



# Community Health Needs Assessment

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**SEPTEMBER 2025**



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This Community Health Needs Assessment was approved by the authorized body of  
Trinity Health Of New England on July 24, 2025

## I. Overview and Mission

This document provides details that fulfill Community Health Needs Assessment (CHNA) requirements and is augmented by the DataHaven Equity Report on well-being which is included in the Appendix. It also documents the process that the hospital used to conduct the regional health assessment which guides the health improvement plan.

The Equity Report was produced by DataHaven in partnership with Johnson Memorial Hospital and many regional partners. The report serves as a data resource for the Community Health Needs Assessment for the Capitol Planning Region and the towns within it, from which most Johnson Memorial patients come. This report disaggregates data from the 2020 Census, American Community Survey microdata files, DataHaven Community Wellbeing Survey record level files, and other federal and state sources to create relevant town-level information that is not typically available from standard public databases.

### Mission Statement and Core Values for Johnson Memorial Hospital

To serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Guided by our charitable mission and core values, our work extends far beyond hospital or clinic walls. We continually invest resources into our communities to meet the health needs of underserved and vulnerable community members, bringing them healing, comfort, and hope. Through our community benefit initiatives, we help to make our communities healthier places to live.

#### Our Core Values:

- Reverence - We honor the sacredness and dignity of every person.
- Commitment to Those Who are Poor - We stand with and serve those who are poor, especially those most vulnerable.
- Safety - We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- Justice - We foster right relationships to promote the common good, including sustainability of Earth.
- Stewardship - We honor our heritage and hold ourselves accountable for the human, financial, and natural resources entrusted to our care.
- Integrity - We are faithful to who we say we are.

## II. Introduction and Purpose

Understanding the current health status of the community is important in order to identify priorities for future planning and funding, the existing strengths and assets on which to build, and areas for further collaboration and coordination across organizations, institutions, and community groups. The hospital participated in numerous activities to develop a comprehensive CHNA effort. This effort is comprised of two main elements:

- Assessment – identifies the health-related needs in the Capitol Planning Region using primary and secondary data.
- Implementation Plan– determines and prioritizes the significant health needs of the community identified through this

CHNA, describes overarching goals, and evaluates and proposes specific strategies being undertaken or to be accomplished in the service area. This ongoing process is known as the hospital Community Health Implementation Plan.

This report details the findings of the CHNA conducted from 2023 through mid-2025. During this process, the following steps were taken:

- Examination of data to determine the current health status of the region and its neighborhoods, and compared rates to statewide indicators and goals.
- Exploration of current health priorities among community members; and
- Identification of community strengths, resources, and gaps to assist the hospital and community partners in establishing implementation strategies, programming, and top health priorities.

The CHNA defines health in the broadest sense and recognizes that numerous factors at multiple levels impact a community's health – from lifestyle behaviors, to clinical care, to social and economic factors, to the physical environment. The social determinants of health framework guided the process.

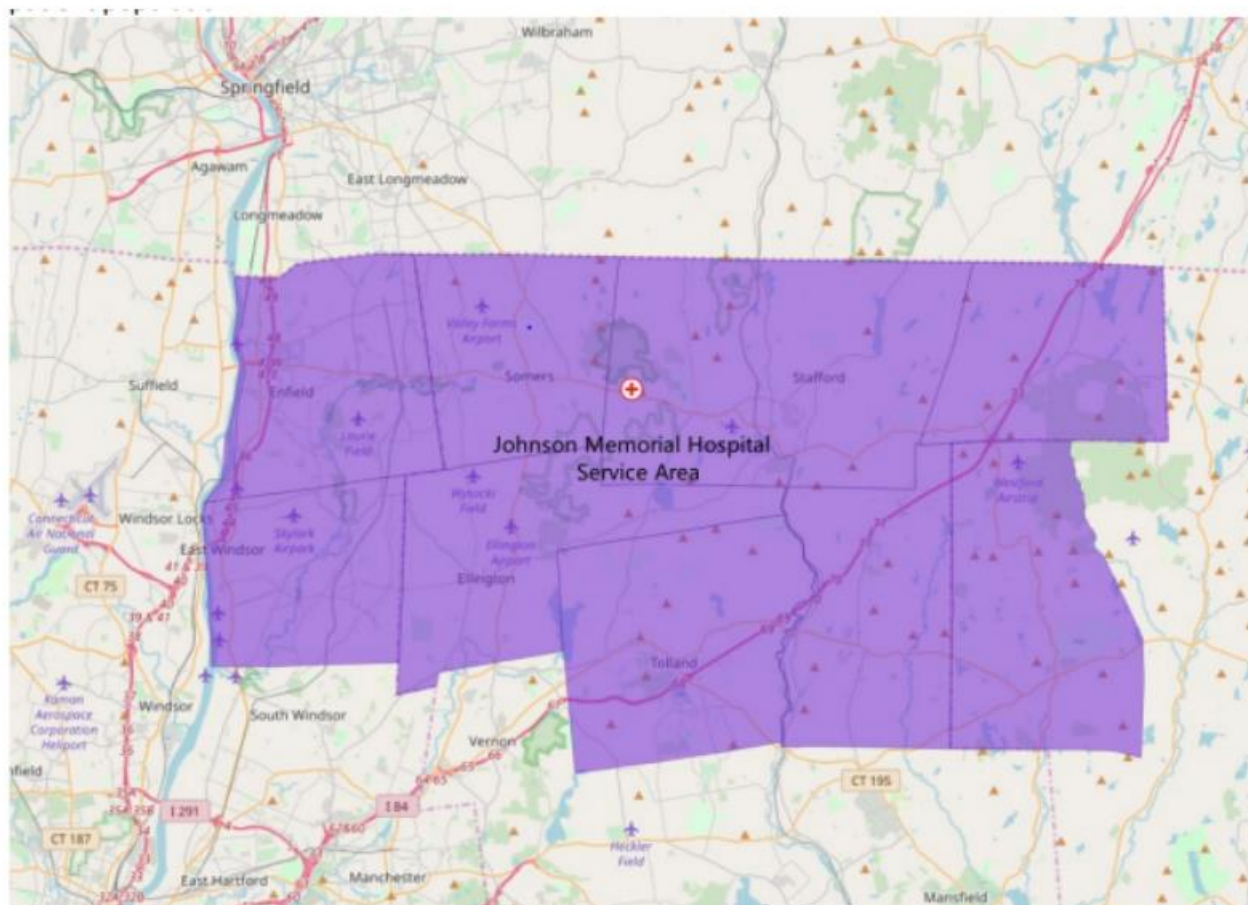
This Community Health Needs Assessment was conducted to meet several overarching goals:

- To examine the current health status of the region
- To explore current health priorities – as well as emerging health concerns – among residents within the social context of their communities; and
- To meet the legal requirement of the hospital to conduct a community health needs assessment at least once every three (3) years and to adopt a written implementation strategy to meet the community health needs identified through the community health needs assessment.

### III. Geographic Scope

To define community for CHNA purposes, this Community Health Needs Assessment uses a geographic approach focusing on towns from which most patients come for care. Some of the CHNA areas identified overlap with other hospitals in the Capitol Planning Region. The Capitol Planning Region is generally defined as the area served by the Capitol Region Council of Governments, which consists of 38 cities and towns along with the suburbs further out from the Capitol city center. Upon defining the geographic area and population, we were diligent to ensure that no groups, especially minority, low-income, or medically under-served, were excluded from the assessment process or data collection.

**Johnson Memorial Service Area Map**



#### IV. Hospital Description and Services

Johnson Memorial Hospital and Home & Community Health Services provide a continuum of health care services to those living and working in north central Connecticut and western Massachusetts. In 2016, Johnson Memorial Hospital and Home & Community Health Services became part of Trinity Health Of New England, which includes the hospitals of Saint Francis, Mount Sinai, Saint Mary's, and Mercy Medical Center. This integrated health care delivery system a member of Trinity Health, Livonia, Michigan, one of the largest multi-institutional Catholic health care delivery systems in the nation serving communities in 26 states.

The 92-bed hospital and home health and hospice agency have been anchor institutions in north central Connecticut for more than 100 years. Services include a medical-surgical unit as well as an ICU, an emergency department, cardiac rehabilitation, physical therapy, wound center, and other outpatient services.

The newest addition to services is the Geriatric Wellness Unit is a Medicare-certified service designed to diagnose and treat the complex problems related to individuals 55 years and older.

A multidisciplinary team provides an individualized treatment plan based on comprehensive diagnostic procedures. Once a problem is identified, the team in collaboration with family and loved ones put in action a plan that is carried with compassion and guided by experts in the field.

Some of the unique features of the Geriatric Wellness Unit include: Comprehensive medical and psychological evaluation; Individualized treatment plan; Individual, group and family therapy; Activity therapy; Therapeutic exercise/stress reduction; Medication management and education.



## V. Data Collection Methods

This CHNA focused on county-level data and data for select communities as available. Assessment methods included:

- Literature Review:

- o Review of existing assessment reports published since 2022 that were completed by community and regional agencies serving the Capitol Planning Region.

- o This also included a review of the previous 2022 CHNA which, in summary, showed the following top significant health needs:

Key Social Indicators found include:

Family Economic Security

Neighborhoods and the Environment

Health Care Access and Affordability

Health Status and Outcomes

Community Trust and Civic Engagement

Along with these indicators, the following prioritized list shows the health concerns that arose during the development of the community health improvement plan in collaboration with our local partners.

- Substance Abuse/Mental Health

- Aging Population & Isolation

- Homelessness

- Smoking/Vaping

- Obesity

- o Analysis of social, economic, and health data from Trinity Health CARES data hub, DataHaven, CT Department of Public Health, CT Hospital Association, the U.S Census Bureau, the County Health Ranking Reports, and a variety of other data sources.

- Qualitative data collection and analysis:

- Community Conversations and Stakeholder Prioritization Sessions

## VI. Executive Summary: Key Findings and Prioritized Health Needs

The following section provides a brief overview of the key findings from the community health needs assessment for the region.

Overall data related to the topics included below are covered in the main DataHaven Equity Report on well-being which is included in the Appendix. The DataHaven Community Wellbeing Survey and a more detailed explanation of data produced through this process, including data for each of the 169 Connecticut cities and towns, can be found on the DataHaven website: <https://www.ctdatahaven.org>

### Key Social Indicators Summary

Numerous factors are associated with the health of a community including what resources and services are available as well as who lives in the community. Individual characteristics such as age, gender, race, and ethnicity have an impact on people's health.

#### Population

- Stafford is a town of 11,472 residents, 12 percent of whom are people of color. The town's population has decreased by 5 percent since 2010.
- Of the town's 4,747 households, 77 percent are homeowner households.
- Twenty-eight percent of Stafford's households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- Ninety-five percent of public high school seniors in the class of 2021 in the Stafford School District graduated within four years.
- Among the town's adults ages 25 and up, 26 percent have earned a bachelor's degree or higher.
- Stafford is home to 3,043 jobs, with the largest share in the Manufacturing sector.
- The median household income in Stafford is \$85,684.
- As of 2015, Stafford's average life expectancy was 78 years.
- Fifty-nine percent of adults in the Capitol Planning Region say they are in excellent or very good health.
- Eighty-four percent of adults in the Capitol Planning Region are satisfied with their area, and 53 percent say their local government is responsive to residents' needs.
- In the most recent state election, 64 percent of registered voters in Stafford voted.
- Fifty-eight percent of adults in Capitol Planning Region report having stores, banks, and other locations in walking distance of their home, and 68 percent say there are safe sidewalks and crosswalks in their neighborhood.

Along with these findings, the following prioritized list shows the health concerns that will be reviewed during the development of the community health improvement plan in collaboration with our local partners.

- Affordable, stable, and high-quality housing
- Access to care
- Government or institutional responsiveness
- Services and support for children and young adults
- Neighborhood environment and safety
- Mental health and substance use disorder
- Transportation access
- Food insecurity
- Impacts of changing federal or policy landscape
- Social support
- Access to information and education

## VII. Advisory Structure and Prioritization Process for CHNA

The Community Health Needs Assessment was spearheaded, funded, and managed by our CHNA planning group which, besides Trinity Health Of New England, included the following partners:

- Connecticut Children's Medical Center

Connecticut Children's Medical Center is an independent, 187-bed not-for-profit children's hospital located in Hartford. Connecticut Children's serves as the primary pediatric teaching hospital for the UConn School of Medicine, and the Frank Netter MD School of Medicine at Quinnipiac University and is a research partner of The Jackson Laboratory.

- The United Way of Central and Northeastern Connecticut (Partner & Consultant)

The United Way engages local non-profit institutions, government agencies and business to bring together people and resources committed to the well-being of children and families in our community.

- Hartford Healthcare

Hartford HealthCare operates seven acute-care hospitals, air-ambulance services, behavioral health and rehabilitation services, a physician group and clinical integration organization, skilled-nursing and home health services, and a comprehensive range of services for seniors, including senior-living facilities.

- DataHaven (Partner & Consultant)

Connecticut based and nationally recognized non-profit data analysis and consultation agency focused on improving the well-being of Connecticut residents by partnering with local anchor institutions; collaborations and government agencies to make data transparent and available for all who can use it for public good.

### Prioritization Process

The 2025 CHNA used the identified 2022 CHNA priorities as a baseline, then reprioritized needs where quantitative and qualitative data, including community feedback, warranted changes. In previous CHNAs, the identified prioritized health needs were those that had the greatest combined magnitude and severity, or that disproportionately affected populations that have been marginalized in the community.

For the focus groups, DataHaven used a multi-phase approach for thematic analysis of the notes. Qualitative data analysis began with initial coding, which generated several dozen open codes that were used to tag individual comments, ideas, personal or community concerns, and views on local assets. Next, DataHaven staff used an iterative approach to cluster related tags into a comprehensive codebook of sub-themes, to enable more consistency in the analysis. Finally, DataHaven used thematic clustering of the sub-themes to develop topline findings organized around the summary-level topics that appeared across all of the focus groups.

## VIII. Contact Information

To solicit written input on the CHNA and Implementation Strategy, the documents are available on our hospital system's website for easy access:

<https://www.trinityhealthofne.org/about-us/community-benefit>

The links on our website also include our Federal IRS 990 tax returns and an overview of Community Benefit which includes our Community Impact reports. We have verified and confirmed that we have not received any written comments since posting the last CHNA and Implementation Strategy.

Please think about how you, your community, and your organization can use these reports to support your health equity goals. We want to know how we can partner with you in promoting health and wellness in our service area. We welcome opportunities for discussion and feedback about the CHNA.

For questions or comments and printed copies of this report upon request, please contact the Department of Community Health and Well Being at Trinity Health Of New England:

Regional Director of Community Health and Well Being

Trinity Health Of New England

659 Tower Avenue

Hartford, CT 06112

Phone: 860-714-5770



## **Capitol Planning Region 2025 Community Health Needs Assessment (CHNA) Community Focus Groups Summary Report, May 2025**

### **Background and Methodology**

The Community Health Needs Assessment (CHNA) Workgroup convened representatives from Connecticut Children's Medical Center, DataHaven, Hartford HealthCare, Trinity Health Of New England, and the United Way of Central and Northeastern Connecticut to support health assessment and planning activities in the Capitol Planning Region. In 2025, staff from the United Way along with representatives from the CHNA Workgroup and the broader NHTAC coalition identified a diverse group of community partners and supported them in organizing a series of community focus groups across the Capitol Planning Region.

From March 21 through April 30, 2025, these community partners hosted nine focus groups. The focus groups were oriented almost entirely to adult residents of the Capitol Planning Region, but a few groups included a staff member and/or volunteer from the participating community organizations to provide context or support. In total, approximately 90 adults participated in these focus groups, representing a diverse cross-section of residents in terms of age, sex, race/ethnicity, town of residence, language, lived experiences, and health conditions.

For each focus group, a staff person from DataHaven introduced themselves and facilitated and moderated the discussion. A second staff person from DataHaven recorded detailed notes for each focus group, including some direct quotes and notes on nonverbal or contextual details such as emotional intensity and group agreement. Spanish interpreters were provided by DataHaven or community partners where necessary. Eight focus groups were conducted in person and on-site at the community partner's primary location, while one focus group was conducted virtually. Community organizations and participants were offered honoraria to recognize their time and effort in organizing and participating in the focus groups. Each session typically lasted 90 minutes.

For each focus group, residents and stakeholders shared information on needs related to community health, with prompts including findings from the previous CHNA (2022) conducted in the Capitol Planning Region as well as more current results from the 2024 DataHaven Community Wellbeing Survey. Focus group participants were asked to reflect on what they felt were the most pressing issues in their communities, to identify what community assets were in place to address those needs, and to share their vision for a healthier community for adults and children living in the Capitol Planning Region area.

Once all focus groups were completed, DataHaven used a multi-phase approach for thematic analysis of the notes. Qualitative data analysis began with initial coding, which generated several dozen open codes that were used to tag nearly 1,000 individual comments, ideas, personal or community concerns, and views on local assets. Next, DataHaven staff used an iterative approach to cluster related tags into a comprehensive codebook of sub-themes, to enable more consistency in the analysis. Finally, DataHaven used thematic clustering of the sub-themes to develop topline findings organized around 13 summary-level topics that appeared across all of the focus groups. Presented below, DataHaven's topline findings and descriptive findings by topic account for the frequency of mentions of each sub-theme as well as the contextual factors noted above.

## Topline Findings: Key Topics

Using the methodology described above, we generated a set of 13 topics (12 topics related to community needs, plus 1 topic that capture discussions of community assets). To help illustrate the relative importance of each topic among residents, we provide a percentage that represents the proportion of total coded notes that correspond to each topic during the initial phase of qualitative analysis in which all notes were analyzed by DataHaven. Many of these topics overlap and contain multiple sub-themes which helps to understand residents' perceptions of relative needs in the Capitol Planning Region area.

1. Affordable, stable, and high-quality housing (16%)
2. Access to care (15%)
3. Government or institutional responsiveness (9%)
4. Services and support for children and young adults (8%)
5. Neighborhood environment and safety (7%)
6. Mental health and substance use disorder (7%)
7. Transportation access (5%)
8. Food insecurity (4%)
9. Impacts of changing federal or policy landscape (4%)
10. Social support (3%)
11. Access to information and education (3%)

## Descriptive Findings by Topic

Descriptive findings are organized based on the topics listed above. Even though community assets emerged as its own topic, in this section we summarize the findings about community assets in their relation to each of the 11 topics related to community needs.

### 1. Affordable, stable, and high-quality housing

Housing was top of mind for residents. Sub-themes that emerged from the community focus groups included the need for affordable housing; problems with housing quality; housing instability, evictions, and homelessness; housing discrimination and negative or harmful landlord-tenant relationships; and high utility costs. In every focus group, residents repeatedly brought up the high cost of renting or purchasing a place to live in the Capitol Planning Region area. They felt that the limited supply of apartments for rent, combined with rental prices and security deposit requirements doubling in recent years, are making it difficult for many people to find stable housing and are a contributing factor to escalating levels of homelessness. Some residents noted that rising rents are pushing even middle-income workers into homelessness, and a relatively large number also expressed personal experiences with housing instability or evictions. Additionally, many residents described their experiences with poor-quality rental housing and shelters, contributing to health issues like asthma and anxiety. Residents noted that not everyone is treated in the same way when attempting to secure housing, as landlords use credit checks and other means to discriminate against individuals who were formerly incarcerated, had a record of eviction, have a poor credit score, or have children. In addition, several residents noted rising costs for electricity and heat.

### 2. Access to care

Within this topic, we grouped multiple sub-themes related to the many crucial dimensions of access to care originally defined by Penchansky and Thomas in 1981 (availability, accessibility, accommodation, affordability and acceptability, sometimes known as the “Five A’s of Access”). Across all of the focus groups, residents discussed the challenges they have when getting to appointments at convenient times due to a shortage of providers, a lack of reliable transportation to provider locations in suburban areas, difficulty making appointments, being able to pay for care or have the insurance necessary to cover the cost of appointments, language barriers, care coordination and quality (e.g., people being discharged without proper follow up, too few healthcare staff to provide good service, constantly changing providers, concerns about the quality of prescriptions, mistakes made by health care providers), and accommodation of persons with special healthcare needs, such as members of the LGBTQ+ community or persons at risk of substance use disorder. The cost and accessibility of routine dental care was also mentioned several times. Residents noted how a lack of good access to healthcare contributes to chronic health conditions, such as higher risks from diabetes and heart attacks.

