
DERBY 2021 EQUITY PROFILE

DataHaven

DERBY 2021 EQUITY PROFILE

CONTENTS

Executive Summary	2
Overview	3
Demographics	4
Housing	7
Education	9
Economy	11
Income & Wealth	13
Health	15
Civic Life & Community Cohesion	23
Environment & Sustainability	26
Notes	28

Compiled by DataHaven in August 2021.

This report is designed to inform local-level efforts to improve community well-being and racial equity. This represents version 1.0 of the DataHaven town equity profile, which DataHaven has published for all 169 towns and several regions of Connecticut. Please contact DataHaven with suggestions for version 2.0 of this report.

ctdatahaven.org

EXECUTIVE SUMMARY

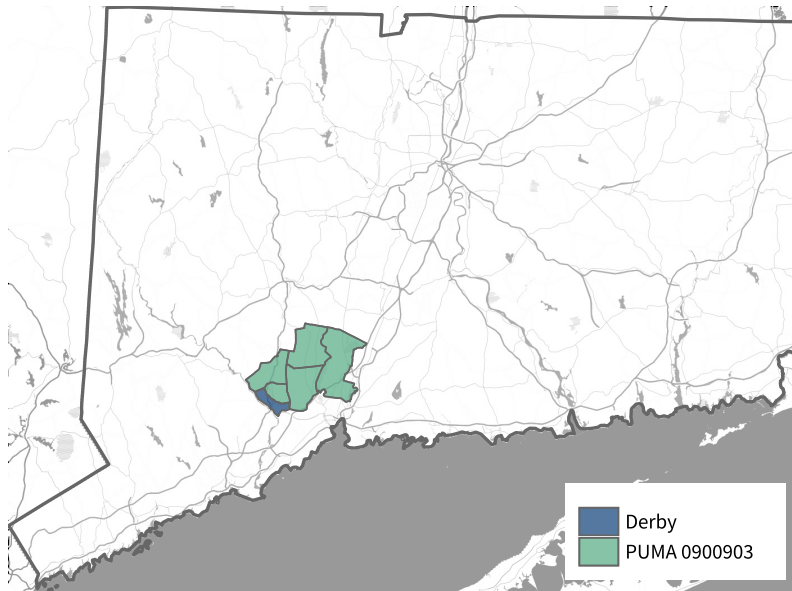
Throughout most of the measures in this report, there are important differences by race/ethnicity and neighborhood that reflect differences in access to resources and other health-related social needs. Wherever possible, data will be presented with racial/ethnic breakdowns. Data for white, Black, Asian, and other populations represent non-Hispanic members of each racial group.

- Derby is a town of **12,325 residents**, **38 percent** of whom are people of color. The town's population has decreased by **4.5 percent** since 2010.
- Of the town's **5,146 households**, **57 percent** are homeowner households.
- **Forty-seven percent** of Derby's households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- **Seventy-five percent** of public high school seniors in the Derby School District graduated within four years in 2019.
- Among the town's adults ages 25 and up, **20 percent** have earned a bachelor's degree or higher.
- Derby is home to **4,714 jobs**, with the largest share in the Health Care and Social Assistance sector.
- Derby's average life expectancy is **78.5 years**.
- **Fifty-five percent** of adults in Derby say they are in excellent or very good health.
- In 2020, **8 people** in Derby died of drug overdoses.
- **Eighty percent** of adults in Derby are satisfied with their area, and **44 percent** say their local government is responsive to residents' needs.
- In the 2020 presidential election, **82 percent** of registered voters in Derby voted.
- **Fifty-nine percent** of adults in Derby report having stores, banks, and other locations in walking distance of their home, and **59 percent** say there are safe sidewalks and crosswalks in their neighborhood.

OVERVIEW

For the purposes of this report, Derby will be compared to Connecticut as a whole, as well as to the towns in the surrounding Public Use Microdata Area (PUMA) designated by the US Census Bureau with the number 0900903.

FIGURE 1: STUDY AREA



PUMA 0900903 is made up of the following towns (with 2020 populations):

- Ansonia (18,918)
- Bethany (5,297)
- Derby (12,325)
- Hamden (61,169)
- Seymour (16,748)
- Woodbridge (9,087)

TABLE 1: ABOUT THE AREA

Indicator	Connecticut	PUMA 0900903	Derby
Total population	3,605,944	123,544	12,325
Total households	1,370,746	46,647	5,146
Homeownership rate	66%	66%	57%
Housing cost burden rate	36%	37%	47%
Adults with less than a high school diploma	9%	8%	14%
Median household income	\$78,444	\$75,177	\$56,357
Poverty rate	10%	9%	13%
Life expectancy (years)	80.3	79.3	78.5
Adults w/o health insurance	10%	9%	11%

DEMOGRAPHICS

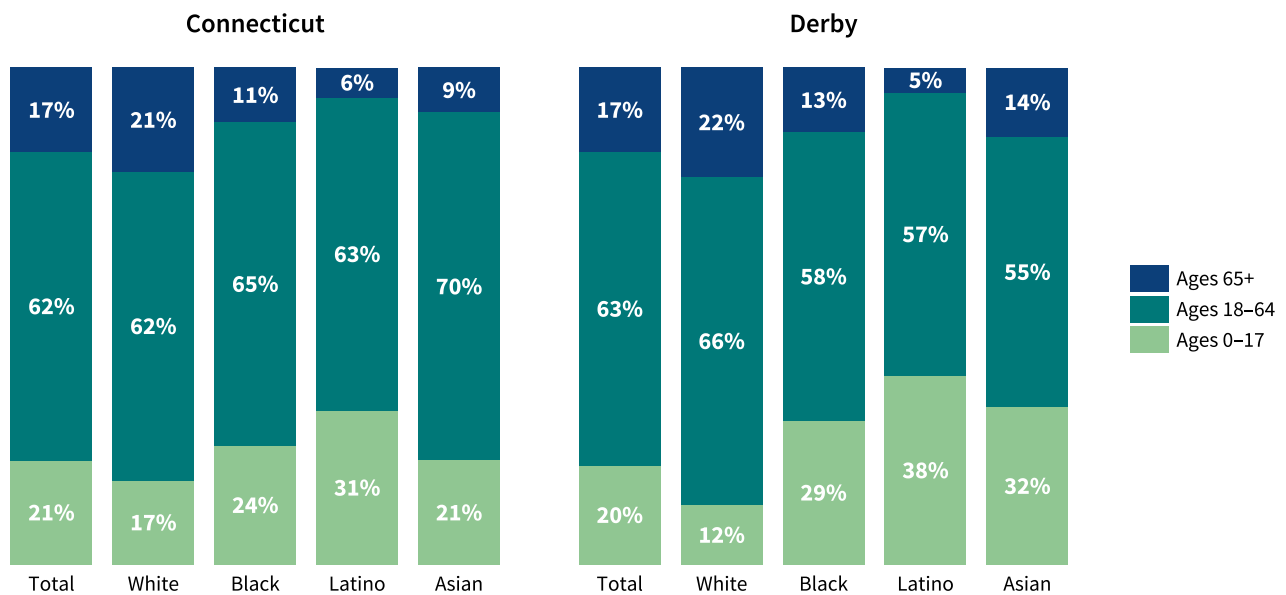
As of 2020, the population of Derby is 12,325, including 2,339 children and 9,986 adults. Thirty-eight percent of Derby’s residents are people of color, compared to 37 percent of the residents statewide.

TABLE 2: POPULATION BY RACE/ETHNICITY, 2020

Area	White		Black		Latino		Asian		Native American		Other race/ethnicity	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	2,279,232	63%	360,937	10%	623,293	17%	170,459	5%	6,404	<1%	165,619	5%
PUMA 0900903	75,151	61%	19,714	16%	17,354	14%	6,037	5%	246	<1%	5,042	4%
Derby	7,595	62%	1,373	11%	2,544	21%	336	3%	<50	N/A	457	4%

As Connecticut’s predominantly white Baby Boomers age, younger generations are driving the state’s increased racial and ethnic diversity. Black and Latino populations in particular skew much younger than white populations.

FIGURE 2: POPULATION BY RACE/ETHNICITY AND AGE GROUP, 2019

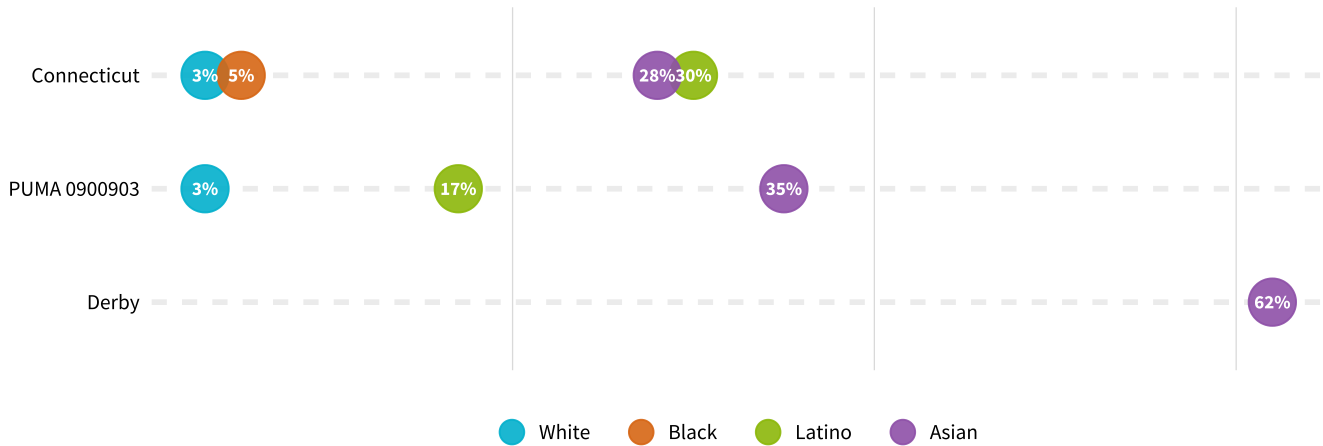


Note: Only groups with at least 50 residents shown.

About 2,052 residents of Derby, or 16 percent of the population, are foreign-born. The largest number of immigrants living in PUMA 0900903 were born in China, followed by India and Ecuador.

Linguistic isolation is characterized as speaking English less than “very well.” People who struggle with English proficiency may have difficulty in school, seeking health care, accessing social services, or finding work in a largely English-speaking community. As of 2019, 1,188 Derby residents, or 10 percent of the population age 5 and older, were linguistically isolated. Latinos and Asian Americans are more likely to be linguistically isolated than other racial/ethnic groups.

