



2024 Community Health and Well Being Survey Summary

Chanana Consulting
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Introduction

The following report is a summary of data that was gathered in October 2024 from New Canaan residents aged 18 and older and parents of students in New Canaan schools.

Survey Background

The Community Health and Well-Being Survey was developed by members of the New Canaan Behavioral Health Alliance (NCBHA) and Chanana Consulting, LLC. Topics assessed in the survey include demographics, community involvement, knowledge and utilization of community-based supports, knowledge of resources related to mental health and substance use, barriers to health services, safety, life satisfaction, well-being, anxiety and depression, financial stability, discrimination, and prevention-based topics including laws, adolescent brain development, community norms and access to substances. The survey also contains a section that was completed by any parent who had at least one child living at home with topics related to youth protective factors, the child’s mental health and family norms.

Survey Methodology

Surveys were collected on-line through a survey link and paper copies were available at four locations and various community events. Online surveys were administered using the SurveyMonkey.com website and software. Completed paper copies were collected by a member of the NCBHA and manually entered to the SurveyMonkey.com website by Chanana Consulting. The password protected SurveyMonkey account is owned by Chanana Consulting which only two staff have access to. Data within this account are not traceable to the survey participants.

Data Analysis

Data Cleaning

A total of 1697 surveys were collected on-line (n=1667) and on paper (n=30). 207 surveys were omitted from the sample pool because only a very small portion of the survey was completed, which represents 12% of the original sample. The final sample size is 1490.

Subgroup Analysis

Subgroup analysis is performed by gender, age group and length of residency to allow organizations and groups to utilize the data to target groups experiencing greater behaviors of concern.

Throughout the report, subgroup analysis is also performed when looking at individuals who fall into five categories including multiple caregivers (those currently caring for at least one child and at least one parent), and individuals who report low financial security, low life satisfaction, a high concern for their own emotional well-being, and high concern for their own mental health.

Table 1. Description of Variables Used in Subgroup Analysis

Variable	Definition
Multiple Caregiver ¹ (n=71)	Individuals who are currently caring for at least one child and at least one parent
Low financial security (n=85)	Individuals who are finding it ‘difficult’ or ‘very difficult’ financially
Low life satisfaction (n=203)	Individuals who are ‘not at all’, ‘a little bit’, or ‘somewhat’ satisfied with life
Concerned w/emotional well-being (n=228)	Individuals who are ‘very’ or ‘somewhat’ concerned with their emotional well-being
Concerned w/mental health (n=162)	Individuals who are ‘very’ or ‘somewhat’ concerned with their mental health

¹ Throughout this report, individuals who are currently caring for at least one child and at least one parent are referred to as Multiple Caregivers.

Response Rates

Response rates by age range are listed in the table below. Response rates are calculated as a proportion of the number of surveys included in the sample to the number of total residents per census data.²

Table 2. Sample Size

Response Rates by Age	Sample Count	Population Count	Response Rate (%)
20-29*	19 [^]	1487	1.3
30-39	100	1787	5.6
40-49	363	2743	13.2
50-59	328	3518	9.3
60-69	273	2439	11.2
70-79	171	1415	12.1
80+	94	842	11.2
Age unspecified	142	-	-
TOTAL	1490	14231	10.5

*Sample Count represents 18–29-year-olds while the population count represents 20–29-year-olds

[^] Low sample size (see Endnote)

Confidence Interval

Table 3 illustrates the confidence interval calculated using a 95% confidence level. A confidence interval means the percentage range you can expect the accurate rates to fall within. Smaller confidence intervals give you more accurate estimates of the actual rates in the community. For examples, if 55% of your sample reported that they know where to go for help if they are struggling with a mental health issue, a confidence interval of 2.4 means that if you randomly re-sampled your population 100 times, 95 of those times you would find ‘knows where to go for mental health issues’ to fall somewhere between 52.6% (55-2.4) and 57.4% (55+2.4).

Table 3. Confidence Interval

	Confidence Level	Confidence Interval
18+ residents	95%	2.4

Disclaimer

This survey is provided for informational purposes and may contain inadvertent errors, such as typographical or formatting issues. We strive for accuracy but recognize that occasional mistakes may occur. If you encounter any unclear questions or errors, please feel free to reach out for clarification.

² <https://www.census.gov/quickfacts/newcanaantownwesternconnecticutplanningregionconnecticut>

Executive Summary

Demographics

Residence & Length of Residency: Close to 98% of the respondents live in New Canaan, while the remaining 2.6% are parents with at least one child attending school in New Canaan. Forty-two percent of the respondents report that they have lived in New Canaan for more than 21 years.

Gender: There was a higher percentage of females who responded to the survey (75% female versus 25% male) and one resident who identified as non-binary or transgender.

Race & Ethnicity: Most respondents identify as white (85%), with smaller percentages identifying as two or more races (3%), Asian (3%), and Hispanic/Latino (1%). Other races each represent less than 1% of respondents.

Age: In some categories the age of respondents underrepresents the population count (18-29 and 30-39) and among 40–49-year-olds there is overrepresentation. For the remaining age categories the response rate closely aligns with census estimates.

Children at Home: 40% of the respondents do not currently have any children living at home. Most respondents who have at least one child at home report they are from 5 to 18 years old.

Multi-Generational Household: 3% of respondents indicate that they live in a multigenerational household.

Primary Caregiver: 53% of respondents reported that they are the primary caregiver for a child; 9% for a parent; and 9% for another adult or family member.

Individuals Caring for More than One Generation: Of the 696 respondents who care for a child, 12% also care for a parent, and 8% care for someone else.

Community Involvement

Respondents report the highest involvement in recreational or sports groups (58%), faith-based groups (56%), and volunteer organizations (55%). About 4 in 10 participate in parent groups (39%) or social groups (39%), while 1 in 4 are engaged with civic (26%) and cultural or arts groups (26%). Males are more involved in civic groups, whereas females participate more in parent, social, and volunteer groups. Involvement in civic, cultural/arts, faith-based, and volunteer groups increases with age, while engagement in parent and recreation/sports groups declines. Ten percent (10%) of respondents did not choose any category.

Community-Based Supports

Residents were asked to indicate their awareness and use of various community-based supports. Males are more likely to be unaware of supports related to food assistance, education, mental health, parenting, and immigrants/refugees. Gaps around awareness are particularly notable among 30-39- year-olds and 40-49- year-olds.

Utilization rates for respondents who fall into five categories (multiple caregivers, low financial security, low life satisfaction, high concern for emotional well-being, and high concern for mental health) report higher-than-average utilization rates for almost all support categories, except legal/advocacy support, immigrant/refugee support, transportation and senior care.

Nearly half of respondents (47%) are unsure or unaware of where to seek help for mental health issues, while 55% report the same for substance use issues. Females are more likely than males to know where to access help for both. Awareness varies by age, with younger and older respondents less likely to know where to seek support. Additionally, those who have lived in New Canaan for less than five years are less aware of available resources for mental health and substance use treatment or support.

Information Sources

The highest percentage of participants obtain information about health and well-being resources from news media sources (71%), followed by community organization communications (66%) and town office communications (63%). Nearly half use social media (49%) and school communications (42%). Only 23% receive information from healthcare providers, and less than 1% mentioned word of mouth, family, friends, personal research, or work/volunteer roles as a source of information. Ten respondents indicated they do not receive or are unsure how to access this information. Younger respondents and those who have lived in New Canaan less than 5 years are more likely to receive information from school and social media sources, while older residents are more likely to receive information from community organizations, news sources and the Town of New Canaan. Females are more likely to receive information from community organizations, schools, and social media.

Access to Care

Five percent of respondents reported not receiving needed medical care in the past 12 months, with rates higher among females and those aged 30–59. Seven percent did not receive needed mental health care, with females and individuals aged 30–49 most affected. Residents with low financial security, low life satisfaction, mental health concerns, and those balancing caregiving for both a child and a parent report significantly higher rates of unmet physical and mental health care needs.

Most respondents (66%) reported no barriers to accessing physical or mental health services in the past 12 months. Among those who did face obstacles, the most common were difficulty securing an appointment (17%), cost (14%), and providers not accepting their insurance (12%). Females and respondents ages 30 to 49 reported higher rates of having a barrier, as well as residents who have lived in New Canaan 4 years or less. Multiple caregivers, those with low financial security, low life satisfaction, and concerns with their emotional well-being and mental health report higher rates of barriers to accessing physical healthcare and mental health services.

Level of Concern on Issues Related to Mental and Emotional Well-Being

Participants ranked their level of concern on mental and emotional well-being issues for themselves, other adults in New Canaan, and New Canaan youth, using a scale from 1 ("not at all concerned") to 4 ("very concerned"). Respondents expressed greater concern for youth and other adults across all nine categories. For youth, top concerns were social media, smartphone use, and stress/anxiety. For other adults, concerns centered on stress/anxiety, smartphone use, social media, and mental health. Self-reported concerns were lower overall, with stress/anxiety, emotional well-being, and smartphone use ranked highest. Females reported higher levels of concern around smartphone use, social media use and stress and anxiety and, in general, younger respondents (30-49) reported higher rates of concern compared to older ones.

Life Satisfaction

More than one-third of respondents (35%) are 'very' satisfied with their life, while 51% are 'mostly' satisfied. Only 3% report being 'not' satisfied or 'a little bit' satisfied. Males, older residents, and those living in New Canaan for over four years report higher satisfaction levels. In contrast, multiple caregivers, individuals with emotional well-being concern, low financial security, or poor mental health report significantly lower satisfaction.

Financial Well-Being & Insecurities

Eighty-six percent of participants are living comfortably or doing alright when considering their finances. Six percent of respondents report having financial difficulties. Rates of living comfortably increase with age and length of residency and there were no reported significant differences between males and females. Multiple caregivers, individuals with emotional well-being and mental health concerns, and low life satisfaction report significantly lower financial security.

A small percentage of participants reported food (5%), housing (2%), and transportation (4%) insecurities, as shown in the chart below. Thirteen percent faced challenges paying monthly bills—7% over a year ago and 6% in the past year. Females

report higher rates of insecurities compared to males. The highest rates of financial insecurity were reported by 40- to 69-year-olds. Respondents who are multiple caregivers, those with low financial security and life satisfaction, and those with concerns about their emotional well-being and mental health have a higher rate of being unable to pay some or all household bills.

Discrimination

Fifteen percent of respondents reported lifetime discrimination related to age and socioeconomic status, 11% related to gender identity, 10% to religion or culture, 8% to race or ethnicity, 3% to disability, and 2% to sexual orientation. Females reported significantly higher rates of gender-based discrimination, while males reported higher rates related to age, race or ethnicity, and sexual orientation. Discrimination rates also varied by age group depending on the type.

Safety

Most participants reported 'always' feeling safe at home, in their neighborhood, and in the community. Additionally, 91% said they 'never' feel threatened or unsafe around someone in their home. Males reported higher rates of neighborhood and community safety, and perceptions of safety increased with age and length of residency.

Mental Health & Well-Being

Five Well-Being Index

The World Health Organization's Five Well-Being Index (WHO-5) is a self-reported measure of mental well-being. It includes five statements about the past two weeks, rated on a 6-point scale, with higher scores indicating better well-being. A score below 50 suggests poor mental well-being and indicates the need for further assessment for a potential mental health condition.

Among survey participants, 21% scored below 50 (indicating a potential health condition) while 79% scored above 50. Males and older residents (60+) reported better overall well-being.

Patient Health Questionnaire for Depression and Anxiety

The PHQ-4 is an ultra-brief screening scale of anxiety and depression. It consists of four statements relating to the past two weeks. Each statement is rated on a 4-point scale, with lower scores indicating better mental well-being. On the PHQ-4, 34% of all respondents scored as having some level of distress (mild to extreme) while 8% are at risk for moderate or severe mental stress. Rates are similar for males and females. For the depression and anxiety subscales a score of 3 or more is considered positive for screening purposes. Five percent of respondents scored a 3+ in the depression subscale with similar rates reported among females and males. Sixteen percent scored 3+ in the anxiety subscale with higher rates reported among females (17%) versus males (14%).

Prevention-Based Topics

Community Norms

In New Canaan, support for prevention is strong: 93% of respondents view prevention programs as a good community investment, and 84% believe they help reduce substance use problems. However, 49% consider drinking alcohol and 20% see using marijuana as a "normal part of growing up."

Substance Use Laws

Eighty-five percent of respondents are familiar with the law requiring a minimum age of 21 to purchase tobacco and nicotine products, and 83% are familiar with the adult-use retail cannabis law. Seventy percent are familiar with the social host law, which prohibits adults from providing a place for youth under 21 to consume alcohol or use cannabis. Males are less familiar with the social host and cannabis laws, while knowledge is highest 50–69-year-olds. Residents who have lived in New Canaan less than five years have the least amount of knowledge of all substance use related laws.

Knowledge of Adolescent Brain Development

Most participants (84% to 89%) report that they understand the effects of nicotine, marijuana and alcohol on the teenage brain, with similar rates across gender and age groups.

Proper Drug Disposal

Just over 1 in 4 participants were unfamiliar with proper methods for disposing of prescription drugs at home (27%). Females showed greater familiarity, and knowledge increased with age. Nearly half of participants were unaware of the prescription drop box at the New Canaan police department (49%), with females and older participants reporting higher awareness. Residents who have lived in New Canaan for less than five years are much more likely to be unfamiliar with the prescription drop box and proper drug disposal methods.

Access to Substances

The highest percentage of participants (95%) believe underage youth can easily access alcohol from their home or a friend's home. This is followed by vaping devices (88%), tobacco (87%), alcohol from other sources (80%), marijuana (79%), and prescription drugs not prescribed to them (64%). There were no significant differences reported between male and females. Generally residents 50 years or older and those who have lived in New Canaan for more 5 years reported perceived easier access to substances for youth.

Parents Section

Level of Concern on Issues Related to Mental and Emotional Well-Being of Child

Parents were asked to rank their concern levels on mental and emotional well-being issues based on their child using a scale from 1 ("not at all concerned") to 4 ("very concerned"). Parents expressed greatest concern around emotional well-being, stress and anxiety and mental health when considering their child. When looking at the top five highest ranked issues, parents of 11-14- and 15–18-year-olds express the highest level of concern.

Trusted Adult

Seventy-two percent of parents believe their child has a trusted adult, while 21% are unsure and 6% do not believe their child has one. The lowest percentage of parents reporting "yes" occurs among 11- to 14-year-olds.

Knowledge of Mental Health & Substance Use Supports for Child

Thirty-three percent of parents are unsure or unaware of where to seek help for mental health issues for their child. For substance use issues, 65% are unsure or unaware of where to seek help. Parents of older youth are more likely to know where to get help for both mental health and substance use issues.

Child's Perceived Mental Health

Sixteen percent of parents reported that they believe their child struggled with persistent anxiety in the past year, and 10% with persistent depression. Perceived rates of persistent anxiety and depression increase with the age of the child.

Family Norms

Most parents report positive family norms, including monitoring their child's whereabouts (92%), communicating effectively (90% to 95%), preventing underage drinking at home (90%), and modeling appropriate behaviors (95%). These rates decline as children get older.

Family Rules

The highest percentage of parents' report having family rules regarding their child's communication via text or social media (91%) and using substances (92%), while the lowest rate pertains to rules about social media use (71%).

Survey Report

Demographics

Tables 4 to 11 include participant demographics. **Residence & Length of Residency:** Close to 98% of the respondents live in New Canaan, while the remaining 2.6% are parents with at least one child attending school in New Canaan. Forty-two percent of the respondents report that they have lived in New Canaan for more than 21 years. **Gender:** There was a higher percentage of females who responded to the survey (75% female versus 25% male) and one resident who identified as non-binary or transgender. **Race & Ethnicity:** Most respondents identify as white (85%), with smaller percentages identifying as two or more races (3%), Asian (3%), and Hispanic/Latino (2%). Other races each represent less than 1% of respondents. **Age:** In some categories the age of respondents underrepresents the population count (18-29 and 30-39) and among 40–49-year-olds there is overrepresentation. For the remaining age categories the response rate closely aligns with census estimates. **Children at Home:** 40% of the respondents do not currently have any children living at home. Most respondents who have at least one child at home report they are from 5 to 18 years old. **Multi-Generational Household:** 3% of respondents indicate that they live in a multigenerational household. **Primary Caregiver:** 53% of respondents reported that they are the primary caregiver for at least one child; 9% care for a parent; and 9% care for another adult or family member (e.g. aunt, cousin, etc.). Of the 696 respondents who care for a child, 12% also care for a parent, and 8% care for someone else.

Table 4. Residence

What town do you reside in?	#	%
New Canaan	1462	97.5
Other	38	2.6

Table 5. Length of Residency

How many years have you lived in New Canaan?	#	%
Less than 1 year	30	2.1
1 to 4 years	192	13.3
5 to 10 years	269	18.6
11 to 20 years	367	24.6
21 to 30 years	240	16.6
More than 30 years	361	24.9

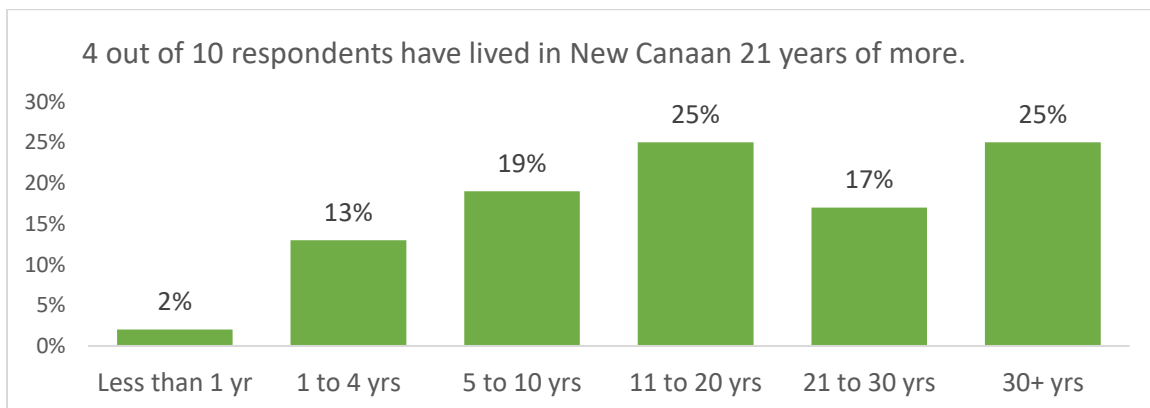


Table 6. Gender Identity

What is your gender identity?	#	%	Census Estimates %
Female	1006	74.7	53.3
Male	340	25.3	46.7
Non-binary or transgender	1^	.1	na

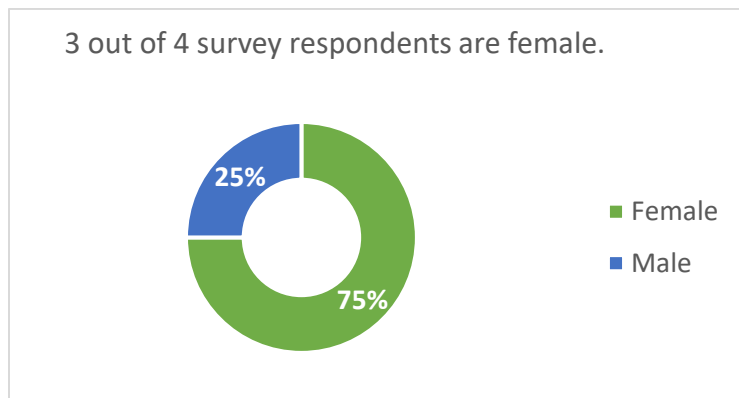


Table 7. Race & Ethnicity

How do you describe yourself?	#	%
<i>Respondent could select more than one response</i>		
American Indian or Alaskan Native	5	.4
Asian	52	3.3
Black or African American	9	.4
Hispanic/Latino	44	1.4
Middle Eastern or North African	6	.5
Native Hawaiian or Pacific Islander	3	.1
White	1261	88.1

Table 7a. Race & Ethnicity, with Two or More Races

How do you describe yourself?	#	%	Census Estimates %
American Indian or Alaskan Native	0	0	0.0
Asian	45	3.4	6.4
Black or African American	6	.4	1.6
Hispanic/Latino	20	1.5	3.8
Middle Eastern or North African	3	.2	NA
Native Hawaiian or Pacific Islander	0	0	0.0
White	1216	91.1	84.6
Two or more races	45	3.4	5.5

There is some overrepresentation of white survey respondents when compared to all other minority groups in New Canaan when considering population estimates.

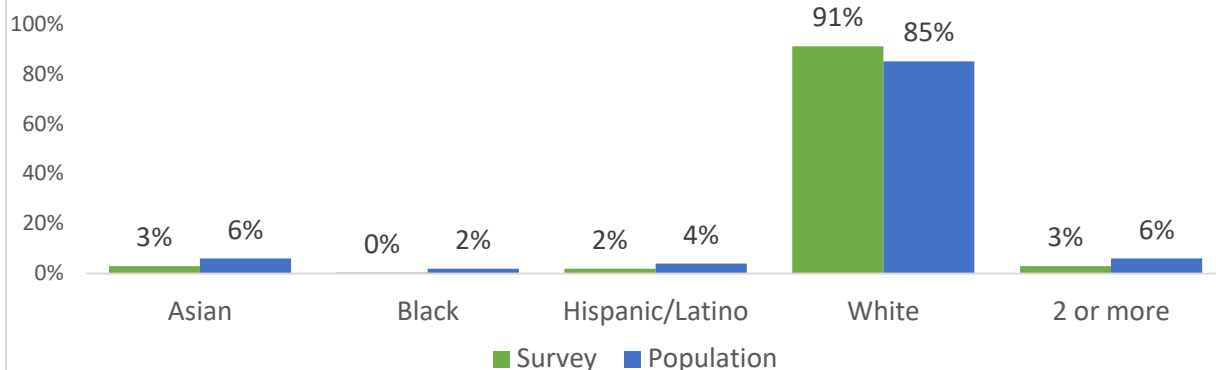


Table 8. Age of Respondent

What is your age?	Sample #	Sample %	Population #	Population %
18-20 (Population count includes 20-29)	5^	.4	1487	10.4
21-24	7^	.5		
25-29	7^	.5		
30-39	100	7.4	1787	12.6
40-49	363	26.9	2743	19.3
50-59	328	24.3	3518	24.7
60-69	273	20.3	2439	17.1
70-79	171	12.7	1415	9.9
80+	94	7.0	842	5.9

In some categories the age of respondents underrepresents the population count (18-29 and 30-39) and among 40–49-year-olds there is overrepresentation. For the remaining age categories the response rate closely aligns with population estimates.