### **3. Government or institutional responsiveness**

Across many focus groups, residents expressed dissatisfaction with the responsiveness of local government and institutions to their needs. For example, a number of residents said they had been involved in focus groups or advocacy efforts in the past but that they felt like their voices had not been heard by decision makers. Some residents noted that it was difficult to reach leaders or staff who might be able to address a problem, and also that services like safety net benefits were difficult or time-consuming to access. Additional sub-themes within this topic included cultural competency and language barriers (such as the failure to engage ethnic or sexual/gender minorities, persons who do not speak English, or persons with limited education levels, in positive ways).

### **4. Services and support for children and young adults**

Residents frequently noted the challenges of raising children in the Capitol Planning Region. Challenges that were noted by several participants included lack of time for parents and caregivers because of the stress of working multiple jobs or other issues, the high cost of childcare, the high cost of supplying food and diapers to children, the availability and/or cost of after school programs that enable parents to work and ensure their kids are safe, the lack of support for youth facing mental health challenges, youth drug use (tobacco, vaping, alcohol, cannabis), negative peer pressure, the quality of schools, and concerns about how children were affected by gun violence or were not allowed to leave their homes because of safety concerns. Additionally, participants mentioned that many parents or caregivers are not informed about the importance of providing preventive healthcare to children.

### **5. Neighborhood environment and safety**

Focus group participants from Capitol Planning Region frequently brought up the challenges of living in neighborhoods that have been historically impacted by redlining and disinvestment. Chief among these was the feeling that neighborhoods did not have adequate goods and services, especially grocery stores with healthy foods and fresh produce, pharmacies, and activities for children (such as game rooms and other entertainment). Residents noted that a lack of transportation options made it difficult for them to access a wide variety of services, depending on where they lived in the city and whether they had access to a car when needed. Residents expressed isolation could be a concern due to the lack of community services and gathering places. Many residents expressed concerns about the availability of guns, including “military-grade weapons,” which cause firearm injuries during robberies or instances of intimate partner violence. Safety concerns often disrupt residents’ ability to make use of parks, go for walks, or access other services. Additional sub-themes within this topic included risks from air and water pollution and the presence of many abandoned buildings and empty lots.

## **6. Mental health and substance use disorder**

Focus group participants often noted that mental health challenges and addiction were widespread within the community. Many residents talked about how everyday stress, such as the inability to pay for extremely high housing costs, can lead to depression or drug use. While some participants described a lack of providers and issues around accessibility for mental and behavioral health services (such as counseling and smoking cessation). Most concerns related to substance use centered around alcohol and tobacco use, particularly the ease of accessing tobacco, or around the impact of fentanyl overdoses. Some residents noted that healthcare providers could partner with faith-based communities to be better equipped to respond to such widespread mental health challenges.

## **7. Transportation access**

While no single group explored this topic in depth, transportation barriers were mentioned repeatedly in every community focus group. Many residents agreed with the frequent comments that the transportation system was unreliable, especially outside of the Capitol. These challenges made it difficult for children and adults to get to services, access jobs, or find social and recreational opportunities. Some residents noted that “dial a ride” or taxi services were an asset in allowing them to access health care, food, and other services, while others felt that they were extremely unreliable. Participants noted that transportation barriers were particularly pronounced for seniors and individuals with disabilities. A few residents also raised the cost of bus tickets as a concern.

## **8. Food insecurity**

In some focus groups, residents noted that food costs have been rising, making it difficult for people to afford nutritious foods on a regular basis, and contributing to obesity and poor cardiovascular health. Similar to housing insecurity, residents noted that food insecurity makes it difficult for families and children to focus on other needs such as getting health care or studying for school. Frequently, this topic was also raised as an issue involving the locations of stores and the lack of transportation access to get to stores that sell high-quality food, as noted above.

## **9. Impacts of changing federal or policy landscape**

One topic that emerged across focus groups was a general concern that services have been severely impacted, or would be impacted, by changes at the federal level in 2025. Residents mentioned that programs like Meals on Wheels, STI testing, food pantries, and services for LGBTQ+ individuals have already been cut back. In addition, issues related to immigration enforcement and ICE raids, potentially impacting many immigrants and people of color, emerged as an important sub-theme in many discussions, especially in focus groups with immigrants and Spanish-speaking residents.

A number of participants said that they had personally experienced or feared retaliation by landlords and employers, and that they might feel too anxious or unsafe to leave their homes to access healthcare appointments or other services at this time, unless leaving was absolutely necessary. Other residents expressed concerns about how these changes would impact their neighbors, and that levels of racism and hate crimes might be rising in general given an environment that seems to empower racist attitudes or actions. Additionally, some participants noted that prices for basic goods would be rising due to tariffs.

## **10. Social support.**

Many residents spoke about the importance of mechanisms that provide social support, both as a community asset (supporting access to information, encouraging exercise and socializing, and building a sense of community) and as a need experienced by their communities. Some residents felt isolated, or that they did not know their neighbors. Residents mentioned a need for more facilities for social gatherings, especially for youth, seniors, and persons with disabilities or other special needs. Some residents felt that these types of facilities could become more important over time if the social safety net becomes more frayed.

## **11. Access to information and education**

Residents often expressed that information is difficult to find or not readily available when needed. This topic also encompasses health literacy. There was a general perception that some residents do not understand how to take care of their health, how to find services for their children, how to secure employment or basic goods and services, or how to deal with a variety of crisis situations, and who may need advocates to be able to speak on their behalf. Advertising and outreach were mentioned as approaches that could be valuable for sharing information, but they currently tend to be ineffective due to limited funding. The digital divide was mentioned as a potential barrier to accessing information, particularly for older adults.

## Appendix B – Actions Taken since the previous Community Health Implementation Plan

Johnson Memorial Hospital focused on and supported initiatives to improve the following significant health needs:

Substance abuse, mental health, and smoking/vaping - Behavioral health services are offered by Johnson Memorial Hospital treating individuals who have substance abuse issues, as well as those with co-occurring disorders. The staff continued their focus on education and support of those in early recovery, easing the transition toward healthier functioning with an increase in service referrals. Services included: substance abuse assessments, substance abuse consults, psychiatric consults, individualized treatment planning, aftercare planning, referrals, addiction education, relapse prevention skills, twelve step education, and family education.

Obesity - The nutrition care services team at Johnson Memorial Hospital includes a group of dietitians committed to meeting the nutritional needs of individuals. The nutrition care services team continued providing guidance with nutritional goals such as weight-gain, weight-loss, and improved glucose management. The dietitians worked with customized plans tailored to each individual's specific goals and preferences. They offered education and therapy for weight management, diabetes management, nutrition support, and meal planning.

# Trinity Health System - Vital Signs Report

## Location

Johnson Memorial Medical Center - Stafford Springs

## Healthcare Access

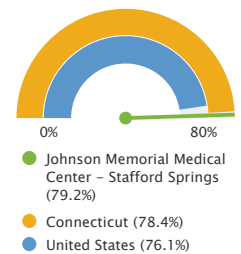
### Recent Primary Care Visit

This indicator reports the percentage of adults age 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, or condition) in the previous year.

Within the report area, an estimate 79.2% of adults age 18+ had a routine checkup in the past year.

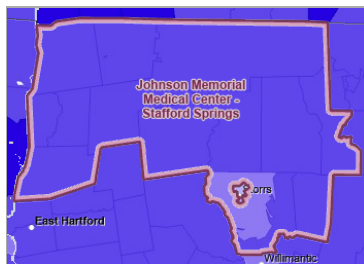
| Report Area  | Total Population (2020) | Adults Age 18+ with Routine Checkup in Past 1 Year (Crude) | Adults Age 18+ with Routine Checkup in Past 1 Year (Age-Adjusted) | Range         |
|--|-------------------------|--|---|---------------|
| Johnson Memorial Medical Center - Stafford Springs | 164,362                 | 79.2%  | No data   | 76.7% - 80.8% |
| Connecticut  | 3,626,205               | 78.4%  | 76.5%   | N/A           |
| United States                                      | 333,287,557             | 76.1%  | 74.2%   | N/A           |

percentage of Adults Age 18+ with Routine Checkup in Past Year



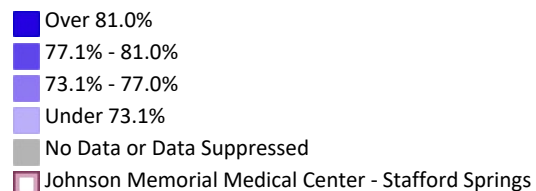
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.



[View larger map](#)

Primary Care Physician Visit, Percent of Adults Seen in Past 1 Year by ZCTA, CDC BRFSS PLACES Project 2022

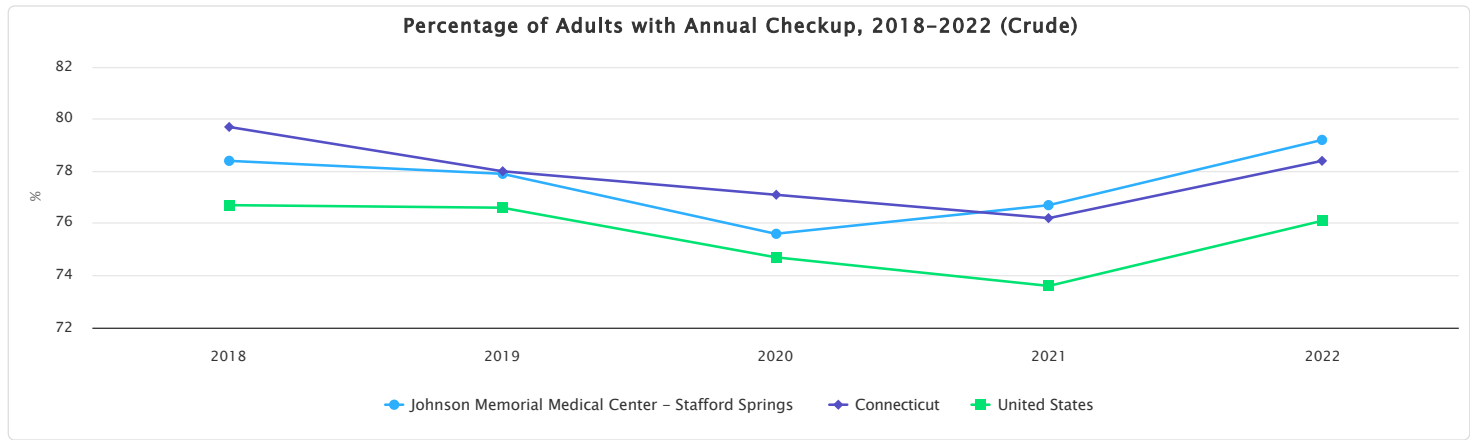


### Percentage of Adults with Annual Checkup, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who report having had a regular checkup in the past year.

| Report Area  | 2018  | 2019  | 2020  | 2021  | 2022  |
|--|-------|-------|-------|-------|-------|
| Johnson Memorial Medical Center - Stafford Springs | 78.4% | 77.9% | 75.6% | 76.7% | 79.2% |
| Connecticut  | 79.7% | 78.0% | 77.1% | 76.2% | 78.4% |
| United States                                      | 76.7% | 76.6% | 74.7% | 73.6% | 76.1% |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.



## Economic Stability

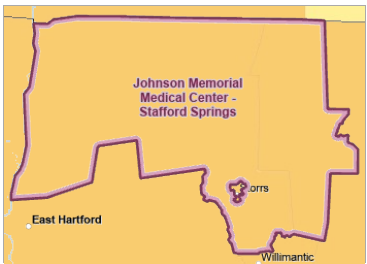
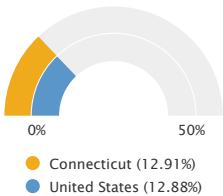
### Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

| Report Area  | Total Population | Food Insecure Population, Total | Food Insecurity Rate | Range   |
|--|------------------|---------------------------------|----------------------|---------|
| Johnson Memorial Medical Center - Stafford Springs | No data          | No data                         | No data              | No data |
| Connecticut  | 3,610,052        | 466,180                         | 12.91%               | N/A     |
| United States                                      | 331,148,169      | 42,657,200                      | 12.88%               | N/A     |

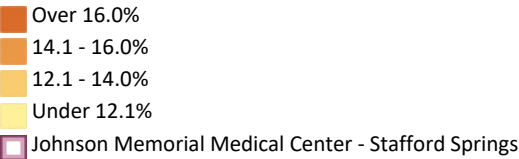
Note: This indicator is compared to the state average.  
Data Source: [Feeding America](#), 2022.

Percentage of Total Population with Food Insecurity



[View larger map](#)

Food Insecure Population, Percent by County, Feeding America 2022



### Food Insecurity - Food Insecure Children

This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

| Report Area  | Population Under Age 18 | Food Insecure Children, Total | Child Food Insecurity Rate |
|--|-------------------------|-------------------------------|----------------------------|
| Johnson Memorial Medical Center - Stafford Springs | No data                 | No data                       | No data                    |
| Connecticut  | 1,460,588               | 230,080                       | 15.75%                     |
| United States                                      | 72,810,721              | 13,128,990                    | 18.03%                     |

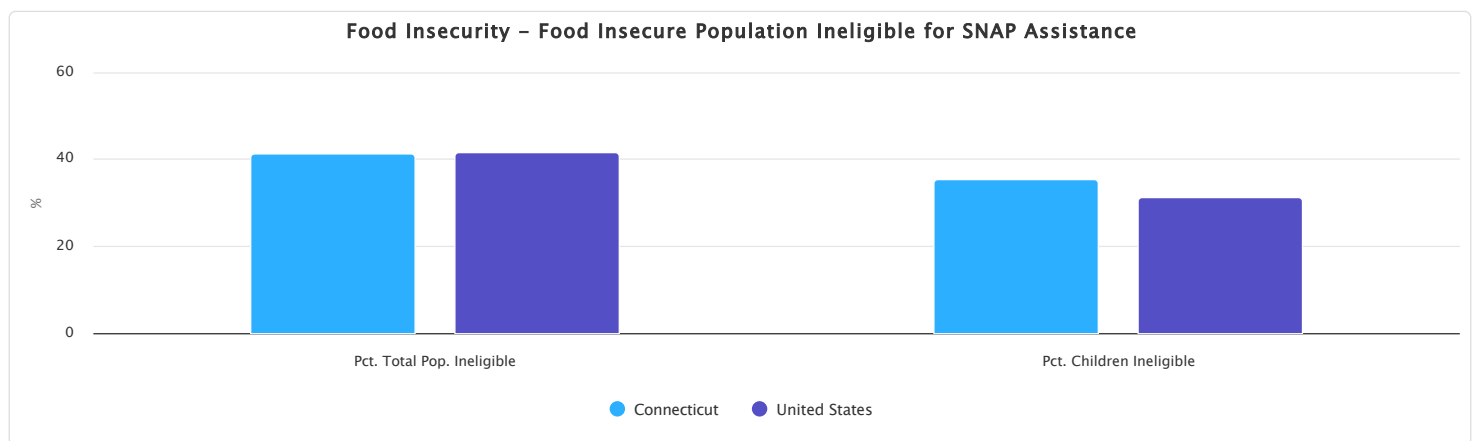
Data Source: [Feeding America](#), 2022.

## Food Insecurity - Food Insecure Population Ineligible for SNAP Assistance

This indicator reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for SNAP assistance. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for SNAP.

| Report Area  | Food Insecure Population | Food Insecure Population Ineligible for Assistance, Percent | Food Insecure Children | Food Insecure Children Ineligible for Assistance, Percent |
|--|--------------------------|---|------------------------|---|
| Johnson Memorial Medical Center - Stafford Springs | No data                  | No data   | No data                | No data   |
| Connecticut  | 466,180                  | 41.33%  | 117,480                | 35.27%  |
| United States                                      | 42,657,200               | 41.49%  | 13,128,990             | 31.21%  |

Data Source: [Feeding America](#), 2022.

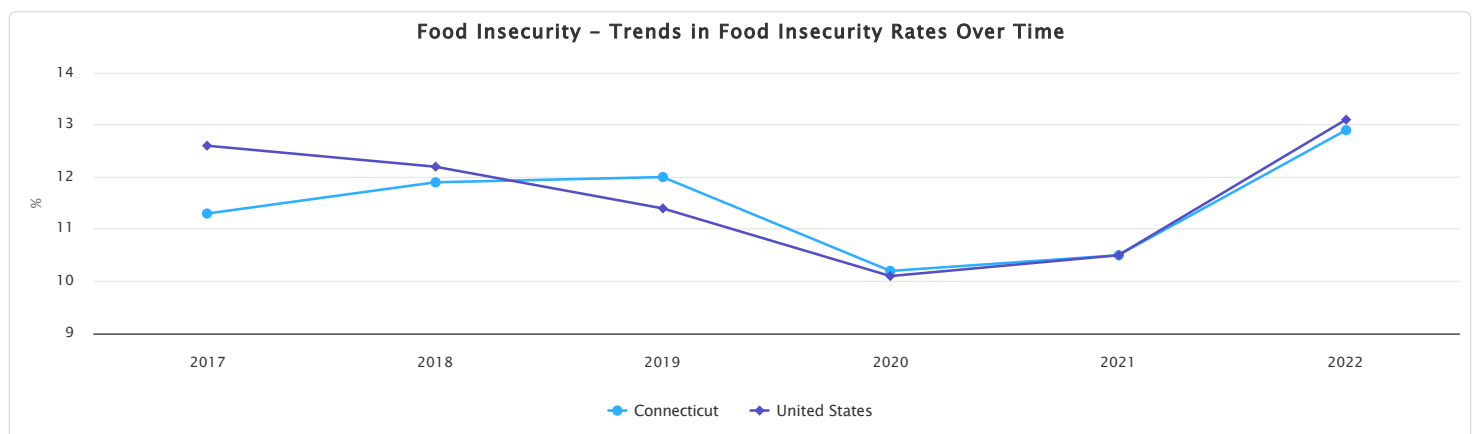


## Food Insecurity - Trends in Food Insecurity Rates Over Time

This indicator reports the estimated percentage of the food insecurity trend observed at various points throughout the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

| Report Area   | 2017  | 2018  | 2019  | 2020  | 2021  | 2022  |
|---------------|-------|-------|-------|-------|-------|-------|
| Connecticut   | 11.3% | 11.9% | 12%   | 10.2% | 10.5% | 12.9% |
| United States | 12.6% | 12.2% | 11.4% | 10.1% | 10.5% | 13.1% |

Data Source: [Feeding America](#), 2022.



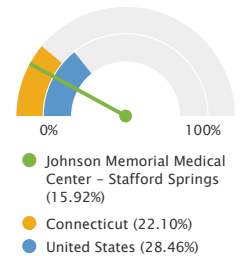
## Poverty - Population Below 200% FPL

In the report area 15.92% or 24,609.00 individuals for whom poverty status is determined are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

*Note: The total population measurements for poverty reports are lower than population totals for some other indicators, as poverty data collection does not include people in group quarters. See "Show more details" for more information.*

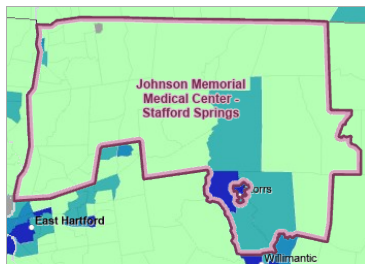
| Report Area  | Total Population | Population with Income Below 200% FPL | Population with Income Below 200% FPL, Percent | Range   |
|--|------------------|---------------------------------------|--|---------|
| Johnson Memorial Medical Center - Stafford Springs | 154,619.00       | 24,609.00                             | 15.92%   | No data |
| Connecticut  | 3,510,193        | 775,737                               | 22.10%   | N/A     |
| United States                                      | 324,567,147      | 92,357,008                            | 28.46%   | N/A     |

Percent Population with Income at or Below 200% FPL



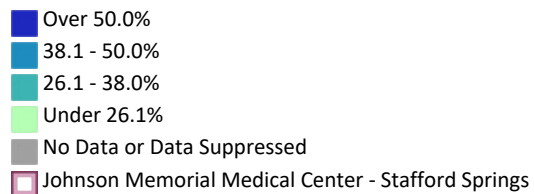
*Note: This indicator is compared to the state average.*

*Data Source: US Census Bureau, American Community Survey. 2019-23.*



[View larger map](#)

Population Below 200% Poverty Level, Percent by Tract, ACS 2019-23



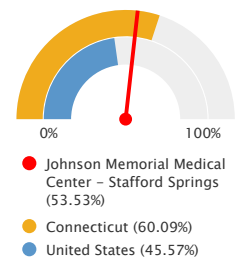
## Education

### Access - Preschool Enrollment (Children Age 3-4)

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system.

