

2022
Community Health
Needs Assessment
Greater Bridgeport

YaleNewHavenHealth
Bridgeport Hospital



PREPARED BY COMMUNITY RESEARCH CONSULTING, LLC

About the 2022 CHNA and Partners

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



The 2022 CHNA was conducted in collaboration with the Health Improvement Alliance, a coalition of community based organizations that serve the Greater Bridgeport region of Connecticut and are committed to broad collaboration and meaningful community engagement to improve the health and wellbeing of residents across Greater Bridgeport. A list of the member organizations is included on page 41.

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

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

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

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

Our CHNA research included:



Analysis of Health and Socioeconomic Data

Public health statistics, demographic and social measures, and healthcare utilization data were collected and analyzed to develop a comprehensive community profile.



Community Survey of Lived Experiences

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



Key Informant Survey and Interviews

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



Input on Priority Health Needs from Community Representatives

We asked residents from diverse communities what they saw as priority health needs, and how those issues impact their day-to-day lives.



Input from Experts and Key Stakeholders

Health and social service providers, public health experts, and representatives from a wide range of community-based organizations participated in the CHNA to guide the process and provide their expertise on community health needs.



YaleNewHavenHealth

Bridgeport Hospital

Creating a world of difference in the healthcare we provide today and our support of the community.

About Bridgeport Hospital

Bridgeport Hospital is a non-profit 501-bed acute care hospital and a member of Yale New Haven Health. With campuses in Bridgeport and Milford we have been serving the region with compassionate, high quality care for 140 years. Serving patients from across the region, Bridgeport Hospital admits more than 23,000 patients and provides nearly 350,000 outpatient treatments annually. The Connecticut Burn Center at Bridgeport Hospital is the only burn center in the state and one of only 64 verified burn centers in the United States.

Continuing our investment in long-term community health improvement, every year, we sponsor, develop, and participate in a wide array of community-based programs and services focused in five community benefit areas: guaranteeing access to care; advancing careers in healthcare; promoting health and wellness; building stronger neighborhoods; and creating healthier communities.

Anchored to our community

As large non-profit organizations and major employers, our Yale New Haven Health hospitals are “anchors” in their communities. We are committed to improving the long-term health and wellbeing of all residents, and we understand the impact of social and economic factors on health.

Our Anchor Mission includes a multi-pronged approach to align our everyday business activities in a way that improves living conditions and health equity in our community. We work together with our communities and like-minded organizations.

Yale New Haven Health Anchor Strategy

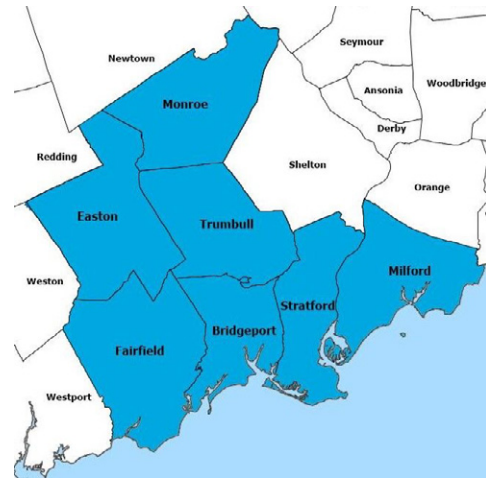
Pillar	Goal
 Local, diverse purchasing	Increase purchasing from local and women and minority-owned businesses
 Local, inclusive hiring	Increase hiring from underserved communities and support career growth of frontline workers
 Impact investing	Invest in our local communities to improve the social determinants of health (e.g., housing, food, education, health)
 Local volunteering	Harness the volunteer power of employees to improve the social determinants of health in our communities
 Sustainability	Implement a healthcare sustainability program to improve the health of our communities

A profile of the health and social factors that impact health and wellbeing in the Greater Bridgeport Community.

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

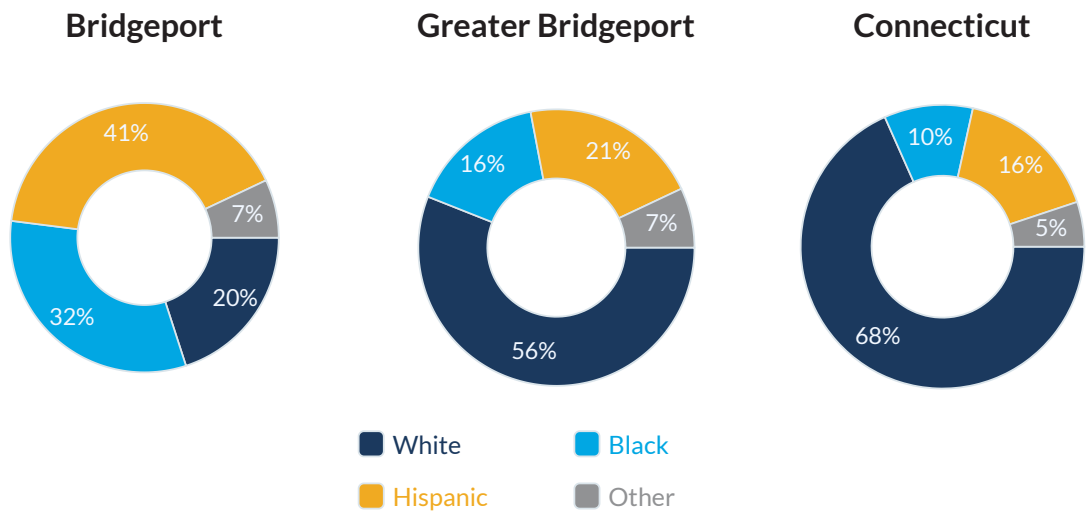
Greater Bridgeport Area of Connecticut consists of the towns of:

Town	Life Expectancy in Years
Bridgeport	77.6
Easton	83.4
Fairfield	82.3
Milford	80.1
Monroe	81.6
Stratford	79.6
Trumbull	82.4

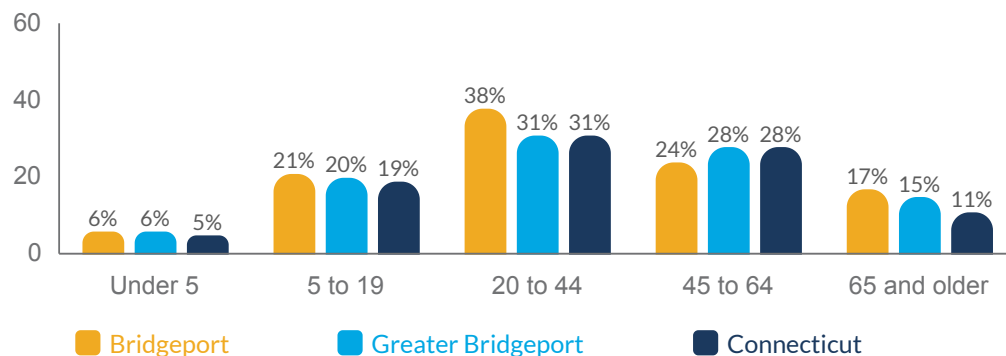


Total Population
376,892

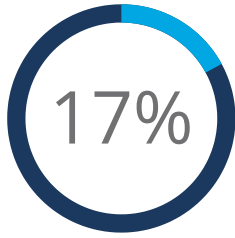
Population by Race and Ethnicity



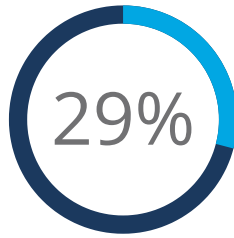
Percentages of Population by Age Groups



Food Insecurity



Received food from emergency services during COVID-19 Pandemic



Low availability of affordable high-quality fruits and vegetables



Housing



Renters cost-burdened household
58%



Home ownership
59%

Economic Stability

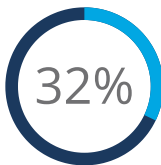


11.5% People below poverty level



15%

No reliable transportation



Financially difficult or just getting by

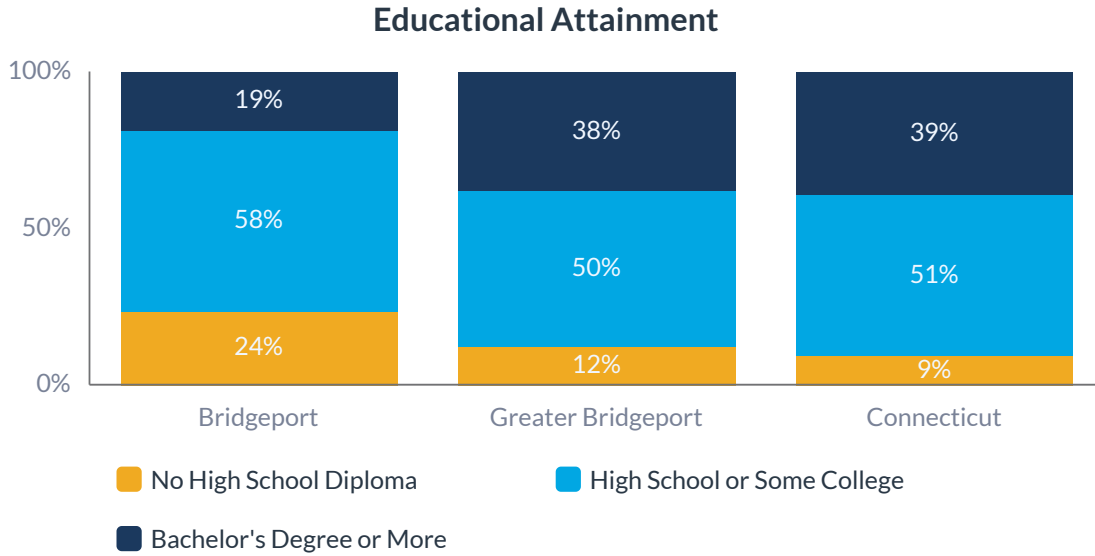


Still be in debt if sold all major possessions and turned them into cash to pay off debts

Town	Median Household Income \$
Easton	157,448
Fairfield	139,122
Trumbull	122,451
Monroe	118,669
Milford	91,799
Stratford	79,430
Connecticut	78,444
Bridgeport	46,662

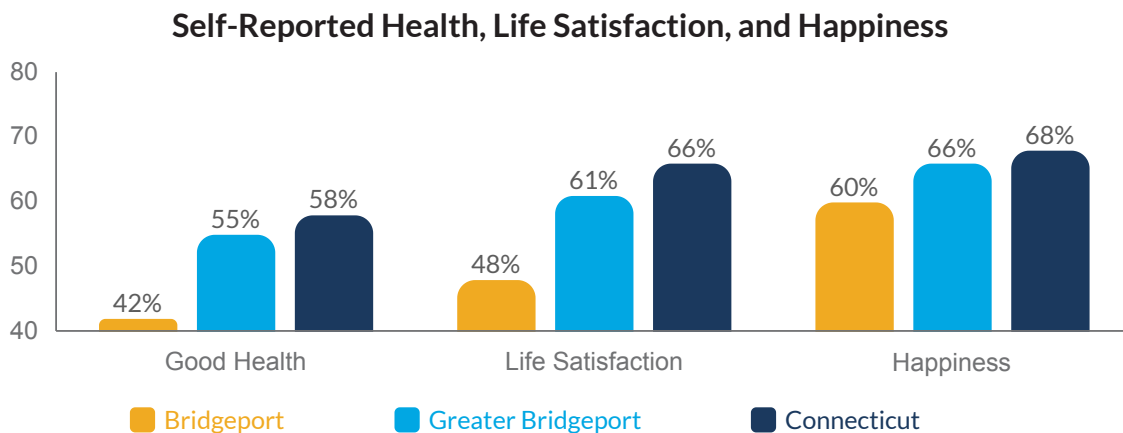
A profile of the health and social factors that impact health and wellbeing in the Greater Bridgeport Community.

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

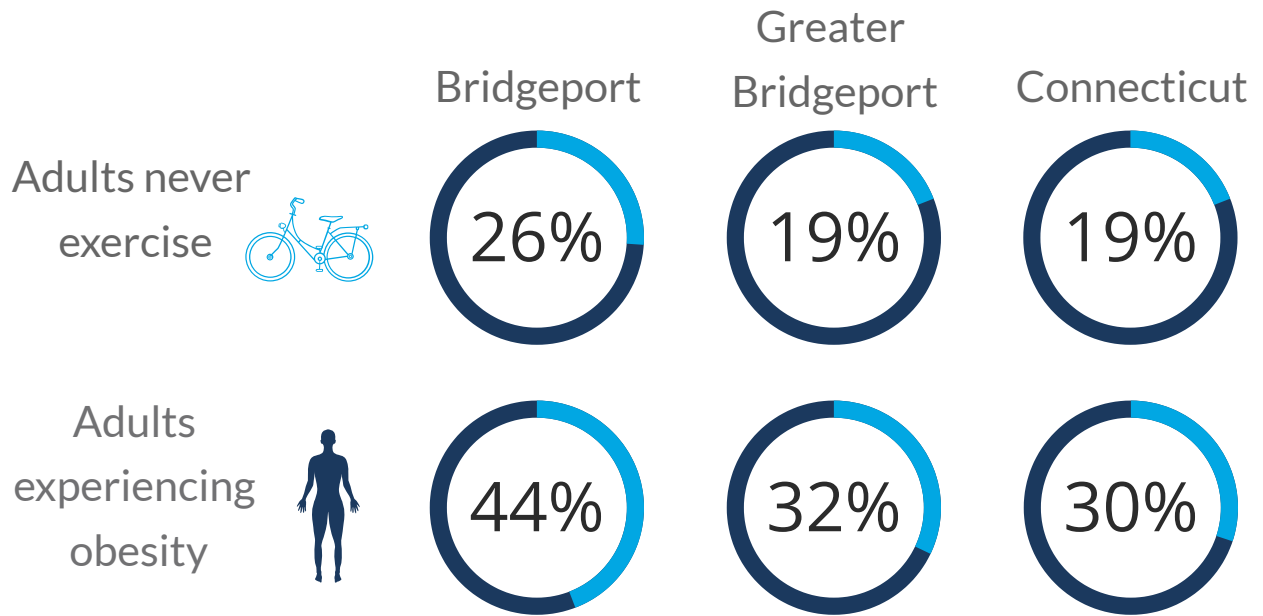


COMMUNITY WELLBEING

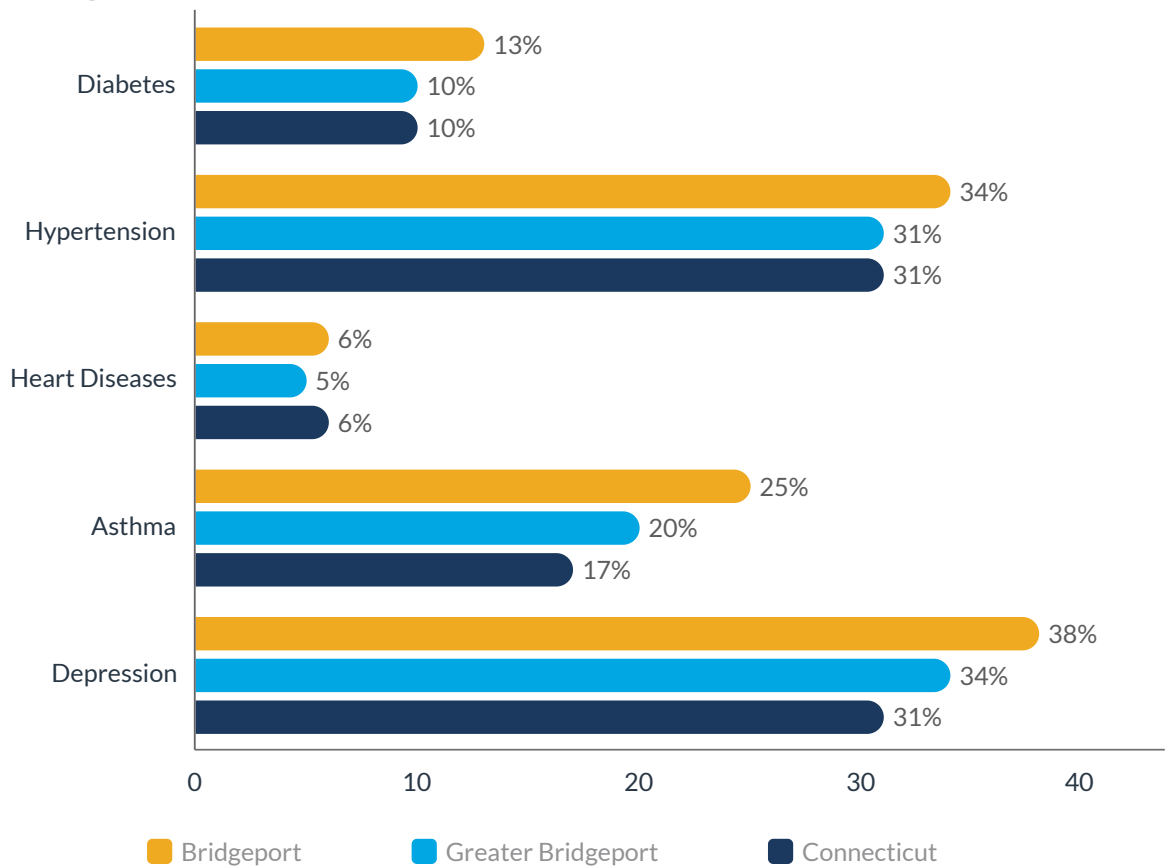
Community Perspective of Living in Greater Bridgeport



