
MONROE 2023 EQUITY PROFILE

DataHaven



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Compiled by DataHaven in August 2023.

This report is designed to inform local-level efforts to improve community well-being and racial equity. This is version 2.0 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 3.0 of this report.

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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 social needs. Wherever possible, data are presented with racial/ethnic breakdowns, as defined by existing federal data collection standards. However, for smaller groups or more detailed breakdowns, some values may not be available or have less reliable data. In these cases, values are marked as “N/A,” not available.

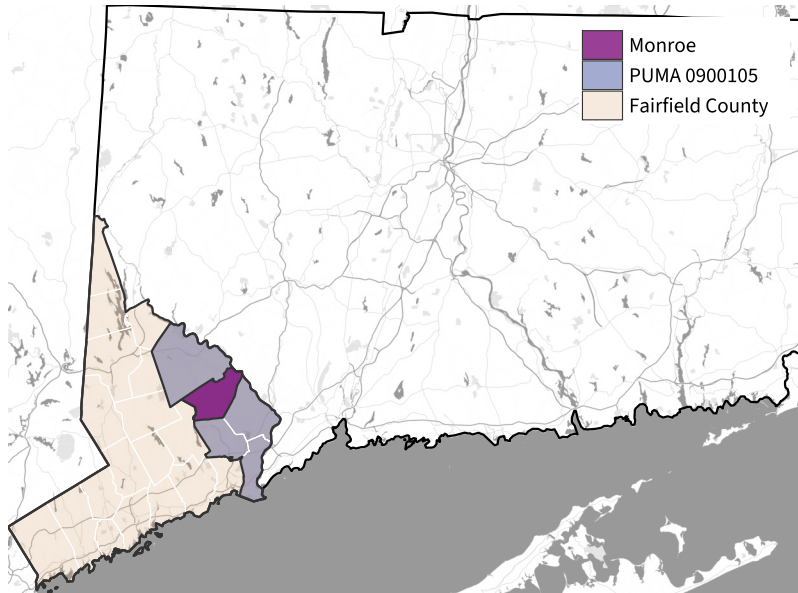
Federal and statewide approaches to data collection, including small sample sizes, tend to hide disparities within certain population groups. This does not mean that a given population is not impacted by inequitable social conditions. DataHaven and other organizations often collect information on demographic characteristics besides race/ethnicity, and encourage further analysis and advocacy that can lead to more inclusive data reporting. Please contact DataHaven at info@ctdatahaven.org with questions about additional reporting that may be possible.

- Monroe is a town of **18,825 residents, 17 percent** of whom are people of color. The town’s population has decreased by **3 percent** since 2010.
- Of the town’s **6,274 households, 92 percent** are homeowner households.
- **Thirty-three percent** of Monroe’s households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- **Ninety-seven percent** of public high school seniors in the class of 2021 in the Monroe School District graduated within four years.
- Among the town’s adults ages 25 and up, **50 percent** have earned a bachelor’s degree or higher.
- Monroe is home to **5,353 jobs**, with the largest share in the Manufacturing sector.
- The median household income in Monroe is **\$127,995**.
- As of 2015, Monroe’s average life expectancy was **81.6 years**.
- **Sixty-eight percent** of adults in Monroe say they are in excellent or very good health.
- In 2021, **fewer than 5 people** in Monroe died of drug overdoses.
- **Eighty-two percent** of adults in Monroe are satisfied with their area, and **63 percent** say their local government is responsive to residents’ needs.
- In the most recent state election, **64 percent** of registered voters in Monroe voted.
- **Thirty-eight percent** of adults in Monroe report having stores, banks, and other locations in walking distance of their home, and **16 percent** say there are safe sidewalks and crosswalks in their neighborhood.

OVERVIEW

For the purposes of this report, Monroe 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 0900105. In addition, data are presented for Fairfield County where sample sizes are otherwise small.

FIGURE 1: STUDY AREA



PUMA 0900105 is made up of the following towns (with 2020 populations):

- Monroe (18,825)
- Newtown (27,173)
- Shelton (40,869)
- Stratford (52,355)
- Trumbull (36,827)

Fairfield County is made up of the following towns (with 2020 populations):

- Bethel (20,358)
- Bridgeport (148,654)
- Brookfield (17,528)
- Danbury (86,518)
- Darien (21,499)
- Easton (7,605)
- Fairfield (61,512)
- Greenwich (63,518)
- Monroe (18,825)
- New Canaan (20,622)
- New Fairfield (13,579)
- Newtown (27,173)
- Norwalk (91,184)
- Redding (8,765)
- Ridgefield (25,033)
- Shelton (40,869)
- Sherman (3,527)
- Stamford (135,470)
- Stratford (52,355)
- Trumbull (36,827)
- Weston (10,354)
- Westport (27,141)
- Wilton (18,503)

TABLE 1: ABOUT THE AREA

Indicator	Connecticut	PUMA 0900105	Monroe
Total population	3,605,944	176,049	18,825
Total households	1,397,324	64,602	6,274
Homeownership rate	66%	84%	92%
Housing cost burden rate	35%	33%	33%
Adults with less than a high school diploma	9%	6%	4%
Median household income	\$83,572	\$109,354	\$127,995
Poverty rate	10%	5%	3%
Adults 18–64 w/o health insurance	10%	9%	8%
Life expectancy (years, 2015)	80.3	81.3	81.6

DEMOGRAPHICS

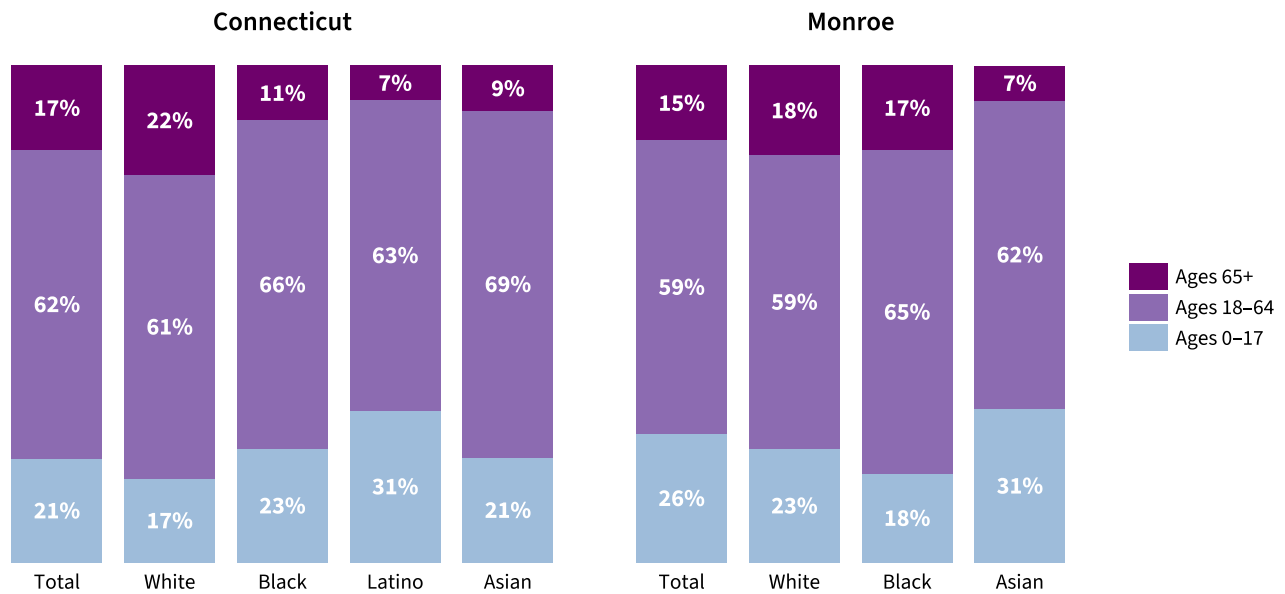
As of 2020, the population of Monroe is 18,825, including 4,276 children and 14,549 adults. Seventeen percent of Monroe’s residents are people of color, compared to 37 percent of residents statewide.

TABLE 2: POPULATION BY RACE/ETHNICITY, 2020

Area	White		Black		Latino		Asian		Other race/ethnicity	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	2,279,232	63%	360,937	10%	623,293	17%	170,459	5%	172,023	5%
PUMA 0900105	126,258	72%	13,582	8%	21,919	12%	7,013	4%	7,277	4%
Monroe	15,548	83%	400	2%	1,470	8%	660	4%	747	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.

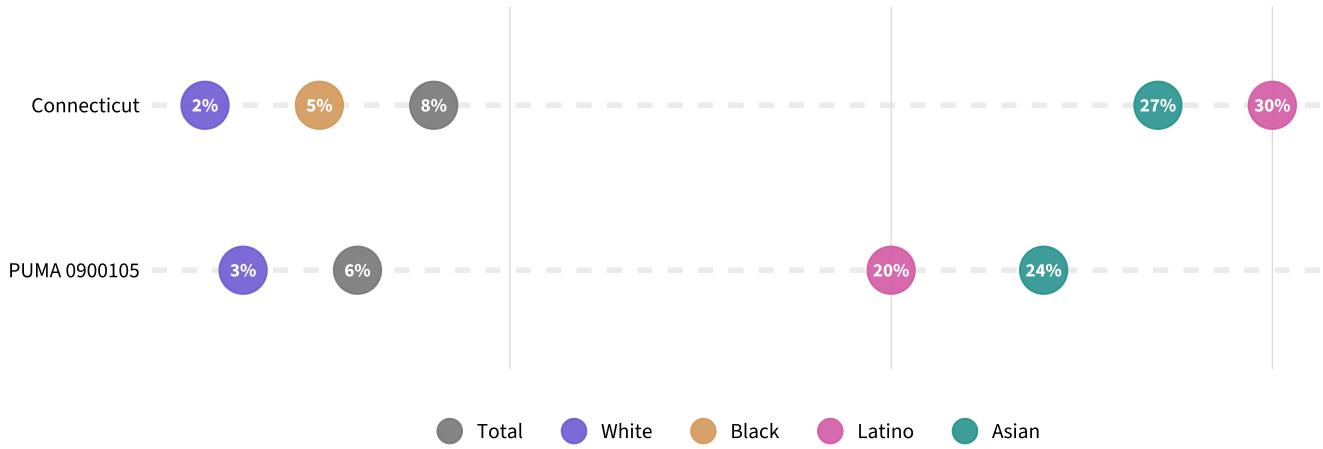
FIGURE 2: POPULATION BY RACE/ETHNICITY AND AGE GROUP, 2021



Note: Only groups with at least 50 residents in each age group shown.

About 2,104 residents of Monroe, or 11 percent of the population, are foreign-born. The largest number of immigrants living in PUMA 0900105 were born in India, followed by Brazil and Jamaica.

