GREATER NEW HAVEN

Community Wellbeing Index 2023

Indicators of well-being, equity, and quality of life in Greater New Haven neighborhoods

A CORE PROGRAM OF

DataHaven

In collaboration with **The Community Foundation for Greater New Haven,** and a **Community Health Needs Assessment** for the towns served by Yale New Haven Hospital and other regional healthcare providers

The COMMUNITY Foundation for Greater New Haven
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DataHaven Community Wellbeing Survey Funders

Among other data sources, this document makes extensive use of the DataHaven Community Wellbeing Survey, which completed live, in-depth interviews with over 40,000 randomly-selected adults in every Connecticut town in 2015, 2018, 2020, 2021, and 2022. In addition to the major funders shown above, sponsors of interviews in Greater New Haven included local public health departments, Carolyn Foundation, Tufts Health Plan Foundation, Universal Health Care Foundation of Connecticut, Planned Parenthood of Southern New England, Yale Cancer Center, Yale Medicine, Yale University, Southern Connecticut State University, Workforce Alliance, and other partners.

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Suggested citation: Abraham, M., Seaberry, C., Davila, K., Carr, A. (2023). Greater New Haven Community Wellbeing Index 2023. New Haven, CT: DataHaven. Available at ctdatahaven.org.

ISBN: 978-1-7340851-5-0 (paperback)

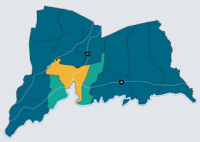
Contents

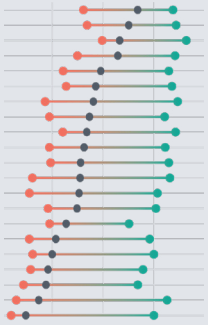
Visual Appendix

43 figures, 33 tables, 1 report –
here's a preview of what we learned about
Greater New Haven

CHAPTER 1

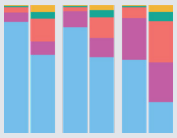
Introduction and Community Index

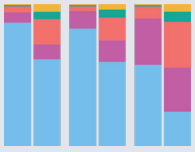


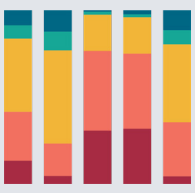


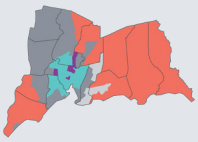
CHAPTER 2

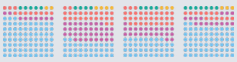
Population





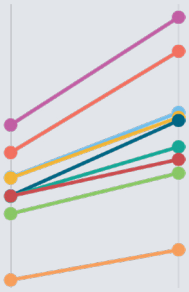


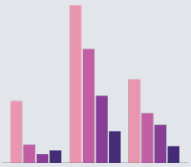


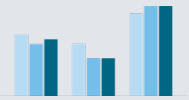


CHAPTER 3

Economic Security

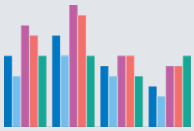


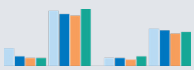




CHAPTER 4

Housing





CHAPTER 1

Introduction and Community Index

AT A GLANCE

- → This chapter discusses the purpose of this report and findings from the DataHaven Community Index and Personal Wellbeing Index, two methods we use to measure well-being, equity, and quality of life in the region.
- → Connecticut tends to rank highly on measures of well-being among states, reflecting a relatively high quality of life compared to the rest of the country. However, these rankings often do not account for disparity within a state.
- → Greater New Haven is home to some of the highest and lowest scoring towns on the DataHaven Community Index, revealing stark inequality in the region. It would score 41st out of 100 metropolitan areas in the U.S. overall.
- → High levels of personal well-being often correspond with high levels of community well-being. As a result, those with fewer community resources often report lower quality of life than those with better access to resources.

Foreword

Greater New Haven historically has been marked by some of the sharpest disparities in the country in terms of the well-being of its population. Its wealthiest neighborhoods rank among the most prosperous in the nation, where residents enjoy a very high quality of life. Most of them own the home where they live, have access to good health care, earn high salaries, and send their kids to well-funded schools. These communities are immediately adjacent to others where very few people own their homes, residents struggle with access to health care, earn low wages, and send their kids to schools with persistent funding issues.

As has been the case across the country, the stresses of the COVID-19 pandemic exposed and amplified the disparities that have long existed. Many people with high-paying jobs and ample resources saw shifts in the ways they worked and lived, but the pandemic did not fundamentally alter their general well-being. By contrast, those who struggled before the pandemic faced greater unemployment and loss of health insurance. Their schools were thrown into disarray, with potentially dramatic and long-term effects on their children's education. People facing financial insecurity, and Black and Latino[1] people were more likely than wealthier white people to get sick from COVID-19, and more likely to die. Other persons living with chronic conditions and disabilities, and those in older age groups, are also at much higher risk.

The past few years have also been a time of national reckoning with the country's history of racism, with reverberations at state and local levels. In Connecticut, that reckoning sharpened the discussion about the generations of inequities in well-being, from the availability of affordable housing, to support for schools, to questions about health care and employment, to quality of life concerns about access to safe and reliable transportation and outdoor spaces.

The pandemic also affected data collection for the 2020 Census, as people moved to places they would ride out the initial lockdowns. As a result, the credibility of that data was put to question. However, the 2020 counts remain useful for helping describe and hopefully dismantle some of the disparities the pandemic revealed in stark clarity.

Greater New Haven, like the state and country overall, is still in the long tail of recovery from the pandemic's most acute effects. Locally, policymakers, state and local agencies, nonprofits, and residents are more aware of, more willing to talk about, and more interested in doing something to address the disparities in well-being that have existed for a long time. Good information is crucial to that work. It allows us to compare our towns and regions to one another to see which legacies of racially-biased systems echo those in other parts of the country, and to determine those which are regionally unique. The more we understand, the better we are at addressing inequities, making sure that the benefits of recovery are felt by all, and by those who need it the most.

About This Document

The Greater New Haven Community Wellbeing Index is produced through DataHaven's comprehensive community indicators program, which collects and shares data on well-being, equity, and quality of life. For the past 30 years, DataHaven has published information on an ongoing basis at the statewide, regional, town, and neighborhood levels. As a formal partner of the National Neighborhood Indicators Partnership, DataHaven is committed to making information more accessible to communities.

This report defines the region as 13 towns in New Haven County: the city of New Haven, three inner ring towns (East Haven, Hamden, and West Haven), and 9 outer ring towns (Bethany, Branford, Guilford, Madison, North Branford, North Haven, Orange, and Woodbridge). Data are also presented for specific neighborhoods within larger towns.

This report is made possible through funding from more than 100 public and private partners. It also relies on advice from community members and subject matter experts throughout the state and beyond, including 300 individuals who participated in the DataHaven Community Wellbeing Survey's Advisory Council in 2021 and 2022. DataHaven is profoundly grateful for their support.

DataHaven publishes Community Wellbeing Index reports and similar publications that cover other regions of Connecticut. These reports as well as previous editions of the Community Wellbeing Index may be found at www.ctdatahaven.org/reports.

Additional Connecticut Town Data

Through its Town Equity Reports, DataHaven publishes detailed information about individual towns and cities throughout Connecticut. Data for all towns in Connecticut are available at ctdatahaven.org/reports/connecticut-town-equity-reports. DataHaven also publishes these equity reports for other groupings of towns, such as hospital service areas or Council of Governments (COG) regions.

Other user-friendly data resources at DataHaven include its community and neighborhood profiles, which cover all towns, as well as neighborhoods within the largest cities. These are available at ctdatahaven.org/communities.

The information in this report, and additional data published by DataHaven about specific communities within the region, also may be found in community health needs assessments (CHNAs) that are published on the websites of each hospital in the region.

Measuring How Communities Shape Well-Being

Quality of life in Greater New Haven can be measured in several ways. First, we summarize how Connecticut ranks among nearby states in various measures. We then use our Community Index to compare area towns and neighborhoods to the 100 largest metropolitan areas in the United States across eight community-based indicators. Finally, we use our DataHaven Community Wellbeing Survey to generate our Personal Wellbeing Index, which allows us to compare four measures of personal well-being across specific demographic groups.

Connecticut Rankings

Connecticut, along with the rest of New England, tends to rank highly on measures of well-being, reflecting a relatively high quality of life compared to the rest of the country. However, because these rankings do not account for disparities within a state, they do not accurately reflect quality of life for all residents. We explore these disparities by comparing towns, neighborhoods, and specific demographic groups.

DataHaven Community Index Scores for Local Areas

The DataHaven Community Index combines several indicators into an average score, ranging from 0 to 1,000, that allows readers to compare parts of Connecticut to one another and to other parts of the United States. Included in the Community Index are measures of economic, health-related, and educational well-being (SEE TABLE 1B).

Greater New Haven would rank 41st out of 100 metropolitan areas in the United States. This regional figure hides local disparities. When assessed town by town, or neighborhood by neighborhood, the region includes some of the highest and lowest scoring areas in the analysis. In other words, well-being disparities in Greater New Haven remain among the greatest in the country.

That said, between 2015 and 2020 (the latest year for which these data are available), Community Index scores have improved for most metropolitan areas, although for some individual towns and neighborhoods in the region, scores have declined. DH

TABLE 1A

Quality of life rankings for New England and New York

SELECTED STATE RANKINGS AND AVERAGE PLACEMENT FOR QUALITY OF LIFE INDICES

REPORT [YEAR] - PUBLISHER	DESCRIPTION	CT	ME	MA	NH	NY	RI	VT
Measure of America [2018] - Social Science Research Council	The distribution of well-being and opportunity in three basic dimensions: health, access to knowledge, and living standards.	3	29	2	10	6	13	17
Opportunity Index [2019] - Opportunity Nation	A composite measure that draws upon important economic, educational, health, and community-related indicators of opportunity.	10	11	4	8	14	20	2
Quality Counts [2021] - Education week	Measures the education of states on Chance for Success, School Finance and K-12 Achievement.	3	16	2	9	8	13	6
State Innovation Index [2020] - Bloomberg	Rank based on research and development intensity, productivity, clusters of companies in technology, STEM jobs, residents with degrees in science and engineering disciplines and patent activity.	4	37	2	9	14	19	24
America's Health Rankings [2021] - United Health Foundation	Measures social and economic factors, physical environment, clinical care, behaviors and health outcomes.	6	8	2	1	22	12	3
Prosperity Now Outcome Ranks [2020] - Prosperity Now	Assesses states on the financial security and economic opportunity of households; final score incorporates the state's racial disparity.	13	20	4	6	27	24	2
Number of times state is ranked among the top 10 states		5	1	6	6	2	0	4
Average placement		7	20	3	7	15	17	9

TABLE 1B

DataHaven Community Index

SCORES FOR LARGE U.S. METROPOLITAN AREAS AND LOCAL CITIES, TOWNS, AND NEIGHBORHOODS, 2015 AND 2020

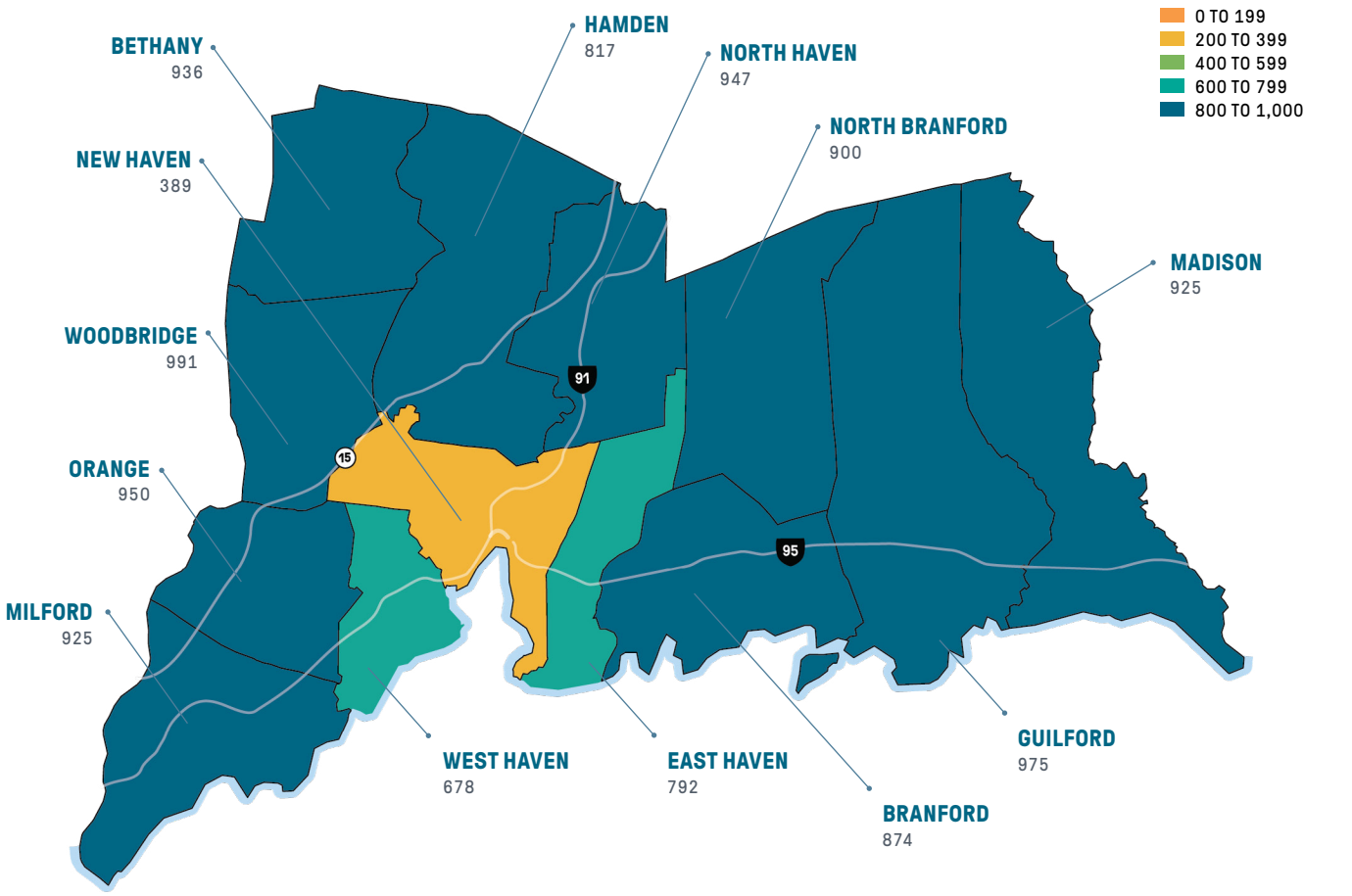
RANK	LOCATION	2020 COMM. INX.	2015 COMM. INX.	PERCENT CHANGE
	New Haven Outer Ring	950	919	⬆3%
	Milford	925	875	⬆6%
1	Ogden-Clearfield, UT	856	789	⬆8%
2	Minneapolis-St. Paul-Bloomington, MN-WI	829	787	⬆5%
	Hamden	817	819	⬇1%
3	Madison, WI	815	767	⬆6%
4	Washington-Arlington-Alexandria, DC-VA-MD-WV	804	792	⬆2%
5	Des Moines-West Des Moines, IA	802	768	⬆4%
6	Provo-Orem, UT	802	739	⬆9%
7	Salt Lake City, UT	797	726	⬆10%
	East Haven	792	778	⬆2%
8	Boston-Cambridge-Newton, MA-NH	792	765	⬆4%
9	Seattle-Tacoma-Bellevue, WA	792	748	⬆6%
10	Denver-Aurora-Lakewood, CO	792	733	⬆8%
11	Grand Rapids-Kentwood, MI	790	716	⬆10%
12	Fairfield County, CT	786	796	⬇1%
13	San Jose-Sunnyvale-Santa Clara, CA	784	753	⬆4%
14	Pittsburgh, PA	783	740	⬆6%
15	Omaha-Council Bluffs, NE-IA	783	736	⬆6%
16	Baltimore-Columbia-Towson, MD	781	757	⬆3%
17	Boise City, ID	779	685	⬆14%
18	Hartford-East Hartford-Middletown, CT	779	772	⬆1%
19	Colorado Springs, CO	778	746	⬆4%
20	Raleigh-Cary, NC	778	729	⬆7%
21	Worcester, MA-CT	777	744	⬆4%
22	Urban Honolulu, HI	776	750	⬆3%
	Connecticut (state avg.)	774	770	⬆1%
23	Albany-Schenectady-Troy, NY	772	762	⬆1%
24	St. Louis, MO-IL	772	724	⬆7%

RANK	LOCATION	2020 COMM. INX.	2015 COMM. INX.	PERCENT CHANGE
	New Haven high-income neighborhoods	770	835	⬇8%
29	San Francisco-Oakland-Berkeley, CA	764	721	⬆6%
30	Palm Bay-Melbourne-Titusville, Fl	763	698	⬆9%
	New Haven Inner Ring	758	747	⬆1%
35	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	745	723	⬆3%
36	Nashville-Davidson-Murfreesboro-Franklin, TN	740	684	⬆8%
37	Spokane-Spokane Valley, WA	738	679	⬆9%
	Greater New Haven	729	725	⬆1%
41	New Haven County, CT	729	717	⬆2%
45	Charlotte-Concord-Gastonia, NC-SC	724	668	⬆8%
46	Providence-Warwick, RI-MA	719	681	⬆6%
48	Atlanta-Sandy Springs-Alpharetta, GA	716	655	⬆9%
49	Deltona-Daytona Beach-Ormond Beach, FL	716	630	⬆14%
50	Columbus, OH	715	689	⬆4%
51	Charleston-North Charleston, SC	714	670	⬆7%
58	Detroit-Warren-Dearborn, MI	707	665	⬆6%
63	Tampa-St. Petersburg-Clearwater, FL	699	650	⬆8%
	United States (national avg.)	695	656	⬆6%
69	Dayton-Kettering, OH	691	647	⬆7%
72	Little Rock-North Little Rock-Conway, AR	685	668	⬆3%
74	Dallas-Fort Worth-Arlington, TX	681	645	⬆6%
	West Haven	678	654	⬆4%
80	New York-Newark-Jersey City, NY-NJ-PA	666	648	⬆3%
82	Winston-Salem, NC	644	605	⬆6%
84	Tucson, AZ	642	595	⬆8%
99	Fresno, CA	474	419	⬆13%
	New Haven	389	416	⬇6%
100	McAllen-Edinburg-Mission, TX	349	322	⬆8%
	New Haven low-income neighborhoods	192	215	⬇11%

FIGURE 1A

Community Index scores vary by town within Greater New Haven

INDEX SCORE BY TOWN, 2020



Note: Index ranges from 0 (worse) to 1,000 (better).

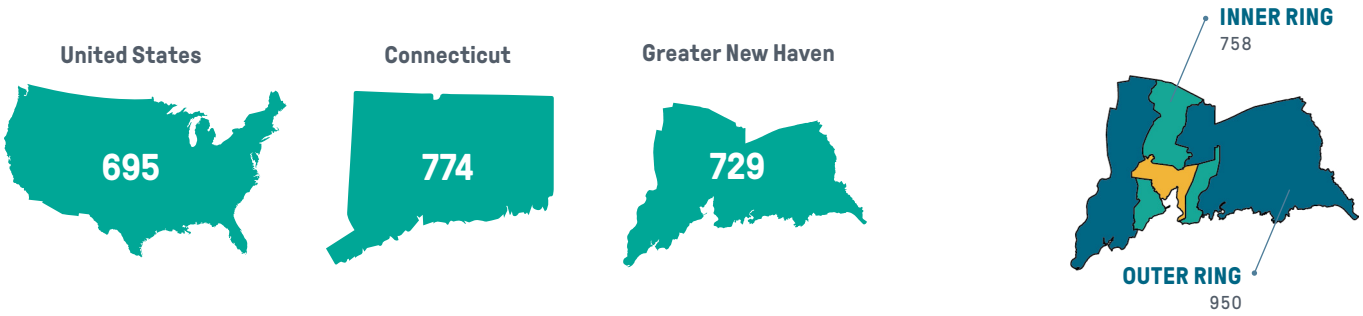


TABLE 1C

DataHaven Community Index and its components by area

LOCAL DATA VALUES AND SCORES, 2020

LOCATION	HOME-OWNERSHIP RATE	H.S. GRADUATES	YOUTHFUL LABOR FORCE PARTICIPATION	WORKERS WITH SHORT COMMUTE	HOUSING COST BURDEN	LOW INCOME POPULATION	CHILDHOOD POVERTY RATE	INSURED POPULATION	2020 COMM. IDX.
United States	64%	89%	83%	62%	31%	30%	18%	91%	695
Connecticut	66%	91%	86%	64%	35%	22%	13%	95%	774
Greater New Haven	60%	92%	86%	71%	39%	25%	16%	95%	729
New Haven	28%	86%	81%	76%	51%	49%	34%	92%	389
New Haven Inner Ring	61%	91%	87%	72%	39%	24%	12%	94%	758
East Haven	74%	91%	86%	76%	40%	24%	14%	94%	792
Hamden	64%	94%	88%	70%	35%	19%	10%	97%	817
West Haven	51%	87%	86%	72%	43%	29%	14%	92%	678
New Haven Outer Ring	79%	96%	89%	66%	31%	11%	3%	98%	950
Milford	75%	95%	90%	68%	33%	11%	4%	97%	925
INDIVIDUAL NEIGHBORHOODS									
New Haven high-income neighborhoods	52%	93%	89%	76%	36%	23%	8%	94%	770
New Haven low-income neighborhoods	21%	78%	77%	66%	58%	63%	47%	91%	192

Personal Wellbeing Index

It is important for policymakers and programs to measure well-being directly, because traditional measures such as income and gross domestic product are unable to capture the importance of so many life experiences.[2]

To fill this gap, the DataHaven Community Wellbeing Survey conducts live, in-depth interviews with thousands of randomly-selected adults in every Connecticut town. We find that personal well-being measures—including life satisfaction, self-rated health, anxiety, and happiness—correlate strongly with Community Index scores (SEE FIGURE 1B). In other words, higher levels of personal well-being are associated with greater levels of community well-being, while communities and populations with fewer community resources often report lower levels of personal well-being. DataHaven's Personal Wellbeing Index, which factors across the above four indicators of overall well-being, reveals stark inequalities by race/ethnicity and town (SEE TABLE 1D). **DH**

TABLE 1D

DataHaven Index scores

PERSONAL WELLBEING INDEX (2021) AND COMMUNITY INDEX SCORES (2020), GREATER NEW HAVEN

LOCATION	PERSONAL WELLBEING INDEX	COMMUNITY INDEX
CT	696	774
GNH	704	729
BY DEMOGRAPHIC WITHIN GREATER NEW HAVEN		
White	744	873
Black	419	509
Latino	562	505
BY TOWN		
New Haven	469	389
West Haven	693	678
Hamden	456	817

FIGURE 1B

Personal well-being tends to improve with overall community well-being

PERSONAL WELLBEING INDEX (2021) VERSUS COMMUNITY INDEX SCORES (2020)

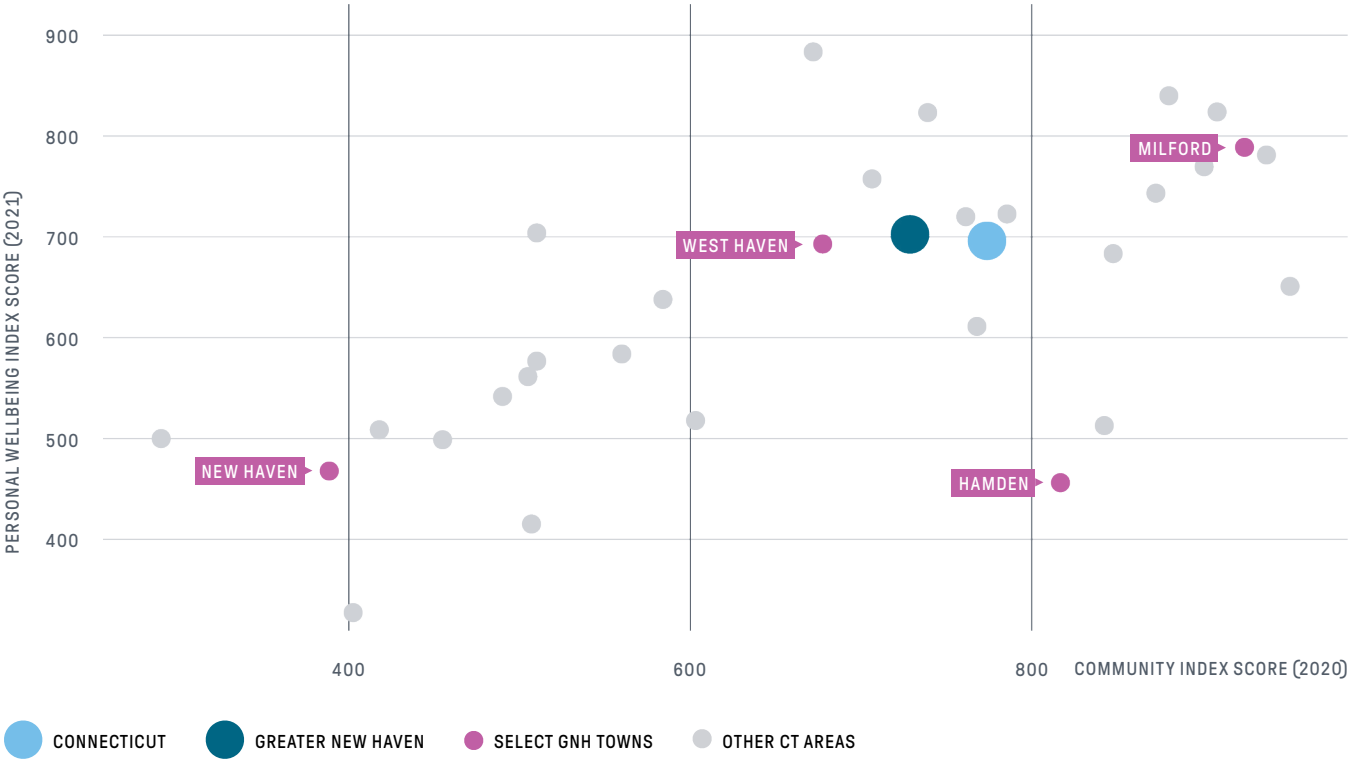
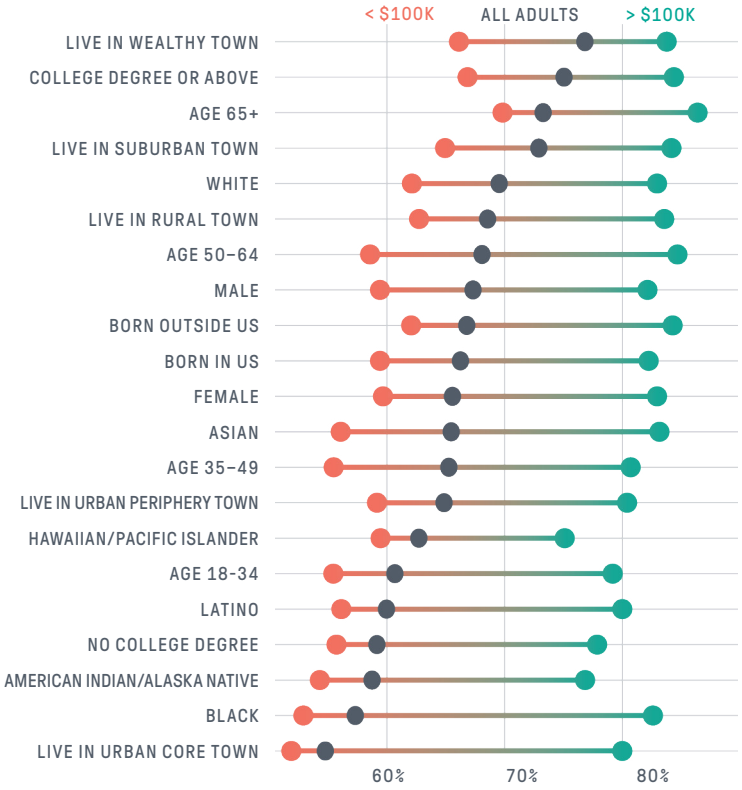


FIGURE 1C

Within demographic groups, life satisfaction often varies by income

SHARE OF ADULTS REPORTING BEING SATISFIED WITH LIFE BY INCOME AND DEMOGRAPHIC GROUP, CONNECTICUT, 2015–2021



Life Satisfaction

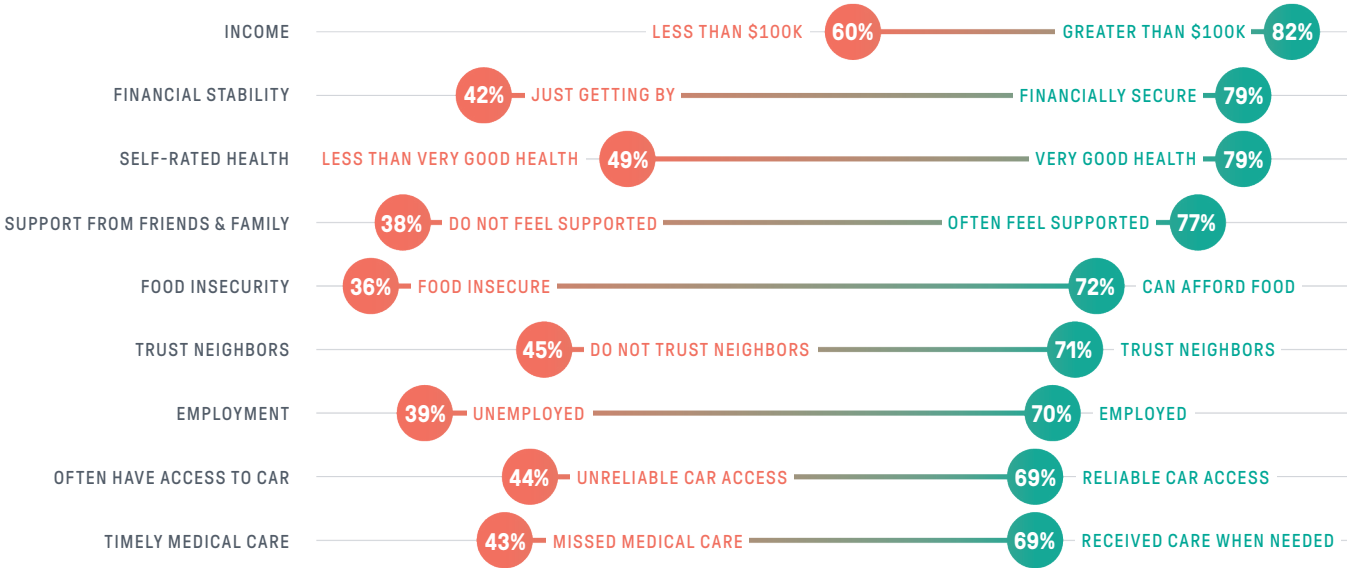
Looking further into measures of life satisfaction, patterns begin to emerge that reinforce the correlation of well-being measures with Community Index scores. Higher income is strongly associated with higher levels of reported life satisfaction (SEE FIGURE 1C). Other divisions are also clear: life satisfaction is lower among adults ages 18 to 34 compared to those who are 65 and up; lower among adults of color, especially Black adults, than white adults; lower among adults without a four-year college degree than those with one; and lower among those residing in urban core towns compared to wealthy towns.

Access to food, employment, health care, and community support affect greater life satisfaction: adults with more personal and community resources report being more satisfied (SEE FIGURE 1D). These data suggest that ensuring adequate food and housing for all people, fostering asset building and interpersonal connections, and reducing inequities in access to services would have a larger impact on well-being than policies focused mostly on traditional economic outputs. DH

FIGURE 1D

Many positive experiences and resources, including having a high income, correspond to higher life satisfaction

SHARE OF ADULTS REPORTING BEING SATISFIED WITH LIFE BY SELECT EXPERIENCES, CONNECTICUT, 2015–2021



CHAPTER 2

Population

AT A GLANCE

- → This chapter provides a brief overview of the population of Greater New Haven, including demographic trends in recent decades.
- → Greater New Haven has large immigrant communities from the Americas, Asia, Europe, and Africa. Between 2000 and 2020, the share of foreign-born residents in Greater New Haven increased from 9 percent to 14 percent of the total population.
- → The region is highly segregated, with only 4 percent of the population living in a neighborhood that is both high income and high diversity.

Population Change

Greater New Haven has an overall population of 465,241.[3] While the state population grew 0.9 percent over the past decade, Greater New Haven's population increased 0.3 percent. With a growth rate of 3.3 percent, New Haven was among the fastest-growing places in the state, with a net gain of 4,244 residents (SEE TABLE 2A).

Compared to Connecticut, Greater New Haven has the same share of Latino residents (both 17 percent) and a similar share of foreign-born residents (15 percent vs. 14 percent). Younger populations, including immigrants, tend to be more diverse: while people of color constitute 20 percent of residents ages 65 and over in Greater New Haven, 55 percent of residents under 18 are people of color. Between 1980 and 2020, the white share of the population declined from 84 percent to 58 percent, while Latino residents went from 3 percent of the population to 17 percent (SEE TABLE 2B, FIGURE 2A, FIGURE 2B).

High-income and affluent neighborhoods in Greater New Haven remain disproportionately white: 23 percent of white residents live in a higher income neighborhood, compared to less than 3 percent of Black residents and 4 percent of Latino residents. The share of Black residents in the outer ring suburbs is less than one-fifth that of Greater New Haven (SEE TABLE 2B, FIGURE 2C). The aging population is a key trend, as adults ages 80 and over represent the region's fastest-growing age group. We covered this in more detail in the 2019 edition of this report. DH

TABLE 2A

Population and growth

POPULATION IN GREATER NEW HAVEN AND TOWNS, 2010–2020

LOCATION	POPULATION, 2010	POPULATION, 2020	CHANGE, 2010–2020	PERCENT CHANGE
Connecticut	3,574,097	3,605,944	⬆31,847	⬆0.9%
GNH	463,998	465,241	⬆1,243	⬆0.3%
Bethany	5,563	5,297	⬇266	⬇4.8%
Branford	28,026	28,273	⬆247	⬆0.9%
East Haven	29,257	27,923	⬇1,334	⬇4.6%
Guilford	22,375	22,073	⬇302	⬇1.3%
Hamden	60,960	61,169	⬆209	⬆0.3%
Madison	18,269	17,691	⬇578	⬇3.2%
Milford	52,759	52,044	⬇715	⬇1.4%
New Haven	129,779	134,023	⬆4,244	⬆3.3%
N. Branford	14,407	13,544	⬇863	⬇6.0%
North Haven	24,093	24,253	⬆160	⬆0.7%
Orange	13,956	14,280	⬆324	⬆2.3%
West Haven	55,564	55,584	⬆20	⬆<0.1%
Woodbridge	8,990	9,087	⬆97	⬆1.1%

TABLE 2B

Characteristics by race and origin

POPULATION BY RACE/ETHNICITY AND PLACE OF BIRTH, GREATER NEW HAVEN, 2020

LOCATION 0.008 IN	TOTAL POPULATION	PERCENT WHITE	PERCENT BLACK	PERCENT LATINO	PERCENT ASIAN	PERCENT OTHER RACE	FOREIGN-BORN POPULATION	PERCENT FOREIGN BORN
Connecticut	3,605,944	63%	10%	17%	5%	5%	521,384	15%
Greater New Haven	465,241	58%	16%	17%	6%	4%	63,573	14%
New Haven	134,023	28%	30%	31%	7%	5%	22,702	17%
New Haven Inner Ring	144,676	54%	19%	18%	5%	4%	22,175	15%
East Haven	27,923	70%	5%	18%	4%	3%	3,675	13%
Hamden	61,169	53%	24%	13%	6%	4%	7,773	13%
West Haven	55,584	47%	21%	24%	5%	4%	10,727	20%
New Haven Outer Ring	186,542	83%	2%	6%	5%	4%	18,696	10%
Milford	52,044	80%	3%	8%	5%	4%	6,406	12%

