and offerings that benefit patients, visitors, staff and community members.	Activities include waste removal, composting, health-conscious meal choices (heart healthy and diabetic friendly), mal-nutrition assessments for patients, meatless Mondays, plant-based meal options, calorie counts of meals/offerings, sugar-free beverages, environmentally friendly sourcing, etc.

Yale New Haven Health 2022-2025 Implementation Strategy Plan Update

Goal 1 Community Health & Wellbeing Improve the health and wellbeing of the community with a focus on social drivers of health and health equity.

Strategy 1 Align our everyday business activities in a way that improves living conditions in our communities and addresses health equity.

Initiatives	Summary Results (10/1/2022 through 12/31/2024)
a. i) Meet or exceed MBE (minority business enterprise) and WBE (women owned business enterprise) spend targets for defined construction projects. ii) Increase spend on local and diverse organizations to at least 5% of adjusted spend over a 5-year period (FY23-27).	i) YNHHS was able to meet and exceed MBE and WBE spend going from 3.4% and 15% in 2022 to 5.4% and 14.4% in 2024 respectively. ii) Local spend and diverse spend goals were met and exceeded.
b. Utilizing services from banks that participate in efforts to invest in or provide services and products to (e.g., loans, mortgages, etc.) communities to whom Yale New Haven Health is also providing care.	YNHHS has had $2 Million in banking assets in local banks from FY22 to the present day. Major banking partners have significant impact investment throughout Connecticut.
c. Place members of the management team on local organization boards to support the community.	As of FY23, YNHHS has 5 board placements (2 in Bridgeport, 3 in New Haven). 41 employees on community boards from Bridgeport Hospital. 6 senior leaders on 24 boards from Greenwich Hospital.
d. Implement initiatives to reduce emissions from the Center for Sustainability strategic plan and track process.	• Tracking energy consumption and purchasing electricity and food using digitized platforms. • Implementing system wide food waste reduction plan. Data from Lean Path, Foods waste tracking platform to minimize food waste. Staff training and data collection on food waste reduction and composting in progress.

Strategy 2 Develop strategies to address disparities by race and ethnicity to drive equitable care and outcomes.

Initiatives	Summary Results (10/1/2022 through 12/31/2024)
a. Develop and implement strategies to address disparities by race and ethnicity based on root cause analyses.	Two root cause analysis conducted, and strategies implemented to address disparities.
b. Identify and decrease variation in clinical care (testing, referral, and treatment patterns) by race and ethnicity.	Developed systems to build analytics around readmissions outcomes for nine conditions with process measures ongoing.
c. Identify and decrease variation in clinical outcomes by race and ethnicity.	Completed for all inpatient and outpatient areas.

Strategy 3	
Support a healthcare environment that honors and reflects the communities we serve.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
a. i) Seek input from the community and provide feedback on health equity in order to inform future strategy (number of focus groups). ii) Seek input from the community and provide feedback on health equity in order to inform future strategy (produce community health needs assessments).	i) 27 focus groups held across all delivery networks in effort to implement the We Ask Because We Care campaign. ii) Assessment produced with 4 of 5 collective impact partnerships in 2022. CHNA evaluation and redesign conducted and formed new governance structure with collective partnership participation for FY25 CHNA process.

Strategy 4	
Engage patients, families, physicians, and staff to increase YNHHS presence in the community to build stronger relationships.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
a. Increase awareness and education about health equity, health disparities and cultural competence.	5 sessions offered including Cultural Intelligence and Critical Consciousness: A Strategic Praxis Framework for Inclusive excellence, Barriers and Opportunities to LGBTQIA+ Healthcare Equity and Inclusion Excellence, and The Traumatic Impact of Structural Racism.
b. Support community relationships through volunteerism, and presence in the community to increase community trust and engagement.	2 per hospital conducted (details on length of program-help quantify dollar value, prep time of DEIB staff, how many participants at DN level), 10 total for FY 23 and 24.
c. Provide DEIB education and resources.	201 total courses were to various departments reaching 1824 employees and 9 E-learnings reaching 7,332 employees.
d. Establish Employee Resource Groups/Affinity Groups to assist in identifying the varied needs of the community and support the community through volunteer work.	N/A Affinity Group launched 1/24/2025

Strategy 5	
Embed health equity within YNHHS and its hospitals.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
a. Build infrastructure to support health equity.	4 delivery network health equity structures established at all hospital locations (not NEMG). Office of Health Equity and Community Impact Established.
b. Expand ethnicity categories in electronic medical records patient demographics.	REAL data capture went from 90% in 2022 to 99.3% in 2024.
c. Redesign process and staff training to increase collection and use of Racial, Equity and Language (REaL) information in patient care.	Redesigned staff training is available to all delivery networks across the Health System.

Strategy 6	
Enhance the patient experience to reflect the community and patient population.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
a. Improve the diversity of Patient Family Advisors to reflect community and patient population.	YNHHS has established PFACS in all hospitals across the Health System.
b. Partner with DEIB, Press Ganey, Office of Health Equity and Community Impact, and Patient Family Advisors to enhance health equity of patient survey questions and use results to increase patient experience.	In FY 24- we started to provide data by race for system objectives to all DNs. In order to capture more meaningful data for DEI questions we transitioned survey questions. This change has provided more actionable detail.
Strategy 7	
Screen for socioeconomic needs and provide resources for support.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
a. Adopt a common set of SDoH questions across all care settings.	140,292 inpatient total screened from 2022 to 2024, and 143,487 NEMG total screened from 2022 to 2024.
b. Develop strategies to support patients with identified needs through referrals and interventions in alignment with The Joint Commission (TJC) requirements.	7,306 referred cases using the Unite Us system. Implemented automated Resource list process. Renewed partnership with Unite Us. Enhanced Dashboard and implement pulse reporting. Expanded screening to include all inpatient, and children hospital inpatient units, and impatient Psych. 90% of NEMG sites implemented screening.

Goal 2 Access to Care	
Ensure access to quality health care and wellbeing services for all community members.	
Strategy 1	
Design community-based programs targeted to heart/vascular health issues.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
a. Expand barbershop initiative to provide community education on blood pressure management.	Continuing to screen blood pressures and enroll eligible participants at each of our 10 CBO's affiliated with Pressure Check, each month. For an average of 12 screenings (or more per month). Nine screening sites and community events were added during 2024 in addition to the existing CBO collaborations.
b. Provide blood pressure checks and blood pressure cuffs to patrons and shop owners.	114 Blood Pressure cuffs provided to shops and patrons from 2022 to 2024.
Strategy 2	
Expand use of telehealth, in-home, and in-community care to underserved neighborhoods	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
Provide broadband services to patients without personal broadband access to facilitate care via telehealth services through the Federal Communication Commission (FCC) grant.	75 patients without personal broadband access were enrolled in the FCC grant to facilitate care via telehealth services.

Goal 3 Behavioral Health	
Increase capacity and equitable availability of behavioral health services and support resources.	
Strategy 1	
Provide integrated behavioral health services to patients that address mental health needs via LCSWs for short term therapies.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
Expand integrated behavioral health services to other areas.	Expanded to the Pediatric Specialty Clinic at Greenwich Hospital.

Goal 4 Healthy Living	
Achieve equitable life expectancy for community members through availability and coordination of healthy living services and resources.	
Strategy 1	
Utilize evidence-based chronic disease screening, education, and maintenance programs.	
Initiatives	**Summary Results** (10/1/2022 through 12/31/2024)
Enhance confidential health coaching, care management and other services and programs for employees through the livingwellCARES program.	1,835 employee health plan members served in Fiscal Year 2023.

Appendix B: Partner List

HGNHP Members

Christian Community Action Agency

City of New Haven, Community Services Administration

City of West Haven

Clifford Beers

Community Action Agency of Greater New Haven

Community Alliance for Research and Engagement

Community Foundation for Greater New Haven

Connecticut Department of Social Services

Connecticut Mental Health Center

Cornell Scott Hill Health Center

CT InCK

DataHaven

Downtown Evening Soup Kitchen

East Shore District Health Department

Fair Haven Community Health Care

Guilford Health Department

Haven's Harvest

Healthcentric Advisors

Hispanic Health Council

Interfaith Volunteer Caregivers of New Haven

Keefe Community Center

LEAP

Madison Health Department

Mind Blossom

New Haven Health Department

New Haven Healthy Start

Project Access New Haven

Quinnipiack Valley Health District

Southern Connecticut State University College of Health and Human Services

Southwestern Area Health Education Centers (AHEC)

Unite Us

United Way of Greater New Haven

Yale Cancer Center

Yale New Haven Health

Yale New Haven Hospital

Yale School of Medicine

Yale School of Public Health

Yale University Office of Health Equity Research

Other Partners

fREsh STARTs

Hagaman Memorial Public Library

Mothers and Others for Justice

SEICHE Center for Health and Justice-Yale School of Medicine

Witnesses to Hunger

Research Partners

Connecticut Hospital Association

Crescendo Consulting Group

DataHaven

Appendix C: Service Area Zip Codes

Zip Code	Town	County	Market	State	Hospital
06405	Branford	New Haven	Branford	CT	Yale New Haven Hospital
06437	Guilford	New Haven	Guilford	CT	Yale New Haven Hospital
06443	Madison	New Haven	Madison	CT	Yale New Haven Hospital
06471	North Branford	New Haven	North Branford	CT	Yale New Haven Hospital
06472	North Branford	New Haven	Northford	CT	Yale New Haven Hospital
06473	North Haven	New Haven	North Haven	CT	Yale New Haven Hospital
06477	Orange	New Haven	Orange	CT	Yale New Haven Hospital
06501	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06502	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06503	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06504	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06505	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06506	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06507	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06508	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06509	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06510	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06511	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06512	East Haven	New Haven	East Haven	CT	Yale New Haven Hospital
06513	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06514	Hamden	New Haven	Hamden	CT	Yale New Haven Hospital
06515	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06516	West Haven	New Haven	West Haven	CT	Yale New Haven Hospital
06517	Hamden	New Haven	Hamden	CT	Yale New Haven Hospital
06518	Hamden	New Haven	Hamden	CT	Yale New Haven Hospital
06519	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06520	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital

Zip Code	Town	County	Market	State	Hospital
06521	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06524	Bethany	New Haven	Bethany	CT	Yale New Haven Hospital
06525	Woodbridge	New Haven	Woodbridge	CT	Yale New Haven Hospital
06530	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06531	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06532	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06533	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06534	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06535	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06536	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06537	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06538	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital
06540	New Haven	New Haven	New Haven	CT	Yale New Haven Hospital

Appendix D: Access Audit

Yale New Haven Health Access Audit

Phone-based access audits serve as an effective tool to evaluate how easily community members can access healthcare services across Yale New Haven Health – New Haven's service area, with a focus on assessing access rather than profiling specific sites. The main aim of these audits is to gain a thorough understanding of practical access to healthcare and other vital services, as well as to identify barriers faced by individuals seeking care. The findings from these audits offer valuable insights into existing gaps in access, strategies for improvement, and variations in service delivery.

The audit involved calls to seven facilities within New Haven's service area, providing diverse services such as primary care, specialty care, behavioral health, and affordable housing. The facilities included in the audit are:

Health System Facilities Included in Access Audit

1. Primary Care Center

2. Substance Use Disorder Treatment Center

3. Family Justice Center

4. Public Housing Authority

5. Reproductive Health Clinic

6. Orthopedic Specialty Clinic

7. Ophthalmology Specialty Clinic

Facilities where Caller Spoke with a Person

15% No
85% Yes

Phone calls were conducted at various times during the standard business hours from Monday to Friday in early December 2024. Out of the seven calls placed, the caller spoke with a staff member at six facilities. Staff members immediately answered calls at two of the seven facilities with which the caller spoke with a person. At the facilities where the caller did not speak with a staff member, there was an automated answer that required the caller to leave their contact information. The caller was able to collect helpful information at six of the seven (85%) facilities. Though at one facility, the automated phone tree had too many options, then when trying to speak with a staff member, the caller was sent to voicemail and directed to leave a voicemail to get a call back.

Ability of facilities to accept new patients

The ability of facilities to accept new patients varied significantly. While most facilities reported that they were accepting new patients, the wait times for appointments differed greatly. Some facilities offered appointments within a week of the call, while others indicated waiting periods of over two months. In one instance, a facility reported that new patient appointments were not being scheduled for at least 90 days, with delays extending

into the spring or summer of the following year. One facility did not answer so was not able to find if they were accepting new patients. Another facility stated they were unable to schedule an appointment at the time of the call because the doctors were in a meeting and asked the caller to call back later. Facilities offering walk-in services, particularly for family planning, were better equipped to accommodate immediate needs.

Ability of facilities to answer questions and refer the caller elsewhere when the desired services are unavailable

The ability to provide referrals or alternative options when services were unavailable varied among the facilities contacted. Some facilities demonstrated excellent service by proactively directing callers to nearby clinics or other providers that could meet their needs. This approach ensured continuity of care and minimized the burden on the caller. In other cases, facilities provided only general guidance about their own services without offering specific referrals or additional resources. Some facilities required callers to independently navigate referral systems or insurance processes, creating potential barriers for those seeking immediate care.

How staff inquiries help to determine prospective patient's needs

The extent to which staff members inquired about the caller's needs was inconsistent across facilities. In some cases, staff asked detailed questions about the caller's insurance coverage and the specific nature of their healthcare needs. This approach demonstrated a patient-centered commitment to understanding and addressing individual needs before scheduling appointments. However, in other instances, staff provided basic information without asking follow-up questions, which limited their ability to fully address the caller's concerns. In certain cases, the focus was placed on procedural steps, such as setting up accounts or obtaining referrals, rather than engaging with the caller's specific circumstances. Standardized practices for staff engagement would improve the ability to meet prospective patient needs effectively.

