FAIRFIELD COUNTY

Community Wellbeing Index 2019

Indicators of social progress, economic opportunity, and population well-being in Fairfield County neighborhoods

A CORE PROGRAM OF

DataHaven

In partnership with **Fairfield County's Community Foundation,** and a **Community Health Needs Assessment** for the towns served by Bridgeport Hospital, Danbury Hospital, Greenwich Hospital, Norwalk Hospital, St. Vincent's Medical Center, and Stamford Hospital

DataHaven
The Twenty Fifth Year

Thank you to our Major Funders

Fairfield County's Community Foundation
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St. Vincent's Medical Center

Danbury Hospital
Western Connecticut Health Network

Norwalk Hospital
Western Connecticut Health Network

United Way of Coastal Fairfield County

United Way of Western Connecticut

2018 DataHaven Community Wellbeing Survey Funders

The Fairfield County Community Wellbeing Index makes extensive use of the DataHaven Community Wellbeing Survey, which completed live, in-depth interviews with 16,043 randomly-selected adults in Connecticut last year. In addition to the major funders listed above, supporters of the interviews in Fairfield County included local public health departments serving the towns and cities of Stamford, Danbury, Norwalk, Bridgeport, Fairfield, Stratford, Trumbull, Monroe, Easton, Newtown, Bethel, and New Fairfield, as well as the Valley Community Foundation (serving Shelton) and Newtown-Sandy Hook Community Foundation (serving Newtown).

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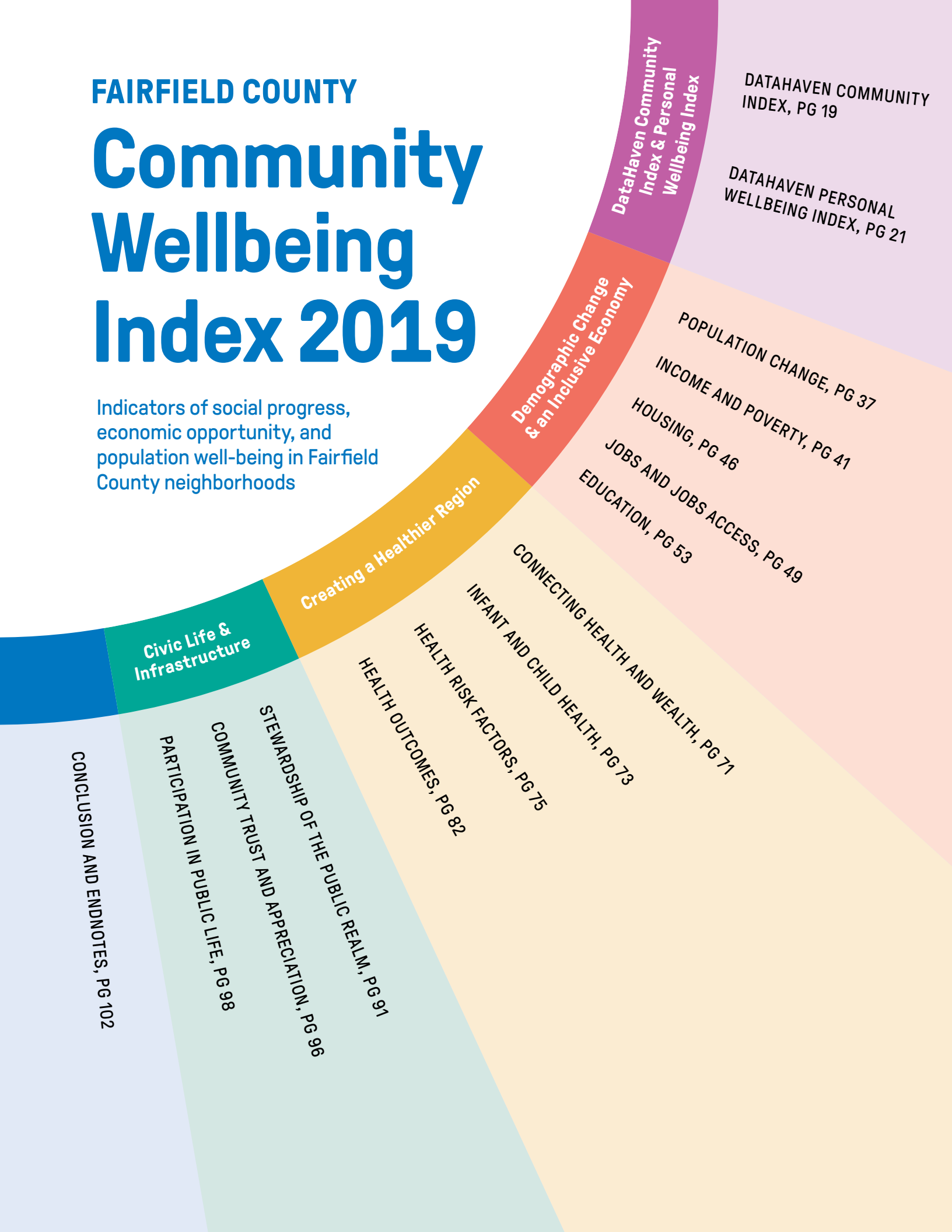

Aerial panorama of Stamford, CT. Photo credit: Alexey Smolyanyy

Visual Appendix

50 figures, 35 tables, 1 report — here's a preview of what we learned about Fairfield County

Follow the story and access resources at **#CommunityIndex**

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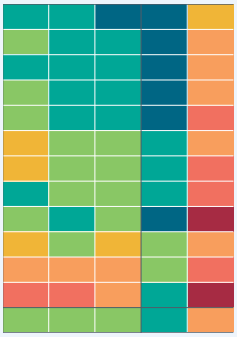
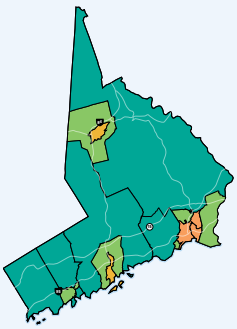
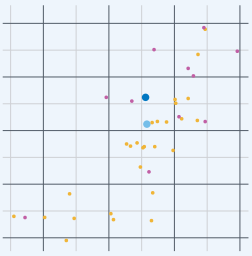
CHAPTER 1

DataHaven Community Index & Personal Wellbeing Index

QUALITY OF LIFE
- DataHaven Community Index
- DataHaven Personal Wellbeing Index



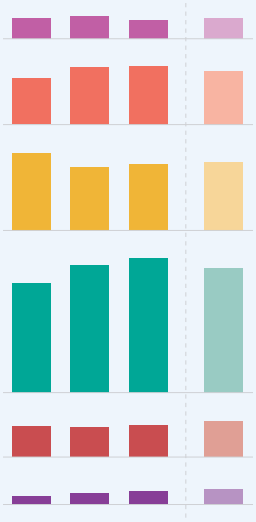


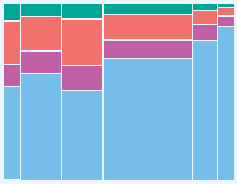


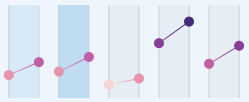
CHAPTER 2

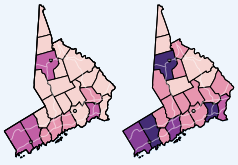
Demographic Change & an Inclusive Economy

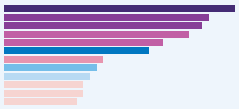
POPULATION CHANGE
- A Growing Population
- An Aging Region
- Increased Diversity
- Changing Household Structure

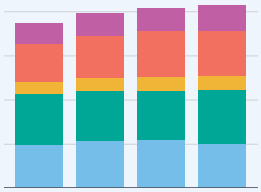




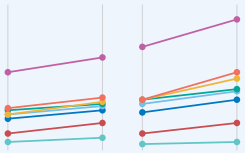


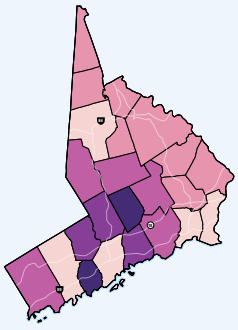


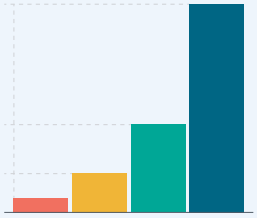


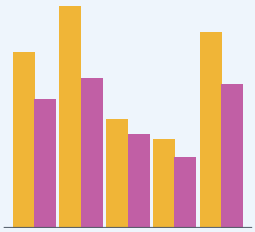


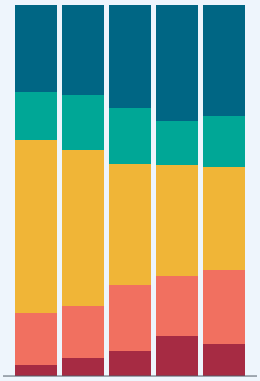
INCOME & POVERTY
- Median Income Disparities
- Wage Gaps & Wealth Gaps
- Income Inequality
- Rising Low-Income Rate
- Financial Security

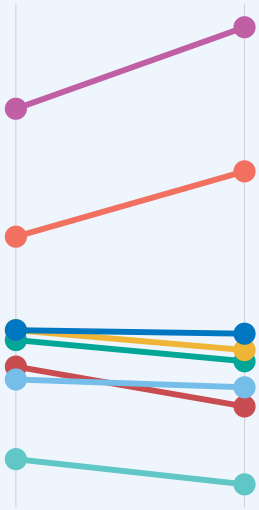




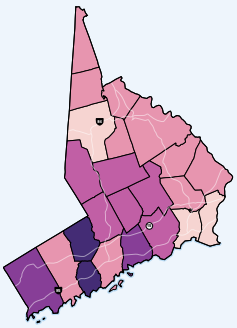


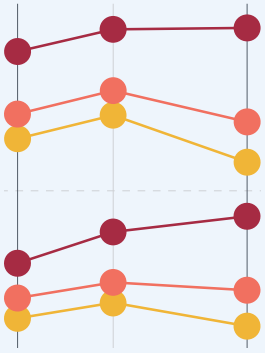


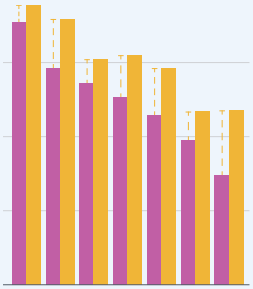


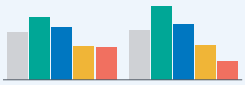


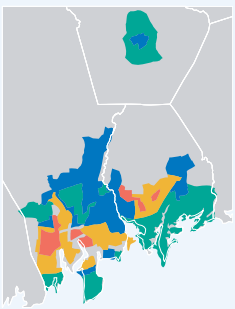
HOUSING
- Housing Stock
- Housing Affordability
- Housing Discrimination



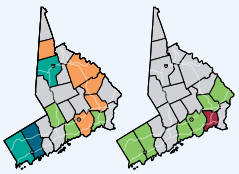


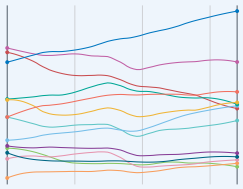




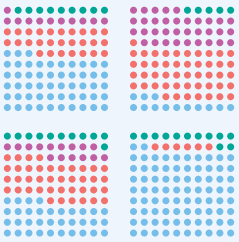


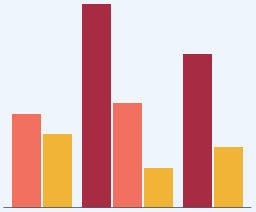
JOBS & JOBS ACCESS
- Regional Job & Wage Trends
- Transportation & Job Locations
- Underemployment

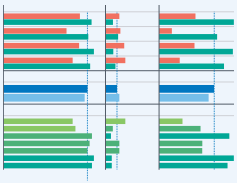


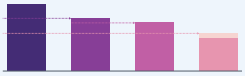


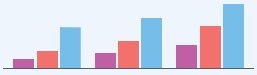
EDUCATION
- Early Childhood
- K–12 & Postsecondary Education
- Risk Factors for Youth







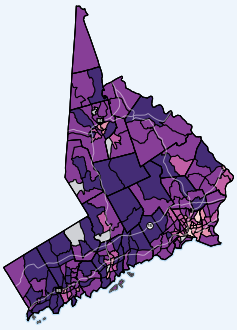


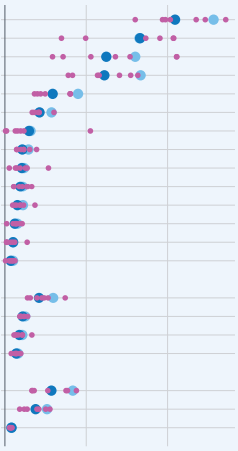


CHAPTER 3

Creating A Healthier Region

CONNECTING HEALTH & WEALTH
- Fairfield County's 19–year Difference in Life Expectancy
- Leading Causes of Death





INFANT & CHILD HEALTH
- Healthy Birth Outcomes
- Environmental Threats

HEALTH RISK FACTORS
- Inadequate Access to Health & Dental Care
- Experiences of Discrimination
- Adverse Childhood Experiences
- Nutrition, Physical Activity, & Substance Use
- The Opioid Crisis

HEALTH OUTCOMES
- Early Onset of Chronic Diseases
- Mental Health
- Injuries
- Infectious Diseases

FIG 3.3 RATES OF HOSPITALIZATIONS & ED VISITS VARY BY GEOGRAPHY PG 63

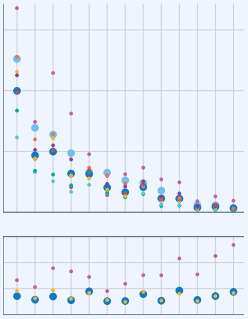


FIG 3.4 PREVENTABLE HOSPITAL VISITS SHOW LARGE DIFFERENCES ACROSS AGE & GENDER PG 64

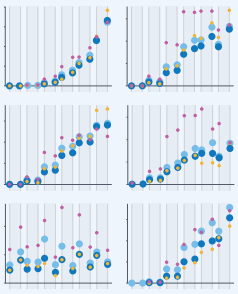


FIG 3.5 PREVENTABLE HOSPITAL VISITS SHOW LARGE DIFFERENCES ACROSS AGE & GENDER PG 65

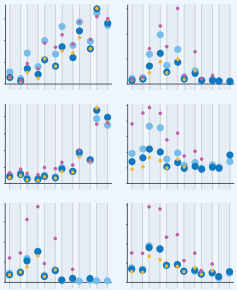


FIG 3.6 GROWING INEQUALITY IN RATES OF HOSPITAL ENCOUNTERS PG 66

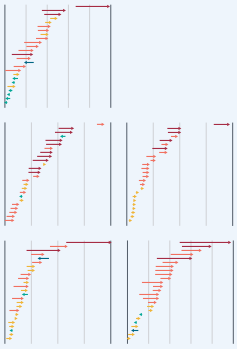


FIG 3.7 GROWING INEQUALITY IN RATES OF HOSPITAL ENCOUNTERS PG 67

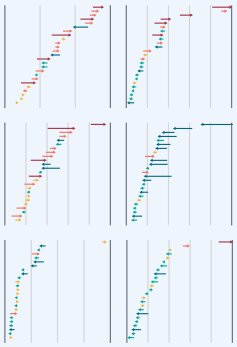
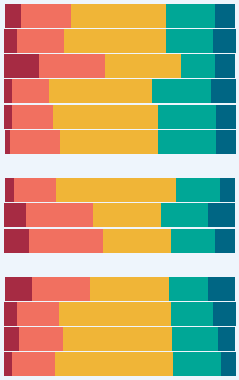


FIG 3.8 NEARLY HALF OF ALL ADULTS SAY YOUTH SUSCEPTIBILITY TO DRUG & ALCOHOL ABUSE IS A TOSS-UP PG 68



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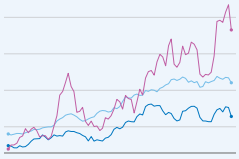


FIG 3.10 FENTANYL'S STEEP RISE HAS ECLIPSED DECREASING OVERDOSE RATES FROM OTHER DRUGS PG 69

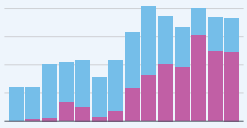


FIG 3.11 RESIDENTS OFTEN SEE THEIR RACE AS MAJOR REASON FOR DISCRIMINATION IN MULTIPLE AREAS OF THEIR LIVES PG 70

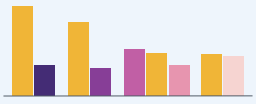
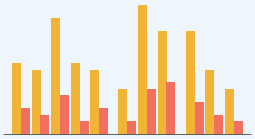


FIG 3.12 BLACK, LATINO, & LOWER-INCOME ADULTS DISPROPORTIONATELY EXPERIENCE NEGATIVE ENCOUNTERS WITH POLICE PG 70



CHAPTER 4

Civic Life & Infra-structure

STEWARDSHIP OF THE PUBLIC REALM
- Investment in Public Resources
- Perceived Access to & Quality Of Community Resources
- Public Libraries
- Climate Stewardship

FIG 4.1 WEALTHIER TOWNS NET MORE MONEY FROM PROPERTY VALUES & SPEND MORE MONEY ON EDUCATION PG 88

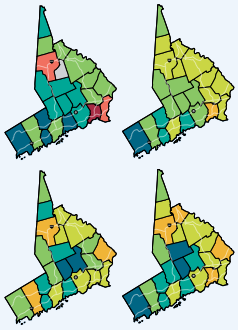


FIG 4.2 IN TOWNS W/ MORE SURPLUS MONEY, RESIDENTS RATE NEIGHBORHOOD ASSETS & FACILITIES MORE HIGHLY PG 89

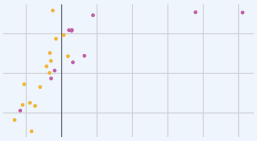
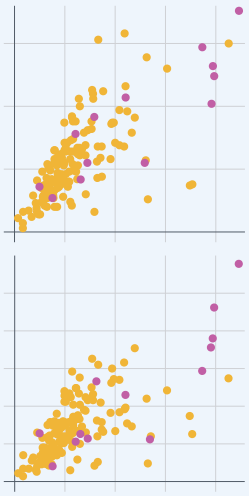


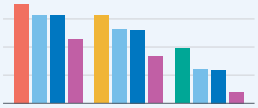
FIG 4.3 TOWNS THAT SPEND MORE ON THEIR LIBRARIES SEE GREATER LIBRARY USE PG 89



COMMUNITY TRUST & APPRECIATION
- Local News Coverage

PARTICIPATION IN PUBLIC LIFE
- Volunteering
- Arts & Culture
- Voting
- Community Design

FIG 4.4 VOTER TURNOUT IS HIGH FOR NATIONAL & STATE ELECTIONS, BUT MUCH LOWER IN MUNICIPAL ONES PG 90



INTRODUCTION

What matters more, having a job or having food on your plate?

Can money really buy happiness? Is it really true that if you haven't got your health, you haven't got anything?

As federal, state, and local agencies wrestle with one tough budget season after another, these questions matter—a lot.

Understanding what people need across our regions and neighborhoods helps answer these questions.

This report, *The Fairfield County Community Wellbeing Index 2019*, collects and analyzes over 100 sources of national, state, and local data that pertain to these questions. But we have supplemented that information by conducting live, in-depth interviews with tens of thousands of randomly-selected adults statewide—over 32,000 in 2015 and 2018, including conversations with 10,000 representative adults in Fairfield County. The DataHaven Community Wellbeing Survey (DCWS), believed to be the largest of its type in the United States, produces reliable data about life satisfaction, physical and mental health, neighborhood conditions, economic opportunity, and civic engagement that are not available at the local level from any of the other public data sources we work with. We use the latest data from the 2018 DCWS throughout this report. Data from our 2015 DCWS were also discussed in the 2016 iteration of this report.[1]

Working with DataHaven, researchers Jan Wollenberg and Chris Barrington-Leigh of McGill University used this survey data to construct a model that could predict individuals' levels of life satisfaction.[2] The model accounted for household income, household size, self-reported physical and mental health, and personal experiences including food security, employment, and neighborhood conditions. Using these variables, Wollenberg and Barrington-Leigh created a life satisfaction score ranging from 0 to 100. Among the key findings:

> Addressing food insecurity would be more likely to increase overall life satisfaction than addressing unemployment.

Some might think that, after health, employment matters above all else. Indeed, for adults in the workforce, having employment improved life satisfaction as much as a nearly six-fold increase in household income did, whereas food security equaled only a 4.2-fold increase. However, there are approximately 400,000 food-insecure Connecticut adults, including 80,000 in Fairfield County, compared to about 200,000 Connecticut adults who are unemployed, according to the DataHaven survey.

> Money can buy happiness—but only up to a point.

Underscoring the importance of food security, the researchers found that having enough money to consistently buy food for themselves and their families improved adults' life satisfaction as much as if they quadrupled their household income. Meanwhile, even more Connecticut adults than who are food-insecure—about 680,000, or 19 percent—say they live in neighborhoods with low walkability. The researchers' analysis of life satisfaction data shows that improving quality of life issues such as walkability, trust in neighbors, and interactions with local government would likely make life better for many residents.

> The old saying about health turned out to be somewhat true, but not for the reasons we might expect.

Having excellent rather than poor physical and mental health improved life satisfaction scores by 18 and 26 points, respectively. The sizable effect of improving mental health and the number of adults who face challenges in this area is consistent with other research suggesting that preventing depression would translate into enormous gains in life satisfaction. Meanwhile, a lack of

health insurance had just a modest effect on the entire population. This is not because health insurance is not important—having insurance improved life satisfaction by 4 points on the scale. But in recent years, Connecticut has done a relatively good job making sure that all people can get health insurance, whether through work, state-sponsored insurance, or AccessHealthCT (the state's insurance marketplace under the Affordable Care Act). Currently, only about 5 percent of adults in Connecticut are uninsured. If uninsurance rates were to rise back to where they were before the Affordable Care Act, the model suggests that the effect on people's well-being would be quite significant.

What does all this mean for local and state agencies looking to do the best they can with what they have? The survey's insights—whether at the level of the entire population or a single program—suggest more cost-effective ways to improve the lives of the widest range of people. Increasing families' incomes across the board would be a costly endeavor. Thus, improving access to nutritious food and health care, strengthening neighborhood assets and walkability, and deepening people's relationships with different levels of government are both more attainable and, perhaps, more effective.

About this Community Indicators Program and Community Health Needs Assessment

The Fairfield County Community Wellbeing Index 2019 is part of a comprehensive community indicators program that collects, shares, and evaluates quality-of-life data on an ongoing basis at the state, regional, and neighborhood levels. This work builds upon the primary mission of DataHaven, a formal partner of the National Neighborhood Indicators Partnership, and is consistent with our focus since we released our first printed book of social indicator maps nearly 25 years ago in New Haven.

This report was made possible by contributions from more than 100 funders. A list of funders in this region can be found inside the front cover. We have also consulted extensively with other community partners and subject matter experts throughout the state and beyond, and are profoundly grateful for their guidance and support.

Fairfield County's Community Foundation, a core funder of this report, plans to use this new data in several ways. They will use this data to inform their competitive grantmaking aligned with their new strategic plan, and will share the data with donor-advised fundholders seeking to understand changing regional and community needs. Fairfield County's Community Foundation will also ensure that Fairfield County nonprofits, through their Center for Nonprofit Excellence, analyze the data and use it to inform strategic planning and fundraising efforts.

Because it covers health and several other issues that relate to it, *The Fairfield County Community Wellbeing Index 2019* is also designed to meet requirements for **Community Health Needs Assessments (CHNA)** for Greenwich Hospital, Stamford Hospital, Norwalk Hospital, Danbury Hospital, St. Vincent's Medical Center, and Bridgeport Hospital individually, as laid out in Internal Revenue Service Form 990 Schedule H and Notice 2011-52. The CHNA also serves local health departments participating in national accreditation processes. Chapter 3 of the *Community Wellbeing Index* is intended to document key health needs in communities served by all hospitals, while using a unified approach to reach the broadest possible audience throughout Fairfield County. To add further context and locally-specific analysis, additional CHNA sections SEE TABLE have been created based on the work of a

multi-agency community-hospital coalition existing within each hospital's primary service area. Whereas the entire county is of interest to every hospital, these additional sections provide further documentation of community needs within each hospital's geographic area of focus, and outline the processes used by each hospital to develop CHNAs and **Community Health Improvement Plans** within their primary service areas. Like this report, the additional sections have benefited from input from dozens of local public health experts, and will be found on the individual hospital websites when they are finalized this year.

The topics included in this report have been the subject of other studies, but to our knowledge there has never been a program that has synthesized them into a single report. Following on our *2016 Community Wellbeing Index,* we envision that this report will continue to serve as a platform to further the availability of neighborhood-level data and address gaps in disaggregated data related to age, gender, race, ethnicity, national origin, sexual orientation, disability, and other demographic characteristics. Since 2016, we have improved the quality of available data in several ways, including by working diligently to ensure that all persons are represented in the information sources used in the report. Doing so allows the program to highlight areas where the region is and is not doing well, and also lets community leaders find data that are relevant to their interests and see how the work they do across different sectors contributes to the broader whole.

We recognize that most of the potential demographic or neighborhood data breakdowns do not fit within the practical confines of this report. We have published disaggregated data elsewhere on the DataHaven website (ctdatahaven.org), and we plan to release additional regional and statewide publications on health equity and other subject-specific topics in the near future. In 2019, we have also worked with partner organizations to publish separate reports that cover other areas of Connecticut including the Greater Hartford and Greater New Haven regions. We encourage community partners to submit requests for the data that they need, using the instructions on our website: ctdatahaven.org/ask-mark. DH

DOCUMENT	TOWNS INCLUDED
Fairfield County Community Wellbeing Index	**All 23 towns in Fairfield County**
Additional CHNA Chapters and Hospital Service Area	
Greater Greenwich (Greenwich Hospital)	**Greenwich,** plus selected adjacent sections of New York State
Greater Stamford (Stamford Hospital)	**Darien, Stamford**
Greater Norwalk (Norwalk Hospital)	**New Canaan, Norwalk, Weston, Westport, Wilton**
Greater Danbury (Danbury Hospital)	**Bethel, Brookfield, Danbury, New Fairfield, Newtown, Redding, Ridgefield, Sherman,** plus selected adjacent sections of Litchfield & New Haven Counties
Greater Bridgeport (Bridgeport Hospital and St. Vincent's Medical Center)	**Bridgeport, Easton, Fairfield, Monroe, Trumbull, Stratford**
2019 Valley Community Index separately-produced; CHNA for Griffin Hospital	**Shelton,** plus other towns in the Lower Naugatuck Valley region

CHAPTER 1

DataHaven Community Index and Personal Wellbeing Index

Gross Domestic Product or Gross Domestic Happiness?

Why should we measure well-being, happiness, and life satisfaction directly?

IN THIS CHAPTER

- → Fairfield County has relatively high well-being compared to other areas nationwide.
- → But well-being varies by demographic factors like race, income, and hometown.

Asking residents about how they are doing on a daily basis is the most democratic approach to evaluating the extent to which a region's communities are flourishing. Measures of subjective well-being do not presuppose that any given resident needs a set of specific material goods, such as a paycheck of a certain size or a car, in order to be content with life. The greatest hopes and concerns of residents may lie within social aspects such as supportive friendships; access to fresh air, water, parks, and safe streets; or how they generally perceive their lives and their communities.

Traditional economic measures such as gross domestic product—the monetary value of all goods and services produced within the area—often show that Connecticut's metropolitan regions are among the wealthiest and most productive in the world. However, they do not necessarily account for how that affluence is distributed or how residents experience it. The many processes and policies that lead to social and economic inequalities, and the impacts that these inequalities can have on children and adults over time, are fundamental to understanding our current and future levels of well-being. Countries such as the United Kingdom and New Zealand have already begun to harness the power of a population well-being framework to inform public policy decisions.[3, 4]

When integrated with other data, measures of well-being also help illuminate the deep connections among financial stress, health, and happiness in a way that economic statistics alone do not. For example, one in nine Fairfield County adults experience food insecurity. Our analysis suggests that reducing food insecurity would lead to a dramatic increase in the overall well-being of Fairfield County. The same data suggest that boosting incomes universally would lead to a much smaller gain.

To summarize and draw connections across these measures, we begin the report by introducing indexes of the region: the DataHaven Community Index and Personal Wellbeing Index. Additionally, a Neighborhood Assets Index is defined later in this report. SEE TABLE 4B Each index is a blend of indicators that capture the physical and social environments in which people live in Fairfield County—including measures of community-wide health, infrastructure, education, and economics.

Executive Summary

The DataHaven Community Index incorporates 12 indicators into a single factored score that can be compared across multiple geographies. The indicators range from common economic measures, including poverty and unemployment rates, to educational attainment, life expectancy at birth, and other general measures of quality of life. Fairfield County ranks 15th among 107 large U.S. metropolitan areas, but the relatively high standard of living is divided; the region includes some of the highest- and lowest-scoring areas in our analysis.

Between 2012 and 2017 (the latest year for which these data are available), many Community Index scores improved, due in large part to economic recovery and expansion after the Great Recession. Despite this apparent progress, substantial regional and racial inequalities remain. DataHaven's Personal Wellbeing Index—consisting of measures of self-reported life satisfaction, happiness, anxiety, and health—also reveals a high degree of inequality by geography, race and ethnicity, and household income level. DH

FIG 1.1

Community well-being comes from a number of different factors

COMPONENTS OF THE DATAHAVEN COMMUNITY INDEX, 2017

INDEX COMPONENTS	U.S.	CONNECTICUT	FAIRFIELD COUNTY	BEST	WORST
OPPORTUNITY YOUTH	7%	5%	4%	BRIDGEPORT, NORTH/BLACK ROCK 1%	BRIDGEPORT, CENTRAL 14%
YOUNG CHILD POVERTY	22%	15%	13%	6 WEALTHIEST FC TOWNS 2%	BRIDGEPORT, CENTRAL 43%
UNEMPLOYMENT	7%	7%	8%	6 WEALTHIEST FC TOWNS 5%	BRIDGEPORT, EAST END 17%
POVERTY	15%	10%	9%	6 WEALTHIEST FC TOWNS 3%	BRIDGEPORT, EAST END 26%
HIGH SCHOOL GRADUATES	87%	90%	89%	6 WEALTHIEST FC TOWNS 98%	DANBURY, CENTRAL 68%
PRESCHOOL ENROLLMENT	48%	64%	69%	GREENWICH 84%	DANBURY, CENTRAL 39%
LIFE EXPECTANCY	79 yrs	80 yrs	82 yrs	6 WEALTHIEST FC TOWNS 84 yrs	BRIDGEPORT, EAST END 76 yrs
SEVERE HOUSING COST BURDEN	15%	16%	19%	DANBURY, OUTER 14%	BRIDGEPORT, EAST END 33%
HEALTH INSURANCE	90%	94%	90%	6 WEALTHIEST FC TOWNS 96%	NORWALK, SOUTH/CENTRAL 70%
WORKERS WITH SHORT COMMUTE	63%	65%	60%	STAMFORD, CENTRAL 67%	6 WEALTHIEST FC TOWNS 51%
YOUTHFUL LABOR FORCE	26%	24%	24%	STAMFORD, CENTRAL 38%	6 WEALTHIEST FC TOWNS 17%
MEDIAN HOUSEHOLD INCOME	$58K	$74K	$90K	6 WEALTHIEST FC TOWNS $181K	BRIDGEPORT, EAST END $36K
COMMUNITY INDEX OVERALL (0–1,000)	594	657	655	6 WEALTHIEST FC TOWNS 772	BRIDGEPORT, EAST END 418

NOTE: Please refer to text (Chapter 1) and endnotes (Chapter 5) for definitions of indicators used in this Index.

FIG 1.2

Compared to the U.S. and other metros, well-being is high but varied

COMPOSITE SCORE OF THE DATAHAVEN COMMUNITY INDEX BY TOWN & NEIGHBORHOOD WITH NEARBY METROS, 2017

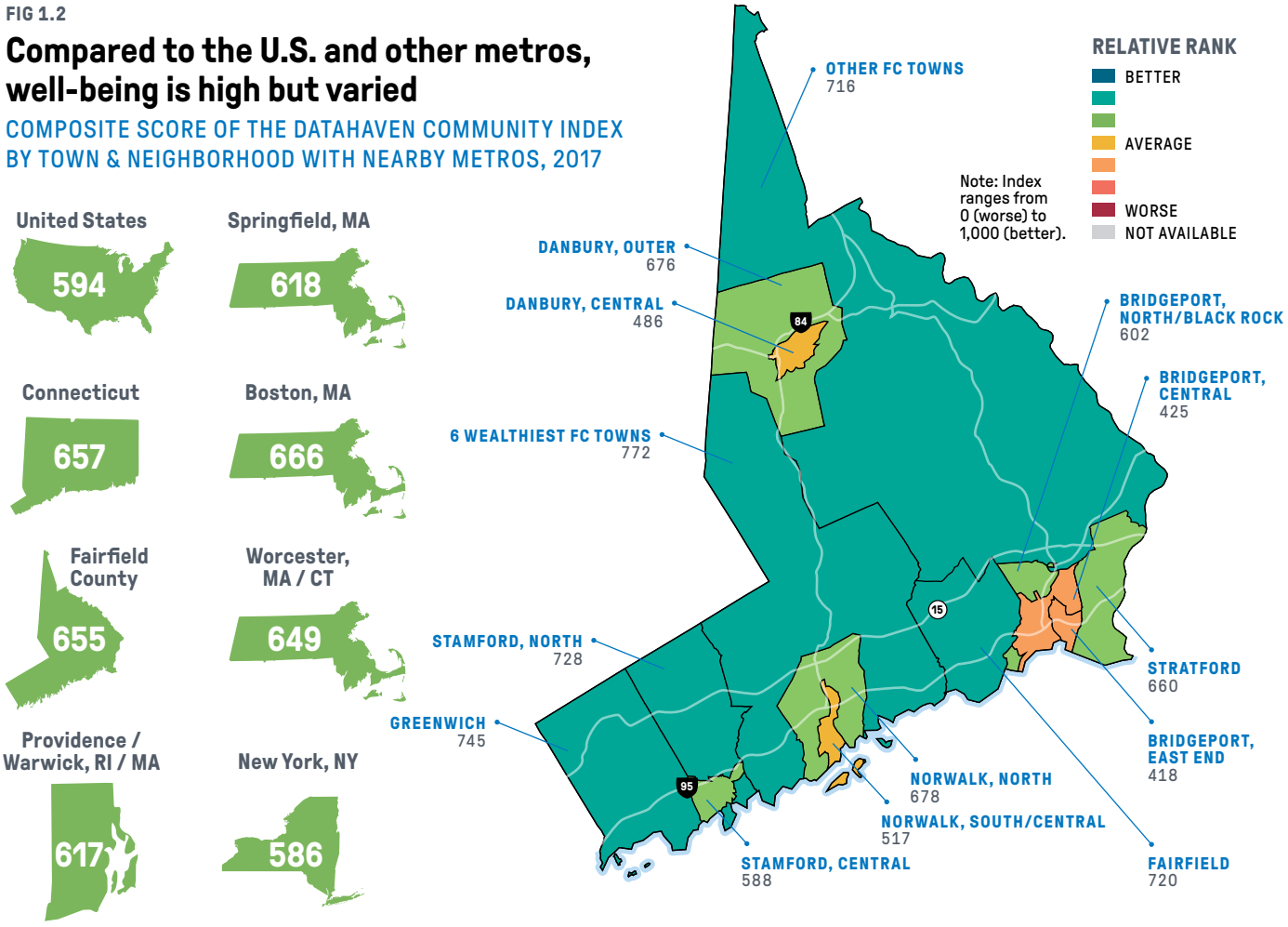


FIG 1.3

White and Asian residents rank well above Black and Latino residents on well-being measures

COMPONENTS OF THE DATAHAVEN COMMUNITY INDEX BY RACE/ETHNICITY, FAIRFIELD COUNTY, 2017

	OPPORTUNITY YOUTH	POVERTY	YOUNG CHILD POVERTY	HIGH SCHOOL GRADUATES	HEALTH INSURANCE	SEVERE HOUSING COST BURDEN	LIFE EXPECTANCY	WORKERS W/ SHORT COMMUTE	UNEMPLOYMENT	MEDIAN HOUSEHOLD INCOME	YOUTHFUL LABOR FORCE
WHITE	4%	5%	4%	95%	95%	17%	83 yrs	58%	6%	$108k	20%
BLACK	12%	17%	27%	85%	88%	31%	78 yrs	59%	14%	$49k	28%
LATINO	6%	18%	25%	68%	75%	33%	78 yrs	65%	10%	$51k	32%
ASIAN	N/A	8%	8%	91%	91%	21%	N/A	59%	8%	$116k	38%

FIG 1.4

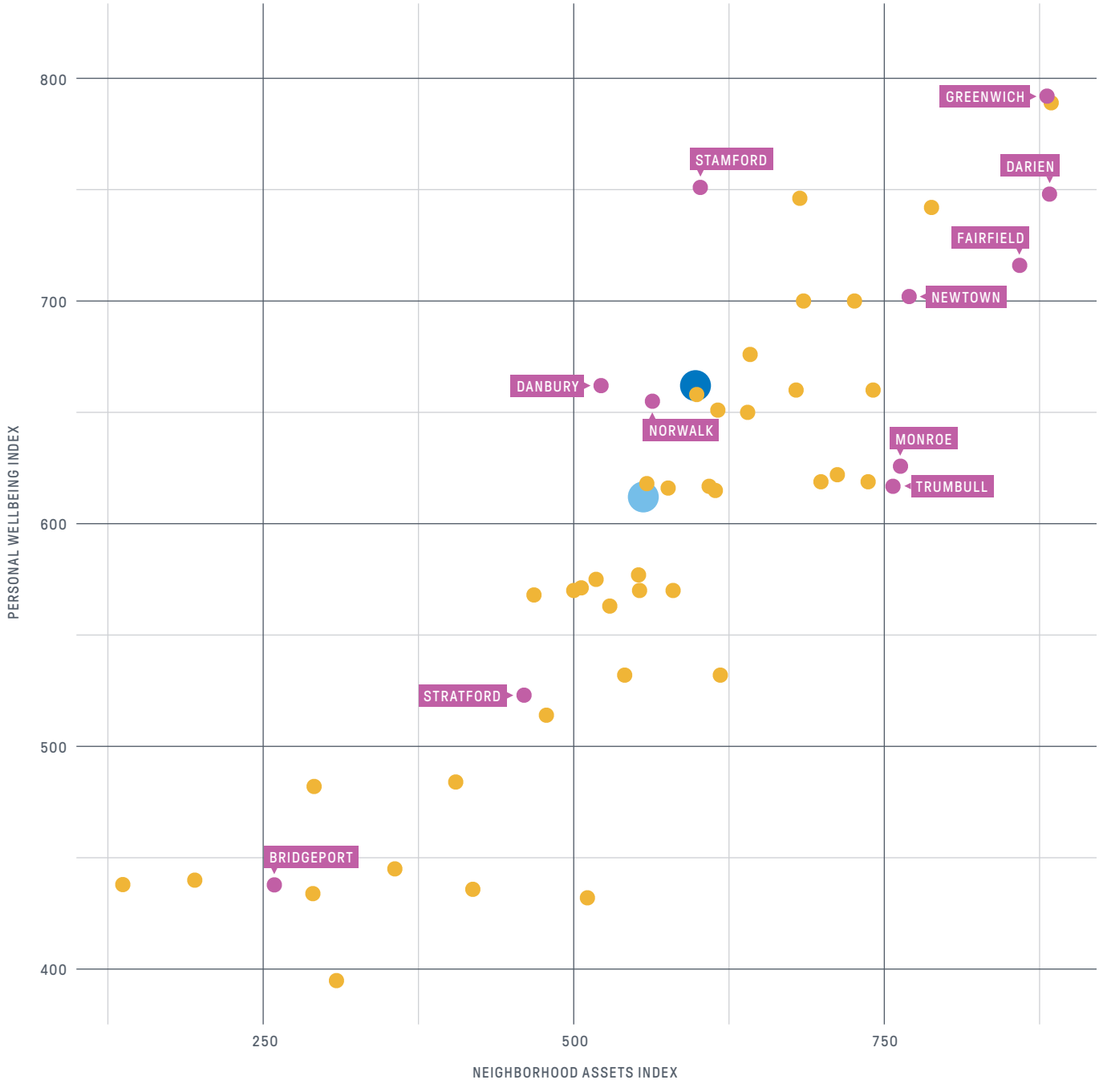
Residents are happier and healthier in places that score high on community well-being...

PERSONAL WELLBEING INDEX VS DATAHAVEN COMMUNITY INDEX

NOTE: Each index is scaled from 0 (worse) to 1,000 (better).

...as well as those with strong neighborhood assets

PERSONAL WELLBEING INDEX VS DATAHAVEN NEIGHBORHOOD ASSETS INDEX



NOTE: Each index is scaled from 0 (worse) to 1,000 (better).

TABLE 1A

DataHaven Community Index

SCORES FOR LARGE U.S. METROPOLITAN AREAS AND LOCAL CITIES, TOWNS, AND NEIGHBORHOODS, 2012 AND 2017

RANK	LOCATION	2017 COMM. INX.	2012 COMM. INX.	PERCENT CHANGE
	6 wealthiest FC towns	772	697	⬆11%
	Greenwich	745	668	⬆12%
	Stamford, north	728	653	⬆11%
	Fairfield	720	676	⬆7%
	All other FC towns	716	657	⬆9%
1	Madison, WI	706	631	⬆12%
2	Des Moines, IA	691	635	⬆9%
3	San Jose, CA ◊	688	595	⬆16%
4	Minneapolis-St. Paul, MN ◊	683	607	⬆13%
5	Ogden, UT	683	612	⬆12%
	Norwalk, north	678	655	⬆4%
	Danbury, outer	676	622	⬆9%
6	Portland, ME ◊	675	590	⬆14%
7	Hartford, CT metro area (incl. Middlesex County)	671	604	⬆11%
8	Albany, NY	669	606	⬆10%
	Stamford ◊	668	566	⬆18%
9	Provo, UT ◊	667	592	⬆13%
10	Boston, MA	666	598	⬆11%
11	Omaha, NE	665	612	⬆9%
12	Grand Rapids, MI ◊	663	557	⬆19%
	Stratford	660	614	⬆7%
	Connecticut (state avg.)	657	593	⬆11%
13	San Francisco, CA ◊	656	566	⬆16%
14	Salt Lake City, UT ◊	656	574	⬆14%
15	**Bridgeport-Stamford-Norwalk, CT (Fairfield County)**	655	593	⬆10%
16	Honolulu, HI ◊	653	580	⬆13%
17	Colorado Springs, CO ◊	652	574	⬆14%
18	Raleigh, NC	651	586	⬆11%
19	Worcester, MA	649	594	⬆9%
20	Harrisburg, PA	647	598	⬆8%
21	Washington, DC	647	584	⬆11%
22	Rochester, NY	647	587	⬆10%
23	Denver, CO ◊	644	556	⬆16%
24	Seattle, WA ◊	643	565	⬆14%
25	Santa Rosa, CA ◊	643	545	⬆18%
26	Milwaukee, WI ◊	642	563	⬆14%
27	Buffalo, NY	640	581	⬆10%
28	Pittsburgh, PA	640	580	⬆10%
29	Kansas City, MO	638	576	⬆11%
30	Syracuse, NY	638	582	⬆10%
31	New Haven, CT metro (incl. Waterbury)	637	568	⬆12%
32	Portland, OR ◊	634	547	⬆16%
	Norwalk	634	601	⬆5%
33	Boise, ID ◊	629	540	⬆16%
34	Ventura, CA ◊	628	550	⬆14%
35	Columbus, OH	628	570	⬆10%
45	Springfield, MA	618	561	⬆10%
46	Providence, RI	617	554	⬆11%
	Bridgeport, outer ◊	602	512	⬆18%
	Danbury	596	553	⬆8%
	United States (national avg.)	594	529	⬆12%
	Stamford, central ◊	588	439	⬆34%
74	New York, NY ◊	586	512	⬆14%
100	Lakeland, FL ◊	537	469	⬆14%
101	Stockton, CA ◊	536	459	⬆17%
102	Memphis, TN	532	495	⬆7%
103	Riverside, CA ◊	522	447	⬆17%
104	El Paso, TX ◊	517	445	⬆16%
	Norwalk, south/central ◊	517	434	⬆19%
105	Bakersfield, CA ◊	504	436	⬆16%
106	Fresno, CA ◊	500	437	⬆14%
	Danbury, central	486	462	⬆5%
	Bridgeport ◊	472	417	⬆13%
107	McAllen, TX ◊	434	364	⬆19%
	Bridgeport, central	425	402	⬆6%
	Bridgeport, East End ◊	418	299	⬆40%

Connecticut cities, towns, and neighborhood areas

◊ Community Index Score improvement at or above the national average.

DATAHAVEN COMMUNITY INDEX

Fairfield County Ranks 15th Nationally

The Community Index integrates 12 individual and household indicators into a single factored score ranging from 0 to 1,000.[5] Distilling this information into a single score allows us to make relative comparisons of multiple geographies ranging from the national level to large metropolitan regions to individual neighborhoods within cities.[6] These measures incorporate the latest available Census American Community Survey (ACS) data with life expectancy data from the Centers for Disease Control and Prevention.[7] SEE FIG 1.1, 1.2, 1.3 / SEE TABLE 1A, 1B

With an overall Community Index score of 655, the Bridgeport-Stamford-Norwalk metro area (Fairfield County) ranks 15th among 107 U.S. metropolitan areas with a population of at least 500,000. In Fairfield County as a whole, the average score has improved by 10 percent (62 points) since 2012 as the result of continued economic recovery since the Great Recession. Most Index scores in 2017 are higher as a result of improvements in economic outcomes such as unemployment and the expansion of health insurance coverage.[8] Central Stamford saw the greatest increase—149 points, or 34 percent. Despite ranking the lowest in our analysis of Fairfield County and U. S. metros, the score for Bridgeport's East End neighborhood increased by 40 percent (119 points) between 2012 and 2017, driven in part by improvements in preschool enrollment (63 percent in 2017, up from 55 percent in 2012)[9] and reductions in the average rates of poverty (26 percent in 2017, down from 35 percent in 2012)[10] and unemployment (17 percent in 2017, down from 23 percent in 2012).[11] It is worth noting that several community-based nonprofits are located in the East End.

While the improvement in Fairfield County's Community Index score is not itself significant in light of the overall improvement nationwide, it is driven by significant decreases in rates of unemployment and severe housing cost burden, or the share of households spending more than half of their income on housing costs. Despite overall improvement in the latter, severe housing cost burden still affected 19 percent of households in Fairfield County and 33 percent of households in Bridgeport's East End in 2017.[12]

Fairfield County includes areas that, by themselves, would rank among both the highest and lowest scoring regions in the nation. The six wealthiest towns[13] in the county scored 772—more than 60 points higher than the highest-ranking U.S. metro area—while the East End in Bridgeport scored 418—lower than the lowest-ranking metro area. This inequality is largely related to income. Median household income in the six wealthiest towns ($181,155) was five times greater than in the East End ($36,373).[14] As a result, the poverty rate in that neighborhood was nine times greater, and the poverty rate among young children was 17 times greater.[15] However, there are other significant differences, including life expectancy, health insurance coverage, and educational attainment. SEE TABLE 1B

Community Index by Race/Ethnicity

To further reveal the extent to which these measures vary across the population, we disaggregated each of the Community Index indicators by four racial/ethnic groups.[17] SEE FIG 1.3

White and Asian residents are generally more economically advantaged than Black and Latino residents. In 2017, the median income in white and Asian households[18] was well over $100,000 per year compared to $90,000 per year in Fairfield County overall. In Black and Latino households, median income was approximately $50,000 per year.[19] Consequently, poverty rates were more than three times greater for Black and Latino adults than for white adults, and more than six times greater for Black and Latino children compared to white children.[20]

Likewise, 12 percent of Black youth in Fairfield County between 16 and 19 years old were considered "opportunity youth" (or "disconnected youth")—defined as young adults neither in school nor working—compared to 4 percent of white youth. And the average unemployment rate in Black communities was more than double (14 percent) the rate of white communities (6 percent) in 2017.[21] These young people who become "disconnected" from school and the labor force often find it difficult to reconnect, which may further complicate their ability to pursue higher education or ultimately secure a living-wage job. These outcomes can significantly limit lifetime economic mobility and, in the worst cases, perpetuate intergenerational poverty.[22]

TABLE 1B

DataHaven Community Index and its components by area and neighborhood

LOCAL DATA VALUES AND SCORES, 2017

LOCATION	OPPORT-UNITY YOUTH	POV-ERTY	HIGH SCHOOL GRAD-UATES	YOUNG CHILD POVERTY	HEALTH INSUR-ANCE COVERAGE	PRE-SCHOOL ENROLL-MENT	UNEMPL-OYMENT RATE	LIFE EXPECT-ANCY	SEVERE HOUSING COST BURDEN	YOUTH-FUL LABOR FORCE	WORKERS WITH SHORT COMMUTE	MEDIAN HOUSE-HOLD INCOME	2017 COMM. INX.
U.S.	7%	15%	87%	22%	90%	48%	7%	78.7	15%	26%	63%	$57,652	594
CT	5%	10%	90%	15%	94%	64%	7%	80.3	16%	24%	65%	$73,781	657
FC	4%	9%	89%	13%	90%	69%	8%	81.6	19%	24%	60%	$89,773	655
6 wealthiest FC towns	2%	3%	98%	2%	96%	82%	5%	84.1	15%	17%	51%	$181,155	772
All other FC towns	2%	4%	95%	3%	96%	63%	6%	82.1	14%	19%	55%	$107,611	716
Bridgeport	10%	21%	76%	36%	84%	65%	14%	77.7	28%	30%	60%	$44,841	472
Danbury	4%	12%	82%	19%	83%	42%	7%	81.4	18%	29%	64%	$68,068	596
Fairfield	3%	5%	95%	4%	96%	74%	6%	82.2	16%	19%	53%	$127,746	720
Greenwich	3%	7%	95%	5%	95%	84%	6%	84.0	19%	21%	61%	$138,180	745
Norwalk	8%	9%	87%	11%	81%	75%	8%	82.6	21%	28%	64%	$81,546	634
Stamford	4%	9%	89%	8%	87%	63%	7%	81.9	21%	31%	67%	$84,893	668
Stratford	5%	8%	90%	11%	95%	73%	7%	79.7	20%	24%	61%	$72,757	660
INDIVIDUAL NEIGHBORHOODS													
Bridgeport, central	14%	24%	73%	43%	82%	61%	15%	77.0	30%	30%	62%	$40,344	425
Bridgeport, East End	13%	26%	70%	34%	84%	63%	17%	76.0	33%	31%	62%	$36,373	418
Bridgeport, North/ Black Rock	1%	11%	83%	21%	86%	77%	10%	79.7	22%	29%	56%	$66,962	602
Danbury, central	5%	18%	68%	26%	70%	39%	9%	79.1	23%	34%	67%	$49,965	486
Danbury, outer	3%	7%	90%	13%	92%	45%	6%	83.1	14%	26%	61%	$86,480	676
Norwalk, north	9%	6%	91%	4%	85%	76%	7%	83.4	20%	26%	64%	$95,552	678
Norwalk, south/ central	6%	18%	77%	32%	70%	74%	11%	79.3	24%	33%	66%	$60,523	517
Stamford, central	4%	15%	81%	17%	79%	56%	8%	80.0	24%	38%	67%	$63,307	588
Stamford, north	3%	5%	94%	3%	92%	69%	7%	83.1	20%	27%	67%	$118,174	728

TABLE 1C

DataHaven Index scores

FAIRFIELD COUNTY WITH DEMOGRAPHIC GROUPS

LOCATION	COMMUNITY INDEX	PERSONAL WELLBEING INDEX	NEIGHBORHOOD ASSETS INDEX
Connecticut	657	612	556
Fairfield County	655	662	598
BY DEMOGRAPHIC WITHIN FAIRFIELD COUNTY			
Male	N/A	662	584
Female	N/A	660	613
Age 18–34	N/A	481	543
Age 35–49	N/A	574	569
Age 50–64	N/A	709	642
Age 65+	N/A	826	706
White	734	662	693
Black	488	611	358
Latino	473	518	482
<$15K	N/A	212	469
$15K–$30K	N/A	268	431
$30K–$50K	N/A	530	491
$50K–$75K	N/A	577	574
$75K–$100K	N/A	746	598
$100K–$200K	N/A	753	716
$200K+	N/A	920	740
BY TOWN			
Bridgeport	472	438	259
Danbury	596	662	522
Fairfield	720	716	859
Greenwich	745	792	881
Norwalk	634	655	563
Stamford	668	751	602
Stratford	660	523	460

Note: All indices scaled from 0 (worse) to 1,000 (better).