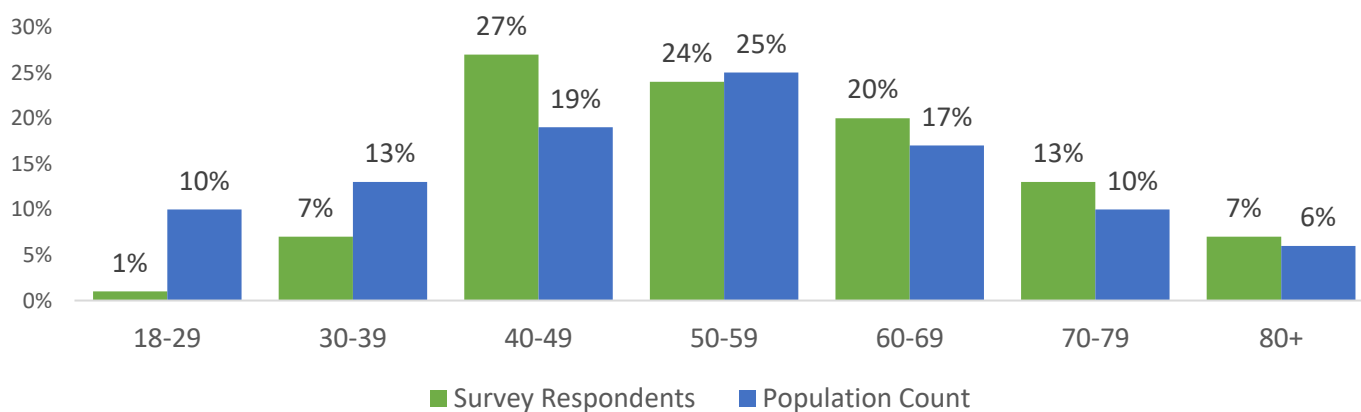


Table 9. Age of Children at Home

Do you have a child/children <u>living in your home</u> ? <i>Respondent could select more than one response</i>	#	%
No children live in my home	538	39.9
Yes, age 0-4	136	10.1
Yes, age 5-10	316	23.4
Yes, age 11-14	316	23.4
Yes, age 15-18	273	20.2
Yes, age 19-22	126	9.3
Yes, age 23-26	55	4.1
Yes, age 27 or older	53	3.9

Table 10. Multi-Generational Household

Do you live in a multigenerational household (3 or more generations living together)?	Yes %	No %
	3.2	96.8

Table 10a. Multi-Generational Household by Gender, Age and Length of Residency

% who live in a multi-generational household	Yes %
Gender	
Female	3.3
Male	3.0
Age	
18-29 ⁱ	^
30-39	4.0
40-49	3.9
50-59	1.5
60-69	4.1
70-79	1.8
80+	5.3
Length of Residency	
0-4 years	2.0
5+ years	3.4

The **green highlight** indicates a higher percentage when compared to average rates of full sample

ⁱDue to the low sample size in the 20–29-year-old category, data was not disaggregated for this group.

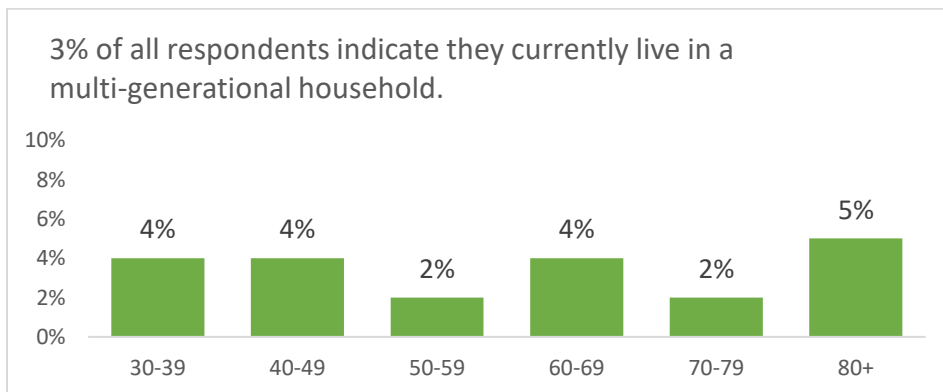


Table 11. Primary Caregiver

Are you the primary caregiver for a:	Yes %	No %
Child	52.9	47.2
Parent	9.1	90.9
Other adult/family member	9.4	90.6

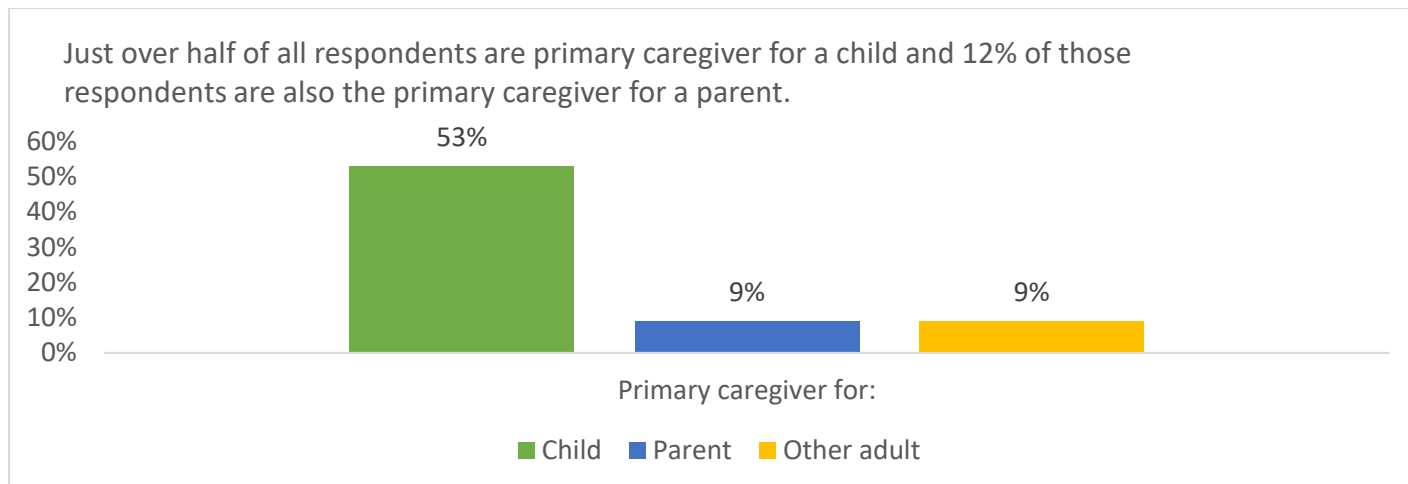


Table 11a. Primary Caregiver by Gender, Age and Length of Residency

% who are primary caregiver for a:	Child %	Parent %	Other adult %
Gender			
Female	56.8 ^A	9.8	9.1
Male	42.2	7.2	10.3
Age			
18-29	^	^	^
30-39	87.0	12.8	8.5
40-49	92.5	9.9	3.9
50-59	72.7	13.9	11.8
60-69	13.0	9.3	9.7
70-79	2.4	1.2	13.2
80+	2.3	1.2	15.4
Length of Residency			
0-4 years	70.0	9.8	6.6
5+ years	50.1	9.1	9.9

^ASignificant difference between Male and Female (95% confidence level (p=.05); ⁱⁱStatistically significant (see Endnote)

The green highlight indicates a higher percentage when compared to average rates of full sample

Community Involvement

Respondents report the highest involvement in recreational or sports groups (58%), faith-based groups (56%), and volunteer organizations (55%). About 4 in 10 participate in parent groups (39%) or social groups (39%), while 1 in 4 are engaged with civic (26%) and cultural or arts groups (26%). Males are more involved in civic groups, whereas females participate more in parent, social, and volunteer groups. Involvement in civic, cultural/arts, faith-based, and volunteer groups increases with age, while engagement in parent and recreation/sports groups declines. Ten percent (10%) of respondents did not choose any category (n=144). Among this group, rates are highest among 60–79-year-olds.

Table 12b examines engagement across five variables (i) multiple caregivers (individuals who are currently caring for at least one child and at least one parent)(ii) low financial security, (iii) low life satisfaction, (iv) high concern for emotional well-being, and (v) high concern for mental health. Multiple caregivers report higher rates of involvement across most community groups.

Table 12. Community Involvement

In New Canaan, are you involved with or part of a...	Yes %	No %
civic group? (e.g. Rotary, Exchange Club)	25.5	74.5
cultural or arts group?	25.5	74.5
faith-based group or community?	56.3	43.7
parent group? (e.g. PTC)	39.4	60.6
recreational or sports group?	57.6	42.4
social group? (e.g. Newcomers)	38.9	61.1
volunteer organization?	55.3	44.7

Table 12a. Community Involvement by Gender, Age, and Length of Residency

% involved with the following community groups:	Cultural/						
	Civic %	Arts %	Faith-based %	Parent %	Rec/ Sports %	Social %	Volunteer %
Gender							
Female	22.7	27.1	57.4	45.3 ^A	58.2	40.8 ^A	57.3 ^A
Male	34.7 ^A	22.1	53.3	18.4	55.6	34.1	48.2
Age							
18-29	^	^	^	^	^	^	^
30-39	11.5	13.7	39.4	56.6	56.1	57.7	33.7
40-49	15.0	17.6	50.0	65.9	76.1	42.9	50.7
50-59	29.6	26.3	62.9	44.1	61.8	29.4	67.3
60-69	27.2	28.8	57.5	10.7	41.6	28.6	49.4
70-79	43.5	36.5	59.7	5.7	40.4	45.8	59.6
80+	46.0	56.1	70.0	1.7	41.3	55.1	65.8
Length of Residency							
0-4 years	11.5	14.2	37.6	44.7	55.1	55.5	32.1
5 or more years	28.6	28.2	60.2	39.0	59.0	36.0	60.3

^ASignificant difference between Male and Female (95% confidence level (p=.05))

The green highlight indicates a higher percentage when compared to average rates of full sample

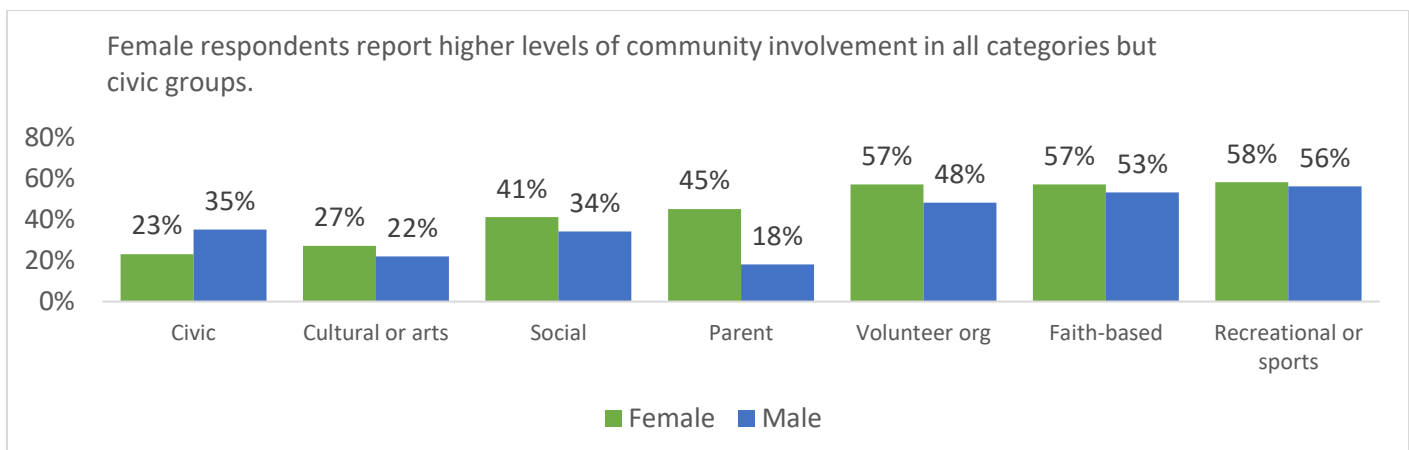


Table 12b. Community Involvement by Other Variables

% involved with the following community groups:	Civic %	Cultural / Arts %	Faith-based %	Parent %	Rec/ Sports %	Social %	Volunteer %
All respondents	25.5	25.5	56.3	39.4	57.6	38.9	55.3
Multiple Caregiver	25.8	20.6	60.9	64.2	71.2	43.9	64.7
Low financial security	17.5	23.1	48.8	36.3	42.0	29.5	41.0
Low life satisfaction	15.3	17.3	49.7	38.6	47.3	26.9	46.3
Concerned w/emotional well-being	20.4	21.6	49.3	40.7	50.2	35.7	48.1
Concerned w/mental health	21.1	25.8	45.7	41.5	51.3	33.6	46.7

Community-Based Supports

Residents were asked to indicate their awareness and use of various community-based supports. Table 13a and the chart below highlight the percentage of respondents unaware of each support, ranked from lowest to highest. Males are more likely to be unaware of supports related to food assistance, education, mental health, parenting, and immigrants/refugees. Awareness gaps are particularly notable among 30-39- year-olds and 40-49- year-olds.

Table 13. Knowledge & Involvement in Community-Based Supports

Do you have knowledge about community-based supports for the following:	Not Aware %	Aware but HAVE NOT utilized %	Aware and HAVE utilized %
Child Care assistance	63.5	33.2	3.4
Crisis and Emergency services (e.g. 211, 911, shelters)	11.3	67.2	21.6
Disability supports and services	39.4	57.6	3.0
Domestic Violence (e.g. support services, shelters, counseling)	34.3	64.3	1.4
Education (e.g. early childhood programs, special education)	19.6	53.9	26.6
Employment or job training (e.g. job placement, unemployment, workforce development)	74.2	24.6	1.2
Financial assistance (e.g. emergency aid, utility bill assistance, tax preparation)	58.5	40.1	1.4
Food assistance (e.g. food pantry)	19.2	79.2	1.6
Healthcare and Medical support (e.g. access, providers, insurance)	43.6	41.4	15.1
Housing assistance (e.g. eviction, homelessness, shelters)	60.8	38.6	.6
Immigrant and refugee support (e.g. language or ESL programs, legal assistance)	72.3	27.5	.3
Legal and advocacy support	76.4	23.0	.6
Mental health – for adults (e.g. treatment, services)	35.0	61.1	4.0
Mental health – for youth/teens (e.g. treatment services)	29.1	64.7	6.3
Parent supports and resources	38.8	49.4	11.8
Senior and Elder care	25.2	68.9	5.9
Substance misuse (e.g. prevention, treatment)	38.0	60.0	2.0
Transportation (e.g. public, private-GetAbout)	17.7	76.2	6.1

% not aware of community supports:

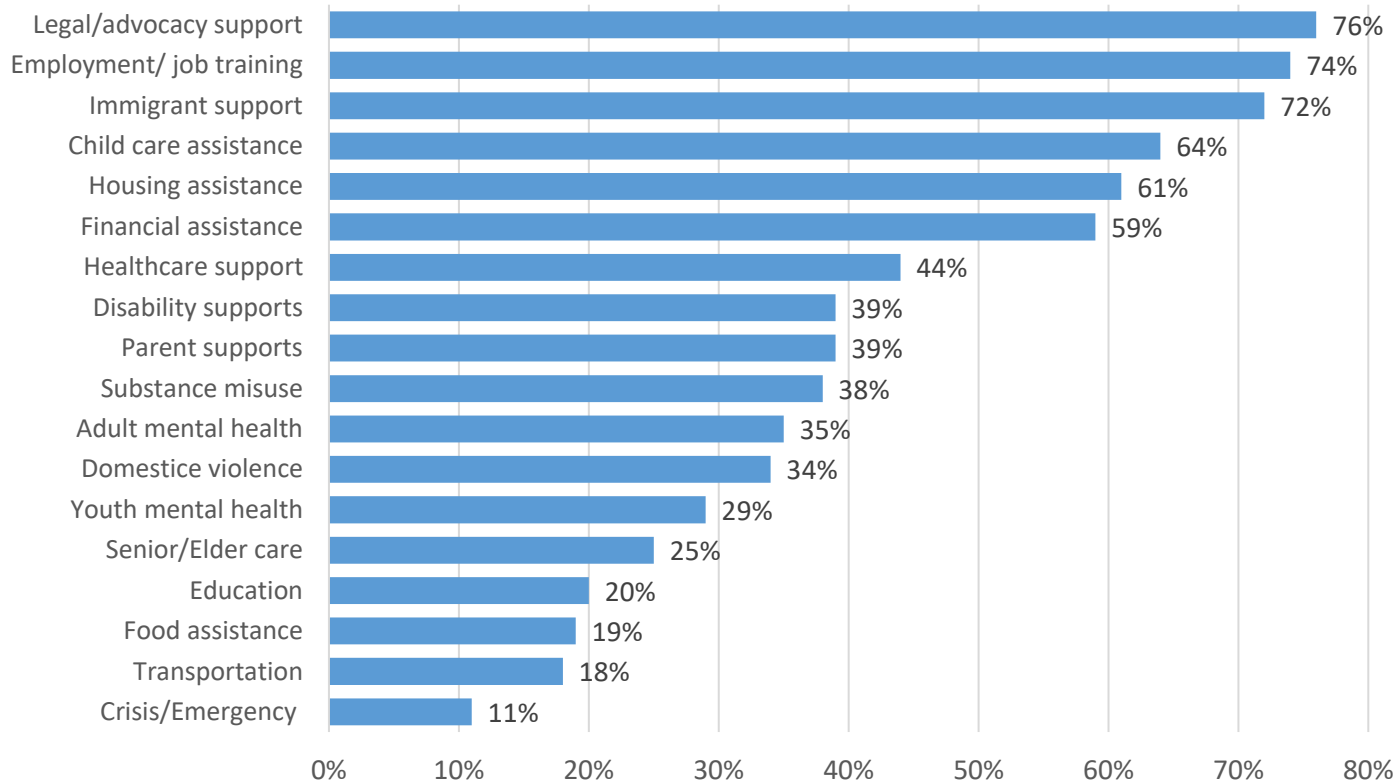


Table 13a. Unaware of Community-Based Supports By Gender and Age

% not aware of community supports:	All Respondents %	Female %	Male %	30-39 %	40-49 %	50-59 %	60-69 %	70-79 %	80+ %
Crisis and Emergency services	11.3	10.4	12.5	20.0	12.4	10.1	7.7	9.5	8.9
Transportation	17.7	16.2	19.0	29.0	29.9	13.5	8.1	6.6	3.3
Food assistance	19.2	17.4	23.7 ^A	39.0	26.2	12.5	14.9	10.8	12.5
Education	19.6	16.9	23.6 ^A	28.0	13.8	10.5	23.6	25.2	26.1
Senior and Elder care	25.2	25.3	22.6	44.0	34.6	19.1	21.0	8.9	14.8
Mental health –youth/teens	29.1	25.9	36.4 ^A	42.0	28.4	20.1	31.1	29.9	36.1
Domestic Violence	34.3	33.9	35.2	62.0	43.5	28.2	26.0	25.8	26.4
Mental health –adults	35.0	32.1	42.1 ^A	44.0	38.3	28.1	35.9	31.0	36.8
Substance misuse	38.0	36.4	38.7	53.0	46.0	31.4	32.1	26.5	35.3
Parent supports and resources	38.8	36.3	44.4 ^A	54.0	39.3	31.9	37.0	39.8	41.7
Disability supports and services	39.4	38.9	39.1	52.5	45.4	38.1	35.1	30.1	28.7
Healthcare & medical support	43.6	44.6	40.1	50.0	54.4	48.5	38.2	24.4	21.4
Financial assistance	58.5	58.6	56.0	72.0	71.9	59.1	45.6	46.2	37.9
Housing assistance	60.8	61.1	61.1	72.0	66.9	61.0	56.5	58.3	44.2
Child Care assistance	63.5	64.8	59.8	76.0	67.0	61.4	60.7	62.8	51.3
Immigrant and refugee support	72.3	69.9	77.5 ^A	81.0	77.4	70.9	68.5	68.5	58.6
Employment or job training	74.2	75.4	71.9	84.0	83.8	75.6	71.0	62.1	58.8
Legal and advocacy support	76.4	77.3	73.7	80.0	85.4	76.2	69.6	72.7	60.7

^ASignificant difference between Male and Female (95% confidence level (p=.05))

The green highlight indicates a higher percentage when compared to average rates of full sample

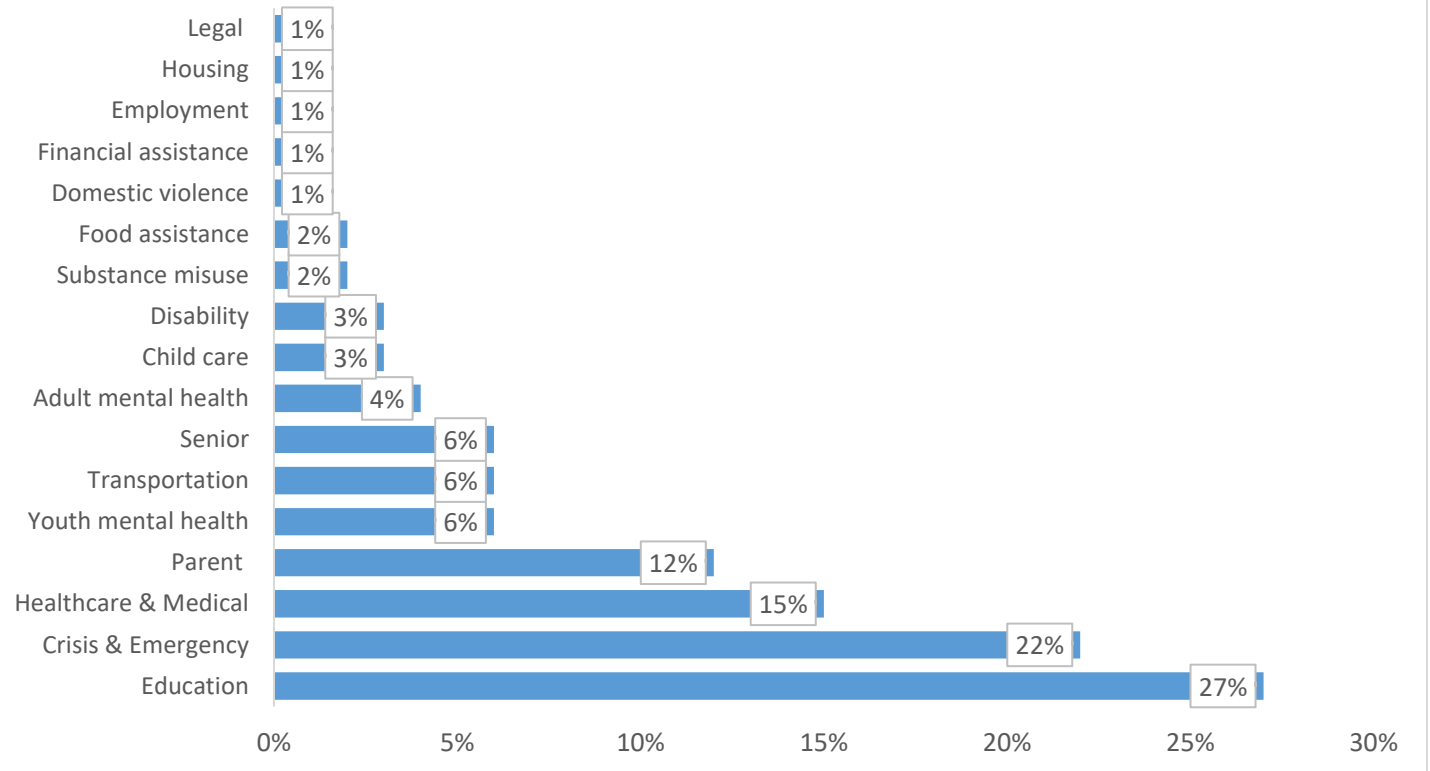
Utilization rates for all respondents are detailed in Table 12b and the chart below. Support for Immigrants and refugees, used by less than .5% of respondents, is excluded in the chart. Table 12b also analyzes utilization across five variables (i) multiple caregivers (caring for both a child and parent), (ii) low financial security, (iii) low life satisfaction, (iv) high concern for emotional well-being, and (v) high concern for mental health. Respondents in these groups report higher-than-average utilization rates for almost all support categories, except legal/advocacy support, immigrant/refugee support, transportation and senior care.