FIGURE 3: LINGUISTIC ISOLATION BY RACE/ETHNICITY, 2019



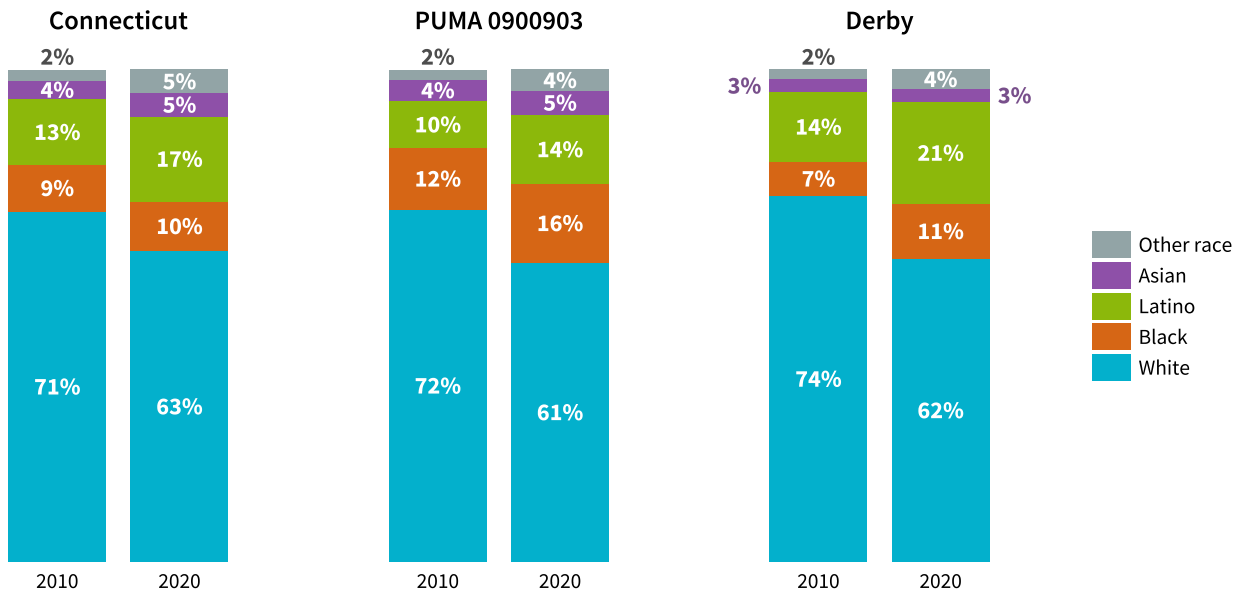
POPULATION CHANGE: 2020 CENSUS

The first set of data from the 2020 Census was released in August 2021, containing basic population counts by age and race/ethnicity. Between 2010 and 2020, Connecticut’s population was nearly stagnant. During the same period, Derby shrank by 577 people, a 4.5 percent decrease. The number of white residents in Derby shrank by 21 percent, while the non-white population grew by 43 percent.

TABLE 3: POPULATION AND POPULATION CHANGE BY AGE GROUP, 2010–2020

Area	Age	Population, 2010	Population, 2020	Change	Percent change
Connecticut	All ages	3,574,097	3,605,944	+31,847	+0.9%
	Children	817,015	736,717	-80,298	-9.8%
	Adults	2,757,082	2,869,227	+112,145	+4.1%
PUMA 0900903	All ages	124,204	123,544	-660	-0.5%
	Children	26,006	23,246	-2,760	-10.6%
	Adults	98,198	100,298	+2,100	+2.1%
Derby	All ages	12,902	12,325	-577	-4.5%
	Children	2,708	2,339	-369	-13.6%
	Adults	10,194	9,986	-208	-2.0%

FIGURE 4: SHARE OF POPULATION BY RACE/ETHNICITY, 2010–2020



HOUSING

Derby has 5,146 households, of which 57 percent are homeowner households. Of Derby’s 5,837 housing units, 57 percent are single-family and 43 percent are multifamily, compared to PUMA 0900903, where 63 percent are single-family and 37 percent are multifamily.

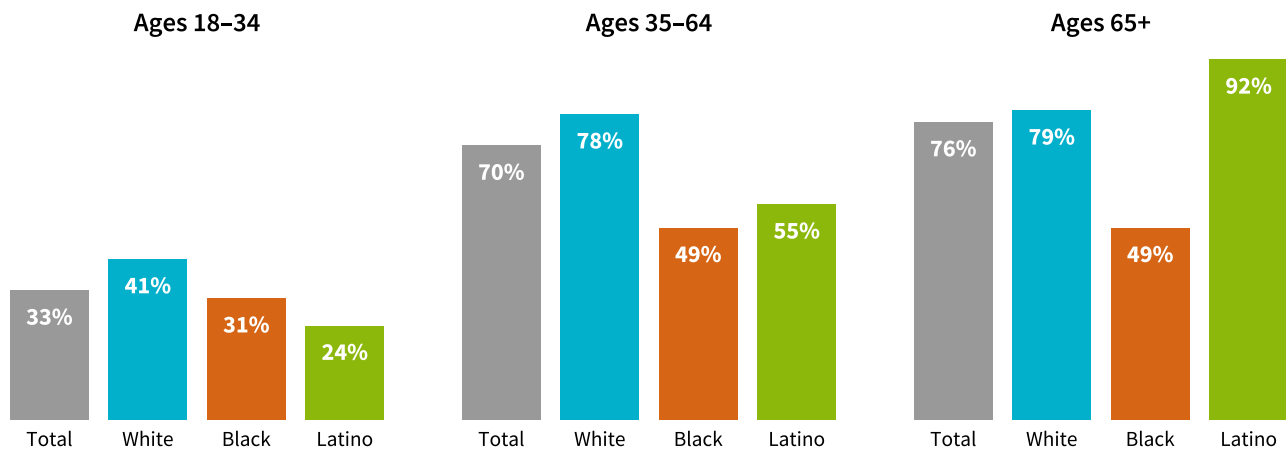
Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for advantaged groups because the process of purchasing a home has a long history of racially discriminatory practices that continue to restrict access to homeownership today. This challenge, coupled with municipal zoning dominated by single-family housing, results in de facto racial and economic segregation seen throughout Connecticut.

TABLE 4: HOMEOWNERSHIP RATE BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

Area	Total	White	Black	Latino	Asian	Native American
Connecticut	66%	76%	39%	34%	58%	40%
PUMA 0900903	66%	74%	46%	50%	61%	N/A
Derby	57%	64%	28%	47%	64%	N/A

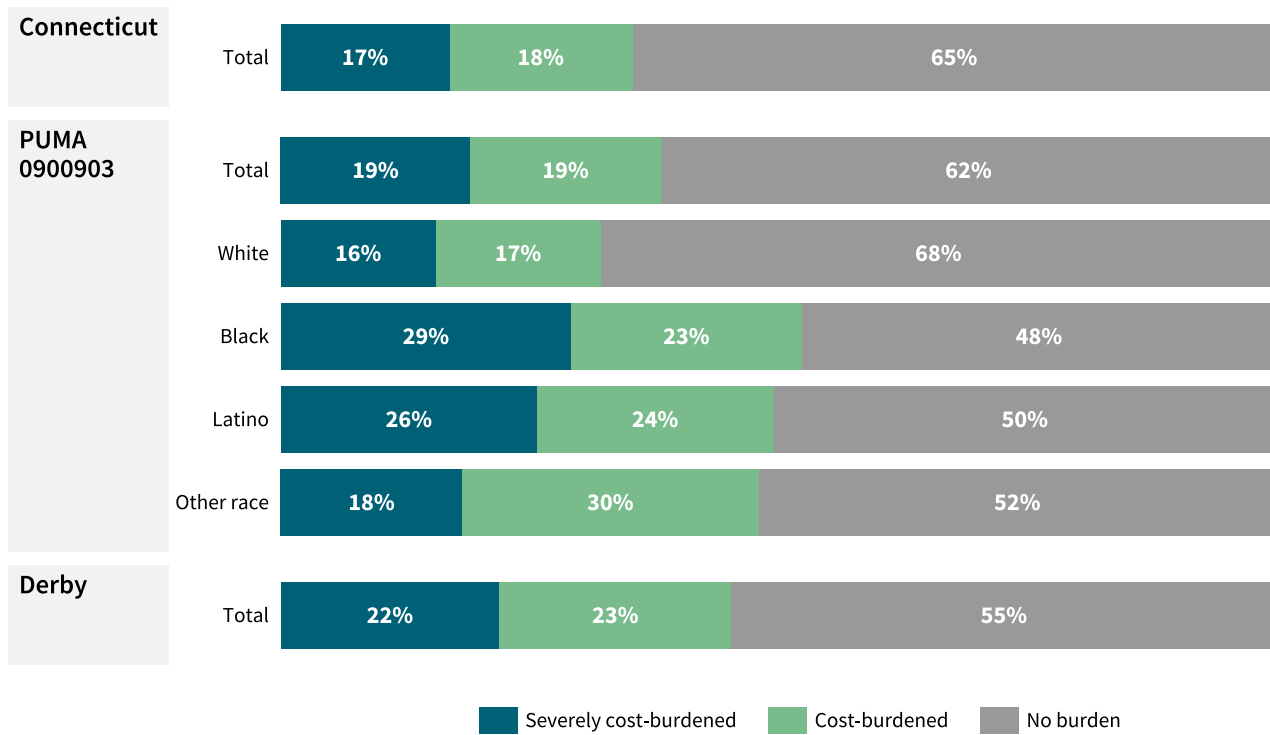
Younger adults are less likely than older adults to own their homes across several race/ethnicity groups. However, in most towns, younger white adults own their homes at rates comparable to or higher than older Black and Latino adults.

FIGURE 5: HOMEOWNERSHIP RATES BY AGE AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, PUMA 0900903, 2019



A household is cost-burdened when they spend 30 percent or more of their income on housing costs, and severely cost-burdened when they spend half or more of their income on housing costs. Housing costs continue to rise, due in part to municipal zoning measures that limit new construction to very few towns statewide. Meanwhile, wages have largely stagnated, especially among lower-income workers who are more likely to rent. As a result, cost-burden generally affects renters more than homeowners, and has greater impact on Black and Latino householders. Among renter households in Derby, 54 percent are cost-burdened, compared to 39 percent of owner households.

FIGURE 6: HOUSING COST-BURDEN RATES BY RACE/ETHNICITY, PUMA 0900903, 2019



Household overcrowding is defined as having more than one occupant per room. Overcrowding may increase the spread of illnesses among the household and can be associated with higher levels of stress. Increasing the availability of appropriately-sized affordable units helps to alleviate overcrowding.

