UNDERSTANDING THE VALLEY REGION

A Community of Well-Being
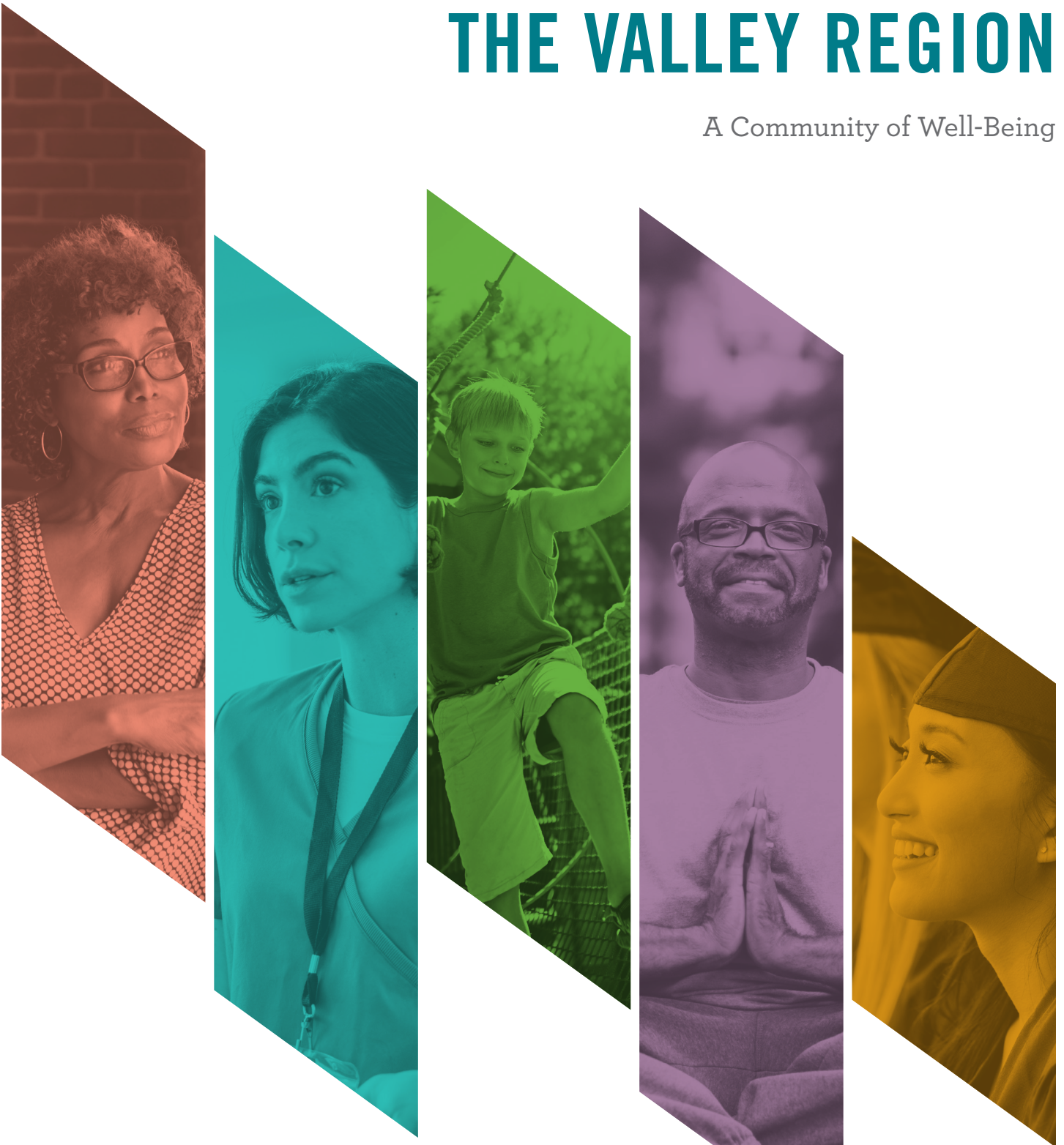
Understanding the Valley Region: 2022 Valley Community Index

Produced by the Valley Community Foundation and DataHaven, October 2022

A Message from the Valley Community Foundation

What a difference three years has made in the cycle of the Valley Community Index process! No sooner had we launched the previous Index in October 2019, then COVID-19 was upon us. Gone were plans for numerous in-person listening and community input sessions. In its place were quarantines, virtual meetings, and tremendous uncertainty. Hope for a swift end to the pandemic was replaced with months and then years of questions about how to move forward – all the while surrounded by the tragic loss of life here and around the world.

We have come to understand that health and wellbeing extends to sources within and beyond one's control. The pandemic brought into focus how the social determinants of health, such as diet, smoking, and exercise as well as access to transportation, employment, public safety, and more, can have a lasting impact on quality of life. Simultaneously, we have also come to know the serious equitable disparities within our communities that affect everyone.

Created once again in partnership with DataHaven, this report reflects the most recent in-depth data that examines the social, economic, and physical health of the Valley region. Throughout this process, regional leaders from a range of organizations have come together to examine how our Valley has changed since 2019. We have also amplified the community's voice and participation through listening sessions and surveys, and this year have included special graphics and icons in the report to highlight what was learned.

Thank you to the Valley Health Advisory Committee for reinforcing the importance of comprehensive health data to foster further engagement and align current efforts and investments. Their efforts have helped focus strategic endeavors to build, sustain and enhance the quality of life in the Valley which will serve as the cornerstone for ongoing work with the Community Health Improvement Plan, (CHIP).

I want to also thank the Valley Community Foundation (VCF) Board of Directors for their continued commitment to this work. This report also received support from Griffin Health Services, and other key funders, including the region's towns and cities, who understand the role accessible data plays in the overall goal to improve the region. We are grateful for their partnership and willingness to co-create solutions to systemic challenges.

Finally, thank you to the VCF staff, especially Valerie Knight-DiGangi for her project leadership, Alison Johnson and Emily Melnick for their writing and editing, the Community Index Advisory Committee for their direction and input, and to DataHaven for its writing and data mining expertise. The generous contributions of so many talented nonprofit leaders and community members throughout the Valley demonstrates the importance that health and wellbeing has on the future of our beloved region. On behalf of all involved, I am pleased to present *Understanding the Valley Region, 2022.*

Sharon L. Closius President and CEO, Valley Community Foundation

i.01 Life satisfaction
Share of Valley adults mostly or completely satisfied with life, 2021
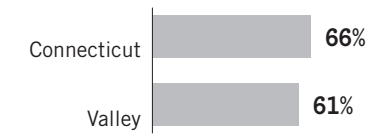
Connecticut	66%
Valley	61%

Valley, by gender

Male	61%
Female	62%

Valley, by age

Ages 18–34	58%
Ages 35–49	56%
Ages 50–64	63%
Ages 65+	68%

Valley, by race/ethnicity

White	63%
Black	52%
Latino	57%

Valley, by income level

<$30K	42%
$30K–$100K	55%
$100K+	79%
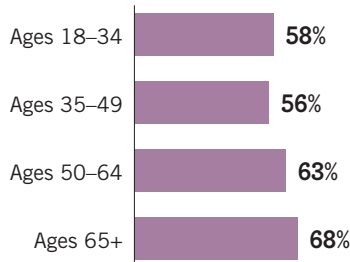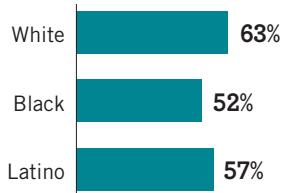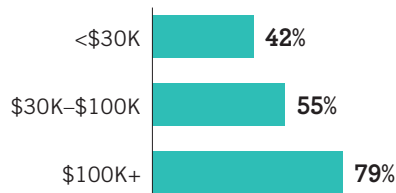
Valley, by life experience

Transportation insecure	22%
Food insecure	27%
Unemployed	28%
Housing insecure	37%
Rarely get social support	38%
Health care discrimination	40%
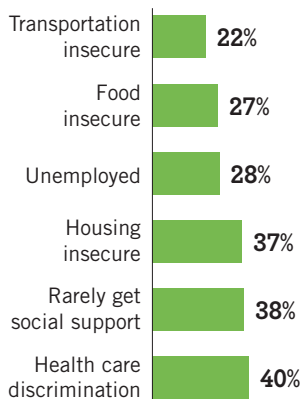
A Message from DataHaven

Understanding the Valley Region illuminates the factors that have the greatest influence on self-reported life satisfaction and happiness among Valley residents, including economic security, access to basic needs, social support, and the ability of every resident to live a dignified and healthy life. Levels of community well-being are not evenly distributed across the population or across time; this has been especially true over the past three years.

This report uses a wide array of information from federal, state, and local sources to describe conditions in the Valley. The DataHaven Community Wellbeing Survey, which produces granular data on well-being and other topics that are not available from any other public data source, is one source used throughout the document. The survey has fielded live, in-depth interviews with 45,000 randomly-selected Connecticut adults ages 18 and older since 2015, including nearly 3,000 adults living in the Valley's seven towns. Participants represent a broad range of demographic and socioeconomic statuses from every zip code, and all reported results are based on weighting their responses by age, gender, race, and geography to ensure they are statistically representative of the population as of the 2020 Census. For the estimates produced in 2021, the maximum margin of error for the Valley sample of 554 adults that year is +/- 4.8 percent. This means that in 95 out of every 100 samples of the same size and type, the results obtained from any survey question would never vary by more than 4.8 percentage points from the result obtained if an interview was conducted with every single adult in the Valley.

The data throughout this report can be a powerful tool to help identify the barriers to opportunity that prevent individuals and communities from reaching their full potential for health and well-being. Data on community well-being is particularly important because it can help leaders understand how their work across issue sectors such as housing, health, and civic life fits into a broader whole. One of the key contributors to well-being is a sense of belongingness and empowerment among residents – including their ability to layer the type of objective information in this report with their own stories, to join an ongoing dialogue with each other about making the area a better place to live, and to build consensus for community improvement.

Mark Abraham Executive Director, DataHaven

CONTENTS & KEY FINDINGS

1 A CHANGING VALLEY

Between 1990 and 2020, the Valley's non-White population increased from 6 to 23 percent.

31 percent of adults in the Valley said that they were just getting by or struggling financially.

The homeownership rate among White households in the Valley was 78 percent, but only 39 percent and 58 percent for Black and Latino households, respectively.

2 COMMUNITY HEALTH

The Valley has seen a large increase in hospital encounter rates due to behavioral and depressive conditions.

12 percent of Valley adults earning less than $30,000 a year reported not getting prescription medicines because they could not afford them.

Over one third of Valley adults know at least one person, often a close friend or family member, who has struggled with drug addiction(s).

3 EARLY CHILDHOOD AND EDUCATION

There is a severe shortage of affordable childcare options, which was made worse by centers closing as a result of the pandemic.

A Valley family with one infant and one preschooler would spend, on average, at least $23,000 per year on childcare—about 35% of the Valley's median household income.

People with a high school degree or less have three times the rate of food insecurity than those with a bachelor's degree or higher, and over twice the rate of housing insecurity.

4 SENIORS AND AGING

Since 1990, the population of adults 80 and older has more than doubled in the Valley.

The annual median costs for homemaker services and home health aides was over $64,000 for full time weekday care.

20 percent of older adults did not think their homes had the physical features to be suitable to age in place.

5 ECONOMIC OPPORTUNITY

The average wage of a job located in the Valley was about $69,000 in 2020, almost $8,000 less than the state average.

The region's labor force is 2 percent smaller than it was in March 2020.

Lack of access to reliable transportation is particularly high among residents with disabilities.

6 COMMUNITY LIFE IN THE VALLEY

Valley residents demonstrate high levels of civic engagement.

Almost three-quarters of Valley residents reported feeling that there are good parks in their area.

Over three-quarters of Valley residents trust their neighbors.

INTRODUCTION

The Valley is a community of Connecticut towns located in New Haven and Fairfield Counties. It lies along the Housatonic and Naugatuck Rivers and is connected to city centers along I-95 between New York and New Haven, as well as along Route 8 to Waterbury. The Valley's legacy of agricultural and industrial production arises from its location along two major rivers. Today, the economy of the Valley communities is significantly influenced by the continued development along the Route 8 corridor, which has resulted in both opportunities and challenges. We define the Valley as the seven towns of Ansonia, Beacon Falls, Derby, Naugatuck, Oxford, Seymour, and Shelton.

The University of Connecticut Center for Population Research has suggested that each of Connecticut's 169 towns belongs to one of five categories: wealthy, suburban, rural, urban periphery, or urban core. These "Five Connecticuts" are determined by population density, income levels, and economic hardship; each category faces unique opportunities and challenges.

In the Valley, Ansonia, Derby, and Naugatuck contain the diverse neighborhoods and manufacturing legacies that are common to urban periphery towns throughout Connecticut. Beacon Falls and Seymour share some of the characteristics of rural towns, while Oxford and Shelton are more typical of higher income suburban areas. Given this variety, the Valley is a microcosm of Connecticut as a whole. This report highlights those similarities by comparing the Valley to Connecticut on key indicators.

The Valley has a common history and identity, and each of its towns has its own unique characteristics. The Valley's demographics and economy are constantly changing in response to outside forces; these changes affect the Valley's neighborhoods in different ways. Younger workers, single adults, and other households would prefer to rent for economic or lifestyle reasons. In other neighborhoods, newer homes and larger lots continue to attract homeowners with high incomes. The variety of neighborhoods and residents who choose to live there help make the Valley a resilient community with a rich tradition of immigration and migration.

Though community fabric in the Valley is strong, from its farms and forests to its urban cores and thriving business districts, disparities exist between residents and communities within the Valley. As some people move into new housing developments and apartment complexes, others remain in aging homes. Some have ample healthcare while others struggle to obtain basic care. Some live comfortably with well-paying jobs while others search for employment or must work two or three jobs to maintain a basic quality of life.

The Valley's older population continues to grow, and many are still working into their seventies and beyond. The younger population, particularly in the Valley's more urbanized areas, is more diverse than ever before.

ABOUT THE ICONS IN THIS REPORT

Equity in the Valley

According to the National Association of Colleges and Employers, the term "equity" refers to fairness and justice and is distinguished from equality: whereas equality means providing the same to all, equity means recognizing that we do not all start from the same place and must acknowledge and make adjustments to imbalances. The process is ongoing, requiring us to identify and overcome intentional and unintentional barriers arising from bias or systemic structures.[1]

Here in the Valley, we recognize the impact that systemic, institutional and historical barriers have played, and continue to play, in creating the economic, health, and educational disparities that exist between different populations of people in our community. Resources such as DataHaven's Lower Naugatuck Valley Equity Profile illuminate the depth of disparities that exist in our community.[2]

We hope that the data contained in this report will assist readers in recognizing, addressing and dismantling these barriers so that greater equity may be achieved and all Valley residents are able to reach their highest potential. We have incorporated references to equity issues where appropriate. These references are marked with the equity icon shown above.

COVID-19

The emergence of the SARS-CoV-2 (COVID) global pandemic has seriously impacted and changed the health and life of countries and communities across the globe. The full course of the COVID pandemic and its ramifications are continuing to unfold in unexpected ways, and the future trajectory of the illness is unknown, including the serious lingering health issues that some individuals face after having had the virus (known as "long COVID").

While a detailed examination of the effects of the COVID pandemic on community life in the Valley is outside the scope of this report, we have incorporated references to its consequences where appropriate. These references are marked with the COVID icon shown above.

Community Listening Sessions

In order to have community voice further amplified in this process, the Valley Health Advisory Committee conducted a series of Community Listening Sessions throughout the region during the summer of 2022. The information that was shared is identified by the listening session icon shown above.

1 A CHANGING VALLEY

The Valley's population is projected to increase slightly by 2035. Future population growth is expected to be driven by seniors, with implications for healthcare delivery, transportation, and housing, among other aspects of life in the Valley.

The Valley is also becoming more racially diverse, although this shift is not equal across the region. This increase is driven by both an increasingly diverse younger population and immigration from outside the United States during the past decade.

A note about terminology: When discussing increasing diversity, this report considers both race and ethnicity. Racial groups discussed include White, Black, and Asian. Ethnicity refers to cultural factors of an individual, based on origin—including nationality, religion, or language. Latino is an ethnicity. In this report, we will refer to racial or ethnic minorities as people who do not identify as non-Latino White. This group includes people who do not identify racially as White, as well as all people who identify ethnically as Latino, regardless of their race.

Who lives in the Valley?

As of the 2020 Census, the total population in the Valley was 139,085 residents.[3] This represents an increase of 0.2 percent since 2010, which was similar to the slow rate of growth in Connecticut overall.

