



Valley CARES

Quality of Life Report

2010

Full Report



A Community Initiative of the Valley Council for Health & Human Services
*Tracking quality of life in the Valley
to build a better future for all our residents*

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ACKNOWLEDGEMENTS

The Valley Council for Health & Human Services gratefully acknowledges generous support for the Valley CARES initiative in the form of grants, in-kind donations, dues, and staff time from the following:

- The Valley Community Foundation
- The Community Foundation for Greater New Haven
- The Valley United Way
- The Katharine Matthies Foundation, Bank of America, N.A., Trustee
- Naugatuck Valley Health District
- Yale-Griffin Prevention Research Center
- Birmingham Group Health Services, Inc.
- Griffin Hospital
- The WorkPlace, Inc.
- Valley Council for Health & Human Services Member Agencies

In addition, we would like to thank the many individuals who assisted in the creation of this report by gathering and sharing information, photographs, and ideas, including Yasemin Kavak (Research Assistant, Yale-Griffin Prevention Research Center) and representatives from:

- Valley Council Taskforces, Committees, and Member Agencies
- Valley Town Governments, Regional Councils of Governments, and Valley Service Providers
- State of Connecticut Departments and Agencies



The Valley Council for Health & Human Services

BUILDING PARTNERSHIPS TO STRENGTHEN COMMUNITY SERVICES

INTRODUCTION

The **Valley Council for Health & Human Services** is a partnership network of non-profit health and human service agencies serving the residents of the Lower Naugatuck River Valley. Our mission is to improve quality of life by working collaboratively to identify and respond to community needs. In order to better fulfill our mission, in 2007 the Council began planning an initiative to track key indicators of community wellbeing, now named **Valley CARES (Community Assessment Research & Education for Solutions)**.

The word **cares** has several different meanings. Frequently, we use it to describe how we nurture or look after the things we value. We also may use the word **cares** to refer to our concerns or worries in life. The **Valley CARES** initiative is about each of these meanings of **cares**.

What do Valley residents value as important contributors to their wellbeing and quality of life? What are they already doing to nurture the things they value? What are the cares or concerns that need to be addressed in order to build an even better quality of life for all Valley residents?

The **Valley Council** is delighted to offer the first **Valley CARES Quality of Life Report** to the Valley community. We hope it will serve as a resource to help make our Valley an even better place to work and live than it already is.

The Valley CARES Taskforce, with the input of Council members and community partners, guided the creation of this report and all aspects of the Valley CARES initiative. We invite you to become involved by reading the report, celebrating the Valley's strengths, and joining us in the search for solutions to community challenges.

THE VALLEY CARES TASKFORCE

Current and past Taskforce members include:

- Beth Patton Comerford, MS, Yale-Griffin Prevention Research Center (Taskforce Co-Chair)
- Mary S. Nescott, MPH, Birmingham Group Health Services, Inc. (Taskforce Co-Chair)
- Heidi Zavatone-Veth, PhD, Valley Council for Health & Human Services (Valley Council Coordinator)
- Karen N. Spargo, MA, MPH, Naugatuck Valley Health District
- Jesse Reynolds, MS, Yale-Griffin Prevention Research Center
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- Ann Harrison, The WorkPlace, Inc. (currently Workforce Alliance)

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If you can't measure something, you can't understand it; if you can't understand it, you can't control it; if you can't control it, you can't improve it."
 ~ H. J. Harrington

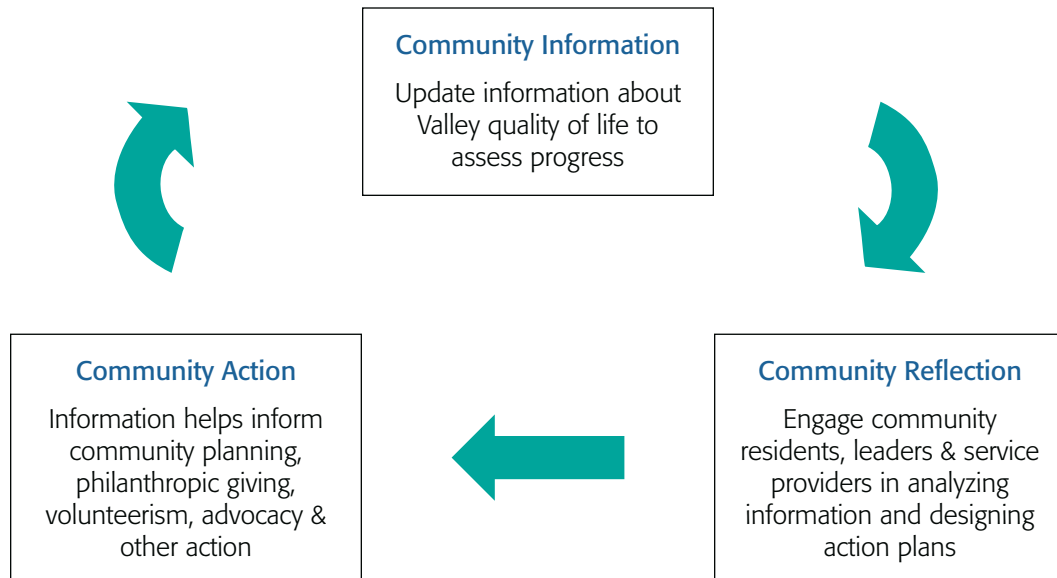
VALLEY CARES GOALS

Valley CARES draws on lessons learned from past Valley community assessment efforts and the many successful community indicator projects throughout the United States and world. Its main goals are:

1. To track information about quality of life so that the Valley community can see what aspects of community life have gotten better over time and what areas may need improvement.
2. To share information about Valley quality of life with community service providers, leaders and residents so that they can become involved in figuring out how to build an even better future for our residents.

The long-term goal is not to compare the Valley to other communities but to serve as a yardstick for measuring progress within the Valley over time. We hope that this information will become a resource for all who care about the Valley and its residents.

The challenge for us as a Valley community will be to find ways to connect what we know about people's cares with a vision for how to improve the community and a roadmap for getting there. We imagine an on-going process of feedback between community information, reflection, and action.



*The Valley CARES project provides current information about the state of our well being in the Valley.
 This vital information will encourage community involvement and help us address our priority needs.*

*~ James E. Cohen
 President/CEO
 Valley Community Foundation*



“Indicators alone probably make little difference but [...] when combined with effective planning, advocacy and action, all based on a community vision, they can make a major difference.”

~ David Swain

THE QUALITY OF LIFE INDICATORS AND REPORT

Community indicators are one way to measure the quality of life in a community. For this first Valley CARES Report, we have included indicators for 8 areas that contribute to community wellbeing. The **summary** version of the report provides an overview of the key findings for each quality of life area. The **full** report provides greater detail for each of the indicators as well as sources for additional information and areas in which we would like to improve our understanding.

This first Quality of Life report is a starting point in an on-going effort to create an indicators report that provides a useful snapshot of life conditions in the Valley. The Taskforce selected the indicators based on several factors including: the current availability of reliable information, the likelihood that the information can be tracked over time, and the relevance of the information for community action.

Many of the indicators in this report come from information gathered and analyzed by public and private agencies in the region and state. Staff from the Yale-Griffin Prevention Research Center compiled the secondary-source indicators data. In order to fill gaps in existing information, the Valley CARES Taskforce also commissioned a community survey of 400 randomly selected residents of the 6 Valley towns. (Appendix B of the full report gives further information about the indicators data collection process and its limitations.)

PARTICIPATE IN THE SEARCH FOR SOLUTIONS TO COMMUNITY NEEDS

Indicators on their own cannot fully explain why a community changes or what should be done to make improvements. The next step will be community involvement in analyzing the indicators and designing potential solutions to identified challenges. We invite you to visit the Valley Council website for updates on ways to share your ideas, input, and energy for building an even better Valley.

Go to www.valleycouncil.org for links to:

- *Summary report (electronic)*
- *Full report (electronic)*
- *Community survey results*
- *Ways to get more information about Valley quality of life & share your ideas for community improvement*

Collecting local data to inform the community about issues of concern and opportunities is vitally important to The Community Foundation for Greater New Haven. It's one of the reasons why we are proud to support the Valley CARES project, which is a model that we hope will be replicated for the benefit of other towns in our service area. The data produced can be used to not only guide community leaders in their planning and civic engagement efforts but also to help our donors make wise philanthropic decisions.

~ Priscilla Canny

Senior Vice President, Grantmaking & Strategy

The Community Foundation for Greater New Haven, and President, DataHaven

THE VALLEY COMMUNITY

GEOGRAPHY

The towns located in the Lower Naugatuck River Valley have been shaped by a common geographic location along key waterways and transportation routes in south central Connecticut. They share a history rooted in the waves of immigrants who settled in the region to work in its manufacturing centers. While there is no universal agreement on a definition of “the Valley,” this report follows a common local understanding by including 6 municipalities in its definition: Ansonia, Beacon Falls, Derby, Oxford, Seymour, and Shelton.

Although the Valley’s residents often describe a sense of common identity, governmental agencies and non-governmental service providers carve up the Valley region in different ways. These many understandings of the Valley community make it more difficult to gather information about the Valley and to coordinate community planning for the region.



THE VALLEY POPULATION

Between 2000 and 2009, the Valley population increased by almost five percent, reaching an estimated 103,754 residents (Sources: US Census 2000; CERC 2010-2009). According to a recent Demographic Snapshot Report, the population growth rate is expected to slow in the upcoming years (Claritas 2009).

Valley Population by Age Group
2009

	Valley	Ansonia	Beacon Falls	Derby	Oxford	Seymour	Shelton
Age Group	# Residents (%)	# Residents	# Residents	# Residents	# Residents	# Residents	# Residents
< 18	23,689 (23%)	4,170	1,345	2,583	3,173	3,596	8,822
18-64	65,517 (63%)	11,496	3,788	7,954	8,226	10,137	23,916
65+	14,548 (14%)	2,742	572	1,995	1,160	2,224	5,855
Total	103,754	18,408	5,705	12,532	12,559	15,957	38,593

Source: CERC



In addition to increasing in population size, the Valley community is undergoing changes as new immigration alters the mix of ethnic and linguistic diversity among residents. For example, the percentage of Hispanic residents grew to a total of 6% of the Valley-wide population by 2009 (CERC 2010).

Valley Population by Ethnicity/Race 2009

	Valley	Ansonia	Beacon Falls	Derby	Oxford	Seymour	Shelton	CT
Ethnicity/ Race	%	%	%	%	%	%	%	%
White/European American	90%	83%	93%	86%	94%	91%	92%	79%
Black/African American	4%	9%	3%	5%	2%	3%	2%	9%
Asian Pacific	3%	2%	2%	3%	3%	3%	3%	3%
Native American	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
Multi-Race/ Other	4%	6%	2%	6%	2%	3%	4%	8%
Hispanic (of any race)	6%	10%	4%	11%	3%	5%	6%	12%

Source: CERC

The Valley community includes residents with a diversity of national origins and native languages. A 2009 Demographic Snapshot Report estimates that 9% of Valley residents speak an Indo-European language, almost 4% speak Spanish, and 1% speaks an Asian/Pacific Islander language (Claritas 2009). The students enrolled in programs at Valley Regional Adult Education (VRAE) in the 2009-2010 fiscal year came from over 60 countries, showing the increasing ways the global community is represented in the Valley community.

Students Enrolled in Valley Regional Adult Education 2009-2010

Country of Origin	% VRAE Students
United States	38%
Poland	7%
Ecuador	7%
Albania	4%
Columbia	4%
Puerto Rico	3%
Vietnam	3%
Mexico	3%
Bosnia & Herzegovina	2%
Guatemala	2%
Additional Countries: Afghanistan, Algeria, Belarus, Bhutan, Brazil, Cambodia, Chile, China, Congo, Cuba, Dominican Republic, El Salvador, Gambia, Georgia, Greece, Haiti, Honduras, Hong Kong, Hungary, India, Israel, Italy, Jamaica, Kenya, Kosovo, Lao People's Democratic Republic, Latvia, Liberia, Lithuania, Macedonia, Montenegro, Morocco, Nicaragua, Pakistan, Panama, Peru, Portugal, Romania, Russian Federation, Saint Lucia, Serbia, Spain, Syrian Arab Republic, Taiwan, Thailand, Tunisia, Turkey, Ukraine, Uruguay, Uzbekistan and Yugoslavia	<2% each

Source: Valley Regional Adult Education



Creating a Community Context that Allows Residents to Thrive

Vision for the Valley

A community that provides all residents with access to the housing, transportation, and economic opportunities that will enable them to create a good quality of life

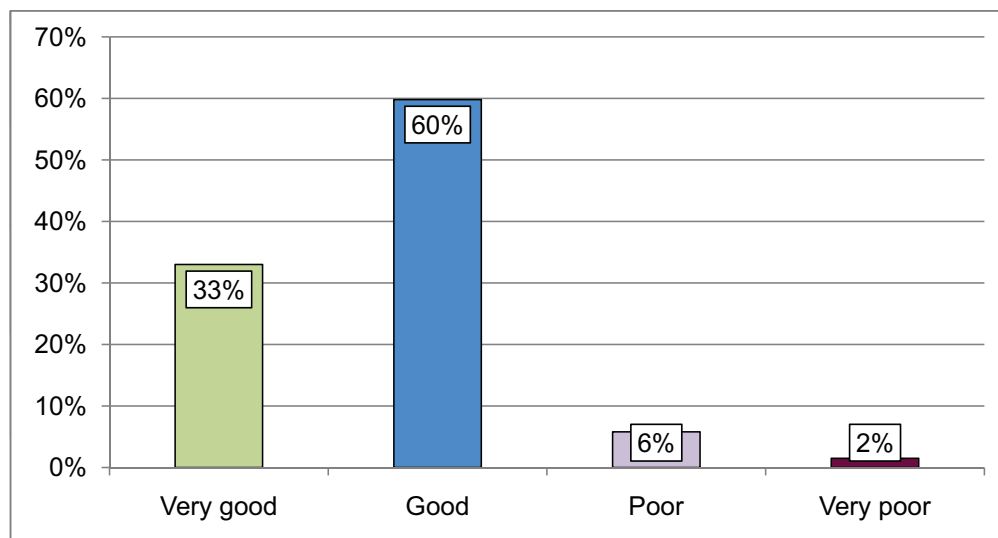
How Are We Doing? – An Overview

QUALITY OF LIFE

The vast majority of Valley residents describe their quality of life in a positive way, but some community members do not share in this sense of overall wellbeing.

- 93% of Valley residents surveyed view their **quality of life** as good or very good, while about 8%—close to 1 out of every 10 residents—said that their life quality is poor or very poor.

How is your overall quality of life?



Source: Valley CARES Community Survey

HOUSING

Housing affordability has become an increasing concern in the Valley, although the economic recession has led to a recent drop in home prices.

- Between 2000 and 2007, **home prices** in the Valley rose at a faster pace than household incomes putting home ownership out of reach for more people; the recent drop in housing prices may not be enough to make homes more affordable in the current economic climate.
- There are 853 governmentally-assisted **affordable housing units** for the elderly and 1,300 units for families in the Valley. A 2004 study of housing affordability in the Valley found a substantial gap between the availability and the need for affordable housing options for residents.



For our community to be truly healthy, we must all work together to assure that every resident has equal access to the basic building blocks that construct a good quality of life.

*~ Karen N. Spargo,
Director of Health, Naugatuck
Valley Health District*

TRANSPORTATION

Transportation needs continue to have a significant impact on quality of life in the Valley. Long commutes and limited public transportation options shape many people's daily lives and their access to work and services.

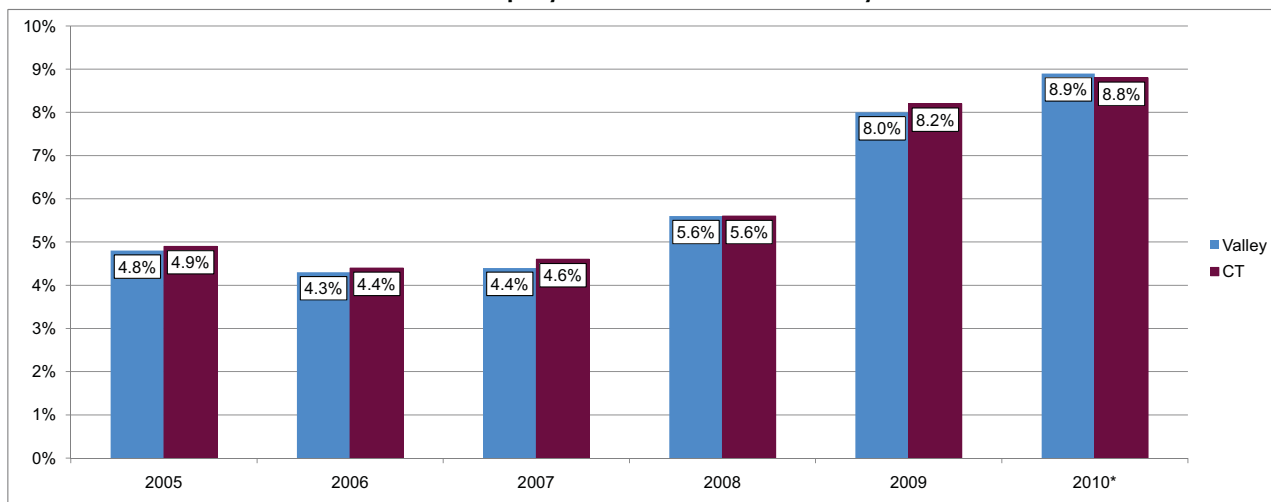
- When asked about their **commuting patterns**, a quarter or more of residents in Valley towns said in 2000 that they commuted 30 minutes or more to work; a minority of workers (11--15%) reported riding to work in a non-single occupancy vehicle such as mass transit or a car pool.
- Recent studies highlight the need to improve public transportation options in the Valley. The number of **mass transit** rides provided by the Valley Transit District (VTD) dropped between 2008 and 2009, due in part to reductions in state funding. Fixed route bus service in the Valley towns continues to be limited.

ECONOMIC OPPORTUNITY

Even though Valley income levels rose over the past decade, increasing numbers of residents do not have access to the economic opportunities needed to build a strong quality of life.

- **Median household income** levels increased since 2000, but Valley towns differed considerably in whether their income levels fell above or below Connecticut's median of \$68,055 in 2009.
- The **unemployment rate** in the Valley has risen substantially since 2005, reaching an annual average of 8.0% in 2009 and almost 9% through September of 2010, with even higher levels in some towns.

Unemployment Rates in the Valley



Source: CT Dept. of Labor

- Although the current federal definition of poverty underestimates the percentage of residents facing economic hardship, the Valley's **poverty rate** in 2000 was 4.7% of the overall population. At that time, 10% or more of children were living in poverty in several Valley towns. It is likely that the poverty rate has risen sharply in recent years, as is true in the state.
- The percentage of **families qualifying for free or reduced price lunch** in Valley school districts increased in the past decade, an indication of growing economic hardship. In 2007-2008, about 2 out of 10 Valley public school children (19%) met the income requirement for free/reduced price lunch. In some districts, the level reached 40% or more of students.

Community Context Indicators

QUALITY OF LIFE

QUALITY OF LIFE—RESIDENT VIEWS

Why is this indicator important?

People's perceptions of their own quality of life serves as an important measure of community well being.

What does it measure?

The views of residents surveyed regarding their overall quality of life in the Valley (Source: Valley CARES Community Survey, 2009-2010).

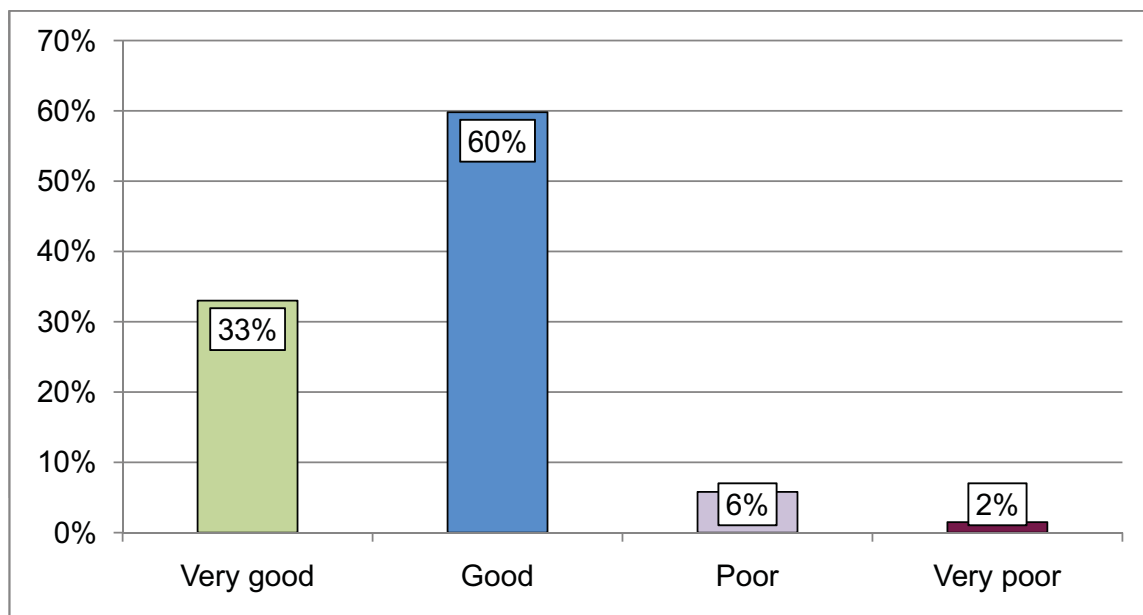
How are we doing?

More than 90% of Valley residents surveyed described their quality of life as good (60%) or very good (33%). Close to 8% reported that they had poor (6%) or very poor (2%) life quality.

When respondents were asked to identify the current issues or problems affecting their quality of life in the Valley, the most common answers were: none/nothing (58%), health care (8%), economy/finances (5%), unemployment (4%), current health (4%), and don't know (8%).

How is your overall quality of life?

2009



Source: Valley CARES Community Survey

HOUSING

HOME PRICES

Why is this indicator important?

When home prices are high relative to a community's income levels, owning a home requires a larger percentage of people's annual income and may be out of reach for many residents. Falling home prices, however, can be a sign of economic challenges.

What does it measure?

The median price of homes sold in 2007 (Source: CERC Town Profiles 2010) and in 2009 (Source: www.realtytrac.com, as of 9/3/2009).

How are we doing?

In 2004, a study on housing the Valley's workforce concluded that home ownership was growing out of the reach of many Valley households, including those traditionally considered middle class (*Housing the Workforce*, 2004). A report released this year shows that between 2000 and 2007 median home prices in Valley towns grew at a faster pace than household incomes, which contributed to a drop in home sales (*Naugatuck Valley Corridor Comprehensive Economic Development Strategy for the 21st Century Report*, 2010). In this way, the Valley mirrors the trend in the state as a whole between 2000 and 2008 when home prices grew 62% while personal income grew only 39% (*Housing in Connecticut 2010: The Latest Measures of Affordability*).

In 2007, Valley towns varied considerably in how their median home prices compared to that of Connecticut overall. Current information from RealtyTrac suggests that home prices have dropped at least 10% in Valley towns over the past year, but this drop may not be enough to make home ownership more affordable in the context of the economic recession.

	Median Home Price	
	2007	2009*
Ansonia	\$239,000	\$194,324
Beacon Falls	\$312,000	\$229,927
Derby	\$270,000	\$191,581
Oxford	\$400,000	\$318,000
Seymour	\$268,000	\$223,641
Shelton	\$380,000	\$305,407
Connecticut	\$295,000	na

Sources: 2009 data from RealtyTrac; 2007 data from CERC

AFFORDABLE HOUSING UNITS

Why is this indicator important?

Stable, quality housing is critical to the wellbeing of all residents, including families and elderly people living on fixed or low incomes. Without sufficient affordable housing options, people may be forced to live in overcrowded conditions, relocate frequently, reduce expenditures on other basic needs, or risk homelessness.

What does it measure?

The number of governmentally assisted housing units available for families and elderly, the total number of assisted units (which can include CHFA mortgages), and the percent of the total housing units that are designated to be affordable (Source: Connecticut Department of Economic and Community Development, Affordable Housing Appeals List, 2008).

How are we doing?

The number of governmentally assisted family and elderly housing units has increased since the mid-1990s (*Healthy Valley Indicators Data Book*, 1996), reaching a Valley-wide total of 1,300 family units and 853 elderly units. However, the distribution of governmentally assisted units varies significantly across the Valley towns. According to the 2008 Affordable Housing Appeals List, the percentage of housing units designated as affordable units in Valley towns ranged from 1.4% of all units in Oxford to 14.5% of units in Ansonia.

A 2004 study on Housing the Workforce found that Valley rental rates had become increasingly unaffordable for many workers and elderly residents in the region. With the current recession, this situation has likely worsened, increasing the gap between the number of affordable housing options and the level of community need.

Affordable Housing Units

2008

Town	# Governmentally Assisted Family Units	# Governmentally Assisted Elderly Units	# All Governmentally Assisted Units	Total Assisted Units	% Housing Units Designated Affordable
Ansonia	841	192	1,033	1,147	14.5%
Beacon Falls	5	0	5	31	1.5%
Derby	267	259	526	587	10.5%
Oxford	1	34	35	47	1.4%
Seymour	163	120	283	365	5.7%
Shelton	23	248	271	431	2.9%
Valley	1300	853	2,153	2,608	6.5%

Source: CT Dept. Economic & Community Development

TRANSPORTATION

COMMUTING PATTERNS

Why is this indicator important?

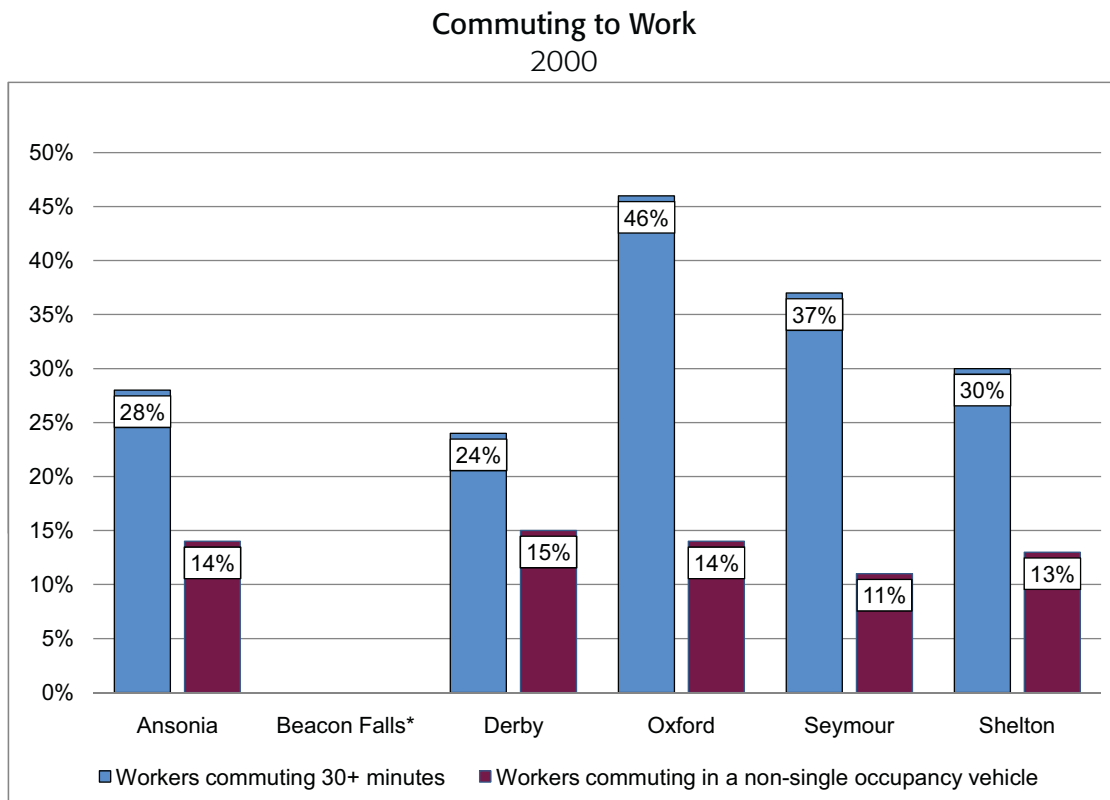
Long commuting distances increase the time and money required for residents to obtain and maintain their jobs. Longer commutes, especially for individuals driving alone, also affect a community's environment and health by increasing fuel use and air pollution.

What does it measure?

