

**Connecticut Institute For Communities, Inc.
Greater Danbury/Northern Fairfield County
Community Needs Assessment
August 2023**



**Connecticut Institute For Communities, Inc.
Greater Danbury/Northern Fairfield County
Community Needs Assessment Update and Key Highlights**

A full understanding of the economic, educational, and social circumstances of a community is critical if an organization is to properly respond to the needs of that community.

CIFC dedicates time and other resources to this Community Needs Assessment (CNA) effort to identify and assess the strengths, needs, and trends in our region that significantly influence the design and implementation of CIFC programs and services. CIFC's CNA compiles data from numerous local, state, and federal resources, paying close attention to the socio-economic and cultural characteristics that drive the need for CIFC's programs and services, particularly CIFC's Head Start of Northern Fairfield County (HSNFC) and CIFC Health (CIFC's Federally Qualified Health Center), with specific attention to: 1) demographic and socio-economic trends related to children and families; 2) the overall health and wellness of the region's residents; and 3) conditions and factors that could place them at risk. CIFC also reviews these needs in light of its other programs, including its housing management services and the Danbury Community Center.

CIFC primarily serves individuals from: the city of Danbury and the municipalities of Bethel, Brookfield, Bridgewater, Ridgefield, Redding, Sherman, New Fairfield, New Milford, and Newtown (which includes the village of Sandy Hook). These communities are collectively referred to as the Housatonic Valley Region (HVR). CIFC's Head Start/Early Head Start service area focuses on these same communities, except for Bridgewater and New Milford, which are in a neighboring Head Start service area. In July 2018, CIFC began serving the residents in Greater Norwalk with the sponsorship of the Greater Norwalk Head Start. The needs of the Greater Norwalk area communities are explored in a separate needs assessment.

The data in this community needs assessment continues to show stark socio-economic divides, which have no doubt been impacted by the lingering effects of the COVID pandemic as well as resulting inflation and other factors, such as changing community demographics.

Outside Factors and New Trends

State Budget

The State of Connecticut's FY 24-25 budget, which runs from July 1, 2023 to June 30, 2025, is a \$51 billion Bipartisan Budget that resulted in increased spending by 3.8% in FY24 and by 3.5% in FY25 and cut income taxes by \$185.6 million in FY24 and \$412 million in FY 25. The legislature continued to place a large focus on tax relief and significant payments to the states unfunded pension fund. The tax plan also continued the Earned Income Tax Credit at 41.5% of the federal EITC and exempts all pension and annuity earnings from the state income tax.

The legislature approved \$32 million in funding for FQHCs in FY24. This "gap" funding will aid the health centers while DSS processes requests for rate increases. The legislature also appropriated \$1 million in FY24 and \$2 million in FY25 to study provider Medicaid increases and expanded Medicaid coverage for children under 15 years of age. School-Based Health Center funding remained stable while the expansion of both Comprehensive School Based Health Centers and Behavioral Health Centers for areas of the state most in need continues with funding that was approved in the 2022 legislative

session.

The budget also increased funding for childcare subsidies, especially in the Birth to Three Program and Care 4 Kids program for low-income families. Funding has also increased in the human service sector, with an additional \$53 million per year for cost-of-living adjustment (COLA) increases to private providers. The legislature also approved \$150 million in funding for education for all public schools, including charters and magnets.

Inflation

2021-2022 were marked by periods of consistent high inflation due to the combination of various economic factors from around the globe including pent up demand for consumer products, supply chain constraints, and international tensions in Eurasia affecting fuel prices. In 2022, inflation reached a peak of around 9% for a 12 month period.¹ While prices increased across the board, the highest inflation was seen in the energy sector where the energy index increased 25.6% and the cost of gasoline rose by 38%.² Energy directly hits the most vulnerable the hardest as they are forced to make more tough choices to account for the extra \$1,500-\$2,000 dollars on average that they are spending over the course of a year.³ Rent, another primary driver affecting vulnerable populations saw an 18% jump over 18 months between 2021 and 2022.⁴

The FED has acted decisively to increase interest rates in hopes of quelling inflation, and there is evidence to suggest that it has worked. Headline inflation was down to 3.0% in June 2023 and gas prices are still decently below the previous high.⁵ Rent has continued to increase, but it is climbing at a much slower pace than it did immediately following the end of the lockdowns.⁶ Unfortunately, while inflation has slowed, many of the vulnerable people in the Danbury community continue to struggle with the prices that increased last year, even if further increases have slowed.

As an organization, CIFIC is vulnerable to inflationary pressures as well. Inflation has put CIFIC's employees under financial strain at home, and the grant-based funding structure of the organization makes it hard to make wages keep pace. Additionally, the cost of many of the services that CIFIC contracts as well as basic supplies and energy costs have increased dramatically. As employees seek out the increased income to account for inflation, CIFIC may struggle to find the funds to remain competitive and continue to provide services at the current level without additional revenue and an increase in philanthropic support from the community.

Workforce Trends

The beginning of August 2023 was accompanied by a number of headlines declaring an end to "The Great Resignation" of 2021 and 2022 that saw 97 million people in the United States leave their jobs, with some older employees choosing to exit the workforce altogether.⁷ Some studies have hinted that this slowdown in resignations back to more normal levels has multiple

¹ NPR | [Data show inflation is high, but do CT consumers still have faith in the economy? | Connecticut Public \(ctpublic.org\)](#)

² NPR | [Data show inflation is high, but do CT consumers still have faith in the economy? | Connecticut Public \(ctpublic.org\)](#)

³ NPR | [Data show inflation is high, but do CT consumers still have faith in the economy? | Connecticut Public \(ctpublic.org\)](#)

⁴ CT Insider | [Why rent has risen sharply in Connecticut the past 18 months \(ctinsider.com\)](#)

⁵ NPR | [Here's where inflation stands today — and why it's raising hope about the economy | Connecticut Public \(ctpublic.org\)](#)

⁶ NPR | [Here's where inflation stands today — and why it's raising hope about the economy | Connecticut Public \(ctpublic.org\)](#)

⁷ BBC | [The Great Resignation is 'over'. What does that mean? - BBC Worklife](#)

root causes, but there are two primary influences outside of general economic trends that have affected this rate. Many of the individuals that resigned from one employer sought a career change that they are now enjoying; having taken advantage of the labor market to explore the options that better fit their needs, interests, and lifestyle. Additionally, many employers, upon recognizing that happy employees rarely resign en masse, prioritized engagement and employee satisfaction with a variety of initiatives that appear to be working.⁸

The childcare sector workforce was hit especially hard by COVID, with 7.5% of those who had been working prior to 2020 choosing to retire or leave the profession.⁷ Many individuals choose not to pursue a career in early childcare because workers are among the lowest paid professionals in the country, with many living in poverty.⁸ Within the profession, this can place extra emphasis on small pay differences between centers, making it harder to staff classrooms in Head Start without more resources to keep up with private centers that raise prices to increase revenue. CIFIC has also worked to create our own work

CIFIC and CIFIC Health have seen trends in our own employment numbers that generally match the resignation slowdown at the national level, with overall turnover rates down. Unlike at the national level, however, where engagement is down, CIFIC's employee engagement is up across the board, according to CIFIC's 2023 Gallup engagement survey of its workforce. Although CIFIC is often unable to match the salary level of many private practices and for-profit care centers or offer the same or complete "work from home" flexibilities due to the service nature of our organization, efforts to reform CIFIC to make it a "top Place to Work" and increase employee satisfaction through increased communication and engagement are already reaping benefits.

However, finding quality individuals to fill vacancies in workforce by encouraging parents to continue their education and work for CIFIC Early Learning Programs.

Recruiting and hiring top talent is difficult when you can't offer the level of salary or flexibility to make up the difference that many employees are beginning to demand. Recent surveys show that "work from home" flexibility is worth upwards of 8% in salary to employees.⁹ Many prospective employees are recognizing their power amid a historically low 3.5% unemployment rate that has encouraged them to seek employment that meets their demands, even as many of the top companies are beginning to sunset the flexible "work from home" policies of the COVID era.¹⁰ as also been perceived as being harder post-COVID with 40% of employers reporting that "Gen-Z" employees, especially those from the graduating classes of 2020-2023, lack the necessary work traits that employers are looking for. Specifically, employers called out troubling trends in "work ethic" and a lack of "professional communication" as the core issues.¹¹ While these deficiencies are subjective, these potential points of contention will require CIFIC and CIFIC Health, like all employers, to be more aware of the potential for these conflicts to grow and disrupt the positive trends from the previous year.

Community Strengths

The Danbury area is set in the picturesque hills of inland western Connecticut. It has a diverse population, ranking 4th among the most diverse small cities in the USA.¹² This diversity helps to create a multicultural atmosphere, where many languages are spoken by citizens with backgrounds from across the world. It boasts 22 parks, 1644 acres of open land, Richter Park's

⁸ BBC | [The Great Resignation is 'over'. What does that mean? - BBC Worklife](#)

⁹ Business Insider | [Employees View Work From Home Perks As Good As 8% Raises \(businessinsider.com\)](#)

¹⁰ Business Insider | [Employees View Work From Home Perks As Good As 8% Raises \(businessinsider.com\)](#)

¹¹ CBS News | [Survey: 4 in 10 business leaders say recent college grads not ready for workforce - CBS Miami \(cbsnews.com\)](#)

¹² City of Danbury, [Cultural Centers - City Of Danbury \(danbury-ct.gov\)](#)

renowned golf course, and access to Candlewood Lake boating and public beaches.¹³ It has excellent commuter access to New York City, nearby Brewster Metro-North Station, and strong local transportation options, which make it a hub for surrounding towns. The most commuter-friendly town in the area, Danbury draws people to come to work and shop as well. It has a Mayor and City Council form of government, whereas nearby towns use the Board of Selectmen and Town Meeting form.

Danbury has been named the most livable city in Connecticut multiple times since 2015 and in 2023, Danbury was once again named one of the top 100 most livable cities in the entire country.¹⁴

Demographics

According to the 2020 US Census, Danbury has a population of 86,759 people.¹⁵ The Greater Danbury Area consists of 10 towns: Danbury, Bethel, Bridgewater, Brookfield, New Fairfield, New Milford, Newtown (which includes Sandy Hook), Redding and Sherman, which hold a combined population of about 227,000.¹⁶

Danbury’s population is the youngest among municipalities in the Greater Danbury Area, with over 60% of Danbury’s population below the age of 44.¹⁷ Like other larger communities in the state, Danbury has seen a dramatic change in demographics, with an influx of Latin American immigrants from Ecuador, Columbia, Peru, Dominican Republic, Mexico, and Brazil, and 31.1% of Danbury’s population, is foreign-born.¹⁸ Although the ACS data for 2019 showed that minorities constituted the largest percentage of the population, that is not reflected in the 2020 ACS 5-Year estimate, although the difference remains very close. The 2020 data indicates that 52.1% of the population is Non-Hispanic White alone.¹⁹ Danbury continues to have a notably higher minority population than the surrounding communities, as well as a much higher minority population than the state average.²⁰

Although the COVID-19 pandemic had numerous negative effects across the state, there was a welcome pandemic outcome from some in the Greater Danbury area - a real estate market boom and population increase that brought new revenue and opportunity to local cities and towns. In just three months, from March to May of 2020, there were 1,800 address changes in the Danbury area, and 83% of those moving into the community were from New York State.²¹ According to the 2020 Census, Danbury increased its Hispanic population by 8.2%. New Fairfield increased its Hispanic population by more than 100%, and Newtown by 73%. New Milford almost doubled their Hispanic population making up one-quarter of the town’s overall population (28,115).²²

				Black or African	Mixed and Other	
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¹³ City of Danbury, <https://www.danbury-ct.gov/government/departments/parks/>

¹⁴ Danbury, CT Top 100 Best Place to Live in the US in 2023 - Livability

¹⁵ US Census Bureau, [U.S. Census Bureau QuickFacts: Danbury city, Connecticut](#)

¹⁶ US Census Bureau, [U.S. Census Bureau QuickFacts: Danbury city, Connecticut](#)

¹⁷ Fairfield County Community Wellbeing Index 2019, <https://fccfoundation.org/research-publications/cwi2019/>

¹⁸ US Census Bureau, [U.S. Census Bureau QuickFacts: Danbury city, Connecticut](#)

¹⁹ American Community Survey 2019 5-Year Estimates, [Census - Table Results](#)

²⁰ American Community Survey 2020 5-Year Estimates, [Census - Table Results](#)

²¹ [Danbury News-Times \(olivesoftware.com\)](#)

²² [Danbury News-Times \(olivesoftware.com\)](#)

