

STAMFORD 2025 EQUITY REPORT

DataHaven

December 2025

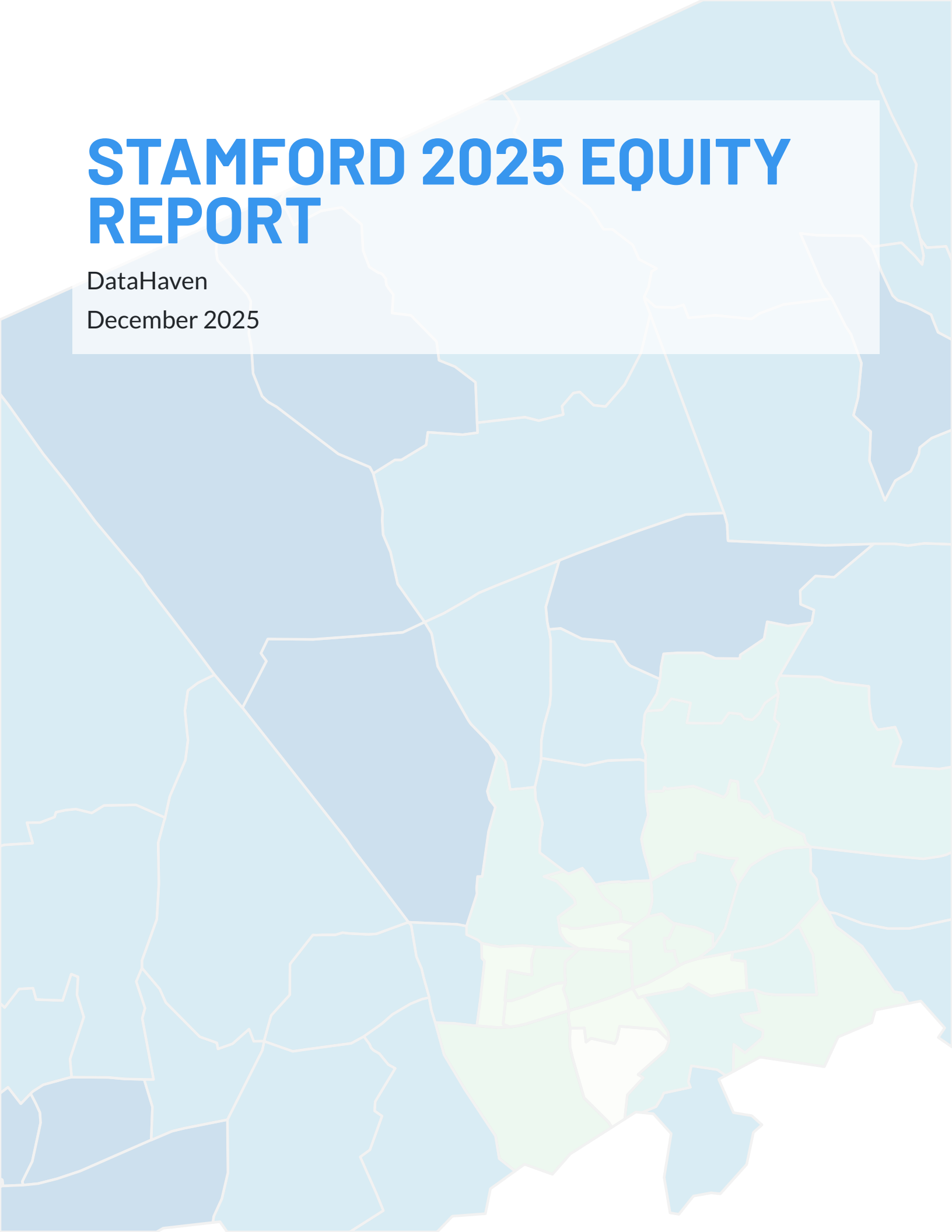


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ABOUT THIS DOCUMENT

Compiled by DataHaven in December 2025.

This report is designed to inform local-level efforts to improve community well-being and racial equity. This is version 3.0 of the DataHaven equity profile, which DataHaven has published for all 169 towns and several regions of Connecticut. Please contact DataHaven with suggestions for version 4.0 of this report.

EXECUTIVE SUMMARY

Throughout most of the measures in this report, there are important differences by race/ethnicity and neighborhood that reflect differences in access to resources and other social needs. Wherever possible, data are presented with racial/ethnic breakdowns, as defined by existing federal data collection standards. However, for smaller groups or more detailed breakdowns, some values may not be available or have less reliable data. In these cases, values are marked as “N/A,” not available.

Federal and statewide approaches to data collection, including small sample sizes, tend to hide disparities within certain population groups. This does not mean that a given population is not impacted by inequitable social conditions. DataHaven and other organizations often collect information on demographic characteristics besides race/ethnicity, and encourage further analysis and advocacy that can lead to more inclusive data reporting.

Please contact DataHaven at info@ctdatahaven.org with questions about additional reporting that may be possible.

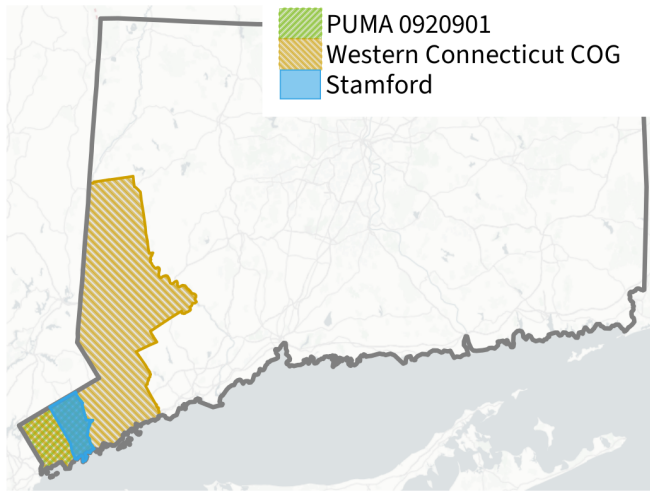
- Stamford is a town of **135,470 residents**, **52 percent** of whom are people of color. The town’s population has increased by **10 percent** since 2010.
- Of the town’s **54,165 households**, **48 percent** are homeowner households.
- **Forty-three percent** of Stamford’s households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- **Seventy-nine percent** of public high school seniors in the class of 2024 in the Stamford School District graduated within four years.
- Among the town’s adults ages 25 and up, **52 percent** have earned a bachelor’s degree or higher.
- Stamford is home to **74,883 jobs**, with the largest share in the Health Care and Social Assistance sector.
- The median household income in Stamford is **\$107,474**.
- **Sixty percent** of adults in Stamford say they are in excellent or very good health.
- In 2024, **13 people** in Stamford died of drug overdoses.
- **Eighty-eight percent** of adults in Stamford are satisfied with their area, and **48 percent** say their local government is responsive to residents’ needs.
- In the most recent municipal election, **33 percent** of registered voters in Stamford voted.
- **Seventy-five percent** of adults in Stamford report having stores, banks, and other locations in walking distance of their home, and **67 percent** say there are safe places to bike in their neighborhood.

For the first time, DataHaven is publishing these reports with a supplemental set of tables where we have modeled values from the DataHaven Community Wellbeing Survey. This methodology makes estimates available for smaller towns or where sample sizes would otherwise be too small to be reliable. See [the appendix](#) for details.

INTRODUCTION

Stamford is a town in the Western Connecticut Council of Governments (COG) area (see [Note 1](#)). For the purposes of this report, Stamford will be compared to Connecticut as a whole, as well as either the Public Use Microdata Area (PUMA) designated by the US Census Bureau with the number 0920901 or Western Connecticut COG, depending on sample size and availability of data. In some cases, comparison values are only available at the COG level.

FIGURE 1: STUDY AREA



PUMA 0920901 is made up of the following towns (with 2020 populations):

- Greenwich (63,518)
- Stamford (135,470)

Western Connecticut COG is made up of the following towns (with 2020 populations):

- Bethel (20,358)
- Bridgewater (1,662)
- Brookfield (17,528)
- Danbury (86,518)
- Darien (21,499)
- Greenwich (63,518)
- New Canaan (20,622)
- New Fairfield (13,579)
- New Milford (28,115)
- Newtown (27,173)
- Norwalk (91,184)
- Redding (8,765)
- Ridgefield (25,033)
- Sherman (3,527)
- Stamford (135,470)
- Weston (10,354)
- Westport (27,141)
- Wilton (18,503)

TABLE 1: ABOUT THE AREA

	Connecticut	PUMA 0920901	Stamford
Total population	3,605,944	198,988	135,470
Total households	1,420,170	76,965	54,165
Homeownership rate	66%	54%	48%
Housing cost burden rate	35%	41%	43%
Adults without a high school diploma	9%	9%	12%
Median household income	\$93,760	\$121,028	\$107,474
Poverty rate	10%	8%	10%
Adults 19–64 w/o health insurance	7%	11%	12%

DEMOGRAPHICS

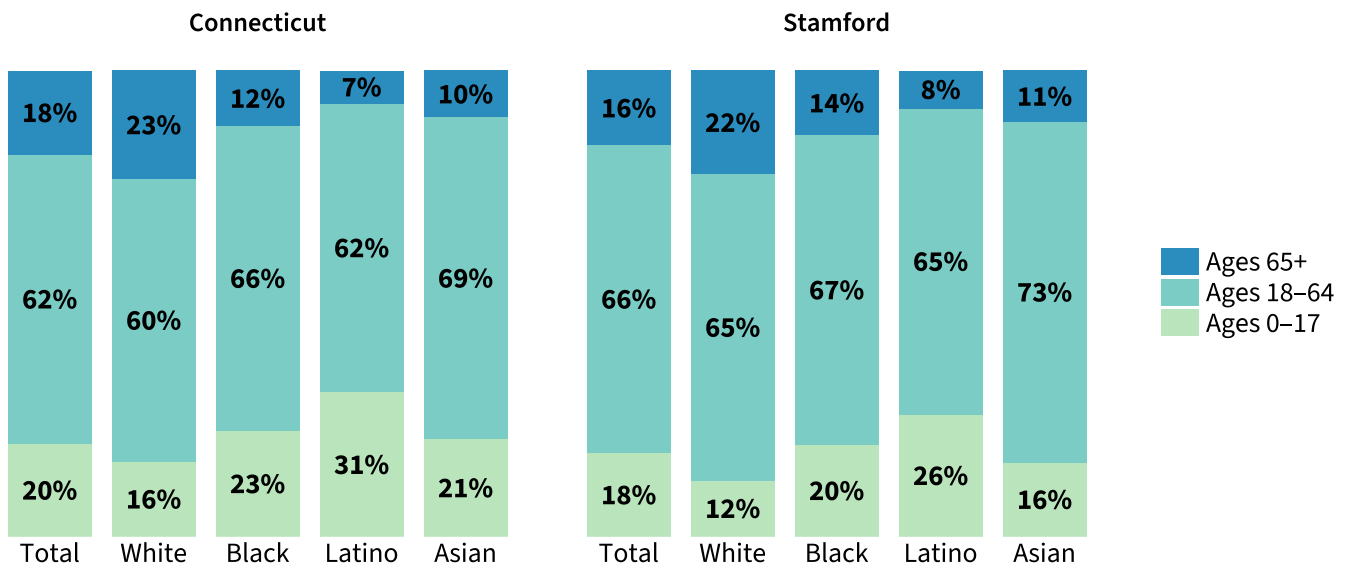
As of 2023, the population of Stamford is 135,806, including 24,810 children and 110,996 adults. Fifty-seven percent of Stamford’s residents are people of color, compared to 37 percent of residents statewide.

TABLE 2: POPULATION BY RACE/ETHNICITY, 2023

	White		Black		Latino		Asian		Other race/ethnicity	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	2,265,780	63%	355,413	10%	640,668	18%	169,312	5%	167,175	5%
PUMA 0920901	101,994	51%	28,273	14%	46,768	23%	14,052	7%	8,224	4%
Stamford	57,727	43%	26,163	19%	38,165	28%	9,550	7%	4,201	3%

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

FIGURE 2: POPULATION BY RACE/ETHNICITY AND AGE GROUP, 2023



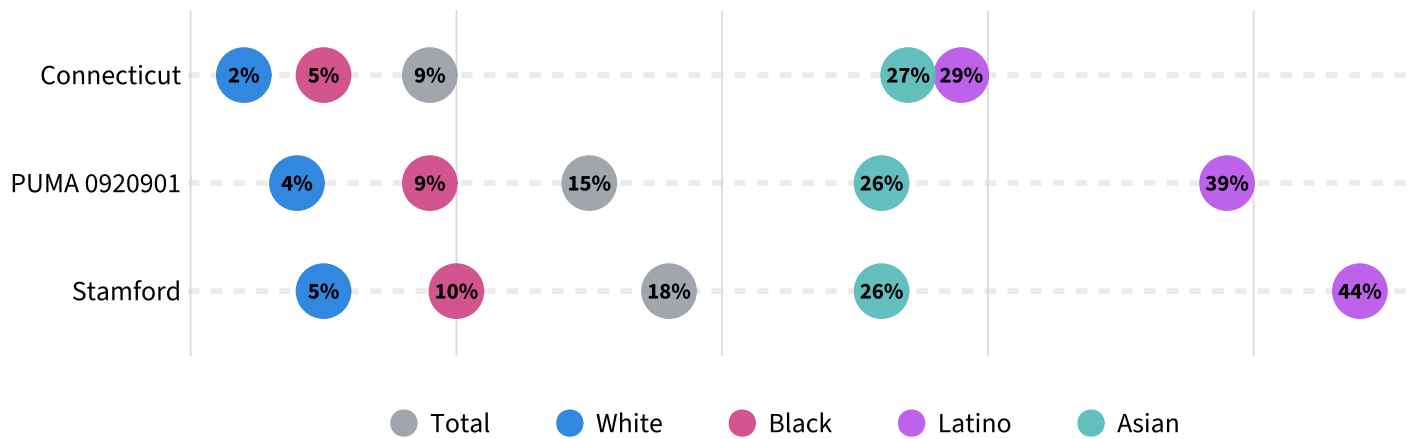
Note: Only groups with at least 50 residents in each age group shown.

