



Town of Darien Health Assessment 2017

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Executive Summary

The World Health Organization (WHO) defines good health as being “*a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.*” This definition further posits that the determinants of health which directly influence healthy outcomes include behaviors, community and environment, policy, and clinical care. Public health is not the same as health or clinical care; it is the promotion of behavior and environmental policies to minimize the need for clinical care.

The National Association of City and County Health Officials (NACCHO) has developed guidelines for conducting health needs assessments to evaluate the health status of residents in a community. The assessment includes an evaluation of risk factors, quality of life, demographics, mortality and morbidity, community assets, social determinants of health, and how well the public health system provides essential services to residents.

In accordance with the NACCHO guidelines, the Town of Darien undertook its first ever “Public Health Assessment” in 2007. A primary issue of concern identified was the structure of the Health Department itself, which consisted of a part-time Director of Health and a contractual arrangement with a private concern to provide State mandated public health programs and services. Gaps in services to the community were identified and a recommendation was made to transition to a full-time health department or join in the creation of a health district with neighboring communities as soon as possible. The decision was made to form a full-time department and that transition occurred in 2008.

As supported by a grant from the Connecticut Department of Public Health in 2016, the Darien Health Department conducted a new assessment to evaluate whether public health issues previously identified have been addressed and to assess current trends in health and health outcomes. This document presents an updated assessment and presents a comprehensive review of data compiled from the following sources: Census Bureau, Connecticut Department of Public Health, local hospitals, interviews with community leaders and physicians, Police and Emergency Medical Response and from various community groups such as the Community Fund of Darien and the Thriving Youth Task Force.

Consistent with the 2007 assessment, again we find Darien residents to be generally healthy with a good quality of life. As previously reported, major causes of mortality remain as all forms of cancer and heart disease. However, trends have been identified that warrant attention. Of greatest concern is the finding that police and EMS calls regarding mental health issues, including suicide attempts, drug overdoses, alcohol abuse have been increasing.

With the completion of the assessment, the next step is to review available assets and develop a ‘Community Health Improvement Plan’ (CHIP), which is a long-term systematic effort to address the public health issues identified in the assessment by establishing priorities while guiding and coordinating resources. This will establish the vision of the community as it pertains to enhancing public health in Darien.

David Knauf, Director of Health

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Demographics

Socio-demographic characteristics are among the most significant predictors of the health status of a community. It is a well-established fact that location matters when it comes to health outcomes. Demographic characteristics associated with health outcomes include educational attainment, employment, income, population density, the age distribution of a population, crime and family structure.

The last health assessment for Darien was completed in 2007. Much of the findings about the demographics and community structure remain the same - Darien remains a densely populated Connecticut town where many of the households consist of two parent, high income families with school-aged children. Many residents commute to New York City for employment and as a result tend to spend a lot of time away from home due to work obligations and long commutes.

Population

Chart #1: Population and Growth, By Area
 (Source: American Community Survey 5-Year Estimates)

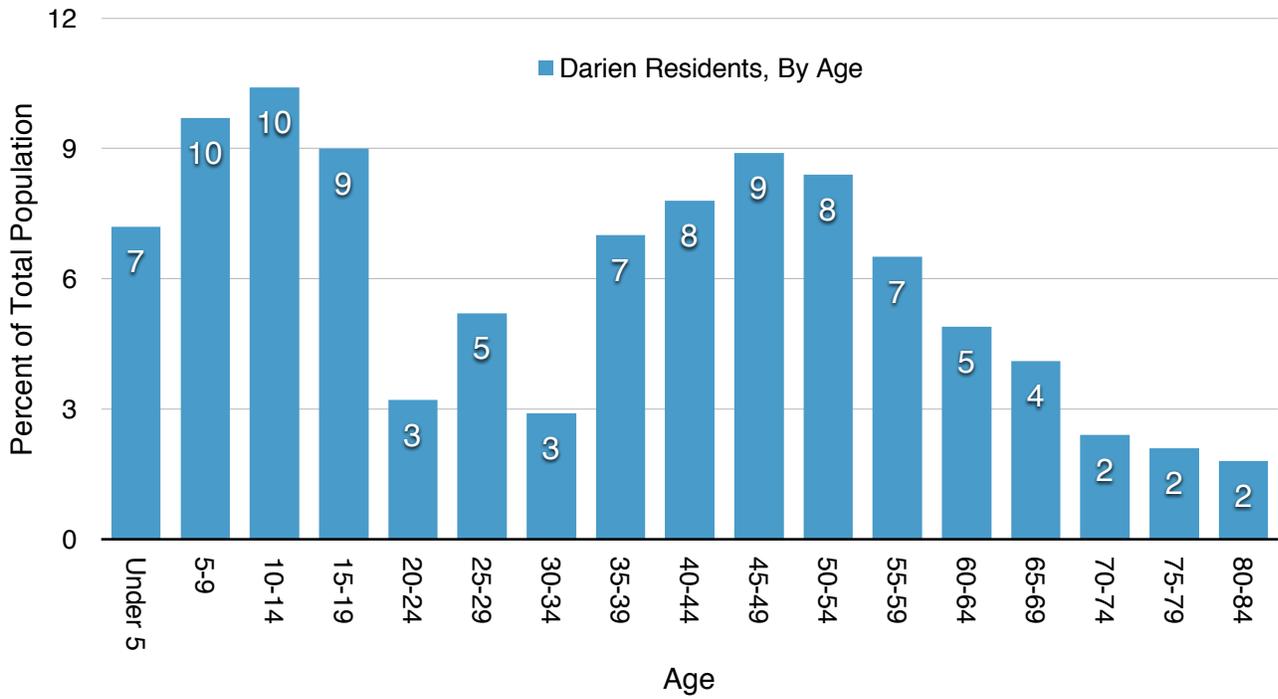
	Darien	New Canaan	Fairfield County	Connecticut
Growth From 2005-2009 to 2010-2014	+5%	+1%	+5%	+3%
Population Average 2010-2014	21,190	20,073	934,215	3,592,053
Population Average 2005-2009	20,176	19,805	892,843	3,494,487

Chart #2: Population Density, By Area
 (Source: American Community Survey 5-Year Estimates)

	Darien	New Canaan	Fairfield County	Connecticut
Population Density in 2010-2014 (residents per sq. mile)	1,643	908	1,493	741
Population Density in 1995 (Source: Connecticut Department of Economic & Community Development 1995 data)	1,438	820	1,323	679

- The population density of Darien is significantly greater than New Canaan and Connecticut, and similar to Fairfield County which includes the densely populated cities of Stamford, Norwalk and Bridgeport.
- Such density can result in adverse public health effects due to air, noise and light pollution, traffic congestion, pedestrian safety concerns and reduced recreational opportunities.

Figure #1: Darien Age Distribution (Source: 2014 American Community Survey)



Age

- Darien’s population is characterized by large numbers of school-age children and adults of parenting age.
- The age distribution in Darien is much different than that of the United States (Fig. 2).

Figure #2: Darien Age Distribution Compared to US Population (Source: 2014 American Community Survey)

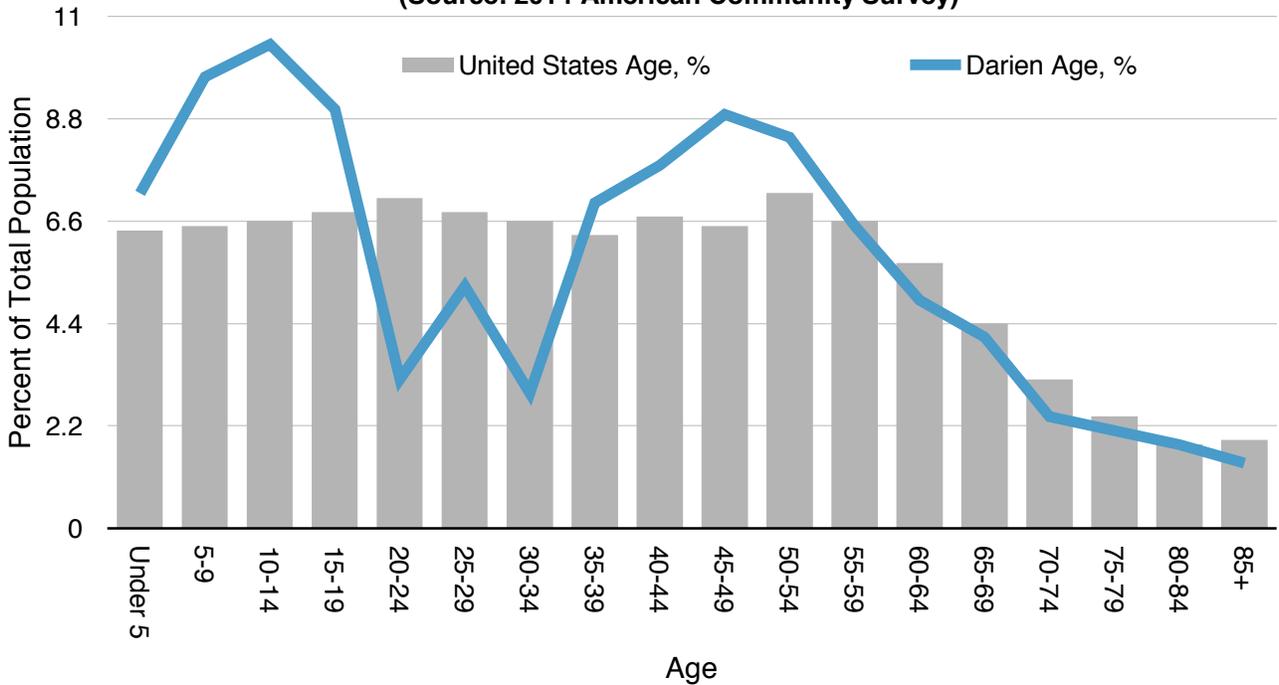
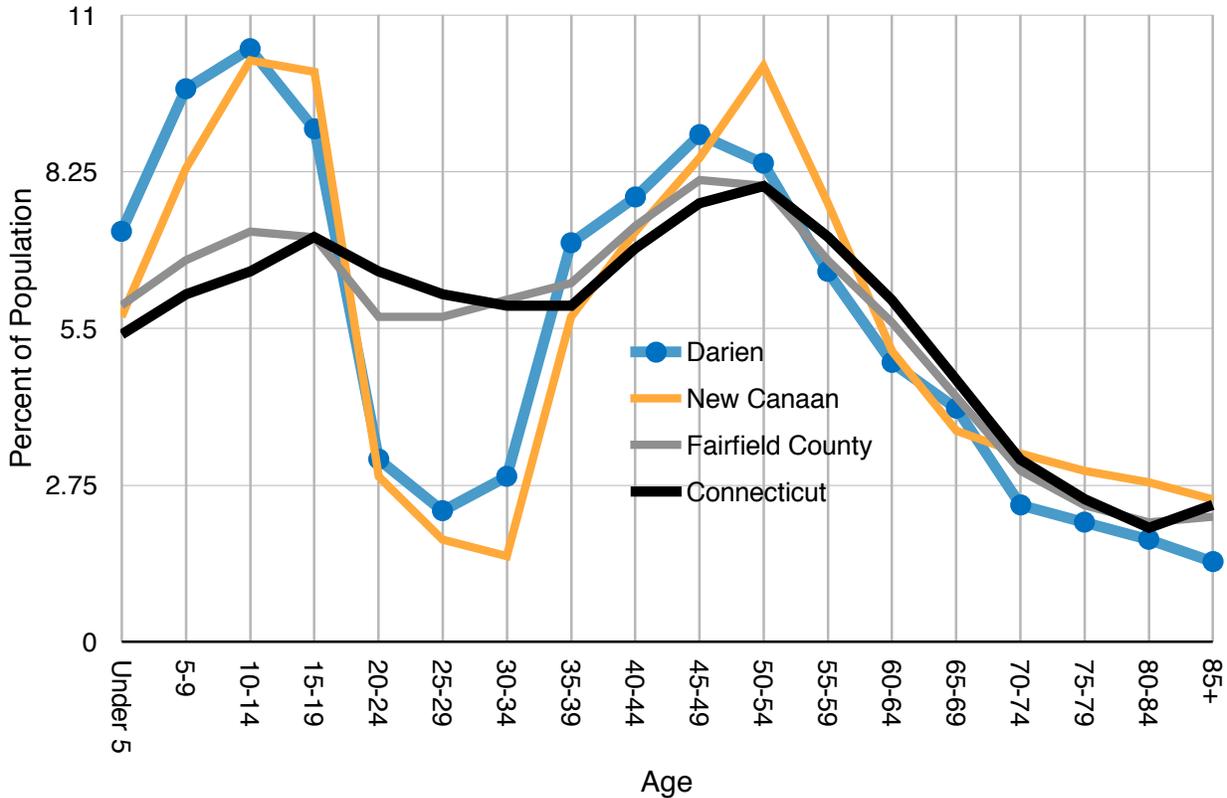
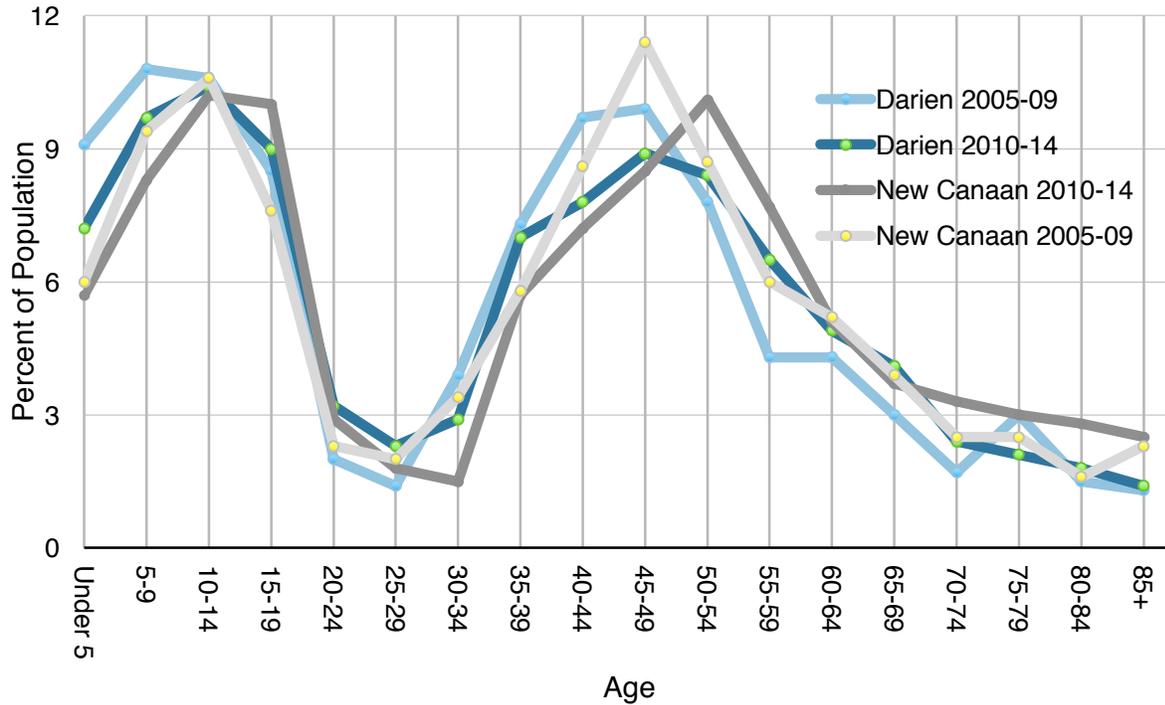