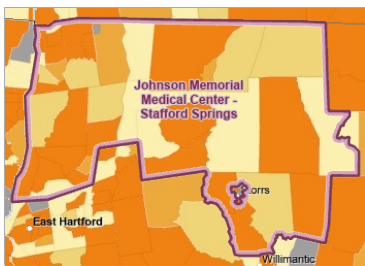
| Report Area  | Population Age 3-4 | Population Age 3-4 Enrolled in School | Population Age 3-4 Enrolled in School, Percent | Range            |
|--|--------------------|---------------------------------------|--|------------------|
| Johnson Memorial Medical Center - Stafford Springs | 2,793              | 1,495                                 | 53.53%   | 26.23% - 100.00% |
| Connecticut  | 74,894             | 45,005                                | 60.09%   | N/A              |
| United States                                      | 7,932,435          | 3,615,142                             | 45.57%   | N/A              |

Percentage of Population Age 3-4 Enrolled in School



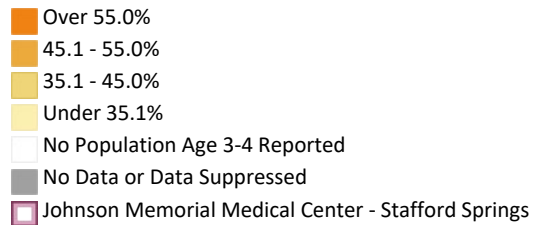
*Note: This indicator is compared to the state average.*

*Data Source: US Census Bureau, American Community Survey. 2019-23.*



[View larger map](#)

Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2019-23



## Preschool Enrollment by Race Alone

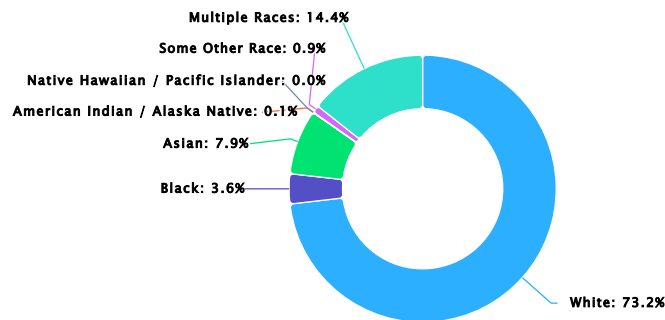
This indicator reports the population age 3-4 enrolled in preschool of the report area by race alone.

| Report Area  | White     | Black   | Asian   | American Indian / Alaska Native | Native Hawaiian / Pacific Islander | Some Other Race | Multiple Races |
|--|-----------|---------|---------|---------------------------------|------------------------------------|-----------------|----------------|
| Johnson Memorial Medical Center - Stafford Springs | 1,145     | 57      | 123     | 1                               | 0                                  | 14              | 225            |
| Connecticut  | 30,805    | 5,599   | 2,229   | 131                             | 0                                  | 3,499           | 8,345          |
| United States                                      | 2,682,935 | 612,967 | 239,797 | 39,325                          | 6,217                              | 274,724         | 760,724        |

Data Source: US Census Bureau, American Community Survey, 2019-23.

### Preschool Enrollment by Race Alone

Johnson Memorial Medical Center - Stafford Springs



## Preschool Enrollment by Ethnicity Alone

This indicator reports the population age 3-4 enrolled in preschool of the report area by ethnicity alone.

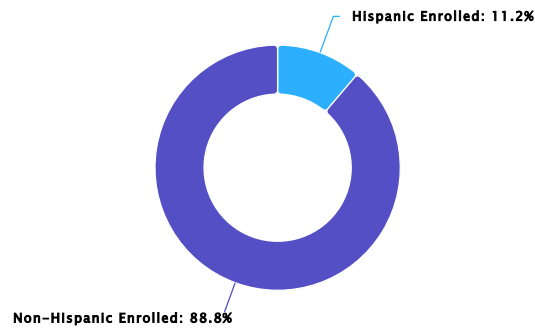
Of all age 3-4 enrolled in preschool in the report area, 168 or 11.24% are Hispanic or Latino while 1,327 or 88.76% are non-Hispanic.

| Report Area  | Total Enrolled in Preschool | Hispanic Enrolled | Hispanic Enrolled, Percent | Non-Hispanic Enrolled | Non-Hispanic Enrolled, Percent |
|--|-----------------------------|-------------------|----------------------------|-----------------------|--------------------------------|
| Johnson Memorial Medical Center - Stafford Springs | 1,495                       | 168               | 11.24%                     | 1,327                 | 88.76%                         |
| Connecticut  | 45,005                      | 12,352            | 27.45%                     | 32,653                | 72.55%                         |
| United States                                      | 3,615,142                   | 1,012,510         | 28.01%                     | 2,602,632             | 71.99%                         |

Data Source: US Census Bureau, American Community Survey, 2019-23.

## Preschool Enrollment by Ethnicity Alone

Johnson Memorial Medical Center – Stafford Springs



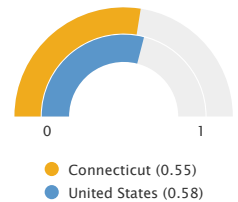
## Social Support & Community Context

### Social Vulnerability Index

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

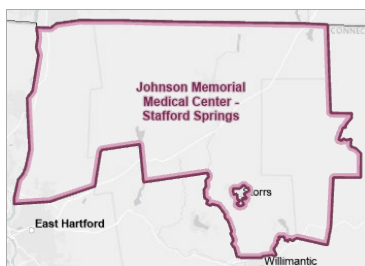
| Report Area  | Total Population | Socioeconomic Theme Score | Household Composition Theme Score | Minority Status Theme Score | Housing & Transportation Theme Score | Social Vulnerability Index Score | Range   |
|--|------------------|---------------------------|-----------------------------------|-----------------------------|--------------------------------------|----------------------------------|---------|
| Johnson Memorial Medical Center - Stafford Springs | No data          | No data                   | No data                           | No data                     | No data                              | No data                          | No data |
| Connecticut  | 3,611,317        | 0.43                      | 0.42                              | 0.73                        | 0.66                                 | 0.55                             | N/A     |
| United States                                      | 331,097,593      | 0.54                      | 0.47                              | 0.72                        | 0.63                                 | 0.58                             | N/A     |

Social Vulnerability Index Score



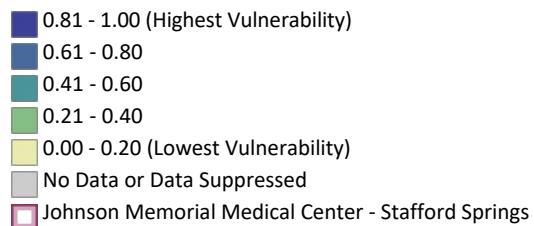
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2022.



[View larger map](#)

### Social Vulnerability Index by Tract, CDC 2020



### Population Percentages by Tiered Social Vulnerability Index

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

| Report Area   | Least Disadvantaged | Moderately Disadvantaged | Highly Disadvantaged | Most Disadvantaged |
|---------------|---------------------|--------------------------|----------------------|--------------------|
| United States | 14.19%              | 22.98%                   | 27.82%               | 35.01%             |

## Neighborhood & Physical Environment

### Housing Costs - Cost Burden (30%)

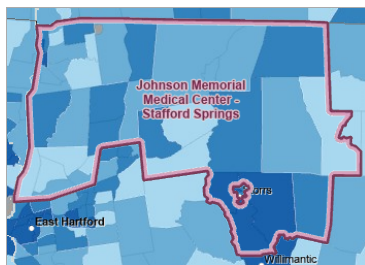
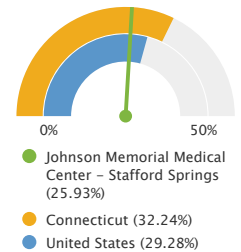
This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 62,710 total households in the report area, 16,263 or 25.93% of the population live in cost burdened households.

| Report Area  | Total Households | Cost-Burdened Households | Cost-Burdened Households, Percent | Range   |
|--|------------------|--------------------------|-----------------------------------|---------|
| Johnson Memorial Medical Center - Stafford Springs | 62,710           | 16,263                   | 25.93%                            | No data |
| Connecticut  | 1,420,170        | 457,911                  | 32.24%                            | N/A     |
| United States                                      | 127,482,865      | 37,330,839               | 29.28%                            | N/A     |

Note: This indicator is compared to the state average.

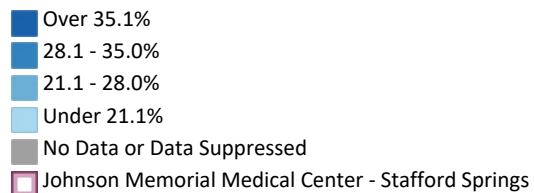
Data Source: US Census Bureau, American Community Survey. 2019-23.

Percentage of Households where Housing Costs Exceed 30% of Income



[View larger map](#)

Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2019-23



### Cost-Burdened Households by Tenure, Total

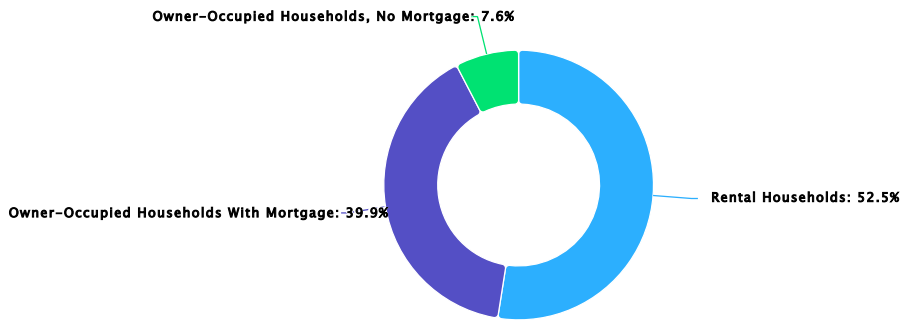
These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 963,223 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2019-2023 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

| Report Area  | Cost-Burdened Households | Cost-Burdened Rental Households | Cost-Burdened Owner-Occupied Households w/ Mortgage | Cost-Burdened Owner-Occupied Households w/o Mortgage |
|--|--------------------------|---------------------------------|---|--|
| Johnson Memorial Medical Center - Stafford Springs | 963,223                  | 527,809                         | 401,204   | 76,724   |
| Connecticut  | 457,911                  | 231,241                         | 181,837   | 65,994   |
| United States                                      | 37,330,839               | 20,909,407                      | 13,886,916  | 4,391,728  |

Data Source: US Census Bureau, American Community Survey. 2019-23.

### Cost-Burdened Households by Tenure, Total

Johnson Memorial Medical Center – Stafford Springs



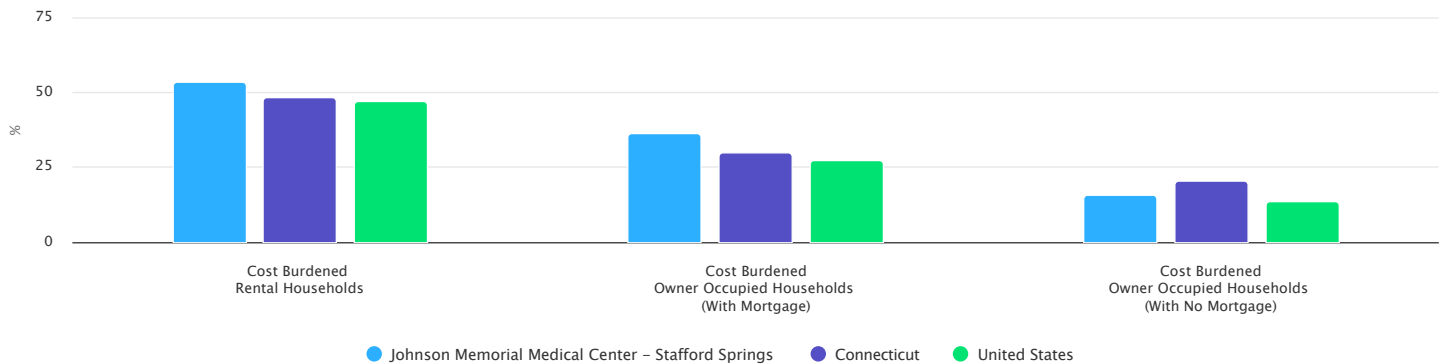
### Cost-Burdened Households by Tenure, Percent

These data show the percentage of households by tenure that are cost burdened. Cost burdened rental households (those that spent more than 30% of the household income on rental costs) represented 53.40% of all of the rental households in the report area, according to the U.S. Census Bureau American Community Survey (ACS) 2019-2023 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

| Report Area  | Rental Households | Rental Households Cost-Burdened, Percent | Owner-Occupied Households w/ Mortgage | Owner-Occupied Households w/ Mortgage Cost-Burdened, Percent | Owner-Occupied Households w/o Mortgage | Owner-Occupied Households w/o Mortgage Cost-Burdened, Percent |
|--|-------------------|--|---------------------------------------|--|--|---|
| Johnson Memorial Medical Center - Stafford Springs | 988,448           | 53.40%                                   | 1,107,317                             | 36.23%   | 484,887                                | 15.82%  |
| Connecticut  | 480,258           | 48.15%                                   | 614,346                               | 29.60%   | 325,566                                | 20.27%  |
| United States                                      | 44,590,828        | 46.89%                                   | 50,718,449                            | 27.38%   | 32,173,588                             | 13.65%  |

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

### Cost-Burdened Households by Tenure, Percent

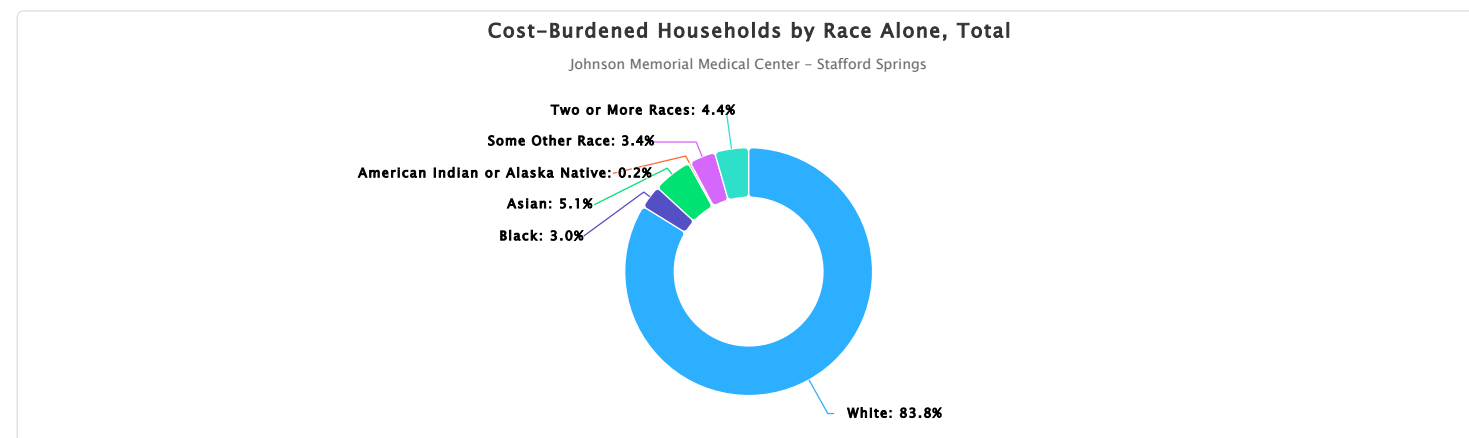


### Cost-Burdened Households by Race Alone, Total

This indicator reports the number of cost-burdened households (i.e., those that spend more than 30% of their household income on housing costs) by the householder's race alone, without considering respondents' ethnicity. The data for this indicator is only reported for households where household housing costs, income earned, and race was identified in the 2019-23 American Community Survey.

| Report Area  | White      | Black     | Asian     | American Indian or Alaska Native | Native Hawaiian or Pacific Islander | Some Other Race | Two or More Races |
|--|------------|-----------|-----------|----------------------------------|-------------------------------------|-----------------|-------------------|
| Johnson Memorial Medical Center - Stafford Springs | 13,630     | 494       | 827       | 40                               | 0                                   | 555             | 717               |
| Connecticut  | 297,518    | 64,269    | 15,613    | 1,518                            | 318                                 | 39,949          | 38,726            |
| United States                                      | 22,465,807 | 6,393,544 | 1,974,714 | 286,541                          | 67,283                              | 2,530,433       | 3,612,517         |

Data Source: US Census Bureau, [American Community Survey](#), 2019-23.



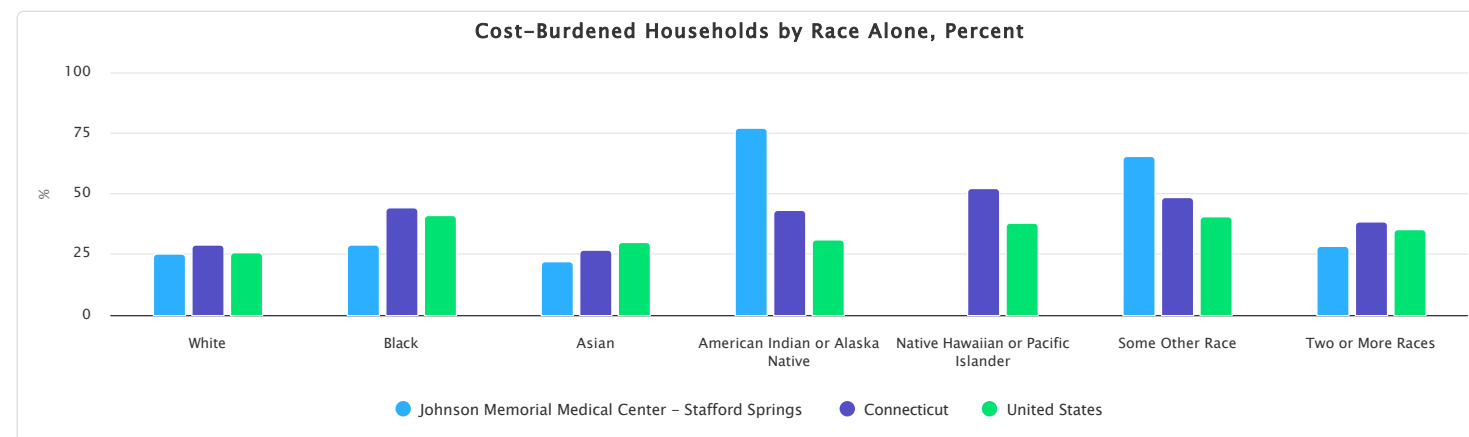
## Cost-Burdened Households by Race Alone, Percent

This indicator reports the percentage of cost-burdened households (i.e., those that spend more than 30% of their household income on housing costs) by the householder's race alone, without considering respondents' ethnicity.

The percentage values could be interpreted as, for example, "Of all occupied housing units with a white alone householder within the report area, the proportion whose housing costs exceed 30% of their household income in the past 12 months is (value)." Note that data are only reported for households where household housing costs, income earned, and race was identified in the 2019-23 American Community Survey.

| Report Area  | White  | Black  | Asian  | American Indian or Alaska Native | Native Hawaiian or Pacific Islander | Some Other Race | Two or More Races |
|--|--------|--------|--------|----------------------------------|-------------------------------------|-----------------|-------------------|
| Johnson Memorial Medical Center - Stafford Springs | 25.34% | 28.94% | 22.08% | 76.92%                           | No data                             | 65.29%          | 28.05%            |
| Connecticut  | 28.90% | 44.30% | 26.89% | 43.10%                           | 52.22%                              | 48.24%          | 38.44%            |
| United States                                      | 25.61% | 41.10% | 30.02% | 30.74%                           | 37.97%                              | 40.56%          | 35.13%            |

Data Source: US Census Bureau, [American Community Survey](#), 2019-23.



