

NAUGATUCK

BEACON
FALLS

OXFORD

SEYMOUR

ANSONIA

DERBY

SHELTON

2025 VALLEY COMMUNITY INDEX

A Community Indicators Report Produced By:



DataHaven

Community Needs
Assessment for
towns served by:



2025 Valley Community Index

Produced by Valley Council for Health and Human Services and DataHaven, July 2025

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The 2025 Valley Community Index has been completed to meet Griffin Hospital's IRS requirements in Form 990 Schedule H and Notice 2011-52 that discuss the creation of a Community Health Needs Assessment, which all tax-exempt hospitals complete as a result of the Patient Protection and Affordable Care Act, as well as Naugatuck Valley Health District's requirements for national accreditation by the Public Health Accreditation Board..

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Valley Early Childhood Regional Council
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A Message from the Valley Council for Health and Human Services

Dear Valley Community Members,

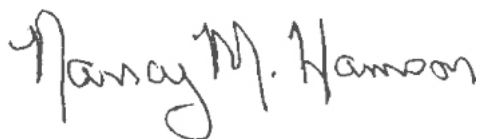
Welcome to the latest edition of the Valley Community Index, previously called "Understanding the Valley Region", a resource designed to reflect the lived experiences, strengths, and challenges of our region. This report is more than just data; it is a story of our community, highlighting the insights and perspectives that shape our collective well-being.

The Valley is a dynamic and diverse community that includes the seven towns of Ansonia, Beacon Falls, Derby, Naugatuck, Oxford, Seymour, and Shelton. Located in New Haven and Fairfield Counties, the Valley's history is deeply tied to the Housatonic and Naugatuck Rivers, which shaped its early agricultural and industrial development. Today, the region continues to evolve, benefiting from ongoing development along the Route 8 corridor while also facing unique challenges that impact our neighborhoods, businesses, and families.

Building on past reports, this edition continues our commitment to capturing the evolving needs and strengths of the Valley community. At the heart of this Index is a commitment to presenting information in a way that is approachable, relatable, and useful for residents, community leaders, and organizations working to make a difference. By sharing key data, personal insights, and community perspectives, we hope to inspire dialogue, action, and collaboration that will strengthen the Valley and enhance the quality of life for all.

We extend our deepest gratitude to the dedicated organizations, local leaders, and residents who have contributed their time and expertise to this effort. Your voices and stories are the foundation of this work. Together, we can build a more inclusive, informed, and thriving Valley.

With appreciation,

A handwritten signature in black ink that reads "Nancy M. Hamson". The signature is written in a cursive, flowing style.

Nancy Hamson

Executive Director

Valley Council for Health and Human Services

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Introduction

The Valley Community Index is a comprehensive snapshot of life in our region, providing key insights into the social, economic, and health conditions that impact our communities. Developed in collaboration with community partners, this report serves as a tool to drive informed decision-making and collective action.

The Valley is a unique community, home to both suburban and urban areas, reflecting the broader diversity of Connecticut. Each of the seven Valley towns has its own character, from the historic manufacturing legacies of Ansonia and Derby to the suburban growth of Oxford and Shelton. This diversity creates a microcosm of Connecticut as a whole, bringing with it opportunities for economic growth and revitalization, as well as challenges in housing, healthcare access, and economic stability.

Our goal with this edition is to make the information more approachable and relevant to the people it serves. While previous reports have provided valuable data, this edition of the Index places a greater emphasis on storytelling, community perspectives, and real-life implications of the trends we observe.

This report includes a wide range of topics, from economic opportunity and education to healthcare access and community well-being. Throughout, we highlight challenges as well as the incredible efforts being made to create positive change. Past editions have served as a resource for shaping initiatives, policies, and funding decisions, and this edition continues that tradition with a stronger emphasis on community stories and actionable insights. Most importantly, we invite every reader—whether a resident, local leader, nonprofit professional, or policymaker—to engage with this data and consider how we can work together to strengthen the Valley.

We hope this Index serves as a tool for conversation, collaboration, and action, leading to a brighter future for all.



Executive Summary

The 2025 Valley Community Index offers a clear and grounded look at the conditions shaping life across Ansonia, Beacon Falls, Derby, Naugatuck, Oxford, Seymour, and Shelton.

Drawing from local data, community surveys, and input from local residents and professionals, this report lifts up key trends in food security, housing, healthcare, education, economic stability, and overall well-being.

At first glance, the Valley appears stable, unemployment is low, incomes have risen, and many residents report general life satisfaction. But a closer look reveals disparities by town, race, income, and age that influence everything from who can access care to who has a stable place to live.

This Index brings those gaps to the surface and provides a roadmap for shared solutions. The following findings highlight key patterns shaping health and opportunity in the Valley.

Key Findings:



Demographic Shifts

The Valley is growing more diverse, particularly in Ansonia, Derby, and Seymour. Latino and Black populations are increasing, while the White population is declining.¹ These shifts are visible in school enrollment and signal the need for culturally responsive programs.² In addition, nearly 1 in 5 residents in the Valley are seniors aged 65 or older.³ Life expectancy varies across the Valley. Ansonia has the lowest life expectancy at 76.4 years, while Oxford reports the highest at 82.1 years.⁴



Economic Security

Median household income in the Valley is \$99,800, but this masks large differences.¹ In Ansonia and Derby, over half of households are ALICE (Asset Limited, Income Constrained, Employed) or living in poverty. In contrast, 17% of Oxford households fall into these categories.⁵

Almost one quarter of surveyed residents self-report feeling financially insecure.⁶ These pressures show up in every facet of daily life, from employment stability to health outcomes. Nearly 1 in 5 Valley residents reported food insecurity in the past year, and many experienced housing affordability challenges.⁸



Health and Mental Wellbeing

Hospital encounter rates, an analysis of acute care inpatient, observation, and emergency department encounters across Connecticut Hospital Association networks, demonstrate that incidences for chronic diseases, substance use, and behavioral health remain elevated, particularly in Ansonia and Derby.⁷

While most Valley residents have health insurance, 29% of surveyed respondents delayed care in 2024 due to cost, and 14% lack a regular medical home.⁸ Mental health needs are increasing, especially among young adults age 18-34, approximately 42% of surveyed respondents age 18-34 reported persistent feelings of hopelessness.⁸



Education and Childcare

Graduation rates are strong at 88%, but opportunity gaps remain, particularly for Black, Latino, and low-income students.⁹ English language learners and high-needs students are more likely to be chronically absent.¹⁰

Childcare access is a concern, with the region lacking 2,220 licensed infant and toddler care slots.¹¹ These shortages affect everything from early learning to workforce participation.



Housing

Housing and affordability are issues of concern in the Valley. Many households in the Valley are cost burdened, ranging from a quarter of Oxford households up to nearly half of Derby households with other areas ranging around one third of households.¹² Homeownership is a goal of most community members, yet there are differences in the ability to achieve this goal in the Valley. If you live in the Valley, you are less likely to own a home if you are Black (54%) or Latino (62%) than if you are White (76%).¹



Senior Support

Older adults are deeply connected to their communities. Most report satisfaction with their local area and express trust in their neighbors and local government.⁸ Over three quarters of seniors have a strong personal support network and felt optimistic about their lives.⁸ The majority of seniors report that they feel financially secure. However, food insecurity among seniors is rising.⁸



Community Connection

Connections and a sense of belonging remain a core strength of the Valley. Most residents say the Valley is a good place to live and they are satisfied with their lives.⁸ Two-thirds of all residents have a strong support network and a sense of well-being in their lives. However, opportunities for improvement exist for various groups within the Valley. Emotional support is especially lacking among younger adults, who also report higher levels of depression and disconnection.⁸

The Valley's strength lies in its people, its relationship and its partnerships.

The data tells a clear story: food, housing, education, health, and economic well-being are deeply interconnected. Gaps in one area often ripple into others, making it difficult for residents to get ahead or stay well. This Index is more than a snapshot; it is a shared call to action.

Index Process

The Valley Community Index is a triennial community health assessment that captures both the conditions shaping life in our region and the voices of the people who live here. Guided by a collaborative and community-centered process, the Index blends data, dialogue, and storytelling to surface the needs, strengths, and aspirations of Valley residents.

Each edition of the Index reflects extensive input from a wide range of local partners and stakeholders. A small coordinating committee helped develop the framework and guide the overall process.

This group included representatives from the Valley Council for Health and Human Services, Griffin Health, the Naugatuck Valley Health District, and the Yale-Griffin Prevention Research Center.

The 2025 Index was developed under the leadership of the Valley Council for Health and Human Services, with deep engagement from four standing committees:

Economic Security and Basic Needs

Health and Mental Health

Seniors and Aging

Children, Youth and Education

These committees brought together service providers, municipal leaders, educators, health professionals, and community members to review data, identify emerging trends, and shape the narrative that gives life to this report.

Data Sources

This report integrates local insights with high-quality quantitative data drawn from multiple sources:

- U.S. Census Bureau and American Community Survey (ACS) estimates
- State and local public health, education, and housing data
- DataHaven Community Wellbeing Survey (2024) results
- 211Counts and Unite Us service requests
- United Way ALICE (Asset Limited, Income Constrained, Employed) reports
- Hospital encounter and utilization data provided by Griffin Health
- Naugatuck Valley Council of Governments (NVCOG) reports



Community Perspectives

The Index balances hard data with lived experience. Quantitative trends are paired with qualitative feedback from surveys, and committee discussions. These diverse forms of input help ensure that the report reflects what people are actually experiencing, not just what the numbers suggest.

In addition to statistical data, this Index incorporates qualitative input from the TEAM, Inc. Community Planning Survey (2022-2023) (“TEAM survey”), which gathered opinions and lived experiences from 1,158 residents throughout the Valley. The survey took place in the first four months of 2023.

As part of the DataHaven Community Wellbeing Survey (“wellbeing survey”) across Connecticut, a telephone survey was conducted with community residents to document lived experiences and personal perspectives of health and wellbeing. The survey explored a wide range of issues affecting daily life and provides an impactful perspective on community needs, priorities, and lived realities. The wellbeing survey is a random telephone survey, meaning that each survey contains answers from different adults in the surveyed towns. In the Index, the information from the 2024 wellbeing survey is compared to the 2021 wellbeing survey. In the Valley, 488 people were surveyed in 2024 and 554 different people were surveyed in 2021. The 2024 survey was held during June to September 2024. More information about the survey can be found at ctdatahaven.org/wellbeingsurvey.

To elevate the voices of residents and center the community’s own priorities, an online survey was developed and distributed widely to gather feedback on key issues impacting daily life in the Valley. The 2025 Community Engagement Survey (“community survey”) took place during March and April of 2025. It included findings from prior research and asked residents to share what matters most to them and where improvement is most needed.

To help spread the word and encourage participation, the survey was promoted through a variety of channels, including outreach from elected officials, local media, social media, libraries, schools, and community organizations, so more residents could take part and share their input.

Committee members played a key role in reviewing findings, raising questions, and helping contextualize disparities. Their feedback helped identify where deeper analysis was needed and where stories could illustrate systemic barriers or highlight community resilience. 414 Valley residents shared their thoughts, experiences and opinions in the survey.

Purpose and Impact

The Index is designed to inform decision-making and guide investment in policies and programs that address identified issues and support inclusive access to resources and services. Previous editions have helped shape funding priorities, identify service gaps, and build consensus around regional action.

The 2025 Index continues this tradition with an expanded focus on inclusion, accessibility, and collaboration, ensuring that all communities are considered in planning and decision-making.

Importantly, the Index also informs the Valley's Community Health Improvement Plan (CHIP). The CHIP is a strategic, community-driven plan that outlines goals, priorities, and action steps for improving health outcomes across the region.

By identifying health and well-being needs through community data and engagement, the Index helps shape the priorities addressed in the CHIP. Both the Index and the CHIP can be accessed online at:

- [Valley Council for Health and Human Services](https://valleycouncil.org): valleycouncil.org
- [Valley Community Foundation](https://valleyfoundation.org): valleyfoundation.org
- [Griffin Health](https://griffinhealth.org): griffinhealth.org
- [Naugatuck Valley Health District](https://nvhd.org): nvhd.org

This is more than a report; it is a tool for **conversation, shared understanding, and collective action.**

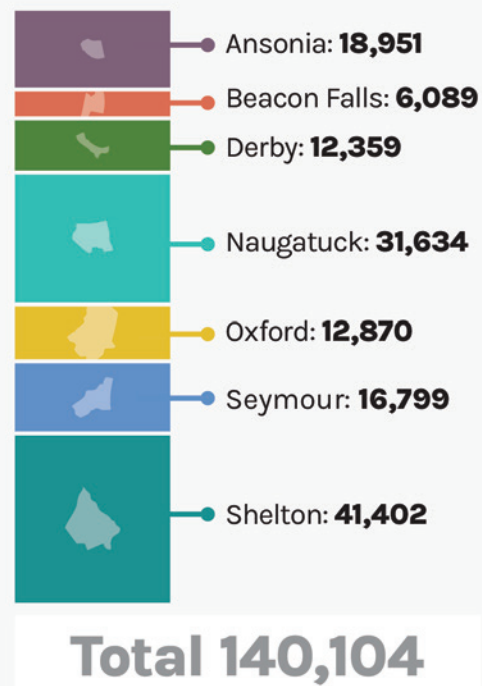
As you move through the sections that follow, we invite you to reflect on what the data reveals, what stories it tells, and what role each of us can play in advancing a healthier, more connected Valley.

Community Overview

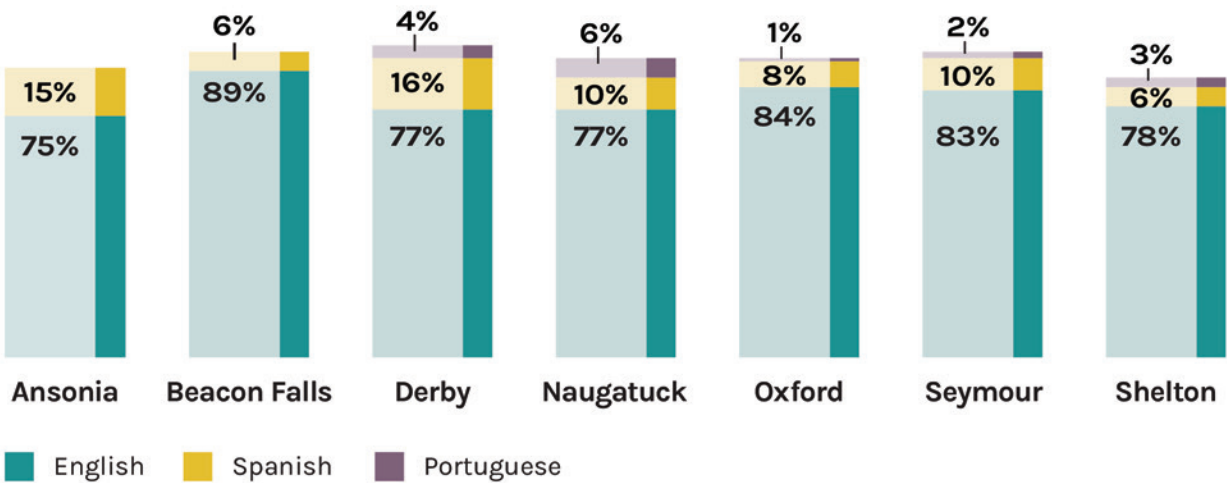
The Valley is home to 140,104 residents, spread across seven towns that reflect both Connecticut’s industrial legacy and its changing future. Ansonia (18,951), Beacon Falls (6,089), Derby (12,359), Naugatuck (31,634), Oxford (12,870), Seymour (16,799), and Shelton (41,402) each bring distinct strengths, challenges, and histories to the region. NeighborScout.com reports the top three languages spoken across all seven Valley towns are: English, Spanish and Portuguese. Other languages that have some prevalence are: Polish, French Creole and Serbo-Croatian.¹³

From the aging mill buildings of Ansonia and Derby to the growing neighborhoods of Oxford and Shelton, the region is experiencing slow but steady shifts in who lives here, and how they live.

1.01 Population of the Valley



1.02 Naugatuck Valley Top Three Languages By Town



These changes in population, age, race, income, and education shape everything that follows in this report. Understanding who lives in the Valley is key to understanding how to strengthen it.

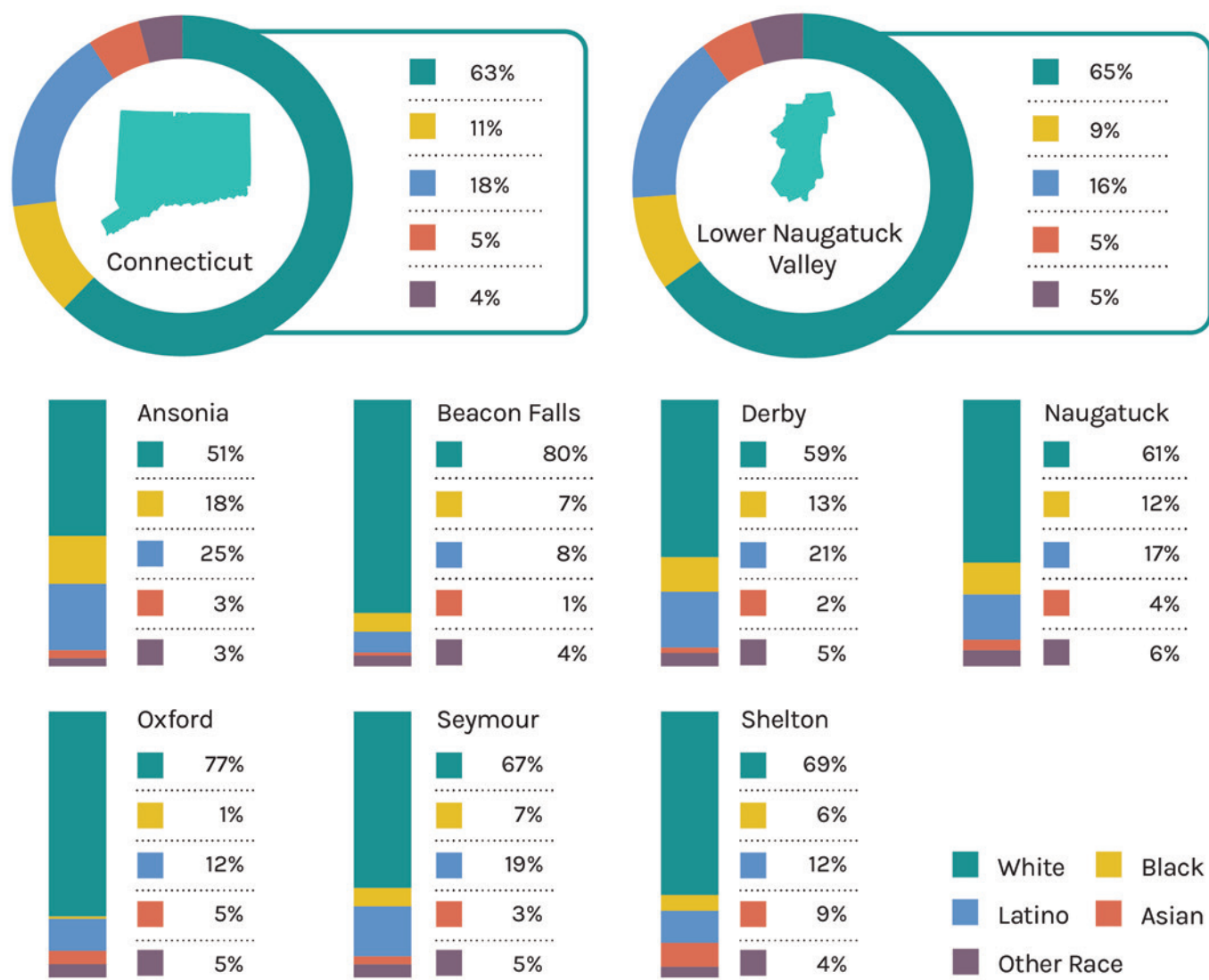
A Region in Transition

While the Valley’s overall population has remained relatively stable in recent years, notable changes are occurring. Since 2020, the racial and ethnic composition of the region has grown significantly more diverse.

The proportion of White residents has declined across all towns, ranging from an 8% decrease in Derby to an 18% drop in Seymour. Meanwhile, Black and Latino populations have increased, Black residents now make up as much as 18% of the population in some towns, and Latino residents represent 16% of the Valley, with the largest growth seen in Oxford and Seymour.¹

These shifts are visible in local school districts, where rising numbers of Latino and multiracial students now comprise a larger portion of enrollment than in the past.

1.03 Share of Population by Race/Ethnicity Connecticut, Valley, Individual Towns 2023



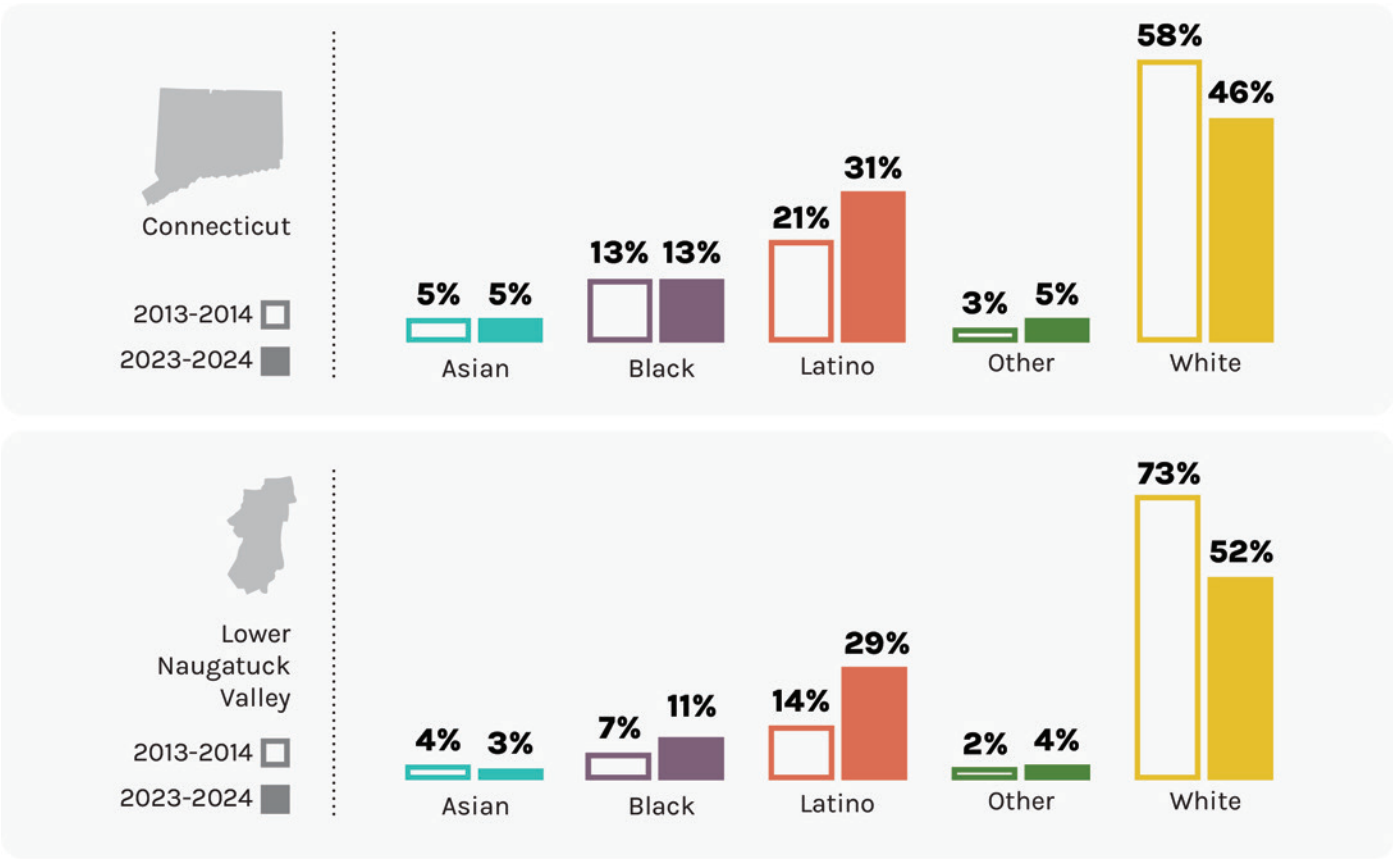
1.04 Valley Demographics, 2020 Compared to 2023

	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
White	↓ -11%	↓ -12%	↓ -8%	↓ -11%	↓ -12%	↓ -18%	↓ -13%
Black	↑ 6%	↑ 6%	↑ 7%	↑ 4%	→ 0%	↑ 6%	↑ 4%
Latino	↑ 3%	↑ 2%	→ 0%	↑ 4%	↑ 5%	↑ 9%	↑ 3%
Asian	↑ 2%	↑ 1%	→ 0%	↑ 2%	↑ 3%	↑ 1%	↑ 4%
Other race	→ 0%	↑ 3%	↑ 1%	↑ 2%	↑ 4%	↑ 4%	↑ 2%

↑ Increase → Remained the same ↓ Decrease

The Valley is no longer defined by a single demographic narrative, and that’s reshaping classrooms, services, and neighborhood life.²

1.05 K-12 Enrollment By Race/Ethnicity

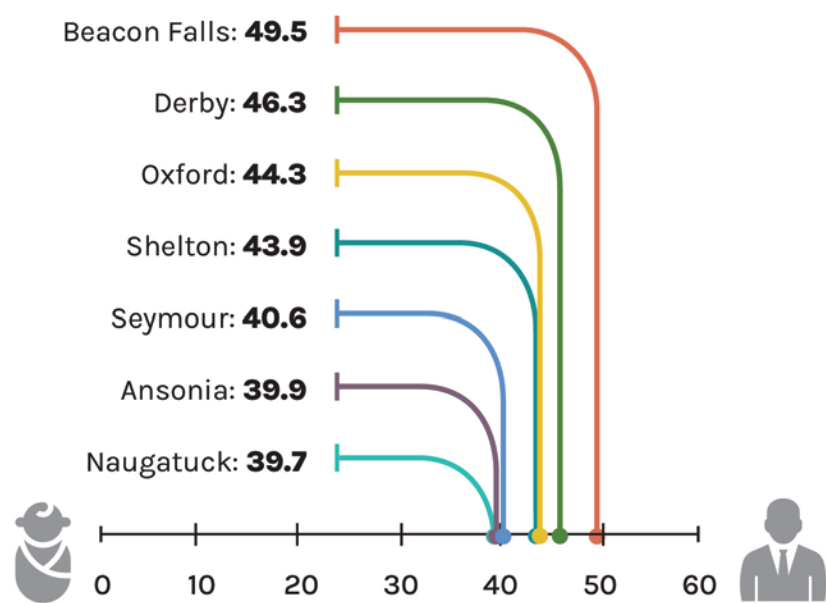


Age Trends

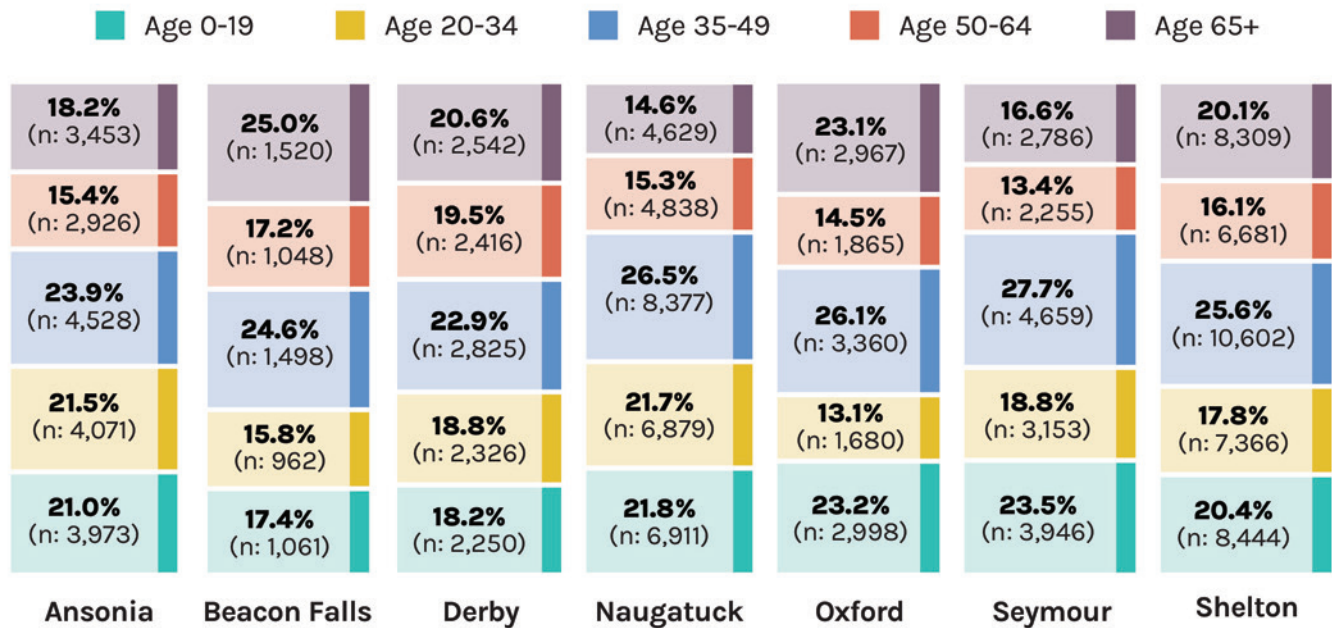
The region is aging, though the pace varies widely across the seven Valley towns. The median age in the Valley is 43.9 years, slightly above the state average, but there's a nearly 10-year gap between towns. Naugatuck has the youngest median age at 39.7 years, while Beacon Falls is the oldest at 49.5 years.

The remaining towns fall in-between: Ansonia (39.9), Derby (46.3), Seymour (40.6), Shelton (43.9), and Oxford (44.3).¹⁴ Oxford and Beacon Falls have the highest percentages of senior residents aged 65 or older.³

1.06 Median Age in the Valley

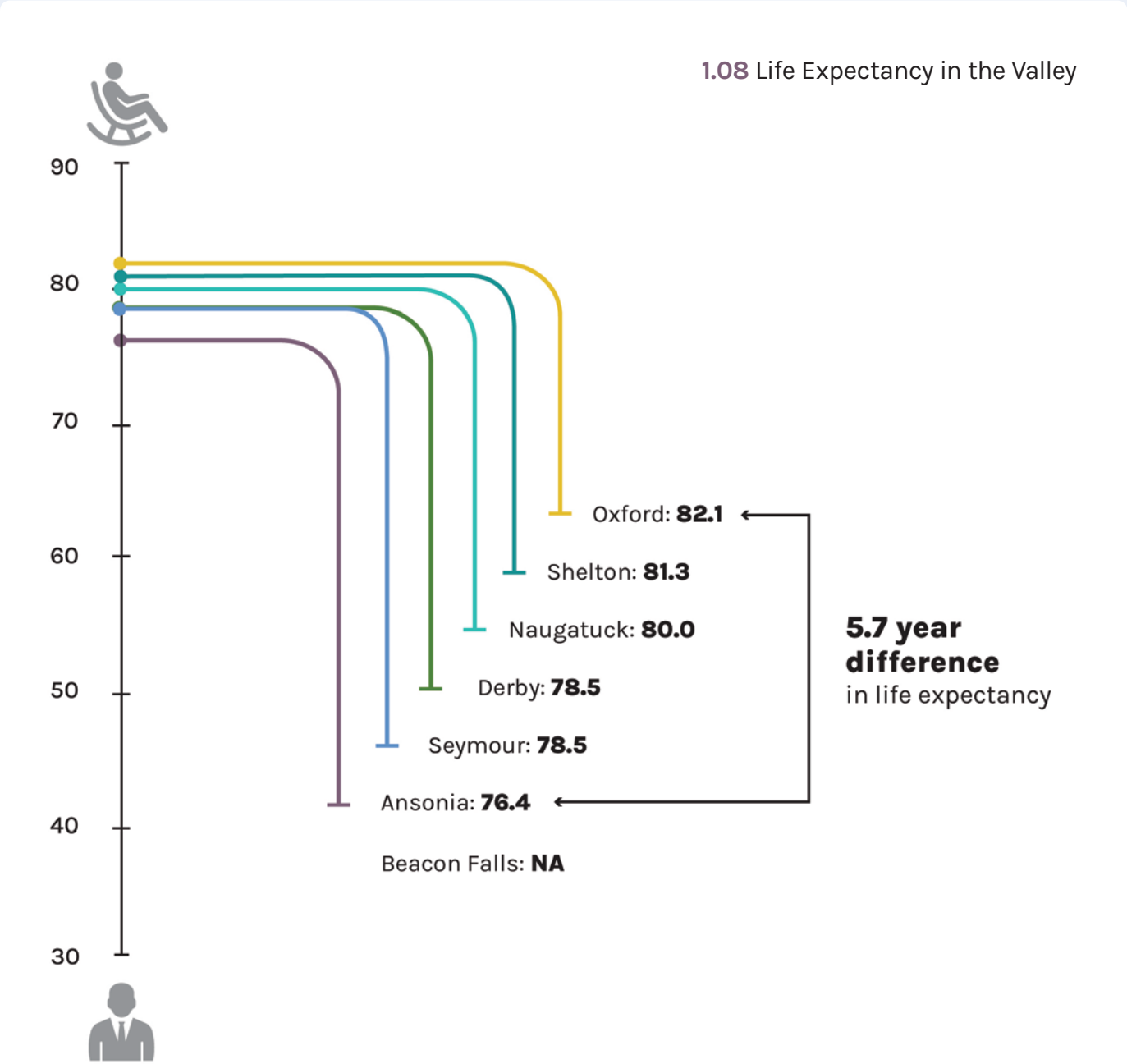


1.07 Population by Age Group



Life expectancy also varies significantly, highlighting disparities tied to health, income, and environmental conditions. Ansonia has the lowest life expectancy at 76.4 years, while Oxford reports the highest at 82.1 years.

Other towns range from Derby (78.5) and Seymour (78.5) to Naugatuck (80.0) and Shelton (81.3).⁴ These differences often reflect broader social drivers of health, including healthcare access, economic opportunity, and neighborhood conditions.

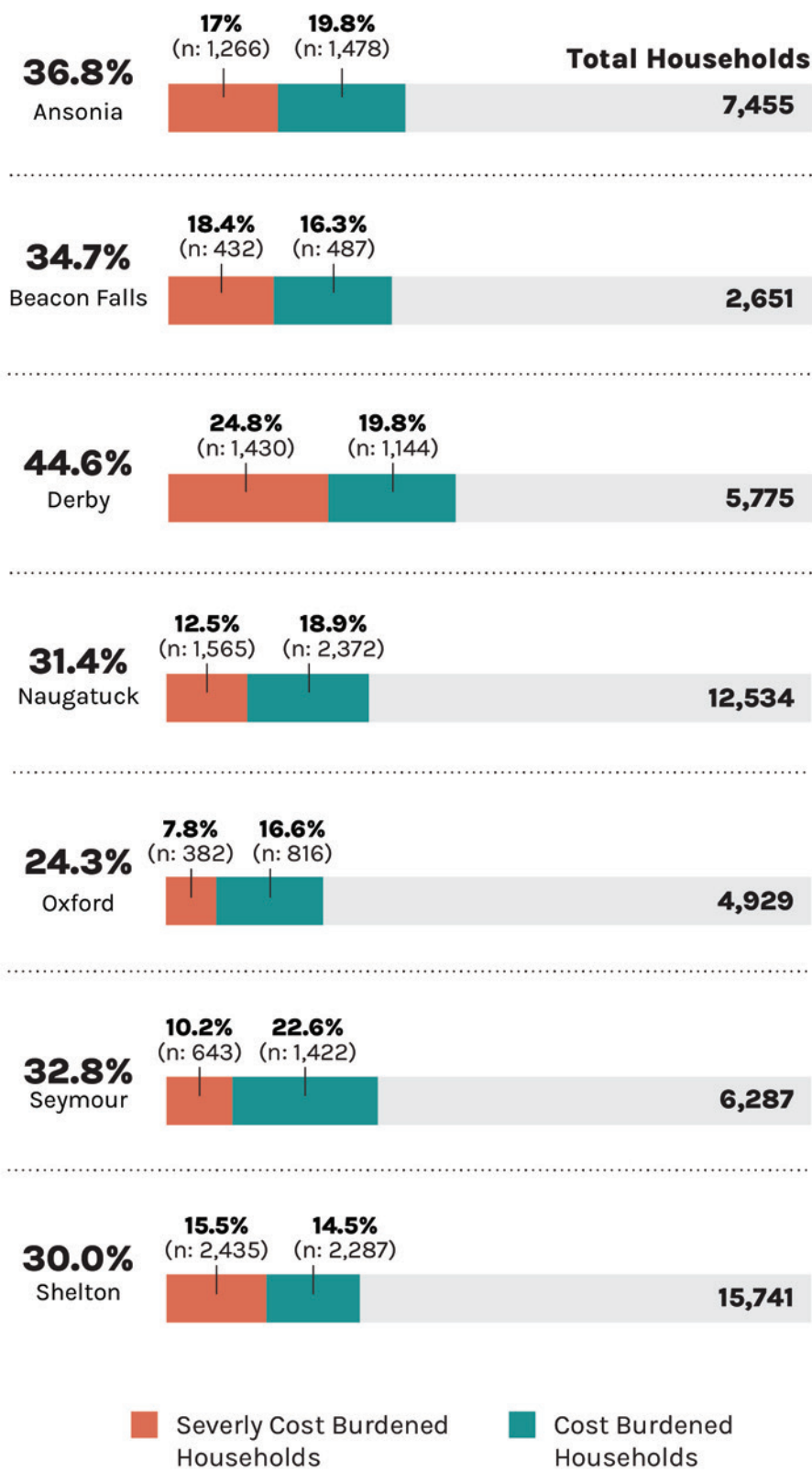


Households and Housing Affordability

Housing affordability varies significantly across the Valley. In Ansonia and Derby, over one-third of all households are cost burdened, meaning they spend more than 30 percent of their income on housing.¹² The burden is even higher among renters. In Derby, 60 percent of renters are cost burdened, compared to 35 percent of homeowners. In Ansonia, 40 percent of renters face similar challenges, while 33 percent of homeowners are cost burdened.

In towns like Oxford, the burden on renters is lower, 19 percent in Oxford, but homeowner cost burden remains a concern, affecting approximately 22 percent of owners.¹⁵ These disparities reflect broader gaps in income, housing availability, and affordability across the region.

1.09 Cost Burdened Households (A)



1.10 Cost Burdened Households (B)

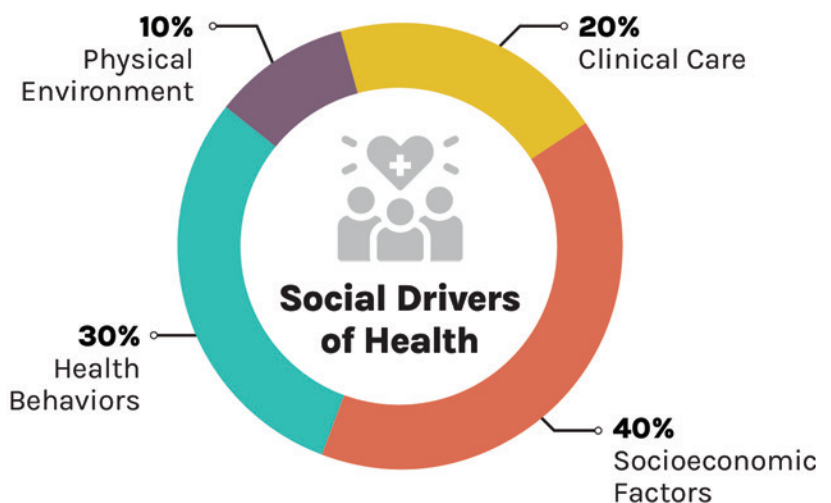


	Renters Cost Burdened (%)	Owners Cost Burdened (%)
Ansonia	40%	33%
Beacon Falls	27%	40%
Derby	60%	35%
Naugatuck	38%	27%
Oxford	19%	22%
Seymour	45%	25%
Shelton	48%	23%

Social Drivers of Health

Understanding who lives in the Valley also requires examining the conditions that influence health long before an individual seeks clinical care. Known as social drivers of health, factors such as income, housing, education, physical environment, transportation, and food access play a critical role in shaping health and wellbeing outcomes in the region.¹⁶

1.11 Social Drivers of Health

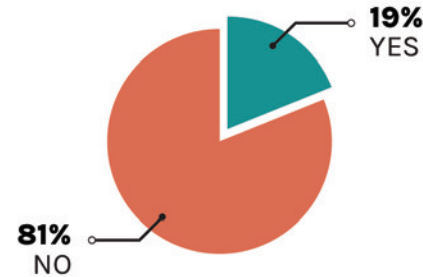


Across the Valley, these social factors present clear challenges as you will see throughout the Index. For example, one in five survey residents in the wellbeing survey report experiencing food insecurity in the past year.⁸ Nearly 30 percent of Valley adults surveyed in the wellbeing survey delayed medical care in 2024.⁸ These challenges are not hypothetical. They show up in daily decisions like skipping medications, delaying doctor visits or using the emergency room for preventable conditions.

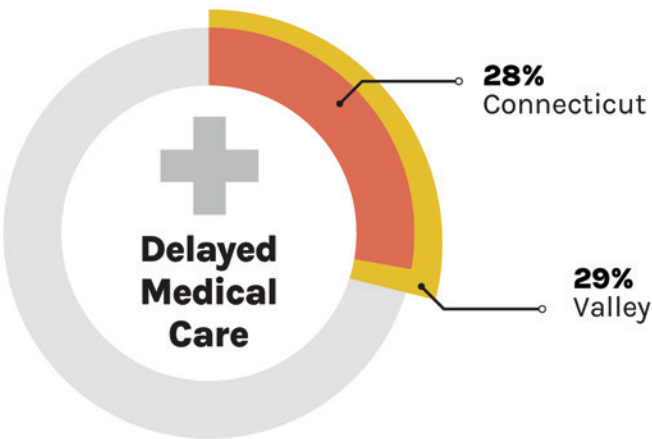
Poor housing conditions, limited access to nutritious food, and environmental exposures, elevate the risk for chronic illnesses such as asthma, diabetes, and heart disease. For example, the hospital affiliated encounter rates per 10,000 due to Chronic Obstructive Pulmonary Disease (COPD) is higher in Ansonia and Derby than the other Valley areas, illustrating the connection.⁷ Disparities are not distributed evenly. They are often concentrated in neighborhoods with higher poverty rates, aging housing stock, and limited public transit options. Addressing them will require a coordinated approach that strengthens the systems influencing health at every level, from housing and education to transportation and neighborhood infrastructure, so that all residents have the support they need to achieve better health and well-being.

1.12 Food Insecurity

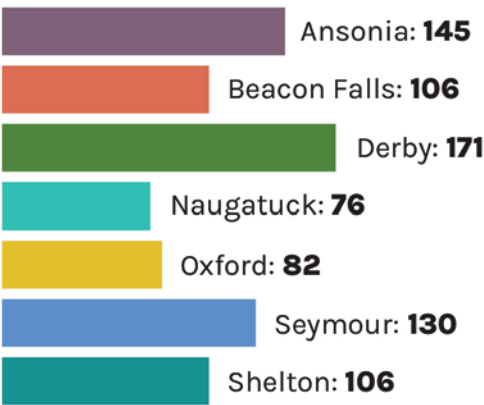
Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?