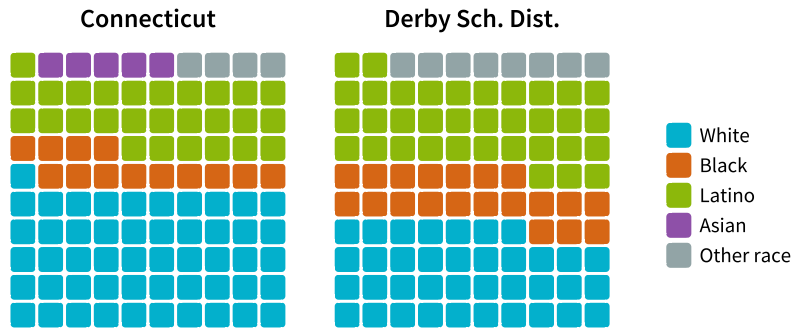
TABLE 5: OVERCROWDED HOUSEHOLDS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

Area	Total		White		Black		Latino		Asian		Native American	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	25,541	2%	7,252	<1%	4,437	3%	10,771	6%	2,954	6%	158	4%
PUMA 0900903	898	2%	338	1%	224	3%	290	6%	57	3%	<50	N/A
Derby	226	4%	123	3%	<50	N/A	103	13%	<50	N/A	<50	N/A

EDUCATION

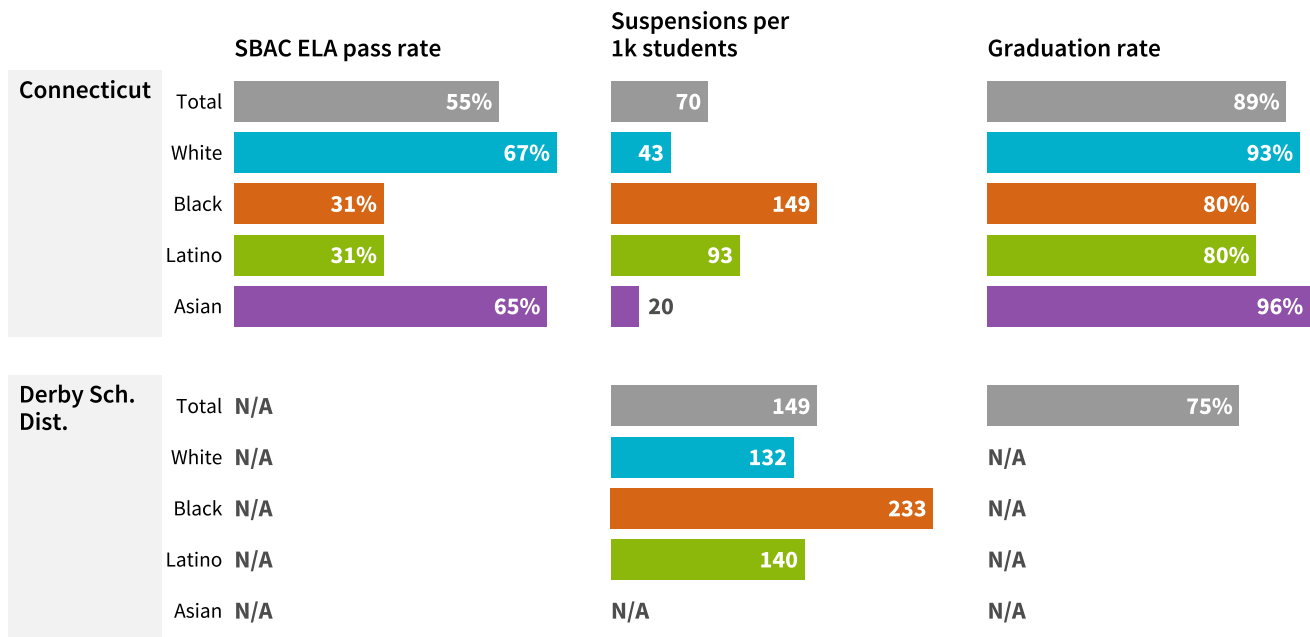
Public school students in Derby are served by the Derby School District for pre-kindergarten through grade 12. During the 2019–2020 school year, there were 1,295 students enrolled in the Derby School District. Tracking student success measures is important since disparate academic and disciplinary outcomes are observed as early as preschool and can ultimately affect a person’s long-term educational attainment and economic potential.

FIGURE 7: PUBLIC K–12 STUDENT ENROLLMENT BY RACE/ETHNICITY PER 100 STUDENTS, 2019–2020



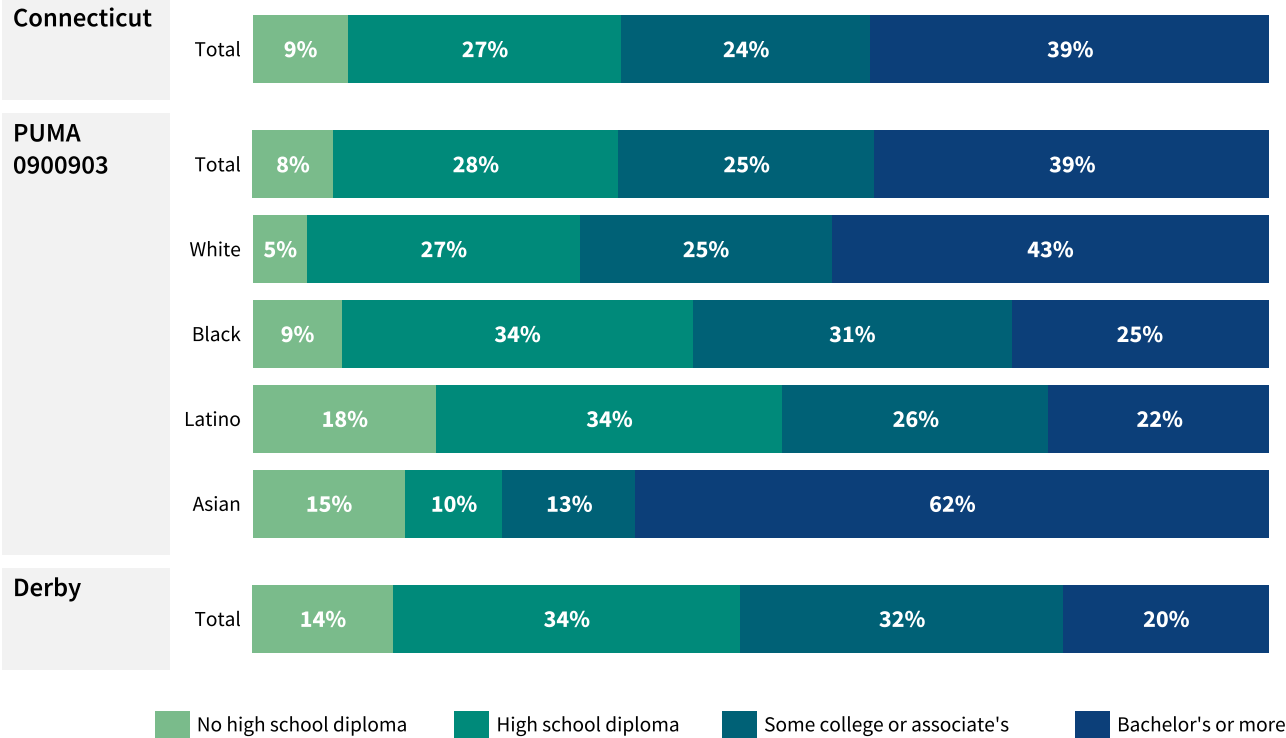
Note: Counts of small groups are suppressed by the Dept. of Education and may be missing from this chart.

FIGURE 8: SELECTED ACADEMIC AND DISCIPLINARY OUTCOMES BY STUDENT RACE/ETHNICITY, 2018–2019



Adults with high school diplomas or college degrees have more employment options and considerably higher potential earnings, on average, than those who do not finish high school. In Derby, 14 percent of adults ages 25 and over, or 1,273 people, lack a high school diploma; statewide, this value is 9 percent.

FIGURE 9: EDUCATIONAL ATTAINMENT BY RACE/ETHNICITY, SHARE OF ADULTS AGES 25 AND UP, 2019



ECONOMY

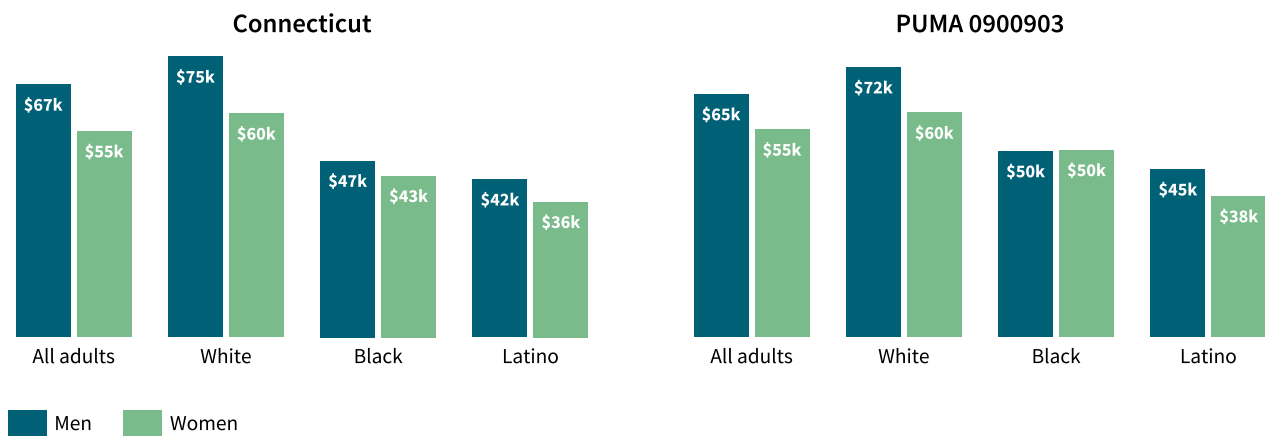
There are 4,714 total jobs in Derby, with the largest share in the Health Care and Social Assistance sector. While these numbers are from 2019 and do not include economic outcomes related to the COVID-19 pandemic, they describe general labor market strengths and average wages for the area.