The percentage of residents who reported that they commute 30 minutes or more to work and who commuted in something other than a single-occupancy vehicle (Source: 2000 US Census; *information not available for Beacon Falls).

How are we doing?

According to the 2000 Census, about a quarter or more of Valley workers commuted at least 30 minutes to their workplaces. In the case of Oxford, nearly half of all workers reported having commutes of 30 minutes or more. The vast majority of Valley workers did not commute in a non-single occupancy vehicle such as a carpool or mass transit.



Source: Valley CARES Community Survey; *Beacon Falls data not available

MASS TRANSIT

Why is this indicator important?

Many residents require accessible, affordable public transportation in order to get to work and utilize community services. A strong mass transit system also improves a region's physical environment and community health by reducing fuel use and air pollution.

What does it measure?

The number of fixed routes provided by the transportation agencies that provide bus service in Valley towns (Source: Valley Transit District, Greater Bridgeport Transit, CT TRANSIT—New Haven, 2009-2010) and the total number of one-way passenger trips provided by the Valley Transit District bus services, as reported to the Federal Transportation Association (Source: Valley Transit District, 2008-2009; this does not include rides on other transit districts that have routes into the Valley region.)

How are we doing?

In addition to the mass transit service provided by the Waterbury-Bridgeport rail line, several transit services provided bus transportation within the Valley towns. The range of providers makes it more difficult to obtain consistent Valley-wide information about the region's mass transit capacity and transportation needs.

Several studies have highlighted the need to improve mass transit service availability and public knowledge about public transportation options in the Valley (*Naugatuck Valley Corridor Comprehensive Economic Development Strategy for the 21st Century—CEDS—Report*, 2010; *Linking Low Income workers with Transportation in the Lower Naugatuck Valley—Summary Report*, 2006). In the 2006 study, some residents reported that lack of adequate transit options had led them to turn down employment opportunities or to leave their jobs. Employers also identified transportation as a challenge in their ability to hire and retain employees.

According to information provided by the mass transit providers in 2010, fixed bus route service remains very limited in Valley towns, with only 4 existing fixed routes. Although the Valley Transit District is exploring the creation of fixed route service, it does not currently provide any fixed routes in the Valley. Between 2008 and 2009, the number of rides provided by the Valley Transit District also dropped. In part, this reduction was due to the loss of state funding for the Valley Connections commuter service.

Fixed Bus Route Service

Transit Service	# Fixed Routes Within Valley Towns 2009-2010
Valley Transit District	0
Greater Bridgeport Transit	3
CT TRANSIT- New Haven	1
Total	4

Sources: Valley Transit District, Greater Bridgeport Transit, CT TRANSIT

Valley Transit District Ridership

	2008	2009
# One Way Passenger Trips Provided by the Valley Transit District (VTD)	88,776	82,776

Source: Valley Transit District

ECONOMIC OPPORTUNITY

MEDIAN HOUSEHOLD INCOME

Why is this indicator important?

Annual household income is a common measure of the economic resources available to individuals and families to meet their basic needs and create a strong quality of life.

What does it measure?

The median (middle number) in the range of annual incomes among households in each town (Source: CERC Town Profiles). This annual income measure does not take into account assets that people may have such as property and savings.

How are we doing?

Over the past decade, median household income levels increased in all Valley towns (*Naugatuck Valley Corridor Comprehensive Economic Development Strategy for the 21st Century Report, 2010*). However, even as household incomes have risen, individual towns differ considerably in how their median income level compares to the state level. In 2009, Ansonia and Derby's median incomes were at least \$10,000 lower than the state median, while the remaining towns were close to or above the state level, an indication of the economic disparities within the Valley.

	Median Household Income 2009
Ansonia	\$53,603
Beacon Falls	\$70,453
Derby	\$57,258
Oxford	\$97,148
Seymour	\$65,646
Shelton	\$84,155
Connecticut	\$68,055

Source: CERC

UNEMPLOYMENT RATE

Why is this indicator important?

Lack of employment has a major impact on residents' ability to provide for their basic needs. In addition, unemployment creates psychological stresses that can contribute to increases in mental health problems, family violence, poor school performance, and other health or social challenges.

What does it measure?

The annual average of the monthly unemployment rate, which is the percentage of those persons actively looking for work who remain unemployed (Source: Connecticut Department of Labor;*2010 data is through September, 2010).

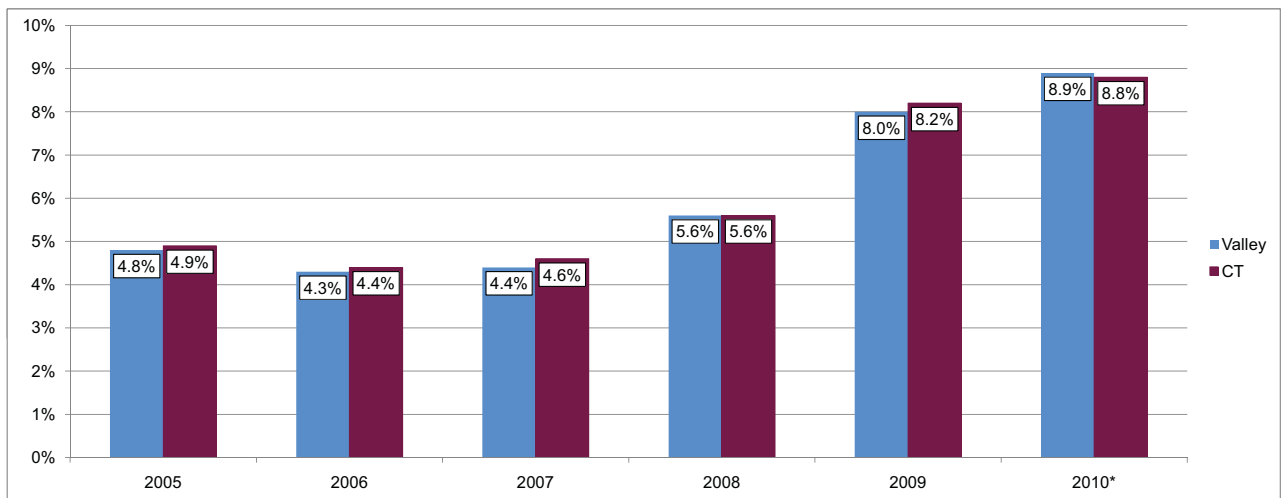
How are we doing?

As in the United States and Connecticut, the Valley's unemployment rate has increased substantially in recent years. In 2009, the Valley-wide annual average unemployment was over 40% higher than it had been the previous year and over 60% higher than it had been in 2005.

Although the overall 2009 Valley rate was close to the statewide unemployment rate, some Valley towns had 2009 rates that were considerably higher than Connecticut's rate. The disparities among towns continue to hold true this year, even as all communities have experienced further jumps in unemployment through September 2010.

Unemployment Rates in the Valley

2005-2010



Source: CT Dept. of Labor: 2010 data is through September, 2010

Town	Annual Unemployment Rate 2009
Ansonia	9.7%
Beacon Falls	8.8%
Derby	9.3%
Oxford	6.6%
Seymour	8.1%
Shelton	7.3%
Valley	8.0%

Source: CT Dept. of Labor

POVERTY RATE

Why is this indicator important?

Poverty interferes with the ability of individuals and families to meet their basic needs, including adequate housing, food, and health care. Poverty in childhood can have a long-term impact on quality of life, reducing the chances for optimal development, school performance, economic self-sufficiency, and overall health into adulthood.

What does it measure?

The percentage of all individuals and the percentage of children (under 18) who fall below the federal poverty level (Source: US Census Bureau, 2000 Census; Annie E. Casey Kids Count Data Center). The Decennial Census is the only survey that provides an estimated poverty rate for smaller communities such as the Valley towns. The poverty rate is based on federal poverty guidelines that take into account family size and income. (For example, a family of four earning \$22,000 or less is considered poor.)

How are we doing?

According to the 2000 Census, the percentage of people living in poverty in the Valley was less than that in the state overall. However, town poverty rates varied quite dramatically, with the highest rate (8.2%) being almost 4 times as high as the lowest rate (2.1%). In all the Valley towns, the percentage of children living in poverty was higher than the overall poverty rate. The child poverty rate was close to or above the statewide rate in three Valley towns but considerably lower in the remaining three communities.

With the recent economic recession, poverty levels in Connecticut have increased, reaching 9.3% overall and 12.5% for children in 2008. Although recent Census Bureau surveys do not provide updated information for Valley towns, it is likely that the number of Valley children and residents living in poverty has also risen in the past decade.

In addition to needing updated information on the poverty rate in the Valley, local and state agencies are looking for ways to improve the measurement of poverty so that the definition takes into account the cost of living in a region. New measures may give a better indication of the percentage of individuals and families who are facing economic hardship within the community.

	Overall Poverty Rate 2000	Child Poverty Rate 2000
Valley	4.7%	na
Connecticut	7.9%	10.4%
Ansonia	7.5%	12.6%
Beacon Falls	5.9%	9.8%
Derby	8.2%	10.1%
Oxford	2.1%	3.0%
Seymour	3.7%	5.6%
Shelton	3.2%	3.4%

Source: US Census

FAMILIES QUALIFYING FOR FREE/REDUCED PRICE LUNCH

Why is this indicator important?

The current federal definition of poverty may underestimate the income required to meet a family's essential needs. Since families eligible for free and reduced price school lunches can have incomes that are higher than the strict federal definition, this percentage may provide a more accurate indicator of the number of families facing economic hardship in a community.

What does it measure?

The percentage of children in public schools who are eligible to receive free or reduced price lunches based on their household income, which can be up to 130% of the federal poverty guideline for free lunch and up to 185% of the federal poverty level for reduced price lunch. For example, to receive the reduced school lunch price a child from a family of three would earn \$34,000 or less. (Source: Strategic School Profiles, CT Department of Education; numbers rounded to nearest whole number; note: *Beacon Falls is part of Regional School District 16, which also includes the town of Prospect.)

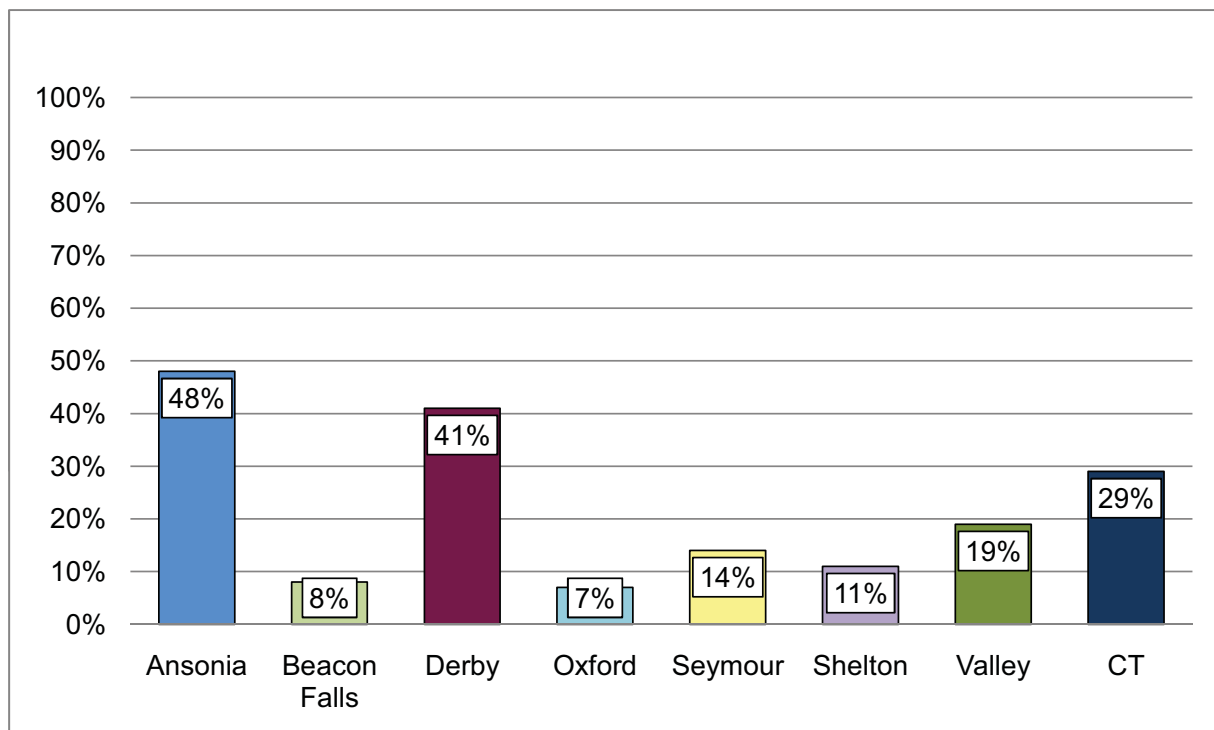
How are we doing?

In the 2007-2008 school year, about 2 in every 10 Valley public school children (19%) met the eligibility requirement for free or reduced price lunch. The percentage for all Valley towns combined was lower than Connecticut's rate of 29% but masks large differences among the Valley towns. The percentage of eligible students in Ansonia and Derby's schools was several times as high as the percentage of eligible school children in Oxford and Shelton.

The proportion of children eligible for free/reduced school lunches has risen in most Valley towns since 2000, suggesting that the percentage of families experiencing economic hardship has increased since the 2000 Census. Derby's rate rose by 70% so that by 2007-2008 about 4 out of every 10 Derby public school children came from families meeting the eligibility guidelines. In the Ansonia school district, the percentage increased by over 30%. Nearly half of its school population came from families with incomes low enough to make them eligible for the free or reduced price lunches.

Percentage of Students Eligible for Free/Reduced Price Lunch

2007-2008



Source: CT Dept. of Education; *Beacon Falls in Regional District 16

SOURCES OF INFORMATION

Valley CARES Community Survey, 2009-2010; Naugatuck Valley Corridor Comprehensive Economic Development Strategy for the 21st Century Report, 2010; Housing the Workforce, 2004; Linking Low Income Workers with Transportation in the Lower Naugatuck Valley—Summary Report, 2006; U.S. Census Bureau; CERC Town Profiles; Connecticut Department of Economic & Community Development; Connecticut Department of Labor; Connecticut Department of Education; Valley Council of Governments; Annie E. Casey Kids Count Data Center; Valley Transit District; Greater Bridgeport Transit; CT TRANSIT-New Haven

ROOM TO GROW

In order to better understand how the Valley's community context affects the ability of residents to build a good quality of life, it would be helpful to have more information about:

- Current poverty rates and improved measures of poverty & economic hardship
- Existing affordable housing options and community perspectives on housing affordability
- Homelessness in the Valley (The current point in time count does not provide sufficient information.)
- Anticipated areas for job creation and overall economic growth in the Valley
- Resident views regarding transportation options and the obstacles to use of current services
- Resident views on the key elements to building a good quality of life





Providing Education & Training for Life Long Success

Vision for the Valley

A community that provides access to high quality education and training opportunities for its residents from early childhood throughout adulthood

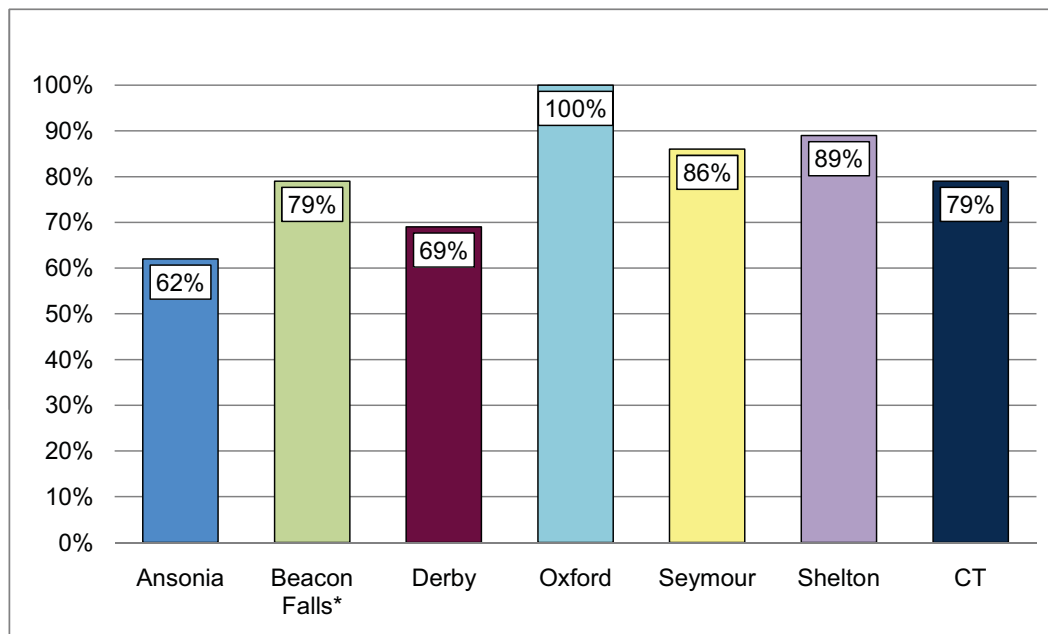
How Are We Doing? – An Overview

EARLY CHILDHOOD EDUCATION

Many Valley children benefit from early childhood education opportunities, yet some families may face challenges in accessing these resources.

- When asked if there is sufficient **childcare and preschool availability** in the Valley, 59% of parents with children under 18 living at home who participated in the Valley CARES survey reported that there are enough services. However, 32% of those parents indicated that they did not know if there are enough childcare and preschool resources.
- In 2007, the number of Valley children enrolled in the **Care 4 Kids childcare assistance** program (703) was higher than in previous years. However, we do not know enough about the gap between current enrollment levels and the need for childcare assistance within the community.
- The percentage of kindergartners with **preschool experience** has been increasing in some Valley towns. Yet, in the 2007-2008 school year most of the Valley school districts had not reached the state goal of 90% preschool experience. In 4 out of the 6 districts, the percentage of kindergartners with preschool experience was at or above the state level.

Percentage of Children Entering Kindergarten with Preschool Experience



Source: CT Dept. of Education; *Beacon Falls in Regional District 16



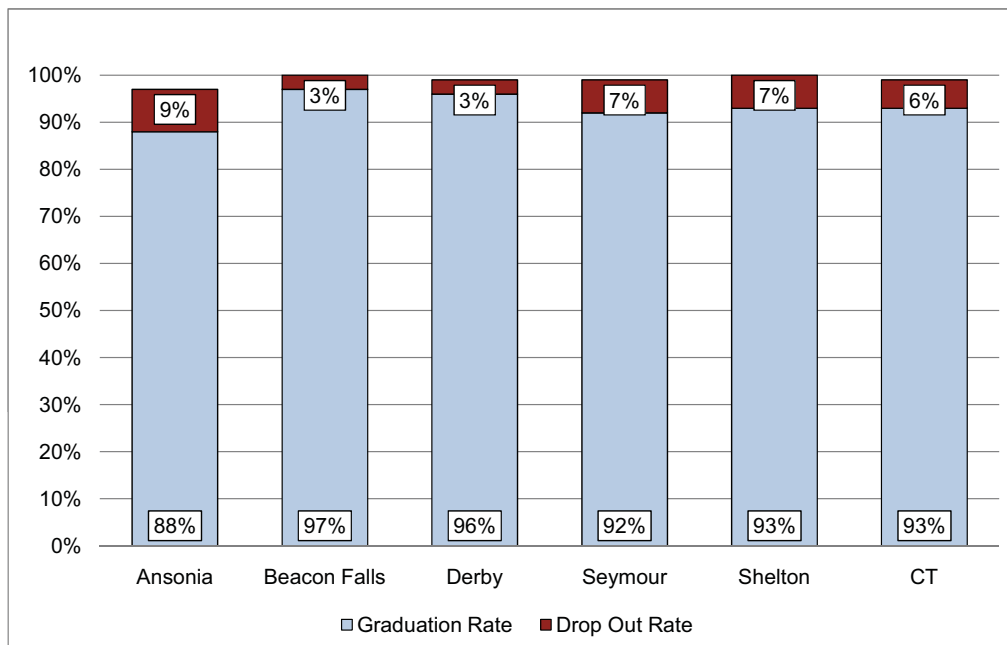
Education is for improving the lives of others and for leaving your community and world better than you found it.
 ~ Marian Wright Edelman

PUBLIC SCHOOL PERFORMANCE

While school performance is close to the state level in many Valley districts, a sizeable number of students do not meet Connecticut's targets for elementary learning and high school graduation.

- The percentage of 4th graders meeting the state goal in **reading performance**, a strong indicator of school readiness and success, ranged between 40% and 60% in Valley school districts in the 2007-2008 school year compared to a state level of 56%.
- While the state is currently working to improve the measurement of **high school graduation and drop out rates**, 2007-2008 data show that 4-year high school graduation rates in most Valley school districts reached or exceeded the state rate. Nevertheless, between 3% and 9% of students in the Class of 2007 dropped out of school.

Cumulative 4-Year High School Graduation & Drop Out Rates



Source: CT Dept. of Education; Oxford data not available

POST-SECONDARY AND ADULT EDUCATION

While many Valley adults continue education and training after high school, access to college education, adult education, and job training continues to be difficult for some in the Valley community.

- When asked about their **post-secondary education plans**, between 73% and 89% of Valley high school graduates said they planned to pursue further education, which is increasingly important in improving people's opportunities for obtaining employment.
- According to 2009 statistics about **adult educational attainment**, the percentage of adults 25 and over who have Bachelor's degrees was lower in the Valley than in the state, ranging between 20% and 35% for the Valley towns compared to 36% for Connecticut.
- When asked about **adult education & job training availability** in the Valley, 42% of residents surveyed stated that there are enough adult education services while 46% said they did not know. 28% of respondents said existing job training services are sufficient but 51% did not know.

Education & Training Indicators

EARLY CHILDHOOD EDUCATION

CHILDCARE & PRESCHOOL AVAILABILITY

Why is this indicator important?

In order for residents to provide preschool experience for their children, enough preschool and childcare opportunities must exist within a reasonable distance from where they live. While cost and other factors may also affect utilization, residents need to be aware of the existing resources. Preschool and childcare availability in a community can influence the school readiness of children and the employment options available to their parents and caretakers.

What does it measure?

The responses of Valley residents surveyed when asked whether there are enough childcare and preschool services in the Valley. This indicator reports the percentage for those respondents who had children under 18 living at home (Source: Valley CARES Community Survey, 2009-2010).

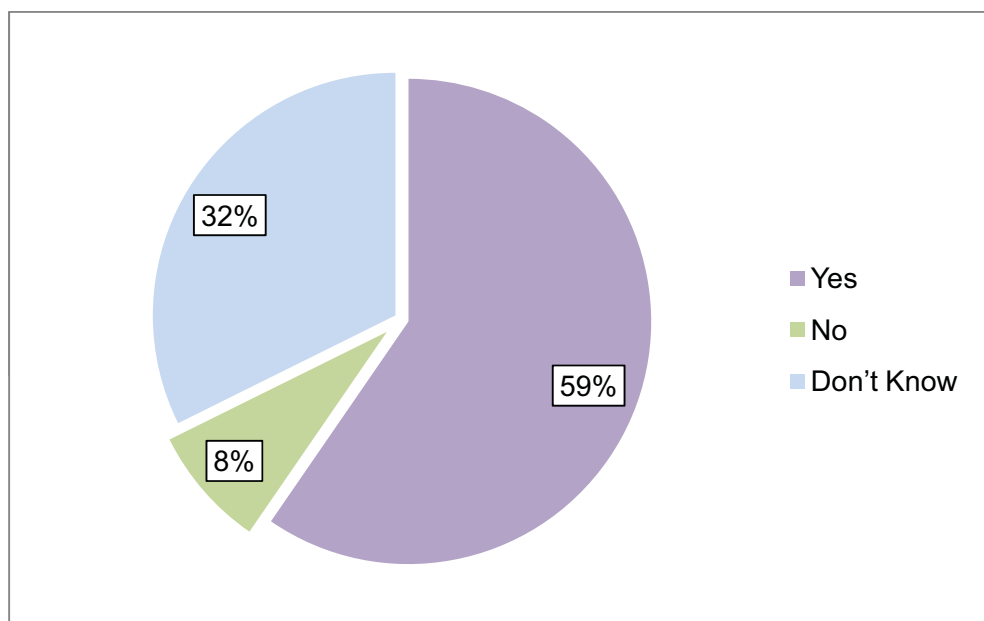
How are we doing?

When asked if there is sufficient childcare and preschool availability in the Valley, 59% of survey respondents with children under 18 living at home reported that there are enough services. However, about a third of those respondents stated that they do not know whether existing childcare and preschool resources are sufficient. It is possible that survey respondents may have had older children and therefore not had a need for information about childcare & preschool, but the survey results raise questions about possible gaps in community awareness about existing resources.

A 2006 study of early childcare capacity in the Valley found that the capacity of existing providers was greater than the actual enrollment, suggesting that availability may not be as much of an obstacle to access as other factors (*Early Childcare Capacity Study: Lower Naugatuck Valley*, United Way Community Results Center, 2006). Since then, the Valley Council for Health & Human Services' Early Childhood Taskforce has developed materials on community resources to improve awareness of existing services in the Valley.

Is there sufficient childcare & preschool availability in the Valley?

Responses of Parents with Children < 18 at Home
2009



Source: Valley CARES Community Survey

CARE 4 KIDS CHILDCARE ASSISTANCE

Why is this indicator important?

Childcare subsidies make it possible for more families to access childcare options. Quality childcare enables family caretakers to find and maintain employment and fosters the school preparedness of young children.

What does it measure?

The annual total of the unduplicated number of children enrolled in the Care 4 Kids, a state program that provides childcare subsidies for low to moderate income families (Source: Connecticut Department of Social Services, Bureau of Assistance Programs, reported in Annie E. Casey Kids Count Data Center, 2007).

How are we doing?

According to the Kids Count Data Center, the 2007 Care 4 Kids enrollment was higher than in previous years. In 2007, 703 children in Valley towns were enrolled in this childcare assistance program. More recent data from the Care 4 Kids website show that 731 children were enrolled in August 2010.

Since there is no easy way to measure how many families need financial assistance to be able to afford childcare, we do not know enough about the gap between current Care 4 Kids enrollment levels and the need for childcare assistance within the Valley community. In recent years, the Care 4 Kids program has faced state funding cuts and other administrative issues that can make it more difficult for families to access this assistance. In November 2010, the state instituted new income eligibility requirements, which means that families applying for the program will not be eligible if their incomes are at or above 50% of the state median income.

	# Children Enrolled in Care 4 Kids Childcare Assistance Program 2007
Valley	703
Ansonia	304
Beacon Falls	29
Derby	149
Oxford	17
Seymour	77
Shelton	127

Source: CT Dept. of Social Services

PRESCHOOL EXPERIENCE

Why is this indicator important?

Preschool experience helps to prepare children for kindergarten, thereby improving their chances of educational success in elementary school and beyond.

What does it measure?

The percentage of children entering kindergarten in Valley public schools in the 2007-2008 school year who reported preschool, nursery school, or Head Start experience (Source: Strategic School Profiles, Connecticut Department of Education; note: * Beacon Falls is part of Regional School District 16, which also includes Prospect).

