Saint Mary's Hospital
Trinity Health

Community Health Needs Assessment

SEPTEMBER 2022

Greater Waterbury HEALTH PARTNERSHIP
Creating Healthy Communities Together

Community Health Needs Assessment

Final Summary Report-Greater Waterbury

Sponsored by:

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CHESPROCOTT HEALTH DISTRICT

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Introduction

About this Report

The Greater Waterbury Health Partnership (GWHP) has collaborated with clinical and community partners on a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in and around Waterbury, Connecticut beginning in 2021. The purpose of the assessment is to gather information about local health needs and health behaviors. The assessment examines a variety of indicators including risky health behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease). This current CHNA process enables the Greater Waterbury Health Partnership to examine community health feedback and data comparatively over two cycles, 2018 and 2022. The findings from the assessment are deployed by the partnership to prioritize public health issues and develop a unified community health implementation plan focused on meeting community needs.

GWHP is comprised of the following partner organizations:

Center for Human Development
Chesprocott Health District
City of Waterbury – Department of Public Health
Connecticut Community Foundation
Malta House of Care
New Opportunities, Inc.
Saint Mary's Hospital
StayWell Health Center, Inc.
United Way of Greater Waterbury
Waterbury Bridge to Success
Waterbury Hospital
Western CT Mental Health Network

…*and other community individuals and members at large*; full list appears in Appendix B

These partners work together with GWHP staff to determine the data collection methodology for this assessment and provide the funding to support it as well as internal review and voting approval on health priorities established by GWHP staff, partner contributors and research conducted through a Community Engagement process.

GWHP's Mission

The Greater Waterbury Health Partnership is a non-profit organization that aims to provide access to quality, culturally sensitive, and evidence-based health information to Greater Waterbury residents and organizations, and to coordinate local healthcare services to improve overall community health. Our mission is based on community collaboration as a critical element to meet the needs of our diverse communities and is supported by data. The overall goal of the Partnership is to create a more equitable health landscape in Greater Waterbury by addressing the root causes of health disparities and social determinants of health.

The forthcoming Greater Waterbury Community Wellbeing Profile, to be released in 2023, is a consumer-level report about the Greater Waterbury region and the towns within it. The Community Wellbeing Profile is produced by Greater Waterbury Health Partnership and other regional partners serving the Greater Waterbury area. The Community Wellbeing Profile serves as a resource for Greater Waterbury and the towns within it. Topics covered in

the Profile include: overall community well-being, demographic changes, housing, transportation, early childhood education, K-12 education, economic opportunity, leading public health indicators (such as premature mortality, chronic disease prevalence, health behaviors, health care access, and the social determinants of health), and civic life.

This Final Summary report provides additional local detail of relevance to the region, including data points on the individual towns within it that in some cases could not fit within the Community Wellbeing Profile publication, which is intended for a wide public audience. It also documents the process that GWHP and clinical partners used to conduct the regional health assessment and health improvement activities. You may find this full Summary Report posted on the DataHaven, Greater Waterbury Health Partnership, Saint Mary's Hospital, Waterbury Hospital or any of the town health department websites.

This Community Health Needs Assessment was approved by the authorized body of Trinity Health Of New England on September 26, 2022.

Introduction & Purpose

Understanding the current health status of the community is important in order to identify priorities for future planning and funding, the existing strengths and assets on which to build, and areas for further collaboration and coordination across organizations, institutions, and community groups.

To this end, Greater Waterbury Health Partnership, as fully set forth in Appendix B– is leading a comprehensive regional Community Health Needs Assessment (CHNA) effort. This effort is comprised of two main elements:

- Assessment – identifies the health-related needs in the Greater Waterbury region using primary and secondary data.
- Implementation Plan– determines and prioritizes the significant health needs of the community identified through this CHNA, describes overarching goals, and evaluates and proposes specific strategies being undertaken or to be accomplished across the service area. This ongoing process is known as the Community Health Improvement Plan (CHIP).

This report details the findings of the CHNA conducted from early 2019 through mid-2021; with secondary data used when appropriate from earlier timeframes. During this process, the following goals were achieved:

- examined the current health status of the region and its neighborhoods, and compared rates to statewide indicators and goals using data;
- explored current health priorities among residents and key stakeholders through community engagement; and
- identified community strengths, resources, and gaps in order to assist clinical and community partners in establishing implementation strategies, programming, and health priorities.

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

Social Determinants of Health- Informing the Process

Figure 1: Core Determinants of Health
(Source: Colleaga, 2022)

The wheel to the left demonstrates the many factors that contribute to a person's health and wellbeing. These Core Determinants of Health have a significant impact on health outcomes and inequity within these determinants, causes health disparities.

Figure 2: Root Issues and Health Outcomes
(Source: Massachusetts Health Policy Commission, 2022)

The graphic to the right demonstrates the factors that affect health outcomes, including the root causes of social inequities. Root causes of inequitable opportunity include; racism, homophobia, sexism, ableism, transphobia and xenophobia.

