

EAST SHORE HEALTH DISTRICT COMMUNITY HEALTH ASSESSMENT

2021-
2024

esdhd.org
203.481.4233
688 E. Main St
Branford, CT 06405



WHAT IS A COMMUNITY HEALTH ASSESSMENT?

A Community Health Assessment (CHA) uses different data sources to look at the current health of a community. In this case, we're looking at the health of the East Shore District Health Department, which is made up of Branford, East Haven, and North Branford.

Every health department or district chooses how frequently to do this assessment, and we run ours every four years.

Health is affected by more than what you eat and how much you exercise. There are also environmental (access to clean air and water, safe food, sidewalks, green spaces), social (safety, connectedness, presence or lack of social services), and behavioral (smoking, drug use, alcohol drinking) influences that can make someone more or less likely to have poor health outcomes like acute or chronic disease.

Conclusions and information from the CHA are used to update our Community Health Improvement Planning Board (CHIP Board) priorities and highlight areas we can work together with community partners to improve the health and well-being of our district.

We hope you leave this report more knowledgeable about the state of health in our community!



ACKNOWLEDGEMENTS

December 2025

Community Health Assessments are important documents that measure the health of local communities at regular points in time. A lot of time and work goes into making them accurate and informative, with the overall goal of providing our communities with relevant health-related data.

Thank you to all who participated in the survey. Additional thanks to our town and library partners who graciously housed paper copy submission boxes for the survey duration, and to our local partners who helped us advertise and share the survey link.

Prepared by:

Madison Wierzel, MS, MPH, CIC, Epidemiologist

Special thanks to:

Barbara Naclerio, MPH, CHES, Community Health Coordinator

Elisabeth Matuska, MPH CHES, Emergency Preparedness Coordinator

Lani Steffens, MA, MPH, CPH, Senior Public Health Analyst (Fairfax County, VA)

The open source data community

ESHD interns

The District Community Health Improvement Planning Board

District Town Halls and Libraries

District residents

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EXECUTIVE SUMMARY



Residents of the East Shore Health District overall enjoy good health. Like the rest of the United States, our residents are affected by chronic diseases such as heart disease, obesity, cancer, and others, as well as infectious diseases like COVID-19, the flu, and various tick and mosquito-borne illnesses.

However, we are generally below the national average for rates of heart disease prevalence and cancer mortality.^{1,2} We also fare well with STIs, ranking near the bottom for high rates.^{3,4}

This is not to say our district is without health challenges. Some of our towns had higher suicidal ideation and attempt rates than the state average, and there are still different levels of health depending on which zip code you live in.

We remain committed to working with town partners to ensure a healthier future for all of our residents.

METHODOLOGY



PARTS OF THE CHA

Representative data

We collected the latest available data from government sources like the Census, CDC, and other state and federal sources with representative data about our communities. Sometimes, this is at the town level. Other times, it's at the county or census tract level. An overview is given on the subject pages, and more detail is available in the appendices.

Online and paper survey

Our survey asked residents a variety of questions about their health, their community's health, and their thoughts about what could improve both.

Between October and December, 2024, we collected 512 responses. After removing those who did not live in our district and blank submissions, we had 381 useable responses.

Because this survey was based on a convenience sample (gathering responses from people who were easiest to reach vs. a true random sample), the results are not representative of the whole community.

For this reason, results skew heavily toward women and people over 60. The feedback and open-ended commentary is still extremely important, however, and community responses highlighted themes that also showed up in the data.

To avoid accidentally using survey results as representative data about our district, summaries of responses are included in the appendices. Resident quotes are shared alongside relevant local data.

A NOTE ON THE CENSUS

Data from the Census is presented as estimates given from either the 1 or 5-year American Community Survey results. The estimates come with margins of error (plus or minus a number from the estimate) that show the low end and the high end of a range of values in which the Census is 90% confident the true value exists.

For simplicity, if margins of error are not shared, assume the number is the estimate.

For more information on confidence intervals and the Census's methodology, please [see here](#).

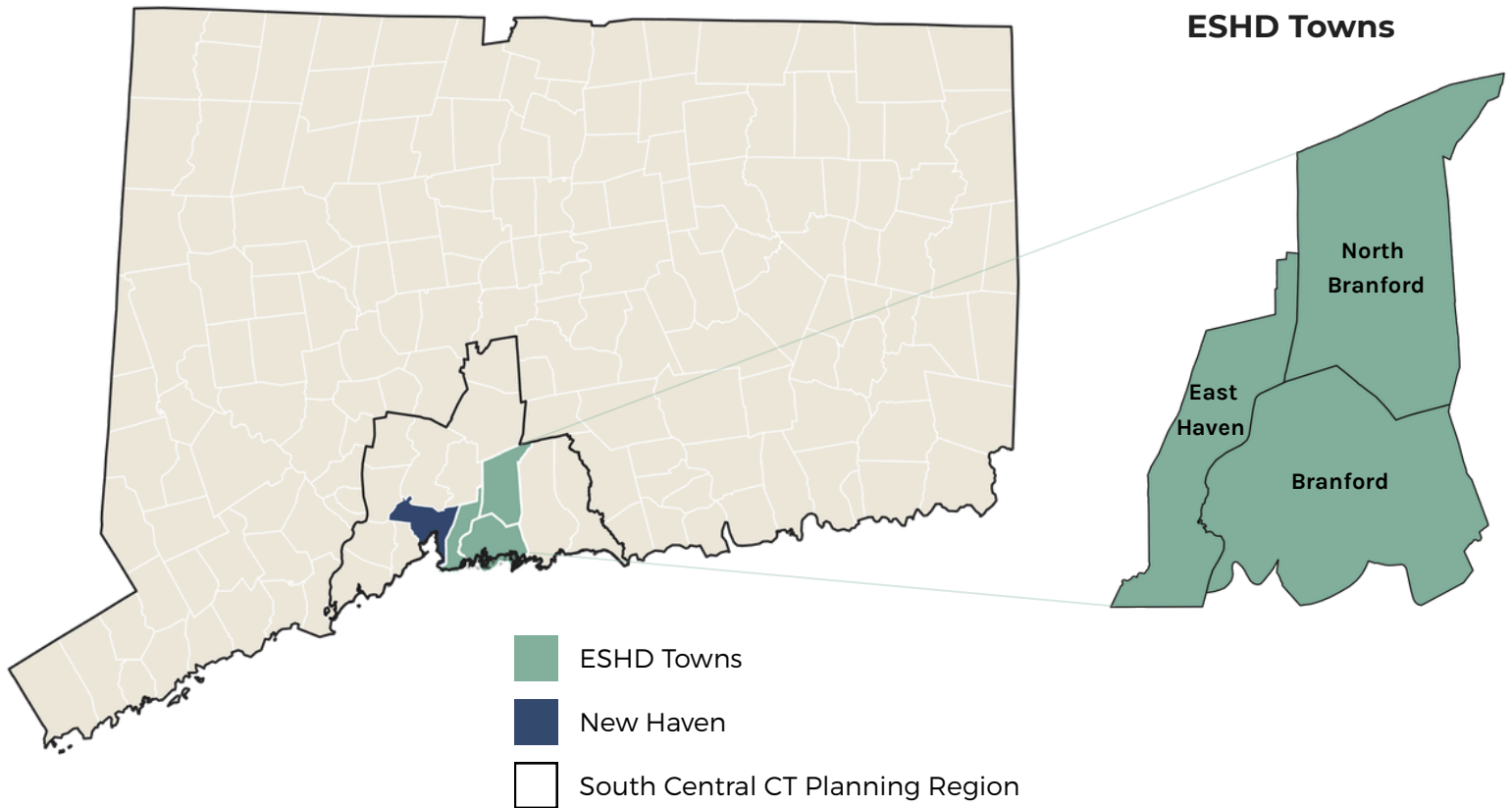
All analyses were performed using R Statistical Software (v4.3.0)



OVERVIEW



Map of East Shore Health District Towns within the South Central CT Planning Region



The East Shore Health District is located within the **South Central CT Planning Region**, which includes Bethany, Branford, East Haven, Guilford, Hamden, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Orange, Wallingford, West Haven, and Woodbridge.

There are nine Planning Regions in CT, and they have replaced counties for statistical purposes in new data releases. There will be some Census data presented in the CHA at the planning region level and some at the old county level, in addition to town, census tract, and zip code data.

QUICK TIP

Check the upper right corner to see what level of data we're discussing:



Planning Region



County



ESHD Towns



Census Tracts



ZIP Code



DEMOGRAPHICS



East Shore Health District

The East Shore Health District is made from the towns of Branford, East Haven, and North Branford. The district as a whole has an estimated 69,306 people living along the central Connecticut shoreline. ⁵

Languages used in the district include American Sign Language, Chinese, English, French, Hebrew, Italian, Hindi, Nepali, Polish, and Spanish. ⁶

Table 1: American Community Survey (ACS) 2023 5-Year Estimates, Census

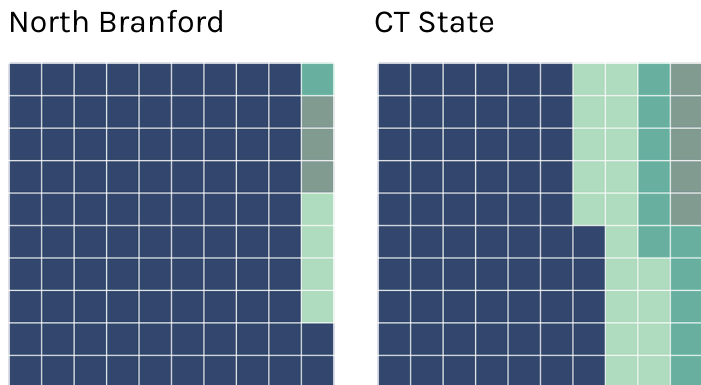
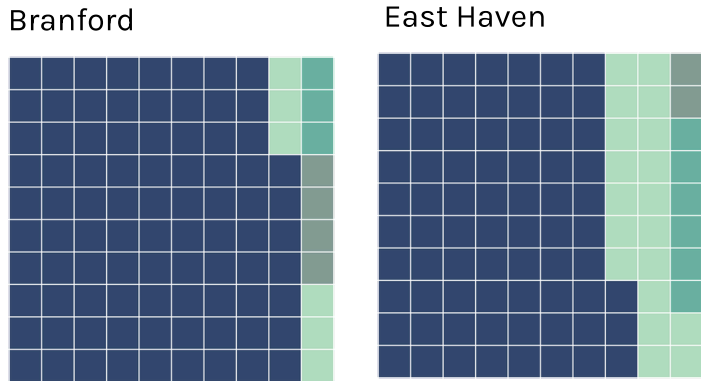
	Branford	East Haven	North Branford	CT
Population	28,090	27,729	13,487	3,598,348
% Population > 65	28.8%	20.4%	22.6%	18.1%
% Female	51.8%	53.2%	49.9%	50.9%
% Male	48.2%	46.8%	50.1%	49.1%
% Primary language spoken at home - English	90.0%	82.6%	91.8%	77.0%
% Primary language spoken at home - Spanish	10.0%	17.4%	8.2%	23.0%
Median Income	\$97,223	\$86,498	\$113,687	\$93,760
Median Age	54.4	45.2	48.4	41.2
Highest education: High school	23.2%	41.1%	35.2%	25.5%
Highest education: Bachelor's or above	49.5%	25.0%	35.5%	41.9%

DEMOGRAPHICS



Figure 1: Race/Ethnicity by Town

Each square = 1%

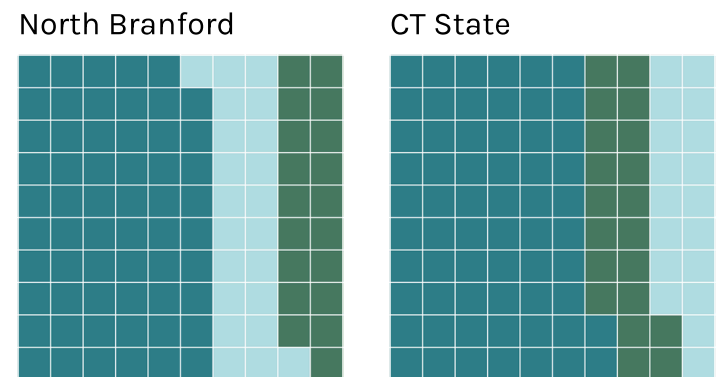
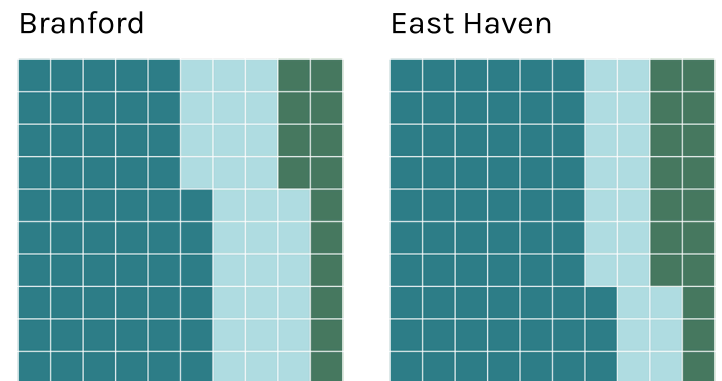


■ White (non-Hispanic)
 ■ Hispanic
 ■ Black
 ■ Asian

Our district is predominantly white, with East Haven having the most racial and ethnic diversity.

Figure 2: Age by Town

Each square = 1%



■ Adult
 ■ <18
 ■ >65

Our district's average age varies by town, but is overall older than the state average.

DEMOGRAPHICS



**Table 2: Top 10 Causes of Premature Death by Race/Ethnicity
2020-2023
New Haven County**

Black, Non-Hispanic	Hispanic	White, Non-Hispanic
Accidents	Accidents	Cancer
Cancer	Cancer	Heart Disease
Heart Disease	Heart Disease	Accidents
COVID-19	COVID-19	COVID-19
Assault (homicide)	Assault (homicide)	Chronic Lower Respiratory Disease
Diabetes	Chronic Liver Disease	Chronic Liver Disease
Stroke	Diabetes	Diabetes
Kidney Disease	Stroke	Suicide
Chronic Lower Respiratory Disease	Conditions Originating in the Perinatal Period*	Stroke
Sepsis	Suicide	Kidney Disease

*Conditions that occur before birth through the first 28 days after birth

Premature death, or dying before reaching the average life expectancy, is caused by a mixture of accidents, chronic disease, infectious disease, and behavior. In the most recent four years of available data since our last CHA, these are the top causes of premature death in our county.

DEMOGRAPHICS



COUNTY

**Table 3: Top 10 Causes of Premature Death by Sex 2020-2023
New Haven County**

Male	Female
Accidents	Cancer
Cancer	Heart Disease
Heart Disease	Accidents
COVID-19	COVID-19
Chronic Liver Disease	Chronic Lower Respiratory Disease
Diabetes	Diabetes
Suicide	Stroke
Chronic Lower Respiratory Disease	Chronic Liver Disease
Stroke	Kidney Disease
Assault (homicide)	Sepsis

Accidents include unintentional drug overdoses, motor vehicle accidents, and falls, among others.

Reasons for these rankings is beyond the scope of the CHA. However, possible influences include differences in job types, behavior, genetics, and societal influences.