1.13 Barriers to Healthcare



1.14 Naugatuck Valley Encounters with COPD, FY24 Rate per 10,000, By Town

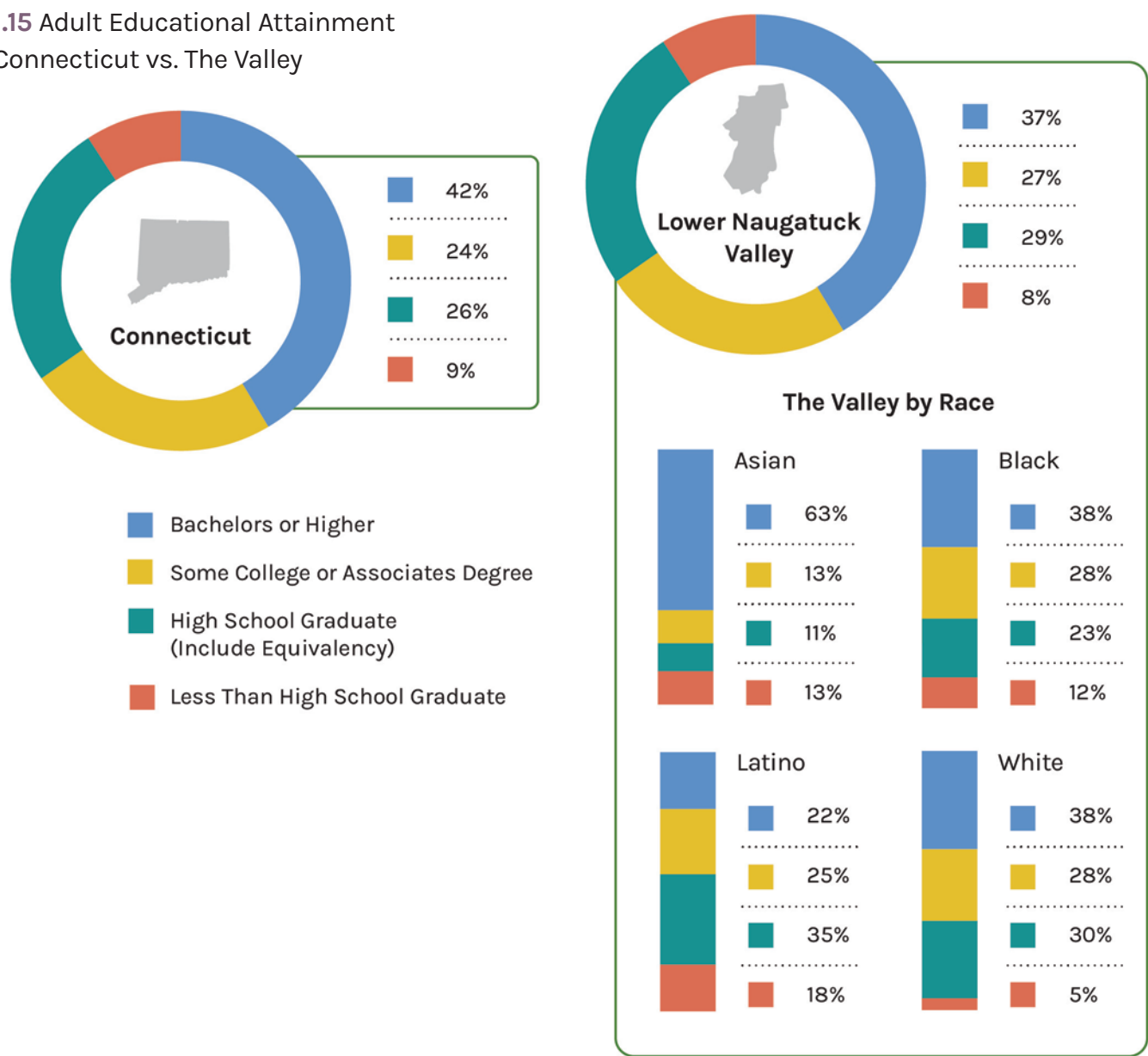


Educational Attainment

As of 2023, 37% of Valley adults age 25 or older have earned a bachelor's degree or higher, lagging behind the statewide rate of 42%. In the Valley, 22% of Latino residents have a bachelor's degree or higher.

Overall, 37 percent of Valley adults have a high school diploma or less, reflecting a need for adult education and workforce training opportunities. This disparity is most pronounced among Latino residents, with 53% having a high school diploma or less.¹

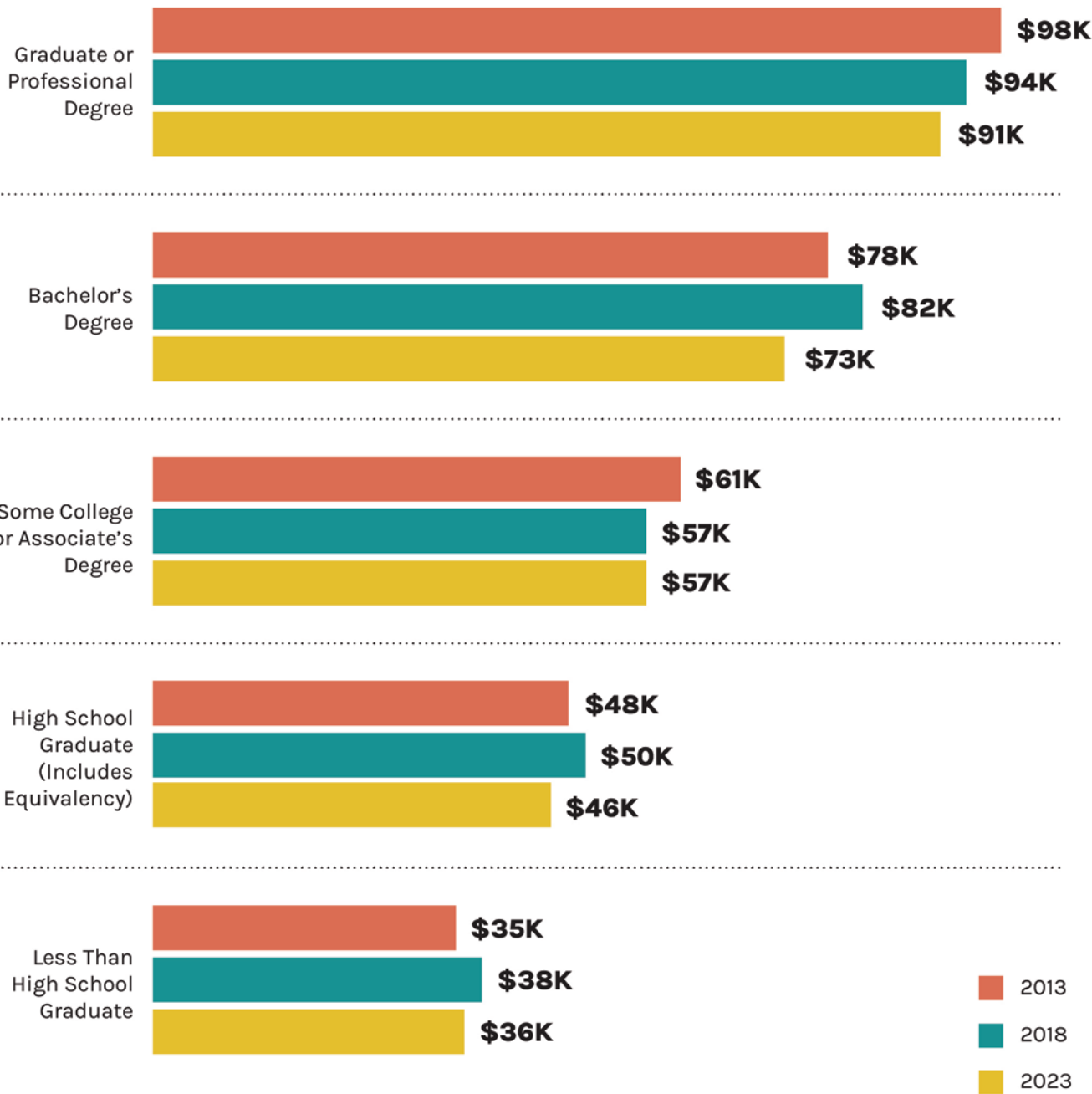
1.15 Adult Educational Attainment Connecticut vs. The Valley



Since educational attainment is closely tied to earning power and long-term economic mobility, these gaps have widespread implications for both individual well-being and community health. Valley residents with bachelor's degrees earn nearly twice as much as those without a high school diploma, and those with graduate degrees earn approximately 2.5 times more.¹

However, for most education levels, median earnings have not kept pace with inflation over the past decade, making it increasingly difficult for working families to achieve lasting financial security, even with postsecondary credentials.

1.16 Earnings Comparison by Educational Attainment



Financial Health

Income levels and financial strain continue to divide the region. Across the region, Valley-wide, the median household income stands at \$99,800. Towns such as Shelton and Oxford report some of the region’s highest median household incomes, exceeding \$114,000, while Ansonia and Derby report medians under \$81,000.¹

However, according to the most recent United Way ALICE (Asset Limited, Income Constrained, Employed) report, more than 50% of households in Ansonia and Derby are either living below the federal poverty line or fall into the ALICE category.⁵ The federal poverty rate for a household of four members in 2025 as defined by the US Department of Health and Human Services is \$32,150.¹⁷ For the Naugatuck Valley Planning Region, United Way has defined the household survival budget for a household of four members to be \$90,696. ALICE households are those above the federal poverty line and who are working but find it difficult to consistently afford essentials like housing, food, and healthcare.

In comparison, 17% of Oxford households fall into one of these two groups. Across the Valley, the combined rate of poverty and ALICE stands at 36%, including 8% living in poverty and 28% who are working but financially strained. This means one out of every three community members in the Valley are struggling daily to make ends meet and this rises to one out of every two people if you live in Ansonia or Derby.⁵

1.17 Income and Poverty in the Valley

Location	Median Income	Population Poverty Rate	ALICE Rate	Combined Poverty/ ALICE	Life Expectancy (years)
Connecticut	\$93,800	10%	29%	39%	80.4
Lower Naugatuck Valley	\$99,800	8%	28%	36%	NA
Ansonia	\$80,600	12%	39%	51%	76.4
Beacon Falls	\$95,400	5%	30%	35%	NA
Derby	\$76,300	17%	34%	51%	78.5
Naugatuck	\$92,200	6%	31%	37%	80.0
Oxford	\$125,600	3%	14%	17%	82.1
Seymour	\$103,700	6%	27%	33%	78.5
Shelton	\$114,700	6%	23%	29%	81.3



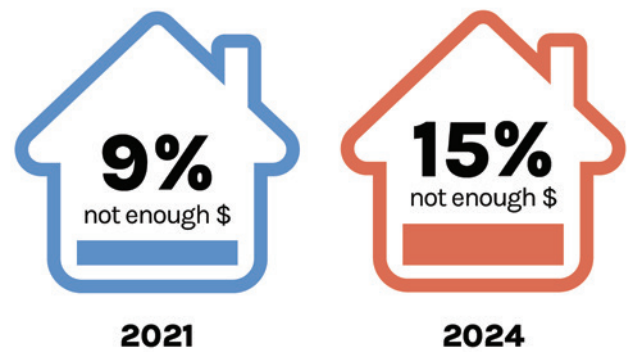
ALICE: Asset Limited, Income Constrained, Employed (households with income above the FPL, but below the basic cost of living) – unitedforalice.org

Additional financial hardship indicators include:

- 15% of wellbeing survey respondents reported being unable to afford adequate shelter in the past year, up from 9% in 2021.⁸
- 56% of wellbeing survey respondents reported living comfortably, down from 68% in 2021. 22% of residents say they are struggling financially.⁸
- Food pantry usage increased by 36.7% from 2023 to 2024, with the sharpest rise among children and older adults.¹⁸

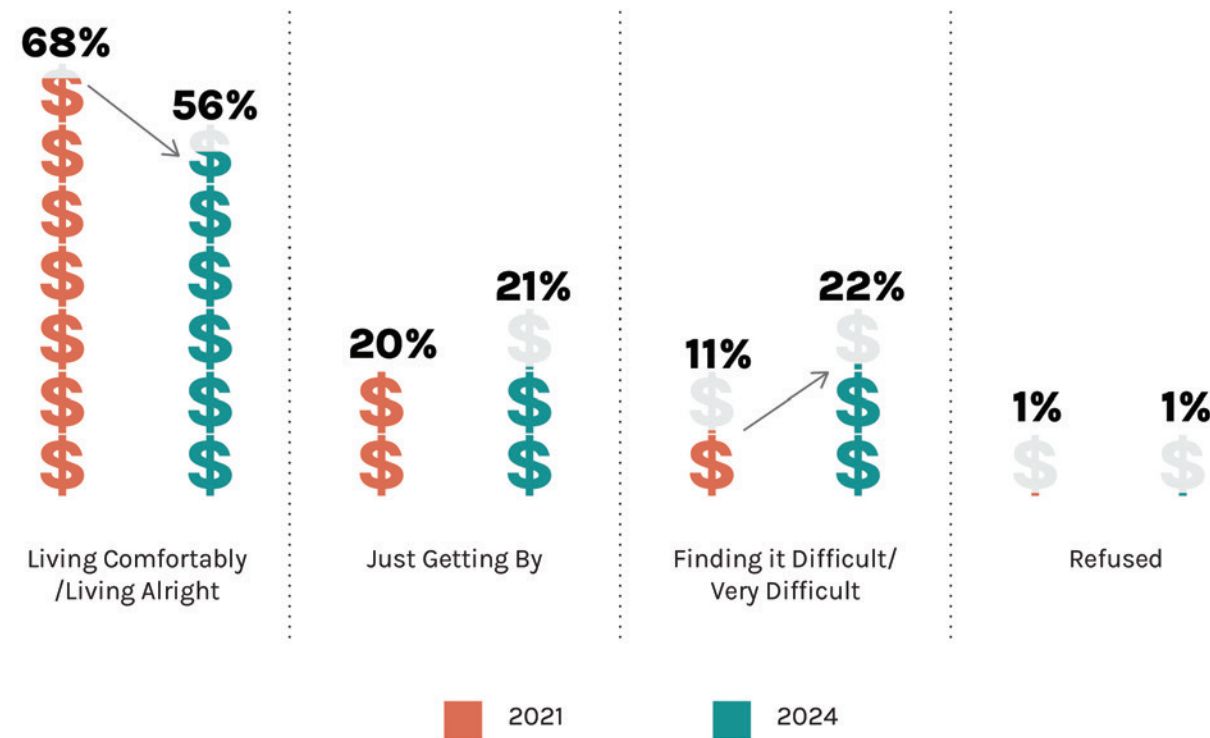
1.18 Housing

In the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?



1.19 Financial Status

How well are you managing financially these days?





1.20 Food Pantry Utilization, Average Number of People Served Per Month

	Total 2023	Total 2024	Increase 2023-2024	Jan-April 2025
Age 0-17	820	1,243	51.7%	1,577
Age 18-59	1,382	1,788	29.4%	2,258
Age 60+	428	563	31.4%	754
Total	2,630	3,594	36.7%	4,589

Includes 10 pantries in the Valley. See Below:

1. Spooner House
2. Blessing Pantry
3. Christ Episcopal Church
4. Little Free Pantry on Skokorat
5. Neighbor to Neighbor Pantry – Oxford
6. Seymour-Oxford Food Bank
7. St. Vincent De Paul
8. The Salvation Army – Greater Valley CT
9. CT Partnership for Children, school-based pantry
10. Naugatuck Ecumenical Food Bank

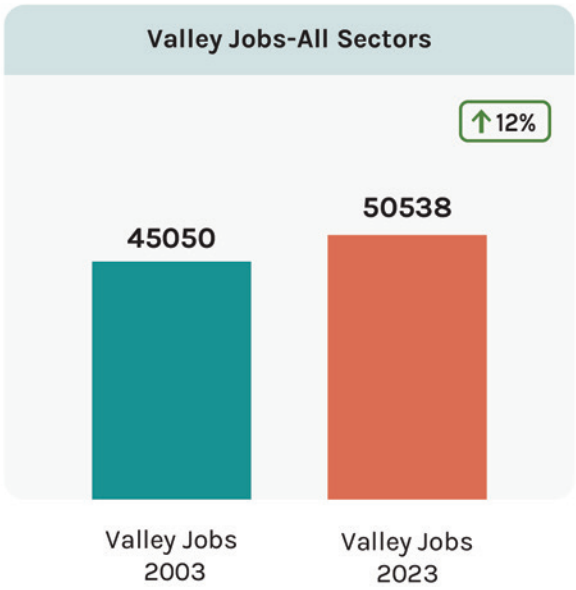
These stressors of financial, housing and food insecurity are deeply interconnected, and often compound one another, limiting residents’ ability to afford nutritious food, maintain stable housing, access medical care, and manage chronic health conditions.

Employment and Economic Opportunity

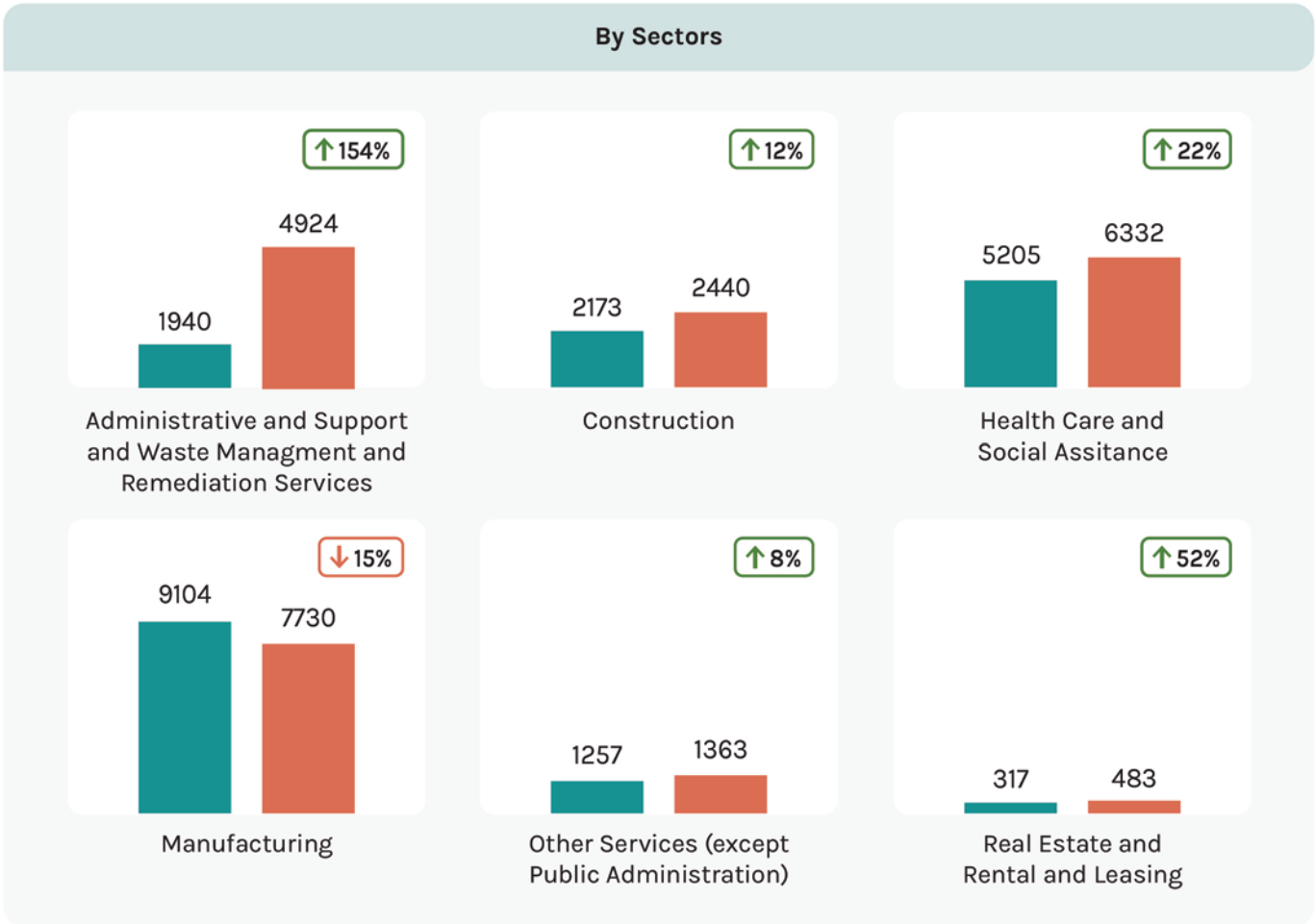
The Valley is home to over 50,000 jobs, reflecting a 12% increase since 2003. While manufacturing remains the region’s largest employment sector, the number of manufacturing jobs has declined by 15% over the last two decades.

Meanwhile, employment in health care/social assistance, real estate and administrative/support services has grown significantly, by 22%, 52% and 154% respectively, demonstrating a shift toward service-oriented and care-based economies.¹⁹

1.21 Economic Stability-Jobs



Valley Jobs 2003 Valley Jobs 2023

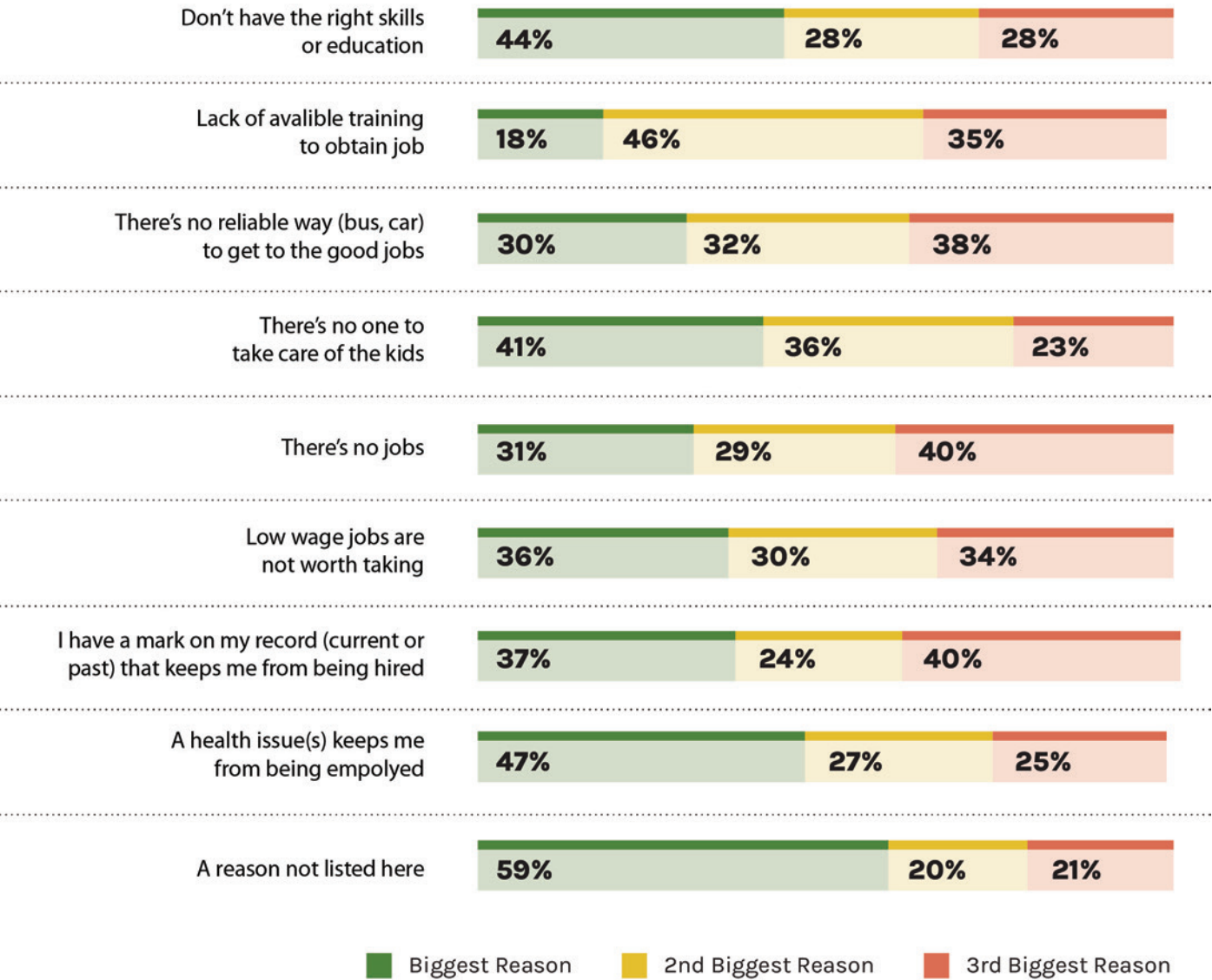


As of November 2024, unemployment rates across the Valley were below pre-pandemic levels and closely aligned with the state average. This reflects continued recovery from COVID-19-related disruptions. Town-level unemployment rates ranged from 3% in Oxford, Beacon Falls, Seymour, and Shelton to 4% in Ansonia, Derby, and Naugatuck²⁰

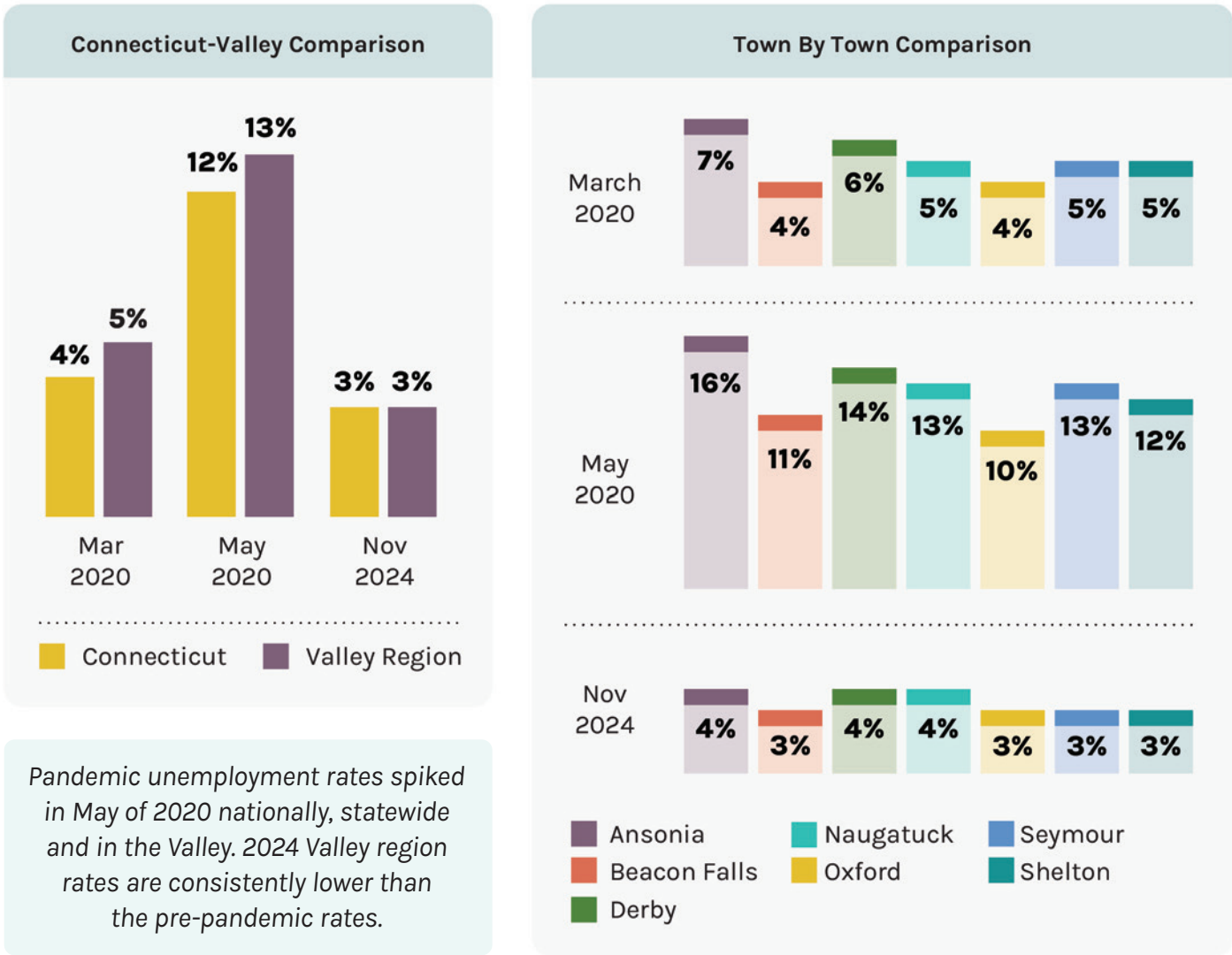
Still, the ability to access and maintain employment is influenced by more than job availability. In the TEAM survey, over 60% of respondents cited finding or keeping a good-paying job as a major issue. Barriers include limited access to affordable childcare, job training/skillset, and reliable transportation.²¹

1.22 Employment Availability

Please identify what you believe are the top 3 reasons you or someone in your household have not been able to find a job. If this isn't the case in your household, please share your opinion based on your experiences in the community.

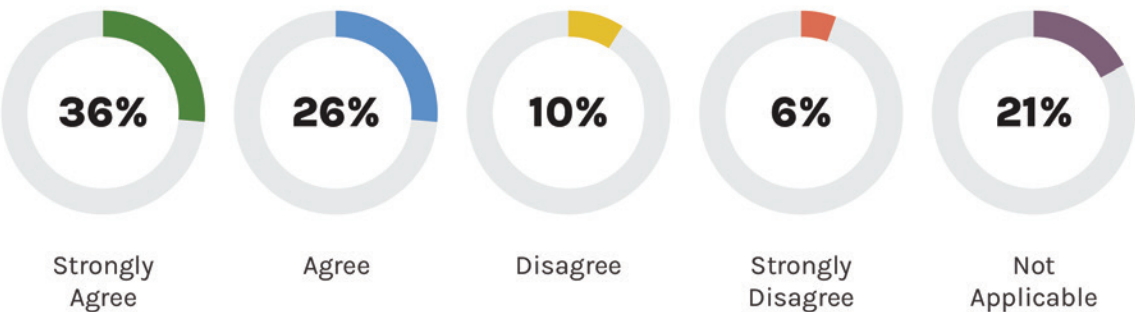


1.23 Unemployment in the Valley Region: March 2020, May 2020, November 2024



1.24 Employment Availability

How much would you agree that finding or keeping a good paying job is an issue for you or someone in your household?

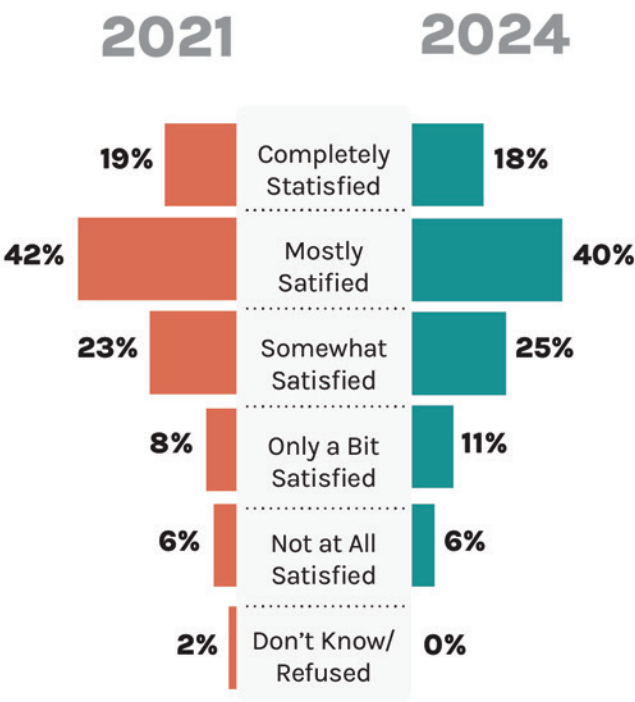


Community Sentiment

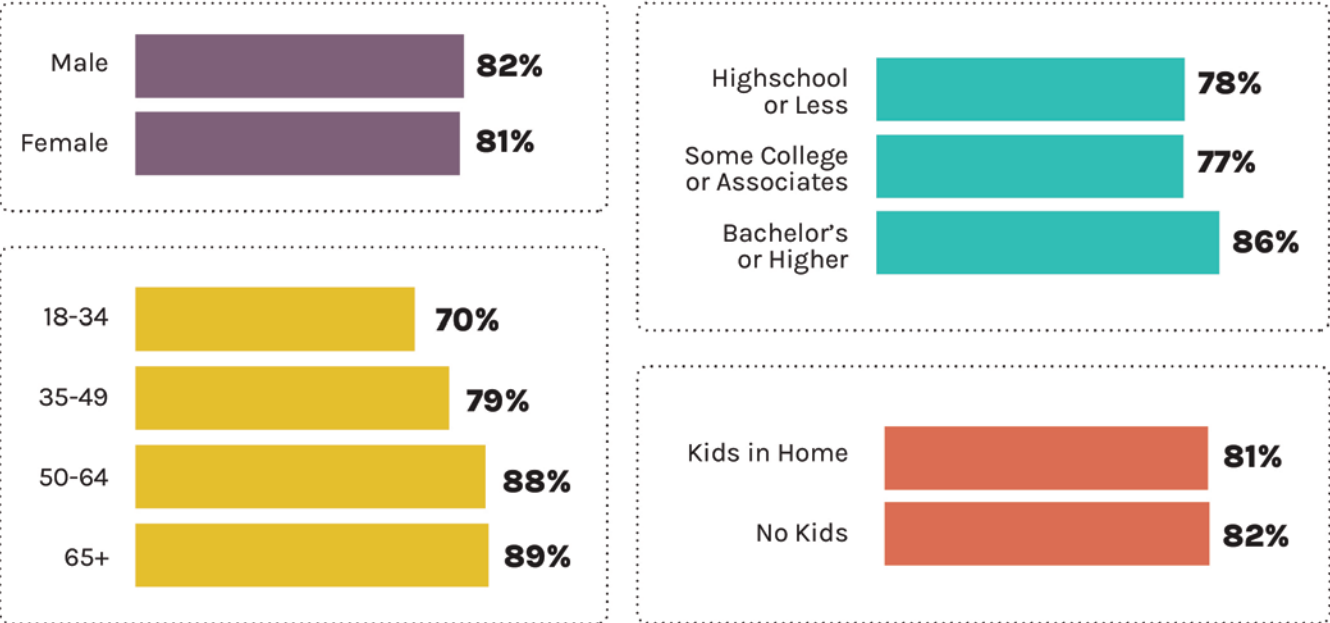
Despite rising costs and economic pressure, many residents who participated in the wellbeing survey report feeling a strong connection to their community. In 2024, 83% of residents said they were at least somewhat satisfied with their lives, similar to 2021, but fewer reported being “mostly” or “completely satisfied” (58%, down from 61%).⁸

Older adults and college graduates reported the highest satisfaction rates, while younger adults experienced the lowest satisfaction rates.

1.25 Life Satisfaction in the Valley



1.26 Valley Residents: Overall Life Satisfaction Percent Satisfied, By Category 2024



This may be impacted by the fact that younger adults were more likely to experience food and housing insecurity, with 27% of those ages 18-34 reporting food insecurity and 20% experiencing housing insecurity, compared to just 5% and 12% of those ages 65 and older.⁸

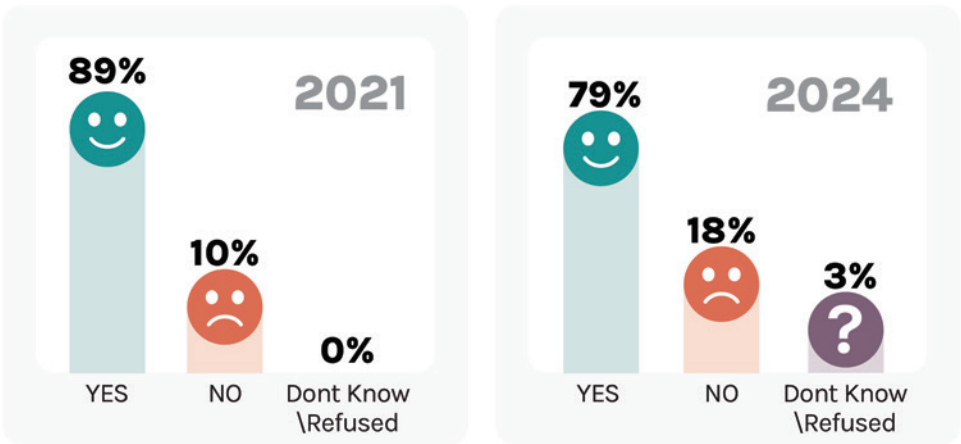
Although there is a decline from 2021, most residents who participated in the well-being survey report being satisfied with their local area (79%) and believe their community is a good place to raise children (73%).⁸

1.27 2024 Indicators Breakdown By Category

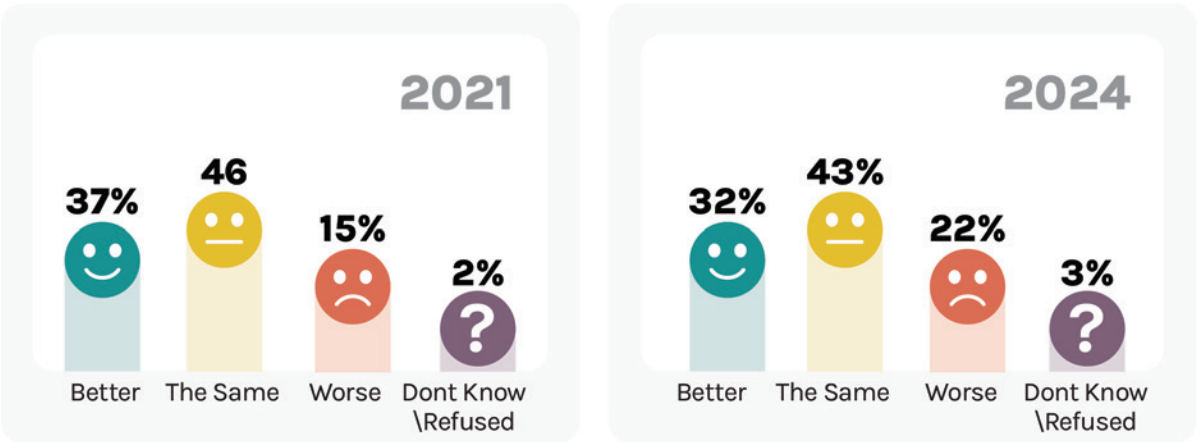
Valley By Age	Food Insecurity	Repeatedly Food Insecure	Housing Insecurity
18-34	27%	19%	20%
35-49	24%	18%	16%
50-64	19%	12%	13%
65+	5%	4%	12%

1.28 Location Satisfaction, 2021 vs. 2024

“Are you satisfied with the city or area where you live?”



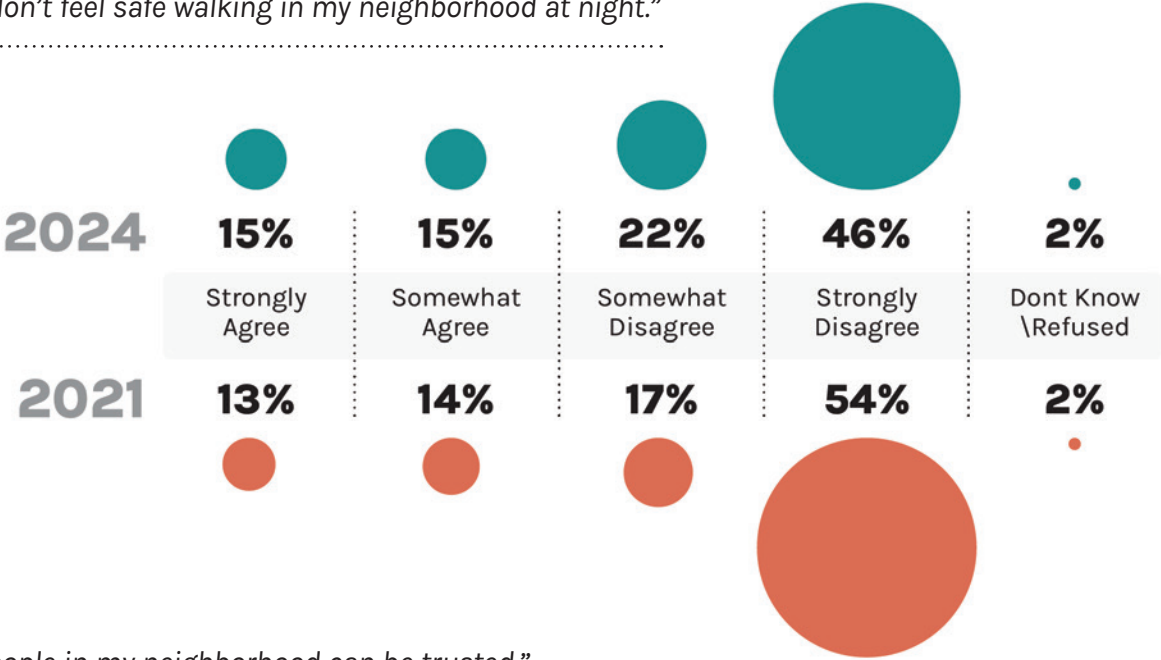
Is where you live getting better, the same or worse?



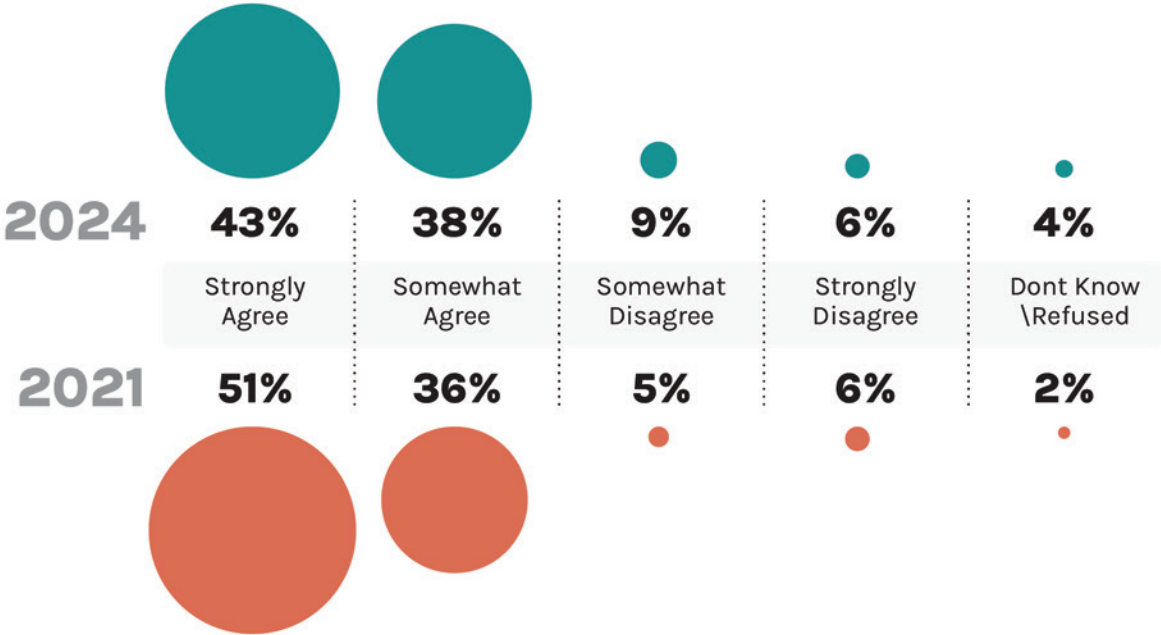
Trust is also shifting; just 43% of residents strongly agree that people in their neighborhood can be trusted, down from 51%. Confidence in local institutions has also softened; feelings of support from local government dropped from 60% to 52%. While approval of local police has dipped slightly, it remains high overall.⁸

1.29 Neighborhoods

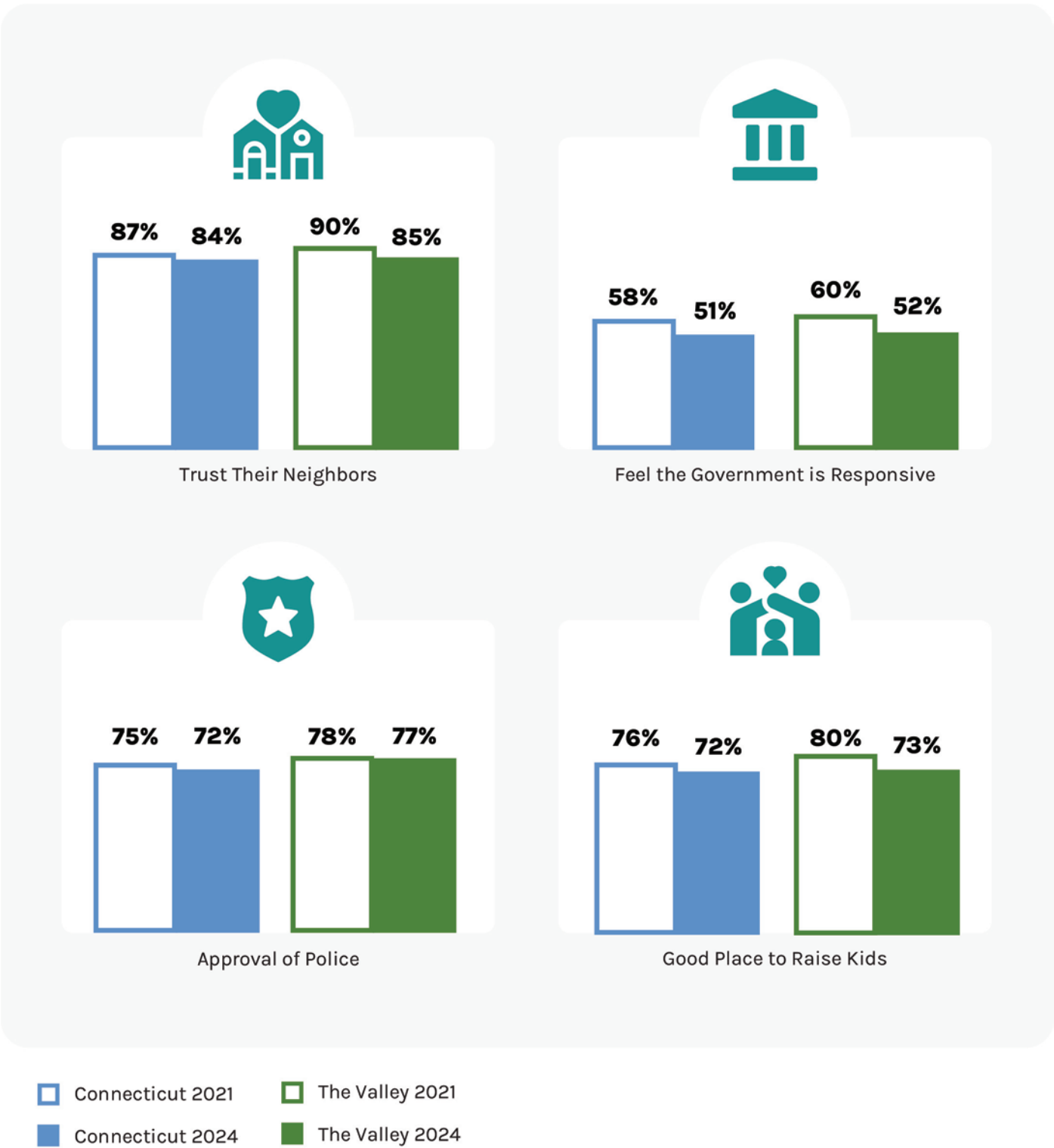
“I don’t feel safe walking in my neighborhood at night.”