FAIRFIELD COUNTY'S 19-YEAR DIFFERENCE IN LIFE EXPECTANCY

While Fairfield County's average life expectancy of 81.6 years is very high, it masks a dramatic difference within the region. Life expectancy in part of Central Bridgeport is just 70.4 years—nearly 19 years lower than that of the neighborhood with the highest life expectancy (89.1 years, in Westport).[16] Town-wide averages range from a maximum of 86.5 years in Weston to a minimum of 77.7 years in Bridgeport, a difference of nine years. SEE CHAPTER 3 FOR MORE DETAILS

DATAHAVEN PERSONAL WELLBEING INDEX

As discussed above, the DataHaven Community Wellbeing Survey's questions on health, happiness, anxiety, and life satisfaction help us understand how people evaluate and experience their day-to-day life across multiple dimensions. Designed by a panel of local and national survey research experts, these questions are regularly used to evaluate personal well-being. For this report, we integrate the following four items into a Personal Wellbeing Index score from 0 to 1,000:

- → How would you rate your overall health?
- → Overall, how satisfied are you with your life nowadays?
- → Overall, how happy did you feel yesterday?
- → Overall, how anxious did you feel yesterday?

Fairfield County's score on the Personal Wellbeing Index is slightly better than the state average. However, throughout most of the state and in Fairfield County, personal well-being has worsened slightly since 2015, with the measure of life satisfaction declining the most. In Fairfield County, 69 percent of all adults reported being mostly or completely satisfied with life in 2018, compared to 74 percent in 2015. Further analysis is needed to identify and address this decline in life satisfaction, which has been steepest among adults under 50. SEE TABLE 1C

The DataHaven survey also includes questions on topics such as social support, meaning and purpose in life, and having time to enjoy life. The results from these measures are also essential for understanding quality of life, and detailed data may be found on the DataHaven website. However, they are not included in this report's Personal Wellbeing Index score.

We often find strong correlations between the Community Index, Personal Wellbeing Index, and other community-level outcomes, suggesting that continuing to improve community health and quality of life in Fairfield County requires a comprehensive, multi-sectoral approach. The aspiration of this report is that these data will reveal both assets and opportunities in Fairfield County communities, and provide a starting point for action by community leaders. SEE FIG 1.4 DH

CHAPTER 2

Demographic Change and an Inclusive Economy

Before we can begin to understand what life is like in Fairfield County, we need to understand who lives here.

Fairfield County is the most populous of Connecticut's eight counties, and the population is growing faster than the state's.

IN THIS CHAPTER

- → Fairfield County's older population is expanding, while its younger residents are becoming more racially and ethnically diverse.
- → Population growth is accompanied by increasing income and wealth disparities and a widening gap between higher- and lower-income households.
- → As jobs move away from the manufacturing sector, the service industry is growing but offers lower wages.
- → Achievement gaps within the education system, socioeconomic inequities, and the changing availability of jobs in specific sectors restrict opportunities for economic mobility.

Executive Summary

Residents are growing both older and more diverse—diversity is increasingly concentrated in urban areas and highest among residents under 35. Part of this increase in diversity has been driven by a more than doubling of the number of immigrant residents in Fairfield County since 1990.

Compared to the state overall, Fairfield County has a larger share of married couples with children and a smaller share of single adults living alone. In 2017, most housing units in Fairfield County were single-family although housing construction permits issued have shifted toward multi-family buildings in recent years.

By many metrics, Fairfield County is wealthy; however, this wealth is highly concentrated. In 2017, median household income in the six wealthiest towns was more than double that of the county overall and more than four times that of Bridgeport, the lowest in the region. Nearly one-third of Fairfield County adults reported in 2018 that they are just getting by or finding it difficult to manage financially.

In addition to the geographic concentration of wealth, multiple significant wage gaps can be seen when looking at gender, race, and education level. Likely related, at least in part, to this income inequality, Fairfield County's neighborhoods are growing more segregated as middle-class neighborhoods shrink and neighborhoods at both high-income and low-income extremes grow.

Similar inequality marks homeownership in Fairfield County. With a median home value among the top 2 percent of counties nationwide, home-ownership is inaccessible to a large percentage of Black and Latino adults, and housing costs are unsustainable for many, with more than a quarter of Fairfield County renters spending more than half of their income on rental housing.

Jobs are shifting from manufacturing toward service industries, including health care and social assistance. While Fairfield County boasts the highest wages in the state, inflation-adjusted wages actually fell between 2000 and 2017.

Data point to a significant shortage in childcare options for infants and toddlers, but nearly 7-in-10 three- and four-year-olds were enrolled in preschool in Fairfield County in 2017. However, preschool enrollment is considerably higher in Fairfield County's wealthiest towns. Fairfield County's K–12 student body is growing more diverse each year; however, Fairfield County's Black and Latino students face significant challenges, including lower rates of standardized test passing and graduation, and higher rates of chronic absenteeism and school discipline. DH

FIG 2.1

Fairfield County's older population is projected to continue growing

POPULATION AND CHANGE BY AGE GROUP, 1990–2035

FIG 2.2

Children and younger adults are much more racially diverse

POPULATION BY AGE AND RACE, FAIRFIELD COUNTY, 2010

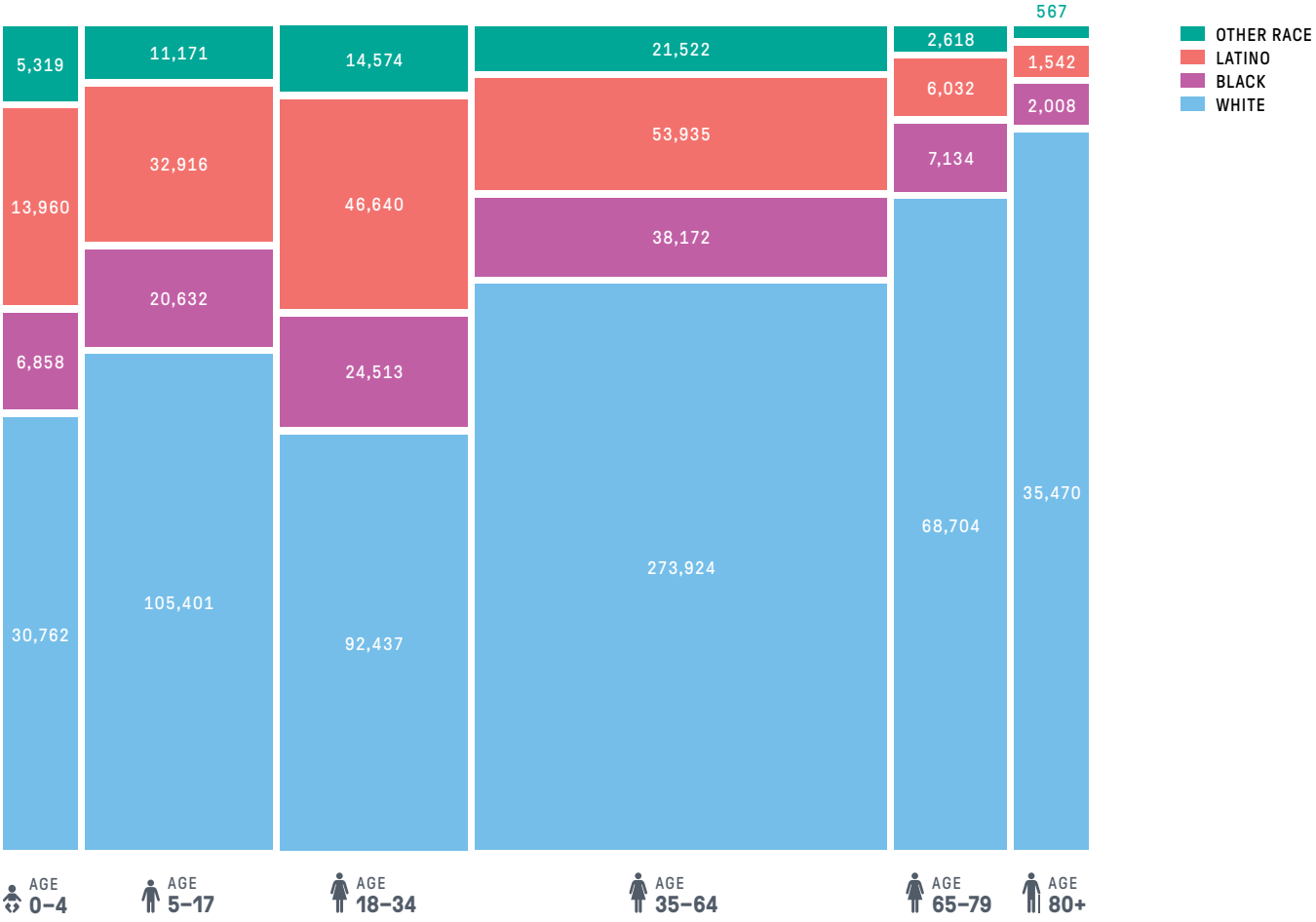


FIG 2.3

The region is diversifying, some places more than others

NON-WHITE SHARE OF POPULATION, 1990–2017

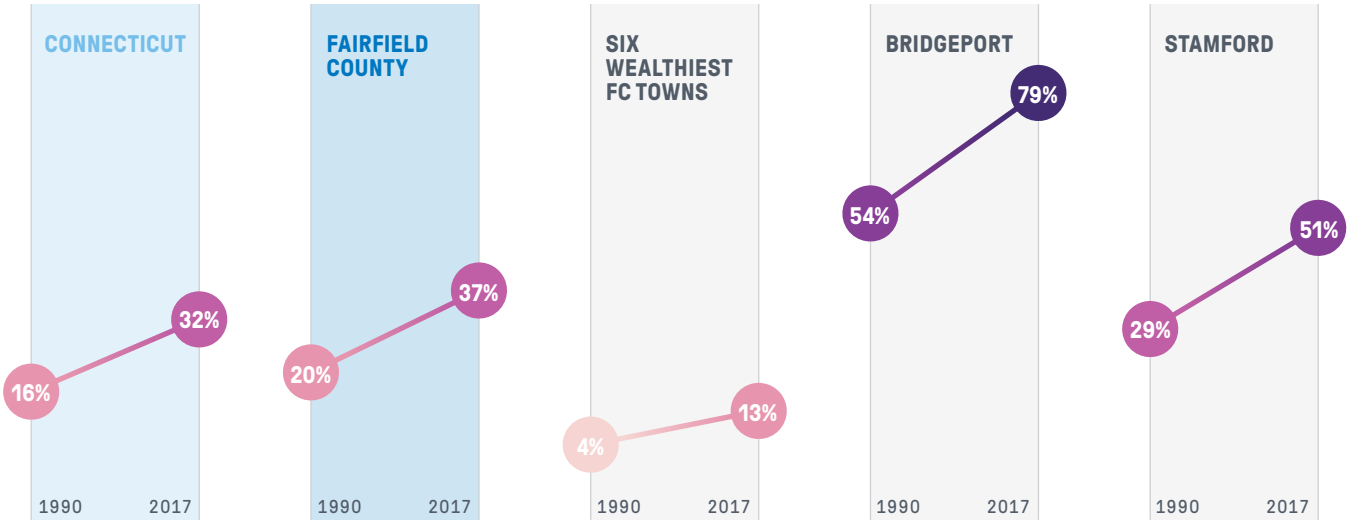


FIG 2.4

Immigrants make up a growing share of the region's population

FOREIGN-BORN SHARE OF POPULATION, 1990 AND 2017

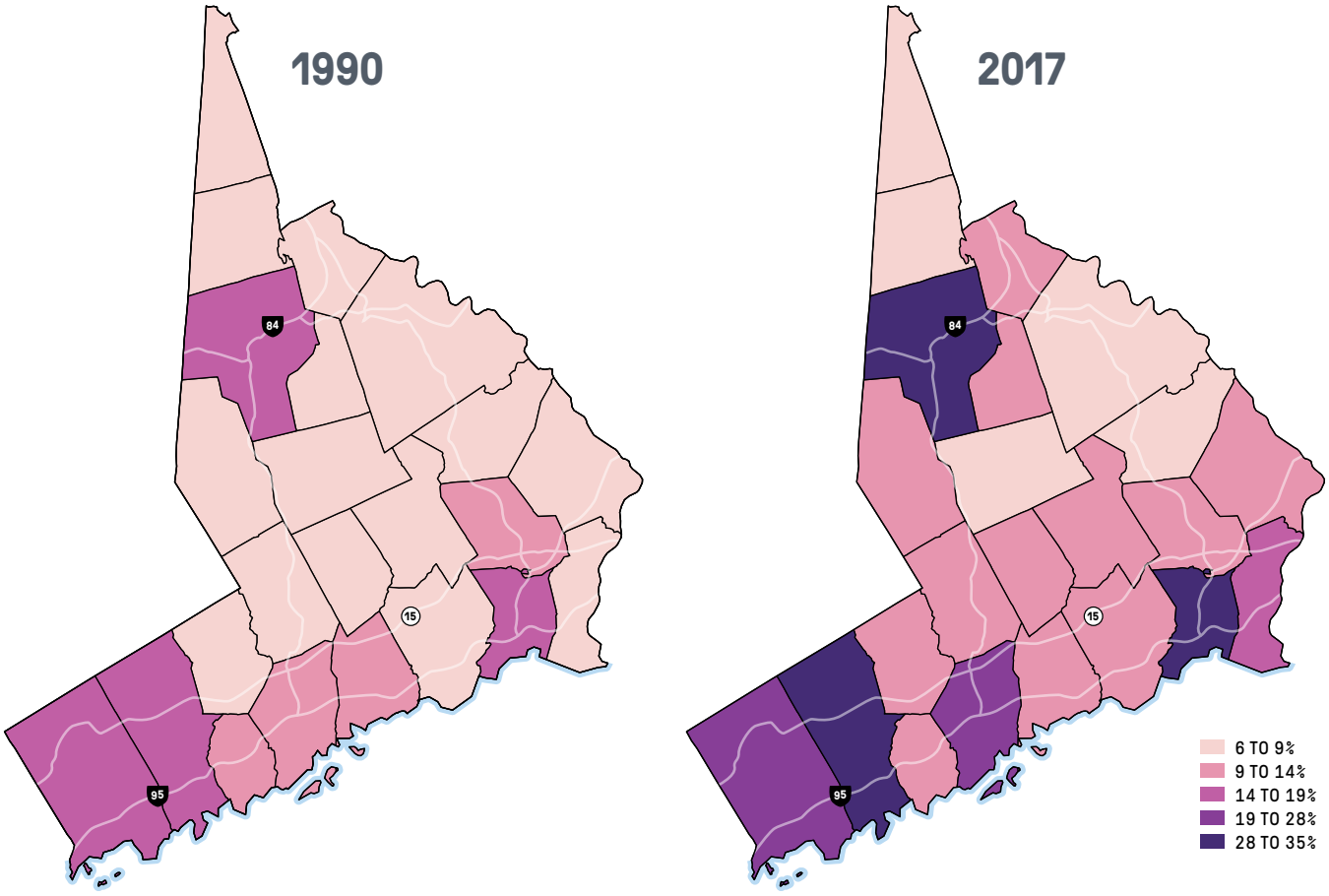


FIG 2.5

Fairfield County is home to a large immigrant community

FOREIGN-BORN SHARE OF POPULATION, 2017

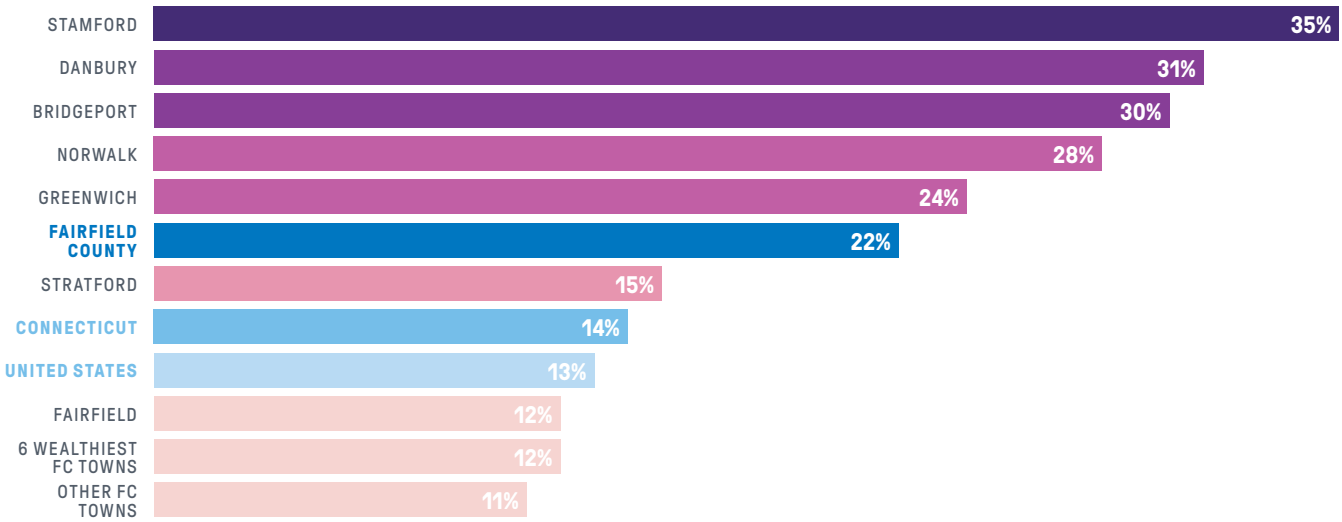


FIG 2.6

Shares of married-couple households have declined slightly

HOUSEHOLDS BY TYPE, FAIRFIELD COUNTY, 1990–2017

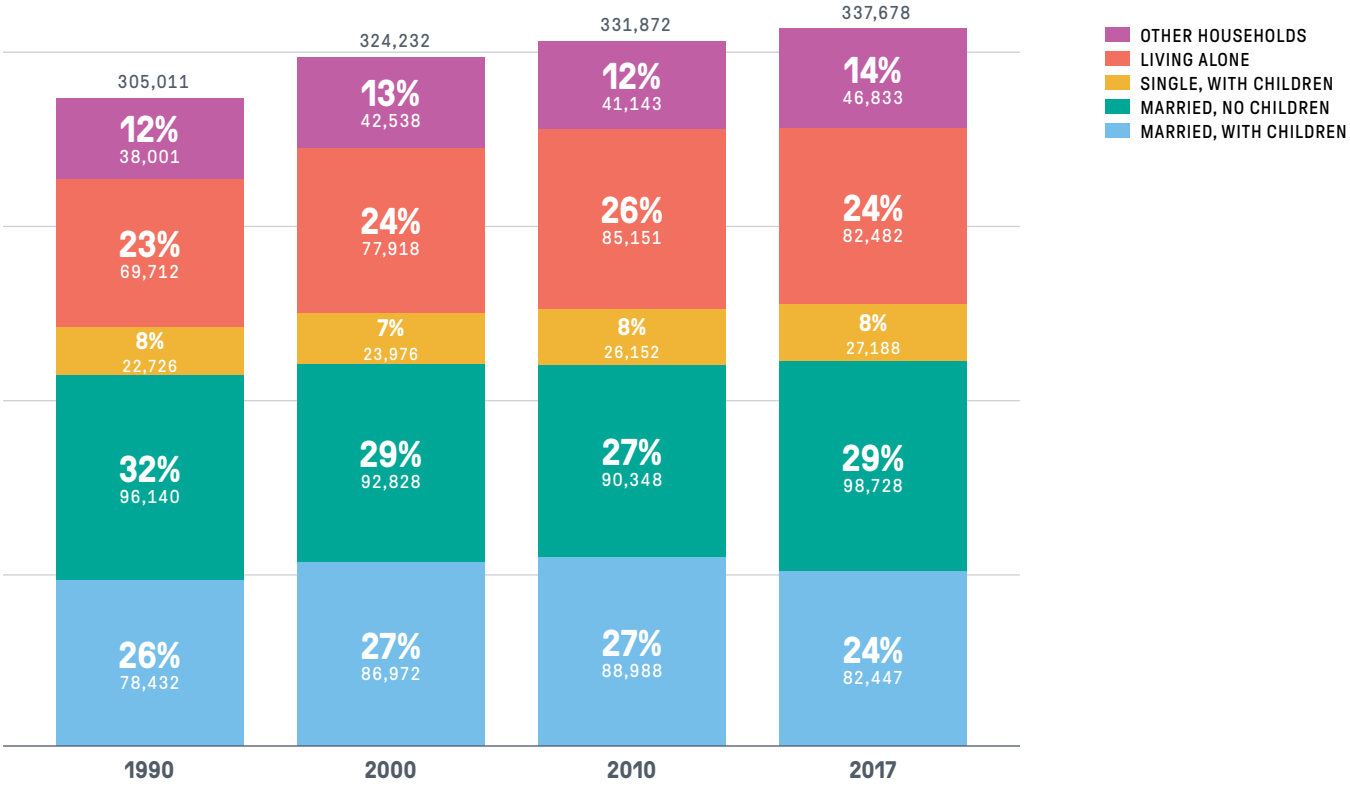


FIG 2.7

Low-income rates are rising, especially among children

LOW-INCOME RATE BY AGE, 2000–2017

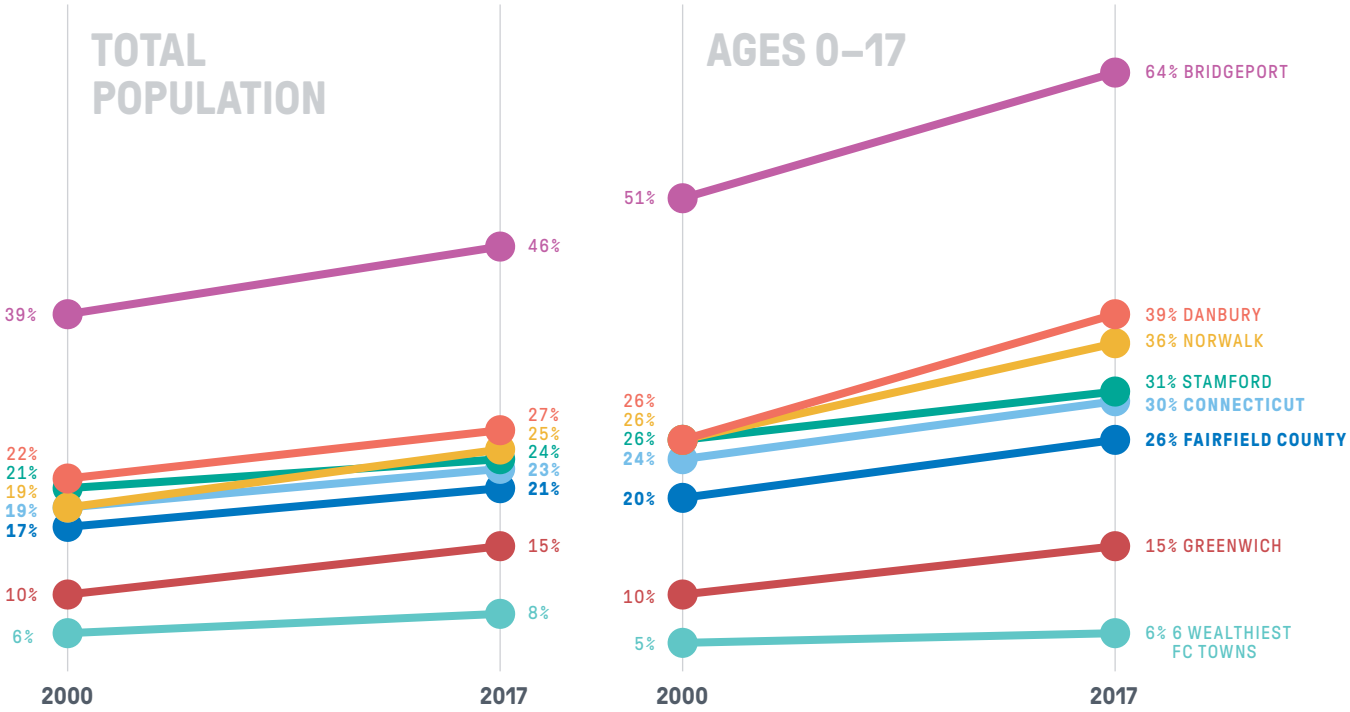


FIG 2.8

Fairfield County has wide income disparities

MEDIAN HOUSEHOLD INCOME BY TOWN, 2017

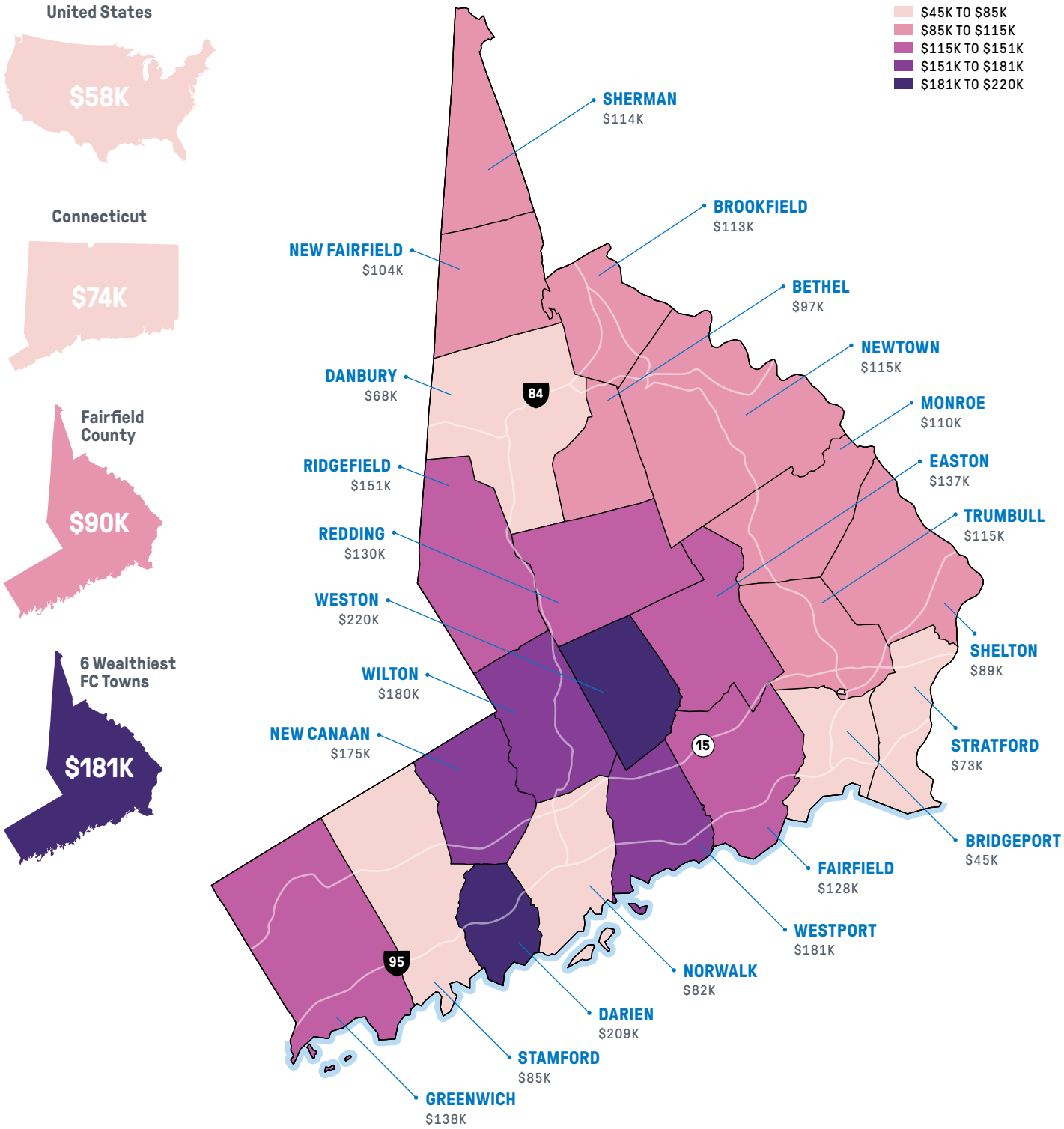


FIG 2.9

The highest-earning 5% make 15x more money than the bottom 20%

MEDIAN HOUSEHOLD INCOME BY QUANTILE, FAIRFIELD COUNTY, 2016

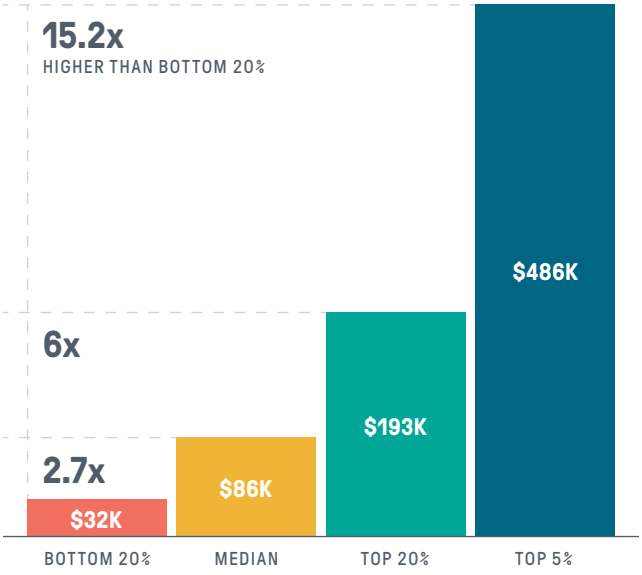


FIG 2.10

Fairfield County has a wage gap by both gender and race

MEDIAN INCOME OF FULL-TIME ADULT WORKERS, 2016

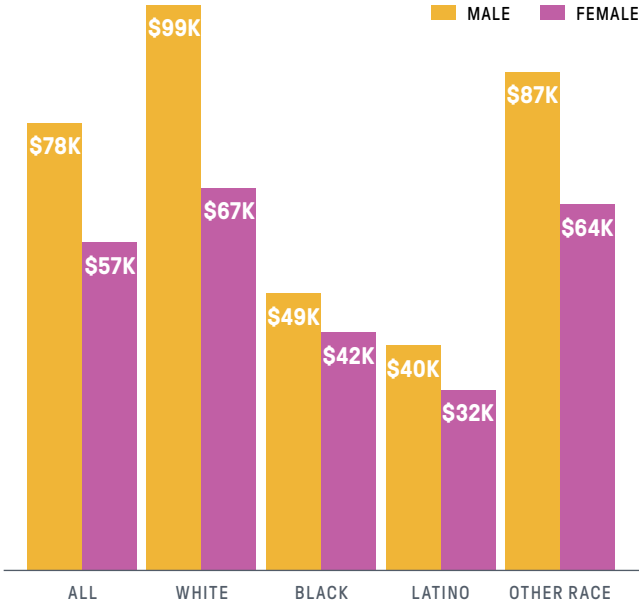


FIG 2.11

Fairfield County's middle class has shrunk drastically

DISTRIBUTION OF POPULATION BY NEIGHBORHOOD INCOME LEVEL, 1980–2017

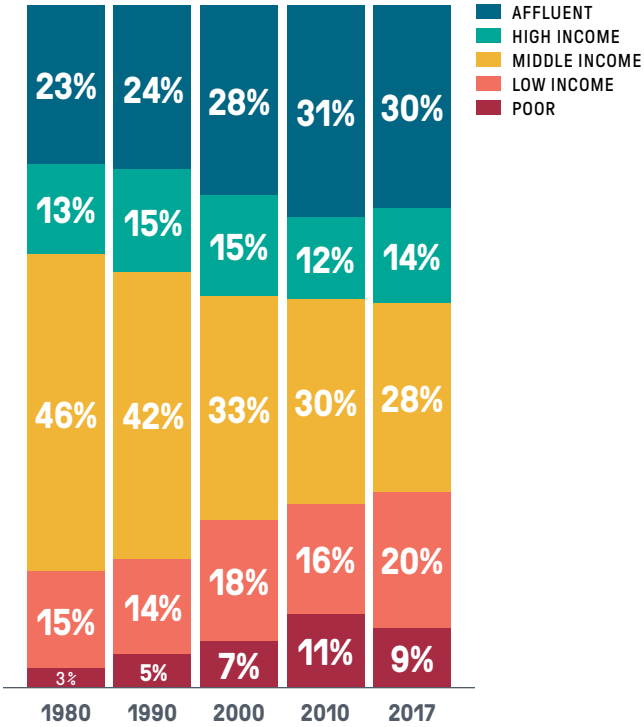


FIG 2.12

Average incomes have risen, but only in high-income towns

MEDIAN HOUSEHOLD INCOME, 1990–2017
ADJUSTED TO 2017 DOLLARS

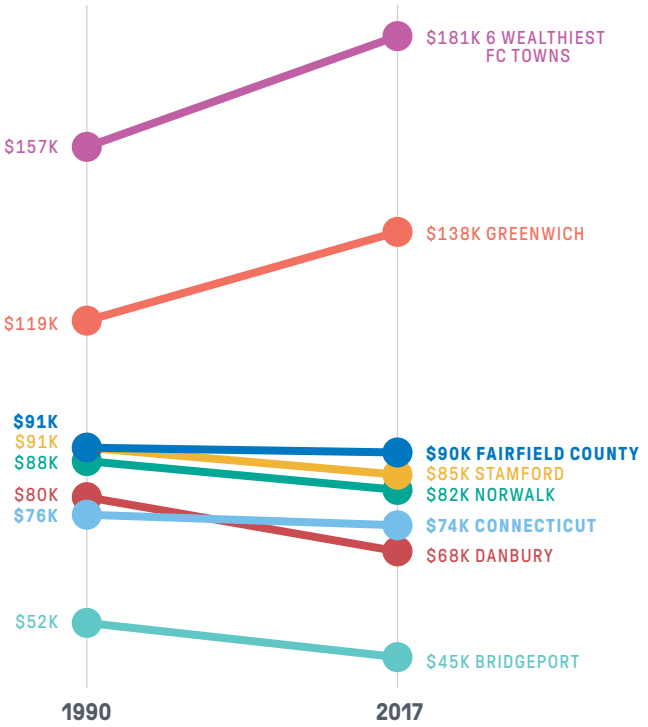


FIG 2.13

Fairfield County averages very high housing values, especially near New York City

MEDIAN HOUSING VALUE BY TOWN, 2017

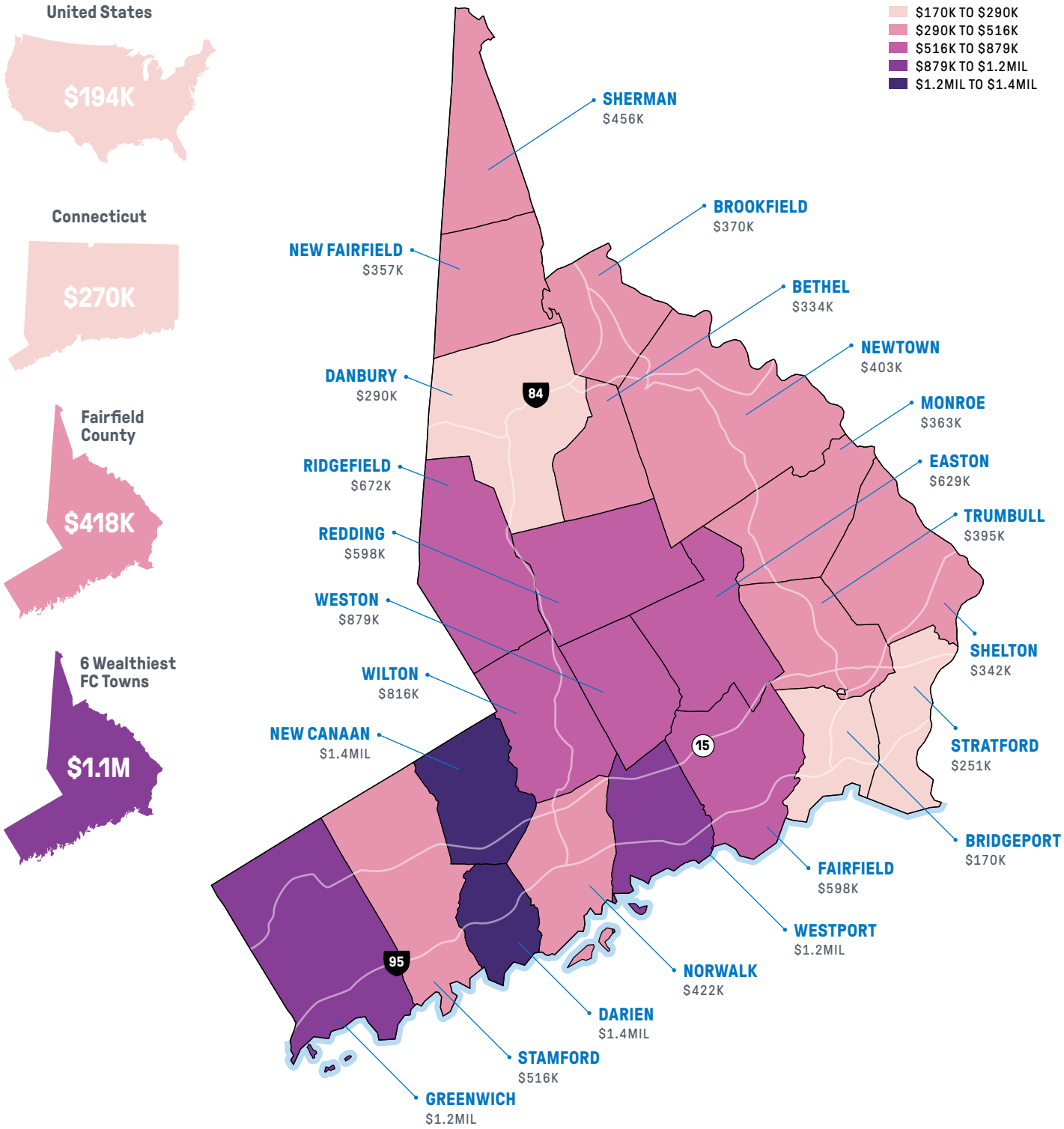


FIG 2.14

Renters' cost-burden rates haven't declined post-Recession

COST-BURDEN AND SEVERE COST-BURDEN RATES BY TENURE, FAIRFIELD COUNTY, 2005–2017

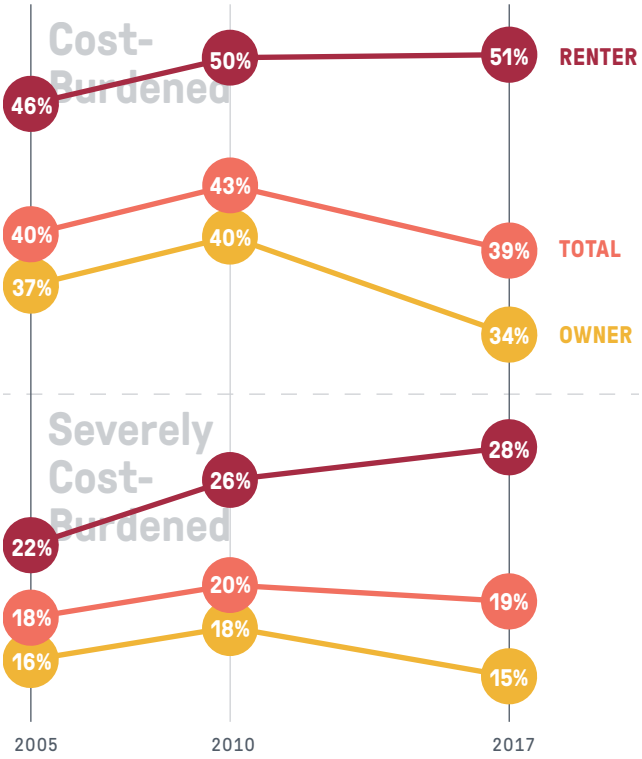


FIG 2.15

The average renter's income is $7K short of affording a 2BR apartment

MEDIAN RENTER HOUSEHOLD INCOME AND MINIMUM HOUSEHOLD INCOME TO AFFORD 2BR HOUSING, 2017 (WITH SHORTFALL SHOWN)

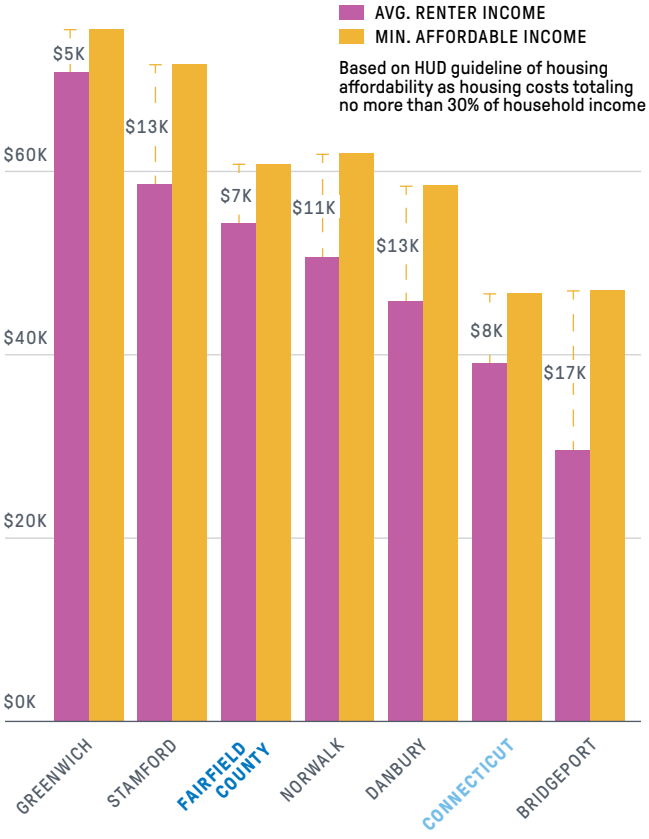


FIG 2.16

Homeownership is still low in Fairfield County's lower-grade areas

HOMEOWNERSHIP RATE BY HISTORIC REDLINING GRADE, 2010

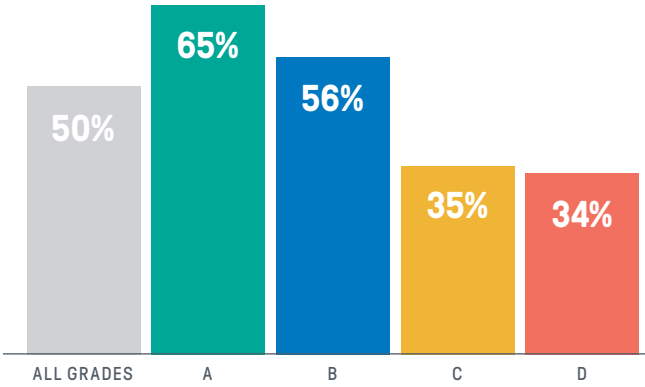


FIG 2.17

High-grade areas in Fairfield County are still predominantly white

WHITE SHARE OF POPULATION BY HISTORIC REDLINING GRADE, 2010

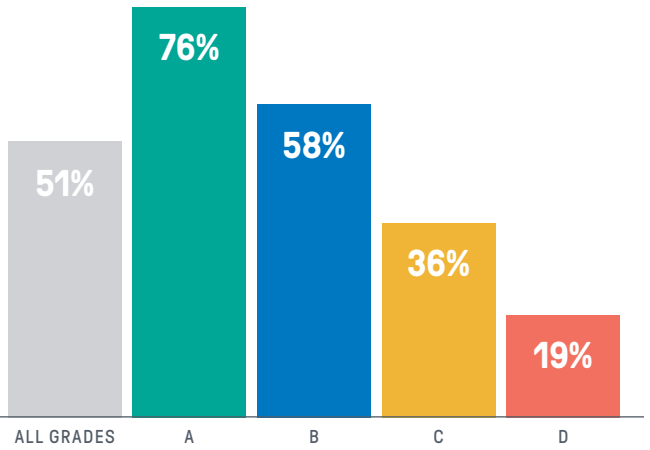
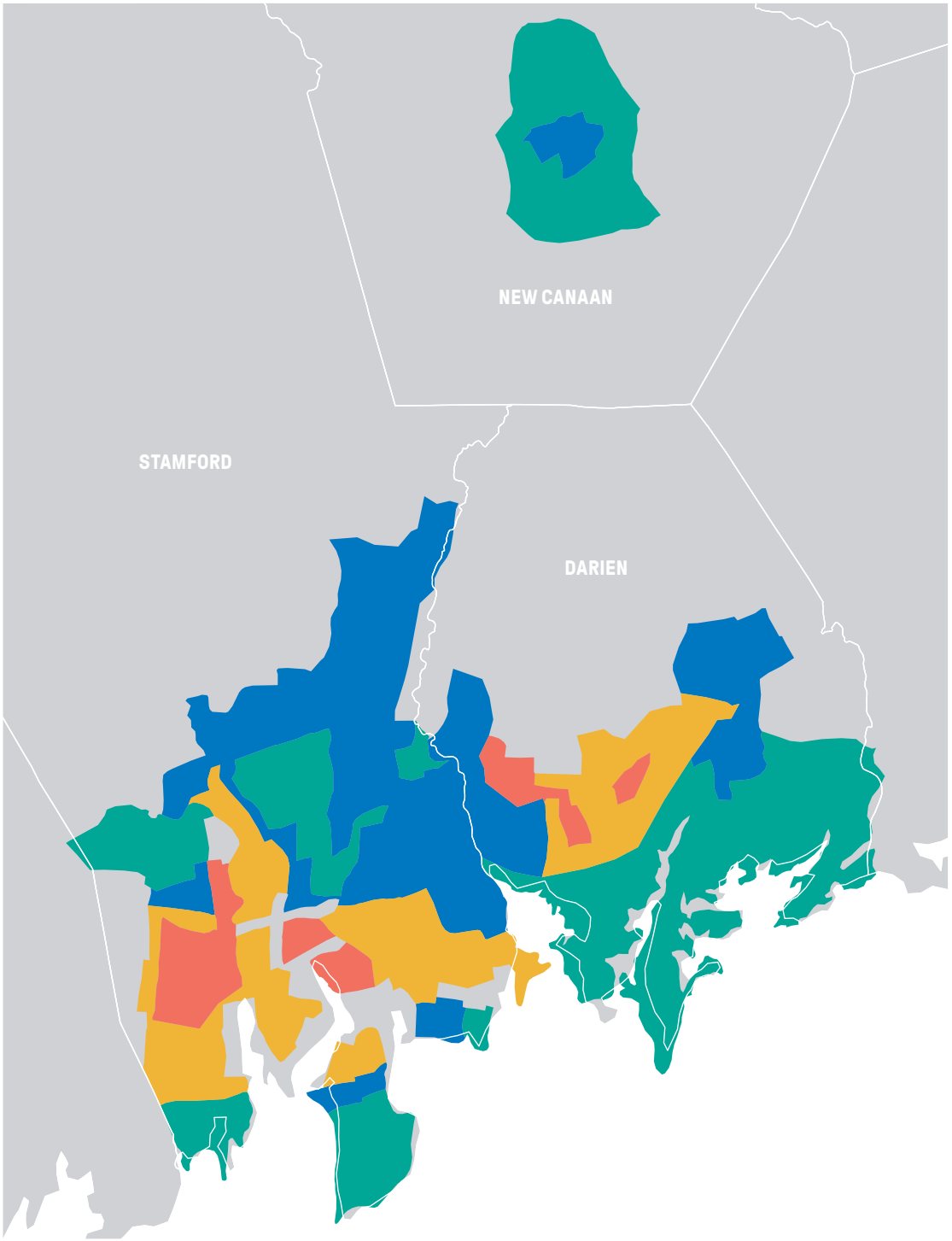


FIG 2.18

The patterns in 1930s redlining maps are still present today

HOLC REDLINED AREAS OF STAMFORD, DARIEN, AND NEW CANAAN, 1937



HOLC GRADE

- A — BEST
- B — STILL DESIRABLE
- C — DEFINITELY DECLINING
- D — HAZARDOUS

FIG 2.19

Fairfield County provides both jobs and workers to the surrounding region

NET INFLOW OF WORKERS BY TOWN AND WAGE, 2015

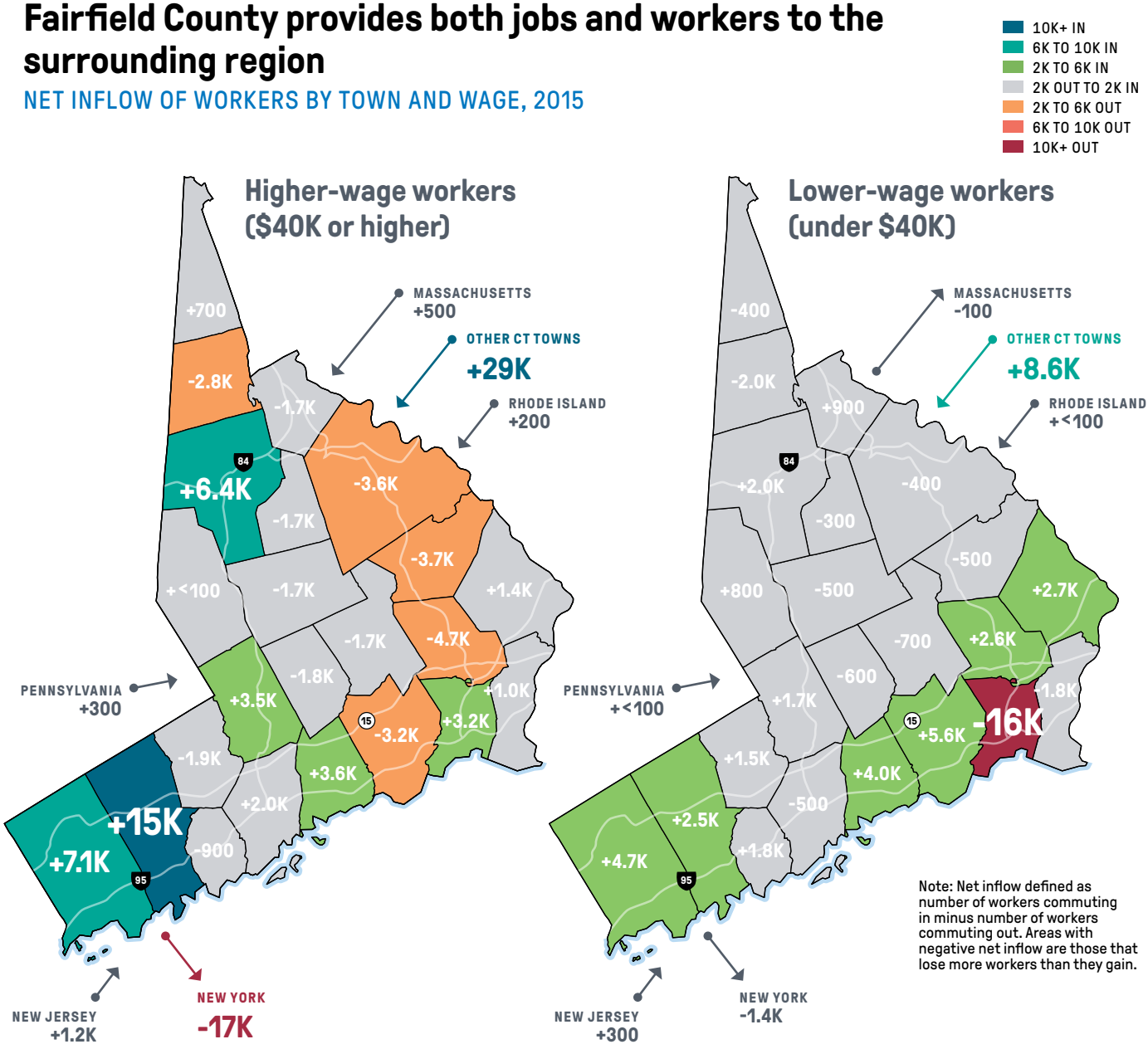


FIG 2.20

Fairfield County's manufacturing sector has declined, while health care & social assistance jobs soar