About 43,173 residents of Stamford, or 32 percent of the population, are foreign-born (see [Note 2](#)). The largest number of immigrants living in Stamford were born in Guatemala, followed by Haiti and India (see [Note 3](#)).

Limited English proficiency is characterized as speaking English less than “very well.” People who struggle with English proficiency may have difficulty in school, seeking health care, accessing social services, or finding work in a largely English-speaking community. As of 2023, 23,413 Stamford residents, or 18 percent of the population ages 5 and older, had limited English proficiency. Latinos and Asian Americans are more likely to have limited English proficiency than other racial/ethnic groups.

When no one in a household ages 5 and above is proficient in English, the members of that household are considered linguistically isolated. Five percent of all Connecticut residents ages 5 and older are linguistically isolated, including 16 percent of Latino residents and 13 percent of Asian residents (see [Note 4](#)).

FIGURE 3: SHARE OF POPULATION SPEAKING ENGLISH LESS THAN VERY WELL BY RACE/ETHNICITY, 2023



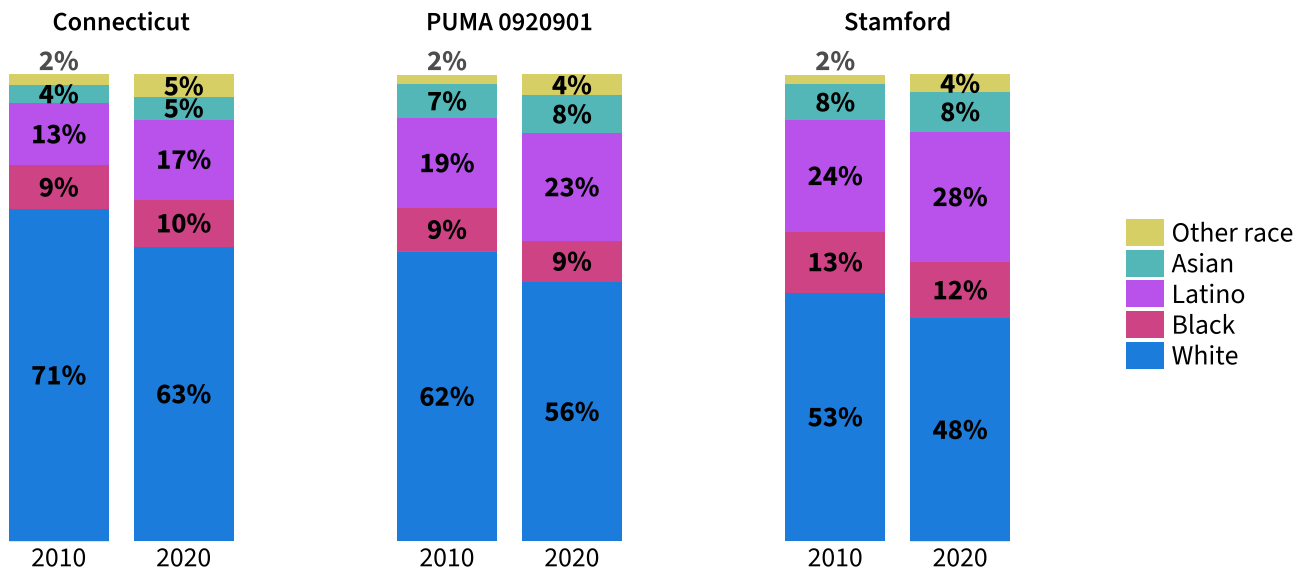
POPULATION CHANGE, 2010–2020

Between 2010 and 2020, Connecticut’s population was nearly stagnant. During this period, Stamford grew by 12,827 people, a 10 percent increase. The number of white residents in Stamford shrank by less than 1 percent, while the non-white population grew by 23 percent.

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

		Population, 2010	Population, 2020	Change	Percent change
Connecticut	All ages	3,574,097	3,605,944	+31,847	+0.9%
	Children (0–17)	817,015	736,717	–80,298	–9.8%
	Adults (18+)	2,757,082	2,869,227	+112,145	+4.1%
PUMA 0920901	All ages	183,814	198,988	+15,174	+8.3%
	Children (0–17)	42,799	42,334	–465	–1.1%
	Adults (18+)	141,015	156,654	+15,639	+11.1%
Stamford	All ages	122,643	135,470	+12,827	+10.5%
	Children (0–17)	26,461	26,755	+294	+1.1%
	Adults (18+)	96,182	108,715	+12,533	+13.0%

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



HOUSING

Stamford has 54,165 households, of which 48 percent are homeowner households. Of Stamford's 57,958 housing units, both occupied and vacant, 42 percent are in single-family buildings and 58 percent are in multifamily buildings, compared to PUMA 0920901, where 50 percent are single-family and 49 percent are multifamily (see [Note 5](#)).

Home values have increased steeply since the start of the COVID-19 pandemic. The typical home value in Connecticut went from \$319,502 in September 2019 to \$417,279 in September 2025, adjusted for inflation. This is a 31% increase, and has made homeownership unattainable for many as wages have not nearly kept up (see [Note 6](#)).

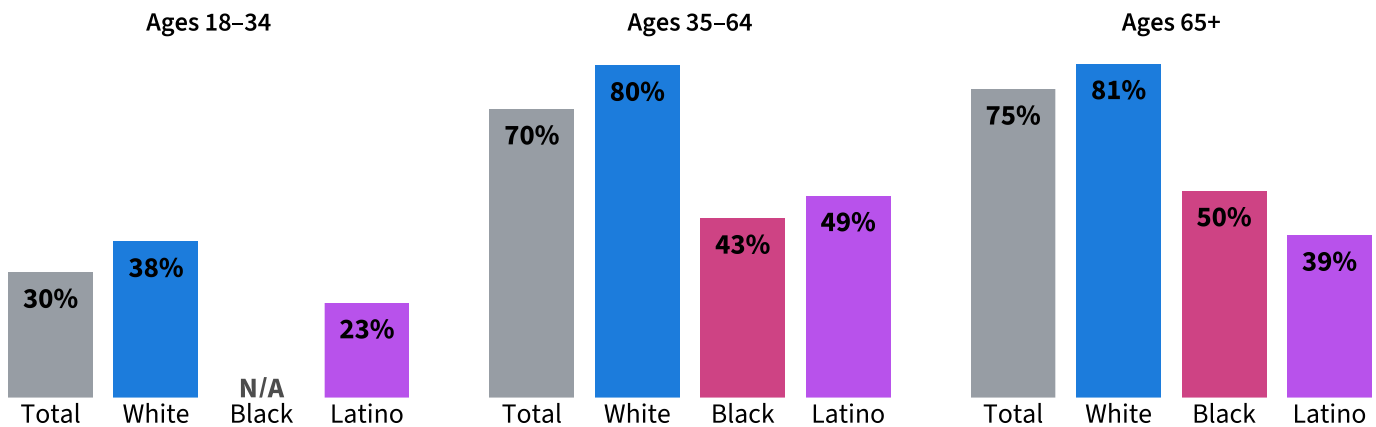
Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for advantaged groups because the process of purchasing a home has a long history of racially discriminatory practices that continue to restrict access to homeownership today. This challenge, coupled with municipal zoning dominated by single-family housing, results in de facto racial and economic segregation seen throughout Connecticut (see [Note 7](#)).

TABLE 4: HOMEOWNERSHIP RATE BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2023

	Total	White	Black	Latino	Asian	Other race
Connecticut	66%	76%	41%	39%	64%	44%
PUMA 0920901	54%	67%	29%	33%	54%	34%
Stamford	48%	61%	29%	31%	50%	32%

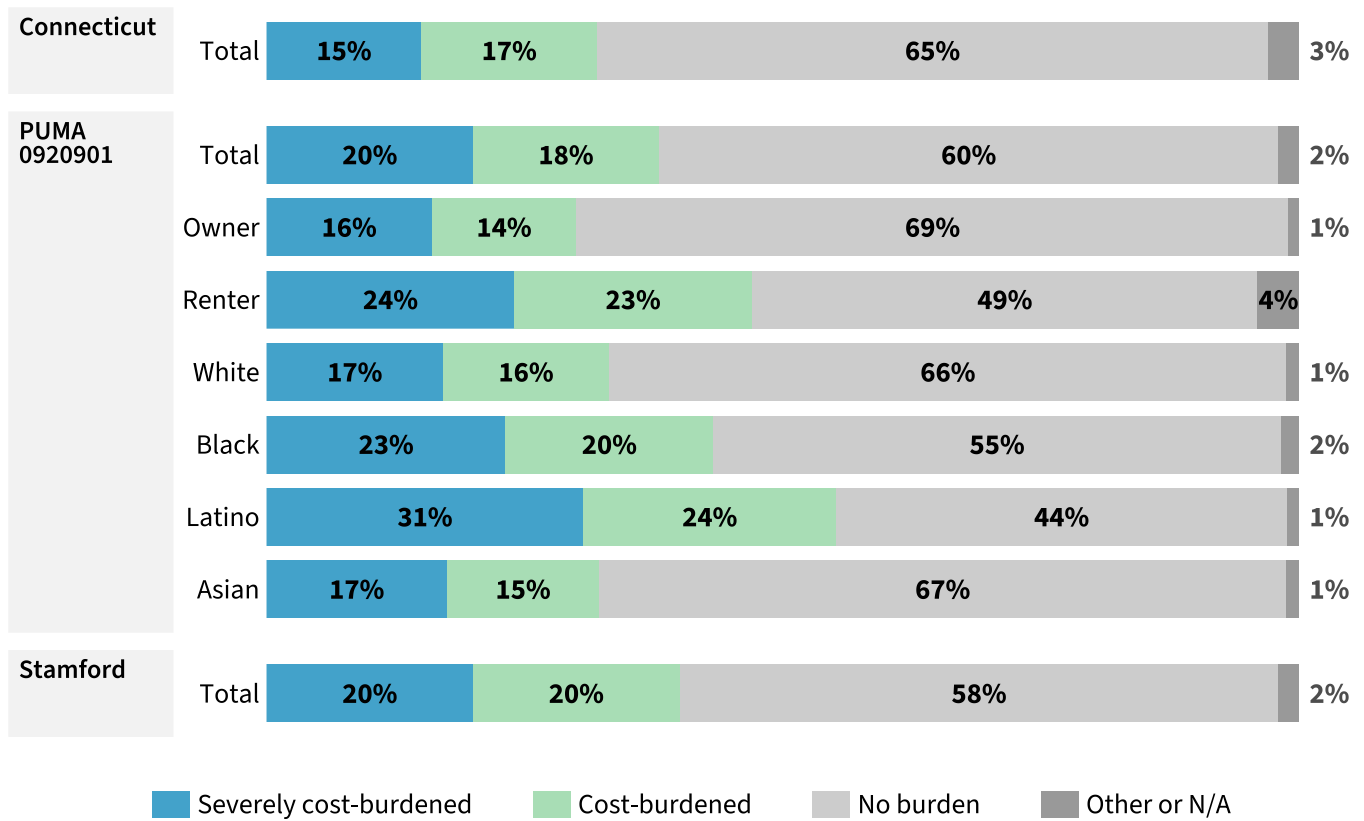
Younger adults are less likely than older adults to own their homes across several race/ethnicity groups. However, in many parts of the state, younger white adults own their homes at rates comparable to or higher than older Black and Latino adults.

FIGURE 5: HOMEOWNERSHIP RATE BY AGE AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, WESTERN CONNECTICUT COG, 2023



A household is cost-burdened when they spend 30 percent or more of their income on housing costs, and severely cost-burdened when they spend half or more of their income on housing costs. Housing costs continue to rise, particularly since the early days of the COVID-19 pandemic. Cost-burden generally affects renters more than homeowners, and has greater impact on Black and Latino householders. Among renter households in Stamford, 48 percent are cost-burdened, compared to 32 percent of owner households.

FIGURE 6: HOUSING COST-BURDEN RATES BY TENURE AND BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2023



Both the state and federal governments have several programs available to help households pay their housing costs, including rental assistance programs like Section 8, mortgage financing, and deed restrictions. Statewide, 11 percent of housing units receive some form of financial assistance; in Stamford, this is 14 percent.

TABLE 5: NUMBER AND SHARE OF ASSISTED HOUSING UNITS BY TOWN, 2023

	Total assisted		Any government assistance		State rental assistance / Section 8		CHFA/USDA mortgages		Deed restricted	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	175,548	11%	94,770	6%	49,611	3%	25,535	2%	5,632	<1%
PUMA 0920901	9,408	11%	5,202	6%	2,537	3%	354	<1%	1,315	2%
Stamford	7,936	14%	4,262	7%	2,062	4%	344	1%	1,268	2%

Over the past few decades, many parts of the state have shifted away from building single-family housing and toward building more multifamily housing. Between 2020 and 2024, construction permits were issued for 1,205 units of housing in Stamford, 12 percent of which were for single-family housing (see [Note 8](#)).

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

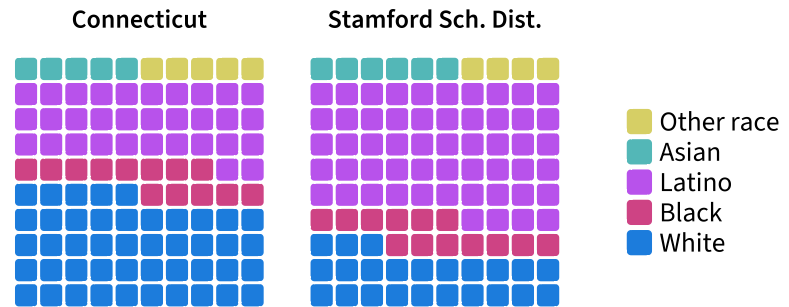
TABLE 6: OVERCROWDED HOUSEHOLDS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2023

	Total		White		Black		Latino		Asian	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	28,258	2%	7,055	1%	5,060	3%	11,687	6%	3,664	6%
PUMA 0920901	2,916	4%	350	1%	N/A	N/A	1,524	11%	N/A	N/A
Stamford	2,693	5%	N/A	N/A	N/A	N/A	1,432	12%	N/A	N/A

EDUCATION

Public school students in Stamford are served by the Stamford School District for pre-kindergarten through grade 12. During the 2024-25 school year, there were 16,185 students enrolled in the Stamford School District. Tracking student success measures is important since disparate academic and disciplinary outcomes are observed as early as preschool and can ultimately affect a person’s long-term educational attainment and economic potential.