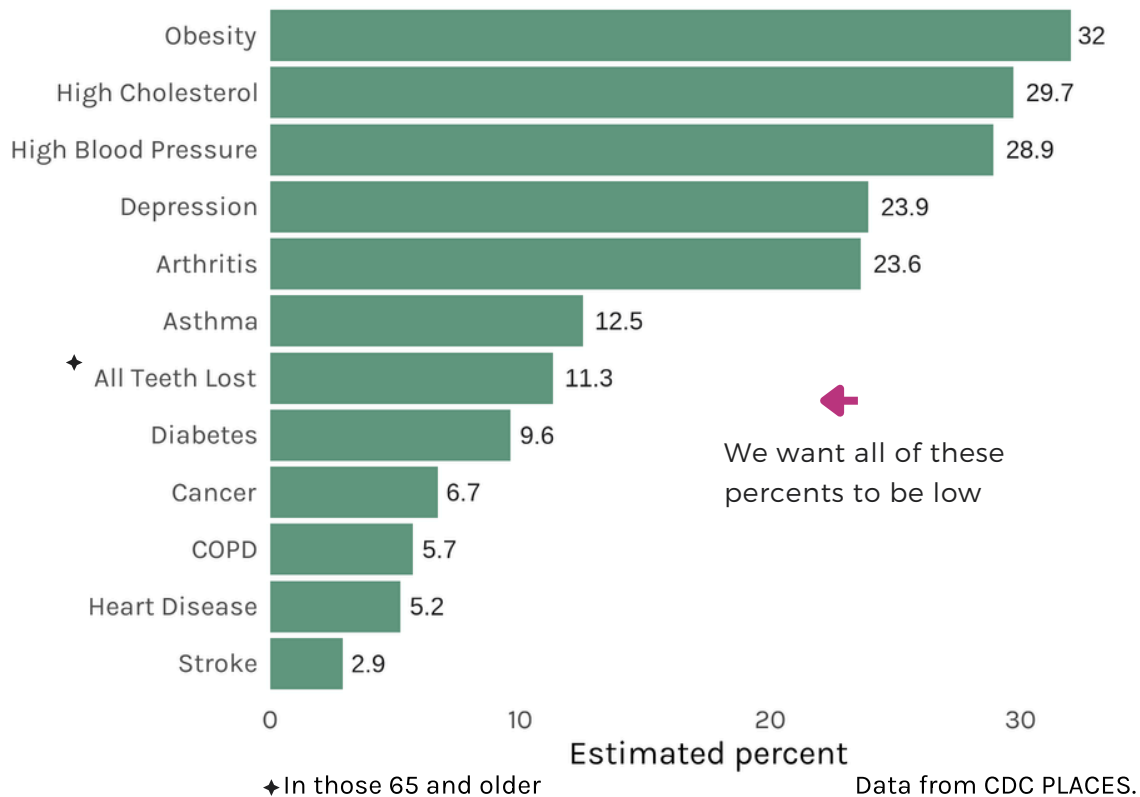
BASELINE HEALTH



HEALTH OUTCOMES

A person's overall health is determined by many factors, some in their control and some beyond it. Below are estimates for how common different health conditions are in adults 18 and over in our greater community.

**Figure 3: Health Outcome Prevalence
South Central Planning Region**



COMMUNITY VOICES

“ There needs to be better support for people to walk or run or bicycle to school, parks, jobs, errands, etc. More sidewalks that are maintained, including shoveled in winter. The focus on cars makes it dangerous to travel by foot or bicycle. This discourages activity leading to obesity and other disease of inactivity. Sports fields alone are not the answer. ”

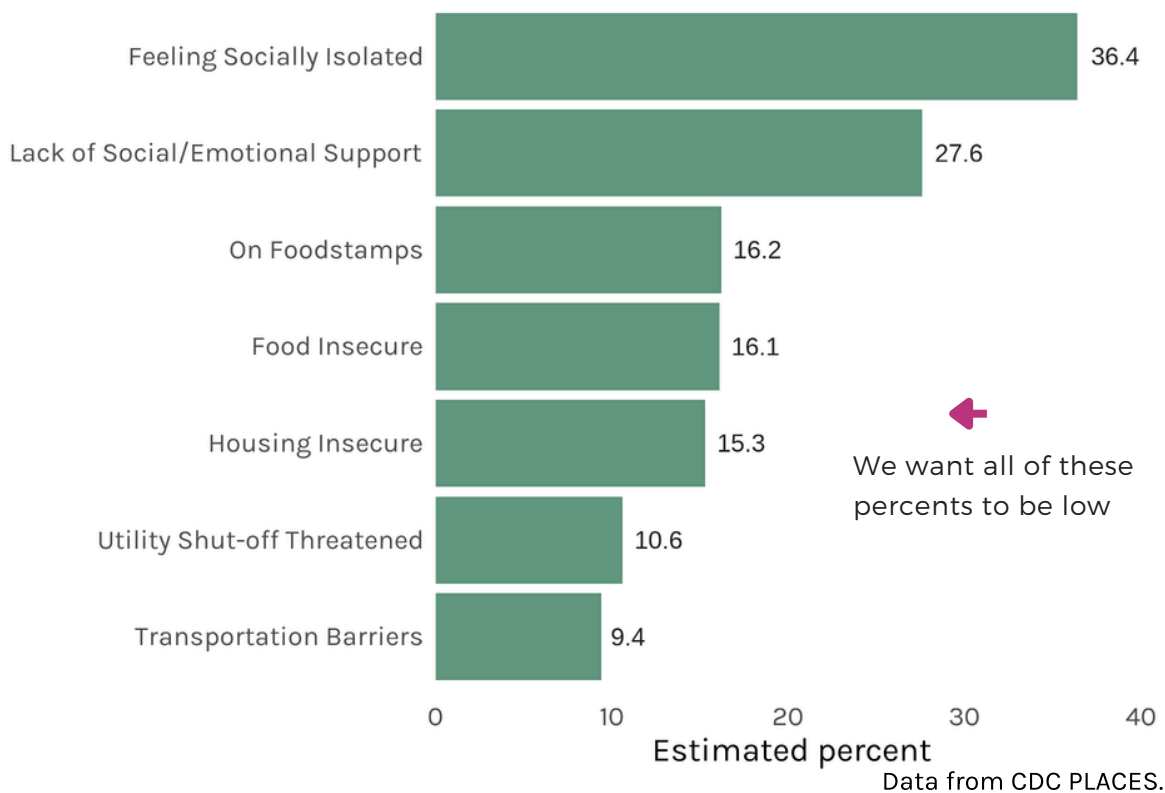
BASELINE HEALTH



HEALTH-RELATED SOCIAL NEEDS

A person’s health is affected by whether they have a safe place to live, access to healthy food, and a supportive social network. Below are estimates for how common health-related social needs are in adults in our greater community.

**Figure 4: Health-Related Social Needs
South Central Planning Region**



COMMUNITY VOICES

“ I don’t see “community” in my area. Everyone struggles. No public transportation, sporadic sidewalks.

I find it hard to connect with others and good public transportation/walkability are a challenge.

There is no affordable housing and this impacts people’s health. ”

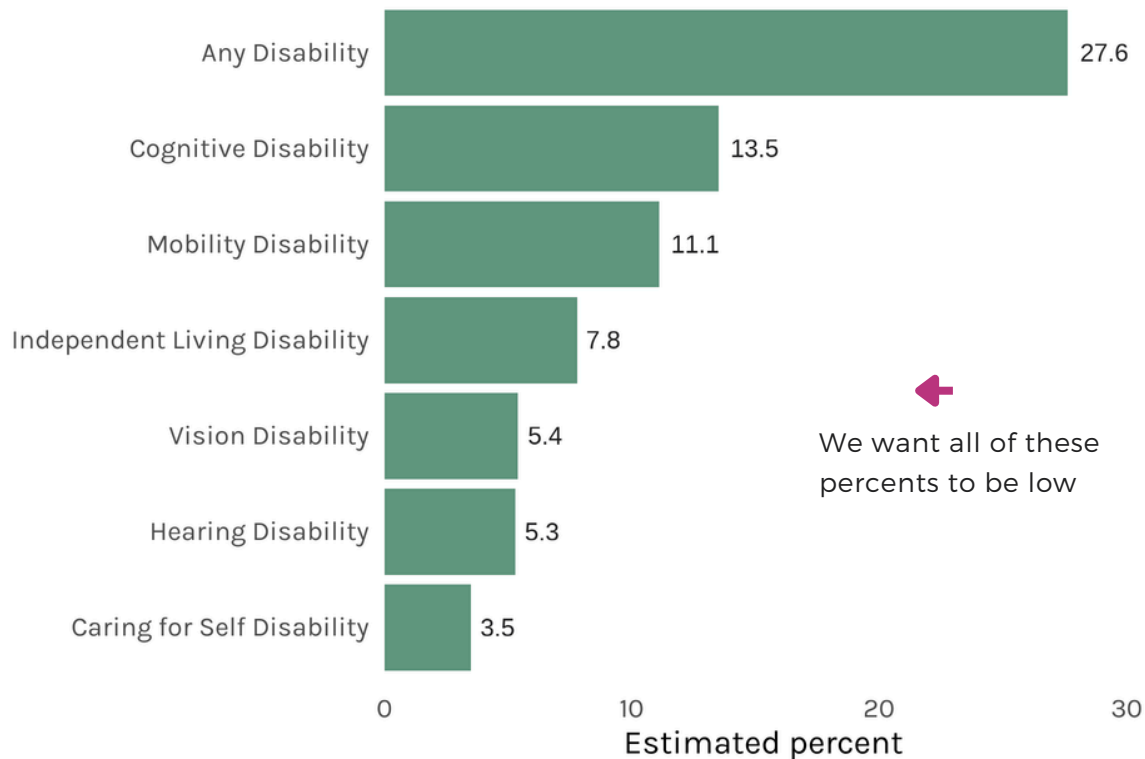
BASELINE HEALTH



DISABILITY

Having a disability may make it harder to maintain habits that keep someone healthy. Below are estimates for how common disabilities are in adults in our greater community.

Figure 5: Disability Prevalence South Central Planning Region



Data from CDC PLACES. Full measure names can be found in the appendix.

COMMUNITY VOICES

“ I thought my vision issue would have resolved itself over a year ago when I retired. East Haven has cut down almost every street tree in my neighborhood. Although I'd like to walk downtown in the summer it's just too hot and too bright. ”

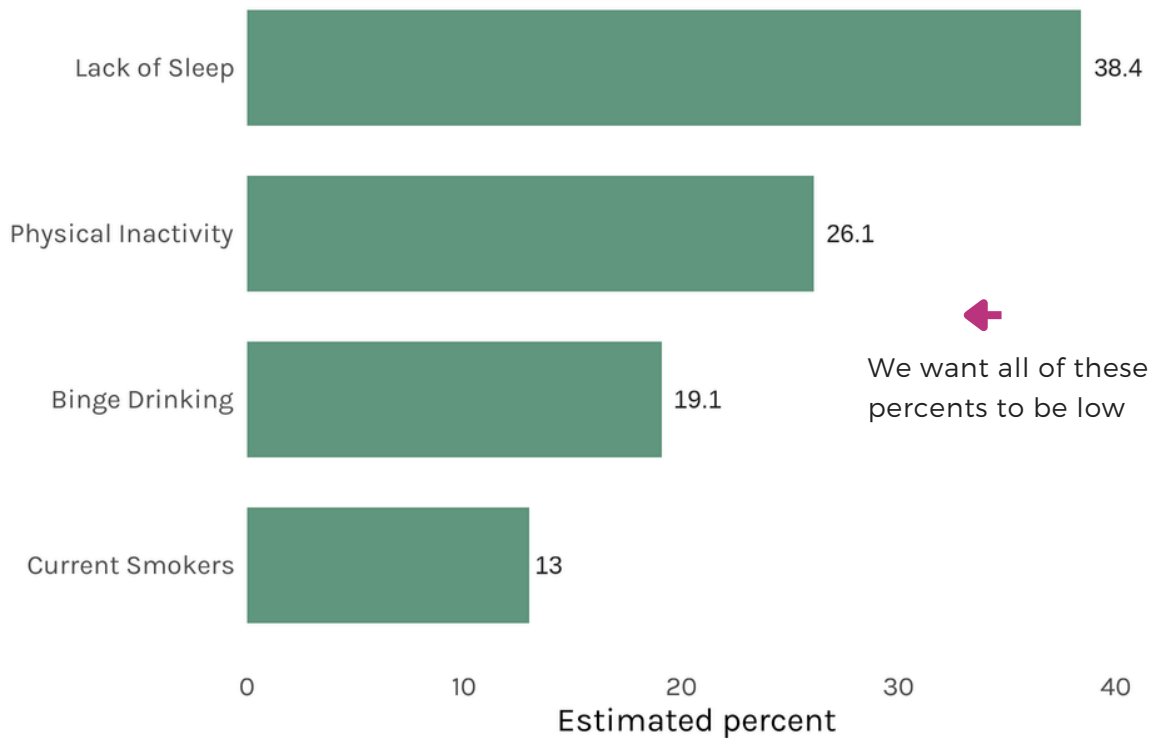
BASELINE HEALTH



HEALTH RISK BEHAVIORS

Certain behaviors increase the risk of poor health. Below are estimates for how common some of these behaviors are in adults in our greater community.

Figure 6: Health Risk Behavior Prevalence South Central Planning Region



Data from CDC PLACES. Full measure names can be found in the appendix.

COMMUNITY VOICES

“ I am kept awake nights by late arriving planes again over Branford, also disturbing my waking hours or attempts to get to sleep. Finding time between a full-time job that takes up 60 hours a week and raising a family. It can be hard to find the time to exercise daily. ”

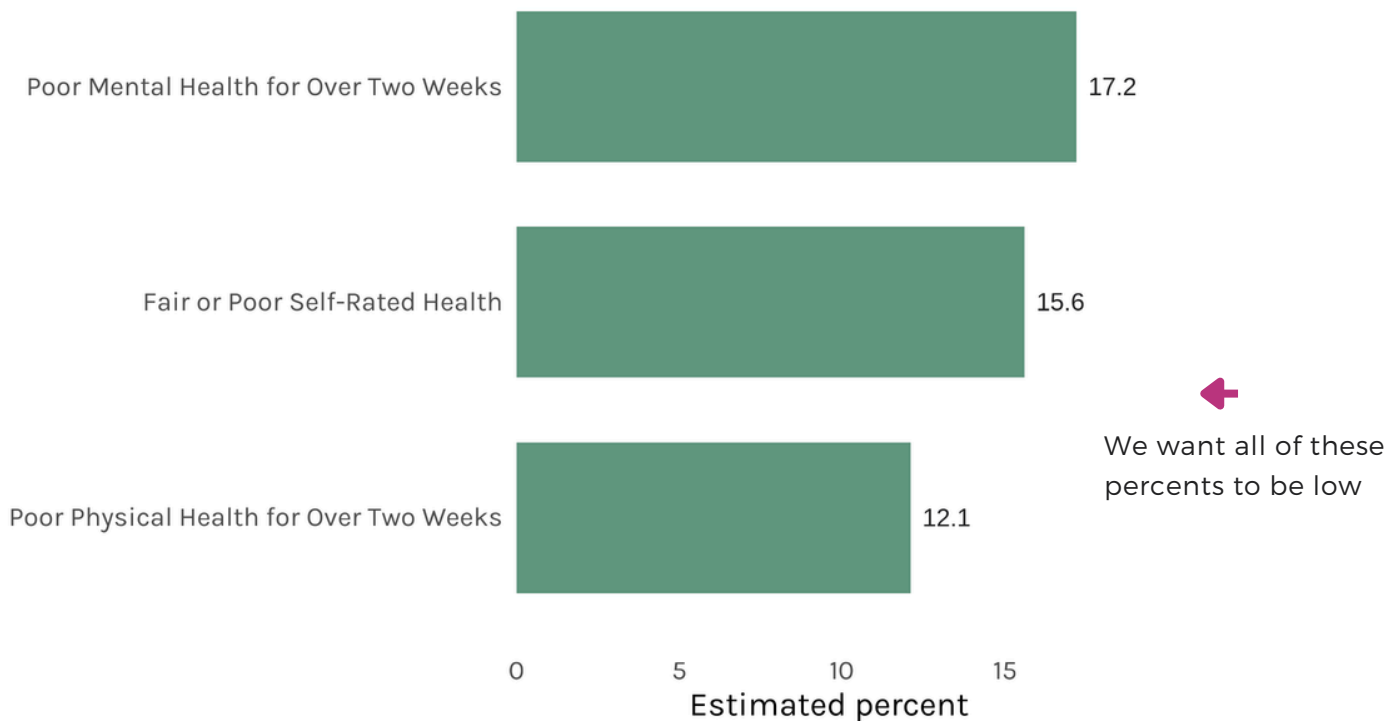
BASELINE HEALTH



SELF-REPORTED HEALTH STATUS

Our goal is for our residents to enjoy good mental and physical health. Below are estimates for how common poor health status is in adults in our greater community.