NUMBER OF JOBS BY SECTOR, FAIRFIELD COUNTY, 2000–2017

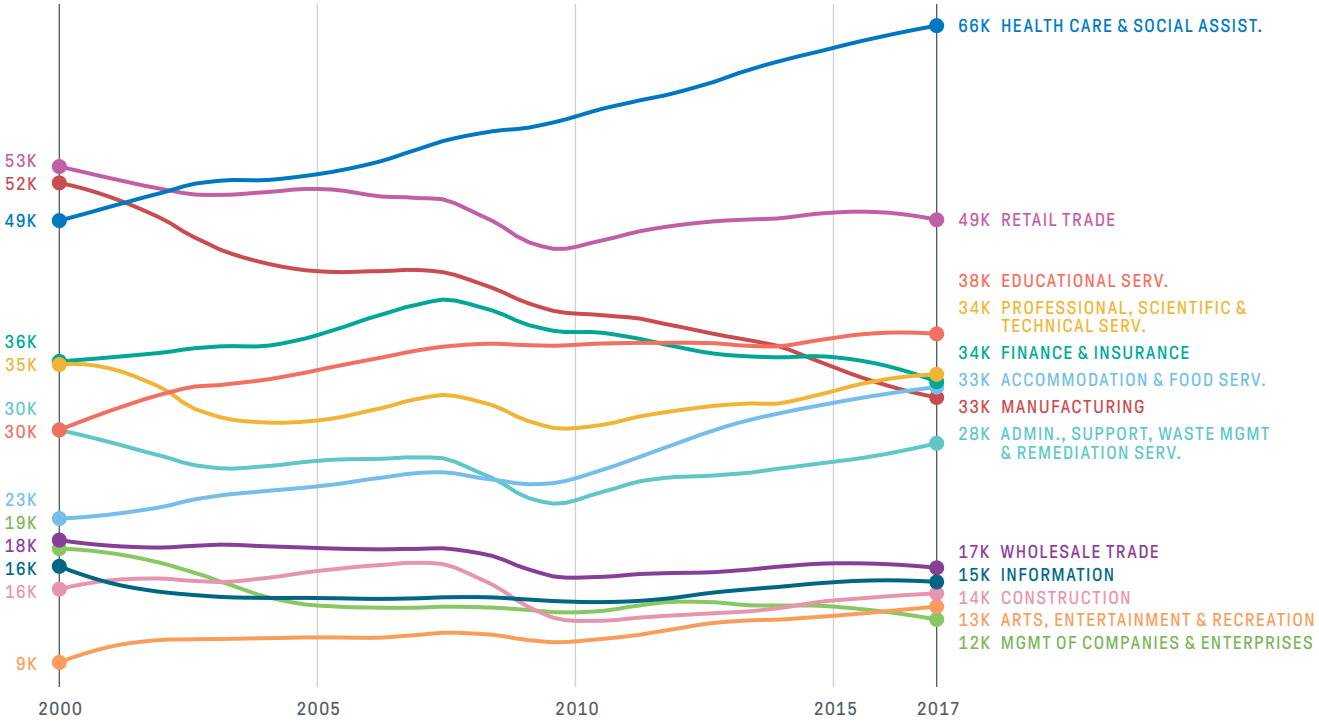


FIG 2.21

Fairfield County's wealthiest school districts are much less diverse than the larger cities

COUNT OF K–12 STUDENTS BY RACE, PER 100 STUDENTS, 2018–2019

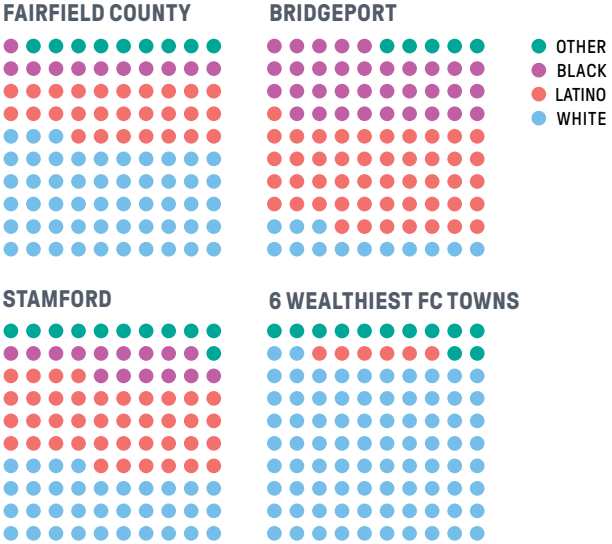


FIG 2.22

Black and special education students are suspended far more often than others

SHARE OF STUDENTS SUSPENDED OR EXPELLED AT LEAST ONCE, FAIRFIELD COUNTY K–12 DISTRICTS, 2017–2018

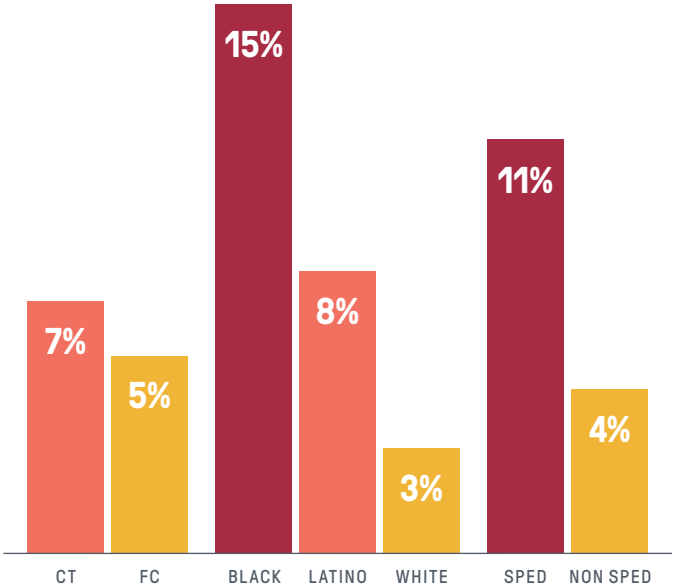
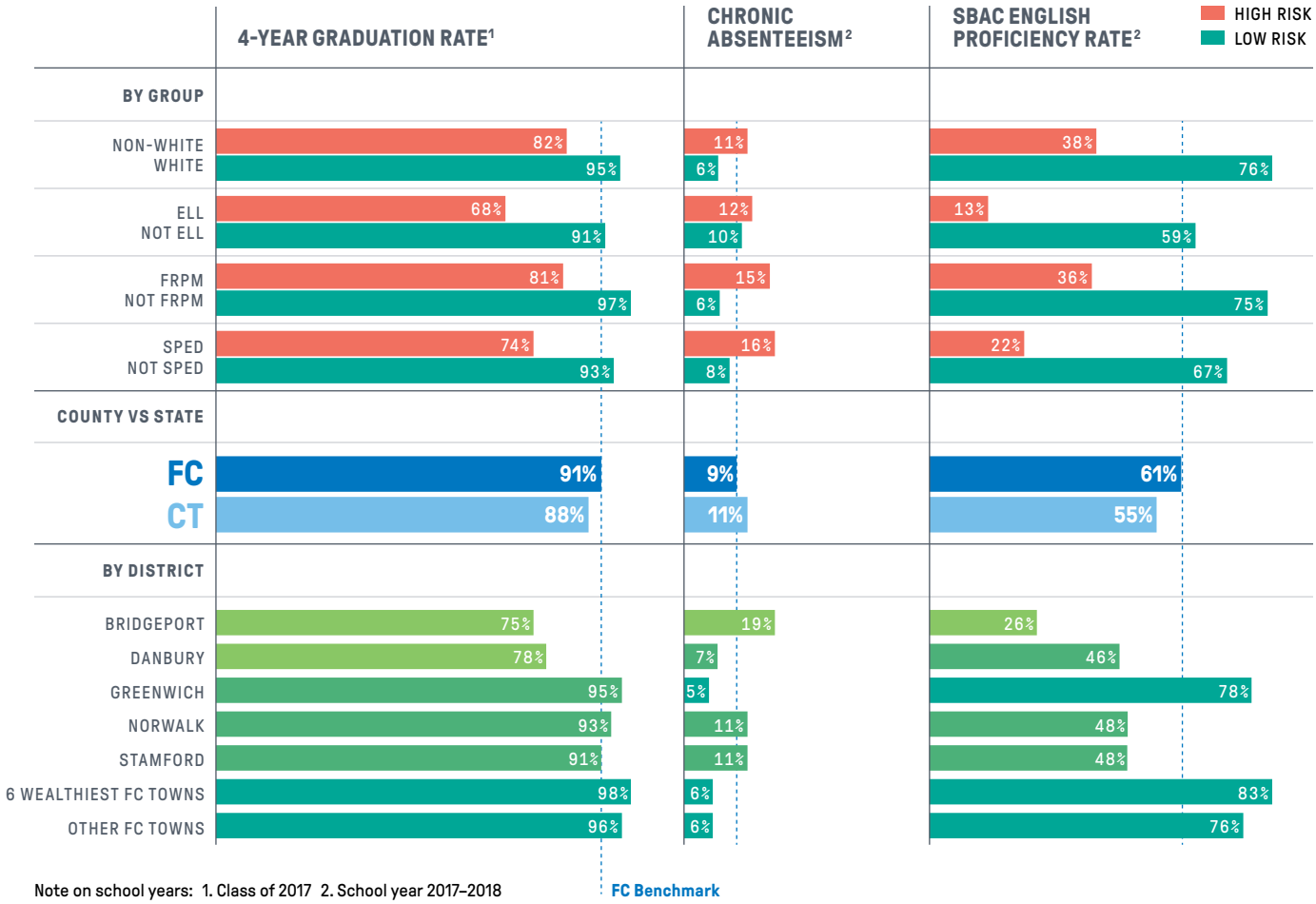


FIG 2.23

Fairfield County schools have wide achievement gaps

SHARE OF PUBLIC K–12 STUDENTS MEETING ACHIEVEMENT MEASURES



Note on school years: 1. Class of 2017 2. School year 2017–2018

FIG 2.24

Six years after graduating high school, only 58% of Fairfield County public school students have a college degree

NUMBER AND SHARE OF STUDENTS ENROLLING IN, PERSISTING IN, AND GRADUATING FROM COLLEGE, OF FAIRFIELD COUNTY HIGH SCHOOL GRADUATES

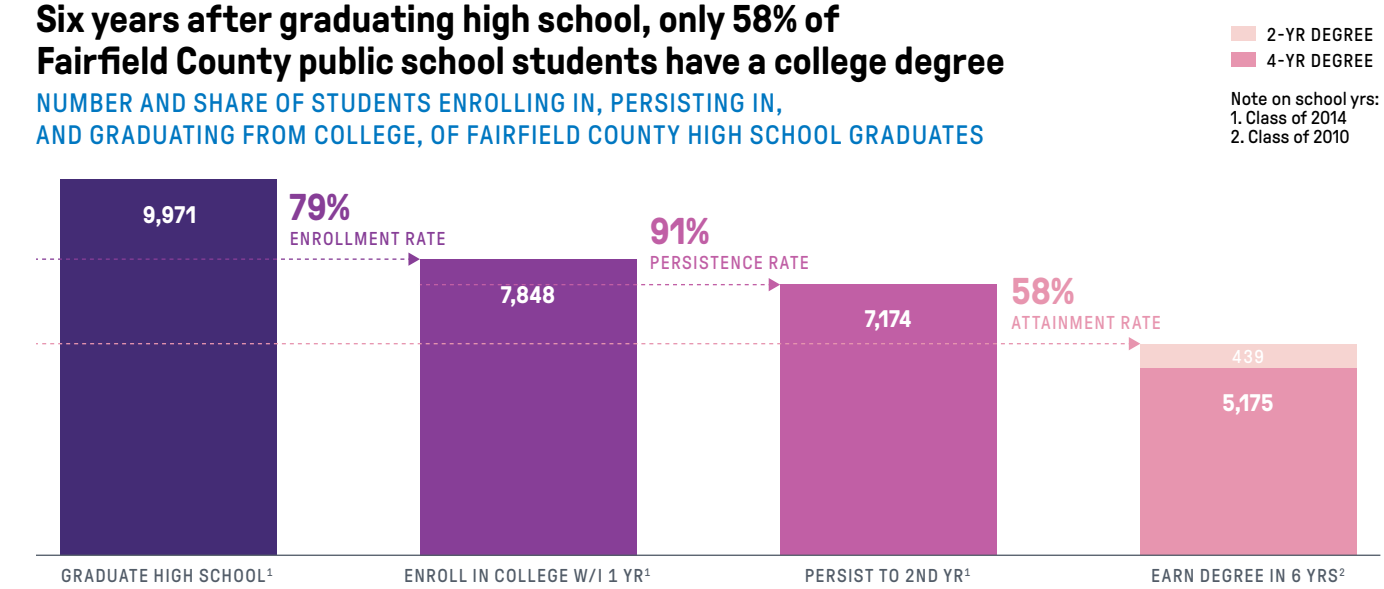


FIG 2.25

Fairfield County residents have very different ideas of what young people may experience

SHARE OF ADULTS RATING AS ALMOST CERTAIN OR VERY LIKELY THAT YOUNG PEOPLE IN THEIR AREA HAVE THE FOLLOWING EXPERIENCES, 2018

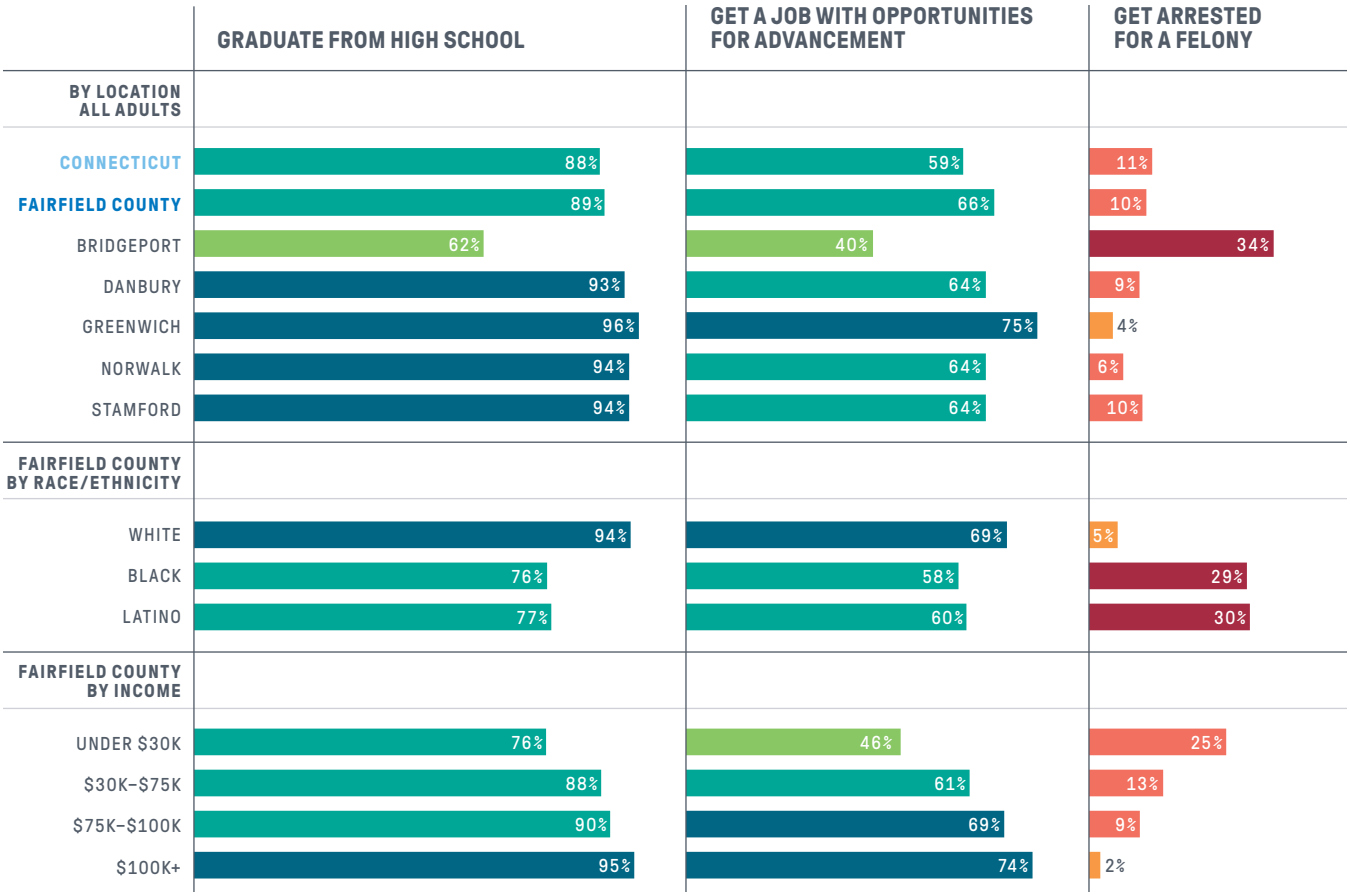
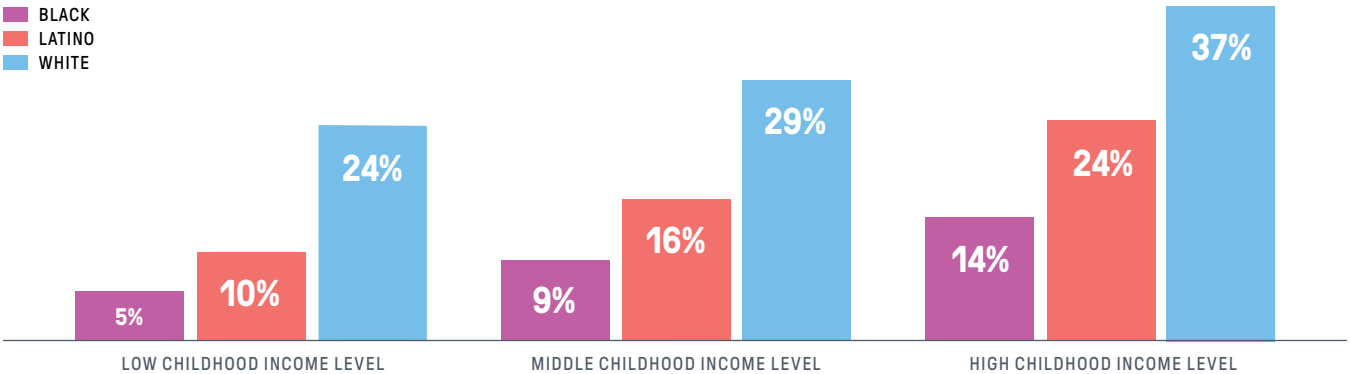


FIG 2.26

White children from low-income homes in Fairfield County can expect greater upward economic mobility than Black children from high-income homes

PROBABILITY (%) OF REACHING TOP 20% OF HOUSEHOLD INCOMES AS ADULTS BY RACE AND CHILDHOOD HOUSEHOLD INCOME, FAIRFIELD COUNTY



POPULATION CHANGE

A Growing Population

Fairfield County is the most populous of Connecticut's eight counties. The total population of its 23 towns and cities is 947,328, including 219,635 children. Rather than having one large core city, Fairfield County is a polycentric region with its downtowns, waterfront villages, and harbors hugging the winding shoreline of Long Island Sound and clustered along Metro-North Railroad's New Haven Line, the busiest commuter rail line in the United States. Collectively, its seven largest towns and cities—Bridgeport, Stamford, Norwalk, Danbury, Greenwich, Fairfield, and Stratford—are home to 626,469 residents (66 percent of the regional total), including 138,564 children, with Bridgeport alone being home to 16 percent of the county's total population.[23]

National reports tend to define metropolitan areas based on counties, so Fairfield County as a whole is frequently referred to as the Bridgeport-Stamford-Norwalk metropolitan statistical area (MSA). In many cases, it is considered to be a component of the New York City megalopolis (the "Tri State" area) as well, as it is set within the New York City Designated Market Area, the nation's largest media market, and has a high share of commuters who travel to or come from that region.

The population of every town in the region has grown since 1990. Since 2000, Fairfield County's population has increased by 7 percent, a faster rate than that of Connecticut overall (up 5.5 percent). Stamford led the state in population growth, from 117,083 residents in 2000 to 128,851 residents in 2017—just over a 10 percent increase. SEE TABLE 2A

An Aging Region

Between 2000 and 2017, the median age in Fairfield County increased from 37.3 to 40.2.[24] This increase is in line with Connecticut's other more urban counties, while the state's rural counties generally experienced steeper increases. Overall, the median age in Fairfield County is slightly younger than that of the state (40.8), but older than that of the U.S. (37.8).[25] The median ages of Fairfield County's larger cities—Bridgeport (33.8), Stamford (37), Norwalk (39.2), and Danbury (37.6)—are younger than that of the county overall.[26]

From 1990 to 2015, Fairfield County's population of young adults ages 18 to 34 declined by 15 percent, or 33,629 people.[27] The population of older seniors ages 80 and over increased by 59 percent, or 14,596 people, and the population of children ages 5 to 17 increased by 28 percent, or 36,245 people, making them the fastest-growing age groups during this period; however, middle-aged adults ages 35 to 64 represented the largest segment of growth, increasing by 23 percent, or 70,732 people.[28]

Looking forward to 2035, Fairfield County's older population is projected to keep growing as the Baby Boomer generation ages. The region is expected to see an 11 percent increase in the senior population (ages 65 and over)—a more modest growth rate than the projected 20 percent statewide increase.[29] The transition of Baby Boomers into the senior age group is projected to contribute to a 7 percent decline in Fairfield County's middle-aged population.[30] The growth of the county's senior population is expected to be accompanied by a modest increase in young adults, which will help to fuel a 9 percent increase in young children under five years old, or 4,950 young children.[31] Fairfield County's total population is expected to change little between 2015 and 2035: a projected decrease of 2 percent, or 17,256 people.[32] SEE FIG 2.1

Increased Diversity

Between 1990 and 2017, people of color living in Fairfield County increased from 20 percent of the population to 37 percent.[33] In 2017, 63 percent of Fairfield County residents were white, 10 percent were Black, 19 percent were Latino, 5 percent were Asian, and 3 percent identified as another race/ethnicity.[34] Fairfield County has the largest Latino population of any county in Connecticut and a higher proportion of Latinos than the state overall.[35] Combined, the non-white population of the county more than doubled to over 350,000 people between 1990 and 2017.[36] Meanwhile, the size of the white population in Fairfield County decreased by about 65,000 between 1990 and 2017—a nearly 10 percent reduction that mirrors statewide trends.[37] Population projections estimate all of Fairfield County's net population growth will be driven by people of color over the next 30 years.[38] SEE FIG 2.3

However, not all municipalities are diversifying at similar rates and magnitudes. During the same time period, the non-white share in Fairfield

County's six wealthiest towns increased from 4 percent to 13 percent.[39] The region's largest cities are far more diverse, and are home to major shares of the county's non-white populations: currently, 79 percent of Bridgeport residents and 51 percent of Stamford residents are people of color. Two-thirds of the county's Black residents and half the county's Latinos live just in these two cities.[40] SEE TABLE 2B

Racial and ethnic diversity in Fairfield County is highest among the population under 35, supporting the proposition that the region will continue to diversify over the coming decades.[41] Based on the most recent decennial census figures, from 2010, only 29 percent of middle-aged residents (ages 35 to 64), 19 percent of younger seniors (age 65 to 79), and 10 percent of older seniors (ages 80 and up) in

TABLE 2A

Population and growth

POPULATION IN FAIRFIELD COUNTY AND TOWNS, 2017

LOCATION	POPULATION 1990	POPULATION 2017	POPULATION PERCENT CHANGE, 1990 TO 2017	DENSITY, 2017 POP. PER SQ. MI.	MEDIAN AGE 2000	MEDIAN AGE 2017	CHANGE IN MEDIAN AGE
United States	248,709,873	321,004,407	29%	91	35.3	37.8	2.5
Connecticut	3,287,116	3,594,478	9%	742	37.4	40.8	3.4
Fairfield County	827,645	947,328	14%	1,515	37.3	40.2	2.9
Bethel	17,541	19,526	11%	1,155	37.1	43.2	6.1
Bridgeport	141,686	147,586	4%	9,167	31.4	33.8	2.4
Brookfield	14,113	17,064	21%	862	39.2	43.6	4.4
Danbury	65,585	84,573	29%	2,018	35.2	37.6	2.4
Darien	18,196	21,742	19%	1,712	38.0	39.4	1.4
Easton	6,303	7,607	21%	278	40.4	49.0	8.6
Fairfield	53,418	61,611	15%	2,061	38.5	41.2	2.7
Greenwich	58,441	62,782	7%	1,316	40.2	42.6	2.4
Monroe	16,896	19,766	17%	757	38.1	44.5	6.4
New Canaan	17,864	20,357	14%	917	40.2	43.2	3.0
New Fairfield	12,911	14,091	9%	691	37.3	45.1	7.8
Newtown	20,779	28,030	35%	486	37.5	45.0	7.5
Norwalk	78,331	88,537	13%	3,866	36.6	39.2	2.6
Redding	7,927	9,274	17%	294	41.0	47.1	6.1
Ridgefield	20,919	25,206	20%	731	39.4	45.1	5.7
Shelton	35,418	41,282	17%	1,349	39.8	46.8	7.0
Sherman	2,809	3,654	30%	167	42.1	48.9	6.8
Stamford	108,056	128,851	19%	3,427	36.4	37.0	0.6
Stratford	49,389	52,529	6%	3,002	40.3	44.1	3.8
Trumbull	32,016	36,455	14%	1,571	40.3	43.5	3.2
Weston	8,648	10,369	20%	524	39.7	45.2	5.5
Westport	24,410	27,777	14%	1,389	41.4	45.2	3.8
Wilton	15,989	18,659	17%	696	40.2	43.2	3.0

TABLE 2B

Characteristics by race and origin

POPULATION OF FAIRFIELD COUNTY BY RACE AND IMMIGRATION HISTORY, 2017

LOCATION	TOTAL POPULATION	PERCENT WHITE	PERCENT BLACK	PERCENT LATINO	PERCENT ASIAN	PERCENT OTHER RACE	FOREIGN-BORN POPULATION	PERCENT FOREIGN BORN
Connecticut	3,594,478	68%	10%	15%	4%	3%	511,893	14%
Fairfield County	947,328	63%	10%	19%	5%	3%	205,984	22%
Bridgeport	147,586	21%	33%	39%	3%	3%	43,614	30%
Danbury	84,573	52%	6%	31%	6%	5%	26,076	31%
Fairfield	61,611	85%	1%	6%	5%	3%	7,522	12%
Greenwich	62,782	74%	3%	13%	8%	3%	14,767	24%
Norwalk	88,537	52%	14%	27%	5%	2%	24,536	28%
Stamford	128,851	49%	14%	27%	8%	2%	44,986	35%
Stratford	52,529	64%	14%	15%	3%	3%	7,847	15%
6 wealthiest FC towns	124,110	87%	1%	5%	5%	2%	15,571	13%
Other FC towns	196,749	86%	2%	7%	4%	2%	21,065	11%

Fairfield County were people of color; however, 46 percent of children under five, 38 percent of children ages 5 to 17, and 48 percent of young adults (ages 18 to 34) identified as such.[42] SEE FIG 2.2

Fairfield County's diverse population includes a large and growing immigrant community. Between 1990 and 2017, the number of immigrants residing in Fairfield County more than doubled, increasing by 105,023 individuals or 104 percent.[43] By 2017, 22 percent of the county's residents, or 205,984 individuals, were foreign-born, a share higher than any other county in the state and well above the statewide share (14 percent).[44] Immigrants from around the world call Fairfield County home, including more than 10,000 people each from Mexico, India, Guatemala, Jamaica, Ecuador, and Brazil.[45] SEE FIG 2.4, 2.5

Much of the county's immigrant population resides in its cities. The four towns with the highest foreign-born shares in the state are all in Fairfield County: immigrants are roughly 30 percent of the populations of Norwalk, Bridgeport, and Danbury, and 35 percent in Stamford.[46] Additionally, immigrants made up about a quarter of Greenwich's population.[47] Consider that in 2017, Stamford and Bridgeport accounted for 29 percent of the county's population and 43 percent of its immigrants.[48]

In 2017, 46 percent of immigrants living in Fairfield County were naturalized U.S. citizens—slightly below the 50 percent naturalization rate for immigrants statewide.[49] While both Connecticut's and Fairfield County's largest cities serve as enclaves for immigrant populations, naturalization rates tend to be lower in these urban areas: Danbury, Bridgeport, Stamford, and Norwalk all have naturalization rates below the county average.[50] Additionally, urban-dwelling immigrants are more likely to have arrived in the U.S. since 2000.[51] Overall, 46 percent of immigrants residing in Fairfield County arrived in 2000 or later, with 15 percent arriving in 2010 or later.[52]

As of 2016, 22 percent of Connecticut residents ages 5 and older lived in households where English was not the primary language.[53] Unsurprisingly, Fairfield County's comparatively large share of immigrants contributes to a higher share of the population speaking a language other than English at home—29 percent of residents.[54] After English and Spanish, Portuguese, Haitian Creole, Italian, Polish, and Chinese are the most common languages, in that order.[55] In 2017, 12 percent of Fairfield County residents ages 5 and older struggled with English proficiency, meaning they spoke English less than very well—above the state rate of 8 percent.[56] Higher rates of low English proficiency are more common in larger cities like Bridgeport, where 23 percent of the population ages 5 and older report having low English proficiency.[57] Understanding the changing needs of Fairfield County's immigrant communities

is critical for local government, nonprofit organizations, resident leaders and philanthropy. Building One Community, a nonprofit in Stamford, will soon release the first-ever Immigrant Community Needs Assessment. Focused on Stamford, this assessment framework could be a model for other communities.

Another aspect of diversity among Fairfield County residents is in sexual orientation and gender identity. A 2016 Gallup poll found that 10 million Americans—4.6 percent—identify as lesbian, gay, bisexual, or transgender (LGBT), an increase of 1.75 million people since 2012.[58] The 2018 DataHaven Community Wellbeing Survey found that 8 percent of adults in Connecticut identify as not being straight, with a similar proportion in Fairfield County. Additionally, 0.7 percent of adults in both Connecticut and Fairfield County identify as transgender. Quantifying diversity in sexual orientation and gender identity is valuable in itself, but it also has important implications for other aspects of well-being, like health. LGBTQ individuals face specific health challenges, discussed in Chapter 3.

Changing Household Structure

In 2017, Fairfield County had 337,678 total households, representing an 11 percent increase from 1990, or an additional 32,667 households.[59,60] The share of households headed by married couples has decreased slightly, from 58 percent of the county's households in 1990 to 53 percent in 2017.[61] Households composed of adults living alone, single adults with children, and groups of unrelated people all showed growth during this period.[62] SEE FIG 2.6

Compared to the state overall, Fairfield County has a larger share of households comprised of married couples with children (24 percent of Fairfield County households, 19 percent of Connecticut households) and a smaller share of single adults living alone (24 percent in Fairfield County, 28 percent of Connecticut).[63] Fairfield County's larger cities, particularly Bridgeport, had smaller shares of married-couple households and larger shares of single adult and other non-family households than the region overall—a pattern that holds true in Connecticut's other large urban areas.[64] SEE TABLE 2C

TABLE 2C

Household structure

HOUSEHOLDS BY TYPE, FAIRFIELD COUNTY, 2017

LOCATION	TOTAL HOUSEHOLDS COUNT	MARRIED, W/ CHLD. COUNT	MARRIED, W/ CHLD. SHARE	MARRIED, NO CHLD. COUNT	MARRIED, NO CHLD. SHARE	SINGLE, W/ CHLD. COUNT	SINGLE, W/ CHLD. SHARE	LIVING ALONE COUNT	LIVING ALONE SHARE	OTHER HOUSEHOLDS COUNT	OTHER HOUSEHOLDS SHARE
United States	118.8M	22.7M	19%	34.7M	29%	10.8M	9%	32.9M	28%	17.7M	15%
Connecticut	1.4M	259,868	19%	404,743	30%	116,400	9%	383,275	28%	197,469	15%
Fairfield County	337,678	82,447	24%	98,728	29%	27,188	8%	82,482	24%	46,833	14%
Bridgeport	50,341	7,824	16%	9,153	18%	8,065	16%	13,881	28%	11,418	23%
Danbury	29,692	6,124	21%	7,868	27%	2,704	9%	8,026	27%	4,970	17%
Fairfield	20,365	6,446	32%	6,807	33%	887	4%	4,331	21%	1,894	9%
Greenwich	22,284	6,582	30%	6,808	31%	1,407	6%	5,328	24%	2,159	10%
Norwalk	33,385	7,007	21%	9,055	27%	2,839	9%	9,148	27%	5,336	16%
Stamford	48,647	10,158	21%	12,673	26%	3,385	7%	13,965	29%	8,466	17%
Stratford	20,179	3,434	17%	6,674	33%	1,583	8%	5,520	27%	2,968	15%
6 wealthiest FC towns	42,080	15,946	38%	13,874	33%	2,301	6%	7,076	17%	2,883	7%
Other FC towns	70,705	18,926	27%	25,816	37%	4,017	6%	15,207	22%	6,739	10%

INCOME AND POVERTY

Median Income Disparities

Fairfield County households had a median income of $89,773 in 2017—about $16,000 higher than Connecticut and $32,000 higher than the nation.[65] Since 1990, inflation-adjusted median household income has decreased both statewide (↓3.1%) and in Fairfield County (↓1.4%).[66] But while the county averages high incomes, income inequality remains a significant issue. Fairfield County had the highest level of income inequality among the 100 largest U.S. metros in 2016.[67] Median household income in the region's six wealthiest towns was $181,155 in 2017—more than double that of the county as a whole and more than four times that of Bridgeport ($44,841), the lowest in the region.[68] In 2016, the highest-earning 5 percent of households in Fairfield County earned about $486,000—15 times more than the roughly $32,000 earned by the poorest 20 percent of households.[69] SEE FIG 2.8, 2.9

Wage Gaps and Wealth Gaps

While median household income is a useful indicator for analyzing inequality, it is critical to dig deeper into other underlying disparities, including differences in wages and wealth. Consider the wages of Fairfield County's full-time, year-round workers aged 25 and older in 2016: when disaggregated by sex, men had median earnings of $78,343, compared to $57,437 for women. In other words, Fairfield County's women earned 73 cents on the men's dollar—a slightly larger gender wage gap than Connecticut's overall (77 cents on the dollar).[70]

Looking at full-time, year-round workers by both sex and race/ethnicity yields even starker discrepancies—particularly in Fairfield County, where median earnings for white men and women were high compared to the state overall, but median earnings for people of color were near or below their statewide counterparts.[71] The overall wage gap in Fairfield County in 2016 can be largely attributed to the higher median earnings of white men; the intraracial wage gaps between men and women within the Black and Latino communities are relatively small. Educational attainment also plays a role in the wage gap, but fails to account for it entirely. Statewide, the wage gap between men and women with graduate degrees was wider than within any other level of educational attainment.[72] This educational attainment/sex wage gap was especially pronounced in Fairfield County, where women with graduate degrees earned only 60 cents on the dollar of men who also had advanced degrees.[73] Taking the analysis one step further, large wage gaps were apparent when disaggregating median earnings by sex, race/ethnicity, and educational attainment. For example, statewide, Latinas with bachelor's degrees earned over $4,500 less than white men with only high school diplomas; white men with bachelor's degrees made over $20,000 more than Black women with graduate or professional degrees, and nearly $22,000 more than Latinas with graduate or professional degrees.[74] SEE FIG 2.10

Beyond income is wealth, or money, assets, and other financial resources that go beyond one's current paycheck. The racial wealth gap is a particular concern: nationally, white adults aged 60 to 70 have a median net worth about seven times greater than that of Black adults the same age. Differences in earnings are one important factor, but there are others: for instance, white families overall are about five times more likely than black families to receive the kind of large inheritance or cash transfer that might be used for the purchase of a home or vehicle, invested in business endeavors, or used toward education costs.[75] Discrimination also results in property devaluation for some Black homeowners; in 2016, the median home value in majority Black neighborhoods in Fairfield County ($142,281) was estimated to be devalued by about 32 percent on average, or $53,840, after accounting for structural characteristics of homes and neighborhood amenities.[76] In Fairfield County, 22 percent of Black and 24 percent of Latino adults report that they have a negative net worth, compared to just 9 percent of white adults.[77] SEE TABLE 2F

Income Inequality

Income and wealth are perhaps the most important factors in determining where an individual or family lives, because of choice or the resources available to them. As will be discussed later in this chapter, housing costs differ vastly—not only between municipalities, but also between neighborhoods. While gentrification has become a frequent topic of public debate due to skyrocketing housing costs in desirable parts of "superstar cities" such as New York and San Francisco, recent studies have found that the most common form of contemporary

neighborhood change is the concentration of low-income populations. For example, one such study found that between 2000 and 2016, the low-income population of economically declining areas grew by 44 percent (5,369,000 people) in the 50 largest U.S. metropolitan areas; while Fairfield County was not included in the analysis, the New York City and Hartford metropolitan regions reported similar increases of 49 percent and 44 percent, respectively, in the number of low-income people living in economically declining areas.[78]

Analyzing population distribution by neighborhood income level paints a picture of the shrinking of the region's middle class, as increasing numbers of people are living in neighborhoods at the extremes.[79] Fairfield County's middle-class neighborhoods—those where average income is similar to that of the state overall—have progressively shrunk from housing 46 percent of the population in 1980 to only 28 percent in 2017. Meanwhile, the population of affluent neighborhoods increased by 50 percent, and the population in poor neighborhoods more than tripled. While similar shifts happened over the same period statewide, this polarization has been far more severe in Fairfield County. SEE FIG 2.11 / SEE TABLE 2D

These income inequality trends have direct bearing on the well-being of Fairfield County residents. A wealth of research shows that regardless of objective economic growth, communities will not become happier without addressing inequality.[80] Income inequality fragments communities by dismantling trust and ties, especially across income lines.[81] In regions with higher levels of inequality, people are less likely to belong to social organizations and participate in civic life—all important components of community well-being.[82] As discussed throughout this report, the concentration of economically disadvantaged residents in particular neighborhoods has negative impacts on well-being that stem from fewer educational and job opportunities, increased health risks, and limited access to quality community resources.[83] Research indicates that areas that are more residentially segregated by race and income have lower levels of economic mobility, defined as the ability of those in the next generation to move up the economic ladder compared to their parents.[84] In towns experiencing an increasing concentration of low-income populations, local governments may struggle to distribute public resources in a manner that meets the basic needs of their residents, resulting in overburdened public schools, underfunded public libraries, and deferred maintenance on important public goods such as parks, roads, and other infrastructure. SEE CHAPTER 4

TABLE 2D

Growing neighborhood income inequality

POPULATION AND DEFINITION BY NEIGHBORHOOD INCOME LEVEL, FAIRFIELD COUNTY, 2017

INCOME BRACKET	DEFINITION BASED ON AVG FAMILY INCOME	POPULATION 1980	POPULATION 2017	CHANGE IN TOTAL POPULATION 1980–2017
Affluent	1.5x AFI or above	186,103	279,468	⬆50%
High income	1.25 to 1.49x AFI	108,261	133,494	⬆23%
Middle income	0.75 to 1.24x AFI	369,057	262,902	⬇29%
Low income	0.5 to 0.74x AFI	116,945	186,083	⬆59%
Poor	Under 0.5x AFI	26,778	84,425	⬆215%

Note: See Fig. 2.11 for a graphic representation of these data.

Further exacerbating income inequality is the fact that median household incomes have increased only in Fairfield County's higher-income towns.[85] Between 1990 and 2017, the six wealthiest towns saw over a 15 percent increase in inflation-adjusted median household income.[86] Conversely, the county-wide inflation-adjusted median household income was stagnant during this period, decreasing by around 1 percent—a reflection of the wider state trend.[87] The region's largest cities also experienced a decline, with Danbury and Bridgeport seeing sharp decreases of over 14 percent.[88] SEE FIG 2.12

Rising Low-Income Rate

Along with growing income inequality, the low-income rate is also on the rise in Fairfield County. "Low-income" denotes individuals living in households with annual incomes of less than twice the federal poverty level, also encompassing those living below the poverty line.[89] In 2017, a family of two earning $32,480 or less was considered low-income, as was a family of four earning $49,200 or less.[90] Between 2000 and 2017, the share of Fairfield County's population living in low-income households increased from 17 percent to 21 percent, similar to the statewide increase from 19 percent to 23 percent. Low-income rates in the region's larger cities are above the county-wide rate, and are much higher than the 8 percent low-income rate in the region's six wealthiest towns. SEE TABLE 2E

In Fairfield County, the low-income rate among children is both higher and growing faster than for the population as a whole. In 2017, two-thirds of children ages 0 to 17 in Bridgeport lived in low-income households, meaning that in that city alone, nearly 22,000 youth faced severe economic hardship on a daily basis.[91] SEE FIG 2.7

Financial Security

While this report uses the low-income threshold to identify those living under severe economic hardship, many individuals and families above that line struggle mightily to make ends meet. The ALICE Project (Asset Limited, Income Constrained, Employed), a United Way initiative spanning a number of states including Connecticut, utilizes a "household survival budget" based on the actual costs of basic necessities such as housing, childcare, food, transportation, and health care for different types of households in each county in Connecticut to establish an ALICE income threshold which encompasses households above the poverty line that earn less than the basic cost of living in the county.[92] The most recent ALICE analysis found that in 2016, 31 percent of Fairfield County's households qualified as ALICE—along with an additional 8 percent of households below the poverty line. Taken together, 39 percent of households were struggling to satisfy basic needs required to live and work, well above the 21 percent low-income rate for the county defined above.[93]

The 2018 DataHaven Community Wellbeing Survey results revealed many Fairfield County residents face financial stress; 30 percent of adults in the region report that they are just getting by or finding it difficult to manage financially.[94] These rates have changed little since the last time the survey was conducted, in 2015. SEE TABLE 2F

When people are forced to choose among basic needs, such as rent, childcare, transportation to work, or treating a health condition, they are left with no good options—their well-being and their family members' well-being will ultimately suffer.

TABLE 2E

Low-income population

LOW-INCOME (<200% FPL) POPULATION BY AGE GROUP, FAIRFIELD COUNTY, 2017

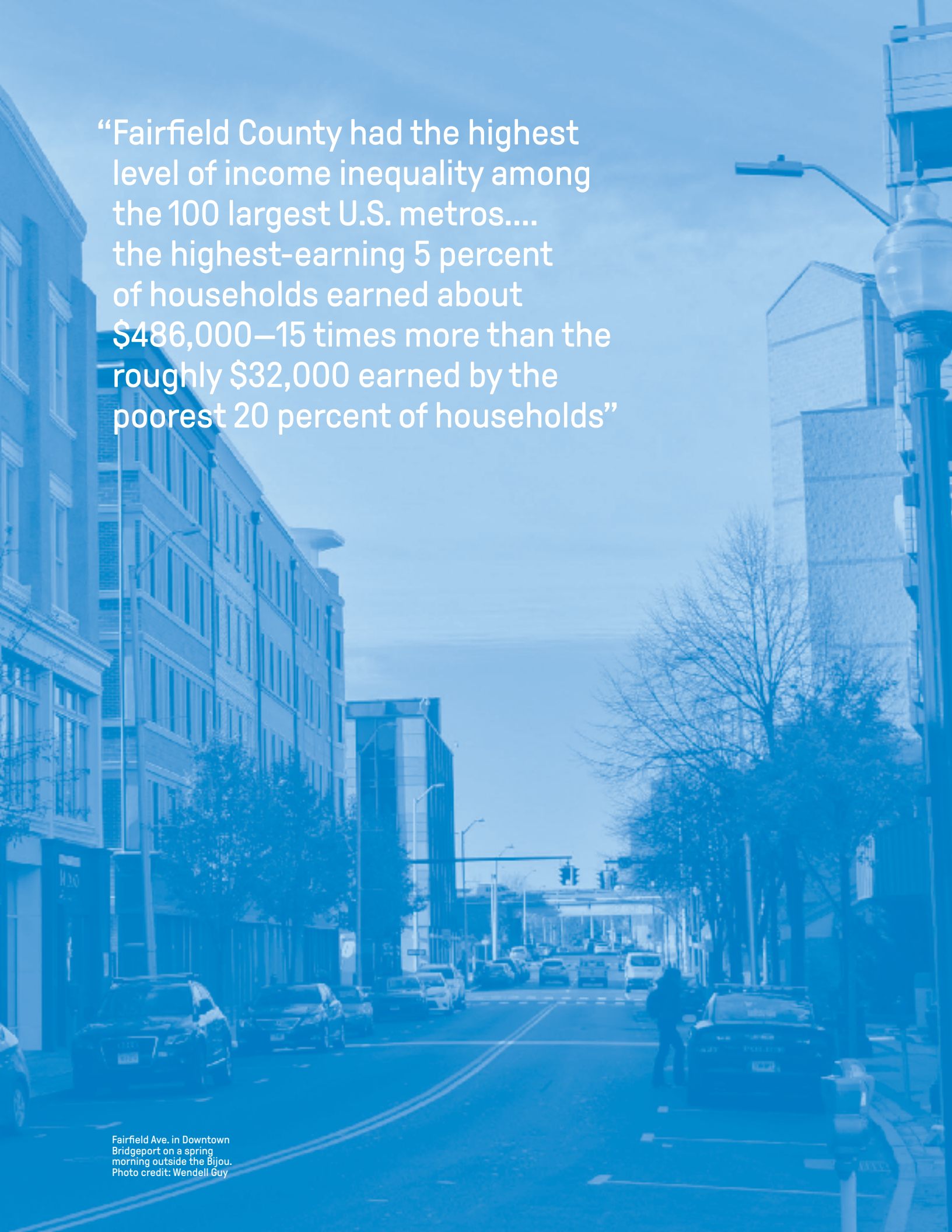
LOCATION	ALL AGES, POVERTY STATUS DETERMINED	ALL AGES, LOW-INCOME	ALL AGES, LOW-INCOME RATE	AGES 0–17, POVERTY STATUS DETERMINED	AGES 0–17, LOW-INCOME	AGES 0–17, LOW-INCOME RATE	AGES 0–5, POVERTY STATUS DETERMINED	AGES 0–5, LOW-INCOME	AGES 0–5, LOW-INCOME RATE
CT	3,486,033	802,453	23%	752,655	225,715	30%	221,412	72,246	33%
FC	929,135	198,133	21%	216,767	57,196	26%	63,614	18,611	29%
Bridgeport	142,927	65,303	46%	34,430	21,851	64%	11,784	8,048	68%
Danbury	81,199	22,115	27%	17,582	6,801	39%	6,304	2,691	43%
Fairfield	56,847	6,853	12%	14,532	1,503	10%	4,141	342	8%
Greenwich	62,209	9,124	15%	16,071	2,471	15%	5,103	780	15%
Norwalk	87,963	22,107	25%	18,452	6,690	36%	6,132	2,222	36%
Stamford	127,945	30,490	24%	25,892	8,087	31%	8,779	2,579	29%
Stratford	52,067	11,056	21%	9,608	2,632	27%	2,734	550	20%
6 wealthiest FC towns	123,484	10,078	8%	36,453	2,343	6%	8,360	401	5%
Other FC towns	194,494	21,007	11%	43,747	4,818	11%	10,277	998	10%

TABLE 2F

Financial insecurity

SHARE OF ADULTS, FAIRFIELD COUNTY, 2018

LOCATION	JUST GETTING BY	LESS THAN 2MO SAVINGS	NEGATIVE NET WORTH	FOOD INSECURE	UTILITY SHUTOFF THREAT	TRANSPORTATION INSECURE	NO BANK ACCOUNT
CT	33%	33%	17%	13%	10%	12%	9%
FC	30%	29%	13%	11%	10%	11%	9%
BY DEMOGRAPHIC WITHIN FAIRFIELD COUNTY							
Male	28%	26%	12%	10%	8%	10%	9%
Female	32%	31%	14%	13%	11%	12%	9%
Age 18–34	39%	43%	16%	19%	14%	21%	14%
Age 35–49	32%	33%	15%	13%	11%	9%	8%
Age 50–64	30%	21%	11%	9%	9%	7%	7%
Age 65+	17%	19%	7%	3%	4%	7%	4%
White	26%	23%	9%	7%	6%	6%	4%
Black	47%	40%	22%	24%	21%	23%	19%
Latino	39%	48%	24%	25%	21%	22%	19%
<$15K	66%	60%	32%	37%	23%	34%	32%
$15K–$30K	60%	61%	32%	29%	20%	26%	18%
$30K–$50K	46%	37%	18%	19%	10%	16%	8%
$50K–$75K	37%	34%	16%	12%	13%	8%	8%
$75K–$100K	24%	33%	9%	7%	8%	8%	6%
$100K–$200K	18%	18%	5%	5%	6%	5%	2%
$200K+	6%	8%	2%	1%	2%	3%	2%
BY GEOGRAPHY							
Bridgeport	52%	46%	30%	28%	23%	23%	21%
Danbury	31%	32%	14%	11%	5%	8%	8%
Fairfield	24%	23%	15%	6%	5%	9%	4%
Greenwich	20%	23%	7%	7%	6%	9%	6%
Norwalk	31%	21%	8%	8%	7%	10%	9%
Stamford	25%	29%	13%	9%	7%	10%	10%
Stratford	40%	34%	15%	20%	20%	14%	9%



"Fairfield County had the highest level of income inequality among the 100 largest U.S. metros.... the highest-earning 5 percent of households earned about $486,000—15 times more than the roughly $32,000 earned by the poorest 20 percent of households"

Fairfield Ave. in Downtown Bridgeport on a spring morning outside the Bijou. Photo credit: Wendell Guy

HOUSING

Housing Stock

In 2017, 68 percent of Fairfield County households owned the home in which they lived, about the same as statewide.[95] The region's homeownership rate grew slowly but steadily between 1980 and 2010, from 67 to 71 percent.[96] But this gain was essentially wiped out from 2010 to 2017, when the rate decreased to 68 percent.[97] This recent decline in homeownership, a trend seen across Connecticut and nationally, reflects the massive impact of the 2008 housing crash and subsequent Great Recession.

Statewide and in Fairfield County, denser cities have lower homeownership rates and higher shares of renters than the suburbs.[98] Homeownership rates also vary widely by race in Fairfield County: in 2017, 79 percent of white households owned their housing, compared to 41 percent of Black households and 37 percent of Latino households.[99] SEE TABLE 2G

In 2017, the majority of housing units in Fairfield County were single-family (65 percent), the same share as the state overall; however, the region's shifting household structure is affecting the types of housing units being built.[100] Units in multi-family residential buildings, traditionally concentrated in urban areas, are increasingly becoming the housing type of choice for young workers, single adults, and other non-traditional households, due to a preference to be nearer to the amenities typical of denser, urban communities; the inability to afford to purchase or maintain a single-family home; or a desire to downsize.