FIGURE 3: LINGUISTIC ISOLATION BY RACE/ETHNICITY, 2021



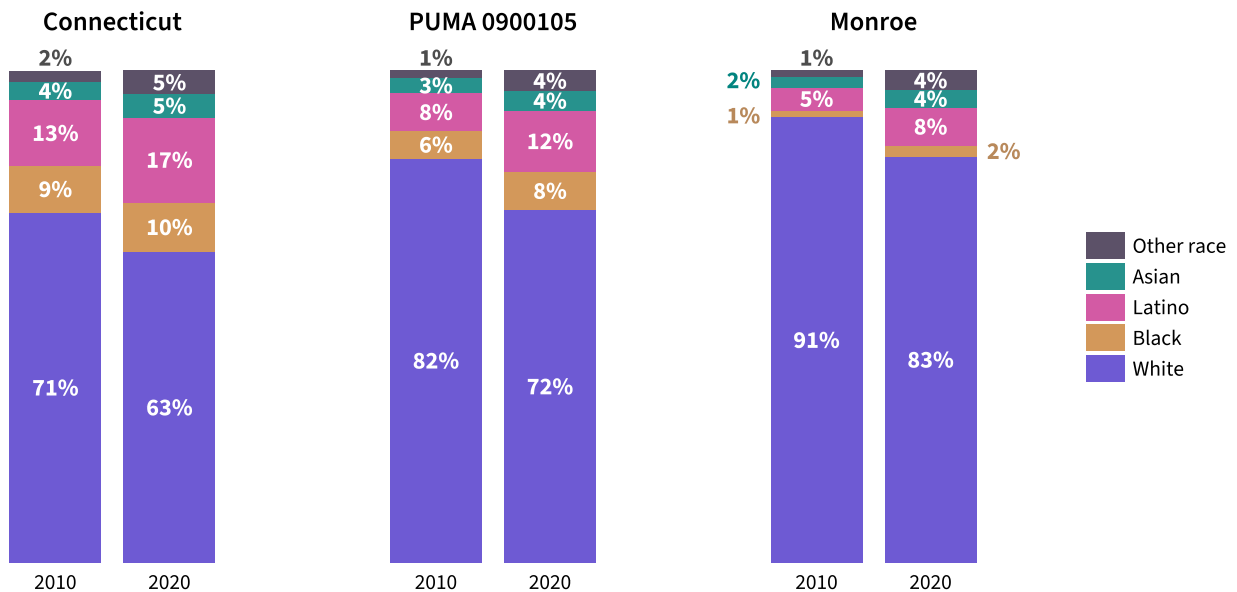
POPULATION CHANGE: 2020 CENSUS

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, Monroe shrank by 654 people, a 3.4 percent decrease. The number of white residents in Monroe shrank by 12 percent, while the non-white population grew by 79 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 (0–17)	817,015	736,717	–80,298	–9.8%
	Adults (18+)	2,757,082	2,869,227	+112,145	+4.1%
PUMA 0900105	All ages	174,000	176,049	+2,049	+1.2%
	Children (0–17)	41,642	36,723	–4,919	–11.8%
	Adults (18+)	132,358	139,326	+6,968	+5.3%
Monroe	All ages	19,479	18,825	–654	–3.4%
	Children (0–17)	5,165	4,276	–889	–17.2%
	Adults (18+)	14,314	14,549	+235	+1.6%

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



HOUSING

Monroe has 6,274 households, of which 92 percent are homeowner households. Of Monroe’s 6,607 housing units, both occupied and vacant, 91 percent are in single-family buildings and 9 percent are in multifamily buildings, compared to PUMA 0900105, where 83 percent are single-family and 17 percent are multifamily.

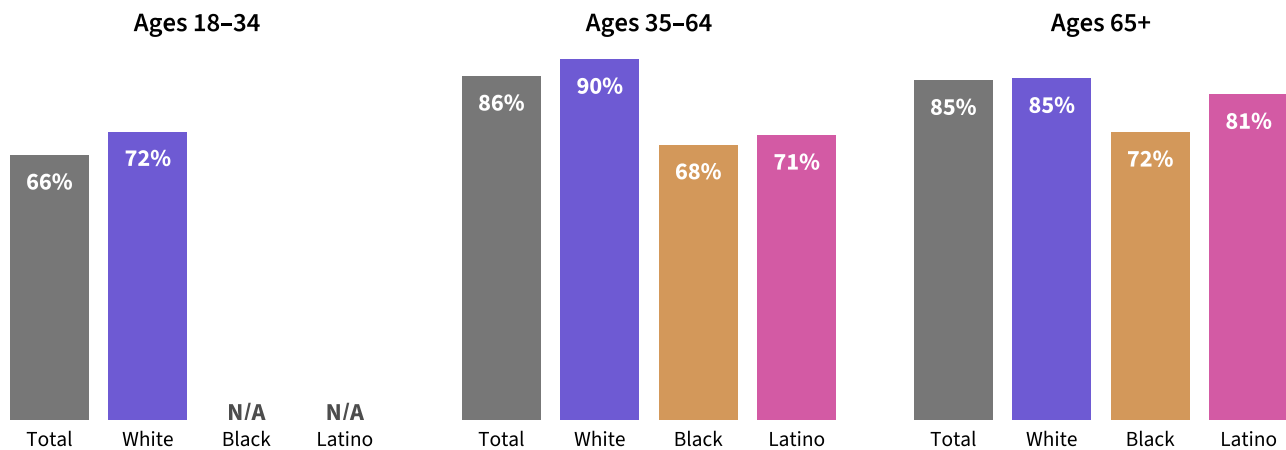
Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for advantaged groups because the process of purchasing a home has a long history of racially discriminatory practices that continue to restrict access to homeownership today. This challenge, coupled with municipal zoning 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, 2021

Area	Total	White	Black	Latino	Asian
Connecticut	66%	76%	41%	37%	60%
PUMA 0900105	84%	87%	66%	68%	87%
Monroe	92%	92%	91%	89%	N/A

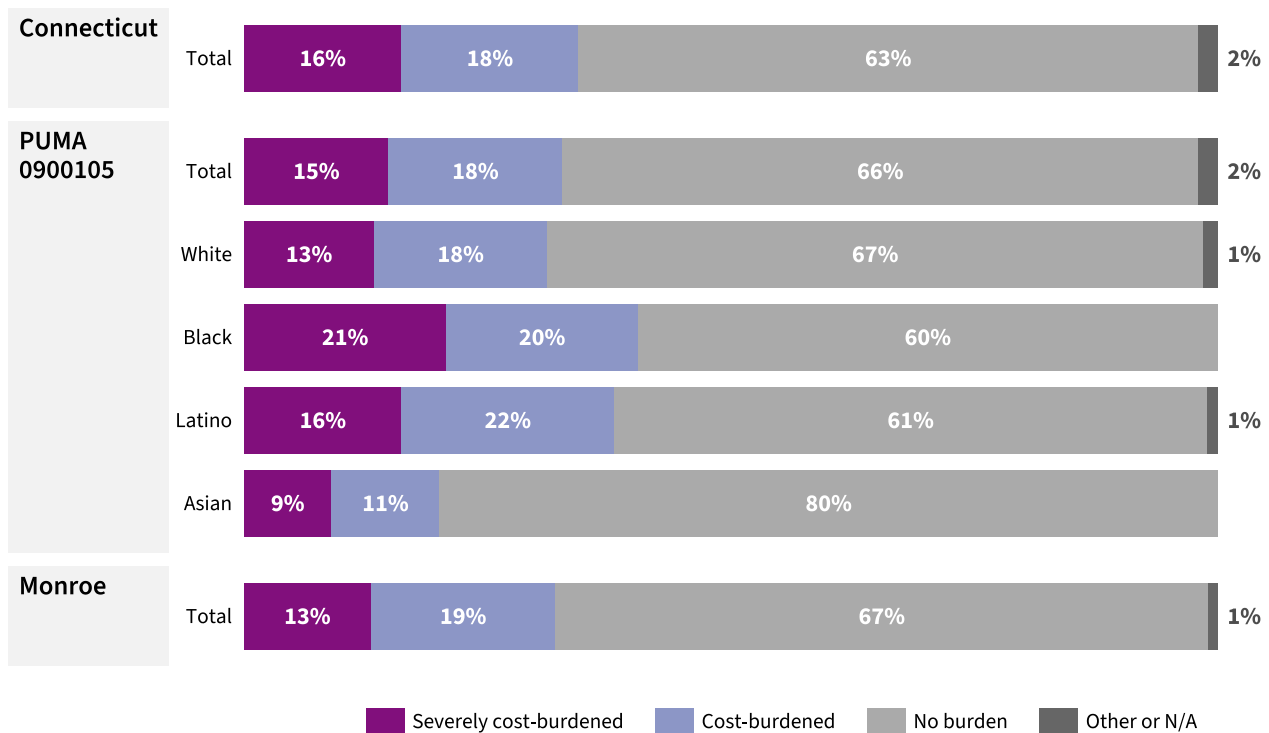
Younger adults are less likely than older adults to own their homes across several race/ethnicity groups. However, in most towns, younger white adults own their homes at rates comparable to or higher than older Black and Latino adults.

FIGURE 5: HOMEOWNERSHIP RATES BY AGE AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, PUMA 0900105, 2021



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. Cost-burden generally affects renters more than homeowners, and has greater impact on Black and Latino householders. Among renter households in Monroe, 55 percent are cost-burdened, compared to 30 percent of owner households.