About 77 percent of the Valley's population is White, a larger share than Connecticut's share of 63 percent.[4] The Valley is less racially diverse than the surrounding Fairfield and New Haven Counties. More than 16,000 Valley residents are immigrants, making up 12 percent of the population.[5]

Children and older adults make up an equal share of the Valley's population: 19 percent of the Valley's residents are children under age 18, and 19 percent are seniors ages 65 and over. These are about the same shares as Connecticut overall.[6]

The Valley is becoming more racially diverse, although this shift is not equal across the region.

1.01 **Share of population by race/ethnicity** 2020

Legend:
- Other
- Asian
- Latino
- Black
- White

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
Other	3%	3%	3%	1%	4%	4%	1%	1%	2%
Asian	5%	3%	1%	<1%	2%	2%	2%	2%	5%
Latino	16%	12%	22%	6%	21%	13%	7%	10%	9%
Black	10%	5%	12%	1%	6%	8%	1%	1%	2%
White	66%	77%	62%	92%	67%	72%	89%	85%	82%

Valley, by town
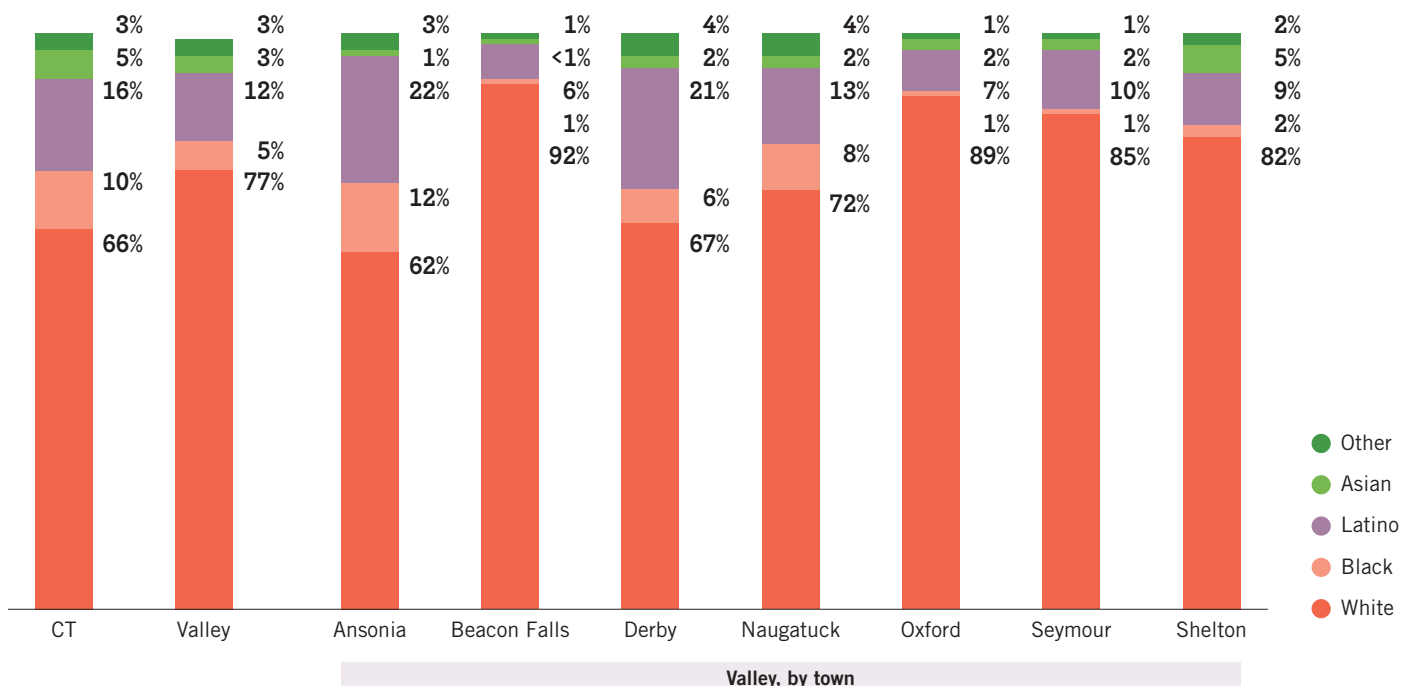
Are all households able to make ends meet in the Valley?

Some families in the Valley struggle to make ends meet. While the Valley's median annual income of $81,633 is slightly above the statewide average, there are significant disparities in income levels between towns. For example, the median household income of Oxford at $106,089 is twice that of Ansonia, which at $53,709 is far below the statewide average of $79,855.[7]

Racial disparities in outcomes related to education, employment, and wages result in disparate household-level incomes and overall wealth. Households led by Black and Latino adults average lower incomes than White households.

Over the past 40 years, neighborhood income inequality has grown statewide. The share of the population living in wealthy or poor neighborhoods has increased and the population in middle income areas has declined in a process known as "economic sorting," which often leads to further disparities in access to economic opportunity, healthy environments, and municipal resources.

1.02 Median household income and low-income rate 2020

	Median household income	Low-income rate, all ages	Low-income rate, ages 0-17
Connecticut	$79,855	22%	29%
Valley	$81,633	19%	24%
Valley, by town			
Ansonia	$53,709	33%	43%
Beacon Falls	$83,841	14%	–
Derby	$58,534	32%	60%
Naugatuck	$77,967	18%	29%
Oxford	$106,089	8%	–
Seymour	$80,396	17%	–
Shelton	$98,873	14%	–

1.03 Median household income by race/ethnicity of head of household 2019

$91,000

$96,000

$78,000

$63,000

$78,000

CT · Valley · White · Black · Latino

Valley, by race/ethnicity

Households led by Black and Latino adults average lower incomes than White households.

Using the Federal Poverty Level as a measure, the Valley's overall poverty rate was slightly lower than that of Connecticut in 2020—7 percent versus 10 percent, respectively. The Federal Poverty Level is currently $18,310 per year for a family of two, or $27,750 for a family of four.[8]

Broadening our lens, let us look at a larger group of Valley residents who are living in households with incomes below twice the federal poverty level. These households are defined as "low-income." The low-income rate for the Valley is currently 19 percent, which is lower than the statewide rate of 22 percent. However, these rates vary significantly by town, with low-income rates of 33 percent in Ansonia and 32 percent in Derby.[9]

Throughout Connecticut and the Valley, children are more likely to live in low-income households. The low-income rate for Valley children is 5 percentage points higher than that of residents overall.[10] These low-income residents may have jobs and places to live, but money is tight, decisions have to be made every week about which bills to pay, and the prospect of saving money for the future— let alone an emergency—is often not possible.

1.04 Poverty rate and ALICE rate Share of households by town, 2018

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
Poverty	10%	8%	16%	4%	13%	8%	2%	5%	3%
ALICE	28%	32%	37%	21%	38%	33%	21%	34%	31%

● Poverty   ● ALICE   **Valley, by town**
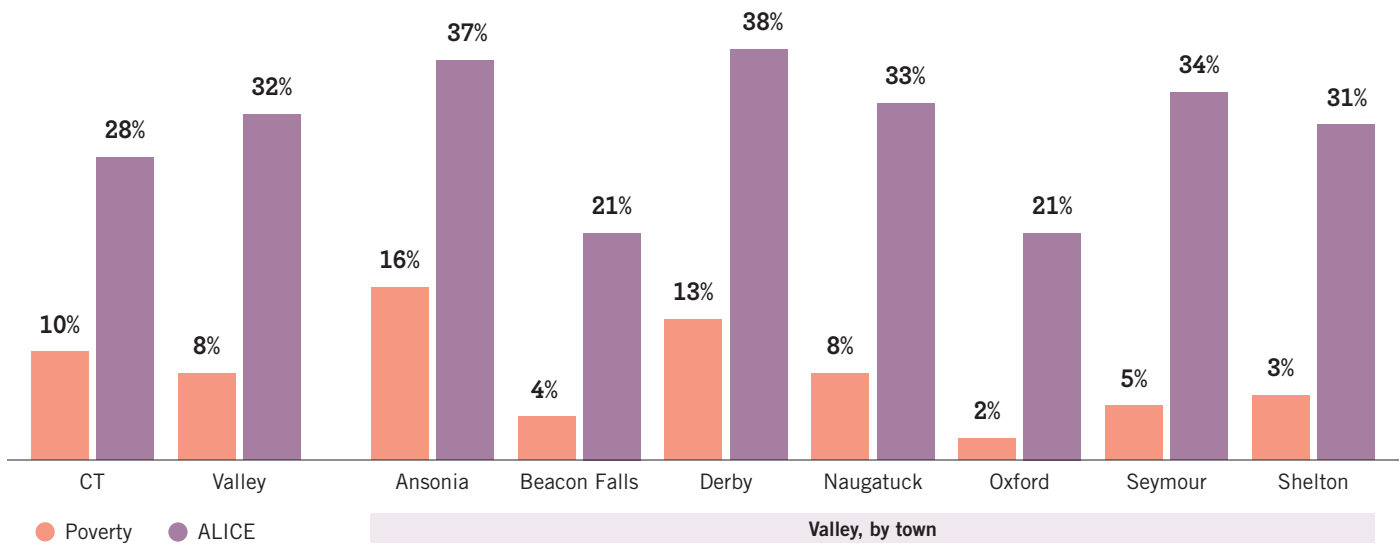
In total, 40 percent of Valley households are considered ALICE or living in poverty.

Broadening our lens still further, the United Way's ALICE Project (Asset Limited, Income Constrained, Employed), uses a "household survival budget" based on the actual costs of basic necessities such as housing, childcare, food, transportation, and healthcare for different types of households across Connecticut. These figures are used to establish an ALICE income threshold, a baseline for making ends meet. According to the most recent ALICE report, a yearly household survival budget for a single adult in Connecticut in 2018 was at least $28,908; for a family with two young children it was at least $90,660.[11]

The most recent analyses for the two United Way service areas covering the Valley (Valley United Way and United Way of Naugatuck and Beacon Falls) found that 32 percent of households are considered ALICE families, above the poverty and low-income lines but still struggling every day to satisfy their basic needs. In total, 40 percent of Valley households are considered ALICE or living in poverty, similar to the statewide share (38 percent). According to the 2021 DataHaven Community Wellbeing Survey, 31 percent of adults in the Valley said that they were just getting by or struggling financially.[12]

How do people with disabilities fare?
According to a 2019 report from the United Way of Connecticut and its research partner United For ALICE, 16 percent of state residents with disabilities were living under the Federal Poverty Level, and another 32 percent earned less than the ALICE threshold—meaning that a combined 48 percent of Connecticut residents living with disabilities had an income that does not meet basic costs. According to the 2021 DataHaven Community Wellbeing Survey, residents who reported having one or more disabilities faced much higher rates of food insecurity, transport insecurity, and other hardships.

1.05 **Financial hardship** Share of adults, 2021

	Food insecurity	Repeatedly food insecure	Housing insecurity
Connecticut	11%	7%	9%
Valley	14%	9%	9%

Valley, by gender			
Male	9%	7%	8%
Female	18%	11%	11%

Valley, by race/ethnicity			
White	12%	7%	9%
Black	28%	17%	14%
Latino	18%	18%	12%

Valley, by income level			
<$30K	38%	22%	17%
$30K–$100K	13%	9%	10%
$100K+	2%	1%	6%

Valley, by family type			
Kids in home	24%	16%	13%
No kids	9%	5%	8%

The home buying
process has a long
history of racially
discriminatory
practices that continue
to restrict access to
homeownership today.

Where do Valley residents live, and is housing affordable?

As of 2020, the Valley is home to 56,218 households.[13] Similar to Connecticut, half of the Valley's households are headed by a married couple. About 17 percent of all households are married couples with children, and 32 percent are married couples without children.

Similar to Connecticut, 29 percent of Valley households live alone and 15 percent consist of residents sharing a home with people to whom they are not related. An additional 6 percent of Valley households are single adults living with children.[14]

Household overcrowding, defined as having more than one occupant per room, is six times as likely to affect Latino households than White households.[15] Overcrowding may increase the spread of illnesses among members of the household, can make it more difficult to quarantine from infectious diseases such as COVID-19 if needed, and can be associated with higher levels of stress.

Almost three quarters (73 percent) of Valley households own their home, above Connecticut's 66 percent, although this varies by town.[16] Households with a White head of household are twice as likely to own their home than Black-led households.[17]

Nationally, purchasing a home is more attainable for advantaged groups because the home buying process has a long history of racially discriminatory practices that continue to restrict access to homeownership today. These barriers, coupled with municipal zoning dominated by single-family housing, result in de facto racial and economic segregation seen throughout Connecticut.

1.06 Homeownership rate by race/ethnicity of head of household 2020

	Connecticut				Valley		
Total	White	Black	Latino	Total	White	Black	Latino
66%	76%	40%	36%	73%	78%	39%	58%
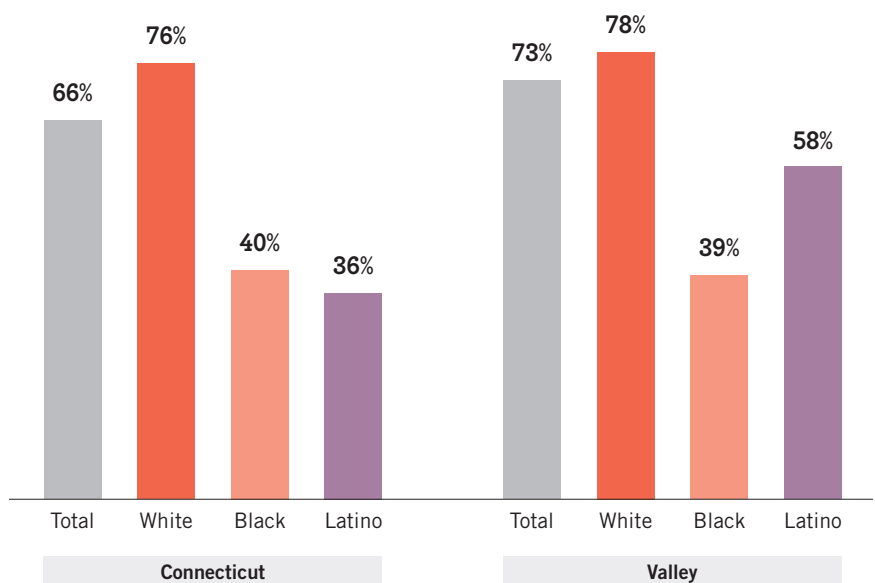
Household overcrowding is six times as likely to affect Latino households than White households. Overcrowding may increase the spread of illnesses among household members and make it difficult to quarantine if needed; it can also be associated with higher levels of stress.

In terms of volume and types of housing, there are just over 60,000 units of housing in the Valley, 69 percent of which are single-family housing units and 29 percent of which are units in multi-family structures.[18] The remaining share is made up of mobile homes, RVs, and other non-permanent types of housing. Multi-family housing is much more common in denser towns like Ansonia and Derby.

The Valley's median home value is $275,072, similar to Connecticut's median.[19] Housing costs continue to rise, due in part to municipal zoning measures that limit new construction, especially construction of apartments, to very few towns statewide. Connecticut has the seventh highest rent of the fifty-six states and territories comprising the United States, and Connecticut has among the lowest rental vacancy rates in the United States.

During the past year, many renters have seen double-digit percentage increases in their rents, which may explain why communities such as Ansonia experience high rates of transiency. Housing insecurity and the frequent residential mobility that often results are serious issues for communities and schools.[20]

Current housing costs are not affordable for many residents. A third of all households in the Valley are cost-burdened, meaning they spend more than 30 percent of their income on housing costs. Fifteen percent spend more than half of their income on housing. Cost-burden generally affects renter households more heavily than homeowner households. In the Valley, renter households are twice as likely to be severely cost-burdened than owner households.[21]

In 2021, 13 percent of Valley adults with children in the household reported not having enough money to provide adequate housing or shelter for themselves or family during the last twelve months. For people without children, that rate dropped to 8 percent. This disparity in housing insecurity between people with and without children in the household has increased since 2018, when there was essentially no difference between them.[22]

Housing insecurity and frequent residential mobility create serious issues for communities and schools.

1.07 **Monthly mean eviction rate** March–May 2022

	Mean filings	Mean filings, per 1K renters
Connecticut	2,021.0	4.3
Valley	59.0	3.9

Valley, by town		
Ansonia	14.0	4.2
Beacon Falls	–	–
Derby	8.7	4.2
Naugatuck	20.3	5.3
Oxford	–	–
Seymour	7.0	4.1
Shelton	7.3	2.2

While 285 eviction filings were made against renters in the Valley in 2021, almost that many took place just within the first five months of 2022, after eviction moratoria were lifted.