Developers continue to respond to this shift in regional housing demand: 60 percent of housing units built between 2014 and 2017 were in multi-family buildings, compared to just 24 percent built between 2001 and 2004.[101] SEE TABLE 2H

Housing Affordability

The cost of owning a home in Fairfield County is high, particularly in the cities and towns closest to New York City. The median housing value ranks among the top 2 percent of counties nationwide.[102] In 2017, Fairfield County's median housing value was about $417,800, nearly $150,000 above the

TABLE 2G

Homeownership

HOMEOWNERSHIP RATE, TOTAL AND BY RACE OF HOUSEHOLDER, FAIRFIELD COUNTY, 2017

LOCATION	TOTAL HOUSE-HOLDS	OWNER OCCUPIED HOUSE-HOLDS	HOME-OWNER-SHIP RATE	WHITE TOTAL HOUSE-HOLDS	WHITE OWNER OCCUPIED HOUSE-HOLDS	WHITE HOME-OWNER-SHIP RATE	BLACK TOTAL HOUSE-HOLDS	BLACK OWNER OCCUPIED HOUSE-HOLDS	BLACK HOME-OWNER-SHIP RATE	LATINO TOTAL HOUSE-HOLDS	LATINO OWNER OCCUPIED HOUSE-HOLDS	LATINO HOME-OWNER-SHIP RATE
U.S.	118.8M	75.8M	64%	81.3M	58.2M	72%	14.5M	6.1M	42%	15.1M	7M	46%
CT	1,361,755	906,798	67%	1,000,287	762,221	76%	130,942	51,237	39%	164,460	55,650	34%
FC	337,678	228,666	68%	232,870	183,366	79%	35,556	14,387	41%	50,998	19,089	37%
Bridgeport	50,341	21,138	42%	13,519	7,828	58%	17,346	6,868	40%	17,732	5,461	31%
Danbury	29,692	17,693	60%	18,660	13,325	71%	1,757	746	43%	6,709	2,170	32%
Fairfield	20,365	16,867	83%	18,282	15,408	84%	260	143	55%	897	635	71%
Greenwich	22,284	14,874	67%	17,455	12,841	74%	591	125	21%	2,426	816	34%
Norwalk	33,385	19,885	60%	20,163	14,658	73%	4,803	1,961	41%	6,803	2,261	33%
Stamford	48,647	26,406	54%	28,697	19,420	68%	6,661	2,044	31%	8,986	2,620	29%
Stratford	20,179	16,080	80%	14,236	11,935	84%	2,822	1,789	63%	2,540	1,881	74%
6 wealthiest FC towns	42,080	35,444	84%	38,070	32,567	86%	356	116	33%	1,491	960	64%
Other FC towns	70,705	60,279	85%	63,788	55,384	87%	960	595	62%	3,414	2,285	67%

TABLE 2H

Housing units and new housing permits

HOUSING UNITS PER STRUCTURE (2017) AND NEW HOUSING PERMITS PER YEAR (2001–2017), FAIRFIELD COUNTY

	CURRENT HOUSING STOCK							NEW HOUSING PERMITS								
LOCATION	TOTAL UNITS COUNT	SINGLE FAMILY COUNT	SINGLE FAMILY SHARE	2 TO 9 UNITS COUNT	2 TO 9 UNITS SHARE	10+ UNITS COUNT	10+ UNITS SHARE	ALL UNITS AVG CT. 2001–2004	ALL UNITS AVG CT. 2014–2017	ALL UNITS CHANGE	SINGLE FAMILY AVG CT. 2001–2004	SINGLE FAMILY AVG CT. 2014–2017	SINGLE FAMILY CHANGE	MULTI FAMILY AVG CT. 2001–2004	MULTI FAMILY AVG CT. 2014–2017	MULTI FAMILY CHANGE
CT	1.5M	974K	65%	336.7K	23%	185K	12%	10,323	4,032	⬇61%	8,440	1,844	⬇78%	1,883	2,188	⬆16%
FC	367.6K	239K	65%	78,242	21%	50,378	14%	2,140	1,555	⬇27%	1,627	569	⬇65%	512	986	⬆93%
Bridgeport	58,078	18,850	33%	27,012	47%	12,216	21%	96	55	⬇43%	73	8	⬇89%	23	47	⬆104%
Danbury	32,219	17,648	55%	9,459	29%	5,112	16%	284	197	⬇31%	278	62	⬇78%	6	136	⬆2,167%
Fairfield	21,609	18,577	86%	2,332	11%	700	3%	94	117	⬆24%	68	54	⬇21%	27	62	⬆130%
Greenwich	24,552	17,500	71%	4,725	19%	2,327	10%	158	129	⬇18%	141	104	⬇26%	16	25	⬆56%
Norwalk	35,237	18,693	53%	9,539	27%	7,005	20%	218	244	⬆12%	63	20	⬇68%	155	225	⬆45%
Stamford	53,228	24,448	46%	12,298	23%	16,482	31%	250	377	⬆51%	86	30	⬇65%	164	347	⬆112%
Stratford	21,728	16,816	77%	3,391	16%	1,521	7%	56	36	⬇36%	34	16	⬇53%	22	21	⬇5%
6 wealthiest FC towns	45,296	40,255	89%	3,378	8%	1,663	4%	338	176	⬇48%	287	127	⬇56%	50	50	0%
Other FC towns	75,643	66,183	88%	6,108	8%	3,352	4%	644	224	⬇65%	597	150	⬇75%	48	74	⬆54%

statewide median of $270,100; in the county's six wealthiest towns, the median value was well over $1 million.[103] White homeowners in Fairfield County have higher median home values—approximately $449,000—while median values for Black and Latino homeowners are less than $275,000.[104] The drastic differences in housing values between towns in the region mean that many prospective homeowners are limited to more affordable communities, potentially contributing to the region's neighborhood income inequality. Overall, inflation-adjusted median housing values in the region increased by $39,385, or 10 percent, between 2000 and 2017; the statewide increase during this period was $40,853, or 18 percent.[105] SEE FIG 2.13

In Connecticut in 2017, more than 37,000 mortgages were issued to homebuyers,[106] 5 percent of which qualified as high-cost. High-cost mortgages have annual percentage rates that exceed by a certain threshold the rate that would be granted to a well-qualified borrower.[107] These mortgages are more expensive for borrowers, theoretically increasing the risk of default. In Connecticut, the proportion of mortgages qualifying as high-cost held around 1 percent from 2010 to 2012, peaked at 7 percent in 2014, sharply declined, and now appears to be increasing as of 2016. In Fairfield County, just under 4 percent of mortgages in 2017 were high-cost, but the percent of high-cost mortgages varied widely by town, from 15 percent in Bridgeport to less than 0.5 percent in Easton, Greenwich, and New Canaan.[108]

Historically, Black and Latino homebuyers have received high-cost mortgages more often than white borrowers. In Fairfield County in 2017, just 2 percent of white borrowers received high-cost mortgages, compared to 8 percent of Latino borrowers and 13 percent of Black borrowers. Statewide in the same year, 4 percent of white borrowers, 12 percent of Black borrowers, and 11 percent of Latino borrowers received high-cost mortgages. These loans are often concentrated in areas with more non-white residents. The average high-cost mortgage in Fairfield County in 2017 went to a homebuyer in a census tract where 43 percent of residents were people of color. Non-high-cost mortgages were given in census tracts with 26 percent people of color, on average.[109]

Homebuyers with lower incomes are more likely to receive high-cost mortgages. In Fairfield

County, the median income for high-cost borrowers in 2017 was $82,000, compared to $130,000 for borrowers with non-high cost mortgages. The median loan amount for a high-cost mortgage was $236,500, compared to $360,000 for other mortgages.[110] In both cases, loan amounts are lower than the median home value of $417,800 in Fairfield County, suggesting that more affordable housing is in demand.

Housing affordability is a serious issue in Fairfield County. The 2018 DataHaven Community Wellbeing Survey found that 7 percent of adults did not have enough money for housing or shelter at some point in the preceding year.[111] But nearly 4 in 10 households are either housing cost-burdened (20 percent)—meaning that they spend more than the recommended 30 percent of income on housing[112]—or severely housing cost-burdened (19 percent), meaning more than 50 percent of their income goes toward housing. Renters are generally at heightened risk: 28 percent of renter-occupied households are severely housing cost-burdened, nearly double the 15 percent of owner-occupied households.[113]

The overall housing cost-burden rate peaked in 2010 during the Great Recession and has declined since, and the severe housing cost-burden rate stayed steady before, during, and after the recession. However, renters have seen no such relief in the recovery years. In fact, their situation has gotten worse, with renters' severe housing cost-burden rate rising from 22 percent in 2005 to 26 percent in 2010 to 28 percent in 2017.[114] SEE FIG 2.14 / SEE TABLES 1B, 2I

In 2017, the median rent for a two-bedroom housing unit in Fairfield County was $1,522 per month, or $18,264 annually.[115] Based on this, the average renting household in Fairfield County would need to earn $60,880 per year to avoid being cost-burdened—about $6,500 more than the median household income for the county's renter households.[116] This rent affordability shortfall varies across the county, but is particularly large in Bridgeport ($17,400), Stamford ($13,100), and Danbury ($12,600). SEE FIG 2.15

Renters facing this affordability shortfall may also face the possibility of eviction when their wages are not enough to cover rent. The eviction rate (number of evictions per renter-occupied household) in Connecticut between 2001 and 2016 averaged 3.1 percent, peaking at 3.9 percent in 2003. In 2016, the eviction rate in Connecticut was 3.0 percent—or 13,800 households, slightly higher than the national average that year of 2.3 percent. In Fairfield County, 2.6 percent, or approximately 3,000 renter-occupied households, were evicted in 2016. More than half of these formal evictions took place in Bridgeport, where 1,600 or 5.0 percent of renter-occupied households were evicted in 2016.

TABLE 2I

Housing costs

MEDIAN HOUSING VALUE AND SEVERE HOUSING COST BURDEN, FAIRFIELD COUNTY, 2017

LOCATION	MEDIAN HOUSING VALUE	NUMBER OF HOUSEHOLDS	SEVERELY COST BURDENED	SEVERE COST-BURDEN RATE	NUMBER OF RENTER HOUSEHOLDS	SEVERELY COST-BURDENED	RENTER SEVERE COST-BURDEN RATE
United States	$193,500	118,825,921	17,391,545	15%	42,992,786	10,170,930	24%
Connecticut	$270,100	1,361,755	223,106	16%	454,957	115,898	26%
Fairfield County	$417,800	337,678	64,655	19%	109,012	30,371	28%
Bridgeport	$170,300	50,341	14,325	29%	29,203	10,051	34%
Danbury	$289,700	29,692	5,307	18%	11,999	3,064	26%
Fairfield	$597,900	20,365	3,326	16%	3,498	964	28%
Greenwich	$1,217,500	22,284	4,179	19%	7,410	1,765	24%
Norwalk	$421,900	33,385	7,061	21%	13,500	3,778	28%
Stamford	$516,000	48,647	10,439	22%	22,241	5,561	25%
Stratford	$250,700	20,179	4,014	20%	4,099	1,405	34%
6 wealthiest FC towns	$1,058,200	42,080	6,386	15%	6,636	1,504	23%

Shelton had the lowest eviction rate, 0.4 percent or 13 households. These rates are derived from the best available nationwide evictions dataset, which is based on court-reported filings and whether an eviction took place as a result. Because not all evictions take place through the legal system, and because these data are based solely on available court records, these rates likely do not capture the true magnitude of evictions.[117]

Evictions, whether formal or informal, do not affect all families equally. The 2018 DataHaven Community Wellbeing Survey found that 14 percent of white adults, 25 percent of Black adults, and 30 percent of Latino adults in Fairfield County had moved within the past three years; of these adults, who were mostly renters, 7 percent had been evicted.[118] Of those renters who were not evicted, about 1 in 10 white adults and 1 in 5 Black and Latino adults said they had moved in part because of rent increases at their previous home, and about 1 in 10 said they moved because their landlord would not fix things. Low-income adults (earning less than $30,000 per year) and adults with children at home were more likely to report feeling unable to afford adequate housing. For children in housing-insecure families, educational and cognitive development outcomes are a concern as they must cope with the stress of increased residential mobility and risk of homelessness.[119]

Housing Discrimination

"Redlining" is the shorthand used to refer to the practice of rating certain neighborhoods as risky or undesirable for investment for reasons historically rooted in the races, ethnicities, occupations, and income levels of the areas' residents. In the early 1930s, the federal government established the Home Owners' Loan Corporation (HOLC) to help fund mortgages for homebuyers. HOLC created maps of cities that rated neighborhoods from A ("Best") to D ("Hazardous").[120] Neighborhoods rated as "hazardous" were shaded red and were subsequently considered to be too risky for mortgage loans or other investments.

Today, the impact of redlining on communities across the country remains apparent. Comparing the neighborhoods targeted for investment decades ago to demographics from 2010,[121] we notice comparatively high rates of homeownership in higher-grade areas—65 percent in Fairfield County towns' A-grade areas compared to 50 percent overall and just 34 percent in D-grade areas. The areas are also racially segregated, and higher-grade areas were predominantly white in 2010. In A-grade areas, 76 percent of residents were white, compared to just 19 percent in D-grade areas.[122] SEE FIG 2.16, 2.17, 2.18

Zoning is perhaps the most common and powerful tool policymakers have at their disposal to encourage the development of more and more affordable housing where it is needed most, but local zoning codes are often used instead to prevent the development of affordable units. At their worst, zoning regulations further perpetuate decades of race- and class-based discrimination. A recent Connecticut Mirror/ProPublica article reveals the extent to which zoning regulations in southwest Connecticut prevent willing developers from building affordable housing despite evident need and demand.[123] When they are permitted, these affordable developments are disproportionately located in low-income neighborhoods and communities of color, further reinforcing the region's social and economic segregation. For example, according to the Connecticut Department of Housing, 20 percent of Bridgeport's total housing units received some form of government housing assistance in 2018, compared to about 3 percent of units in Westport and about 11 percent of the state's housing stock overall.[124]

JOBS AND JOBS ACCESS

Regional Job and Wage Trends

Since 2000, the number of jobs in Fairfield County has ebbed and flowed in line with the larger economic climate. The total job count fell following the early 2000s recession, fully bounced back by 2008, and sharply decreased following the Great Recession. By 2017, the number of jobs in Fairfield County (429,874) had recovered to match the last peak in 2007 (429,786).[125] This pattern tracked closely with the statewide trend over the same time period.

While the total number of jobs in Fairfield County in 2017 was almost identical to the number in 2000, they have shifted dramatically toward a service economy. In the early 2000s, about equal numbers of jobs existed in the health care and social assistance, retail trade, and manufacturing sectors. Since then, manufacturing jobs have

TABLE 2J

Wage trends by sector

AVERAGE WAGE BY INDUSTRY, FAIRFIELD COUNTY, 2000–2017, IN 2017 DOLLARS

INDUSTRY	WAGE 2017	CHANGE IN WAGE, 2000–2017	PERCENT CHANGE
All NAICS Sectors	$86,224	⬇$3,213	⬇3.6%
Finance and Insurance	$264,986	⬆$37,347	⬆16.4%
Professional, Scientific, and Technical Services	$125,809	⬆$3,936	⬆3.2%
Health Care and Social Assistance	$55,427	⬆$797	⬆1.5%
Manufacturing	$95,036	⬆$1,320	⬆1.4%
Management of Companies and Enterprises	$198,266	⬆$22,755	⬆13.0%
Educational Services	$59,419	⬇$805	⬇1.3%
Wholesale Trade	$127,981	⬆$5,075	⬆4.1%
Retail Trade	$40,271	⬇$19,486	⬇32.6%
Information	$113,839	⬆$13,932	⬆13.9%
Administrative and Support and Waste Management and Remediation Services	$54,921	⬆$3,313	⬆6.4%
Construction	$70,331	⬇$3,224	⬇4.4%
Accommodation and Food Services	$25,274	⬇$2,473	⬇8.9%
Other Services (except Public Administration)	$37,605	⬇$1,417	⬇3.6%
Public Administration	$69,280	⬆$7,265	⬆11.7%
Transportation and Warehousing	$59,755	⬇$5,401	⬇8.3%
Real Estate and Rental and Leasing	$85,481	⬆$13,108	⬆18.1%
Arts, Entertainment, and Recreation	$39,317	⬇$8,342	⬇17.5%
Utilities	$115,801	⬇$1,713	⬇1.5%
Agriculture, Forestry, Fishing and Hunting	$44,345	⬆$1,012	⬆2.3%
Mining, Quarrying, and Oil and Gas Extraction	$123,941	⬆$77,478	⬆166.8%

TABLE 2K

Changing industry footprint

SHARE OF TOTAL PAYROLL BY INDUSTRY, FAIRFIELD COUNTY, 2000–2017

INDUSTRY	PAYROLL	SHARE OF PAYROLL 2000	SHARE OF PAYROLL 2017	CHANGE SHARE OF PAYROLL
All NAICS Sectors	$37,000,000,000	N/A	N/A	N/A
Finance and Insurance	$9,100,000,000	21.4%	24.6%	⬆3.2%
Professional, Scientific, and Technical Services	$4,300,000,000	11.2%	11.5%	⬆0.3%
Health Care and Social Assistance	$3,700,000,000	7.0%	9.9%	⬆2.9%
Manufacturing	$3,100,000,000	12.6%	8.4%	⬇4.2%
Management of Companies and Enterprises	$2,400,000,000	8.5%	6.6%	⬇1.9%
Educational Services	$2,300,000,000	4.7%	6.1%	⬆1.4%
Wholesale Trade	$2,100,000,000	5.8%	5.8%	<0.1%
Retail Trade	$2,000,000,000	8.3%	5.3%	⬇3.0%
Information	$1,700,000,000	4.1%	4.6%	⬆0.5%
Administrative and Support and Waste Management and Remediation Services	$1,500,000,000	4.0%	4.2%	⬆0.2%
Construction	$990,000,000	3.0%	2.7%	⬇0.3%
Accommodation and Food Services	$820,000,000	1.7%	2.2%	⬆0.5%
Other Services (except Public Administration)	$720,000,000	1.6%	1.9%	⬆0.3%
Public Administration	$590,000,000	1.3%	1.6%	⬆0.3%
Transportation and Warehousing	$540,000,000	1.7%	1.4%	⬇0.3%
Real Estate and Rental and Leasing	$480,000,000	1.4%	1.3%	⬇0.1%
Arts, Entertainment, and Recreation	$490,000,000	1.1%	1.3%	⬆0.2%
Utilities	$150,000,000	0.6%	0.4%	⬇0.2%
Agriculture, Forestry, Fishing and Hunting	$18,000,000	<0.1%	<0.1%	<0.1%
Mining, Quarrying, and Oil and Gas Extraction	$5,200,000	<0.1%	<0.1%	<0.1%

plummeted by about a third, and health care jobs have soared to become far and away the largest sector in the region, with around 66,000 employees.[126] Home health aides, nurses, and health care managers and executives are among the most common occupations within this sector.[127] As Fairfield County's senior population grows, health care and social assistance workers will likely continue to be in high demand. The Connecticut Department of Labor's most recent 2016 forecast estimates that statewide, the health care and social assistance sector will grow by an additional 11 percent by 2026.[128] Both educational services and accommodation and food services also saw growth from 2000 to 2017, adding about 8,000 and 9,200 jobs respectively.[129] SEE FIG 2.20

In 2017, the average wage in Fairfield County was the highest of any county in Connecticut at $86,224—a strong mark, considering that the state average was $66,990.[130] However, while average wages rose statewide by a modest 1.2 percent between 2000 and 2017, Fairfield County experienced a 3.6 percent decline.[131] In the county's fast-growing service sectors, wages are generally lower, and since 2000 have been largely stagnant or declining. Meanwhile, wages in some high-paying sectors have continued to climb. Of Fairfield County's leading sectors, only three experienced wage increases of over 10 percent during this period—finance and insurance, information, and management of companies and enterprises—and these sectors already averaged six-figure salaries in 2000.[132] Workers in Fairfield County's prominent finance and insurance sector earned an average $264,986 in 2017—nearly four times the salary of the average Connecticut worker.[133] SEE TABLE 2J

While finance and insurance accounted for only 8 percent of Fairfield County's total jobs in 2017, and lost about 1,600 jobs from the year 2000, the sector made up nearly 25 percent of the county's total payroll (total amount in wages paid to all employees)—an increase of more than 3 percentage points since 2000.[134] The health care and social assistance sector added around 17,000 jobs between 2000 and 2017, and currently accounts for over 15 percent of all jobs in the county. But the sector's share of payroll is only about 10 percent, which grew slightly slower than that of the finance and insurance sector.[135] Wage growth in the highest-paying industries, coupled with a proliferation of lower-wage jobs in the region, will likely contribute to increased income inequality. SEE TABLE 2K

Transportation and Job Locations

With jobs spread across the county and state, and even beyond state lines, the importance of reliable and affordable transportation cannot be overstated. Fairfield County overall has a net outflow of 17,000 higher-wage workers—those with earnings of at least $40,000 per year—to New York State, meaning that the number of higher-wage workers living in Fairfield County who commute to New York State is greater than the number who commute from locations in New York State to job locations within Fairfield County. While many Fairfield County residents also travel to other towns in Connecticut, Fairfield County has a net inflow of 29,000 higher-wage workers and 8,600 lower-wage workers from other parts of the state. As is the case in other large cities, Stamford experiences a particularly large net inflow of higher-wage workers (⬆15,000) from other towns each day. Greenwich and Danbury also see large net inflows of higher-wage workers. The issue known as spatial mismatch, in which many workers experience "reverse" commutes to get to lower-paying jobs in outer suburbs, is also important. In particular, Bridgeport has a high concentration of residents with lower-wage jobs, and most travel to surrounding towns for work; this is seen in the net inflow of lower-wage workers in the suburbs of Fairfield (⬆5,600), Westport (⬆4,000), and Trumbull (⬆2,600), combined with the strikingly large net outflow of lower-wage workers seen in Bridgeport (⬇16,000), the largest outflow in the state.[136] SEE FIG 2.19

Regional commuter rail connections, bus services, and walking or biking provide options for some workers, especially those employed in city centers. However, the vast majority of Fairfield County's workers rely on a car to reach the greatest number of available jobs within a reasonable commuting distance, as well as necessary services such as shopping and health care. Results from the 2018 DataHaven Community Wellbeing Survey indicate that 10 percent of Fairfield County's adults do not have access to a car when they need it.[137] In the region, 40 percent of adults who earn less than $15,000 per year and 28 percent who earn between $15,000 and $30,000 report not having access to a car when needed.[138] Adults with limited car access also report much higher levels of underemployment. Additionally, about half of adults who face transportation insecurity report that they have missed a doctor's appointment in the past year due to lack of reliable transportation.[139] These survey data underscore the importance of alternative local transportation options for low-income adults. SEE TABLE 2L

Lack of car access is far more common for Black residents (25 percent) and Latino residents (20 percent) than among white residents (only 6 percent).[140] As discussed above, the substantial disparity in median household income and family wealth between white households and Black and Latino households in Fairfield County is one important factor in explaining these differences in car access.

Additionally, it is important to consider the potential trade-offs between housing and transportation costs. Adults who seek lower-cost

TABLE 2L

Economic opportunity

SHARE OF ADULTS, FAIRFIELD COUNTY, 2018

LOCATION	FEEL AREA HAS GOOD OPPORTUNITIES FOR EMPLOYMENT	FEEL YOUTH HAVE OPPORTUNITIES FOR JOB ADVANCEMENT	UNDEREMPLOYED	HAVE ACCESS TO A CAR
Connecticut	50%	59%	16%	88%
Fairfield County	55%	66%	15%	90%
BY DEMOGRAPHIC WITHIN FAIRFIELD COUNTY				
Male	59%	64%	14%	90%
Female	53%	66%	18%	89%
Age 18–34	52%	64%	25%	83%
Age 35–49	54%	67%	12%	92%
Age 50–64	57%	66%	12%	91%
Age 65+	61%	67%	9%	89%
White	62%	69%	12%	94%
Black	33%	58%	28%	75%
Latino	47%	60%	20%	80%
<$15K	38%	45%	78%	60%
$15K–$30K	36%	46%	45%	72%
$30K–$50K	45%	65%	21%	88%
$50K–$75K	52%	58%	15%	92%
$75K–$100K	58%	69%	8%	96%
$100K–$200K	65%	71%	5%	97%
$200K+	74%	80%	5%	99%
BY GEOGRAPHY				
Bridgeport	28%	40%	28%	77%
Danbury	54%	64%	11%	95%
Fairfield	61%	84%	N/A	95%
Greenwich	72%	75%	13%	92%
Norwalk	55%	64%	14%	91%
Stamford	63%	64%	18%	87%
Stratford	39%	56%	N/A	87%

housing farther from work or services may shoulder a much greater burden of transportation expenses, and have to cope with the many other impacts of longer daily travel times, including those related to employment and health.[141]

Underemployment

Fairfield County's average unemployment rate from 2013 to 2017 (8 percent) was similar to the statewide and nationwide rates (both 7 percent), though there was significant variation by place and race/ethnicity within the region. SEE FIG 1.3, TABLE 1B

However, a much greater number of residents—particularly within certain population groups—find economic opportunities to be limited.[142] The unemployment rate counts people without a job but looking for work; it does not consider part-time workers who would prefer full-time work, nor those who are interested in working but not actively searching for a job. The DataHaven Community Wellbeing Survey captures both of these groups in its underemployment measure.

In 2018, 15 percent of Fairfield County adults reported being underemployed. This figure was similar to that of the state, and more than double the region's unemployment rate in that same year.[143] The underemployment rate varied; for example, twice the share of adults in Bridgeport were underemployed (28 percent) as in Greenwich (13 percent).[144] Across Fairfield County, both young adults (25 percent) and Black and Latino residents (28 percent and 20 percent, respectively) face higher rates of underemployment than the county's population overall.[145] This reality may play a role in the more negative outlook regarding economic opportunities reported by Black and Latino residents. Understandably, Fairfield County residents who have higher incomes are more optimistic about job opportunities in the region. SEE TABLE 2L

EDUCATION

Early Childhood

Children's experiences in their first five years profoundly affect their life outcomes. Their mother's access to prenatal care, the quality of their living environment, and their social interactions affect their brain development, overall well-being and ability to succeed in school and beyond.

According to a 2017 Connecticut Voices for Children report, the state expanded its funding for childcare services from 2005 to 2016, with the result that 80 percent of four-year-olds in the state were enrolled in preschool, even though the need for care for infants and toddlers still surpassed the available capacity.[145] This Connecticut Voices for Children report notes that community wealth strongly predicts both whether children go to preschool and the level of their later academic performance, suggesting that greater attention should be paid to the economic barriers that prevent many children from accessing high-quality early childhood education.[146]

From 2000 to 2017, the share of children enrolled in preschool in Fairfield County remained unchanged. In 2017, 15,284 children, or 69 percent of the county's three- and four-year-olds, were enrolled in preschool, including about 3,300 children in preschool classrooms provided by public school districts.[147] As noted in the DataHaven Community Index, preschool enrollment is significantly higher in the six wealthiest Fairfield County towns and in Greenwich than in the county as a whole. SEE TABLE 1B

Additionally, childcare providers in Fairfield County have a combined capacity of about 4,980 slots for infants and toddlers, representing only about 16 percent of the region's children under age 3, and indicating a severe shortage in early childcare options.[148]

According to the United Way ALICE Project, the minimum monthly childcare cost for a young family—a household with two adults, one infant, and one preschooler—is about $1,845 in Fairfield County.[149] In Fairfield County in 2018, the average childcare facility charged about $280 a week to care for infants and toddlers, and about $256 for preschoolers. According to these figures, the young family described above would spend $27,872 per year on childcare.[150]

These high costs have clear implications for the county's many working families struggling to make ends meet. According to the 2018 DataHaven Community Wellbeing Survey, of adults in the county living with children below kindergarten age, 60 percent report that it is either somewhat or very difficult to find high-quality, affordable childcare.[151] In Fairfield County, childcare is both a great financial burden and a great necessity, as it prepares children for the future and enables parents to work.

K–12 and Postsecondary Education

Fairfield County is home to 140,836 public school students from preschool to 12th grade, including 3,430 in pre-kindergarten programs, 94,520 kindergarten and elementary school students, and 42,886 high school students.[152] The county's public school students are about half (53 percent) white, 27 percent Latino, 11 percent Black, and 9 percent other races. Notably, the student population is far less diverse in Fairfield County's wealthier districts: 82 percent of students in the districts covering the county's six wealthiest towns are white, 6 percent are Latino, and fewer than 1 percent of the students are Black.[153] Several of the county's largest districts are far more diverse: in Bridgeport, Norwalk, Danbury, Stamford, and Stratford, no one racial group constitutes a majority of the students.[154] SEE FIG 2.21

Students who take special education classes, who qualify for free or reduced-price meals (FRPM) at school based on family incomes less than 185

percent of the federal poverty level, or who are English language learners (ELL) are considered to be high-needs students; students may have more than one of these designations.[155] In Fairfield County, 14 percent of students have a special education designation, 37 percent of students qualify for FRPM, and 9 percent of students are ELL. While special education students make up similar shares of school districts, the county's six wealthiest districts serve much smaller shares of ELL students (1 percent of students) than schools in Danbury (26 percent), Bridgeport (18 percent), Norwalk (16 percent), or Stamford (13 percent). Only 3 percent of students in these wealthy towns are FRPM-eligible.[156]

On the state's major standardized test, the Smarter Balanced Assessment Consortium (SBAC), scores rated as meeting or exceeding grade-level goals are considered passing. Since 2015, students in Fairfield County public school districts have maintained passing rates 5 to 6 percentage points higher than the state's passing rates in both English/language arts (ELA) and math. In the 2017–18 school year, 61 percent of Fairfield County public school students passed the ELA test, and 53 percent passed in math, above the statewide passing rates of 55 percent and 47 percent, respectively. While Fairfield County's ELA scores have remained the same in the few years since the state adopted the SBAC, math pass rates have risen steadily from 45 percent in the 2014–15 school year.[157]

Stark disparities in standardized test performance exist throughout Fairfield County. In the 2017–18 school year, white students had more than twice the pass rate (76 percent) of Black students (32 percent), and about twice that of Latino students (39 percent) in ELA; these gaps are even wider in math scores. Gaps of similar magnitude exist between students eligible for FRPM and those ineligible, and are even more severe between students in special education and those not, and ELL versus non-ELL students.[158] SEE FIG 2.23

Disparities also muddle the county's relatively high four-year high school graduation rates. Following the rising statewide trend—from 83 percent of the class of 2011 graduating on time to 88 percent of the class of 2017—the four-year graduation rate for students in Fairfield County increased from 87 percent in 2011 to 91 percent in 2017. Of the class of 2017, 95 percent of white students graduated on time, several percentage points above the rates of Black students (84 percent) and Latino students (81 percent), a pattern mirrored statewide. The gaps are even wider for high-needs students: the four-year high school graduation rate is only 75 percent for special education students, 68 percent for ELL students, and 81 percent for FRPM students in Fairfield County.[159]

In discussing achievement gaps, it is worth noting the role of school segregation and distribution of resources. There are 24 public school districts within Fairfield County, but the majority of Black, Latino, FRPM, and ELL students are concentrated in just a few. The three largest districts—Bridgeport, Stamford, and Danbury—educate a combined 34 percent of the county's students, but are home to 68 percent of the county's Black students, 58 percent of Latino students, 62 percent of FRPM-eligible students, and 68 percent of ELL students.[160] Forty-six percent of the county's Black students go to school in Bridgeport alone. These are also towns that have less money available to spend on students and other resources that can support opportunities for young people. SEE CHAPTER 4

One way to level the playing field moving into adulthood might be through post-secondary preparatory programs. Many high schools offer college and career readiness (CCR) programs, including Advanced Placement (AP), International Baccalaureate (IB), career education, and other opportunities. In the 2017–18 school year, 78 percent of Fairfield County's 11th- and 12th-graders—or about 16,500 upperclassmen—were in CCR courses and programs. This varies widely between districts, but not along the wealth lines we often see on other measures—53 percent of Bridgeport's upperclassmen and 59 percent of those in Danbury took CCR, but those percentages are about the same in the wealthy, higher-spending districts of Wilton (52 percent) and Darien (61 percent).[161]

While four out of five high school graduates in Fairfield County enroll in college within a year, and 91 percent of those students re-enroll for a second consecutive year, only 58 percent of a given Fairfield County high school class have a college degree six years after graduating high school.[162] A 2019 report from Fairfield County's Community Foundation highlights the importance of post-secondary certificates offered in expanding job sectors at area community colleges.[163] SEE FIGURE 2.24 / SEE TABLE 2M

Adults with high school diplomas or college degrees have more employment options and considerably higher potential earnings, on average,

TABLE 2M

College enrollment, persistence, and completion

COUNT AND RATE OF ENROLLMENT IN COLLEGE, PERSISTENCE INTO 2ND YEAR, AND COMPLETION WITHIN 6 YEARS, CLASS OF 2010 AND 2014, FAIRFIELD COUNTY

	CLASS OF 2014					CLASS OF 2010			
LOCATION	GRADUATED HIGH SCHOOL	ENROLLED IN COLLEGE	ENROLLMENT RATE	PERSISTED	PERSISTENCE RATE	EARNED DEGREE IN 6 YRS	ATTAINMENT RATE	WITH 4 YR DEGREE	WITH 2 YR DEGREE
Connecticut	37,708	27,697	73%	24,540	89%	18,706	49%	16,400	2,306
Fairfield County	9,971	7,848	79%	7,174	91%	5,614	58%	5,175	439
Bridgeport	946	498	53%	402	81%	205	23%	151	54
Danbury	673	446	66%	387	87%	275	43%	252	23
Fairfield	700	579	83%	550	95%	465	69%	432	33
Greenwich	660	542	82%	486	90%	431	64%	411	20
Norwalk	746	561	75%	483	86%	321	44%	254	67
Stamford	1,108	839	76%	741	88%	479	47%	412	67
Stratford	601	447	74%	397	89%	229	42%	193	36
6 wealthiest FC towns	2,004	1,819	91%	1,757	97%	1,509	79%	1,481	28
Other FC towns	2,533	2,117	84%	1,971	93%	1,700	64%	1,589	111

than those who do not finish high school.[164] In 2017, 11 percent of adults aged 25 and older in the county had less than a high school education, or about 68,000 people. While almost 50 percent of adults in the county have four-year college degrees, attainment rates are not as high in some areas, including central Danbury, south/central Norwalk, and several neighborhoods in Bridgeport, where up to one-third of adults 25 years and older lack a high school diploma.[165] SEE TABLE 1B, 2N

Risk Factors for Youth

A major risk factor for students' academic success is chronic absenteeism, or missing more than 10 percent of the days for which a student is enrolled in a school year. A national study found that over half of chronically-absent kindergarteners became chronically-absent first graders.[166] In the 2017–18 school year, 9 percent of students in Fairfield County were chronically absent from school. Like many other indicators, this differs by race: 6 percent of white students, 15 percent of Black students, 13 percent of Latino students, and 7 percent of students of other races/ethnicities were chronically absent that year. Further, special education students and those eligible for FRPM were more than twice as likely to miss so many days of school as their lower-risk counterparts.[167] Factors that contribute to chronic absenteeism may include individual- and family-level predictors such as asthma and other chronic diseases, poverty, and parent involvement; neighborhood-level issues such as access to transportation and safe routes to school;[168] and school-level factors such as bullying and school maintenance.[169] SEE FIG 2.23

Academic disadvantages that result from chronic absenteeism are also at play for students who miss class due to in-school or out-of-school suspensions. Students who are suspended or expelled from school are more likely to have negative perceptions of school[170] and to have lower GPAs.[171] Perhaps most gravely, they are also more likely to be involved with the juvenile justice system.[172] Black and Latino students—particularly boys—are expelled or suspended far more frequently than white students,[173] even as early as preschool.[174] Even when the confounding effects of socioeconomic status are controlled for, Black students are still disciplined more frequently than their white counterparts.[175] In Fairfield County public schools, Black students are suspended or expelled at a rate 5 times greater than white students, and special education students are suspended or expelled 2.5 times as often as students who are not in special education. SEE FIG 2.22

TABLE 2N

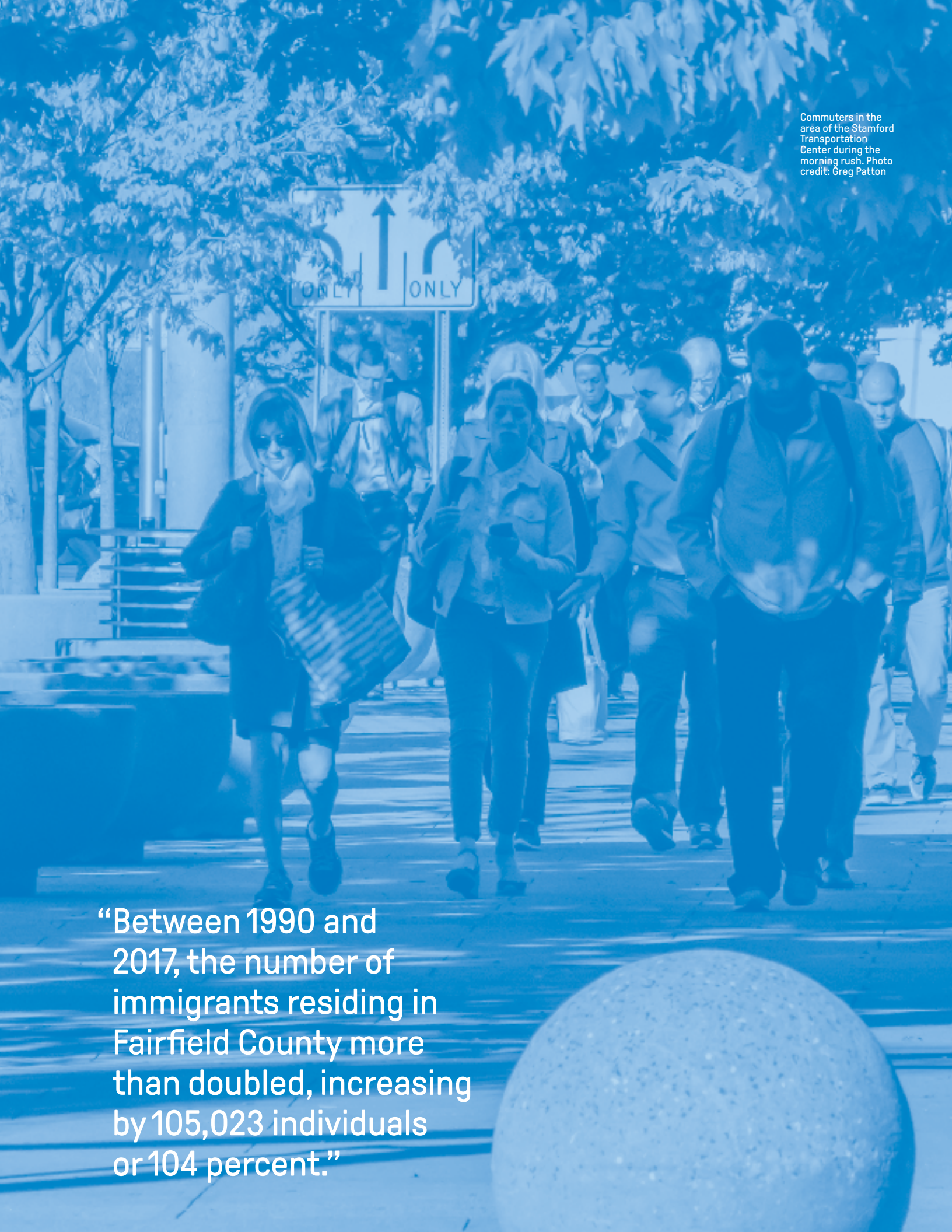
Educational attainment

EDUCATIONAL ATTAINMENT, ADULTS AGE 25+, FAIRFIELD COUNTY, 2017

LOCATION	POPULATION AGES 25+	NO HIGH SCHOOL DIPLOMA COUNT	NO HIGH SCHOOL DIPLOMA SHARE	BACHELORS OR HIGHER COUNT	BACHELORS OR HIGHER SHARE	MASTERS OR HIGHER COUNT	MASTERS OR HIGHER SHARE
United States	216,271,644	27,437,114	13%	66,887,603	31%	25,510,535	12%
Connecticut	2,480,297	242,500	10%	953,199	38%	421,144	17%
Fairfield County	642,401	68,146	11%	298,496	47%	132,570	21%
Bridgeport	94,935	23,164	24%	17,148	18%	6,263	7%
Danbury	57,671	10,474	18%	17,649	31%	7,488	13%
Fairfield	39,086	1,798	5%	24,780	63%	11,307	29%
Greenwich	42,698	2,066	5%	27,972	66%	13,918	33%
Norwalk	62,227	7,881	13%	25,576	41%	10,435	17%
Stamford	90,915	10,269	11%	43,285	48%	19,498	21%
Stratford	38,430	3,724	10%	12,837	33%	5,126	13%
6 wealthiest FC towns	79,985	1,554	2%	62,199	78%	29,697	37%
Other FC towns	136,454	7,216	5%	67,050	49%	28,838	21%

Adults' perceptions of what youth in their towns are likely to experience are generally positive, but vary greatly from town to town. For example, in Bridgeport, adults are much less likely to think that a young person in their town will graduate from high school or get a job with opportunities for advancement compared to adults in the state, in the county's wealthier towns such as Greenwich, and in similarly large cities such as Stamford. Bridgeport residents are also 8 times more likely than Greenwich residents and almost 3.5 times more likely than residents countywide to think that a young person in their neighborhood will get arrested for a felony. In addition to perceptual differences by place within the county, adults also perceive youth experiences differently depending on race. Black and Latino adults in the county are more likely than white adults to think that children in their neighborhood will someday be arrested for a felony. Lastly, wealth correlates with more positive perceptions of young people's future experiences. For example, 46 percent of adults earning under $30,000 think that their neighborhood youth are very likely to get a job with opportunities for advancement, compared to 74 percent of adults earning $100,000 or more who think the same.[176] SEE FIG 2.25

The relationship between education and subsequent economic opportunity is apparent. The quality of a child's education is highly correlated with upward mobility,[177] but a person's economic future is largely dependent upon the circumstances of their youth beyond their control. The place a child grows up, their race, and their family's income will generally determine whether that child will move up the socioeconomic ladder. Children in Connecticut are slightly more advantaged than children nationwide[178]—partially due to the state's overall wealth—but other disparities are evident. White children in Fairfield County, regardless of their family's income, are more likely than their Black or Latino peers to experience upward economic mobility. Within Fairfield County, the probability that a low-income white child will reach the top 20 percent of households by income (24 percent probability) is almost twice that of a high-income Black child (14 percent probability), and nearly five times that of a low-income Black child (5 percent probability).[179] As a result of factors beyond their control, these children are subject to the effects of differential access to quality education, post-secondary and employment opportunities, and wealth-building opportunities. Those with better access tend to have correspondingly better overall health and higher quality of life than people with limited access to those opportunities. SEE FIG 2.26 DH



Commuters in the area of the Stamford Transportation Center during the morning rush. Photo credit: Greg Patton

"Between 1990 and 2017, the number of immigrants residing in Fairfield County more than doubled, increasing by 105,023 individuals or 104 percent."

CHAPTER 3

Creating A Healthier Region

As a whole, Fairfield County is a healthy place to call home.

Residents average higher levels of self-reported health than their peers statewide and nationally.

IN THIS CHAPTER

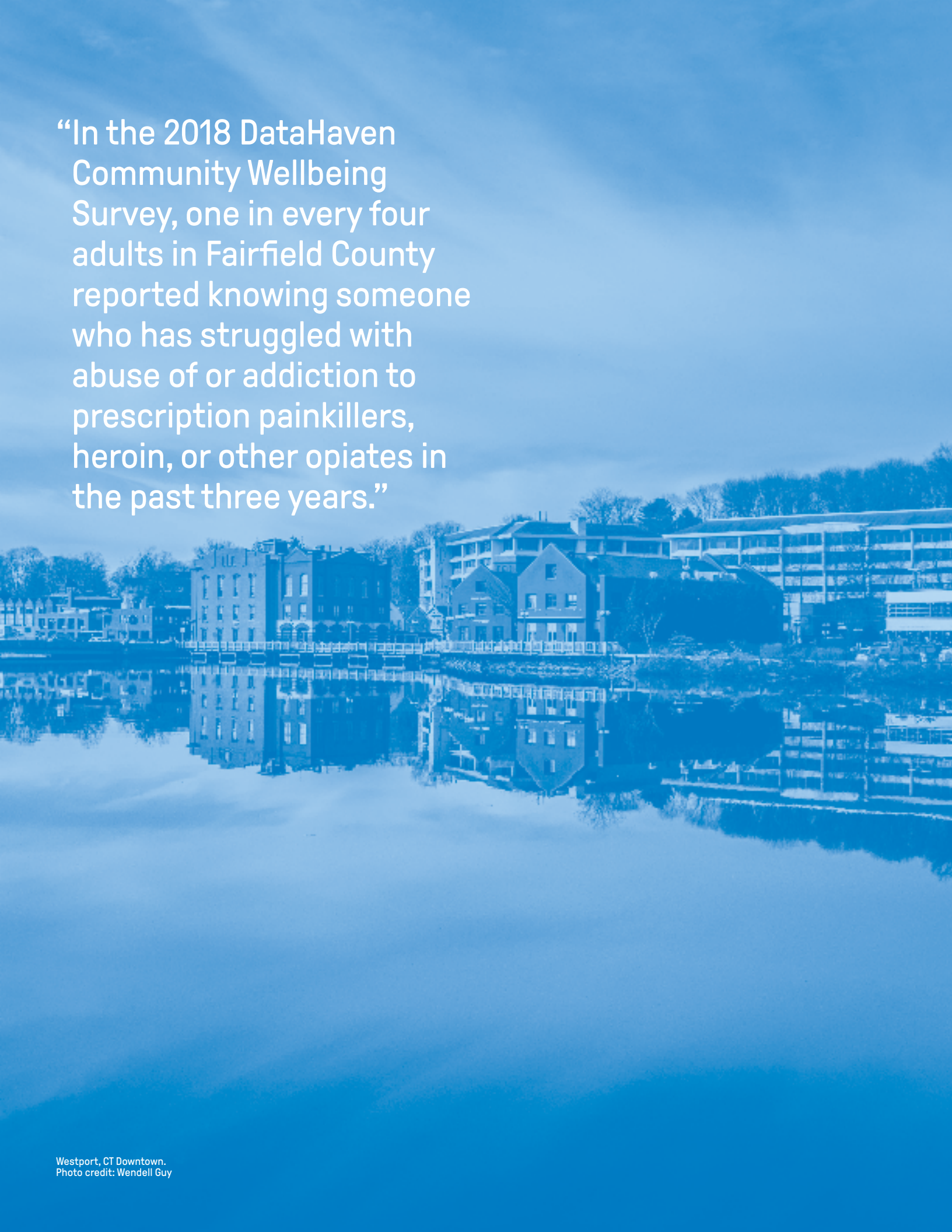
- → Fairfield County is relatively healthy, but there are disparities across its towns and diverse demographic groups.
- → Overdose-related deaths are increasing, particularly due to fentanyl.
- → Race-based discrimination is an obstacle to Fairfield County residents moving to certain areas, working, and accessing healthcare.
- → Patterns of inequity can be seen in barriers to healthcare access and in health outcomes.

Executive Summary

Residents average higher levels of self-reported health than their peers statewide and nationally, and this is reflected in an above-average life expectancy, again when compared to both the state and national levels. However, these impressive measures belie more concerning health patterns for both lower-income and Black and Latino residents. Residents of more marginalized neighborhoods of Fairfield County are less likely to report being in good health; have lower life expectancies, by up to 19 years; shoulder a higher burden of chronic illnesses such as cardiovascular disease and diabetes; have considerably higher rates of infant mortality; and report higher rates of anxiety and depression. One health struggle that is currently borne to a greater extent by white Fairfield County residents is the opioid epidemic. The drug overdose death rate has been higher for white residents than people of color, but death rates are increasing more rapidly among people of color in the past few years.

Disparities also exist in health insurance coverage and preventive care. While only 3 percent of white adults are uninsured, 13 percent of Black adults, 14 percent of Latino adults, and 15 percent of adults with incomes under $30,000 lack health insurance. Residents reported multiple barriers to accessing health care, including being too busy, not feeling their health concerns warranted a trip to the doctor, and the high cost of health care. These barriers may contribute to residents' reliance on health care delivered in the emergency room: in 2018, nearly a quarter (23 percent) of Fairfield County adults reported going to the emergency room at least once. Greater reliance on the emergency room, measured by those who visited an ER at least three times in the past year, was twice as high among lower-income adults as among those with higher incomes. In addition, geographic discrepancies in the rates at which Fairfield County residents visit hospitals and emergency rooms appear to be growing, with such visit rates increasing faster from 2012 to 2017 in towns with higher chronic disease burdens.

Analysis of all available data did point to some potential improvements over recent years, including lower rates of chronic-disease-related hospitalizations and emergency room visits in some areas, such as diabetes in Stamford and heart disease in Norwalk. One potential cause for these decreases could be area disease prevention programs and strategies. In addition, while opioid-related deaths are still at epidemic levels, the increases year over year appear to be slowing. DH



"In the 2018 DataHaven Community Wellbeing Survey, one in every four adults in Fairfield County reported knowing someone who has struggled with abuse of or addiction to prescription painkillers, heroin, or other opiates in the past three years."

