Understanding the Valley Region

A COMMUNITY OF WELL-BEING

A COMMUNITY INDICATORS REPORT PRODUCED BY:

VALLEY COMMUNITY FOUNDATION | DataHaven | Community Health Needs Assessment for towns served by Griffin Hospital

2016 Valley Community Index

UNDERSTANDING THE VALLEY REGION: 2016 VALLEY COMMUNITY INDEX

Produced by the Valley Community Foundation and DataHaven, September 2016

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INTRODUCTION

A MESSAGE FROM THE VALLEY COMMUNITY FOUNDATION

We are fortunate to be living in an age when technology and information are available to drive strategic decision making. The data is clear. There are disparities among the Valley communities, which categorically affect education, employment, health, and well-being. The findings in this report provide the information needed to explore areas of vulnerability, celebrate success, and come together to develop strategies for change.

By understanding the needs and opportunities of our region through data collection, we, along with our community partners, are laying the groundwork for collaboration and collective impact. Collective impact is intrinsic to community leaders in the Valley. Organizations have a longstanding reputation for working together to identify community needs and develop responsive strategies.

Created in partnership with DataHaven, this 2016 Valley Community Index is the first single-source report of its kind that provides timely, comprehensive socioeconomic, education, health, and well-being data shaping our region. Community leaders who have a firm pulse on the needs and opportunities of the Valley came together as an advisory committee sharing a common agenda to provide the direction for data research, which will ultimately lead to measurable outcomes. This report is also completed to meet Griffin Hospital's IRS requirements in Form 990 Schedule H and Notice 2011-52 that discuss the creation of a Community Health Needs Assessment, which all tax-exempt hospitals complete as a result of the Patient Protection and Affordable Care Act.

This Index will be used to convene community conversations, foster engagement, align current efforts and investments, and collaborate on strategic endeavors to build, sustain, and enhance the quality of life in the Valley.

I want to thank the Valley Community Foundation Board of Directors for recognizing the importance of building an informed community and investing in this initiative. In addition, this report was supported by key funders that understand the value of accessible, high-quality data. Special thanks also go to the VCF staff; Morrison Downs Associates for project management expertise; the Community Index Advisory Committee for their direction and input on this project; and to DataHaven for their writing and data mining efforts. As a result of all of these many contributions, this Index is truly a community-driven report. I am pleased to present *Understanding the Valley Region*.

Sharon L. Closius
President and CEO
Valley Community Foundation

ABOUT THIS REPORT

This report is part of an ongoing, 20-year tradition of analyzing the economy, health, and quality of life of the Valley region. The effort has included the 1996 Healthy Valley Report, the 2001 Mt. Auburn Report, the Yale-Griffin Prevention Research Center Community Health Profile, the 2010 Valley Cares Report, the 2013 Griffin Hospital Community Health Needs Assessment, and the Naugatuck Valley Health District's 2013-2015 Community Health Improvement Plan. In 2014, in response to the local desire for more comprehensive data collection, the Valley Community Foundation convened a new Advisory Committee (listing on inside cover) and engaged DataHaven to produce *The Valley Now: A 2015 Snapshot*, a brochure on baseline indicators of community well-being. 1

Since 2015, the Advisory Committee has worked to create *Understanding the Valley Region*, a single-source reference for community leaders, service providers, and funders for the Valley. This document helps to fulfill the federal requirement for Griffin Hospital to update its Community Health Needs Assessment every three years. It builds on the hospital's previous work by presenting new information on community well-being, illustrating the connections between health and other quality of life issues, and serving as a platform for the community to prioritize health needs that may require additional attention. More information about the Community Health Needs Assessment will be posted on the Griffin Hospital website: www.griffinhealth.org.

This report was written by Mary Buchanan and Mark Abraham of DataHaven, with assistance from staff at the Valley Community Foundation. It relies on data from federal, state, and local government agencies, as well as information collected directly from Valley residents as part of the statewide 2015 DataHaven Community Wellbeing Survey.

The report would not have been possible without extensive contributions from the Valley Advisory Committee, including information obtained during more than a dozen Committee meetings facilitated by Laura Downs of Morrison Downs Associates.

THE VALLEY

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. We define the Valley as the seven towns that collaborated to win the All-America City Award in the year 2000: Ansonia, Beacon Falls, Derby, Naugatuck, Oxford, Seymour, and Shelton. The towns share a spirited community culture and strong institutions, which collaborate on initiatives in civic vitality, health and human services, economic development, and quality of life. The collaborative work it took by many to be recognized as part of the 20-town Naugatuck Valley Corridor, a federally-designated Economic Development District (EDD), is a prime example of how Valley leaders come together for the greater good.

The Valley has a common history and identity, but each of its towns has its own unique characteristics. The region's demographics and economy are constantly changing in response to outside forces; these changes affect the region's neighborhoods in different ways. Town centers offer a large share of rental or affordable housing units, which are attractive to younger workers, single adults, and other households that 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.

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. Shelton, in particular, has experienced new commercial and office development by virtue of its location and infrastructure. Its strong financial base, however, can mask the economic challenges that other towns face.

THE FIVE CONNECTICUTS

The University of Connecticut Center for Population Research has suggested that each of the state's 169 towns belongs to one of five categories: wealthy, suburban, rural, urban periphery, and urban core. These "Five Connecticuts" are determined by population density, income levels, and economic hardship; each category faces unique opportunities and challenges. 2 In the Valley, Ansonia, Derby, and Naugatuck contain the diverse neighborhoods and manufacturing legacies that are common to urban periphery towns throughout the state. 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 region is a microcosm of Connecticut as a whole. This report highlights those similarities by comparing the region to the state on key indicators.

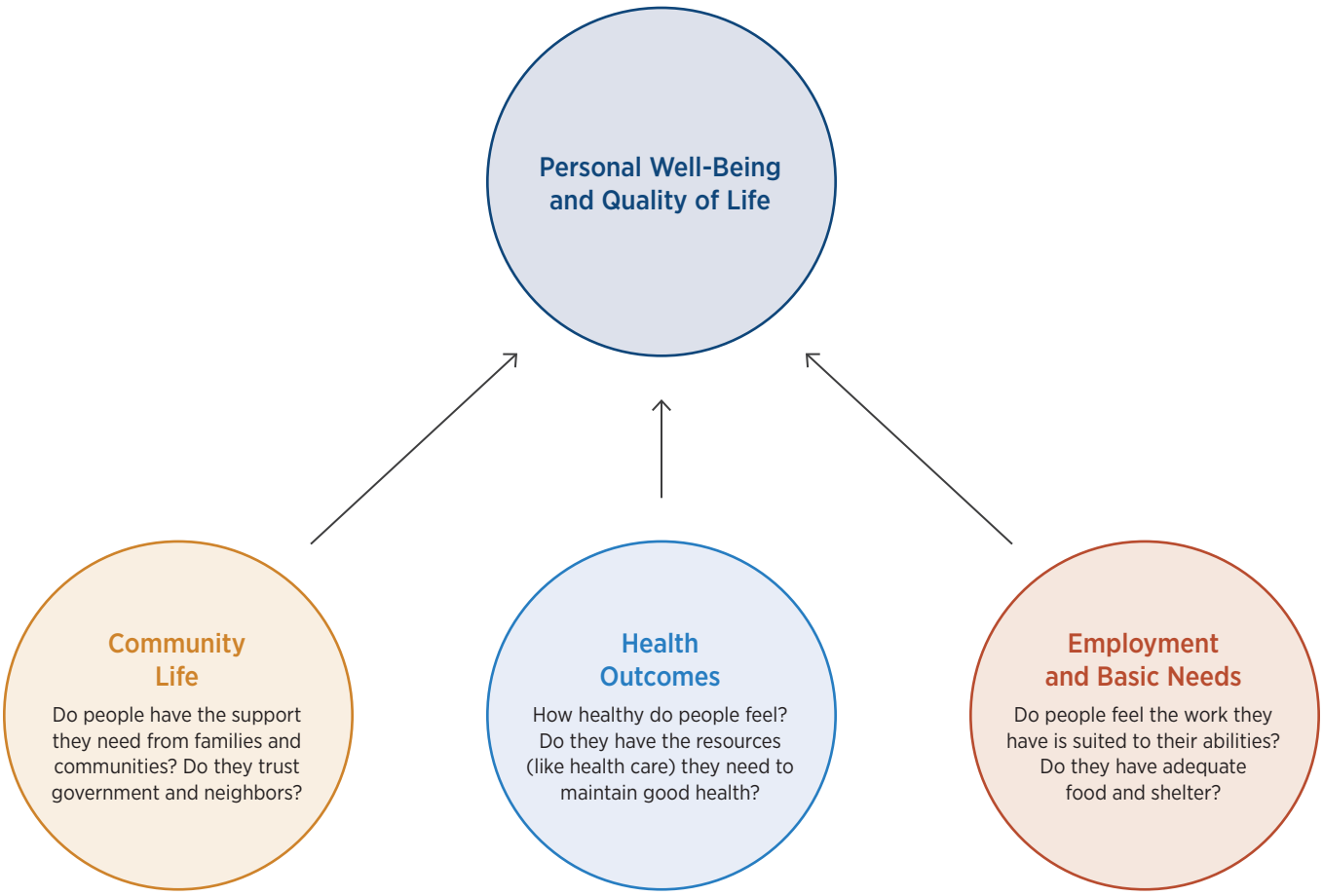
CONTENTS & KEY FINDINGS

UNDERSTANDING COMMUNITY WELL-BEING

The Valley's economic, educational, cultural, and health-related assets present opportunities to improve the quality of life for its residents. Examining the personal well-being of residents—that is, the degree to which all people in the Valley experience healthy, happy lives and realize their individual life goals—can help Valley leaders understand how the work that they are accomplishing within different issue sectors fits into a broader whole.

Many factors support personal well-being and happiness, but scientists have identified some of the most important, including: community life and social support, health outcomes, and employment and basic needs. [3] These are, in turn, affected by: access to education, practices that support diverse populations, high-quality health care, and place-based factors such as the physical condition of infrastructure and public places.

Levels of well-being are not evenly distributed across the population or across time. For example, during economic recoveries, unemployment may fall and incomes may rise for some, but not all, groups. By considering a broad range of social, health, and economic issues as a society changes, leaders can make informed policy decisions that benefit quality of life throughout the community.



MEASURING DIFFERENCES IN PERSONAL WELL-BEING IN THE VALLEY

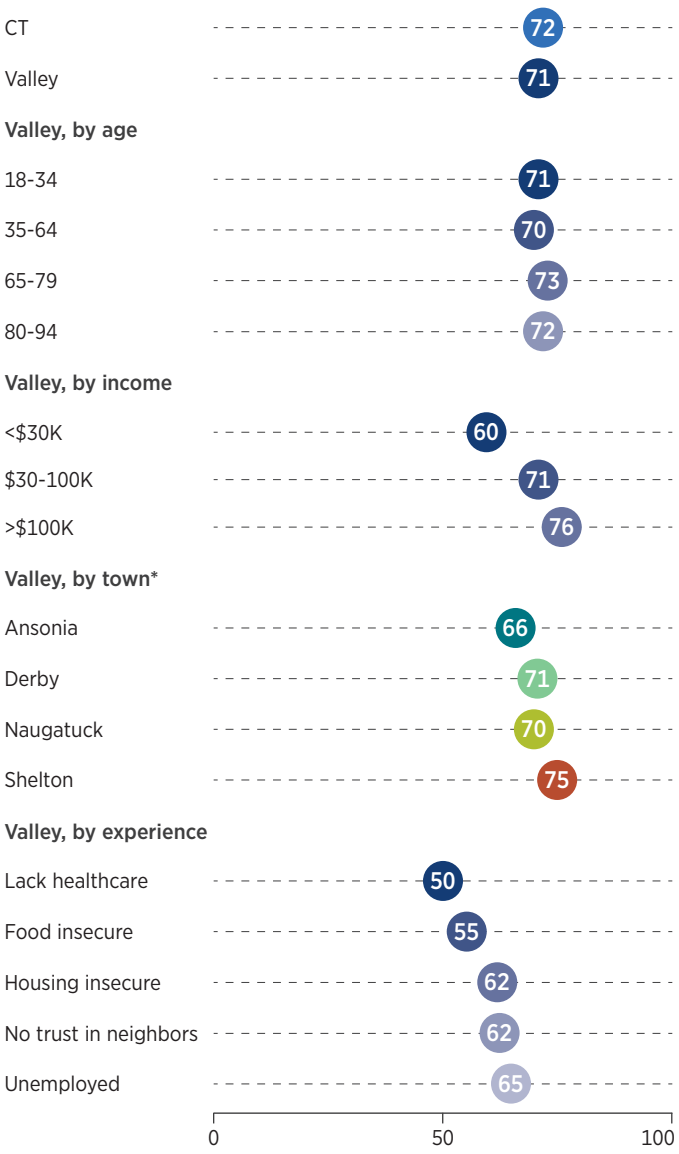
The United Nations has identified measuring local well-being as a global priority. [4] The 2015 DataHaven Community Wellbeing Survey (CWS) represented a first step toward achieving that goal in Connecticut. More than 16,000 randomly-selected adults living throughout the state, including 1,051 in the Valley region, participated in live, in-depth interviews. Designed by a panel of local and national experts and drawn from well-known surveys in the United States and United Kingdom, the CWS included a series of questions that are regularly used to evaluate personal well-being:

- How would you rate your overall health?
- How satisfied are you with your life nowadays?
- How happy did you feel yesterday?
- How anxious did you feel yesterday?
- Overall, to what extent do you have the time you need to do things that you really enjoy?
- Do you have relatives or friends who you can count on to help you when you need them?
- During the last month, how often have you been bothered by feeling down, depressed, or hopeless?

These questions comprise the content of a Personal Well-Being Index. As each question has a range of possible responses, a group scoring 100/100 on the Index would be one in which all individuals reported being in excellent health, completely satisfied with life, completely happy and having time to do things they enjoy, not at all anxious, and never once feeling down or depressed. Such a "perfect" group could not exist anywhere. However, the large variations in the responses to these questions reveal patterns in social, health, economic, and environmental well-being that can ultimately inform community decisions.

According to the Personal Well-Being Index, the population of adults living in the Valley has approximately the same Index score as adults throughout Connecticut: 71/100. Yet, the Index ranges from just 57/100 among adults in households earning less than $15,000 per year to 76/100 among those in households earning over $100,000 per year. However, it should be noted that personal experiences have a considerably greater effect on reported well-being than income alone. Across all income groups, Valley residents are much more likely to report high levels of well-being if they have adequate housing and food, are employed, trust their neighbors, and had access to the appropriate health care during the past year.

1.01 Personal Wellbeing Index



* Survey estimates for the towns of Beacon Falls, Oxford, and Seymour are not listed here due to smaller sample sizes and higher margins of error for estimates for those towns.

Some residents in the Valley said they could not afford food for themselves or their families within the past year. The 12 percent of adults who reported experiencing food insecurity had an Index score of just 55/100—a much lower score than their income level alone would predict. Looking further into the data, the issue may be linked to mental health. Thirty-one percent of food insecure adults reported that they often felt down or depressed during the past year, and 58 percent reported feeling at least somewhat anxious the day before. Among adults who did not report food insecurity, only six percent often felt down or depressed in the past year, and just 25 percent reported feeling at least somewhat anxious the day before.

A CHANGING VALLEY

AN AGING POPULATION

In 2014, the total population of the Valley towns was 139,674. Since 1990, it increased by 12 percent, at a rate faster than Connecticut's population overall (up 9 percent). Every town in the region grew in population; Oxford grew the fastest and Shelton grew the most.

From 1990 to 2014, the population of children (ages 0-17) living in the Valley hardly increased and the number of young adults (ages 18-34) decreased. Meanwhile, the population of middle-aged adults (ages 35-64) grew the most. Over this period, population change by age group has resulted from people aging into new age groups, changing birth and death rates, and migration in and out of the region. Over the next decade, seniors (ages 65 and over) are projected to become the fastest-growing age group in the Valley, with an estimated population increase of 61 percent between 2014 and 2025.

Fewer children and more aging adults have made the total Valley population older in general, trends that mirror statewide changes. The growth in older adults is occurring nationally and internationally and is due to Baby Boomers, who began turning 65 in 2011. 5 By age group, population change was relatively stable in Ansonia, Derby, and Seymour. Beacon Falls and Oxford experienced population growth across all age groups. The populations of Naugatuck and Shelton aged considerably, due to large increases in the population of adults ages 65 and over and declines in the number of children.

2.01 Total Population in the Valley, 1990-2014

	Total population		
	2014	1990-2014 change	2025 (projected)
Connecticut	3,592,053	9%	3,725,807
Valley	139,674	12%	147,673
Ansonia	19,128	4%	20,571
Beacon Falls	6,065	19%	6,879
Derby	12,837	5%	13,855
Naugatuck	31,790	4%	33,078
Oxford	12,831	48%	15,532
Seymour	16,551	16%	17,773
Shelton	40,472	14%	39,985

2.02 Population and Growth by Age in the Valley, 1990-2014

	Age 0-4		Age 5-17		Age 18-34		Age 35-64		Age 65+	
	2014	1990-2014 change	2014	1990-2014 change	2014	1990-2014 change	2014	1990-2014 change	2014	1990-2014 change
Connecticut	194,338	-15%	600,747	15%	774,536	-17%	1,491,353	28%	531,079	19%
Valley	7,361	-21%	23,242	15%	27,347	-22%	60,758	41%	20,966	25%
Ansonia	1,022	-29%	3,332	16%	4,011	-24%	8,076	40%	2,687	-13%
Beacon Falls	168	-55%	1,174	35%	926	-40%	2,998	70%	799	48%
Derby	817	4%	1,939	26%	2,869	-22%	5,320	36%	1,892	-16%
Naugatuck	2,320	-11%	4,939	-8%	7,149	-23%	13,056	35%	4,326	17%
Oxford	589	-14%	2,635	48%	1,756	-14%	6,085	75%	1,766	152%
Seymour	927	-4%	2,756	30%	3,423	-18%	7,390	46%	2,055	3%
Shelton	1,518	-39%	6,467	14%	7,213	-22%	17,833	32%	7,441	67%

2.03 Population and Projected Growth by Age in the Valley, 1990-2025

RACE AND ETHNICITY

In 2014, 18 percent of the Valley population (compared to six percent in 1990) identified as racial or ethnic minorities (not non-Hispanic white). Over this period, the minority population doubled, with an increase of 18,600 individuals, while the size of the self-identified white population grew by only 2,400 people. Racial and ethnic diversity is highest among the youngest Valley residents, a trend suggesting that the Valley's diversity will continue to increase in the future.

Ansonia and Derby have the most racially and ethnically diverse populations of the Valley towns. The largest number of self-identified racial and ethnic minorities lives in Ansonia (25 percent of all minorities in the Valley).

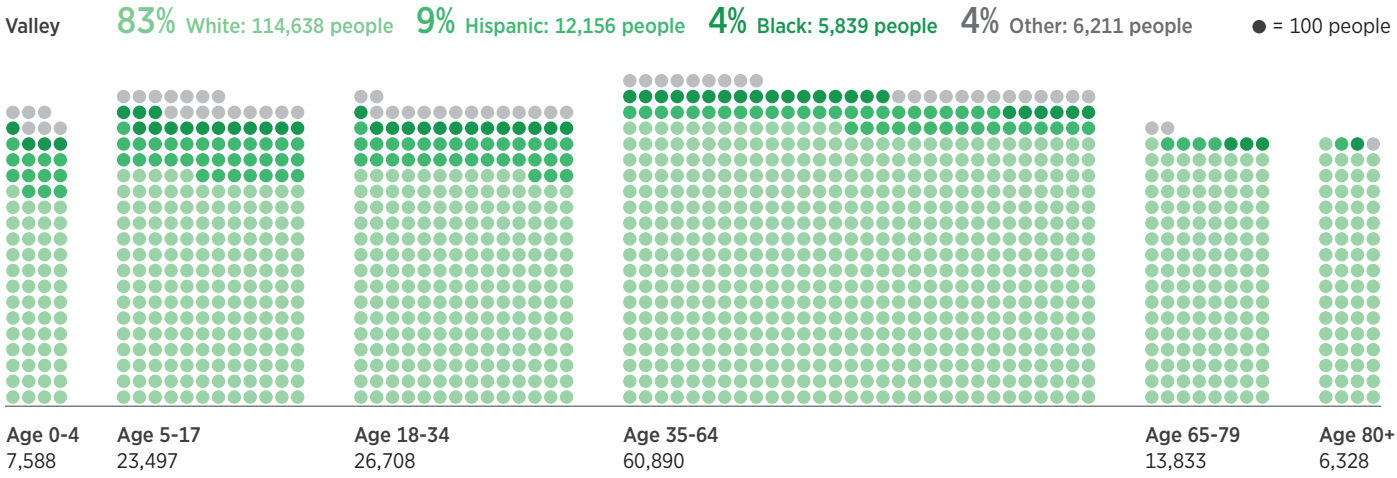
Racial groups include Caucasian or white, African-American or black, Asian, and Native American. The U.S. Census Bureau identifies more than nine distinct racial groups.

Ethnicity refers to cultural factors of an individual, based on origin—including nationality, religion, or language. Hispanic (or Latino) is an ethnicity.

In this report, we will refer to racial or ethnic minorities as people who do not identify as non-Hispanic white. This group includes people who do not identify racially as white, as well as all people who identify ethnically as Hispanic, regardless of their race.

2.04 Race and Ethnicity in the Valley, 2010*

Age Groups by Race/Ethnicity



Total Population by Race/Ethnicity

Connecticut	71% White	Ansonia	68% White	Beacon Falls	91% White	Derby	74% White
	13% Hispanic		17% Hispanic		5% Hispanic		14% Hispanic
	9% Black		11% Black		1% Black		7% Black
	6% Other		4% Other		2% Other		5% Other
Naugatuck	81% White	Oxford	93% White	Seymour	88% White	Shelton	87% White
	9% Hispanic		4% Hispanic		6% Hispanic		6% Hispanic
	4% Black		1% Black		2% Black		2% Black
	5% Other		3% Other		3% Other		5% Other

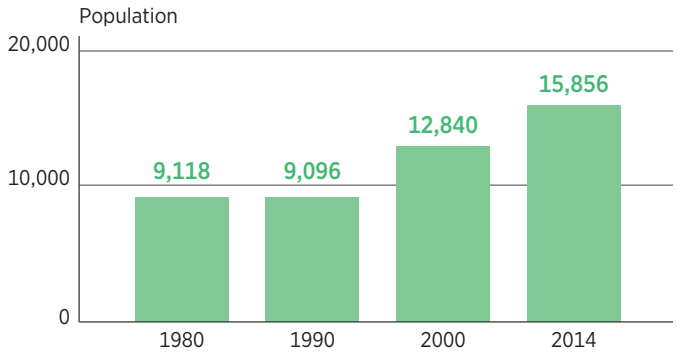
* The infographic shows the most recent population data for age groups by race/ethnicity, from the 2010 U.S. Census. The text in the remainder of this report generally uses population data for all ages by race/ethnicity, from the 2014 5-Year U.S. Census American Community Survey.

IMMIGRATION AND MIGRATION

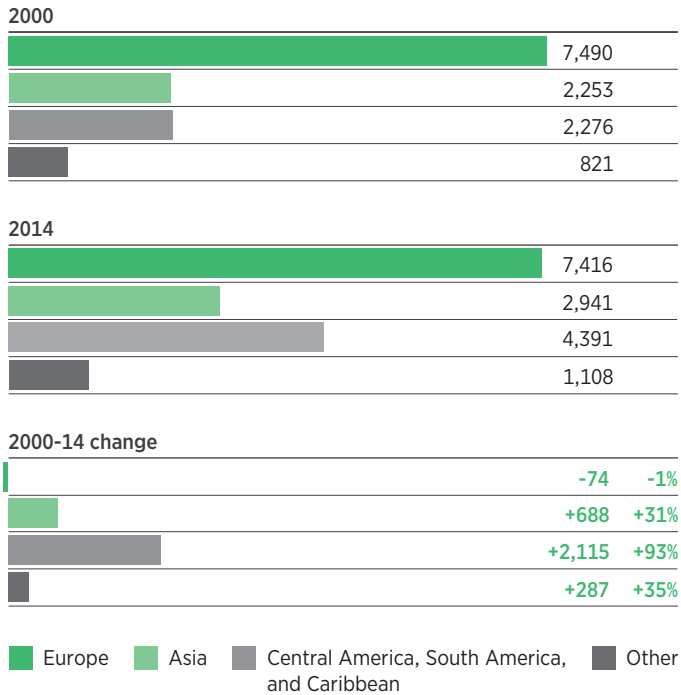
The number of foreign-born people living in the Valley has increased steadily from 1990 to 2014, reflecting an uptick in immigration nationally. By 2014, 11 percent of Valley residents were foreign-born, or immigrants (just below 14 percent statewide). In general, immigration increases the economic resilience of the Valley, since most immigrants are of working age, and a majority of working-age immigrants (64 percent statewide) have jobs and pay taxes (compared to 61 percent of all working-age residents statewide). Immigrants bring to the Valley the cultural perspectives of approximately 90 home countries from every region around the world.