“People in my neighborhood can be trusted.”



1.30 Sentiments on Local Government and Community Cohesion, Connecticut and The Valley



Two-thirds of all residents say they consistently have the emotional support they need and also report they are not experiencing feelings of depression. However, these sentiments vary between the age groups seen in the Valley. Social and emotional support is lower among younger adults (ages 18-34). In this age group, 21% report rarely feeling supported. Over 40% of younger adults also say they feel down or depressed multiple days within a two-week period.⁸

1.31 Mental Wellbeing & Support of Valley Community Members

<i>"How often do you get the social and emotional support you need?"</i>	All	Age 18-34	Age 35-49	Age 50-64	Age 65+
Always	33%	18%	38%	30%	48%
Usually	34%	42%	26%	37%	31%
Sometimes	18%	15%	21%	22%	13%
Rarely	9%	21%	6%	6%	2%
Never	4%	3%	7%	3%	4%
DK/Refused	1%	0%	2%	3%	1%

<i>"Over the past 2 weeks, how often have you felt down, depressed, or hopeless?"</i>	All	Age 18-34	Age 35-49	Age 50-64	Age 65+
Nearly every day	5%	6%	7%	3%	4%
More than half the days	6%	8%	6%	9%	1%
Several days	18%	28%	19%	18%	7%
Not at all	67%	53%	68%	66%	85%
DK/Refused	3%	4%	0%	4%	3%

What Matters Most to the Community

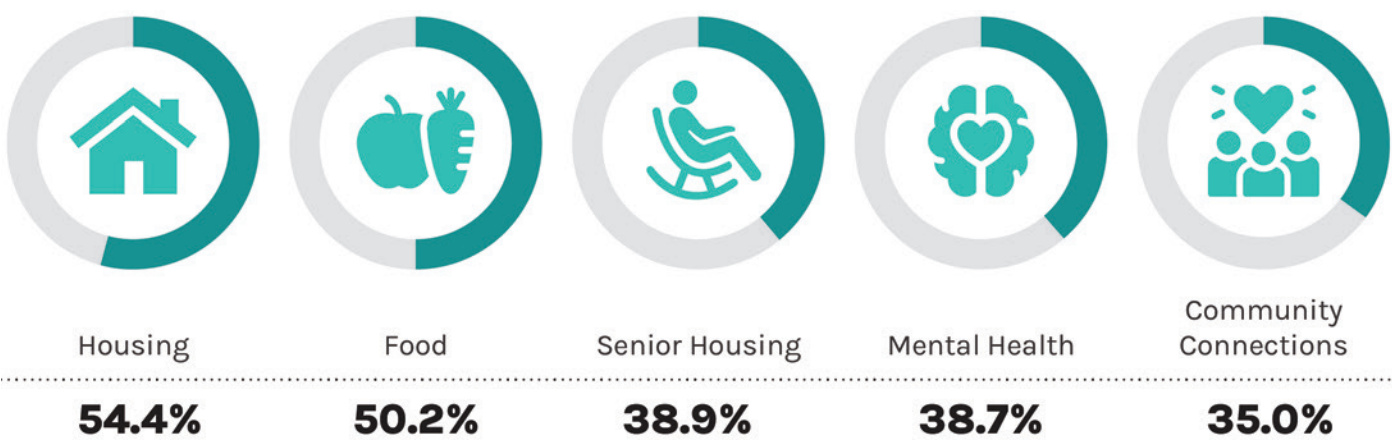
Understanding the health and well-being of the Valley begins not only with data, but with listening. After reviewing demographic trends and key social indicators, the next step in developing this Community Index was to hear directly from residents: the people who live, work, learn, and care for others in Ansonia, Beacon Falls, Derby, Naugatuck, Oxford, Seymour, and Shelton.

Each Community Index Committee, made up of local leaders, service providers, and advocates, reviewed regional data and identified priority themes based on the challenges they observed in their work and neighborhoods. But it was essential to bring those themes back to the community and ask: Do these priorities reflect your experience? What challenges feel most urgent in your daily life?

The Valley Council launched a region-wide community survey in early 2025 exploring these questions. The survey was distributed through schools, libraries, municipal offices, health and social service agencies, and social media, ultimately capturing the voices of more than 400 residents across all seven towns. Respondents reflected a cross-section of the Valley, ranging in age, race, income, and lived experience.

The results were illuminating. In many ways, residents affirmed what service providers already see every day. But they also added nuance, naming unmet needs, elevating emotional and social stressors, and drawing attention to everyday obstacles that often go unrecognized.²²

1.32 What Are The Top 5 Challenges In Our Community?





According to the community survey, the top five challenges identified were:

- Housing
- Food access
- Senior housing and aging in place
- Mental health
- Community connections

These priorities are not abstract: they are deeply personal. They reflect the lived experiences of parents struggling to feed their children; of older adults navigating independence while facing housing instability; of teens and young adults searching for belonging and mental health support; and of families making difficult choices between food, bills, and medical care.

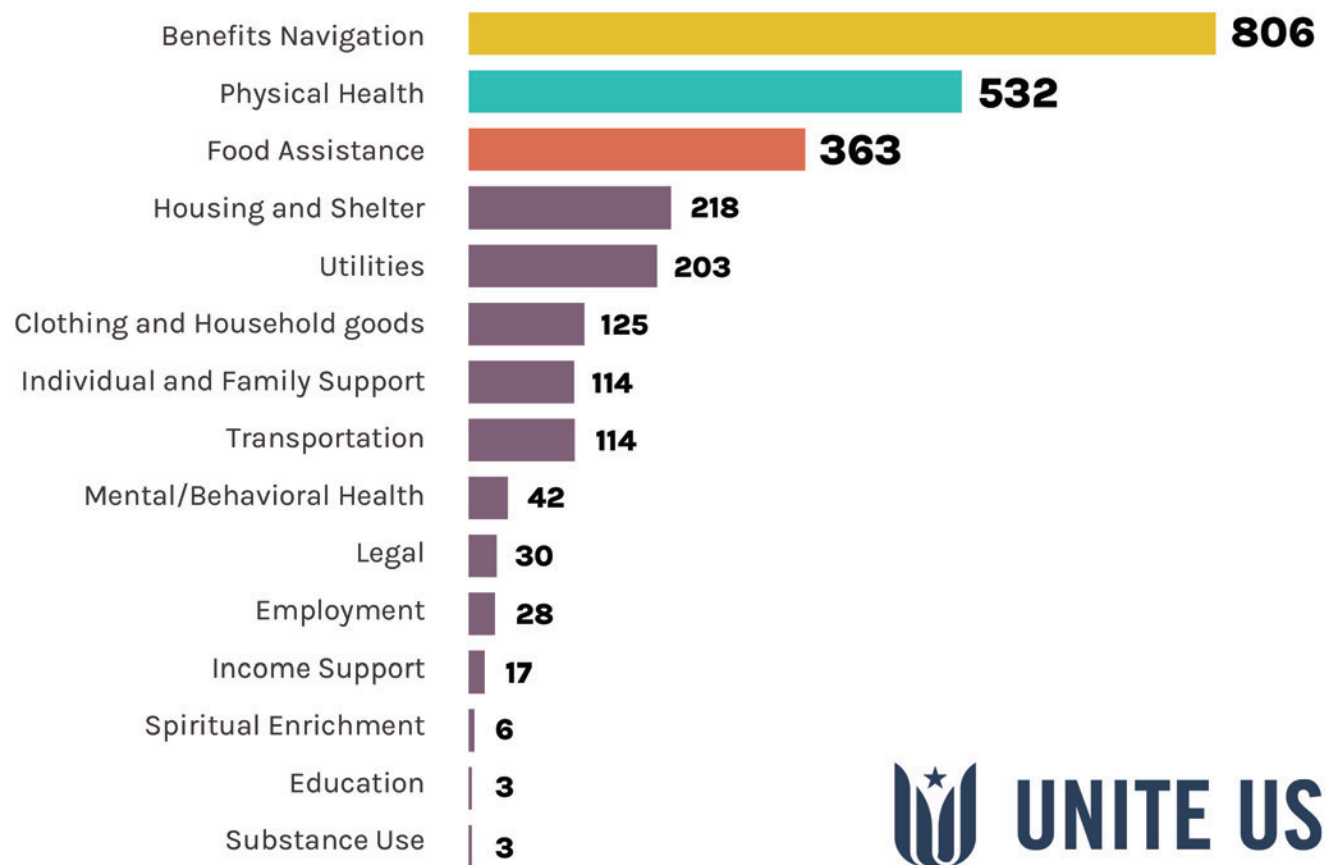
These concerns are reflected in recent requests across the Valley for assistance and information both to 211 and Unite Us, which are referral systems in the state that provide information and connections to resources.^{23, 24}

1.33 211 Requests – Valley by Location (3/4/24 – 3/3/25)

Requests	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton
Housing & Shelter	● 37.6%	● 25.6%	● 40.0%	● 28.6%	● 24.5%	● 32.3%	● 30.5%
Food	● 10.6%	5.8%	● 12.0%	● 9.3%	● 9.8%	● 9.8%	8.9%
Utilities	3.4%	7.0%	3.9%	5.4%	2.1%	3.4%	4.0%
Healthcare & COVID-19	7.9%	7.0%	5.6%	7.3%	8.2%	8.2%	6.4%
Mental Health & Addictions	● 17.1%	● 27.9%	● 12.2%	● 26.1%	● 31.4%	● 23.3%	● 27.1%
Employment & Income	8.5%	8.1%	● 12.3%	8.9%	6.1%	8.7%	● 9.2%
Clothing & Household	3.4%	1.2%	2.4%	2.3%	<1.0%	2.1%	1.6%
Child Care & Parenting	<1.0%	0.0%	<1.0%	<1.0%	0.0%	<1.0%	<1.0%
Government & Legal	4.9%	3.5%	3.8%	4.2%	7.4%	5.7%	4.2%
Transportation Assistance	<1.0%	2.9%	1.8%	1.6%	1.9%	<1.0%	1.5%
Education	<1.0%	0.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%
Disaster	<1.0%	1.7%	<1.0%	<1.0%	0.0%	<1.0%	<1.0%
Other	5.2%	● 9.3%	5.2%	5.3%	7.4%	4.9%	5.8%
Count	2651	172	1473	2831	376	863	2455

● 1st Choice ● 2nd Choice ● 3rd Choice

1.34 Unite Us Requests for Assistance (4/1/24-4/15/25)



1.35 Unite Us Requests by Category

Service Type	Subcategory One	Subcategory One
Benefits Navigation	Health Insurance	Benefits Eligibility
Physical Health	Dental Care	Primary Care
Food Assistance	Emergency Food	SNAP/WIC/Other Programs

This Index is not only about what is measurable, but also about what matters most. And for Valley residents, what matters most is the ability to live with dignity, connection, and stability.

The sections that follow examine each of these community-identified priorities in greater depth, exploring how they appear in daily life, what the data reveals, and where there are opportunities to strengthen and align local systems of support.

Economic Security and Basic Needs

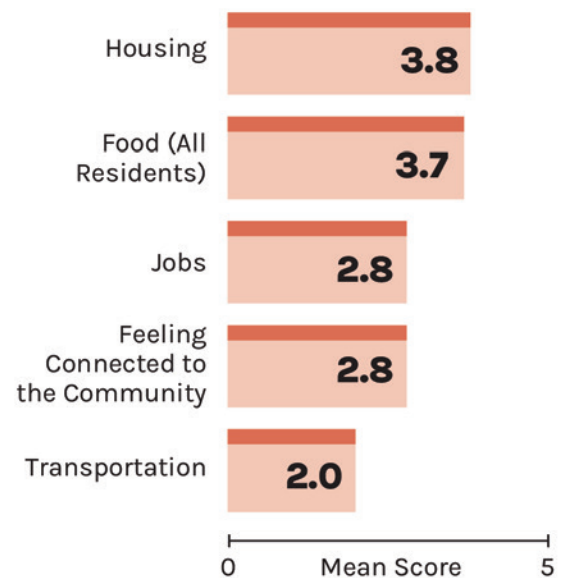
Economic security is a foundational component of health and well-being, yet many Valley residents continue to face barriers to stability that affect their housing, nutrition, employment, and ability to fully participate in community life. The data, paired with committee insights and the voices of community members through the surveys, reveals the need for coordinated, place-based solutions that build long-term opportunity for all.

Throughout committee discussions and community feedback, five themes related to economic security and basic needs consistently rose to the top:

- Housing Access and Affordability
- Food Insecurity
- Employment and Workforce Development
- Community Connection
- Transportation Access

Each of these issues reflects core social drivers of health and continue to shape the daily experiences of Valley residents.

2.01 Survey Ranking Basic Needs by Importance (1-5 Scale)



Housing Access and Affordability

Housing was the most frequently cited challenge in the community survey, identified by 54% of respondents in rating all community impacts and rising to the top when ranking economic and basic needs issues.²²

This issue is deeply felt, particularly in Ansonia and Derby, where many households are cost-burdened. Cost-burdened households spend 30% to almost 50% of their income on housing while severely cost burdened households spend half or more of their income on housing. Within the Valley, the combined cost burdened and severely cost burdened rates range from 24% in Oxford up to 45% in Derby.¹² This burden is felt by renters as well as homeowners.

For example, in Derby, 60% of renters spend more than a third of their income on housing, often at the expense of other necessities like food, transportation, and healthcare.¹⁵ In fact, 15% of surveyed residents reported not having enough money to provide shelter for their family at some point during the year, up from 9%. These impacts are changing how people live. There was a decrease in surveyed residents owning their homes and an increase in living with friends or family.⁸

2.02 Cost Burdened Households

Location	Total HHs	Cost Burdened HHS (#)	Severely Cost Burdened HHs(#)	Cost Burdened HHS (%)	Severely Cost Burdened HHs(%)	Cost + Severely Cost (%)
Ansonia	7455	1478	1266	19.8%	17.0%	36.8%
Beacon Falls	2651	432	487	16.3%	18.4%	34.7%
Derby	5775	1144	1430	19.8%	24.8%	44.6%
Naugatuck	12534	2372	1565	18.9%	12.5%	31.4%
Oxford	4929	816	382	16.6%	7.8%	24.3%
Seymour	6287	1422	643	22.6%	10.2%	32.8%
Shelton	15741	2287	2435	14.5%	15.5%	30.0%

	Renters Cost Burdened (%)	Owners Cost Burdened (%)
Ansonia	40%	33%
Beacon Falls	27%	40%
Derby	60%	35%
Naugatuck	38%	27%
Oxford	19%	22%
Seymour	45%	25%
Shelton	48%	23%

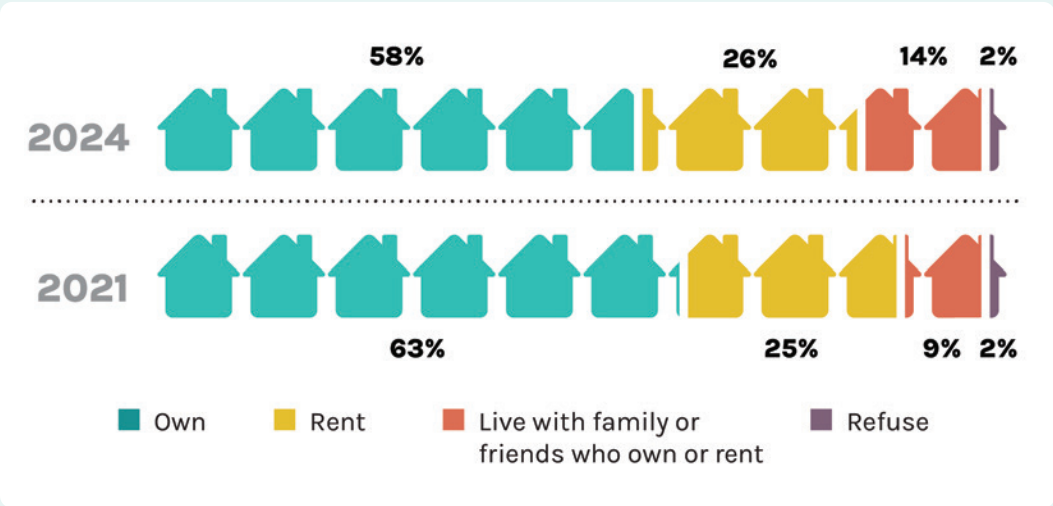
Cost Burdened
30.0%-49.9%
of income spent
on housing



Severely Cost Burdened 50.0%
or more of income
spent on housing

2.03 Self-Reported Housing Status

Do you own your home, rent or something else?



In the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?

15% - 2024
9% - 2021

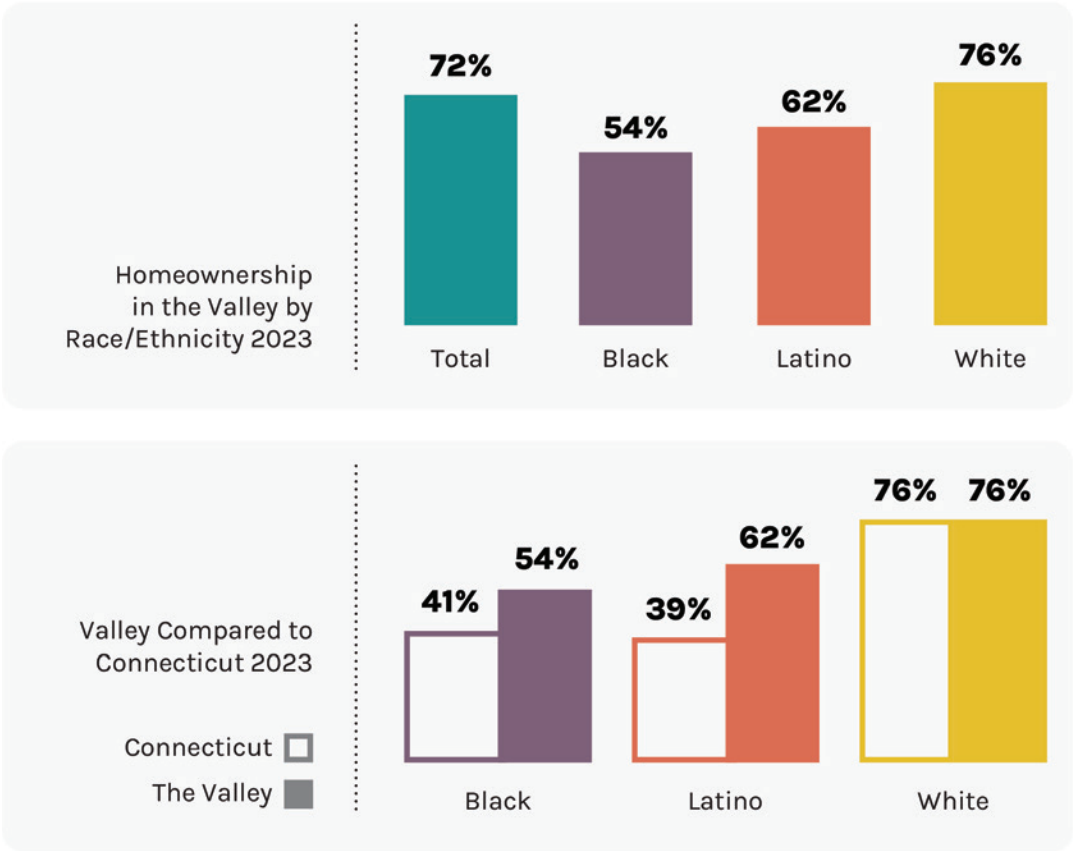
Almost three quarters of surveyed community members who participated in the wellbeing survey own homes. Homeownership is a goal of most community members, yet there are differences in the ability to achieve this goal in the Valley. While the rates of homeownership by various racial groups are higher in the Valley compared to the state, if you live in the Valley, you are less likely to own a home if you are Black (54%) or Latino (62%) than if you are White (76%).¹

To afford a modest two-bedroom apartment in the Valley, in 2024, a worker must earn between \$25.67 and \$31.77/hour, a wage that is beyond what many local jobs offer.¹⁵

In 2024 the median rent ranged from \$1,230 to \$1,818.¹⁵ Rents have continued to climb in 2025. Fair market values are set by the Connecticut Department of Housing and Urban Development (HUD) and represent clusters of towns/cities. Ansonia, Beacon Falls, Naugatuck, Oxford, and Seymour are part of the Milford-Ansonia-Seymour HUD area and show a fair market rent of \$1,895 for a two-bedroom apartment in year-to-date 2025. Derby and Shelton are in the Danbury HUD area and have a \$2,237 fair market rent for a two-bedroom apartment in year-to-date 2025.²⁵ Valley residents spend an average of 3.2%-4.8% of their income on energy, further stretching already tight budgets.¹⁵

In areas where subsidized housing and multifamily units are more concentrated, there are both opportunities and challenges. While higher-density housing can expand access, particularly in communities like Derby and Ansonia where 42-46% of homes are multifamily units and over one-third of households are cost-burdened, the concentration of subsidized housing in these areas may place added pressure on local services and deepen existing socioeconomic disparities.¹⁵

2.04 Homeownership



2.05 Housing Expenses

	Median Rent	Hourly Wage Needed for 2 BR Apt	% of Housing Subsidized	% Spent on Energy of Total Income
Ansonia	\$1,329	\$31.58	15.0%	4.8%
Beacon Falls	\$1,818	\$31.58	2.0%	3.4%
Derby	\$1,307	\$31.58	12.0%	4.6%
Naugatuck	\$1,238	\$25.67	8.0%	3.8%
Oxford	\$1,230	\$31.58	1.0%	3.2%
Seymour	\$1,330	\$31.58	6.0%	3.9%
Shelton	\$1,539	\$31.77	3.0%	3.4%

2.06 Fair Market Value Rent 2025

	Fair Market Rent 2 Bedroom Apartment
Ansonia*	\$1,895
Beacon Falls*	\$1,895
Derby**	\$2,237
Naugatuck*	\$1,895
Oxford*	\$1,895
Seymour*	\$1,895
Shelton**	\$2,237

Fair Market Rents (FMRs) are set by the Department of Housing and Urban Development (HUD) each year. FMRs are used to determine standard payment amounts for Section 8 housing, Housing Choice Voucher program, and other government housing assistance programs. FMR prices are the 40th percentile rates in an area. The 50th percentile would be the median price. By design, Fair Market Rents are slightly below the median. For homes with five or more bedrooms add 15% of the 4-bedroom price for each additional room.

Note: 2-bedroom fair market rent, 5/7/25
Note: *= Milford-Ansonia- Seymour CT HUD Metro FMR Area (2025)
Note: ** = Danbury CT HUD Metro FMR Area (2025)

2.07 Housing Information

	% Homes Renter Occupied	% Multifamily Homes	% Affordable Homes of All Housing Units
Ansonia	41%	46%	15%
Beacon Falls	17%	21%	2%
Derby	33%	42%	12%
Naugatuck	33%	32%	8%
Oxford	8%	3%	1%
Seymour	24%	31%	6%
Shelton	21%	22%	3%

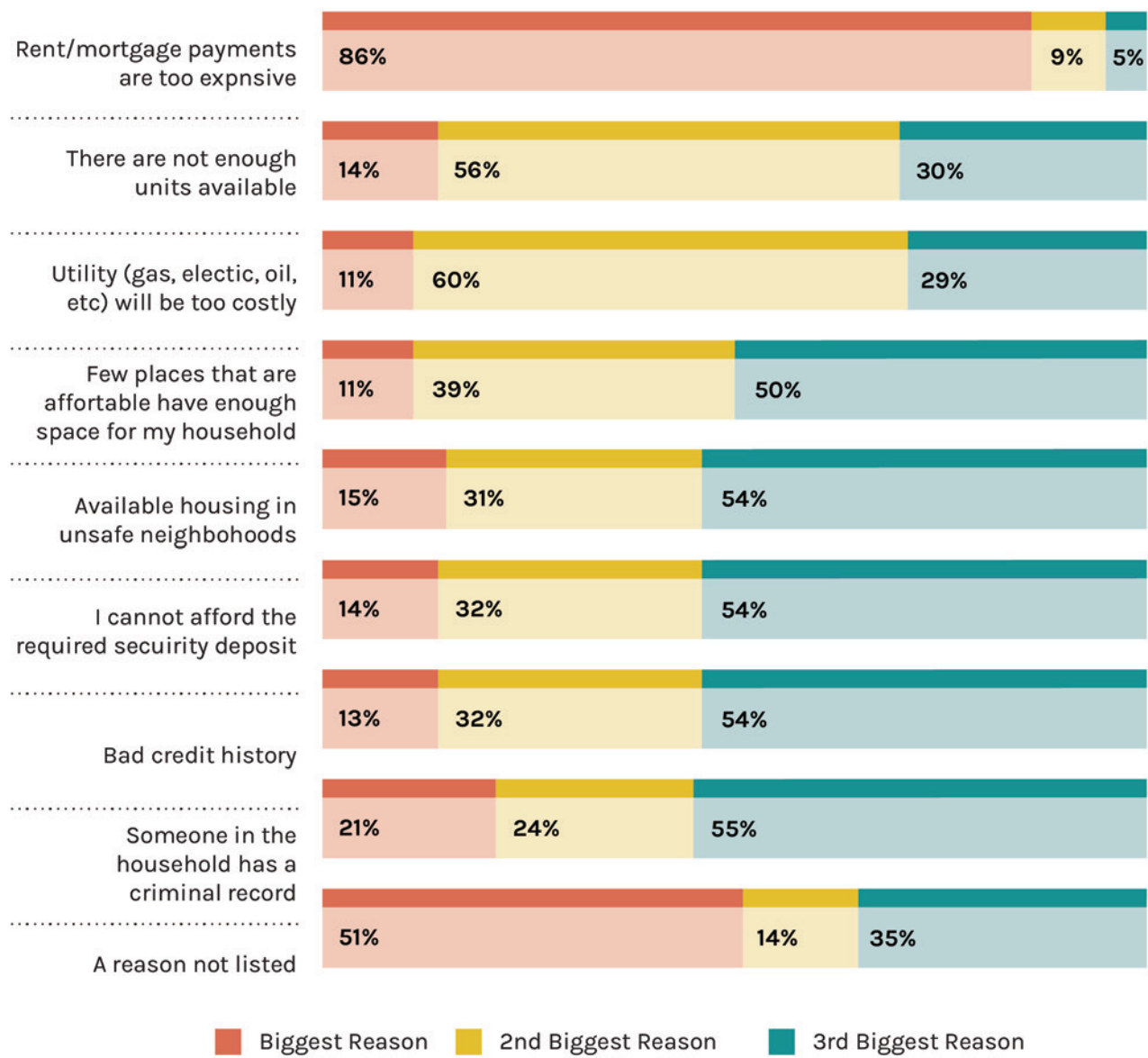
“Available housing means the most to me as I have now been homeless twice within 2 years. There is not enough help or affordable housing.”

- Community Member²²

Housing instability is not just about cost. In the TEAM survey, residents also report difficulty finding available units, managing high utility bills, and dealing with aging infrastructure. 86% of survey respondents identified rent and mortgage costs as the biggest barrier to securing housing. Others pointed to utility expenses and a lack of options.²¹

2.08 Housing-Accessibility

What do you believe the top 3 reasons you or someone in your household has had trouble finding a place to live? If this isn't the case in your household, please share your opinion based on your experiences in the community.

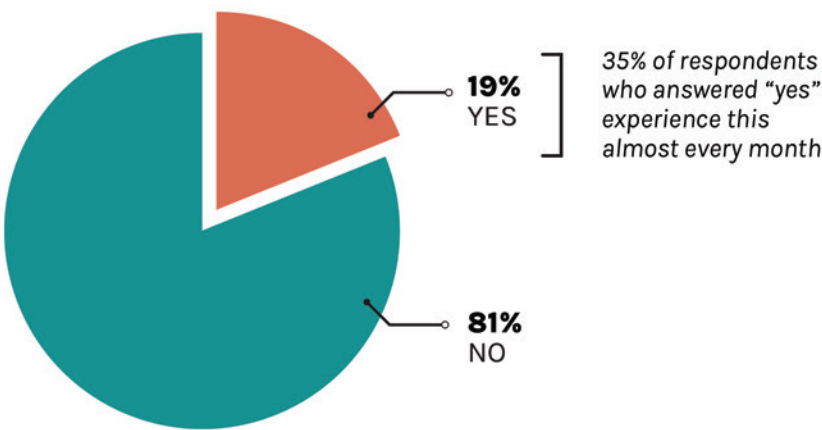


Food Security and Basic Needs

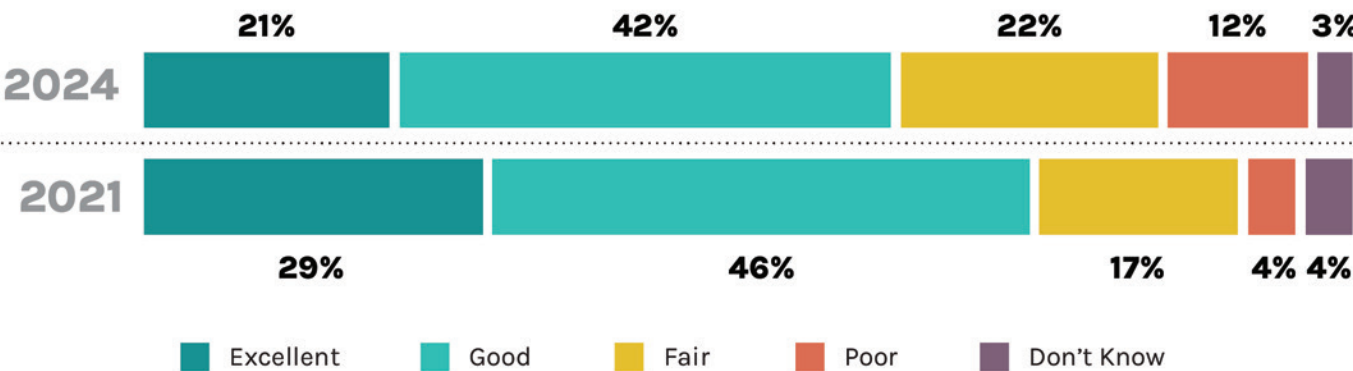
Food insecurity continues to rise in the Valley, closely tied to wages, housing costs, and family size. In the community survey, food was ranked as the second most important economic issue for residents.²² 19% of wellbeing survey respondents said they didn't have enough money for food at least once during the year.

However, more than one-third of surveyed residents who reported food insecurity face this problem almost every month, making hunger a regular part of life for far too many. In addition, residents surveyed feel there is a decrease in the availability of affordable, quality fruits and vegetables, making it difficult for them to provide fresh, healthy meals for themselves and their families. The burden is heaviest on women, younger adults, and families with children, the same groups also struggling with housing affordability.^{8,6}

2.09 Food Insecurity in the Valley
.....
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?

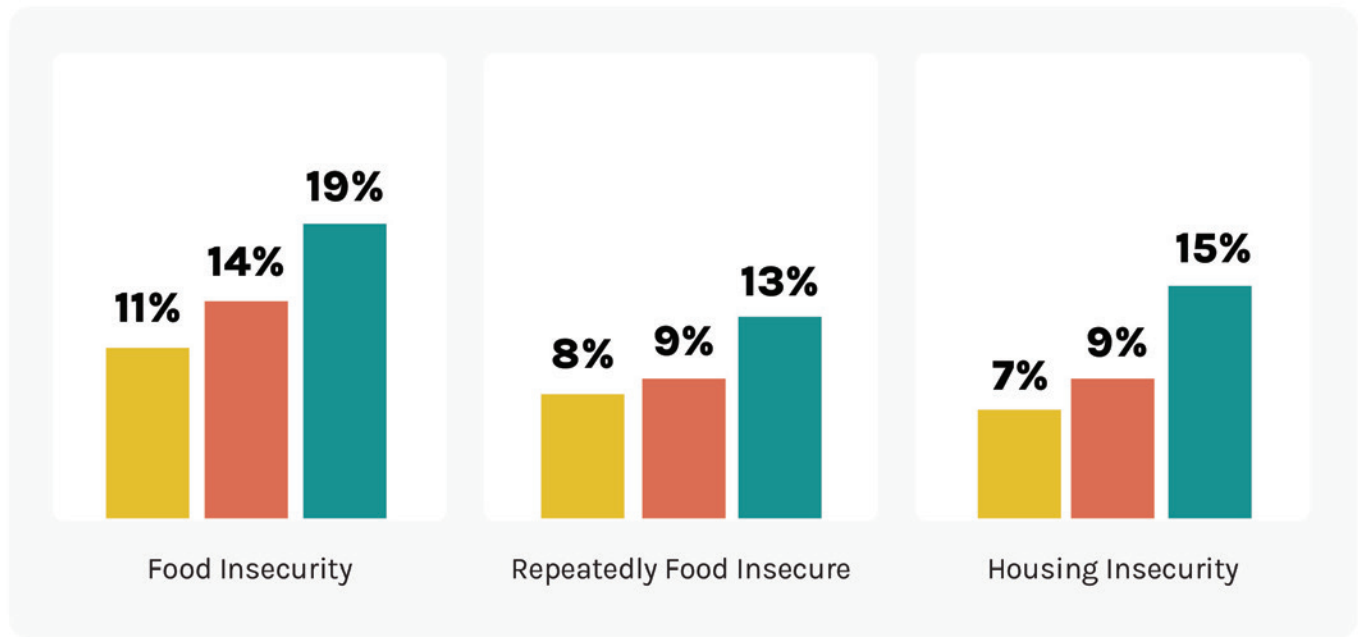


2.10 Availability of Affordable, Quality Fruits & Vegetables



2.11 Financial Hardship

Valley Financial Hardship Indicators Three Year Comparison



2018 2021 2024

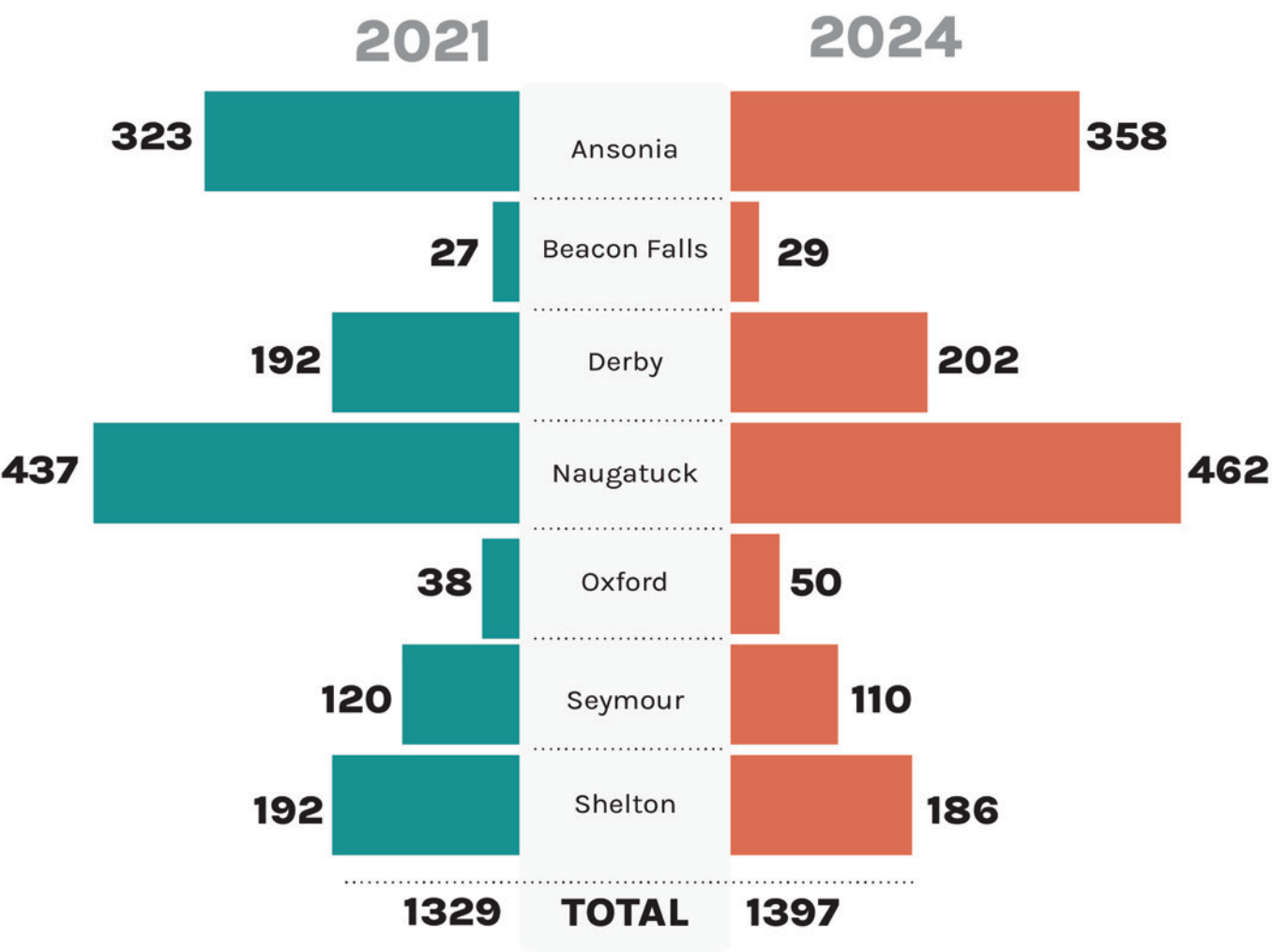
		Food Insecurity	Repeatedly Food Insecure	Housing Insecurity
Location	Connecticut	18%	13%	12%
	Valley	19%	13%	15%
Valley, By Sex	Male	14%	9%	18%
	Female	23%	17%	13%
Valley, By Family Type	Kids in home	28%	17%	16%
	No Kids	15%	12%	15%
Valley, By Age	Ages 18-34	27%	19%	20%
	Ages 35-49	24%	18%	16%
	Ages 50-64	19%	12%	13%
	Ages 65+	5%	4%	12%

The Connecticut Special Supplemental Nutrition Program for Women, Infants and Children, commonly known as WIC, saw participation rise from 1,329 to 1,397 between 2023 and 2024 in the Valley.²⁶ Meanwhile, food pantry use climbed over a third (36.7%) from 2023 to 2024, with the steepest increases among seniors and children. The average number of people served per month continued to climb in January- April 2025.²⁷ The food pantry statistics most likely understate need since they do not include the many mobile food pantries, popup food distributions and small food pantries located within local organizations such as churches and childcare centers.

Despite growing efforts by local organizations to expand food assistance, the demand continues to exceed available resources. High food prices and reduced relief programs are compounding the challenge, particularly in communities with limited access to full-service grocery stores.

These stressors are deeply interconnected. When families cannot afford food and housing, their health, well-being, and ability to pursue employment or education are all impacted.

2.12 WIC (Women/Infant/Children) Historical Trend



2.13 Food Pantry Utilization, Average Number of People Served Per Month

	Total 2023	Total 2024	Increase 2023-2024	Jan-April 2025
Age 0-17	820	1,243	51.7%	1,577
Age 18-59	1,382	1,788	29.4%	2,258
Age 60+	428	563	31.4%	754
Total	2,630	3,594	36.7%	4,589

Includes 10 pantries in the Valley. See Below:

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7. St. Vincent De Paul
8. The Salvation Army – Greater Valley CT
9. CT Partnership for Children, school-based pantry
10. Naugatuck Ecumenical Food Bank

“Without food, folks can’t
focus on other issues.”

– Community Member²²



Employment and Workforce Development

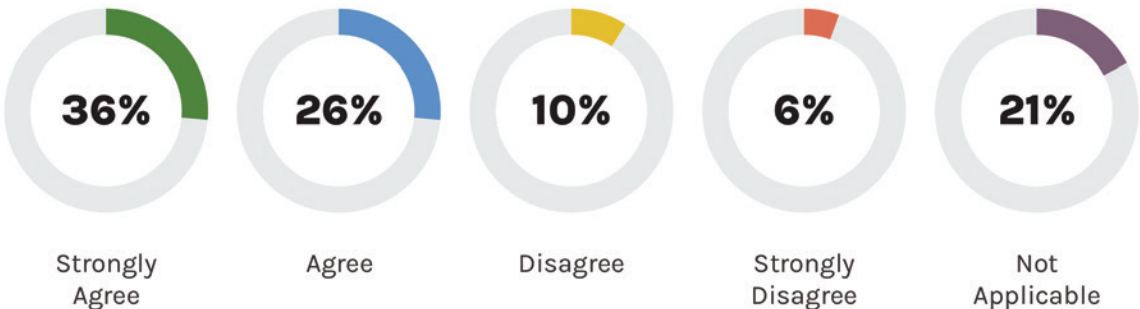
Over 60% of survey participants reported in the TEAM survey that securing or keeping a good-paying job is a major challenge. The issue extends beyond job availability; many residents report barriers in training, childcare, or transportation that would allow them to pursue or sustain employment.²¹ In the wellbeing survey, respondents report feeling less financially secure than they were several years ago, demonstrating the relationship between employment and financial security.

The percentage of residents surveyed who felt they were living comfortably or doing alright financially declined from 68% to 56% while the percentage of those finding it difficult or very difficult to feel financially secure increased from 11% to 22%.

These trends were felt differently depending on the age of residents. Three quarters of seniors surveyed feel financially secure. On the opposite end of the age spectrum, 32% of younger adults age 18-34 report their financial status as difficult or very difficult.⁸

2.14 Employment Availability

How much would you agree that finding or keeping a good paying job is an issue for you or someone in your household?



“Even though I work full time, I cannot afford rent, food, and other necessities.”