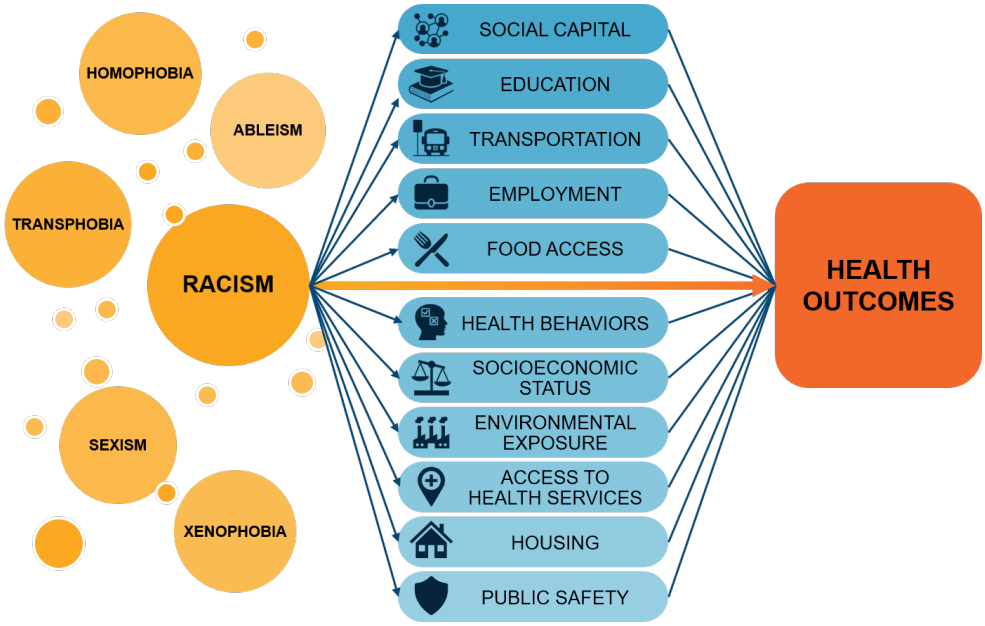


Figure 3: Six Step Community Health Assessment Process
(Source: Association for Community Health Improvement)

The Greater Waterbury Health Partnership adopted the Association of Community Health Improvement's (ACHI) Community Health Assessment Framework to guide the CHNA and to ensure that it meets the needs of the hospitals' Internal Revenue Service requirements and those of the local health departments pursuing voluntary accreditation through the Public Health Accreditation Board.

We conduct this Community Health Needs Assessment to meet several overarching goals:

- To examine the current health status of the region
- To explore current health priorities – as well as emerging health concerns – among residents within the social context of their communities; and
- To meet the legal requirement of Saint Mary's Hospital (see Appendix F) and Waterbury Hospital to conduct a community health needs assessment at least once every three (3) years and to adopt a written implementation strategy to meet the community health needs identified through the community health needs assessment; and
- To meet voluntary health department Public Health Accreditation Board requirements.

Systemic Racism- The Underlying Social Determinant of Health

It is evident through previous cycles of the Community Health Needs Assessment data that the leading root cause of health disparities and social inequities in Waterbury/Greater Waterbury are linked to systemic racism. The Partnership is committed to engaging in antiracism work within our organization, Board, advisory committees, workgroups and projects to ensure that the work of the Partnership is culturally competent and is addressing the true causes of inequities within our community. To that end, we must consider the following when interpreting this report:

The National Centers for Disease Control (CDC) reflects on Systemic Racism by announcing that Racism is a serious threat to the public's health; and contextualizes this through the definitions that follow:

"Racism is a system —consisting of structures, policies, practices, and norms—that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society" (Centers for Disease Control and Prevention, 2021).

"Racism—both interpersonal and structural —negatively affects the mental and physical health of millions of people, preventing them from attaining their highest level of health, and consequently, affecting the health of our nation" (Centers for Disease Control and Prevention, 2021).

"A growing body of research shows that centuries of racism in this country has had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment. These conditions—often referred to as social determinants of health—are key drivers of health inequities within communities of color, placing those within these populations at greater risk for poor health outcomes.

The data show that racial and ethnic minority groups, throughout the United States, experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts. Additionally, the life expectancy of non-Hispanic/Black Americans is four years lower than that of White Americans. The COVID-19 pandemic, and its disproportionate impact among racial and ethnic minority populations is another stark example of these enduring health disparities.

Racism also deprives our nation and the scientific and medical community of the full breadth of talent, expertise and perspectives to best address racial and ethnic health disparities.

To build a healthier America for all, we must confront the systems and policies that have resulted in the generational injustice that has given rise to racial and ethnic health inequities" (Centers for Disease Control and Prevention, 2021).

The last 3 years have demonstrated to GWHP and partners that Racism exists in many layers in public health and healthcare systems in Waterbury and Greater Waterbury. Even before the Covid-19 Pandemic, the CHNA reflected serious health disparities by race in this diverse community. These disparities have perpetuated to a degree of critical concern since 2019 and represent a call to action for our health systems and community leaders. This call to action must go beyond declaring Racism as a Public Health Crisis, it must begin with plans for improvement, lead to intervention and be evident in outcomes. This Community Health Needs Assessment will analyze and reflect upon the trends of disparity demonstrated through this data, they are fact and an undisputable reminder that there is significant work to be done to dismantle the biased systems that have marginalized people of color through inequitable practices in our community and health systems.

Finally, healthy communities driven by data lead to lower health care costs and robust community partnerships that reinvest in community health initiatives and an overall enhanced quality of life. This Community Health Needs Assessment serves as a compilation of the findings of each health indicator. It is a roadmap from which A Community Health Improvement Plan will be developed in cooperation with many community stakeholders. This document is a companion to the forthcoming 2023 -2026 Community Well-Being Profile, which is a consumer-level publication of this more detailed report.