Figure #3: Age Distribution for Darien, New Canaan, Fairfield County, and Connecticut (Source: 2010-2014 American Community Survey 5-Year Estimates)



- Both Darien and New Canaan have large numbers of school-age children and parents compared to both Fairfield County and Connecticut.
- 32.5% of the population of Darien is under 18 years of age; 21.3% in Connecticut
- 12.4% of the population of Darien is over the age of 65; 15.8% in CT.
- Darien has 4,475 students enrolled in 2007 and 4,797 students enrolled in 2017, an increase of 322 from 2007.
- Approximately 21% of the population of Darien is enrolled in the public school system.
- Between 2005-2009 and 2010-2014, the age distribution of both Darien and New Canaan shifted slightly, but retains the same characteristic slope.
- Darien and New Canaan seem to attract families with children to access the schools which consistently rank near the top for achievement scores in Connecticut and the US.
- Darien families with three or more children under 18 years of age (19%) exceed that of the Connecticut average (7%)
- The majority of Darien residents are married (67%) as compared with Connecticut (48%).

Figure #4: Age Distribution for Darien & New Canaan (Source: 2005-2009 and 2010-2014 American Community Survey 5-Year Estimates)



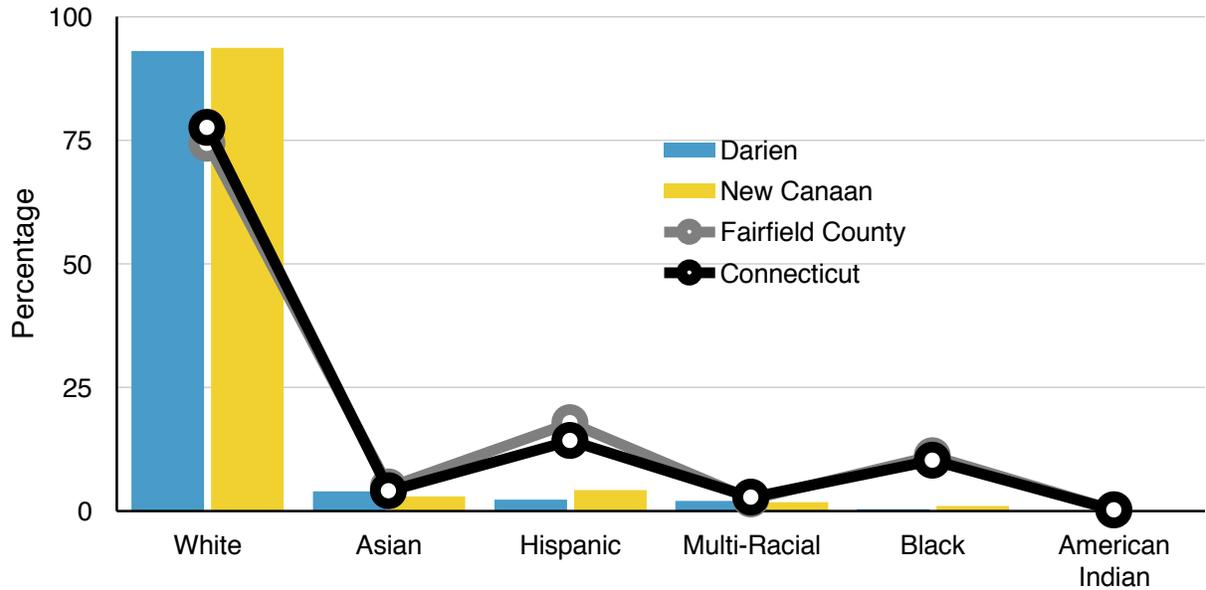
Race & Ethnicity

Chart #3: Darien Population by Race, 2006 and 2010 (Source: 2007 Darien Public Health Assessment and 2010 Census)

	2006	2010	Change
# White	18,687	19,508	+4%
# Asian	722	749	+4%
# Hispanic	625	743	+19%
# Multi-Racial/Other Race	460	351	-24%
# Black	354	104	-70%
# Native American	7	20	+280%

- Racial and ethnic diversity are not a feature of the Darien (or New Canaan) population.

Figure #5: Race in Darien, New Canaan, Fairfield County, and Connecticut.
 (Source: 2010-2014 American Community Survey 5-Year Estimates)



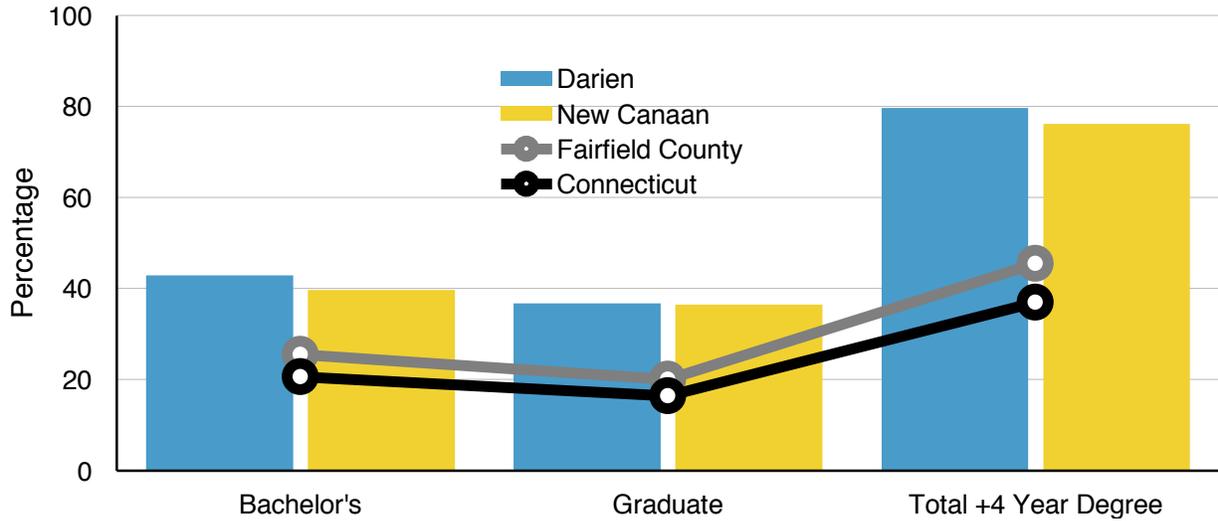
Education

Chart #4: Educational Attainment of Darien Residents, 2006 and 2010-2014
 (Source: 2007 Darien Public Health Assessment and 2010-2014 American Community Survey)

	2006	2010-2014
% Adults Without High School Diploma	4%	2%
% Adults With Only A High School Diploma/Some College/2-Year Degree	28%	18%
% Adults With A Bachelor Degree Or Higher	70%	80%

- The percentage of Darien residents with at least a Bachelor’s Degree has increased by 10% between 2006 and 2010-2014 while those with only a high school diploma have declined.