Ease of speaking with a person

The ease of speaking with a staff member differed across facilities. While some facilities had no phone trees, allowing for direct and immediate access to staff, others required callers to navigate lengthy automated systems. For example, one facility's phone tree took several minutes and multiple steps before connecting the caller to the appropriate department. In another case, the phone tree had unclear options, leading to confusion and requiring the caller to leave a voicemail. Additionally, one facility asked the caller to call back later due to a meeting involving their doctors, causing further delays. Facilities with simpler phone systems provided a better overall experience for callers, emphasizing the importance of intuitive and efficient navigation systems.

Language offerings

Language accessibility across the facilities was primarily focused on Spanish. Most facilities included Spanish as an alternative language option in their phone systems, and some employed bilingual staff or interpreters to assist non-English-speaking callers. These efforts ensure that Spanish-speaking individuals can access the services they need effectively. However, no facilities offered additional language options beyond Spanish, indicating a potential area for improvement in serving a more linguistically diverse population.

Appendix E: Secondary Data Tables

TABLE 1: CDC SOCIAL VULNERABILITY INDEX, SOCIOECONOMIC STATUS DATA

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Total Population	3,611,317	862,028	409,674	5,280	28,090	27,729	22,037	60,297	17,577	132,893	13,487	24,177	14,251	55,147	9,041
Population Below Poverty Level	10.0%	11.8%	12.8%	0.7%	6.6%	8.0%	3.1%	9.4%	1.9%	25%	3.4%	4.7%	3.1%	12.5%	1.7%
Unemployment Rate	5.6%	6.3%	6.2%	3.5%	4.2%	4.7%	5.0%	5.9%	6.4%	7.7%	4.2%	3.2%	3.8%	6.6%	7.9%
Median Household Income	$93,760	$91,648	$95,610	$153,879	$97,223	$86,498	$130,036	$92,176	$168,341	$53,771	$113,687	$126,807	$145,625	$73,566	$201,926
Low Income Households Severely Cost Burdened	35.0%	34.6%	39.1%	39.3%	39.4%	34.8%	43.4%	40.7%	41%	37.8%	35.6%	39.1%	54%	33.7%	37.2%
No High School Diploma	8.7%	9.5%	8.4%	3.5%	3.6%	8.3%	2.2%	5.8%	1.4%	14%	4.5%	4.7%	3.0%	12.3%	2.5%
Uninsured Population	5.2%	5.0%	5.5%	1.0%	2.6%	7.0%	1.8%	4.6%	0.6%	7.4%	1.7%	1.7%	4.1%	9.1%	3.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 2: CDC SOCIAL VULNERABILITY INDEX, HOUSEHOLD CHARACTERISTICS & MINORITY STATUS[6]

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Population Under Age 18	20.4%	20.3%	20.1%	20.1%	14.1%	17.1%	21.7%	17.5%	19.0%	21.6%	18.7%	21%	23.6%	21.5%	26.2%
Population Age 65 and Over	18.1%	18.3%	17.8%	18.4%	28.8%	20.4%	26.2%	17.7%	24.5%	11.7%	22.6%	22.5%	22.1%	15.2%	21.7%
Living with a Disability	11.9%	12.4%	11.0%	8.9%	13.6%	11.3%	9.5%	11.9%	8.4%	11.7%	11.5%	7.4%	6.9%	11.5%	7.2%
English Language Proficiency	8.6%	8.6%	8.2%	2.2%	4.6%	6.5%	2.1%	5.1%	1.3%	12.5%	1.9%	7.1%	5.2%	12.8%	3.6%
Racial & Ethnic Minority	37.0%	42.0%	43.8%	9.6%	15.5%	26.9%	13.4%	45.2%	12.3%	70.7%	10.3%	21%	19.7%	53.3%	23.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 3: CDC SOCIAL VULNERABILITY INDEX, HOUSING TYPE & TRANSPORTATION[7]

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Woodbridge
Mobile Homes	0.7%	0.5%	0.2%	2.0%	0.4%	0.0%	0.3%	0.1%	0.0%	0.2%	0.2%	0.0%	0.2%	0.6%	0.0%
No Vehicle	8.6%	10.8%	12.6%	0.0%	5.1%	6.4%	2.6%	7.9%	2.7%	25.5%	3.2%	4.2%	4.2%	10.8%	5.7%
Overcrowded Housing Units	2.0%	2.3%	2.7%	0.0%	1.2%	2.0%	0.3%	2.2%	0.3%	4.0%	1.4%	1.7%	1.3%	5.1%	0.0%
Group Quarters	2.7%	2.9%	4.4%	0.2%	1.0%	0.9%	1.0%	8.7%	1.4%	6.2%	0.4%	0.6%	0.4%	5.6%	1.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

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[6] "Children Living in Single-Parent Households" was not included because it is unavailable at county subdivision and/or places level due to changes in Connecticut county-equivalents for certain data points in the 2023 American Community Survey. For more information, please visit https://www.census.gov/programs-surveys/acs/technical-documentation/user-notes/2023-01.htm.

[7] "Multi-Unit Housing Structures" was not included because it is unavailable at county subdivision and/or places level due to changes in Connecticut county-equivalents for certain data points in the 2023 American Community Survey. For more information, please visit https://www.census.gov/programs-surveys/acs/technical-documentation/user-notes/2023-01.htm

TABLE 4: PROJECTED PERCENT CHANGE IN POPULATION, 2010 TO 2032

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Total Population (2010)	3,574,097	862,476	410,905	5,563	28,003	29,237	22,356	60,960	18,269	129,505	14,407	24,093	13,956	55,564	8,990
Total Population (2023)	3,598,348	862,028	409,674	5,280	28,090	27,729	22,037	60,297	17,577	132,893	13,487	24,177	14,251	55,147	9,041
Percent Change (2010-2023)	+0.7%	-0.1%	-0.3%	-5.1%	+0.3%	-5.2%	-1.4%	-1.1%	-3.8%	+2.6%	-6.4%	+0.3%	+2.1%	-0.8%	+0.6%
Total Population (2032)	3,749,919	893,615	426,090	5,607	28,282	28,604	22,938	64,664	18,489	138,203	13,826	25,001	14,822	56,194	9,455
Percent Change (2023-2032)	+4.2%	+3.7%	+4.0%	+6.2%	+0.7%	+3.2%	+4.1%	+7.2%	+5.2%	+4.0%	+2.5%	+3.4%	+4.0%	+1.9%	+4.6%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 5: MEDIAN AGE PERCENT CHANGE, 2010 TO 2023

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Median Age (2010)	39.5	38.7	ND	44.5	45.4	41.9	45.9	39.4	45.1	29.6	43.9	44.3	45.2	38.9	47.1
Median Age (2023)	41.2	41.4	41.4	43.5	54.4	45.2	50.7	38.7	51.4	31.9	48.4	46.1	45.5	36.0	47.2
Percent Change (2010-2023)	+4.3%	+7.0%	ND	-2.2%	+19.8%	+7.9%	+10.5%	-1.8%	+14.0%	+7.8%	+10.3%	+4.1%	+0.7%	-7.5%	+0.2%

Sources: U.S. Census Bureau American Community Survey 2006-2010 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 6: POPULATION BY AGE GROUP

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Under Age 18	20.4%	20.3%	20.1%	20.1%	14.1%	17.1%	21.7%	17.5%	19.0%	21.6%	18.7%	21.0%	23.6%	21.5%	26.2%
Age 18 to 64	61.5%	61.4%	62.1%	61.5%	57.1%	62.4%	52.1%	64.8%	56.5%	66.7%	58.8%	56.5%	54.4%	63.3%	52.2%
Age 65 and Over	18.1%	18.3%	17.8%	18.4%	28.8%	20.4%	26.2%	17.7%	24.5%	11.7%	22.6%	22.5%	22.1%	15.2%	21.7%
Age Under 5	5.0%	5.1%	5.0%	6.2%	2.9%	4.3%	3.6%	4.4%	3.3%	6.0%	6.2%	4.3%	5.6%	5.4%	4.7%
Age 5 to 9	5.4%	5.5%	5.1%	6.7%	4.2%	3.5%	6.0%	4.7%	4.6%	5.3%	4.3%	5.0%	7.0%	6.0%	6.3%
Age 10 to 14	6%	5.9%	6.2%	5.2%	4.2%	4.7%	7.2%	4.9%	6.4%	6.6%	5.2%	8.1%	7.4%	6.3%	10.1%
Age 15 to 19	6.6%	6.7%	7.4%	3.3%	4.3%	6.3%	6.9%	8.4%	6.3%	8.4%	6.5%	4.7%	7.3%	8.3%	6.2%
Age 20 to 24	6.5%	6.7%	7.7%	8.1%	3.4%	6.2%	3.6%	9.5%	4.2%	10.2%	5.3%	4.4%	3.6%	9.1%	1.9%
Age 25 to 34	12.5%	13%	12.9%	7.7%	9.9%	11.2%	4.8%	13.1%	6.4%	18.5%	9.6%	8.0%	6.1%	13.7%	5.0%
Age 35 to 44	12.5%	12.3%	12.2%	15.6%	9.6%	13.4%	11.0%	11.8%	10.3%	12.9%	9.9%	13.5%	12.2%	12.6%	12.5%
Age 45 to 54	12.9%	12.5%	12.4%	15.2%	12.5%	13.1%	14.2%	11.4%	15.1%	11.3%	15.0%	15.5%	13.8%	11%	16.1%
Age 55 to 59	7.2%	6.9%	6.6%	6.4%	9.3%	9.1%	8.0%	6.5%	9.8%	4.8%	6.9%	7.0%	7.5%	6.0%	8.1%
Age 60 to 64	7.2%	7.2%	6.7%	7.2%	10.9%	7.8%	8.4%	7.6%	9.0%	4.4%	8.5%	7.0%	7.4%	6.5%	7.6%
Age 65 to 74	10.4%	10.6%	10.3%	9.0%	16.6%	11.0%	14%	9.5%	16.2%	7.2%	11.6%	12.9%	12.9%	9.3%	12.8%
Age 75 to 84	5.2%	5.3%	5.2%	5.3%	8.9%	6.2%	8.8%	5.0%	5.7%	3.3%	6.9%	7%	6.1%	4.3%	5.3%
Age Over 85	2.4%	2.5%	2.4%	4.1%	3.3%	3.2%	3.4%	3.2%	2.7%	1.2%	4.1%	2.6%	3.1%	1.6%	3.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 7: POPULATION BY RACE (ALONE)

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
White	67.6%	63.2%	60.3%	92.1%	86.4%	76.2%	87.8%	57.3%	88.4%	36.7%	90.3%	80.1%	81.7%	51.4%	79.0%
Black or African American	10.7%	14.1%	17.5%	3.6%	3.2%	5.4%	1.6%	25.2%	0.9%	30.6%	0.5%	3.7%	4.4%	19.6%	2.9%
Asian	4.8%	4.1%	4.8%	1.8%	4.4%	2.1%	2.8%	3.9%	3.9%	5.2%	2.7%	7.2%	9.1%	5.0%	10.0%
Some Other	7.1%	8.3%	9.1%	0.2%	2.2%	10.0%	1.4%	5.7%	1.9%	15.9%	1.9%	3.2%	1.3%	13.0%	1.8%
Two or More Races	9.5%	10%	8.1%	2.2%	3.8%	6.1%	6.4%	7.7%	4.6%	11.2%	4.6%	5.7%	3.3%	10.3%	6.3%
American Indian and Alaska Native	0.3%	0.2%	0.2%	0.0%	0.1%	0.1%	0.0%	0.1%	0.3%	0.3%	0.0%	0.0%	0.0%	0.6%	0.0%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 8: POPULATION BY ETHNICITY

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Hispanic or Latino	17.8%	20.2%	18.5%	1.7%	5.4%	19.3%	4.4%	13.3%	3.0%	31.2%	4.3%	7.2%	3.6%	26.5%	6.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 9: COMMUNITY OF COLOR POPULATION

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Community of Color Population	37.0%	42.0%	43.8%	9.6%	15.5%	26.9%	13.4%	45.2%	12.3%	70.7%	10.3%	21.0%	19.7%	53.3%	23.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 10: POPULATION BY SEX

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Females	50.9%	51.5%	51.6%	48.5%	51.8%	53.2%	49.9%	52.0%	49.8%	52.2%	49.9%	49.5%	53.5%	51.8%	47.5%
Males	49.1%	48.5%	48.4%	51.5%	48.2%	46.8%	50.1%	48.0%	50.2%	47.8%	50.1%	50.5%	46.5%	48.2%	52.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 11: LANGUAGE SPOKEN AT HOME (PEOPLE OVER AGE 5)

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
English Only	77.0%	77%	77.5%	89.7%	90%	82.6%	89.8%	81.6%	91.8%	66.7%	91.8%	85.6%	82.3%	69.5%	84.3%
Spanish	12.6%	14.1%	13.3%	0.5%	3.8%	12.6%	2.5%	8.8%	2.0%	24.5%	2.1%	3.5%	3.5%	17.1%	2.6%
Asian-Pacific Islander	2.5%	2.4%	2.7%	1.6%	2.0%	2.0%	2.1%	2.6%	1.7%	2.8%	1.5%	5.2%	5.0%	2.5%	5.2%
Other Indo-European	6.9%	5.2%	4.6%	6.4%	3.8%	2.6%	4.6%	4.2%	4.1%	4.4%	3.7%	5.2%	7.1%	6.2%	6.0%
Other	1.0%	1.3%	1.9%	1.8%	0.3%	0.3%	1.0%	2.7%	0.3%	1.6%	0.8%	0.4%	2.1%	4.7%	1.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 12: FOREIGN-BORN POPULATION