Municipality	White, not Hispanic	Hispanics	Asians, not Hispanic	American, not Hispanic	Minority, not Hispanic	Total Minority
Danbury	52.1%	29.0%	6.1%	8.2%	4.3%	47.6%
Bethel	74.9%	9.4%	7.2%	6.6%	1.9%	25.1%
Bridgewater	90.3%	3.3%	0.4%	4.3%	1.7%	9.7%
Brookfield	86.7%	5.2%	4.1%	1.8%	2.2%	13.3%
New Fairfield	86.0%	8.8%	1.1%	0.5%	3.6%	14%
New Milford	85.7%	7.1%	2.9%	1.8%	2.5%	14.3%
Newtown	87.8%	6.1%	2.3%	1.5%	2.3%	12.2%
Redding	89.8%	5.4%	2.3%	0.3%	2.2%	10.2%
Ridgefield	86.5%	5.6%	3.8%	1.4%	2.7%	13.5%
Sherman	92.7%	3.3%	1.7%	0.0%	2.3%	7.3%
Connecticut	66.0%	16.4%	4.5%	9.9%	3.2%	34.6%

In the US, 21.5% of the population speaks a language other than English, and 8.2% of the population speaks English “less than very well.”²³ Connecticut is similar, with 22.1% speaking a language other than English, and 8.1% of the overall population speaking English “less than very well.”²⁴ However, in the city of Danbury, the proportion of non-English speakers is significant: 42.1% of the population (five years old and over) speaks a language other than English, and 19.1% of the population speaks English “less than very well.”²⁵ Of those who speak a language other than English, 45.5% speak English “less than very well.”²⁶ Data from the Connecticut Data Collaborative states that non-native children ages 5-17 in Danbury have an English proficiency of 7.33% compared to 12.97% of all non-native children ages 5-17 in Connecticut.²⁷

To meet the growing needs of the immigrant community in Danbury, CIFIC has partnered with The New American Dream Foundation to provide guidance and assistance to people navigating the tricky world of social services and seeking to acculturate to living in America. The New American Dream Foundation has opened an office in CIFIC’s 132 Main St. Danbury building that also houses the Financial and Insurance Assistance department. The New American Dream Foundation helps connect immigrants to services, and there is a two-way stream of referrals from each organization to the other. In addition to the vaccines and preventative care that may be necessary for recent immigrants, children need physicals and vaccines to enroll in school. These are services provided by CIFIC Health that may continue to increase along with immigration. In 2022, CIFIC was named a “Community Hero” by The New American Dream Foundation for our work to make medical care more accessible to the immigrant community.

Healthcare Insurance Coverage & Uninsured Rates

²³ American Communities Survey 2020 5-Year Estimates, <https://data.census.gov/cedsci/table?q=US%20language%20spoken&tid=ACSST5Y2020.S1601>

²⁴ American Communities Survey 2020 5-Year Estimates, <https://data.census.gov/cedsci/table?q=Connecticut%20language%20spoken&tid=ACSST5Y2020.S1601>

²⁵ American Communities Survey 2019 5-year Estimates, [Census - Table Results](#)

²⁶ American Communities Survey 2020 5-Year Estimates, <https://data.census.gov/cedsci/table?q=Danbury%20City,%20Connecticut%20language%20spoken&tid=ACSST5Y2020.S1601>

²⁷ Connecticut Data Collaborative, CTData.org

Two carriers – Anthem and ConnectiCare Benefits Inc. (CBI) – have filed rates for both individual and small group plans that will be marketed through Access Health CT, the state-sponsored health insurance exchange. The 2023 rates for the individual market are, on average, higher for CBI, and range from marginally to moderately lower for Anthem.

ConnectiCare requested a 25.2% average increase for 2022, compared to last year's 7.4% increase request and was approved for an average increase of 15.0% for individual plans marketed through the exchange. For the small group plans, ConnectiCare requested a 22.9% increase in 2023, but was approved for an average increase of 15.0%. For group plans in 2022, the average request was an increase of 13.6% and was approved for a decrease of –10.3%.

Anthem requested an average increase of 3.6% on small group health plans for 2023, compared to last year's request of 11.5% and was approved for an average decrease of 1.4%. For individual plans, Anthem requested an 8.6% average increase and was approved for an average increase of 6.3%. In 2022, Anthem had filed a rate request for an average increase of 12.3% on small group health plans but was only improved for a 6.3% increase. For individual plans in 2023, the average increase request was 19.3%, though these were only approved for 12.1% increases.²⁸

According to the 2021 American Community Survey 5-year estimates, Connecticut's uninsured rate is 5.2%, with only 2.8% of the white, non-Hispanic population uninsured, while 12.6% of Hispanics and 6.7% of Black residents did not have insurance.²⁹ In the city of Danbury, the situation is much worse. An estimated 12.0% of residents are uninsured. 3.2% of White non-Hispanic residents do not have insurance, but 21.9% of Hispanics and 27.1% of "some other race" in Danbury are also uninsured. Additionally, citizenship matters. Only 3.8% of native-born people in Danbury are uninsured, but 29.0% of those who are foreign-born are uninsured. Of that group, 45.2% of those who are foreign-born and are not citizens have no insurance.³⁰ While these gaps have narrowed in earlier years due to the ACA, the disparities remain stubborn, and enormous new challenges continue to arise due to COVID-19, threatening the progress that has been made.

Opioid Epidemic & Mental Health Care

Like the rest of the country, Connecticut has seen increased rates of opioid addiction and death over the past few years. The rate of synthetic opioid deaths, such as those from fentanyl, continued to rise in 2020.³¹ Rates jumped from 20.3 deaths per 100,000 in 2017 to 22.5 deaths per 100,000 in 2018 (an 11.3% increase), to 27.7 deaths per 100,000 in 2019 a 23.1% increase. The increase from 2019 to 2020 continues this trend, although slightly slower, to a rate of 33.1, or a 19.5% increase. This is on top of prior dramatic increases – 2016 deaths had already increased 142.6% to 14.8 per 100,000.

²⁸ [2023 Health Insurance Rate Final \(ct.gov\)](#)

²⁹ American Community Survey 2021 5-Year Estimates, <https://data.census.gov/cedsci/table?q=Connecticut%20health%20insurance>

³⁰ American Community Survey 2021 5-Year Estimates, <https://data.census.gov/cedsci/table?q=Danbury%20city,%20Connecticut%20health%20insurance&tid=ACSS5Y2020.S2701>

³¹ CDC Synthetic Opioid Data, <https://www.cdc.gov/drugoverdose/data/fentanyl.html>

Connecticut experienced 377 opioid-related inpatient stays per 100,000 residents in the fourth quarter of 2019 alone.³² Overall overdose data from the CT Department of Public Health shows that there were 1,531 drug overdose deaths in the state in 2021, up from 1,369 in 2020 and 1,196 in 2019. The number of deaths related to drug overdose in Connecticut for 2022 has reached 421 as of June 2022, perhaps showing some signs of decreasing.³³ Preliminary-data for 2022 shows that there have already been 166 overdose deaths in Connecticut – 144 of which involved fentanyl or a fentanyl analog, accounting for about 87% of all deaths.³⁴ In Danbury alone, 24 residents died in 2021 of an overdoses, compared to 27 deaths in 2020 and 19 deaths in 2019.³⁵

Addiction rates are starting to decline, but disproportionate addiction rates are mirrored in the number of mental health/addiction related calls to 2-1-1. Out of all calls in Danbury to 2-1-1, 59.5% of them from July 6, 2022, through July 5, 2023 (representing an increase of 23.9% from June 2021 through June 2022) were for mental health and addiction services.³⁶ Though the state’s overall requests have declined over the past year, the percentage of requests for Mental Health/Addiction Related requests have dramatically increased. Comparing Danbury to its neighbors, however, one can still see the difference in burden for mental health need.

211 Aid Requests, by Town July 6, 2022-July 15, 2023		
Town	Total 2-1-1 Requests	% Mental Health/Addiction Related
Danbury	9,881	59.5%
Bethel	740	36.9%
Brookfield	423	31.4%
New Fairfield	268	37.7%
New Milford	2,256	61.2%
Newtown	543	43.85%
Redding	184	37.5%
Ridgefield	346	46.0%
Connecticut	384,980	29.8%

In response to the larger need in our service area when compared to the local averages, CIFIC Health has been significantly expanding its adult behavioral health services, including for pregnant women, and was licensed in 2022 to provide Medication for Opioid Use Disorder (MOUD) at 70 Main Street and has DATA waived physicians on site.

Many addiction diagnoses co-occur with mental health disorders. The need for increased access to mental health services in the greater Danbury area is clear and continues to rise.

From November 1st, 2019, to November 1st, 2020, a third of all calls in Danbury to 2-1-1 were for mental health and addiction services.³⁷ Added mental health and addiction demands continue to rise with the ongoing presence of COVID-19. As recently as 2018, anxiety disorders

³² Healthcare Cost and Utilization Project, [Opioid Hospital Stays/Emergency Department Visits - HCUP Fast Stats \(ahrq.gov\)](https://www.ahrq.gov/hcup/)

³³ Drug Overdose Deaths in Connecticut Data Dashboard, 2015 to 2021, [Drug Overdose Deaths in Connecticut Data Dashboard, 2015 to 2021 | Tableau Public](https://public.tableau.com/viz/SUDORS_Dashboard_final2/OverdoseDashboard)

³⁴ [Accidental Drug Overdoses Reach Record High In 2021 | CT News Junkie](https://www.ctnewsjunkie.com/2021/12/24/accidental-drug-overdoses-reach-record-high-in-2021/)

³⁵ CT Dept. of Public Health Interactive Dashboard, and CT Office of the Chief Medical Examiner <https://public.tableau.com/profile/heather.clinton>

https://public.tableau.com/app/profile/heather.clinton/viz/SUDORS_Dashboard_final2/OverdoseDashboard

³⁶ Ct.211counts.org, accessed July 6th, 2023

³⁷ Ct.211counts.org, accessed Nov 18th, 2020

were 4th on the list of reasons for Danbury in-patient hospitalizations, and the impact of the COVID-19 pandemic continues to increase the prevalence of mental health needs^{38 39; 4041}

Incidence of Drug and Alcohol Abuse

Recent data suggests the prevalence of tobacco use in the Greater Danbury area and Connecticut in general are continuing to trend downward. The American Lung Association reports that Connecticut has the lowest incidences of cigarette smoking among middle and high school students as compared with states that collect similar data.⁴² The Connecticut Department of Public Health estimates that cigarette smoking in adults had fallen to 11.1% in 2021 from 17.1% in 2011. Tobacco use remains at 17.2% when other forms of tobacco are included.

Tobacco use in Connecticut, however, is not evenly distributed among demographic groups. Men smoke cigarettes at a rate 2.5% higher than women, but that number goes up to 8.5% higher than women when all forms of tobacco use are factored in. Tobacco use rates for individuals making less than \$25,000 is almost twice as high as for people making more than \$75,000.⁴³

Data from the CT Medical Examiner's office showed 23 people died in Danbury in 2022 due to an accidental drug intoxication as compared to 21 in 2021 and 28 in 2020. The number of deaths due to an overdose was much lower in the rest of the Greater Danbury Region in 2022: Brookfield had 3 deaths, while Newtown, Ridgefield, and Bethel each had 2 deaths.⁴⁴

Cannabis use is not new to the Greater Danbury area or to Connecticut, but the effects of recreational cannabis legalization will need to be monitored moving forward. In 2021, 12% of adults in Connecticut reported using Cannabis. While this rate is lower than many of the surrounding states, the demographics most likely to use cannabis are those currently facing housing and food insecurity, at a rate of use almost 3 times higher than those who are not.⁴⁵ The long term mental and physical health effects of increased cannabis use in the Greater Danbury area will continue to be monitored going forward.

Health

Data from 2019, the most recent year for which data is available, shows residents enjoy an above-average life expectancy of 81.6 years old in Fairfield County, compared to the state's 80.3 years old and national levels of 78.7 years old.⁴⁶ Danbury's life expectancy in 2019 was 81.4 years old.⁴⁷ However, residents of marginalized neighborhoods shoulder a higher risk of chronic illness, including cardiovascular disease and diabetes, have much higher infant mortality risk, and report higher rates of anxiety and depression. The life expectancy of a White, non-Hispanic person in Fairfield County is 83 years old, compared to Hispanics' and Blacks' life

³⁸ Fairfield County Community Wellbeing Index 2019, [Community Well Being Index 2019 - Fairfield County's Community Foundation \(fccfoundation.org\)](https://fccfoundation.org/research-publications/cwi2019/)

³⁹ [Health-disparities-in-Connecticut.pdf \(cthealth.org\)](https://cthealth.org/Health-disparities-in-Connecticut.pdf)

⁴¹ Addressing Behavioral Health Disparities Within DMHAS, [PowerPoint Presentation \(ct.gov\)](https://ct.gov)

⁴² [Rates By State | American Lung Association](https://www.lung.org/prevention-and-treatment/prevention/rates-by-state)

⁴³ [Stats Reports \(ct.gov\)](https://ct.gov)

⁴⁴ [Statistics \(ct.gov\)](https://ct.gov)

⁴⁵ [2023-Cannabis-Health-Statistics-Report-V6.pdf \(ct.gov\)](https://ct.gov)

⁴⁶ Fairfield County Community Wellbeing Index 2019, [FCCF WellbeingIndex032723FINAL.pdf \(fccfoundation.wpenginepowered.com\)](https://fccfoundation.org/research-publications/cwi2019/)

⁴⁷ Fairfield County Community Wellbeing Index 2019, <https://fccfoundation.org/research-publications/cwi2019/>

expectancy of 78 years old.⁴⁸ This discrepancy is also apparent when location is considered within Danbury. The life expectancy for the downtown area, which is also the home to most minorities and lower-income people, is only 76.3 to 77.8 years, as opposed to up to 85.9 years in the more affluent neighborhoods.⁴⁹

Among the reasons for these discrepancies is the high cost of health care. In Danbury, 10% of adults did not receive care, 22% postponed it, and 15% report no medical home.⁵⁰ These disparities are even worse for minorities in Danbury (see table as follows).