Each year, approximately 12,800 people (nine percent of all residents) move to new homes in the Valley. This includes two-thirds who relocate to a new home from within the same county (perhaps even within the same town). Nearly 300 people move directly to the Valley from a foreign country. The "residential mobility" rate, or share of the population that moved to a new place of residence in the past year, is highest among Derby residents, at 14 percent.

2.05 Immigrants Living in the Valley, 1980-2014



2.06 Immigrants in the Valley by Place of Birth, 2000-14



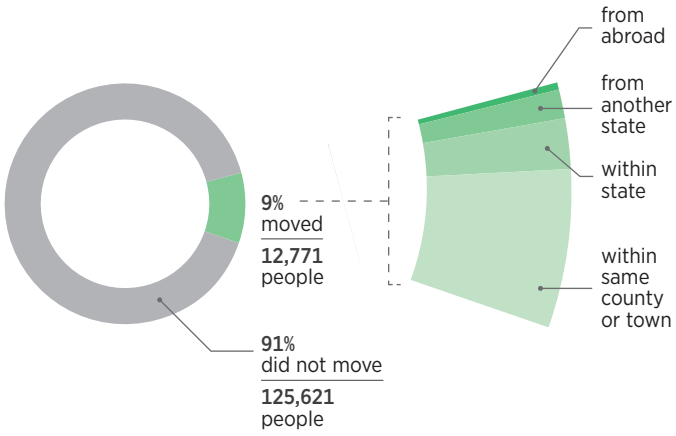
2.07 Characteristics of Immigrant Population, 2014

	Connecticut	Valley
Arrived in the US between 2000-14	40%	24%
Naturalized US citizen	48%	58%
Born in Europe	27%	47%

2.08 Characteristics of Valley Population, 2014

	Total population	Immigrants
Of working age (age 18-64)	63%	77%
Has 4-year college degree (age 25+)	30%	29%
Does not speak English very well (age 5+)	6%	42%

2.09 Valley Residents Who Moved in the Last Year, 2014



INCOME OF VALLEY RESIDENTS

In 2014, Valley households had a median income of $71,319. This is $1,420 above the state median, which is the 4th highest in the nation. However, incomes vary by town and neighborhood, and an increasing number of people, especially children, live in economic hardship.

In 2014, nine percent of the total Valley population lived in poverty. Meanwhile, 20 percent of Valley residents were low-income. Residents living in low-income households report greater levels of severe financial stress, such as housing, childcare, and food insecurity. This report uses the low-income rate to identify individuals and households living in economic hardship.

The United Way of Connecticut found that a typical family of four in the Valley needed $66,088 in 2012 to cover all necessary living costs. 6 Based on these estimates of the cost of living, approximately one in three Valley households earn less than what they need.

Poverty: People who live in households with annual incomes below the federal poverty guideline. Under January 2016 guidelines, this is equivalent to $16,020 per year for a family of two, $24,300 for a family of four. 7

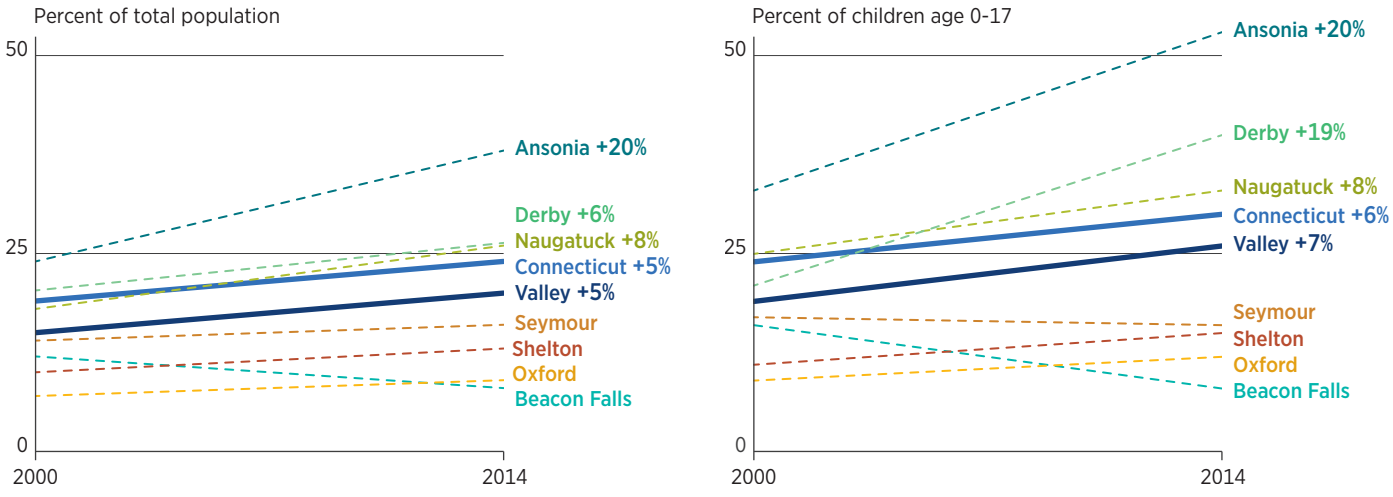
Low-income: People who live in households with annual incomes less than two times the federal poverty guideline.

2.10 Key Income Indicators, 2014

	Households	Median household income	Population in low-income households	Low-income rate	Age 0-17, in low-income households	Age 0-17, low-income rate	Age 0-5, in low-income households	Age 0-5, low-income rate
Connecticut	1,356,206	$69,899	823,045	24%	233,352	30%	78,316	34%
Valley	52,390	$71,319	27,820	20%	7,970	26%	2,776	32%
Ansonia	7,240	$43,144	7,199	38%	2,306	53%	767	62%
Beacon Falls	2,334	$87,273	463	8%	113	8%	43	17%
Derby	4,972	$52,136	3,302	26%	1,089	40%	497	51%
Naugatuck	12,157	$58,641	8,046	26%	2,352	33%	976	37%
Oxford	4,411	$98,504	1,148	9%	381	12%	14	2%
Seymour	6,090	$77,465	2,593	16%	560	16%	186	19%
Shelton	15,186	$88,369	5,069	13%	1,169	15%	293	16%

2.11 Population Living in Low-Income Households, 2000-14

The low-income rate for children is generally higher than for total population; the rate for children grew more rapidly in Ansonia and Derby.



2.12 Key Housing Unit Indicators, 2014

	Occupied units	Homeownership rate	% Single family homes	All units	% Built before 1950
Connecticut	1,356,206	67%	66%	1,490,381	29%
Valley	52,390	72%	70%	56,369	28%
Ansonia	7,240	55%	49%	7,711	48%
Beacon Falls	2,334	82%	77%	2,579	21%
Derby	4,972	58%	52%	5,505	39%
Naugatuck	12,157	66%	65%	13,103	30%
Oxford	4,411	88%	96%	4,681	17%
Seymour	6,090	76%	75%	6,590	29%
Shelton	15,186	80%	80%	16,200	17%

HOUSEHOLDS

In 2014, there were 52,390 households in the Valley. Of these, more are single people living alone, fewer are married couples, and fewer have children compared to past decades. This suggests that aging Baby Boomers and people getting married later in life are largely responsible for these changes, which follow a national trend.

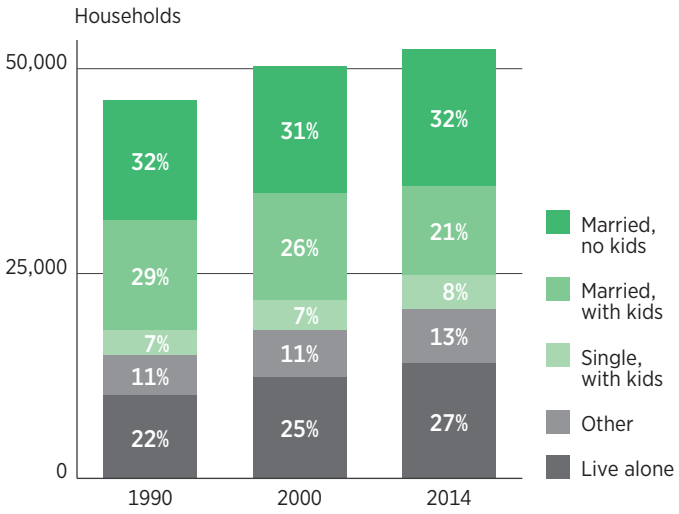
HOUSING

Since 2000, the homeownership rate, defined as the percentage of all households that own the homes in which they live, has remained stable at 72 percent. This is higher than the state homeownership rate (67 percent in 2014). Single family homes constitute 70 percent of housing units in the Valley.

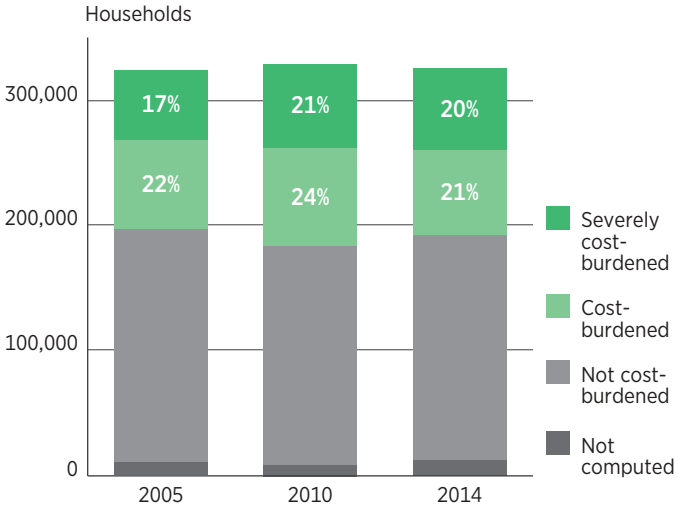
In the Valley and in Connecticut, 39 percent of households are "cost-burdened," spending more than the recommended 30 percent of total income on housing costs. Seventeen percent of Valley households are "severely cost-burdened," spending more than half of income on housing. Forty-seven percent of renters are cost-burdened, more than the 36 percent of homeowners.

According to 1-year American Community Survey estimates, from 2005 to 2014 the number of severely cost-burdened households in New Haven County increased by 8,900, or 16 percent—similar to the 19 percent increase statewide. These changes resulted from household incomes growing more slowly (or decreasing due to unemployment) than the average costs of owning or renting a home.

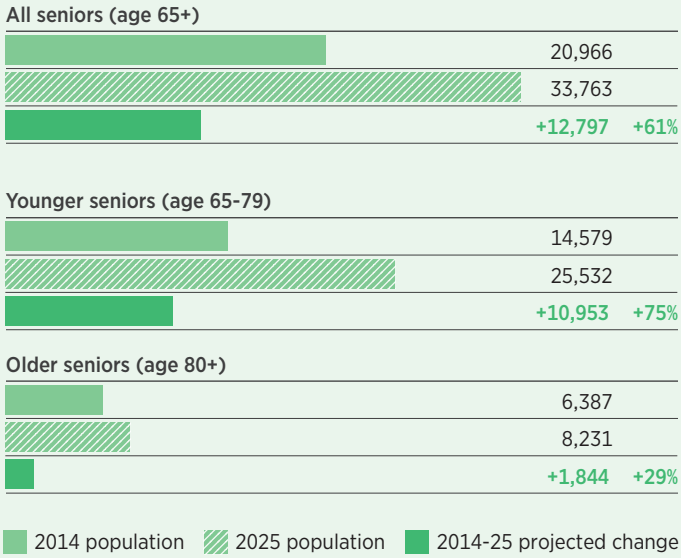
2.13 Households in the Valley, 1990-2014



2.14 Housing Cost Burden in New Haven County, 2005-14



2.15 Projected Senior Population in the Valley, 2014-25



VALLEY SENIORS

Consistent with state, national, and global trends, the Valley population is aging. In 2014, 15 percent of all Valley residents were seniors (people ages 65 and older); by 2025, this number is projected to reach 23 percent, increasing by 12,800 individuals. The number of seniors living alone also increased by nearly six percent between 2000 and 2010; this number is projected to grow in the future, consistent with overall senior population growth.

The 2015 DataHaven Community Wellbeing Survey (CWS) results show that 83 percent of Valley adults ages 65 and older reported satisfaction with where they lived. National data indicate that approximately 9 in 10 adults would prefer to "age in place," or continue to live in their homes and communities as they age. 8

Most adults eventually experience changes to their health—such as limited mobility, poor physical health, or mental health problems—that alter personal well-being or challenge independent lifestyles. Many Valley seniors have begun to experience these changes.

Poor health increases with age: 20 percent of Valley older seniors (people ages 80 and above) self-report having poor or fair health, more than the 14 percent of younger adults (ages 18-79). Mental health issues are also prevalent among older seniors. Approximately 25 percent reported struggling with depression and 11 percent battled anxiety—although overall, fewer older seniors had these feelings compared to younger adults.

Ten percent of younger seniors (ages 65-79) and 30 percent of older seniors have difficulty completing activities for daily life (ADL), 9 such as dressing, bathing, eating, toileting, mobility, and taking medications. Additionally, older adults have impairment with instrumental activities of daily living such as meal preparation, home maintenance, shopping, and personal finance. Many seniors also have disabilities and may struggle to complete daily tasks if their homes have physical elements that obstruct mobility, such as steps, stairs, narrow doorways and hallways, or handled-doors. Many private residences, in particular single-family homes (70 percent of all Valley homes), have these designs.

Personal limitations may also make it difficult for older adults to operate a vehicle, or to use other methods of transportation. Eleven percent of older seniors report not having reliable transportation. Yet transportation is crucial to get to services outside the home, suggesting that these seniors have uncertain access to things like health care, food, banking, and social interaction.

Accessibility of spaces and transportation, services to address needs, and social opportunities are necessary for aging Valley residents to stay in the community and maintain happy and healthy lives.

There are more than 30 regional facilities that provide housing specifically for seniors. All facilities meet federal standards to be physically accessible for people with disabilities; they have built elements to help people with disabilities to get around—such as ramps, chairlifts, and wide entryways. Levels of provided care vary by location. Costs are also different, though

13 of the 30 regional facilities provide subsidized housing units for adults with incomes below 80 percent of the area median income. 10

With 20 percent of older adults reporting on the CWS that they usually share a ride with others to travel, it is apparent that community members are a crucial transportation resource for older neighbors.

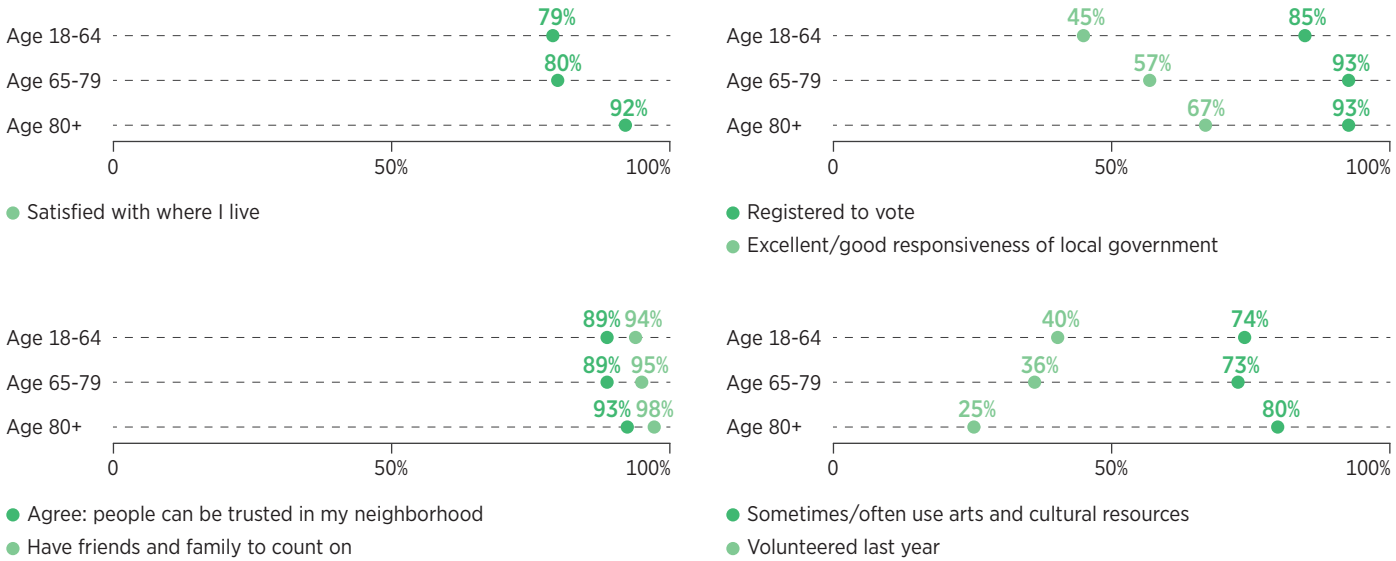
Older adults who do not drive can also use ADA-certified public transit to travel, including public buses, trains, and reserved-ride minibuses. Currently, all of these services are "curb-to-curb," which means users may need to walk some distance to access transportation. The Valley Transit District, which operates the reserved-ride minibuses, is exploring how to supply "door-to-door" service for older adults.

Adult Day Care (ADC) facilities provide health and social services to seniors in a group setting, an alternative for those who need daily care but do not want expensive home care or to relocate to an assisted living facility. Currently, there is no ADC facility in the Valley, which causes older adults to travel an average distance of 12 miles to more than 20 programs outside the region. 11

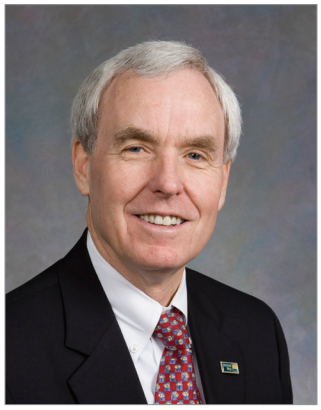
Each town operates a senior center, and two Area Agencies on Aging serve the Valley towns. These and other local organizations provide meals, facilitate transportation, address questions about state and federal programs like Medicare, and organize social events. Understanding the trends of an aging population, the Valley community has unanimously supported plans for a new local ADC as well as the development of a community center, which will house agencies that support seniors and their families.

The data contained in this report demonstrates that the Valley is rich in opportunities for people of all ages to engage civically and socially. However, older seniors are less likely to report volunteering than younger residents. Promoting volunteerism can help seniors to stay involved in other aspects of the community and maintain connections to other community members. 12

2.16 Perceived Community Engagement Among Valley Seniors



COMMUNITY LIFE IN THE VALLEY



John J. Walsh
President & COO
Valley United Way

Residents of the Valley are unique in Connecticut in their ability to share both a local (city, town, borough) and regional (Valley) identity based upon shared resources, locations, and experiences. This creates community life and connects people of all backgrounds to various aspects of society and culture, enhancing the quality of life for all.

In the Valley, values such as pride of place, ethnic and religious heritage, and sense of social connections underlie strong traditions of community engagement. Residents pride themselves in taking care of their own. Those who live and work in the Valley come together time and again to support its causes they care about.

The region values its rich history of immigrants, many of whom arrived during the industrial revolution to seek opportunities in a growing economy. The hard-working, family-oriented values of these early generations have become deeply ingrained in the fabric of life in the Valley.

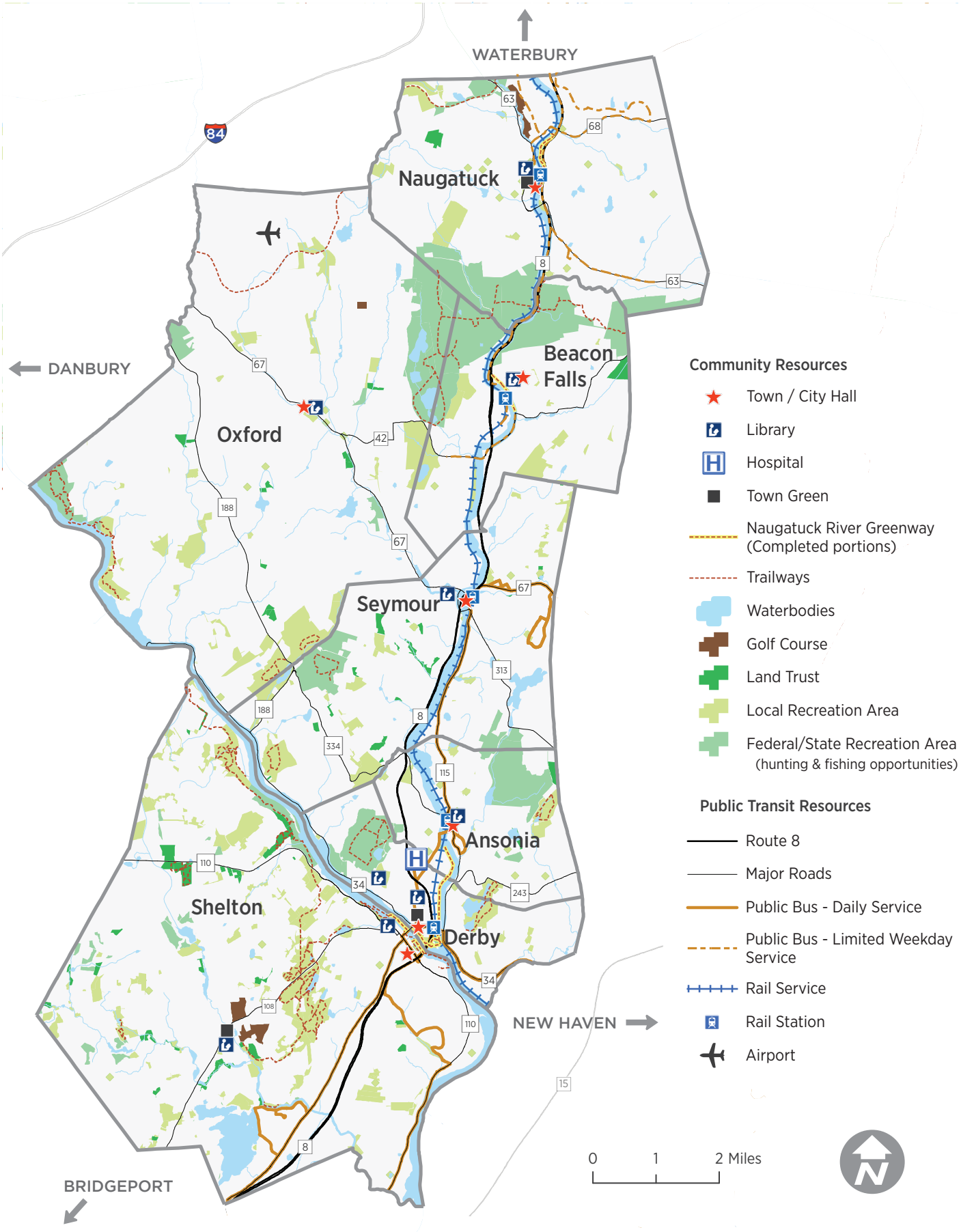
The vibrancy of a community is reflected by civic engagement, volunteerism, voter turnout, and community involvement. At the same time, there are several contributing factors that may inhibit the level of participation by some, such as being new to the community, a general lack of awareness about opportunities, or limited resources.

The Valley's natural environment is a key component for active and passive recreation. The cleanup of its rivers and brownfields (see page 47), coupled with the creative preservation of open space and development of a greenway system, has opened up many new opportunities.

Funding and planning from national and statewide initiatives will continue to impact community life at the local level. The Department of Energy and Environmental Protection (DEEP) helps communities develop urban greenways, or recreational trail ways through cities and towns. Federal transportation funds helped pay for the Ansonia and Derby greenways. The Connecticut Complete Streets effort encourages communities to improve sidewalks and bikeways, making neighborhoods and commercial corridors more accessible to pedestrians and bikers. Recent community planning and development efforts have focused on access to shared public spaces, where residents can interact with each other. Since 2011, an advisory group led by the Connecticut Secretary of the State has worked to encourage residents' engagement in their communities.

