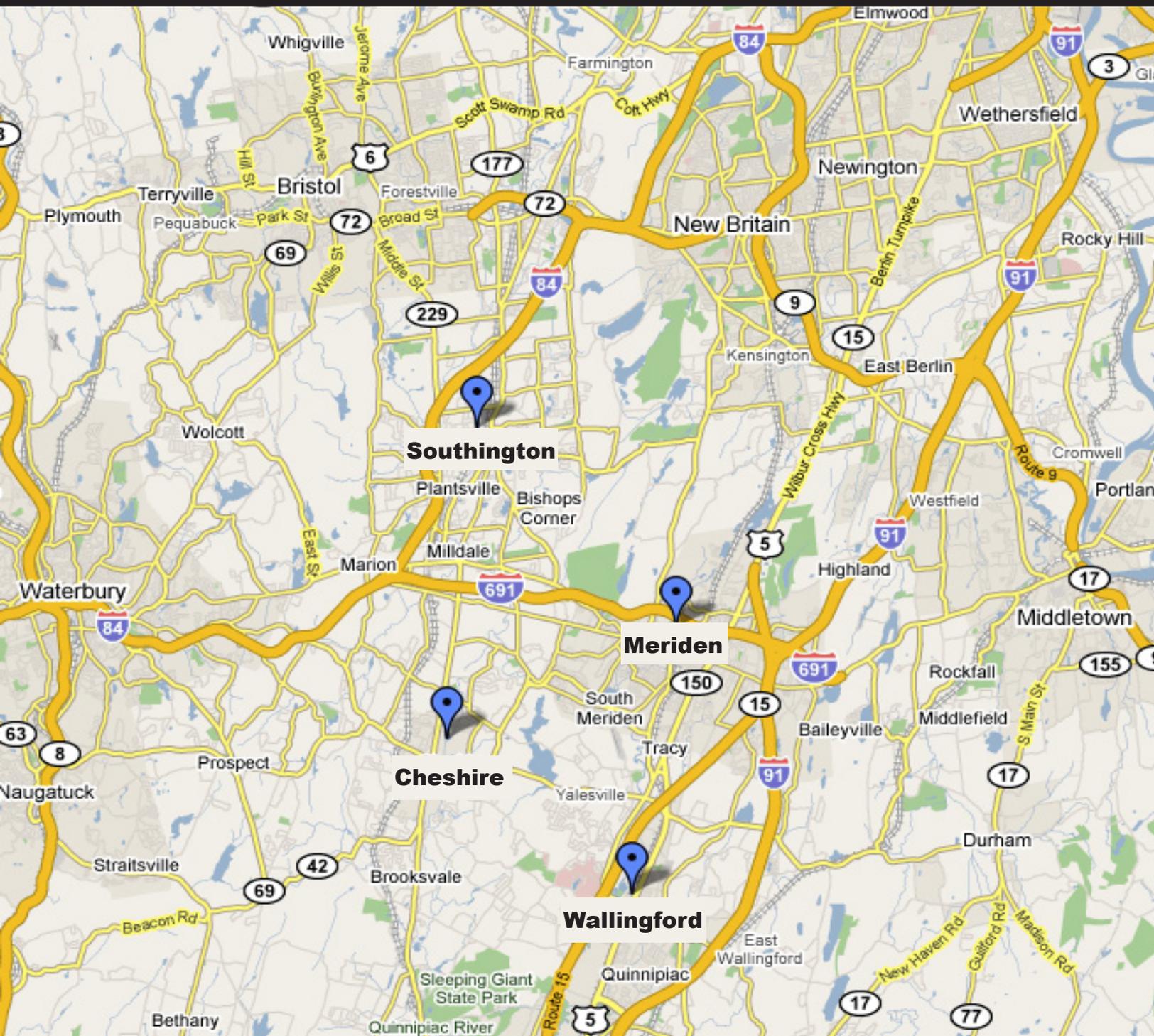


2008 NEEDS ASSESSMENT

*Funding provided by MidState Medical Center,
United Way of Meriden & Wallingford, and
James H. Napier Foundation*



Community Results Center
December 2008



The Community Results Center (CRC) is a department of the United Way of Connecticut that seeks to improve community life by providing research and analysis that informs local planning, measures community change, and increases citizen decision-making capacity.

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EXECUTIVE SUMMARY

The Community Results Center (CRC) of the United Way of Connecticut conducted a needs assessment for MidState Medical Center and the United Way of Meriden and Wallingford to help determine the best use of their resources to impact the lives of the communities they serve. In order to ensure that the perceptions and opinions of many segments of the community were included in the research, data were gathered from residents, community leaders, publicly available data sources, published reports, and from the United Way 2-1-1 information and referral service.

The report focuses on the communities of Meriden, Wallingford, Cheshire and Southington. An analysis of the data gathered found a number of issues that frequently came to light. This report organizes these issues into the following categories: basic needs; health; children and youth; and older adults. The report also includes a profile of these four communities, detailing demographic and economic conditions.

Basic Needs

The current economic climate was often the first issue discussed during the focus groups. At the time these groups met, gas prices were rising and heating oil prices were expected to double from last winter's rates. Participants discussed the impact of those rising costs on agencies that provide basic needs to families and on the resources needed to assist families facing financial difficulties. Participants of the focus groups discussed the need for more jobs and transportation options as well. The needs assessment survey found concern over public safety and identified barriers to social service support.

- **Employment and Financial Stability** – The need for more job training and workforce development is among the top five needs in Meriden, Wallingford and Cheshire. At 7.5 percent, Meriden's unemployment rate exceeds the State average of 6.1 percent. Meriden has lost close to 2,000 jobs since 2000. The unemployment rate rose in all of these towns except for Wallingford which gained over 2,800 jobs since 2000. The poverty rate is below the State average in Wallingford, Cheshire and Southington, but at 11 percent, Meriden's rate for individuals in poverty exceeds the State's rate of 7.9 percent.
- **Food and Utilities** – During the information gathering period of this needs assessment, food, gas and heating oil prices were increasing and there was concern over whether the social service community will be able to meet these needs in these communities. Requests to United Way 2-1-1 for information related to utility assistance increased 25 percent for these four towns in fiscal year 2008 compared with fiscal year 2007. Requests to 2-1-1 for information about food assistance increased 17 percent during that same time period.
- **Shelter** – The availability of affordable housing was identified as a top five need in all four communities, with 65 percent of survey respondents rating the availability of affordable housing as fair or poor. Focus group discussions on housing included the need for emergency housing options. Participants in Wallingford cited the need for a year-round emergency shelter. Participants in Meriden called for the development of emergency housing options.
- **Transportation** – Access to public transportation was also identified as a top five need in all four communities. In Cheshire and Southington, it was the number one need. Sixty-one percent of survey respondents rated public transportation as fair or poor.

EXECUTIVE SUMMARY

- **Public Safety** – The need for safe, crime-free neighborhoods was identified as the top need in Meriden. A 2007 Community Survey in Meriden found that many residents do not feel safe in the City’s parks and in the downtown business area after dark.
- **Social Service Support** – The needs assessment survey sought to identify whether there are barriers to receiving support from social service agencies. The survey found transportation, language, long waiting lists for service and program fees to be among the biggest barriers.

Health

- **Access to Health Care** – Focus group participants discussed issues that tend to be universal in nature when it comes to accessing health care; the limited options for those who are uninsured or underinsured and the challenge of meeting rising deductibles and co-pays for those who are insured.
- **Health Issues** – A review of some major health issues provides a further portrait of these communities. The health issues discussed include, top five causes of death, infant mortality, heart disease, cancers, diabetes, asthma, accidents, births to teens, childhood obesity and childhood dental care.

Children and Youth

- **Population and Poverty** – There are close to 40,000 children and youth in these 4 towns, comprising about a quarter of the population. Meriden has the highest rate of children living in families below the federal poverty level.
- **Early Education** – In all four of these communities at least 82 percent of children in Kindergarten have had preschool experience. Focus group discussions centered on the need for more infant and toddler care and more affordable child care.
- **Education** – While most of these towns exceed the State average in terms of standardized test scores, disparities exist for racial and economic minorities. More than half of those responding to the needs assessment survey report that opportunities aimed at helping children and youth succeed exist in these towns. However, it was suggested in interviews and focus group discussions that more after-school programs are needed, especially for younger teens with emotional or mental health challenges.

Older Adults

- **Transportation** – While transportation options exist in all towns for older adults, focus group discussions centered on the need for more on-demand transportation options that offer door-to-door service and include personal assistance for those needing help with stairs or carrying packages.
- **General Supports for Older Adults** – Among the programs mentioned that are needed to help older adults maintain independence and stay in their homes are adult day care programs, financial literacy programs and a directory of the services available to older adults. There was also a call for programs that support older adults who are caring for grandchildren.

MidState Medical Center and United Way of Meriden & Wallingford

conducted a community needs assessment in order to help determine the best use of their resources to impact the lives of the residents of the towns they serve. The needs assessment was completed by the Community Results Center (CRC) of the United Way of Connecticut using a multifaceted research approach. Data and information were collected through focus groups and interviews with community leaders and through a resident needs assessment survey. The research focused on Meriden, Wallingford, Cheshire and Southington.

To provide further perspective, the report also utilized reports and data from City and Town departments, administrative data, and call data from the United Way 2-1-1 information and referral service (2-1-1 is a statewide phone-based information and referral service for health and human service issues operated by United Way of Connecticut).

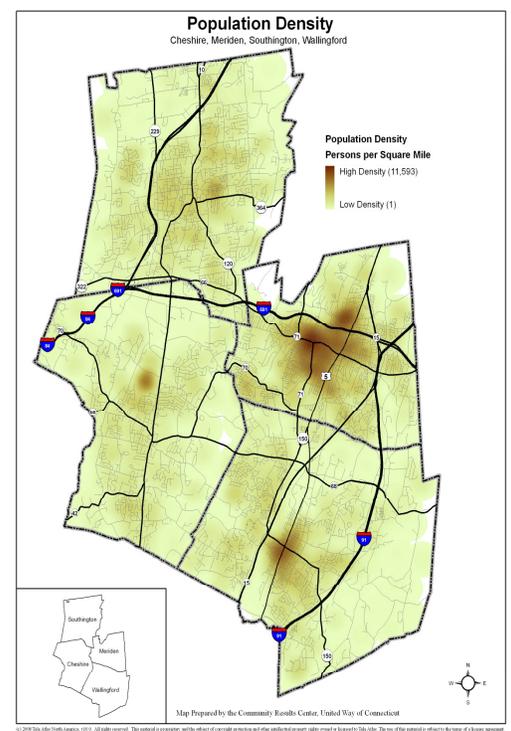
This report integrates an analysis of the information gathered from administrative data, the needs assessment survey and the focus groups and interviews. The areas that stood out as being issues of concern to the residents of these four towns are presented and organized in the following categories: basic needs, health, children and youth and older adults. Brief portraits of Meriden, Wallingford, Cheshire and Southington are provided below, while more detailed information on demographic and economic information for these communities is included in Appendix A. Maps 1, 2 and 3 show population density, concentration of population by race, and median household income for these four towns. Larger versions of these maps are available in Appendix F. Commentary from focus group participants and those interviewed are presented throughout the report as *Comments from Focus Groups*.

Overview of Meriden, Wallingford, Cheshire and Southington

Meriden is Connecticut's 12th largest city with a population of approximately 60,000. Of the four towns, Meriden has the highest poverty levels (8.5 percent of families and 11 percent of individuals) and the most racial and ethnic diversity. In 2000, 80 percent of the population identified as white, 21 percent as Hispanic, 6 percent as black and 1 percent as Asian. Meriden has a median income of \$43,000, lower than the statewide average of \$54,000 and the lowest of these four towns. The City has a diversified economy that supports biotech companies, manufacturing, retail, a hospital, and several utilities.

Wallingford, with a population of 44,000 is the 22nd largest community in the State. The town has a relatively low rate of poverty with just over 2 percent of families and 3 percent of individuals living below the federal poverty level. In 2000, 95 percent of the population identified as white, 5 percent as Hispanic, 2 percent as Asian and 1 percent as black. The median household income for Wallingford is \$70,698. The town has a diversified commercial and industrial base that has attracted high technology industries in recent years.

Map 1: Population Density

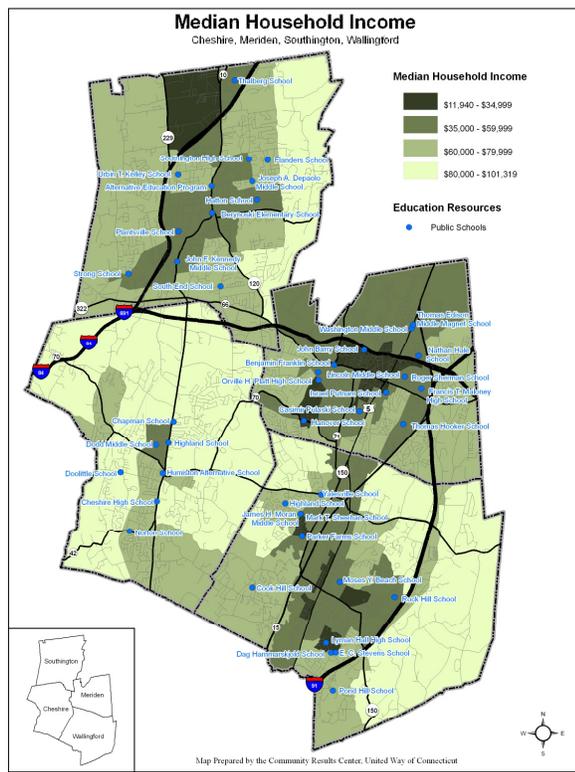


INTRODUCTION

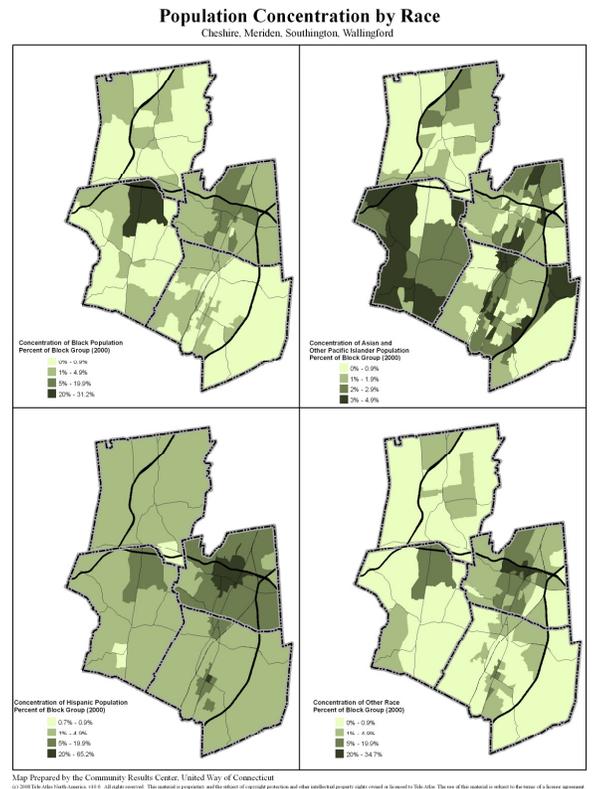
Cheshire is a residential community with a population of close to 29,000. The town has a low rate of poverty with 3 percent of individuals and just under 2 percent of families living below the federal poverty level. Median household income in Cheshire is just over \$80,000. In 2000, 89 percent of the town's population identified as white, 5 percent as Black, 4 percent as Hispanic, 3 percent as Asian, and 3 percent as other or of multiple races. During the past 50 years, Cheshire has become a residential suburban community. Despite significant industrial and commercial growth, Cheshire retains its rural characteristics with thousands of acres of open space and an active agricultural industry.

Southington has a population of just over 41,000. The town has a rate of poverty similar to Cheshire's. Three percent of individuals and 2.2 percent of families are living below the federal poverty level. Median household income is just over \$60,000 in Southington. In 2000, 96 percent of Southington's population identified as white, 2 percent as Hispanic, 1 percent as Black, 1 percent as Asian, and 2 percent as other or of multiple races. The town's top employers include Hartford Insurance Group, Bradley Memorial Hospital, Yarde Metals and Medex Inc.

Map 2: Median Household Income



Map 3: Population Concentration by Race



COMMUNITY PERSPECTIVE

Needs Assessment Survey: Top Five Needs Identified

The needs assessment survey asked respondents to identify the top five needs in the town they live. For those living in Meriden, the need for safe, crime-free neighborhoods is of most concern, while for those in Wallingford the top issue is fuel and utility assistance. In Cheshire and Southington, the top need is accessibility to public transportation (Table 1).

Table 1 – Top Five Needs

Meriden	Wallingford	Cheshire	Southington
Safe, crime-free neighborhoods	Fuel/utility assistance	Accessibility to public transportation	Accessibility to public transportation
Job training & workforce development	Availability of affordable housing	Availability of affordable housing	Support for those needing mental health services
Availability of affordable housing	Accessibility to public transportation	Job training & workforce development	Support for those in needing substance abuse services
Fuel/utility assistance	Job training & workforce development	Food assistance	Availability of affordable housing
Accessibility to public transportation	Financial assistance for individuals/families	Support for those needing substance abuse services	Fuel/utility assistance

The survey also asked respondents to rate various quality of life attributes in their communities. The results of this rating illustrate what respondents think is working well in their community and what areas need more attention. Overall, respondents rated recreation facilities, adult education programs, and opportunities for success in school the most highly, while the availability of affordable housing, public transportation, and the availability of programs to help people maintain financial stability were rated less positively (Table 2).

Table 2 – Highest and Lowest Ratings for Quality of Life Attributes

Attributes Most Often Rated as <u>Excellent or Good</u>	Attributes Most Often Rated as <u>Fair or Poor</u>
Recreation facilities	Availability of affordable housing
Educational opportunities for adults	Accessibility to public transportation
Opportunities for success in school for children and youth	Opportunities to help people maintain financial stability

COMMUNITY PERSPECTIVE

Health and Human Services: Top Calls to 2-1-1

During fiscal year 2008, United Way 2-1-1 received over 18,600 requests for information from residents of Meriden, Wallingford, Cheshire and Southington. The top five calls in each town most often dealt with issues of basic needs including utility assistance, food and shelter (Table 3). Overall, the number of requests for information increased 8 percent in fiscal year 2008 compared with the previous fiscal year. Calls for information about utility assistance increased 25 percent during that same time period.

Table 3 – Top 5 Calls to 2-1-1, Fiscal Year 2008*

Meriden	Wallingford	Cheshire	Southington
Utility assistance	Helplines/Warmlines	Utility Assistance	Utility Assistance
General Information	Utility assistance	General Information	Temporary Financial Assistance
Food pantries	General Information	Homeless Shelter	General Information
Homeless shelter	Food pantries/food stamps	Lawyer Referral Services	Food Stamps
Temporary Financial Assistance	Temporary Financial Assistance	Food Pantries	Inpatient drug detoxification

* July 1, 2007 to June 30, 2008
Source: United Way 2-1-1

BASIC NEEDS

Basic Needs: Employment/Financial Stability – Food – Utilities – Shelter – Transportation – Public Safety – Social Service Support

Recent changes in the economy were often the first issue discussed in the focus groups. Participants talked about the need for job development and job training, amidst a rising unemployment rate; the impact rising food and gas prices are having on residents; the rising cost of housing and the need for a year-round shelter that would serve these towns; the need for more public transportation options; and the need to maintain public safety.

Employment / Financial Stability

Employment

Job training and workforce development were among the top five needs identified in Meriden, Wallingford and Cheshire. The unemployment rate in Connecticut has steadily increased during 2008, as has the unemployment rate in these 4 towns (Table 4). Meriden currently has an unemployment rate that is higher than the State average at 7.5 percent. There are over 600 more people unemployed in Meriden in October of 2008 than in 2007.

Since 2000, Wallingford has gained over 2,800 new jobs, while Meriden has lost close to 2,000 (Table 5). Meriden's biggest job losses have come in the manufacturing and administrative and support sectors, while the city's biggest gains were in health care and social services and accommodation and food services. Wallingford's biggest gain was in health care and social services. Cheshire gained over 1,900 jobs, while Southington lost just over 200 (Table 6).

In the focus groups, participants commented on a number of challenges surrounding employment issues. Among them was the fact that while there are agencies that assist people in finding employment, employment services tend to be segmented. The need mentioned was for services that are all inclusive, assisting people with job counseling to help them find appropriate jobs, as well as offering support for resume writing, and interview techniques.

Table 4 – Unemployment Rate October, 2007

Unemployment	Connecticut	Meriden	Wallingford	Cheshire	Southington
Percent Unemployed Oct. 2008	6.1%	7.5%	5.3%	4.7%	4.7%
Percent Unemployed 2007	4.6%	5.5%	4.0%	3.7%	4.0%
Number Unemployed Oct. 2008	116,000	2,429	1,378	706	1,157
Number Unemployed 2007	85,000	1,757	1,017	544	969

Source: Connecticut Department of Labor

Survey Results at a Glance % Rating excellent or good

- Safe crime-free neighborhoods 53%
- Crisis assistance for food and shelter 39%
- Public transportation 30%
- Opportunities to maintain financial stability 28%
- Affordable housing 27%

% Rating as a Top Five Need

- Affordable housing 40%
- Fuel/utility assistance 40%
- Safe crime-free neighborhoods 39%
- Job training and workforce development 38%
- Public transportation 37%
- Financial assistance for those in need 25%
- Assistance for those who need food 21%
- Shelters for the homeless 18%

Table 5 – Job Growth/Loss 2007, 2000

	Annual average employment 2007	Annual average employment 2000	Job Growth/Loss	Annual average wage 2007	Annual average wage 2000
Meriden	24,532	26,496	-1,964	\$43,560	\$34,380
Wallingford	28,055	25,207	2,848	\$51,460	\$42,210
Cheshire	16,127	14,194	1,933	\$50,940	\$40,230
Southington	15,645	15,847	-202	\$39,760	\$32,280

Source: Connecticut Department of Labor

Table 6 – Job Growth/Loss in Major Sectors 2000 to 2007

	Meriden	Wallingford	Cheshire	Southington
Manufacturing	-1,446	-96	1,058	-662
Administrative and Support	-1,428	533	-64	-6
Management	-617	34	0	0
Information	-187	235	51	-31
Real Estate	-147	-39	76	26
Government	-108	-137	124	217
Construction	-34	28	183	-28
Finance and Insurance	32	185	-12	0
Professional, Scientific	72	-408	-44	-23
Educational Services	180	508	0	0
Retail Trade	193	276	461	-222
Health Care and Social Assistance	503	1,013	129	236
Accommodation and Food Services	519	248	-36	90

Source: Connecticut Department of Labor

Financial Stability

While the rate of poverty in Wallingford, Cheshire and Southington is below the State average of 7.9 percent, the poverty rate in Meriden, at 11 percent is above the State average. Further, the Connecticut Department of Economic and Community Development (DECD) ranks Meriden as one of the top ten distressed communities in Connecticut. Meriden was ranked 8th on this scale in 2007 which takes into account unemployment, poverty, income, education, housing stock, and job creation. DECD combines these metrics to give an overall picture of the economic health of a community.¹

There was a great deal of concern during the focus groups about financial stability given the current economic climate. With gas, heating oil, and food prices increasing there was fear that households in current economic distress will fall further behind. Many also suggested that it is the middle class households that have typically been able to ride through economic downturns that are now seeking assistance for basic needs such as food and fuel. One participant suggested that while there have always been the “haves” and the “have nots”, now there are the “used to haves,” those in middle class who are

¹ Connecticut Department of Economic and Community Development, *2007 Distressed Communities*. Retrieved November, 2007 from http://www.ct.gov/ecd/lib/ecd/distressed_municipalities_list/2007_distressed_municipalities_list.xls

BASIC NEEDS

now struggling. There was also discussion of the need to continue to work with families mired in poverty, to help them make incremental steps toward self-sufficiency. To this end there were specific initiatives that were discussed:

- Several participants said more financial literacy programs are needed to help people establish good budgeting habits. These programs are also needed to assist people with credit repair. It was specifically mentioned that budget workshops need to occur in various locations around Meriden and need to provide child care.
- One agency is focused on establishing an adult mentoring program. The focus of the program is to pair someone living in economically depressed conditions with someone from a higher economic sector of the community. The effort is aimed at breaking the isolation that poverty causes and to help those mired in poverty navigate the structures of main stream society.

Food

Discussions about the current state of the economy often focused on the increase in food prices and the strain this increase is putting on local food pantries. Focus group participants commented both on the increased demand for food from local pantries and decreases in food donations. The opinion of some in the focus groups was that fewer people were donating food due to higher food prices. Calls to 2-1-1 related to the need for food have increased 14 percent in the first 10 months of 2008 compared with the same period in 2007 in this four town area. One focus group participant suggested that older adults may be the hardest hit by rising food prices and that one local food pantry has seen a 300 percent increase in the number of older adults requesting food in 2008. The number of Food Stamp (now called SNAP, Supplemental Nutrition Assistance Program) recipients, has risen in all towns in 2008 when compared to 2007 (Table 7).

Table 7– Number of Food Stamp/SNAP Participants

Town	Participating January 2008	Participating January 2007
Cheshire	217	207
Meriden	6,410	6,348
Wallingford	764	704
Southington	788	768

Source: Connecticut Department of Social Services

Comments from Focus Groups

- *Hunger is a growing issue. There is a growing number of working families who cannot stretch the food dollar.*
- *Senior citizens need help with food, but often have too much pride to visit the food pantry.*
- *Food donations are down.*
- *Food pantries need to provide people with healthy food options and need to include fresh produce.*

BASIC NEEDS

Utilities and Gasoline

At the time data was collected for this needs assessment, it was expected that the price of home heating oil for the 2008/2009 heating season would be much higher than the average cost during the previous heating season. Last year, on average, a gallon of heating oil cost \$3.30, while this year it is expected to top \$4.00.² It is unclear, at this time whether those increases will come to pass, however, given that expectation, calls to United Way 2-1-1 for information on utility assistance have almost doubled for these four towns in the first 10 months of this year when compared to the same period last year. Overall, 4 in 10 survey respondents indicated that fuel and utility assistance were a top five need. The focus groups found concern about the price of home heating oil and the cost of gasoline. Several providers were concerned that the cost of gas would negatively impact those agencies relying on volunteers to provide services that involve transportation.