Figure #6: Education in Darien, New Canaan, Fairfield County, and Connecticut.
 (Source: 2010-2014 American Community Survey 5-Year Estimates)

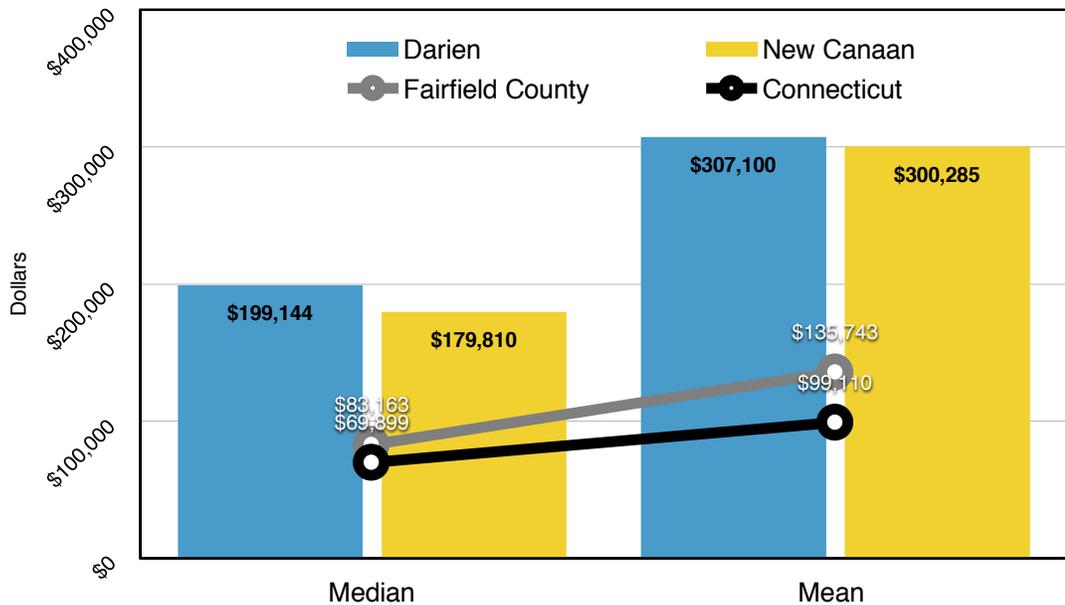


- Darien and New Canaan residents are highly educated, more than twice as likely to have a Bachelor's or Graduate Degree than Connecticut residents.
- Almost 40% of Darien residents hold a Graduate Degree.

Income

- Darien and New Canaan residents have both mean and median incomes that exceed Fairfield County and Connecticut residents by at least 100%.

Figure #7: Median & Mean Household Income in Darien, New Canaan, Fairfield County, and Connecticut.
 (Source: 2010-2014 American Community Survey 5-Year Estimates)



Poverty

**Chart #5: Two-Parent Households With Children in Poverty, 2005-2009 and 2010-2014, By Area
(Source: American Community Survey 5-Year Estimates, 2005-2009 and 2010-2014)**

	Darien	New Canaan	Fairfield County	Connecticut
% of Two Parents With Children Under 18 in Poverty, 2005-2009	1%	0.9%	3.0%	2.8%
% of Two Parents With Children Under 18 in Poverty, 2010-2014	4.8%	0.7%	3.6%	3.6%

- In Darien, the poverty rate among families with two parents increased from 1% to almost 5% between the 2005-2009 and the 2010-2014 time periods.
- Compared to New Canaan, Fairfield, and Connecticut, the poverty rate for households with children has increased significantly more in Darien.

**Chart #6: Single-Parent Households With Children in Poverty, 2005-2009 and 2010-2014, By Area
(Source: American Community Survey 5-Year Estimates, 2005-2009 and 2010-2014)**

	Darien	New Canaan	Fairfield County	Connecticut
% of Single Mothers With Own Children Under 18 in Poverty, 2005-2009	21.8%	10.5%	28.7%	24.6%
% of Single Mothers With Own Children Under 18 in Poverty, 2010-2014	30.3%	11.4%	28.1%	25.9%

- The poverty rate for single mothers in Darien has increased significantly between 2005-09 and 2010-14.

According to Darien Social Services:

- Poverty in Darien is a problem of single mothers and the elderly.
- Darien may have significant differences in the characteristics of poverty compared to other towns - some elderly “poor” may be asset rich but cash poor, poor families may keep up appearances but not have the money to pay their bills.
- Single mothers in Darien do not always receive child support payments from their former spouses,

Housing

**Chart #7: Housing Ownership, Mortgage Data, and Value, by Area
(2010-2014 American Community Survey 5-Year Estimates)**

	Darien	New Canaan	Fairfield County	Connecticut
% of Housing Units Owner Occupied	85%	79.7%	68.5%	67.3%
% Owner Occupied Housing Units With Mortgage	73.4%	69.2%	72%	70.6%
% Housing Valued More than \$500,000 and less than \$1,000,000	30.4%	26.7%	26.6%	12%
% Housing Valued More than \$1,000,000	62.6%	63.8%	13.8%	4.5%

- Darien and New Canaan have a high percentage of owner-occupied housing,
- Darien had a similar number of homes with mortgages as New Canaan, Fairfield County, and Connecticut.
- Darien and New Canaan have extremely high property values, with more than 60% of the housing units over \$1,000,000, compared to 13.8% in Fairfield County and 4.5% in Connecticut.
- The 2007 report identified the limited availability of rental properties and subsidized housing in town as potentially causing the displacement of elderly residents and restricting future diversification of the Darien population. Given the high cost of home ownership, that situation remains and in fact has become more pronounced.

**Chart #8: Households, Households With Children, and Family Size, By Area
(Source: 2010 Census)**

	Darien	New Canaan	Fairfield County	Connecticut
Households	6,556	7,010	335,545	1,371,087
Households With Children Under 18	3,424	3,065	121,207	443,285
Average Family Size	3.57	3.28	3.21	3.08

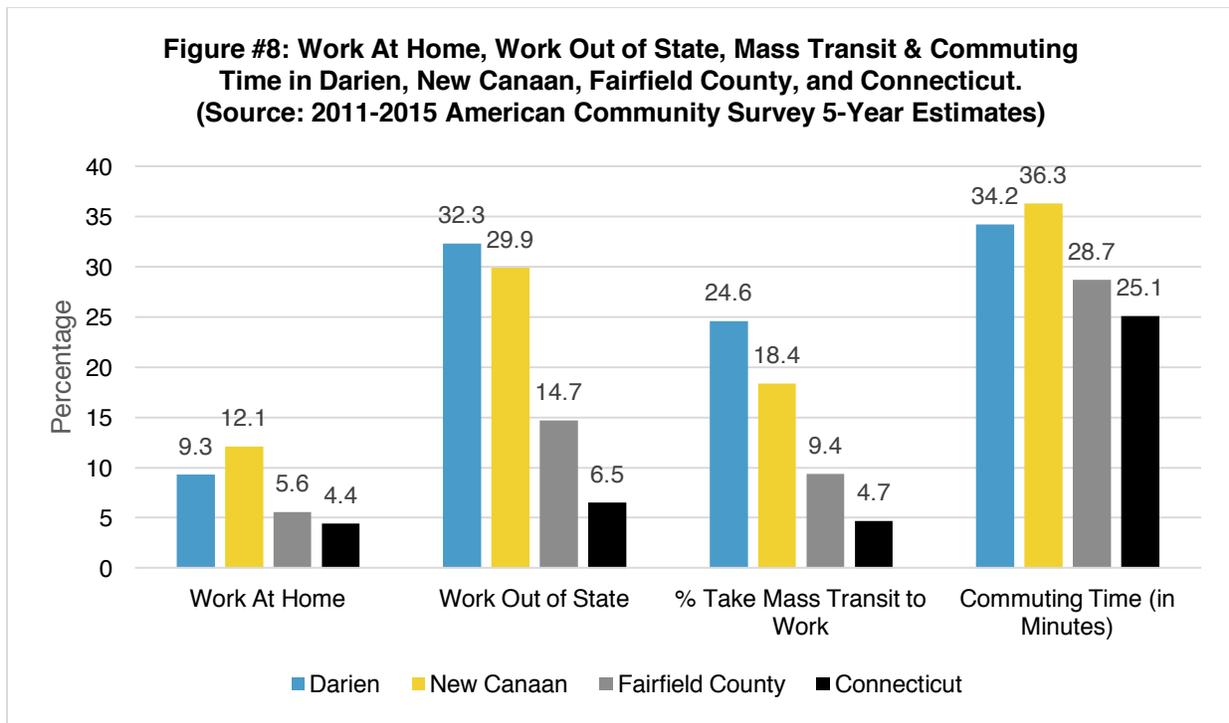
- Darien has a larger average family size than New Canaan, Fairfield County, or Connecticut.
- Darien has a larger percentage of households with children (52%) than New Canaan (44%), Fairfield County (36%) and Connecticut (32%).

Chart #9: Households With Children, Family Households with Married Parents, and Family Households With Single Mother, By Area (Source: 2010 Census)

	Darien	New Canaan	Fairfield County	Connecticut
Households With Children Under 18	3,424	3,065	121,207	443,285
Family Households With Children That Have Married Parents	3,078	2,687	89,394	301,090
Family Households With Children That Have Single Parent	291	299	25,249	111,767

- Of Darien households with children, more than 90% of them have both parents in the household, compared to less than 70% of Connecticut households with children.

Commute



- Darien and New Canaan residents are almost twice as likely to work from home as Fairfield County or Connecticut residents.
- Darien and New Canaan residents are more than twice as likely to work out of state as Fairfield County or Connecticut residents.
- Darien and New Canaan residents are almost twice as likely to take mass transit to work as Fairfield County and almost five times as likely to take mass transit to work as Connecticut residents.

- Commuting times, when adjusted for the percentage of people who work from home, is considerably higher for Darien and New Canaan residents than for Fairfield County and Connecticut residents.
- Longer commuting times mean longer hours away from home for one or two parents
- Darien residents are more likely to work 50 to 79 hours (41%) than Connecticut residents (22%).

Health Issues & Trends

Among other sources, this report was compiled from information provided by the 2015 DataHaven Community Wellbeing Survey, the 2014 Community Thriving Youth Task Force Survey on Alcohol and Other Substances, and Police Department and EMS response data from Post 53. The Community Wellbeing Survey (CWS) was designed by DataHaven and the Siena College Research Institute, in consultation with local public health experts in the Darien and Stamford area. The CWS was administered by cell phone and landline between April and October of 2015 by interviewers at the Siena College Research Institute. In total, 16,219 adults statewide completed the survey, of which approximately 200 were adults living in Darien. Interviews were weighted to be statistically representative of adults living in the community, based on Census data on age, gender, and race/ethnicity. The survey results provide information that was previously unavailable at a local level. Specifically, the self-reported analysis provides information on neighborhood quality, happiness, housing, transportation, health, economic security, workforce development, and other topics that contribute to health outcomes. The Thriving Youth Survey assessed trends in behaviors, belief systems, resources and assets self-reported by middle and high school students in 2008, 2011 and 2014. Highlights are included in the discussion below.

