



Human Services Council

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2004

Norwalk, Connecticut

Community Indicators

Community Indicators COMMITTEES

BASIC MATERIAL NEEDS

CIVIC ENGAGEMENT

EDUCATION

DEMOGRAPHICS

PUBLIC SAFETY

RECREATION AND CULTURE

HEALTH AND HEALTHY LIFESTYLES

INCOME AND ECONOMY

FAMILY WELL-BEING





We are pleased to present the Human Services Council's (HSC) Community Indicators Project as part of its mission to identify community needs. A representative task force of social service, business and industry groups, government agencies, community organizations and consumers developed a set of indicators that gives the Norwalk community a picture of its key issues, needs and assets. Nine committees have been formed and indicators have been chosen for the following issues: Basic Material Needs, Civic Engagement, Demographic Profile, Education, Family Well Being, Health and Healthy Lifestyles, Income and the Economy, Public Safety and Recreation and Culture.

This project has already had a positive impact on our community. This exciting endeavor has brought citizens together to identify areas of concern/need and is designed to be a tool leading to vision and action.

This initiative is a first step in an ongoing effort to assist the community on its designed course. The release of this document marks the beginning of a series of reports that the committees will research and publish to monitor our community's progress. We will continue to collect and analyze data to ensure the well being of our citizens.

This community indicators project will assist the community in deciding what issues need to be addressed. By identifying service gaps and trends we will initiate new projects to address those needs.

On behalf of HSC, many thanks to the members of the committees for their time, energy, and assistance with this project. We are proud of what we have accomplished together and look forward to our continued partnership to make our community an even better place.

Sincerely,

Debbie Caplan
President

Elaine Andersen
Executive Director

Karen Schuessler
Project Director



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Basic

Material

Needs



HOUSING

FOOD

TRANSPORTATION

Basic Material Needs

Basic Material Needs

HIGHLIGHTS:

Calls for Basic Needs Assistance

InfoLine of Southwestern Connecticut is a 24-hour, seven-day-a-week health and human services information, referral and crisis intervention telephone help line. The top five caller needs for the years 2001, 2002 and 2003 are the following:

InfoLine Calls: Top Five Caller Needs 2001-2003

<u>2001</u>	<u>2002</u>	<u>2003</u>
Helpline Counseling	Helpline Counseling	Helpline Counseling
Utility Assistance	Information Only	Information Only
Homeless Shelter	Utility Assistance	Utility Assistance
Information Only	Homeless Shelter	Homeless Shelter
Donor Services	Subsidized Rental Housing	Subsidized Rental Housing

This pattern shows a clear need for basic human needs with housing being near the top of the list for three consecutive years.

Housing

*Homeless Needs
Section 8
Affordable Housing
Housing Needs*

HOUSING

Over the past decade, housing has been at the top of the list of urgent needs of residents in the greater Norwalk area, despite the fact that southwestern Connecticut is perceived as a region where many experience prosperity. Many residents of the Norwalk community cannot satisfy even the basic need of affordable shelter for their family and/or do not have the resources required for security deposits and first and last month's rent when they move to a new residence.

This situation is evidenced in the following statistics:

- According to the 2000 U.S. Census statistics, the City of Norwalk's population grew to 82,951, a 5.9% increase with 4,620 new residents since 1990. During the same period, the number of housing units increased to 33,753, a 4.7% increase with 1,529 new units which indicates that population growth exceeded the growth in housing units.
- According to a 2002 Affordable Housing Task Force report, a household wishing to reside in Norwalk needs to earn at least \$26.62 per hour over a 40-hour work week or \$55,360 per year to afford fair market rent for a 2-bedroom unit.
- Average rents in Norwalk rose from \$647 per month in 1990 to \$875 per month in 2000, a 35% increase. According to the 2000 U.S. Census, the median income for a family of four in Norwalk in 2000 was \$68,219, increasing only 24% since 1990. There is a wide discrepancy in income levels in Norwalk and the median income in some census tracts is only \$29,840. According to the Census Bureau, the median value of owner-occupied housing was \$270,100, which includes condominiums and single-family homes. However, the average sale price for a single-family home in Norwalk was \$385,764 in 2002, rising from \$205,815 in 1998.
- Information released in "Out of Reach", a report by the National Low Income Housing Coalition, states that the fair market rent for a one-bedroom in Norwalk/Stamford as of September, 2001 was \$1,135. According to the City of Norwalk's "Consolidated Plan for Housing and Community Development 2000-2005," the Stamford-Norwalk area has the highest costs in the state of Connecticut; however the area includes many wealthy suburban towns.

- The City of Norwalk does meet Connecticut’s affordable housing goal with 12.23% of its housing affordable; the City of Stamford has 11.86% of its stock in affordable housing. In addition, Norwalk and Stamford have more rental housing and lower median rents according to the 2000 Census as shown in the chart below:

MUNICIPALITY FAMILY	TOTAL NUMBER OF HOUSING	NUMBER OF RENTAL HOUSING	MEDIAN GROSS	NUMBER OF MULTI-FAMILY	MULTI- AS PERCENT
DARIEN	6,792	793	\$1,281	390	5.7%
GREENWICH	24,511	7,240	\$1,322	7,535	30.7%
NEW CANAAN	7,141	1,172	\$1,379	1,202	16.8%
NORWALK	33,753	12,431	\$ 875	15,007	44.4%
STAMFORD	47,317	19,860	\$1,007	25,315	53.5%
WESTPORT	10,065	1,383	\$1,302	821	8.1%
WESTON	3,532	225	\$1,151	7	.01%
WILTON	6,113	572	\$1,241	472	7.7%

Source: United States Bureau of the Census, 2000

Homeless Needs

In March 2001, the Homeless Demographic and Service Needs Survey and the resulting “Snapshot of the Homeless” in the greater Norwalk Area was completed. A total of 372 respondents reported themselves to be homeless. An additional 92 persons reported themselves to be at risk of homelessness. This compares to 273 respondents reporting themselves to be homeless and 263 reporting themselves to be at risk of homelessness in 1999.

Section 8

According to the Norwalk Housing Authority, aggressive leasing, a faltering economy, and a changing rental market resulted in leased Section 8 units increasing from 528 apartments at the end of 2001 to 754 at the end of 2002. The goal for 2003 is 679 units, the maximum allocated by HUD. HUD has not funded additional Section 8 allocations for several years.

Affordable Housing

The Norwalk Planning Office maintains a list of affordable housing in Norwalk and reports a total of 4,197 units of public, government-assisted and deed-restricted affordable housing, including Section 8, as of September 2002.

	<i>Number of Units</i>
Public Housing Units	1,133
Government Assisted Units - Including Section 8	1,714
Non-Profit and Deed Restricted Units	857
CHFA Mortgage Units	493

Source: Norwalk Planning Office, September 2002

This list represents 12.4% of Norwalk’s total housing stock of 33,753 units, slightly higher than the State of Connecticut count. This is due to the inclusion of special needs housing units that are not counted by the State. The public rental housing has a total of 796 units for families and 337 units for the elderly. The government assisted housing provides 865 units for families, 392 units for the elderly and 457 units for special needs individuals.

Housing Needs

In 2001, there were 1,002 people on a wait list for Section 8 housing. In 2002, there were 1,116 people on a wait list for Section 8. For public housing, there was a wait list of 781 in 2001 and 656 in 2002. These wait lists are affected by whether waiting lists are open.

WIC
Food Stamps

Food

FOOD

Food Needs:

WIC and Food Stamps

WIC is a nutrition education program and provides supplemental foods that promote good health for pregnant, breastfeeding and postpartum women, infants and children up to age five. Based on information from the Norwalk Health Department, in 2002, there are approximately 1,600 to 1,700 women and children who are served by the WIC program every month in Norwalk.

The Food Stamp Program helps low-income households and individuals with supplemental benefits buy food. The Department of Social Services in Bridgeport reports that the average number of food stamp cases per month in Norwalk for 2002 was 1,624. The average number of food stamp recipients per month for 2002 was 2,841. The current average value of these services for customers in the Norwalk service delivery area is \$121.00 per food stamp household per month. There was little variation from 2001 as there were approximately 1,658 food stamp cases per month in Norwalk in 2001 and 2,844 food stamp recipients per month for 2001.

WHEELS
Dispatch-A-Ride

Transportation

Transportation

Transportation needs are of vital concern to the community. According to the U.S. Census, 2,838 residents or 8.7% of Norwalk residents have no vehicle, 11,914 or 36.4% had only one vehicle. In addition, 44,061 workers, 16 years and over, commute to work. 8.5% of the population rely on public transportation to get to work and 2.1% of the population walk to work. This highlights the need for public transportation.

The following is a summary of transportation needs for Norwalk compiled by the Norwalk Transit District:

WHEELS (fixed route bus service)

	2001	2002
Unlinked ridership (paid passengers plus transfers)	1,605,389	1,386,713
Vehicle hours (each vehicle on road)	60,633	60,803
Riders/vehicle hours	26.5	22.8

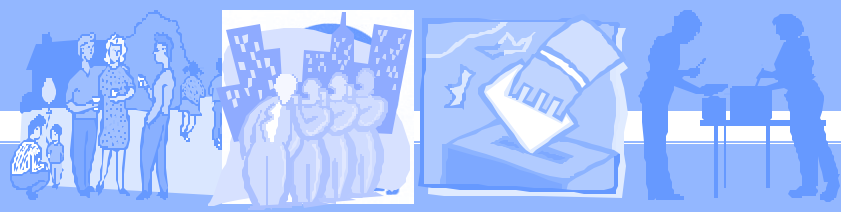
Dispatch-A-Ride (ADA, Door-to-Door Service)

	2001	2002
Ridership	25,640	24,164

Shortly after 9/11 and somewhat earlier, this area was affected by an economic slowdown. The effect throughout Connecticut and much of the rest of the country has been a decrease in ridership on public transportation. This decrease is reflected in the change in unlinked ridership on the WHEELS system in particular between 2001 and 2002.

Civic

Engagement



VOTING PATTERNS IN NORWALK

VOLUNTEER ACTIVITIES

NEIGHBORHOOD ASSOCIATIONS

UNITED WAY CONTRIBUTIONS

Civic
Engagement

*Voting and Registration Rates
Women Vote More Than Men*

Voting Patterns | n
Norwalk

Voting Patterns in Norwalk

As of 2003, based on information from the Norwalk Registrar of Voters, there were 40,189 active voters in Norwalk. With a population of 82,951 people, not quite half of the population is registered to vote. The breakdown of party affiliation is the following:

Unaffiliated	17,974	44.72%
Democrats	12,009	29.88%
Republicans	9,479	23.59%
Green	34	.08%
Independents	656	1.63%
Libertarians	13	.03%
Reform	4	.05%
Other	20	.05%

TOTAL VOTERS WHO VOTED WHO ARE ACTIVE OR IN SERVICE

1998	18,602	46.29%
1999	14,194	35.32%
2000	30,831	76.72%
2001	18,733	46.61%
2002	19,379	48.22%

Source: Norwalk Registrar of Voters

Voting and Registration Rates For 1998 and 2000 for The United States and Norwalk

Voting and registration rates have been based on citizens aged 18 and older since 1994. According to the U.S. Census Bureau, about 198 million people, 62 percent of the voting-age population in the United States, reported that they were registered to vote in 1998 compared to 70% registered to vote in 2000. However, only 42 percent of the voting-age population in the United States reported voting in the 1998 Congressional election, compared to 55 percent of the voting age population who voted in November 2000. Although Congressional elections typically have lower turnouts than elections where voters select a President, this turnout is the lowest recorded since the Census Bureau began collecting voting data from the Current Population Survey (CPS) in 1966.