FIGURE 6: HOUSING COST-BURDEN RATES BY RACE/ETHNICITY, 2021



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, 2021

Area	Total		White		Black		Latino		Asian	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	27,078	2%	7,418	1%	4,868	3%	10,971	6%	3,445	6%
PUMA 0900105	955	1%	269	1%	388	9%	165	3%	77	4%
Monroe	56	1%	<50	N/A	<50	N/A	<50	N/A	<50	N/A

EDUCATION

Public school students in Monroe are served by the Monroe School District for pre-kindergarten through grade 12. During the 2022-23 school year, there were 3,398 students enrolled in the Monroe 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, 2022-23

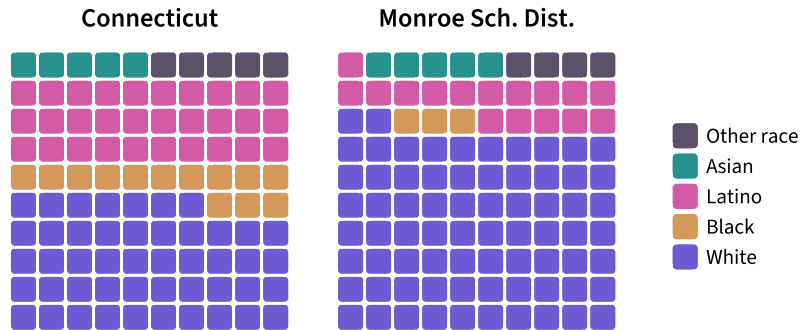
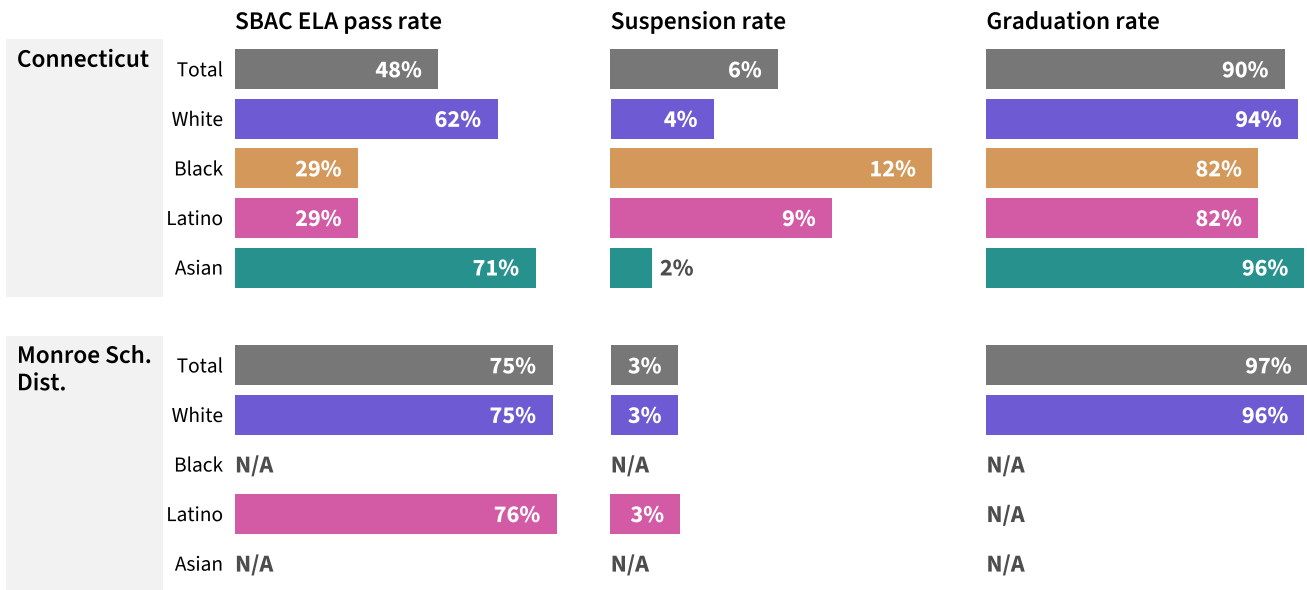
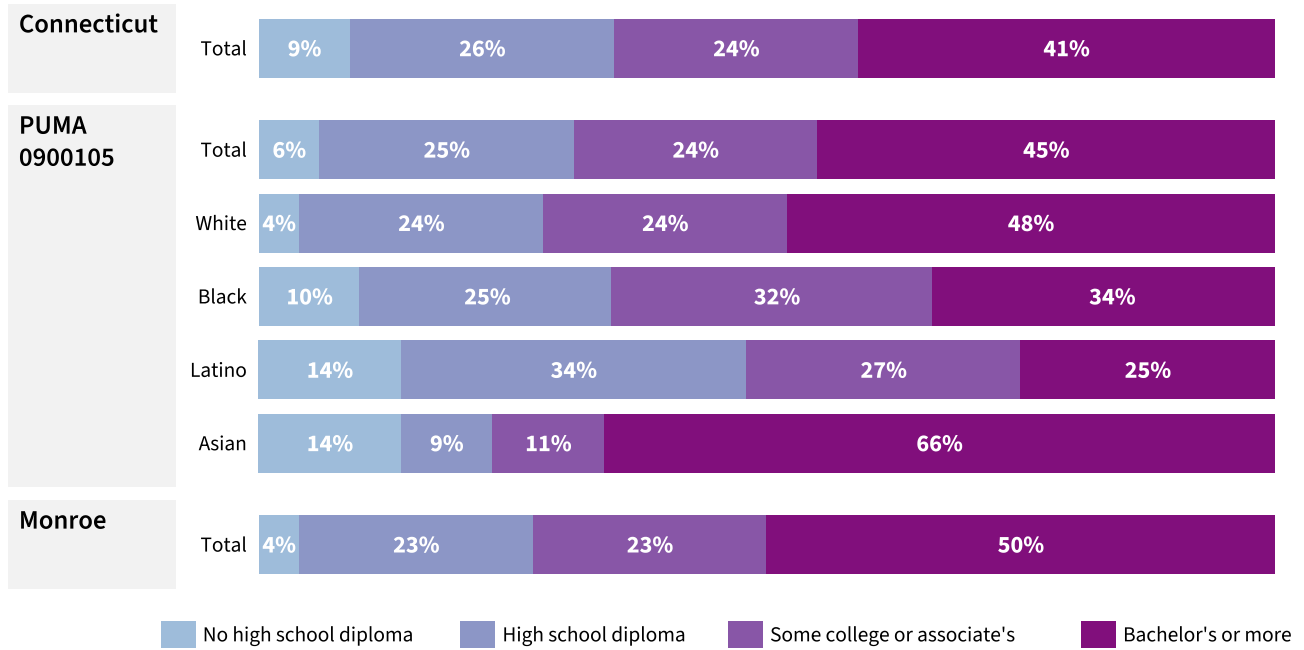


FIGURE 8: SELECTED ACADEMIC AND DISCIPLINARY OUTCOMES BY STUDENT RACE/ETHNICITY, 2020-21 AND 2021-22 SCHOOL YEARS



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 Monroe, 4 percent of adults ages 25 and over, or 490 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, 2021



ECONOMY

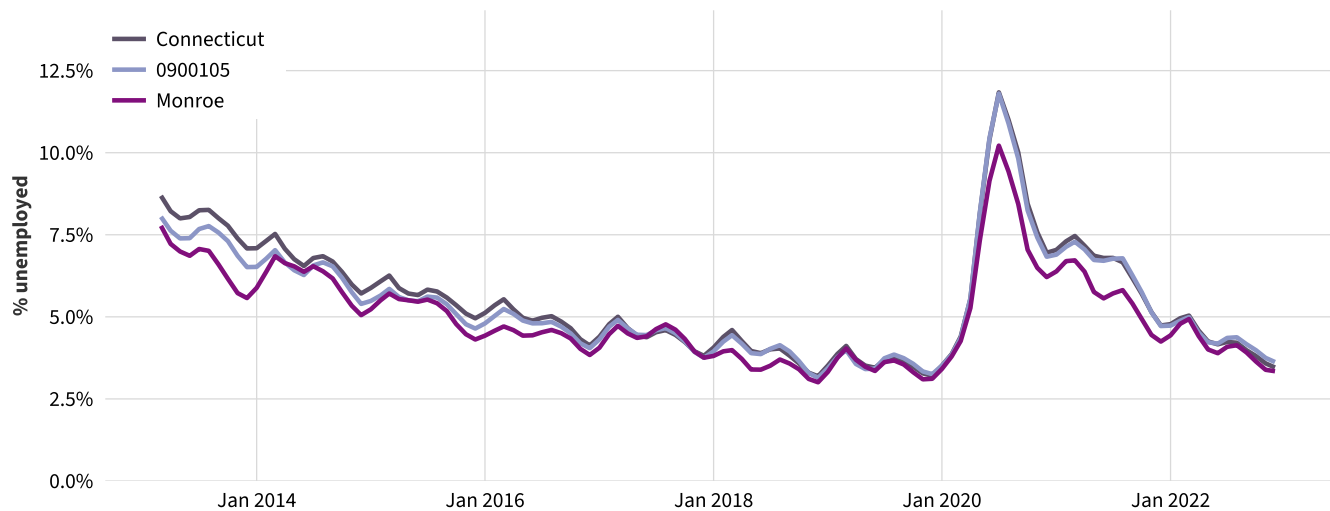
At the end of 2021, there were 5,353 total jobs in Monroe, with the largest share in the Manufacturing sector. While many industries saw major job losses early on in the COVID-19 pandemic, by early 2023 the number of jobs statewide had nearly caught back up to pre-pandemic counts.

TABLE 6: JOBS AND WAGES IN MONROE’S 5 LARGEST SECTORS, 2021

Sector	Connecticut		Monroe	
	Total jobs	Avg annual pay	Total jobs	Avg annual pay
All Sectors	1,591,760	\$77,816	5,353	\$58,356
Manufacturing	152,860	\$89,604	817	\$61,679
Retail Trade	167,286	\$41,652	727	\$38,344
Accommodation and Food Services	111,160	\$26,767	667	\$21,716
Health Care and Social Assistance	267,984	\$60,835	549	\$54,873
Wholesale Trade	57,254	\$111,239	402	\$88,857

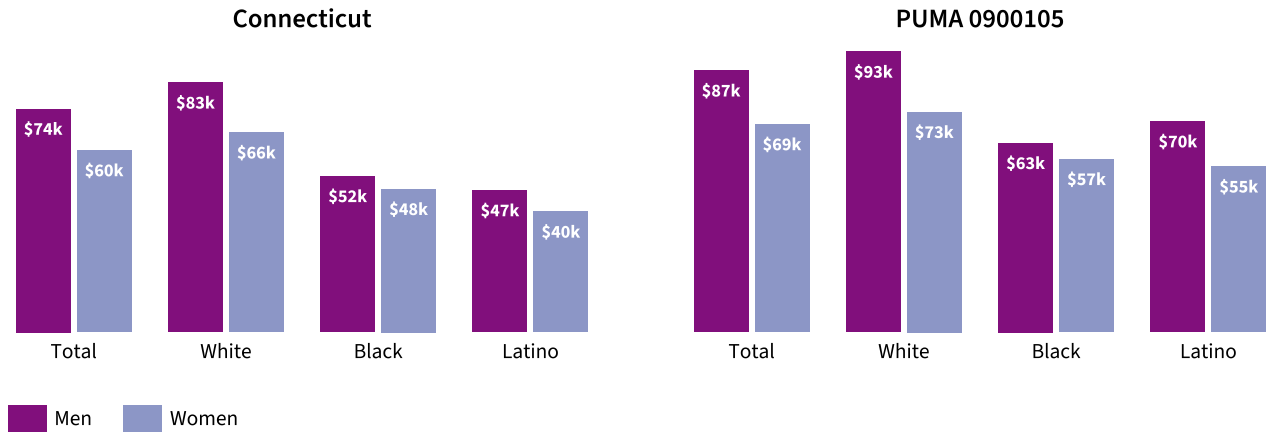
Nationwide, the onset of the pandemic led to a huge spike in unemployment rates, mirrored across Connecticut. At its peak in July 2020, Connecticut’s unemployment rate was 12.0 percent. As of December 2022, unemployment rates statewide and in Monroe were 3.2 percent and 3.1 percent, respectively.