Assets & Positive Community Attributes

Residents of Darien are:

- less likely to report fair or poor health than the average Connecticut resident, with 6% of Darien residents saying their health was fair or poor vs 3% in New Canaan, 10% in Fairfield County, and 11% of Connecticut.
- more likely to have health insurance (98%) than residents of both Fairfield County (93%) or Connecticut (94%) (Source: 2010-2014 American Community Survey 5-Year Estimates)
- more likely to have a primary care doctor than the average Connecticut resident, at 98% vs 93% in New Canaan, 86% in Fairfield County, and 88% of Connecticut.
- less likely to be overweight than the average Connecticut resident, with 49% of Darien residents classified as overweight or obese compared with 62% of Connecticut. Males are more likely than females to be overweight or obese.
- less likely to have high blood pressure than the average Connecticut resident, with 21% of Darien residents classified with elevated blood pressure compared with 21% in New Canaan, 22% in Fairfield County, and 27% of Connecticut.
- less likely to have diabetes than the average Connecticut resident, with 2% of Darien residents having diabetes vs 1% in New Canaan, 6% in Fairfield County, and 7% of Connecticut.
- Have asthma rates consistent with statewide data, with 8% of Darien residents having asthma vs 7% in New Canaan, 9% in Fairfield County, and 9% of Connecticut.

- Have relatively easy access to preventive care like dentistry, with 87% of Darien residents seeing a dentist in past 12 months, compared to 85% in New Canaan, 82% of Fairfield and 81% of Connecticut residents.
- able to access a multitude of specialized health and wellness services in the region
- consider Darien to be a good to excellent place to raise children (96%) as compared with Connecticut residents in other communities (70%).
- consider their parks and recreational facilities to be good to excellent (90%) as compared with Connecticut (73%).
- maintain a higher degree of volunteerism (65%) than Connecticut (43%).
- have been in their current home for less than two years (4%) compared with 14% of Connecticut residents.
- Feel safe to walk in their neighborhoods at night (80%) compared with Connecticut residents elsewhere (55%)
- Trust their neighbors (82%) compared with Connecticut (54%).
- 70% of students surveyed feel safe at home, in the neighborhood, or in school.
- In 2014, FBI data ranked Darien as being the 3rd safest community in Connecticut with a crime rate 83% lower than the State average. Most crimes reported are thefts.

From the Thriving Youth Survey

The following items are worth special note:

- 84% of middle and high school students spend three or more hours a week in sports, clubs or organizations.
- Fewer than 20% of students spend three or more hours in practice for music, the arts, theater or read for pleasure.

Accessing Care

- Darien residents indicated they delayed care because they were too busy with work (60%) than residents of both Fairfield County (56%) and Connecticut (53%).
- They were also more likely say they delayed care because the doctor's office wasn't open after they returned home after work (28%) than residents of both Fairfield County (22%) and Connecticut (26%).
- Darien residents were generally healthier and better insured than Fairfield or Connecticut residents, but due to the need for after-hours care, they were equally as likely to use the hospital emergency department as other locations in Connecticut.
- Cost of medical care is increasing and changing as many providers have shifted from insurance coverage to private pay practice, thereby reducing affordable access for some.
- Cost of living in the area may create a labor pool shortage for health care professionals, including general practitioners.

Drugs, Alcohol & Smoking

- Middle and high school students were more likely to have consumed alcohol in the last 30 days (71%) than to have smoked cigarettes (31%).
- Only 13% of 12th graders feel it is important not to be sexually active or use alcohol or other drugs.

- In interviews, 16% of Darien residents felt the need to reduce drinking or drug use, twice the rate of Fairfield County and Connecticut residents.
- Darien residents were more likely to self-report binge drinking, with 24% of Darien residents admitting they drank five or more drinks (4 for women) in one sitting vs 20% in New Canaan, 21% in Fairfield County, and 17% of Connecticut. Reasons for this include busy work schedules during the week while available time on the weekend may provide time and opportunity for 'binging'.
- Darien had a crude mortality from alcohol at a rate of 1.9 deaths per 100,000, less than New Canaan's rate of 3.0 deaths per 100,000, and significantly less than Fairfield County's rate of 4.6 deaths per 100,000, and Connecticut's rate of 5.5 deaths per 100,000. (Source: Stamford Hospital, providing Statewide Mortality Data)
- Darien residents were less likely to be seen at the hospital for substance abuse (44 per 10,000, age adjusted) than residents of Fairfield County (105 per 10,000, age adjusted) but not less than New Canaan (41 per 10,000). (Source: 2015 DataHaven Community Wellbeing Survey)
- Darien residents are less likely to smoke, with 5% of Darien residents admitting they smoked cigarettes vs 3% in New Canaan, 10% in Fairfield County, and 13% of Connecticut. (Source: Stamford Hospital CHNA Report).
- Of the 20 ambulance calls in 2015 that Darien EMS Post 53 classified as a drug overdose, 5 listed heroin specifically, with another naming various opiates including Fentanyl (1), Oxycodone (1), and Percocet (1). (Source: Darien EMS Post 53 Interviews)
- Darien Police reported two fatal and three non-fatal heroin overdoses in 2016. (Source: Letter from Darien Police Chief Lovello to First Selectman Stevenson)
- Darien Police also noted that regional task forces had seized 1,200 grams of heroin, 4,400 grams of cocaine, and 32 grams of Oxycodone in one operation, and 400 bags of heroin seized in a second operation. (Source: Letter from Darien Police Chief Lovello to First Selectman Stevenson)
- Three of Darien EMS Post 53 overdoses specifically listed anti-anxiety drugs like Xanax (3). (Source: Darien EMS Post 53 Interviews)
- Hallucinogens were also well represented, with 3 LSD "overdoses" and one patient found unconscious after ingesting PCP. (Source: Darien EMS Post 53 Interviews).
- **NOTE:** Drug abuse was not listed as a concern in the 2007 Health Assessment. Alcohol abuse, however, was noted at that time.

Mental Health

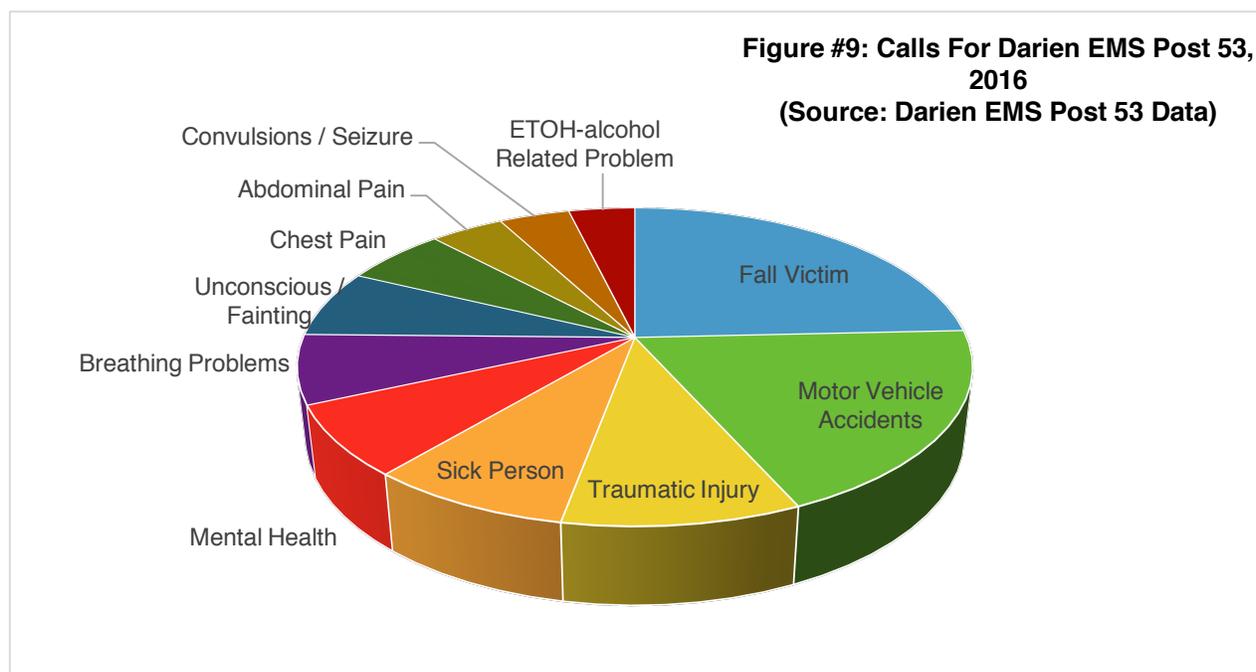
- Darien residents were slightly more likely to report that they were either completely or mostly happy yesterday (79%) than residents of Fairfield County (76%) or Connecticut (74%). (Source: 2015 DataHaven Community Wellbeing Survey)
- Darien residents were slightly less likely to report being depressed or feeling hopeless (24%) compared to residents of Fairfield County (26%) or Connecticut (28%). (Source: 2015 DataHaven Community Wellbeing Survey)
- However, mortality data shows that Darien had a crude mortality from suicide at a rate of 8.7 deaths per 100,000, significantly more than New Canaan's rate of 3.0 deaths per 100,000.
- The suicide rate for Fairfield County was 7.3, while Connecticut's was 9.4. (Source: Stamford Hospital, providing Statewide Mortality Data)

EMS Call Data

Chart #10: Darien EMS Post 53 Calls Related to Mental Health, 2010-2016
(Source: Darien EMS Post 53 Call Data)

	2010	2015	2016 (projected from data thru 6/27)
Psychiatric	38	61	88
Patient Has History of Mental Illness	15	28	45
Suicidal Patient	15	25	29
Ingestion/Poisoning (drug overdose)	5	19	18

- **NOTE:** This chart represents EMS calls only, and does NOT include data of individuals who sought and received care for mental health conditions elsewhere.
- Between 2014 and 2016, calls for psychiatric illness have more than doubled; calls for patients with a pre-existing mental illness have tripled.
- Between 2014 and 2016, calls for suicidal patients have doubled, and calls for ingestion/poisoning have more than tripled.



- Traumatic events such as falls (295 calls), motor vehicle accidents (231 calls), and injuries (117 calls) were the most frequent response categories.
- Approximately half of the motor vehicle accident responses were for accidents on I – 95.
- Calls related to “ingestion and poisonings”, which include drug overdoses, did not represent the most frequent reason for emergency response, but represent the greatest increase in the past 10 years.

- NOTE: In 2010, there were 5 ingestion calls and none were associated with opiates. In 2016, there were 18 calls for ingestion emergencies considered to be related to opioid overdoses.

Reportable Infectious/Communicable Diseases

A primary responsibility of a local health department is to monitor the occurrence of disease and illness to determine whether there are any trends in the community that would require intervention. The primary source of this information is laboratory reports of certain infectious diseases that the Connecticut Department of Public Health mandates as being reportable to the local health departments. It should be noted that the actual incidence of these illnesses may be significantly higher than noted as physicians often treat symptoms without confirming diagnoses by laboratory testing. The following table summarizes the most common laboratory confirmed reportable diseases in Darien since the last assessment was completed in 2007.

**Chart #11: Common Laboratory-Confirmed Reportable Diseases, 2006 & 2016, Darien
(Source: Darien Health Department)**

Disease	Darien 2006 # cases	Darien 2016 # cases
STDs	18	30
Influenza	32	12
Hepatitis	6	8
Campylobacter*	9	8
Salmonella*	3	6
MRSA	4	5
Lyme Disease	19	2
Strep (pneumonia)	n/a	2
Mumps	0	0
Pertussis	1	0
Measles	0	0

*Salmonella, E. coli and Campylobacter are illnesses associated with the consumption of food. Each reported case is investigated by the Health Department to ensure illness is not locally acquired from a local food service establishment. In each case, it was determined that the illness incidence has not occurred in clusters which would indicate a common source, but have been spread out over time. It is likely that these illnesses have been contracted through travel since most cases involved patients who had consumed food at various locations, not just in Darien.