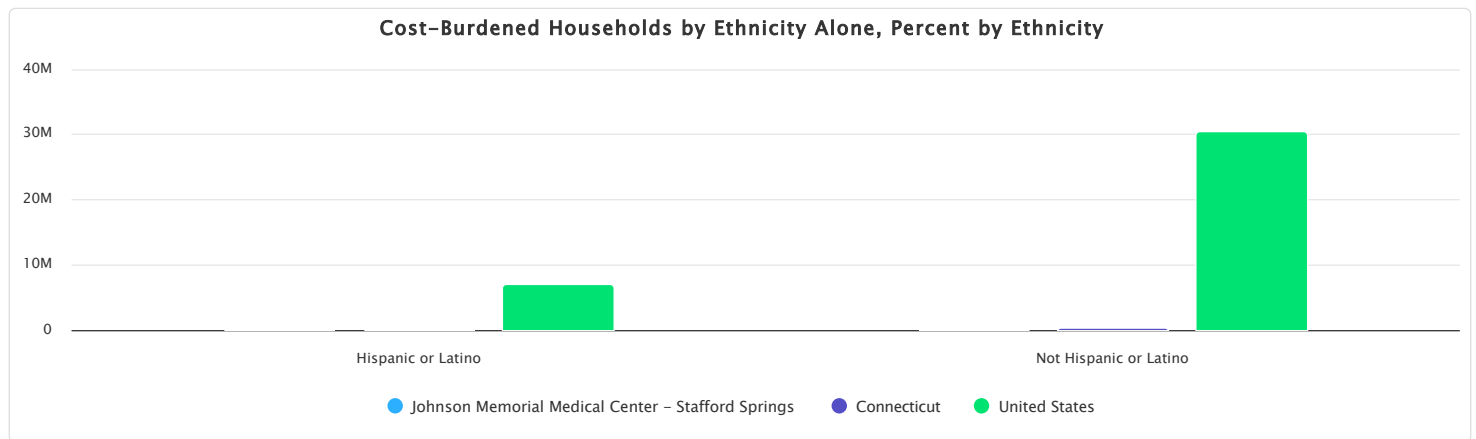
## Cost-Burdened Households by Ethnicity Alone, Percent by Ethnicity

This indicator reports the percentage of households that spend more than 30% of their household income on housing costs by ethnicity alone during 2019-2023, according to the American Community Survey (ACS). Note that the data for this indicator are only reported for households where housing costs, income earned, and ethnicity were identified in the American Community Survey.

Within the report area, there were 1,285 cost-burdened households of Hispanic or Latino origin, representing 44.82% of the Hispanic or Latino households. There were 14,978 cost-burdened households of non-Hispanic or Latino origin in the report area, representing 25.03% of the total non-Hispanic households.

| Report Area  | Hispanic or Latino | Not Hispanic or Latino | Hispanic or Latino, Percent | Not Hispanic or Latino, Percent |
|--|--------------------|------------------------|-----------------------------|---------------------------------|
| Johnson Memorial Medical Center - Stafford Springs | 1,285              | 14,978                 | 44.82%                      | 25.03%                          |
| Connecticut  | 92,396             | 365,515                | 45.41%                      | 30.04%                          |
| United States                                      | 6,921,852          | 30,408,987             | 37.78%                      | 27.86%                          |

Data Source: US Census Bureau, [American Community Survey, 2019-23](#).



## Cost-Burdened Households by Ethnicity Alone, Percent of Total

This indicator reports the percentage of households that spend more than 30% of their household income on housing costs by ethnicity alone during 2019-2023, according to the American Community Survey (ACS). Note that the data for this indicator are only reported for households where housing costs, income earned, and ethnicity were identified in the American Community Survey.

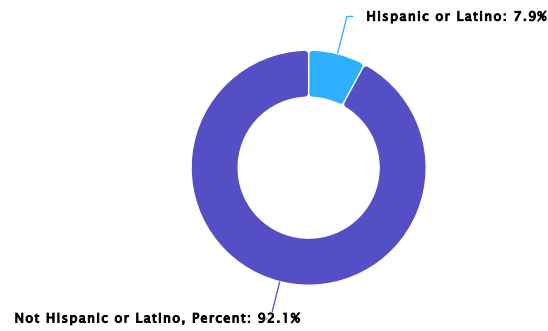
Within the report area, there were 1,285 cost-burdened households of Hispanic or Latino origin, representing 7.90% of the total cost-burdened households. There were 14,978 cost-burdened households of non-Hispanic or Latino origin in the report area, representing 92.10% of the total cost-burdened households.

| Report Area  | Hispanic or Latino | Not Hispanic or Latino | Hispanic or Latino, Percent | Not Hispanic or Latino, Percent |
|--|--------------------|------------------------|-----------------------------|---------------------------------|
| Johnson Memorial Medical Center - Stafford Springs | 1,285              | 14,978                 | 7.90%                       | 92.10%                          |
| Connecticut  | 92,396             | 365,515                | 20.18%                      | 79.82%                          |
| United States                                      | 6,921,852          | 30,408,987             | 18.54%                      | 81.46%                          |

Data Source: US Census Bureau, [American Community Survey, 2019-23](#).

## Cost-Burdened Households by Ethnicity Alone, Percent of Total

Johnson Memorial Medical Center – Stafford Springs



## Health Outcomes & Behaviors

### Life Expectancy

This indicator reports the average life expectancy at birth (age-adjusted to 2000 standard). Data were from the National Center for Health Statistics - Mortality Files (2020-2022) and are used for the 2025 County Health Rankings.

Of the total 152,216 population in the report area, the average life expectancy during the 2020-22 three-year period is 79.1, which is lower than the statewide rate of 79.2.

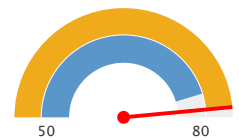
*Note: Data are suppressed for counties with fewer than 5,000 population-years-at-risk in the time frame.*

| Report Area  | Total Population | Life Expectancy at Birth (2018-20) | Range       |
|--|------------------|------------------------------------|-------------|
| Johnson Memorial Medical Center - Stafford Springs | 152,216          | 79.1                               | 77.2 - 80.2 |
| Connecticut  | 3,317,495        | 79.2                               | N/A         |
| United States                                      | 308,455,738      | 77.2                               | N/A         |

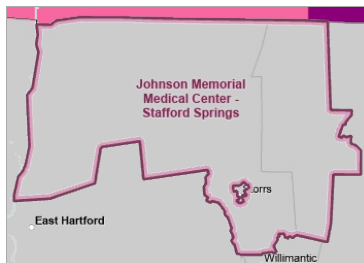
*Note: This indicator is compared to the state average.*

*Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#), 2020-2022.*

Life Expectancy at Birth, 2020-22

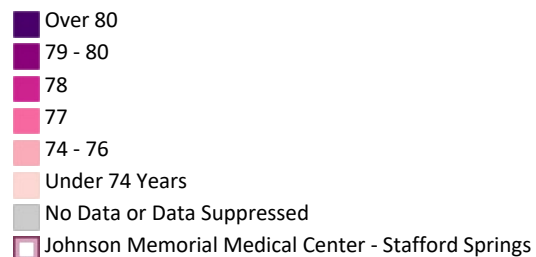


● Johnson Memorial Medical Center - Stafford Springs (79.1)  
● Connecticut (79.2)  
● United States (77.2)



[View larger map](#)

### Life Expectancy, Years by County, CDC NVSS 2020-2022

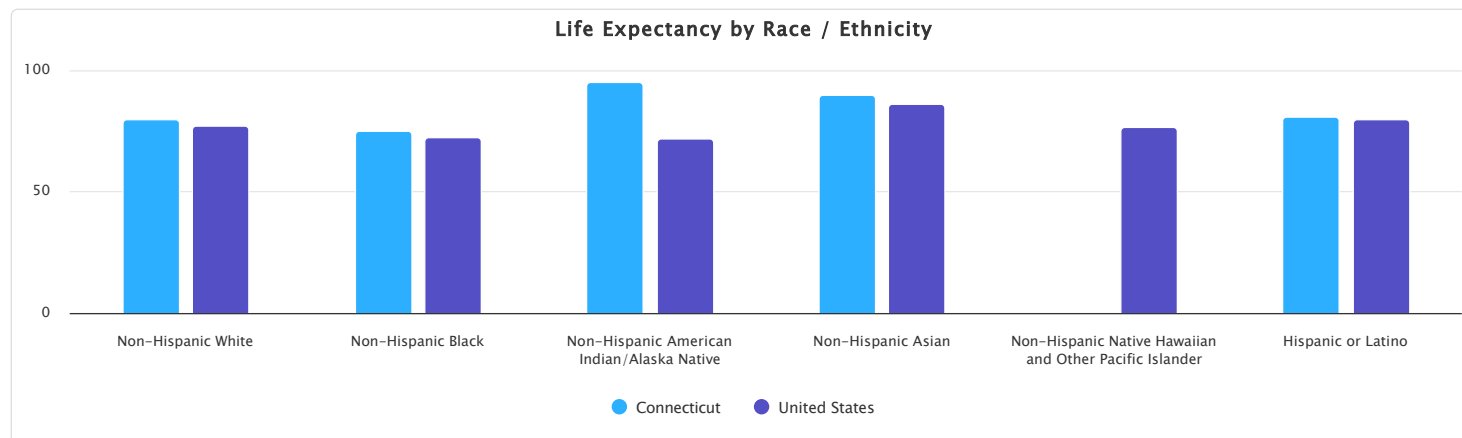


### Life Expectancy by Race / Ethnicity

This indicator reports the 2020-2022 three-year average number of years a person can expect to live by race / ethnicity.

| Report Area   | Non-Hispanic White | Non-Hispanic Black | Non-Hispanic American Indian/Alaska Native | Non-Hispanic Asian | Non-Hispanic Native Hawaiian and Other Pacific Islander | Hispanic or Latino |
|---------------|--------------------|--------------------|--|--------------------|---|--------------------|
| Connecticut   | 79.5               | 74.8               | 95.2                                       | 89.6               | No data   | 80.8               |
| United States | 77.2               | 72.1               | 71.8                                       | 86.0               | 76.4  | 79.7               |

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). 2020-2022.



## Poor Mental Health

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

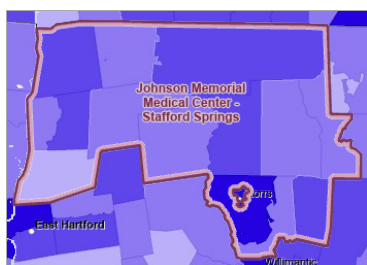
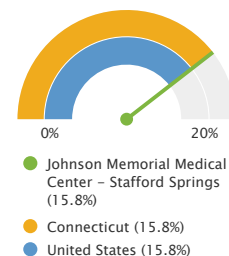
Within the report area, there were 15.8% of adults 18 and older who reported poor mental health in the past month of the total population age 18 and older.

| Report Area  | Total Population (2020) | Adults Age 18+ with Poor Mental Health (Crude) | Adults Age 18+ with Poor Mental Health (Age-Adjusted) | Range         |
|--|-------------------------|--|---|---------------|
| Johnson Memorial Medical Center - Stafford Springs | 164,362                 | 15.8%  | No data   | 13.5% - 21.6% |
| Connecticut  | 3,626,205               | 15.8%  | 16.8%   | N/A           |
| United States                                      | 333,287,557             | 15.8%  | 16.4%   | N/A           |

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022.

percentage of Adults Age 18+ with Poor Mental Health



[View larger map](#)

### Frequent Mental Distress, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

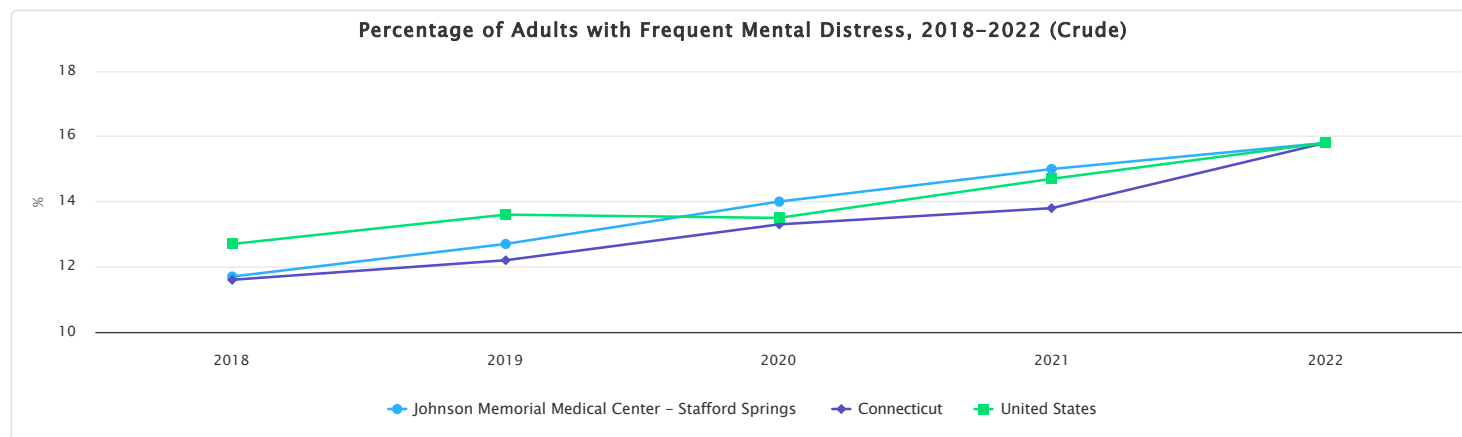
- Over 18.0%
- 16.1 - 18.0%
- 14.1 - 16.0%
- Under 14.1%
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

## Percentage of Adults with Frequent Mental Distress, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ whose report frequent mental distress.

| Report Area  | 2018  | 2019  | 2020  | 2021  | 2022  |
|--|-------|-------|-------|-------|-------|
| Johnson Memorial Medical Center - Stafford Springs | 11.7% | 12.7% | 14.0% | 15.0% | 15.8% |
| Connecticut  | 11.6% | 12.2% | 13.3% | 13.8% | 15.8% |
| United States                                      | 12.7% | 13.6% | 13.5% | 14.7% | 15.8% |

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022.



<https://trinityhealthdatahub.org>, 4/28/2025

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# **STAFFORD 2023 EQUITY PROFILE**

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**DataHaven**

# STAFFORD 2023 EQUITY PROFILE

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Compiled by DataHaven in August 2023.

This report is designed to inform local-level efforts to improve community well-being and racial equity. This is version 2.0 of the DataHaven town equity profile, which DataHaven has published for all 169 towns and several regions of Connecticut. Please contact DataHaven with suggestions for version 3.0 of this report.

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# EXECUTIVE SUMMARY

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

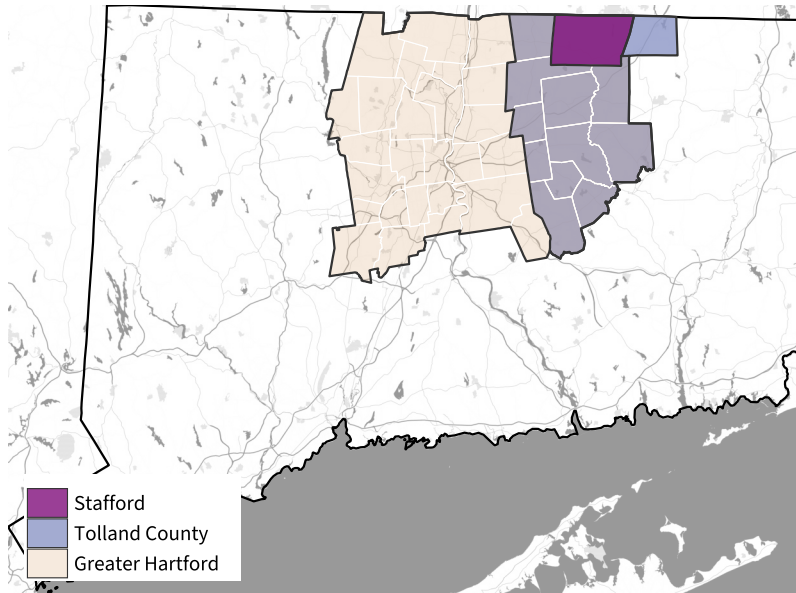
Federal and statewide approaches to data collection, including small sample sizes, tend to hide disparities within certain population groups. This does not mean that a given population is not impacted by inequitable social conditions. DataHaven and other organizations often collect information on demographic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

- Stafford is a town of **11,472 residents**, **12 percent** of whom are people of color. The town’s population has decreased by **5 percent** since 2010.
- Of the town’s **4,747 households**, **77 percent** are homeowner households.
- **Twenty-eight percent** of Stafford’s households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- **Ninety-five percent** of public high school seniors in the class of 2021 in the Stafford School District graduated within four years.
- Among the town’s adults ages 25 and up, **26 percent** have earned a bachelor’s degree or higher.
- Stafford is home to **3,043 jobs**, with the largest share in the Manufacturing sector.
- The median household income in Stafford is **\$85,684**.
- As of 2015, Stafford’s average life expectancy was **78 years**.
- **Fifty-nine percent** of adults in Greater Hartford say they are in excellent or very good health.
- In 2021, **fewer than 5 people** in Stafford died of drug overdoses.
- **Eighty-four percent** of adults in Greater Hartford are satisfied with their area, and **53 percent** say their local government is responsive to residents’ needs.
- In the most recent state election, **64 percent** of registered voters in Stafford voted.
- **Fifty-eight percent** of adults in Greater Hartford report having stores, banks, and other locations in walking distance of their home, and **68 percent** say there are safe sidewalks and crosswalks in their neighborhood.

# OVERVIEW

For the purposes of this report, Stafford will be compared to Connecticut as a whole, as well as to the towns in Tolland County. In addition, data are presented for Greater Hartford where sample sizes are otherwise small.

**FIGURE 1: STUDY AREA**



**Tolland County** is made up of the following towns:

Andover, Bolton, Columbia, Coventry, Ellington, Hebron, Mansfield, Somers, Stafford, Tolland, Union, Vernon, and Willington

**Greater Hartford** is made up of the following towns:

Andover, Avon, Berlin, Bloomfield, Bolton, Canton, Columbia, Coventry, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Manchester, Mansfield, Marlborough, New Britain, Newington, Plainville, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Willington, Windsor, and Windsor Locks

**TABLE 1: ABOUT THE AREA**

| Indicator                                   | Connecticut | Tolland County | Stafford |
|---|-------------|----------------|----------|
| Total population                            | 3,605,944   | 149,788        | 11,472   |
| Total households                            | 1,397,324   | 56,989         | 4,747    |
| Homeownership rate                          | 66%         | 70%            | 77%      |
| Housing cost burden rate                    | 35%         | 30%            | 28%      |
| Adults with less than a high school diploma | 9%          | 5%             | 6%       |
| Median household income                     | \$83,572    | \$88,525       | \$85,684 |
| Poverty rate                                | 10%         | 10%            | 6%       |
| Adults 18–64 w/o health insurance           | 10%         | 8%             | 9%       |
| Life expectancy (years, 2015)               | 80.3        | 81.1           | 78.0     |

# DEMOGRAPHICS

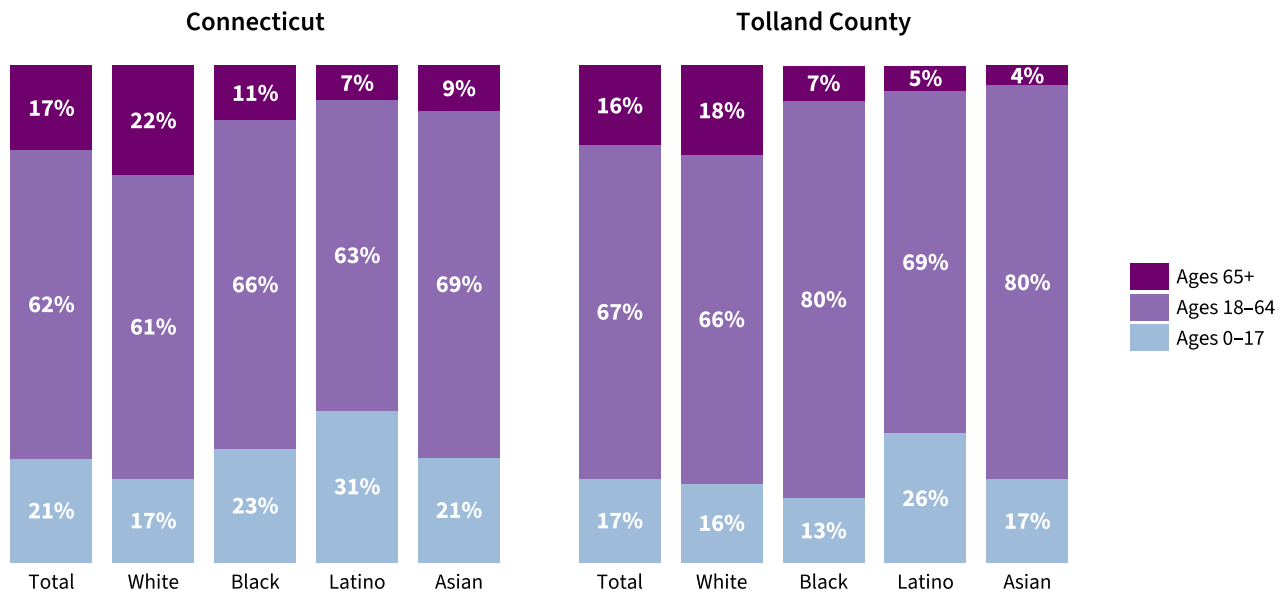
As of 2020, the population of Stafford is 11,472, including 2,180 children and 9,292 adults. Twelve percent of Stafford's residents are people of color, compared to 37 percent of residents statewide.