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Naturalized US Citizen	8.6%	7.5%	7.3%	7.4%	6.6%	6%	4.2%	7.7%	6.7%	6.8%	3.4%	7.8%	9.6%	10.2%	11.1%
Not US Citizen	6.9%	6.4%	7.1%	1.0%	3.2%	4.4%	4.0%	5.4%	1.9%	10.9%	1.7%	3.5%	4.6%	10.5%	4.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 13: POPULATION LIVING WITH DISABILITY BY AGE

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Age Under 5	0.7%	0.9%	1.2%	0.0	0.0%	0.0%	0.0%	2.6%	0.0%	1.8%	0.0%	0.0%	0.0%	1.4%	0.0%
Age 5 to 17	6.3%	6.3%	6.4%	0.0%	6.5%	5.9%	5.0%	7.2%	1.9%	8.3%	4.0%	2.0%	3.3%	7.3%	5.7%
Age 18 to 34	7.5%	6.9%	5.3%	4.8%	9.1%	3.3%	4.9%	6.8%	6.1%	4.8%	6.3%	1.7%	2.6%	6.1%	0.3%
Age 35 to 64	10.7%	11.7%	10.3%	4.3%	11.4%	10.1%	6.2%	9.8%	5.1%	14.6%	6.5%	4.6%	4.3%	12.9%	1.5%
Age 65 to 74	19.4%	20.8%	19.8%	10.9%	12.6%	20.8%	15.0%	21.1%	14.1%	30.2%	25.3%	12.4%	11.3%	19.3%	13.1%
Age 75 and Over	43.1%	42.3%	38.8%	55.2%	40.4%	37.4%	29.4%	44.4%	35.5%	39.9%	39.6%	35.1%	30.2%	39.2%	44.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 14: POPULATION LIVING WITH DISABILITY BY TYPE

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Ambulatory Difficulty	5.5%	5.9%	5.4%	4.4%	6.1%	6.3%	4.8%	5.7%	3.2%	5.6%	5.8%	4.4%	3.7%	6.0%	4.0%
Cognitive Difficulty	4.9%	5.0%	4.5%	3.2%	5.7%	3.5%	3.2%	5.8%	1.5%	5.2%	3.7%	2.0%	2.5%	4.9%	1.6%
Independent Living Difficulty	4.4%	4.8%	4.3%	3.7%	5.2%	4.8%	3.6%	4.8%	2.3%	4.6%	5.5%	2.8%	2.6%	4.0%	3.1%
Hearing Difficulty	3.1%	3.0%	2.6%	3.4%	4.5%	3.2%	3.0%	2.5%	3.7%	2.1%	3.3%	2.4%	2.4%	1.8%	2.6%
Vision Difficulty	2.1%	2.2%	1.8%	1.4%	1.7%	2.0%	1.9%	1.9%	1.0%	2.2%	1.0%	1.0%	0.9%	2.0%	0.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 15: POPULATION LIVING WITH DISABILITY BY RACE

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Two or More Races	11.2%	11.6%	12.5%	6.8%	15.2%	5.2%	9.6%	11.3%	5.2%	17.0%	5.0%	3.8%	3.2%	9.5%	3.5%
White	12.5%	13.1%	11.5%	9.0%	14.4%	13.1%	9.8%	12.0%	8.7%	12.2%	12.3%	8.5%	7.8%	13.5%	7.9%
Black or African American	12.6%	12.4%	11.3%	13.6%	9.4%	0.4%	7.4%	14.9%	9.2%	11.3%	5.7%	4.3%	3.5%	9.3%	6.3%
American Indian and Alaska Native	14.9%	14.4%	10.2%	ND	52.0%	0.0%	ND	17.7%	0.0%	12.7%	ND	0.0%	ND	4.7%	ND

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Some Other Race	12.5%	12.5%	9.6%	0.0%	3.8%	7.8%	4.3%	5.7%	12.0%	10.7%	0.4%	0.0%	13.7%	10.9%	3.7%
Native Hawaiian and Other Pacific Islander	15.3%	22.5%	8.1%	ND	ND	0.0%	ND	ND	ND	100%	ND	ND	0.0%	0.0%	ND
Asian	6.3%	5.4%	4.9%	0.0%	7.0%	14.5%	6.6%	4.8%	4.2%	3.5%	4.3%	3.4%	0.9%	8.1%	6.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 16: POPULATION LIVING WITH DISABILITY BY ETHNICITY

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Hispanic or Latino	12.2%	12.1%	10.5%	0.0%	7.9%	6.4%	10.1%	10.1%	9.9%	12.2%	4.4%	3.2%	4.7%	9.3%	4.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 17: POPULATION WITH A BACHELOR'S DEGREE OR HIGHER, PERCENT CHANGE

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Bachelor's Degree or Higher Attainment (2010)	35.7%	32.3%	37.0%	49.6%	42.8%	19.1%	53.9%	41.5%	62.4%	32.1%	34.9%	37.3%	55.1%	23.0%	66.6%
Bachelor's Degree or Higher Attainment (2023)	41.9%	38.1%	43.0%	58.9%	49.5%	25.0%	57.6%	46.6%	71.8%	37.7%	35.5%	47.4%	59.1%	29.0%	73.5%
Percent Change (2010-2023)	+17.5%	+17.9%	+16.2%	+18.8%	+15.7%	+31.3%	+6.9%	+12.5%	+15%	+17.4%	+1.7%	+26.9%	+7.2%	+26%	+10.4%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 18: HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Less than 9th Grade	4.0%	4.4%	3.8%	0.1%	1.1%	3.7%	0.3%	2.6%	0.5%	6.3%	0.6%	2.2%	2.0%	6.3%	1.4%
9th to 12th Grade, No Diploma	4.7%	5.1%	4.6%	3.4%	2.5%	4.6%	1.9%	3.2%	0.9%	7.7%	4.0%	2.5%	1.0%	5.9%	1.2%
High School Degree	25.5%	28.7%	27.4%	23.4%	23.2%	41.1%	17.1%	26.3%	12.7%	29.1%	35.2%	27.1%	18.6%	33.2%	9.6%
Some College No Degree	16.2%	16.3%	14.8%	11.4%	15.5%	19.0%	15.3%	14.4%	9.1%	13.5%	17.6%	14.8%	11.4%	18.7%	8.8%
Associates Degree	7.6%	7.4%	6.4%	2.9%	8.2%	6.5%	7.7%	6.8%	5.0%	5.6%	7.2%	6.0%	7.9%	6.8%	5.6%
Bachelor's Degree	23.0%	19.9%	21.2%	25.2%	26.4%	15.2%	28.2%	20.7%	36.0%	17.3%	22.5%	27.3%	27.2%	17.3%	19.9%
Graduate Degree	19.0%	18.1%	21.8%	33.7%	23.1%	9.8%	29.4%	25.9%	35.7%	20.4%	13.0%	20.1%	31.8%	11.7%	53.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 19: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY RACE

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Asian	66.2%	63.6%	67.3%	100.0%	27.2%	34.4%	94.3%	77.8%	95.0%	77.7%	51.5%	50.1%	87.3%	42.1%	81.7%
White	45.9%	42.4%	48.8%	54.8%	51.6%	25.7%	56.5%	52.3%	71.4%	53.7%	35.4%	47.1%	57.0%	30.1%	75.5%
Two or More Races	31.9%	27.6%	34.7%	89.6%	34.3%	25.5%	56.6%	42.7%	77%	27.3%	46.2%	53.8%	63.2%	28.0%	66.7%
Black or African American	26.3%	26.0%	27.6%	99.5%	48.9%	16.1%	46.2%	32.6%	42.2%	22.9%	52.6%	35.1%	34.9%	32.5%	49.8%
American Indian and Alaska Native	20.7%	17.5%	23.6%	ND	80.0%	0.0%	ND	0.0%	100.0%	25.6%	ND	0.0%	ND	6.3%	ND
Some Other Race	17.4%	17.5%	21.2%	100.0%	11.6%	21.9%	77.7%	29.6%	48.6%	18.9%	10.1%	59.6%	85.2%	15.7%	0.9%
Native Hawaiian and Other Pacific Islander	22.0%	11.4%	0.0%	ND	ND	0.0%	ND	ND	ND	0.0%	ND	ND	0.0%	0.0%	ND

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 20: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY ETHNICITY

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Hispanic or Latino	20.0%	17.0%	21.3%	82.1%	20.5%	21.4%	53.9%	32.6%	53.3%	16.8%	16.4%	43.9%	54.3%	18.8%	36.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 21: EDUCATIONAL ATTAINMENT LESS THAN HIGH SCHOOL BY RACE AND ETHNICITY[8]

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
White	5.3%	5.9%	5.1%	3.8%	2.9%	7.0%	2.3%	3.3%	1.0%	10.2%	3.9%	3.4%	2.2%	8.3%	1.4%
Hispanic or Latino	25.0%	24.9%	23.3%	0.0%	18.8%	15.4%	7.7%	13.9%	18.1%	25.9%	5.0%	17.0%	12.4%	29.3%	15.0%
Black or African American	12.3%	12.9%	10.8%	0.5%	3.1%	6.9%	4.6%	9.1%	0.7%	13.0%	2.6%	4.5%	2.2%	8.3%	2.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 22: CHILD CARE CENTERS

	CT	New Haven County	Greater New Haven Region
Child Care Centers	900	216	111

Source: U.S. Census Bureau County Business Patterns 2021. https://www.census.gov/programs-surveys/cbp.html

TABLE 23: POVERTY PERCENT CHANGE

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Households Below Poverty Level (2010)	9.4%	11.0%	12.0%	4.8%	5.0%	7.5%	4.0%	8.0%	1.5%	24.7%	2.0%	4.5%	2.8%	10.6%	3.2%
Households Below Poverty Level (2023)	10.5%	12.2%	12.9%	0.9%	6.7%	8.4%	3.9%	9.5%	3.1%	23.7%	4.2%	4.5%	4.2%	13.2%	2.2%
Percent Change (2010-2023)	+12.7%	+10.4%	+7.9%	-80.4%	+33.8%	+11.4%	-2.0%	+18.6%	+100.8%	-3.7%	+11.00%	+0.2%	+51.8%	+24.1%	-31.8%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

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[8] This percentage represents adults (age 25 and older) in each racial/ethnic group who have not completed high school, calculated as a share of the total adult population (age 25+) within that racial/ethnic group in each region.

TABLE 24: INCOME TO POVERTY RATIOS

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
100% -124% FPL	2.8%	3.2%	3.6%	0.0%	2.4%	2.4%	2.2%	4.3%	0.6%	5.2%	1.5%	0.8%	0.3%	5.1%	1.3%
125% - 149% FPL	3.0%	3.3%	3.4%	0.3%	2.1%	3.2%	2.0%	1.4%	0.1%	6.3%	1.2%	1.7%	0.1%	4.3%	1.9%
150% - 184% FPL	4.3%	5.3%	5.2%	0.9%	2.8%	5.6%	2.8%	4.8%	1.3%	7.6%	5.1%	3.6%	3.1%	6.0%	0.7%
185% - 199% FPL	2.0%	2.0%	1.8%	2.6%	1.8%	2.6%	1.3%	1.5%	0.6%	2.3%	1.2%	1.2%	0.9%	2.2%	0.0%
200% and Over FPL	77.9%	74.3%	73.1%	95.5%	84.3%	78.2%	88.6%	78.7%	95.5%	53.7%	87.5%	87.9%	92.4%	69.9%	94.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 25: PERCENT OF POPULATION LIVING IN POVERTY

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
People Below Poverty Level	10.0%	11.8%	12.8%	0.7%	6.6%	8.0%	3.1%	9.4%	1.9%	25.0%	3.4%	4.7%	3.1%	12.5%	1.7%
American Indian and Alaska Native	22.2%	25.8%	29.6%	ND	0.0%	0.0%	ND	0.0%	0.0%	35.2%	ND	0.0%	ND	42.3%	ND
Asian	8.8%	10.4%	12.8%	0.0%	0.0%	1.9%	1.4%	3.6%	0.0%	22.7%	0.0%	7.0%	2.5%	26.7%	3.4%
Black or African American	17.1%	21.7%	22.2%	0.5%	2.8%	12.2%	6.8%	16.0%	0.7%	28.2%	1.9%	15.0%	1.3%	14.6%	1.8%
Native Hawaiian and Other Pacific Islander	29.8%	37.3%	70.2%	ND	ND	0%	ND	ND	ND	100.0%	ND	ND	0.0%	93.7%	ND
Some Other Race	22.1%	20.8%	23.8%	0.0%	49.1%	16.4%	4.3%	12.2%	9.3%	29.7%	0.4%	32.3%	23.5%	14.5%	4.3%
Two or More Races	13.2%	15.7%	17.7%	0.0%	2.2%	5.6%	0.2%	4.6%	0.0%	32.8%	2.9%	1.6%	10.1%	10.4%	7.4%