Other illnesses deserving special mention:

- Pertussis – adults in contact with infants must be vaccinated
- Lyme – typically under-reported
- AIDS – no cases reported since 2006
- Tuberculosis – international travel increases potential exposure
- Hepatitis – “baby-boomers” should be screened and consider vaccine if necessary
- Lead Poisoning of children has not been a problem in Darien, even with existing housing stock containing lead paint. However, safe painting practices must be observed and licensed contractors must be utilized to minimize risk during renovations.
- West Nile Virus – no illnesses reported in Darien

- Zika – no cases reported

Darien residents are highly mobile and travel all over the world meaning there is increased likelihood of exposure to disease in remote locations. The threat of emergent disease is significant and necessitates constant vigilance.

Air Quality & Asthma

The link between air pollution and elevated asthma rates has been well established. The Hartford Courant reporting on a 2016 New York University/American Thoracic Society study noted that Connecticut is routinely cited by federal monitors as having among the worst air pollution on the East Coast. The most critical pollutant is ozone according to Robert Klee, Connecticut's Commissioner of the Department of Energy and Environmental Protection (DEEP). According to Richard Pirolli, Director of Planning and Standards in the agency's Bureau of Air Management, 40 percent of the air pollution in Connecticut comes from motor vehicles and over 90 percent of [air pollution] emissions come from out of state on prevailing winds from coal- and oil-burning power plants in the Midwest.

Weather can also bring on asthma symptoms. Cold, dry air is a common asthma trigger. That is especially true for people who play winter sports and have exercise-induced asthma. Wet weather and windy weather can cause problems, too. Wet weather encourages the growth of mold, and wind can blow mold and pollen through the air. Hot, humid air also can be a problem. Heat and sunlight combine with pollutants to create ground-level ozone which can be a strong asthma trigger. The continuous volume of traffic on I – 95 and the close proximity to the Merritt Parkway will contribute to ozone creation and poor air quality in Darien.

While Darien has similar rates of asthma among school-age children as Connecticut, local hospitalization rates and ED visits for asthma were considerably less than that of Connecticut based on data from 1996-2004, likely indicating better access to primary care.

Chart #12: School Reported Asthma, 2005-06 and 2015-16
(Source: Connecticut Department of Public Health Asthma Surveillance Reports)

	Darien	Connecticut
School-based Report of Asthma Per 100 Students (PK-12) 2009-2011 ¹	8.8	13.9 (average)
School-based Report of Asthma Per 100 Students (PK-K, 6-7, 10-11) 2006	8.54	10.48

- There is a slight difference in school-based reports of asthma between Darien and Connecticut.

¹ Connecticut Department of Public Health. Connecticut School-Based Asthma Report 2014. Available at: <http://www.ct.gov/dph/lib/dph/hems/asthma/pdf/sbasr2014.pdf>.

**Chart #13: Emergency Department Visits for Asthma, 1996-2004 and 2010-2014, By Area
(Source: Connecticut Department of Public Health Asthma Surveillance Reports)**

	Darien	New Canaan	Fairfield County	Connecticut
Asthma Emergency Department Visits Rate Per 10,000, 2010-2014	13.8	10.8	NA	NA
Asthma Emergency Department Visits Rate Per 10,000, 1996-2004	11.5	NA	43.8	58.2

- Emergency Department visits for asthma have remained consistent in Darien, which has a rate similar to New Canaan but considerably less than Connecticut.

**Chart #14: Asthma Hospitalizations 1996-2004 and 2010-2014, By Area
(Source: Connecticut Department of Public Health Asthma Surveillance Reports)**

	Darien	New Canaan	Fairfield County	Connecticut
Asthma Hospitalization Rate Per 10,000, 2010-2014	3.3	3.4	NA	NA
Asthma Hospitalization Rate Per 10,000, 1996-2004	3.3	NA	8.8	10.6

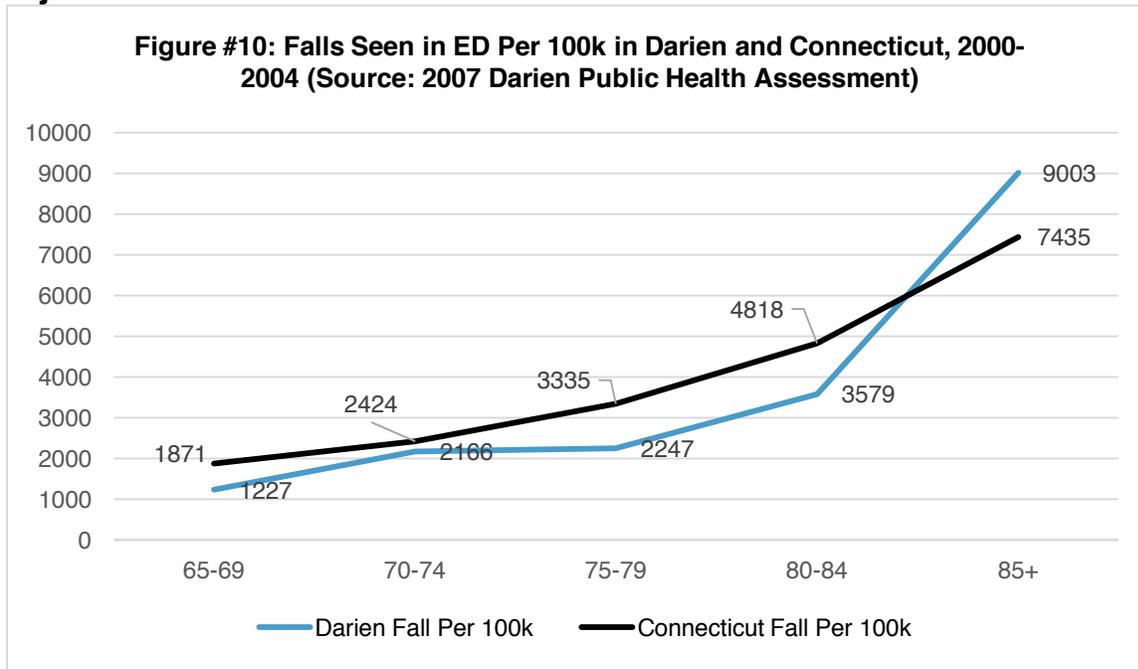
- Hospitalization for asthma has remained consistent in Darien, which has a rate similar to New Canaan but considerably less than Connecticut.

Chart #15: Darien Asthma Emergency Department Visits and Hospitalization, 1996-2004, 2005-2009, and 2010-2014. (Source: Previous Health Assessment and Stamford Hospital Data)

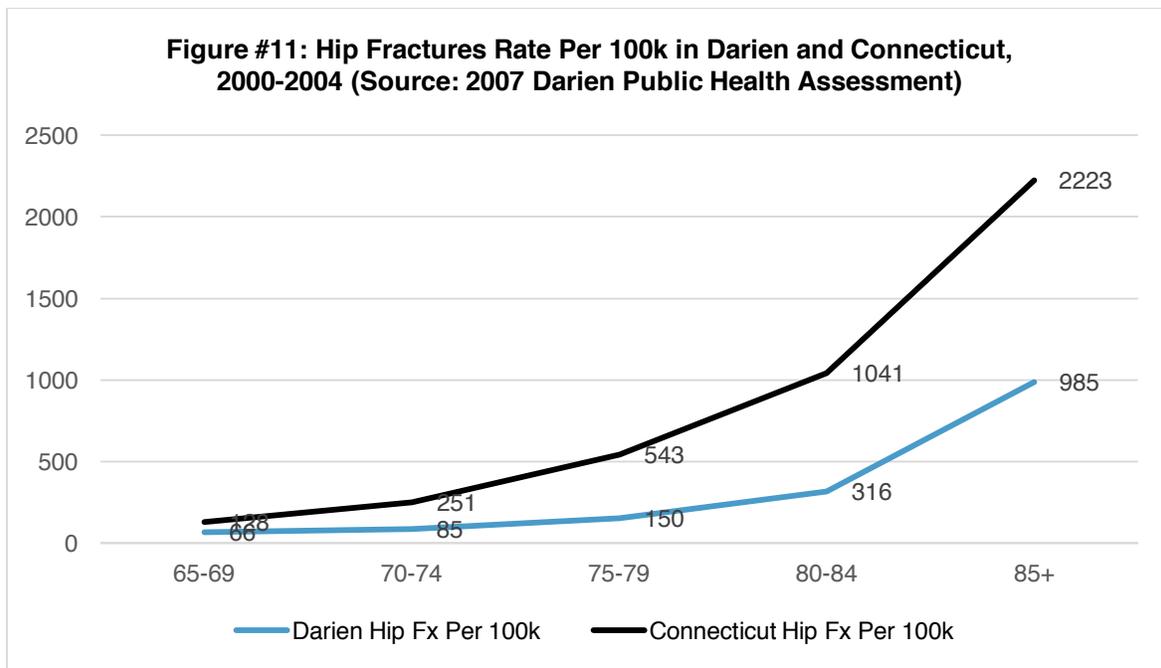
	Darien 1996-2004	Darien 2005-2009	Darien 2010-2014
Asthma Emergency Department Visits Rate Per 10,000	11.5	11.9	13.8
Asthma Hospitalization Rate Per 10,000	3.3	1.7	3.3

- Asthma ED visits and hospitalization remain reasonably consistent over time.
- Health Department staff will conduct follow-up home visitation on hospital referrals of repeat ED visits to provide advice and guidance to reduce asthma triggers in the home.

Injuries & Falls



- As people age, they are more likely to fall.
- The potential for adverse outcomes (severe injury) from a fall increases with advancing age.



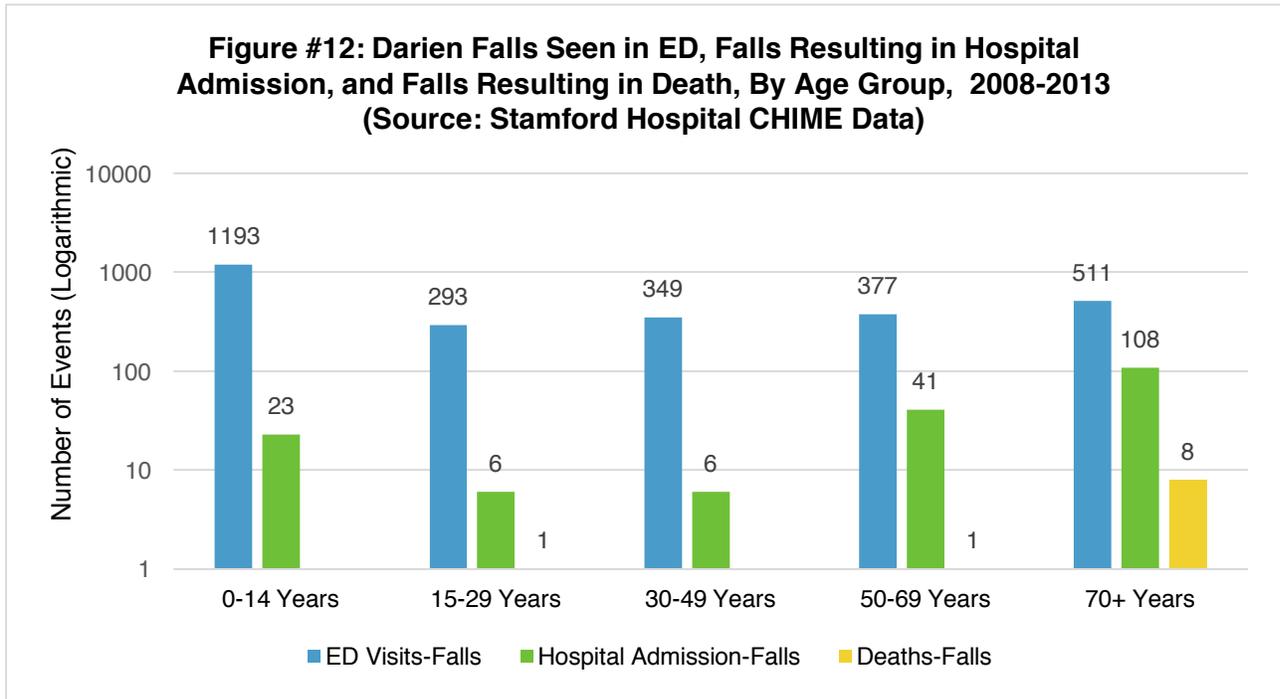
- As people age, falls are more likely to result in hip fractures as bones become more fragile. In Darien, the hip fracture rate after a fall doubles (from 5% to 11%) between the 65-69 age groups and the 85+ age group, while in Connecticut it more than triples (from 7% to 30%).