FIGURE 10: MONTHLY UNEMPLOYMENT RATE, 2013–2022, 3-MONTH ROLLING AVERAGE



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 and within many occupational groups.

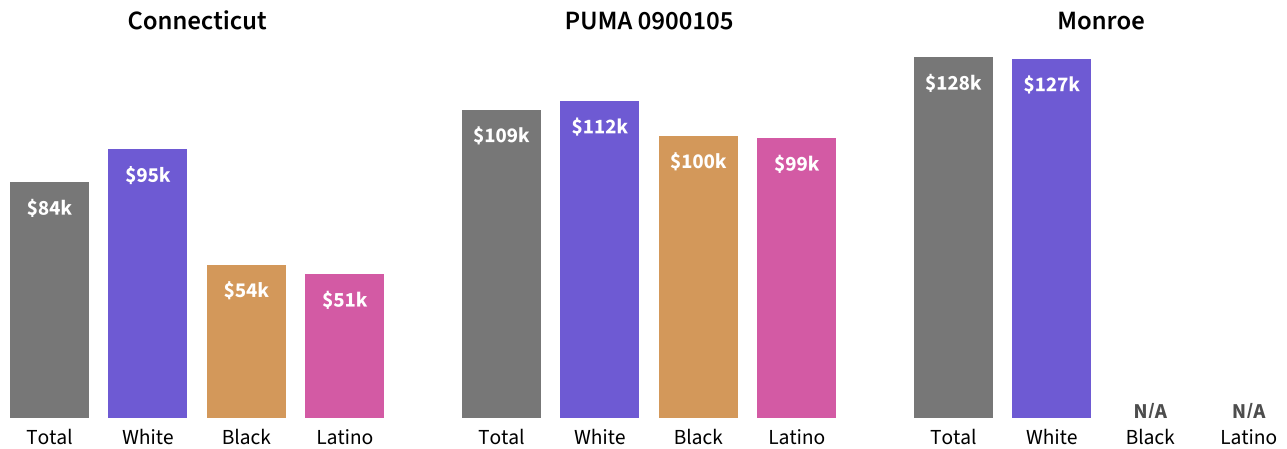
FIGURE 11: MEDIAN INCOME BY RACE/ETHNICITY AND SEX FOR FULL-TIME WORKERS AGES 25 AND OVER WITH POSITIVE INCOME, 2021



INCOME & WEALTH

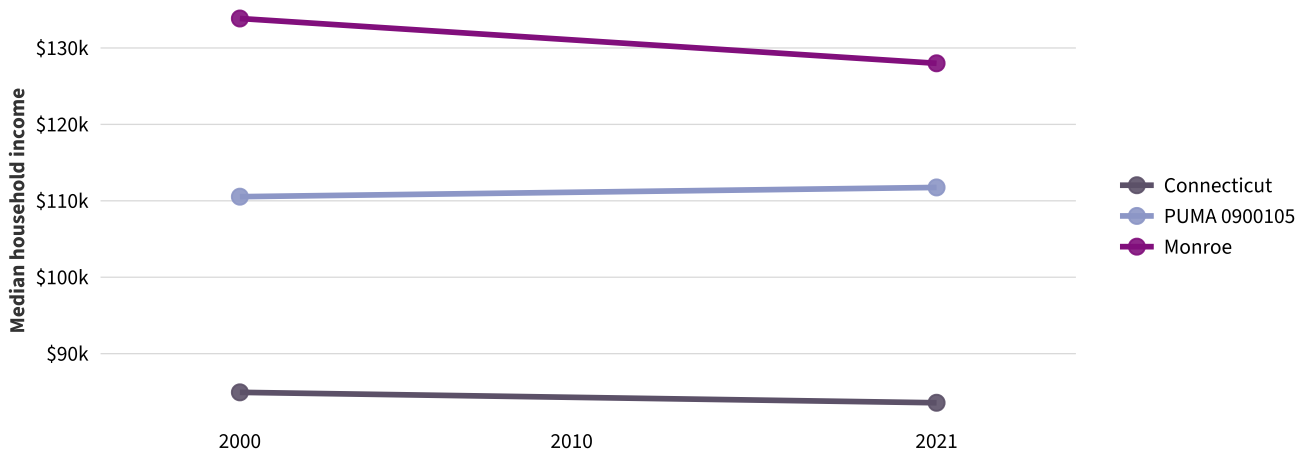
The median household income in Monroe is \$127,995, compared to \$83,572 statewide. Racial disparities in outcomes related to education, housing, employment, and wages result in disparate household-level incomes and overall wealth. Households led by Black or Latino adults generally average lower incomes than white households.

FIGURE 12: MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021



Between the Great Recession and the COVID-19 pandemic, average incomes have not kept pace with inflation over the past two decades. Connecticut’s median household income was \$83,572 in 2021; adjusted for inflation, this was \$1,365 lower than in 2000.

FIGURE 13: MEDIAN HOUSEHOLD INCOME, 2000–2021, IN 2021 DOLLARS



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 (\$26,500 for a family of four in 2021). Throughout the state, poverty and SNAP utilization rates are higher among Black and Latino households than white households.

With many of the safety measures early in the COVID-19 pandemic, having reliable, high-speed internet at home became a necessity for remote participation in school, expanded job opportunities, and telehealth. Statewide, Black and Latino residents are slightly more likely than average to live in a household without broadband access.

Access to a personal vehicle may also be considered a measure of financial security 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 7: SELECTED ECONOMIC RESOURCES BY RACE/ETHNICITY, 2021

	Total		White		Black		Latino		Asian	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Population living below poverty level										
Connecticut	351,476	10%	139,246	6%	64,472	17%	127,775	21%	14,134	9%
PUMA 0900105	9,322	5%	5,310	4%	1,281	9%	1,825	9%	N/A	N/A
Population without broadband internet at home										
Connecticut	269,234	8%	159,553	7%	38,465	10%	61,883	10%	5,334	3%
PUMA 0900105	10,842	6%	8,272	6%	N/A	N/A	N/A	N/A	N/A	N/A

TABLE 8: SELECTED HOUSEHOLD ECONOMIC INDICATORS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021

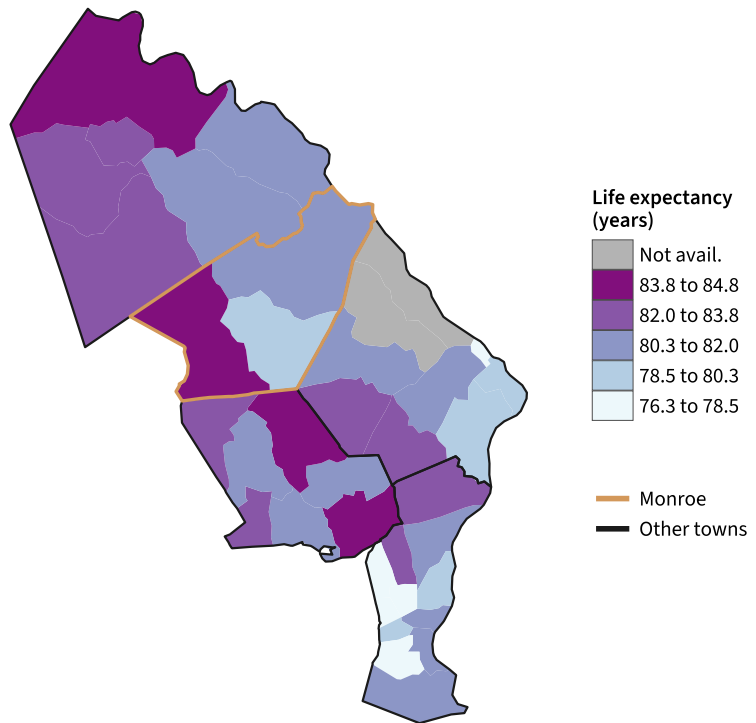
	Total		White		Black		Latino		Asian	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Households receiving food stamps/SNAP										
Connecticut	160,416	11%	62,974	6%	34,132	24%	57,456	30%	3,501	6%
PUMA 0900105	3,415	5%	1,707	3%	589	13%	852	14%	N/A	N/A
Households without a vehicle										
Connecticut	118,174	8%	53,628	5%	25,802	19%	31,312	16%	4,728	9%
PUMA 0900105	3,188	5%	2,312	5%	N/A	N/A	N/A	N/A	N/A	N/A

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.

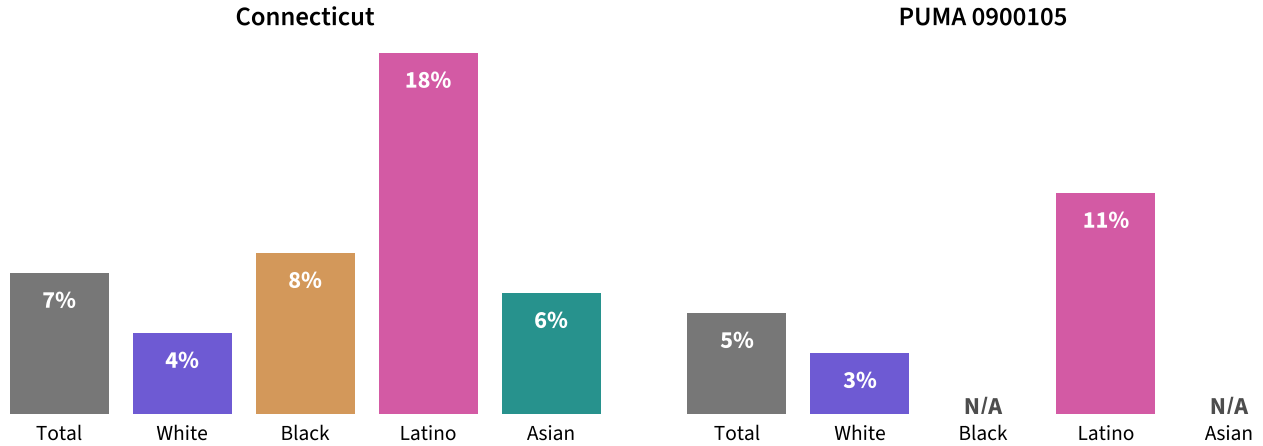
Life expectancy is a good proxy for overall health and well-being since it is the culmination of so many other social and health factors. The average life expectancy in Monroe is 81.6 years, compared to 81.3 years across PUMA 0900105 and 80.3 years statewide.