TABLE 6: JOBS AND WAGES IN DERBY’S 5 LARGEST SECTORS, 2019

Sector	Connecticut		Derby	
	Total jobs	Avg annual pay	Total jobs	Avg annual pay
All Sectors	1,670,354	\$69,806	4,714	\$46,022
Health Care and Social Assistance	271,014	\$54,858	1,778	\$59,663
Retail Trade	175,532	\$35,833	890	\$26,245
Accommodation and Food Services	129,012	\$23,183	598	\$22,808
Manufacturing	161,893	\$85,031	164	\$49,637
Construction	59,659	\$72,371	155	\$73,028

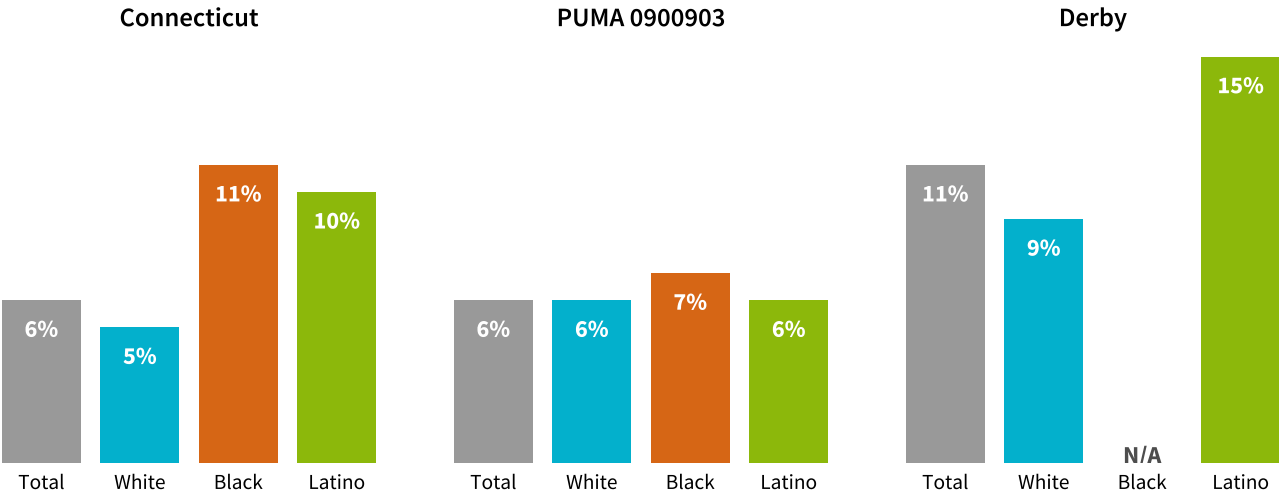
Individual earnings vary by race/ethnicity, sex, and other characteristics. These can be measured comparing the differences in average earnings between groups. White workers and men often out-earn workers of color and women. These trends hold even when controlling for educational attainment.

FIGURE 10: MEDIAN INCOME BY RACE/ETHNICITY AND SEX FOR FULL-TIME WORKERS AGES 25 AND OVER WITH POSITIVE INCOME, 2019



Rates of unemployment also vary by race and ethnicity. Generally, workers of color are more likely to be unemployed due to factors ranging from hiring practices to proximity to available jobs. Overall unemployment in Derby averaged 11 percent in 2019.

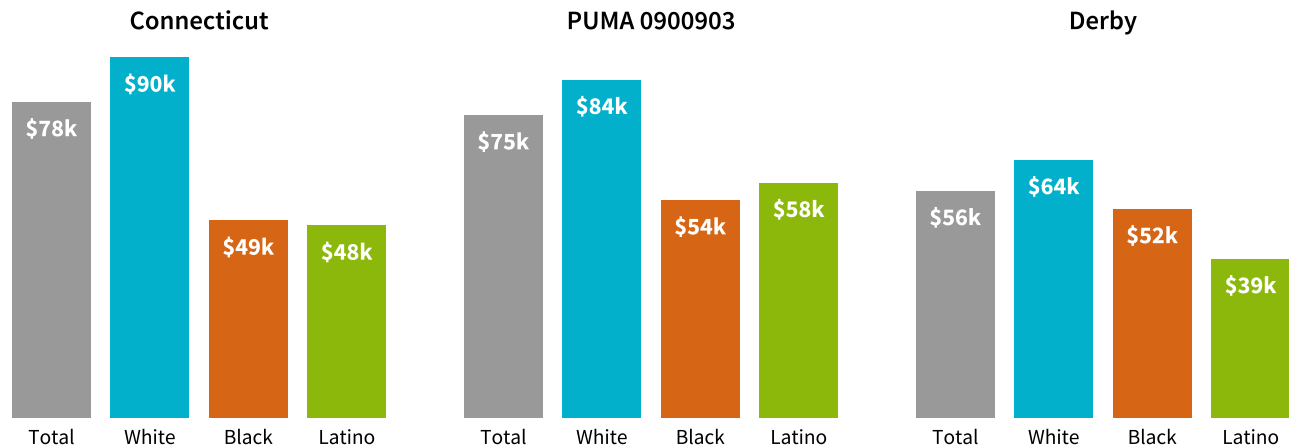
FIGURE 11: UNEMPLOYMENT RATE BY RACE/ETHNICITY, 2019



INCOME & WEALTH

The median household income in Derby is \$56,357, compared to \$78,444 statewide. Racial disparities in outcomes related to education, housing, and wages result in disparate household-level incomes and overall wealth. Racial disparities in outcomes related to education, employment, and wages result in disparate household-level incomes and overall wealth. Households led by Black or Latino adults generally average lower incomes than white households.

FIGURE 12: MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019



The Supplemental Nutritional Assistance Program (SNAP, or food stamps) is a program available to very low-income households earning less than 130 percent of the federal poverty guideline (\$25,750 for a family of four in 2019). Throughout the state, poverty and SNAP utilization rates are higher among Black and Latino households than white households.

TABLE 7: SELECTED HOUSEHOLD ECONOMIC INDICATORS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

	Total		White		Black		Latino		Asian		Native American	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Population living below poverty level												
Connecticut	344,146	10%	137,123	6%	65,664	18%	123,431	22%	12,398	8%	1,629	17%
PUMA 0900903	10,312	9%	5,005	7%	2,563	13%	1,899	11%	330	6%	<50	N/A
Derby	1,592	13%	1,078	14%	<50	N/A	370	14%	<50	N/A	<50	N/A
Households receiving food stamps/SNAP												
Connecticut	162,967	12%	67,339	7%	34,650	26%	56,091	32%	3,145	6%	958	26%
PUMA 0900903	4,460	10%	2,527	8%	1,029	14%	772	15%	87	4%	<50	N/A
Derby	838	16%	609	16%	<50	N/A	229	28%	<50	N/A	<50	N/A

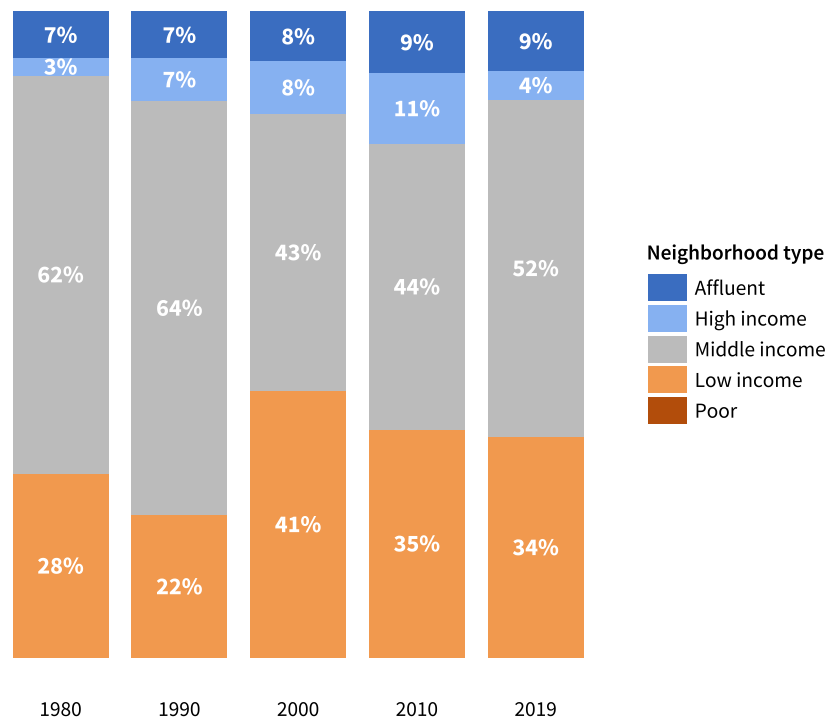
Access to a personal vehicle may also be considered a measure of wealth since reliable transportation plays a significant role in job access and quality of life. Vehicle access reduces the time a family may spend running errands or traveling to appointments, school, or work.

TABLE 8: HOUSEHOLDS WITH NO VEHICLE AT HOME BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

Area	Total		White		Black		Latino		Other race	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	121,434	9%	55,942	6%	27,048	21%	30,496	17%	7,948	10%
PUMA 0900903	4,107	9%	2,005	6%	1,502	21%	490	9%	110	4%
Derby	425	9%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

FIGURE 13: DISTRIBUTION OF POPULATION BY NEIGHBORHOOD INCOME LEVEL, PUMA 0900903, 1980–2019

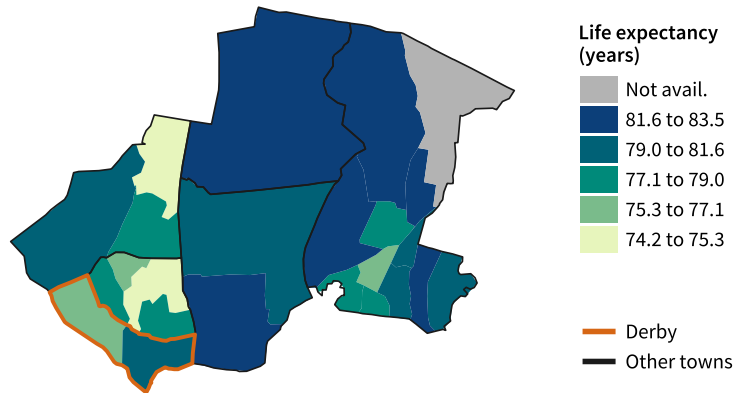


HEALTH

The socioeconomic disparities described above tend to correlate with health outcomes. Factors such as stable housing, employment, literacy and linguistic fluency, environmental hazards, and transportation all impact access to care, physical and mental health outcomes, and overall quality of life. Income and employment status often drive differences in access to healthcare, the likelihood of getting preventive screenings as recommended, the affordability of life-saving medicines, and the ability to purchase other goods and services, including high-quality housing and nutritious food.