In 1998 and 2000, the voting rate was higher among people over the age of 65 than for younger people, both in Norwalk and in the United States. In the United States, more than two-thirds of the citizens in this age bracket 65 and older voted in 1998 and in 2000, 72 percent in this age bracket voted. In the country as a whole, only 18% of 18 to 24 year old citizens voted in 1998 and 36 percent of this age group voted in 2000. The following tables reflect the higher percentage of seniors who vote versus young people in Norwalk.

TOTAL VOTERS WHO VOTED IN NORWALK WHO ARE OVER THE AGE OF 65:

1998	5,687	14.15%
1999	4,891	12.17%
2000	7,017	17.46%
2001	5,725	14.25%
2002	5,573	13.87%

TOTAL VOTERS WHO VOTED IN NORWALK IN THE AGE RANGE 18-24

1998	324	0.81%
1999	225	0.56%
2000	1,243	3.09%
2001	340	0.85%
2002	365	0.91%

Source: Norwalk Registrar of Voters

WOMEN VOTE MORE THAN MEN

From 1998 through 2002, women were consistently more likely to vote than men. This follows the national trend where the vote was 61% of women compared with 58% of men in 2000. (35% of the elected officials in Norwalk are women).

	<u>Women</u>	<u>Percentage</u>	<u>Men</u>	<u>Percentage</u>
1998	10,130	25.21%	8,443	21.01%
1999	7,761	19.31%	6,408	15.94%
2000	17,238	42.89%	13,517	33.63%
2001	10,415	25.92%	8,275	20.59%
2002	10,560	26.28%	8,766	21.81%

The Norwalk Registrar of Voters continues to do voter registration outreach to the young new voters. This is accomplished by meeting with high school students on a yearly basis. One day is devoted exclusively to the purpose of voter registration and approximately 100 students register to vote at these events.

Volunteering in the United States
Local Volunteerism

Volunteer Activities

A community-wide survey was conducted among Norwalk corporations, non-profits and community leaders to identify trends and attitudes from 1991 to 2001 regarding civic engagement. The conclusions are as follows:

- Corporate contributions programs remained fairly level although there was a reduction in manpower levels for volunteer programs and reduced or redirected funding.
- All corporations reported that they had broad community involvement with issues such as education, health related programs, and building strong families.
- Given reductions in state and federal support with possible reductions in corporate support, non-profits reflected anxiety, and caution as to their ability to continue to support their programs and at the same time identifying the increased need for those programs.
- There is greater economic disparity, with more employees and more working families presenting more housing, day care and infant care problems to solve.

VOLUNTEERING IN THE UNITED STATES

According to the United States Department of Labor, about 59 million people did volunteer work at some point from September 2001 to September 2002.

- The volunteer rate was higher among women than men.
- Employed persons were more likely to volunteer than persons who were unemployed or not in the labor force.
- Among persons 25 years of age and over, the volunteer rate of college graduates was four times that of high school dropouts.
- Volunteers spent a medium of 52 hours volunteering during the year.

There is much documentation to support the theory that young people who volunteer do better in school and are least likely to abuse drugs and alcohol.

- Youth volunteering is up 12% over the last 10 years. (UCLA/Higher Education Research Institute Annual Freshmen Survey, 1999)
- Youth who volunteer just one hour per week are 50% less likely to abuse drugs, alcohol, cigarettes, or engage in destructive behavior.(Search Institute, 1995)
- Youth who volunteer are more likely to do well in school, graduate, vote and be philanthropic.(UCLA/Higher Education Research Institute, 1991)

According to a survey by Thrivent Financial for Lutherans, a Minneapolis financial services organization, half of adult Americans think that volunteering their time is more important than giving money to charity. About half of adults ages 35 to 64 said they volunteered last year. Volunteerism tends to increase with income and education levels.

Local Volunteerism

Norwalk offers a wide variety of great opportunities for volunteers to make a difference in their community. A sample of volunteer activities in Norwalk include the following.

Volunteers at the Stepping Stones Museum for Children contribute approximately 3,600 hours of service each year. These hours consist mostly of Gallery Interpreters, Program Volunteers, Program Prep Volunteers and Administrative Volunteers including interns. Youth volunteers up to age 18 are responsible for fulfilling more than 40% of the annual total.

Trends by Age Group

- Adults – Increased interest in volunteering is shown by individuals who work on a full-time basis and mothers looking to volunteer with their young children.
- Interns – There has been a rise in inquiries from college graduates willing to intern, which is most likely attributable to the state of the current job market.
- Youth – Numbers of youth volunteers continue to grow as most parents express frustration with limited opportunities for middle school students.

Trends by Volunteer Involvement

- Recruitment – The majority of prospective volunteers make contact with the the museum through the Internet, primarily the museum’s own website and VolunteerMatch.org. The next largest group of volunteers comes from agency referrals followed by staff/volunteer referrals. Corporations, social and school groups continually express interest in group projects.
- Motivation – Many adult volunteers become involved with the museum to gain job-related experience, meet other people and develop language skills. They also draw on positive museum experiences from their own childhoods. Adult and youth volunteers also see working with children as a fun way to volunteer.
- Retention – Adult and youth volunteers are less likely to commit to the same schedule each week. The museum is at an advantage, offering flexible month-to-month scheduling. Museum volunteers are also being cultivated as donors to further enhance their relationship with the museum.

The Voluntary Action Center of the Human Services Council has experienced a rise in volunteerism. This increase is attributed to the Internet and web technology which have allowed easy access to opportunities and potential volunteers. Terrorism has placed a new focus on the need to help out local communities through service. Additionally, with the increase in unemployment, many job seekers are utilizing volunteer opportunities to keep their skills sharp and to network with community contacts.

More families are volunteering together and with programs such as Make a Difference Day and Join Hands Day. The availability of projects is numerous. There is a rise in new programs for people with disabilities to volunteer. With more individuals retiring at an earlier age, the core base of eligible and interested volunteers continues to rise.

The future of volunteerism lies in service learning. There is a need to encourage more of our youth to take on school-mandated community service projects. Youth who volunteer are more likely to volunteer as adults. Through participation in local community service work, students have the benefit of making a positive change that they can see, feel and understand.

The type of volunteering may be changing with requests for one-day and project type activities increasing and those for ongoing opportunities decreasing. The numbers are on a steady rise, as typified by the number of referrals by the Voluntary Action Center's website. By mid-October of 2003, the number of volunteers referred by the sites was already up 55% over the total number referred in calendar year 2002. While this still represents a drop from the giant post 9/11 increase, it seems to indicate that a commitment to volunteerism has become more deeply ingrained since that tragedy.

Save the Sound reports that their volunteer activities remained the same over the past three years. Likewise, the Maritime Aquarium's volunteer activities remained about the same. For the fiscal year July 1, 2000 to June 30, 2001, volunteer hours totaled 23,638. For FY 2001-2002, the total number was 23,457 and for 2002-2003, the total was 23,753.

Neighborhood Associations

Neighborhood Associations

Neighborhood Associations

NEIGHBORHOOD ASSOCIATIONS

There are approximately 30 neighborhood associations in Norwalk. Neighborhood associations form a strong network to build successful communities. They provide opportunities for residents to join together to solve the needs of what the neighborhood wants to do. Associations are formed to reduce crime, and work on issues such as historic preservation, overdevelopment, zoning, illegal apartments, environmental concerns etc. Some associations serve as a cultural and social network. Associations greatly enhance participation in the community. Some of the associations in Norwalk include the Golden Hill Association, the Silvermine Community Association, and the East Norwalk Neighborhood Association.

United Way

United Way

UNITED WAY CONTRIBUTIONS

United Way of Norwalk & Wilton Total Dollars Raised and Average Annual Gift

	<u>2000</u>	<u>2001</u>	<u>2002</u>
Dollars Raised – <i>Individuals and Employees</i>	\$ 336,910	\$ 337,205	\$ 339,007
# of Individual Givers	1,391	1,287	1,111
Average Annual Gift	\$ 242.21	\$ 262.01	\$ 305.14
Dollars Raised – <i>Corporate Contributions</i>	\$1,061,874	\$ 1,020,705	\$ 965,610
# of Corporate Givers	4,536	4,274	3,846
Average Annual Gift	\$ 234.10	\$ 238.82	\$ 251.07
Total Dollars Raised	\$1,398,784	\$ 1,357,910	\$1,304,617
# of Total Givers	5,927	5,561	4,957
Total Average Annual Gift	\$ 236.00	\$ 244.18	\$ 263.19

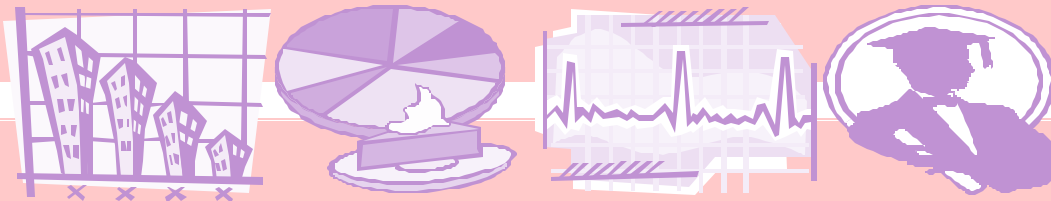
Individual Givers include residents of Norwalk & Wilton, solicited through their homes and Special Events.

Workplace Campaigns include contributions made to United Way of Norwalk & Wilton by corporations, small businesses, foundations and professional firms or practices such as lawyers, accountants, doctors, etc., and their employees.

The total average annual gift has increased from 2000 to 2002, although the number of total givers has decreased.

All figures are local and do not represent dollars raised in other communities designated to UWN&W or dollars raised by UW of Tri-State on behalf of or distributed to UWNW.

Demographics



TOTAL POPULATION AND GROWTH PATTERNS

HOUSING UNITS AND HOUSEHOLD CHARACTERISTICS

EDUCATIONAL ATTAINMENT

RACE AND ETHNICITY

MEDIAN INCOME AND POVERTY STATUS

Demographics

DEMOGRAPHIC PROFILE

Norwalk is a highly diverse community that represents a microcosm of America. The city is home to families belonging to every economic stratum, from the very rich to the very poor with significant populations from a variety of racial and ethnic groups. Citizens of Norwalk include many African-Americans, Spanish-speaking residents from Europe and South America, and recent immigrants from India and Southeast Asia. This diversity represents both Norwalk's richness and its challenge.



Total Population and Growth Patterns

Total Population and Growth Patterns

TOTAL POPULATION AND GROWTH PATTERNS

According to the 2000 Census, Norwalk's total population was 82,951 people. This represents an increase of over 5,000 people from 1998, when the population was estimated to be 77,833. From 1990-2000, Norwalk's population grew by 5.9%; rising from 78,331 persons to 82,951 persons; this contrasts with a population growth of only 0.7% between 1980 and 1990.