Table 13b. Utilization of Community-Based Supports by Other Variables

% who have utilized the following community-based supports:	All Respondents %	Multiple caregiver %	Low financial security %	Low life satisfaction %	Concern w/Emotional well-being %	Concern w/mental health %
Education	26.6	29.6	27.4	37.8	38.2	37.8
Crisis and Emergency services	21.6	23.9	22.6	15.6	23.2	29.7
Healthcare and Medical support	15.1	8.5	19.1	26.7	17.4	32.4
Parent supports and resources	11.8	22.5	7.1	13.3	17.4	24.3
Mental health – for youth/teens	6.3	8.5	8.4	15.6	13.0	13.5
Transportation	6.1	11.4	2.4	2.7	4.3	5.6
Senior and Elder care	5.9	8.6	2.4	2.2	5.8	5.6
Mental health – for adults	4.0	8.6	9.5	15.6	11.6	13.5
Child Care assistance	3.4	4.3	3.6	6.8	4.4	5.6
Disability supports and services	3.0	5.7	3.6	6.7	2.9	2.7
Substance misuse	2.0	2.8	3.6	6.7	5.8	8.1
Food assistance	1.6	1.4	6.0	2.2	5.9	5.6
Domestic Violence	1.4	1.4	3.6	4.4	7.3	10.8
Financial assistance	1.4	0.0	7.1	2.2	4.4	8.1
Employment or job training	1.2	0.0	1.2	2.2	2.9	2.7
Housing assistance	.6	0.0	3.5	2.2	2.9	5.4
Legal and advocacy support	.6	0.0	0.0	0.0	0.0	0.0
Immigrant and refugee support	.3	0.0	0.0	0.0	0.0	0.0

The green highlight indicates a higher percentage when compared to average rates of full sample

% of respondents who have utilized the following community-based supports:



Nearly half of respondents (47%) are unsure or unaware of where to seek help for mental health issues, while 55% report the same for substance use issues. Females are more likely than males to know where to access help for both. Awareness varies by age, with younger and older respondents less likely to know where to seek support. Additionally, those who have lived in New Canaan for less than five years are less aware of available resources for mental health and substance use treatment or support.

Table 14b examines the percentage of respondents reporting knowledge of mental health and substance use supports across five variables: multiple caregivers, low financial security, low life satisfaction, high concern for emotional well-being, and high concern for mental health. All groups report lower-than-average knowledge of these supports.

Table 14. Knowledge of Mental Health & Substance Use Supports

Do you know where to go for help if...	Yes %	No %	Not sure %
you or other adults in your home are struggling with a mental health issue?	53.5	24.0	22.5
you or other adults in your home are struggling with substance use (i.e. alcohol, cannabis/marijuana, nicotine, etc.)?	45.6	31.3	23.0

Close to half of all respondents **do not know or are unsure** where to get help for mental health and substance use issues.

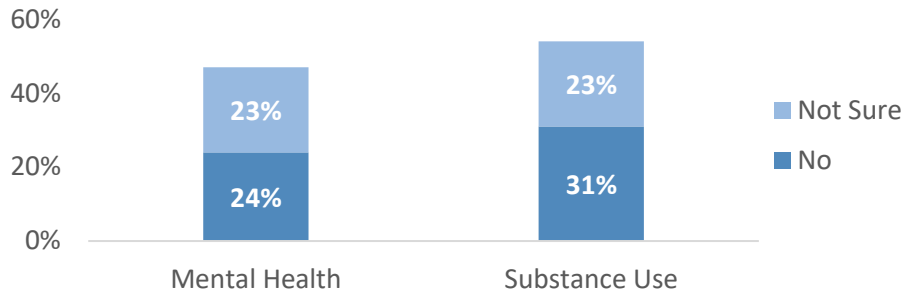


Table 14a. Knowledge of Mental Health & Substance Use Supports by Gender, Age and Length of Residency

% who have knowledge of mental health and substance use supports	Mental Health %	Substance Use %
Gender		
Female	56.2 ^A	47.1
Male	46.0	42.9
Age		
18-29	^	^
30-39	48.0	38.0
40-49	54.3	39.7
50-59	57.3	51.1
60-69	55.0	52.0
70-79	48.8	47.9
80+	50.0	42.5
Length of Residency		
0-4 years	43.1	34.1
5+ years	55.1	47.4

^A Significant difference between Male and Female (95% confidence level (p=.05))

The green highlight indicates a higher percentage when compared to average rates of full sample

Table 14b. Knowledge of Mental Health & Substance Use Supports by Other Variables

% who have knowledge of mental health and substance use supports	Mental Health %	Substance use %
All respondents	53.5	45.6
Multiple Caregiver	52.1	42.3
Low financial security	38.8	30.6
Low life satisfaction	44.6	33.7
Concerned w/emotional well-being	52.4	41.7
Concerned w/mental health	50.9	36.9

Information Sources

The highest percentage of participants obtain information about health and well-being resources from news media sources (71%), followed by community organization communications (66%) and Town of New Canaan communications (63%). Nearly half use social media (49%) and school communications (42%). Only 23% receive information from healthcare providers, and less than 1% mentioned word of mouth, family, friends, personal research, or work/volunteer roles as a source of information. Ten respondents indicated they do not receive or are unsure how to access this information. Younger respondents and those who have lived in New Canaan less than 5 years are more likely to receive information from school and social media sources, while older residents are more likely to receive information from community organizations, news sources and the Town of New Canaan. Females are more likely to receive information from community organizations, schools, and social media.

Table 15. Information Sources

How do you receive information about health and well-being resources in New Canaan? <i>Respondent could select more than one response</i>	#	%
News media sources (e.g. NewCanaanite.com, New Canaan Advertiser, Sentinel)	1046	71.4
Community organizations (e.g. Lapham, New Canaan CARES)	967	66.1
Town communication or resources (e.g. First Selectman’s office, Town website, Library, Police department, Youth and Family Services)	927	63.3
Social media sites (e.g. New Canaan Moms)	723	49.4
School communication or resources	616	42.1
Healthcare practitioner or provider	334	22.8
Other- specified:	58	4.0
Word of mouth	16	
Family	7	
Friends	10	
Own research	8	
Through work or organizations they volunteer with	7	
Do not receive information/Don’t know how to get information	10	

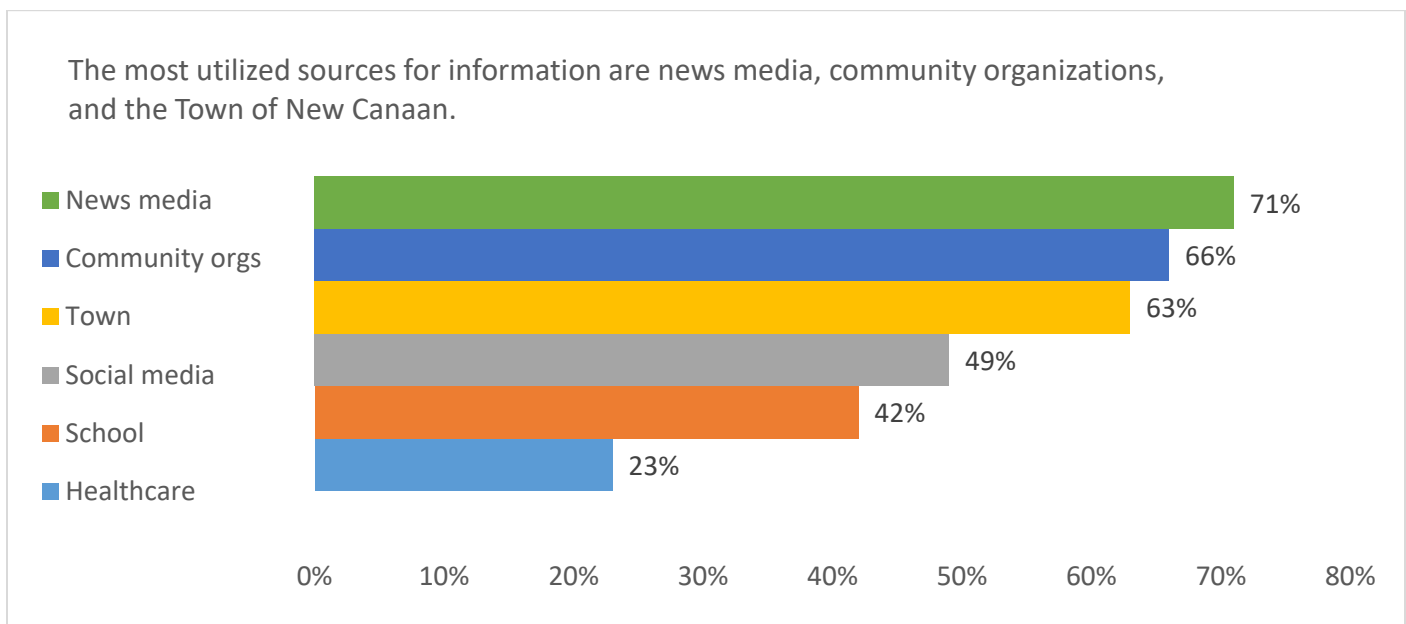


Table 15a. Information Sources by Gender, Age, and Length of Residency

% Yes	Community Orgs %	Healthcare provider %	News source %	School %	Social media %	Town %
Gender						
Female	68.8 ^A	20.4	70.8	45.1 ^A	56.8 ^A	62.7
Male	58.2	29.7 ^A	73.6	32.1	24.9	66.1
Age						
18-29	^	^	^	^	^	^
30-39	50.0	21.9	61.5	57.3	71.9	55.2
40-49	62.6	21.3	62.9	75.4	65.1	52.4
50-59	70.7	22.5	75.0	53.4	59.9	68.2
60-69	61.0	19.3	76.2	14.8	33.8	66.9
70-79	77.5	22.5	81.7	4.7	25.4	75.7
80+	82.0	42.7	73.0	4.5	10.1	76.4
Length of Residency						
0-4 years	43.3	19.4	58.5	51.6	53.5	43.8
5+ years	69.4	23.1	73.8	40.5	48.6	66.6

^ASignificant difference between Male and Female (95% confidence level (p=.05))

The **green highlight** indicates a higher percentage when compared to average rates of full sample

Access to Care

Five percent of respondents reported not receiving needed medical care in the past 12 months, with rates higher among females and those aged 30–59. Seven percent did not receive needed mental health care, with females and individuals aged 30–49 most affected. Table 16b highlights that residents with low financial security, low life satisfaction, mental health concerns, and those balancing caregiving for both a child and a parent report significantly higher rates of unmet physical and mental health care needs.

Table 16. Access to Care

During the past 12 months, was there any time when you looked for help and DID NOT get the...	Yes %	No %
physical healthcare or medical care you needed?	4.9	95.1
mental health care you needed?	7.2	92.8

Table 16a. Access to Care by Gender and Age

% who did not get needed help in the past 12 months	Physical Healthcare %	Mental Health Care %
Gender		
Female	5.2	7.5 ^A
Male	2.7	4.2
Age		
18-29	^	^
30-39	8.0	13.0
40-49	5.8	11.1
50-59	5.8	6.2
60-69	3.7	3.7
70-79	0.0	0.6
80+	3.3	2.3

^A Significant difference between Male and Female (95% confidence level (p=.05))

The **green highlight** indicates a higher percentage when compared to average rates of full sample

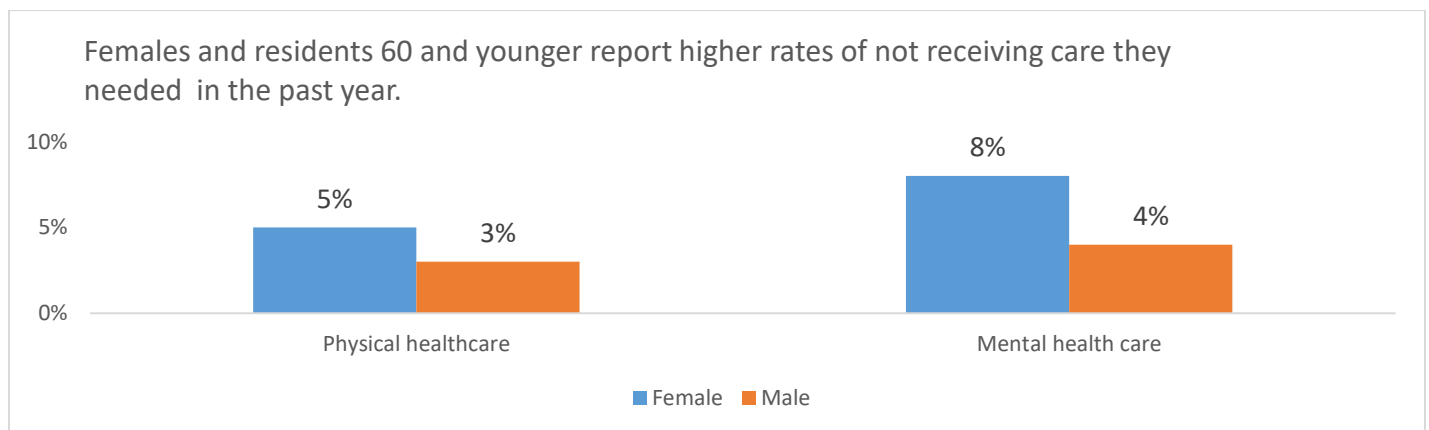
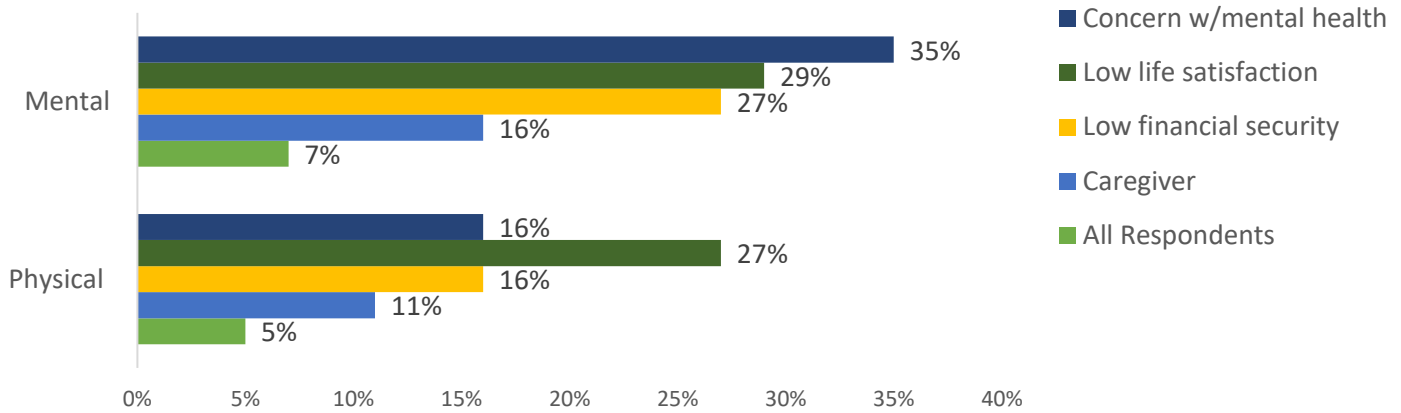


Table 16b. Access to Care by Other Variables

% who did not get needed help in the past 12 months	Physical Healthcare %	Mental Health care %
All respondents	4.9	7.2
Multiple Caregiver	11.3	15.9
Low financial security	15.5	27.1
Low life satisfaction	14.4	24.1
Concerned w/emotional well-being	11.5	20.6
Concerned w/mental health	13.0	25.2

The **green highlight** indicates a higher percentage when compared to average rates of full sample

Residents who are multiple caregivers, have low life satisfaction, low financial security and mental health concerns report much higher rates of not getting needed physical healthcare and mental health care.



Most respondents (66% to 71%) reported no barriers to accessing physical or mental health services in the past 12 months. Among those who did face obstacles, the most common were difficulty securing an appointment (17%), cost (14%), and providers not accepting their insurance (12%). Females and respondents ages 30 to 49 reported higher rates of having a barrier, as well as residents who have lived in New Canaan 4 years or less. Multiple caregivers, those with low financial security, low life satisfaction, and concerns with their emotional well-being and mental health report higher rates of barriers to accessing physical healthcare and mental health services.

Table 17. Barriers to Physical Healthcare Services

In the past 12 months, have you experienced any barriers or obstacles when attempting to access physical healthcare or medical services? <i>Respondent could select more than one response</i>	#	%
No barriers	952	66.2
Cost, too expensive, worried about the cost	202	14.0
Could not get an appointment	250	17.4
Hours of operation (provider's hours operation)	90	6.3
Insufficient insurance coverage/no insurance	103	7.2
Language and/or communication barriers	1	.1
No time to go/too busy with work or other commitments to take the time	154	10.7
Provider does not accept insurance I have	168	11.7
Stigma and bias	18	1.3
Transportation	7	.5
Other	22	1.5

Table 18. Barriers to Mental Health Services

In the past 12 months, have you experienced any barriers or obstacles when attempting to access behavioral or mental health services? <i>Respondent could select more than one response</i>	#	%
No barriers	955	70.5
Cost, too expensive, worried about the cost	218	16.1
Could not get an appointment	132	9.8
Hours of operation (provider’s hours operation)	49	3.6
Insufficient insurance coverage/no insurance	113	8.4
Language and/or communication barriers	2	.2
No time to go/too busy with work or other commitments to take the time	76	5.6
Provider does not accept insurance I have	162	12.0
Stigma and bias	33	2.4
Transportation	3	.2
Other	50	3.7