Health Risk Factors



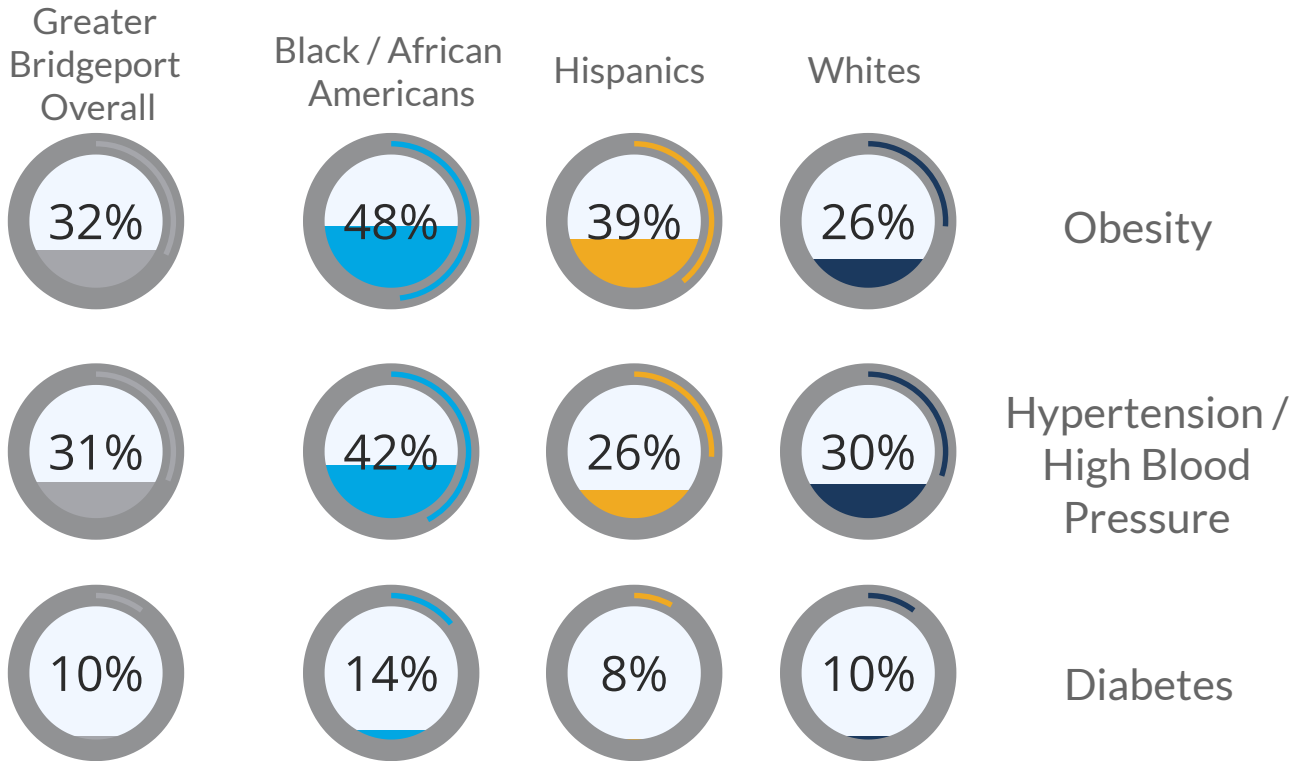
Self-Reported Chronic Diseases



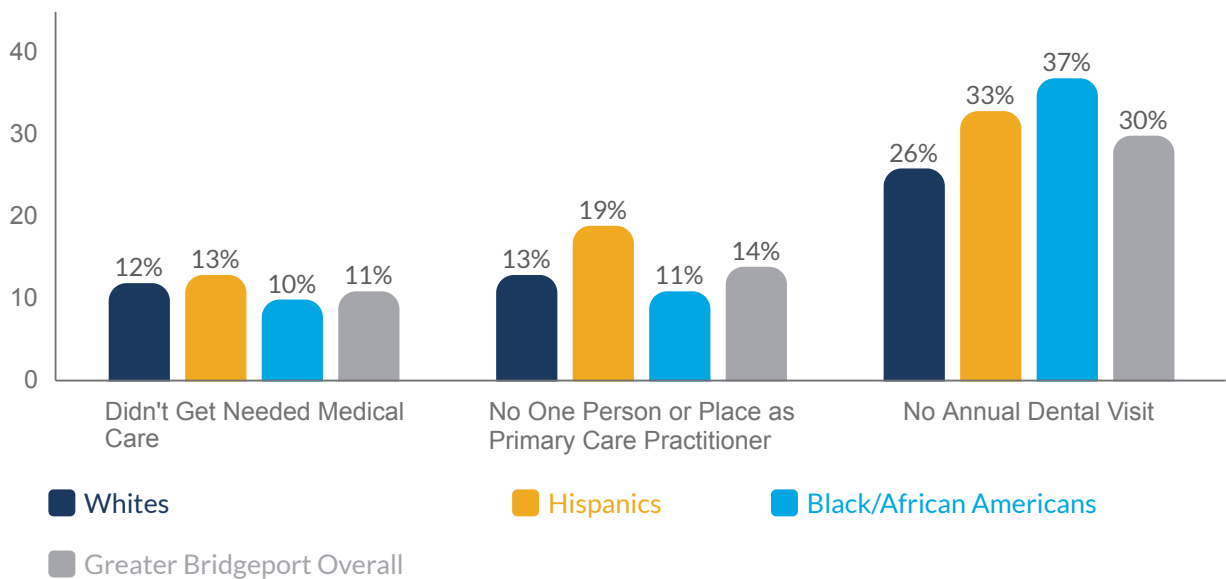
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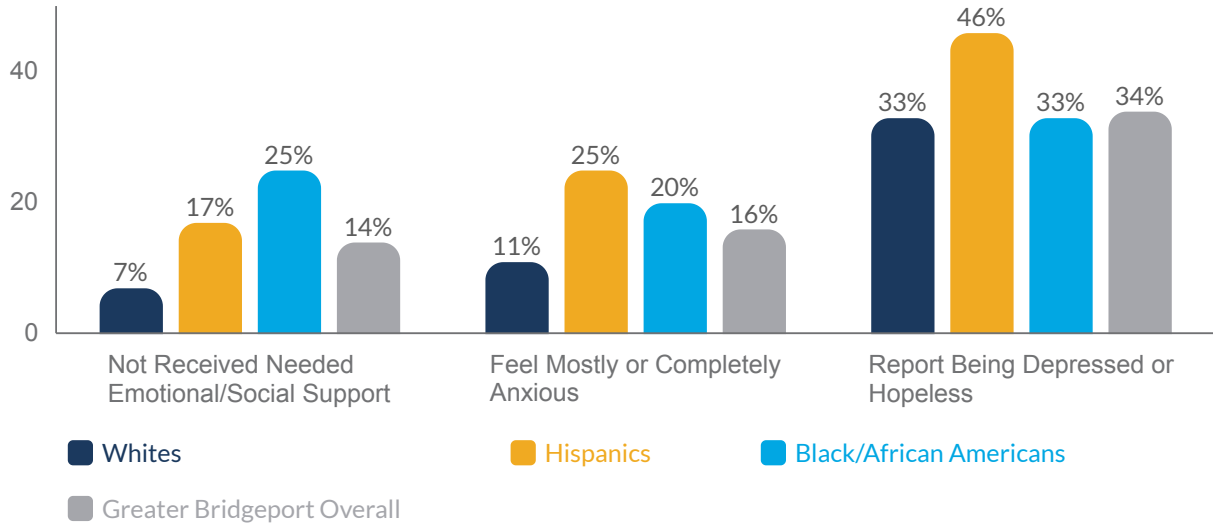
Healthy Lifestyle



Access to Care



Behavioral Health



Drug Overdose
Death Rate Per
100,000 People



46.0

Bridgeport

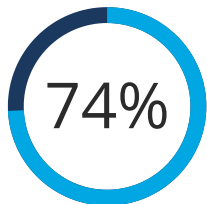
31.6

Greater
Bridgeport

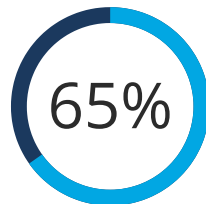
35.2

Connecticut

Child Wellbeing



Pregnant
women accessing
prenatal care in
the 1st trimester



Adults reporting
they think their
neighborhood is a
good place to raise
children

27.2%



Percentage of
infants and
toddlers enrolled
in high quality
early care and
education

A closer look at the factors that influence health in our community.

Social Drivers of Health

Social drivers of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.¹

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

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

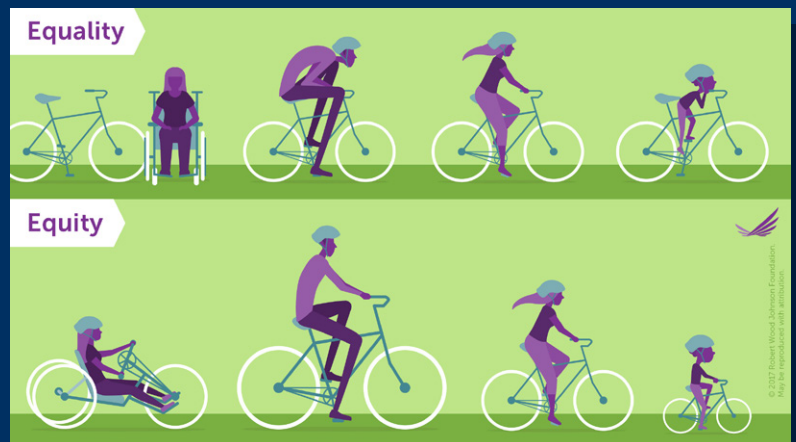
¹ World Health Organization who.int



What is Health Equity?

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

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



Socioeconomic and Health Disparities by Race and Ethnicity

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

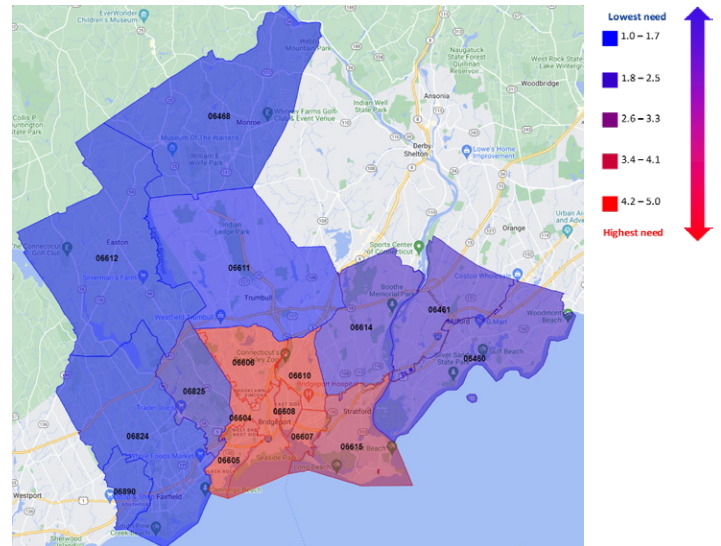
Using tools like the Community Needs Index ² (right), supports place-based investments in people and neighborhoods to reduce disparities and advance health equity.

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

² Developed by Dignity Health and IBM Watson Health™ cni.dignityhealth.org

The Community Needs Index (CNI)

The CNI Score shows highest socioeconomic needs among zip codes within and near the city of Bridgeport.



Diversity enriches communities.

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

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



Healthcare Access and Quality

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

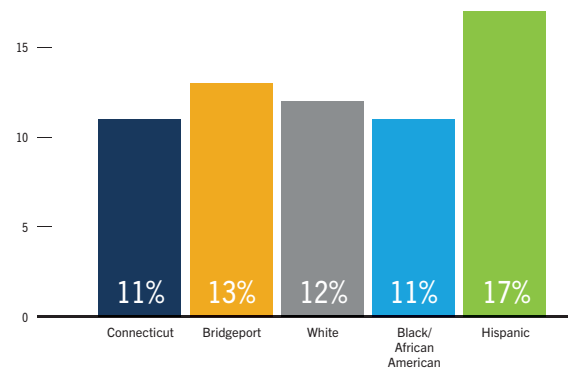
As shown in the Provider Availability chart below, the Greater Bridgeport community is generally well served by healthcare providers, but not all residents are benefiting from these resources. In the Greater Bridgeport community, Hispanic residents are most likely to report not receiving care when they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

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

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

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

Source: DataHaven Community Wellbeing Survey 2021



Provider Availability (Rate of providers per 100,000 population)			
Location	2018 Primary Care Provider Availability	2019 Dental Provider Availability	Hispanic
Fairfield County	93.1	95.3	317.0
Connecticut	84.5	87.8	413.3
US	75.8	71.4	263.2

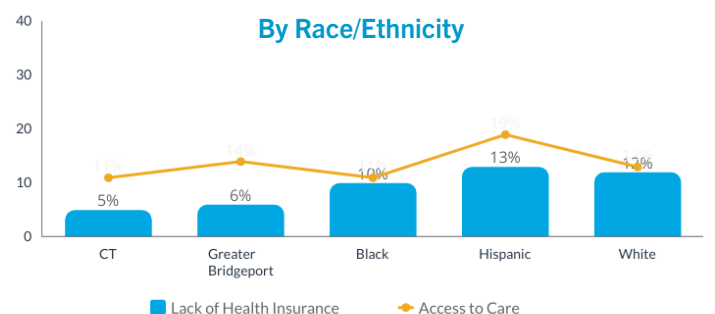
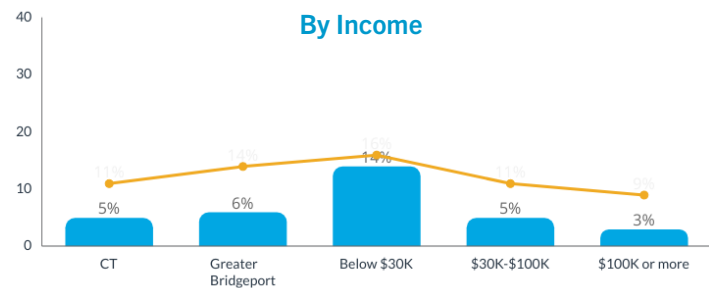
Source: Health Resources and Services Administration and Centers for Medicare and Medicaid Services

% Uninsured			
Location	White	Black	Hispanic
Greater Bridgeport	5.4%	7.2%	15.9%
Fairfield County	6.6%	9.7%	21.4%
Connecticut	4.2%	6.8%	13.3%
US	7.9%	10.1%	18.2%

Source: American Community Survey 2015-2019

Lack of Health Insurance vs. Access to Care (didn't get needed healthcare)

Source: DataHaven Community Wellbeing Survey 2021



COVID-19 Impact in Our Community

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

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

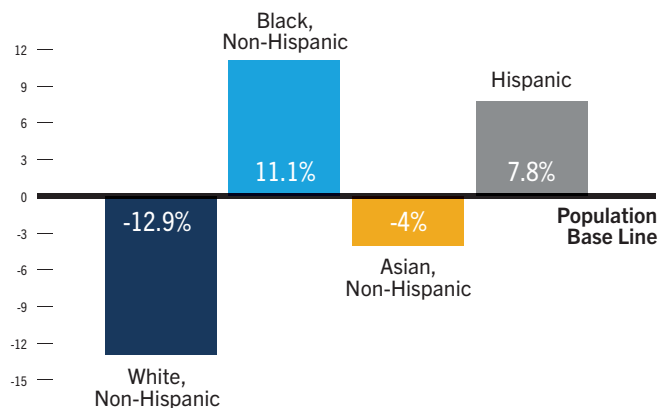
COVID-19 did not impact all people equally. The graph below shows that Hispanic, Black/African American, Indigenous, and other People of Color (BIPOC) experienced disproportionately higher deaths due to COVID-19 relative to their overall population distribution. That means even though more White people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

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

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

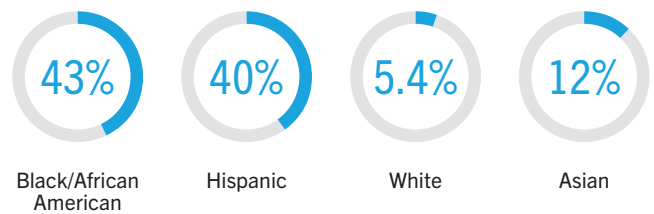
2019-2022 Population Distributed COVID-19 Deaths by Race, Ethnicity in Connecticut

Source: Centers for Disease Control and Prevention



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

Source: Sergo Ventures, [https:// www.precisionforcoviddata.org](https://www.precisionforcoviddata.org)





Economic Stability

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

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

Key measures of economic stability are:

- + Home ownership
- + Housing cost burden
- + Food security

Meet ALICE (Asset Limited, Income Constrained, Employed)

The ALICE Index represents the working poor, based on local cost of living. ALICE households have income above the poverty level, but not enough to meet all their basic needs.