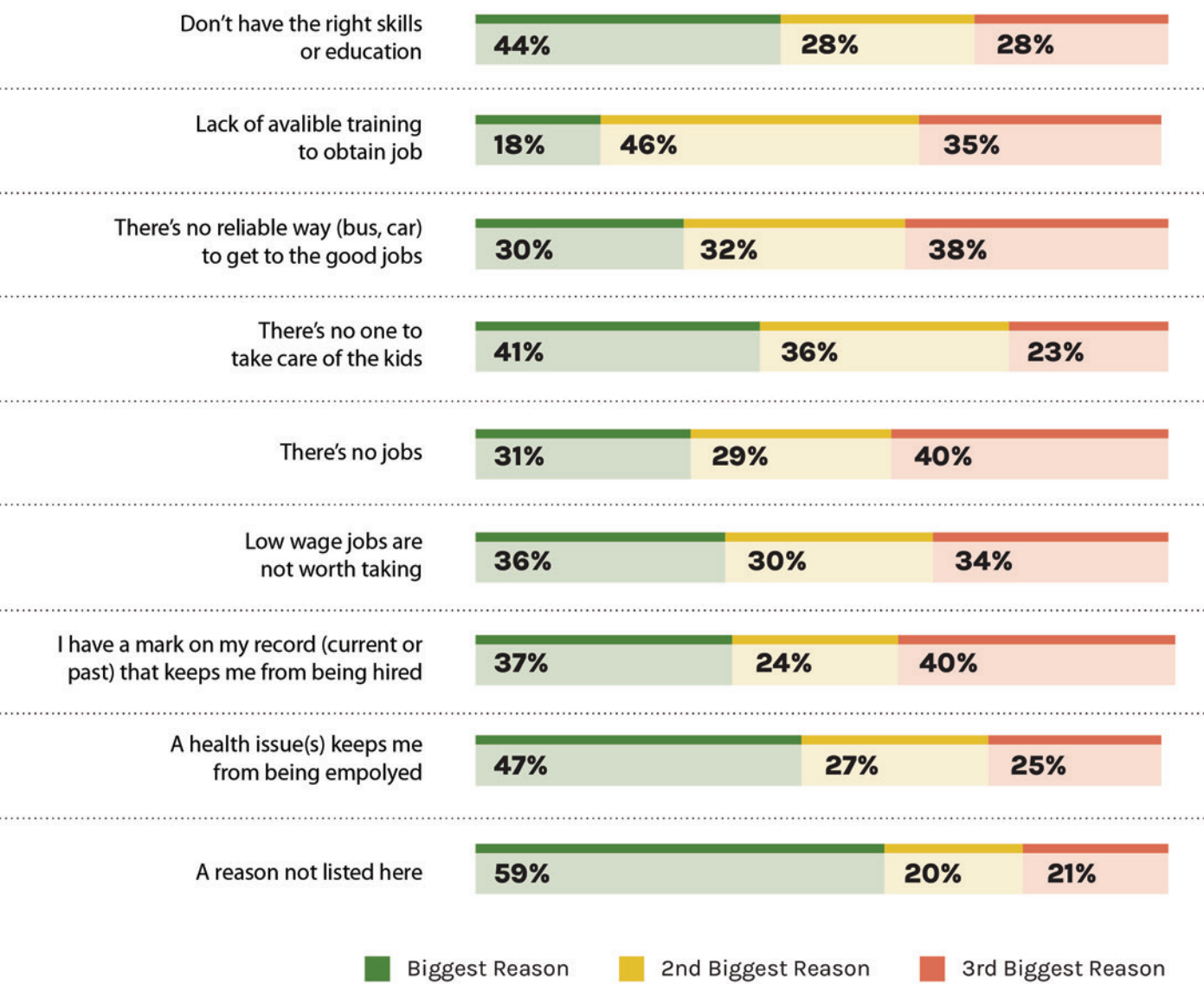
– Community Member²²

“People need jobs with competitive wages that allow them to do more than just get by.”

– Community Member²²

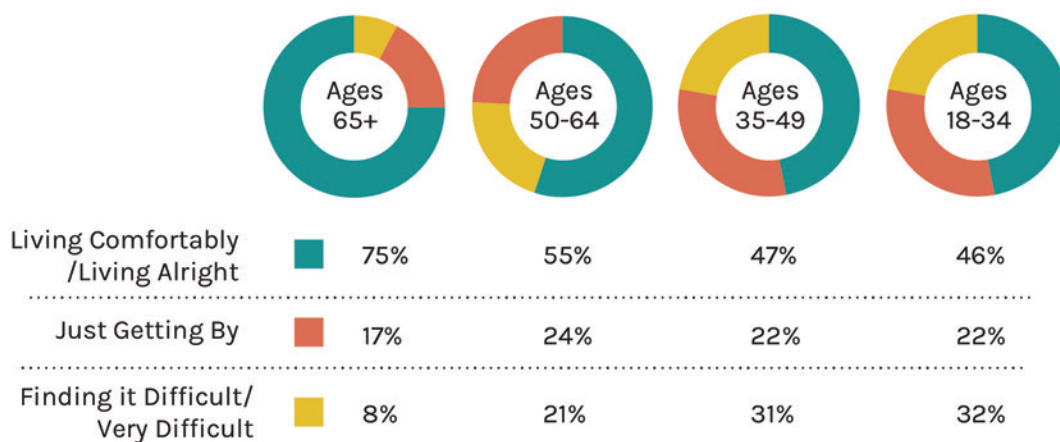
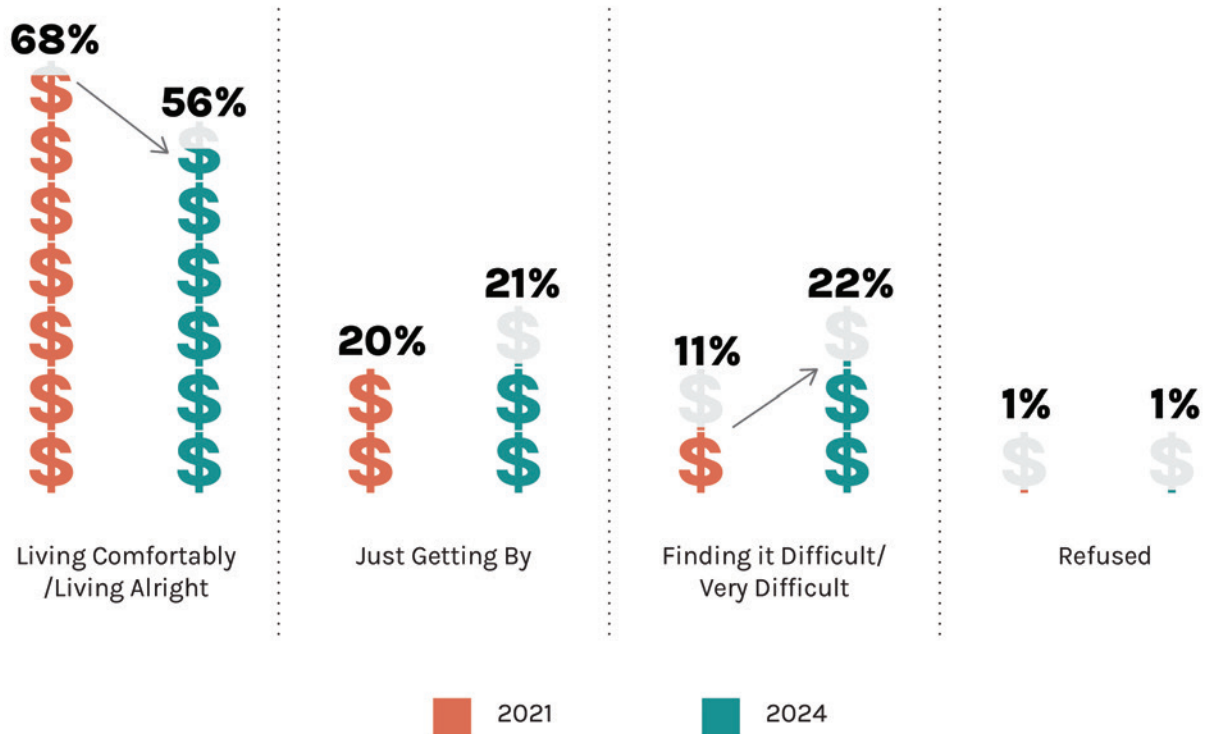
2.15 Employment Availability

Please identify what you believe are the top 3 reasons you or someone in your household have not been able to find a job. If this isn't the case in your household, please share your opinion based on your experiences in the community.



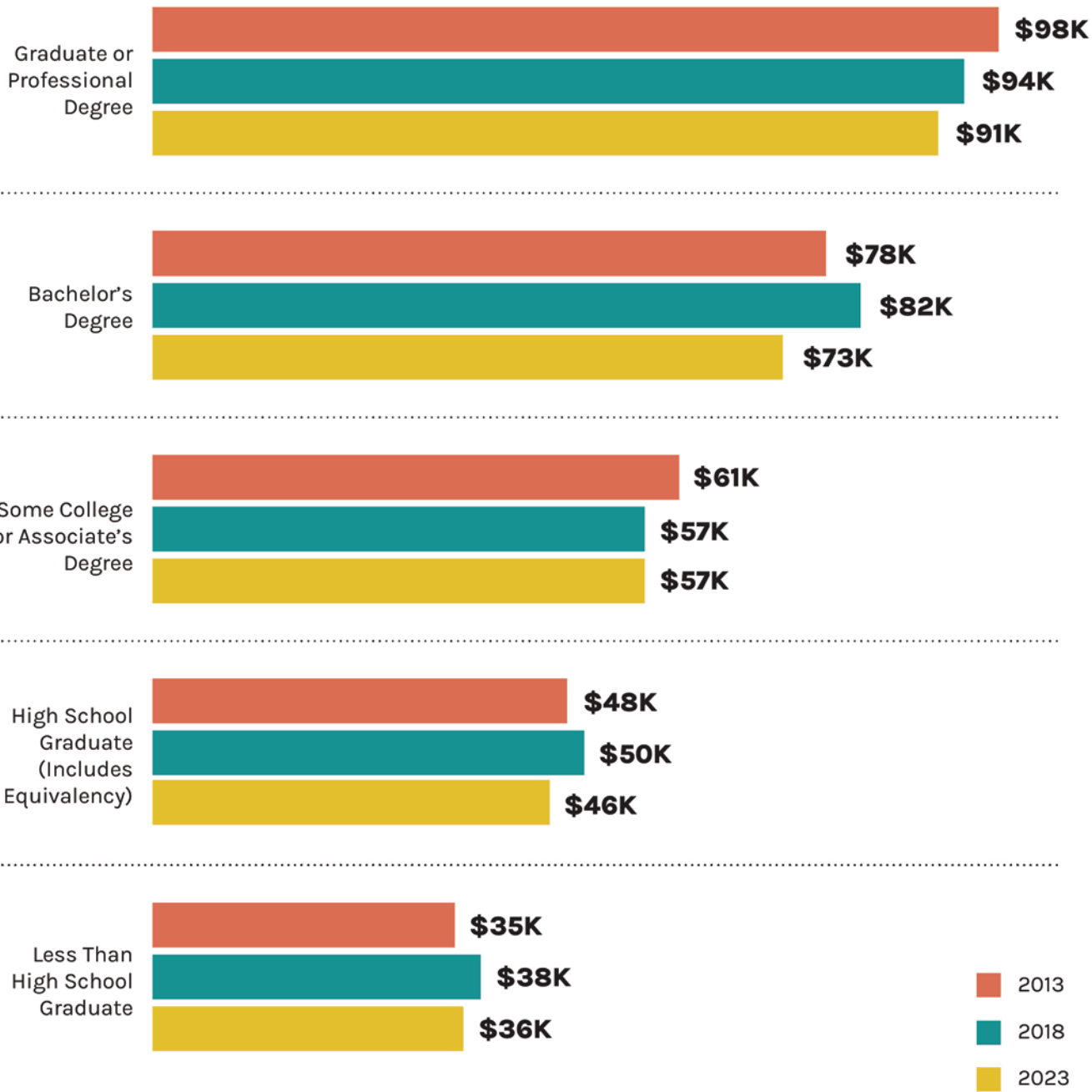
2.16 Financial Status

How well are you managing financially these days?



Educational attainment remains a key driver of economic mobility. As discussed earlier, Valley residents with a bachelor's degree earned an average of \$73,000 annually, compared to \$46,000 for those with a high school diploma and \$36,000 for those who did not graduate from high school. However, median earnings have declined in real dollars across all education levels since 2018, reflecting the broader gap between cost of living and wage growth.¹

2.17 Earnings Comparison by Educational Attainment



Adult education plays a key role in workforce development, building long-term economic stability and opportunity for Valley residents. For adults who did not complete high school, recently arrived immigrants, or those seeking career transitions, these programs provide not only academic advancement, but also critical life skills, language support, and pathways to self-sufficiency.

In the 2024–2025 academic year, 610 adults across Ansonia, Derby, Monroe, Seymour, Shelton, Naugatuck, Wolcott, and Oxford participated in programs through Valley Regional Adult Education (VRAE) and Naugatuck Adult Education (NAE). English as a Second Language (ESL) courses remain the most in-demand service, highlighting the region’s growing multilingual population and the importance of language access for workforce participation and civic engagement.²⁸

2.18 Adult Education

Programs Offered	VRAE	NAE	Total	Percentage (%)
English Second Language	191	119	310	50.8%
Credit Diploma Program	117	15	132	21.6%
General Educational Development	55	25	80	13.1%
Adult Basic Education	24	30	54	8.9%
National External Diploma Program	0	21	21	3.4%
Citizenship	11	2	13	2.1%
Total	398	212	610	100.0%

Note: VRAE = Ansonia, Derby, Monroe, Seymour, Shelton & NAE = Naugatuck, Wolcott, Oxford

The most utilized offerings included:

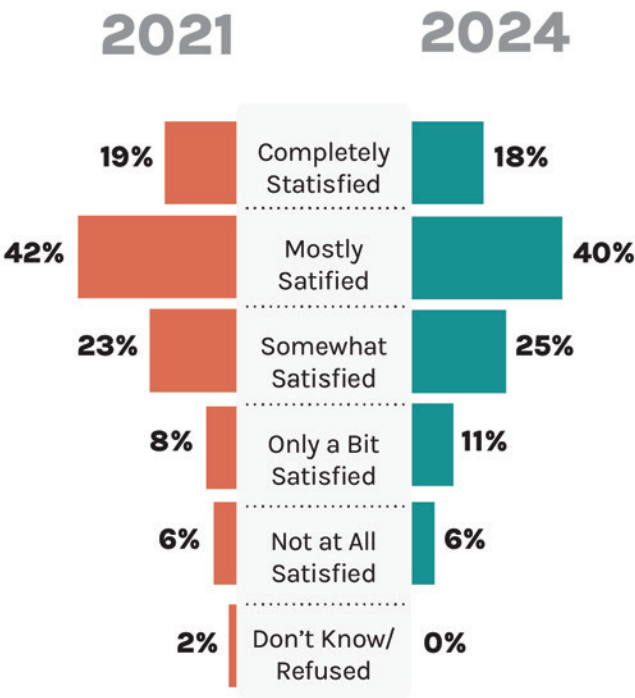
- English as a Second Language (ESL): 310 students (51%)
- Credit Diploma Program: 132 students (22%)
- GED Preparation: 80 students (13%)
- Adult Basic Education: 54 students (9%)
- National External Diploma Program and Citizenship Classes: 34 students combined (6%)

Life Satisfaction and Community Connection

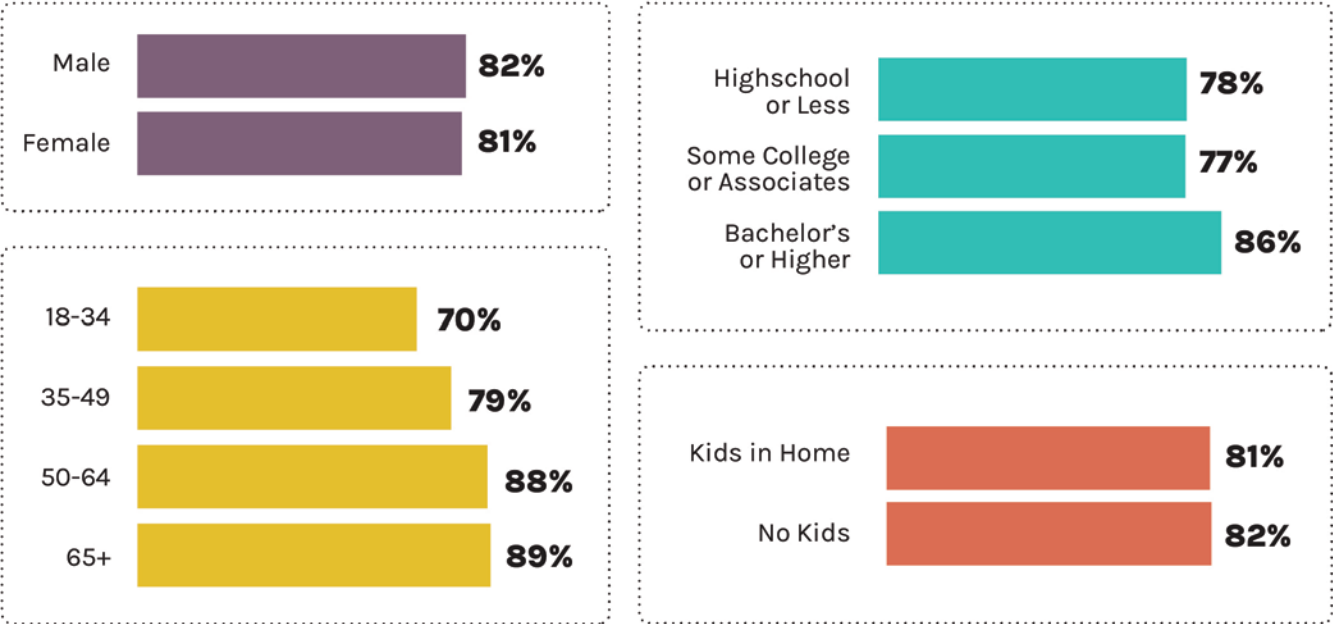
Feeling part of the community and being connected with your neighbors contributes to a sense of life satisfaction. While many Valley residents continue to report a sense of connection to their communities, growing economic strain is beginning to erode that stability.

In the wellbeing survey, 58% of residents said they were “mostly” or “completely satisfied” with their lives, a drop in responses from 61% in the prior survey.⁸ This decline could suggest broader economic and social pressures are starting to take a toll on overall well-being. Satisfaction with their lives, as captured in the wellbeing survey, remains highest among older adults and college graduates, while it is significantly lower among younger adults and those with lower educational attainment.⁸ These trends likely intersect with economic hardship, including food and housing insecurity, which were top concerns in community feedback.

2.19 Life Satisfaction in the Valley



2.20 Valley Residents: Overall Life Satisfaction Percent Satisfied, By Category 2024



In addition to a general sense of being connected to the community, the importance of having a strong personal support network is vital to mental health and well-being. Among adults aged 18-34, 42% reported in the wellbeing survey feeling down or depressed multiple days for two weeks, and 21% said they rarely feel emotionally supported. By contrast, 79% of surveyed older adults reporting having the support they need most or all of the time and 85% said they did not feel depressed in the past two weeks.⁸

2.21 Mental Wellbeing & Support of Valley Community Members

<i>“How often do you get the social and emotional support you need?”</i>	All	Age 18-34	Age 35-49	Age 50-64	Age 65+
Always	33%	18%	38%	30%	48%
Usually	34%	42%	26%	37%	31%
Sometimes	18%	15%	21%	22%	13%
Rarely	9%	21%	6%	6%	2%
Never	4%	3%	7%	3%	4%
DK/Refused	1%	0%	2%	3%	1%

<i>“Over the past 2 weeks, how often have you felt down, depressed, or hopeless?”</i>	All	Age 18-34	Age 35-49	Age 50-64	Age 65+
Nearly every day	5%	6%	7%	3%	4%
More than half the days	6%	8%	6%	9%	1%
Several days	18%	28%	19%	18%	7%
Not at all	67%	53%	68%	66%	85%
DK/Refused	3%	4%	0%	4%	3%

Mental and emotional health are inextricably linked to broader social conditions, and for many younger adults, uncertainty about the future, economic instability, and a lack of connection may be contributing to increased stress and lower life satisfaction. Conversations with service providers highlighted that many young adults in the Valley are navigating multiple stressors simultaneously, managing student debt, caring for relatives, and facing rising housing costs, all while trying to build meaningful community ties.

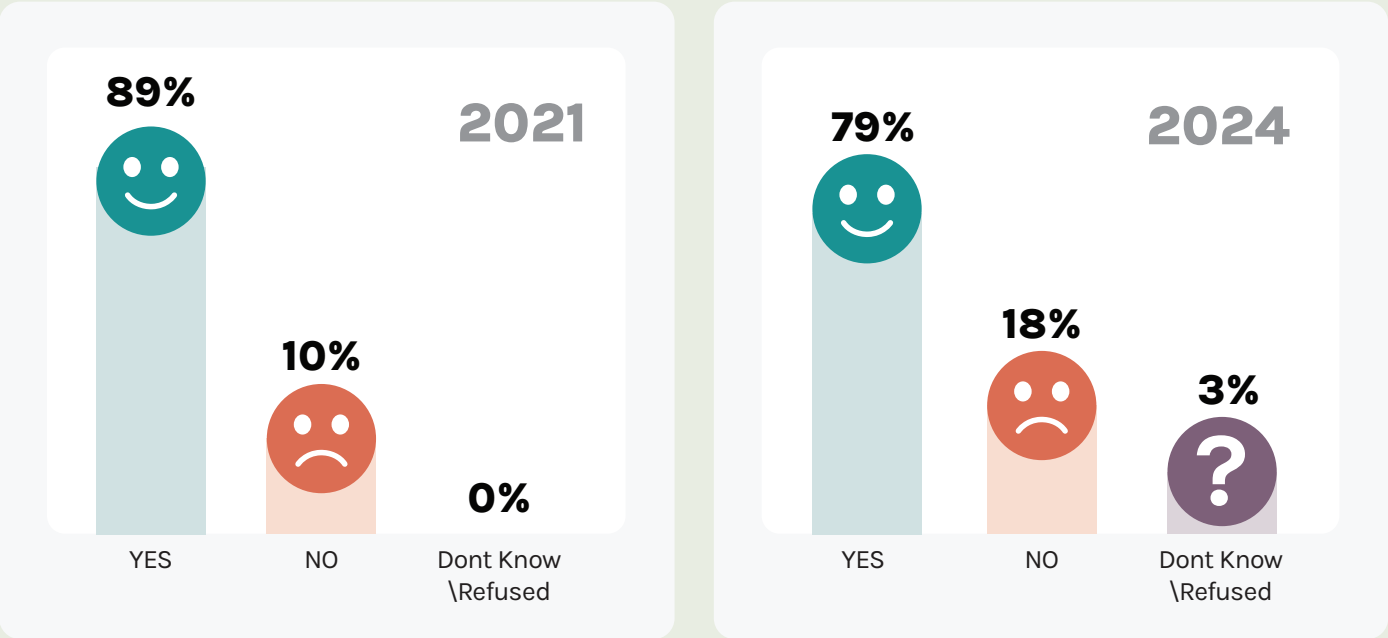
In the wellbeing survey, 79% of surveyed Valley residents are satisfied with their local area as a place to live, but this marks a decline from 89% in 2021. Perceptions of neighborhood safety and quality have also shifted. 43% of residents strongly agree that they trust their neighbors, a decline from the 51% previously reported.⁸

As trust declines and economic stress grows, a sense of community disconnection may begin to surface in parts of the Valley, particularly in areas where public investment, access to services, or opportunities for engagement feel limited.

Community connection and strong relationships is a defining characteristic of the Valley. Community members are committed to the Valley and their fellow residents. In the community survey, Valley residents are involved in and give back to their community in a variety of ways. 60% of surveyed residents report helping their neighbors and 78.7% volunteer with organizations or their towns/cities. Maintaining these strong community connections will require intentional focus to continue this hallmark of Valley life.

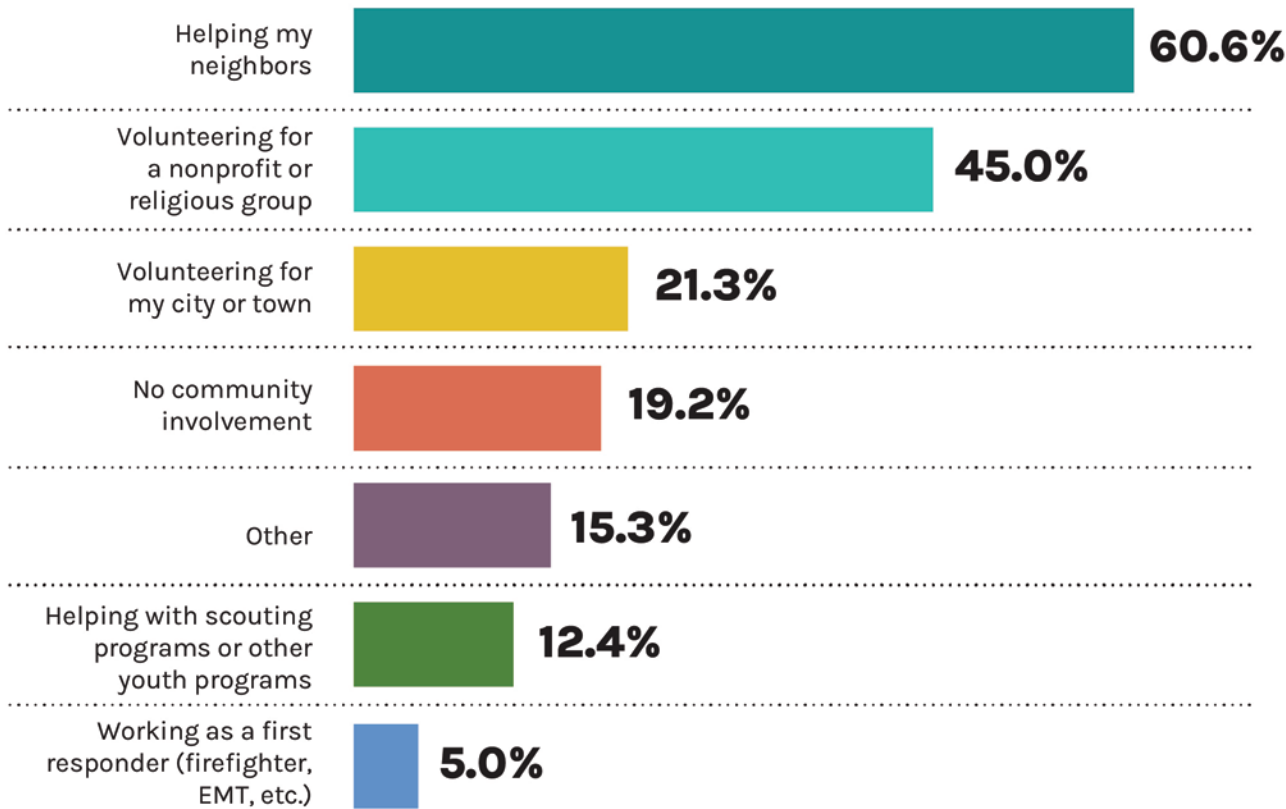
2.22 Location Satisfaction, 2021 vs. 2024

.....
“Are you satisfied with the city or area where you live?”



2.23 Volunteerism

How do you help your community?



“Even though I work full time, I cannot afford rent, food, and other necessities.”

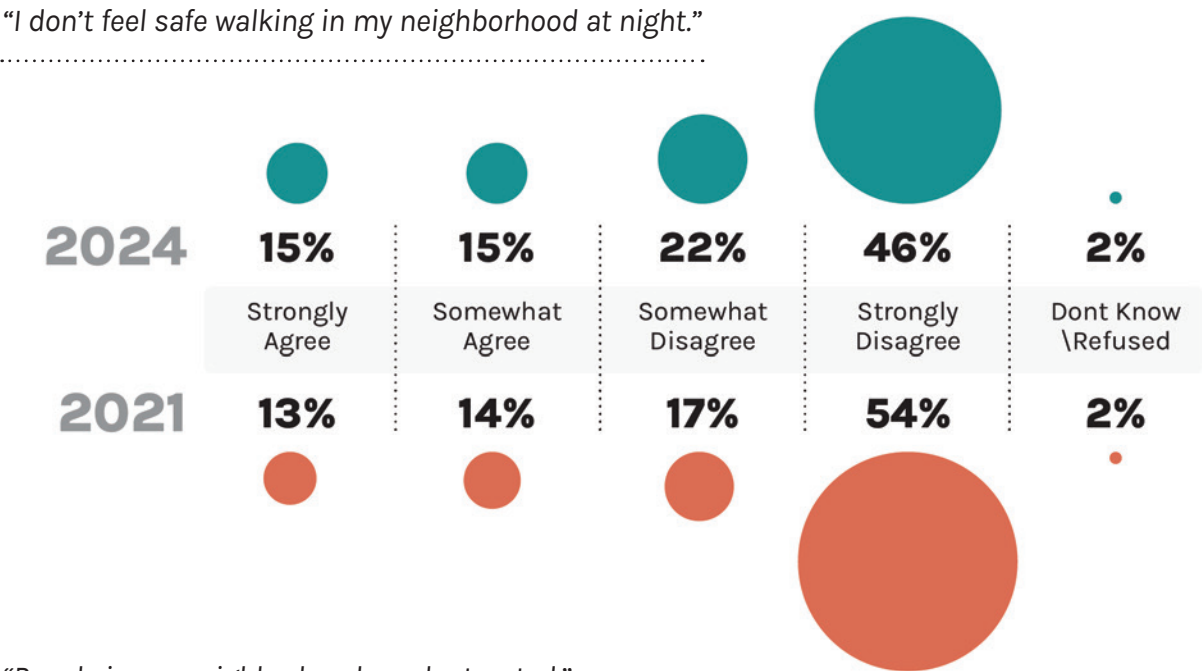
– Community Member²²

“People need jobs with competitive wages that allow them to do more than just get by.”

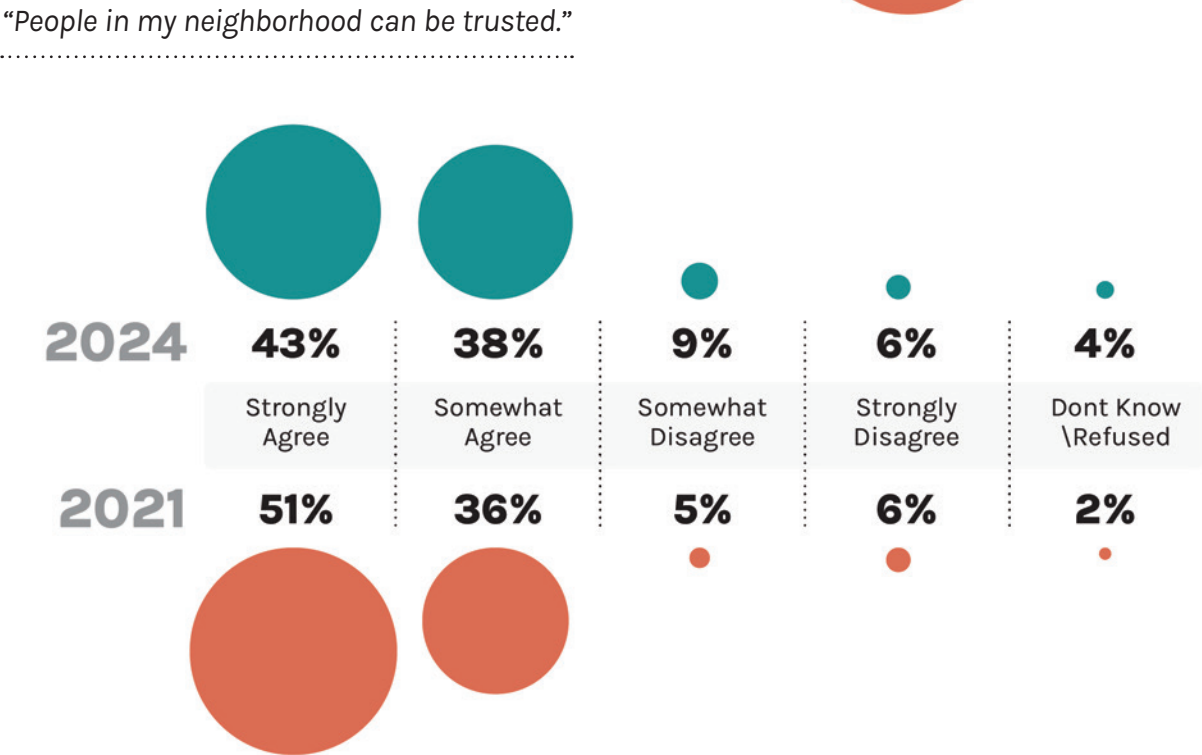
– Community Member²²

2.24 Neighborhoods

“I don’t feel safe walking in my neighborhood at night.”

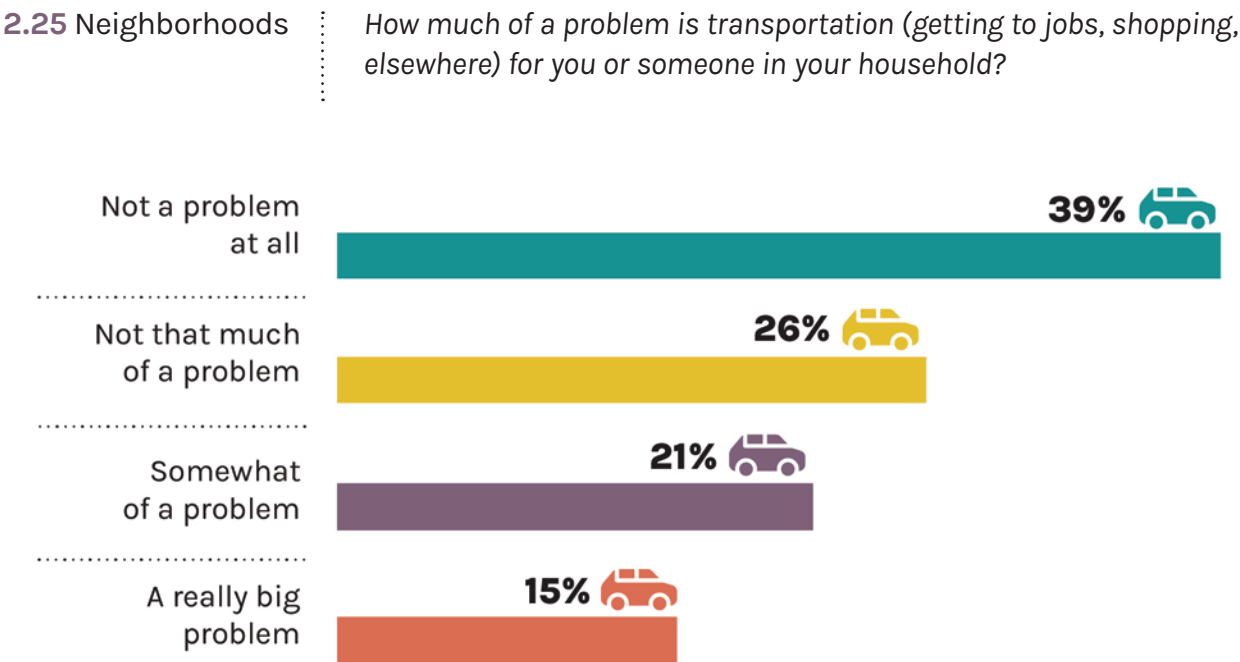


“People in my neighborhood can be trusted.”



Transportation

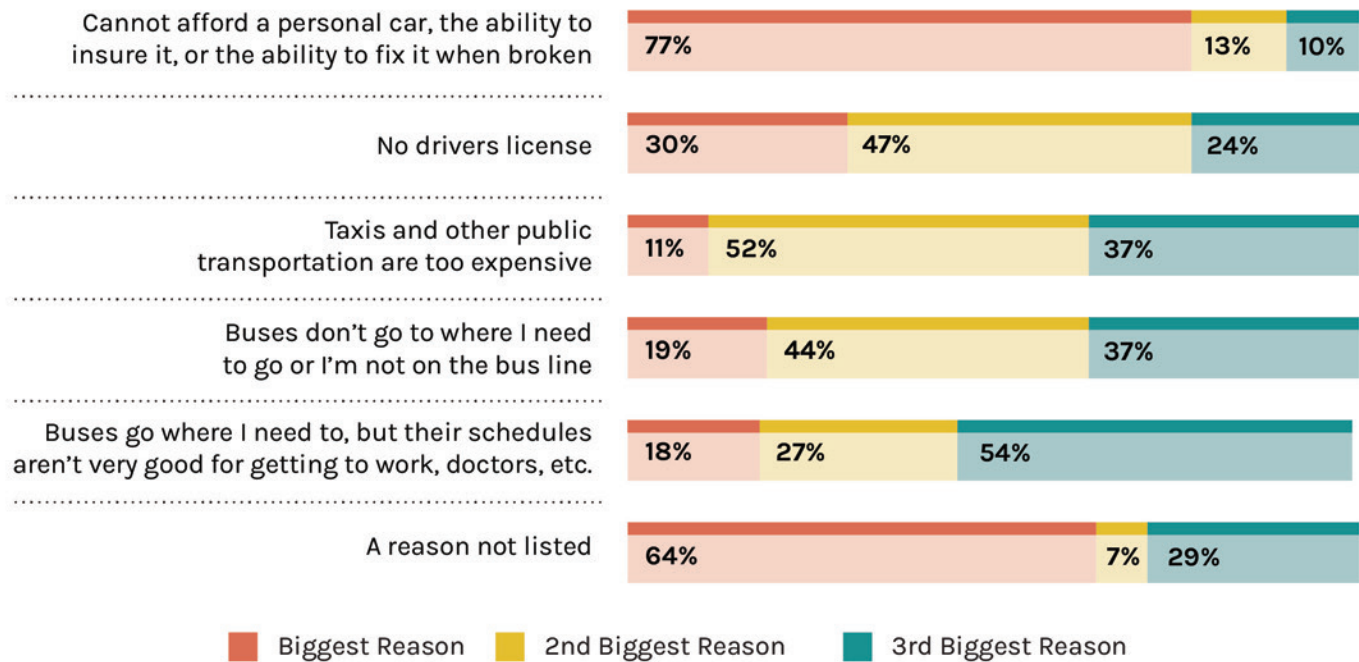
Transportation is an issue for some residents of the Valley. According to the TEAM survey, 36% of residents reported transportation challenges as a barrier to meeting their basic needs such as getting to work, accessing healthcare, reaching schools, and participating in community life.²¹



These challenges are not evenly distributed. Suburban towns like Seymour and Oxford may face increased transportation barriers due to limited public transit coverage and a higher reliance on personal vehicles. These towns also have lower percentages of multifamily housing, 3% in Oxford and 31% in Seymour, suggesting lower residential density and perhaps reduced access to public transportation.¹⁵ In these areas, households are highly car-dependent, and a lack of transit options compounds the burden for residents who cannot afford or maintain a reliable vehicle.

Seventy seven percent (77%) of residents who identified transportation as a major concern in the TEAM survey specifically cited vehicle affordability and upkeep, including repair costs, gas, and insurance, as their most significant barriers.²¹

2.26 Neighborhoods



Why It Matters

Economic instability affects nearly every aspect of a person’s life, from health and housing to the ability to care for a family, pursue education, or maintain stable employment.

The data in this section illustrates how unmet basic needs, such as affordable housing, nutritious food, and reliable transportation, intersect and compound, placing long-term strain on both households and communities.

When individuals and families are forced to choose between rent, groceries, medical care, or caregiving responsibilities, the impacts extend far beyond the household. Physical and mental health decline, children may miss school or arrive without having eaten, caregivers face burnout, and older adults are at increased risk of isolation and hardship. These are not abstract concerns; they are daily realities for many residents across the Valley.

As the report shifts to focus on health and well-being, it becomes clear how these unmet needs are reflected across the lifespan: in youth experiencing emotional distress and chronic absenteeism, in working-age adults managing multiple jobs with limited access to care, and in older adults navigating food insecurity, housing instability, and mobility challenges.

Economic instability is both a reflection and a driver of community disparities. Addressing these foundational challenges is essential to advancing health and well-being for all Valley residents.

Health and Mental Health

Health and healthcare, including mental health services, are fundamental to overall community well-being. In the Naugatuck Valley, these issues continue to shape the quality of life across all stages of life. Analysis of local data, committee input, and community surveys reveal both progress and persistent challenges in health outcomes across the Valley.

One high-level measure of overall health is life expectancy. Statewide in Connecticut, life expectancy is 80.4 years, while in the Valley it varies significantly, ranging from 76.4 years in Ansonia to 82.1 years in Oxford.¹ These figures mirror local socioeconomic patterns: towns with lower average incomes, such as Ansonia, tend to have lower life expectancy, while higher-income towns like Oxford have higher life expectancy.

A closer look at early mortality, measured by years of life lost before age 75, provides critical information about the primary causes of premature death in the Valley. These include accidents and injuries (such as motor vehicle crashes, overdoses, and firearm-related deaths), cancer, and heart disease. Between 2019 and 2023, the total number of years of life lost before age 75 was 13.7% higher in the Valley than the statewide average.²⁹

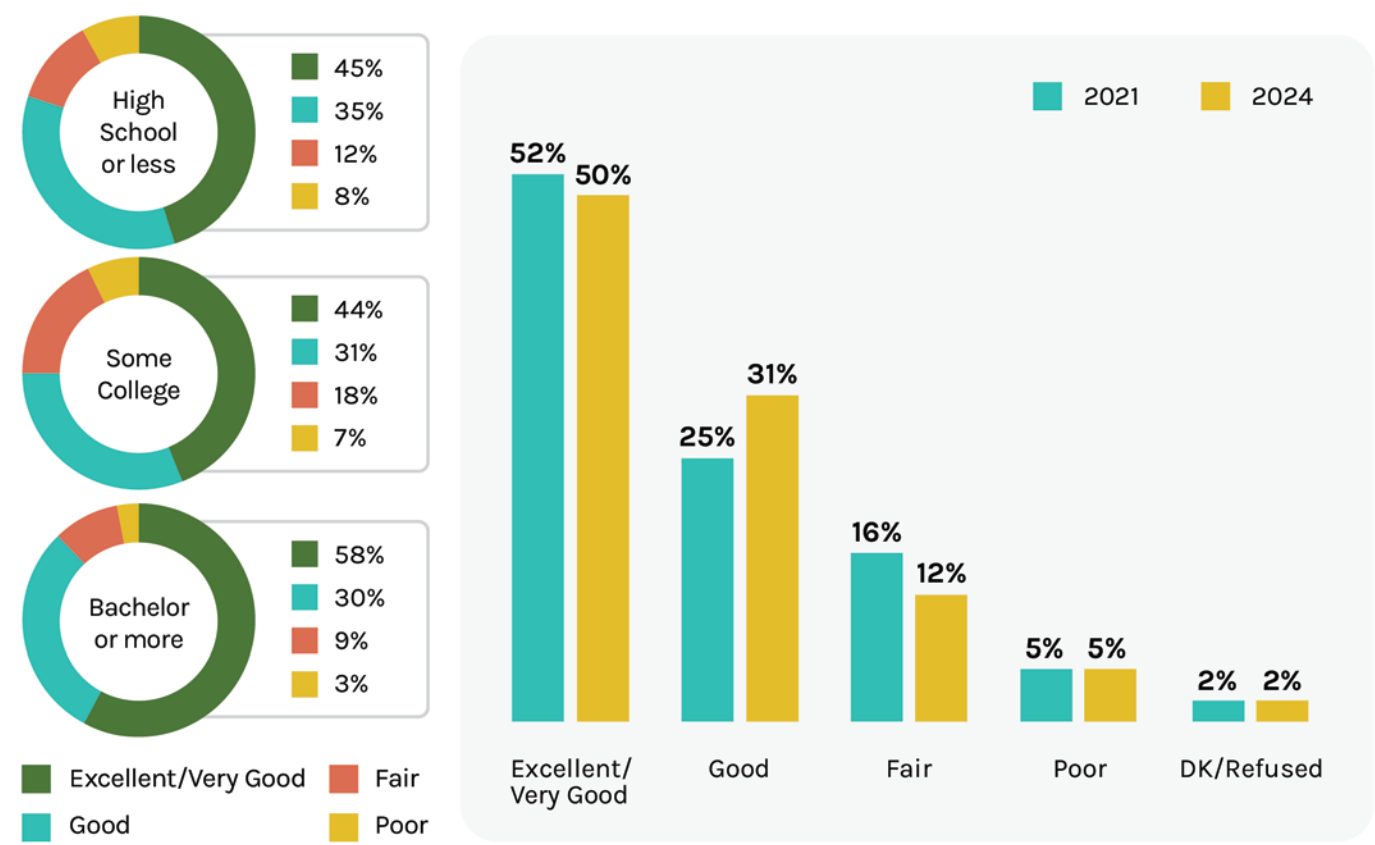
While mortality trends provide a top-line snapshot of health, a deeper understanding of well-being requires exploring the conditions and behaviors that contribute to these outcomes.