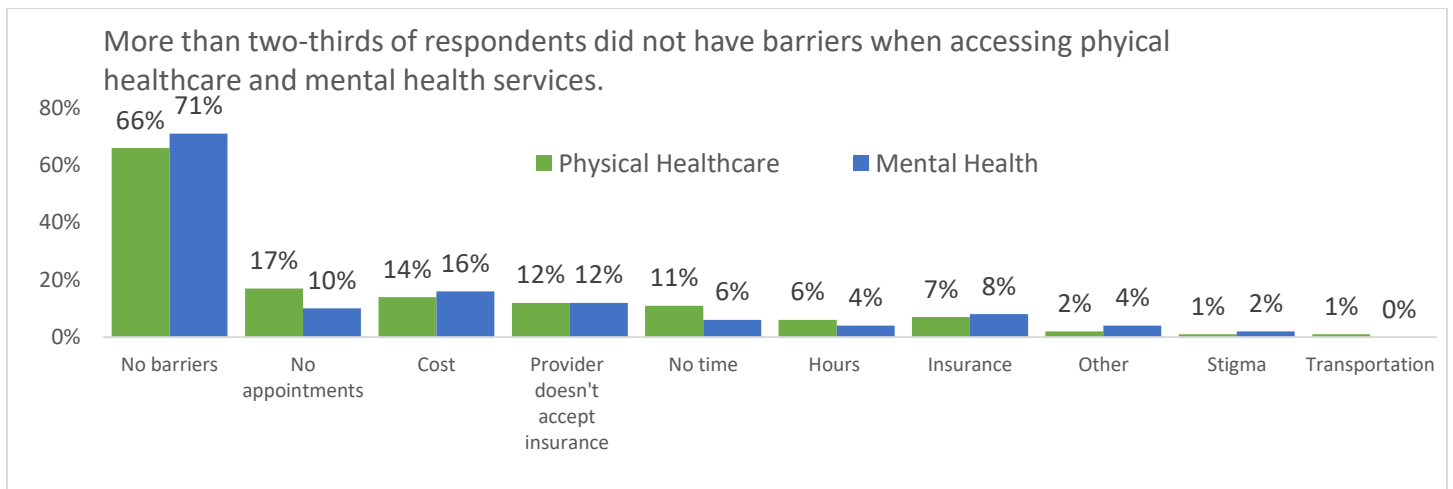
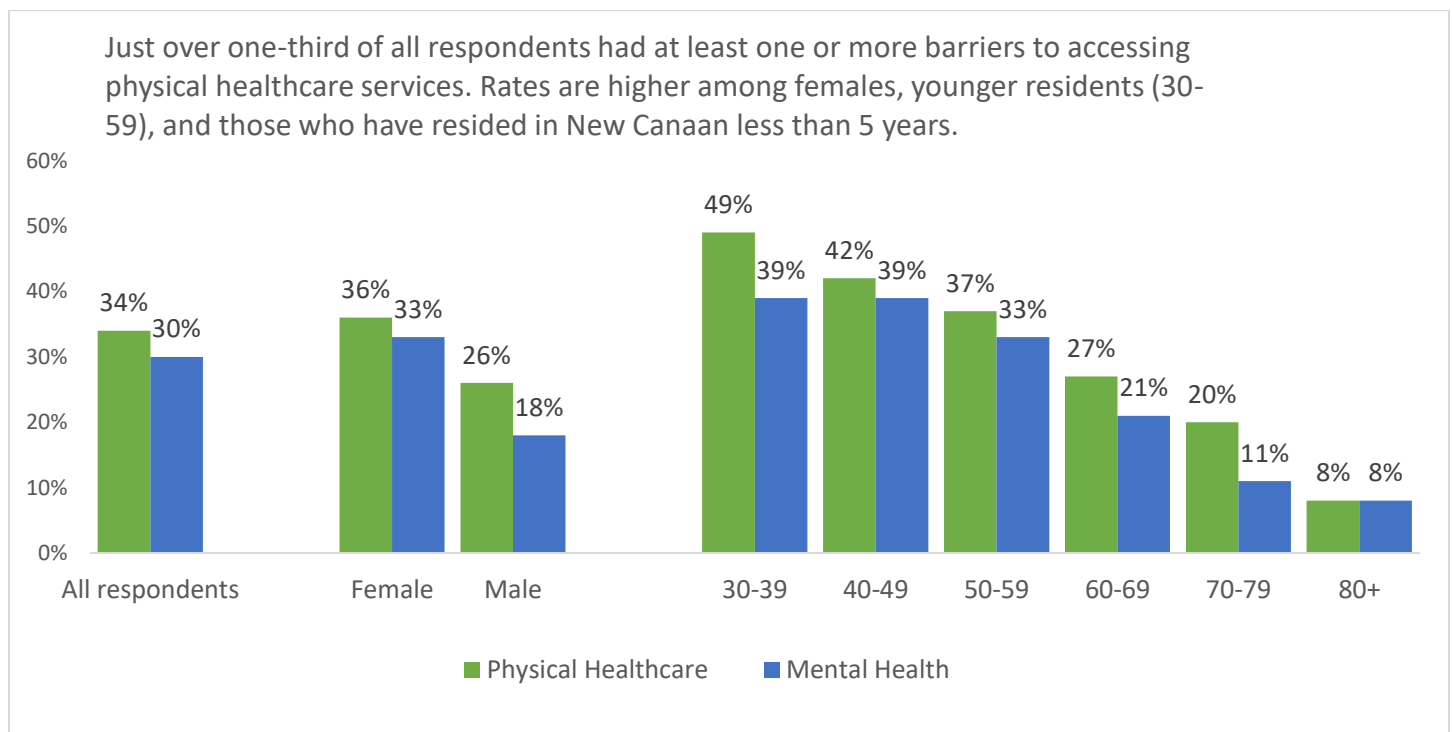


Table 18a. Barriers to Medical & Mental Health Services by Gender, Age, and Length of Residency

% who report at least one or more barriers	Physical Healthcare %	Mental Health %
All Respondents	33.8	29.5
Gender		
Female	35.9 ^A	32.6 ^A
Male	26.4	17.7
Age		
18-29	^	^
30-39	49.0	38.5
40-49	42.2	39.1
50-59	37.2	33.2
60-69	26.5	20.8
70-79	20.1	11.1
80+	7.9	8.0
Length of Residency		
0-4 years	41.6	31.8
5+ years	31.9	28.3

^A Significant difference between Male and Female (95% confidence level (p=.05))

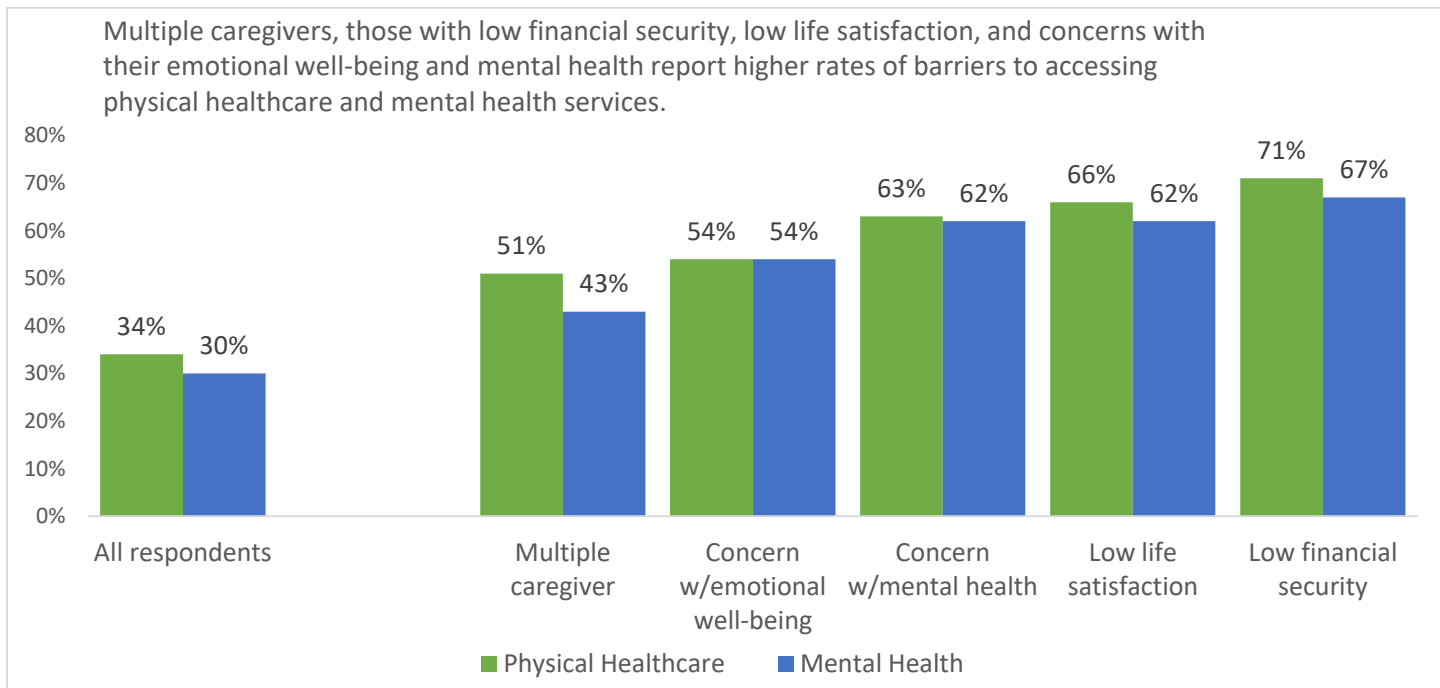
The green highlight indicates a higher percentage when compared to average rates of full sample



18b. Barriers to Medical & Mental Health Services by Other Variables

% who report at least one or more barriers	Physical Healthcare %	Mental health %
All respondents	33.8	29.5
Multiple Caregiver	50.7	43.1
Low financial security	71.1	67.1
Low life satisfaction	66.0	61.5
Concerned w/emotional well-being	53.6	54.3
Concerned w/mental health	63.1	62.4

The green highlight indicates a higher percentage when compared to average rates of full sample



Level of Concern on Issues Related to Mental and Emotional Well-Being

Participants ranked their level of concern on mental and emotional well-being issues for themselves, other adults in New Canaan, and New Canaan youth, using a scale from 1 ("not at all concerned") to 4 ("very concerned"). Weighted averages for these groups are shown in the following chart. Respondents expressed greater concern for youth and other adults across all nine categories when compared to responses about themselves. For youth, top concerns were social media, smartphone use, and stress/anxiety. For other adults, concerns centered on stress/anxiety, smartphone use, social media, and mental health. Self-reported concerns were lower overall, with stress/anxiety, emotional well-being, and smartphone use ranked highest. Females reported higher levels of concern around smartphone use, social media use and stress and anxiety and, in general, younger respondents (30-49) reported higher rates of concern compared to older ones.

Table 19. Concern on Issues Related to Mental and Emotional Well-Being, Self-Report

When considering YOURSELF how concerned are you with...	Not at all concerned %	A little bit concerned %	Somewhat concerned %	Very concerned %	Weighted average ⁱⁱⁱ #
your stress or anxiety	35.0	43.8	15.8	5.4	1.92
your emotional well-being	48.6	35.2	11.2	5.0	1.73
your smartphone use	48.9	35.6	11.9	3.6	1.70
your mental health (e.g. anxiety, depression, etc.)	57.8	30.6	8.9	2.6	1.56
your social media use	62.8	27.7	7.5	2.0	1.49
your social isolation	66.0	25.7	6.4	1.9	1.44
your experience with discrimination	77.4	15.7	5.2	1.8	1.31
your use of substances (e.g. alcohol, cannabis)	78.7	16.7	3.7	.9	1.27
your gambling	99.5	.4	0	.1	1.01

Table 19a. Concern on Issues Related to Mental and Emotional Well-Being, Self-Report by Gender and Age

	Somewhat + Very Concerned %	Emotional well-being %	Discrimination %	Gambling %	Mental Health %	Smart phone use %	Social Media Use %	Social isolation %	Stress/ Anxiety %	Substance use %
Gender										
Female		16.4	6.3	0	11.2	15.6	10.5 ^A	7.9	21.8	4.2
Male		15.1	7.12	.3	12.2	13.7	6.3	9.5	19.9	5.3
Age										
18-29		^	^	^	^	^	^	^	^	^
30-39		16.2	9.1	0.0	15.3	27.3	20.2	12.1	33.3	3.1
40-49		21.0	8.0	0.0	17.9	26.6	14.9	10.8	31.7	7.2
50-59		14.1	6.4	0.0	8.9	12.2	8.1	7.0	22.3	4.6
60-69		17.3	5.9	0.0	8.1	6.2	3.3	6.3	13.2	3.3
70-79		6.6	3.6	0.0	5.9	7.2	4.2	5.4	6.0	1.8
80+		11.8	3.4	1.2	5.4	4.5	5.1	6.7	10.2	1.1
Length of Residency										
0-4 years		14.2	8.1	0.0	11.4	19.0	12.5	8.1	23.9	2.4
5+ years		16.1	6.8	0.1	11.1	14.6	8.6	7.9	20.4	4.6

^ASignificant difference between Male and Female (95% confidence level (p=.05))

The green highlight indicates a higher percentage when compared to average rates of full sample

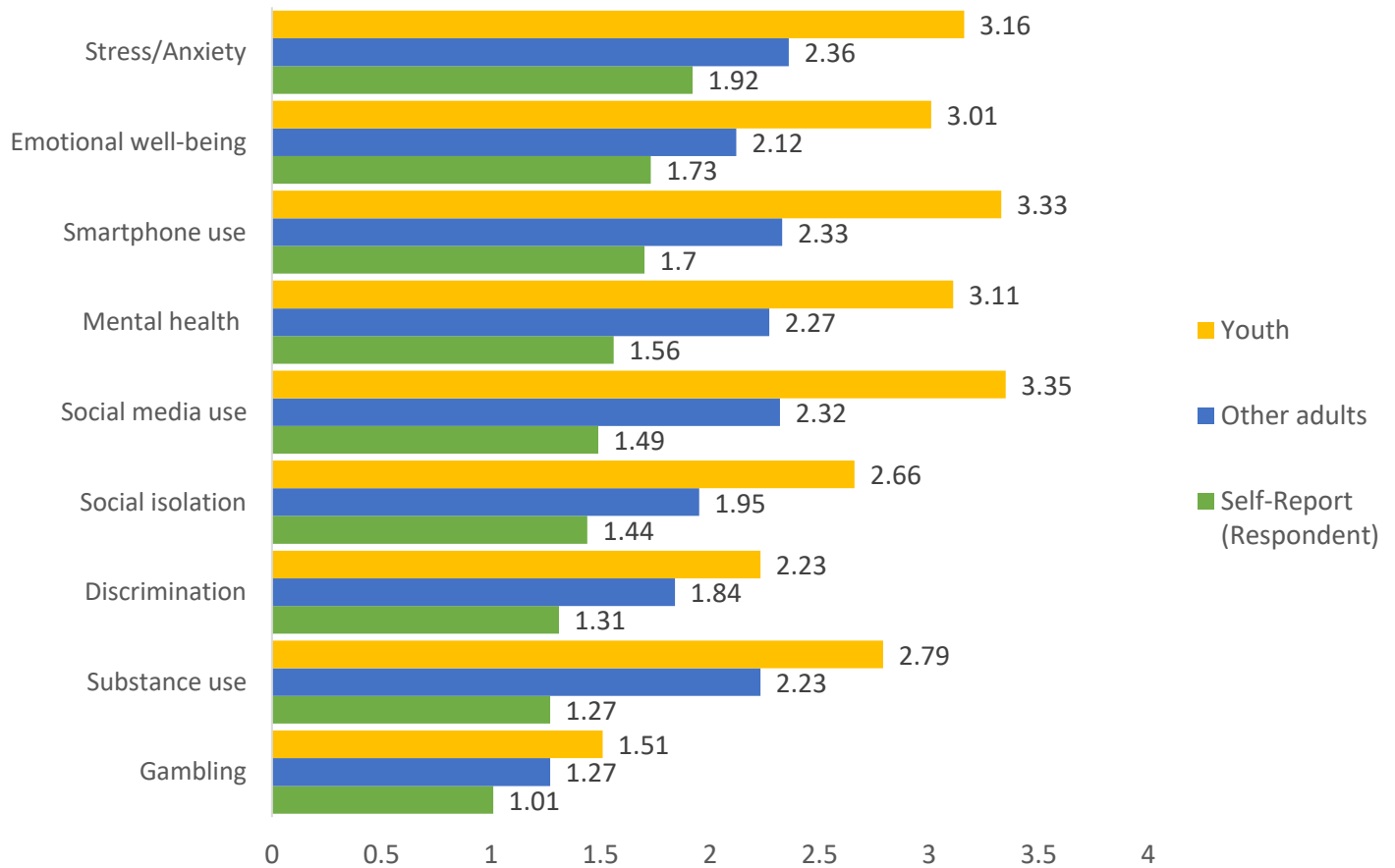
Table 20. Concern on Issues Related to Mental and Emotional Well-Being, Other New Canaan Adults

When considering OTHER ADULTS IN NEW CANAAN how concerned are you with the following?	Not at all concerned %	A little bit concerned %	Somewhat concerned %	Very concerned %	Weighted average #
Stress or anxiety	15.2	44.3	29.8	10.7	2.36
Smartphone use	23.9	33.1	29.2	13.8	2.33
Social media use	24.3	34.4	26.7	14.7	2.32
Mental health	18.8	45.1	26.9	9.2	2.27
Substance use (e.g. alcohol, cannabis)	25.3	36.5	28.0	10.1	2.23
Emotional well-being	21.1	51.0	22.7	5.2	2.12
Social isolation	33.3	42.3	20.3	4.2	1.95
Discrimination	42.4	36.3	16.6	4.7	1.84
Gambling	78.1	17.2	4.1	.7	1.27

Table 21. Concern on Issues Related to Mental and Emotional Well-Being, New Canaan Youth

When considering NEW CANAAN YOUTH (under 18) how concerned are you with the following?	Not at all concerned %	A little bit concerned %	Somewhat concerned %	Very concerned %	Weighted average #
Social media use	3.1	13.1	29.6	54.3	3.35
Smartphone use	3.4	13.9	29.3	53.4	3.33
Stress or anxiety	3.7	18.5	36.0	41.8	3.16
Mental health	3.8	20.2	37.6	38.5	3.11
Emotional well-being	3.8	24.4	39.0	32.9	3.01
Substance use (e.g. alcohol, cannabis)	9.1	28.7	36.1	26.0	2.79
Bullying	6.9	34.4	33.3	25.5	2.77
Social isolation	13.1	30.4	33.6	23.0	2.66
Discrimination	26.3	38.1	22.0	13.7	2.23
Gambling	64.7	22.6	9.2	3.5	1.51

For adults, stress and anxiety was ranked highest; for youth, social media and smartphone use were ranked highest.



Life Satisfaction

More than one-third of respondents (35%) are 'very' satisfied with their life, while 51% are 'mostly' satisfied. Only 3% report being 'not' satisfied or 'a little bit' satisfied. Males, older residents, and those living in New Canaan for over four

years report higher satisfaction levels. In contrast, multiple caregivers, individuals with emotional well-being concern, low financial security, or poor mental health report significantly lower satisfaction.

Table 22. Life Satisfaction

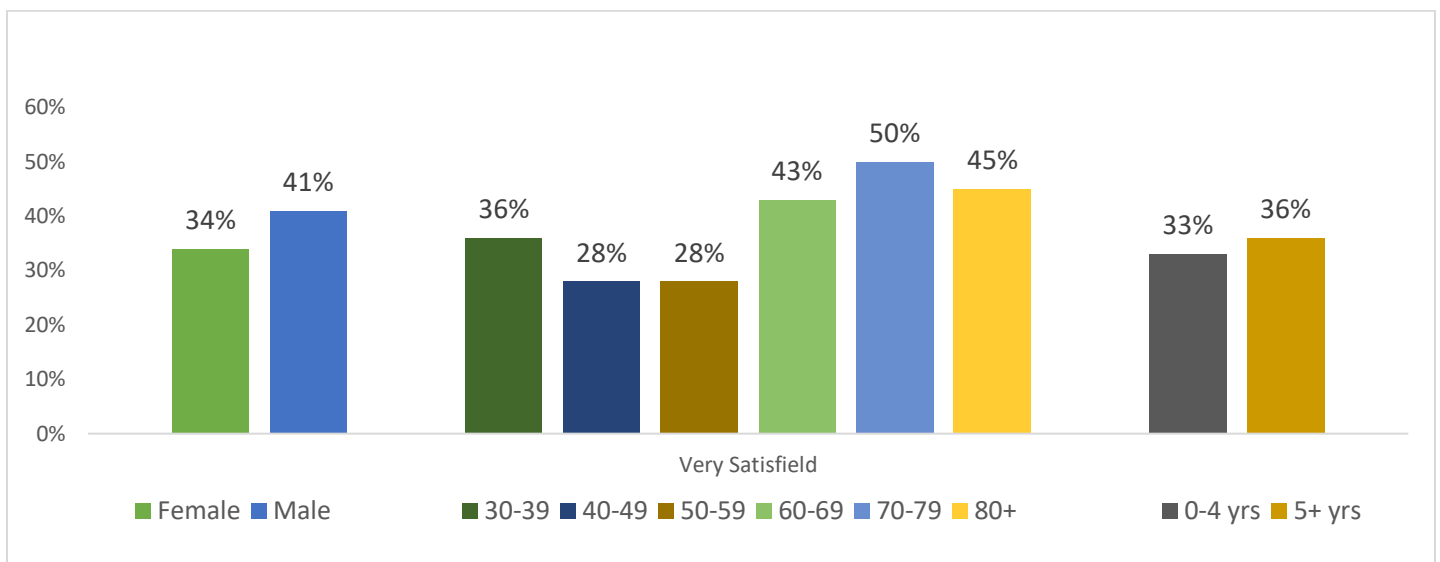
Overall, how satisfied are you with your life nowadays?	%
Not at all satisfied	.6
A little bit satisfied	2.7
Somewhat satisfied	11.1
Mostly satisfied	50.7
Very satisfied	34.9

Table 22a. Life Satisfaction by Gender, Age and Length of Residency

% who report being very satisfied	Very Satisfied %
Gender	
Female	33.7
Male	40.5 ^A
Age	
18-29	^
30-39	36.0
40-49	28.1
50-59	27.8
60-69	42.8
70-79	49.7
80+	44.6
Length of Residency	
0-4 years	32.6
5+ years	35.7

^A Significant difference between Male and Female (95% confidence level (p=.05))

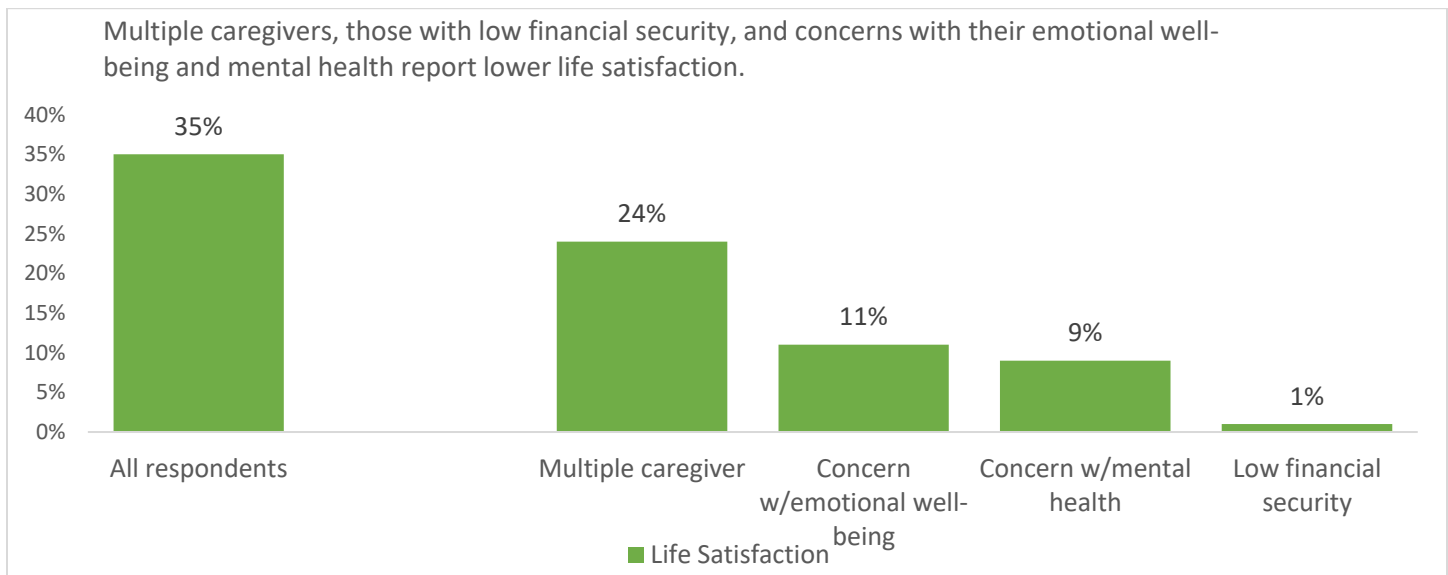
The **green highlight** indicates a higher percentage when compared to average rates of full sample



22b. Life Satisfaction by Other Variables

% who report being very satisfied	Very Satisfied %
All respondents	34.9
Multiple Caregiver	23.9
Low financial security	1.2
Low life satisfaction	x
Concerned w/emotional well-being	11.0
Concerned w/mental health	9.3

The green highlight indicates a higher percentage when compared to average rates of full sample



Financial Well-Being

Eighty-six percent of participants are living comfortably or doing alright when considering their finances. Six percent of respondents report having financial difficulties. Rates of living comfortably increase with age and length of residency and there were no reported significant differences between males and females. Multiple caregivers, individuals with emotional well-being and mental health concerns, and low life satisfaction report significantly lower financial security.