⁴⁸ Fairfield County Community Wellbeing Index 2019, <https://fccfoundation.org/research-publications/cwi2019/>

⁴⁹ Seaberry, C., Davila, K., Abraham, M. (2021). Danbury Equity Profile. New Haven, CT: DataHaven. Published September 2021.

⁵⁰ Fairfield County Community Wellbeing Index 2019, <https://fccfoundation.org/research-publications/cwi2019/>

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Fairfield County Barriers to Healthcare ⁵¹			
	Didn't Get Care	Postponed Care	No Medical Home
White	7%	21%	11%
Black	11%	21%	17%
Latino	14%	28%	20%

Despite Danbury’s obesity rates being lower than Connecticut’s, Danbury residents have experienced an increase in obesity rates totaling 23%.⁵² The prevalence of obesity in the Black community in Fairfield County is 35%, 33% for Latinos, and 42% for everyone making under \$30,000/year, whereas White obesity rates are only 22%, and obesity rates for those making over \$100,000/year is only 20%.⁵³ Some local increases are alarming – Danbury is up 5%, and New Milford increased from 26% to 35% between 2015-2018.⁵⁴ Clearly attention in this area is needed, but even with a solid education in nutrition planning beginning in their children’s earliest years, many parents are constrained financially from providing healthier options for their children.⁵⁵ CIFIC Health added nutrition services and hired a dietician in early 2022 to help address these issues.

Morbidity data from the CDC (Centers for Disease Control) for 2022 shows an overall decrease of 5.3% in the number of deaths in 2022 as compared to 2021. The top causes of death are heart disease, followed by cancer, unintentional injury, and COVID-19, which slid to the 4th position. The percentage of deaths where COVID was a contributing factor decreased to 7.5% in 2022, from 10.4% in 2020 and 13.3% in 2021.⁵⁶ Stroke, chronic lower respiratory disease, Alzheimer disease, diabetes, kidney disease, chronic liver disease and cirrhosis.⁵⁷ To put these in perspective, heart disease was the underlying cause of 693,021 deaths, cancer was responsible for 604,553 deaths, and COVID-19 was the underlying cause of 415,399 deaths in 2021.⁵⁸ Even so, that data does not capture the significance of chronic illness not obviously implicated in premature death, including diabetes, especially among populations dealing with early onset of chronic illnesses. This becomes more concerning considering the rising obesity rates in the Greater Danbury Area. Diabetes is still the number 2 reason for inpatient hospitalization (in order, the top five are high blood pressure, type 2 diabetes, heart failure, anxiety disorders, and chronic obstructive pulmonary disorder).⁵⁹

In 2016, CIFIC Health’s data showed a substantial portion of CIFIC Health patients (30%) were struggling with uncontrolled diabetes. By 2019, we were proud to report an intensive effort on the part of our medical staff, which reduced that figure by nearly *half*, down to 17.8%. This

⁵¹ Fairfield County Community Wellbeing Index 2019, <https://fccfoundation.org/research-publications/cwi2019/>

⁵² 2019 Greater Danbury Region Community Health Needs Assessment and Community Health Improvement Plan

⁵³ Fairfield County Community Wellbeing Index 2019, <https://fccfoundation.org/research-publications/cwi2019/>

⁵⁴ 2019 Greater Danbury Region Community Health Needs Assessment and Community Health Improvement Plan

⁵⁵ Fairfield County Community Wellbeing Index 2019, <https://fccfoundation.org/research-publications/cwi2019/>

⁵⁶ Centers for Disease Control and Prevention, [Provisional Mortality Data — United States, 2022 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/6209a.htm)

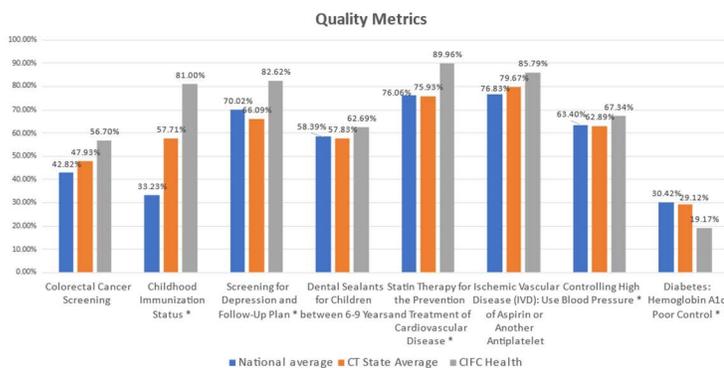
⁵⁷ Centers for Disease Control and Prevention, [Provisional Mortality Data — United States, 2022 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/6209a.htm)

⁵⁸ Centers for Disease Control and Prevention, [Provisional Mortality Data — United States, 2020 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/6209a.htm)

⁵⁹ 2019 Greater Danbury Region Community Health Needs Assessment and Community Health Improvement Plan

reduction put CIFIC Health at the top rank for diabetic management improvement in the state among community health centers. Although the number of uncontrolled diabetic patients increased slightly to 26.26% in 2020, that increase was largely attributable to fewer in-person visits due to the COVID-19 pandemic. We once again saw a decline in the uncontrolled rate in 2021, dropping to 20.4%, even while COVID continued to impact patients. In 2022, that number continued to drop to 19.7%, putting CIFIC Health once again at the top rank among community health centers in the state for diabetic management.

In 2022 (based on 2021 data), CIFIC Health was, for the first time, named as a Gold Quality Leader based on performing in the top 10% of approximately 1400 health centers in the country in patient quality outcomes. In 2023 (based on 2022 data), CIFIC Health



continues to achieve excellent outcomes that outpace state and national averages. CIFIC Health is screening a higher percentage of patients for behavioral health conditions like depression as well as medical conditions like colorectal cancer. CIFIC Health’s childhood immunization rate is more than 40% higher than the Connecticut state average and 143% higher than the national average. We also have a higher rate of treatment for conditions involving cardiovascular disease and high blood pressure, leading to more positive outcomes among patients.⁶⁰

Economic

Connecticut is a small, densely populated state, with approximately 3.6 million residents.⁶¹ It is also a state with substantial wealth and a highly educated population, overall. However, despite its wealthy towns and major corporations, Connecticut’s cities are extremely challenged, with pockets of devastating poverty. Using only the 100% Federal Poverty Level (FPL), a number at which no one in CT could make a living, Danbury’s estimated poverty rate is 10.6%.⁶² Among White (non-Hispanic) groups, the rate is 6.3%, which is a small increase over the previous year. The poverty rate for Blacks has continued to decrease from 19.9% in 2019 to 15.1% in 2021. Hispanics in Danbury saw a slightly smaller decrease from 17.7% to 17.3% from 2020-2021, but that is still higher than the 16.9% in 2019.⁶³ Danbury has a population of nearly 23,200 people, or 28% of residents, struggling under the more useful 200% FPL.⁶⁴

Although the differences in racial poverty rates are decreasing, racial and ethnic gaps are still much wider in Connecticut than among workers in other states. Although a slight increase over the past year, only 6.1% of White, non-Hispanic individuals in Connecticut are living in poverty. In contrast, 17.3% of African Americans and 21.4% of Hispanics are living in poverty.⁶⁵

⁶⁰ CIFIC Health | UDS Comparison Data

⁶¹ US Census Bureau, [U.S. Census Bureau QuickFacts: Danbury city, Connecticut](#)

⁶² American Community Survey 2021 5-Year Estimates, [S0601: Census Bureau Table](#)

⁶³ American Community Survey 2021 5-Year Estimates, [S1701: Census Bureau Table](#)

⁶⁴ American Communities Survey 2021 5-Year Estimates, [S1701: Census Bureau Table](#)

⁶⁵ American Community Survey 2021 5-Year Estimates, [S1701 Census Data Table](#)

While only 5% of white, non-Hispanic children were living in poverty in 2019, that number increased to 6% in 2021. However, the numbers of Hispanic and Black children in poverty fell from 2019 to 2021 with the number of Hispanic children in poverty falling 2 percentage points to 27% and a 9% decrease in the rate of black children in poverty from 27% to 18% in 2021.⁶⁶ Data from 2020 shows the median household income for Connecticut’s black population was \$50,905 – about 56% of the white, non-Hispanic median income of \$90,941. Latinos earned only \$48,715 – 54% of the median income of whites in the state.⁶⁷

Connecticut is now often portrayed as “two states” due to the wide disparities between the poor and the wealthy, urban residents and suburban residents, and whites and minorities. According to the Economic Policy Institute’s “The New Gilded Age: Income Inequality in the U.S. by State, Metropolitan Area and County,” Connecticut ranks third in the country for income disparity based on the ratio of top 1% and bottom 99% earners.⁶⁸ The top earners in the state have an average income of \$2,522,806 per year, compared to the remaining 99% who earn an average of \$67,743 (or 37.2 times less than the top earners).⁶⁹ Fairfield County, in turn, is the most unequal county in the state, with the top 1% earning \$6,290,951 per year.⁷⁰

Municipality	2016-2020 Median Household Income	2016-2020 Per Capita Income	2016-2020 Poverty Rate %
Danbury	73,204	36,512	11.0
Bethel	94,973	43,233	3.74
Bridgewater	130,186	73,434	3.82
Brookfield	117,292	55,684	4.75
New Fairfield	114,583	51,298	4.38
New Milford	93,815	44,366	6.93
Newtown	125,028	56,517	3.37
Redding	135,928	75,134	3.01
Ridgefield	152,630	82,810	2.62
Sherman	120,682	90,874	1.68
State of Connecticut	79,855	45,668	9.78

That disparity is very real for Head Start Northern Fairfield County’s service area. Compare Danbury’s per capita income of \$36,512, and median household income of \$73,204 to its neighbors as shown in the table above.⁷¹

⁶⁶ Kids Count Data Center, [Children in poverty by race and ethnicity | KIDS COUNT Data Center](#)

⁶⁷ Connecticut Data Collaborative, [CTData.org](#)

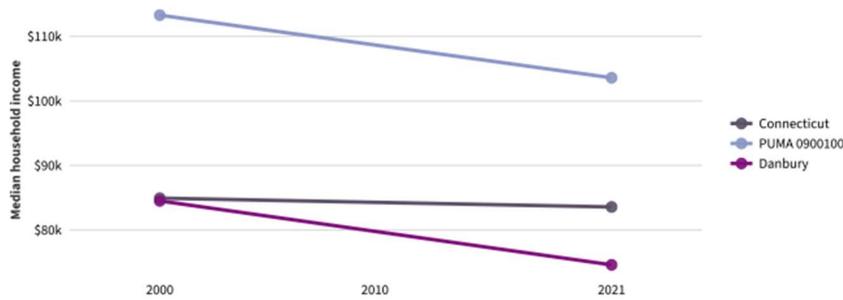
⁶⁸ Economic Policy Institute, <https://www.epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county/>

⁶⁹ Economic Policy Institute, <https://www.epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county/>

⁷⁰ Economic Policy Institute, <https://www.epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county/>

⁷¹ Connecticut Data Collaborative, [Business Data by CTData — CTData](#)

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



Adjusted for inflation, Connecticut’s median household income was \$1,365 lower in 2021 than in 2000. The decrease in the Danbury area was significantly greater than that in the rest of the state (see chart - Right).⁷² In 2000, Danbury residents

were making the state median income, but in 2021, that number had fallen to about \$10,000 lower than the state median when adjusted for inflation.⁷³

Other data continues to bear out the clear need in the Danbury community: 11.40% of residents are SNAP recipients, compared to 0.56% to 6.56% in the other nearby towns, and over 6,400 students in Danbury Public Schools are eligible for free/reduced meals, compared to 0 to 1,367 in the surrounding communities, shown in the table below.