**Chart #16: Darien EMS Post 53 Calls for Falls
(Source: Darien EMS Post 53 Interviews)**

	2010	2015	2016 (projected from data thru 6/27)	Change 2010-2016
All Falls	196	273	275	+40%
Falls in Ages >65	130	198	207	+59%
Falls @ Senior Housing	28	63	72	+157%
Falls Transported to Hospital	143	191	209	+46%

- Darien EMS Post 53 data shows a 40% increase in all falls 2010-2016, a 59% increase in falls among residents >65, a 157% increase in falls at senior housing (there are more senior housing units than there were in 2010), and a 46% increase in falls transported to the hospital.² This will increase as Darien adds more senior housing units. (Source: Darien EMS Post 53 Interviews)

**Figure #12: Darien Falls Seen in ED, Falls Resulting in Hospital Admission, and Falls Resulting in Death, By Age Group, 2008-2013
(Source: Stamford Hospital CHIME Data)**



- Darien’s crude mortality rate from falls was 9.6 deaths per 100,000, higher than New Canaan’s rate of 7.1, slightly higher than Fairfield County’s rate of 9.2 and equal to the State of Connecticut’s rate of 9.6 deaths per 100,000.³

² Darien EMS Post 53 Calls: 1498 in 2010, 1620 in 2015, 1599 in 2016 (780 thru 6/27).

³Stamford Hospital, providing Statewide Mortality Data.

Maternal & Child Health

- Darien and New Canaan mothers are very unlikely to smoke.
- Darien mothers have fewer low-birthweight babies than New Canaan or Connecticut.

	Darien	New Canaan	Connecticut
Low Birthweight	5.9%	8.5%	8.0%
Very Low Birthweight	1.0%	NA	1.5%
Teen Births	0.0%	0.0%	6.6%
Smoking During Pregnancy	0.3%	0.2%	4.9%

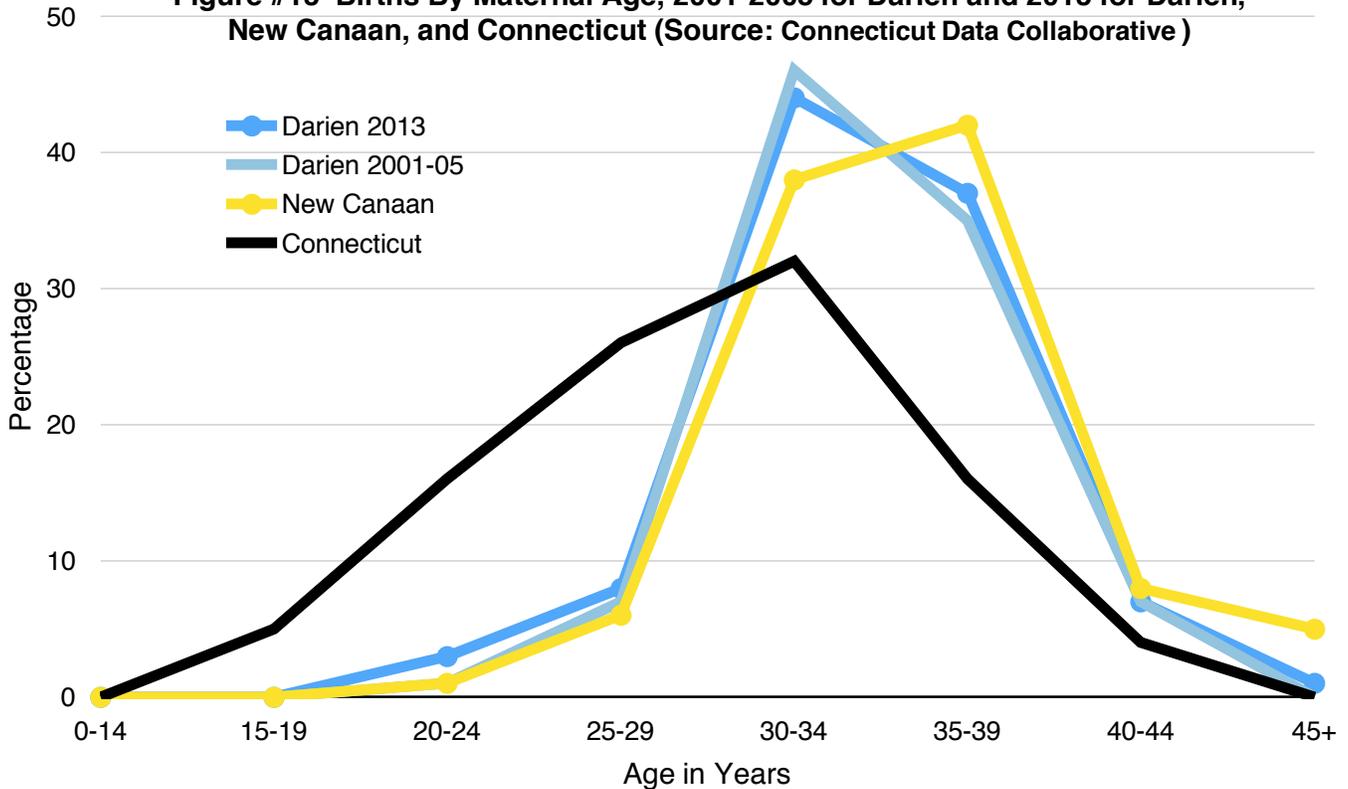
Chart #17 Neonate Birthweight & Smoking During Pregnancy, 2008-2010, for Darien, New Canaan, and Connecticut (Source: 2012 Connecticut Vital Statistics Report)

Chart #18: Birth Rate & Deaths (Source: 2012 Connecticut Vital Statistics Report)

	Darien	New Canaan	Fairfield County	Connecticut
Birth Rate per 1,000 Population	9.4	7.1	10.8	10.2
Fetal Deaths Per 1,000 Live Births	NA	NA	4.6	5.0
Neonatal Deaths Per 1,000 Live Births	NA	NA	3.5	4.1
Post-Neonatal Deaths Per 1,000 Live Births	NA	NA	NA	1.2

- Darien's birthrate is similar to Fairfield County and Connecticut, and slightly more than New Canaan.
- Both Darien and New Canaan have almost no fetal, neonatal, or post-neonatal deaths.

Figure #13 Births By Maternal Age, 2001-2005 for Darien and 2013 for Darien, New Canaan, and Connecticut (Source: Connecticut Data Collaborative)



Maternal Age-Both Darien and New Canaan exhibit birth rates which are highest for mothers from 30 to 39 years of age, while Connecticut births are distributed more uniformly between the 20-39 age groups. Birth rates in the over 40 age group in Darien and New Canaan exceed the Connecticut rate.

Multiple Births-Data on multiple births was available at the county and state levels. According to March of Dimes data, the rate of multiple births in Fairfield County exceeds the Connecticut rate for mothers 30-39 years (55.2/1,000 births vs 50.4/1,000 births), and the 40+ mothers (101/1,000 births vs 96.8 births).

Cancer Incidence

Chart #19: Most Reported Cancers, 2008-2012, Age-Adjusted Incident Rate (AAIR).
(Source: Connecticut Tumor Registry, Health Statistics & Surveillance Section, CT Department of Public Health.)

Darien	New Canaan	Connecticut
Prostate (192.4 AAIR)	Prostate (148.7 AAIR)	Prostate (140.7 AAIR)
Breast (84.8 AAIR)	Breast (102.5 AAIR)	Breast (74.6 AAIR)
Skin (57.9 AAIR)	Skin (49.3 AAIR)	Lung (64.0 AAIR)
Lung (50.4 AAIR)	Colorectal (33.3 AAIR)	Colorectal (41.8 AAIR)
Colorectal (36.1 AAIR)	Lung (33.1 AAIR)	Uterine (29.8 AAIR)

- Darien and New Canaan have similarly prevalent cancers. Four of five are also the most prevalent cancers in Connecticut.
- Darien and New Canaan have higher skin cancer rates than Connecticut.

Chart #20: Age-Adjusted Cancer Incidence Rates, By Gender, By Area
(Source: Connecticut Tumor Registry, Connecticut Cancer Incidence Data, 2008-12)

	Darien	New Canaan	Connecticut
Men	593.4	494.8	450.7
Women	501.8	507.5	546.8

- Overall, Darien men have a higher age-adjusted incidence rates for cancers than either New Canaan or Connecticut.
- However, Darien has lower age-adjusted incidence rates for all cancers for women compared to New Canaan and Connecticut.

Cancer Mortality

Chart #21: Age-Adjusted Mortality Rate For All Cancers, By Gender, By Area, 2008-2012.
(Source: Connecticut Department of Public Health Mortality Tables)

	Darien	New Canaan	Connecticut
Men	200.2	123.2	192.9
Women	166.4	108.7	138.3

- Darien men have both a higher cancer incidence rate and a higher cancer mortality rate than either New Canaan or Connecticut.
- Darien women have a higher cancer mortality rate than either New Canaan or Connecticut women, while having lower cancer incidence rates as shown in Chart #26.

Chart #22: Most Frequent Cancer Causes of Death, By Area, 2008-2012, Crude Mortality Rate (Source: Stamford Hospital, providing Statewide Mortality Data)

Darien		New Canaan		Fairfield County		Connecticut	
Category	CMR	Category	CMR	Category	CMR	Category	CMR
Total Cancer	172.4	Total Cancer	140.6	Total Cancer	164.4	Total Cancer	189.0
Ovarian	28.5	Breast	29.2	Lung	39.5	Lung	48.6
Breast	28.5	Lung	25.3	Breast	24.7	Breast	26.5
Prostate	25.4	Prostate	14.7	Prostate	17.5	Prostate	19.6
Lung	25.0	Colorectal	11.1	Colorectal	13.9	Colorectal	15.5
Pancreatic	11.6	Pancreatic	10.1	Pancreatic	12.5	Pancreatic	13.5

- Darien has higher rates of deaths from ovarian and prostate cancer than New Canaan, Fairfield County, and Connecticut.
- Darien has lower rates of lung cancer and colorectal cancer than Fairfield County and Connecticut.