Table 23. Financial Wellbeing

How well would you say you are managing financially these days? Would you say you are...	%
Living comfortably	58.8
Doing alright	27.1
Just getting by	7.9
Finding it difficult	4.1
Finding it very difficult	2.2

14% of respondents are 'just getting by' or having financial difficulties.

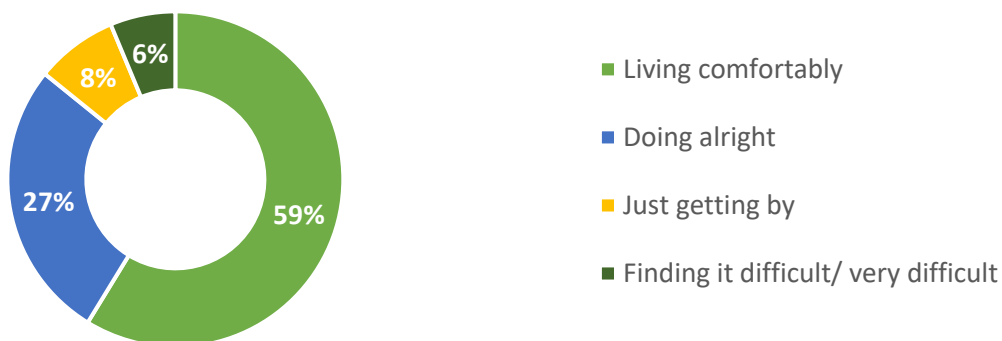
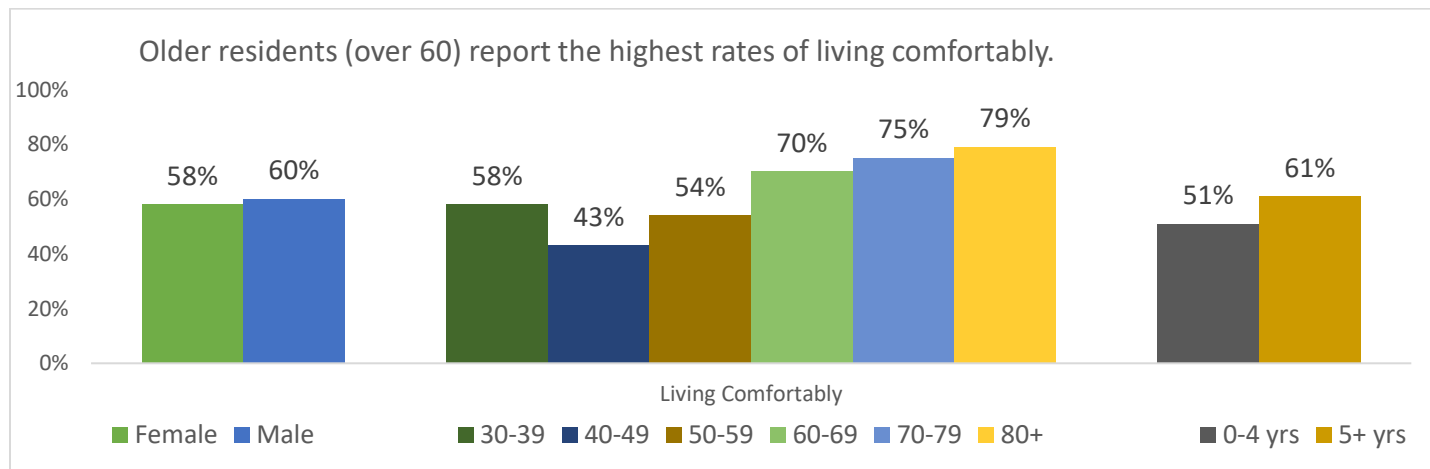


Table 23a. Financial Wellbeing by Gender, Age and Length of Residency

% who report living comfortably		Living comfortably %
Gender		
Female		58.3
Male		60.1
Age		
18-29		^
30-39		58.0
40-49		43.4
50-59		54.3
60-69		70.2
70-79		74.6
80+		78.9
Length of Residency		
0-4 years		51.0
5+ years		60.9

^ Significant difference between Male and Female (95% confidence level (p=.05))

The green highlight indicates a higher percentage when compared to average rates of full sample



23b. Financial Wellbeing by Other Variables

% who report living comfortably	Living comfortably %
All respondents	58.8
Multiple Caregiver	47.1
Low life satisfaction	24.6
Concerned w/emotional well-being	37.5
Concerned w/mental health	35.5

The **green highlight** indicates a higher percentage when compared to average rates of full sample

A small percentage of participants reported food (5%), housing (2%), and transportation (4%) insecurities, as shown in the chart below. Thirteen percent faced challenges paying monthly bills—7% over a year ago and 6% in the past year. Females report higher rates of insecurities compared to males. The highest rates of financial insecurity were reported by 40- to 69-year-olds. Respondents who are multiple caregivers, those with low financial security and life satisfaction, and those with concerns about their emotional well-being and mental health have a higher rate of being unable to pay some or all household bills.

Table 24. Insecurities

Please respond to the following:	No %	Yes, but not in the past 12 months %	Yes, in the past 12 months %
Have there been times when you did not have enough money to buy food that you or your family needed?	95.4	2.7	1.9
Have there been times when you did not have enough money to provide adequate shelter or housing for you or your family?	97.9	1.5	.6
Have there been times when you were unable to pay some or all of the household bills?	87.0	7.3	5.6
Did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?	96.0	1.6	2.4

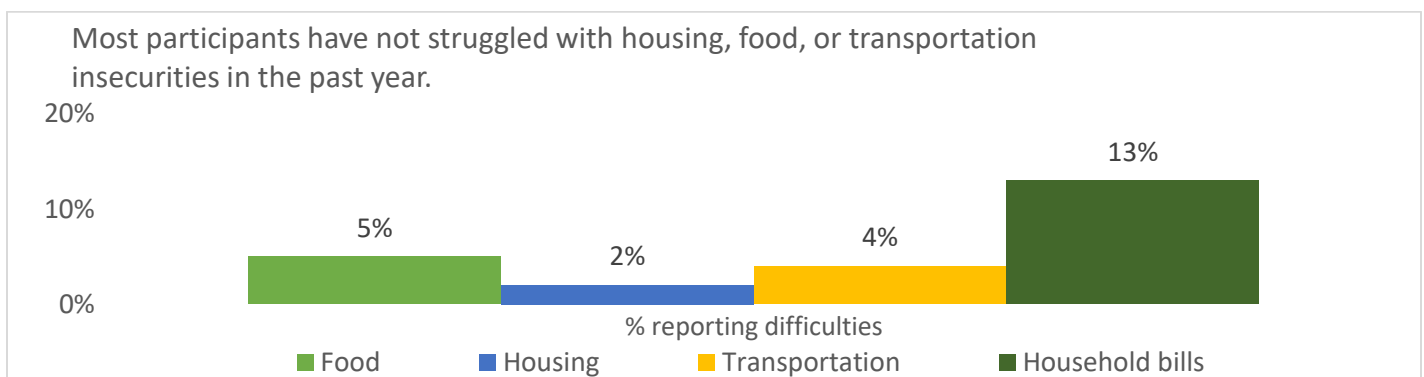
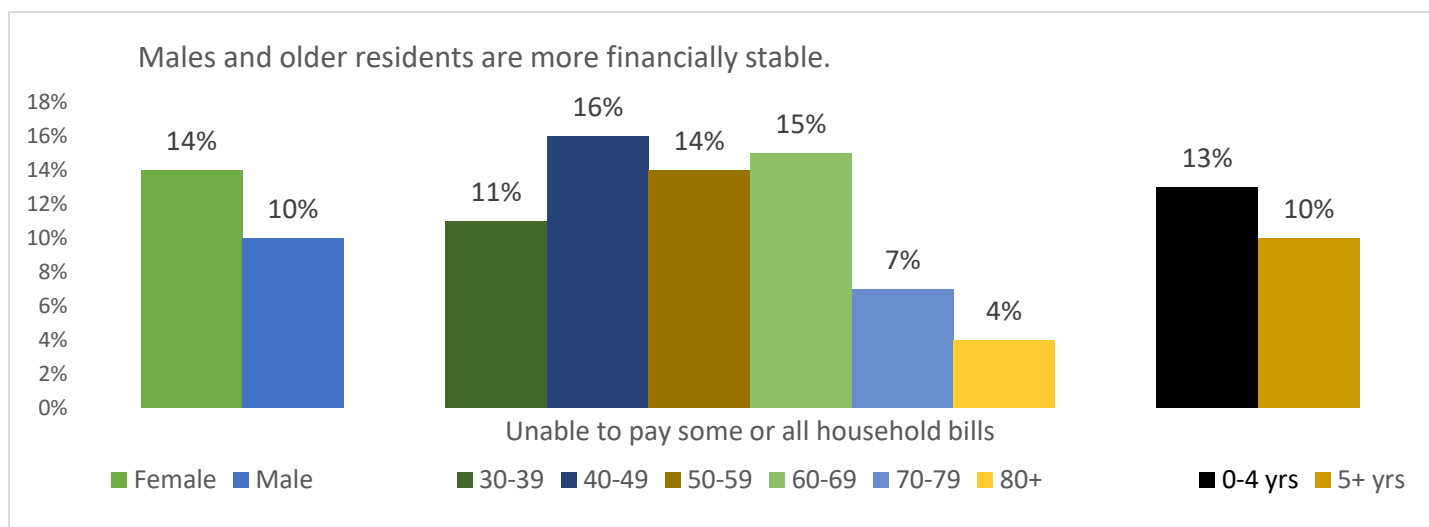


Table 24a. Insecurities by Gender, Age and Length of Residency

Insecurity in past 12 months or more	Food %	Housing %	Financial %	Transportation %
All Respondents				
	4.6	2.1	13.0	4.0
Gender				
Female	5.3 ^A	2.1	13.8	4.6
Male	2.7	2.1	10.4	2.4
Age				
18-29	^	^	^	^
30-39	5.0	1.0	11.1	8.0
40-49	4.4	3.0	16.3	2.2
50-59	3.1	1.5	13.5	4.0
60-69	7.0	2.6	15.4	3.7
70-79	3.5	1.2	7.1	1.8
80+	4.3	2.1	4.4	8.7
Length of Residency				
0-4 years	4.7	2.0	13.1	3.7
5+ years	2.4	1.0	9.9	4.4

^A Significant difference between Male and Female (95% confidence level (p=.05))

The green highlight indicates a higher percentage when compared to average rates of full sample

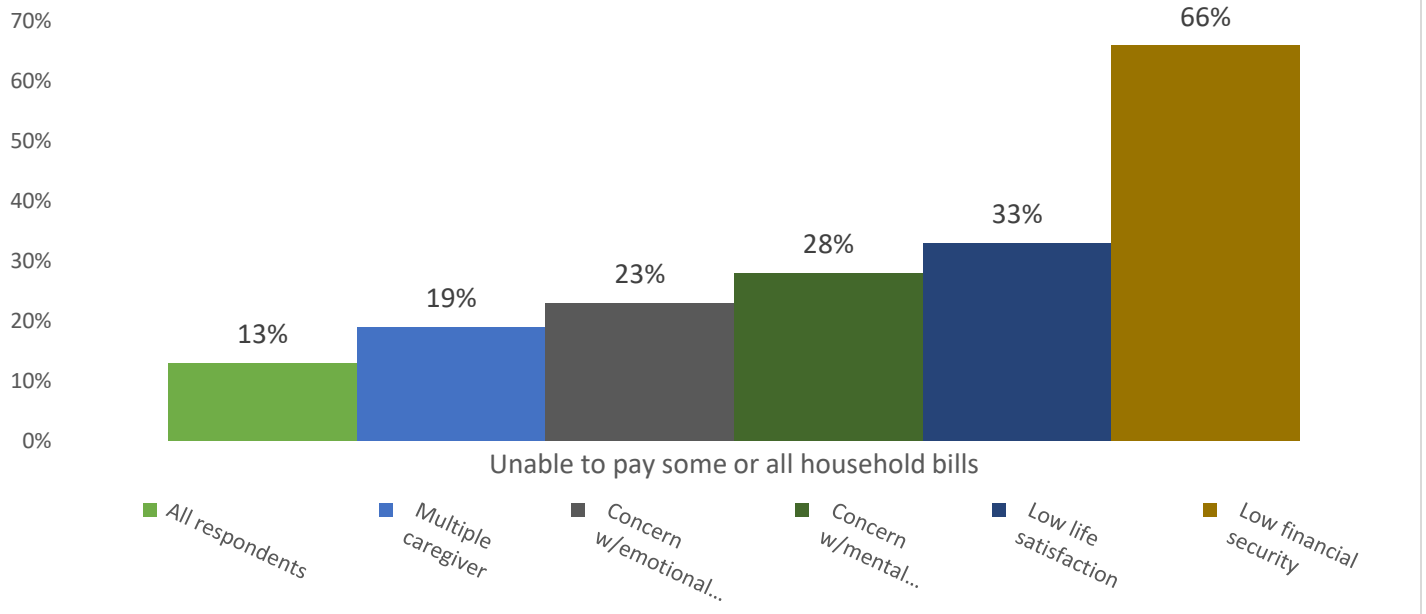


24b. Financial Insecurities by Other Variables

% who report not being able to pay some or all household bills	Monthly Bills %
All respondents	13.0
Multiple Caregiver	18.6
Low financial security	65.9
Low life satisfaction	32.8
Concerned w/emotional well-being	23.4
Concerned w/mental health	27.8

The green highlight indicates a higher percentage when compared to average rates of full sample

Multiple caregivers, those with low financial security and life satisfaction, and concerns with their emotional well-being and mental health have a higher rate of being unable to pay some or all household bills.



Discrimination

Fifteen percent of respondents reported lifetime discrimination related to age and socioeconomic status, 11% related to gender identity, 10% to religion or culture, 8% to race or ethnicity, 3% to disability, and 2% to sexual orientation. Females reported significantly higher rates of gender-based discrimination, while males reported higher rates related to age, race or ethnicity, and sexual orientation. Discrimination rates varied by age group depending on the type of discrimination.

Table 25. Discrimination

Have you ever experienced discrimination, meaning you were made to feel inferior or excluded because of your...	No %	Yes, but not in the past 12 months %	Yes, in the past 12 months %
Age?	85.0	6.0	9.0
Disability?	97.3	1.1	1.6
Gender identity?	89.8	5.6	4.6
Race or ethnicity?	91.9	4.4	3.7
Religion or culture?	90.4	4.9	4.7
Sexual orientation?	98.7	.8	.6
Socioeconomic status? (i.e. Economic status, education level, or social class)	84.9	6.7	8.4

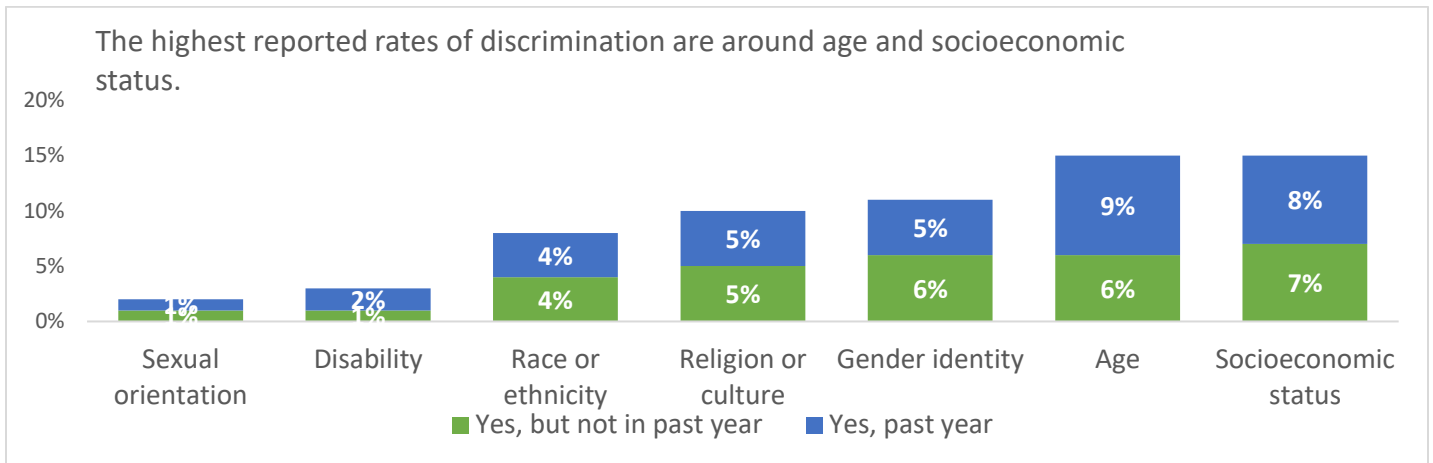


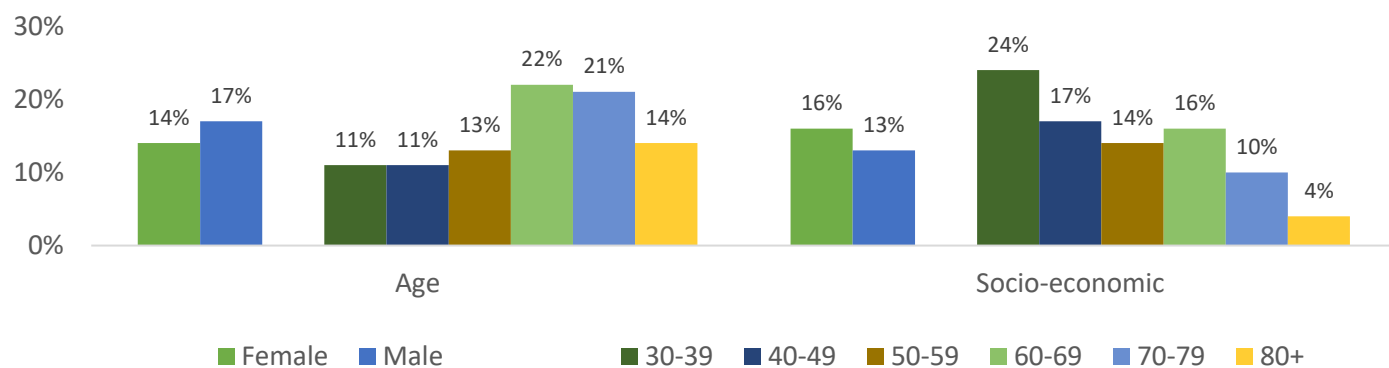
Table 25a. Discrimination by Gender, Age, and Length of Residency

Discrimination in past 12 months or more	Age %	Disability %	Gender %	Race/ethnicity %	Religion/culture %	Sexual orientation %	Socioeconomic %
All Respondents	15.0	2.7	10.2	8.1	9.6	1.3	15.1
Gender							
Female	14.2	2.7	12.4 ^A	6.8	9.1	1.0	15.5
Male	17.4 ^A	2.7	3.2	11.8 ^A	10.9	2.4 ^A	12.7
Age							
18-29	^	^	^	^	^	^	^
30-39	11.0	1.0	11.0	10.0	8.1	1.0	24.0
40-49	10.8	3.0	13.5	11.0	9.9	.8	16.9
50-59	12.8	1.5	10.5	6.8	9.5	1.2	14.4
60-69	21.8	3.3	8.8	8.5	11.1	.4	15.9
70-79	20.7	1.2	6.0	5.4	9.0	.6	10.1
80+	13.8	4.6	3.2	2.2	4.3	3.3	4.3
Length of Residency							
0 – 4 years	13.2	2.0	11.7	10.2	9.8	2.9	21.6
5+ years	15.2	2.7	9.9	7.5	9.5	1.0	13.7

^A Significant difference between Male and Female (95% confidence level (p=.05))

The **green highlight** indicates a higher percentage when compared to average rates of full sample

Older residents and males report higher rates of age related discrimination while females and younger residents report socioeconomic status related discrimination.



Safety

Most participants reported ‘always’ feeling safe at home, in their neighborhood, and in the community. Additionally, 91% said they ‘never’ feel threatened or unsafe around someone in their home. Males reported higher rates of neighborhood and community safety, and perceptions of safety increased with age and length of residency.