**TABLE 2: POPULATION BY RACE/ETHNICITY, 2020**

| Area           | White     |       | Black   |       | Latino  |       | Asian   |       | Other race/ethnicity |       |
|----------------|-----------|-------|---------|-------|---------|-------|---------|-------|----------------------|-------|
|                | Count     | Share | Count   | Share | Count   | Share | Count   | Share | Count                | Share |
| Connecticut    | 2,279,232 | 63%   | 360,937 | 10%   | 623,293 | 17%   | 170,459 | 5%    | 172,023              | 5%    |
| Tolland County | 120,021   | 80%   | 5,074   | 3%    | 9,699   | 6%    | 8,438   | 6%    | 6,556                | 4%    |
| Stafford       | 10,143    | 88%   | 98      | 1%    | 500     | 4%    | 117     | 1%    | 614                  | 5%    |

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

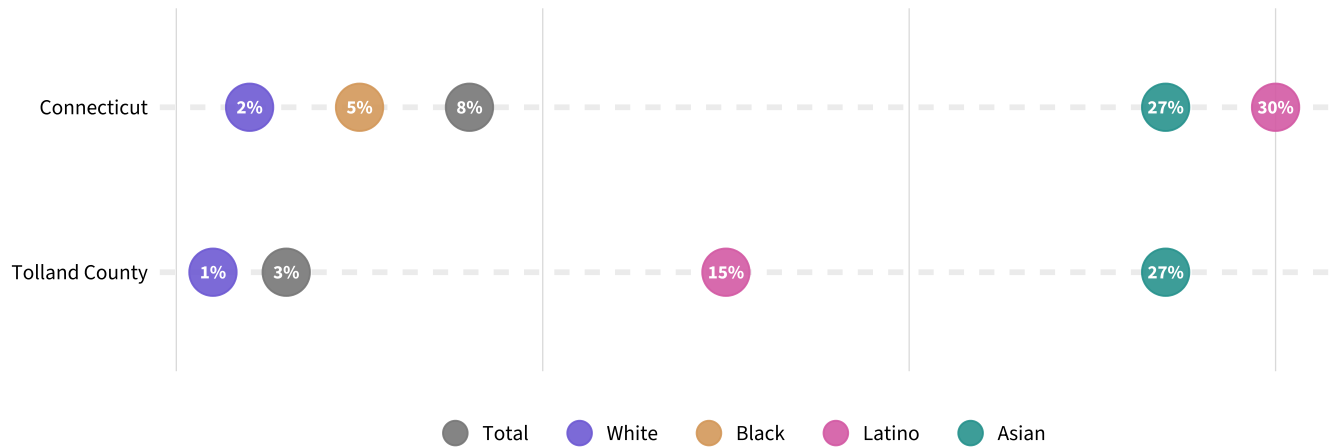
**FIGURE 2: POPULATION BY RACE/ETHNICITY AND AGE GROUP, 2021**



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

About 189 residents of Stafford, or 2 percent of the population, are foreign-born. The largest number of immigrants living in Tolland County were born in China, followed by India and Poland.

**FIGURE 3: LINGUISTIC ISOLATION BY RACE/ETHNICITY, 2021**



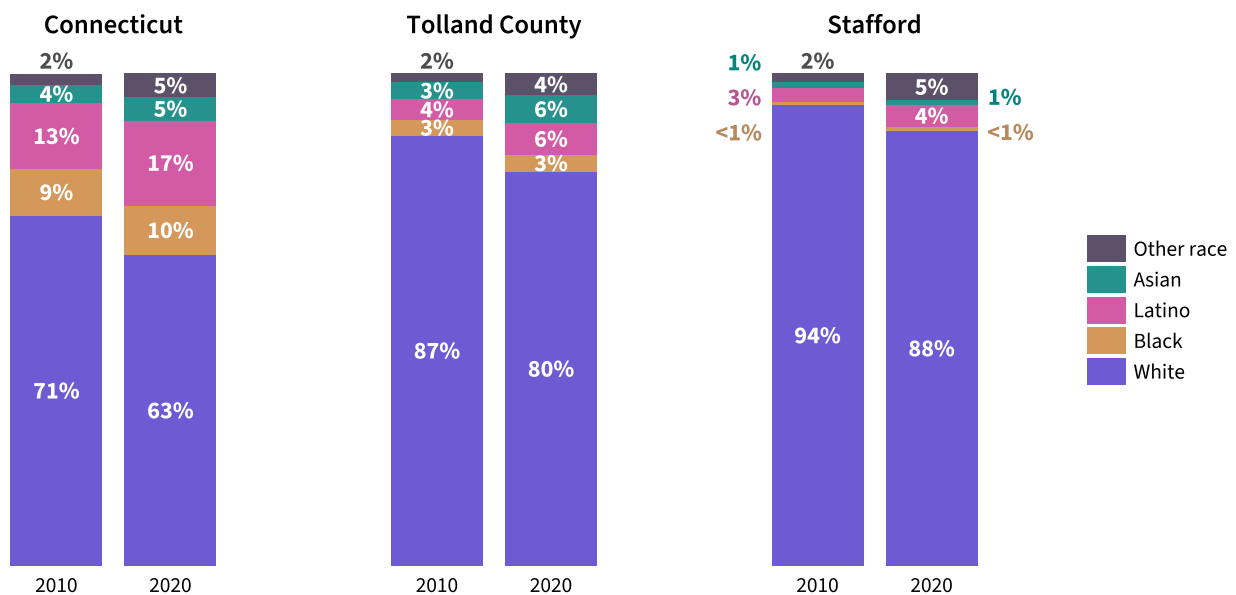
## POPULATION CHANGE: 2020 CENSUS

The first set of data from the 2020 Census was released in August 2021, containing basic population counts by age and race/ethnicity. Between 2010 and 2020, Connecticut's population was nearly stagnant. During the same period, Stafford shrank by 615 people, a 5.1 percent decrease. The number of white residents in Stafford shrank by 10 percent, while the non-white population grew by 74 percent.

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

| Area           | Age             | Population, 2010 | Population, 2020 | Change   | Percent change |
|----------------|-----------------|------------------|------------------|----------|----------------|
| Connecticut    | All ages        | 3,574,097        | 3,605,944        | +31,847  | +0.9%          |
|                | Children (0–17) | 817,015          | 736,717          | –80,298  | –9.8%          |
|                | Adults (18+)    | 2,757,082        | 2,869,227        | +112,145 | +4.1%          |
| Tolland County | All ages        | 152,691          | 149,788          | –2,903   | –1.9%          |
|                | Children (0–17) | 30,884           | 26,204           | –4,680   | –15.2%         |
|                | Adults (18+)    | 121,807          | 123,584          | +1,777   | +1.5%          |
| Stafford       | All ages        | 12,087           | 11,472           | –615     | –5.1%          |
|                | Children (0–17) | 2,693            | 2,180            | –513     | –19.0%         |
|                | Adults (18+)    | 9,394            | 9,292            | –102     | –1.1%          |

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



# HOUSING

Stafford has 4,747 households, of which 77 percent are homeowner households. Of Stafford's 5,053 housing units, both occupied and vacant, 78 percent are in single-family buildings and 22 percent are in multifamily buildings, compared to Tolland County, where 73 percent are single-family and 26 percent are multifamily.

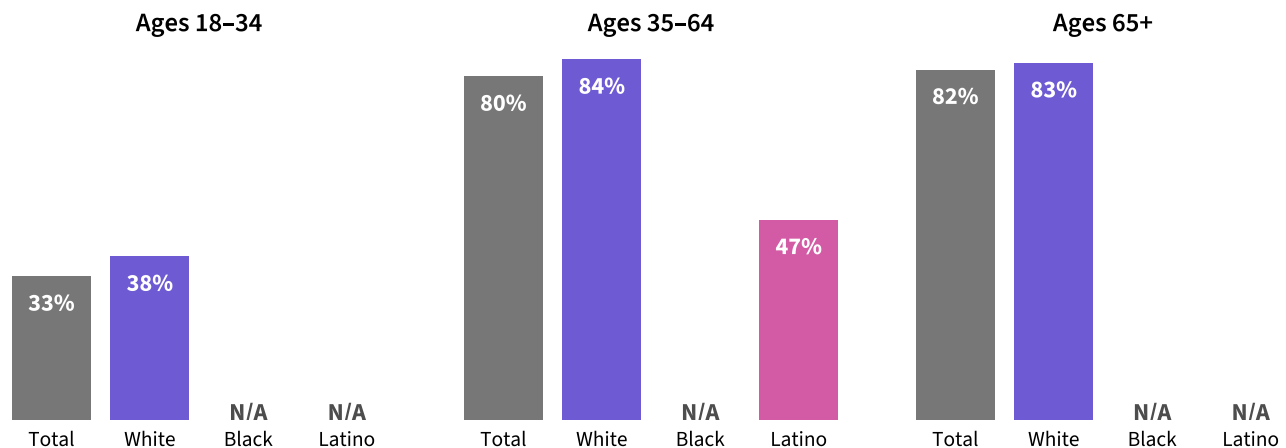
Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for advantaged groups because the process of purchasing a home has a long history of racially discriminatory practices that continue to restrict access to homeownership today. This challenge, coupled with municipal zoning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

**TABLE 4: HOMEOWNERSHIP RATE BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021**

| Area           | Total | White | Black | Latino | Asian |
|----------------|-------|-------|-------|--------|-------|
| Connecticut    | 66%   | 76%   | 41%   | 37%    | 60%   |
| Tolland County | 70%   | 76%   | N/A   | 34%    | 46%   |
| Stafford       | 77%   | 77%   | N/A   | N/A    | N/A   |

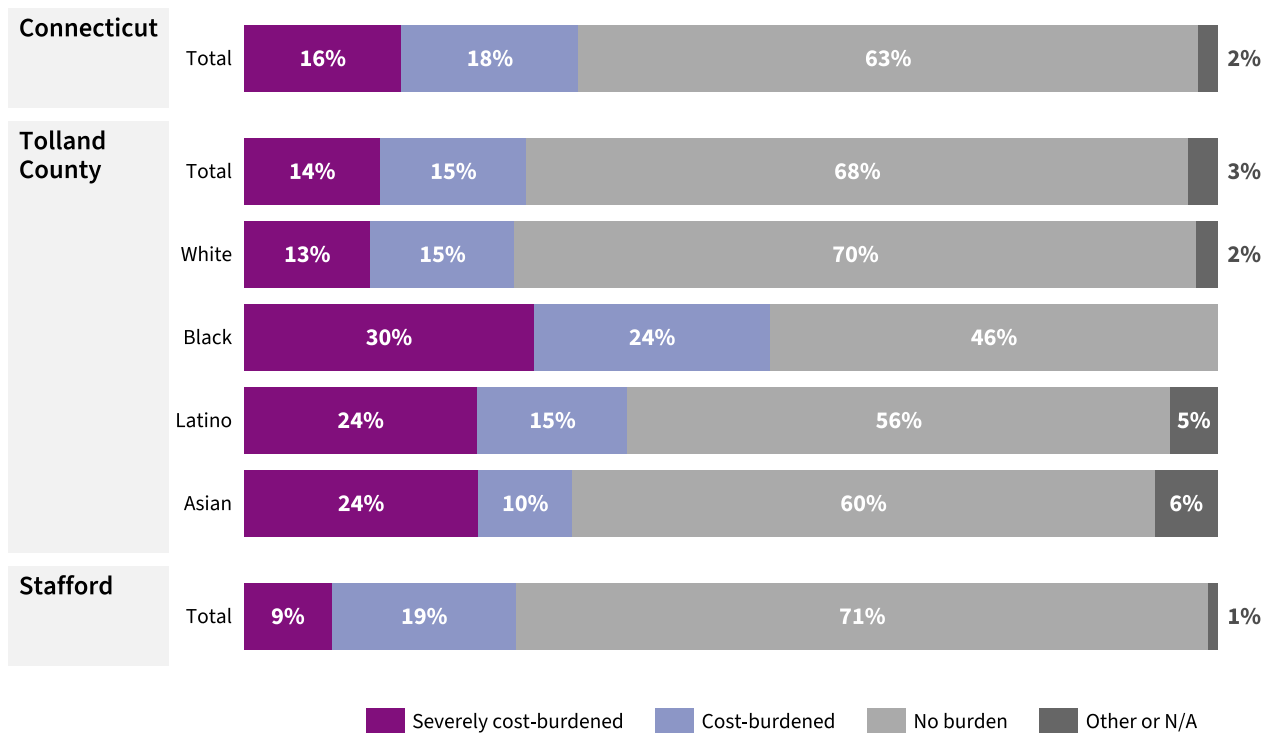
Younger adults are less likely than older adults to own their homes across several race/ethnicity groups. However, in most towns, younger white adults own their homes at rates comparable to or higher than older Black and Latino adults.

**FIGURE 5: HOMEOWNERSHIP RATES BY AGE AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, TOLLAND COUNTY, 2021**



A household is cost-burdened when they spend 30 percent or more of their income on housing costs, and severely cost-burdened when they spend half or more of their income on housing costs. Housing costs continue to rise, due in part to municipal zoning measures that limit new construction to very few towns statewide. Cost-burden generally affects renters more than homeowners, and has greater impact on Black and Latino householders. Among renter households in Stafford, 35 percent are cost-burdened, compared to 26 percent of owner households.

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



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

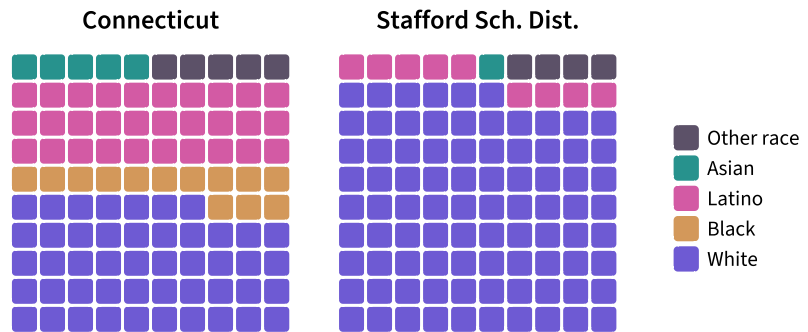
**TABLE 5: OVERCROWDED HOUSEHOLDS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021**

| Area           | Total  |       | White |       | Black |       | Latino |       | Asian |       |
|----------------|--------|-------|-------|-------|-------|-------|--------|-------|-------|-------|
|                | Count  | Share | Count | Share | Count | Share | Count  | Share | Count | Share |
| Connecticut    | 27,078 | 2%    | 7,418 | 1%    | 4,868 | 3%    | 10,971 | 6%    | 3,445 | 6%    |
| Tolland County | 700    | 1%    | 525   | 1%    | <50   | N/A   | 56     | 2%    | 107   | 4%    |
| Stafford       | 75     | 2%    | 69    | 2%    | <50   | N/A   | <50    | N/A   | <50   | N/A   |

# EDUCATION

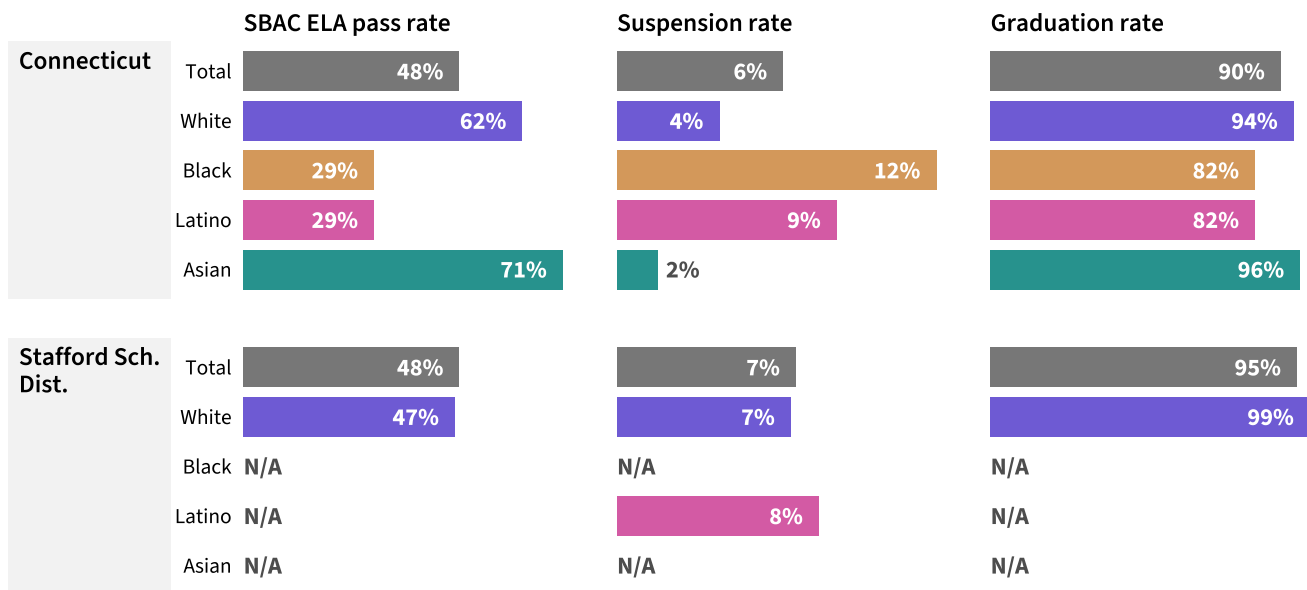
Public school students in Stafford are served by the Stafford School District for pre-kindergarten through grade 12. During the 2022-23 school year, there were 1,401 students enrolled in the Stafford School District. Tracking student success measures is important since disparate academic and disciplinary outcomes are observed as early as preschool and can ultimately affect a person's long-term educational attainment and economic potential.