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
White	7.2%	7.9%	7.6%	0.8%	6.2%	7%	3.3%	7.1%	1.9%	17.8%	3.6%	3.1%	2.6%	9.6%	1.0%
Hispanic or Latino	20.3%	21.4%	22.1%	0.0%	23.7%	15.1%	0.8%	12.4%	6.0%	29.6%	4.7%	15.7%	17.9%	12.7%	10.4%
Age Under 5	13.4%	18.4%	20.1%	0.0%	15.6%	6.8%	1.1%	14.3%	0.0%	36.7%	0.0%	6.4%	3.9%	16.0%	0.0%
Age Under 18	13.1%	16.4%	17.4%	0.0%	9.5%	8.7%	1.5%	10.5%	0.0%	35.8%	1.4%	5.5%	2.2%	14.6%	0.6%
Age 18 to 64	9.5%	11.1%	12.3%	0.6%	6.2%	6.6%	3.2%	9.8%	2.0%	22.4%	3.4%	4.2%	2.0%	12.5%	0.8%
Age 65 and Over	8.3%	9.1%	9.3%	2.1%	6.1%	11.8%	4.1%	6.7%	3.1%	19.1%	5.3%	4.9%	6.7%	9.6%	5.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 26: UNITEDWAY ALICE

	U.S.	CT	New Haven County
Households Below ALICE Threshold	29.0%	29.0%	28.8%

Source: UnitedWay United for ALICE Research Center, Connecticut, 2022. https://unitedforalice.org/state-overview/Connecticut

TABLE 27: MEDIAN HOUSEHOLD INCOME PERCENT CHANGE

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Median Household Income (2010)	$69,243	$67,846	$67,942	$107,591	$77,435	$61,643	$106,516	$73,051	$110,149	$42,677	$87,742	$85,009	$103,149	$55,704	$141,427
Median Household Income (2023)	$93,760	$91,648	$95,610	$153,879	$97,223	$86,498	$130,036	$92,176	$168,341	$53,771	$113,687	$126,807	$145,625	$73,566	$201,926
Percent Change (2010-2023)	+35.4%	+35.1%	+40.7%	+43%	+25.6%	+40.3%	+22.1%	+26.2%	+52.8%	+26%	+29.6%	+49.2%	+41.2%	+32.1%	+42.8%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 28: MEDIAN HOUSEHOLD INCOME BY RACE

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Asian	$126,722	$132,284	$124,566	ND	$93,011	$141,522	$247,063	$117,500	$237,176	$60,906	$206,146	$141,813	$114,500	$71,629	$212,344
Two or More Race	$76,435	$100,189	$100,153	ND	$74,205	$60,433	ND	$85,042	$99,219	$42,645	$136,058	$162,898	$131,477	$95,341	$241,071
White	$103,032	$95,391	$99,009	$154440	$96,030	$90,331	$125,732	$102,500	$164,028	$68,888	$112,737	$131,116	$150,521	$77,909	$201,176
Black or African American	$62,712	$77,430	$76,757	ND	$130,096	$76,577	ND	$72,125	$203,264	$42,417	ND	$77,031	$185,278	$65,252	$36,186
Other Race	$56,744	$76,404	$72,368	ND	ND	$56,559	$181,341	$86404	$91,938	$43,638	$108,997	$126,823	$106307	$62,583	ND
American Indian and Alaska Native	$52,152	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	$70,324	ND
Native Hawaiian and Other Pacific Islander	$41,573	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 29: MEDIAN HOUSEHOLD INCOME BY ETHNICITY

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Hispanic or Latino	$60,136	$88,736	$86,008	$175,313	$68,047	$62,120	$107,375	$85,555	ND	$44,389	$108,627	$127,341	ND	$66,823	$176,136

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 30: EMPLOYMENT BY INDUSTRY

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Management	11.6%	10.4%	10.3%	22.9%	14.2%	9.8%	16.4%	8.5%	16.1%	7.8%	11.4%	11.9%	14.3%	7.9%	16.7%
Education, Training and Library	7.1%	7.9%	9.3%	9.6%	7.9%	6.4%	10.6%	10.6%	6.8%	10.1%	7.4%	11.7%	10.5%	6.3%	15.7%
Office and Administrative Support	9.3%	9.6%	9.2%	6.1%	8.8%	13.5%	7.1%	9.8%	5.2%	9.1%	14.9%	9.5%	8.7%	8.9%	4.8%
Sales	9.0%	8.0%	7.3%	4.8%	9.3%	8.7%	10.7%	6.6%	9.1%	5.3%	12.1%	9.0%	7.8%	7.4%	6.1%
Health Diagnosis and Treating Practitioners	4.4%	4.9%	5.6%	6.0%	8.9%	2.6%	5.3%	5.6%	10.8%	4.9%	4.2%	6.1%	7.2%	3.5%	15.1%
Food Preparation and Serving	4.3%	4.6%	5.1%	4.0%	4.7%	3.7%	2.2%	5.2%	2.0%	5.9%	4.4%	4.3%	2.3%	8.0%	1.8%
Business and Finance	6.5%	5.3%	4.9%	8.9%	4.9%	4.8%	6.1%	4.7%	10.4%	3.4%	5.1%	7.1%	7.3%	3.8%	5.9%
Production	4.5%	5.0%	4.3%	0.0%	3.6%	6.2%	1.7%	3.2%	1.1%	5.8%	4.9%	4.5%	1.9%	4.7%	0.7%
Healthcare Support	3.4%	4.0%	3.8%	0.8%	3.0%	4.6%	1.8%	3.0%	0.6%	5.0%	1.6%	1.7%	3.2%	6.0%	1.9%
Construction and Extraction	4.2%	4.0%	3.8%	3.7%	2.9%	5.1%	4.2%	3.1%	1.6%	4.2%	7.8%	2.8%	4.7%	3.6%	1.3%
Transportation	2.9%	3.1%	3.0%	0.6%	3.0%	5.1%	1.9%	2.3%	2.2%	3.1%	2.8%	2.7%	1.2%	4.0%	1.7%
Building, Grounds Cleaning, and Maintenance	3.3%	3.0%	2.8%	2.6%	1.9%	3.1%	1.6%	2.7%	1.2%	3.5%	0.9%	1.7%	2.2%	4.0%	0.8%
Personal Care and Service	2.7%	2.6%	2.8%	2.1%	2.4%	2.8%	2.3%	3.0%	2.1%	3.2%	1.8%	2.3%	1.5%	3.5%	1.3%
Installation, Maintenance, and Repair	2.3%	2.7%	2.7%	2.9%	1.7%	5.2%	3.3%	2.8%	1.5%	1.5%	2.6%	5.1%	2.3%	4.3%	0.6%
Material Moving	2.6%	2.9%	2.6%	1.1%	1.6%	1.4%	0.7%	2.8%	1.3%	3.7%	1.6%	1.8%	0.9%	3.5%	1.0%
Computer and Mathematical	3.3%	2.7%	2.4%	1.3%	2.4%	2.5%	2.5%	3.8%	2.5%	2.1%	2.5%	3.0%	4.0%	1.2%	2.1%

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Life, Physical, and Social Science	1.2%	1.5%	2.2%	0.0%	2.4%	1.2%	3.1%	1.9%	2.9%	3.2%	0.8%	1.2%	2.8%	0.9%	2.4%
Architecture and Engineering	2.5%	2.0%	2.1%	2.3%	1.3%	1.2%	2.8%	3.2%	3.1%	1.5%	2.2%	2.4%	1.1%	2.3%	3.0%
Health Technologist and Technicians	2.0%	2.4%	2.1%	2.4%	1.5%	2.2%	1.4%	2.4%	2.6%	2.0%	2.2%	0.8%	2.0%	2.7%	1.6%
Community and Social Service	1.9%	2.2%	2.0%	1.0%	1.8%	1.7%	1.9%	2.4%	1.6%	2.2%	0.4%	1.3%	1.7%	2.0%	2.3%
Arts, Design, Entertainment, Sports and Media	2.1%	1.6%	2.0%	3.3%	3.0%	0.8%	3.2%	1.5%	5.4%	1.9%	1.5%	1.6%	3.5%	1.3%	0.8%
Legal	1.3%	1.2%	1.4%	2.9%	2%	0.8%	1.7%	2.6%	2.5%	0.8%	0.9%	0.8%	2.4%	0.5%	4.7%
Fire Fighting and Prevention	1.1%	1.1%	1.2%	4.5%	1.0%	0.6%	0.5%	1.7%	0.2%	1.2%	1.1%	1.7%	0.7%	1.6%	0.0%
Law Enforcement	0.7%	0.9%	1.0%	2.7%	1.4%	1.3%	1.7%	0.7%	0.8%	0.5%	0.6%	1.7%	1.6%	1.5%	0.0%
Farming, Fishing and Forestry	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%	0.4%	0.1%	0.2%	0.2%	0.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 31: HOUSEHOLDS RECEIVING SNAP

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Households Receiving Food Stamps/SNAP	11.7%	14.3%	14.2%	8.5%	5.8%	8.8%	2.9%	10.1%	1.0%	26.4%	2.9%	4.2%	1.9%	17.5%	2.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 32: FOOD INSECURITY AMONG ADULTS

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Food Insecurity Rate	14.8%	16.3%	16.6%	7.8%	9.3%	13.5%	6.6%	12.8%	5.2%	26.9%	8.7%	8.7%	7.0%	19.0%	6.7%

Source: CDC BRFSS PLACES 2022

TABLE 33: HOUSING COSTS & HOME VALUE

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Median Household Income	$69,243	$67,846	$67,942	$107,591	$77,435	$61,643	$106,516	$73,051	$110,149	$42,677	$87,742	$85,009	$103,149	$55,704	$141,427
Renter Excessive Housing Costs	48.1%	49.3%	50.5%	0.0%	54%	58.9%	47.7%	45.3%	40.4%	52.4%	25.9%	31.2%	54.2%	50.1%	41.6%
Owner Excessive Housing Costs	26.4%	27.3%	26.9%	22.7%	24.6%	27.3%	28.1%	28.5%	22.6%	34.1%	26.3%	21.6%	23.3%	26.5%	17.6%
Renter Housing Mobile Homes	0.4%	0.3%	0.2%	23.1%	0.3%	0.0%	1.3%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%
Owner Housing Mobile Homes	0.8%	0.7%	0.3%	1.1%	0.5%	0.0%	0.2%	0.1%	0.0%	0.9%	0.2%	0.0%	0.0%	0.5%	0.0%
Homeowner Vacancy Rate	0.9%	0.9%	0.7%	0.0%	0.5%	1.0%	0.1%	2.2%	0.0%	0.3%	0.0%	0.6%	0.0%	0.9%	0.0%

Sources: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 34: FAIR MARKET RENT (FMR)

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
0 Bedrooms	ND	$1,109	ND	$1,200	$1,200	ND	$1,200	$1,200	$1,200	ND	$1,200	ND	ND	ND	$1,200
1 Bedrooms	ND	$1,293	ND	$1,334	$1,334	ND	$1,334	$1,334	$1,334	ND	$1,334	ND	ND	ND	$1,334
2 Bedrooms	ND	$1,567	ND	$1,629	$1,629	ND	$1,629	$1,629	$1,629	ND	$1,629	ND	ND	ND	$1,629
3 Bedrooms	ND	$1,934	ND	$2,001	$2,001	ND	$2,001	$2,001	$2,001	ND	$2,001	ND	ND	ND	$2,001
4 Bedrooms	ND	$2,332	ND	$2,258	$2,258	ND	$2,258	$2,258	$2,258	ND	$2,258	ND	ND	ND	$2,258

Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2023

TABLE 35: MEDIAN HOME RENT

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Median Home Rent	$1,431	$1,508	$1,554	$1,500	$1,529	$1,454	$1,754	$1,677	$2,046	$1,442	$1,631	$1,578	$2,016	$1,389	$1,896

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 36: HOUSING WAGE

	U.S.	CT	New Haven County – New Haven-Meriden HMFA
Hourly Wage Necessary to Afford a 2-Bedroom Apartment at Fair Market Rent (FMR)	$32.11	$34.54	$32.23

Source: National Low Income Housing Coalition, Out of Reach 2023 – Connecticut #11, 2024. https://nlihc.org/sites/default/files/oor/Connecticut_2023_OOR.pdf | National Low Income Housing Coalition. Out of Reach 2024 – Full Report, 2024. https://nlihc.org/oor

TABLE 37: HOUSEHOLD COMPOSITION

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Households with Children	28.7%	27.9%	27.6%	35%	18.5%	22.9%	28.4%	27.3%	26.2%	27.3%	29.6%	30.6%	34.2%	31.4%	39.8%
Households with Grandparents Responsible for Grandchildren	0.9%	1.1%	1.2%	0.0%	0.4%	1.2%	0.3%	1.1%	0.0%	1.8%	0.4%	1.0%	0.2%	1.2%	0.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 38: TRANSPORTATION

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Mean Travel Time to Work (in minutes)	26.6	25.7	23.5	29.5	23.0	23.5	26.2	23.0	30.6	21.0	26.4	22.5	28.6	24.0	24.8
Commute by Public Transit	3.4%	2.7%	3.7%	0.0%	0.9%	1.5%	0.7%	4.0%	2.0%	6.9%	0.0%	1.8%	1.2%	3.4%	0.5%
Commute by Drive Alone	70.6%	72.1%	68.5%	74.6%	75.3%	80.0%	73.7%	68.1%	63.7%	58.1%	82.1%	75.2%	74.1%	73.6%	74.8%
Walkability	ND	ND	ND	17	4	34	66	74	3	68	29	19	24	81	11

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates | Walk Score, walkscore.com, 2024

TABLE 39: BROADBAND

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Households Without Internet Access	6.5%	7.5%	6.2%	0.8%	4.8%	5.3%	3.6%	7.0%	2.4%	8.6%	2.1%	4.6%	3.3%	6.3%	1.1%
Number of Internet Providers (2021)	16	12	ND	9	7	7	6	10	6	10	7	9	9	9	9