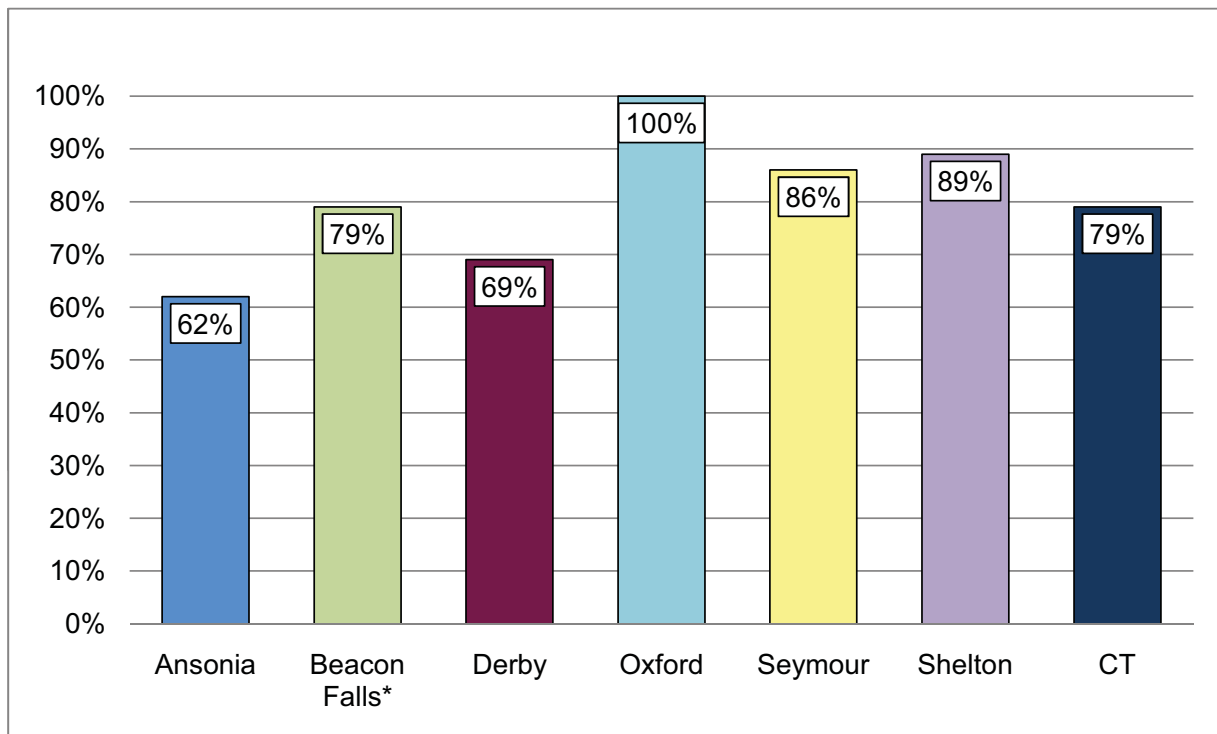
How are we doing?

In January 2005, the State Department of Education set a goal that at least 90% of children would enter kindergarten having attended preschool. Preschool attendance rates in the Valley have improved since the 2004-2005 school year but not all Valley towns have reached the state goal.

In the 2007-2008 school year, one of the 6 Valley school districts met the 90% preschool attendance goal (Oxford) and two more were close to meeting it (Seymour & Shelton). In the remaining school districts (Ansonia, Beacon Falls, & Derby), the percentage of students entering kindergarten with preschool experience was below the state goal. In two of the districts, the percentage fell considerably below the statewide average of 79%.

Percentage of Children Entering Kindergarten with Preschool Experience

2007-2008



Source: CT Dept. of Education; *Beacon Falls in Regional District 16

SCHOOL PERFORMANCE

READING PERFORMANCE

Why is this indicator important?

Since early reading skills are so important to overall learning, education experts consider fourth grade reading scores to be a strong indicator of school readiness and performance throughout elementary school and high school.

What does it measure?

The percentage of students taking the Connecticut Mastery Tests (CMT) in fourth grade who met the state goal in reading (Source: 2007-2008 Strategic School Profiles, Connecticut Department of Education; *Beacon Falls is part of Regional School District 16, which also includes Prospect). This number reflects the performance of students with scoreable tests enrolled in the district at the time of testing. The state goal is higher than proficient but not as high as the advanced level of the No Child Left Behind report cards.

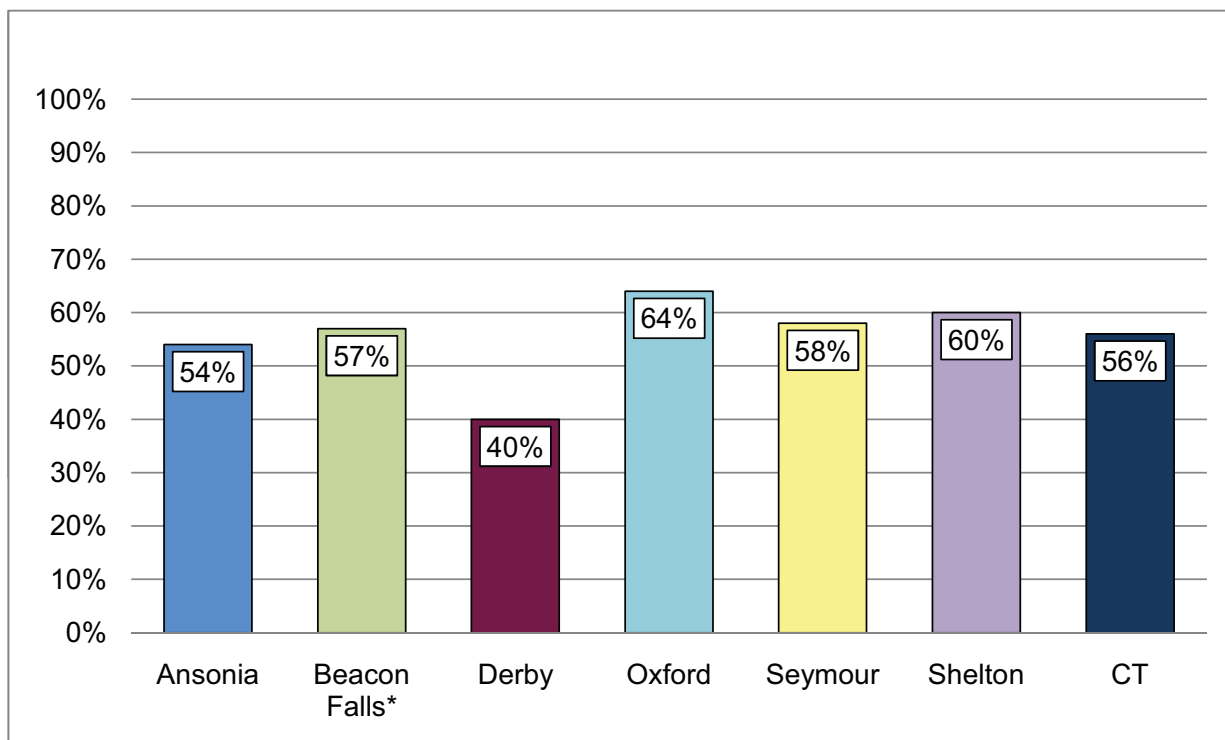
How are we doing?

In most Valley towns, the percentage of fourth graders meeting the state goal in reading was close to or higher than the state average in the 2007-2008 school year. Despite this favorable comparison with the state, over 30% of students in all of the Valley towns failed to meet the 4th grade reading goal.

In the school districts that fell below the state average in 2007-2009 (Ansonia & Derby), the rates had improved compared to the 2004-2005 school year. Other studies have found disparities in school performance not only by town but also by economic status and other demographic differences (*Community Audit & Needs Assessment Report, 2006, The WorkPlace, Inc.*).

Percentage of 4th Graders Meeting CMT Reading Goal

2007-2008



Source: CT Dept. of Education: *Beacon Falls in Regional District 16

HIGH SCHOOL GRADUATION AND DROP OUT RATES

Why is this indicator important?

High school graduates typically have higher earnings, increased job stability, and a longer life expectancy compared to those who do not graduate. Thus, successfully completing high school can have an important effect on quality of life for individuals and the communities of which they are a part.

What does it measure?

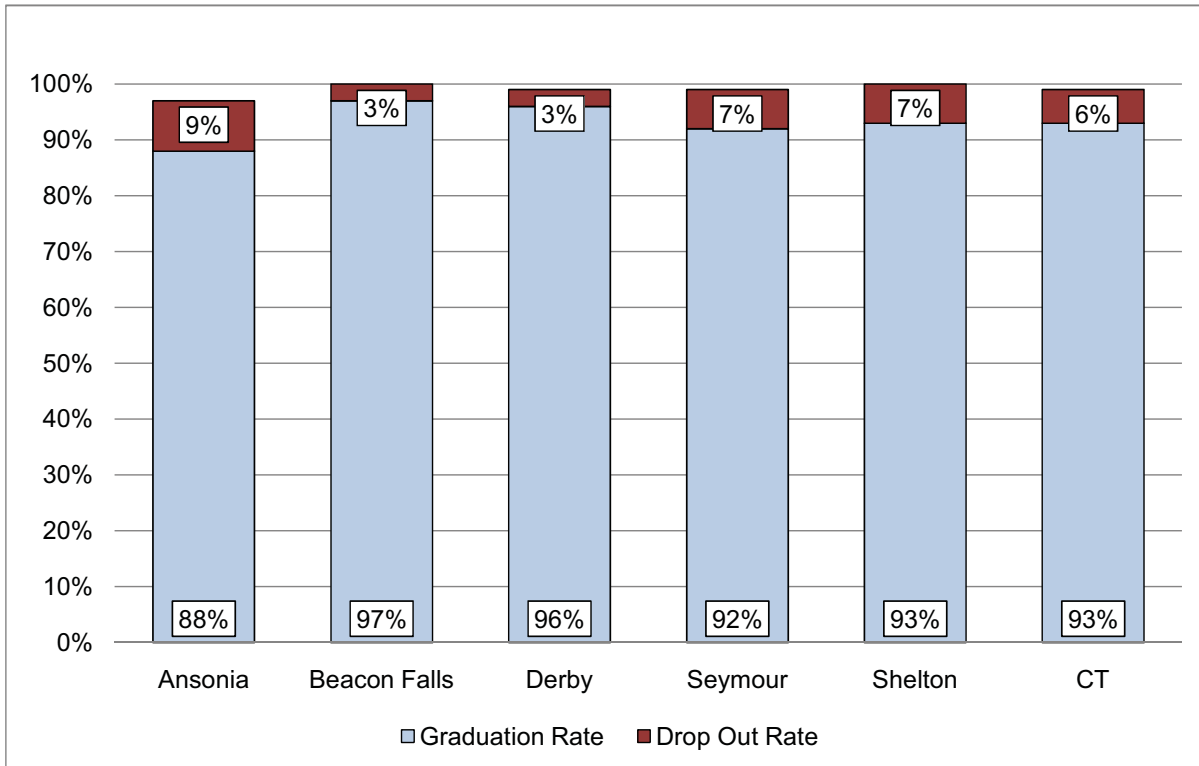
The percentage of students within the high school graduating class who graduated in the given year. The current calculation is based on the number of graduates for the year divided by number of graduates plus the number of students who dropped out each year as the class progress through grades 9,10, 11, and 12 (Source; 2007-2008 Strategic School Profiles, Connecticut Department of Education; *Beacon Falls is part of Regional School District 16, which also includes Prospect; information is not available for Oxford). The graduation and drop out rates do not always add up to 100% because some students may graduate in more than 4 years or may not be included in the drop out rate.

How are we doing?

The state of Connecticut and local school districts are currently working to improve the measurement of high school graduation and drop out rates. According to Connecticut Department of Education data from the 2007-2008 school year, the 4-year high school graduation rates in most Valley school districts reached or exceeded the state level. Nevertheless, between 3% and 9% of students in the Class of 2007 dropped out. These measures may underestimate the 4-year drop out rate, but they also do not indicate how many students graduated from high school in more than 4 years or received a high school diploma through alternate routes.

Connecticut is trying to update its system for tracking public school students as they progress through high school, even as they change school districts or move on to alternative education programs. Modifications in how students are tracked and how drop out and graduation measures are defined may create new understandings of how successfully Valley students are able to complete their secondary school education. The long-term goal for the state is to achieve graduation rates close to 100% of all students.

Cumulative 4-Year High School Graduation & Drop Out Rates 2007-2008



Source: CT Dept. of Education; Oxford data not available



POST-SECONDARY & ADULT EDUCATION

POST-SECONDARY EDUCATION PLANS

Why is this indicator important?

Post-secondary education (including junior college, college, and technical training programs) improves young people's chances for employment opportunities and improved earnings potential.

What does it measure?

The percentage of high school graduates from public schools who reported that they plan to obtain further education, including both degree and non-degree programs (Source: 2007-2008 Strategic School Profiles, Connecticut Department of Education; note: *Beacon Falls is part of Regional School District 16, which also includes Prospect; information is not available for Oxford)

How are we doing?

In the 2007-2008 school year, between 73% and 89% of Valley high school graduates reported that they planned to pursue further education. In three Valley towns, the percentage of graduating students with plans for further education was lower than that for the state overall.

Since between 10% and 25% of graduates from these Valley districts did not plan to pursue additional education, a sizeable proportion of Valley young people may face greater challenges in obtaining employment that can provide them with a good standard of living.

	% High School Graduates Pursuing Further Education 2007-2008
Ansonia	73%
Beacon Falls *	86%
Derby	76%
Oxford	na
Seymour	80%
Shelton	89%
Connecticut	83%

Source: CT Dept. of Education; *Beacon Falls in Regional District 16

ADULT EDUCATIONAL ATTAINMENT

Why is this indicator important?

Increasing levels of educational attainment are associated with higher earning potential for adults as well as different patterns of access to information and resources, which can affect people's behaviors and overall quality of life.

What does it measure?

The percentage of the adult population 25 years and older who have a high school degree, some college education, and a bachelor's degree or more as their highest level of education (Source: CERC Town Profiles, 2009 data in 2010 profiles).

How are we doing?

According to 2009 statistics, the percentage of adults 25 and over who have Bachelor's degrees was lower in the Valley than in the state, ranging between 20% and 35% for the Valley towns compared to 36% for Connecticut. The Connecticut Department of Labor estimated that between 2002 and 2012 almost half of all new jobs in the Southwest region of the state would require a Bachelor's degree or higher (cited in *Community Audit & Needs Assessment Report, 2006*, The WorkPlace, Inc.). As a result, Valley adults whose highest educational level does not include a college degree may find it more difficult to qualify for such new jobs.

Highest Educational Level Completed Among Valley Adults 25 & Over
2009

	% w/ Bachelors Degree or More	% w/Some College	% w/High School Degree
Ansonia	20	24	42
Beacon Falls	31	28	31
Derby	23	25	36
Oxford	35	26	32
Seymour	24	29	35
Shelton	35	25	30
Connecticut	36	23	29

Source: CERC

ADULT EDUCATION & JOB TRAINING AVAILABILITY

Why is this indicator important?

Adult education and job training services allow adults to develop skills that increase their employability and life satisfaction. Community awareness of the available services can influence how well they are utilized.

What does it measure?

The perspective of residents surveyed regarding whether there are enough adult education and job training services in the Valley region to meet their needs (Source: Valley CARES Survey, 2009-2010).

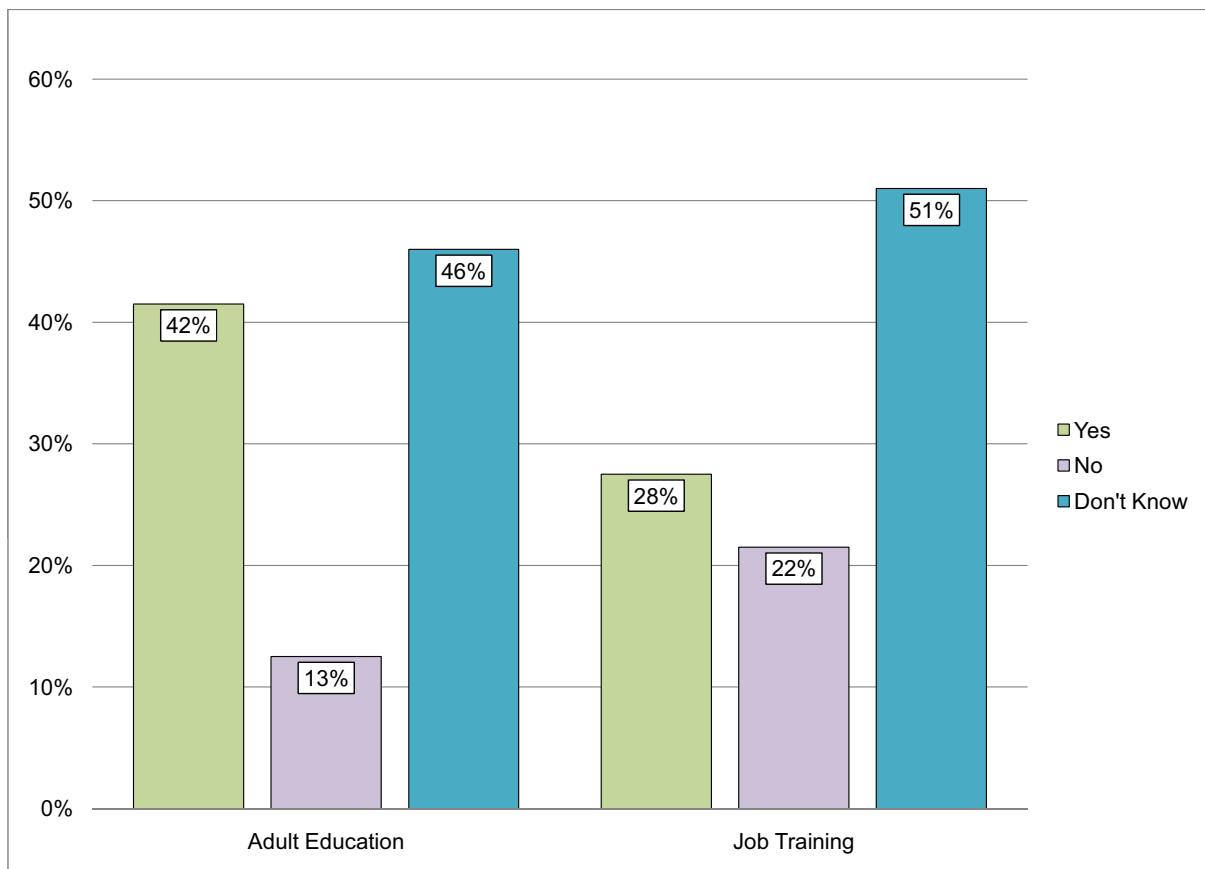
How are we doing?

Forty-two percent of residents surveyed stated that there are enough adult education services in the Valley, yet 46% said that they did not know if sufficient services exist. An even higher percentage of residents surveyed (51%) reported that they did not know if there are enough job training services in the community. Just over a quarter of respondents (28%) said that enough job training services exist to meet the need.

These findings suggest that residents may not be fully aware of existing services and/or that the availability of services does not match the perceived need for such services, particularly in the case of job training.

Are enough adult education & job training services available in the Valley?

2009



Source: Valley CARES Community Survey

SOURCES OF INFORMATION

Community Audit & Needs Assessment Report, Southern Connecticut's Regional Workforce Development Board, The WorkPlace, Inc., August 2006; Early Childcare Capacity Study, Lower Naugatuck Valley, United Way Community Results Center, March 24, 2006; Valley CARES Community Survey, 2009-2010; Connecticut Department of Education; Connecticut Department of Labor; Connecticut Department of Social Services; Early Childhood Taskforce of the Valley Council for Health & Human Services; Annie E. Casey Kids Count Data Center

ROOM TO GROW

In order to better understand education and training in the Valley, it would be helpful to have further information about:

- Residents views regarding the factors that affect access to childcare & preschool programs
- Parents' roles as early childhood educators and the training/support programs available for parents
- School attendance data and improved high school drop out & graduation measures for Valley districts
- Adult education program enrollment and outcomes (It is currently more difficult to access this data by Valley town as the 6 municipalities are covered by different adult education programs.)
- Job mentoring and job training programs for youth & adults (There currently is no database of information regarding these programs.)



Conserving the Natural Environment



Vision for the Valley

A community that conserves its natural resources so that the environment is safe, clean, and available for the enjoyment of residents for generations to come

How Are We Doing? – An Overview

LAND USE & QUALITY

The Valley's natural environment and its residents benefit from land that has been dedicated as open space within the 6-town region. Due to the Valley's manufacturing history, some of its land may require environmental remediation in order to make it safe for new development.

- The Valley region has an estimated 5,594 acres of **open space**; this accounts for close to 8% of the Valley's total acreage but land dedicated to open space is not evenly distributed across the Valley towns.
- A 2004 State of Connecticut inventory identified 21 **Brownfield sites**, land that may be contaminated with hazardous substances, within the Valley. Additional sites are included in the Department of Environmental Protection's list of potentially contaminated sites.

AGRICULTURAL RESOURCES

The Valley's agricultural resources influence quality of life for residents through their impact on the local food supply and the physical environment.

- According to the 2007 Agricultural Census, there were 55 **farm operations** located in the Valley zip codes. The Connecticut Department of Agriculture Farmland Preservation program lists 3 farm sites in the Valley that participate in this state program to slow the loss of Connecticut farmland; additional farm conservation efforts are sponsored by towns and other organizations.
- The Valley currently has 3 **farmers' markets** (Derby, Seymour, & Shelton) and one **community garden**.

ENERGY USE

Valley residents and businesses rely to a large extent on non-renewable energy sources that contribute to environmental pollution, but there are some efforts to change these energy use patterns.

- As was true for the state of Connecticut, the most commonly used **home heating fuel** source among Valley households in 2000 was fuel oil, followed by natural gas, electricity, and liquid petroleum gases.
- Each of the three transit services that provide bus service in the Valley has plans to purchase **low emissions public transit vehicles** in the upcoming years in order to reduce diesel emissions and thereby improve air quality and public health.



*Be good to the land and the land
will be good to you.*

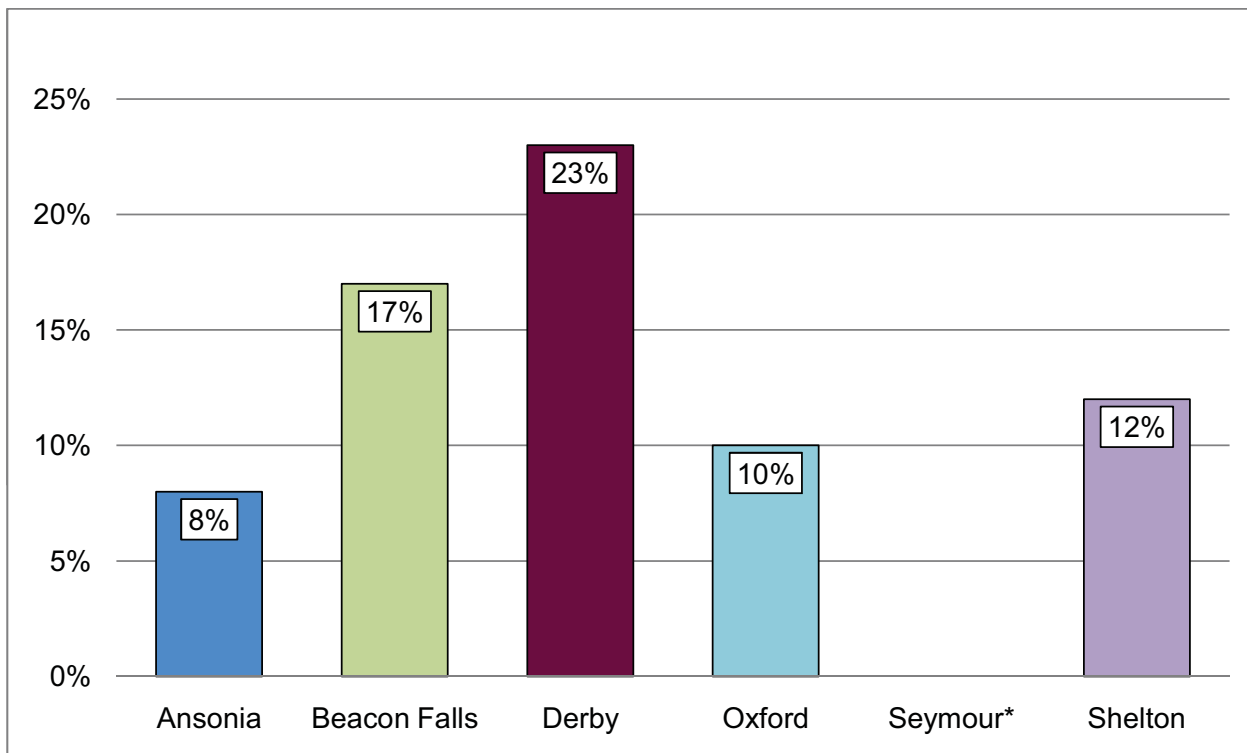
*~ Phillip James Jones
Founder of Jones Family Farm*

ENVIRONMENTAL CONSERVATION MEASURES

Many Valley residents are taking measures to conserve resources and the natural environment, yet local towns, businesses, and organizations can further improve their conservation efforts.

- When asked about **household conservation measures**, Valley survey respondents most commonly reported recycling (87%), followed by reducing home energy consumption (54%) and growing or purchasing food locally (21%). Additional residents stated they drove less or purchased a more fuel efficient vehicle (15%), reduced use of harmful chemicals (11%), and enrolled in a clean energy program or purchased alternative energy products (5%).
- In 2009, Valley towns recycled less than a quarter of the solid waste they generated, with most towns falling considerably below that level. Thus, the Valley's **municipal recycling rates** fell well below the state's goal of a 40% rate and below the 25% statewide rate.

Percentage of Municipal Solid Waste Recycled
2009



Source: CT Dept. Environmental Protection; *data not reported for Seymour

Natural Environment Indicators

LAND USE & QUALITY

OPEN SPACE

Why is this indicator important?

Protecting and preserving open space is critical to maintaining healthy ecosystems, including the quality of a region's air, water, and land. Dedicated open space provides a source of recreation and psychological wellbeing for a community's residents.

What does it measure?

The estimated number of acres of dedicated open space for the towns of Beacon Falls and Oxford (Source: Central Naugatuck Valley Council of Governments, 2010) and the Valley Council of Governments Region, which includes Ansonia, Derby, Shelton and Seymour (Source: Valley Council of Governments, 2010).

How are we doing?

The Valley region has an estimated 5,594 acres of open space; this accounts for almost 8% of the Valley's total acreage but land dedicated to open space is not evenly distributed across the Valley towns. According to information provided by the Central Naugatuck Valley Council of Governments, Beacon Falls and Oxford have a much higher percentage of their acreage devoted to open space compared to the VCOG towns.

	Estimated # Acres Open Space 2010
VCOG Region (Ansonia, Derby, Seymour & Shelton)	996
Beacon Falls & Oxford (part of Central Naugatuck Valley COG)	4,598
Combined for Valley	5,594

Sources: VCOG, Central Naugatuck Valley COG



BROWNFIELD SITES

Why is this indicator important?

Contaminated land poses a hazard to the natural environment and human health. With proper remediation, the land can be made available for new uses to benefit the community. Brownfield redevelopment also reduces the pressure to use undeveloped land, thus helping to preserve open space.

What does this measure?

The number of sites identified as of September, 2004 in the state inventory of Brownfields, defined as "real property, the expansion, redevelopment or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant or contaminant" (Source: Office of Brownfield Remediation and Development, Connecticut Department of Environmental Protection).

How are we doing?

As of September 2004, the Connecticut Brownfields Inventory identified 21 sites in Valley towns as Brownfields. The State's 2009 "List of Contaminated or Potentially Contaminated Sites" includes numerous additional sites in the Valley that may be contaminated. Although this 2009 list identifies several Valley sites that have begun remediation efforts, the information is not sufficiently updated or complete to show how many new Brownfield sites have been confirmed since 2004 or how many sites have initiated or completed remediation projects during this period.

	# State-Identified Brownfield Sites 2004
Valley	21

Source: CT Dept. Environmental Protection

AGRICULTURAL RESOURCES

FARM OPERATIONS

Why is this indicator important?

Connecticut farmland is disappearing at a very rapid rate. Preserving local farms supports the region's economy and ensures the local availability of produce and other agricultural products.

What does it measure?

The number of farm operations in the Valley as reported by the 2007 Agricultural Census for the Valley town zip codes (Source: Census of Agriculture, United States Department of Agriculture, 2007), and the number of farms participating in the State of Connecticut Farmland Preservation Program (Source: Farmland Preservation Program, Connecticut Department of Agriculture, 2010).

How are we doing?

According to the 2007 US Agriculture Census, there were 55 farm operations located within Valley zip codes. Of these, about half were small farms with fewer than 50 acres.

Thus far, three of the farms located in the Valley have decided to participate in the state's Farmland Preservation Program. Through this state Department of Agriculture program, farms remain in private ownership but their development for nonagricultural purposes is restricted on a permanent basis. Additional farms may be preserved through town and other conversation programs.

	# Farm Operations in US Agriculture Census 2007	# Farm Sites Participating in CT Farmland Preservation Program 2010
Valley	55	3

Sources: US. Dept. Agriculture, CT Dept. Agriculture

FARMERS' MARKETS & COMMUNITY GARDENS

Why is this indicator important?

Farmers' markets and community gardens increase access to locally produced food, thereby reducing residents' need to rely on products that are transported greater distances. In addition to the environmental and economic benefits of local food production, access to gardens and markets can also benefit residents' health and community connections.

What does it measure?

The number of farmers markets and community gardens located in Valley towns (Source: Valley Town Clerks, 2009).

How are we doing?

The Valley currently has three farmers markets, one each in the towns of Derby, Seymour, and Shelton. The markets in Seymour and Shelton are state-certified markets.