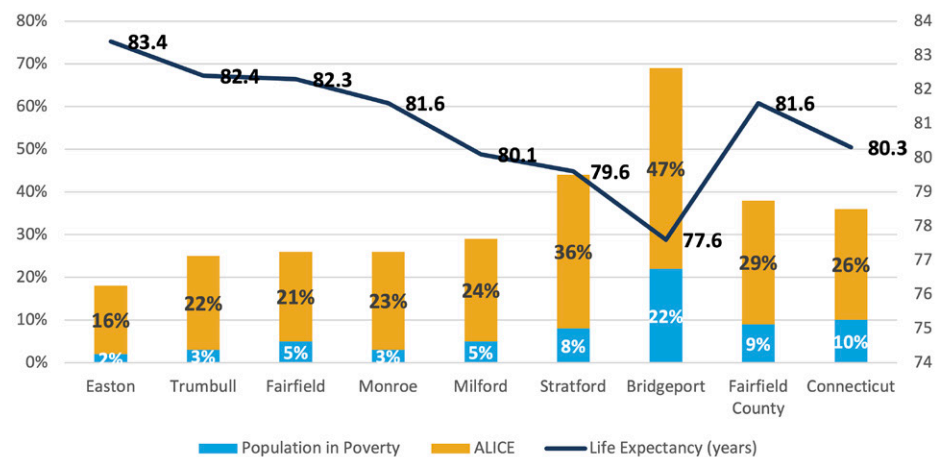
United for ALICE is a United Way initiative to drive innovation, research, and action to impact life across the country for ALICE and all.

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

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

Percent of Population Below 100% Poverty, ALICE Households and Life Expectancy by Geography

Source: American Community Survey 2015-2019; United for ALICE

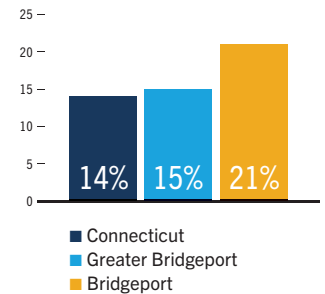
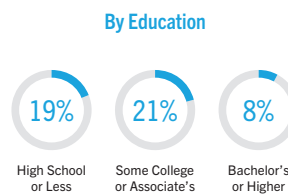
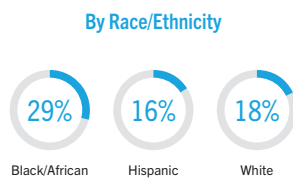
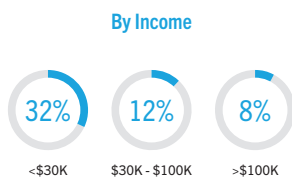




Survey respondents who perceived that they will “be in debt” if they were to sell all of their assets, and turned them into cash to pay off all of their debts.

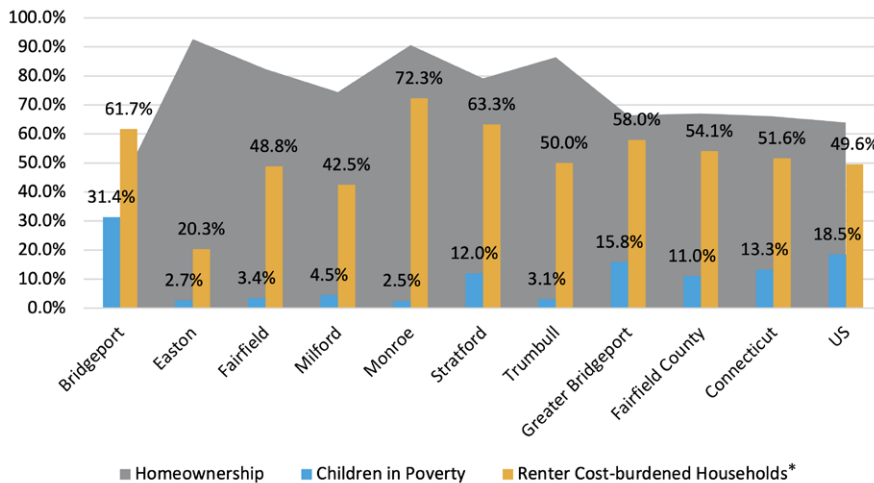
Source: DataHaven Community Wellbeing Survey 2021

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



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

Source: American Community Survey 2015-2019



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

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

*Cost-burdened is defined as spending 30% or more of income on housing.

Home Ownership, Housing Cost Burden

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

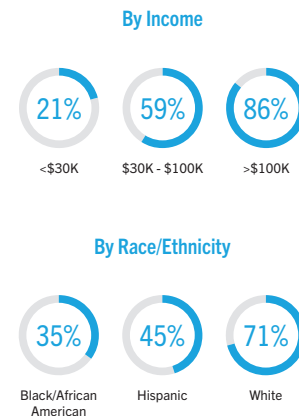
Practices like red-lining allowed, and enforced, community segregation and created economic inequities that can be seen today in disproportional homeownership among communities of color.

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



Survey respondents who stated that they own their own home.

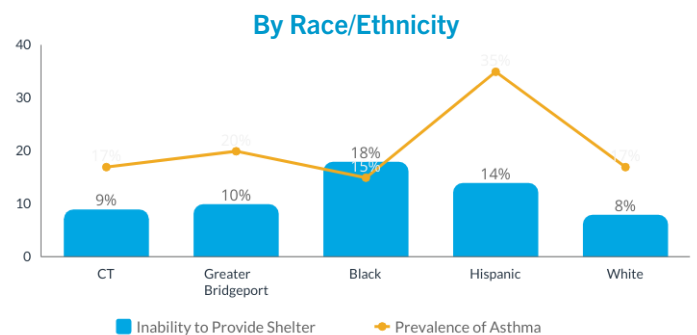
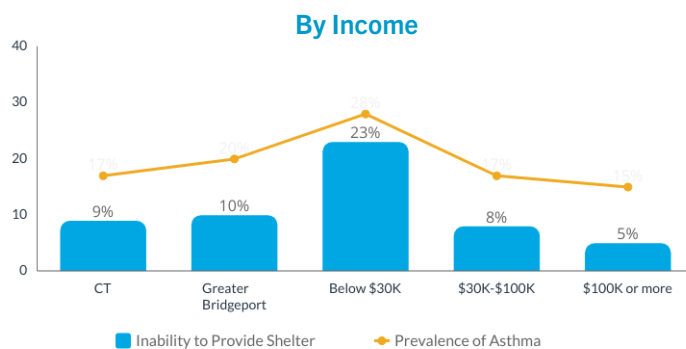
Source: DataHaven Community Wellbeing Survey 2021



Housing Insecurity vs. Prevalence of Asthma

Source: DataHaven Community Wellbeing Survey 2021

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



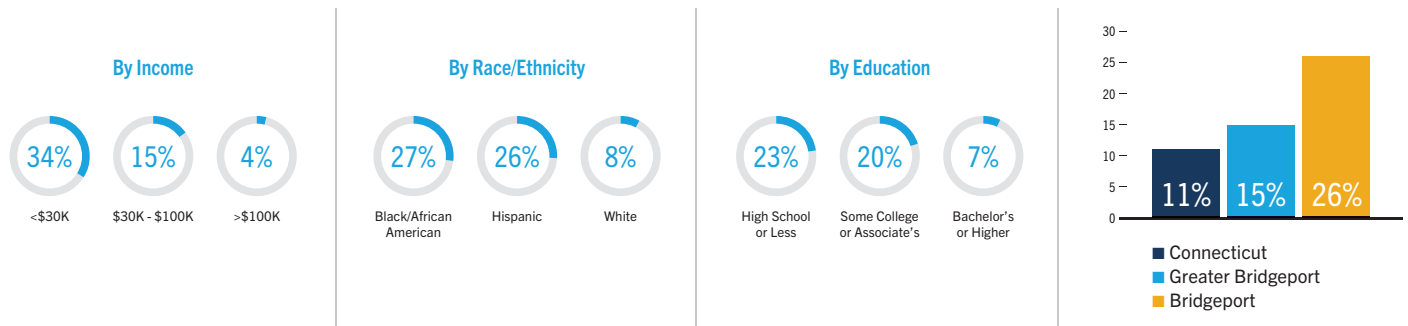
Food Security

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

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

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

Source: DataHaven Community Wellbeing Survey 2021



Food Insecurity vs. Diabetes

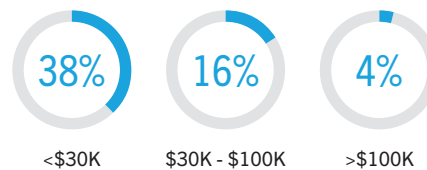
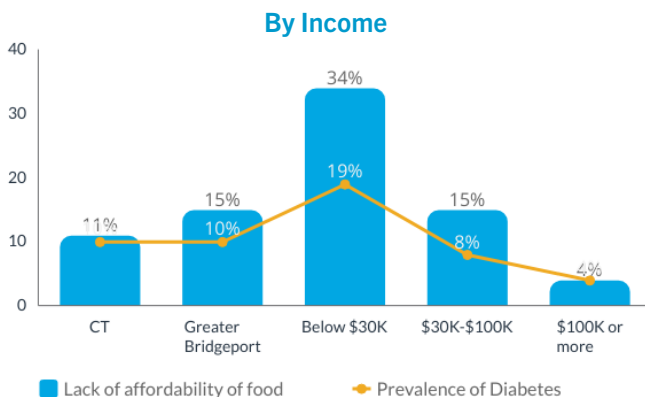
Source: DataHaven Community Wellbeing Survey 2021

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



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

Source: DataHaven Community Wellbeing Survey 2021





Neighborhood and Built Environment

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

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

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

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

The Digital Divide

Source: American Community Survey 2015-2019

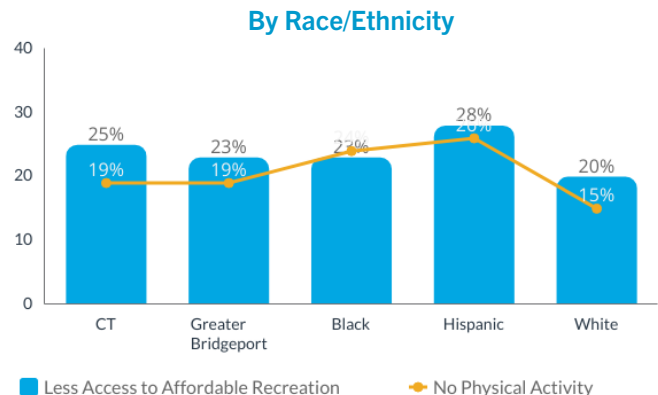
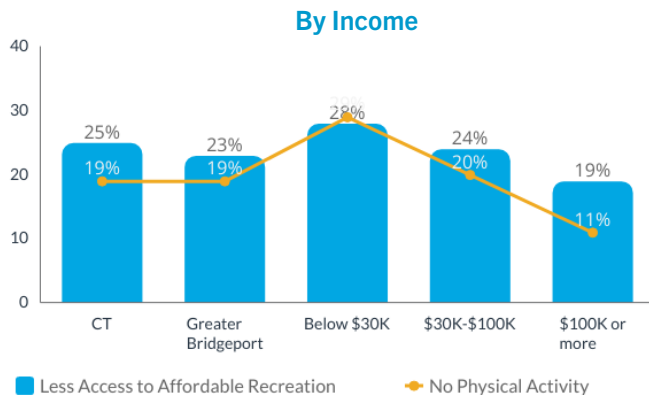
During COVID-19 we were able to use technology to bring services to people in their homes, but we need to bridge the wide digital divide within our communities to effectively reach all residents.

Internet Access by Location	Internet Subscription (any)	Broadband Subscription
Bridgeport (lowest)	79.0%	78.7%
Easton (highest)	95.7%	95.7%
Greater Bridgeport	85.2%	84.9%
Fairfield County	88.8%	88.5%
Connecticut	85.9%	85.5%
US	83.0%	82.7%

Built Environment vs. Physical Activity

Source: DataHaven Community Wellbeing Survey 2021

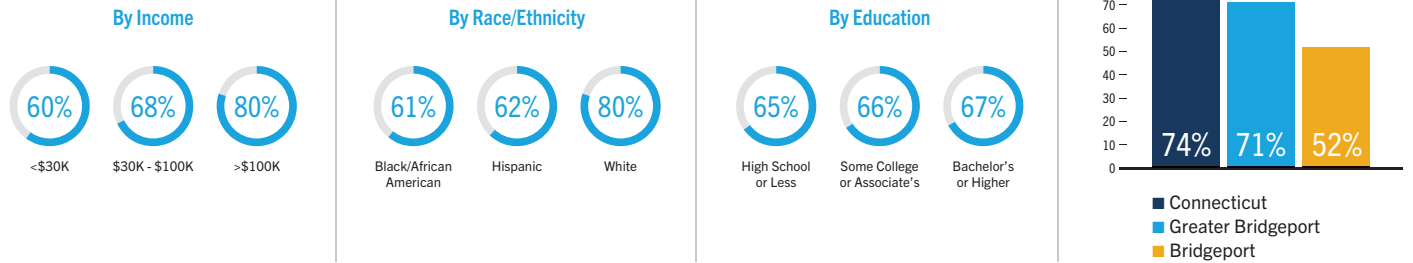
Households with higher income levels are more likely to have affordable recreation options and be more physically active. Hispanic and Black households have less access to available recreation options and report less physical activity than White households.





Survey respondents who perceived that the condition of public parks and other public recreational facilities was “good” or “excellent”

Source: DataHaven Community Wellbeing Survey 2021



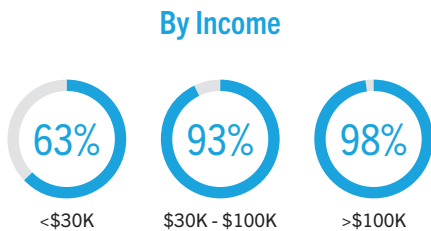
Survey respondents who stated that there have been times in the past 12 months when they stayed home when they needed to go someplace because they had no access to reliable transportation.