Town	2016-2020 % SNAP Recipients ⁷⁴	Number of Enrolled Students Eligible for Free/Reduced Meals ⁷⁵
Danbury	11.40%	6,447
Bethel	4.33%	984
Bridgewater	2.62%	149
Brookfield	4.65%	531
New Fairfield	3.11%	281
New Milford	6.56%	1,367
Newtown	3.25%	578
Redding	1.34%	82
Ridgefield	2.87%	246
Sherman	0.56%	0

Connecticut also still has a significant gender gap in wages: women in Connecticut earn 80.2% of what men earn (\$56,240 vs. \$70,163 annually).⁷⁶ Connecticut’s 16 cent gender wage gap moved up from the 12th rank to 10th in the nation in 2021, including Washington D.C.⁷⁷ This wage gap is exacerbated by ethnicity. In Danbury, the median household income for the White, not Hispanic population is \$81,385, compared to the Black population’s \$70,647 and the Hispanic population’s \$56,049.⁷⁸ Furthermore, only 5.3% of White, not Hispanic females are below the poverty level in Fairfield County, whereas 17.2% of Black females and 21.3% of Hispanic females suffer below poverty level.⁷⁹

⁷² Data Haven | 2023 Danbury Equity Profile

⁷³ Data Haven | 2023 Danbury Equity Profile

⁷⁴ Connecticut Data Collaborative, [CTData.org](https://ctdata.org)

⁷⁵ Connecticut Data Collaborative, [CTData.org](https://ctdata.org)

⁷⁶ Business.org, [The Gender Pay Gap Across the US in 2022 | Business.org](https://www.business.org/research/gender-pay-gap)

⁷⁷ National Women’s Law Center, [Overall-Wage-Gap-State-By-State-2021-v2.pdf \(nwlc.org\)](https://www.nwlc.org/research/overall-wage-gap-state-by-state-2021-v2.pdf)

⁷⁸ American Community Survey 2020 5-Year Estimates, [CTData.org](https://ctdata.org)

⁷⁹ Connecticut Data Collaborative, [The Connecticut Women and Girls Data Platform \(ctdata.org\)](https://ctdata.org)

The minimum wage in Connecticut increased to \$15.00 per hour on June 1 of this year, but these wages already do not pay enough to afford the basics of housing, childcare, food, healthcare, and transportation.⁸⁰

Housing Affordability & Homelessness

The cost of living in Danbury and surrounding communities remains quite high. The generally accepted affordability standard for housing holds that 30% of an individual’s income should be sufficient to cover the cost of housing.⁸¹ According to Partnership for Strong Communities, 52% of renters in Danbury spend more than 30% of their income on housing, while 33% of owners. 18% of all households spend more than 50% on housing.⁸² This burden is not equally distributed across all demographics. Only 33% of white households are housing cost-burdened (30%+ of income) and included in that statistic, only 14% of white residents are severely cost burdened (50%+ of income). However, 51% of Latino households are cost-burdened with 22% of Latino residents severely cost-burdened, and 56% of all black households are cost-burdened with 25% of black residents in Danbury “severely” cost-burdened.⁸³

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



According to the National Low-Income Housing Coalition, Connecticut is the 10th most expensive state in the country for housing, requiring an annual household income of \$56,922, or \$27.37 per hour, to afford rent for a two-bedroom apartment at “Fair Market Rent” in 2021, or working 91 hours per week at minimum wage.⁸⁵ The Danbury area is the second most expensive housing area in the state. A renter must earn an annual income of \$69,000, or \$33.17 per hour, to afford that same two-bedroom apartment – which is equivalent to working a little under *three* full-time jobs at the minimum wage.⁸⁶

⁸⁰ Connecticut Department of Labor, [State of Connecticut - Minimum Wage Information](#)
⁸¹ Partnership for Strong Communities, [Affordable Housing | Partnership for Strong Communities \(pschousing.org\)](#)
⁸² CT Data Haven | [2023 Danbury Equity Report](#)
⁸³ CT Data Haven | [2023 Danbury Equity Report](#)
⁸⁴ CT Data Haven | [2023 Danbury Equity Report](#)
⁸⁵ National Low Income Housing Coalition, [Out Of Reach | National Low Income Housing Coalition \(nlihc.org\)](#)
⁸⁶ National Low Income Housing Coalition [Connecticut | National Low Income Housing Coalition \(nlihc.org\)](#)

Unfortunately, there does not seem to be a solution in sight for the affordable housing problem despite the number of organizations working on it. CIFIC is in the process of a 70 unit affordable housing project behind the headquarters building on Main St, but this is only a drop in the bucket for the level of need in Danbury. Affordable housing makes up less than 12% of all housing in Danbury, despite a larger percentage than that needing access to it.⁸⁷ The number of new homes and rental units being constructed in Danbury has significantly slowed down over the last 10 years. 6% of housing units in Danbury have been constructed since 2010, but permits for new construction signal that Danbury’s housing stock is likely to grow at 4% or less in the 10-year period that began in 2016, a rate too low to keep up with demand.⁸⁸

Another factor that often leads to poverty is whether a child lives in a two-parent household or a single-parent household. In Danbury, 33.54% of families are single-parent families.⁸⁹ Homelessness in Danbury is relatively low, but still an issue. One estimate in 2021 by the Connecticut Coalition to End Homelessness counted 22 people in a single-day snapshot, 11 of whom were children.⁹⁰ Many suffering from homelessness may simply not have been reached for a count.

Unemployment

Like much of the country, unemployment significantly decreased in 2022. By May 2022, unemployment for the state was 4.2%.⁹¹ The Danbury area’s unemployment rate has frequently been lower than other cities in the state, but as of June 2023 Danbury’s unemployment rate is 3.6%, which is comparable to the state (4.0%) and national average (3.8%) for the same month.⁹² Racial disparities in unemployment also exist. The 2015-2019 American Community Survey 5-year estimate indicates that unemployment rates in Fairfield County among Blacks were nearly twice the estimate for White non-Hispanics (9.7% vs 5.6%).⁹³ In Danbury during this time, we showed a narrower local unemployment difference – 5.6% among whites compared to 7.0% among Blacks, 6.9% for Latinos.⁹⁴

Labor Statistics for the Greater Danbury Area, June 2023 ⁹⁵				
Municipality	Labor Force	Employed	Unemployed	Unemployment Rate %

⁸⁷ City of Danbury | [2022-Affordable-Housing-Plan- \(danbury-ct.gov\)](https://danbury-ct.gov/2022-Affordable-Housing-Plan)

⁸⁸ City of Danbury | [2022-Affordable-Housing-Plan- \(danbury-ct.gov\)](https://danbury-ct.gov/2022-Affordable-Housing-Plan)

⁸⁹ Connecticut Data Collaborative, [CTData.org](https://ctdata.org)

⁹⁰ Connecticut Coalition to End Homelessness, [PIT Dashboard | Connecticut Coalition to End Homelessness \(cceh.org\)](https://cceh.org/PIT-Dashboard)

⁹¹ Connecticut Department of Labor, [Labor Market Information - State of Connecticut Labor Situation](https://labor.ct.gov/labor-market-information)

⁹² Connecticut Department of Labor, Labor Force Monthly Data, [Labor Market Information - Historical Labor Force Data By Town \(state.ct.us\)](https://labor.ct.gov/labor-market-information)

⁹³ American Community Survey 2020 5-Year Estimates, [S2301: Census Bureau Table](https://data.census.gov/tables/2020/s0201)

⁹⁴ American Community Survey 2020 5-Year Estimates, [S2301: Census Bureau Table](https://data.census.gov/tables/2020/s0201)

⁹⁵ Connecticut Department of Labor, Labor Force Monthly Data, <https://www1.ctdol.state.ct.us/lmi/laus/laustown.asp>

Bethel	11,173	10775	398	3.6%
Bridgewater	847	818	29	3.4%
Brookfield	9,415	9,050	365	3.9%
Danbury	47,605	45,968	1,637	3.4%
New Fairfield	7,205	6,907	298	4.1%
New Milford	15,197	14,682	515	3.4%
Newtown	14,390	13,867	523	3.6%
Sherman	1,894	1,827	67	3.5%
Redding	4,481	4,318	163	3.6%
Ridgefield	12,106	11,609	497	4.1%
Connecticut	1,918,100	1,841,900	76,200	4.0%
United States	167,910,000	161,559,000	6,351,000	3.8%

Disproportionate shares of this economic hardship fall on low-wage workers. The largest single occupation in Danbury, for instance, is cashiers (with a mean wage of \$14.01 per hour), followed by retail salespersons (\$18.74), customer service representatives (\$19.11), registered nurses (\$44.75), and office clerks (\$20.96).⁹⁶ While the data does not reflect the recent minimum wage increase to \$15 per hour, only one of these occupations (nursing) provides a wage sufficient to place a family above the “ALICE” threshold, described below.

To document the extent to which families, despite having full-time work, have found employment insufficient to lift them out of poverty, Connecticut’s United Ways worked in collaboration with United Ways in five other states to come up with **ALICE** – **A**sset **L**imited, **I**ncome **C**onstrained, **E**mloyed. In the 2020 report, using 2018 data, ALICE income level for the state was \$90,660 for a family of four (with one infant and one preschooler), and 38% of Connecticut households – 513,727 – lived below this threshold.⁹⁷ In Fairfield County, 46% of female-led households also lived below the ALICE threshold.⁹⁸ The ALICE population in Danbury was substantially higher at 49%, which is nearly 30,000 households in Danbury alone.⁹⁹ The living-wage income thresholds are also significantly higher for Connecticut than the nation. In 2022, the Federal Poverty Level was an underwhelming \$27,750 for a family of four.¹⁰⁰ Childcare alone in CT would cost over half that amount.

Childcare costs also continued to rise in recent years, and the childcare sector workforce remains strained and has not yet fully recovered from the pandemic. Although unemployment is decreasing in the state, childcare continues to be a burden for many families, especially when compounded by racial disparities. The median household income in Danbury is \$73,204, and the average among Latinos (\$56,049) and Blacks (\$70,647) is lower, and the average for female-led households is substantially lower than that.¹⁰¹ As noted earlier, a renter must earn \$69,000 per year to afford a two-bedroom apartment. It is clear that our neediest parents are not in a position to absorb childcare costs as they exist now, never mind any increase in costs.

Food Insecurity

⁹⁶ Connecticut Department of Labor, [Occupational Employment and Wage Statistics \(1Q 2021\): Danbury Labor Market Area \(state.ct.us\)](#)

⁹⁷ United Way Alice Report for Western CT, [2020ALICEReport_CT_FINAL-8-20-20.pdf \(ctunitedway.org\)](#)

⁹⁸ Connecticut Data Collaborative, [The Connecticut Women and Girls Data Platform \(ctdata.org\)](#)

⁹⁹ United Way Alice Report for Western CT, [2020ALICEReport_CT_FINAL-8-20-20.pdf \(ctunitedway.org\)](#)

¹⁰⁰ [HealthCare.gov, Federal Poverty Level \(FPL\) - HealthCare.gov Glossary | HealthCare.gov](#)

¹⁰¹ Connecticut Data Collaborative, [CTData.org](#)

In every community, even in areas thought of as prosperous, there are individuals and families that struggle with food insecurity. In the Summer of 2022, 11.5% of American households reported to the Census Bureau that they “did not have enough to eat,” which was an increase of 41% over the previous year.¹⁰² Like many social determinants of health, the burden of food insecurity is not equally shared across all demographics, as a higher percentage of Black and Latino households are food insecure than their White neighbors.¹⁰³ In an April 2023 survey of Connecticut, White families had a relatively low food insecurity rate (“sometimes or often not enough to eat”) of only 6.2%. Latino families in Connecticut reported experiencing food insecurity at 27.6%, or 445% higher, while 43.3% of Black families reported food insecurity in that same period, a 700% higher rate than White families.¹⁰⁴

The general wealth of Connecticut and Fairfield County are actually factors that could exacerbate the food insecurity issues of Danbury. Research shows that poorer families in wealthier states are more likely to battle food insecurity as their incomes are often above the Federal Aid limits but insufficient compared to local costs.¹⁰⁵ With the high level of housing cost-burdened families in Danbury, this is more than an abstract concern. United Way of Coastal and Western Connecticut reports that almost half of the families in Danbury struggle to meet basic needs and are classified as “Asset Limited Income Constrained Employed” (ALICE).¹⁰⁶

There are definite health implications to food insecurity beyond hunger that often go overlooked. Nutritional conditions including diabetes and obesity are often more prevalent in areas of high food insecurity as the most affordable options are often the most processed and least healthy.¹⁰⁷ At CIFIC Health, a high number of patients are food insecure and suffer from hypertension or diabetes linked conditions.¹⁰⁸ Among the families served by Head Start of Northern Fairfield County, 40% requested support on basic needs and 32% reported being worried about having enough food.¹⁰⁹