This section focuses on key health indicators such as hospital encounter rates, preventable conditions, and mental health needs, while also considering broader social drivers of health, including health literacy, cultural responsiveness, and access to care. Perception of health and wellbeing in the Valley is shaped by all of these factors. In the wellbeing survey, 50% of respondents reported their health as “excellent or very good”, 2% lower than the 2021 report. 31% responded that their overall health was “good” in 2024, versus 25% in the 2021 survey. In looking at the demographic breakdown, educational attainment directly corresponded to higher health ratings in 2024, with 58% of respondents with a bachelor degree or higher stating their health rating as “excellent or very good”, compared to 44% with some college education and 45% with a high school diploma or less education.⁸

**3.01 Early Mortality: Annualized Average Years of Potential Life Lost Before Age 75,
Per 100K Residents (2019-2023)**

Cause	Connecticut	Valley
All Causes	5,827	6,630
All Accidents and Injuries	1,896	2,076
Poisoning, Including Overdose	1,113	1,290
Motor Vehicle Crash	253	249
Firearm, Including Homicide and Suicide	188	189
Falls	49	70
All Cancers	1,028	1,232
Lung Cancers	184	233
Pancreatic Cancer	82	99
Breast Cancer	95	108
Colorectal Cancer	97	88
Heart Disease and Stroke	887	1,053
Covid-19	309	367
Lung Disease	85	105
Kidney Disease	38	37

3.02 Self-Reported Health Rating in Valley Community Members



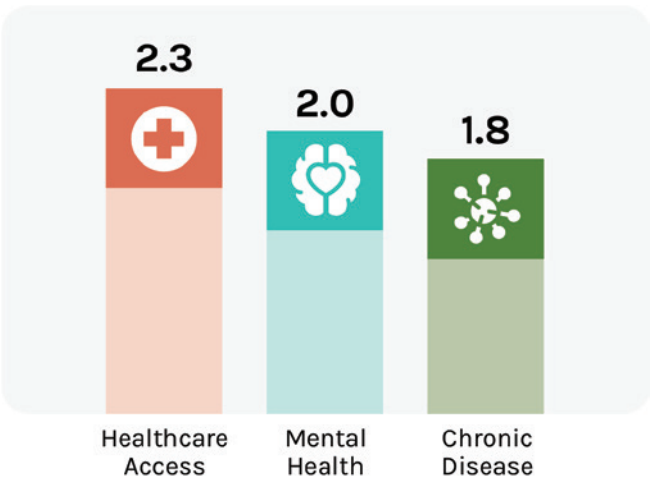
Based on data analysis and input from committee members, including health professionals, care providers, and community partners, three central themes emerged that continue to influence health outcomes across the region:²²

- Access to Care
- Mental and Behavioral Health
- Chronic Disease and Preventable Conditions

As we review each section, a clearer picture of the factors that impact community health emerges.

3.03 Health & Mental Health

Please rank these issues from most important to least important



Answered:318 | Skipped: 96

Access to Care

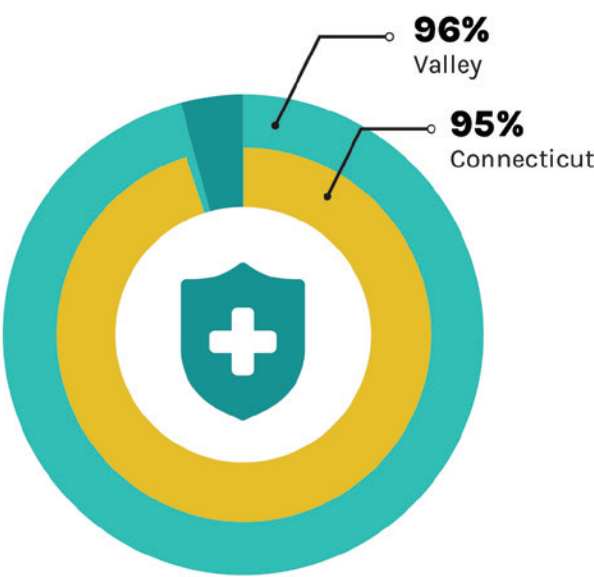
According to the 2019-2023 American Community Survey five-year estimates, 96% of Valley residents have some form of health insurance, slightly above the Connecticut state average of 95%.¹ Despite this statistic, barriers to care still remain, as coverage alone does not guarantee access.

In the 2024 wellbeing survey, 14% of adult respondents reported having no medical home, 29% reported delayed medical care due to cost, and 13% stated they were unable to access care.⁸ Feedback from the TEAM survey, along with input from healthcare providers and residents, consistently identifies cost, provider shortages, and long wait times, particularly for specialty services, as the most significant barriers beyond insurance status.²¹

These access challenges are especially acute in areas with limited public transportation or fewer clinical access points. For older adults, individuals with mobility limitations, and those without access to a vehicle, even routine primary care visits can be challenging to obtain. As a result, many residents turn to emergency rooms or urgent care centers for conditions that ideally should be addressed through preventive or ongoing primary care.

The Valley’s health infrastructure depends on cross-sector partnerships and coordinated care models. However, mobile and home-based care services remain limited.

3.04 Health Risk Factors: Valley-Connecticut Comparison For Insurance Coverage in 2023



“Just because you have coverage doesn’t mean you can get an appointment. **I waited three months to see someone, and by then the issue was worse.**”

– Community Member²²

3.05 Barriers to Healthcare: Valley-Connecticut Comparison for 2021 and 2024, with Category Breakdowns

2021		No Medical Home	Delayed Medical Care	Didn't Get Medical Care
Location	Connecticut	11%	30%	11%
	Valley	14%	32%	14%
Valley, By Sex	Male	15%	27%	8%
	Female	11%	36%	18%
Valley, By Education	High School or Less	21%	33%	10%
	Some College	15%	31%	15%
	Bachelors or Higher	20%	33%	16%
Valley, By Family Type	Kids in Home	10%	29%	14%
	No Kids	17%	37%	12%

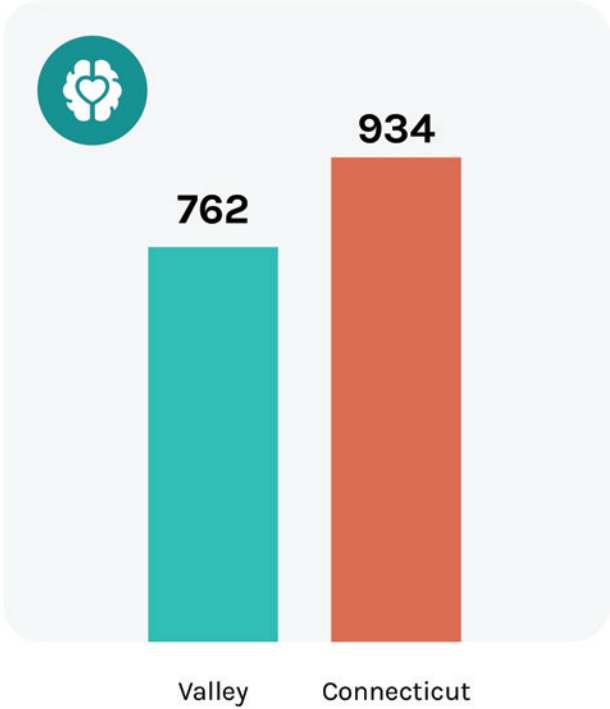
2024		No Medical Home	Delayed Medical Care	Didn't Get Medical Care
Location	Connecticut	14%	28%	13%
	Valley	14%	29%	13%
Valley, By Sex	Male	16%	25%	8%
	Female	11%	34%	17%
Valley, By Education	High School or Less	17%	32%	17%
	Some College	15%	36%	15%
	Bachelors or Higher	19%	24%	19%
Valley, By Family Type	Kids in Home	12%	34%	15%
	No Kids	14%	27%	12%

Mental and Behavioral Health

Mental health remains a central factor influencing the overall well-being of Valley residents, shaped by the ongoing effects of the COVID-19 pandemic, economic strain, and social isolation. According to Griffin Hospital encounter data, mental health-related visits represented the second-highest hospital encounter rate in the region, at 762 encounters per 10,000 residents, although lower than the state rate of 934 per 10,000. In fiscal year 2024, there were 10,796 mental health-related hospital encounters across the Valley. The highest per capita rates were reported in Ansonia (1,171 per 10,000 residents) and Derby (1,059 per 10,000).⁷ These rates emphasize the urgent need to expand affordable, community-based behavioral health infrastructure, particularly in the most affected areas.

Mental health concerns are also echoed in community sentiment, as 42 respondents to the community survey explicitly mentioned emotional well-being as a key issue.²²

3.06 Mental Health, Rates per 10,000



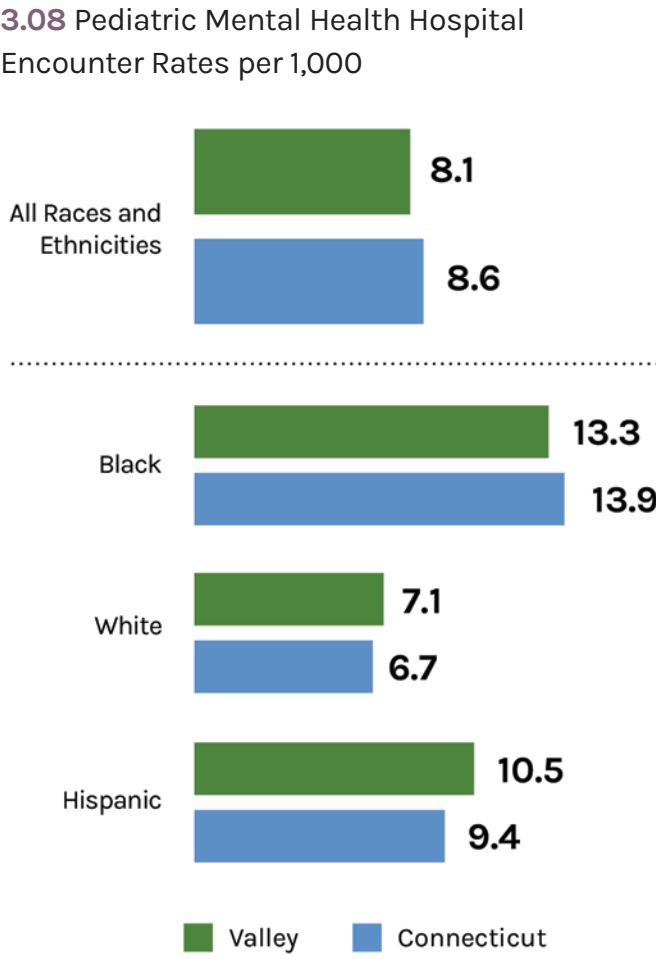
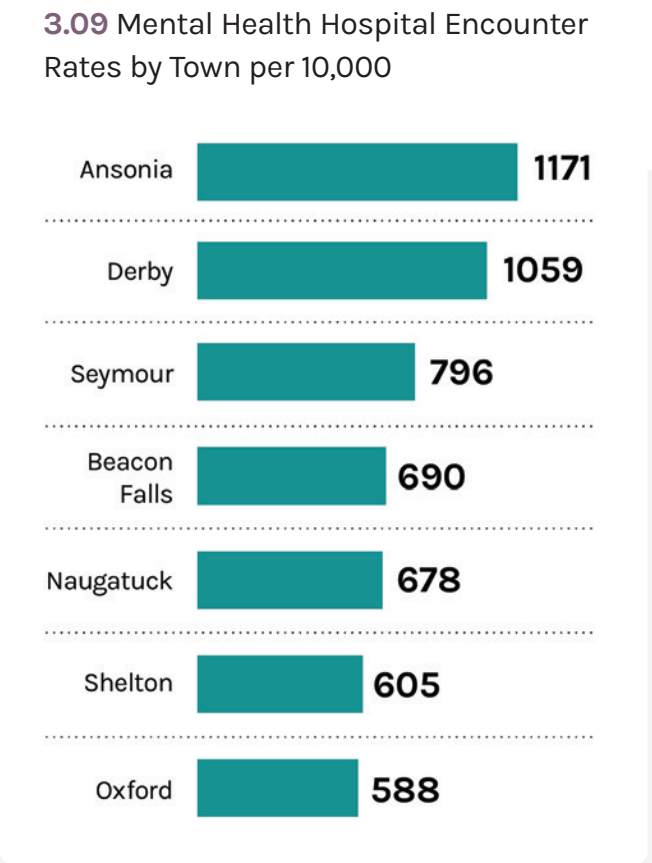
3.07 Health & Mental Health

What does the most important issue you picked mean to you?

Issue	Response Category	Responses (#)
Healthcare Access	Availability & Convenience	46
	Affordability	11
Mental Health	Emotional Well-Being	42
	Availability & Convenience	10
Chronic Disease	Prevention & Management	7
	Specific Conditions Listed	4

Mental health challenges begin early and persist across the lifespan. Among Valley youth, the Connecticut Hospital Association reported a pediatric mental health hospital encounter rate of 8.1 per 1,000 children aged 0–17, with Black youth experiencing the highest rate at 13.3 per 1,000 in the Valley. While the regional overall rate is slightly lower than the statewide rate of 8.6, disparities by race are higher than state rates.³⁰

Self-reported data reinforce these trends. In a 2024 survey of students in Ansonia, Seymour, and Shelton (grades 7 and 9–12), approximately 22% of teens, or one in five, reported persistent feelings of sadness or hopelessness over the past year.³¹ According to the Connecticut Department of Public Health, in the Valley, youth ages 10–17 represent the highest rates of suicidal ideation and suicide attempts of all age groups.³²



Access to mental health care for youth remains limited across the region. In response to this challenge, in 2024, the Connecticut Department of Mental Health and Addiction Services opened four youth-focused mental health urgent care centers to address statewide gaps in crisis response for children and adolescents. These centers, located in Hartford (The Village for Families and Children), New Haven (Yale New Haven Hospital), New London (Child and Family Agency of Southeastern Connecticut), and Waterbury (Wellmore Behavioral Health), offer walk-in behavioral health services designed to provide immediate support and stabilization for youth in crisis.³⁴

While these facilities expand the statewide continuum of care, geographic access remains a barrier for some Valley residents. To complement these efforts, several school districts in the region have temporarily increased access to school-based mental health providers by utilizing federal COVID-19 relief funding. These supports help address short-term gaps, but long-term solutions will require sustained investment in accessible, community-based behavioral health infrastructure.

Adults in the region also face persistent barriers to mental health care. Community survey respondents reported long waitlists, reduced clinic hours, and difficulty locating providers, particularly in underserved towns.²²

“Middle class people have no real mental health support. There are programs that are not available for them. Or waiting lists that are so long you cannot get on them.”

– Community Member²²

**Mental health is closely connected to all other aspects of well-being.
Survey respondents consistently highlighted this point:**

“Individuals' mental health needs to be treated and stabilized before any of their other needs can be met.”

“Mental health directly impacts a person's ability to meet their basic needs.”



“Having mental stability and development of effective coping skills gives you general life skills which help physical well-being and betterment of life.”



– Community Members²²

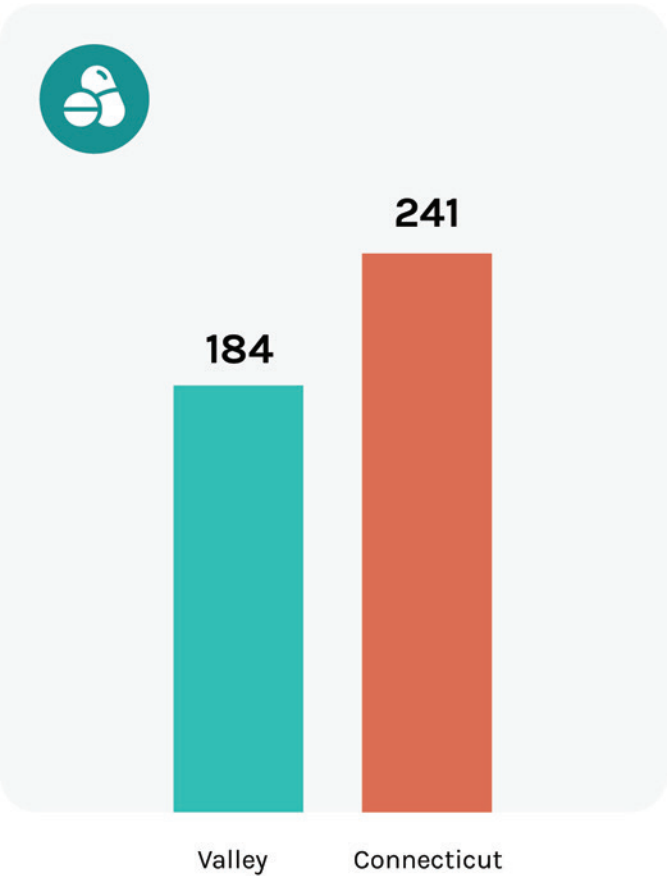
Substance use remains an ongoing public health challenge in the Valley. According to Griffin Hospital encounter data, the rate for substance use was 184 per 10,000 residents.⁷ While this dataset captures general utilization, the Connecticut Hospital Association provides more detailed breakdowns using a different population rate. The data shows:

- Alcohol-related hospital encounters at 3.7 per 1,000 adults
- Opioid-related encounters at 1.9 per 1,000 adults, with the highest rates observed in Ansonia and Derby at 4.4 per 1,000³⁰

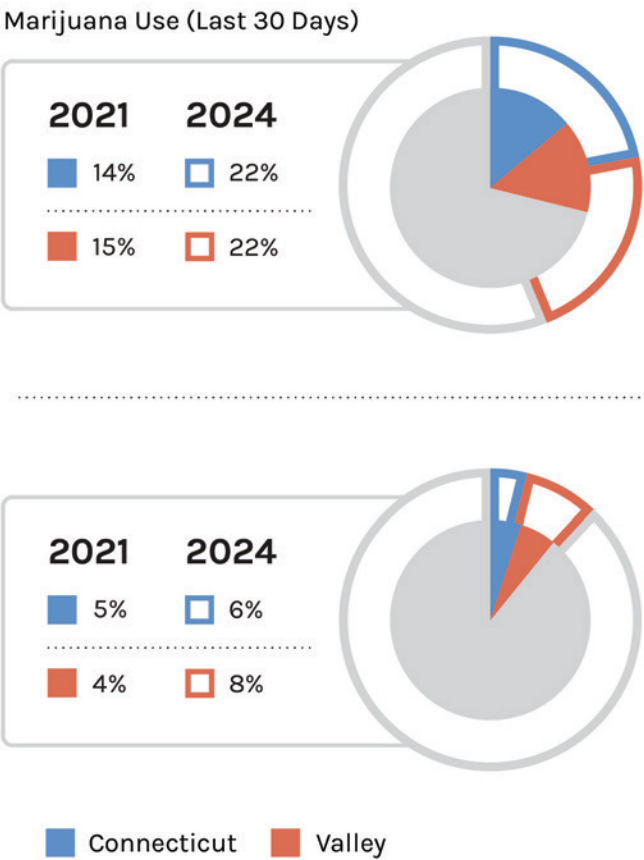
Self-reported substance use in the adult population is also increasing. In the wellbeing survey, the proportion of adults who self-reported marijuana use in the past 30 days rose by 7 percentage points since 2021. In 2021, CT legislation legalized marijuana use which may have had an impact on self-reported use in the survey. Reports of binge drinking also doubled, from 4% in 2021 to 8% in 2024.⁸

Among youth, substance use trends are concerning. In the 2024 student survey from Ansonia, Seymour, and Shelton, 11% reported vaping, 17% reported alcohol use, and 11% reported marijuana use in the past 30 days.³¹

3.10 Substance Use Hospital Encounter Rates per 10,000



3.11 Substance Use Rates, Connecticut/Valley Comparison 2021 and 2024 (Self-Reported)

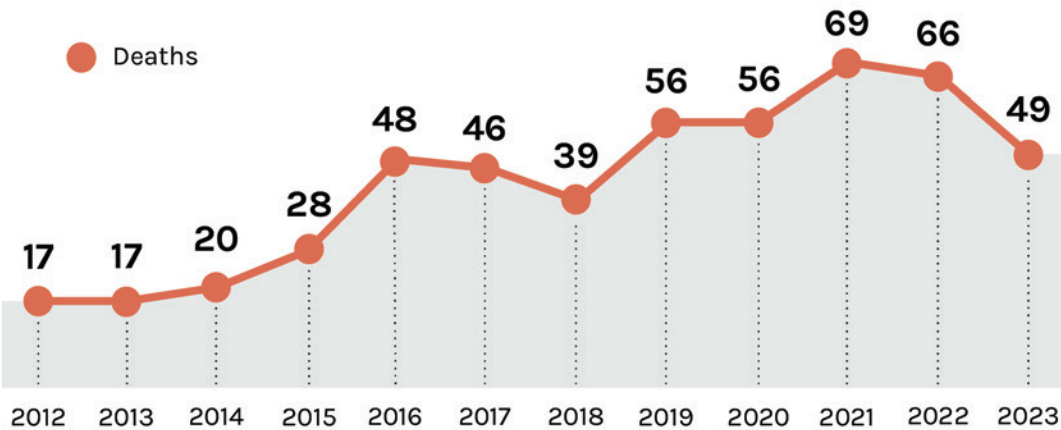


While many substance use indicators show rising trends, overdose-related deaths have declined, both statewide and within the Valley. A DataHaven analysis of data from the Connecticut Office of the Chief Medical Examiner shows that overdose fatalities in the Naugatuck Valley dropped from 69 deaths in 2021 to 49 in 2023, a 29% reduction.³⁴ Similarly, preliminary 2024 data from the Connecticut Department of Public Health indicate a 28% statewide decline, although these figures are still provisional.³⁵

In 2023, the federal Food and Drug Administration approved Narcan, 4 milligram naloxone hydrochloride nasal spray, and ReVive, 3 milligram naloxone hydrochloric nasal spray, for over the counter (OTC) use. Naloxone hydrochloride is used to rapidly reverse the effects of an opioid overdose.³⁶ While Narcan became available for sale OTC, the Connecticut Department of Mental Health and Addiction Services continues to encourage licensed pharmacists to continue prescribing naloxone for patients when appropriate. Even with increased access to Narcan and Revive, the cost remains a barrier for most. Obtaining it with a prescription could potentially lower the cost through insurance. Local harm reduction organizations and health departments/districts continue to provide free Narcan throughout the state, including locally in the Valley.

3.12 Substance Use Deaths: Overdose Deaths in the Naugatuck Valley Region 2012-2023

The Valley saw a decline in overdose deaths in 2023, down from the peak numbers in 2021 and 2022. This follows the trend of the national and statewide numbers.



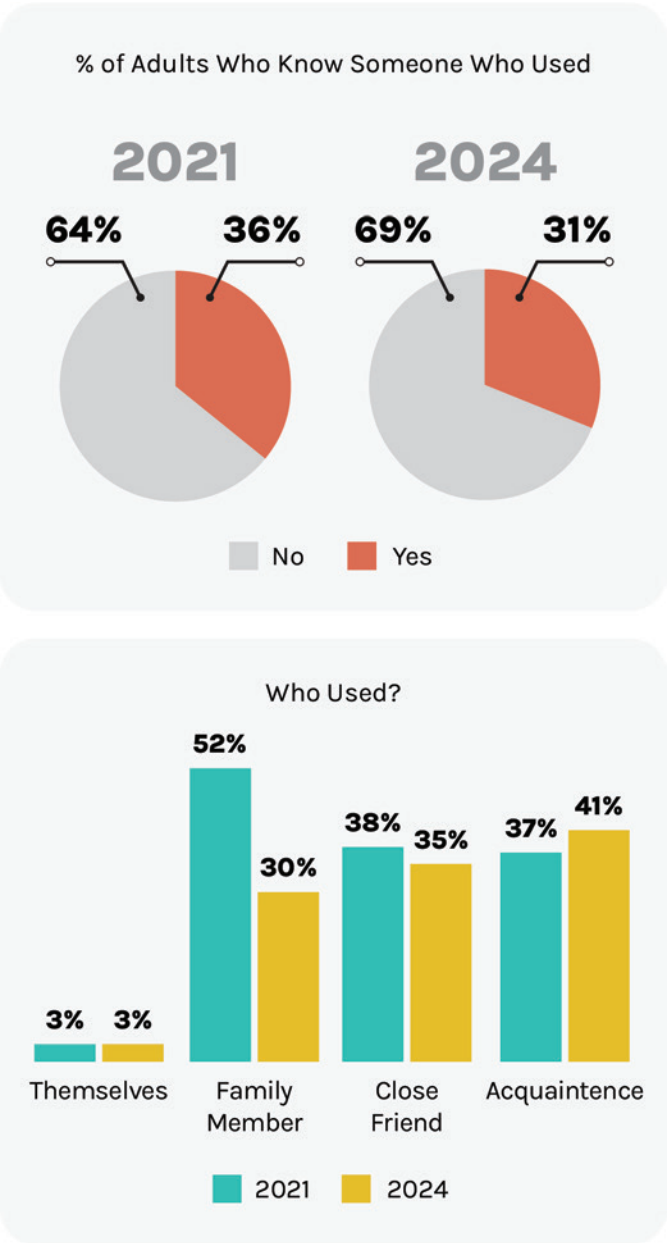
Shifts in community-reported exposure also suggest reduced proximity to opioid use. In 2024, 31% of wellbeing survey respondents reported knowing someone who used opioids in the past year, down from 36% in 2021.⁸ The breakdown of those identified by respondents included:

- 3% said themselves, unchanged from 2021
- 30% a family member, down from 52%
- 35% a close friend, down from 38%
- 41% an acquaintance, up from 37%

Community perception of mental health and substance use care remains mixed. In the community survey, respondents cited BHcare and Griffin Health as trusted organizations for behavioral health and addiction support. However, multiple respondents also indicated that demand continues to exceed available services, particularly for timely and affordable care.²²

Beyond access to clinical care, several TEAM survey respondents highlighted a lack of community-based, peer-led support spaces to address grief, chronic stress, caregiving burnout, or early-stage mental health needs, themes that emerged consistently across community survey responses, highlighting the need for expanded provider capacity, peer support networks, and improved public awareness of available behavioral health services.²¹

3.13 Opioid Use



“More community involvement and support groups for families that have someone who suffers with mental health would be greatly beneficial to our community, there currently is nothing of the kind available.”

– Community Member²²

Chronic Conditions

Chronic health conditions remain a significant contributor to hospital utilization and overall disease burden among Valley residents.

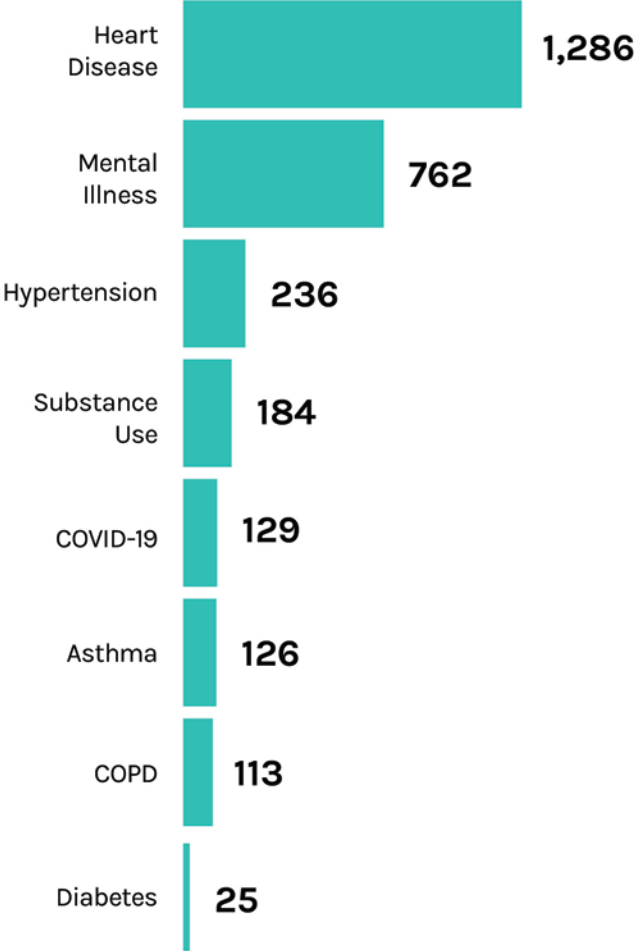
According to encounter data from Griffin Hospital, conditions such as heart disease, hypertension, asthma, chronic obstructive pulmonary disease (COPD), and diabetes continue to drive high rates of hospital visits across the region.⁷

These conditions are best managed through early diagnosis, continuous care and support and access to culturally responsive education on disease management. These strategies are shown to improve patient outcomes and reduce the likelihood of emergency care.

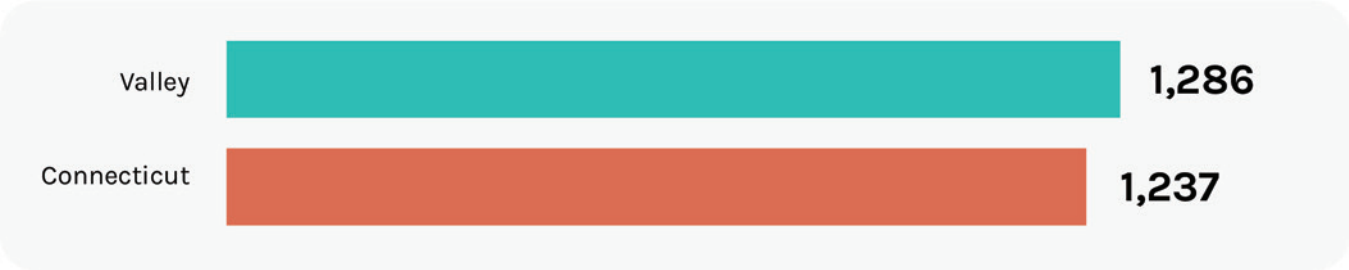
However, many of the barriers outlined earlier, including cost, limited provider availability, and gaps in health literacy, may be limiting access to timely and consistent care.

While the Valley’s overall hospital encounter rates for most chronic conditions are slightly below statewide averages, certain exceptions remain notable. For example, the encounter rate for heart disease in the Valley is 1,286 per 10,000 residents, which is 4% higher than the Connecticut average of 1,237 per 10,000.⁷

3.14 Naugatuck Valley Chronic Condition Encounters, FY24 Ranked By Rates per 10,000



3.15 Heart Disease Hospital Encounter Rates per 10,000



Chronic conditions continue to significantly impact the health of Valley residents. Survey and hospital data point to sustained or increasing prevalence for several high-burden diseases:

Diabetes: According to the wellbeing survey, 15% of Valley survey respondents report having been diagnosed with diabetes, up from 10% in 2021.⁸

Asthma: Self-reported prevalence has remained steady at 12%, consistent with the statewide average. Griffin Hospital data show an encounter rate of 126 per 10,000 residents.⁸

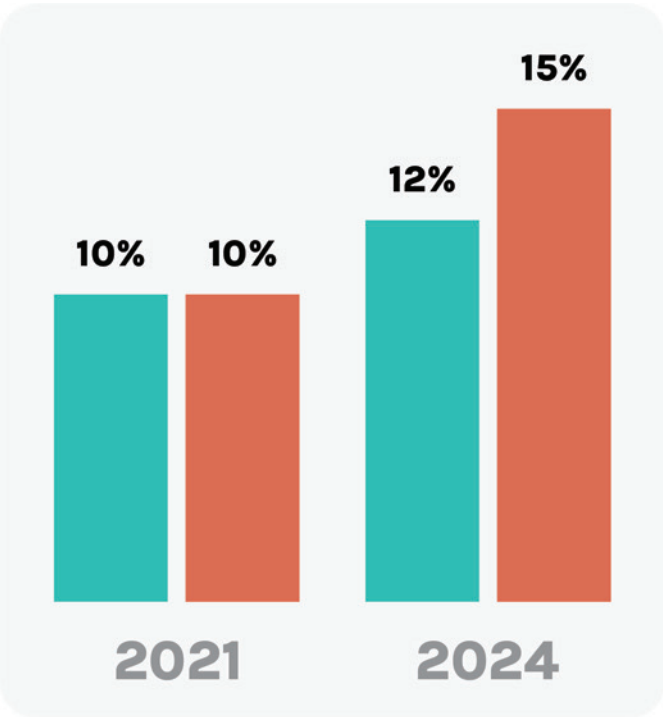
Note: While survey rates have remained static, comparisons to past hospital data are limited due to changes in coding methodology in the 2022 analysis.

Obesity: Based on DataHaven's review of 2022 CDC PLACES data, 30% of Valley adults are estimated to have obesity. Rates vary by town, 33% in Ansonia and Derby, and 24% in Shelton.³⁷

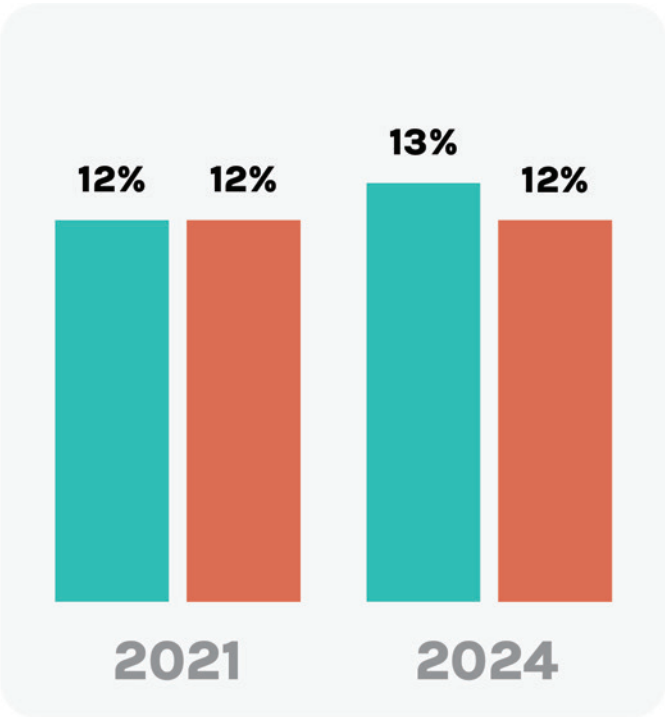
Chronic Obstructive Pulmonary Disease (COPD): Griffin Hospital data show COPD encounter rates in the Valley are 29% higher than the statewide average, at 113 vs. 80 per 10,000 residents. Derby reports the highest rate at 171 per 10,000.⁷

3.16 Health Risk Factors: Connecticut-Valley Comparison of Selected Risk Factors Self Reported (2021-2024)

Share of Adults With Diabetes

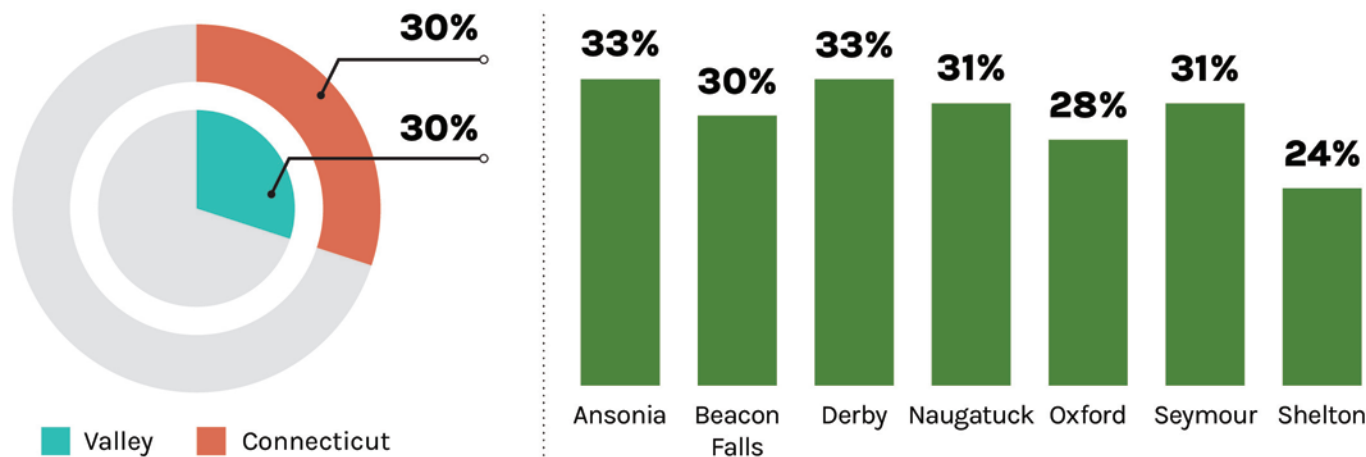


Share of Adults With Asthma



Connecticut Valley

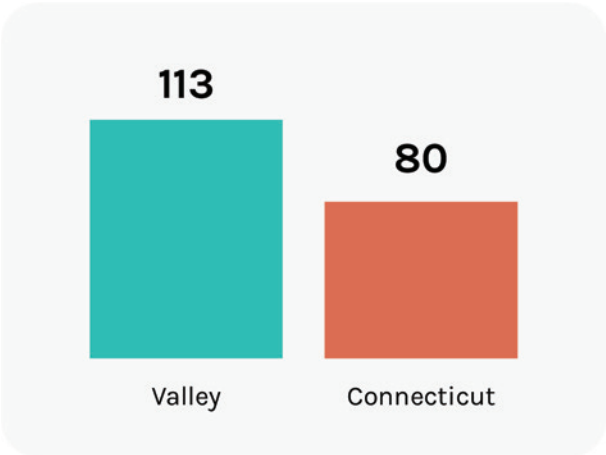
3.17 Health Risk Factors: Obesity Rates 2022 By Town



Committee discussions and survey responses made clear that chronic illnesses do not occur in isolation. They are shaped by broader social and environmental conditions, including:

- Food insecurity and poor nutrition
- Environmental exposures (e.g., mold, pollutants)
- Limited access to safe spaces for physical activity
- High prescription costs
- Lack of transportation and consistent care teams

3.18 COPD, Rate per 10,000



For residents managing multiple chronic conditions, these challenges are compounded when a medical home or coordinated care team is lacking. This leads many to rely on emergency departments for conditions better managed through preventive care. As noted earlier, 14% of Valley adults report having no medical home⁸, increasing the likelihood of inconsistent and episodic treatment.

Health literacy is a critical component of chronic disease management. Without access to clear, culturally, and linguistically appropriate health information, residents may face challenges understanding their diagnoses, following care plans, or managing medications. These challenges can contribute to avoidable complications, poor disease control, and increased reliance on emergency care.

Although specific local data was not identified, committee discussions consistently indicate that residents facing language barriers, low income, or housing instability experience greater obstacles to receiving and acting on health information. Improving health communication for these populations should remain a regional priority.

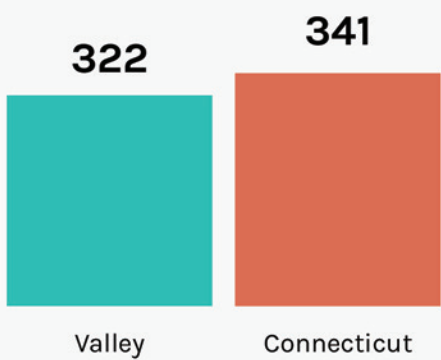
Accidents and Violence-Related Hospital Encounters

In the Valley, falls and violence-related injuries continue to be significant drivers of emergency room and hospital encounters. According to 2024 surveillance data from the Connecticut Department of Public Health, there were 4,566 fall-related emergency department visits in the Valley, equivalent to a rate of 322 per 10,000 residents.

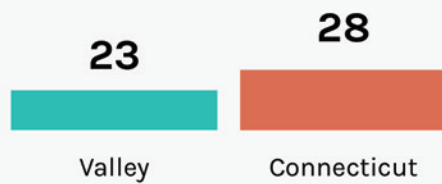
While this is 6% lower than the statewide average of 341 per 10,000, falls remain the third most common reason for hospital visits in the region, following heart disease (1,286 per 10,000) and mental health-related encounters (762 per 10,000).³⁸

The same data source reports that hospital encounters for violence-related injuries occurred at a rate of 23 per 10,000 Valley residents, which is 18% lower than the statewide average of 28 per 10,000.³⁸

3.19 Falls, Rate per 10,000



3.20 Violence, Rate per 10,000



Town	Rate (per 10,000)
Ansonia	385
Beacon Falls	243
Derby	380
Naugatuck	263
Oxford	291
Seymour	320
Shelton	326

Town	Rate (per 10,000)
Ansonia	46
Beacon Falls	13
Derby	31
Naugatuck	23
Oxford	9
Seymour	24
Shelton	15

Maternal Health Disparities

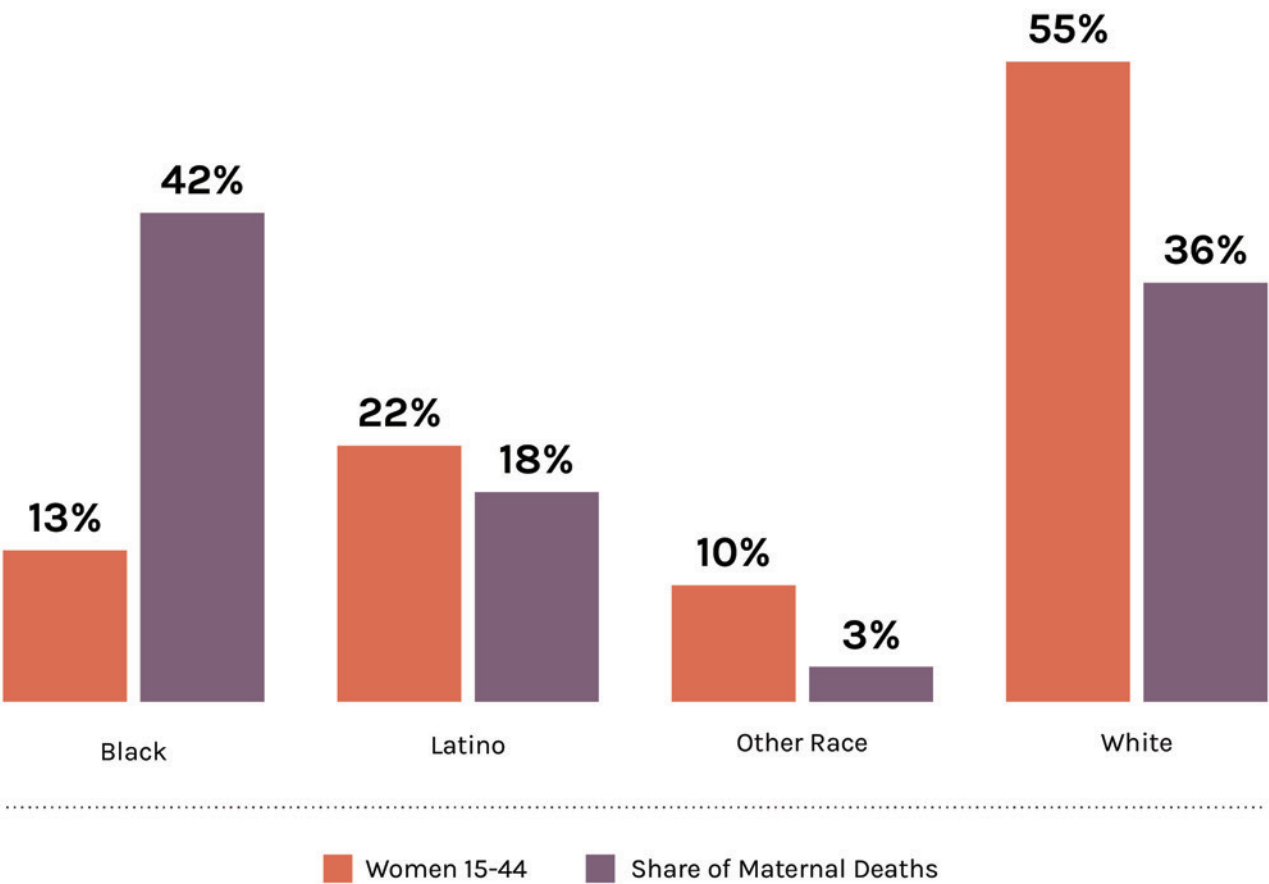
Maternal health outcomes remain an area of concern. According to a DataHaven analysis of Connecticut Department of Public Health state-wide data from 2023 and 2024, Black women in Connecticut make up 13% of the state’s population of women ages 15 to 44 but account for 36% of maternal mortality.