Source: DataHaven Community Wellbeing Survey 2021



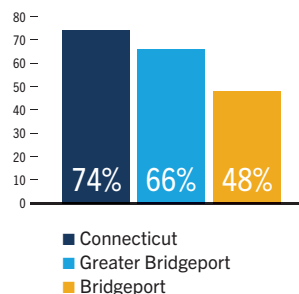
Survey respondents who stated that they “very often” or “fairly often” have access to a car when they need it

Source: DataHaven Community Wellbeing Survey 2021



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

Source: DataHaven Community Wellbeing Survey 2021





Education Access and Quality

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

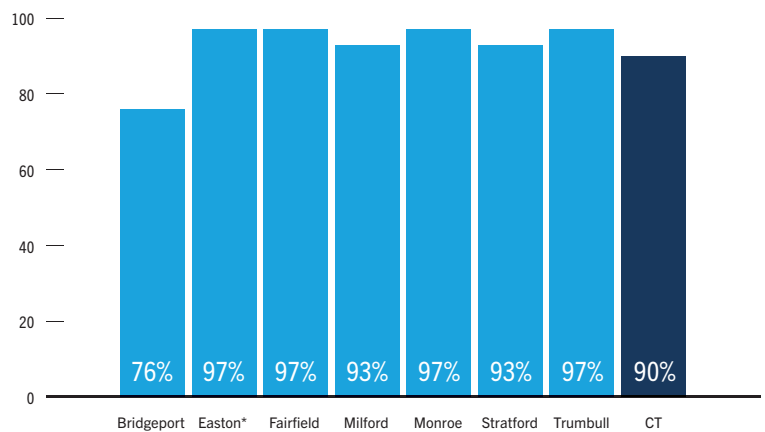
Throughout most of the Greater Bridgeport area, nearly all teens graduate from high school on time, exceeding the statewide average. However, recent graduation rates for the Bridgeport School District continue to be much lower than surrounding communities. This measure, combined with lower post-secondary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

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

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

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

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



Equity in Education

Availability of accessible, well-funded, and well-resourced public education opportunities and exposure to diverse employment pathways, such as in the healthcare and social services fields, increase the opportunity for upward mobility, economic security, and better health outcomes.

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

Source: American Community Survey 2015-2019

	White	Black	Hispanic	Asian	Two or more Races
Bridgeport	22.2%	17.5%	8.0%	42.6%	19.0%
Easton	63.9%	0.0%	55.7%	59.5%	95.8%
Fairfield	67.7%	40.7%	47.3%	62.6%	51.1%
Milford	41.6%	31.6%	46.8%	64.6%	49.4%
Monroe	49.5%	60.7%	23.4%	56.5%	38.9%
Stratford	34.6%	26.8%	20.4%	58.6%	36.0%
Trumbull	55.4%	47.5%	38.9%	67.6%	40.9%
Greater Bridgeport	44.1%	20.6%	14.3%	57.0%	28.6%
Fairfield County	53.1%	23.1%	18.6%	69.2%	37.1%
Connecticut	41.9%	21.3%	17.3%	65.8%	31.0%
US	33.5%	21.6%	16.4%	54.3%	31.9%



Social and Community Context

Diversity of race, language, culture, and perspective enriches communities.

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

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

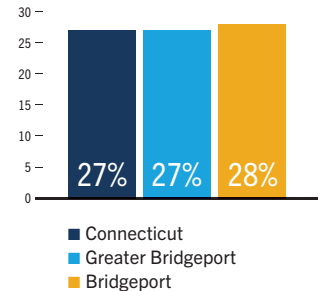
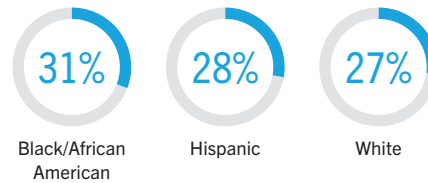
Across the Greater Bridgeport area, people identifying as Black/African American or Hispanic were more likely to feel they were treated with less respect than others when seeking healthcare, but residents of all races reported similar experiences of unfair treatment at work.

*Responses reflected any healthcare setting and are not specific to Bridgeport Hospital or Yale New Haven Health.



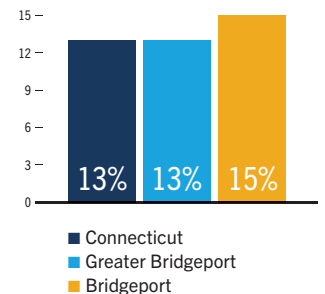
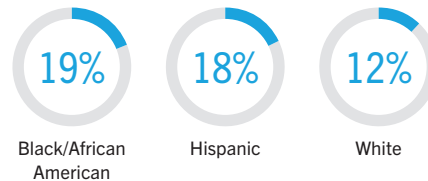
Survey respondents who perceived that at any time in their life, they have been unfairly fired, unfairly denied a promotion, or raise, or not hired for a job for unfair reasons.

Source: DataHaven Community Wellbeing Survey 2021



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

Source: DataHaven Community Wellbeing Survey 2021



Determining Priority Health Needs

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

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

The CHNA data and stakeholder input reinforced that the areas we've been focused on are still the most pressing needs in our community. Through community conversations, we asked how residents experience these issues in their day to day lives, and how we could do a better job helping them to live a healthier life.

Community Health Priorities:



Access to Care



Behavioral Health



Child Wellbeing



Healthy Living



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

What you told us:

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

How we will respond:

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

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



In your words

The top issues impacting our community are:

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

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



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

Top Requested Services* to 211 Referral System

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

*This list excludes requests for other healthcare services.



Access to Care

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

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

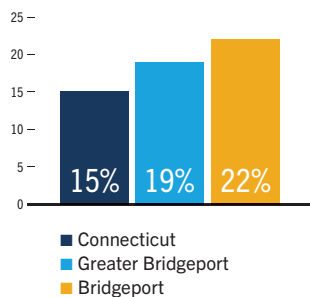
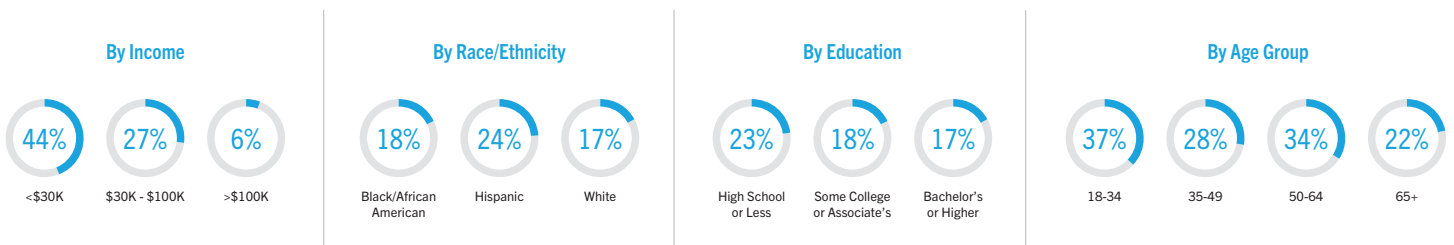
As health and social service providers we are doing this by bringing care to people in their neighborhoods through the use of community health workers and technology. We continue to provide free and low cost services regardless of ability to pay. We are working to better reflect the populations we serve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

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

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

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

Source: DataHaven Community Wellbeing Survey 2021



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

COVID-19 showed that we can achieve wide access to services across our community.

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



How we are improving access to care

- + We are working to identify and reduce barriers to healthcare by connecting patients to hospital and community-based support programs.
- + Bridgeport Hospital is creatively meeting the needs of our patients by increasing the ways people can access healthcare including community, home, and telehealth services. As a result of the pandemic, the importance of telehealth was made clear and we continue to expand this option for our patients to help them stay connected to their care.
- + In collaboration with Health Improvement Alliance partners, we work together to raise awareness of existing health services and deliver accurate health information into the hands of the community. Our pandemic response included creating a website with up-to-date information on COVID vaccines, testing, food assistance, and more.



Behavioral Health

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

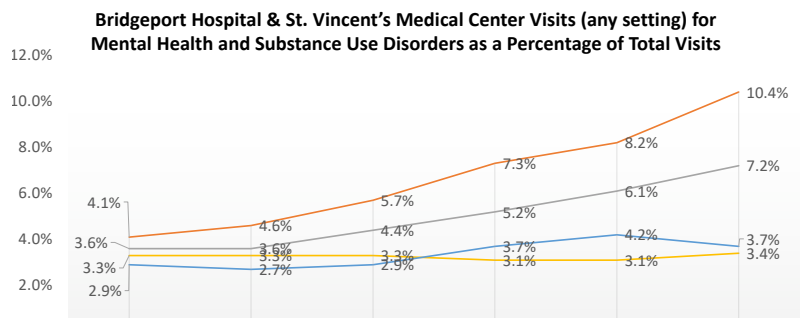
Referrals for mental health and addictions were the second most common request to the 211 referral system.

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

Mental Health and Substance Use Disorders as Percentage of Total Visits

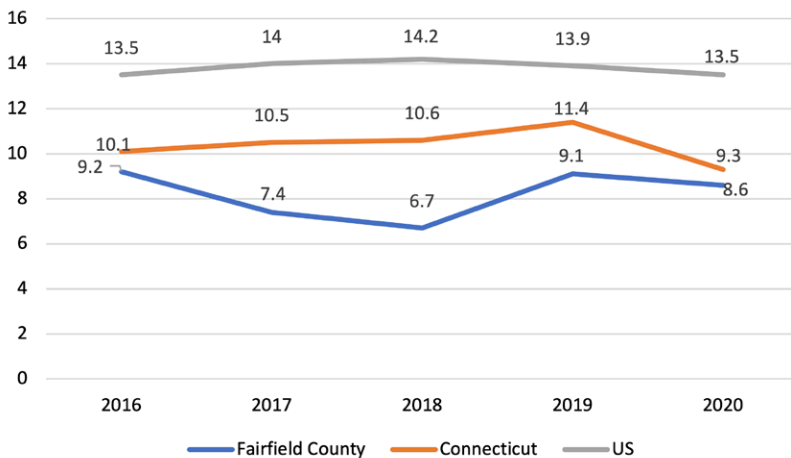
Source: Connecticut Hospital Association, CHIME

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



Suicide Death Rate Per Age-Adjusted 100,000

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



Overdose Death Rate per 100,000 (2020)

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

Greater Bridgeport	31.6
Bridgeport	46.0
Milford	35.0
Stratford	34.5
Fairfield	16.2
Trumbull	13.9
Monroe	10.2
Easton	N/A
Fairfield County	23.9
Connecticut	35.2

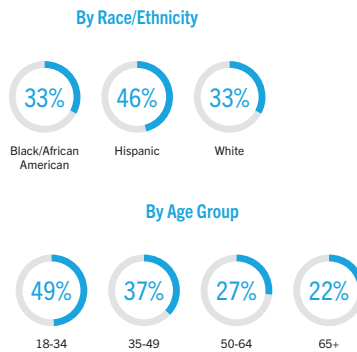
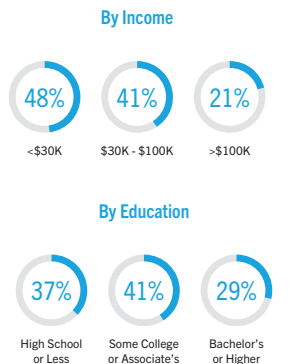
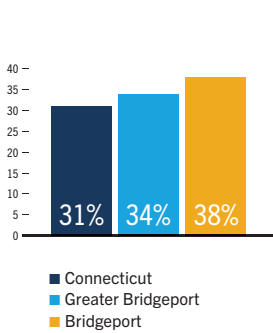
How we are responding to behavioral health needs

- + We serve on a variety of local violence prevention initiatives, building towards a safer community for all.
- + Alongside HIA partners, Bridgeport Hospital actively participates in weekly regional Community Care Team (CCT) meetings. The CCT works together to support the care of patients with chronic physical and mental health needs to reduce emergency department visits.



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

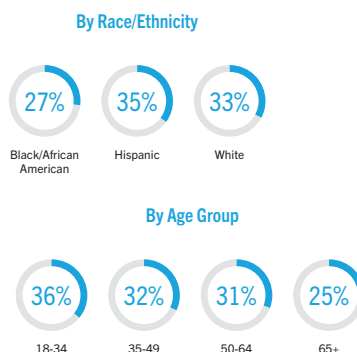
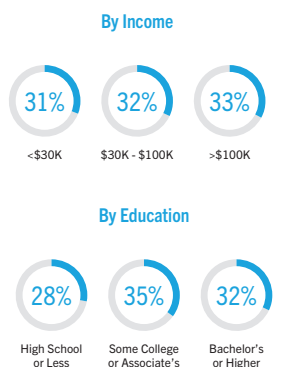
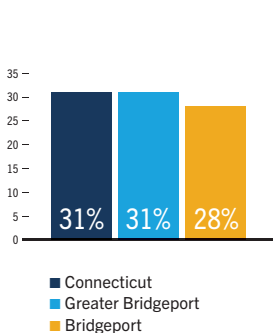
Source: DataHaven Community Wellbeing Survey 2021



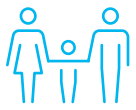
Many people throughout Greater Bridgeport experienced increased stress or trauma in their daily lives and since the onset of the COVID-19 pandemic. Nearly half of all adults ages 18-34 throughout the community reported feeling down for two weeks or longer.

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

Source: DataHaven Community Wellbeing Survey 2021



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



Child Wellbeing

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

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

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

How we are building resiliency among youth

- + Bridgeport Hospital offers children’s mental health services through our REACH program. The mission of REACH is to support and empower people to build a foundation where they can begin to reach their full potential.
- + We connect parents of newborns to resources for basic needs so they can focus on what matters most – spending time with their new babies. Bridgeport Hospital hosts an annual community baby shower, diaper drives, and provides access to infant care essentials for families in need.
- + The Child First program at Bridgeport Hospital provides home-based services to support healthy development of children and families in our community.
- + Recognizing a need for further supporting youth, HIA formed a child wellbeing task force in January 2021 with an overall goal aimed at promoting healthy child development.

The Pair of ACEs

Source: Centers for Disease Control and Prevention



Trauma, isolation, and lack of socialization during COVID-19 created environments that can have long lasting impact on youth.

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

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

	Feel Consistently Sad or Depressed	Attempted Suicide	E-cigarette Use (last 30 days)	Alcohol Use (last 30 days)	Marijuana Use (last 30 days)
Connecticut	30.6%	6.7%	27%	25.9%	21.7%
US	36.7%	8.9%	32.7%	29.1%	21.7%

Starting Out Strong

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

Infant Mortality

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

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

Maternal and Child Health, 2019 Data

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

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

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



Healthy Living

Disparities, Impact of Social Drivers of Health

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

Average Life Expectancy by Race/Ethnicity, 2017-2019

Source: National Center for Health Statistics

	Asian	Black	Hispanic	White
Fairfield County	94.2	80.8	87.7	82.8
Connecticut	92.9	79.0	84.7	80.6

Adult Health Indicators, Age Adjusted, 2019 BRFSS

Source: Centers for Disease Control and Prevention 2019

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

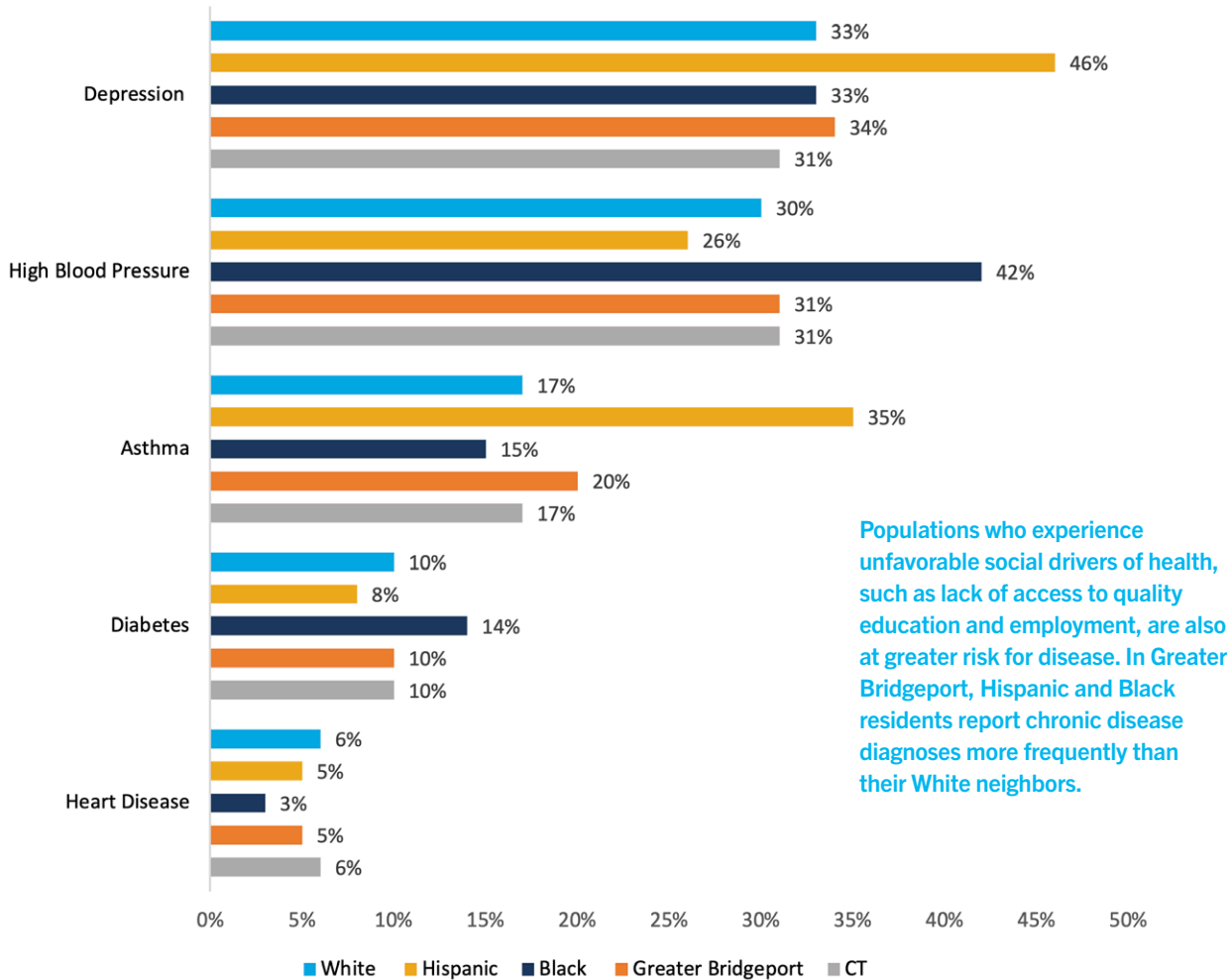
Key informants were asked what factors most impacted residents' good health. Their responses below reinforce that healthy lifestyles start with healthy environments.