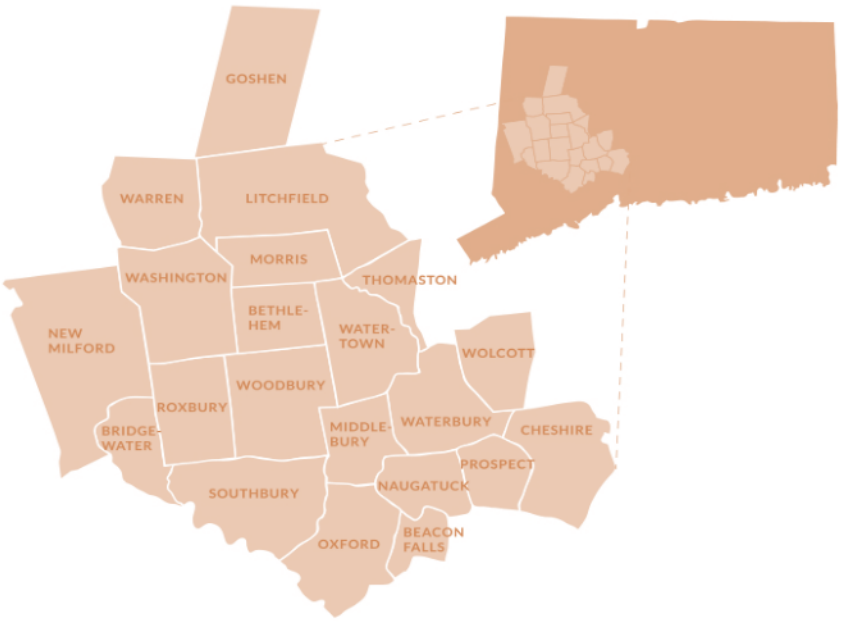
Community Served

Geographic Scope

To define community for CHNA purposes, this Community Health Needs Assessment uses a geographic approach focusing on Greater Waterbury. These communities are served by Saint Mary's Hospital and Waterbury Hospital and do not overlap with CHNA areas identified by other acute care hospitals and/or collaborations within New Haven County. The needs assessment refers to three primary geographic areas: (1) Waterbury/urban core; (2) the inner ring, which includes towns contiguous to Waterbury (Naugatuck, Prospect, Cheshire, Wolcott, Middlebury, Watertown, Thomaston); and (3) the outer ring, which includes all remaining towns in the region (Beacon Falls, Oxford, Southbury, Woodbury, Bethlehem, Morris, Litchfield, Goshen, Warren, Washington, Roxbury, Bridgewater, New Milford).

Figure 4: Map of Greater Waterbury

(Source: U.S. Census, 2020)



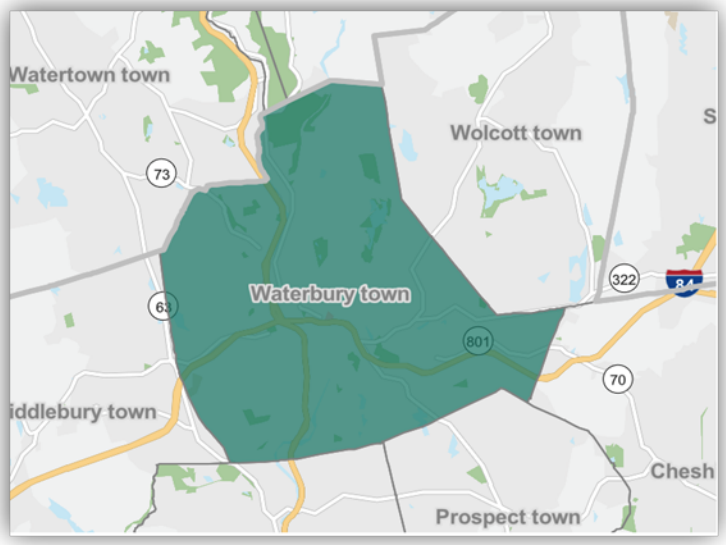
Greater Waterbury is made up ofthe following towns (with 2020 populations):
Beacon Falls (6,000)
Bethlehem (3,385)
Bridgewater (1,662)
Cheshire (28,733)
Goshen (3,150)
Litchfield (8,192)
Middlebury (7,574)
Morris (2,256)
Naugatuck (31,519)
New Milford (28,115)
Oxford (12,706)
Prospect (9,401)
Roxbury (2,260)
Southbury (19,879)
Thomaston (7,442)
Warren (1,351)
Washington (3,646)
Waterbury (114,403)
Watertown (22,105)
Wolcott (16,142)
Woodbury (9,723)

Upon defining the geographic area and population, we were diligent to ensure that no groups, especially underrepresented groups, low-income or medically under-served, were excluded from the assessment process or data collection. The area encompasses western Connecticut and is relatively large with a population of approximately 313,000 residents. The geographic area was defined by primary service area (PSA) and secondary service area (SSA). The PSA is the area that the partnership predominantly serves and the hospitals' main catchment area. It comprises all of Waterbury and has a population of approximately 110,000 residents. The SSA includes

portions of the surrounding communities served by the two hospitals and has a population of approximately 203,000 residents. The conclusions drawn from the various research components focus on the primary service area.

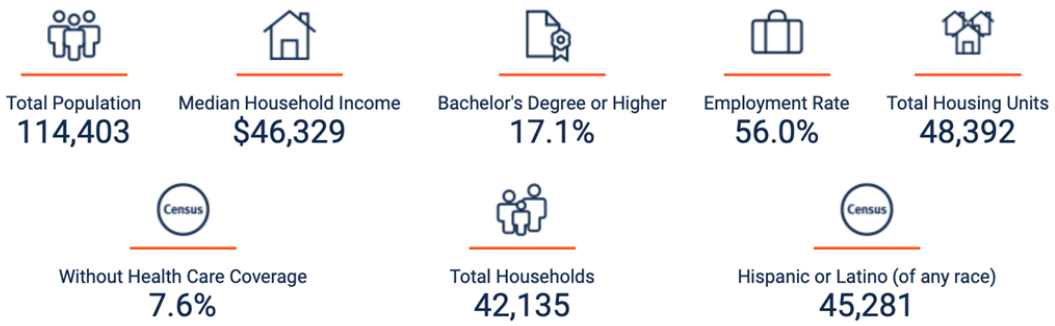
Snapshot of Waterbury

Figure 5: Snapshot of Waterbury, CT



(Source: US Census, 2020)

Figure 6: Snapshot of Health Indicators, Waterbury, CT



(Source: US Census, 2020)

Executive Summary

Data Collection Methods Used in the CHNA

Quantitative and qualitative data is collected and reviewed throughout the CHNA process. Secondary data sources included, but were not limited to, the U.S. Census, U.S. Bureau of Labor Statistics, Centers for Disease Control and Prevention, State of Connecticut Department of Public Health, Connecticut Health Information Management Exchange (CHIME), as well as local organizations and agencies. Types of data included vital statistics based on birth and death records**. Between June and December, 2021, DataHaven and the Siena College Research Institute conducted 9,139 interviews of randomly-selected adults in every Connecticut town for its Community Wellbeing Survey. The wellbeing survey included live, in-depth interviews with 1,078 residents in the region via cellular and landline phone; 352 of which were from Waterbury.** The survey was conducted through live cell phone and landline interviews in English and Spanish, with oversampling of randomly-selected households living in harder-to-reach areas such as zip codes with a high proportion of renter households. Adults age 18 and over were eligible to participate. The survey captures trends in well-being and quality of life at the zip code level, as well as by age, sex, race/ethnicity, disability, political party affiliation, and other factors that have influenced life in the state. The 2021 survey was the fifth such effort over the past decade by DataHaven, a non-profit organization based in New Haven.