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 40: HEALTH CARE PROVIDER RATIO (PEOPLE PER PROVIDER)

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Primary Care Physician	834:1	645:1	ND	883:1	1,127:1	3,982:1	817:1	1,420:1	1,358:1	220:1	6,780:1	834:1	375:1	615:1	1,006:1
Primary Care Nurse Practitioner	1,027:1	817:1	ND	883:1	1,127:1	9,290:1	689:1	954:1	768:1	363:1	2,712:1	653:1	200:1	738:1	696:1
Dentist	1,398:1	1,512:1	ND	1,324:1	1,281:1	1,548:1	1,575:1	1,527:1	1,261:1	1,305:1	1,937:1	1,343:1	647:1	1,581:1	823:1
Mental Health Provider	516:1	505:1	ND	441:1	640:1	6,968:1	513:1	783:1	505:1	218:1	4,520:1	756:1	385:1	494:1	210:1
Pediatrician	619:1	446:1	ND	ND	535:1	4,789:1	701:1	593:1	492:1	141:1	1,286:1	619:1	184:1	2,776:1	482:1
Obstetrics Gynecology (OBGYN)	2,566:1	2,298:1	ND	ND	1,497:1	ND	ND	3,516:1	4,449:1	734:1	6,751:1	ND	3,812:1	28,192:1	1,073:1
Midwife and Doula	15,745:1	12,051:1	ND	ND	ND	ND	5,321:1	31,646:1	2,966:1	5,137:1	ND	ND	7,624:1	28,192:1	1,073:1

Sources: National Plan & Provider Enumeration System NPI, 2023. https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvidentStand/DataDissemination

TABLE 41: UNINSURED POPULATION

	CT	New Haven County	Greater New Haven Region	Bethany	Branford	East Haven	Guilford	Hamden	Madison	New Haven	North Branford	North Haven	Orange	West Haven	Wood-bridge
Uninsured Age Under 6	2.4%	2.0%	2.4%	0.0%	0.0%	9.4%	0.0%	2.5%	1.1%	1.9%	0.0%	0.0%	3.8%	4.9%	0.0%
Uninsured Age 6 to 18	3.1%	2.9%	4.1%	0.0%	0.5%	6.1%	1.5%	3.3%	0.3%	4.4%	0.0%	0.3%	4.8%	9.9%	0.0%
Uninsured Age 19 to 64	7.5%	7.2%	7.5%	1.7%	4.3%	9.3%	2.8%	6.2%	0.9%	9.8%	2.9%	2.8%	4.1%	11.2%	7.0%
Uninsured Age 65 and Over	0.8%	0.8%	1.1%	0.0%	0.6%	0.0%	0.5%	0.9%	0.0%	2.4%	0.0%	0.2%	3.6%	1.5%	0.0%
People with Private Health Insurance	73.3%	69.6%	70.2%	93.9%	76.7%	69.6%	81.1%	76.7%	87.4%	57.2%	84.0%	80.7%	86.2%	62.3%	87.6%
People with Public Health Insurance	39.3%	42.9%	42.0%	23.1%	41.5%	42.8%	33.4%	37.2%	27.4%	50.8%	30.0%	33.6%	30.3%	49.5%	25.0%
Uninsured Age 18 and Under with a Disability	1.7%	1.2%	0.5%	ND	0.0%	0.0%	0.0%	0.0%	11.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%
Uninsured Age 19 to 64 with a Disability	5.5%	4.2%	4.3%	37.1%	1.2%	6.1%	3.3%	2.4%	0.0%	3.2%	7.3%	0.0%	17.3%	8.0%	0.0%
Uninsured People in Labor Force	7.2%	7.1%	7.6%	0.0%	4.5%	8.6%	3.1%	6.6%	1.0%	10.6%	1.9%	2.6%	3.3%	11.8%	6.7%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TABLE 42: BIRTH RATE AND DEATH RATE (RATE PER 1,000 PEOPLE)

	CT	New Haven County
Birth Rate (per 1,000 people)	9.9	10.1
Death Rate (per 100,000 people)	9.5	10.0

Source: CDC WONDER Natality Birth Rate, 2021 https://wonder.cdc.gov/ | Source: CDC WONDER Causes of Death, 2021. https://wonder.cdc.gov/

TABLE 43: LIFE EXPECTANCY, 2025

	CT	New Haven County
Life Expectancy (years)	79.2	78.0

Source: COUNTY HEALTH RANKINGS 2020-2022: https://www.countyhealthrankings.org/health-data/connecticut/new-haven?year=2025

TABLE 44: LEADING CAUSES OF DEATH (RATE PER 100,000 PEOPLE)

	CT	New Haven County
Accidental Injuries	73.3	89.4
Alzheimer's Disease	29.1	33.0
Birth Defects	2.2	ND
Cancer	181.0	185.1
Chronic Liver Disease	15.3	14.8
Chronic Lower Respiratory Disease	32.4	32.1
Birth-related Conditions	2.5	3.5
Diabetes	21.4	24.1
Heart Disease	186.7	186.2
High Blood Pressure	9.1	8.6

Source: CDC WONDER Causes of Death, 2021. https://wonder.cdc.gov/

TABLE 45: SELF-REPORTED CHRONIC CONDITIONS AMONG ADULTS

	Greater New Haven Region	City of New Haven	CT
High cholesterol	32.8%	29.8%	33.4%
High blood pressure	31.3%	31.6%	29.7%
Obesity among adults	31.2%	35.7%	30.2%
Depression	19.8%	20.3%	20.9%
Asthma	11.2%	12.5%	11.1%
Diagnosed diabetes	9.9%	11.6%	9.4%
Cancer (excluding skin cancer)	6.4%	4.4%	6.9%
Chronic obstructive pulmonary disease (COPD)	5.7%	5.7%	5.7%
Coronary heart disease	5.2%	5.0%	5.2%
Stroke	3.0%	3.4%	2.8%
Chronic kidney disease	2.9%	2.9%	2.8%

Source: CDC PLACES (2020-2021). Provided by Connecticut Hospital Association.

TABLE 46: SELF-REPORTED GENERAL WELL-BEING AMONG ADULTS

	Greater New Haven Region	City of New Haven	CT
Mental health not good for two weeks or more[9]	14.3%	17.1%	14.6%
Fair or poor self-rated health status	14.1%	19.0%	13.3%
Physical health not good for two weeks or more[10]	9.7%	10.8%	10.0%

Source: CDC PLACES (2020-2021). Provided by Connecticut Hospital Association.

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[9] Adults who report that physical health was "not good" for 14 or more days in any given month.
[10] Adults who report that mental health was "not good" for 14 or more days in any given month.

TABLE 47: PREVENTIVE CARE HEALTH BEHAVIORS AMONG ADULTS

	Greater New Haven Region	City of New Haven	CT
Visits to dentist or dental clinic within past year	69.2%	58.4%	70.4%
Visits to doctor for routine checkup within past year	75.4%	74.2%	75.3%

Source: CDC PLACES (2020-2021). Provided by Connecticut Hospital Association.

TABLE 48: RANKED LIST OF SELECT HEALTH INDICATOR HOSPITAL UTILIZATION RATES FOR ADULTS IN CONNECTICUT

		Age-Adjusted Principal Diagnosis Rate per 1,000 Adults	
Rank	Health Indicator	Yale New Haven Hospital	State of CT
1	Substance-Related Disorders (SRD)	11.0	8.1
2	Mental Health Composite	10.8	10.4
3	Sepsis	8.5	8.4
4	Heart Failure (HF)	4.9	4.3
5	Community Acquired (CommAcq) Pneumonia	4.6	4.3
6	High Blood Pressure (HBP)	4.4	4.5
7	Diabetes - Uncontrolled/Short Term Complications (Unc-STC)	3.1	2.7
8	Asthma	3.0	2.8
9	Stroke	2.7	2.5
10	Arthritis	2.5	1.8
11	Coronary Artery Disease (CAD)	2.4	1.0
12	Chronic Obstructive Pulmonary Disease (COPD)	2.0	2.2
13	Diabetes - Long Term Complications (LTC)	1.8	1.3
14	Acute Myocardial Infarction (AMI)	1.6	1.8
15	Overweight/Obesity	1.1	1.0

Source: Community Health Profiles, Hospital utilization rates for key health indicators. Provided by Connecticut Hospital Association

TABLE 49: OBESITY (ADULTS)

	U.S.	CT	New Haven County
Obesity (Adults)	34.0%	31.0%	31.0%

Source: County Health Rankings, Health Data – Adult Obesity, 2021. https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/adult-obesity?year=2024&county=09001

TABLE 50: SMOKING STATUS

	U.S.	CT	New Haven County
Current Smokers (Adults)	15.0%	12.0%	15.0%

Source: County Health Rankings, Health Data – Adult Smoking, 2021. https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/tobacco-use/adult-smoking?year=2024&county=09001

TABLE 51: INFECTIOUS DISEASE

	U.S.	CT	New Haven County
Hepatitis B	3,544	15	0
Hepatitis A	18,846	0	3
HIV/AIDS	1,107,597[11]	171	10
Influenza	35,000,000	98	22
Lyme Disease	34,945	400	86
Tuberculosis	8,916	54	1

Source: Connecticut State Department of Public Health, Infectious Disease Statistics, 2020. https://portal.ct.gov/-/media/dph/eeip/infectious-diseases-statistics/ct-disease-cases-by-county_2020_final_ab.pdf | CDC, Selected nationally notifiable disease rates and number of new cases: United States, selected years 1950-2019, 2019. https://www.cdc.gov/nchs/data/hus/2020-2021/IDNotif.pdf | AIDSVu, Understanding the Current HIV Epidemic in the United States, 2022. https://map.aidsvu.org/profiles/nation/usa/overview | CDC, Estimated Flu Disease Burden 2019-2020, 2020. https://www.cdc.gov/flu-burden/php/data-vis/2019-2020.html

TABLE 52: SEXUALLY TRANSMITTED DISEASES

	U.S.	CT	New Haven County
Syphilis	129,813	280	79
Chlamydia	1,808,703	12,716	3,766
Gonorrhea	616,392	4,604	1,636
Chancroid	8	0	0

Source: Connecticut State Department of Public Health, Infectious Disease Statistics, 2020. https://portal.ct.gov/-/media/dph/eeip/infectious-diseases-statistics/ct-disease-cases-by-county_2020_final_ab.pdf | CDC, Selected nationally notifiable disease rates and number of new cases: United States, selected years 1950-2019, 2019. https://www.cdc.gov/nchs/data/hus/2020-2021/IDNotif.pdf

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[11] Please note the U.S. data for people living with HIV/AIDS is from 2022.

TABLE 53: MENTAL HEALTH AND BEHAVIORAL HEALTH STATUS

	U.S.	CT	New Haven County
Percent of Frequent Mental Distress	15.0%	13.0%	14.0%
Poor Mental Health Days	4.8	4.4	4.7
Poor Physical Health Day	3.3	2.9	3.2
Drug Overdose Death Rate (per 100,000)	32.0	42.0	46.0

Source: County Health Rankings, Health Outcomes – Frequent Mental Distress, Poor Mental Health Days, & Poor Mental Health Days, 2021. https://www.countyhealthrankings.org/health-data/health-outcomes | CDC National Center for Health Statistics, Drug Overdose Death Rate, 2021. https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality

TABLE 54: SUICIDE

	U.S.	CT	New Haven County
Suicide Rate	14.0	10.0	14.0

Source: County Health Rankings, Health Data – Suicides, 2021. https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors/community-safety/suicides?year=2024&county=09001

TABLE 55: MATERNAL AND CHILD HEALTH

	U.S.	CT	New Haven County
Birth Rate (per 1,000)	11.0	9.9	10.1
Teen Birth Rate (per 1,000)	17.0	8.0	10.0
Low Birthweight	7.1%	8.0%	8.6%
Infant Mortality Rate	6.0	5.0	6.0

Source: County Health Rankings, Health Data – Teen Births & Infant Mortality, 2021. | CDC WONDER, Natality, 2021. https://wonder.cdc.gov

TABLE 56: BIRTH DATA, NEW HAVEN COUNTY 2021-2023 AVERAGE

Indicator	Maternal Race/Ethnicity				
	White	Black	Hispanic	American Indian/Alaska Native	Asian/Pacific Islander
All Preterm Births[12]	8.5%	14.1%	10.3%	ND	7.6%
Late Preterm Births[13]	6.4%	9.2%	7.6%	ND	5.1%
Very Preterm Births[14]	1.2%	3.2%	1.6%	ND	1.2%

Source: National Center for Health Statistics, final natality data. Retrieved February 28, 2025, from www.marchofdimes.org/peristats.

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[12] All race categories exclude Hispanics. Preterm is less than 37 weeks gestation.
[13] All race categories exclude Hispanics. Late preterm is between 34 and 36 weeks gestation.
[14] All race categories include Hispanics. Very preterm is less than 32 weeks gestation.

TABLE 57: MATERNAL PRENATAL CARE, NEW HAVEN COUNTY 2021-2023 AVERAGE

Indicator	Maternal Race/Ethnicity				
	White	Black	Hispanic	American Indian/Alaska Native	Asian/Pacific Islander
Early Prenatal Care[15]	86.9%	76.5%	76.7%	77.8%	80.8%
Late/No Prenatal Care[16]	3.3%	5.8%	6.6%	ND	4.8%
Inadequate Prenatal Care[17]	7.8%	14.5%	15.3%	ND	11.8%

Source: National Center for Health Statistics, final natality data. Retrieved February 28, 2025, from www.marchofdimes.org/peristats. | National Center for Health Statistics, final natality data. Kotelchuck M. An evaluation of the Kessner Adequacy of Prenatal Care Index and a proposed Adequacy of Prenatal Care Utilization Index. Am J Public Health 1994; 84: 1414-1420. Retrieved February 28, 2025, from www.marchofdimes.org/peristats.