1. Housing
2. Medical insurance
3. Employment
4. Healthy food
5. Adequate transportation
6. Open space



Self-Reported Chronic Diseases

Source: DataHaven Community Wellbeing Survey 2021



How we are helping people live healthier

- + Bridgeport Hospital's monthly food giveaway, seasonal farm stand, and annual healthy food drive continue to increase access to nutritious food for thousands of families across our community.
- + Each week, Bridgeport Hospital donates unused/unsold food from our cafeterias, benefitting local emergency food programs.
- + Bridgeport Hospital and HIA partners provide free *Know Your Numbers* screenings in Bridgeport food pantries. Screenings include nutrition education and connection to healthcare resources for follow-up care.

YaleNewHaven**Health**

Bridgeport Hospital

Community Health Improvement Plan 2022-2025

Our continuing efforts to improve community health

What is a Community Health Improvement Plan (CHIP)?

A CHIP helps organizations move from data to action by addressing priority health and wellbeing needs identified in the CHNA. The CHIP serves as a guide for strategic planning and a tool by which to measure impact by detailing goals, strategies, and initiatives over the three-year reporting timeframe.

The CHIP aligns unmet community needs with high-level strategies and corresponding health system and hospital initiatives. The CHIP measures the impact of collective action initiatives and tracks progress over time. CHIP strategies focus on improving the health and wellbeing of our community and achieving health equity for all by addressing health disparities identified in the CHNA. CHIP initiatives reflect community focused initiatives, programs, and services planned for the next three years.

Alignment with Healthy Connecticut 2025

Healthy Connecticut 2025 State Health Improvement Plan (SHIP) is the five-year state health strategic plan for improving the health of CT



residents. Representatives from YNHHS and other community organizations participated in creating Healthy Connecticut 2025 and serve on ongoing action teams. Connecticut Department of Public Health oversees the development of the SHIP, in collaboration with multi-sector partners from across the state.

The Healthy Connecticut 2025 State Health Improvement Plan is aligned with the National Prevention Strategy, Healthy People 2030 objectives, the Centers for Disease Control and Prevention, and with other existing local and State of Connecticut plans.

In addition to the SHIP, the 2022 hospital CHNA was aligned with IRS Code 501(r) requirements for not-for-profit hospitals as well as Connecticut state requirements for hospital community benefit reporting. Hospital CHIP goals align with SHIP goals to establish support for statewide initiatives at the local level.

Approach to Community Health Improvement

Like the CHNA, the CHIP reflects input from many stakeholders. It acknowledges existing work, community assets and gaps in resources. The success of the CHIP depends on collaboration with community partners and input from local residents to address social drivers of health (SDoH) and advance initiatives toward health and wellbeing.

The CHIP was developed by a hospital task force comprised of leaders from multiple departments to capture all hospital and health system efforts that impact the health of the local community. CHIP goals reflect identified needs and were confirmed through discussions with community leaders and stakeholders. Our priority areas come from the top needs identified by the CHNA and are aligned with those of our collective impact partnership, the Health Improvement Alliance: Community Health and Wellbeing, Access to Care, Behavioral Health, Child Wellbeing, and Healthy Living. These priority areas reflect the greatest needs in the community with health system and hospital generated strategies for action and also align with statewide efforts in the SHIP.

We used the top needs identified through community engagement as a foundation for our CHIP development to address the needs of greatest concern to community members. These individuals provided diverse perspectives on health trends, shared lived experiences among historically disenfranchised and underserved populations, and provided insights into service delivery gaps that contribute to health disparities and inequities. The community needs are: affordable healthcare, behavioral health, drug/alcohol misuse, education, financial security, food security and housing. The CHIP provides direction for addressing the health and wellbeing needs of the community.

- AH** Affordable Healthcare
- BH** Behavioral Health
- DA** Drug/Alcohol Misuse
- ED** Education
- FI** Financial Security
- FO** Food Security
- HO** Housing

Community Health and Wellbeing

Bridgeport Hospital Goal:

Improve the health and wellbeing of the community with a focus on social drivers of health and health equity.

Healthy CT 2025 Goal:

Ensure community strength, safety, and resiliency by providing equitable and sustainable access to community resources to address the unique physical, social, and behavioral health needs of all Connecticut residents. (D)

STRATEGY: Align our everyday business activities in a way that improves living conditions in our communities and addresses health equity. **AH BH DA ED FI FO HO**

Initiative: Increase purchasing from local and women and minority-owned businesses.

Initiative: Increase hiring from underserved communities and support career growth of frontline workers.

Initiative: Invest financially in our local communities to improve the social drivers of health.

Initiative: Harness the volunteer power of employees to improve the social drivers of health in local communities.

Initiative: Implement a healthcare sustainability program to improve the health of our communities.

STRATEGY: Develop strategies to address disparities by race and ethnicity to drive equitable care and outcomes. **AH**

Initiative: Develop and implement strategies to address disparities by race and ethnicity based on root cause analyses.

Initiative: Identify and decrease variation in clinical care (testing, referral, and treatment patterns) by race and ethnicity.

Initiative: Identify and decrease variation in clinical outcomes by race and ethnicity.

STRATEGY: Support local community organizations and events that help alleviate SDoH. **ED FI**

Initiative: Determine local community member SDoH needs in collaboration with community organizations and hold collection drives to support community organization recipient(s).

Initiative: Provide funding/financial contributions to local community based organizations that align with YNHHS mission, vision, and values.

Initiative: Participate in community events (e.g. health fairs, health talks) to provide health education and information to the community.

STRATEGY: Support a healthcare environment that honors and reflects the communities we serve. **AH ED FI FO HO**

Initiative: Partner with local community organizations to increase the health and wellbeing of the community.

Initiative: Partner with internal departments to include community information and a community focus in developing services and initiatives.

Initiative: Seek input from the community and provide feedback on YNHHS and hospital community health progress.

Initiative: Continue to invest in community benefit for our local community.

STRATEGY: Participate in local collective impact partnerships. **AH BH DA ED FI FO HO**

Initiative: Be a leadership member of partnerships.

Initiative: Support and actively participate in partnership initiatives.

Initiative: Increase the impact of partnerships to address community needs.

STRATEGY: Engage patients, families, physicians and staff to increase YNHHS presence in the community to build stronger relationships. **AH BH DA ED FI FO HO**

Initiative: Provide continued enhancement of the Diversity, Equity, Inclusion and Belonging (DEIB) councils at each hospital.

Initiative: Support community health and wellbeing hospital initiatives.

Initiative: Increase awareness and education about health equity, health disparities, and cultural competence.

Initiative: Support community relationships through volunteerism and presence in the community to increase community trust and engagement.

Initiative: Provide DEIB education and resources.

Initiative: Establish Employee Resource Groups to assist in identifying the varied needs of the community and support the community through volunteer work.

STRATEGY: Embed health equity within YNHHS and its hospitals.

AH BH DA ED FI FO HO

Initiative: Build infrastructure to support health equity.

Initiative: Expand ethnicity categories in electronic medical records patient demographics.

Initiative: Redesign process and staff training to increase collection and use of Racial, Equity and Language (REaL), Sexual Orientation and Gender Identity (SOGI) and disability information in patient care.

Initiative: Identify opportunities to decrease health care disparities through analyzing hospital and health system performance data and community feedback to identify disparities, root causes and ways to improve.

Initiative: Increase communication channels with our community members to listen, learn and improve health equity for our patients and the community.

STRATEGY: Enhance the patient experience to reflect the community and patient population. **AH**

Initiative: Improve the diversity of Patient Family Advisors to reflect community and patient population.

Initiative: Partner with DEIB, Press Ganey, Office of Health Equity, and Patient Family Advisors to enhance health equity of patient survey questions and use results to increase patient experience.

STRATEGY: Screen for socioeconomic needs and provide resources for support. **AH BH DA ED FI FO HO**

Initiative: Adopt a common set of SDoH questions across all care settings.

Initiative: Develop strategies to support patients with identified needs through referrals and interventions.

STRATEGY: Increase community input and diversity in research. **ED**

Initiative: Bring community perspective to research and identify areas of need through community advisory board, community research fellowship program and community research innovation summits.

Initiative: Increase community-based cross-industry collaboration to increase diversity in clinical trials.

STRATEGY: Provide non-medical resources to patients in order to address social drivers of health needs. **AH BH DA ED FI FO HO**

Initiative: Screen patients for SDoH needs and connect to appropriate resources in the community.

Initiative: Provide funding for non-medical needs through the Fay Fund for utilities, rent, and other necessities for patients in need.

Initiative: Provide referrals to Emergency Shelter Placement.

Access to Care

Bridgeport Hospital Goal:

Ensure access to quality health care and wellbeing services for all community members.

Healthy CT 2025 Goal:

Ensure all Connecticut residents have knowledge of, and suitable access to, affordable, comprehensive, appropriate, quality health care. (A)

STRATEGY: Design community based programs targeted to heart/vascular health issues. **AH**

Initiative: Expand barbershop initiative to provide community education on blood pressure management.

Initiative: Provide blood pressure cuffs to patrons and shop owners.

STRATEGY: Increase access to oncology services. **AH**

Initiative: Increase transportation options for patients in need and expand across system.

Initiative: Increase free and low cost community screening events.

STRATEGY: Provide medical resources to patients in need to ensure safe transition after hospital stay. **AH**

Initiative: Provide temporary transitional charity care at nursing homes after hospitalization for patients when they cannot return home.

Initiative: Coordinate temporary transitional access to oxygen and other medical equipment needed for hospital discharge.

Initiative: Provide resources to assist patients who need to return to their home country for their continuation of care.

STRATEGY: Provide assistance to patients in need of non-emergency medical transportation. **AH**

Initiative: Provide vouchers through Transportation Fund to assist patients in accessing medical appointments.

Initiative: Provide free transportation through Uber Health.

Initiative: Work with Veyo, Nelson Ambulance, and others to provide transportation home for patients in need.

STRATEGY: Ensure language options meet the diverse needs of the community. **AH**

Initiative: Increase ease of access for non-English patients and individuals requiring American Sign Language.

Initiative: Implement Bilingual Competency Program for staff in different languages.

Initiative: Ensure written health communications are inclusive (multiple languages, Braille, etc.).

STRATEGY: Increase access to preventative health screenings. **AH**

Initiative: Increase breast, cervical, and colon cancer screenings through the Preventative Health Maintenance Program.

Initiative: Decrease cardiac risk in women of color with pregnancy induced hypertension.

STRATEGY: Expand use of telehealth, in-home and in-community care to underserved neighborhoods. **AH**

Initiative: Provide the Universal Home Visit Program for new moms and babies.

Initiative: Pursue funding for a Mobile Health Van to provide follow-up care for patients challenged with continuity of care.

Initiative: Provide broadband services to patients without personal broadband access to facilitate care via telehealth services through Federal Communication Commission (FCC) grant.

STRATEGY: Improve attendance at outpatient therapy visits by providing non-clinical support to patients. **AH**

Initiative: Provide support to patients at high risk of poor attendance at therapy visits, including addressing transportation and other barriers.

Initiative: Coordinate visit scheduling with patient availability to increase attendance.

STRATEGY: Reduce barriers to care by connecting patients to appropriate community services to address social drivers of health (SDoH) needs. **AH BH DA ED FI FO HO**

Initiative: Screen patients for barriers to care and provide community referrals, education, and support.

STRATEGY: Increase the percentage of community members who have health insurance coverage. **AH FI**

Initiative: Provide resources to uninsured patients and support during the Medicaid or Free Care application process.

STRATEGY: Reduce preventable emergency department visits.

AH FI ED

Initiative: Provide navigation to primary care for patients identified with frequent ED visits.

Initiative: Provide education regarding when to use the emergency room.

Initiative: Provide philanthropic support for navigation services to decrease preventable ED visits for chronic disease patients.

STRATEGY: Provide access to health care and services and support underserved populations. **AH FI ED**

Initiative: Continue to provide free care and Medicaid services to those eligible.

Initiative: Provide educational support and financial assistance to uninsured patients.

Initiative: Assist and enroll individuals in appropriate health care programs: Federally Qualified Health Centers (FQHC) hospital clinics, Medicaid, Medicare, and other programs.

Initiative: Increase local residents' awareness of free and low cost health care resources/options.

Initiative: Offer financial assistance information in English and Spanish.

Initiative: Improve access to prescription and medication assistance programs through retail pharmacy at Bridgeport Hospital.

Behavioral Health

Bridgeport Hospital Goal:

Increase capacity and equitable availability of behavioral health services and support resources.

Healthy CT 2025 Goal:

Coordinate community-based preventive services for behavioral health, oral health and primary care in a comprehensive integrated fashion while ensuring that people have choice/options about their setting. (A3.2)

STRATEGY: Support the behavioral health needs of children. **BH**

Initiative: Embed behavioral health providers and care coordinators in the Pediatric Primary Care Center Fairhaven FQHC, with a warm handoff from the pediatrician, and expand where possible to other YNHHS primary care centers.

Initiative: Embed behavioral health providers in the YNHHS Pediatric Specialty Centers.

Initiative: Implement Zero Suicide Grant initiative awarded to Yale New Haven Children's Hospital to improve access to services and coordinate care.

Initiative: Provide educational forums to pediatricians focusing on identification of needs and development of interventions to manage children's behavioral health in their practices.

STRATEGY: Support the behavioral health needs of children in the emergency department. **BH**

Initiative: Improve access to behavioral health services through pediatric emergency department grant.

STRATEGY: Support the behavioral health needs of oncology patients. **BH**

Initiative: Screen oncology patients for behavioral health and SDoH needs and provide referrals.

STRATEGY: Provide integrated behavioral health services to patients that address mental health needs via LCSWs for short term therapies. **BH**

Initiative: Expand integrated behavioral health services from current Maternal Wellness and Digestive Health initiatives to other areas.

STRATEGY: Expand access to community-based behavioral health services. **BH DA HO**

Initiative: Partner with local agencies to refer patients seeking substance use, behavioral health, and/or housing services.

Initiative: Increase collaboration and communication with local mental health providers for referrals.