During the early months of the COVID-19 pandemic and into 2021, the federal Centers for Disease Control and Prevention and the State of Connecticut held moratoria on evictions. Since those protections ended, eviction filings have picked back up. While 285 eviction filings were made against renters in the Valley in 2021, almost that many took place just within the first five months of 2022.

Rising homeownership costs, high rents, evictions, and declining incomes can lead to housing insecurity and homelessness. While data on homelessness is difficult to collect and track, calls to 2-1-1 Connecticut (a United Way program meant to connect residents to health and community services) are a useful proxy. Statewide, housing and shelter requests were the most common category of calls to 2-1-1 from April to September 2022, with shelter requests defined as "temporary housing solutions for adults, children, and families experiencing homelessness, violence, abuse, illness, weather extremes, or other crisis events or emergencies." During this time period, there were 1,546 requests to 2-1-1 for housing and shelter originating in the seven Valley towns—approximately double the average number of requests received during the same periods of 2019, 2020, and 2021 in the Valley.[23]

Women are twice as likely to be food insecure than men, Black adults are more than twice as likely as White adults, and adults who live with children are over 2.5 times more likely to experience food insecurity than adults who do not.

Are groceries in the Valley affordable?

Of all our basic needs, being able to put food on the table every day is paramount, yet 14 percent of Valley adults were food insecure in 2021—meaning that at some point in the previous year, they lacked money to provide food for their family.[24]

The Valley has wide disparities in food insecurity: women are twice as likely to be food insecure than men, Black adults are more than twice as likely as White adults, and adults who live with children are over 2.5 times more likely to experience food insecurity than adults who do not.[25]

In 2021, 38 percent of respondents earning less than $30,000 per year and 13 percent of those earning between $30,000 and $100,000 per year reported experiencing food insecurity. For those experiencing this hardship over the last twelve months, almost half (48 percent) reported that it happened to them during some months and not others, over a third said it happened one or two months (36 percent), and less than a fifth (16 percent) said that it occurred almost every month.[26]

Since February 2020, 14 percent of respondents have received their household's groceries or meals at least in part from a food pantry, food bank, soup kitchen or other emergency food service.[27]

Data from 2021 may understate the extent of need when it comes to food insecurity, because many pandemic relief programs expired in 2022, and the cost of living has risen. For example, between the end of 2021 and summer 2022, food insecurity has risen significantly across the U.S.; in Connecticut, ongoing surveys by DataHaven find that it has doubled among families with children.[28]

Lack of consistent access to affordable, nutritious food affects health status along with the quality of life for all people at every stage of the life cycle, from infants to seniors.

Data from 2021 may understate the current extent of food insecurity, because many pandemic relief programs expired in 2022 and the cost of living has risen.

2 COMMUNITY HEALTH

The Valley is a healthy place to call home; residents demonstrate similar levels of self-reported health as peers statewide. But barriers to overall wellness still exist, including lack of access to reliable transportation, paid medical leave, education, healthy food options, and adequate childcare.

The conditions that shape a person's lifelong health are known as the social determinants of health. Understanding and addressing these social determinants of health—and the populations who are disproportionately impacted by them—is critical to improving community health across the Valley.

How long do people live in the Valley, and what are leading causes of premature death?

Life expectancy is a good proxy for overall health and well-being since it is the culmination of many other social and health factors. From 2010 to 2015, the average life expectancy in the Lower Naugatuck Valley was estimated to be 79.8 years, compared to 80.3 years statewide.[29] There are significant differences between towns in the Valley, with residents in some towns living an average of six years longer than those in other towns.

From 2015 to 2021, the Valley's five leading causes of premature death were accident and injury, cancer, overdoses and other poisoning, heart disease and stroke, and COVID-19. Overall premature death rates in the Valley were 11 percent higher than the statewide average and were particularly high for overdose deaths (21 percent higher) and heart disease (18 percent higher).[30]

2.01 Annualized average years of potential life lost before age 75
Per 100,000 residents, 2015–2021

Cause	Connecticut	Valley
All causes	6,110	6,800
All accidents and injuries	2,461	2,771
Poisoning, incl. overdose	1,303	1,578
Motor vehicle crash	409	453
Firearm, incl. homicide and suicide	267	238
All cancers	1,532	1,637
Lung cancer	308	326
Pancreatic cancer	115	160
Breast cancer	131	135
Colorectal cancer	122	107
Heart disease and stroke	1,186	1,403
COVID-19	599	683
Lung disease	348	372

From 2015 to 2021, the Valley's five leading causes of premature death were accident and injury, cancer, overdoses and other poisoning, heart disease and stroke, and COVID-19.

Most people in the Valley have been impacted in some way by COVID-19, from shutdowns in medical care to increased stress due to reduced social interaction.

Racial or gender-based discrimination, a limited understanding of basic health information and services, family social history, excessive debt, and variations in the quality of the built environment all play a role in disparate health outcomes.

What are some of the public health impacts of the COVID-19 pandemic in the Valley?

The COVID-19 pandemic has affected public health across the globe, and is without precedent in our lifetimes. Our nation has suffered incalculable losses, and most people in Connecticut and the Valley have been impacted in some way, from decreased access to medical care to increased stress due to reduced social interaction. In the Valley, over half of adults who postponed getting needed medical care in the past 12 months said they couldn't get care for reasons related to the coronavirus pandemic.

The regular rhythms of daily life have been seriously impacted during this time. Forty percent of adults in the Valley have found it more difficult to get sleep since February of 2020 when the pandemic struck, higher than the statewide rate of 23 percent. Eighteen percent of adults in the Valley consumed alcohol more often than usual since the pandemic began, about the same as the statewide rate of 17 percent.[31]

What are some of the connections between health and wealth?

While the U.S. is financially prosperous overall, its income-related health differences are among the highest of all middle- or high-income nations in the world. The country is fairly unique in the extent to which its wealthier residents (i.e., those earning $100,000 or more annually) are much more likely than more middle-income residents to obtain the critical resources they need to stay healthy.

According to the 2021 DataHaven Community Wellbeing Survey, 53 percent of the Valley's adults reported being in very good health, compared to the statewide average of 59 percent. Since 2018, there has been a decline in self-rated health compared to the rest of Connecticut, especially among middle-age adults. This measure of self-rated health is widely used, as it is one of the most reliable ways to predict a population's quality of life and lifespan.

Income and employment status often drive differences in access to healthcare, such as getting recommended preventive screenings, paying for medications, and the ability to purchase other goods and services, including adequate housing. These differences can compound over generations, as children living in higher-income households are more likely to succeed in school and obtain jobs with better benefits and greater potential for advancement. Financially stable childhoods are also associated with fewer mental health problems later in life.

Factors such as race or gender-based discrimination, a limited understanding of basic health information and services, family social history, excessive debt, and variations in the quality of the built environment—all of which can underlie income differences—also play a role in disparate health outcomes.

2.02 Health outcomes by income level Valley residents earning less than $30K vs. those earning more than $100K

64% of low-income residents

89% of high-income residents
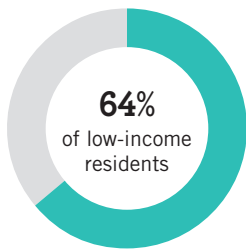
rate their overall health as excellent or good

28% of low-income residents

8% of high-income residents
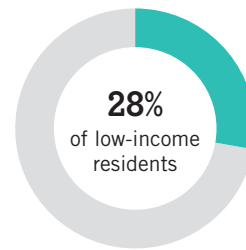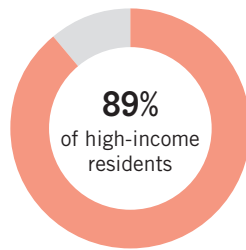
rarely or never get the social and emotional support they need

41% of low-income residents

33% of high-income residents
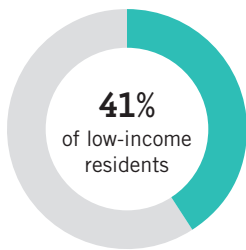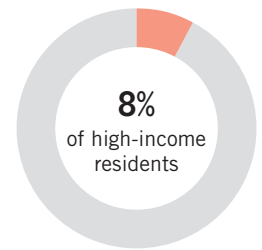
have high blood pressure or hypertension

24% of low-income residents

6% of high-income residents
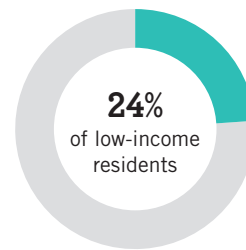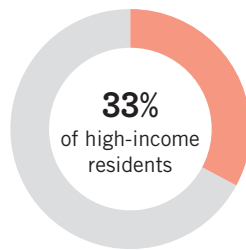
felt not at all or only a little bit happy yesterday

15% of low-income residents

8% of high-income residents
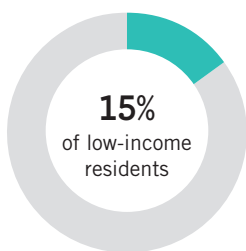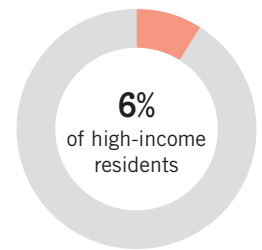
have diabetes
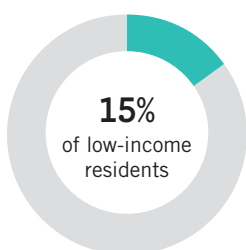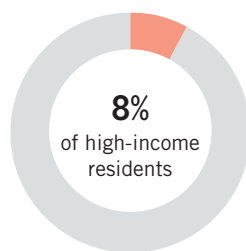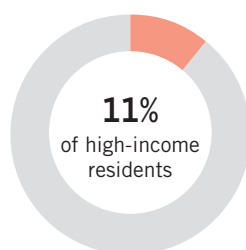
Valley residents with low incomes (earning less than $30,000 per year) have measurable differences in their health status from their higher income neighbors (earning more than $100,000 per year).

15% of low-income residents

11% of high-income residents

have asthma

2.03 Health risk factors Share of Valley adults, 2021

Obesity

	CT	Valley	White	Black	Latino	<$30K	$30K+
	30%	32%	33%	45%	21%	18%	36%

Valley, by race/ethnicity · Valley, by income level

Smoking

	CT	Valley	White	Black	Latino	<$30K	$30K+
	12%	15%	15%	8%	16%	35%	11%

Valley, by race/ethnicity · Valley, by income level

Asthma

	CT	Valley	White	Black	Latino	<$30K	$30K+
	17%	19%	17%	8%	26%	20%	19%

Valley, by race/ethnicity · Valley, by income level

Diabetes

	CT	Valley	White	Black	Latino	<$30K	$30K+
	10%	10%	10%	10%	11%	15%	9%

Valley, by race/ethnicity · Valley, by income level

No insurance

	CT	Valley	White	Black	Latino	<$30K	$30K+
	5%	5%	4%	0%	11%	8%	4%

Valley, by race/ethnicity · Valley, by income level

What are common health risks for people who live in the Valley?

According to the U.S. Centers for Disease Control and Prevention (CDC), six out of every ten adults in the U.S. live with a chronic disease, and four out of every ten have two or more related chronic conditions.[32] These conditions include heart disease, cancer, chronic lung disease, chronic kidney disease, stroke, Alzheimer's, and diabetes.

In 2021, 15 percent of adults in the Valley smoked cigarettes, compared to 12 percent statewide. Adults in the Valley also had higher rates of being overweight (72 percent, including 32 percent who classify as obese) than the statewide average (64 percent, including 30 percent who classify as obese), as well as higher rates of hypertension (37 percent, compared to 31 percent statewide). Twelve percent of Valley adults have asthma, similar to the rate statewide.[33]

Throughout Connecticut, Black and Latino adults face greater rates and earlier onset of many chronic diseases and risk factors, particularly those that are linked to socioeconomic status and access to resources. For example, diabetes is much more common among older adults than younger ones, yet middle-aged Black adults in Connecticut have higher diabetes rates than White seniors.[34]

Not surprisingly, chronic diseases have consistently ranked among the most common causes for hospitalization and emergency room visits—called "hospital encounters." However, across many health conditions, including several major chronic diseases and behavioral health conditions, Valley residents seek hospital care at lower rates than the statewide population.[35]

People of color face greater rates and earlier onset of many chronic diseases and risk factors, particularly those that are linked to socioeconomic status and access to resources.

2.04 Annualized age-adjusted hospital encounter rates Per 10,000 residents, 2018–2021

Hypertension

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
	1,229	1,086	1,347	899	1,180	1,182	877	1,251	934

Valley, by town

Mental Illness

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
	855	681	828	544	792	728	469	735	623

Valley, by town

Type 2 Diabetes

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
	679	565	795	365	690	632	339	665	468

Valley, by town

Asthma

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
	532	363	585	266	540	385	232	318	267

Valley, by town

COPD

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
	302	269	393	180	296	305	182	327	217

Valley, by town

Falls

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
	297	279	328	219	323	303	212	303	250

Valley, by town

Heart Disease

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
	295	270	304	194	274	325	216	331	235

Valley, by town

Substance Abuse

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
	192	147	215	101	205	172	69	143	113

Valley, by town

Alcohol

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
	189	164	251	97	208	175	107	162	136

Valley, by town

COVID-19

	CT	Valley	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
	122	113	142	81	139	113	60	115	113

Valley, by town

2.05 **Barriers to healthcare** Share of Valley adults, 2021

	No medical home	Delayed medical care	Didn't get medical care
Connecticut	11%	30%	11%
Valley	14%	32%	14%

By gender			
Male	16%	27%	8%
Female	11%	36%	18%

By race/ethnicity			
White	11%	32%	11%
Black	11%	24%	19%
Latino	34%	37%	21%

By income level			
<$30K	24%	44%	21%
$30K–$100K	12%	32%	14%
$100K+	12%	27%	10%

By family type			
Kids in home	18%	37%	12%
No kids	10%	29%	14%

A larger number of residents missed or delayed needed health care in 2020 and 2021 when compared to 2018, likely because of shutdowns and concerns over the risk of contracting COVID-19.

How accessible is health care in the Valley?

Health-related challenges begin with access to care. In 2021, the DataHaven Community Wellbeing Survey found the percentage of uninsured adults in the Valley was equal to that of Connecticut overall (5 percent).[36]

Nearly all seniors in the Valley have health insurance, primary through Medicare. Due to differences in workplace benefits, income, and eligibility factors, Black and especially Latino adults are less likely to have health insurance than White adults. Younger adults—particularly Latinos—are more likely to lack health insurance than their elders.

Having health insurance, however, does not guarantee timely or high-quality medical care. Fourteen percent of adults are without a medical home, meaning they have no consistent doctor or health care provider that they rely upon. Lower-income adults are twice as likely to have no medical home than middle- and high-income adults, and 41 percent of those earning under $30,000 per year have not seen a dentist in the past year.[37]

Women, lower-income adults, and adults living with children are more likely than others to delay or forgo medical care. Over one-fifth (21 percent) of those earning under $30,000 per year reported not getting care when they needed it in the last year, as opposed to 14 percent overall in the Valley and 10 percent of those earning over $100,000 per year.[38]

A larger number of residents missed or delayed needed health care, including dental care, in 2020 and 2021 when compared to 2018.[39] This is likely because some residents could not get to preventive and illness-related appointments due to shutdowns and concerns over the risk of contracting COVID-19.

Due to differences in workplace benefits, income, and eligibility factors, Black and especially Latino adults are less likely to have health insurance.

In a Community Listening Session, residents conveyed their concerns about the lack of access to pediatricians, health care specialists, and dentists. Affordability of health care services was also a concern, along with the desire to see more health care services available for people under the age of 65.

Adults experiencing financial insecurity, and particularly those who did not have good access to transportation, were several times more likely to be frequent users of the emergency room.

What are some of the impacts of the cost of medical care and prescription drugs?

Lacking affordable medical care may play a role in residents relying on the emergency room. According to the 2021 Community Wellbeing Survey, 17 percent of Valley adults reported receiving care in a hospital emergency room at least once.[32] Adults experiencing financial insecurity, and particularly those who did not have good access to transportation, were several times more likely to be frequent users of the emergency room.[40]

Cost also impacts Valley residents' ability to access needed medication. According to the 2018 DataHaven Community Wellbeing Survey, 12 percent of Valley adults earning less than $30,000 a year reported not getting prescription medicines they needed because they could not afford it, compared to 7 percent in the Valley overall and just 4 percent earning over $75,000 a year.