FIGURE 14: LIFE EXPECTANCY, PUMA 0900105 BY CENSUS TRACT, 2015



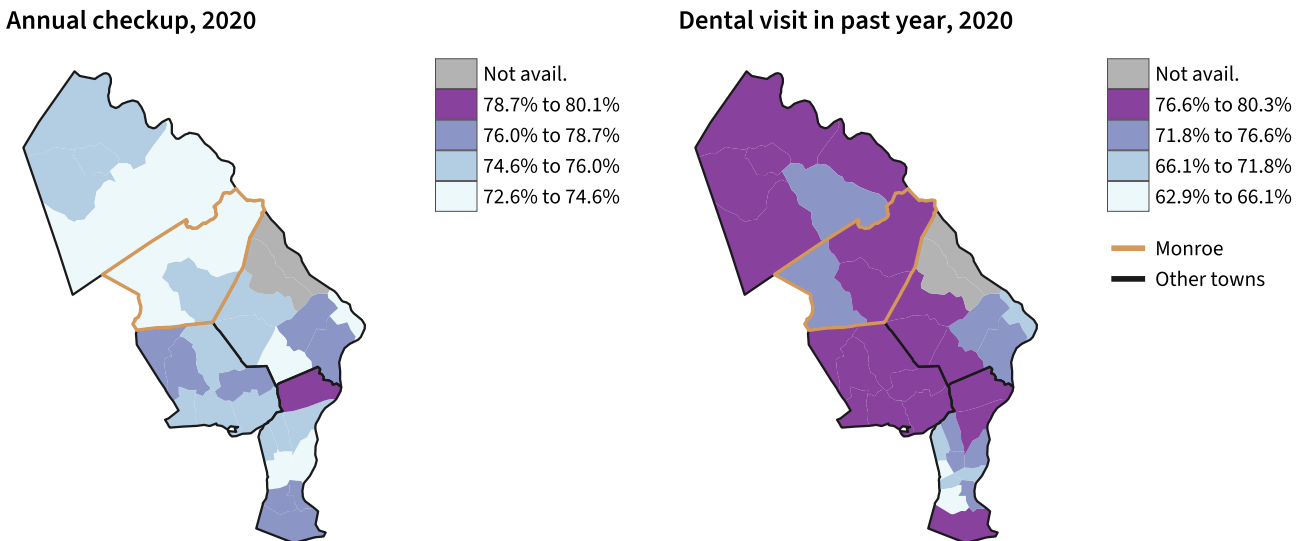
Health-related challenges begin with access to care. Due to differences in workplace benefits, income, and eligibility factors, Black and especially Latino people are less likely to have health insurance than white people.

FIGURE 15: UNINSURED RATE AMONG ADULTS AGES 19–64 BY RACE/ETHNICITY, 2021



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, 75 percent of the adults in Monroe had an annual checkup as of 2020, and 77 percent had had a dental visit in the past year.

FIGURE 16: PREVENTIVE CARE MEASURES, SHARE OF ADULTS BY CENSUS TRACT, PUMA 0900105



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, 2015–2021

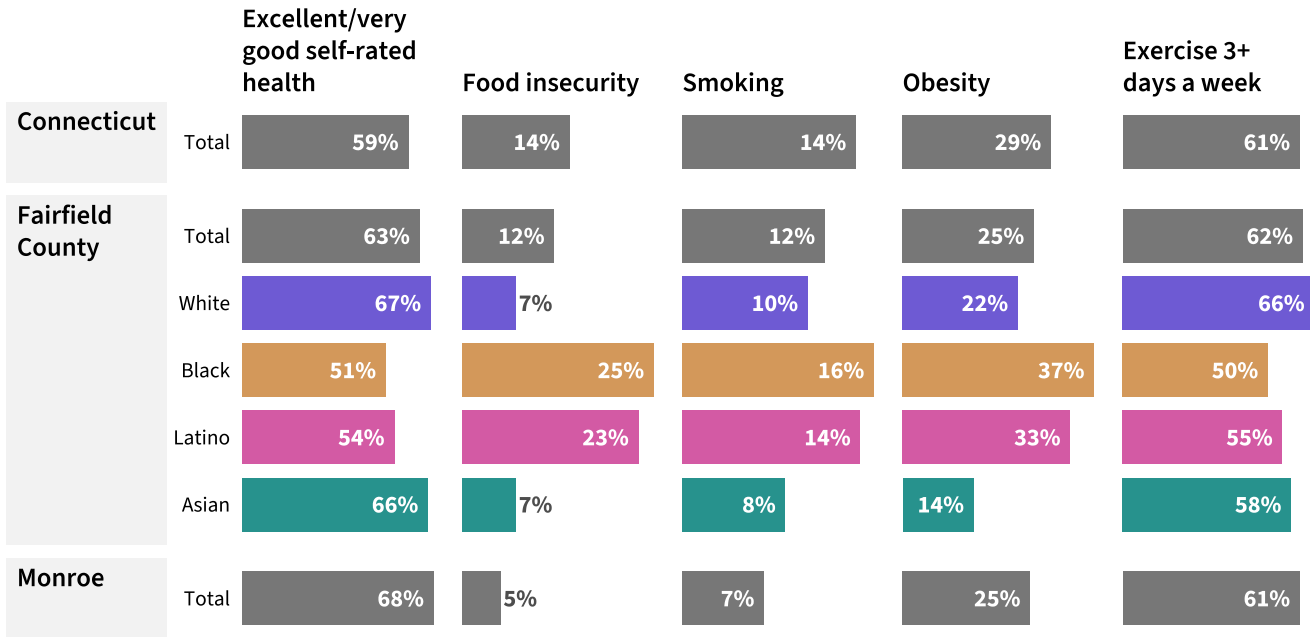


FIGURE 18: SELECTED HEALTH INDICATORS BY AGE AND RACE/ETHNICITY, SHARE OF ADULTS, FAIRFIELD COUNTY, 2015–2021

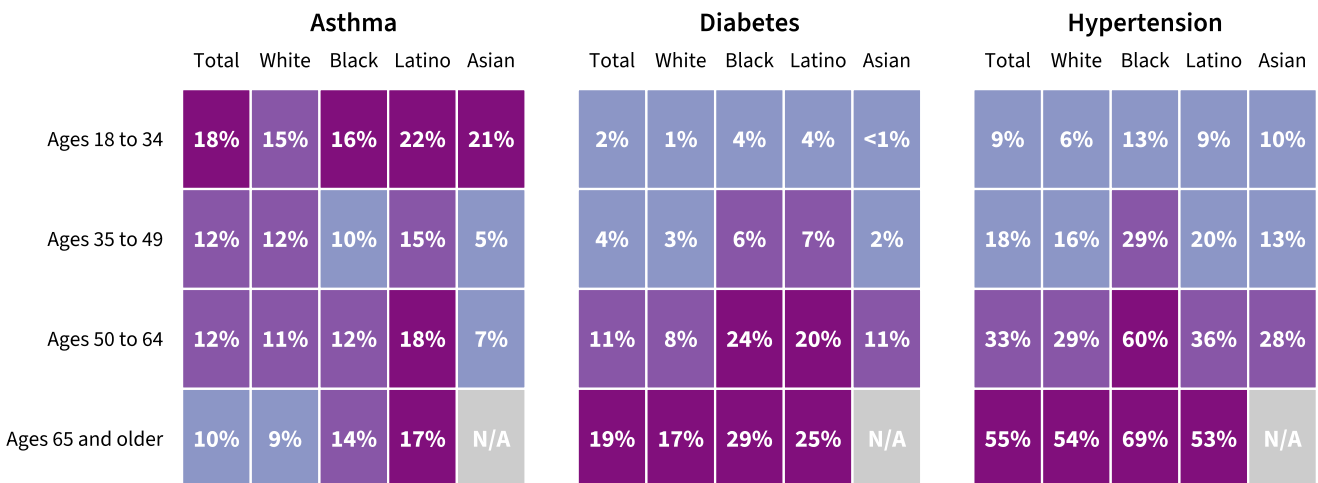
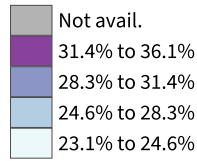
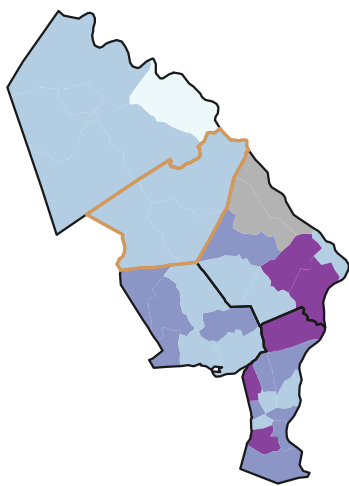
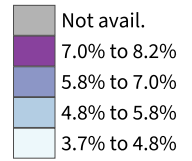
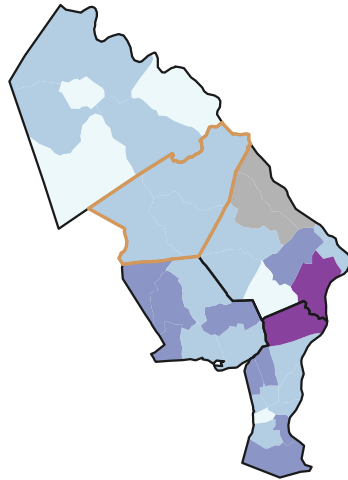


FIGURE 19: CHRONIC DISEASE PREVALENCE, SHARE OF ADULTS BY CENSUS TRACT, PUMA 0900105

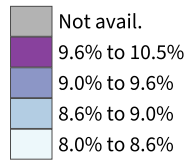
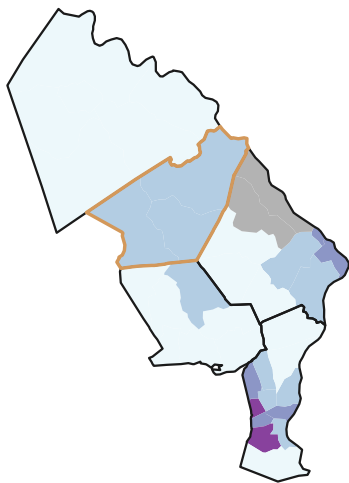
High blood pressure, 2019



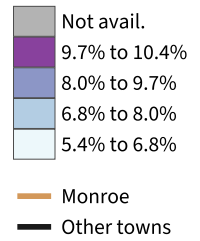
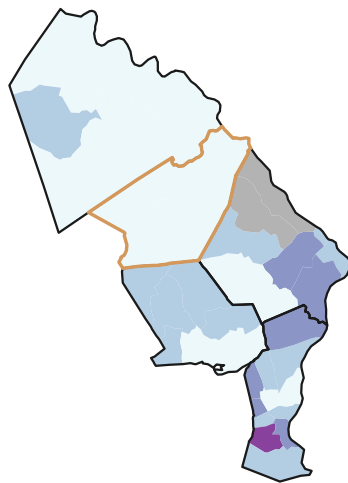
Coronary heart disease, 2020