As we look ahead, it is likely that the problems of food insecurity may continue to get worse before they improve. Russia’s war in Ukraine has severely limited the amount of grain available on the global market, increasing prices for many basic staples across the globe. Furthermore, extreme weather caused by climate change has led to disruptions of domestic food production that will also push prices higher and further strain the wallets of the most vulnerable families.¹¹⁰ Finally, the sundown of the extended SNAP benefits during the COVID Public Health Emergency and ending of the increased Child Tax Credit is likely to lead many more people into food insecurity.¹¹¹

To combat this trend, CIFIC has teamed up with a number of local organizations to support the distribution of food. CIFIC Early Learning Programs partner with Filling in The Blanks to provide bags of food for families to consume on weekends and holidays when USDA

¹⁰² Coalition on Human Need | [Food insecurity is already a huge problem for the U.S. In 2023, it may get worse. - Coalition on Human Needs \(chn.org\)](#)

¹⁰³ Coalition on Human Needs | [Food insecurity is already a huge problem for the U.S. In 2023, it may get worse. - Coalition on Human Needs \(chn.org\)](#)

¹⁰⁴ Coalition on Human Needs | [State Data Resource Library: Critical Data on Poverty and Nutrition, Housing, Utilities, and other Basic Needs - Coalition on Human Needs \(chn.org\)](#)

¹⁰⁵ Journal of Hunger and Environmental Nutrition | [Full article: Addressing community needs through a participatory food security assessment \(tandfonline.com\)](#)

¹⁰⁶ CT Public Radio | [Danbury 'Food Farmacy' designed to fight food insecurity | Connecticut Public \(ctpublic.org\)](#)

¹⁰⁷ National Institutes of Health | [Food Insecurity and Diabetes: The Role of Federally Qualified Health Centers as Pillars of Community Health - PMC \(nih.gov\)](#)

¹⁰⁸ CT Public Radio | [Danbury 'Food Farmacy' designed to fight food insecurity | Connecticut Public \(ctpublic.org\)](#)

¹⁰⁹ CIFIC ELP Family Survey & Community Assessment

¹¹⁰ USDA | [Climate Change, Global Food Security, and the U.S. Food System](#)

¹¹¹ Coalition on Human Needs | [Food insecurity is already a huge problem for the U.S. In 2023, it may get worse. - Coalition on Human Needs \(chn.org\)](#)

subsidized school food is not available. CIFIC Health is teaming up with the United Way and Nuvance Health to open the area's first "Food Farmacy" in the Danbury Community Center where doctors can write a prescription for patients to use to shop in a grocery store-like environment.¹¹²

State of Greater Danbury's Children

Of course, the quality of life of children in the Greater Danbury area goes beyond simple economics and educational attainment. Matters of domestic violence, the impact of poverty, quality of prenatal care, and substance abuse are just a few factors that contribute to the experiences of children and their families living in the area.

Incidence of Child Abuse & Neglect

In FY 2022, the Department of Children and Families (DCF) accepted a total of 609 abuse/neglect cases in Danbury. While this represents an increase of 20% since 2020, this is still 50 fewer cases than were accepted in 2018¹¹³. DCF in Connecticut does not have data correlating poverty to child abuse/maltreatment, but national studies have shown a correlation between low income and child maltreatment, especially if other factors, such as depression and/or substance abuse, are involved. According to the CDC, children living in poverty experience more abuse and neglect. Experiencing poverty can place a lot of stress on families, which may increase the risk for child abuse and neglect. Rates of child abuse and neglect are 5 times higher for children in families with low socioeconomic status.¹¹⁴ Included in family violence, of course, is intimate partner abuse. Our service area saw 502 such cases in 2017 with 329 of those just in Danbury. That rate of 5 incidents per 1,000 people is higher than the state rate of .004¹¹⁵ but compares with the national rate of .0054.¹¹⁶ Factors that contribute to the poverty of women and their children, including homelessness and the inability to find employment, can often be a result of domestic violence.¹¹⁷

Infant and Child Death Rates/Number of Low-Birth Weight Babies

The infant mortality rate in our Head Start region in 2017 was 2.6, significantly lower than the state's rate of 4.6¹¹⁸, and even lower than the US rate of 5.8.¹¹⁹ In 2020 the infant mortality rate is down slightly in CT to 4.5, while the US rate is still at 5.8¹²⁰. According to the

¹¹² CT Public Radio | [Danbury 'Food Farmacy' designed to fight food insecurity | Connecticut Public \(ctpublic.org\)](#)

¹¹³ [CT DCF Abuse/Neglect Reports and Allegations by Town and State Fiscal Year | Connecticut Data](#)

¹¹⁴ [Fast Facts: Preventing Child Abuse & Neglect | Violence Prevention | Injury Center | CDC](#)

¹¹⁵ CT Department of Family Services and Public Protection - 2017 Family Violence Arrest Report pp 27-30 - <https://portal.ct.gov/-/media/DESPP/Division-of-Crimes-Analysis/2017-Family-Violence-Arrest-Report.pdf?la=en>

¹¹⁶ The National Center for Victims of Crime - https://ovc.ncjrs.gov/ncvrw2018/info_flyers/fact_sheets/2018NCVRW_IPV_508_QC.pdf

¹¹⁷ Domestic Violence and Poverty – Purdue University - https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2015/07/s_mifis04c05.pdf

¹¹⁸ CT Department of Public Health – 2017, Table 7 - <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Vital-Statistics-Registration-Reports>

¹¹⁹ Centers for Disease Control and Prevention - <https://www.cdc.gov/nchs/fastats/deaths.htm>

¹²⁰ <https://www.cdc.gov/nchs/pressroom/states/connecticut/connecticut.htm>

CDC, the leading causes in CT were birth defects, low birth weight, and pre-term births, maternal pregnancy complications, SIDS, and injuries.¹²¹

There is a higher risk of premature death and long-term health and developmental issues in infants born pre-term, (less than 37 weeks' gestation) or with low birth weights (less than 5lbs. 8oz.), than with infants born after 37 weeks or at a higher birth weight. In 2013 in the US, more than 40% of preterm births were low birthweight. Those children accounted for 2/3 of all low birthweight babies. Very preterm infants, those born at less than 34 weeks, are at a high risk for chronic health conditions, long-term disability, and death.¹²² In 2017, the low birthweight rate in our service area was 7.4, lower than the state rate of 8.1.¹²³ and the US rate of 9.9 that year.¹²⁴

The leading cause of death in children post-natal to 19 years of age in 2018, in both the US and CT, was unintentional death. Of those deaths, in the under 5 age group, the largest percentage of unintentional deaths was due to drowning. The highest percentage of drownings happened in a pool; the second most prevalent incidents of drowning happened in a bathtub. Next in order of reasons for unintentional deaths were motor vehicle accidents and suffocation, with food being the first cause of suffocation.¹²⁵ In 2017, the US child mortality rate was 25.7 and CT was one of the healthier states at 16.3.¹²⁶

This is one of the reasons that CIFIC's Danbury Community Center is focused on expanding access to swim lessons in the region.

Immunization Levels Among School Children

Immunization continues to be the single most effective means of preventing childhood diseases. "High vaccination rates protect not only vaccinated children but also those who cannot or have not been vaccinated. This is called community immunity or herd immunity. Schools that achieve community immunity reduce the risk of outbreaks. High vaccination rates at schools are especially important for medically fragile children."¹²⁷ The most recent published Connecticut statewide school survey data indicates a kindergarten vaccination rate of 97.1% and a seventh grade vaccination rate of 95.7%.¹²⁸ In Danbury the 2020-2021 Kindergarten vaccination rate is 96.31% and 89.775% for seventh graders.¹²⁹

¹²¹ United Health Foundation - <https://www.americashealthrankings.org/explore/annual/measure/IMR/state/CT>

¹²² The Federal Interagency Forum on Child and Family Statistics - <https://www.childstats.gov/americaschildren/index.asp>

¹²³ CT Department of Public Health – 2017 Table 21 - <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Vital-Statistics-Registration-Reports>

¹²⁴ The Federal Interagency Forum on Child and Family Statistics - <https://www.childstats.gov/americaschildren/index.asp>

¹²⁵ National Center on Early Childhood Health & Wellness webinar - https://goto.webcasts.com/viewer/event.jsp?ei=1316231&tp_key=c4203871a0

¹²⁶ Health of Women & Children - https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/child_mortality_a/state/CT

¹²⁷ CT Department of Public Health - <https://portal.ct.gov/DPH/Press-Room/Press-Releases---2019/DPH-Releases-Updated-School-Immunization-Data-for-2018-2019-School-Year>

¹²⁸ https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/immunization/School-Survey-2019--20/2019-2020-School-Survey-

¹²⁹ [2020-2021 Seventh Grade Immunization Rates by School | Connecticut Data](https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/immunization/School-Survey-2019--20/2019-2020-School-Survey-)

The pandemic has had a deleterious effect on children, and health care providers are reporting a growing crisis in children’s behavioral health care. The 2021 report from the Surgeon General is a rare public health advisory about the mental health crisis among children and teenagers. Depressive and anxiety symptoms doubled during the pandemic. Now, 25% of people have depressive symptoms and 20% have anxiety. Negative emotions and conditions associated with things like ADHD are also on the rise, along with suicide attempts.¹³⁰ Increasing numbers of school-aged children are coming to Connecticut emergency departments leading with a plethora of issues, including suicidal ideation, out of control behaviors, or with difficult to treat eating disorders. This has caused an overflow of children in emergency departments with limited bed space, and long waits for other inpatient or community-based care.¹³¹ Throughout the month of April 2021, more than 30 children with psychiatric needs waited in Connecticut Children’s 48-bed emergency department on any given day. By the end of the month, that number increased to an average of 40 on any given day.¹³²

A report by the Connecticut Department of Public Health identified three Danbury schools to be among the 157 schools in CT identified as needing increased mental healthcare within their schools: Westside Middle School, Shelter Rock, and Park Avenue Elementary Schools.¹³³ Danbury High School, Rogers Park Middle School and Broadview Middle School already have school-based health centers where students have access to behavioral, medical, and dental health. Westside Middle School is the only middle school of the three in Danbury without a school-based health center. CIFIC offers Mental/Behavioral Health services in 5 Danbury schools, 5 New Milford schools, and one school in Newtown. We are currently in the process of: 1) expanding the Ellsworth School site in Danbury beyond dental health to focus also on medical and mental health; 2) adding a new behavioral health site at Brookfield High School, to open in the fall of 2023; and 3) we are awaiting news on a funding opportunity that would allow CIFIC to add SBHC services at Westside Middle School in Danbury.

Women Infants and Children (WIC) Program

WIC is a special, supplemental Nutrition Program for Women, Infants and Children and is sponsored by CIFIC in the Danbury region. In addition to nutrition education, medical referrals, and breastfeeding support, WIC offers credits to purchase specific healthy food items such as infant formula & cereal, milk, cheese, and eggs. A total of 43,777 people in CT participated in WIC in 2020¹³⁴ and 2,637 in Danbury in January 2022.¹³⁵

In addition to its WIC Services, CIFIC Health began offering nutrition services to its patients in early 2023. CIFIC Health provides care to over 3,500 patients who have been clinically diagnosed with diabetes, kidney disease, high BMI, malnutrition, mental, behavioral, and neurodevelopmental disorders, and endocrine, nutritional, and metabolic diseases. To address these issues, CIFIC Health has integrated a registered dietician into their Care Team providing a holistic approach to patient care.