What are indicators of maternal and infant health in the Valley

A person's infant health outcomes—beginning with proper maternal health—greatly impact that person's health later in life. Most pregnant people in the Valley have access to prenatal care. Pregnant women received late or no prenatal care in only 4 percent of the live births between 2016 and 2018. However, for Black and Latina mothers, this was 7 percent.[41]

The two most significant causes of infant mortality are birth defects and conditions related to premature birth or low birthweight. Birth defects have many causes, some of which are unknown; risk factors during pregnancy may include a lack of folic acid, alcohol use, smoking, obesity, and uncontrolled diabetes. The causes of premature birth and low birthweight are also complex, and some arise from health inequities, such as a lack of adequate prenatal care, poor nutrition, and factors related to chronic diseases.

The share of pregnant women who receive late or no prenatal care is higher among Black and Latina mothers than among the population overall.

2.06 Maternal Deaths by Race/Ethnicity Connecticut, 2021

66.5% 10.6%   16.8% 4.9%

Percent of population

51.2%   19.8%   25.6% 3.5%

Maternal deaths as a percent of total maternal deaths

● White   ● Black   ● Latino   ● Asian
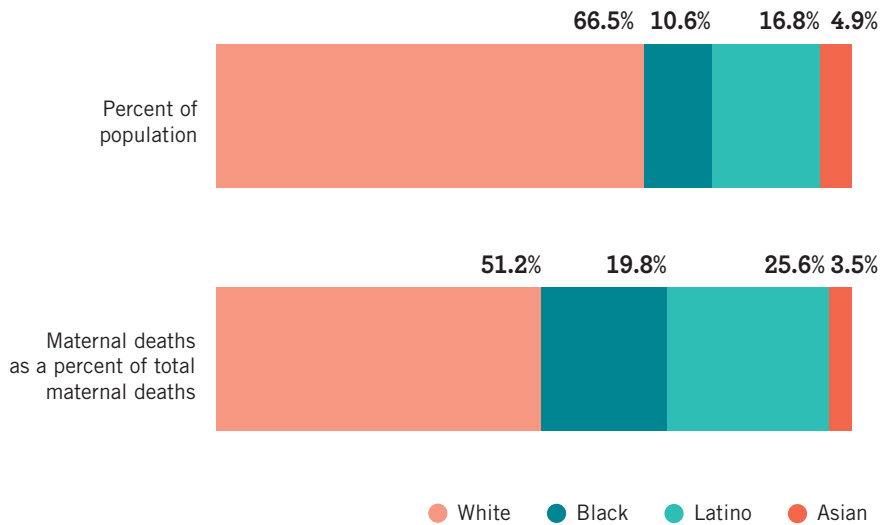
In an analysis compiled by the Naugatuck Valley Health District, there is a disparity in the percentage of maternal deaths by race/ethnicity in Connecticut, compared against each group's percent of the overall population.[42]

The rate of low birthweight babies (defined as babies that weigh under about five and a half pounds) was also higher among Black and Latina mothers than White mothers in the Valley.

While infant mortality occurred in 4.6 out of every 1,000 live births statewide from 2016 to 2018, statewide rates were more than three times as high for Black parents (9.5 per 1,000) than for White parents (3.1 per 1,000).[43] In 2016-2018, the rate of infant mortality in the Valley was 5.2 per 1,000 live births, which was statistically similar to the statewide average. Parents of color have more complications related to birth and pregnancy than White parents, including increased levels of maternal mortality and morbidity.

Parents of color have more complications related to birth and pregnancy than White parents, including increased levels of maternal mortality and morbidity.

In Community Listening Sessions, participants raised concerns about mental health and stress management across all age groups, from young children to seniors. They also expressed a need for greater availability of suicide prevention programs and grief counseling.

Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment.

How do Valley residents fare in terms of their behavioral health?
The Valley has seen a large increase in hospital encounter rates due to behavioral and depressive conditions. The increase may be related to economic vulnerability, social distancing and unemployment related to COVID-19.

Depression is a risk factor or cause of many other health problems, including chronic pain, insomnia, and conditions that are exacerbated when patients have difficulty accessing medical care or taking medications as prescribed.

Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment. For example, 17 percent of residents earning under $30,000 reported feeling down, depressed or hopeless more than half the days in the past two weeks as compared to five percent among those earning more than $100,000 per year.[44]

People of color are also slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 13 percent of Lower Naugatuck Valley adults reported that they feel mostly or completely anxious, and 11 percent reported being bothered by depression.[45]

2.07 Young people in the Valley face challenges with behavioral health Share of Valley youth, 2021

	Felt sad or hopeless in the last year	Had thoughts about hurting themselves	Hurt themselves on purpose	Thought about attempting suicide in the last year	Had a boyfriend or girlfriend physically hurt them
Valley youth	20%	20%	13%	11%	3.4%
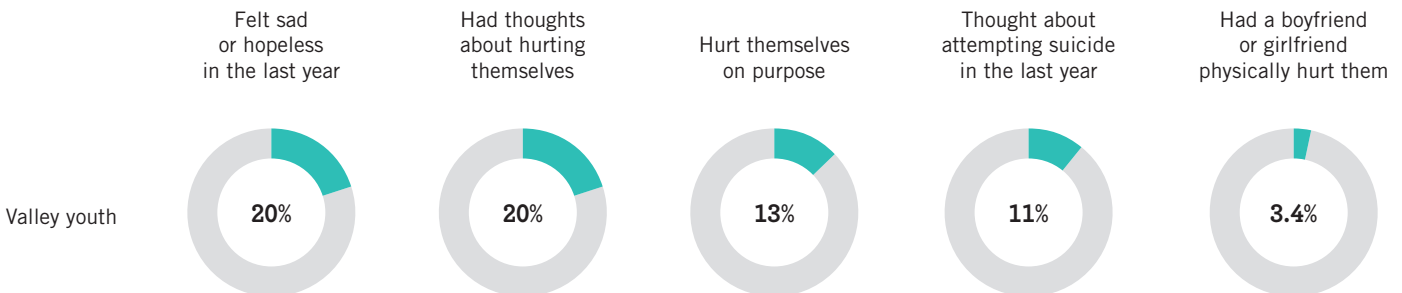
2.08 Problematic substance use and gambling Share of Valley adults, 2021

35%

of Valley adults know at least one person who has struggled with an addiction to heroin or other opiates at some point during the last 3 years.
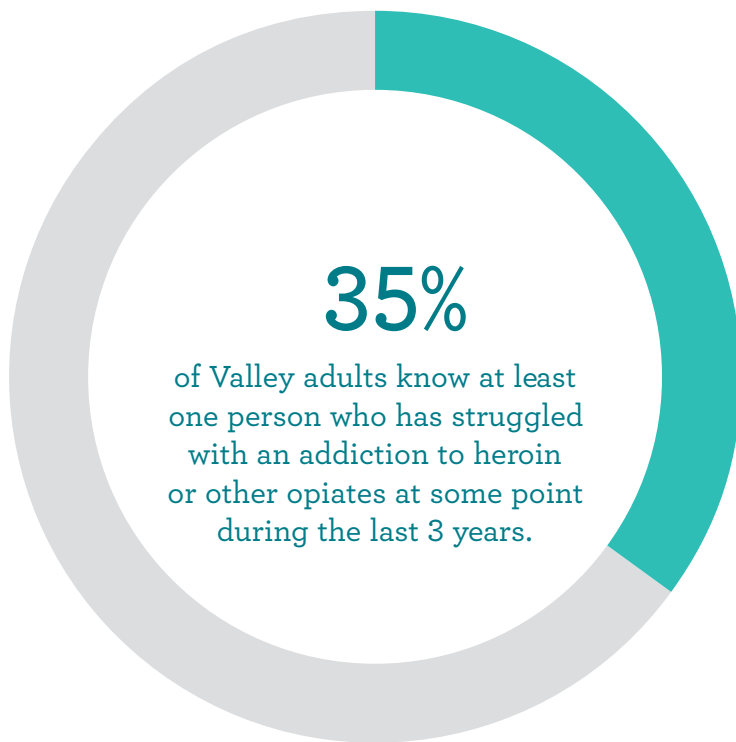
Of those,

3% said it included themselves

52% said it included a family member

38% said it included a close friend

37% said it included an acquaintance

Meanwhile, the number of opioid deaths per year in the Valley has more than tripled since 2014.

18 — 26 — 46 — 44 — 36 — 55 — 54 — 65

2014 2015 2016 2017 2018 2019 2020 2021

Smoked cigarettes

12% CT — 15% Valley

Vaped

9% CT — 11% Valley

Used marijuana

7% CT — 10% Valley

Had 4-5+ drinks on an occasion 6 times or more in the past month

5% CT — 4% Valley

Gambled

30% CT — 37% Valley
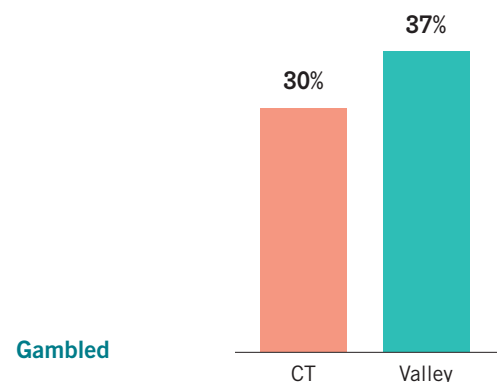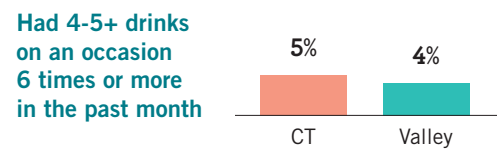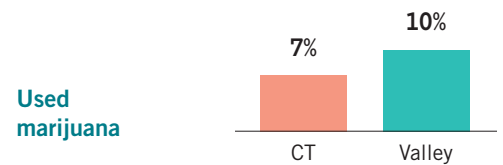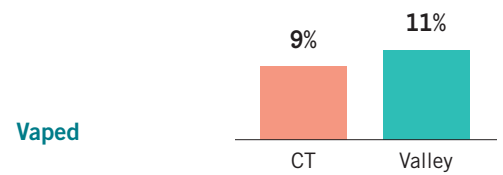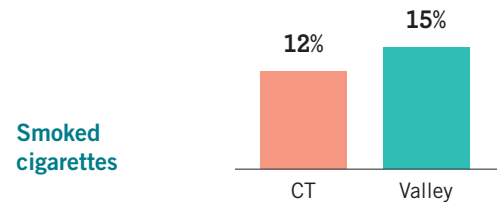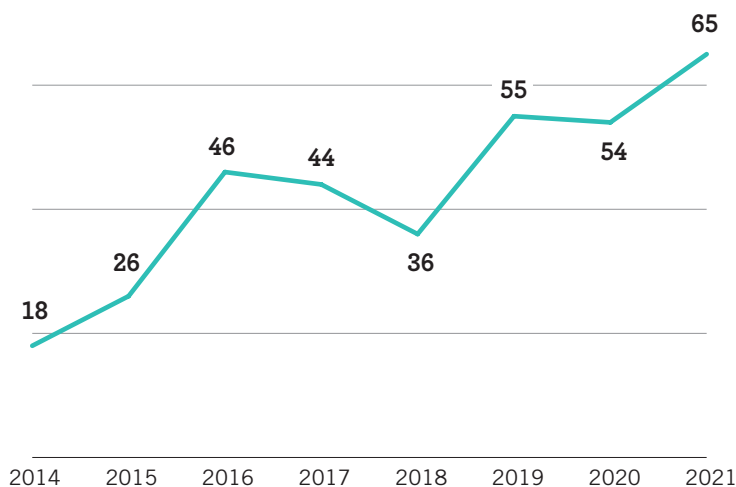
What are some other conditions that affect health care outcomes?

Oral health Good oral health helps prevent infections, heart disease, stroke, adverse birth outcomes, and other serious conditions, and has other impacts on quality of life. According to the CDC, over 40 percent of U.S. adults experience mouth pain each year, causing many people to miss work for emergency dental care. In Connecticut, about 16 percent of elementary school-age children have untreated tooth decay.[46]

Seeking acute care at a hospital for urgent conditions such as a severe tooth infection may not address the underlying need for preventive dental care. Overall, the Valley had similar rates of emergency room encounters and hospitalizations for preventable dental conditions as the statewide average.[47]

Obesity People in the Valley experience more obesity compared to the overall level in Connecticut. Data from the CT Birth Registry also shows that the percentage of women in the Valley whose pre-pregnancy body mass index (BMI) was categorized as obese or overweight increased from a combined 57% in 2017 to 61% in 2021.[48]

Intentional injuries Intentional injuries, such as those related to violence (domestic violence and otherwise) and suicide attempts, are concerning. Among Valley residents, the rate of hospital encounters related to violence from 2018 to 2021 was below the statewide rate; disparities exist between towns. Injuries caused by assault, including intimate partner violence, affect both men and women in the Valley. Women in Ansonia face a disproportionately high risk of hospital encounters due to assault relative to women in Connecticut.[49]

2.09 Hospital encounters for assault or homicide Rate per 10,000 residents by gender, 2018–2021

	CT	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
Male	34	52	5	49	28	12	23	14
Female	25	39	4	24	23	6	15	10

● Male   ● Female   **Valley, by town**
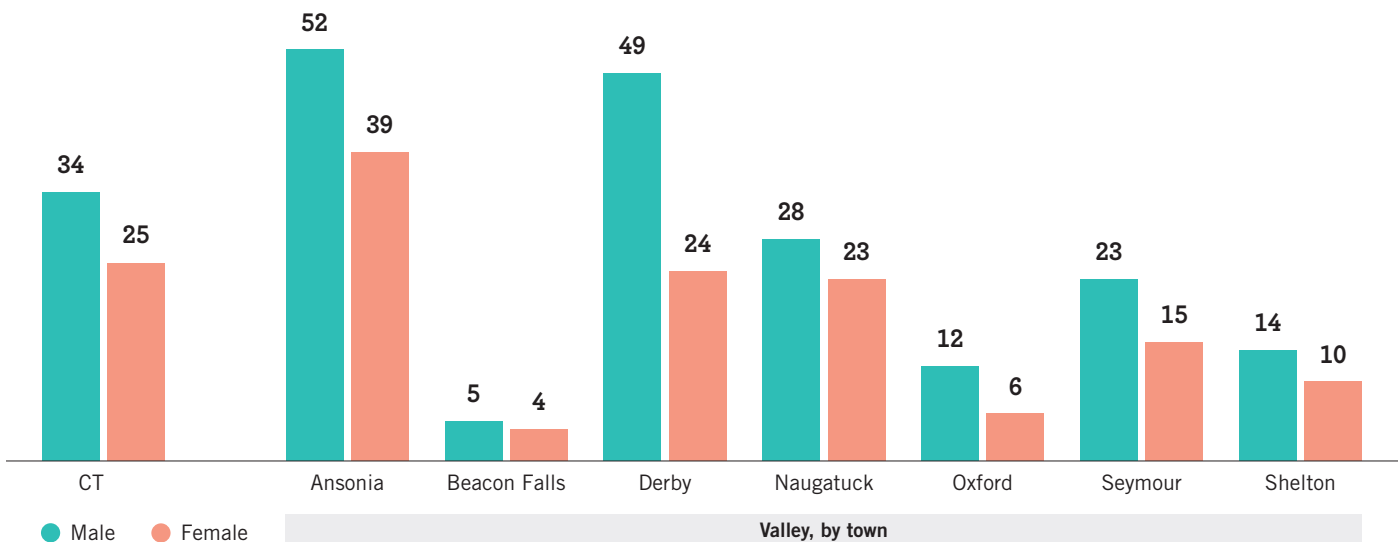
2.10 **Lead poisonings and screenings**
Number of children under 6 with blood lead levels of ≥3.5 mcg/dL by town and year

	2016	2017	2018	2019	2020
Ansonia	46	42	35	26	31
Beacon Falls	4	3	3	1	2
Derby	18	18	18	12	11
Naugatuck	54	24	36	25	15
Oxford	10	3	8	4	3
Seymour	22	15	10	13	7
Shelton	32	14	18	23	9

Environmental hazards Lead paint is one of the major sources of lead in children's blood, and older housing is more likely to contain lead paint. Forty percent of the housing units in the Valley were built before 1960. Between 2018 and 2020, an average of 1.3 percent of young children in the Valley screened for lead poisoning had elevated blood lead levels, which is a relatively lower rate than in Connecticut overall.[50]

Adverse Childhood Experiences According to the Connecticut Department of Public Health, adverse childhood experiences (ACEs) can affect a child's social, emotional, and cognitive development; their adoption of risky behavior later in life; and their chances of disease and even early death. Three out of five adults in Connecticut reported having experienced at least one, and 21.2% reported three or more ACEs. The prevalence of adults with three or more ACEs was significantly higher among adults less than 65 years old, the LGBTQ+ population, adults who never married, adults with disabilities, adults who did not graduate from high school, unemployed adults, renters, and adults with Medicaid.[51]

A note about terminology: *The CDC defines adverse childhood experiences as potentially traumatic events that occur in childhood (0-17 years), such as experiencing violence, abuse, or neglect; witnessing violence in the home or community or having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use problems, mental health problems or instability due to parental separation or household members being in jail or prison.*

The prevalence of three or more ACEs was significantly higher among adults in some groups, including the LGBTQ+ population, adults with disabilities, adults who did not graduate from high school, and adults with Medicaid.