FIGURE 7: PUBLIC K-12 STUDENT ENROLLMENT BY RACE/ETHNICITY PER 100 STUDENTS, 2024-25

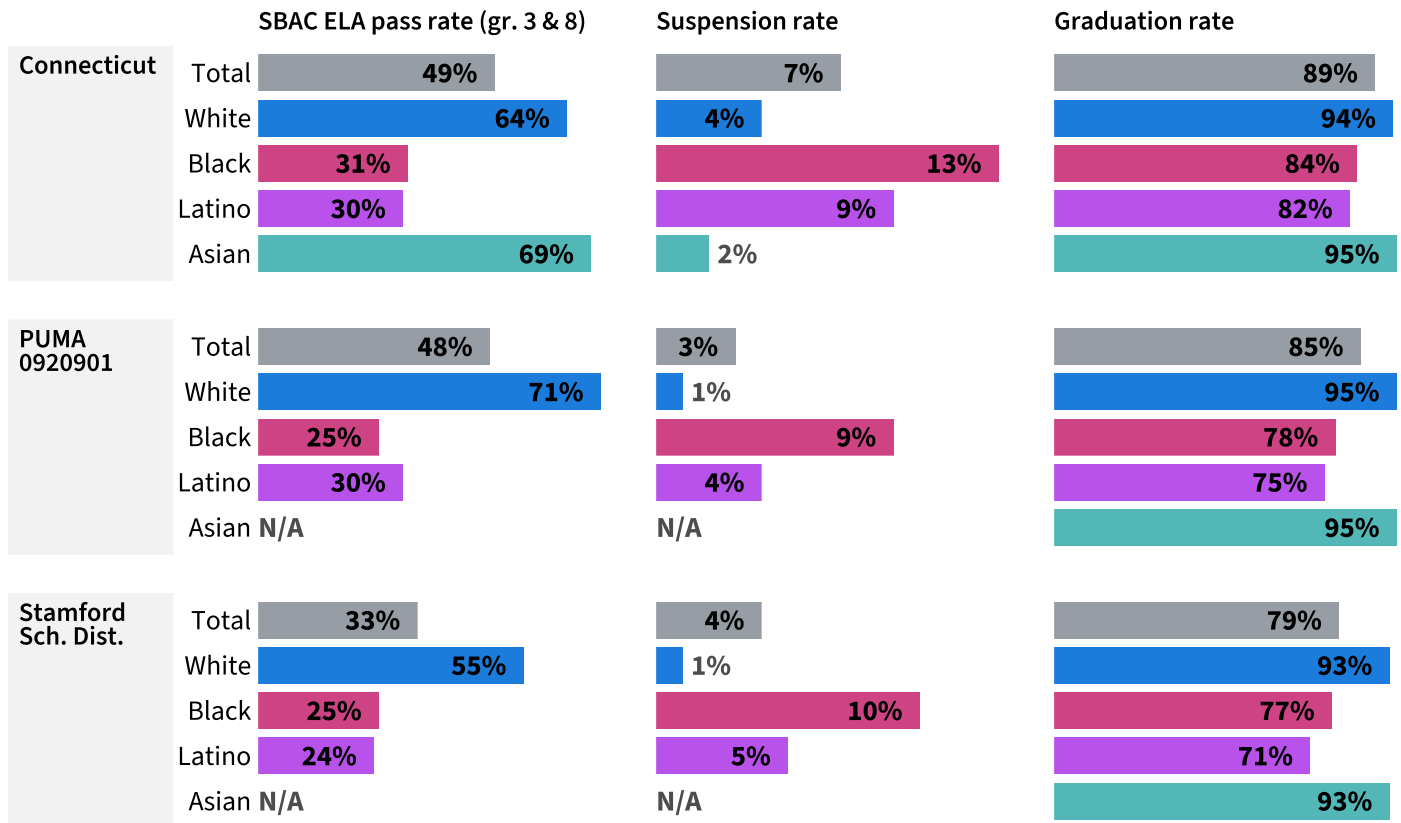


Statewide, nearly half of all public school students qualify for free- or reduced-price meals, and 19 percent are identified as having some form of disability.

TABLE 7: PUBLIC K-12 STUDENT ENROLLMENT BY ENGLISH LANGUAGE LEARNER STATUS, FREE/REDUCED PRICE MEAL ELIGIBILITY, AND SPECIAL EDUCATION DESIGNATION, 2024-25

	Total enrollment	English language learners		Eligible for free/reduced price meals		Students with disabilities	
		Enrolled	Share	Enrolled	Share	Enrolled	Share
Connecticut	508,402	57,533	11%	227,964	45%	94,174	19%
PUMA 0920901	24,650	3,578	15%	10,477	43%	4,183	17%
Stamford School District	16,185	3,118	19%	8,780	54%	2,830	17%

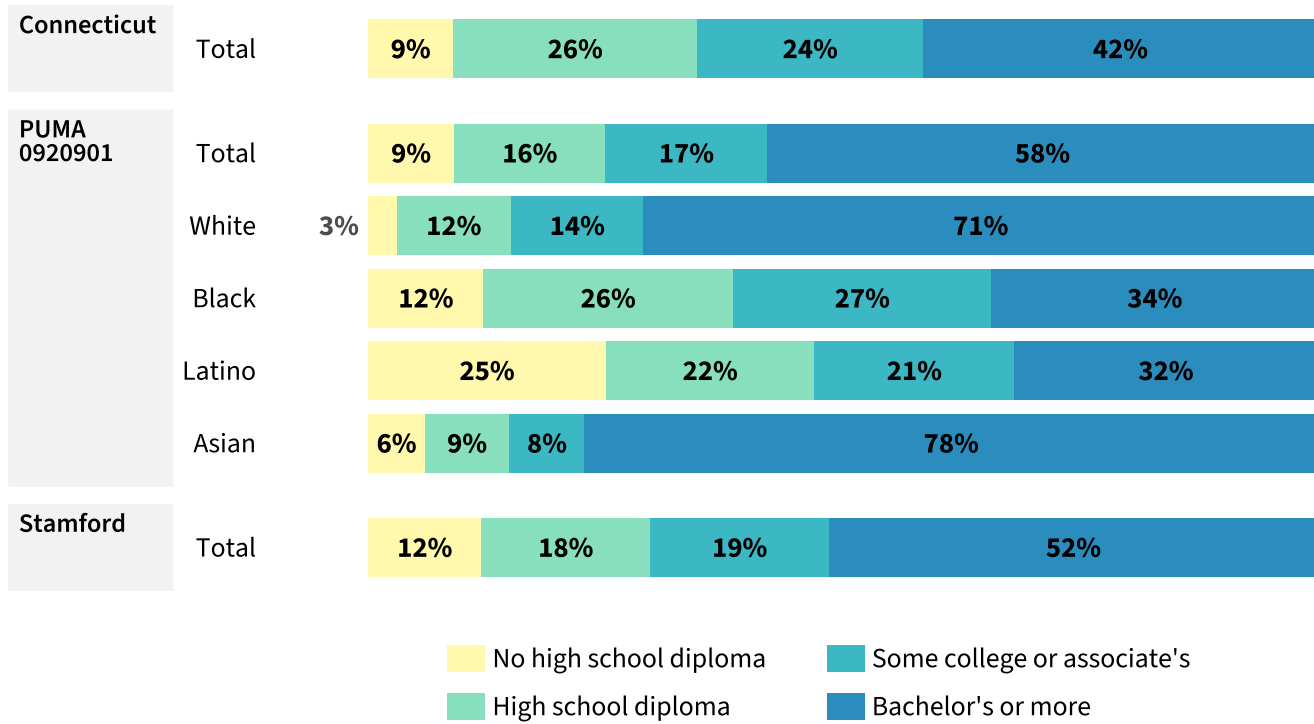
FIGURE 8: SELECTED ACADEMIC AND DISCIPLINARY OUTCOMES BY STUDENT RACE/ETHNICITY, 2023-24 AND 2024-25 SCHOOL YEARS



SY 2023-24: Graduation rate
 SY 2024-25: SBAC ELA pass rate, Suspension rate

Adults with high school diplomas or college degrees have more employment options and considerably higher potential earnings, on average, than those who do not finish high school. In Stamford, 12 percent of adults ages 25 and over, or 11,348 people, lack a high school diploma; statewide, this value is 9 percent.

FIGURE 9: EDUCATIONAL ATTAINMENT BY RACE/ETHNICITY, SHARE OF ADULTS AGES 25 AND UP, 2023



ECONOMY

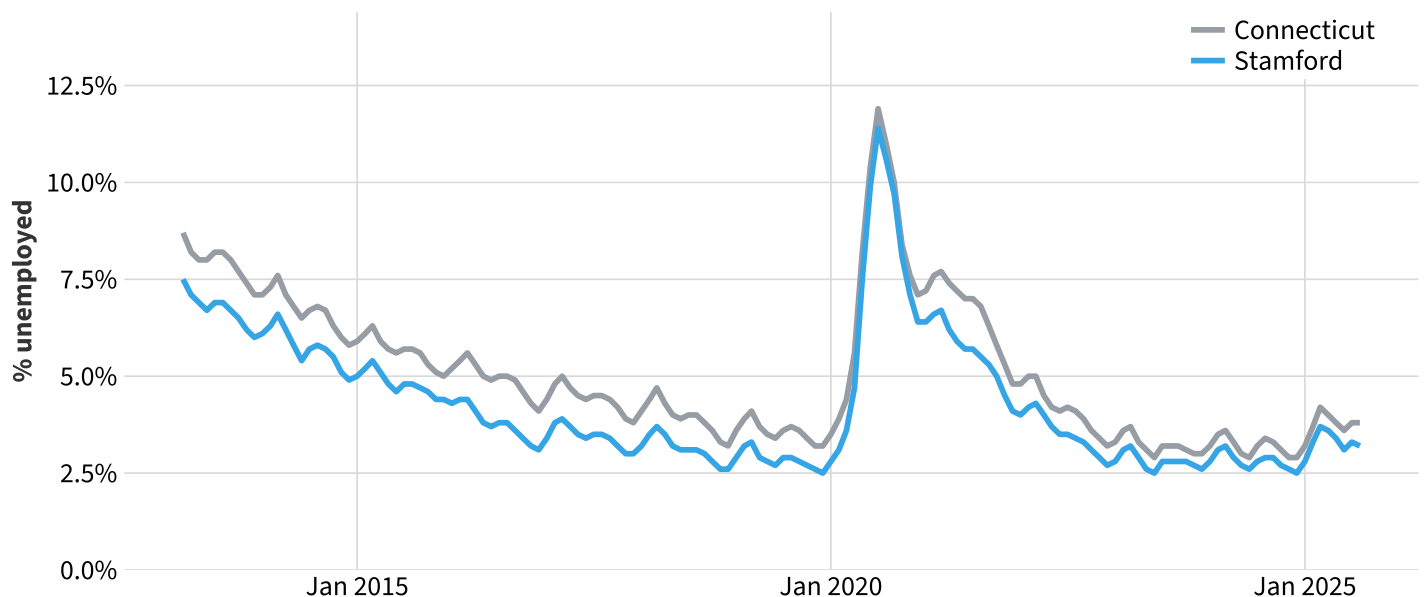
At the end of 2024, there were 74,883 total jobs in Stamford, with the largest share in the Health Care and Social Assistance sector. While many industries saw major job losses early on in the COVID-19 pandemic, by early 2023 the number of jobs statewide had nearly caught back up to pre-pandemic counts.

TABLE 8: JOBS AND WAGES IN STAMFORD’S 5 LARGEST SECTORS, 2024

	Connecticut		Stamford	
	Total jobs	Avg annual pay	Total jobs	Avg annual pay
All Sectors	1,661,750	\$88,616	74,883	\$162,974
Health Care and Social Assistance	288,522	\$67,540	10,836	\$82,464
Finance and Insurance	95,357	\$236,688	8,993	\$436,259
Professional, Scientific, and Technical Services	99,090	\$140,802	8,418	\$208,790
Information	30,442	\$162,296	6,851	\$206,779
Administrative and Support and Waste Management and Remediation Services	87,016	\$67,861	6,024	\$85,678

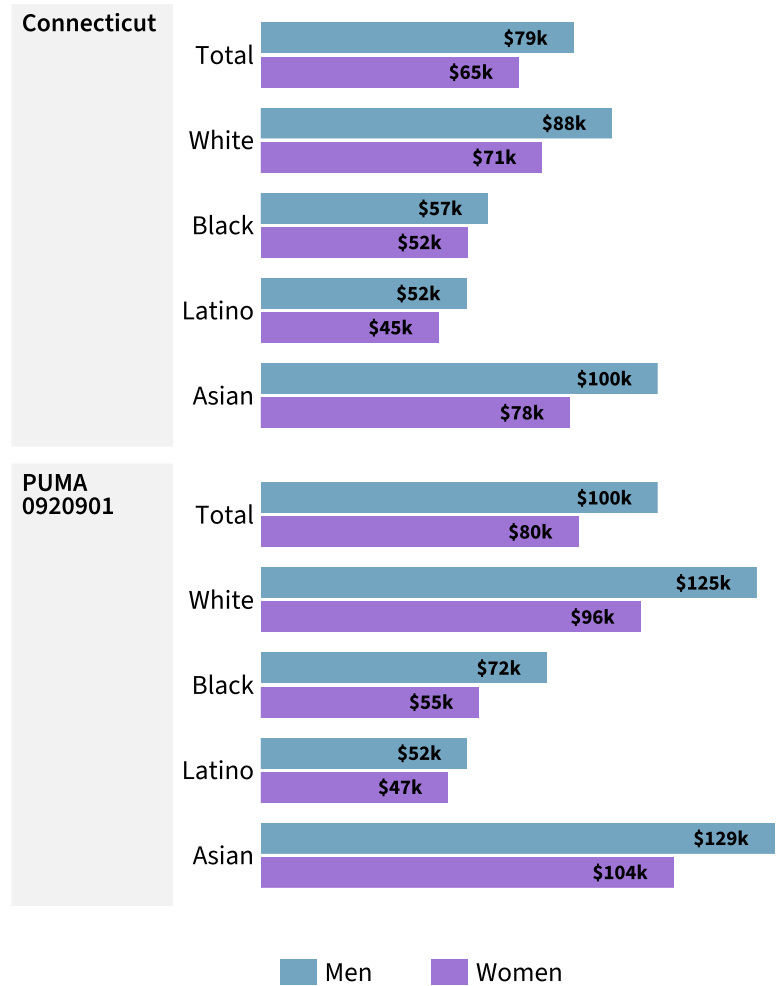
Nationwide, the onset of the pandemic led to a huge spike in unemployment rates, mirrored across Connecticut. At its peak in July 2020, Connecticut’s unemployment rate was 12.1 percent. As of August 2025, unemployment rates statewide and in Stamford were 3.8 percent and 3.3 percent, respectively.