Westport, CT Downtown.
Photo credit: Wendell Guy

FIG 3.1

Life expectancy in Fairfield County is high, but often differs by several years between adjacent neighborhoods

ESTIMATED LIFE EXPECTANCY IN YEARS, 2010–2015

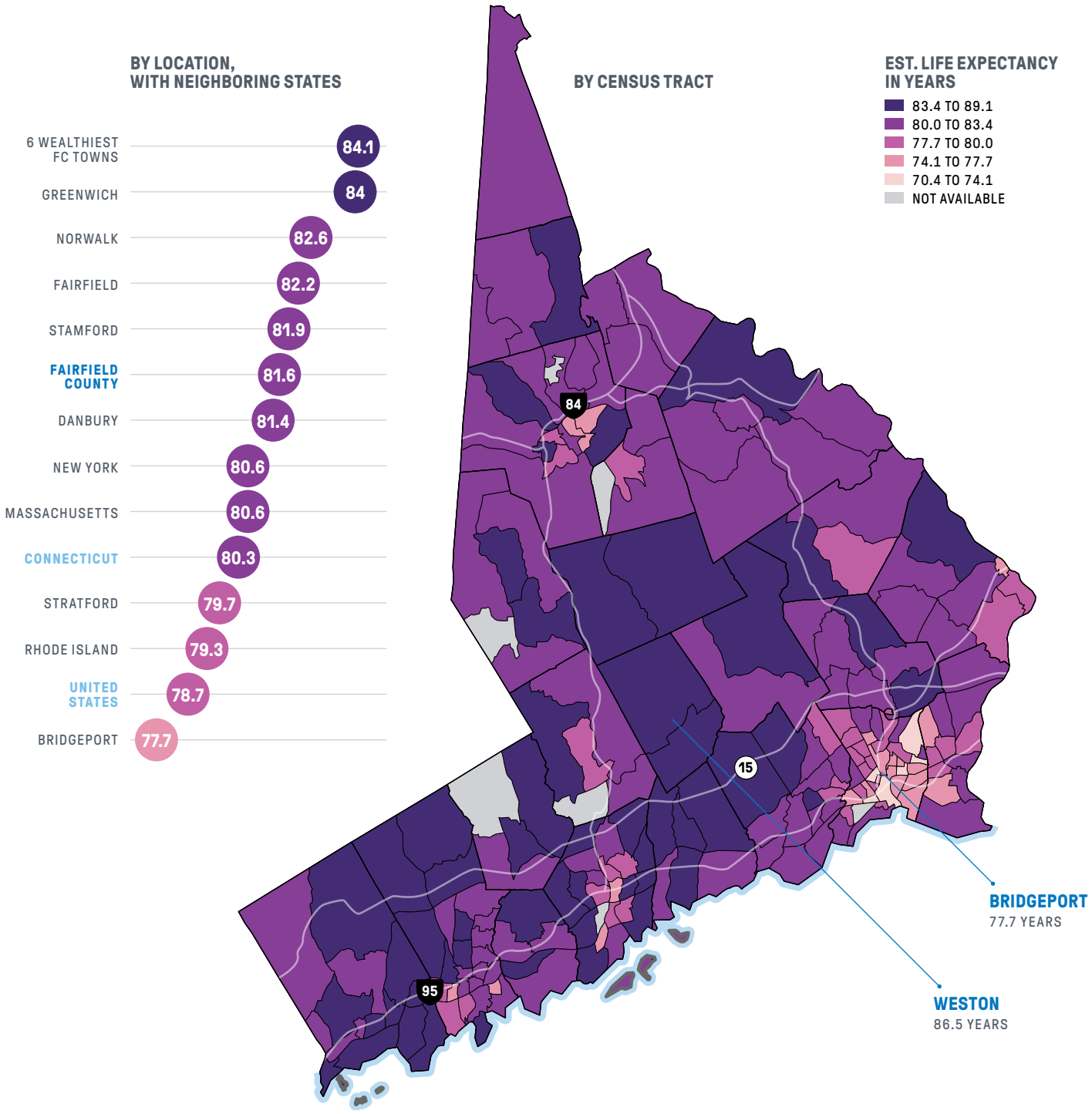


FIG 3.2

Cancers and infant/fetal mortality impact Fairfield County's lifespans the most

YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 PER 100,000 RESIDENTS BY CAUSE OF DEATH, 2010–2014

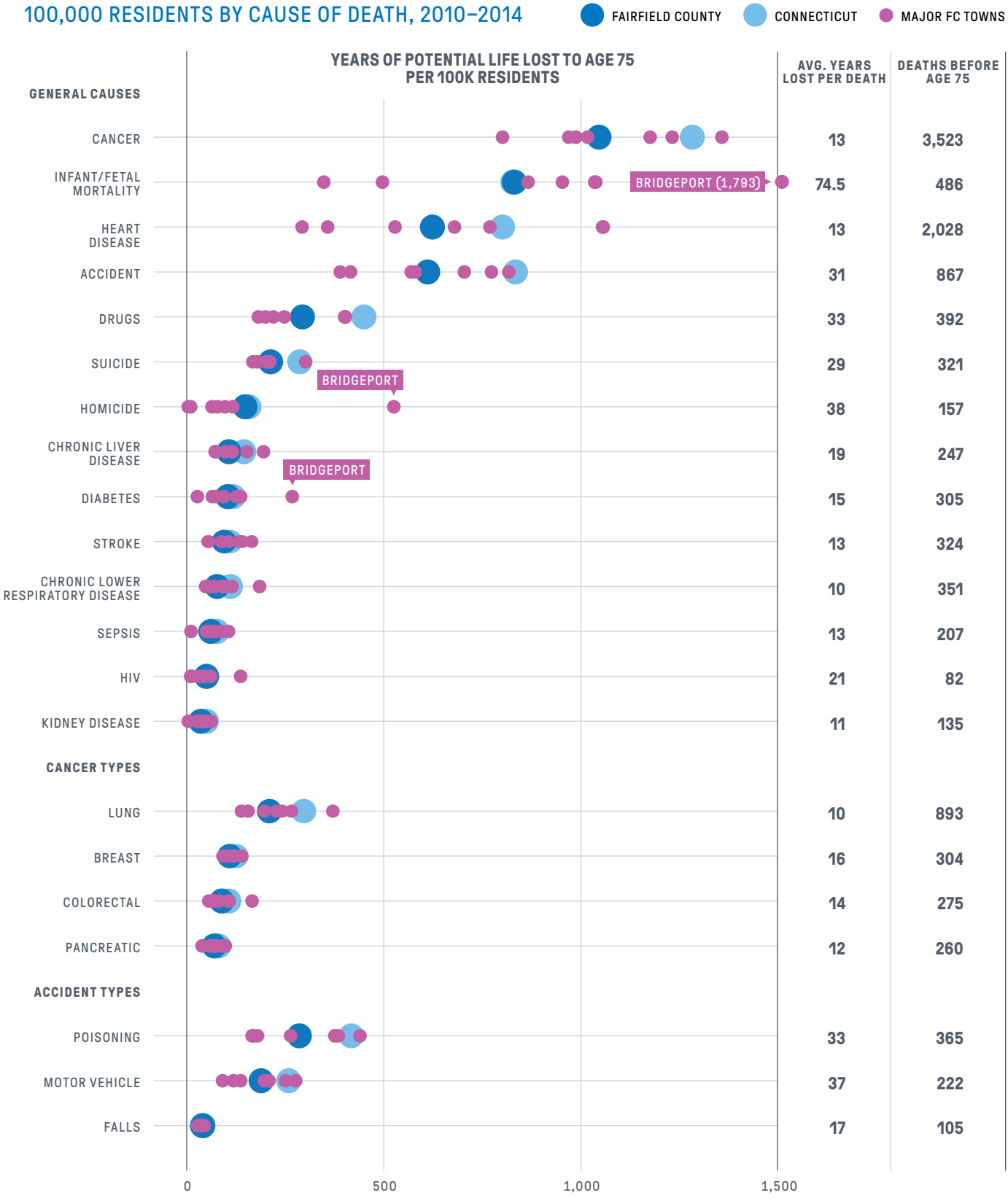


FIG 3.3

Rates of hospitalizations and ED visits vary by geography

AGE-ADJUSTED AND RELATIVE AGE-ADJUSTED RATES, PER 10,000 RESIDENTS, 2015–2017

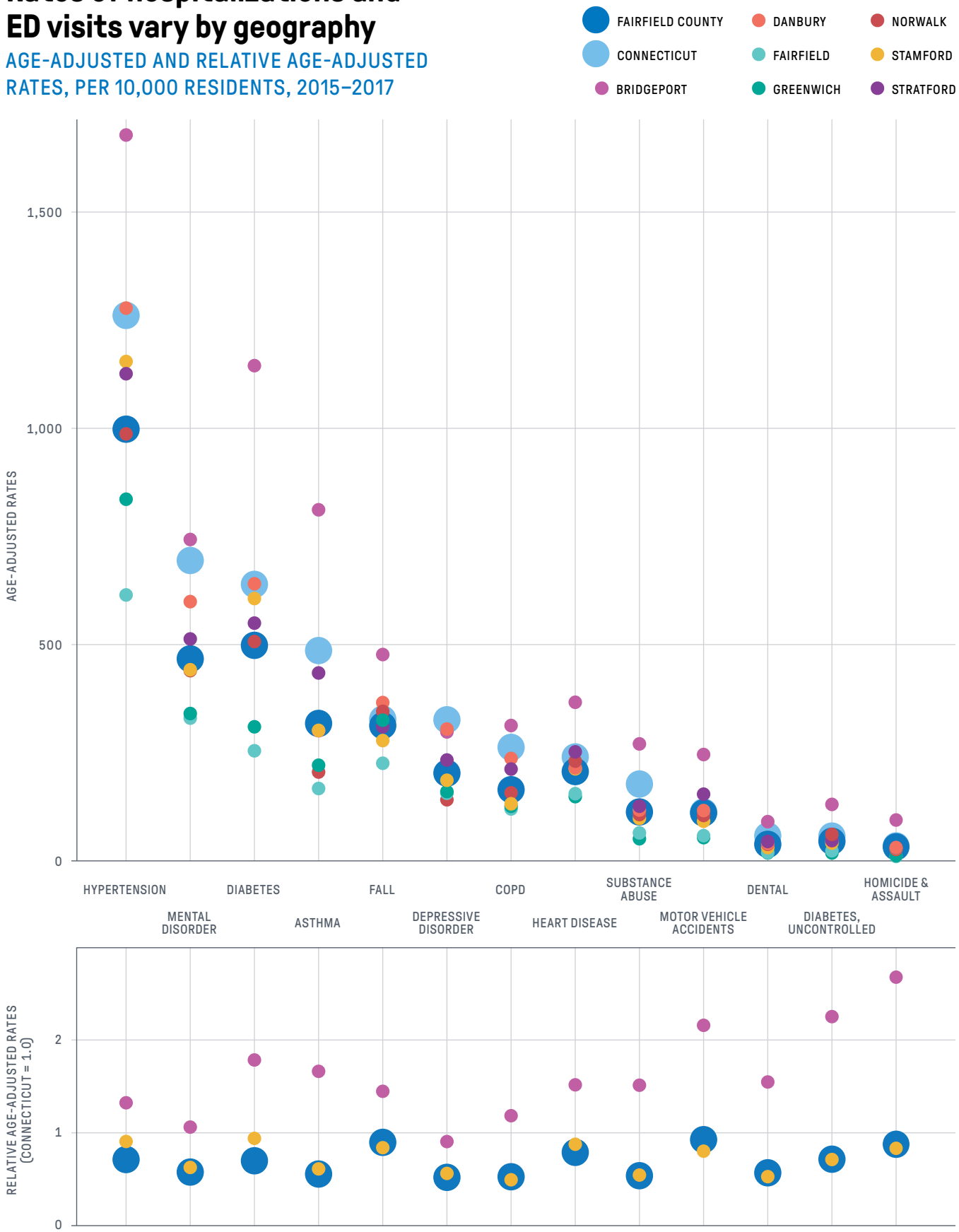


FIG 3.4

Preventable hospital visits show large differences across age and gender

CHRONIC DISEASE, ENCOUNTER RATE (PER 10,000 RESIDENTS), 2015–2017

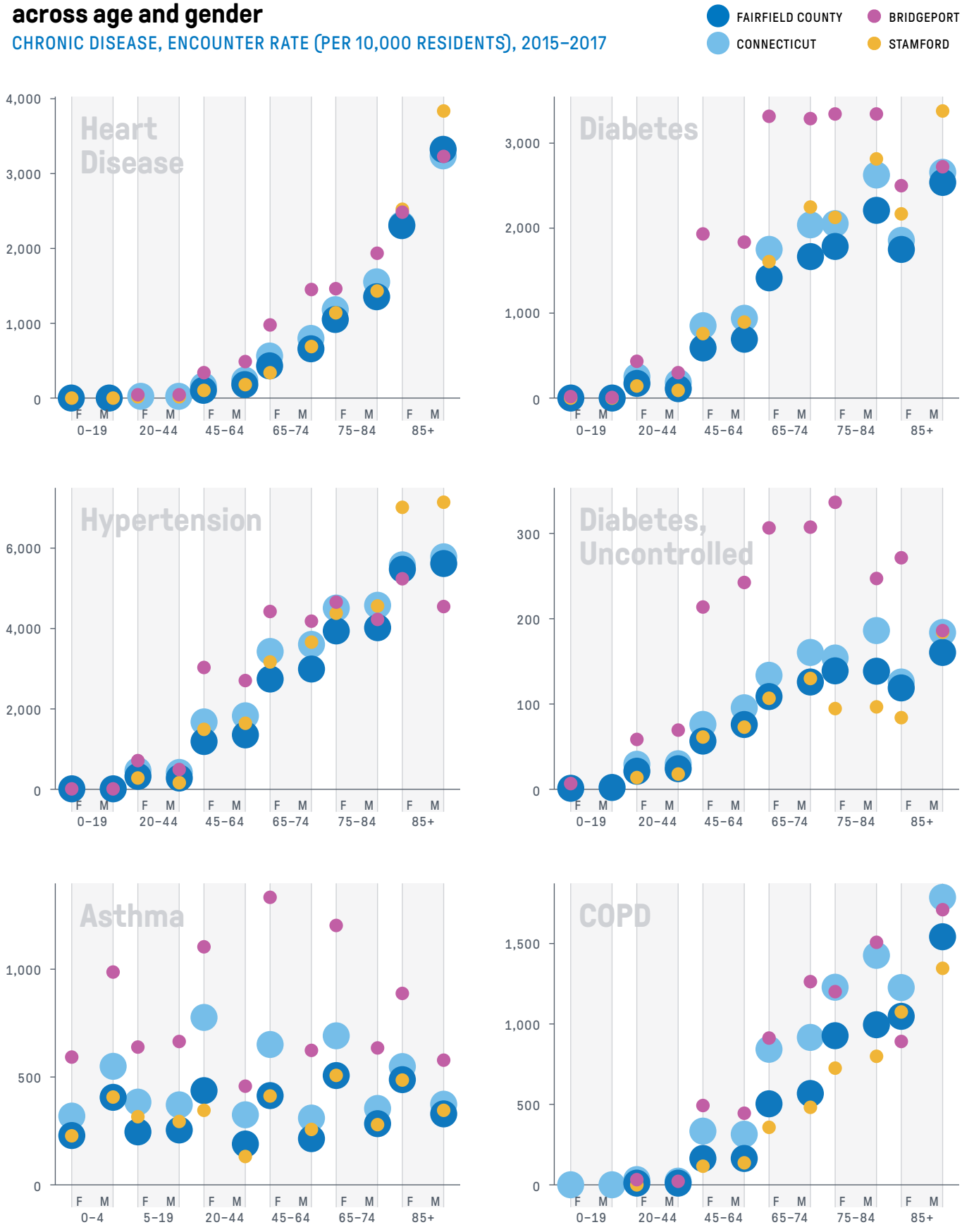


FIG 3.5

Preventable hospital visits show large differences across age and gender

OTHER HEALTH ISSUES, ENCOUNTER RATE (PER 10,000 RESIDENTS), 2015–2017

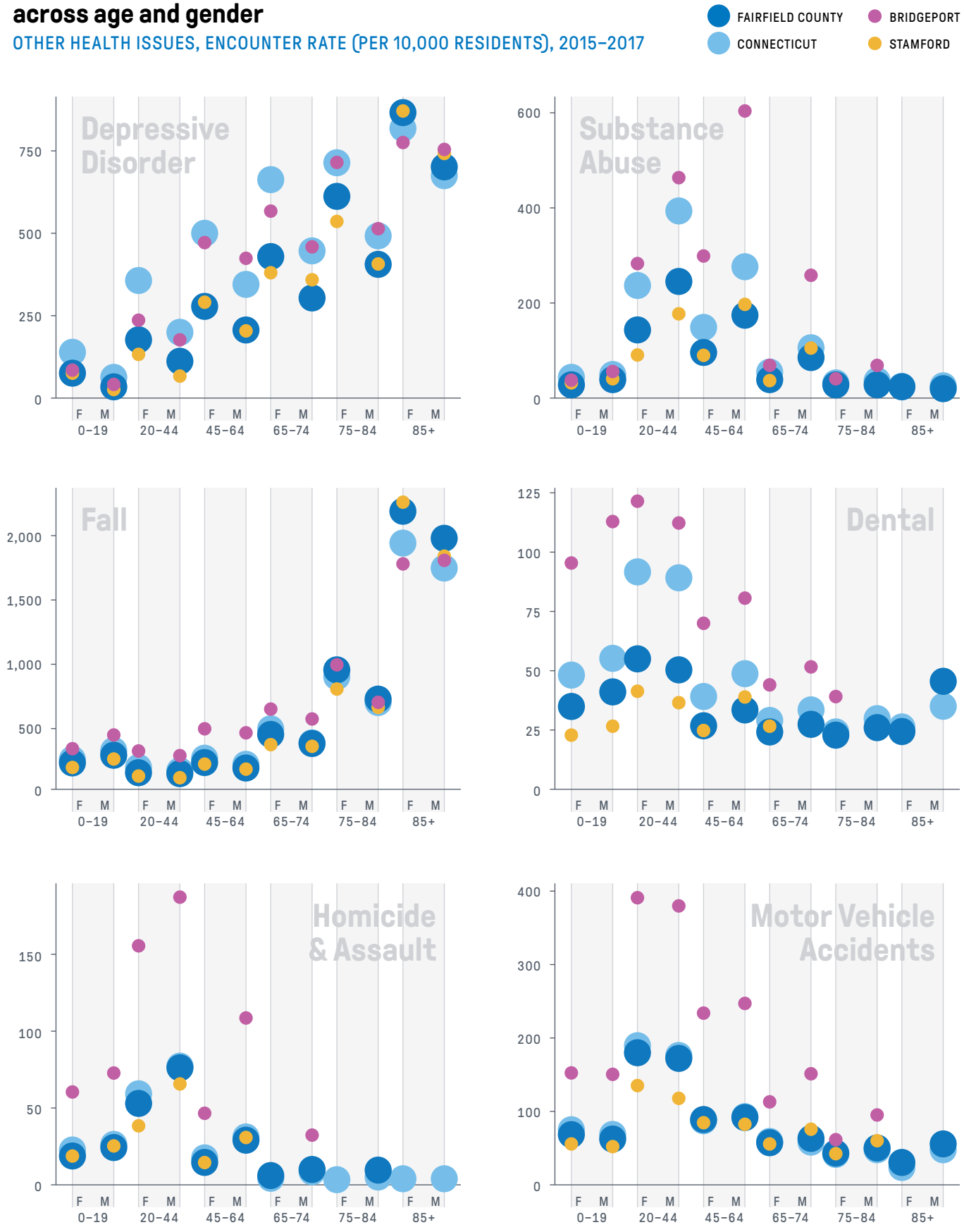


FIG 3.6

Growing inequality in rates of hospital encounters

CHRONIC DISEASE, AGE-ADJUSTED RATE OF HOSPITALIZATIONS AND ED ENCOUNTERS (PER 10,000 RESIDENTS), 2012–2014 TO 2015–2017

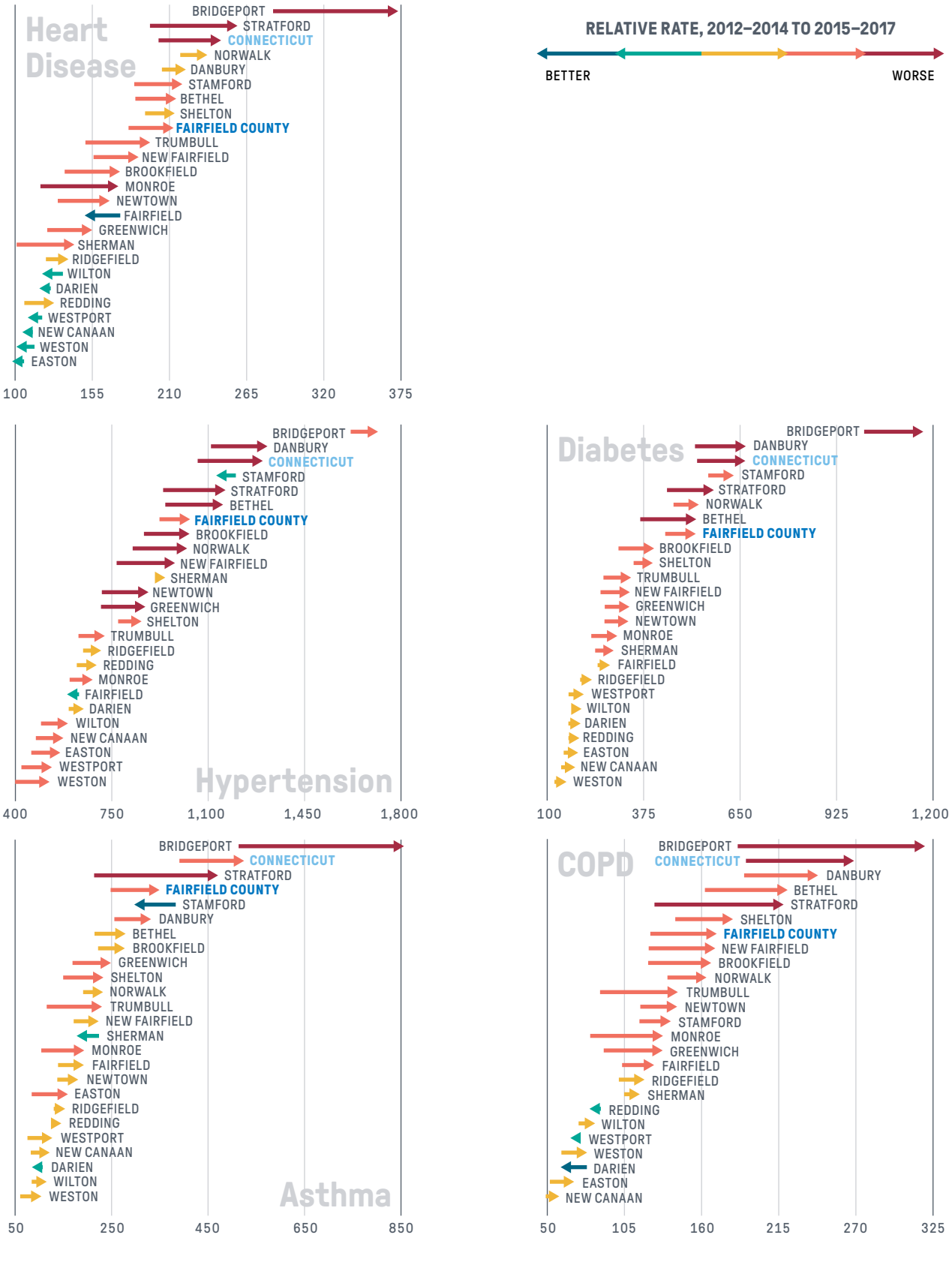


FIG 3.7

Growing inequality in rates of hospital encounters

OTHER HEALTH ISSUES, AGE-ADJUSTED RATE OF HOSPITALIZATIONS AND ED ENCOUNTERS (PER 10,000 RESIDENTS), 2012–2014 TO 2015–2017

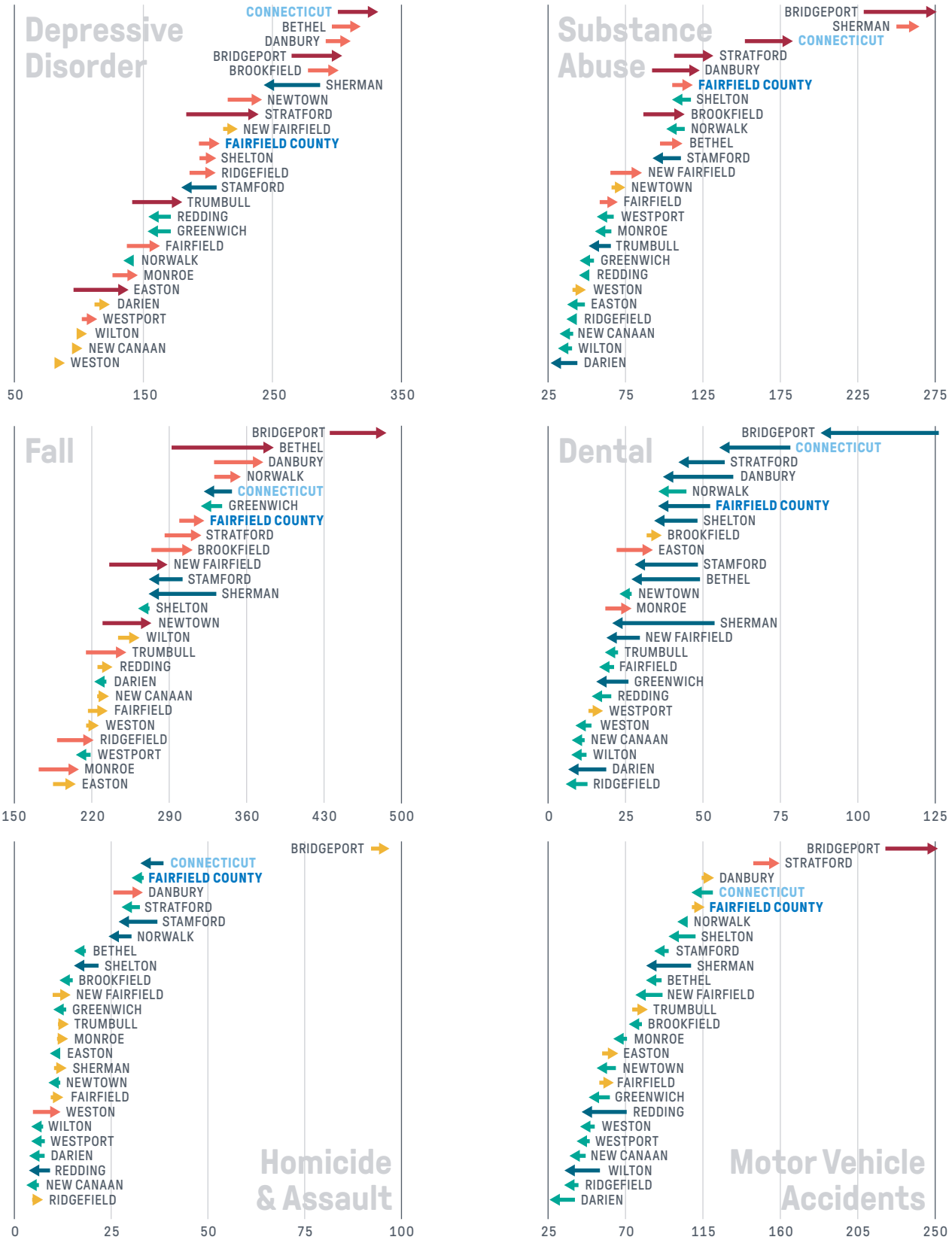


FIG 3.8

Nearly half of all adults say youth susceptibility to drug and alcohol abuse is a toss-up

RESIDENTS' RATING OF LIKELIHOOD THAT YOUTH IN THEIR AREA WILL ABUSE DRUGS OR ALCOHOL, PERCENT OF RESPONDENTS BY RACE AND INCOME, FAIRFIELD COUNTY, 2018

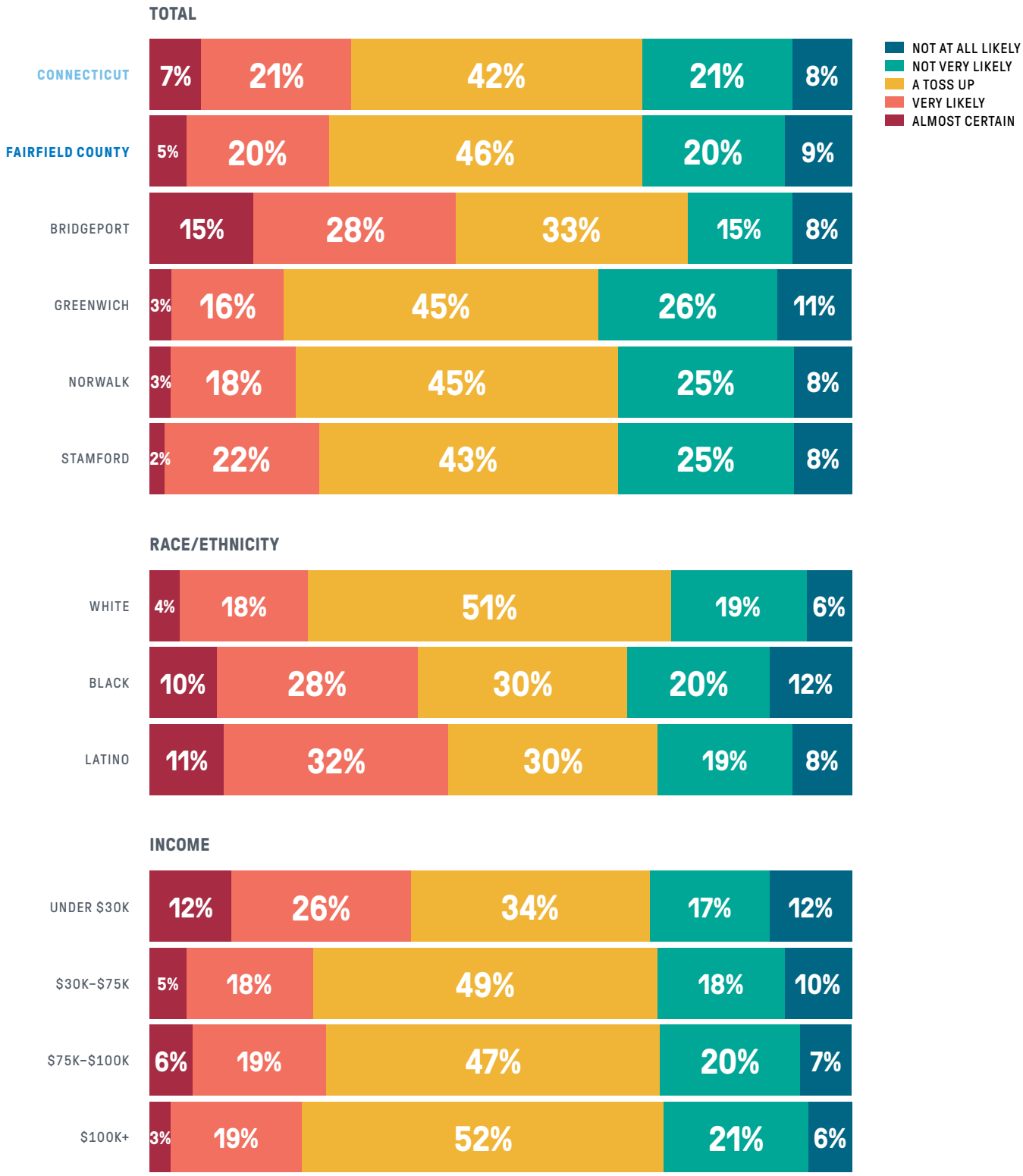


FIG 3.9

Overdose death rates have skyrocketed over the past few years

AGE-ADJUSTED MONTHLY RATE OF DRUG OVERDOSE DEATHS PER 1 MILLION RESIDENTS, 6 MONTH MOVING AVERAGE, 2012–2018

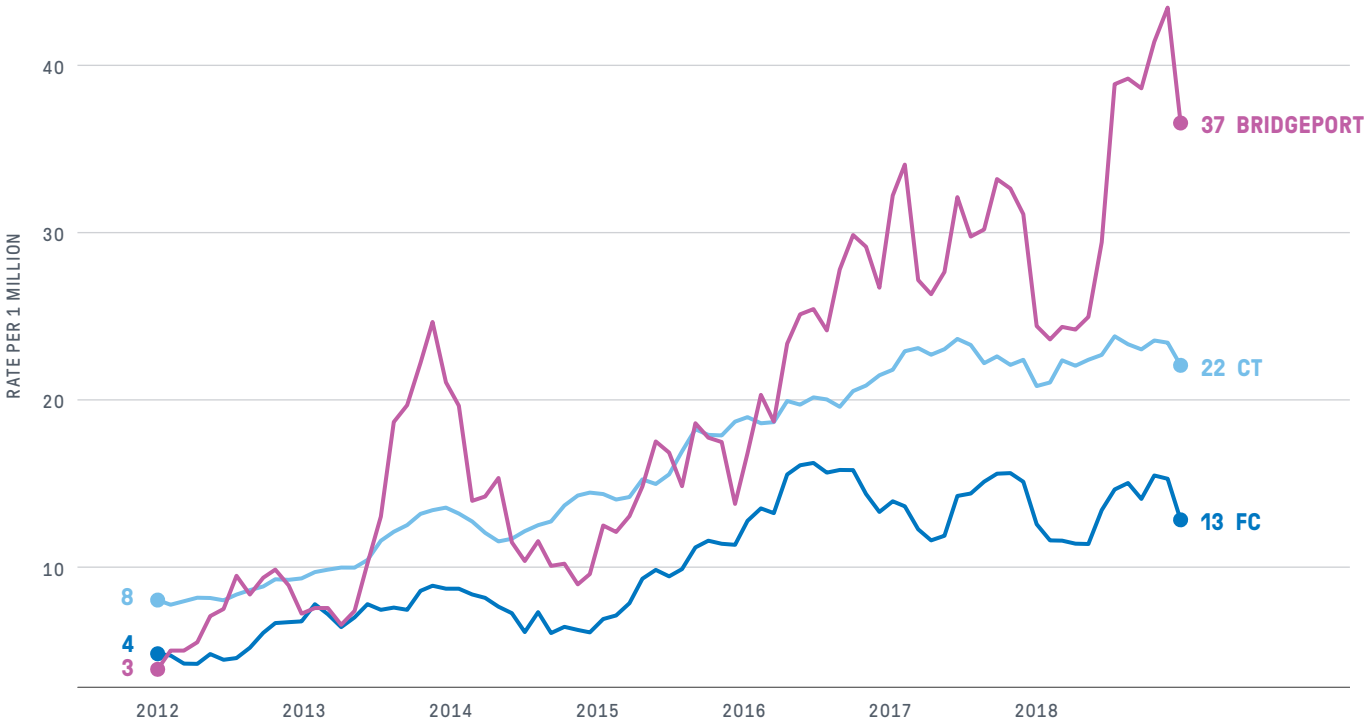


FIG 3.10

Fentanyl's steep rise has eclipsed decreasing overdose rates from other drugs

COUNT OF DRUG OVERDOSE DEATHS AT 6-MONTH INTERVALS BY PRESENCE OF FENTANYL, WITH PERCENTAGE OF DEATHS THAT ARE FENTANYL-RELATED, FAIRFIELD COUNTY, 2012–2018

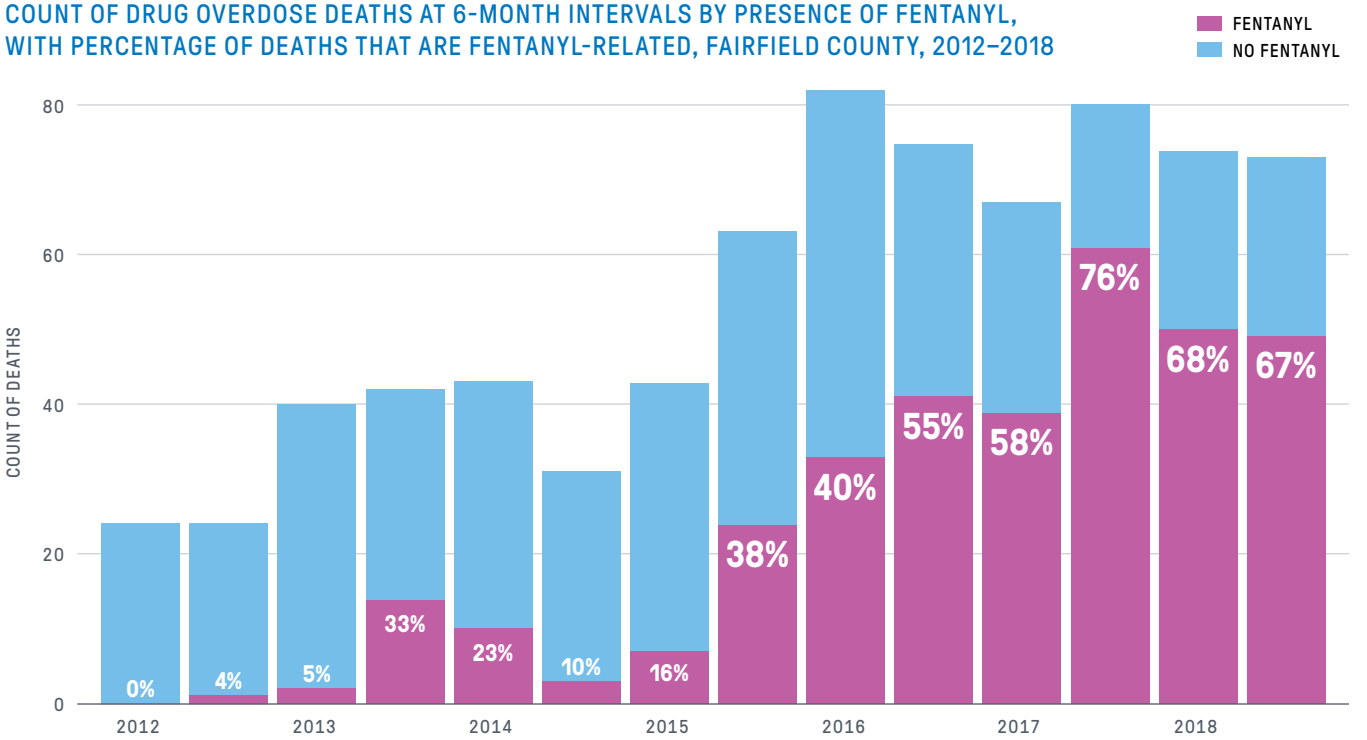


FIG 3.11

Residents often see their race as major reason for discrimination in multiple areas of their lives

PERCENT OF ADULTS REPORTING PERCEIVED REASONS FOR THEIR DISCRIMINATION, OF ADULTS CITING A REASON FOR EXPERIENCES OF DISCRIMINATION, FAIRFIELD COUNTY, 2018

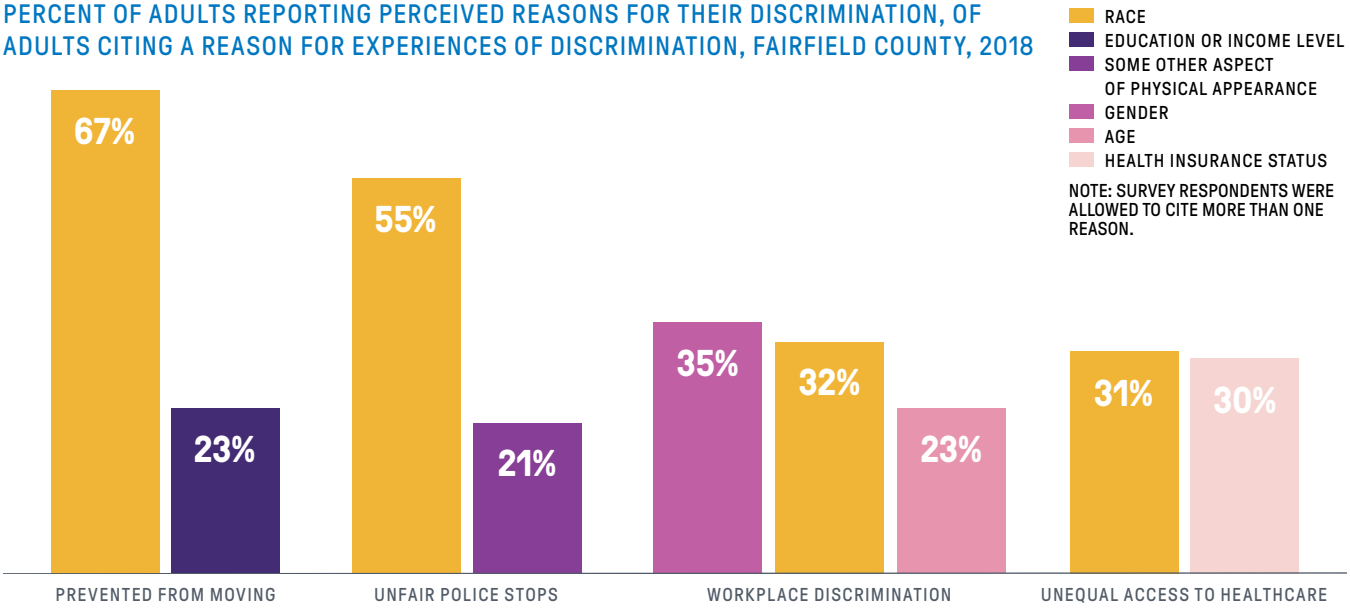
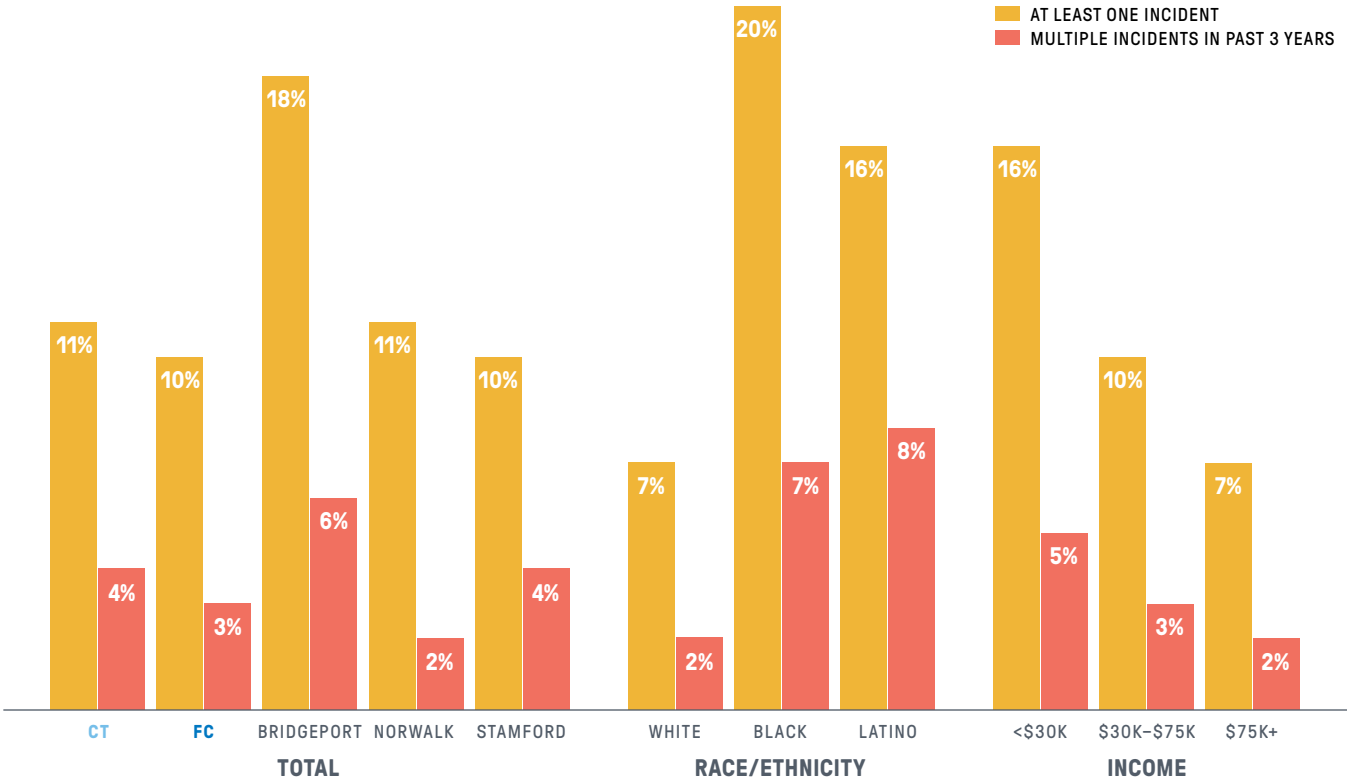


FIG 3.12

Black, Latino, and lower-income adults disproportionately experience negative encounters with police

PERCENT OF FAIRFIELD COUNTY ADULTS REPORTING UNFAIR POLICE STOPS, SEARCHES, OR OTHER MISTREATMENT AND FREQUENCY OF INCIDENTS, BY RACE AND INCOME, 2018



CONNECTING HEALTH AND WEALTH

As in the nation as a whole, the health of Fairfield County's residents helps drive their high quality of life and economic vitality. Children and adults who have the resources they need to reach their full health potential face fewer barriers to success in school and in the workforce, and experience fewer health care costs. Over the long term, employers and individual households prefer to establish themselves in areas where they can benefit from this resulting prosperity. Furthermore, any healthy population is going to be stronger, more innovative, and better able to overcome adversity than one facing greater barriers to health.

In the 2018 DataHaven Community Wellbeing Survey, 63 percent of Fairfield County's adults reported being in very good health—a figure that was above the statewide average (59 percent)[180] and well above the most recent national rate (51 percent).[181] This measure of self-rated health is widely used, as it is one of the most reliable ways to predict a population's quality of life and lifespan.[182]

Similarly, most Fairfield County residents can expect to live long and healthy lives. The average life expectancy in the county was 81.6 years from 2010 to 2015, well above the national and statewide averages of 78.7 years and 80.3 years, respectively.[183] Life expectancy in Fairfield County is higher than that of all but 4 percent of counties nationwide.[184]

There are many opportunities to improve the region even further by reducing or removing the barriers that prevent all residents from reaching their full health potential. The conditions that shape the health a person experiences throughout their lifespan are known as the social determinants of health.

While the U.S. is financially prosperous overall, its income-related health differences are among the highest of all middle- or high-income nations in the world. Nationally, wealthier residents (i.e., those earning $100,000 or more annually) are nearly half as likely as middle-income residents to rate their health as fair or poor, and the percent of low-income residents who reported not being able to access health care due to the cost was 16 percentage points higher than among wealthy residents. Income-related differences in health are also evident in Fairfield County, where 76 percent of adults earning $100,000 or more per year report being in very good health, compared to 41 percent of adults who earn less than $30,000 per year.[186]

Income and employment status often drive differences in access to healthcare, the likelihood of getting preventive screenings as recommended, the affordability of life-saving medicines, and the ability to purchase other goods and services, including high-quality housing. These differences can compound over generations, as children who grow up in higher-income households are more likely to succeed in school and obtain jobs with greater potential for advancement.

Factors such as racial or gender-based discrimination, sleep deprivation, health literacy, linguistic isolation, family social history, excessive debt, and variations in the quality of the built environment—all of which can underlie income differences—also play a role in disparate health outcomes. Poor health can worsen as these factors interact with each other.

On the other hand, communities may enact policies and provide resources that can improve the health status of all people. These "protective factors" include stable and affordable housing, accessible childcare, reliable transportation options, green spaces and places to exercise, effective public health services, and policies such as paid family leave. Region-wide efforts to align policies, unify monitoring and data collection systems, and address gaps in services can help begin to create conditions in which everyone can achieve their full health potential.

Information collected during the 2019 Community Health Needs Assessment process—including data on life expectancy, adverse conditions, and self-rated health, as well as interviews and focus groups with hundreds of residents and local experts—reveal that concerns around well-being and the social determinants of health vary significantly from neighborhood to neighborhood within Fairfield County. Residents and policymakers can use these local data to further elevate the health and prosperity of Fairfield County.

Fairfield County's 19-Year Difference in Life Expectancy

While Fairfield County's average life expectancy of 81.6 years is three years longer than the national average, it masks a dramatic difference within the region. In some Bridgeport neighborhoods, life expectancy is as low as 70.4 years—nearly 19

years lower than what it is in the Westport neighborhood with the highest life expectancy in the region (89.1 years). Town-wide averages range from a maximum of 86.5 years in Weston to a minimum of 77.7 years in Bridgeport, a difference of nine years. SEE FIG 3.1

Differences within cities and towns are significant. Within Bridgeport, the Black Rock neighborhood's life expectancy is above the state average of 80.3. Those of the East End, Mill Hill, East Side, Hollow, West End-West Side, and several other Bridgeport neighborhoods are at least four years lower. In Stamford's West Side and South End, life expectancy is 78.1; in North Stamford and the Westover neighborhood, life expectancy is 7 to 8 years higher, at 86.2 and 85.4, respectively.[187] Large differences in life expectancy are also found within Norwalk, Danbury, Stratford, and Shelton neighborhoods.

These variations in life expectancy can be explained by differences in the rates of premature death within the population—calculated based on the number of years of potential life lost by residents before they reach their 75th birthdays (YPLL-75). In Fairfield County, cancers, fetal and infant mortality, cardiovascular diseases, opioid use disorders, suicides, motor vehicle crashes, and homicides are most prominent among the causes of premature death as measured by YPLL-75. SEE FIG 3.2

To illustrate the impact of the differences in the rates of premature death in Fairfield County, consider the 6.5 year difference in life expectancy between Bridgeport and Greenwich. For every 100,000 residents under the age of 75, a total of 6,928 years of potential life were lost due to all premature deaths in Bridgeport each year from 2010 to 2014, compared to 2,667 in Greenwich. Heart disease, one of the leading causes of premature death, cost 1,056 years of life per 100,000 residents in Bridgeport (based on 100 premature deaths each year, with an average age at death of 60) and 293 in Greenwich (16 premature deaths each year, with an average age at death of 65). Homicides, a cause of premature death with some of the greatest disparities by place, race, and gender, led to the loss of 526 years of life per 100,000 residents in Bridgeport (17 premature deaths from homicide each year, with an average age at death of 31), and nearly zero in Greenwich (fewer than one death per year). SEE TABLE 3A

Leading Causes of Death: Cancer, Heart Disease, and Injuries

Cancers were among the most common causes of premature death in Fairfield County from 2010 to 2014, with lung cancer by far the most common cause of cancer-related premature mortality. Premature death rates from lung cancer in each of Fairfield County's five largest towns and cities were similar to or below the state average, and Fairfield County residents also experienced lower rates of lung cancer-related encounters at hospitals and emergency departments compared to the state.[188] However, rates of premature mortality due to lung cancer were relatively higher in Stratford and Shelton (371 and 301 years lost per 100,000 residents, respectively).

TABLE 3A

Premature death rates by geography

YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 (YPLL-75) PER 100,000 RESIDENTS PER YEAR DUE TO LEADING CAUSES, 2010–2014

LOCATION	ALL PREMATURE DEATHS	ALL CANCERS	INFANT AND FETAL DEATH	HEART DISEASE	DRUG-RELATED DEATHS	LUNG CANCER (SUBSET OF CANCER)	SUICIDE	MOTOR VEHICLE ACCIDENTS	HOMICIDE
Connecticut	5,418	1,284	828	802	451	297	287	259	158
Fairfield County	4,254	1,047	832	624	294	210	212	189	137
Bridgeport	6,928	1,233	1,793	1,056	403	266	180	277	526
Danbury	4,267	1,018	954	680	401	227	211	197	64
Greenwich	2,667	802	497	293	200	139	210	119	4
Norwalk	4,718	1,177	1,039	770	220	242	168	251	117
Stamford	3,775	970	867	529	248	156	211	137	97

Premature deaths due to other types of cancer were, for the most part, not statistically different from statewide averages, but a few notable differences within the county were observed. The rates of premature death due to liver and colorectal cancers in Bridgeport (99 and 106 years lost per 100,000 residents, respectively) were twice that of Greenwich (42 and 56 years lost per 100,000 residents, respectively). Deaths due to colorectal cancer were also relatively high in Stratford, with 166 years lost per 100,000 residents, higher than the state average of 108 years lost per 100,000 residents (and equivalent to about 2 excess premature deaths among Stratford residents from that type of cancer each year).

Cigarette smoking is one notable risk factor for cancer, causing an estimated 48.5 percent of all deaths from 12 major types of cancer combined.[189] It is a contributing factor in up to 90 percent of lung cancer deaths, as smokers are 15 to 30 times more likely to die of lung cancer than non-smokers,[190] as well as half of bladder cancer deaths. While smoking rates have fallen during the past two decades, they remain relatively high in parts of the region. Obesity, unhealthy diets, alcohol consumption, and physical inactivity are also considered to be significant risk factors for cancer.

Heart disease and other cardiovascular diseases cause one-third of U.S. deaths overall,[191] and are also a leading cause of premature death in Fairfield County. From 2010 to 2014, Fairfield County had lower rates of premature mortality due to heart disease compared to the statewide average, but in Bridgeport, the rate was higher than that of the state.

Injury is also a leading cause of death, particularly among younger adults and children. Injuries broadly include deaths from overdoses, motor vehicle crashes, homicides, suicides, and other traumas. From 2010 to 2014, the impact of injuries on premature death rates was similar to that of cancer in most towns, with the highest impact seen in Bridgeport. Since 2014, the opioid crisis has made this category even more significant as a cause of reduced life expectancy. Topics related to the leading causes of death are discussed below in more detail.

INFANT AND CHILD HEALTH

Healthy Birth Outcomes

A person's childhood is formative in almost every way, and the health of a child in the first few years of their life strongly determines how healthy they will be as an adult. This path begins while the child is still in the womb—with the health of the child's mother.

Since the dawn of modern public health, statistics on infant outcomes have been considered one of the most effective indicators of the overall health of a community. Despite rising life expectancy overall due to medical advances, rates of infant mortality in the U.S. remain very high relative to what they are in many other advanced economies. In 2017, France, Spain, Italy, the Czech Republic, South Korea, and Hong Kong had infant mortality rates of between 2.6 and 3.3 deaths per 1,000 live births—about half the U.S. rate of 5.8 deaths per 1,000 live births that year.[192] In 2015, the rate of infant mortality in Fairfield County was 4.8 deaths per 1,000 live births. This was below the state average of 5.6 deaths per 1,000 live births, but is still high by international standards.

County-level averages mask large disparities by race and ethnicity. In Fairfield County in 2015, the infant mortality rate of babies born to Black mothers was 11.9 per 1,000 live births, above the 7.8 per 1,000 rate for babies born to Latina mothers, and 3 times higher than the rate of 3.9 per 1,000 babies born to white mothers. The differences in these rates are similar to those observed statewide.[193] Rates differ by geography as well: in 2015, the infant mortality rate in Bridgeport (10.7 deaths per 1,000 live births) was 3.3 times higher than it was in the remainder of Fairfield County.[194]

The two most significant causes of infant mortality are birth defects and conditions related to preterm birth or low birthweight. Birth defects have many causes, some of which are unknown, but some of the most preventable risk factors may include a lack of folic acid, alcohol use, smoking, obesity, and uncontrolled diabetes.[195] Similarly, the causes of premature birth and low birthweight are complex, but some are related to health inequities such as a lack of adequate prenatal care, poor nutrition, and factors that exacerbate the risk of chronic diseases. As shown elsewhere in this report, the rates at which women face these conditions diverge along socioeconomic, racial, and geographic lines.

TABLE 3B

Birth outcomes

DATAHAVEN ANALYSIS OF CTDPH VITAL STATISTICS DATA, 2006–2010 AND 2011–2015

	2006–2010 (5 YEARS)			2011–2015 (5 YEARS)			PERCENT CHANGE, 2006–2010 TO 2011–2015		
LOCATION	TOTAL BIRTHS	PERCENT LOW BIRTHWEIGHT	PERCENT NON-ADEQUATE PRENATAL CARE	TOTAL BIRTHS	PERCENT LOW BIRTHWEIGHT	PERCENT NON-ADEQUATE PRENATAL CARE	TOTAL BIRTHS	PERCENT LOW BIRTHWEIGHT	PERCENT NON-ADEQUATE PRENATAL CARE
Connecticut	200,357	8.0%	20%	181,687	7.8%	23%	⬇9%	⬇3%	⬆14%
Fairfield County	55,707	7.5%	21%	50,659	7.5%	24%	⬇9%	⬇1%	⬆17%
Bridgeport	11,657	9.4%	31%	10,630	9.4%	33%	⬇9%	⬇1%	⬆6%
Danbury	5,955	6.3%	11%	5,362	7.8%	12%	⬇10%	⬆23%	⬆7%
Fairfield	2,988	6.8%	16%	2,551	6.5%	22%	⬇15%	⬇4%	⬆37%
Greenwich	3,117	6.3%	17%	3,088	6.3%	21%	⬇1%	⬇<0.1%	⬆21%
Norwalk	6,322	7.3%	21%	5,822	7.0%	24%	⬇8%	⬇4%	⬆16%
Stamford	9,477	7.7%	29%	9,180	7.5%	33%	⬇3%	⬇2%	⬆15%
Stratford	2,785	8.6%	20%	2,590	8.0%	23%	⬇7%	⬇7%	⬆16%

The rate of low birthweight babies—defined as the percentage of infants born that weigh fewer than roughly five and a half pounds—has been stable in Fairfield County over the past decade. Our analysis of local area data used five-year periods ending in 2010 and 2015; during both periods, 7.5 percent of babies born in Fairfield County had low birthweights. Statewide, the low birthweight rate fell from 8.0 percent in the 2006–2010 period to 7.8 percent in the 2011–2015 period, though rates differed from town to town. SEE TABLE 3B

The rate of non-adequate prenatal care—meaning that the mother went to fewer than 80 percent of the expected prenatal care visits or did not start the visits until her second trimester—rose from 20.9 percent of 2006–2010 births to 24.4 percent of 2011–2015 births, similar to the trend observed statewide during that time period. In Bridgeport and Stamford, non-adequate prenatal care rates were 33 percent in the 2011–2015 period, translating to annual averages of 700 births in Bridgeport and 600 births in Stamford with non-adequate prenatal care.