TABLE 58: YOUTH SUBSTANCE ABUSE

	U.S.	CT
Currently were binge drinking	10.5%	7.0%
Ever used illicit drugs	13.3%	ND
Ever used marijuana	27.8%	20.6%

Source: https://nccd.cdc.gov/youthonline/App/Results.aspx?TT=A&OUT=0&SID=HS&QID=QQ&LID=XX&YID=2021&LID2=&YID2=&COL=T&ROW1=N&ROW2=N&HT=C03&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=No&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC

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[15] All race categories exclude Hispanics. Early prenatal care is pregnancy-related care beginning in the first trimester (1-3 months).

[16] All race categories exclude Hispanics. Late/No prenatal care is pregnancy-related care beginning in the 3rd trimester (7-9 months) or when no pregnancy-related care was received at all.

[17] Adequacy is measured using the Adequacy of Prenatal Care Utilization Index, which classifies prenatal care received into 1 of 4 categories (inadequate, intermediate, adequate, and adequate plus) by combining information about the timing of prenatal care, the number of visits, and the infant's gestational age.

Appendix F: Asset Maps and Community Resources

ASSET MAP OF GREATER NEW HAVEN SERVICE AREA

Link to Interactive Map: https://arcg.is/19K4z50
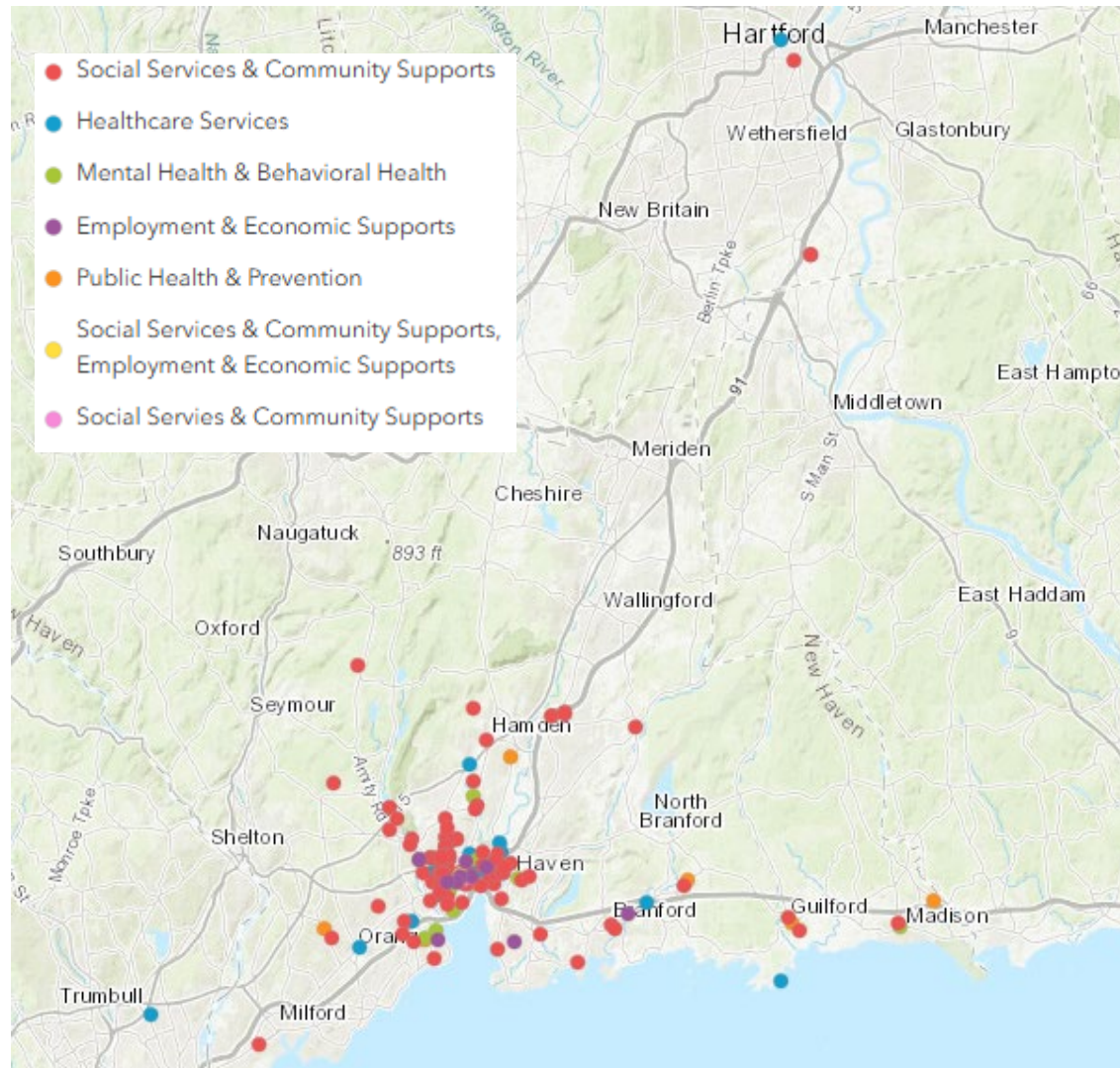
GREATER NEW HAVEN SERVICE AREA RESOURCE TABLE

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Employment & Economic Support			
American Job Center-Workforce Alliance	370 James Street, Ste 404, New Haven, CT 06513	Job Training Center, Employment Assistance, Financial Support Services	Workforce Alliance
ConnCAT	4 Science Park, New Haven, CT 06511	Job Training Center, Employment Assistance	ConnCAT - Job Training and Youth Programs - New Haven, Connecticut
East Haven Adult Education	290 Dodge Avenue, East Haven, CT 06512	Basic Skills, English for Speakers of Other Languages, Computers & Technology, High School Completion, Occupational Training, Special Interests	East Haven Adult Education Classes
Emerge Connecticut	830 Grand Avenue, New Haven, CT 06511	Workforce Development	Home	EMERGE Connecticut
Financial Empowerment Center	165 Church St, New Haven, CT 06510	Credit Repair, Debt Reduction, Budgeting	203-946-8523
Gateway Community College	20 Church Street, New Haven, CT 06510	Job Training Programs	Welcome to CT State Community College Gateway
New Haven Works	205 Whitney Avenue, New Haven, CT 06511	Job Training Center, Employment Assistance	https://www.newhavenworkspipeline.org

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Shoreline Adult Education	185 East Main Street, Branford, CT 06405	High School Diploma/GED, English for Speakers of Other Languages, Citizenship Preparation, Career Development, Special Interests and Skills	Shoreline Adult Ed | Adult Continuing Education Branford, CT
West Haven Adult Education	1 McDonough Plaza, West Haven, CT 06516	Computer Skills, English for Speakers of Other Languages, High School Diploma/GED, Job Skills, Resume Writing, Certified Nurse Assistance, Special Interests and Skills	Adult Education | West Haven Public Schools
Yale New Haven Hospital-Training Programs	20 York Street, New Haven, CT 06510	Job Training-Pharmacy Technician Training Program, School of Diagnostic Ultrasound, Center for EMS (EMT and Paramedic)	Medical Professionals - Yale New Haven Hospital
Healthcare Services			
Yale New Haven Shoreline Medical Center Emergency Department	111 Good Lane, Guilford, CT 06437	Emergency Services	Emergency Services at Yale New Haven Hospital
Yale New Haven Health-Financial Assistance Programs	789 Howard Avenue, New Haven, CT 06519	Health Insurance Application Assistance, Financial Assistance, Free and Discounted Care Programs	YNHHS Financial Assistance Programs and Eligibility Guidelines
Yale New Haven Hospital-Saint Raphael Campus	1450 Chapel Street, New Haven, CT 06511	Hospital	Yale New Haven Hospital, Saint Raphael Campus
Yale New Haven Hospital-York Street Campus	20 York Street, New Haven, CT 06510	Hospital	Yale New Haven Hospital, York Street Campus
Yale New Haven Children's Hospital	1 Park Street, New Haven, CT 06510	Hospital	Children's Hospital - Yale New Haven Health

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Yale New Haven Psychiatric Hospital	184 Liberty Street, New Haven, CT 06519	Hospital	Yale New Haven Psychiatric Hospital - Ranked #9 in the Nation
Smilow Cancer Hospital	35 Park Street, New Haven, CT 06519	Hospital	Smilow Cancer Hospital - Yale New Haven Health
West Haven VA Medical Center	950 Campbell Avenue, West Haven, CT 06516-2770	Hospital	West Haven VA Medical Center | VA Connecticut Health Care | Veterans Affairs
American Medical Response	58 Middletown Avenue, New Haven, CT 06513	Ambulatory Service	AMR - New Haven
Yale New Haven Health-Physician Referral Information	789 Howard Avenue, New Haven, CT 06519	Primary Care Provider, Specialists	Yale New Haven Health | Physician Referral Information
Yale New Haven Health-Find a Location (Ambulatory)	789 Howard Avenue, New Haven, CT 06519	Primary Care Provider, Specialty Clinic	Yale New Haven Health | Find a Location
Northeast Medical Group	99 Hawley Lane, 1st Floor, Stratford, CT 06614	Primary Care Provider, Specialists	Northeast Medical Group - Find a Location

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
HAVEN Free Clinic	800 Howard Avenue, Floor 1, New Haven, CT 06519	Primary Care Provider	HAVEN Free Clinic
Yale New Haven Health-Urgent Care, Orange	236 Boston Post Road, Orange, CT 06477	Urgent Care Center	Yale New Haven Health Urgent Care - Orange
Yale New Haven Health-Urgent Care, Hamden	2165 Dixwell Avenue #2116, Hamden, CT 06514	Urgent Care Center	Yale New Haven Health Urgent Care - Hamden
Cornell Scott Hill Health Center	428 Columbus Avenue, New Haven, CT 06519	Community Health Center, Dental, Behavioral Health	Cornell Scott-Hill Health Center: A Community Of Caring
Fair Haven Community Health Care	374 Grand Avenue, New Haven, CT 06513	Community Health Center, Dental, Behavioral Health, Midwifery, Addiction Medicine, Support Services, Sliding Scale Discount Program	Fair Haven Community Health Care | FHCHC
Planned Parenthood of Southern New England	345 Whitney Avenue, New Haven, CT 06511	Maternal Health	Planned Parenthood of Southern New England
Physicians Alliance of Connecticut	322 East Main Street, Suite 1B, Branford, CT 06405	Multi-specialty Independent Physicians, Private Practice	Physicians Alliance of Connecticut | PACT
MAAS	426 East Street, New Haven, CT 06511	Medication-Assisted Treatment, Outpatient	MAAS Day Treatment | New Haven, CT | CASA Inc.

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Leeway	40 Albert Street, New Haven, CT 06511	Inpatient and Outpatient care for those with HIV/AIDS	Leeway, Inc. - Residential Care Facility for AIDS Patients in New Haven, CT
Project Access	63 York Street, New Haven, CT 06511	Care Navigation	Project Access New Haven
Husky Health Program for Intensive / Transitional Care Management	55 Farmington Avenue, Hartford, CT 06105	Care Management	HUSKY Health Program | HUSKY Health Providers | Intensive Care Management
Mental Health & Behavioral Health			
Catholic Charities	501 Lombard St, New Haven, CT 06513	Counseling	203-787-2207
Clifford Beers Community Care Center	93 Edwards Street, New Haven, CT 06511	Mental Health Provider	Clifford Beers Community Care Center | Since 1913
Madison Youth and Family Services	10 School Street, Madison, CT 06443	Mental Health, Youth Development, Clinical Services, Social Services, Energy Assistance	Madison Youth & Family Services | Madison, CT
Reliant Behavioral Health	419 Whalley Avenue, New Haven, CT 06511	Mental Health, Family Services, Geriatric Services, Support Groups	https://www.reliantbehavioralhealthcs.org/
APT Foundation	1 Long Wharf Drive, New Haven, CT 06511	Substance Use Treatment, Counseling, Primary Care, Housing Assistance, Employment Assistance	Home - APT Foundation

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
BH Care	127 Washington Avenue, Third Floor West, North Haven, CT 06473	Mental Health Provider	BHcare
Bridges Healthcare	98 Elm Street, West Haven, CT 06516	Mental Health Provider	Bridges Healthcare Inc. | Milford, CT
Connecticut Mental Health Center	34 Park Street, New Haven, CT 06519	Mental Health Provider	CMHC-Home Page
Continuum of Care	109 Legion Ave, New Haven, CT 06519	Mental Health Provider, Developmental Disability Programs, Mobile Crisis, Emergency Housing, Substance Use Treatment, Recovery Support, Employment Support Services, Residential Programs	Mental Health Services | Developmental Disability Services | Continuum of Care, Inc.
Fellowship Place	441 Elm Street, New Haven, CT 06511	Counseling, Housing Assistance, Substance Use Treatment, Employment Assistance	Home - Fellowship Place | New Haven CT
MCCA	419 Whalley Avenue, Suite 300, New Haven, CT 06511	Substance Use Treatment	Drug Rehab | Alcohol Rehabilitation Center – CT | MCCA | – Help and Hope Overcoming Addiction
NAMI Elm City	N/A	Peer Support	elmcityaffiliate@namict.org
New Beginning Recovery	89 Sherland Avenue, New Haven, CT 06513	Substance Use Treatment, Housing Assistance	https://www.newbeginningrecovery.org