As with other scientific surveys, all of DataHaven's survey results are based on weighting the individual interview records by age, gender, reported race/ethnicity, geography, and telephone ownership to be statistically representative of the entire adult population.

Weighted estimates for all questions are provided in survey crosstabs, which are available at www.ctdatahaven.org/wellbeingsurvey.

Throughout this report, "Waterbury" data is included in total data reported for "Greater Waterbury" report areas.

About DataHaven Phone Survey Methodology Respondents were contacted via landline or cell phone. To ensure the selection of both listed and unlisted telephone numbers, the design of the sample incorporated random digit dialing (RDD). The cell phone sample was drawn from a sample of dedicated wireless telephone exchanges from within Connecticut. Approximately 1/3 of residents completed the survey on a cell phone. In addition to the traditional RDD samples for landline and cell, Data Haven augmented the sample using a stratified sampling technique. These stratified samples maintained RDD for both landline and cell but used information from the U.S. Census so as to enhance the composition of the sample, including targeted regions, urban centers, and high concentrations of minority populations. The primary supplier of the RDD landline and cell phone samples was Survey Sampling International (SSI) of Shelton, Connecticut. Additionally, for the cell phone sample Data Haven utilized SSI's Wireless LITe database which uses billing address to enable the targeting of cell phone sample by region or zip code. This database also permitted the inclusion of non-Connecticut telephone numbers as someone may have moved and their billing address is in the area but their cell phone number is not a 'typical' Connecticut telephone number (i.e., not a 203, 860 area code). All of these respondents were screened by live interviewers to confirm their residence in a qualifying town and zip code before interviews continued.

Language Used in this Report:

For the purposes of inclusion and clarity, racial and ethnic groups in this report will be referred to as Black, Latino and White. In areas where more specific ethnicity data was available, the appropriate ethnicity is stipulated. For consistency, although charts may stipulate "Hispanic" or "Latino" this report will utilize the term "Latino" in all narrative interchangeably with Hispanic or LatinX. Similarly, for language in charts or tables that may stipulate "African American" this report will utilize "Black" interchangeably. This terminology is not to generalize or de-

specify certain ethnic groups, it is deployed for overall consistency in reporting where charts and table terminology cannot be changed without disrupting the integrity of original sources. Overall data limitations do not consistently allow for specific ethnic groups to be measured or segmented in this report. This report utilizes the APA General Principles for Racial and Ethnic Identity to insure that the language used is non-bias.

Reported Margins of Error

For the overall sample of 9,139 Connecticut adults, weighted estimates from the survey carry a maximum margin of error of plus or minus 1.4 percent with a 95 percent confidence interval, including the design effects resulting from weighting. For Greater Waterbury, 1,078 adults were interviewed, and weighted estimates carry a maximum margin of error of 3.4 percent. For the City of Waterbury, 352 adults were interviewed, and weighted estimates carry a maximum margin of error of 5.9 percent. The maximum margin of error applies when an observed percentage is 50 percent (e.g., where 50 percent respond "Yes," 50 percent respond "No"). The margin of error becomes significantly smaller as the percentage approaches the extremes of 0 percent or 100 percent. Since margins of error are higher for small population groups than they are for the total adult population, the differences in estimates between demographic groups that are shown in the crosstabs are not automatically considered statistically significant, though are typically considered meaningful upon review of available data including observed differences among the corresponding groups at the statewide level.

Local Health District and Planning

The Waterbury Health Department and Chesprocott Health District are both members of the GWHP Steering Committee and are involved in the planning and feedback of this process along the way, beginning with a meeting we held on April 29th, 2022 to review early findings and one in April of 2021 to plan for the data collection and funding. General best practices for local health districts are to support the CHNA process through funding and participation.

Collaborative Partners & Contributors

Community Wellbeing Survey:
Angie Matthis, Executive Director, GWHP
Caitlin Collins, Assistant Director of Programs & Development, GWHP
CiCi Iworisha, Data Base Administrator/Marketing, GWHP
Data Haven-Community Well-Being Survey
Mohd Dar, MPH, Yale University Practicum Student/GWHP
Rebecca Zadlo, Data Analyst, GWHP
The Hispanic Coalition
Waterbury Bridge to Success
Vanessa Blas, MPH, Yale University/ Waterbury BTS

GWHP Steering Committee Member Organizations:
Center for Human Development
City of Waterbury Department of Public Health
Connecticut Community Foundation
New Opportunities, Inc.
Malta House of Care
Saint Mary's Hospital/Trinity Health Of New England
StayWell Health Center, Inc. United Way of Greater Waterbury
Waterbury Bridge to Success
Waterbury Hospital

Community Engagement

Summer 2022 Focus Groups sponsored by:

Trinity Health Of New England: Transforming Communities Initiative

Focus Groups Hosted & Organized by:
Hispanic Coalition
Waterbury Bridge to Success
Focus Group content, survey oversight and data collection provided by: Greater Waterbury Health Partnership

Focus Groups were held:

Date	Location	Time	Facilitator
26-Jul-2022	RIBA Aspira Center, 233 Mill Street 3rd Floor	6pm-8pm	Victor Lopez, Director, Hispanic Coalition
3-Aug-2022	La Casa Bienvenida, 135 East Liberty Street	9am-11am	Lenytza Rodriguez
17-Aug-2022	Fulton Park: 438 Cooke St, Waterbury, CT 06706	12pm-3pm	Vanessa Blas
17-Aug-2022	Smirna Misionera A/G 30 Central Ave Waterbury, CT 06702	6:30pm-8:30pm	Pastor Angel Castellano

Beginning in May of 2022, GWHP and Focus Group Partners Waterbury Bridge to Success, Hispanic Coalition and Trinity Health Of New England began planning for a focus group approach that would engage residents of the South End and North End of Waterbury. Both of these neighborhoods experience the most disparity by race overall.