**Figure 7: Health Status
South Central Planning Region**



Data from CDC PLACES. Full measure names can be found in the appendix.

COMMUNITY VOICES

“ Cost. Even with having insurance some basic things are not covered or the copay is too high to regularly go. Mental health costs \$40-50 per visit - that’s not affordable for most people.

I’ve been going through a lot of stress which has caused me mental health problems.

I have mental health problems along with more than 4 years without seeing a dentist, over 5 years without seeing an eye doctor. ”

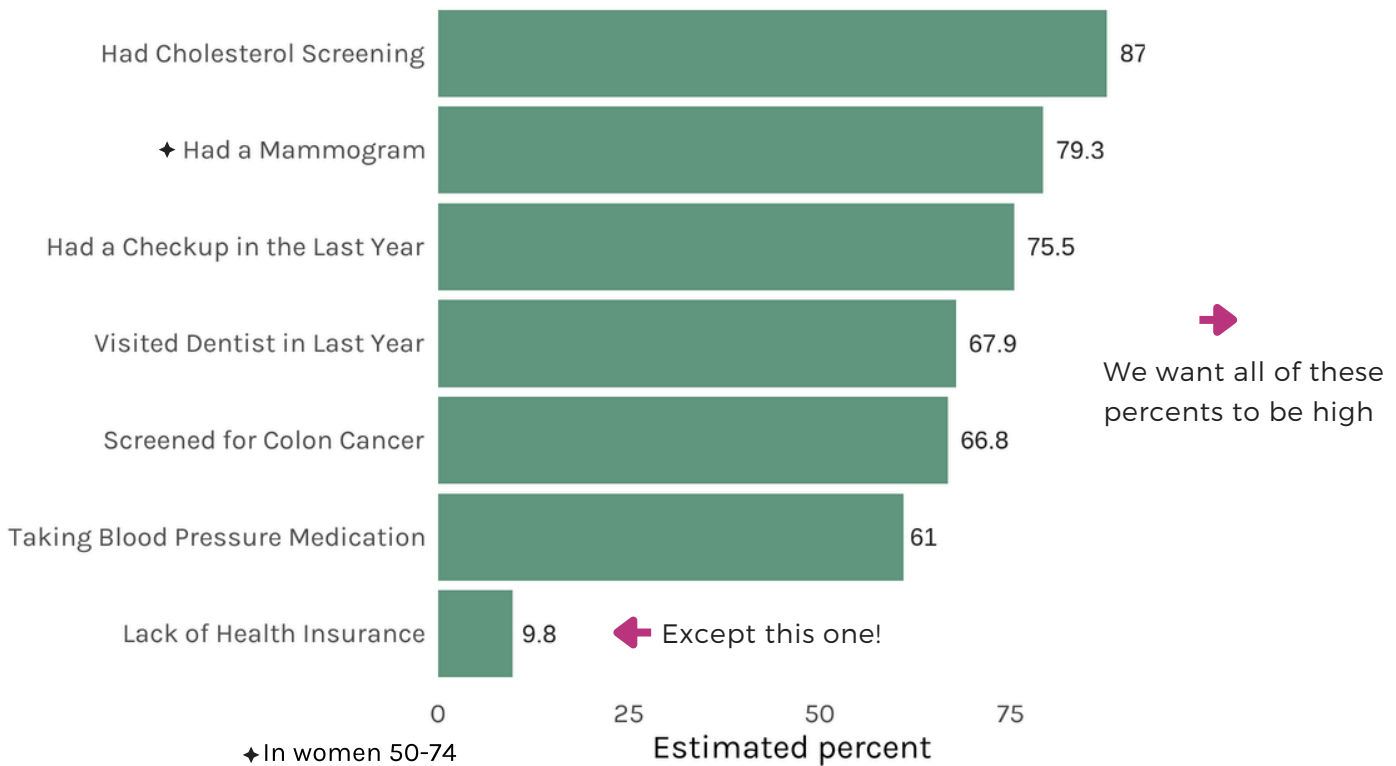
BASELINE HEALTH



PREVENTIVE HEALTH PRACTICES AND SERVICES

Getting preventive health services like regular checkups and screenings can improve someone’s health. Below are estimates for how commonly preventive screenings and services are used in adults in our greater community.

Figure 8: Health Prevention Behavior Prevalence South Central Planning Region



COMMUNITY VOICES

“ No dental insurance and having to pay out of pocket. Turned down from Husky because I make too much but I’m a single renter already struggling paycheck to paycheck. Insurance companies. You get insurance just to use it and for these companies to rip you off and put you in debt...We need affordable health care. ”

HEALTH DISPARITIES

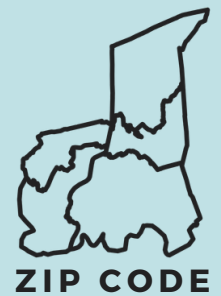
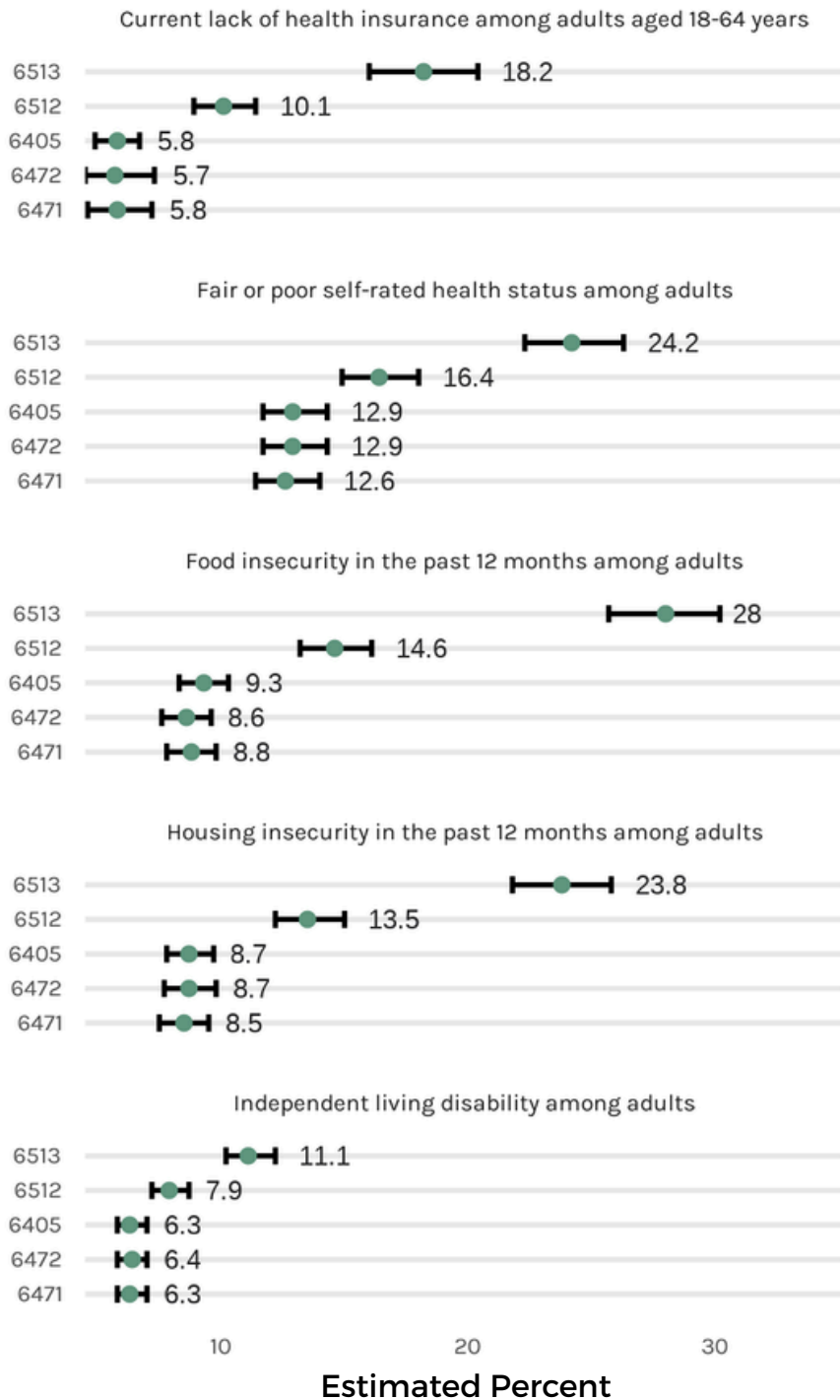


Figure 9: Health Measures



Data from CDC PLACES.

Whiskers show 95% confidence limit. Number to the right of whiskers is the point estimate, not the upper confidence level.

Towns in our health district have a lot in common, but there are some difficulties that are more common in certain areas than others.

The next two figures show health measures with significant differences between at least one zip code and the rest. Many of these measures relate to income or wealth, reflecting the difficult reality that some of our residents cannot make enough to afford enough food or housing even with a job.

See Appendix A for all health measures.

HEALTH DISPARITIES

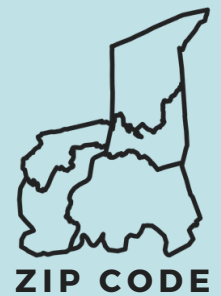
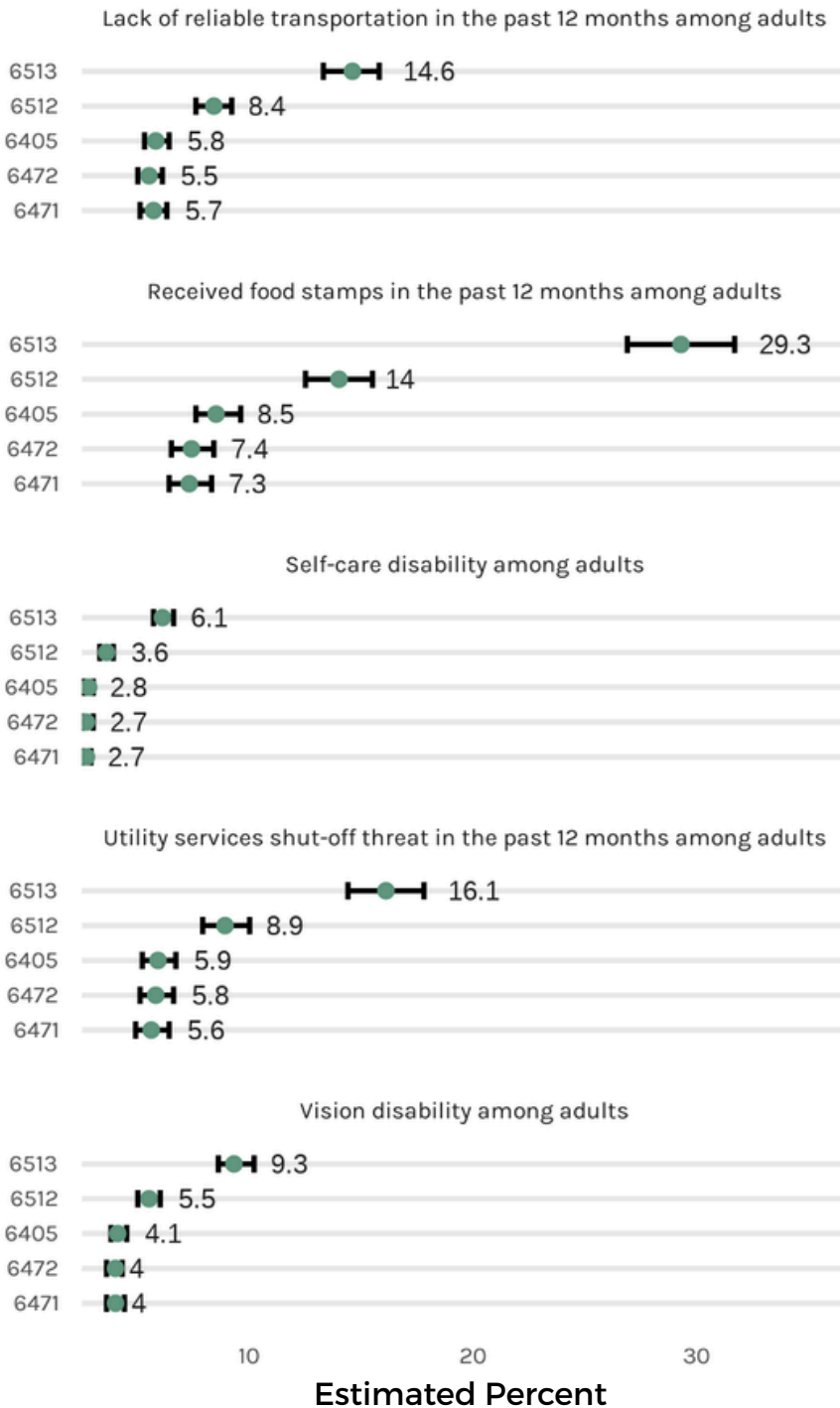


Figure 10: Health Measures, Continued

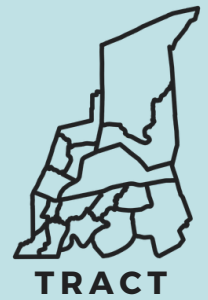


Knowing where additional support is needed is helpful when planning programs for the community.

For example, at our monthly Community Health Improvement Planning (CHIP) Board meetings, we bring together local organizations and social services to coordinate resources and find creative ways to ensure our communities get the services they need.

Data from CDC PLACES.
Whiskers show 95% confidence limit. Number to the right of whiskers is the point estimate, not the upper confidence level.

SOCIAL DETERMINANTS OF HEALTH



CDC DEFINITION

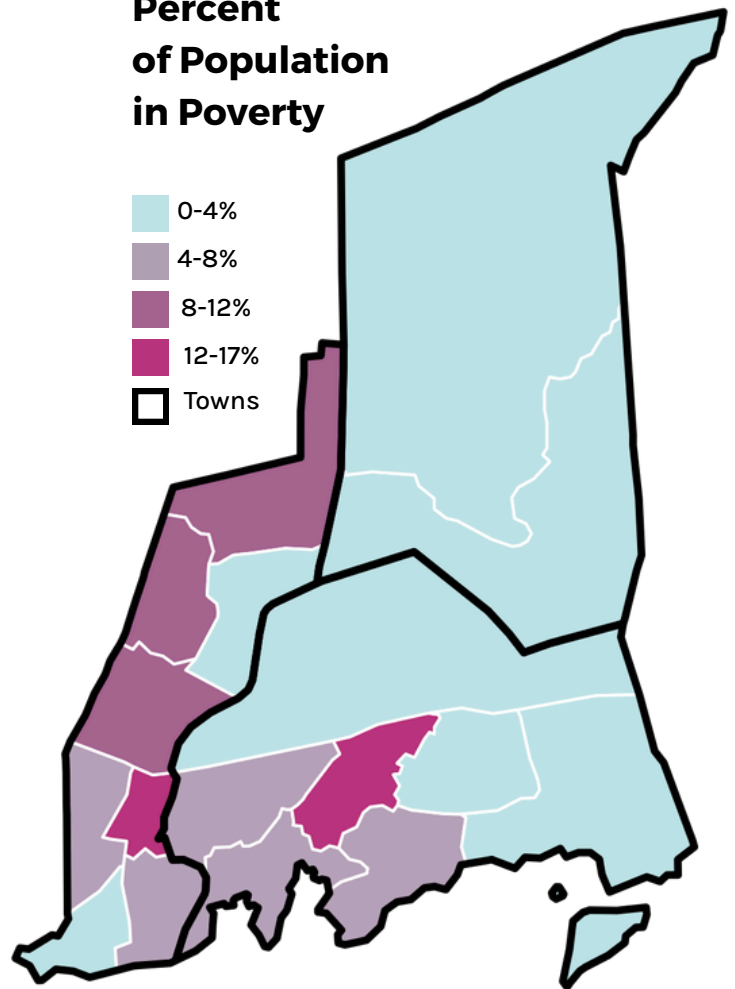
Social determinants of health (SDOH) are the **nonmedical factors** that influence health outcomes. They are the conditions in which people are born, grow, work, live, worship, and age. These conditions include a **wide set of forces and systems that shape daily life** such as economic policies and systems, development agendas, social norms, social policies, and political systems.⁷

POVERTY

A person's poverty status is determined by a combination of income, household size, and whether and how many related children under 18 or people over 65 live with them. For a single person in 2024, someone is considered in poverty if they made less than \$15,940. For a family of two adults and two children, it is \$31,812.⁸

Poverty has been linked to many poor health outcomes, such as dying earlier, higher rates of chronic disease, and poor mental health.⁸

Figure 11: Estimated Percent of Population in Poverty



Note: Due to smaller sample sizes, the margins of error for these estimates are over half the size of the estimate, so take the percent as a ballpark over a true number.