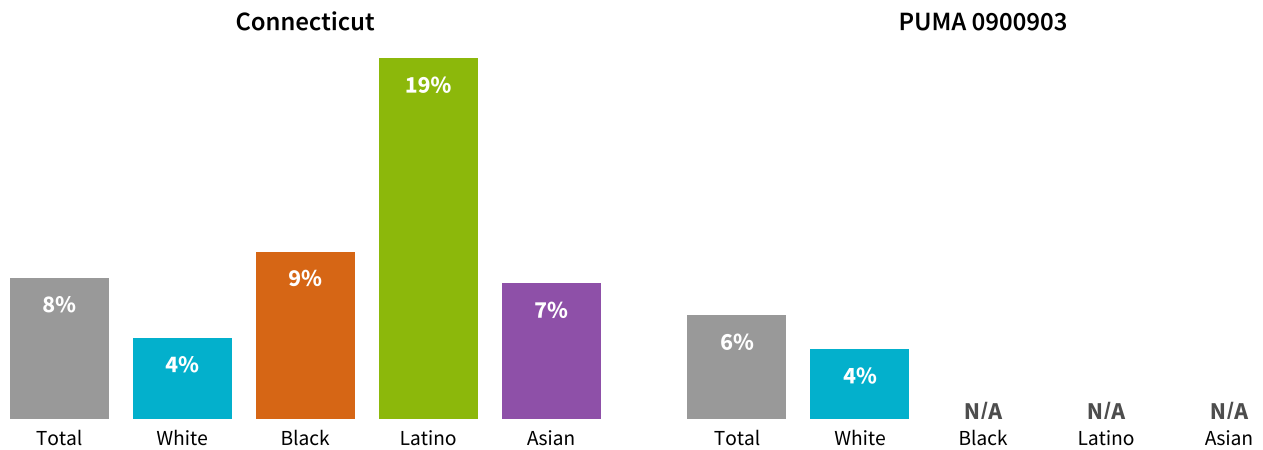
Life expectancy is a good proxy for overall health and well-being since it is the culmination of so many other social and health factors. The average life expectancy in Derby is 78.5 years, compared to 79.3 years across PUMA 0900903, and 80.3 years statewide.

FIGURE 14: LIFE EXPECTANCY, PUMA 0900903 BY CENSUS TRACT, 2015



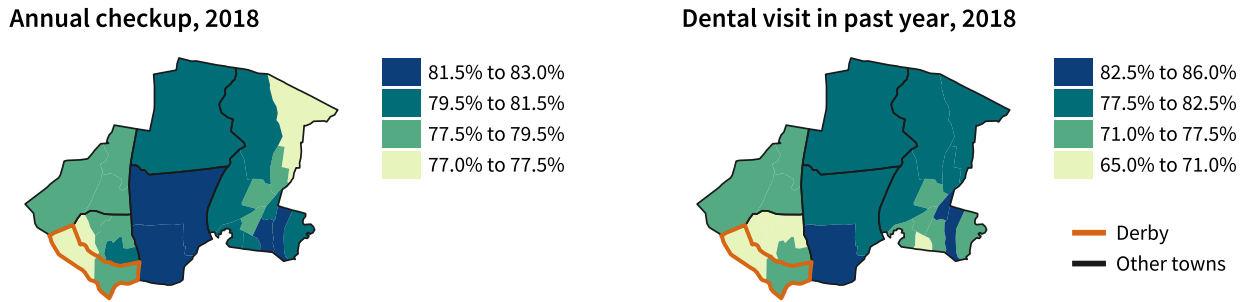
Health-related challenges begin with access to care. Due to differences in workplace benefits, income, and eligibility factors, Black and especially Latino people are less likely to have health insurance than white people.

FIGURE 15: UNINSURED RATE AMONG ADULTS AGES 19–64 BY RACE/ETHNICITY, 2019



Preventive care can help counteract economic disadvantages, as a person’s health can be improved by addressing risk factors like hypertension and chronic stress early. Lack of affordable, accessible, and consistent medical care can lead to residents relying on expensive emergency room visits later on. Overall, 78 percent of the adults in Derby had an annual checkup as of 2018, and 71 percent had a dental visit in the past year.

FIGURE 16: PREVENTIVE CARE MEASURES, SHARE OF ADULTS BY CENSUS TRACT, PUMA 0900903



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

FIGURE 17: SELECTED HEALTH RISK FACTORS, SHARE OF ADULTS, 2015–2018

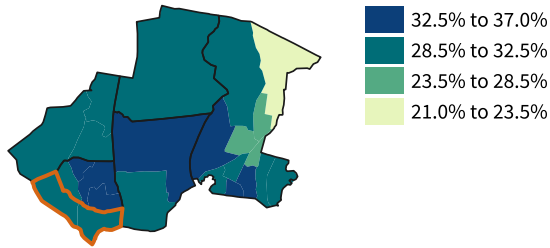
		Excellent/very good self-rated health	Food insecurity	Smoking	Obesity	Exercise 3+ days a week
Connecticut	Total	60%	13%	14%	27%	61%
	PUMA 0900903	57%	12%	14%	31%	59%
	White	58%	11%	15%	28%	60%
	Black	55%	14%	18%	38%	56%
	Latino	46%	19%	10%	35%	49%
Derby	Total	55%	14%	18%	35%	57%

FIGURE 18: SELECTED HEALTH INDICATORS BY AGE AND RACE/ETHNICITY, SHARE OF ADULTS, PUMA 0900903, 2015–2018

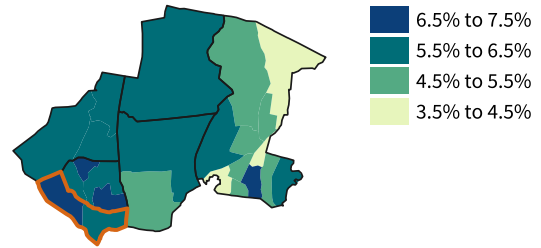
	Asthma				Diabetes				Hypertension			
	Total	White	Black	Latino	Total	White	Black	Latino	Total	White	Black	Latino
Ages 18 to 34	16%	17%	N/A	18%	2%	3%	N/A	0%	5%	6%	N/A	15%
Ages 35 to 49	9%	11%	2%	N/A	6%	6%	0%	N/A	19%	19%	34%	N/A
Ages 50 to 64	13%	12%	11%	N/A	14%	13%	25%	N/A	37%	33%	59%	N/A
Ages 65 and older	8%	7%	8%	N/A	21%	18%	38%	N/A	61%	60%	71%	N/A

FIGURE 19: CHRONIC DISEASE PREVALENCE, SHARE OF ADULTS BY CENSUS TRACT, PUMA 0900903

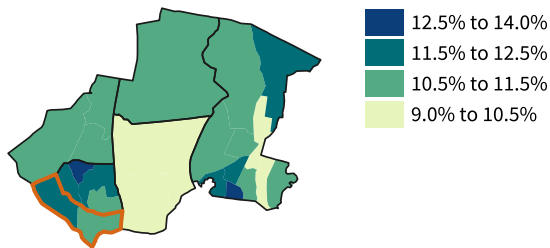
High blood pressure, 2017



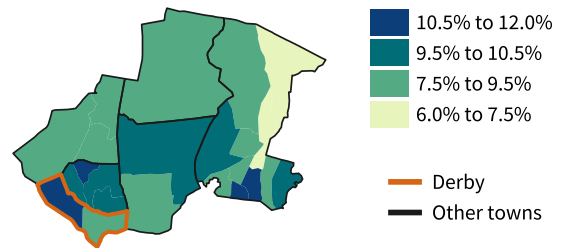
Coronary heart disease, 2018



Current asthma, 2018



Diabetes, 2018



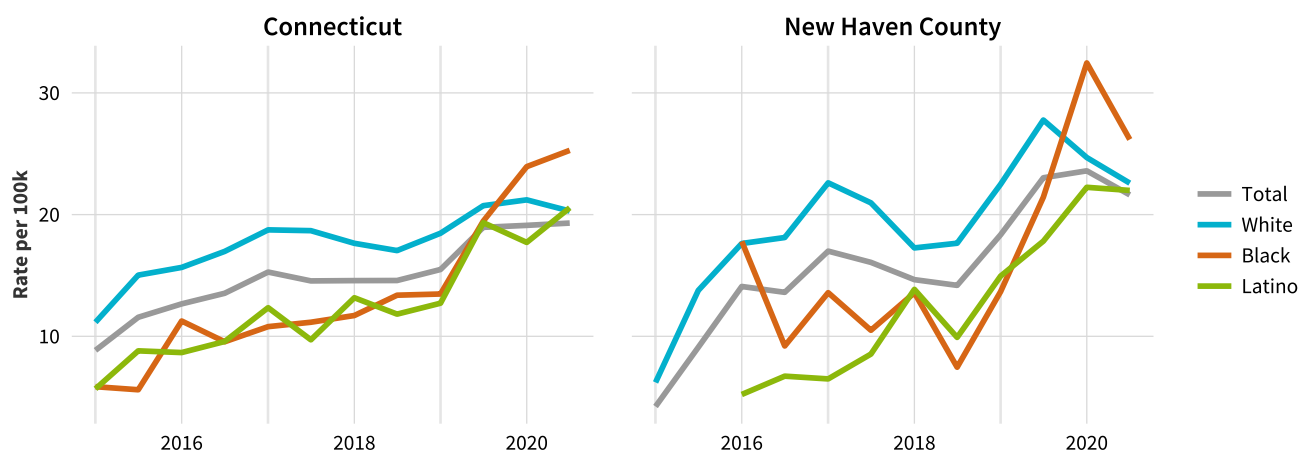
Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems as well, including by complicating a person’s ability to keep up other aspects of their health care. People of color are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 8 percent of Derby adults report experiencing anxiety regularly and 7 percent report being bothered by depression.

TABLE 9: SELECTED MENTAL HEALTH INDICATORS, SHARE OF ADULTS, 2015–2018

	Total	White	Black	Latino	Asian	Native American
Experiencing anxiety						
Connecticut	12%	11%	15%	19%	14%	15%
PUMA 0900903	13%	11%	16%	11%	N/A	N/A
Derby	8%	10%	N/A	N/A	N/A	N/A
Bothered by depression						
Connecticut	9%	8%	10%	14%	8%	12%
PUMA 0900903	8%	8%	12%	12%	N/A	N/A
Derby	7%	7%	N/A	N/A	N/A	N/A

Like other states, Connecticut has seen a rise in drug overdose deaths in the last several years. In 2020, Connecticut saw an average of 113 overdose deaths per month, up from 60 in 2015. White residents long comprised the bulk of these deaths, but as overall overdose death rates have increased, an increasing share of those deaths have been people of color.