3 EARLY CHILDHOOD AND EDUCATION

Children's early experiences and environments are the most critical elements in promoting the development of lifelong health and success.

Our brains develop most rapidly and dramatically during the earliest years of life — from prenatal to age 5. When young children miss out on high-quality early learning experiences and opportunities, their education begins on unequal footing.

How many young children live in the Valley?

The Valley is home to just under 6,000 young children ages zero to five, making up 4 percent of the Valley's total population.[52]

Thirty-one percent of children in the Valley live in low-income households, the same as the statewide share. Young children are much more likely than the population at large to live in low-income households.[53]

How accessible is childcare, and how many children are enrolled in preschool?

Across Connecticut, there has been a severe shortage in affordable childcare options for infants and toddlers in recent years. This shortage has been exacerbated by the closure of childcare centers as a repercussion of the COVID-19 pandemic. This shortage, compounded by other pressures, resulted in about one third of adults in the Valley reporting that they found it more difficult than usual to handle childcare responsibilities since the pandemic began in February of 2020.[54]

In 2018, the Valley had 113 infant and toddler childcare providers that were regulated by Connecticut's Office of Early Childhood (OEC), including childcare centers, family day cares, and nursery schools. This was an insufficient number at the time to meet community need. Also in 2018, 57 percent of adults with young children reported that it is either somewhat or very difficult to find high-quality, affordable childcare.[55]

The issue of affordability affects a significant number of parents of young children in the Valley. The average childcare slot in the Valley costs $295 per week for infant/toddler care and $242 for preschool care, both about the same as statewide costs. This amounts to around $15,000 per year for one infant or toddler, which is more than 10 percent of the median income of a family with young children.[56]

According to data from the 2020 United Way ALICE report, the minimum monthly childcare cost for a young family in the Valley—a household with two adults, one infant, and one preschooler—would be between $1,917 and $2,396. Using that estimate, the young family would spend $23,004 to $28,752 per year, approximately 35% of the Valley's median household income.[57]

A family's inability to afford childcare may help explain the vacancies in the Valley's regulated childcare programs. From 2000 to 2020, the preschool enrollment rate in the Valley rose from 57 to 65 percent, which is similar to the statewide rate.[58]

3.01 Childcare availability
Children under age 3, 2020

3,439 — Infant & toddler population

2,607 childcare slot gap

832 — OEC-regulated childcare slots
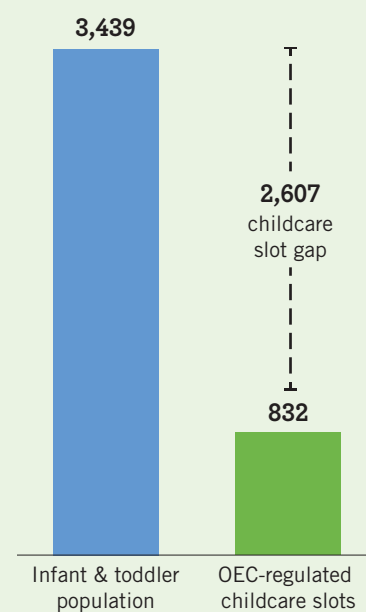
In a Community Listening Session, the lack of childcare for children with special needs was brought up, including challenges with after school care and access to summer camps. Lack of access to affordable and high quality childcare in general continues to be brought up in Community Listening Sessions.

3.02 Share of public school students by race/ethnicity
2011–2012 to 2021–2022 school years

	Connecticut		Valley	
	2011–12	2021–22	2011–12	2021–22

Legend:
- Other
- Asian
- Latino
- Black
- White

Connecticut 2011–12: Other 2%, Asian 4%, Latino 20%, Black 13%, White 61%

Connecticut 2021–22: Other 5%, Asian 5%, Latino 29%, Black 13%, White 49%

Valley 2011–12: Other 2%, Asian 3%, Latino 13%, Black 7%, White 75%

Valley 2021–22: Other 4%, Asian 3%, Latino 36%, Black 10%, White 57%
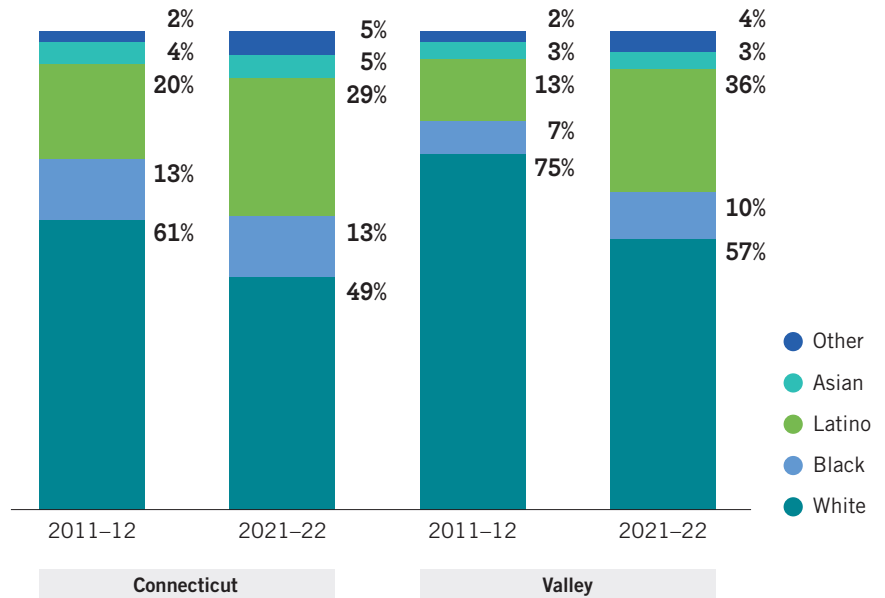
Child populations tend to be more racially diverse than older populations—while 77 percent of the overall Valley population is White, only 57 percent of the students in Valley public school districts fall into that category.

What is the demographic makeup of the public school student population?
Turning now to school-aged children, the Valley is home to over 18,000 public school students, including 12,177 kindergarten to eighth grade students, and 5,390 high school students. In the 2021–2022 school year, 465 students were enrolled in prekindergarten. The Valley consists of seven public school districts: Ansonia, Region 16 (serving students from both Beacon Falls and Prospect), Derby, Naugatuck, Oxford, Seymour, and Shelton.

As Connecticut diversifies, child populations tend to be more racially diverse than older populations. 77 percent of the overall Valley population is White, compared to only 57 percent of the students in the Valley's public school districts. The share of students who are Latino has doubled over the past decade, from 13 percent in the 2011–2012 school year to 26 percent in the 2021–2022 school year. Statewide, the share of students who are Latino rose from 20 percent to 29 percent during that time. The share of students who are Black rose from 7 percent to 10 percent in the Valley, and held steady at 13 percent statewide, during that time.

There was a statewide 3 percent drop in public school enrollment from the 2019–2020 to the 2020–2021 school year. Under normal conditions, this level of decline in enrollment would not have occurred as quickly; in the past, a drop of that magnitude would normally be seen over a 5-year period.[59]

How many "high-needs" students live in the Valley?

Students who take special education classes, who qualify for free or reduced-price meals (FRPM) at school based on having family incomes that are less than 185 percent of the federal poverty line, or who are English language learners (ELL) are considered to be "high-needs" students. Students may have more than one of these designations.

Growing child poverty and low-income rates across the Valley are reflected in the student body; between the 2014–2015 and 2021–2022 school years, the share of FRPM-eligible students in Valley public schools increased 7 percentage points.[60]

As of the 2021–2022 school year, 40 percent of students in Valley districts are eligible for free or reduced-price meals, and a majority of students in the Ansonia and Naugatuck school districts are eligible.

Between the 2014–2015 and 2021–2022 school years, the share of FRPM-eligible students in Valley public schools increased 7 percentage points.

3.03 Public school enrollment and share of students by need 2021–2022 school year

	Total enrolled	Special education	Free/reduced-price meals	English language learners
Connecticut	513,615	17%	41%	9%
Valley	18,032	17%	40%	6%

Valley, by school district				
Ansonia School District	2,265	18%	69%	6%
Regional School District 16	1,973	14%	21%	2%
Derby School District	1,285	21%	45%	3%
Naugatuck School District	4,311	18%	55%	8%
Oxford School District	1,703	14%	13%	2%
Seymour School District	2,072	15%	37%	5%
Shelton School District	4,423	16%	29%	7%

Regional School District 16 serves students from Beacon Falls and Prospect, CT.

Students of color and high needs students in the Valley have lower rates of passing standardized tests and graduating from high school, and higher rates of chronic absenteeism and school discipline.

In Community Listening Sessions, participants shared reports of children showing increases in anxiety, bullying behavior, and deficits in skills such as turn taking.

How well do students do in school?

As of 2021, Valley public school districts overall perform similarly to the statewide average on metrics such as high school graduation rates. However, the number of students from economically challenged households is growing, as captured by the increasing rate of students eligible for free or reduced price meals (FRPM). Students of color and high needs students in the Valley face challenges, such as lower rates of passing standardized tests and graduating from high school, and higher rates of chronic absenteeism and school discipline.

The COVID 19 pandemic has affected teachers, school administrators, and students in a variety of ways; reports of children showing increases in anxiety, bullying behavior, and deficits in skills such as turn taking were shared in Community Listening Sessions.

Student achievement has also suffered; according to a 2022 report by the CT State Department of Education, there has been learning loss due to the pandemic across Connecticut. Learning loss is shown across all subjects, with the greatest decrease in pre-pandemic to pandemic achievement rates in mathematics.[61]

In 2020–2021, 36 percent of students statewide met the college and career readiness standard on the SATs and three other standardized tests, versus 42.6 percent of students who met the standard in 2018–2019.[62]

The on-track percentage of 9th grade students for 2020–2021 school year was the lowest in seven years. In all grades, students who learned in-person during that year experienced the least learning loss during the pandemic, while students who attended in a hybrid mode or entirely remotely showed substantially weaker achievement and growth.[63]

Students testing below proficiency showed weaker growth than students testing above proficiency, which wasn't the case before the pandemic. Students testing above proficiency and who learned in-person neared pre-pandemic growth in English and language arts, but not in math.[64]

3.04 Selected academic and disciplinary outcomes by race/ethnicity
2018–2019 school year

SBAC ELA pass rate

CT	Valley	White	Black	Latino	Asian
55%	55%	61%	18%	36%	N/A

Valley, by race/ethnicity
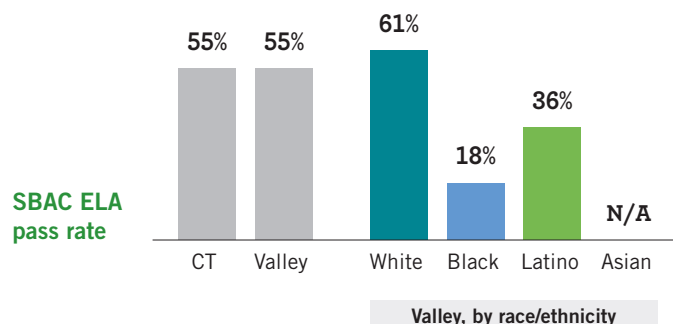
What are the rates of absenteeism and transiency?

A major risk factor for students' academic success is chronic absenteeism. Students who miss at least 10 percent of the school days for which they are enrolled in a year are considered chronically absent.

Over the past decade, prior to the pandemic, chronic absenteeism impacted between 9 and 12 percent of Valley students each year. Factors that may contribute to chronic absenteeism include but are not limited to asthma and other chronic diseases, substance use, and poverty; access to transportation and safe routes to school; and school climate and bullying.
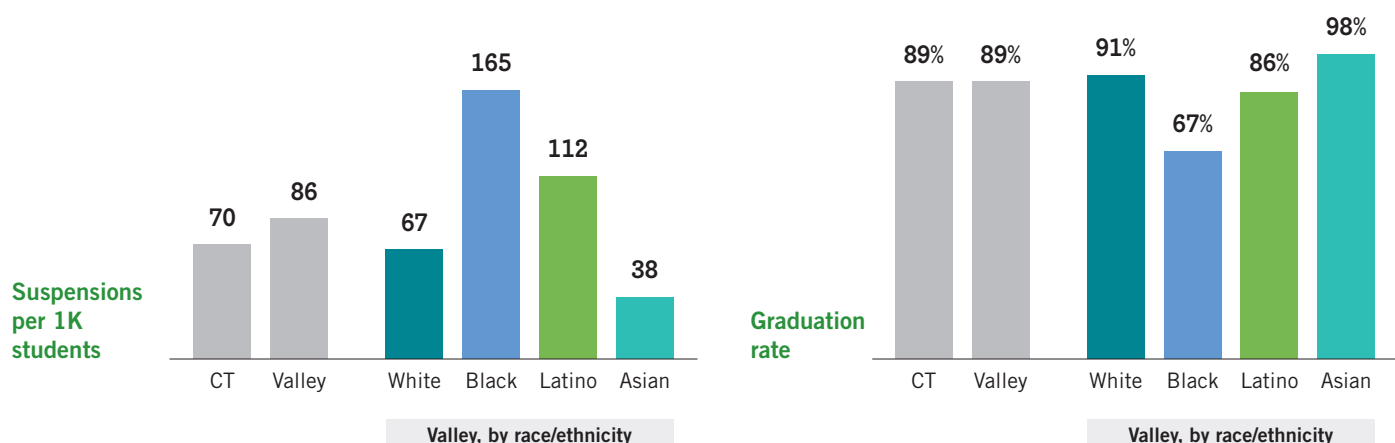
When schools shut down and teaching went online or hybrid early in the COVID-19 pandemic, districts across the U.S. reported major spikes in children missing school. The disruptive effects of the pandemic also played a role in increasing transience among school aged children. Within the Valley, 18 percent of students were chronically absent in the 2020–2021 school year, 8 percentage points higher than the pre-pandemic average.

More vulnerable students—Black and Latino students, students in special education, students eligible for free and reduced-price meals, and English language learners—generally had higher increases in absenteeism rates. In Ansonia, chronic absenteeism rates rose from 15 percent pre-pandemic to 35 percent in 2020–2021.[65]

In-school and out-of-school suspensions play a role in students missing school and resulting academic disadvantages. Students who are suspended or expelled are more likely to have negative perceptions of their educational experiences and to have lower grade point averages. They are also more likely to be involved with the juvenile justice system. Black and Latino students—particularly boys—are expelled or suspended far more frequently than White students, as early as preschool. Even when the confounding effects of socioeconomic status are controlled for, Black students are still disciplined more frequently than their White counterparts.[66]

Students who attended school in a hybrid mode or entirely remotely showed substantially weaker achievement and growth and increased rates of absenteeism.

Suspensions per 1K students

CT	Valley	White	Black	Latino	Asian
70	86	67	165	112	38

Valley, by race/ethnicity

Graduation rate

CT	Valley	White	Black	Latino	Asian
89%	89%	91%	67%	86%	98%

Valley, by race/ethnicity

In Community Listening Sessions, participants expressed the desire for more inter-generational learning and teaching opportunities: youth could help seniors access technology more comfortably, and retirees could tutor elementary, middle school, and high school students who might need assistance.

The pandemic has not resulted in a major increase in the number of young adults who are disconnected from school or work.

Is substance use and other risky behavior increasing or decreasing among youth in the Valley?

According to a regional survey of youth conducted by the Alliance for Prevention and Wellness, there has been a decrease in the rates of nicotine, marijuana, and alcohol use among 7th, 9th, and 11th graders over the last three years. Fewer young people also reported that it would be easy for them to obtain alcohol, drugs (both prescription and illicit), and cigarettes.

Other risky behaviors also decreased among youth over this period, including the rate of students who reported cheating at school, gambling, stealing something valued under $100, or riding as a passenger with a driver under the influence of alcohol or drugs.