FIGURE 2A

Since 1980, the region has diversified greatly

SHARE OF POPULATION BY RACE/ETHNICITY, 1980–2020

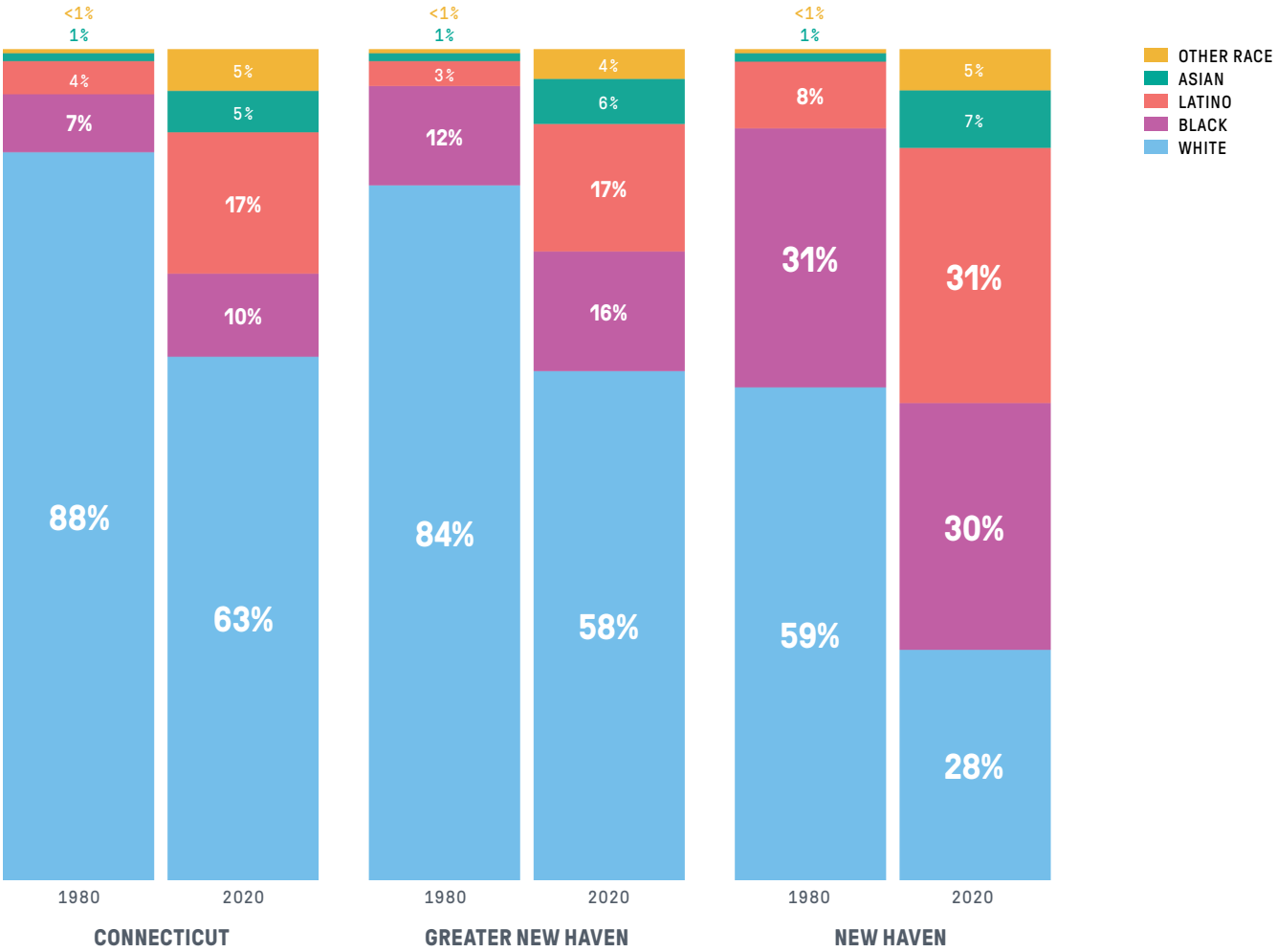


FIGURE 2B

Younger generations are much more racially diverse than older ones

POPULATION BY RACE/ETHNICITY AND AGE, GREATER NEW HAVEN, 2020

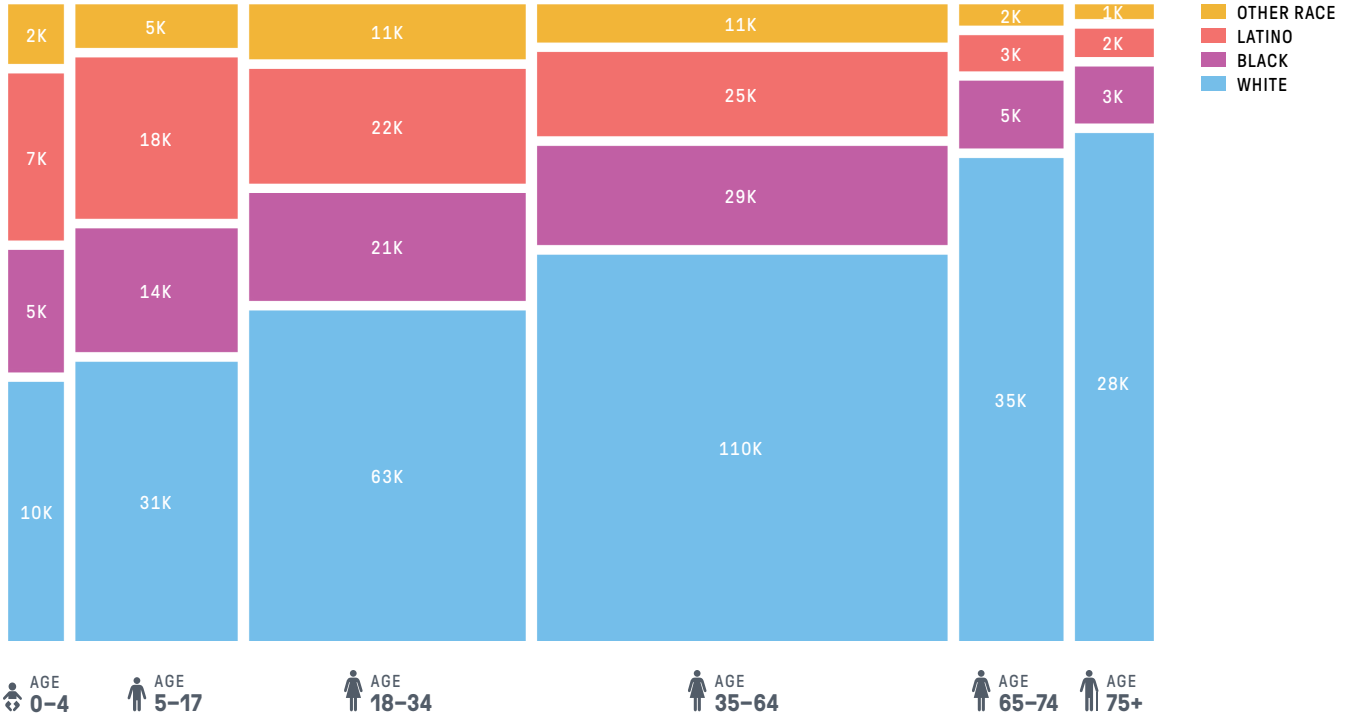
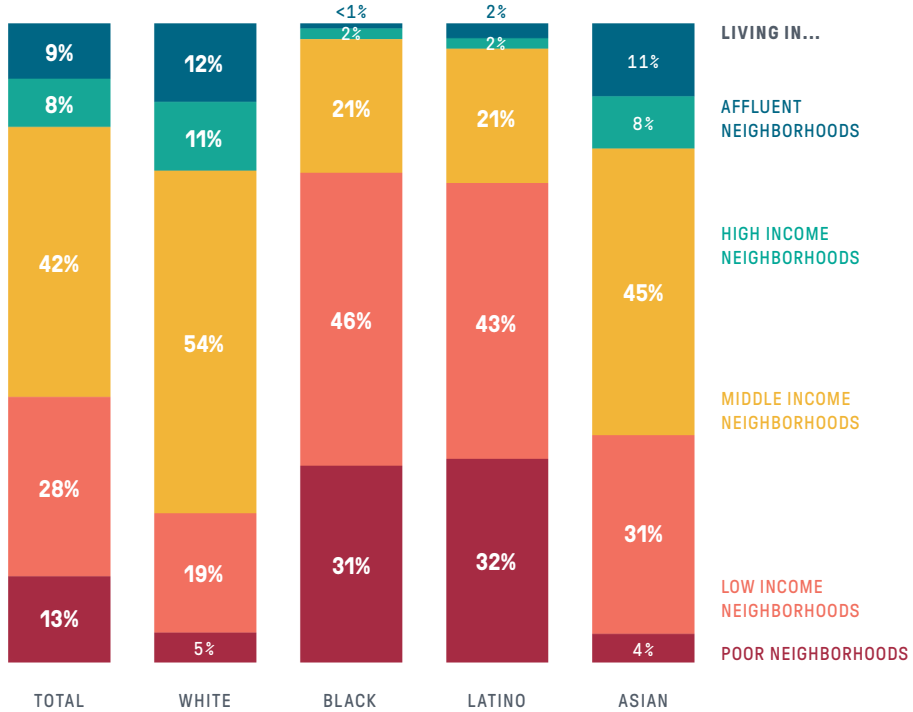


FIGURE 2C

White residents are over 5 times more likely to live in high-income or affluent neighborhoods than Black and Latino residents

SHARE OF POPULATION BY NEIGHBORHOOD INCOME LEVEL, GREATER NEW HAVEN, 2020



BRACKET	RATIO TO STATE INCOME	AVERAGE HOUSEHOLD INCOME
Affluent	1.50x or higher	$259,017
High income	1.25x to 1.49x	$155,478
Middle income	0.75x to 1.24x	$112,829
Low income	0.50x to 0.74x	$73,243
Poor	Less than 0.49x	$46,769

Households

In 2020, Greater New Haven had a total of 176,463 households, a 2 percent increase from 2000. Households of single individuals increased the most, growing 6 percent from about 50,600 in 2000 to 53,700 in 2020.[4] The rise of nonfamily households occurred in tandem with a decline in homeownership. These trends may have a causal relationship as those who live alone are less likely to be able to afford to own a home. In 2020, about 57 percent of nonfamily households in the region were renters, while only 30 percent of family households were renters.

Greater New Haven has a lower share of family households than the state overall: 62 percent of households in Greater New Haven are families, compared to 65 percent in the state. Greater New Haven has a higher share of single person households. Compared to Connecticut, where 28 percent of households have one person, 30 percent of households in Greater New Haven have one person (SEE FIGURE 2D). DH

Immigration

Between 2000 and 2020, the share of foreign-born residents in Greater New Haven increased from 9 percent to 14 percent of the total population.[5] Communities from Mexico, the Dominican Republic, Ecuador, India, and China saw the largest population increases. There was also a notable increase in the number of residents born in African nations (SEE FIGURE 2E).

Greater New Haven's increasing diversity is due in part to this shift in immigration. Thirty-six percent of New Haven County's immigrants who came to the U.S. before 1990 were born in Europe, while among immigrants who entered in 2010 or later, only 12 percent were born in Europe. Instead, recent immigration has shifted to people born in Asia, making up 46 percent of immigrants entering in 2010 or later. Large communities of recent immigrants currently live in New Haven, as well as in West Haven and Hamden. DH

FIGURE 2D

The majority of New Haven's households are nonfamily households

SHARE OF HOUSEHOLDS BY HOUSEHOLD TYPE, 2020

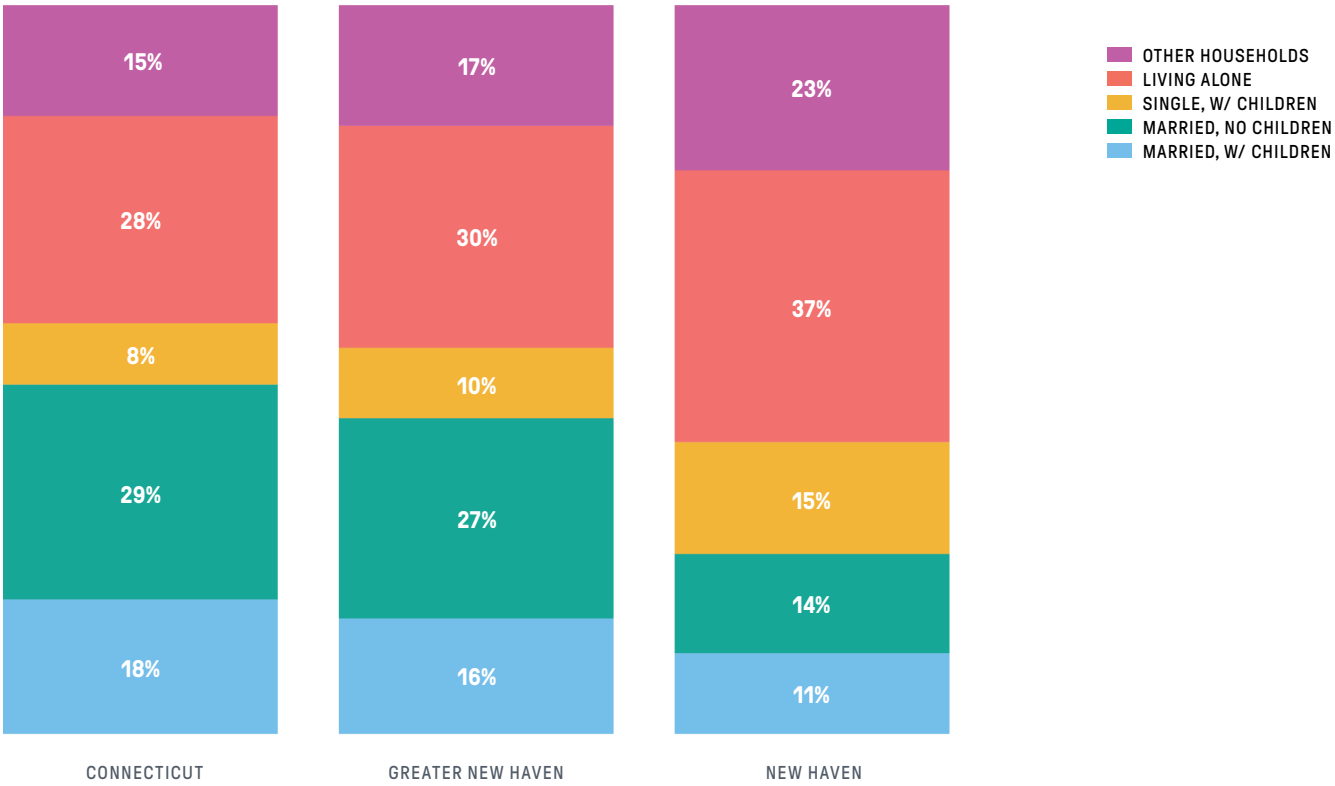
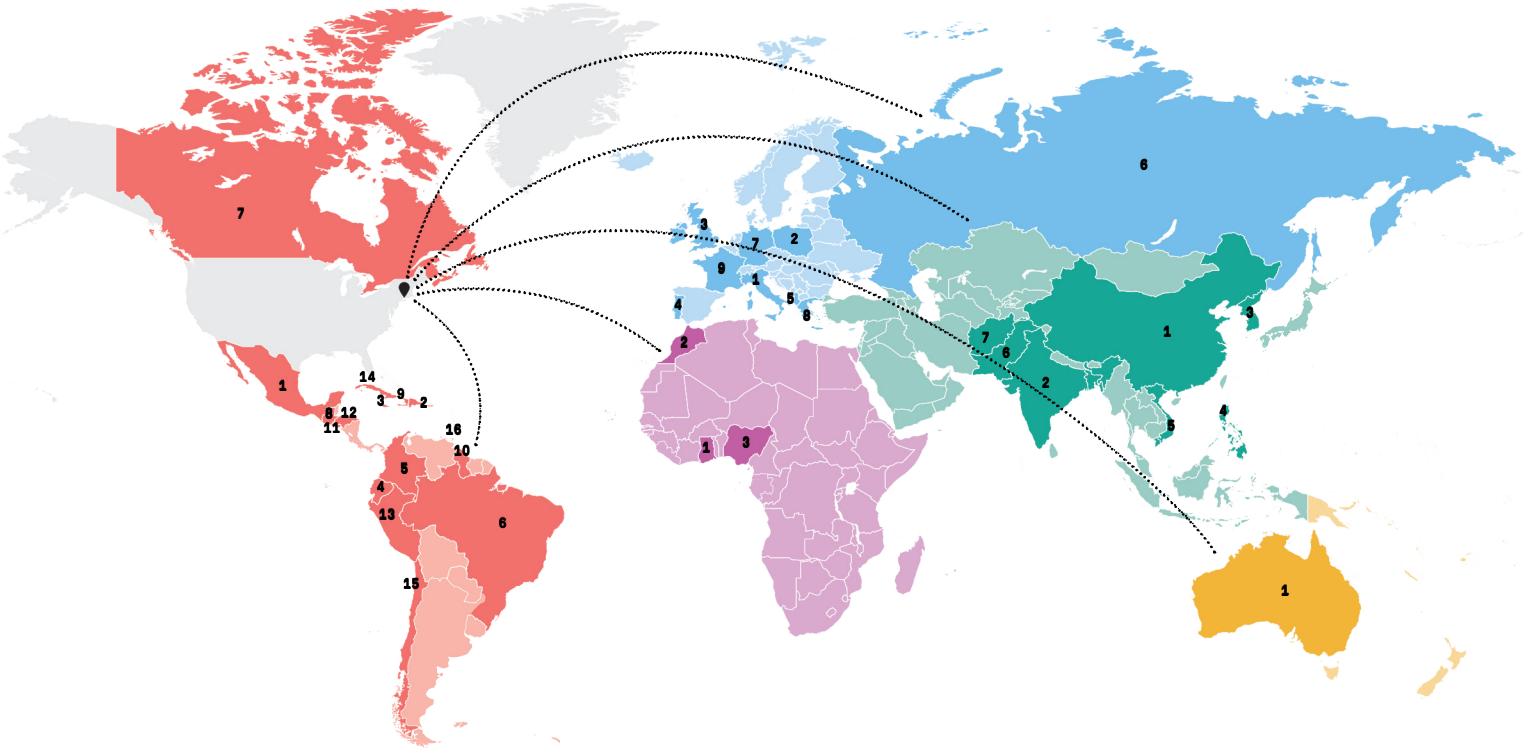


FIGURE 2E

New Haven County's foreign-born population has been changing over time

NUMBER OF NEW HAVEN COUNTY RESIDENTS BY PLACE OF BIRTH, 2000 AND 2020



AMERICAS

	2000	2020	CHANGE
Americas	**24,174**	**49,980**	**+107%**
① Mexico	4,371	8,940	+105%
② Dominican Republic	2,428	6,187	+155%
③ Jamaica	3,137	6,080	+94%
④ Ecuador	2,075	5,827	+181%
⑤ Colombia	1,687	3,424	+103%
⑥ Brazil	1,434	3,295	+130%
⑦ Canada	2,944	2,846	-3%
⑧ Guatemala	553	2,007	+263%
⑨ Haiti	374	1,664	+345%
⑩ Guyana	1,076	1,312	+22%
⑪ El Salvador	188	1,013	+439%
⑫ Honduras	150	989	+559%
⑬ Peru	495	956	+93%
⑭ Cuba	707	944	+34%
⑮ Chile	301	805	+167%
⑯ Trinidad and Tobago	355	743	+109%
Remainder	1,899	2,948	+55%

AFRICA

	2000	2020	CHANGE
Africa	**2,401**	**8,522**	**+255%**
① Ghana	362	1,853	+412%
② Morocco	163	1,236	+658%
③ Nigeria	473	784	+66%
Remainder	1,403	4,649	+231%

ASIA

	2000	2020	CHANGE
Asia	**17,325**	**27,238**	**+57%**
① China	3,489	6,685	+92%
② India	3,388	6,602	+95%
③ Korea	1,620	1,939	+20%
④ Philippines	1,715	1,725	+1%
⑤ Vietnam	919	1,230	+34%
⑥ Pakistan	1,377	1,146	-17%
⑦ Afghanistan	66	794	+1,103%
Remainder	4,751	7,117	+50%

EUROPE

	2000	2020	CHANGE
Europe	**31,021**	**23,891**	**-23%**
① Italy	6,691	4,092	-39%
② Poland	4,266	2,685	-37%
③ United Kingdom	2,899	2,502	-14%
④ Portugal	3,539	2,201	-38%
⑤ Albania	1,473	2,165	+47%
⑥ Russia	1,185	1,629	+37%
⑦ Germany	2,518	1,541	-39%
⑧ Greece	758	885	+17%
⑨ France	545	745	+37%
Remainder	7,147	5,446	-24%

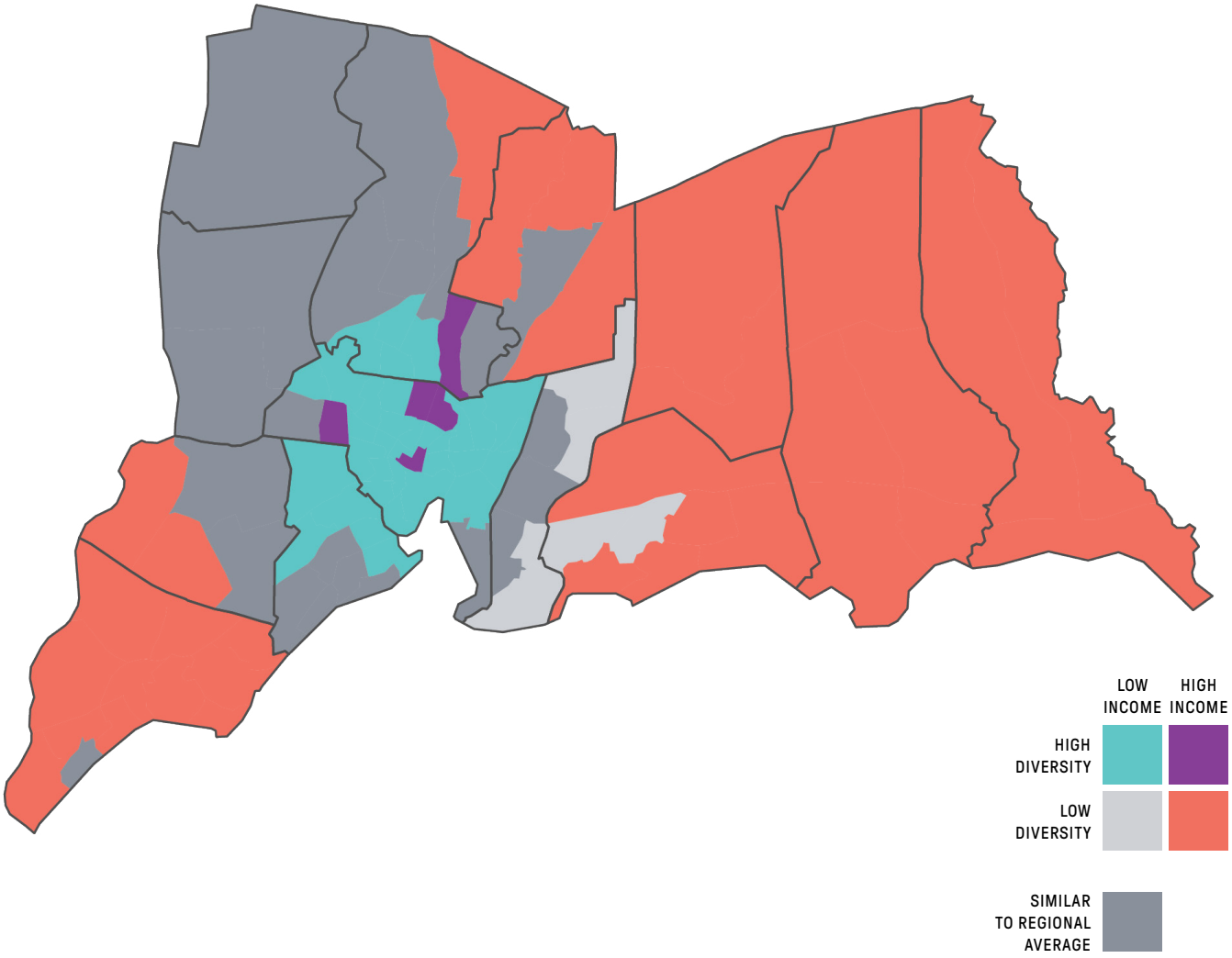
OTHER

	2000	2020	CHANGE
① Oceania	126	185	+47%

FIGURE 2F

Very few neighborhoods have both high incomes and high levels of diversity

HIGH/LOW CLASSIFICATION OF MEAN HOUSEHOLD INCOME AND RACIAL/ETHNIC DIVERSITY BY CENSUS TRACT, GREATER NEW HAVEN, 2020



OVERALL CHARACTERISTICS OF NEIGHBORHOODS BY INCOME-DIVERSITY CLASSIFICATION, GREATER NEW HAVEN, 2020

CLASSIFICATION	TOTAL POPULATION	AVG HOUSEHOLD INCOME	PERCENT WHITE	PERCENT BLACK	PERCENT LATINO	PERCENT ASIAN	PERCENT OTHER RACE
Lower income, lower diversity	24,855	$79,628	80%	5%	10%	3%	2%
Lower income, higher diversity	156,824	$62,334	26%	34%	33%	3%	3%
Higher income, lower diversity	158,193	$137,141	86%	3%	5%	5%	2%
Higher income, higher diversity	20,042	$129,208	59%	13%	12%	12%	3%
Similar to regional avg	103,178	$113,259	66%	11%	12%	8%	3%

FOCUS: SEGREGATION

Segregation is a major force in determining where people live, who they come in contact with, where they go to school, and what resources are available to them, but can be hard to define and measure.[6,7,8] Measurements of segregation can describe regional patterns or local ones;[9] they can focus on how much one group fits in with others, or how multiple groups integrate together;[10] they can mean different things in different contexts.[11]

The dynamics of segregation are complex,[12] but the processes and policies that create it are often detrimental.[13,14] The long and wide-reaching history of segregation has left us with disparities in access to health care and jobs, quality of schools,[15] ease of transportation, and exposure to environmental hazards and violence.[16] There can also be benefits, such as strong social cohesion and community supports for members of minority or immigrant enclaves.[17]

Connecticut is highly segregated, particularly by race and income. Previous research by DataHaven found that Connecticut's concentrations of wealth and poverty rival some of the most segregated metro areas in the U.S.[18] Even as the state diversifies, inequality has become more pronounced.[19]

Segregation can lead to a lack of resources in some neighborhoods. It can also mean advantaged groups miss out on the benefits of a more diverse community. The degree to which white residents are isolated from people of other backgrounds sets them apart from other racial groups: within Greater New Haven, the average white person lives in a neighborhood[20] where 73 percent of their neighbors are also white.

In contrast, the average Latino person lives in a neighborhood that is 32 percent Latino, and the average Black resident lives in a neighborhood that is 36 percent Black, giving them exposure to much more racial diversity.[21] Similarly, higher-income people more often live near people of similar incomes, while people with lower incomes have neighbors of a wider variety of income levels.

One way to visualize segregation is to identify "hotspots" or "cold spots" by certain factors. An income hotspot occurs where neighborhoods adjacent to each other all have much higher median household incomes than the rest of the area. Likewise, a cold spot is a cluster of neighborhoods all with much lower incomes.[22]

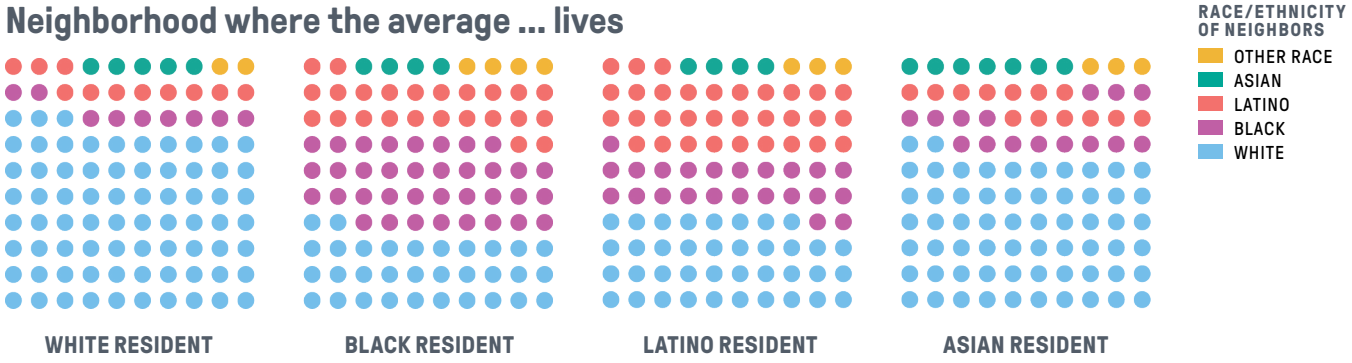
We calculated a diversity index to quantify the extent to which people living in an area are from different racial and ethnic groups. Large swaths of New Haven's Outer Ring suburbs are clusters of very high incomes and very low racial diversity. Only 4 percent of Greater New Haven's population lives in a neighborhood that is both high income and high diversity. Thirty-four percent live in neighborhoods that are low income and high diversity, including most of New Haven and bordering neighborhoods in Hamden and West Haven, while 34 percent live in high income, low diversity areas.

No one number can fully capture the dynamics of our neighborhoods, but simplified views like this can help set up a framework for understanding the histories and patterns of many of the other issues we focus on in this document.

FIGURE 2G

Unlike other groups, white residents mostly live near other white people

AVERAGE RACIAL/ETHNIC MAKEUP OF A RESIDENT'S NEIGHBORS, GREATER NEW HAVEN, 2020



CHAPTER 3

Economic Security

AT A GLANCE

- → Income inequality has increased in Greater New Haven since 1980, as median incomes of higher-income towns increased more than median incomes of lower-income towns.
- → Poverty rates are higher for households with children, single-parent households, and female-led households. Single-parent households led by women under 25 have the highest poverty rates.
- → Connecticut saw an uptick in food insecurity over the past year, as pandemic relief programs ended and food prices surged. Food prices in Greater New Haven exceed those in the nation.
- → Greater New Haven has large income and race disparities in vehicle and internet access. Higher shares of Black and Latino households do not have access to a vehicle. While most households have broadband internet access, about 25 percent of households making less than $50,000 per year still lack a broadband connection.
- → Levels of debt in New Haven County vary widely by race and ethnicity. While about 16 percent of adults in majority-white ZIP codes have some form of debt in collections, roughly 38 percent of adults in majority-Black and Latino ZIP codes do.

Economic Security and Well-Being

Being economically secure involves more than just having money; it requires having a stable income and the means to secure and maintain a job. Recent events—like the Great Recession and the COVID-19 pandemic—have exposed how fragile economic security has been for many families. At the same time, economic security is threatened by gradual social changes like rising prices and the replacement of full-time jobs by temporary ones.[23]

We begin in this chapter by tracing income inequality and segregation in Greater New Haven. Then, we examine variations in poverty rates by family type, identifying segments of the population that are under greater economic duress. Next, we look at resources that pertain to economic security, including access to food, transportation, and broadband internet. As an increasing number of jobs require that employees work remotely, broadband internet and computer access have become more important for participation in the workforce. Finally, we compare levels of wealth and debt by race and ethnicity, focusing on the implications of student debt for upward mobility.

The subject of economic security is particularly relevant to Greater New Haven, where income inequality and energy, food, and housing costs have risen. DH

Income

Greater New Haven had a median household income of $78,000 in 2020, about $2,000 lower than Connecticut but $13,000 higher than the U.S. overall. Since 1980, inflation-adjusted median household income grew 33 percent in Greater New Haven and 26 percent in Connecticut. However, income segregation is growing: while median incomes in Outer Ring towns grew by 36 percent, median incomes in other areas only increased by 22 percent. In 2020, Greater New Haven was ranked 94th in income inequality among 384 metropolitan areas in the country (SEE FIGURE 3A).[24]

Another way to look at income is in the aggregate, as the sum of household incomes. Income concentrations differ by race, ethnicity, and geography in ways that are important to economic development. For example, New Haven has the highest share of Black and Latino income of any town in the region: 48 percent of aggregate income among Black households and 42 percent of income among Latino households is earned by New Haven residents. DH

FIGURE 3A

Median incomes have risen steeply in higher-income towns

MEDIAN HOUSEHOLD INCOME IN 2020 DOLLARS, GREATER NEW HAVEN, 1980–2020

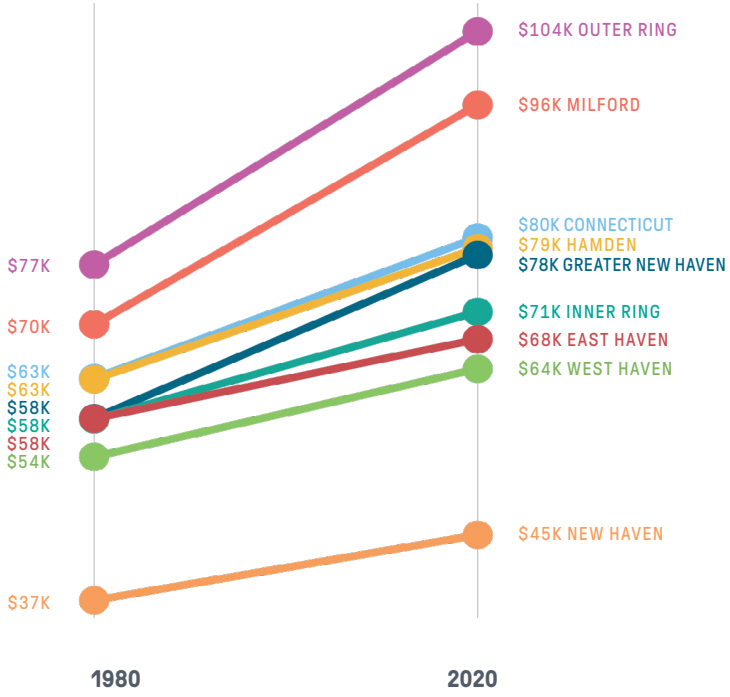
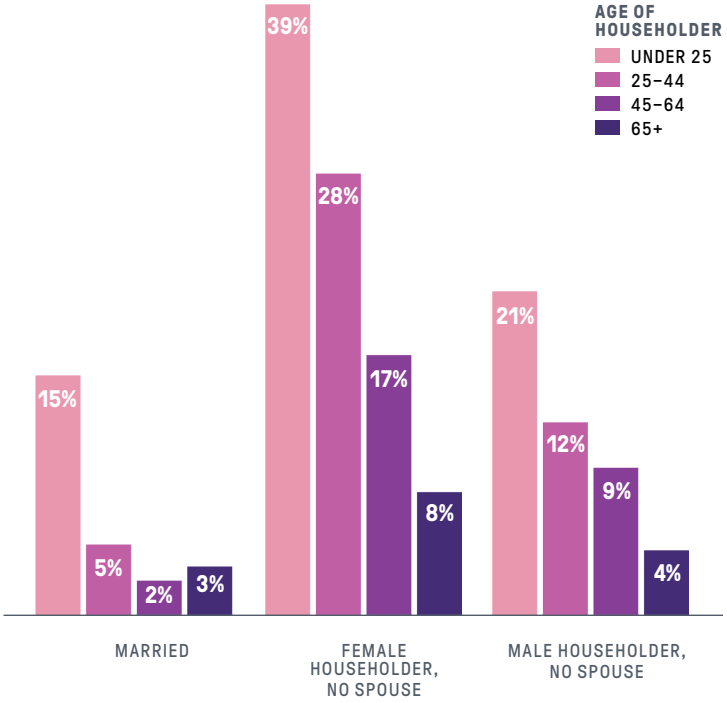


FIGURE 3B

Female householders under age 25 have the highest poverty rate

POVERTY RATE BY FAMILY TYPE AND AGE OF HOUSEHOLDER, GREATER NEW HAVEN, 2020



Poverty

Greater New Haven has a poverty rate of 11 percent, lower than the U.S. poverty rate of 13 percent.[25] The prevalence of poverty, however, varies widely among towns. Milford's poverty rate is 4 percent. New Haven's poverty rate is over six times higher at 25 percent.

Poverty rates also vary considerably by family composition and demographic characteristics. In the region, both married couples with children and single parents are more likely to live in poverty. Children are also more likely to live in poverty than adults are. In the region overall, 20 percent of children under 6 years old lived in poverty in 2020. In New Haven, 40 percent of children in the same age group did. Among single-parent households, the poverty rate for female-led families is 27 percent while the poverty rate for male-led families is 15 percent. Finally, poverty rates are higher for younger householders. In Greater New Haven, the poverty rate for householders under 25 is 42 percent, higher than the rate for householders ages 25–44 (13 percent) and householders over 44 (10 percent) (SEE TABLE 3A, FIGURE 3B). DH

TABLE 3A

Poverty and low-income rates

POVERTY AND LOW-INCOME (<200% FPL) RATES BY AGE GROUP, GREATER NEW HAVEN, 2020

	POVERTY RATES				LOW-INCOME RATES			
LOCATION	ALL AGES	AGES 0–5	AGES 0–17	AGES 65+	ALL AGES	AGES 0–5	AGES 0–17	AGES 65+
United States	13%	19%	17%	9%	30%	41%	39%	27%
Connecticut	10%	14%	13%	7%	22%	31%	29%	21%
Greater New Haven	11%	20%	16%	7%	25%	38%	34%	22%
New Haven	25%	40%	34%	17%	49%	69%	64%	45%
Inner Ring	10%	14%	12%	6%	24%	31%	33%	21%
East Haven	9%	22%	14%	7%	24%	37%	33%	21%
Hamden	9%	8%	10%	7%	19%	23%	22%	22%
West Haven	11%	17%	14%	4%	29%	37%	42%	19%
Outer Ring	4%	3%	3%	4%	11%	11%	10%	14%
Milford	4%	3%	4%	5%	11%	11%	12%	15%

Food Security

In 2022, a higher share of Connecticut residents reported experiencing food insecurity—not having enough money to buy food for themselves or their families—compared to 2021.[26] This uptick, reflecting the diminishing of pandemic relief programs, was higher for Black and Latino adults and for adults who have children at home (SEE FIGURE 3C). Additional data on food insecurity are available for the region and each town in our town equity reports, available at ctdatahaven.org/reports/connecticut-town-equity-reports.