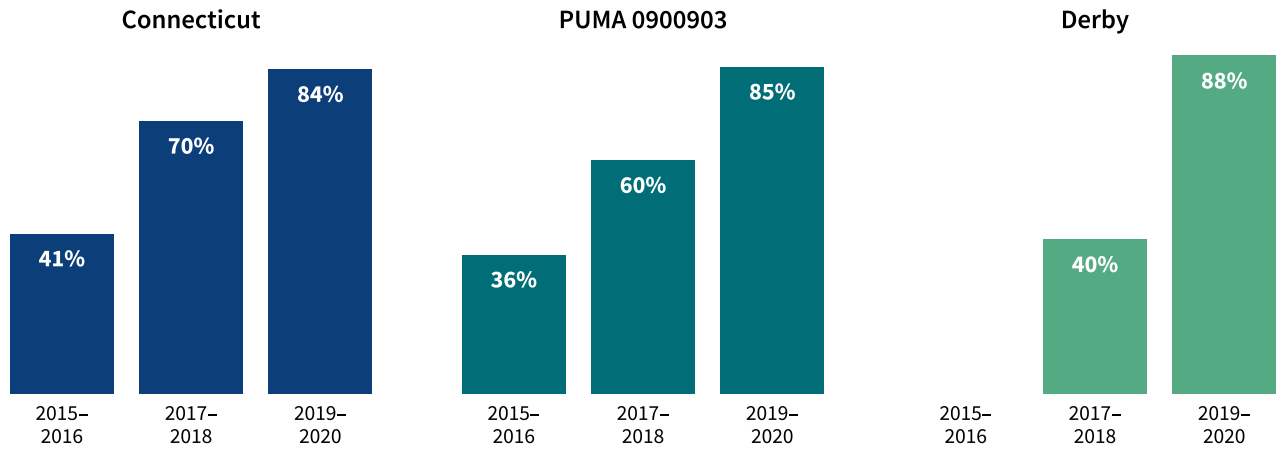
FIGURE 20: AGE-ADJUSTED SEMI-ANNUAL RATES OF DRUG OVERDOSE DEATHS PER 100,000 RESIDENTS BY RACE/ETHNICITY, 2015–2020



Note: Values suppressed for small populations or few overdose incidents.

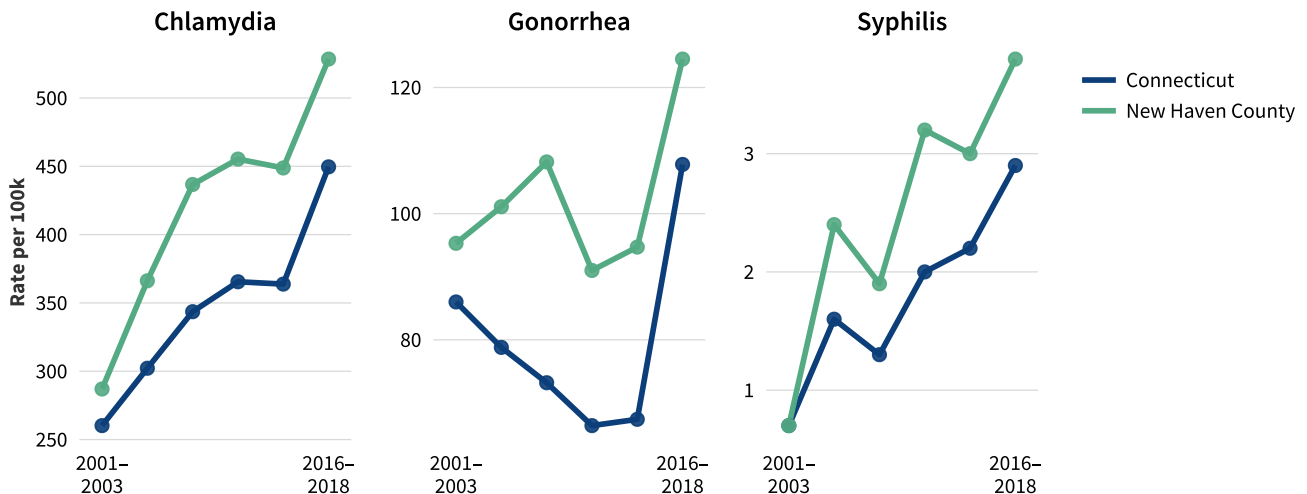
The introduction and spread of fentanyl in drugs—both with and without users’ knowledge—is thought to have contributed to this steep rise in overdoses. In 2015 and 2016, 60 percent of the drug overdose deaths in Derby involved fentanyl; in 2019 and 2020, this share was 88 percent.

FIGURE 21: SHARE OF DRUG OVERDOSE DEATHS INVOLVING FENTANYL, 2015–2020



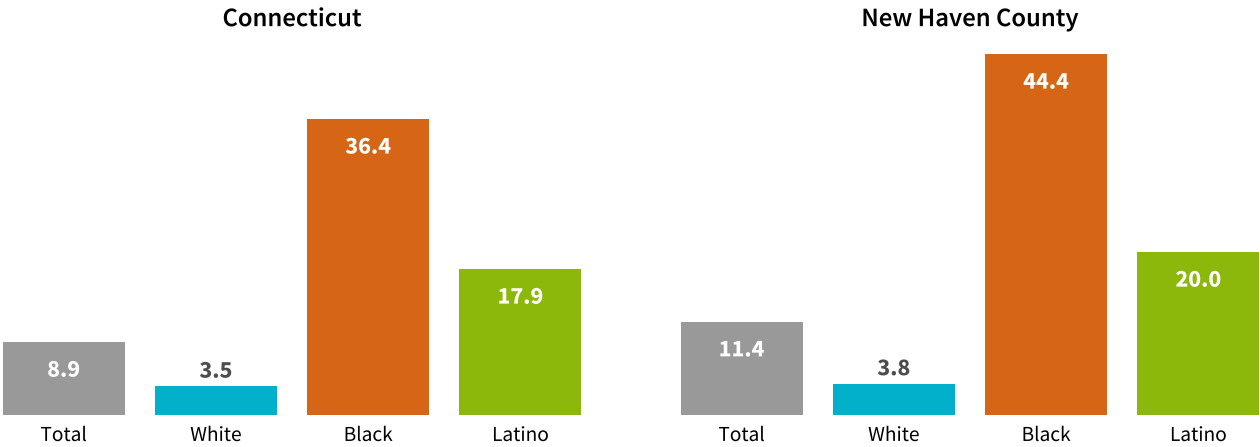
Sexually transmitted infections (STIs) can have long-term implications for health, including reproductive health problems and certain cancers, and can increase the risk of acquiring and transmitting diseases such as HIV and hepatitis C. Following nationwide trends, Connecticut has seen increases in the rates of STIs like chlamydia and gonorrhea over the past two decades. Between 2016 and 2018, New Haven County had annual average case rates of 528 new cases of chlamydia per 100,000 residents, 124 cases of gonorrhea per 100,000, and 3.8 cases of syphilis per 100,000.

FIGURE 22: ANNUALIZED AVERAGE RATES OF NEW CASES OF SELECTED SEXUALLY TRANSMITTED INFECTIONS PER 100,000 RESIDENTS, 2001–2003 THROUGH 2016–2018



Like many other diseases, Connecticut’s Black and Latino residents face a higher burden of HIV rates. Statewide between 2016 and 2018, Black residents ages 13 and up were more than 10 times more likely to be diagnosed with HIV than white residents.

FIGURE 23: ANNUALIZED AVERAGE RATE OF NEW HIV DIAGNOSES PER 100,000 RESIDENTS AGES 13 AND OVER, 2016-2018

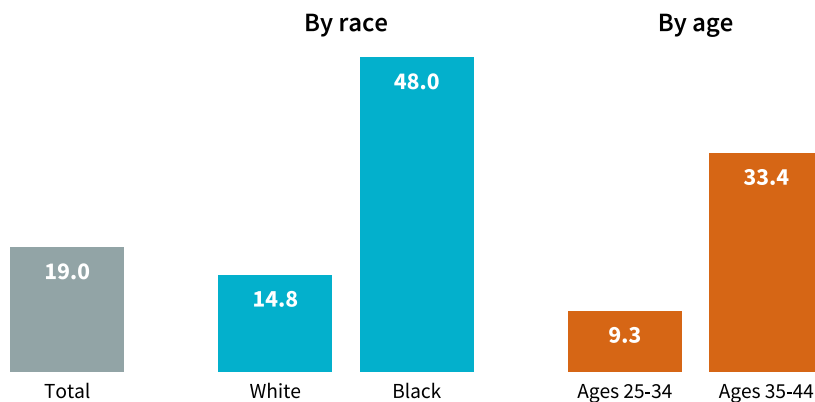


Birth outcomes often reflect health inequities for parents giving birth, and those outcomes can affect a child throughout their life. Often, parents of color have more complications related to birth and pregnancy than white parents. Complications during pregnancy or childbirth also contribute to elevated mortality among parents giving birth.

TABLE 10: SELECTED BIRTH OUTCOMES BY RACE/ETHNICITY OF PARENT GIVING BIRTH, 2016–2018

Area	Total	White	Black	Latina			Asian
				Latina (overall)	Puerto Rican	Other Latina	
Late or no prenatal care							
Connecticut	3.4%	2.5%	5.7%	4.0%	2.9%	5.1%	3.5%
PUMA 0900903	3.9%	2.9%	5.7%	6.5%	5.2%	8.2%	1.8%
Derby	6.0%	4.2%	N/A	9.3%	8.2%	10.6%	0.0%
Low birthweight							
Connecticut	7.8%	6.4%	12.1%	8.3%	10.2%	6.6%	8.7%
PUMA 0900903	8.3%	5.8%	11.7%	N/A	N/A	N/A	N/A
Derby	9.0%	N/A	N/A	N/A	N/A	N/A	N/A
Infant mortality (per 1k live births)							
Connecticut	4.6	3.1	9.5	5.0	N/A	N/A	N/A
PUMA 0900903	6.5	4.8	N/A	N/A	N/A	N/A	N/A
Derby	N/A	N/A	N/A	N/A	N/A	N/A	N/A

FIGURE 24: MATERNAL MORTALITY RATE PER 100K BIRTHS, CONNECTICUT, 2013–2017



Children under 7 years old are monitored annually for potential lead poisoning, based on having blood-lead levels in excess of the state's accepted threshold. Between 2013 and 2017, 3.6 percent of children tested in Derby were found to have elevated lead levels. Children living in homes built before 1960 are at a higher risk of potential lead poisoning due to the more widespread use of lead-based paints in older homes. Black and Latino households are slightly more likely to live in structures built before 1960.