According to 2009 information, there was one community garden in the Valley, located at Ansonia Nature Center. More recently, Shelton initiated a new community garden and the town is considering adding an additional site.

	# Farmers' Markets 2009	# Community Gardens 2009
Valley	3	1

Source: Valley Towns



ENERGY USE

HOME HEATING FUEL SOURCES

Why is this indicator important?

Home heating fuel sources vary in their environmental impact, with substances such as coal and fuel oil associated with higher levels of contaminants that can affect air quality and climate.

What does it measure?

The number of households utilizing each home heating fuel type (Source: Connecticut Department of Economic & Community Development, US Census, 2000).

How are we doing?

As was true for the state of Connecticut, the most commonly used home heating fuel among Valley households in 2000 was fuel oil, followed by natural gas, electricity, and liquid petroleum gases. At that time, nine households reported utilizing solar energy for heating, while 27 reported using no heating fuel. Results from the 2010 Census will give updated information about home heating patterns.

Fuel Source Used	# Valley Households 2000
1. Fuel Oil, Kerosene, etc.	23,344
2. Natural Gas	10,618
3. Electricity	3,406
4. Bottled, Tank, Liquid Petroleum Gases	732
5. Wood	233
6. Other Fuel	103
7. No Fuel	27
8. Solar Energy	9
9. Coal or Coke	7

Source: CT Dept. Economic & Community Development

LOW-EMISSIONS PUBLIC TRANSIT VEHICLES

Why is this indicator important?

Diesel emissions from a variety of sources including mass transit buses can hurt local air quality and pose a health threat, particularly for children, the elderly, and individuals with respiratory and cardiovascular diseases.

What does it measure?

The responses of transit districts that serve the Valley region regarding whether they currently have low emissions transit buses or plan to add such vehicles to their fleet in the coming 1-5 years (Source: Valley Transit District, Greater Bridgeport Transit, CTTRANSIT, New Haven 2010).

How are we doing?

In 2005, the Connecticut legislature approved a special act aimed at reducing the harm from diesel emissions in the state. In order to substantially reduce diesel emissions from public transit buses, the Department of Environmental Protection recommended the turnover of transit buses to lower emissions vehicles.

All of the transit districts that currently provide service in Valley towns have buses that meet existing state and federal emissions standards. According to CTTRANSIT, their existing buses burn low sulfur bio-diesel, which emits fewer pollutants than traditional diesel fuel. Other transit districts also utilize low sulfur diesel and/or fuel additives to decrease emissions in their current busses. In addition, the three transit services all have plans to purchase low or near zero emissions vehicles in the upcoming years.

Transit District	Currently Have Low Emissions Vehicles? 2010	Plan to Add or Replace Vehicles with Lower/No Emissions Buses in 1-5 Years?
Valley Transit District	Not currently	Yes
Greater Bridgeport Transit Authority	Not currently	Yes
CT TRANSIT, New Haven	Yes	Yes

Sources: Valley Transit District, Greater Bridgeport Transit, CT TRANSIT



ENVIRONMENTAL CONSERVATION MEASURES

HOUSEHOLD CONSERVATION MEASURES

Why is it important?

Resident conservation measures can make an important difference in helping to preserve the natural environment. In order for residents to participate in environmental conservation, they need information about conservation alternatives as well as supports and incentives to change their practices.

What does this measure?

The responses of residents surveyed regarding environmental conservation measures used in the past year (Source: Valley CARES Community Survey, 2009-2010; more than one answer was possible).

How are we doing?

A large majority of Valley residents surveyed reported doing at least one thing in the past year to conserve energy and help the environment. Of the possible actions, the most commonly reported measure was recycling (87%), following by reducing energy consumption in the home (54%). About 1 in 5 residents also reported either growing their own food or purchasing food from local farmers.

Smaller proportions of residents said they made changes in their driving or their use of chemicals for home and yard care. About 5% of those surveyed reported reducing their reliance on fossil fuels in their home by enrolling in a clean energy program or purchasing alternative energy products.

In the past year, what have you done in your household to reduce energy consumption and help the environment?	% Valley Survey Respondents 2009
Recycling	87%
Reducing energy consumption in home (reducing usage or replacing appliances)	54%
Growing your own food/purchasing food from local farmers	21%
Driving less or purchasing a more fuel efficient vehicle	15%
Reducing use of harmful chemicals in yard/garden/home	11%
Enrolling in a clean energy program or purchasing alternative energy products	5%

Source: Valley CARES Community Survey

MUNICIPAL RECYCLING RATES

Why is this indicator important?

Recycling the waste produced by households and businesses conserves natural resources by saving energy, reducing greenhouse gas emissions, and reducing the need for virgin materials. In addition, it reduces the volume of waste that needs to be incinerated or put in landfills.

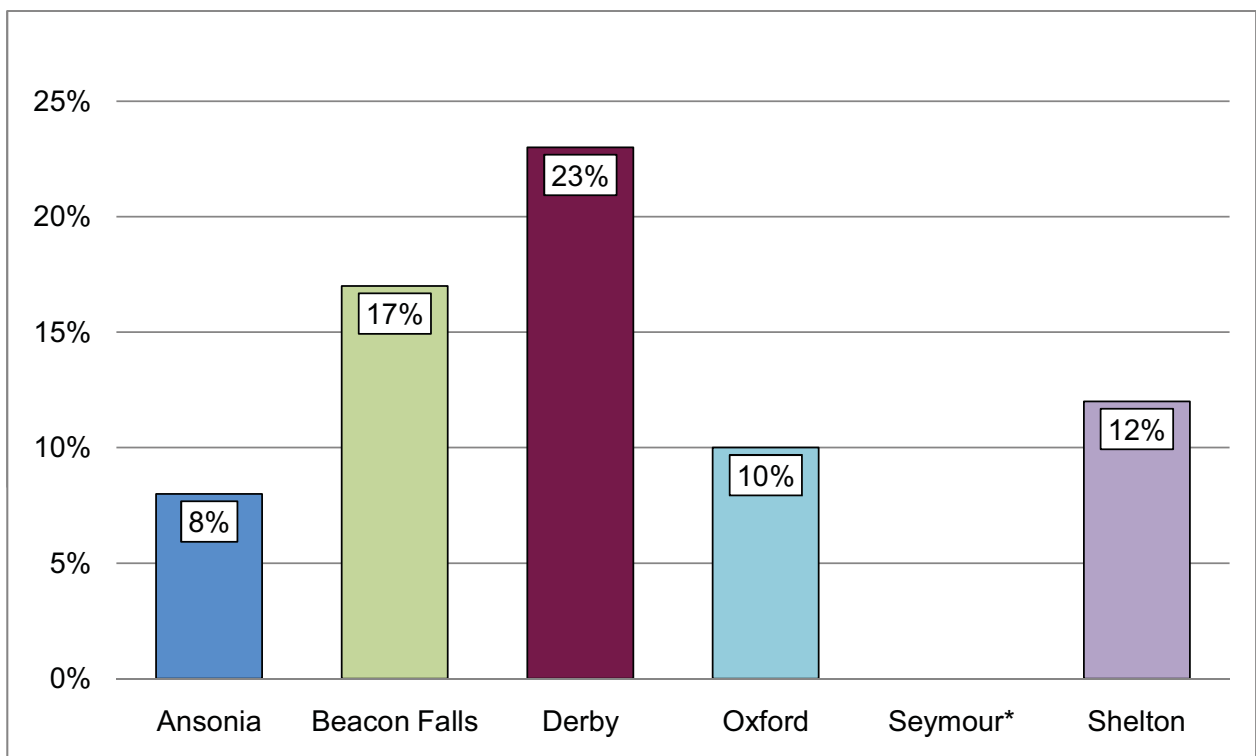
What does it measure?

The percentage of municipal solid waste, both from residential and non-residential sources, that is recycled in each town (Source: Connecticut Department of Environmental Protection, Bureau of Materials and Management, 2009; note: information for Town of Seymour not reported.).

How are we doing?

In 2009, Valley towns recycled less than a quarter of the solid waste they generated, with most towns falling considerably under that level. The statewide municipal recycling rate has held steady at about 25% of solid waste for more than a decade. Although the Connecticut Municipal Recycling Honor Roll includes towns with recycling rates approaching 50%, the state has yet to achieve a statutory 40% recycling goal, which was established in the mid-1990s. Valley towns are likewise far from that recycling rate target.

Percentage of Municipal Solid Waste Recycled
2009



Source: CT Dept. Environmental Protection; *data not reported for Seymour

SOURCES OF INFORMATION

Valley CARES Community Survey, 2009-2010; US Census; Connecticut Department of Agriculture; Connecticut Department of Environmental Protection; Connecticut Department of Economic & Community Development; Central Naugatuck Valley Council of Governments; Valley Council of Governments; Valley Transit District; CTTRANSIT, New Haven; Greater Bridgeport Transit Authority; US 2007 Agriculture Census; Valley Town Clerks

ROOM TO GROW

In order to better understand environmental conservation in the Valley, it would be helpful to have further information about:

- The region's water and air quality (The state Department of Environmental Protection does not currently test air quality in the area.)
- Participation in clean energy programs and energy conservation programs among Valley residents, municipalities, and businesses
- What factors affect the environmental conservation interests and practices of community residents, businesses, municipalities, and other community groups
- Updated information on the number of Brownfield sites in the Valley and the number of sites that have been remediated and redeveloped



Keeping Residents Safe



Vision for the Valley

A community that ensures that residents feel safe within their homes and their neighborhoods and that provides them with knowledge, tools, and services to protect themselves from violent and accidental injury

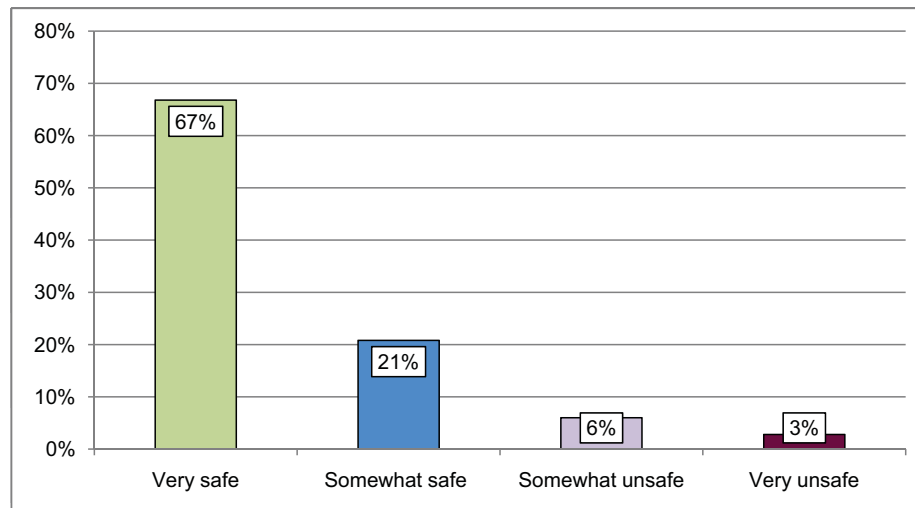
How Are We Doing? – An Overview

SAFETY IN THE COMMUNITY

Crime is less common in the Valley region than in the state as a whole, but not all residents feel safe in their neighborhoods.

- In 2006, the Valley's **total crime rate** of 1,621 crimes per 100,000 fell considerably below the state crime rate, however there are substantial differences in crime rates across the Valley towns.
- When asked about **neighborhood safety**, 88% of residents surveyed reported feeling somewhat or very safe walking in their neighborhood in the evening, but nearly 1 in 10 residents felt somewhat or very unsafe.

How safe do you feel walking in your neighborhood in the evening?



Source: Valley CARES Community Survey

SAFETY IN THE FAMILY AND HOUSEHOLD

Although rates of violence against community members like women, children, and the elderly are not higher in the Valley than in the state, some residents still suffer from violence caused by people they know and with whom they live.

- Although cases of family and domestic violence are typically underreported, 519 **family violence incidents** were reported in the Valley in 2008. Close to 900 Valley residents used **domestic violence services** provided by a local program (The Umbrella).
- In 2008, the state reported 164 cases of substantiated **child abuse & neglect** and 15 cases of **elder abuse & neglect** in the Valley; the actual frequency of such abuse may be higher.



The safety of the people is the supreme law.

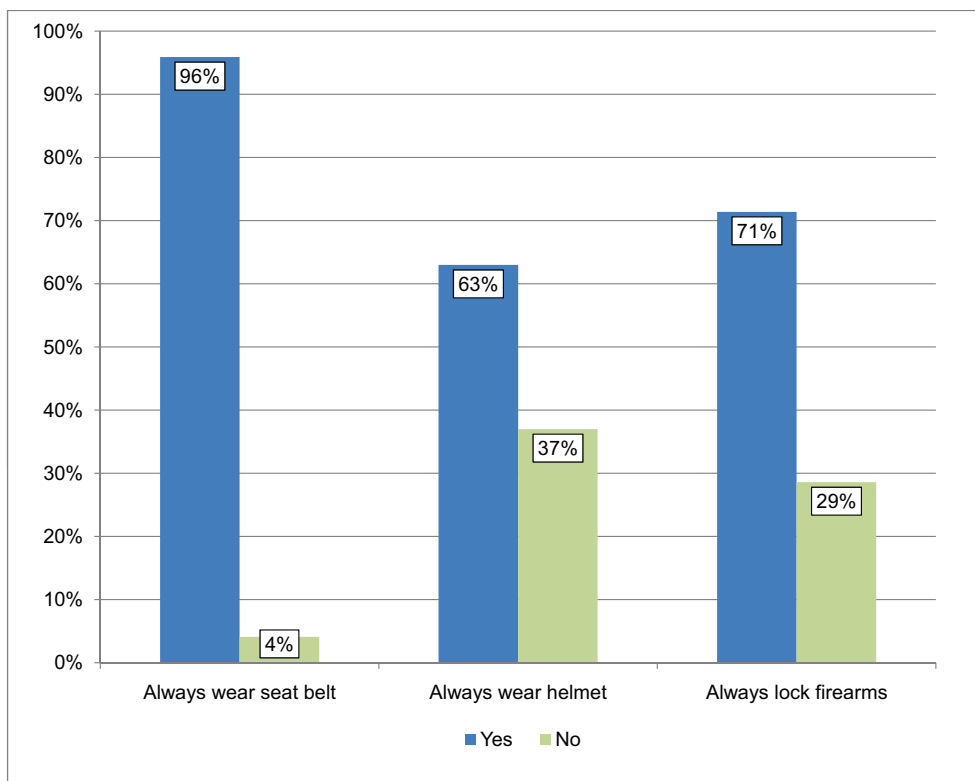
~ Cicero

ACCIDENTAL INJURY

Valley residents take measures to prevent accidental injury, but more can be done to avoid injuries related to the use of motor vehicles, bicycles, and firearms.

- In 2007, there were over 700 **motor vehicle accidents** with a reported injury or fatality that occurred in Valley towns, showing that motor vehicle accidents continue to be an important preventable cause of injury and death in the region.
- When asked about their **injury prevention practices**, 96% of residents surveyed indicated that they always wear a seatbelt. Of those who provided valid responses to questions about helmet use and firearms safety, 63% said they always wear a helmet when riding a bicycle or motorcycle and 71% said they always lock firearms in a secure location.

Reported Injury Prevention Practices



Source: Valley CARES Community Survey

Resident Safety Indicators

SAFETY IN THE COMMUNITY

CRIME RATE

Why is this indicator important?

The crime rate has a direct impact on people's sense of safety within their community, which influences their emotional wellbeing, physical health, and ability to move freely to exercise, work, and attend school.

What does it measure?

The total number of crimes, not including arson, per 100,000 people (Source: Connecticut Department of Public Safety, 2009 Report--based on 2006 statistics; rate calculated using 2006 population data; 2006 state rate from Connecticut Summary Statistics, 2007). This includes murder, rape, aggravated assault, robbery, larceny and motor vehicle theft.

How are we doing?

Over the past 10 years, the crime rate in Connecticut has decreased, a trend that applies to the Valley. According to 2006 data, the total number of crimes per 100,000 people was considerably lower in the Valley overall than it was in the state. Likewise, the crime rate for each type of crime such as murder, rape, and robbery was also lower. The vast majority of crimes committed in the Valley in 2006 were non-violent crimes related to theft such as larceny and burglary.

The Valley's overall crime rate, however, masks substantial variation in crime rates by town. Crime rates in some Valley towns are closer to the state's rate while others fall considerably below that rate.

	Total Index Crimes Per 100,000 People 2006
Valley	1,621/100,000
Connecticut	2,886/100,000
Ansonia	2,168/100,000
Beacon Falls	1,130/100,000
Derby	2,776/100,000
Oxford	821/100,000
Seymour	1,666/100,000
Shelton	1,231/100,000

Source: CT Dept. of Public Safety

NEIGHBORHOOD SAFETY

Why is this indicator important?

Residents' perceptions of safety in their neighborhoods can influence their levels of mobility and interaction with their neighbors, affecting their quality of life. Resident perceptions may or may not match statistics on neighborhood crime levels.

What does it measure?

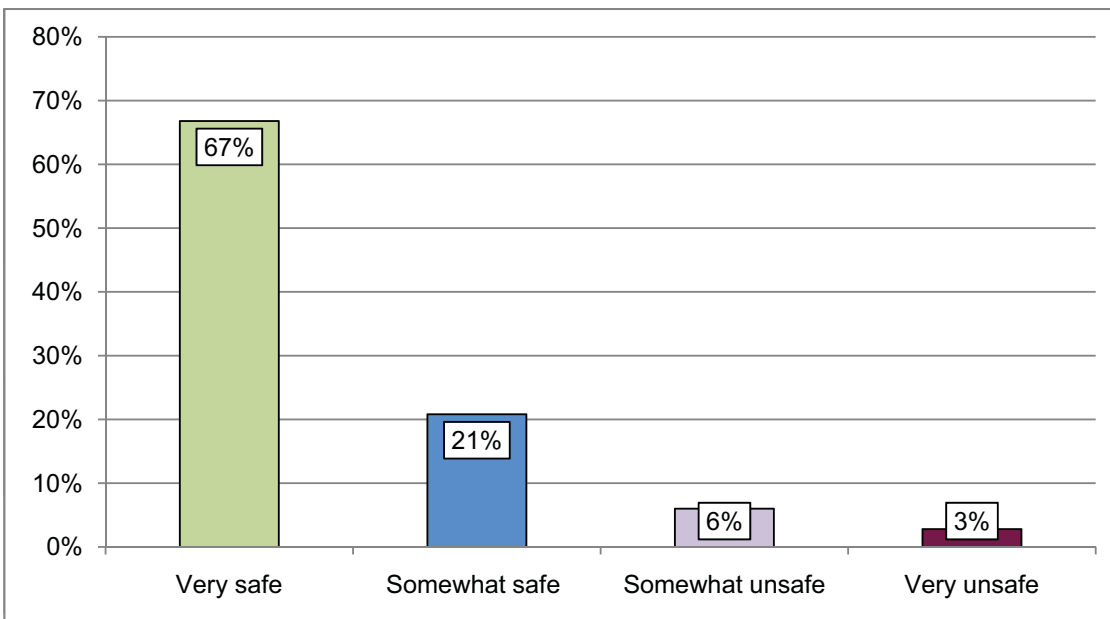
The perceptions of Valley CARES survey respondents regarding neighborhood safety (Source: Valley CARES Community Survey, 2009-2010).

How are we doing?

A majority of Valley residents (88%) surveyed reported that they feel safe walking in their neighborhoods in the evening. However, nearly 9%—almost 1 in 10 residents—said that they feel somewhat or very unsafe.

How safe do you feel walking in your neighborhood in the evening?

2009



Source: Valley CARES Community Survey

SAFETY IN THE FAMILY AND HOUSEHOLD

FAMILY VIOLENCE INCIDENTS

Why is this indicator important?

Elderly persons, women, and children continue to be vulnerable to physical and sexual assaults, which are often committed by individuals they know. Exposure to family violence has far reaching effects on the physical safety and emotional wellbeing of children and adults, whether they are direct victims or witnesses. Research has demonstrated that witnessing violence between one's parents or caretakers is the strongest risk factor for transmitting violent behavior to the next generation.

What does it measure?

The rate and number of family violence incidents, including homicides, assaults, sexual assaults, risk of injury, breaches of peace, disorderly conduct and other categories, reported by town police departments and/or State police from 1/1/2008-12/31/2008 (Source: State of Connecticut Family Violence Detailed Report 2008, Connecticut Department of Public Safety; rate calculated using 2008 population data). Only a portion of these cases resulted in arrests. The number of incidents does not reflect the number of individuals as one individual can contribute to several incidents in a year.

How are we doing?

According to 2008 data, the rate of family violence incidents per 100,000 people was lower in the Valley compared to the state overall. Nevertheless, there were over 500 reported incidents during that time period. Since each incident generally affects multiple individuals, the number of people affected by family violence in the Valley is certainly even higher.

	Valley 2008	Connecticut 2008
# Family Violence Incidents	519	20,079
Rate of Family Violence Incidents per 100,000 People	499/100,000	630/100,000

Source: CT Dept. of Public Safety

DOMESTIC VIOLENCE SERVICES

Why is this indicator important?

Domestic violence is the single greatest cause of injury to women. Because most cases of domestic violence are never reported to the police, the number of individuals requesting domestic violence services may more accurately reflect the magnitude of the issue. There are significant physical, emotional and financial consequences for individuals affected by domestic violence.

What does it measure?

The number of unduplicated individuals (women and men) residing in Valley towns who utilized local domestic violence services offered by The Umbrella in 2009 (Source: The Umbrella). These services included court advocacy, walk-in clients, crisis hotline calls, and provision of shelter.

How are we doing?

The nature of intimate partner violence and sexual violence makes these issues difficult to research, due to privacy and security concerns of those involved. In 2009, there were 896 Valley residents who sought and used domestic violence services at The Umbrella program. While this number does not include all those affected by domestic violence, it provides another indication of the reality of such violence within the Valley community.

	Valley 2009
# Individuals (Unduplicated) Receiving Domestic Violence Services in Valley-Based Program	896

Source: The Umbrella

CHILD ABUSE & NEGLECT

Why is this indicator important?

Abuse and neglect during childhood affects the wellbeing of children with long-term consequences for their physical and emotional health, education, employment, and future relationships. In addition, child abuse and neglect is often a sign of stresses within families and communities, including economic challenges, substance use, discrimination and other concerns.

What does it measure?

The number of cases of substantiated child abuse and neglect and the rate per 1,000 children. (Source: Connecticut Department of Children & Families, 2008)

How are we doing?

In 2008, the Valley's rate of substantiated child abuse & neglect cases per 100,000 people was lower than the state rate. Yet, in that year there were 164 cases of documented child abuse or neglect in Valley households.

	Valley 2008	Connecticut 2008
# Cases of Substantiated Child Abuse/Neglect	164	8,544
Rate of Child Abuse/Neglect per 1000 Children	1.6/1,000	2.4/1,000

Source: CT Dept. Children & Families

ELDER ABUSE & NEGLECT

Why is this indicator important?

As with children, elderly residents may be vulnerable to abuse or neglect which is often difficult to detect.

What does it measure?

The number of cases of substantiated elder abuse and neglect (Source: Connecticut Department of Social Services, 2008).

How are we doing?

Statistics on elder abuse across the nation vary widely as states do not have uniform reporting systems. According to Connecticut data, there were 15 substantiated cases of elder abuse and neglect in the Valley in 2008.

Although the number of reported cases appears small, national data suggests that elder abuse is a growing public health concern. It is estimated that for every one case of elder abuse, neglect, exploitation, or self-neglect that is reported to authorities, about five more go unreported (National Elder Abuse Incidence Study, 1998).

	Valley 2008
# Cases of Substantiated Elder Abuse/Neglect	15

Source: CT Dept. of Social Services

ACCIDENTAL INJURY

INJURY PREVENTION PRACTICES

Why is this indicator important?

Injury prevention practices, such as wearing safety belts and bicycle/motorcycle helmets, are the most effective ways for individuals to reduce the risk of death and serious injuries in vehicle crashes. The proper storage of firearms in homes can help reduce the risk of intentional and unintentional shootings in the home.

What does it measure?

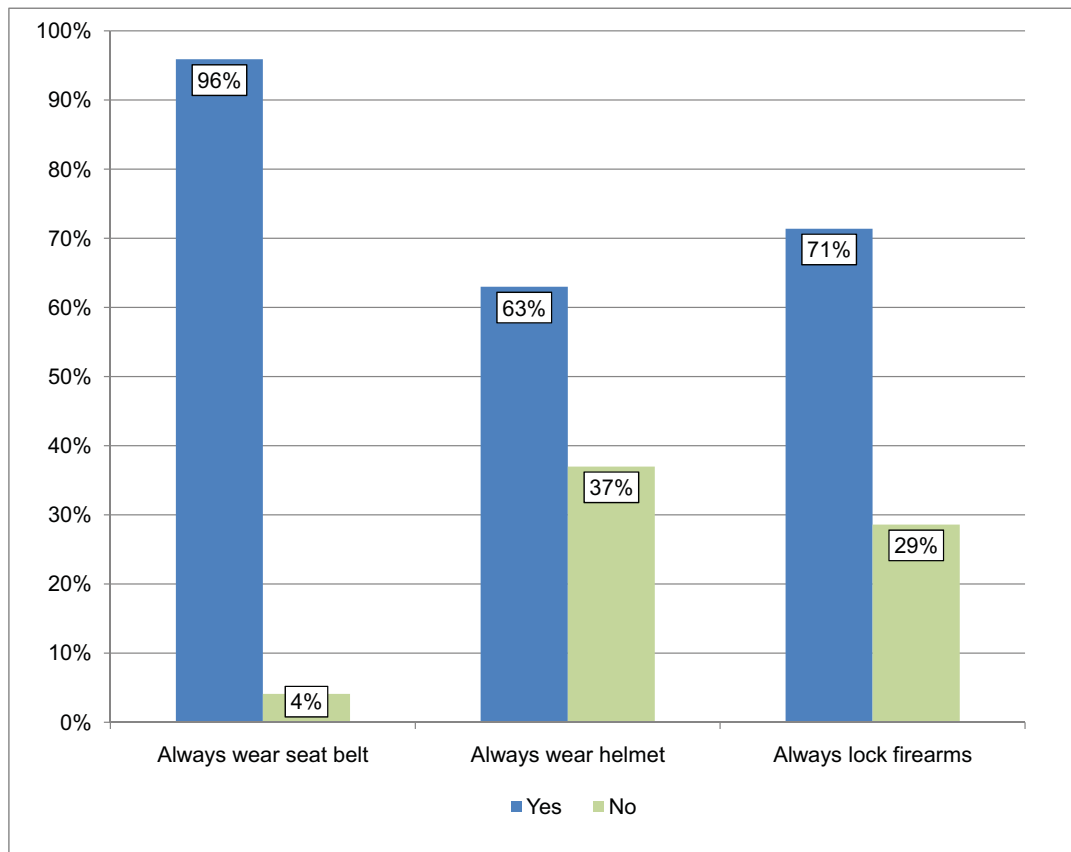
The percentage of Valley CARES survey respondents who reported practicing injury prevention behaviors (Source: Valley CARES Community Survey, 2009-2010). "Non-applicable" responses were removed from the total percentages.

How are we doing?

A large majority of residents surveyed (96%) said that they consistently use seat belts while driving or riding in a car. About a quarter of the survey respondents said that wearing a helmet and locking firearms questions applied to them.

Of those who said that bicycle or motorcycle riding applied to them, over a third stated that they do not always wear a helmet. Similarly among respondents with firearms, almost 30% reported not always keeping them in a secured, locked location. Thus, not all residents follow current safety recommendations regarding helmet use and firearms storage.

Reported Injury Prevention Practices
2009



Source: Valley CARES Community Survey

MOTOR VEHICLE ACCIDENTS WITH INJURY/DEATH

Why is this indicator important?

Motor vehicle crashes are the leading cause of death for persons in the US aged 5 to 29 years (Source: Healthy People 2010). Death and injury due to motor vehicle accidents are largely preventable through community action to ensure safe roadways and sufficient law enforcement as well as through safe driving behavior by residents.

What does it measure?

The number of motor vehicle crashes with reported injury or fatality that occurred in Valley towns, not necessarily involving Valley residents (Source: Dept. of Public Health, Connecticut Department of Transportation, Accident Records Section, 2007).

How are we doing?

In 2007, there were over 700 motor vehicle crashes with a reported injury or fatality that occurred in Valley towns, showing that motor vehicle accidents continue to be an important preventable cause of injury and death in the Valley region.