Initiative: Partner with and educate local organizations on behavioral health referral process and options.

STRATEGY: Provide education and personal strategies to community members on behavioral health. **BH DA**

Initiative: Provide ongoing community presentations on mental illness, stress reduction and coping skills.

STRATEGY: Improve coordination of care for behavioral health patients in the emergency department (ED). **BH DA HO**

Initiative: Participate in regional Community Care Team (CCT) connecting behavioral health patients, with high ED utilization, to necessary support services.

Initiative: Provide ED Social Medicine program to connect high use behavioral health patients with community resources.

STRATEGY: Support postpartum behavioral health needs. **BH**

Initiative: Conduct postpartum depression screening at all return visits.

Initiative: Develop initiative to provide mental health screening for all NICU parents and access to a mental health provider.

STRATEGY: Expand treatment options for substance misuse. **BH DA**

Initiative: Offer substance misuse medication assisted treatment providing Suboxone and other options.

Child Wellbeing

Bridgeport Hospital Goal:

Promote child health, wellbeing, and resiliency through strengthening and supporting families and communities.

Healthy CT 2025 Goal:

Promote the benefits of proactive, youth-directed, youth-chosen, and youth-centered community programming to improve positive youth development and outcomes. (D5.4)

STRATEGY: Support pediatric services offered in community settings to address areas of SDoH need. **AH**

Initiative: 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.

STRATEGY: Improve health outcomes for newborns by providing support to new parents. **FI**

Initiative: Provide baby scales, digital thermometers, diapers, formulas, pack-n-plays, and car seats for parents who do not have access to them.

Initiative: Provide pasteurized donor human milk at no cost to all inpatient postpartum mothers who wish to feed their infants an exclusive human milk diet.

Initiative: Host events like the Community Baby Shower to support local families.

STRATEGY: Increase ability to breastfeed as an option for all mothers. **FI**

Initiative: Ensure access to breast pumps in NICU to encourage breastfeeding.

Initiative: Provide access to refrigerators for mothers to bank their breast milk, if they are unable to at home.

Initiative: Provide opportunities for breastfeeding mothers to receive expert assistance from a lactation specialist.

STRATEGY: Support the health and wellbeing of parents while children are in the NICU. **AH**

Initiative: Obtain an automated blood pressure machine available for use by NICU parents to screen for high blood pressure and connect those in need to services.

STRATEGY: Address social drivers of health (SDoH) impacting families. **AH BH DA ED FI FO HO**

Initiative: Screen pediatric families for SDoH needs and connect to appropriate resources in the community.

Healthy Living

Bridgeport Hospital Goal:

Achieve equitable life expectancy for community members through availability and coordination of healthy living services and resources.

Related Healthy CT 2025/SHIP Objective:

Assess the availability and diversity of and coordination among primary care providers, community partners, and care management services. (A5.2)

STRATEGY: Offer community education on disease prevention and maintenance. **AH**

Initiative: Offer healthy lifestyle education to patients and the community through various presentations and events.

Initiative: Offer nutrition counseling and Medical Nutrition Therapy to the community to support the importance of healthy eating.

STRATEGY: Provide access to healthy food to support the health of our patients and the community. **FI FO**

Initiative: Offer healthy food options in the cafeteria for patients, staff, and visitors.

Initiative: Host seasonal weekly farm stand and raise awareness of available double SNAP/food assistance benefits.

Initiative: Provide farm stand vouchers to Milford residents redeemable at one of the local Milford Farmers' Markets.

Initiative: Provide bags of food to families of pediatric patients identified with food access needs.

Initiative: Continue to host free food distributions.

Initiative: Promote awareness and availability of local food pantries.

Initiative: Explore partnerships with local safety net food providers to address the needs of complex diabetic patients.

STRATEGY: Support local community organizations and events that provide access to food. **FI FO**

Initiative: Donate unused/unsold food to local emergency food programs.

Initiative: Work across departments to host healthy food drives to support local emergency food programs in Bridgeport and Milford.

Community Partners:

Thank you to our community partners that provide guidance, expertise, and ongoing collaboration to foster collective impact in improving the health and wellbeing of the Greater Bridgeport community.

Greater Bridgeport / Health Improvement Alliance (HIA)

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

Research Partners:

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

DataHaven | ctdatahaven.org

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

At DataHaven, our mission is to empower people to create thriving communities by collecting and ensuring access to data on wellbeing, equity, and quality of life. A 501(c)3 nonprofit organization and registered as a Public Charity with the State of Connecticut, DataHaven is a partner of the National Neighborhood Indicators Partnership, a learning network, coordinated by the Urban Institute, of independent organizations in 30 cities that share a mission to ensure all communities have access to data and the skills to use information to advance equity and wellbeing across neighborhoods.

Community Research Consulting | buildcommunity.com

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

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

Community Wisdom/NRC Health | nrchealth.com

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

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

APPENDIX A:

Bridgeport Hospital Evaluation of Impact 2019-2022 CHIP

Hospital Community Commitment

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

Health Improvement Alliance (HIA)

HIA is comprised of almost 100 individuals representing Bridgeport Hospital, St. Vincent's Medical Center, seven local health departments, federally qualified health centers (FQHCs), community agencies, faith-based organizations, universities, town and city agencies, and residents from Bridgeport, Easton, Fairfield, Milford, Monroe, Stratford, and Trumbull. In 2019, HIA completed a Community Health Needs Assessment (CHNA) and prioritization process to identify priority health issues. Priority health needs were grouped into three overarching focus areas: access to care, behavioral health, and healthy lifestyles. Individual task forces, comprised of HIA members, work together on each focus area. In October 2019, HIA launched the 2019-2022 Community Health Implementation Plans (CHIPs) for the three focus areas mentioned above. Just six short months later, responding to the COVID-19 pandemic became the focus for all HIA partner organizations, shifting the focus of the work outlined in the 2019-2022 CHIPs. Each task force adapted and collaborated to respond to community needs that were a result of or exacerbated by the pandemic. The HIA steering committee and task forces all continued to meet on a monthly basis, with one new task force, Child Wellbeing, added in January 2021. In December 2020, the partnership decided that further collaboration was needed and convened a weekly regional COVID-19 coordination meeting with representatives from the hospitals, FQHCs and all of the local departments of health. At each phase of the pandemic, from education around masking, to COVID-19 testing and vaccinations, partners found it invaluable to come together to discuss challenges, share resources and coordinate a regional, cohesive response.

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

Highlights of HIA accomplishments since 2019 include:

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

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

Access to Care Accomplishments

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

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

- + **Indicator:** Percentage of people in Greater Bridgeport that indicate they do not have a medical home [2015-N/A, 2018-19%, 2021-14%]
- + **Indicator:** Percentage of people in Greater Bridgeport that indicate they have been to the dentist in the last year [2015-74%, 2018-72%, 2021-68%]

Bridgeport Hospital Initiatives

- + A representative from Bridgeport Hospital serves as the support person for the HIA Access to Care Task Force.
- + Through December 2021, organized and staffed nearly 460 sessions of COVID-19 vaccination clinics in various locations around Greater Bridgeport, administering more than 111,000 vaccinations.
- + Participated in the CT DPH Vaccine Equity Partnerships Funding grant with HIA partners, the Bridgeport, Stratford, and Milford Department of Health to provide COVID-19 vaccines in those communities. Held 8 clinics in Bridgeport, 4 in Milford and 4 in Stratford giving out 338 total doses.
- + BH Primary Care Center awarded \$250,000 grant to support complex care management program and expand preventative screenings and services to underserved populations.
- + Continued to provide access to funds for non-medical needs, including the Fay Fund and Transportation Fund.
- + Primary Care Center conducted 361 social determinants of health screenings leading to 2,934 Unite Connecticut referrals between October 2020-August 2021.
- + Evening clinic hours at the BH Primary Care Center were added to meet the needs of patients and between 11/1/2020-8/31/2021, more than 110 patients were scheduled during those extended evening hours.
- + Continued initiatives to connect ED patients to hospital primary care services through initiatives such as implementation of next day appointment times made available specifically for ED discharges.
- + Continued to promote hospital services through community outreach events, such as health fairs, community presentations and more.

- + Hospital staff continued to participate in local groups such as the Nursing Professional Governance Councils, HIA, Neighborhood Revitalization Zone (NRZ) meetings, Bridgeport City Council and others to ensure medical needs of the community are being met.
- + Expanded telehealth options to meet the needs of patients during the pandemic.

HIA Partnership Initiatives

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

Behavioral Health Accomplishments

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

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

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

Bridgeport Hospital Initiatives

- + Active participation in weekly regional CCT meetings, which switched to virtual meetings in response to COVID-19.
- + Continue to provide intake assessments, medication management, group therapy, case management and after care planning through REACH for children, adolescents, and adults. REACH continues to provide care to children, adolescents, and adults with IOP level of service and used a virtual telepsych platform in 2020 in response to COVID-19.
- + Continue to explore opportunities to provide addiction services, such as the inclusion of an addiction interventionist in the ED.
- + Continue to refer geriatric patients to community programs to help with feelings of isolation and depression, such as adult daycares, assisted living programs, exercise programs and senior centers. Partnered with the CT Alzheimer Association to provide referrals for free 90-minute telephone session for patients and families.
- + Make continuous referrals to both Grasmere Jewish Home and Sunset Shores.
- + Continue to provide referrals weekly to Adult Protective Services as needed for isolated older adults with no family or social support systems for health, safety, and financial oversight.
- + Continue to provide resource packets for families and patients that include information on the Agency on Aging, Private Geriatric Care Manager, Title 19/Medicaid, Homecare, Alzheimer Association Care Coordination Program, Respite, Virtual Support Groups, and a 1-800 crisis line.

- + Continue to partner with community leaders on violence prevention efforts in the community, such as ED Outreach Specialist participating with Bridgeport Police Department on a violence reduction task force, called "One Bridgeport" Designated staff work directly with Neighborhood Revitalization Zones (NRZs) on violence prevention efforts and projects to enhance safety in the community.
- + Continue to provide community resources and programs related to stress management and other mental health issues.

HIA Partnership Initiatives

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

Healthy Lifestyles Accomplishments

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

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

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

Bridgeport Hospital Initiatives

- + A representative from Bridgeport Hospital serves as the support person for the HIA Healthy Lifestyles Task Force.
- + Hospital staff from multiple departments participated in the HIA Walk n' talk for Essential Workers in September 2021.
- + Provided a produce delivery service to employees at both Bridgeport and Milford campuses during early months of the pandemic and fulfilled 200 orders. This effort was in response to hospital staff working long hours and finding it difficult to find time to shop for food to feed their families.
- + Continued to offer seasonal weekly farm stand open to staff and the community from summer through early fall. The farm stand sells CT grown produce and is open to hospital staff, patients, and the community. To help increase access to healthy food, the stand accepts WIC and Senior FMNP checks, and doubles SNAP/ EBT benefits.
- + During the 2021 and 2022 farm stand seasons, provided \$5 vouchers to increase access to fresh produce at local farmers markets in both the Bridgeport and Milford communities.
- + The monthly food distribution at BH served more than 5,600 families from October 2019 through July 2022. As a direct result of COVID-19, BH had to fully take over operations of this monthly event in May 2020. Over 6,500 families served since the program began in spring 2019. In late 2020, partnered with FreshPoint CT to add a variety of fresh produce to the monthly bags.

- + YNHH Employees participated in a #GiveHealthy virtual food drive from December 2020-February 2021 and approximately 4,400 meals were donated benefiting the Milford Food Bank and the East End Food Pantry in Bridgeport. Repeated the drive with same two recipient organizations from November 2021-February 2022, with 3,321 meals (3,865 lbs.) donated.
- + The hospital continues to work with Food Rescue Us to donate all unused/unsold food. Between 1/1/21-9/15/21 Isaiah House in Bridgeport received 37 rescues totaling 14,850 meals and 17,820 pounds of food and CT Renaissance received 36 rescues totaling 13,500 meals and 16,200 pounds of food
- + During summer 2021, designed and pilot tested a medically tailored meals program for primary care patients selected from the Complex Care Coordination team. Due to the success of the pilot, the hospital is working on expanding the program.

HIA Partnership Initiatives

- + Developed ways to continue supporting local food pantries while they were closed due to COVID-19, including developing and providing them with mental health wellbeing materials to distribute to their clients.
- + Face-to-face Know Your Numbers health screenings were paused until spring 2021. Screened 31 individuals at 2 locations in 2021, with a total of 143 screened from early 2020-2021.
- + Continued creating and disseminating Get Healthy CT monthly resources on various health topics.
- + St. Vincent's, Bridgeport Hospital and Stratford Health Department continued hosting their own monthly food distributions.
- + Two HIA partners BH and SVMC hosted weekly farm stands and offered SNAP doubling incentive and Bridgeport Bucks through partnership with the Bridgeport Farmers Market Collaborative.
- + Hosted a Walk 'n Talk for Essential Workers in September 2021, featuring around 15 different local healthcare professional volunteers.
- + Carried out the Healthy Communities Grant, a multi-year grant awarded to the Stratford Health Department, in partnership with other regional health departments in Bridgeport, Fairfield, Monroe and Trumbull.

APPENDIX B:

Greater Bridgeport Community Resources

One goal of the Community Health Needs Assessment (CHNA) is to understand the strengths, needs, and challenges communities face. Needs can vary across individuals, organizations, neighborhoods and even cities. Various community-based resources including community leaders, policies, social service agencies and welcoming physical spaces help alleviate burdens and elevate the quality of life of residents. Identifying and sharing information on available, well-liked and frequently used community resources increases awareness of existing gaps and best practices.

Methodology:

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

- + **Access to Care:** Resources providing various healthcare services, ranging from reproductive health, dental care, general community clinics, health screenings, etc.
- + **Behavioral Health:** Resources helping to connect community members to mental health services as well as services that deal with supporting and treating those dealing with substance abuse.
- + **Financial Assistance:** Resources helping to connect community members to employment opportunities and financial support programs.

- + **Food Assistance:** Resources comprised of programs and initiatives that provide food and education surrounding nutrition to community members.
- + **Housing/Utility Assistance:** Resources on housing placement assistance in case of emergencies including domestic violence and homelessness as well payment rent, mortgage and utilities affordability.
- + **Promoting Wellness & Healthy Lifestyles:** Resources that have to do with positive and health lifestyles, such as physical activity (green space, fitness centers), youth & family enrichment, and/or community establishments that foster both connectivity and fellowship amongst members.
- + **Transportation Assistance:** Resources on transportation assistance for general regional needs as well as health services and medical appointments..