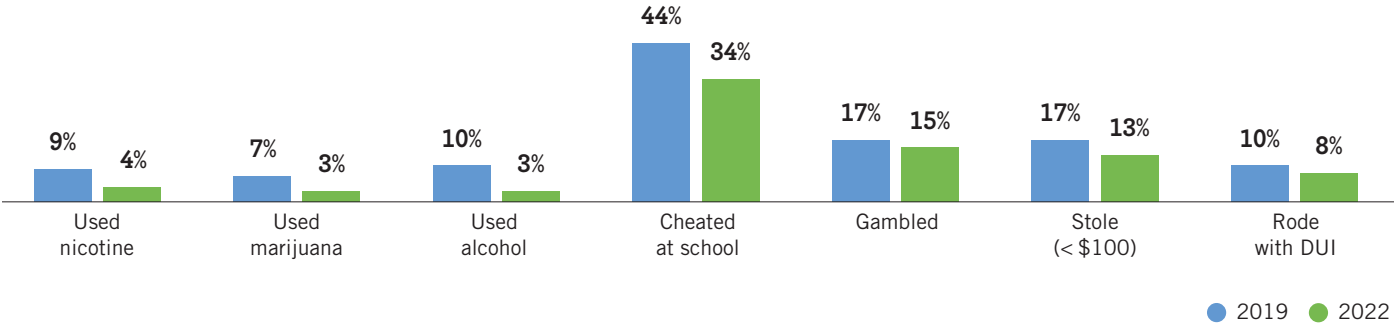**What is the outlook on opportunities for youth and their views toward school and community?**

The Alliance for Prevention and Wellness found that overall, reported rates of the students' perception of their school and community environments are positive, with increases in the number of students who agreed with the statements that:

- Teachers/Staff at my school encourage and support me to do my best
- I try hard to do good work at school
- I feel safe at school
- My community is a safe place
- There are lots of things for young people to do in my community
- Adults in my town see teenagers as valuable and important members of the community

Adults in the Valley have mixed outlooks for local youth: while 91 percent of adults thought it likely that young people in their area would graduate from high school, only 48 percent found it likely that youth would be able to get a job with advancement opportunities, and only half (49 percent) thought the opportunities for children to succeed are better than the opportunities they themselves had growing up. Most residents believe that youth in their area have positive role models (79 percent).[67]

The pandemic has not resulted in a major increase in the number of young adults who are disconnected from school or work. In 2021, 4 percent of Connecticut's population between 16 and 19 years old were considered "opportunity youth," defined as neither in school nor working, similar to the rate in 2019.[68]

3.05 Risky behaviors among youth 2019 and 2022

	Used nicotine	Used marijuana	Used alcohol	Cheated at school	Gambled	Stole (< $100)	Rode with DUI
2019	9%	7%	10%	44%	17%	17%	10%
2022	4%	3%	3%	34%	15%	13%	8%

● 2019 ● 2022

3.06 Youth feelings about school and community 2019 and 2022

	Teachers/staff encourage	Try hard at school	Feel safe at school	Community is safe	Lots to do for young people	Adults value teens
2019	84%	94%	76%	78%	57%	52%
2022	88%	95%	83%	84%	65%	60%

● 2019 ● 2022
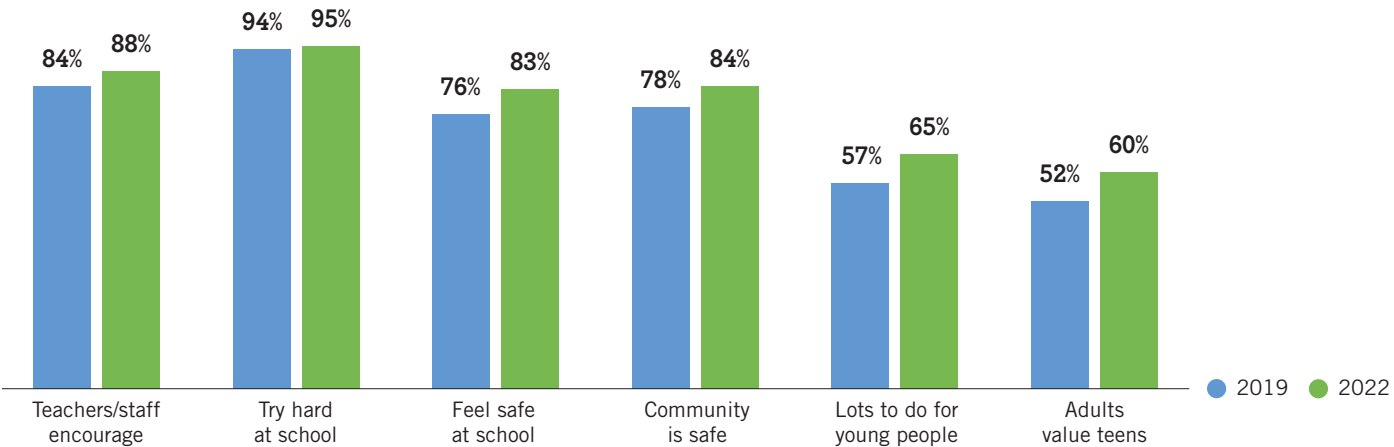
3.07 Views of youth opportunity Share of adults reporting outcomes are likely for youth in their area, 2021

	Graduate high school	Get a job with opportunity for advancement	Be in a gang	Abuse drugs or alcohol	Get arrested for a felony
Connecticut	94%	65%	7%	27%	9%
Valley	91%	48%	20%	19%	11%

3.08 Four-year graduation rate by district and demographic group Class of 2021

Valley, by race/ethnicity

Valley, by needs status

CT	90%	
Valley	89%	
White	92%	
Black	73%	
Latino	82%	
Spec. ed	70%	
Not spec. ed	93%	
FRPM	80%	
Not FRPM	96%	

Valley, by school district

CT	90%
Valley	89%
Ansonia	74%
Reg. Dist. 16	94%
Derby	76%
Naugatuck	89%
Oxford	96%
Seymour	92%
Shelton	90%
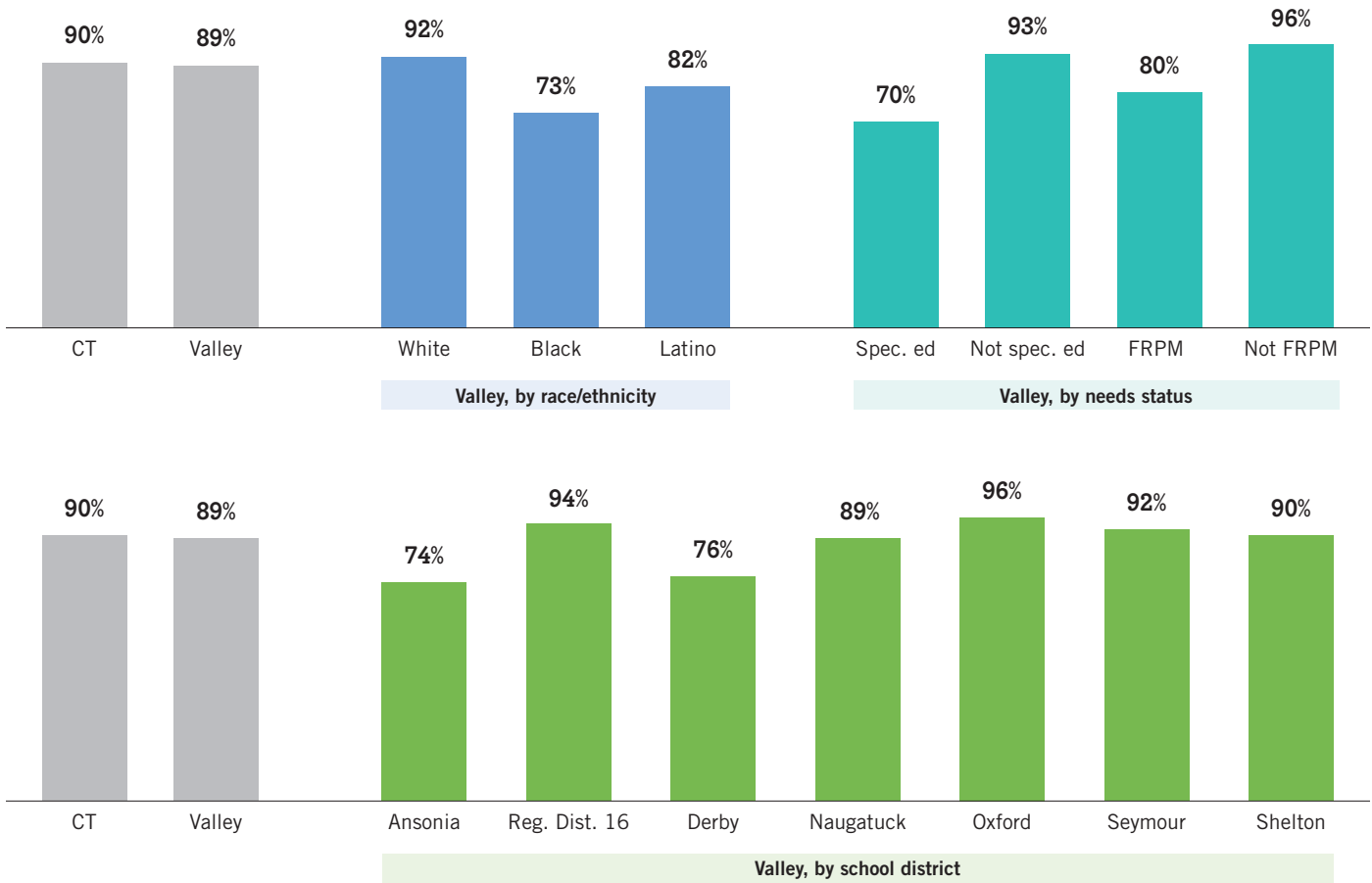
Regional School District 16 serves students from Beacon Falls and Prospect, CT.

What are high school graduation rates?

Similar to the statewide rate, 89 percent of Valley public schools' class of 2021 graduated on time. While graduation rates vary by demographic, student need, and district, rates appear to be remaining steady through the pandemic.

Though the four-year high school graduation rates in the Valley are high, similar to standardized test scores and chronic absenteeism, there are underlying disparities. Students eligible for free or reduced priced meals, Black and Latino students, and special education students experienced lower graduation rates than Valley students overall.

How many students enroll and graduate from college, and what are the economic impacts of not having a college degree?

Between 2000 and 2020, the share of Valley residents ages 25 and older with a bachelor's degree or higher increased from 23 to 34 percent, while the share without a high school diploma decreased from 15 to 7 percent.[69] But overall, Valley adults are still less likely to have earned a Bachelor's degree than adults statewide. In Connecticut, Latinos are three times more likely to lack a high school diploma, but in the Valley this gap is much smaller, as is the gap in attaining a Bachelor's degree.

While 72 percent of high school graduates in the Valley enroll in a two- or four-year college within a year of graduating from high school and 87 percent of those students re-enroll for a second consecutive year, only 47 percent of a given Valley high school class have a college degree six years after graduating high school—slightly below the statewide rate of 51 percent.[70] People with a high school degree or less have three times the rate of food insecurity than those with a bachelor's degree or higher, and over twice the rates of housing insecurity.[71]
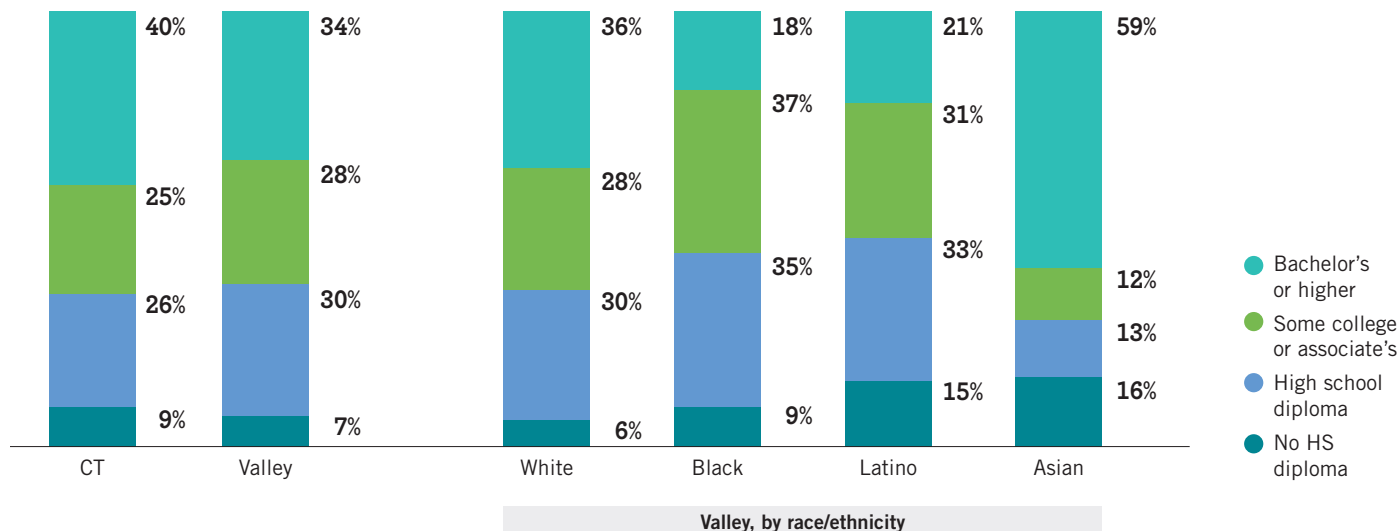
College enrollment rates for public high school graduates declined from 71.5 percent for the class of 2019 to 67.4 percent for the class of 2020. The rates of college enrollment from public high school for Black students, Latino students, students with disabilities, English language learners, and low-income students fell the most. The rate of enrollment for male students declined nearly twice as much as the rate for female students, 5.9 percent versus 3 percent.[72]

Between 2021 and 2022, Valley Regional Adult Education, like other adult education programs throughout Connecticut, experienced a decrease in program enrollment as a result of the pandemic.[73]

Between 2021 and 2022, Valley Regional Adult Education, like other adult education programs throughout Connecticut, experienced a decrease in program enrollment as a result of the pandemic.

3.09 Educational attainment by race/ethnicity Share of adults ages 25+, 2020

	CT	Valley		White	Black	Latino	Asian
Bachelor's or higher	40%	34%		36%	18%	21%	59%
Some college or associate's	25%	28%		28%	37%	31%	12%
High school diploma	26%	30%		30%	35%	33%	13%
No HS diploma	9%	7%		6%	9%	15%	16%

Valley, by race/ethnicity

4 SENIORS AND AGING

With their deep roots in the Valley, seniors are assets to community life and serve as a rich source of community history. Seniors are also an integral piece of the Valley's economy and social fabric, with more seniors working longer and sometimes caring for even older parents or grandchildren.