BREAKDOWN OF POPULATION BY AGE GROUP

In 2000, 24% of Norwalk's population was under the age of 20, with persons in the 5 to 19 year age group showing the largest numerical increase since 1990, rising from 12,140 persons to 14,125 persons over the past decade. The fastest growing age group on a percentage basis was persons aged 75 years and older. This group increased from 4,140 persons in 1990 to 4,897 in 2000, an 18% increase. The median age of Norwalk residents has increased correspondingly, rising from 34.5 years in 1990 to 36.6 years in 2000, a trend that is likely to continue.

CITY OF NORWALK POPULATION BY AGE GROUP

<u>Age Group</u>	<u>Number of Persons in 2000 Census</u>	<u>% of Total Population</u>
0 - 4 years	5,689	6.9%
5-19 years	14,125	17.0%
20-64 years	52,536	63.3%
65+ years	10,601	12.8%

Source: United States Bureau of the Census, 2000

- 19,814 persons or 24% of Norwalk's population are in the age bracket birth to 19 years
- 64,641 or 77.9% of the population is 18 years and over
- 10,601 or 12.8% of the population is 65 years and over

Housing and Household Characteristics

Housing Units and Household Characteristics

Norwalk increased its housing supply to 33,753 units in 2000, adding 1,529 units over the decade, a principal reason for its population growth over the same period. The City added 1,340 owner-occupied units and 811 renter-occupied units, maintaining its 62% owner-occupancy rate. The housing vacancy rate declined during the same period from 5.1% to 3.2%, due primarily to the new units added.

City of Norwalk Households by Type

<u>Household Type</u>	<u>Number of households</u>	<u>% of total households</u>
Family Households	20,963	64.1%
Married couple household	15,662	47.9%
With own children under 18 yrs	6,835	20.9%
Non Family Households	11,748	35.9%
Householder living alone	9,223	28.2%
Householder 65+ years	2,834	8.7%

Source: United States Bureau of the Census, 2000

Educational Attainment

EDUCATIONAL ATTAINMENT

In 2000, 82.8% of the population of Norwalk were high school graduates or higher and 34.2% had a bachelor's degree or higher. In 1990, 79.5% were high school graduates or higher and 34.2% had a bachelor's degree or higher. Norwalk's educational attainment is higher than the national average, which showed 80% with a high school diploma or more and 24% who had completed a bachelor's degree or higher.

City of Norwalk Educational Attainment

Persons 25 yrs & over

2000

1990

	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Less than 9 th grade	3,533	6.0%	4,348	7.8%
9 th - 12 th grade: No diploma	6,617	11.2%	7,017	12.7%
High School graduate (includes equivalency)	14,768	25.1%	14,860	26.8%
Some college, no degree	9,901	16.8%	9,159	16.5%
Associate's degree	3,922	6.7%	3,713	6.7%
Bachelor's degree	12,402	21.1%	10,373	18.7%
Graduate/professional degree	7,742	13.1%	6,017	10.8%

Source: United States Bureau of the Census, 2000

United States Educational Attainment

Persons 25 yrs & over

2000

	<i>Number</i>	<i>Percent</i>
Less than 9 th grade	13,755,477	7.5%
9 th - 12 th grade: No diploma	21,960,148	12.1%
High School graduate (includes equivalency)	52,168,981	28.6%
Some college, no degree	38,351,595	21.0%
Associate's degree	11,512,833	6.3%
Bachelor's degree	28,317,792	15.5%
Graduate or professional degree	16,144,813	8.9%

Source: United States Bureau of the Census, 2000

Race and Ethnicity

Race & Ethnicity

Norwalk's percentage of minority population is slightly greater than the national average.

- In the United States, 75.1% of the population who report themselves as one race, report themselves as white and 77.1% of the population who report themselves as one race alone, or in combination with one or more other races, report themselves as white.
- This compares with 73.9% of Norwalk's population that report themselves as one race and white and 76.1% of Norwalk's population that report themselves as white and of two races.
- The two largest categories of ancestry include Italian at 19.8% and Irish at 14.8%.
- Norwalk boasts a large Hispanic or Latino population consisting of 12,966 persons or 15.6% of Norwalk's population.
- The largest minority racial group is Black or African-American alone, which comprise 12,663 persons and 15.3% of the total Norwalk population.

City of Norwalk Population Breakdown by Race

	<u>One Race</u>		<u>Race alone or in combination with one or more other races</u>	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
White	61,339	73.9%	63,158	76.1%
Black or African-American	12,663	15.3%	13,546	16.3%
Asian	2,699	3.3%	3,064	3.7%
American Indian	174	.2%	486	.6%
Hawaiian/Pacific Islander	40		110	.1%
Some other race	3,591	4.3%	5,206	6.3%
Two or more races	2,445	2.9%		

Source: United States Bureau of the Census, 2000; information not available for 1990

(Note: Numbers/percentages may add to more than total population due to individuals reporting more than one race.)

Hispanic or Latino and Race

Hispanic or Latino (of any race) – 12,966 - 15.6%

Not Hispanic or Latino - 69,985 – 84.4%

Languages Spoken

- 56,687 or 73.2% of Norwalk’s population speak English only
- 20,769 or 26.8% of the population speak another language than English
- 11,449 or 14.8% speak Spanish
- 7,588 or 9.8% speak other Indo-European languages
- 1,306 or 1.7% speak Asian and Pacific Island languages

These trends are higher than the national average. In the United States, 82.1% of the population report English only as the language spoken at home and 17.9% report a language other than English spoken at home, based on population 5 years and older.

Based on a profile produced by the Connecticut State Department of Education, there is a trend toward greater numbers of students living in a Non-English home language residence.

<u>School Year</u>	<u>Students (K-12) reporting a Non-English home language</u>
2001-2002	26.5%
1999-2000	23.1%
1998-1999	22.0%
1997-1998	21.2%

Median Income and Poverty Status

Median Income and Poverty Status

Median Income & Poverty Status

According to the 2000 U.S. Census, the median income for a family of four in Norwalk was \$68,219, increasing 23.4% since 1990. Per capita incomes increased by nearly 38%, rising from \$23,075 in 1990 to \$31,781 in 2000. However, it should be noted that there is a wide disparity in income levels in Norwalk, with median family incomes ranging from \$29,840 in South Norwalk to \$162,175 in Rowayton.

City of Norwalk Change in Median Incomes

Median Income for Families, Households & Persons

	<u>1980</u>	<u>1990</u>	<u>2000</u>	<u>% Change 1990-2000</u>
Family Income	\$25,479	\$55,269	\$68,219	+23.4%
Household Income	\$22,142	\$48,171	\$59,839	+24.2%
Per capita Income	\$ 9,482	\$23,075	\$31,781	+37.7%

Source: United States Bureau of the Census, 1980, 1990 & 2000 Census

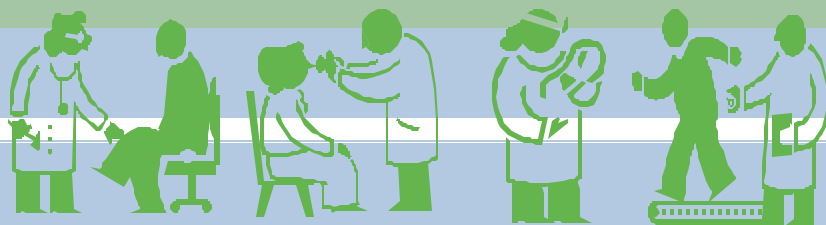
Poverty Status

In 1990, 4,034 or 5.2 % of the Norwalk residents were considered to be living below the poverty level. However, these numbers are deceiving. Because the cost of living is so high in lower Fairfield County, many families who are not below the poverty level have a difficult time meeting minimal living expenses. For instance, a household wishing to reside in Norwalk needs to earn at least \$26.62 per hour over a 40-hour work week or \$55,360 per year to afford fair market rent for a 2-bedroom unit.

City of Norwalk Poverty Status in 1999

	Number below poverty level	Percent below poverty level
Families	1,053	5.0%
With related children under 18 yrs.	854	8.0%
With related children under 5 yrs.	328	7.2%
Female householder, no husband present	554	14.0%
With related children under 18 yrs.	481	19.8%
With related children under 5 yrs.	155	18.4%
Individuals	5,944	7.2%
18 yrs and over	4,160	6.5%
65 yrs. and over	639	6.3%
With related children under 18 yrs	1,732	9.6%
With related children 5 - 17 yrs.	1,341	10.7%

H ealth and H ealthy L ifestyles



HEALTHY LIFESTYLES

CHILDREN'S HEALTH

AIDS AND OUR COMMUNITY

SENIOR CITIZEN ISSUES

Health and Healthy Lifestyles

Healthy Lifestyles

HEALTH AND HEALTHY LIFESTYLES

HEALTHY LIFESTYLES

In 1999, the Healthy Norwalk Partnership conducted a study to determine the health needs and risk factors of Norwalk citizens and develop strategies to enhance services in Norwalk.* Risk factors were examined and interventions were identified to reduce risky health-related behaviors. Included in the study were smoking, exercise, weight/obesity, and healthy diet, important risk factors because they contribute to the leading causes of death which are heart disease, cancer, stroke and diabetes. The committee selected these indicators to give a snapshot of how Norwalk is faring and the Norwalk Health Department intends to continue to monitor these risk factors and encourage Norwalk residents to develop healthy lifestyles.

SMOKING – DOING WELL 16.9% of the respondents reported that they were current cigarette smokers. This is lower than the national rate of 22% but higher than the 2010 goal of 12%. Smoking was more common among those with household incomes at or below the Federal Poverty Level (31.4), and single parents with a child age 18 or younger in the home (27.5).

EXERCISE – NEEDS IMPROVEMENT Norwalk respondents reported higher than average rates of regular exercise. This is defined as exercising three or more times a week for thirty minutes or longer, hard enough to breathe heavier and increase heart rate. The baseline estimate from Healthy People 2010 is that 15% of the American public meets this standard, with a national goal of 30% for the year 2010. Based on survey results, Norwalk is at 38.5% of the population reporting exercising regularly. Women were more likely than men to report exercising zero times/wk (41.7%) as well as persons with low income, less than a high school education and single parents.

OBESITY- NEEDS IMPROVEMENT BMI (Body Mass Index is calculated from height and weight data) is a standardized measure that allows comparisons between different groups on the basis of their risk for disease as a function of relative obesity. 47% of Norwalk respondents were considered at low or very low risk for obesity related diseases. However, 53% of the population is at risk. The Healthy People 2010 goal is for no more than 15% of the population to be “obese.”

HEALTHY DIET- NEEDS IMPROVEMENT The Healthy People 2010 goals are for 75% of persons two years and older to eat at least two daily servings of fruit, and 50% to consume three daily servings of vegetables. 45.9% of Norwalk survey respondents meet the fruit goal and 28.8% meet the vegetable goal.

** The data was collected by a Norwalk Health Survey in which 1,126 residents answered a 25 page questionnaire; 10 discussion groups with 250 participants, and the State of Connecticut and Federal Health Data including Healthy People 2010 goals. (HP 2010 goals are National Health and Human Services and the Centers for Disease Control and Prevention to be achieved by the year 2010).*

Multiple Risk Factors

Unfortunately, a pattern is visible in the data from Norwalk that is found too often in American communities. Although slightly more than half of the sample reported zero or one risk factor (50.1%), 32.8% reported two risk factors and 17.2% reported three or more risk factors. Among smokers this was particularly dramatic with 54.4% reporting three or more total lifestyle risk factors for major chronic diseases or injury. Persons who exercise zero times per week (56.7%) also reported a similarly high rate of risk factors.