Methods Used:

GWHP provided a broad overview of community and social health concerns from the DataHaven Community Well Being Survey. Facilitators at host sites delivered the discussion points in Spanish and English, as appropriate, and asked participants to record responses on surveys both in online and paper formats. All responses, attendance, facilitators and supporting information was recorded and submitted to GWHP for full analysis and reporting. Some sessions offered the opportunity for participants to be mailed a gift card thanking them for their participation.

Participants were asked to consider the following health issues and their experiences with them:

- Chronic Disease: Asthma, Hypertension, Obesity, etc.
- Opportunities for safe recreation and condition of parks
- Linguistically Appropriate Health Care
- Access to Care
- Mental Health
- Substance Abuse
- Maternal Health

- Transportation
- Respect from Medical Community

High-level themes in responses include: (quotes are verbatim)

Re: Availability of Recreational activity; quality of events hosted by the City of Waterbury:
"There are soda machines and junk food at the events, how is that healthy?"
Re: Causes of Asthma:
"Hispanics live in those old structures, they're construction workers, they live in the cheapest apartments that have lead."
Re: Security of Parks:
"Hispanics are immigrants, most live in areas that are dangerous and have no opportunities to move up."
"Police need to do their jobs."
Re: Causes for Hypertension:
"We need to change the culture around food."
Re: Access to Health Care
"Medical insurance is so expensive."
Re: Maternal Health Disparities are high in Waterbury because
…"especially if you are undocumented…"

A full Focus Group Engagement Report from this segment can be found in Appendix A at the end of this report.

In-Depth Interviews Sponsored by Greater Waterbury Health Partnership through:
DataHaven, Open-Ended and In-Depth interviews of 2022 Waterbury Community Well Being Survey Participants.
DataHaven conducted thematic summary of interviews with City of Waterbury residents who participated in the 2021 DataHaven Community Wellbeing Survey, and were re-contacted by DataHaven in the first half of 2022 to participate in a semi-structured conversation about life in the City of Waterbury. Adults choosing to participate in these conversations were awarded a $40 gift card to thank them for their time. **The full DataHaven In-Depth Interview Report is included in Appendix D at the end of this report; these are excerpts only.**

There were five prompting Questions for participants:

Prompt 1: Connections to the community
Interviewees shared mixed responses about how connected they felt to the Waterbury community but tended to feel somewhat or very connected. People who felt more connected tended to grow up in Waterbury, have family in the area, own a small business, and know community leaders. People who felt less connected had family and friends in other places or experienced a lack of agency in the community (e.g., disability, unresponsive local government). (DataHaven, 2022)

Prompt 2: What should change about Waterbury?
One of the biggest changes people wanted to see was crime reduction and increased safety. Since many people's perception was that crimes were being committed by youths, they also proposed that increasing activities and social services for youths could help stem crime and gang involvement in the city ("You can find yourself getting into trouble when you've got nothing to do" *Waterbury man, Hispanic, age 27*). Some people also advocated for more present and caring police to ward off crime and traffic violations ("Just their presence would go a long way to helping out" *Waterbury woman, white, age 63*). However, there was some pessimism

about whether the government was actually invested in enacting change. Many interviewees reported their disillusionment with local government's responsiveness on prior matters, despite residents' pleas to improve their neighborhoods. (DataHaven, 2022)

Prompt 3: Staying healthy in Waterbury

Interviewees' thoughts on health care access in Waterbury seemed to vary based on their insurance coverage. People with (comprehensive) insurance said health care was very easy to access. Many people cited the two nearby hospitals as an advantage, sometimes as a replacement for primary care when appointments were limited. However, people without insurance or with limited coverage had much less faith in health care access in the area. Veterans who used health care from Veterans Affairs (VA) spoke very highly of the quality of and access to care. (DataHaven, 2022)

Prompt 4: Serving the young and the old

Outlooks on children's health were mixed and varied by neighborhood. But people recognized that the school system overall was underfunded and had a shortage of resources to serve all students. There was also a lot of variation in what the schools offered and how healthy children's lives were based on the neighborhood. While many of the people interviewed were unable to comment on this first hand, their general impression was that it is a healthy place for people as they are aging because of senior centers and programming for older adults. People remarked that they had seen groups of older adults gathering at community centers and restaurants. Some older interviewees reported taking advantage of programs such as Meals on Wheels or transportation for medical appointments and prescription delivery. (DataHaven, 2022)

Prompt 5: Isolation and pandemic changes

Nearly everyone had been affected by the pandemic in some way: shifting to working from home, losing their job, relying on savings to pay bills, homeschooling children, getting COVID-19 themselves, or facing a death in the family. Many people received stimulus payments, unemployment, or child tax credits that helped mitigate financial strain. Some people are still dealing with lasting effects of contracting COVIID-19 or are still out of work (not by choice). (DataHaven, 2022)

Direct Quotes from Interviews:

- "It depends on what neighborhood you live in. If you have the wrong element in your neighborhood, then the older you get, the more you're considered prey" *Waterbury man, Hispanic, age 46*
- "My children grew up here and I think when they grew up and graduated, it was a much better place than it is now. If I had to raise a child here now, I would choose not to." *Waterbury woman, white, age 47*
- "When I was on HUSKY, it was very hard… I definitely felt second class" *Waterbury woman, white, age 47*
- "Physically it's pretty easy. Financially, it's another story. Our health insurance costs are insane" *Waterbury woman, white, age 53*
- "There's a fear of things they don't understand, or a fear of things that are new and different. I would love to see it become more inclusive place" *Waterbury woman, white, age 53*
- "It doesn't feel like there's a cohesive downtown…It doesn't feel like a place you want to go" *Waterbury woman, white, age 53*

Summary of Previous CHNA

The 2019-2022 CHNA process resulted in the establishment of the following Health Priorities:

Access to Care

- Preventative/Primary/Prenatal care
- Language

- Transportation
- Readmissions
- Substance Abuse/Mental Health

Health Influencers
- Access to food
- Housing
- Health Education/Outreach

Health Risk Factors
- Obesity/Diabetes
- Hypertension/Heart Disease
- Asthma
- Infant Mortality

Executive Summary II: Key Findings of the CHNA

2023-2026 Health Priorities

The following section provides a brief overview of the key findings from the Community Health Needs Assessment for the region. This includes findings as they relate to the top health priorities that were selected for additional community health improvement planning at a regional level. Each priority lists a subset of focus areas that are representative of issues most effecting the community of Greater Waterbury. **These priority areas were established through a combination of community input and partner review of data and have been carefully examined to insure inclusiveness of issues that contribute to health disparities in the community. Data in this report reflects a direct correlation to main priorities and focus area subsets.**

Access to Care
- Readmissions
- Language
- Care Coordination

Outreach & Community Trust
- Health Education
- Culturally Competent Care
- Maternal Health

Systems Change
- Substance Abuse
- Mental Health
- Chronic Disease Prevention

Health Priority Rankings-Community Input (Appendix A.)

1. (tied) Outreach & Community Trust/Access to Care:
Culturally Responsive Health Care
2. Systems Change:
Chronic Disease Prevention
3. Systems Change:

Mental Health
4. Outreach & Community Trust
Maternal Health
5. Systems Change:
Substance Abuse

Trends Identified in Local Health Outcomes

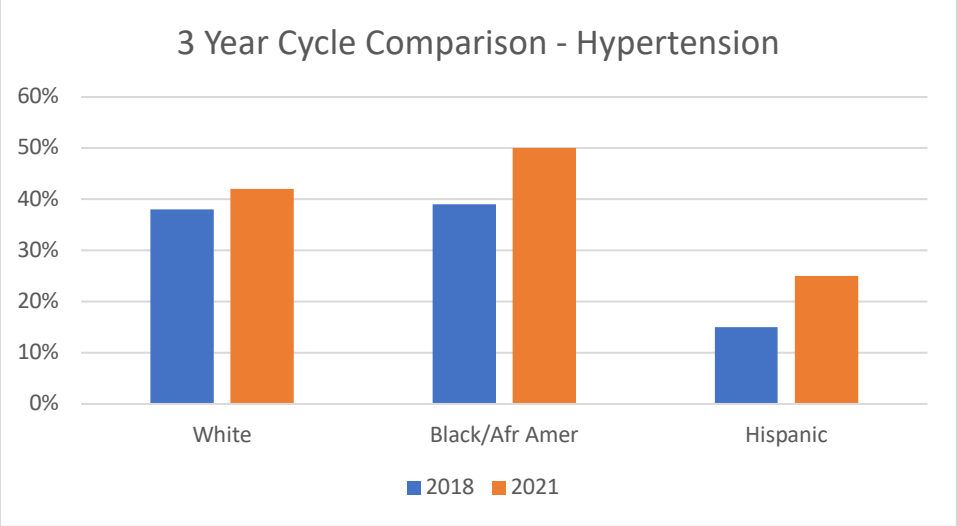
CHNA 3- Year Cycle Comparison-a GWHP Analysis

Using the results from questions asked in the last two cycles of the DataHaven Community Wellbeing Survey: 2018; 2021 GWHP conducted an analysis comparing health disparity on several key indicators across 3 years. The analysis demonstrates an increase of health disparity by race in the following indicators below:

Hypertension:

Over the last three years the disparity of this indicator has risen significantly for Black individuals. With 50% of t Black individuals reporting being diagnosed with Hypertension while 42% of White and 25% of Hispanic individuals reported having hypertension demonstrates an increase in disparity from 2018 to 2021.

Figure 7: Three Year Comparison by Race/Ethnicity – Hypertension

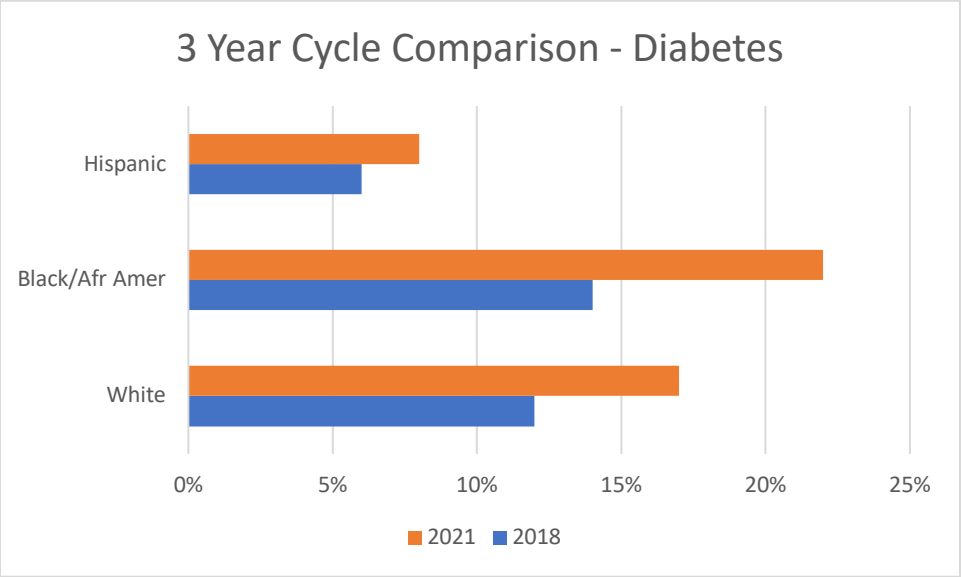


(Source: DataHaven 2018, 2021; Greater Waterbury Health Partnership Analysis, 2022)

Diabetes

Over three years, more individuals report having Diabetes in 2021 when compared to 2018 with Black community members responding “Yes” to the DataHaven Community Well-Being Survey question at the highest rate.