Across the country, the senior population is growing. By 2035, one out of three American households are projected to be headed by someone age 65 or older.[74]

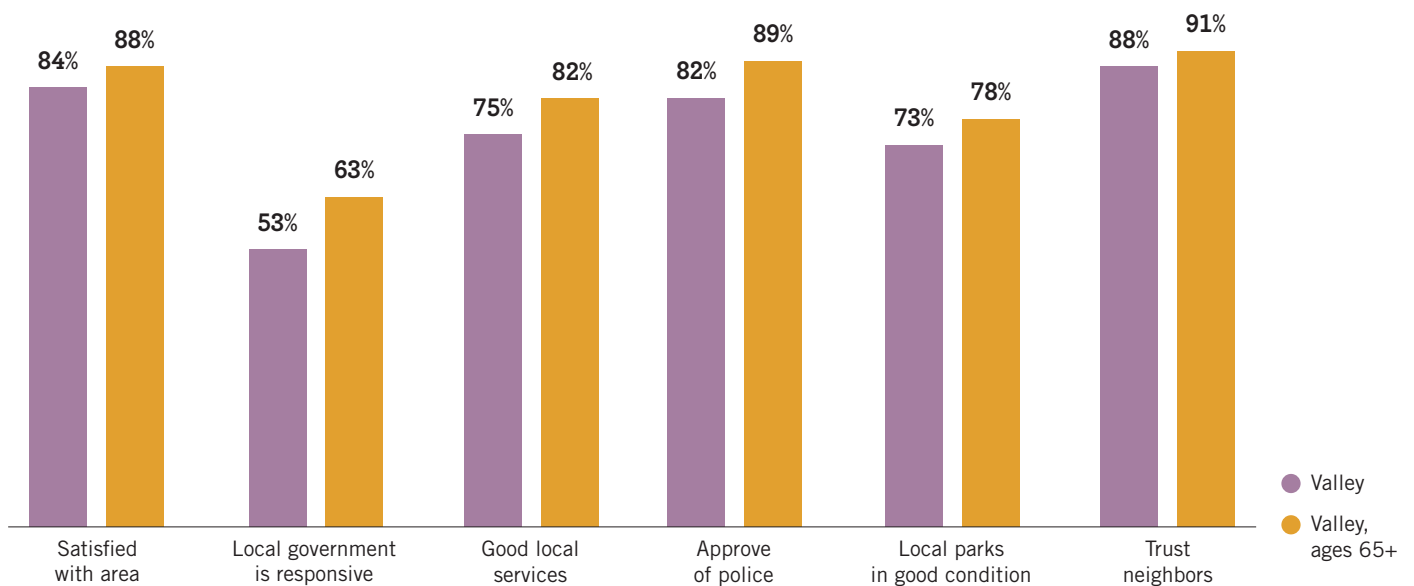**Where do Valley seniors live, and what is their quality of life?**

The Valley is home to 19,164 adults ages 65 to 79 and 7,042 adults ages 80 and above. Since 1990, the population of adults 80 and above has more than doubled in the Valley.[75]

Across several aspects of community well-being and local resources, Valley seniors are quite optimistic. Nearly nine in ten seniors are satisfied with the area where they live and most Valley seniors are homeowners.[76]

According to the 2018 DataHaven Community Wellbeing Survey, 67 percent of Valley seniors reported living in the same place for at least 20 years; however, 20 percent of older adults over the age of 55 did not think their homes had the physical features to be suitable to age in place. This may be particularly true for those living in older homes; about one quarter of homes in the Valley were built before 1950, but this figure is much higher in certain neighborhoods, especially in Ansonia.[77]

Falls and other health complications are particularly dangerous for seniors who live by themselves; in 2020, 27 percent of Valley seniors lived alone, more than twice the rate for the Valley's overall population.[78]

4.01 Residents' views on community well-being Share of adults, 2015–2021

	Satisfied with area	Local government is responsive	Good local services	Approve of police	Local parks in good condition	Trust neighbors
Valley	84%	53%	75%	82%	73%	88%
Valley, ages 65+	88%	63%	82%	89%	78%	91%

In a Community Listening Session, interest was expressed in more health and wellness education in the community, particularly for seniors, who may not be technologically savvy or otherwise unaware of available services.

While adults ages 70 and older make up 12 percent of Connecticut's population, they have accounted for 53 percent of recorded COVID-19-related deaths so far.

Do Valley seniors have adequate access to health care?

Given that seniors are eligible for Medicare starting at 65, almost every senior in the Valley has health insurance, and 99 percent reported having a personal doctor.[79]

Compared to adults in the Valley overall, seniors have relatively good access to medical care: seniors were much less likely to postpone medical care, and slightly less likely to have missed care entirely or been without transportation to a doctor's appointment. However, as of 2021, 28 percent of seniors had not been seen by a dentist in more than a year, similar to the rate among other adults and a higher rate than previous years, perhaps due to concerns related to COVID-19.[80]

Many chronic health conditions, such as hypertension, heart disease, and diabetes, tend to occur later in life, placing heavy burdens on the health of seniors. Less than half of Valley seniors rate their health as "excellent" or "very good." Across the U.S., 41 percent of seniors ages 65 to 79 have at least one self-care, household activity, or mobility disability, but for seniors ages 80 and older, this figure rises to nearly 71 percent.[81]

Seniors who need attentive healthcare face high costs. According to Genworth's Cost of Care Survey, in New Haven County in 2021 the annual median costs for homemaker services and home health aides was over $64,000 for full time weekday care. While adult day healthcare costs were lower than that, nursing home care was expensive at a median annual cost of over $157,000 for a semi-private room and over $177,000 for a private room.

Cost concerns and personal preferences lead many seniors to seek informal care from family members, particularly their children or spouses. According to a 2017 report, between 1995 and 2010 nationwide, 10 percent of adults ages 60 to 69, and 12 percent of adults ages 70 and older provided care to their parents.[82]

How has COVID-19 affected the senior population?

The COVID-19 pandemic has taken an unprecedented toll on older adults nationwide and within Connecticut. Statewide, younger and middle-aged adults have higher case rates than older adults, but older adults have much higher death rates: as of late June 2022, there have been a recorded 349 deaths of adults ages 80 and older per 10,000 residents, more than 10 times higher than that of the general population. While adults ages 70 and older make up 12 percent of Connecticut's population, they have accounted for 53 percent of recorded COVID-19-related deaths so far.[83]

4.02 **Residents' ratings of walkability measures** Share of adults, 2015–2021

	Locations in walking distance	Safe sidewalks	Feel safe walking at night	Safe places to bike
Connecticut	55%	60%	70%	73%
Valley	48%	50%	72%	58%

By age				
Connecticut, ages 65+	46%	56%	67%	63%
Valley, ages 65+	35%	42%	66%	53%

Do seniors have adequate transportation and opportunities to walk to stores near their home?

Most Valley seniors, about nine in ten, drive themselves as their primary mode of transportation. While only 8 percent of seniors ages 65 and older reported staying home in 2021 when they needed or wanted to go someplace due to a lack of reliable transportation, it is likely that this issue has a greater impact on older seniors.[84] Reliable transportation access is needed to fulfill basic needs like healthcare, grocery shopping, and social interaction.

Overall, Valley residents' ratings of walkability measures lag behind adults in Connecticut, and seniors gave even lower ratings. Only 35 percent of Valley seniors said there are locations such as stores and banks in walking distance of their home; statewide across all ages, this is 55 percent. Valley seniors were also significantly less likely to report that they have safe sidewalks (42 percent) and safe places to ride a bicycle (53 percent) in their neighborhood compared to seniors statewide (56 percent and 63 percent, respectively).[85]

Do seniors have adequate income?

While Valley seniors are in better financial standing than younger adults, one quarter of seniors reported being financially insecure, compared to over a third (36 percent) of adults overall, and 6 percent reported food insecurity, compared to 13 percent across age groups.[86]

In 2020, the poverty and low-income rates among Valley seniors, 7 percent and 21 percent respectively, were similar to rates in the Valley overall (see Chapter 1). Between 2000 and 2020, the low-income rate among Valley seniors decreased by 2 percentage points; over the same period, the low-income rate among the Valley population overall increased by 4 percentage points.[87]

In a Community Listening Session, community members praised some senior transportation services, and also raised the need for more services, such as increased availability of rides with Valley Transit. There are also limitations with some services, such as how many grocery bags a driver may assist with, that may affect people with disabilities.

5 ECONOMIC OPPORTUNITY

A strong local economy and diverse, accessible economic opportunities are crucial for individual and community-wide economic security, as well as overall well-being.

The Valley is part of a combined metropolitan area of Fairfield and New Haven Counties; most working residents commute to jobs outside the region, making access to reliable transportation critical to the success of the Valley's workforce. Even if each of the approximately 46,000 jobs located in the Valley was occupied by a resident, the region would still be nearly 24,000 jobs short of providing employment to every working resident who lives in the Valley.

What are the largest job sectors in the Valley, and how is demand shifting?

The largest employment sector in the Valley is manufacturing, which makes up 17 percent of the jobs located in the Valley, followed by health care and social assistance (12 percent), and retail trade (11 percent).[88]

Between 2000 and 2020, Connecticut lost 9 percent of its jobs, while the Valley lost less than 1 percent. The most significant losses were in two industries that generally provide high-paying jobs: finance and insurance, which lost about 50 percent of its jobs (about 2,000 positions), and manufacturing, which lost 28 percent of its jobs (about 3,000 positions).

As is the case statewide, job opportunities in the Valley's economy are shifting towards the service sector. Although thousands of jobs have been added in these industries, wages within the service sector have been stagnant or declining since the early 2000s.

Older adults are remaining in the workforce longer, sometimes due to financial concerns. In the Valley in 2020, 21 percent of adults ages 65 and older were in the labor force, compared to 17 percent in 2010.[89] Senior workers are an asset to regional economies, increasing tax revenue, stimulating growth through consumer spending, and providing additional talent and expertise during periods of low unemployment.

As the Valley's senior population grows, healthcare and social assistance workers will likely continue to be in high demand. The Connecticut Department of Labor's most recent 2016 forecast estimates that statewide, health support occupations will grow by an additional 12 percent by 2026. This includes a projected 34 percent increase in the number of home health aides.[90]

As the Valley's senior population grows, the demand for healthcare and social assistance workers is likely to increase.

5.01 **Number of jobs and percent change** Sectors with largest Valley gains and losses, 2000–2020

	Valley jobs, 2000	Valley jobs, 2020	Percent change
All sectors	46,498	46,132	−1%
Admin & Support and Waste Mgmt & Remediation	1,834	4,987	+172%
Real Estate and Rental & Leasing	255	408	+60%
Manufacturing	10,764	7,730	−28%
Finance and Insurance	4,122	1,979	−52%

At the start of pandemic-related lockdowns, the Valley's unemployment rate spiked from 4.7 percent in March 2020 to 8.7 percent the next month, before subsiding over the course of 2020.

How many people are unemployed or were affected by pandemic-related job loss in the Valley?

At the start of pandemic-related lockdowns, the Valley's unemployment rate spiked from 4.7 percent in March 2020 to 8.7 percent the next month, before subsiding again over the course of 2020. As of May 2022, the unemployment rate in the Valley was 4.3 percent. State- and town-level unemployment rates have followed a similar pattern. Unemployment rates currently vary between 3 percent in Oxford and Beacon Falls and 6 percent in Ansonia. One quarter of respondents in the Valley said that they lost their job or got laid off due to the pandemic, similar to the statewide rate.

The size of the labor force—upon which unemployment rates are based—shrank massively in the early months of the pandemic, and has yet to fully rebound. Between March and April 2020, more than 5,000 people left the Valley's labor force, a 7 percent decrease; the Valley's labor force is still 2 percent smaller than it was in March 2020.[91] Factors that may have contributed to the shrinkage of the labor force included the "Great Resignation," as workers chose to leave their jobs and faced a shortage of available childcare.

5.02 Seasonally-adjusted unemployment rate
Pre-lockdown, peak during lockdown and current

	March 2020	April 2020	May 2022
Connecticut	4.1%	7.8%	3.8%
Valley	4.7%	8.7%	4.3%

Valley, by town			
Ansonia	6.3%	11%	5.7%
Beacon Falls	3.8%	7.3%	3.1%
Derby	5.4%	9.8%	4.8%
Naugatuck	4.6%	8.6%	4.5%
Oxford	3.8%	6.8%	3.3%
Seymour	5%	9%	4.7%
Shelton	4.3%	8.1%	3.8%

How much do people earn in the Valley?

The average wage of a job located in the Valley was about $69,000 in 2020, almost $8,000 less than the statewide average. Wages vary widely by sector, however: the rate of pay for manufacturing is $92,000 per year while for accommodation and food services, the fifth largest sector in the Valley, wages average only $23,000 per year.[92]

The inflation adjusted annual average wage for Valley jobs was stagnant between 2000 and 2020, rising by just $447. Looking at annual wages by sector helps illustrate a story of widening income gaps.

Manufacturing was the largest sector in the Valley in 2020, though the number of manufacturing jobs decreased by 28 percent since 2000. The number of jobs in health care and social assistance, the second largest sector, grew by 20 percent over that period; average wages in this sector grew by 21 percent to $57,839. Average wages in the accommodation and food services sector increased by 18 percent, but at $23,314, this remains the lowest-paying sector.[93]

Among full-time, year-round workers, women in the Valley earn about 83 cents per dollar earned by men. This is smaller than the statewide wage gap, where women earn 80 cents on the dollar.

Gaps persist and widen across race and ethnicity, as is the case elsewhere in Connecticut. Black and Latina women working full time earn thousands of dollars less than their White female counterparts, and Black and Latina women earn only 67 cents and 51 cents, respectively, per White male dollar.[94]

How financially secure are people in the Valley?

When asked in 2021 about their finances, 68 percent of Valley residents reported that they are managing financially "comfortably or doing all right," 20 percent say that they are just getting by, and 11 percent find their financial circumstances difficult or very difficult.[95]

When asked in 2021 what would happen if residents liquidated their assets and tried to repay all debts, 62 percent said that they would have something left, 17 percent said they would break even, 13 percent said that they would be in debt, and 6 percent didn't know what would happen.[96]

Black and Latina women working full time earn thousands of dollars less than their White female counterparts, and Black and Latina women earn only 67 cents and 51 cents, respectively, per White male dollar.

Black residents, those without more than a high school degree, and those with incomes lower than $30,000 most often lacked access to a car when needed.

Is there adequate transportation and access to technology for people in the Valley?

Transportation is an important factor in Valley residents' ability to access quality jobs. Based on the most recently available data, only 22 percent of workers residing in the Valley in 2019 held jobs located within the Valley, while the remainder commuted to towns elsewhere.[97]

For most Valley adults, driving alone is the primary mode of transportation. However, greater shares of lower-income adults reported using other modes of transportation than higher-income adults.

Access to a personal vehicle may also be considered a measure of wealth, in addition to reducing the time needed to run errands and travel to appointments, school, or work.
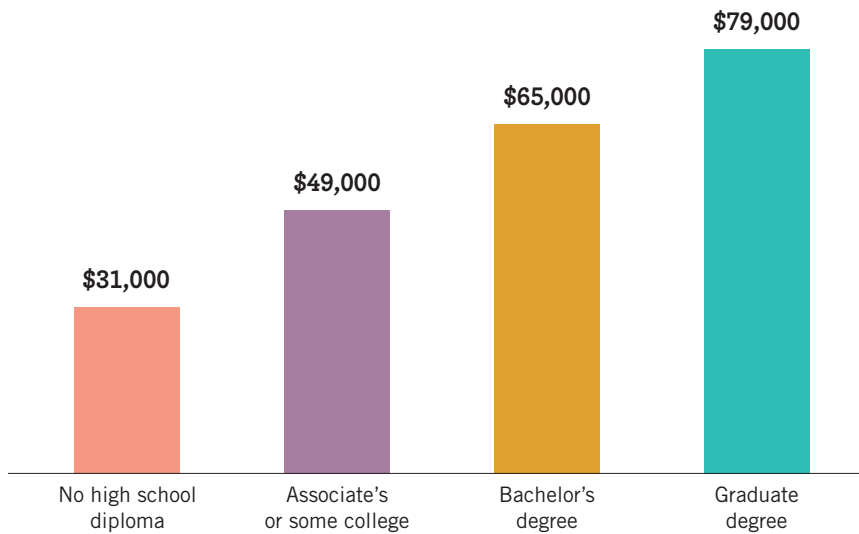
In the Valley, 7 percent of respondents said that they sometimes or never have access to a car when needed, a bit lower than the statewide rate of 10 percent.[98] However, Black respondents (18 percent), those without more than a high school degree (14 percent), and those with incomes less than $30,000 (22 percent) experienced the highest rates of lacking access to a car when needed.

Eleven percent of low-income adults have stayed home when they need or wanted to go somewhere during the last twelve months because they lacked access to transportation. This is similar to the statewide rate of 13 percent.[99]

Transportation insecurity is particularly high among residents with disabilities, including those with physical limitations and cognitive challenges.

Most respondents have access to a computer or tablet with internet access (92 percent) which is higher than the statewide rate of 84 percent. Fewer respondents reported having access to a smartphone (87 percent), which is also higher than the statewide rate of 81 percent.[100]

5.03 Earnings by education level Valley adults, 2020

$31,000 — No high school diploma
$49,000 — Associate's or some college
$65,000 — Bachelor's degree
$79,000 — Graduate degree

What are employment opportunities and education like in the Valley?

Adults with high school diplomas or college degrees have more employment options and higher potential earnings, on average, than those who do not finish high school. In 2020, Valley adults between the ages of 25 and 64 who did not have high school diplomas were about four times more likely to be unemployed (7 percent) than those that had at least a bachelor's degree (2 percent).[101]

The share of Valley adults with at least a bachelor's degree (34 percent) has increased since 2000, but still lags behind Connecticut overall (40 percent).[102]

Within the Valley, median earnings for an adult ages 25 and older with no high school diploma were about $31,000 in 2020. An Associate's degree or some other college experience puts Valley adults at an advantage: earnings for adults with some college experience or an associate's are $49,000. Adults with a bachelor's degree earn an average of $65,000 and those with a graduate degree earn an average of $79,000.[103]

Valley adults between the ages of 25 and 64 who did not have high school diplomas were about four times more likely to be unemployed than those that had at least a bachelor's degree.

6 COMMUNITY LIFE IN THE VALLEY

Valley residents have access to many public resources, outdoor activities, and arts and cultural opportunities in their communities which attract visitors from across Connecticut and beyond.