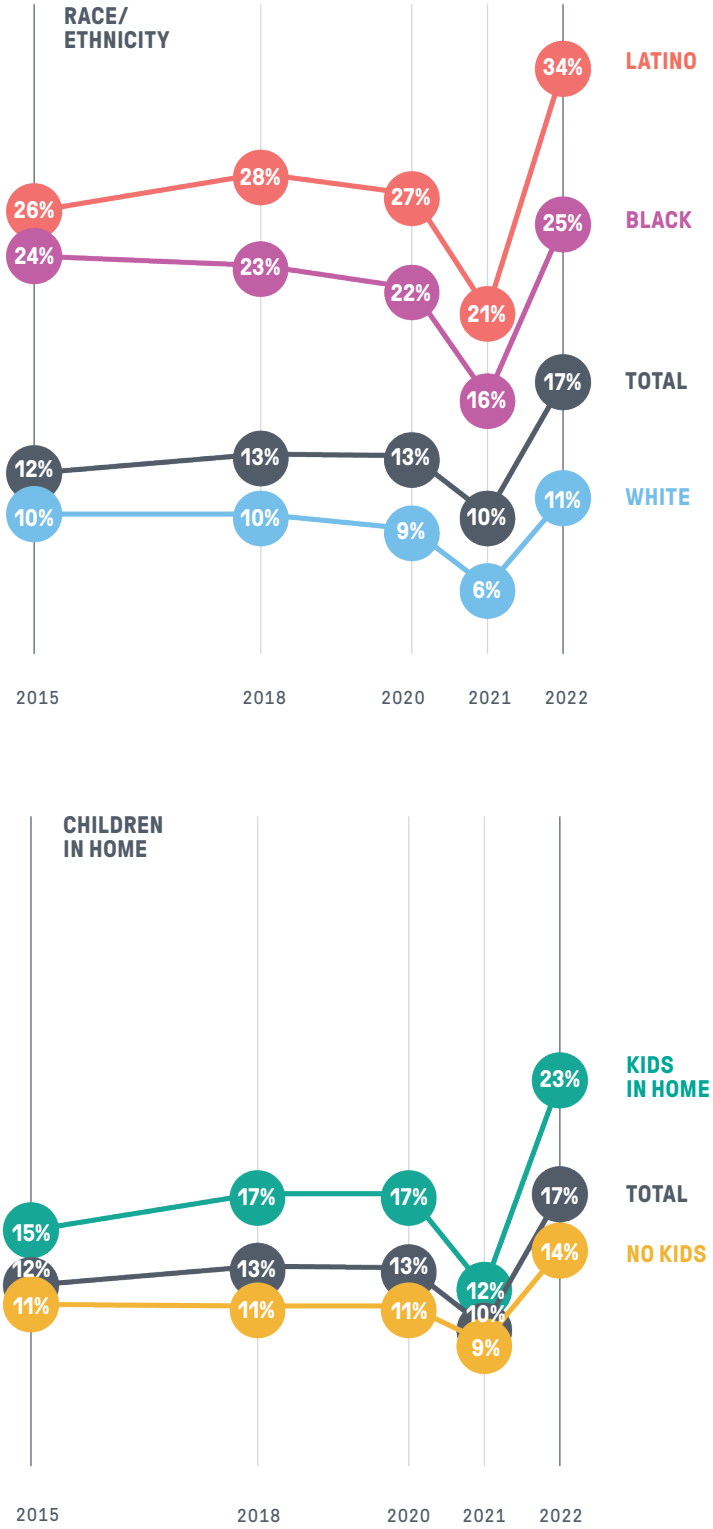
Food insecurity may continue to increase if inflation drives up living costs. Between August 2021 and August 2022, the rate of food-cost inflation outpaced overall inflation. While the consumer price index increased 8.3 percent over that period, overall food costs increased 11.4 percent and the cost of groceries increased 13.5 percent.[27] Even before these recent rises, prices in Connecticut were higher than the national average. While the average cost of a meal in the U.S. was $3.25 in 2020, the average cost of a meal was higher in New Haven County at $3.77.[28]

Persons who experience food insecurity are two to three times more likely to have diabetes. As a result of food policies and other structural factors, healthy food options that are lower in saturated fats, sugar, and sodium often cost more and are more difficult for families to access.[29] DH

FIGURE 3C

As pandemic relief programs fade, Black and Latino adults and adults who live with children are hit hard by food insecurity

SHARE OF ADULTS REPORTING FOOD INSECURITY BY RACE/ETHNICITY AND PRESENCE OF CHILDREN, CONNECTICUT, 2015–2022



Transportation

Many Greater New Haven residents lack adequate access to transportation. According to the 2021 DataHaven Community Wellbeing Survey, 14 percent of residents in the region stayed home in the last year because they did not have reliable transportation. The rate of transportation insecurity was 23 percent for those who did not attend college and 34 percent for adults making less than $30,000 per year.[30] According to Census data, vehicle availability varies by race and ethnicity and by the number of workers in the home. Among households with at least one working-age member but without any employed members, 69 percent of Black households and 47 percent of Latino households had no access to a vehicle. Only 33 percent of white households in this group lacked vehicle access. In many parts of Greater New Haven, having access to a vehicle is needed to find and keep a job. Racial disparities in access to a vehicle may therefore exacerbate racial disparities in employment rates and income levels (SEE TABLE 3B, FIGURE 3D). DH

Internet Access

Broadband internet access enhances families' employment and educational opportunities and connects them to their communities. Although broadband access has increased over the past several years, it still varies by income. Among households in Greater New Haven that earn less than $50,000 per year, 25 percent—or 15,000 households—still do not have access to broadband internet. Meanwhile, only 5 percent of households making more than $50,000 do not have internet access. Given employers' continuing expectations that workers can work from home, internet access will only become more vital to workforce participation in the future (SEE TABLE 3C). DH

FIGURE 3D

Higher shares of Black and Latino Households do not have access to a vehicle

SHARE OF HOUSEHOLDS WITHOUT VEHICLE ACCESS BY NUMBER OF WORKERS AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, GREATER NEW HAVEN, 2020

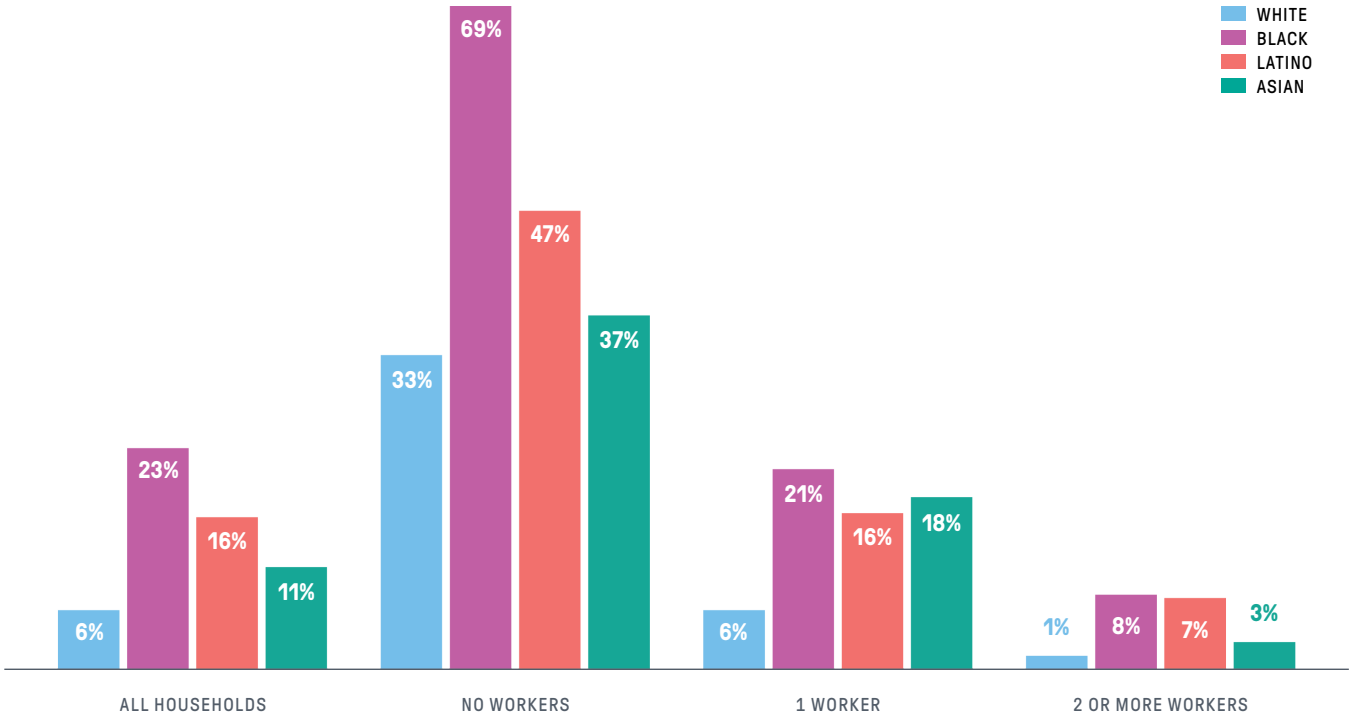


TABLE 3B

Financial security

SHARE OF ADULTS, GREATER NEW HAVEN, 2021

LOCATION	JUST GETTING BY	NEGATIVE NET WORTH	FOOD INSECURE	TRANSPORTATION INSECURE	LIMITED CAR ACCESS
Connecticut	26%	14%	11%	13%	10%
GNH	26%	16%	13%	14%	14%
BY DEMOGRAPHIC WITHIN GREATER NEW HAVEN					
Male	25%	13%	11%	15%	13%
Female	29%	19%	15%	14%	13%
Ages 18-34	29%	20%	20%	22%	14%
Ages 35-49	26%	22%	13%	12%	13%
Ages 50-64	28%	16%	12%	9%	10%
Ages 65+	23%	7%	5%	10%	16%
White	21%	13%	8%	10%	9%
Black	38%	27%	20%	23%	23%
Latino	33%	24%	28%	23%	16%
High school or less	43%	20%	26%	23%	26%
Some college or Associate's	33%	17%	16%	14%	14%
Bachelor's or higher	15%	14%	5%	11%	7%
<$30K	54%	33%	30%	34%	36%
$30K-$100K	28%	15%	14%	12%	8%
$100K+	8%	11%	3%	5%	4%
Kids in home	25%	19%	14%	15%	9%
No kids	29%	16%	12%	14%	15%

TABLE 3C

Internet access

BROADBAND INTERNET ACCESS AT HOME BY HOUSEHOLD INCOME, GREATER NEW HAVEN, 2020

	ALL HOUSEHOLDS		UNDER $50K		$50K OR MORE	
LOCATION	% WITHOUT BROADBAND	HOUSEHOLDS WITHOUT BROADBAND	% WITHOUT BROADBAND	HOUSEHOLDS WITHOUT BROADBAND	% WITHOUT BROADBAND	HOUSEHOLDS WITHOUT BROADBAND
United States	15%	18M	28%	13M	7%	5M
Connecticut	13%	176K	28%	123K	6%	53K
Greater New Haven	12%	21K	25%	15K	5%	5K
New Haven	17%	8K	26%	7K	5%	1K
Inner Ring	11%	6K	24%	4K	5%	2K
East Haven	11%	1K	26%	1K	4%	<1K
Hamden	12%	3K	28%	2K	5%	1K
West Haven	11%	2K	20%	2K	5%	1K
Outer Ring	9%	6K	24%	4K	4%	2K
Milford	12%	3K	31%	2K	6%	1K

Wealth

Wealth allows families to live healthy and prosperous lives and provides a safety net against unemployment and unforeseen calamities. Home values, the largest source of wealth in the U.S., give some insight into wealth differences among families, as home equity is a key driver of racial wealth disparities.[31] In 2019, the median wealth of white households was about eight times greater than that of Black households and almost five times greater than that of Latino households.[32]

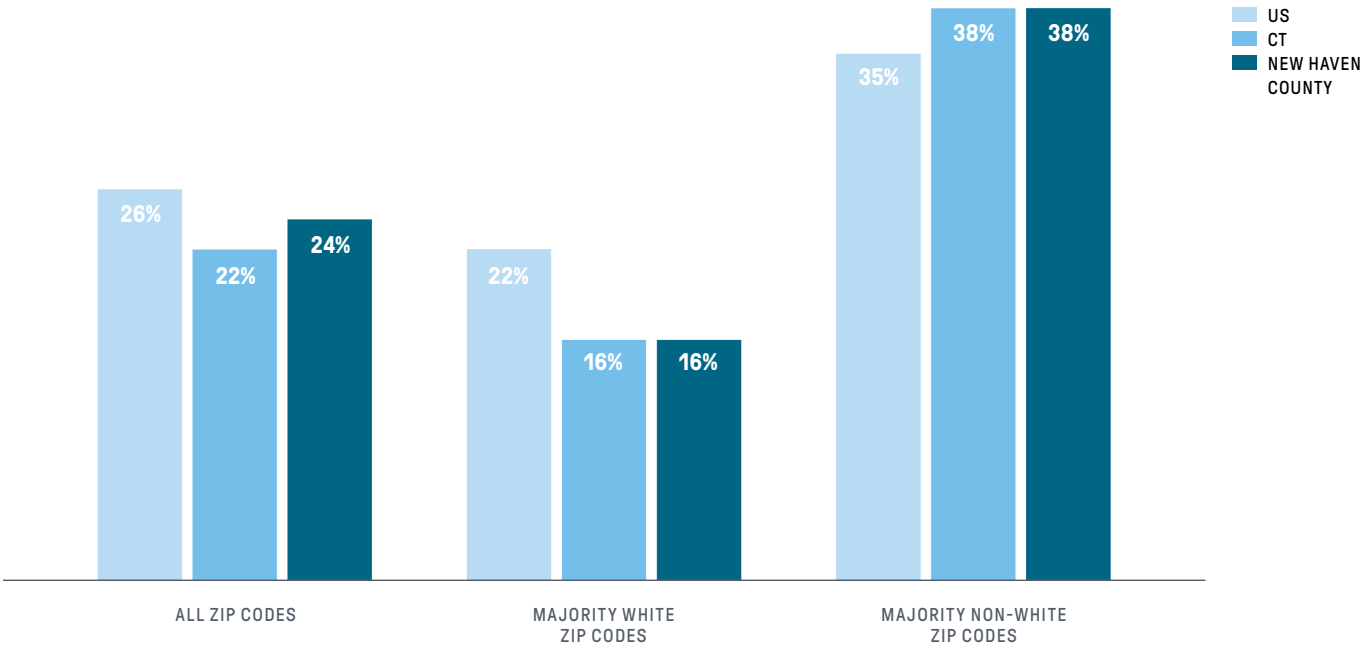
The median home value among white homeowners in Greater New Haven was $280,000, while median home value among Black and Latino householders was $200,000. Moreover, studies have shown that white-owned homes appreciate at a higher rate than Black and Latino-owned homes, a phenomenon related to biases among appraisers and white homebuyers against Black and Latino neighborhoods.[33,34]

Debt restricts families' ability to build wealth and is disproportionately concentrated in Black and Latino communities. In New Haven County, 38 percent of adults who live in majority-Black and Latino ZIP codes have debt held by a collections agency.[35] In majority-white ZIP codes, on the other hand, only 16 percent of adults have debt in collections. The racial debt gap in the U.S. is smaller but still significant: 35 percent of adults living in majority-Black and Latino ZIP codes and 22 percent of adults living in majority-white ZIP codes have debt. Student loan debt is more prevalent in majority-Black and Latino ZIP codes. In Greater New Haven, 11 percent of adults in majority-Black and Latino ZIP codes have student loan debt, while 4 percent of adults in majority-white ZIP codes do. These data support the rationale behind debt-relief proposals at the federal level, as forgiving this debt may reduce racial wealth gaps in the long term. In addition to having greater prevalence of debt, Black and Latino regions also have higher rates of default on loans. Delinquent debt can negatively affect a person's credit score, which further limits the ability to acquire mortgages, small business loans, or other lines of credit. In Greater New Haven, 7 percent of adults in majority-Black and Latino ZIP codes and 2 percent of adults in majority-white ZIP codes have delinquent credit card debt (SEE FIGURE 3E). DH

FIGURE 3E

Residents of majority non-white neighborhoods are more likely to have debt in collections

SHARE OF RESIDENTS WITH DEBT IN COLLECTIONS BY MAJORITY RACE/ETHNICITY OF ZIP CODE, 2021



CHAPTER 4

Housing

AT A GLANCE

- → The homeownership rate in Greater New Haven peaked in the mid-2000s and has declined since.
- → Gaps in homeownership rates by race and income remain large and may be expanding. In the region, the homeownership rate among white households (72 percent) was almost double that of Black (36 percent) and Latino (32 percent) households.
- → In New Haven County in 2021, Black and Latino mortgage applicants were more than twice as likely as white applicants to have their applications rejected on the basis of either credit score or debt-to-income ratio. These differences are not accounted for by household incomes.
- → Home prices, rents, and evictions have spiked in recent months, following national trends. The cost to rent an apartment or house in New Haven County increased 21 percent from June 2020 to June 2022.
- → The supply of new housing is limited due to zoning laws and the low rate of housing construction.

Housing and Well-Being

For centuries, privileged groups have discriminated against low-income and minority residents in the arena of housing in the United States. White residents have used racial covenants, redlining, and zoning regulations to exclude Black and other people of color from high-quality housing and the resources available in neighborhoods where desirable homes tend to be located.[36] These resources include access to better education, a safe neighborhood, and higher paying jobs.[37]

Recognizing the profound relationship between housing and well-being, we focus in this chapter on several aspects of housing access and affordability. First, we contextualize trends in homeownership and outline the factors that contribute to racial and income disparities in homeownership and home values. Turning to housing affordability, we discuss the recent spike in the cost of housing and some consequences of rising rents. Finally, we address the declining rate of housing construction and the housing supply shortage.

Many of the problems pertaining to housing in Connecticut are amplified in Greater New Haven, where there is a higher level of income and wealth inequality and a shortage of affordable homes. Homeowners' efforts to prevent the construction of affordable housing through zoning ordinances and historical preservation laws worsen these issues.[38] DH

Homeownership

American families accumulate wealth primarily through homeownership, and housing accounts for over 40 percent of all household wealth in the United States.[39] Homeownership can have economically harmful consequences—many families went into foreclosure after the housing market collapse of 2008—but it generally facilitates upward mobility.[40] In addition to building savings through mortgage payments, owning a home qualifies homeowners for tax benefits, such as the ability to deduct mortgage insurance payments. In 2017, U.S. homeowners saved a total of $71 billion through such deductions.[41]

The U.S. government has used a range of policy measures to expand homeownership access to more American families. These have included keeping mortgage interest rates low and backing third-party loans through government-sponsored entities. As a result, the homeownership rate in the United States steadily increased from 1990 until the mid-2000s.[42] Since then, however, the homeownership rate has declined. Between 2010 and 2020, homeownership in Greater New Haven fell from 64 to 60 percent, due in part to stricter mortgage lending requirements, stagnant incomes, and increased debt, especially from student loans (SEE TABLE 4A).[43]

This trend has widened already large homeownership gaps in Greater New Haven. While the homeownership rate in the city of New Haven fell from 32 to 28 percent between 2010 and 2020, the homeownership rate in the outer suburbs went from 82 to 79 percent. In Orange, one of the wealthiest towns in the region, the homeownership rate stayed the same at 90 percent (SEE TABLE 4A).

Homeownership rates in Greater New Haven vary by race, ethnicity, and income. The rate among white households (72 percent) is double that of Black households (36 percent) and more than double that of Latino households (32 percent), and the rate among households in the bottom 20 percent of the region's income distribution (32 percent) is less than half that of households in the top 20 percent (91 percent) (TABLE 4A, FIGURE 4C).

The towns in Greater New Haven vary widely by average home value, with towns in the outer suburbs boasting average property values above $500,000. Home values in the region also vary by the race and ethnicity of homeowners: white-owned homes are worth 40 percent more than Black- and Latino-owned homes. These disparities are partly driven by biases among prospective homeowners and home appraisers (SEE FIGURE 4A, FIGURE 4F).[44,45]

Another reason for racial and income disparities in home values and homeownership is that mortgage applicants' debt levels and credit profiles vary along demographic lines. In New Haven County in 2021, Black and Latino applicants were more than twice as likely as white applicants to have their applications rejected on the basis of either credit score or debt-to-income ratio. These differences are not accounted for by household incomes: 7 percent of white applicants with annual household incomes below $70,000 had their mortgage applications denied, compared to 12 percent of Black applicants and 11 percent of Latino applicants in the same income group. Similar disparities are seen across all income groups. Among those making more than $120,000 per year, white applicants had a rejection rate of 3 percent, while Black and Latino applicants had rejection rates of 6 percent (SEE FIGURE 4B). DH

FIGURE 4A

Housing values vary substantially by race

MEDIAN HOUSING VALUE BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, GREATER NEW HAVEN, 2020

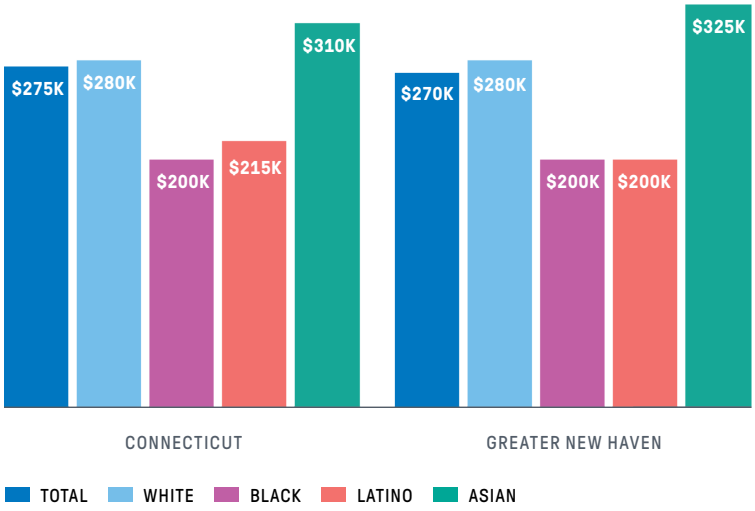


TABLE 4A

Homeownership rates

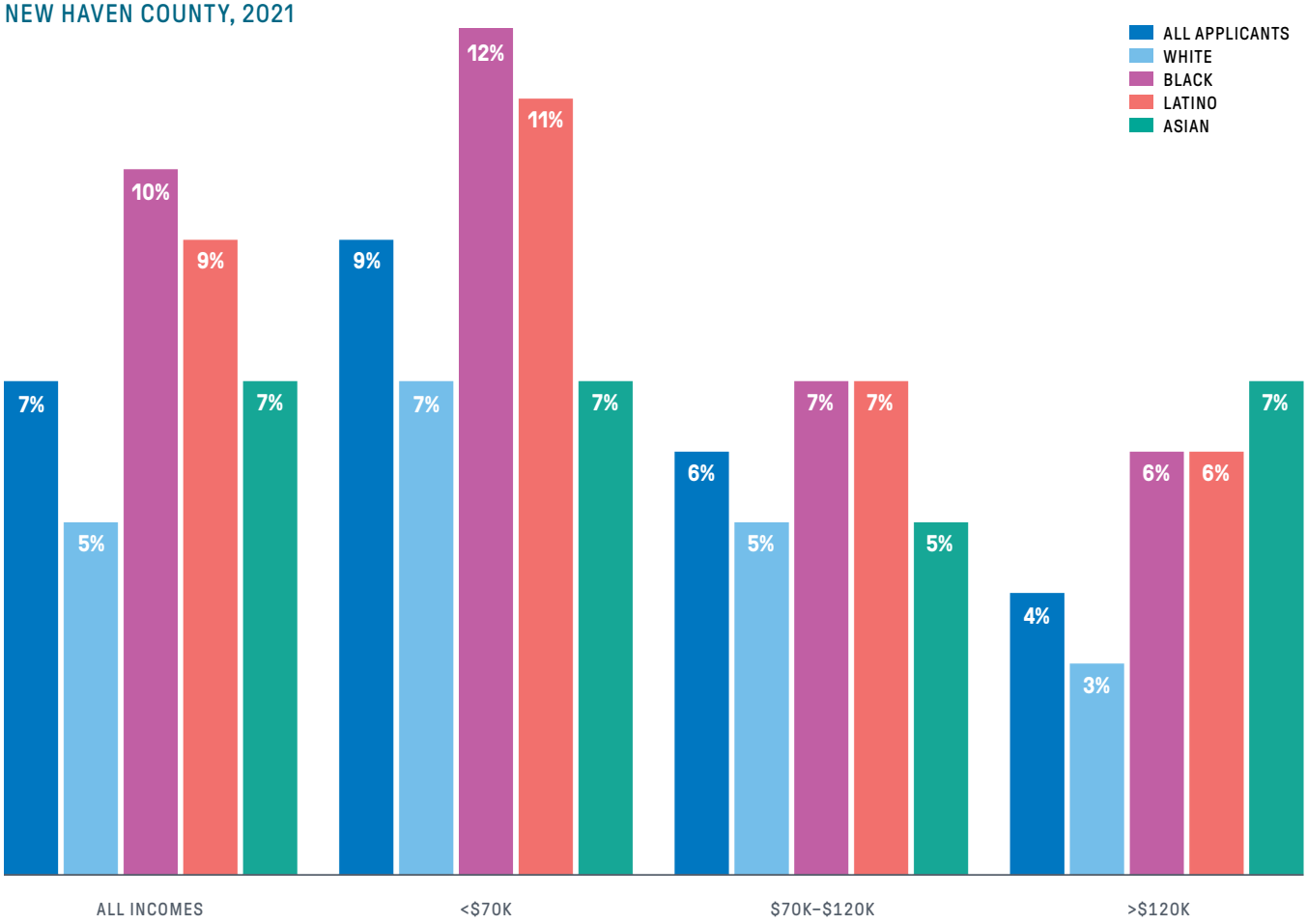
HOMEOWNERSHIP RATE, TOTAL AND BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, GREATER NEW HAVEN, 2010–2020

	TOTAL		WHITE		BLACK		LATINO		ASIAN	
LOCATION	2010	2020	2010	2020	2010	2020	2010	2020	2010	2020
United States	67%	64%	74%	72%	46%	42%	49%	49%	59%	60%
Connecticut	69%	66%	77%	76%	41%	40%	35%	36%	56%	59%
Greater New Haven	64%	60%	74%	72%	37%	36%	34%	32%	48%	54%
New Haven	32%	28%	41%	36%	27%	25%	23%	21%	20%	27%
Inner Ring	67%	61%	72%	72%	52%	47%	48%	39%	52%	50%
East Haven	77%	74%	78%	78%	87%	66%	49%	49%	79%	92%
Hamden	68%	64%	72%	74%	55%	51%	55%	50%	51%	49%
West Haven	60%	51%	67%	65%	47%	39%	44%	30%	N/A	N/A
Outer Ring	82%	79%	84%	80%	63%	61%	66%	64%	72%	76%
Milford	77%	74%	80%	77%	N/A	N/A	60%	56%	49%	50%

FIGURE 4B

Black and Latino mortgage applicants have higher rejection rates

REJECTED SHARE OF MORTGAGE APPLICATIONS BY INCOME AND RACE/ETHNICITY OF MAIN APPLICANT, NEW HAVEN COUNTY, 2021



Housing Affordability

Connecticut home prices have risen significantly since the start of the pandemic. Between 2020 and 2022, home prices increased by 32 percent in Connecticut, 35 percent in New Haven County, and 34 percent in the country overall.

People who have been priced out of the housing market have been unable to find refuge in the rental market. The cost to rent a typical apartment or house in New Haven County increased 21 percent from June 2020 to June 2022.[46,47] Despite the recent increase, rents in New Haven County are lower than statewide rents. In January 2022, renters in Connecticut paid a rent of $1,800 for a typical apartment, while renters in New Haven paid $1,700.[48] While rent for a typical apartment is 6 percent lower in New Haven County than in Connecticut, the median household income in New Haven County is 11 percent lower than the statewide median (SEE TABLE 4B, FIGURE 4D).

Rising rents have implications for Greater New Haven's share of housing cost-burdened renters. Fifty percent of renters in Greater New Haven and Connecticut are cost-burdened, meaning they put more than 30 percent of their monthly income toward housing costs. Shares of cost-burdened households also vary by race. While 50 percent of Black households and 47 percent of Latino households in Greater New Haven are cost-burdened, only 32 percent of white households in the region are. Furthermore, fewer homeowners (28 percent) are cost-burdened compared with renters (50 percent). These differences are also evident among severely cost-burdened residents—those who spend more than half of their income on housing. For instance, 31 percent of Black renters and 25 percent of Latino renters are severely cost-burdened, while only 11 percent of white homeowners are (SEE FIGURE 4E, TABLE 4C).[49]

The 2021 DataHaven Community Wellbeing Survey found that a significant portion of Connecticut adults struggle with the high cost of housing. Nine percent of respondents in Connecticut and 11 percent of those in Greater New Haven reported not having enough money to provide adequate shelter for themselves or their family. In 2015, only 6 percent of residents in Connecticut and 7 percent of residents in Greater New Haven had trouble paying for housing. Among Greater New Haven adults making less than $30,000 per year, 17 percent reported difficulty paying for housing, up from 13 percent in 2015. In the 2022 survey, most adults in rural, suburban, and urban towns alike said that residents in their area did not have good opportunities to obtain satisfactory housing that they could afford.[50] DH

TABLE 4B

Average rent

AVERAGE RENT BY COUNTY, 2018–2022

LOCATION	JUN 2018	JUN 2020	JUN 2022
U.S.	$1,550	$1,629	$2,007
Fairfield County	$2,124	$2,223	$2,711
Hartford Metro Area	$1,328	$1,383	$1,656
New Haven County	$1,523	$1,615	$1,953

FIGURE 4C

Higher-income households are more likely to own their homes

HOMEOWNERSHIP RATE BY HOUSEHOLD INCOME QUINTILE, GREATER NEW HAVEN, 2020

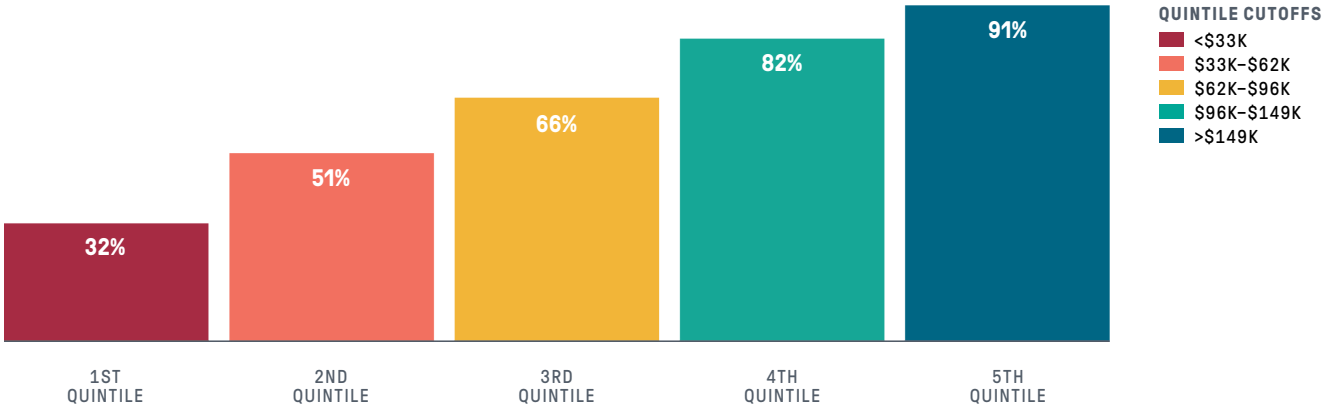


FIGURE 4D

Housing prices have surged since the start of the pandemic

PERCENT CHANGE IN AVERAGE HOME PRICES AND MONTHLY RENT BY COUNTY, 2018–2022

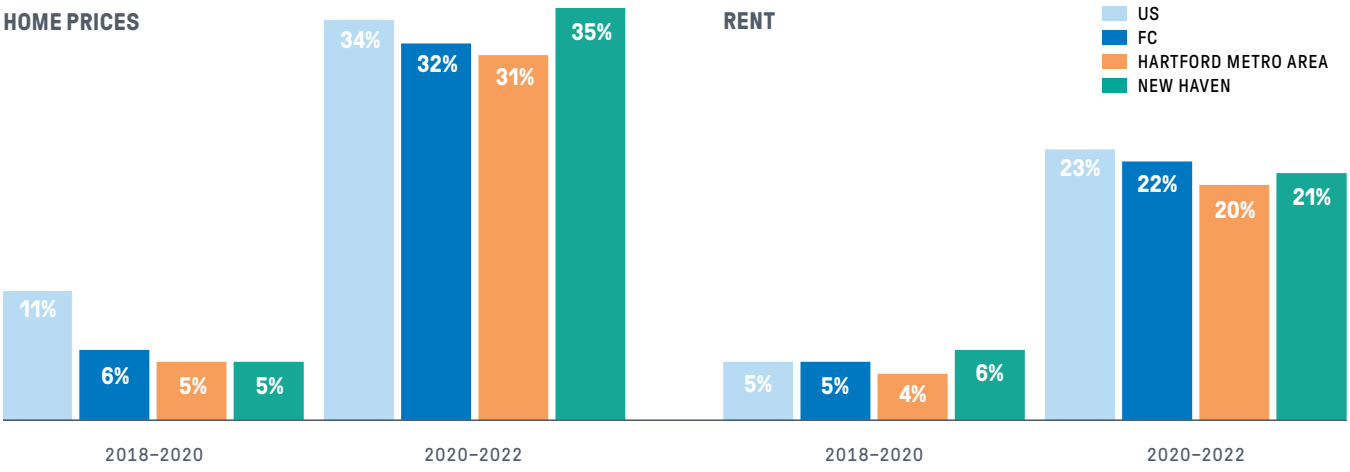


FIGURE 4E

High shares of Black and Latino renters are burdened by housing costs

COST-BURDEN RATES BY TENURE AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, GREATER NEW HAVEN, 2020

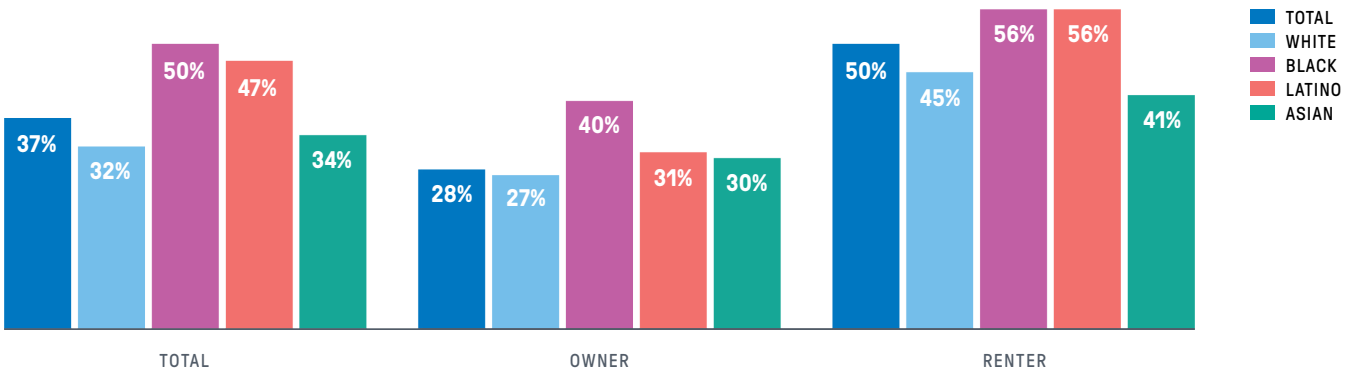
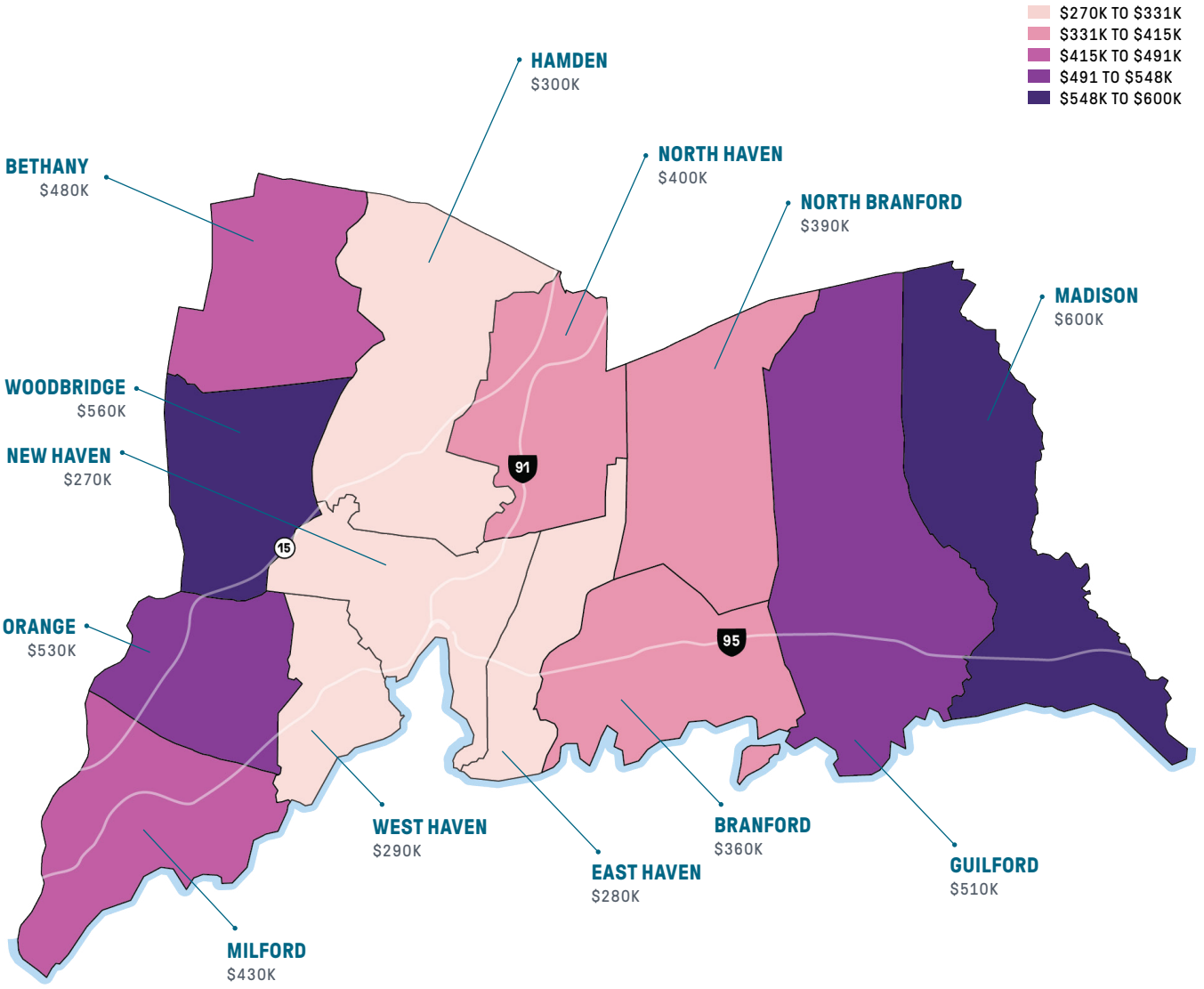
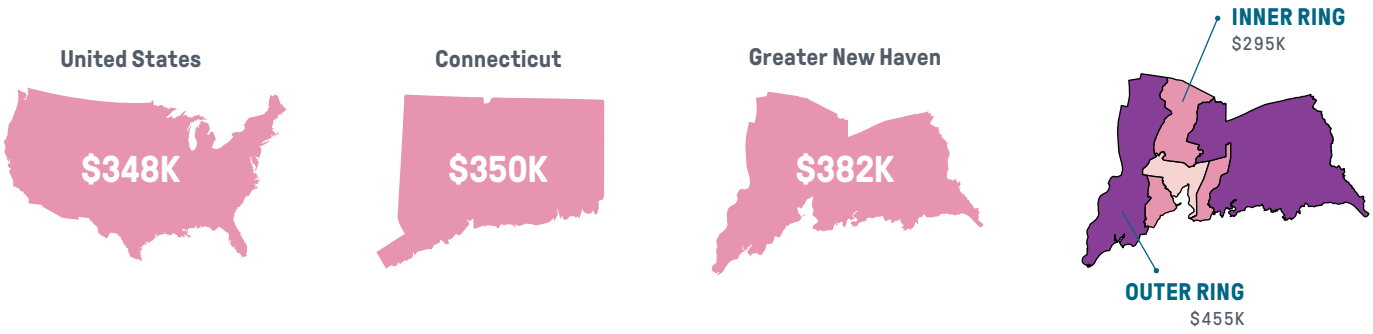


FIGURE 4F

Towns in the outer ring suburbs have the highest average housing values

AVERAGE HOUSING VALUES BY TOWN, 2022





Evictions

The inability of Connecticut residents to keep up with the cost of housing is reflected in the state's eviction rate. From March 2020 to August 2021, the federal government imposed a moratorium on evictions.[51] Since that moratorium was lifted, eviction filings have been rising. As of October 2022, the eviction filing rate was above pre-pandemic levels in many regions. According to data from the Eviction Lab, the number of eviction filings has increased more than two-fold in Connecticut and Greater New Haven since the end of the moratorium.[52] Compared to the 2017 to 2019 pre-pandemic average for October, the number of filings from October 2022 was 4 percent higher. From January to October 2022, there were 2,929 eviction filings in Greater New Haven, or 411 for every 10,000 renter households. By these measures, renters in New Haven, East Haven, West Haven, and Hamden were about twice as likely to face eviction as renters living in outer suburbs (SEE TABLE 4C, FIGURE 4G).