Current asthma, 2020



Diabetes, 2020



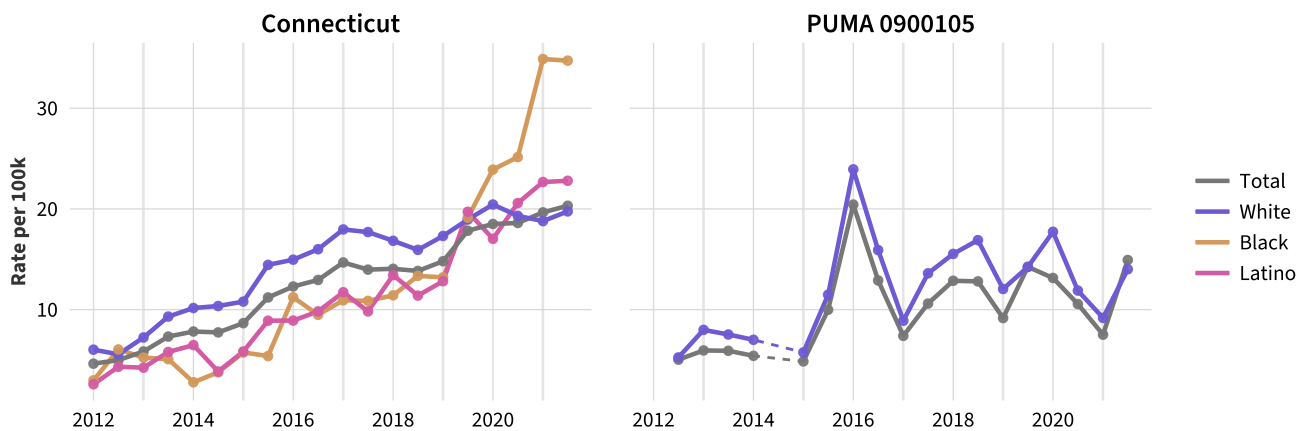
Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems as well, including by complicating a person’s ability to keep up other aspects of their health care. People of color are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 14 percent of Monroe adults report experiencing anxiety regularly and 4 percent report being bothered by depression.

TABLE 9: SELECTED MENTAL HEALTH INDICATORS, SHARE OF ADULTS, 2015–2021

	Total	White	Black	Latino	Asian
Experiencing anxiety					
Connecticut	13%	11%	15%	19%	15%
Fairfield County	13%	10%	17%	20%	14%
Monroe	14%	13%	N/A	N/A	N/A
Bothered by depression					
Connecticut	9%	8%	10%	14%	9%
Fairfield County	7%	6%	10%	11%	5%
Monroe	4%	3%	N/A	N/A	N/A

Like other states, Connecticut has seen a rise in drug overdose deaths in the last several years. In 2021, Connecticut saw an average of 122 overdose deaths per month, up from 59 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.

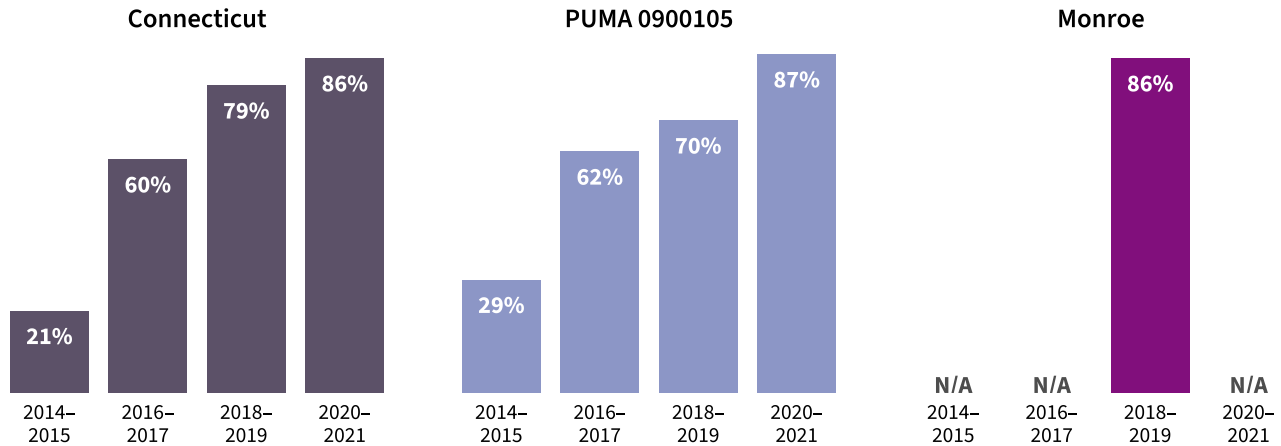
FIGURE 20: AGE-ADJUSTED SEMI-ANNUAL RATES OF DRUG OVERDOSE DEATHS PER 100,000 RESIDENTS BY RACE/ETHNICITY, 2012–2021



Note: Values are suppressed for small populations or few overdose incidents. Dashed lines indicate periods where values are suppressed or otherwise unavailable.

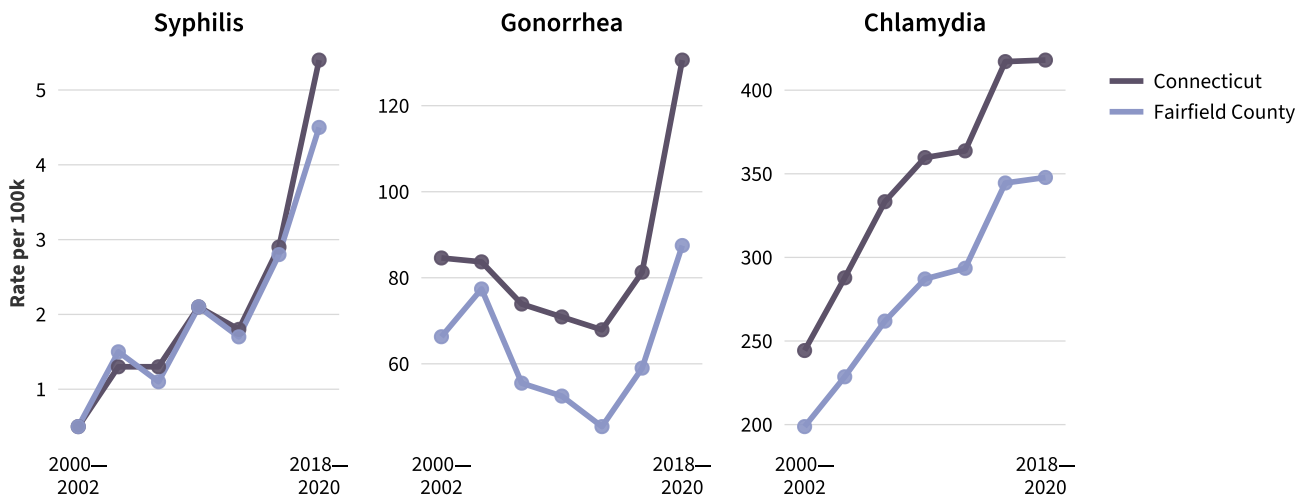
The introduction and spread of fentanyl in drugs—both with and without users’ knowledge—is thought to have contributed to this steep rise in overdoses. In 2016 and 2017, 62 percent of the drug overdose deaths in PUMA 0900105 involved fentanyl; in 2020 and 2021, this share was 87 percent.

FIGURE 21: SHARE OF DRUG OVERDOSE DEATHS INVOLVING FENTANYL, 2012–2021



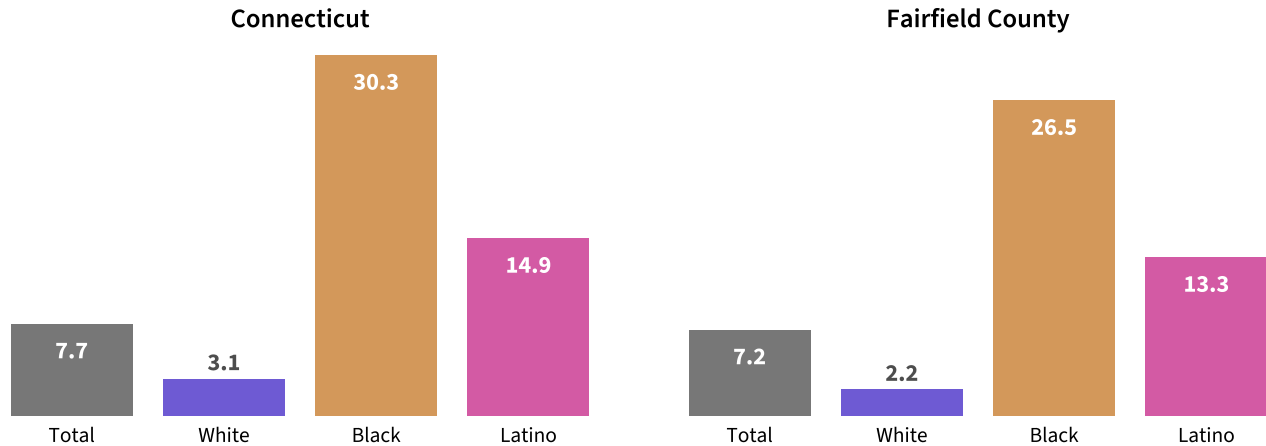
Sexually transmitted infections (STIs) can have long-term implications for health, including reproductive health problems and certain cancers, and can increase the risk of acquiring and transmitting diseases such as HIV and hepatitis C. Following nationwide trends, Connecticut has seen increases in the rates of STIs like chlamydia and gonorrhea over the past two decades. Between 2018 and 2020, Fairfield County had annual average case rates of 348 new cases of chlamydia per 100,000 residents, 88 cases of gonorrhea per 100,000, and 4.5 cases of syphilis per 100,000.