FIGURE 10: MONTHLY UNEMPLOYMENT RATE, 2013–2025, 3-MONTH ROLLING AVERAGE



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

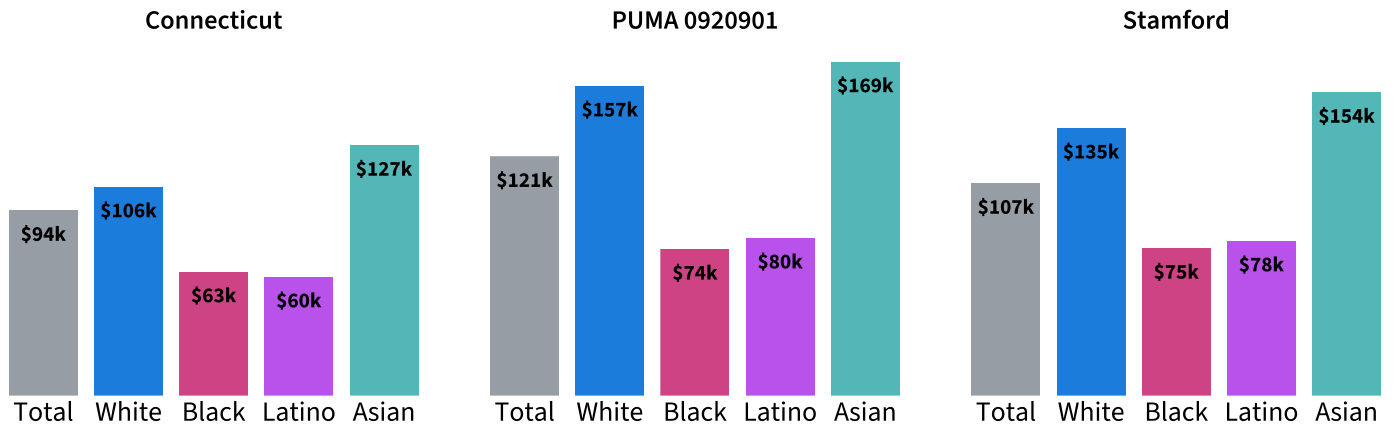
FIGURE 11: MEDIAN INCOME BY RACE/ETHNICITY AND SEX FOR FULL-TIME WORKERS AGES 25 AND OVER WITH POSITIVE INCOME, 2023



INCOME & WEALTH

The median household income in Stamford is \$107,474, compared to \$93,760 statewide. Stamford’s median household income is the lowest of the towns in PUMA 0920901. Racial disparities in outcomes related to education, housing, employment, and wages result in disparate household-level incomes and overall wealth. Households led by Black or Latino adults generally average lower incomes than white- or Asian-led households.

FIGURE 12: MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2023



Between the Great Recession and the COVID-19 pandemic, average incomes have not kept pace with inflation over the past two decades. Adjusted for inflation, Connecticut’s median household income in 2023 was \$1,700 lower than in 2000.

TABLE 9: MEDIAN HOUSEHOLD INCOME, WITH LARGEST INCREASE AND DECREASE OF WESTERN CONNECTICUT COG TOWNS, 2000–2023, IN 2023 DOLLARS

	Income, 2000 (2023 dollars)	Income, 2023	Change	Percent change
Connecticut	\$95,460	\$93,760	-\$1,700	-2%
Western Connecticut COG	N/A	\$124,553	N/A	N/A
Greenwich	\$175,373	\$198,458	+\$23,085	+13%
Stamford	\$107,179	\$107,474	+\$295	+<1%
Sherman	\$134,871	\$107,375	-\$27,496	-20%

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

TABLE 10: SELECTED ECONOMIC RESOURCE INDICATORS BY RACE/ETHNICITY, 2023

	Total		White		Black		Latino		Asian	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Population living below poverty level										
Connecticut	351,948	10%	138,047	6%	63,296	17%	127,248	20%	14,633	9%
PUMA 0920901	16,206	8%	4,004	4%	4,666	16%	6,606	14%	843	6%
Stamford	12,816	10%	2,500	4%	4,275	16%	5,227	14%	N/A	N/A
Population without broadband internet at home										
Connecticut	217,900	6%	128,311	6%	32,747	9%	45,954	7%	4,934	3%
PUMA 0920901	9,207	5%	2,895	3%	N/A	N/A	N/A	N/A	N/A	N/A
Stamford	7,663	6%	2,052	4%	N/A	N/A	N/A	N/A	N/A	N/A

The Supplemental Nutritional Assistance Program (SNAP, or food stamps) is a program available to very low-income households earning less than 130 percent of the federal poverty guideline (\$30,000 for a family of four in 2023). Throughout the state, poverty and SNAP utilization rates are higher among Black and Latino households than white households. At the time of writing, tens of thousands of households across Connecticut are projected to lose significant amounts of their SNAP benefits under the federal H.R.1, or the “One Big Beautiful Bill Act” (see **Note 9**).

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

TABLE 11: SELECTED HOUSEHOLD ECONOMIC INDICATORS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2023

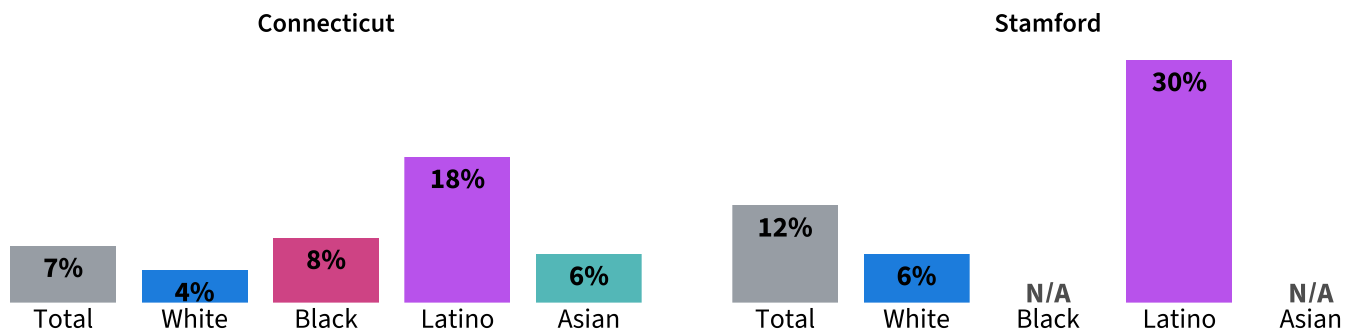
	Total		White		Black		Latino		Asian	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Households receiving food stamps/SNAP										
Connecticut	165,735	12%	63,550	7%	36,404	25%	57,830	28%	4,553	8%
PUMA 0920901	5,903	8%	1,295	3%	2,640	23%	1,643	11%	N/A	N/A
Stamford	5,109	9%	912	3%	2,541	24%	1,376	12%	N/A	N/A
Households without a vehicle										
Connecticut	122,113	9%	53,623	6%	26,046	19%	32,047	16%	5,154	9%
PUMA 0920901	6,112	8%	1,825	4%	2,348	21%	1,558	11%	N/A	N/A
Stamford	5,173	10%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

HEALTH

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

Health-related challenges begin with access to care. Due to differences in workplace benefits, income, and eligibility factors, Black and especially Latino people are less likely to have health insurance than white people. At the time of writing, tens of thousands of people across Connecticut are projected to lose health insurance over the next 10 years under H.R.1. Medicaid recipients are particularly vulnerable to these federal cuts, though exact impacts are still unknown (see [Note 10](#)).

FIGURE 13: UNINSURED RATE AMONG ADULTS AGES 19–64 BY RACE/ETHNICITY, 2023

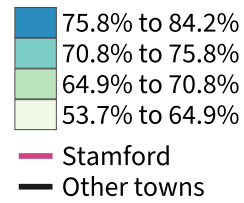
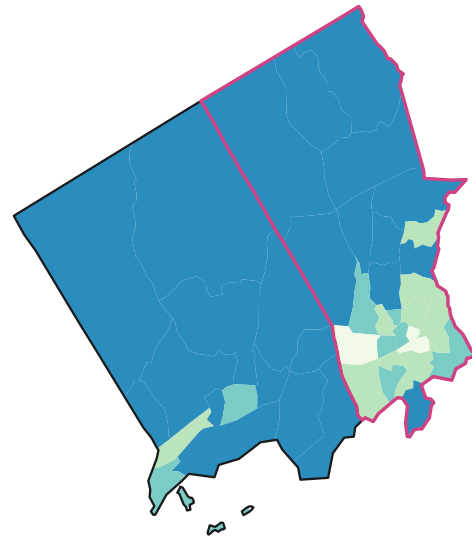
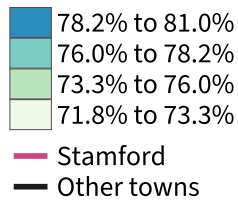
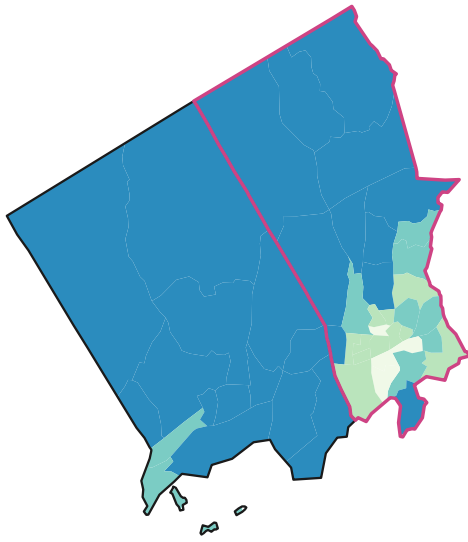


Preventive care can help counteract economic disadvantages, as a person’s health can be improved by addressing risk factors like hypertension and chronic stress early. Lack of affordable, accessible, and consistent medical care can lead to residents relying on expensive emergency room visits later on. Overall, 77 percent of the adults in Stamford had an annual checkup as of 2022, and 71 percent had had a dental visit in the past year.