Comments from Focus Groups

- *The price of gas is impacting agencies; they will not be able to reimburse employees at a higher rate.*
- *The medical transport program for out-of-town services will be severely impacted by the increase in the cost of gas.*
- *Agencies such as mobile food service programs will be impacted by the price of gas because volunteers are not reimbursed and they have already been dropping out.*

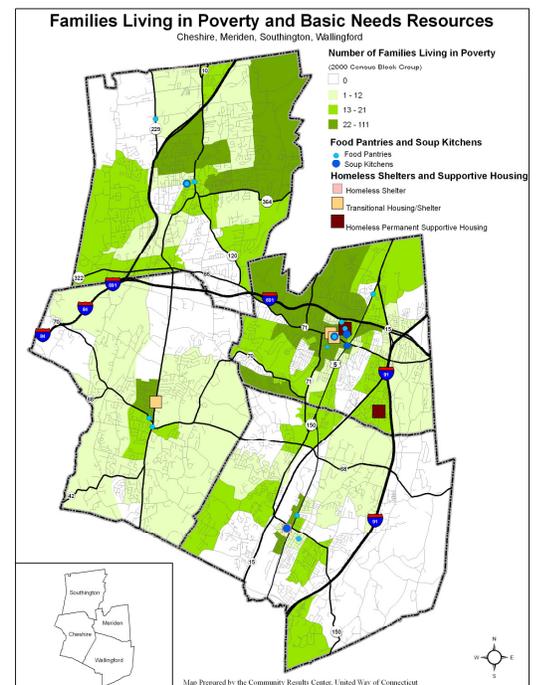
Shelter

Focus group discussions about shelter revolved around two main issues: the lack of affordable housing and the need for emergency shelter. Meriden and Wallingford have just begun an initiative aimed at ending homelessness in 10 years. The initiative is part of a nationwide effort by the National Council of Mayors to combat homelessness. There are 200 communities nationwide and nine communities in Connecticut developing 10 year plans. Meriden and Wallingford are forming a collaboration among representatives from the faith, non-profit, business, civic and government sectors in order to develop a plan to end homelessness. The initiative is centered on the development of supportive housing, which helps to establish permanent housing arrangements for those who are homeless while offering community supportive services.

Map 4 shows concentrations of poverty and basic needs resources. A larger version of this map can be found in Appendix F.

² Connecticut Office of Policy Management

Map 4: Families Living in Poverty



Emergency Housing

According to the most recent Connecticut Homeless Management Information System (HMIS) report, there are currently 8,337 people in Connecticut who are homeless, an increase from 7,857 in 2007.³ The 2008 Point-in-Time count of homeless persons included a count of the homeless on one night in January (Table 8). The count found 49 homeless single adults from Meriden, 7 from Southington, 4 from Wallingford and 1 from Cheshire.

Table 8 – Number of Sheltered and Unsheltered Homeless, 2008

Town of last residence	Sheltered		Unsheltered	
	Single adults	Adults in families	Single adults	Adults in families
Meriden	49	2	0	0
Wallingford	4	0	2	0
Cheshire	1	0	2	0
Southington	7	1	0	0

Source: Connecticut Coalition to End Homelessness, Corporation for Supportive Housing, Reaching Home Campaign, Connecticut Counts 2008, Point in Time Homeless Count, July 2008.

Focus group participants in Wallingford indicated the need for a year-round shelter. The town currently has a shelter that is open to single adults from mid-October through April. The shelter has 15 beds (10 for men and 5 for women) and does not accept pregnant women. In 2006, the shelter served 75 people.

Shelter Now, in Meriden, is operated by New Opportunities. This shelter is open year round and has 66 beds for single adults, pregnant women and families. In 2006, Shelter Now provided shelter for 756 people. One focus group participant in Meriden also said that Meriden needs emergency housing for displaced families because Meriden ranks 4th in the State for families displaced by fire. There are currently no homeless shelters located in Cheshire or Southington.

Meriden is home to Chrysalis, a shelter for female victims of domestic violence and their children. The emergency shelter has 15 beds for stays of up to 60 days and 15 beds in its transitional living program designed for stays of up to 2 years. The shelter served over 400 people in fiscal year 2008 in its various housing, advocacy, education and support programs. The shelter director says more beds are needed in its transitional unit and that there are few affordable options for housing once victims of domestic violence leave the shelter.

Overall, United Way 2-1-1 received just over 400 requests in the first 10 months of 2008 from these 4 towns for information about emergency housing and over 100 requests for information about domestic violence shelters and support.

³ Reaching Home, *Homelessness in Connecticut*. Retrieved March, 2007 from http://www.ctreachinghome.org/index.php?option=com_content&task=view&id=37&Itemid=57

Affordable Housing

The need for more affordable housing was one of the top five needs listed in all four towns. Further, 65 percent of survey respondents rated the availability of affordable housing as fair or poor. The availability of affordable housing is critical for supporting the overall economic health of an area. The lack of affordable housing is one of the key causes of homelessness since high housing costs can consume more than the recommended 30 percent of individual or family income.⁴

Affordable housing is also key to attracting and retaining both employers and employees to an area. Overall, in Connecticut between 2000 and 2005, housing prices have risen by close to 64 percent, while wages have risen by just over 18 percent. The median price of a home in Meriden, Wallingford, and Southington is under the State median of \$295,000 (Table 9). In Cheshire, the median price of a home is higher at just over \$340,000.

The country is in the midst of a housing foreclosure crisis due primarily to the practices of the subprime mortgage industry. Overall, in Connecticut there have been 17 foreclosure-related filings per 1,000 households (Table 10). The rate of foreclosure-related filings is higher in Meriden. Meriden ranks 4th on the list of Connecticut towns with the highest foreclosure-related filings at 32.1 per 1,000 households, affecting 741 households from January 2007 to April of 2008.

**Table 9
Median Price of a Home**

	2008
Connecticut	\$295,000
Meriden	\$203,000
Wallingford	\$279,900
Cheshire	\$344,000
Southington	\$278,000

Source: CERC Town Profile 2008

Table 10 – Foreclosure-related filings January 2007 to April 2008

	Total Filings	Filings per 1,000 households	Rank
Connecticut	22,705	17.0	NA
Meriden	741	32.1	4 th
Wallingford	242	13.8	94 th
Cheshire	116	12.2	105 th
Southington	176	11.2	114 th

Source: The Warren Group, Connecticut Economic Resource Center Mortgage Brokers Association

Comments from Focus Groups

- *There is a need for supportive housing, where all resources are all in one place.*
- *There are no resources for people in section 8 housing.*
- *Affordable housing is not affordable outside of Section 8.*

⁴ Partnership for Strong Communities, *What Causes Homelessness?* November, 2004.

Transportation

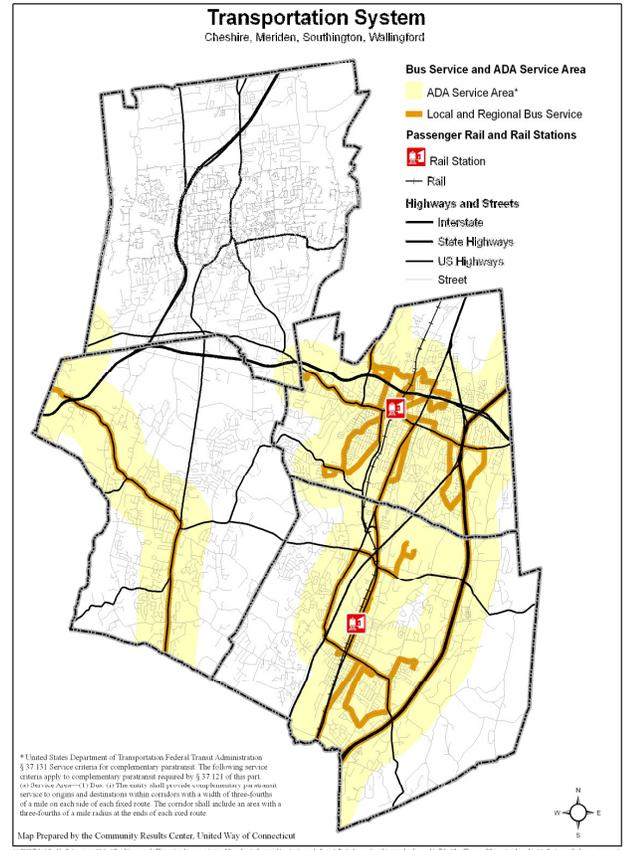
Access to public transportation was ranked as a top five need in all four communities. Overall, 61 percent of survey respondents rated the availability of public transportation as fair or poor. Over half of respondents who live or work in Meriden rate public transportation as fair or poor while at least two-thirds of those who live in Wallingford, Cheshire or Southington rated public transportation the same way.

While there is fixed-route bus service that serves Meriden and Wallingford, many focus group participants commented on poor scheduling and inadequate routes that serve these towns. It was suggested that the bus system does not connect easily with adjoining towns and presents an obstacle for people who work out-of-town and do not have access to a car. One agency is getting increased requests for bicycles.

Transportation is also an issue for older adults. While there are services that provide transportation to both medical and nonmedical appointments, older adults seek transportation options that include door-to-door escorts and help with carrying parcels.

Several providers have also found that as gas prices increased during the summer, it became harder to recruit volunteer drivers or to offer an adequate stipend to cover volunteer expenses. Table 11 lists current transportation options. A more detailed description of the services available for older adults can be found on page 42. Map 5 shows transportation systems in these four towns. A larger version of this map can be found in Appendix F.

Map 5: Transportation System



**Table 11
Medical Transportation Options in Meriden, Wallingford, Cheshire and Southington**

	Agency	Type of Transportation
Meriden	City of Meriden	Senior Ride and In-town medical transportation
	American Cancer Society	Medical transportation
Wallingford	Town of Wallingford	Medical transportation
	Spanish Community of Wallingford	Medical transportation
	American Red Cross	Senior Ride Program
Cheshire	Town of Cheshire	Medical, Disability and Senior Ride Program
Southington	Town of Southington	In-town Medical transportation

Source: 2-1-1

BASIC NEEDS

Public Safety

While safe, crime-free neighborhoods was identified as the top need by survey respondents who live or work in Meriden, it was not listed as a top five need in any of the other towns. (Of note, this survey was conducted after the 2007 home invasion in Cheshire that resulted in the deaths of 3 family members.)

A 2007 Community Survey conducted for the City of Meriden sheds some light on safety concerns in the city. That survey asked respondents how safe they felt in various locations throughout the City. The survey found that while most respondents felt safe in their neighborhood, around half felt safe in the downtown business area during the day and in City parks. Only a quarter of respondents felt safe in the downtown business areas after dark (Table 12).⁵ Table 13 shows the latest available crime statistics for these four communities.

Table 12 – Safety in Meriden, 2007

Locations	Percent feeling safe
In your neighborhood during the day	92%
In your neighborhood after dark	82%
In downtown business areas during the day	57%
In City parks	51%
In downtown business areas after dark	26%

Source: City of Meriden Community Survey 2007

Table 13 – 2007, 2004 Crime Statistics, by Town

Offenses	Meriden		Wallingford		Cheshire		Southington	
	2007	2004	2007	2004	2007	2004	2007	2004
Murder	0	1	0	0	3	0	0	0
Rape	6	14	12	5	1	1	15	2
Robbery	106	121	7	8	2	1	18	18
Aggravated Assault	61	70	14	4	4	2	19	28
Burglary	459	517	119	144	62	74	166	165
Larceny	1,448	1,511	660	702	196	224	648	569
Motor Vehicle Theft	186	182	50	39	13	19	50	90
Arson	9	20	5	8	1	0	11	2
Total	2,275	2,436	867	910	282	321	927	874

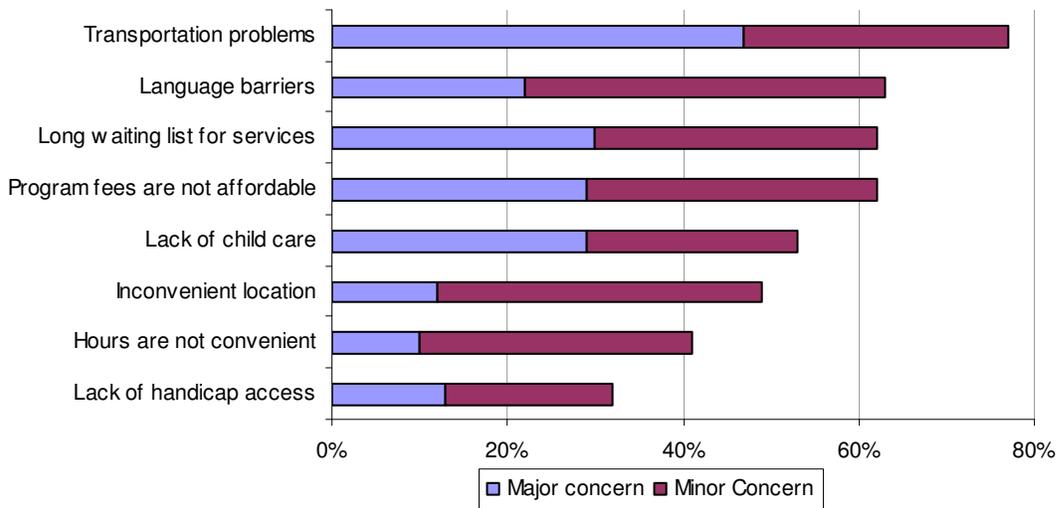
Source: FBI Unified Crime Statistics

⁵ City of Meriden, *Community Survey 2007*, April 2007.

Social Service Support

Those who work for social service agencies or have received social services in these four towns in the past year were asked whether the potential barriers posed a major or minor concern or were not a concern. Overall respondents found transportation, language barriers, waiting lists for service and affordability to be the most pressing concerns. In focus groups, participants most often discussed the need for bilingual services, mainly Spanish, in all agencies (Figure 1).

**Figure 1 – Barriers to Social Service Support
Percent Major or Minor Concerns**



Access to Health Care

Overall, the needs assessment found that over half of respondents rated access to health services, both medical and dental, as excellent or good.

Discussions within the focus groups often centered on health care issues that are universal. Here and around the country, there are many who are uninsured or underinsured, the cost of delivering healthcare continues to increase, and reimbursement rates from insurance providers continues to decrease thus impacting the number of available health providers. In 2006, there were over 62,000 in New Haven County and 37,600 in Hartford County who were uninsured (Table 14).⁶ Specific challenges mentioned in the focus groups included:

- Young adults who are no longer eligible for dependent coverage from their parents, and hold jobs that do not include health benefits. Of note, in January 2009, State law will change to require individual and group health insurance policies to cover children up to age 26 under certain conditions. The State's new Charter Oak Health Care Plan may also help to address this issue, since it offers health care to everyone, regardless of income, on a sliding scale. However, the State has found it challenging to sign up a sufficient number of physicians who will accept Charter Oak due to the level of reimbursement the plan offers, so its impact on the uninsured is low at this point.
- Those who have coverage to meet the rising cost of co-pays and deductibles.
- A lack of resources for those affected by autism.
- Limited access to healthcare for undocumented immigrants. It was said that many can be afraid to seek healthcare and sometimes wait to seek treatment until a health issue becomes serious.

Survey respondents who live or work in Meriden and Wallingford had varying views on the availability of access to support for mental health issues, substance abuse issues, and services for those with HIV/AIDS. Those who live and work in Meriden responded more positively to the availability of this care (Figure 2).

Survey Results at a Glance
% Rating excellent or good

Support for those in need of:

➔ Medical and dental services	57%
➔ Substance abuse services	39%
➔ Support for victims of abuse	39%
➔ Mental health services	38%
➔ People with disabilities can maintain independence	34%
➔ HIV/AIDS services	31%

% Rating as a Top Five Need

Support for those in need of:

➔ Medical and dental services	24%
➔ Mental health services	22%
➔ Substance abuse services	14%
➔ Support for victims of abuse	13%

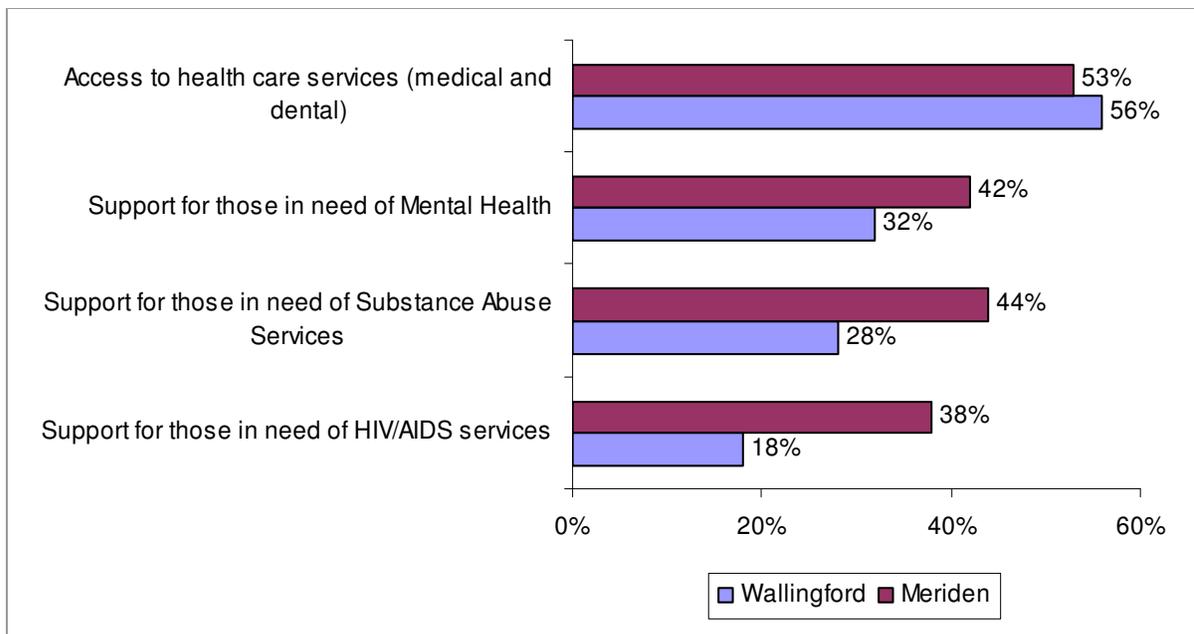
⁶ Office of Healthcare Access, *Databook: Health Insurance Coverage in Connecticut*, January 2007.

Table 14 – County Uninsured Rates and Estimated Number of Uninsured 2006

County	Percent Uninsured	Estimated Number of Uninsured
Fairfield	8.6%	77,900
Hartford	4.3%	37,600
Litchfield	1.8%	3,500
Middlesex	2.9%	4,800
New Haven	7.3%	62,100
New London	8.1%	21,600
Tolland	5.6%	8,200
Windham	8.5%	9,900

Source: Office of Healthcare Access

**Figure 2 – Access to and Support for Various Health Issues, Meriden and Wallingford
Percent Responding Excellent or Good**



In Cheshire, a needs assessment survey conducted in 2006 found that 36 percent of those who live and work in Cheshire rated access to health care positively.⁷ Twenty percent rated mental health services as excellent or good while only 11 percent rated substance abuse services as excellent or good.

In Southington, a 2004 needs assessment rated health care as the primary need of nine identified target areas.⁸ That research found the most critical needs to be:

- Help with the cost of prescriptions
- Home health care for those recovering from an illness or disability

⁷ Community Results Center/United Way of Connecticut, Needs Assessment for the Greater Waterbury Area, March 2007.

⁸ United Way of Southington, Community Needs Assessment, 2004.

- Access to medical and dental care for those uninsured or underinsured
- Basic health insurance coverage for all community members
- Health care screenings for adults, including vision, hearing, speech and blood pressure

Providers of services to children and youth suggested during the focus groups that there is a growing need for support of both physical and behavioral health issues. Comments were made about the need for additional mental health providers, the need for recreational programs that support children with emotional difficulties. Many also suggested that there are very few child psychologists serving this area.

HUSKY

In all four of these towns, enrollments in the State’s HUSKY (Health Insurance for Uninsured Children and Youth) programs have increased (Table 15). Children through age 18 qualify for HUSKY A if their families have incomes at or below 185 percent of the federal poverty level. HUSKY Part B extends this coverage to children in families with incomes between 185 percent and 300 percent of the federal poverty level, with premiums and co-payments based on income. While enrollment in HUSKY is increasing, statistics show that this insurance coverage is not leading to preventive care visits. Only about half of the over 150,000 children enrolled in HUSKY received well-child care visits in 2005.⁹ One challenge is often finding providers who accept HUSKY coverage.

Table 15 – HUSKY Enrollments, 2004, 2005, 2007

	HUSKY A			HUSKY B		
	2007	2005	2004	2007	2005	2004
Meriden	9,174	9,089	9,110	421	368	301
Wallingford	2,043	1,862	1,946	188	163	146
Cheshire	557	531	544	76	76	87
Southington	1,765	1,714	1,689	233	171	165

Source: CT Department of Social Services

Health Statistics

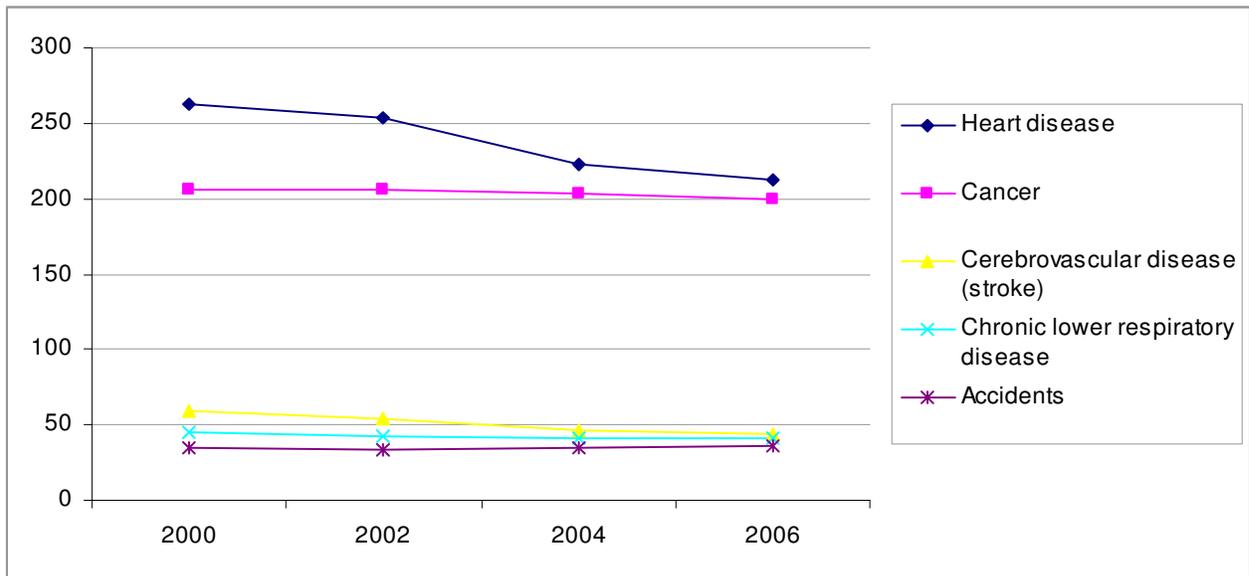
Various statistics provide a picture of the health of a community and can suggest areas of focus for consideration. Below is a review of the top causes of death, infant mortality, heart disease, cancers, diabetes, asthma, accidents, births to teen mothers, childhood obesity and childhood dental care. Additional health statistics further detailing mortality, infant mortality, low birth weight, prenatal care, births to teen mothers, and incidence of child abuse, cancer, and infectious disease for these four towns can be found in Appendix C. Data from the Meriden Community Survey is also included in Appendix C.

⁹ Connecticut Voices for Children, *Access to Care in the HUSKY Program: Achieving Our Goals for Well Child Care*, January 2007.

Mortality

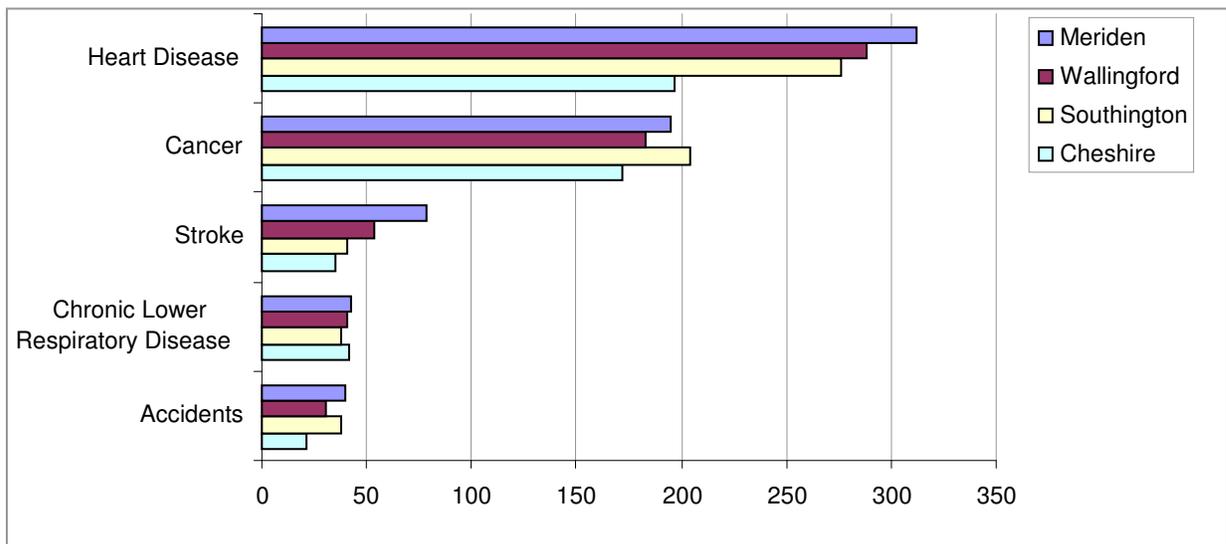
A review of the top five causes of death in Connecticut shows that the death rate for these illnesses per 100,000 persons has been, for the most part, declining over recent years. The top five causes remain heart disease, cancer, stroke, respiratory illnesses and accidents (Figure 3). Figure 4 shows mortality rates for these illnesses in Meriden, Wallingford, Cheshire and Southington. Detailed information on mortality rates for these four towns can be found in Appendix C.