In late 2021, the DataHaven Community Wellbeing Survey found that 3 percent of Black and Latino women and 2 percent of Black and Latino men in Connecticut said that they would have to leave their home in the next 2 months because they were behind on their rent or mortgages, compared to 0.5 percent of white women and 0.5 percent of white men.[53] Recent research finds that the threat of displacement, including eviction notices, can cause harm to communities, meaning that eviction moratoriums on their own are not sufficient to protect the well-being of families and children.[54]

In addition to increasing evictions, Connecticut's affordable housing crisis has contributed to the state's recent rise in homelessness. Connecticut saw declining rates of homelessness every year between 2015 and 2021. That streak ended in 2022. According to one metric, homelessness increased 13 percent over the past year.[55] This uptick has been attributed to rising costs and the termination of pandemic relief programs.[56] DH

TABLE 4C

Severe cost burden and eviction

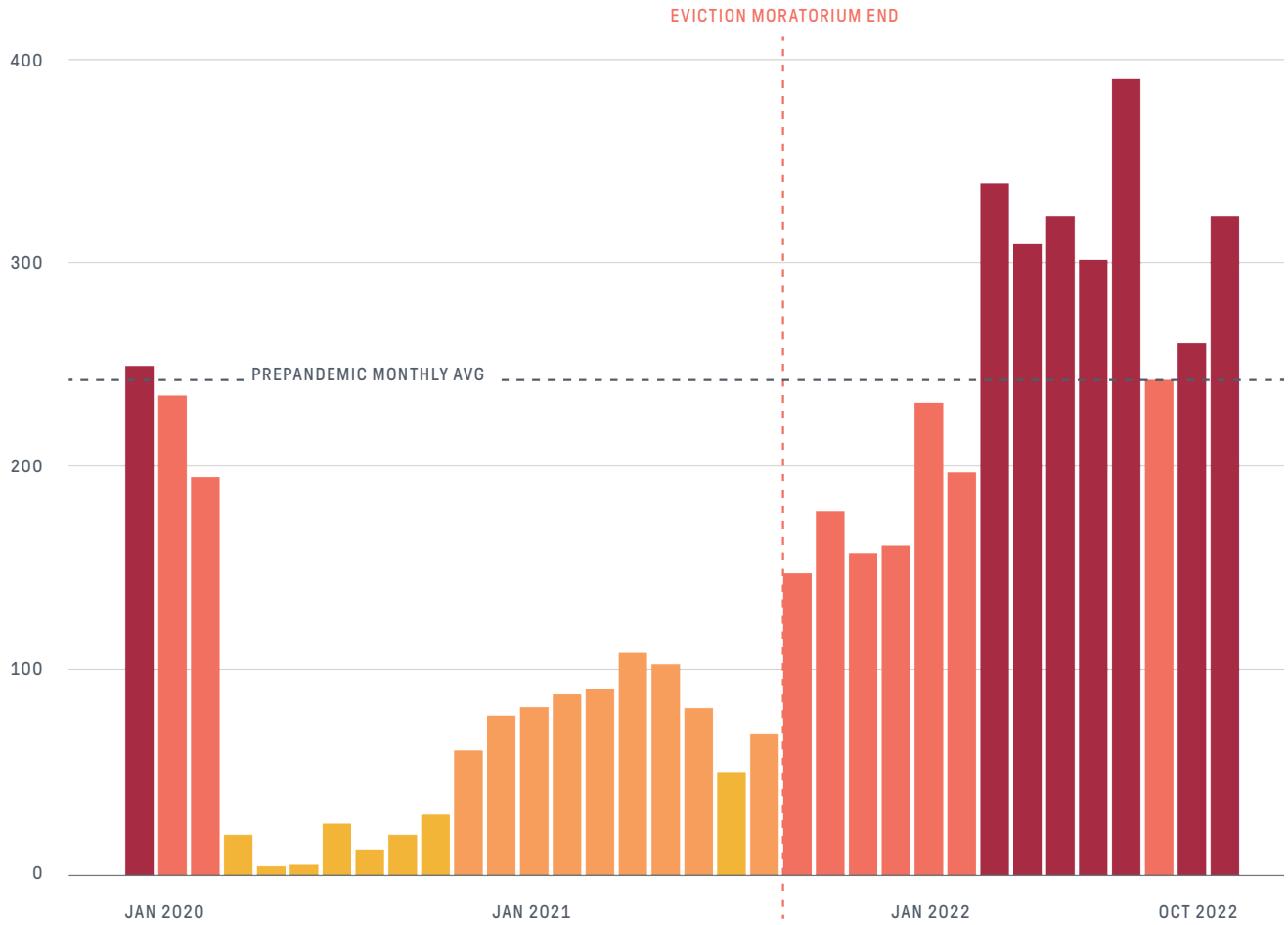
SEVERE COST BURDEN (2020) AND EVICTION FILINGS (JAN–OCT 2022) FOR RENTER HOUSEHOLDS

LOCATION	TOTAL HOUSEHOLDS	SEVERE COST BURDEN RATE	RENTER HOUSEHOLDS	RENTER SEVERE COST BURDEN RATE	SEVERELY BURDENED RENTER HOUSEHOLDS	TOTAL EVICTION FILINGS	EVICTION FILINGS PER 10K
Connecticut	1.4M	16%	470K	25%	116K	19,426	413
Greater New Haven	176K	18%	71K	27%	19K	2,929	411
New Haven	49K	26%	35K	29%	10K	1,703	482
Inner Ring	53K	18%	20K	25%	5K	885	434
East Haven	11K	17%	3K	23%	1K	126	457
Hamden	22K	17%	8K	25%	2K	344	427
West Haven	20K	20%	10K	26%	3K	415	433
Outer Ring	75K	13%	16K	23%	3K	341	220
Milford	22K	13%	6K	21%	1K	142	249

FIGURE 4G

Since the moratorium eviction was lifted, monthly filings have surpassed prepandemic levels

MONTHLY EVICTION FILINGS, GREATER NEW HAVEN, JAN 2020 TO OCT 2022



Housing Supply

Rising housing costs in Greater New Haven may have been attenuated by the rising rate of housing construction. Between 2006 and 2009, the average rate of construction permits issued each year in Greater New Haven was 29 per 10,000 households. Between 2018 and 2021, that rate increased to 54. The increasing rate of construction over the past decade is remarkable, given that the housing market collapse in 2008, the Great Recession, the pandemic, the increased cost of materials needed to build housing, and zoning restrictions have limited the construction of affordable housing (SEE TABLE 4D).[57]

The increase in the rate of construction over the last decade can be attributed to the construction of multi-family housing. From 2006 to 2009, 15 multi-family housing construction permits per 10,000 households were issued each year on average. From 2018 to 2021, the rate increased to about 43 per 10,000 households. Multi-family housing construction in Greater New Haven is highest in the city of New Haven, where the number of permits grew from 11 to 110 per 10,000 households between 2006-09 and 2018-21 (SEE FIGURE 4H).

Despite the growing housing supply, overcrowding remains a problem for many Greater New Haven residents. In 2020, about 2 percent of all homes in the region were overcrowded, meaning that the number of occupants in a property exceeded the number of rooms. However, while only 1 percent of owner-occupied properties are overcrowded, 5 percent of rental properties are. Overcrowding also varies substantially by race. The rate of overcrowding among white residents is one-third that of Black residents (1 percent vs. 3 percent) and one-fifth that of Asian residents (5 percent) and one-eighth that of Latino residents (8 percent). DH

TABLE 4D

Housing construction

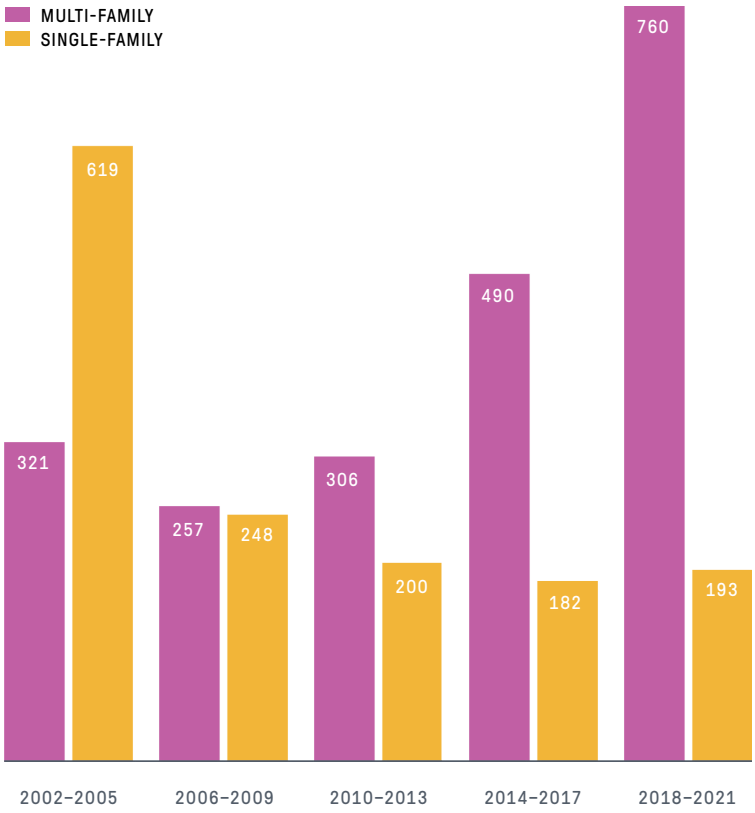
YEARLY AVERAGE HOUSING CONSTRUCTION PERMITS AND RATE PER 10,000 HOUSEHOLDS BY TYPE OF STRUCTURE, GREATER NEW HAVEN, 2018–2021

	TOTAL		SINGLE FAMILY UNITS		MULTI-FAMILY UNITS	
LOCATION	COUNT	RATE/10K	COUNT	RATE/10K	COUNT	RATE/10K
Connecticut	5,198	38	2,592	19	2,605	19
GNH	952	54	193	11	760	43
New Haven	549	112	9	2	540	110
Inner Ring	77	15	23	4	54	10
East Haven	15	14	10	9	6	5
Hamden	40	18	4	2	36	16
West Haven	22	11	10	5	12	6
Outer Ring	326	44	160	21	166	22
Milford	180	81	32	14	148	66

FIGURE 4H

Multi-family housing makes up a rising share of construction permits

YEARLY AVERAGE HOUSING CONSTRUCTION PERMITS BY TYPE OF STRUCTURE, GREATER NEW HAVEN, 2002–2021



CHAPTER 5

Youth and Education

AT A GLANCE

- → Greater New Haven is home to an estimated 92,764 children under the age of 18, of whom 23,665 are under 5 years old. Like children statewide, nearly all children in Greater New Haven live with one or both parents: 90 percent of the region's children live with their biological, adoptive, or step-parents, while 6 percent live with one or more grandparents. Fifty-seven percent of children live in a married-couple family.[58]
- → Childcare providers in the area only have enough licensed slots for 38 percent of the region's children from birth through age 4.
- → In Greater New Haven, 87 percent of the class of 2021 graduated within four years of starting high school. However, college enrollment and completion is much lower, and reveals deep inequities in access to higher education: only 28 percent of graduating high school students in New Haven and 34 percent in West Haven earned a college degree within six years, versus 65 percent of students in districts representing the outer ring suburbs.
- → Adults have positive views of youth opportunity in general, though concerns about youth experiencing substance use disorder are widespread.
- → In the 2009–10 school year, 44 percent of students but only 11 percent of educators were people of color; in the 2021–22 school year, these figures were 58 percent and 13 percent, respectively.

Early Childhood

Just over 2,200 children attend preschool in a public school district in Greater New Haven.[59] In addition to public preschools, many families rely on childcare programs in the area, but have long faced severe shortages and high costs. Difficulties in getting childcare received particular attention at the beginning of COVID-19 lockdowns, when schools throughout the state closed and many parents left the workforce to care for their children at home.[60]

Childcare providers in the area only have enough licensed slots for 38 percent of the region's children from birth through age 4. Coverage is much better for preschool-aged children (ages 3 and 4) than for infants and toddlers (under age 3): there are enough licensed slots for an estimated 61 percent of Greater New Haven's preschoolers, versus only 22 percent of infants and toddlers.[61]

Coverage alone does not address other issues in obtaining childcare. The fact that slots exist in an area does not mean that seats are vacant, or that they are available when families need them. Childcare centers might not be located in the communities where they are needed the most, or might not be accessible by public transit or have transportation available. Costs can also be prohibitive: based on 2-1-1 listings, we estimate the median price charged for full-time childcare in Greater New Haven is $300 per week for an infant or toddler and $270 per week for a preschool-aged child.[62] Many families use subsidized programs like Head Start or vouchers like Care 4 Kids to offset costs, or rely on family members to care for their children. DH

Public Education

Children in Greater New Haven are served by 14 public school districts, including one regional district.[63] The New Haven, West Haven, and Hamden school districts account for more than half of the region's enrollment.

Throughout the state, the number of children—and with it, the number of students enrolled in public school districts—has steadily declined. Greater New Haven districts enrolled a total of 56,621 students during the 2021–22 school year, about 7,300 fewer than in 2011–12. School enrollment also took a hit at the start of the COVID-19 pandemic when schools went online: Greater New Haven districts had about 900 fewer students than would be expected from the downward trend alone in the most recent school year.[64]

Students are considered chronically absent if they miss 10 percent or more of the school days for which they are enrolled in a year. Chronic absenteeism rates were around 12 to 15 percent each year for the decade preceding COVID-19 lockdowns, but rose considerably with online and hybrid school modes. In the 2020–21 and 2021–22 school years, chronic absenteeism rates for the region's school districts were 22 and 33 percent, respectively (SEE FIGURE 5A).[65]

Schools canceled or waived the Smarter Balanced Assessment Consortium (SBAC) standardized testing during the pandemic closures. In the one school year of test scores available since the closures, 2021–22, scores are down several percentage points, with larger losses among students of color. Overall, 41 percent of third graders and 45 percent of eighth graders taking the English/Language Arts (ELA) test passed, scoring at or above grade-level goals. These are down from 50 percent and 51 percent, respectively, in the 2018–19 school year (SEE TABLE 5A, FIGURE 5B).[66]

High school graduation rates have held steady: 87 percent of the class of 2021 graduated within four years of starting high school, a few percentage points below the state average. While graduation rates are still lower for Black and Latino students and students eligible for free or reduced-price meals (FRPM), those gaps are closing: Black, Latino, and FRPM students in Greater New Haven's class of 2021 had graduation rates 9, 20, and 16 percentage points, respectively, above those of the class of 2011.[67] DH

TABLE 5A

K–12 achievement

SELECTED ACADEMIC AND DISCIPLINARY OUTCOMES BY DISTRICT, WITH GREATER NEW HAVEN STUDENTS BY RACE/ETHNICITY, ELIGIBILITY FOR FREE/REDUCED PRICE MEALS (FRPM), SPECIAL EDUCATION (SPED), AND ENGLISH LANGUAGE LEARNER STATUS (ELL), 2020–21 AND 2021–22 SCHOOL YEARS

LOCATION	GRADE 3 SBAC ELA PASS RATE *	SUSPENSIONS PER 1K STUDENTS *	GRADUATION RATE †
Connecticut	46%	68	90%
GNH	41%	57	87%
BY DEMOGRAPHIC WITHIN GREATER NEW HAVEN			
White	61%	34	93%
Black	23%	114	77%
Latino	21%	62	80%
Asian	39%	12	96%
FRPM	21%	91	79%
Not FRPM	44%	32	94%
SPED	N/A	103	64%
Not SPED	N/A	48	91%
ELL	N/A	44	76%
Not ELL	N/A	58	84%
New Haven SD	17%	64	79%
Inner Ring	35%	83	83%
Hamden SD	40%	75	88%
West Haven SD	30%	102	81%
Outer Ring	65%	34	94%
Milford SD	51%	47	93%

* 2021–22 school year † 2020–21 school year

FIGURE 5A

Since the start of the COVID-19 pandemic, chronic absenteeism has skyrocketed

SHARE OF STUDENTS CHRONICALLY ABSENT BY RACE/ETHNICITY AND ELIGIBILITY FOR FREE/REDUCED PRICE MEALS, GREATER NEW HAVEN PUBLIC SCHOOLS, 2015–16 TO 2022–23 SCHOOL YEARS

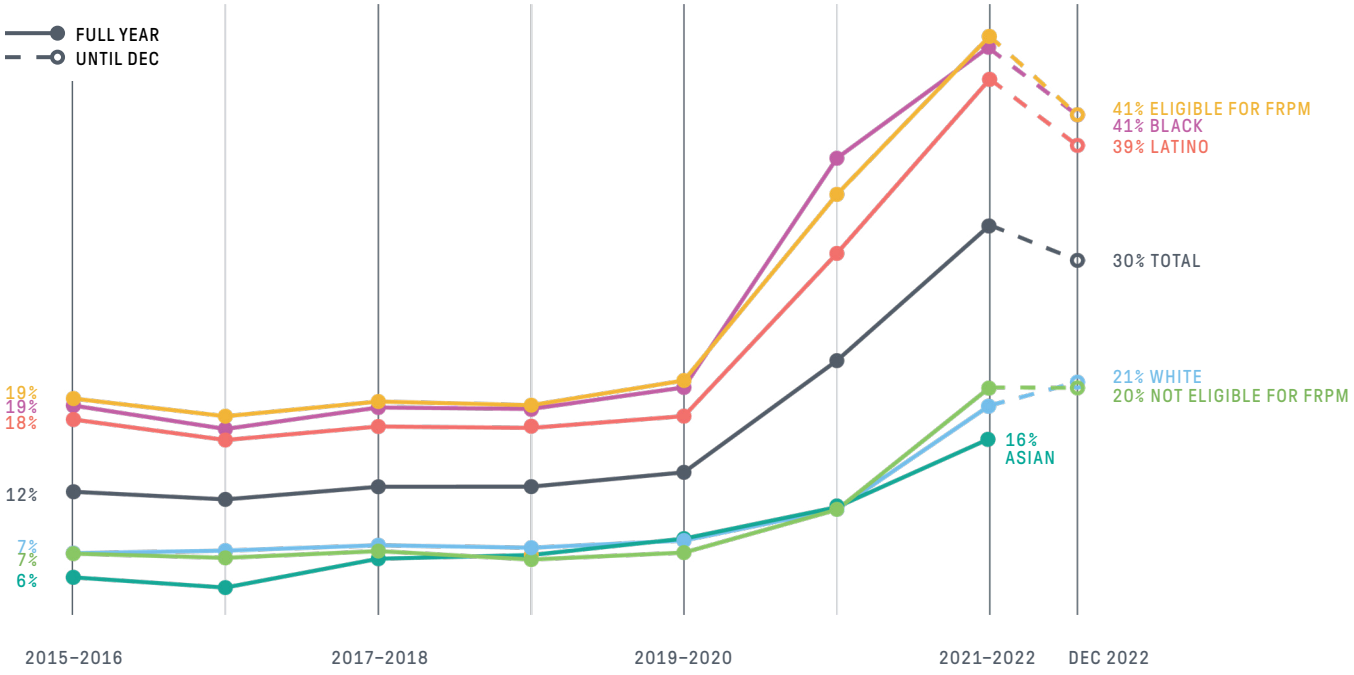
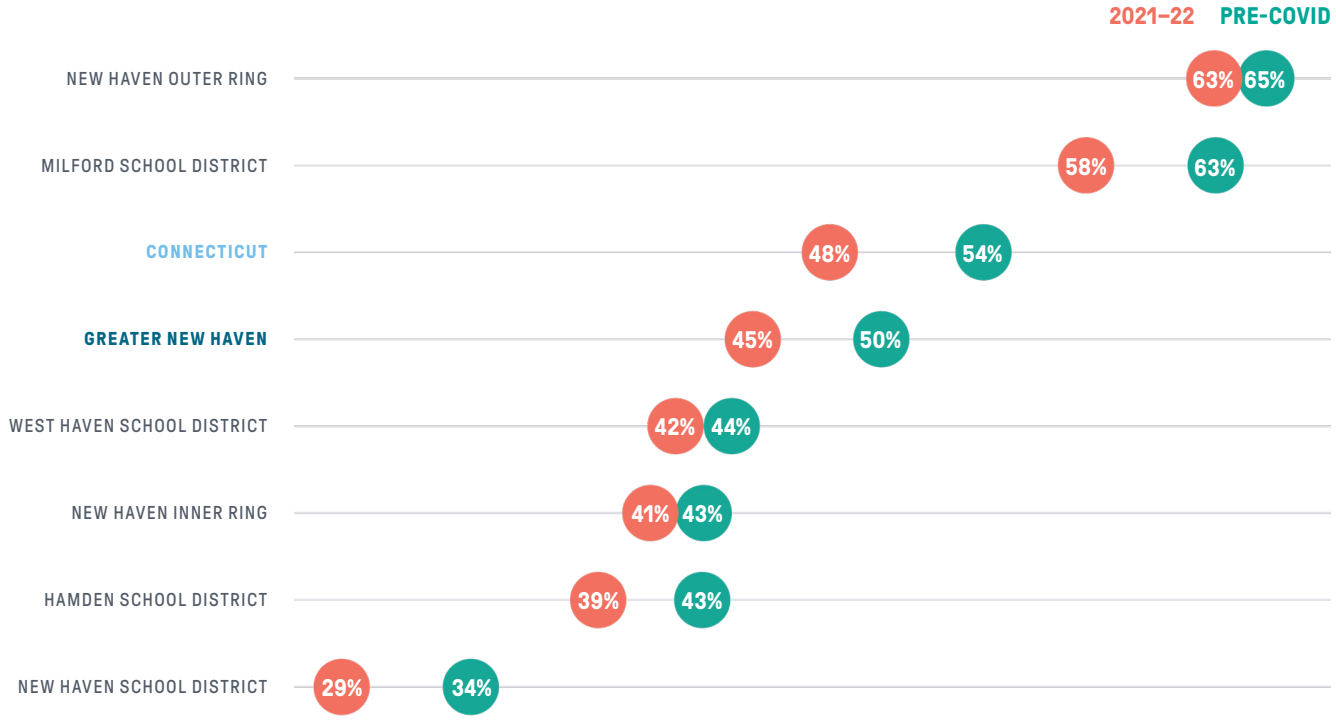


FIGURE 5B

Standardized test scores have dropped from pre-COVID averages

GRADE 8 ENGLISH/LANGUAGE ARTS SBAC PASS RATES, GREATER NEW HAVEN BY DISTRICT, PRE-2020 AVERAGE VERSUS 2021–22 SCHOOL YEAR



Higher Education

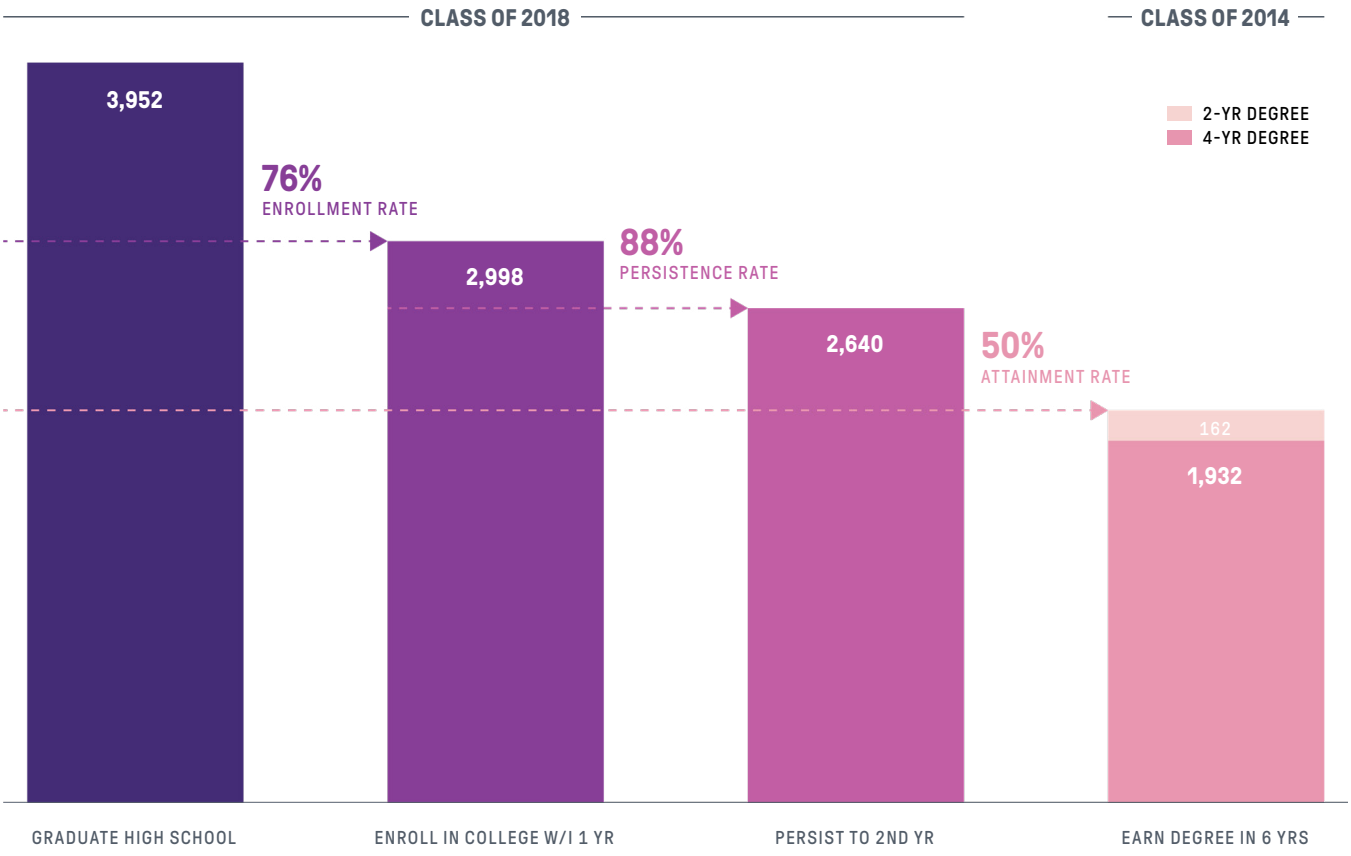
The majority of students in 11th and 12th grades throughout Connecticut are enrolled in at least one college and career readiness (CCR) course, including Advanced Placement and International Baccalaureate courses, technical education, enrollment in local colleges, and internships. Eighty-four percent of Connecticut upperclassmen had CCR experience in the 2021–22 school year, as did 78 percent of students in Greater New Haven public schools. Early preparation for college and career can help close opportunity gaps in the region, but students in less-resourced districts like New Haven have much lower rates of CCR participation. Only 63 percent of New Haven upperclassmen were in CCR courses, compared to upwards of 80 percent in all the Outer Ring districts.[68]

After graduating high school, about 76 percent of Greater New Haven public school students enroll in a two- or four-year college for the following school year, and 88 percent of those students persist into a second consecutive year of higher education (SEE FIGURE 5C). However, there is considerable attrition. Six years after graduating high school, only 50 percent of the class of 2014 had earned a postsecondary degree. This percentage varies widely from town to town, though. Only 28 percent of graduating high school students in New Haven and 34 percent in West Haven earned a college degree within six years, versus 65 percent of students in districts representing the outer ring suburbs.[69] DH

FIGURE 5C

Six years after graduating high school, only half of Greater New Haven public school students have a college degree

NUMBER AND PERCENTAGE OF STUDENTS ENROLLING IN, PERSISTING IN, AND GRADUATING FROM COLLEGE, GREATER NEW HAVEN PUBLIC HIGH SCHOOL GRADUATES



Youth Opportunity

While growing up in a relatively high-income state like Connecticut affords children many opportunities, access to them is not evenly distributed. To measure youth opportunity, the DataHaven Community Wellbeing Survey includes a series of questions asking adults to rate the odds that children in their neighborhood will succeed in different aspects of life. Generally, Greater New Haven adults see good prospects for children: 93 percent rate it almost certain or very likely that young people will graduate high school. On the other end of the spectrum, 81 percent find it unlikely that young people will be in a gang, and 73 percent find it unlikely they will be arrested for a felony. Some of this optimism fades depending on race and ethnicity, education, and income, with lower-income adults less certain young people will find jobs with opportunities for advancement, and Black and lower-income adults less certain about young people avoiding gangs or felony arrests.[70]

However, on one measure, adults are split: 52 percent of Greater New Haven adults and 43 percent statewide rate the chances of young people abusing drugs or alcohol as a tossup. This uncertainty persists across demographic groups, illustrating just how deeply risks of substance abuse permeate communities.[71]

In addition, the DataHaven Community Wellbeing Survey asks young adults directly about life experiences and opportunity. Compared to older adults, younger adults are more likely to experience underemployment, defined as either being unemployed and looking for work or being employed part-time but saying that they would like to work full-time. Young adults are less optimistic about job opportunities; as of summer 2022 in Connecticut, only 50 percent of adults between the age of 18 and 25 reported that the ability of residents to obtain suitable employment in their area was excellent or good, compared to 67 percent of other adults. Additionally, when asked about reasons why they did not go to college or persist in completing a college degree, many young adults without college degrees reported barriers related to cost, childcare responsibilities, and the need to work and earn money. The survey finds that young adults who live in advantaged neighborhoods and are not in debt are more likely to be optimistic about economic and educational opportunities and less likely to have experienced cost-related barriers to completing college.[72] DH

FOCUS SCHOOL SEGREGATION AND DIVERSITY

Research shows that students benefit in myriad ways from having a diverse set of teachers, caring adults, and peers, and that students of color in particular benefit from having teachers from shared cultural and socioeconomic backgrounds.[73,74,75] In Greater New Haven, 42 percent of public school students identify as white, compared to 60 percent of the population as a whole. Some of this difference comes from white students being more likely to attend private schools than other children, while some comes from younger generations being more diverse than older ones. Across several metrics, schools are becoming less segregated and more diverse. However, while white students are less isolated now than they were in the past, the average white public school student still goes to a school that is 64 percent white. Black and Latino students are much less isolated, with only 38 percent and 44 percent of their classmates, respectively, being the same race or ethnicity as them.[76]

While the student and educator populations in Greater New Haven have both become more diverse, changes among educators are not keeping up with those of their students. In the 2009–10 school year, 44 percent of students but only 11 percent of educators were people of color; in the 2021–22 school year, these figures were 58 percent and 13 percent, respectively (SEE FIGURE 5D, TABLE 5B). The gap between these percentages has widened in every district. In West Haven and New Haven, the share of students who are of color is more than 60 percentage points higher than that of their teachers.[77]

FIGURE 5D

Even though educators have diversified in recent years, teachers of color are still vastly underrepresented compared to their students

NON-WHITE SHARE OF STUDENTS AND EDUCATORS BY DISTRICT, 2021–22 SCHOOL YEAR
WITH LINE SHOWING EQUAL SHARES OF STUDENTS AND EDUCATORS

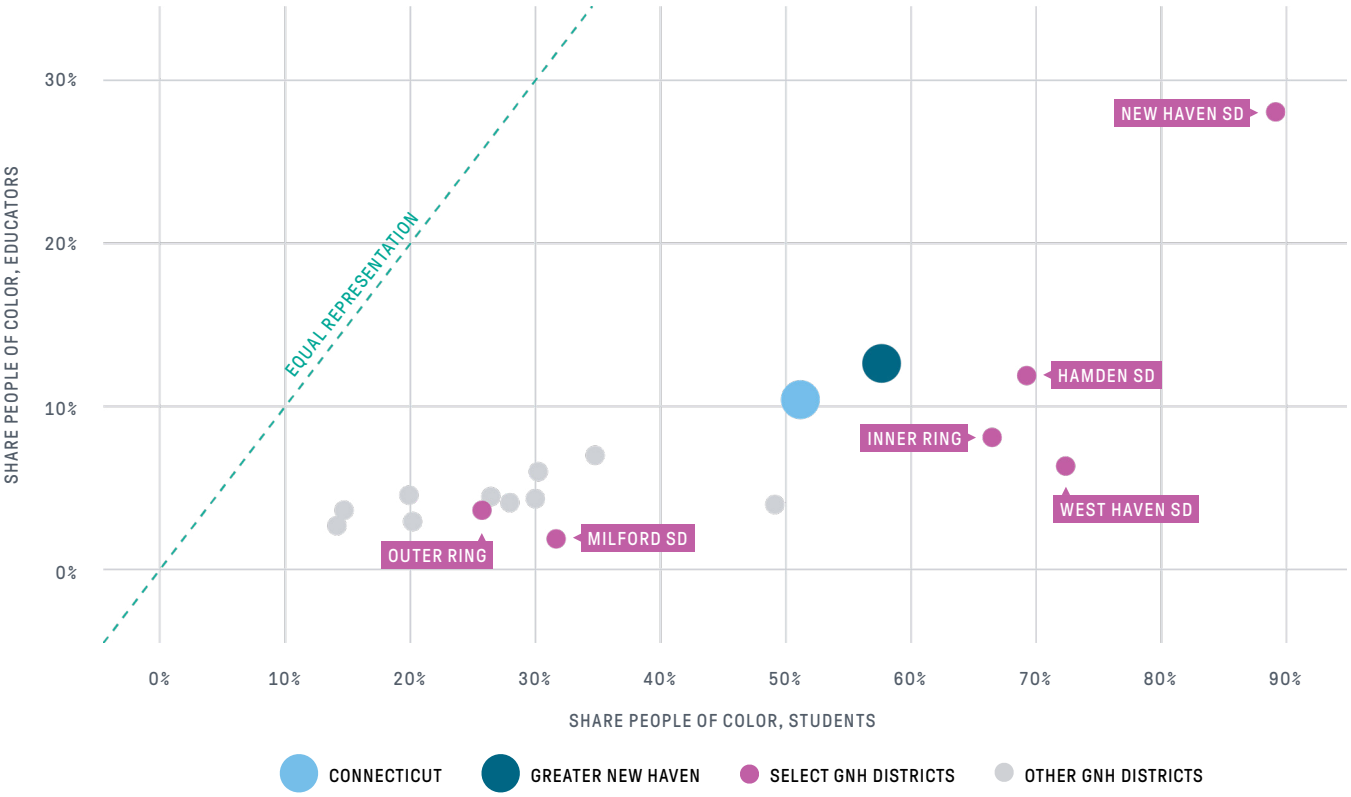


TABLE 5B

Student and teacher diversity

COUNTS AND SHARES OF STUDENTS AND EDUCATORS WHO ARE PEOPLE OF COLOR BY GREATER NEW HAVEN DISTRICT, 2021–22 SCHOOL YEAR

LOCATION	TOTAL STUDENTS	STUDENTS OF COLOR	SHARE STUDENTS OF COLOR	TOTAL EDUCATORS	EDUCATORS OF COLOR	SHARE EDUCATORS OF COLOR
Connecticut	513,615	263,801	51%	53,654	5,700	11%
Greater New Haven	56,621	32,616	58%	6,044	765	13%
New Haven Inner Ring	14,170	9,418	66%	1,472	119	8%
New Haven Outer Ring	23,031	5,908	26%	2,601	94	4%
SCHOOL DISTRICTS WITHIN GREATER NEW HAVEN						
Bethany School District	389	77	20%	44	2	5%
Branford School District	2,634	787	30%	311	14	5%
East Haven School District	2,869	1,405	49%	297	12	4%
Guilford School District	3,136	629	20%	339	10	3%
Hamden School District	5,462	3,785	69%	579	69	12%
Madison School District	2,461	359	15%	297	11	4%
Milford School District	5,416	1,707	32%	658	12	2%
New Haven School District	19,420	17,290	89%	1,971	552	28%
North Branford School District	1,585	223	14%	183	5	3%
North Haven School District	3,160	835	26%	331	15	5%
Orange School District	1,258	350	28%	119	5	4%
Regional School District 05	2,145	647	30%	233	14	6%
West Haven School District	5,839	4,228	72%	596	38	6%
Woodbridge School District	847	294	35%	86	6	7%

CHAPTER 6

Economy

AT A GLANCE

- → The economies of both Connecticut and Greater New Haven shrank shortly after the start of the COVID-19 pandemic. Many industries in Greater New Haven have rebounded since then, but some sectors, especially health care and accommodation, lost jobs that have not come back.
- → While the composition of Greater New Haven's labor force changed during COVID, the region's gender and racial wage disparities did not. Wage gaps by race are particularly high. Although these disparities are partly explained by differences in educational attainment levels between racial groups, they exist within educational and occupational groups. This suggests that discrimination plays a key role in driving the wage disparities in the region.[78]
- → Between the first quarters of 2020 and 2022, average weekly wages in New Haven County increased by 12 percent from $1,146 to $1,281. Although these gains are substantial, most of these increases have been eaten up by inflation. In inflation-adjusted terms, wages increased about 3 percent.
- → Similar shares of women and men in Greater New Haven have college degrees, but rates of college education still vary widely by race. Educational inequities have implications for persistence of the racial wage gap over time. For example, higher shares of Black and Latino adults cite the cost of college as a major reason for not pursuing a degree.

Jobs

The COVID-19 pandemic caused the number of jobs in New Haven County to drop from about 382,300 to 351,400 between the first and second quarters of 2020, but the economy has gained jobs since then. In the first quarter of 2022, the region had only 4,300 fewer jobs (378,000) than it had in the first quarter of 2020. Many of the jobs lost over this period were in the health care and social assistance and accommodation and food services sectors, which together lost 5,700 jobs during this time (SEE TABLE 6A).

While the number of jobs in Greater New Haven decreased since the start of the pandemic, the unemployment rate has remained low: 4.1 in September 2022, only slightly higher than it was in the same month three years earlier (3.3).[79] The labor force participation rate, which declined sharply at the start of the pandemic and has not returned to its pre-pandemic level, may partly explain low unemployment. Some people who lost jobs and stopped looking for work are not counted among the unemployed.[80] However, the high number of job openings suggests that many who have left the labor force have done so by choice rather than poor job prospects.[81]

One of the most dramatic changes in the economy since the start of the pandemic has been the rise of at-home work. Only 5 percent of workers in New Haven County worked from home in 2019. This number increased to 16 percent in 2021. Meanwhile, between 2019 and 2021 commuting by car dropped from 87 to 76 percent, and commuting by public transit dropped from 7 to 5 percent.[82] Because workers began returning to the office in large numbers during late 2021 and 2022, more current sources such as the DataHaven Community Wellbeing Survey show an increase in commuting for work in 2022 compared to the year prior.[83]

Opinion data suggests that Greater New Haven residents' employment opportunities have improved since the start of the pandemic. According to the DataHaven Community Wellbeing Survey, the share of those who believe that residents have good or excellent chances of obtaining suitable employment increased from 42 percent to 48 percent between 2018 and 2021.[84] Furthermore, the share of those who reported being underemployed, which includes both unemployed adults and part-time workers who would like a full-time job, dropped from 18 to 15 percent.