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

APPENDIX B: Greater Bridgeport Community Resources

Greater Bridgeport Access To Care

Organizations	Contact Information	Key Information
Bridges Healthcare	949 Bridgeport Ave, Milford, CT 06460 (203) 878-6365 bridgesct.org Mon - Thurs 8 am-5 pm, Fri 8 am-5 pm	Mental Health & Recovery Programs and Services. Recovery focused services to support individuals with severe and prolonged mental illness and addiction problems. Short term emotional and behavioral issues. Helps adults, children, and families toward healing, recovery, and renewal.
Bridgeport Hospital Milford Campus	300 Seaside Ave, Milford, CT 06460 (203) 876-4000 bridgeporthospital.org ED 24/7, different department hours vary	ED and Urgent Care. Joint Replacement. Advance Wound Care Center.
GBAPP-HIV Services	1470 Barnum Ave, Suite 301, Bridgeport, CT 06610 (203) 366-8255 gbapp.org Mon - Fri 9 am-4:30 pm, weekend hours depend on service	Network of services providing clients with treatment, education, and outreach. People of all ages living with HIV/AIDS.
Hall Neighborhood House-Health Center	52 George E Pipkin's Way, Bridgeport, CT 06608 (203) 345-2000 hnhonline.org Mon - Fri 8 am-5 pm	Full Service. Includes physicals, immunizations, and ongoing medical care. Youth, childcare, and senior centers that offer on-site medical care. Behavioral health services and dental treatment coming soon.
Planned Parenthood of Southern New England	4697 Main St, Bridgeport, CT 06606 (203) 366-0664 plannedparenthood.org/Connecticut/ Mon 8 am-3:30 pm, Tues & Wed 10 am-5:30 pm, Fri 10:30 am-4:30 pm, Sat 8 am-4 pm, closed on major holidays	Abortion. Abortion Referrals. Birth Control. HIV Services. LGBTQ Services. Men's Health Care. Morning After Pill. Pregnancy Testing & Services. STD Testing. Treatment & Vaccine. Women's Health Care.
Onesight-Lenscrafter-Trumbull	5065 Main St, Trumbull, CT 06611 (203) 374-1744 onesight.org Mon - Thurs 11 am-8 pm, Fri & Sat 10 am-9 pm, Sun 11 am-6 pm	Vision Screening. Eye Care. Eyeglass Program. May only obtain services through a referral from a social service organization or church. Service prioritizes low income individuals without insurance.
Onesight-Pearle Vision-Fairfield	1901 Black Rock Turnpike, Fairfield, CT 06825 (203) 334-7722 onesight.org Mon- Fri 9 am-5 pm, Sat 9 am-3 pm	Vision Screening. Eye Care. Eyeglass Program. May only obtain services through a referral from a social service organization or church. Service prioritizes low income individuals without insurance.
Optimus Health Care- Bridgeport & Stratford	982 E Main St, Bridgeport, CT 06608 (203) 696-3260 Mon, Wed, Thurs, Fri 8 am-5 pm, Tues 8 am-7:30 pm, Sat 9 am-1 pm 305 Boston Ave Stratford, CT 06614 Mon- Fri 8 am-5 pm, optimushealthcare.org	Medical: Behavioral, Primary, Women's. Dental: Adult & Pediatric. Specialty: Acupuncture, Asthma, Chiropractic, General Surgery, Geriatrics, Naturopathic, Obstetrics & Gynecology, Ophthalmology, Podiatry. Programs: Child Social Work, CT Wise Women, ECAR, Grant funded, Health & Education Outreach, Healthcare for the Homeless, Parental Social Work, RWHAP, WIC.
Weisman Amercares Free Clinic of Bridgeport	115 Highland Avenue, Bridgeport, CT 06604 (203) 333-9175 amercaresfreeclinics.org Tues. & Wed. 9 am-5 pm, Thurs, 10 am-6 pm, Every 2nd Sat 9 am-12:30 pm	Diagnosis and Treatment. Essential Medication. X-Ray and Diagnostic Services. Physical Exam. Referrals. Services only offered to those without insurance (including Medicaid, Medicare, and Veterans care). Eligible to individuals with a total household income under 250% of the Federal Poverty Level (FPL). Must bring photo ID, proof of income, and medical record/prescriptions. Appointments preferred.
South West Community Health Center- Bridgeport Multiple Locations	46 Albion St, Bridgeport, CT 06605 (203) 330-6000 swchc.org Mon & Fri 8:30 am -4:30 pm, Tues-Thurs 8:30 am -8 pm, Sat by appointment	Family Practice. Internal Medicine. Women's Health (OB/GYN). Dental. HIV/AIDS testing. Mental Health. Nutrition. Pediatrics. Podiatry.
Bridgeport Hospital	Primary Care Center 267 Grant Street, Bridgeport, CT 06610 (203) 384-3235 bridgeporthospital.org Mon - Fri 8:30 am - 5:00 pm ED 24/7, different department hours vary	Acute & Chronic Pain Management, Adolescent Services, Ahlbin Rehabilitation Center, Anesthesia & Pain Management, Blood Management Services, Brain Tumors, Cancer (Oncology), Children (Pediatrics), Diabetes, Ear Nose & Throat (Otolaryngology), Emergency Services, Geriatric (Aging), Gynecologic Cancer, Head and Neck Cancer, Heart & Vascular, Hospitalist Services, Lymphoma/Leukemia, Maternity, Neurology & Neurosurgery, Occupational Medicine & Wellness Services, Ophthalmology, Oral & Maxillofacial Surgery, Orthopedics, Ostomy Services, Palliative Care, Plastic & Reconstructive Surgery, Podiatry, Pulmonary Medicine, Radiation Oncology, Radiology Services, Sarcoma, Sleeping Disorders & Sleep Medicine, Stroke, Surgery, Trauma & Burn, Urology, Weight Loss (Bariatric) Surgery, Wound Care.
St. Vincent's Medical Center	Southwest Family Health Center 2800 Main St, Bridgeport, CT 06606 (203) 576-5131 https://www.swchc.org/locations/southwest-family-health-center/ Mon - Fri 8:30 am - 4:30 pm ED 24/7, different department hours vary	Anesthesiology, Behavioral & Mental Health, Breast Health, Cancer Care, Emergency Services, Gastroenterology, Heart & Vascular, Hematology, Hospital Medicine, Imaging Services, Immunology, Infectious Disease, Intensive Care, Maternity, Nephrology, Neurosciences, Ophthalmology, Outpatient Pharmacy, Palliative Care, Podiatry, Primary Care & Family, Pulmonology, Rehabilitation Services, Rheumatology, Senior Services, Special Needs Services, Spine Care, Surgical Services, Surgical Weight Loss, Urgent/Walk-In Care, Urology & Kidney, Women's Health, Wound Care, Virtual Health.

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

APPENDIX B: Greater Bridgeport Community Resources

Greater Bridgeport Behavioral Health

Organizations	Contact Information	Key Information
Adult Crisis and Telephone Intervention Options Network	(800)-467-3135 portal.ct.gov/DMHAS/Programs-and-Services/24/7	Outreach & Education. Risk Assessment and Evaluation of Needs. Telephone Support. Critical Incident Debriefing. Information & Referral. Follow Up Services. Peer Support. Crisis/Safety Planning. Prevention & Postvention.
Chemical Abuse Service Agency Inc. (CASA)	1124 Iranistan Ave, Bridgeport, CT 06605 (203) 331-4728 casaincct.org Mon-Fri 9 am-5 pm	Clinical Residential Services. Supportive Residential Services. Outpatient/Day Treatment. Recovery Support Services. Medication-Assisted Treatment.
Fairfield Counseling Services	125 Penfield Rd, Fairfield, CT 06824 (203) 255-5777 lifebridgeport.org Mon-Thurs 8 am-8 pm, Fri 8 am-1 pm	Individual Counseling (children and adolescents). Couples Counseling. Family Therapy. Substance Abuse Counseling. DUI Evaluation & Treatment. Recovery & Relapse Prevention. Sober Living Groups. Psychiatry/APRN Medication Management. Bi-monthly "Girl Talk" Group (adolescent girls ages 14-18).
Family Advocacy for Children's Mental Health (FAVOR)	185 Silas Deane Hwy Wethersfield, CT 0610 (860) 563-3232 favor-ct.org Mon-Fri 8:30 am-4:30 pm	Family Peer Support Program. Family Systems Management Program. Learning & Leadership Academy. CT Medical Home.
Family Re-Entry of Bridgeport	75 Washington Ave, Bridgeport, CT 06604 (203) 576-6924 familyreentry.org Mon-Fri 9 am-5 pm	Transitional Housing. Youth Mentoring. Support for Mental Health and Substance Use Issues. Fatherhood Engagement.
Greater Bridgeport Community Mental Health Center	1635 Central Ave, Bridgeport, CT 06610 (203) 551-7400 portal.ct.gov/DMHAS/SWCMHS/Agency-Files/GBCMHC Mon-Fri 8 am-4:30 pm	Inpatient Services. Community-based Services. Community Services Division. Residential Services. Rehabilitation Services.
Liberation Programs (Recovery for Life)- Multiple Locations	399 Mill Ave, Bridgeport CT 06850 (203) 962-4516 liberationprograms.org Mon-Fri 5:30 m-1 pm, 2:30 pm-6:30 pm, Sat 6 am-10 am	Outpatient Services. Inpatient Services. Housing. Medication Assisted Treatment Wellness Vans. Prevention. Locations: Bridgeport, Stamford, Norwalk and Greenwich.
Marrakech Inc.: Behavioral Services Department	6 Lunar Dr, Woodbridge, CT 06525 (203) 389-2970 marrakechinc.org Mon-Fri 8:30 am-4:30 pm	Behavioral Services. Case Management. Community & Recreational Programs. Employment & Training Services. Homeless Services. Person Centered Services. Private Pay Services. Residential Services. Youth Services.
Mental Health Connecticut	61 S Main St, Suite 100, West Hartford, CT 06107 (860) 529-1970 mhconn.org Hours Upon Inquiry	Addressing Homeless. Community Support. Home-Based Support. MHC Wellness Programs. Residential Services. Supported Education. Supported Employment.
Mobile Crisis Intervention Services	Connecticut Dept. of Children and Families (2-1-1) mobilecrisisempsct.org 24/7	Services are provided by teams of mental health workers (psychiatrists, RNs, MSWs, psychologists, psychiatric technicians) who intervene in situations where an individual's mental or emotional condition results in behavior which constitutes an imminent danger to him or herself or to another. Visit people in their homes or community sites, and others meet clients in clinics or hospital emergency rooms. Psychiatric emergency rooms and mental health facilities can provide crisis services to people in crisis who can travel or get help with transportation to a facility.
New Era Rehabilitation Bridgeport	4675 Main St, Bridgeport, CT 06606 (203) 344-0025 newerarehabilitation.com Mon-Fri 5 am-2 pm	Counseling. Medicated Assisted Treatment. Intensive Outpatient Counseling. Ambulatory Detox. Mental Health & Addiction Treatment. Group Therapy. Eating Disorder Treatment. Individual & Family Therapy. Located in New Haven also.
REACH Program: Bridgeport Hospital	1558 Barnum Ave, Bridgeport, CT 06610 (203) 384-3377 bridgeporthospital.org/locations/bridgeport-1558-barnum-ave.aspx Mon-Thurs 8:30 am-5:30 pm, Fri 9 am-1 pm	Intake Assessments. Medication Management. Group Therapy. Case Management. After Care Planning.

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APPENDIX B: Greater Bridgeport Community Resources

Greater Bridgeport Food Assistance

Organizations	Contact Information	Key Information
Bishop Jean Williams Food Pantry	4 Worth St, Bridgeport, CT 06604 (203) 873-0260 parkcityinitiative.org Tues 10:00 am-2:00 pm, Wed 12:00 pm-4:00 pm, Thurs 1:00 pm-6:00 pm	Provides emergency meals to low-to-moderate families that are food insecure. Families are able to shop on a weekly basis. Provides groceries for families to prepare balanced meals for their families. By appointment due to COVID-19.
Bridgeport Farmer's Market Collaborative- Multiple Locations	bridgeportfarmersmarkets.org	Various locations are: Alliance Farmers Market, St Vincent's Farm Stand Health & Wellness, East Side Market, Farmers Market of Black Rock, Downtown at McLevy Green, Bridgeport Hospital, Stratfield Market, Reservoir Community Farm Stand, East End NRZ Market & Cafe. All accept Senior and WIC FMNP checks and double SNAP payments.
Bridgeport Nutrition Program: Meals on Wheels	215 Warren St, Bridgeport, CT 06604 (203) 332-3264 https://www.cwresources.org/lines-of-business/food-services/ call for more information	Provides two meals per day by way of delivery.
Bridgeport Rescue Mission	1088 Fairfield Ave, Bridgeport, CT 06605 (203) 333-4087 bridgeportrescuemission.org Daily 6:45-7:15 am, 12:30-1:00 pm, 5:30-6:00 pm	Food Distribution. Clothing Distribution. Addiction Recovery. Emergency Housing. Women & Children's Housing.
Connecticut Department of Agriculture	450 Columbus Blvd, Suite 701 Hartford, CT 06103 (860) 713-2503 www.CTGrown.gov portal.ct.gov/DOAG/ADaRC/Publications/Farmers-Markets	Connecticut has nearly 100 farmers' markets and can be found in virtually any town, seven days a week. The popularity of the markets mirrors the benefits - fresh, local products, friendly farmers that are the face behind the food you're buying, and a community gathering place for everyone to enjoy. Nearly all farmers' markets in Connecticut are affiliated with the Farmers' Market Nutrition Program (FMNP) which serves participants of Women, Infant, and Children (WIC) and the Senior Farmers' Market Nutritional Program (SFMNP) for seniors who are over the age of 60 and meet income eligibility guidelines with checks to purchase fresh fruits, vegetables, cut herbs and honey. USDA Supplemental Nutrition Assistance Program (SNAP) benefits are also available to improve access to fresh fruits and vegetables to low-income Americans and are issued on electronic benefits transfer or EBT cards that are used like debit cards. For more information, please visit the FMNP page: Farmers' Market Nutrition Programs.
Connecticut Foodshare	2 Research Pkwy, Wallingford, CT 06492 (203) 469-5000 https://www.ctfoodshare.org/ Mon-Fri 8:30 am-4:00 pm	Mobile Foodshare pantry on wheels. Food pantries can be found by searching 2-1-1 of CT, a United Way program.
Council of Churches of Greater Bridgeport	1718 Capitol Ave, Bridgeport, CT 06604 (203) 334-1121 https://www.cccb.org/ Mon-Fri 8:45 am-4:45 pm	FEED Center - free culinary courses for low income residents. Oversees the mobile marketplace, serve as incubator kitchens for new food businesses and oversees a network of 40 food pantries.
First Baptist Church of Stratford Agape Food Pantry	105 Hamilton Ave, Stratford, CT 06615 (203) 377-1441 https://fbcstratford.org/ 2nd, 3rd, 4th Sat of every month 10:00 am-12:00 pm	Offers emergency food assistance to anyone in need. Pantry is open on the 2nd, 3rd and 4th Saturday of every month from 10:00 am-12:00 noon. Pantry is closed the 1st Saturday of every month.
nOURish Bridgeport, Inc.	2200 North Ave, Bridgeport, CT 06604 (203) 335-3107 https://www.nourishbpt.org/super-food-pantry Mon, Wed 2:00-6:00 pm	Super Food Pantry and Baby Center serving neighbors in the South and West End of Bridgeport. By appointment only during COVID-19. Photo ID required.
Thomas Merton House	43 Madison Ave, Bridgeport, CT 06604 (203) 367-9036 https://www.themertoncenter.org/ Mon-Fri 7:30 am-3:00 pm	Breakfast (9:00 am-10:00 am) & Lunch (11:30 am-12:30 pm), Eat Smart Marketplace (Mon, Wed & Fri 10:00 am-11:00 am by appointment only), Shower (Mon & Tues appointment required), Warm Project, Other Services: Mail Program, Case Management, Support Groups, Referrals to other services, Title V training program.