Number of Children with Disabilities

¹³⁰ [Connecticut Expert Talks About Kids Mental Health Report – NBC Connecticut](#)

¹³¹ [Children with psychiatric needs are overwhelming emergency departments \(ctmirror.org\)](#)

¹³² [Children with psychiatric needs are overwhelming emergency departments \(ctmirror.org\)](#)

¹³³ <https://www.newstimes.com/news/article/Three-Danbury-schools-identified-in-state-report-17017829.php>

¹³⁴ USDA WIC data tables - <https://fns-prod.azureedge.net/sites/default/files/resource-files/26wifypart-5.pdf>

¹³⁵ Ann Marie Evans, WIC Coordinator; Regional Danbury WIC Program, 80 Main St., Danbury, CT 06810

The State of Connecticut releases annual reports, documenting the number of children with Individualized Family Service Plans, or IFSP, which are submitted to the United States Department of Education. According to the Birth-to-Three 2019-20 Annual Performance Report, 5,746 children in Connecticut have an IFSP and of those children 1,502 of them are in Fairfield County.¹³⁶ The report breaks the data down further into age ranges from birth to 12 months old - 1.23% (119 out of 9,651) of the children ages from birth to 1 in Fairfield County had an IFSP in December 2019.¹³⁷

Comparably, the Department of Education publishes reports detailing demographics about students throughout each school district in our catchment area. For the 2020-2021 school year, each district reported the number of students with disabilities as follows:

Town	# Students with Disability ¹³⁸	% Of Total Students
Danbury	1,641	13.9%
Bethel	413	13.4%
Brookfield	368	14.4%
New Fairfield	326	15.3%
Newtown	590	14.6%
Redding	124	15.4%
Ridgefield	668	14.7%
Sherman	44	17.5%

Number of Children Born to Addicted Mothers

The rate of infant hospitalizations due to Neonatal Abstinence Syndrome (NAS), drug withdrawal syndrome in newborns is on the rise in Connecticut. For every 1,000 newborn hospitalizations, 10 are the result of NAS. In 2017, 357 newborns were hospitalized in comparison to 241 in 2009.¹³⁹ The numbers are expected to increase in the state without intervention. In the most recent Pregnancy Risk Assessment Tracking System (PRATS) Survey, 15% of women reported consuming at least some alcohol during meanwhile 3% of women reported binge drinking on one or more occasions during the last 3 months of their pregnancy. Additionally, (24.4%) reported any cigarette smoking on an average day and 9% reported smoking at least a pack a day during pregnancy.¹⁴⁰

Teen Pregnancy Rates

Connecticut ranked 46 out of 50 states in 2022 in number of teen birth rates, meaning that the state has the one of the lowest teen birth rates in the country – 7.7 births per 1,000 females

¹³⁶ Connecticut Birth to Three Annual Report: <https://www.birth23.org/wp-content/uploads/PR/FFY19PublicReporting.xlsx>

¹³⁷ [FFY19PublicReporting.xlsx \(live.com\)](https://www.birth23.org/wp-content/uploads/PR/FFY19PublicReporting.xlsx)

¹³⁸ EdSight School Performance Reports: https://public-edsight.ct.gov/overview/profile-and-performance-reports?language=en_US

¹³⁹ Agency for Healthcare Research and Quality: <https://www.hcup-us.ahrq.gov/faststats/NASServlet?radio-2=on&location1=CT&characteristic1=01C11&location2=CT&characteristic2=05C11&expansionInfoState=hide&dataTablesState=show&definitionsState=hide&exportState=hide>

¹⁴⁰ Results of the Connecticut Pregnancy Risk Assessment Tracking System (PRATS) Survey: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/family_health/PRATSRound2Reportpdf.pdf?la=en

ages 15-19.¹⁴¹ In 2016, there was a rate of 3.8 births per 1000 females, (3.8/1000), of teen mothers aged 15-17 meanwhile for teen mothers aged 18-19, the rate was higher hitting 17.1/1000. The number of births to mothers aged 15-19 is 1,136 in Connecticut with 262 births for mothers aged 15-17, 874 births for mothers aged 18-19 and 16 births for children under the age of 15.¹⁴² By 2018, the teen birth rate for mothers 15-19 years of age was 8.3/1000.¹⁴³

In the Greater Danbury Region, live counts of teen births as well as birth rates collected from 2014-2018 are reported by town for mothers ages between 15-19 years old. In the five-year period, Bethel's teen birth rate was 2.9, with 9 teen births in that time. Newtown's teen birth rate was 1.9/1000, while also having 9 teen births from 2014-2018. Other towns in our area, such as Brookfield with 1.4/1000, Redding with 2.1/1000, Ridgefield with .9/100, and New Fairfield with .4/1000, had exceptionally low teen birth rates. Danbury had the highest teen birth rate at 14.3/1000 or 183 births, while the lowest area was Sherman with 0 births.¹⁴⁴

Women Receiving Prenatal Healthcare

According to the March of Dimes PERISTATS research, 84% of women in Connecticut received early prenatal care, while 12.4% of women began care in the second trimester, and 3.6% (1 in 28 infants) of women received prenatal care in the third trimester or none. About 83.7% of women rated having adequate care, 7.0% of women rated receiving intermediate care, and 9.3% women rating receiving inadequate care. In Fairfield County, 81.3% of women received early prenatal care, 14.2% of women received care in the second trimester, and 4.4% of women received third trimester or no prenatal care. Furthermore, 82.6% of women reported adequate prenatal care, 6.9% reported intermediate care, and 10.4% reported inadequate care.¹⁴⁵

The Registration Report from the Office of Vital Records accounts for live births by place of residence and risk factors. In Bethel, out of 152 live births 130 women, or 87.2%, of women received prenatal healthcare in the first trimester meanwhile, 5, or 3.2%, received late or no prenatal care. Of 121 live births, 108, or 89.3% of women received prenatal care in the first trimester and 4 women received late or no prenatal care in Brookfield. Danbury reported 1,141 live births with 830 or 73.3% of women obtaining care in the first trimester and 47 or 4.2% with late or no prenatal care. In New Fairfield, 94.6% of women received care in the first trimester while only 1 woman received late or no care. More than 90% of women from Newtown (90.3%) and Redding (96.1%), received prenatal care in the first trimester with insignificant amounts of women with late or no care. Lastly, 60% of women received prenatal care in the first trimester in Sherman, while no women received late or no care.¹⁴⁶

As previously stated, the legislature expanded Medicaid funding for health care coverage for pregnant women regardless of immigration status effective April 1, 2022. Now, pregnant undocumented residents in Connecticut can get their prenatal care, and labor and delivery

¹⁴¹ [Teen Pregnancy Rates by State 2022 \(worldpopulationreview.com\)](https://www.worldpopulationreview.com/state-rankings/teen-pregnancy-rates-by-state-2022)

¹⁴² Department of Health and Human Services: <https://opa.hhs.gov/adolescent-health?facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/connecticut/index.html>

¹⁴³ CDC Key Health Indicators: <https://www.cdc.gov/nchs/pressroom/states/connecticut/ct.htm>

¹⁴⁴ CT Department of Public Health: <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Vital-Statistics-Registration-Reports>

¹⁴⁵ March of Dimes:

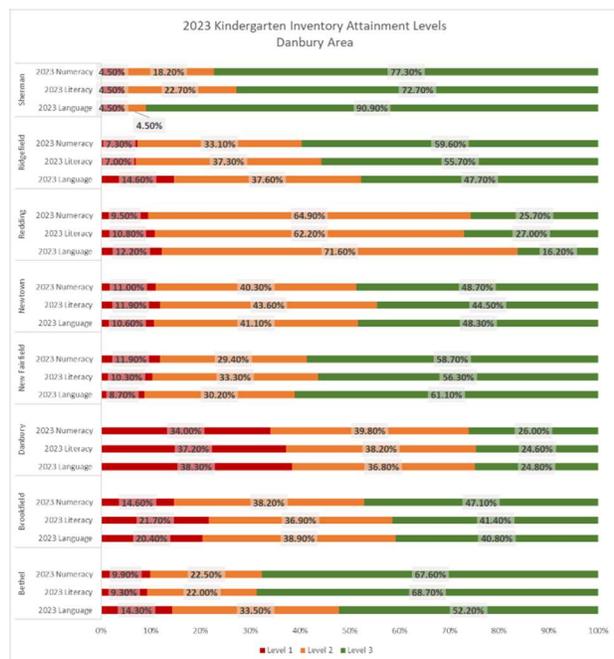
<https://www.marchofdimes.org/peristats/data?reg=99&top=5&lev=0&slev=6&sreg=09&creg=09001&stop=0>

¹⁴⁶ CT Department of Public Health: <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Vital-Statistics-Registration-Reports>

covered. CIFIC Health has continued to see a steady demand for pre and postnatal services in its women’s health practice.

Education

Connecticut and Danbury both struggle with a continuing, significant achievement gap. According to the 2022 National Assessment of Educational Progress (The Nation’s Report Card), the gap in reading scores between children eligible for free/reduced lunch and those not eligible is 29 points in Connecticut. This is the 9th worst such gap of any state in the country.¹⁴⁷ The disparities grow when disaggregated by race. Hispanic students in Connecticut scored an average of 30 points lower than their white peers; the fourth worst gap of any state. Black students in Connecticut scored an average of 38 points lower than their white peers in 2022; tying for the second worst black/white NAEP achievement gap in the country.¹⁴⁸ These large gaps are partially explained by the segregated nature of many of Connecticut’s communities, with most of the state’s diversity concentrated into a few areas. Of these areas, as previously discussed, Danbury is the most diverse.



In the Danbury area, this gap can be seen in the kindergarten readiness level of the more diverse Danbury population and the surrounding areas, as measured by the Kindergarten Entrance Inventory. The number of children who perform at Level 3, considered “most prepared to succeed in school” on the Kindergarten Entrance Inventory, is critical. The charts, left, shows how Danbury Kindergarten students compare (quite poorly) with their neighboring peers in three main categories: Language, Literacy and Numeracy.¹⁴⁹ The number of children only scoring a “1” is significantly higher in every area than the surrounding towns, and the percentage of children rated as “most prepared” is significantly smaller. Similar discrepancies are found in the remaining three categories of

Creative/Aesthetic, Personal/Social and Physical/Motor.

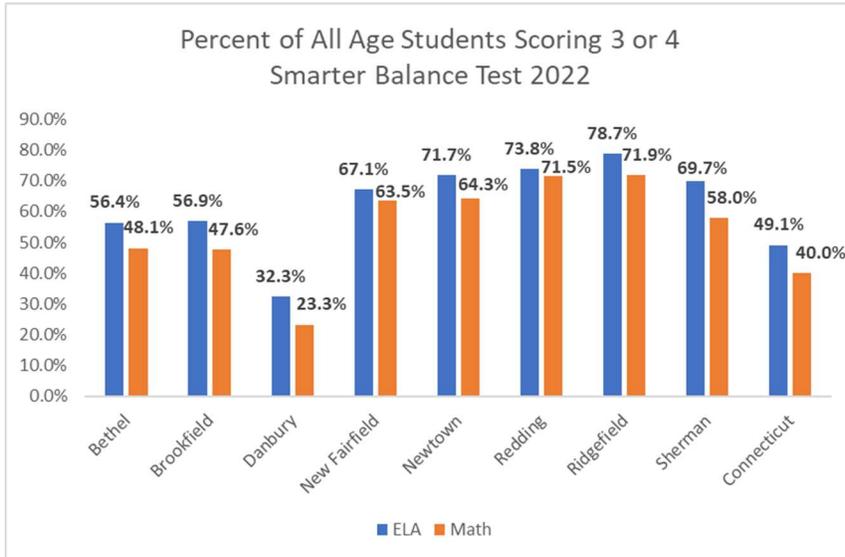
Correlated to this readiness gap is the fact that Danbury lags behind the state in its percentage of children who have a preschool experience before entering Kindergarten, and it is well below the rates of its neighboring communities. In 2018-19, only 72.6% of Danbury children were reported as attending preschool before entering Kindergarten, compared to the state average of 79.6%.¹⁵⁰ The number of children attending a pre-Kindergarten education program across the state of Connecticut has fallen to 71% in 2021-2022 even though we know there is at least a 10% reduction in the achievement gap for students attending pre-k compared to those who do not. In 2021-2022, only 63.5% of students had a pre-Kindergarten education.