Future employment trends can be difficult to predict, and tend to vary by industry and occupation. For example, even before the pandemic, the emergence of online services for products and food had led to the disappearance of many in-person jobs. This has been especially true of retail trade, which is projected to lose more jobs than any other sector by 2030.[85] However, there is a consensus that the number of jobs in many healthcare occupations will continue to grow as the number of older adults increases rapidly. DH

TABLE 6A

Job trends by sector

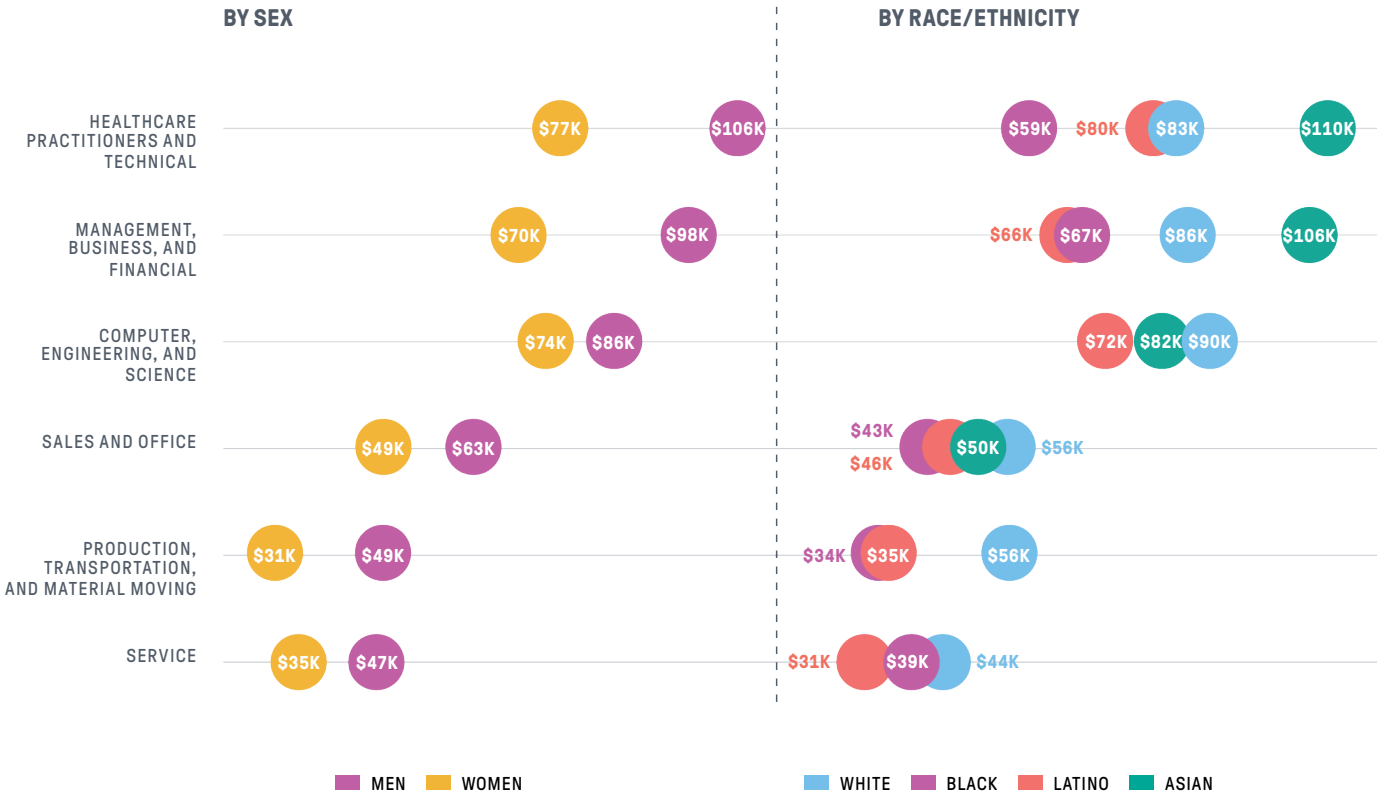
NUMBER OF JOBS IN LARGEST SECTORS, NEW HAVEN COUNTY, 2010–2022

INDUSTRY	2010 JOBS	2020 JOBS	CHANGE 2010-2020	PERCENT CHANGE 2010-2020	2022 JOBS	CHANGE 2020-2022	PERCENT CHANGE 2020-2022
All Industries	349,900	382,300	⬆32,400	⬆9%	378,000	⬇4,300	⬇1%
Health Care and Social Assistance	66,300	76,100	⬆9,800	⬆15%	72,600	⬇3,500	⬇5%
Educational Services	52,600	61,000	⬆8,400	⬆16%	60,500	⬇500	⬇1%
Retail Trade	44,600	43,900	⬇700	⬇2%	42,400	⬇1,500	⬇3%
Manufacturing	32,400	29,700	⬇2,700	⬇8%	28,800	⬇900	⬇3%
Accommodation and Food Services	24,600	28,400	⬆3,800	⬆15%	26,200	⬇2,200	⬇8%
Transportation and Warehousing	7,500	16,400	⬆8,900	⬆119%	21,900	⬆5,500	⬆34%
Administrative and Support and Waste Management and Remediation Services	17,700	21,000	⬆3,300	⬆19%	21,200	⬆200	⬆1%
Professional, Scientific, and Technical Services	15,900	15,500	⬇400	⬇3%	17,000	⬆1,500	⬆10%
Wholesale Trade	16,000	15,400	⬇600	⬇4%	15,800	⬆400	⬆3%
Construction	12,100	14,600	⬆2,500	⬆21%	14,900	⬆300	⬆2%

FIGURE 6A

Wide wage gaps exist by sex and race/ethnicity, even within occupational groups

MEDIAN EARNINGS BY MAJOR OCCUPATION GROUP, SEX, AND RACE/ETHNICITY, GREATER NEW HAVEN ADULTS AGES 25+ WORKING FULL-TIME, 2020



Wages

Low unemployment, a shrinking labor force, and rising prices have contributed to wage increases. Between the first quarters of 2020 and 2022, average weekly wages in New Haven County increased by 12 percent from $1,146 to $1,281.[86] Although these gains are substantial, most of these increases have been eaten up by inflation. In inflation-adjusted terms, wages increased about 3 percent.

The high rate of inflation has increased cost burdens for many families in Greater New Haven, especially those with lower wages. Wage differences in the region still vary along demographic lines. In 2020, white men working full-time had median earnings of $72,000 per year, compared with $60,000 for white women. Income differences by race and ethnicity were even larger. The median income among Black men was $48,000, and the median income among Latino men was $45,000 (SEE FIGURE 6B).

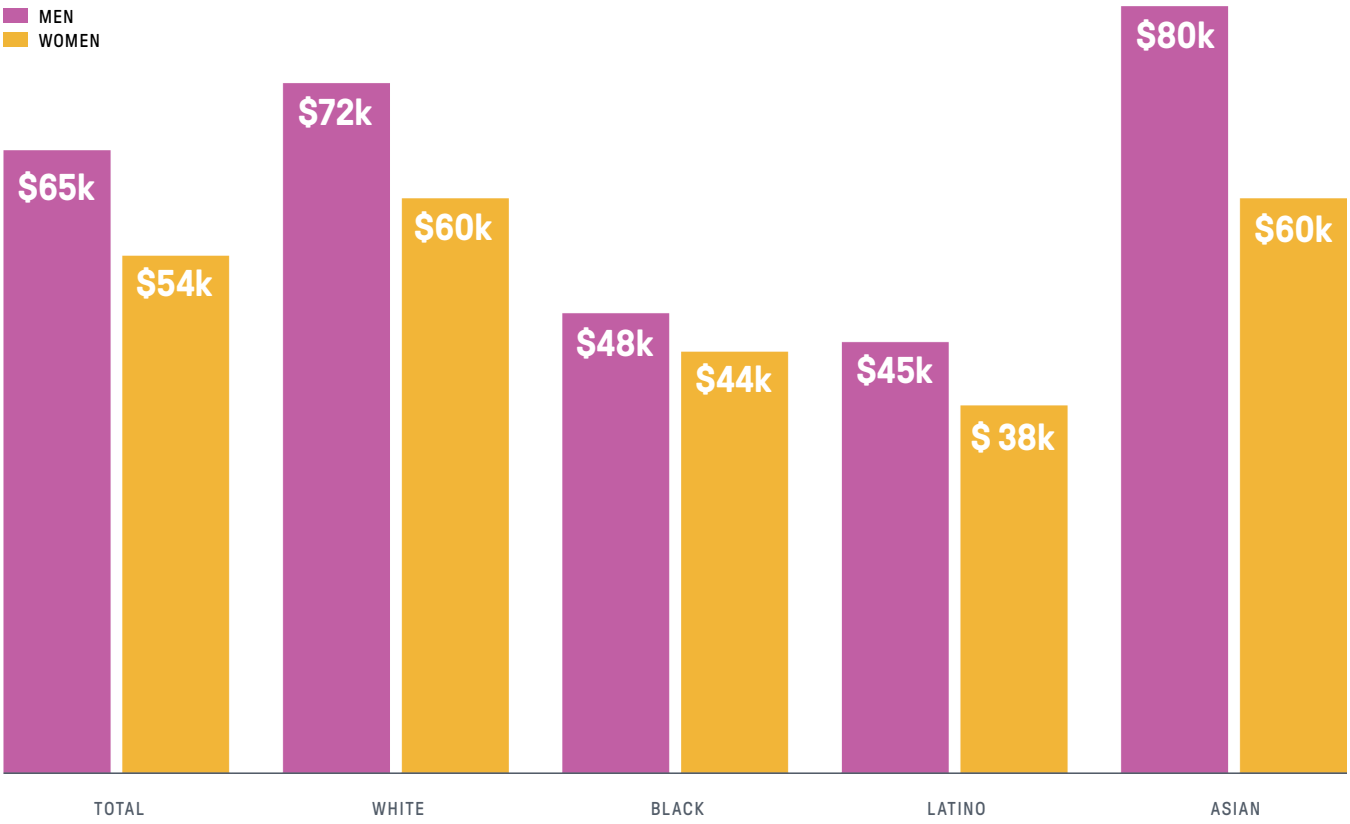
Some of these gaps can be attributed to occupational differences. For instance, 23 percent of white workers versus only 13 percent of Black workers in Greater New Haven work in a management, business, and financial occupation, a job group that pays a median annual income of $82,000 per year. On the other hand, 20 percent of Latino workers and only 9 percent of white workers in the region have a service job, which has a median annual wage of $40,000. Educational attainment differences also contribute to wage disparities. Thirty-one percent of white workers, 48 percent of Black workers, and 60 percent of Latino workers have a high school degree or less. Those without college degrees earn a median income of $44,000 per year, while those with degrees earn $70,000.[87]

Significant wage disparities, however, can also be found within occupational groups, even among workers with the same education. Among those with a college degree in Connecticut, white workers in management, business, and finance

FIGURE 6B

Wage gaps are larger by race/ethnicity than by sex

MEDIAN EARNINGS BY SEX AND RACE/ETHNICITY, GREATER NEW HAVEN ADULTS AGES 25+ WORKING FULL-TIME, 2020



have a median income of $98,000, while Black and Latino workers in the same group earn median incomes of $70,000 and $72,000, respectively.[88] Gender wage disparities can also be found in education and occupation groups. These gaps are largest for workers with graduate or professional degrees. In Connecticut's healthcare sector, men at this education level earn a median income of $167,000 per year, while women in this group earn $100,000 (SEE FIGURE 6B, FIGURE 6C).

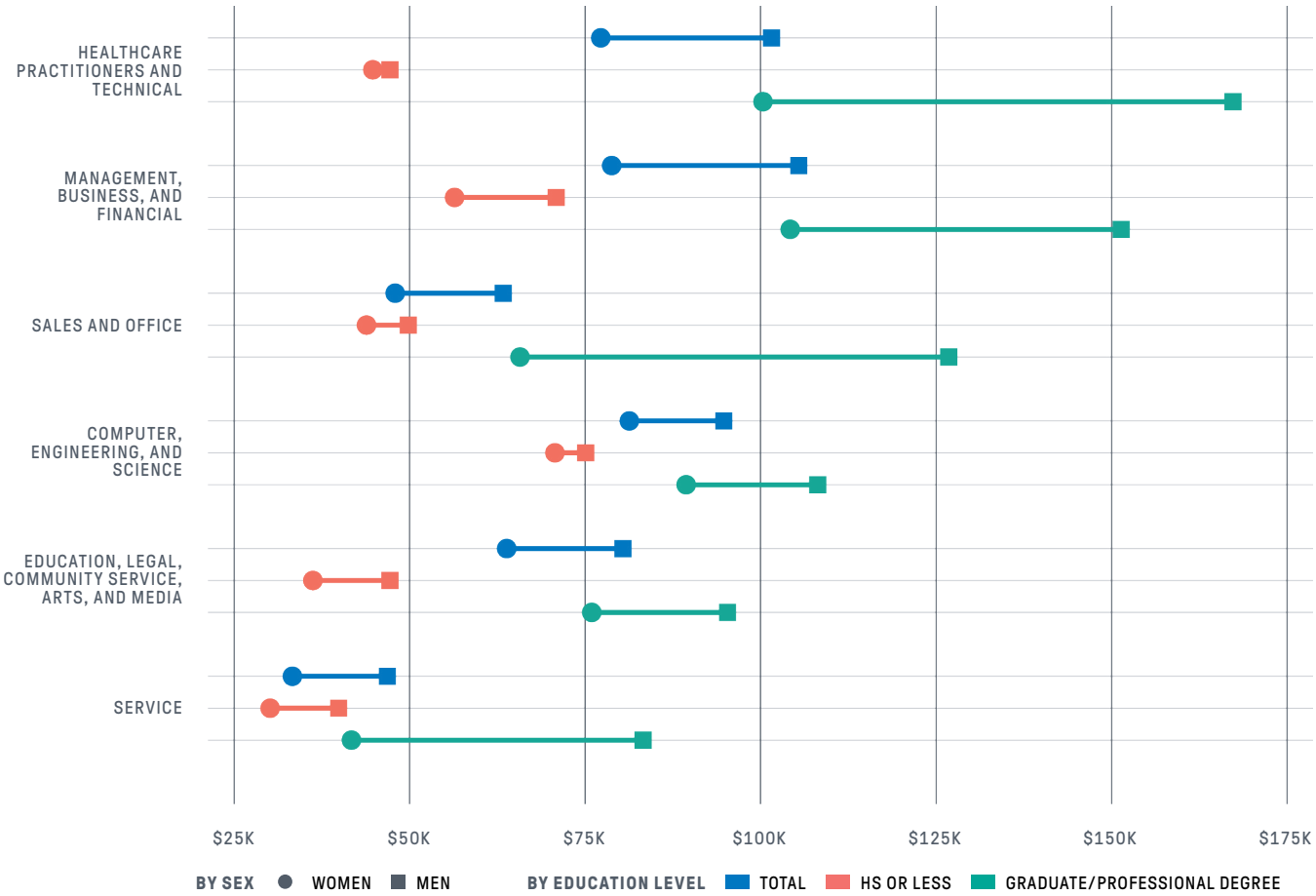
Greater New Haven's large gender and racial wage gaps follow patterns of wage differences at the national level.[89] Social networks are a key reason these gaps persist over time. White male workers are more likely to have ties to higher-paid people, which allows them to leverage their connections to obtain higher-paying jobs.[90]

Discrimination also contributes to wage disparities, which explains why they remain after controlling for occupation and education.[91] Discrimination may even explain some differences from one occupation to another, as Black job applicants refrain from applying to certain higher paying jobs to avoid being discriminated against.[92] According to the 2021 DataHaven Community Wellbeing Survey, 18 percent of Black residents compared to 4 percent of white residents in Greater New Haven report having been unfairly fired or denied a promotion at work or not hired for a job for unfair reasons on more than one occasion during the past 3 years.[93] DH

FIGURE 6C

Across several occupation groups, wage gaps between men and women are higher with advanced degrees

MEDIAN EARNINGS BY MAJOR OCCUPATION GROUP, SEX, AND EDUCATIONAL ATTAINMENT, CONNECTICUT ADULTS AGES 25+ WORKING FULL-TIME, 2020



Educational Attainment

The share of women with college degrees has risen over the past several decades, and in Greater New Haven roughly the same share of women and men have college degrees.[94] A higher share of women ages 25–34 have college degrees compared to men in the same age group (53 versus 49 percent), suggesting that soon a higher overall share of women than men will have a college degree (SEE FIGURE 6E). This trend has been attributed to the increasing labor force participation of women and the fact that women are more likely to pursue jobs that require a college degree.[95]

Rates of higher education vary widely by race and ethnicity. The share of white adults with at least a college degree, 48 percent, is twice as high as that of Black adults, 24 percent, and more than twice as high as that of Latino adults, 19 percent (SEE TABLE 6B, FIGURE 6D).

Variation in educational attainment by race and ethnicity is important because education has a big effect on earnings. Compared to white adults without a college degree, higher shares of Black and Latino adults cite the cost of college as a major reason for not pursuing a degree.[96] This illustrates how the cost and inaccessibility of higher education contribute to the reproduction of racial wage gaps. Black and Latino adults who are less likely to afford college are unable to obtain the higher-paying jobs that require college degrees. DH

FIGURE 6D

About a quarter of Latino adults in the area lack a high school diploma

SHARE OF ADULTS AGES 25+ BY HIGHEST EDUCATIONAL ATTAINMENT, GREATER NEW HAVEN BY RACE/ETHNICITY, 2020

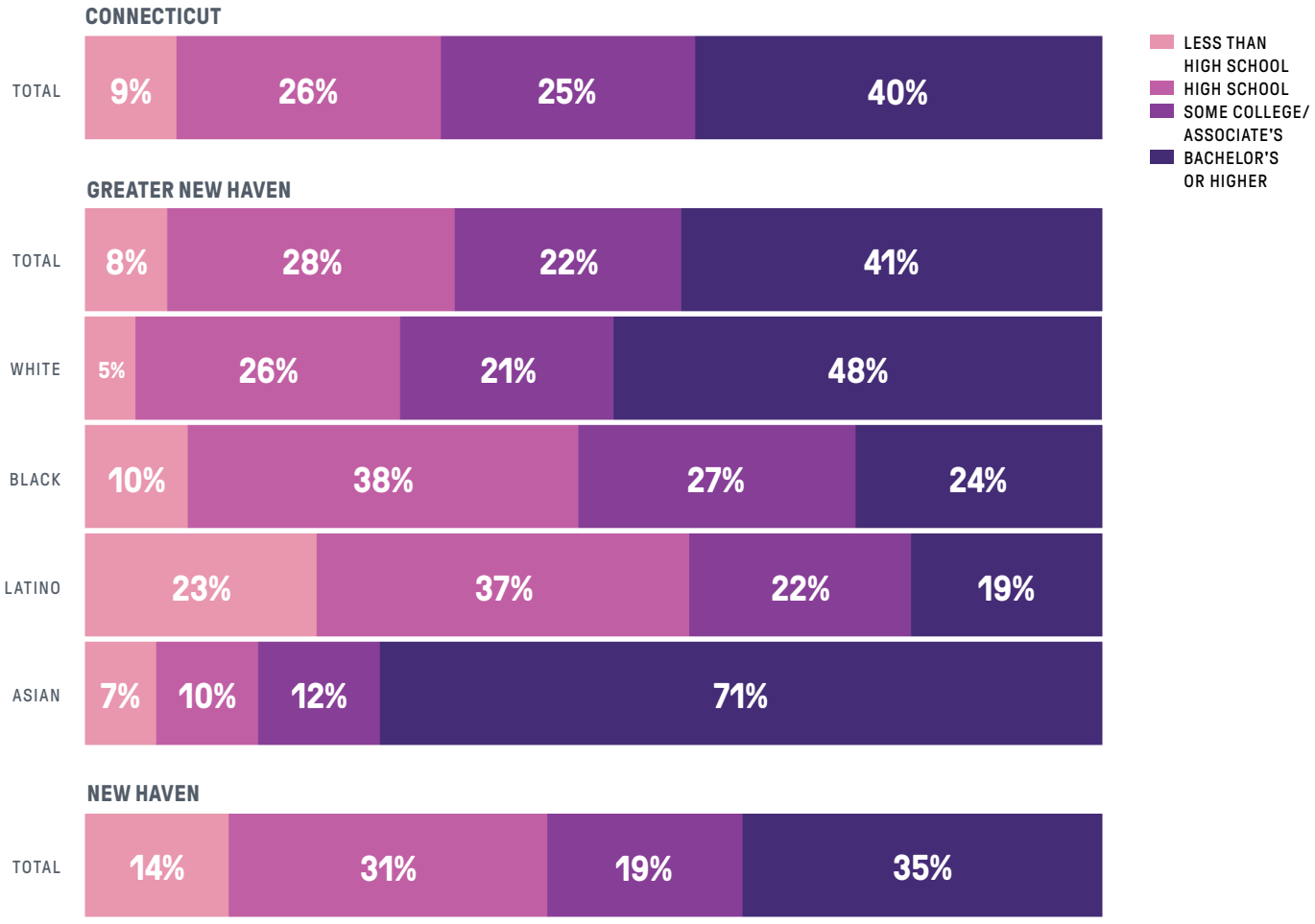


TABLE 6B

Educational attainment

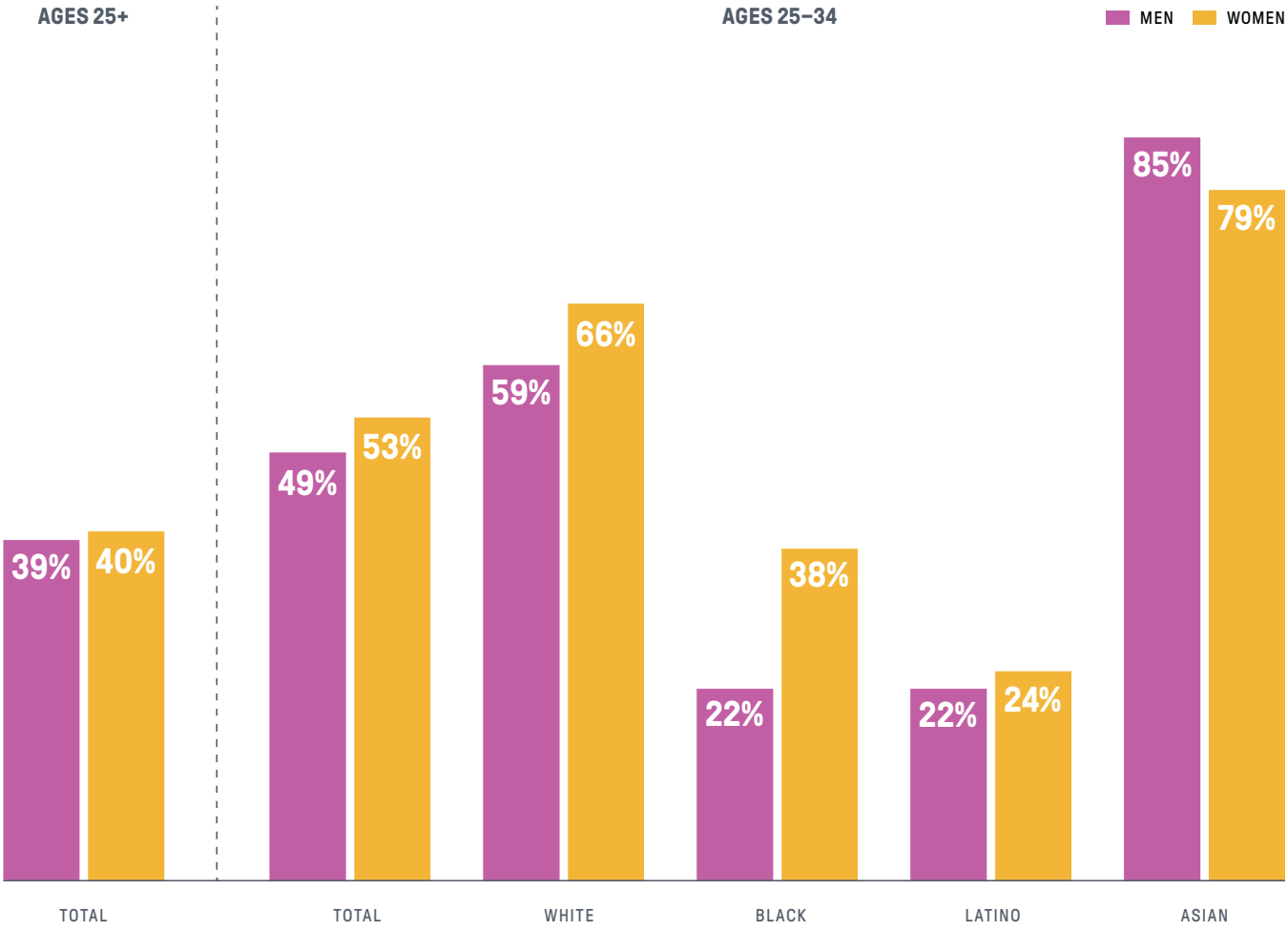
HIGHEST EDUCATIONAL ATTAINMENT, GREATER NEW HAVEN ADULTS AGES 25 AND UP BY TOWN AND RACE/ETHNICITY, 2020

		LESS THAN HIGH SCHOOL DIPLOMA		BACHELOR'S DEGREE OR HIGHER	
LOCATION	POPULATION AGES 25+	COUNT	SHARE	COUNT	SHARE
Connecticut	2,489,205	225,550	9%	996,000	40%
Greater New Haven	317,408	25,870	8%	131,574	41%
New Haven Inner Ring	96,045	8,738	9%	31,952	33%
New Haven Outer Ring	140,364	5,444	4%	71,074	51%
Bethany	3,867	244	6%	1,990	51%
Branford	21,961	825	4%	10,201	46%
East Haven	20,324	1,826	9%	4,609	23%
Guilford	16,169	625	4%	9,375	58%
Hamden	39,873	2,352	6%	18,356	46%
Madison	12,951	252	2%	8,552	66%
Milford	41,245	1,930	5%	18,755	45%
New Haven	80,999	11,688	14%	28,548	35%
North Branford	10,520	452	4%	3,719	35%
North Haven	17,584	700	4%	8,050	46%
Orange	9,704	214	2%	5,865	60%
West Haven	35,848	4,560	13%	8,987	25%
Woodbridge	6,363	202	3%	4,567	72%
BY DEMOGRAPHIC WITHIN GREATER NEW HAVEN					
White	206,717	10,210	5%	98,561	48%
Black	49,446	5,145	10%	12,051	24%
Latino	41,470	9,417	23%	7,769	19%
Asian	16,208	1,133	7%	11,507	71%

FIGURE 6E

While the gender-education gap among young adults has closed, racial and ethnic disparities persist

SHARE OF ADULTS WITH A BACHELOR'S DEGREE OR HIGHER, GREATER NEW HAVEN ADULTS BY AGE, SEX, AND RACE/ETHNICITY, 2020



CHAPTER 7

Health

AT A GLANCE

- → The coronavirus pandemic caused a spike in all-cause mortality in 2020, with some communities hit harder than others. Between 2020 and 2021, across the state and region, Black residents experienced more than double the mortality due to COVID-19 than white residents.
- → The pandemic cast ripple effects through other aspects of health, from skipped doctor visits to an increase in mortality from other causes that may have gone untreated.
- → Telehealth emerged as an alternative to in-person doctor visits during the pandemic, and appears to be here to stay.
- → Communities affected by poor access to basic needs such as food, transportation, or housing often experience poor health outcomes related to nutrition and environmental determinants. Issues such as extreme heat and neighborhood safety impact the health of communities in different ways.

Barriers to Healthcare

Although Connecticut is home to many top-tier medical facilities, many people still delay or skip receiving health care for a number of reasons. The coronavirus pandemic led more than 32 percent of adults in Greater New Haven to delay visiting a doctor in an effort to reduce disease transmission and relieve pressure on the healthcare system. In fact, 56 percent of adults who skipped or delayed care in Connecticut cited the pandemic as the primary reason.

Having a medical home—a place or person one considers their primary health care provider—can reduce the overall cost of healthcare and boost patient satisfaction, both of which are associated with lower likelihood of skipping medical care.[97] According to the 2021 DataHaven Community Wellbeing Survey, 19 percent of young adults in Greater New Haven lack a medical home. Similarly, having health insurance significantly increases the likelihood of seeking timely medical care,[98] yet Black, Latino, and low-income adults in Greater New Haven are more than twice as likely to lack health insurance compared to the region and state overall (SEE TABLE 7A).

Many people feel they do not have the same opportunity to receive quality care due to experiences of discrimination. In the DataHaven Community Wellbeing Survey, women were nearly twice as likely as men to report feeling discriminated against in health care settings, Black adults more than five times as likely as white adults, and low-income adults more than twice as likely as higher income adults. Similar trends are seen in perceptions of discrimination in workplace settings and during interactions with police. The similarities in perceived discrimination echo the larger economic and social disparities that affect a person's well-being (SEE TABLE 7B).

Transportation problems are another significant barrier to accessing care (SEE CHAPTER 3). In 2022, 6 percent of adults in Connecticut, including 13 percent of adults in urban core cities such as New Haven, said that they stayed home from a doctor's appointment or a visit to a health care provider because they had no access to reliable transportation.[99]

Meanwhile, pandemic response has changed how some people interact with their healthcare providers. In 2021, 57 percent of adults in Greater New Haven reported having a telehealth visit, with 67 percent reporting it was as good or better than an in-person visit.[100] DH

TABLE 7A

Barriers to health care

SHARE OF GREATER NEW HAVEN ADULTS, 2021

LOCATION	DELAYED MEDICAL CARE	DIDN'T GET MEDICAL CARE	NO DENTIST IN PAST YEAR	NO MEDICAL HOME	UNINSURED
Connecticut	30%	11%	28%	11%	5%
GNH	32%	10%	30%	10%	3%
New Haven	38%	13%	39%	13%	5%
BY DEMOGRAPHIC WITHIN GREATER NEW HAVEN					
Male	32%	10%	31%	12%	5%
Female	32%	11%	27%	7%	2%
Age 18–34	40%	11%	30%	19%	4%
Age 35–49	33%	12%	32%	12%	4%
Age 50–64	35%	14%	26%	4%	3%
Age 65+	20%	6%	29%	2%	1%
White	30%	7%	26%	10%	2%
Black	24%	9%	32%	8%	6%
Latino	42%	19%	35%	14%	6%
Under $30K	31%	12%	46%	12%	8%
$30K-$100K	34%	11%	30%	13%	4%
$100K+	32%	10%	18%	5%	1%

Weather, Climate, and Public Safety

The places where we live—our homes, neighborhoods, and the regional climate—influence our health and well-being. Policymakers are positioned to improve the built environment and public safety to bolster public health. They must also consider how actions taken today can mitigate the worst climatic outcomes in the future.

Although Connecticut is in a temperate climate region, with coastal cities enjoying temperature mitigation from the Long Island Sound, weather patterns indicate that temperatures year-round are rising. The National Oceanic and Atmospheric Administration (NOAA) estimates that Connecticut's average temperature has risen 3.5 degrees Fahrenheit since the beginning of the 20th century, with a notable acceleration in temperature increases since 2010.[101] Our analysis of daily temperatures since 2001 indicates that average high and average low temperatures have each risen about 1 degree Fahrenheit in New Haven County.[102]

Meteorological summer (June 1 through August 31) high temperatures in 2001 averaged 79.3 degrees. In 2021, they averaged 80.6 degrees. The average duration of a summer heatwave is down from 2.8 days in 2001 to 2.4 days in 2021, with heat indexes hovering around 95 degrees.[103] These trends account for normal seasonality. Heat waves can be dangerous in New England as air conditioning is not always available. Older and low-income populations are especially vulnerable. Heat exhaustion and heat stroke are potentially lethal conditions in which the body overheats and organs can be irreparably damaged.[104] In fact, research conducted among New England's Medicare population found that a 1 degree Celsius (1.8 degrees Fahrenheit) increase in summer temperatures is associated with a 1 percent increase in mortality.[105]

TABLE 7B

Experiences of discrimination

SHARE OF ADULTS REPORTING BEING TREATED UNFAIRLY IN THE PAST 3 YEARS BY SCENARIO, GREATER NEW HAVEN, 2021

LOCATION	ACCESSING HEALTH CARE	AT WORK OR LOOKING FOR WORK	INTERACTING WITH POLICE
Connecticut	7%	9%	4%
Greater New Haven	7%	8%	4%
New Haven	12%	11%	7%
BY DEMOGRAPHIC WITHIN GREATER NEW HAVEN			
Male	5%	9%	6%
Female	9%	8%	2%
Age 18–34	11%	8%	5%
Age 35–49	8%	12%	6%
Age 50–64	6%	11%	3%
Age 65+	2%	3%	3%
White	3%	4%	1%
Black	16%	18%	14%
Latino	7%	13%	4%
Under $30K	11%	14%	5%
$30K-$100K	8%	9%	4%
$100K+	4%	5%	3%

Public safety affects physical and mental health by promoting a sense of comfort and good will among neighbors. While 82 percent of Greater New Haven adults overall report trusting their neighbors, only 67 percent of New Haven adults say they do (SEE TABLE 7D). This metric is interrelated with feelings of safety. Fewer than half of New Haven adults say they feel safe walking alone in their neighborhood at night.

Four percent of Greater New Haven adults reported that they themselves had been physically attacked in the past year, and 56 percent of those people knew their attacker.[106]

Statewide, 15 percent of adults reported being afraid they or their family members could be hurt by gun violence. For residents of New Haven, this figure was 47 percent. Six percent of urban core residents had a family member hurt or killed by gun violence in the past year, and 13 percent of New Haven adults had witnessed a shooting in the past year, creating undue chronic stress and trauma on those communities (SEE TABLE 7C).[107] **DH**

Health Risks

Access to health care and safe, healthy places to live are important for reducing health risks and preventing poor health outcomes. Behaviors like binge drinking or smoking introduce health risks and are unfortunately often directly linked to socioeconomic status. Other risk factors, such as obesity and diabetes, can trigger a number of adverse health outcomes.

In Greater New Haven, obesity and smoking are elevated among Black, Latino, and low-income adults (SEE TABLE 7E). Diabetes affects one in five adults ages 65 and over. Adult asthma, often linked to environmental conditions such as poor housing or air quality (including allergens like mold and dust, air pollution, or tobacco smoke),[108] affects one in five New Haven residents.

Data for more health risk factors are available at the town and region level in our town equity reports, available at ctdatahaven.org/reports/connecticut-town-equity-reports. **DH**

TABLE 7C

Gun violence

SHARE OF ADULTS, BY CITY (2021) AND CONNECTICUT BY DEMOGRAPHIC (2022)

LOCATION	AFRAID OF GUN VIOLENCE	RELATIVE SHOT IN PAST YEAR	WITNESSED SHOOTING IN PAST YEAR
Connecticut	15%	4%	5%
New Haven*	47%	5%	13%
Wealthy towns	2%	1%	2%
Suburban towns	5%	2%	3%
Rural towns	6%	5%	2%
Urban Periphery towns	15%	4%	6%
Urban Core towns	44%	6%	11%
White	10%	2%	3%
Black	29%	5%	5%
Latino	33%	10%	13%

*2021 survey data; all others are 2022

TABLE 7D

Public safety

SHARE OF ADULTS, GREATER NEW HAVEN, 2021

LOCATION	TRUST NEIGHBORS	SAFE AT NIGHT
Connecticut	87%	70%
Greater New Haven	82%	66%
New Haven	67%	45%
BY DEMOGRAPHIC WITHIN GREATER NEW HAVEN		
Ages 18-34	73%	61%
Ages 35-49	82%	68%
Ages 50-64	84%	72%
Ages 65+	92%	65%
White	90%	71%
Black	64%	54%
Latino	71%	61%
<$30K	67%	47%
$30K-$100K	86%	67%
$100K+	86%	79%
No kids	85%	63%
Kids in home	76%	70%

TABLE 7E

Health risk factors

SHARE OF ADULTS, GREATER NEW HAVEN, 2021

LOCATION	ASTHMA	DIABETES	OBESITY	SMOKING RATE
Connecticut	17%	10%	30%	12%
Greater New Haven	16%	9%	30%	11%
New Haven	21%	8%	34%	14%
BY DEMOGRAPHIC WITHIN GREATER NEW HAVEN				
Male	16%	11%	31%	13%
Female	15%	8%	29%	10%
Age 18–34	19%	1%	28%	11%
Age 35–49	18%	8%	34%	13%
Age 50–64	11%	10%	28%	14%
Age 65+	13%	21%	32%	10%
White	13%	9%	25%	9%
Black	19%	10%	43%	14%
Latino	21%	10%	44%	13%
Under $30K	21%	16%	45%	22%
$30K+	15%	8%	27%	9%

Maternal and Infant Health

Birth outcomes are a strong indicator for overall community health and should be examined in the context of other issues such as discrimination, housing quality, environmental conditions, and economic security. The U.S. lags behind similarly wealthy nations in terms of infant mortality rates, at 5.7 per 1,000 live births compared to an average of 4.1 in other rich nations.[109] Connecticut's overall rate is slightly better at 4.6 deaths per 1,000 live births.

In Greater New Haven, major disparities are apparent by race (SEE TABLE 7F). Infant mortality rates for Black babies stand at 11.3 deaths per 1,000 live births compared to 4.0 for white babies. Similarly, low-weight births for Black babies are 1.7 times higher than for white babies (11.2 percent compared to 6.6 percent), and the share of births with late or no prenatal care is1.5 times as high for Black mothers than white mothers (4.3 percent compared to 2.9 percent).

The maternal mortality rate in the U.S. is alarmingly high compared to other developed nations, and it is rising. For the period ranging from 2016 to 2020, Connecticut's maternal mortality rate was 15.5 per 100,000 live births—lower than the national rate of 19.3 for the same period.[110] DH

TABLE 7F

Birth outcomes

BIRTH OUTCOMES BY RACE/ETHNICITY OF PARENT, 2016–2018

LOCATION	RACE/ ETHNICITY OF PARENT	PERCENT OF BIRTHS WITH LATE OR NO PRENATAL CARE	PERCENT LOW BIRTH WEIGHT	INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS
Connecticut	Total	3.4%	7.8%	4.61
Greater New Haven	Total	3.8%	7.9%	5.93
	White	2.9%	6.6%	4.03
	Black	4.3%	11.2%	11.31
	Latina	4.5%	8.1%	4.46
	Puerto Rican	2.8%	9.9%	N/A
	Other Latina	6.1%	7.2%	N/A
	Asian	5.1%	5.1%	N/A
New Haven	Total	4.6%	9.0%	7.78
	White	4.9%	7.2%	N/A
	Black	3.8%	11.3%	13.82
	Latina	4.6%	8.5%	N/A
	Puerto Rican	3.3%	9.9%	N/A
	Other Latina	6.2%	6.8%	N/A
	Asian	6.4%	5.1%	N/A

FIGURE 7A

Hospital encounter rates vary across the region

ANNUALIZED AGE-ADJUSTED HOSPITAL ENCOUNTER RATES PER 10,000 RESIDENTS, 2018–2021

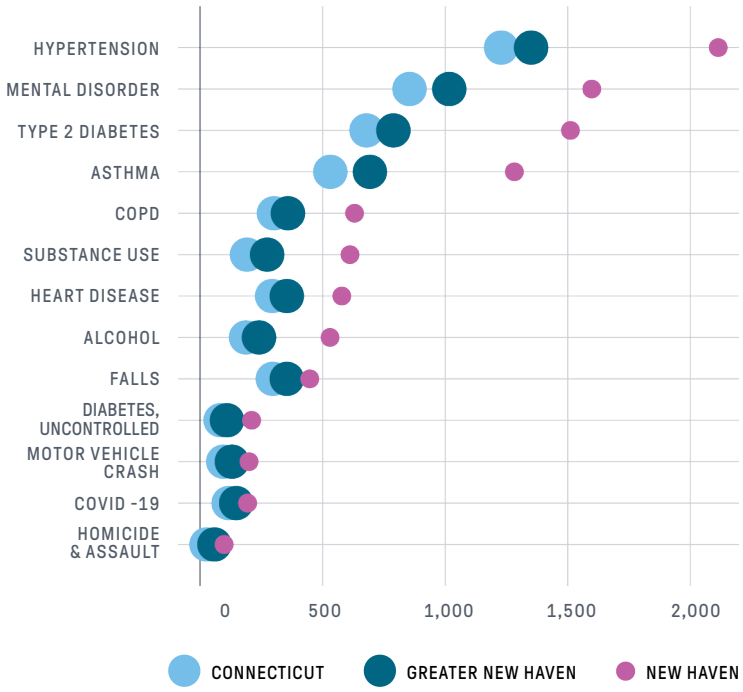


TABLE 7G

Comparative hospital encounter rates

ANNUALIZED AGE-ADJUSTED HOSPITAL ENCOUNTER RATES PER 10,000 RESIDENTS, 2018–2021

INDICATOR	GREATER NEW HAVEN	NEW HAVEN	RELATIVE RISK OF ENCOUNTER IN NEW HAVEN VERSUS GNH
Alcohol	237	538	2.27
COPD	359	631	1.76
COVID-19	128	190	1.48
Diabetes, Uncontrolled	104	212	2.04
Type 2 Diabetes	789	1,514	1.92
Falls	354	450	1.27
Heart Disease	355	579	1.63
Homicide & Assault	42	86	2.05
Hypertension	1,351	2,115	1.57
Mental Disorder	1,017	1,600	1.57
Motor Vehicle Crash	131	200	1.53
Substance Use	274	614	2.24
Asthma	693	1,283	1.85

Child Health

Privileged populations, particularly wealthy white populations in the suburbs, tend to enjoy newer, higher-quality housing and better air quality than people in cities, and as a result have fewer environmentally related health outcomes that affect children, such as asthma or lead poisoning. Between 2018 and 2021, 5 percent of children in New Haven tested positive for elevated blood lead levels, compared to 1 percent in Hamden.[111] Similarly, asthma prevalence for children in New Haven was more than 14 percent, compared to 13 percent statewide and just 4 percent in amden.[112] Ground-level pollution emitted from traffic and industry, among other sources, is concentrated in urban areas and thus disparately affects urban populations, often low-income and communities of color. From 2017 to 2021, New Haven averaged 69 days per year of "poor" air quality or worse.[113] Just 20 miles away, during that same period, Madison averaged 39 days per year.[114] DH

Chronic Conditions

Cancer, diabetes, and heart disease disproportionately affect people of color and low-income people. Among these populations, rates of chronic conditions are greater[115] and the onset of disease is often earlier than it is for wealthier, white, and more privileged populations.[116] When people have no insurance or medical home, or experience discrimination in healthcare settings, these chronic conditions can often go untreated, leading to higher rates of emergency department visits and hospitalizations.