Figure 3 – Top Five Causes of Death and Age Adjusted Mortality Rate per 100,000 Persons 2000, 2002, 2004, 2006 – Connecticut



Source: Connecticut Department of Public Health

Figure 4 – Top Causes of Death and Age Adjusted Mortality Rate per 100,000 Persons Average of 2000-2006 – Meriden, Wallingford, Cheshire and Southington



Source: Connecticut Department of Public Health

Infant Mortality

Public Health Departments often cite infant mortality as a measure of a region's health. The rate reflects the health status of the mother as well as their access to health care. In Connecticut, there is a goal to reduce the infant death rate to 4.5 deaths per 1,000 births by 2010. The rate for Connecticut is currently 6.1. Meriden's rate decreased from 7.2 in 2005 to 5.7 in 2006. The percent of low birth weight births increased slightly at the state level in 2006 from 2005 and decreased slightly in Meriden (Table 16). That percent has risen in Wallingford and Cheshire since 2005.

Table 16 – Infant Deaths, and Low Birth weight Births, 2000, 2005, 2006

		Connecticut	Meriden	Wallingford	Cheshire	Southington
Number of infant deaths	2006	257	5	3	1	2
	2005	237	6	--	1	3
	2000	283	4	2	1	1
Infant death rate*	2006	6.1	5.7	**	**	**
	2005	5.4	7.2	--	**	**
	2000	6.6	**	**	**	**
Number of low birth weight babies +	2006	3,389	73	28	15	25
	2005	3,312	71	28	11	34
	2000	3,185	48	31	10	38
Percent of low birth weight babies	2006	8.2%	8.3%	6.6%	6.5%	4.9%
	2005	8.0%	8.5%	5.8%	4.4%	8.0%
	2000	7.5%	6.3%	6.2%	3.5%	8.0%

+ Low birth weight is defined as less than 2,500 grams

-- No cases

*Infant death rate is per 1,000 live births

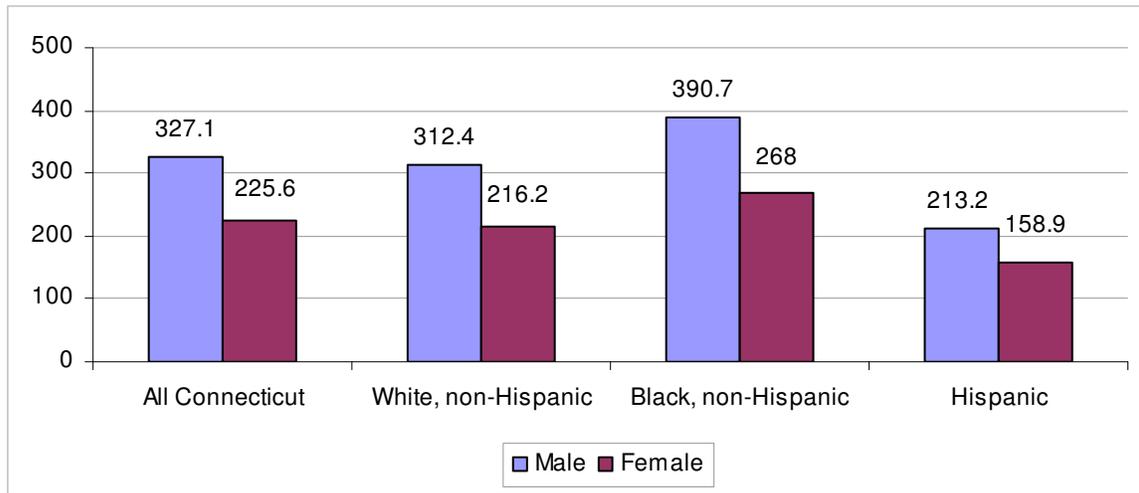
** percentages not calculated for less than 5 cases

Source: Connecticut Department of Public Health

Cardiovascular Disease

Cardiovascular disease remains the number one cause of death in Connecticut and in the United States. The most common forms of this disease are coronary heart disease, stroke, hypertension, congestive heart failure and atherosclerosis. Mortality rates for cardiovascular disease differ by gender and by race and ethnicity. Males have higher rates of this disease than do females. Black (non-Hispanic) males and females have higher rates when compared with white (non-Hispanic) males and females (Figure 5). Meriden has the highest mortality rate for cardiovascular disease among these four towns (Table 17).

Figure 5 – (Age Adjusted) Mortality Rates* for Cardiovascular Disease by Race/Ethnicity and Gender, Connecticut, 2000-2004



*Age Adjusted Mortality Rate (AAMR), standardized to the U.S. Population, 2000, rate per 100,000 persons
 Source: Connecticut Department of Public Health

Table 17– (Age Adjusted) Mortality Rates for Heart Disease by Town, 2002-2006 (per 100,000 people)

	Connecticut	Meriden	Wallingford	Cheshire	Southington
Major Cardiovascular Disease (I00-I78)	269.4	311.9	288.4	196.4	275.7
Coronary heart diseases (I11,I20-I25)	146.3	141.9	170.7	95.6	140.7
Stroke (I60-69)	44.7	78.1	53.8	34.8	40.2
Congestive Heart failure (I50)	16.6	27.6	12.5	12.1	18.1
Hypertension (I10,I12)	6.5	7.1	7.4	9.0	12.3
Atherosclerosis (I70)	3.2	12.8	--	--	--

-- The AAMR is not reported for causes of death with less than 15 deaths
 Source: Connecticut Department of Public Health

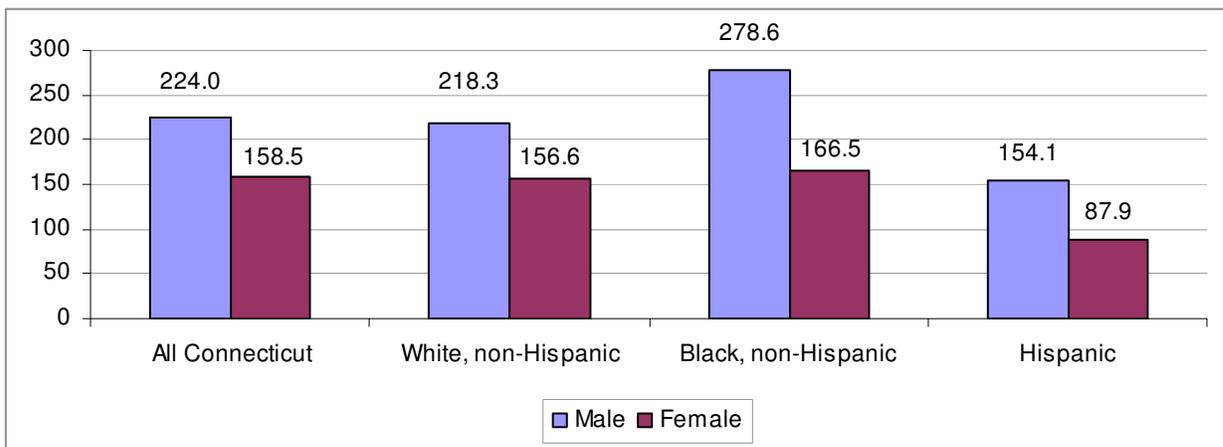
Interviews during the needs assessment included a discussion of an approach that is increasingly used to assist patients with heart disease that is aimed at improving their condition and reducing hospital readmissions. Some hospitals are encouraging the use of remote monitoring devices to monitor the vital signs of patients upon release from the hospital. Patients receive telemonitoring equipment that measures heart rate, pulse and blood pressure. Nurses review the data and are alerted when vital signs are outside of normal range. A study from Massachusetts General Hospital found that the use of these devices reduces the rate of readmissions for heart patients and improves the condition of patients.¹⁰

¹⁰ American Heart Association, Remote Monitoring Improves Heart Failure Patients' Health, May Reduce Hospital Readmissions, May 1, 2008, Retrieved September 29, 2008 from <http://americanheart.mediaroom.com/index.php?s=43&item=405&printable>

Cancer

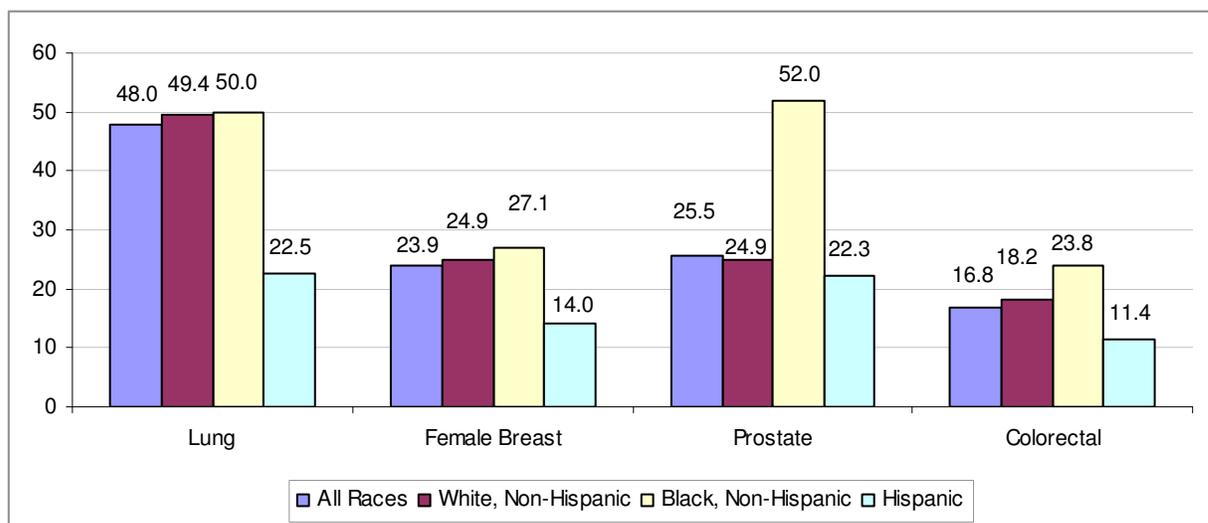
Cancer is the second leading cause of death in Connecticut. Every year more than 7,000 state residents die of cancer.¹¹ The most common types of cancer deaths are cancers of the lung, colon/rectum, female breast and prostate. Among racial and ethnic groups, black non-Hispanics have the highest cancer mortality rates (Figure 6). They are the group that is most likely to develop and die from cancer. This group has the highest mortality rates for lung, female breast, prostate and colorectal cancer (Figure 7). Among these four towns, Southington has the overall highest cancer mortality rate (Table 18).

Figure 6 – (Age Adjusted) Mortality Rates, All Cancers by Gender, Race/Ethnicity, 2000-2004 (per 100,000 people)



Source: Connecticut Department of Health

Figure 7 – (Age Adjusted) Mortality Rates for Various Cancers, by Race/Ethnicity, 2000-2004 (per 100,000 people)



Source: Connecticut Department of Public Health

¹¹ Connecticut Cancer Partnership 2006, Planning for Comprehensive Cancer Control in Connecticut, 2006

Table 18 – Number of Cancer Diagnoses* by Type and Age Adjusted Mortality Rate by Town**

		Connecticut	Meriden	Wallingford	Cheshire	Southington
All Cancers	Number	18,587	293	242	144	255
	<i>Mortality Rate</i>	<i>179.0</i>	<i>195.0</i>	<i>182.9</i>	<i>171.9</i>	<i>204.5</i>
Colorectal	Number	2,073	40	35	14	28
	<i>Mortality Rate</i>	<i>16.8</i>	<i>17.9</i>	<i>20.5</i>	<i>15.0</i>	<i>18.5</i>
Lung	Number	2,540	35	35	18	29
	<i>Mortality Rate</i>	<i>48.0</i>	<i>49.7</i>	<i>44.4</i>	<i>43.6</i>	<i>61.9</i>
Female Breast	Number	2,644	34	34	28	33
	<i>Mortality Rate</i>	<i>23.9</i>	<i>24.4</i>	<i>25.7</i>	<i>30.6</i>	<i>28.7</i>
Prostate	Number	2,661	47	37	24	55
	<i>Mortality Rate</i>	<i>25.5</i>	<i>31.2</i>	<i>31.5</i>	<i>25.8</i>	<i>21.6</i>

* Numbers of cancers diagnosed, 2003

**Age Adjusted Mortality Rate 2002 to 2006, standardized to the U.S. Population, 2000, rate per 100,000 persons

Source: Connecticut Department of Public Health

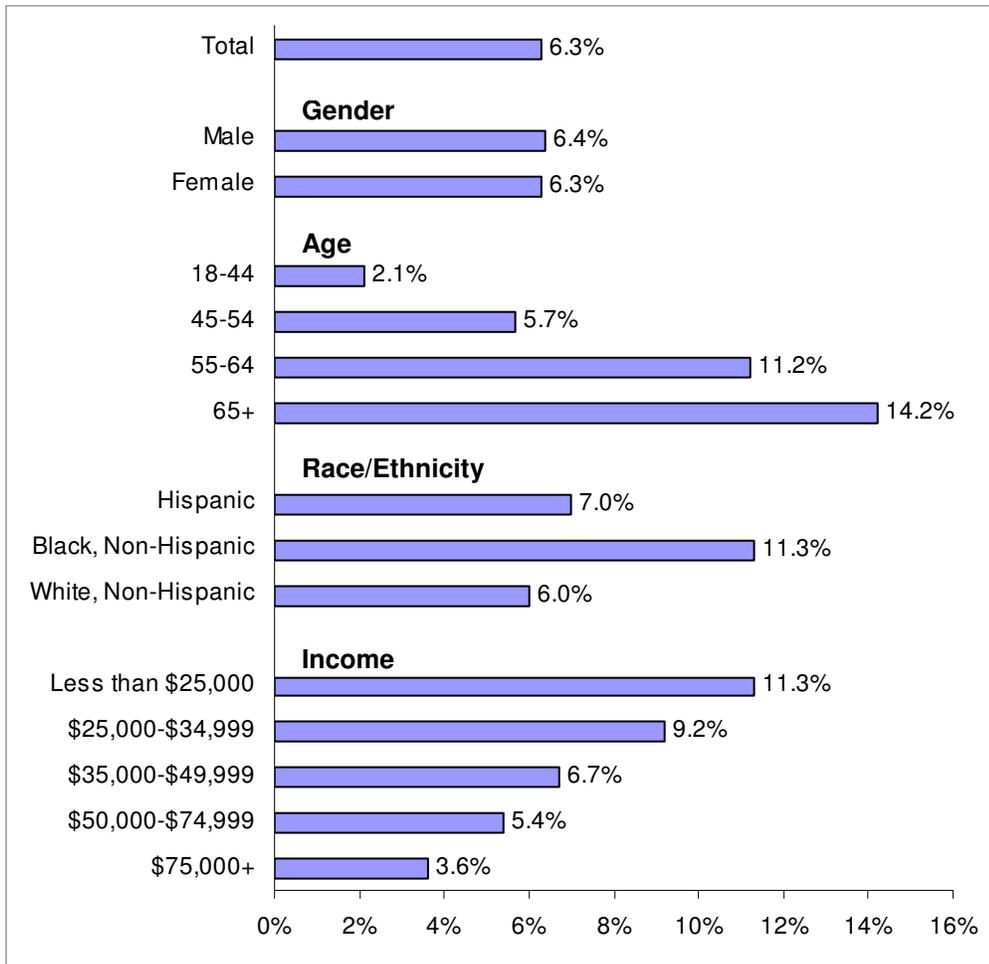
Diabetes

It is estimated that statewide, 6.2 percent of adults, or approximately 163,000 people, have been diagnosed with diabetes and that 70,000 people have undiagnosed diabetes.¹² The prevalence of diabetes varies by age, race and ethnicity and income levels (Figure 8).¹³ There is a higher prevalence among those who are 55 and older, black, non-Hispanic and individuals with incomes below \$35,000. Diabetes mortality rates are far higher for those who are black, non-Hispanic (Figure 9). Meriden has the highest mortality rate for diabetes (Table 19).

¹² Connecticut Department of Public Health, The Burden of Diabetes in Connecticut 2006 Surveillance Report, December 2006.

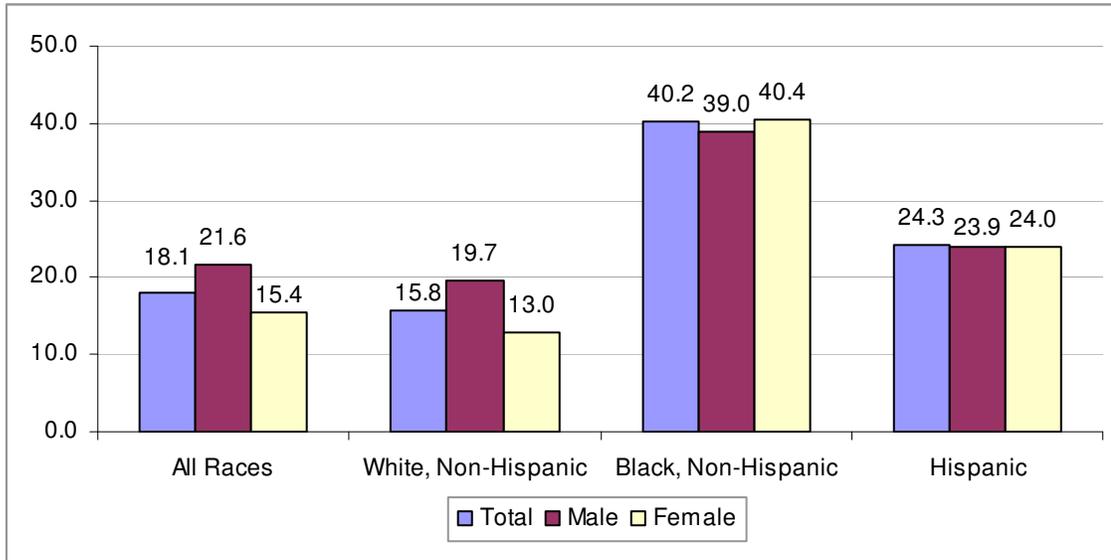
¹³ *Ibid.*

Figure 8 – Diabetes Prevalence in Connecticut, Age 18 and Older by Race/Ethnicity and Gender and Income, 2004 – 2006



Source: Connecticut Department of Public Health, 2006 Behavioral Risk Factor Surveillance System Survey

Figure 9 – (Age Adjusted) Mortality Rates for Diabetes by Race/Ethnicity and Gender, Connecticut, 2002-2004 (per 100,000 people)



Source: Connecticut Department of Public Health

Table 19 – (Age Adjusted) Mortality Rate for Diabetes by Town, 2002-2006

	Connecticut	Meriden	Wallingford	Cheshire	Southington
Diabetes	18.1	28.0	22.1	19.3	25.9

Source: Connecticut Department of Public Health

Asthma

Asthma is a chronic respiratory disease that affects 8.5 percent of adults in the United States and 9.3 percent of adults in Connecticut. Nationally, it is one of the most common chronic diseases and a leading cause of disability in children.¹⁴ A recent Connecticut report found that:

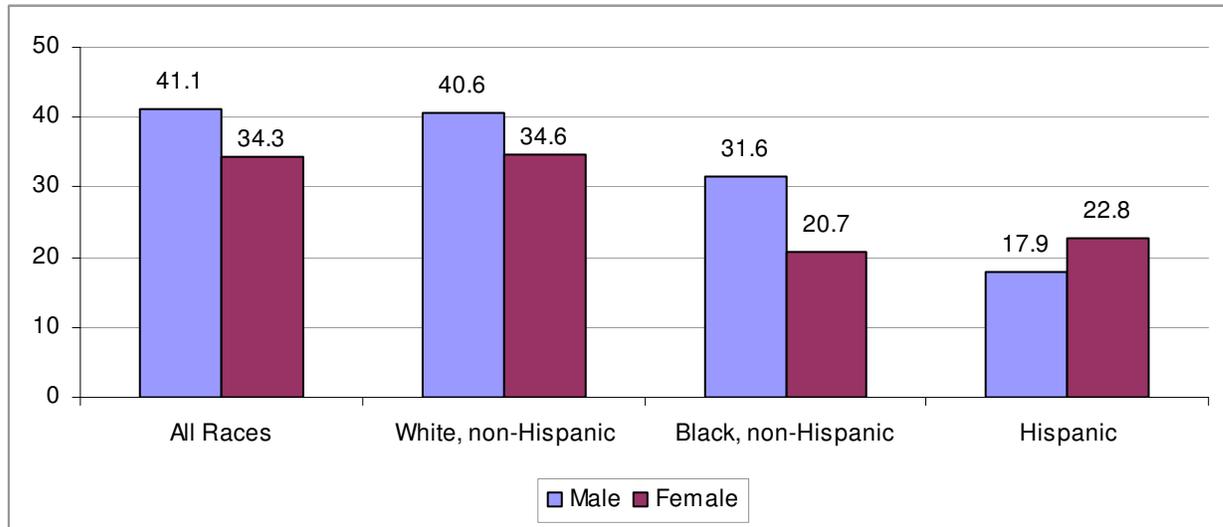
- The prevalence of asthma appears to be on the rise in Connecticut, where the prevalence among adults increased to 9.3% in 2006 from 7.8% in 2000. Approximately 248,000 adults and 86,000 (10.5%) children in Connecticut reported that they currently have asthma.
- In 2005, close to 15 percent of Connecticut children reported ever having been diagnosed with asthma, while 10 percent reported that they currently have asthma.
- The prevalence of asthma among children was highest among Hispanics at 17 percent and lowest for whites at 9 percent.
- On an annual basis, Connecticut spends a total of \$47.3 million on hospitalization charges and \$13.4 million on Emergency Department visit charges due to asthma as a primary diagnosis.¹⁵

¹⁴ Connecticut Department of Public Health, *Asthma in Connecticut 2008, A Surveillance Report*, 2008.

¹⁵ *Ibid.*

White, non-Hispanics have a higher mortality rate for chronic lower respiratory disease, which includes asthma, than do blacks or Hispanics (Figure 10). In this four town area, Meriden has the highest mortality rate for chronic lower respiratory disease and the highest rate of asthma hospital admissions (Tables 20 and 21).

Figure 10 – (Age Adjusted) Mortality Rates for Chronic Lower Respiratory Disease by Race/Ethnicity and Gender, Connecticut, 2002-2004 (per 100,000 people)



Source: Connecticut Department of Public Health

Table 20 – (Age Adjusted) Mortality Rate for Chronic Lower Respiratory Disease by Town 2002-2006 (per 100,000 people)

	Connecticut	Meriden	Wallingford	Cheshire	Southington
Chronic Lower Respiratory Disease	35.2	42.2	40.8	41.8	38.2

Source: Connecticut Department of Public Health

Table 21 – Asthma Hospitalization Rates by Town 2001-2005

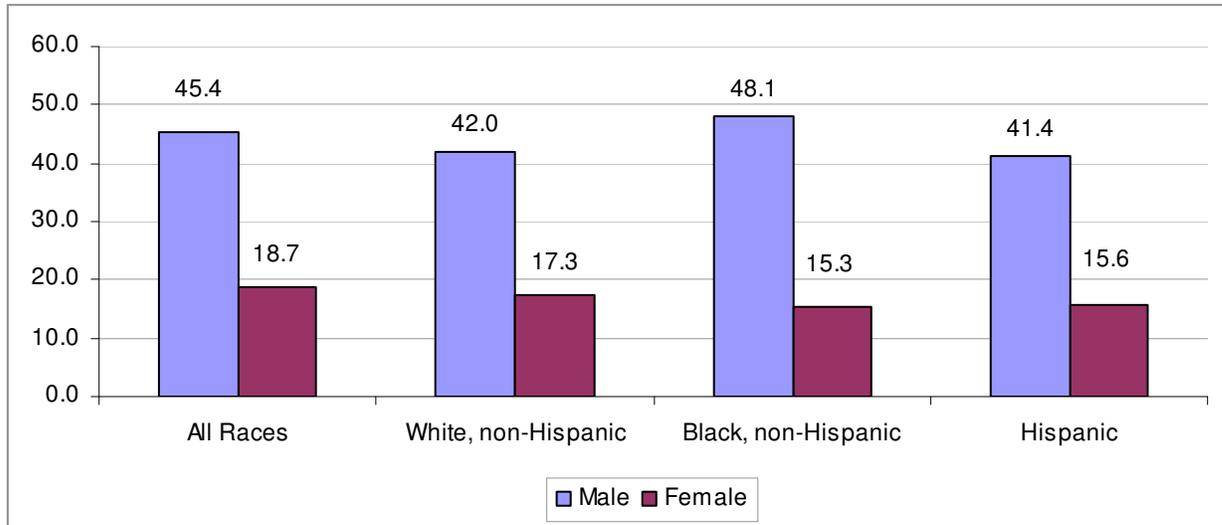
	Meriden	Wallingford	Cheshire	Southington
Age 0-17 Number Hospital Admissions	114	66	37	37
Age 0-17 Rate per 10,000	15.2	12.8	10.3	7.8
Age 18+ Number Hospital Admissions	269	96	52	123
Age 18+ Rate per 10,000	12.4	5.9	4.9	8.1
Total Number Hospital Admissions	383	162	89	160
Total Rate per 10,000	13.2	7.5	6.2	8.1

Source: Connecticut Department of Public Health

Accidents

Accidents are the fifth leading cause of death in the state. The mortality rate for accidents is the highest among black, non-Hispanic males (Figure 11). Meriden and Southington have higher accident mortality rates than does the state as a whole (Table 22).