FIGURE 14: PREVENTIVE CARE MEASURES, SHARE OF ADULTS BY CENSUS TRACT, PUMA 0920901

Annual checkup, 2022

Dental visit in past year, 2022



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

FIGURE 15: SELECTED HEALTH RISK FACTORS, SHARE OF ADULTS, 2015-2024

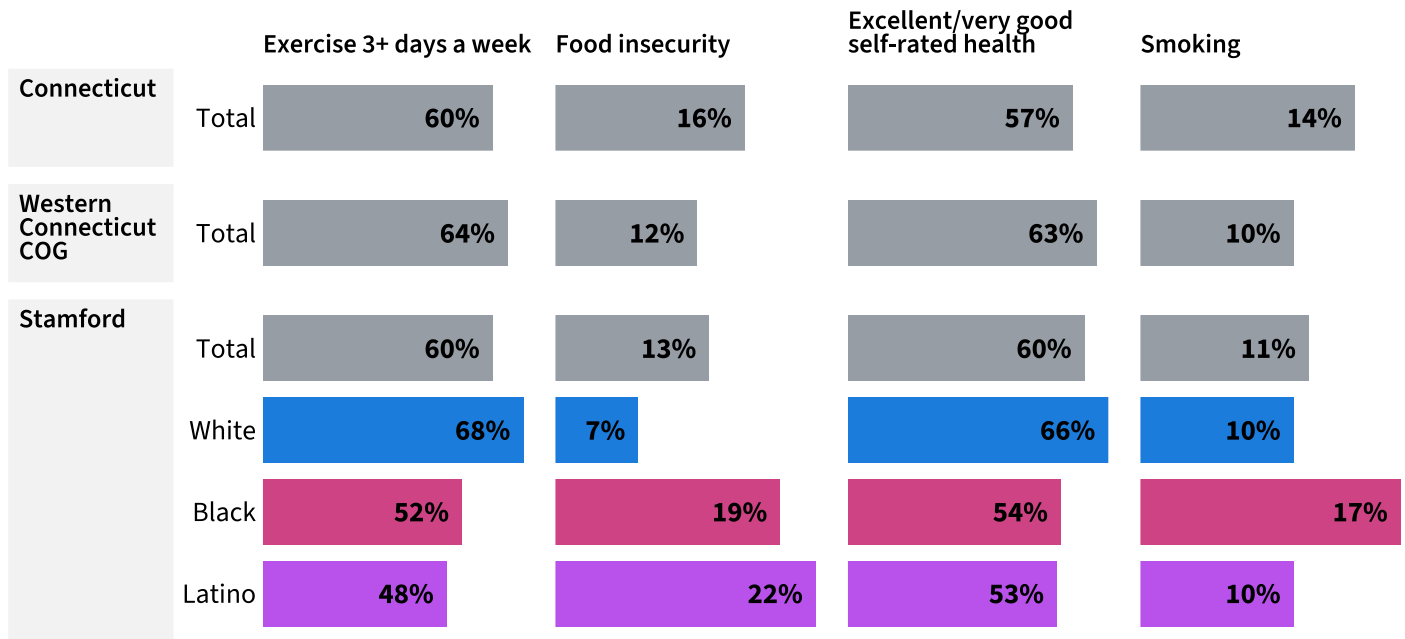


FIGURE 16: SELECTED HEALTH INDICATORS BY AGE AND RACE/ETHNICITY, SHARE OF ADULTS, STAMFORD, 2015-2024

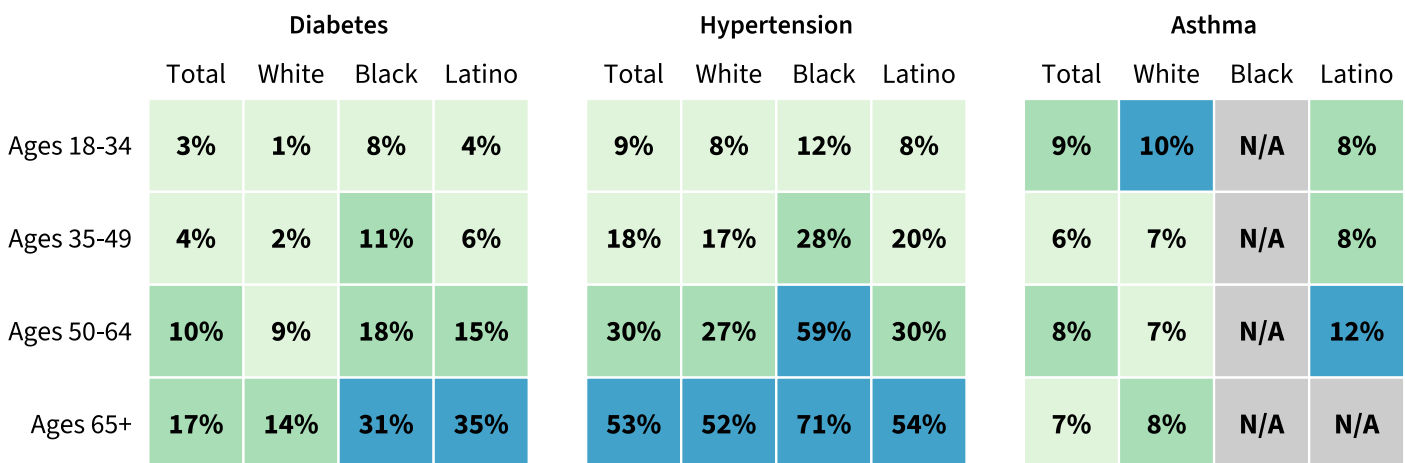
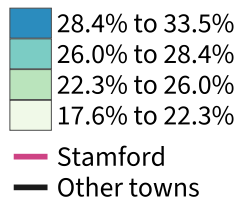
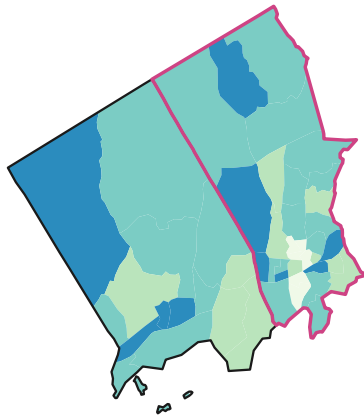
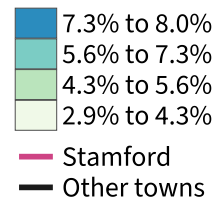
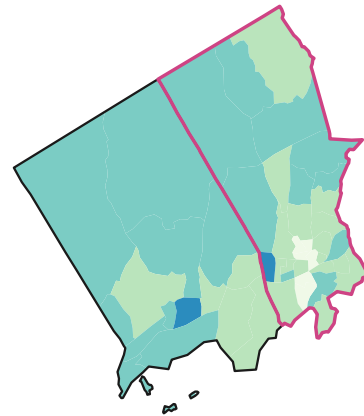


FIGURE 17: CHRONIC DISEASE PREVALENCE, SHARE OF ADULTS BY CENSUS TRACT, PUMA 0920901

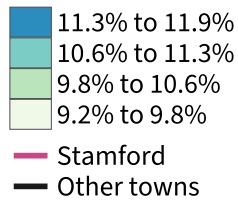
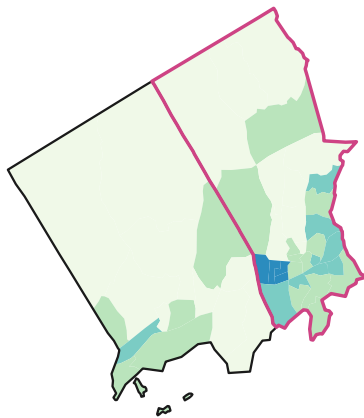
High blood pressure, 2021



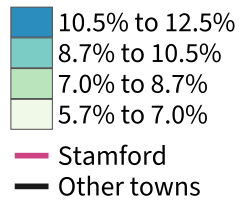
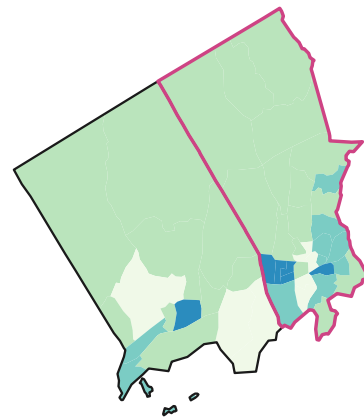
Coronary heart disease, 2022



Current asthma, 2022



Diabetes, 2022



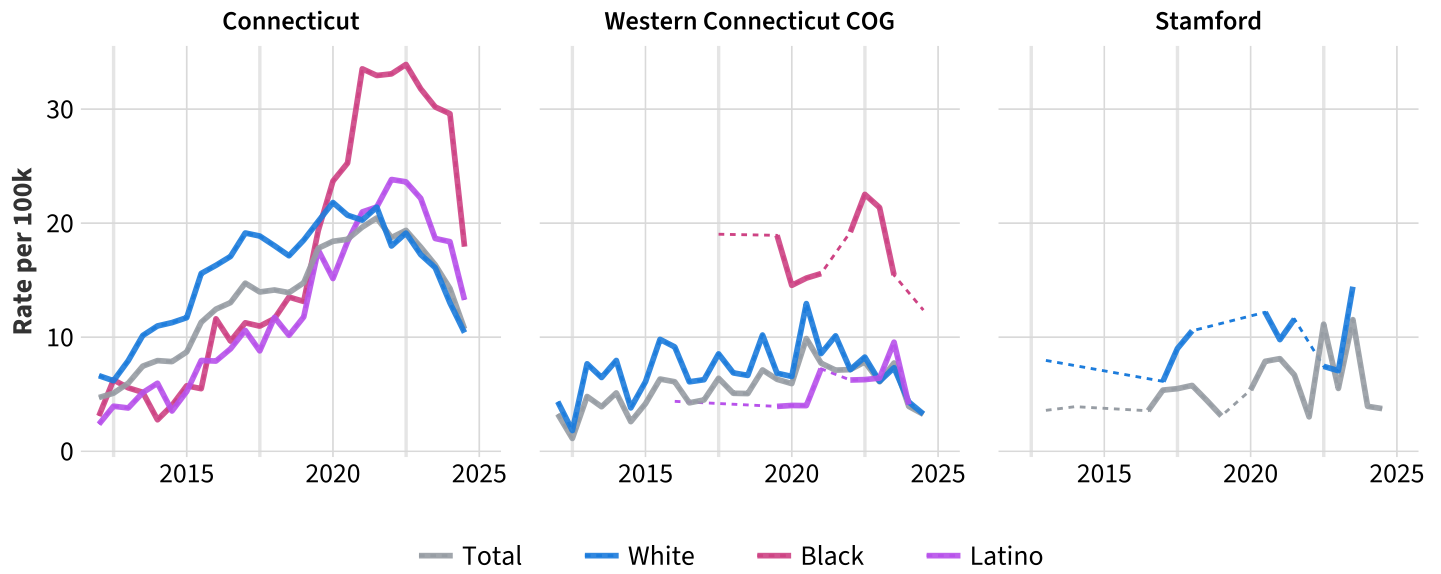
Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems as well, including by complicating a person’s ability to keep up other aspects of their health care. People of color and younger adults are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 11 percent of Stamford adults report experiencing anxiety regularly and 8 percent report being bothered by depression.

TABLE 12: SELECTED MENTAL HEALTH INDICATORS, SHARE OF ADULTS, 2015–2024

	Total	By age				By race/ethnicity		
		Ages 18-34	Ages 35-49	Ages 50-64	Ages 65+	White	Black	Latino
Experiencing anxiety								
Connecticut	14%	19%	15%	11%	10%	12%	16%	20%
Western Connecticut COG	14%	20%	12%	12%	11%	12%	15%	20%
Stamford	11%	16%	9%	9%	10%	10%	10%	14%
Bothered by depression								
Connecticut	12%	18%	11%	9%	7%	10%	14%	17%
Western Connecticut COG	8%	13%	7%	6%	6%	8%	10%	10%
Stamford	8%	10%	8%	8%	5%	7%	6%	11%

Like other states, Connecticut has seen a rise in drug overdose deaths over the last decade. In 2024, Connecticut saw an average of 78 overdose deaths per month, up from 59 in 2015. White residents long comprised the bulk of these deaths, but as overall overdose death rates have increased, an increasing share of those deaths have been people of color. Following a steep rise during the early days of the COVID-19 pandemic, rates have begun to drop recently.

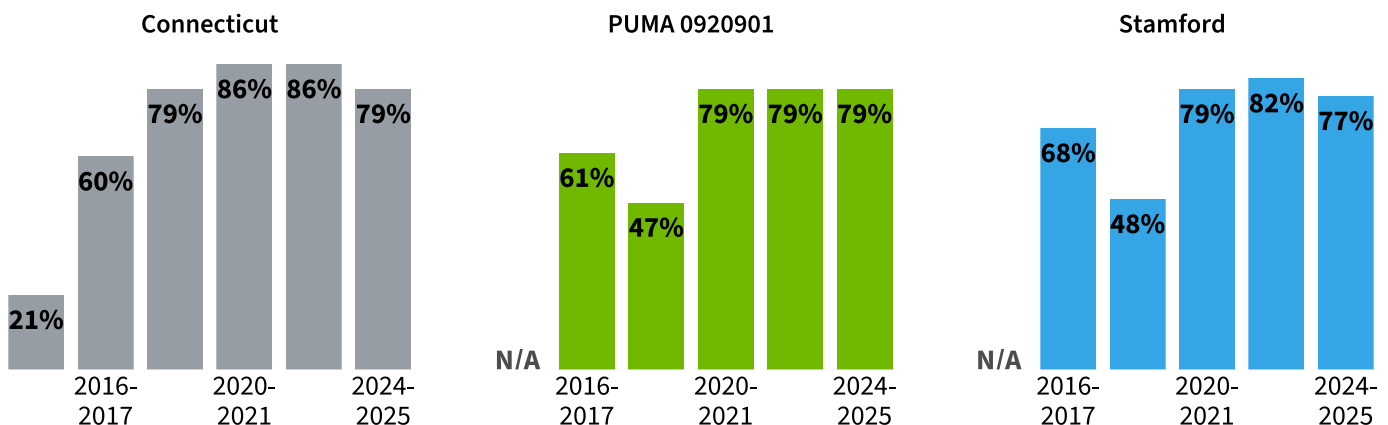
FIGURE 18: AGE-ADJUSTED SEMI-ANNUAL RATES OF DRUG OVERDOSE DEATHS PER 100,000 RESIDENTS BY RACE/ETHNICITY, 2012-2024



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

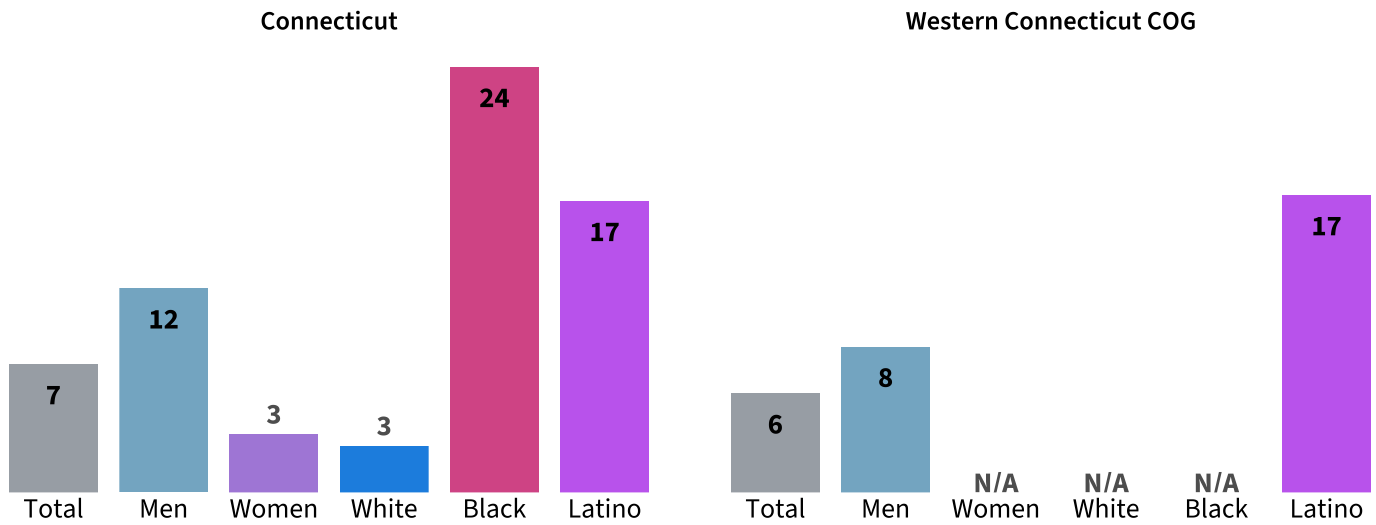
The introduction and spread of fentanyl in drugs—both with and without users’ knowledge—is thought to have contributed to this steep rise in overdoses. In 2016 and 2017, 68 percent of the drug overdose deaths in Stamford involved fentanyl; in 2024 and 2025, this share was 77 percent.