Table 26. Safety

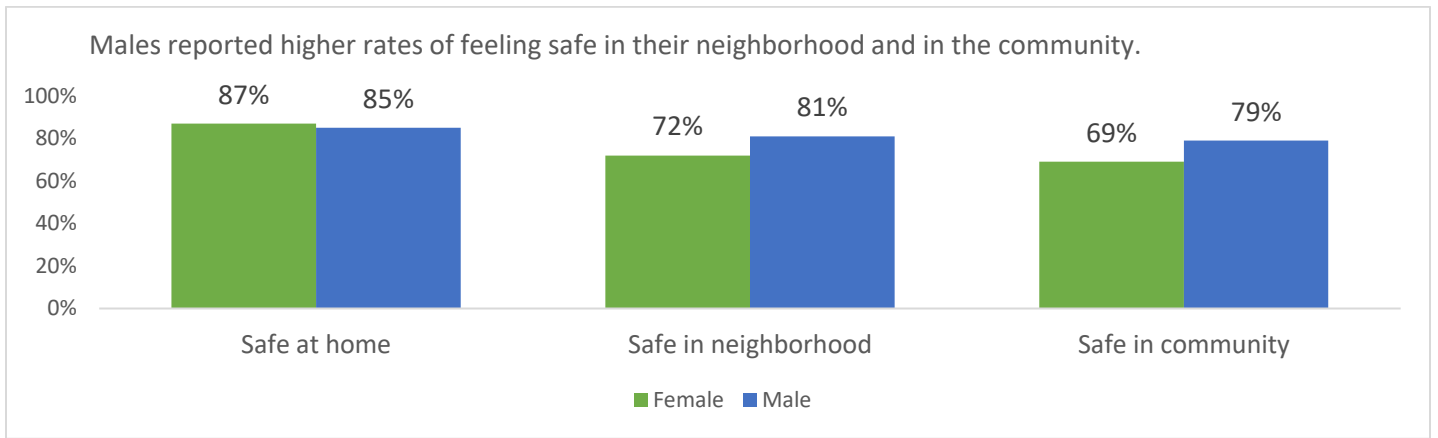
In the past year:	Always %	Often %	Sometimes %	Rarely %	Never %
Have you felt safe in your home?	85.7	12.4	1.2	.1	.6
Have you felt threatened by or unsafe around someone living in your home?	2.5	.2	2.5	3.9	91.0
Have you felt safe in your neighborhood?	73.3	23.1	2.0	.3	1.3
Have you felt safe in the community?	70.5	26.2	2.3	.1	1.0

Table 26a. Safety by Gender, Age and Length of Residency

% who ‘always’ felt safe at home, in neighborhood and in the community	At home %	In neighborhood %	In Community %	Threatened in home %
Gender				
Female	86.5	71.6	69.3	91.3
Male	85.2	81.0 ^A	78.7 ^A	90.8
Age				
18-29	^	^	^	^
30-39	83.0	68.0	67.0	95.0
40-49	85.1	65.6	65.3	89.5
50-59	84.7	73.7	68.0	91.5
60-69	89.3	79.5	76.2	89.7
70-79	88.2	83.4	83.3	93.5
80+	88.2	85.0	84.8	94.5
Length of Residency				
0 – 4 years	83.8	67.1	67.4	93.0
5+ years	86.1	74.4	71.0	90.8

^A Significant difference between Male and Female (95% confidence level (p=.05))

The green highlight indicates a higher percentage when compared to average rates of full sample



Mental Health & Well-Being

To assess mental health and well-being two screening tools, the World Health Organization’s Five Well-Being Index and the Patient Health Questionnaire, were included in the survey.

World Health Organization’s Five Well-Being Index (WHO-5)

The World Health Organization’s Five Well-Being Index (WHO-5) is a self-reported measure of mental well-being. It includes five statements about the past two weeks, rated on a 6-point scale, with higher scores indicating better well-being. A score below 50 suggests poor mental well-being and indicates the need for further assessment for a potential mental health condition.³ Among survey participants, 21% scored below 50 (indicating a potential health condition) while 79% scored above 50. Males and older residents (60+) reported better overall well-being.

Table 27. Self-Reported Well-Being (World Health Organization-Five Well-Being Index)

Please indicate in each of the five statements which is closest to how you have been feeling over the last two weeks. Over the past 2 weeks:	At no time (0) %	Some of the time (1) %	Less than half of the time (2) %	More than half of the time (3) %	Most of the time (4) %	All the time (5) %
I have felt cheerful and in good spirits	.2	6.7	5.2	22.0	57.6	8.2
I have felt calm and relaxed	1.1	9.2	14.1	30.8	39.1	5.8
I have felt active and vigorous	1.9	9.6	11.0	25.9	40.0	11.7
I woke up feeling fresh and rested	5.5	12.4	16.0	27.0	32.5	6.7
My daily life has been filled with things that interest me	.5	10.1	8.8	26.5	39.9	14.3

³ Scoring - https://cdn.who.int/media/docs/default-source/mental-health/who-5_english-original4da539d6ed4b49389e3afe47cda2326a.pdf?sfvrsn=ed43f352_11&download=true

World Health Organization. The World Health Organization-Five Well-Being Index (WHO-5). Geneva: World Health Organization; 2024. License: CC-BY-NC-SA 3.0 IGO

21% of respondents report poor mental well-being.

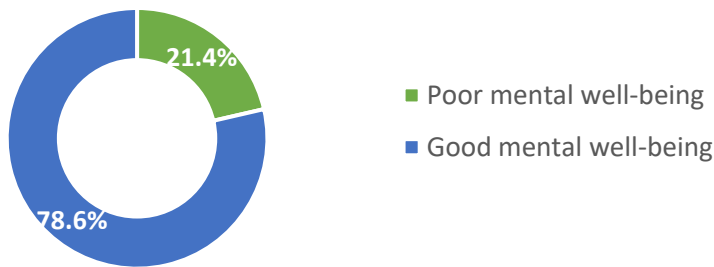


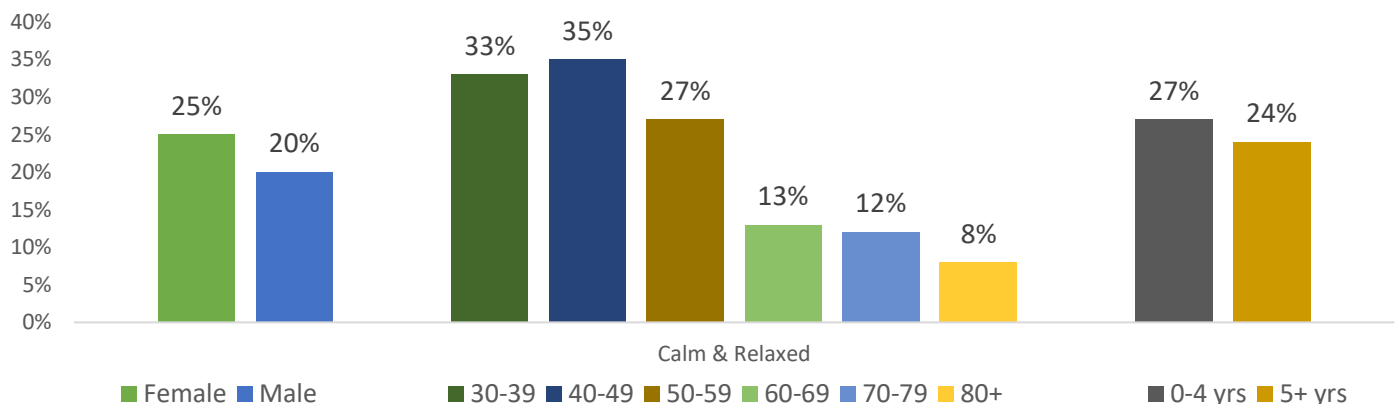
Table 27a. Self-Reported Well-Being (WHO5) by Age, Gender and Length of Residency

% reporting At no time, Some of the time, Less than half of the time	Cheerful %	Calm %	Active %	Fresh %	Interest %
All Respondents	12.1	24.6	22.5	33.8	19.4
Gender					
Female	12.1	25.3	23.2	35.7 ^A	19.2
Male	12.1	20.2	20.4	27.1	18.9
Age					
18-29	^	^	^	^	^
30-39	10.0	33.3	25.3	51.0	23.0
40-49	15.2	34.8	29.5	44.8	23.2
50-59	15.3	26.9	21.4	35.4	21.7
60-69	7.7	13.2	18.4	23.8	15.0
70-79	9.4	11.9	15.5	20.7	13.0
80+	6.5	7.5	18.7	14.0	10.8
Length of Residency					
0 – 4 years	8.9	27.4	27.0	39.4	21.6
5+ years	12.5	23.8	21.2	32.7	18.7

^A Significant difference between Male and Female (95% confidence level (p=.05))

The green highlight indicates a higher percentage when compared to average rates of full sample

Males and older residents report better well-being.



Patient Health Questionnaire for Depression and Anxiety (PHQ-4)

The PHQ-4 is an ultra-brief screening scale of anxiety and depression. It consists of four statements relating to the past two weeks. Each statement is rated on a 4-point scale, with lower scores indicating better mental well-being.⁴

On the PHQ-4, 34% of all respondents scored as having some level of distress (mild to extreme) while 8% are at risk for moderate or severe mental stress. Rates are similar for males and females. For the depression and anxiety subscales a score of 3 or more is considered positive for screening purposes. Five percent of respondents scored a 3+ in the depression subscale with similar rates reported among females and males. Sixteen percent scored 3+ in the anxiety subscale with higher rates reported among females (17%) versus males (14%). PHQ4 total scores and subscale scores are detailed in Table 27a.

Table 28. PHQ4

Over the past 2 weeks how often have you been bothered by the following problems:	Not at all %	Several days %	More than half the days %	Nearly every day %
Little interest or pleasure in doing things	73.9	20.9	3.8	1.4
Feeling down, depressed, or hopeless	73.6	23.0	2.4	1.1
Feeling nervous, anxious or on edge	47.3	43.2	6.7	2.9
Worrying too much about different things	33.6	50.0	11.0	5.4

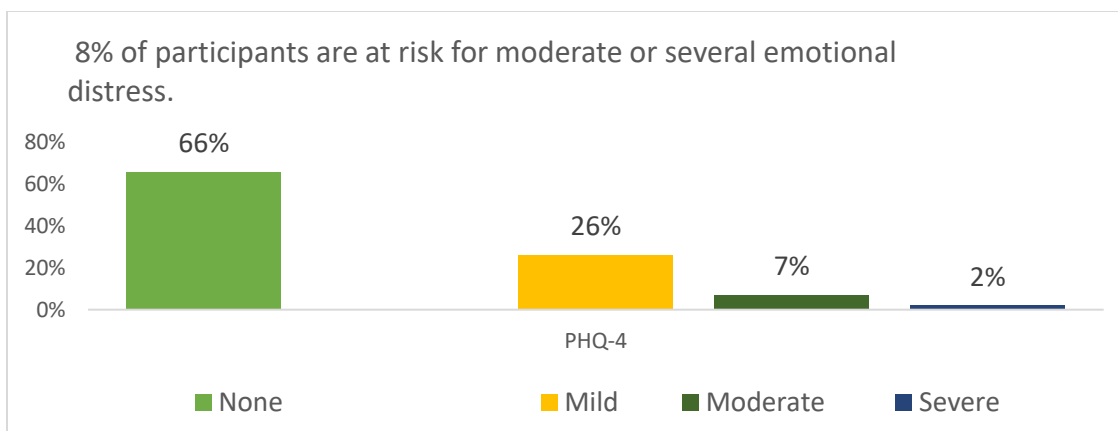
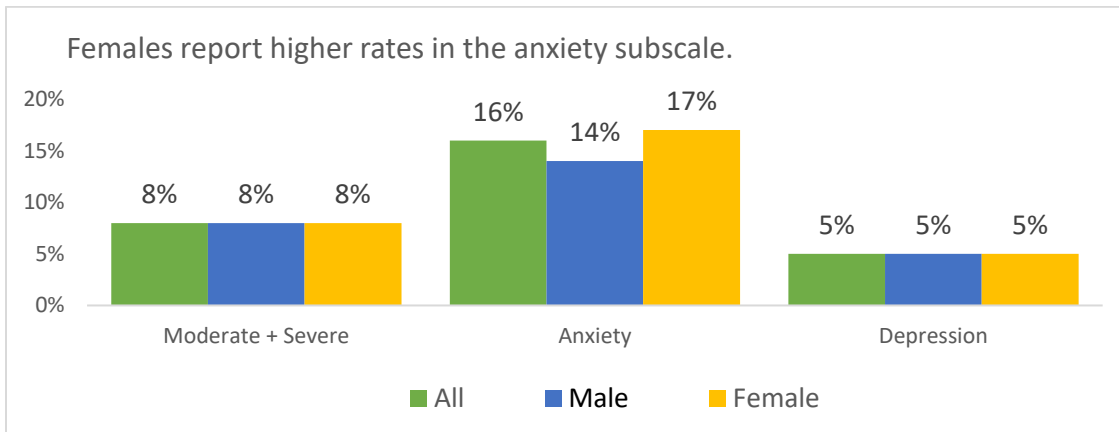


Table 28a. PHQ4 Scores by Gender

PHQ4 Scores	All Respondents %	Females %	Males %
None (0-2)	66.2	65.7	67.8
Mild (3-5)	25.6	26.1	24.6
Moderate (6-8)	6.5	6.7	5.3
Severe (9-12)	1.8	1.5	2.4
Subscales			
Anxiety (3+)	16.2	17.2	13.9
Depression (3+)	5.3	5.1	5.3

⁴ PHQ4 Source and Scoring: <https://www.capc.org/documents/download/467/>



Prevention-Based Topics

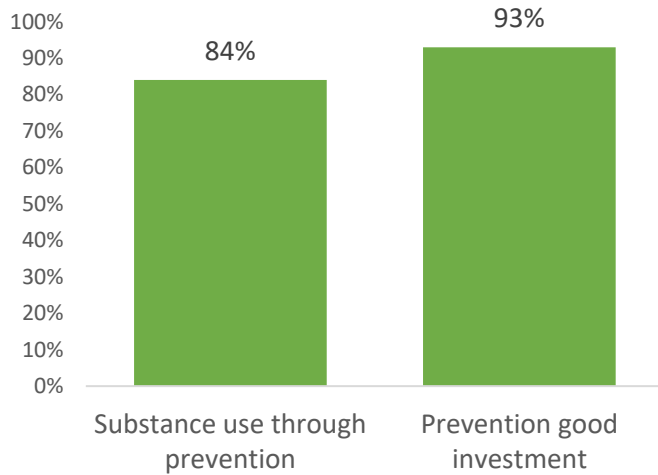
Community Norms

In New Canaan, support for prevention is strong: 93% of respondents view prevention programs as a good community investment, and 84% believe they help reduce substance use problems. However, 49% consider drinking alcohol and 20% see using marijuana as a "normal part of growing up." Additionally, respondents who report that they do not have knowledge of the effects alcohol use has on the adolescent brain report higher rates of alcohol use being a normal part of growing up compared to respondents who do report having knowledge on alcohol use and the adolescent brain (60% versus 48%).

Table 29. Community Norms

Please choose the response that best describes how you feel for each of the statements listed below:	Strongly disagree %	Disagree %	Agree %	Strongly agree %	Weighted average #
In New Canaan, it is possible to reduce alcohol and other drug problems through prevention.	2.4	13.7	70.7	13.3	3.0
Alcohol and other drug prevention programs are a good investment for the community.	1.5	5.7	61.1	31.7	3.2
Drinking alcohol is a normal part of growing up.	12.2	38.6	47.8	1.4	2.4
Using marijuana (cannabis, THC, weed) is a normal part of growing up.	33.0	47.6	18.6	.9	1.9

There is strong support for prevention programs in New Canaan.



Almost half of respondents believe underage alcohol use is a norm

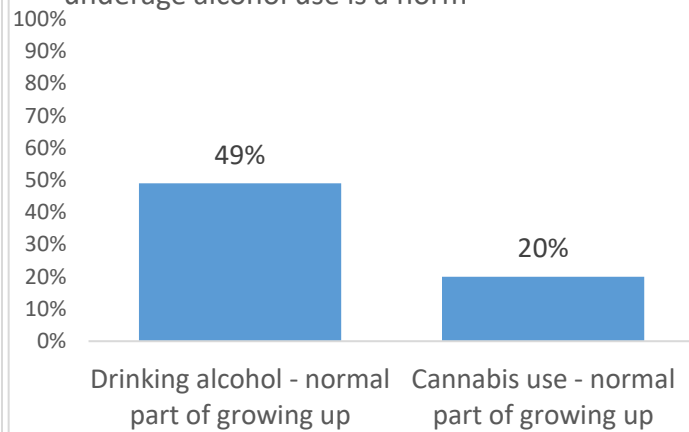


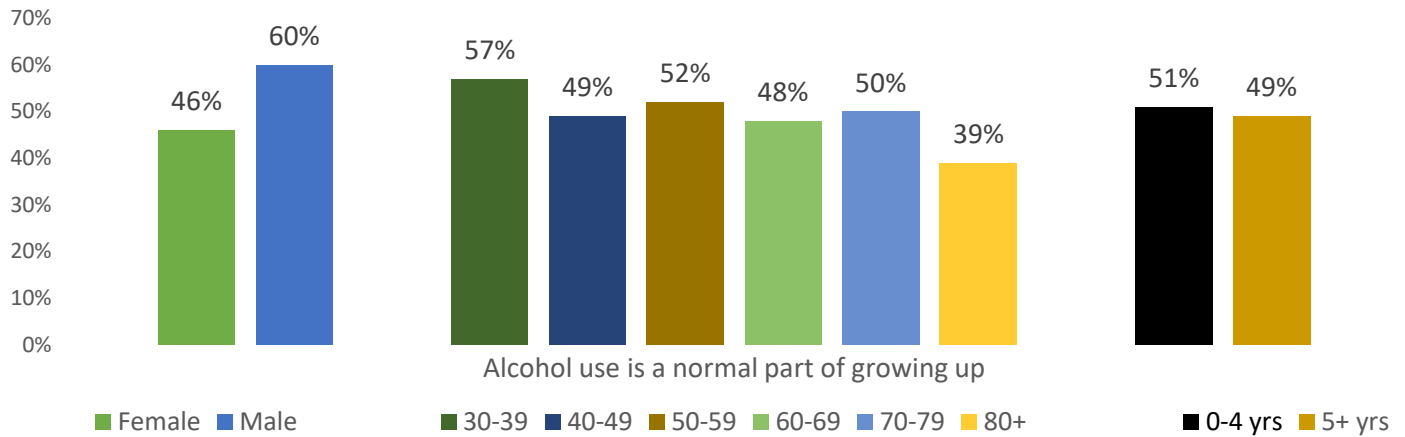
Table 29a. Community Norms by Gender, Age, and Length of Residency

% Agree or Strongly Agree	Reduction through prevention %	Prevention is good investment %	Alcohol use normal part growing up %	Marijuana use normal part growing up %
All Respondents	84.0	92.8	49.2	19.5
Gender				
Female	84.9	93.8	46.0	17.7
Male	82.5	90.5	59.9 ^A	25.9 ^A
Age				
18-29	^	^	^	^
30-39	78.8	88.0	57.0	30.0
40-49	84.5	91.4	49.3	15.5
50-59	83.0	93.3	51.8	18.0
60-69	84.3	93.3	48.3	22.7
70-79	85.4	95.8	49.7	23.9
80+	92.1	97.8	39.3	13.2
Length of Residency				
0-4 years	87.4	90.3	51.2	20.8
5+ years	83.2	93.2	48.6	18.8

^A Significant difference between Male and Female (95% confidence level (p=.05))

The green highlight indicates a higher percentage when compared to average rates of full sample

Close to half of all residents feel that alcohol use is a normal part of growing up.



Substance Use Laws

Eighty-five percent of respondents are familiar with the law requiring a minimum age of 21 to purchase tobacco and nicotine products, and 83% are familiar with the adult-use retail cannabis law. Seventy percent are familiar with the social host law, which prohibits adults from providing a place for youth under 21 to consume alcohol or use cannabis. Males are less familiar with the social host and cannabis laws, while knowledge is highest among 50–69-year-olds. Residents who have lived in New Canaan less than five years have the least amount of knowledge of all substance use related laws.

Table 30. Knowledge of Substance Use Laws

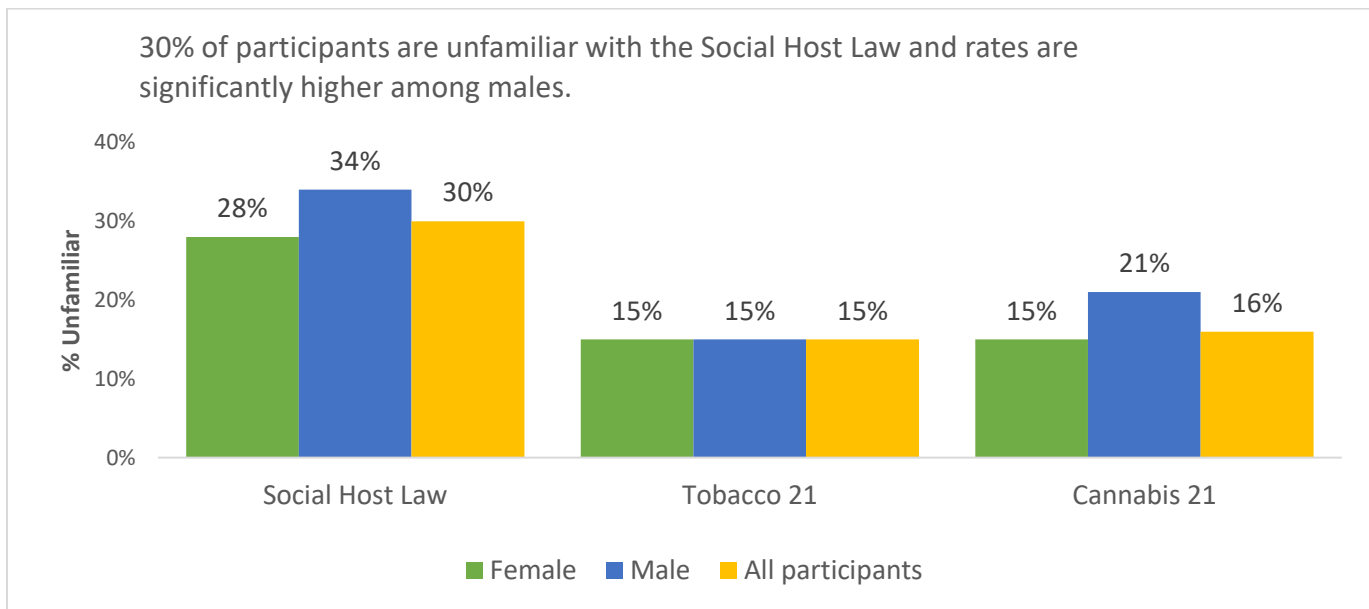
How familiar are you with...	Unfamiliar %	Somewhat familiar %	Very familiar %
the Connecticut Social Host Law that makes it illegal for any adult to provide a place for youth under age 21 to drink or use marijuana?	29.5	34.7	35.7
the Connecticut law that requires the minimum age for purchasing tobacco and vaping products to be 21?	14.8	31.0	54.2
the Connecticut law legalizing retail cannabis (marijuana, THC, weed, edibles) use for adults 21 years or older?	16.3	45.5	38.2

Table 30a. Knowledge of Substance Use Laws by Gender, Age, and Length of Residency

% Unfamiliar	Social Host Law %	Tobacco Law %	Retail Cannabis Law %
Gender			
Female	28.0	15.1	15.0
Male	33.9 ^A	14.8	20.5 ^A
Age			
18-29	^	^	^
30-39	44.0	30.0	24.0
40-49	36.2	21.4	17.7
50-59	22.9	8.3	9.8
60-69	16.9	9.9	16.5
70-79	32.0	10.7	11.9
80+	40.7	20.9	34.4
Length of Residency			
0-4 years	50.0	29.0	28.8
5+ years	25.8	12.3	14.4

^A Significant difference between Male and Female (95% confidence level (p=.05))

The green highlight indicates a higher percentage when compared to average rates of full sample



Knowledge of Adolescent Brain Development

Most participants (84% to 89%) report that they understand the effects of substances on the teenage brain, with similar rates across gender and age groups.