Figure 11 – (Age Adjusted) Mortality Rates for Accidents (Unintentional Injuries) by Race/Ethnicity and Gender, Connecticut, 2002-2004 (per 100,000 people)



Source: Connecticut Department of Public Health

Table 22 – (Age Adjusted) Mortality Rate – Accidents by Town 2002-2006 (per 100,000 people)

	Connecticut	Meriden	Wallingford	Cheshire	Southington
Accidents (unintentional injuries)	31.2	39.6	30.2	21.1	37.5
Motor vehicle accidents	9.0	8.6	9.1	--	13.4
Falls	4.9	5.4	--	--	--

-- The AAMR is not reported for causes of death with less than 15 deaths

Source: CT Department of Public Health

Births to Teen Mothers

Statewide, births to teenagers account for 7.0 percent of all births, while in Meriden, that figure is higher at 12.6 percent (Table 23).¹⁶ Rates have fluctuated in recent years, with rates in all towns increasing in 2006 from 2005 with the exception of Cheshire. Appendix C contains data on births to teens by race and ethnicity for Meriden and Wallingford.

¹⁶ Connecticut Department of Public Health, *Vital Statistics, 2004, 2005, 2006*.

Table 23 – Births to Teen Mothers, 2004 to 2006

		Connecticut	Meriden	Wallingford	Cheshire	Southington
2006	Number of births to mothers < 20	2,905	111	20	2	9
	Percent of all births	7.0%	12.6%	4.7%	**	2.1%
2005	Number of births to mothers < 20	2,842	89	12	2	6
	Percent of all births	6.8%	10.7%	2.5%	**	1.4%
2004	Number of births to mothers < 20	2,909	109	20	2	9
	Percent of all births	6.9%	13.7%	4.5%	**	1.9%

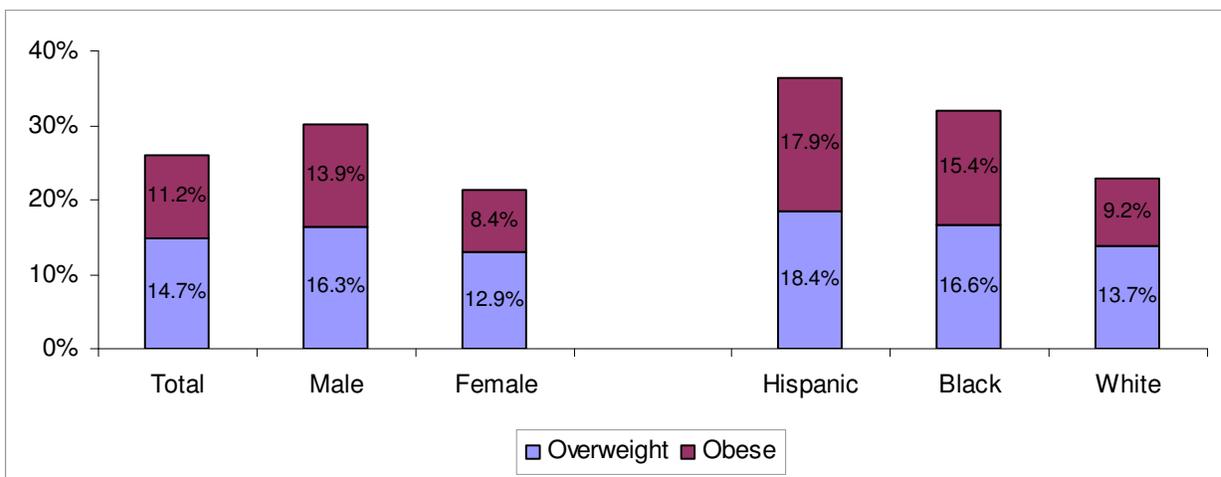
** percentages not calculated for less than 5 cases
 Source: Connecticut Department of Public Health

Childhood Obesity

The National Institutes of Health (NIH) reports that childhood obesity is now epidemic in the United States. NIH data suggests that the number of overweight children has doubled in the last two to three decades and that currently about 17 percent of children and adolescents are overweight.¹⁷ The increase is in both children and adolescents, and in all age, race and gender groups. Focus group discussions included the need for continued attention to programs that promote physical activity and healthy diets for children and teens.

In Connecticut, one-quarter of high school students are either overweight (14.7 percent) or obese (11.2 percent).¹⁸ The State’s Youth Risk Behavior Survey shows that obesity rates are higher for students who are male, Hispanic, and non-Hispanic Black (Figure 12). Statewide, around a third of students are able to pass a standard physical fitness test (Table 24). In this four town region, the percent of those passing range from 29 percent to 44 percent.

Figure 12 – Overweight and Obese by Sex and Race/Ethnicity, Connecticut High School Students, 2005



Source: Connecticut Department of Health

¹⁷ Weight Control Information Network, *Statistics Related to Overweight and Obesity*, May 2007, Retrieved on September 30, 2008 from <http://win.niddk.nih.gov/statistics/index.htm#preval>

¹⁸ Connecticut Department of Public Health, *Childhood Obesity in Connecticut*, Fall 2007.

Table 24 – Percent of Students Passing Physical Fitness Test

School Year	Connecticut	Meriden	Wallingford	Cheshire	Southington
2006/2007	36.1%	28.9%	34.8%	44.4%	36.1%
2004/2005	35.2%	30.3%	30.1%	43.1%	32.2%
2002/2003	34.8%	23.5%	33.7%	47.6%	44.4%

Source: Connecticut Department of Education

Childhood Dental Care

Recent research by the Connecticut Department of Public Health on the oral health of children found that dental decay is a significant problem for Connecticut's children and that many children do not get the dental care they need.¹⁹ Discussions in interviews and focus groups included the challenge of finding dental care for children who receive HUSKY health care, since few providers accept HUSKY.

Good oral health care for children is important because tooth decay and other dental problems can have serious consequences. Painful teeth can compromise a child's nutrition, cause delays in speech which can slow intellectual and social development and cause lost days at school.²⁰

The Department of Public Health report screened low income preschool children enrolled in Head Start and kindergarten and third grade children enrolled in public elementary schools. The study found:

- Eighteen percent of the Head Start children and 12 percent of the elementary school children screened had a need for dental care.
- Black and Hispanic children are more likely to have dental decay compared to white children.
- Minority children are also less likely to have dental sealants, a well-accepted clinical intervention to prevent tooth decay in molar teeth.
- More than 60 percent of third grade children in Connecticut do not have dental sealants.
- Data on dental health is not available at the town level.

¹⁹ Connecticut Department of Public Health, *Every Smile Counts: The Oral Health of Connecticut's Children*, December 2007.

²⁰ *Ibid.*

YOUTH: POPULATION & POVERTY – EARLY EDUCATION – EDUCATION

A key issue among focus group participants was the need to support the healthy growth and development of children and youth in these communities. The main issues raised dealt with school readiness and after-school programs. This section of the report will review those issues as well as poverty as it relates to children, education, and juvenile justice.

Population and Poverty

Population

Children and youth comprise roughly a quarter of a town's population (Table 25). There are close to 40,000 children and youth under age 20 in these 4 towns. Meriden has the highest percentage of those at the youngest ages, while Cheshire has the highest percentage of those under age 20. Meriden has the most diverse student population. Fifty-seven percent of Meriden's school age population belong to racial and ethnic groups typically considered minority (Table 26).

Survey Results at a Glance: % Rating excellent or good

➤ Recreation facilities	69%
➤ Opportunities for success for youth	59%
➤ Quality child care programs	55%
➤ Quality after-school programs	55%

% Rating as a Top Five Need

➤ Quality after-school programs	23%
➤ Quality child care programs	15%
➤ Quality programs for infants, toddlers and preschool children	7%

**Table 25 – Population Ages 0-19, 2000
Number and Percent**

	Connecticut	Meriden	Wallingford	Cheshire	Southington
Under 5	223,344 6.6%	4,143 7.1%	1,068 6.1%	1,648 5.8%	2,399 6.0%
5-19	702,358 21.6%	12,092 20.7%	3,226 18.4%	6,527 22.9%	7,851 19.7%
Total	925,703 28.2%	16,235 27.8%	4,294 24.5%	8,175 28.7%	10,250 25.7%

Source: U.S. Census

Table 26 – School Enrollment by Race and Ethnicity 2006-2007

Race/Ethnicity	Meriden	Wallingford	Cheshire	Southington
White	43.2%	83.9%	88.3%	90.6%
Hispanic	40.8%	9.3%	2.5%	4.0%
Black	13.5%	2.6%	1.9%	2.1%
Asian American	2.2%	3.8%	7.2%	3.0%
American Indian	0.2%	0.3%	0.1%	0.3%
Total Minority	56.8%	16.1%	11.7%	9.4%

Source: Connecticut Department of Education

Children and Youth in Poverty

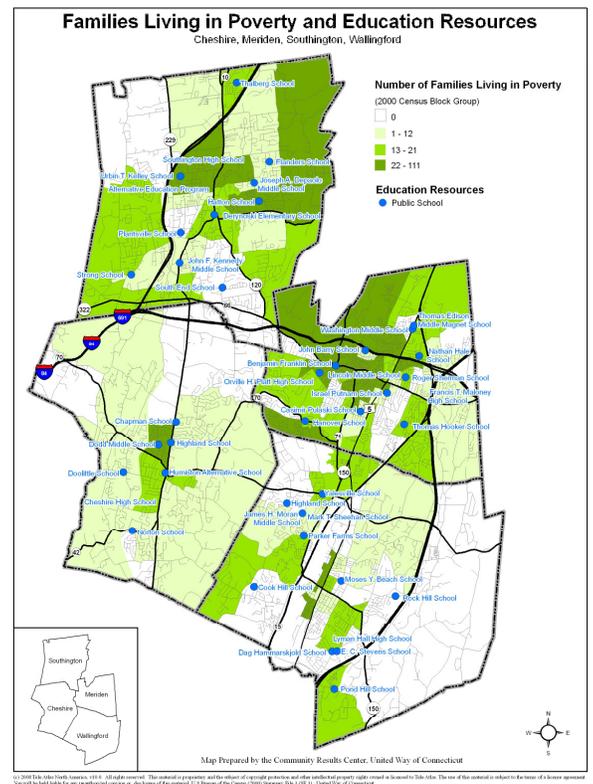
There is a close relationship between the academic success of children and the economic conditions in which they are raised.²¹ Children who grow up in poorer households tend to have lower levels of academic achievement throughout their school years. In 2008, the federal poverty level (FPL) for a family of four (two adults and two children under the age of 18) was \$21,200 annually. In Meriden, 8.5 percent of families live below that poverty level, while in the other 3 towns that percent is far lower. However, many more families may experience economic insecurity because the FPL is low considering the cost of living in Connecticut. The Self-Sufficiency Standard for Greater New Haven, which includes Meriden, Cheshire and Wallingford is \$59,399, while for Southington, which is in Hartford County, the self-sufficiency standard is \$47,499.²² This standard means that a family needs to earn two and a half to three times the poverty rate to maintain self-sufficiency. A review of poverty related data shows the number of children living below the poverty line in these 4 towns:

- In 1999, the most recent year for which poverty data are available, there were 17.6 percent of children under 18 living in families at the FPL and 40.2 percent of children living in families at 200 percent FPL in Meriden (Table 27).²³
- There was a decrease in the number of child recipients of Temporary Family Assistance in Meriden, Wallingford and Southington between 2003 and 2005; however, there was an increase in child food stamp recipients in all four towns in these same years.²⁴

There are many other factors that impact the health and emotional, social, physical, and academic development of a child; however, the identification of and support for children in families that experience economic insecurity is certainly a key to helping children succeed academically.

Map 6 shows families living in poverty and public schools. A larger version of this map can be found in Appendix F.

Map 6: Families Living in Poverty



²¹ Connecticut Association for Human Services, *Seeds of Prosperity: Children of Low-Income Working Families*, 2006.

²² Office of Workforce Competitiveness, *The Real Cost of Living in 2005: The Self-Sufficiency Standard for Connecticut*, December 2005.

²³ Connecticut Association for Human Services, *Seeds of Prosperity: Children of Low-Income Working Families*, 2006.

²⁴ *Ibid.*

Table 27 – Childhood Poverty Statistics

	Meriden	Wallingford	Cheshire	Southington
% under 18 in families below 100% FPL – Census 2000	17.6%	5.3%	2.7%	3.3%
% under 18 in families below 200% FPL – Census 2000	40.2%	14.6%	5.4%	11.8%
Children receiving Temporary Financial Assistance 2005	1,931	168	28	140
Children receiving Temporary Financial Assistance 2003	1,999	224	23	193
Food Stamps (SNAP) – child recipients 2005	4,016	362	71	383
Food Stamps (SNAP) – child recipients 2003	3,689	345	45	311

Source: CT Association of Human Services

Early Education

Access to quality preschool programs can help ensure a child’s academic success. Attendance in preschool varies widely in cities and towns throughout Connecticut. In the State as a whole, 79 percent of kindergartners have preschool experience (Table 28).

The definition of preschool experience and the data collection method for measuring the number of children with preschool experience is not standardized and therefore it may not be completely accurate. Nonetheless, it is the number most widely used in Connecticut as a measure of school readiness. Data concerning preschool experience for these towns indicates the following:

- In Meriden in 2007, 82 percent of kindergartners had preschool experience compared with 53 percent in 2001. Depending on the public elementary school, this ranged from 67 percent to 96 percent. (A complete listing of preschool experience by elementary schools can be found in Appendix B.) The 18 percent of children who did not have preschool experience translates into an estimated 150 children.
- In Wallingford in 2007, 84 percent of kindergartners had preschool experience. The 16 percent of children who did not have preschool experience translates into an estimated 97 children.
- In Cheshire, just about all children (99 percent) have preschool experience.
- In Southington 83 percent of children have been to preschool. The 17 percent of children who did not have preschool experience translates into an estimated 79 children.

Table 28 – Percent of Kindergartners with Preschool Experience

	School Year			
	2006-2007	2004-2005	2002-2003	2000-2001
Connecticut	79.3%	77.0%	75.9%	74.7%
Meriden	81.6%	83.3%	78.0%	53.5%
Wallingford	84.4%	81.3%	90.0%	82.1%
Cheshire	99.1%	89.9%	92.2%	96.9%
Southington	82.9%	90.0%	80.0%	82.2%

Source: CT State Department of Education

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The needs assessment found generally positive ratings for child care, with 84 percent of those who live or work in Wallingford and 57 percent of those who live and work in Meriden highly rating access to quality child care programs. Sample size for Cheshire and Southington were too small for analysis, however Southington's 2004 needs assessment identified a need for more affordable child care and more child care for parents who work. The 2006 needs assessment that included Cheshire indicated that 60 percent of those who live or work in Cheshire believe that young children are ready when they enter school.

Focus group participants commented that child care needs to be more affordable. The weekly cost of sending a child to a preschool center ranges from roughly \$166 to \$185 in these 4 towns (Table 29). These weekly costs translate to between \$8,600 and \$9,600 annually. The weekly cost of sending an infant/toddler to center-based care ranges from roughly \$204 to \$224 in these 4 towns. These weekly costs translate to between \$10,600 and \$11,600 annually.

Similarly, over half of all respondents rated infant/toddler and preschool programs as excellent or good. However, focus group participants often expressed concern about the availability of day care for infants and toddlers. Table 30 indicates the number of preschool slots in these communities.

Table 29 – Average Cost of Preschool Programs, 2008

	Connecticut	Meriden	Wallingford	Cheshire	Southington
Average cost of preschool center	\$188	\$166	\$170	\$185	\$160
Average cost of Infant/toddler center	\$233	\$204	\$204	\$224	\$194

Source: 2-1-1 Child Care

Table 30 – Number of Slots, Infant/Toddler and Preschool, 2008

	Meriden	Wallingford	Cheshire	Southington
Infant/Toddler Centers	185	551	202	278
Infant/Toddler Homes	98	69	25	82
Preschool Centers	1,328	1,321	648	756
Preschool Homes	216	153	59	170

Source: 2-1-1 Child Care

Comments from Focus Groups

- *The need is for infant and toddler care. We get 5 calls a day from people looking for care.*
- *Mothers cannot afford to stay home, but the cost of infant and toddler care is too high.*
- *Often parents cut down on the days they need infant and toddler care to save money, but that has a negative impact on the center, and some have had to close.*

Meriden School Readiness

Meriden has just completed its Blueprint for Young Children which outlines the City's strategies to ensure that all children enter school prepared to learn. The Blueprint calls for increasing spending on programs

CHILDREN AND YOUTH

related to young children by 5.5 percent or \$7.5 million over the next three years. The extra funding would focus on early care and education, health, mental health, child welfare and family support.²⁵

Education

Just over half of survey respondents indicated that there are opportunities for success for children and youth in these towns. In terms of academic performance, the Strategic School Profile for the 2006-2007 school year indicates some disparity in success between these towns:

- In Meriden, 37 percent of 4th graders scored at or above the State goal in reading compared to an average of 56 percent of students statewide. Wallingford, Cheshire and Southington exceeded the State average (Table 31).
- Meriden falls below the State average for scoring at or above the goal in the Grade 10 CAPT test for Reading Across the Disciplines.
- Far fewer blacks and Hispanics, and those eligible for free or reduced meals scored at or above goal in the grade 4 reading mastery test (Table 32).
- Meriden's graduation rate is below the State average.

Table 31 – Education Statistics, 2008

	Connecticut	Meriden	Wallingford	Cheshire	Southington
CT Mastery Test (CMT) Grade 4 Reading Scores*	56%	37%	58%	73%	66%
CT Academic Performance Test (CAPT) Grade 10 Reading Across the Disciplines*	46%	23%	54%	72%	54%
Graduation rate class of 2006	92%	90%	95%	97%	92%

* At or above State Goal

Source: Connecticut Department of Education

Table 32 – Connecticut Mastery Test (CMT) Grade 4 Reading Scores by Town, Demographics Percent Scoring At or Above Goal Level, 2008

	Total	White	Black	Hispanic	Asian	Free/Reduced Meals
Connecticut	56.0%	67.9%	29.4%	27.9%	71.5%	27.9%
Meriden	37.3%	54.7%	28.3%	24.9%	--	27.9%
Wallingford	58.2%	61.2%	--	27.3%	71.4%	25.0%
Cheshire	72.5%	73.9%	--	--	66.7%	--
Southington	66.3%	68.1%	--	41.7%	--	34.7%

-- Results are not reported for groups fewer than 20

Source: Connecticut Department of Education

²⁵ The Leadership Work Group, Meriden Blueprint for Young Children, September 2008.

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After-School Programs

Research suggests that participation in after-school programs is essential for enriching the lives of school-age children. Participation in after-school programs can help young people stay out of trouble, improve interpersonal and academic skills, and broaden skills in general. The needs assessment survey found that overall, 55 percent of respondents rated the quality of current after-school programs positively. However, close to 4 in 10 of those who live or work in Meriden rated after-school programs as being fair or poor. In the focus groups, the discussions often centered around the need for more after-school programs that include transportation. Transportation was cited as one of the main barriers for children not attending after-school programs. Participants also commented that programs are especially needed for those in 8th or 9th grade who age-out of typical after-school programs and for teens with emotional and mental health challenges.

Comments from Focus Groups

- *There are money shortages for after-school programs, especially for middle school kids. It seems to be considered more of a luxury item now.*
- *Pre-teens have aged out of typical after-school programs. They don't have any place to go. We need after-school programs in place for older youth. The programs need to be structured.*
- *There is especially the need for after school programs for teens who have emotional and mental health challenges.*

At-Risk Youth – Juvenile Justice

The number of youth involved in the juvenile justice system has decreased for these towns in 2007-2008 from the previous year (Table 33). Juvenile justice involved youth include those who have committed “delinquency” offenses, such as burglary, larceny, and assault, those who have committed “status” offenses such as truancy and running away from home, and Youth In Crisis who are “status” offenders age 16 and 17. The number of those truant is listed in Table 34.

Table 33 – Unduplicated Juvenile Justice Involved Youth Fiscal Years 2007 and 2008+

	Year	Total Youth in Juvenile Justice System	Delinquency*	Status Offenders**	Youth in Crisis***
Meriden	2008	329	247	99	15
	2007	334	252	121	14
Wallingford	2008	73	57	14	7
	2007	88	76	21	2
Cheshire	2008	37	32	5	3
	2007	52	47	4	2
Southington	2008	61	41	9	12
	2007	76	56	14	11

+Fiscal years run from July 1 to June 30.

* Delinquency – offenses that are codified in the general statutes (burglary, larceny, assault, etc.)

**Status offenses include truancy, runaway, and beyond parental control.

*** Youth in Crisis – status offenders age 16 or 17

Source: Connecticut Court Support Services

Table 34 – Truancy, Fiscal Years 2007 and 2008+

	Year	Truancy
Meriden	2007-2008	67
	2006-2007	77
Wallingford	2007-2008	9
	2006-2007	8
Cheshire	2007-2008	2
	2006-2007	2
Southington	2007-2008	7
	2006-2007	9

+Fiscal years run from July 1 to June 30.
Source: Connecticut Court Support Services

OLDER ADULTS

Older Adults: Transportation Support for Maintaining Independence

Older adults comprise between 12 and 15 percent of the population of these towns (Table 35). In Meriden, close to 8 percent of those age 65 and older live below the federal poverty level (FPL), more than the percent of those living below FPL in Southington (5.6 percent), Wallingford (4.4 percent) and Cheshire (4.3 percent) (Table 36).

Survey Results at a Glance

% 65+ rating excellent or good

- ▶ Support for maintaining independence 57%
- ▶ Affordable housing 25%
- ▶ Public transportation 21%

Map 7 shows the population of older adults. A larger version of this map can be found in Appendix F.

Table 35 – Population for Ages 65 and Older and 85 and Older by Area – 2000

	Percent 65+	Number 65+	Change 1990-2000	Percent 85+	Number 85+	Change 1990-2000
Connecticut	13.8%	470,183	+0.2	1.90%	64,273	+1.7
Meriden	14.1%	8,211	-0.6	1.90%	1,115	+2.5
Wallingford	15.2%	6,546	+1.1	2.70%	1,172	+1.6
Cheshire	12.6%	3,592	+0.7	2.10%	591	+1.4
Southington	14.7%	5,837	+2.8	1.60%	644	-1.2

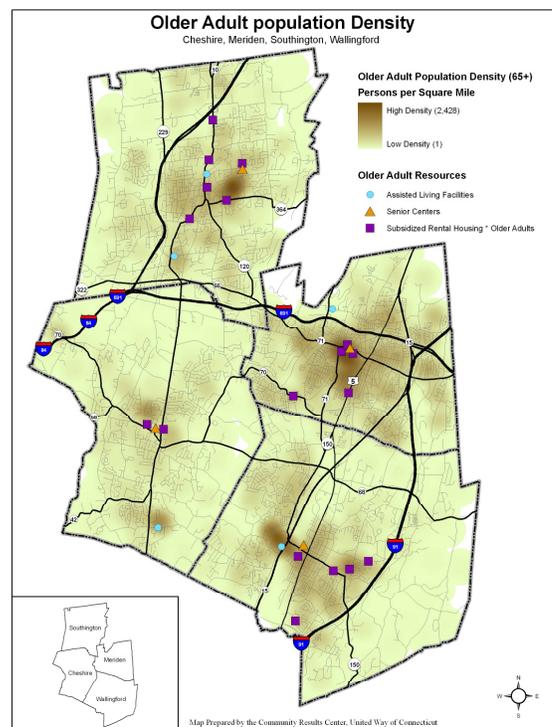
Source: 1990 and 2000 data from the U.S. Census, 2005 data estimates from CERC Town profile 2007

Table 36 – Individuals Below Federal Poverty Level – 2000

	Number and Percent
Meriden	578 7.8%
Wallingford	252 4.4%
Cheshire	137 4.3%
Southington	306 5.6%

Source: U.S. Census

Map 7: Older Adult Population



The needs assessment survey found that the major needs identified by older adults in these towns is access to transportation, fuel and utility assistance and availability of affordable housing (Table 37). Focus group discussions with providers of senior services also found these to be the major needs for seniors. These providers also discussed the need for affordable home care, to allow older adults to stay in their homes longer, and the need to help seniors understand where to access services in their town.

Table 37 – Top Five Needs

65 and older
Accessibility to public transportation
Fuel/utility assistance
Availability of affordable housing
Job training & workforce development
Safe, crime-free neighborhoods

Transportation

Accessibility to public transportation was the most pressing need identified in the needs assessment survey by those age 65 and above. Sixty-three percent of older adults rated public transportation as fair or poor. All of these towns offer options for senior transportation at varying capacities. In general, older adults are often challenged by the lack of door-to-door services with someone to escort them and help with packages. They can also be challenged by the length of time on a bus or van and waiting time.

Focus group participants discussed two specific issues surrounding transportation for older adults: the need for on-demand door-to-door service; and ensuring the safety of older adults who are still driving.

- On demand service – participants suggested that services that transport older adults to appointments and then waits with them for the return trip are the most effective. They say that this type of service requires a coordinated bank of volunteer drivers who are given stipends for gasoline and are covered by liability insurance.
- Several focus group participants also suggested that the State impose a mandatory retesting process for drivers when they reach a certain age. Participants theorized that older adults may drive past the time that it is safe for them to do so due to inadequate public transportation options.