Environmental Threats

While lead—a dangerous neurotoxin—is toxic to everyone, lead poisoning is of particular concern to children under the age of six due to rapid development in early childhood. Health problems related to lead are a constant concern in areas with older housing stock that contain lead paint. As such, regulations that aim to limit children's exposure have been tightened. Even at relatively low levels, however, lead poisoning can cause behavioral changes and cognitive impairment in children. As of May 2013, the state's reference level is 5 micrograms of lead per deciliter of blood (µg/dL); a child under six years old with a level higher than that is classified as lead poisoned. In 2016, there were 452 children under six years old in Fairfield County, or 2.1 percent of those tested, who had blood lead concentrations higher than the reference. More than half of these cases were among children living in Bridgeport (261 cases).[196] That city's rate of lead poisoning has declined slightly, from 6.5 percent of all children tested in 2013 to 4.7 percent in 2016. By comparison, the statewide rate of lead poisoning was 2.7 percent in 2016.[197]

Children are also at increased risk of asthma exacerbations due to environmental factors, including cockroaches, mold, and traffic pollution.[198] Childhood asthma affects children's quality of life and performance in school, and can be fatal if left untreated. According to the State of Connecticut Department of Public Health's School-Based Asthma Surveillance Report of 2019, levels of childhood asthma were generally lower in Fairfield County public schools than statewide between 2012 and 2014; however, there are noticeable differences from town to town.[199] Across Connecticut, one in seven children in the public school system had asthma (about 14 percent).

Rates of childhood asthma in most Fairfield County public school districts fell below the statewide average, including in Weston, Sherman, Westport, and Wilton, where the rates were lower than 8 percent. On the other hand, Norwalk, Stamford, Bethel, and Bridgeport had the highest rates among public school districts in Fairfield County. Rates of hospital and emergency room encounters for asthma among children four years old and younger also differ from town to town across the county.[200] SEE TABLE 3C

TABLE 3C

Asthma prevalence by public school district

CTDPH SCHOOL-BASED ASTHMA SURVEILLANCE, 2012–2014

SCHOOL DISTRICT	ASTHMA PREVALENCE
Weston	5.1%
Sherman	6.9%
Westport	7.3%
Wilton	7.7%
New Canaan	8.1%
Newtown	8.2%
Easton	8.6%
Redding	8.8%
Greenwich	8.9%
Darien	10.1%
Trumbull	10.1%
Brookfield	10.2%
Fairfield	10.4%
Regional District 9	11.3%
New Fairfield	11.4%
Fairfield County	12.2%
Stratford	12.2%
Shelton	12.4%
Monroe	12.6%
Ridgefield	12.7%
Danbury	13.0%
Connecticut	14.3%
Norwalk	14.4%
Stamford	15.4%
Bethel	15.8%
Bridgeport	15.9%

HEALTH RISK FACTORS

Inadequate Access to Health and Dental Care

Health-related challenges begin with access to healthcare. In 2018, the percentage of uninsured adults in Fairfield County—6 percent—was about the same as that of Connecticut overall (5 percent),[201] yet there are notable disparities. While only 3 percent of Fairfield County's white population lacks insurance, the numbers jump to 13 percent for its Black population, 14 percent for Latinos, and 15 percent of adults who earn less than $30,000 per year.[202]

Having health insurance, however, does not guarantee timely or high-quality medical care. Reasons for foregoing medical care are complex and overlapping, and lower-income residents may disproportionately be faced with the challenge of pursuing medical care in lieu of other basic necessities. In Fairfield County, 13 percent of adults—and about a quarter of those under age 35—lack a medical home, meaning that they do not have any person or place that they consider to be their personal doctor, who they see on an ongoing basis.[203]

In 2018, 22 percent of Fairfield County adults reported having postponed necessary medical care within the past year, and 9 percent reported having failed to get care altogether.[204] They cited myriad reasons. More than half of survey respondents who missed or postponed care cited having been too busy with work or other commitments (61 percent), fearing the cost would be too high (54 percent), or not feeling their issues were serious enough (52 percent). Scheduling problems can disrupt care: 31 percent of adults who missed or postponed care could not get an appointment soon enough, and 26 percent could not get to a provider during their open hours. Insurance not paying for treatment was an issue for 32 percent of adults missing or delaying care, and insurance not being accepted was an issue for 20 percent. Additionally, 24 percent of those with disrupted care cited their family caregiving obligations.[205] SEE TABLE 3E

Lacking affordable medical care may play a role in residents relying on the emergency room. In 2018, 23 percent of Fairfield County adults reported receiving care in a hospital emergency room at least once.[206] While only 3 percent of adults

TABLE 3D

Frequent emergency room use and health-related social needs

SHARE OF ADULTS, FAIRFIELD COUNTY, 2018

	NO HEALTH INSURANCE	DIDN'T GET MEDICAL CARE THEY NEEDED IN PAST YEAR	FOOD INSECURE	TRANSPORT INSECURE	STAYED HOME FROM DOCTOR IN PAST YEAR DUE TO LACK OF TRANSPORT	THREATENED WITH UTILITY SHUTOFF IN HOME	PHYSICALLY ATTACKED OR THREATENED IN PAST YEAR
All adults in the region	5%	9%	11%	11%	4%	10%	3%
Adults who did not receive care in ER last year	6%	7%	8%	9%	2%	7%	2%
Adults who used ER 1–2x last year	4%	13%	18%	16%	7%	18%	6%
Adults who used ER 3x+ last year	8%	22%	33%	34%	19%	24%	9%
Relative risk: Frequent users vs. non-users of ER	1.4x	3.0x	3.9x	4.0x	9.4x	3.5x	4.2x

in Fairfield County did so three or more times during the past year, this figure was more than double among those earning less than $30,000 per year.[207] Lack of transportation, food insecurity, and unstable housing also contribute to frequent use of emergency rooms. In Fairfield County, residents lacking health insurance were about as likely as those with insurance to be frequent users of an emergency room last year, but residents who experienced food or transportation insecurity were substantially more likely to have visited an emergency room than other residents.[208] SEE TABLE 3D

Affordability is a challenge for many residents. In 2018, 15 percent of Fairfield County residents earning less than $30,000 per year did not get prescription medicines they needed because they could not afford the medication, compared to 8 percent of residents overall, and 5 percent of residents earning over $100,000 per year.[209] Additionally, 6 percent of adults in Fairfield County said that they altered the way they take their prescription medicines last year because they could not afford to get more of them.[210]

Dental care is also important because oral health affects many other areas of life, including overall well-being and performance at school and in work. Good oral health helps prevent infections, heart disease, stroke, adverse birth outcomes, and other serious conditions, and has other impacts on quality of life.[211] According to the CDC, over 40 percent of U.S. adults experience mouth pain each year, causing many people to miss work for emergency dental care. In Connecticut, about 16 percent of elementary school-age children have untreated tooth decay.[212]

In 2018, 23 percent of Fairfield County adults said they had not been to the dentist in the past year. This rate was substantially higher among younger adults (30 percent), Black and Latino residents (36 percent and 29 percent respectively), and residents earning less than $30,000 per year (39 percent).[213]

Emergency room encounters related to preventable dental conditions are considered an incidence proxy for the lack of timely and adequate oral health care. Seeking acute care at a hospital for a severe tooth infection, for example, may not address the underlying need for preventive dental care. Overall, from 2015 to 2017, Fairfield County had lower rates of emergency room encounters and hospitalizations for preventable dental conditions than the state average. Bridgeport's rates were higher, especially in the 0–19 age group. While the number of emergency room and hospital encounters for this issue has declined in most towns since 2014, there was a significant disparity by town. SEE FIG 3.3, 3.4, 3.5, 3.6, 3.7

TABLE 3E

Barriers to healthcare

SHARE OF ADULTS, FAIRFIELD COUNTY, 2018

LOCATION	DIDN'T GET CARE	POSTPONED CARE	NO MEDICAL HOME
Connecticut	9%	23%	12%
Fairfield County	9%	22%	13%
BY DEMOGRAPHIC WITHIN FAIRFIELD COUNTY			
Male	9%	19%	14%
Female	9%	25%	11%
Age 18–34	12%	30%	26%
Age 35–49	9%	26%	17%
Age 50–64	9%	22%	7%
Age 65+	5%	10%	2%
White	7%	21%	11%
Black	11%	21%	17%
Latino	14%	28%	20%
Under $30K	17%	27%	16%
$30K-$100K	10%	24%	19%
$100K+	5%	21%	10%
BY GEOGRAPHY			
Bridgeport	14%	25%	19%
Danbury	10%	22%	15%
Fairfield	7%	22%	12%
Greenwich	9%	19%	8%
Norwalk	10%	20%	16%
Stamford	8%	21%	9%
Stratford	9%	25%	9%

Experiences of Discrimination

In 2018, the DataHaven Community Wellbeing Survey included for the first time a sequence of questions about experiences of discrimination (EOD), drawn from a body of scientific work pioneered largely by David Williams of the Harvard School of Public Health.[214] Discrimination is a social stressor that impacts mental and physical health both directly and indirectly, especially within the context of structural, institutional, and cultural racism.[215] In Fairfield County, some adults reported that discrimination affected their ability to get the health care they needed. In 2018, 9 percent of all adults in the region said that, when seeking health care, they had been treated with less respect, or received worse care than others.[216] For these adults, race, health insurance status, and gender were the most commonly reported reasons for discrimination. Most of these adults experienced this issue repeatedly: 57 percent said such incidents had happened multiple times in the past three years.

LGBTQ individuals, as a group, have a higher risk for a variety of conditions, including sexually-transmitted diseases, poor mental health, homelessness, harassment, violence, and social isolation.[217] They also face stigmas, lack of cultural competency in healthcare providers, and exclusionary insurance policies.[218] Transgender people in particular often have difficulty simply accessing care: statewide, only 57 percent of self-identifying transgender participants in the DataHaven Community Wellbeing Survey reported that their primary care provider can provide them with trans-inclusive services, and 44 percent said they had forgone medical care in the past year for fear of harassment or mistreatment.[219] These findings match research done nationally by organizations seeking to understand the concrete ways discrimination and lack of access to resources impair the health of LGBTQ people.[220]

In addition to asking about health care discrimination, the 2018 survey probed residents' experiences with negative interactions with and unfair stops by police, differential treatment while searching for housing, and unfair treatment when seeking employment or a promotion. Combining the survey items into an experiences-of-discrimination scale suggests a link between discrimination and poor health in Fairfield County. In a future report, we will complete a more rigorous statistical analysis of these data. SEE FIG 3.11, 3.12 / SEE TABLE 3F

Adverse Childhood Experiences

According to the Connecticut Department of Public Health, adverse childhood experiences (ACEs) can affect a child's social, emotional, and cognitive development; their adoption of risky behavior later in life; and their chances of disease and even early death. Three of five adults across the state reported having had at least one ACE—ranging from an incarcerated household member or sexual abuse to the more prevalent household drinking problems, divorced parents, and emotional abuse. Two-thirds of those who had at least one ACE had multiple ACEs.[221]

In the 2018 DataHaven Community Wellbeing Survey, Fairfield County residents expressed general concerns for youth living in their neighborhoods. Among all the adults in the region, 26 percent thought it was likely that youth would abuse drugs or alcohol, 10 percent thought it was likely that youth would join a gang, and 10 percent felt the same about the chances of youth getting arrested for felonies.[222] These data varied by town and neighborhood, however. SEE FIG 2.25, 3.8

Nutrition, Physical Activity, and Substance Use

Attaining and maintaining good health requires not only access to high quality medical services, but also engagement in daily behaviors that promote health. However, broader issues of income, education, employment, and racial and gender discrimination can pose obstacles to living a healthy lifestyle. Being able to afford nutritious food costs money. Taking full advantage of preventive screenings through regular checkups, to say nothing of exercising regularly, takes time. While tobacco use, poor diets, lack of exercise, and substance use—modifiable behavioral risk factors that are sometimes referred to as the "actual" causes of death—are critical to understand, they should be considered in the context of a growing body of literature that documents their connections to poverty, inequality, and other social issues.

Statistical modeling has revealed the extent to which body weight is influenced by neighborhood factors such as access to healthy foods and walking spaces. Social context can also influence health-related behaviors: for example, if you live in a neighborhood where smoking is prevalent, you are more likely to take up smoking yourself. Or, if recreational sports are important to the fabric of your community, you may be more active. The effects of these ecological drivers on children and adolescents can impact the development of obesity later in life.[223] Consequently, there is a need to intervene on these pervasive drivers of health risks that also contribute to cancer, depression, diabetes, heart disease, stroke, injury, and other conditions that can reduce life expectancy and quality of life.

In Connecticut, 29 percent of adults have a body mass index that classifies them as obese. Connecticut's obesity rate has increased dramatically since 1990, when it was estimated to be only 10 percent.[224] Between 2015 and 2018, the prevalence of obesity among Fairfield County adults rose from 22 percent to 27 percent—in line

TABLE 3F

Experiences of discrimination

SHARE OF ADULTS HAVING EVER EXPERIENCED DISCRIMINATION, FAIRFIELD COUNTY, 2018

LOCATION	WORKPLACE	POLICE STOPS	PREVENTED FROM MOVING	RECEIVED POOR SERVICE
Connecticut	27%	11%	4%	10%
Fairfield County	29%	10%	5%	7%
BY DEMOGRAPHIC WITHIN FAIRFIELD COUNTY				
Male	27%	14%	4%	8%
Female	29%	5%	5%	6%
Age 18–34	19%	12%	4%	11%
Age 35–49	32%	11%	6%	9%
Age 50–64	37%	9%	5%	6%
Age 65+	23%	5%	3%	2%
White	26%	7%	2%	N/A
Black	31%	20%	12%	N/A
Latino	26%	16%	8%	N/A
Under $30K	38%	16%	8%	N/A
$30K-$75K	28%	10%	6%	N/A
$75K+	27%	7%	3%	N/A
BY GEOGRAPHY				
Bridgeport	31%	18%	10%	N/A
Danbury	26%	7%	3%	N/A
Fairfield	24%	7%	2%	N/A
Greenwich	22%	6%	4%	N/A
Norwalk	27%	11%	5%	N/A
Stamford	26%	10%	5%	6%
Stratford	31%	12%	2%	N/A

TABLE 3G

Health risk factors

SHARE OF ADULTS WITH WELL-BEING AND CHRONIC DISEASE RISK FACTORS, FAIRFIELD COUNTY, 2018

LOCATION	VERY GOOD SELF-RATED HEALTH	ANXIETY	DIABETES	CURRENT ASTHMA	OBESITY	HAS HEALTH INSURANCE	DENTAL VISIT PAST YR	DEPRE-SSION	SMOKING	FOOD INSECURITY
Connecticut	59%	12%	10%	11%	29%	95%	74%	9%	14%	13%
Fairfield County	63%	12%	9%	9%	27%	94%	78%	8%	12%	11%
BY DEMOGRAPHIC WITHIN FAIRFIELD COUNTY										
Male	63%	12%	10%	6%	27%	93%	76%	9%	13%	10%
Female	65%	11%	7%	11%	26%	95%	78%	8%	10%	13%
Age 18–34	65%	16%	3%	10%	23%	90%	70%	15%	15%	19%
Age 35–49	66%	13%	4%	8%	31%	94%	76%	7%	12%	13%
Age 50–64	64%	11%	11%	9%	30%	95%	82%	7%	12%	9%
Age 65+	56%	12%	18%	7%	23%	99%	80%	4%	8%	3%
White	68%	11%	8%	8%	24%	97%	81%	7%	10%	7%
Black	50%	15%	12%	10%	36%	87%	63%	14%	19%	24%
Latino	58%	21%	10%	14%	35%	86%	71%	13%	14%	25%
Under $30K	41%	21%	16%	12%	42%	85%	61%	23%	22%	33%
$30K-$100K	62%	12%	9%	8%	29%	94%	74%	8%	13%	12%
$100K+	76%	9%	5%	7%	20%	98%	87%	3%	7%	3%
BY GEOGRAPHY										
Bridgeport	44%	17%	13%	14%	40%	89%	62%	14%	21%	28%
Danbury	65%	12%	7%	9%	27%	95%	77%	7%	15%	11%
Fairfield	69%	5%	6%	9%	26%	96%	80%	5%	7%	6%
Greenwich	74%	10%	6%	N/A	14%	94%	87%	5%	7%	7%
Norwalk	62%	13%	9%	7%	24%	95%	76%	7%	9%	8%
Stamford	67%	10%	9%	8%	23%	94%	80%	7%	9%	9%
Stratford	51%	16%	14%	11%	37%	92%	72%	14%	14%	20%

with the trend statewide, where obesity rates rose from 26 percent in 2015 to 29 percent in 2018 according to the DataHaven Community Wellbeing Survey,[225] and from 25 percent in 2015 to 27 percent in 2017 according to the Behavioral Risk Factor Surveillance System.[226] Additionally, while 59 percent of Fairfield County adults report exercising at least three days per week, the share who report that they did not get exercise even once during a typical week increased slightly, from 16 percent to 19 percent, between 2015 and 2018.[227] Childhood obesity is also a major concern, though Connecticut's estimated 11.9 percent obesity rate among youth ages 10 to 17 is lower than the U.S. rate of 15.8 percent.[228] Local, state, and national rates are calculated based on self-reported or parent- and caregiver-reported height and weight, and likely underestimate the actual obesity rate by a few percentage points.

Despite major reductions in cigarette smoking over the past several decades, there is still room for significant progress. The connection between smoking and cancer is discussed above, and smoking and secondhand smoke have been linked to many other health issues including infant health, asthma, and stroke. Fewer adults smoke cigarettes in Fairfield County (12 percent) than in the state overall (14 percent). The region's smoking rate remained steady between 2015 and 2018, but is still relatively high among residents earning less

than $30,000 per year (22 percent) and within certain towns such as Bridgeport (21 percent).[229] Vaping is becoming more common, particularly among young adults. In 2018, 7 percent of adults in Fairfield County reported using e-cigarettes or vaping more than once a month, close to the statewide rate of 8 percent; among adults age 18 to 34, 37 percent had tried e-cigarettes as of 2018, and 18 percent were currently using them.[230] SEE TABLE 3G

Some in the region struggle with alcohol, marijuana, and opioid use disorders. In 2018, 5 percent of adults reported drinking heavily (more than four drinks in one sitting for women or five drinks for men) at least six times in the past month. Six percent of adults—including 14 percent of those ages 18 to 34—reported using marijuana more than 10 times during any given month.[231] Drinking too much can dramatically change mood and behavior, and long-term alcohol use can damage organs including the heart and liver, increasing the risk of cancers and other diseases.[232] Like alcohol, marijuana is associated with depression and anxiety, though it is not yet known whether this is a causal relationship.[233] The opioid crisis, which has connections to the use of other substances such as alcohol, is covered below.

The Opioid Crisis

The opioid crisis has made headlines across the country, with some of the highest overdose death rates occurring in the northeast U.S. In 2016, Connecticut's drug overdose death rate ranked 11th among all states in the country, and several nearby states—including New Hampshire, Massachusetts, Rhode Island, and Maine—fell within the top 10.[234] Thousands of Americans die of opioid overdoses each month, including an average of 67 Connecticut residents per month from 2015 to 2018. Between 2015 and 2018, Fairfield County averaged 15 drug overdose deaths per 100,000 residents per year, below the state's rate of 24.2 per 100,000; filtered for just opiate- and opioid-related deaths, these rates become 13.9 and 22.8, respectively.[235, 236] SEE TABLE 3H, 3I

The full effect of the opioid crisis is not captured in the comprehensive 2010–2014 premature mortality data that we used toward the beginning of this chapter. Over just a few years, the number of deaths in Fairfield County from drug overdoses doubled, from 74 deaths in 2014 to 157 deaths in 2016; this increase was driven mostly by a steep rise in opiate- and opioid-related deaths.[237]

The weight of overdose deaths comes not only from sheer numbers, but also from the epidemic's reach: the median age for fatal overdoses of Fairfield County residents is 41, about half the county's average life expectancy.[238] When ranking major causes of premature death by years of potential life lost prior to age 75 (YPLL-75) in Fairfield County, we estimate that deaths from opioid-related overdoses between 2015 and 2018 would rank 5th highest after cancer, infant and fetal mortality, heart disease, and accidents.[239] SEE FIG 3.9, 3.10

The Centers for Disease Control and Prevention characterizes the epidemic as multilayered with three distinct waves.[240] Prescription opioids were the main drivers of the first wave (1990s); heroin was largely responsible for the rise in 2010; and synthetic opioids, such as fentanyl, have driven the current wave, which began in 2013.[241]

These patterns hold true in Fairfield County, where the death rate from drug overdoses has mirrored the upward trend seen throughout the state and country—though between 2012 and 2018 it stayed well below the statewide average. Similar also is the skyrocketing prominence of fentanyl; the

TABLE 3H

Overdose deaths by substance

TOTAL COUNT AND ANNUALIZED AGE-ADJUSTED OVERDOSE DEATH RATE PER 100K RESIDENTS BY PRESENCE OF OPIATES OR OPIOIDS, FAIRFIELD COUNTY, 2015–2018

LOCATION	ANY SUBSTANCE COUNT	ANY SUBSTANCE RATE	OPIATE/OPIOID COUNT	OPIATE/OPIOID RATE
Connecticut	3,423	24.2	3,202	22.8
Fairfield County	557	15.0	512	13.9

TABLE 3I

Overdose deaths by race

TOTAL COUNT AND ANNUALIZED AGE-ADJUSTED OVERDOSE DEATH RATE PER 100K RESIDENTS BY RACE, FAIRFIELD COUNTY, 2015–2018

LOCATION	WHITE COUNT	WHITE RATE	BLACK COUNT	BLACK RATE	LATINO COUNT	LATINO RATE
Connecticut	2,673	29.5	296	18.9	393	19.1
Fairfield County	396	18.8	64	14.1	83	11.5

substance was detected in 17 out of Fairfield County's 130 overdose deaths (13 percent) in 2012 and 2013, but in 199 of the 294 deaths (68 percent) in 2017 and 2018.[242]

As is the case elsewhere, men make up much larger shares of Fairfield County drug overdose deaths than women: since 2012, women have never accounted for more than a third of the county's overdose deaths in a given year. Rates for white residents are higher as well: between 2015 and 2018, white residents' age-adjusted overdose death rate was 18.8 per 100,000 residents per year, higher than Black residents' rate of 14.1 or Latinos' 11.5.[243]

For every person who dies of an opioid overdose, many more seek treatment, often multiple times. Between the 2014 and 2018 fiscal years, Fairfield County residents were admitted to opioid treatment programs a total of 24,302 times, averaging 4,860 admissions per year, or 513 admissions per 100,000 residents per year. Bridgeport, Danbury, Shelton, Stratford, Bethel, and Brookfield had rates above the county average; the rate in Bridgeport was more than twice as high, at 1,359 admissions per 100,000 residents per year. The majority of these admissions were to programs funded by the state Department of Mental Health and Addiction Services. Though harder to track, people often are admitted to programs multiple times within one year.[244]

Many residents also seek or receive care for substance use disorders at area hospitals and emergency rooms. Compared to Connecticut as a whole, Fairfield County has lower rates of hospital and emergency room encounters for substance use, a category that includes diagnoses related to use of opioids and other drugs. However, Bridgeport residents experience much higher rates of hospital and emergency room encounters than residents of most other towns, and several towns saw considerable increases in these rates between 2012–2014 and 2015–2017, including Stratford, Danbury, and Brookfield. Across the state, there is a greater burden of drug-related hospital encounters on males than females, as well as on adults ages 20 to 64.[245] SEE FIG 3.3, 3.4, 3.5, 3.6, 3.7

The reach of the opioid crisis goes beyond just people who have struggled with addiction themselves. In the 2018 DataHaven Community Wellbeing Survey, one in every four adults in Fairfield County reported knowing someone who has struggled with abuse of or addiction to prescription painkillers, heroin, or other opiates in the past three years. Out of those respondents, 37 percent cited a family member struggling with painkillers and opioids, 33 percent cited a close friend, 54 percent cited an acquaintance, and 6 percent said they themselves were dealing with this issue; these numbers include respondents who knew multiple people dealing with addiction.[246]

One in five Fairfield County adults reported knowing at least one person who died of an opioid overdose. Twenty-two percent of these adults lost a family member to an opioid overdose, 30 percent lost a close friend, and 66 percent lost an acquaintance; again, respondents might have referred to more than one person.[247]

A 2019 New England Public Policy Center report found that counties with the lowest rates of opioid prescribing are also those with the lowest rates of fatal overdoses.[248] Additionally, some research has suggested a relationship between opioid misuse and frequent drinking[249] and tobacco use.[250] The frequent use of these substances has been associated with higher pain intensity, which may increase the person's likelihood of developing an opioid dependency. In particular, many studies of alcohol use disorders have established that heavy drinking is a strong predictor of opioid misuse.[251] In addition to improving our understanding of addiction and expanding access to prevention and treatment services, strategies to address the opioid crisis may include the promotion of overdose-reversing drugs such as naloxone, improved prescription monitoring, evidence-based pain management, and public education.

HEALTH OUTCOMES

Early Onset of Chronic Diseases

According to the U.S. Centers for Disease Control and Prevention (CDC), six out of every ten adults in the U.S. live with a chronic disease, and four out of every ten have two or more concomitant chronic conditions.[252] These conditions include heart disease, cancer, chronic lung disease, chronic kidney disease, stroke, Alzheimer's, and diabetes. Ninety percent of healthcare expenditures go towards the treatment of chronic and mental health conditions; in 2010, chronic diseases comprised seven of the top ten causes of mortality in the U.S., accounting for over 65 percent of all deaths.[253, 254] According to the Hospitalization Cost and Utilization Project (HCUP), from 2006 to 2011, emergency department visits for common chronic conditions increased significantly among adults, with the greatest increase observed in adults 85 and over.[255] Disproportionately more clinical visits to physicians' offices and hospitals occur for patients who are in the oldest age groups and those who are more prone to experiencing chronic diseases.[256]

While chronic diseases are a relatively common experience for older adults, they may develop much earlier in life, sometimes even in childhood. As described above, the data on Fairfield County's neighborhood life expectancy and premature mortality reveal large disparities in health and well-being within the region. However, mortality data only tell us about people who die; they do not provide a complete picture of the impact of chronic diseases on people's quality of life throughout youth and middle age. Our analyses of the data collected through the DataHaven Community Wellbeing Survey and of the records of residents' visits to statewide hospitals and emergency rooms over the past six years create a clearer picture of the full burden of these conditions. SEE FIG 3.3, 3.4, 3.5, 3.6, 3.7 / SEE TABLE 3J

In Fairfield County, chronic diseases such as hypertension, heart disease, diabetes, and chronic lung diseases such as chronic obstructive pulmonary disease (COPD) have consistently ranked among the most common causes for hospitalization and emergency room encounters. Hospital encounter rates in Fairfield County due to these conditions were lower than the statewide averages from 2015 to 2017, and often displayed relatively smaller increases from the 2012–2014 period. However, the region's towns with a greater burden of chronic disease often saw larger increases in their per capita hospital encounter rates over this six-year period than healthier towns.[257] This suggests that health-related inequalities, as measured by the impact that these conditions have on residents of different towns and demographic groups, may have increased in recent years.

Examining data from hospitals and other sources by age, gender, and race/ethnicity reveals disparities in the extent to which chronic diseases develop early in populations that face greater levels of economic and social adversity. For cardiovascular disease, disparities between Black and white adults are particularly pronounced. A 2010 study found that, nationally, 28 percent of cardiovascular disease deaths among Black adults occurred before age 65, compared to just 13 percent of white adults.[258] Consistent with statewide and national averages, in Fairfield County the greatest burden of hospitalization and emergency department visits from 2015 to 2017 due to heart disease fell on older age groups. However, there were some exceptions to this rule that are likely driven by racial and ethnic disparities. Residents in the 45–74 age range in Bridgeport also experienced particularly high rates of hospital encounters related to heart disease. Compared to the trends observed in Connecticut as a whole, Bridgeport experienced considerable increases in hospital visits for lung disease, diabetes, and asthma, mainly driven by steadily higher rates of these encounters among its residents aged 45 to 74. While available hospital encounter data has limitations when it comes to fully capturing the race/ethnicity of patients, our analysis suggests that middle-aged Black adults are several times more likely than whites of the same age to be hospitalized for cardiovascular disease.[259]

Some trends appear more positive. Compared to Connecticut as a whole, Stamford experienced higher rates of hospital encounters due to hypertension and diabetes during 2012–2014, but lower rates in 2015–2017. Norwalk experienced similar trends regarding heart disease encounters. If sustained over time, these trends show how disease prevention efforts may be promoting health.[260]

TABLE 3J

Selected hospital encounters and hospital encounters by age

RATES OF HOSPITALIZATIONS AND ED VISITS PER 10,000 RESIDENTS PER YEAR, 2015–2017, FAIRFIELD COUNTY

AGE-ADJUSTED RATES OF HOSPITALIZATIONS AND ED VISITS FOR ALL RESIDENTS

LOCATION	DEPRESSIVE DISORDER	DIABETES	FALLS	HEART DISEASE	HYPERTENSION	MENTAL DISORDER	SUBSTANCE ABUSE
CT	326	639	328	240	1,261	694	178
FC	203	498	313	206	998	467	113
Bridgeport	298	1,145	477	367	1,678	743	270
Danbury	305	641	366	215	1,278	599	118
Fairfield	156	225	226	155	615	330	65
Greenwich	160	310	325	149	836	341	51
Norwalk	141	507	346	231	987	440	107
Stamford	186	607	278	213	1,155	442	98
Stratford	233	550	310	252	1,126	513	126
6 wealthiest FC towns	123	174	224	120	566	300	43
Other FC towns	203	352	263	186	824	426	87

AGE-SPECIFIC RATES OF HOSPITALIZATIONS AND ED VISITS FOR DIABETES AND HEART DISEASE

	DIABETES			HEART DISEASE		
LOCATION	AGE 20–44	AGE 45–64	AGE 65–74	AGE 20–44	AGE 45–64	AGE 65–74
CT	223	908	1,895	23	193	670
FC	153	653	1,544	18	140	536
Bridgeport	376	1,899	3,318	48	411	1,182
Danbury	138	818	2,154	7	142	576
Fairfield	43	245	955	N/A	80	426
Greenwich	80	343	988	N/A	77	302
Norwalk	111	662	1,628	10	153	623
Stamford	127	840	1,900	16	134	497
Stratford	179	774	1,649	34	188	738
6 wealthiest FC towns	26	142	521	5	38	215
Other FC towns	85	384	1,199	12	98	478

Note: See Figures 3.4 and 3.5 for additional age- and gender-specific rates.

Mental Health

As described in the introduction to this report, reducing the frequency at which residents experience depression or other mental health disorders represents one of the greatest opportunities to improve the overall well-being of Fairfield County. Depression may be rooted within many different social, medical, and environmental factors, including substance use, traumatic experiences, and social isolation. In addition, not only is depression underdiagnosed among racial and ethnic minorities, including Black, Latino, and Asian Americans, but these groups are also less likely to have access to and receive adequate care for depression.[261] Depression is a risk factor or cause of many other health problems, including chronic pain, insomnia, and conditions that are exacerbated when patients have difficulty accessing medical care or taking medications according to the instructions of health care providers.[262]

In the 2018 DataHaven Community Wellbeing Survey, 8 percent of Fairfield County adults reported feeling down, depressed, or hopeless more than half of the days during the past two weeks, and 12 percent reported being anxious most or all of the time—rates that were similar to the statewide average and have changed little since our 2015 survey. Residents with low incomes experienced higher rates of anxiety and depression: among adults earning less than $30,000 per year, 23 percent reported feeling depressed more than half of the days during the past two weeks, and 21 percent reported being bothered by anxiety all or most of the time. Only 3 percent of adults earning over $100,000 per year reported such levels of depression, and 9 percent reported such persistent anxiety.[263]

Depression and other mental health disorders are significant factors in Fairfield County residents' decisions to seek or receive care within the state's hospitals and emergency rooms. Statewide and throughout the region, hospital encounters for mental disorders rose considerably between the 2012–2014 period and the 2015–2017 period, and also increased for depressive disorders. Fairfield County's rate of hospital encounters for depressive disorders was generally lower than the state average.[264] Furthermore, a difference was also observed by gender: in Fairfield County, females experienced higher rates than males across all age groups for depressive and mental disorders. In both the state and Fairfield County, the per capita rates of hospital encounters for suicide and self-harm are highest among the female 0–19 age group—generally two to three times higher than they are for males of the same age group.[265] Recent studies have noted a doubling of the suicide rate among women aged 15 to 19 since 2007 in the U.S., compared to a 31 percent increase among men in that same age group.[266] On the other hand, young men tend to experience slightly higher rates of hospitalization and injury from homicide and assault compared to women of the same age.[267]

The above data point to a significant challenge around mental health and well-being in Fairfield County. A series of conversations about mental health held by Fairfield County's Community Foundation identified barriers to reducing the mental health burden, including low awareness and knowledge, stigma, limited access to care, and the unique needs specific to a variety of sub-groups. Progress has been made in reducing a number of these barriers in recent years across Fairfield County. One example of this is the work of the Newtown-Sandy Hook Community Foundation, Inc., which transitioned its financial support post-Sandy Hook from an immediate focus on living expenses to longer-term support for ongoing psychological healing. Importantly, this longer-term support has not only been tailored to individuals' needs but has also focused on strengthening ties across and throughout the community as a whole.[268, 269]

Injuries

Intentional and unintentional injuries, including drug overdoses (covered above), falls, assaults, and suicide, are the leading causes of death in the U.S. for people between the ages of 1 and 44. They also have major consequences on quality of life, as there are 13 hospitalizations and 129 emergency room encounters for every death.[270] Injuries—as well as the physical and mental tolls they can take—can have a negative impact on productivity and quality of life. Data on hospital and emergency room encounters help illustrate the extent of this burden within Fairfield County. SEE FIG 3.3, 3.4, 3.5, 3.6, 3.7

Falls are the most common cause of non-fatal injury in the U.S. and within Fairfield County. Rates of hospital and emergency room encounters are particularly high among older seniors. According to the CDC, one in four adults ages 65 and up will fall each year, and 20 percent of falls will induce a serious injury such as a hip fracture or traumatic

brain injury, which can be debilitating and sometimes life-threatening.[271] Extensive and costly treatment may often be required, with greater burden on older adults for whom costs average $30,000 per fall, making them among the 20 most expensive medical conditions.[272] Fall prevention strategies, physical rehabilitation, and close assessments of risk factors offer effective mechanisms for reducing the burden of these types of encounters.[273] As such, fall encounters offer a lens into access to preventive care, safe housing, and ambulatory processes among older populations. Within Fairfield County, residents in Bridgeport, Danbury, and Norwalk experience higher rates of hospital encounters due to falls. It is important to note that Fairfield County has several aging-in-place nonprofits which help seniors affordably retrofit their homes.

The burden of injuries related to motor vehicle crashes is also considerable. The World Health Organization (WHO) reports that in 2013, among high-income countries, the U.S. experienced the highest rates of road traffic deaths and second highest in crash deaths related to alcohol.[274] Motor vehicle accidents can be prevented through interventions that improve seat belt use, create safer streets for pedestrians and cyclists, and enhance the enforcement of traffic safety laws, especially among youth who are at risk.[275] The rate of road crash-related hospital encounters in Fairfield County is similar to that of the state as a whole, but the burden is drastically higher among Bridgeport residents, and is slightly elevated among Stratford residents. Although most types of hospital and emergency room encounters are far more prevalent among older adults than they are among children and youth, motor vehicle accidents are among the causes that are more likely to affect children and youth (ages 0 to 19) than older adults.

Intentional injuries, such as those related to violence (domestic violence and otherwise) and suicide attempts, are also troubling. Within Fairfield County, Bridgeport was the only town that had rates of hospital encounters related to purposeful injuries that were much higher than the statewide average. The greatest burden of injury due to homicide and assault was seen within the 20–44 age group, although a disproportionately high rate was also seen among youth ages 0 to 19. These disparities were particularly evident in Bridgeport, but were also observed in Danbury, Norwalk, Stamford, and Stratford. Most towns did not experience significant changes in these rates between 2012–2014 and 2015–2017. On the other hand, hospital encounters related to suicide and self-harm decreased during this time period. For suicide and self-harm encounters, the greatest burden was on females ages 0 to 19, and on both men and women ages 20 to 44.[276] The Connecticut Suicide Prevention Plan (PLAN 2020) contains detailed information on suicide and self-harm data and prevention.[277]

Infectious Diseases

Sexually transmitted infections (STIs) are a concern in Fairfield County, as throughout the state and nation. Like other infectious organisms, STIs can have long-term implications for health, including reproductive health problems and certain types of cancers. Generally speaking, reported infection rates in Connecticut for chlamydia, which is the most common STI, are nearly double what they were 15 years ago. In both 2011 and 2015, reported chlamydia infection rates in Bridgeport (829 per 100,000 persons in 2015) were between 2.3 and 3.0 times higher than the rates reported statewide or throughout Fairfield County (301 per 100,000 people in 2015). Rates in towns such as Fairfield, Shelton, Westport, and Greenwich are roughly 20 to 30 percent of the statewide average. Gonorrhea infections in Fairfield County have slightly declined over the past two decades. While rates are generally too small to be reportable for smaller towns, reported gonorrhea infection rates in Bridgeport (134 per 100,000 persons in 2015) were still more than twice as high as the statewide average and 3.1 times the county's average (43 per 100,000 people in 2015).[278] STI prevention is a focus area for many local health departments.

Other infectious diseases are also important to the health of the region. The Connecticut Department of Public Health routinely tracks reports of certain infectious diseases such as influenza, Lyme disease, West Nile virus, and tuberculosis in order to identify trends and help prevent and control outbreaks.[279] These topics have been covered in previous iterations of this report, but were not highlighted by stakeholders and key informants as major community health concerns and thus are not a focus of this year's report. DH

CHAPTER 4

Civic Life and Infrastructure

Civic life, defined broadly as the attitudes, activities, and investments that build on the collective resources, skills, expertise, and knowledge of citizens to improve the quality of life in communities, is a powerful dimension of our overall health and well-being.[280]

Civic life represents all the ways that residents can participate in their communities, and help improve the quality of life for everyone.

IN THIS CHAPTER

- → Wealthier towns in Fairfield County have access to more property tax revenue to fund public resources.
- → Community trust is high but variable—as is participation in public life through voting, volunteering, and advocating for the community.

Executive Summary

This chapter looks at three key components of civic life.

Stewardship of the Public Realm includes how municipalities provide essential services to their residents. In Connecticut, municipal revenue consists primarily of grants and property tax receipts. Reliance on property taxes presents a challenge to Connecticut's larger cities, which tend to house more tax-exempt properties—including colleges and hospitals—and thus impose a higher tax burden on their residents. In addition, as Connecticut's property tax rate is the same regardless of income level, it is regressive and therefore results in lower-income households' taxes consuming a greater share of income. As a result, wealthier towns generate higher tax receipts, which fund higher-quality public resources, including education, which then attract additional wealthy residents. When considering residents' perceptions of their local governments' stewardship, 55 percent of Fairfield County adults felt positively about the responsiveness of their local government to the needs of residents, and 78 percent responded positively about the condition of area parks and public recreational facilities. The vast majority of adults report being satisfied with the area where they live. Overall, residents' wealth influences their perceptions, with higher-income residents reporting greater access to and satisfaction with community resources.

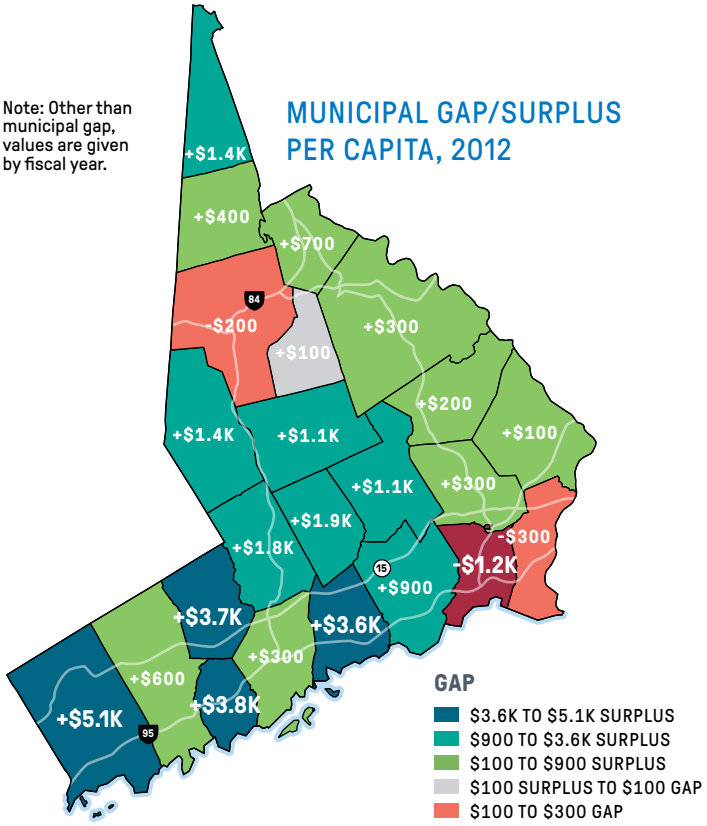
Community Trust and Appreciation: a strong majority of Fairfield County residents reported trusting neighbors, having reliable social support networks, and feeling satisfied with where they live. While most white residents rated the police positively in terms of keeping residents safe, this measure was not as high among minority residents. Minority residents were also more likely to report experiencing unfair or abusive treatment by police multiple times in the past three years.

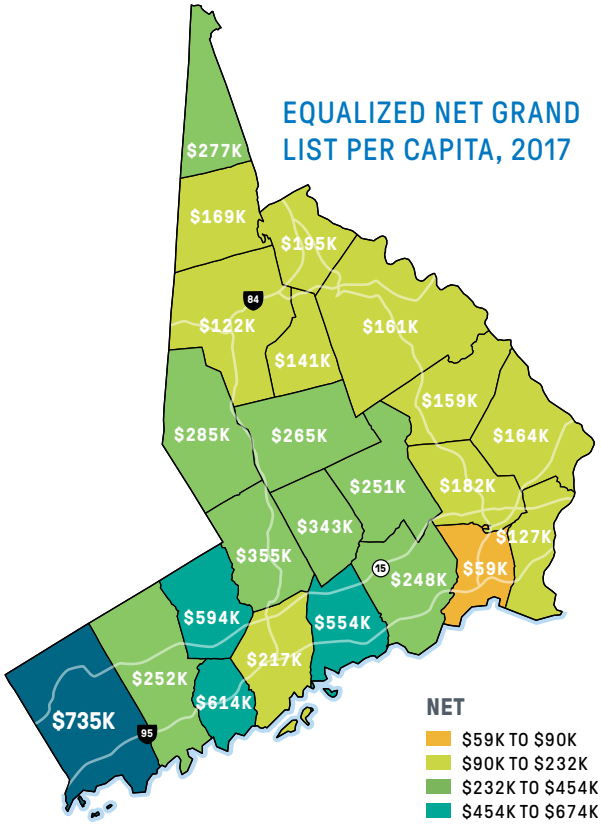
Participation in Public Life, including volunteering, voting, and using available cultural resources, was more common among higher-income residents and those with more education. In 2018, most Fairfield County adults felt their neighbors were invested in improving their neighborhood and would organize to prevent the closing of a fire station. Since 2015, adults statewide reported a significant increase in their perceived ability to influence local government decision-making, a positive trend seen within Fairfield County as well, and which may be due, at least in part, to a national increase in young voters' political engagement. DH

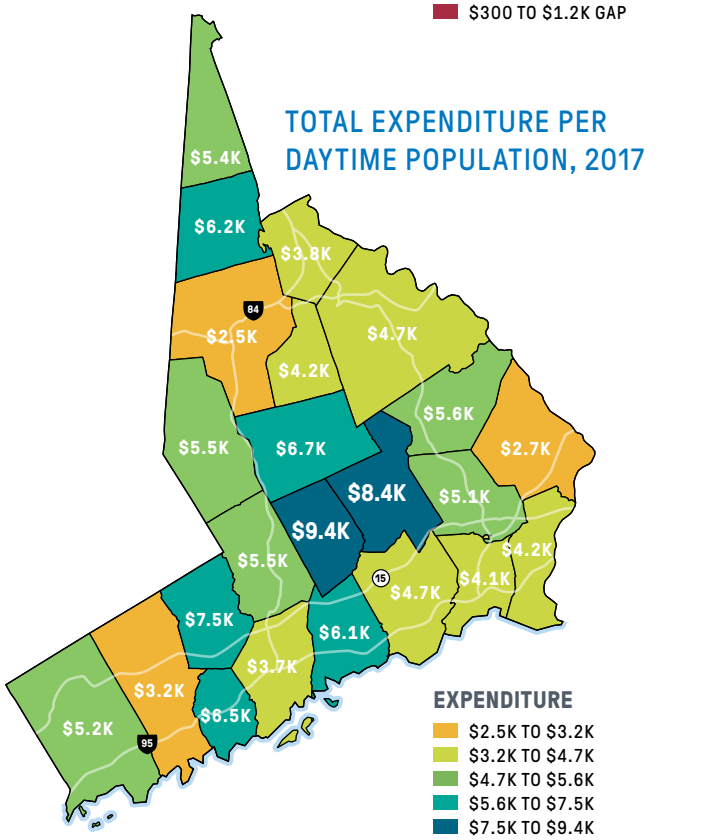
FIG 4.1

Wealthier towns net more money from property values and spend more money on education

Note: Other than municipal gap, values are given by fiscal year.







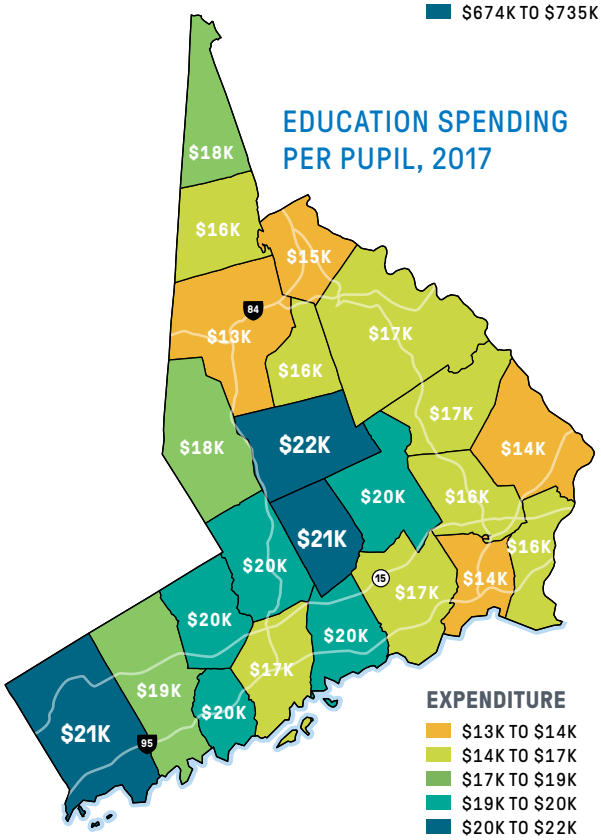


FIG 4.2

In towns with more surplus money, residents rate neighborhood assets and facilities more highly

NEIGHBORHOOD ASSETS INDEX VS MUNICIPAL SURPLUS PER CAPITA

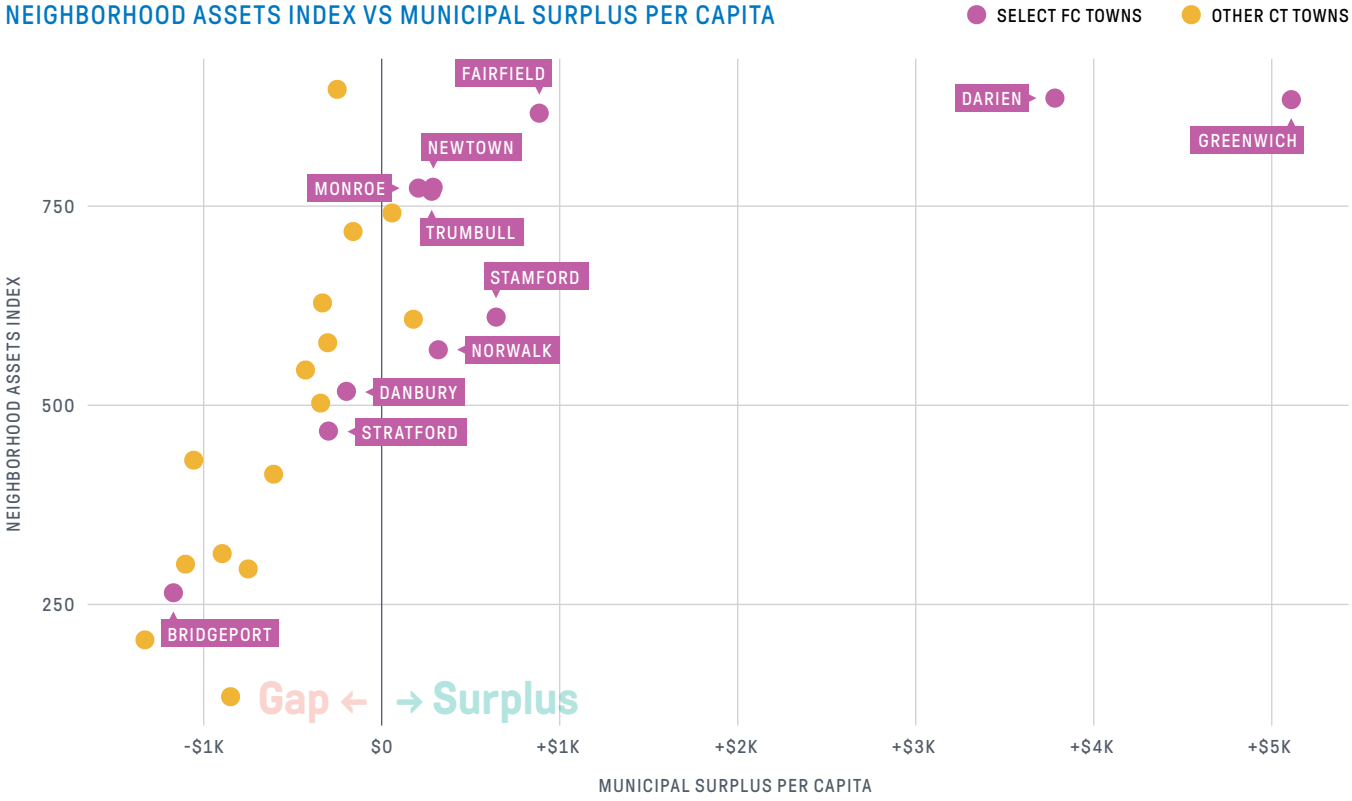


FIG 4.3

Towns that spend more on their libraries see greater library use

AVERAGE TOWN PUBLIC LIBRARY VISITS PER CAPITA AND CIRCULATION PER CAPITA VERSUS TOTAL LIBRARY EXPENSES PER CAPITA, 2017–2018

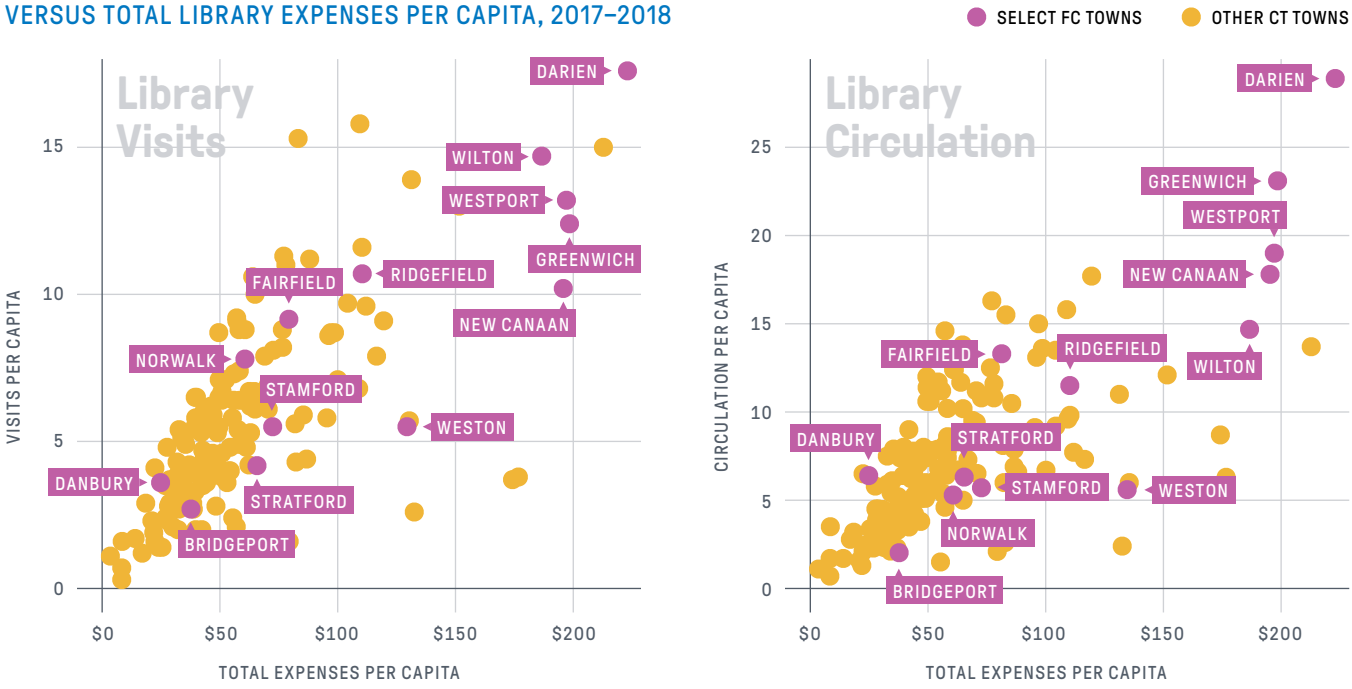
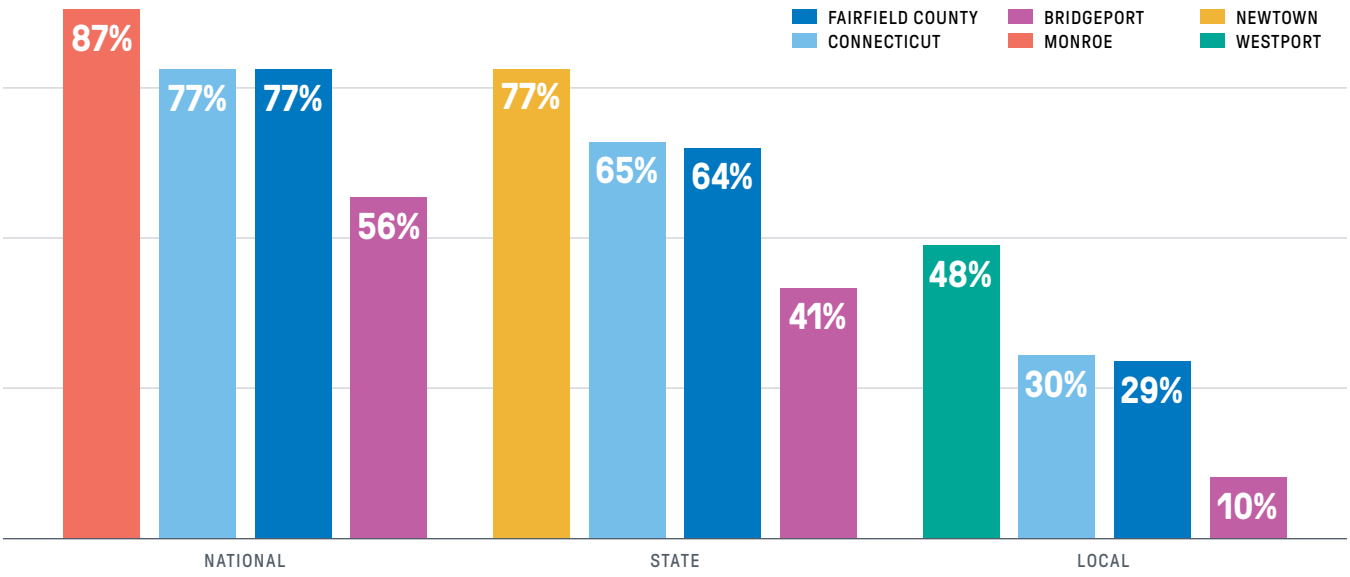


FIG 4.4

Voter turnout is high for national and state elections, but much lower in municipal ones

PERCENT OF ELIGIBLE VOTERS WHO VOTED IN ELECTIONS, WITH FAIRFIELD COUNTY HIGHEST AND LOWEST TOWN RATES, 2016–2018



INTRODUCTION

Civic life, defined broadly as the attitudes, activities, and investments that build on the collective resources, skills, expertise, and knowledge of citizens to improve the quality of life in communities, is a powerful dimension of our overall health and well-being.[280] We view civic life broadly, encompassing both engagement and trust, as the sum of all efforts that promote the common good within communities. These range from the more recognizable—like informed local voting and volunteering—to the less obvious, such as access to and quality of public resources, design and upkeep of public parks, and residents' sense of safety in their neighborhoods. Measures of civic life provide insight as to how residents feel about their communities, the ways they choose to get involved, and opportunities for improving life in the cities and towns they share.