Chart #23: Darien Breast Cancer Crude Incidence and Mortality Rates 2008-2012 (Source: Connecticut Tumor Registry, Health Statistics & Surveillance Section, CT DPH)

	Darien	New Canaan	Connecticut
Breast Cancer Incidence	179.6	230.3	166.9
Breast Cancer Mortality	28.5	29.2	27.6

- The incidence rate for breast cancer in Darien is slightly greater than the Connecticut rate, but less than that in New Canaan. There is no statistical difference associated with mortality.

Chart #24: Darien Ovarian Cancer Crude Incidence and Mortality Rates 2008-2012 (Source: Connecticut Tumor Registry, Health Statistics & Surveillance Section, CT. DPH)

	Darien	New Canaan	Connecticut
Ovarian Cancer Incidence	17.1	15.6	15.5
Ovarian Cancer Mortality	28.5	7.8	9.5

- Ovarian Cancer mortality rates in Darien exceed that for women in New Canaan and Connecticut

Chart #25: Darien Prostate Cancer Crude Incidence and Mortality Rates 2008-2012 (Source: Connecticut Tumor Registry, Health Statistics & Surveillance Section, CT. Department of Public Health.)

	Darien	New Canaan	Connecticut
Prostate Cancer Incidence	182.0	187.6	140.7
Prostate Cancer Mortality	25.4	14.7	19.7

- Prostate Cancer incidence and mortality rates in Darien exceed rates in New Canaan and Connecticut

Overall Mortality

Chart #26: Total Number of Deaths and Age-Adjusted Death Rate, Darien and Connecticut, 2008-2012 and 2000-2004 (Source: Stamford Hospital, providing Statewide Mortality Data)

	Darien	Connecticut
Total # of Deaths 2008-2012	553	144,577
<i>Total # of Deaths 2000-2004</i>	<i>622</i>	<i>148,661</i>
Age Adjusted Death Rate 2008-2012 (All Causes)	537.3	660.4
<i>Age Adjusted Death Rate 2000-2004 (All Causes)</i>	<i>630.5</i>	<i>772.1</i>

- The age-adjusted death rate has dropped for both Darien and Connecticut by almost 20% between 2000-2004 and 2008-2012.

Chart #27: Total Deaths by Gender and Age-Adjusted Death Rate, 2000-2004 and 2008-2012, Darien and Connecticut (Source: Connecticut Mortality Data and 2007 Darien Health Assessment)

	Darien Males	Darien Females	Connecticut Males	Connecticut Females
Total # of Deaths 2008-2012	270	283	68,666	75,909
<i>Total # of Deaths 2000-2004</i>	<i>303</i>	<i>319</i>	<i>70,138</i>	<i>78,518</i>
Age-Adjusted Death Rate 2008-2012	634.5	458.2	792.1	561
<i>Age-Adjusted Death Rate 2000-2004</i>	<i>753.1</i>	<i>532.6</i>	<i>949.5</i>	<i>647.9</i>

- The age-adjusted death rate, while higher for men then for women, has declined for both.

Chart #28: Top Five Causes of Death, Ranked by Deaths, and Age-Adjusted Mortality Rate, 2000-2004 and 2008-2012 in Darien
 (Source: Connecticut Mortality Data and 2007 Darien Health Assessment)⁴

Darien 2000-2004			Darien 2008-2012		
Cause of Death	# Deaths	Death Rate	Cause of Death	# Deaths	Death Rate
* All Heart Diseases	186	188.6	All Cancers	179	180.3
All Cancers	159	158.7	All Heart Diseases	164	154.6
Stroke	48	48.8	All Injuries	32	34.8
Pneumonia & Influenza	35	35.4	Infectious Disease	19	17.2
Lower Respiratory	30	29.8	Lower Respiratory	14	13.5 (CMR)

- Pneumonia & Influenza were identified as a significant cause of death in the previous assessment and are no longer identified as a major concern.
- All Heart diseases includes major cardiovascular diseases, including stroke.

Chart #29: Top Five Causes of Death, Ranked by Deaths, and Age-Adjusted Mortality Rate, 2008-2012, for Darien, New Canaan, and Connecticut

Darien			New Canaan			Connecticut		
Cause of Death	# Deaths	AAMR	Cause of Death	# Deaths	AAMR	Cause of Death	# Deaths	AAMR
All Cancers	179	180.3	All Heart Diseases	175	134.4	All Heart Diseases	45,566	200.2
All Heart Diseases	164	154.6	All Cancers	139	114.1	All Cancers	33,775	160
All Injuries	32	34.8	Alzheimer's Disease	28	20.7	All Injuries	9,037	46.9
Infectious Disease	19	17.2	Chronic Lower Respiratory Disease	21	17.3	Chronic Lower Respiratory Disease	6,985	32.2
Chronic Lower Respiratory Disease	14	13.5 (CMR)	Pneumonia & Influenza	18	13.4	Infectious Diseases	4,964	22.8

(Source: Connecticut Mortality Data)

- The age adjusted mortality rate for cancer in Darien exceeds the New Canaan rate and is slightly higher than that in Connecticut.
- The death rate due to diseases of the heart is less in Darien than in New Canaan and CT.

Years of Potential Life Lost

Chart #30: Years of Potential Life Lost for Darien Residents, 2000-2004
(Source: 2007 Darien Health Assessment)

<i>Cause of Death, 2000-2004</i>	#YPPL < 65 Years Old	#YPPL < 75 Years Old
1. All Cancers	480	1,173
2. All Heart Diseases	195	505
3. Chronic Lower Respiratory Diseases	5	50
4. Pneumonia & Influenza	23	38
5. Stroke (Cerebrovascular Diseases)	3	23

Chart #31: Years of Potential Life Loss for Darien Residents, 2008-2012, For Top 5 Causes of Death,
(Source: 2007 Darien Health Assessment and State of Connecticut Mortality Tables)

Cause of Death, 2008-2012	#YPPL < 65 Years Old	#YPPL < 75 Years Old
1. All Cancers	365	930
2. All Heart Diseases	233	473
3. All injuries	340	503
4. All Accidents (Unintentional Injuries)	178	270
5. All Infectious and Parasitic Diseases	30	73
<i>Chronic Lower Respiratory Diseases*</i>	0	13
<i>Pneumonia & Influenza*</i>	0	0

- Pneumonia/influenza and Chronic Lower Respiratory Diseases have not been identified as significant causes of death in recent years.

Summary of Findings

The 2007 health assessment concluded that “Darien residents enjoy good health relative to other communities in Fairfield County and the state as a whole.” While that statement still rings true, we have identified the following areas of concern that warrant further attention, research, and where possible, interventions.

- **Cancer rates**, especially for prostate and ovarian cancers, tend to be higher in Darien than in our comparable neighboring community of New Canaan and in the State of Connecticut. The leading cause of death in Darien is cancer in all of its forms.
- **Heart Disease** is the second leading cause of death but rates are lower in Darien than for New Canaan and Connecticut residents.
- **Stress** As shown in the demographic section of this report, the high cost of living in Darien necessitates high income which results in long working hours, lengthy commutes, often involving high volumes of traffic and difficult driving conditions generating considerable stress. This chronic stress is compounded by a constant need to excel, both for adults and children. Stress, mentioned as a concern in all surveys conducted of Darien leaders, public officials and residents, is widely recognized as contributing to numerous adverse physical health impacts as well as mental health problems such as eating disorders and substance abuse. Additionally, according to WebMD,
 - Seventy-five to ninety percent of all doctor's office visits are for stress-related ailments and complaints.
 - Forty-three percent of all adults suffer adverse health effects from stress.
 - Stress can play a part in problems such as headaches, high blood pressure, heart problems, diabetes, skin conditions, asthma, arthritis, depression, anxiety and be a causative factor in domestic violence.
 - The Occupational Safety and Health Administration (OSHA) declared stress a hazard of the workplace. Stress costs American industry more than \$300 billion annually.
 - The lifetime prevalence of an emotional disorder is more than 50%, often due to chronic, untreated stress reactions.
- **Alcohol and Substance Abuse** Misuse of prescription drugs, the reported instances of binge drinking, increasing evidence of opioid abuse by school-aged children as well as by adults, have been documented in the community. While alcohol abuse was noted in the previous health assessment of 2007, there was no mention of drugs. Research also indicates that Attention Deficit Disorders (ADHD) is over-diagnosed in children of higher socio-economic status, and under diagnosed in those of lower socio-economic status. The pressures to succeed and excel may lead to the use of performance enhancing drugs, which are often implicated as being the first step to drug dependency and addiction.
- **Falls** constitute 20% of calls for emergency response service in 2016, more than any other single cause.
- **Reportable Diseases of Note**
 - Sexually transmitted diseases (STDs) were the most frequently laboratory confirmed diseases in 2016. Since most of the cases involve college aged individuals, local intervention programs would have limited effectiveness.
 - Lyme Disease cases are probably vastly under-reported because physicians are more likely to treat symptoms than conduct laboratory testing which has a low level of accuracy. The Darien Health Department submits ticks to the Connecticut

Agricultural Experiment Station to be tested to aid residents in determining if treatment for Lyme Disease should be considered. The percentage of ticks found to be positive for Lyme has been consistently reported at 30%, which is the same as what is found in neighboring communities.

- In Darien, mosquitos are tested and have been routinely found to be positive for West Nile Virus but no human cases of illness have been reported.
- Hepatitis C, which can cause liver failure, has consistently been among the most common diseases reported. It is recommended that all “baby boomers” be tested for the presence of the hepatitis virus as effective treatment is available.
- The number of enteric or gastrointestinal diseases, usually related to the consumption of tainted food, remains quite low as it was in 2007. The sporadic occurrence and lack of illness clusters suggests the cause is due to the mobility of residents who travel frequently and eat out in diverse settings which likely results in more exposure to pathogens.
- Childhood screening for lead has not resulted in the discovery of elevated blood lead levels in Darien children.
- **Sports Injuries and Concussions of School-aged Children** While not mentioned in the body of the report, new legislation enacted in 2015 requires that all school related sport programs have the coaching staff trained in concussion recognition and a reporting requirement when concussions occur. Such reports need to be carefully evaluated since unrecognized concussions can have lasting impacts, especially on adolescent brains. Additionally, medication for sports injuries have been identified as being a contributing factor in leading to opioid addiction.
- **Asthma** rates are lower for Darien school children than Connecticut, but remain a serious public health issue and needs to be monitored.
- **Diabetes** rates are considerably lower for Darien residents than those found statewide.
- **Obesity** has not been identified as a problem in Darien as it is in other Connecticut communities, but the Thriving Youth Survey did indicate that there are other types of eating disorders that warrant attention.