**FIGURE 7: PUBLIC K-12 STUDENT ENROLLMENT BY RACE/ETHNICITY PER 100 STUDENTS, 2022-23**



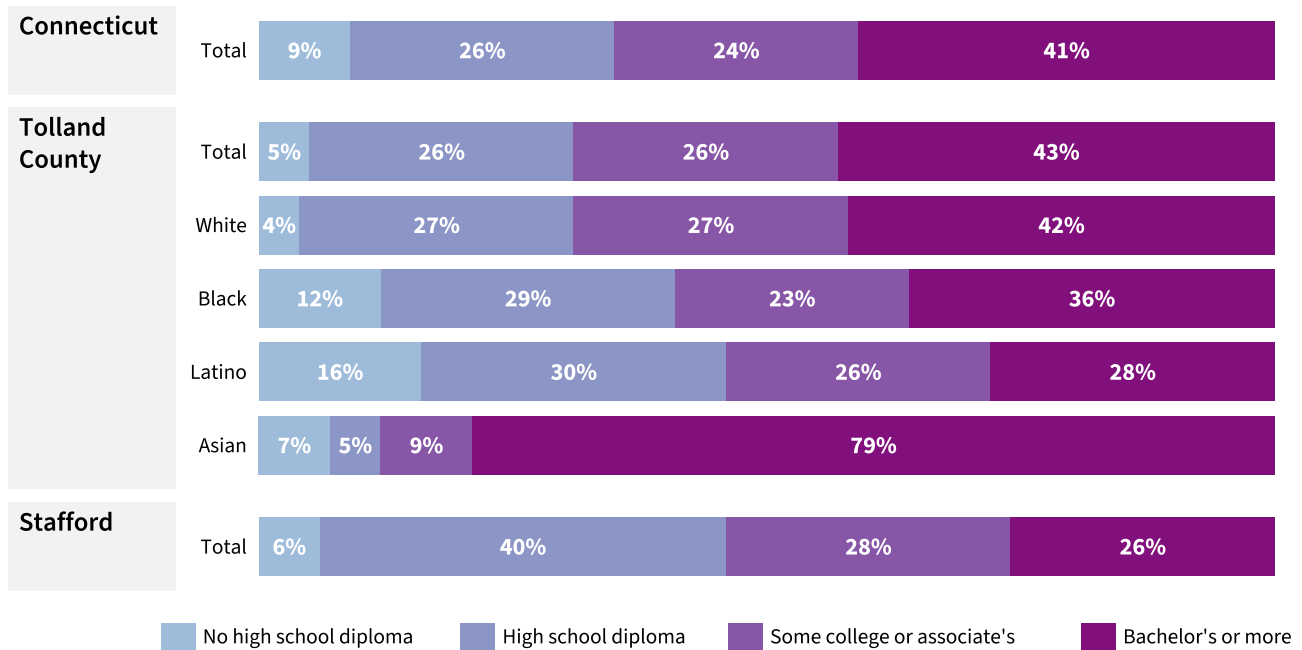
Note: Counts of small groups are suppressed by the Dept. of Education and may be missing from this chart.

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



Adults with high school diplomas or college degrees have more employment options and considerably higher potential earnings, on average, than those who do not finish high school. In Stafford, 6 percent of adults ages 25 and over, or 505 people, lack a high school diploma; statewide, this value is 9 percent.

**FIGURE 9: EDUCATIONAL ATTAINMENT BY RACE/ETHNICITY, SHARE OF ADULTS AGES 25 AND UP, 2021**



## ECONOMY

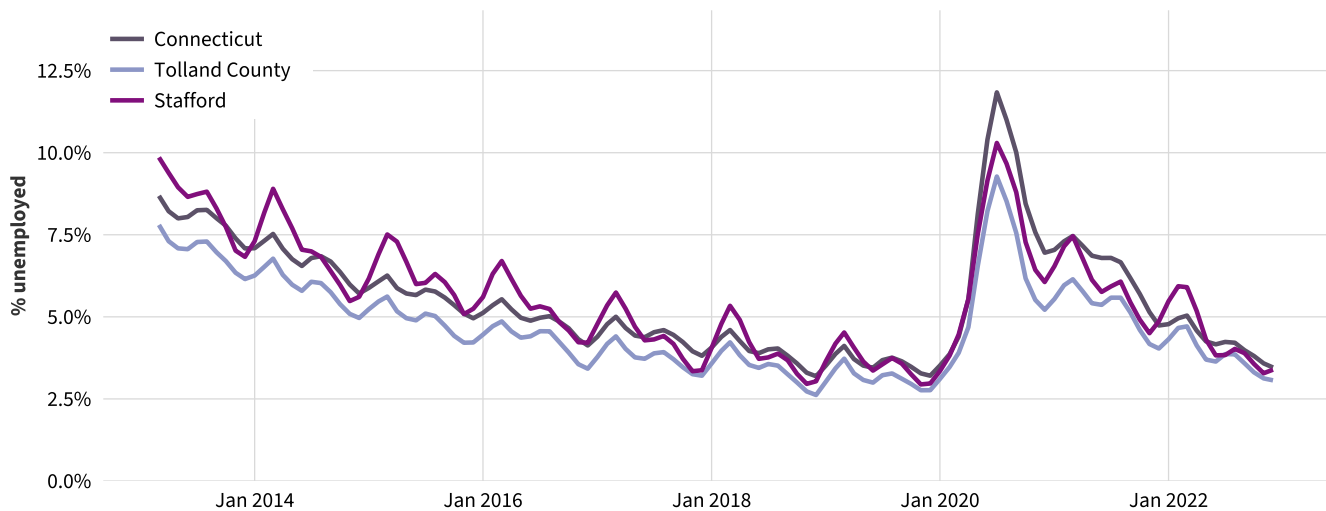
At the end of 2021, there were 3,043 total jobs in Stafford, with the largest share in the Manufacturing sector. While many industries saw major job losses early on in the COVID-19 pandemic, by early 2023 the number of jobs statewide had nearly caught back up to pre-pandemic counts.

**TABLE 6: JOBS AND WAGES IN TOLLAND COUNTY'S 5 LARGEST SECTORS, 2021**

| Sector                            | Connecticut |                | Tolland County |                |
|-----------------------------------|-------------|----------------|----------------|----------------|
|                                   | Total jobs  | Avg annual pay | Total jobs     | Avg annual pay |
| All Sectors                       | 1,591,760   | \$77,816       | 38,456         | \$56,705       |
| Health Care and Social Assistance | 267,984     | \$60,835       | 4,983          | \$48,235       |
| Retail Trade                      | 167,286     | \$41,652       | 3,997          | \$40,673       |
| Accommodation and Food Services   | 111,160     | \$26,767       | 3,217          | \$23,900       |
| Manufacturing                     | 152,860     | \$89,604       | 2,730          | \$60,240       |
| Construction                      | 59,323      | \$77,099       | 1,794          | \$71,850       |

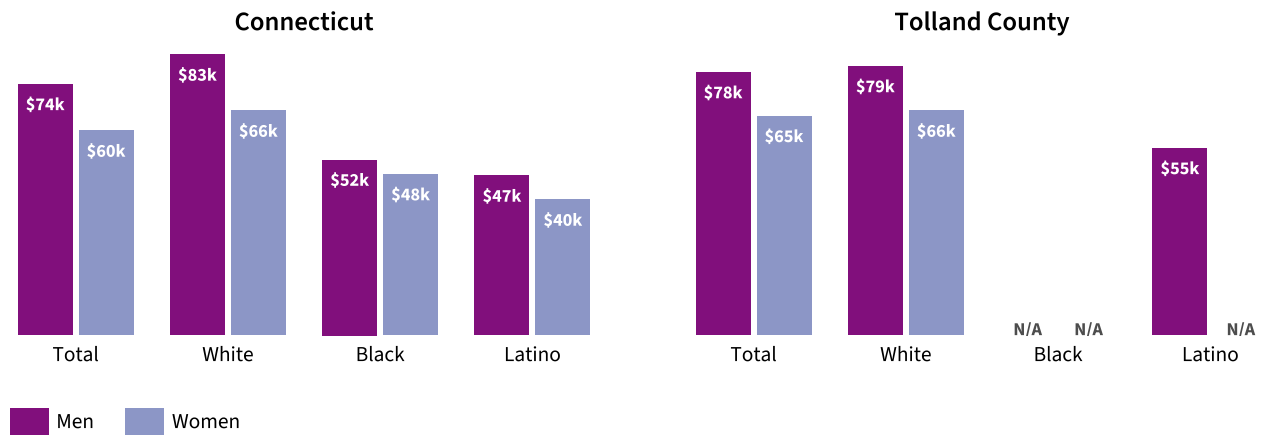
Nationwide, the onset of the pandemic led to a huge spike in unemployment rates, mirrored across Connecticut. At its peak in July 2020, Connecticut's unemployment rate was 12.0 percent. As of December 2022, unemployment rates statewide and in Stafford were 3.2 percent and 3.6 percent, respectively.

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



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

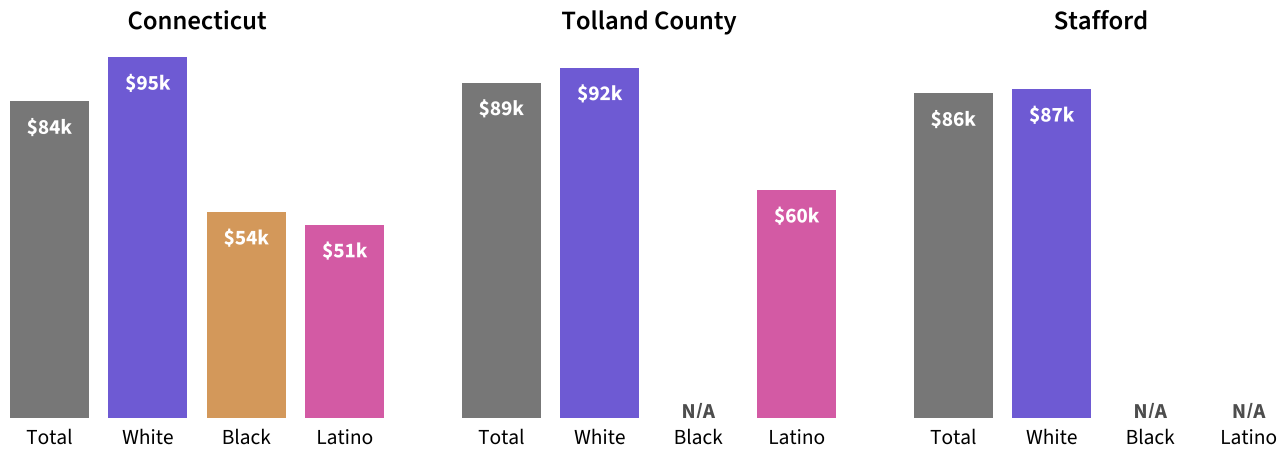
**FIGURE 11: MEDIAN INCOME BY RACE/ETHNICITY AND SEX FOR FULL-TIME WORKERS AGES 25 AND OVER WITH POSITIVE INCOME, 2021**



# INCOME & WEALTH

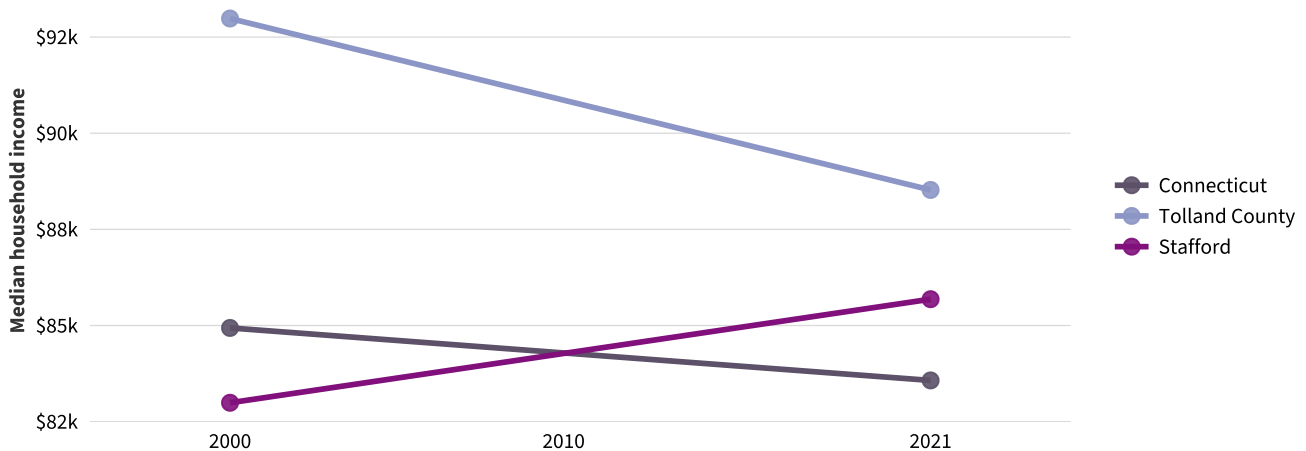
The median household income in Stafford is \$85,684, compared to \$83,572 statewide. Racial disparities in outcomes related to education, housing, employment, and wages result in disparate household-level incomes and overall wealth. Households led by Black or Latino adults generally average lower incomes than white households.

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



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

**FIGURE 13: MEDIAN HOUSEHOLD INCOME, 2000-2021, IN 2021 DOLLARS**



The Supplemental Nutritional Assistance Program (SNAP, or food stamps) is a program available to very low-income households earning less than 130 percent of the federal poverty guideline (\$26,500 for a family of four in 2021). Throughout the state, poverty and SNAP utilization rates are higher among Black and Latino households than white households.

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

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

**TABLE 7: SELECTED ECONOMIC RESOURCES BY RACE/ETHNICITY, 2021**

|  | Total   |       | White   |       | Black  |       | Latino  |       | Asian  |       |
|--|---------|-------|---------|-------|--------|-------|---------|-------|--------|-------|
|  | Count   | Share | Count   | Share | Count  | Share | Count   | Share | Count  | Share |
| <b>Population living below poverty level</b>         |         |       |         |       |        |       |         |       |        |       |
| Connecticut  | 351,476 | 10%   | 139,246 | 6%    | 64,472 | 17%   | 127,775 | 21%   | 14,134 | 9%    |
| Tolland County                                       | 13,138  | 10%   | 9,424   | 8%    | N/A    | N/A   | 1,492   | 18%   | 1,145  | 19%   |
| <b>Population without broadband internet at home</b> |         |       |         |       |        |       |         |       |        |       |
| Connecticut  | 269,234 | 8%    | 159,553 | 7%    | 38,465 | 10%   | 61,883  | 10%   | 5,334  | 3%    |
| Tolland County                                       | 8,146   | 6%    | 7,017   | 6%    | N/A    | N/A   | N/A     | N/A   | N/A    | N/A   |

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

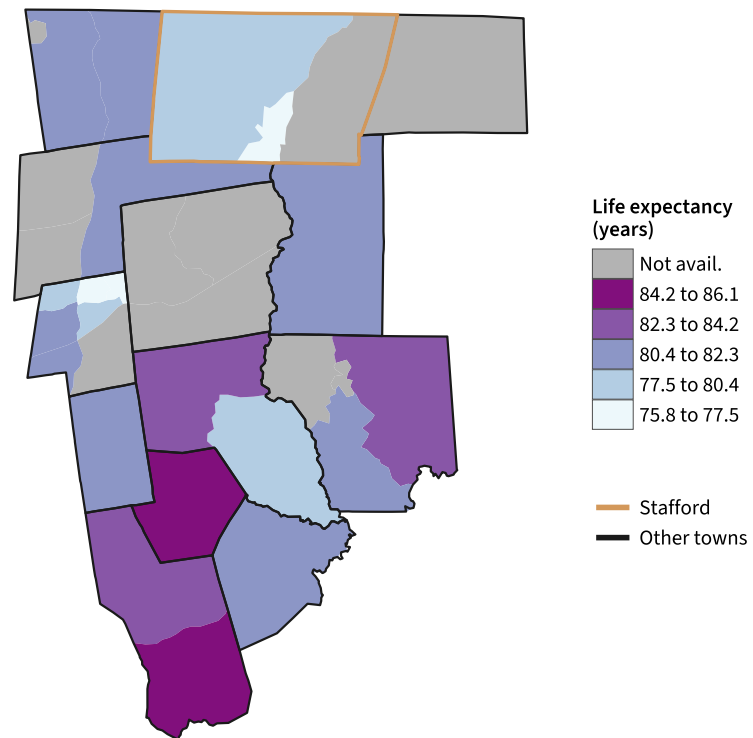
|  | Total   |       | White  |       | Black  |       | Latino |       | Asian |       |
|--|---------|-------|--------|-------|--------|-------|--------|-------|-------|-------|
|  | Count   | Share | Count  | Share | Count  | Share | Count  | Share | Count | Share |
| <b>Households receiving food stamps/SNAP</b> |         |       |        |       |        |       |        |       |       |       |
| Connecticut                                  | 160,416 | 11%   | 62,974 | 6%    | 34,132 | 24%   | 57,456 | 30%   | 3,501 | 6%    |
| Tolland County                               | 3,773   | 7%    | 2,576  | 5%    | N/A    | N/A   | N/A    | N/A   | N/A   | N/A   |
| <b>Households without a vehicle</b>          |         |       |        |       |        |       |        |       |       |       |
| Connecticut                                  | 118,174 | 8%    | 53,628 | 5%    | 25,802 | 19%   | 31,312 | 16%   | 4,728 | 9%    |
| Tolland County                               | 2,652   | 5%    | 2,015  | 4%    | N/A    | N/A   | N/A    | N/A   | N/A   | N/A   |

# HEALTH

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

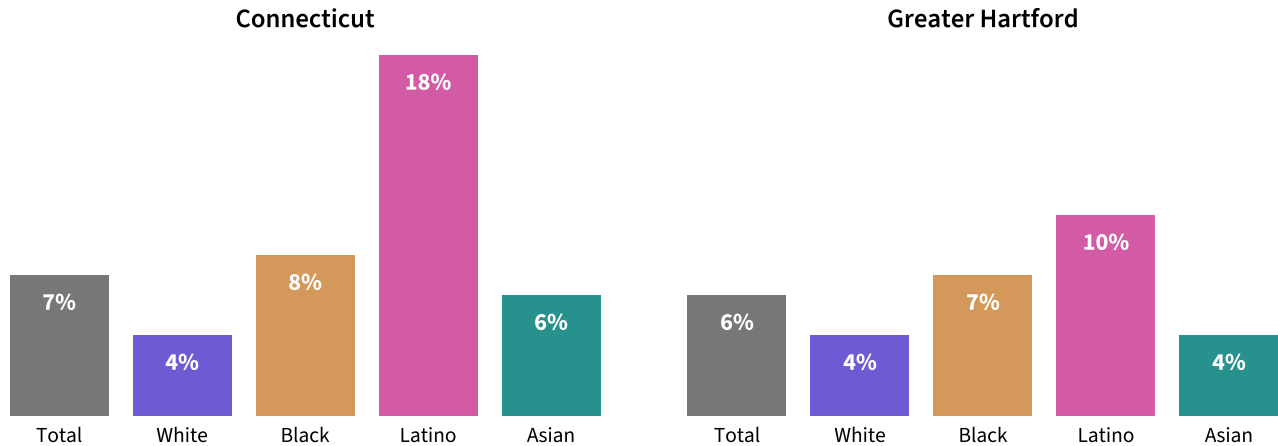
Life expectancy is a good proxy for overall health and well-being since it is the culmination of so many other social and health factors. The average life expectancy in Stafford is 78.0 years, compared to 81.1 years across Tolland County and 80.3 years statewide.

**FIGURE 14: LIFE EXPECTANCY, TOLLAND COUNTY BY CENSUS TRACT, 2015**



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

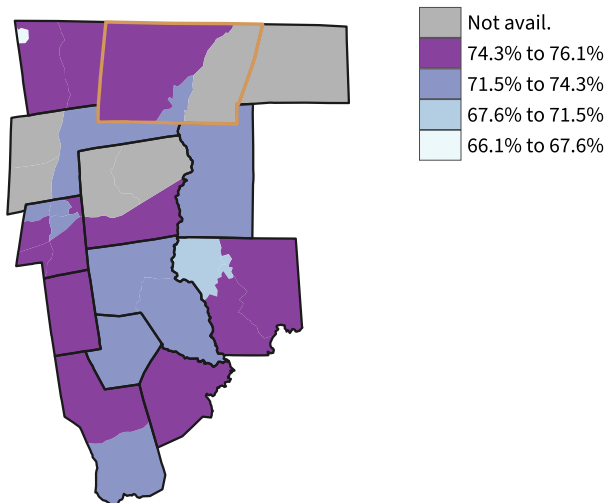
**FIGURE 15: UNINSURED RATE AMONG ADULTS AGES 19–64 BY RACE/ETHNICITY, 2021**



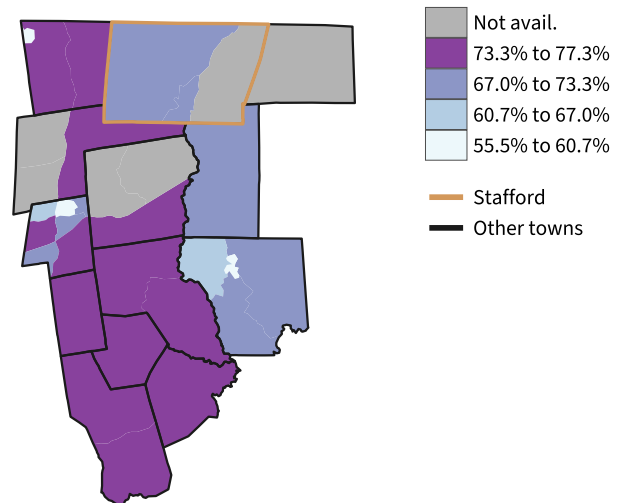
Preventive care can help counteract economic disadvantages, as a person's health can be improved by addressing risk factors like hypertension and chronic stress early. Lack of affordable, accessible, and consistent medical care can lead to residents relying on expensive emergency room visits later on. Overall, 74 percent of the adults in Stafford had an annual checkup as of 2020, and 70 percent had had a dental visit in the past year.