The following are transportation services currently available:

City of Meriden

The City of Meriden offers transportation for grocery shopping, senior center, and other programs and medical transportation within town. Wheelchair service is available. Transportation to out-of-town medical appointments is provided by the American Red Cross. Reservations must be made a day in advance. Donations are accepted.

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Town of Wallingford

The town provides transportation to medical appointments, to and from the Senior Center and Daily Activities for Independence Program, grocery shopping, banking and bill paying, other appointments (lawyer, hairdresser) and visiting (nursing homes, friends). Electric wheelchairs or carts can be accommodated. The system may be used by residents ages 60+ who do not drive or who cannot access public transportation. The transportation system runs: Monday through Friday from 8:30am-3:30pm. Reservations are required a day in advance. Donations are accepted.

Greater New Haven Transit District (GNTD)

GNTD provides transportation for any purpose for those ages 60 and older who cannot use regular public transportation. In this four town area, the service covers only Wallingford. The fee is \$2.50 each way.

Cheshire Senior Center

The senior center provides transportation to Cheshire seniors and people who are disabled to medical appointments and shopping Monday through Saturday. The service includes transportation to medical appointments to North Haven, New Haven, Hamden, Southington, Wallingford, and Meriden. The center also provides free transportation for residents of Cheshire age 60 or older and those age 21 or older who has a disability to anywhere in Cheshire, Middlebury, Naugatuck, Prospect, Thomaston, Waterbury, Watertown and Wolcott. Reservations must be made 3 days in advance. There is a suggested donation of 25 cents each pickup for the mini bus; \$4 round trip for out-of-town medical appointments.

Calendar House Senior Center - Southington

Calendar House Senior Center provides Dial-A-Ride service to local shopping centers, to and from senior center, medical and dental appointments for residents age 55 and older or those 18 and older with a disability. Reservations must be made a day in advance.

Allied Rehabilitation Center - Southington

Allied Rehabilitation Centers provides transportation services for people ages 60+ or any age, if disabled, for medical appointments, shopping and other needs for residents of North Central Connecticut which includes Southington. Service is for those age 60 and older and for the disabled. Reservations must be made a day in advance. There is a set fee for service.

Comments from Focus Groups

- *The State needs to pick an age and have people retested. We are pushing younger people into stricter licensing; the need is the same for older adults.*
- *Volunteer drivers are not going to volunteer without a stipend with these rising gas prices.*

OLDER ADULTS

General Support for Older Adults

While the needs assessment survey found that close to half of older respondents say their town offers support for older adults seeking to maintain their independence, focus group discussions offered some insight into some issues older adults may need help with:

- **Affordable housing** – The survey identified the need for affordable housing as one of the top five needs of older adults.
- **Utility Assistance** – Older adults who responded to the survey also identified utility assistance as a top five need. Older adults from these towns call United Way 2-1-1 most often for information on utility assistance.
- **Adult day care** – There are currently no adult day care centers in Meriden, Wallingford or Cheshire. There is an adult day care center in Southington. The other closest centers are in Hamden or Middletown. It was thought that access to these centers is essential for older adults in need of support during the day. It was commented that while home care is available for those who can afford it, it often lacks the social stimulation that can be experienced in a day care setting.
- **Financial literacy programs for seniors** – It was suggested that older adults could benefit from access to financial literacy workshops geared toward issues they may face in the later stages of life.
- **Support for kinship caregivers** – Focus group participants suggested that it was becoming more common for grandparents to be caring for grandchildren and even adult children. This can often have ill affects on both finances and the health of the older adult.
- **Rising cost of health care** – The health issues mentioned most often in the focus groups included care that may not be covered by Medicare. Health care affordability is a national issue. Typical challenges for older adults are often health care procedures that are not covered by Medicare such as dental visits and some foot care procedures.
- **Accessing services** – While senior activities are listed in a number of different areas, it was suggested that a consistent approach is needed to communicate with seniors to alert them to activities and available resources.

Comments from Focus Groups

- *There has been an increase in the number of grandparents with custodial rights over grandchildren and the parenting role is difficult.*
- *More support is needed for grandparents raising grandchildren, grandparents do not always know the resources that are available to them.*
- *I've had instances of older adults being denied housing because of bad credit. Financial literacy is important to help seniors with this issue.*
- *Seniors sometimes use their money to support younger family members and now have second mortgages.*

APPENDIX A: PORTRAIT OF MERIDEN

Meriden has a population of close to 60,000 and is the 12th largest city in Connecticut. Meriden has a diversified economy that supports biotech companies, manufacturing, retail, a hospital, and several utilities. Its major employers include SBC/SNET and MidState Medical Center. Meriden Square Mall is the City's largest taxpayer.

POPULATION

- In 2007, the population for Meriden was 59,225 an increase of 1.7 percent from 2000. Meriden's population grew at a slower rate during this time period than the State average of 2.8 percent (Table A1).

Table A1 – Population 2007, 2000

	Connecticut	Meriden
Population 2007	3,502,309	59,225
Population 2000	3,405,565	58,244
Percent Change	2.8%	1.7%

Source: U.S. Census

Race

- In 2000, 80 percent of Meriden's population identified as white, 21 percent identified as Hispanic, 6 percent as black and 1 percent as Asian.
- Meriden's school population is more diverse than the general population. The minority enrollment in the public school system in the 2006-2007 school year was 57 percent, an increase from 49 percent in the 2001-2002 school year.
- The percent of school age youth with a non-English speaking home language is also increasing. In the 2006-2007 school year 29 percent of students came from a non-English speaking home compared with 26 percent in the 2001-2002 school year.

Age

- There are 15,000 children under the age of 18 comprising 26 percent of the population.
- In all, 31 percent of households contain children and youth compared with 32 percent statewide.
- Fourteen percent of Meriden's population is 65 years of age and older, equal to the State average.
- Those 85 and older, comprise 2 percent of the population. That age group increased around 20 percent between 1990 and 2000, less than the statewide increase of close to 37 percent.

ECONOMIC INDICATORS

Income

- Median household income is just over \$43,000 in Meriden, compared with close to \$54,000 statewide (Table A2).
- Median family income in Meriden is just over \$52,700 compared to close to \$65,500 statewide.
- The annual income necessary to achieve self-sufficiency for two adults and two school age children in Greater New Haven, which includes Meriden, is \$59,399.²⁶ This standard means that a family needs to earn over three times more than the poverty rate to maintain self-sufficiency. Meriden's median income is less than this amount.

Table A2 – Median Household Income - 1999

	Household Income	Family Income
Connecticut	\$53,935	\$65,521
Meriden	\$43,237	\$52,788

Source: U.S. Census

²⁶ Connecticut Voices for Children, *The State of Working Connecticut*, September 2006.

APPENDIX A: PORTRAIT OF MERIDEN

Unemployment

- The unemployment rate in Meriden was 7.5 percent in October 2008, higher than the State average of 6.2 percent, and higher than it was for 2007 (Table A3). There are approximately 2,429 people unemployed in Meriden.

Housing

- The median price of a home in Meriden in 2006 was over \$200,000, compared with \$275,000 statewide. (Table A4).
- Housing permits represent the number of new private housing units being developed and provide a general indication of the amount of new housing stock. The number of housing permits issued in Meriden has slowly declined.
- In 2000, there were close to 11,000 owners and renters experiencing housing problems in Meriden. Housing problems are defined as spending more than the recommended 30 percent of their income on housing costs, living in overcrowded conditions, and/or living in dwellings lacking a complete kitchen or bathroom.

Poverty

- In Meriden, 8.5 percent of families and 11 percent of individuals live below the federal poverty level (FPL). Statewide, 5.6 percent of families and 7.9 percent of individuals live below the FPL.²⁷ Table A5 lists current FPL.
- Just over 17 percent (2,565) of children under age 18 live in families with income at or below the FPL, (\$21,200 for a family of four) while 40 percent (5,830) of children live in families at 200 percent (\$42,400) of the FPL.
- Close to 26 percent (835) of female headed households were below FPL while 48 percent (417 households) of female headed households with children under 5 were below FPL .

Table A3 – Unemployment

	Percent unemployed Oct. 2008	Percent unemployed 2007	Number Unemployed Oct. 2008
Connecticut	6.1%	4.5%	116,000
Meriden	7.5%	5.5%	2,429

Source: Connecticut Department of Labor

Table A4 – Housing Permits and Median Home Price

	Median home price 2006	Number of Building Permits		
		2007	2000	1990
Connecticut	\$275,000	9,236	9,376	7,832
Meriden	\$201,000	70	68	91

Source: Connecticut Department of Economic and Community Development

Table A5 – Federal Poverty Levels 2008 Annual Income Guidelines

Family Size	100% of FPL	200% of FPL
1	10,400	20,800
2	14,000	28,000
4	21,200	42,400

Source: U.S. Department of Health and Human Services

²⁷ U.S. Census

APPENDIX A: PORTRAIT OF MERIDEN

Health and Human Services Requests

- In Meriden, there were 11,934 service requests made to United Way 2-1-1 in fiscal year 2008.
- The top five calls from Meriden residents related to basic needs (Table A6). These callers were looking for information about utility assistance, homeless shelters, food pantries, and temporary financial assistance. The nature of these calls has remained fairly constant over the past three years.

Table A6 - 2-1-1 Top Service Requests, 2007 and 2008

Meriden	Number of Service Requests	
	Fiscal Year 2008	Fiscal Year 2007
Utility assistance	751	590
Food Stamps/Food Pantries	650	570
General Information	471	445
Homeless shelter	407	384
Temporary Financial Assistance	255	257
All Service Requests	11,934	11,040

+Fiscal years run from July 1 to June 30.
Source: 2-1-1

APPENDIX A: PORTRAIT OF WALLINGFORD

Wallingford, with a population of 44,000 is the 22nd largest community. Wallingford has a diversified commercial and industrial base that has attracted high technology industries in recent years. It is home to a variety of medical, health care, retail, manufacturing and research development firms. It is also home to Bristol-Myers Squibb, which is the Town's largest taxpayer. The Town of Wallingford and Bristol-Myers are the largest employers.

POPULATION

- The total population for Wallingford in 2007 was 44,679, an increase of 3.8 percent from the 2000 U.S. Census (Table A7).

Table A7 – Population 2007, 2000

	Connecticut	Wallingford
Population 2007	3,502,309	44,679
Population 2000	3,405,565	43,026
Percent Change	2.8%	3.8%

Source: U.S. Census

Race

- In 2000, 95 percent of Wallingford's population identified as white, 5 percent identified as Hispanic, 2 percent as Asian, and 1 percent as Black.
- The minority enrollment in Wallingford's public schools in the 2006-2007 school year was 16 percent compared with 12 percent in the 2001-2002 school year.
- The percent of school age youth with a non-English speaking home language increased slightly from 7 percent in the 2006-2007 school year compared with 6 percent in the 2001-2002 school year.

Age

- There are 10,300 children under the age of 18, comprising 24 percent of the population.
- Thirty-two percent of households contain children and youth.
- Children under the age of 5 comprise 6 percent of the population.
- Fifteen percent of the population is 65 years of age and older.

ECONOMIC INDICATORS

Income

- Wallingford's median household income is above the State's average at \$70,698 (Table A8).
- Median family income in Wallingford is just over \$68,000 compared to \$65,500 statewide.

Table A8 - Median Household Income - 1999

	Household Income	Family Income
Connecticut	\$53,935	\$65,521
Wallingford	\$57,308	\$68,327

Source: U.S. Census

Unemployment

- Wallingford had an unemployment rate of 5.3 percent in October 2008 (Table A9).²⁸ There are approximately 1,378 people unemployed in Wallingford.

²⁸ Connecticut Department of Labor, *Labor Situation*, May 2007.

APPENDIX A: PORTRAIT OF WALLINGFORD

Housing

- The median price of a home in Wallingford in 2006 was \$280,000, similar to the statewide average of \$275,000 (Table A10).
- Housing permits represent the number of new private housing units being developed and provide a general indication of the amount of new housing stock. The number of housing permits issued in Wallingford is up slightly from 2000.
- In 2000, there were close to 6,000 owners and renters experiencing housing problems in Wallingford. Housing problems are defined as spending more than the recommended 30 percent of their income on housing costs, living in overcrowded conditions, and/or living in dwellings lacking a complete kitchen or bathroom.

Poverty

- In Wallingford, 2.4 percent of families and 3.6 percent of individuals live below the FPL.²⁹
- Just over 5 percent (or 541) of children under age 18 live in families with income at or below the FPL, while 15 percent (or 1,492) of children live in families at 200 percent of the FPL.
- Close to 12 percent (or 174) of households headed by females were below the FPL level while 32 percent (or 72 households) of female headed households with children under then age of 5 were below the FPL.

Health and Human Services Requests

- In Wallingford, there were 3,395 requests for service made to United Way 2-1-1 in fiscal year 2008.
- The top five calls from Wallingford residents related to basic needs (Table A11). These callers were looking for information about utility assistance, homeless shelters, food pantries, and temporary financial assistance.

Table A9 – Unemployment

	Percent unemployed Oct. 2008	Percent unemployed 2007	Number Unemployed Oct. 2008
Connecticut	6.1%	4.5%	116,000
Wallingford	5.3%	4.0%	1,378

Source: Connecticut Department of Labor

Table A10 – Housing Permits and Median Home Price

	Median home price 2006	Number of Building Permits		
		2007	2000	1990
Connecticut	\$275,000	9,236	9,376	7,832
Wallingford	\$280,000	141	136	105

Source: Connecticut Department of Economic and Community Development

Table A11 - 2-1-1 Top Service Requests, 2007 and 2008

Wallingford	Number of Service Requests	
	Fiscal Year 2008	Fiscal Year 2007
Helplines/Warmlines	461	541
Utility assistance	205	147
Food pantries/food stamps	152	112
General Information	86	109
Temporary Financial Assistance	77	66
Total Service Requests	3,395	3,160

Source: 2-1-1

²⁹ Ibid.

APPENDIX A: PORTRAIT OF CHESHIRE

Cheshire is a residential community with a population of close to 29,000. During the past 50 years, the Town has become a residential suburban community. Despite significant industrial and commercial growth, Cheshire retains its rural characteristics with thousands of acres of open space and an active agricultural industry.

POPULATION

- The total estimated population for Cheshire in 2007 was 28,833, an increase of 1 percent from the 2000 U.S. Census.³⁰ Cheshire's population grew at a slower rate during this time period than the State average of 2.8 percent.

Race

- In 2000, 89 percent of Cheshire's population identified as white, 5 percent identified as Black, 4 percent as Hispanic, 3 percent as Asian, and 3 percent as other or of multiple races.
- The minority enrollment in Cheshire's public schools in the 2006-2007 school year was 11 percent compared with 6.5 percent in the 2001-2002 school year.
- The percent of school age youth with a non-English speaking home language increased slightly from 5 percent in the 2006-2007 school year compared with 4.3 percent in the 2001-2002 school year.

Age

- There are 7,200 children under the age of 18, comprising 25 percent of the population.
- In all, 40 percent of households contain children and youth.
- Children under the age of 5 comprise 6 percent of the population.
- In Cheshire, 3,500 persons or 13 percent of the population is 65 years of age and older.

ECONOMIC INDICATORS

Income

- Median household income is just over \$80,000 in Cheshire, compared to \$54,000 statewide (Table A12).
- Median family income in Cheshire is just over \$90,000 compared to \$65,000 statewide.

Unemployment

- The unemployment rate in Cheshire was 4.7 percent in October 2008 an increase from 3.7 percent in 2007. In October 2008, there are approximately 706 people unemployed, compared to 544 in 2007.

Table A12: Cheshire Economic Indicators

Median Household Income 2000	\$80,466
Median Family Income 2000	\$90,774
Median Home Price 2000	\$340,000
Unemployment Oct. 2008	4.7%
Housing Permits 2007	51
Number of Owners with housing problems	1,882
Number of renters with housing problems	387

Sources: U.S. Census, CT Department of Labor, CT Department of Economic Development, U.S. Housing and Urban Development

³⁰ Connecticut Economic Resource Center (CERC), *Town Profiles*, April 2007.

APPENDIX A: PORTRAIT OF CHESHIRE

Housing

- The median price of a home in Cheshire in 2006 was \$340,000, compared with \$275,000 statewide.
- Fifty-one housing permits were issued in 2007, lower than the number issued in 1990 (79) or 2000 (68).
- In 2000, there were over 2,100 owners and renters experiencing housing problems in Cheshire.

Poverty

In 2000, 3 percent of individuals in Cheshire, or 750 persons, were living below the poverty level. There were 1.6 percent of families, or 114 families, living below the poverty level.

Health and Human Services Requests

- In Cheshire there were 921 requests for services made to United Way 2-1-1 in fiscal year 2008.
- The top five calls from Cheshire residents included utility assistance, general information, homeless shelters, lawyer referral services and food pantries (Table A13).

Table A13 - 2-1-1 Top Service Requests, 2007 and 2008

Cheshire	Number of Service Requests	
	Fiscal Year 2008	Fiscal Year 2007
Utility Assistance	71	56
General Information	33	31
Food Stamps/Food Pantries	32	22
Lawyer Referral Services	24	7
Temporary Financial Assistance	21	15
All Service Requests	921	897

Source: 2-1-1

APPENDIX A: PORTRAIT OF SOUTHINGTON

Southington has a population of just over 41,000 and includes the sections of Plantsville, Milldale, and Marion. Its top employers include Hartford Insurance Group, Bradley Memorial Hospital, Yarde Metals and Medex Inc.

POPULATION

- The total population for Southington in 2007 was 41,272, an increase of 3.9 percent from the 2000 U.S. Census.

Race

- In 2000, 96 percent of Southington's population identified as white, 2 percent identified as Hispanic, 1 percent as Black, 1 percent as Asian, and 2 percent as other or of multiple races.
- The minority enrollment in Southington's public schools in the 2006-2007 school year was 9.4 percent compared with 6.6 percent in the 2001-2002 school year.
- The percent of school age youth with a non-English speaking home language increased slightly from 4.1 percent in the 2006-2007 school year compared with 2.3 percent in the 2001-2002 school year.

Age

- In Southington, there are 9,470 children under the age of 18, comprising 24 percent of the population.
- Thirty-five percent of households contain children and youth.
- Children under the age of 5 comprise 6 percent of the population.
- In Southington, 5,837 persons or 15 percent of the population is 65 years of age and older.

ECONOMIC INDICATORS

Income

- Median household income is just over \$60,000 in Southington, compared with close to \$54,000 statewide (Table A14).
- Median family income in Southington is just over \$70,000 compared to \$65,000 statewide.

Unemployment

- The unemployment rate in Southington was 4.7 percent in October 2008 an increase from 4.0 percent in 2007. There are approximately 1,157 people unemployed in Southington.

Housing

- The median price of a home in Southington in 2006 was \$280,000, compared with \$275,000 statewide.
- The number of housing permits issued in 2007 (108) was half the number issued in 2000 (216).
- In 2000, there were over 3,400 owners and renters experiencing housing problems in Southington.

Table A14 – Southington Economic Indicators

Median Household Income	\$60,538
Median Family Income	\$70,339
Median Home Price	\$280,000
Unemployment October 2008	4.7%
Housing Permits 2007	108
Number of owners with housing problems	2,642
Number of renters with housing problems	824

Sources: U.S. Census, CT Department of Labor, CT Department of Economic Development, U.S. Housing and Urban Development

APPENDIX A: PORTRAIT OF SOUTHINGTON

Poverty

- In 2000, 3 percent of individuals, or 1,287 persons, were living below the poverty level. There were 2.2 percent of families, or 252 families, living below the poverty level.

Health and Human Services Requests

- In Southington, there were almost 2,399 requests for service made to United Way 2-1-1 in 2008.
- The top five calls from Southington residents related to utility assistance, temporary financial assistance, general information, food stamps, and inpatient drug detoxification (Table A15).

Table A15 – 2-1-1 Top Service Requests, 2007 and 2008

Southington	Number of Service Requests	
	Fiscal Year 2008	Fiscal Year 2007
Utility Assistance	170	158
Food Stamps (SNAP) /Food Pantries	106	80
Temporary Financial Assistance	71	54
General Information	66	63
Inpatient drug detoxification	60	62
All Service Requests	2,399	2,203

Source: 2-1-1

APPENDIX B: ADMINISTRATIVE DATA POPULATION

Table B1 – Population, Age, Race/Ethnicity

	Connecticut	Meriden	Wallingford	Cheshire	Southington
Total Population					
Population 2007 (Census)	3,502,309	59,225	44,679	28,833	41,272
Population 2000 (Census)	3,405,565	58,244	43,026	28,543	39,728
Population Increase 2007/2000	2.8%	1.7%	3.8%	1.0%	3.9%
Population by Age (2000) Census – Number and Percent					
under 5	223,344 (6.6%)	4,143 (7.1%)	2,612 (6.1%)	1,648 (5.8%)	2,399 (6.0%)
5 to 17	618,344 (18.2%)	10,823 (18.6%)	7,714 (17.9%)	5,554 (19.5%)	7,071 (17.8%)
18 to 24	271,585 (8.0%)	4,739 (8.1%)	2,599 (6.0%)	2,211 (7.7%)	2,361 (5.9%)
25 to 49	1,285,443 (37.8%)	21,756 (37.4%)	16,698 (38.8%)	10,829 (37.9%)	14,734 (37.1%)
50-64	536,666 (15.8%)	8,572 (14.7%)	6,857 (15.9%)	4,709 (16.5%)	7,326 (18.4%)
65 -74	231,565 (6.8%)	3,867 (6.6%)	2,924 (6.8%)	1,682 (5.9%)	2,996 (7.5%)
75-84	174,345 (5.1%)	3,229 (5.5%)	2,450 (5.7%)	1,319 (4.7%)	2,197 (5.5%)
85 and older	64,273 (1.9%)	1,115 (1.9%)	1,172 (2.7%)	591 (2.1%)	644 (1.6%)
65 and older	470,183 (13.8%)	5,837 (14.7%)	3,592 (12.6%)	8,211 (14.1%)	6,546 (15.2%)
Race/Ethnicity (2000) Census* – Number and Percent					
White	2,780,355 (81.6%)	46,734 (80%)	40,774 (95%)	25,518 (89%)	38,317 (96%)
Black	309,843 (9.1%)	3,754 (6%)	441 (1%)	1,332 (5%)	341 (1%)
Hispanic (any race)	320,323 (9.4%)	12,296 (21%)	1,946 (5%)	1,097 (4%)	801 (2%)
Asian	82,313 (2.4%)	796 (1%)	753 (2%)	751 (3%)	414 (1%)
Pacific Islander	1,366 (+)	11 (+)	0 (-)	6 (+)	3 (+)
American Indian	9,639 (+)	229 (+)	71 (+)	62 (+)	35 (+)
Other/Multi Race	222,049 (6.5%)	6,720 (12%)	987 (2%)	874 (3%)	618 (2%)

*Percentages will not add to 100 because Hispanic can be of any race

+Less than ½ of 1 percent

APPENDIX B: ADMINISTRATIVE DATA ECONOMIC

Table B2– Income, Unemployment, Housing, Poverty

	Connecticut	Meriden	Wallingford	Cheshire	Southington
Income					
Median Household Income Census 2000	\$53,935	\$43,237	\$57,308	\$80,466	\$60,538
Median Family Census 2000	\$65,521	\$52,788	\$68,327	\$90,774	\$70,339
Unemployment					
Percent Unemployed October 2008 (DOL)	6.1%	7.5%	5.3%	4.7%	4.7%
Number unemployed October 2008 (DOL)	116,000	2,429	1,378	706	1,157
Percent Unemployed 2007 (DOL)	4.6%	5.5%	5.3%	3.7%	4.0%
Housing					
Median Home Price (2006) (CERC)	\$275,000	\$201,000	\$280,000	\$340,000	\$280,000
Number of housing permits 2007 (DECD)	9,236	70	141	51	108
Number of housing permits 2000 (DECD)	9,376	68	136	68	216
Number of housing permits 1990 (DECD)	7,832	91	105	79	71
Poverty					
Total individuals below poverty (2000 Census)	259,514	6,306	1,531	750	1,287
Percent of individuals below poverty (2000 Census)	7.9%	11.0%	3.6%	3.0%	3.3%
Number of families below poverty (2000 Census)	49,983	1,284	285	114	252
Percent of families below poverty (2000 Census)	5.6%	8.5%	2.4%	1.6%	2.2%
Female householder families below poverty (2000 Census)	29,897	835	174	54	93
% of female householder families below poverty (2000 Census)	19.6%	25.6%	11.6%	8.7%	7.4%
Number of related children under 18 in poverty (2000 Census)	82,866	1,102	251	169	276
% of related children under 18 in poverty (2000 Census)	10.0%	14.1%	4.3%	2.4%	3.0%
Number of 65 and older in poverty (2000 Census)	30,818	578	252	137	306
% of 65 and older in poverty (2000 Census)	7.0%	7.8%	4.4%	4.3	5.6%