¹⁴⁷ 2022 NAEP Data [Connecticut Overview CT \(nationsreportcard.gov\)](https://nationsreportcard.gov)

¹⁴⁸ 2022 NAEP Data [Connecticut Overview CT \(nationsreportcard.gov\)](https://nationsreportcard.gov)

¹⁴⁹ Edsight.ct.gov, Kindergarten Experience, and Edsight.ct.gov, KEI Report 2014-15 to 2022-23 https://edsight.ct.gov/relatedreports/KEI_201415_to_202223_public.xlsx

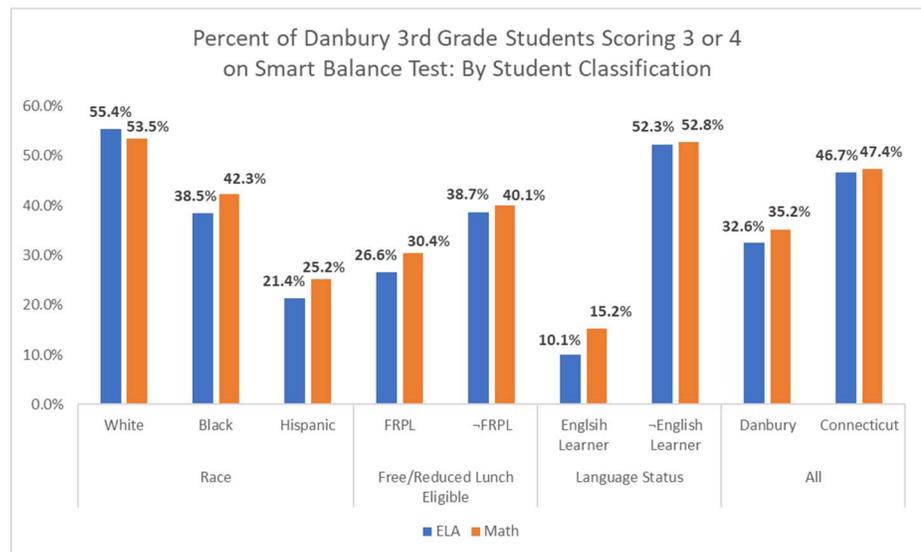
¹⁵⁰ Edsight.ct.gov, Kindergarten Experience, and Edsight.ct.gov, KEI Report 2014-15 to 2019-20



Because pre-k (and education funding generally) is not an issue that isolates itself to a small window in a child’s lifetime, the impact of pre-k availability is difficult to overstate. The percentage of students at all grades who are meeting, or exceeding achievement level expectations (level 3 or greater) is very low in Danbury, mirroring the kindergarten entrance inventories. Danbury fares poorly when compared to

both its neighbors and the state, as measured by the new Smarter Balanced Assessment tests (see chart).¹⁵¹

High-need students, including students from low-income families, minority backgrounds, and English Language learners are disproportionately marginalized by any decrease in preschool experiences. The high-need and diverse populations that Head Start/Early Head Start directly serve, despite high-level



interventions, continue to suffer serious disadvantages at the 3rd grade level. These achievement gaps can be expected to further separate, with fewer affordable pre-school spots. The chart shows achievement, measured by the Smarter Balanced Assessment tests in Danbury 3rd graders, among the groups of students who would be most negatively impacted by funding cuts and service reductions.¹⁵²

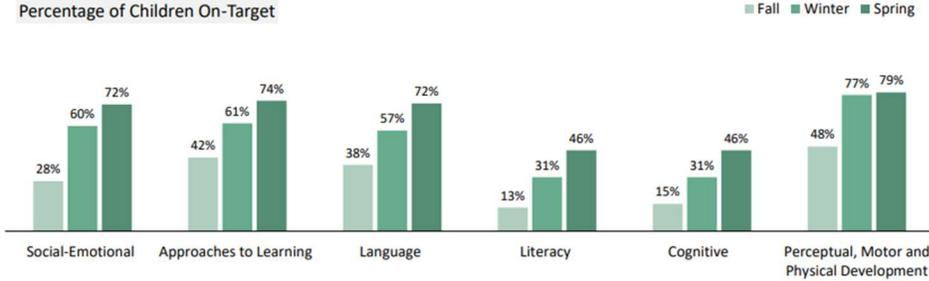
CIFC’s Early Learning Program students have shown significant increases in academic rediness for Kindergarten in all measures across the board. In the 2022-23 school year, in Danbury only 38% of students set to transition to Kindergarten at the end of the year were on-target in Language in the fall, but that number almost doubled to 72% of students being on-target

¹⁵¹ Edsight.ct.gov, Kindergarten Experience, and Edsight.ct.gov, KEI Report 2014-15 to 2019-20

¹⁵² Smarter Balance Achievement Results 2021-2022 | [Smarter Balanced Achievement/Participation \(ct.gov\)](https://www.ct.gov/education/achievement)

Child Outcomes:

The percentage of children who scored on-target for every objective within a domain based on TSG expectations.



at the end of the year. Similarly, only 13% of children in the program started the year on-target in literacy, but that number more than tripled, as 46% of CIFIC transitioning students¹⁵³ were deemed on-target at

the end of the year.^[00] Each of these gains represents students who started the year behind and were able to catch up to, and in some cases exceed, the on-target scores. This is especially salient when the demographic-associated barriers facing these students including immigration status, income levels, and language spoken at home to name a few, that are being overcome. Our evidence also indicates that students who begin in Early Head Start are more likely to graduate from head start academically on-target.

The cost of enrollment in childcare programs has a direct impact on educational attainment, and continues to serve as a major barrier to remedying the achievement gap. Connecticut Voices for Children data show the current system has neither enough care *nor* enough affordable care.¹⁵⁴ Both the U.S. Department of Health and Human Services and the Connecticut Office of Early Childhood recommend parents spend no more than 10% of their income on childcare. By this metric, even parents with six-figure incomes could have difficulty finding affordable care, putting it far out of reach for *most* single-parent families, and many two-parent families – even if both parents work. In Connecticut, the average annual cost of full-time care for a single infant in a center is \$16,281.72, or 20.8% of the state median household income of \$78,444.¹⁵⁵ Even for one child, these rates are well beyond what Head Start families can financially afford, especially with 46% of female-led households below the ALICE threshold.

Connecticut does offer a day-care subsidy to priority groups of parents called Care 4 Kids. Priority 1 is those parents who receive Temporary Assistance for Needy Families (TANF), and who are a) employed or b) participating in an approved activity (e.g., continuing education); Priority 2 is working parents whose cash assistance was discontinued within 5 years prior to C4K application; Priority 3 is parents under age 20, not on cash assistance, and attending high school; and Priority 4 is working parents with gross countable family income below 50% of the state median income.¹⁵⁶ As previously stated, the legislature increased funding for childcare subsidies, especially in the Birth to Three Program and Care 4 Kids.

CIFIC’s Early Learning Program, Head Start of Northern Fairfield County (HSNFC) has also taken several extra recent steps to monitor our own progress. One part of addressing the pre-kindergarten disparity requires longer days and extended-day care options for parents who work. Based on a recent Community Needs Survey, 91% of families surveyed expressed the need for longer hours (6+) that support their work schedules. The vast majority of these parents indicated the longer day was necessary due to both parents having to work to support the household. Unfortunately, even with both parents working full time, many of the families continue to fall

¹⁵³ Head Start MBO 2023

¹⁵⁴ Connecticut Voices for Children, [Call for Comprehensive Reform of Childcare, Post-COVID](#)

¹⁵⁵ 211 Child Care, [Average Child Care Cost – 211 Child Care](#)

¹⁵⁶ Care 4 Kids, [CT Care 4 Kids – Connecticut Office of Early Childhood](#)

below the ALICE threshold, or even more restrictive poverty line. In this vein, 75% of responses indicated a need for the Head Start programs to be year-round to support their ability to work as well. Federal recovery act funds for Head Start allowed our program to temporarily extend hours for 12 classrooms in Danbury and 4 classrooms in Norwalk for the 2021-2022 and 2022-2023 academic years. Recognizing that extended hours would end at the close of the 2022-2023 academic year for so many children in Danbury, CIFIC submitted a change in scope application to the Office of Head Start to convert its remaining part-day preschool slots into full day slots, which is a 6 hour day. That application was approved and is effective as of September 1, 2023. Although some classrooms are and will continue to be full-year as part of this new structure, additional funding and staffing is needed to offer year round options to all children whose families desire it, which is why CIFIC will continue to explore funding opportunities for summer enrichment programming that helps meet the needs of children and families.

Transportation continues to be an issue for parents, but Danbury fares better than most – with 12% of adults reporting transportation insecurity in Connecticut, 11% reported it in Fairfield County and only 8% responded that it was an issue for them in Danbury.¹⁵⁷ All of CIFIC’s Head Start and Early Head Start centers are accessible by the public bus line.

Out of School Care

While it is common to equate childcare with preschool (and younger) children, the need for quality care continues as the child enters school. The challenges for parents become acute in two situations: care on a sporadic basis due to unplanned situations, such as snow days, or a child’s illness, and summer care. As an employer, CIFIC experiences first-hand the difficulties created for both employees and the organization when childcare is not available, requiring employees to take PTO for the day. Summer care also creates a burden for families, most often due to high costs that place care outside the financial capacities of many families. A week of summer camp at the Regional YMCA, considered a moderately priced option, costs \$306 a week for non-members, well beyond what many families can afford for several weeks during the summer school vacation.¹⁵⁸

The pandemic had a devastating impact on childcare providers/centers. Over the past two years, 10% of the childcare supply has closed as a result of COVID-19 disruptions, and childcare staffing issues driven by low wages.¹⁵⁹ According to 211-Childcare, 83 licensed child daycare centers closed between July 1, 2020 – June 30, 2021 and 43% of those surveyed listed COVID-19 as the reason for closure.¹⁶⁰ During the same timeframe, 137 family daycare homes closed and 33% of those surveyed cited COVID-19 as the main reason for closure, 23% cited retirement as the second reason and 15% cited career change as their reason for closure.¹⁶¹ Over the last two years, federal COVID-related funding bolstered Connecticut’s childcare section, infusing the system with over \$200 million. These monies were used to stabilize the childcare business and to provide tuition vouchers to parents.¹⁶² The childcare industry in Connecticut and the nation, however, remains challenged for workforce. According to April 2022 reporting by the CT Mirror, “child care programs ha[ve] declined by about 10%” and “the sector has only recovered

¹⁵⁷ Fairfield County Community Wellbeing Index 2019, <https://fccfoundation.org/research-publications/cwi2019/>

¹⁵⁸ The YMCA, [The YMCA » Camp Greenknoll NEW \(regionalymca.org\)](https://www.regionalymca.org/camp-greenknoll-new)

¹⁵⁹ [The Workforce Of Tomorrow Requires A Child Care System Fit For The Future \(forbes.com\)](https://www.forbes.com)

¹⁶⁰ [211-Child-Care-Program-Closure-Reason-FY-21.pdf \(211childcare.org\)](https://www.211childcare.org)

¹⁶¹ [In CT, the child care industry cries out for a fix | Connecticut Public \(ctpublic.org\)](https://www.ctpublic.org)

[211-Child-Care-Program-Closure-Reason-FY-21.pdf \(211childcare.org\)](https://www.211childcare.org)

¹⁶² [In CT, the child care industry cries out for a fix \(ctmirror.org\)](https://www.ctmirror.org)

87.6% of jobs compared to February 2020. . . . Analysts from Wells Fargo estimate that nearly half a million families around the country are still struggling to arrange child care.”¹⁶³

After School

In Danbury, Danbury Youth Services and offer some after-school programs. CIFIC renovated the former downtown Danbury YMCA to create the Danbury Community Center. The years-long, \$2.5 million renovation included upgrading the gymnasium, and meeting space, as well as repairs to the pool. Beginning in 2019, the facility offered a public gymnasium and public swim before suspending service in 2020 due to COVID-19. The Danbury Community Center reopened July 1, 2022, with activities including basketball, swimming, and Zumba and yoga classes. The DCC now offers swim lessons and water safety training to kids and adults from the Danbury area. CIFIC anticipates expanding access to swim lessons at the DCC in the coming months, as well as launching a corporate wellness program at the DCC for area businesses.

The End of the COVID-19 Public Health Emergency

- The pandemic's early public health effects in 2020 immediately spurred the federal government to establish a continuous enrollment for Medicaid with increased reimbursements to the state. Additionally, to access the money available to them, numerous states that had previously opted out of Medicaid expansions to adopt the Medicaid expansions from the Affordable Care Act. Due to this, record numbers of people enrolled in Medicaid and the number of uninsured people in almost every state dropped in 2020.¹⁶⁴

The conclusion of the Public Health Emergency on May 12, 2023, in combination with the concessions made for the passage of the Inflation Reduction Act, means the continuous enrollment bonuses and restrictions on removing people from the Medicaid rolls will result in states resuming disenrollments and reducing the overall number of people on Medicaid.¹⁶⁵ While some of these individuals may now have access to private insurance, it is highly likely that most will not. By June 1, 2023, it was reported that 600,000 individuals had already lost their Medicaid coverage, with 80% of them being removed from the rolls for failure to return their paperwork or not having one of the specific documents they needed to reenroll.¹⁶⁶

In Connecticut, the unwinding of the Medicaid expansion is expected to remove up to 108,000 individuals, or ¼ of the total number of current enrollees, from Medicaid and CHIP (HUSKY).¹⁶⁷ Some of these individuals may qualify for other subsidized medical care, but there will still be likely disruptions of coverage and additional financial costs, in addition to paperwork barriers and the like that will prevent some individuals from taking advantage of the other options available to them.¹⁶⁸ CIFIC Health will continue to monitor the situation and employs a team to help patients learn about the options available to them and to help patients enroll in public insurance.

CIFIC Health COVID Response & Impact of COVID-19

COVID-19's impact will be felt for years to come. We continue to examine the pandemic has created much starker lines between our neediest populations and everyone else, which creates a framework for understanding any future economic impact.