FOOD INSECURITY

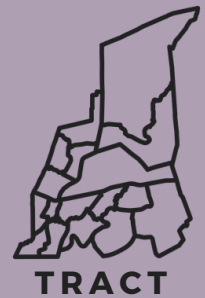
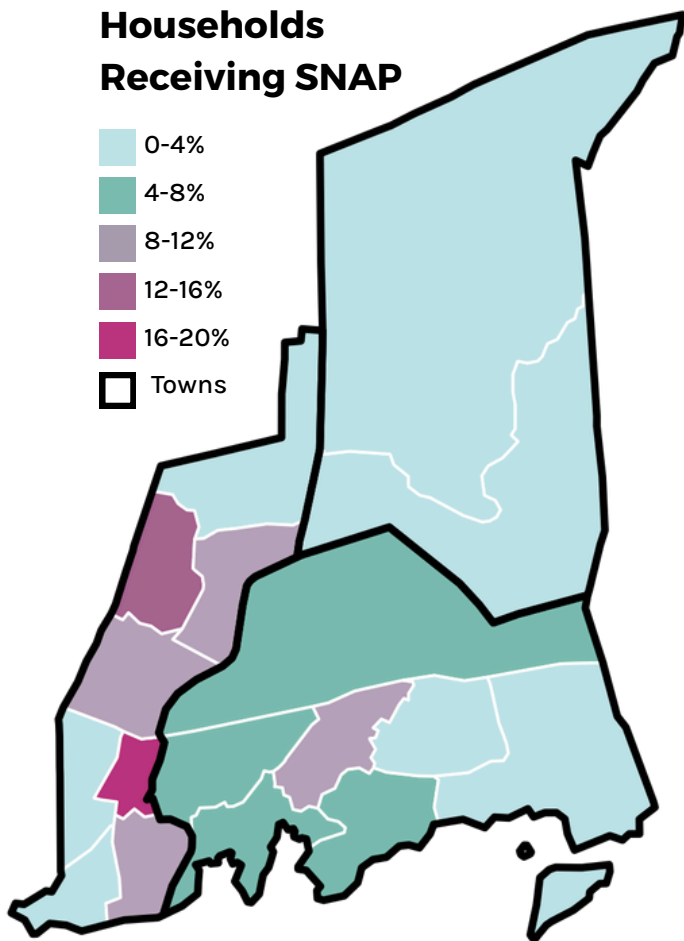


Figure 12: Estimated Percent of Households Receiving SNAP



LOW INCOME, LOW ACCESS

Low income, low access tracts have median incomes 80% or lower than the statewide median income or have a 20% or more poverty rate **and** a significant portion of the tract (500 people or at least 33% of the tract) .5 miles or more from the nearest supermarket.¹⁰

FOOD INSECURITY

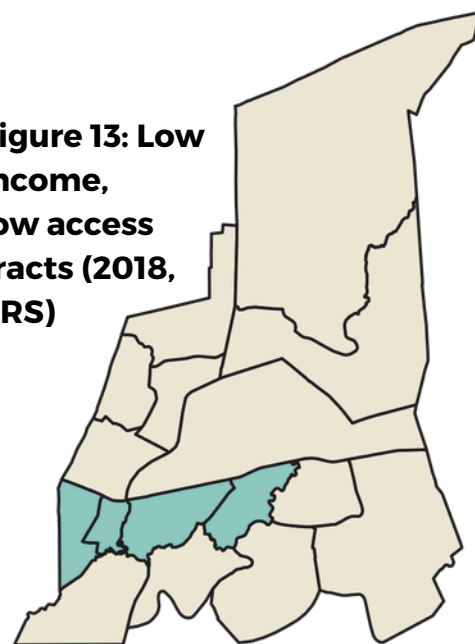
According to the USDA, “food insecurity is a household-level economic and social condition of limited access to food.” Food insecure households worried whether their food would run out before they got money to buy more, the food they bought didn't last (and they didn't have money to get more), and they couldn't afford to eat balanced meals.

9

Food insecurity can be indirectly measured by those using food assistance like SNAP.

Not everyone in our district is equally affected by food insecurity. Most census tracts in our district with estimated SNAP use over 10% are in East Haven..

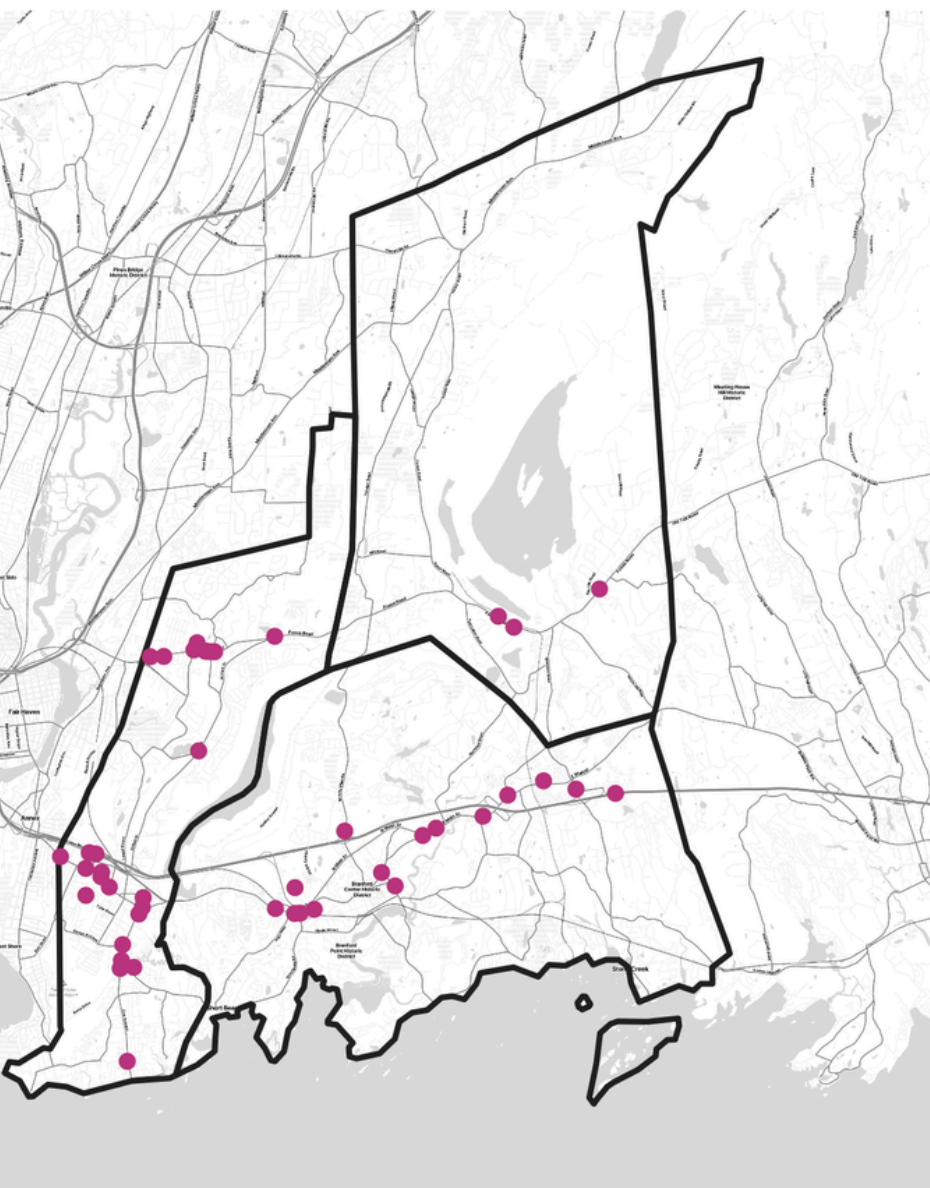
Figure 13: Low income, low access tracts (2018, ERS)



FOOD INSECURITY



Figure 14: Store Locations Accepting SNAP in ESHD Towns



SNAP BENEFITS

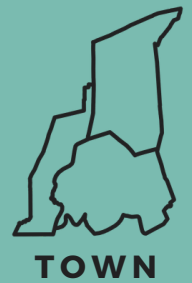
Use of SNAP benefits can help reduce a household's risk of poverty and free up needed dollars that can go to rent, utilities, or other necessities.¹¹

SNAP has been shown to increase a household's food security and reduce childhood poverty.¹¹

Some towns in our district have more SNAP-accepting stores than others, as well as stores more easily accessible by walking or public transit.

See Appendix D for this list of SNAP-accepting businesses in our district, or look them up at the [USDA SNAP Retailer Locator](#).

HOUSING



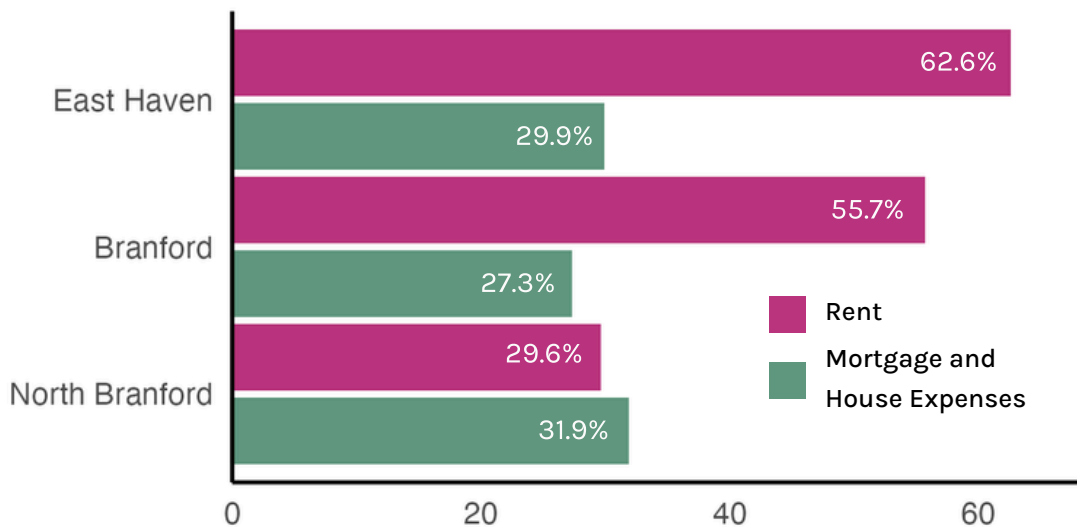
COST BURDEN

Households are considered cost-burdened when they spend more than 30% of their income on rent, mortgage payments, and other housing costs, according to the U.S. Department of Housing and Urban Development (HUD).¹²

Renters in Branford and East Haven are especially feeling the brunt of this. They are higher than the state average of 51.3% of renters paying over 30% of their gross income on rent, while North Branford is slightly higher than the state average for house expenses including mortgages (29.8%).⁵

More resources going to housing means families may be having to make difficult decisions regarding food quality or quantity given other necessary bills like utilities, and be under greater mental stress trying to make ends meet.

Figure 15: Estimated Percentage of Mortgage and Rent Paying Households Paying 30% or More of their Gross Income On Rent/House Expenses



HOUSING

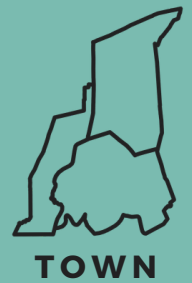
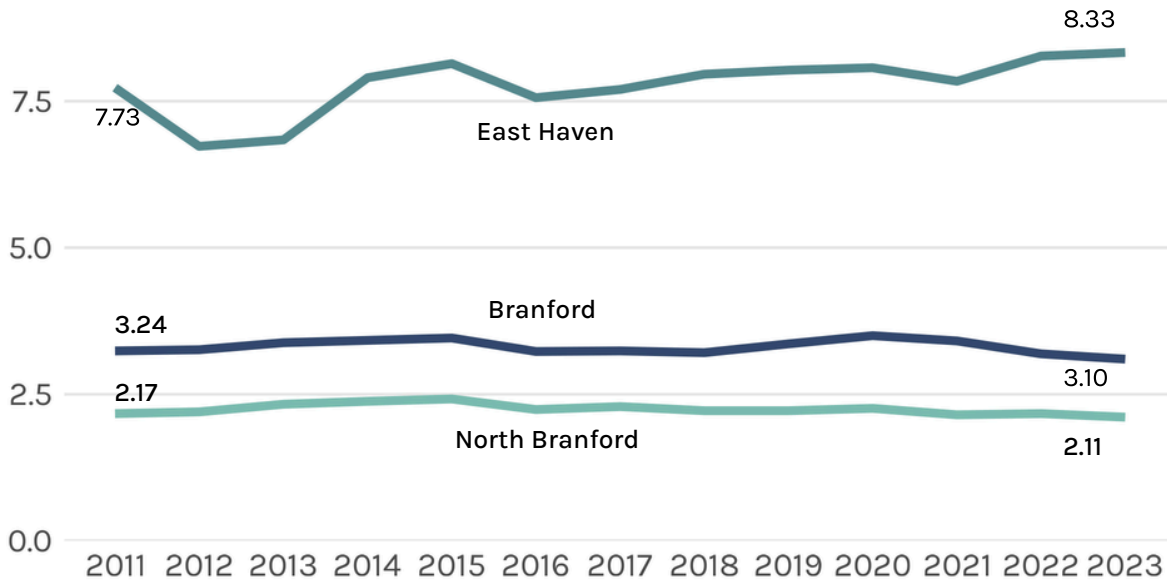


Figure 16: Percent of Affordable Housing in ESHD Towns, 2011-2023



AFFORDABLE HOUSING

The percent of housing units considered affordable by law (getting government assistance, CHFA/USDA mortgages, or other assistance) has remained mostly steady in our district since 2011. Depending on the specific moment in the housing market, there may also have been additional units in each town that met the HUD definition of affordable housing: "Housing on which the occupant is paying no more than 30 percent of gross income for housing costs, including utilities"¹³ such as mobile homes or some condominiums.

HOUSING



Table 4: Fiscal Year 2024 HUD Income Limits New Haven-Meriden CT HUD Metro Fair Market Rent Area		
Family Size	Low Income	Very Low Income
1	\$65,050 (\$1,626.25)	\$40,650 (\$1,016.25)
2	\$74,350 (\$1,858.75)	\$46,450 (\$1,161.25)
3	\$83,650 (\$2,091.25)	\$52,250 (\$1,306.25)
4	\$92,900 (\$2,322.25)	\$58,050 (\$1,451.25)

() = Maximum monthly housing payment that's affordable (30% or less of household income)

AFFORDABLE HOUSING

However, both renters and homeowners are suffering financially. Rent has been going up for years¹⁴ and housing remains difficult to afford for many people. This is particularly a problem for those on fixed incomes who are suddenly forced to deal with excessive costs.

Table 4 shows the 2024 HUD low income levels by family size. In parentheses is the maximum amount someone in a family that size could pay monthly assuming they are keeping to the affordable definition of no more than 30% gross income.

People who have a home are less likely to have chronic health conditions compared to those who rent.¹⁵

HEALTHCARE ACCESS



ER VISIT TIME

One way of looking at access to healthcare is to see how long it takes for someone to get through an ER visit. The longer it takes, the worse someone's condition may become, so **lower is better**.

These data are at the hospital level, so we look at Yale-New Haven's numbers since that is the hospital closest to our district that serves our population.

While both lines are slightly trending up over the past few years, Yale's median time spent in the ER has been higher than the state's.