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APPENDIX B: Greater Bridgeport Community Resources

Greater Bridgeport Housing & Utility Assistance

Organizations	Contact Information	Key Information
Bridgeport Rescue Mission	1088 Fairfield Ave, Bridgeport, CT 06605 (203) 333-4087 bridgeportrescuemission.org Daily 6:45-7:15 am, 12:30-1 pm, 5:30-6 pm	Food Distribution. Clothing Distribution. Addiction Recovery. Emergency Housing. Women & Children's Housing.
Building Neighborhoods Together	570 State St, Bridgeport, CT 06604 (203) 290-4255 bntweb.org Mon- Fri 9 am-5 pm	All our classes and counseling sessions are free. Pre-Purchase Counseling and Education. Rental Assistance thru UniteCT. Rental Counseling and Education. Eviction Prevention Counseling. Foreclosure Prevention Counseling and Education. Reverse Mortgage Counseling. Financial Literacy Counseling & Education. Credit Counseling and Coaching. Budget Counseling and Coaching. Fair Housing Discrimination Counseling & Education Benefits. Resident Engagement and Empowerment.
Cassie's Cottage	Address Upon Inquiry (203) 224-8818 cassiecottage.net Hours Upon Inquiry	A private women's sober living home in Fairfield County. To be a safe, recovery-focused home where women ages 20+ learn how to stay sober through accountability, self-efficacy, honesty, and connection to recover from the disease of addiction. Stay at least 3 months.
Clifford House	1450 Main St, Bridgeport, CT 06604 (203) 367-0808 N/A Hours Upon Inquiry	100 apartment mid-rise building with 5 apartments specially equipped to accommodate residents confined to wheelchairs. The Project Based, Section 8 facility accommodates low-income one or two person households where the head of household is at least 62 years of age or older, unless disabled/ handicapped. Smoke-Free Facility.
Emerge Inc.	89 Colony St, Stratford, CT 06615 (203) 375-8610 emerge-inc.org Hours Upon Inquiry	Offers transitional shelter for up to one year or longer, and permanent supportive housing options for female survivors of domestic violence and their children. Most services are provided in-house including rehabilitation programs, counseling, parenting skills, employment assistance and money management.
Greater Bridgeport Community Mental Health Center	1635 Central Ave, Bridgeport, CT 06610 (203) 551-7400 portal.ct.gov/DMHAS/SWCMHS/Agency-Files/ GBCMHC Mon-Fri 8 am-4:30 pm	Inpatient Services. Community-based Services. Community Services Division. Residential Services. Rehabilitation Services.
Housing Development Fund Bridgeport Office	1111 Main St, Bridgeport, CT 06604 (203) 969 -1830 hdfconnects.org Mon- Fri 9 am-5 pm	First-Time Homebuyers. Commercial Real Estate. Foreclosure Prevention. Sustainable Homeownership. Affordable Homes for Sale. Current Borrowers.
Isaiah House II	120 Clinton Ave, Bridgeport, CT 06605 (203) 676-0616 N/A Hours Upon Inquiry	Halfway House.
Liberation Programs (Recovery for life)	399 Mill Hill Ave, Bridgeport, CT 06610 (203) 399-3136 liberationprograms.org Mon-Fri 5:30 am-1 pm, 2:30 pm-6:30 pm, Sat 6 am-10 am	Liberation provides 18 units of permanent supportive housing for families who are homeless or at risk of homelessness and in need of help maintaining their mental health and/or recovery at Gini's House in Norwalk. Outpatient Service. Inpatient Service. Prevention. Medical Assistance Treatment Wellness Van.
Milford Redevelopment and Housing Partnership	75 Demaio Dr, Milford, CT 06460 (203) 877-3233 ci.milford.ct.us/milford-redevelopment-housing-partnership-mrhp 24/7	Milford Redevelopment and Housing Partnership is a housing authority that participates in the Section 8 Housing Choice Voucher (HCV) and Public Housing programs.
Park City Communities	150 Highland Ave, Bridgeport, CT 06604 (203) 337-8900 parkcitycommunities.org Mon, Tues, Thur & Fri 8:30 am-3:45 pm, Wed 8:30 am-11:45 am	Park City Communities is committed to providing quality housing of choice, empowering residents to their highest level of self-sufficiency, and forming public and private partnerships to help revitalize our neighborhoods.

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APPENDIX B: Greater Bridgeport Community Resources

Greater Bridgeport Promoting Wellness & Healthy Lifestyles

Organizations	Contact Information	Key Information
Bridgeport Caribe Youth Leaders	1067 Park Ave, Bridgeport, CT 06604 (203) 913-0073 bcyl.org Mon-Fri 9 am-4 pm	To provide youth with sports, educational and civic direction helping them build the character and self-esteem they need to reach their full potential and value in society.
Bridgeport Parks & Recreations Department	7 Quarry Rd, Trumbull, CT 06611 (203) 576-7233 bridgeportct.gov Mon-Fri 8 am-4 pm	The Arts. Webster Bank Arena. Bank Arena. Connecticut's Beardsley Zoo. Captain's Cove Seaport. Downtown Cabaret Theatre. Discovery Adventure Park. Discovery Museum. Housatonic Museum of Art. Port Jefferson Ferry. Sikorsky Memorial Airport. Fairchild Wheeler Golf Course.
Bridgeport Public Library North Branch	3455 Madison Ave, Bridgeport, CT 06606 (203) 576-7003 bportlibrary.org Mon & Wed 10 am-6 pm, Tues & Thurs 12 pm-8 pm, Fri & Sat 10 am-5 pm	Books, Computers, Programs (all ages).
Dwight D. Eisenhower Senior Center	307 Golden Hill St, Bridgeport, CT 06604 (203) 576-7993 bridgeportct.gov Mon-Sun 8 am-3 pm	Ceramic Classes. Computer Classes. Tai-Chi. Zumba & Chair Exercise. Karaoke. Bingo. Pokemon Cards. Billiards. Wii. Dominos. Knitting. Manicures & Pedicures. Hair Cutting. Daily Nutritional Lunch.
Edith Wheeler Memorial Library	733 Monroe Tpke, Monroe CT, 06468 (203) 452-2850 ewml.org Mon-Wed 9 am-7 pm, Thurs 9 am-3 pm, Fri & Sat 9 am-2 pm	Books, Computers, Programs (all ages).
Fairfield Public Library - Main Library	1080 Old Post Rd, Fairfield CT, 06824 (203) 256-3155 fairfieldpubliclibrary.org Mon & Wed & Fri 9 am-5 pm, Tues & Thurs 9 am-7 pm, Sat 1 pm-5 pm	Books, Computers, Programs (all ages).
Lighthouse Afterschool Program	45 Lyon Terr, #301, Bridgeport, CT 06604 (203) 576 7252 brideportct.gov, Mon-Fri 3 pm-5 pm	Register online. School/community program which provides educational, cultural, and recreational programs. Summer program 5 days a week from 8:30 am-5:30 pm which include academics support as well as athletics and recreational activities designed to motivate participants.
Milford Public Library	67 New Haven Ave, Milford, CT 06460 (203) 783-3290 ci.milford.ct.us Mon 10 am-5 pm, Tues-Thurs 10 am-8:30 pm, Fri 1-5 pm, Sat 10 am-5 pm	Books, Computers, Programs (all ages).
Neighborhood Studios of Fairfield County	510 Barnum Ave, Bridgeport, CT 06608 (203) 366-3300 nstudios.org Mon & Thurs 10 am-8 pm, Wed 9 am-7 pm	Neighborhood Studios believes art education enhances cognitive and social development in children, thereby increasing their chances for success in all areas of learning. Afterschool programming. Partnerships. Performance Opportunities. Transportation & Financial Assistance.
Raymond E. Baldwin Center	1000 West Broad St, Stratford, CT 06615 (203) 385-4050 townofstratford.com/senior services Mon- Fri 9 am-4 pm	Social Services. Outreach Coordination. Family Caregiver Counselor. Recreation. Exercise & Fitness. Nutrition Services. Education. Health & Wellness Programs. Transportation. Baldwin C.A.R.E. Resident of Stratford 60+ years.
Salvation Army- Bridgeport Corps Community Center	30 Elm St, Bridgeport, CT 06604 (203) 334-0995 easternusa.salvationarmy.org/southern-new-england/bridgeport/ Mon-Fri 9 am-4 pm	Disaster Services. Emergency Financial Assistance. Food & Nutrition Programs. Seasonal Services. Visitation Services. Nutrition Programs. Christian Education. Women's Ministries. Worship Services - Sunday School. Worship Services - Youth Ministries. Worship Services - Children's / Teen. Worship Services - Church. Residential Camping Activities. Character Building Programs. Community Recreation & Education Programs.
Sterling House Community Center	2283 Main St, Stratford, CT 06615 (203) 378-2606 sterlinghousecc.org Mon-Thurs 9 am-6 pm, Fri 9 am-5 pm, Sat 9 am-3 pm	Summer Camp. Active Afternoons. SHCC Athletics. Sterling Down & Dirty 5K. Service Saturdays, Sponsor an Event. Delivery Services. Food Pantry.
YMCA-Stratford	3045 Main St, Stratford, CT 06614 (203) 375-5844 Mon-Thur 5:30 am-8 pm, Fri 5:30 am-7 pm, Sat 7 am-5 pm, Sun 8 am-2 pm	From exceptional fitness facilities including our indoor pool, Life Fitness circuit, Lifecycles, Elliptical Cross trainers, treadmills, recumbent bikes and upright bikes to our child watch and child care services for preschoolers, before and after-school child care and summer day camp.

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APPENDIX B: Greater Bridgeport Community Resources

Greater Bridgeport Financial Assistance

Organizations	Contact Information	Key Information
ALS Association-Connecticut Chapter	4 Oxford Rd, Milford, CT 06460 (203) 874-5050 webct.alsa.org Mon-Thurs 8:30 am-4:30 pm, Fri 8:30 am-2:30 pm	Research. Public Policy. Care Services. Public Education & Awareness.
American Job Centers	2 Lafayette Sq, Bridgeport, CT 06604 (203) 455-2700 ctdol.state.ct.us Mon-Fri 8 am-4:15 pm	Alien Labor Certification. American Job Centers. Apprenticeship Division. Bonding. Federal. Business Services. Connecticut Learns and Works Conference. CT Career Resource Network. CT Job & Career ConneCTion. Direct Benefits. Certification of Dislocated Workers. Individual Development Accounts (IDA). Job Corps. Job Fairs. Job Seeker Programs. Labor Relations. Manufacturing Apprenticeship Tax Credits. Mediation & Arbitration. Migrant & Seasonal Farm Workers Program. No Paper Checks. Worker Safety/Occupational Safety and Health (CONN-OSHA). Rapid Response. Research. Office of Shared Work Program. Speakers' Bureau. Tax Credit Programs. Trade Adjustment Assistance. Unemployment Insurance. Unemployment Appeals. Unemployment Tax. Veterans Workforce Development. Wage & Workplace Standards. WARN - Worker Adjustment & Retraining Notification Act. Web Sites for People with Disabilities. Welfare-to-Work. Workforce Innovation and Opportunity Act WIOA (formerly WIA). Youth Employment Site. Youth/Workers Under 18.
American Legion	752 East Main St, Bridgeport, CT 06608 (203) 332-5648 alctssmf.org Mon, Wed & Thurs 8 am-5 pm	The Connecticut Soldiers, Sailors, and Marines Fund was established in 1919 to assist needy wartime veterans and their families. It is administered by the American Legion in accordance with the provisions of the Connecticut General Statutes, Sections 27-138 and 27-140, and is governed under the Bylaws of the American Legion Department of Connecticut.
Bigelow Center for Senior Activities and Social Services	100 Mona Terr, Fairfield, CT 06824 (203) 256-3166 fairfieldct.org Mon-Fri 9 am-4 pm	Age 50+ years. Defensive Driving Courses. Fitness and Exercise programs. Dancing. Arts and Crafts. Bingo. Card Games. Senior Groups (music/singing, TV/video, investment, walking, others). Movies. Learning in Retirement Programs. Computer Classes and Continuing Education Classes. Health Screenings. Hot Lunch.
Bridgeport Department of Social Services	925 Housatonic Ave, Bridgeport, CT 06606 (203) 576-7416 portal.ct.gov/dss Mon, Tues, Thurs & Fri 8 am-4:30 pm	Provides federal/state food and economic aid, health care coverage, independent living and home care, social work, child support, home-heating aid, protective services for older adults, and more vital service areas.
Emerge Connecticut Inc.	830 Grand Ave, New Haven, CT 06511 (203) 562-0171 emergect.net Mon- Fri 7 am-3 pm	Self-sufficient social enterprise committed to assisting formerly incarcerated people successfully integrate back into their families and communities.
LifeBridge Community Services	475 Clinton Ave, Bridgeport, CT 06605 (203) 368-4291 lifebridgedotorg Mon-Thurs. 8 am-8 pm, Fri 8 am-5 pm	The lives of the youth and families served by LifeBridge have been deeply impacted by trauma, poverty, and a lack of educational opportunity. Domestic Violence. Family Therapy. Adolescent Wellness. Community Support Program. Substance Abuse. General Counseling. Urban Scholars Program. Community Closet. Work Skills Program.
PeopleReady	755 Boston Post Rd, Milford, CT 06460 (203) 776-2265 peoplerady.com Mon-Fri 5:30 am-6 pm, Sat 7 am-11 am	PeopleReady specializes in quick and reliable on-demand labor and highly skilled workers. PeopleReady supports a wide range of blue-collar industries, including construction, manufacturing and logistics, waste and recycling, and hospitality.
Raymond E. Baldwin Center	1000 West Broad St, Stratford, CT 06615 (203) 385-4050 townofstratford.com/seniorservices Mon- Fri 9 am-4 pm	Social Services. Outreach Coordination. Family Caregiver Counselor. Recreation. Exercise and Fitness. Nutrition Services. Education. Health & Wellness Programs. Transportation. Baldwin C.A.R.E. Resident of Stratford 60+ years.
Salvation Army Service Unit	30 Elm St, Bridgeport 06601 (203) 334-0995 ctri.salvationarmy.org, Hours Upon Inquiry	Disaster Services. Emergency Financial Assistance. Food & Nutrition Programs. Seasonal Services. Visitation Services. Nutrition Programs. Christian Education. Women's Ministries.
Small Business Administration	1000 Lafayette Cir, Bridgeport, CT 06604 (203) 457-6654 sba.gov Mon-Sat 9 am-5 pm	Independent agency of the federal government to aid, counsel, assist and protect the interests of small business concerns, to preserve free competitive enterprise and to maintain and strengthen the overall economy of our nation.
Southwestern Connecticut Agency on Aging	1000 Lafayette Blvd, Bridgeport, CT 06604 (203) 333-9288 swcaa.org Mon-Fri 8 am-5 pm	Social Security and SSDI. Medicare Savings Programs. Energy & Utility Assistance. Income Assistance. Property Tax.
Youth Works	350 Fairfield Ave, Bridgeport, CT 06604 (203) 416-8487 ajcswhct.com Mon-Fri 8:30 am-4:30 pm	Works with Connecticut Department of Labor. The WorkPlace. Career Resources.

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APPENDIX B: Greater Bridgeport Community Resources

Greater Bridgeport Transportation Assistance

Organizations	Contact Information	Key Information
ALS Association- Connecticut Chapter	4 Oxford Rd, Milford, CT 06460 (203) 874-5050 webct.alsa.org Mon-Thurs 8:30 am-4:30 pm Fri 8:30 am-2:30 pm	Van rides to ALS Clinics and/or neurology offices in Connecticut only. Must schedule 7 days in advance. Services only offered to ALS patients with or without a wheelchair who are registered with ALSA CT and live in CT. Must have no other transportation service and limited to four round trips per year.
Bigelow Center for Senior Activities and Social Services	100 Mona Terr. Fairfield, CT 06824 (203) 256-3166 fairfieldct.org Mon-Fri 9 am-4 pm	Age 50+ years. Defensive Driving Courses. Fitness & Exercise programs. Dancing. Arts & Crafts. Bingo & Card Games. Senior Groups (music/singing, TV/video, investment, walking, others). Movies. Learning in Retirement Programs. Computer Classes. Continuing Education Classes. Health screenings. Hot Lunch.
Coordinated Transportation Solution	35 Nutmeg Dr, #120 Trumbull, CT 06611 (203) 736-8810 ctstransit.com Mon-Fri 8 am-5 pm	Non-emergency medical transportation services, transportation consulting, workers' compensation transportation, special education transportation and mobility management services.
Greater Bridgeport Transport Authority	Multiple Locations (203) 336-7070 Ext. 131 gogbt.com/how-to-ride/for-riders-with-a-disability/ Mon-Fri 9 am-4 pm	Alternative bus transportation for individuals with mental or physical disabilities. Reservations can be made as early as five days in advance of your travel date, but no later than 4:30 pm the day prior to your trip.
Kennedy Center	2440 Reservoir Ave, Trumbull, CT 06611 (203) 365-8522 ctada.com Mon-Fri 8 am-5 pm	ADA Paratransit is a shared ride, advanced reservation, origin-to-destination service for persons with disabilities who are unable to use the public bus service because of their disability.
M7	65 Industry Dr, West Haven, CT 06516 (203) 777-7777 icabbi.com By Appointment	Encompass Program. Traditional Service. Wheelchair-Accessible/Paratransit Transportation. Medical and Student Transportation.
Raymond E Baldwin Center	1000 West Broad St, Stratford, CT 06615 (203) 385-4050 townofstratford.com/seniorservices Mon- Fri 9 am-4 pm	Social Services. Outreach Coordination. Family Caregiver Counselor. Recreation, Exercise & Fitness. Nutrition Services. Education. Health & Wellness Programs. Transportation. Baldwin C.A.R.E. Resident of Stratford 60+ years.
Veteran's Affairs- Shuttle Bus Program	752 East Main Street, 1st Floor, Bridgeport CT 06608 (203) 576-8348 va.gov/healthbenefits/vtp/ Mon-Fri 9 am-4:30 pm	Beneficiary Travel (BT). Veterans Transportation Service (VTS). Highly Rural Transportation Grants (HRTG).

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YaleNewHaven**Health**

Bridgeport Hospital

bridgeporthospital.org