FIGURE 22: ANNUALIZED AVERAGE RATES OF NEW CASES OF SELECTED SEXUALLY TRANSMITTED INFECTIONS PER 100,000 RESIDENTS, 2000–2020



As with many other diseases, Connecticut’s Black and Latino residents face a higher burden of HIV rates. Statewide between 2016 and 2020, Black residents ages 13 and up were nearly 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, 2016–2020

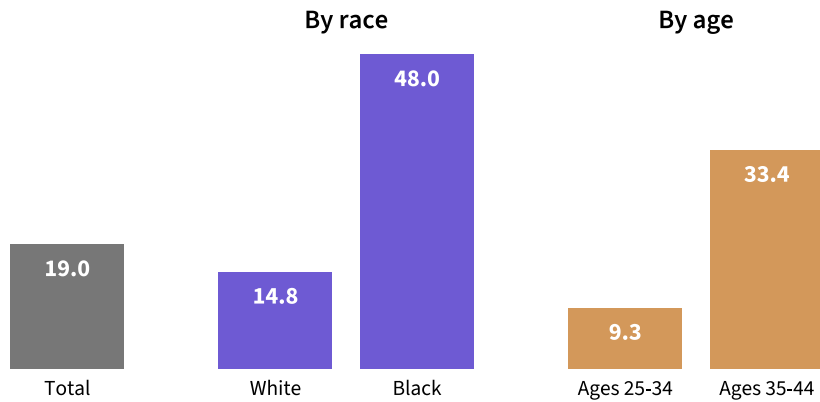


Birth outcomes often reflect health inequities for parents giving birth, and those outcomes can affect a child throughout their life. Often, parents of color have more complications related to birth and pregnancy than white parents. Complications during pregnancy or childbirth also contribute to elevated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

TABLE 10: SELECTED BIRTH OUTCOMES BY RACE/ETHNICITY OF PARENT GIVING BIRTH, 2017–2021

Area	Total	White	Black	Latina			Asian
				Latina (overall)	Puerto Rican	Other Latina	
Late or no prenatal care							
Connecticut	3.4%	2.5%	5.2%	4.4%	3.0%	5.6%	3.4%
PUMA 0900105	3.1%	3.0%	N/A	2.8%	N/A	N/A	N/A
Monroe	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Low birthweight							
Connecticut	7.9%	6.4%	12.4%	8.4%	10.0%	7.0%	9.0%
PUMA 0900105	7.5%	6.4%	N/A	N/A	N/A	N/A	N/A
Monroe	7.1%	6.3%	N/A	N/A	N/A	N/A	N/A
Infant mortality (per 1k live births)							
Connecticut	4.5	3.0	9.1	5.4	N/A	N/A	N/A
PUMA 0900105	3.2	2.8	N/A	N/A	N/A	N/A	N/A
Monroe	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 2018 and 2020, 0.5 percent of children tested in Monroe 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 more likely to live in structures built before 1960.

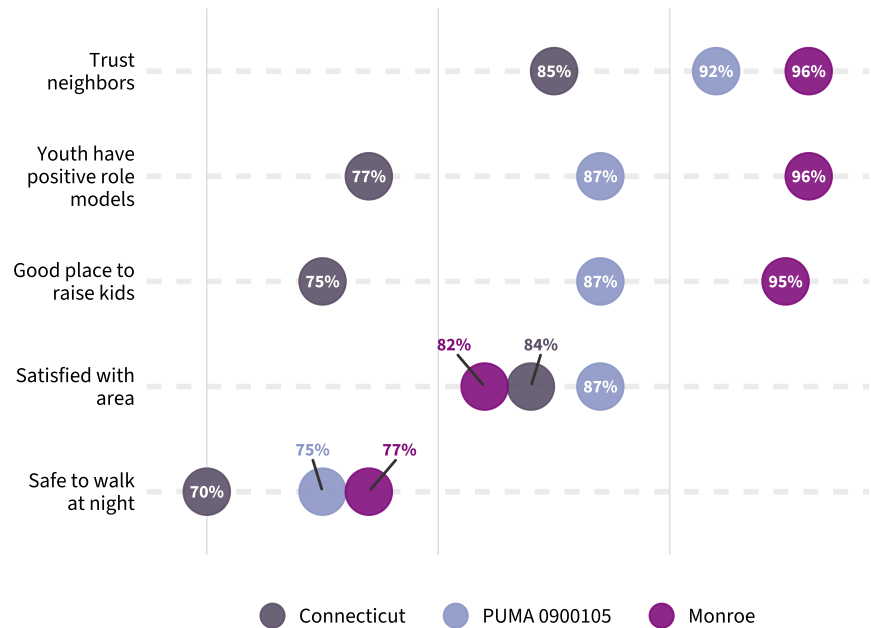
TABLE 11: HOUSEHOLDS LIVING IN STRUCTURES BUILT BEFORE 1960 BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021

Area	Total		White		Black		Latino		Asian		Other race	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	579,568	41%	390,197	40%	64,854	49%	95,979	50%	14,732	27%	14,953	42%
PUMA 0900105	24,365	38%	18,046	35%	2,280	54%	2,645	43%	N/A	N/A	544	49%
Monroe	1,284	20%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

CIVIC LIFE & COMMUNITY COHESION

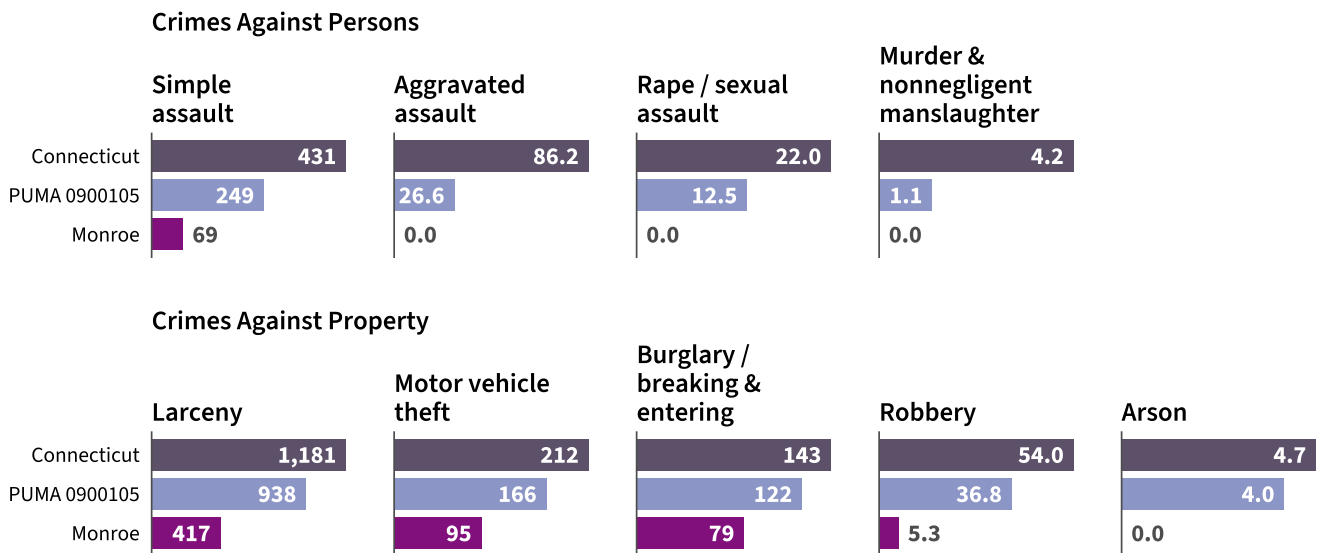
Beyond individual health, several measures from the DataHaven Community Wellbeing Survey show how local adults feel about the health of their neighborhoods. High quality of life and community cohesion can positively impact resident well-being through the availability of resources, sense of safety, and 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, 82 percent of Monroe adults report being satisfied with the area where they live.

FIGURE 25: RESIDENTS' RATINGS OF COMMUNITY COHESION MEASURES, SHARE OF ADULTS, 2015-2021



Crime rates 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: GROUP A CRIME RATES PER 100,000 RESIDENTS BY TOWN / JURISDICTION, 2021



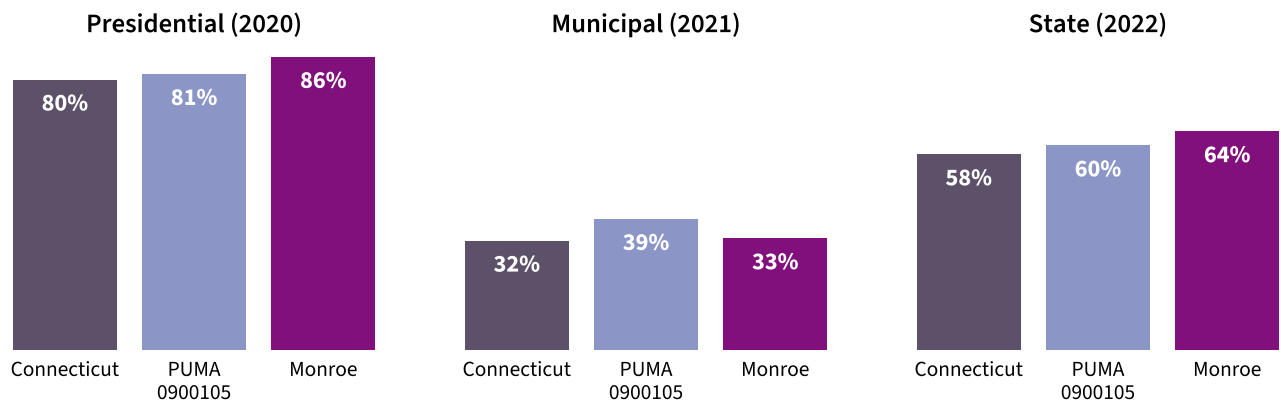
A lack of trust in and engagement with local government and experiences of unfair treatment by authorities can impair community well-being and cohesion. Sixty-three percent of adults in Monroe feel their local government is responsive to residents’ needs, compared to 53 percent of Connecticut adults.

TABLE 12: RESIDENTS’ RATINGS OF LOCAL GOVERNMENT, SHARE OF ADULTS, 2015–2021

Area	Local govt is responsive	Have some influence over local govt
Connecticut	53%	67%
PUMA 0900105	57%	69%
Monroe	63%	71%

Eighty-six percent of Monroe’s eligible voters, or 12,109 people, voted in the 2020 presidential election, and 64 percent (8,448 people) voted in the 2022 state election.