Table 31. Knowledge of Adolescent Brain Development

I have a good understanding of:	Strongly disagree %	Disagree %	Agree %	Strongly agree %	Weighted average #
the effects that nicotine (includes vapes or pouches) has on the teenage brain.	2.1	14.2	47.6	36.2	3.18
the effects that using marijuana or THC products has on the teenage brain.	1.8	14.1	47.8	36.3	3.19
the effects that drinking alcohol has on the teenage brain.	1.3	10.1	52.4	36.3	3.24

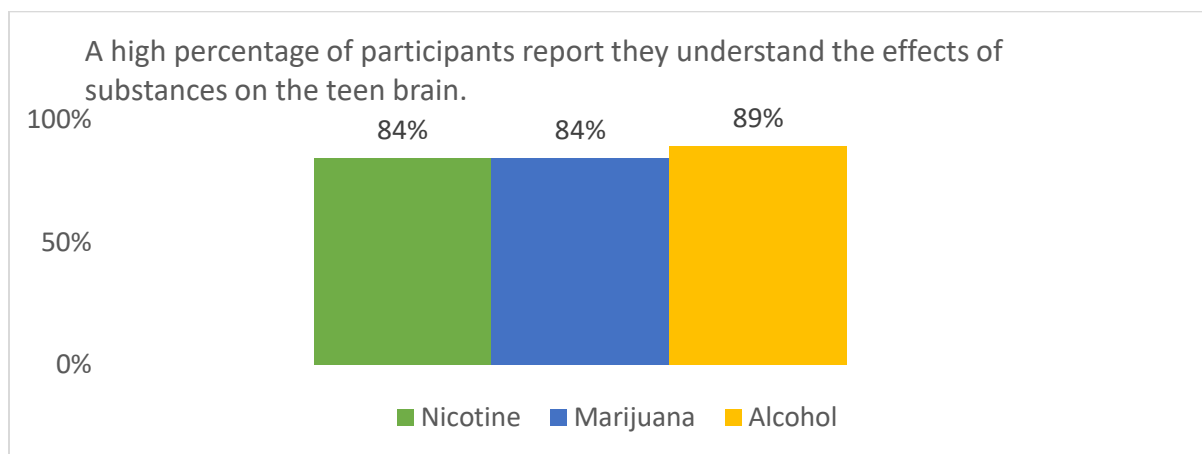


Table 31a. Knowledge of Adolescent Brain Development by Gender, Age, and Length of Residency

% Agree or Strongly Agree The effects that ... has on the teen brain	Nicotine %	Marijuana %	Alcohol %
All Respondents	83.8	84.1	88.6
Gender			
Female	84.3	84.6	89.9
Male	81.8	82.1	85.0
Age			
18-29	^	^	^
30-39	82.8	82.8	87.0
40-49	82.1	82.9	89.5
50-59	85.7	87.5	90.2
60-69	82.1	83.5	87.2
70-79	84.4	83.2	91.0
80+	84.3	80.7	82.0
Length of Residency			
0-4 years	84.5	84.5	88.8
5+ years	83.5	83.9	88.4

^A Significant difference between Male and Female (95% confidence level (p=.05))

The **green highlight** indicates a higher percentage when compared to average rates of full sample

Proper Drug Disposal & Prescription Drop Box

Just over 1 in 4 participants were unfamiliar with proper methods for disposing of prescription drugs at home (27%). Females showed greater familiarity, and knowledge increased with age. Nearly half of participants were unaware of the prescription drop box at the New Canaan police department (49%), with females and older participants reporting higher awareness. Residents who have lived in New Canaan for less than five years are much more likely to be unfamiliar with the prescription drop box and proper drug disposal methods.

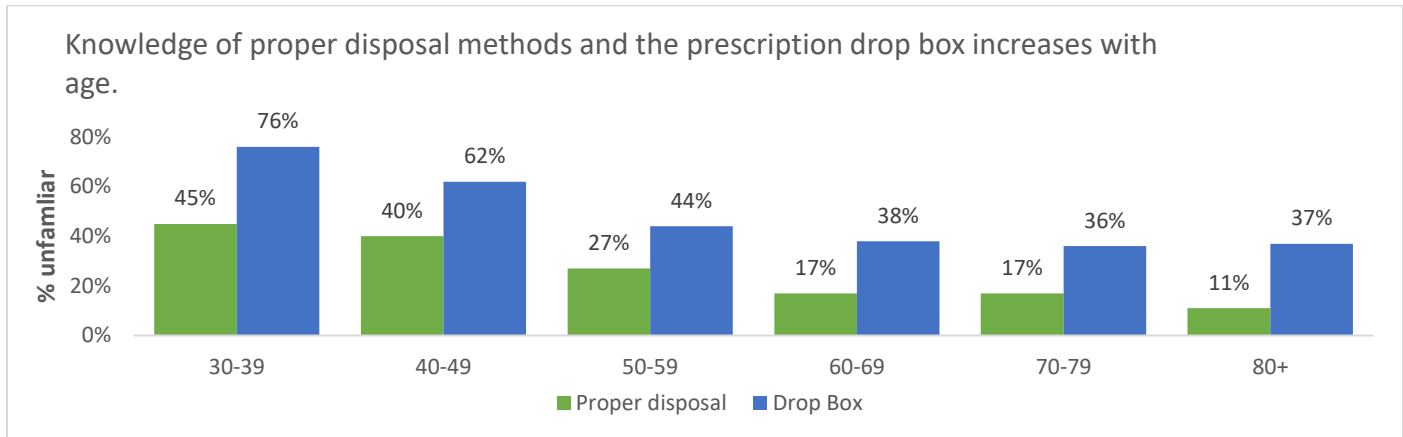


Table 32. Knowledge of Drug Disposal

How familiar are you with...	Unfamiliar %	Somewhat familiar %	Very familiar %
proper ways to dispose of unused, unneeded or excess Prescription Drug medications that are in your home?	27.4	39.5	33.1
the Prescription Drop Box open 24/7 located at the New Canaan Police Department?	48.6	22.2	29.2

Table 32a. Knowledge of Drug Disposal by Gender, Age, and Length of Residency

% Unfamiliar	Proper Disposal %	Drop Box %
Gender		
Female	25.7	46.6
Male	33.7 ^A	56.6 ^A
Age		
18-29	^	^
30-39	45.0	76.0
40-49	39.5	62.3
50-59	27.4	43.9
60-69	17.2	37.7
70-79	17.2	36.1
80+	11.0	37.0
Length of Residency		
0-4 years	45.2	71.6
5+ years	24.6	44.5

^ASignificant difference between Male and Female (95% confidence level (p=.05)

The **green highlight** indicates a higher percentage when compared to average rates of full sample

Access to Substances

The highest percentage of participants (95%) believe underage youth can easily access alcohol from their home or a friend's home. This is followed by vaping devices (88%), tobacco (87%), alcohol from other sources (80%), marijuana (79%), and prescription drugs not prescribed to them (64%). There were no significant differences reported between male and females. Generally residents 50 years or older and those who have lived in New Canaan for more than 5 years reported perceived easier access to substances for youth.

Table 33. Access to Substances

How easy or hard do you think it would be for New Canaan youth (under 21) to get...	Very Hard %	Somewhat Hard %	Somewhat Easy %	Very Easy %	Weighted average #
Alcohol from their own home or a friend's home	1.0	3.8	36.7	58.5	3.53
Alcohol from somewhere else	1.5	19.0	46.7	32.8	3.11
Marijuana (i.e. cannabis, THC, weed, edibles)	1.8	19.0	49.2	29.9	3.10
Vaping devices with nicotine (i.e. vapes, e-cigs, Puff Bars, Blu, JUUL)	1.6	10.4	46.4	41.6	3.30
Prescription drugs not prescribed to them	5.2	31.1	43.9	19.8	2.80
Tobacco or Cigarettes	1.4	12.1	42.4	44.1	3.30

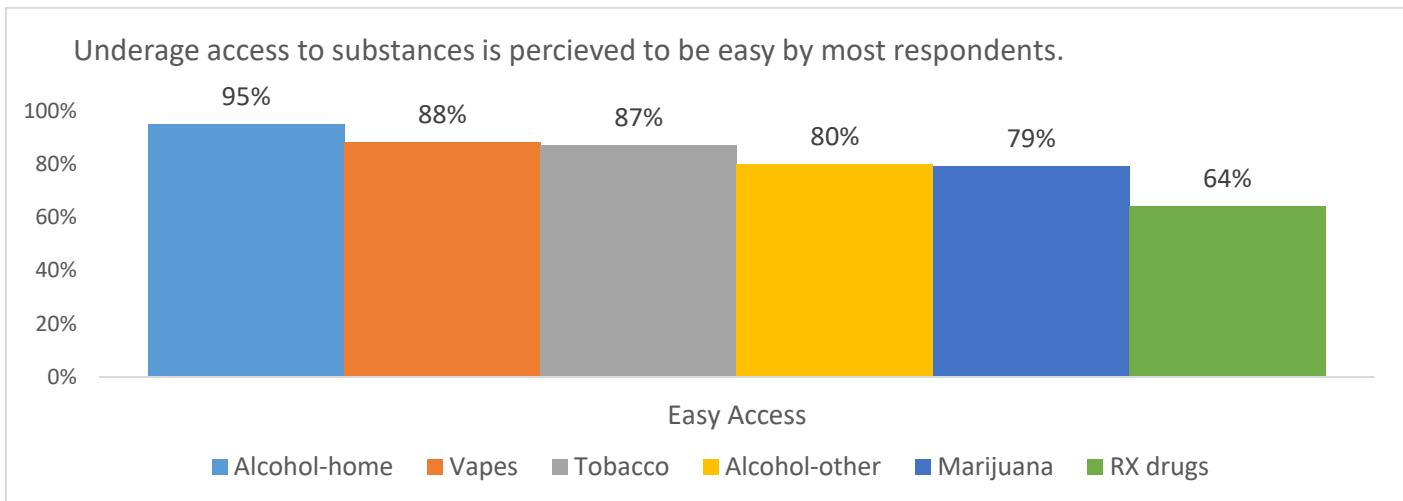


Table 33a. Access to Substances by Gender, Age, and Length of Residency

% Somewhat Easy and Very Easy	Alcohol-home %	Alcohol-else %	Marijuana %	Nicotine %	RX drugs %	Tobacco %
All Respondents						
	95.2	79.5	79.2	88.1	63.7	86.5
Gender						
Female	96.1	79.2	78.7	87.6	68.2	86.5
Male	93.2	79.9	80.8	89.4	50.2	86.3
Age						
18-29	^	^	^	^	^	^
30-39	92.0	70.0	71.0	84.9	63.0	77.8
40-49	93.6	69.4	69.9	83.6	67.8	81.1
50-59	94.5	82.9	80.4	93.6	60.1	89.3
60-69	99.3	84.9	88.2	90.7	67.9	91.5
70-79	96.4	87.4	87.0	89.6	63.9	89.7
80+	93.3	81.1	82.0	79.3	54.4	88.4
Length of Residency						
0-4 years	92.8	69.6	71.0	82.0	62.8	79.0
5+ years	95.6	81.1	80.5	89.1	64.0	87.9

^ Significant difference between Male and Female (95% confidence level (p=.05))

The green highlight indicates a higher percentage when compared to average rates of full sample

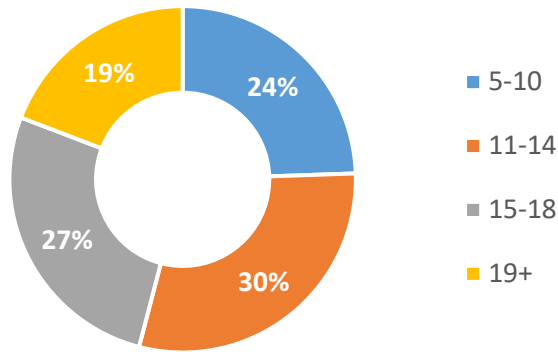
Parents Section

The final portion of the survey focused on parent respondents. At the time of the survey, 60% of respondents had at least one child living at home. Those with multiple children were asked to base their responses on one child and to specify the child's age category. Parents who indicated the age of their child was 0-4 are not included in the analysis due to the small sample size. For analysis purposes, youth in the three oldest age categories (19-22, 23-26, 27+) have been combined into a single category of 19 years or older.

Table 34. Age of Child

What is the age of the child you will be responding about?	#	%
Age 0-4	58^	7.3
Age 5-10	181	22.7
Age 11-14	219	27.4
Age 15-18	198	24.8
Age 19-22	67	8.4
Age 23-26	34	4.3
Age 27 or older	41	5.1

Four age categories are included in the Parent Section.



Level of Concern on Issues Related to Mental and Emotional Well-Being of Child

Parents were asked to rank their concern levels around mental and emotional well-being issues based on their child using a scale from 1 ("not at all concerned") to 4 ("very concerned"). Weighted averages are shown in the chart below. Parents expressed greatest concern around emotional well-being, stress and anxiety and mental health when considering their child. When looking at the top five highest ranked issues, parents of 11-14- and 15–18-year-olds express the highest level of concern.

Table 35. Concern on Issues Related to Mental and Emotional Well-Being, Their Child

When considering YOUR CHILD how concerned are you with...	Not at all concerned %	A little bit concerned %	Somewhat concerned %	Very concerned %	Weighted Average #
their experience(s) with bullying	31.7	35.7	19.2	13.4	2.14
their emotional well-being	9.6	33.3	29.5	27.6	2.75
their experience with discrimination	64.5	20.7	10.3	5.5	1.58
their experience with gambling	90.8	6.3	1.8	1.1	1.13
their mental health (e.g. anxiety, depression, suicide, self-harm)	18.7	35.8	23.7	21.8	2.49
their physical health	47.3	28.6	15.2	8.9	1.86
their smartphone use	27.2	25.6	25.1	22.1	2.42
their social media use	34.2	24.0	22.8	19.0	2.27
their social isolation	45.1	28.2	16.4	10.3	1.92
their stress or anxiety	12.3	38.0	26.4	23.4	2.61
their use of substances (e.g. alcohol, cannabis, nicotine)	71.5	16.1	7.2	5.2	1.46

Parents ranked emotional well-being, stress and anxiety and mental health highest when considering their concerns for their child.

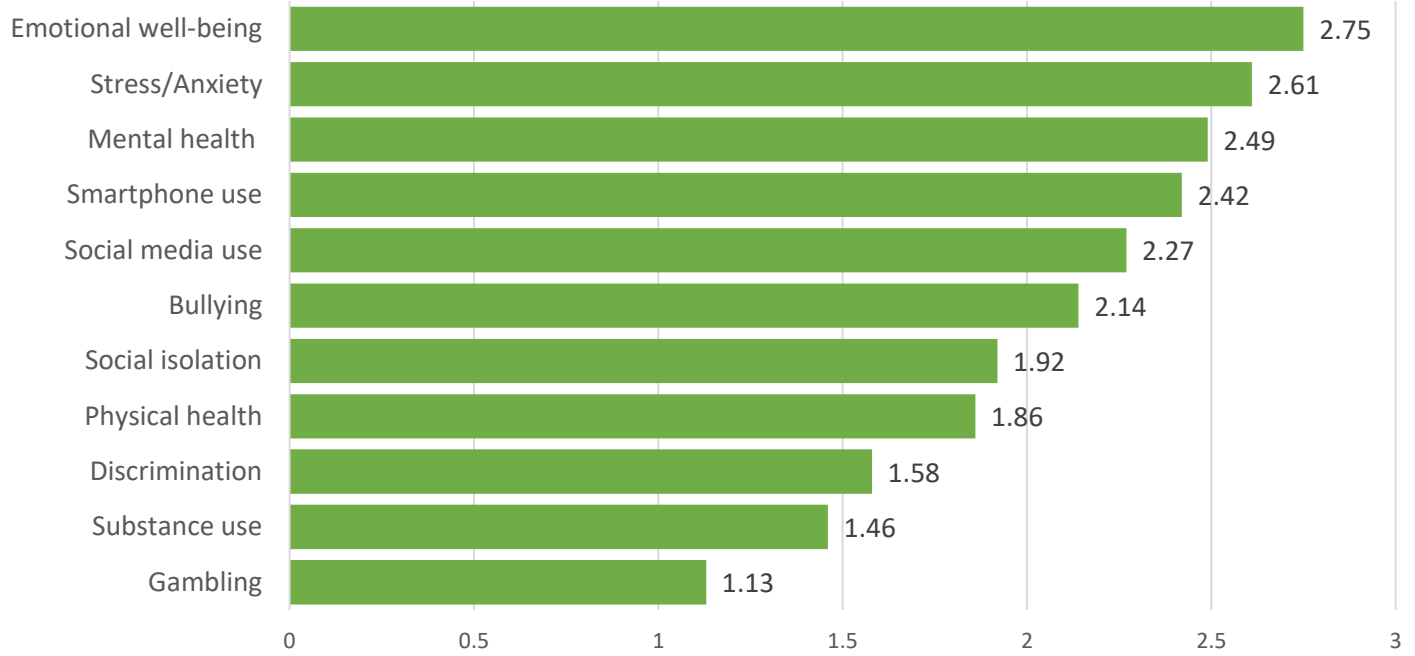
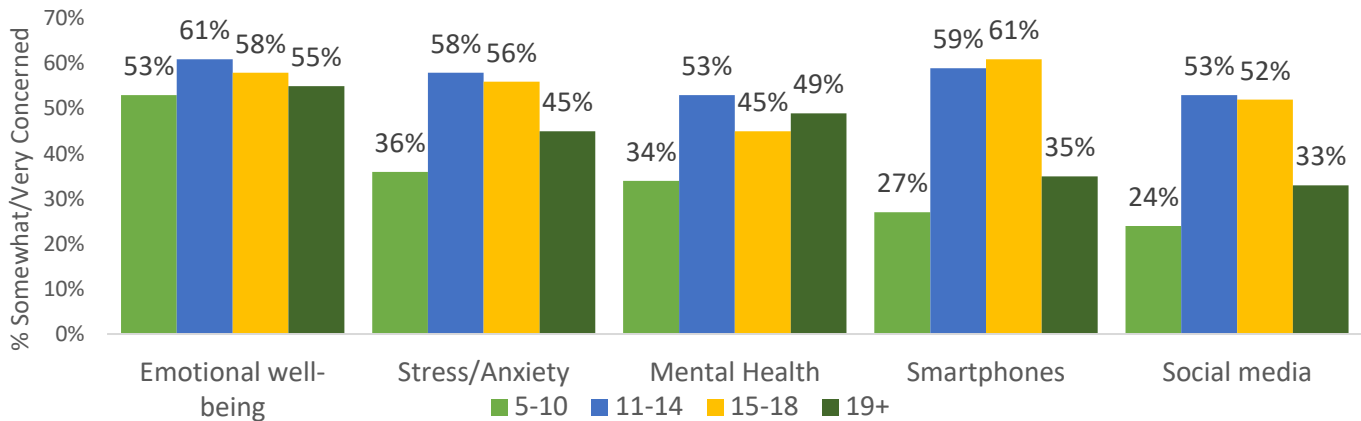


Table 35a. Concern on Issues Related to Mental and Emotional Well-Being, by Age of Child

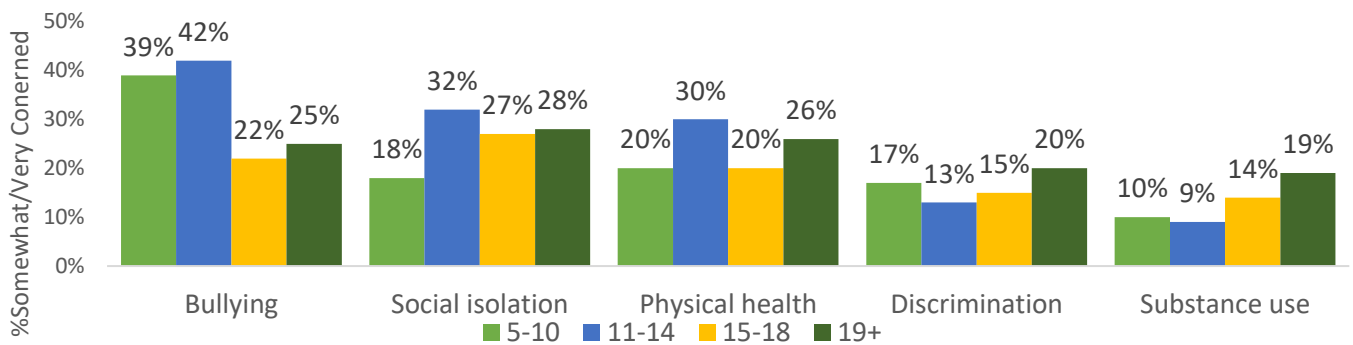
% Somewhat/ Very Concerned	Bullying %	Emotional well-being %	Discrimination %	Gambling %	Mental Health %	Physical health %	Smart phone use %	Social Media Use %	Social isolation %	Stress/ Anxiety %	Substance use %
Age of child											
5-10	38.6	52.6	16.8	2.2	34.3	20.1	27.4	24.0	18.2	36.3	10.2
11-14	41.6	61.3	13.2	1.8	53.2	30.1	59.2	53.2	32.4	58.0	8.9
15-18	22.3	57.9	14.9	3.6	45.4	20.0	60.6	51.5	26.9	56.4	13.6
19+	25.0	55.2	19.9	4.4	48.5	25.7	35.3	33.1	27.9	44.9	19.1

The green highlight indicates a higher percentage when compared to average rates of full sample

Among the 5 highest ranked areas, parents of 11-14 and 15-18 year olds express the highest level of concern.