Effective communications and local information sharing is critically important to community members. The Valley was an early pioneer in fostering internet connectivity through the Electronic Valley project and recognizes that the internet will continue to offer many economic and educational benefits critical to the connectivity and growth of the community. Increasingly, the internet is becoming the primary means of communication within the Valley. State and local governments are working together to provide all Connecticut residents with internet access and local residents need to take full advantage.

Spending cuts at other levels of government, however, have resulted in reduced budgets for public resources like libraries, art institutions, museums and parks. Despite these common challenges, community leaders continue to strive to create opportunities for residents to build relationships, convene meaningful conversations, and create a lasting impact on the Valley as a whole. As the composition of the region shifts, resulting from an aging population, increasing diversity, and a steady influx of immigrants, the Valley looks forward to nurturing the vibrancy of the community by equally and inclusively engaging a growing range of constituents.


WATERBURY
DANBURY
NEW HAVEN
BRIDGEPORT
Naugatuck
Beacon Falls
Oxford
Seymour
Ansonia
Derby
Shelton
84
63
68
8
67
42
188
313
334
115
110
34
243
108
15
Community Resources
Town / City Hall
Library
Hospital
Town Green
Naugatuck River Greenway (Completed portions)
Trailways
Waterbodies
Golf Course
Land Trust
Local Recreation Area
Federal/State Recreation Area (hunting & fishing opportunities)
Public Transit Resources
Route 8
Major Roads
Public Bus - Daily Service
Public Bus - Limited Weekday Service
Rail Service
Rail Station
Airport
0
1
2 Miles
N

COMMUNITY RESOURCES

Valley residents enjoy many outdoor activities, performances, visual arts, a varied cuisine, and other cultural opportunities in their community. Locally, there are close to 40 nonprofit arts organizations and more than 50 annual festivals celebrating diverse traditions. Residents have access to hundreds of cultural opportunities in nearby New Haven, Hartford, and Fairfield Counties, and in New York City.

The Valley attracts people from across the state and beyond to enjoy the many outdoor activities. There are numerous working farms, four farmers' markets, and many community gardens in the Valley. Town greens serve as public gathering spaces for official events. Approximately 75 town-operated parks or recreational facilities and six state parks are open to all Valley residents and give access to trails, playgrounds, sports facilities, and nature centers. The rivers attract boating, swimming, fishing, and scenic respite.

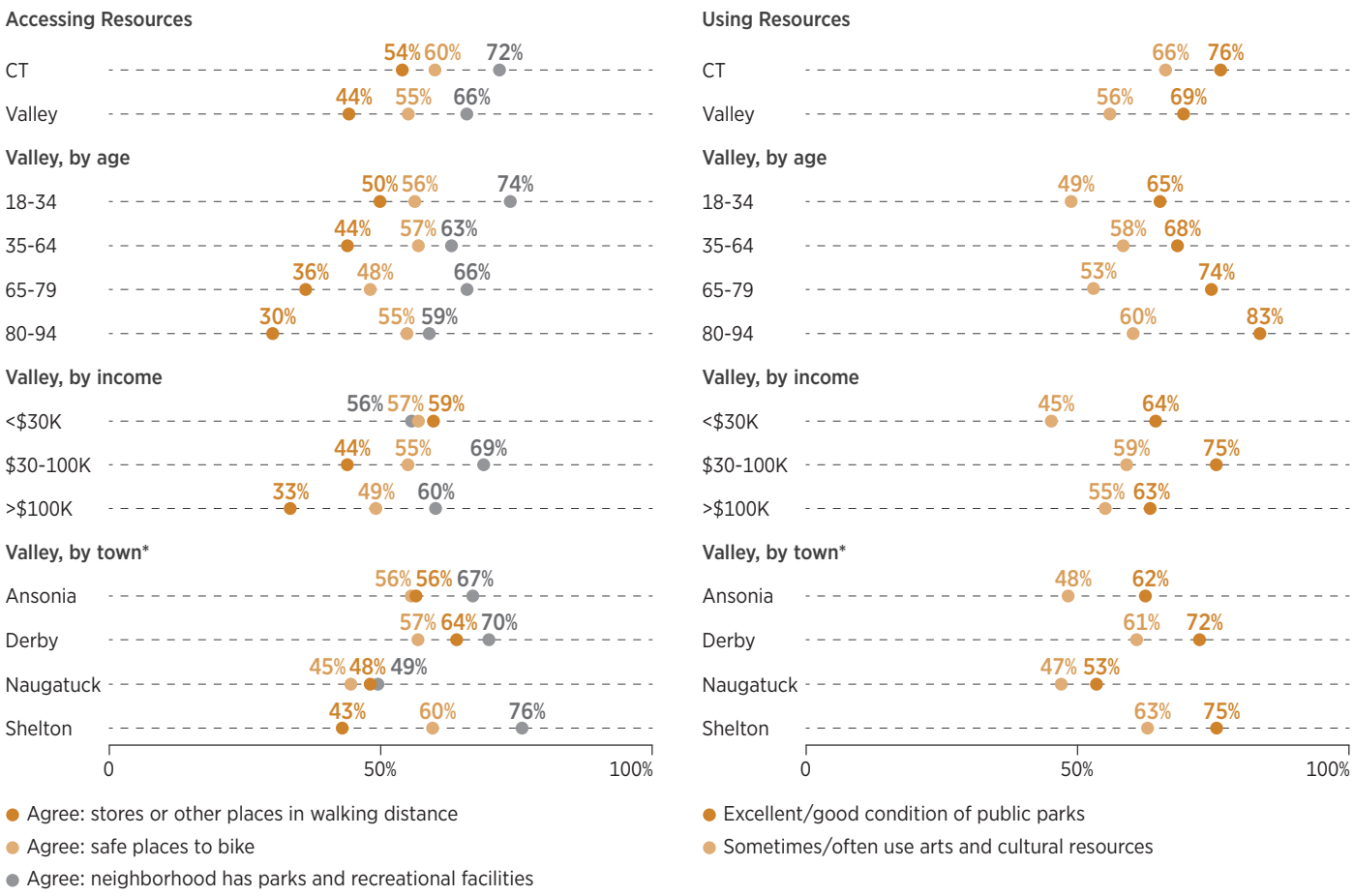
The Valley supports local athletic teams, with long-standing rivalries between the towns. People of all ages can participate in a large variety of sports organized by town and community leagues.

PERCEIVED ACCESS TO COMMUNITY RESOURCES

The 2015 DataHaven Community Wellbeing Survey (CWS) found that overall, Valley residents are satisfied with their community's resources. Seventy-two percent of adults reported that the availability of goods and services that meet their needs was excellent or good. Nearly two-thirds of Valley adults reported that public parks and recreational facilities in their towns were in excellent or good condition.

Fifty-six percent of residents reported sometimes or often using arts and cultural resources in their area, fewer than the 66 percent who reported the same statewide. For every 10,000 residents, the Valley is home to 2.5 arts and cultural nonprofit organizations—the statewide average is double. This suggests that it is harder for Valley residents to access arts and

3.01 Perceived Access and Use of Community Resources



* Survey estimates for the towns of Beacon Falls, Oxford, and Seymour are not listed here due to smaller sample sizes and higher margins of error for estimates for those towns.

culture locally, particularly compared to residents of larger cities with more offerings. 13

People with low household incomes—less than $30,000 per year—were less likely to report taking advantage of arts or recreational resources than other Valley residents: only 45 percent of these households reported sometimes or often using arts and cultural resources in their area.

Valley residents also do not perceive their neighborhood resources to be of equal accessibility or condition: fifty-six percent of people with low household incomes agreed that their neighborhood had several free or low-cost recreation facilities, compared to 66 percent of other Valley residents. Fewer people with low household incomes consider their local park conditions to be excellent or good (64 percent) compared to all other Valley residents (69 percent).

LIBRARY USE

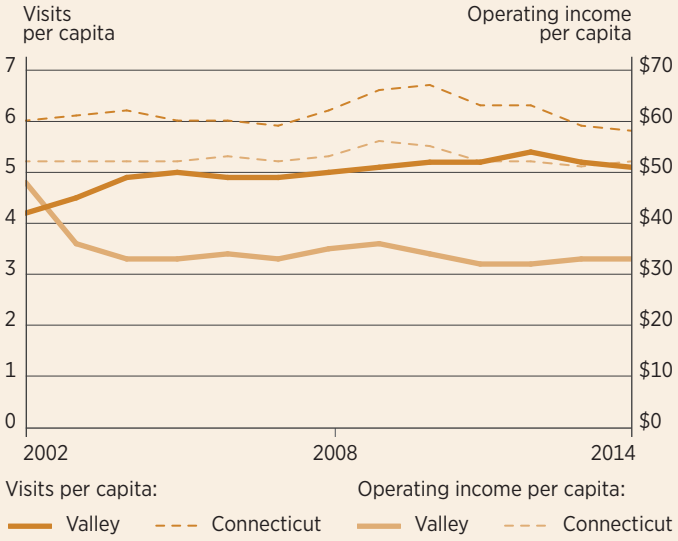
Every Valley town has a library; Derby has two and Shelton has an additional branch. Libraries are funded through town taxes, state appropriations, and private donations.

Throughout the past decade, an increasing number of people went to Valley libraries for reasons other than to borrow books. 14 From 2002 to 2014, annual visits to Valley libraries increased faster than the number of items the libraries lent out. In 2014, two-thirds of items were books; digital media comprised the balance. All Valley libraries are members of Bibliomation, which allows patrons to download audiobooks and videos without physically entering the library.

From 2002 to 2014, area libraries doubled free programming to patrons, providing classes, concerts, clubs, and other activities; attendance doubled in response. Increasing visits to, and use of, Valley libraries, compared to stagnant use statewide, highlight their expanding role as a community resource.

3.02 Library Use and Funding, Valley and Statewide, 2002-14

Visits have increased to Valley libraries, but funding has gone down.



In 2014, based on total operating income per capita, Valley libraries had 40 percent less money to spend and 30 percent fewer staff people per resident compared to the state average. From 2002 to 2014, Valley library budgets decreased by an average of 26 percent (inflation adjusted) and libraries cut expenditures on materials and staff wages. Despite the increased demand, limited financial resources restrict services the Valley libraries could offer.

3.03 Library Use, Valley and Statewide, 2002-14

Use increased in the Valley faster than statewide, but still falls below state levels.

		Total visits	Visits per capita	Total circulation	Circulation per capita	Total programs	Total attendance	Attendance per program
Connecticut	2002	20,463,739	6.0	29,147,059	8.5	52,804	1,245,178	23.6
	2014	20,918,018	5.8	29,591,535	8.2	91,698	1,929,780	21.0
	% Change	+2%		+2%		+74%	+55%	
Valley	2002	551,236	4.2	628,775	4.8	1,657	28,308	17.1
	2014	717,109	5.1	705,595	5.0	4,155	66,374	16.0
	% Change	+30%		+12%		+151%	+134%	

VOLUNTEERING AND SERVICE

In the 2015 CWS, 39 percent of adults in the Valley said they had volunteered in the community at least once during the year. It is estimated that collectively, volunteers donate over 115,000 hours annually. 15 In 2014, groups of corporate, individual, and youth volunteers gave service hours valued at more than $300,000 to Valley nonprofits and local projects. 16 Since 1991, the Valley United Way's Volunteer Action Center has organized many opportunities for volunteering, from which local nonprofits have greatly benefitted and the Valley community has been strengthened.

Many of the Valley's 94 religious institutions, including houses of worship, regularly engage volunteers for local service projects. 17 The Valley fire and ambulance corps, which has a combined total of 23 individual companies, is supported by more than 1,100 men and women volunteers. 18 The local food banks, homeless shelter, hospital, and over 400 other nonprofit organizations are also the beneficiaries of volunteer hours to help them serve the community. 19

VOTING AND GOVERNMENT

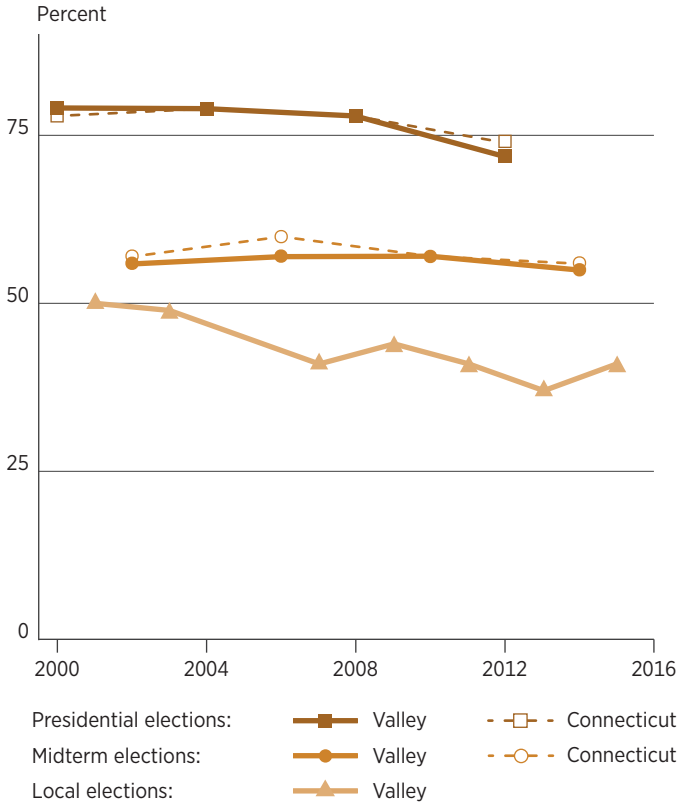
State voting data show that in the 2012 presidential election, 72 percent of registered Valley voters cast ballots—a decrease from the 2000s, when turnout was 79 percent for all three presidential elections. Stable since 2002, approximately 55 percent of registered voters have cast ballots in midterm elections for state representatives and officials. Turnout at local elections has gone down: it was 41 percent in 2015, down from 49 percent in the early 2000s. 20 These voter turnout rates reflect decade-level lows at the state and national level.

According to the 2015 CWS, 86 percent of Valley and Connecticut residents said they were registered to vote. Consistent with national trends, younger adults and adults with low household incomes in the Valley were less likely to report registering to vote. Data also indicate that long-term residents were more likely to register than people who lived in their home for under a year, regardless of income and age.

PUBLIC SAFETY

The Valley crime rate is 1,636 incidents per 100,000 people, well below the state (2,201/100,000) and national rates (2,895/100,000). The rate of violent crime—murder, rape, robbery, and assault—in the Valley was less than half state and national rates. 21 In the region, crime rates overall have gone down over the past decade, reflecting a national drop in violence and crime. The vast majority of Valley residents are unharmed by crime. CWS data confirm that the Valley is a safe community, with 74 percent of residents reporting feeling safe to go on walks in their neighborhood at night. Valley residents were as unlikely to report being a victim of any crime as Connecticut residents overall.

3.04 Voter Turnout, 2000-15



3.05 Public Safety in the Valley

	All crime per 100,000	Violent crime per 100,000	Feel safe walking at night
United States	2,895	352	n/a
Connecticut	2,201	245	71%
Valley	1,636	113	74%
Ansonia	2,138	304	61%
Beacon Falls	1,093	99	n/a
Derby	2,635	164	64%
Naugatuck	2,217	101	75%
Oxford	550	19	66%
Seymour	1,285	83	77%
Shelton	1,092	50	80%

PERCEPTIONS OF COMMUNITY COHESION

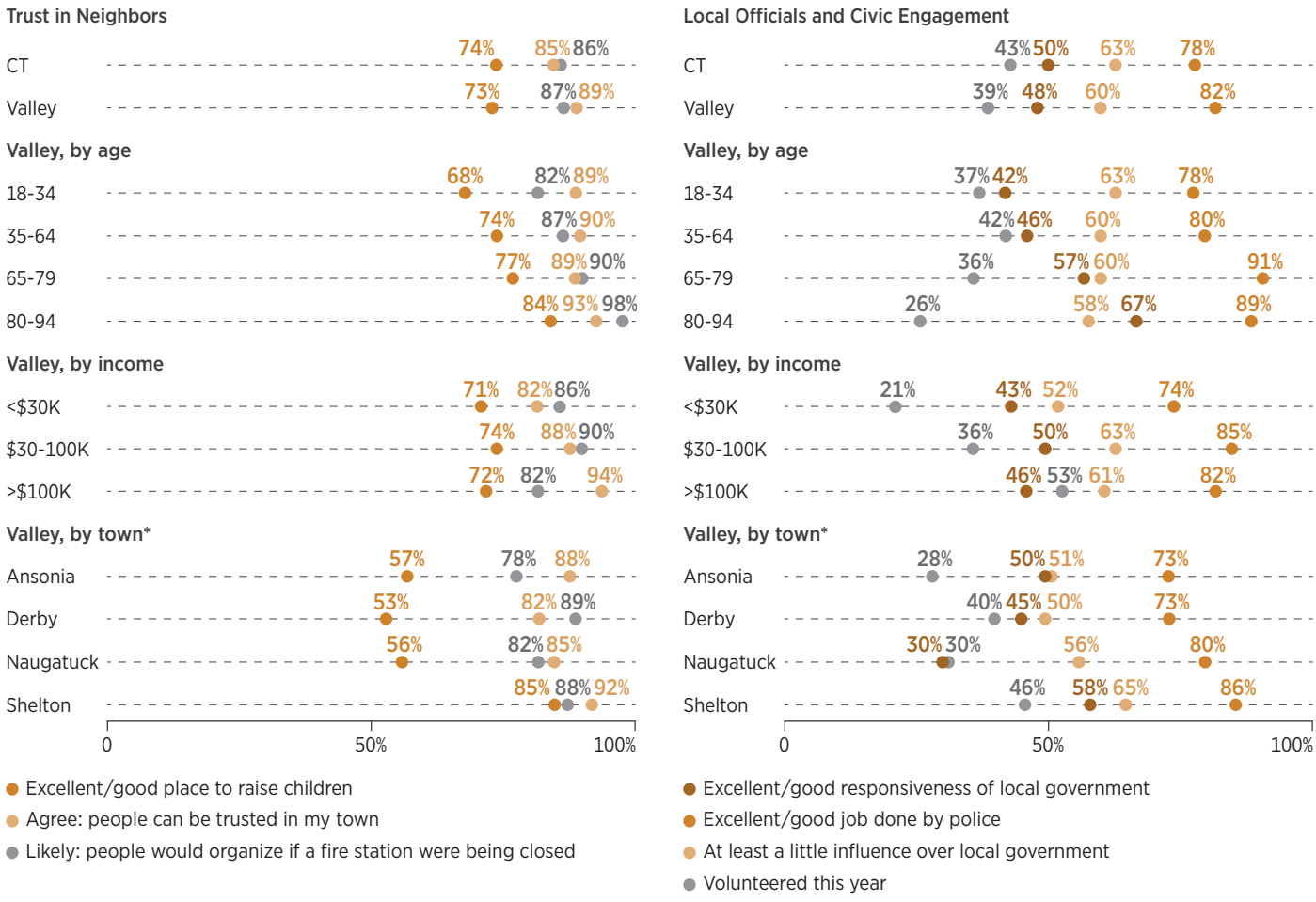
Community cohesion—the degree to which residents feel connected, included, and invested in where they live—is linked to less crime, greater well-being, and economic resilience in the community. 22

The 2015 CWS shows that 94 percent of Valley adults reported having relatives or friends they can count on. This figure is statistically equal across all towns, ages, races and ethnicities, education levels, and income brackets, suggesting that the vast majority of Valley residents are connected to others in their community. Between 80 and 90 percent of Valley adults report trusting neighbors, having neighbors who can work together, and having confidence in police—all measures of community cohesion.

According to the 2015 CWS, 60 percent of Valley residents reported having at least a little influence over local government decision-making. Fewer adults—48 percent—described the local government's responsiveness to residents' needs as excellent or good. The responses suggest that many residents feel more connected to their neighbors and friends than to their local government.

By town, Valley adults expressed different perceptions of cohesion with their neighbors and local government, even after controlling for household income. This finding suggests that characteristics of a neighborhood or town are stronger determinants than personal income of how connected people feel to their community. Low rates of residential mobility and low rates of crime—which generally are even lower in communities with higher income—promote relationships, trust, and inclusion between community members.

3.06 Perceived Community Cohesion



- Excellent/good place to raise children
- Agree: people can be trusted in my town
- Likely: people would organize if a fire station were being closed
- Excellent/good responsiveness of local government
- Excellent/good job done by police
- At least a little influence over local government
- Volunteered this year

* Survey estimates for the towns of Beacon Falls, Oxford, and Seymour are not listed here due to smaller sample sizes and higher margins of error for estimates for those towns.

PRENATAL TO AGE FIVE: YOUNG CHILDREN IN THE VALLEY

David Morgan
President/CEO
TEAM, Inc.

Early experiences matter—the prenatal months and first five years of life are a period of rapid social and intellectual development for young children. By age three, the brain has grown to 82 percent of its adult size; by age five, this number jumps to 90 percent. [23] With the advancements in brain research, experiences even earlier than presumed critically influence adult life.

External factors—such as social interactions, the environment and a mother's access to care and nutrition during pregnancy—impact physical growth and brain development, which have long-term impacts on health and well-being. [24] Regardless of socioeconomic background, positive interactions improve young children's ability to learn, to self-express, and to engage with others. These interactions can occur at home, in the community, and in all early childhood settings including preschools. Young children are prepared to succeed in school when they are safe and healthy, and when they have caring relationships and rich learning experiences such as reading and purposeful play.

Young children from economically disadvantaged families are more likely to face adverse experiences, which can have a real impact on the developing brain. Neglect, absence of loved ones, unsafe surroundings, or exposure to pollutants such as lead or mold may cause emotional instability, physical distress, or disrupted intellectual development. [25] This contributes to long-lasting, income-based disparities in well-being and academic achievement.

Nationally and statewide, there is growing recognition of the importance of early brain development. Significant investments have been made to build an early childhood support system for young children, prenatal to age five. In 2014, a White House-sponsored summit culminated in the investment of over $1 billion to expand access to quality health and education services for all young children. This funding fosters the development of new childcare and education providers, the expansion of Early Head Start, and home visitation to connect families with health and education services. [26]

In Connecticut, the Office of Early Childhood (OEC) was established in 2013 to oversee all early childhood policies and programs. In 2014, the OEC created the Connecticut Early Learning and Development Standards to serve as the foundation for supporting all children in all settings—they promote what children from birth to age five should know and be able to do across the earliest years of development.

The OEC also enhanced standards to license, regulate, and inspect all childcare providers—and preschool programs funded by the state are required to earn either National Association for the Education of Young Children (NAEYC) Accreditation or Head Start Approval, which exceed minimum state standards for program management, family engagement, curriculum, assessment, and teaching.

In the Valley, there are a number of early childhood collaboratives collectively bringing services to children and families throughout the region—current efforts ensure that access to education, health, safety, and family well-being activities are available to all Valley children and families. From increased school achievement to healthier, thriving families, investments in the Valley's youngest residents will significantly impact the outcomes of its schools and the future of the Valley for years to come.

In this chapter, we use the "prenatal to five period" to refer to young children's development from the prenatal months until their fifth birthday; in other words, young children are ages 0-4.

DEMOGRAPHICS OF YOUNG CHILDREN AND FAMILIES

Throughout the past two decades, the population of Valley young children (ages 0-4) has become smaller and more racially, ethnically, and economically diverse.

From 1990 to 2014, the number of young children in the Valley decreased by 21 percent, to 7,361 in 2014. One in three children was identified as a member of a racial or ethnic minority in 2014, compared to one in ten in 1990. The number of young children living in poverty has nearly doubled since 2000. Fewer families overall lived with children, and among those that did, more were single parents in 2014 than in 1990. See "A Changing Valley" for more information.

MATERNAL HEALTH DURING PREGNANCY

Over one-fifth of Connecticut women and 15 percent of Valley women who gave birth had "non-adequate" prenatal care during pregnancy—they received less than 80 percent of expected maternal care visits, or did not start visits until the second trimester. Adequate prenatal care helps reduce the risks of birth complications and health problems in infants.

More adult women of child-bearing age (18 to 44 years) self-reported as smokers in the Valley (19 percent) compared to statewide (13 percent) on the 2015 DataHaven Community Wellbeing Survey. This suggests that more pregnant Valley women may smoke compared to the statewide rate. 27 Using tobacco and other substances during pregnancy raises the risk of preterm birth, birth defects such as cleft lip or palate, and infant mortality. 28

BIRTH OUTCOMES

Birth outcome indicators are consistent with state rates. From 2008 to 2013 each year, on average, 7.8 percent of all babies born in the Valley had a low birth weight (weighing less than 5.5 pounds (2,500 grams)). Over the same period, 1.4 percent of all babies born had very low birth weights (less than 3.3 pounds or 1,500 grams). Low birth weight increases the risk of more serious health concerns, such as fetal and infant mortality or long-term health conditions. On average, the rate of infant mortality was 4.7 out of every 1,000 live births in the Valley.