	Valley 2007	Connecticut 2007
# Motor Vehicle Crashes with Injury or Fatality	717	28,779

Source: CT Dept. of Transportation

SOURCES OF INFORMATION

Valley CARES Community Survey, 2009-2010; Connecticut Department of Public Safety; Connecticut Department of Children & Families; Connecticut Department of Social Services; Birmingham Group Health Services, Inc.; Valley Parish Nurse Program, Griffin Hospital

ROOM TO GROW

In order to better understand community safety in the Valley, it would be helpful to have more information about:

- Why some residents may feel unsafe in their neighborhoods and all residents' perspectives on the causes and prevention of violent & accidental injury in their homes and communities
- The Valley's community resources to ensure resident safety, including the resources of police, fire, emergency, and other town services as well as those of neighborhood groups and community organizations

Promoting Emotional and Social Wellbeing



Vision for the Valley

A community that promotes the emotional and social wellbeing of residents by evaluating and addressing their mental health concerns, reducing risk factors such as substance abuse, and ensuring access to quality mental health & social services

How Are We Doing? – An Overview

COMMUNITY SOCIAL SERVICE NEEDS

While the proportion of Valley community members with mental health concerns appears similar to that in the state and nation, emotional health issues affect quality of life for many residents.

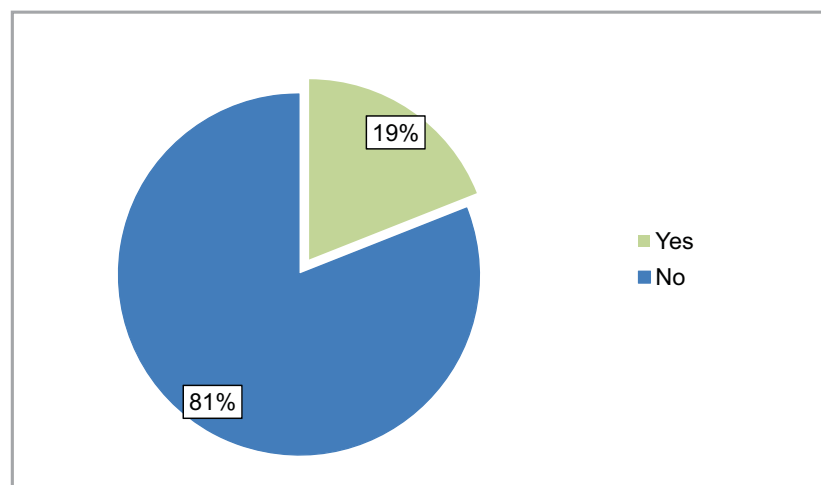
- **Community awareness of service resources** is considerable, with 68% of residents surveyed stating that they were somewhat or very aware of where to find assistance. Nevertheless, 20% of respondents said that they were not at all aware of where to turn for help for family needs.
- In the 2009 calendar year, the **top community service requests** to the 2-1-1 Infoline from the Valley United Way region included requests for help with utilities/heat, housing/shelter, and public assistance. Requests for these services increased from the previous year, as did those for food and financial assistance. Outpatient mental health care, substance abuse services, and health supportive services also ranked in the top 10 service requests.

MENTAL HEALTH

While the proportion of Valley community members with mental health concerns appears similar to that in the state and nation, emotional health issues affect quality of life for many residents.

- Nearly 1 in 5 Valley adults surveyed (19%) reported experiencing **emotional distress** that affected their ability to function in the past year. In a 2009 survey, 17% of Valley middle and high school students said that they had felt sad or hopeless almost every day for two weeks in the past year.

Experienced mental health issues that affected ability to function for more than 2 weeks in past year



Source: Valley CARES Community Survey

- For the period from 2005 to 2007, the Valley's age-adjusted death rate from **suicide** (9.2 suicide deaths per 100,000) was higher than the rate reported for the state (7.4 suicide deaths per 100,000).



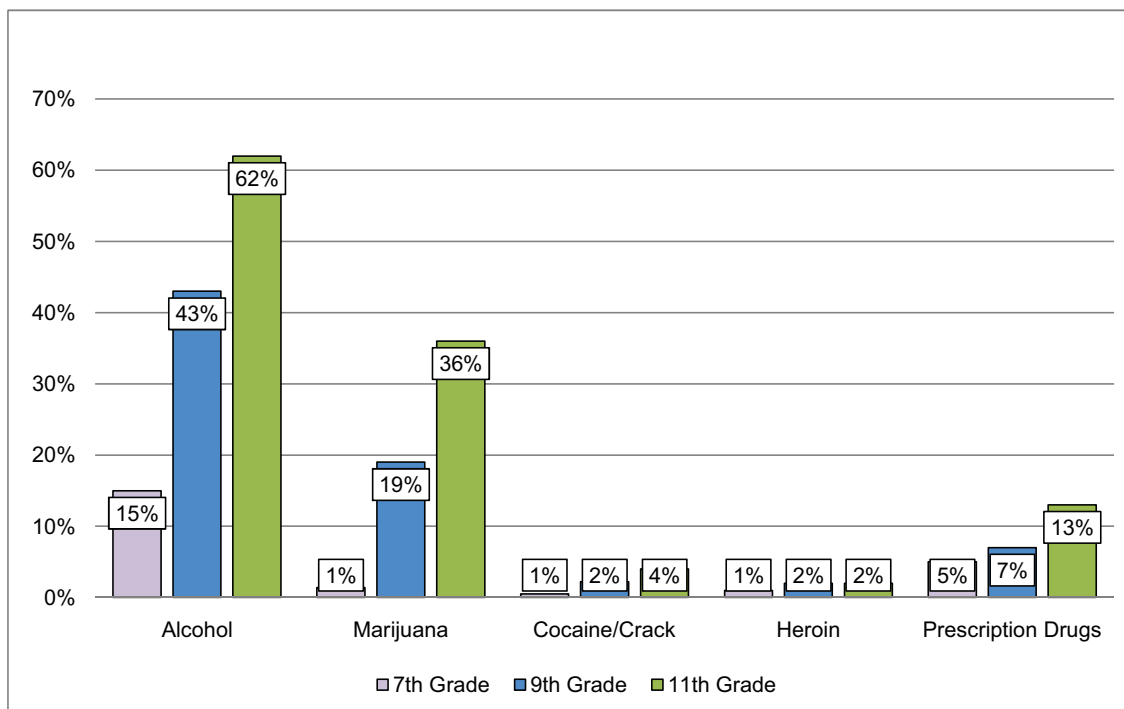
Most of us spend more time taking care of our physical health than our mental health even though the two go hand in hand.
 © Mental Health of America

SUBSTANCE USE & ABUSE

Substance use and abuse continues to have a significant impact on the emotional and social wellbeing of many Valley adults and young people.

- When asked how serious of a problem **illegal drugs** are in the Valley, 82% of residents surveyed stated that illegal drugs are a somewhat or very serious problem.
- The number of **substance abuse related hospital visits** to Griffin Hospital demonstrates the personal and financial impact of substance abuse. In the past 3 years, about 3% of emergency room visits were substance abuse related, with close to 1,000 such visits per year. In the 2009 fiscal year, about 12% of all inpatient hospitalizations were related to substance abuse.
- When asked about the **social & health concerns facing schoolchildren**, survey respondents with children under 18 at home most commonly identified drugs (49%) and bullying (26%). Parental concerns about bullying are supported by the 2009 Valley Substance Abuse Action Council (VSAAC) student survey in which 45% of Valley middle and high school students reported that they had been bullied at least once.
- Surveys of Valley middle and high school students demonstrate that **youth substance use** is common, particularly in the case of alcohol and marijuana. For most substances, usage rates increase markedly between middle school and high school.

Percent of Middle & High School Students Reporting Substance Use in Past 12 Months



Source: Valley Substance Abuse Action Council

Promoting Emotional and Social Wellbeing Indicators

COMMUNITY SOCIAL SERVICE NEEDS

COMMUNITY AWARENESS OF SERVICE RESOURCES

Why is this indicator important?

Insufficient community awareness of where to find assistance and resources can be an important barrier to meeting the needs of community residents. This can be especially crucial during periods of economic challenge when a growing number of people not previously connected with the service system find that they need assistance with basic needs or dealing with the emotional and physical impact of life stresses.

What does it measure?

The response of Valley residents surveyed to the following question: "During what many consider to be a difficult economy, some families are finding it hard to keep current with bills such as a monthly mortgage or rent payment, utilities and groceries. Please tell me, if you were having trouble making ends meet at your home, how aware would you say you are of where to find available assistance or resources?" (Source: Valley CARES Community Survey, 2009-2010).

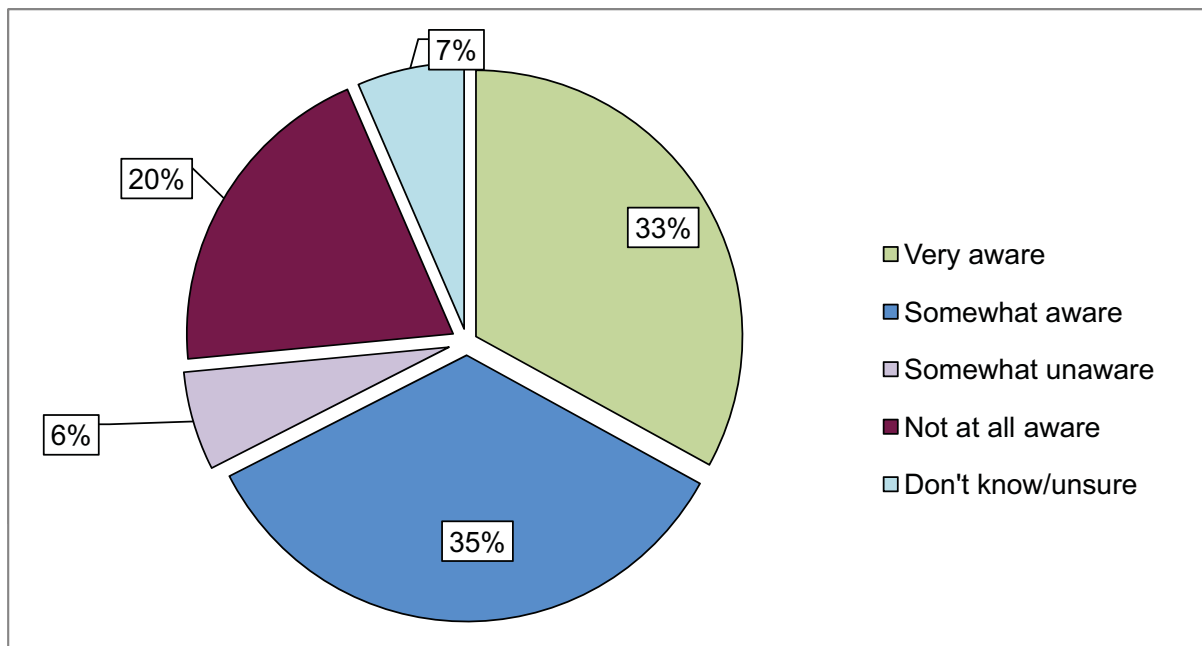
How are we doing?

Over two thirds of Valley residents surveyed (68%) reported being somewhat or very aware of where they might go for help if their family faced challenges. Nevertheless, 20% of survey respondents said that they were not at all aware of where to find assistance and additional 7% were unsure.

These results suggest that community awareness of existing service resources is considerable, but that this public knowledge could be extended further. Participants in a Community Conversation on Children & Poverty in the Valley held in November 2009 also indicated that not all Valley employers, service providers, and families know enough about existing services in the community and recommended improving outreach strategies to increase awareness of service resources.

How aware are you of where to find assistance in the community?

2009



Source: Valley CARES Community Survey

TOP COMMUNITY SERVICE REQUESTS

Why is this indicator important?

Resident requests for service information and referrals can give an indication of the types of needs being experienced within a community and how those needs may change over time.

What does it measure?

The top ten services requested from the Valley United Way region to the United Way's 2-1-1 community resource information line ("Infoline") during the 2009 and 2008 calendar years (Source: 2-1-1 Connecticut: Top 25 Service Needs, 2008, 2009; note: The Valley United Way region covers Ansonia, Derby, Shelton, Seymour, and Oxford, but not Beacon Falls.)

How are we doing?

In the 2009 calendar year, the top ten areas of service requests from the Valley United Way region matched those for Connecticut overall, although the precise order differed somewhat from the state's list. The most common requests were related to basic needs such as utilities/heat, housing/shelter, and public assistance. Compared to the previous calendar year, requests for these services increased as did requests for financial assistance and food.

Outpatient mental health care, substance abuse services, legal services, and health supportive services continued to rank in the top 10 service requests. While it is not clear what caused the drop in requests for outpatient mental health care and substance abuse services, this change may reflect a focus on fulfilling basic needs during the current economic recession rather than a reduced need for these services.

Top Service Requests to 2-1-1 Infoline
Valley United Way Region

	Service	# Requests 2009	% Change in # Requests from 2008 Calendar Year
1	Utilities/Heat	1204	↑ 1 %
2	Housing/Shelter	804	↑ 22 %
3	Public Assistance Programs	780	↑ 64 %
4	Information Services	712	↑ 18 %
5	Outpatient Mental Health Care	637	↓ 31 %
6	Financial Assistance	603	↑ 49 %
7	Food	529	↑ 6 %
8	Substance Abuse Services	513	↓ 5 %
9	Legal Services	498	↓ 1 %
10	Health Supportive Services	419	↑ 3 %

Source: 211 Connecticut

MENTAL HEALTH

EMOTIONAL DISTRESS

Why is this indicator important?

Mental or emotional health is essential to a person's wellbeing, family and interpersonal relationships, and ability to contribute to the community. Among all illnesses, major depression is the leading cause of disability and lost productivity in the US. Experts recommend professional assessment when mental health concerns affect a person's ability to function and last more than two weeks.

What does this measure?

The percentage of Valley residents surveyed who reported that they had experienced mental health issues that affected their ability to function for more than two consecutive weeks during the past year. (Source: Valley CARES Community Survey, 2009-2010) and the percentage of middle and high school students surveyed who reported feeling sad or hopeless almost every day for 2 weeks in the past year (Source: Valley Substance Abuse Action Council Survey of Student Needs, 2009).

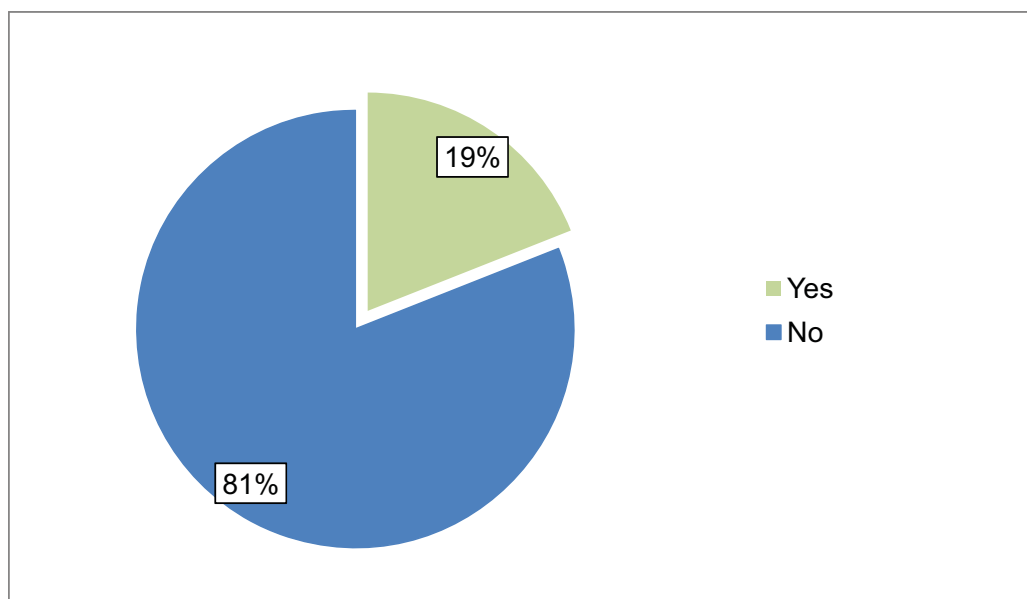
How are we doing?

Nearly 1 in every 5 Valley adult residents surveyed (19%) reported they had experienced a period of emotional distress that affected their ability to function for at least 2 weeks over the past year. Nationally, an estimated 1 in 4 adults experiences a diagnosable mental disorder such as depression in a given year (National Institutes of Mental Health, 2005). While the percentage of Valley residents reporting mental health issues is slightly less than that estimated for the US, this statistic shows that emotional health issues affect quality of life for many Valley adults.

In the 2009 VSAAC survey of Valley middle and high school students, 17% said that they had felt sad or hopeless almost every day for two weeks in the past year. There is no comparable information available for preschool and elementary aged children in the Valley, yet the National Institute of Mental Health estimates that 20% of children nationwide have a diagnosable mental disorder. Thus, mental health concerns likely affect a sizeable portion of the Valley population of all ages.

Experienced mental health issues that affected your ability to function for more than 2 consecutive weeks in past year?

2009



Source: Valley CARES Community Survey

SUICIDE

Why is this indicator important?

Suicide, a major public health challenge in the United States, frequently occurs as a result of problems related to emotional and social wellbeing. It is a complex behavior that may be prevented by early recognition and treatment. Suicide is a leading cause of death for youth nationwide.

What does it measure?

The number of suicides per 100,000 population, adjusted for age differences in the populations being compared (Source: Connecticut Department of Public Health; aggregated data for 2005-2007). This does not measure the number of suicide attempts but only deaths in which suicide is listed as the cause of death.

How are we doing?

During the period from 2005 to 2007, the Valley's age-adjusted death rate from suicide was higher than that reported for the state. Since this rate is age adjusted, this difference cannot be explained by differences in the relative ages of the Valley's population compared to the state. Although suicide attempts are more frequent among women than men in Connecticut, the completed suicide rate is substantially higher for men than women in both the Valley and the state overall.

In the 2009 VSAAC Survey of Student Needs, 16% of Valley students surveyed said that they had felt so down or sad in the past 30 days that they seriously thought of harming themselves. According to a 2010 report from the Connecticut Youth Suicide Prevention Initiative, suicide was the third leading cause of death for 15-24 year olds and the fourth leading cause of death for 10-14 year olds in Connecticut in 2006.

	Valley 2005-2007	Connecticut 2005-2007
# Suicides Per 100,000 People (age-adjusted rate)	9.2/100,000	7.4/100,000

Source: CT Dept. of Public Health

SUBSTANCE USE & ABUSE

ILLEGAL DRUGS—RESIDENT VIEWS

Why is this indicator important?

While community perceptions may not always be accurate in assessing the actual degree of substance use, abuse, or trafficking in a community, they identify concerns experienced by Valley residents. These perceptions affect people's quality of life and their ways of interacting in the community.

What does this measure?

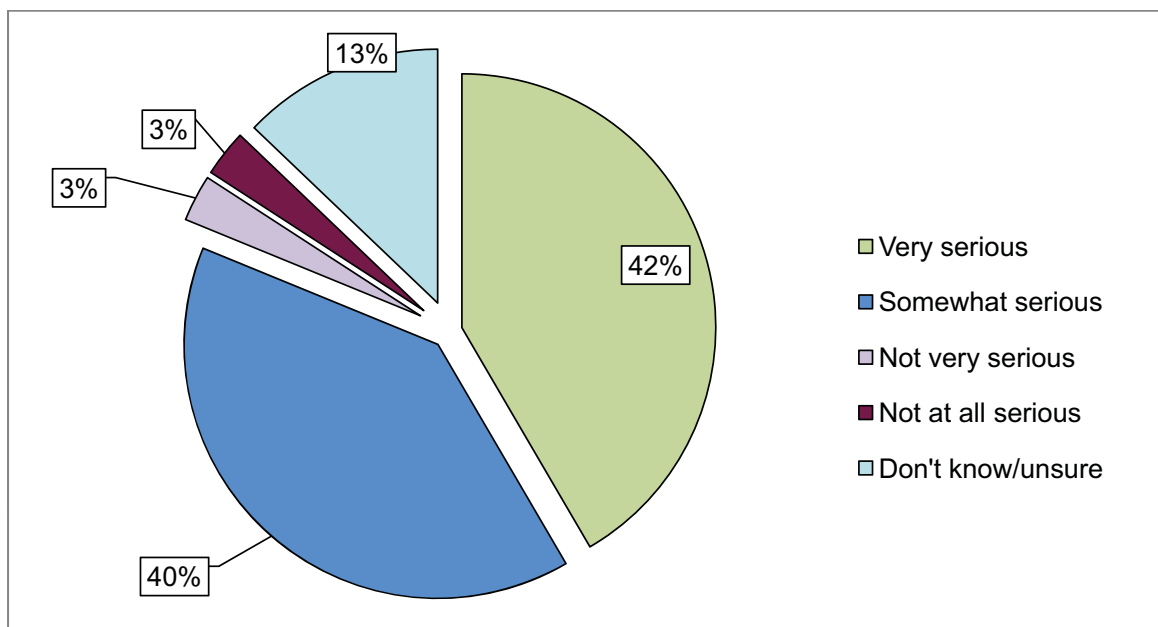
The perceptions of Valley residents surveyed regarding illegal drugs in the Valley (Source: Valley CARES Community Survey, 2009-2010).

How are we doing?

Residents surveyed expressed a considerable degree of concern about illegal drugs within the Valley community. Eighty-two percent of respondents saw illegal drugs as a somewhat or very serious problem in the Valley.

How serious a problem do you think illegal drugs are in the Valley?

2009



Source: Valley CARES Community Survey

SOCIAL & HEALTH CONCERNS FACING SCHOOL CHILDREN

Why is this indicator important?

Community awareness of substance abuse and other issues facing children in schools is a key component in developing effective prevention programs. Adult perceptions of issues facing school-age children do not always match the concerns identified by children or school personnel, but are vital to shaping resident concerns about quality of life for themselves and their families. As is the case with substance use, bullying behavior can have serious mental health consequences including lower self-esteem and higher rates of depression, suicidal thinking, and alcohol use.

What does it measure?

The responses of residents surveyed with children under 18 at home regarding the main issues facing children in Valley schools (Source: Valley CARES Community Survey, 2009-2010; multiple responses accepted)

How are we doing?

Nearly half of Valley parents surveyed identified drugs as a main issue facing children in Valley schools. In addition, a quarter of the parents highlighted bullying as an important issue, more than other safety concerns such as crime, predators, and contagious illnesses such as the flu.

This community concern is confirmed by the 2009 VSAAC survey in which 45% of Valley students surveyed said that they had been bullied at least once. Of those, about 70% experienced verbal threats and 33% experienced physical abuse (VSAAC Sub-Regional Prevention Priority Report, 2010).

What are the main issues facing children in Valley schools?	% Respondents with Children <18 at Home 2009
Drugs	49%
Bullying	26%
Contagious diseases	8%
Crime	5%
Predators	3%
Other	3%
None	12%
Don't Know/Unsure	18%

Source: Valley CARES Community Survey

YOUTH SUBSTANCE USE

Why is it important?

Use of alcohol and drugs during adolescence has serious consequences for a teen's developing brain and body. In addition to its direct health impact, youth drug and alcohol use is associated with increased rates of high-risk sexual activity, sexual assault, motor vehicle crashes, property destruction, and mental health problems such as depression, suicide, and interpersonal violence. Age of first alcohol use strongly predicts the development of alcohol dependence over the course of the lifespan.

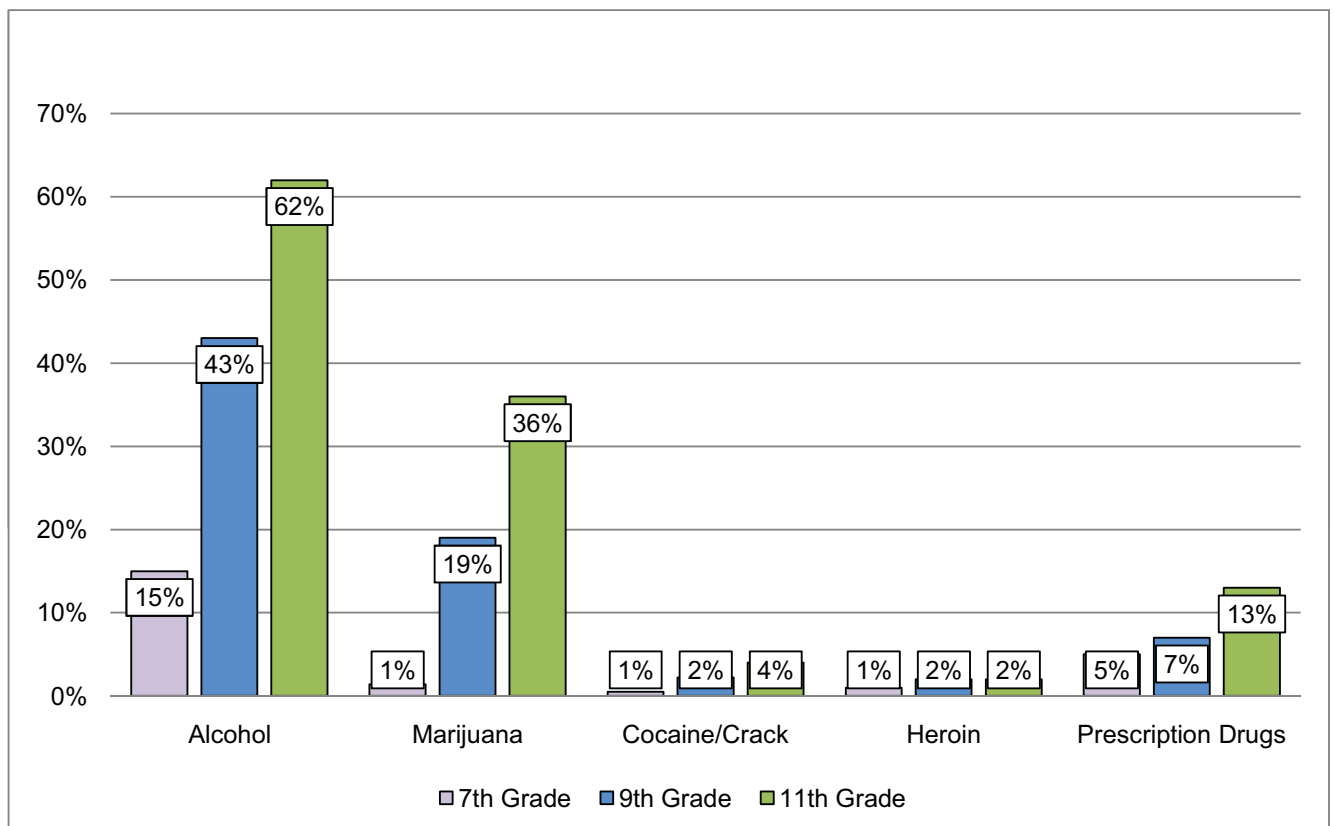
What does this measure?

The percentage of 7th, 9th, and 11th grade students who reported that they had utilized alcohol and other substances during the past 12 months in the Survey of Student Needs administered in Valley public schools by the Valley Substance Abuse Action Council (Source: VSACC Survey of Student Needs, 2009; note: the VSAAC survey does not cover students in Beacon Falls).

How are we doing?

According to the 2009 VSAAC Survey, alcohol remains the substance most frequently used by Valley youth. In 2009, 62% of Valley 11th graders reported using alcohol during the past 12 months. In addition, 36% of high school juniors indicated they had used marijuana in the past year. For most substances, usage rates increase markedly between middle school and high school.

Percent of Middle & High School Students Reporting Substance Use in Past 12 Months
2009



Source: Valley Substance Abuse Action Council

SUBSTANCE ABUSE RELATED HOSPITAL VISITS

Why is this indicator important?

Since obtaining accurate information about adult substance use behaviors through the reports of those affected is very difficult, data on hospital visits related to substance abuse gives an indirect indication of the impact of substance use within the community. It also can point to the cost of providing acute care for addiction in comparison to prevention and other kinds of treatment programs.

What does this measure?

The number of substance-abuse related visits to Griffin Hospital, including emergency room visits and inpatient hospitalizations (Source: Griffin Hospital).

How are we doing?

Analysis of visits to Griffin Hospital provides an indication of the impact of substance abuse on the health and wellbeing of Valley residents. In a three-year period (fiscal years 2007-2009), about 3% of emergency room visits to Griffin Hospital were related to substance abuse, with close to 1,000 residents affected per year.