Some of the leading reasons for emergency department visits and hospitalizations in Greater New Haven are for chronic conditions. Hypertension, diabetes, and asthma are among the most common, along with mental disorders like depression and anxiety. Notably, the encounter rates for these issues are disproportionately common in New Haven compared to the rest of the region. Encounter rates for hypertension in New Haven are nearly twice as common as for the region overall (SEE FIGURE 7A, TABLE 7G). DH

Mortality

The pandemic has significantly affected mortality, spiking in 2020 with many deaths attributed to the virus. The sudden shock of the pandemic on the healthcare system also resulted in excess deaths—that is, deaths above and beyond what might usually be observed in a given period—due to conditions related to the virus as well as other causes, such as cancer and heart disease. Conditions may have gone untreated. Elective surgeries were canceled. Some patients simply stayed away from hospitals and clinics to avoid contracting COVID-19.

The 2020 spike in mortality showed up disproportionately in low-income communities and communities of color. New Haven residents saw much greater increases in mortality than residents of the region or state. Wealthier residents were often able to avoid contact with the virus by working from home and relying on delivery services, while lower-income, Black, and Latino residents were often those supporting the essential service economy before and after vaccines became widely available (SEE FIGURE 7B, TABLE 7H).

Another way to think about mortality is not only in the overall rate of deaths, but in the years of potential life lost (usually measured to age 75) due to various causes. This allows us to compare how each cause of death can affect a population. Here again, the trends underscore how communities with fewer resources, and whose populations have lower access to basic needs and basic health care, are adversely and disproportionately affected.

In Connecticut and Greater New Haven, cancer and heart disease are among the top causes of death and accumulate the highest number of life-years lost. But in some locations, other causes of death eclipse those averages. In New Haven, COVID, overdoses, and firearm deaths outpace the regional average. Firearm deaths in particular cause more than twice the rate of life-years lost in New Haven compared to the region overall. Generally, the rate of life-years lost in New Haven is 1.4 times higher than in Hamden and 1.1 times as high as the region (SEE FIGURE 7C, TABLE 7I).

TABLE 7H

Mortality

AGE-ADJUSTED ALL-CAUSE MORTALITY RATES PER 1 MILLION RESIDENTS, 2019–2021

LOCATION	2019	2020	2021
Connecticut	11,899	14,336	11,848
Greater New Haven	12,306	14,982	12,064
East Haven	12,966	16,943	13,669
Hamden	13,925	15,508	12,663
Milford	11,279	13,855	11,397
New Haven	14,832	19,180	15,045
West Haven	15,266	19,666	15,778

FIGURE 7B

All-cause mortality spiked in 2020 due to the Coronavirus pandemic

AGE ADJUSTED, ALL-CAUSE MORTALITY RATES PER 1 MILLION RESIDENTS, 2015–2021

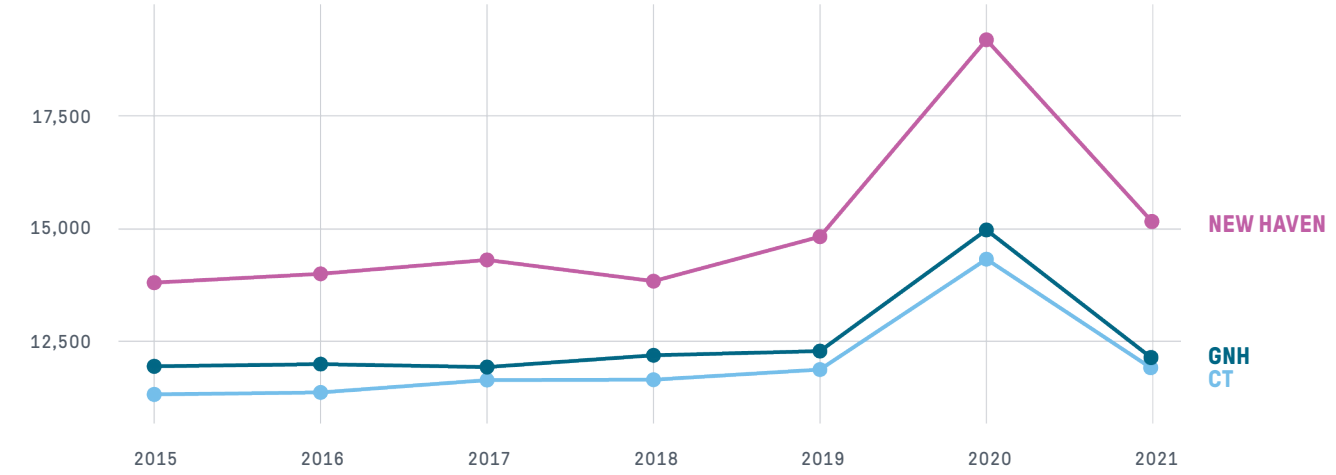


FIGURE 7C

Several Greater New Haven towns have high burdens of premature death

ANNUALIZED YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 PER 100,000 RESIDENTS, ALL CAUSES, 2015–2021

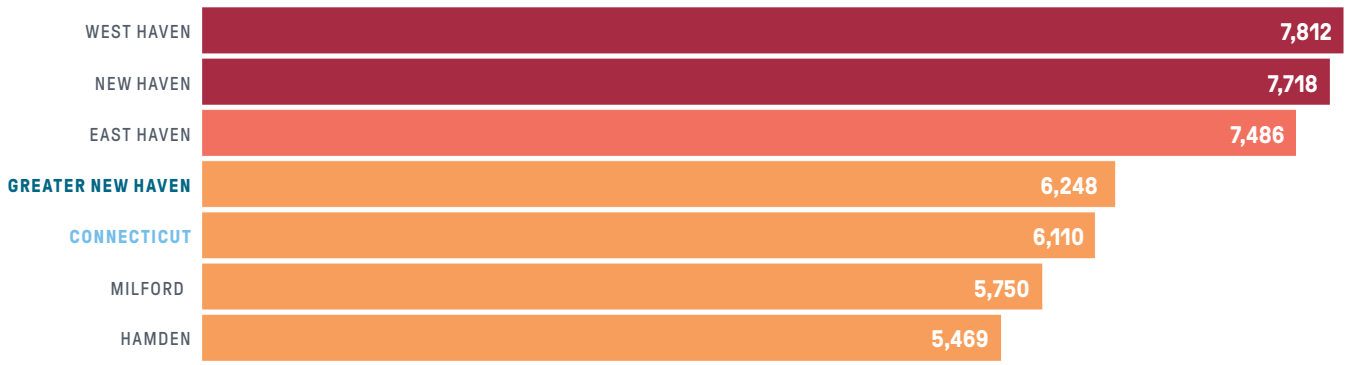


TABLE 7I

Years of potential life lost by cause of death

ANNUALIZED YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 PER 100,000 RESIDENTS, 2015–2021

LOCATION	CANCER	POISONING (INCL. OVERDOSE)	HEART DISEASE (INCL. STROKE)	COVID-19	MOTOR VEHICLE CRASH	LUNG DISEASE	FIREARM (INCL. HOMICIDE & SUICIDE)
Connecticut	1,532	1,303	1,186	599	409	348	267
Greater New Haven	1,607	1,270	1,169	494	367	319	372
East Haven	2,366	1,770	1,494	271	314	546	230
Hamden	1,369	991	965	563	297	293	383
Milford	1,851	883	1,194	486	267	357	203
New Haven	1,464	1,672	1,390	762	430	333	805
West Haven	1,795	1,479	1,614	712	618	513	256

Between 2020 and 2021, across the state and region, Black residents experienced more than double the mortality due to COVID-19 than white residents. Town-by-town disparities are evident as well, as white residents in New Haven experienced in excess of 45 percent more COVID-related mortality than white residents of the region (SEE FIGURE 7D).

Fatal overdoses also spiked during 2020 as vital harm reduction resources and treatment programs paused to reduce the spread of COVID-19. Despite not growing at as high a rate as in the period from 2019 to 2020, the period from 2020 to 2021 still saw the rate of overdoses increase significantly. The year 2021 was the most fatal year for overdoses in history.[117] In Greater New Haven, the fatal overdose rate for Black residents far eclipsed the rates of white and Latino residents. Fentanyl continues to drive drug fatalities, accounting for more than 80 percent of drug-related deaths in the region (SEE FIGURE 7E, TABLE 7J).

Due to the excess mortality driven by the pandemic, life expectancy nationwide dropped an overall average of 1.8 years from 2019 to 2020, and an additional 0.6 year between 2020 and 2021. According to the CDC, in 2019, overall life expectancy in the United States was 78.8 years. By the end of 2021, it was 76.4 years.[118] COVID and drug overdoses contribute to this decrease.

While the CDC estimates totals for the nation, the Institute for Health Metrics and Evaluation (IHME) provides county-level estimates for race and ethnicity, although their most recent estimates are for 2019. At that time, overall life expectancy in New Haven County was estimated at 80.4 years and the state at 81.1 years. The totals mask disparities by race and ethnicity, though. In New Haven County in 2019, life expectancy for white residents was 80.5 years, compared to 77.7 years for Black residents. Latino residents generally enjoyed higher life expectancy, at 82.0 years in the county.[119] The trends estimated by the CDC for national-level drops in life expectancy likely hold across New Haven County, and disproportionately affect people of color, especially Black people. DH

FIGURE 7D

Mortality due to COVID-19 was higher for residents of color than white residents

ANNUALIZED, AGE ADJUSTED MORTALITY RATE PER 1 MILLION RESIDENTS FOR COVID-19, BY RACE/ETHNICITY, 2020–2021

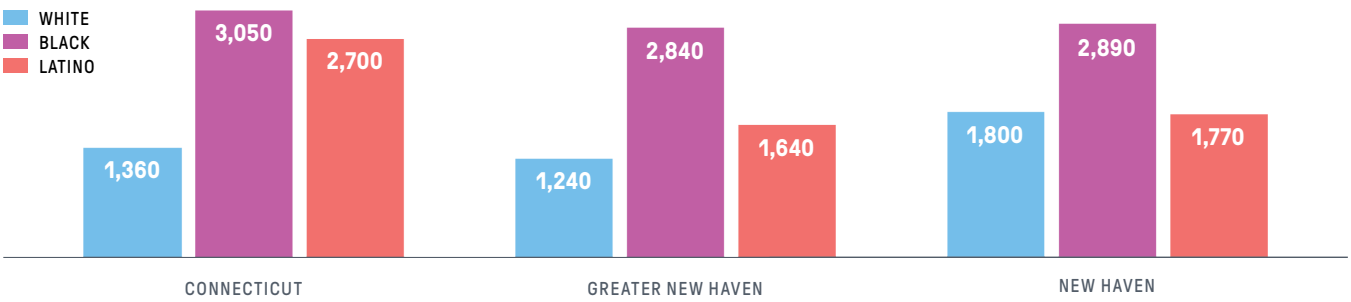


FIGURE 7E

Drug overdose deaths have risen steeply

AGE-ADJUSTED ACCIDENTAL OVERDOSE DEATH RATE PER 1 MILLION RESIDENTS BY RACE/ETHNICITY, GREATER NEW HAVEN, 2012–2021 6-MONTH ROLLING MEAN

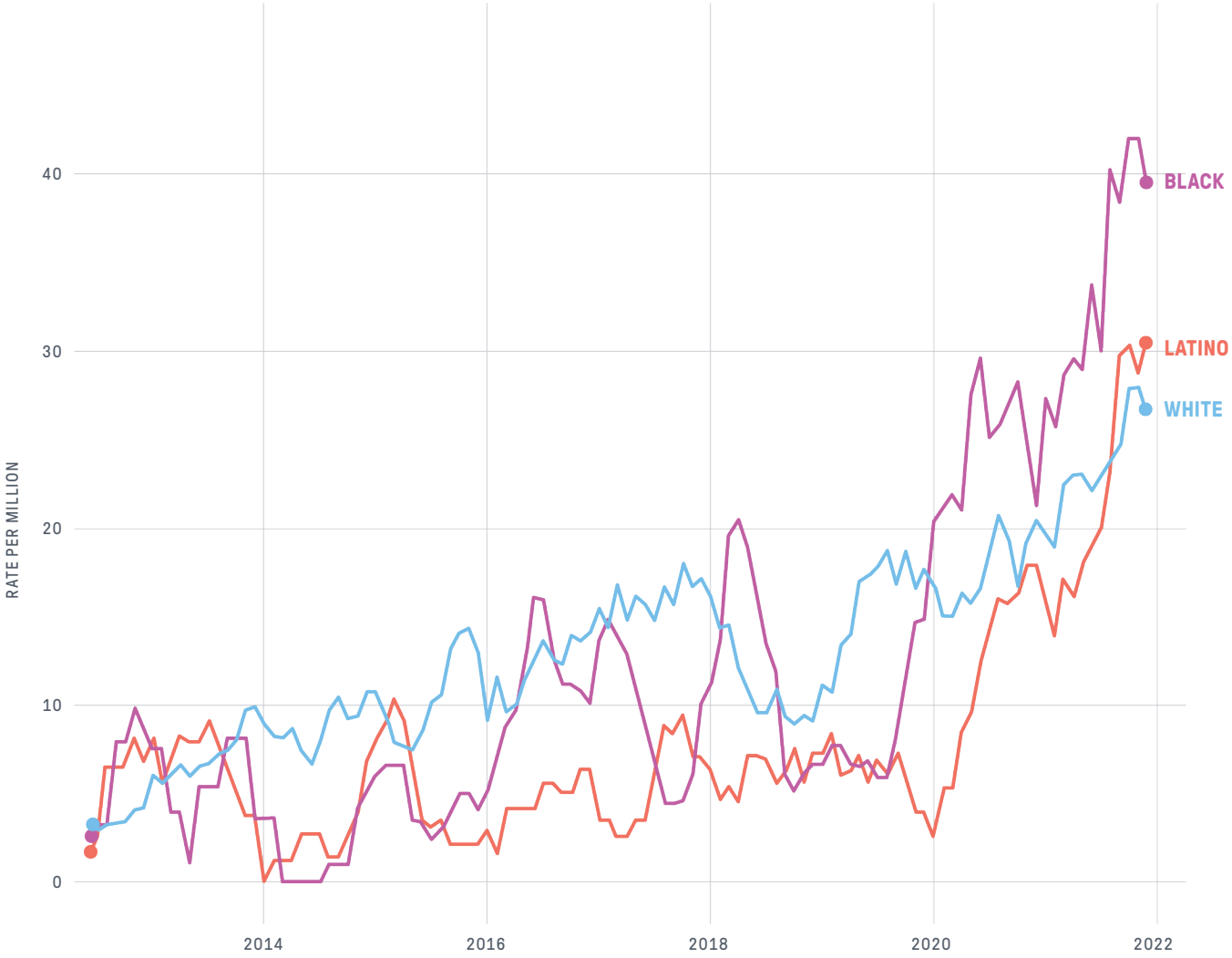


TABLE 7J

Overdose deaths

ACCIDENTAL OVERDOSE DEATH COUNTS AND ANNUALIZED AGE-ADJUSTED RATES PER 1 MILLION RESIDENTS, 2014–2016 TO 2020–2021

	2014–2016		2017–2019		2020 AND 2021	
LOCATION	COUNT	RATE PER MILLION	COUNT	RATE PER MILLION	COUNT	RATE PER MILLION
Connecticut	2,137	102	3,119	149	2,781	193
Greater New Haven	276	98	367	133	451	246
East Haven	21	131	32	196	32	289
Hamden	30	83	29	84	45	182
New Haven	96	129	137	185	209	445
West Haven	46	138	56	163	61	273

Mental Health and Suicide

Poor mental health conditions, including depression and anxiety, are strongly linked to the onset of chronic physical conditions including cancer, heart disease, stroke, diabetes, asthma, arthritis, and many others that can reduce life expectancy by decades, in some cases.[120,121] Some of the reasons for this may include higher stress levels, disruptions in sleep and nutrition, increased risks from substance use disorders, and greater difficulties in securing medical care or social support. Concerns about mental health and suicide rose during the COVID-19 pandemic, as many people were impacted by social isolation, job loss, or other hardships.[122] Between February 2020 and the end of 2021, about 1 in 4 Connecticut adults lost a job, 1 in 5 reported that they or a member of their household had consumed alcohol more often than usual, and 18 percent had experienced the death of a close friend or family member from COVID-19.[123] Adults experiencing hardships such as food and transportation insecurity, unemployment, lack of timely medical care, and limited social support were more likely to report depression, and had much lower levels of personal well-being as measured by the DataHaven Community Wellbeing Survey (SEE CHAPTER 1, FIGURE 1D).

As of 2022, 12 percent of Connecticut adults reported that they felt down, depressed, or hopeless for more than half of the days during the past 2 weeks, but there were notable differences within the population, with 19 percent of young adults age 18 to 34 reporting this (2.4 times more likely than all other age groups). Black and Latino adults were 1.6 and 2.3 times more likely, respectively, to report feeling down or depressed when compared to white adults, and adults earning less than $15,000 per year were 7.4 times more likely to report this when compared to adults earning $200,000 or more.[124]

Suicide is a major public health issue that disproportionately impacts men and non-Hispanic white populations, both in Connecticut and nationally.[125] Depression, substance use disorder, and other mental health needs are major risk factors for suicide, especially when untreated.[126] The pandemic had an disproportionate impact on vulnerable populations, which may have contributed to additional suicides among those populations. After rising for decades nationally, suicide rates peaked in 2018, fell in 2019 and 2020, and then increased slightly in 2021.[127] However, although suicide rates fell for white Americans, they continued to rise for Black and Latino Americans through 2020.[128] In Connecticut, suicide rates from 2018 to 2020 averaged to 10.4 per year per 100,000 population, compared to 13.6 nationwide.[129] Among Connecticut teens aged 15 to 19, the suicide rate was 6.4 per 100,000, which was one of the lowest state-level rates in the U.S. for that age group.[130] Firearms are used in more than half of all suicides in the U.S.[131] DH

FOCUS: ROAD SAFETY

Improving mass transit and active transportation options, such as walking or biking, while reducing reliance on motor vehicles can greatly improve health outcomes for individuals and communities. Crash-related injuries and fatalities are substantially lower on transit than other modes of travel.[132] People who walk or bike to transit or their final destination are more likely to achieve 30 minutes of exercise per day, improving cardiovascular fitness and reducing chances of diabetes or obesity.[133] Active modes of transportation are far more environmentally friendly than driving, and transit contributes far less pollution to the environment, providing health benefits to all.

Connecticut enjoys relatively good rail service provided by New York MTA, CT Rail, and Amtrak, with stops in or near most towns in Greater New Haven. Due in large part to employees working from home, rail ridership has not returned to pre-pandemic levels. However, CT Transit buses have improved ridership over pre-pandemic levels thanks to a fare holiday that has extended from April 2022 through March 2023.[134]

Safety improvements are needed to ensure road users who walk or cycle are protected from crashes involving cars. In Connecticut, when drivers of vehicles collide with pedestrians and cyclists, the chance of injury or death is nearly six times higher than when vehicles collide with each other. In urban areas, the rates of injuries and fatalities are even higher (SEE TABLE 7K). Seventy-one percent of adults in New Haven and Greater New Haven say there are safe biking options in their area, likely reflecting the presence of the Farmington Canal Greenway through much of the region.[135] However, 66 percent of adults in the region say they feel safe walking alone at night, compared to just 45 percent in New Haven.[136]

TABLE 7K

Traffic crashes

TRAFFIC CRASHES BY PERSON TYPE AND INJURY TYPE, 2018–2021

	PEDESTRIAN			CYCLIST			DRIVER		
AREA OF OCCURENCE	NUMBER	NUMBER FATAL	PERCENT WITH FATALITY OR POSSIBLE INJURY	NUMBER	NUMBER FATAL	PERCENT WITH FATALITY OR POSSIBLE INJURY	NUMBER	NUMBER FATAL	PERCENT WITH FATALITY OR POSSIBLE INJURY
Connecticut	5,758	237	85%	1,740	12	82%	950,098	911	14%
Greater New Haven	1,111	62	87%	465	4	80%	158,799	123	15%
New Haven	672	31	86%	280	3	81%	68,620	43	15%

CHAPTER 8

Civic Life

AT A GLANCE

- → Between 2016 and 2020, voter turnout increased among all demographic groups.
- → Public health officials enjoy high levels of trust across the board, but advantaged populations are more likely to approve of their local governments and police.
- → Municipal services like roads, libraries, schools, and public safety are funded through each town's grand list. Wealthy towns with larger tax bases enjoy higher per capita expenditures and often rate the quality of their amenities more highly.
- → Disparate impacts of policing, incarceration, and neighborhood violence on Black and Latino residents impact community-wide health, social cohesion, and well-being.

Civic Engagement

Between the 2016 and 2020 presidential elections, voter turnout increased among all demographic groups statewide (SEE FIGURE 8A). In Connecticut, 67 percent of eligible voters went to the polls in 2020, compared to 64 percent in 2016 and 67 percent nationwide in 2020.[137] The increases among demographic groups may be due partly to increased political engagement after 2016, an increase in young voters under age 24 (Generation Z), and the broad expansion of COVID-related absentee voting permitted in Connecticut during the 2020 election cycle.[138] DH

FIGURE 8A

Voter turnout increased from 2016 to 2020 among all demographic groups in Connecticut, especially among young people and people of color

SHARE OF ELIGIBLE CONNECTICUT VOTERS WHO VOTED IN THE 2016 AND 2020 PRESIDENTIAL ELECTIONS, BY DEMOGRAPHIC GROUP

Institutional Trust

Turning to local governments, advantaged groups are more likely to approve of police and believe they can influence local government. In total, 78 percent of adults in Greater New Haven had a great or fair amount of trust in their local governments. Adults with college degrees were more likely than adults with a high school diploma or less to say they could influence their local governments. Adults ages 65 and over were 1.6 times as likely as adults ages 18 to 34 to say their local government was responsive, and 1.7 times as many white adults as Black adults approved of their local police (SEE FIGURE 8B, TABLE 8A). DH

Trust in institutions may be influenced by many factors, including experiences of discrimination (see Chapter 7) and other injustices. These measures are important because of their relationship with activities that can improve health and well-being, such as voting, volunteering, forming social connections, and accessing critical services.

FIGURE 8B

Local health officials and healthcare workers are generally well-trusted

SHARE OF GREATER NEW HAVEN ADULTS REPORTING GREAT OR FAIR AMOUNT OF TRUST IN INSTITUTIONS, 2021

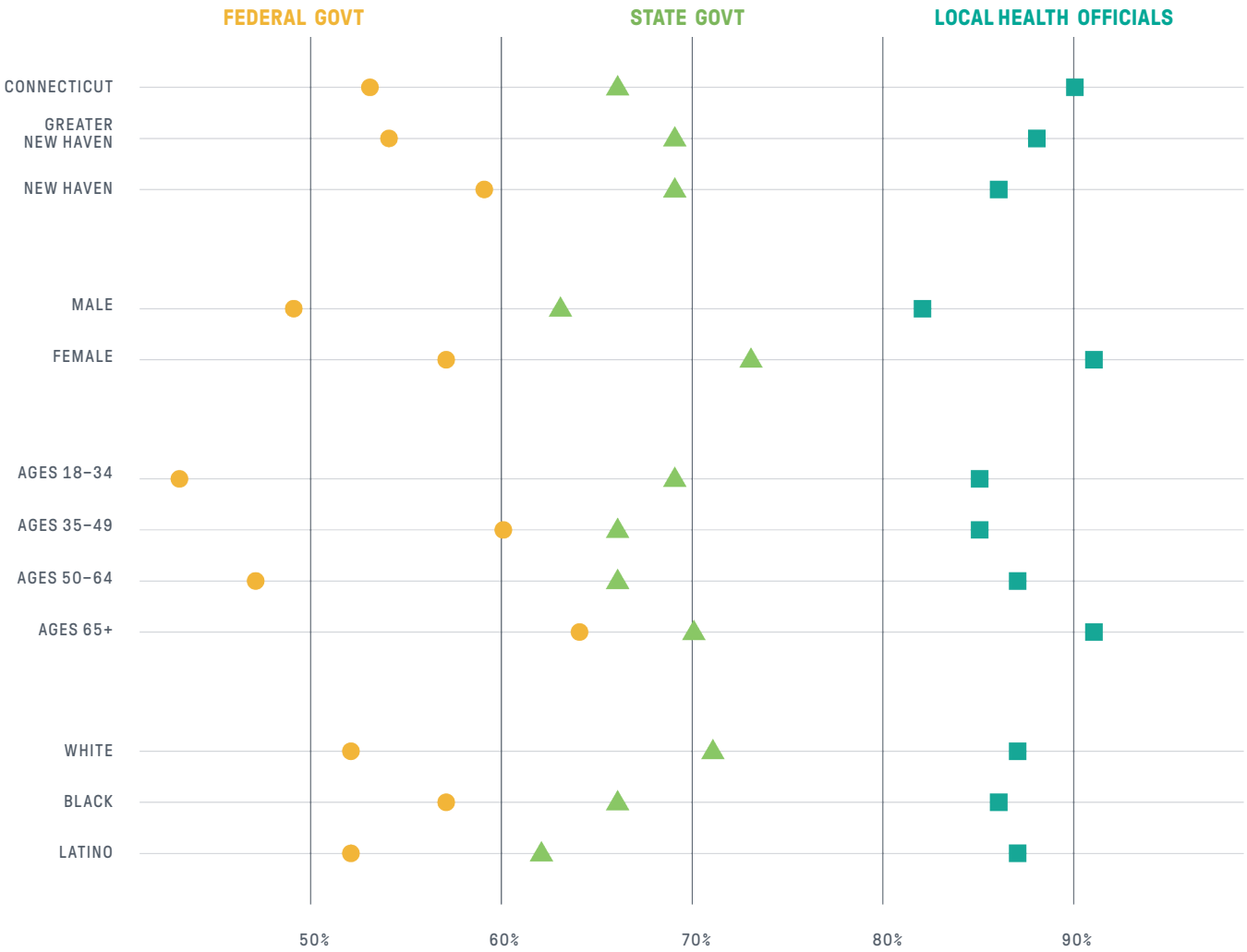


TABLE 8A

Views of local government

SHARE OF ADULTS, GREATER NEW HAVEN, 2021

LOCATION	INFLUENCE LOCAL GOVERNMENT	GOVERNMENT IS RESPONSIVE	APPROVE OF POLICE
Connecticut	73%	58%	75%
Greater New Haven	73%	57%	68%
New Haven	74%	49%	42%
BY DEMOGRAPHIC WITHIN GREATER NEW HAVEN			
Male	76%	53%	68%
Female	70%	61%	68%
Age 18–34	68%	44%	51%
Age 35–49	77%	58%	68%
Age 50–64	76%	54%	72%
Age 65+	74%	71%	84%
White	77%	64%	76%
Black	72%	35%	45%
Latino	64%	43%	54%
High school or less	74%	48%	65%
Some college or Associate's	60%	53%	67%
Bachelor's or higher	83%	62%	70%
<$30K	63%	48%	57%
$30K-$100K	72%	56%	67%
$100K+	80%	62%	76%
Kids in home	71%	54%	69%
No kids	74%	59%	68%

Community Satisfaction

Those who believe their local government is responsive to resident needs often believe that their area is a good place to raise children. The inverse also holds. Only 46 percent of adults in New Haven believe their area is a good place to raise children compared to 73 percent of the region overall (SEE TABLE 8B).

While most adults are satisfied with the area where they live, many believe that employment opportunities in the area are less than satisfactory. Approval for area jobs increases with educational attainment, age, and income, suggesting that well-paying technical or entry level positions within the region may be in demand.

Public safety, discussed in Chapter 7, is another important factor in community satisfaction. DH

TABLE 8B

Views of local resources

SHARE OF ADULTS, GREATER NEW HAVEN, 2021

LOCATION	SATISFIED WITH AREA	SUITABLE EMPLOYMENT IN AREA	GOOD PLACE TO RAISE KIDS
Connecticut	88%	63%	76%
Greater New Haven	88%	59%	73%
New Haven	83%	46%	46%
BY DEMOGRAPHIC WITHIN GREATER NEW HAVEN			
Male	87%	61%	74%
Female	88%	58%	71%
Ages 18-34	87%	55%	63%
Ages 35-49	86%	54%	69%
Ages 50-64	88%	60%	76%
Ages 65+	91%	69%	85%
White	90%	65%	80%
Black	82%	43%	52%
Latino	82%	47%	65%
High school or less	85%	47%	68%
Some college or Associate's	83%	59%	68%
Bachelor's or higher	92%	65%	79%
<$30K	83%	44%	60%
$30K-$100K	90%	59%	70%
$100K+	87%	69%	83%
Kids in home	86%	58%	73%
No kids	88%	59%	74%

Municipal Spending and Community Assets

Residents rely on their governments to distribute taxes in the form of services and amenities, from road repair and waste collection to school and library funding. Wealthier towns with higher levels of homeownership and fewer tax-exempt properties have greater grand list revenue, and are more likely to spend more per person on these services, facilities, and programs. Madison nets 2.3 times its grand list per capita than New Haven and allocates more funds per capita for various services (SEE FIGURE 8C).

In towns that serve as employment centers, expenditure per daytime population, including workers who commute into the town, reveal the extent to which those areas bear the brunt of infrastructure services like road maintenance, as well as safety services such as police and fire departments. Connecticut's large cities are such employment hubs, and as a result, towns like New Haven spend less per capita for daytime populations than wealthier suburbs do.

Libraries provide a wide variety of programs in addition to lending books, such as literacy, language, and skills training programs that serve the public by improving economic and educational outcomes, particularly for low-income residents. However, in cities like West Haven with lower per capita grand list revenue, per capita library spending is among the lowest in the region.

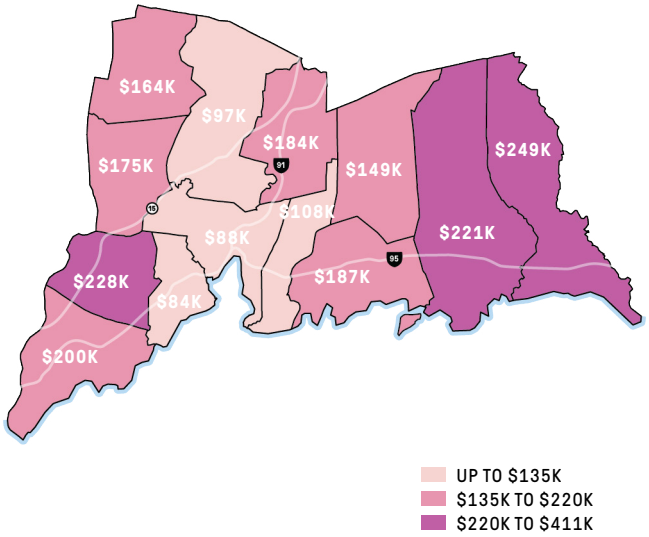
Similarly, tax dollars fund municipal schools, and in towns with smaller tax bases, per-pupil spending is lower. This fuels the gaps between wealthy and less-wealthy school districts. There is also a positive relationship between more school funding and adults believing that their area is a good place to raise children. New Haven spends $18,000 per pupil per year and 46 percent of adults think it is a good place to raise kids, while Hamden spends $20,000 per pupil per year and 69 percent think it is a good place to raise kids (SEE FIGURE 8C, TABLE 8B).

Urban residents enjoy more stores within walking distance as well as greater sidewalk connectivity and walkability. More than three-quarters of adults in New Haven say they have stores within walking distance in their neighborhoods, but roughly half of them report that the quality of available produce is poor, suggesting the quality of those stores matters as well as walkability. Municipal dollars are also used to fund recreational facilities like parks, community centers, and off-street walking and biking trails. Towns with higher per capita grand lists often have higher levels of satisfaction with those facilities in their area (SEE TABLE 8C). DH

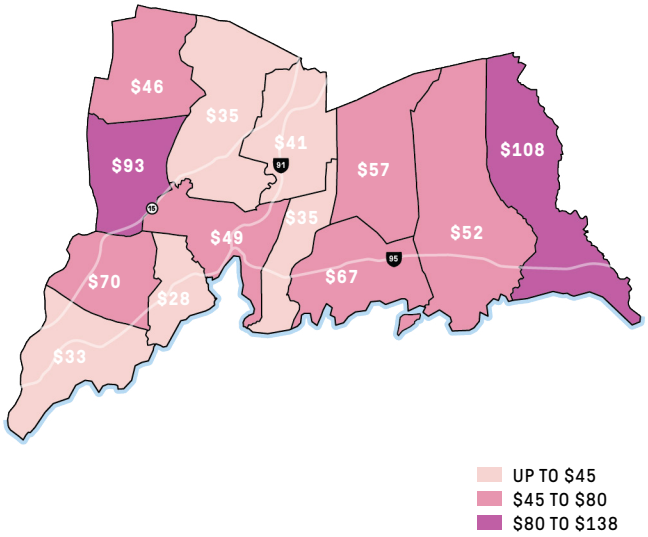
FIGURE 8C

Wealthier towns net more income from property values and often spend more on libraries and education

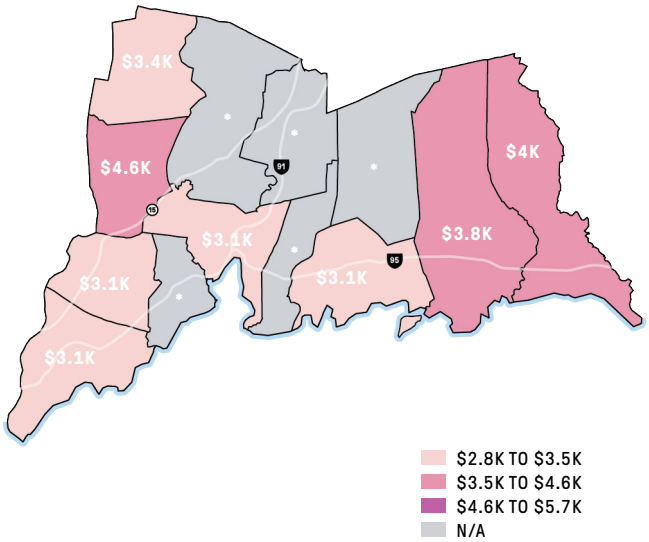
EQUALIZED NET GRAND LIST PER CAPITA, 2020



LIBRARY EXPENDITURE PER CAPITA, 2020–2021



MUNICIPAL EXPENDITURES BY DAYTIME POPULATION, 2020



SCHOOL SPENDING PER PUPIL FOR ACADEMIC YEAR 2020–21

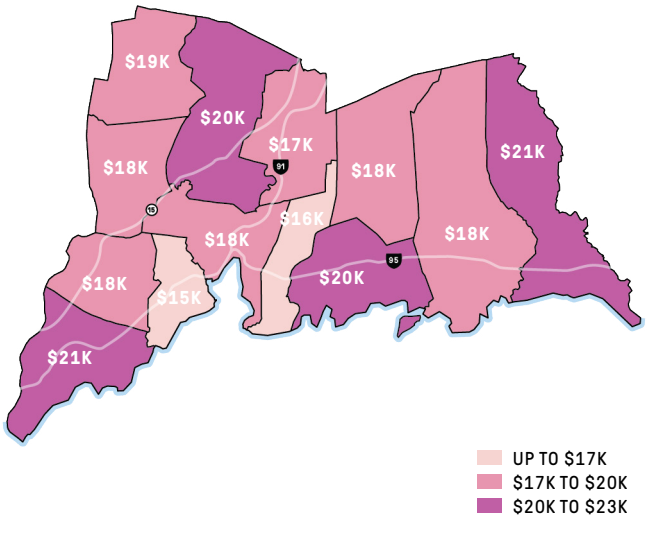


TABLE 8C

Views of local community assets

SHARE OF ADULTS, GREATER NEW HAVEN, 2021

LOCATION	GOOD PARKS	HIGH QUALITY RECREATIONAL FACILITIES	SAFE BIKING	STORES IN WALKING DISTANCE	AFFORDABLE, HIGH QUALITY PRODUCE
Connecticut	78%	74%	68%	56%	76%
Greater New Haven	75%	73%	71%	65%	74%
New Haven	59%	73%	71%	78%	54%
BY DEMOGRAPHIC WITHIN GREATER NEW HAVEN					
Male	75%	75%	72%	67%	74%
Female	76%	73%	70%	63%	73%
Ages 18-34	65%	73%	77%	74%	65%
Ages 35-49	74%	73%	64%	63%	72%
Ages 50-64	78%	74%	67%	58%	73%
Ages 65+	85%	77%	72%	57%	85%
White	82%	77%	69%	60%	79%
Black	60%	67%	71%	74%	65%
Latino	63%	70%	69%	70%	57%
High school or less	68%	66%	69%	65%	69%
Some college or Associate's	72%	72%	75%	64%	72%
Bachelor's or higher	80%	79%	69%	63%	77%
<$30K	61%	69%	65%	75%	66%
$30K-$100K	76%	77%	74%	67%	69%
$100K+	83%	77%	70%	52%	86%
Kids in home	72%	72%	68%	60%	73%
No kids	78%	74%	71%	65%	75%

Policing and Criminal Justice

Many aspects of the criminal justice system—from policing to court proceedings to incarceration and sentencing—disparately affect Black and Latino communities across both adult[139] and juvenile systems.[140] While Connecticut has been lauded for criminal justice reforms made over the past decade, these reforms have not been felt equally.[141]

Annual surveys from the Bureau of Justice Statistics find that Black people were over 10 times more likely than white people to report that their most recent contact with police involved some form of misconduct, including bias, use of slurs, or sexual misconduct.[142] Even when residents initiate contact with police, Black and Latino residents are less likely to report feeling satisfied with the police response.[143,144]

Statewide and within Greater New Haven, white and higher-income adults see their local police much more favorably than Black, Latino, and lower-income adults do. According to the 2021 DataHaven Community Wellbeing Survey, 76 percent of white adults in Greater New Haven rated the job done by local police as excellent or good, compared to 45 percent of Black adults and 54 percent of Latino adults. Similar trends are seen at the town level, where views of the same department differ. In New Haven, 49 percent of white adults approve of the police, compared to 42 percent of their Black neighbors and only 35 percent of Latino adults (SEE CHAPTER 7 FOR ADDITIONAL DISCUSSION OF PUBLIC SAFETY).[145]

Ten percent of white adults in Greater New Haven, 31 percent of Black adults, and 13 percent of Latino adults reported having been unfairly stopped, mistreated, or abused by police. Fourteen percent of Black adults and 4 percent of Latino adults said this had happened to them multiple times within the past three years, compared to only 1 percent of white adults.[146]