Although unemployment has decreased to pre-pandemic levels in the state, the effects of the COVID-19 pandemic, as well as the recovery, have not been felt equally across the country. Hispanic, it could take many years for families to recover. The Economic Policy Institute's research shows there was a 20% greater chance of unemployment experienced by our Hispanic population compared to the white population in Quarter 2 of 2020.¹⁶⁹

Some workers were protected from an unpaid COVID-19 quarantine by the Families First Coronavirus Response Act (FFCRA) from April 1, 2020, through December 31, 2020, however

¹⁶⁴ US Census Bureau | Health Insurance Coverage Status and Type by Geography: 2019 and 2021 (census.gov)

¹⁶⁵ Kaiser Family Foundation | 10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision

¹⁶⁶ USA Today | [Medicaid unwinding begins; 600,000 Americans lose health coverage \(usatoday.com\)](https://www.usatoday.com/story/news/health/2023/06/01/medicaid-unwinding-begins-600000-americans-lose-health-coverage/1234567890)

¹⁶⁷ Access Health CT | [Connecticut Department of Social Services and Access Health CT Announce Plan For Medicaid Unwinding – Access Health CT](https://www.accesshealthct.org/news/2023/05/12/connecticut-department-of-social-services-and-access-health-ct-announce-plan-for-medicaid-unwinding-access-health-ct)

¹⁶⁸ Access Health CT | [Connecticut Department of Social Services and Access Health CT Announce Plan For Medicaid Unwinding – Access Health CT](https://www.accesshealthct.org/news/2023/05/12/connecticut-department-of-social-services-and-access-health-ct-announce-plan-for-medicaid-unwinding-access-health-ct)

¹⁶⁹ Economic Policy Institute, [2020Q1-Q2 | State unemployment by race and ethnicity | Economic Policy Institute \(epi.org\)](https://www.epi.org/state-unemployment-by-race-and-ethnicity/)

only if they worked for a covered employer that had fewer than 500 employees.¹⁷⁰ Any workers in the ALICE category who were forced to take two weeks off for quarantine during the COVID-19 pandemic and were not eligible for FFCRA or paid leave faced additional and unprecedented hardship. Even for those able to receive unemployment benefits, the volume of applications substantially delayed unemployment application approval. Most adults in these households hold positions such as retail salespeople, cashiers, customer service representatives, laborers, movers, fast food workers, and personal care aides.¹⁷¹ Many of these low-wage workers are paid minimum wage and receive no paid sick time, pension plans, or health insurance through their employer. The result has been a decrease in accrued savings and an increase in debt for many families.

To help alleviate the pandemic strain on housing costs, Governor Lamont enacted the Temporary Rental Housing Assistance Program on July 15th, 2020, with \$20 million in funding. The program received over 7,000 submissions by the end of September 2020 including a temporary intake freeze due to the inability to process the volume of applications and doubled funding just before October 2020.¹⁷² Requests to the United Way's 211 for assistance in Connecticut in the month of October of 2019 alone, including through the web, numbered 73,097. In the same period in 2020, they received over *five times as many*, or 367,132.

As previously noted, the COVID-19 pandemic also had a significant impact on childcare availability in the area. Recent research identifies Danbury as one of the areas in Connecticut identified as a “childcare desert” where 44% of families live where there are not enough childcare options.¹⁷³ In many cases, centers have remained open, but because approximately 100,000 childcare workers have left the field and not returned, classrooms have closed and therefore there are fewer slots for families.¹⁷⁴ Additionally, new research from the United Way of Western CT and United for ALICE, has found that 42% of all children, and specifically 72% of Black and 67% of Hispanic children, in Connecticut live in households that cannot afford their basic needs—this includes the cost of childcare.¹⁷⁵

The deferral of health care concerns and the loss of consistent monitoring of health conditions during the lockdown is leading to an increase in chronic conditions that are more expensive and difficult to treat due to being addressed later.

Due to the resources utilized during the COVID pandemic and the risks of in-person visits, our own improvements in diabetic care were threatened. The shift toward monitoring at home during shelter-in-place precautions led to plummeting accuracy and rates of monitoring, even though we established partnerships with local labs to increase monitoring accuracy and support. Similarly, calls for mental health and addiction information increased in every community, except for Danbury. This increase occurred amongst the backdrop of a rapidly

¹⁷⁰ U.S Department of Labor, [Families First Coronavirus Response Act: Employer Paid Leave Requirements | U.S. Department of Labor \(dol.gov\)](https://www.dol.gov/eis/whd/coronavirus/employer-paid-leave-requirements)

¹⁷¹ Connecticut Department of Labor, [Occupational Employment and Wage Statistics \(1Q 2021\): Danbury Labor Market Area \(state.ct.us\)](https://www.state.ct.us/labor/market-area)

¹⁷² Portal.CT.Gov, <https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2020/09-2020/Governor-Lamont-Doubles-Funding-for-Housing-Assistance-Program>

¹⁷³ CAP Connecticut Fact Sheet, (https://cf.americanprogress.org/wp-content/uploads/2021/12/Connecticut.pdf?_ga=2.132288072.758308110.1640098326-2059064687.1639525014)

¹⁷⁴ CT Insider, “Nearly Half of CT residents live in a childcare desert,” <https://www.ctinsider.com/news/article/Data-Nearly-half-of-CT-residents-live-in-a-16739222.php>

¹⁷⁵ United Way of Connecticut, Alice in Focus: Connecticut Children, <https://alice.ctunitedway.org/wp-content/uploads/2022/04/ALICE-in-Focus-Children-Connecticut.pdf>

shrinking availability of behavioral healthcare providers, leaving many desiring care that may have never been received. See the rolling 12-month (July 1 to June 30) table, below.¹⁷⁶

Town	211 Requests 7/21 – 6/21	211 Requests 7/20 - 7/21	Healthcare calls 2021- 2022	Healthcare calls 2020- 2021	Mental Health & Addictions 2021-2022	Mental Health & Addictions 2020-2021	Housing & Shelter Calls 2021-2022	Housing & Shelter Calls 2020-2021
Danbury	7,804	17,847	975	10,865	2,791	3,120	2,321	1,997
Bethel	665	2,224	98	1,721	172	167	192	143
Bridgewater	28	185	13	179	5	3	5	0
Brookfield	421	2,100	76	1,822	109	72	110	74
New Fairfield	238	1,312	46	1,136	65	55	56	41
New Milford	1,137	3,604	209	2,683	267	193	335	316
Newtown	694	2,732	124	2,277	207	167	148	80
Redding	262	983	43	730	80	142	68	48
Ridgefield	483	2,453	85	2,070	115	108	148	107
Sherman	87	327	12	268	23	21	39	15
Connecticut	3,063,252	6,631,792	1,971,540	5,605,701	136,029	113,076	356,024	290,818

Given this data, it should be no surprise that HRSA has identified Danbury, Connecticut as a Medically Underserved Area with a Health Professional Shortage Area (HPSA) Score in mental health of 21 out of 25, with 25 indicating greatest need. The U.S. Census Tract Social Vulnerability Index (SVI) also indicates that on a scale of 0 to 1, with 1 indicating the highest need, Danbury has a social vulnerability score of 0.8398.¹⁷⁷ The SVI measures vulnerability based on 15 specific factors in four broad areas: socioeconomic status, household composition, race/ethnicity/language, and housing/transportation. Indeed, the 2019 Greater Danbury Community Needs Assessment and Priorities (prior to COVID) indicated that, given the demographics and social determinants in the area, “Mental health and substance abuse” were the top health concerns reported in the Key Informant Surveys and were felt to impact persons of every socio-economic level. These findings align with the previous health assessment completed in 2016 and with the Community Wellbeing Survey data from the current survey. Ten percent of Danbury residents surveyed reported that they rarely or never get the emotional support that they need, and 7% reported feeling depressed more than half the days or nearly every day.¹⁷⁸

The pandemic’s economic and health effect disparities are likely to show in data for years to come. CIFC will continue to watch, assess, and respond to these disparities through CIFC’s diverse services.

Looking Forward

The conclusion of the Public Health Emergency (PHE) declaration coincided with the reduction or elimination of many pandemic-era programs and initiatives that temporarily increased available funds to meet the immediate needs of the community. Many of the needs that were addressed in these programs existed prior to the emergence of COVID-19, and they continue to plague the community despite the end of the PHE. These conditions, as well as the previously discussed lingering economic and health impacts of the pandemic, are now being left to non-

¹⁷⁶ 211 Counts, [211Counts Connecticut](#)

¹⁷⁷ [The Social Vulnerability Index \(SVI\): Interactive Map | CDC](#)

¹⁷⁸ 2019 Greater Danbury Region Community Health Needs Assessment and Community Health Improvement Plan

profit and social service providers to address amidst the backdrop of shrinking government funding, changing workforce demands, and persistent inflation.

Despite these challenges, CIFIC is outpacing most health care and early childhood providers in employee retention, based on comparisons to national averages. CIFIC initiated a comprehensive Strategic Planning process in 2022 to direct the organization out of the pandemic with a post-pandemic plan. We are working to launch a new planning process in 2024 to carry us through 2026 and ensure that CIFIC continues to address the needs of the community under the new post-pandemic conditions.

As we plan, it will be important to keep the following implications in mind:

- The opioid epidemic not only devastated our community prior to COVID-19, but potentially has long-term implications with diseases such as Hepatitis C and HIV.
- Complications due to COVID-19 have significantly strained already-limited resources for Danbury's struggling families.
- Growing housing costs in the area, and the flood of additional requests for aid, mean that more families are likely to face increased homelessness and food insecurity. In addition, the demand for affordable housing becomes more acute.
- As the childcare sector struggles to restabilize its overall staffing levels, waitlists of children for Head Start will only grow, as demand remains significant and there are not enough childcare providers. This, in turn, will lead to two likely outcomes: 1) More children at home unattended, or in low-quality childcare settings, and 2) fewer children prepared for kindergarten, resulting in lower test scores.
- In addition to the suffering caused directly by COVID-19, there may be lasting emotional distress from life during the pandemic, including from restrictions on such a broad range of gatherings as funerals, weddings, and events with small children and newborns.
- The COVID-19 pandemic took its toll on children and young adults. The continued disruptions to routines, changes at school, isolation from family and friends had a deleterious effect on our youth.
- The percentage of individuals seeking mental and behavioral health services at CIFIC Health is likely to grow, as is the number of new immigrant and other newcomers to the area.
- Other communities in our region, like New Milford and Brookfield, are demonstrating greater needs than ever before.

CIFIC Health has responded to these realities by expanding our services. In 2020, CIFIC Health we instituted telehealth across our medicine and behavioral health services, since then have also greatly expanded our adult and pediatric behavioral health and dental services, including adding dental and pediatric exam room capacity through a building addition in 2022. Although the COVID PHE that ushered in the expanded use of telehealth services is ending, the provisions allowing FQHC's to continue to provide telehealth services for Medicaid and Medicare is continuing through (at least) 2024.¹⁷⁹ We have also added Medication Opioid Use Disorder (MOUD) treatment and the expertise of a registered dietician to continue our approach of integrated medicine as it applies to pain-management and nutrition-based conditions.

To continue to meet the constituency where they are, CIFIC Health has continued to add School Based Health sites in area schools, including 5 New Milford School sites and a site planned for Brookfield High School, which is scheduled to open in September 2023. CIFIC has also secured a mobile health van that is being outfitted to provide Dental and Medical services.

¹⁷⁹ Centers For Medicare and Medicaid Services | [Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\): CMS Flexibilities to Fight COVID-19](#)

The plan is for the van to visit schools, senior centers, and community events to provide services to individuals that may not have the means to travel to the Health Center. In 2023 and beyond, CIFIC will continue to assess needs in the region beyond Danbury, such as in New Milford and Brookfield, to continue meeting patients in need where they are and addressing the primary care needs of the region.

Most significantly, CIFIC became accredited in Psychiatry by the Accreditation Council in Graduate Medical Education (ACGME) in April 2023, allowing CIFIC Health to launch a new residency program in psychiatry in July 2023, a full year earlier than originally anticipated.

On the early education side, CIFIC opened a new location for Early Head Start in Danbury in 2022, used pandemic funding to expand classroom hours significantly during the 2021-2022 and 2022-2023 academic years, and will permanently convert its part-day classrooms in Danbury to full-day classrooms as of September 1, 2023 through an overall 80 slot reduction, which allows CIFIC to repurpose funds for part-day classroom to length all classrooms to full 6 hour educational days. This will provide an immediate response to the hours and slots parents indicate that they need, which are overwhelmingly full and extended day slots. CIFIC successfully completed its FA1 review in the spring of 2023 with no findings and looks to complete its FA2 review during the 2023-2024 academic year. As CIFIC Early Learning Programs look ahead, there will be a continued focus on providing the highest quality services while also looking at summer funding opportunities as well as how newly available space freed up by the slot reduction may be used to support potential private pay or other early childhood opportunities.

While many of these issues are addressed in CIFIC's Strategic Plan, and programmatic responses are developed or expanded, it is important for CIFIC Staff and Board to continue to be vigilant about the ever-changing social environment to constantly refine programmatic direction as needed to be responsive to our community's needs.