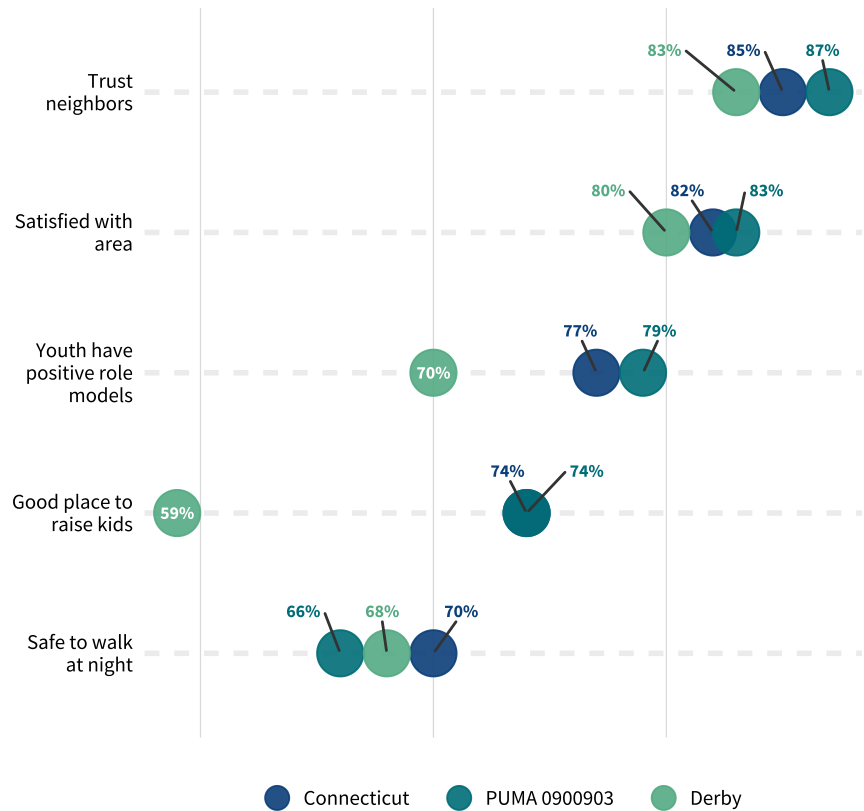
TABLE 11: HOUSEHOLDS LIVING IN STRUCTURES BUILT BEFORE 1960 BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

Area	Total		White		Black		Latino		Other race	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	580,941	42%	399,512	40%	63,552	49%	93,011	53%	24,866	32%
PUMA 0900903	21,978	47%	15,320	49%	2,914	40%	2,973	56%	771	28%
Derby	2,758	54%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

CIVIC LIFE & COMMUNITY COHESION

Beyond individual health, several measures from the DataHaven Community Wellbeing Survey show how local adults feel about the health of their neighborhoods. High quality of life and community cohesion can positively impact resident well-being through the availability of resources, sense of safety, and participation in civic life. For example, adults who see the availability of role models in their community may enroll their children in extracurricular activities that benefit them educationally and socially; residents who know and trust their neighbors may find greater social support. Overall, 80 percent of Derby adults reported being satisfied with the area where they live.

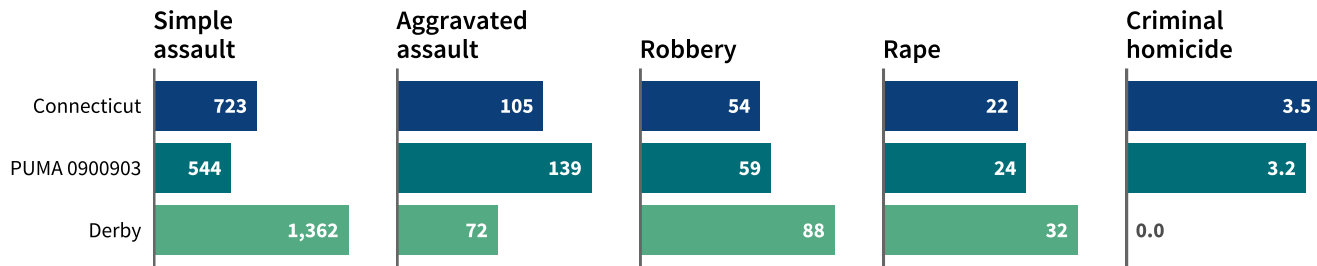
FIGURE 25: RESIDENTS' RATINGS OF COMMUNITY COHESION MEASURES, SHARE OF ADULTS, 2015-2018



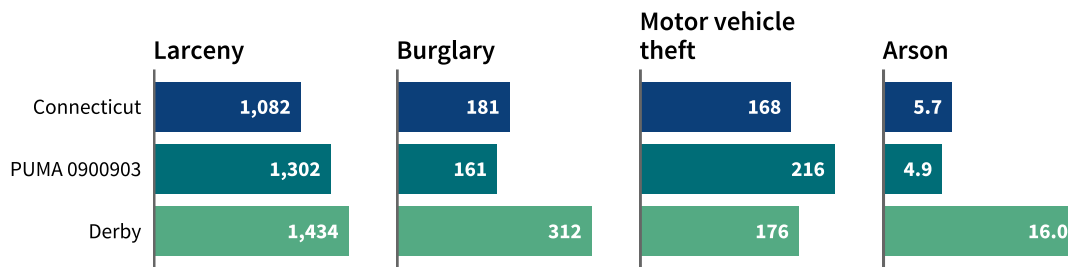
Crime rates per 100,000 residents are based on reports to law enforcement of violent force against persons, as well as offenses involving property. Not all crimes involve residents of the areas where the crimes occur, which is important to consider when evaluating crime rates in areas or towns with more commercial activity. Crime patterns can also vary dramatically by neighborhood. Crime can impact the social and economic well-being of communities, including through negative health effects.

FIGURE 26: PART I CRIME RATES PER 100,000 RESIDENTS BY TOWN / JURISDICTION, 2019

Crimes against persons



Crimes against property



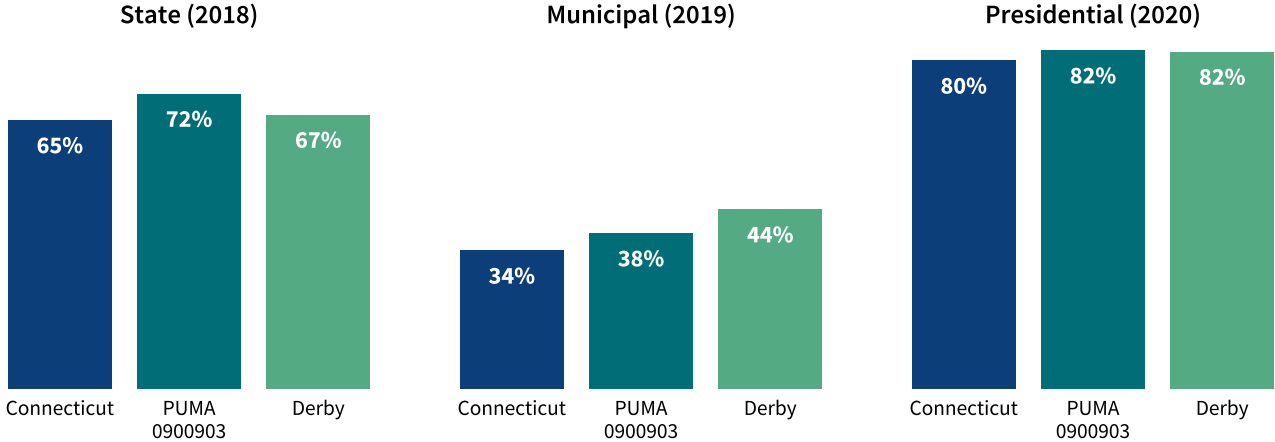
A lack of trust in and engagement with local government and experiences of unfair treatment by authorities can impair community well-being and cohesion. Forty-four percent of Derby adults feel their local government is responsive to residents’ needs, compared to 51 percent statewide.

TABLE 12: RESIDENTS’ RATINGS OF LOCAL GOVERNMENT, SHARE OF ADULTS, 2015–2018

Area	Unfairly stopped by police	Local govt is responsive	Have some influence over local govt
Connecticut	11%	51%	67%
PUMA 0900903	11%	50%	65%
Derby	9%	44%	60%

During the 2020 presidential election, 82 percent of Derby registered voters cast ballots, compared to 80 percent statewide, and to 84 percent in the 2016 presidential election.

FIGURE 27: REGISTERED VOTER TURNOUT, 2018-2020

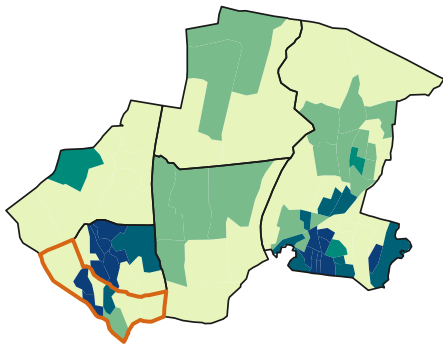


ENVIRONMENT & SUSTAINABILITY

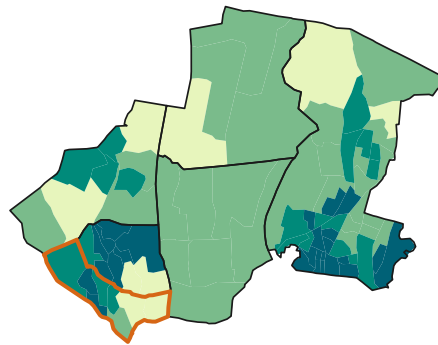
Many environmental factors—from access to outdoor resources to tree canopy to exposure to pollutants—can have direct impacts on residents’ health and quality of life. Environmental justice is the idea that these factors of built and natural environments follow familiar patterns of socioeconomic disparities and segregation. The federal Environmental Protection Agency (EPA) ranks small areas throughout the US on their risks of exposure to a variety of pollutants and hazards, scaled to account for the historically disparate impact of these hazards on people of color and lower-income people.

FIGURE 28: EPA ENVIRONMENTAL JUSTICE INDEX BY BLOCK GROUP, PUMA 0900903

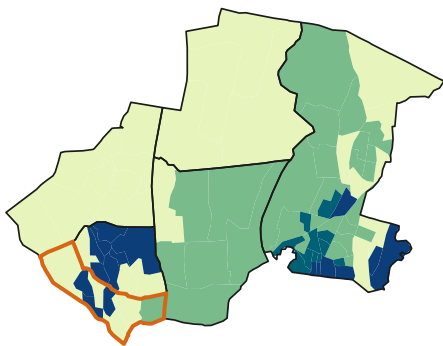
Lead paint exposure risk



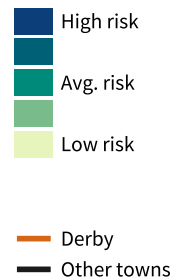
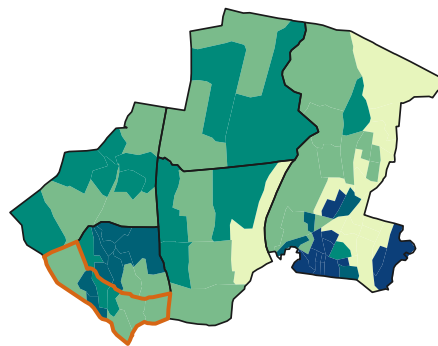
Air cancer risk