A major review of literature finds connections between Black youth contact with police and a variety of adverse health behaviors and outcomes, including anxiety, aggression, coping behaviors such as drug use, and self-isolation.[147] These feelings can arise from witnessing another person's experiences, and ripple through families, communities, and even across social media.[148] DH

Incarceration

Similar to nationwide trends, Connecticut's incarceration rate skyrocketed from the late 1970s through the early 2000s.[149] Since then, Connecticut has enacted a variety of prison reform measures and now has among the lowest incarceration rates of any U.S. state, leading to the closure of several adult and juvenile facilities,[150,151] yet disparities persist.[152]

One major recent change is Connecticut's end of prison gerrymandering, the practice of counting incarcerated people as residents of the place where they are incarcerated rather than the place where they will most likely return upon release. In its decennial data, the Census Bureau counts prisoners where they are incarcerated, then gives this to state legislatures for redistricting. Using these data skews the allocation of state legislators, funding, and other resources tied to these population counts[153] in favor of areas where prisons are located and against places where incarcerated people will be returning to, penalizing their entire neighborhoods.[154] Such resources could help prevent criminal justice involvement and incarceration in the first place. Under a 2021 law and starting with the 2020 data, Connecticut now draws its legislative boundaries based on last known residence of incarcerated people. The difference between these numbers can be dramatic: in some towns, as many as one in 10 residents reported by the Census are actually people held in prisons there (SEE FIGURE 8D, TABLE 8D).[155]

Twenty-nine percent of Greater New Haven adults and 44 percent of adults in New Haven say a member of their immediate family has been jailed for at least one night. Regionally, rates are highest among Black adults (47 percent), Latino adults (40 percent), and adults with incomes under $30,000 (41 percent).[156]

After being released from prison, people reentering their communities can find it difficult to get a job, find housing, reunite with family, and obtain documents like drivers' licenses.[157] Meanwhile, the state requires people to pay back some costs of their incarceration, leaving them saddled with debt. These fees are the subject of policies targeted for reforms,[158,159] as they may contribute to recidivism. Of the people released from Connecticut prisons in 2018, 44 percent had returned to prison within the next 36 months.[160] DH

FIGURE 8D

In some neighborhoods, more than 1 in 100 residents are incarcerated and counted as living elsewhere

ESTIMATED INCARCERATION RATE PER 1,000 PEOPLE BY TRACT OF RESIDENCE, GREATER NEW HAVEN, 2020, WITH CT DEPARTMENT OF CORRECTION (DOC) FACILITIES

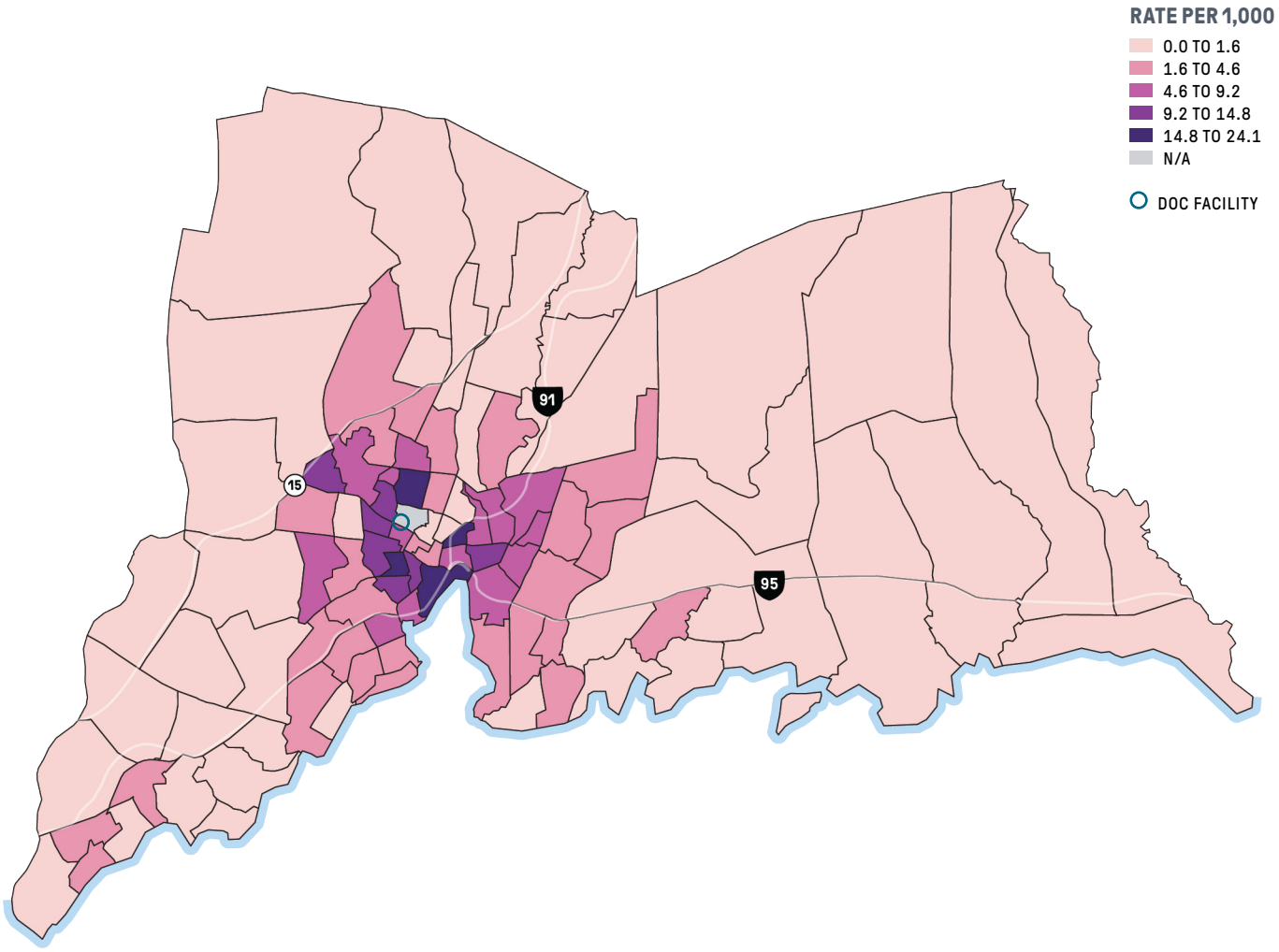


TABLE 8D

Incarceration

ESTIMATED COUNT AND RATE OF INCARCERATED PEOPLE BY TOWN OF RESIDENCE, GREATER NEW HAVEN, 2020

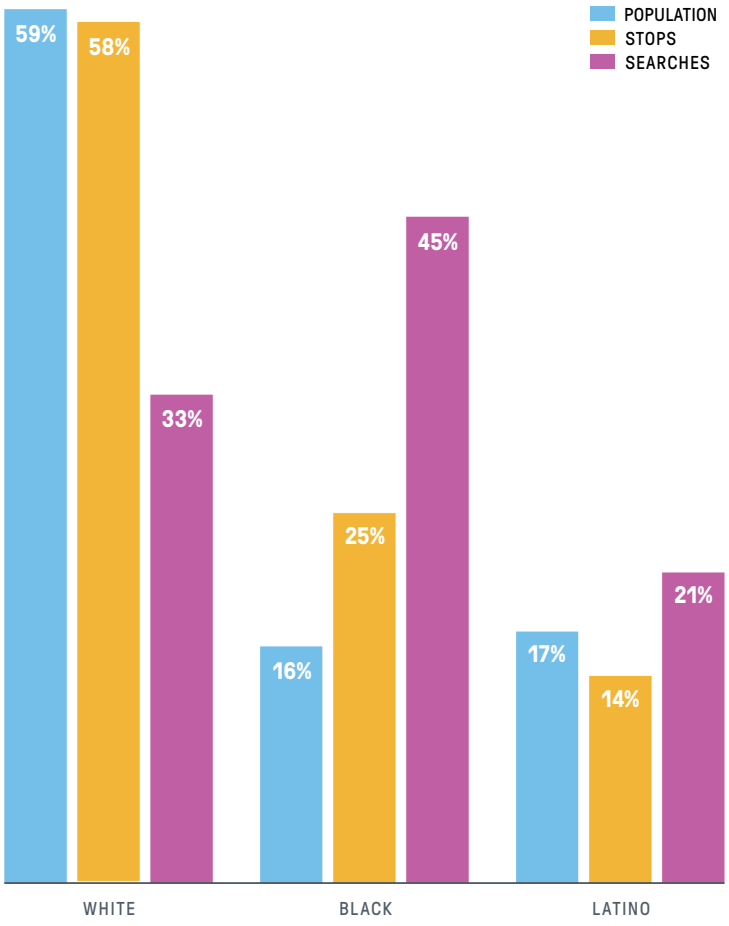
TOWN	INCARCERATED POPULATION	REPORTED CENSUS POPULATION	TOTAL POPULATION, INCL. INCARCERATED	EST. INCARCERATION RATE PER 1,000
Bethany	4	5,297	5,301	0.8
Branford	29	28,273	28,302	1.0
East Haven	63	27,923	27,986	2.3
Guilford	8	22,073	22,081	0.4
Hamden	132	61,169	61,301	2.2
Madison	5	17,691	17,696	0.3
Milford	69	52,044	52,113	1.3
New Haven	1,077	134,023	134,454	8.0
North Branford	12	13,544	13,556	0.9
North Haven	10	24,253	24,263	0.4
Orange	6	14,280	14,286	0.4
West Haven	194	55,584	55,778	3.5
Woodbridge	2	9,087	9,089	0.2

Census populations here may not match town populations reported elsewhere, as tracts with state jails or prisons are excluded from these calculations. See endnotes for more details.

FIGURE 8E

Black residents make up a far larger share of drivers searched by police than their share of the population

SHARE BY RACE OF POPULATION, DRIVERS STOPPED BY POLICE, AND DRIVERS SEARCHED BY POLICE WHERE RACE IS KNOWN, GREATER NEW HAVEN POLICE DEPARTMENTS, 2018–2020



FOCUS: POLICE STOPS

Since 2013, Connecticut's law against racial profiling has required law enforcement agencies to collect and publish data on all traffic stops.[161] Within stops made by Greater New Haven police departments,[162] Black residents are overrepresented,[163] making up 25 percent of traffic stops, compared to 16 percent of the population overall; Latinos are 17 percent of stopped drivers and 14 percent of the population. At the town-level, these gaps are often wider: in several towns, Black people made up less than 5 percent of the population but between 14 and 24 percent of drivers stopped.[164]

Stark disparities also occur in the share of stops that lead to searches: 6 percent of stops of Black drivers and 5 percent of stops of Latino drivers by Greater New Haven departments led to a search, compared to 2 percent of white drivers. While there are various reasons for stopping and searching a car, stops related to tinted windows, expired registration, and display of license plates are most strongly associated with the driver's race, with Black and Latino drivers much more likely to be searched than white drivers stopped for the same offenses. Yet these searches show that it is actually white drivers on whom contraband is most commonly found: among Greater New Haven departments, 29 percent of searches of white drivers, 20 percent of searches of Black drivers, and 23 percent of searches of Latino drivers turned up some type of contraband.[165]

Despite the clear disparities when looking at these average measures, pinpointing exactly where, when, and how racial profiling occurs on a local level—if it does occur—is not so straightforward. Throughout the region, Black and Latino drivers are more likely to be pulled over in majority-white neighborhoods than to actually live in them; that is, while these drivers may be pulled over in a variety of types of neighborhoods, there is a pattern of them being pulled over in neighborhoods where they stand out.[166] Race and ethnicity certainly play a role in patterns of police stops, at the very least insofar as there seem to be measurable disparate effects on Black and Latino drivers, but how exactly those effects play out warrants more study.[167]

CHAPTER 9

Conclusion and Endnotes

Conclusion

Health, education, housing, transportation and public safety are so often treated as distinct areas of public policy, but together they crucially shape the lives of residents and their communities. While some have more direct connections to well-being—such as access to healthcare and food security—others may be less obvious—such as mass incarceration, housing stability, and feelings of safety and trust.

In the first chapter, we combine survey data from the U.S. Census Bureau with DataHaven's in-depth interviews completed by tens of thousands of randomly selected Connecticut residents. Together, these sources provide a first-hand view of residents' lives, and the way that housing, healthcare, and education affect their overall happiness and satisfaction with life. By combining traditional indicators of government services and the economy with these measures of evaluative well-being, we can augment our understanding of factors that are responsible for differences in quality of life in the region.

There is, however, never enough space to discuss every aspect of well-being for every community. Data limitations also present a challenge. Data collection is never objective. Decisions that agencies make when they define and gather data can lead to inaccuracies or unintentional biases. Survey sample sizes can limit the availability of point-in-time information about smaller populations. The imperfections of survey questions that capture information on complex topics such as race, tribal affiliation, sexual orientation, gender identity, language, immigration status, and disability—or the omission of such questions altogether—can prevent everyone from having the information they need about themselves and how social conditions affect them. Further information about communities and population groups throughout Connecticut may be found in our reports (https://www.ctdatahaven.org/reports), including previous editions of this publication and our Town Equity Reports, or by contacting DataHaven directly. Ultimately, creating more meaningful community-level information requires investment in policy and systems-level reforms and strengthened data collection.

This report examines present residents' well-being, but many of the underlying forces shaping that have been in play for generations. Some of our previous reports have explored historical and cultural factors in more detail; these issues require interdisciplinary analysis, storytelling, and approaches to promote healing across entire communities. Likewise, it is vital for policymakers to look beyond current trends and consider how present conditions may influence future generations' well-being. With a more holistic view, some issues—such as reducing adverse childhood experiences linked to eviction, job loss, incarceration, and other family experiences—become more urgent. Today's decisions relating to the built environment could profoundly affect our towns and cities for many generations. Centuries of structural inequities fueled by white supremacy have perpetuated and continue to shape community-level differences, many of which have been illuminated by the past three years of the pandemic and its fallout. Residents and policymakers should prioritize these areas for the sake of future generations' well-being.

We are grateful to the Advisory Council and residents who participated in interviews and focus groups, which helped to validate which issues were of greatest concern within each community. Likewise, support from funders and statistics produced by government agencies made our work possible. We hope policymakers and elected officials—and furthermore, nonprofits, residents, activists, and community organizations—can use this report to understand how their own communities fit into the larger tapestry of the region. We invite you to expand it beyond its limitations and use it in innovative ways. DH

SECTION 1. NOTES ON FIGURES AND TABLES

GENERAL NOTE ON GEOGRAPHY

Greater New Haven is made up of 13 towns within New Haven County: Bethany, Branford, East Haven, Guilford, Hamden, Madison, Milford, New Haven, North Branford, North Haven, Orange, West Haven, and Woodbridge. Within this, we often compare New Haven to its Inner Ring suburbs (East Haven, Hamden, and West Haven) and its Outer Ring suburbs (Bethany, Branford, Guilford, Madison, Milford, North Branford, North Haven, Orange, and Woodbridge). When possible, we also highlight larger individual towns, often New Haven, the Inner Ring towns, and Milford.

Analyses of public use microdata sample (PUMS) data throughout the report are done for combinations of public use microdata areas (PUMAs), the smallest geographic unit for which PUMS data is available. No combination of PUMAs line up with the town boundaries of Greater New Haven exactly. Instead, we use a proxy of the Connecticut PUMAs with FIPS codes 00902, 00903, 00904, 00905, and 00906. These are then weighted to account for the share of each PUMA within the region. In cases where only county-level data are available or are most convenient, we may use New Haven County instead.

GENERAL NOTE ON DATAHAVEN COMMUNITY WELLBEING SURVEY

One of the major sources used in this report is the DataHaven Community Wellbeing Survey (DCWS), which conducts live interviews with randomly-selected adults in all 169 Connecticut towns. This report focuses on data from the most recent DCWS, which was carried out from May to December 2021, during which 9,139 adults were interviewed, and again in August 2022, during which 1,196 adults were interviewed. Large surveys were also fielded in 2012, 2015, 2018, and 2020. Questions on the DCWS 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 DCWS estimates are weighted in order to accurately represent the underlying adult population within each region, town, or neighborhood. In many cases and where sample sizes allow, data are disaggregated by geographic area and self-reported demographic groups such as age, gender, education, race or ethnicity, and income. For more information and crosstabs of data, see https://www.ctdatahaven.org/wellbeingsurvey

GENERAL NOTE ON PUBLIC USE MICRODATA SAMPLES (PUMS) ANALYSIS

In several cases, the specific analyses we wanted to do were not possible using published data, most commonly data from the U.S. Census Bureau American Community Survey. For this reason, the Census Bureau and other sources publish public use microdata samples (PUMS) at the individual respondent level. Analysis of PUMS data involves weighting survey responses to reflect overall population demographics. In many cases, PUMS data were accessed via IPUMS, Ruggles, S., Flood, S., Goeken, R., Schouweiler, M., & Sobek, M. (2022). IPUMS USA: Version 12.0 [dataset]. IPUMS. https://doi.org/10.18128/D010.V12.0.

Chapter 1. Introduction and Community Index

TABLE 1A. QUALITY OF LIFE RANKINGS FOR NEW ENGLAND AND NEW YORK

State rankings for the six states in New England plus New York were compiled from multiple sources, including: 1) Lewis, K. & Gluskin, R. (2018). Measuring America: Ten Years and Counting. Measure of America, Social Science Research Council. 2) Opportunity Nation. (2020). Opportunity Index 2019. https://opportunityindex.org 3) Education Week. (2021). Quality Counts 2021. https://www.edweek.org/leadership/quality-counts-2021-grading-the-states 4) Bloomberg. Innovation Index (2020). Bloomberg analysis of data from Bureau of Economic Analysis, Bureau of Labor Statistics, National Science Foundation, U.S. Census, U.S. Patent and Trademark Office & Bloomberg data. 5) United Health Foundation. (2021). America's Health Rankings 2021. americashealthrankings.org 6) Prosperity Now. (2020). Prosperity Now Scorecard 2020. https://scorecard.prosperitynow.org/reports#report-state-profile

TABLE 1B. DATAHAVEN COMMUNITY INDEX, 2015–2020

DataHaven analysis (2022). The 8 indicators used in the Community Index include: (1) homeownership rate; (2) the share of adults ages 25 and up with a high school education or more; (3) labor force participation for the population ages 25 to 44; (4) the share of workers whose commutes as 30 minutes or less; (5) housing cost burden, or the share of households paying 30 percent or more of their income towards housing costs; (6) low-income rate, or the share of the population living in a household with an income less than two times the federal poverty level; (7) the share of children living in poverty; and (8) the share of the population with health insurance.

The Community Index assigns each of the 8 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. In addition to major geographic regions and large towns, values were calculated for lower- and higher-income census tracts in the largest towns.

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.

All data are from the U.S. Census Bureau American Community Survey (ACS) 2015 and

2020 5-year estimates, Tables B08303, Travel Time to Work; B15002, Sex by Educational Attainment for the Population 25 Years and Over; B17001, Poverty Status in the Past 12 Months by Sex by Age; B17024, Age by Ratio of Income to Poverty Level in the Past 12 Months; B18135, Age by Disability Status by Health Insurance Coverage Status; B23001, Sex by Age by Employment Status for the Population 16 Years and Over; B25015, Tenure by Age of Householder by Occupants per Room; 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.

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 DataHaven's Community Wellbeing Survey. The average (mean) of the 8 scaled indicators represents the area's Community Index score. Five-year averages for 2011–2015 and 2016–2020 were used because they represent non-overlapping estimate ranges.

For "high" and "low" income neighborhoods in select Connecticut cities, the five wealthiest and five poorest tracts were grouped together.

FIG 1A. INDEX SCORE BY TOWN, 2020

SEE TABLE 1B

TABLE 1C. DATAHAVEN COMMUNITY INDEX AND ITS COMPONENTS, 2020

SEE TABLE 1B

FIG 1B. PERSONAL WELLBEING INDEX (2021) VERSUS COMMUNITY INDEX SCORES (2020)

SEE TABLE 1B

TABLE 1D. DATAHAVEN INDEX SCORES

SEE TABLE 1B AND FIG 1B

FIG 1C. SHARE OF ADULTS REPORTING BEING SATISFIED WITH LIFE BY INCOME AND DEMOGRAPHIC GROUP, CONNECTICUT, 2015–2021

DataHaven analysis (2022) of questions from the 2015, 2018, and 2021 DataHaven Community Wellbeing Survey. Respondents were asked how satisfied they are with their lives, and are considered satisfied if they answered "mostly" or "completely" satisfied.

FIG 1D. SHARE OF ADULTS REPORTING BEING SATISFIED WITH LIFE BY SELECT EXPERIENCES, CONNECTICUT, 2015–2021

SEE FIG 1C Additional survey questions were used to determine life experiences. These include questions pertaining to household income, financial security, self-rated health, social support, food security, trust in neighbors, employment status, access to a car, and whether the respondent received medical care when needed.

Chapter 2. Population

TABLE 2A. POPULATION AND GROWTH, 2010–2020

DataHaven analysis (2022) of U.S. Census Bureau 2010 and 2020 Decennial Census Redistricting Data, Table P2. Hispanic or Latino, and Not Hispanic or Latino by Race.

TABLE 2B. CHARACTERISTICS BY RACE/ETHNICITY AND ORIGIN, 2020

DataHaven analysis (2022) of U.S. Census Bureau 2010 and 2020 Decennial Census Redistricting Data, Table P2. Hispanic or Latino, and Not Hispanic or Latino by Race; and U.S. Census Bureau American Community Survey 2020 5-year estimates, Table B05001, Nativity and Citizenship Status in the United States. Percent foreign-born is calculated based on populations from the American Community Survey, and may not exactly match what would be expected based on the redistricting population.

FIG 2A. SHARE OF POPULATION BY RACE/ETHNICITY, 1980–2020

DataHaven analysis (2022). 2020 values are from U.S. Census Bureau 2020 Decennial Census Redistricting Data, Table P2. Hispanic or Latino, and Not Hispanic or Latino by Race. 1980 values are from the Neighborhood Change Database (NCDB), a dataset developed by GeoLytics and the Urban Institute with support from the Rockefeller Foundation (2012). The NCDB is designed to hold neighborhood-level geographic boundaries constant over time, and is used for historical figures several times in this document.

FIG 2B. POPULATION BY RACE/ETHNICITY AND AGE, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year estimates, Table B01001, Sex by Age, and subtables by race/ethnicity.

FIG 2C. SHARE OF POPULATION BY NEIGHBORHOOD INCOME LEVEL, 2020

DataHaven analysis (2022) of household income and population data by census tract from the Neighborhood Change Database. For detail on NCDB, SEE FIG 2A. 2020 values are calculated from U.S. Census Bureau American Community Survey 2020 5-year estimates Tables B01003, Total Population; B19025, Aggregate Household Income in the Past 12 Months (in 2020 Inflation-Adjusted Dollars); and B25003, Tenure. Neighborhood income categories are determined by comparing average household income by census tract to the state average household income, using ratios described in the table to the right of the figure. The percent of total population living in each neighborhood income category is compared across decades to illustrate change in neighborhood inequality.

FIG 2D. SHARE OF HOUSEHOLDS BY HOUSEHOLD TYPE, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year estimates, Tables B11001, Household Type (Including Living Alone); and B11003, Family Type by Presence and Age of Own Children Under 18 Years.

FIG 2E. NUMBER OF RESIDENTS BY PLACE OF BIRTH, 2000 AND 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2000 and 2020 5-year public use microdata sample (PUMS) data. See general note on PUMS analysis. Additionally, world regions were standardized using Natural Earth, a public domain geographic dataset supported by the North American Cartographic Information Society.

Natural Earth data were accessed via South, A. (2022). Rnaturalearth: World map data from natural earth [Computer software].

FIG 2F. HIGH/LOW CLASSIFICATION OF MEAN HOUSEHOLD INCOME AND RACIAL/ETHNIC DIVERSITY BY CENSUS TRACT, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year estimates Tables B03002, Hispanic or Latino Origin by Race; B19025, Aggregate Household Income in the Past 12 Months (in 2020 Inflation-Adjusted Dollars); and B25003, Tenure.

The measure of racial/ethnic diversity used here is a localized version of the Shannon-Wiener diversity index and implemented with Tivadar, M. (2019). OasisR: An R package to bring some order to the world of segregation measurement. Journal of Statistical Software, 89, 1–39. https://doi.org/10.18637/jss.v089.i07. Put simply, a diversity index such as this one measures how heterogeneous an area is, where a value of 0 would mean all residents are of one group, and a value of 1 would mean all possible groups are present in equal proportions. High/low classifications are then calculated as a bivariate local Moran's I index; this type of index identifies the locations of clusters, where values in one tract are either much higher or much lower than the average, and where that tract is neighbored by other tracts with similarly high or low values. Implementation is based on Anselin, L. (1995). Local indicators of spatial association—LISA. Geographical Analysis, 27(2), 93–115. https://doi.org/10.1111/j.1538-4632.1995.tb00338.x; and Anselin, L. (2019). A local indicator of multivariate spatial association: Extending Geary's c. Geographical Analysis, 51(2), 133–150. https://doi.org/10.1111/gean.12164

FIG 2G. AVERAGE RACIAL/ETHNIC MAKEUP OF A RESIDENT'S NEIGHBORS, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year estimates Tables B03002, Hispanic or Latino Origin by Race. Neighborhood makeup is conceptualized as a spatial index of exposure or interaction, a measure of the likelihood that people of two groups live in the same area. These indices are calculated from the perspective of a member of each group, such that there is a set of values with respect to the average white resident, a set of values for the average Black resident, and so on. Isolation is a subset of these interaction indices, giving the likelihood that a person of one group lives near another person of that same group. Implementation is done with Hong, S.-Y., & O'Sullivan, D. (2019). seg: Measuring spatial segregation (Version 0.5-7) [Computer software]. https://CRAN.R-project.org/package=seg based on Reardon, S. F., & O'Sullivan, D. (2004). 3. Measures of spatial segregation. Sociological Methodology, 34(1), 121–162. https://doi.org/10.1111/j.0081-1750.2004.00150.x

Chapter 3. Economic Security

FIG 3A. MEDIAN HOUSEHOLD INCOME IN 2020 DOLLARS, 1980–2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year estimates Table B19013, Median Household Income in the Past 12 Months (In 2020 Inflation-Adjusted Dollars). 1980 values come from the 1980 Decennial Census and were obtained from IPUMS NHGIS, a database maintained by the Institute for Social Research and Innovation at the University of Minnesota. Inflation adjustments were made using the consumer price index for all urban consumers.

FIG 3B. POVERTY RATE BY FAMILY TYPE AND AGE OF HOUSEHOLDER, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year estimates Table B17017, Poverty Status in the Past 12 Months by Household Type By Age of Householder.

TABLE 3A. POVERTY AND LOW-INCOME RATES, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year estimates Table B17024, Age by Ratio of Income to Poverty Level in the Past 12 Months. Low income is defined as individuals living in households where the household income is less than two times (200 percent of) the federal poverty level.

FIG 3C. SHARE OF ADULTS REPORTING FOOD INSECURITY BY RACE/ETHNICITY AND PRESENCE OF CHILDREN, CONNECTICUT, 2015–2022

DataHaven analysis (2022) of the 2015, 2018, 2020, 2021, and 2022 waves of the DataHaven Community Wellbeing Survey. Food insecurity is defined as having been unable to support food for oneself or one's family at any point in the past 12 months. For years with smaller sample sizes (i.e. 2020 and 2022) only statewide values are available.

FIG 3D. SHARE OF HOUSEHOLDS WITHOUT VEHICLE ACCESS BY NUMBER OF WORKERS AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year public use microdata sample (PUMS) data. SEE GENERAL NOTE ON PUMS ANALYSIS Households included here are those with at least one member between ages 25 and 64.

When discussing race and ethnicity of households, values are based on the race/ethnicity of the person designated as head of household when filling out the census, which may differ from other members of the household.

TABLE 3B. FINANCIAL SECURITY, 2021

DataHaven analysis (2022) of questions from the 2021 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. 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. Adults without car access report not having access to a car when they need one. SEE GENERAL NOTE ON THE COMMUNITY WELLBEING SURVEY

TABLE 3C. INTERNET ACCESS, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year estimates, Table B28004, Household Income in the Last 12 Months (in 2020 Inflation-Adjusted Dollars) by Presence and Type of Internet Subscription in Household.

FIG 3E. SHARE OF RESIDENTS WITH DEBT IN COLLECTIONS BY MAJORITY RACE/ETHNICITY OF ZIP CODE, 2021

DataHaven analysis (2022) of data from the Debt in America study, which provides statistics based on a 4 percent nationally representative sample of five million consumer records. The data were obtained from a major credit bureau and compiled by researchers at the Urban Institute. Consumer-level information was aggregated to the zip code level and joined with demographic data from the 2020 American Community Survey 5-year estimates.

Chapter 4. Housing

FIG 4A. MEDIAN HOUSING VALUE BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year public use microdata sample (PUMS) data. Included here are households occupied by the owner(s). SEE GENERAL NOTE ON PUMS ANALYSIS / SEE FIG 3D FOR DETAILS ON RACE/ETHNICITY OF HOUSEHOLDS

TABLE 4A. HOMEOWNERSHIP, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year estimates, Tables B25003, Tenure; B25003B, Tenure (Black or African American Alone Householder); B25003H, Tenure (White Alone, Not Hispanic or Latino Householder); B25003I, Tenure (Hispanic or Latino Householder); and B25003D, Tenure (Asian Alone Householder).

FIG 4B. REJECTED SHARE OF MORTGAGE APPLICATIONS BY INCOME AND RACE/ETHNICITY OF MAIN APPLICANT, 2021

DataHaven analysis (2022) of 2021 Home Mortgage Disclosure Act data, a dataset of loan-level information about mortgages. The Home Mortgage Disclosure Act requires that financial institutions maintain and disclose mortgage information. This data is collected and compiled by the Federal Financial Institutions Examination Council. The public data are altered to protect applicant confidentiality. DataHaven used three fields from this data: applicant race and ethnicity, applicant income, and application outcome. Application data were aggregated to the county level.

TABLE 4B. AVERAGE RENT, 2018–2022

DataHaven analysis (2022) of the Zillow Observed Rent Index (ZORI), created by Zillow. ZORI is a weighted mean of the rental housing stock. Weights are used to account for differences between Zillow's rental housing and the entire market. Rental unit price changes are used to account for differences between the rental housing stock and what is available to rent at a given point in time. Metropolitan statistical area (MSA)-level ZORI estimates were used for this analysis.

FIG 4C. HOMEOWNERSHIP RATE BY HOUSEHOLD INCOME QUINTILE, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year public use microdata sample (PUMS) data. Income quintiles are based on U.S. Census Bureau American Community Survey 2020 5-year estimates, Table B19080, Household Income Quintile Upper Limits. SEE GENERAL NOTE ON PUMS ANALYSIS

FIG 4D. PERCENT CHANGE IN MEDIAN HOME PRICES AND MONTHLY RENT BY COUNTY, 2018–2022

DataHaven analysis (2022) of the Zillow Observed Rent Index (ZORI), created by Zillow. SEE TABLE 4B FOR DETAILS ON ZORI Home price change estimates are based on the house price index (HPI) from the Federal Housing Finance Agency. HPI is a measure of change in single family house prices. HPI is computed by taking a weighted average of price changes based on repeat sales or refinancings on the same property.

FIG 4E. COST-BURDEN RATES BY TENURE AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year public use microdata sample (PUMS) data. SEE GENERAL NOTE ON PUMS ANALYSIS / SEE FIG 3D FOR DETAILS ON RACE/ETHNICITY OF HOUSEHOLDS

FIG 4F. AVERAGE HOUSING VALUE BY TOWN, 2022

DataHaven analysis (2022) of the Zillow Home Value Index (ZHVI), created by Zillow. The ZHVI is a weighted mean based on Zestimates for over 100 million homes, including new constructions and homes that have been off the market for several years. Home values are smoothed to account for short-term fluctuations in the housing market and seasonally adjusted. ZHVI is available at the ZIP code level. DataHaven computed town-level estimates by using a zip code-to-town crosswalk, which is based on the Census Bureau's ZIP code tabulation area to county subdivision relationship file.

TABLE 4C. SEVERE COST BURDEN AND EVICTION

DataHaven analysis (2022). Severe cost burden values are from U.S. Census Bureau American Community Survey 2020 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. Eviction filings are from Hepburn, P., Louis, R., & Desmond, M. (2020). Eviction Tracking System: Version 1.0 [Dataset]. Princeton University. https://evictionlab.org. Households are considered severely cost-burdened when they spend at least 50 percent of their income on housing costs. The Eviction Lab collects records of "formal" eviction filings and evictions of renters. The former are eviction orders officially filed in court, while the latter are evictions that are fully carried out. These do not include "informal" evictions, where a landlord makes a tenant leave without going through the court system. It is possible for eviction orders to be filed multiple times against a single address in a year; these would be counted multiple times in the data.

FIG 4G. MONTHLY EVICTION FILINGS, JAN 2020–OCT 2022

SEE TABLE 4C

The federal government placed a moratorium on evictions from March 2020 through July 2021 (see the majority opinion of a ruling by the Supreme Court to end the moratorium https://www.supremecourt.gov/opinions/20pdf/21a23_ap6c.pdf). Connecticut had issued an eviction moratorium which ended a month earlier (https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/Rent-and-Eviction).

The prepandemic monthly average was computed by taking the average of each month's baseline eviction count, which is the average of that month's eviction count for each year from 2017 to 2019.

TABLE 4D. HOUSING CONSTRUCTION, 2018–2021

SEE FIG 4H FOR INFORMATION ON CONSTRUCTION PERMIT DATA Permit counts per 10K households were estimated using household counts from U.S. Census Bureau American Community Survey 2020 5-year estimates, Table B25003, Tenure.

FIG 4H. YEARLY AVERAGE HOUSING CONSTRUCTION PERMITS BY TYPE OF STRUCTURE, 2002–2021

DataHaven analysis (2022) of 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.

Chapter 5. Youth and Education

TABLE 5A. K-12 ACHIEVEMENT

DataHaven analysis (2022) of data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov. 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 third-grade students taking each test who passed. Graduation rates presented are four-year cohort graduation rates, giving the percentage of students in the graduating class of 2021 who earned a high school diploma alongside the cohort with which they started 9th grade. Suspensions and SBAC proficiency rates are from the 2021–22 school year.

FIG 5A. SHARE OF STUDENTS CHRONICALLY ABSENT BY RACE/ETHNICITY AND ELIGIBILITY FOR FREE/REDUCED PRICE MEALS, 2015–16 TO 2022–23 SCHOOL YEARS

DataHaven analysis (2023) of data from the Connecticut State Department of Education (CTSDE), accessed via EdSight at http://edsight.ct.gov. 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. For some groups, CTSDE makes available a preliminary chronic absenteeism rate through the end of December; these are shown with a dashed line where available. 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. Greater New Haven values include Regional School District 5, comprised of middle and high school students from Bethany, Orange, and Woodbridge.

FIG 5B. GRADE 8 ENGLISH/LANGUAGE ARTS SBAC PASS RATES, PRE-2020 AVERAGE VERSUS 2021–22 SCHOOL YEAR

DataHaven analysis (2022) of data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov. Because schools were online or in hybrid mode early in the COVID-19 pandemic, statewide testing was canceled in the 2019–20 school year and waived for 2020–21. Pre-2020 averages are made up of all the years prior to the cancellation that the SBAC was administered, those being 2014–15 through 2018–19.

FIG 5C. NUMBER AND PERCENTAGE OF STUDENTS ENROLLING IN, PERSISTING IN, AND GRADUATING FROM COLLEGE OF PUBLIC HIGH SCHOOL GRADUATES, CLASSES OF 2014 AND 2018

DataHaven analysis (2022) 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 are shown here, which are the high school graduating class of 2018 for graduation, enrollment, and persistence rates, and the class of 2014 for degree attainment rates.

FIG 5D. NON-WHITE SHARE OF STUDENTS AND EDUCATORS BY DISTRICT, 2021–22 SCHOOL YEAR WITH LINE SHOWING EQUAL SHARES OF STUDENTS AND EDUCATORS

DataHaven analysis (2022) of data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov.

TABLE 5B. STUDENT AND TEACHER DIVERSITY

DataHaven analysis (2022) of data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov.

Chapter 6. Economy

TABLE 6A. JOBS BY SECTOR

DataHaven analysis (2022) of U.S. Census Bureau Quarterly Workforce Indicators, available at http://qwiexplorer.ces.census.gov at county level. Industries are categorized based on the North American Industry Classification System (NAICS).

FIG 6A. MEDIAN EARNINGS BY MAJOR OCCUPATION GROUP, SEX, AND RACE/ETHNICITY, ADULTS AGES 25+ WORKING FULL-TIME, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year public use microdata sample (PUMS) data. Occupation groups are based on the Census Bureau's 2018 standardization available at https://www.census.gov/topics/employment/industry-occupation/guidance/code-lists.html. SEE FIG 6B FOR DEFINITION OF FULL-TIME EARNINGS / SEE GENERAL NOTE ON PUMS ANALYSIS

FIG 6B. MEDIAN EARNINGS BY SEX AND RACE/ETHNICITY, ADULTS AGES 25+ WORKING FULL-TIME, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year public use microdata sample (PUMS) data. Included here are adults ages 25 and older who worked an average of 35 hours or more for 50 weeks or more in the previous 12 months and had positive earnings. SEE GENERAL NOTE ON PUMS ANALYSIS

FIG 6C. MEDIAN EARNINGS BY MAJOR OCCUPATION GROUP, SEX, AND EDUCATIONAL ATTAINMENT, CONNECTICUT ADULTS AGES 25+ WORKING FULL-TIME, 2020

SEE FIG 6A Due to small sample sizes within some groups, only values for Connecticut as a whole are shown.

FIG 6D. SHARE OF ADULTS AGES 25+ BY HIGHEST EDUCATIONAL ATTAINMENT AND RACE/ETHNICITY, 2020

SEE TABLE 6B

TABLE 6B. EDUCATIONAL ATTAINMENT, 2020

DataHaven analysis (2022) of U.S. Census Bureau American Community Survey 2020 5-year estimates, Tables B15003, Educational Attainment for the Population 25 Years and Over; C15002H, Sex by Educational Attainment for the Population 25 Years and Over (White alone, not Hispanic or Latino); C15002B, Sex by Educational Attainment for the Population 25 Years and Over (Black or African American); C15002I, Sex by Educational Attainment for the Population 25 Years and Over (Hispanic or Latino); and C15002D, Sex by Educational Attainment for the Population 25 Years and Over (Asian alone).