For the next 5 areas, level of concern varies with the issue and the age group of the child - with bullying there is more concern among younger children, for social isolation and physical health concerns are highest for 11-14 years olds, and for discrimination



Trusted Adult

Seventy-two percent of parents believe their child has a trusted adult, while 21% are unsure and 6% do not believe their child has one. The lowest percentage of parents reporting "yes" occurs among 11- to 14-year-olds.

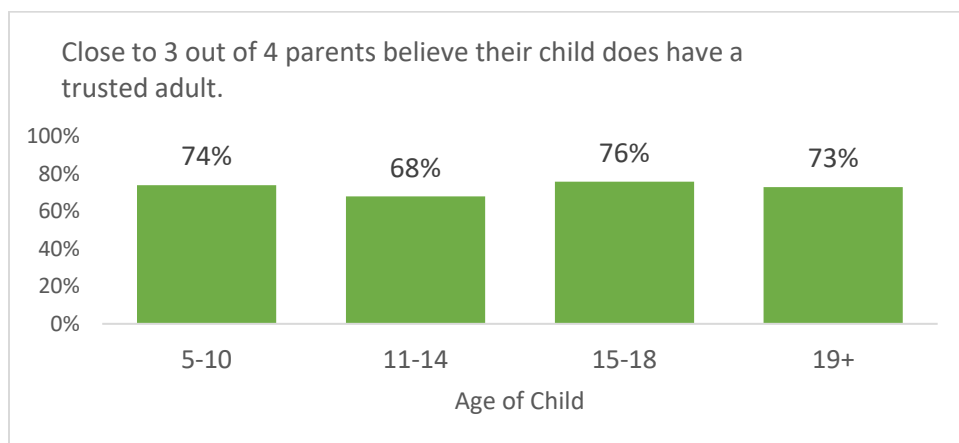
Table 36. Trusted Adult

Does YOUR CHILD have a trusted adult (besides a parent/guardian) who they would seek help from if they had a problem in their life?	%
Yes	72.4
No	6.42
Not sure	21.2

Table 36a. Trusted adult by Age of Child

% Trusted Adult	Yes %
Age of child	
5-10	73.7
11-14	67.9
15-18	75.8
19+	73.0

The green highlight indicates a higher percentage when compared to average rates of full sample



Knowledge of Mental Health & Substance Use Supports for Child

Thirty-three percent of parents are unsure or unaware of where to seek help for a child experiencing a mental health issue. For substance use issues, 65% are unsure or unaware of where to seek help. Parents of older youth are more likely to know where to get help for both mental health and substance use issues.

Table 37. Knowledge of Where to Get Help

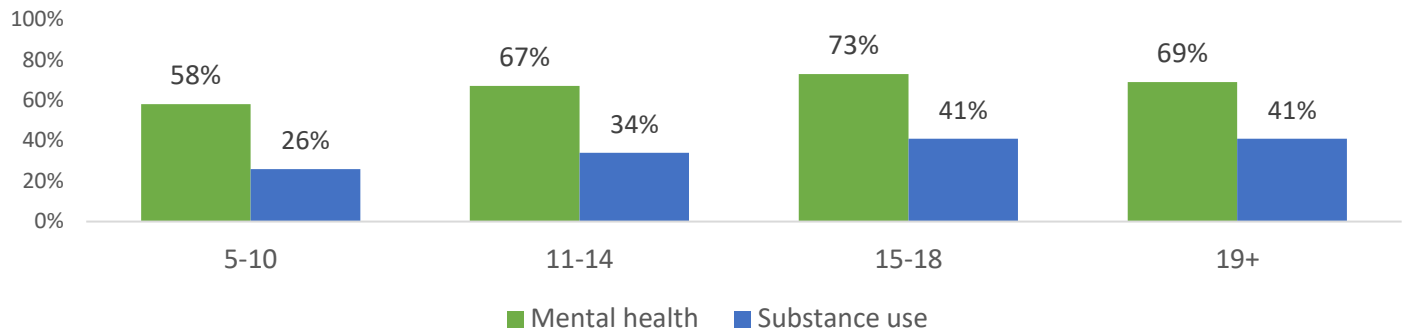
Do you know where to go for help if:	Yes %	No %	Not sure %
YOUR CHILD is struggling with a mental health issue?	67.0	13.8	19.2
You are concerned about YOUR CHILD’s substance use? (i.e. alcohol, cannabis or marijuana, nicotine, etc.)	35.1	46.8	18.1

Table 37a. Knowledge of Where to Get Help by Age of Child

% who know where to get help	Substance use issue %	Mental health issue %
Age of child		
5-10	26.4	58.1
11-14	33.5	67.1
15-18	40.6	73.2
19+	41.2	69.3

The green highlight indicates a higher percentage when compared to average rates of full sample

1 out of 3 parents are UNSURE or UNAWARE about where to get help if their child is struggling with a mental health issue and 2 out of 3 parents are UNSURE or UNAWARE about where to go for substance use issues.



Child's Perceived Mental Health

Sixteen percent of parents reported that they believe their child struggled with persistent anxiety in the past year, and 10% with persistent depression. These rates increase with the child's age.

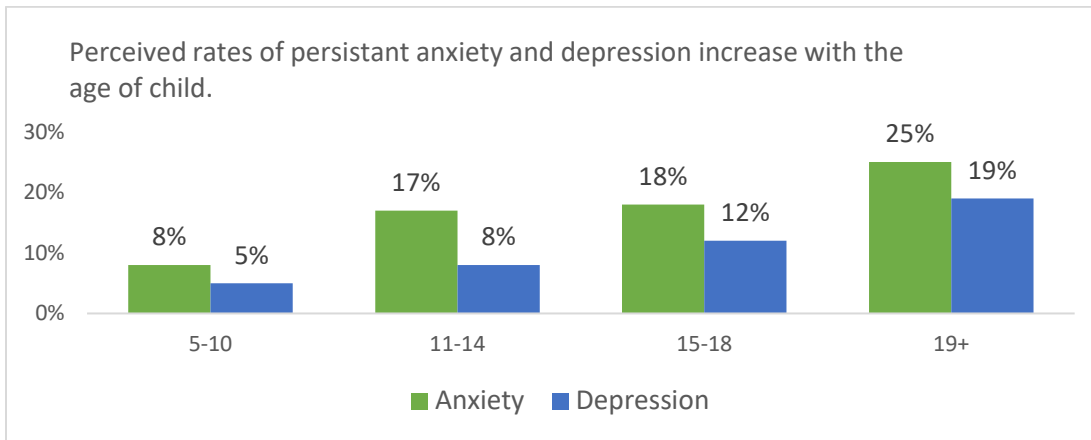
Table 38. Child's Perceived Mental Health

During the past 12 months, did YOUR CHILD...	Yes %	No %	Not sure %
ever feel so anxious almost every day for two weeks or more in a row that they stopped doing some usual activities?	16.3	79.0	4.8
ever feel so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities?	10.3	83.1	6.7

Table 38a. Child's Mental Health by Age of Child

% who report persistent anxiety and depression by age of child	Persistent anxiety %	Persistent depression %
Age of child		
5-10	7.8	4.5
11-14	17.0	7.8
15-18	18.2	12.1
19+	24.8	19.0

The green highlight indicates a higher percentage when compared to average rates of full sample



Family Norms

Most parents report positive family norms, including monitoring their child's whereabouts (92%), communicating effectively (90% to 95%), preventing underage drinking at home (90%), and modeling appropriate behaviors (95%). Rates decrease as children get older.

Table 39. Family Norms

Please choose the response that best describes how you feel for each of the statements listed below:	Strongly Disagree %	Disagree %	Agree %	Strongly Agree %	Not applicable %
When MY CHILD goes out, I know where they are and who they are with.	3.6	4.0	27.3	56.6	8.5
If MY CHILD had an important concern about drugs, alcohol or some other serious issue, they would talk to me about it.	1.4	7.4	49.8	31.6	9.8
I take steps to ensure that MY CHILD and their friends do not drink alcohol in our home.	1.5	5.5	19.0	44.2	29.8
In my own choices about using drugs and alcohol, I have considered the behavior I am modeling for MY CHILD.	1.4	2.9	36.4	52.6	6.8
I feel comfortable having age-appropriate conversations with MY CHILD about important issues including mental health, substance misuse, other risky behaviors, etc.	1.9	3.2	24.2	64.5	6.2

Table 39a. Family Norms, Agree/Strongly Agree Only

Please choose the response that best describes how you feel for each of the statements listed below: (Calculated excluding NA responses)	Strongly Agree/ Agree %
When MY CHILD goes out, I know where they are and who they are with.	91.7
If MY CHILD had an important concern about drugs, alcohol or some other serious issue, they would talk to me about it.	90.2
I take steps to ensure that MY CHILD and their friends do not drink alcohol in our home.	90.0
In my own choices about using drugs and alcohol, I have considered the behavior I am modeling for MY CHILD.	95.4
I feel comfortable having age-appropriate conversations with MY CHILD about important issues including mental health, substance misuse, other risky behaviors, etc.	94.6

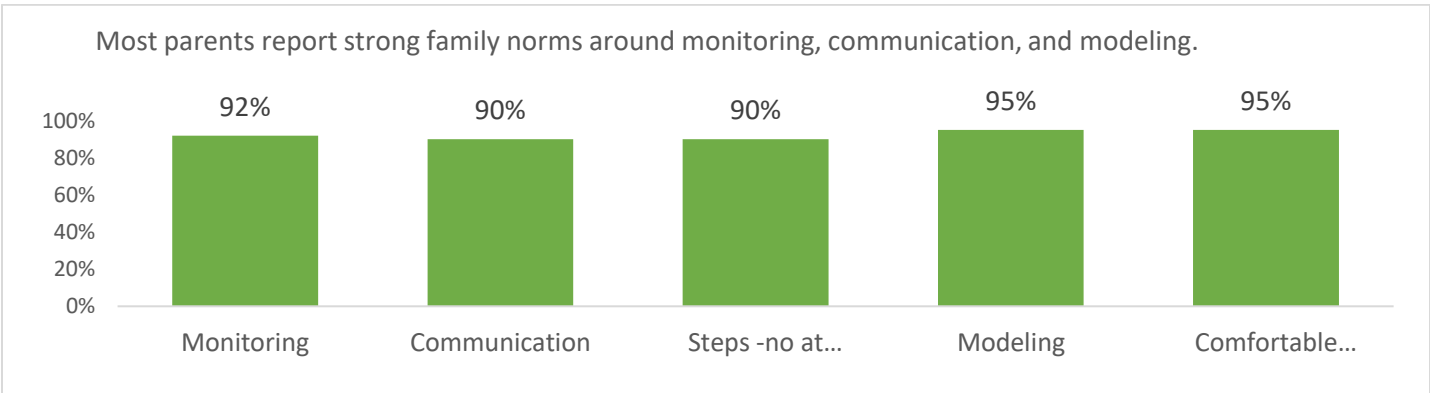


Table 39b. Family Norms by Age of Child

% Agree & Strongly Agree (Calculated excluding NA responses)	Monitoring %	Communication %	Do not drink %	Modeling %	Comfortable w/ conversations %
Age of child					
5-10	97.9	98.4	94.3	98.1	96.1
11-14	94.0	93.3	93.1	94.8	94.4
15-18	93.9	87.3	95.7	94.8	94.9
19+	76.9	81.9	72.2	91.6	83.3

The green highlight indicates a higher percentage when compared to average rates of full sample

Family Rules

The highest percentage of parents’ report having family rules regarding their child’s communication via text or social media (91%) and use of substances (92%), while the lowest rate pertains to rules about social media use (71%), gambling (75%), and gaming (77%).

Table 40. Family Rules

My family has clear rules for MY CHILD on:	Yes %	No %	Not sure or not applicable %
gambling for money or possessions (e.g. sports betting, poker, lottery, online games).	38.9	12.9	48.3
their communication with others via text or on social media, including sending or posting inappropriate pictures.	68.8	6.9	24.1
the amount of time they spend playing video games, electronic or online games.	62.9	19.3	17.9
their social media use (e.g. how much time is allowed, which social media apps are allowed).	50.9	20.6	28.5
using substances including alcohol, marijuana and nicotine.	64.0	5.2	30.8

Table 40a. Family Rules, Yes/No Only

My family has clear rules for MY CHILD on: (Calculated excluded 'not sure or na' responses)	Yes %	No %
gambling for money or possessions (e.g. sports betting, poker, lottery, online games).	75.1	24.9
their communication with others via text or on social media, including sending or posting inappropriate pictures.	90.9	9.1
the amount of time they spend playing video games, electronic or online games.	76.6	23.4
their social media use (e.g. how much time is allowed, which social media apps are allowed).	71.2	28.8
using substances including alcohol, marijuana and nicotine.	92.4	7.6

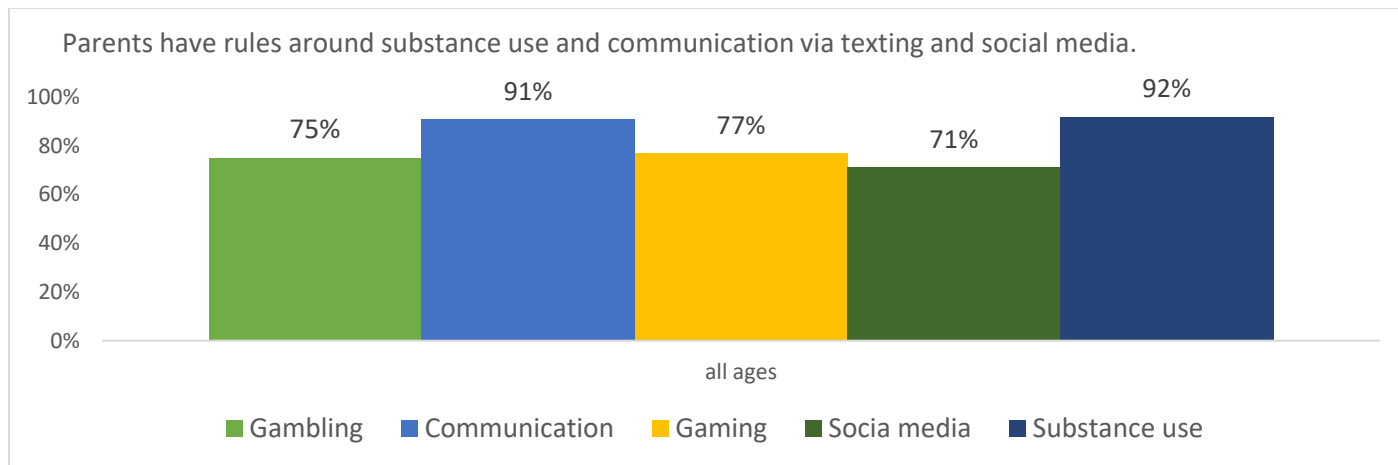


Table 40b. Family Rules by Age of Child

% Yes	Gambling %	Communication %	Gaming %	Social media %	Substance use %
Age of child					
5-10	20.3	41.2	75.1	36.4	28.8
11-14	40.6	90.7	81.9	72.8	75.1
15-18	57.4	87.8	59.7	61.2	91.3
19+	33.6	42.2	21.8	19.4	52.6

The green highlight indicates a higher percentage when compared to average rates of full sample

Appendices

Appendix A

Comparison of parent and youth responses around mental health, family rules, and family norms.

Table A1. Anxiety and Depression, Youth Reported

During the past 12 months, did YOUR CHILD...	New Canaan Parents %	2023 Darien Youth, 6-12 grade %	2023 Greenwich Youth, 7-12 grade %
ever feel so anxious almost every day for two weeks or more in a row that they stopped doing some usual activities?	16	24	27
ever feel so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities?	10	21	24

Table A2. Clear Rules, Youth and Parent Reported

Parent: My family has clear rules for my child(ren) about the following: Youth: My parent/guardian has clear rules about the following:	NC Parents %	Darien Parents %	Darien Youth, 6-12 %
Gambling for money or possessions (e.g. sports betting, poker, lottery, scratch off tickets, online games).	39	54	70
Their communication with others via text or on social media, including sending or posting inappropriate pictures.	69	92	71
The amount of time they spend playing video games, electronic or online games.	63	69	63
Their social media use (amount of time, which Apps are allowed/not allowed)	51	69	55

Table A3. Family Norms, Youth and Parent Reported

Parents: I am/know Youth: My parent/guardian is/knows (Strongly Agree/Agree)	NC Parents %	Darien Parents %	Dairen Youth, 6-12 %
where my child is and who they are with when they go out. My parent knows where I am and who I am with when I go out.	92	99	90
take steps to ensure that underage youth do not drink alcohol in our house.	90	93	77

Appendix B

Life satisfaction compared to type and level of community involvement.

Table B1. Life Satisfaction, Overall & No Community Involvement

Overall, how satisfied are you with your life nowadays?	All respondents w/some involvement %	Volunteer Involvement %	Faith-based or community Involvement %	Sport/Rec Involvement %	No Community Involvement %
Not at all satisfied/A little bit satisfied	3.3	2.4	2.6	2.4	8.0
Somewhat satisfied	11.1	9.7	10.5	10.0	10.9
Mostly satisfied	50.7	49.9	49.8	52.3	50.7
Very satisfied	34.9	38.0	37.1	35.3	30.4

Table B2. Well-Being, Overall & No Community Involvement

Please indicate in each of the five statements which is closest to how you have been feeling over the last two weeks. Over the <u>past 2 weeks</u> :	All Respondents %	No Community Involvement %
I have felt cheerful and in good spirits	65.8	60.1
I have felt calm and relaxed	44.9	47.8
I have felt active and vigorous	51.7	46.7
I woke up feeling fresh and rested	39.2	40.4
My daily life has been filled with things that interest me	54.2	49.6

Appendix C

Responses around four issues comparing those who have a child at home to those who do not.

Table C1. Community Norms

Please choose the response that best describes how you feel for each of the statements listed below: % Agree/Strongly Agree	Child at Home %	No Child at Home %
In New Canaan, it is possible to reduce alcohol and other drug problems through prevention.	83.3	86.1
Alcohol and other drug prevention programs are a good investment for the community.	92.2	94.3
Drinking alcohol is a normal part of growing up.	48.9	50.4
Using marijuana (cannabis, THC, weed) is a normal part of growing up.	17.5	23.0

Table C2. Substance Use Laws

How familiar are you with... % Unfamiliar	Child at Home %	No Child at Home %
the Connecticut Social Host Law that makes it illegal for any adult to provide a place for youth under age 21 to drink or use marijuana?	30.8	27.2
the Connecticut law that requires the minimum age for purchasing tobacco and vaping products to be 21?	16.7	12.0
the Connecticut law legalizing retail cannabis (marijuana, THC, weed, edibles) use for adults 21 years or older?	15.3	17.9

Table C3. Knowledge of Adolescent Brain

I have a good understanding of: % Agree/Strongly Agree	Child at Home %	No Child at Home %
the effects that nicotine (includes vapes or pouches) has on the teenage brain.	83.6	83.7
the effects that using marijuana or THC products has on the teenage brain.	84.4	83.4
the effects that drinking alcohol has on the teenage brain.	89.3	88.0

Table C4. Access to Substances

How easy or hard do you think it would be for New Canaan youth (under 21) to get... % Easy/Very Easy	Child at Home %	No Child at Home %
Alcohol from their own home or a friend's home	94.6	96.4
Alcohol from somewhere else	75.9	84.9
Marijuana (i.e. cannabis, THC, weed, edibles)	74.9	86.2
Vaping devices with nicotine (i.e. vapes, e-cigs, Puff Bars, Blu, JUUL)	88.0	88.3
Prescription drugs not prescribed to them	63.9	63.6
Tobacco or Cigarettes	85.4	88.4

Endnotes

ⁱ A **low sample size** can impact survey results in several ways:

- a. **Reduced Statistical Power:** With a smaller sample size, the survey has less power to detect true differences or relationships between variables. This means that even if there is a real effect or trend in the population, the survey might not have enough data to demonstrate it as statistically significant.
- b. **Increased Margin of Error:** A smaller sample size leads to a larger margin of error, which makes the survey results less precise. The estimates you get from a survey with a low sample size are more likely to vary from the true population values.
- c. **Greater Risk of Bias:** With fewer respondents, the sample may not accurately represent the population. If certain groups are underrepresented, the survey results can be biased, making them less generalizable.
- d. **Less Robust Conclusions:** Any conclusions drawn from a small sample size are weaker and harder to generalize to the wider population. This makes it difficult to confidently use the data for making policy or program decisions.

ⁱⁱ A **statistically significant** difference indicates that one group's responses are reliably different from another's based on statistical testing, calculated at a 95% confidence level ($p < 0.05$). This means there's less than a 5% probability that the difference occurred by chance. However, statistical significance does not always equate to importance or relevance—it is up to the reviewer to interpret the results' practical significance. Conversely, responses with no statistically significant difference, which indicates that the two items being compared are not significantly different, does not necessarily mean that they are unimportant.

ⁱⁱⁱ A **weighted average** is used to calculate the average rating or response to a question, where different answer choices are assigned varying levels of importance or "weights." This approach is common for questions with rating scales or for responses that should impact the average based on their assigned weight.

To calculate a weighted average, each response choice is multiplied by its weight, and the results are summed. This total is then divided by the sum of the weights. This method allows more influential responses (higher weights) to have a greater impact on the final average, which can be useful when analyzing questions where certain responses are intended to carry more significance. For example, in a satisfaction survey, if a response of "Very Satisfied" is assigned a weight of 5, while "Somewhat Satisfied" is assigned a 3, "Neutral" a 2, and "Not Satisfied" a 1, the weighted average will reflect the stronger impact of higher satisfaction levels in the results.



The New Canaan Behavioral Health Alliance (NCBHA) encourages, develops and supports a greater community awareness of behavioral health issues and resources in our area. Through community partnering, the Alliance’s mission is to improve access to behavioral health care for New Canaan residents seeking help.

As of this report’s publishing, the Alliance includes 30+ organizations. Our website is www.newcanaanbha.org.

Special thanks to the Town of New Canaan for funding this important community survey.