4.01 Birth Outcomes and Health Disparities, 2008-13*

There are similar rates of birth outcomes in Connecticut and the Valley as a whole. Statewide, disparities exist by race/ethnicity. Similar disparities occur in regions within the state but cannot be measured easily, due to small population groups.

	Births per year	Non-adequate prenatal care, % of births	Low birth weight, % of births	Very low birth weight, % of births	Infant mortality, per 1,000 births
Connecticut	37,809	21.1%	7.9%	1.5%	5.5
Valley	1,360	14.5%	7.8%	1.4%	4.7
Ansonia	219	*	9.7%	*	*
Beacon Falls	49	*	*	*	*
Derby	137	*	7.4%	*	*
Naugatuck	361	*	6.9%	*	*
Oxford	101	*	7.1%	*	*
Seymour	157	*	8.1%	*	*
Shelton	337	*	7.4%	*	*
Connecticut, by Race/Ethnicity of Mother, 2013**					
White	20,236	19.8%	6.5%	1.1%	3.4
Hispanic/Latino	8,228	27.2%	8.1%	1.7%	6.1
Black	4,478	28.1%	12.4%	2.4%	8.7

* Asterisks represent where data has been suppressed because sample sizes are too small to report with statistical significance.

** The number of births, by race and ethnicity, are from 2013. The infant mortality rates, by race and ethnicity, are averages from 2008-13.

HEALTH DISPARITIES

Pregnant women with low incomes are more likely to have inadequate access to care, have chronic diseases, be teenagers, and smoke than women with higher incomes.

Pregnant women on Medicaid insurance—who are eligible for Medicaid coverage based on low household income (under $60,000 for a family of four)—were 1.5 times more likely to have non-adequate prenatal care than those not on Medicaid. According to the Naugatuck Valley Health District, few local obstetrics and gynecology providers are affordable or accept Medicaid, forcing some Valley mothers to forgo care or travel to surrounding cities for care. 29

Since these factors can negatively affect pregnancy and birth, babies of mothers with low incomes are at greater risk for low birth weight, fetal mortality, and infant mortality. The data also show that babies born to mothers from racial or ethnic minorities, low education levels, and some Valley towns are at higher risk for birth and health complications. These disparities may be due to differences in personal income and financial stress between members of those groups.

LEAD POISONING AND SCREENINGS

Childhood lead poisoning is the most common pediatric public health problem, yet it is entirely preventable. Because lead can affect almost every organ and system in the body, no amount of lead is safe. The number of Valley children under age six with elevated blood lead, using the historical standard of 10 micrograms per deciliter (10 ug/dL), dropped from 43 children (1.7 percent) to 17 (0.9 percent) between 2004 and 2013—reflecting a statewide downward trend. According to the current, stricter standard of 5 ug/dL, 2.4 percent of children in the Valley had elevated blood lead in 2013.

In 2013, 29 percent of children were not screened, but since 2004 the percentage of infants and toddlers (nine months through age two) screened for lead poisoning has increased significantly.

Approximately 45 percent of houses in Ansonia and Derby were built before 1950 and are much more likely than homes built later to have lead-based paint (although homes built as late as 1978 may contain lead-based paint). This may increase lead exposure there, compared to other Valley towns where houses generally are newer.

4.02 Lead Poisoning and Lead Screenings, 2004-13

More children are being screened for lead, but some have high rates of lead poisoning.

Percent of Children age 1-2 Who Had a Lead Screening

	2004	2013	% Increase, 2004-2013
Connecticut	45%	71%	+26%
Valley	46%	71%	+25%
Ansonia	51%	72%	+21%
Beacon Falls	48%	59%	+11%
Derby	42%	70%	+28%
Naugatuck	35%	55%	+20%
Oxford	61%	70%	+9%
Seymour	52%	80%	+28%
Shelton	48%	76%	+28%

Percent of Children age 0-5 with Elevated Blood Lead

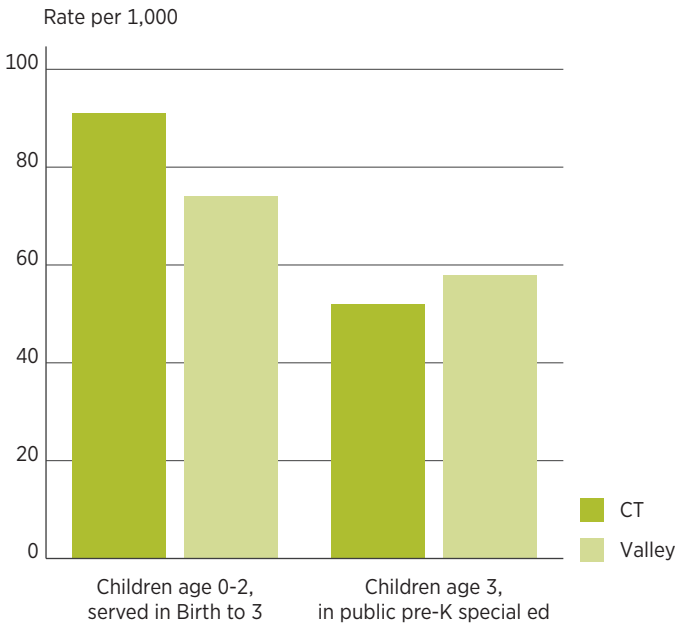
	2004: 10ug/dL	2013: 10ug/dL	2013: 5ug/dL
Connecticut	2.2%	0.7%	3.0%
Valley	1.7%	0.9%	2.4%
Ansonia			4.1%
Beacon Falls			2.4%
Derby			3.2%
Naugatuck			3.0%
Oxford			1.7%
Seymour			1.2%
Shelton			0.8%

YOUNG CHILDREN WITH DEVELOPMENTAL DELAYS

Annually, over 300 Valley infants and toddlers with developmental delays receive free healthcare services up to their third birthday, a result of a state system known as Birth to Three (Birth23). When these children age out of the program, nearly 90 Valley three-year-olds enter government-funded preschool special education each year at Valley public schools.

Valley families with eligible children enroll them in Birth23 less often than the state average, per capita. This suggests that government-funded services for children with developmental delays may be underused in the Valley, since the local rates of developmental delays in young children match the statewide rates. The trend is consistent with Naugatuck Valley Health District findings that "no centralized source for information" (like community centers) and "insufficient travel options for accessing health care" may prevent Valley residents from receiving prenatal and infant/toddler care for which they are eligible. 30 Enrollment rates in public preschool special education programs are similar in the Valley and the state.

4.03 Young Children with Developmental Delays Receiving Funded Services



ACCESS TO CHILDCARE AND PRESCHOOL

In 2014, there were 2,968 "regulated" childcare slots in the Valley at Office of Early Childhood-approved childcare providers that cared for infants, toddlers, or preschool-aged children (ages 0-4). 31 Approximately 325 slots were in family day cares; the rest were at centers or nursery schools. The government funded 1,100 slots or provided vouchers that made childcare free or partially subsidized for eligible families with low incomes.

Valley childcare providers can supply 40 percent of Valley children with regulated care and education: in 2014, there were 2,968 regulated slots for 7,361 children ages 0-4. Statewide, there were enough slots to serve 45 percent of 0-4 year olds.

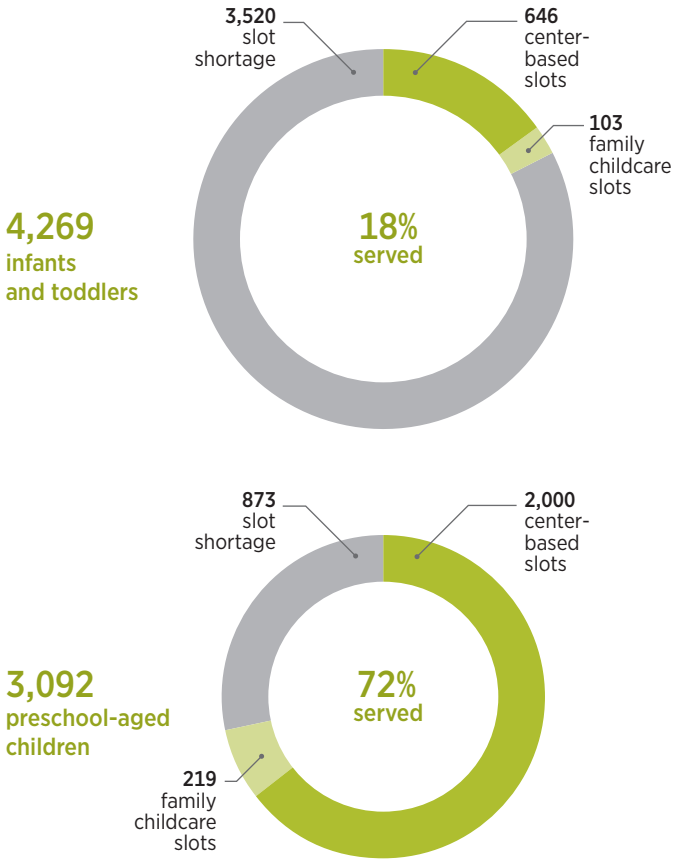
A large shortage in regulated childcare existed for infants and toddlers in the Valley and statewide, where there was just less than one slot for every five infants and toddlers (ages 0-2). For preschool-aged children (three and four years), there were enough slots to serve 72 percent of children.

PRESCHOOL ENROLLMENT

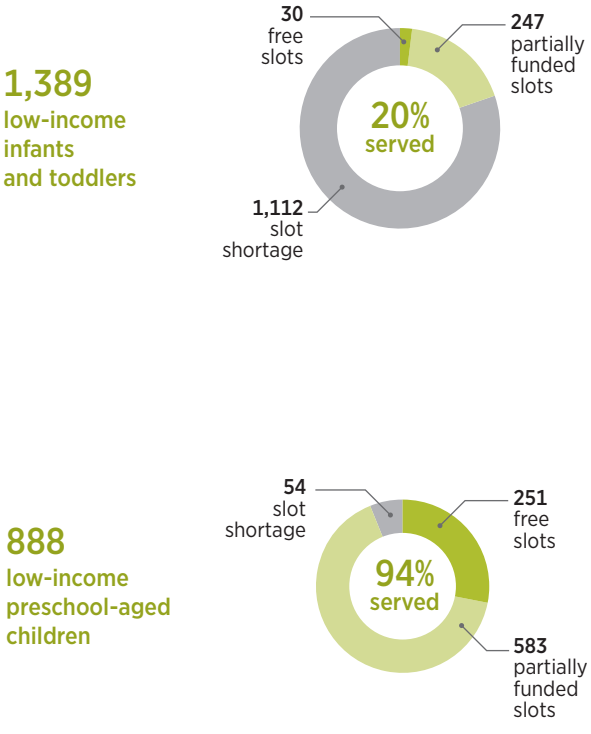
In 2014, 60 percent of Valley children ages three and four were enrolled in center-based preschool compared to 64 percent enrolled statewide. Since 2000, the enrollment rates in both regions rose by four percentage points. These rates are usually lower than district-reported rates that, based on parent surveys, include other preschool experiences like family day care or unregulated education settings.

Families may decide not to enroll their children in regulated childcare or preschool due to limited slots. Valley parents who work nights have fewer options for regulated care: only two home-based providers supply care from 11 p.m. to 6 a.m. Statewide, preschool enrollment is lower among children from low-income families (54 percent) compared to children from higher income households (67 percent), an indication that the cost of preschool and childcare may influence enrollment. 32

4.04 Availability of Childcare and Preschool in the Valley, 2014



4.05 Availability of Childcare and Preschool Subsidies in the Valley, 2014



CHILDCARE COST AND SUBSIDIES

While the federal government recommends that families spend, at most, seven percent of income on childcare, in the Valley the average cost of one regulated slot is between 11 and 15 percent of median income. For low-income households, one slot can cost up to 40 percent of annual budgets. 33

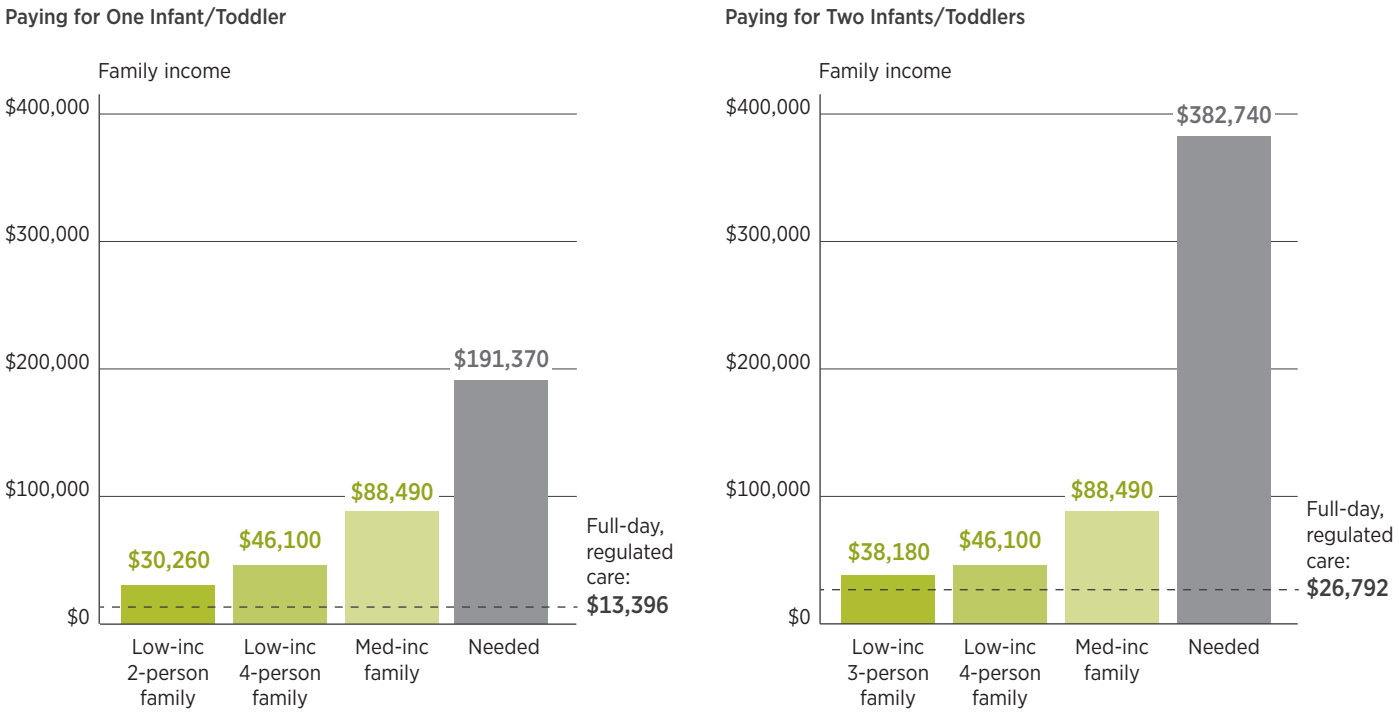
In 2014, regulated childcare at Valley providers cost between $9,330 and $13,390, 10 percent less than the average statewide costs. Programs in centers and for infants and toddlers were more expensive than those in family homes or for preschool-aged children.

In Connecticut from 2007 to 2012, childcare and preschool costs rose by 14 percent. State spending on childcare and preschool subsidies for eligible families was cut, prompting a five percent decline statewide in the number of young children served.

There are not enough government-funded slots and vouchers in the Valley to assist all families who cannot afford childcare or preschool: the 1,100 slots referenced above can serve approximately half of the 2,275 young children (ages 0-4) from low-income households. A quarter (281) of these slots are free; the rest are subsidies that require families to pay some costs. Funding is particularly limited for families with infants and toddlers: only 30 free slots and a quarter of all partially-funded slots are reserved for them.

4.06 Affordability of Childcare for Families in the Valley, 2012

Many families spend much more on childcare than the federally-recommended seven percent of annual income.



VALLEY STUDENTS: PERFORMANCE, HEALTH, AND LIFELONG LEARNING

Dianna Wentzell
Commissioner of Education
State of Connecticut

The world in which our children live is vastly different from the world in which most of us grew up. Today, children are growing up in the digital age, when computer literacy and an innovative mindset are prerequisites for success in college, career, and life. The demand for knowledge will continue to grow exponentially; today's students need to learn how to become lifelong learners to be able to adapt to the fast changing world they are moving into.

Education is a key determinant of positive life outcomes for individuals, which in turn nurtures healthy and civically engaged communities. Schools are seen as a natural resource, connecting people to each other and promoting a sense of community spirit among diverse stakeholders. Individuals with high school diplomas or college degrees have more employment options and higher earning potential, on average, than those who do not finish high school.

School experiences impact individual educational attainment. Successfully meeting or exceeding academic benchmarks—such as early reading ability—propels students to graduate from high school and think favorably about attaining further education. Obstacles—including frequent absenteeism or removal from class due to misbehavior—can disrupt or delay learning and decrease the likelihood that a student completes high school.

The academic achievement gap refers to performance disparities between groups of historically underserved students and their peers. Groups of students—including those from low-income families, students of color, non-native English speakers, and students with disabilities—often experience more complex challenges. The achievement gap is prevalent in both urban and suburban communities and can be identified as early as preschool and kindergarten.

The student body of Valley public schools, like the rest of the state, has become more ethnically and racially diverse, seeing an increase in the number of students who are immigrants and English Language Learners (ELL). As we strive to meet the unique educational needs of all our students, Connecticut has committed to creating a culture of high expectations for all.

Statewide and nationally, educational transformation efforts are underway to ensure that all students can succeed in quality school environments. In 2010, the Connecticut State Board of Education adopted the Common Core State Standards (CCSS), a set of rigorous learning standards that define what students need to know to succeed at the next grade level, and, ultimately, in college and career. In 2015, Connecticut schools began using a new assessment—the Smarter Balanced Assessment (SBAC)—to make sure all students receive a high quality education.

In Connecticut, a range of strategies have been employed to support districts in improving student performance. Since 2012, 30 districts—including the Ansonia, Derby, and Naugatuck School Districts—have been designated as "Alliance Districts" and receive additional state funds tied to greater accountability. Connecticut has also provided technology grants to districts in the Valley and across the state to put more computers in classrooms and to strengthen technology resources as schools continue to implement the core standards.

In the Valley, many districts are following the statewide trend in seeing higher graduation rates than ever before. Given present-day challenges, it is increasingly important that school and community partners come together to tackle challenges and find innovative solutions to supporting students' academic, social-emotional, physical, and mental health needs. The essential work of building off accomplishments and addressing obstacles requires collaboration and commitment to continuous improvement to ensure future success for all of our students.

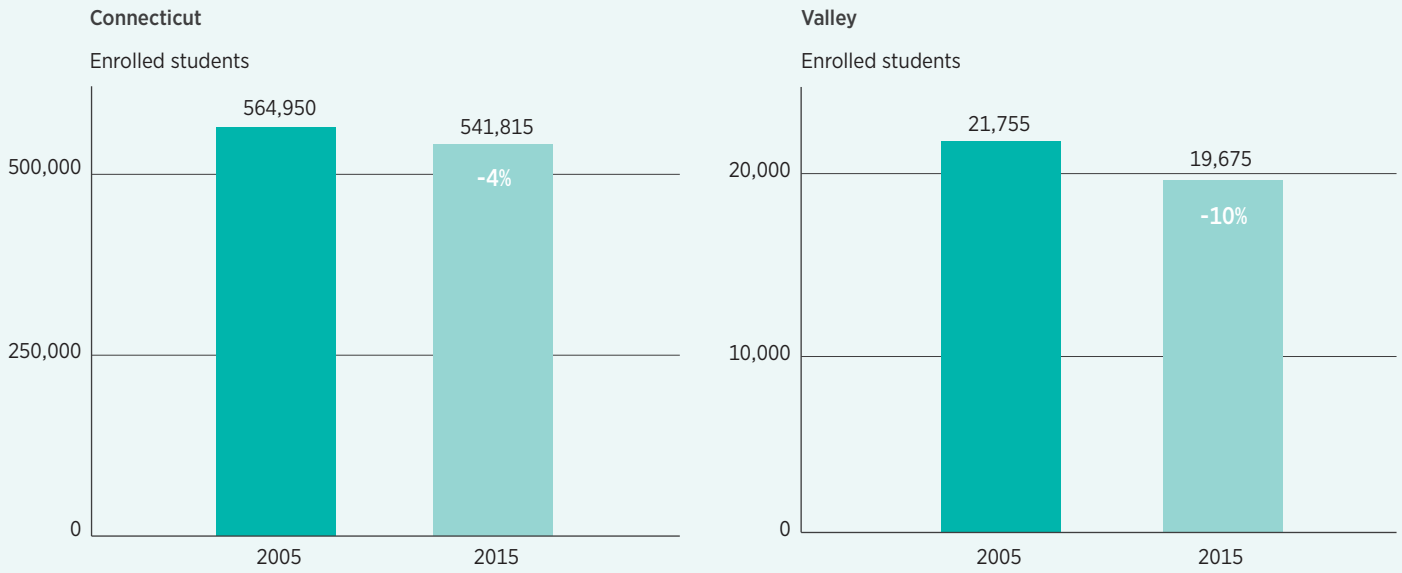
STUDENT BODY DEMOGRAPHICS

The Valley's school-age population (ages 5-17) shrank by two percent from 2000 to 2014, to 23,242 children—slightly lower than the three percent decrease statewide. A shrinking population, combined with an increase of students attending charter and magnet schools outside the region, led to lower enrollment at Valley public schools. Private school enrollment, stable at 10 percent of all school-aged children each year, did not affect public school enrollment.

The Valley student body is becoming more racially and ethnically diverse. The white student population is largest among high school students, while more of their younger peers identify as racial or ethnic minorities.

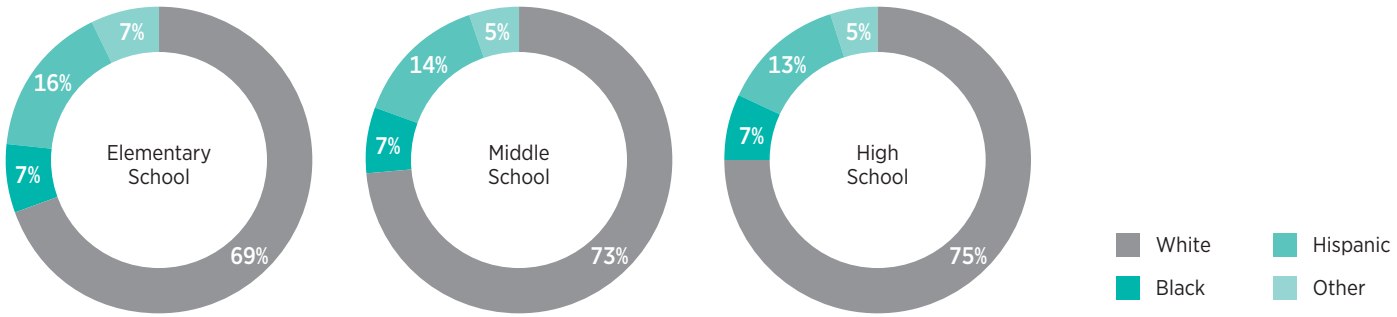
From 2005 to 2015, Valley public school enrollment decreased by 10 percent, larger than the 4 percent decrease of public school enrollment statewide.

5.01 Public School Enrollment, 2005-15*



* This infographic shows the oldest (2005) and most recent (2015) available public school enrollment data for public schools in Connecticut and the Valley, from the Connecticut State Department of Education. The text describes the most recent population data for all school-age children (ages 5-17), regardless of if they attend public school, from the 2014 5-Year U.S. Census American Community Survey.

5.02 Valley Students by Grade Level and Race/Ethnicity, 2014-15



ACADEMIC PERFORMANCE

Performance on standardized tests, such as the Smarter Balance Assessment Consortium (SBAC), and school attendance predict how likely students are to succeed in school and graduate. Reading proficiently by the end of third grade enables students to shift from learning to read to reading to learn, and to master the more complex subject matter they encounter in the fourth grade curriculum. Children who do not have strong language and learning skills by the end of kindergarten often subsequently have third grade achievement problems that persist throughout high school. 34

Chronic absence and truancy are precursors to school drop-out, academic failure, and juvenile delinquency. 35 Transient students, who change schools or school districts within a school year, are at greater risk for poor academic performance or dropping out of school. 36 School funding—which comes from municipal taxes, state funding based on a set formula, and additional government grants—is also a factor of school success: student performance generally increases as schools spend more money per student. 37

Overall, Valley public school students perform similarly to students statewide on state assessments: just over half of students pass the third grade reading test and less than one-third pass the eighth grade math test. Valley students have similar rates of chronic absence as their state counterparts, and are less likely to miss school due to expulsion and out-of-school suspension. From 2010 to 2014, the Valley's four-year graduation rate increased to 87 percent. Differences in performance do exist, however, between school districts.