FIGURE 19: SHARE OF DRUG OVERDOSE DEATHS INVOLVING FENTANYL, AGGREGATED TO TWO-YEAR PERIODS, 2014-2025



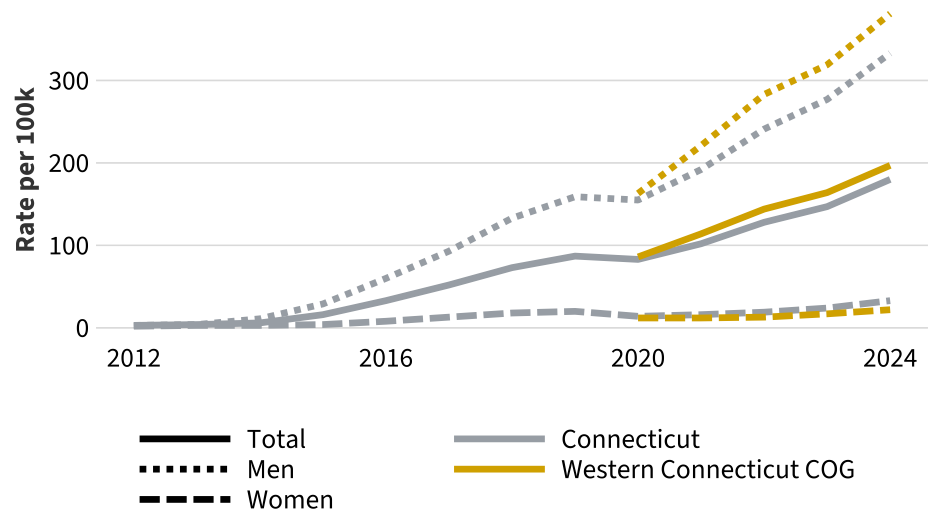
As with many other health conditions, Connecticut’s Black and Latino residents face a higher burden of HIV rates. On average each year between 2021 and 2023, Black residents ages 13 and up were about nine times more likely to be diagnosed with HIV than white residents. Men were also much more likely to be diagnosed with HIV than women: men received 11.7 diagnoses per 100,000 male residents ages 13 and up, well above the 3.3 diagnoses per 100,000 women.

FIGURE 20: ANNUALIZED AVERAGE RATE OF NEW HIV DIAGNOSES PER 100,000 RESIDENTS AGES 13 AND OVER, 2021-2023



Pre-exposure prophylaxis, or PrEP, is a type of medication used to prevent HIV in those at risk of contracting the virus. PrEP has become far more accessible in recent years, in part through the Affordable Care Act. In 2024, Connecticut had 180 people taking PrEP per 100,000 residents ages 13 and up, a large increase from 83 per 100,000 in 2020. Among residents of the Western Connecticut COG, these rates were 197 per 100,000 in 2024 and 86 per 100,000 in 2020.

FIGURE 21: RATE OF PREP USAGE PER 100,000 RESIDENTS AGES 13 AND OVER, 2012-2024



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

TABLE 13: SELECTED BIRTH OUTCOMES BY RACE/ETHNICITY OF PARENT GIVING BIRTH, 2020–2024

	Total	White	Black	Latina			Asian
				Latina (overall)	Puerto Rican	Other Latina	
Late or no prenatal care							
Connecticut	3.7%	2.5%	5.2%	5.2%	3.2%	6.6%	3.4%
Fairfield County	4.4%	3.1%	5.7%	6.0%	3.5%	6.6%	3.5%
Stamford	4.8%	3.3%	5.8%	6.7%	N/A	7.0%	4.5%
Low birthweight							
Connecticut	8.0%	6.3%	13.3%	8.5%	10.1%	7.3%	9.2%
Fairfield County	7.2%	5.3%	12.5%	7.9%	9.5%	7.5%	8.7%
Stamford	7.8%	5.3%	14.6%	8.5%	9.1%	8.5%	10.1%
Infant mortality (per 1k live births)							
Connecticut	4.6	2.8	9.1	6.0	N/A	N/A	N/A
Fairfield County	3.7	2.2	6.1	5.3	N/A	N/A	N/A
Stamford	3.4	N/A	N/A	5.8	N/A	N/A	N/A

Children under 7 years old are monitored annually for potential lead poisoning, based on having blood-lead levels in excess of the state’s accepted threshold. This threshold was lowered in 2022 following CDC guidance. Between 2018 and 2020, 3.0 percent of children tested in Stamford were found to have elevated blood lead levels, or a concentration of more than 3.5 micrograms of lead per deciliter of blood (see [Note 11](#)). Children living in homes built before 1960 are at a higher risk of potential lead poisoning due to the more widespread use of lead-based paints in older homes. Statewide, Black and Latino households are more likely to live in structures built before 1960.

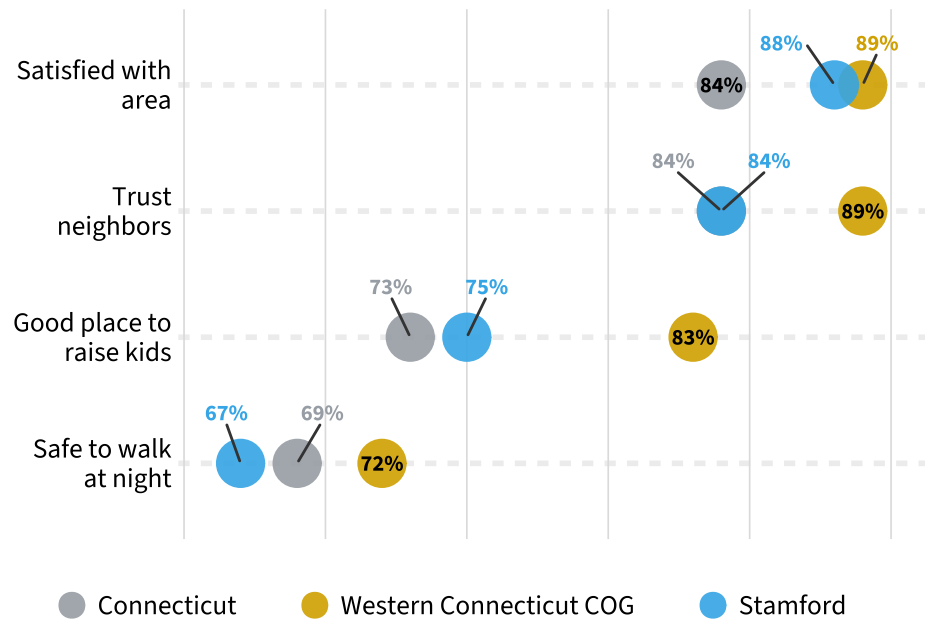
TABLE 14: HOUSEHOLDS LIVING IN STRUCTURES BUILT BEFORE 1960 BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2023

	Total		White		Black		Latino		Asian		Other race	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	572,218	40%	380,423	39%	61,751	45%	97,577	48%	14,572	26%	19,981	41%
PUMA 0920901	28,762	37%	16,983	39%	3,625	33%	5,443	38%	1,310	27%	981	35%
Stamford	18,213	34%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

CIVIC LIFE & COMMUNITY COHESION

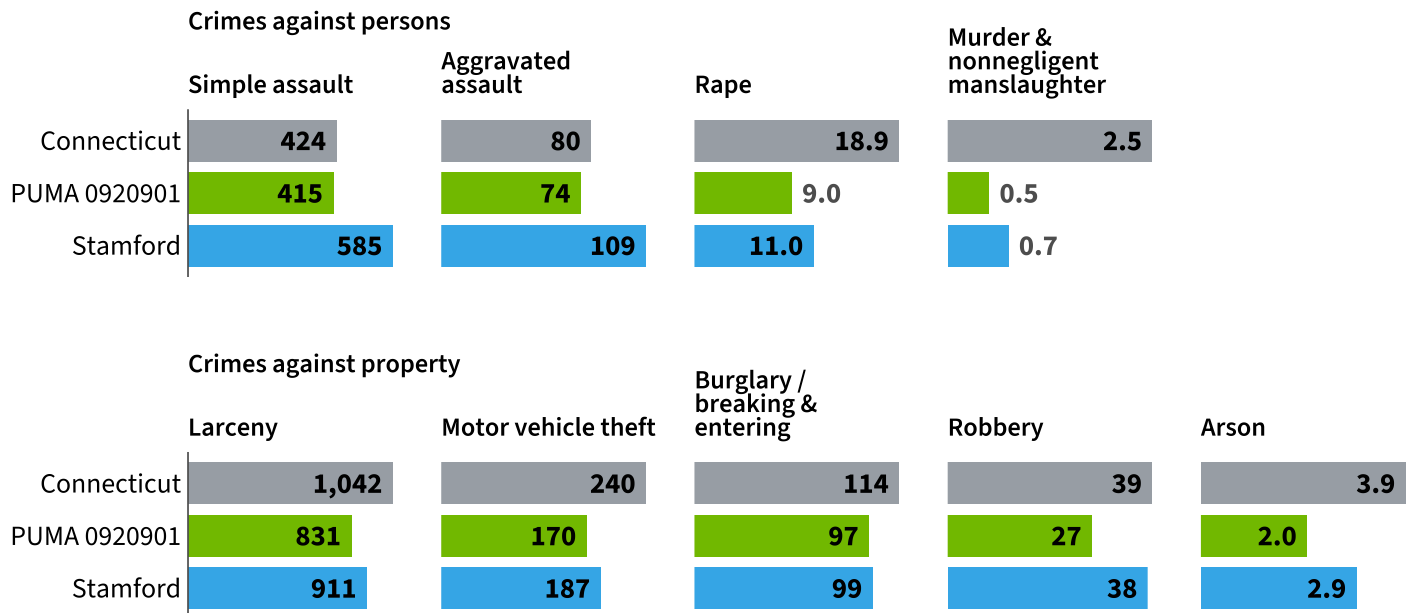
Beyond individual health, several measures from the DataHaven Community Wellbeing Survey show how local adults feel about the health of their neighborhoods. High quality of life and community cohesion can positively impact resident well-being through the availability of resources, sense of safety, and participation in civic life. For example, residents who know and trust their neighbors or feel safe walking at night may find greater social support and access to resources. Overall, 88 percent of Stamford adults report being satisfied with the area where they live.

FIGURE 22: RESIDENTS' RATINGS OF COMMUNITY COHESION MEASURES, SHARE OF ADULTS, 2015-2024



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

FIGURE 23: GROUP A CRIME RATES PER 100,000 RESIDENTS BY TOWN / JURISDICTION, 2024



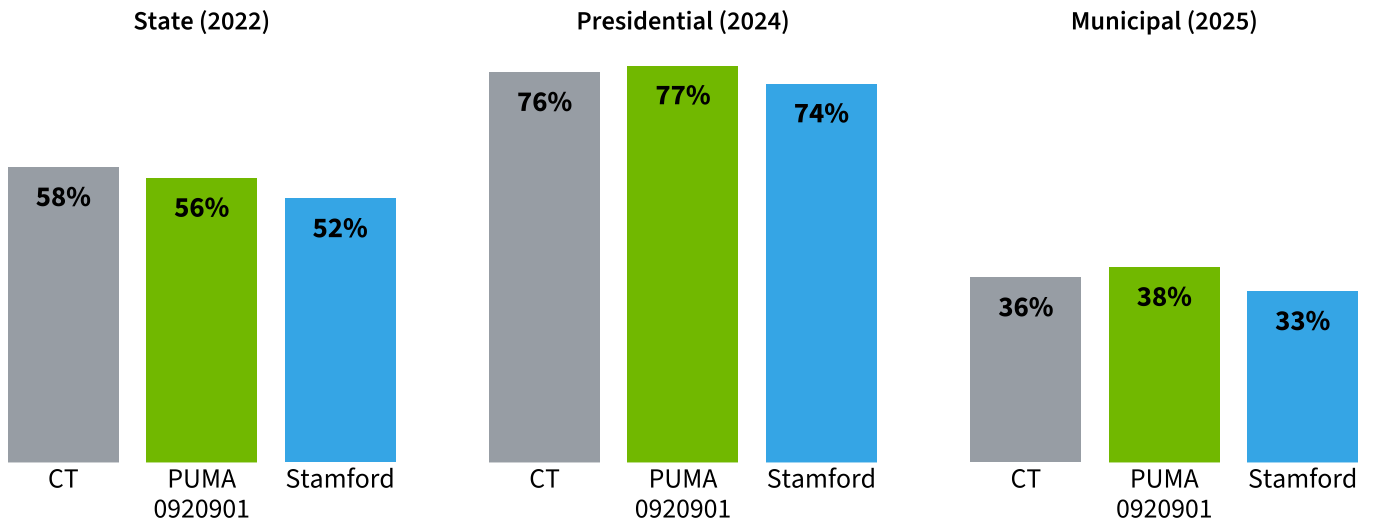
A lack of trust in and engagement with local government and experiences of unfair treatment by authorities can impair community well-being and cohesion. Forty-eight percent of adults in Stamford feel their local government is responsive to residents’ needs, compared to 52 percent of Connecticut adults.