**FIGURE 16: PREVENTIVE CARE MEASURES, SHARE OF ADULTS BY CENSUS TRACT, TOLLAND COUNTY**

**Annual checkup, 2020**

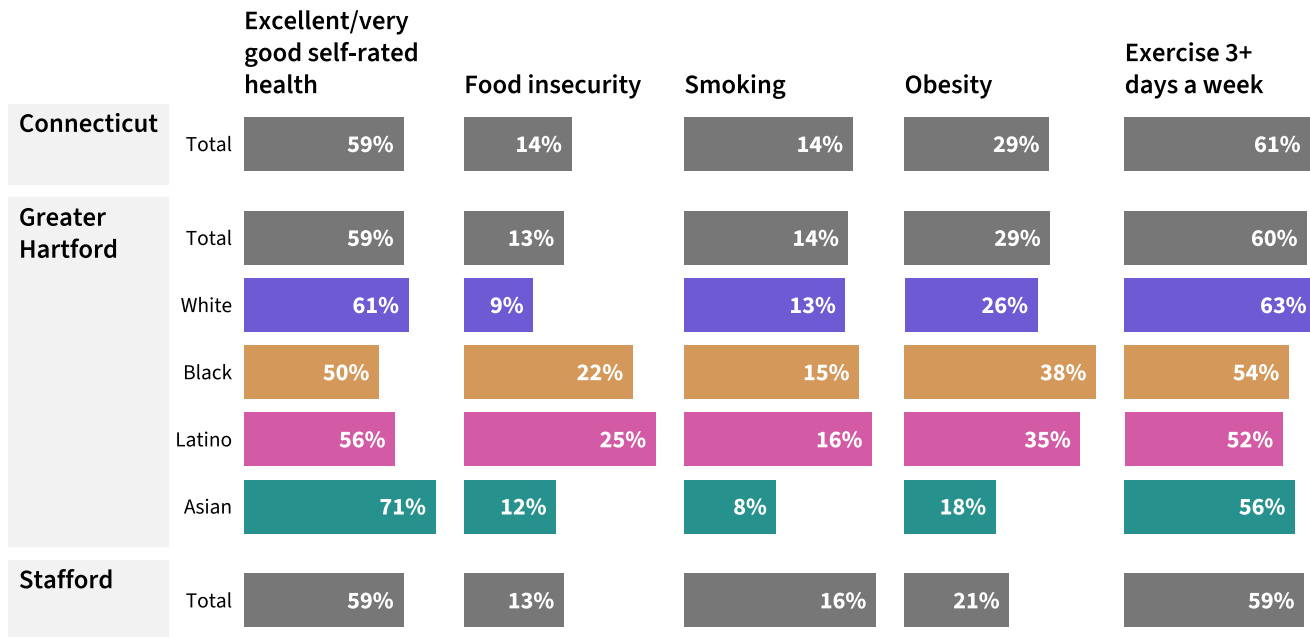


**Dental visit in past year, 2020**

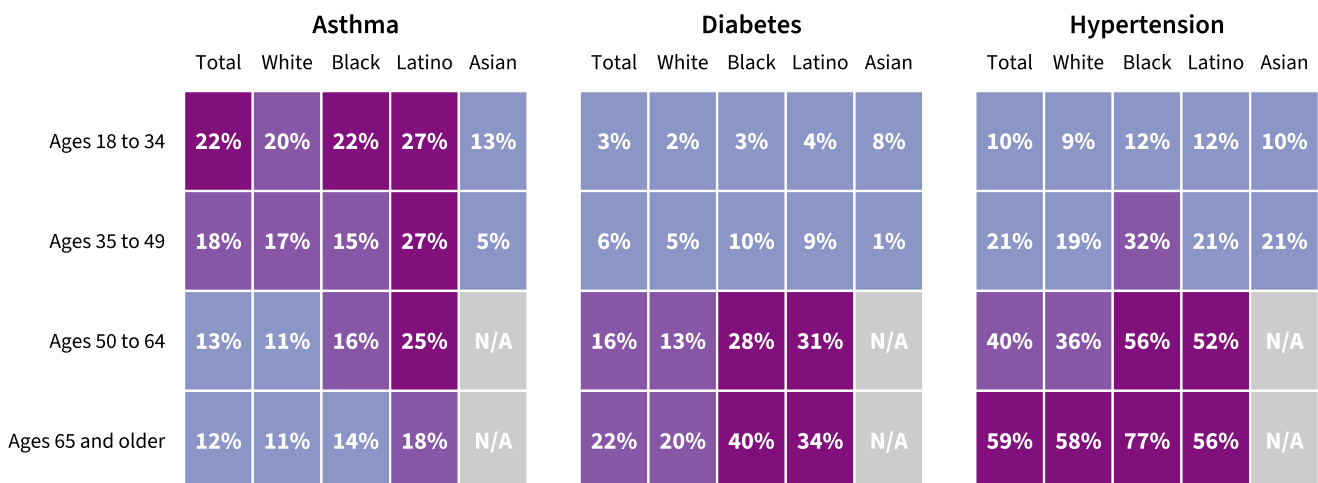


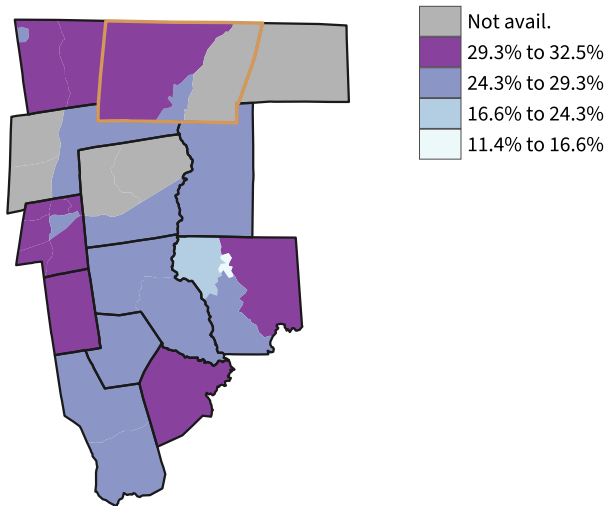
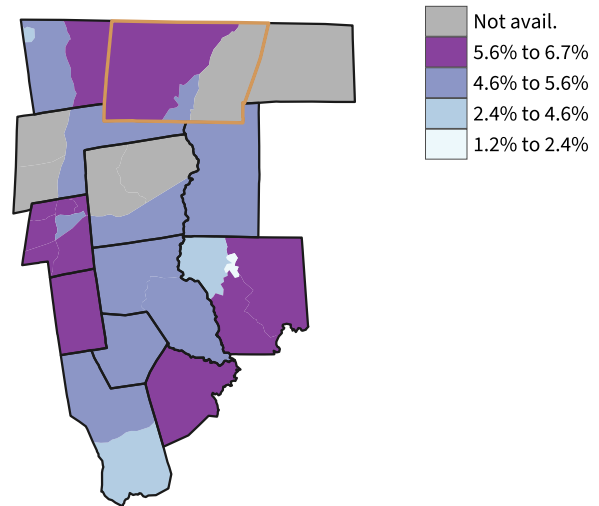
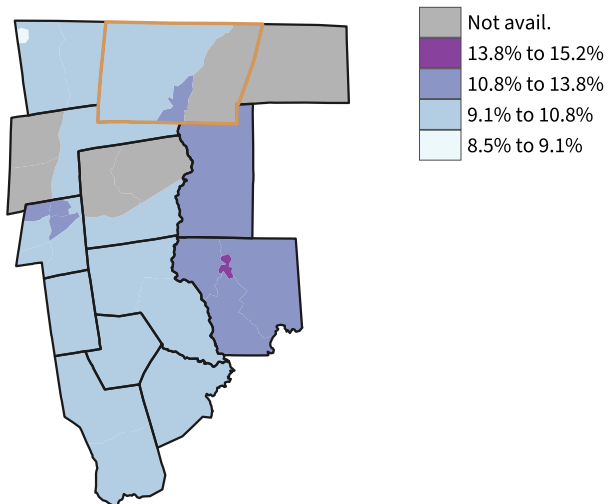
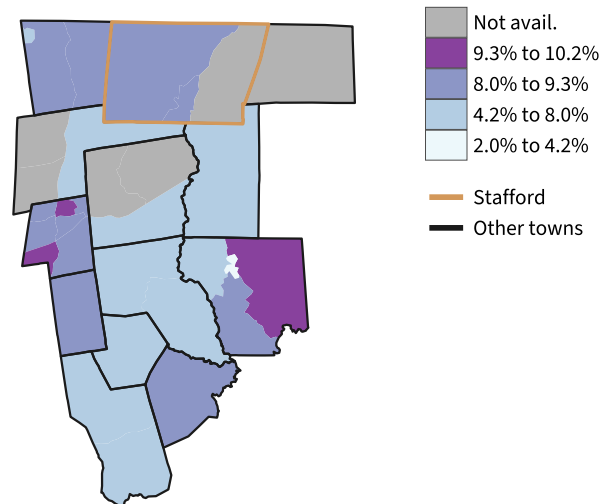
Throughout the state, people of color face greater rates and earlier onset of many chronic diseases and risk factors, particularly those that are linked to socioeconomic status and access to resources. For example, diabetes is much more common among older adults than younger ones, yet middle-aged Black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

**FIGURE 17: SELECTED HEALTH RISK FACTORS, SHARE OF ADULTS, 2015–2021**



**FIGURE 18: SELECTED HEALTH INDICATORS BY AGE AND RACE/ETHNICITY, SHARE OF ADULTS, GREATER HARTFORD, 2015–2021**



**FIGURE 19: CHRONIC DISEASE PREVALENCE, SHARE OF ADULTS BY CENSUS TRACT, TOLLAND COUNTY****High blood pressure, 2019****Coronary heart disease, 2020****Current asthma, 2020****Diabetes, 2020**

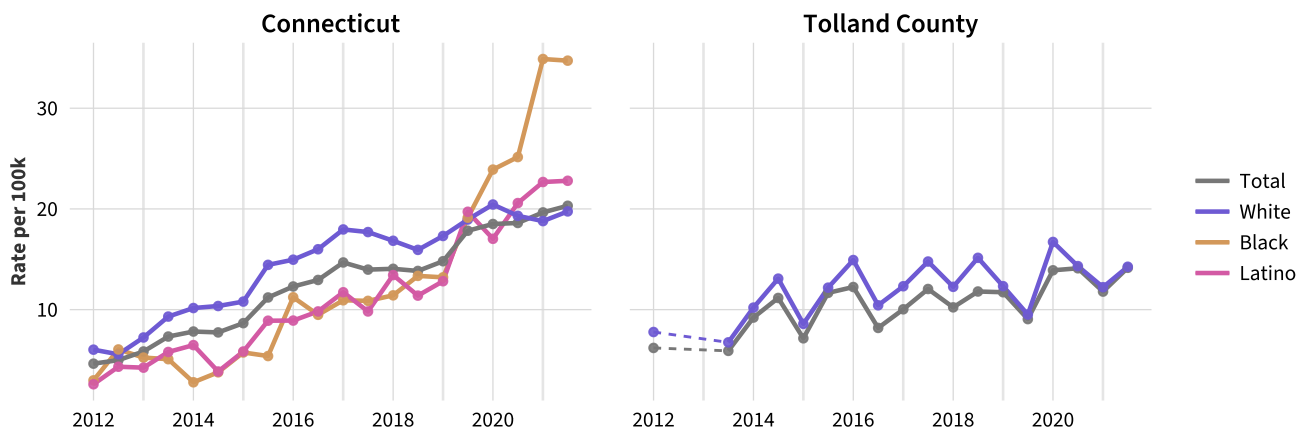
Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems as well, including by complicating a person's ability to keep up other aspects of their health care. People of color are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 11 percent of Stafford adults report experiencing anxiety regularly and 14 percent report being bothered by depression.

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

|                               | Total | White | Black | Latino | Asian |
|-------------------------------|-------|-------|-------|--------|-------|
| <b>Experiencing anxiety</b>   |       |       |       |        |       |
| Connecticut                   | 13%   | 11%   | 15%   | 19%    | 15%   |
| Greater Hartford              | 13%   | 10%   | 16%   | 20%    | 18%   |
| Stafford                      | 11%   | 11%   | N/A   | N/A    | N/A   |
| <b>Bothered by depression</b> |       |       |       |        |       |
| Connecticut                   | 9%    | 8%    | 10%   | 14%    | 9%    |
| Greater Hartford              | 9%    | 8%    | 11%   | 14%    | 7%    |
| Stafford                      | 14%   | 16%   | N/A   | N/A    | N/A   |

Like other states, Connecticut has seen a rise in drug overdose deaths in the last several years. In 2021, Connecticut saw an average of 122 overdose deaths per month, up from 59 in 2015. White residents long comprised the bulk of these deaths, but as overall overdose death rates have increased, an increasing share of those deaths have been people of color.

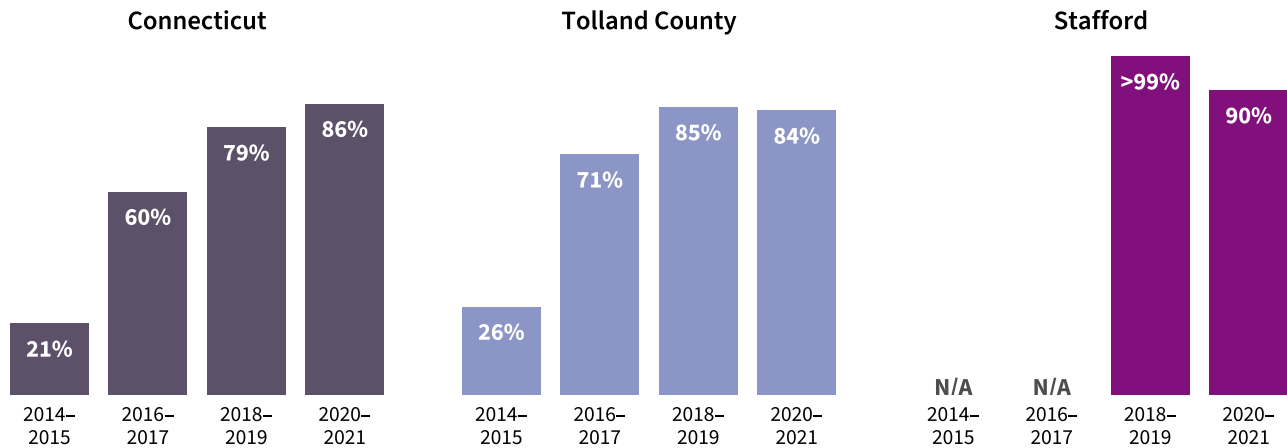
**FIGURE 20: AGE-ADJUSTED SEMI-ANNUAL RATES OF DRUG OVERDOSE DEATHS PER 100,000 RESIDENTS BY RACE/ETHNICITY, 2012–2021**



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

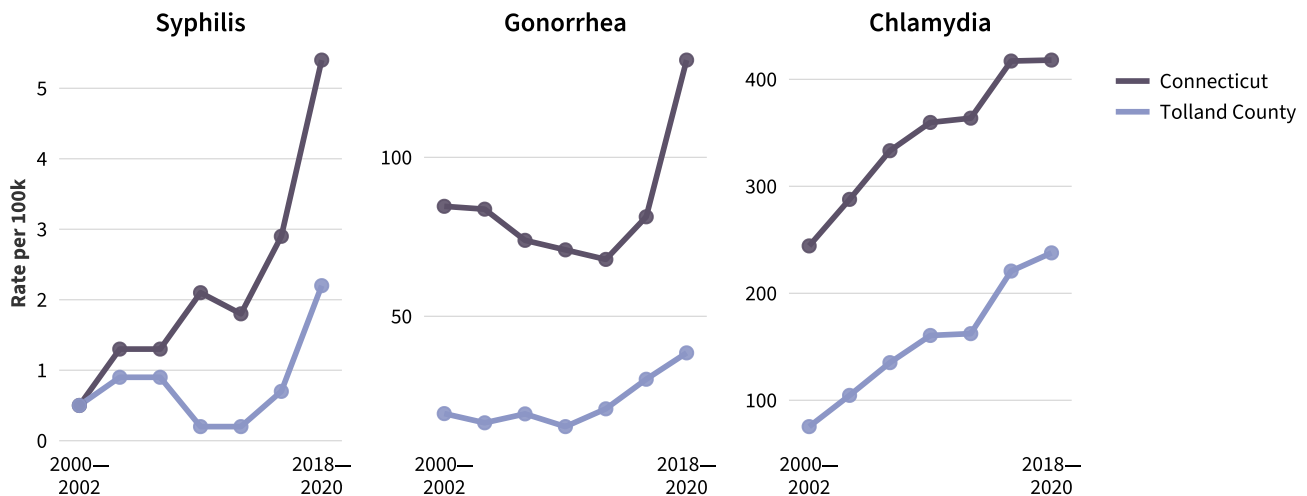
The introduction and spread of fentanyl in drugs—both with and without users’ knowledge—is thought to have contributed to this steep rise in overdoses. In 2016 and 2017, 71 percent of the drug overdose deaths in Tolland County involved fentanyl; in 2020 and 2021, this share was 84 percent.

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



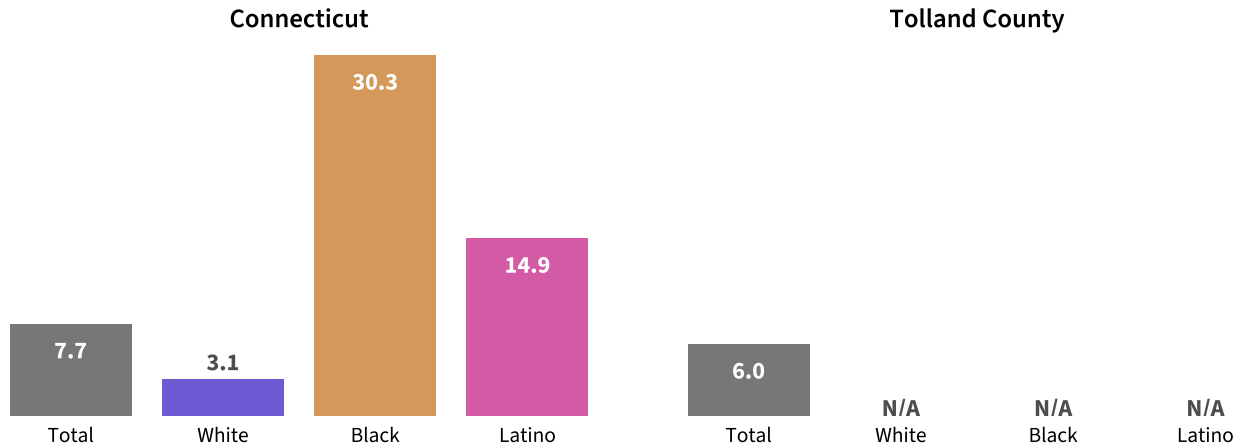
Sexually transmitted infections (STIs) can have long-term implications for health, including reproductive health problems and certain cancers, and can increase the risk of acquiring and transmitting diseases such as HIV and hepatitis C. Following nationwide trends, Connecticut has seen increases in the rates of STIs like chlamydia and gonorrhea over the past two decades. Between 2018 and 2020, Tolland County had annual average case rates of 238 new cases of chlamydia per 100,000 residents, 38 cases of gonorrhea per 100,000, and 2.2 cases of syphilis per 100,000.

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



As with many other diseases, Connecticut's Black and Latino residents face a higher burden of HIV rates. Statewide between 2016 and 2020, Black residents ages 13 and up were nearly 10 times more likely to be diagnosed with HIV than white residents.