The challenge to addressing risk factors is two-fold. First, the increase in “risk” for major chronic disease and/or injury with multiple risk factors increases geometrically, not additively – that is each additional risk factor increases risk by greater than twice the rate. Second, individuals with multiple risk factors represent a greater challenge in terms of intervention because the underlying factors associated with behavioral risks are often more complex and much more resistant to change.

The Healthy Lifestyles Workgroup of the Healthy Norwalk Partnership is continuing to address these needs by focusing on physical activity and nutrition to promote a higher quality of life. For example, to accomplish this goal and encourage residents to incorporate physical activity into their daily lives, The Health Department is spearheading an effort through the Healthy Lifestyles workgroup “Become A NorWALKER,” a project that has identified ten neighborhoods and mapped out walking routes. The Mayor’s Fitness Challenge was held in June, 2003 which was a kickoff to introduce the maps and challenge the community to become physically active for 6 weeks, 4 days a week for 30 minutes a day.

The Norwalk Health Department is focusing on promoting healthy lifestyles for Norwalk citizens and will continue to address healthy lifestyles. Additional projects the Norwalk Health Department is involved with include smoking cessation programs; employee Lunch and Learn programs (topics include nutrition, cancer prevention/early detection, safety, stress reduction, and general prevention); Senior Safety Programs (fall prevention, pedestrian safety), Norwalk’s Crusade Against Cancer (a committee headed by Mayor Knopp and representatives from area agencies) addressing cancer issues in Norwalk with educational programs and screenings.

Children's Health

Babies Born at Low Birth Weight
Births to Norwalk Residents
Childhood Immunizations
Children Covered by HUSKY

Babies Born at Low Birth Weight

BABIES BORN AT LOW BIRTH WEIGHT - NUMBER DECREASING

The March of Dimes states that low birth weight babies may face serious health problems as newborns, and are at increased risk of long-term disabilities. Even though advances in newborn medical care have greatly reduced the number of infant deaths associated with low birth weight, low birth weight infants are more likely to experience long-term developmental delays and neurological disabilities than are babies born at normal birth weight.

The CT Department of Public Health Registration Reports indicate that the percentage of Norwalk babies born at low birth weight increased from 6.4% in 1995 to a high of 8.8% in 1999 (1999 DPH data is provisional). However data gathered at the Town Clerk's Office for births from 2000 through 2002, indicate that this percentage has decreased significantly. **The percentage of babies born at low birth weight in Norwalk fell to 5.6% in 2002, below the State 1999 rate of 7.6%.** The actual number of babies born at very low birth weight in 2002 (10) was half the number born in 1999 (21) – a 50% reduction. Similarly, 67 babies were born at low birth weight in 2002, as compared to the high of 110 in 1999 – a 60% reduction. (*Source: 1995-1999 Data, CT Department of Public Health Registration Reports and 2000-2002 Data, Manual data collection by Norwalk Healthy Families Collaborative Project, Norwalk Health Department*).

Although caution must be used in attributing cause and effect, it appears that programs like Family & Children's Agency's MOMS Program and the Comenzando Bien Program at Norwalk Community Health Center (both funded through the Tri State United Way 21st Century Norwalk Healthy Families Collaborative Project), which aim to connect women with regular prenatal care, are making a measurable difference.

Births to Norwalk Residents

BIRTHS TO NORWALK RESIDENTS

YEAR	1995		1996		1997		1998		1999		2000		2001		2002	
TOTAL BIRTHS	1295		1300		1301		1361		1268		1262		1227		1192	
LOW BIRTH WEIGHT BIRTHS	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Total	82	6.4	102	8.0	92	7.2	90	6.7	110	8.8	66	5.2	91	7.4	67	5.6
White	42	5.6	47	6.9	42	6.6	45	6.8	53	9.0	38	5.2	47	6.9	N/A	
Black	15	8.1	25	13.1	71	10.3	18	10.7	12	9.1	10	6.7	18	10.4	N/A	
Other	4	a	4	a	1	a	2	a	5	10.2	9	8.1	13	a	N/A	
Hispanic	11	5.0	12	5.7	16	a	15	5.6	23	8.9	9	8.1	13	5.0	N/A	

A baby born at Low Birth Weight weighs less than 5 pounds, 8 ounces (2,500 grams).

(a) Fewer than 5 were counted.

YEAR	1995		1996		1997		1998		1999		2000		2001		2002	
TOTAL BIRTHS	1295		1300		1301		1361		1268		1262		1227		1192	
VERY LOW BIRTH WEIGHT BIRTHS	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Total	20	1.6	18	1.4	16	1.3	19	1.4	21	1.7	20	1.6	16	1.3	10	0.8
White	8	1.1	7	1.0	5	0.8	5	0.8	9	1.5	7	1.0	5	1.0	N/A	
Black	7	3.8	6	3.1	7	4.2	5	3.0	8	6.1	6	4.0	6	3.4	N/A	
Other	0	a	0	a	0	a	0	a	0	a	0	-	0	-	N/A	
Hispanic	3	a	2	a	1	a	5	1.9	2	a	7	2.5	5	1.9	N/A	

A baby born at Very Low Birth Weight weighs less than 3 pounds, 5 ounces (1,500 grams).

(a) Fewer than 5 were counted.

Note: Race is no longer recorded on birth records (as of 2002), which makes it impossible to track racial disparities in birth outcomes.

Childhood Immunizations - Doing Well

Immunizations are critically important in protecting children against serious infectious diseases. For example, before vaccines were readily available, polio, measles, diphtheria, and whooping cough caused serious health problems and sometimes death for tens of thousands of children yearly. Now in the United States there are only about two cases of diphtheria, five cases of birth defects from rubella, and no cases of polio yearly. Vaccines must be given to prevent new outbreaks of such diseases.

(Source: Vaccines: What Every Parent Should Know, Drs. Paul Offit & Louis Bell, 1998)

Through the Immunization Action Plan (IAP) at Norwalk Health Department and Norwalk health care providers, efforts have been made to educate parents about the importance of immunizations and of registering their children in the CT Immunization Registry System (CIRTS), which tracks children's vaccination history and reminds parents and providers if children are falling behind schedule. The system includes children enrolled in HUSKY and non-HUSKY enrolled children. The Norwalk IAP reports:

***84.4% of the 1,357 Norwalk children born in 1999 and registered in CT Immunization Tracking System (CIRTS) have received the 4:3:1 series (4 DPT, 3 Polio, IMMR), as compared to the CT rate of 76.7% for the same birth cohort.**

Source: CIRTS, November, 2002

Norwalk is doing well in ensuring that children are immunized, and is close to the National Immunization Plan goal for 90% of children to be adequately immunized.

Children Covered by Husky Healthcare Insurance - Number Increasing. However, Eligibility is a Problem Due to State Budget Cuts

Babies and children who lack health insurance are less likely to receive regular medical care or to use prescribed medicines, and are more likely to receive late or no health care for preventable illnesses, which increases risk for hospitalization and, in turn, drives up health care costs. Since 1998, when Connecticut's Medicaid program for children and families was renamed HUSKY, Connecticut communities, including Norwalk, have worked to increase the number of children enrolled.

HUSKY, (Healthcare for Uninsured Kids and Youth) provides free or low-cost health care, based on family size and income. HUSKY A features free health care for children under age 19 and pregnant women with family incomes below 185% of the federal poverty level. HUSKY B features health care for children under 19 at no cost, except co-payments at the doctor and pharmacy, which are also based on family size and income. Children in HUSKY B are also eligible for HUSKY PLUS, which provides supplemental coverage for special physical and behavioral health needs. The HUSKY B monthly premium is based on income and family size, and ranges from \$30 per family to \$221/month. The Norwalk Community Health Center's experience shows that this premium is very steep for many families and is a barrier to participation in HUSKY B. The Norwalk Community Health Centers uninsured rate averages 39-40% of their patient base. There will certainly be more adults who are ineligible for coverage under SAGA (State Administered General Assistance) and will thus be self-pay causing a further increase in the Norwalk Community Health Center's numbers of uninsured. Access for health care for uninsured adults remains a challenge. As of this writing, HUSKY A is still available for parents and relative caregivers (like a grandparent who lives with the child) but only for those whose incomes are below 100% of the federal poverty level, with a small (\$2.00) co-payment for pharmacy. (NOTE: Families can call 1-877-CT-HUSKY toll-free for information about the program, current eligibility guidelines and how to apply, or may apply for HUSKY and receive healthcare at Norwalk Community Health Center, 121 Water Street, South Norwalk.)

Norwalk has made steady, significant progress in enrolling children in the HUSKY program since 1998. Norwalk Community Health Center has provided assistance to help parents apply for HUSKY and obtain pediatric care for their children on-site since 1999, which has certainly contributed to this increase, along with the efforts of other agencies such as Family & Children's Agency through the Healthy Start, Healthy Families and MOMS programs, the School Based Health Centers of the Human Services Council and Norwalk Health Department. Until it was eliminated in the state budget cuts in the summer of 2003, Presumptive Eligibility for HUSKY allowed children to receive immediate coverage for same-day medical care at Norwalk Community Health Center, which also helped to increase enrollment and access.

According to the 2000 U.S. Census, Norwalk has 18,858 children ages newborn to 19 years. **As of June 2003, 25% of Norwalk children were enrolled in HUSKY (A & B combined), above the CT rate of 24%.***

NORWALK CHILDREN IN HUSKY

<u>YEAR</u>	<u>NORWALK CHILDREN ENROLLED IN HUSKY A</u>
1998 (July)	3,192 (17%)
2003 (June)	4,265 (23%)

<u>YEAR</u>	<u>NORWALK CHILDREN ENROLLED IN HUSKY B</u>
2000 (September)	192 (1%)
2003 (August 2003)	362 (2%)

Source: DSS (HUSKY A) & ACS (HUSKY B)

Census 2000 data on family income indicates that approximately 300 additional children might be eligible for HUSKY A, and perhaps as many as 2,000 for HUSKY B. However an unknown number of these children’s working parents have private insurance, or their immigration status may make them ineligible. Currently, most legal immigrants and their children who have been in the country less than five years and apply for HUSKY after June 30, 2003 will not be eligible (with certain exceptions, such as those who were already enrolled before June 30, who may renew their coverage), or those who have special status, e.g. refugees and individuals with asylum status.

Barriers to Access – Needs Improvement: Unfortunately, Norwalk families with HUSKY coverage must contend with the fact that there are only three pediatric practices in Norwalk that currently accept HUSKY (including Norwalk Community Health Center), and some practices do not accept every HUSKY insurance provider. These are significant barriers to access. Furthermore, since Presumptive Eligibility and Continuous Eligibility were eliminated in the State budget cuts in the 2003 session of the Legislature, children will have to complete the regular HUSKY application and wait up to 45 days or more for their application to be processed. (Continuous eligibility allowed for a 12- month extension for children already enrolled in HUSKY whose parents’ incomes may have changed, which prevented children from cycling on and off the program.)