Substance abuse related inpatient hospitalizations increased during this time period both in terms of absolute numbers and in the percentage of total inpatient hospitalizations. In the past fiscal year, about 12% of all inpatient hospitalizations at Griffin were related to substance abuse, demonstrating the high cost of this problem both in personal and financial terms for the Valley community.

Substance Abuse Related Visits to Griffin Hospital

2007-2009

Fiscal Year	# Substance Abuse Related Emergency Room Visits	% Total Emergency Room Visits	# Substance Abuse Related Hospitalizations	% Total Inpatient Hospitalizations
2007	1,066	3%	775	10%
2008	998	3%	860	11%
2009	963	3%	901	12%

Source: Griffin Hospital

SOURCES OF INFORMATION

2009 Survey of Student Needs, Valley Substance Abuse Action Council (VSAAC); Valley CARES Community Survey, 2009-2010; United Way 2-1-1 Infoline; Connecticut Department of Public Health; Birmingham Group Health Services, Inc.; Griffin Hospital

ROOM TO GROW

In order to better understand the emotional and social wellbeing of Valley residents, it would be helpful to have further information about:

- Patterns of mental health concerns and substance use in the adult population and in preschool and elementary school-aged children (Some longitudinal data for youth are provided by the VSAAC surveys but no similar surveys are done regularly for younger children or adults.)
- The availability and utilization of mental health and substance use care, including screening, treatment, and prevention, for adults, youth, and children. (There currently is no system to track service capacity, needs, and access to services across mental health and substance abuse providers in the region.)
- Funding for mental health, substance abuse, and social services and its impact on service capacity and resident wellbeing (Nonprofit providers report funding cuts, increased caseloads and wait times but this has not been formally documented across all providers.)

Advancing Community Health



Vision for the Valley

All community members have access to quality health care services as well as the knowledge and resources to maintain healthy lives

How Are We Doing? – An Overview

A HEALTHY START—PREGNANCY, BIRTH, AND EARLY CHILDHOOD

High percentages of Valley children experience a healthy start in life. We can improve further, especially in the areas of infant birth weight and childhood lead screening.

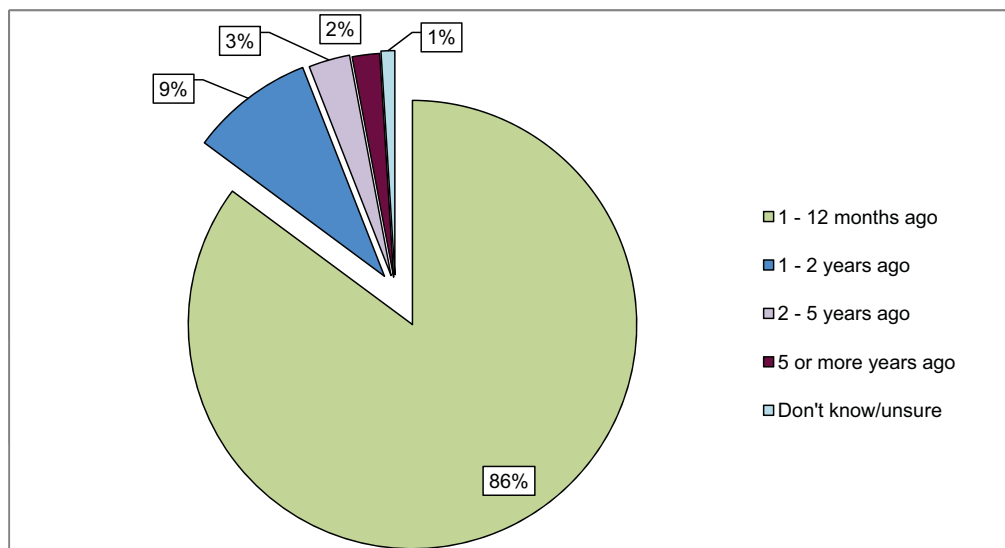
- In 2006, 90% of mothers received adequate **prenatal care** and the risk of **infant death** was lower in the Valley than in the state of Connecticut overall.
- 6% of the Valley infants born in 2006 had a **low birth weight**, putting them at higher risk for disability and death. This percentage is higher than the Healthy People 2010 target rate of 5%.
- While nearly 9 out of 10 Valley two year olds had up-to-date **childhood immunizations** in 2008, nearly two-thirds of Valley children under 6 had not received **lead screening** tests as of 2009.

ACCESS TO HEALTH INSURANCE, HEALTH SCREENING, AND PRIMARY HEALTH CARE SERVICES

Most Valley residents report using health services, while smaller percentages have difficulty getting access to health care due to lack of health insurance, financial challenges, and other obstacles.

- 5% of Valley residents surveyed reported they had no **health insurance coverage**, a lower percentage than statewide estimates of the uninsured.
- Use of breast **cancer screening** among women surveyed was high, but 26% of respondents eligible for colon cancer screening said they had never undergone a colonoscopy.
- 95% of residents surveyed reported **use of primary health care services** in the past 2 years.

How long has it been since your last routine check-up?



Source: Valley CARES Community Survey



Health is a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity.
 ~ World Health Organization

HEALTH AND ILLNESS

While most residents surveyed consider their health to be good, considerable numbers have common health conditions that may contribute to the leading causes of death in the Valley.

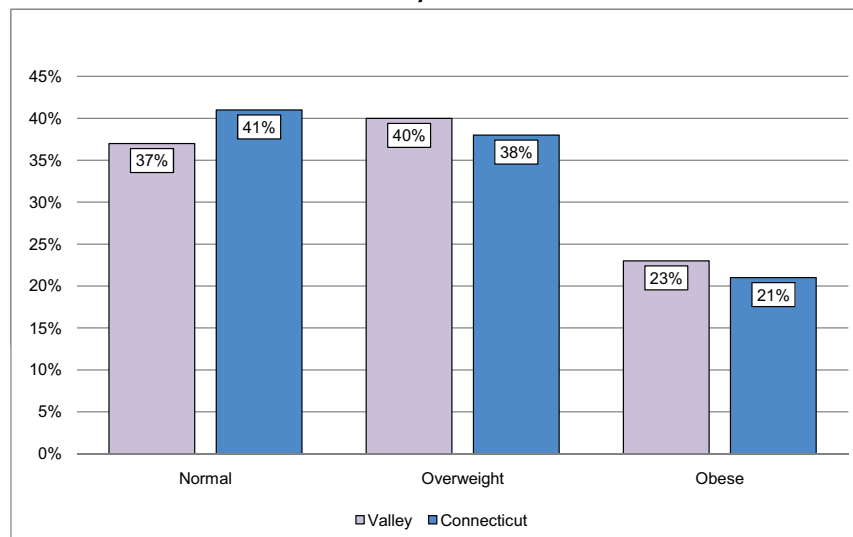
- Over 90% of survey respondents rated their **overall health** as good or very good, yet substantial percentages also reported a **health condition or risk factor** such as high cholesterol (37%), arthritis (28%), high blood pressure (27%), or diabetes (14%).
- Rates of **HIV/AIDS**, and **sexually transmitted diseases** are lower in the Valley than in the state. The rate of **asthma-related emergency visits** varies by Valley town but is lower than Connecticut's rate.
- The Valley's rates of **heart disease and cancer deaths** remain high, exceeding the Healthy People 2010 targets. The 2006 cancer death rate was also higher than the state's rate.

HEALTHY BEHAVIORS AND PREVENTIVE HEALTH

Many Valley residents report that they practice health-promoting behaviors. However, there is room for improvement, especially in the areas of smoking, home radon testing, body weight, and physical fitness.

- 13% of Valley adults surveyed reported currently **smoking**; just under half of those said they plan to quit. In 2009, 40% of 11th grade students in Valley public schools reported having smoked.
- 57% of survey respondents said that their homes had not undergone **testing for radon**, a naturally occurring gas that is the second leading cause of lung cancer. Over 30% of respondents stated that they did not have a **carbon monoxide detector** in their homes or were unsure if they did.
- In 2007-2008, less than half of Valley public school students passed the **children's physical fitness tests**.
- Most residents surveyed reported that they usually practice **healthy eating habits**. However, only 30% said that they get 30 minutes of moderate **physical activity** 5 times or more per week.
- Survey results suggest that over 20% of Valley adults have a **body mass index** that is considered to be in the obese range, similar to the obesity level found in a 2009 statewide survey.

Adult Body Mass Index



Source: Valley CARES Community Survey, CT BRFS

Community Health Indicators

A HEALTHY START—PREGNANCY, BIRTH, AND EARLY CHILDHOOD

PRENATAL CARE

Why is this indicator important?

Health research shows that medical care during pregnancy can help to foster the healthy development of the child and assist in the prevention and management of complications in the mother.

What does it measure?

The percentage of mothers who started medical care early or in the first trimester of pregnancy. The measure of adequate prenatal care takes into account how soon a mother starts prenatal care and how closely she follows the visit schedule recommended by the American College of Obstetrics & Gynecology (Source: Connecticut Department of Public Health, 2006).

How are we doing?

In a large majority of Valley births in 2006, the mothers received early and adequate prenatal care, at rates even higher than the state averages. In both the Valley and the state, the percentage of mothers starting prenatal care in the first trimester is higher than the percentage that follows the recommended visit schedule throughout the pregnancy.

	Valley Births 2006	CT Births 2006
% Mothers Receiving Early Prenatal Care	93%	86%
% Mothers Receiving Adequate Prenatal Care	90%	80%

Source: CT Dept. of Public Health

LOW BIRTH WEIGHT

Why is this indicator important?

Babies born at low birth weights have a higher risk of infant death and of experiencing long-term health and developmental challenges.

What does it measure?

The percentage of all live births in which the infant weighed less than 2,500 grams or 5.5 pounds (Source: Connecticut Department of Public Health, 2006; data not available for Beacon Falls due to low numbers).

How are we doing?

Babies born in the Valley are less likely to be born at a low birth weight than those in the state as a whole. However, in 2006 most Valley towns did not meet the national Healthy People 2010 goal of having no more than 5% of all births be to low birth weight infants.

	% Low Birth Weight Infants 2006
Valley	6%
Connecticut	8%
Ansonia	6%
Beacon Falls	NA
Derby	9%
Oxford	5%
Seymour	7%
Shelton	7%

Source: CT Dept. of Public Health

INFANT MORTALITY

Why is this indicator important?

The infant mortality or death rate is a key sign of the health of children and their communities. Communities that support healthy mothers and families have better birth outcomes and better survival chances for infants.

What does it measure?

The number of deaths among infants under the age of 1 for every 1000 live births (Source: Connecticut Department of Public Health, 2006).

How are we doing?

In 2006, the risk of dying before the age of one was lower for infants in the Valley than it was in the state as a whole. In addition, the Valley-wide rate met the Healthy People 2010 goal of having no more than 4.5 infant deaths per 1000 people. However, as is true in Connecticut and the U.S., these overall rates do not show whether there may be differences among sub-groups in a community in their infant death rates.

	Valley 2006	Connecticut 2006
# Infant Deaths per 1000 Births	4.4/1000	6.1/1000

Source: CT Dept. of Public Health

CHILDHOOD IMMUNIZATION

Why is this indicator important?

Immunizations protect children from a range of childhood diseases. When enough children receive timely immunizations, the risk of disease transmission decreases for the entire community.

What does it measure?

The percentage of children enrolled in the Connecticut Immunization Registry Tracking System who were up-to-date on the recommended childhood immunizations on their 2nd birthday (Source: 2006 Birth Cohort enrolled in the Connecticut Immunization Registry Tracking System of the Connecticut Department of Public Health Immunization program, 2008).

How are we doing?

Nearly 9 out of 10 Valley two year olds had up-to-date immunizations in 2008. This rate is higher than both the state rate and the U.S. Healthy People 2010 target goal of 80%.

	Valley 2008	Connecticut 2008
% 2-Year-Olds w/ Up-to-date Immunizations	89%	81%

Source: CT Dept. of Public Health



LEAD SCREENING

Why is this indicator important?

Lead poisoning causes serious physical and mental health problems in children. When children are screened for blood lead levels, those with unacceptably high levels can be monitored and the source of their lead poisoning—often in their homes—can be identified and reduced.

What does this indicator measure?

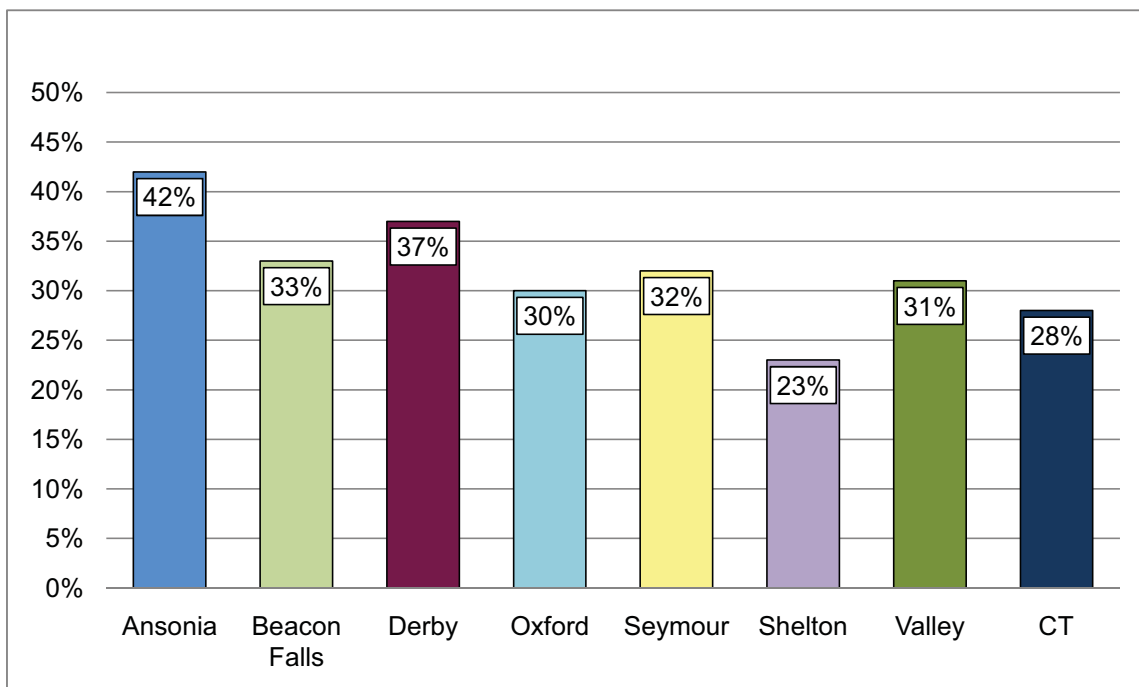
The percentage of children under 6 years of age who have had their blood lead levels measured with a blood test (Source: Childhood Lead Poisoning in Connecticut, CY 2008 Surveillance Report, Connecticut Dept. of Public Health, December 18, 2009). This does not indicate what percentage of those children had elevated lead levels.

How are we doing?

Although the Valley overall has a somewhat higher percentage of children under 6 screened for lead levels compared to the state, the percentages vary by town. In 2009, the combined Valley rate of 31% means that about two-thirds of Valley children under 6 had not been screened. A mandatory Connecticut lead screening law has begun to increase screening by primary care doctors.

% Children Under Six Screened for Lead

2009



ACCESS TO HEALTH INSURANCE, HEALTH SCREENING, AND PRIMARY HEALTH CARE SERVICES

HEALTH INSURANCE COVERAGE

Why is this indicator important?

People without health insurance coverage are more likely to experience delays in the diagnosis and treatment of health conditions, increasing their risk of more serious disease and death.

What does it measure?

The responses of residents surveyed when asked about current health insurance coverage (Source: Valley CARES Community Survey, 2009-2010; note: multiple responses were possible).

How are we doing?

Since no existing sources provide health insurance coverage data for Valley residents, the Valley CARES Community Survey offers a rough estimate of health insurance coverage. Five percent of survey respondents reported having no health insurance. U.S. Census Bureau data suggests that 10.8% of Connecticut's citizens lacked health insurance in 2007 (Source: US Census Bureau, Small Area Health Insurance Estimates, 2007), more than twice the percentage reported by survey respondents. The percentage of uninsured residents in the Valley likely varies by community, economic status and other variables, as is true in the state overall.

Type of Health Insurance Reported	% Valley Survey Respondents 2009
Private/Employer-Based Insurance	68%
Medicare	30%
Government (inc. VA, Champus, Tricare, Husky)	4%
Medicaid	3%
Other	2%
No insurance	5%

Source: Valley CARES Community Survey

CANCER SCREENING

Why is this indicator important?

Early detection and treatment of colon and breast cancer can improve survival chances and reduce the rate of cancer deaths. Many medical experts recommend starting colon cancer screening at age 50 and breast cancer screening at age 40, or earlier for those with family histories of these cancers.

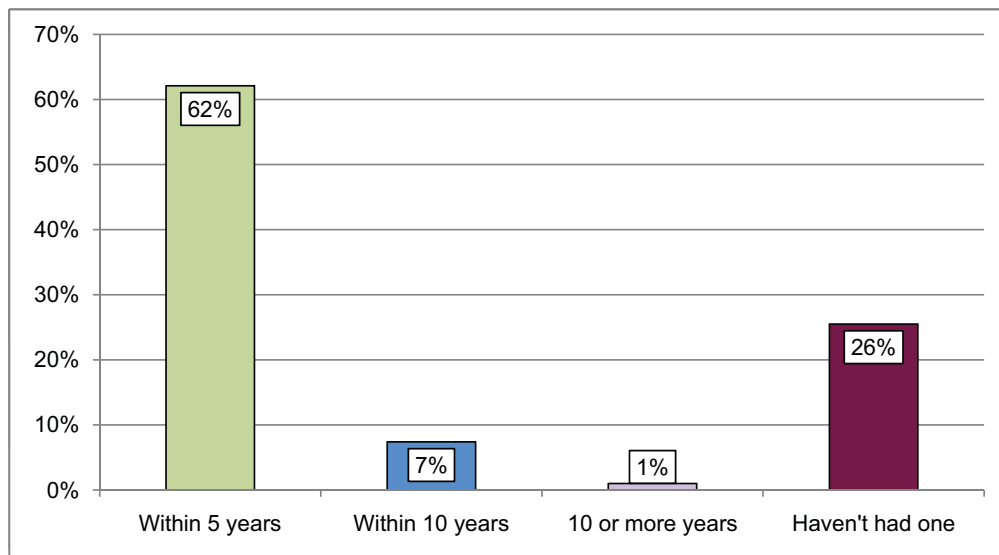
What does it measure?

The percentage of survey respondents 50 & older or who had a family history of colon cancer who received the recommended colon cancer screening test (a colonoscopy) and the percentage of female survey respondents 40 & older who received the recommended breast cancer screening test (a mammogram) (Source: Valley CARES Community Survey, 2009-2010).

How are we doing?

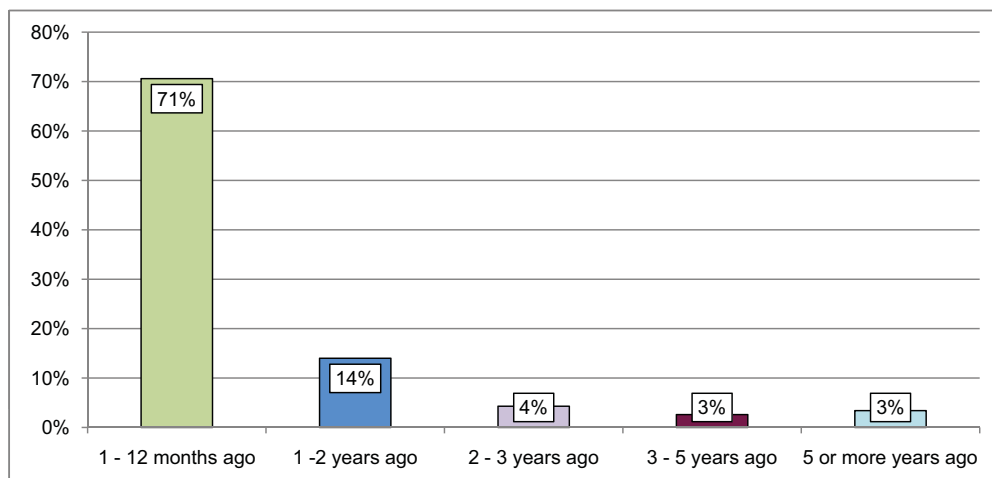
Most eligible Valley residents surveyed reported having had a colon cancer screening test, with 62% having done so within the past 5 years. Just over a quarter of respondents said that they had not had a colonoscopy. High percentages of female respondents that fit the age criteria said they had a recent mammogram, with just 5% saying that they had never had the test.

% Receiving a Colonoscopy
2009



Source: Valley CARES Community Survey

% Receiving a Mammogram
2009



Source: Valley CARES Community Survey

USE OF PRIMARY HEALTH CARE SERVICES

Why is this indicator important?

Routine medical visits with a primary care provider allow people to obtain prevention & screening services, prompt diagnosis and treatment, and health advice, thereby improving their overall health.

What does it measure?

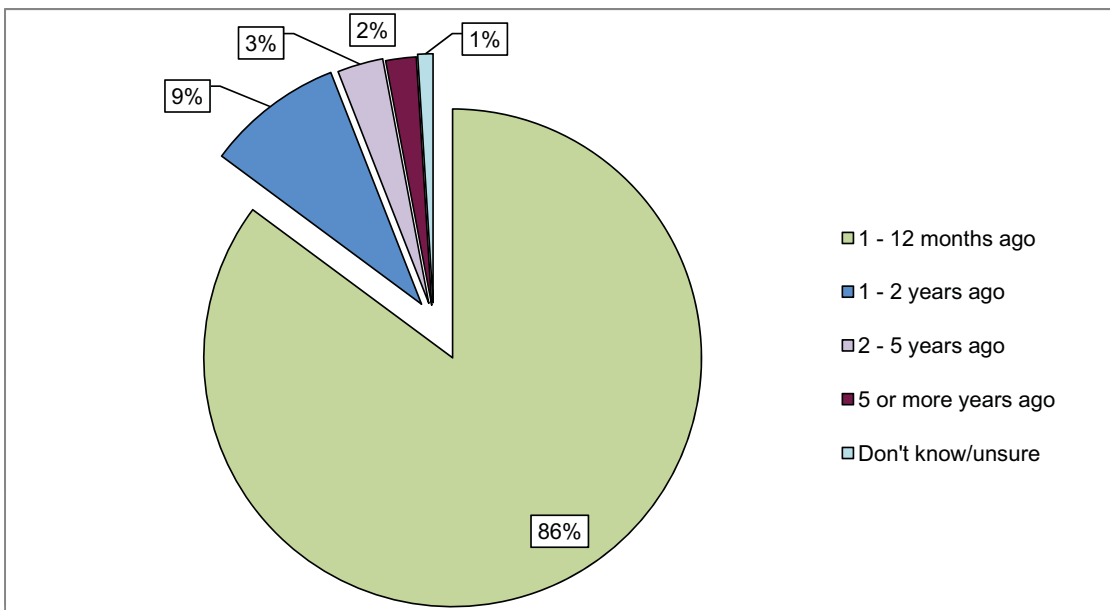
The responses of residents surveyed regarding their routine medical care (Source: Valley CARES Community Survey, 2009-2010).

How are we doing?

Ninety-five percent of Valley residents surveyed reported that they had had a routine check-up within the past 2 years or less, showing high levels of health care utilization. When respondents were asked whether they had experienced any difficulties in getting needed health care, 89% reported that they had experienced no difficulties. Of the difficulties identified, the most commonly cited were lack of insurance (5%), childcare issues (3%), and not being able to afford to go to a doctor (2%).

How long has it been since your last routine check-up?

2009



Source: Valley CARES Community Survey

HEALTH AND ILLNESS

OVERALL HEALTH STATUS

Why is this indicator important?

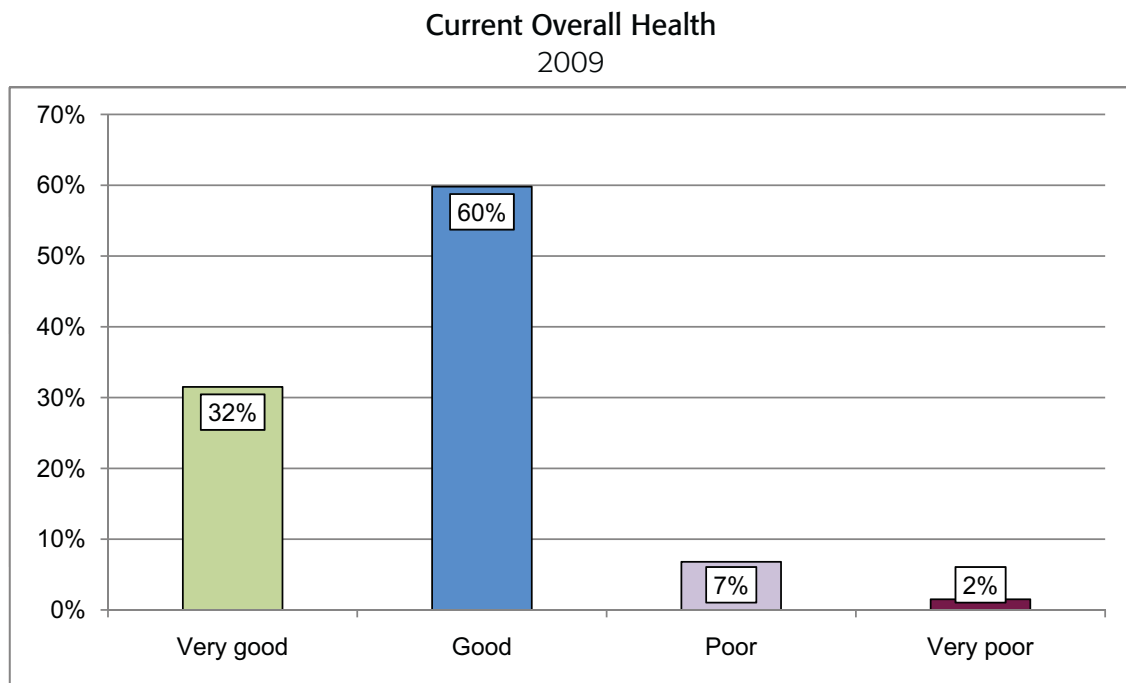
People's perceptions of their own health often relate strongly to their overall sense of wellbeing and quality of life. A gap between people's perceptions and other health indicators can point to areas in which improved health information and education may be helpful.

What does it measure?

The ratings of Valley residents surveyed regarding their current overall health (Source: Valley CARES Community Survey, 2009-2010)

How are we doing?

The majority of survey respondents (92%) rated their own health status positively, with only about 8% reporting their health as poor or very poor. Survey data from the state found similar ratings with about 90% rating their health as good to excellent and about 10% rating their health as fair or poor (BRFSS Connecticut, 2009).



Source: Valley CARES Community Survey

HEALTH CONDITIONS & RISK FACTORS

Why is this indicator important?

Health conditions such as hypertension and diabetes put patients at higher risk of serious disease, disability, and death. Education and treatment are critical to managing these conditions and preventing more serious complications such as heart attacks and strokes.

What does it measure?

The percentage of Valley residents surveyed stating that a health care professional confirmed they have a chronic health condition (Source: Valley CARES Community Survey, 2009-2010).

How are we doing?

Substantial percentages of Valley adults surveyed reported having been told they had a chronic health condition or condition that puts them at risk for future disease. The proportion reporting high cholesterol and hypertension diagnoses is higher than the Health People 2010 targets of a 16% hypertension rate and a 17% high blood cholesterol rate. The Valley respondents reported a somewhat lower asthma rate than the 15% reported for the state Connecticut survey, but a somewhat higher diabetes rate than the almost 7% state rate (Source: Connecticut BRFSS, 2009).

Health Condition/Risk Factor	% Valley Respondents 2009
High Cholesterol	37%
Arthritis	28%
High Blood Pressure/Hypertension	27%
Diabetes	14%
Asthma	10%

Source: Valley CARES Community Survey

ASTHMA-RELATED EMERGENCY VISITS

Why is this indicator important?

Asthma can have a significant impact on quality of life for children and adults. When not managed effectively, asthma can lead to emergency hospitalization and even death. In addition to providing asthma education and care, communities can address the environmental and economic conditions that increase the rates of this disease.

What does it measure?

The number of asthma related emergency room visits for every 10,000 people, for those 18 & over and those under 18 (Source: Connecticut Department of Public Health, 2008).

How are we doing?

In 2008, the rate of total asthma-related emergency visits varied across the Valley towns, ranging between 7.1 and 13.2 visits for every 10,000 residents. The rate of emergency visits was higher for children under 18 than it was for adults in all the Valley communities. The Valley's rate for asthma-related visits to emergency rooms was much lower than the state rates for both adults and children.