In contrast, White women in Connecticut represent 55% of that age group but account for only 36% of maternal mortality. Black women in Connecticut are the only demographic group for which the share of maternal deaths exceeds their representation in the population, in this case, by more than threefold.³⁹

While the information above is state level data and not specifically Valley information, practitioners in the Valley note the lasting implications for both maternal and child health, highlighting the need for targeted strategies to improve access and outcomes across diverse populations.

3.21 Maternal Mortality: State of Connecticut 2023-2024 Pooled

Population estimates based on percentage of women 15-44 years of age



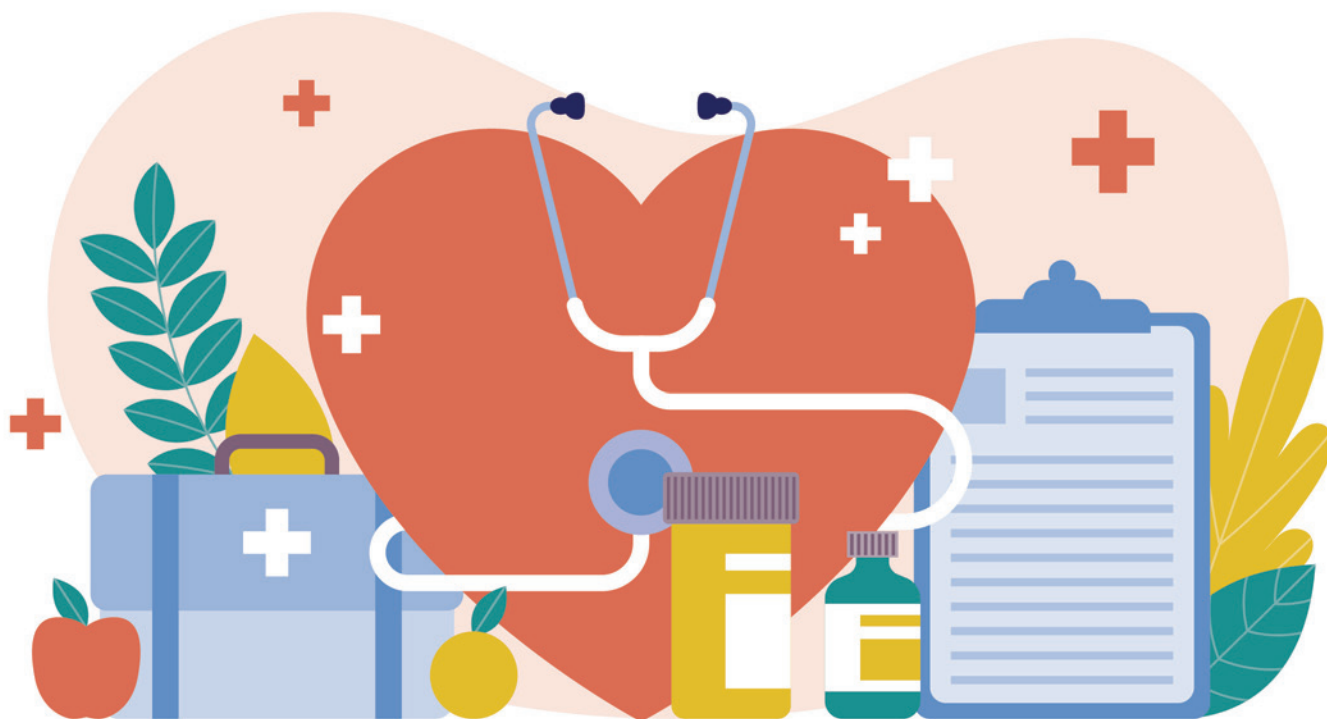
Why This Matters

Individual health, public health and the health and vibrancy of a community are complex and interrelated, with bidirectional influence. Healthy people are more likely to contribute to the economic and social infrastructure of their community, and a healthy environment - one that is pollution free, offers a safe place to be active - is more likely to support social connectedness, good health, and higher quality of life.

The data presented in this section shows that many chronic health conditions, such as heart disease, diabetes, and hypertension, are affecting large numbers of Valley residents, exceeding statewide averages.

The good news is that chronic diseases are largely preventable through lifestyle strategies including healthy diet, being physically active, avoiding tobacco, limiting alcohol, managing stress, getting adequate sleep, and engaging in routine screenings and preventive care.

These same components that shape adult health and healthy communities also lay the foundation for the well-being of its youngest residents. As we turn to Children, Youth, and Education in the next section, we examine how community-level disparities impact early learning, emotional health, and long-term opportunity for the Valley's youngest residents.



Children, Youth and Education

Children and youth are the future of the Valley. The Valley is home to 29,583 children and youth, making up 21% of the Valley's total population. Of these, 7,345 are children under the age of five.³ The children and youth of the Valley represent a diverse and growing population whose well-being is shaped by demographics, education, mental health, and local economic impacts. As families navigate housing instability, rising costs, and systemic gaps in access, many young people enter school already burdened by unmet needs. However, the Valley's youngest community members remain resilient, engaged, and full of potential.

During committee discussions and survey outreach, five interconnected priorities emerged as most urgent to Valley families and providers:

- Food Insecurity
- Childcare
- Education/School Attendance and Student Engagement
- Youth Extracurricular Activities
- Youth Risky Behavior and Mental Health Needs

4.01 Children and Youth Population by Age Group (#)

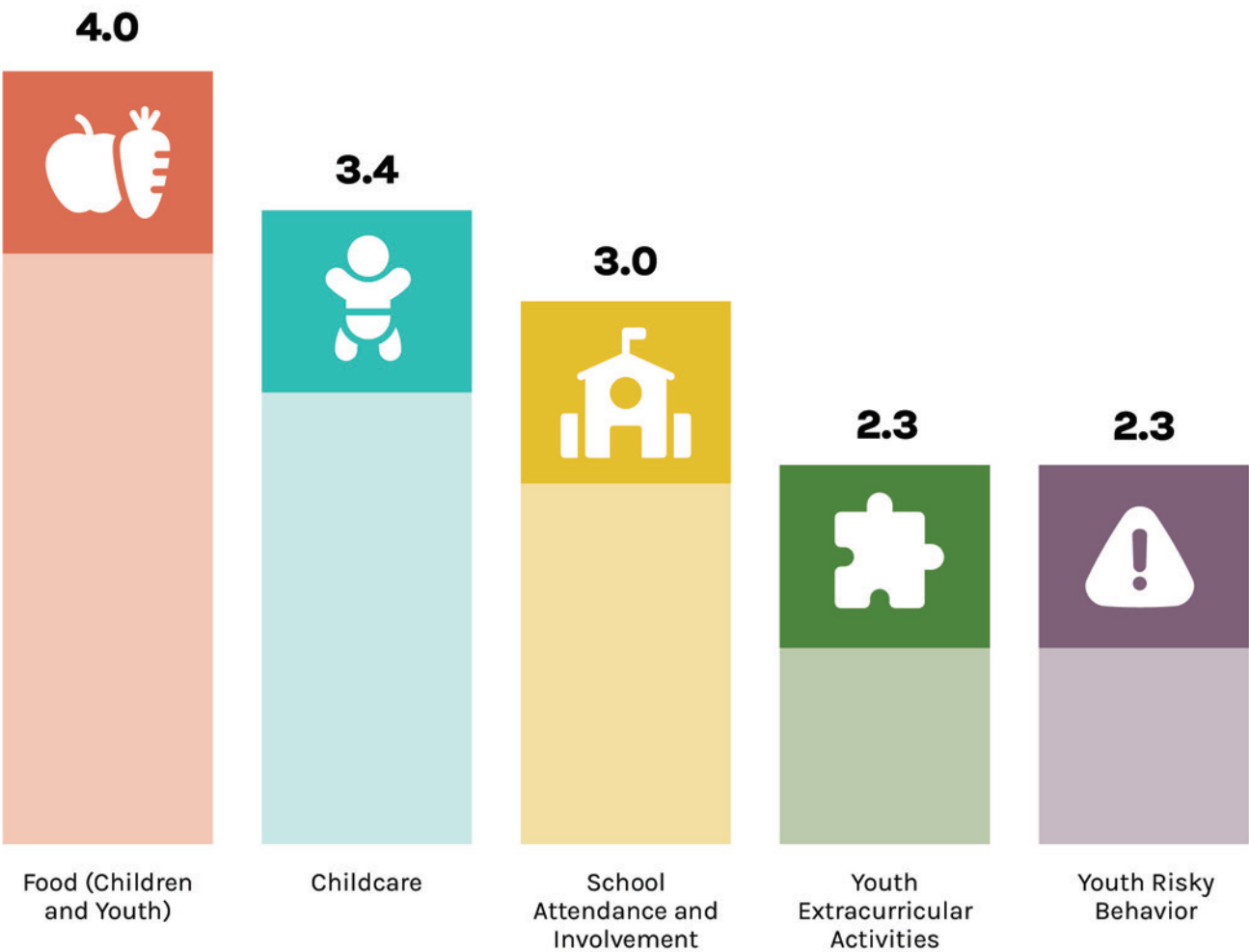
Age	Ansonia	Beacon Falls	Derby	Naugatuck	Oxford	Seymour	Shelton	Total
<5	1,072	213	460	1,576	792	748	2,484	7,345
5-9	1,118	324	333	1,666	933	646	1,999	7,019
10-14	671	161	640	1,402	670	1,367	2,035	6,946
15-19	1,112	363	817	2,267	603	1,185	1,926	8,273
Total	3,973	1,061	2,250	6,911	2,998	3,946	8,444	29,583

These themes are grounded in both lived experience and data, reflecting broader patterns across school districts and community feedback. In the community survey, residents ranked food insecurity as the most critical concern for children and youth (mean score: 4.0), followed by childcare access (3.4) and school attendance and involvement (3.0). Extracurricular activities and risky behavior were tied at 2.3.²²

4.02 Children, Youth & Education: Issues Ranked

.....

Please rank these issues from most important to least important



Food Insecurity

Food insecurity is a recurring theme in the Index and emerged as the top concern for children and youth in the community survey. Among open-ended responses, residents highlighted both the importance of nutrition (mentioned 36 times) and the affordability and accessibility of food (mentioned 20 times) as urgent challenges facing families across the Valley.²²

According to school officials, teachers throughout the region are buying snacks and meals for students out of pocket. In response to rising need, some school districts have established weekend food programs to ensure children have access to meals beyond the classroom. In Derby, children are known to visit the library after school in search of food, highlighting the depth of unmet need in daily life.

One particularly telling moment came during a recent break-in at the Derby Neck Library. A storage closet containing snack foods, electronics, gaming equipment, and recreational supplies, including a Nintendo system, was broken into. None of the electronics were taken. Only the snack foods were stolen. A librarian shared, “It was not the expensive items that were taken; it was the snacks. That tells you everything you need to know.”

4.03 Children, Youth & Education

What does the most important issue you picked mean to you?

Issue	Response Category	Responses (#)
Food (Children & Youth)	Importance of Nutrition	36
	Access & Affordability	20
Childcare	Affordability	17
	Availability & Need	11
School Attendance & Involvement	Attendance & Participation	16
Youth Extracurricular Activities	Access & Opportunity	10
Youth Risky Behavior	Prevention & Awareness	8

Despite dedicated efforts by schools, food pantries, and community programs, the demand continues to grow. As previously discussed, the use of food pantries is rising in the Valley. From 2023-2024, the use of food pantries to provide food for individuals aged 0-17 grew by 51.7% and the average number of people served per month aged 0-17 continued to climb in January-April 2025.²⁷

When TEAM survey responders were asked what local organizations they use for youth support, food banks/ food pantries were the third highest response, tied with TEAM Inc.²¹ WIC enrollment grew from 1,329 to 1,397.²⁶

When children lack access to consistent, nutritious meals, it affects more than hunger. Food insecurity negatively impacts academic performance, behavior, emotional well-being, and long-term physical health, creating cycles of disadvantage that often begin early and persist well into adulthood.

4.04 Food Pantry Utilization, Average Number of People Served Per Month

	Total 2023	Total 2024	Increase 2023-2024	Jan-April 2025
Age 0-17	820	1,243	51.7%	1,577
Age 18-59	1,382	1,788	29.4%	2,258
Age 60+	428	563	31.4%	754
Total	2,630	3,594	36.7%	4,589

Includes 10 pantries in the Valley. See Below:

1. Spooner House
2. Blessing Pantry
3. Christ Episcopal Church
4. Little Free Pantry on Skokorat
5. Neighbor to Neighbor Pantry – Oxford
6. Seymour-Oxford Food Bank
7. St. Vincent De Paul
8. The Salvation Army – Greater Valley CT
9. CT Partnership for Children, school-based pantry
10. Naugatuck Ecumenical Food Bank

4.05 Children, Youth & Education: Local Organizations

Where do you or people you know go for youth support?

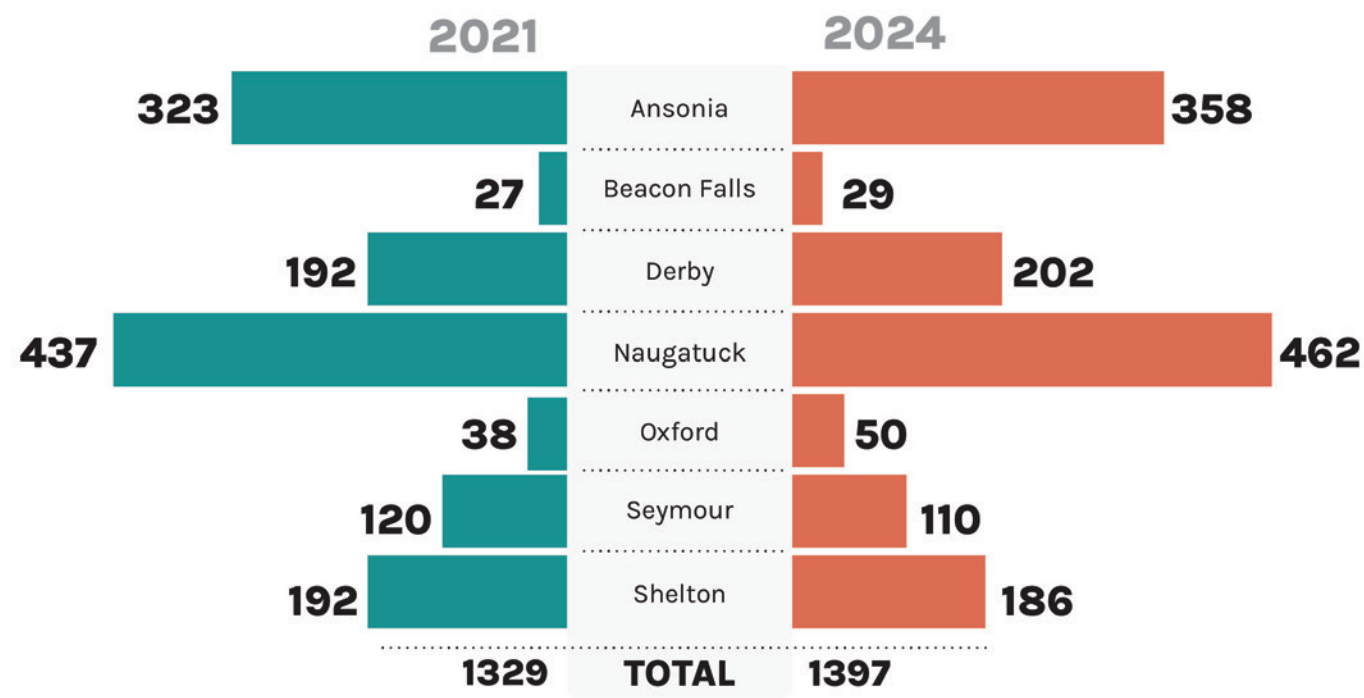
Organization Name	Responses (#)
Boys & Girls Club	29
School	28
Food Bank/Food Pantry	16
TEAM Inc	16
YMCA	12
Town	10
Sports	9
Community Center	5



“No child should ever be hungry. They need to have access to healthy foods. School involvement is easier when you are not hungry and worried about food.”

- Community Member²²

4.06 WIC (Women/Infant/Children) Historical Trend



Childcare

Access to affordable, high-quality childcare remains a pressing challenge for some families in the Valley with younger children. The region currently faces a documented shortfall of 2,220 licensed infant and toddler care slots.¹¹ TEAM survey responders shared that top reasons impacting childcare included lack of provider availability, location and childcare hours that conflicted with parent or caregiver work schedules.²¹

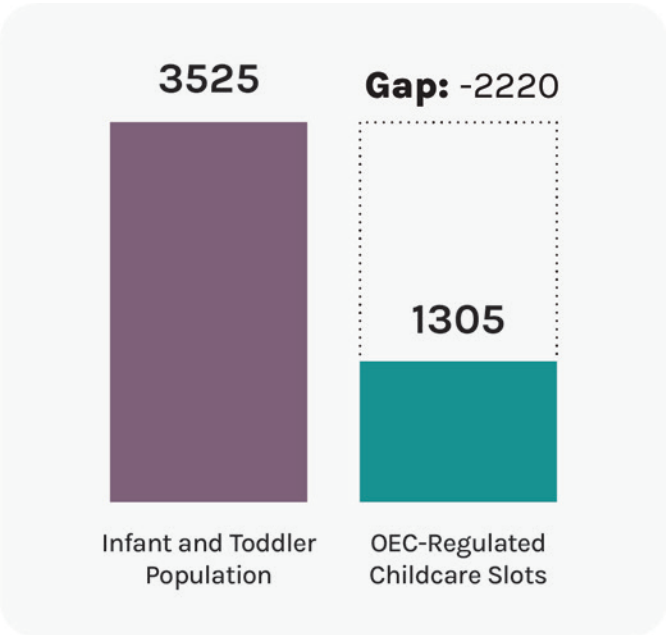
The impact of this gap is far-reaching. Reliable childcare is essential not only for early learning and school readiness, but also for family stability. Without dependable care, parents may struggle to maintain employment, attend school, or meet basic household needs, further compounding economic strain.

High-quality early learning is also a critical predictor of long-term academic success. When children lack access to early care, they often begin kindergarten behind their peers in both social and cognitive development.

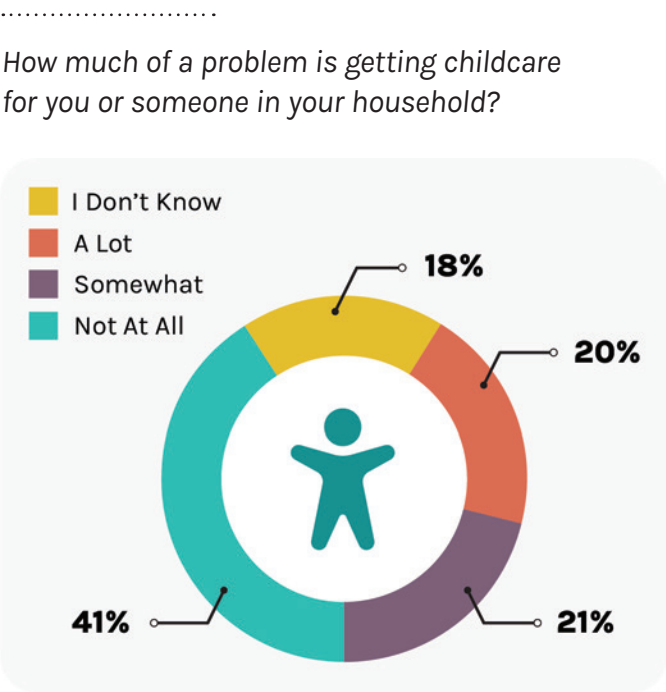
“Cost of childcare and lack of town-run preschool options is very hard on working parents.”

– Community Member²²

4.07 Child Care Availability: Children 0-2 in 2023 Available Childcare Seats 2024



4.08 Childcare-Accessibility



4.09 Childcare Challenges

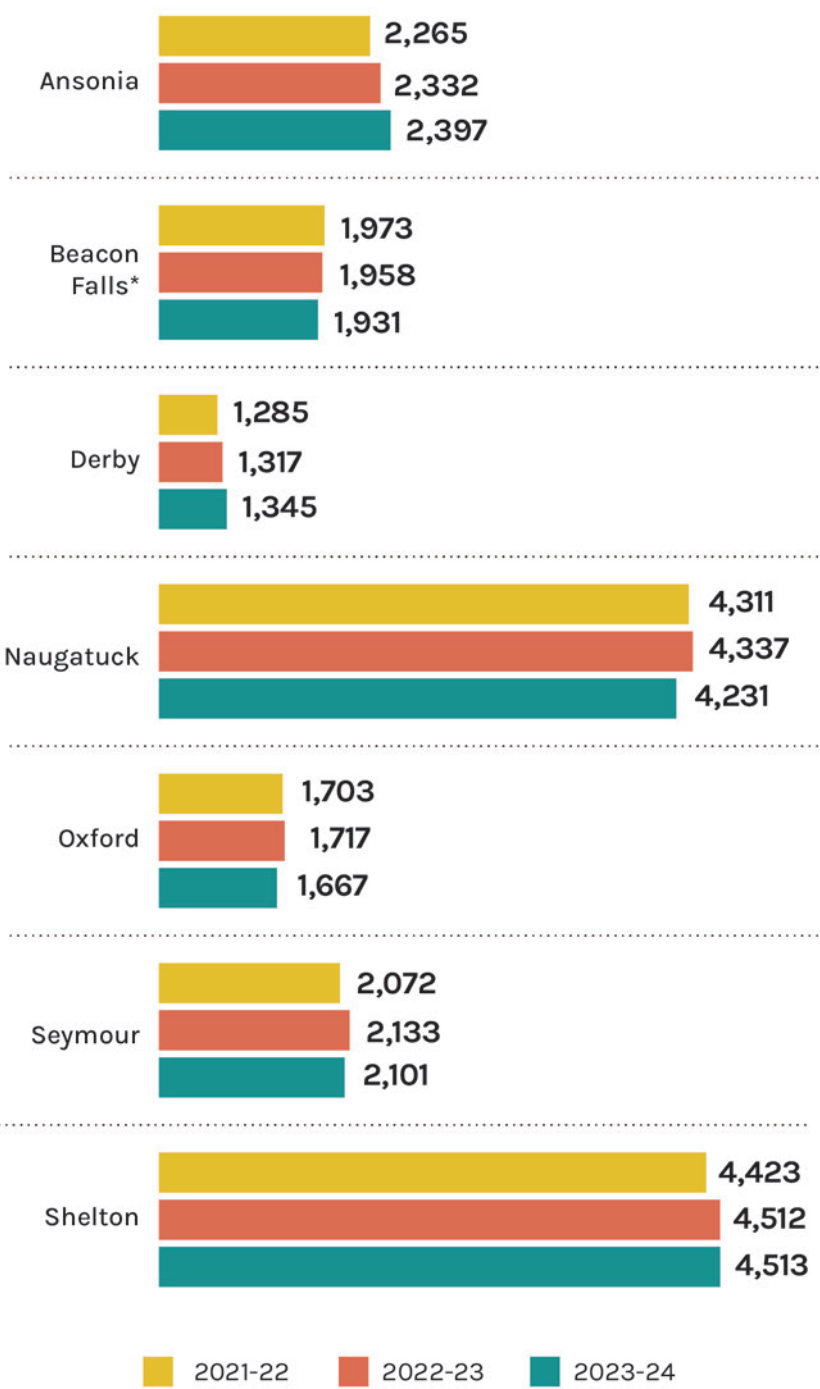
Please rank the top 3 reasons you or someone in your household has had difficulty getting a childcare provider when one was needed. If this isn't the case in your household, please share your opinion based on your experiences in the community.



Education

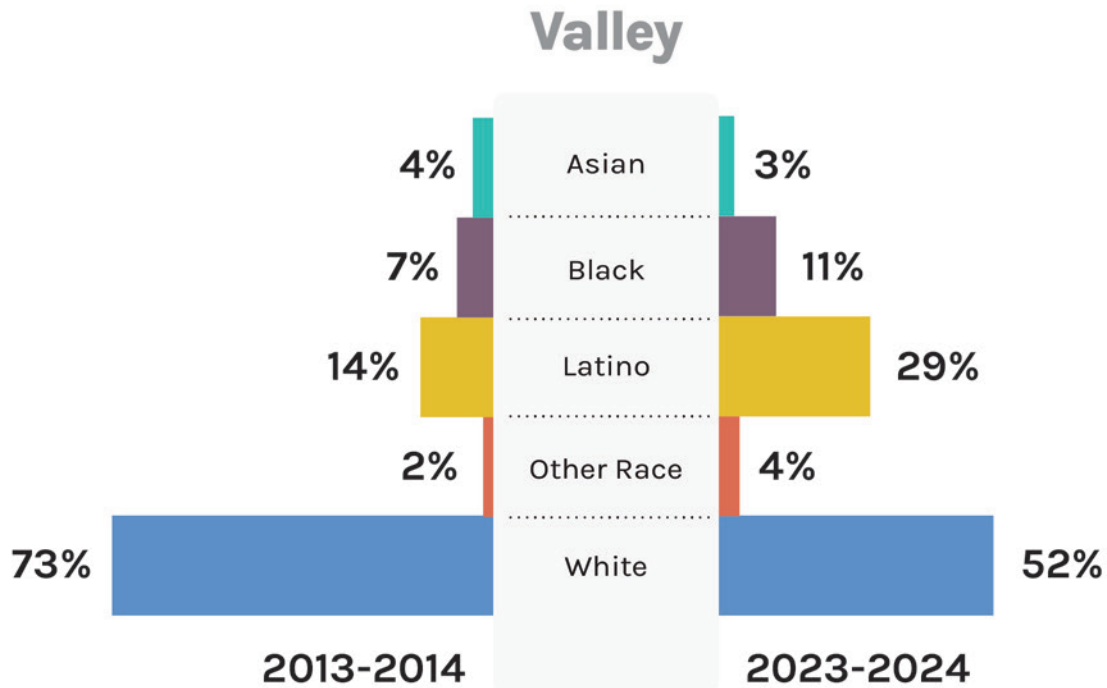
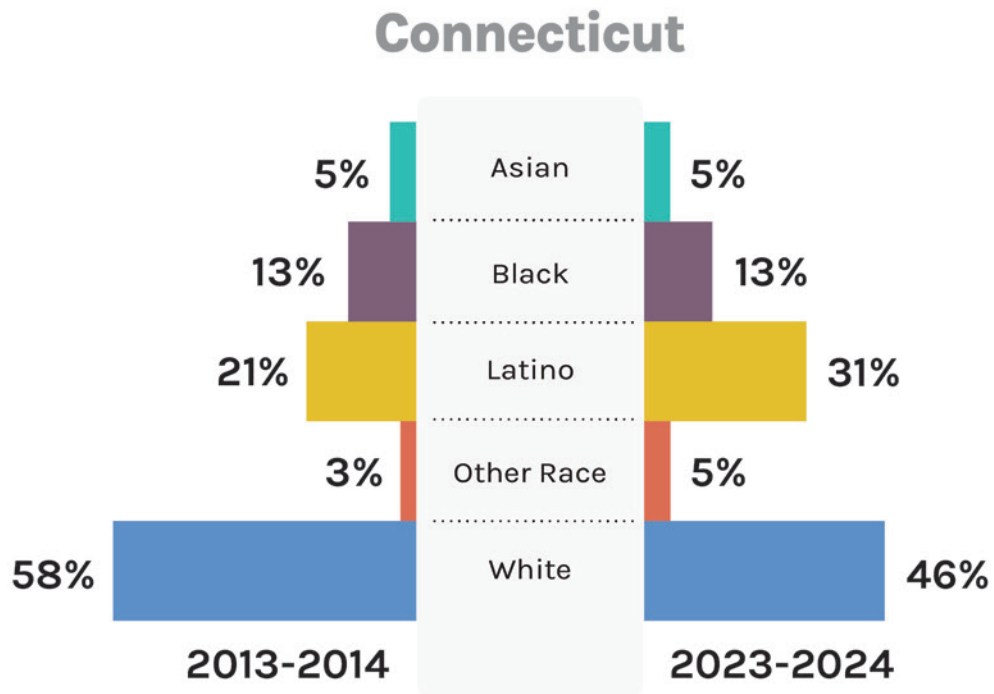
The Valley includes seven public school districts: Ansonia, Region 16 (serving Beacon Falls and Prospect), Derby, Oxford, Naugatuck, Seymour, and Shelton. School enrollment has been fairly stable with slight increases and decreases within school districts. Approximately 18,186 students were enrolled throughout the Valley in the 2023-2024 school year. Shelton remains the largest district in the region, serving approximately 4,500 students, while Ansonia and Derby have seen modest enrollment increases in recent years. In contrast, towns such as Beacon Falls, Naugatuck, Oxford, and Seymour have experienced slight enrollment declines.⁴⁰ The composition of students in the Valley is changing. Between 2013 and 2024, Latino student enrollment increased by 15 percent across Valley school districts, while White student enrollment declined by 21 percent.²

4.10 School District Enrollment: Historical Trend (2021-2024)



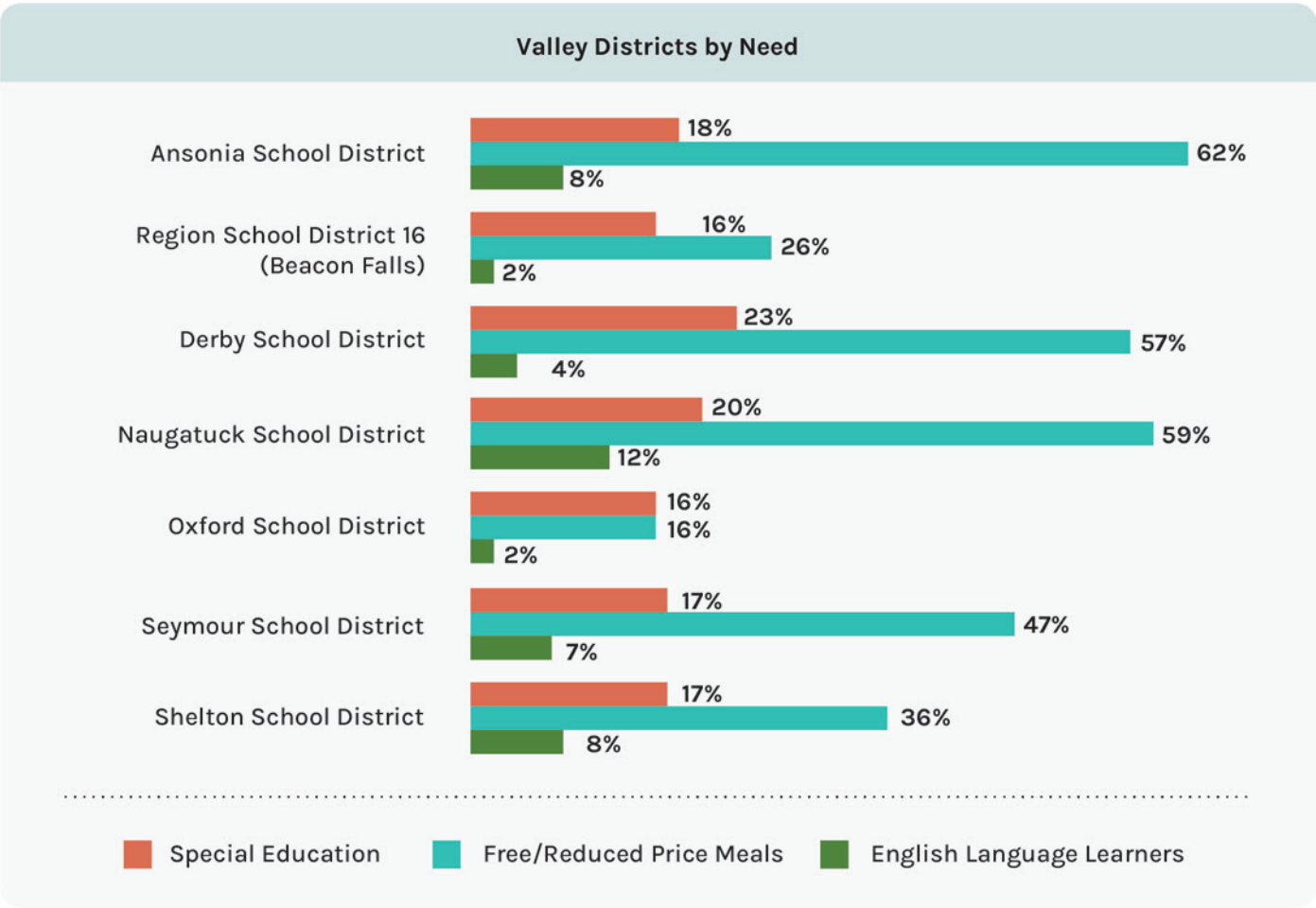
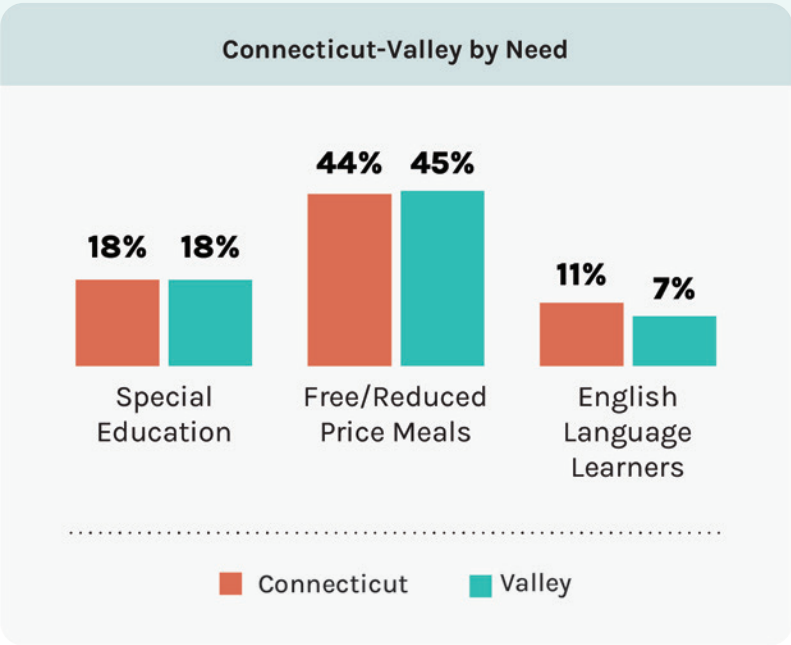
*Beacon Falls is part of Regional School District 16 which also includes Prospect

4.11 School Enrollment: K-12 Enrollment By Race/Ethnicity

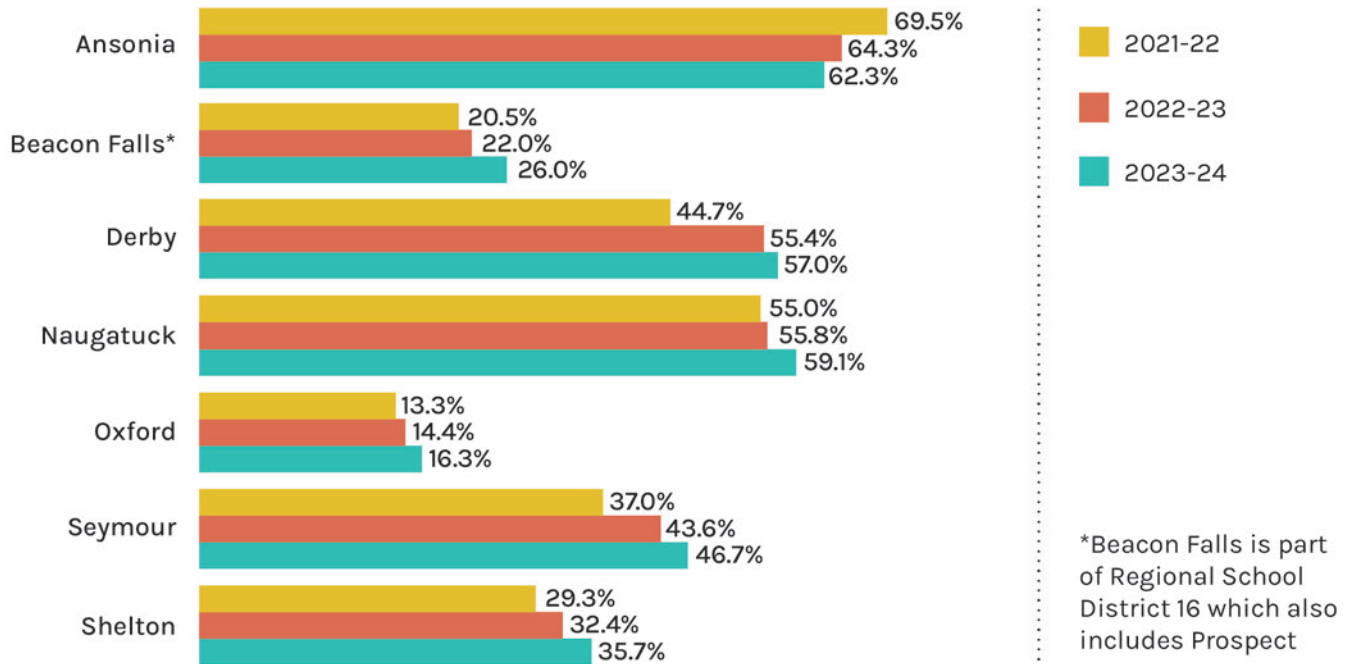


Nearly half of all public-school students in the Valley are eligible for free or reduced-price meals, a key indicator of economic need and continuing the theme of food insecurity. The highest percentage of students who are eligible for food support live in Ansonia, Derby, and Naugatuck.² All areas except Ansonia have seen increases over the past three school years in students' eligibility for food support.⁴⁰

4.12 School Enrollment By Need 2023-2024

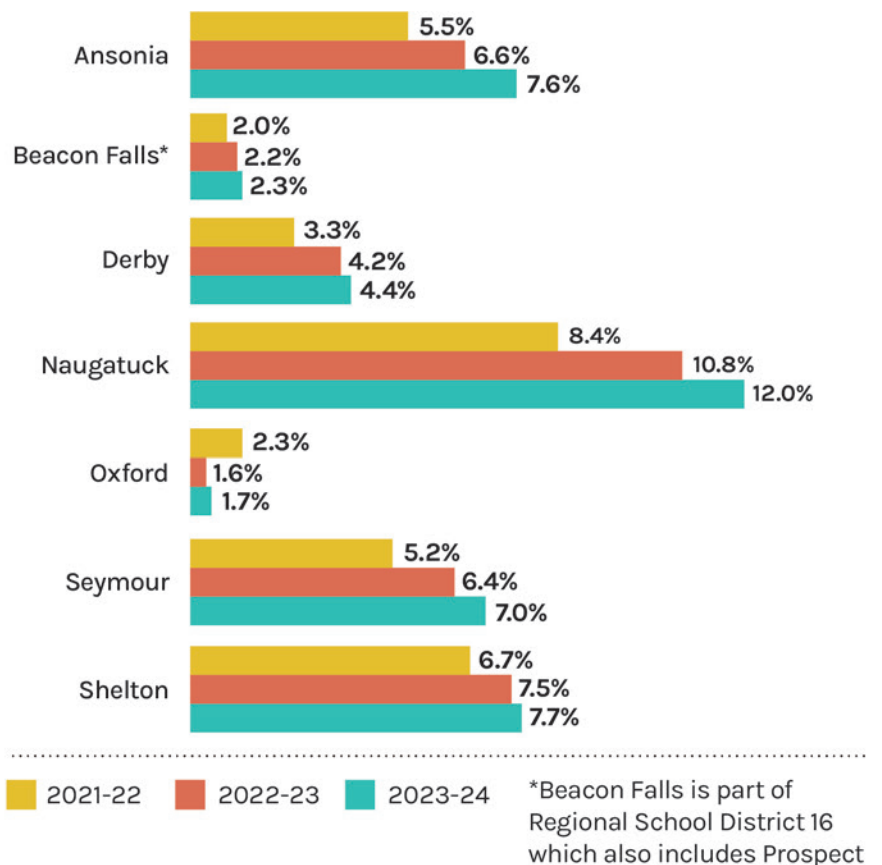


4.13 Percentage of Students Eligible for Free/Reduced Price Meals



English Language Learners make up a significant and growing portion of the student population across the Valley which may be reflective of the changing demographics. As of the 2023-2024 academic year, the percentage of English Language Learners varied widely by town, ranging from 12.0% in Naugatuck to 1.7% in Oxford. Other communities with significant English Language Learner populations include Shelton (7.7%), Ansonia (7.6%), Seymour (7.0%), and Derby (4.4%), all slightly below the state average.⁴⁰

4.14 Percentage of Students English Language Learners



Students face challenges both in and outside of the classroom. Children in lower-income households are more likely to experience housing instability, food insecurity, and limited access to early learning opportunities, all of which negatively affect academic success. In conversations with school officials, some indicated that high rates of student transiency may disrupt continuity in learning, services, and social support.

“Just a snapshot into the transient student population here in Ansonia: **during a three-week period in March, we registered 24 new students.** Nine of those students already had an active IEP identifying a special education need.”

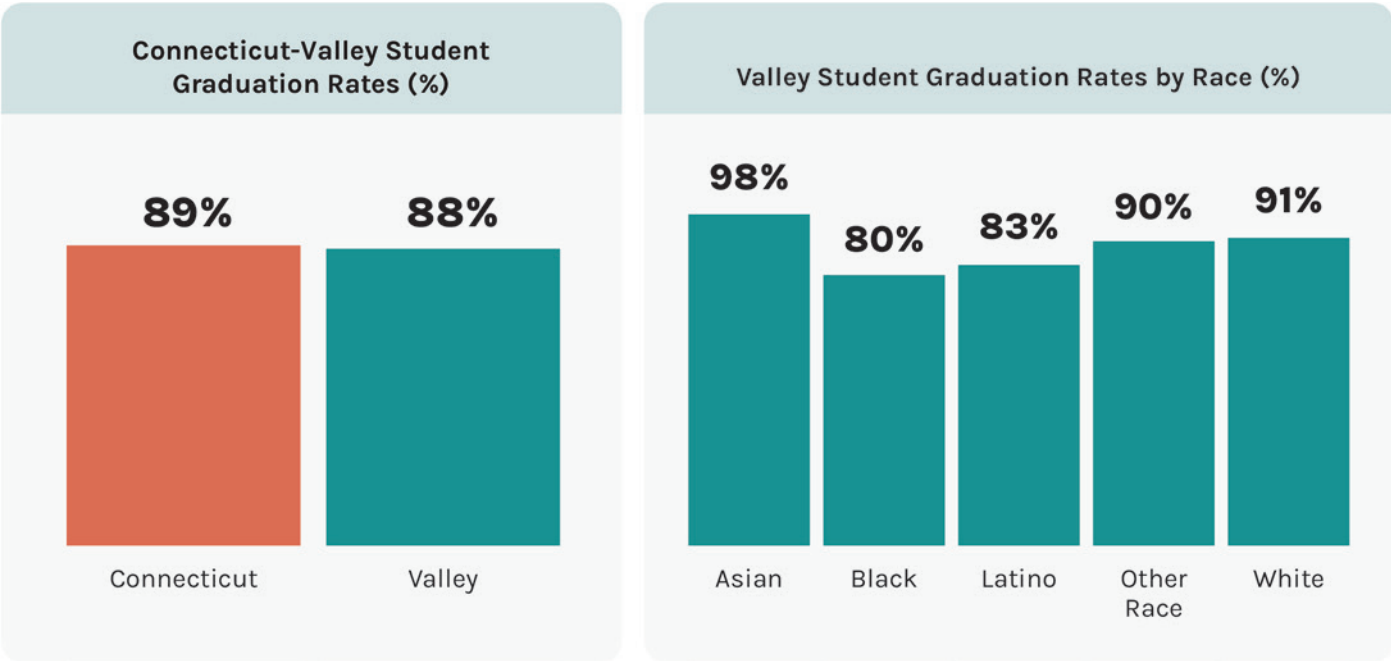
– Committee Member²²

In 2023, nearly 1,400 students graduated from public high schools in the Valley and testing scores were similar to overall state scores. The region's overall four-year graduation rate was high at 88%, but disparities persist across towns and student populations.