FIGURE 27: REGISTERED VOTER TURNOUT, 2020–2022

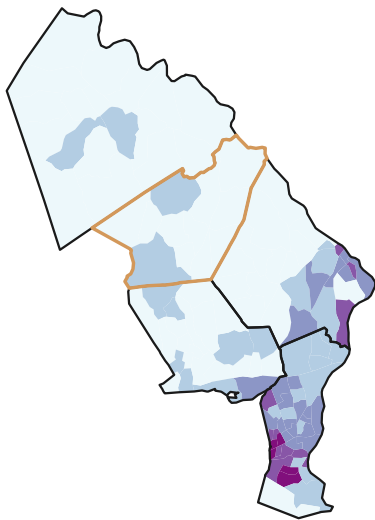


ENVIRONMENT & SUSTAINABILITY

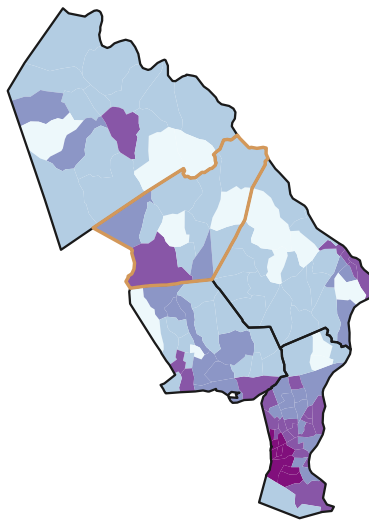
Many environmental factors—from access to outdoor resources to tree canopy to exposure to pollutants—can have direct impacts on residents’ health and quality of life. Environmental justice is the idea that these factors of built and natural environments follow familiar patterns of socioeconomic disparities 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 0900105

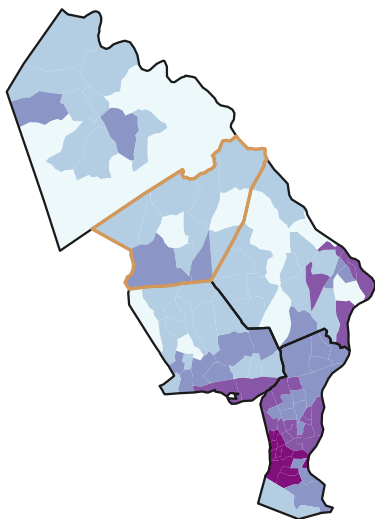
Air toxics cancer risk



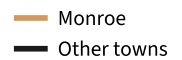
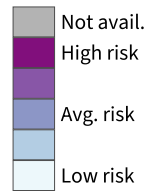
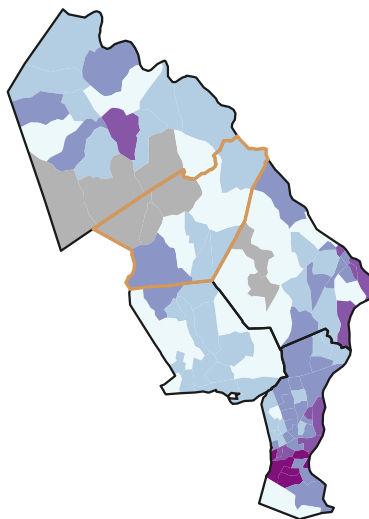
Lead paint exposure



Hazardous waste proximity

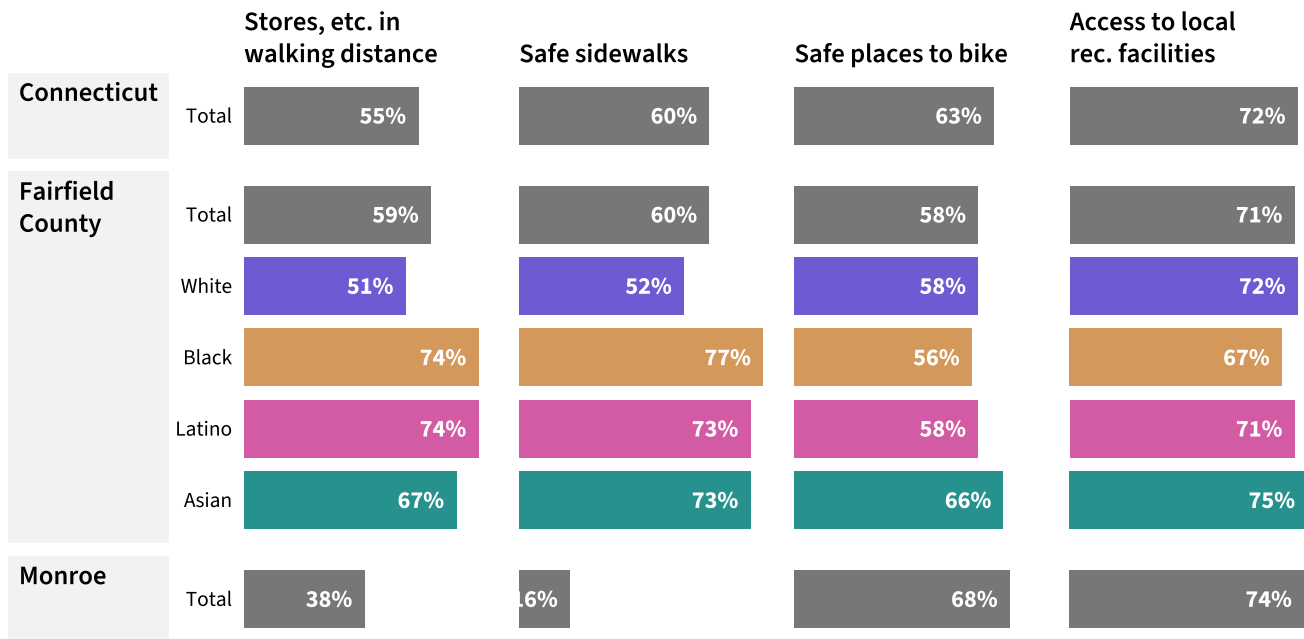


Wastewater discharge



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 Monroe, 38 percent report having stores, banks, and other locations they need in walking distance, lower than the share of adults statewide.

FIGURE 29: RESIDENTS' RATINGS OF LOCAL WALKABILITY MEASURES BY RACE/ETHNICITY, SHARE OF ADULTS, 2015–2021



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 (2023) of US Census Bureau American Community Survey 2021 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>. Note that for the sake of privacy, the Census Bureau suppresses any income values above \$250,000 in their tables; any such values not calculated by DataHaven will be shown as \$250,000+.

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, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

Figure 3. Linguistic isolation by race/ethnicity, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 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, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

Figure 5. Homeownership rates by age and race/ethnicity of head of household, PUMA 0900105, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year public use microdata sample (PUMS) data, accessed via IPUMS. Steven Ruggles, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. IPUMS USA: Version 13.0 [dataset]. Minneapolis, MN: IPUMS, 2023. <https://doi.org/10.18128/D010.V13.0>

Figure 6. Housing cost-burden rates by race/ethnicity, 2021. DataHaven analysis (2023) of Ruggles, et al. (2023).

Table 5. Overcrowded households by race/ethnicity of head of household, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

Figure 7. Public K–12 student enrollment by race/ethnicity per 100 students, 2022-23. DataHaven analysis (2023) of 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, 2020-21 and 2021-22 school years. DataHaven analysis (2023) of Smarter Balanced Assessment Consortium (SBAC) testing (3rd and 8th grade English/language arts), discipline, and four-year graduation data from the Connecticut State Department of Education, accessed via EdSight. Not all groups' values may be included, or in some cases may be based on estimates, due to CTSDE data suppression rules for small counts. Because students can be suspended more than once in a school year, the suspension rate represents the percentage of students with one or more suspension or expulsion during the school year.

Figure 9. Educational attainment by race/ethnicity, share of adults ages 25 and up, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

Table 6. Jobs and wages in Monroe’s 5 largest sectors, 2021. DataHaven analysis (2023) of annual employment data from the Connecticut Department of Labor. Note that in some cases, especially for smaller towns or where data were deemed unreliable for whatever reason, data have been suppressed by the department. In a few cases, that may mean large sectors in an area are missing from the analysis here. Available at https://www1.ctdol.state.ct.us/lmi/202/202_annualaverage.asp

Figure 10. Monthly unemployment rate, 2013–2022, 3-month rolling average. DataHaven analysis (2023) of US Bureau of Labor Statistics Local Area Unemployment Statistics. <https://www.bls.gov/lau>

Figure 11. Median income by race/ethnicity and sex for full-time workers ages 25 and over with positive income, 2021. DataHaven analysis (2023) of Ruggles, et al. (2023).

Figure 12. Median household income by race/ethnicity of head of household, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates and Ruggles, et al (2023).

Table 7. Selected economic resource indicators by race/ethnicity, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

Table 8. Selected household economic indicators by race/ethnicity of head of household, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates and Ruggles, et al (2023).

Figure 13. Median household income, 2000–2021, in 2021 dollars. DataHaven analysis (2023) of US Census Bureau 2000 and 2010 Decennial Census; and American Community Survey 2021 5-year estimates.

Table 9. Median household income in large towns, 2000–2021, in 2021 dollars. DataHaven analysis (2023) of US Census Bureau 2000 and 2010 Decennial Census; and American Community Survey 2021 5-year estimates.

Figure 14. Life expectancy, PUMA 0900105 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, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

Figure 16. Preventive care measures, share of adults by Census tract, PUMA 0900105. Data from PLACES Project. Centers for Disease Control and Prevention.

Figure 17. Selected health risk factors, share of adults, 2015–2021. DataHaven analysis (2023) of 2015, 2018, and 2021 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, Fairfield County, 2015–2021. DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Figure 19. Chronic disease prevalence, share of adults by Census tract, PUMA 0900105. Data from PLACES Project. Centers for Disease Control and Prevention.

Table 10. Selected mental health indicators, share of adults, 2015–2021. DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Figure 20. Age-adjusted semi-annual rates of drug overdose deaths per 100,000 residents by race/ethnicity, 2012–2021. DataHaven analysis (2023) of Accidental Drug Related Deaths. 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, 2012–2021. DataHaven analysis (2023) of Accidental Drug Related Deaths. Connecticut Office of the Chief Medical Examiner.

Figure 22. Annualized average rates of new cases of selected sexually transmitted infections per 100,000 residents, 2000–2020. DataHaven analysis (2023) 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, 2016–2020. DataHaven analysis (2023) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus.

Table 11. Selected birth outcomes by race/ethnicity of parent giving birth, 2017–2021. DataHaven analysis (2023) 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 12. Households living in structures built before 1960 by race/ethnicity of head of household, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates and Ruggles, et al (2023).

Figure 25. Residents’ ratings of community cohesion measures, share of adults, 2015–2021. DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Figure 26. Group A crime rates per 100,000 residents by town / jurisdiction, 2021. DataHaven analysis (2023) of 2021 Crime in Connecticut Overview By Town. 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>. Group A crimes under the FBI’s National Incident Based Reporting System are categorized into crimes against persons, crimes against property, and crimes against society. The first two of these, shown here, are similar to the Part I Offenses of the previous reporting system and shown in older reports.

Table 13. Residents’ ratings of local government, share of adults, 2015–2021. DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Figure 27. Registered voter turnout, 2020–2022. DataHaven analysis (2023) 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 0900105. United States Environmental Protection Agency. 2022 version. EJSCREEN. Retrieved from <https://www.epa.gov/ejscreen>

Figure 29. Residents’ ratings of local walkability measures by race/ethnicity, share of adults, 2015–2021. DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

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

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ABOUT DATAHAVEN

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, D.C.

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