Proximity to water discharge

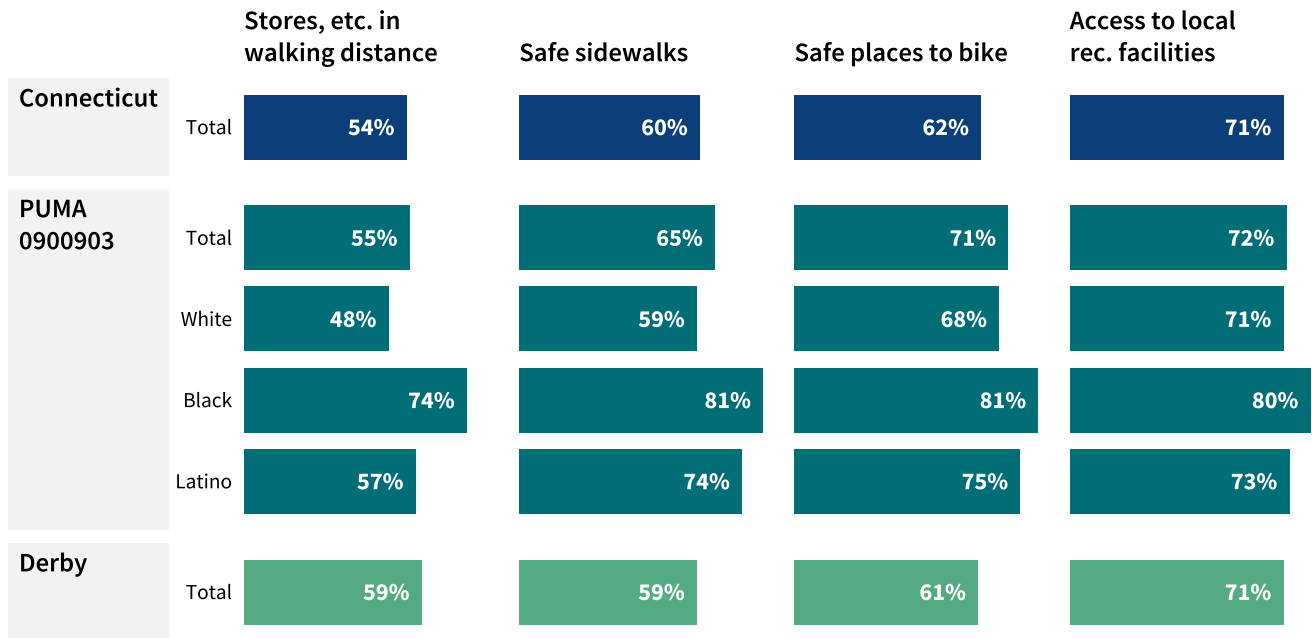


Proximity to treatment facilities



High-quality built environment resources, such as recreational facilities and safe sidewalks, help keep residents active and bring communities together. Walkable neighborhoods may also encourage decreased reliance on cars. Throughout Connecticut, Black and Latino residents are largely concentrated in denser urban areas which tend to offer greater walkability. Of adults in Derby, 59 percent report having stores, banks, and other locations they need in walking distance, higher than the share of adults statewide.

FIGURE 29: RESIDENTS’ RATINGS OF LOCAL WALKABILITY MEASURES BY RACE/ETHNICITY, SHARE OF ADULTS, 2015–2018



NOTES

Figure 1. Study area. Map tiles by Stamen Design, under CC BY 3.0. Data by OpenStreetMap, under ODbL.

Table 1. About the area. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates. Available at <https://data.census.gov>; US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data. Available at <https://www.census.gov/programs-surveys/decennial-census/about/rdo.html>; PLACES Project. Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/places>; and National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>

Table 2. Population by race/ethnicity, 2020. US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data.

Figure 2. Population by race/ethnicity and age group, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 3. Linguistic isolation by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 3. Population and population change by age group, 2010–2020. US Census Bureau 2010 & 2020 Decennial Census P.L. 94-171 Redistricting Data.

Figure 4. Share of population by race/ethnicity, 2010–2020. US Census Bureau 2010 & 2020 Decennial Census P.L. 94-171 Redistricting Data.

Table 4. Homeownership rate by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 5. Homeownership rates by age and race/ethnicity of head of household, PUMA 0900903, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year public use microdata sample (PUMS) data, accessed via IPUMS. Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek. IPUMS USA: Version 11.0 [dataset]. Minneapolis, MN: IPUMS, 2021. <https://doi.org/10.18128/D010.V11.0>

Figure 6. Housing cost-burden rates by race/ethnicity, PUMA 0900903, 2019. DataHaven analysis (2021) of Ruggles, et al. (2019).

Table 5. Overcrowded households by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 7. Public K-12 student enrollment by race/ethnicity per 100 students, 2019–2020. DataHaven analysis (2021) of 2019–2020 school year enrollment data from the Connecticut State Department of Education, accessed via EdSight at <http://edsight.ct.gov> At the school district level, not all groups may be shown due to CTSDE data suppression rules for small enrollment counts, even though they may represent more than 1% of the school district population.

Figure 8. Selected academic and disciplinary outcomes by student race/ethnicity, 2018–2019. DataHaven analysis (2021) of 2018–2019 school year testing (8th grade English/language arts), discipline, and four-year graduation data from the Connecticut State Department of Education, accessed via EdSight. Because students can be suspended more than once in a school year, the suspension rate is given as the number of reported suspensions per 1,000 enrolled students rather than a percentage.

Figure 9. Educational attainment by race/ethnicity, share of adults ages 25 and up, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 6. Jobs and wages in Derby's 5 largest sectors, 2019. DataHaven analysis (2021) of annual employment data from the Connecticut Department of Labor. Note that in some cases, especially for smaller towns, data have been suppressed. Available at https://www1.ctdol.state.ct.us/lmi/202/202_annualaverage.asp

Figure 10. Median income by race/ethnicity and sex for full-time workers ages 25 and over with positive income, 2019. DataHaven analysis (2021) of Ruggles, et al. (2019).

Figure 11. Unemployment rate by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 12. Median household income by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 7. Selected household economic indicators by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 8. Households with no vehicle at home by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 13. Distribution of population by neighborhood income level, PUMA 0900903, 1980–2019. DataHaven analysis (2021) of household income and population by Census tract. Values for 1980–2000 are from the US Census Bureau Decennial Census, provided by the Neighborhood Change Database (NCDB) created by GeoLytics and the Urban Institute with support from the Rockefeller Foundation (2012). 2019 values are calculated from US Census Bureau American Community Survey 2019 5-year estimates.

Figure 14. Life expectancy, PUMA 0900903 by Census tract, 2015. Data from National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>

Figure 15. Uninsured rate among adults ages 19–64 by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 16. Preventive care measures, share of adults by Census tract, PUMA 0900903. Data from PLACES Project. Centers for Disease Control and Prevention.

Figure 17. Selected health risk factors, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey. Available at <https://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

Figure 18. Selected health indicators by age and race/ethnicity, share of adults, PUMA 0900903, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 19. Chronic disease prevalence, share of adults by Census tract, PUMA 0900903. Data from PLACES Project. Centers for Disease Control and Prevention.

Table 9. Selected mental health indicators, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 20. Age-adjusted semi-annual rates of drug overdose deaths per 100,000 residents by race/ethnicity, 2015–2020. DataHaven analysis (2021) of Accidental Drug Related Deaths 2012–2018. Connecticut Office of the Chief Medical Examiner. Available at <https://data.ct.gov/resource/rybz-nyjw>. Rates are 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>

Figure 21. Share of drug overdose deaths involving fentanyl, 2015–2020. DataHaven analysis (2021) of Accidental Drug Related Deaths 2012–2018. Connecticut Office of the Chief Medical Examiner.

Figure 22. Annualized average rates of new cases of selected sexually transmitted infections per 100,000 residents, 2001–2003 through 2016–2018. DataHaven analysis (2021) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2019. <https://www.cdc.gov/nchhstp/atlas/index.htm>

Figure 23. Annualized average rate of new HIV diagnoses per 100,000 residents ages 13 and over, 2016–2018. DataHaven analysis (2021) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus.

Table 10. Selected birth outcomes by race/ethnicity of parent giving birth, 2016–2018. DataHaven analysis (2021) of data from the Connecticut Department of Public Health Vital Statistics. Retrieved from <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Vital-Statistics-Registration-Reports>

Figure 24. Maternal mortality rate per 100k births, Connecticut, 2013–2017. America’s Health Rankings analysis of CDC WONDER Online Database, Mortality files, United Health Foundation. Retrieved from <https://www.americashealthrankings.org>

Table 11. Households living in structures built before 1960 by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 25. Residents’ ratings of community cohesion measures, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 26. Part I crime rates per 100,000 residents by town / jurisdiction, 2019. DataHaven analysis (2021) of 2019 Crimes Analysis Offenses. Connecticut Department of Emergency Services and Public Protection. Available at <https://portal.ct.gov/DESPP/Division-of-State-Police/Crimes-Analysis-Unit/Crimes-Analysis-Unit>

Table 12. Residents’ ratings of local government, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 27. Registered voter turnout, 2018–2020. DataHaven analysis (2021) of data from the Connecticut Office of the Secretary of the State Elections Management System. Available at <https://ctemspublic.pcctg.net>

Figure 28. EPA Environmental Justice Index by block group, PUMA 0900903. United States Environmental Protection Agency. 2019 version. EJSCREEN. Retrieved from <https://www.epa.gov/ejscreen>

Figure 29. Residents’ ratings of local walkability measures by race/ethnicity, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

ACKNOWLEDGEMENTS

This report is supported by a generous grant from the Emily Hall Tremaine Foundation (tremainefoundation.org). Support also comes from The Community Foundation for Greater New Haven, Yale Cancer Center, and individual donors. This report was refined through suggestions and in-kind support from Sustainable CT (sustainablect.org) as well as local organizations and residents throughout Connecticut.

Support for the DataHaven Community Wellbeing Survey (DCWS), one of the key data sources used in this report, comes from more than 80 public and private partners. Major sponsors of the DCWS include the Hartford Foundation for Public Giving, Fairfield County's Community Foundation, Connecticut Community Foundation, Valley Community Foundation, Connecticut Health Foundation, Greater Waterbury Health Partnership, Health Improvement Alliance of Greater Bridgeport, Yale-New Haven Health, Hartford HealthCare, Nuvance Health, Trinity Health of New England, Stamford Health, Griffin Hospital, City of Hartford, Ledge Light Health District, and others.

Visit DataHaven (ctdatahaven.org) for more information. This report was authored by Camille Seaberry, Kelly Davila, and Mark Abraham of DataHaven.

SUGGESTED CITATION

Seaberry, C., Davila, K., Abraham, M. (2021). Derby Equity Profile. New Haven, CT: DataHaven. Published September 2021. More information at ctdatahaven.org

ABOUT DATAHAVEN

DataHaven is a non-profit organization with a 25-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, D.C.

 [ctdata](#)  [connecticutdata](#)  [ctdata](#)  ctdatahaven.org