Other changes to HUSKY are currently under discussion at both the state and federal levels. The proposed changes to HUSKY A will require the state to apply for a federal waiver of Medicaid Law, and changes to HUSKY B will require a State Children’s Health Insurance Program (SCHIP) plan amendment. Until any changes are approved, HUSKY will continue to operate largely under existing rules, according to the Connecticut Children’s Health Council.

Source for Children’s Health summary: NHFC Project, Norwalk Health Department

AIDS and our Community

AIDS AND OUR COMMUNITY - NEEDS IMPROVEMENT

The following chart reports on the number and demographic breakdown of AIDS cases in Norwalk according to the State of Connecticut Department of Public Health

Year	Number	Male % of Total	Female % of Total	White % of Total	Black % of Total	Hispanic % of Total	Age when diagnosed % of Total					
							0-12 years	13-19 years	20-29 years	30-39 years	40-49 years	50+ years
2000	12	83.3	16.7	41.7	41.7	16.7	0	0	8.3	33.3	41.7	16.7
2001	17	58.8	41.2	52.9	41.2	5.9	0	0		47.1	35.3	11.8
2002	29	72.4	27.6	55.2	17.2	24.1			17.2	27.6	37.9	17.2
2003	12	58.3	41.7	41.7	33.3	25.0	0	0	8.3	33.3	16.7	41.7
Totals from 1980-2003	453	72.4	27.6	40.8	48.8	9.7	2.0	0.2	13.5	41.5	29.4	13.5

Connecticut State trends show an increase in new AIDS cases for African-American women (highest growing population of new cases). The minority population in Connecticut represents 30% of Connecticut's population. IV drug use continues to be the number one mode of transmission of AIDS cases. Unfortunately, the number of AIDS cases in the Hispanic population has grown alarmingly since 2001.

Due to breakthroughs in new medications, PLWHA (People Living with HIV and AIDS) are living longer which is reflected in Norwalk's 2003 data showing 41% of AIDS cases are 50 or older.

Norwalk Health Department AIDS Program, which provides outreach, testing, counseling and referral, seeks to highlight concern about the growth in the population of heterogeneous Latinos who are at very high risk for HIV and STD's. Nationally, in 2000, the AIDS rate for Latinos was 30% vs. 7.9% for Whites. The above chart illustrates this alarming trend in Norwalk. Initiatives to address this emergent public health crisis are sorely needed.

Norwalk is continuing to combat AIDS. The Norwalk Health Department, The Mid-Fairfield AIDS Project and the Norwalk Community Health Center and other AIDS consortium members all work together to prevent AIDS and offer testing, counseling, primary care and supportive services to those in our community inflicted by this disease.

Senior Citizen | Issues

SENIOR CITIZEN ISSUES

According to the United States Bureau of the Census, 10,601 or 12.8% of Norwalk's population is 65 years of age and older. The needs and concerns of Norwalk's seniors are on a dramatic increase since the population of 60 plus is growing. Most people are living longer and the "baby boomer generation" is entering into this age-identified group. According to the Norwalk Department of Health, the five top concerns of seniors are the following, although not necessarily in this order:

1. Affordable Housing: the availability and costs of housing for elderly in Norwalk
2. Medication Costs/Insurance Premiums
3. Abuse and Neglect: mostly self-induced – clutter, hygiene issues
4. Transportation: for daily errands, appointments, social activities, etc.
5. Home Care Services: maintaining the well-being of seniors so they may remain in their own home

The Senior Services Coordinating Council, Inc., located in Norwalk reports nearly identical issues and concerns of senior citizens as the Norwalk Department of Health. Their issues and priorities include the following:

- Preserve and Expand CONNPACE – the Connecticut Pharmaceutical Drug Program, eligibility is determined by income levels.
- Expansion of home and community based services to allow seniors to age in place
- Enhance transportation and maintain funding for the state mandated Dial-A-Ride program for the elderly
- Access to low cost prescription drugs
- Support for grandparents raising grandchildren
- Increase assisted living services in residences for the elderly.



E^Hducation

EDUCATION

ADULT EDUCATION

LIBRARY SERVICES

E ducation

E ducation

EDUCATION

Pre-school enrollment - The percentage of kindergarten students who were reported to have had a formal preschool experience in the year 2001-2002 was 86.4%. This compares to 87.8% in 2000-2001 and 83.0% in 1999-2000.

PK- 12 enrollment – In the 1999-2000 and 2000-2001 school years, the public school enrollment as a percentage of the total student population was 88.2%. This compares to 88.0% in the 2001-2002 school year. Total enrollment in the 1999-2000 year was 10,781, for 2000-2001, the enrollment was 10,908 and for 2001-2002, it was 11,062.

Race/Ethnicity	1999 - 2000		2000 - 2001		2001 - 2002	
	Number	Percent	Number	Percent	Number	Percent
American-Indian	9	0.1%	9	0.1%	14	0.1%
Asian-American	405	3.8%	440	4.0%	448	4.0%
Black	3,029	28.1%	2,947	27.0%	2,902	26.2%
Hispanic	2,097	19.5%	2,338	21.4%	2,506	22.7%
White	5,241	48.6%	5,174	47.4%	5,192	46.9%

Source: Strategic School Profiles/Connecticut State Department of Education

Scholastic Assessment Test

	<u>1999</u>	<u>2000</u>	<u>2001</u>
Percent of graduates tested	68.6%	69.6%	72.7%
Mathematics: average score	483	466	473
Mathematics: % scoring 600 or more	17.7%	13.5%	16.8%
Verbal: average score	482	474	470
Verbal: % scoring 600 or more	17.7%	14.2%	11.5%

Connecticut State Mastery Test, Percent Meeting State Goal

		<u>2000</u>	<u>2001</u>	<u>2002</u>
<u>Grade 4</u>	Reading	47.7	44.5	43.8
	Writing	52.8	53.5	52.7
	Mathematics	46.7	47.6	45.3
<u>Grade 6</u>	Reading	49.2	44.5	54.6
	Writing	45.7	39.7	49.2
	Mathematics	41.4	37.6	44.8
<u>Grade 8</u>	Reading	59.3	54.1	60.3
	Writing	54.6	46.2	57.4
	Mathematics	46.2	42.2	43.0

Source: www.cmtreports.com

CAPT (Connecticut Academic Performance Test) Scores for 10th Grade

		<u>2001</u>	<u>2002</u>
<u>Grade 10</u>	Math	38.9	36.0
	Reading	32.7	42.3
	Writing	36.2	41.3
	Science	34.2	31.8

Source: www.captreports.com

In January 2002, the No Child Left Behind Act was passed to increase accountability in schools. As an incentive, money accompanies the new standards imposed by the law. The law requires that students be tested and meet increasingly high standards. By the year 2013, 100% of students have to be proficient. The state is in the process of identifying schools that don't meet adequate yearly progress including some schools in Norwalk.

Per Pupil Expenditure

<u>Per Pupil Expenditures</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>
Elementary and Middle School	\$7,902	\$8,175	\$8,464
High School	\$8,837	\$9,134	\$9,678

Drop Out Rates

The cumulative four-year drop out rate for the class of 1999 was 9.0%, for 2000 it was 7.2% and for 2001 it was 9.4%.

Source: *Strategic School Profiles/Connecticut State Department of Education*

E ducation

Adult Education / Literacy

ADULT EDUCATION/LITERACY

The literacy challenges among adults in the greater Norwalk area are becoming increasingly significant. Recently, the National Institute for Literacy completed an assessment of literacy levels among adults in the United States. This assessment grouped adults in ability levels from 1-5, five being the highest. It was further determined that in order to be successful in today's business environment an individual should be at level 3 or higher in their literacy level. This assessment determined the following:

- 19% of adults in Norwalk are level 1 or lower in their literacy ability.
- Nearly 50% of adults are level 2 or lower in their literacy abilities.
- According to the 2000 Census, the adult population of Norwalk is approximately 65,000. This would mean that 32,500 adults (50% level 2 or lower) in Norwalk are in need of literacy programs.
- 12,000 adults are drastically in need of literacy improvement programs.
- The 2000 Census also determined that approximately 1 in 5 families in Norwalk speak a language other than English at home.

	<u>ESL</u>	<u>GED Preparation</u>
<i>September 2000-May 2001</i>	940	193
<i>September 2001-May 2002</i>	665	188
<i>September 2002-May 2003</i>	946	218

Source: Norwalk Public Schools

English as a Second Language classes (**ESL**) offer English conversation, writing, reading and competency skills to new arrivals in Norwalk from other countries.

GED preparation classes provide an opportunity for adults who have never earned a high school education to develop necessary skills and understanding to take the **General Education Diploma (GED)** examination.

Norwalk Community College also offers **ESL** courses and adult education. There has been a decrease in the credit **ESL** activity in 2003 as the non-credit **ESL** activity has increased. The following statistics reflect this trend:

Credit Division

ESL:

2003 - 35-40 courses and 700+ registrations per semester

2002 - 40-45 courses and 800+ registrations per semester

2001 - 40-45 courses and 800+ registrations per semester

Non Credit Division:

ESL:

2003 – 47 courses and 930 registrations

Adult Education

2003 – 265 courses and 3900+ registrations

2002 – slightly less than 2003 (actual number not available)

2001 – slightly less than 2002

Source: Norwalk Community College

Library Services

LIBRARY SERVICES

As educational and cultural institutions, libraries provide essential resources and services that positively impact the quality of life in a community. The number of library card holders reflects the number of individuals having an awareness of the library as a valuable resource. Circulation figures indicate actual use of the library in terms of materials borrowed. The annual per capita circulation represents the average number of items borrowed per person. As the chart reflects, the number of Norwalk residents having library cards has doubled in two years and the per capita circulation has increased slightly.

Number of Norwalk residents having library cards:

2001	2002	2003
10,145	18,106	22,167

Per Capita Circulation:*

2001	2002	2003
5.07	5.23	5.42

* Because Connecticut's library system allows any resident of the state with a valid Connecticut public library card to borrow from any public library in the state, the per capita circulation for any given town is normally calculated by dividing the total annual circulation by the population of the town.

Family Well- Being



Family Well-Being

*Domestic Violence
Services for Children
Child Abuse
Student and Family Issues
Homeless Services
Behavioral Health Services
Center for Youth Development
Foster Care
Homecare Plus
Needs of the Community*

Family Well-Being

FAMILY WELL-BEING

SEXUAL ASSAULT

Requests for services for survivors of sexual assault has been steadily rising in past years. (Sexual assault is defined as any non-consensual sexual activity. It includes rape, spousal rape, cohabitating rape, gang rape, child sexual assault, incest, sexual harassment and other forms of sexual contact.)

The year 2002 showed the highest demand for services from the Sexual Assault Crisis and Education Center since its creation in 1979. While it is not possible to infer from these statistics whether or not there have been changes in the actual prevalence of sexual assault in Norwalk or other locations, the numbers do show that demand for services is on the rise. This can be attributed at least in part to greater community awareness of the issue which leads many more survivors to feel comfortable enough to come forward to request these services. The Sexual Assault Crisis and Education Center serves not only clients who have been recently assaulted, but also those who were abused at some time in the past and are now coming forward for the first time.