THE ACHIEVEMENT GAP

The achievement gap is the difference in academic performance between low-income and non-low-income students. Schools measure the number of low-income students through enrollment in the federal Free and Reduced Price Meals (FRPM) program, which provides meals at schools for students based on low family income (below 185 percent of the federal poverty line). The achievement gap increases for high-needs students—defined by the Connecticut State Department of Education as FRPM-eligible students, English Language Learners (ELL), chronically absent or transient students, and special education students. Students qualify for special education funding due to a disability, including learning disabilities; health, speech, or language impairments; or autism. The achievement gap is prevalent in both urban and suburban communities and begins early as students enter kindergarten and continues into post-secondary education.

In national progress tests given to 4th and 8th graders, results showed that low-income students in Connecticut performed at dramatically lower levels than non-low-income students—sometimes up to three grade levels behind. 38 The achievement gap disproportionately affects students of color, students who are chronically absent, and transient students. In 2015, high-needs Valley students passed the SBAC reading test at a rate 15 percent lower than non-high-needs students.

5.03 Academic Performance in Valley Public School Districts

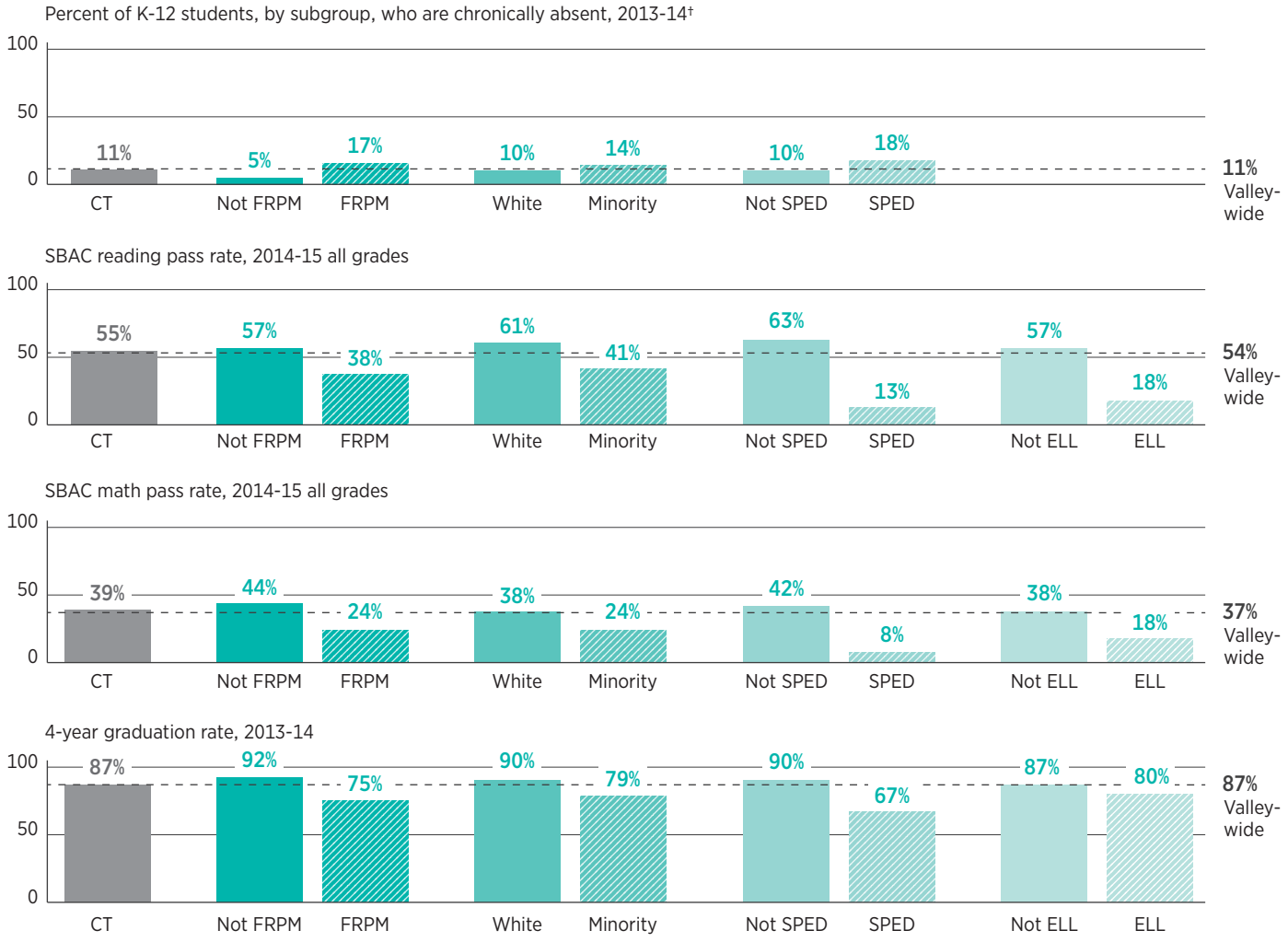
	K-3 chronic absence, 2011-12**	K-3 chronic absence, 2013-14	3rd grade reading, 2014-15 (ELL SBAC pass rate)†	8th grade math, 2014-15 (math SBAC pass rate)	4-year graduation rate, 2010-11	4-year graduation rate, 2013-14
CT Public Schools	8%	9%	54%	37%	83%	87%
Valley Public Schools	7%	7%	54%	28%	84%	87%
Ansonia SD	13%	10%	42%	12%	69%	76%
Regional 16 SD*	3%	n/a	69%	38%	88%	93%
Derby SD	10%	13%	43%	17%	71%	81%
Naugatuck SD	9%	7%	50%	21%	83%	82%
Oxford SD	3%	4%	71%	39%	95%	97%
Seymour SD	6%	7%	51%	46%	83%	87%
Shelton SD	4%	7%	63%	51%	88%	91%

* Regional SD 16 serves students from Beacon Falls and Prospect, CT.
** Chronic absence is defined as missing more than 10 percent of school days for any reason.
† Students first took the SBAC tests in 2015; data from previous years does not exist. Scoring a level 3 or 4 on the SBAC consitutes proficiency.

5.04 High-Needs Students in Valley Public School Districts, 2014-15

	Total enrollment	SPED students**		ELL students		FRPM-eligible students	
CT Public Schools	541,815	74,506	14%	35,147	6%	205,921	38%
Valley Public Schools	19,675	2,856	15%	608	3%	6,572	33%
Ansonia SD	2,415	394	16%	72	3%	1,609	67%
Regional 16 SD*	2,265	338	15%	23	1%	346	15%
Derby SD	1,467	211	14%	76	5%	866	59%
Naugatuck SD	4,316	662	15%	150	3%	1,943	45%
Oxford SD	1,979	328	17%	25	1%	170	9%
Seymour SD	2,286	275	12%	72	3%	633	28%
Shelton SD	4,947	648	13%	190	4%	1,005	20%

5.05 Academic Achievement Gap Among Students in Valley Public School Districts



* Regional SD 16 serves students from Beacon Falls and Prospect, CT.
** Some students belong to more than one high-needs group.
† Chronic absence rate for students by ELL status are not available. Data points have been suppressed to protect the privacy of students.

5.06 Health Indicators, Valley Public School Students

	Physical fitness, 4-test pass rate, 2014	Students with asthma, 2009-11
CT Public Schools	51%	14%
Valley Public Schools	51%	n/a
Ansonia SD	35%	15%
Regional 16 SD*	59%	10%
Derby SD	37%	11%
Naugatuck SD	47%	16%
Oxford SD	49%	8%
Seymour SD	57%	13%
Shelton SD	61%	10%

* Regional SD 16 serves students from Beacon Falls and Prospect, CT.

HEALTH OF VALLEY STUDENTS

National and international studies demonstrate that good health is a key determinant of strong educational outcomes and ultimately a productive, resilient workforce. Healthy children are more likely to become healthy adults, and student health is directly linked to high academic performance and other aspects of well-being, even after controlling for household income and other factors. Many health issues including, but not limited to, general levels of physical fitness, healthy nutrition and weight status, food security at home, and emotional health are particularly tied to academic outcomes. 39

STUDENT PHYSICAL FITNESS

Valley schools conduct annual assessments of student physical fitness in four fitness areas across several grade levels. In 2014, just over half of all students tested passed all four fitness tests, which was identical to the overall state rate. 40 Districts with a higher percentage of students eligible for free or reduced-price meals have significantly lower pass rates on these assessments, suggesting a strong connection between economic insecurity and health that begins at a young age.

ASTHMA

The Connecticut Department of Public Health collects data on asthma prevalence by school district. From 2009 to 2011, 1 out of every 7 students in grades PreK-12 were reported to have asthma. 41 These rates have increased over the past five years, from 13.2 percent in 2006 to 14.2 percent in 2011. Connecticut students of color were significantly more likely to have asthma (17 percent) than those who identify as white (11 percent), mirroring health disparities in the population as a whole.

Within the Valley, students in Naugatuck were more likely to have asthma than students in the state overall, but students in other towns were reported to have similar or lower rates than the state.

SUBSTANCE ABUSE AND MENTAL HEALTH

The Greater Valley Alliance for Prevention & Wellness (formerly VSAAC) of BHcare surveyed 2,741 students in grades 7, 9, and 11 from Valley public schools for the 2016 Valley Survey of Student Needs. 42

Alcohol is the drug of choice for surveyed Valley students. About 1 in 5 youth report ever having used alcohol, while 78 percent report that they have never tried alcohol. Emerging substances of abuse include electronic cigarettes or vaping devices, marijuana, and prescription pain medication. Thirteen percent of youth report using electronic cigarettes. Marijuana is the most commonly misused illicit drug, with about 1 in 10 students reporting ever having used it. The rate of youth who report misusing prescription pain medication without a prescription, at seven percent, is a concern as prescription medication abuse can potentially progress to heroin use in the future.

Most students (83 percent) reported that they generally feel good about themselves. However, 17 percent reported having thought of hurting themselves and 14 percent reported feeling sad or hopeless daily for at least two weeks in the past 12 months.

POST-HIGH SCHOOL PLANS

Seventy-two percent of Valley Class of 2012 graduates enrolled in college within a year, and 90 percent of those students continued, or persisted, for their second year. The number of former Valley students enrolled in college has grown faster in two-year programs compared to four-year programs (up 19 percent and 3 percent, respectively, from 2007 to 2013).

Seventy-five percent of local high school graduates who enroll at state or community colleges are placed in remedial courses to relearn high school material. Forty-three percent of all Valley high school graduates—including those who did not enroll immediately in college—earn a degree within six years, most emerging with four-year degrees. 43

High school exit surveys suggest that 10 percent of Valley high school graduates plan to find a job or join the military. 44 An estimated 10 percent of graduates attend certificate or non-degree programs. Four percent of Valley residents, ages 16 to 19, are neither enrolled in school nor employed. Approximately half of these young people did not finish high school.

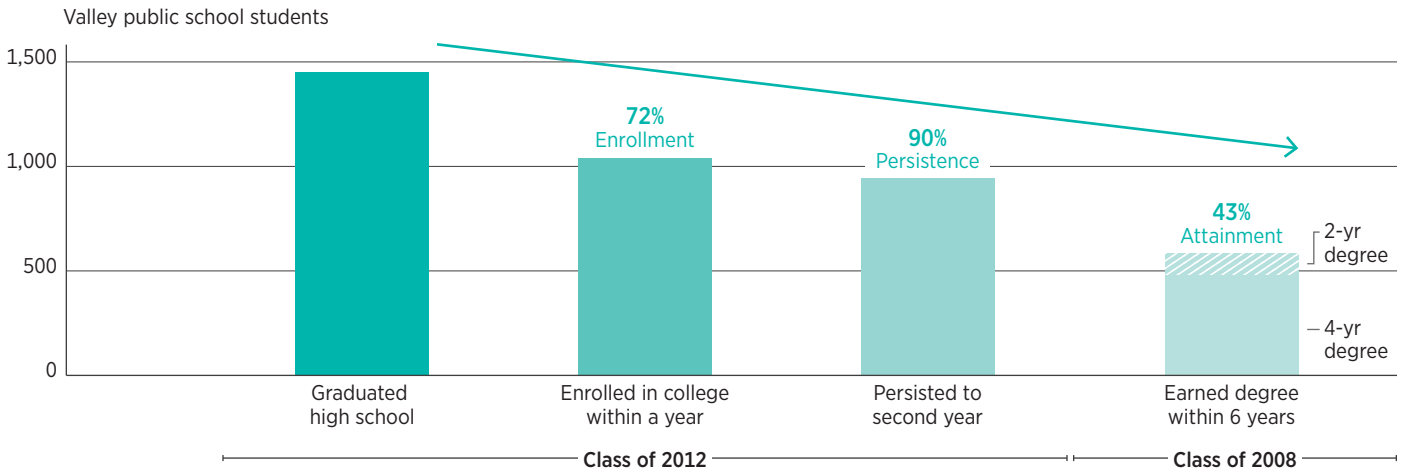
ADULT EDUCATION ENROLLMENT AND COMPLETION

In 2015, there were 1,378 enrollments in Valley public adult education programs, from 520 students (many students enrolled in multiple classes). Most enrollments were in either an English as a Second Language (ESL) class (37 percent) or a high school completion class (59 percent), including GED, the Adult High School Credit Diploma Program, and the National External Diploma Program. The remaining four percent of enrollees were in courses to earn United States citizenship.

The educational and professional experiences of adult students vary. In 2015, 41 percent were employed, and 50 percent were immigrants, whose degrees from other countries may be invalid in the United States.

Enrollment at adult education programs has decreased across the state, including in the Valley: from 2006 to 2013, enrollment decreased by 28 percent at local programs (14 percent decrease statewide).

5.07 Valley Public School Students, College Enrollment and Completion



	Graduated high school	Enrollment rate	Persistence rate	Attainment rate
CT Public Schools	38,666	72%	89%	47%
Ansonia SD	174	64%	85%	29%
Regional 16 SD*	185	72%	90%	51%
Derby SD	90	62%	88%	28%
Naugatuck SD	317	65%	88%	32%
Oxford SD	138	80%	96%	n/a
Seymour SD	140	80%	94%	46%
Shelton SD	409	76%	92%	55%

* Regional SD 16 serves students from Beacon Falls and Prospect, CT.

COMMUNITY HEALTH IN THE VALLEY

Patrick Charmel
President and CEO
Griffin Hospital

The traditional approach of reacting to illnesses is shifting towards a proactive approach to overall wellness and general well-being. Increasingly, hospitals, physicians, and other healthcare providers are being rewarded for keeping people—and in some cases, entire populations—healthy. You may have heard the new system described as "population health management," which relies heavily on wellness and the prevention of disease. While these are not new concepts, what is new is that the incentives are being aligned to help achieve the promotion of true population health.

For many years, Griffin Hospital and other forward-thinking healthcare providers have focused efforts on prevention and wellness because, quite frankly, it was the right thing to do for those we serve. Now, we are seeing the state and federal governments (Medicaid and Medicare), as well as private insurers and employers that pay for health coverage, recognize the cost-effective value of those efforts.

An individual's good health and well-being has a positive ripple effect on his/her family, community, and workplace. Facing health challenges, however, can have quite the opposite effect. For example, the cost of missing work or missing school for both the patient and the caregiver can be a tremendous physical and economic burden. Prevention is no longer just the right thing to do morally and ethically for our citizens, it is also the right thing to do to preserve the community's economic viability.

Griffin Hospital, as the hub of the Valley's health care system, long ago realized that there are many spokes that reach out to where, from a population health standpoint, the rubber hits the road. We have a long and proud history of helping organize and coordinate community resources that identify and address individual and regional health needs and provide support for our most vulnerable residents.

Working collaboratively with the Naugatuck Valley Health District, the Valley Council for Health and Human Services, the Alliance for Prevention & Wellness (formerly VSAAC), and our Valley Parish Nurses community outreach program, we proactively address issue areas such as childhood obesity, early detection screening for cancer, childhood asthma, and substance abuse prevention. To paraphrase Dr. David Katz, Director of the Yale-Griffin Prevention Research Center, what we do with our feet (activity/exercise), our forks (what and how much we eat), and our fingers (smoking and drinking, for example) greatly influences our likelihood to develop preventable chronic disease. These are the diseases that rob not only years of life, but life from our years.

As a Valley community, we have always been uniquely connected, with a spirit of cooperation and collective will to make things better. Now, by looking at our seven Valley towns through the lens of this report, taking into consideration education, housing, employment, recreation, early childhood development, and aging issues in addition to health and healthier lifestyles, we are seeing a much broader and more comprehensive picture than ever before. This Index serves as the aerial view from which we can zoom in on the challenges we face, the issues we hope to address, and the many opportunities we have to leverage our considerable resources over the next three years to effect change and improve the health of our community.

MEASURING THE HEALTH OF VALLEY RESIDENTS

During the multi-year process of creating *Understanding the Valley Region*, residents of the area have examined attributes that contribute to health and well-being, such as the availability of childcare, education and health care systems, economic opportunities, and social connections among neighbors. As a Community Health Needs Assessment, the process also provides multi-sector leaders with data to reflect on how the distribution of these assets can create barriers that prevent groups from achieving an optimal health status.

The objective of this section is to assess the physical and mental well-being of Valley adults in order to identify opportunities to maintain and improve it. Health and well-being of specific groups such as children and seniors are discussed in other chapters of this report.

Connecticut scores the highest of all U.S. states on the Measure of America's Human Development Index of health, income, and education. 45 While Connecticut and the Valley are healthy regions, local-level health measures reveal significant inequalities in health among residents of different neighborhoods, age groups, and income levels. This is true for the Valley as it is for the state, and consistent with the Five Connecticuts (see page 2).

MEASURING SELF-RATED HEALTH

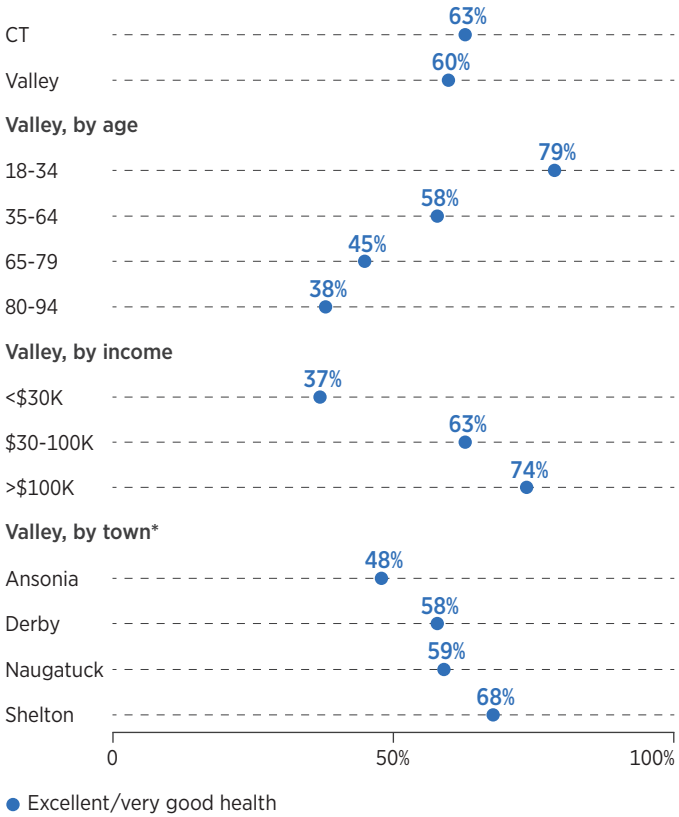
Self-rated health is a uniquely strong predictor of future health outcomes, such as premature mortality and health care costs. 46 Because of this, it is widely used to assess the overall health of an entire population. Self-rated health, measured locally through the DataHaven Community Wellbeing Survey, is a component of this report's Personal Well-Being Index (see page 5). Concerns that tend to lessen self-related health—such as premature chronic diseases or depression—can directly impact how people evaluate their life satisfaction and experience happiness in their day-to-day lives. 47

In 2015, 63 percent of Connecticut adults report that they are in excellent or very good health—with the state ranking as the fifth healthiest state overall on this measure. 48

The percent of Valley adults who reported being in excellent or very good health was not statistically different from the state. Young adults (ages 18-34) in the Valley report a somewhat higher level of self-rated health than young adults in Connecticut, with 79 percent reporting being in excellent or very good health, versus 70 percent statewide. Seniors in the Valley report feeling less healthy than seniors throughout Connecticut, with percentages of 44 percent and 53 percent, respectively, in excellent or very good health. Although the area is relatively healthy, the large differences in self-rated health by income level and town suggest that there are significant opportunities to improve overall health in the Valley.

6.01 Adults Who Report Excellent or Very Good Overall Health, 2015

Self-rated health is high, but varies across the Valley by income, age, and geography.



* Survey estimates for the towns of Beacon Falls, Oxford, and Seymour are not listed here due to smaller sample sizes and higher margins of error for estimates for those towns.

6.02 Causes of Premature Death (up to Age 75) in the Valley, 2008-12

Cause	Average # of deaths per year, 2008-12	Average years of potential life lost per death	Years of potential life lost (up to age 75) per 100,000 Valley residents; annualized rate
Cancer	157	13	1,556
Heart disease	90	14	993
Accidents	35	33	896
Fetal/infant death	18	74.5	644
Suicide	13	29	290
Stroke	15	13	152
Chronic lower respiratory disease	20	9	146
Diabetes	12	15	138
Chronic liver disease	8	19	125
Sepsis	10	15	110
Homicide	2	42	91
HIV	3	25	58
Kidney disease	6	13	57
All causes	**453**	**17**	**5,872**

Deaths by Detailed Cause: Cancer

Lung	49	11	417
Colorectal	11	13	105
Pancreatic	11	11	88
Breast	11	15	126

Deaths by Detailed Cause: Accidents

Poisoning	17	35	447
Motor vehicle accidents	12	38	359
Falls	2	14	24

Just as community conditions and lifestyle choices can account for many premature deaths, the level of economic stress is also a contributing factor. Economic stress includes unemployment and job-related stress, food insecurity, dilapidated or overcrowded housing, and inability to pay for health care or education—issues that have strong associations with physical and mental health in ways that are independent from the other known contributors to poor health. 49

Premature death varies significantly by town due in part to these barriers to achieving a high health status. While the Valley as a whole is similar to the state of Connecticut, residents of Ansonia face a greater burden of premature death than residents of the state as a whole. 50 Additionally, looking at mortality rates across all age groups including seniors age 75 and older, Ansonia, Derby, and Naugatuck have higher overall mortality rates than the state, while rates in Shelton are lower (see page 36, Age-Adjusted Mortality Rates).

MEASURING PREMATURE DEATH

Premature mortality is commonly measured as the total number of years of potential life lost (YPLL) before the age of 75. This calculation indicates the extent to which deaths reduce the potential lifespan of the population. Fewer years lost represents fuller potential. The loss of a young or middle-aged person has a disproportionately larger effect on the total YPLL within the population, and is more likely due to health-related concerns that are currently considered to be preventable. 51

Residents in Connecticut, and in the Valley, are less likely to die young than residents of the United States as a whole. According to age-adjusted national data from 2013, Connecticut saw 5,573 years of potential life lost before the age of 75 per 100,000 residents, compared to 6,997 per 100,000 residents in the United States. 52

CAUSES OF PREMATURE DEATH

Premature death is most frequently attributed to cancer, which causes 1,556 years of potential life lost per 100,000 Valley residents each year; lung cancer deaths comprise about one-third of these years lost. Other major causes of years of potential life lost include deaths from heart disease (993 years per 100,000 residents), accidents or unintentional injuries (896), fetal and infant deaths (644), suicide (290), stroke (152), lung disease (146), and diabetes (138). Other major causes of premature death include drugs and firearms, with YPLL of 497 and 166 years per 100,000 Valley residents, respectively. These deaths—involving drug overdoses and gunshot wounds—are not specifically identified in our summary table because they overlap with the deaths that are reported in the table as accidents, suicide, or homicide.

The community-wide conditions and health behaviors that are linked to premature death are often considered preventable. For example, it is likely that reducing the rate of cigarette smoking would reduce premature death due to lung cancer and heart disease, 53 reducing easy access to firearms would prevent suicides, 54 and reducing crash severity or limiting vehicle miles driven would have a direct relationship to the number of young adults killed in motor vehicle crashes. 55

LEADING CAUSES OF DEATH

Cancer and heart disease are the leading causes of death in the Valley, each representing 25 percent of the total number of deaths. The leading causes of death in the Valley, and within each town, are similar to the state and nation overall.