TABLE 15: RESIDENTS’ RATINGS OF LOCAL GOVERNMENT, SHARE OF ADULTS, 2015–2024

	Local govt is responsive	Have some influence over local govt	Unfair treatment by police
Connecticut	52%	66%	16%
Western Connecticut COG	59%	70%	14%
Stamford	48%	61%	13%

Seventy-four percent of Stamford's eligible voters, or 57,699 people, voted in the 2024 presidential election, and 52 percent (38,314 people) voted in the 2022 state election.

FIGURE 24: REGISTERED VOTER TURNOUT, 2022-2025



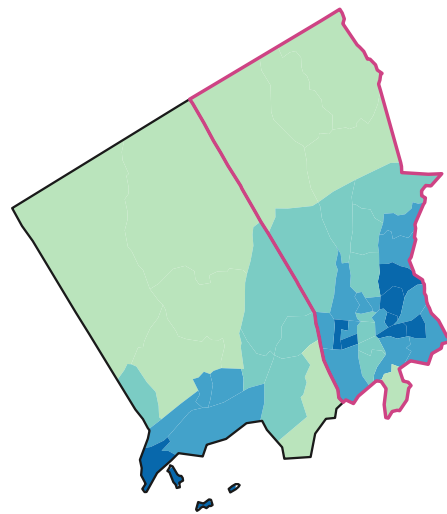
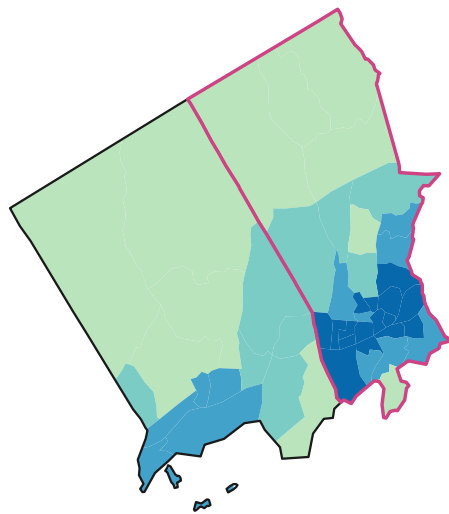
ENVIRONMENT & SUSTAINABILITY

Many environmental factors—from access to outdoor resources to tree canopy to exposure to pollutants—can have direct impacts on residents’ health and quality of life. Environmental justice is the idea that these factors of built and natural environments follow familiar patterns of socioeconomic disparities and segregation. Prior to 2025, the federal Environmental Protection Agency (EPA) ranked small areas throughout the US on their risks of exposure to a variety of pollutants and hazards, scaled to account for the historically disparate impact of these hazards on people of color and lower-income people. In 2025, this program was discontinued and the data was removed from EPA websites, though it is still available because of efforts by open data advocates.

FIGURE 25: EPA ENVIRONMENTAL JUSTICE INDEX BY TRACT, PUMA 0920901, 2024

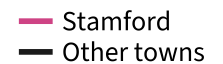
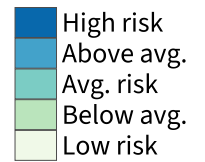
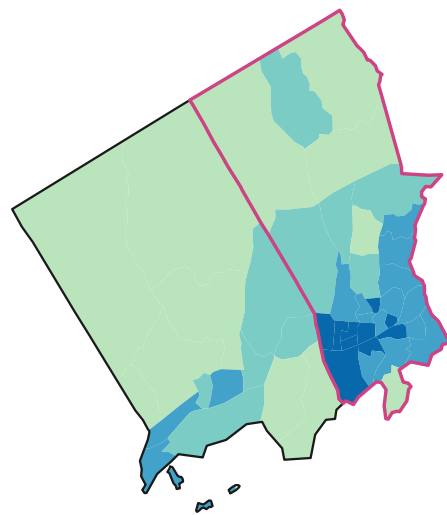
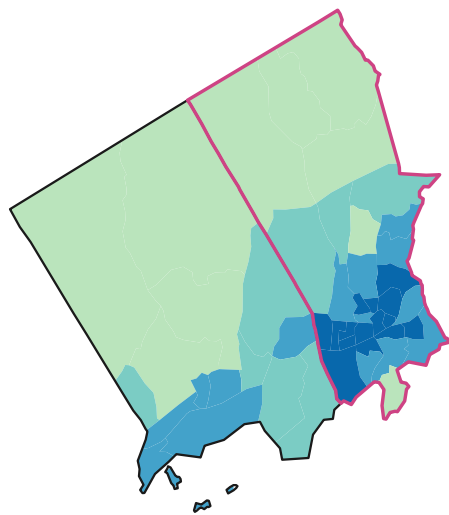
Heavy traffic exposure

Lead paint exposure



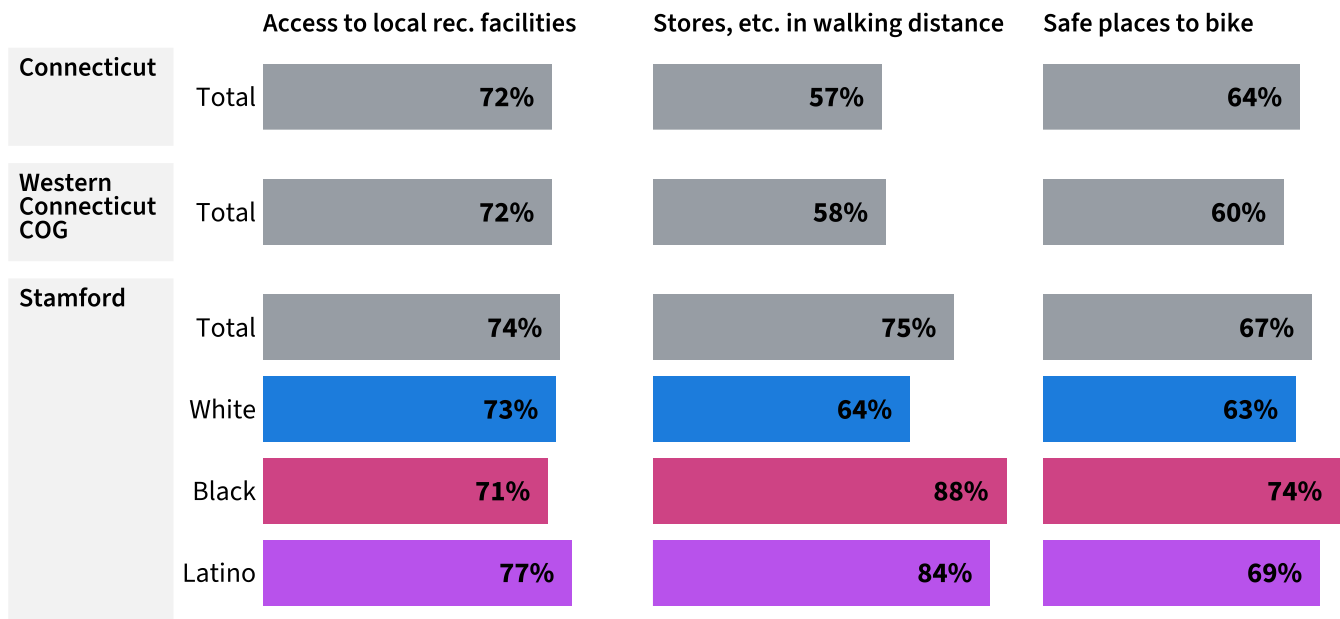
Hazardous waste proximity

Wastewater discharge



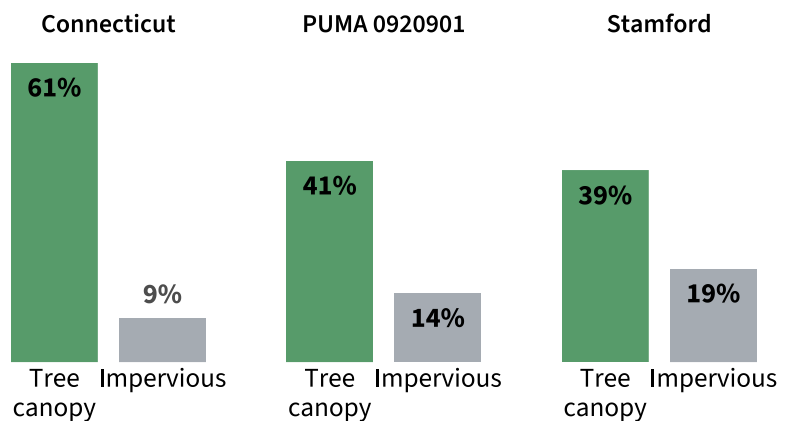
High-quality built environment resources, such as recreational facilities and safe sidewalks, help keep residents active and bring communities together. Walkable neighborhoods also encourage decreased reliance on cars, lower emissions, and ease traffic congestion. Throughout Connecticut, Black and Latino residents are largely concentrated in denser urban areas which tend to offer greater walkability. Of adults in Stamford, 75 percent report having stores, banks, and other locations they need in walking distance, higher than the share of adults statewide.

FIGURE 26: RESIDENTS' RATINGS OF LOCAL WALKABILITY MEASURES BY LOCATION, SHARE OF ADULTS, 2015-2024



Increasing tree cover has a variety of benefits, including reduced heat at the ground level, reduced runoff into local waterways, and removal of pollutants from the air. An estimated 39 percent of Stamford’s total area is tree canopy, with another 14 percent being potentially plantable space. These benefits can be translated to economic impacts as well. Trees and shrubs in Stamford remove an estimated 759,000 pounds of pollutants from the air each year. This translates to \$1,420,000 saved through decreased adverse health effects in 2025 dollars. Trees also prevent an estimated 81,200,000 gallons of surface runoff per year, with a value of \$726,000 (see [Note 12](#)).

FIGURE 27: SHARE OF LAND BY LANDCOVER TYPE



SUPPLEMENTARY TABLES: DATAHAVEN COMMUNITY WELLBEING SURVEY

Throughout the rest of this document, small sample sizes sometimes prevented showing results of the DataHaven Community Wellbeing Survey (DCWS) for smaller towns or subpopulations. A different methodology, however, allows us to model survey results based on both direct measurements and the demographics of every town in the state. Values based on this model are shown in the supplementary tables here. Note that this model may result in slightly different values from those shown elsewhere. Please contact DataHaven for questions on this modeling.

TABLE 16: MODELED ESTIMATES OF THE DATAHAVEN COMMUNITY WELLBEING SURVEY, SHARE OF ADULTS, 2015-2024

A. FINANCIAL SECURITY			
	Connecticut	Western Connecticut COG	Stamford
On another topic, how well would you say you are managing financially these days? Would you say you are... <i>(Just getting by, Finding it difficult, Finding it very difficult)</i>	36%	31%	34%
Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed? <i>(Yes)</i>	16%	11%	13%
In the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family? <i>(Yes)</i>	10%	8%	10%
In the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation? <i>(Yes)</i>	14%	10%	11%
Do you have access to a car when you need it? Would you say you have access... <i>(Very often or Fairly often)</i>	89%	91%	86%

B. NEIGHBORHOOD ASSETS

	Connecticut	Western Connecticut COG	Stamford
Many stores, banks, markets or places to go are within easy walking distance of my home. <i>(Strongly agree or Somewhat agree)</i>	57%	57%	73%
There are places to bicycle in or near my neighborhood that are safe from traffic, such as on the street or on special lanes, separate paths or trails. <i>(Strongly agree or Somewhat agree)</i>	65%	60%	67%
My neighborhood has several free or low cost recreation facilities such as parks, playgrounds, public swimming pools, etc. <i>(Strongly agree or Somewhat agree)</i>	72%	71%	73%
I do not feel safe to go on walks in my neighborhood at night. <i>(Strongly disagree or Somewhat disagree)</i>	69%	73%	68%
People in this neighborhood can be trusted. <i>(Strongly agree or Somewhat agree)</i>	84%	89%	84%
How would you describe your ability to influence local-government decision making? Would you say that you have great influence, moderate influence, a little influence, or no influence at all? <i>(Great influence, Moderate influence, or A little influence)</i>	67%	70%	64%

C. PERSONAL WELLBEING

	Connecticut	Western Connecticut COG	Stamford
The next set of questions are about your health. How would you rate your overall health, would you say your health is excellent, very good, good, fair or poor? <i>(Excellent or Very good)</i>	57%	64%	62%
Overall, how satisfied are you with your life nowadays? <i>(Completely satisfied or Mostly satisfied)</i>	66%	70%	68%
Overall, how happy did you feel yesterday? <i>(Completely or Mostly)</i>	69%	73%	71%
Overall, how anxious did you feel yesterday? <i>(Completely or Mostly)</i>	13%	13%	12%
How often do you get the social and emotional support you need? <i>(Always or Usually)</i>	68%	69%	64%

D. QUALITY OF LIFE

	Connecticut	Western Connecticut COG	Stamford
Are you satisfied with the city or area where you live? (Yes)	84%	89%	87%
How responsive local government is to the needs of residents (<i>Excellent or Good</i>)	52%	58%	47%
The job done by the police to keep residents safe (<i>Excellent or Good</i>)	75%	83%	78%
The ability of residents to obtain suitable employment (<i>Excellent or Good</i>)	52%	62%	63%
As a place to raise children (<i>Excellent or Good</i>)	73%	83%	74%
The condition of public parks and other public recreational facilities (<i>Excellent or Good</i>)	75%	82%	76%
The availability of affordable, high-quality fruits and vegetables (<i>Excellent or Good</i>)	71%	76%	71%

NOTES

FIGURE AND TABLE NOTES

Front cover. Data shown in the map on the cover are rates of adults having had a checkup in the previous 12 months. See [Figure 14](#).

Figure 1. Study area. Map tiles by Carto. Copyright OpenStreetMap contributors and Carto.

Table 1. About the area. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates and 2020 Decennial Census. Available at <https://data.census.gov> Note that for the sake of privacy, the Census Bureau suppresses any income values above \$250,000 in their tables; any such values not calculated by DataHaven will be shown as \$250,000+.

Table 2. Population by race/ethnicity, 2023. US Census Bureau American Community Survey 2023 5-year estimates.