APPENDIX B: ADMINISTRATIVE DATA ECONOMIC

Table B3 – Number and Percent of Employed People 16 years and over

	Meriden	Wallingford	Cheshire*	Southington*
Agriculture, forestry, fishing and hunting, and mining	45 (0.2%)	84 (0.4%)	92 (0.7%)	91 (0.4%)
Construction	1,619 (5.8%)	1,302 (5.8%)	538 (4.0%)	1,196 (5.6%)
Manufacturing	5,487 (19.5%)	1,337 (16.7%)	1,846 (13.8%)	3,780 (17.7%)
Wholesale Trade	1,173 (4.2%)	950 (4.2%)	607 (4.5%)	799 (3.7%)
Retail Trade	3,251 (11.6%)	2,580 (11.5%)	1,173 (8.8%)	2,253 (10.5%)
Transportation, Warehousing, and Utilities	1,186 (4.2%)	1,031 (4.6%)	506 (3.8%)	853 (4.0%)
Information	1,142 (4.1%)	929 (4.1%)	575 (4.3%)	595 (2.8%)
Finance, Insurance, Real Estate and Leasing	2,005 (7.1%)	1,913 (8.5%)	1,299 (9.7%)	2,334 (10.9%)
Professional, Scientific, and Management, and Administrative, and Waste Management Services	2,034 (7.2%)	1,954 (8.7%)	1,371 (10.3%)	1,768 (8.3%)
Education Services, Health Care, and Social Assistance	5,910 (21.0%)	5,228 (23.3%)	3,691 (27.6%)	4,842 (22.6%)
Arts, Entertainment, and Recreation, and Accommodation, and Food Services	1,750 (6.2%)	1,176 (5.2%)	576 (4.3%)	1,046 (4.9%)
Other Services (except public administration)	1,236 (4.4%)	742 (3.3%)	438 (3.3%)	881 (4.1%)
Public administration	1,265 (4.5%)	809 (3.6%)	644 (4.8%)	977 (4.6%)

U.S Census American Community Survey 2006

* 2000 Census

Table B4 – Race Ethnicity, Public Schools Ages 5-17, 2006/2007 School Year

Race/Ethnicity	Meriden	Wallingford	Cheshire	Southington
White	3,828 (43.2%)	5,821 (83.9%)	4,552 (88.3%)	6,280 (90.6%)
Hispanic	3,616 (40.8%)	648 (9.3%)	131 (2.5%)	276 (4.0%)
Black	1,200 (13.5%)	180 (2.6%)	99 (1.9%)	146 (2.1%)
Asian American	198 (2.2%)	266 (3.8%)	370 (7.2%)	211 (3.0%)
American Indian	22 (0.2%)	21 (0.3%)	5 (0.1%)	21 (0.3%)
Total Minority	5,036 (56.8%)	1,115 (16.1%)	605 (11.7%)	654 (9.4%)

Source: CT State Department of Education

APPENDIX B: ADMINISTRATIVE DATA

EDUCATION

Table B5 – Percent of Kindergartners with Preschool, Nursery School, or Head Start Experience - Elementary Schools, 2001/2002 and 2006/2007

	2006-2007	2001-2002	Change '02 to '06
Meriden			
Benjamin Franklin	95.5%	69.1%	26.4
Casimir Pulaski	63.2%	69.5%	-6.3
Hanover	95.6%	77.4%	18.2
Israel Putnam	87.4%	76.2%	11.2
John Barry	67.1%	55.8%	11.3
Nathan Hale	88.5%	68.8%	19.7
Roger Sherman	84.3%	72.5%	11.8
Thomas Hooker	83.6%	69.3%	14.3
Wallingford			
Cook Hill	95.7%	92.3%	3.4
Evarts C. Stevens	96.2%	89.8%	6.4
Highland	100.0%	93.8%	6.2
Moses Y. Beach	73.5%	58.5%	15
Parker Farms	81.1%	85.2%	-4.1
Pond Hill	84.4%	80.6%	3.8
Rock Hill	72.0%	97.0%	-25
Yalesville	79.5%	85.2%	-5.7
Dag Hammarskjold	91.3%	93.8%	-2.5

Source: CT State Department of Education

APPENDIX C: HEALTH DATA

MORTALITY

Table C1 – Selected Cause of Mortality, Number, (Age Adjusted) Mortality Rate (AAMR) and Crude Mortality Rate, 2002-2006 – Statewide

Connecticut	Number	AAMR*	Crude Rate**
All Cancers (C00-C97)	35,291	179.0	202.0
Lung Cancer (C34)	9,267	48.0	53.0
Female Breast Cancer (C50)	2,677	23.9	29.8
Prostate Cancer (C61)	1,992	25.5	23.5
Colorectal Cancer (C18-C21)	3,372	16.8	19.3
Major cardiovascular diseases (I00-I78)	51,971	242.8	297.5
Coronary heart diseases (I11,I20-I25)	27,373	128.2	156.7
Heart failure (I50)	3,496	15.5	20.0
Essential hypertension & hypertensive renal disease (I10,I12)	1,493	6.9	8.5
Cerebrovascular disease (I60-69)	8,352	38.7	47.8
Atherosclerosis (I70)	641	2.8	3.7
Diabetes (E10-E14)	3,675	18.1	21.0
Stroke (I60-I69)	8,352	38.7	47.8
Alcohol Induced (F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15)	907	4.7	5.2
Drug Induced (F11-F19[.0-.5,.7-.9], X40-X44, X60-X64, X85, Y10-Y14)	1,822	10.4	10.4
Chronic lower respiratory diseases (J40-J47)	7,230	35.2	41.4
Asthma (J45-J46)	222	1.1	1.3
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	5,852	31.2	33.5

* Standardized to the U.S. Population, 2000, rate per 100,000 persons

** Rate per 100,000 persons

-- The AAMR is not reported for causes of death with less than 15 deaths

Source: CT Department of Public Health

APPENDIX C: HEALTH DATA

MORTALITY

Table C2 – Selected Cause of Mortality, Number, (Age Adjusted) Mortality Rate (AAMR) and Crude Mortality Rate, 2002-2006 – Meriden

Meriden	Number	AAMR*	Crude Rate**
All Cancers (C00-C97)	629	195.0	215.9
Lung Cancer (C34)	159	49.7	54.6
Female Breast Cancer (C50)	43	24.4	28.6
Prostate Cancer (C61)	37	31.2	26.2
Colorectal Cancer (C18-C21)	59	17.9	20.2
Major cardiovascular diseases (I00-I78)	1,065	311.9	365.5
Coronary heart diseases (I11,I20-I25)	475	141.9	163.0
Heart failure (I50)	99	27.6	34.0
Essential hypertension & hypertensive renal disease (I10,I12)	25	7.1	8.6
Cerebrovascular disease (I60-69)	274	78.1	94.0
Atherosclerosis (I70)	46	12.8	15.8
Diabetes (E10-E14)	90	28.0	30.9
Stroke (I60-I69)	274	78.1	94.0
Alcohol Induced (F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15)	25	8.5	8.6
Drug Induced (F11-F19[.0-.5,.7-.9], X40-X44, X60-X64, X85, Y10-Y14)	48	16.4	16.5
Chronic lower respiratory diseases (J40-J47)	139	42.1	47.7
Asthma (J45-J46)	6	--	2.1
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	116	39.6	39.8

* Standardized to the U.S. Population, 2000, rate per 100,000 persons

** Rate per 100,000 persons

-- The AAMR is not reported for causes of death with less than 15 deaths

Source: CT Department of Public Health

APPENDIX C: HEALTH DATA

MORTALITY

Table C3 – Selected Cause of Mortality, Number, (Age Adjusted) Mortality Rate (AAMR) and Crude Mortality Rate, 2002-2006 – Wallingford

Wallingford	Number	AAMR*	Crude Rate**
All Cancers (C00-C97)	483	182.9	224.1
Lung Cancer (C34)	112	44.4	52.0
Female Breast Cancer (C50)	37	25.7	33.1
Prostate Cancer (C61)	35	31.5	33.8
Colorectal Cancer (C18-C21)	57	20.5	26.4
Major cardiovascular diseases (I00-I78)	890	288.4	413.0
Coronary heart diseases (I11,I20-I25)	523	170.7	242.7
Heart failure (I50)	43	12.5	20.0
Essential hypertension & hypertensive renal disease (I10,I12)	23	7.4	10.7
Cerebrovascular disease (I60-69)	170	53.8	78.9
Atherosclerosis (I70)	8	--	3.7
Diabetes (E10-E14)	62	22.1	28.8
Stroke (I60-I69)	170	53.8	78.9
Alcohol Induced (F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15)	9	--	4.2
Drug Induced (F11-F19[.0-.5,.7-.9], X40-X44, X60-X64, X85, Y10-Y14)	27	12.8	12.5
Chronic lower respiratory diseases (J40-J47)	115	40.8	53.4
Asthma (J45-J46)	4	--	1.9
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	71	30.2	32.9

* Standardized to the U.S. Population, 2000, rate per 100,000 persons

** Rate per 100,000 persons

-- The AAMR is not reported for causes of death with less than 15 deaths

Source: CT Department of Public Health

APPENDIX C: HEALTH DATA

MORTALITY

Table C4 – Selected Cause of Mortality, Number, (Age Adjusted) Mortality Rate (AAMR) and Crude Mortality Rate, 2002-2006 – Cheshire

Cheshire	Number	AAMR*	Crude Rate**
All Cancers (C00-C97)	261	171.9	182.6
Lung Cancer (C34)	63	43.6	44.1
Female Breast Cancer (C50)	27	30.6	40.4
Prostate Cancer (C61)	15	25.8	19.7
Colorectal Cancer (C18-C21)	24	15.0	16.8
Major cardiovascular diseases (I00-I78)	325	196.4	227.4
Coronary heart diseases (I11,I20-I25)	153	95.6	107.0
Heart failure (I50)	22	12.1	15.4
Essential hypertension & hypertensive renal disease (I10,I12)	16	9.0	11.2
Cerebrovascular disease (I60-69)	59	34.8	41.3
Atherosclerosis (I70)	3	--	2.1
Diabetes (E10-E14)	32	19.3	22.4
Stroke (I60-I69)	59	34.8	41.3
Alcohol Induced (F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15)	+	+	+
Drug Induced (F11-F19[.0-.5,.7-.9], X40-X44, X60-X64, X85, Y10-Y14)	6	--	4.2
Chronic lower respiratory diseases (J40-J47)	67	41.8	46.9
Asthma (J45-J46)	3	--	2.1
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	32	21.1	22.4

* Standardized to the U.S. Population, 2000, rate per 100,000 persons

** Rate per 100,000 persons

+ No cases

-- The AAMR is not reported for causes of death with less than 15 deaths

Source: CT Department of Public Health

APPENDIX C: HEALTH DATA

MORTALITY

Table C5 – Selected Cause of Mortality, Number, (Age Adjusted) Mortality Rate (AAMR) and Crude Mortality Rate, 2002-2006 – Southington

Southington	Number	AAMR*	Crude Rate**
All Cancers (C00-C97)	478	204.5	239.7
Lung Cancer (C34)	146	61.9	73.2
Female Breast Cancer (C50)	38	28.7	37.0
Prostate Cancer (C61)	19	21.6	19.7
Colorectal Cancer (C18-C21)	44	18.5	22.1
Major cardiovascular diseases (I00-I78)	625	275.7	313.4
Coronary heart diseases (I11,I20-I25)	321	140.7	161.0
Heart failure (I50)	40	18.1	20.1
Essential hypertension & hypertensive renal disease (I10,I12)	28	12.3	14.0
Cerebrovascular disease (I60-69)	91	40.2	45.6
Atherosclerosis (I70)	6	--	3.0
Diabetes (E10-E14)	61	25.9	30.6
Stroke (I60-I69)	91	40.2	45.6
Alcohol Induced (F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15)	18	7.7	9.0
Drug Induced (F11-F19[.0-.5,.7-.9], X40-X44, X60-X64, X85, Y10-Y14)	20	10.9	10.0
Chronic lower respiratory diseases (J40-J47)	89	38.2	44.6
Asthma (J45-J46)	2	--	1.0
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	72	37.5	36.1

* Standardized to the U.S. Population, 2000, rate per 100,000 persons

** Rate per 100,000 persons

-- The AAMR is not reported for causes of death with less than 15 deaths

Source: CT Department of Public Health

APPENDIX C: HEALTH DATA

CHILD MORTALITY

Table C6 – Infant Deaths, 2002 – 2006

		Connecticut	Meriden	Wallingford	Cheshire	Southington
Number of infant deaths	2006	257	5	3	1	2
	2005	237	6	--	1	3
	2004	283	4	2	1	1
	2003	230	5	5	1	2
	2002	274	7	1	--	3
Infant death rate*	2006	6.1	5.7	**	**	**
	2005	5.4	7.2	--	**	**
	2004	6.6	**	**	**	**
	2003	5.4	5.9	10.2	**	**
	2002	6.5	8.6	**	--	**

-- No cases

*Infant death rate is per 1,000 live births

** percentages not calculated for less than 5 cases

Source: Connecticut Department of Public Health

Table C7 – Infant, Neonatal, Post Neonatal Deaths, by Race, 2000 to 2006 – Connecticut

Connecticut		All Races	White	Black	Other Races	Hispanic
Infant Deaths (1-364 days)	2006	257	147	79	13	61
	2005	237	141	66	2	60
	2004	237	154	69	8	61
	2003	230	159	59	6	39
	2002	274	178	73	11	48
Neonatal Deaths (1-27 days)	2006	197	113	62	9	44
	2005	170	107	41	1	50
	2004	175	114	53	2	45
	2003	161	119	35	3	33
	2002	198	135	46	8	31
Post Neonatal Deaths (28-364 days)	2006	60	34	17	4	17
	2005	67	34	25	1	10
	2004	62	40	16	6	16
	2003	69	40	24	3	6
	2002	76	43	27	3	17

-- No cases

Source: Connecticut Department of Public Health

APPENDIX C: HEALTH DATA

CHILD MORTALITY

**Table C8 – Infant, Neonatal, Post Neonatal Deaths,
by Race, 2000 to 2006 – Meriden**

Meriden		All Races	White	Black	Other Races	Hispanic
Infant Deaths (1-364 days)	2006	5	4	--	1	3
	2005	6	3	--	--	1
	2004	6	5	--	--	3
	2003	5	4	--	--	-
	2002	7	5	1	1	5
Neonatal Deaths (1-27 days)	2006	3	2	--	1	2
	2005	2	1	--	--	1
	2004	3	2	1	--	2
	2003	2	2	--	--	1
	2002	5	3	1	1	3
Post Neonatal Deaths (28-364 days)	2006	2	2	--	--	1
	2005	4	2	2	--	--
	2004	3	3	--	--	1
	2003	3	2	1	--	--
	2002	2	2	--	--	2

-- No cases

Source: Connecticut Department of Public Health

**Table C9 – Infant, Neonatal, Post Neonatal Deaths,
by Race, 2000 to 2006 – Wallingford**

Wallingford		All Races	White	Black	Other Races	Hispanic
Infant Deaths (1-364 days)	2006	3	3	--	--	1
	2005	--	--	--	--	--
	2004	2	1	1	--	--
	2003	5	5	--	--	--
	2002	1	--	--	1	--
Neonatal Deaths (1-27 days)	2006	2	2	--	--	--
	2005	--	--	--	--	--
	2004	1	--	1	--	--
	2003	5	5	--	--	--
	2002	1	--	--	--	--
Post Neonatal Deaths (28-364 days)	2006	1	1	--	--	--
	2005	--	--	--	--	--
	2004	1	1	--	--	--
	2003	--	--	--	--	--
	2002	--	--	--	--	--

-- No cases

Source: Connecticut Department of Public Health

APPENDIX C: HEALTH DATA

CHILD MORTALITY

**Table C10 – Infant, Neonatal, Post Neonatal Deaths,
by Race, 2000 to 2006 – Cheshire**

Cheshire		All Races	White	Black	Other Races	Hispanic
Infant Deaths (1-364 days)	2006	1	1	--	--	--
	2005	1	1	--	--	--
	2004	--	--	--	--	--
	2003	1	1	--	--	--
	2002	--	--	--	--	--
Neonatal Deaths (1-27 days)	2006	--	--	--	--	--
	2005	--	--	--	--	--
	2004	--	--	--	--	--
	2003	1	1	--	--	--
	2002	--	--	--	--	--
Post Neonatal Deaths (28-364 days)	2006	1	1	--	--	--
	2005	1	1	--	--	--
	2004	--	--	--	--	--
	2003	--	--	--	--	--
	2002	--	--	--	--	--

-- No cases

Source: Connecticut Department of Public Health

**Table C11 – Infant, Neonatal, Post Neonatal Deaths,
by Race, 2000 to 2006 – Southington**

Southington		All Races	White	Black	Other Races	Hispanic
Infant Deaths (1-364 days)	2006	2	1	1	--	1
	2005	3	3	--	--	--
	2004	1	1	--	--	--
	2003	2	2	--	--	--
	2002	3	3	--	--	--
Neonatal Deaths (1-27 days)	2006	2	2	--	--	--
	2005	3	3	--	--	1
	2004	1	1	--	--	--
	2003	2	2	--	--	--
	2002	2	2	--	--	--
Post Neonatal Deaths (28-364 days)	2006	1	1	--	--	--
	2005	--	--	--	--	--
	2004	--	--	--	--	--
	2003	--	--	--	--	--
	2002	1	1	--	--	--

-- No cases

Source: Connecticut Department of Public Health

APPENDIX C: HEALTH DATA

LOW BIRTHWEIGHT/PRENATAL CARE

Table C12 – Infant Low Birth-Weight Births, 2002 to 2006

	Year	Connecticut	Meriden	Wallingford	Cheshire	Southington
Number of low birth weight babies +	2006	3,389	73	28	15	25
	2005	3,312	71	28	11	34
	2004	3270	66	34	9	36
	2003	3230	69	34	8	37
	2002	3245	73	34	17	36
Percent low birth weight babies	2006	8.2%	8.3%	6.6%	6.5%	4.9%
	2005	8.0%	8.5%	5.8%	4.4%	8.0%
	2004	7.8%	8.3%	7.7%	3.3%	7.7%
	2003	7.6%	8.2%	7.0%	2.9%	8.3%
	2002	7.8%	9.0%	7.0%	6.6%	7.5%

+ Low birth weight is defined as less than 2,500 grams
Source: Connecticut Department of Public Health

Table C13 – Non-Adequate Prenatal Care, 2002 to 2006

	Year	Connecticut	Meriden	Wallingford	Cheshire	Southington
Number with non-adequate prenatal care	2006	8135	185	72	31	78
	2005	8112	207	82	42	103
	2004	7988	298	95	40	123
	2003	6600	227	84	34	126
	2002	6292	158	59	23	106
Percent with non-adequate prenatal care	2006	19.8%	21.0%	17.1%	13.8%	18.6%
	2005	19.8%	24.9%	17.3%	17.0%	24.2%
	2004	19.4%	37.9%	22.0%	15.0%	26.4%
	2003	15.8%	27.4%	17.8%	12.6%	28.8%
	2002	15.6%	20.0%	12.6%	9.0%	22.6%

-- No cases
Source: Connecticut Department of Public Health

APPENDIX C: HEALTH DATA

BIRTHS TO TEEN MOTHERS

Table C14 – Births to Teen Mothers, 2002 to 2006

		Connecticut	Meriden	Wallingford	Cheshire	Southington
Number of births to mothers < 20	2006	2,905	111	20	2	9
	2005	2,842	89	12	2	6
	2004	2,909	109	20	2	9
	2003	2884	83	9	1	5
	2002	2946	105	17	2	12
Percent of all births	2006	7.0%	12.6%	4.7%	**	2.1%
	2005	6.8%	10.7%	2.5%	**	1.4%
	2004	6.9%	13.7%	4.5%	**	1.9%
	2003	6.7%	9.8%	1.8%	**	1.1%
	2002	7.1%	12.9%	3.5%	**	2.5%

** percentages not calculated for less than 5 cases
 Source: Connecticut Department of Public Health

Table C15 – Number and Percent of Births to Mothers Under 20 by Race/Ethnicity 2000 to 2006 - Connecticut

Connecticut		All Races	White	Black	Other Races	Hispanic
Number of Births	2006	2,905	805	706	68	1,313
	2005	2,842	902	615	89	1,227
	2004	2,909	883	643	93	1,271
	2003	2,884	924	660	64	1,223
	2002	2,946	940	676	77	1,213
Percent of Births	2006	7.0%	3.2%	14.0%	2.5%	15.5%
	2005	6.8%	3.5%	12.9%	3.3%	15.4%
	2004	6.9%	3.3%	13.4%	3.6%	16.8%
	2003	6.7%	3.4%	14.0%	2.6%	16.2%
	2002	7.1%	3.5%	14.0%	3.4%	17.4%

-- No cases
 Source: Connecticut Department of Public Health

APPENDIX C: HEALTH DATA

BIRTHS TO TEEN MOTHERS

**Table C16 – Number and Percent of Births to Mothers Under 20
by Race/Ethnicity 2000 to 2006 – Meriden**

Meriden		All Races	White	Black	Other Races	Hispanic
Number of Births	2006	111	39	16	1	55
	2005	89	19	9	1	60
	2004	109	26	15	1	67
	2003	83	27	11	1	44
	2002	105	36	9	0	59
Percent of Births	2006	12.6%	9.3%	18.0%	--	16.6%
	2005	10.7%	4.3%	11.7%	--	20.7%
	2004	13.7%	6.5%	23.1%	--	22.6%
	2003	9.8%	6.1%	14.1%	--	15.2%
	2002	12.9%	8.6%%	13.4%	--	21.6%

-- No cases

Source: Connecticut Department of Public Health

**Table C17 – Number and Percent of Births to Mothers Under 20
by Race/Ethnicity 2000 to 2006 – Wallingford**

Wallingford		All Races	White	Black	Other Races	Hispanic
Number of Births	2006	20	14	1	1	4
	2005	12	8	1	0	3
	2004	20	15	2	0	3
	2003	9	6	0	0	3
	2002	17	11	0	0	6
Percent of Births	2006	4.7%	4.2%	--	--	--
	2005	2.5%	2.1%	--	--	--
	2004	4.5%	4.2%	--	--	--
	2003	1.8%	1.4%	--	--	--
	2002	3.5%	2.7%	--	--	14.3%

-- No cases

Source: Connecticut Department of Public Health

APPENDIX C: HEALTH DATA

BIRTHS TO TEEN MOTHERS

**Table C18 – Number and Percent of Births to Mothers Under 20
by Race/Ethnicity 2000 to 2006 – Cheshire**

Cheshire		All Races	White	Black	Other Races	Hispanic
Number of Births	2006	2	2	0	0	0
	2005	2	2	0	0	0
	2004	2	2	0	0	0
	2003	1	1	0	0	0
	2002	2	2	0	0	0
Percent of Births	2006	--	--	--	--	--
	2005	--	--	--	--	--
	2004	--	--	--	--	--
	2003	--	--	--	--	--
	2002	--	--	--	--	--

-- No cases

Source: Connecticut Department of Public Health

**Table C19 – Number and Percent of Births to Mothers Under 20
by Race/Ethnicity 2000 to 2006 – Southington**

Southington		All Races	White	Black	Other Races	Hispanic
Number of Births	2006	9	6	0	0	3
	2005	6	5	0	0	1
	2004	9	7	0	1	1
	2003	5	4	0	0	1
	2002	12	9	1	0	2
Percent of Births	2006	2.1%	1.6%	--	--	--
	2005	1.4%	1.3%	--	--	--
	2004	1.9%	1.6%	--	--	--
	2003	1.1%	--	--	--	--
	2002	2.5%	2.0%	--	--	--

-- No cases

Source: Connecticut Department of Public Health

APPENDIX C: HEALTH DATA

CHILD ABUSE

Table C20 – Substantiated Reports of Child Abuse 2002 – 2006

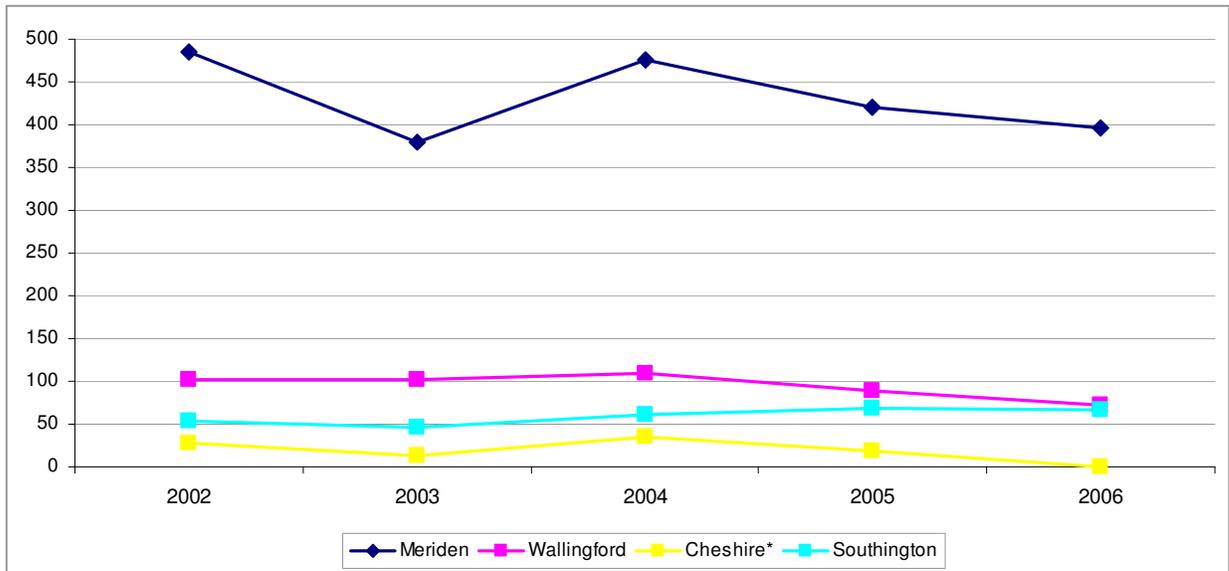
Meriden					
	2006	2005	2004	2003	2002
Physical Abuse	67	51	55	336	38
Educational Neglect	50	57	84	49	57
Emotional Neglect	137	112	151	129	85
High Risk Newborn	10	8	0	0	0
Medical Neglect	12	21	25	11	27
At Risk	0	0	0	0	0
Physical Neglect	553	411	521	475	463
Sexual Abuse	18	14	18	16	16
Total	847	681	875	739	719
Wallingford					
Physical Abuse	13	20	15	8	3
Educational Neglect	12	5	3	6	6
Emotional Neglect	25	25	51	38	42
High Risk Newborn	1	--	--	--	--
Medical Neglect	4	3	2	1	3
At Risk	--	--	--	--	--
Physical Neglect	81	102	100	67	53
Sexual Abuse	6	3	8	7	6
Total	142	158	188	127	115
Cheshire					
Physical Abuse	6	8	2	0	0
Educational Neglect	0	0	1	0	0
Emotional Neglect	27	3	20	8	0
High Risk Newborn	1	0	0	0	0
Medical Neglect	0	0	0	0	0
At Risk	0	0	0	0	0
Physical Neglect	18	4	42	16	0
Sexual Abuse	0	2	2	4	0
Total	52	17	71	29	0
Southington					
Physical Abuse	10	8	10	9	4
Educational Neglect	2	1	1	8	5
Emotional Neglect	27	14	32	36	44
High Risk Newborn	1	1	0	0	0
Medical Neglect	1	2	1	2	11
At Risk	0	0	0	0	0
Physical Neglect	64	50	47	63	78
Sexual Abuse	0	1	3	4	1
Total	105	77	98	125	135

Source: Connecticut Department of Children and Family Services

APPENDIX C: HEALTH DATA

CHILD ABUSE

Figure C1 – Children Substantiated as Abuse/Neglect/Uncaared For, 2002 to 2006



* DCF does not report data for towns with fewer than 10 Children Substantiated as Abuse/Neglect/Uncaared For. Therefore no data was reported for Cheshire in 2006.