Figure 17:

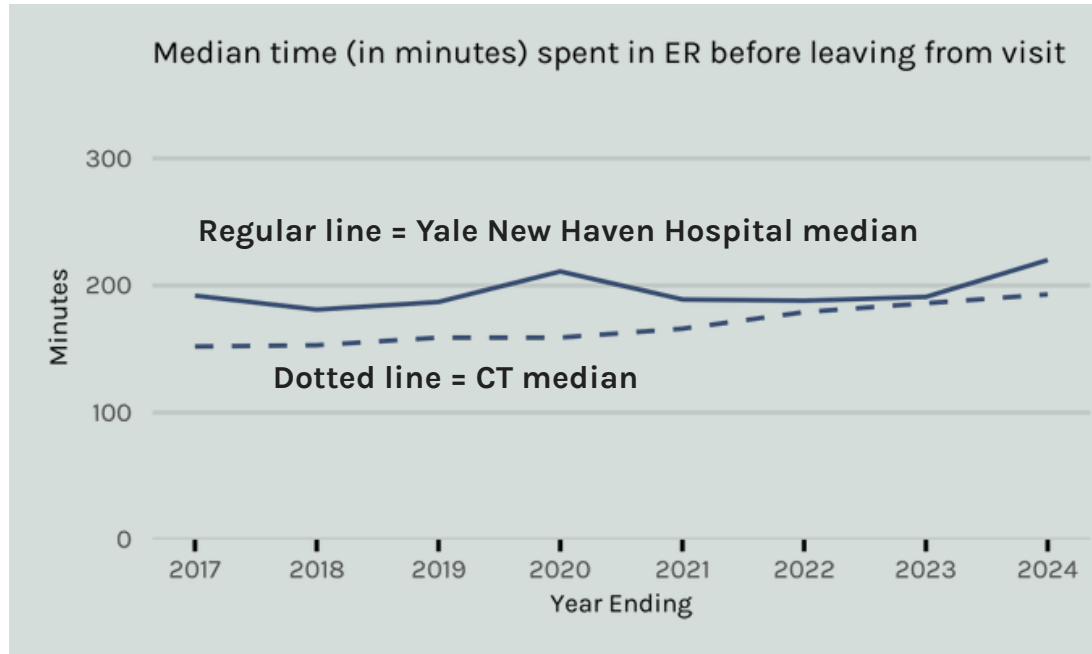
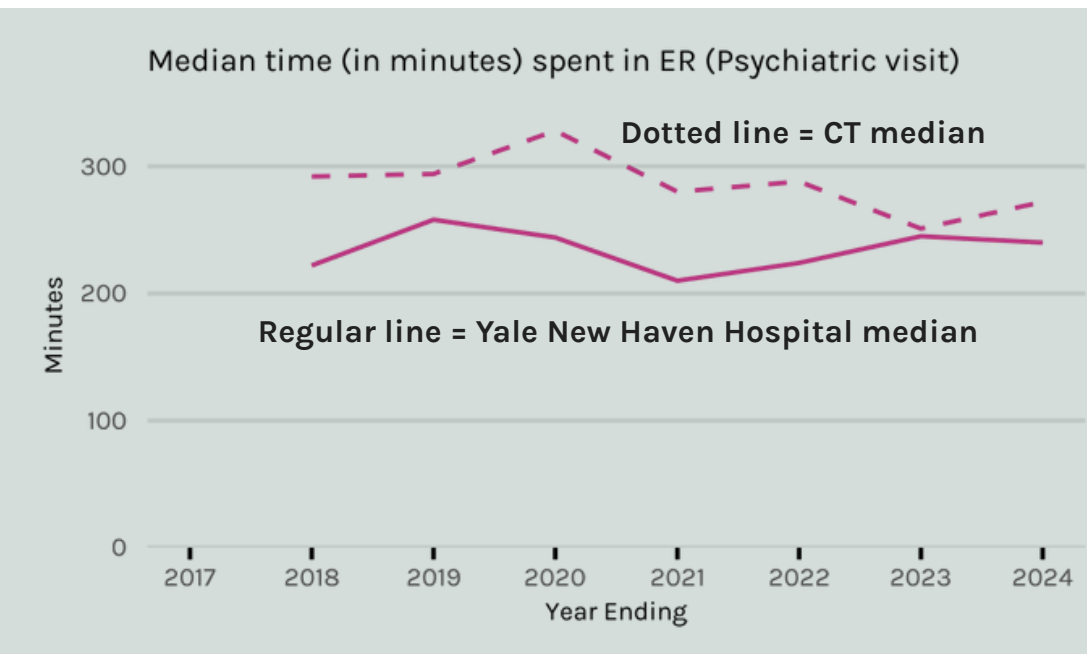


Figure 18:



PSYCHIATRIC VISITS

However, Yale has taken less time than the state median to get people through the ER for psychiatric emergencies over the most recent time period available.

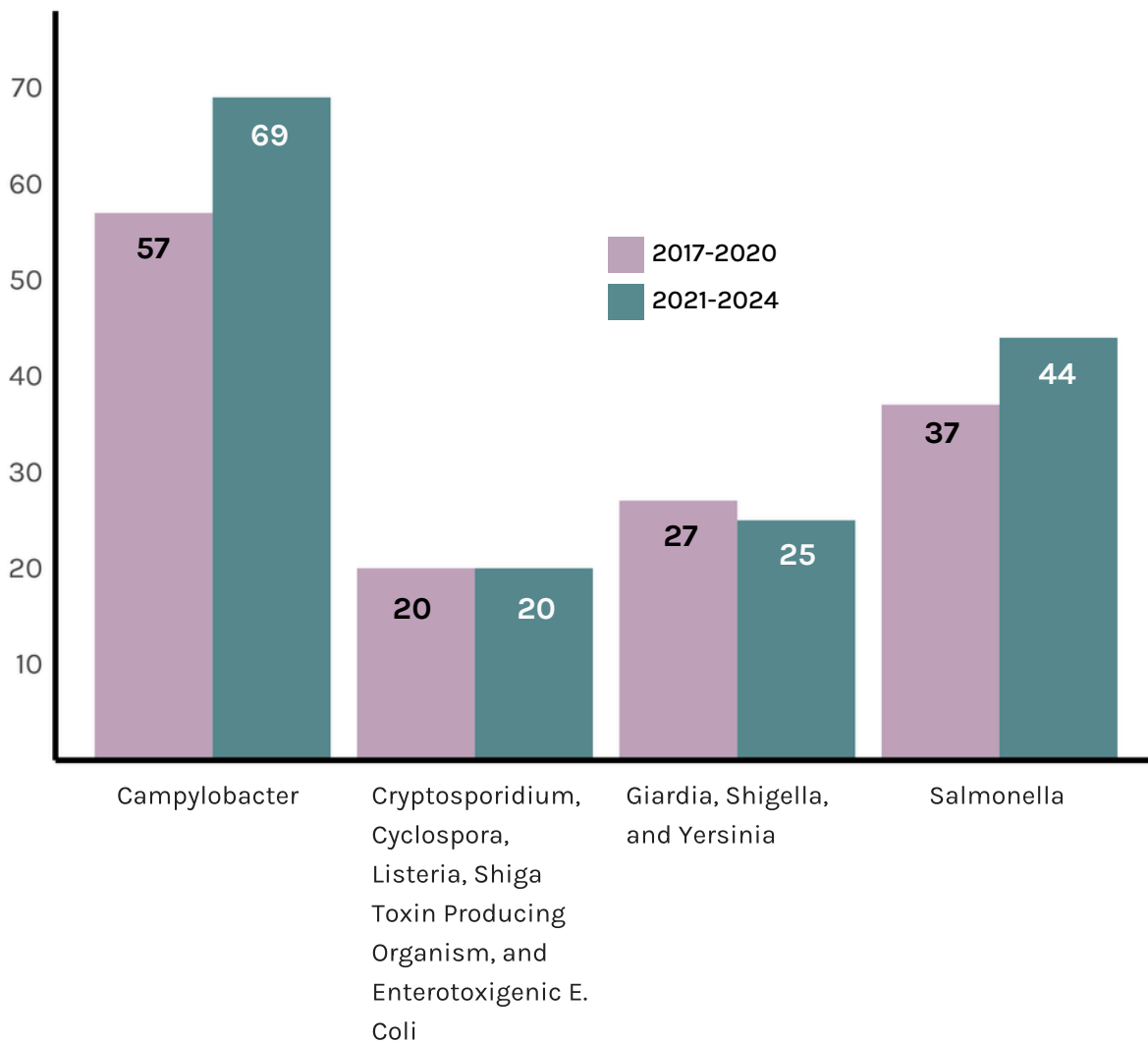
Note that median time is higher for psychiatric ER visits than medical.

INFECTIOUS DISEASE



FOODBORNE ILLNESS

Figure 19: Foodborne Illness Case Counts in ESHD Towns by Pathogen 2017-2020 vs. 2021-2024



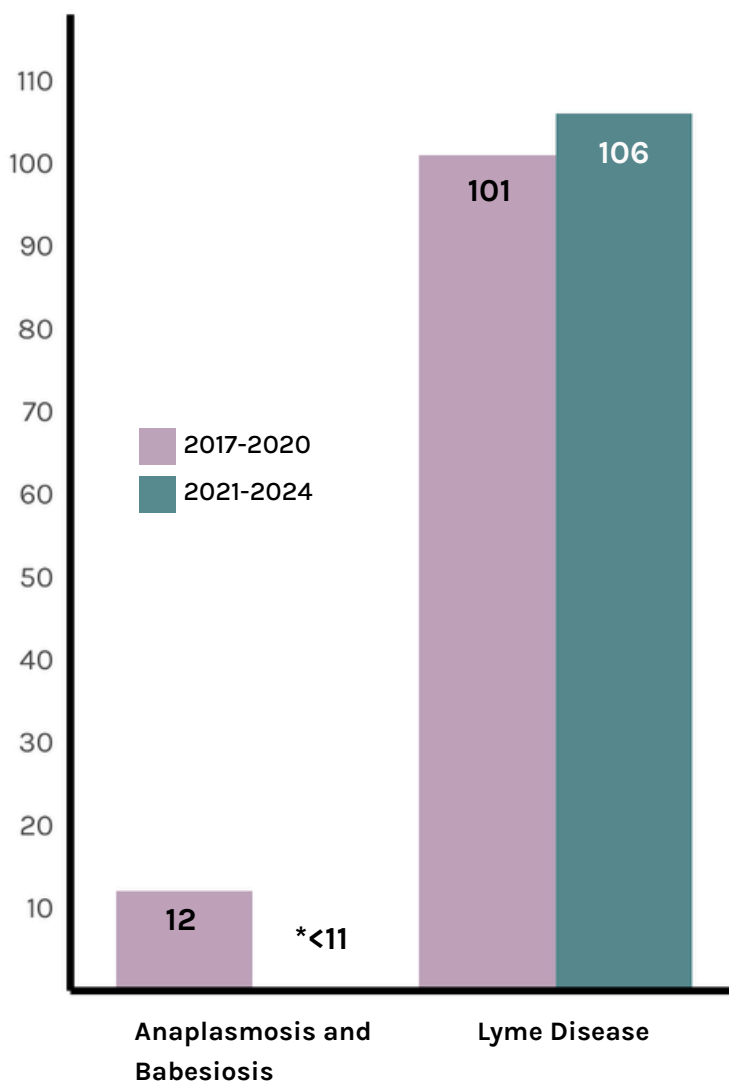
Foodborne illnesses in our district have been mostly stable, with a moderate uptick in the number of Campylobacteriosis cases. Proper food preparation (cooking to the correct internal temperature and using separate cutting boards for raw and cooked foods) and good handwashing practices can help reduce the risk of getting sick.

INFECTIOUS DISEASE



TICKBORNE ILLNESS

Figure 20: Tickborne Illness Case Counts in ESHD Towns
2017-2020 vs. 2021-2024



Tickborne illnesses in our district have remained about the same since the last CHA. We always recommend people wear EPA-registered insect repellents and dress appropriately when working or enjoying time outside.

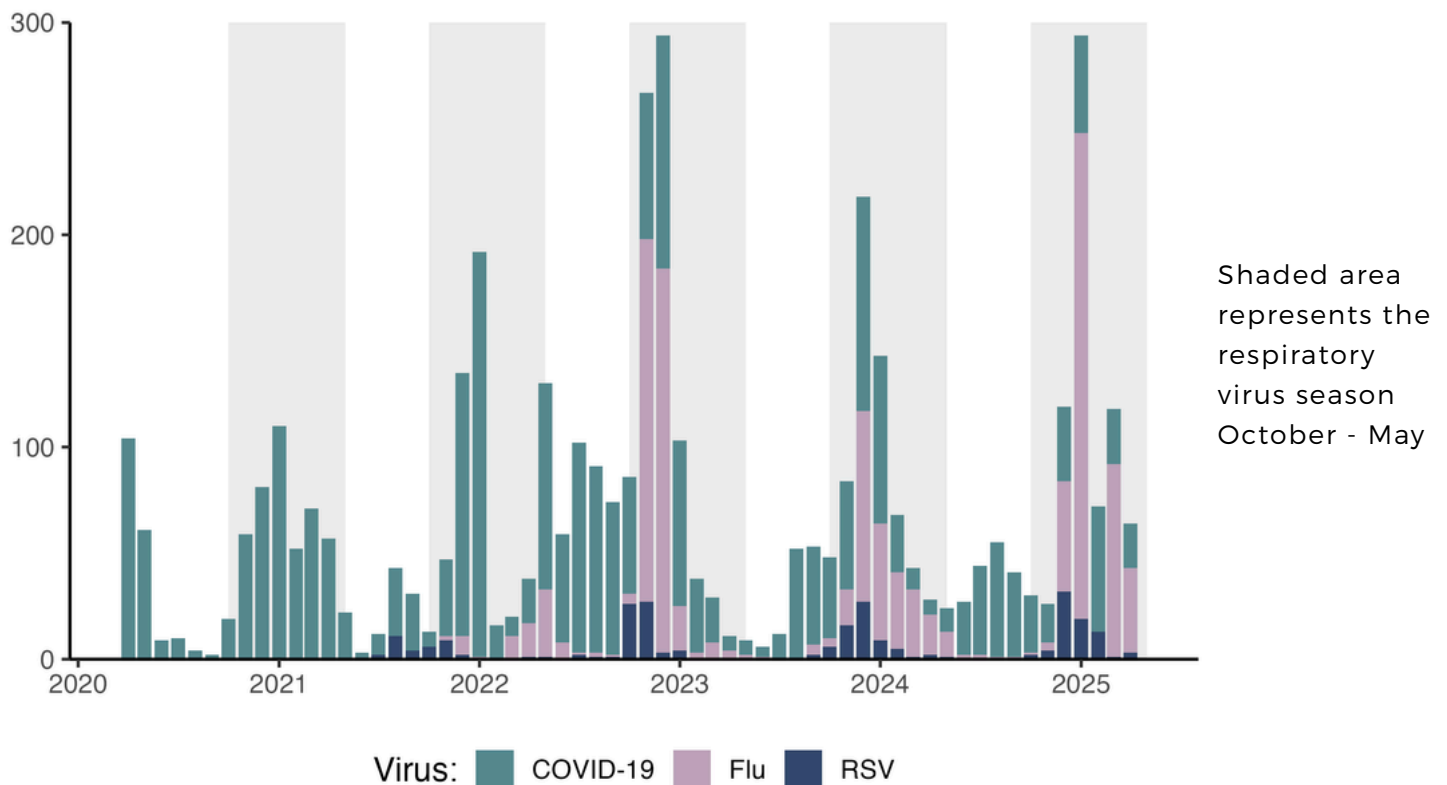
*Fewer than 11 cases are not shared for privacy

INFECTIOUS DISEASE



RESPIRATORY ILLNESS

Figure 21: ER Visits Due to Respiratory Viruses
April 2020-April 2025



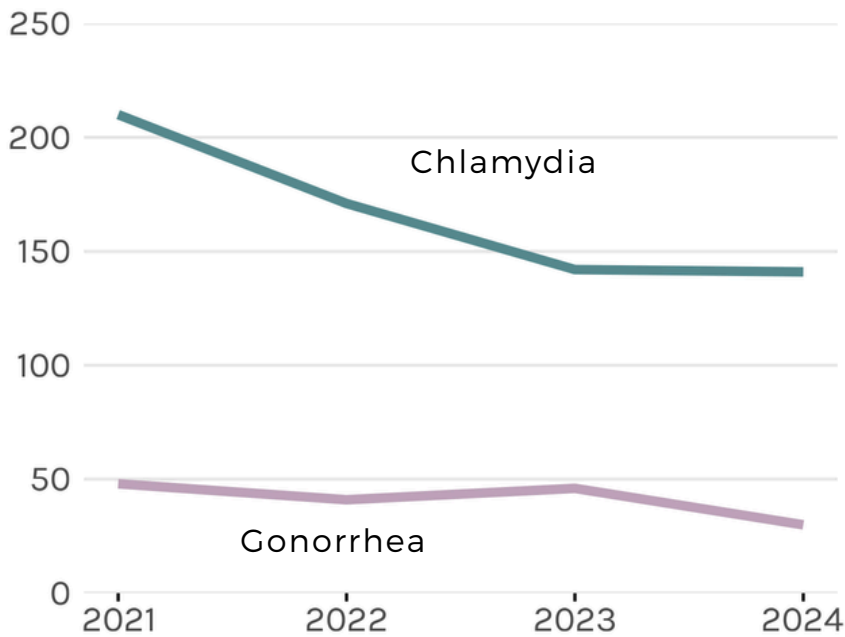
ER visits due to respiratory illnesses have fallen over time. COVID-19 was the largest respiratory illness bringing people to the ER before 2023, and continues to cause smaller summer waves that the flu and RSV do not. Since 2024, the flu has been causing more ER visits.