As a growing body of research continues to illuminate the strength of the link between civic life and community health and well-being, we are reminded that our connection to and involvement in our communities is inextricably linked to quality of life.[281] Higher levels of civic trust, participation, and engagement are correlated with both more equitable economic outcomes and many positive health outcomes, such as lower mortality rates, improved mental and physical health, and lower crime rates.[282, 283, 284, 285] Based on this body of work, we chose to frame our Civic Life section using three key domains: Stewardship of the Public Realm, Community Trust and Appreciation, and Participation in Public Life.[286]

Fairfield County towns and cities each have a unique sense of community, with varying traditions, public resources, and physical spaces. Each reader should reflect on the dynamics of civic life within their particular community as they read this section, in order to recognize local assets and identify specific ways in which they can strengthen their communities.

STEWARDSHIP OF THE PUBLIC REALM

Investment in Public Resources: Municipal Financial Capacity

Residents rely on their local governments to provide a wide array of resources. While public education, social and health services, public safety, and infrastructure may come to mind as the key municipal responsibilities, local governments offer many additional programs and services—like public libraries and related programming, transportation assistance, and adult education—which underserved or at-risk populations may disproportionately rely on. The fiscal health of local governments directly impacts their ability to invest in such programs and services. These resources are truly a cornerstone of civic life, helping to mitigate socioeconomic inequalities, bridging social divides, and ultimately, fostering trust in the responsiveness of government to community needs.[287]

Local government revenue comes from municipal taxes and fees (almost exclusively property tax in Connecticut), as well as state and federal grants. On a per capita basis, Connecticut's wealthier suburbs—able to draw on stronger tax bases—are the biggest spenders.[288] Between 2002 and 2015, spending in the state's wealthiest communities increased much faster than spending in the poorest communities.[289] In 2017, Westport spent the most per resident of Fairfield County's cities and towns at $8,059—over 2.5 times the $3,143 per resident in Danbury, the region's lowest-spending municipality, and nearly twice the statewide average of $4,084.[290] In some ways, a more telling figure is expenditures per daytime "resident"—that is, the spending done to support the number of people present in a town during the average workday. This helps illustrate the spending towns must do to meet the needs of people who work, but do not live, in that town, such as road maintenance and public safety needs. In municipalities with large inflows of workers, this measure of per-capita spending drops; bigger cities that act as regional job centers are most impacted. It is a fiscal challenge for these urban areas to provide the resources necessary to support a large inflow of workers, while being unable to draw on these workers as an asset to their taxbase. For example, Stamford, the town with the largest net inflow in the county, spends an already low $4,169 per resident, but only $3,217 per daytime population.[291]

SEE FIG 4.1 / SEE TABLE 4A

Research has confirmed that disparities in towns' "municipal gap"—the difference between a town's costs of providing public services and its ability to pay for such services—are driven primarily by differences in revenue-raising capacity.[292] Wealthier municipalities with greater tax-generating ability can afford to fund more high-quality public resources, while fiscally distressed municipalities may experience challenges in meeting the needs of their residents.[293] In some of Fairfield County's towns with very large tax bases, this municipal gap becomes a surplus, with towns like New Canaan, Darien, and Greenwich taking in thousands more dollars in revenue per resident than they need to spend; meanwhile, Bridgeport operates on a gap of more than $1,000 per resident.[294] There is a strong correlation between the size of a municipality's equalized net grand list per capita (an estimate of the market value of all taxable property per resident) and overall spending: even when they do not have high tax rates, towns with more taxable wealth are able to spend substantially more money on resources for residents. A number of Fairfield County's wealthier towns had equalized net grand lists per capita of well over $500,000 in 2017, compared to $244,996 in the county overall, $150,956 statewide, and only $59,188 in Bridgeport.[295]

Connecticut municipalities' reliance on property taxes to generate revenue is particularly troublesome for larger cities, many of which are home to a disproportionate number of tax-exempt state-owned and private properties, like hospitals and colleges.[296] For example, nearly 30 percent of Bridgeport's 2016 total grand list was tax-exempt, compared to between 6 and 10 percent in the region's towns with the highest equalized net grand lists per capita (Darien, Greenwich, New Canaan, and Westport).[297] While state payment in lieu of taxes (PILOT) grants were designed to partially reimburse municipalities for funds lost due to tax-exempt property, these reimbursements have declined in recent years.[298, 299] A 2017 report estimated that Bridgeport should have received $19.3 million in PILOT reimbursements for tax-exempt hospitals and colleges based on state statutory obligations for the 2015–16 fiscal year, but actually received only $8 million—a more than $11 million shortfall.[300]

Local property taxes play an important role in funding public schools; in Connecticut, 58 percent of all education funding comes from this source.[301] Though spending per student varies widely, even among municipalities with similar populations, the state's wealthiest suburbs generally spend more per student than its largest cities.[302, 303] Fairfield County's highest-spending towns overall also tend to spend a comparatively high amount of money per pupil. In 2017, per-pupil spending in Fairfield County was $16,983, similar to the state overall at $16,592.[304] However, Bridgeport, Brookfield, Danbury, and Shelton spent less than $15,000 per pupil, while Darien, Greenwich, New Canaan, Westport, Weston, and Redding spent over $20,000 per pupil.[305] SEE FIG 4.1 / SEE TABLE 4A

TABLE 4A

Municipal expenditures and financial capacity indicators

INDICATORS BY TOWN, FAIRFIELD COUNTY, FY 2017

LOCATION	MUNICIPAL GAP OR SURPLUS PER CAPITA	EXPENDITURE PER DAYTIME POPULATION	EQ. NET GRAND LIST PER CAPITA	SCHOOL SPENDING PER PUPIL
Connecticut	N/A	$3,816	$150,956	$16,592
Fairfield County	N/A	$4,250	$244,996	$16,983
Bethel	+$85	$4,161	$141,189	$15,691
Bridgeport	-$1,168	$4,052	$59,188	$14,164
Brookfield	+$658	$3,843	$194,612	$14,524
Danbury	-$198	$2,536	$121,741	$12,742
Darien	+$3,782	$6,523	$614,133	$20,157
Easton	+$1,132	$8,438	$250,819	$19,884
Fairfield	+$885	$4,677	$247,888	$17,005
Greenwich	+$5,110	$5,199	$734,668	$21,203
Monroe	+$210	$5,606	$158,610	$16,774
New Canaan	+$3,703	$7,474	$593,971	$20,162
New Fairfield	+$353	$6,177	$169,469	$15,987
Newtown	+$289	$4,657	$161,178	$16,551
Norwalk	+$318	$3,655	$216,598	$16,989
Redding	+$1,096	$6,745	$265,197	$21,707
Ridgefield	+$1,350	$5,505	$284,990	$17,961
Shelton	+$128	$2,731	$164,447	$13,884
Sherman	+$1,385	$5,359	$277,265	$18,138
Stamford	+$643	$3,217	$251,632	$18,570
Stratford	-$299	$4,158	$127,366	$15,985
Trumbull	+$281	$5,140	$181,564	$15,980
Weston	+$1,908	$9,398	$342,877	$20,890
Westport	+$3,622	$6,126	$553,543	$20,387
Wilton	+$1,791	$5,494	$354,669	$19,865

Note: Other than municipal gap, values are given by fiscal year.

TABLE 4B

Perceived access to and quality of community resources

NEIGHBORHOOD ASSETS INDEX: SHARE OF ADULTS BY COMPONENT, AND COMPOSITE SCORE, FAIRFIELD COUNTY, 2018

LOCATION	GOVT IS RESPONSIVE	GOOD TO RAISE KIDS	GOOD CONDITION OF PARKS	SAFE SIDEWALKS	SAFE BIKING	REC FACILITIES AVAILABLE	NEIGHBOR-HOOD ASSETS INDEX
Connecticut	51%	75%	75%	61%	63%	70%	556
FC	55%	76%	78%	58%	57%	68%	598
BY DEMOGRAPHIC WITHIN FAIRFIELD COUNTY							
Male	54%	78%	78%	60%	59%	73%	584
Female	55%	75%	78%	57%	54%	64%	613
Age 18–34	48%	66%	71%	69%	61%	68%	543
Age 35–49	52%	72%	77%	60%	57%	73%	569
Age 50–64	56%	81%	79%	50%	54%	68%	642
Age 65+	62%	84%	84%	55%	56%	63%	706
White	60%	83%	84%	52%	57%	69%	693
Black	35%	49%	57%	77%	53%	65%	358
Latino	51%	63%	67%	69%	54%	68%	482
Under $30K	41%	56%	63%	71%	57%	59%	449
$30K–$100K	52%	73%	76%	63%	56%	68%	560
$100K+	62%	86%	84%	50%	58%	72%	725
BY GEOGRAPHY							
Bridgeport	31%	31%	54%	78%	48%	61%	259
Danbury	58%	73%	70%	43%	42%	57%	522
Fairfield	64%	94%	92%	70%	69%	80%	859
Greenwich	77%	91%	91%	72%	60%	79%	881
Norwalk	48%	72%	75%	77%	66%	68%	563
Stamford	47%	75%	77%	72%	64%	71%	602
Stratford	33%	72%	72%	76%	54%	73%	460

Cities and towns with lower property values may be forced to levy higher property taxes to fund public education and other critical municipal programs and services. For example, based on the most updated mill rates for the 2019 fiscal year, the owner of a $200,000 home would pay $1,592 of property taxes in Greenwich, but $7,612 in Bridgeport.[306] A house valued at $200,000 in Bridgeport would have a substantially higher value in Greenwich. Nonetheless, research shows that the property tax has the largest impact on Connecticut households of any state or municipal tax and is indeed regressive, meaning low-income households pay a higher share of their incomes than wealthy households because assessed property value, rather than income level, determines the tax.[307]

Perceived Access to and Quality of Community Resources

On the whole, Fairfield County respondents to DataHaven's 2018 Community Wellbeing Survey indicated general satisfaction with the quality of and access to public resources while acknowledging room for improvement. When asked about the responsiveness of their local government, 55 percent of adults in Fairfield County described it as "excellent" or "good," 4 percentage points higher than the statewide average.[308] Over half of adults agreed there were safe sidewalks and places to

bike in their neighborhood.[309] Three-quarters rated the condition of public parks and other public recreational facilities as "excellent" or "good," roughly on par with the state average.[310]

Disaggregating survey results by respondents' town and income levels reveals that wealthier individuals and residents of wealthier towns report greater access to and satisfaction with goods and services, cultural events, and recreational facilities in their communities.[311] SEE FIG 4.2 / SEE TABLE 4B

Food deserts, defined as areas where it is difficult to purchase fresh fruits, vegetables, and other healthful whole foods, typically occur in economically distressed urban areas.[312] The low-income people who live in those areas are less likely to have the car access needed to get to grocery stores across the region.[313] In 2018, only 54 percent of Bridgeport adults reported good or excellent access to affordable, high-quality fruits and vegetables, contrasted with 83 percent of Greenwich adults.[314]

Highlight: Public Libraries

Public libraries are invaluable anchor institutions that transcend their traditional role of lending books. While their utilization and functions vary greatly from community to community, they often act as centers for educational programming, incubators for entrepreneurs and ideas, hubs for technology and digital learning, and platforms for civic engagement and arts education and appreciation. Overall, library spending in Fairfield County in the 2017 and 2018 fiscal years averaged $77 per resident—well above the state average of $60.[315] However, some towns spent much less, while others exceeded the region's average spending; Bridgeport spent only $38 per capita, while the region's six wealthiest towns spent $174.[316]

Towns that spend more on their libraries generally see higher use; in other words, towns with higher total library expenses per capita tend to experience more visits and have higher circulation per capita than lower-spending towns. In 2017 and 2018, Bridgeport's libraries had 2.7 visits per capita and a circulation per capita of 2.0 items, while Darien's libraries had 17.6 visits per capita and a circulation per capita of 28.9 items.[317] SEE FIG 4.3

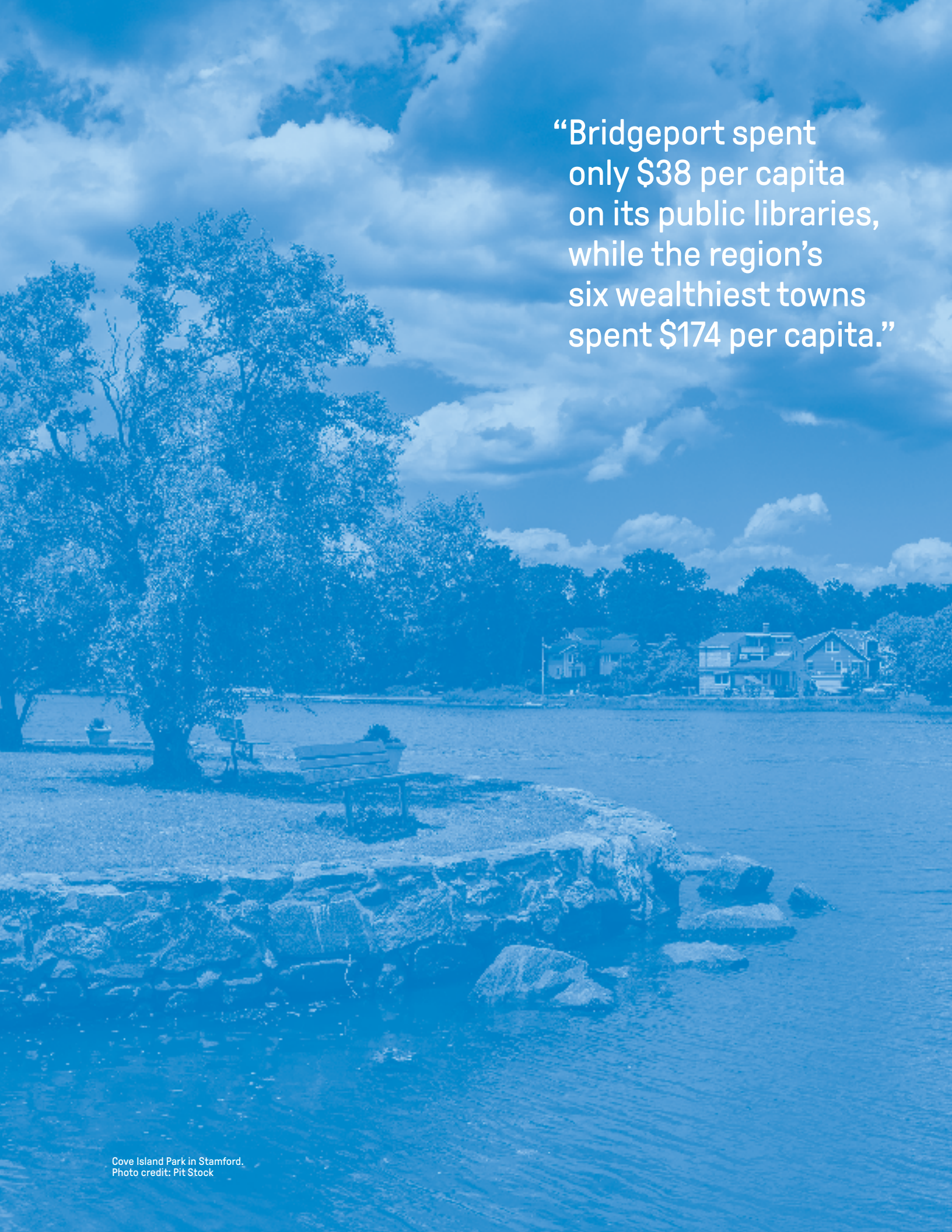
As libraries have evolved over the years, the way residents interact with and utilize them is changing; statewide, library circulation per capita has trended downward since the early 2000s, decreasing from an average 8.3 in 2001 and 2002 to 6.8 in 2017 and 2018.[318] For lower-income residents—less likely to own an internet-connected device or have wifi access at home—library computers are a critical resource. In 2017 and 2018, Fairfield County's six wealthiest towns had more public library computers available per 10,000 residents (20.3) than the region overall (14.2); towns like Danbury (9.8) and Shelton (4.4) had fewer.[319] Bridgeport has made a strong investment in computers, with 18.3 per 10,000 residents.[320]

Highlight: Climate Stewardship

Carbon dioxide and other greenhouse gas emissions, driven by human activity, are increasing global temperatures and thus contributing to issues that have major implications for Connecticut and Fairfield County residents: damage to ecosystems, severe storms, extreme flooding, and more heat waves.[321] One study projects that the average summer high temperature in Stamford in 2050 will be 88.2 degrees, which would be an increase of 4.4 degrees since 2000.[322]

With a substantial shoreline, Fairfield County is particularly vulnerable to sea level rise, coastal storms, and flooding.[323] Estimates suggest Fairfield County's "100-year flood height"—the level of flooding that statistically has a 1 percent chance of occurring any given year—is 5.8 feet above the high tide line.[324, 325] The region is home to more than 29,000 residents who live in areas six feet or less above the high tide line, meaning their property would be at risk of exposure if a 100-year flood were to occur; an estimate puts the property value in this exposure zone at $9.1 billion.[326] One risk model estimates a 49 percent chance of such a flood in Fairfield County between 2016 and 2050.[327] Coastal management, forward-looking building and zoning codes, and emergency preparedness are important considerations.[328]

Looking at the bigger picture, efforts to address climate change and its symptoms should lead to infrastructure and policy changes that reduce carbon emissions, such as more efficient housing, transportation, and land use. Currently, the estimated annual carbon footprint of each Fairfield County household ranges from roughly 35 metric tons of emissions in the most densely populated central areas of Bridgeport and Stamford to more than 80 metric tons in Darien, Easton, New Canaan, Weston, and Wilton—with Weston, at 88 tons, having the highest rate of any town in the Northeastern U.S.[329]



"Bridgeport spent only $38 per capita on its public libraries, while the region's six wealthiest towns spent $174 per capita."

Cove Island Park in Stamford.
Photo credit: Pit Stock

COMMUNITY TRUST AND APPRECIATION

At a fundamental level, civic trust helps to bridge divides and foster cooperation—conditions necessary for both political engagement and economic development. In fact, research has shown strong, positive correlations between regions' levels of civic trust and economic performance.[330, 331] Higher levels of civic trust also lead to healthier and more cohesive communities, encouraging the growth of social organizations—some of which promote equitable access to much-needed local programs and services in education, transportation, community health, and recreation.

Overall, Fairfield County adults report feelings of trust in one another, good relationships with friends and family, and appreciation for the communities in which they live. The 2018 DataHaven Community Wellbeing Survey showed that 86 percent of adults agreed that people in their neighborhood could be trusted, 71 percent usually or always received the social support they need, and 83 percent were satisfied with where they live.[332] Fairfield County adults also indicated they felt safe in their communities, as 80 percent rated the job done by police to keep residents safe as excellent or good, and 70 percent felt safe walking in their neighborhoods at night—about the same as statewide rates for both measures.[333] However, only 53 percent of Black adults and 70 percent of Latino adults in the region said local police are doing a good or excellent job, compared to 88 percent of white adults.[334] This may stem from these communities' interactions with the police force: 20 percent of Black adults and 16 percent of Latino adults reported experiencing an unfair stop, search or other incident of mistreatment by the police at least once, compared to only 7 percent of white adults.[335]

SEE FIG 3.12 / SEE TABLE 4C

Confidence in civic and nonprofit organizations serving the area is another important aspect of community trust. Community philanthropy that supports locally driven development, strengthens community capacity and voices, builds on local resources, and holds itself accountable not only produces lasting results but also increases residents' trust in their community institutions.[336]

Highlight: Local News Coverage

Local news coverage is a vital tool for encouraging political participation and accountability. A growing body of literature has documented the effect of news coverage on measures of local civic trust and engagement. Areas with fewer local news outlets and declining coverage tend to have lower levels of civic participation and voter turnout.[337] Individuals who are more likely to volunteer, vote, and be active in their communities are also more likely than less engaged residents to use and value local news.[338] Cities served by newspapers experiencing sharp declines in staffing—as many nationwide have in recent years—see reduced political competition in mayoral elections.[339] Additionally, declining local news coverage has been linked to a reduction in community political knowledge and participation, and ongoing research suggests that the closure of a local newspaper may actually increase cost of government due to reduced journalistic scrutiny of deals and spending.[340, 341]

In recent years, local political news coverage has continued to diminish as the industry's revenue declines, with well over a thousand local newspapers being shuttered across the U.S. over the last 15 years.[342] According to the 2018 Pew Research Center's Local News Survey, 84 percent of adults living in the Bridgeport-Stamford-Norwalk MSA did not pay for local news during the past year.[343] Only 63 percent of adults reported that they follow the local news very or somewhat closely.[344]

It is important to note that several new nonprofit digital journalism platforms are available in Connecticut. We can get an idea of the demand for local journalism in Fairfield County by looking at data for usage of The Connecticut Mirror, a nonprofit media organization headquartered in Hartford that focuses on public policy and political issues in the state. Between July 2018 and July 2019, CT Mirror recorded nearly 216,000 readers in Fairfield County, a 22 percent increase from the previous year.[345]

TABLE 4C

Community trust and appreciation

SHARE OF ADULTS, FAIRFIELD COUNTY, 2018

LOCATION	SATISFIED W/ AREA	POLICE APPROVAL	SAFE WALKING AT NIGHT	TRUST NEIGHBORS	POSITIVE ROLE MODELS	RECEIVE SOCIAL SUPPORT
Connecticut	82%	78%	70%	85%	78%	71%
Fairfield County	83%	80%	70%	86%	80%	71%
BY DEMOGRAPHIC WITHIN FAIRFIELD COUNTY						
Male	84%	82%	73%	87%	81%	71%
Female	83%	79%	67%	85%	79%	71%
Age 18–34	81%	71%	63%	78%	71%	66%
Age 35–49	82%	78%	74%	84%	78%	66%
Age 50–64	83%	84%	74%	90%	84%	72%
Age 65+	86%	90%	67%	92%	85%	81%
White	86%	88%	75%	92%	85%	77%
Black	73%	53%	56%	67%	60%	65%
Latino	80%	70%	58%	71%	66%	62%
<$15K	72%	58%	45%	69%	59%	44%
$15K-$30K	73%	61%	53%	74%	65%	52%
$30K-$50K	81%	72%	60%	78%	71%	66%
$50K-$75K	82%	78%	71%	81%	78%	67%
$75K-$100K	83%	85%	70%	88%	84%	74%
$100K-$200K	86%	88%	77%	93%	85%	77%
$200K+	90%	93%	85%	97%	93%	84%
BY GEOGRAPHY						
Bridgeport	69%	47%	43%	60%	48%	56%
Danbury	85%	84%	70%	85%	79%	68%
Fairfield	88%	95%	85%	96%	94%	80%
Greenwich	92%	90%	76%	95%	89%	77%
Norwalk	84%	79%	68%	83%	76%	70%
Stamford	84%	83%	70%	86%	84%	72%
Stratford	78%	79%	72%	87%	73%	68%

PARTICIPATION IN PUBLIC LIFE

Community and civic engagement can take many forms, from more commonly cited activities—like volunteering and voting—to the vast array of opportunities provided by arts and cultural events, community and school meetings, and religious organizations. As different as they may be, these forms of participation in public life arise from a shared sense of connection and belonging, as well as investment and ownership in the local, regional, national, and international communities to which residents belong.[346] The quality of our communities, and our democracy, depend on participation and citizen engagement across the various dimensions of public life.[347]

Opportunities for, and rates of, civic participation are impacted by socioeconomic status in both Connecticut and Fairfield County; rates of volunteering, voting, and using cultural resources were lower for individuals with lower incomes and levels of educational attainment, indicating that structural inequalities may create obstacles to actively participating in public life.[348]

Volunteering

In 2018, just over 40 percent of Fairfield County adults reported having volunteered in the past year, equal to the state level.[349] However, statewide data reveals that some residents volunteer more than others. As educational attainment and personal income increase, so do rates of volunteering. For example, only 29 percent of adults with a high school degree or less reported volunteering, compared to 48 percent of those with a bachelor's degree or higher; 27 percent of adults earning less than $30,000 per year volunteered, compared to 54 percent of adults earning over $100,000.[350]

The DataHaven Community Wellbeing Survey attempts to capture neighborhood engagement beyond formal volunteering; the survey asks about collective efficacy, such as whether people nearby are involved in trying to improve their neighborhood, and how likely it is that they would organize to prevent the closing of a local fire station.[351] In 2018, 80 percent of Fairfield County adults felt their neighbors were invested in improving the neighborhood, while 84 percent believed neighbors would organize to prevent the closing of a fire station.[352] Though difficult to measure at the local level, "informal

TABLE 4D

Participation in public life

SHARE OF ADULTS, FAIRFIELD COUNTY, 2018

LOCATION	VOLUNTEER	UTILIZE ARTS	NEIGHBORS INVOLVED IN IMPROVING AREA	NEIGHBORS WOULD ORGANIZE FOR FIRE STATION	CAN INFLUENCE LOCAL GOVERNMENT
Connecticut	41%	64%	77%	84%	72%
Fairfield County	41%	67%	80%	84%	72%
AGE GROUP WITHIN FAIRFIELD COUNTY					
Age 18–34	34%	67%	72%	81%	74%
Age 35–49	43%	68%	80%	79%	70%
Age 50–64	43%	70%	84%	89%	73%
Age 65+	42%	64%	87%	90%	73%
BY GEOGRAPHY					
Bridgeport	29%	57%	65%	69%	63%
Stamford	45%	64%	80%	85%	69%

TABLE 4E

Recent voter turnout

SHARE OF ELIGIBLE VOTERS VOTING IN 2016, 2017, AND 2018 ELECTIONS

LOCATION	2018 MIDTERM	2017 MUNICIPAL*	2016 PRESIDENTIAL
Connecticut	65%	30%	77%
Fairfield County	64%	29%	77%
Bridgeport	41%	10%	56%
Danbury	58%	N/A	75%
Fairfield	72%	N/A	79%
Greenwich	71%	N/A	85%
Norwalk	61%	29%	78%
Stamford	63%	27%	79%
Stratford	59%	N/A	73%
6 wealthiest FC towns	72%	36%	83%
Other FC towns	70%	36%	81%

* Unofficial Results: note, only towns holding November municipal elections were included in these rates.

volunteering"—such as supporting family and friends or doing favors for neighbors—is also an important aspect of community life. According to the Corporation for National and Community Service, in 2018, national rates for these activities were 43 percent and 51 percent, respectively.[353]

SEE TABLE 4D

Arts and Culture

Community-based arts and cultural resources serve as venues for creativity, innovation, dissent, and dialogue; nurture cultural movements; cultivate public imagination; and drive and inspire authentic civic engagement. From film festivals to theatre groups and museums, these assets provide opportunities for bringing together diverse groups of people and building social capital—both between people and across organizations, like block associations, civic groups, congregations, and political and business groups.[354] By providing the physical and experiential space for people to connect, build trust, and cultivate understanding, local arts and cultural resources act as platforms for public dialogue and engagement—critical elements of a healthy democracy.[355]

Research has shown access to arts and culture fosters stewardship, participation, and civic trust. People who partake in arts and cultural activities were found to be 12 percent more likely to donate money to a local organization, 14 percent more likely to attend local events, and 21 percent more likely to rate local leaders as effective.[355] In 2018, 67 percent of Fairfield County adults utilized arts and cultural resources in the area—such as concerts, museums, and cultural events—at least a few times over the past year, similar to the statewide rate.[357] As with volunteering, statewide data show that individuals with higher levels of educational attainment and personal income utilize arts and cultural resources more often: 51 percent of adults with a high school degree or less compared to 70 percent with a bachelor's degree or higher, and 56 percent of individuals earning less than $30,000 per year versus 70 percent of those earning above $100,000.[358] Fairfield County's two nonprofit arts alliances—The Cultural Alliance of Fairfield County and the Cultural Alliance of Western Connecticut—both work to promote the arts and culture sector throughout the region.

Voting

As is the trend nationally, voter turnout in Fairfield County varies by type of election, with greater turnout for higher-office elections. The county's turnout rate was 77 percent in the 2016 presidential election, 64 percent in the 2018 midterm election, and only 29 percent in the 2017 municipal election.[359] These rates were nearly identical to the statewide marks, and significantly higher than national levels. In Fairfield County, turnout for the 2016 presidential election increased only slightly from that in 2012, while turnout for the 2018 midterm election was 11 percentage points higher than for the 2014 midterms.[360] Nationally, turnout in the 2018 midterms was the highest in four decades, reversing a trend of declining interest in midterm elections and likely reflecting the tumultuous political landscape following the 2016 presidential election.[361] But turnout in local elections has continued to trend downward in both the state and Fairfield County. In the 2007 municipal elections, 35 percent of registered Fairfield County residents cast a ballot—6 percentage points higher than turnout for the 2017 municipal election a decade later.[362] SEE FIG 4.4 / SEE TABLE 4E

Town-level voter turnout rates reinforce the finding that socioeconomic status affects participation in public life. Across the three most

recent major elections, turnout rates were lowest in Bridgeport, at 41 percent in the 2018 midterm, 10 percent in 2017 municipal, and 56 percent in 2016 presidential elections. Turnout for those same elections in Fairfield County's six wealthiest towns were 72 percent, 36 percent, and 83 percent, respectively.[363] Low voter turnout is driven by a range of factors, including a lack of basic information on elections, distance to polling stations and hours of operation, inflexible work schedules, limited transportation, and other barriers that disproportionately affect economically distressed communities and communities of color.

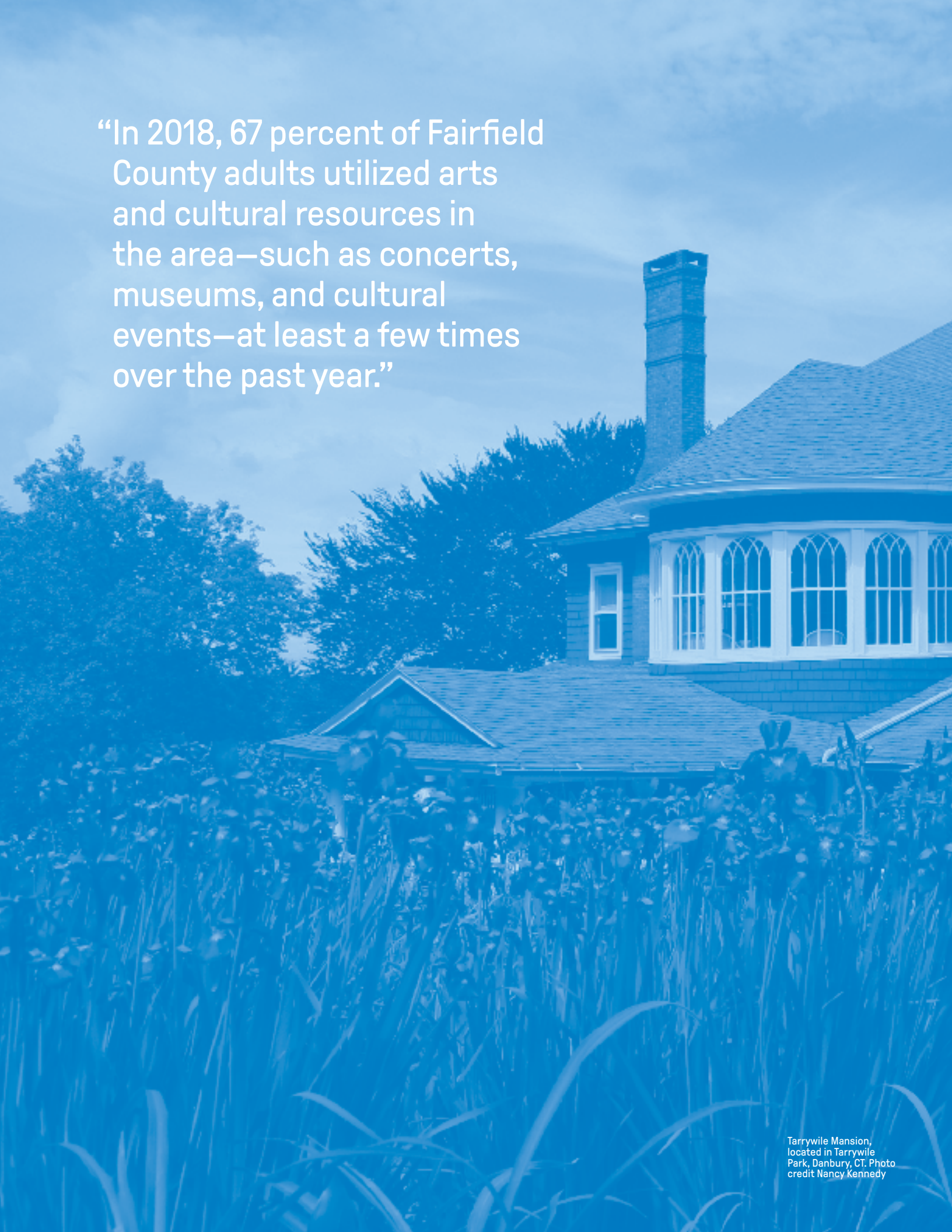
Between 2015 and 2018, Fairfield County adults' perceived ability to influence local government decision-making increased substantially, a trend also seen statewide. The share of residents believing they had at least a little influence on local government increased by 7 percentage points—from 65 percent to 72 percent for Fairfield County (and from 62 percent to 72 percent statewide).[364] This jump may reflect the recent surge in political energy and interest across the nation, and particularly among younger voters: voter turnout for adults ages 18 to 29 increased a whopping 79 percent between the 2014 and 2018 midterm elections nationwide.[365] The share of Fairfield County residents ages 18 to 34 who felt they had at least a little influence on local government increased 12 percentage points between 2015 and 2018 to about 74 percent.[366]

Highlight: Community Design

The design of neighborhoods and public spaces impacts residents' civic health. Cycling, walking, and access to nature and green spaces are all connected to civic trust and participation; urban parks are particularly important, as they promote inclusion and strengthen social networks across diverse groups of people.[367, 368] Individuals residing in walkable neighborhoods report higher levels of civic trust and participation, while those with access to parks and green space are more likely to trust their neighbors and believe community members are willing to help one another.[369, 370]

Research has shown that even the presence of a community garden in easy walking distance is associated with increased participation in public life and more informed local voting.[371] Access to well-maintained green spaces, safe sidewalks, and quality cycling infrastructure are positively associated with many indicators that promote well-being, like increased physical activity, lower levels of stress, stronger social connections, and even reduced mortality.[372, 373, 374, 375] Investment in well-designed and equitable communities isn't simply about making neighborhoods more visibly desirable; rather, it's about using the built environment as a tool to deliver increased well-being to residents. DH

"In 2018, 67 percent of Fairfield County adults utilized arts and cultural resources in the area—such as concerts, museums, and cultural events—at least a few times over the past year."



Tarrywile Mansion, located in Tarrywile Park, Danbury, CT. Photo credit Nancy Kennedy

CHAPTER 5

Conclusion and Endnotes

Behind every number in this document are people, families, and communities that are far more complex than a few summary statistics. Human beings never match all the averages used to describe them.

Data can help us tell stories, but they cannot tell complete stories on their own.

THE 2020 CENSUS

→ "With $10.7 billion dollars in annual federal funding to the state on the line, an accurate count of the people living in Connecticut is crucial." **Susan Bysiewicz,** Lieutenant Governor of Connecticut

→ "The Constitution requires that every ten years, the nation undertakes what is arguably its most essential task: ensuring a fair and valid count of every single one of its now 330 million residents.... The products of these efforts are data sets that characterize our population, create political districts, and enable virtually all other ongoing data collection efforts." **Aparna Nathan and Mark Abraham,** DataHaven. (2017, October 2). At Risk: Fair and Valid Census Data for Connecticut. The Connecticut Mirror.

Conclusion

Connecticut is changing: our population is growing older and more diverse, our neighborhoods are becoming more stratified, our coastline faces rising sea levels. Data help us understand these changes, and increased data literacy brings more people and new approaches into that work. But the undercurrents of inequality and segregation that define much of life in Connecticut are not absolute. Our neighborhoods are always more than just two-dimensional places of either never-ending hardship or trouble-free affluence. Our attempts at presenting a more nuanced view are nowhere near perfect. Any researchers, ourselves included, have blindspots that influence what we prioritize and what we leave out of our analysis.

Data are never truly objective, either. They might help identify patterns and connect bits of information, but every decision that goes into how data are defined, measured, interpreted, and acted upon is subject to the same bias we know exists in our society. In a time of climate change denial, re-politicization of the Census, and fake news—both the accusation used to deflect criticism and the actual, webclick-optimized phenomenon—dry facts are not enough in pushing for a more just, equitable, and sustainable society.

Data are even used in ways that deepen inequality. Mortgage approvals and bail amounts are made by black-box algorithms that their subjects do not even know about. Data tools, such as the Constitutionally-mandated Census count or the geographical demarcation of where you vote and how much your vote matters, can be used to include and support people, or to render them uncounted, unheard, and invisible. The fact that data can be used in these ways shows just how powerful they can be, and why it is important to understand that social prejudice is often reflected in something presented as impartial.

Our hope is that you will help make this document more whole. Critique it. Find its blind spots, take its conclusions in different directions, and use it to think more critically about the world around you. Share an interesting fact you read here with your neighbor, and see how you might both relate to it differently. Fill in the gaps between data points with your stories. Work with neighbors to help ensure a more equitable and complete population count during the 2020 Census.

Above all, not everything important can be measured. Take what is on the pages here and bring it to life and to action. DH

SECTION 1. NOTES ON FIGURES AND TABLES

GENERAL NOTE ON DATAHAVEN COMMUNITY WELLBEING SURVEY

One of the major sources used in this report is the DataHaven Community Wellbeing Survey (CWS). This survey was most recently carried out from March to November 2018, during which 16,000 randomly-selected adults were interviewed, including residents from all 169 towns in Connecticut; the 2015 iteration had a similar sample size and scope. Questions on the CWS are compiled from local, national, and international sources and best practices, and are developed with input from an advisory committee of leading experts in survey research. All reported CWS estimates are weighted in order to accurately represent the underlying adult population within each region, town, or neighborhood. For more information and crosstabs of data, see https://ctdatahaven.org/reports/datahaven-community-wellbeing-survey

GENERAL NOTE ON GEOGRAPHY

Fairfield County is made up of 23 towns: Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Redding, Ridgefield, Shelton, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, and Wilton. In some parts of this report, we refer to the county's 6 wealthiest towns in aggregate; these are Darien, New Canaan, Ridgefield, Weston, Westport, and Wilton. In some charts and tables, the county's larger towns are highlighted, often Bridgeport, Danbury, Fairfield, Greenwich, Norwalk, Stamford, and Stratford, as are the 6 wealthiest towns. The group "other towns" would then be the remaining towns of Bethel, Brookfield, Easton, Monroe, New Fairfield, Newtown, Redding, Shelton, Sherman, and Trumbull.

Analysis of U.S. Census Bureau public use microdata sample (PUMS) data throughout the report is done for combinations of public use microdata areas (PUMAs), the smallest geographic unit for which PUMS data is available. Fairfield County is made up of the Connecticut PUMAs with FIPS codes 00100, 00101, 00102, 00103, 00104, and 00105.

Chapter 1

FIG 1.1. COMPONENTS OF THE DATAHAVEN COMMUNITY INDEX, 2017

DataHaven analysis (2019). The 12 indicators used in the Community Index include: (1) Opportunity youth, or the share of people ages 16 to 19 who are neither in school nor working, (2) the unemployment rate, (3) the overall poverty rate, (4) the share of children ages 0 to 5 living in poverty, (5) the share of adults with a high school education or more, (6) the share of people with health insurance, (7) severe housing cost burden, or the share of households paying 50 percent or more of their income towards housing costs, (8) the share of three- and four-year-olds enrolled in preschool, (9) average life expectancy, (10) the share of workers whose commutes are 30 minutes or less, (11) youthful labor force, or the share of the population ages 25 to 44, and (12) median household income.

The Community Index assigns each of the 12 component indicators a relative value from 0 to 1,000, where 1,000 is assigned to the best/preferred outcome. In other words, the value is generated relative to the areas with the highest and lowest indicator values. This helps to control for the different distributions of each indicator, but may exaggerate the effect of outliers. Colors indicate how each area ranks relative to other locations in the analysis as better or worse than average. Data tables contain "N/A" where information is not available. In addition to major geographic regions, the larger towns or regions with the best and worst values are displayed to the right of the chart.

Because the data used for these indicators are available at different geographic levels nationwide, local neighborhoods, towns, and regions in Connecticut were compared not just to each other, but to U.S. averages and metropolitan areas. SEE FIG 1.2 FOR DETAILS ON METROPOLITAN AREAS

Data are from two main sources: The National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015, and U.S. Census Bureau American Community Survey (ACS) 2012 and 2017 5-year estimates, Tables B01001, Sex by Age; B08303, Travel Time to Work; B14003, Sex by School Enrollment by Type of School by Age for the Population 3 Years and Over; B14005, Sex by School Enrollment by Educational Attainment by Employment Status for the Population 16 to 19 Years; B15001, Sex by Age by Educational Attainment for the Population 18 Years and Over; B17001, Poverty Status in the Past 12 Months by Sex by Age; B18135, Age by Disability Status by Health Insurance Coverage Status; B19001, Household Income in the Past 12 Months (in 2017 Inflation-Adjusted Dollars); B19013, Median Household Income in the Past 12 Months (in 2017 Inflation-Adjusted Dollars); B19127, Aggregate Family Income in the Past 12 Months (in 2017 Inflation-Adjusted Dollars); B23025, Employment Status for the Population 16 Years and Over; B25070, Gross Rent as a Percentage of Household Income in the Past 12 Months; B25091, Mortgage Status by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months. ACS tables available at https://factfinder.census.gov. USALEEP data available at https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html.

Life expectancy is a prediction of the number of years a person born today might expect to live given the mortality rate among all age groups in the area in which they are born. Because of the interrelated nature of health and socioeconomic status, life expectancy can be understood as a measure of health and a measure of social well-being. The latest available data for life expectancy covers the period from 2010 to 2015 and is summarized here as the population-weighted average life expectancy for each geographic area based on the census tracts within that area. SEE FIG 3.1 FOR MORE GRANULAR ANALYSIS OF LIFE EXPECTANCY DATA

The Community Index uses Census ACS estimates for health insurance coverage to allow for nationwide comparisons at many geographic levels. Elsewhere in this report, health insurance coverage is reported from the DataHaven Community Wellbeing Survey.

The average (mean) of the 12 scaled indicators represents the area's Community Index score. Five-year averages for 2008–2012 and 2013–2017 were used because they represent non-overlapping estimate ranges; only the 2013–2017 values are shown in figures. SEE TABLE 1A FOR 2008–2012 VALUES

FIG 1.2. COMPOSITE SCORE OF THE DATAHAVEN COMMUNITY INDEX BY AREA, 2017

SEE FIG 1.1 FOR METHODOLOGY BEHIND THE COMMUNITY INDEX Metropolitan areas are defined by the federal Office of Management and Budget. While metropolitan areas from around the country were used in ranking values, only those in New England states with at least 300,000 people, and New York, NY, are displayed here.

Fairfield County's larger cities' Census tracts were clustered into neighborhood groups as follows: Bridgeport was broken into Central (tracts 070200, 070300, 070400, 070500, 070600, 070900, 071000, 071100, 071200, 071300, 071400, 071600, 071900, 072000, 072100, 072200, 073000, 073100, 073200, 073300, 073400, 073700, and 257200); East End (tracts 073500, 073600, 073800, 073900, 074000, 074300, and 074400); and North/Black Rock (070100, 072300, 072400, 072500, 072600, 072700, 072800, and 072900). Danbury was broken into Central (tracts 210100, 210200, 210300, 210600, 210701, and 210702) and Outer (tracts 210400, 210500, 210800, 210900, 211000, 211100, 211200, 211300, and 211400). Norwalk was broken into South/Central (tracts 043400, 043700, 044000, 044100, 044400, and 044500)

and North (tracts 042500, 042600, 042700, 042800, 042900, 043000, 043100, 043200, 043300, 043500, 043600, 043800, 043900, 044200, 044300, and 044600). Stamford was broken into Central (tracts 020100, 021400, 021500, 021700, 021802, 022100, 022200, and 022300) and North (tracts 020200, 020300, 020400, 020500, 020600, 020700, 020800, 020900, 021000, 021100, 021200, 021300, 021600, 021801, 021900, 022000, and 022400). All tracts are within Fairfield County (FIPS code 09001).

FIG 1.3. COMPONENTS OF THE DATAHAVEN COMMUNITY INDEX BY RACE/ETHNICITY, 2017

SEE FIG 1.1 Many American Community Survey subtables are available for individual racial/ethnic groups; these were used to calculate Community Index indicators by race/ethnicity. For indicators not available through American Community Survey tables (severe housing cost burden, and the share of workers with short commutes), additional DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2017 5-year public use microdata sample (PUMS) data was conducted. Analysis of PUMS data involves weighting survey responses to reflect overall population demographics. For life expectancy, results are reported as the population-weighted life expectancy for tracts by racial/ethnic group comprising the largest share of population in that tract. Due to low sample sizes, age ranges for preschool enrollment differ between population-level tables and subtables. Since the two are not comparable, that indicator is removed from this Index.

PUMS data accessed via IPUMS. Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek. IPUMS USA: Version 9.0 2013–2017 ACS 5-year Census microdata. Minneapolis, MN: IPUMS, 2019. https://doi.org/10.18128/D010.V9.0

FIG 1.4. DATAHAVEN PERSONAL WELLBEING INDEX VS COMMUNITY INDEX; DATAHAVEN PERSONAL WELLBEING INDEX VS NEIGHBORHOOD ASSETS INDEX

SEE FIG 1.1 FOR COMMUNITY INDEX DETAILS / SEE TABLE 1C FOR PERSONAL WELLBEING INDEX DETAILS The Neighborhood Assets Index is an aggregate of 2018 DataHaven Community Wellbeing Survey participants' positive ratings on 6 indicators about the area where they live: (1) condition of local parks, (2) quality of the area as a place to raise children, (3) responsiveness of local government, (4) availability of recreation facilities, and the presence of (5) safe places to bike and (6) safe sidewalks and crosswalks. Likert-style responses (e.g. "excellent," "good," "fair," "poor") were converted to scaled numeric values, averaged, and used for factor analysis to get a single composite score for each location and demographic group. These scores were then scaled to range from 0 (lower ratings of assets) to 1,000 (higher ratings of assets). SEE TABLE 4B

TABLE 1A. DATAHAVEN COMMUNITY INDEX SCORES FOR LARGE U.S. METROPOLITAN AREAS AND LOCAL CITIES, TOWNS, AND NEIGHBORHOODS, 2012 AND 2017

SEE FIG 1.1 FOR METHODOLOGY AND DETAILS

The top-ranking 35 metropolitan areas are reported, along with the seven bottom-ranking areas and select areas in New England. Metropolitan areas' boundaries change periodically, most recently in 2015. This analysis considers all U.S. metropolitan areas using 2015 geographic boundaries with populations of at least 500,000 in 2017.

TABLE 1B. DATAHAVEN COMMUNITY INDEX AND ITS COMPONENTS BY AREA AND NEIGHBORHOOD, 2017

SEE FIG 1.1

TABLE 1C. DATAHAVEN INDEX SCORES BY DEMOGRAPHIC GROUP AND TOWN, 2017

DataHaven analysis (2019) of questions from 2018 DataHaven Community Wellbeing Survey. The Personal Wellbeing Index is an aggregate of survey participants' positive ratings on four indicators about their health: (1) current anxiety, (2) current happiness, (3) satisfaction with their life, and (4) overall self-rated health. Likert-style responses (e.g. "excellent," "very good," "good," "fair," "poor") were converted to scaled numeric values, averaged, and used for factor analysis to get a single composite score for each location and demographic group. These scores were then scaled to range from 0 (lower ratings of health) to 1,000 (higher ratings of health).