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
South Central Rehabilitation Center	232 Cedar Street, New Haven, CT 06519	Substance Use Treatment, Behavioral Health, Methadone and Suboxone	232 Cedar St, New Haven, CT 06519: Cornell Scott Hill Health Center
The Children's Center of Hamden	1400 Whitney Avenue, Hamden, CT 06517	Mental Health Provider, Substance Use Treatment	The Children's Center of Hamden – Behavioral Health Services CT
The Connection	48 Howe Street, New Haven, CT 06511	Counseling, Substance Use Treatment, Housing Assistance	About - The Connection Inc.
West Haven Mental Health Clinic	270 Center Street, West Haven, CT 06516	Crisis Intervention, Therapy, Case Management, Counseling and Medication Management for children, adolescents and young adults	West Haven Mental Health Clinic < Psychiatry
Yale Child Study Center	230 South Frontage Road, New Haven, CT 06520	Mental Health Provider	Services < Child Study Center
Public Health & Prevention			
Access Health CT	N/A	Health Insurance Application Assistance	Access Health CT - CT's Official Health Insurance Marketplace
East Shore District Health Department	688 E. Main Street, Branford, CT 06405	Public health department	East Shore District Health Department
Guilford Health Department	50 Boston Street, Guilford, CT 06437	Public health department	Guilford

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Madison Health Department	8 Campus Drive, Madison, CT 06443	Public health department	Health Department | Madison, CT
New Haven Health Department	424 Chapel Street, New Haven, CT 06511	Public health department	Home - New Haven Health
Orange Health Department	605A Orange Center Road, Orange, CT 06477	Public health department	Health Department | Orange, CT
Quinnipiack Valley Health District	1151 Hartford Turnpike, North Haven, CT 06473	Public health department	Quinnipiack Valley Health District
West Haven Health Department	355 Main Street, 2nd Floor, West Haven, CT 06516	Public health department	Health Department | West Haven, CT
Social Services & Community Supports			
Marrakech	6 Lunar Drive, Woodbridge, CT 06525	Disability Services, Mental Health, Substance Use, Recreation, Employment Support, Youth Services, Family Support	Marrakech | Embracing Human Potential
Believe in Me	427 Dixwell Avenue, New Haven, CT 06511	Food	203-772-2771
Bethany Human Services	40 Peck Road, Bethany, CT 06524	Food, Utilities, Senior Services, Transportation	Human Services

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Bethel AME	255 Goffe Street, New Haven, CT 06511	Food	203-915-2947
Beulah Heights Church-Helping Hand Food Pantry	782 Orchard Street, New Haven, CT 06511	Food	203-745-3589
Casa Otonal	135 Sylvan Avenue, New Haven, CT 06519	Food	203-773-9849
Cathedral of Higher Praise Church	155 Grande Avenue, New Haven, CT 06513	Food	203-776-7676
Centro San Jose	290 Grande Avenue, New Haven, CT 06513	Food	203-777-6771
Christian Community Action Agency	168 Davenport Avenue, New Haven, CT 06519	Food, Housing Assistance, Child & Family Services, Support Services, Financial Support Services	https://www.ccahelping.org
Christian Love Center Church-West River Community Food Pantry	154 Derby Avenue, New Haven, CT 06511	Food	203-645-2696
City of New Haven-Community Services Administration	165 Church Street, 2nd Floor, New Haven, CT 06510	Food, Housing Assistance, Child & Family Services, Support Services, Financial Support Services	Community Services Administration | New Haven, CT

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
CitySeed	315 Front Street, New Haven, CT 06513	Farmers Markets, Job Training Center, Employment Assistance	home - CitySeed
Community Action Agency of New Haven	419 Whalley Avenue, New Haven, CT 06511	Food, Child & Family Services, Utilities, Financial Support Services	Home - Community Action Agency of New Haven
Community Baptist Church	143 Shelton Avenue, New Haven, CT 06511	Food	203-562-7060
Community Builders - Kensington Square 1 & 2	1327 Chapel Street, New Haven, CT 06511	Food	203-777-6612
Community Dining Room	30 Harrison Avenue, Branford, CT 06405	Food	http://www.communitydiningroom.org/
Community Soup Kitchen (CSK)-Newhallville Partnership	5 Hazel Street, New Haven, CT 06511	Food	203-624-4594, 203-887-7145
Dixwell/Newhallville Senior Center	197 Dixwell Avenue, New Haven, CT 06511	Food	203-946-8541
Door of Salvation Church	3 Arch Street, New Haven, CT 06519	Food	203-691-5608

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Downtown Evening Soup Kitchen	311 Temple Street, New Haven, CT 06511	Food	https://deskct.org
East Haven United Inc Community Kitchen	39 Park Place, East Haven, CT 06512	Food	East Haven United, Inc.- Community Kitchen | Town of East Haven CT
FISH of Greater New Haven	296 Peck Street, New Haven, CT 06513	Food, Grocery Delivery, Homebound	203-503-0107
Gather New Haven	495 Blake Street, Unit C, New Haven, CT 06515	Community Gardens, Farms, Employment Assistance	Gather New Haven | Health & Wellness | CT Farm Stands
Glorified Deliverance Church	604 Dixwell Avenue, New Haven, CT 06511	Food	NA
Guilford Food Bank	45 Stone House Lane, Guilford, CT 06437	Food	https://www.guilfordfoodbank.org
Haven's Harvest	225 E Grand Ave, New Haven, CT 06513	Food, Food Recovery	Haven's Harvest
Iglesia Jehovah Rohi	577 Howard Avenue, New Haven, CT 06519	Food	203-605-8060
Immanuel Missionary Baptist Church	1324 Chapel Street, New Haven, CT 06511	Food	203-777-8744

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Jewish Family Services	1440 Whalley Avenue, New Haven, CT 06515	Food	203-397-0796
Keefe Community Center	11 Pine Street, Hamden, CT 06514	Food, Housing Assistance, Child & Family Services, Support Services, Financial Support Services	KeefeCenter | Hamden, CT
Liberty Educational Service Center	44 Eastern Street, New Haven, CT 06513	Food	203-691-9494
Loaves and Fishes	57 Olive Street, New Haven, CT 06511	Food	https://www.loaves-fishes.org
Maranatha Life Changing Ministries COGIC - Newhallville Substation	596 Winchester Avenue, New Haven, CT 06511	Food	203-440-6774
Mount Hope Recovery Center	565 Dixwell Avenue, New Haven, CT 06511	Food	203-785-0656
New Flame Restoration	1375 State Street, New Haven, CT 06511	Food	203-843-8831
New Haven Church of Christ	16 Gem Street, New Haven, CT 06511	Food	203-777-2992

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
New Haven Food Assistance Resource Guide	N/A	Food Pantries, Soup Kitchens, Senior Meals	https://www.getconnectednewhaven.com/wp-content/uploads/2021/11/Food-Assistance-Resource-Guide-ENG.pdf
New Haven Inner City Enrichment (NICE) - Hill Substation	410 Howard Avenue, New Haven, CT 06519	Food	203-479-0056
New Haven Pride Center	50 Orange Street, New Haven, CT 06511	Food	203-623-8052
Olive St Pantry	57 Olive Street, New Haven, CT 06511	Food	203-624-6426
Salvation Army - New Haven	450 George Street, New Haven, CT 06511	Food	203-624-9891
Second Star of Jacob Church	185 Chapel Street, New Haven, CT 06513	Food	203-776-9603
St. Luke's Church	111 Whalley Avenue, New Haven, CT 06511	Food	203-865-0141, ext. 101
St. Martin Deporres Church	136 Dixwell Avenue, New Haven, CT 06511	Food	203-624-9944

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
St. Matthew's Church	388 Dixwell Avenue, New Haven, CT 06511	Food	203-777-0472
St. Paul's Church	150 Dwight Street, New Haven, CT 06511	Food	203-624-3937
St. Thomas More Chapel	268 Park Street, New Haven, CT 06511	Food	203-777-5537
Sunrise Café	57 Olive Street, New Haven, CT 06511	Food	203-562-2691
Thomas Chapel Church of Christ	30 White Street, New Haven, CT 06519	Food	203-865-6254
United Way of Greater New Haven	370 James Street, Ste 403, New Haven, CT 06513	Food, Housing Assistance, Child & Family Services, Support Services, Financial Support Services	United Way of Greater New Haven | We work to meet the immediate needs of our neighbors and fight for stronger, more equitable communities
Upon This Rock Ministries - Dwight Substation	150 Edgewood Avenue, New Haven, CT 06511	Food	203-387-1215
Varick AME Zion Church	242-246 Dixwell Avenue, New Haven, CT 06511	Food	203-624-6245

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Vertical Church - Fair Haven Substation	295 Blatchley Avenue, New Haven, CT 06513	Food	203-503-8620
Walk of Faith Church	104 Fairmont Avenue, New Haven, CT 06513	Food	203-469-5134
WIC-Fair Haven Community Health Center	374 Grand Avenue, New Haven, CT 06513	Food	203-773-5007
WIC-Yale New Haven Health	150 Sargent Drive, 2nd Floor, New Haven, CT 06511	Food	203-688-5150
WIC-Yale New Haven Hospital	500 Elm Street, West Haven, CT 06516	Food	203-789-3563
Women of the Village - Dixwell Substation	26 Charles Street, New Haven, CT 06511	Food	203-675-9437, 203-376-2790
Yale Community Kitchen	323 Temple Street, New Haven, CT 06511	Food	203-624-6420
Dixwell Q House	197 Dixwell Avenue, New Haven, CT 06511	Community Center	Community Center | Dixwell Community House (Q House) | New Haven

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Leadership, Education and Athletics in Partnership (LEAP)	31 Jefferson Street, New Haven, CT 06511	Community Center, Child & Family Services	LEAP New Haven Mentoring
Columbus House	586 Ella T Grasso Boulevard, New Haven, CT 06519	Shelter	Columbus House:: Home
CT Housing Choice Voucher Program	55 Capital Boulevard, Rocky Hill, CT 06067	Housing Assistance	CTHCVP
Elm City Communities	360 Orange Street, New Haven, CT 06511	Housing Assistance	Welcome to Elm City Communities	The Housing Authority of New Haven
Liberty Community Services	153 East Street, Suite 100, New Haven, CT 06511	Housing Assistance, Shelter, Eviction Prevention, Homelessness Resource Navigation, Career Planning, Job Application Assistance, Outreach Services, Employment and Income Services	https://www.libertycs.org
Livable City Initiative-City of New Haven	165 Church Street, 3rd Floor, New Haven, CT 06510	Housing Assistance, Housing Code and Regulation Enforcement, Anti-Blight, Residential Landlord Licensing	Livable City Initiative	New Haven, CT
Neighborhood Housing Services	333 Sherman Avenue, New Haven, CT 06511	Housing Assistance, Renovation, Construction	https://nhsofnewhaven.org

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
New Reach	269 Peck Street, New Haven, CT 06513	Housing Assistance	making homelessness rare, brief, onetime
North Haven Housing Authority	191 Pool Road, North Haven, CT 06473	Housing Assistance, Older Adults	Town of North Haven, CT 06473
West Haven Housing Authority	15 Glade Street, West Haven, CT 06516	Housing Assistance	Housing Authority | West Haven, CT
Youth Continuum	924 Grand Avenue, New Haven, CT 06511	Housing Assistance	https://youthcontinuum.org
Department of Social Services	50 Humphrey Street, New Haven CT 06513	SNAP, Medicaid, SAGA, Cash Assistance, Title 19	https://portal.ct.gov/dsshome/
New Haven Legal Assistance Association, Inc.	205 Orange Street, New Haven, CT 06510	Legal Assistance	The New Haven Legal Assistance Association
Project MORE	830 Grand Avenue, New Haven, CT 06511	Re-Entry Drop-In Services	Connecticut Programs | Project M.O.R.E.
UniteCT	505 Hudson Street, Hartford, CT 06106	Moving Assistance, Security Deposit Assistance	UniteCT Moving Assistance Program
Catholic Charities	290 Grand Avenue, New Haven, CT 06513	Immigration Legal Assistance	Catholic Charities Offices & Locations in CT | Catholic Charities Archdiocese of Hartford

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Elena's Light	58 Fountain Street, New Haven, CT 06515	Immigrant/Refugee Support- Women and Children	Home - Elena's Light
Integrated Refugee and Immigrant Services (IRIS)	235 Nicoll Street, New Haven, CT 06511	Child & Family Services, Employment Assistance, Immigration Legal Services, Education, Food Pantry	IRIS-Integrated Refugee & Immigrant Services
Junta for Progressive Action	169 Grand Avenue, New Haven, CT 06513	Legal Assistance, Child & Family Services, Immigration Services	https://www.juntainc.org
Center for Disability Rights (Center for Independent Living)	369 Highland Street, West Haven, CT 06516	Deaf Services, Youth Services, Support Groups, Assistive Technology	Center for Disability Rights | Removal of Barriers, Inclusion of People
Agency on Aging of South Central Connecticut	117 Washington Avenue, North Haven, CT 06473	Older Adults, Food, Transportation, Volunteering, Financial Assistance, Caregiving	Agency on Aging of South Central Connecticut
Atwater Senior Center	26 Atwater Street, New Haven, CT 06513	Older Adults, Food, Recreation	203-946-8550
Bridges Inc-Connecticut Senior Engagement Program (DMHAS Region 2)	949 Bridgeport Avenue, Milford, CT 06460	Older Adults, Assessment, Case Management, Support Groups, Counseling	Senior Outreach and Engagement