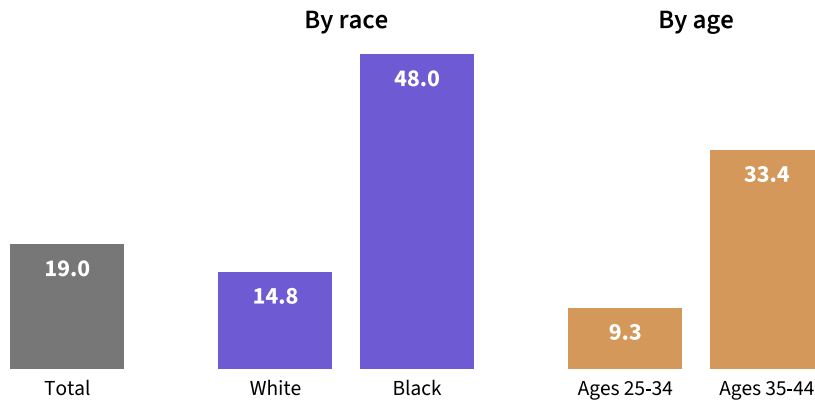
**FIGURE 23: ANNUALIZED AVERAGE RATE OF NEW HIV DIAGNOSES PER 100,000 RESIDENTS AGES 13 AND OVER, 2016–2020**



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

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

| Area                                  | Total | White | Black | Latina           |              |              | Asian |
|---------------------------------------|-------|-------|-------|------------------|--------------|--------------|-------|
|                                       |       |       |       | Latina (overall) | Puerto Rican | Other Latina |       |
| Late or no prenatal care              |       |       |       |                  |              |              |       |
| Connecticut                           | 3.4%  | 2.5%  | 5.2%  | 4.4%             | 3.0%         | 5.6%         | 3.4%  |
| Tolland County                        | 2.1%  | 1.8%  | 6.0%  | 2.4%             | N/A          | N/A          | 3.0%  |
| Low birthweight                       |       |       |       |                  |              |              |       |
| Connecticut                           | 7.9%  | 6.4%  | 12.4% | 8.4%             | 10.0%        | 7.0%         | 9.0%  |
| Tolland County                        | 7.5%  | 7.0%  | 11.5% | 9.7%             | 8.9%         | 10.9%        | 7.7%  |
| Infant mortality (per 1k live births) |       |       |       |                  |              |              |       |
| Connecticut                           | 4.5   | 3.0   | 9.1   | 5.4              | N/A          | N/A          | N/A   |
| Tolland County                        | 3.1   | 3.1   | N/A   | N/A              | N/A          | N/A          | N/A   |

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

Children under 7 years old are monitored annually for potential lead poisoning, based on having blood-lead levels in excess of the state’s accepted threshold. Between 2018 and 2020, 2.6 percent of children tested in Stafford were found to have elevated lead levels. Children living in homes built before 1960 are at a higher risk of potential lead poisoning due to the more widespread use of lead-based paints in older homes. Black and Latino households are more likely to live in structures built before 1960.

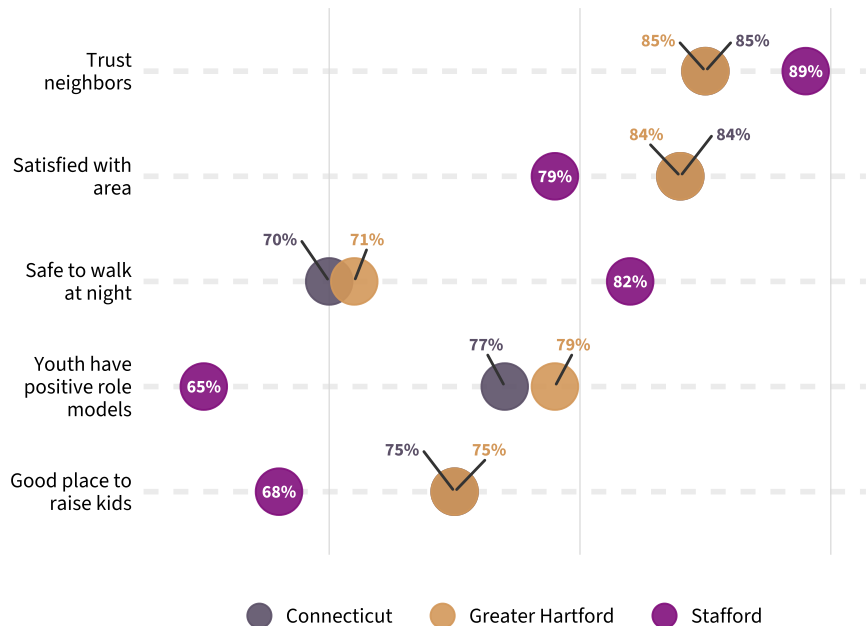
**TABLE 11: HOUSEHOLDS LIVING IN STRUCTURES BUILT BEFORE 1960 BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021**

| Area           | Total   |       | White   |       | Black  |       | Latino |       | Asian  |       | Other race |       |
|----------------|---------|-------|---------|-------|--------|-------|--------|-------|--------|-------|------------|-------|
|                | Count   | Share | Count   | Share | Count  | Share | Count  | Share | Count  | Share | Count      | Share |
| Connecticut    | 579,568 | 41%   | 390,197 | 40%   | 64,854 | 49%   | 95,979 | 50%   | 14,732 | 27%   | 14,953     | 42%   |
| Tolland County | 16,542  | 29%   | 14,416  | 29%   | N/A    | N/A   | 998    | 35%   | N/A    | N/A   | 524        | 40%   |
| Stafford       | 2,213   | 47%   | N/A     | N/A   | N/A    | N/A   | N/A    | N/A   | N/A    | N/A   | N/A        | N/A   |

## CIVIC LIFE & COMMUNITY COHESION

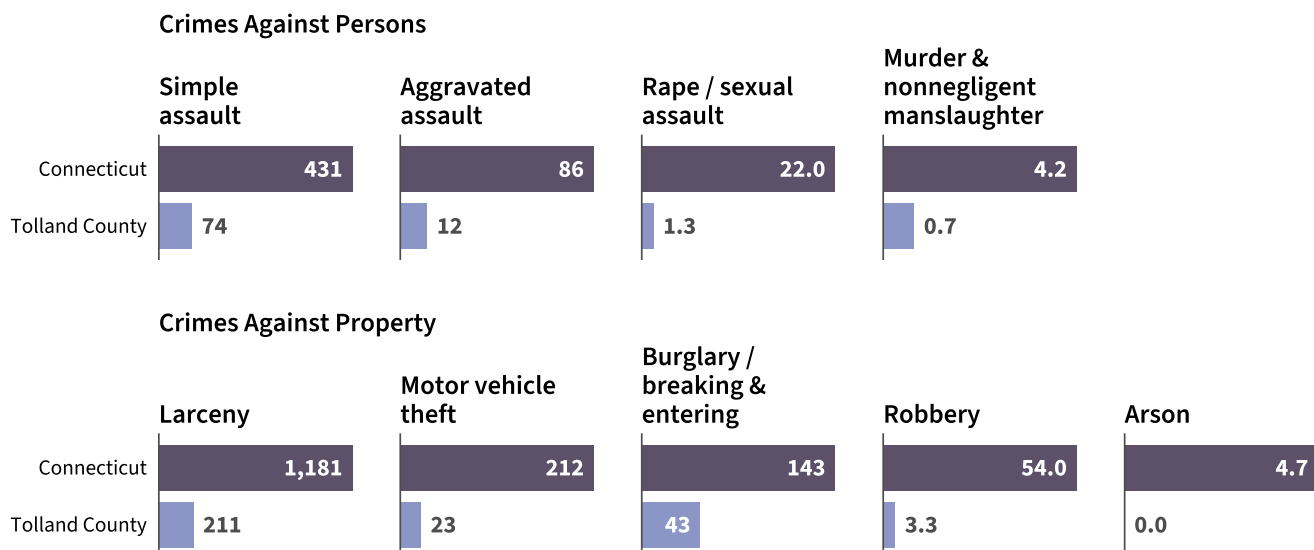
Beyond individual health, several measures from the DataHaven Community Wellbeing Survey show how local adults feel about the health of their neighborhoods. High quality of life and community cohesion can positively impact resident well-being through the availability of resources, sense of safety, and participation in civic life. For example, adults who see the availability of role models in their community may enroll their children in extracurricular activities that benefit them educationally and socially; residents who know and trust their neighbors may find greater social support. Overall, 79 percent of Stafford adults report being satisfied with the area where they live.

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



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

**FIGURE 26: GROUP A CRIME RATES PER 100,000 RESIDENTS BY TOWN / JURISDICTION, 2021**



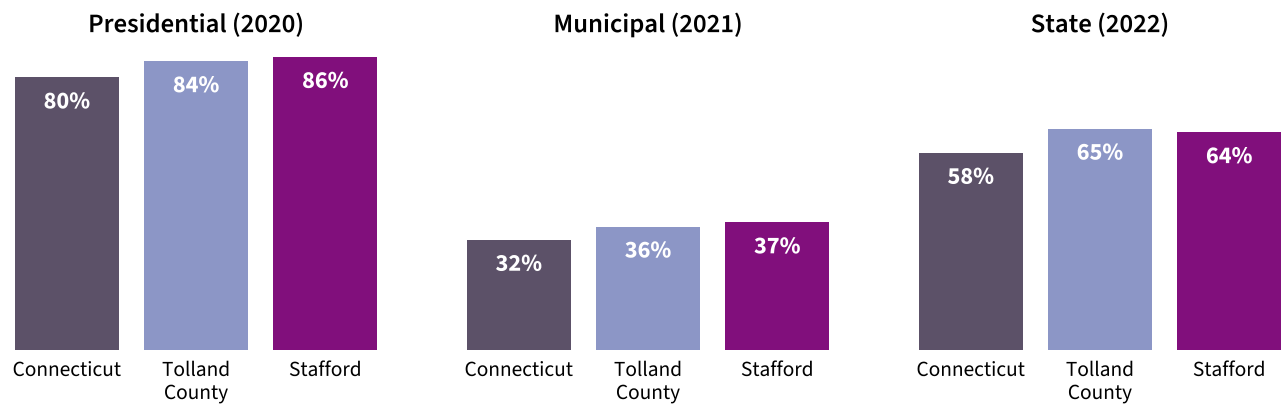
A lack of trust in and engagement with local government and experiences of unfair treatment by authorities can impair community well-being and cohesion. Forty-two percent of adults in Stafford feel their local government is responsive to residents' needs, compared to 53 percent of Connecticut adults.

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

| Area             | Local govt is responsive | Have some influence over local govt |
|------------------|--------------------------|-------------------------------------|
| Connecticut      | 53%                      | 67%                                 |
| Greater Hartford | 53%                      | 68%                                 |
| Stafford         | 42%                      | 70%                                 |

Eighty-six percent of Stafford's eligible voters, or 6,481 people, voted in the 2020 presidential election, and 64 percent (4,801 people) voted in the 2022 state election.

**FIGURE 27: REGISTERED VOTER TURNOUT, 2020–2022**

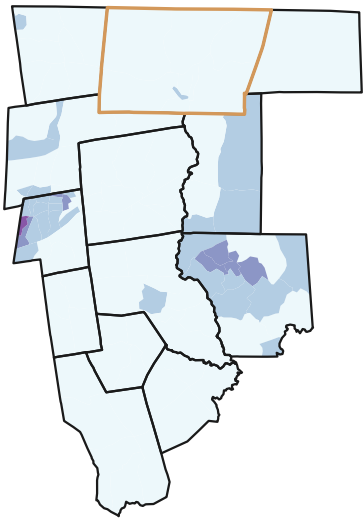


# ENVIRONMENT & SUSTAINABILITY

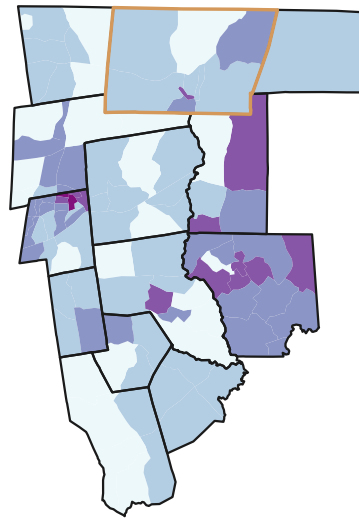
Many environmental factors—from access to outdoor resources to tree canopy to exposure to pollutants—can have direct impacts on residents’ health and quality of life. Environmental justice is the idea that these factors of built and natural environments follow familiar patterns of socioeconomic disparities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

**FIGURE 28: EPA ENVIRONMENTAL JUSTICE INDEX BY BLOCK GROUP, TOLLAND COUNTY**

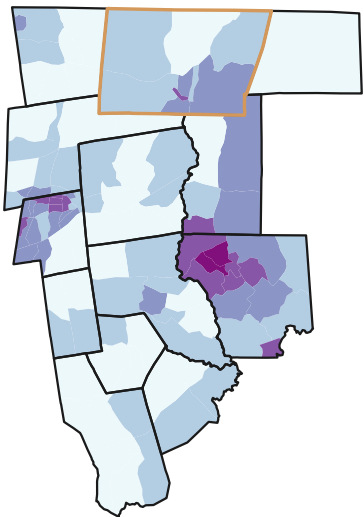
**Air toxics cancer risk**



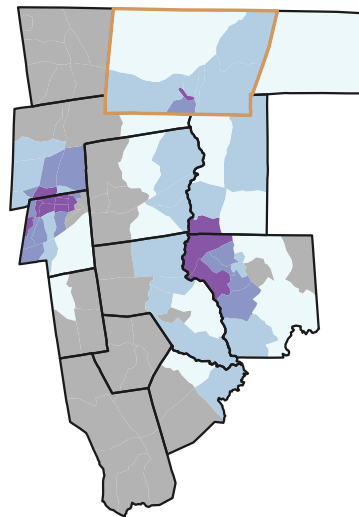
**Lead paint exposure**



**Hazardous waste proximity**



**Wastewater discharge**

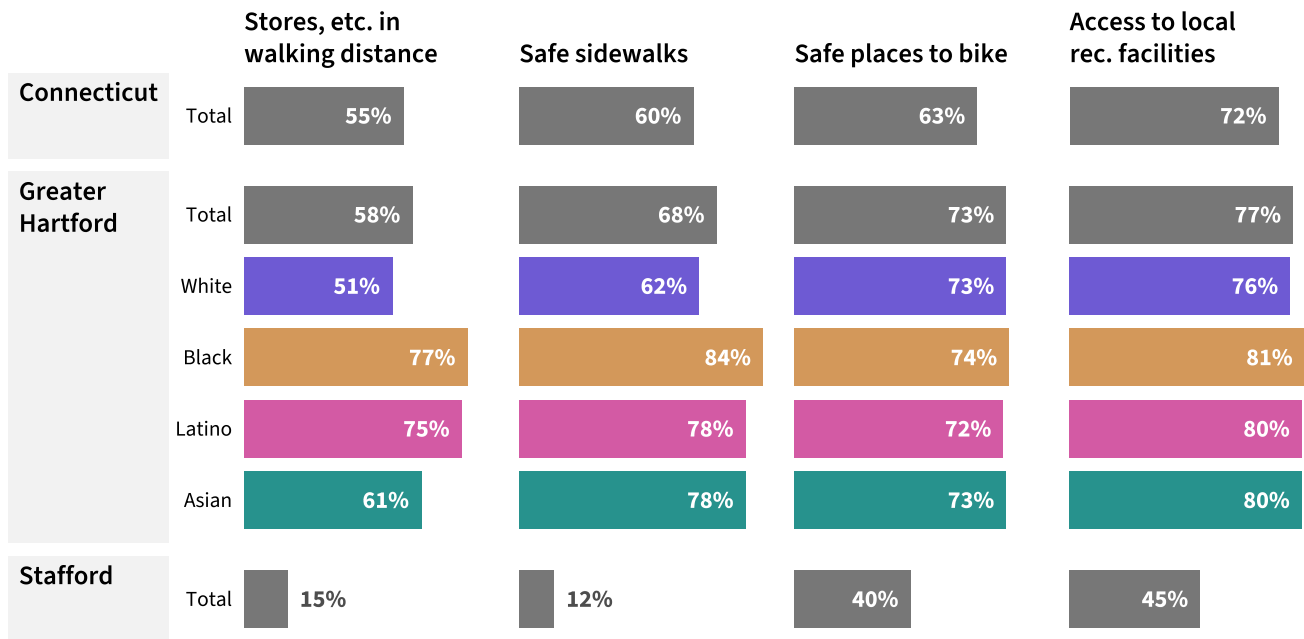


Not avail.  
High risk  
Avg. risk  
Low risk

Stafford  
Other towns

High-quality built environment resources, such as recreational facilities and safe sidewalks, help keep residents active and bring communities together. Walkable neighborhoods may also encourage decreased reliance on cars. Throughout Connecticut, Black and Latino residents are largely concentrated in denser urban areas which tend to offer greater walkability. Of adults in Stafford, 15 percent report having stores, banks, and other locations they need in walking distance, lower than the share of adults statewide.

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



# NOTES

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

**Table 1. About the area.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates. Available at <https://data.census.gov>; US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data. Available at <https://www.census.gov/programs-surveys/decennial-census/about/rdo.html>; PLACES Project. Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/places>; and National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>. Note that for the sake of privacy, the Census Bureau suppresses any income values above \$250,000 in their tables; any such values not calculated by DataHaven will be shown as \$250,000+.

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

**Figure 2. Population by race/ethnicity and age group, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

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

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

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

**Table 4. Homeownership rate by race/ethnicity of head of household, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

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

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

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

**Figure 7. Public K–12 student enrollment by race/ethnicity per 100 students, 2022–23.** DataHaven analysis (2023) of enrollment data from the Connecticut State Department of Education, accessed via EdSight at <http://edsight.ct.gov>. At the school district level, not all groups may be shown due to CTSDE data suppression rules for small enrollment counts, even though they may represent more than 1% of the school district population.

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

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

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

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

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

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

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

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

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

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

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

**Figure 15. Uninsured rate among adults ages 19–64 by race/ethnicity, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

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

**Figure 17. Selected health risk factors, share of adults, 2015–2021.** DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey. Available at <https://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 18. Selected health indicators by age and race/ethnicity, share of adults, Greater Hartford, 2015–2021.** DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

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

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

**Figure 20. Age-adjusted semi-annual rates of drug overdose deaths per 100,000 residents by race/ethnicity, 2012–2021.** DataHaven analysis (2023) of Accidental Drug Related Deaths. Connecticut Office of the Chief Medical Examiner. Available at <https://data.ct.gov/resource/rybz-nyjw>. Rates are weighted with the U.S. Centers for Disease Control and Prevention (CDC) 2000 U.S. Standard Population 18 age group weights available at <https://seer.cancer.gov/stdpopulations>

**Figure 21. Share of drug overdose deaths involving fentanyl, 2012–2021.** DataHaven analysis (2023) of Accidental Drug Related Deaths. Connecticut Office of the Chief Medical Examiner.

**Figure 22. Annualized average rates of new cases of selected sexually transmitted infections per 100,000 residents, 2000–2020.** DataHaven analysis (2023) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2019. <https://www.cdc.gov/nchhstp/atlas/index.htm>

**Figure 23. Annualized average rate of new HIV diagnoses per 100,000 residents ages 13 and over, 2016–2020.** DataHaven analysis (2023) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus.

**Table 11. Selected birth outcomes by race/ethnicity of parent giving birth, 2017–2021.** DataHaven analysis (2023) of data from the Connecticut Department of Public Health Vital Statistics. Retrieved from <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hsrhome/Vital-Statistics-Registration-Reports>

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

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

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

**Figure 26. Group A crime rates per 100,000 residents by town / jurisdiction, 2021.** DataHaven analysis (2023) of 2021 Crime in Connecticut Overview By Town. Connecticut Department of Emergency Services and Public Protection. Available at <https://portal.ct.gov/DESPP/Division-of-State-Police/Crimes-Analysis-Unit/Crimes-Analysis-Unit>. Group A crimes under the FBI’s National Incident Based Reporting System are categorized into crimes against persons, crimes against property, and crimes against society. The first two of these, shown here, are similar to the Part I Offenses of the previous reporting system and shown in older reports.

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

**Figure 27. Registered voter turnout, 2020–2022.** DataHaven analysis (2023) of data from the Connecticut Office of the Secretary of the State Elections Management System. Available at <https://ctemspublic.pcctg.net>

**Figure 28. EPA Environmental Justice Index by block group, Tolland County.** United States Environmental Protection Agency. 2022 version. EJSCREEN. Retrieved from <https://www.epa.gov/ejscreen>

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

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

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## ABOUT DATAHAVEN

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

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