Figure 2. Population by race/ethnicity and age group, 2023. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates.

Figure 3. Share of population speaking English less than very well by race/ethnicity, 2023. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates.

Table 3. Population and population change by age group, 2010–2020. US Census Bureau 2010 & 2020 Decennial Census.

Figure 4. Share of population by race/ethnicity, 2010–2020. US Census Bureau 2010 & 2020 Decennial Census.

Table 4. Homeownership rate by race/ethnicity of head of household, 2023. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates.

Figure 5. Homeownership rate by age and race/ethnicity of head of household, Western Connecticut COG, 2023. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year public use microdata sample (PUMS) data, accessed via IPUMS. Steven Ruggles, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia A. Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari C.W. Williams. IPUMS USA: Version 16.0 [dataset]. Minneapolis, MN: IPUMS, 2025. <https://doi.org/10.18128/D010.V16.0>

Figure 6. Housing cost-burden rates by tenure and by race/ethnicity of head of household, 2023. DataHaven analysis (2025) of Ruggles, et al. (2025).

Table 5. Number and share of assisted housing units by town, 2023. DataHaven analysis (2025) of Connecticut Department of Housing 2023 Affordable Housing Appeals List. Accessed via <https://data.ct.gov/d/3udy-56vi>

Table 6. Overcrowded households by race/ethnicity of head of household, 2023. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates and Ruggles, et al (2025).

Figure 7. Public K–12 student enrollment by race/ethnicity per 100 students, 2024–25. DataHaven analysis (2025) of enrollment data from the Connecticut State Department of Education, accessed via EdSight at <http://edsight.ct.gov> At the school district level, not all groups may be shown due to CTSDE data suppression rules for small enrollment counts, even though they may represent more than 1% of the school district population. Note that for the 2024–25 school year, Regional District 06—serving the towns of Goshen, Morris, and Warren—closed, and Regional District 20—serving Goshen, Morris, Warren, and Litchfield—opened. To the best of our ability, all calculations shown here for K-12 data

reflect the composition of districts corresponding to the school year reported. This change should only be seen in town- and region-level calculations involving those towns.

Table 7. Public K–12 student enrollment by English language learner status, free/reduced price meal eligibility, and special education designation, 2024–25. DataHaven analysis (2025) of enrollment data from the Connecticut State Department of Education, accessed via EdSight at <http://edsight.ct.gov>. At the school district level, not all groups may be shown due to CTSDE data suppression rules for small enrollment counts, even though they may represent more than 1% of the school district population.

Figure 8. Selected academic and disciplinary outcomes by student race/ethnicity, 2023–24 and 2024–25 school years. DataHaven analysis (2025) of Smarter Balanced Assessment Consortium (SBAC) testing (3rd and 8th grade English/language arts), discipline, and four-year graduation data from the Connecticut State Department of Education, accessed via EdSight. Not all groups' values may be included, or in some cases may be based on estimates, due to CTSDE data suppression rules for small counts. Because students can be suspended more than once in a school year, the suspension rate represents the percentage of students with one or more suspension or expulsion during the school year.

Figure 9. Educational attainment by race/ethnicity, share of adults ages 25 and up, 2023. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates.

Table 8. Jobs and wages in Stamford's 5 largest sectors, 2024. DataHaven analysis (2025) of annual employment data from the Connecticut Department of Labor. Note that in some cases, especially for smaller towns or where data were deemed unreliable for whatever reason, data have been suppressed by the department. In a few cases, that may mean large sectors in an area are missing from the analysis here. Available at https://www1.ctdol.state.ct.us/lmi/202/202_annualaverage.asp

Figure 10. Monthly unemployment rate, 2013–2025, 3-month rolling average. DataHaven analysis (2025) of US Bureau of Labor Statistics Local Area Unemployment Statistics. Available at <https://www.bls.gov/lau>

Figure 11. Median income by race/ethnicity and sex for full-time workers ages 25 and over with positive income, 2023. DataHaven analysis (2025) of Ruggles, et al. (2025).

Figure 12. Median household income by race/ethnicity of head of household, 2023. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates and Ruggles, et al (2025).

Table 9. Median household income, with largest increase and decrease of Western Connecticut COG towns, 2000–2023, in 2023 dollars. DataHaven analysis (2025) of US Census Bureau 2000 Decennial Census and American Community Survey 2023 5-year estimates. Note that COG values are only available in 2023. The US Census Bureau suppresses incomes above \$250,000, so changes in income are unavailable for towns above this threshold.

Table 10. Selected economic resource indicators by race/ethnicity, 2023. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates.

Table 11. Selected household economic indicators by race/ethnicity of head of household, 2023. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates and Ruggles, et al (2025).

Figure 13. Uninsured rate among adults ages 19–64 by race/ethnicity, 2023. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates.

Figure 14. Preventive care measures, share of adults by Census tract, PUMA 0920901. Data from PLACES Project. Centers for Disease Control and Prevention.

Figure 15. Selected health risk factors, share of adults, 2015–2024. DataHaven analysis (2025) of 2015, 2018, 2021, and 2024 DataHaven Community Wellbeing Survey. Available at <https://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

Figure 16. Selected health indicators by age and race/ethnicity, share of adults, Stamford, 2015–2024. DataHaven analysis (2025) of 2015, 2018, 2021, and 2024 DataHaven Community Wellbeing Survey.

Figure 17. Chronic disease prevalence, share of adults by Census tract, PUMA 0920901. Data from PLACES Project. Centers for Disease Control and Prevention.

Table 12. Selected mental health indicators, share of adults, 2015–2024. DataHaven analysis (2025) of 2015, 2018, 2021, and 2024 DataHaven Community Wellbeing Survey.

Figure 18. Age-adjusted semi-annual rates of drug overdose deaths per 100,000 residents by race/ethnicity, 2012–2024. DataHaven analysis (2025) of Accidental Drug Related Deaths. Connecticut Office of the Chief Medical Examiner. Available at <https://data.ct.gov/resource/rybz-nyjw> Rates are weighted with the U.S. Centers for Disease Control and Prevention (CDC) 2000 U.S. Standard Population 18 age group weights available at <https://seer.cancer.gov/stdpopulations>

Figure 19. Share of drug overdose deaths involving fentanyl, aggregated to two-year periods, 2014–2025. DataHaven analysis (2025) of Accidental Drug Related Deaths. Connecticut Office of the Chief Medical Examiner.

Figure 20. Annualized average rate of new HIV diagnoses per 100,000 residents ages 13 and over, 2021–2023. DataHaven analysis (2025) of data from AIDSvu. See Sullivan, P. S., Woodyatt, C., Koski, C., Pembleton, E., McGuinness, P., Taussig, J., Ricca, A., Luisi, N., Mokotoff, E., Benbow, N., Castel, A. D., Do, A. N., Valdiserri, R. O., Bradley, H., Jaggi, C., O’Farrell, D., Filipowicz, R., Siegler, A. J., Curran, J., & Sanchez, T. H. (2020). A data visualization and dissemination resource to support HIV prevention and care at the local level: Analysis and uses of the AIDSvu public data resource. *Journal of Medical Internet Research*, 22(10), e23173. <https://doi.org/10.2196/23173>

Figure 21. Rate of PrEP usage per 100,000 residents ages 13 and over, 2012–2024. DataHaven analysis (2025) of data from AIDSvu.

Table 13. Selected birth outcomes by race/ethnicity of parent giving birth, 2020–2024. DataHaven analysis (2025) of data from the Connecticut Department of Public Health Vital Statistics. Retrieved from <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Vital-Statistics-Registration-Reports>

Table 14. Households living in structures built before 1960 by race/ethnicity of head of household, 2023. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates and Ruggles, et al (2025).

Figure 22. Residents’ ratings of community cohesion measures, share of adults, 2015–2024. DataHaven analysis (2025) of 2015, 2018, 2021, and 2024 DataHaven Community Wellbeing Survey.

Figure 23. Group A crime rates per 100,000 residents by town / jurisdiction, 2024. DataHaven analysis (2025) of 2024 Agency Crime Overview Reports. Connecticut Department of Emergency Services and Public Protection. Available at <https://ct.beyond2020.com> Group A crimes under the FBI’s National Incident Based Reporting System are categorized into crimes against persons, crimes against property, and crimes against society. The first two of these, shown here, are similar to the Part I Offenses of the previous reporting system and shown in older reports.

Table 15. Residents’ ratings of local government, share of adults, 2015–2024. DataHaven analysis (2025) of 2015, 2018, 2021, and 2024 DataHaven Community Wellbeing Survey.

Figure 24. Registered voter turnout, 2022–2025. DataHaven analysis (2025) of data from the Connecticut Office of the Secretary of the State Elections Management System. Available at <https://ctemspublic.pcctg.net>

Figure 25. EPA Environmental Justice Index by tract, PUMA 0920901, 2024. United States Environmental Protection Agency. 2024 version. EJSCREEN. Removed in early 2025 by the Trump administration but archived at Harvard Dataverse. Retrieved from <https://doi.org/10.7910/DVN/RLR5AX>

Figure 26. Residents’ ratings of local walkability measures by location, share of adults, 2015–2024. DataHaven analysis (2025) of 2015, 2018, 2021, and 2024 DataHaven Community Wellbeing Survey.

Figure 27. Share of land by landcover type. DataHaven analysis (2025) of i-Tree. (2025). OurTrees. I-Tree Tools. Available at <https://ourtrees.itreetools.org>

Table 16. Modeled estimates of the DataHaven Community Wellbeing Survey, share of adults, 2015–2024. DataHaven analysis (2025) of 2015, 2018, 2021, and 2024 DataHaven Community Wellbeing Survey, modeled using multilevel regression and poststratification (MRP). An interactive version of these tables is available at <https://ctdatahaven.org/data-dashboard> Please contact DataHaven for questions about this methodology.

TEXT NOTES

Note 1. As of 2022, regional councils of governments have replaced counties for most public data about Connecticut, including from the US Census Bureau. Comparison geographies in this report may be different from previous editions. See details from the state about this change here: <https://portal.ct.gov/OPM/IGPP/ORG/Planning-Regions/Planning-Regions---Overview>

Note 2. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates.

Note 3. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates.

Note 4. DataHaven analysis (2025) of Ruggles, et al. (2025).

Note 5. DataHaven analysis (2025) of US Census Bureau American Community Survey 2023 5-year estimates.

Note 6. Zillow Research (2025). Zillow Home Value Index. Available at <https://www.zillow.com/research/data> Note that the ZHVI methodology differs from other average measures of home value, in that it is not a median but rather the weighted average of the middle third of home values across the state. In this case, we use the value of all homes, including single-family, condominiums, and cooperative housing.

Note 7. For an in-depth study of the history and impact of redlining in Connecticut, see DataHaven’s 2018 report Housing Segregation in Greater New Haven. <https://ctdatahaven.org/reports/ct-data-story-housing-segregation-greater-new-haven>

Note 8. Connecticut Department of Economic and Community Development Annual Construction Reports. Available at <https://data.ct.gov/d/wmfh-25km>

Note 9. For a recent, in-depth study of the potential impacts of HR 1 on SNAP benefits in Connecticut, including estimated losses by town and by race and ethnicity, see DataHaven’s 2025 report Food Assistance and Local Economies at Risk: Projected Federal SNAP Cuts by Connecticut Town and District. <https://ctdatahaven.org/reports/food-assistance-and-local-economies-risk-projected-federal-snap-cuts-connecticut-town-and>

Note 10. For a recent, in-depth study of the potential impacts of HR 1 on health insurance coverage in Connecticut, including estimated losses by town and by race and ethnicity, see DataHaven’s 2025 report Coverage at Risk: Projected

Losses in Medicaid and Access Health CT by Town and Community. <https://ctdatahaven.org/reports/coverage-risk-projected-losses-medicaid-and-access-health-ct-town-and-community>

Note 11. Connecticut Department of Public Health Childhood Lead Poisoning data. Available at <https://data.ct.gov/resource/42s2-3jt4>

Note 12. i-Tree. (2025). OurTrees. I-Tree Tools. Available at <https://ourtrees.itreetools.org>

ACKNOWLEDGEMENTS

This 2025 report builds on work originally supported in 2020 by generous grants from the Emily Hall Tremaine Foundation (tremainefoundation.org). Its current publication was made possible through support from the Hartford Foundation for Public Giving, The Community Foundation for Greater New Haven, The Connecticut Project, and individual donors. The report also benefited from in-kind contributions and guidance from local organizations and residents across Connecticut.

One of the principal data sources used in this report, the DataHaven Community Wellbeing Survey (DCWS), is sustained by more than 80 public and private funders across Connecticut. Lead sponsors of the 2024 and 2025 DCWS included Connecticut Children's, Connecticut Community Foundation, Connecticut Health Foundation, Fairfield County's Community Foundation, Hartford Department of Health and Human Services, Hartford Foundation for Public Giving, Hartford HealthCare, Health Improvement Alliance (Greater Bridgeport), Naugatuck Valley Health District, New Haven Health Department, Nuvance Health, Stamford Health, Stamford Department of Health and Human Services, The Community Foundation for Greater New Haven, The Connecticut Project, Trinity Health of New England, United Way of Central and Northeastern Connecticut, United Way of Connecticut, United Way of Greater New Haven, University of Hartford, Yale Cancer Center, Yale-New Haven Health, and Yale University. The report also relies on statistical information produced by many state and federal agencies. We are grateful for their ongoing commitment to transparent, reliable public data that informs community work across Connecticut.

For additional information, please visit DataHaven (ctdatahaven.org). This report was authored by Camille Seaberry, Kelly Davila, and Mark Abraham of DataHaven.




SUGGESTED CITATION

Please cite this report as:

Seaberry, C., Davila, K., Abraham, M. (2025). Stamford 2025 Equity Report. New Haven, CT: DataHaven. Available at <https://ctdatahaven.org/reports/connecticut-town-equity-reports>

ABOUT DATAHAVEN

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

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