Figure 8: Three Year Comparison by Race/Ethnicity - Diabetes

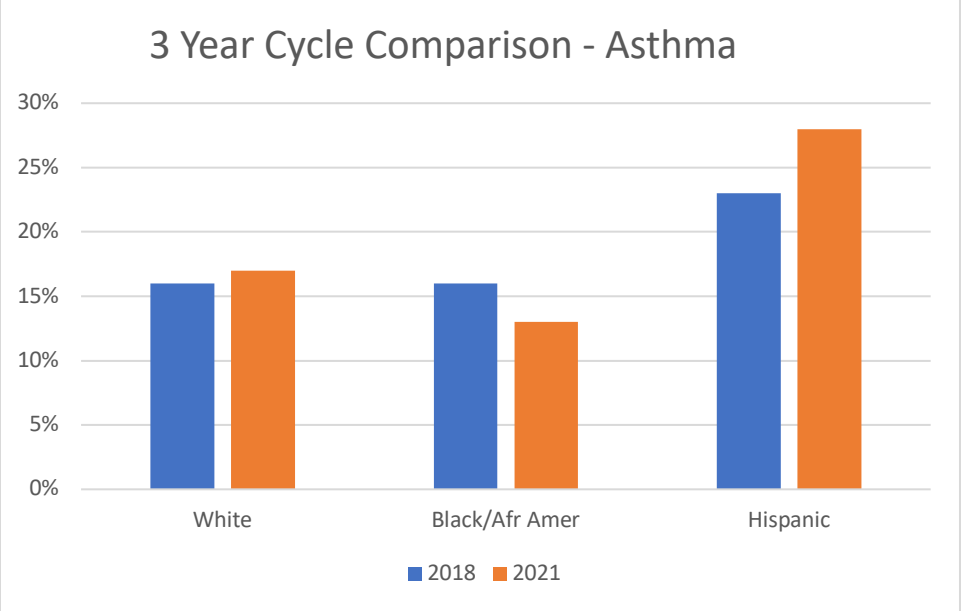


(Source: DataHaven 2018, 2021; Greater Waterbury Health Partnership Analysis, 2022)

Asthma

Over three years, the diagnosis of Asthma has increased amongst both Latino and White individuals while Black individuals demonstrate a decrease in reporting Asthma.

Figure 9: Three Year Comparison by Race/Ethnicity - Asthma

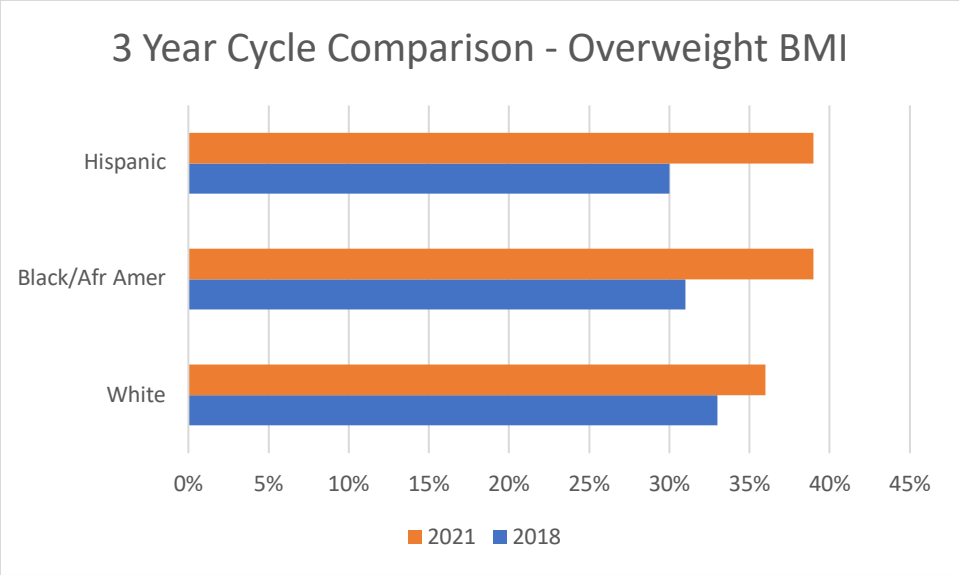


(Source: DataHaven 2018, 2021; Greater Waterbury Health Partnership Analysis, 2022)

Overweight/BMI

Over three years, all racial and ethnic groups surveyed reported an increase in their BMI (Body Mass Index) from 2018 to 2021.