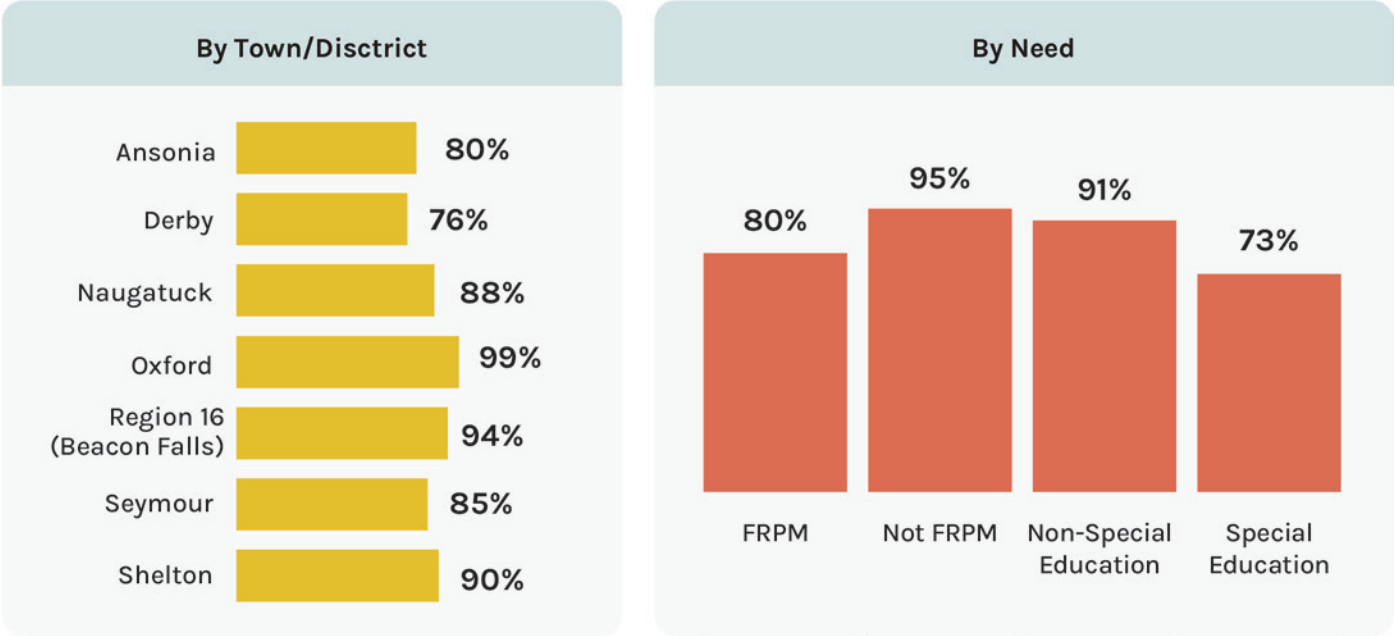
Derby and Ansonia report the lowest graduation rates, reflecting broader systemic challenges. Black (80%) and Latino (83%) students were below the 88% graduation rate for all students.⁹ Students with special education needs graduated at a rate of 73%, and students from low-income households, those eligible for free or reduced-price meals, graduated at 80%.⁹

In standardized testing, there were differences in scores by race across the Valley with Black students (26%) and Latino students (28%) scoring lower passing rates than overall Valley students (44%).²

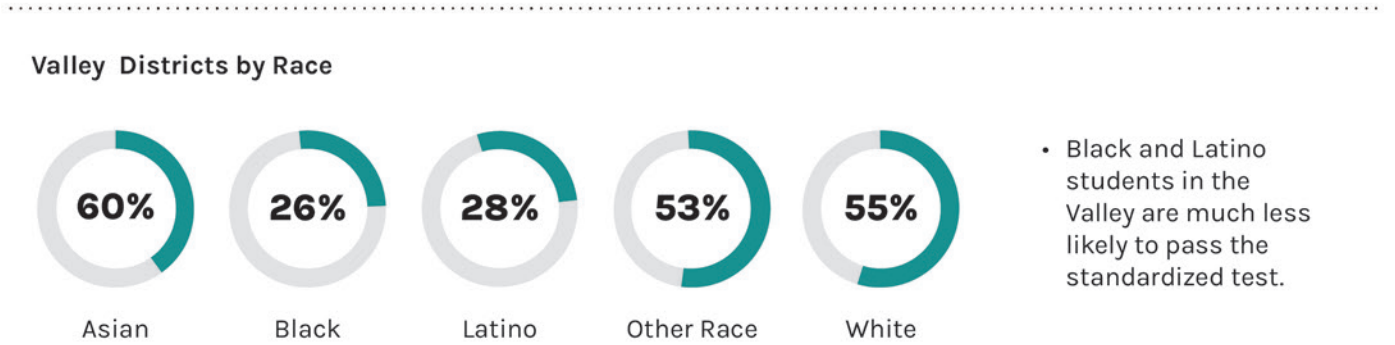
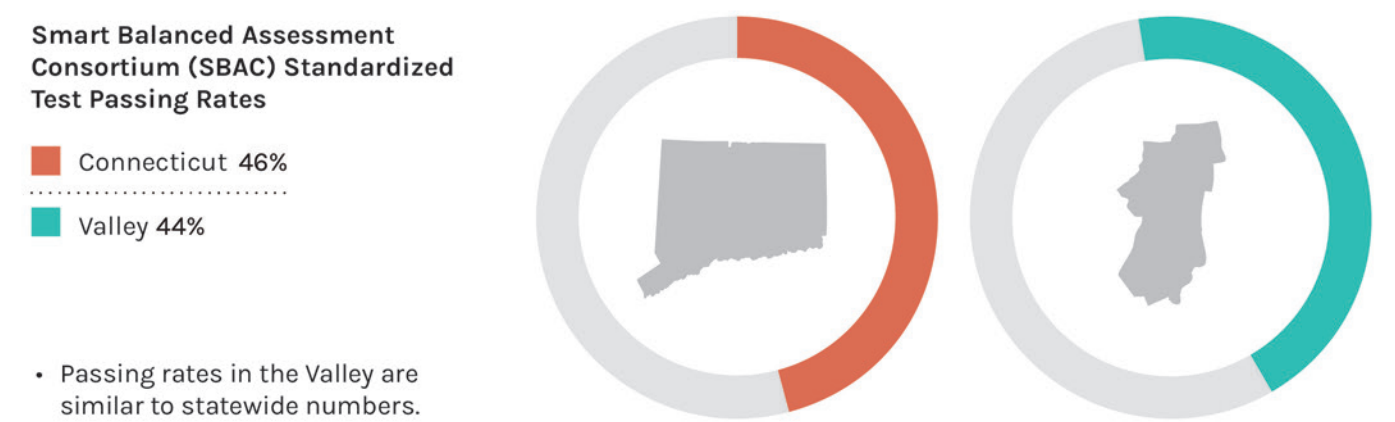
4.15 Graduation Rates 2022-2023



4.16 Graduation Rates 2022-2023: By Town/District & Need



4.17 Academic Outcomes 2023-2024



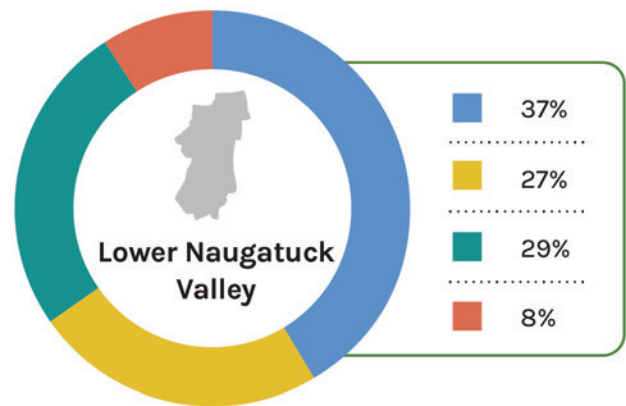
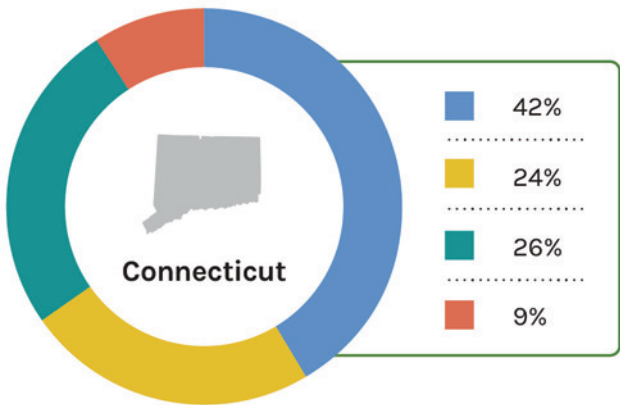
Educational needs extend beyond high school graduation. As previously discussed, slightly over one-third of Valley residents have a high school degree or less. This increases to over half of Valley Latino residents.

Adult education programs support adults' ability to enhance their education and skill set, which may lead to increased economic security. In the 2024–2025 academic year, 610 adults across Ansonia, Derby, Monroe, Seymour, Shelton, Naugatuck, Wolcott, and Oxford participated in programs through Valley Regional Adult Education (VRAE) and Naugatuck Adult Education (NAE).

Adult learners in the Valley come from diverse racial, cultural, and age backgrounds. 51.1% were Hispanic and 40.7% were between the ages of 25–44. Adult education helps address student challenges that may be impeding residents' ability to secure well-paying jobs. The most frequently cited challenges for students included:²⁸

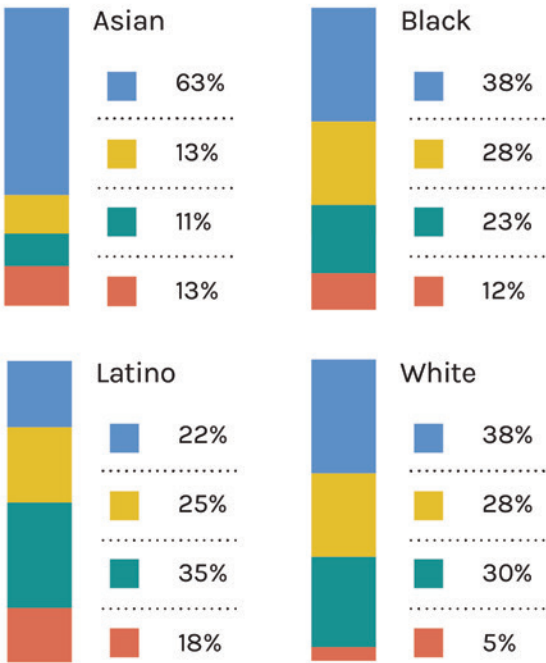
- Low literacy levels and cultural barriers: 610 students
- Low income: 94 students
- Long-term unemployment: 62 students
- Single parent responsibilities: 59 students

4.18 Adult Educational Attainment
Connecticut vs. The Valley



- Bachelors or Higher
- Some College or Associates Degree
- High School Graduate (Include Equivalency)
- Less Than High School Graduate

The Valley by Race



4.19 Adult Education by Student Barriers

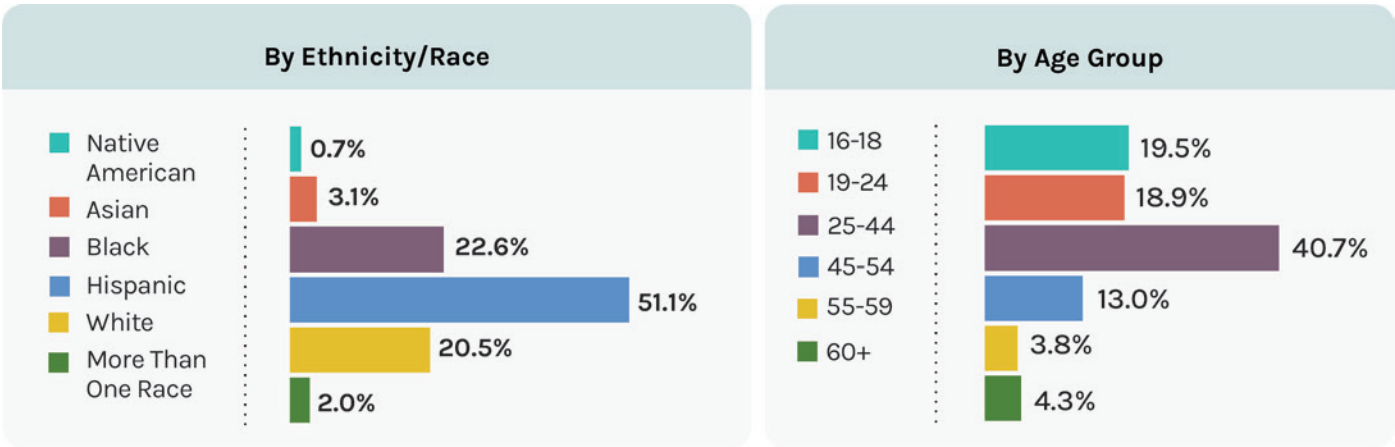
Barriers Faced by Students	VRAE	NAE	Total
Displaced Homemakers	6	14	20
Low Literacy Levels, Cultural Barriers	398	212	610
Exhausting TANF within 2 years	1	21	22
Ex-Offenders	1	7	8
Homeless/Runaway Youth	3	8	11
Long-term Unemployed	15	47	62
Low Income	59	35	94
Migrant, Seasonal Workers	1	2	3
Individuals with Disabilities	6	5	11
Single Parents	43	16	59
Youth in Foster Care or Aged Out	0	3	3

Note: VRAE = Ansonia, Derby, Monroe, Seymour, Shelton & NAE = Naugatuck, Wolcott, Oxford

Note: Students may face more than one barrier

Source: Valley Regional Adult Education (VRAE) & Naugatuck Adult Education (NAE), 2024-2025

4.20 Adult Education by Ethnicity/Race and Age



Note: VRAE = Ansonia, Derby, Monroe, Seymour, Shelton & NAE = Naugatuck, Wolcott, Oxford

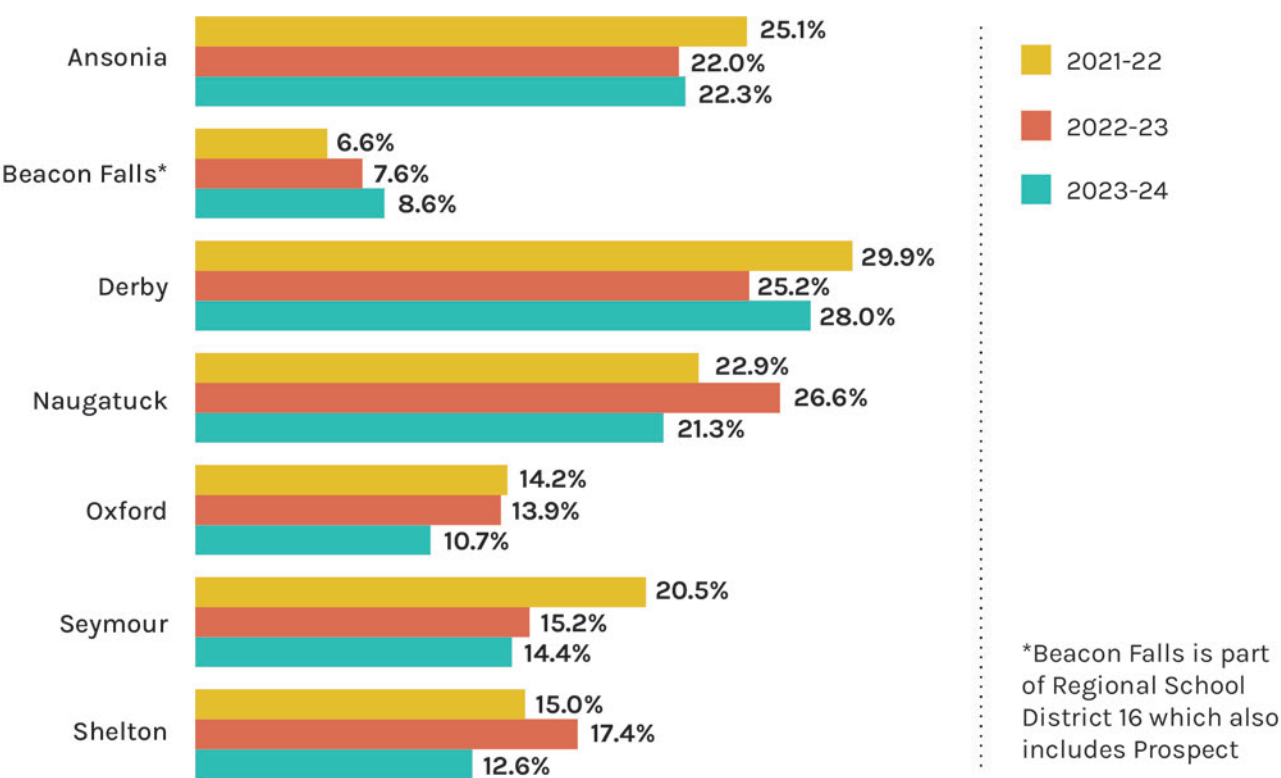
School Attendance and Engagement

Chronic absenteeism is a growing concern across the Valley and serves as both a symptom and a driver of deeper structural barriers to opportunity. Chronic absenteeism is when a student misses at least 10% of the school days during a school year. When a student frequently misses school, it may be difficult for that student to feel engaged with school, teachers, and classmates. This lack of engagement can impact a student’s ability to thrive.

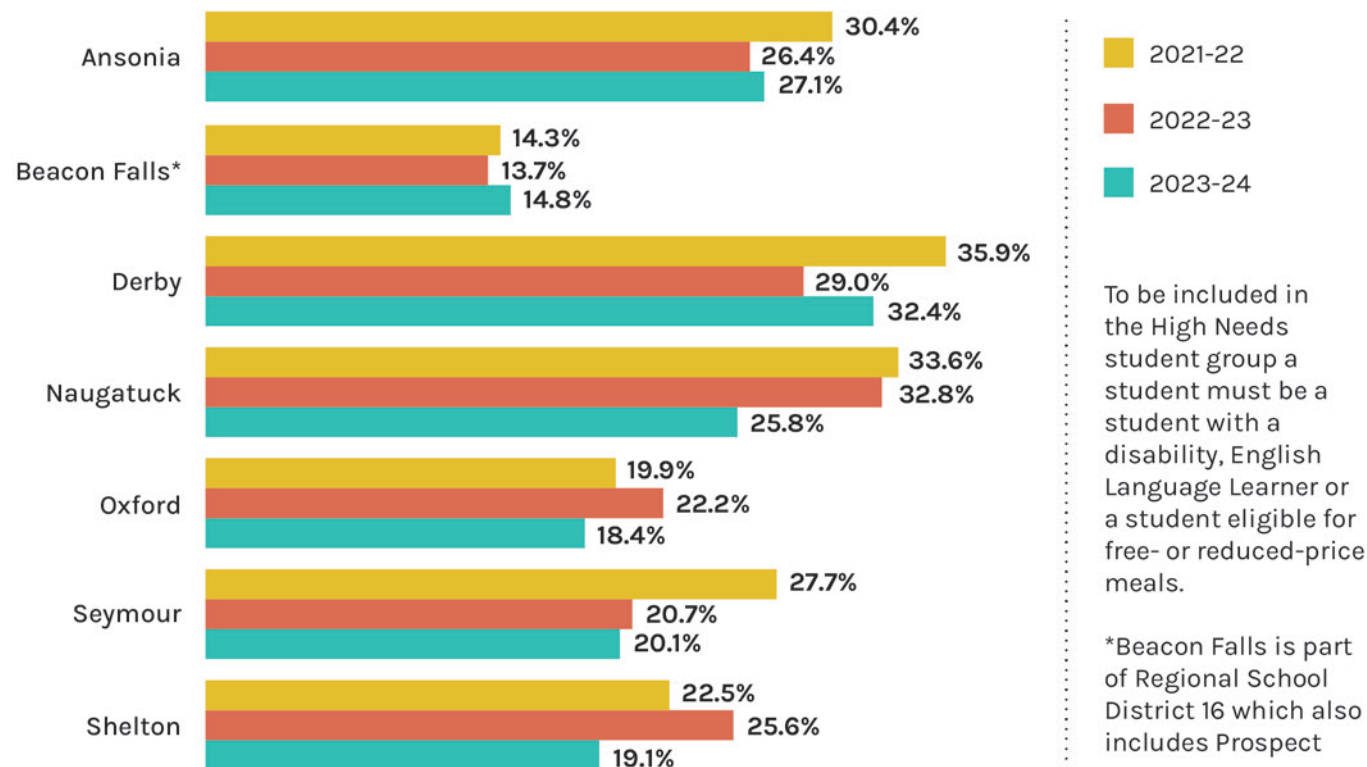
Attendance is important, and chronic absenteeism is seen in varying degrees across the Valley. The issue is particularly pronounced in communities where lower income, housing instability, and unmet basic needs intersect. In 2023, Derby reported a chronic absenteeism rate of 28.0%, the highest in the region. Ansonia followed at 22.3%, reflecting the compounded challenges that may impact school participation in under-resourced areas.¹⁰

These trends also extend beyond geography. High needs students are defined as students with disabilities, English Language Learners, or students eligible for free/reduced price meals. These students typically have a higher rate of chronic absenteeism than the general student population. For example, in Derby, the percentage of students chronically absent is 28% as cited above and increases to 32.4% for high needs students. These patterns reveal a broader reality: when basic needs such as housing, nutrition, transportation, and mental health support go unmet, consistent school attendance may become secondary to day-to-day survival.¹⁰

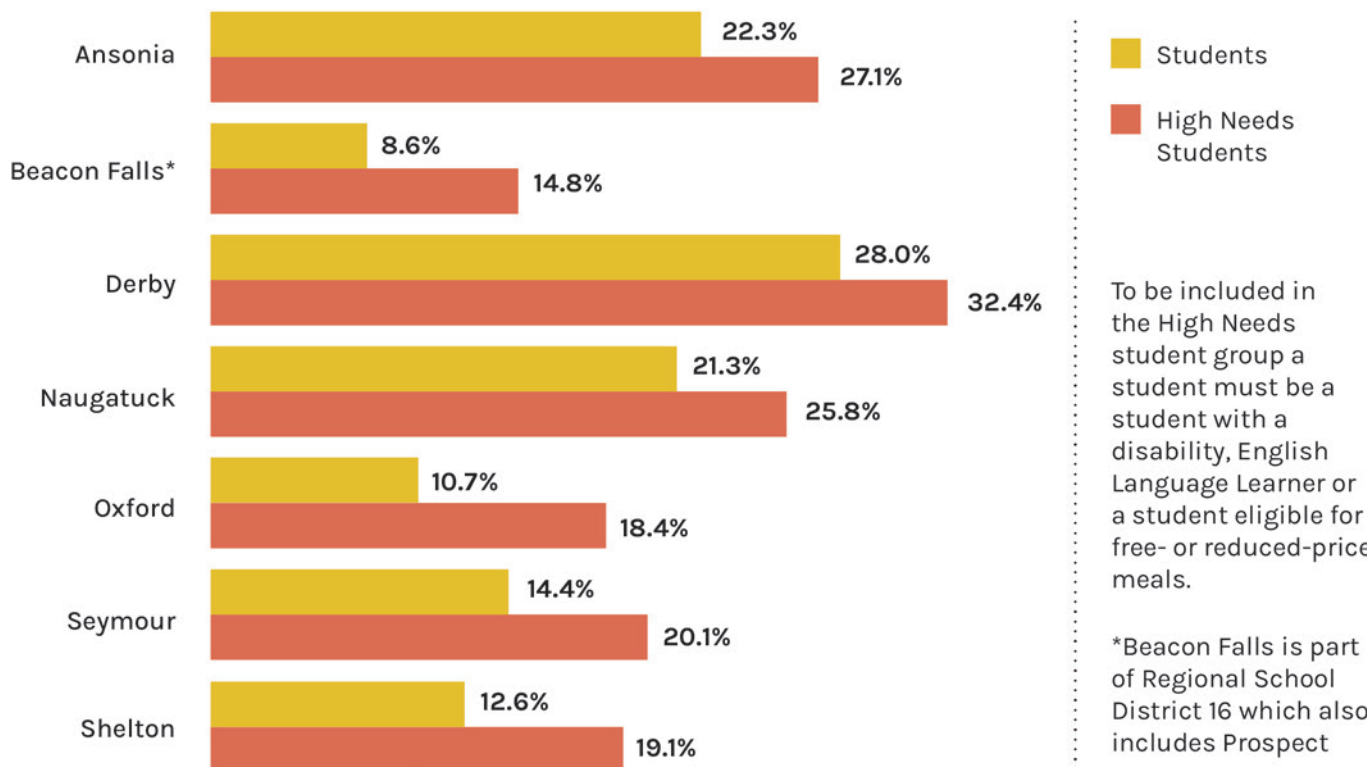
4.21 Percentage of Students Chronically Absent



4.22 Percentage of High Needs Students Chronically Absent



4.23 Comparison Chronically Absent Students vs. High Needs Students



Educators and service providers across the Valley stress that absenteeism is rarely a result of disinterest in school. Instead, it is often driven by daily life challenges, students caring for siblings, coping with mental health issues, or lacking transportation. Committee members emphasized that attendance is vital to helping students thrive.

“School is the first interaction with others outside your family. The foundation of everything to come. **Attendance and involvement is SO important.**”

– Community Member²²

For many children, school is far more than a place of academic learning; it is a primary source of structure, safety, and connection. When attendance is interrupted, students risk losing access to meals, trusted adults, peer relationships, and the stability that schools provide.



Youth Extracurricular Activities

Participation in extracurricular programs is a key component of healthy youth development. These activities offer more than just enrichment; they foster social-emotional learning, positive peer relationships, academic engagement, and protective factors that help reduce risky behavior.

Across the Valley, school-based sports, music, arts, and community partnerships that keep youth engaged outside of school hours are available. In the community survey, the Boys and Girls Club was the top organization listed by respondents.²²

The association between extracurricular programs and positive benefits for children and youth was detailed in a September 2024 report by the Afterschool Alliance.⁴¹ Highlights from the report included the impact of extracurricular programs on:

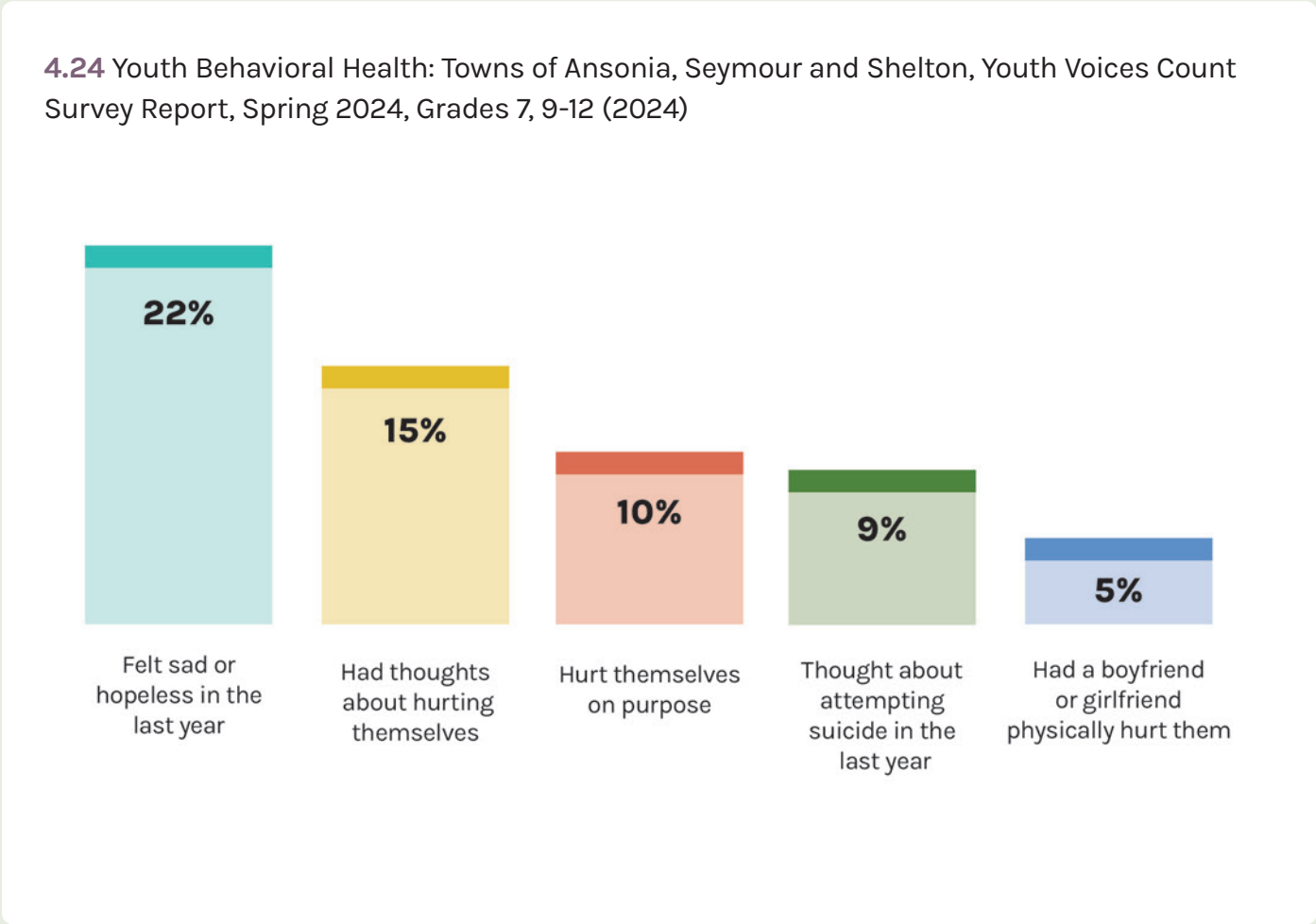
- Improving engagement and reducing chronic absenteeism
- Boosting grades and academic performance
- Supporting young people's mental and physical well-being
- Preparing young people to thrive in adulthood

These findings support the importance of treating extracurricular activities not as add-ons, but as essential components of youth development. Programs that offer connection, mentorship, and creative outlets can help young people stay engaged in school, build confidence, and avoid risky behaviors.

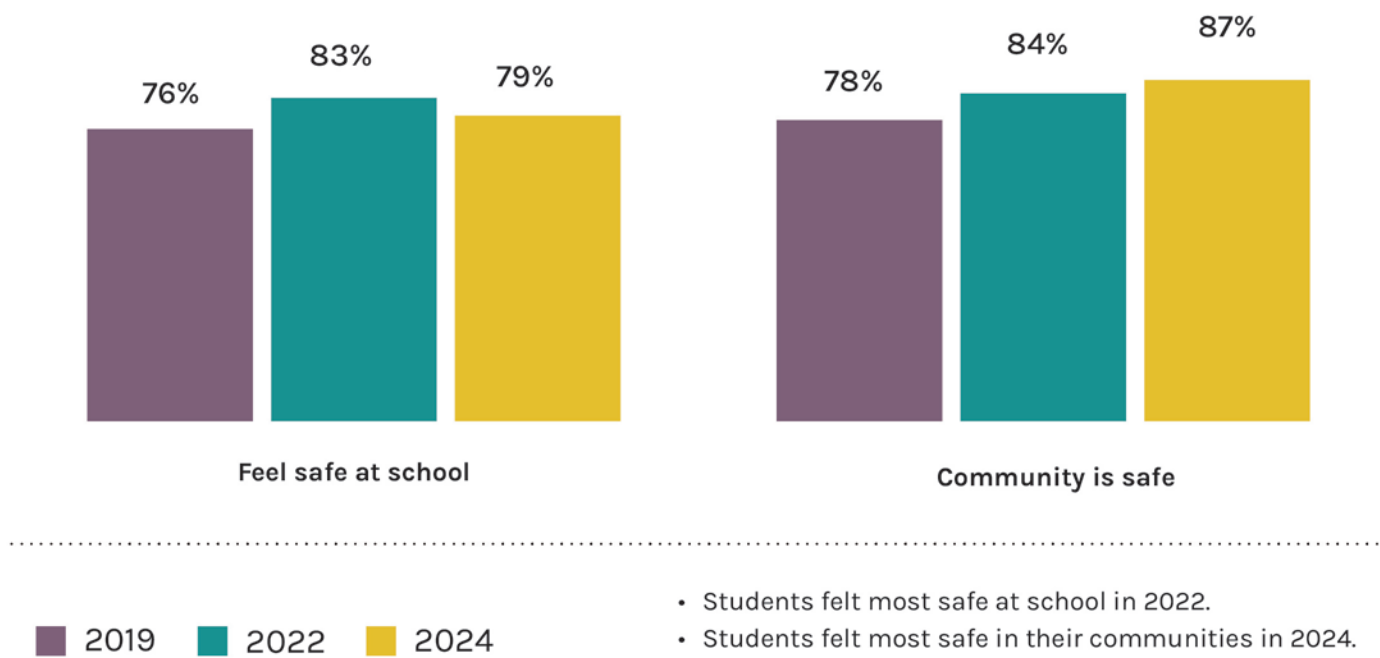
Youth Risky Behavior and Mental Health Needs

According to the 2024 Youth Voices Count Survey, which gathered input from young people in Ansonia, Seymour, and Shelton, approximately one in five respondents reported feelings of sadness or hopelessness and felt less safe at school than they had in the previous survey. On a positive note, there was an increase in the percentage of students who felt their community was safe.³¹ While these findings provide a localized perspective, they represent only three of the seven Valley towns and may not reflect the full range of youth experiences across the region.

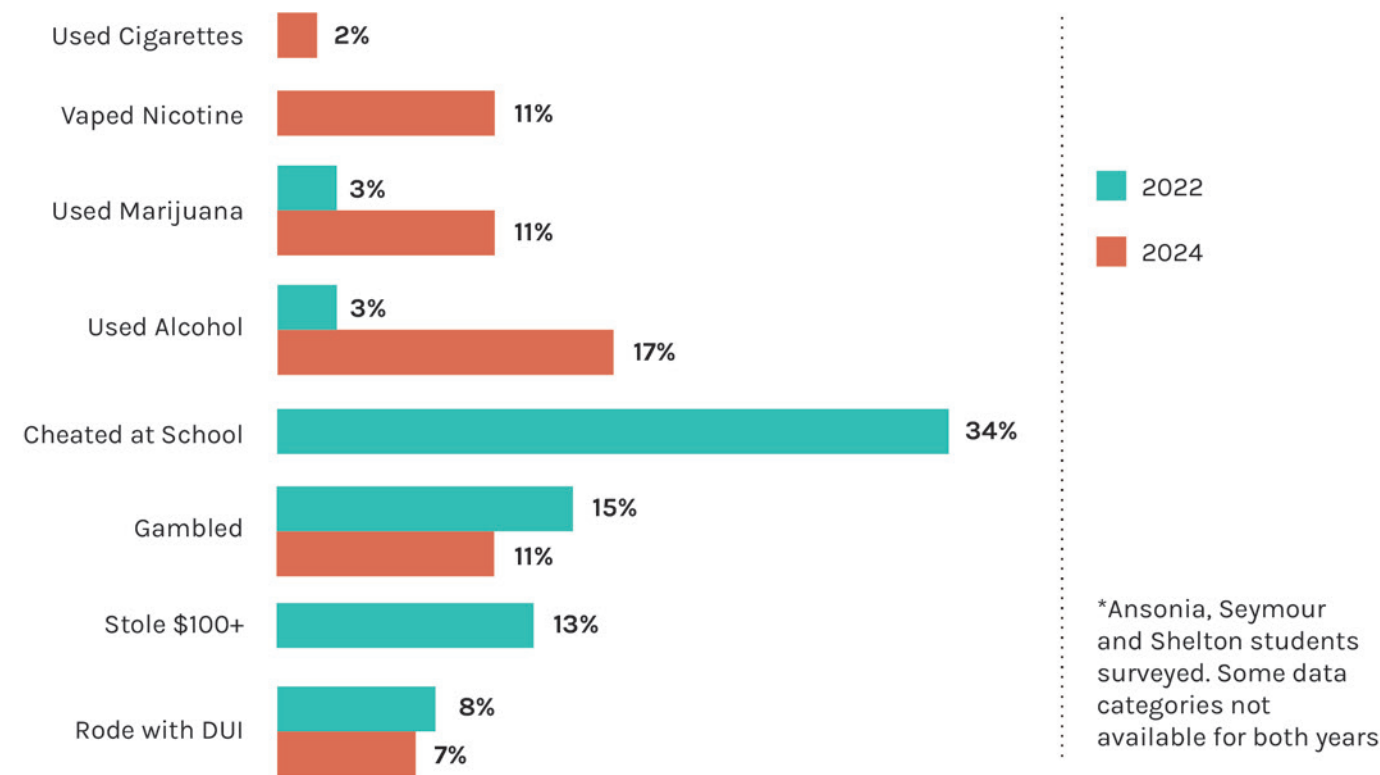
In addition to survey data, educators and youth-serving professionals in the Valley have seen an increase in concerns related to youth mental health and safety. These include observations of rising instances of self-harm, dating violence, and substance use, particularly involving vaping and marijuana, which were also reflected in the three towns surveyed. Although these observations are anecdotal, they reflect consistent themes raised during community engagement and committee discussions.



4.25 Valley Students Ansonia, Seymour, Shelton Three Year Comparison 2019-2022-2024



4.26 Risky Behaviors Reported By *Valley Youth 2022-2024 Comparison



Committee members noted that these challenges are evident in both classroom behavior and crisis-level incidents. During committee discussions, stakeholders described waitlists, limited insurance coverage, and ongoing stigma as key obstacles preventing youth from receiving timely behavioral health support. School-based services were also identified as needing improvement, with mental health staff managing high caseloads, limiting opportunities for early identification and intervention.

Youth mental health is not an isolated issue; it affects academic performance, social development, and long-term community health. Prioritizing early identification, accessible care, and coordinated support can help reduce long-term risks and ensure that all young people in the Valley are equipped with the stability and resilience they need to grow and thrive.

The community survey highlighted the organizations that provide services and support to youth. Among the most frequently cited organizations were:

- Boys and Girls Club (29 responses)
- Schools (28)
- Food banks or pantries (16)
- TEAM Inc. (16)
- YMCA (12)

These organizations cover a wide variety of services and extracurricular activities to support youth and reflect the myriad needs of children and youth.²² As one committee member shared:

“Working closely with our pupil personnel staff, it is clear that our new students moving into Ansonia struggle not only with academic needs, but also with uniforms, supplies, hygiene products, and mental health support.”

– Committee Member²²

Why This Matters

What youth face today has long-term implications for the future of the Valley. Their well-being is directly tied to the systems that shape family stability, access to services, and neighborhood resources.

These same systems are equally critical for another growing population: older adults. As we shift focus to the needs of seniors, we see how caregiving, housing, food access, and isolation affect community health across generations, and how solutions must center inclusion at every age.

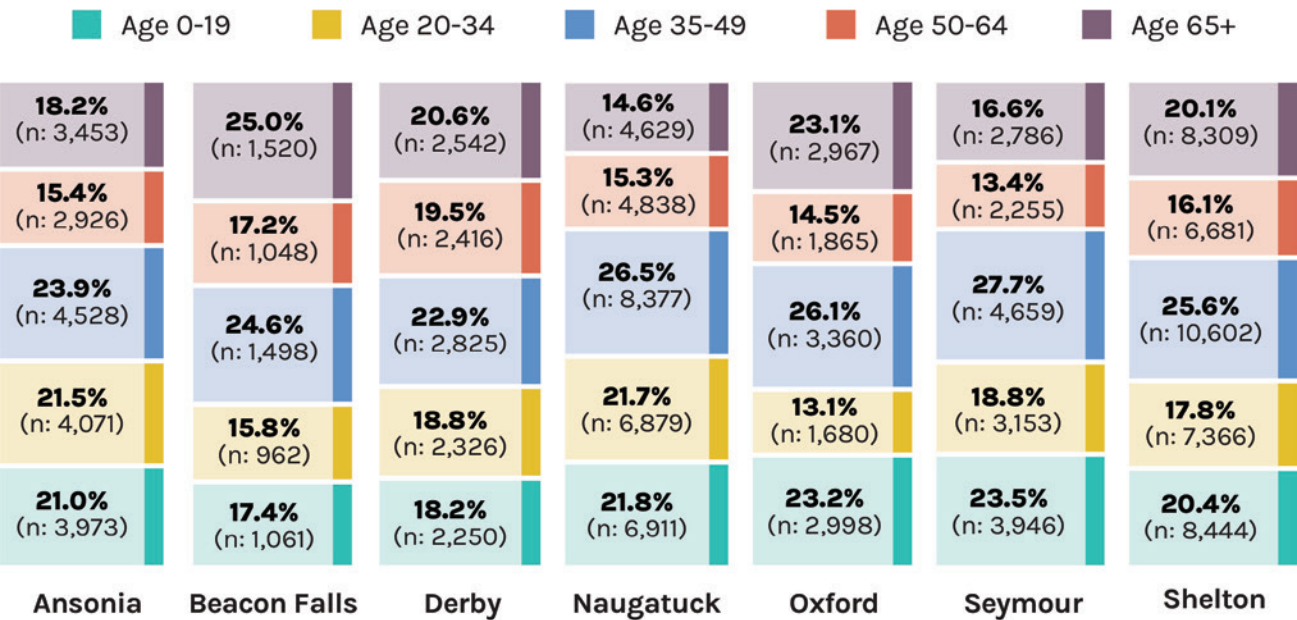
Seniors and Aging

Seniors are respected members of the community and are the living history of the Valley. As of 2024, there are 26,206 seniors, 19% of the total population, who call the Valley home.³

The proportion of residents who are aged 65 and older varies across Valley towns: older adults make up 25.0% of the population in Beacon Falls, 23.1% in Oxford, 20.6% in Derby, 20.1% in Shelton, 18.2% in Ansonia, 16.6% in Seymour, and 14.6% in Naugatuck. These figures reflect the need for systems and services that support healthy aging and ensure seniors continue to be vibrant members of our community.³



5.01 Population by Age Group

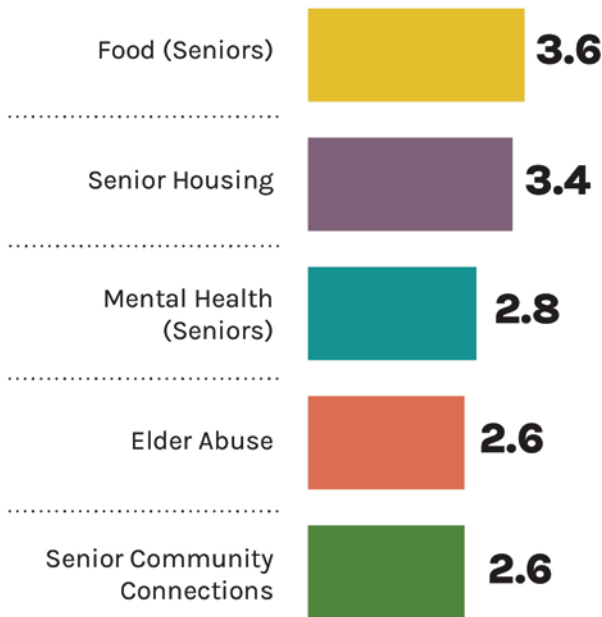


Through committee conversations and findings from the community survey, five core themes emerged as the most pressing concerns about older adults in the region:²²

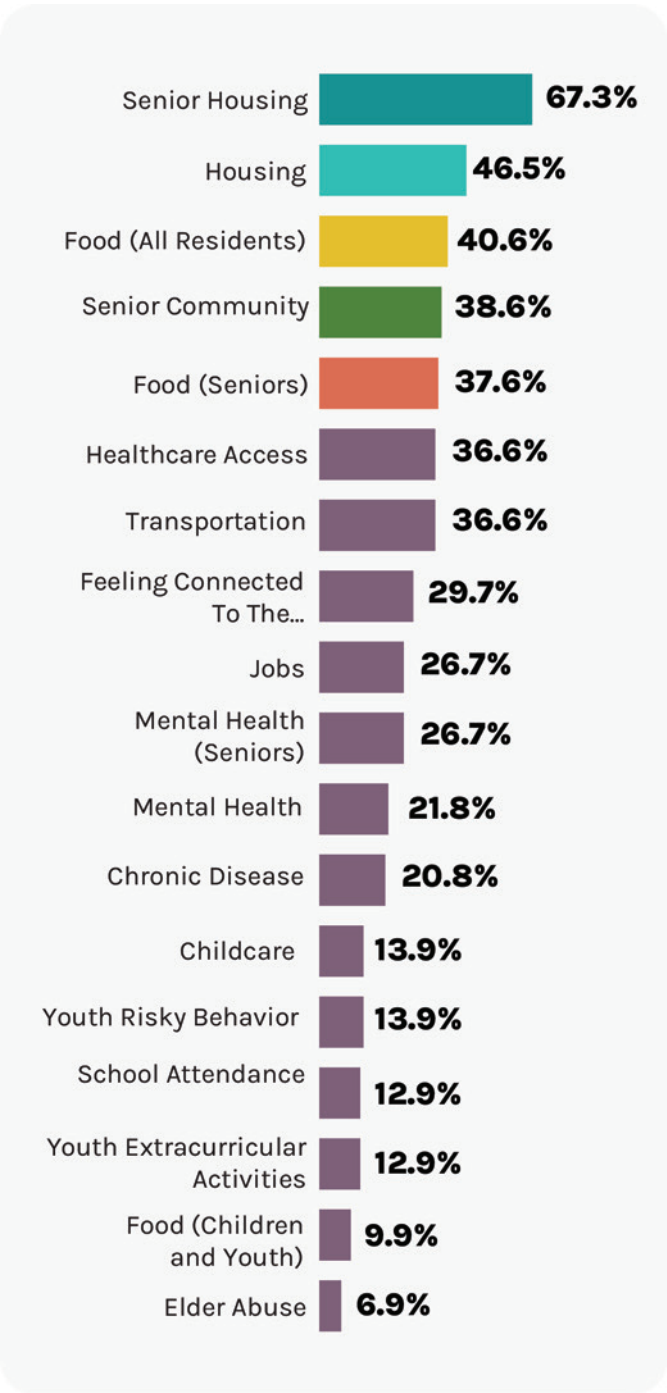
- Food Insecurity
- Housing Stability and Aging in Place
- Mental Health and Social-Emotional Wellbeing
- Elder Abuse and Safety
- Community Connections and Information Access

These themes are supported by both lived experience and quantitative findings. When asked in the community survey about the top challenges in their communities, 67.3% of respondents aged 65+ identified housing for seniors, senior community connection (38.6%) and food for seniors (37.6%). Open-ended responses reinforced concerns around affordability and access, particularly food and housing.²²

5.02 Seniors & Aging: Please rank these issues from most important to least important



5.03 Age 65+: What are the top 5 challenges in our community?



5.04 Seniors & Aging: What does the most important issue you picked mean to you?

Issue	Response Category	Responses (#)
Food (seniors)	Access & Nutrition	15
	Affordability	13
Senior housing & seniors being able to stay in their homes	Affordability	39
	Sustainability	28
Mental Health (seniors)	Support & Awareness	8
Elder Abuse	Safety & Protection	14
Senior community connections & access to information	Inclusion	12
	Access to Information	6

Food Insecurity

Food insecurity remains one of the most urgent health and quality-of-life concerns for older adults in the Valley.