Current nationwide statistics for the prevalence of sexual assault show that one in four girls and one in six boys will be sexually assaulted before their 18th birthday (Connecticut Sexual Assault Crisis Services, Inc.). State statistics indicate that 19% of Connecticut residents experience a sexual assault in their lifetime. (The Sexual Assault Experiences and Attitudes Survey, OCR MACRO, 1999-2000).

While it is difficult to determine the true number of sexual assault survivors, recent trends show an increased demand for services for survivors of sexual assault. The Sexual Assault Crisis and Education Center has observed this increase in demand throughout the eight towns within its area of service. The service area includes Stamford, Norwalk, Greenwich, Darien, New Canaan, Westport, Weston and Wilton.

- In the year 2000, 174 Norwalk residents received services from the Sexual Assault Crisis and Education Center. These clients represented 91 primary survivors of sexual assault and 83 secondary survivors. A primary survivor is defined as the individual who has experienced the sexual assault. A secondary survivor is someone close to an individual who was assaulted and who has been affected by the assault.
- In the year 2001, a total of 194 Norwalk clients received services. Of these clients, 148 were primary survivors and 46 were secondary survivors. This represents an increase of more than 60% in primary survivors from Norwalk who sought sexual assault services from the crisis center within a one year time period.
- In 2002, the numbers climbed even higher with a total of 211 clients, representing 159 primary and 52 secondary survivors living in Norwalk seeking services.
- These trends in Norwalk coincide with an overall increase in service demand from the Sexual Assault Crisis and Education Center throughout the 8 towns served. The total number of clients served was 606 in 2000, 891 in 2001 and 880 in 2002.

The services provided to Norwalk residents by the Sexual Assault Crisis and Education Center include individual crisis counseling, support groups, hotline counseling, accompaniment to the police station to report a sexual assault, accompaniment to the hospital for a rape evidence collection examination and/or other medical attention, assistance in filing for victim's compensation and court advocacy. All services are provided free of charge.

(Please note Sexual Assault Crisis and Education Center client statistics represent the number of clients served in a calendar year and may differ from published statistics which are compiled by fiscal year.)

DOMESTIC VIOLENCE

The Domestic Violence Crisis Center reports the following statistics:

	Hotline	Counseling	Victim Advocates
2000	3,620 calls	7,000 individual/group sessions	2,000 new cases
2001	4,040 calls	5,840 individual/group sessions	1,800 new cases
2002	4,507 calls	7,533 individual/group sessions	1,986 new cases
2003	4,587 calls	9,100 individual/group sessions	1,964 new cases

In 2003 there were more calls to the Hotline and counseling sessions than in previous years. This may be attributed to more awareness of domestic violence and more awareness of the services offered.

SERVICES FOR CHILDREN

The Child Guidance Center of Mid-Fairfield County which is a key provider of Connecticut community services for children reports the following demographic information and trends regarding children and families served by the Center in 2002-2003:

- A total of 467 new cases were served, an increase of 38 cases over the previous year.
- The ethnic client base at the Center reflects the following percentages:
Caucasian 47%, Hispanic 26%, African-American 18% and "other" the remaining 7%. This data reflects increasing numbers of Hispanic clients, decreasing numbers of Caucasian clients and an unchanged percentage of African American clients relative to last fiscal year.
- Percentage of children served
4% were 4 years and younger
31% were between 5 and 9 years of age
45% were between 10 and 14 years of age
16% were between 15 and 17 years of age
This data is almost identical to the prior fiscal year.

- Health Insurance Coverage:
70% of all clients served were eligible for Title 19 benefits
15% of total clients served had no health insurance – almost all were served in the Latino Mental Health program where 50-75% were without health insurance.
15% had some form of commercial health insurance to cover a portion of their mental health services.

Children involved in an After School Extended Time Program, Extended Day Treatment, which is an after school program for 5-12 year olds diagnosed with serious emotional disturbances more than doubled from 2000-2001 to 2002-2003. In 2000-2001, 25 children were served in the fiscal year. In 2001-2002, that number was 43 and by 2002-2003, 62 children were served in the fiscal year, which is a dramatic increase.

Choices for Success, an innovative program for at-risk youth that helps teens develop self-esteem, improve academic achievement and pursue opportunities served 43 students in 2002-2003, and 50 students both in 2001-2002 and 2000-2001.

CHILD ABUSE

For fiscal years 2001, 2002 and 2003 the Department of Children and Families reported the following cases of abuse for the town of Norwalk:

Fiscal Year 2001			
<u>Allegations</u>	<u>Total</u>	<u>Substantiated</u>	<u>Substantiation Rate</u>
Physical Abuse	203	37	18%
Educational Neglect	21	11	52%
Emotional Neglect	202	65	32%
High Risk Newborn	8	7	88%
Medical Neglect	29	14	48%
At Risk	4	-	-%
Physical Neglect	439	110	25%
Sexual Abuse	32	8	25%
Total Allegations	938	252	27%

HOMELESS SERVICES

Community Connections of Family and Children's Agency, Inc. serves an average of 650 individuals annually who are experiencing homelessness, at risk of being homeless or are marginally housed. The Drop in Center (DIC) provides a safe, supportive, partial day social and recreational opportunity for homeless individuals. Most of the clients are from the Norwalk and Westport shelters. The DIC offers access to newspapers, telephones, outside agency referrals, recreational games, arts and crafts, guest speakers, and workshops in order to engage clients.

Case management serves clients who have prolonged mental illness and/or chemical dependency, and are unable to obtain and maintain the basic essentials of daily living. Each year 60-70 clients are served in this program.

Vocational counseling is offered to Drop in Center clients interested in working with a counselor to explore employment options, develop job seeking skills and maintain employment. The vocational program provided services to over 70 clients in a year.

Family and Children's Agency also has a variety of successful programs that affect the well being of families in Norwalk and the surrounding community. These programs include the following for the fiscal year July 2002 to July 2003:

BEHAVIORAL HEALTH PROGRAMS

- Counseling Department - 540 adults, children and adolescents were served for a total of 3,457 sessions
- Project Reward, Counseling and Work Services (a substance abuse program for women and women with children) – 65 women were evaluated, 59 were admitted, 20 were admitted to outpatient or early intervention and 40 children were served in the rainbow room
- Work Service – WOW (working on work program) served 84 individuals and EPS (Empowering People for Success) served 18 people

CENTER FOR YOUTH DEVELOPMENT

Number of people served:

- Division/peer health - 61
- Respite – 44
- Project/Family Friendship – 29 little friends, an increase from 24 last year
- Jr. Project Friendship – 96 little friends, an increase from 85 last year
- FCA in collaboration with the Norwalk Library received financial support to create an after school program for middle school children
- Project Friendship created Family Friendship to meet the needs of children who lost loved ones on September 11
- Healthy Families served 38 families, first steps 244 families, Moms Healthy Start 69 families (another 200 were screened, assessed and referred to other community providers) IFP (Intensive Family Preservation) – 88 individuals, Parent Aid – 61, family reunification center – 24 families, and IICAPS (Intensive Home Child and Adolescent Psychiatric Services – a program that focuses on families with children with mental health needs) – 17 families

FOSTER CARE

- 24 children in 24 foster families were served

HEMOCARE PLUS

- HomeCare served 661 people with the following services, staff relief, home health aides, homemakers, carpenter services, assisted transportation, companions, chore services and on the mend
- Lifeline served 2182 individuals
- The average length of service for Lifeline clients increased from 27.5 months to 29.5 months this year

NEEDS OF THE COMMUNITY

In 2002, NEON conducted a survey of the Norwalk community to identify the areas of greatest needs and concluded the following:

Top-10 Identified Areas of Greatest Needs:

Rank	Area	Percentage
1	Housing	63%
2	Childcare	59%
3	After School Youth	58%
4	Employment	52%
5	Teen Pregnancy Prevention	49%
6	Dental Care	48%
7	Mentoring	47%
8	Emergency Assistance	43%
9	Prevention of Child Abuse	40%
10	Information and Referral	39%
10*	Transportation	39%

**According to recent focus groups and Family Outreach Worker input, transportation has become an issue and is rising in the Top 10 Identified Areas of Greatest Needs.*

The following top-five areas are considered critical to the community assessment process:

Number One: Housing

Housing made it to the top of every survey question result, whether as an unmet need (63%), a challenge facing families (44%), or as a problem facing the questioner's family at this time (ranked number one).

Number Two: Childcare

Again, childcare appears at the top of both greatest needs and challenges. Parents indicated that childcare in general (59%) and Before School Childcare (48%) are great unmet needs necessary for family life. According to a comprehensive report by the Norwalk Public School District, respondents identified a "lack of pre-school and after school programs" and a "lack of substantial, subsidized daycare."

Number Three: After School Youth

Fifty-eight percent (58%) of the Head Start parents indicated that After School programs are needed in the community. Youth clubs (51%), mentoring (47%), and tutoring (45%) also rated high as great unmet needs. In addition to this existing hardship, the State cut 30% of Human Resource Development (HRD) funds. These funds support NEON's four (4) community centers, specifically youth and after school programs, that service over 850 children and their families. These cuts significantly decrease NEON's ability to support quality youth programs. Such cuts also diminish full staffing of programs.

The lack of quality, accessible youth programs, particularly after-school programs are closely related to the childcare issue, and overwhelmingly represent issues and barriers low income area residents have for employment. The lack of good youth programs for low income youth also causes the perpetuation of the poverty cycle.

Number Four: Employment

With the “Job First” or “Work First” model, along with two Welfare-to-Work grants (one a state formula grant, the other a federal competitive grant) and regional TFA employment programs administered by the region’s Workforce Investment Board, The WorkPlace, Inc. (located in Bridgeport, CT), the TFA population has decreased and for the most part found some measure of employment. The remaining TFA population faces multiple barriers and is considered the “hardest to serve.” Also the time limit duration for receiving public cash assistance will soon be coming to an end for many TFA recipients in the State.

Number Five: Teen Pregnancy

Teen Pregnancy Prevention and support is the fifth area of greatest unmet needs voiced by Head Start parents. Forty-nine (49%) rated Teen Pregnancy Prevention as a “great need” and forty-three percent (43%) rated Teen Pregnancy Counseling as a great unmet need. Connecticut’s teen birth rate is 36.1 per 1,000 females ages 15-19. Nationally, the rate is 52.3

Source: NEON

MENTAL HEALTH ISSUES

In 2002, the SW Regional Mental Health Board conducted a needs assessment with the Regional Action Councils on mental health and substance abuse services and prevention for the following towns: Greenwich, Stamford, Darien, New Canaan, Norwalk, Weston, Westport, Wilton, Fairfield, Easton, Bridgeport, Stratford, Trumbull and Monroe.

Utilizing surveys, focus groups, individual interviews, and research, a number of needs were identified. The following are priorities for mental health treatment recognized throughout the Region I system but that particularly pertain to the Greater Norwalk area.

Priority 1: Housing - A Full Continuum of Housing Options

Housing has consistently been identified as the primary concern for people with psychiatric disabilities. It is considered key to recovery by consumers and yet the most difficult service to find by providers.

High costs and lack of availability are only part of the housing problem. Discrimination and stigma place additional barriers to housing for people with psychiatric disabilities. Landlords are reluctant to rent to people with a mental illness or other disability. Providers also experience problems when developing housing programs for people with psychiatric disabilities. This lack of options has several consequences, including consumers being forced to apply for and take housing options that are not appropriate to their needs because it is the only housing available; homelessness or being kept in a more intensive, costly level of care than is needed and consumers waiting at all levels for the next opening when the few slots that are available are full.