The leading causes of death vary by age, gender, and socio-economic groups. For example, accidents—including injuries from motor vehicle crashes, falls, poisonings, and drug overdoses—are the leading cause of death for children and young to middle-aged adults, so towns with younger populations tend to be disproportionately impacted by these issues. Conversely, towns with older populations tend to have more age-related illnesses such as cancer and Alzheimer's.

Nationally, communities with lower income levels and higher levels of unemployment tend to have higher rates of death from chronic diseases, such as heart disease, diabetes, and

6.03 Leading Causes of Death in the Valley, 2008-12

Cause	Total deaths, 2008-12	% of all deaths
Heart disease	1,508	25%
Cancer	1,496	25%
Lung disease (CLRD)	316	5%
Stroke	290	5%
Accident	282	5%
Alzheimer's	154	3%
Sepsis	145	2%
Pneumonia and influenza	118	2%
Diabetes	113	2%
Kidney disease	96	2%
All causes	**6,088**	**100%**

Detailed cause: Cancer	Total deaths, 2008-12	% of all deaths
Lung	414	7%
Colorectal	126	2%
Breast	87	1%
Prostate	73	1%

Detailed cause: Accident	Total deaths, 2008-12	% of all deaths
Poisoning	84	1%
Falls	53	1%
Motor vehicle accidents	69	1%

kidney disease. Young and middle-aged adults within these communities are more likely to be impacted than adults of similar age living in areas with higher income levels due in part to limited access to health care, higher levels of obesity, hypertension, and stress, and barriers to accessing healthy diets and physical activity. 56

AGE-ADJUSTED MORTALITY RATES (AAMR)

Cancer, heart disease, lung disease, and stroke, which are the four leading causes of death in the Valley and in most of Connecticut, are strongly associated with aging. For this reason, crude mortality rates due to all causes of death—calculated simply as the number of deaths divided by the total population—are often higher in towns such as Shelton that have relatively older populations. However, these crude mortality rates are not commonly used to compare the health of populations or towns, because they do not consider the different age structures of any given population. Instead, age-adjusted mortality rates are used to compare the health of different populations. After adjusting for the impact of age demographics, mortality rates from all causes are higher among the population in Ansonia, Derby, and Naugatuck than they are in the state. Mortality rates are lower in Oxford and Shelton, consistent with the mortality rates in wealthier suburban areas throughout Connecticut.

MORTALITY RATE TIME TRENDS

Age-adjusted mortality rates for all causes of death, cancer, heart disease, and lung disease in Connecticut as a whole, declined significantly from 2003-2007 to 2008-2012. A recent

6.04 Mortality Rates in the Valley, 2008-12

	Total deaths, 2008-12	Age-adjusted mortality rate, per 100,000 residents	Significantly different from state?	Significantly different from New Haven County?
Connecticut		660		
New Haven County		681		
Ansonia	915	814	↑↑	↑↑
Beacon Falls	220	743	--	--
Derby	659	727	↑↑	--
Naugatuck	1,256	739	↑↑	↑↑
Oxford	398	627	--	↓
Seymour	762	699	--	--
Shelton	1,878	634	↓	↓↓

	Causes for which AAMR differed from state	Causes for which AAMR differed from New Haven County
Ansonia	↑↑ Heart disease, Cancer, Lung disease (CLRD), Accidents, Accidental poisoning, Drug-related deaths, Sepsis ↑ Lung cancer, Prostate cancer	↑↑ Heart disease, Cancer, Lung disease (CLRD), Accidental poisoning, Drug-related deaths ↑ Lung cancer, Colorectal cancer, Accidents, Prostate cancer
Beacon Falls	↑↑ Cancer ↑ Lung cancer	↑ Cancer, Lung cancer
Derby		
Naugatuck	↑↑ Heart disease, Cancer, Lung cancer, Kidney disease, Sepsis ↑ Accidental poisoning	↑↑ Heart disease, Cancer ↑ Drug-related deaths, Lung cancer
Oxford		
Seymour	↑ Lung cancer	
Shelton	↑↑ Motor vehicle accidents ↓ Diabetes ↓↓ Pneumonia, Kidney disease	↑ Motor vehicle accidents ↓↓ Cancer, Diabetes, Pneumonia, Kidney disease

↑↑ Higher ↑ Likely higher -- Not significantly different ↓ Likely lower ↓↓ Lower

comparison of age-adjusted mortality rates in the Naugatuck Valley Health District towns showed statistically-significant declines in all cause deaths and heart disease, similar to the improvements seen statewide, between 2001-2005 and 2006-2010. 57 During the period from 2003-2007 to 2008-2012, any changes in mortality rates at an individual town level were not considered to be statistically significant, in part due to the small size of each individual town.

HEALTH DISPARITIES

While Connecticut as a whole is a generally healthy place when compared to the nation, the state's health inequities—defined as the varying degrees of access to health-promoting resources that are experienced by individuals of different groups—are as severe as those seen in other parts of the United States. The information presented throughout this report documents that health inequities disproportionately impact Valley residents with lower household incomes.

Health inequities can include different levels of access to health-promoting resources—such as clean air, education, healthy food, higher-quality jobs, influence over local decision-making, quality health care, and safe streets—in addition to factors that relate most specifically to economic stress (see page 10). 58

Within the Valley, age-adjusted mortality rates for leading causes of death such as cancer and heart disease are likely to be significantly higher among groups that experience lower levels of access to these health-promoting resources. The Connecticut Health Disparities Report and other large-scale analyses have documented that, across many conditions, adults who identify as Latino or African-American face dramatically higher burdens of premature chronic disease and premature death than adults who identify as white. 59 Differences in health status by race and ethnicity are persistent throughout Connecticut's cities, urban periphery towns, and suburbs, including within towns that have similar demographics to the towns in the Valley. 60

Results from the 2015 DataHaven Community Wellbeing Survey suggest that Latinos and African-Americans living in the Valley, if looked at as a single group, experience higher levels of health risk factors such as depression, obesity, and smoking than residents who identify as white. 61 These disparities are similar to those that are evident in the much larger sample of adults throughout the state as a whole.

In the Valley, ensuring that minority groups are involved in data collection and policy decision-making is a necessary pathway to improve the region's overall health status, especially as the population grows more diverse.

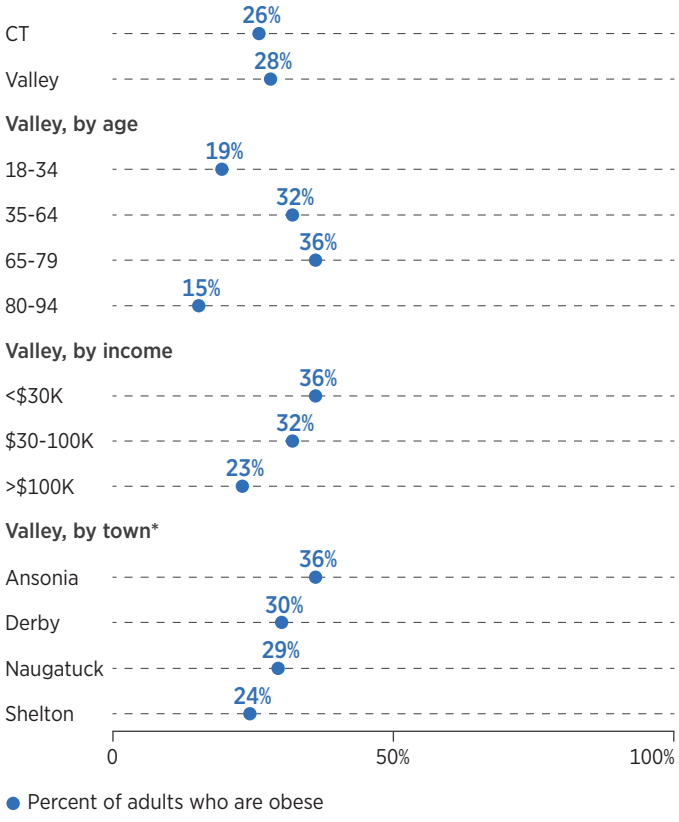
NUTRITION AND HEALTHY WEIGHT STATUS

The American Medical Association recognizes obesity as a chronic disease. Being obese can contribute to other health conditions such as cancer, depression, diabetes, heart disease, high blood pressure, stroke, and other conditions that can reduce life expectancy and quality of life.

In 2015, the rate of obesity in the Valley (28 percent) was below the national average (35 percent), and not significantly different from the statewide rate of 26 percent or the federal government's Healthy People 2020 objective of 30.5 percent. These rates are calculated based on self-reported height and weight. Within the Valley and the state as a whole, substantial differences exist by income group, age, and town of residence.

Across the nation and within Connecticut, obesity rates have increased dramatically. In Connecticut, rates have increased from 16 percent in 2000 to 26 percent in 2015. Precise historical data by town is not available for the Valley region, but all available sources suggest that the Valley has been following the same trend, along with most other areas statewide. 62

6.05 Obesity in the Valley, 2015



* Survey estimates for the towns of Beacon Falls, Oxford, and Seymour are not listed here due to smaller sample sizes and higher margins of error for estimates for those towns.

DIABETES

Obesity, physical inactivity, advanced age, and poor diet are risk factors for Type 2 diabetes, a chronic condition that often leads to other long-term health problems. The prevalence of diabetes has risen in direct relationship to rising obesity.

In 2015, the prevalence of diabetes in the Valley (10 percent) was similar to rates in the state (9 percent) and nation (10 percent). 63 Connecticut and the Valley have lower age-adjusted mortality rates from diabetes than the nation.

ASTHMA

Asthma can cause a considerable burden on health and quality of life. Rates of asthma among all adults in the Valley (13 percent) are similar to those found statewide (13 percent) and nationally (14 percent). The age-adjusted rate of hospital emergency department visits per 10,000 residents due to asthma in 2005-2009 was higher among residents of Ansonia (121) and Derby (116) than it was among residents of other Valley towns (71 in Seymour, 50 in Naugatuck, 38 in Shelton, and 33 in Oxford). 64 Asthma among children is discussed on page 30.

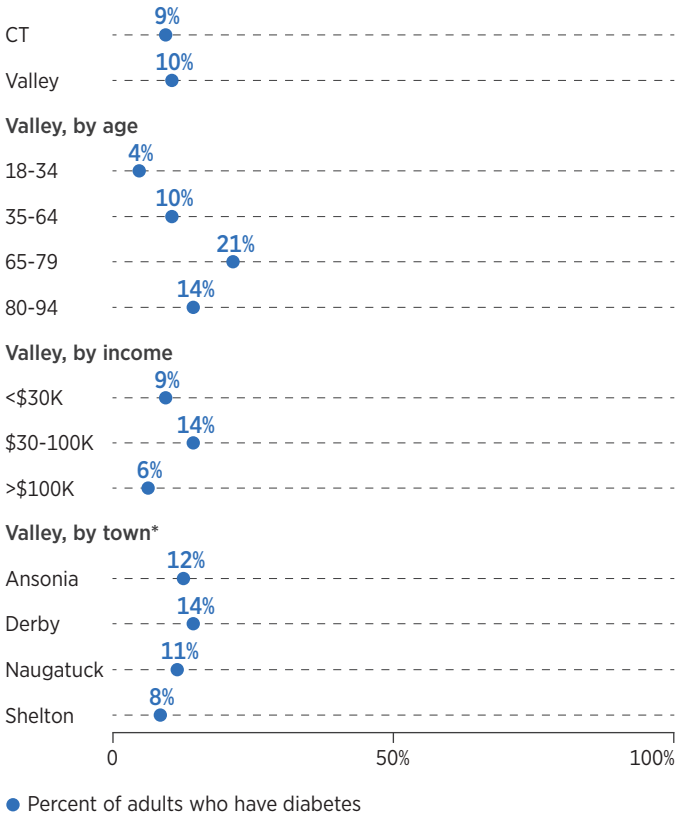
SMOKING

Valley adults are slightly more likely to smoke cigarettes (17 percent) than are adults living in Connecticut (15 percent). However, smoking rates vary widely by town, with nearly one-quarter of adults in Ansonia, Derby, and Naugatuck reporting that they currently smoke. While seniors living in the Valley are about as likely to smoke as are seniors in Connecticut, younger and middle-aged adults in the Valley have higher rates of smoking than their corresponding groups statewide.

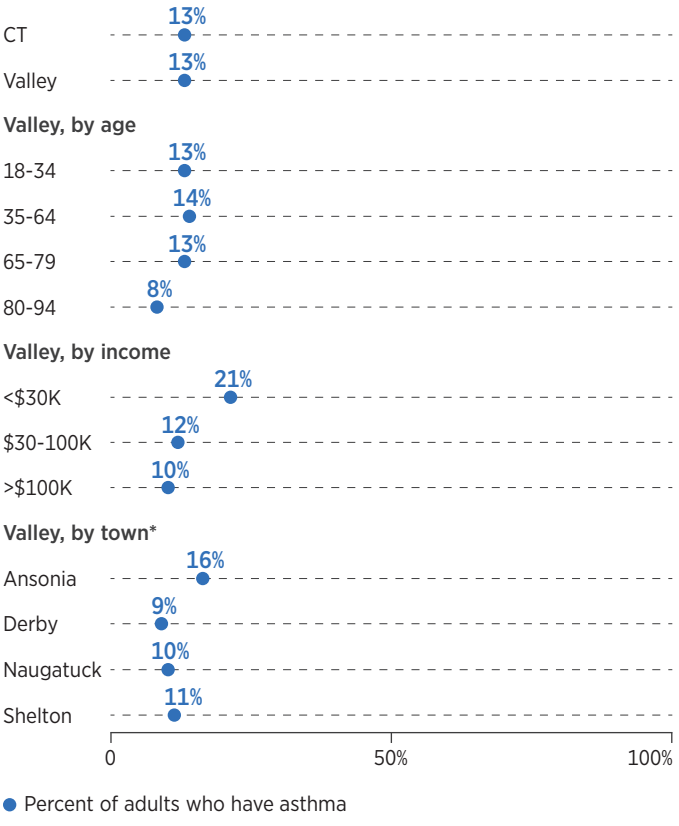
In the Valley, the proportion of smokers who say they have attempted to quit in the past year is 53 percent, a rate that is not statistically different from the statewide average. 65

In addition, some Valley residents use e-cigarettes, including some who are also current cigarette smokers. One out of five Valley adults reports that they have tried e-cigarettes at some point in their life. Of those, about 40 percent used them at least once in the past month. Compared to adults age 35 or over, young adults are about twice as likely to have tried or to be currently using e-cigarettes. 66

6.06 Diabetes in the Valley, 2015



6.07 Asthma in the Valley, 2015



* Survey estimates for the towns of Beacon Falls, Oxford, and Seymour are not listed here due to smaller sample sizes and higher margins of error for estimates for those towns.

ALCOHOL AND DRUG USE

According to a survey conducted in 2012, adult rates of alcohol use (66 percent) and binge drinking (19 percent) did not significantly vary from statewide averages. Adult Valley men are significantly more likely to use alcohol and binge drink than adult Valley women. 67

In 2015, 9 percent of Valley adults reported that they felt that they needed to cut down on their drinking or drug use at some point in the past year. 68 In general, local data on the use or availability of specific substances other than tobacco and alcohol among adults is not readily available at this time. Substance abuse among children is discussed on page 30.

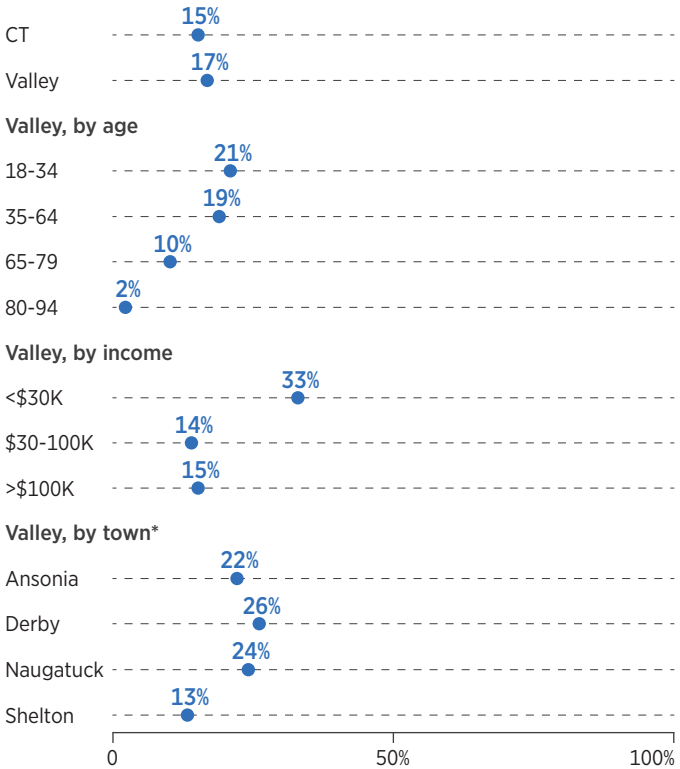
Drug overdose is a leading cause of premature death, and is a rising concern in the Valley and statewide. In recent years, there has been a marked increase in the number of deaths attributable to the use of heroin as well as narcotics such as fentanyl that has impacted all age groups. The total number of drug overdose deaths in Connecticut rose from 357 in 2012 to 723 in 2015. Heroin and other opioid substances were encountered in more than 90 percent of the 28 accidental drug overdose deaths in the Valley in 2015. Although further analysis of this emerging issue is needed, the per capita accidental poisoning (drug overdose) rate and the trend of rapidly increasing overdoses seen in the Valley appear to be fairly similar to the rates and increasing trends being observed throughout the state as a whole. 69

MENTAL HEALTH

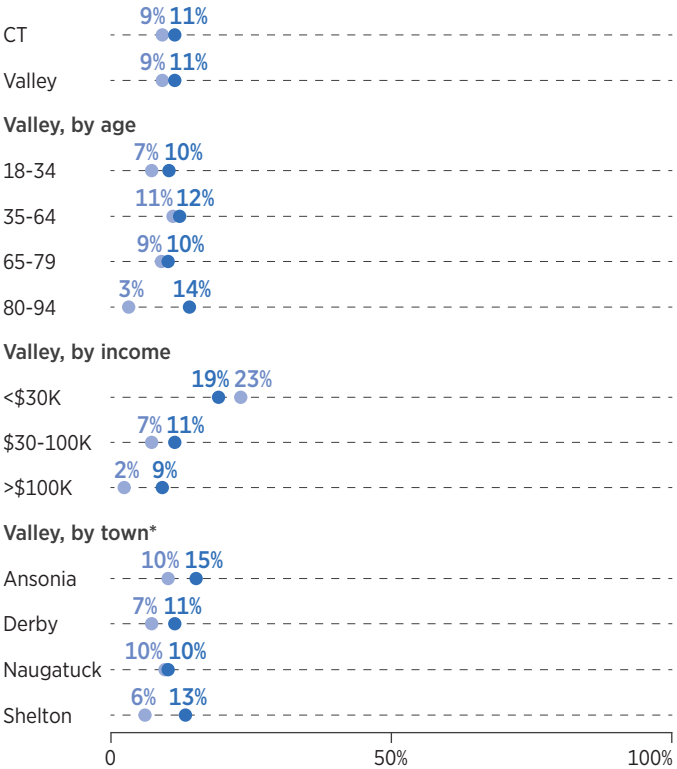
Mental health and physical health are closely connected, and poor mental health can become a disability that has significant impacts on employment, behavioral health, and overall well-being. Self-reported health and well-being in the Valley are similar to statewide averages (see page 33 of Health and page 5 of Introduction).

Self-reported anxiety and depression in the Valley track statewide levels, but there are large differences by household income level.

6.08 Cigarette Smoking in the Valley, 2015



6.09 Anxiety and Depression in the Valley, 2015



* Survey estimates for the towns of Beacon Falls, Oxford, and Seymour are not listed here due to smaller sample sizes and higher margins of error for estimates for those towns.

HEALTH CARE ACCESS

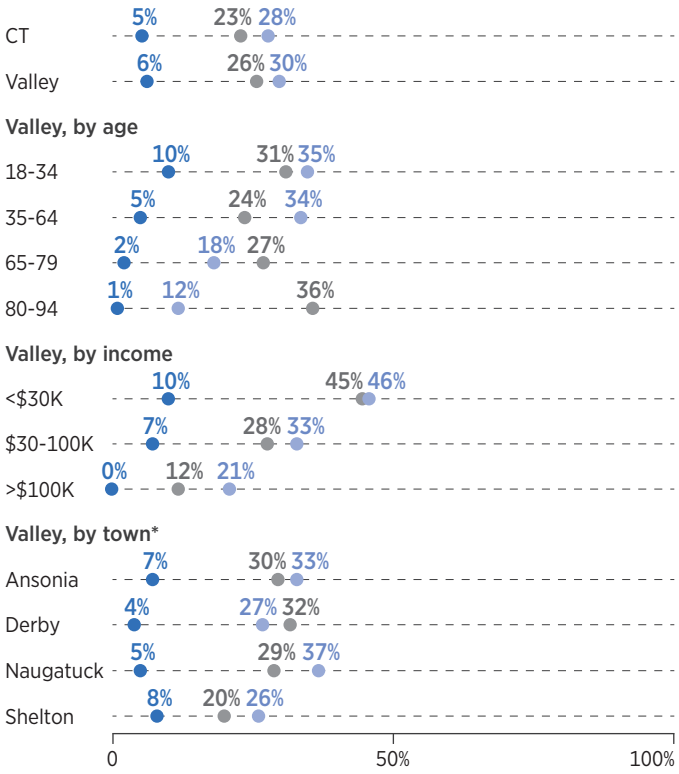
In 2015, adults in the Valley were as likely as adults in Connecticut not to have health insurance—approximately 1 out of every 20 adults ages 18 and over reported not having health insurance. The largest differences in health insurance access in the Valley are observed by age and income level.

The proportion of adults with a medical home (a coordinated, ongoing source of primary medical care) varies along similar lines, with 18 percent of young adults in the Valley, and two percent of seniors, reporting that they do not have a medical home.

The proportion of adults in the Valley who report using the emergency room more than twice in the past year is slightly lower than the statewide average. Three percent of adults in the Valley used the emergency room three or more times in the past year, compared to five percent of adults statewide. Adults with low household incomes are substantially more likely than other adults to have used the emergency room on more than one occasion in the past year. Adults may use the emergency room for severe conditions, but also to seek more routine medical treatment if they are unable to access an alternative source of care, such as a primary care provider or clinic.

6.10 Barriers to Health Care Access in the Valley, 2015

Valley adults who report being uninsured, postponing or not getting the health care or dental care they needed.



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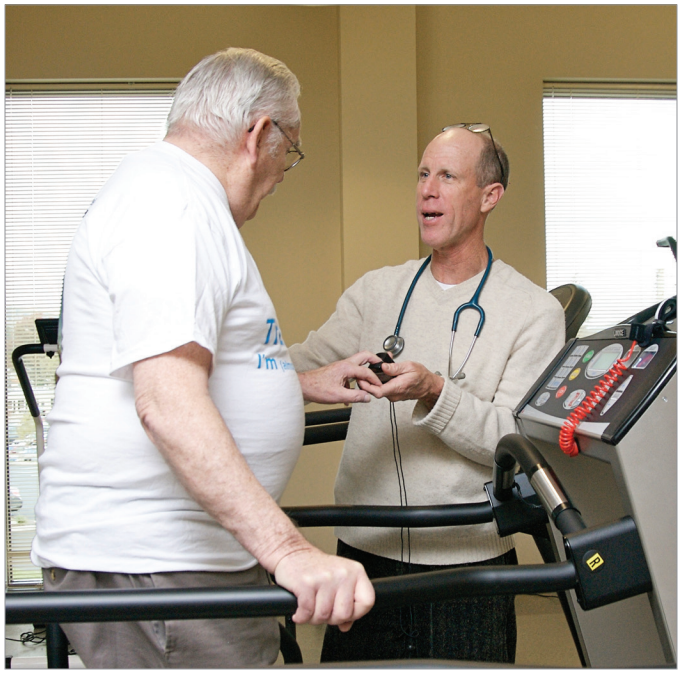


NOT GETTING NEEDED CARE OR MEDICINE

In 2015, six percent of adults in the Valley reported that they did not get the health care they needed in the past year, and 24 percent reported that they postponed care that they thought they needed. Seven percent of adults, including 10 percent of senior citizens, reported that they could not get prescription medicines they needed in the past year because they could not afford it. These rates were identical to statewide averages. In the Valley, rates of not getting needed care or postponing care were substantially higher among adults with low household incomes.