In the community survey, food insecurity ranked as the top concern. When asked to describe local food challenges, older adult respondents emphasized concerns about nutrition (15 responses), affordability (13 responses), and consistent access to healthy meals.²²

Open-ended responses highlighted the daily trade-offs many older residents face, between buying groceries, paying bills, and managing chronic health needs.

“Food is really important for mental and physical well-being. It's hard for seniors to make food, shop for food, afford food, and sometimes eat.”

- Community Member²²

“Many seniors cannot afford food and/or medicine.”

- Community Member²²

Local data reinforce these concerns. Between 2023 and 2024, food pantry utilization among Valley residents aged 60 and older increased 31.4%, according to TEAM Inc. and CT Partnership for Children and the average number of people aged 60 or older served per month continued to climb in January-April 2025.²⁷

Additionally, 572 unduplicated individuals age 65+ received Meals on Wheels assistance from TEAM Inc supported by funding from the Agency on Aging of South Central Connecticut during the most recent reporting period, reflecting continued reliance on community-based meal delivery options.⁴²

5.05 Food Pantry Utilization, Average Number of People Served Per Month

	Total 2023	Total 2024	Increase 2023-2024	Jan-April 2025
Age 0-17	820	1,243	51.7%	1,577
Age 18-59	1,382	1,788	29.4%	2,258
Age 60+	428	563	31.4%	754
Total	2,630	3,594	36.7%	4,589

Includes 10 pantries in the Valley. See Below:

1. Spooner House
2. Blessing Pantry
3. Christ Episcopal Church
4. Little Free Pantry on Skokorat
5. Neighbor to Neighbor Pantry – Oxford
6. Seymour-Oxford Food Bank
7. St. Vincent De Paul
8. The Salvation Army – Greater Valley CT
9. CT Partnership for Children, school-based pantry
10. Naugatuck Ecumenical Food Bank

5.06 Meals On Wheels

Meals on Wheels for Seniors	Unduplicated Individuals Served Time Period: 10/1/22 - 4/21/25
Age 60 +	629
Age 65+	572

Note: Includes only TEAM Meals on Wheels program

Housing Stability and Aging in Place

Overall, the majority of surveyed seniors self-reported in the wellbeing survey that they feel financially secure.⁸ Housing is typically a major household expense and remaining in their home is a priority for seniors.

In the community survey, senior housing, and the ability to age in place ranked as the second most prominent issue concerning older adults, with a mean score of 3.4. Respondents emphasized affordability (39 responses) and sustainability (28 responses) as top challenges, reflecting a disconnect for some seniors between where they want to live and what they can afford or physically manage.²²

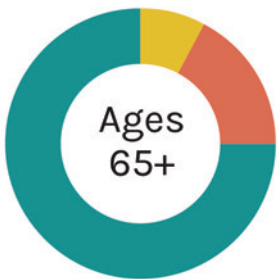
“Seniors need **affordable places to live** and be **connected**.”

– Community Member²²

“I am 68 and am still **working full-time in order to stay in my home**.”

– Community Member²²

5.07 Financial Status Age 65+

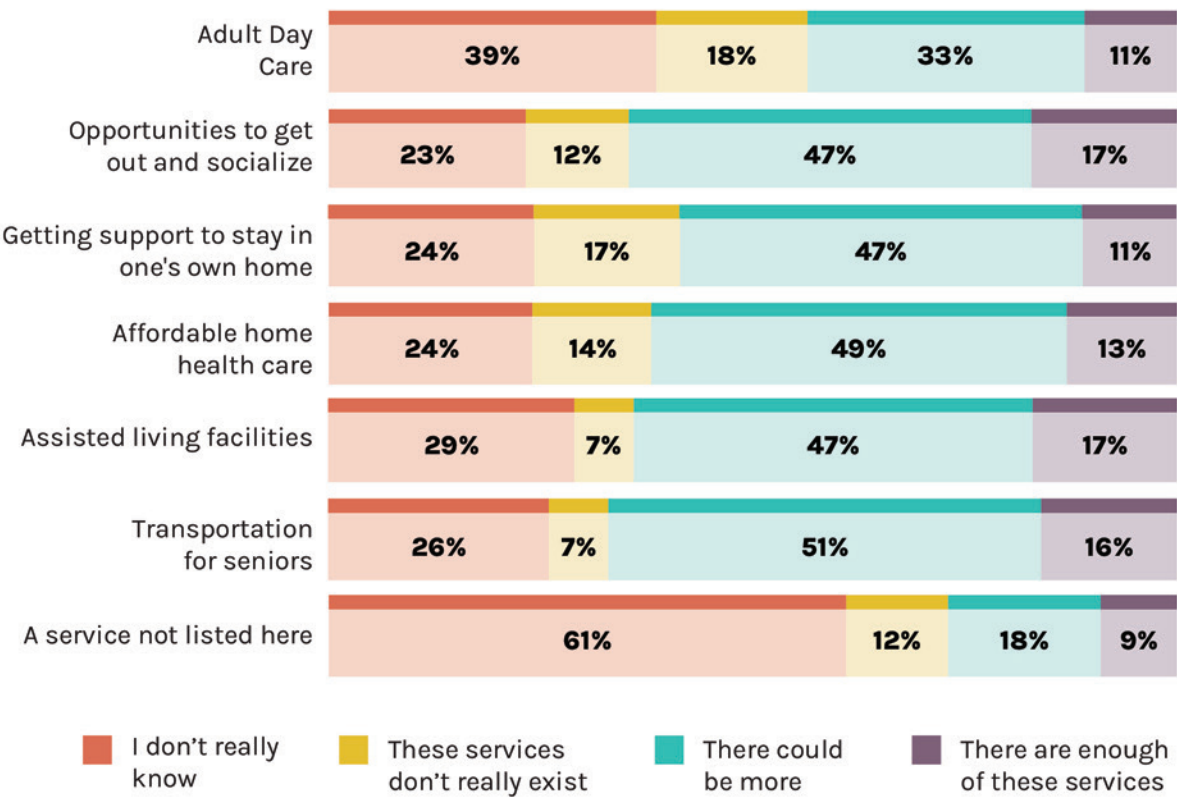


Living Comfortably /Doing Alright	75%
Just Getting By	17%
Finding It Difficult/ Very Difficult	8%



Meanwhile, seniors may require basic support, such as home modifications, personal care aides, homecare, or adult day services, to maintain independence. Respondents in the TEAM survey felt that the Valley could use more of these types of services to better support the seniors in our community.²¹

5.08 Senior Services



“Seniors need assistance to be able to stay in their home and have home care that is affordable. **Being able to provide home health care would avoid costly inpatient rehab and improve the quality of life for the elderly in the community.**”

– Community Member²²

Mental Health and Social-Emotional Wellbeing

One of the defining characteristics of the Valley is relationships and supporting each other. Having a support network is an important factor for mental health and wellbeing.

Almost half (48%) of Valley seniors self-reported in the wellbeing survey that they always have the social and emotional support they need and an additional 31% report they usually have the support they need, meaning over three quarters of seniors feel they have strong personal support in their lives.⁸ Seniors also feel optimistic about their lives, most likely contributed to by their engagement with others.

However, lack of social and emotional support and isolation still have negative impacts on seniors as poignantly stated below:

“Isolation affects everything. **If you don’t feel seen, you don’t feel well.**” - Community Member²²

5.09 Mental Wellbeing & Support of Valley Community Members

“How often do you get the social and emotional support you need?”	All	Age 18-34	Age 35-49	Age 50-64	Age 65+
Always	33%	18%	38%	30%	48%
Usually	34%	42%	26%	37%	31%
Sometimes	18%	15%	21%	22%	13%
Rarely	9%	21%	6%	6%	2%
Never	4%	3%	7%	3%	4%
DK/Refused	1%	0%	2%	3%	1%

“Over the past 2 weeks, how often have you felt down, depressed, or hopeless?”	All	Age 18-34	Age 35-49	Age 50-64	Age 65+
Nearly every day	5%	6%	7%	3%	4%
More than half the days	6%	8%	6%	9%	1%
Several days	18%	28%	19%	18%	7%
Not at all	67%	53%	68%	66%	85%
DK/Refused	3%	4%	0%	4%	3%

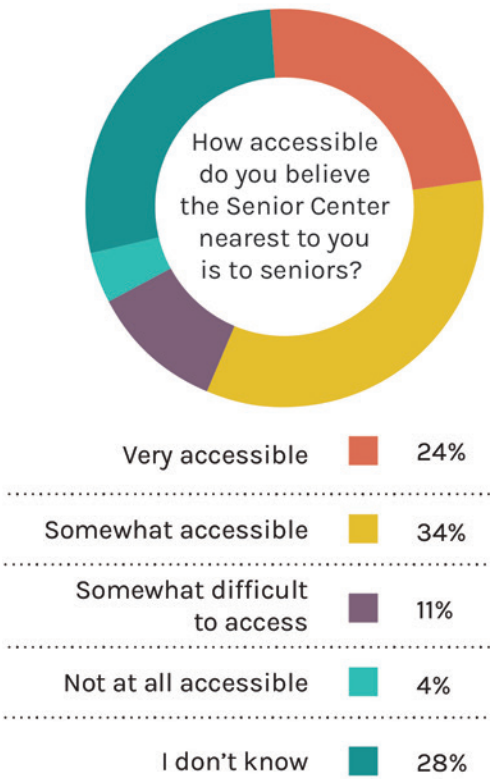
Senior centers are a hub and social outlet for many seniors. These organizations serve as vital connection points, offering not only referrals and basic services but also a sense of belonging. When asked in the community survey where people go for senior support, seniors' centers were by far the top choice. The Valley has senior centers in each geography and these centers are seen as locally based and generally accessible.

5.10 Seniors & Aging: Local Organizations

Where do you or people you know go for senior support?

Organization Name	Responses (#)
Senior Center	75
TEAM Inc	41
Church	9
Health Care Organization or Professional	7
Family/Friends	6
Food Bank/Food Pantry	6
Housing Authority	6
Community Center	6
Agency on Aging	5
211	5

5.11 Senior Center Accessibility



Elder Abuse and Safety Concerns

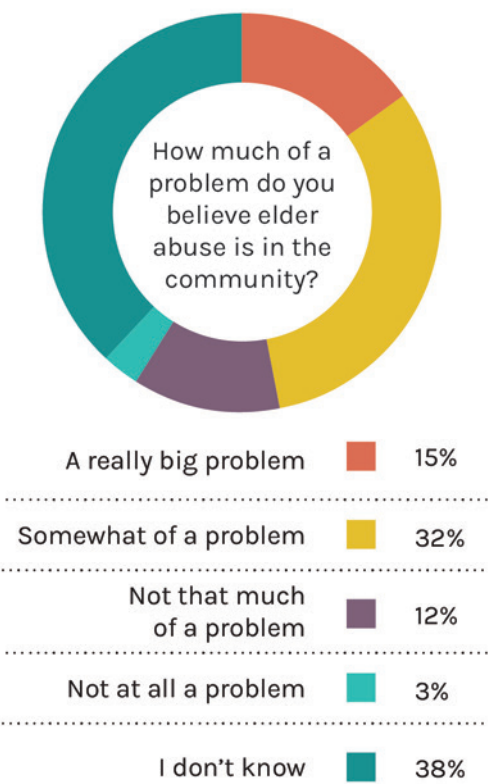
Elder abuse remains a serious yet often hidden concern in the Valley.

When asked in the TEAM survey about the magnitude of elder abuse as a Valley problem for seniors, almost half of surveyed respondents felt elder abuse was a problem.²¹ Local providers echoed this concern, with reports highlighting increased awareness of exploitation, neglect, and emotional abuse as the most frequently cited issues.

According to 2024 data from the Connecticut Department of Social Services Elderly Protective Services, seniors suffering from elder abuse tend to be female and are across all senior age categories. The most commonly reported allegations as categorized by the Connecticut state Department of Social Services and reported across the Valley included:⁴³

- Exploitation – 86 cases
- Self-Neglect – 74 cases
- Neglect by others – 46 cases
- Emotional abuse – 44 cases
- Physical abuse – 19 cases
- Sexual abuse – 0 cases reported
- Abandonment – Fewer than 5 cases reported

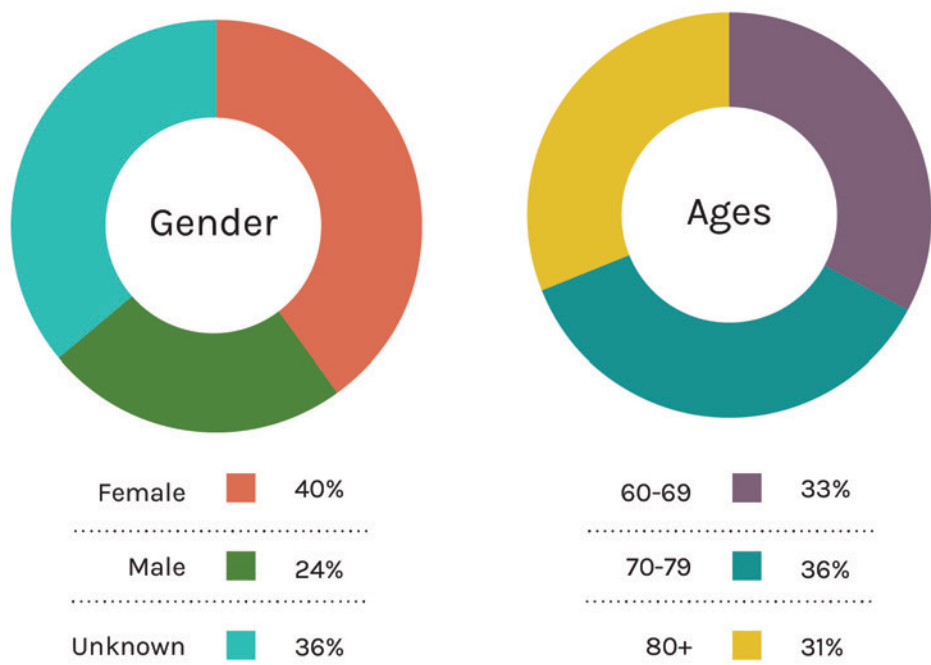
5.12 Seniors-Elder Abuse



This data reflects only known and reported cases; more incidents likely go unnoticed or unreported, particularly when older adults live alone, have cognitive impairments, or rely on caregivers for daily support.

Preventing elder abuse requires more than reporting; it calls for systems of prevention, education to the community/service professionals, trust, and compassionate intervention. Organizations such as TEAM Inc., senior centers, churches, and the Agency on Aging are critical in ensuring that older adults in the Valley remain not only safe, but also seen, supported, and valued.

5.13 Elder Abuse



Community Connections and Information Access

Connection to the community and access to information are key social drivers of health for older adults, contributing not only to emotional well-being but to timely service access, safety, and aging in place.

In the wellbeing survey, Valley seniors feel strongly connected to their community. Compared to all respondents, the Valley's seniors consistently rated the Valley higher on several measures of community well-being and resources, although senior responses have declined for each category since they were last surveyed.⁸

Seniors who participated in the wellbeing survey in the Valley responded that they are very satisfied with their area (89%) and are more likely than the overall adult population to find local government to be responsive to residents and parks to be in good condition. Also, seniors have high approval for the local police. Nearly all seniors trust their neighbors, something that can become a vital asset as people age.⁸

In the community survey, community connection and information access ranked fifth in importance among seniors taking the survey (mean score: 2.6, tied with elder abuse), with 18 total open-ended responses identifying it as a concern. When asked what this issue meant to them, respondents emphasized both the need for inclusion (12 mentions) and better access to clear, timely information (6 mentions), especially those without internet access or digital literacy.²²

Older adults who are not comfortable using online platforms may be unaware of essential updates related to transportation, health care, food access, and social activities. Libraries, community nonprofits, and senior centers continue to serve as trusted in-person resources for connection and outreach. Senior-friendly communication methods, mailers, printed newsletters, and local radio as well as local newspapers, help close these information gaps and strengthen community belonging.

“Older adults might not have access to the Internet, or have family that is willing to help them and connect them to resources. But just like kids, **it's still important for them to be involved in activities and get their mind stimulated.**”

– Community Member²²





Why This Matters

Aging is not a niche issue; it is a central part of building strong, inclusive communities. When older adults have access to safe, affordable housing, nutritious food, meaningful social connections, and responsive care, the benefits ripple throughout the community. As well, having resources enables seniors to remain in the Valley, supporting a culture of respect, dignity, and mutual care that uplifts the entire region.

The aging of the Valley's population reinforces what every section of this Index has revealed: community health is interconnected. Whether discussing children, working adults, or older residents, the underlying themes remain consistent, affordable housing, access to care, transportation, food, and social connection.

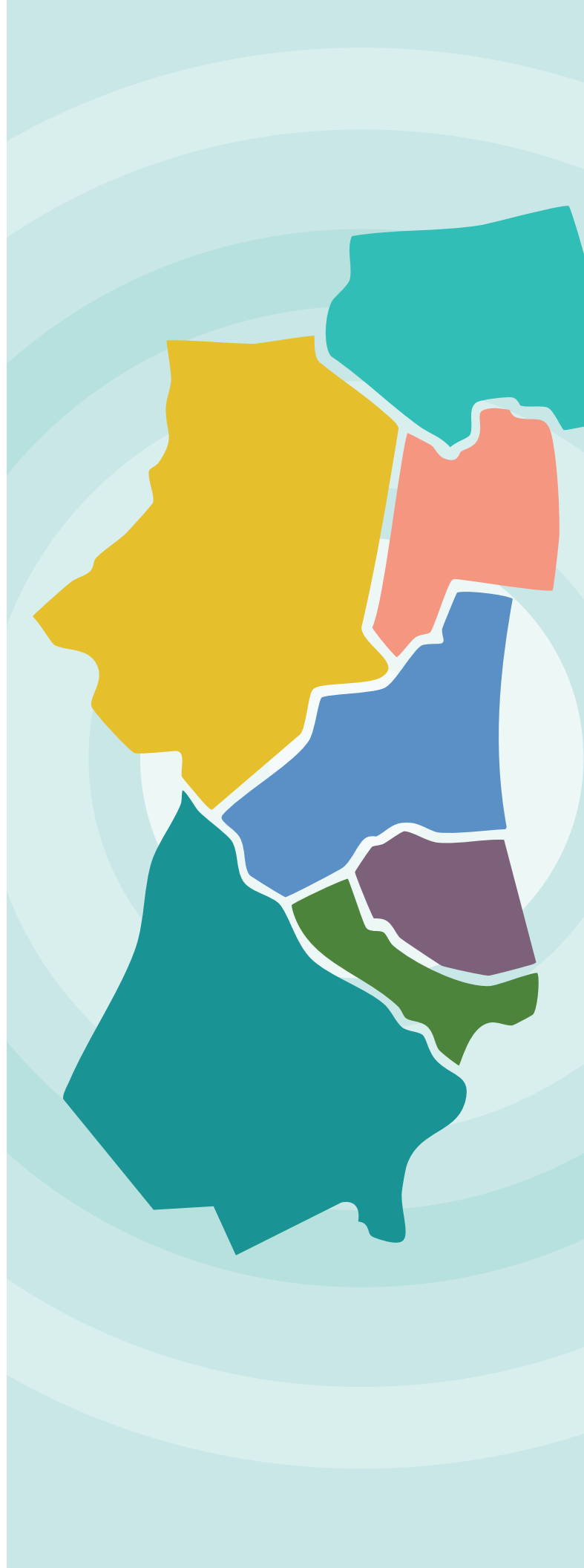
As we move toward a shared future, it is clear that building a thriving Valley requires shared responsibility and investments that include all stages of life.

Conclusion

The 2025 Valley Community Index reflects a detailed picture of life in the region, what is going well and where challenges still stand in the way of health and well-being. Across all seven towns, residents and partners shared their stories, concerns, and hopes, helping to paint a fuller picture of the systems that affect daily life, whether that is access to care, stable housing, education, mental health, or economic stability.

The gaps identified in this report are not abstract. They impact families, youth, older adults, and working individuals every day. But so do the strengths, dedicated community organizations, resilient residents, and cross-sector partnerships committed to problem-solving and progress. The Valley has a long history of working together, and that collaboration is key to addressing the root causes of health challenges.

As we continue to recover from the pandemic and face ongoing social and economic pressures, this report is meant to be more than a summary; it is a tool to guide conversation, planning, and collective action. We hope it encourages leaders, residents, and organizations to keep working toward a Valley where everyone has the opportunity to live well, contribute, and feel supported, no matter their background, age, or zip code.



Endnotes

1. DataHaven (2025). *US Census Bureau. American Community Survey. 2019-2023 5 year estimates*
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Figure Notes

Demographic Profile		
1.01	Population of the Valley	U.S. Census Bureau. (n.d.). <i>Population by age group, 2021–2023 American Community Survey 3-Year Estimates</i> . U.S. Department of Commerce.
1.02	Naugatuck Valley Top Three Language by Town	NeighborScout.com. (2025). <i>Languages spoken in Ansonia, Beacon Falls, Derby, Naugatuck, Oxford, Seymour, Shelton Connecticut</i> . NeighborScout.com.
1.03	Share of Population By Race/Ethnicity, Connecticut, Valley, Individual Towns	DataHaven (2025). <i>US Census Bureau. American Community Survey. 2019–2023 5 year estimates</i> .
1.04	Valley Demographics 2020, Compared to 2024	DataHaven (2025). <i>US Census Bureau. American Community Survey. 2019–2023 5 year estimates</i> .
1.05	K-12 Enrollment by race/ethnicity	DataHaven. (2025). <i>Analysis of Connecticut State Department of Education data (2023–24 academic year) via EdSight</i> . DataHaven.
1.06	Median Age in the Valley	Naugatuck Valley Council of Governments. (2025, February). <i>Cost burdened households. Naugatuck Valley Demographic Explorer</i> . https://nvcogct.gov/project/equity-explorer
1.07	Population By Age Group	U.S. Census Bureau. (n.d.). <i>Population by age group, 2021–2023 American Community Survey 3-Year Estimates</i> . U.S. Department of Commerce.
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1.10	Cost Burdened Households-Renter vs Owners	Partnership for Strong Communities. (2024). <i>Renters versus owners: Housing cost burdens</i> . Retrieved from https://www.pschohousing.org .
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1.13	Barriers to Healthcare	DataHaven (2024). <i>DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut</i> .

1.14	Naugatuck Valley Encounters with COPD By Town	Griffin Health. (2025). Rates of chronic conditions: FY2023 and FY2024 CHIME community discharge data analysis. Population estimates July 2023 Census Quickfacts https://www.census.gov/quickfacts/fact/table/US/PST045224 .
1.15	Adult Education Attainment Connecticut vs. the Valley	DataHaven (2025). US Census Bureau. American Community Survey. 2019-2023 5 year estimates.
1.16	Earnings Comparison By Educational Attainment	DataHaven (2025). US Census Bureau. American Community Survey. 2019-2023 5 year estimates.
1.17	Income and Poverty in the Valley	United for ALICE Connecticut and United Way of Northern New Jersey (2025). Alice Reports 2023. Retrieved from https://www.unitedforalice.org . DataHaven (2025). US Census Bureau. American Community Survey. 2019-2023 5 year estimates.
1.18	Housing	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
1.19	Financial Status	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
1.20	Food Pantry Utilization, Average Numbr of People Served by Month	TEAM Inc. (2025). Food Hub: Basic Needs & Other Help. https://teaminc.org/basic-needs-other-help/food-hub/ Connecticut Partnership for Children. (2025). Children & Family Services. https://ctpfc.org/ .
1.21	Economic Stability-Jobs	DataHaven. (2025). Analysis of data from the Connecticut State Department of Labor (2003 and 2023) for the Naugatuck Valley Region
1.22	Employment Availability	TEAM, Inc. (2023). 2022-2023 Community Planning Survey. TEAM, Inc.
1.23	Unemployment in The Valley Region March 2020, May 2020, Nov 2024	DataHaven. (2025). Analysis of data from the Bureau of Labor Statistics Local Area Unemployment Statistics for the Naugatuck Valley Region and Connecticut (2020 and 2024).
1.24	Employment Availability	TEAM, Inc. (2023). 2022-2023 Community Planning Survey. TEAM, Inc.
1.25	Life Satisfaction in the Valley	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
1.26	Valley Residents: Overall Life Satisfaction Percent Satisfied, By Category 2024	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
1.27	Indicators Breakdown By Category	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024, and 2015-2024 pooled) for the Lower Naugatuck Valley Region and Connecticut.

1.28	Location Satisfaction, 2021 v 2024	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
1.29	Neighborhoods	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
1.30	Sentiments on Local Government and Community Cohesion, Connecticut and the Valley	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
1.31	Mental Wellbeing and Support of Valley Community Members	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
1.32	Top Five Challenges in Our Community	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
1.33	211 requests	United Way of Connecticut. (2025). 211Counts: Naugatuck Valley Region. https://ct.211counts.org/ .
1.34	Unite Us Requests	Unite Us. (2025). Insights Center: Valley Region Assistance Requests (04/01/2024-04/15/2025). https://insights.uniteus.com/ .
1.35	Unite Us Requests by Category	Unite Us. (2025). Insights Center: Valley Region Assistance Requests (04/01/2024-04/15/2025). https://insights.uniteus.com/ .

Economic Security and Basic Needs

2.01	Community Survey Ranking	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
2.02	Cost Burdened Households- Renter vs Owners	Naugatuck Valley Council of Governments. (2025, February). Cost burdened households. Naugatuck Valley Demographic Explorer. https://nvcogct.gov/project/equity-explorer/ . Partnership for Strong Communities. (2024). Renters versus owners: Housing cost burdens. Retrieved from https://www.pschohousing.org .
2.03	Self-Reported Housing Status	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
2.04	Homeownership	DataHaven (2025). US Census Bureau. American Community Survey. 2019-2023 5 year estimates.
2.05	Housing Expenses	Partnership for Strong Communities. (2024). Renters versus owners: Housing cost burdens. Retrieved from https://www.pschohousing.org .

2.06	Fair Market Rent 2025	RentData.org. (2025). 2025 Fair Market Rent in Connecticut. https://www.rentdata.org/states/connecticut/2025 .
2.07	Housing Information	Partnership for Strong Communities. (2024). Renters versus owners: Housing cost burdens. Retrieved from https://www.pschousing.org .
2.08	Housing Accessibility	TEAM, Inc. (2023). 2022–2023 Community Planning Survey. TEAM, Inc.
2.09	Food Insecurity in The Valley	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
2.10	Availability of Affordable, Quality Fruits and Vegetables	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
2.11	Financial Hardship	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024, and 2015–2024 pooled) for the Lower Naugatuck Valley Region and Connecticut.
2.12	WIC Historical Trend	Connecticut Department of Public Health. (2025). Connecticut WIC Program. https://portal.ct.gov/dph/wic/wic .
2.13	Food Pantry Utilization, Average Number of People Served Per Month	TEAM Inc. (2025). Food Hub: Basic Needs & Other Help. https://teamingc.org/basic-needs-other-help/food-hub/ Connecticut Partnership for Children. (2025). Children & Family Services. https://ctpfc.org/ .
2.14	Employment Availability	TEAM, Inc. (2023). 2022–2023 Community Planning Survey. TEAM, Inc.
2.15	Employment Availability	TEAM, Inc. (2023). 2022–2023 Community Planning Survey. TEAM, Inc.
2.16	Financial Status	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
2.17	Earning Comparison By Education Attainment	DataHaven (2025). US Census Bureau. American Community Survey. 2019–2023 5 year estimates.
2.18	Adult Education	(2025). Shelton – Valley Regional Adult Education profile report for 2024. (2024). Naugatuck Adult Education profile report for 2024.
2.19	Life Satisfaction in the Valley	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
2.20	Valley Residents Overall Life Satisfaction Percent Satisfied, By Category 2024	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
2.21	Mental Wellbeing and Support of Valley Community Members	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.

2.22	Location Satisfaction, 2021 v 2024	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
2.23	Volunteerism	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
2.24	Neighborhoods-Safety, Trust	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
2.25	Transportation-Neighborhoods	TEAM, Inc. (2023). 2022–2023 Community Planning Survey. TEAM, Inc.
2.26	Transportation-Neighborhoods	TEAM, Inc. (2023). 2022–2023 Community Planning Survey. TEAM, Inc.

Health and Mental Health

3.01	Early Mortality: Annualized Average Years of Potential Life Lost Before Age 75, per 100K Residents (2019–2023)	DataHaven. (2025). Number and causes of death in the Naugatuck Valley Region (2018–2023): Analysis of Connecticut Department of Public Health data. Based on ICD-10 classifications and ACS 2018–2022 5-year estimates.
3.02	Self-Reported Health Rating in Valley Community Members	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
3.03	Health and Mental Health	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
3.04	Health Risk Factors: valley-Connecticut Comparison for Insurance Coverage in 2023	DataHaven (2025). US Census Bureau. American Community Survey. 2019–2023 5 year estimates.
3.05	Barriers to Healthcare	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
3.06	Mental Health, Rates per 10,000	Griffin Health. (2025). Rates of chronic conditions: FY2023 and FY2024 CHIME community discharge data analysis. Population estimates July 2023 Census Quickfacts https://www.census.gov/quickfacts/fact/table/US/PST045224 .
3.07	Health and Mental Health	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
3.08	Pediatric Mental Health Hospital Encounter Rates per 1,000	Connecticut Hospital Association (2025). CHIME Hospital Encounter Rates FY24. Prepared for Griffin Hospital.

3.09	Mental Health Hospital Encounter Rates By Town, per 10,000	Griffin Health. (2025). Rates of chronic conditions: FY2023 and FY2024 CHIME community discharge data analysis. Population estimates July 2023 Census Quickfacts https://www.census.gov/quickfacts/fact/table/US/PST045224 .
3.10	Substance Use	Griffin Health. (2025). Rates of chronic conditions: FY2023 and FY2024 CHIME community discharge data analysis. Population estimates July 2023 Census Quickfacts https://www.census.gov/quickfacts/fact/table/US/PST045224 .
3.11	Substance Use Rates, Connecticut/Valley Comparison 2021 and 2024 (Self-Reported)	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
3.12	Substance Use Deaths: Overdose Deaths in the Naugatuck Valley Region 2012-2023	DataHaven. (2025). Substance use deaths in the Naugatuck Valley Region (2012-2023): Analysis of data from the Connecticut Office of the Chief Medical Examiner
3.13	Opioid Use	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
3.14	Naugatuck Valley Chronic Condition Encounters, FY24 Ranked by Rates per 10,000	Griffin Health. (2025). Rates of chronic conditions: FY2023 and FY2024 CHIME community discharge data analysis. Population estimates July 2023 Census Quickfacts https://www.census.gov/quickfacts/fact/table/US/PST045224 .
3.15	Heart Disease Hospital Encounter Rates per 10,000	Griffin Health. (2025). Rates of chronic conditions: FY2023 and FY2024 CHIME community discharge data analysis. Population estimates July 2023 Census Quickfacts https://www.census.gov/quickfacts/fact/table/US/PST045224 .
3.16	Health Risk Factors: Connecticut-Valley Comparison of Selected Risk Factors Self Reported (2021-2024)	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
3.17	Health Risk Factors: Obesity Rates 2022 by Town	DataHaven. (2025). Analysis of 2022 obesity data from CDC PLACES 2024 dataset.
3.18	COPD, Rate per 10,000	Griffin Health. (2025). Rates of chronic conditions: FY2023 and FY2024 CHIME community discharge data analysis. Population estimates July 2023 Census Quickfacts https://www.census.gov/quickfacts/fact/table/US/PST045224 .
3.19	Falls, Rate per 10,000	Connecticut Department of Health. (2025). Analysis of Connecticut DPH EpiCenter Data: October 1, 2023–September 30, 2024.

3.20	Violence, Rate per 10,000	Connecticut Department of Health. (2025). Analysis of Connecticut DPH EpiCenter Data: October 1, 2023–September 30, 2024.
3.21	Maternal Mortality: State of Connecticut 2023–2024 Pooled	DataHaven. (2025). Analysis of maternal deaths by race/ethnicity in Connecticut (2023–2024). Based on population data from the American Community Survey 2019–2023 5-year estimates.

Children, Youth and Education

4.01	Children and Youth Population by Age Group	U.S. Census Bureau. (n.d.). Population by age group, 2021–2023 American Community Survey 3-Year Estimates. U.S. Department of Commerce.
4.02	Children, Youth and Education: Issues Ranked	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
4.03	Children, Youth and Education: Issues Ranked	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
4.04	Food Pantry Utilization, Average Number of People Served by Month	TEAM Inc. (2025). Food Hub: Basic Needs & Other Help. https://teaming.org/basic-needs-other-help/food-hub/ Connecticut Partnership for Children. (2025). Children & Family Services. https://ctpfc.org/
4.05	Children, Youth and Education: Local Organizations	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
4.06	WIC (Women/Infant/Children) Historical Trend	Connecticut Department of Public Health. (2025). Connecticut WIC Program. https://portal.ct.gov/dph/wic/wic .
4.07	Childcare Availability: Children 0–2 in 2023 Available Childcare Seats	DataHaven. (2025). Analysis of data from the Connecticut Office of Early Childhood Education : Population ages 0 to 2 years [Based on American Community Survey 2019–2023 5-year estimates and the 2020 Decennial Census].
4.08	Childcare-Accessibility	TEAM, Inc. (2023). 2022–2023 Community Planning Survey. TEAM, Inc.
4.09	Childcare Challenges	TEAM, Inc. (2023). 2022–2023 Community Planning Survey. TEAM, Inc.
4.10	School District Enrollment: Historical Trend (2021–2024)	Connecticut State Department of Education. (2025). Valley Regional High School district profile and performance report for school year 2023–24. EdSight.
4.11	School Enrollment by Race and Ethnicity	DataHaven. (2025). Analysis of Connecticut State Department of Education data (2023–24 academic year) via EdSight. DataHaven.
4.12	School Enrollment by Need	DataHaven. (2025). Analysis of Connecticut State Department of Education data (2023–24 academic year) via EdSight. DataHaven.

4.13	Percentage of Students Eligible for Free/Reduced Price Meals	Connecticut State Department of Education. (2025). <i>Valley Regional High School district profile and performance report for school year 2023-24</i> . EdSight.
4.14	Percentage of Students English Language Learners	Connecticut State Department of Education. (2025). <i>Valley Regional High School district profile and performance report for school year 2023-24</i> . EdSight.
4.15	Graduation Rates 2022-2023	DataHaven. (2025). Analysis of Connecticut State Department of Education data (2022-23 academic year) via EdSight.
4.16	Graduation Rates by Town District & Need	DataHaven. (2025). Analysis of Connecticut State Department of Education data (2022-23 academic year) via EdSight.
4.17	Academic Outcomes 2023-2024	DataHaven. (2025). Analysis of Connecticut State Department of Education data (2023-24 academic year) via EdSight.
4.18	Adult Educational Attainment Connecticut vs. The Valley	DataHaven (2025). US Census Bureau. American Community Survey. 2019-2023 5 year estimates
4.19	Adult Education by Student Barriers	(2025). Shelton – Valley Regional Adult Education profile report for 2024. (2024). Naugatuck Adult Education profile report for 2024.
4.20	Adult Education By Ethnicity/ Race and Age	(2025). Shelton – Valley Regional Adult Education profile report for 2024. (2024). Naugatuck Adult Education profile report for 2024.
4.21	Percentage of Students Chronically Absent	Connecticut State Department of Education. (2025). Attendance dashboard: Chronic absenteeism data, 2023-2024. https://public-edsight.ct.gov/students/attendance-dashboard?language=en_US .
4.22	Percentage of High Needs Students Chronically Absent	Connecticut State Department of Education. (2025). Attendance dashboard: Chronic absenteeism data, 2023-2024. https://public-edsight.ct.gov/students/attendance-dashboard?language=en_US .
4.23	Comparison Chronically Absent Students vs. High Needs Students	Connecticut State Department of Education. (2025). Attendance dashboard: Chronic absenteeism data, 2023-2024. https://public-edsight.ct.gov/students/attendance-dashboard?language=en_US .
4.24	Youth Behavioral Health: Towns of Ansonia, Seymour and Shelton, Youth Voices Count Survey Report, Spring 2024, Grade 7, 9-12 (2024)	DataHaven (2025). Analysis of B. Weyland Smith Consulting. (2024). APW Aggregate Report of Ansonia, Seymour and Shelton: Youth Voices Count Survey Report, Spring 2024, Grades 7, 9-12. Supplied to DataHaven by request.
4.25	Valley Students Ansonia, Seymour, Shelton, Three Year Comparison 2019-2022-2024	DataHaven (2025). Analysis of B. Weyland Smith Consulting. (2024). APW Aggregate Report of Ansonia, Seymour and Shelton: Youth Voices Count Survey Report, Spring 2024, Grades 7, 9-12. Supplied to DataHaven by request.

4.26	Risky Behaviors reported by Valley Youth 2022-2024 Comparison	DataHaven (2025). Analysis of B. Weyland Smith Consulting. (2024). APW Aggregate Report of Ansonia, Seymour and Shelton: Youth Voices Count Survey Report, Spring 2024, Grades 7, 9-12. Supplied to DataHaven by request.
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Seniors and Aging

5.01	Population by Age Group	U.S. Census Bureau. (n.d.). Population by age group, 2021-2023 American Community Survey 3-Year Estimates. U.S. Department of Commerce.
5.02	Seniors and Aging: Ranked Issues by Importance	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
5.03	Age 65+: What are the top 5 challenges in our community	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
5.04	Seniors and Aging: What does the most important issue you picked mean to you?	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
5.05	Food Pantry Utilization, Average Number of People Served by Month	TEAM Inc. (2025). Food Hub: Basic Needs & Other Help. https://teaminc.org/basic-needs-other-help/food-hub/ Connecticut Partnership for Children. (2025). Children & Family Services. https://ctpfc.org/
5.06	Meals on Wheels	TEAM Inc. (2025). Meals on Wheels program overview: October 1, 2022-April 21, 2025. TEAM Inc. https://teaminc.org/meals-on-wheels/
5.07	Financial Status Age 65+	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
5.08	Senior Services	TEAM, Inc. (2023). 2022-2023 Community Planning Survey. TEAM, Inc.
5.09	Mental Wellbeing and Support of Valley Community Members	DataHaven (2024). DataHaven Community Wellbeing Survey Data (2018, 2021, and 2024) for the Lower Naugatuck Valley Region and Connecticut.
5.10	Seniors and Aging: Local Organizations	Valley Council for Health and Human Services. (2025). 2025 Valley Community Survey.
5.11	Senior Center Accessibility	TEAM, Inc. (2023). 2022-2023 Community Planning Survey. TEAM, Inc.
5.12	Seniors-Elder Abuse	TEAM, Inc. (2023). 2022-2023 Community Planning Survey. TEAM, Inc.
5.13	Elder Abuse	Connecticut Department of Social Services. (2025). Protective Services for the Elderly: Elder Abuse Data Report. https://portal.ct.gov/dss/social-work-services/social-work-services/protective-services-for-the-elderly

NAUGATUCK VALLEY RESOURCE DIRECTORY

Purpose

The resource guide connects individuals to necessary services and provides details such as business hours, languages spoken, and specific site information.

Resources

- Primary care (Pediatric & Adult)
- Dental
- Eye Care
- Specialty Care
- Substance Abuse Services
- Behavioral Health Services
- Community Health Clinics
- Urgent Cares
- Long COVID Treatment
- Women's Health
- Food Banks/Pantries

MORE INFO

Call 2-1-1
Visit www.211ct.org



For information about local resources, a resource directory is developed and maintained by the Naugatuck Valley Health District.

The directory can be accessed at www.nvhd.org/resources.

Valley Council for Health and Human Services

130 Division Street
Derby, CT 06418
475.318.4227

www.valleycouncil.org

The Valley Council for Health and Human Services is a collective impact partnership of nonprofit organizations that serve the residents of Connecticut's Lower Naugatuck Valley. Established in 1993, the Valley Council supports initiatives to provide high quality health, wellbeing and human services in the Valley that address social drivers of health. Collective impact embodies structured collaboration of our member organizations and community residents around shared goals to achieve population and systems-level change. By coming together to build relationships, exchange information, share resources, identify community needs, and plan for community solutions, we collaborate to improve quality of life for Valley residents.

DataHaven

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DataHaven is a nonprofit 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.

ADDITIONAL INFORMATION RELATED TO THIS REPORT IS POSTED ON OUR WEBSITES.