INFECTIOUS DISEASE



SEXUALLY TRANSMITTED INFECTIONS

Figure 22: Select STI Counts by Year, 2021-2024



Overall, trends are down compared to the beginning of this CHA period; however, Chlamydia cases have plateaued in recent years.

Figure 23: Chlamydia Cases by Sex

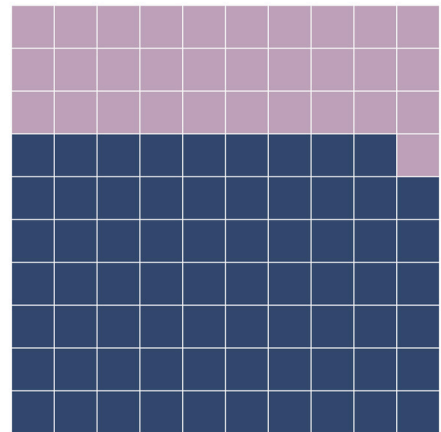
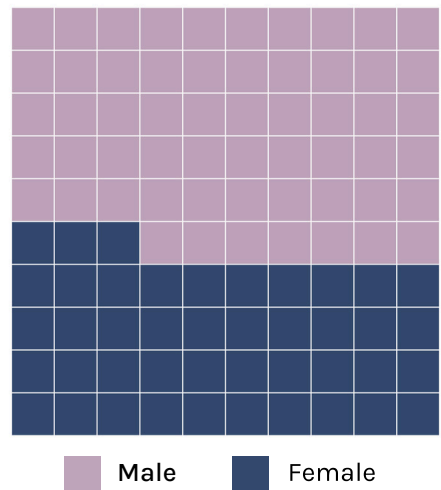


Figure 24: Gonorrhea Cases by Sex



Male Female

AIR QUALITY



COUNTY

Table 5: Air Quality Index Ratings by Year, New Haven County

Year	Percent Good	Percent Moderate	Percent Unhealthy for Sensitive Groups	Percent Ozone	Percent PM2.5	
2024*	72.1	23.5	3.8	60.7	35.0	Percent of days each pollutant was the biggest pollutant
2023	56.2	40.5	2.5	43.3	54.2	
2022	63.0	35.1	1.9	47.1	51.2	
2021	60.3	35.9	3.3	37.8	59.7	
2020	57.4	39.1	3.0	43.2	54.1	

* Only 180 days measured vs. other years' 365

Air quality is often measured by the EPA's Air Quality Index (AQI) that ranges from good to hazardous.¹⁶ Overall in our county, air quality has been good or moderate. The most common pollutants are particulate matter 2.5 micrometers or smaller, abbreviated PM2.5, and ozone.

EPA PM2.5 description:¹⁷

These particles come in many sizes and shapes and can be made up of hundreds of different chemicals. Some are emitted directly from a source, such as construction sites, unpaved roads, fields, smokestacks, or fires.

Most particles form in the atmosphere as a result of complex reactions of chemicals such as sulfur dioxide and nitrogen oxides, which are pollutants emitted from power plants, industries, and automobiles.

EPA Ozone description:¹⁸

Ozone is not emitted directly into the air, but is created by chemical reactions between oxides of nitrogen (NOx) and volatile organic compounds (VOC). This happens when pollutants emitted by cars, power plants, industrial boilers, refineries, chemical plants, and other sources chemically react in the presence of sunlight. It is the main ingredient in "smog."



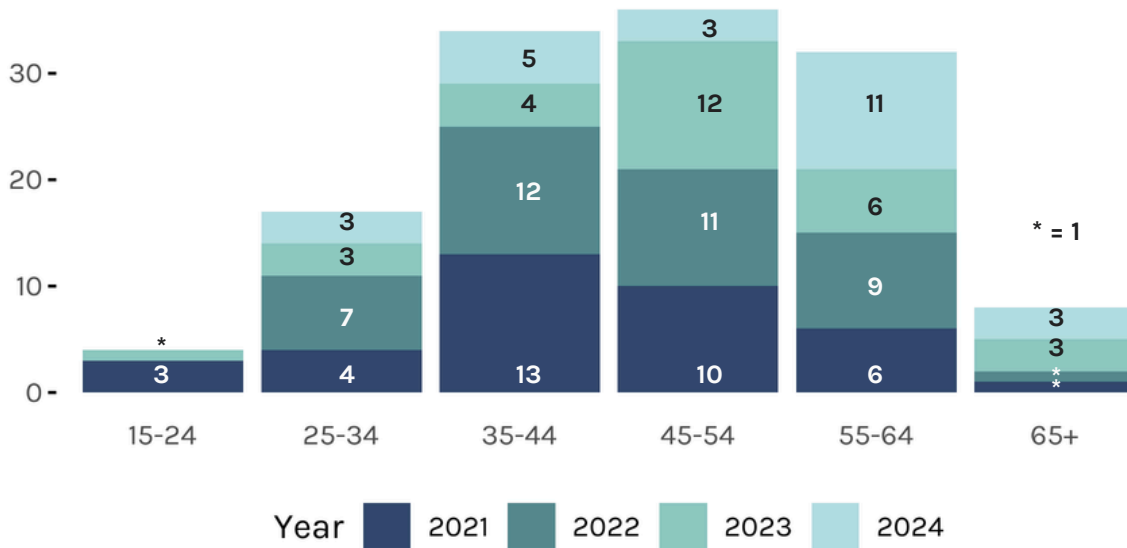
OVERDOSE



OVERDOSE DEATHS

Figure 25:

Overdose Deaths by Year and Age Group
East Shore District Health Department Towns



Data via the CT SUDORS dashboard.

The opioid epidemic has not spared our health district. Those most likely to die from a drug overdose in our district include men and those 35-64 years old.

Harm reduction is a public health approach that focuses on mitigating the harmful consequences of drug use, including transmission of infectious disease and prevention of overdose, through provision of care that is intended to be free of stigma and centered on the needs of people who use drugs.¹⁹

ESHD offers harm reduction services including naloxone (Narcan) training for individuals and businesses and connection to services for those using substances so they can get on the path to recovery.

Figure 26: Overdose Deaths by Sex



Approximately 73% of overdose deaths in our district from 2021-2024 were men.

SUICIDE



SUICIDE ATTEMPT ER VISIT RATES

Figure 27: Suicide Attempt ER Visit Rates per 10,000, 2021-2024

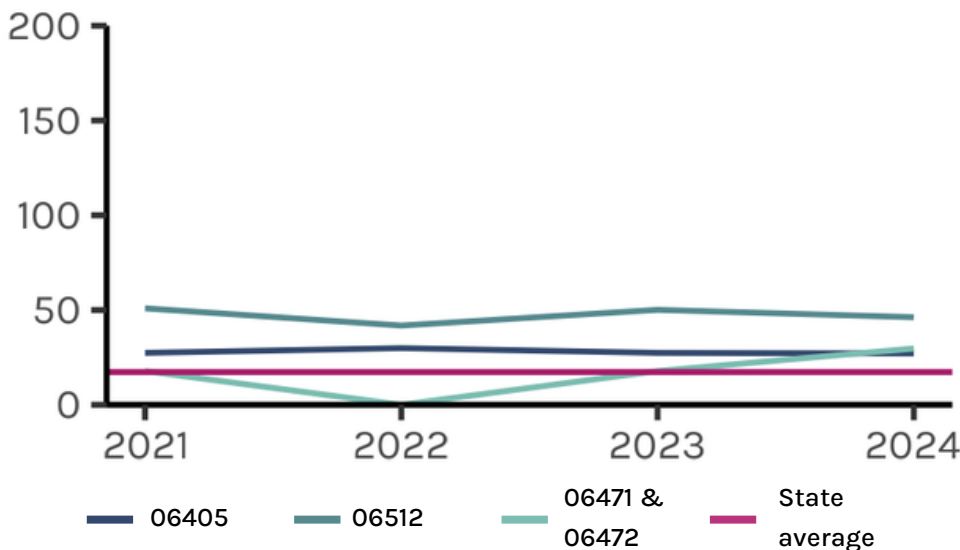
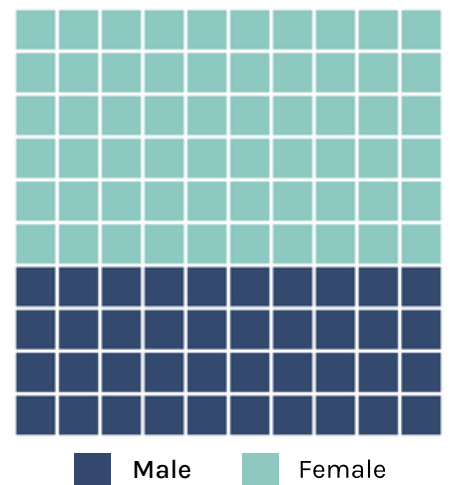


Figure 28: Suicide Attempt ER Visits by Sex



Approximately 60% of suicide attempt ER visits in our district from 2021-2024 were women or girls.

Suicide attempt and ideation rates remained mostly steady during the CHA period, with some dips and rises across ideation. These are based on ER visits and do not count actual deaths, which affect men more than women.²⁰

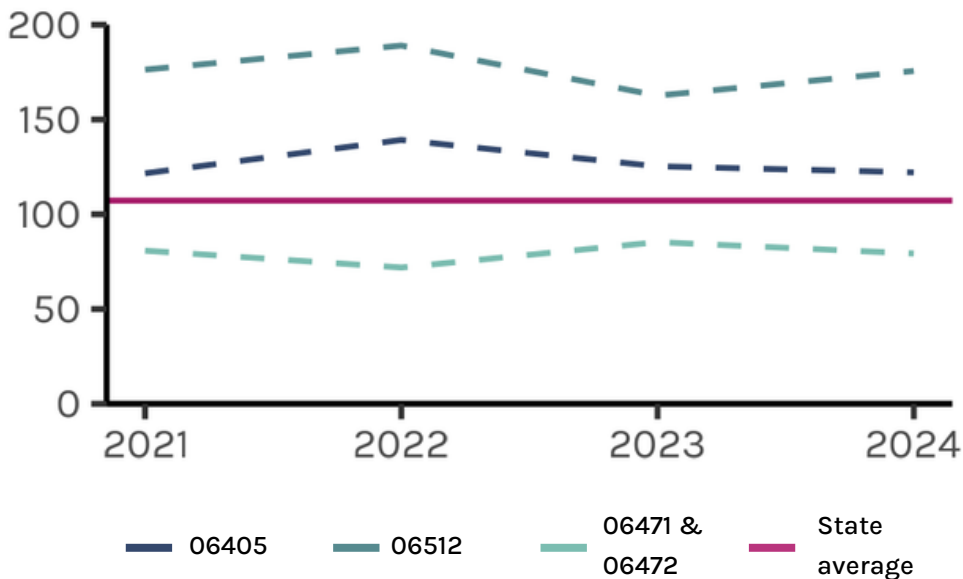
Reasons for why people attempt suicide are beyond the scope of this report. However, we are working to augment community resources – see Appendix E for more information about what programs the Health District offers the community.

SUICIDE



SUICIDAL IDEATION ER VISIT RATES

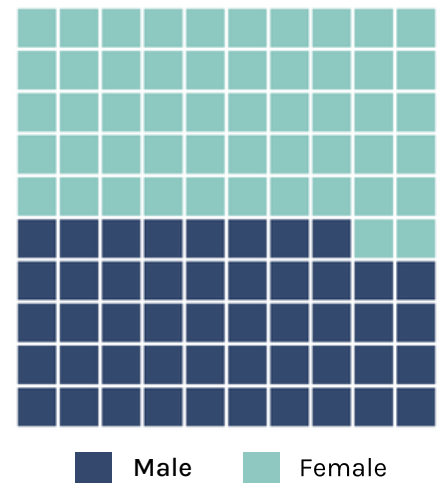
Figure 29: Suicidal Ideation ER Visit Rates per 10,000, 2021-2024



Suicidal ideation rates were higher than the state average in two of our district zip codes. See Appendix E for what the Health Department is doing to address mental health in our communities.

If you or a loved one are in emotional distress, call the national Suicide and Crisis Lifeline at 988.

Figure 30: Suicidal Ideation by Sex



Approximately 52% of suicidal ideation ER visits in our district from 2021-2024 were women or girls.

WHAT IS SUICIDAL IDEATION?

Suicidal ideation is the term used to describe thinking about or making plans for suicide. It exists on a spectrum, from a general wish to die without any plan, intent, or action, all the way to more active suicidal ideation that includes a plan, method, and date.

WHAT'S NEXT?



DATA TO ACTION

Most challenges in public health cut across professions and local, state, and federal jurisdictions. As a local health department, we can move easily between different levels of government, local non-profits, and social services to coordinate efforts and make sure no one is reinventing the wheel, as well as raise awareness about threats to individual and collective health.

No one organization or professional field is going to solve the health problems facing our residents, but through cross-sector collaboration, we stand the best chance at improving our communities' health.

ESHD is committed to supporting a thriving community that is healthy, resilient, and overcomes health disparities and environmental inequities through prevention, education, and access to adequate resources.