<u>Level of Housing</u>	<u>Number of People Waiting</u>	<u>Number of Slots Funded in Region I</u>
Group Homes	9	32
Halfway House	9	N/A
Supervised Apartments	20	77
Supported Apartments	35	198
Independent Apartments	17	N/A
Non-Existent Level	1	0

Although the survey responses indicated that Supervised and Supported Apartments and Crisis Respite are the most needed levels of housing, consumers and providers in focus groups stated that all levels of housing are missing in the Greater Norwalk area.

Priority 2: Individualized Services with Accompanying Flexible Funding

Although a number of services were ranked a top priority, overwhelmingly participants in this planning process emphasized that a full range of services specialized to the needs of the individual consumers should be the goal. The following is a list of special needs identified by participants:

- Race/Ethnicity
- Culture
- Gender/Gender Identity
- Sexuality
- Age
- Language
- Multiple Disabilities
- Spiritual Affiliation
- Medical Needs (Including TBI)
- Trauma Histories
- Pre-Engaged/Pre-Contemplative Status

Some of those listed above require specific programming (if a person is non-English speaking or resistant to any services) but consumers in every program at every service level are individuals with any number of the above special needs. Therefore, consumers and providers emphasized that individualization in all programs should be the goal.

Priority 3: Adequate Provider Rates for Enhanced Quality of Care

Inadequacy of provider rates is a common theme. Inclusive of state grants, Medicaid reimbursement, Medicare reimbursements, and other funding streams, the financing of the mental health system across Connecticut is a constant issue. Hospitals serving clients from Greater Norwalk have down-sized in staffing in the past few months. Private psychiatrists, dentists and other specialists rarely accept Medicaid and Medicare which increases the burden on state-operated services to provide for non-target populations. Inadequate Medicaid/Medicare provider rates create discriminatory provider practices by creating barriers to treatment for specific populations of people including people who are poor, people who have disabilities, and seniors. With the addition of new Medicaid co-pays and the possibility of premiums to begin in Spring of 2004, this problem is worsening.

Priority 4: Financial Support of Consumers: Employment and Entitlements

People with psychiatric disabilities in the Greater Norwalk area repeatedly emphasized the importance of employment in order to achieve financial self sufficiency and independence and not having to rely on the alternatives if competitive employment is not attainable.

Income is imperative to recovery. The ability to participate in the community and engage in social activities is limited if one cannot afford transportation or, for example, the cost of a movie ticket.

The road to independence was fraught with specific issues related to financial hardship. Some participants discussed the debt they had accrued during the height of their illness and the daunting task of climbing out. Some spoke of not having money for every day needs. Some decried the practice in Connecticut of reducing one's State Supplemental income whenever a federal cost of living adjustment was passed, which has resulted in people with disabilities and seniors who are unable to work living on the same income since 1988. Meanwhile, some of the identified barriers to employment included:

- Fear of losing medical benefits
- Stigma/Discrimination, even in volunteer positions
- Disincentives of "spend-downs"
- Fear of background checks
- Lack of training
- Lack of appropriate job opportunities

For people ready to face those barriers, vocational services in Greater Norwalk are systemically unable to meet the range of needs presented. While supported employment and vocational programs were cited as strengths, there was a general recognition that what is available it not suited to a large number of consumers in the area. Individuals needing pre-vocational services and basic education are left out as programs are forced through categorical funding to focus on consumers ready for competitive employment. For individuals with college educations or advanced skills, available positions are not suited to their capabilities: there is no career pathing, only job placement.

Emerging Issues and Other Concerns

Listed below are other concerns or issues beyond those prioritized in the preceding section which are worth noting. These may include those which have broad based consensus as needs but at the same time were not as critical or urgent.

- Providers and consumers at every focus group identified the physical health of consumers and persons in recovery as a concern. Participants recommendations included: nutrition counseling, physical exercise promotion, attention paid to “wellness” to prevent medical complexities in years to come, access to dental care and smoking cessation programs.
- Transportation – The region is one of the most congested travel corridors in Connecticut. Traffic on I-95 creates barriers to accessing programs, employment opportunities, social opportunities and services outside of one’s town of residence.
- Medication – In all of the consumer focus groups, participants emphasized the importance of medication for at least some people with psychiatric disabilities. There were specific concerns associated with medications including access to medications that were right for the individual instead of allowed by the HMO or state; keeping medications affordable for those individuals without prescription benefits and increasing respectful and mutual communication between psychiatrist and consumer about medications (side effects, preferences).
- Stigma/Discrimination – This factor has a huge negative impact on people with psychiatric and substance abuse disabilities.

I ncome and the E conomy



Income and the Economy

Job Types

2000 Census

Economics-Business Profile

Poverty Rate

Tourism Tax Generation

Labor Force

Retail Sales

Income and the Economy

INCOME AND THE ECONOMY

Norwalk, Connecticut is a diversified research and industrial center with over 300 manufacturing establishments. It has one of the strongest retail and service sectors in the state of Connecticut. A key to Norwalk's economic strength is its excellent transportation access. Interstate 95, Route 7 and the Merritt Parkway provide excellent routes for vehicular traffic; passenger rail service is provided by Metro-North and Amtrak, and major and minor airports are less than an hour away. In addition, a harbor provides water transportation and two heliports are available for business use. This transportation network provides for efficient movement of goods, services and people throughout the region.

Norwalk has a diverse labor force that now stands at nearly 49,000 and according to the Market Place Analysis report of April – June 2003, there were 57,765 jobs in Norwalk which makes Norwalk a net importer of labor. According to the Connecticut Department of Labor, the labor market area, which comprises the cities and towns of Norwalk, Stamford, Darien, Greenwich, New Canaan, Westport, Weston and Wilton, includes more than 194,000 workers as of June 2003.

Job Types	City of Norwalk		United States	
		Percentage		Percentage
Agriculture, Forestry, Fishing, Hunting and Mining	61	0.1%	2,426,053	1.9%
Construction	3,555	7.9%	8,801,507	6.8%
Manufacturing	5,390	12.0%	18,286,005	14.1%
Wholesale Trade	1,555	3.5%	4,666,757	3.6%
Retail Trade	5,482	12.3%	15,221,716	11.7%
Transportation, Warehousing, Utilities	1,418	3.2%	6,740,102	5.2%
Information	2,191	4.9%	3,996,564	3.1%
Finance, Insurance, Real Estate, and Rental and Leasing	4,392	9.8%	8,934,972	6.9%
Professional, Scientific, Management, Administrative and Waste Management	6,978	15.6%	12,061,865	9.3%
Education, Health and Social Services	7,535	16.8%	25,843,029	19.9%
Arts, Entertainment, Recreation, Accommodation and Food Service	2,737	6.1%	10,210,295	7.9%
Other Services (Except Public Administration)	2,471	5.5%	6,320,632	4.9%
Public Administration	966	2.2%	6,212,015	4.8%

Source: U. S. Bureau of the Census, 2000

1999 Median Income	City of Norwalk (1) 32,703 Households	Percent	United States (2) 105,539,122 Households	Percent
Less than \$10,000	1,858	5.7%	10,067,027	9.5%
\$10,000 to \$14,999	1,182	3.6%	6,657,228	6.3%
\$15,000 to \$24,999	2,649	8.1%	13,536,965	12.8%
\$25,000 to \$34,999	3,336	10.2%	13,519,242	12.8%
\$35,000 to \$49,999	4,329	13.2%	17,446,272	16.5%
\$50,000 to \$74,999	6,600	20.2%	20,540,604	19.5%
\$75,000 to \$99,999	4,675	14.3%	10,799,245	10.2%
\$100,000 to \$149,000	4,425	13.5%	8,147,826	7.7%
\$150,000 to \$199,999	1,799	5.5%	2,322,038	2.2%
\$200,000 or More	1,850	5.7%	2,502,675	2.4%

(1) Median household income \$59,839 for Norwalk

(2) Median household income \$41,994 for the United States

Although Norwalk’s median household income is higher than the median income of the United States, there is a wide disparity in income levels among Norwalk neighborhoods with many people earning far less than the city-wide median. The median household income in Fairfield County is \$69,337 which is substantially above the national average.

Source: U.S. Bureau of the Census, 2000

**2000 Census
Demographics by Census
City of Norwalk**

Neighborhood	2000 Population	Median Family Income in 1999	Median Gross Rent
Cranbury	3,694	\$ 93,322	\$1,708
Wolfpit	3,918	\$ 87,782	\$ 860
West Rocks	4,300	\$ 80,047	\$1,221
Woods Pond	4,501	\$ 86,348	\$ 754
Silvermine	1,581	\$114,219	\$1,363
Broad River	3,020	\$ 87,554	\$ 968
West Norwalk	4,171	\$ 96,995	\$1,314
Oak Hills	3,039	\$ 57,167	\$ 740
Spring Hill	3,057	\$ 66,781	\$1,116
West Main	4,509	\$ 48,702	\$ 847
Strawberry Hill	2,292	\$ 75,420	\$1,020
The Green	2,921	\$ 89,822	\$ 458
Norwalk Center	1,815	\$ 34,659	\$ 821
Hospital Hill	7,437	\$ 49,798	\$ 945
Brookside	5,087	\$ 71,354	\$ 981
Golden Hill	5,912	\$ 43,477	\$ 845
SoNo	3,410	\$ 29,840	\$ 669
East Norwalk	4,148	\$ 57,375	\$ 872
Marvin Beach	3,821	\$ 86,518	\$1,048
Woodward	3,598	\$ 52,232	\$ 838
Springwood	3,288	\$ 34,943	\$ 689
Rowayton	3,432	\$162,175	\$1,266
Citywide	82,951	\$ 68,219	\$ 875

Source: U.S. Census Bureau, 2000 Census

ECONOMICS – Business Profile

Sector	1997 Firms	Percent of Total	Employed	Percent of Total	2001 Firms	Percent of Total	Employed	Percent of Total
Agriculture	102	1.9%	545	0.9%	138	2.6%	705	1.1%
Construction and Mining	730	13.8%	3,496	5.7%	660	12.5%	2,483	3.9%
Manufacturing	343	6.5%	11,300	18.6%	315	6.0%	14,375	22.6%
Transportation and Utilities	193	3.6%	2,697	4.4%	196	3.7%	2,779	4.4%
Trade	1,213	22.9%	15,777	25.9%	1,253	23.7%	13,376	21.0%
Finance, Insurance and Real Estate	410	7.7%	4,001	6.6%	404	7.6%	5,828	9.2%
Services	2,283	43.1%	21,813	35.8%	2,298	43.5%	22,738	35.8%
Government	27	0.5%	1,229	2.0%	23	0.4%	1,292	2.0%
Total	5,301	100%	60,858	100%	5,287	100%	63,576	100%

Source: CT Department of Economic and Community Development, Business Profile

Trade, services, and manufacturing are consistently the chief employers in Norwalk. Combined, these sectors comprise a large percentage of Norwalk's job opportunities. Norwalk's strong manufacturing and production component represented 14,375 jobs in 2001. The trade and service sectors represented 36,114 jobs in 2001. Other significant employment sectors are government and the financial, insurance and real estate sector, which together provided a total of more than 7,120 jobs in 2001. The transportation, and utilities industries comprise a small sector of the Norwalk's workforce and employed 2,779 workers in 2001.