Chapter 2

FIG 2.1. POPULATION AND CHANGE BY AGE GROUP, 1990–2035

DataHaven analysis (2019). 1990 and 2000 figures are from the U.S. Census Bureau Decennial Census; for 1990, SF1 Table P11; and for 2000, SF1 Table P12, Sex by Age. 2015 figures are from U.S. Census Bureau American Community Survey 2015 5-year estimates Table B01001. 1990 figures accessible via Census Data API; all other above tables available at https://factfinder.census.gov. 2035 projected figures are from the Connecticut State Data Center (2017) 2015–2040 Population Projections—Town Level. Available at https://data.ct.gov/resource/hxnh-2e3k

FIG 2.2. POPULATION BY AGE AND RACE, 2010

DataHaven analysis (2019) of U.S. Census Bureau Decennial Census SF1 Table P12; and subtables P12B, Sex by Age (Black or African-American Alone); P12H, Sex by Age (Hispanic or Latino); and P12I, Sex by Age (White Alone, not Hispanic or Latino). Available at https://factfinder.census.gov

FIG 2.3. NON-WHITE SHARE OF POPULATION, 1990–2017

DataHaven analysis (2019). 1990 figures are from U.S. Census Bureau Decennial Census SF1 Tables P1 and P8, accessible via Census Data API. 2017 figures are from U.S. Census Bureau American Community Survey 2017 5-year estimates, Table B03002, Hispanic or Latino Origin by Race. Available at https://factfinder.census.gov

FIG 2.4. FOREIGN-BORN SHARE OF POPULATION, 1990 AND 2017

DataHaven analysis (2019). 1990 figures are from U.S. Census Bureau Decennial Census SF3 Table P42, accessible via Census Data API. 2017 figures are from U.S. Census Bureau American Community Survey 2017 5-year estimates, Table B05001, Nativity and Citizenship Status in the United States. Available at https://factfinder.census.gov

FIG 2.5. FOREIGN-BORN SHARE OF POPULATION, 2017

DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2017 5-year estimates, Table B05001. Available at https://factfinder.census.gov

FIG 2.6. HOUSEHOLDS BY TYPE, 1990–2017

DataHaven analysis (2019). 1990 and 2000 figures are from the U.S. Census Bureau Decennial Census; for 1990, SF1 Table P16; and for 2000, SF1 Table P18, Household Size, Household Type, and Presence of Own Children. 2010 and 2017 figures are from U.S. Census Bureau American Community Survey 2010 and 2017 5-year estimates Tables B11001, Household Type (Including Living Alone); and B11003, Family Type by Presence and Age of Own Children Under 18 Years.1990 figures accessible via Census Data API; all other above tables available at https://factfinder.census.gov

FIG 2.7. LOW-INCOME RATE BY AGE, 2000–2017

DataHaven analysis (2019). 2000 figures are from U.S. Census Bureau Decennial Census SF3 Tables P88, Ratio of Income in 1999 to Poverty Level; and PCT50, Age by Ratio of Income in 1999 to Poverty Level. U.S. Census Bureau American Community Survey 2017 5-year estimates, Tables B17024, Age by Ratio of Income to Poverty Level in the Past 12 Months; and C17002, Ratio of Income to Poverty Level in the Past 12 Months. Available at https://factfinder.census.gov. As described in the report text, "low-income" is defined here as individuals living in households where the household income is less than twice (200 percent of) the federal poverty level.

FIG 2.8. MEDIAN HOUSEHOLD INCOME BY TOWN, 2017

DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2017 5-year estimates, Table B19013. Available at https://factfinder.census.gov

FIG 2.9. MEDIAN HOUSEHOLD INCOME BY QUANTILE, 2016

DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2016 5-year public use microdata sample (PUMS) data. Analysis of PUMS data involves weighting survey responses to reflect overall population demographics. Values shown here represent the 20th, 50th (median), 80th, and 95th percentiles of total household incomes. Analysis of PUMS data is done for combinations of public use microdata areas (PUMAs), the smallest geographic unit for which PUMS data is available. Fairfield County is made up of the Connecticut PUMAs with FIPS codes 00105, 00103, 00102, 00104, 00100, and 00101. PUMS data accessed via IPUMS. Ruggles et al. 2012–2016 ACS 5-year Census microdata.

FIG 2.10. MEDIAN INCOME OF FULL-TIME ADULT WORKERS, 2016

DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2016 5-year public use microdata sample (PUMS) data. Analysis of PUMS data involves weighting survey responses to reflect overall population demographics. To enable comparison between groups, as well as comparison with other related analyses, adults here are filtered to only include those ages 25 and over working full-time. In this and other analyses, we define full-time workers as workers with positive earnings who, over the previous 12 months, were employed at least 50 weeks and worked an average of at least 35 hours per week. Median income is defined as each group's median earnings from work, excluding other non-work sources of income. SEE FIG 2.9 FOR DETAIL ON CONSTRUCTION OF GEOGRAPHIES FOR PUMS ANALYSIS

PUMS data accessed via IPUMS. Ruggles et al. 2012–2016 ACS 5-year Census microdata.

FIG 2.11. DISTRIBUTION OF POPULATION BY NEIGHBORHOOD INCOME LEVEL, 1980–2017

DataHaven analysis (2019) of household income and population data by census tract. Due to changes in census tract boundaries over time, in order to allow comparability to current census tract data, the 1980, 1990, and 2000 figures from the U.S. Census Bureau Decennial Census are provided by Neighborhood Change Database (NCDB) created by GeoLytics and the Urban Institute with support from the Rockefeller Foundation (2012), a dataset that is designed to hold neighborhood-level geographic boundaries constant over time. 2017 values are calculated from U.S. Census Bureau American Community Survey 2017 5-year estimates Tables B01003, Total Population; B19101, Family Income in the Past 12 Months (in 2017 Inflation-Adjusted Dollars); and B19127. Available at https://factfinder.census.gov. Neighborhood income categories are determined by comparing average family income by census tract to the state average family income, using ratios described in table. The percent of total population living in each neighborhood income category is compared across decades to illustrate change in neighborhood inequality. SEE TABLE 2D FOR DEFINITIONS OF INCOME BRACKETS

FIG 2.12. MEDIAN HOUSEHOLD INCOME, 1990–2017

DataHaven analysis (2019). 1990 figures come from U.S. Census Bureau Decennial Census SF3 Table P80A, accessible via Census Data API. 2017 figures are from U.S. Census Bureau American Community Survey 2017 5-year estimates, Table B19013. Available at https://factfinder.census.gov. Inflation adjustment for 1990 incomes was done using the Bureau of Labor Statistics' Consumer Price Index, Urban Consumers, Research Series (CPI-U-RS), available at https://www.bls.gov/cpi/research-series/home.htm

FIG 2.13. MEDIAN HOUSING VALUE BY TOWN, 2017

DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2017 5-year estimates, Table B25077, Median Value (Dollars). Available at https://factfinder.census.gov.

FIG 2.14. COST-BURDEN AND SEVERE COST-BURDEN RATES BY TENURE, 2005–2017

DataHaven analysis (2019). All figures are from U.S. Census Bureau American Community Survey. 2005 values are from Tables B25070 and B25091. 2010 and 2015 figures are from 5-year estimates, Tables B25074, Household Income by Gross Rent as a Percentage of Household Income in the Past 12 Months; and B25091. Available at https://factfinder.census.gov

FIG 2.15. MEDIAN RENTER HOUSEHOLD INCOME AND MINIMUM HOUSEHOLD INCOME TO AFFORD 2BR HOUSING, 2017

DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2017 5-year estimates, Tables B25031, Median Gross Rent by Bedrooms; B25042, Tenure by Bedrooms; and B25119, Median Household Income the Past 12 Months (in 2017 Inflation-Adjusted Dollars) by Tenure. Available at https://factfinder.census.gov. For comparison, we only studied two-bedroom apartments, both for median rent and median household income. Because some towns have few renters, leading to larger margins of error, values were filtered to only include towns with relatively small margins of error compared to median rent and where at least 20 percent of households were renter-occupied. Rent is considered affordable based on Federal Department of Housing and Urban Development (HUD) guidelines that housing costs total no more than 30 percent of a household's total income. We calculated the minimum household income needed for the median rent of a two-bedroom apartment to be affordable under this guideline, and consider the shortfall to be the difference between this minimum household income and the median income of a renter household in a two-bedroom apartment.

See also HUD, "Defining Housing Affordability," https://www.huduser.gov/portal/pdredge/pdr-edge-featd-article-081417.html

FIG 2.16. HOMEOWNERSHIP RATE BY HISTORIC REDLINING GRADE, 2010

DataHaven analysis (2019). To calculate current demographics data of areas by HOLC grade, we used digitized versions of historical HOLC maps from Mapping Inequality SEE REFERENCE BELOW and overlaid these shapefiles with shapefiles of current blocks from U.S. Census Bureau TIGER/Line shapefiles, available at https://www.census.gov/programs-surveys/geography/geographies/mapping-files.html. We then aggregated 2010 Decennial Census data, the most recent data available at the block level, for each of these graded areas. Homeownership data comes from U.S. Census Bureau 2010 Decennial Census SF1 Table H4, Tenure, available at https://factfinder.census.gov. SEE FIG 2.18 FOR LOCAL RECREATION OF HOLC MAPS

See Robert K. Nelson, LaDale Winling, Richard Marciano, Nathan Connolly, et al., "Mapping Inequality," American Panorama, ed. Robert K. Nelson and Edward L. Ayers, available at https://dsl.richmond.edu/panorama/redlining

FIG 2.17. WHITE SHARE OF POPULATION BY HISTORIC REDLINING GRADE, 2010

DataHaven analysis (2019) of U.S. Census Bureau 2010 Decennial Census SF1 Table P5, Hispanic or Latino Origin by Race, available at https://factfinder.census.gov; and Nelson, et al. Mapping Inequality. White population is defined as non-Hispanic white residents of each area. SEE FIG 2.16 FOR SPATIAL ANALYSIS METHODOLOGY / SEE FIG 2.18 FOR LOCAL RECREATION OF HOLC MAPS

FIG 2.18. HOLC REDLINED AREAS, 1937

DataHaven recreation of Robert K. Nelson, LaDale Winling, Richard Marciano, Nathan Connolly, et al., "Mapping Inequality," American Panorama, ed. Robert K. Nelson and Edward L. Ayers, available at https://dsl.richmond.edu/panorama/redlining

FIG 2.19. NET INFLOW OF WORKERS BY TOWN AND WAGE, 2015

DataHaven analysis (2019) of U.S. Census Bureau Longitudinal Employer-Household Dynamics Origin-Destination Employment Statistics (LODES) to construct a directional network of workers moving between pairs of towns in the region. LODES data reports the census block in which workers live and the census block in which they are employed, though employer locations are based on the location of payroll and other financial offices, rather than physical place of employment. Presumably, workers work in the same town as the financial office that represents the employer. The analysis includes people who 1) both live and work in Connecticut; 2) live in New York, New Jersey, Rhode Island, Massachusetts, or Pennsylvania but work in Connecticut; or 3) live in Connecticut but work in New York, New Jersey, Rhode Island, Massachusetts, or Pennsylvania. This should capture most workers with interstate commutes, but may miss small numbers of people working remotely and either living or working in Connecticut. In this analysis, high-wage jobs are those paying more than $3,333 per month, or $39,996 annually, while low-wage jobs are those paying $39,996 or less annually. Block-level LODES files are available at http://lehd.ces.census.gov/data

FIG 2.20. NUMBER OF JOBS BY SECTOR, 2000–2017

DataHaven analysis (2019) of U.S. Census Bureau Quarterly Workforce Indicators, available at http://qwiexplorer.ces.census.gov at the county level. Industries are categorized based on the North American Industry Classification System (NAICS); those shown are sectors in which there were an average of at least 10,000 workers in the region in 2017. Job trends displayed are actually quarterly counts adjusted with the LOESS method to show changes within years while smoothing out sharp fluctuations. In a few cases, quarterly counts were unavailable and thus annual averages were not reported; in these cases, annual values are the mean of that year's available quarters. Numbers shown at each endpoint are their respective years' annual averages, not quarterly counts.

FIG 2.21. COUNT OF K–12 STUDENTS BY RACE, PER 100 STUDENTS, 2018–2019

DataHaven analysis (2019) of 2018–2019 school year enrollment data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov. For this and other indicators based on public school districts, regional districts were included as parts of regions to which their sending towns belong; in some cases, these towns also run their own districts for elementary school, but send middle and/or high school students to the regional district. Fairfield County values include Regional School District 9, comprised of high school students from the towns of Easton and Redding.

FIG 2.22. PERCENTAGE OF STUDENTS SUSPENDED OR EXPELLED AT LEAST ONCE, K–12 DISTRICTS, 2017–2018

DataHaven analysis (2019) of 2017–2018 school year discipline data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov. Numbers here represent the share of students who have been suspended (in-school or out-of-school) or expelled in the past school year, not deduplicated suspension rates. SEE FIG 2.21 FOR DETAILS ON REGIONAL DISTRICTS

FIG 2.23. SHARE OF PUBLIC K–12 STUDENTS MEETING ACHIEVEMENT MEASURES, 2017–2018

DataHaven analysis (2019) of data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov. Graduation rates presented are four-year cohort graduation rates, giving the percentage of students in the graduating class of 2017 who earned a high school diploma alongside the cohort with which they started 9th grade. A student is considered chronically absent if they miss at least 10 percent of the school days for which they were enrolled in a year for any reason; the chronic absenteeism rate is then the percentage of enrolled students who are chronically absent in a year. The Smarter Balanced Assessment Consortium (SBAC) standardized test is the Common Core-aligned test used in Connecticut since 2015 for both English/language arts (ELA) and math. Students are considered to pass a test if they score as meeting or exceeding grade-level goals; proficiency rates here are the share of students taking each test who passed. Chronic absenteeism and SBAC proficiency rates are from the 2017–2018 school year. SEE FIG 2.21 FOR DETAILS ON REGIONAL DISTRICTS

FIG 2.24. NUMBER AND SHARE OF STUDENTS ENROLLING IN, PERSISTING IN, AND GRADUATING FROM COLLEGE

DataHaven analysis (2019) of data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov. Enrollment rates are defined as the percentage of students from a given graduating class who enroll in college within one year of graduation. Persistence rates are defined as the percentage of students who, after enrolling in college within one year of high school, continue into a second, consecutive year of college. Attainment rates are the percentage of students who earn a two- or four-year degree within six years of graduating high school, out of the entire high school graduating class. The most recent available data is shown here, which is the high school graduating class of 2014 for graduation, enrollment, and persistence rates, and the class of 2010 for degree attainment rates. SEE FIG 2.21 FOR DETAILS ON REGIONAL DISTRICTS

FIG 2.25. SHARE OF ADULTS RATING AS ALMOST CERTAIN OR VERY LIKELY THAT YOUNG PEOPLE IN THEIR AREA HAVE THE FOLLOWING EXPERIENCES, 2018

DataHaven analysis (2019) of questions from the 2018 DataHaven Community Wellbeing Survey. Indicators show percentage of survey participants who believe the chances of each experience are almost certain or very likely, disaggregated by location, self-reported race/ethnicity, and income. SEE COMMUNITY WELLBEING SURVEY NOTE AT THE START OF THIS SECTION

FIG 2.26. PROBABILITY (%) OF REACHING TOP 20% OF HOUSEHOLD INCOMES AS ADULTS BY RACE AND CHILDHOOD HOUSEHOLD INCOME

DataHaven analysis (2019) of data from Chetty, R., Friedman, J. N., Hendren, N., Jones, M. R., & Porter, S. R. (2018). The Opportunity Atlas: Mapping the Childhood Roots of Social Mobility. Table 5: All Outcomes by County, Race, Gender and Parental Income Percentile. See paper and data at https://opportunityinsights.org/paper/the-opportunity-atlas. Chetty et al. used deidentified Census data to model the upward mobility of people of different demographic groups, based on the percentile of household income of the household in which they grew up. Percentages here represent the share of children of each racial group born between 1978 and 1983 whose childhood household was low-income (at the national 25th percentile), middle-income (50th percentile), or high-income (75th percentile) who then lived in households with incomes in the top 20 percent nationally in 2014 and 2015.

TABLE 2A. POPULATION AND GROWTH, 1990 AND 2017

DataHaven analysis (2019). 1990 population figures are from the U.S. Census Bureau Decennial Census, SF1 Table P1, accessible via Census Data API. 2017 population figures are from U.S. Census Bureau American Community Survey 2017 5-year estimate, Table B01003. 2000 median age is from U.S. Census Bureau Decennial Census, SF1 Table P13, Median Age by Sex. 2017 median age is from U.S. Census Bureau American Community Survey 2017 5-year estimate, Table B01002, Median Age by Sex. All above tables available at https://factfinder.census.gov. Population density is based on 2017 population (above) and land area calculated from U.S. Census Bureau TIGER/Line shapefiles, available at https://www.census.gov/programs-surveys/geography/geographies/mapping-files.html

TABLE 2B. CHARACTERISTICS BY RACE AND ORIGIN, 2017

DataHaven analysis (2019). Populations by race and ethnicity are from U.S. Census Bureau American Community Survey 2017 5-year estimates, Table B03002. Foreign-born population comes from U.S. Census Bureau American Community Survey 2017 5-year estimates, Table B05001. Tables available at https://factfinder.census.gov

TABLE 2C. HOUSEHOLD STRUCTURE, 2017

DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2017 5-year estimates, Tables B11001 and B11003. Tables available at https://factfinder.census.gov

TABLE 2D. GROWING NEIGHBORHOOD INCOME INEQUALITY, 2017

SEE NOTE FOR FIG 2.11

TABLE 2E. LOW-INCOME POPULATION, 2017

DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2017 5-year estimates, Tables B17024; and C17002. Tables available at https://factfinder.census.gov. As described in the report text, "low-income" is defined here as individuals living in households where the household income is less than twice (200 percent of) the federal poverty level.

TABLE 2F. FINANCIAL INSECURITY, 2018

DataHaven analysis (2019) of questions from the 2018 DataHaven Community Wellbeing Survey. For share "just getting by," survey participants, when asked how well they were managing financially, responded that they were just getting by, finding it difficult, or finding it very difficult. Less than two months savings is based on participants' estimate. Negative net worth is based on participants' estimates of whether they would have money left over were their household to liquidate its assets and major possessions and pay off all debts. Transportation insecurity is defined as the share of participants reporting that at some point in the past 12 months, they could not go somewhere due to lack of reliable transportation. Likewise, food insecurity is defined as the share of participants reporting that at some point in the past 12 months, they were unable to afford to buy food they needed. Utility shutoffs are based on participants who reported having received a utility shutoff warning or completion during the past 12 months. Values are disaggregated by location and self-reported demographic groups. SEE COMMUNITY WELLBEING SURVEY NOTE AT THE BEGINNING OF THIS SECTION

TABLE 2G. HOMEOWNERSHIP, 2017

DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2017 5-year estimates, Tables B25003, Tenure; B25003B, Tenure (Black or African American Alone Householder); B25003H, Tenure (White Alone, Not Hispanic or Latino Householder); and B25003I, Tenure (Hispanic or Latino Householder). Tables available at https://factfinder.census.gov

TABLE 2H. HOUSING UNITS AND NEW HOUSING PERMITS

DataHaven analysis (2019). Counts of housing unit types, and shares of all housing units, are from U.S. Census Bureau American Community Survey 2017 5-year estimates, Table B25024, Units in Structure. Available at https://factfinder.census.gov. Data on housing permits from Connecticut Department of Economic and Community Development Export, Housing, and Income Data, available at https://portal.ct.gov/DECD/Content/About_DECD/Research-and-Publications/01_Access-Research/Exports-and-Housing-and-Income-Data. Numbers of permits are averaged over four-year periods to smooth out fluctuations in construction from year to year, for example when a single large building is built.

TABLE 2I. HOUSING COSTS, 2017

DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2017 5-year estimates, Tables B25077, B25074, and B25091. Tables available at https://factfinder.census.gov
SEE ALSO FIGURES 2.13 AND 2.14

TABLE 2J. WAGE TRENDS BY SECTOR, 2000–2017

DataHaven analysis (2019) of U.S. Census Bureau Quarterly Workforce Indicators, available at http://qwiexplorer.ces.census.gov at county level. Average wages are given, and are calculated here as means of total annual payroll over annual average employment by sector. 2000 wages are adjusted for inflation in order to accurately calculate changes in average wages over time. Industries are categorized based on the North American Industry Classification System (NAICS); those shown are sectors in which there were at least 10,000 workers in the region in 2017. SEE FIG 2.20 FOR DETAILS ON GEOGRAPHY

TABLE 2K. CHANGING INDUSTRY FOOTPRINT, 2000–2017

DataHaven analysis (2019) of U.S. Census Bureau Quarterly Workforce Indicators, available at http://qwiexplorer.ces.census.gov at county level. Each share is given as that sector's divided by the region's total payroll across all sectors. This includes the sectors with fewer than 10,000 workers that were excluded from Fig 2.20. SEE FIG 2.20 FOR DETAILS ON GEOGRAPHY

TABLE 2L. ECONOMIC OPPORTUNITY, 2018

DataHaven analysis (2019) of questions from the 2018 DataHaven Community Wellbeing Survey. Access to good opportunities for employment is the share of survey participants rating the ability of residents to obtain suitable employment as excellent or good. Youth opportunities for job advancement is the share of participants estimating that it is almost certain or very likely that young people in their area will get a job with opportunity for advancement. Car access is the share of participants saying they very often or fairly often have access to a car when they need it. Underemployment is calculated as the share of participants not working within the past 30 days but wanting to work, plus the share working part-time but preferring full-time work. SEE COMMUNITY WELLBEING SURVEY NOTE AT THE BEGINNING OF THIS SECTION

TABLE 2M. COLLEGE ENROLLMENT, PERSISTENCE, AND COMPLETION

SEE FIG 2.24 / SEE FIG 2.21 FOR DETAILS ON REGIONAL DISTRICTS

TABLE 2N. EDUCATIONAL ATTAINMENT, 2017

DataHaven analysis (2019) of U.S. Census Bureau American Community Survey 2017 5-year estimates, Table B15003, Educational Attainment for the Population 25 Years and Over. Available at https://factfinder.census.gov

Chapter 3

FIG 3.1. ESTIMATED LIFE EXPECTANCY IN YEARS, 2010–2015

DataHaven analysis (2019) of National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available from https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html. Town and regional averages were calculated as population-weighted means of available Census tract values. See also Arias, E., Escobedo, L. A., Kennedy, J., Fu, C., & Cisewki, J. (2018). U.S. Small-area Life Expectancy Estimates Project: Methodology and Results Summary. Vital and Health Statistics. Series 2, Data Evaluation and Methods Research, (181), 1–40.

FIG 3.2. YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 PER 100,000 RESIDENTS BY CAUSE OF DEATH, 2010–2014

DataHaven analysis (2019) of data from the Connecticut Department of Public Health. For Years of Potential Life Lost (YPLL), we created annualized YPLL rates (or "Premature Death Rates") by cause using the 2010–2014 dataset at the town level; geographies presented here include the state, county, and selected individual towns. Data represent annualized averages over that five year period of time. We calculated the YPLL rate as the sum of the YPLL divided by (the total population under 75 years old*5)*100,000. The average YPLL under 75 years of age, or "Years Lost Per Death," was calculated by taking the sum of the YPLL divided by the number of deaths under 75 years of age. For YPLL due to fetal/infant deaths (summed fetal deaths plus infant deaths), we used annualized CTDPH data and used an average age at death of 0.5 years, hence the average YPLL of 74.5 years per death computed for these deaths as the basis of the comparison to standard causes of death.

FIG 3.3. AGE-ADJUSTED AND RELATIVE AGE-ADJUSTED ENCOUNTER RATES PER 10,000 RESIDENTS, 2015–2017

DataHaven analysis (2019) of CHIME data. 2018. Data about residents' visits to hospitals and emergency rooms may be used as a tool to examine variations in health and quality of life by geography and within specific populations. Unless otherwise noted, all information from this source is based on a DataHaven analysis of 2012–2014 and 2015–2017 CHIME data provided by the Connecticut Hospital Association upon request from and special study agreement with partner hospitals and DataHaven.

The CHIME hospital encounter data extraction included de-identified information for each of over 10,000,000 Connecticut hospital and emergency department encounters incurred by any residents of any town in Connecticut during the six year period studied. Any encounter incurred by any resident of these towns at any Connecticut hospital would be included in this dataset, regardless of where they received treatment. Each encounter observation had a unique encounter ID and was populated with one or more "indicator flags" representing a variety of conditions. Each encounter could include multiple indicator flags. Because CHIME is Connecticut-based, only hospital encounters occurring in CT were captured; therefore, encounters for individuals residing in CT towns bordering other states are more likely under-reported in some cases.

Annualized encounter rates were calculated for the indicator flags assigned within the dataset including Asthma, COPD, Substance Abuse, and many other conditions. Analyses in this document describe data on "all hospital encounters" including inpatient, emergency department (ED), and observation encounters. Annualized encounter rates per 10,000 persons were calculated for the three-year period 2012–2014 and the three-year period 2015–2017 by merging CHIME data with population data. For each geographic area and indicator, our analysis generally included an annualized encounter rate for populations in each of six age strata (0–19, 20–44, 45–64, 65–74, 75–84, and 85+ years), and by gender, as well as a single age-adjusted annualized encounter rate. It is important to note that there is no way to discern the unique number of individuals in any zip code, town, area or region who experienced hospital encounters during the period under examination or the number of encounters that represented repeat encounters by the same individual for the same or different conditions. To better examine encounter rates for asthma, a more appropriate set of age groupings was used (0–4, 5–19, 20–44, 45–64, 65–74, and 75+ years), so age-adjusted rates were not calculated for asthma. Please contact DataHaven for further information.

FIG 3.4. CHRONIC DISEASE, ENCOUNTER RATES PER 10,000 RESIDENTS 2015–2017

SEE FIG 3.3

FIG 3.5. OTHER HEALTH ISSUES, ENCOUNTER RATES PER 10,000 RESIDENTS, 2015–2017

SEE FIG 3.3

FIG 3.6. CHRONIC DISEASE, AGE-ADJUSTED RATE OF HOSPITALIZATIONS AND ED ENCOUNTERS PER 10,000 RESIDENTS, 2012–2014 TO 2015–2017

SEE FIG 3.3

FIG 3.7. OTHER HEALTH ISSUES, AGE-ADJUSTED RATE OF HOSPITALIZATIONS AND ED ENCOUNTERS PER 10,000 RESIDENTS, 2012–2014 TO 2015–2017

SEE FIG 3.3

FIG 3.8. RESIDENTS' RATING OF LIKELIHOOD THAT YOUTH IN THEIR AREA WILL ABUSE DRUGS OR ALCOHOL, BY RACE AND INCOME, 2018

DataHaven analysis (2019) of questions from the 2018 DataHaven Community Wellbeing Survey. Indicators show percentage of survey participants guessing that chances of each experience are of each likelihood shown, disaggregated by location and self-reported race/ethnicity and income. Unlike similar questions where the focus was the percentage of adults estimating each event as almost certain or very likely, on this indicator, we chose to focus instead on participants' uncertainty, illustrating that the risk of drug and alcohol abuse is a problem seen across demographic groups.
SEE FIG 2.25 FOR OTHER QUESTIONS IN THIS BANK, AND COMMUNITY WELLBEING SURVEY NOTE

FIG 3.9. AGE-ADJUSTED MONTHLY RATE OF DRUG OVERDOSE DEATHS PER 1 MILLION RESIDENTS, 2012–2018

DataHaven analysis (2019) of data from the Connecticut Office of the Chief Medical Examiner, available at https://data.ct.gov/resource/rybz-nyjw. Data is given for each individual to have died in Connecticut of a drug overdose from 2012 to 2018. For this analysis, data was filtered to only include people with a Connecticut town listed as their place of residence at the time of death and with their age on record. Monthly counts by age were used to calculate crude rates of overdose deaths per 1 million residents of each age group. To get age-adjusted rates, crude rates by age group were then weighted with the U.S. Centers for Disease Control and Prevention (CDC) 2000 U.S. Standard Population 18 age group weights available at https://seer.cancer.gov/stdpopulations. The rates shown here are 6-month rolling averages; that is, the rate for any given point shown in the chart represents the age-adjusted overdose death rate for that month averaged with the rates of the five months preceding it.

FIG 3.10. COUNT OF DRUG OVERDOSE DEATHS AT 6-MONTH INTERVALS BY PRESENCE OF FENTANYL, WITH PERCENTAGE OF DEATHS THAT ARE FENTANYL-RELATED, 2012–2018

DataHaven analysis (2019) of data from the Connecticut Office of the Chief Medical Examiner, available at https://data.ct.gov/resource/rybz-nyjw. In data on drug overdose deaths, individuals are marked for several common substances that may be found by the medical examiner, and may also have a more detailed cause of death written out. The categories in the data include heroin, fentanyl, and generic names of several opioids, such as oxycodone and hydromorphone. We used text mining techniques to find additional names of opiates and opioids from the cause of death text in order to fill in cases where those substances were not checked off otherwise, relevant substances didn't fit into a given category, or where substances were misspelled or abbreviated. In total, more than a dozen substances were included as search terms

to mark a death as opiate- or opioid-related; these deaths may have involved non-opiates as well. Similarly, cases were marked as fentanyl-related if either checked categories or text fields reported fentanyl or any fentanyl-analogues being found. SEE ALSO FIG 3.9

FIG 3.11. PERCENT OF ADULTS REPORTING PERCEIVED REASONS FOR THEIR DISCRIMINATION, OF ADULTS CITING A REASON FOR EXPERIENCES OF DISCRIMINATION, 2018

DataHaven analysis (2019) of questions from the 2018 DataHaven Community Wellbeing Survey. Survey participants were asked a bank of questions on experiences of discrimination, namely whether at any point in their lives particpants had been discriminated against or treated unfairly in each of several settings, including workplace hiring and promotion; police encounters; ability to move into a neighborhood, based on access to renting or buying housing; and quality of health care services. If respondents answered that they had been discriminated against in one of these areas, they were then asked to identify the reasons why they thought this happened; those reasons are included here if at least 20 percent of respondents cited them. Note that respondents were allowed to identify more than one issue. SEE COMMUNITY WELLBEING SURVEY NOTE AT THE BEGINNING OF THIS SECTION

FIG 3.12. PERCENT OF ADULTS REPORTING UNFAIR POLICE STOPS, SEARCHES, OR OTHER MISTREATMENT AND FREQUENCY OF INCIDENTS, BY RACE AND INCOME, 2018

DataHaven analysis (2019) of questions from the 2018 DataHaven Community Wellbeing Survey. Survey participants were asked about whether they had ever been unfairly stopped, searched, or otherwise mistreated by police; if so, they were then asked about the frequency of these incidents within the past three years. SEE COMMUNITY WELLBEING SURVEY NOTE AT THE BEGINNING OF THIS SECTION

TABLE 3A. PREMATURE DEATH RATES BY GEOGRAPHY, 2010–2014

SEE FIG 3.2

TABLE 3B. BIRTH OUTCOMES, 2006–2010 AND 2011–2015

DataHaven analysis (2019) of data from the Connecticut Department of Public Health Vital Statistics for the 2006–2010 and 2011–2015 periods, available at https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Vital-Statistics-Registration-Reports. Low birthweight is defined as 2,500 grams (roughly 5.5 pounds). Non-adequate prenatal care indicate that the mother attended fewer than 80 percent of expected prenatal care visits, or did not start attended visits until the second trimester. Both the low birthweight rate and non-adequate prenatal care rates are given as a percent of total births for each of the 5-year periods. Percent change in both indicators are given as a percent change in the rate of each.

TABLE 3C. ASTHMA PREVALENCE BY PUBLIC SCHOOL DISTRICT, 2012–2014

DataHaven analysis (2019) of data from the Connecticut Department of Public Health School-Based Asthma Surveillance Report of 2019, available at https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/hems/asthma/pdf/SBASS_2012_2014.pdf?la=en. Asthma prevalence rates for regions are given as the weighted average of districts within the region based on the percent of students enrolled in that district in the 2018–2019 academic year. Very small school districts had suppressed values and were omitted from averages.

TABLE 3D. FREQUENT EMERGENCY ROOM USE AND HEALTH-RELATED SOCIAL NEEDS, 2018

DataHaven analysis (2019) of questions from the 2018 DataHaven Community Wellbeing Survey. Respondents were asked to self-report the number of times in the past 12 months they visited the emergency room or urgent care clinic. We then looked at other responses provided by those adults to further reveal characteristics about their health and well-being, including whether, in the past 12 months, they chose to forego medical care for any reason; there had been times they were unable to afford food; they had access to a car less than "fairly often" when needed; were threatened with a utility shut-off notice; or whether they self-reported that they had been physically attacked or threatened.

TABLE 3E. BARRIERS TO HEALTHCARE, 2018

DataHaven analysis (2019) of questions from the 2018 DataHaven Community Wellbeing Survey. Survey participants were asked several questions about their access to and use of medical care, including whether at any point in the previous 12 months they postponed or did not receive medical care they needed, and whether they have any person or place they think of as their personal doctor or medical care provider. SEE COMMUNITY WELLBEING SURVEY NOTE AT THE BEGINNING OF THIS SECTION.

TABLE 3F. EXPERIENCES OF DISCRIMINATION, 2018

SEE FIG 3.11

TABLE 3G. HEALTH RISK FACTORS, 2018

DataHaven analysis (2019) of questions from 2018 DataHaven Community Wellbeing Survey. Adult respondents were asked to rate their overall health; report recent levels of depression and anxiety; and report whether they had even been told by a doctor or medical professional that they had diabetes or asthma. Participants reported their height and weight, from which their body mass index (BMI) was calculated; obesity in adults is defined as a BMI of 30 or higher. For food insecurity, participants were asked whether there had been times in the past 12 months that they did not have enough money to provide food for their families. Smoking rates were calculated based on the number of participants who estimated having smoked at least 100 cigarettes in their entire lives; those who said they had were then asked whether they smoked every day, some days, or not at all. Smoking prevalence for the entire population was then extrapolated from these two figures. Participants were asked to self-report whether they currently have health insurance, and whether they had seen a dentist in the past 12 months. SEE COMMUNITY WELLBEING SURVEY NOTE AT THE BEGINNING OF THIS SECTION

TABLE 3H. OVERDOSE DEATHS BY SUBSTANCE, 2015–2018

DataHaven analysis (2019) of data from the Connecticut Office of the Chief Medical Examiner, available at https://data.ct.gov/resource/rybz-nyjw. Shown here are aggregated counts of accidental overdose deaths between 2015 and 2018, with annualized age-adjusted rates over that period. SEE FIG 3.9 FOR DETAILS ON AGE-ADJUSTMENT / SEE FIG 3.10 FOR DETAILS ON CATEGORIZING OF SUBSTANCES

TABLE 3I. OVERDOSE DEATHS BY RACE AND ETHNICITY, 2015–2018

DataHaven analysis (2019) of data from the Connecticut Office of the Chief Medical Examiner, available at https://data.ct.gov/resource/rybz-nyjw. Shown here are aggregated counts of accidental overdose deaths between 2015 and 2018 by race/ethnicity as given in their medical examiner record, with annualized age-adjusted rates over that period. SEE FIG 3.9 FOR DETAILS ON AGE-ADJUSTMENT

TABLE 3J. SELECTED HOSPITAL ENCOUNTERS AND HOSPITAL ENCOUNTERS BY AGE, 2015–2017

SEE FIG 3.3

Chapter 4

FIG 4.1. MEASURES OF PER-PERSON MUNICIPAL ASSETS AND SPENDING

DataHaven analysis (2019). Equalized net grand list (ENGL), total expenditures, and education spending data are from the fiscal years 2013–2017 municipal fiscal indicators database from the Connecticut Office of Policy and Management (OPM), available at https://portal.ct.gov/OPM/IGP-MUNFINSR/Municipal-Financial-Services/Municipal-Fiscal-Indicators. Each of these values included are for fiscal year 2017. ENGL is divided by 2017 town populations to get per-capita values. Education spending is divided by the number of enrolled public school students in each town; in cases of regional school districts that span more than one town, their pupils were allocated to towns by weighting by each town's population under age 18. OPM's website gives details on which types of expenditures are included or excluded in calculating education spending. Total expenditures are divided by towns' daytime population, calculated as a town's population plus the number of people who work in that town minus the number of residents who leave the town for work; this better captures the financial strains put on towns with large numbers of incoming commuters. Municipal gap/surplus comes from the New England Public Policy Center. Municipal surplus per capita is the difference between a town's municipal capacity per resident, or the amount of money from tax revenue available to that municipality, and municipal cost per resident, or the amount of money needed to cover the town's estimated public expenses. Negative values signify a gap in funding available to cover those costs. See Zhao, B., & Weiner, J. (2015). Measuring municipal fiscal disparities in Connecticut. Federal Reserve Bank of Boston, New England Public Policy Center Research Report, 15–1.

FIG 4.2. NEIGHBORHOOD ASSET INDEX VS MUNICIPAL SURPLUS PER CAPITA

DataHaven analysis (2019). SEE FIG 1.4 FOR DEFINITION OF NEIGHBORHOOD ASSET INDEX / SEE FIG 4.1 FOR DEFINITION OF MUNICIPAL GAP/SURPLUS Towns may have a negative surplus (i.e. a gap), in which case they are shown to the left of $0 along the bottom axis. Towns to the right of $0 operate on a surplus, or higher capacity than cost per person.

FIG 4.3. AVERAGE TOWN PUBLIC LIBRARY VISITS PER CAPITA AND CIRCULATION PER CAPITA VS TOTAL LIBRARY EXPENSES PER CAPITA, 2017–2018

DataHaven analysis (2019) of Connecticut State Library Statistical Profiles, available at http://libguides.ctstatelibrary.org/dld/stats. Data for fiscal years 2017 and 2018 were averaged to control for single-year major spending (such as on facility renovations). Expenses per capita is the average of the total expenditure divided by the total population, as given by the State Library profiles. Similarly, averages of total units circulated and visits are divided by the population given by the State Library profiles.

FIG 4.4. PERCENT OF ELIGIBLE VOTERS WHO VOTED IN ELECTIONS, BY REGION AND WITH HIGHEST AND LOWEST TOWN RATES, 2016–2018

DataHaven analysis (2019) of voter turnout data from the Connecticut Secretary of the State, available at https://ctemspublic.pcctg.net. Voter turnout is defined as the percentage of officially registered voters who are documented as having voted. This includes overseas ballots but does not include absentee voters. Note that the years differ in which presidential, midterm, and local elections are held; as such, the most recent data for each type of election was used. As of 2019, this includes the 2018 state elections, including Congressional midterms; 2017 municipal elections, held in most but not all towns; and 2016 national elections, including votes for president. Participants in the 2018 DataHaven Community Wellbeing Survey also answered a question regarding their registration to vote.

TABLE 4A. MUNICIPAL EXPENDITURES AND FINANCIAL CAPACITY INDICATORS, FY2017

SEE FIG 4.1

TABLE 4B. PERCEIVED ACCESS TO AND QUALITY OF COMMUNITY RESOURCES, 2018

DataHaven analysis (2019) of questions from the 2018 DataHaven Community Wellbeing Survey. The indicators shown are the unscaled components of the Neighborhood Assets Index. SEE FIG 1.4 FOR DETAIL ON THE NEIGHBORHOOD ASSETS INDEX / SEE COMMUNITY WELLBEING SURVEY NOTE AT THE BEGINNING OF THIS SECTION

TABLE 4C. COMMUNITY TRUST AND APPRECIATION, 2018

DataHaven analysis (2019) of questions from the 2018 DataHaven Community Wellbeing Survey. The indicators shown here indicate the percentage of adults in each area who answered affirmatively to the questions shown. Data are disaggregated by geographic area, self-reported age group, and household income. SEE COMMUNITY WELLBEING SURVEY NOTE AT THE BEGINNING OF THIS SECTION

TABLE 4D. PARTICIPATION IN PUBLIC LIFE, 2018

DataHaven analysis (2019) of questions from the 2018 DataHaven Community Wellbeing Survey. The indicators shown here indicate the percentage of adults in each area who answered affirmatively to the questions shown. Data are disaggregated by geographic area, self-reported age group, and household income. Due to low sample sizes, only select disaggregations are provided. SEE COMMUNITY WELLBEING SURVEY NOTE AT THE BEGINNING OF THIS SECTION

TABLE 4E. RECENT VOTER TURNOUT, 2016–2018

SEE FIG 4.4

SECTION 2. TEXT ENDNOTES

1 Abraham, M. & Buchanan, M. (2016). *Fairfield County Community Wellbeing Index 2016*. New Haven, CT: DataHaven. Available at https://www.ctdatahaven.org/reports/fairfield-county-community-wellbeing-index

2 Barrington-Leigh, C. & Wollenberg, J. (2018). Informing policy priorities using inference from life satisfaction responses in a large community survey. *Applied Research in Quality of Life*. https://doi.org/10.1007/s11482-018-9629-9

3 Partington, R. (2019, May 24). Wellbeing should replace growth as 'main aim of UK spending.' *The Guardian*. Retrieved from https://www.theguardian.com

4 The New Zealand Treasury. (December 2018). Living Standards. Retrieved from https://treasury.govt.nz/information-and-services/nz-economy/living-standards

5 SEE NOTES FOR FIG 1.1

6 SEE NOTES FOR FIG 1.2

7 SEE NOTES FOR FIG 1.1

8 The Community Index uses Census American Community Survey estimates for health insurance coverage to allow for nationwide comparisons at many geographic levels. Elsewhere in this report, health insurance coverage is reported from DataHaven's Community Wellbeing Survey.

9 U.S. Census Bureau. American Community Survey 2012 and 2017 5-year estimates, Table B14003, Sex by School Enrollment by Type of School By Age for the Population 3 Years and Over. This and all other Census tables available at https://factfinder.census.gov unless otherwise noted.

10 U.S. Census Bureau. American Community Survey 2012 and 2017 5-year estimates, Table B17001, Poverty Status in the Past 12 Months by Sex by Age.

11 U.S. Census Bureau. American Community Survey 2012 and 2017 5-year estimates, Table B23025, Employment Status for the Population 16 Years and Over.

12 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Tables B25070, Gross Rent as a Percentage of Household Income in the Past 12 Months; and B25091, Mortgage Status by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months.

13 The six wealthiest towns are Darien, New Canaan, Ridgefield, Weston, Westport, and Wilton. See additional geographic detail in the Table and Figure notes.

14 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table B19013, Median Household Income in the Past 12 Months (in 2017 Inflation-Adjusted Dollars).

15 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table B17001.

16 DataHaven analysis (2019) of data from the National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. Available at https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html. The tract with the lowest life expectancy (70.4 years) is 09001070900; the tract with the highest (89.1 years) is 09001050100.

17 For life expectancy, results are reported as the population-weighted life expectancy for tracts by the plurality of population by race/ethnicity in that tract.

18 Census data used here references the race of the head of household, which may differ from other members of the household. For purposes of simplicity, "white households" means households with a white head of household.

19 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Tables B19013B, B19013D, B19013H, and B19013I, Median Household Income in the Past 12 Months (in 2017 Inflation-Adjusted Dollars).

20 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Tables B17020B, B17020D, B17020H, and B17020I, Poverty Status in the Past 12 Months by Age.

21 DataHaven analysis (2019) of Ruggles, S., et al. (2019). IPUMS USA: Version 9.0 American Community Survey 2017 5-year Census microdata. https://doi.org/10.18128/D010.V9.0

22 Belfield, C. R., Levin, H. M., & Rosen, R. (2012). *The Economic Value of Opportunity Youth*. Retrieved from https://files.eric.ed.gov/fulltext/ED528650.pdf. For Connecticut-specific data on Opportunity Youth produced by The Parthenon Group, please see www.ctopportunityproject.org

23 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table B01001, Sex by Age.

24 SEE NOTES FOR TABLE 2A

25 Ibid.

26 Ibid.

27 SEE NOTES FOR FIG 2.1

28 Ibid.

29 Ibid.

30 Ibid.

31 Ibid.

32 Ibid.

33 SEE NOTES FOR FIG 2.3

34 SEE NOTES FOR TABLE 2B

35 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table B03002, Hispanic or Latino Origin by Race.

36 SEE NOTES FOR FIG 2.3

37 Ibid.

38 National Equity Atlas analysis (2018) of 2016 U.S. Census Bureau data. Percent change in population: Bridgeport-Stamford-Norwalk, CT Metro Area, 2010–2050. Available at https://nationalequityatlas.org/indicators

39 SEE NOTES FOR FIG 2.3

40 Ibid.

41 SEE NOTES FOR FIG 2.2

42 Ibid.

43 SEE NOTES FOR FIG 2.4

44 SEE NOTES FOR FIG 2.5

45 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table B05006, Place of Birth for the Foreign-Born Population in the United States.

46 SEE NOTES FOR FIG 2.5

47 Ibid.

48 Ibid.

49 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table B05001, Nativity and Citizenship Status in the United States.

50 Ibid.

51 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table B05007, Place of Birth by Year of Entry by Citizenship Status for the Foreign-Born Population.

52 Ibid.

53 DataHaven analysis (2019) of Ruggles et al. American Community Survey 2016 5-year Census microdata. Because of changes the Census Bureau made to classification of languages, including Haitian Creole, values here may not be directly comparable to ACS tables.

54 Ibid.

55 Ibid.

56 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table B06007, Place of Birth by Language Spoken at Home and Ability to Speak English in the United States.

57 Ibid.

58 Reynolds, D. (2017, January 12). Gallup Poll: A Record Number of Americans Identify as LGBT. *Advocate.* Retrieved from https://www.advocate.com. While our preference, and what we use elsewhere, is the grouping "lesbian, gay, bisexual, transgender, or queer" (LGBTQ), we follow the language used in sources such as this one.

59 In data from the U.S. Census Bureau and represented here, a household is defined as one or more people who occupy a house, apartment, or other group of rooms with separate living quarters.

60 SEE NOTES FOR FIG 2.6

61 Ibid.

62 Ibid.

63 SEE NOTES FOR TABLE 2C

64 Ibid.

65 SEE NOTES FOR FIG 2.8

66 SEE NOTES FOR FIG 2.12

67 Berube, A. (2018, February 5). City and metropolitan income inequality data reveal ups and downs through 2016. Retrieved from https://www.brookings.edu/research/city-and-metropolitan-income-inequality-data-reveal-ups-and-downs-through-2016

68 SEE TABLE 1B / SEE NOTES FOR FIG 2.8

69 SEE NOTES FOR FIG 2.9

70 SEE NOTES FOR FIG 2.10

71 Ibid. SEE ALSO FIG 1.3

72 DataHaven analysis (2019) of Ruggles et al. American Community Survey 2016 5-year Census microdata.

73 Ibid.

74 Ibid.

75 Urban Institute. (2017, October 5). Nine Charts about Wealth Inequality in America. Retrieved from https://apps.urban.org/features/wealth-inequality-charts

76 Perry, A. M., Rothwell, J., & Harshbarger, D. (2018, November 27). The devaluation of assets in black neighborhoods: The case of residential property. Retrieved from https://www.brookings.edu/research/devaluation-of-assets-in-black-neighborhoods

77 SEE NOTES FOR TABLE 2F

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79 SEE NOTES FOR FIG 2.11

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83 Chetty, R., Friedman, J., Hendren, N., Jones, M., & Porter, S. (2018). The Opportunity Atlas: Mapping the childhood roots of social mobility. https://www.opportunityatlas.org

84 Chetty, R., Hendren, N., Kline, P., & Saez, E. (2014). Where is the land of opportunity? The geography of intergenerational Mobility in the United States. *The Quarterly Journal of Economics*. 129(4), 1553–1623. Retrieved from https://doi.org/10.3386/w19843

85 SEE NOTES FOR FIG 2.12

86 Ibid.

87 Ibid.

88 Ibid.

89 In 2017, approximately 9 percent of Fairfield County's population lived below the federal poverty line, slightly below the statewide rate of 10 percent and well below the nationwide rate of 15 percent. U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table C17002, Ratio of Income to Poverty Level in the Past 12 Months.

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91 SEE NOTES FOR FIG 2.7

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93 United Way of Connecticut. (2018). ALICE in Fairfield County, 2016 Point-in-Time Data. Retrieved from http://alice.ctunitedway.org/wp-content/uploads/2018/09/Fairfield-County-_2018-ALICE-9.26.18.pdf

94 SEE NOTES FOR TABLE 2F

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96 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table B25003, Tenure; and GeoLytics and Urban Institute. 2013. CensusCD Neighborhood Change Database (NCDB).

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98 SEE NOTES FOR TABLE 2G

99 Ibid.

100 SEE NOTES FOR TABLE 2H

101 Ibid.

102 U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table B25077, Median Value (Dollars).

103 Ibid. SEE ALSO NOTES FOR FIG 2.13

104 DataHaven analysis (2019) of Ruggles et al. 2017 ACS 5-year Census microdata.

105 DataHaven analysis (2019) of U.S. Census Bureau. American Community Survey 2017 5-year estimates, Table B25077; and U.S. Census Bureau 1990 Decennial Census Summary File 3, Table H085.

106 DataHaven analysis (2019) of data from the Federal Financial Institutions Examination Council Home Mortgage Disclosure Act Loan Application Register datasets available at https://www.ffiec.gov/hmda. The subset of loans considered here are for 1- to 4-family homes. These were loans intended for a home purchase, not remodel, with the intent of being occupied by the owner.

107 For first-lien mortgages, the threshold is 1.5 percentage points above the average prime offer rate, or APOR, and for subordinate liens, 3.5 percentage points above APOR.

108 DataHaven analysis (2019) of data from the Federal Financial Institutions Examination Council Home Mortgage Disclosure Act Loan Application Register datasets, available at https://www.ffiec.gov/hmda

109 Ibid.

110 Ibid.

111 DataHaven. (2018). DataHaven Community Wellbeing Survey. SEE SURVEY NOTE IN THE TABLE AND FIGURE NOTES

112 Guidance for housing affordability comes from the federal Department of Housing and Urban Development (HUD). See Defining Housing Affordability, https://www.huduser.gov/portal/pdredge/pdr-edge-featd-article-081417.html

113 SEE NOTES FOR FIG 2.14

114 Ibid.

115 SEE NOTES FOR FIG 2.15

116 Ibid.

117 DataHaven analysis (2019) of data from The Eviction Lab at Princeton University, a project directed by Matthew Desmond and designed by Ashley Gromis, Lavar Edmonds, James Hendrickson, Katie Krywokulski, Lillian Leung, and Adam Porton. The Eviction Lab is funded by the JPB, Gates, and Ford Foundations as well as the Chan Zuckerberg Initiative. More information is found at evictionlab.org.

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122 SEE NOTES FOR FIG 2.16 AND 2.17

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124 Connecticut State Department of Housing. (2018). 2018 Affordable Housing Appeals List. Retrieved from https://portal.ct.gov/-/media/DOH/Final-Appeals-Summary-2018.pdf. See also Partnership for Strong Communities. (2019). DOH Releases 2018 Affordable Housing Appeals List: Fewer Towns Exempt. Retrieved from http://ww2.pschousing.org/news/doh-releases-2018-affordable-housing-appeals-list-fewer-towns-exempt

125 SEE NOTES FOR FIG 2.20

126 Ibid.

127 Bureau of Labor Statistics. (2019). Health Care and Social Assistance: NAICS 62. Retrieved from https://www.bls.gov/iag/tgs/iag62.htm

128 Connecticut Department of Labor. (2018). State of Connecticut Industry Projections 2016–2026. Retrieved from https://www1.ctdol.state.ct.us/lmi/ctindustry2016.asp

129 SEE NOTES FOR FIG 2.20

130 SEE NOTES FOR TABLE 2J

131 Ibid.

132 Ibid.

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134 SEE NOTES FOR FIG 2.20

135 SEE NOTES FOR TABLE 2K

136 SEE NOTES FOR FIG 2.19

137 SEE NOTES FOR TABLE 2L

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140 Ibid.

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142 SEE NOTES FOR TABLE 2L

143 Ibid.

144 Ibid.

145 Ibid.

146 Connecticut Voices for Children. (2017). The changing state of early childhood 2016–2017. Retrieved from http://www.ctvoices.org/publications/changing-state-early-childhood-2016-2017

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Ships on the water, South Norwalk, CT. Photo credit: Nelson J. Flowers

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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.

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Since 1992, Fairfield County's Community Foundation has been dedicated to creating lasting change in our region and maximizing impact by combining fiscal stewardship with extensive community knowledge. As a trusted nonprofit partner and thought leader, we bring together philanthropists, nonprofits and expert resources with the goal of creating a vital and inclusive community, where every individual has the opportunity to thrive.

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