	# Asthma-Related Emergency Room Visits Per 10,000 for Adults 18 + 2008	# Asthma-Related Emergency Room Visits Per 10,000 for Children <18 2008
Ansonia	13.2/10,000	17.8/10,000
Beacon Falls	7.1/10,000	15.1/10,000
Derby	12.6/10,000	16.4/10,000
Oxford	8.1/10,000	10.5/10,000
Seymour	9.7/10,000	12.5/10,000
Shelton	7.5/10,000	6.0/10,000
Connecticut	56.1/10,000	85.6/10,000

Source: CT Dept. of Public Health



HIV/AIDS RATE

Why is this indicator important?

Infection with the Human Immunodeficiency Virus (HIV) can lead to Acquired Immune Deficiency Syndrome (AIDS), which compromises the body's ability to fight disease. Avoiding or changing behaviors that increase HIV exposure can reduce the infection risk. Among those infected, early detection and treatment can diminish the chances of developing AIDS and of transmitting the virus to others.

What does it measure?

The total number of HIV/AIDS cases for every 100,000 people, including both newly identified cases and existing cases (Source: Connecticut Department of Public Health, 2008).

How are we doing?

In 2008, the Valley's rate of HIV/AIDS was lower than that reported for the state of Connecticut, as has been the case for many years.

	Valley 2008	Connecticut 2008
# HIV/AIDS Cases per 100,000 People	13.4/100,000	15.1/100,000

Source: CT Dept. of Public Health

SEXUALLY TRANSMITTED DISEASES

Why is this indicator important?

Sexually transmitted diseases significantly impact the health and quality of life of people who contract these diseases. Preventive measures can reduce the rate of transmission within a community.

What does it measure?

The number of identified cases of chlamydia and gonorrhea for every 100,000 people (Source: Connecticut Department of Public Health, 2007).

How are we doing?

The rate of chlamydia infection is higher than the rate of gonorrhea infection in the Valley. In the case of both these sexually transmitted diseases, the Valley rates were lower than those reported for the state in 2007, a trend that has been consistent over the past decade.

	Valley 2007	Connecticut 2007
# Cases Chlamydia per 100,000 People	41/100,000	329/100,000
# Cases Gonorrhea per 100,000 People	27/100,000	67/100,000

Source: CT Dept. of Public Health

HEART DISEASE DEATHS

Why is this indicator important?

Heart disease is a leading cause of illness and death nationwide. Behavioral and environmental changes that prevent the development of heart disease and proper management of the disease can have a major impact on community health by reducing the chances of developing advanced disease.

What does it measure?

The number of deaths per 100,000 people in which coronary heart disease is identified as the primary cause of death (Source: Department of Public Health, 2006).

How are we doing?

As in the State of Connecticut and U.S. overall, heart disease is a major cause of death in the Valley. In 2006, the Valley's rate of 202 deaths per 100,000 was lower than the Connecticut rate of 227 deaths per 100,000. However, this rate was well above the Healthy People 2010 target of 166 deaths per 100,000.

	Valley 2006	Connecticut 2006
# Deaths from Heart Disease per 100,000	202/100,000	227/100,000

Source: CT Dept. of Public Health

CANCER DEATHS

Why is this indicator important?

Early detection and treatment of cancer can reduce the number of deaths from the disease. In addition, the risk for certain cancers may be influenced by environmental conditions and preventive health behaviors, which can be addressed by community health programs.

What does this indicator measure?

The rate of deaths due to malignant neoplasm or cancer per 100,000 people and the total number of deaths by type of cancer (Source: Connecticut Department of Public Health, 2006).

How are we doing?

The cancer death rate remains high in the Valley. In 2006, the Valley's rate of 226 cancer deaths per 100,000 exceeded Connecticut's rate of 176 cancer deaths per 100,000 and the Health People 2010 target of 159.9 deaths per 100,000. Lung cancer and colorectal cancer were responsible for the highest number of cancer deaths, followed by pancreatic, breast, and prostate cancer.

	Valley 2006	Connecticut 2006
# Deaths from Cancer per 100,000 People	226/100,000	176/100,000

Source: CT Dept. of Public Health

Type of Cancer	# Total Deaths 2006	
	Valley	Connecticut
Lung	64	1,822
Colorectal	24	642
Pancreatic	19	478
Breast	15	537
Prostate	13	371
All Cancers	213	6,994

Source: CT Dept. of Public Health

HEALTHY BEHAVIORS AND PREVENTIVE HEALTH

SMOKING

Why is this indicator important?

Smoking puts smokers and those exposed to second hand smoke at a higher risk for serious health problems including various types of cancer, lung disease, and heart disease. Young people who begin smoking in high school are likely to continue to smoke as adults.

What does it measure?

The responses of Valley residents surveyed regarding their smoking habits (Source: Valley CARES Community Survey, 2009-2010) and the responses of 11th graders in Valley public schools surveyed regarding their substance use (Source: VSAAC Survey, 2009).

How are we doing?

While most Valley adults surveyed reported that they do not smoke, 13% reported currently smoking. This rate is close to the 15% rate reported for the State of Connecticut (Source: BRFSS CT, 2009). Nearly half of current adult smokers stated they either did not intend to quit (26%) or were unsure about whether they wanted to quit (20%). Almost half (48%) said they planned to quit. Among Valley 11th grade high school students, about 4 in 10 reported having smoked in their lifetimes in 2009.

	% Valley Survey Respondents 2009
% Adults Reporting Currently Smoking	13%
% 11th Graders Reporting Lifetime Smoking	42%

Source: VSAAC Survey, 2009

RADON TESTING

Why is this indicator important?

Radon, a naturally occurring, radioactive gas, is the second leading cause of lung cancer after smoking. If home radon testing finds high levels, reduction systems can lower them to safe levels.

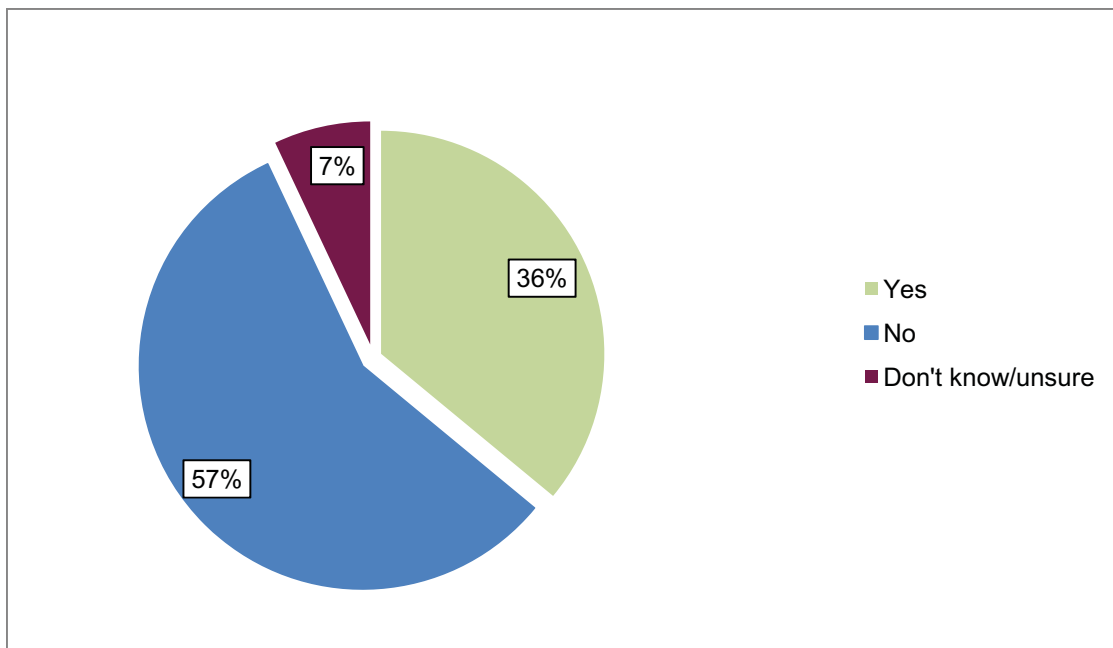
What does it measure?

The percentage of residents surveyed who said their home had been tested for radon (Source: Valley CARES Community Survey, 2009-2010).

How are we doing?

A majority of residents surveyed (64%) said their homes had not been tested for radon or that they were unsure about whether they had been tested. This leaves a large portion of Valley residents without sufficient knowledge about the radon levels in their own homes.

Has your home been tested for radon?
2009



Source: Valley CARES Community Survey

CARBON MONOXIDE (CO) DETECTION

Why is this indicator important?

Carbon monoxide, an invisible and odorless gas, can be released by fuel-burning devices such as furnaces. When undetected, it poses a health hazard, causing respiratory difficulties and even death.

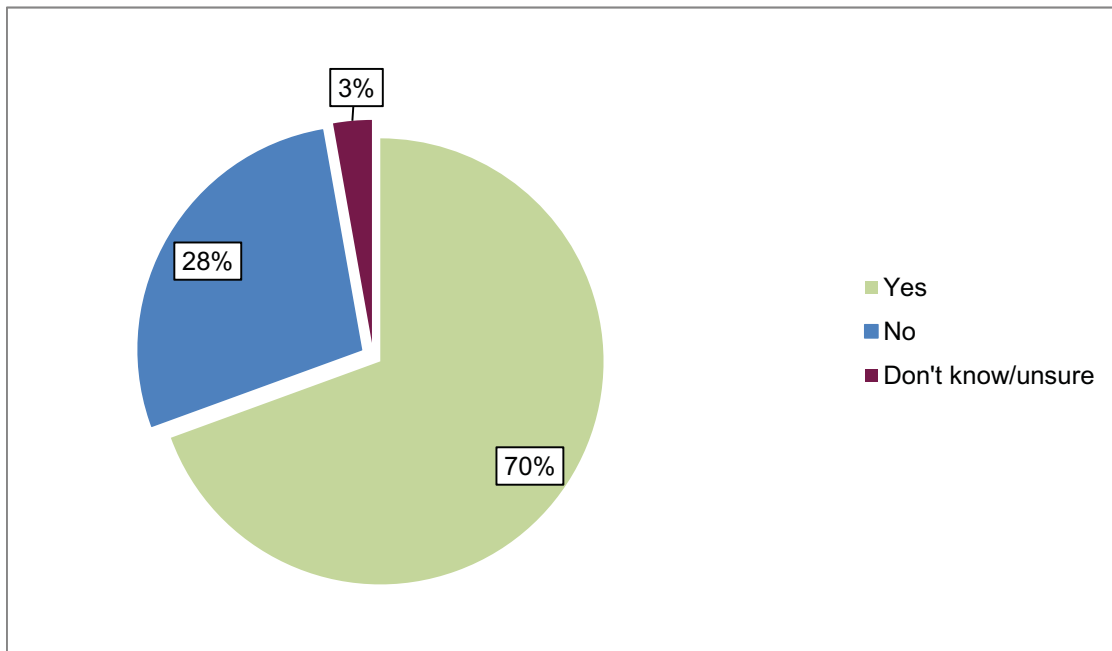
What does this indicator measure?

The percentage of survey respondents who reported having a CO detector in their homes (Source: Valley CARES Community Survey, 2009).

How are we doing?

Although a majority of residents surveyed stated they do have a home CO detector, over 30% were unsure about whether they had a detection device or said they did not have one. Public safety and health officials recommend that each household have a functioning CO detector, preferably one per living level of the home.

Do you have a CO detector in your home?
2009



Source: Valley CARES Community Survey

CHILDREN'S PHYSICAL FITNESS

Why is this indicator important?

Children's physical fitness not only affects their quality of life during childhood but also improves their chances of having healthy and productive lives as adults. School policies, community programs, and families can all make a difference in addressing the exercise and nutritional needs of children.

What does it measure?

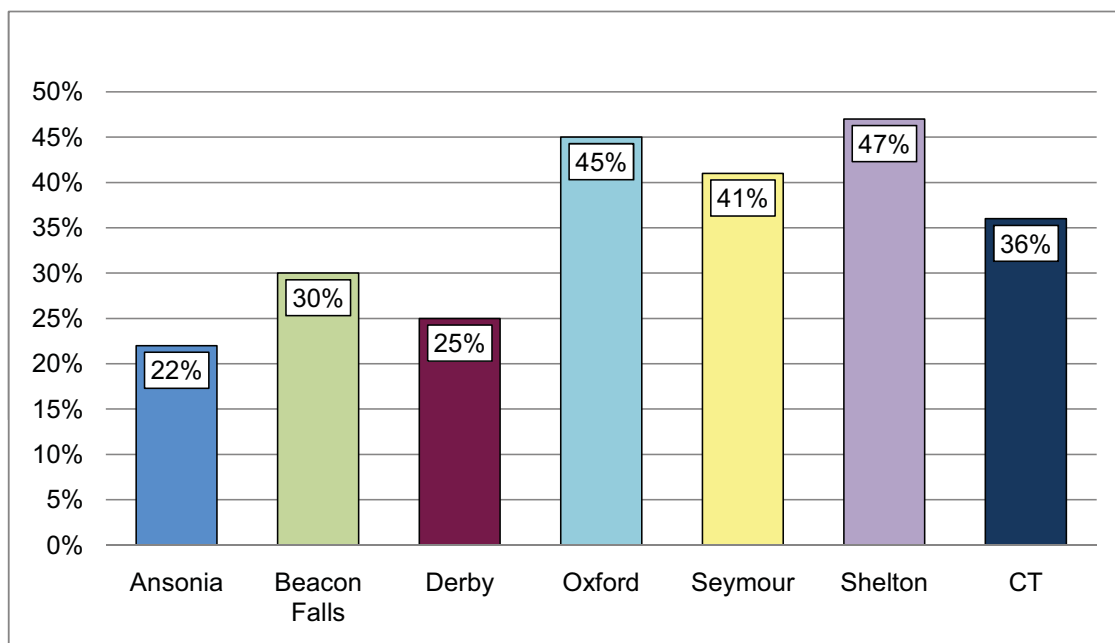
The percentage of students in each public school district passing all four physical fitness tests, which include tests for flexibility, abdominal strength & endurance, upper-body strength and aerobic endurance, of those tested during the 2007-2008 school year (Source: Strategic School Profiles, Connecticut State Department of Education, 2007-2008; Note: Beacon Falls is part of Regional School District 16, which also includes the town of Prospect).

How are we doing?

In all the Valley schools districts, less than half of tested children passed all four physical fitness tests in the 2007-2008 school year. Three Valley school districts had a higher percentage of passing children passing than did Connecticut overall. The remaining three districts had lower levels of passing students than did the state.

% Students Passing All Physical Fitness Tests

2009



Source: CT Dept. of Education



BODY MASS INDEX (BMI)

Why is this indicator important?

Obesity is associated with increased risk for several diseases, including high blood pressure, heart disease, diabetes, and certain types of cancer. In addition, obesity can affect quality of life through its social stigma, emotional impact, and influence on a person's mobility and activity levels.

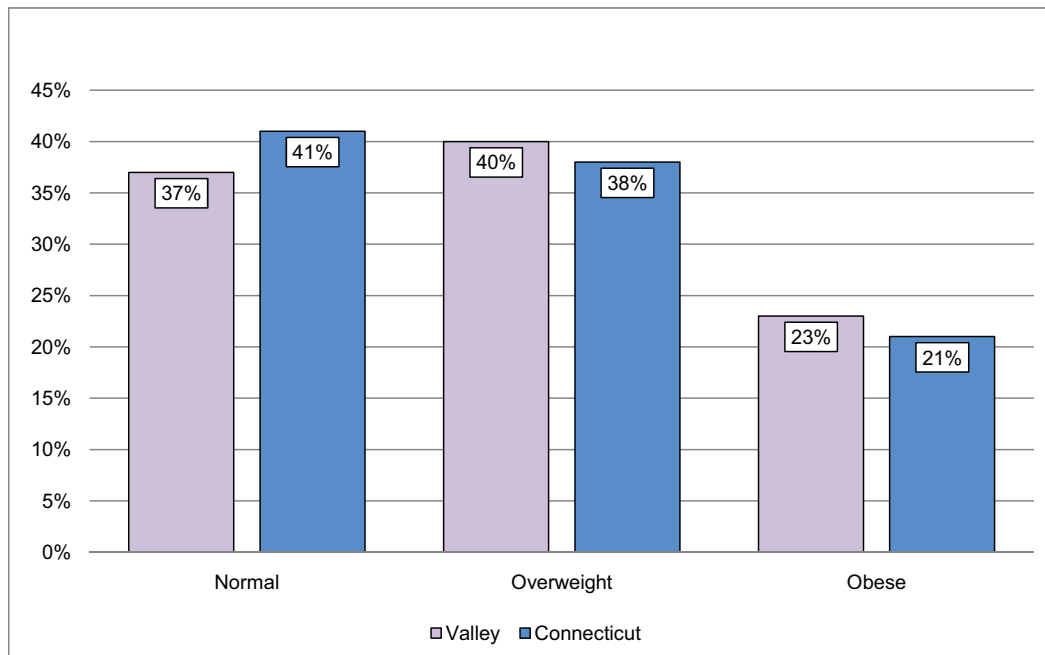
What does it measure?

Body Mass Index (BMI) is calculated using a person's height and weight. Many medical professionals use BMI to estimate whether a person is overweight or obese, although this measure cannot directly identify what percentage of a person's weight is composed of muscle or fat. Current guidelines for adults consider a BMI of 18.2-24.9 as normal, 25.0-29.9 as overweight, and 30 & over as obese. Valley CARES survey respondents reported their height and weight, which were utilized to calculate their BMI (Source: Valley CARES Community Survey, 2009-2010; state data from BRFSS CT, 2009).

How are we doing?

The percentage of Valley residents surveyed who had a Body Mass Index in the normal range was slightly lower than that found for the state overall, while the proportion of those falling in the obese and overweight categories was higher by a few points. These BMI data suggest that more than half of all adults may not have a healthy body weight for their height in the Valley and the state.

Adult Body Mass Index
2009



Source: Valley CARES Community Survey, CT BRFSS

PHYSICAL ACTIVITY/EXERCISE

Why is this indicator important?

Regular physical activity provides a wide range of physical and mental health benefits. These include reducing the risk of chronic diseases, supporting a healthy weight, preventing falls, and reducing depression.

What does it measure?

The responses of residents surveyed regarding their physical activity patterns and barriers to regular exercise (Source: Valley CARES Survey, 2009-2010).

How are we doing?

Health professionals currently recommend that adults get at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity aerobic activity per week. Nearly a third of Valley residents surveyed indicated that they get at least 30 minutes of moderate activity 5 times per week, suggesting that they meet current exercise recommendations.

According to the Centers for Disease Control and Prevention's 2008 data on physical activity, about 22% of Connecticut residents do not engage in any physical activity/exercise compared to about 18% of Valley residents surveyed. The most commonly cited barrier to regular exercise among survey respondents was lack of motivation (27%) but physical limitations (18%) and lack of time due to work (12%) or family obligations (10%) were also reported as concerns.

Exercise Frequency	% Valley Survey Respondents 2009
5 or More Days per Week	30
1-4 Days per Week	51
0 Days per Week	18
Don't Know/Unsure/Depends	2

Source: Valley CARES Community Survey



HEALTHY EATING HABITS

Why is this indicator important?

Research shows that healthy eating promotes health by providing the body with the nutrition needed for optimal function and growth. A good diet along with other healthy lifestyle choices may help to prevent a variety of illnesses including diabetes, heart disease, osteoporosis, and some types of cancer.

What does it measure?

The responses of Valley residents surveyed regarding how often they eat in a health promoting way based on the following definition: "a health-promoting diet involves eating multiple servings of fruit, vegetables and low-fat dairy products on a daily basis and limiting foods with sugar and fat" (Source: Valley CARES Community Survey, 2009-2010).

How are we doing?

Close to 90% of Valley residents surveyed reported usually or always eating a healthy diet, a higher level than that reported in many national studies. The Healthy People 2010 nutrition target is that 75% of Americans eat the recommended two or more daily servings of fruit and at least 50% consume three or more daily servings of vegetables. A 2009 CDC survey found that only 33% of US adults achieved the fruit consumption goal and only 27% ate the recommended vegetable servings.

Among Valley respondents, the most commonly reported barriers to healthy eating were not lack of knowledge about healthy foods (1%), but rather lack of time needed to prepare healthy foods (34%), bad habits (28%), eating out frequently (17%), dislike the taste (12%), and cost (10%).

Frequency of Healthy Eating	% Valley Survey Respondents 2009
Always	41
Usually	49
Seldom/Never	11

Source: Valley CARES Community Survey

SOURCES OF INFORMATION

Valley CARES Community Survey, 2009-2010; Community Health Profile, 2010; Connecticut State Department of Public Health; Healthy People 2010, Centers for Disease Control; Yale-Griffin Prevention Research Center; Naugatuck Valley Health District; Griffin Hospital.

ROOM TO GROW

In order to better understand community health in the Valley, it would be helpful to have more information about:

- Resident and health provider views about the obstacles to promoting and practicing healthy behaviors
- Differences within the Valley population regarding access to & utilization of health care and other resources that promote health
- Possible causes of the Valley's rates of cancer and heart disease deaths

Offering Arts, Culture, and Recreation



Vision for the Valley

A community that provides its residents with opportunities for meaningful participation in arts, culture, and recreation activities

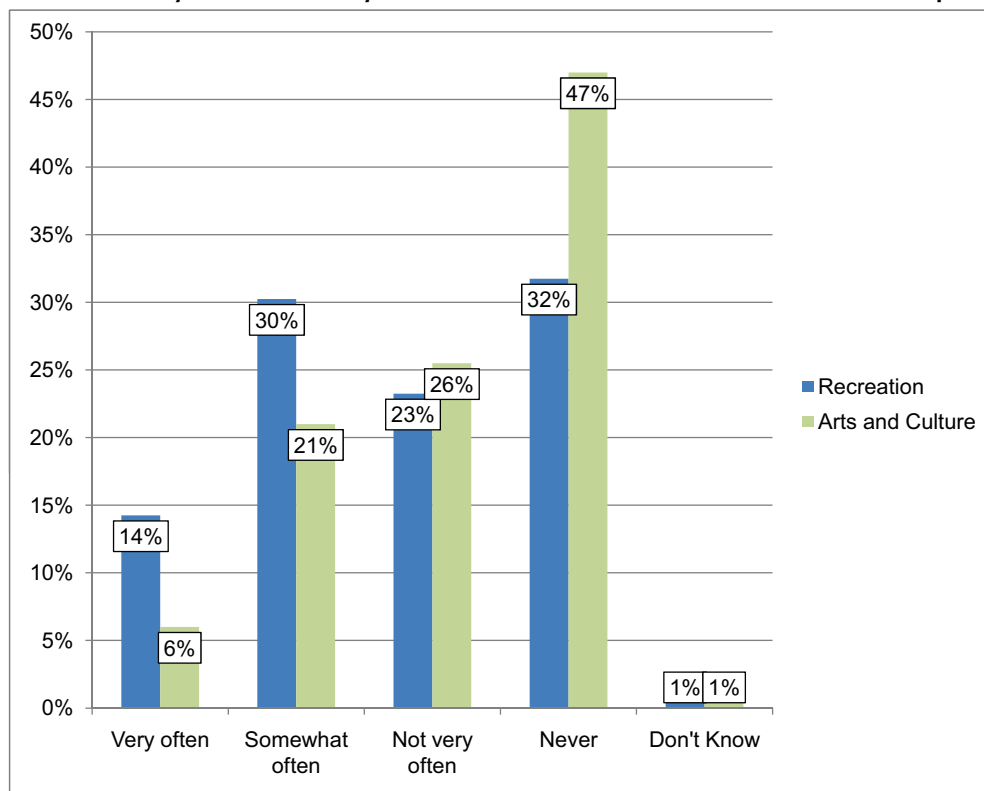
How Are We Doing? – An Overview

ARTS, CULTURE, & RECREATION RESOURCES

The Valley region enjoys many resources for arts, culture, and recreation activities, but not all residents utilize them frequently.

- The Valley is home to 45 municipal and state **public parks**; all of the Valley towns also have **walking trails**.
- In 2000, an arts and cultural inventory identified a wide variety of **arts and cultural resources** in the Valley but this inventory has not been updated in the past 10 years. At that time, the Valley's arts and cultural resources included 11 arts organizations, 172 individual artists, 28 performing groups, 17 performance venues, 7 visual arts venues, and numerous festivals.
- When asked about their **use of arts, culture & recreation resources** in the Valley, 44% of residents surveyed reported that they used local recreation resources somewhat or very often in the past year. A quarter (27%) said that they used arts and culture resources in the Valley somewhat or very often.

How often have you used Valley arts, culture, & recreation resources in the past year?



Source: Valley CARES Community Survey



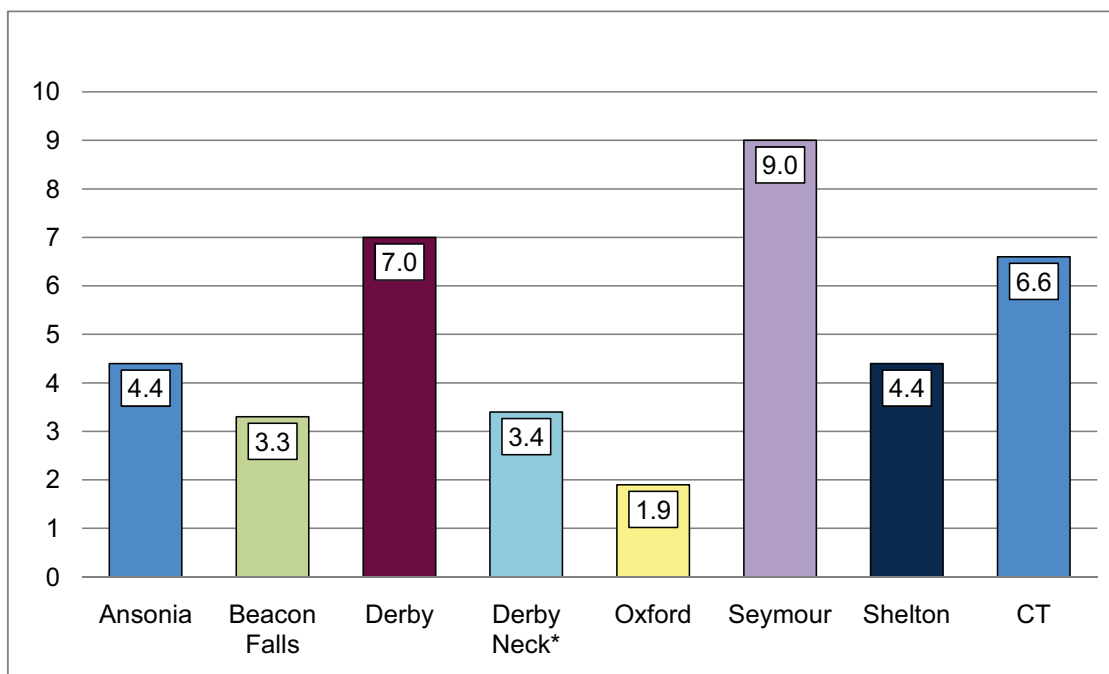
People who cannot find time for recreation are obliged sooner or later to find time for illness.
 ~John Wanamaker

PUBLIC LIBRARIES

Many residents utilize the diverse resources provided by the Valley's public libraries, which now include computers with Internet Access and educational programs for adults and children.

- The **availability and use of library resources** has grown in the Valley as it has in the state. In 2008-2009, the average number of library visits increased in most libraries, though the rates varied by town. Computer use and program attendance have also grown in many Valley libraries.

Average Number of Library Visits Per Person
 2008-2009



Source: CT Public Libraries-A Statistical Profile; *Derby Neck is a regional association library



Arts, Culture, and Recreation Indicators

ARTS, CULTURE, & RECREATION RESOURCES

PUBLIC PARKS & WALKING TRAILS

Why is this indicator important?

Public parks and walking trails provide community residents with an important low-cost resource for exercise and recreation.

What does it measure?

The total number of municipal and state parks located in each Valley town and whether the municipalities currently have town-maintained walking trails (Source: Valley Town Offices, 2010).

How are we doing?

The Valley is home to 45 municipal and state parks. All of the Valley towns have existing walking trails. According to the Valley Council of Governments (VCOG), the VCOG region plans to double the miles of existing greenway available to community residents.

Thus, the Valley benefits from numerous natural resources for public recreation. However, there is little information available about how often residents utilize local parks and trails or whether they experience any difficulties in accessing or using these recreational resources.