ACCESS TO ORAL HEALTH

Visiting the dentist is a key factor in maintaining good oral health and is linked to other health outcomes. Connecticut has the highest percentage of any state in the United States of adults who self-report visiting a dental health professional. 70 In 2015, the rate of dental visits among adults in the Valley as a whole was not statistically different from the statewide rate. The percent of adults in the Valley who visited a dentist in the past year varies by income level.

REASONS FOR NOT GETTING NEEDED MEDICINE OR MEDICAL CARE

The 2015 DataHaven Community Wellbeing Survey identifies some of the reasons why adults in the Valley may not be getting the medicine or medical care that they thought they needed. The reasons given in the Valley were generally cited by residents about as frequently as reasons given throughout the state, but differences are apparent by group within the Valley, as shown below.

Cost is a barrier to obtaining care that impacts Valley residents of nearly all income levels, echoing findings from more detailed recent national studies. 71 Whether or not adults are covered by health insurance, there are often financial barriers to obtaining needed care, including visit fees or co-pays, deductibles, transportation, and other costs.

6.11 Self-Reported Reasons for Not Getting Medical Care in the Valley

Valley adults who reported that there were reasons that they postponed or didn't get the medical care they needed in the past year.

Reason	% of all adults	Groups that were disproportionately impacted (% of group)
Too busy with work or other commitments to take the time	16%	Adults age 18-34 (23%), Adults age 35-64 (18%)
Worried about cost	12%	Income <$30K (20%), Women (14%)
Did not think problem was serious enough	12%	Adults age 18-34 (18%)
Other reasons (e.g., caregiving, other more specific barriers)	6%	Income <$30K (14%), Women (8%)
Health plan would not pay for the treatment	5%	Income <$30K (10%)
Could not get there when doctor's office or clinic was open	5%	Income <$30K (12%), Adults age 18-34 (7%), Women (7%)
Could not get appointment soon enough	4%	Income <$30K (6%), Adults age 35-64 (6%)
Doctor or hospital would not accept my health insurance	2%	Income <$30K (3%)

ECONOMIC OPPORTUNITY IN THE VALLEY

Sheila O'Malley
Chair
Naugatuck Valley Economic Development District

Economic Development Director and Grants Administrator
City of Ansonia

The local economy connects residents to goods and services, drives its local tax base, and enables towns to provide resources to their constituents. A strong local economy and diverse, accessible economic opportunities for residents are crucial for individual and community-wide economic security as well as general well-being.

Since 2000, the national economy has weathered two recessions. The most recent recession ending in June of 2009 significantly changed our economic reality. Increased efforts to enhance access to and opportunities for employment, training, and support services are needed for success in the labor market, particularly for those with barriers to employment.

Unique characteristics have influenced Connecticut's economic history. Compared to other states, Connecticut performs very high on measures of economic health: fourth on Gross Domestic Product per capita, fourth on median household income, and third on productivity. However, the economy has grown slowly compared to the nation. Slow population growth and high costs of living have meant fewer people entering the workforce. For most families, housing has become less affordable, and commuting times have increased.

The Valley region shares a similar economic history and landscape as Connecticut. Today, most workers commute from the Valley to jobs in the prosperous metropolitan economy that stretches from New York City to New Haven along the I-95 corridor. The Valley economy is influenced by and impacts its three surrounding cities: Bridgeport, New Haven, and Waterbury.

With a total population of more than 130,000, the seven-town Valley region is on par with Connecticut's largest cities as an economic and political force. In 2010, the 18 municipalities that comprise the Naugatuck Valley corridor submitted a plan to be recognized as one of eight economic development districts in Connecticut. This Comprehensive Economic Development Strategy (CEDS) earned state recognition in 2011 and federal designation in 2013 as an economic district, allowing access to federal grant opportunities and additional state grants for economic development projects.

The 2015 CEDS outlined several main areas aimed at strengthening the Valley's economy. These included, but were not limited to: the support of key regional industries such as light manufacturing and healthcare, improvements to transportation infrastructure through modifications to the Waterbury Branch Line and the reconstruction of Route 34 in Derby, and the continued reclamation of industrial sites. [72] In addition, throughout the next several years, local developers are projected to build hundreds of housing units in "mixed-use" developments to attract current and prospective residents. [73] These and other regional economic development initiatives can leverage the potential to accommodate future growth in a way that will benefit local residents.

The CEDS process and the importance of Economic Development Districts represent a fundamental change in that Connecticut has begun to look at economic development in totality rather than individual communities confining their efforts to one small area. CEDS demonstrates the value of regionalization, the importance of strong city centers such as Bridgeport, New Haven, and Waterbury, and the need to draw on the strengths and bolster the weaknesses of our neighboring communities. Many sites left for development in our communities require complex solutions, multiple funding sources and partnerships. CEDS is the mechanism by which communities such as the Valley can access these solutions.

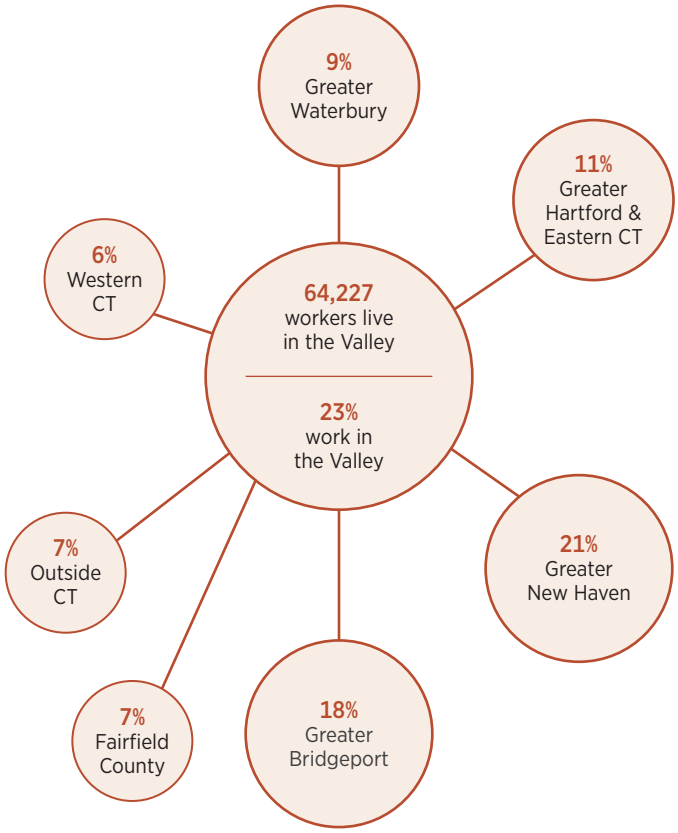
ECONOMIC OPPORTUNITIES FOR VALLEY RESIDENTS

Census data show that in 2014, workers from the Valley had median earnings about $2,300 higher than the state median. 74 Approximately one-quarter of the Valley workforce had jobs in the Valley; the rest commuted outside the region. Valley residents work across and outside of the state, though the Greater Bridgeport and New Haven areas are their most common destinations. 75

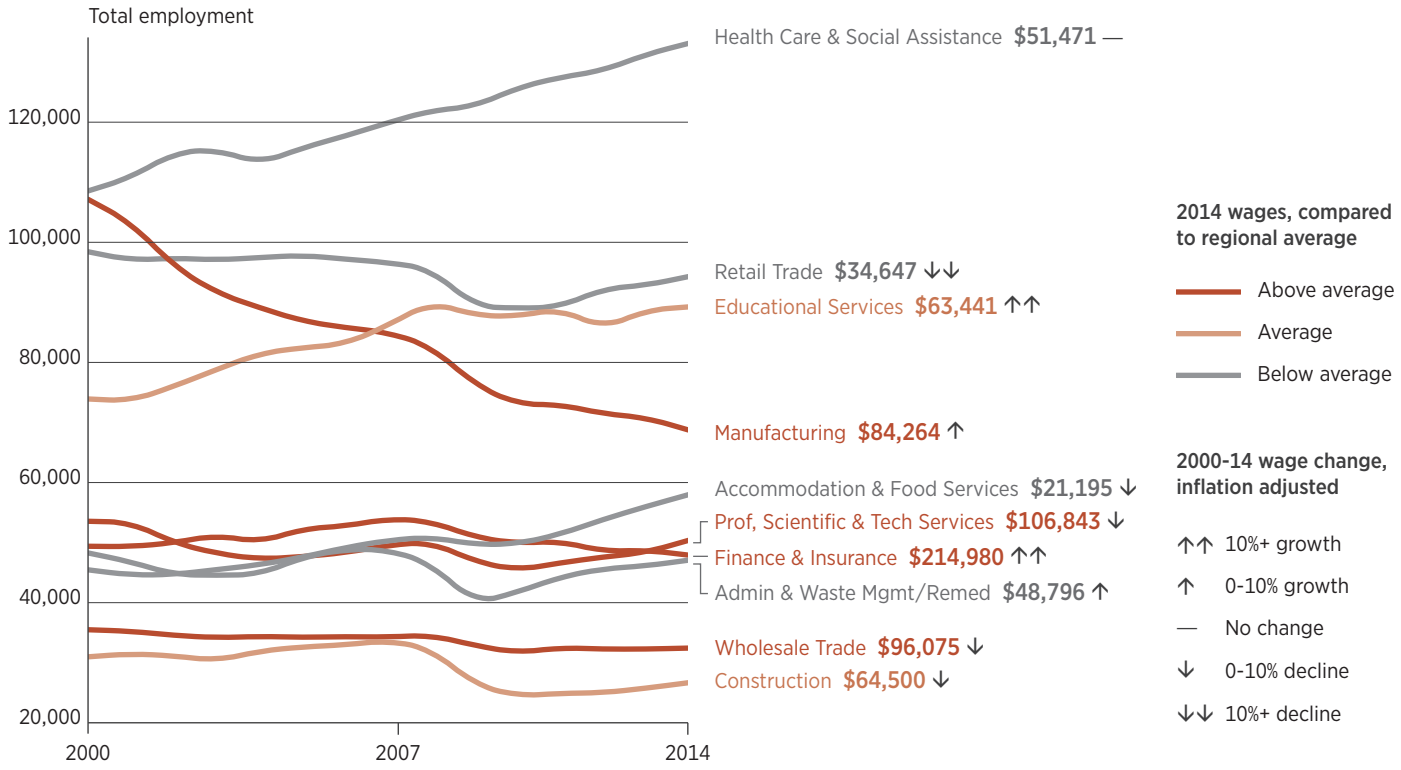
The Valley is part of a combined metropolitan area (CMA) of Fairfield and New Haven Counties, which is where most residents commute to work or seek employment. Living in the CMA's geographic center, Valley residents can pursue the nearly 790,000 jobs located in the CMA (half of all jobs in Connecticut).

In 2014, the average annual wage for all jobs located in the CMA was $69,145, approximately $6,000 higher than wages for jobs in the Valley or the state average. The entire area, and Fairfield County in particular, has a disproportionately high number of the state's highest-paying sector jobs in finance and insurance, professional and technical services, and manufacturing. 76 However, throughout the past decade, these industries cut more jobs than they added. The largest and fastest-growing sectors—health care and education—have average wages below the CMA average. 77

7.01 Where Valley Residents Work, 2014



7.02 Job and Wage Growth in the Regional Labor Market, 2000-14



CHALLENGES TO EMPLOYMENT

In 2015, the official unemployment rate in the Valley was 6.1 percent; there were 76,200 people in the labor force overall. This rate was at its lowest since 2008, and just above the state rate of 5.6 percent. 78 Despite this fact, only 29 percent of Valley adults reported that the ability of residents of their town to find suitable employment was "excellent" or "good"—lower than 36 percent statewide—on the 2015 Community Wellbeing Survey (CWS).

Underemployment—being unemployed or wanting full-time work but only able to find part-time work—may influence job market perceptions. According to the CWS, 12 percent of Valley adults report being underemployed. Census data show that 45 percent of Valley workers earn less than $40,000 per year, the "living wage," or income necessary to cover costs of living in the region. Both of these measures occur at similar rates in the Valley and state as a whole.

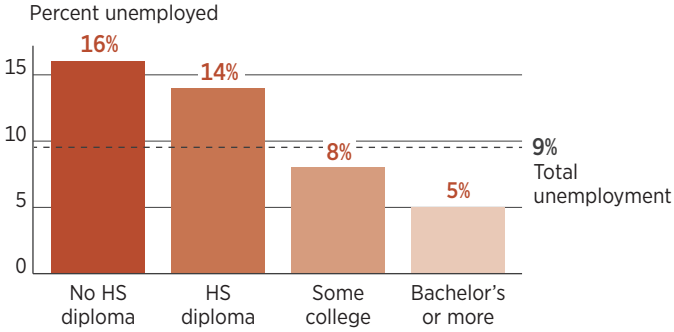
PROMOTING JOB ACCESS THROUGH EDUCATION

Valley adults without high school diplomas are four times more likely to be unemployed than people with at least bachelor's degrees, and earned less than half as much. Approximately one-third of all workers polled on the CWS reported needing more education or training to advance their careers. The share was even higher among workers without college experience.

Valley-wide, the number of adults (ages 25 and over) with college degrees grew by 42 percent since 2000—almost twice the statewide increase—due to more schooling among Valley natives and more college graduates moving into the Valley to live. The number of adults without high school diplomas dropped by almost half. Thirty percent of Valley adults hold bachelor's degrees, slightly below 37 percent statewide; educational attainment differs by race and ethnicity, town, and income. These disparities—felt across the U.S.—are largely due to income-related barriers such as difficulty paying tuition or the K-12 achievement gap (see pages 28-29). 79

An assessment of the regional economy found that demand is growing for positions that do not require bachelor's degrees, such as health care workers, IT technicians, administrative assistants, financial clerks, and skilled production workers. However, local well-paying jobs generally require further education after high school. 80

7.03 Percent of Adults in the Labor Force Who Are Unemployed, by Educational Attainment, 2014



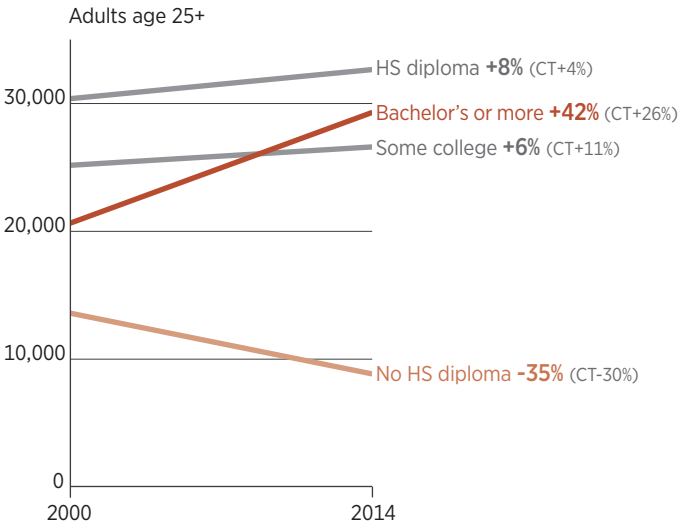
7.04 2014 Educational Attainment by Town, Adults Age 25 and Over*

	No HS diploma	HS diploma	Some college	Bachelor's or more
Connecticut	11%	28%	25%	37%
Valley	9%	34%	27%	30%
Ansonia	12%	45%	26%	16%
Beacon Falls	6%	36%	29%	29%
Derby	13%	36%	25%	27%
Naugatuck	13%	33%	30%	25%
Oxford	5%	27%	26%	42%
Seymour	5%	36%	27%	32%
Shelton	7%	29%	27%	38%

*Percentages may not add up to 100% due to rounding.

7.05 Valley Educational Attainment, 2000-14

Adults with bachelor's degrees grew the most; the number without high school diplomas dropped by close to half.



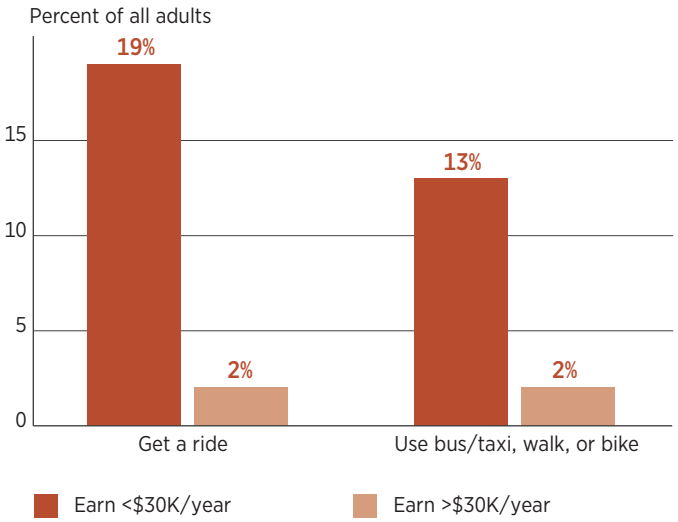
PROMOTING JOB ACCESS THROUGH TRANSPORTATION

On the 2015 CWS, 89 percent of Valley adults said they always had reliable transportation. These adults were more likely to have jobs than those saying they did not have reliable transportation. Nationwide, transportation access improves job access, allowing people to get to more jobs in larger geographic areas. 81

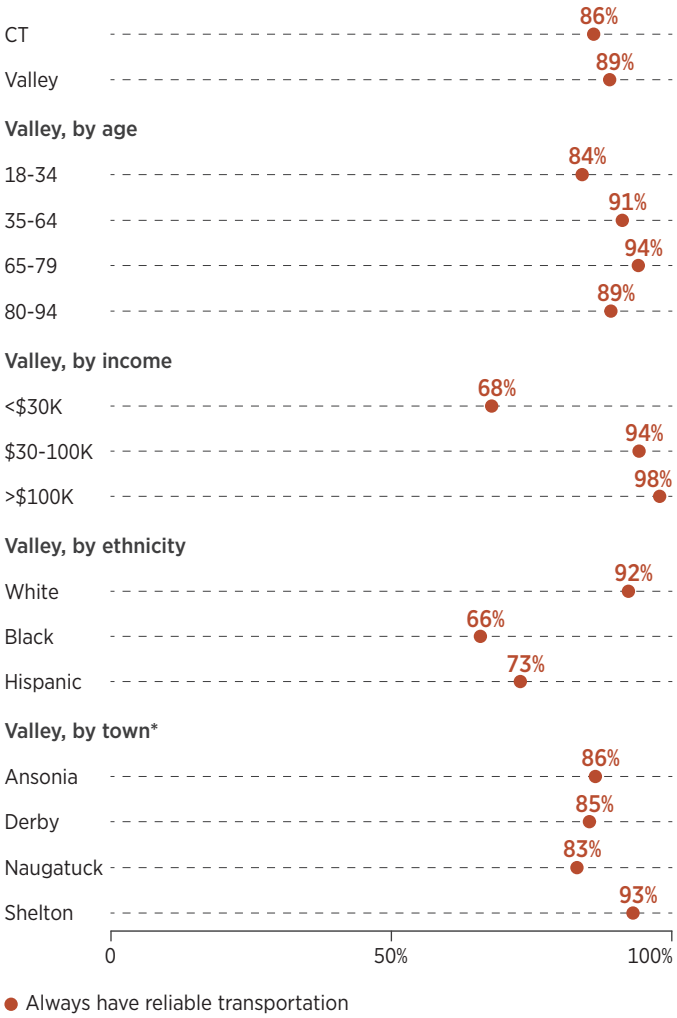
CWS data suggest that many residents walk, bike, or use public transit if they cannot afford a car. People earning less than $30,000 are six times more likely to report using transit or walking than those who make more. Only half of Valley CWS respondents reported having safe sidewalks or bike routes in their neighborhood. Valley public transit links the Valley to New Haven, Waterbury, Bridgeport, and other places with buses, trains, and free reserve-ride services, but service is infrequent—less than once an hour or required to be scheduled in advance—and mostly limited to stops along the Route 8 corridor on weekdays (see map on page 15).

Current improvements to Valley transportation infrastructure will help residents without cars access jobs. State investments in the Metro-North's Waterbury Branch Line will increase Valley train service to Bridgeport and Waterbury. Improvements to walkways, primarily in Shelton's and Derby's downtowns and on local river walks, will make it easier for people to walk and bike throughout the towns.

7.06 Primary Mode of Transportation



7.07 Access to Reliable Transportation



* Survey estimates for the towns of Beacon Falls, Oxford, and Seymour are not listed here due to smaller sample sizes and higher margins of error for estimates for those towns.

INDUSTRIES BASED IN THE VALLEY

In 2014, there were 47,228 jobs in the Valley towns with an average annual wage of $63,380, nearly equal to the state average ($63,909). The largest sectors—manufacturing and health care and social assistance—each had more than 7,000 jobs. 82

These are jobs located in the Valley, not jobs that Valley residents hold, so changes do not directly affect all residents. However, industries in the Valley do contribute to the local tax base. The combined values of the commercial and industrial grand lists, or the taxable value of all commercial and industrial property in the Valley, grew by 51 percent from 2001 to 2013 (adjusted for inflation), resulting in additional revenue to local governments. 83

From 2002 to 2014, 2,500 net jobs were added overall in the Valley towns, a growth rate of six percent (outpacing zero percent statewide growth). The most jobs were added in health care, administrative and waste management, and company management. Finance and insurance as well as manufacturing lost the most jobs. Wages of Valley jobs grew by an inflation-adjusted six percent, faster than the four percent growth statewide.

The Valley communities are participants in the Naugatuck Valley Corridor Economic Development District (NVC EDD). This District presides over a United States Economic Development Administration (US EDA) approved Comprehensive Economic Development Strategy (CEDS). The twenty-town district establishes priorities for Federal infrastructure investments in municipal investment projects through a consultative process with its communities and their Chief Elected Officials. The process is collegial and based on overall impact and project readiness. Lower Naugatuck Valley community priorities can be found at the following link: http://sheltonedcorp.org/ceds/ceds_2016/ceds_2016_ann_rpt.pdf

7.08 Economic Development Projects in the Valley

Site location	Property type	Development type	Status	Town
Nordco	Industrial	New	Complete	Beacon Falls
Derby Pershing Shopping Center	Commercial	New	Complete	Derby
LoPresti School	Housing	Repurpose	Complete	Seymour
The Mark Fairfield County	Housing	New	Complete	Shelton
Basement Systems	Industrial	Expansion	Complete	Seymour
Wakelee Avenue	Renovations	Infrastructure	Underway	Ansonia
Fountain Lake Industrial Park	Industrial	New	Underway	Ansonia
Ansonia Copper & Brass	Industrial	Repurpose	Underway	Ansonia
Pioneer Gas/Propane Distribution Center	Industrial	New	Underway	Beacon Falls
Route 34	Renovations	Infrastructure	Underway	Derby
Maple & Water Street	Mixed Use	New	Underway	Naugatuck
Old Naugatuck Railroad Station	Restaurant	Renovation	Underway	Naugatuck
CPV Towantic Energy Center	Industrial	Infrastructure	Underway	Oxford
Oxford Towne Center Quarry Walk	Housing, Commercial	New	Underway	Oxford
Shelton Enterprise & Commerce Park (Canal Street)	Industrial	Remediation	Underway	Shelton
Hawks Ridge	Housing	New	Underway	Shelton
Bridge Street Commons	Mixed Use	Repurpose	Underway	Shelton
Big Y - Mixed Use Retail Development	Retail	Retail	Underway	Shelton

GROWTH AND DEVELOPMENT IN VALLEY TOWNS

Among Valley towns, Shelton and Oxford have the highest town grand lists per capita—the total value of all taxable properties (residential, industrial, commercial, other) divided by total population—indicating the strength of their economies.

One-half of the region's jobs are in Shelton, with an average salary of $85,000 per year, over $40,000 more per year than jobs in other Valley towns. From 2002 to 2014, Oxford and Shelton both added approximately 1,500 jobs, while the other towns saw stagnant or negative job and wage growth.

In 2014, median home values in Oxford and Shelton were about $350,000, approximately $100,000 higher than the Valley and state figures. Valley-wide, 368 new housing units were built in 2013 and 2014—below the peak of 1,400 units built during 2005 and 2006. 84 More than half of those new homes are in Shelton; two-thirds of all new homes are single-family. Proposed future Valley developments will create more multi-family units in walkable neighborhoods. 85

Oxford and Shelton's growth may result from larger acreage of land available for developing and lower numbers of vacant industrial sites that inhibit redevelopment. Valley economic development groups have led the remediation of at least 303 acres of abandoned industrial sites, or brownfields, throughout the Valley. Remediation can create jobs, reduce pollutants, and create economically viable, developable land. 86

7.09 Measuring Local Economies, 2014

Job growth and strong housing markets in Oxford and Shelton propel regional economic growth.