POVERTY RATE	City of Norwalk	Fairfield County	State of Connecticut
1990	5.2%	6.1%	6.6%
2000	7.2%	6.9%	7.9%
PER CAPITA INCOME			
1998	\$32,479	\$37,252	\$27,078
2001	\$36,576	\$42,304	\$32,317
2002	\$39,247	\$44,282	\$33,974

Source: Connecticut Department of Economic and Community Development and Neon

According to Census income data, the estimated 2000 Per Capita Income (PCI) for the State of Connecticut was \$40,870, the highest of all US States (193% of the US average, which is \$29,451). In 1998, the State's PCI was \$37,598 (at that time 142% of the US average and highest in the Union). Norwalk's 1998 per capita income was \$32,479. The 2002 PCI for the city of Norwalk is \$39,247.

TOURISM TAX GENERATED (From Hotels & Lodging in Norwalk)

	Room Occupancy Gross Receipts	Room Occupancy Tax (12%)
2000	\$24,590,114	\$2,950,814
2001	\$23,190,545	\$2,782,865
2002	\$21,935,599	\$2,632,272

Source: Connecticut Department of Revenue Services

Tourism is a new source of income for Connecticut's economy. The State of Connecticut received more than \$21 million in hotel occupancy receipts from Norwalk area hotels in 2002. As noted above, there has been a slight decline in tourism due to the recession.

LABOR FORCE

	Employed	Unemployed	Unemployment Rate
1997	47,024	1,833	3.8%
2000	48,789	853	1.7%
2001	47,046	1,341	2.8%
2002	46,431	1,624	3.4%

Source: Bureau of Labor Statistics and CT Dept. of Labor, December 2002.

Due to Norwalk's diverse economy, the unemployment rate in Norwalk consistently ranks below the state and national average. The unemployment rate in the United States in November 2002 and November 2003 was 5.9%. This compares with an unemployment rate of 4.6% for the state of Connecticut in November 2002 and 3.4% for the City of Norwalk during the same period.

RETAIL SALES

	City of Norwalk	State of Connecticut
1996	\$1,211,216,042	\$30,837,967,729
1999	\$2,178,458,968	\$76,264,820,474

Source: Connecticut Department of Economic and Community Development

The City of Norwalk has one of the strongest trade sectors in the State of Connecticut, contributing more than \$2 billion in retail receipts in 1999.

Public Safety

Public Safety



POLICE DEPARTMENT

FIRE DEPARTMENT

RESCUE AND EMERGENCY SERVICES

Public Safety

POLICE DEPARTMENT

The top five crime totals for Norwalk for the past three years, 2002, 2001 and 2000 as reported by the Norwalk Police Department include the following:

2002

Vandalism/Destruction	1,262
Theft from Building	675
Simple Assaults	620
Theft from Motor Vehicles	448
Burglary/Breaking and Entering	416

2001

Vandalism/Destruction	1,316
Simple Assaults	707
Theft from Building	638
Burglary/Breaking and Entering	407
Intimidation	363

2000

Vandalism/Destruction	1,240
Simple Assaults	801
Theft from Building	632
Theft from Motor Vehicle	443
All Other Larceny	388

Overall, there has been no great fluctuation in the number of crimes during this time period, except in the area of Credit/ATM Fraud where the numbers have nearly tripled over the course of three years. In 2002, there were 95 cases of credit card/ATM fraud compared with 36 cases in 2000. Vandalism/destruction ranks as the top crime for three consecutive years. Assaults and thefts are two of the most other frequent crimes.

Fire Department

FIRE DEPARTMENT

Incidents Reported and Response Time

- 2002 - 5,685 Incidents
- 2001 - 5,440 Incidents
- 2000 - 3,501 Incidents

(Please note a different data gathering system was used in 2000 so the numbers are substantially fewer than 2001)

Please note this number includes lockouts, investigations of suspicious smoke smells, and Haz-mat incidents such as chemical spills.

The average response time for 2001 was 4 minutes and 28 seconds and for 2000 it was 4 minutes and 46 seconds.

*Rescue and Emergency
Medical Services*

Rescue and Emergency Medical Services

RESCUE AND EMERGENCY MEDICAL SERVICES

Rescue and Emergency Medical Services

	<u>2001</u>	<u>2002</u>
Emergency medical (EMS) call, other	224	442
Emergency medical service, other	2,015	2,070
EMS call, excluding vehicle accident	1	
<u>Total</u>	2,240	2,512

There was an increase in emergency medical services from 2001 to 2002.

Mass Evacuation – A plan is being developed by the Office of Emergency Management which coordinates the Norwalk Health Department, Norwalk Hospital and the surrounding police and fire departments of Norwalk, Weston, Wilton and Westport. The plan involves dealing with disasters such as terrorism, biological or hazardous materials incidents, natural disasters and preparing for a small-pox threat. In addition, Norwalk is an active member of the Southwest Regional Planning Association's Regional Emergency Response Team.

R Recreation and C Culture



Recreation and Culture

*Trends and Needs of the Community
Recreational Programs
Adult Programs
Attendance at Major Cultural Events*

Recreation and Culture

RECREATION AND CULTURE

The Recreation and Parks Department of Norwalk provides a wide range of recreational activities for Norwalk residents including social programs and activities for handicapped and senior citizens, dance and music programs and programs in arts and crafts. Sports camps, tournaments and athletic programs are also offered.

The city maintains 70 parks on 1,215 acres throughout Norwalk.

TRENDS AND NEEDS OF THE COMMUNITY

Even though the summer of 2003 was a rainy summer, park use increased. Families utilized parks for picnics, walking trails, and recreation. There is also a trend for children's activities becoming specialized. Most children do one activity for all year. For example, they do soccer or basketball year round.

RECREATIONAL PROGRAMS

The city offers a summer program for children ages 6-12 years of age for six weeks which includes 750 children. Recreation activities include the following:

- Theme week – traveling shows are brought to Norwalk
- Science week – children participate in experiments
- Pal week – children learn what to do and what not to do in relationships, issues like bullying and respect are addressed
- Sports week – the children engage in athletic events

Sports programs including baseball, basketball, football, tennis, golf, karate, swimming, volleyball, gymnastics, soccer, etc., are offered to children of all ages.

Baby Fit is a program for parents and young children in an open gym atmosphere. Parents and children interact and exercise together.

ADULT PROGRAMS

Adult programs include self defense, workshops highlighting healing techniques, adult acting workshops, etc.

The Norwalk Parks and Recreation Department works in collaboration with the Department of Health to sponsor programs such as Become a Norwalker (a program to encourage exercise, and provides walking route maps); Get Moving (assistance with starting a new physical activity or getting back to exercise); and Kick It Up A Notch (learning about cross training, body balance and changing your routine).

Norwalk offers a wide variety of cultural activities for its residents. Attendance at some of the events include the following:

ATTENDANCE AT MAJOR CULTURAL EVENTS

	<u>2002</u>	<u>2001</u>
Oyster Festival	70,000-80,000	70,000-80,000
SoNo Celebration	60,000 approximate	60,000 approximate
Stepping Stones Museum	169,211	167,352
Norwalk Symphony	3,500	Not available
Maritime Aquarium	537,580	486,220

Lockwood-Mathews Mansion Museum, the Norwalk Youth Symphony, the Crystal Theater etc. offer a variety of cultural activities for all ages. In addition, the faith community and community centers offer programs and events that encourage community involvement.

ACKNOWLEDGEMENTS

This community indicators project was an effort of many organizations and individuals from Norwalk. This project could not have been completed without their contributions. The Human Services Council would like to thank the following members who serve on the community indicators initiative and give so much of their time and effort.

Many thanks to the following for their contributions to the community indicators project:

Committees:

Basic Material Needs

Civic Engagement

Education

Demographics

Public Safety

Recreation and Culture

Health and Healthy Lifestyles

Income and Economy

Family Well-Being

Adamo, Ernest – Department of Revenue Services

Andersen, Elaine – Human Services Council

Anderson, Chip – NEON, Inc.

Ayala-Perez, Wanda – NEON

Bain, Betsy – Norwalk School Readiness Council

Bard, Laura – Domestic Violence Crisis Center

Bruen, Judy – Human Services Council

Callahan, Tim – Norwalk Health Department

Cervi, Linda – Norwalk Public Schools

Collins, Rhonda – Norwalk Health Department

Connor, Vin – Save the Sound

Corda, Dr. Salvatore – Norwalk Public Schools

Epstein, Laura – Senior Services Coordinating Council, Inc.

Frank, Carol – Norwalk Redevelopment Agency

Frederick-Hawley, Lynn – Southwest Regional Mental Health Board

Galletly, Jan – Literacy Volunteers of Southeastern Fairfield County

Gibbons, Karen – Junior League of Stamford/Norwalk

Gibson-Mohamed, Beverly – Norwalk Health Department

Gisolfi, Carla – Human Services Council

Greenbaum, Stuart – Child Guidance Center of Mid-Fairfield County

Greenwood, Debbie – Norwalk YMCA

Hamilton, John - LMG Programs, Inc.

Hand, Christine – Sexual Assault Crisis and Education Center

Jacarusso, Jonathan – Department of Children and Families

Jachino, Chris – Family & Children’s Agency/Community Connections
Jalbert, Bob – Norwalk Community College
Johnson, Rich – United Way of Norwalk and Wilton
King, Bob – STRIVE/Career Resources
Kraut, Florence – Family & Children’s Agency
Kubelle, Dina – NEON, Inc.
Lindstrom, Laurel – Norwalk League of Women Voters
Lopez, Eileen – Infoline
Mackey, Anita – Communities in Schools of Norwalk
Mais, Andrew – Human Services Council
Marshall, Susan – Volunteer
Mayer, Candace – Norwalk Housing Authority
McAteer, Melissa – Stepping Stones Museum for Children
McAuliffe, Patrick – CT Renaissance, Inc.
Mocciae, Mike – Department of Parks and Recreation
Musante, Ed – Norwalk Chamber of Commerce
Napier, Diana – Human Services Council Board of Directors
Paul, Judy – Stepping Stones Museum for Children
Peniston, Mary – Norwalk Public Schools
Piacentini, Carmella – Human Services Council Board of Directors
Randall, Lt. Peter – Norwalk Police Department
Rivas, Judith – Norwalk Public Library
Rhodes, Maura - Family & Children’s Agency
Rosen, Michelle – Human Services Council
Sarantos, Nan – Human Services Council
Schilling, Victoria – Norwalk Healthy Families Collaborative
Schlegel, Donna – Maritime Aquarium
Schuessler, Karen – Human Services Council
Schulman, Lou – Norwalk Transit District
Scott, Daryl – South Western Regional Planning Agency
Shields, Linda – Norwalk Fire Department
Shoop, Craig – Norwalk Health Department
Sweitzer, Susan – Norwalk Redevelopment Agency
Valaitis, Wayne – Literacy Volunteers of Southeastern Fairfield County
Verda, Chief James – Norwalk Fire Department
Washington, Anna – Norwalk Community Health Center, Inc.
Weisser, Marilyn – Norwalk Hospital
Wilson, Dori – Norwalk Planning and Zoning