	# Town and State Parks 2010
Valley	45
Ansonia	13
Beacon Falls	6
Derby	4
Oxford	9
Seymour	3
Shelton	10

Source: Valley Town Offices



ARTS & CULTURAL RESOURCES

Why is this indicator important?

Having arts and cultural resources available within the local community can play a vital role in making the arts accessible to residents. In turn, artists depend on community support and local facilities to enable them to continue their creative work.

What does it measure?

The number of arts and cultural resources identified in the *Lower Naugatuck Valley Arts and Cultural Assessment*, conducted for the Valley Chamber of Commerce by Maryann Ott (2000; note: this inventory includes the town of Naugatuck, which had a high reported concentration of artists).

How are we doing?

The Arts and Cultural Resource inventory conducted in 2000 found numerous arts and cultural resources based in the Valley. This assessment identified the need for a regional arts council to support the area's arts and cultural community. Since then, the Valley Arts Council and several additional arts initiatives (including the Valley Center of the Arts and Center Space Theatre) have made substantial progress in addressing these needs.

The Valley Arts Council currently tracks its membership and disseminates information about arts and cultural activities and resources to the wider Valley community through its website. However, the formal resource inventory has not been updated in the past 10 years.

Valley Arts & Cultural Resource Inventory
2000

Resource	Number
Arts Organizations	11
Individual Artists	172
Performing Groups	28
Performance Venues	17
Visual Arts Venues	7
Arts & Cultural Events/Festivals	20
Church Events/Festivals	14

Source: Lower Naugatuck Valley Arts & Cultural Assessment

USE OF ARTS, CULTURE & RECREATION RESOURCES

Why is this indicator important?

Even when arts, culture and recreation resources exist within a community, residents need to be aware of them and be able to access them in order to realize their benefits.

What does it measure?

The responses of residents surveyed regarding how often they utilized Valley recreation and arts & culture resources in the past year (Source: Valley CARES Community Survey, 2009-2010).

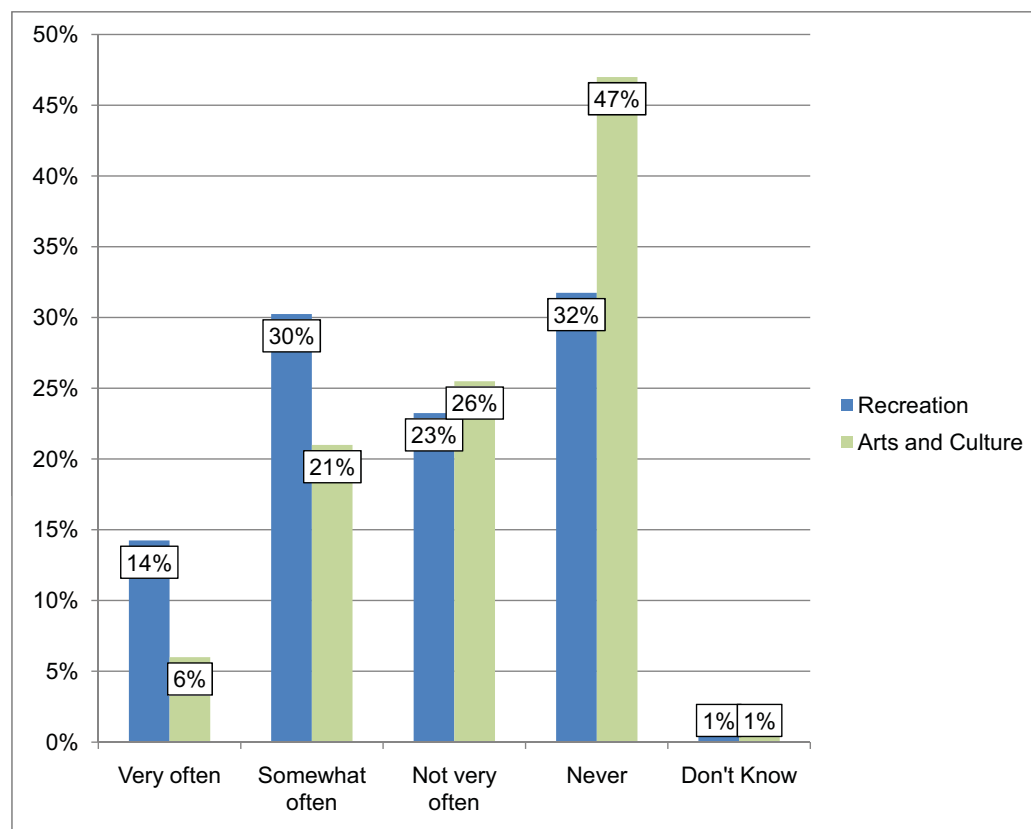
How are we doing?

Forty-four percent of residents surveyed reported that they used recreation resources in the Valley somewhat or very often in the past year. Over half of respondents said that they infrequently or never used Valley recreation resources.

An even lower percentage of survey respondents said they often used arts and culture resources within the Valley in the previous year. Nearly half of respondents (47%) stated that they never utilized arts and culture resources in that time period.

How often have you used Valley arts, culture & recreation resources in past year?

2009



Source: Valley CARES Community Survey

PUBLIC LIBRARIES

AVAILABILITY & USE OF LIBRARY RESOURCES

Why is this indicator important?

Libraries are an important free resource available to community members, providing them with opportunities for education, recreation, Internet access, and cultural enrichment.

What does it measure?

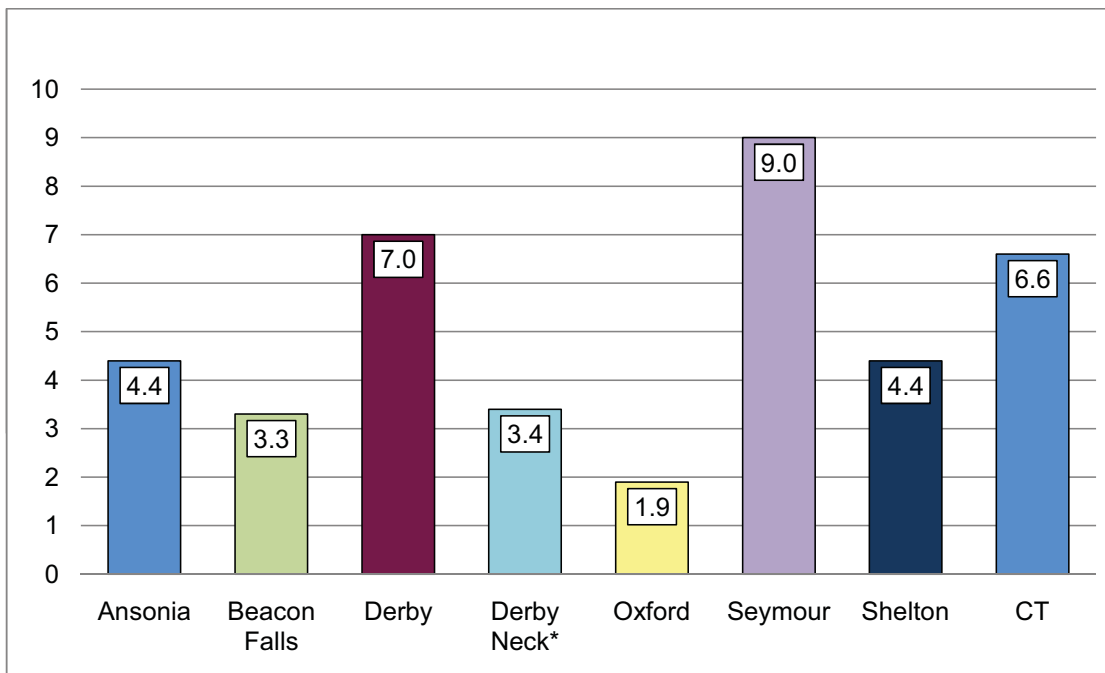
The average number of library visits per person (per capita), based on the total number of persons entering the public library and its branches for any purpose, and additional information about library resources and utilization during the 2008-2009 fiscal year (Source: Connecticut's Public Libraries: A Statistical Profile, 2010; Note: *Derby Neck is a regional association library open to all Valley residents; the remaining libraries are operated by municipalities.).

How are we doing?

Library usage in the Valley has increased in recent years, as is true for the state and nation. However, the average number of library visits per person varied considerably by library in 2008-2009, ranging between just under two to nine visits per resident. The average number of library visits was 6.6 per person for the state of Connecticut as a whole in that same time period.

In addition to the overall increase in library visits, most Valley libraries have seen a rise in program attendance and the use of public access computers. In 2008-2009, Valley libraries offered 2,744 programs to adults, youth, and children. They had 79 computers with public Internet Access, which were used over 80,000 times.

Average Number of Library Visits Per Person
2008-2009



Source: CT Public Libraries-A Statistical Profile; *Derby Neck is a regional association library

Valley Library Resources 2008-2009				
	Weekly Hours Main Library	# Programs Offered	# Public Access Computers	# Uses of Public Internet Computers
Ansonia	50	476	6	7,800
Beacon Falls	42	196	8	2,270
Derby	55	452	18	22,875
Derby Neck*	48	589	18	9,313
Oxford	48	306	4	5,389
Seymour	45	118	6	7,884
Shelton	61	607	19	27,884
Valley	50 (avg)	2,744 (total)	79 (total)	83,415 (total)

Source: CT Public Libraries-A Statistical Profile; *Derby Neck is a regional association library



SOURCES INFORMATION

Lower Naugatuck Valley Arts & Cultural Assessment, Maryann Ott, for Greater Valley Chamber of Commerce, 2000; *Connecticut Public Library Statistical Profile*, 2009; *Valley CARES Community Survey*, 2009-2010; Town Clerks and Parks & Recreation offices; Valley Arts Council

ROOM TO GROW

In order to better understand arts, culture and recreation in the Valley, it would be helpful to have further information about:

- The Valley's current inventory of arts & cultural resources and their levels of utilization
- Resident views regarding access to, use, and quality of local parks and trails and other recreation resources
- Recreation activities & programs for children, youth, and adults offered by municipalities, schools, non-profit organizations, and other community groups (There currently is no centralized way to track the region's capacity for such recreation programs or the level of need.)
- What factors limit the use of existing arts, cultural, and recreation resources from the perspectives of different populations within the Valley, including the elderly, families, children and youth



Fostering Community Relations and Engagement



Vision for the Valley

A caring community that fosters positive relations among its diverse members and encourages residents to participate in improving quality of life for all

How Are We Doing? – An Overview

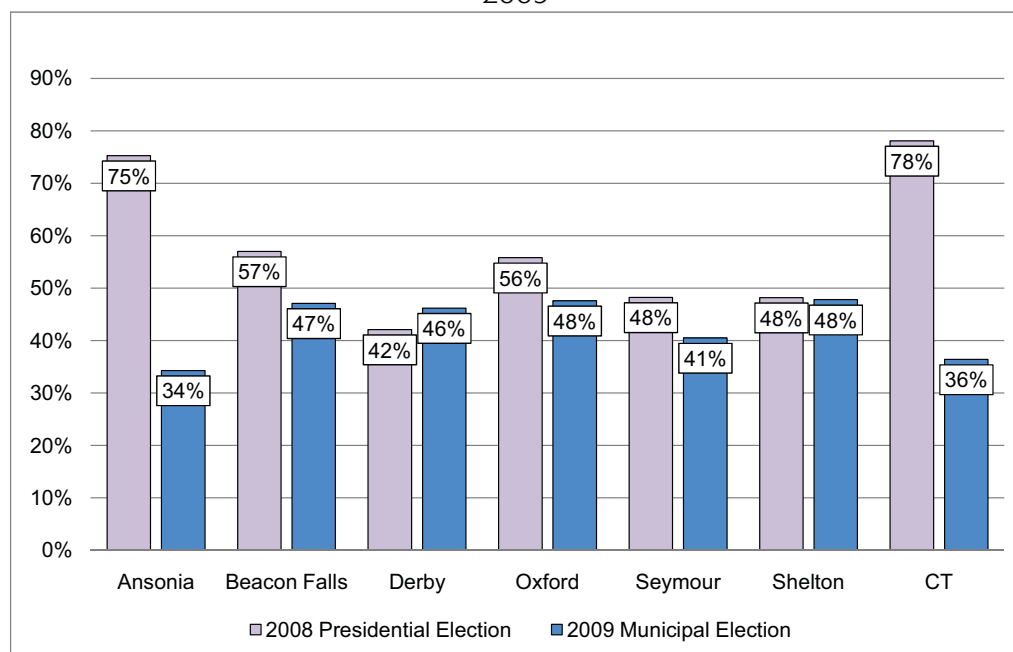
POLITICAL PARTICIPATION

Substantial numbers of Valley residents do not participate in the political process.

- In 2009, **voter registration** levels ranged between 53% and 69% of residents in Valley towns, leaving a sizeable percentage of community members ineligible to participate in elections.
- Fewer than half of registered voters **voted in elections** in the 2009 municipal races. Higher percentages of eligible voters participated in the 2008 presidential elections, although the Valley's national voting rate fell below the statewide level.

Percentage of Registered Voters Participating in Recent Elections

2009



Source: CT Office of the Secretary of State

COMMUNITY RELATIONS

Although officially recognized hate crimes are not common in the Valley, residents expressed some concern about ethnic and race relations in the community.

- In 2007, the Valley had 6 reported **hate crimes**, based on religious and racial bias.
- While 14% of residents surveyed stated that **ethnic discrimination and racism** is a big problem in the Valley, close to half (46%) viewed it as a small problem.



Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

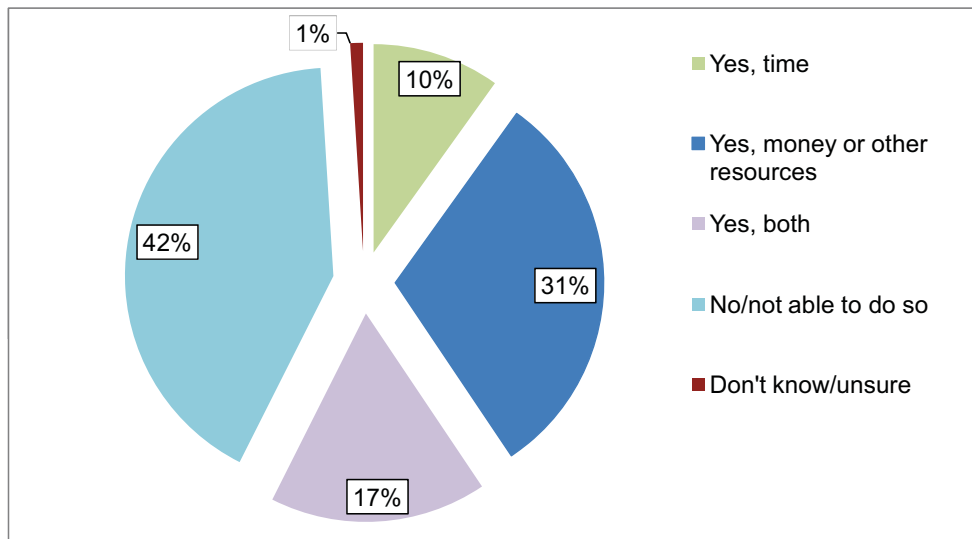
~Margaret Mead

COMMUNITY ENGAGEMENT

Many Valley residents actively engage in their community by obtaining information about community resources and by giving to local organizations.

- Valley residents surveyed reported that the **community information sources** they most often utilize are the Internet (35%), television news (31%), newspaper stories (23%), and friends, neighbors, or relatives (13%).
- When asked about their **charitable giving and volunteerism**, more than half of residents surveyed said that they gave time, money, and/or other resources to organizations working in the Valley during the past year.

Given time or donated money to charitable organizations in the Valley in past year



Source: Valley CARES Community Survey



Community Relations and Engagement Indicators

POLITICAL PARTICIPATION

VOTER REGISTRATION

Why is this indicator important?

Residents must be registered in order to be eligible to vote in local, state and national elections. Voter registration allows them to contribute as active citizens in the political process.

What does it measure?

The percentage of the population in each town registered to vote (Source: Town Registrar of Voters; for Ansonia: Town Clerk's office, 2009).

	% Residents Registered to Vote 2009
Ansonia	53%
Beacon Falls	65%
Derby	54%
Oxford	67%
Seymour	69%
Shelton	65%

Source: Registrars of Voters, Town Clerks

How are we doing?

Between about a half to about two-thirds of Valley residents were registered to vote in 2009. This leaves a considerable proportion of residents unable to participate in elections.

VOTING IN LOCAL & NATIONAL ELECTIONS

Why is this indicator important?

Voting in elections is the main avenue for citizens to express their political will and influence the decision making that affects their communities and families.

What does it measure?

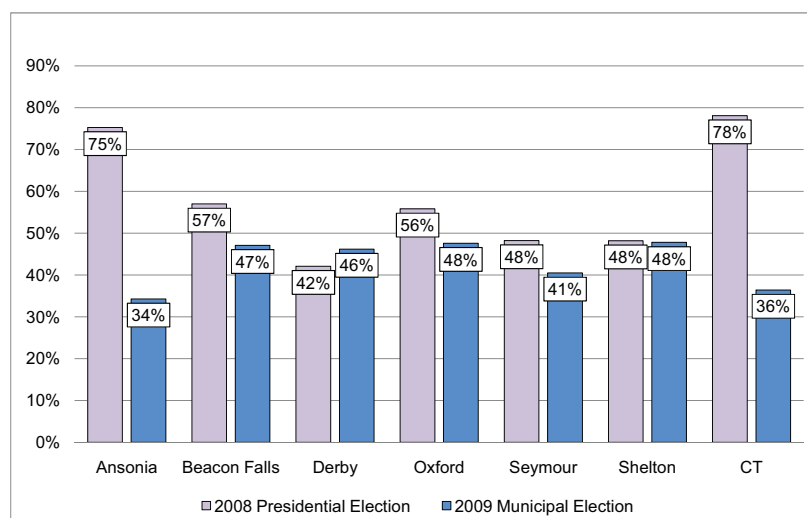
The percentage of eligible voters who voted in national elections (2008) and town elections (2009) (Source: Connecticut Secretary of State's Office).

How are we doing?

In 2009, between 34% and 48% of eligible voters participated in local elections in Valley towns. Participation in town elections fell below half of registered voters in all Valley towns, and was much lower than the 86% local election rate reported for the Valley for 1992 (Source: *Healthy Valley Indicators Data Book*, 1996). Higher percentages of eligible Valley voters participated in national elections in 2008, but the percentages in Valley towns were under the 78% participation rate reported for the state of Connecticut.

Percentage of Registered Voters Participating in Recent Elections

2009



Source: CT Office of the Secretary of State

COMMUNITY RELATIONS

HATE CRIMES

Why is this indicator important?

Although bias can take many forms, hate crimes are one indication of its most severe consequences, affecting relations among the individuals directly involved and their entire communities.

	# Hate Crimes in the Valley 2007
Motivated by Racial Bias	3
Motivated by Religious Bias	3
Total	6

Source: CT Dept. of Public Safety

What does it measure?

The number of reported hate crimes (also known as bias crimes), criminal offenses committed against a person, property or group that is motivated by bias based on race, ethnicity/national origin, religion, sexual orientation or disability (Source: Connecticut Department of Public Safety, 2007).

How are we doing?

In 2007, Valley communities reported a small number of criminal offenses in which the offender was motivated by a bias against the victim. In half of these cases, the crime was based on racial bias. The other 50% were motivated by religious bias. The federal Uniform Crime Reporting program found that at a national level approximately half of hate crimes were racially based and nearly 20% were religiously motivated in 2008. In addition, almost 17% of hate crimes nationwide were based on sexual orientation, nearly 12% on ethnicity/national origin, and 1% on disability (Uniform Crime Reporting Program, Federal Bureau of Investigation, 2008).

ETHNIC DISCRIMINATION & RACISM

Why is this indicator important?

Perceived ethnic discrimination and racism is a major obstacle to building positive community relations. In addition, it can affect residents' sense of safety and their access to opportunities.

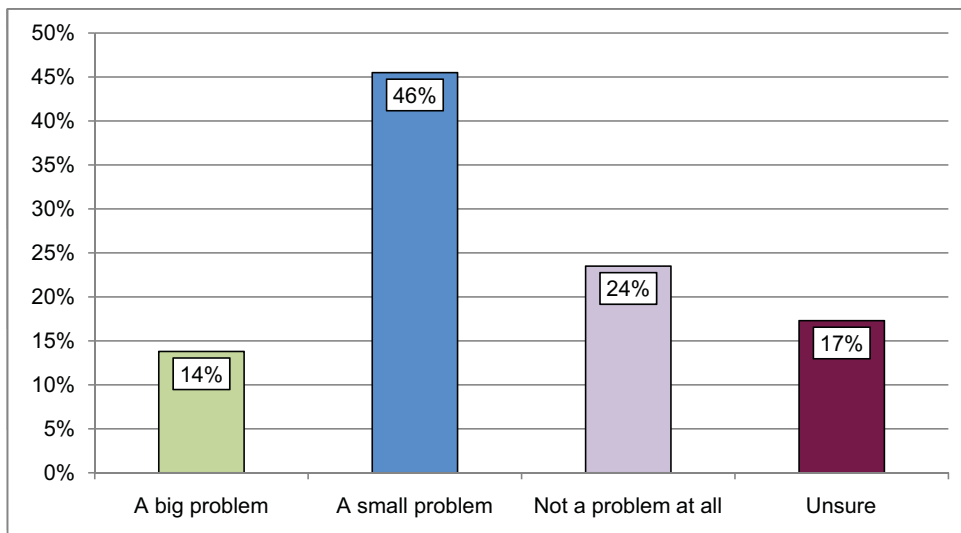
What does it measure?

The perceptions of residents surveyed regarding ethnic discrimination & racism in the Valley (Source: Valley CARES Community Survey, 2009-2010).

How are we doing?

While 14% of the residents surveyed stated that ethnic discrimination and racism is a big problem in the Valley, close to half (46%) viewed it as a small problem. About a quarter of respondents expressed the view that these issues are not a problem at all in the Valley and nearly one-fifth said that they were unsure.

How big a problem is ethnic discrimination & racism in the Valley?



Source: Valley CARES Community Survey

COMMUNITY ENGAGEMENT

CHARITABLE GIVING & VOLUNTEERISM

Why is this indicator important?

When residents actively support the work of community organizations, they can help improve the lives of their fellow citizens and develop a meaningful sense of connection to their community.

What does it measure?

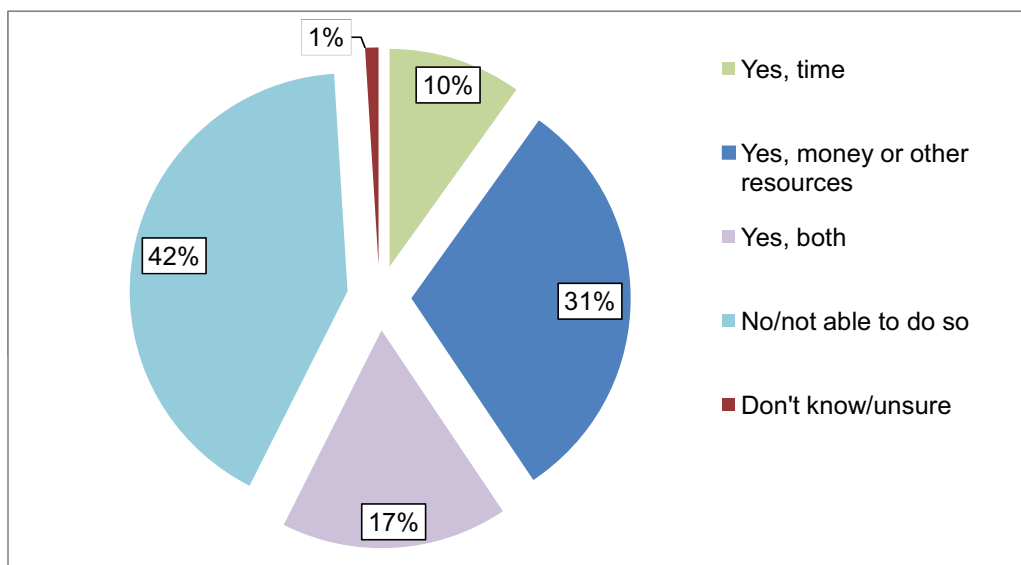
The reports of residents surveyed about their giving to Valley charitable, civic, religious, educational and other volunteer organizations (Source: Valley CARES Community Survey, 2009-2010).

How are we doing?

Over half of residents surveyed (57%) reported giving time, money, and/or other resources in the past year to organizations working in the Valley. These percentages do not include charitable giving by Valley residents to organizations outside the Valley.

The 2008 Gallup Lifestyle Survey found that 84% of respondents nationwide said they donated to a charitable cause and 64% said they volunteered time to a charitable organization in the previous year.

Given time or donated money to charitable organization in the Valley?



Source: Valley CARES Community Survey



COMMUNITY INFORMATION SOURCES

Why is this indicator important?

In order to engage actively in their communities, citizens need good sources of information about community services, activities, and needs. Community groups also need to be aware of the most effective ways to communicate with residents in order to help improve their quality of life.

What does it measure?

The responses of residents surveyed regarding where they obtain information about community services (Source: Valley CARES Community Survey, 2009-2010; multiple responses accepted).

How are we doing?

Among Valley residents surveyed, the most frequently reported community information sources were the Internet, television, and newspapers. Thirteen percent of respondents reported going to friend, neighbor or relative for information. Smaller percentages said they used other means of obtaining information such as radio, mailings, and direct contact with community organizations.

Top Sources of Information About Community Services	% Valley Survey Respondents 2009
Internet	35%
TV News	31%
Newspaper Stories	23%
Friends/Neighbors/Relatives	13%

Source: Valley CARES Community Survey

SOURCES OF INFORMATION

Valley CARES Survey, 2009-2010; Connecticut Secretary of State's Office; Connecticut Department of Public Safety; Town Registrars and Clerks

ROOM TO GROW

In order to better understand community relations & engagement in the Valley, it would be helpful to have more information about:

- Philanthropic giving and volunteerism levels among Valley businesses and residents
- Community perspectives on the incentives and barriers to political participation and community engagement
- Resident views regarding forms of discrimination/bias and other obstacles to positive community relations in the Valley

APPENDIX A: LIST OF INDICATORS BY TOPICAL AREA

Creating a Community Context that Allows Residents to Thrive	
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Transportation	13
Commuting Patterns	13
Mass Transit	14
Economic Opportunity	15
Median Household Income	15
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Poverty Rate	17
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Promoting Emotional and Social Wellbeing	
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Arts and Cultural Resources	83
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Availability and Use of Library Resources	85
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Political Participation	90
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Voting in Elections	90
Community Relations	91
Hate Crimes	91
Ethnic Discrimination & Racism	91
Community Engagement	92
Charitable Giving and Volunteerism	92
Community Information Sources	93

APPENDIX B: RESEARCH METHODS

SECONDARY DATA SOURCES

The Valley CARES Taskforce and staff from the Yale-Griffin Prevention Research Center (PRC) compiled the latest information available at the time of data collection (2009-2010) from existing secondary sources of data. These sources included published reports, State of Connecticut departments and agencies, and representatives from local towns and organizations. As a result, the measurement of these indicators depended on the way that the sources defined and gathered the information. In some cases, Valley-wide totals or rates were calculated when possible. In other cases, data could only be reported at the town level.

VALLEY CARES COMMUNITY SURVEY

In the fall of 2009, the Center for Research and Public Policy conducted a telephone survey of 400 Valley residents. The survey respondents were selected randomly to ensure a representative sample of residents. With this kind of sampling approach, the group of 400 Valley residents selected should differ in their responses no more than plus or minus 5.0% from the entire Valley population. Details about the survey methodology and results are available in the Valley CARES Community Survey report available on the Valley Council for Health & Human Services website (www.valleycouncil.org).

DATA PRESENTATION

For ease of understanding, the data are usually presented rounded to the whole numbers. Occasionally, this rounding means that the total percentage may add up to just over 100%. When more than one response was possible per respondent, percentages could also add up to more than 100% in total.

Primary Funding for the Creation of this Report Provided by:



Katharine Matthies Foundation, Bank of America, N.A., Trustee

Additional Support for the Valley CARES Initiative Provided by:

Yale-Griffin Prevention Research Center

Naugatuck Valley Health District

Griffin Hospital

Birmingham Group Health Services, Inc.

The WorkPlace, Inc.

and the

Valley Council for Health & Human Services Member Agencies

Graphic Design by Q Company Communication, Shelton, CT



Valley Council for Health & Human Services

Building Partnerships to Strengthen Community Services

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