FIG 6E. SHARE OF ADULTS AGES 25+ BY HIGHEST EDUCATIONAL ATTAINMENT AND AGE, SEX, AND RACE/ETHNICITY, 2020

SEE TABLE 6B

Chapter 7. Health

TABLE 7A. BARRIERS TO HEALTHCARE, 2021

DataHaven analysis (2022) of questions from the 2021 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 GENERAL NOTE ON THE COMMUNITY WELLBEING SURVEY

TABLE 7B. EXPERIENCES OF DISCRIMINATION, 2021

DataHaven analysis (2022) of questions from the 2021 DataHaven Community Wellbeing Survey. Survey participants were asked a bank of questions on experiences of discrimination, namely whether at any point in their lives they had been discriminated against or treated unfairly in each of several settings, including workplace hiring and promotion, police encounters, and quality of health care services. SEE GENERAL NOTE ON THE COMMUNITY WELLBEING SURVEY

TABLE 7C. GUN VIOLENCE, 2021 AND 2022

DataHaven analysis (2022) of questions from the 2021 and 2022 DataHaven Community Wellbeing Survey. In 2021, only residents of Bridgeport, Hartford, New Haven, Stamford, and Waterbury were asked about gun violence. In the smaller 2022 wave, these questions were asked of all participants, but the smaller sample size makes town-level values unavailable. Town types are based on the Five Connecticuts model developed in Levy, D., Rodriguez, O., & Villemez, W. (2004). The changing demographics of Connecticut: 1990 to 2000. Part 2: The Five Connecticuts (OP 2004-01). Connecticut State Data Center. SEE GENERAL NOTE ON THE COMMUNITY WELLBEING SURVEY

TABLE 7D. PUBLIC SAFETY, 2021

DataHaven analysis (2022) of questions from the 2021 DataHaven Community Wellbeing Survey. SEE GENERAL NOTE ON THE COMMUNITY WELLBEING SURVEY

TABLE 7E. HEALTH RISK FACTORS, 2021

DataHaven analysis (2022) of questions from the 2021 DataHaven Community Wellbeing Survey. Respondents were asked whether they had ever 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. 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. SEE GENERAL NOTE ON THE COMMUNITY WELLBEING SURVEY

TABLE 7F. BIRTH OUTCOMES, 2016–2018

DataHaven analysis (2022) of data from the Connecticut Department of Public Health Vital Statistics, 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 over the period. Because small numbers are suppressed by the Department to protect privacy, for rare events like infant mortality it is common for many values to be unavailable. Race/ethnicity shown is that of the parent giving birth.

FIG 7A. ANNUALIZED AGE-ADJUSTED HOSPITAL ENCOUNTER RATES PER 10,000 RESIDENTS, 2018–2021

DataHaven analysis (2022) of 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 millions of Connecticut hospital and emergency department encounters incurred by any residents of any town in Connecticut during the study period. 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 Connecticut were captured; therefore, encounters for individuals residing in Connecticut towns bordering other states may be underreported.

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 2018 to 2021 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. Please contact DataHaven for further information.

TABLE 7G. HOSPITAL ENCOUNTERS, 2018–2021

SEE FIG 7A Relative risks are the ratios of New Haven rates divided by Greater New Haven rates.

TABLE 7H. MORTALITY, 2019–2021

DataHaven analysis (2022) of data from the Connecticut Department of Public Health Occurrent Deaths 2015–2021. Retrieved from https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/File-Transfer-Page/Connecticut-DPH-File-Transfer-Page (encrypted). Rates are weighted to a Connecticut standard million (based on 2019 ACS data, calculated by DataHaven). Annualized values for COVID-19 are scaled from the start of the pandemic. For all-cause mortality, all causes of death are summarized. For selected primary causes of death, only major causes and their sub-categories are included.

FIG 7B. AGE-ADJUSTED, ALL-CAUSE MORTALITY RATES (PER MILLION), 2015–2021

SEE TABLE 7H

FIG 7C. ANNUALIZED YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 PER 100,000 RESIDENTS, ALL CAUSES, 2015–2021

SEE FIG 7B Years of potential life lost are calculated by subtracting years of life lost per death until age 75. Data represent annualized averages over the 6 year period of time (COVID-19 is scaled from the start of the pandemic).

TABLE 7I. YEARS OF POTENTIAL LIFE LOST BY CAUSE OF DEATH, 2015–2021

SEE FIG 7C This procedure was carried out for each of the selected major causes of death. Because COVID-19 was not a cause of death in the U.S. until 2020, annualized values are only averaged over 2020 and 2021.

FIG 7D. ANNUALIZED, AGE-ADJUSTED MORTALITY RATE (PER MILLION) FOR COVID-19, BY RACE/ETHNICITY, 2020–2021

SEE FIG 7B

FIG 7E. AGE-ADJUSTED ACCIDENTAL OVERDOSE DEATH RATE PER 1 MILLION RESIDENTS BY RACE, 2012–2021 6-MONTH ROLLING MEAN

DataHaven analysis (2022) of data from the Connecticut Office of the Chief Medical Examiner, available at https://data.ct.gov/resource/rybz-nyjw. Data are given for each individual to have died in Connecticut of a

drug overdose from 2012 to 2021. 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.

TABLE 7J. OVERDOSE DEATHS, 2020–2021

SEE FIG 7E

TABLE 7K. TRAFFIC CRASHES, 2018–2021

DataHaven analysis (2022) of data retrieved from the Connecticut Crash Data Repository, managed by the Connecticut Transportation Safety Research Center at the University of Connecticut. Crash data is based on the information the officer was able to obtain during their investigation. Some information may be incomplete due to lack of evidence for such details. Available at https://www.ctcrash.uconn.edu

Chapter 8. Civic Life

FIG 8A. SHARE OF ELIGIBLE CONNECTICUT VOTERS WHO VOTED IN THE 2016 AND 2020 PRESIDENTIAL ELECTIONS, BY DEMOGRAPHIC GROUP

DataHaven analysis (2022) of U.S. Census Bureau Current Population Survey, 2016 and 2020 P20 Tables 4b and 4c. Available at https://www.census.gov/topics/public-sector/voting/data/tables.html

FIG 8B. SHARE OF ADULTS REPORTING GREAT OR FAIR AMOUNT OF TRUST IN INSTITUTIONS, 2021

DataHaven analysis (2022) of questions from the 2021 DataHaven Community Wellbeing Survey. Survey participants were asked how much they trusted each of several public institutions to look out for their and their family's best interests. Values shown here are the share reporting a great deal or a fair amount of trust. SEE GENERAL NOTE ON THE COMMUNITY WELLBEING SURVEY

TABLE 8A. VIEWS OF LOCAL GOVERNMENT, 2021

DataHaven analysis (2022) of questions from the 2021 DataHaven Community Wellbeing Survey. Influence over local government is the share of adults who felt they have at least a little influence over their local government. Police approval is the share who rate the job done by police to keep residents safe as excellent or good. SEE GENERAL NOTE ON THE COMMUNITY WELLBEING SURVEY

TABLE 8B. VIEWS OF LOCAL RESOURCES, 2021

DataHaven analysis (2022) of questions from the 2021 DataHaven Community Wellbeing Survey. SEE GENERAL NOTE ON THE COMMUNITY WELLBEING SURVEY

FIG 8C. MUNICIPAL SPENDING BY TOWN

DataHaven analysis (2022). Equalized net grand list, municipal expenditures, and school spending data are from the Connecticut Office of Policy and Management, available at https://portal.ct.gov/OPM/Root/Databases/DatabasesResources. Library expenditures are from the Connecticut State Library, available at https://libguides.ctstatelibrary.org/dld/stats. Grand list and library expenditures are each divided by 2020 town populations to get per-capita values. School spending is divided by total enrollment in the 2019–20 school year to get per-pupil values. 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. Daytime populations are calculated based on U.S. Census Bureau American Community Survey 2020 5-year estimates, Tables B01003, Total Population; B08009, Sex of Workers by Place of Work–Minor Civil Division Level for 12 Selected States; and B08604, Worker Population for Workplace Geography.

TABLE 8C. LOCAL COMMUNITY ASSETS, 2021

DataHaven analysis (2022) of questions from the 2021 DataHaven Community Wellbeing Survey. SEE GENERAL NOTE ON THE COMMUNITY WELLBEING SURVEY

FIG 8D. ESTIMATED INCARCERATION RATE PER 1,000 PEOPLE BY TRACT OF RESIDENCE, 2020

Data from Widra, E., Desir, K. M., Ray, K., & Jeter, J. (2022). Where people in prison come from: The geography of mass incarceration in Connecticut. Prison Policy Institute. https://www.prisonpolicy.org/origin/ct/2020/report.html. Under a recent state law, Connecticut now redraws its legislative districts based on population counts that include currently incarcerated people as residents of the place they last lived, while official counts from the 2020 Decennial Census count incarcerated people as residents of the place where they are being held. Researchers at the Prison Policy Institute (PPI) used the gap between these two numbers to estimate the number of people incarcerated from each census tract in the state. The Connecticut Department of Corrections publishes addresses of its prisons available at https://portal.ct.gov/DOC/Miscellaneous/Facilities. Of the facilities currently operating, addresses were geocoded using Google's Geocoding API via Kahle, D., & Wickham, H. (2013). ggmap: Spatial Visualization with ggplot2. The R Journal, 5(1), 144–161. https://doi.org/10.32614/RJ-2013-014.

TABLE 8D. INCARCERATION BY TOWN OF RESIDENCE, 2020

SEE FIG 8D

FIG 8E. SHARE BY RACE/ETHNICITY OF POPULATION, DRIVERS STOPPED BY POLICE, AND DRIVERS SEARCHED BY POLICE WHERE RACE IS KNOWN, 2018–2020

DataHaven analysis (2022) of data from Connecticut Racial Profiling Prohibition Project (CTRP3) (2021) and U.S. Census Bureau American Community Survey 2020 5-year estimates, Table B03002, Hispanic or Latino Origin by Race. CTRP3 data retrieved from Connecticut Racial Profiling Prohibition Data Project at http://trafficstops.ctdata.org. Only towns with their own police departments are included in DataHaven analysis of population totals. Under the CTRP3 project, police departments record details of every traffic stop, including whether a search was conducted. Shares of stops and searches by race/ethnicity are based only on stops that include valid responses for the driver's race/ethnicity.

SECTION 2. TEXT ENDNOTES

1 Throughout this document, to distinguish race and ethnicity, a person of Hispanic/Latino ethnicity is considered Latino regardless of race. White, Black, Asian, and any other racial categories are people of those groups who do not have Hispanic/Latino ethnicity.

2 Crowley, L. (2020, January 6). Why should we care about well-being? Government Outcomes Lab, University of Oxford. https://golab.bsg.ox.ac.uk/community/blogs/why-should-we-care-about-well-being

3 U.S. Census Bureau 2020 Decennial Census Redistricting Data, Tables P2. Hispanic or Latino, and Not Hispanic or Latino by Race; and P4. Hispanic or Latino, and Not Hispanic or Latino by Race for the Population 18 Years and Over. https://data.census.gov

4 DataHaven analysis (2022) of U.S. Census Bureau. American Community Survey 2020 5-year estimates.

5 Ibid.

6 For a brief but comprehensive history of segregation in the U.S., see Turner, M. A., & Greene, S. (2021). Causes and consequences of separate and unequal neighborhoods. Urban Institute. https://www.urban.org/racial-equity-analytics-lab/structural-racism-explainer-collection/causes-and-consequences-separate-and-unequal-neighborhoods

7 US Census Bureau. (2021). Appendix B: Measures of residential segregation. In Guidance for housing patterns data users. https://www.census.gov/topics/housing/housing-patterns/guidance/appendix-b.html

8 Yao, J., Wong, D. W. S., Bailey, N., & Minton, J. (2019). Spatial segregation measures: A methodological review. Journal of Economic and Social Geography, 110(3), 235–250. https://doi.org/10.1111/tesg.12305

9 Feitosa, F. F., Câmara, G., Monteiro, A. M. V., Koschitzki, T., & Silva, M. P. S. (2007). Global and local spatial indices of urban segregation. International Journal of Geographical Information Science, 21(3), 299–323. https://doi.org/10.1080/13658810600911903

10 Reardon, S. F., & Firebaugh, G. (2002). 2. Measures of multigroup segregation. Sociological Methodology, 32(1), 33–67. https://doi.org/10.1111/1467-9531.00110

11 Wong, D. W. S. (2002). Modeling local segregation: A spatial interaction approach. Geographical and Environmental Modelling, 6(1), 81–97. https://doi.org/10.1080/13615930220127305

12 Kramer, M. R., & Hogue, C. R. (2009). Is segregation bad for your health? Epidemiologic Reviews, 31(1), 178–194. https://doi.org/10.1093/epirev/mxp001

13 University of Richmond Digital Scholarship Lab. (n.d.). Mapping inequality: Redlining in New Deal America. In American Panorama: An Atlas of United States History. Retrieved November 10, 2022, from https://dsl.richmond.edu/panorama/redlining

14 For an in-depth look at historic and current patterns of redlining and housing segregation in Greater New Haven, see Seaberry, C. (2018). CT data story: Housing segregation in Greater New Haven. DataHaven. https://ctdatahaven.org/reports/ct-data-story-housing-segregation-greater-new-haven

15 Boggs, E., & Dabrowski, L. (2017). Out of balance: Subsidized housing, segregation and opportunity in Connecticut. Open Communities Alliance. https://www.ctoca.org/outofbalance

16 Krieger, N., Feldman, J. M., Waterman, P. D., Chen, J. T., Coull, B. A., & Hemenway, D. (2017). Local residential segregation matters: Stronger association of census tract compared to conventional city-level measures with fatal and non-fatal assaults (total and firearm related), using the index of concentration at the extremes (ICE) for racial, economic, and racialized economic segregation, Massachusetts (US), 1995. Journal of Urban Health, 94(2), 244–258. https://doi.org/10.1007/s11524-016-0116-z

17 Nuru-Jeter, A. M., & LaVeist, T. A. (2011). Racial segregation, income inequality, and mortality in US metropolitan areas. Journal of Urban Health, 88(2), 270–282. https://doi.org/10.1007/s11524-010-9524-7

18 Buchanan, M. and Abraham, M. (2015). Concentrated wealth and poverty in Connecticut's neighborhoods. DataHaven. https://ctdatahaven.org/reports/concentrated-wealth-and-poverty-connecticuts-neighborhoods

19 Buchanan, M. and Abraham, M. (2015). Rising neighborhood income inequality in Connecticut. DataHaven. https://ctdatahaven.org/reports/rising-neighborhood-income-inequality-connecticut

20 We often treat census tracts as proxies for neighborhoods, because they are small areas of roughly the same size population across the country. In several of these analyses, we define neighborhoods in a way that looks not just at a single tract, but also the tracts surrounding it, in order to see how patterns ripple across neighborhood boundaries.

21 SEE NOTES FOR FIGURE 2G for detailed methodology used in this section.

22 Anselin, L. (1995). Local indicators of spatial association. Geographical Analysis, 27(2), 93–115. https://doi.org/10.1111/j.1538-4632.1995.tb00338.x

23 Karpman, M., Loprest, P. J., & Hahn H. (2022, February 1). Characteristics and well-being of adults with nonstandard work arrangements: Findings from the December 2020 Well-Being and Basic Needs Survey. Urban Institute. https://www.urban.org/research/publication/characteristics-and-well-being-adults-nonstandard-work-arrangements

24 DataHaven analysis (2022) of U.S. Census Bureau. American Community Survey 2020 5-year estimates.

25 A person is considered to be living "in poverty" if they live in a household with a total income lower than the federal poverty level (FPL). This threshold is set by the federal government and varies based on household size and composition. The poverty rate is the share of the population who is living in poverty. Details and threshold values are available at https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html

26 DataHaven. (2021). DataHaven Community Wellbeing Survey. https://www.ctdatahaven.org/wellbeingsurvey. SEE GENERAL NOTE ON DATAHAVEN COMMUNITY WELLBEING SURVEY WITHIN THE FIGURE AND TABLE NOTES

27 U.S. Bureau of Labor Statistics. (2022). Consumer Price Index Summary—August 2022. https://www.bls.gov/news.release/archives/cpi_09132022.htm

28 Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2022). Map the meal gap 2022: An analysis of county and congressional district food insecurity and county food cost in the United States in 2020. Feeding America. https://map.feedingamerica.org/county/2020/overall

29 Centers for Disease Control and Prevention. (2022). Food and nutrition insecurity and diabetes. https://www.cdc.gov/diabetes/library/features/diabetes-and-food-insecurity.htm

30 DataHaven. (2021). DataHaven Community Wellbeing Survey.

31 Organization for Economic Co-operation and Development. (2021). Brick by brick: Building better housing policies. OECD Publishing. https://doi.org/10.1787/b453b043-en

32 Moss, E., McIntosh, K., Edelberg, W., & Broady, K. (2020, December 8). The Black-white wealth gap left Black households more vulnerable. Brookings. https://www.hamiltonproject.org/blog/the_black_white_wealth_gap_left_black_households_more_vulnerable

33 Howell, J., & Korver-Glenn E. (2018). Neighborhoods, race, and the twenty-first century housing appraisal industry. Sociology of Race and Ethnicity, 4(4), 473-490. https://doi.org/10.1177/2332649218755178

34 Williams, S. C. (2022). Closing America's homeownership gap. GW Magazine. https://magazine.gwu.edu/closing-americas-homeownership-gap

35 DataHaven analysis (2022) of Carther, A., Martinchek, K., Braga, B., McKernan, S.-M., & Quakenbush, C. (2022). Debt in America February 2022. Urban Institute. https://datacatalog.urban.org/dataset/debt-america-2022

36 Massey, D., & Denton, M. (1993). American apartheid: Segregation and the making of the underclass. Harvard University Press.

37 Desmond, M., & Western, B. (2018). Poverty in America: New directions and debates. Annual Review of Sociology, 44(1), 305-318. https://doi.org/10.1146/annurev-soc-060116-053411

38 Prevost, L. (2022, September 4). Town after town, residents are fighting affordable housing in Connecticut. New York Times. https://www.nytimes.com/2022/09/04/realestate/connecticut-affordable-housing-apartments.html

39 Organization for Economic Co-operation and Development. (2021).

40 Rugh, J., & Massey, D. (2010). Racial segregation and the American foreclosure crisis. American Sociological Review, 75(5), 629-651. https://doi.org/10.1177/0003122410380868

41 Desmond, M. (2017, May 9). How homeownership became the engine of American inequality. New York Times. https://www.nytimes.com/2017/05/09/magazine/how-homeownership-became-the-engine-of-american-inequality.html

42 U.S. Census Bureau. (2022). Homeownership rate in the United States [RHORUSQ156N]. FRED, Federal Reserve Bank of St. Louis. Retrieved January 30, 2023 from https://fred.stlouisfed.org/series/RHORUSQ156N

43 Goodman, L., Mayer, C., & Clodius, M. (2018, March 12). The US homeownership rate lost ground compared with other developed countries. Urban Institute. https://www.urban.org/urban-wire/us-homeownership-rate-has-lost-ground-compared-other-developed-countries

44 Howell, J., & Korner-Glenn, E. (2018).

45 Williams, S. C. (2022).

46 Zillow defines a typical property by taking the mean of rents in the 40th to the 60th percentile of an area's houses and apartments. SEE TABLE 4B

47 Zillow Research. (2022). Zillow Observed Rent Index. https://www.zillow.com/research/data. SEE TABLE 4B

48 Zillow provides county-level rent estimates. The typical rent for Connecticut was computed by weighting county rents by the number of rental households in each county.

49 These numbers are based on data from 2020. Given that housing costs in Connecticut have risen substantially since then, they likely underestimate the levels of cost-burden and severe cost-burden that Connecticut residents experience today.

50 DataHaven. (2022). DataHaven Community Wellbeing Survey.

51 Liptak, A., & Thrush, G. (2021, August 27). Supreme Court ends Biden's eviction moratorium. New York Times. https://www.nytimes.com/2021/08/26/us/eviction-moratorium-ends.html

52 Hepburn, P., Louis, R., & Desmond, M. (2020). Eviction Tracking System: Version 1.0 [Dataset]. Princeton University. https://evictionlab.org

53 DataHaven. (2021). DataHaven Community Wellbeing Survey.

54 Nathan, A. and Katz, N. (DataHaven) (2021, January 4). Eviction moratoriums not enough to protect family and child well-being. CT Mirror. https://ctmirror.org/2021/01/04/eviction-moratoriums-not-enough-to-protect-family-and-child-well-being

55 Advancing CT Together. (2022). 2022 HIC point-in-time report. https://www.aids-ct.org/hic-pit-2022.html

56 Monk, G. (2022, October 6). CT homeless population rises for first time in years. CT Mirror. https://ctmirror.org/2022/10/06/ct-homeless-population-rises-affordable-housing-instability/

57 Prevost, L. (2022, September 4).

58 DataHaven analysis (2022) of U.S. Census Bureau. American Community Survey 2020 5-year estimates.

59 DataHaven analysis (2022) of data from Connecticut State Department of Education. (2022). EdSight. https://public-edsight.ct.gov

60 Kochhar, R. (2020, October 22). Fewer mothers and fathers in U.S. are working due to COVID-19 downturn; those at work have cut hours. Pew Research Center. https://www.pewresearch.org/fact-tank/2020/10/22/fewer-mothers-and-fathers-in-u-s-are-working-due-to-covid-19-downturn-those-at-work-have-cut-hours

61 DataHaven analysis (2022) of data from United Way of Connecticut. (2020). Annual child care capacity, availability and enrollment survey. 2-1-1 Child Care. https://resources.211childcare.org/reports/2020-child-care-availability-report

62 DataHaven analysis (2022) of data from United Way of Connecticut. (n.d.). 211 Childcare. Retrieved July 13, 2022 from http://search.211childcare.org.

63 Note that students may also attend charter schools, which operate as independent districts, as well as magnet schools that do not limit enrollment to just one town. See Table 5A for details on school districts.

64 DataHaven analysis (2022) of data from Connecticut State Department of Education. (2022). EdSight.

65 Ibid.

66 Ibid.

67 Ibid.

68 Ibid.

69 Ibid.

70 DataHaven. (2021). DataHaven Community Wellbeing Survey.

71 Ibid.

72 DataHaven analysis (2022) of questions from the 2018, 2021, and 2022 DataHaven Community Wellbeing Survey.

73 Villegas, A. M., & Irvine, J. J. (2010). Diversifying the teaching force: An examination of major arguments. The Urban Review, 42(3), 175–192. https://doi.org/10.1007/s11256-010-0150-1

74 Rucinski, C. L. (2022). Racial and ethnic diversity in education and individual student development: Understanding the full picture in the era of school choice. Review of General Psychology, 26(3), 377–394. https://doi.org/10.1177/10892680211046513

75 Cherng, H.-Y. S., & Halpin, P. F. (2016). The importance of minority teachers: Student perceptions of minority versus white teachers. Educational Researcher, 45(7), 407–420. https://doi.org/10.3102/0013189X16671718

76 DataHaven analysis (2022) of data from Connecticut State Department of Education.

77 Ibid.

78 Quillian, L., Pager, D., Hexel, O., & Midtbøen, A. H. (2017). Meta-analysis of field experiments shows no change in racial discrimination in hiring over time. Proceedings of the National Academy of Sciences, 114(41), 10870-10875. https://doi.org/10.1073/pnas.1706255114

79 U.S. Bureau of Labor Statistics. (2022). Unemployment rate in New Haven County, CT [CTNEWH9URN]. Federal Reserve Bank of St. Louis. https://fred.stlouisfed.org/series/CTNEWH9URN

80 U.S. Bureau of Labor Statistics. (2022). Labor force participation rate for Connecticut [LBSSA09]. FRED, Federal Reserve Bank of St. Louis. https://fred.stlouisfed.org/series/LBSSA09

81 Bauer, L., & Edelberg W. (2021, December 14). Labor market exits and entrances are elevated: Who is coming back? Brookings. https://www.brookings.edu/blog/up-front/2021/12/14/labor-market-exits-and-entrances-are-elevated-who-is-coming-back

82 DataHaven analysis (2022) of U.S. Census Bureau. American Community Survey 2019 and 2021 1-year estimates.

83 DataHaven analysis (2022) of questions from the 2021 and 2022 DataHaven Community Wellbeing Survey.

84 DataHaven analysis (2022) of questions from the 2018, 2021, and 2022 DataHaven Community Wellbeing Survey.

85 Dubina, K., Ice, L., Kim, J.-L., & Rieley, M. (2021). Projections overview and highlights, 2020–30 (Monthly Labor Review). Bureau of Labor Statistics. https://www.bls.gov/opub/mlr/2021/article/projections-overview-and-highlights-2020-30.htm

86 DataHaven analysis (2022) of US Census Bureau. Quarterly census of employment and wages. Retrieved January 20, 2023 from https://www.bls.gov/cew/downloadable-data-files.htm

87 DataHaven analysis (2022) of Ruggles et al. American Community Survey 2020 5-year Census microdata. SEE GENERAL NOTE ON PUMS ANALYSIS WITHIN THE FIGURE AND TABLE NOTES

88 Ibid.

89 Eileen, P. (2016, July 1). Racial, gender wage gaps persist in the U.S. despite some progress. Pew Research Center. https://www.pewresearch.org/fact-tank/2016/07/01/racial-gender-wage-gaps-persist-in-u-s-despite-some-progress

90 Granovetter, M. (1974). Getting a job: A study of contacts and careers. University of Chicago Press.

91 Fryer, R. G., Pager, D., & Spenkuch, J. L. (2013). Racial disparities in job finding and offered wages. The Journal of Law and Economics, 56(3), 633–689. https://doi.org/10.1086/673323

92 Pager, D., & Pedulla, D. (2015). Race, self-selection, and the job search process. American Journal of Sociology, 120(4), 1005-1054. https://doi.org/10.1086/681072

93 DataHaven. (2021). DataHaven Community Wellbeing Survey.

94 Parker, K. (2021, November 8). What's behind the growing gap between men and women in college completion? Pew Research Center. https://www.pewresearch.org/fact-tank/2021/11/08/whats-behind-the-growing-gap-between-men-and-women-in-college-completion

95 Kochhar, R. (2020, January 30). Key findings on gains made by women amid a rising demand for skilled workers. Pew Research Center. https://www.pewresearch.org/fact-tank/2020/01/30/key-findings-on-gains-made-by-women-amid-a-rising-demand-for-skilled-workers

96 Parker, K. (2021, November 8).

97 Stewart, A. L., Grumbach, K., Osmond, D. H., Vranizan, K., Komaromy, M., & Bindman, A. B. (1997). Primary care and patient perceptions of access to care. The Journal of Family Practice, (44)2, 177–85.

98 Ibid.

99 DataHaven. (2022). DataHaven Community Wellbeing Survey.

100 DataHaven. (2021). DataHaven Community Wellbeing Survey.

101 Runkle, J., Kunkel, K., Champion, S., Easterling, D., Stewart, B., Frankson, R., & Sweet, W. (2017). Connecticut state climate summary. North Carolina Center for Environmental Climate Studies. https://statesummaries.ncics.org/chapter/ct

102 DataHaven analysis (2022) of data from Spangler, K. (2022). Daily, county-level wet-bulb globe temperature, Universal Thermal Climate Index, and other heat metrics for the contiguous United States, 2000–2020. Dataset available at https://doi.org/10.6084/m9.figshare.19419836.v2. Analytical guidance from Minn, M. (2021). Weather data analysis in R. MichaelMinn.net. https://michaelminn.net/tutorials/r-weather/index.html

103 Ibid.

104 National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention. (2020, August 31). Heat stress. https://www.cdc.gov/niosh/topics/heatstress/default.html

105 Shi, L., Kloog, I., Zanobetti, A., Liu, P., & Schwartz, J. Impacts of temperature and its variability on mortality in New England. (2015). Nature Climate Change (5), 988–991. https://doi.org/10.1038/nclimate2704

106 DataHaven. (2021). DataHaven Community Wellbeing Survey.

107 DataHaven. (2021). DataHaven Community Wellbeing Survey.

108 Centers for Disease Control and Prevention. (2022, December 12). Asthma. https://www.cdc.gov/asthma/triggers.html

109 Organization for Economic Cooperation and Development. (2021). Health at a glance 2021: OECD indicators. OECD Publishing. https://doi.org/10.1787/ae3016b9-en

110 United Health Foundation. (2022). America's Health Rankings: Maternal mortality. Values are based on analysis of federally available data from the Maternal and Child Health Bureau, Health Resources and Services Administration, 2016–2020. https://americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_c/state/CT

111 DataHaven analysis (2022) of data from Connecticut Department of Public Health. Connecticut childhood lead poisoning surveillance report. Retrieved June 27, 2022 from https://data.ct.gov/stories/s/8duz-vsiz

112 Angulo, R., Peng, J., & Bournaki, M. (2021). Connecticut school-based asthma surveillance report 2021, school calendar year: 2020–2021. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/hems/asthma/pdf/SBASS_2021.pdf

113 For this report, "poor" air quality is defined as a maximum daily AQI of 50 or more. While the United States AQI uses a threshold of 100 as "poor," we have chosen to use a stricter international value of 50, since at this level, sensitive people, animals, and vegetation begin to experience adverse effects. Prolonged exposure at this level (over many days, weeks, or years) can have population-level adverse effects.

114 DataHaven analysis (2022) of air quality data from the Environmental Protection Agency. Dataset available at https://www.epa.gov/outdoor-air-quality-data/download-daily-data. Data for point-measurements in Connecticut were collected for the years 2017—2021. Air quality values are the highest recorded value across five different types of pollutants (ozone, PM2.5, PM10, sulfur dioxide, carbon monoxide, and nitrogen dioxide).

115 Price, J. H., Khubchandani, J., McKinney, M., & Braun, R. (2013). Racial/ethnic disparities in chronic diseases of youths and access to health care in the United States. BioMed Research International, 2013. https://doi.org/10.1155/2013/787616

116 Simons, R. L., Lei, M-K. Klopack, E., Zhang, Y., Gibbons, F. X., & Beach, S. R. H. (2021). Racial discrimination, inflammation, and chronic illness among African American women at midlife: Support for the weathering perspective. Journal of Racial and Ethnic Health Disparities, 8(2), 339–349. https://doi.org/10.1007/s40615-020-00786-8

117 DataHaven analysis (2022) of data from the Centers for Disease Control and Prevention. (2022). Provisional drug overdose death counts. Retrieved December 2022 from https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

118 Xu, J.Q., Murphy, S.L., Kochanek, K.D., & Arias E. (2022). Mortality in the United States, 2021. National Center for Health Statistics. https://dx.doi.org/10.15620/cdc:122516

119 DataHaven analysis (2022) of data from the Institute for Health Metrics and Evaluation. (2022). United States mortality rates and life expectancy by county, race, and ethnicity, 2000-2019. Retrieved December 6, 2022 from https://ghdx.healthdata.org/record/ihme-data/united-states-life-expectancy-by-county-race-ethnicity-2000-2019

120 Scott, K.M., Lim, C., Al-Hamzawi, A., Alonso, J., Bruffarerts, R., Caldas-de-Almeida, J. M., Florescu, S., de Girolamo, G., Hu, C., de Jonge, P., Kawakami, N., Medina-Mora, M. E., Moskalewicz, J., Navarro-Mateu, F., O'Neill, S., Piazza, M., Posada-Villa, J., Torres, Y., & Kessler, R. C. (2016). Association of mental disorders with subsequent chronic physical conditions: World mental health surveys from 17 countries. JAMA Psychiatry, 73(2),150–158. https://doi.org/10.1001/jamapsychiatry.2015.2688

121 Momen, N. C., Plana-Ripoll, O., Agerbo, E., Christensen, M. K., Iburg, K. M., Laursen, T. M., Mortensen, P. B., Pedersen, C. B., Prior, A., Weye, N., & McGrath, J. J. (2022). Mortality associated with mental disorders and comorbid general medical conditions. JAMA Psychiatry, 79(5), 444–453. https://doi.org/10.1001/jamapsychiatry.2022.0347

122 Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021, February 10). The implications of COVID-19 for mental health and substance use. KFF. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use

123 DataHaven. (2021). DataHaven Community Wellbeing Survey.

124 DataHaven. (2022). DataHaven Community Wellbeing Survey.

125 United Health Foundation. (2022). America's Health Rankings: Suicide. Values are based on analysis of CDC WONDER, Multiple Cause of Death Files, 2020. https://www.americashealthrankings.org/explore/annual/measure/suicide/state/CT

126 Hawton, K., Casañas i Comabella, C., Haw, C., & Saunders, K. (2013). Risk factors for suicide in individuals with depression: A systematic review. Journal of Affective Disorders 147(1–3), 17–28. https://doi.org/10.1016/j.jad.2013.01.004

127 Edwards, E. (2022, September 30). Suicides are rising again, especially among young men. NBC News. https://www.nbcnews.com/health/health-news/2-year-decline-suicide-rates-rise-rcna49766

128 Curtin, S.C., Brown, K.A., & Jordan, M.E. (2022). Suicide rates for the three leading methods by race and ethnicity, 2000–2020. NCHS Data Brief, no 450. https://stacks.cdc.gov/view/cdc/121798

129 Ibid.

130 United Health Foundation. (2022). America's Health Rankings: Teen suicide. Values are based on analysis of CDC WONDER, Multiple Cause of Death Files, 2018–2020. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/teen_suicide/state/CT

131 Curtin et al. (2022).

132 Morency, P., Pepin, F., Tessier, F., Strauss, J., Plante, C., & Grondines, J. (2017). Traveling by bus instead of car on urban major roads: Safety benefits for vehicle occupants, pedestrians and cyclists. Transportation Research Board 96th Annual Meeting. https://pubsindex.trb.org/view.aspx?id=1437527

133 Freeland, A. L., Banerjee, S. N., Dannenberg, A. L., & Wendel, A. M. (2013). Walking associated with public transit: Moving toward increased physical activity in the United States. American Journal of Public Health, 103(3), 536–542. https://doi.org/10.2105/AJPH.2012.300912

134 Cameron, J. (2022, October 30). Opinion: Record bus ridership in Bridgeport, Metro-North numbers flat. CT Mirror. http://ctmirror.org/2022/10/30/ct-transportation-bridgeport-buses-metro-north-amtrak-airline-seats

135 DataHaven. (2021). DataHaven Community Wellbeing Survey.

136 DataHaven. (2021). DataHaven Community Wellbeing Survey.

137 SEE NOTE FOR FIGURE 8A

138 Connecticut has day-of-election voting, so absentee voting is particularly instrumental for increasing voter turnout among low-income, Black, and Latino voters who often do not or cannot come to the polls on Election Day. See State of Connecticut Executive Order No. 7QQ (2020) https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7QQ.pdf

139 Vera Institute of Justice (2019). Incarceration trends in Connecticut. https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-connecticut.pdf

140 Spectrum Associates Market Research (2017). An assessment of disproportionate minority contact in Connecticut's juvenile justice system. State of Connecticut Office of Policy and Management. https://towyouth.newhaven.edu/wp-content/uploads/2020/09/ct_2017_dmc_assessment_study_final_report-1.pdf

141 Nellis, A. (2021). The color of justice: Racial and ethnic disparity in state prisons. The Sentencing Project. https://www.sentencingproject.org/app/uploads/2022/08/The-Color-of-Justice-Racial-and-Ethnic-Disparity-in-State-Prisons.pdf

142 Tapp, S. N., & Davis, E. J. (2022). Contacts between police and the public, 2020 (p. 25). US Department of Justice Bureau of Justice Statistics. https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/cbpp20.pdf

143 Gibson, C. L., Walker, S., Jennings, W. G., & Mitchell Miller, J. (2010). The impact of traffic stops on calling the police for help. Criminal Justice Policy Review, 21(2), 139–159. https://doi.org/10.1177/0887403409344165

144 Tapp, S. N., & Davis, E. J. (2022).

145 DataHaven. (2021). DataHaven Community Wellbeing Survey.

146 Ibid.

147 Jindal, M., Mistry, K. B., Trent, M., McRae, A., & Thornton, R. L. J. (2022). Police exposures and the health and well-being of Black youth in the US: A systematic review. JAMA Pediatrics, 176(1), 78–88. https://doi.org/10.1001/jamapediatrics.2021.2929

148 Graham, A., Haner, M., Sloan, M. M., Cullen, F. T., Kulig, T. C., & Jonson, C. L. (2020). Race and worrying about police brutality: The hidden injuries of minority status in America. Victims & Offenders, 15(5), 549–573. https://doi.org/10.1080/15564886.2020.1767252

149 Vera Institute of Justice (2019).

150 Lyons, K. (2021, February 10). State to close three prisons as advocates call for reinvestment in marginalized communities. CT Mirror. http://ctmirror.org/2021/02/10/state-to-close-three-prisons-as-advocates-call-for-reinvestment-in-marginalized-communities/

151 Bureau of Justice Statistics (2022). Prisoners in 2021 – Statistical tables. https://bjs.ojp.gov/library/publications/prisoners-2021-statistical-tables

152 Widra, E., & Herring, T. (2021). States of incarceration: The global context 2021. Prison Policy Institute. https://www.prisonpolicy.org/global/2021.html

153 Abraham, M., & Nathan, A. (2017, October 2). At risk: Fair and valid census data for Connecticut. CT Mirror. http://ctmirror.org/2017/10/02/at-risk-fair-and-valid-census-data-for-connecticut

154 Prison Policy Initiative (n.d.). Where people in prison come from: The geography of mass incarceration in Connecticut. Retrieved October 10, 2022, from https://www.prisonpolicy.org/origin/ct/2020/report.html

155 DataHaven analysis (2022). SEE NOTES FOR FIGURE 8D

156 DataHaven. (2021). DataHaven Community Wellbeing Survey.

157 Connecticut Legal Services (2019). Roadmap to reentry: A Connecticut legal guide. https://ctlegal.org/roadmap-to-reentry-a-connecticut-legal-guide

158 Reed-Guevara, M., Bamieh, R., & Carroll, J. (2022, April 27). Opinion: It is time to repeal Connecticut's incarceration lien. CT Mirror. http://ctmirror.org/2022/04/27/it-is-time-to-repeal-connecticuts-incarceration-lien

159 Eaton-Robb, P. (2022, August 27). At $249 per day, prison stays leave ex-inmates deep in debt. AP News. https://apnews.com/article/crime-prisons-lawsuits-connecticut-074a8f643766e155df58d2c8fbc7214c

160 Connecticut Office of Policy and Management (2022). 2022 Recidivism report: 2018 release cohort follow-up. https://portal.ct.gov/-/media/OPM/CJPPD/CjResearch/RecidivismStudy/2022/2022_Recidivism_Report_.pdf

161 Downloads of all data are hosted by the Connecticut Racial Profiling Prohibition Project (CTRP3) and the CT Data Collaborative, along with several reports and information on the law. See Connecticut Racial Profiling Prohibition Project (CTRP3) (2021) Connecticut Racial Profiling Prohibition Data Project. http://trafficstops.ctdata.org

162 Many small towns do not operate their own police departments, but instead rely on state troopers. Analyses based on departments only include municipal departments run by towns in the region, whereas analyses based on the location of stops include all stops with location data placing them within the region.

163 For this analysis, stops are being compared to the population at large.

164 DataHaven analysis (2022) of data from Connecticut Racial Profiling Prohibition Project (CTRP3) (2021). SEE NOTES FOR FIGURE 8E

165 Ibid.

166 Ibid.

167 For examples of how these data are analyzed and used by researchers and police departments, see Ross, M. B., Kalinowski, J. J., & Barone, K. (2020). Testing for disparities in traffic stops: Best practices from the Connecticut model. Criminology & Public Policy, 19(4), 1289–1303. https://doi.org/10.1111/1745-9133.12528

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DataHaven is a non-profit organization with a 30-year history of public service to Connecticut. Our mission is to empower people to create thriving communities by collecting and ensuring access to data on well-being, equity, and quality of life. DataHaven is a formal partner of the National Neighborhood Indicators Partnership of the Urban Institute in Washington, DC.

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The Community Foundation for Greater New Haven was established in 1928 as the community's permanent charitable endowment. For more than three generations, thousands of donors have built this endowment by establishing permanent funds or making gifts to existing funds that distribute grants to a broad variety of issues and organizations. In addition to its grantmaking, The Community Foundation helps build a stronger community by leading on issues and supporting donors and nonprofits in creating a community of opportunity for all.

Additional information related to this report is posted on our websites. Follow the story and access resources at **#CommunityIndex**

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ISBN 978-1-7340851-5-0
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