	Equalized net grand list per capita, 2014	Jobs, 2014	Job growth, 2002-14	Median home values, 2014	New housing units, 2013-14
Connecticut	$143,792	1,653,545	<1%	$274,500	10,753
Valley	$109,202	47,228	6%	$242,877	368
Ansonia	$67,334	3,371	-12%	$219,200	3
Beacon Falls	$105,873	867	-10%	$255,900	36
Derby	$73,893	4,894	-3%	$212,700	8
Naugatuck	$71,201	7,713	<1%	$192,500	31
Oxford	$159,520	3,272	71%	$355,100	94
Seymour	$100,563	4,470	3%	$266,700	20
Shelton	$156,686	22,639	8%	$348,200	176

7.10 Brownfield Remediation as of 2015*

	Number of acres in remediation
Valley	243 acres
Ansonia	6 acres
Beacon Falls	5 acres
Derby	53 acres
Naugatuck	151 acres
Oxford	n/a
Seymour	27 acres
Shelton	2 acres

*Source: Naugatuck Valley Council of Governments

Reclaiming contaminated properties in the Valley is one of the largest opportunities for growth. Companies often seek new land to develop, and it may make sense to remediate brownfields into usable land so as not to use up open space for the purposes of urban development. The Valley has a particularly challenging set of issues compared to other regions in the Northeast due to the legacy of the metals industry, which is associated with a number of environmental conditions more demanding than general manufacturing or textiles. Since most brownfields needing remediation are located along the river, taxpayers are already invested in infrastructure, roads, and sewers in those areas.

APPENDICES

Appendix 1: Table of Figures

Chapter 1. Understanding Community Well-Being

1.01 **Personal Wellbeing Index.** DataHaven analysis (2016). The Personal Wellbeing Index is calculated based on several questions from the 2015 DataHaven Community Wellbeing Survey, including self-rated health, life satisfaction, mood (happiness, anxiety, and depression), free time to do things that they most enjoy, and support from relatives and friends. To create the Index, values for each indicator were ranked, normalized, and averaged into a single index score. Scores range from 0 to 100, with 100 representing a population in perfect health and well-being. Survey estimates for the towns of Beacon Falls, Oxford, and Seymour are not listed here or in several other figures throughout this document, due to smaller sample sizes and higher margins of error for estimates for those towns. For more information on the survey, please see http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey.

Chapter 2. A Changing Valley

2.01 **Total Population in the Valley, 1990-2014.** DataHaven analysis (2016). 1990 figures are from the U.S. Census Bureau Decennial Census, Table P1, Total Population. 2014 figures are from the U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B01003, Total Population. Tables available at http://factfinder2.census.gov/. 2025 projections are from the Connecticut State Data Center at the University of Connecticut Libraries Map and Geographic Information Center (2012). 2015-2025 Population Projections for Connecticut at State, County, Regional Planning Organization, and Town levels – November 1, 2012 edition. Retrieved from http://ctsdc.uconn.edu/2015_2025_projections/

2.02 **Population and Growth by Age in the Valley, 1990-2014.** DataHaven analysis (2016). 1990 figures are from the U.S. Census Bureau Decennial Census, Table P12, Sex by Age. 2014 figures are from U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B01001, Sex by Age. Tables available at http://factfinder2.census.gov/. "Change" refers to the percent increase or decrease within each age group from 1990 to 2014.

2.03 **Population and Projected Growth by Age in the Valley, 1990-2025.** DataHaven analysis (2016). 1990, 2000, and 2010 figures are from the U.S. Census Bureau Decennial Census, Table P12, Sex by Age, available at http://factfinder2.census.gov/. 2025 projections are from the Connecticut State Data Center at the University of Connecticut Libraries Map and Geographic Information Center (2012). 2015-2025 Population Projections for Connecticut at State, County, Regional Planning Organization, and Town levels – November 1, 2012 edition. Retrieved from http://ctsdc.uconn.edu/2015_2025_projections/.

2.04 **Race and Ethnicity in the Valley, 2010.** DataHaven analysis (2016). Figures displayed by age group are from the 2010 U.S. Census Bureau Decennial Census, Table P5, Hispanic or Latino Origin by Race. Tables available at http://factfinder2.census.gov/.

2.05 **Immigrants Living in the Valley, 1980-2014.** DataHaven analysis (2016). 1980, 1990, and 2000 figures are from the U.S. Census Bureau Decennial Census, Table QT-P14, Nativity, Citizenship, Year of Entry, and Region of Birth. 2014 figures are from the U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B05001, Nativity and Citizenship Status in the United States. Tables available at http://factfinder2.census.gov/.

2.06 **Immigrants in the Valley by Place of Birth, 2000-14.** DataHaven analysis (2016). 2000 figures are from U.S. Census Bureau Decennial Census, Table QT-P14, Nativity, Citizenship, Year of Entry, and Region of Birth. 2014 figures are from the U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B05006, Place of Birth for the Foreign-Born Population in the United States. Tables available at http://factfinder2.census.gov/.

2.07 **Characteristics of Immigrant Population, 2014.** DataHaven analysis (2016). U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B05007, Place of Birth by Year of Entry by Citizenship Status for the Foreign-Born Population, available at http://factfinder2.census.gov/.

2.08 **Characteristics of Total Valley Population, 2014.** DataHaven analysis (2016). U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B01001, Sex by Age; Table B06009, Place of Birth by Educational Attainment in the United States; Table B06007, Place of Birth by Language Spoken at Home and Ability to Speak English in the United States, available at http://factfinder2.census.gov/.

2.09 **Valley Residents Who Moved in the Last Year, 2014.** DataHaven analysis (2016). U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B07001, Geographical Mobility in the Past Year by Age for Current Residence in the United States, available at http://factfinder2.census.gov/.

2.10 **Key Income Indicators, 2014.** DataHaven analysis (2016). U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B17024, Age by Ratio of Income to Poverty Level in the Past 12 Months; Table B19013, Median Household Income in the Past 12 Months, available at http://factfinder2.census.gov/. Low-income rates are calculated based on the population for which a poverty status is known. Low-income is defined as having a household income less than two times the federal poverty line.

2.11 **Population Change in Low-Income Households, 2000-14.** DataHaven analysis (2016). 2000 figures are from U.S. Census Bureau, Ratio of Income in 1999 to Poverty Level. 2014 figures are from U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B17024, Age by Ratio of Income to Poverty Level in the Past 12 Months. Tables available at http://factfinder2.census.gov/.

2.12 **Key Housing Unit Indicators, 2014.** DataHaven analysis (2016). U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B25070, Gross Rent as a Percentage of Household Income in the Past 12 Months; Table B25091, Mortgage Status by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months; Table B25034, Year Structure Built; Table B11011, Household Type by Units in Structure, available at http://factfinder2.census.gov/.

2.13 **Households in the Valley, 1990–2014.** DataHaven analysis (2016). 1990 and 2000 figures are from the U.S. Census Bureau Decennial Census, Table P015, Family Type by Presence of Own Children Under 18 Years by Age of Own Children. 2014 figures are from U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B11003, Family Type by Presence and Age of Own Children Under 18 Years. Tables available at http://factfinder2.census.gov/.

2.14 **Housing Cost Burden in New Haven County, 2005-14.** DataHaven analysis (2016) of data from the U.S. Census Bureau American Community Survey 2005, 2010, and 2014 1-year estimates for New Haven County (a geographic area that is larger than the Valley, and which does not include Shelton). Table B25070, Gross Rent as a Percentage of Household Income in the Past 12 Months; Table B25091, Mortgage Status by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months, available at http://factfinder2.census.gov/. Households are considered cost-burdened when their monthly housing costs exceed 30 percent of their total income, and severely cost-burdened when this cost exceeds 50 percent of their total income.

2.15 **Projected Senior Population, 2014-25.** DataHaven analysis (2016). 2014 figures are from U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B01001, Sex by Age, available at http://factfinder2.census.gov/. 2025 projections are from the Connecticut State Data Center at the University of Connecticut Libraries Map and Geographic Information Center (2012). 2015-2025 Population Projections for Connecticut at State, County, Regional Planning Organization, and Town levels – November 1, 2012 edition. Retrieved from http://ctsdc.uconn.edu/2015_2025_projections/.

2.16 **Perceived Community Engagement Among Valley Seniors.** DataHaven analysis (2016) of questions from 2015 DataHaven Community Wellbeing Survey.

Chapter 3. Community Life in the Valley

3.01 **Perceived Access and Use of Community Resources.** DataHaven analysis (2016) of questions from 2015 DataHaven Community Wellbeing Survey.

3.02 **Library Use and Funding, Valley and Statewide, 2002-14.** DataHaven analysis (2016) of data collected by the Connecticut State Library on each library in Connecticut, available at http://libguides.ctstatelibrary.org/dld/stats. Operating income is the amount of income from all sources that a municipality has available to spend on library services.

3.03 **Library Use Valley and Statewide, 2002-14.** DataHaven analysis (2016) of data collected by the Connecticut State Library on each library in Connecticut, available at http://libguides.ctstatelibrary.org/dld/stats.

3.04. **Voter Turnout, 2000-15.** DataHaven analysis (2016) of voter turnout data from the Connecticut Secretary of the State, available at http://www.ct.gov/sots/cwp/view.asp?q=401492. Voter turnout is defined as the percentage of officially registered voters who are checked as having voted. This includes overseas ballots but does not include absentee voters. Note that the years in which presidential, midterm, and local elections are held differ.

3.05 **Public Safety in the Valley.** DataHaven analysis (2016). Crime rates come from the Connecticut Department of Emergency Services and Public Protection, and are reported to the FBI under their Uniform Crime Reporting program. Violent crime is defined by the FBI as aggravated assault, rape, robbery, and murder. Crime rates presented are averages of 2013 and 2014 rates. Figures for residents feeling safe walking at night come from the 2015 DataHaven Community Wellbeing Survey.

3.06 **Perceived Community Cohesion.** DataHaven analysis (2016) of questions from the 2015 DataHaven Community Wellbeing Survey.

Chapter 4. Prenatal to Age Five: Young Children in the Valley

4.01 **Birth Outcomes and Health Disparities, 2008-13.** DataHaven analysis (2016) of data from Connecticut Department of Public Health Vital Statistics, available at http://www.ct.gov/dph/cwp/view.asp?a=3132&q=394598. Low and very low birth weights are defined as 2,500 grams (5.5 pounds) and 1,500 grams (3.3 pounds), respectively. Infant mortality rates are defined as the proportion of children who died at less than 1 year of age out of the total number of live births that year. All figures are averaged over the period from 2008 to 2013.

4.02 **Lead Poisoning and Lead Screenings, 2004-13.** Department of Public Health 2013 Annual Disease Surveillance Report on Childhood Lead Poisoning Prevention and Control (2015), available at http://www.ct.gov/dph/lead. Note that the Centers for Disease Control and Prevention (CDC) changed its guidelines in 2012: elevated blood lead levels, previously defined as 10 ug/dL, are now defined as 5 ug/dL. As such, figures for 2013 are given at both levels.

4.03 **Young Children with Developmental Delays Receiving Funded Services.** DataHaven analysis (2016) of data from the Connecticut Birth to Three System Annual Report FY 2014, available at http://www.birth23.org/aboutb23/annualdata/ and from 2012 Department of Education data on PreK students with Disabilities by age, available at http://edsight.ct.gov/SASPortal/main.do.

4.04 **Availability of Childcare and Preschool in the Valley, 2014.** DataHaven analysis (2016) of data from 2-1-1 Annual Child Care Capacity, Availability, and Enrollment Survey 2014, report by Connecticut 2-1-1 Childcare, available at http://www.211childcare.org/reports/, and Department of Education data on subsidized childcare and education programs, provided to DataHaven for the purposes of this report. Note that childcare provider slot capacity is calculated as enrolled slots plus vacant slots.

4.05 **Availability of Childcare and Preschool Subsidies in the Valley, 2014.** DataHaven analysis (2016) of data from 2-1-1 Annual Child Care Capacity, Availability, and Enrollment Survey 2014, report by Connecticut 2-1-1 Childcare, available at http://www.211childcare.org/reports/; Department of Education data on subsidized childcare and education programs, provided to DataHaven for the purposes of this report; and U.S. Census Bureau American Community Survey 2014 5-Year estimate, Table B01001, Sex by Age, and Table B17024, Age by Ratio of Income to Poverty Over Past 12 Months, available at http://factfinder2.census.gov/. Note that childcare provider slot capacity is calculated as enrolled slots plus vacant slots, and that the population of children ages 0-4 from low-income households is estimated at 83 percent of the population of children ages 0-5 from low-income households.

4.06 **Affordability of Childcare for Families in the Valley, 2012.** DataHaven analysis (2016) of 2012 data from 2-1-1 Childcare Availability Affordability 2013 report, by Connecticut 2-1-1 Childcare, available at http://www.211childcare.org/reports/. Note that average child care costs are calculated using average family income from the U.S. Census Bureau American Community Survey 2012 5-year estimate, Table B19113, Median Family Income in the past 12 months (in 2012 inflation-adjusted dollars), available at http://factfinder2.census.gov

Chapter 5. Valley Students: Performance, Health, and Lifelong Learning

5.01 **Public School Enrollment, 2005-15.** DataHaven analysis (2016) of data from Connecticut State Department of Education.

5.02 **Valley Students by Grade Level and Race/Ethnicity, 2014-15.** DataHaven analysis (2016) of data from Connecticut State Department of Education.

5.03 **Academic Performance in Valley Public School Districts.** DataHaven analysis (2016) of data from Connecticut State Department of Education. Chronic absenteeism is defined as a student missing at least 10 percent of the days for which they are enrolled in a year for any reason. The Smarter Balance Assessment Consortium (SBAC) standardized test is the Common Core-aligned test first taken by Connecticut students in 2015. Passing scores on English/language arts (ELA) and math are those rated proficient or advanced in that subject, and students scoring at these levels are considered on track for college and career readiness. Previous standardized testing used different rubrics to determine passing; therefore, SBAC scores should not be compared with previous testing years. Graduation rates presented are four-year cohort graduation rates, giving the percentage of students who earn a high school diploma alongside the cohort with which they started 9th grade. This rate is adjusted to account for transfers in and out of each district.

5.04 **High-Needs Students in Valley Public School Districts, 2014-15.** DataHaven analysis (2016) of data from Connecticut State Department of Education. SPED refers to special education.

5.05 **Academic Achievement Gap Among Students in Valley Public School Districts.** DataHaven analysis (2016) of data from Connecticut State Department of Education.

5.06 **Health Indicators, Valley Public School Students.** Asthma rates come from the Connecticut Department of Public Health, which reports asthma rates by school district collected through Health Assessment Records. Physical fitness passing rates come from the Connecticut State Department of Education, reporting through the state's Physical Fitness Assessment program.

5.07 **Valley Public School Students, College Enrollment and Completion.** DataHaven analysis (2016) of data from Connecticut State Department of Education.

Chapter 6. Community Health in the Valley

6.01 **Adults Who Report Excellent or Very Good Overall Health, 2015.** DataHaven analysis (2016) of 2015 DataHaven Community Wellbeing Survey.

6.02 **Causes of Premature Death (up to Age 75) in the Valley, 2008-12.** DataHaven analysis (2016) of data from Connecticut Department of Public Health, available at http://www.ct.gov/dph/cwp/view.asp?a=3132&q=521462. Figures for the number of deaths per year show the total number of deaths of persons up to age 75 by cause, averaged over a five year period. Average years of potential life lost per death are calculated based on a life expectancy of 75 years; deaths before age 75 are considered premature. Each reported fetal and infant death (from Connecticut Department of Public Health Vital Statistics) is calculated as 74.5 years lost. Years of potential life lost per 100,000 residents are calculated by taking the total number of years of potential life lost up to age 75, divided by the number of residents below age 75, and averaged over the five year period.

6.03 **Leading Causes of Death in the Valley, 2008-12.** DataHaven analysis (2016) of data from Connecticut Department of Public Health, available at http://www.ct.gov/dph/cwp/view.asp?a=3132&q=521462.

6.04 **Mortality Rates in the Valley, 2008-12.** DataHaven analysis (2016) of data from Connecticut Department of Public Health, available at http://www.ct.gov/dph/cwp/view.asp?a=3132&q=521462. Age-adjusted mortality rates are calculated based on age at time of death, weighted for the share of the population in that age group. Statistical differences shown as "likely higher/lower" are calculated at a 95% confidence level, and those shown as "higher/lower" are calculated at a 99% confidence level. When neither difference is indicated, figures are not significantly different from those of the comparison geography (state or county).

6.05 **Obesity in the Valley, 2015.** DataHaven analysis (2016) of 2015 DataHaven Community Wellbeing Survey. Body mass index (BMI) was calculated based on participants' self-reported height and weight. Obesity in adults is defined as having a BMI of 30 or higher.

6.06 **Diabetes in the Valley, 2015.** DataHaven analysis (2016) of 2015 DataHaven Community Wellbeing Survey. Participants were asked to report whether they had ever been told by a doctor or other health professional that they had diabetes.

6.07 **Asthma in the Valley, 2015.** DataHaven analysis (2016) of 2015 DataHaven Community Wellbeing Survey. Participants were asked to report whether they had ever been told by a doctor or other health professional that they had asthma.

6.08 **Cigarette Smoking in the Valley, 2015.** DataHaven analysis (2016) of 2015 DataHaven Community Wellbeing Survey. Participants were asked whether they had smoked at least 100 cigarettes in their entire lives; participants who said they had were then asked whether they smoked every day, some days, or not at all. Current smoking prevalence is calculated based on these two figures.

6.09 **Anxiety and Depression in the Valley, 2015.** DataHaven analysis (2016) of 2015 DataHaven Community Wellbeing Survey. Participants were asked to self-report recent levels of depression and anxiety.

6.10 **Barriers to Health Care Access in the Valley, 2015.** DataHaven analysis (2016) of questions from 2015 DataHaven Community Wellbeing Survey.

6.11 **Self-Reported Reasons for Not Getting Medical Care in the Valley.** DataHaven analysis (2016) of questions from 2015 DataHaven Community Wellbeing Survey. Demographic groups (age, gender, and income) are identified as "disproportionately impacted" if their rates of reporting a reason are significantly higher than those of the region.

Chapter 7. Economic Opportunity in the Valley

7.01 **Where Valley Residents Work, 2014.** DataHaven analysis (2016). U.S. Census Bureau Longitudinal Employer-Household Dynamics Origin-Destination Employment Statistics, available at http://lehd.ces.census.gov/data/.

7.02 **Job and Wage Growth in the Regional Labor Market, 2000-14.** DataHaven analysis (2016). U.S. Census Bureau Quarterly Workforce Indicators, available at http://qwiexplorer.ces.census.gov/, and U.S. Census Bureau Longitudinal Employer-Household Dynamics Origin-Destination Employment Statistics, available at http://lehd.ces.census.gov/data/. Average wages are given as means of total annual wages over annual average employment by sector. 2000 wages are adjusted for inflation in order to accurately calculate changes in wages over time. Industries are categorized based on the North American Industry Classification System.

7.03 **Percent of Adults in the Labor Force who are Unemployed, by Educational Attainment, 2014.** DataHaven analysis (2016). U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B23006, Educational Attainment by Employment Status for the Population 25 to 64 Years, available at http://factfinder2.census.gov/.

7.04 **2014 Educational Attainment by Town, Adults Ages 25 and Over.** DataHaven analysis (2016). U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B06009, Place of Birth by Educational Attainment in the United States, available at http://factfinder2.census.gov/.

7.05 **Valley Educational Attainment, 2000-14.** DataHaven analysis (2016). 2000 figures are from the U.S. Census Bureau Decennial Census, Table P037, Sex by Educational Attainment for the Population 25 Years and Over. 2014 figures are from U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B06009, Place of Birth by Educational Attainment in the United States. Tables available at http://factfinder2.census.gov/.

7.06 **Primary Mode of Transportation.** DataHaven analysis (2016) of questions from the 2015 DataHaven Community Wellbeing Survey. Participants were asked about their primary mode of transportation to work, school, or other regular destinations.

7.07 **Access to Reliable Transportation.** DataHaven analysis (2016) of questions from the 2015 DataHaven Community Wellbeing Survey. Participants were asked whether in the past 12 months they had stayed home due to lack of reliable transportation.

7.08 **Economic Development Projects in the Valley.** List assembled in 2016 by members of the Valley Chamber of Commerce, the Naugatuck Valley Corridor Economic Development District, and the Naugatuck Valley Corridor Comprehensive Economic Development Strategy, for the purposes of this report.

7.09 **Measuring Local Economies, 2014.** DataHaven analysis (2016). Equalized Net Grand List per capita figures from Connecticut Office of Policy and Management (OPM) and available at the OPM "Municipal Fiscal Indicators" website, http://www.ct.gov/opm/cwp/view.asp?a=2984&q=383170&opmNav_GID=1807, updated April 19, 2016 with data for FYE2014 (2013-14). The Equalized Net Grand List (ENGL) is the estimate of the market value of all taxable property in a municipality. Municipalities revalue their Grand Lists based on schedules established by the Connecticut General Assembly (CGS 12-62). Thus, there can be a marked difference between the market value of all property and the assessed value. OPM calculates the ENGL from sales and assessment ratio information and grand list reports filed by the municipality, as well as the per capita figures. Jobs and job growth figures from U.S. Census Bureau Quarterly Workforce Indicators, available at http://qwiexplorer.ces.census.gov/. Median home values from U.S. Census Bureau American Community Survey 2014 5-year estimate, Table B25077, Median Value, available at http://factfinder2.census.gov/. Housing unit figures from Connecticut Department of Economic and Community Development, available at http://www.ct.gov/ecd/cwp/view.asp?a=1106&q=250640. New housing units are presented as the total number of new housing permits issued in 2013 and 2014.

7.10 **Brownfield Remediation as of 2015.** DataHaven analysis (2016) of 2015 data from Naugatuck Valley Council of Governments. Brownfields are defined by state law as "any abandoned or underutilized site where redevelopment, reuse or expansion has not occurred due to the presence or potential presence of pollution in the buildings, soil or groundwater that requires investigation or remediation before or in conjunction with the redevelopment, reuse or expansion of the property." More information available from the Connecticut Office of Brownfield Remediation and Development at http://www.ct.gov/ctbrownfields.

Appendix 2: Endnotes

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13 Information on arts nonprofits is from the most recently available data from the IRS. Nonprofits listed as NTEE code A—arts, culture, and humanities—were included. For local data and state data, see Connecticut Nonprofit Strategy Platform. (2015). Community Resources. Available at http://www.ctnonprofitstrategyplatform.org/communityplatform/ct/communityview

14 Connecticut State Library. (2014). Statistics for Connecticut Public Libraries. Available at http://libguides.ctstatelibrary.org/dld/stats.

15 Estimates from Valley United Way, shared with the Valley Community Foundation for the purposes of this report. (2016).

16 Estimates from Valley United Way and the Housatonic Council, Boy Scouts of America, shared with DataHaven for the purposes of this report. (2015).

17 Information on churches and other religious institutions from the most recently available data from the IRS. Religious nonprofits listed as NTEE code X—religious activities—that the authors confirmed were active with congregations were included. For local data and state data, see Connecticut Nonprofit Strategy Platform. (2015). Community Resources. Available at http://www.ctnonprofitstrategyplatform.org/communityplatform/ct/communityview.

18 Estimates from the Valley Fire and Ambulance Corps, shared with the Valley Community Foundation for the purposes of this report. (2016).

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20 DataHaven analysis (2016) of Connecticut Secretary of the State. (2015). Statistics and Data. Available at http://www.ct.gov/sots/cwp/view.asp?q=401492. Voter turnout is defined as the percentage of officially registered voters who are checked as having voted. This includes overseas ballots but does not include absentee voters. Note that the years in which presidential, midterm, and local elections are held differ.

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Established in 2004, supported by local donors and governed by civic-minded individuals, the Valley Community Foundation (VCF) serves as the Lower Naugatuck Valley's permanent philanthropic vehicle investing more than a million dollars annually to support the local nonprofit sector. With approximately $20 million in assets, VCF's mission is to make the Valley a better place to live and work, both now and in the future, by connecting private philanthropy to the long-term public good of the Valley.

DATAHAVEN
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DataHaven is a non-profit organization with a 25-year history of public service to Greater New Haven and Connecticut. Its mission is to improve quality of life by collecting, sharing, and interpreting public data for effective decision making. DataHaven is a formal partner of the National Neighborhood Indicators Partnership of the Urban Institute in Washington, DC.

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