APPENDIX A

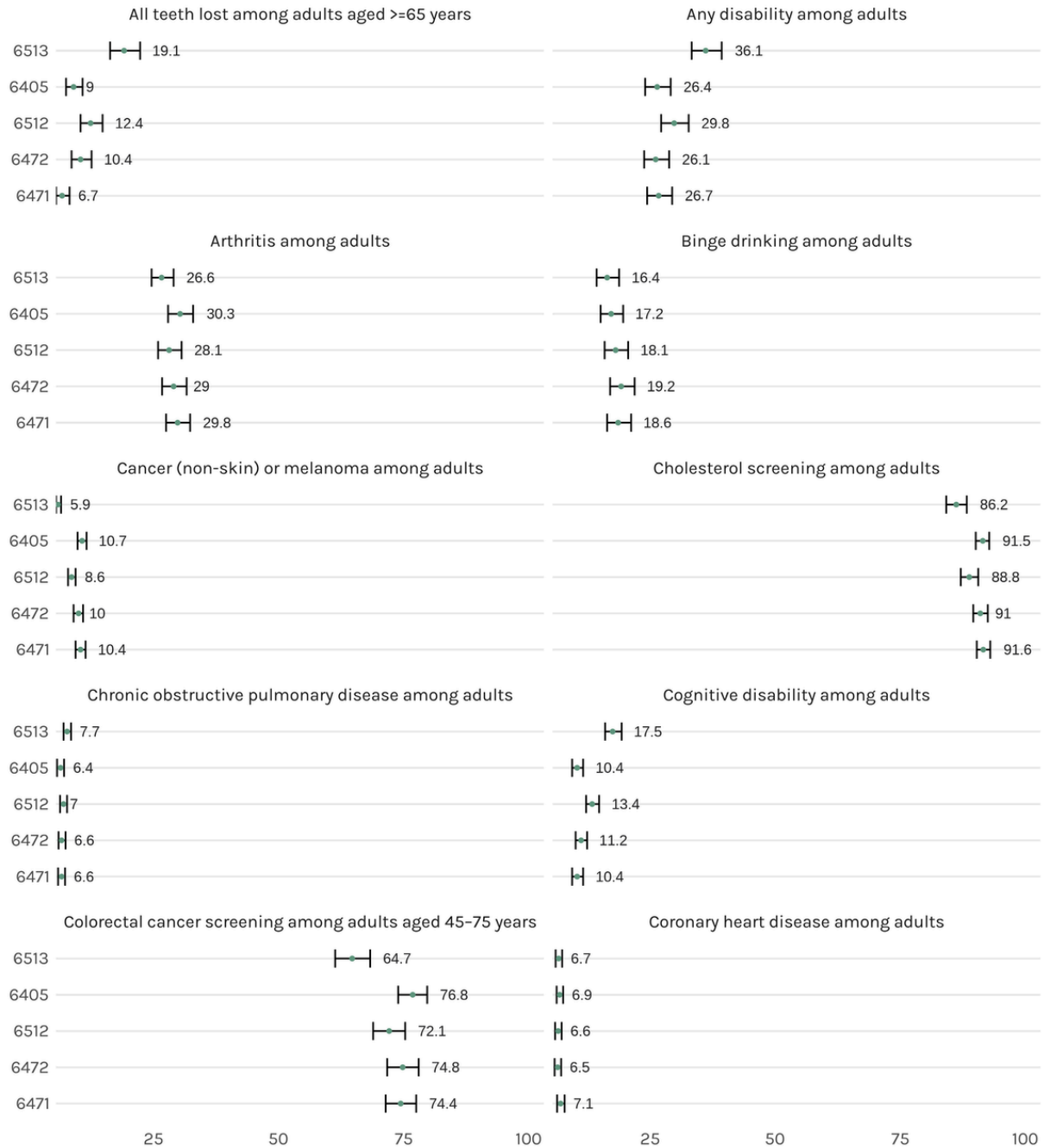
CDC PLACES measure names

- All teeth lost among adults aged ≥ 65 years
- Any disability among adults
- Arthritis among adults
- Binge drinking among adults
- Cancer (non-skin) or melanoma among adults
- Cholesterol screening among adults
- Chronic obstructive pulmonary disease among adults
- Cognitive disability among adults
- Colorectal cancer screening among adults aged 45-75 years
- Coronary heart disease among adults
- Current asthma among adults
- Current cigarette smoking among adults
- Current lack of health insurance among adults aged 18-64 years
- Depression among adults
- Diagnosed diabetes among adults
- Fair or poor self-rated health status among adults
- Feeling socially isolated among adults
- Food insecurity in the past 12 months among adults
- Frequent mental distress among adults
- Frequent physical distress among adults
- Hearing disability among adults
- High blood pressure among adults
- High cholesterol among adults who have ever been screened
- Housing insecurity in the past 12 months among adults
- Independent living disability among adults
- Lack of reliable transportation in the past 12 months among adults
- Lack of social and emotional support among adults
- Mammography use among women aged 50-74 years
- Mobility disability among adults
- No leisure-time physical activity among adults
- Obesity among adults
- Received food stamps in the past 12 months among adults
- Self-care disability among adults
- Short sleep duration among adults
- Stroke among adults
- Taking medicine to control high blood pressure among adults with high blood pressure
- Utility services shut-off threat in the past 12 months among adults
- Vision disability among adults
- Visited dentist or dental clinic in the past year among adults
- Visits to doctor for routine checkup within the past year among adults



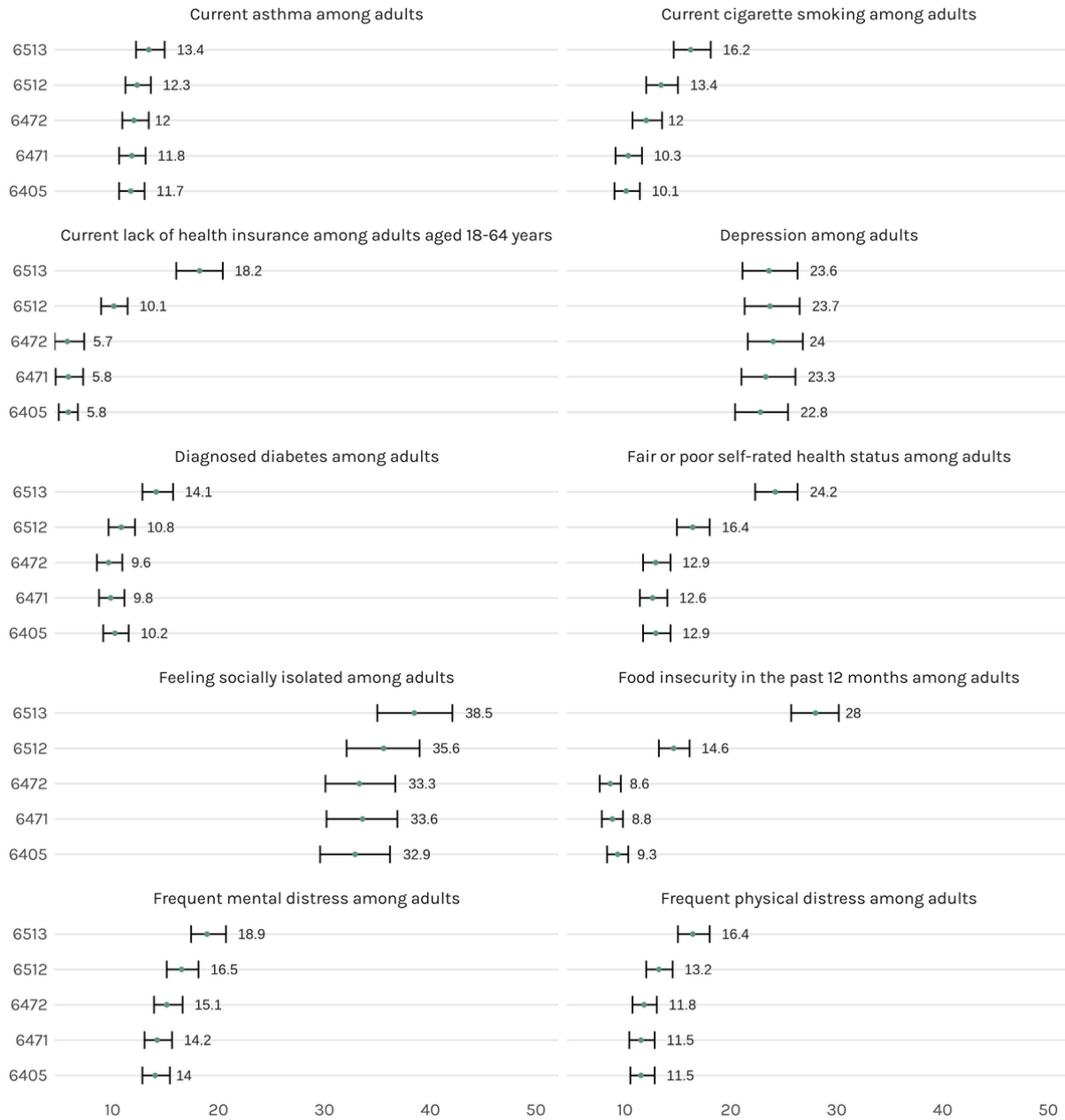
APPENDIX A

CDC PLACES all measures



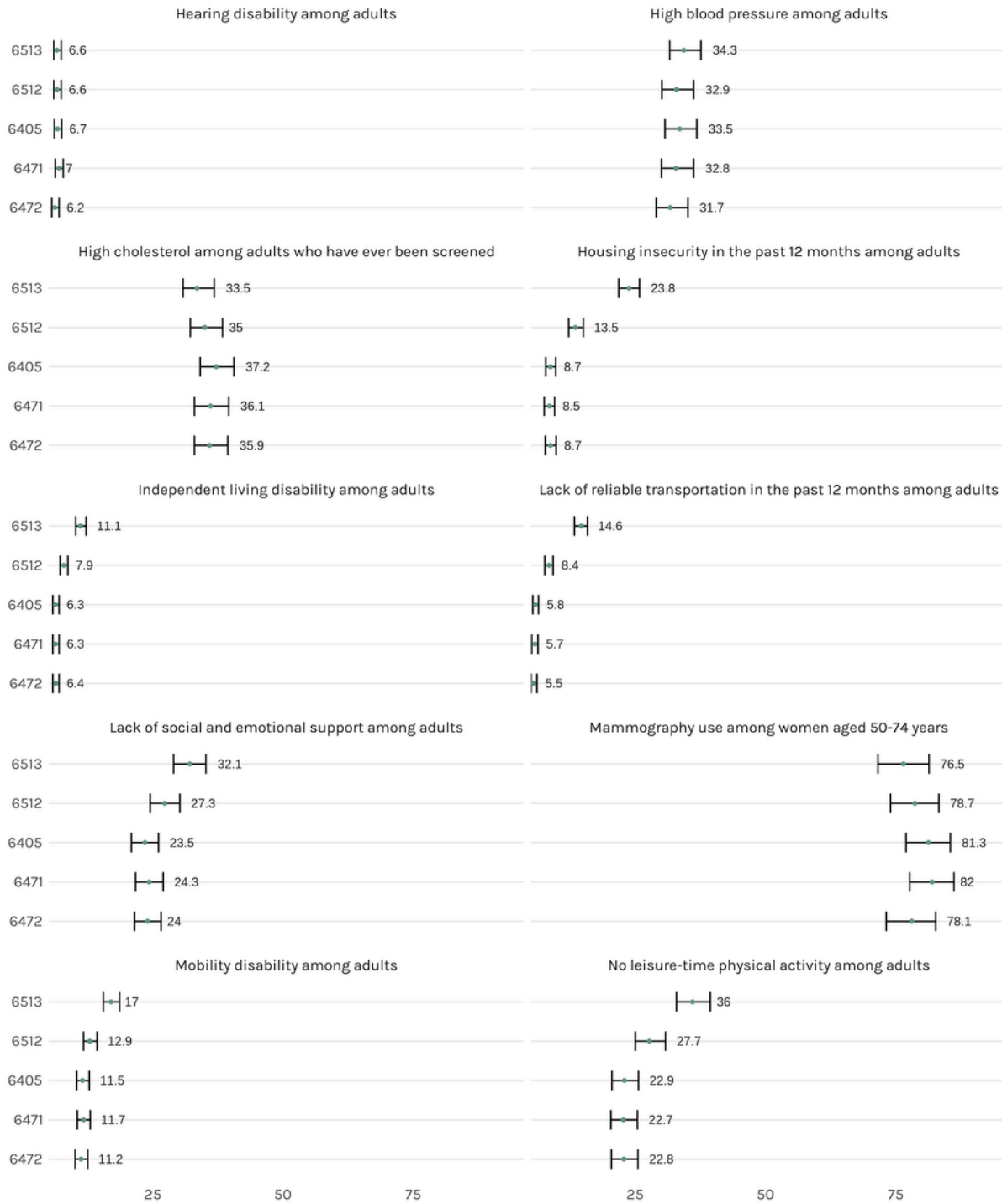
APPENDIX A

CDC PLACES all measures



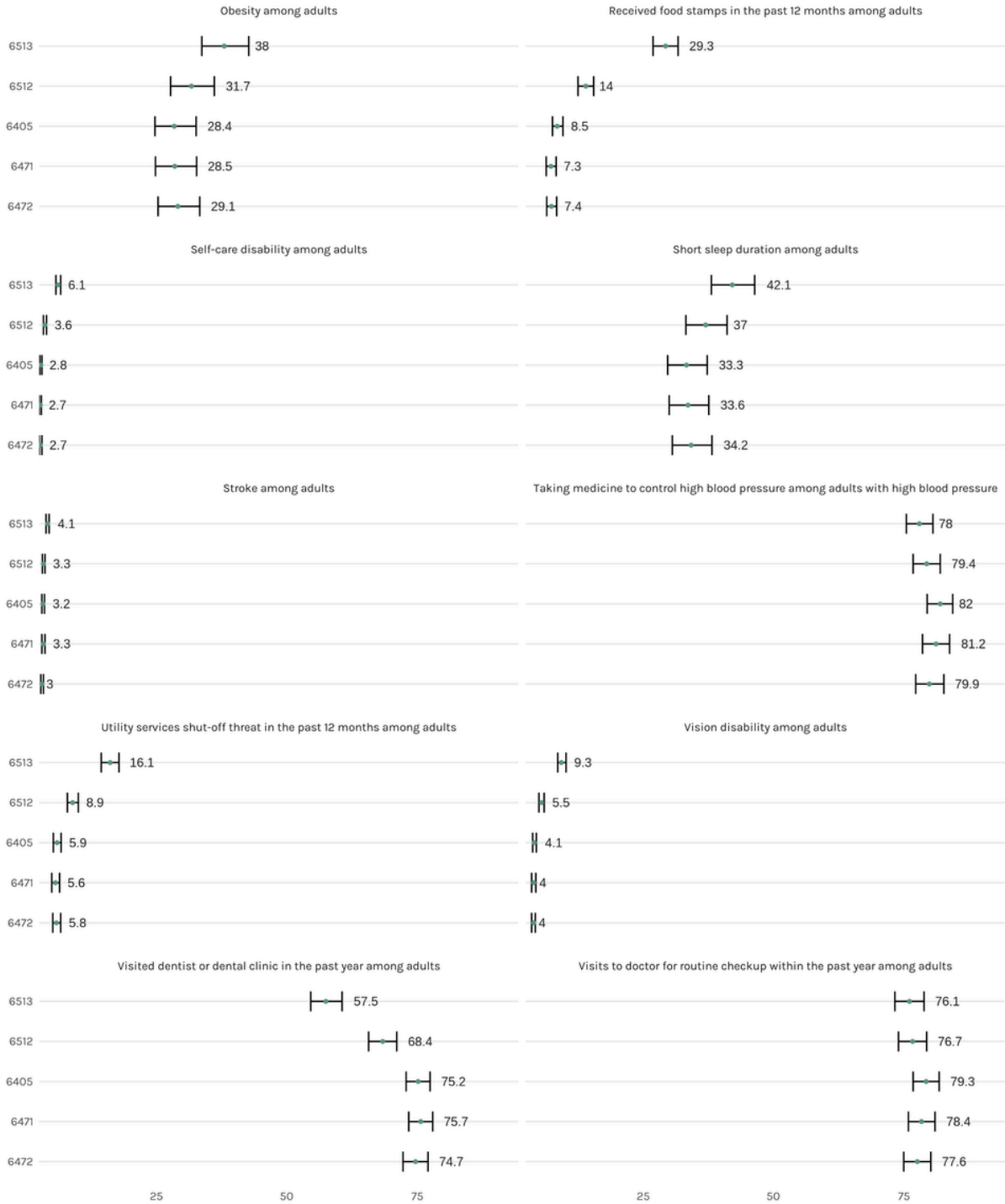
APPENDIX A

CDC PLACES all measures



APPENDIX A

CDC PLACES all measures



APPENDIX B

The following tables show responses to the online and paper surveys sent out as part of the CHA. This survey was a convenience sample, meaning those who were easiest to reach were most likely to respond. This means the following numbers are not representative of our towns or district.