Recommendations

At the conclusion of the previous town-wide health assessment conducted in 2007, the Advisory Board of Health provided a report to the Board of Selectmen recommending transitioning from a “part-time” health department to a full-time health department. In 2008, the Department was reorganized to become a “full time department”, which brought a full time health director on the staff for the first time. Some considerations for the future include:

Health Department Staff: The existing health department staff consists of a full-time director who holds a Master’s Degree in Public Health, is a Registered Sanitarian, State certified in inspecting restaurants and engineered septic systems; a full time Registered Sanitarian also certified to inspect restaurants and engineered septic systems; a part time (15 hours a week) inspector who is certified to inspect restaurants; a part time nurse (5 hours a week); an shared office administrator (with the Human Services Department); and a part time public health emergency preparedness consultant who is paid from grant funds. While this arrangement may be adequate for meeting the needs of state mandated programs at this time, especially in environmental health, it is inadequate for addressing other areas of need identified above. This is the time to increase the role of the public health nurse position to address those areas of need. To quote from the 2007 assessment, “*a full time public health nurse with the right credentials could serve both public health and health related human service functions, augment community health education and screening programs*”, follow up with asthma cases, work with the Board of Education on sports injuries and concussion reporting, assist with hoarding issues, provide immunizations at senior housing while also working with the police department and EMS in following up on substance abuse and fall prevention.

Darien EMS Post 53

Since heart related disease and sepsis are major causes of death in Darien, good prehospital care can have a significant impact on outcomes. Ensuring that Darien EMS Post 53, Stamford EMS Paramedics, and Stamford & Norwalk Hospitals have implemented a STEMI alert (heart attack), Stroke Alert, and Sepsis Alert protocols can improve the outcome for Darien residents.

Darien Needs to Advocate for Better Mental Health & Substance Abuse Care: Mortality statistics (crude mortality from suicide at a rate of 8.7 deaths per 100,000), and Darien EMS Post 53 data (emergency calls for psychiatric illness more than doubled in the past 3 years, psychiatric calls with a previous diagnosis tripling over the past 3 years, psychiatric calls which involve a suicide attempt almost doubling over the past 3 years, and ingestion/poisoning calls tripling over the past 3 years) really indicate a significant problem. There is a significant shortage of both inpatient drug treatment and inpatient psychiatric treatment beds which hampers the ability to address the underlying problems. Darien should participate in an organized advocacy program to increase the number of inpatient drug treatment and psychiatric beds.

Public Health Emergency Preparedness: Another recommendation made in 2007 was to develop a Public Health Emergency Preparedness (PHEP) plan for the town. Utilizing grant funding, the Department has secured the services of a consultant to address the public health component of the town-wide emergency response plan. Local activities have included the development and annual review of the Health & Medical Annex of Darien's Emergency Management Plan and of the Darien Public School Emergency Management Plan.

Understanding that disasters do not necessarily remain within political boundaries, department representatives participate in monthly regional coordination and planning meetings as part of the Emergency Support Function (ESF) #8 which is the Public Health and Medical Services component for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disasters. Additionally, there are state-level activities such as regional and state-wide disaster exercises and State-mandated health preparedness activities that the Department has participated in.

Final Thoughts

Health Department Services

In 2015, the State of Connecticut adopted the following statute that describes services to be provided by local health departments:

Sec. 19a-207a. Basic health program. *Each district department of health and municipal health department shall ensure the provision of a basic health program that includes, but is not limited to, the following services for each community served by the district department of health and municipal health department: (1) Monitoring of health status to identify and solve community health problems; (2) investigating and diagnosing health problems and health hazards in the community; (3) informing, educating and empowering persons in the community concerning health issues; (4) mobilizing community partnerships and action to identify and solve health problems for persons in the community; (5) developing policies and plans that support individual and community health efforts; (6) enforcing laws and regulations that protect health and ensure safety; (7) connecting persons in the community to needed health care services when appropriate; (8) assuring a competent public health and personal care workforce; (9) evaluating effectiveness, accessibility and quality of personal and population-based health services; and (10) researching to find innovative solutions to health problems.*

At the close of the fiscal year, each local health department is required to submit an annual report to The State Department of Public Health summarizing activities from the past year. This report is intended to provide the basis for the release of a State grant to the local health department. Due to State budget “adjustments”, the Darien Health Department does not receive any state per capita funding even though it is one of only seventeen (17) departments out of a total of 72 in the State that provides residents with each of the mandated 10 essential services established in the statutes as outlined in the annual report.

Unique Community Assets

Darien has two youth oriented programs that are worthy of special note for the positive role they provide within the community:

- The Depot is a collaborative youth center, the first and oldest of its kind in the nation, where community needs are addressed with staff supported guidance, programming by youth, and parenting education. An alcohol and drug-free zone monitored by caring, vetted adults, The Depot provides a safe space for youth to develop leadership, planning, and decision-making skills, interact with people of different backgrounds, access adult role models and serve as community assets.
- The mission of Post 53 is to provide emergency medical services to the Darien community at the highest level of excellence, using Darien High School students and adult volunteers. Post 53 was founded in 1970 by John E. “Bud” Doble, who modelled it after an Explorer Post on Nantucket. Along with concerned parents, he founded Post 53 to teach young people about the devastating effects of drug and alcohol abuse through direct emergency medical treatment. This is a unique program in the US and provides youngsters with a life experience they will never forget. Since that time, over 700 Darien High School students

have served the community as members of Post 53, many of whom have gone on to health related employment.

The positive impact of these programs is significant and requires better community support and recognition.

Darien has an exceptionally high degree of civic involvement which is evident in the level of participation in the RTM, various committees in town government and through the schools. Assets include the Thriving Youth Task Force mentioned previously in this report, a Father's Support Group that meets at the YMCA, the Darien Community Fund and the Human Service Planning Council, a very pro-active Senior Center and the exceptional services and programs offered by the Darien Library are but a few of the tools available to make improvements in this community.

Finally, for this report, residents were interviewed and asked for their opinions on the following questions: What is a healthy community? What is needed to achieve a healthy community? What concerns do we face in the future? The following is a selection of those responses:

- Develop a health related service inventory/directory, available in text and on-line.
- Develop a public calendar that organizes all health and human service seminars and presentations being offered in the community
- Improve substance abuse treatment availability, including residential options.
- Expanded youth substance abuse and binge drinking intervention programs are needed.
- Provide nutritional guidance and awareness programs for residents of all ages.
- Provide assistance to clarify confusion on health care and insurance, especially to seniors.
- Develop programs to address general anxiety issues, including stress, suicide intervention, eating disorders and depression.
- Provide educational programs to break through the stigma associated with addiction and mental illness.
- Participate in the planning process to address such stress related issues as the lack of affordable housing, increasing traffic congestion and pedestrian safety.
- Be more pro-active in fall prevention programs.
- Elderly residents living alone with minimal local support systems
- Air pollution concerns due to ever increasing traffic on I- 95 and Post Rd.
- Disaster concerns due to potentially hazardous material release due to an accident on I -95 or the Metro North trains.
- Automobile traffic concerns in general, especially downtown whenever there is a slow-down of traffic on I-95.
- Noise levels associated with the increasing density of development, trains and the highway.
- Safety concerns regarding distracted pedestrians and drivers due to cell phone use.
- Aging infrastructure, including long-term potable water supply system planning, sewage disposal/sewer systems and local transportation systems.
- The impact of climate change is unknown, but warming temperatures will likely increase the breeding and biting seasons for ticks and mosquitos, thereby increasing the likelihood of disease potential. Extreme weather could lead to the increased potential for shoreline flooding and the growth of harmful algae in surface waters, compromise water quality and put more stress on the elderly and other compromised individuals.

Epilogue

An “Epidemic” occurs when there is a rapid spread or increase in the occurrence of something. The declaration of an epidemic requires a good understanding of a baseline rate of incidence; epidemics for certain diseases, such as influenza, are defined as reaching some defined increase in incidence above this baseline. An epidemic disease is not necessarily contagious, so consequently the term has been applied to such conditions as West Nile fever and the obesity epidemic (e.g. by the World Health Organization), among others. A primary role for a local health department is to be vigilant by monitoring health trends in the community. Recent occurrences such as H1N1, Ebola, and this year’s threat from Zika are good examples of worldwide health concerns that local health officials monitor while maintaining a readiness to intervene by maintaining close contact with the Connecticut Department of Public Health as well as other State and Federal Agencies such as the Centers for Disease Control (CDC). Today’s ease of travel makes the potential spread of formerly “exotic” diseases more likely; consequently, communication and cooperation between a multitude of agencies is critical in this world of instantaneous travel which increases the likelihood of the transport of communicable diseases around the world.

But an epidemic isn’t just about communicable diseases. As stated above, an epidemic occurs whenever there is a rapid increase in the occurrence of “something”. The “something” we have identified as having a substantial increase in our community is that of drug abuse. This epidemic involves the abuse of prescription medication, opioids and heroin while involving all ages and demographics throughout the country and within our community. It has become a pervasive problem according to local emergency responders and health care professionals. The last health assessment done in 2007 did not even mention drug abuse as an issue. In 2010, Post 53 had five (5) response calls for poisoning or ingestions, which includes drug overdoses, none of which were for opioids; while last year in 2016, there were 18 overdose calls, including opioids. There were two fatal and three non-fatal overdoses associated with heroin in Darien in 2015. This number is still less than the call rate for other medical issues such as alcohol abuse, but it is the single largest and fastest increase in the need for emergency response.

No one ever experimented with drugs, started taking medication or drinking alcohol intending to become an addict or an alcoholic. It happens, usually so gradually that the individual isn’t aware until something bad occurs. Awareness is step one in addressing a problem. The purpose of public health is to “prevent, promote and protect”. As previously discussed, the role of public health is to be proactive and prevent a problem from occurring. The current substance abuse epidemic is a new challenge for public health and one which demands our attention and action. Darien is fortunate to have tools which, if properly utilized, can really help to address this problem.

Appendix 1: Definitions

Census Definitions can be found at the [census.gov](http://www.census.gov) website (<http://www.census.gov/prod/cen2010/doc/sf1.pdf#page=504>)

Household-A household includes all the persons who occupy a housing unit as their usual place of residence. A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters. Separate living quarters are those in which the occupants live and eat separately from any other persons in the building and which have direct access from outside the building or through a common hall. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements. (People not living in households are classified as living in group quarters.) (https://www.census.gov/quickfacts/meta/long_HSD410214.htm)

Family-"Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

Crude death rate is a measure of the number of deaths in a population scaled to the size of that population per unit time. The rate is calculated by dividing the number of deaths in a population in a year by the midyear resident population. Crude mortality rates in our tables are expressed in units of deaths per 100,000 individuals per year; thus, 95 deaths per year in a population of one million would correspond to a death rate of 9.5 per 100,000 persons. When a rate is restricted to deaths in specific age, the rate is known as an age-specific rate.

Age-adjusted mortality rates (AAMR; also known as age-adjusted death rates) are rates where the effect of differing age distributions between the groups has been removed. They are used to compare the relative mortality risk across two or more population groups at the same point in time or to compare one population at two or more points in time. Since the effect of age has been removed, these rates are called "age-adjusted" rates.

Years of potential life lost (YPLL) is a measure of premature mortality. It represents the number of years of potential life lost by each death before a predetermined end point (e.g., 65 or 75 years of age). For example, the death of a person 15-24 years of age counts as 55.5 years of life lost. The YPLL statistic is derived by summing age-specific years of life lost figures over all age groups up to 65 or 75 years. YPLL is presented for persons less than 75 years of age because the average life expectancy in the United States is over 75 years. For Connecticut, we also provide YPLL for persons less than 65 years of age. (NCHS Data Definitions: YPLL)

Causes of Death Definitions can be found at the Connecticut Department of Public Health, Mortality Technical Notes (<http://www.ct.gov/dph/cwp/view.asp?a=3132&q=397434>) and generally use the ICD-9 definitions of cause.