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Canoe Brook Senior Center	46 Church Street, Branford, CT 06405	Older Adults, Food, Recreation, Transportation, Trips, Clubs and Special Interests Groups	Canoe Brook Center	Town of Branford, CT
Dixwell/Newhallville Senior Center	255 Goffe Street, New Haven, CT 06511	Older Adults, Food, Recreation	203-946-8541
East Haven Senior Center	91 Taylor Avenue, New Haven, CT 06515	Older Adults, Food, Recreation	203-468-3277
East Shore Senior Center	411 Townsend Avenue, New Haven, CT 06512	Older Adults, Food, Recreation	204-946-8544
Guilford Senior Center	32 Church Street, Guilford, CT 06437	Older Adults, Food, Recreation, Transportation, Trips, Clubs and Special Interests Groups	Seniors
Interfaith Volunteer Caregivers	1253 Whitney Avenue, Hamden, CT 06517	Older Adults, Food, Transportation, Volunteering	https://www.carenewhaven.org
Madison Senior Department	29 Bradley Road, Madison, CT 06443	Older Adults, Food, Recreation, Transportation, Trips, Clubs and Special Interests Groups	Senior Services	Madison, CT
Miller Senior Center	2901 Dixwell Avenue, Hamden, CT 06518	Older Adults, Entertainment, Support Programs, Fitness Classes, Recreation	Senior Services	Hamden, CT

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
North Branford Senior Center	1332 Middletown Avenue, Northford, CT 06472	Older Adults, Food, Recreation, Transportation, Trips, Clubs and Special Interests Groups	North Branford Parks and Recreation & Senior Center: Online Registration by MyRec.com Recreation Management Software
North Haven Senior Center	189 Pool Road, North Haven, CT 06473	Older Adults, Food, Recreation, Transportation, Volunteer Opportunities, Support Services	Town of North Haven, CT 06473
Orange Senior Center	525 Orange Center Road, Orange, CT 06477	Older Adults, Food, Recreation, Transportation, Volunteer Opportunities, Trips, Support Services	Orange Senior Center | Orange, CT
Orchard House Medical Adult Day Center	421 Shore Drive, Branford, CT 06405	Older Adults, Nursing, Nutrition, Transportation, Trips, Recreation, Socialization, Caregiver Support	Orchard House Adult Day Care Center | Adult Day Care | 421 Shore Drive, Branford, CT 06405, USA
West Haven Senior Center	201 Noble Street, Ste 1, West Haven, CT 06516	Older Adults, Food, Recreation, Transportation, Trips, Support Services	Senior Center | West Haven, CT
Woodbridge Senior Center	4 Meetinghouse Lane, Woodbridge, CT 06525	Older Adults, Food, Recreation, Transportation, Trips, Support Services	The Woodbridge Center | Woodbridge, CT
APNH: A Place to Nourish Your Health	1302 Chapel Street, New Haven, CT 06511	Sexual Health Screenings, Case Management, Food Pantry, Support Groups	https://apnh.org

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
New Haven Pride Center	50 Orange Street, New Haven, CT 06511	LGBTQ+ Programming, Services, Advocacy	https://www.newhavenpridecenter.org
Hope Family Justice Center	142 Temple Street, Suite 301, New Haven, CT 06510	Domestic Violence and Victim Support	Hope Family Justice Center | BHcare
Love 146	132 Temple Street, Ste 2A, New Haven, CT 06510	Child Trafficking Prevention, Victim Support	Love146 - Ending Child Trafficking and Exploitation
2-1-1 Connecticut	55 Capital Boulevard, Rocky Hill, CT 06067	Resource Navigation	2-1-1 Connecticut
Get Connected New Haven	N/A	Resource Navigation	https://www.getconnectednewhaven.com
Hamden/North Haven YMCA	60 Putnam Avenue, Hamden, CT 06517	Recreational Center	Hamden/North Haven YMCA | Central Connecticut Coast YMCA Central Connecticut Coast YMCA
New Haven YMCA Youth Center	50 Howe Street, New Haven, CT 06511	Recreational Center	New Haven YMCA Youth Center | Central Connecticut Coast YMCA Central Connecticut Coast YMCA
Soundview YMCA	628 East Main Street, Branford, CT 06405	Recreational Center	Soundview Family YMCA | Central Connecticut Coast YMCA Central Connecticut Coast YMCA

Name of Resource / Facility	Address	Sub-Sector / Services Provided	Contact Information (Website or Phone #)
Greater New Haven Transit	840 Sherman Avenue, Hamden, CT 06514	Transportation	Greater New Haven Transit District
M7 Ride	65 Industry Drive, West Haven, CT 06516	Transportation	M7 | Largest Taxi Company In Connecticut, Greater New Haven, Bridgeport & Hartford
Mary Wade Transportation	118 Clinton Avenue, New Haven, CT 06513	Transportation	Medical Transportation for Seniors in New Haven, CT | Mary Wade
MTM Medical Transportation	11 Woodbine Street, Hamden, CT 06517	Non-Emergency Medical Transportation	Home | MTM, Inc. - MTM, Inc.
CfAL For Digital Inclusion	5 Science Park, Suite 2C, New Haven, CT 06511	Computer Literacy Classes, Technology Help, Youth Programs	CfAL For Digital Inclusion
New Haven Free Public Library	133 Elm Street, New Haven, CT 06510 (Main Branch)	Social Work Resource Navigation, Resume/Employment Workshops, Literacy and English as a Second Language Supports, Entrepreneurial Supports	NHFPL | New Haven Free Public Library
Social Security Disability Income	150 Court Street, New Haven, CT 06510	Federal Benefits	Field Office Locator | SSA

Appendix G: DataHaven Survey

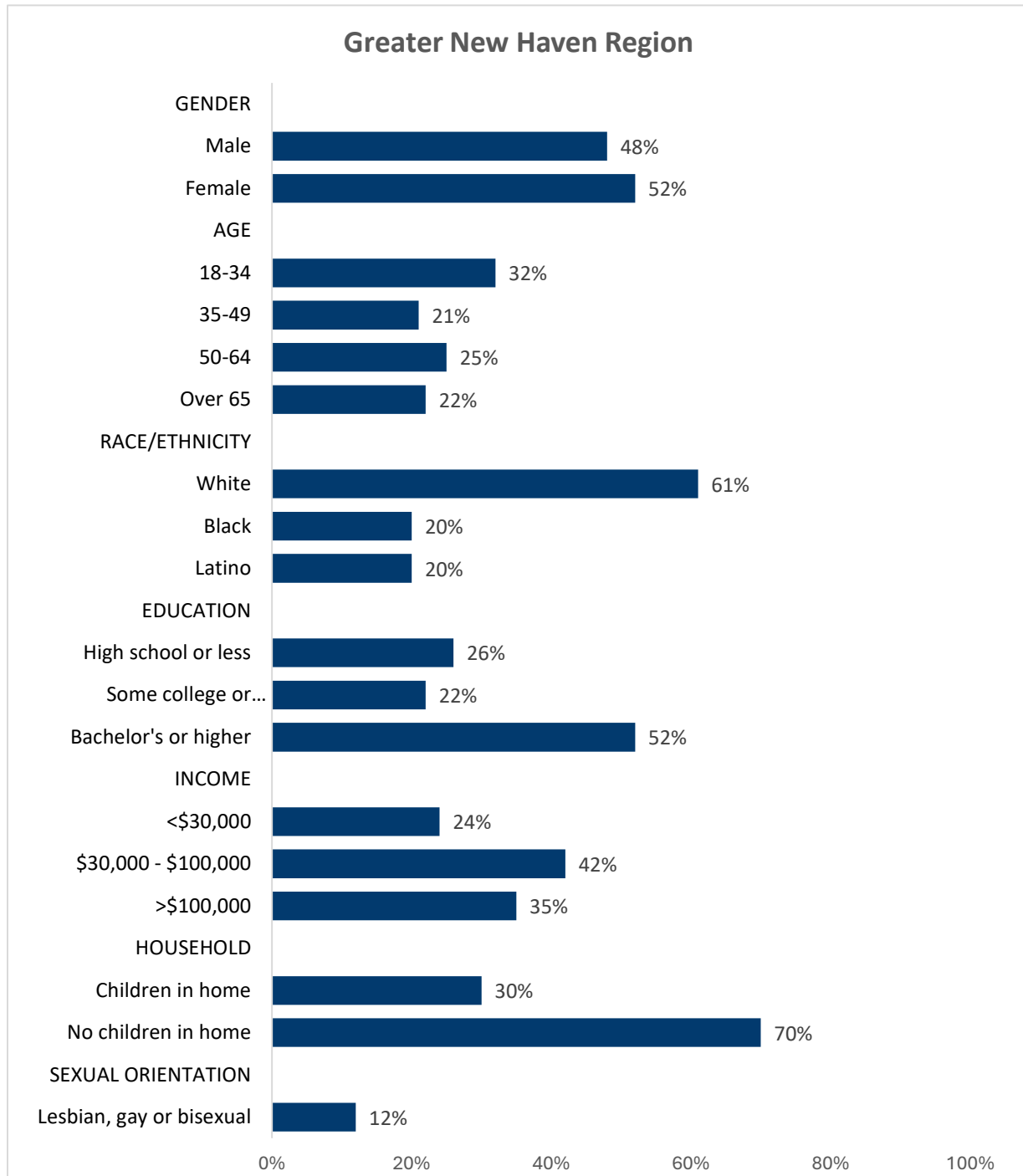Additional information and data can be found online at the CT DataHaven website: www.ctdatahaven.org

DataHaven Community Wellbeing Survey (DCWS)

The DataHaven Community Wellbeing Survey (DCWS) assesses issues such as quality of life, health, employment, and neighborhood resources. The DCWS uses probability sampling to create highly-reliable local information that is not available from any other public data source. The DCWS traces its origins to a series of locally-based efforts conducted over the past two decades to gather information about well-being in Connecticut neighborhoods. With guidance from an Advisory Council of 300 public and private organizations, DataHaven created a unified statewide survey shared by all cities and towns in the state.

In the Greater New Haven region in 2024, DataHaven conducted in-depth interviews with 1,062 randomly-selected adults on the DCWS.

DCWS Respondent Demographics

Greater New Haven Region

GENDER

Male — 48%
Female — 52%

AGE

18-34 — 32%
35-49 — 21%
50-64 — 25%
Over 65 — 22%

RACE/ETHNICITY

White — 61%
Black — 20%
Latino — 20%

EDUCATION

High school or less — 26%
Some college or… — 22%
Bachelor's or higher — 52%

INCOME

<$30,000 — 24%
$30,000 - $100,000 — 42%
>$100,000 — 35%

HOUSEHOLD

Children in home — 30%
No children in home — 70%

SEXUAL ORIENTATION

Lesbian, gay or bisexual — 12%

Appendix H: Key Informant Interview Guide

Introductory Questions

1. Please tell me a little about yourself and how you interact with the local community (i.e., what does your organization do?)

2. When you think of good things about living and/or working in the community, what are the first things that come to mind?

3. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind?

Access to Care and Delivery of Services

4. What, if any, health care services are difficult to find and/or access? And why?

5. What are some health-related resources available in the community that are working well and why?

Behavioral Health

6. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why?

7. What behavioral-health resources are available in the community?

8. What types of stigma, if any, are around seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

9. Do you think people in the community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?

10. How can we improve the overall health of our community?

11. Would you say health care services are equally available to everyone in the community regardless of gender, race, age, or socioeconomics? What populations are especially vulnerable and/or underserved in your community?

12. What barriers to services exist, if any?

13. Do community health care providers care for patients in a culturally sensitive manner?

14. What would you say are the two or three most urgent needs for the most vulnerable?

Social Determinants, Neighborhood & Physical Environment

15. From your perspective what are the top three non-health-related needs in the community and why?

16. What are the top three non-health related assets and why?

Enhancing Outreach & Disseminating Information

17. How do individuals generally learn about access to and availability of services in the area?

18. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

19. From your perspective what are the 2 -3 most important health issues/concerns in the community?

20. Based on the health issues you selected/identified… if you had a Magic Wand that you personally could improve the health of the community, what interventions or resources (programs, services etc.) would you implement?

Appendix I: Focus Group Guide

Introductory Questions

1. To start, please briefly introduce yourself and share something you like about your community.

2. What is your definition of "community?"

3. What does a "healthy" community look like to you?

4. What are the two or three most important health needs in your community?

Access to Care and Delivery of Services

5. What services and resources for becoming and staying healthy are difficult to find or missing? What services and resources are difficult to access? Why?

6. How do most people learn about services in your community?

7. What health resources or services are easier to find? Why?

Social Determinants, Neighborhood & Physical Environment

8. What are the top three social or environmental health needs or challenges in the community? Why?

9. What resources and services are available and/or missing in your community to help people with [needs or challenges identified in Question 8]?

Health Equity and Vulnerable Populations

10. What populations in your community experience more challenges than others? PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities, people with lower income, rural vs. urban, etc.

11. What are the two or three biggest needs or challenges faced by these groups/your group?

12. What health or social services are not equally available to everyone in your community regardless of gender, race, age, income, or ability? Why?

Protective and Risk Factors

13. Are there factors or lifestyle choices that help people stay healthier and happier? What are they? In your community, what factors or lifestyle choices help people stay healthier and happier?

14. What factors or lifestyle choices contribute the most to the health problems people in your community face?

Magic Wand

15. If you had all the money and resources in the world and could do any one thing to make your community healthier, what would it be?