CHA Survey Responses				
Measure	Branford	East Haven	North Branford	Total
Resident response counts	183	127	71	381
Percent Asian	2%	0%	0%	<1%
Percent Black	2%	1%	0%	1%
Percent Hispanic or Latino	<1%	3%	0%	1%
Percent Two or More Races	2%	0%	1%	1%
Percent White	94%	96%	99%	96%
Percent Non-English Language at Home	7%	8%	3%	7%
Percent 60 or Older	60%	57%	56%	58%
Percent Under 40	14%	15%	11%	14%
Percent Men	14%	25%	15%	18%
Percent Women	85%	74%	85%	81%
Percent Transgender, Non-binary, or Another Gender	<1%	<1%	0%	<1%

APPENDIX B

CHA Survey Responses

Measure	Branford	East Haven	North Branford	Total
Percent with College Degree	35%	33%	41%	35%
Percent with High School Diploma or GED	15%	31%	20%	21%
Percent with Master's Degree	35%	23%	27%	30%
Percent with PhD	10%	4%	7%	7%
Percent with Vocational Certification or Trade School Graduate	5%	9%	5%	7%
Percent of Households with a Child	27%	16%	18%	21%
Percent of Households with a Person with at Least One Disability	15%	21%	14%	17%
Percent of Households with a Person with Chronic Health Conditions	27%	31%	27%	29%
Percent of Household with a Person Who Doesn't Speak Much English	1%	1%	0%	1%
Percent of Households with No Special Populations	11%	20%	17%	15%

APPENDIX B

CHA Survey Responses

Measure	Branford	East Haven	North Branford	Total
Percent with a Household Size of 1	32%	21%	21%	26%
Percent with a Household Size of 2	35%	43%	37%	38%
Percent with a Household Size of 3	10%	17%	20%	14%
Percent with a Household Size of 4	14%	11%	18%	14%
Percent with a Household Size of 5	9%	8%	4%	8%
Percent of Household Income <\$15,000 per year	1%	4%	0%	2%
Percent of Household Income \$15,000 - \$29,999 per year	9%	9%	6%	8%
Percent of Household Income \$30,000 - \$49,999 per year	16%	15%	14%	15%
Percent of Household Income \$50,000 - \$74,999 per year	13%	20%	23%	17%
Percent of Household Income \$75,000 - \$99,999 per year	17%	10%	20%	15%
Percent of Household Income \$100,000 - \$124,999 per year	8%	15%	11%	11%
Percent of Household Income \$125,000 - \$150,000 per year	10%	12%	7%	10%
Percent of Household Income Over \$150,000 per year	27%	15%	20%	22%



APPENDIX C

Online Survey Response Summaries

How would you describe your health?

About $\frac{2}{3}$ of respondents answered Good or Very Good.

The most common reasons given for why people said they are in good or very good health included healthy lab reports from doctors, conditions managed well by medications, a lack of chronic health conditions, and the ability to exercise and eat well.

The most common reasons why people said their health was fine included age-related aches and pains, chronic conditions that could be managed better, mental health problems, and not feeling in-shape.

The most common reasons why people said they were in bad or very bad health included suffering from a variety of chronic or acute health conditions, stress that caused mental health problems, and conditions that caused pain.

How would you describe your community's health?

Just over $\frac{2}{3}$ of respondents answered Good or Fine.

The most common reasons given for why people said their community's health was good or very good included generally feeling safe, having no personal experiences with problems in town, not knowing anyone personally who dealt with health problems, and thinking buildings were well-maintained.

The most common reasons why people said their community's health was fine included thinking more people in their community were unhealthy due to lifestyle choices, the struggle for affordable housing and food needs, poor road conditions, the perception of too many smoke shops, and the price of healthy food being too expensive. There were conflicting opinions regarding safety and crime levels.

The most common reasons why people said they were in bad or very bad health included high prices for healthy food, people being meaner, unsafe roads for pedestrians, a lack of connectedness to the community, and a lack of sufficient sidewalks.

APPENDIX C

Online Survey Response Summaries

Do you have health insurance?

Almost all respondents have health insurance. The most common reason for not having insurance is that it cost too much.

Most respondents have insurance through their job, followed by Medicare.

Do you have a healthcare provider?

Almost all respondents have a healthcare provider. Those without a healthcare provider say it's too hard to find one and/or they're all booked up.

How long has it been since your last checkup or dentist visit?

Most respondents had a checkup within the last 12 months and dental visits within the last six months, which is recommended.

How many ER visits in last year?

Most respondents had 0 ER visits, with a smaller minority having 1-2.

Health Conditions

The most common health conditions respondents said they **ever** had included high blood pressure, high cholesterol, arthritis, anxiety, and depression.

The most common health conditions respondents said they were **currently experiencing** included arthritis, high blood pressure, high cholesterol, none, and anxiety.

Seasonal Vaccines

Most respondents said they got their flu and COVID vaccines annually..

Healthy Eating and Exercise

Most respondents said they ate healthfully, and the most common number of days people reported being active was 3-5 followed by 1-2 days a week.

Information Sources

The most common information sources people reported using for health information were doctors or a healthcare provider, Google searches, government websites, and family members.

APPENDIX C

Online Survey Response Summaries

What is keeping you from having the level of health you want?

Themes from this open-ended question included a lack of time for healthy habits due to work and family obligations, job stress, cost of living (food, housing, etc.), the length of time it takes to meet with a new provider and/or not feeling heard by their current provider, general age-related difficulties, and insurance struggles (high cost, not covering enough),

What substances do you use and how do you use them?

The most commonly reported substances (not including “none,” which was otherwise second most reported) were alcohol, marijuana, and nicotine. Almost all substances listed were reported used at least once.

The most commonly reported substance use methods (not including N/A, which was otherwise second most reported) were drinking, swallowing (pills, tablets, capsules), edibles, and smoking. All delivery methods were reported at least once.

Lived experience with substance use:

The most commonly reported experience with substance use was none of the above (not knowing anyone who uses substances nor using any themselves), followed by knowing someone who is struggling with substance use and knowing someone who knows someone who is struggling with substance use. All answer categories had at least one report.

Frequency of use:

Most people put N/A for daily and weekly use, or didn't answer this question. Of the people who did answer (excluding N/A), the most common **daily and weekly** frequencies of use were 1-3 times per day or week. More people answered that they use weekly instead of daily.

Use narrative:

Themes from this open-ended question included people sharing the pain of having lost loved ones to overdose, people sharing past substance use and how they're no longer using, some people feeling like marijuana helped them with minor health issues, and some people sharing that they have one drink somewhat regularly or socially,

APPENDIX C

Online Survey Response Summaries

Final comments:

Themes from this open-ended question included resident desires for more green spaces, concern about plastics in water, repeating sentiments of frustration around the cost of healthcare and medication, wishes for various education or exercise classes, and appreciation for the clinics we run.

APPENDIX D

SNAP-Accepting Stores

350 Foxon Food Mart LLC : 202 E Main St, Branford, CT

Aldi: 1151 W Main St, Branford, CT

Big Y Supermarkets : 1060 Main St, Branford, CT

By The Way: 470 E Main St, Branford, CT

Caron's Corner: 147 Montowese St, Branford, CT

Cumberland Farms: 227 East Main St, Branford, CT

CVS Pharmacy: 2-6 Short Beach Rd, Branford, CT

Dollar Tree 5246: 869 W Main St, Branford, CT

Jhan Food Mart Llc : 380 E Main St, Branford, CT

Krausz's Food Store: 170 Cedar St, Branford, CT

Stop & Shop: 22 Leetes Island Rd, Branford, CT

TA Express New Haven 171: I-95 Exit 56, Branford, CT

Walgreens: 1036 W Main St, Branford, CT

Walgreens: 329 E Main St, Branford, CT

Walmart : 120 Commercial Pkwy, Branford, CT

Alex Grocery: 418 Main St, East Haven, CT

Corner Stop Deli and Convenience Store: 82 Hemingway Ave, East Haven, CT

CVS Pharmacy: 369 Main St, East Haven, CT

CVS Pharmacy : 660 Foxon Rd, East Haven, CT

Deli Mart: 34 Gerrish Ave, East Haven, CT

Dollar General : 650 Coe Ave, East Haven, CT

Dollar Tree: 32 Frontage Rd, East Haven, CT

East Haven Farmers Market: 100 River St, East Haven, CT

APPENDIX D

SNAP-Accepting Stores

East Haven Markets LLC/Shoprite Of East Haven: 745 Foxon Rd, East Haven, CT

Family Dollar Store: 684 Foxon Rd, East Haven, CT

Haven Deli & Convenience: 453 Short Beach Rd, East Haven, CT

Jay Shree Ganesh Inc: 84 Coe Ave, East Haven, CT

Kraszer's Food Store: 640 Foxon Rd, East Haven, CT

Millennium Mini-mart: 9 Foxon Blvd, East Haven, CT

Munis Food Mart LLC: 957 Foxon Rd, East Haven, CT

My Country Store LLC: 677 Main St, East Haven, CT

Ocean State Job Lot: 713 Foxon Rd, East Haven, CT

Rite Aid: 10 Hemingway Ave, East Haven, CT

Stop & Go Convenience Store: 526 Main St, East Haven, CT

Stop & Shop : 370 Hemingway Ave, East Haven, CT

Sunoco: 80 Frontage Rd, East Haven, CT

T-asian Market : 692 Foxon Rd, East Haven, CT

T&J Supermarket Inc: 875 N High St, East Haven, CT

The Gas&go: 439 Main St, East Haven, CT

Walgreens: 157 Main St, East Haven, CT

Walmart Supercenter: 315 Foxon Rd, East Haven, CT

Big Y World Class Market : 1289 Foxon Rd, North Branford, CT

Dollar General: 1111 Foxon Rd, North Branford, CT

North Branford Xpressmart LLC: 1975 Foxon Rd, North Branford, CT

APPENDIX E

Programs offered by ESHD

- Flu clinics
- COVID clinics
- Homebound vaccinations (flu and COVID vaccines for those who physically can't come to clinics)
- Travel clinic (less common vaccines needed for travel to certain countries)
- Nurturing families support (program for families with new babies)
- Health education provided at venues including senior centers, libraries, and schools (topics have included scam prevention, nutrition, Matter of Balance, personal preparedness, and many others)
- Emergency preparedness and planning
- Pump-out boat services
- Food safety and restaurant inspections
- Environmental concerns - water quality, hoarding, lead, radon, waste disposal
- Medical Reserve Corps
- Giving out harm reduction supplies
- Naloxone (Narcan) trainings
- QPR (Question, Persuade, Respond) trainings
- Mental Health First Aid trainings
- Ask A Nurse clinics in the community

See [here](#) for additional resources in our community.

Appendix F:



EAST SHORE DISTRICT HEALTH DEPARTMENT

Serving Branford, East Haven, and North Branford

Community Health Assessment 2024

**Welcome to the 2024 East Shore District Health Department
Community Health Assessment.**

This survey is done every four years to collect data about the health of our residents. It is completely anonymous, and participation is optional but greatly appreciated. Local data gathered will be used along with state and national data to help us offer relevant programs and assistance to our communities. It should take no more than 15 minutes to complete.

Thank you for helping us make the district stronger and healthier!

1. What town do you live in?

- Branford
- East Haven
- North Branford/North ford
- Other

2. What is your race and/or ethnicity? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

3. Do you speak a language other than English at home?

- Yes
- No

4. IF YES: What other language(s) do you speak at home? Select all that apply.

- Chinese
- Hindi
- Italian
- Portuguese
- Spanish
- American Sign Language (ASL)
- Other (please describe)

5. What is your age?

6. Are you: (Select all that apply)

- Female
- Male
- Transgender, non-binary, or another gender

7. What is the highest level of education you've received?

- Less than high school
- High school diploma or GED
- College degree
- Master's degree
- PhD
- Vocational certification or trade school graduate

8. How many people are in your household?

- 1
- 2
- 3
- 4
- 5 or more

9. How many children less than 18 years of age live in your household?

- 0
- 1-2
- 3-5
- More than five

10. Are you or is anyone in your household: (Select all that apply)

- An adult over 65
- A person with at least one disability
- A person with chronic health conditions
- A person with limited English proficiency
- None of the above

11. What is your total household income before taxes? (Just your income if you live alone)

- Less than \$15,000 per year
- \$15,000 - \$29,999 per year
- \$30,000 - \$49,999 per year
- \$50,000 - \$74,999 per year
- \$75,000 - \$99,999 per year
- \$100,000 - \$124,999 per year
- \$125,000 - \$150,000 per year
- Over \$150,000 per year

12. How would you describe your health?

- Very good
- Good
- Fine
- Bad
- Very bad
- I don't know

13. Please briefly share why you answered the way you did about your health.

14. How would you describe the health of your community? Community health includes but is not limited to how well-maintained the buildings and roads in your area are, how safe you feel walking alone, the number of locations you feel welcome at, how easy it is for you to access healthy food, and whether you feel connected to people in your area.

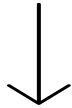
- Very good
- Good
- Fine
- Bad
- Very bad
- I don't know

15. Please briefly share why you answered the way you did about your community's health.

16. Do you have health insurance?

- Yes
- No

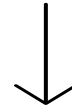
IF YOU ANSWER 'YES'



17. What kind of insurance do you have?

- Insurance through my job/employer
- Private insurance
- Husky
- Medicaid
- Medicare

IF YOU ANSWER 'NO'



18. Please select the reason(s) you don't have health insurance.

- It costs too much
- I don't know how to get it
- Other (please describe)

19. Do you have a healthcare provider?

- Yes
- No

19a. If no, please select the reason(s) you don't have a healthcare provider.

- I don't know where to find one
- I tried to get one but they're all booked up

- I don't think I need one
 - It's too hard to try to get one
 - Other (please describe)
-

20. How long has it been since your last routine check-up?

- Within the last 12 months
- Within the last two years
- Within the last five years
- More than five years ago
- I don't know

21. How long has it been since your last visit to the dentist?

- Within the last 6 months
- Between 6 months and a year
- Over a year
- Over two years
- I don't know

22. How many times in the past year have you been to the emergency room or an urgent care walk-in clinic?

- 0
- 1-2
- 3-5
- More than five

23. Has a doctor, nurse, or other healthcare provider EVER said you have any of the following health conditions? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Any sexually transmitted infection (STI) | |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Long Covid |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Lyme disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> High blood pressure | _____ |

Q24. What health conditions are you CURRENTLY experiencing? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Any sexually transmitted infection (STI) | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Long Covid |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lyme disease |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other (please describe) |
-

25. How often do you get annual fall vaccinations?

	Every year	Every few years	Never
Updated COVID vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flu vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Do you eat healthfully most days of the week?

- Yes No

27. How often do you get at least 30 minutes of physical activity?

- 0 days a week 3-5 days a week
- 1-2 days a week More than 5 days a week

28. Where do you get information when you have a health question? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Government website or professional organization (CDC, American Heart Association, etc.) | <input type="checkbox"/> Family members |
| <input type="checkbox"/> Doctor or healthcare provider | <input type="checkbox"/> Google searches |
| <input type="checkbox"/> Social media (Facebook, Instagram, TikTok) | <input type="checkbox"/> My local library |
| | <input type="checkbox"/> Other (please describe) |
-

29. IF YOU SELECTED SOCIAL MEDIA ABOVE: Which social media do you use?

Select all that apply

- | | |
|---|--|
| <input type="checkbox"/> Instagram | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> TikTok | _____ |
| <input type="checkbox"/> X (Formerly Twitter) | |

30. What, if anything, has made it hard for you to have the level of health you want?

31. Which of the following substances have you used, either medically or recreationally, in the last 6 months? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Kratom |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Anabolic steroids | <input type="checkbox"/> MDMA |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Opioids |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> PCP |
| <input type="checkbox"/> GHB | <input type="checkbox"/> Tobacco (nicotine) |
| <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> I don't use any of these substances |

32. What are your preferred delivery methods for your medical or recreational usage?

Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Drinking | <input type="checkbox"/> Injection |
| <input type="checkbox"/> Edibles | <input type="checkbox"/> Topical (patches, cream, gels) |
| <input type="checkbox"/> Swallowing (pills, tablets, capsules) | <input type="checkbox"/> Eye drops |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Sublingual/Buccal (under the tongue/inside the cheek) |
| <input type="checkbox"/> Vaping | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Snorting | |
| <input type="checkbox"/> Fume inhalation | |

33. Check any that apply to your lived experience:

- I am a person who self-medicates with my substance of choice
- I am a person who struggles with their substance use
- I know someone who is struggling with substance use
- I know someone who knows someone who is struggling with substance use
- None of the above

34. How many times per day and/or week do you use your substance of choice?

	N/A	1-3	4-6	7+
Daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. We are interested in diverse experiences with substance use. Please describe your journey with substance use of any kind. Feel free to include negative and/or positive experiences, and how they may have helped or hindered your well-being.

Please DO NOT use your name or any identifying information like home addresses, phone numbers, or full names.

36. Do you have any comments, questions, or concerns for the Health Department?

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