Source: Connecticut Department of Children and Family Services

APPENDIX C: HEALTH DATA

CANCER INCIDENCE

Table C21 – Numbers of Cancers by Type and by Town, Year of Diagnosis, 2000-2003

	2003	2002	2001	2000	Total
All Invasive Cancers					
Cheshire	144	143	153	156	596
Meriden	293	302	327	294	1,216
Southington	255	272	242	249	1,018
Wallingford	242	261	266	236	1,005
Non-Hodgkin's Lymphoma					
Cheshire	8	2	8	5	23
Meriden	11	10	12	10	43
Southington	7	8	9	13	37
Wallingford	8	14	9	8	39
Colon-Rectum					
Cheshire	14	23	18	17	72
Meriden	40	39	55	31	165
Southington	28	41	30	31	130
Wallingford	35	35	37	39	146
Lung					
Cheshire	18	18	17	12	65
Meriden	35	47	43	42	167
Southington	29	39	35	33	136
Wallingford	35	36	33	26	130
Melanoma of the Skin					
Cheshire	3	9	7	6	25
Meriden	22	98	11	13	55
Southington	4	17	8	18	47
Wallingford	11	10	21	14	56
Prostate					
Cheshire	24	18	23	20	85
Meriden	47	52	38	56	193
Southington	55	47	39	50	191
Wallingford	37	36	45	27	145
Breast Cancer (Female)					
Cheshire	28	29	29	35	121
Meriden	34	39	45	38	156
Southington	33	38	32	24	127
Wallingford	34	42	44	39	159
Cervix					
Cheshire	2	0	1	1	4
Meriden	1	0	9	2	12
Southington	3	1	1	1	6
Wallingford	2	3	0	1	6

Source: Connecticut Department of Public Health

APPENDIX C: HEALTH DATA

CANCER INCIDENCE

Table C22 – Pediatric Cancers Ages 0-19 Diagnosed in 2000-2005

All Invasive Cancers	Males		Females	
	Number	Rate	Number	Rate
Cheshire	2	7.25	7	32.61
Meriden	7	13.85	3	6.40
Southington	3	9.44	5	16.82
Wallingford	4	11.79	6	18.48
Non-Hodgkin's Lymphoma				
Cheshire	0	0.00	2	9.32
Meriden	4	7.92	1	2.13
Southington	1	3.15	3	10.09
Wallingford	2	5.90	0	0.00

Source: Connecticut Department of Public Health

APPENDIX C: HEALTH DATA

INFECTIOUS DISEASE INCIDENCE

Table C24 – Lyme Disease, Incidence and Rate per 100,000

		2006	2005	2004	2003	2002
Meriden	Cases	11	8	3	0	0
	Rate per 100,000	19	14	5	0	0
Wallingford	Cases	22	10	14	2	2
	Rate per 100,000	51	23	33	5	5
Cheshire	Cases	16	6	3	3	5
	Rate per 100,000	56	21	11	11	18
Southington	Cases	8	1	5	1	2
	Rate per 100,000	20	3	13	3	5

Source: Connecticut Department of Public Health

Table C25 – HIV/AIDS New Cases and Total Living with HIV/AIDS

	New HIV Cases (2008)*	Living with HIV	New AIDS Cases (2008)*	Living with AIDS	Living with HIV/AIDS
Meriden	6	97	3	112	208
Wallingford	3	20	2	42	62
Cheshire	0	4	0	11	15
Southington	0	4	1	18	22

*Data is for fiscal year 2008, July 1, 2007 to June 30, 2008

Source: Connecticut Department of Public Health

Table C26 – Gonorrhea, Incidence and Rate per 100,000

		2006	2005	2004	2003	2002
Meriden	Cases	11	8	3	0	0
	Rate per 100,000	19	14	5	0	0
Wallingford	Cases	22	10	14	2	2
	Rate per 100,000	51	23	33	5	5
Cheshire	Cases	16	6	3	3	5
	Rate per 100,000	56	21	11	11	18
Southington	Cases	8	1	5	1	2
	Rate per 100,000	20	3	13	3	5

Source: Connecticut Department of Public Health

APPENDIX C: HEALTH DATA

INFECTIOUS DISEASE INCIDENCE

Table C27 – Chlamydia, Incidence and Rate per 100,000

		2006	2005	2004	2003	2002
Meriden	Cases	11	8	3	0	0
	Rate per 100,000	19	14	5	0	0
Wallingford	Cases	22	10	14	2	2
	Rate per 100,000	51	23	33	5	5
Cheshire	Cases	16	6	3	3	5
	Rate per 100,000	56	21	11	11	18
Southington	Cases	8	1	5	1	2
	Rate per 100,000	20	3	13	3	5

Source: Connecticut Department of Public Health

APPENDIX C: HEALTH DATA

MERIDEN COMMUNITY HEALTH SURVEY

Table C28 – Meriden Community Health Survey

	Total	Male	Female	Under 30	66 and older	Income <\$50,000
Diagnosed with Asthma	12.3%	15.4%	9.4%	--	7.2%	13.3%
Diagnosed with Heart Disease	10.0%	11.7%	8.5%	6.7%	18.6%	10.0%
Diagnosed with Diabetes	10.8%	9.0%	12.3%	--	18.6%	13.3%
Diagnosed with Cancer	7.3%	5.9%	8.5%	6.7%	16.5%	7.8%
Diagnosed with High blood pressure	36.8%	35.1%	38.2%	26.7%	47.4%	44.4%
Had a flu shot within the past year	60.3%	58.5%	61.8%	73.3%	81.4%	60.0%
Last dentist visit in the past year	79.8%	80.3%	79.2%	86.7%	70.1%	61.1%
Currently smoke	12.3%	15.4%	9.4%	13.3%	11.3%	20.0%
Want to quite smoking	66.7%	66.7%	66.7%	--	58.3%	63.2%
Participate in Moderate exercise	77.3%	80.3%	74.5%	80.0%	67.0%	66.6%
Have health insurance	94.7%	95.8%	93.4%	73.3%	93.8%	93.3%

-- No cases

Source: Meriden Health Department

APPENDIX D – COMMUNITY NEEDS ASSESSMENT

MidState Medical Center and The United Way of Meriden and Wallingford are conducting research to better understand the needs of the communities they serve. You have received this survey because you live or work in Meriden, Wallingford, Cheshire or Southington. Your response is important to us! All answers and comments are confidential. Please respond only once to this survey by **August 22, 2008**.

1. When answering this survey, **please keep only one town** in mind. Please choose the most appropriate response based on the town you will focus on in this survey: (Please choose one statement only)

- I am responding to this survey because I **live** in ... Meriden Wallingford Cheshire Southington
 I am responding to this survey because I **work** in ... Meriden Wallingford Cheshire Southington
 I do not live or work in Cheshire, Meriden, Southington, or Wallingford (please stop and return survey)

2. Here is a list of quality of life issues. Based on your response to question 1, please rate how well you think these issues are addressed in that community.

	Excellent	Good	Fair	Poor	Don't know
a. Safe, crime-free neighborhoods	<input type="checkbox"/>				
b. Accessibility to public transportation	<input type="checkbox"/>				
c. Availability of affordable housing	<input type="checkbox"/>				
d. Crisis assistance for those in need of food, shelter or financial aid	<input type="checkbox"/>				
e. Opportunities to help people maintain financial stability	<input type="checkbox"/>				
f. Racial harmony and justice	<input type="checkbox"/>				
g. Quality child care programs for infants, toddlers and preschool children	<input type="checkbox"/>				
h. Quality after-school and recreation programs for children and youth	<input type="checkbox"/>				
i. Opportunities for success in school for children and youth	<input type="checkbox"/>				
j. Educational opportunities for adults (literacy programs, adult education)	<input type="checkbox"/>				
k. Recreation facilities (parks, playgrounds, museums)	<input type="checkbox"/>				
l. Support for seniors to help them maintain their independence	<input type="checkbox"/>				
m. Disaster preparedness and response	<input type="checkbox"/>				
n. Support for those in need of substance abuse services	<input type="checkbox"/>				
o. Support for those in need HIV/AIDS support services	<input type="checkbox"/>				
p. Access to health services (medical and dental)	<input type="checkbox"/>				
q. Support for those in need of mental health services	<input type="checkbox"/>				
r. People with disabilities can maintain their independence	<input type="checkbox"/>				
s. Support for victims of domestic violence	<input type="checkbox"/>				

3. Based on your response to question 1, please choose **five** items from the following list that you feel are the most pressing needs of that community.

	Please check 5 only
a. Availability of affordable housing	<input type="checkbox"/>
b. Safe, crime-free neighborhoods	<input type="checkbox"/>
c. Assistance for those in need of food	<input type="checkbox"/>
d. Services and shelters for the homeless	<input type="checkbox"/>
e. Financial assistance for individuals/families	<input type="checkbox"/>
f. Accessibility to public transportation	<input type="checkbox"/>
g. Economic and social integration of immigrants	<input type="checkbox"/>
h. Support for victims of domestic violence	<input type="checkbox"/>
i. Job training and workforce development programs	<input type="checkbox"/>
j. Childcare	<input type="checkbox"/>
k. Quality programs for Infant/toddler and preschool children	<input type="checkbox"/>
l. Quality after-school and recreation programs for children and youth	<input type="checkbox"/>
m. Support for those in need of mental health services	<input type="checkbox"/>
n. Support for those in need of substance abuse services	<input type="checkbox"/>
o. Access to health services (medical and dental)	<input type="checkbox"/>
p. Health screening clinics	<input type="checkbox"/>
q. More transportation for seniors	<input type="checkbox"/>
r. Adult day care for seniors	<input type="checkbox"/>
s. Senior housing	<input type="checkbox"/>
t. Literacy programs	<input type="checkbox"/>
u. Fuel/utility assistance	<input type="checkbox"/>
v. Parenting education programs	<input type="checkbox"/>
w. Other (please specify) _____	<input type="checkbox"/>
x. Other (please specify) _____	<input type="checkbox"/>

PLEASE TURN THE PAGE OVER

4. Do you work for a social service agency or have you received services from a social service agency in Cheshire, Meriden, Southington, or Wallingford **in the past 12 months?**

(Please check all that apply.)

- A. I work for a social service agency in Cheshire, Meriden, Southington, or Wallingford.
- B. I have received services from a social service agency in Cheshire, Meriden, Southington, or Wallingford.
- C. I do not work for a social service agency, and I have not received services from a social service agency in Cheshire, Meriden, Southington, or Wallingford. (Please skip to question 6)

5. If you checked “**A**” in question 4, please check whether the following items are a major concern, a minor concern or are not a concern **for people served by your agency**. If you checked “**B**” or both “**A**” and “**B**” in question 4, please check whether the following items are a major concern, a minor concern or are not a concern when **you** receive services.

	Major concern	Minor concern	Not a concern	Don't know
Program fees are not affordable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inconvenient location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours were not convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long waiting list for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of handicap access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To help us better understand the results please respond to the following questions:

6. What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and older

7. What is your race/ethnicity? (Please check all that apply)

- White
- Hispanic
- Black/African American
- Pacific Islander
- Asian
- Other

8. What is the language you speak at home most often? _____

9. Which of the following best describes your current employment situation?

- Retired
- Student
- Employed by government
- Self-employed
- Employed by a non-profit (includes healthcare agencies and/hospital)
- Employed by a business (includes utilities)
- Not currently employed
- Other _____

10. Which of the following best describes your total household income during this past year?

- Less than \$25,000
- \$25,000 to \$49,000
- \$50,000 to \$99,999
- \$100,000 to \$199,000
- \$200,000 and over
- no income

11. How many children under the age of 18 live in your household? (If no children in household, please enter "0") _____

12. If you have additional comments about the needs of your community, please add them here.

Please return this survey to the agency where you received it by August 22. Thank you for your participation!

APPENDIX E: SURVEY RESULTS

Table E1 – In which town do you live or work?

	Live in...	Work in...
Meriden	60%	80%
Wallingford	24%	14%
Cheshire	8%	5%
Southington	8%	1%

Table E2 – How well are these issues addressed in your community?

	Excellent	Good	Fair	Poor	Don't know
a. Safe, crime-free neighborhoods	15%	38%	35%	10%	2%
b. Accessibility to public transportation	3%	27%	30%	31%	9%
c. Availability of affordable housing	3%	24%	49%	16%	8%
d. Crisis assistance for those in need of food, shelter or financial aid	6%	33%	33%	11%	17%
e. Opportunities to help people maintain financial stability	2%	24%	43%	16%	15%
f. Racial harmony	6%	41%	35%	9%	9%
g. Quality child care programs for infants, toddlers and preschool children	15%	41%	21%	5%	18%
h. Quality after-school and recreation programs for children and youth	14%	41%	21%	10%	14%
i. Opportunities for success in school for children and youth	15%	44%	22%	6%	13%
j. Education opportunities for adults (literacy programs, adult education)	15%	47%	22%	6%	10%
k. Recreation facilities (parks, playgrounds, beaches)	21%	48%	21%	6%	4%
l. Support for seniors to help them maintain their independence	9%	44%	24%	2%	21%
m. Disaster preparedness	6%	29%	23%	5%	37%
n. Support for those in need of substance abuse services	6%	33%	26%	7%	28%
o. Support for those in need of HIV/AIDS services	4%	26%	21%	5%	44%
p. Access to health services (medical & dental)	12%	45%	28%	6%	9%
q. Support for those in need of mental health services	7%	31%	27%	10%	25%
r. People with disabilities can maintain their independence	5%	29%	30%	4%	32%
s. Support for victims of abuse	5%	34%	25%	5%	32%

APPENDIX E: SURVEY RESULTS

**Table E3 – How well are these issues addressed in your community?
by Income, Age, Presence of Children, Race/Ethnicity
Percent Responding Excellent or Good**

	Total	Income <\$50,000	Income \$50,000+	Age 65+	With children	White	Minority
a. Safe, crime-free neighborhoods	53%	40%	63%	58%	56%	60%	41%
b. Accessibility to public transportation	30%	43%	19%	21%	33%	28%	39%
c. Availability of affordable housing	27%	31%	19%	25%	28%	25%	31%
d. Crisis assistance for those in need of food, shelter or financial aid	40%	40%	35%	33%	36%	35%	44%
e. Opportunities to help people maintain financial stability	26%	29%	25%	22%	31%	27%	29%
f. Racial harmony	47%	45%	40%	33%	46%	48%	42%
g. Quality child care programs for infants, toddlers and preschool children	55%	47%	60%	46%	57%	55%	56%
h. Quality after-school and recreation programs for children and youth	55%	49%	58%	44%	53%	53%	58%
i. Opportunities for success in school for children and youth	59%	60%	56%	58%	60%	60%	60%
j. Education opportunities for adults (literacy programs, adult education)	61%	55%	67%	58%	58%	66%	53%
k. Recreation facilities (parks, playgrounds, museums)	69%	61%	74%	57%	66%	77%	52%
l. Support for seniors to help them maintain their independence	53%	46%	56%	57%	52%	56%	41%
m. Disaster preparedness	35%	28%	38%	35%	30%	36%	28%
n. Support for those in need of substance abuse services	39%	42%	35%	26%	37%	39%	38%
o. Support for those in need of HIV/AIDS services	31%	36%	23%	9%	31%	25%	41%
p. Access to health services (medical & dental)	57%	48%	64%	57%	57%	60%	47%
q. Support for those in need of mental health services	38%	35%	40%	26%	36%	38%	34%
r. People with disabilities can maintain their independence	34%	37%	33%	39%	30%	33%	37%
s. Support for victims of abuse	39%	41%	35%	30%	35%	37%	39%

APPENDIX E: SURVEY RESULTS

**Table E4 – What are the five most pressing needs of your community?
by Income, Age, Presence of Children, Race/Ethnicity**

	Total	65+	<\$50,000	>\$50,000	With children	White	Minority
a. Availability of affordable housing	40%	46%	47%	44%	42%	41%	48%
b. Fuel/utility assistance	40%	46%	45%	38%	47%	45%	37%
c. Safe, crime-free neighborhoods	39%	42%	48%	37%	44%	39%	49%
d. Job training and workforce development programs	38%	42%	32%	50%	33%	43%	37%
e. Accessibility to public transportation	37%	54%	36%	41%	37%	44%	29%
f. Financial assistance for individuals/families	25%	21%	32%	19%	35%	25%	30%
g. Access to health services (medical & dental)	24%	25%	27%	23%	26%	23%	30%
h. Quality after-school and recreation programs for children and youth	23%	4%	22%	27%	33%	25%	22%
i. Support for those in need of mental health services	22%	25%	14%	34%	15%	29%	11%
j. Assistance for those in need of food	21%	13%	29%	18%	22%	18%	32%
k. Parenting education programs	21%	25%	17%	30%	19%	25%	16%
l. Services and shelters for the homeless	18%	17%	22%	16%	17%	19%	19%
m. Health screening clinics	16%	13%	21%	15%	20%	18%	18%
n. Childcare	15%	8%	23%	11%	21%	10%	33%
o. Support for those in need of substance abuse services	14%	13%	11%	21%	16%	19%	11%
p. Support for victims of domestic violence	13%	13%	16%	10%	13%	14%	16%
q. More transportation for seniors	12%	13%	14%	14%	9%	15%	7%
r. Economic & social integration of immigrants	10%	4%	13%	10%	14%	7%	19%
s. Senior housing	8%	25%	11%	6%	5%	9%	7%
t. Quality programs for infants, toddlers and preschool children	7%	--	8%	6%	7%	7%	10%
u. Literacy programs	7%	--	8%	7%	10%	4%	14%
v. Adult day care for seniors	6%	13%	3%	10%	6%	7%	3%

APPENDIX E: SURVEY RESULTS

Table E6 – Do you work for or have you received services from a social service agency in these towns in the past 12 months?

	Percent Yes
I work for a social service agency.	23%
I have received services from a social service agency.	16%
I do not work for nor have I received services from a social service agency.	61%

Table E7– Please check whether the following are a major concern, minor concern, or are not a concern when seeking social services?

	Major concern	Minor concern	Not a concern	Don't know
Transportation problems	47%	30%	18%	3%
Long waiting list for services	30%	32%	37%	1%
Program fees are not affordable	29%	33%	35%	3%
Lack of child care	29%	24%	37%	10%
Language barriers	22%	41%	.4%	3%
Lack of handicap access	13%	29%	54%	4%
Inconvenient location	12%	37%	50%	2%
Hours are not convenient	10%	31%	53%	6%

**Table E8 – Barriers to Social Services by Experience
Percent Responding that the item is a “Major Concern”**

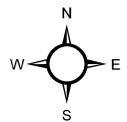
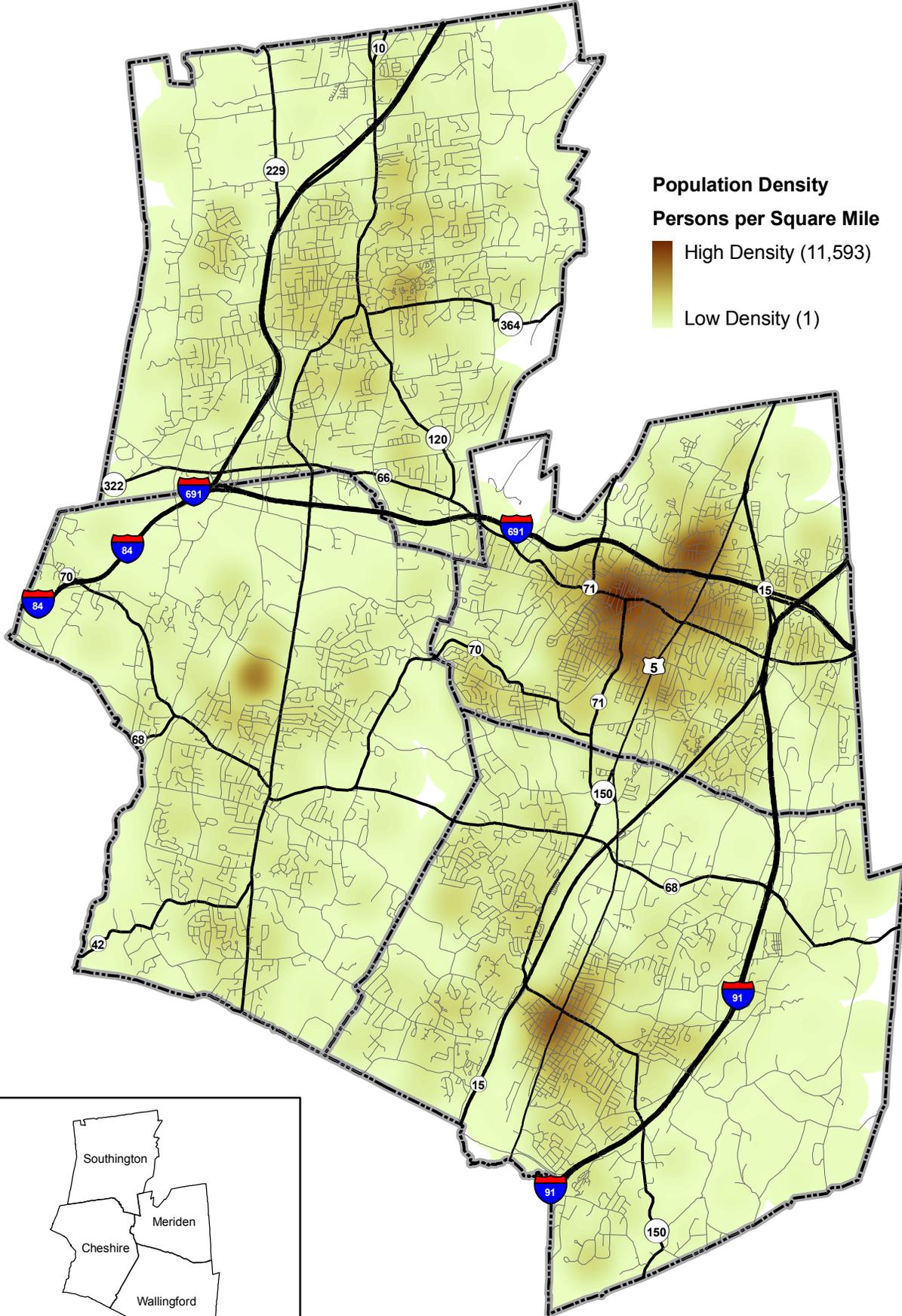
	All respondents	Work for a social service agency	Received services from a social service agency
Transportation problems	48%	49%	47%
Lack of child care	26%	22%	30%
Program fees are not affordable	26%	18%	36%
Long waiting list for services	25%	21%	30%
Language barriers	21%	27%	12%
Inconvenient location	8%	4%	15%
Lack of handicap access	8%	4%	13%
Hours are not convenient	8%	2%	16%

APPENDIX F: MAPS OF MERIDEN, WALLINGFORD, CHESHIRE AND SOUTHTON

Map 1:	Population Density Meriden, Wallingford, Cheshire and Southington
Map 2:	Median Household Income Meriden, Wallingford, Cheshire and Southington
Map 3:	Population Concentration by Race Meriden, Wallingford, Cheshire and Southington
Map 4:	Families Living in Poverty and Basic Needs Resources Meriden, Wallingford, Cheshire and Southington
Map 5:	Transportation Network Meriden, Wallingford, Cheshire and Southington
Map 6:	Families Living in Poverty and Public Schools Meriden, Wallingford, Cheshire and Southington
Map 7:	Population Density of Older Adults Meriden, Wallingford, Cheshire and Southington