The Valley's natural environment is a key community asset, as the region contains numerous green spaces, playgrounds, parklands, rivers, farms and farmers' markets, and community gardens.

What is the character of communities in the Valley?

Valley adults report higher levels of community cohesion than Connecticut overall and the majority of Valley residents are satisfied with the community in which they live. Between 2018 and 2021, the share of adults reporting they were satisfied with the area in which they live increased by 6 percentage points.[104]

Valley residents display high levels of civic engagement. Across each of the three most recent elections—presidential in 2020, local in 2019, and state in 2018—voter turnout in the Valley was one to two percentage points above the statewide rates.[105]

Additionally, crime and violent crime rates in the Valley were well below statewide rates in the most recently available 2019 data.[106]

How do local governments and town resources measure up?

Compared to Connecticut overall in 2021, Valley adults reported slightly higher levels of perceived local government responsiveness and were more likely to think their area was a good place to raise children.
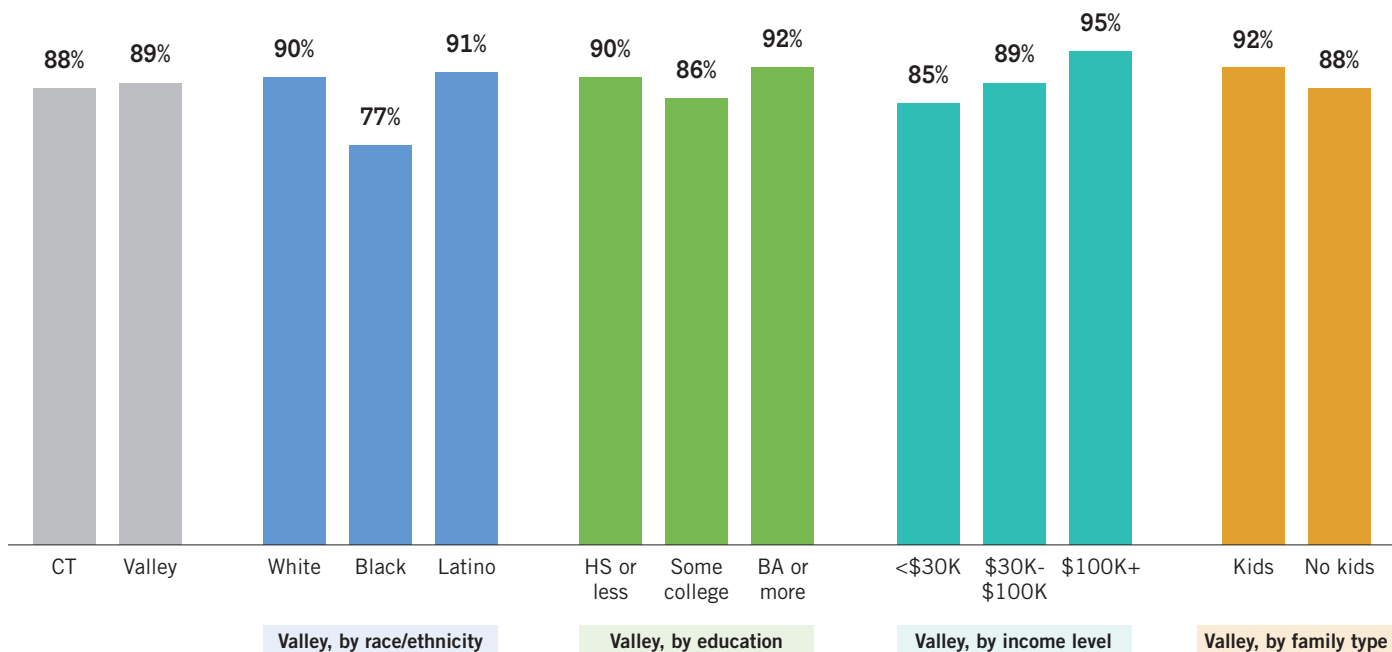
The Valley's towns with the highest property values and strongest tax bases face fewer difficulties in providing their residents with high quality public goods and resources, which directly impacts quality of life across the region.

In Community Listening Sessions, participants described a strong sense of community and said new families are welcomed into the area.

However, some mentioned a lack of public understanding of the concerns, choices, and lifestyles of the LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning) population.

6.01 Residents' satisfaction with area Share of adults, 2021

CT	Valley	White	Black	Latino	HS or less	Some college	BA or more	<$30K	$30K-$100K	$100K+	Kids	No kids
88%	89%	90%	77%	91%	90%	86%	92%	85%	89%	95%	92%	88%

Valley, by race/ethnicity | Valley, by education | Valley, by income level | Valley, by family type

Valley residents' appreciation for area parks increased in 2021— perhaps due in part to people spending more time outside as a result of social distancing due to the pandemic.

Meanwhile, libraries in the Valley adapted their services during the pandemic to offer virtual programming, curbside delivery of materials, and access to more digital collections.

Does the Valley offer safe, high-quality outdoor spaces and amenities?

Younger Valley residents report that there are safe sidewalks and crosswalks in their neighborhoods at rates comparable to the CT average of 60 percent, while older residents are less likely to say the same.[107] Trust in neighbors is high both in CT (85 percent) and in the Valley (78 percent).[108]

The share of Valley residents who report feeling that there are good parks in their area rose to 74 percent in 2021, up from 69 percent in 2015. Rates of perceived bicycle safety rose in a similar manner—the majority (66 percent) of respondents in the Valley region agree that there are places to bicycle in or near their neighborhood that are safe from traffic, such as on the street or on special lanes, paths or trails.[109] This rise is perhaps due in part to people spending more time outside as a result of social distancing due to the pandemic.[110]

What role do libraries play in Valley communities?

Libraries remain important anchor institutions in the Valley and transcend their traditional role of simply lending books. While circulation has decreased both in the Valley and Connecticut since the early 2000s, residents increasingly use libraries for programming and community gathering spaces. Between 2002 and 2019, the number of programs offered by Valley libraries more than doubled, as did program attendance.

In 2020, extended shutdowns led to a 90 percent drop in library visits, but Valley libraries soon adapted to offer virtual programming, curbside delivery of materials, and greater investment in digital collections. Circulation of materials, number of programs offered and program attendance remained strong at 42 percent, 52 percent and 39 percent respectively, compared to pre-pandemic levels.[111]

Access to sufficient and affordable hygiene products is an often-invisible barrier to a basic quality of life for some Valley residents. Community members have provided an organized response to the needs of their neighbors, providing basic supplies such as diapers, soap, menstrual products, and bed pads for seniors on an ongoing basis.

6.02 Residents' feelings on local government and community cohesion Share of adults, 2021

	Trust neighbors	Local government is responsive	Approve of police	Good place to raise kids
Connecticut	87%	58%	75%	76%
Valley	90%	60%	78%	80%
Valley, by race/ethnicity				
White	90%	62%	78%	80%
Black	88%	46%	76%	84%
Latino	86%	56%	76%	73%
Valley, by education level				
High school or less	89%	59%	76%	73%
Some college or Associate's	85%	62%	81%	84%
Bachelor's or higher	91%	57%	79%	78%
Valley, by income level				
<$30K	81%	61%	74%	70%
$30K–$100K	88%	55%	76%	77%
$100K+	95%	62%	82%	88%
Valley, by family type				
Kids in home	90%	58%	77%	82%
No kids	89%	60%	79%	76%

CONCLUSION

Through evaluating the wealth of information and data from a wide range of sources as well as incorporating diverse voices of residents and providers in the 2022 Community Index, we can better understand where the Valley Region is thriving and where there are opportunities for improvement. The more that we know about ourselves and each other, the more we can engage in meaningful dialogues and activities that will foster a more equitable and inclusive Valley for all.

Disparities in wellbeing or key outcomes exist both geographically and demographically in the Valley. The town where residents live has an impact on their opportunities for success and overall well-being. The disparities between racial and ethnic groups, high- and low-income residents, genders, and different age groups also have implications for the well-being of the region as a whole.

Thankfully, the Valley has a rich set of resources to respond to these conditions, meet its residents' needs, and work towards improving the quality of life for all who live and work here. By analyzing data trends and information gathered from those with lived experience, creative solutions to complex problems can emerge. issues such as the need for affordable health care and housing can be addressed, and other less visible or "hidden" challenges such as the lack of access to personal hygiene supplies, can be brought to light.

The shared experience of living through a global pandemic has brought renewed meaning to the idea of collective health and well-being and the importance of human connection. We encourage all Valley stakeholders, including community members, public and private institutions, towns and cities to use the findings of this year's Index to further the health and wellbeing of the entire community. We hope that this report inspires ongoing discussion and collective conversations about ways to move the Valley forward and strengthen the spaces we all share.

FIGURE NOTES

General note on the DataHaven Community Wellbeing Survey (DCWS)
One of the primary sources used throughout this report is the DataHaven Community Wellbeing Survey. The DCWS is supported by 80 public and private organizations including community foundations, municipalities, hospitals, and universities throughout Connecticut. Over the past 10 years, tens of thousands of randomly-selected adults age 18 and over have participated in the survey's live, in-depth interviews about social and economic conditions in all Connecticut towns. Questions for the DCWS are compiled by DataHaven and the Siena College Research Institute from validated local, national, and international surveys, based on extensive input from an Advisory Council representing 300 agencies and non-profits throughout the state as well as regional and national practitioners, academic researchers, and experts in survey research. All reported DCWS estimates are weighted to accurately represent the total adult population within each region, town, or neighborhood. For the estimates produced in 2021, the maximum margin of error for the Valley sample of 554 adults that year is plus or minus 4.8 percent. This means that in 95 out of every 100 samples of the same size and type, the results obtained from any survey question would never vary by more than 4.8 percentage points from the result obtained if an interview was conducted with every single adult in the Valley. In 2021, the maximum margin of error for the statewide sample of 9,139 adults was plus or minus 1.4 percent. More information about the survey is available at https://ctdatahaven.org/wellbeingsurvey.

i.01 Life satisfaction
DataHaven analysis of 2021 DataHaven Community Wellbeing Survey. Adults were asked, "Overall, how satisfied are you with your life nowadays?", and chose one of the following answers: not at all satisfied, only a little bit satisfied, somewhat satisfied, mostly satisfied, or completely satisfied. The chart compares the percent of adults who are mostly or completely satisfied across demographic groups and groups with varied life experiences.

1.01 Share of population by race/ethnicity
DataHaven analysis of US Census Bureau 2010 and 2020 Decennial Census P.L. 94-171 Redistricting Data.

1.02 Median household income and low-income rate
DataHaven analysis of US Census Bureau American Community Survey 2020 5-year estimates.

1.03 Median household income by race/ethnicity of head of household
DataHaven analysis of US Census Bureau American Community Survey 2019 5-year estimates.

1.04 Poverty rate and ALICE rate
United Way of Connecticut ALICE report, 2020. For determination of household income and poverty status, this publication uses data from the US American Community Survey 2018 5-year estimates. Available at alice.ctunitedway.org.

1.05 Financial hardship
DataHaven analysis of 2021 DataHaven Community Wellbeing Survey.

1.06 Homeownership rate by race/ethnicity of head of household
DataHaven analysis of US Census Bureau American Community Survey 2020 5-year estimates.

1.07 Monthly mean eviction rate
DataHaven analysis of Eviction Lab Data. Available at evictionlab.org.

2.01 Annualized average years of potential life lost before age 75
DataHaven analysis of data from the Connecticut Department of Public Health Occurrent Deaths 2015–2021. Retrieved from https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/File-Transfer-Page/ConnecticutDPH-File-Transfer-Page (encrypted). Rates are weighted to a Connecticut standard million (based on 2019 US Census Bureau American Community Survey data, calculated by DataHaven). Annualized values for COVID-19 are scaled from the start of the pandemic. For all-cause mortality, all causes of death are summarized. For selected primary causes of death, only major causes and sub-categories are included.

2.02 Health outcomes by income level
DataHaven analysis of 2021 DataHaven Community Wellbeing Survey.

2.03 Health risk factors
DataHaven analysis of 2021 DataHaven Community Wellbeing Survey.

2.04 Annualized age-adjusted hospital encounter rates
All information provided here is based on a DataHaven analysis (2022) of CHIME data provided by the Connecticut Hospital Association upon request from and special agreement with partner hospitals and DataHaven. The CHIME hospital encounter data extraction included de-identified information for each of several million Connecticut hospital and emergency department encounters incurred by any residents of any town in Connecticut. Any encounter incurred by any resident of these towns at any Connecticut hospital would be included in this dataset, regardless of where they received treatment. DataHaven calculated annualized encounter rates per 10,000 persons, as well as age- and gender-specific rates, for the period from 2018 to October 2021 by merging CHIME data with population data. See https://www.ctdatahaven.org/reports/2022-community-health-needs-assessment-chime-data-profiles for more information.

2.05 Barriers to healthcare
DataHaven analysis of 2021 DataHaven Community Wellbeing Survey.

2.06 Maternal deaths by race/ethnicity
Table of 2021 statewide data provided to the authors by Joan Lane, Southwest Community Health Center, October 2022.

2.07 Young people in the Valley face challenges with behavioral health
Data from 2021 Alliance for Prevention and Wellness survey of Valley schools provided to the authors by Pamela Mautte, June 2022.

2.08 Problematic substance use and gambling
All data are from a DataHaven analysis of 2021 DataHaven Community Wellbeing Survey, except the opioid deaths line chart, which is based on DataHaven analysis of Accidental Drug Related Deaths 2012–2021 from Connecticut Office of the Chief Medical Examiner. Available at https://data.ct.gov/resource/rybz-nyjw.

2.09 Hospital encounters for assault or homicide
All information provided here is based on a DataHaven analysis (2022) of CHIME data provided by the Connecticut Hospital Association upon request from and special agreement with partner hospitals and DataHaven. The CHIME hospital encounter data extraction included de-identified information for each of several million Connecticut hospital and emergency department encounters incurred by any residents of any town in Connecticut. Any encounter incurred by any resident of these towns at any Connecticut hospital would be included in this dataset, regardless of where they received treatment. DataHaven calculated annualized encounter rates per 10,000 persons, as well as age- and gender-specific rates, for the period from 2018 to October 2021 by merging CHIME data with population data. See https://www.ctdatahaven.org/reports/2022-community-health-needs-assessment-chime-data-profiles for more information.

2.10 Lead poisonings and screenings
DataHaven analysis of data collected from Ortiz, D. Connecticut Department of Public Health 2020 Executive Summary: Childhood Lead Poisoning Surveillance. Published online March 1, 2022.

3.01 Childcare availability
DataHaven analysis of data from United Way of Connecticut 211 Childcare and US Census Bureau American Community Survey 2020 5-year estimates. Note that both populations of young children and childcare capacity may be undercounted.

3.02 Share of public school students by race/ethnicity
DataHaven analysis of data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov.

3.03 Public school enrollment and share of students by need
DataHaven analysis of data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov.

3.04 Selected academic and disciplinary outcomes by race/ethnicity
DataHaven analysis of data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov.

3.05 Risky behaviors among youth
Data from 2019 and 2021 Alliance for Prevention and Wellness survey of Valley schools provided to the authors by Pamela Mautte, June 2022.

3.06 Youth feelings about school and community
Data from 2019 and 2021 Alliance for Prevention and Wellness survey of Valley schools provided to the authors by Pamela Mautte, June 2022.

3.07 Views of youth opportunity
DataHaven analysis of 2021 DataHaven Community Wellbeing Survey.

3.08 Four-year graduation rate by district and demographic group
DataHaven analysis of data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov.

3.09 Educational attainment by race/ethnicity
DataHaven analysis of US Census Bureau American Community Survey 2020 5-year estimates.

4.01 Residents' views on community well-being
DataHaven analysis of merged data from 2015, 2018, and 2021 waves of the DataHaven Community Wellbeing Survey.

4.02 Residents' ratings of walkability measures
DataHaven analysis of merged data from 2015, 2018, and 2021 waves of the DataHaven Community Wellbeing Survey.

5.01 Number of jobs and percent change
DataHaven analysis of annual employment data from the Connecticut Department of Labor. Available at https://www1.ctdol.state.ct.us/lmi/202/202_annualaverage.asp

5.02 Seasonally-adjusted unemployment rate
DataHaven analysis of data from the Connecticut Department of Labor.

5.03 Earnings by education level
DataHaven analysis of US Census Bureau American Community Survey 2020 5-year estimates.

6.01 Residents' satisfaction with area
DataHaven analysis of 2021 DataHaven Community Wellbeing Survey.

6.02 Residents' feelings on local government and community cohesion
DataHaven analysis of 2021 DataHaven Community Wellbeing Survey.

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Additional information related to this report is posted on our websites.