Population Density

Cheshire, Meriden, Southington, Wallingford



Map Prepared by the Community Results Center, United Way of Connecticut

Median Household Income

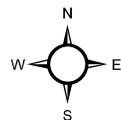
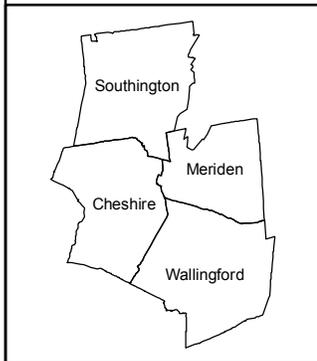
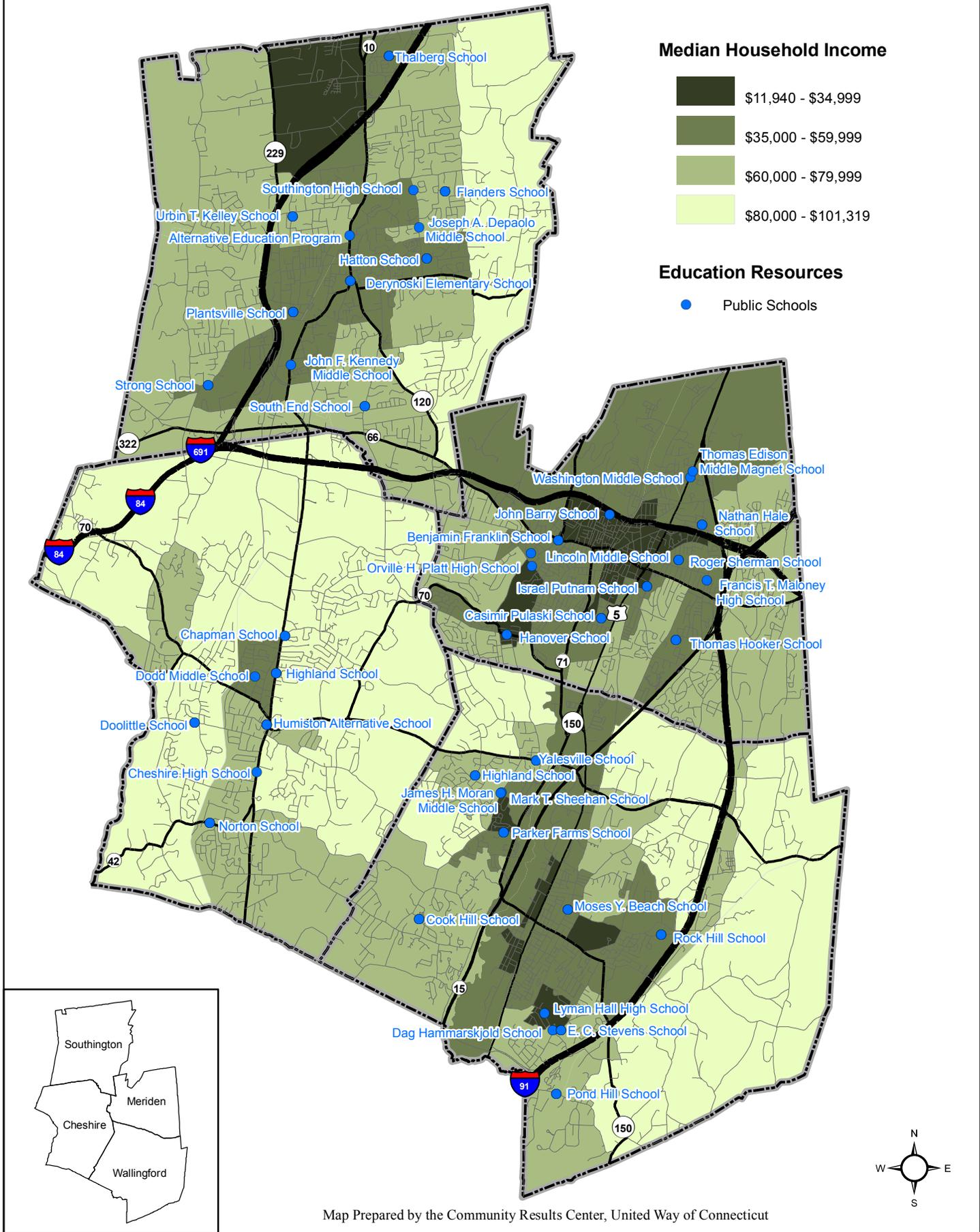
Cheshire, Meriden, Southington, Wallingford

Median Household Income



Education Resources

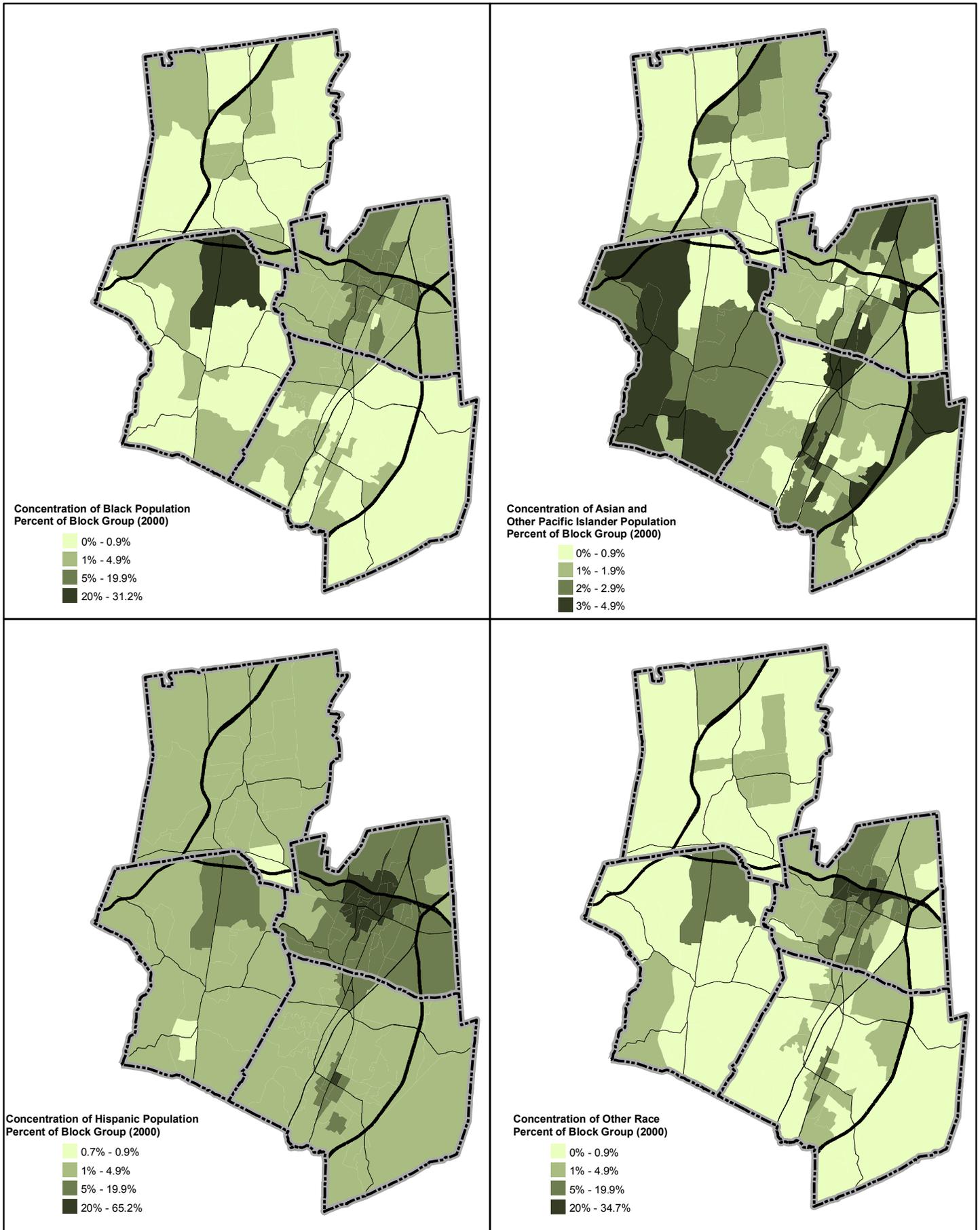
● Public Schools



Map Prepared by the Community Results Center, United Way of Connecticut

Population Concentration by Race

Cheshire, Meriden, Southington, Wallingford



Map Prepared by the Community Results Center, United Way of Connecticut

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Families Living in Poverty and Basic Needs Resources

Cheshire, Meriden, Southington, Wallingford

Number of Families Living in Poverty

(2000 Census Block Group)

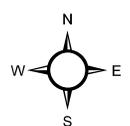
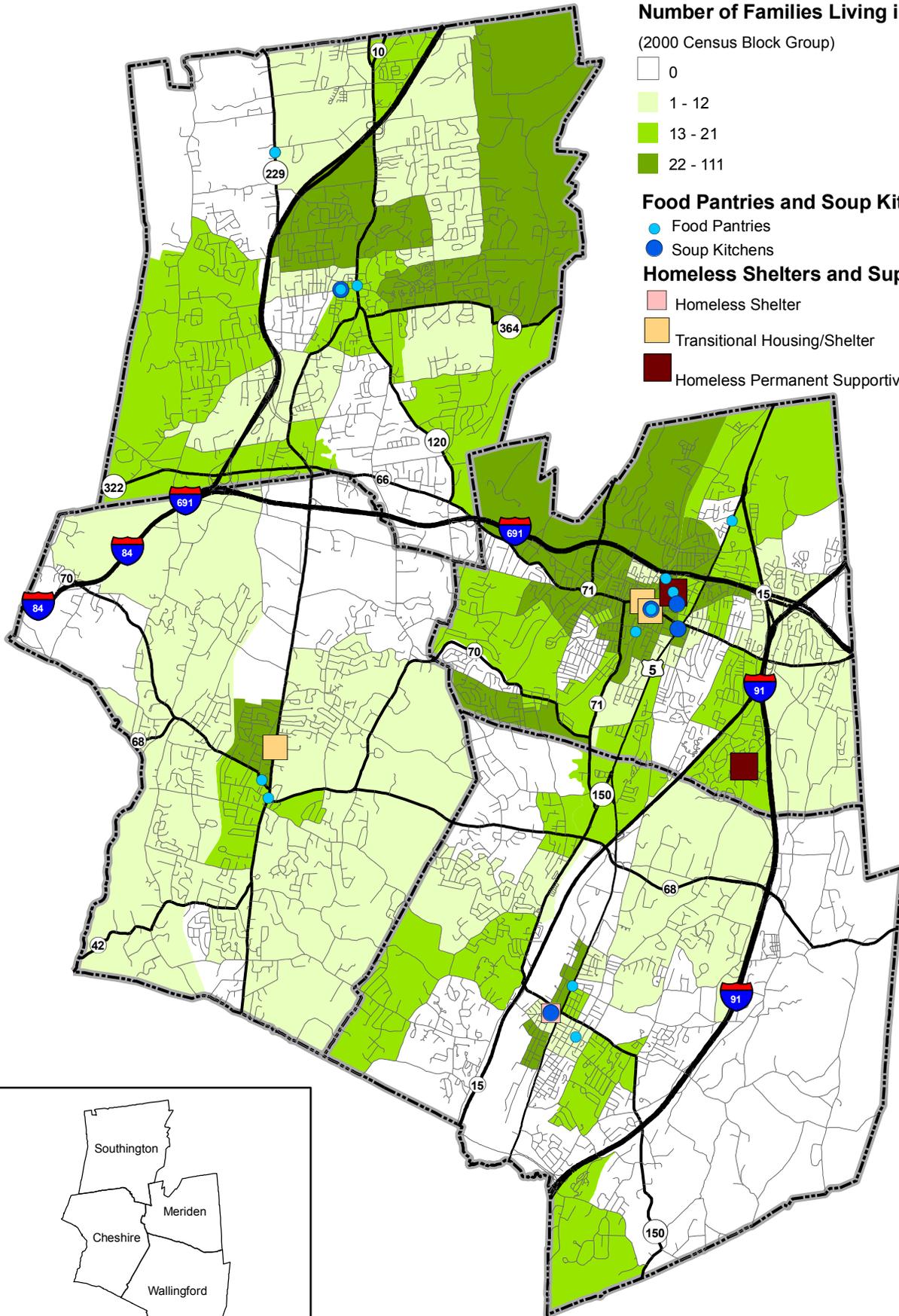
- 0
- 1 - 12
- 13 - 21
- 22 - 111

Food Pantries and Soup Kitchens

- Food Pantries
- Soup Kitchens

Homeless Shelters and Supportive Housing

- Homeless Shelter
- Transitional Housing/Shelter
- Homeless Permanent Supportive Housing



Map Prepared by the Community Results Center, United Way of Connecticut

Transportation System

Cheshire, Meriden, Southington, Wallingford

Bus Service and ADA Service Area

 ADA Service Area*

 Local and Regional Bus Service

Passenger Rail and Rail Stations

 Rail Station

 Rail

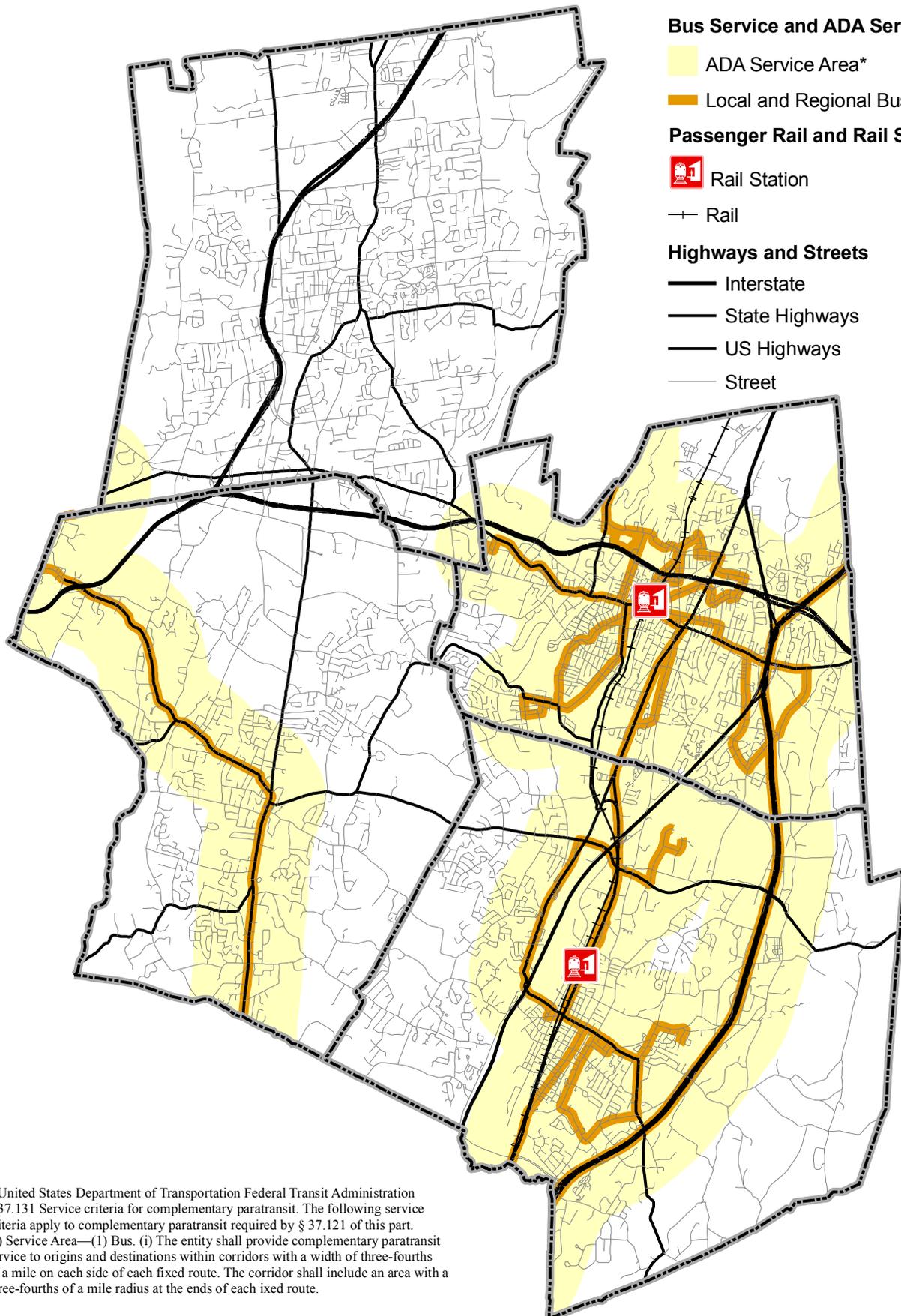
Highways and Streets

 Interstate

 State Highways

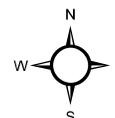
 US Highways

 Street



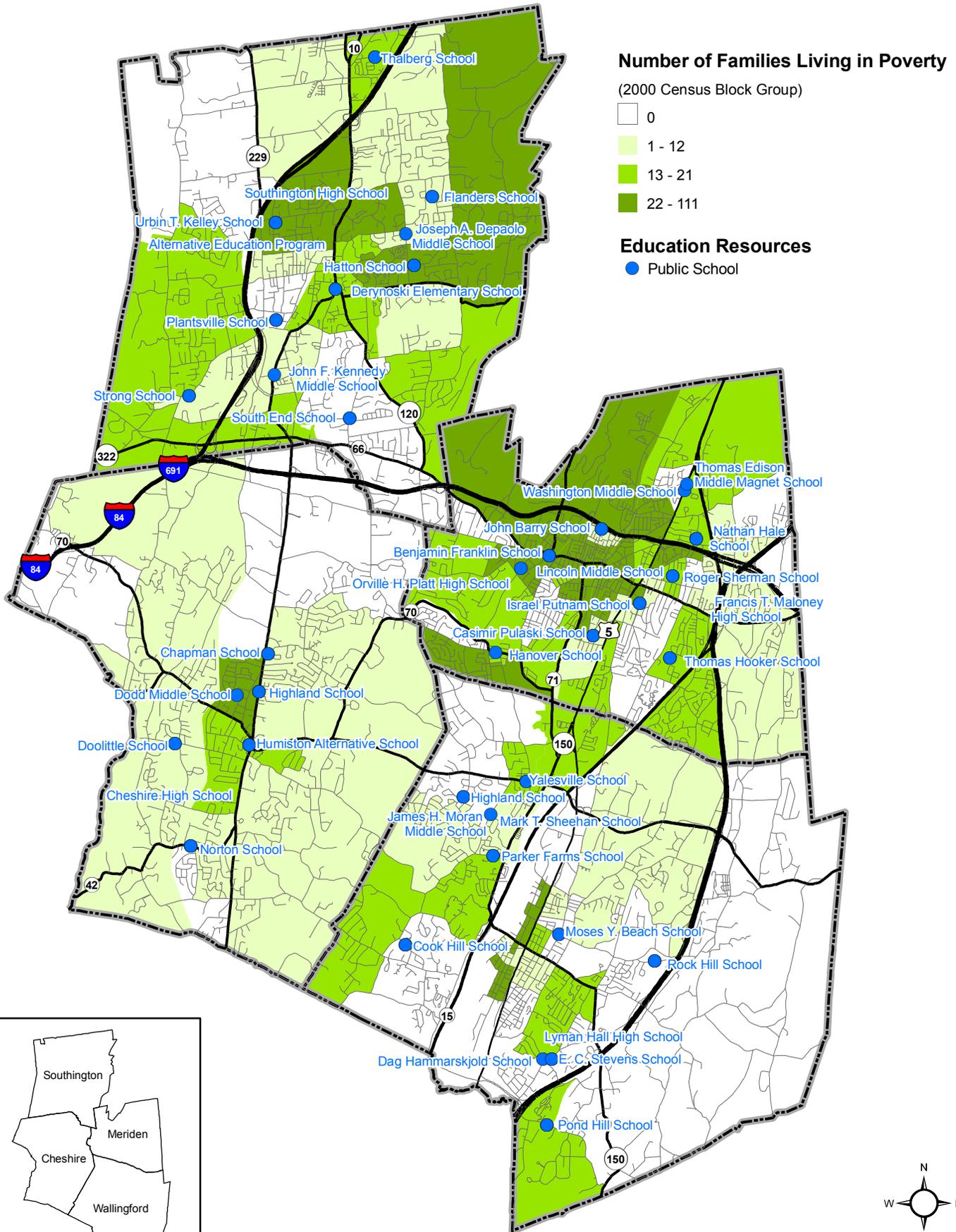
* United States Department of Transportation Federal Transit Administration § 37.131 Service criteria for complementary paratransit. The following service criteria apply to complementary paratransit required by § 37.121 of this part.
(a) Service Area—(1) Bus. (i) The entity shall provide complementary paratransit service to origins and destinations within corridors with a width of three-fourths of a mile on each side of each fixed route. The corridor shall include an area with a three-fourths of a mile radius at the ends of each fixed route.

Map Prepared by the Community Results Center, United Way of Connecticut



Families Living in Poverty and Education Resources

Cheshire, Meriden, Southington, Wallingford

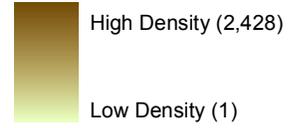


Map Prepared by the Community Results Center, United Way of Connecticut

Older Adult population Density

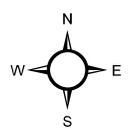
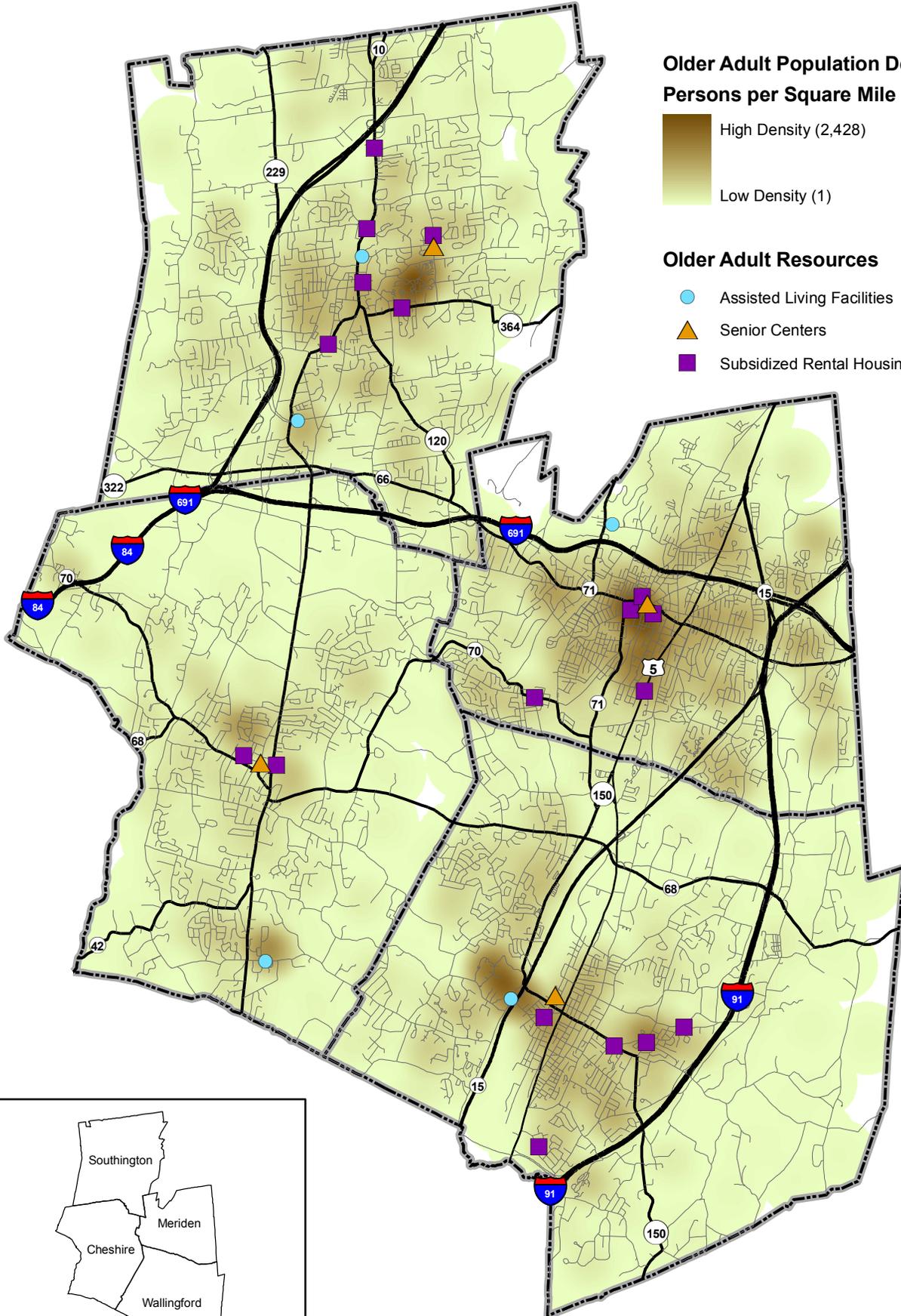
Cheshire, Meriden, Southington, Wallingford

Older Adult Population Density (65+) Persons per Square Mile



Older Adult Resources

- Assisted Living Facilities
- ▲ Senior Centers
- Subsidized Rental Housing * Older Adults



Map Prepared by the Community Results Center, United Way of Connecticut

APPENDIX G: METHODOLOGY

Several data collection methods were used for this needs assessment to ensure that the perceptions and opinions of many segments of the community are included in the research. Focus groups and interviews sought to provide an understanding of the main issues faced by residents. The needs assessment survey sought to further understand resident perceptions of the major areas of need in these towns.

Specifically, the data collection methods included:

- **Focus groups** – In all, 60 people participated in five focus groups that were held with community representatives. The groups included:
 - The Meriden Elderly Task Force
 - The Meriden Human Services Council
 - The Wallingford Community Forum
 - United Way of Meriden and Wallingford Executive Directors
 - Cheshire community and business representatives
- **Interviews** – interviews were conducted with community leaders that focused on basic needs, children and youth, and older adults.
- **A web-based survey** – This needs assessment survey was completed by those who live or work in Meriden, Wallingford, Cheshire and Southington. A link to this survey was advertised in local newspapers and posted on the MidState Medical Center website and the United Way of Meriden and Wallingford website. The survey was offered in both English and Spanish (126 responses).
- **A paper survey** – An identical version of the web-based needs assessment survey was distributed to various social service agencies in Meriden and Wallingford for completion by staff and clients (138 responses).
- **Additional data from publicly available sources and published reports** – Data from these sources are included to provide perspective on various issues. The sources provide data on population trends, economic conditions, education, health, and healthcare. Data listing service requests made to United Way 2-1-1 information and referral service are also included.