Figure 10: Three Year Comparison by Race/Ethnicity – Overweight BMI

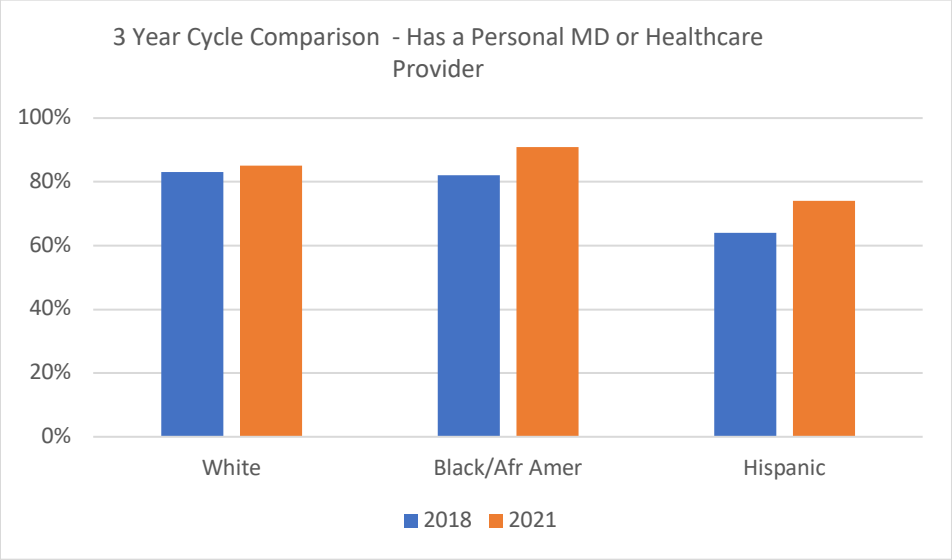


(Source: DataHaven 2018, 2021; Greater Waterbury Health Partnership Analysis, 2022)

Medical Home

While all major health indicators are showing an increase in occurrences when comparing the 2018 and2021 Community Wellbeing surveys, the responses below show an increase in reporting a place that respondents consider a personal medical provider in 2021.

Figure 11: Three Year Comparison by Race/Ethnicity – Medical Home



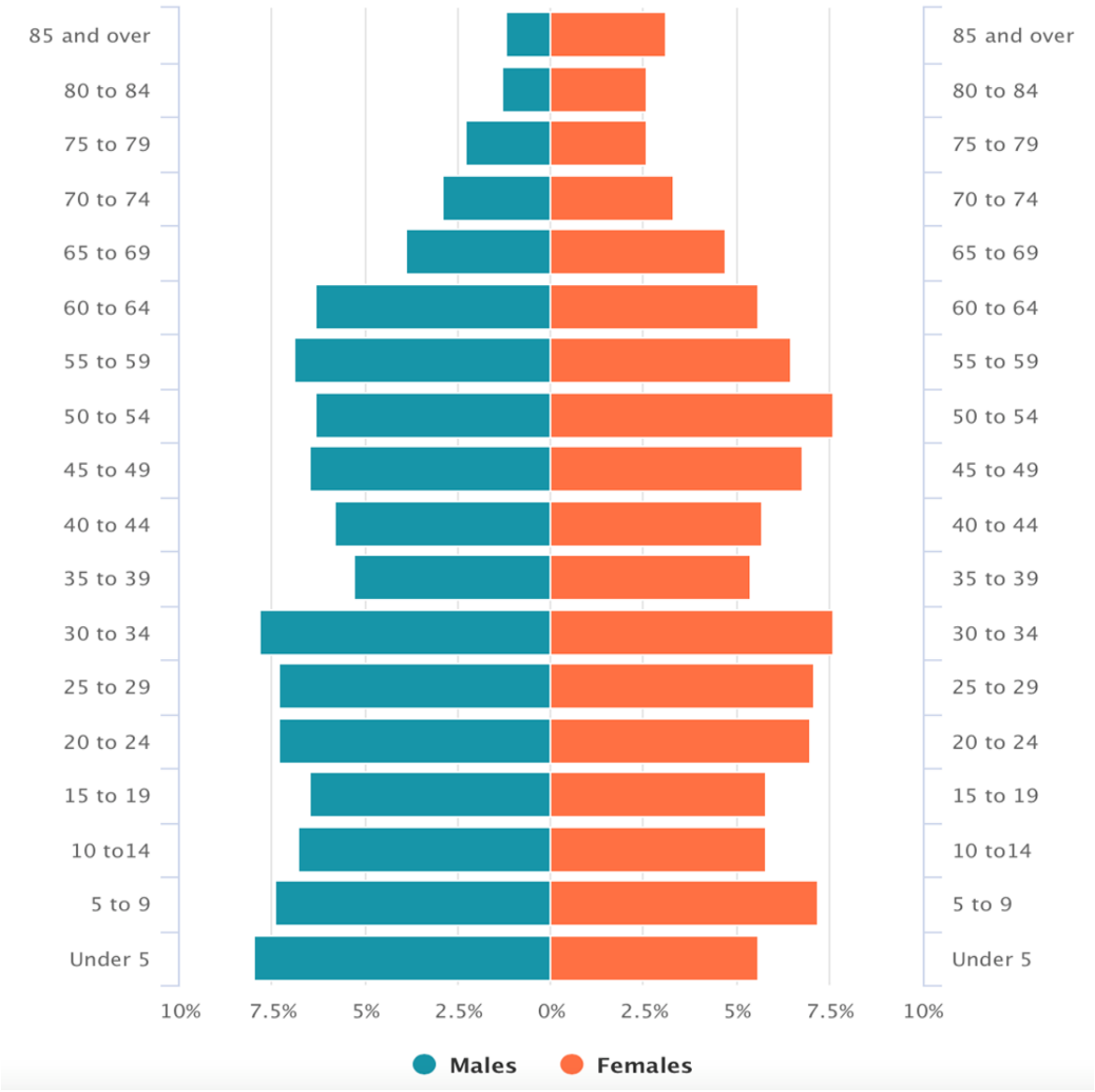
(Source: DataHaven 2018, 2021; Greater Waterbury Health Partnership Analysis, 2022)

Demographics & Social Indicators

As of 2020, the population of Waterbury is 114,403 (3.7% increase since 2010), including 28,347 children and 86,056 adults. **Sixty-seven percent of Waterbury's residents are people of color, compared to 37% of the residents statewide.** The median age was 36.4 years. An estimated 24.0 percent of the population was under 18 years, 35.5% was 18 to 44 years, 26.3% was 45 to 64 years, and 14.1% was 65 years and older.

Age and Sex

Figure 12: Population by Age and Sex for Waterbury, CT in 2016-2020



(Source: US Census, 2020)

Race and Ethnicity

Table 1: Population by Race/Ethnicity, 2020

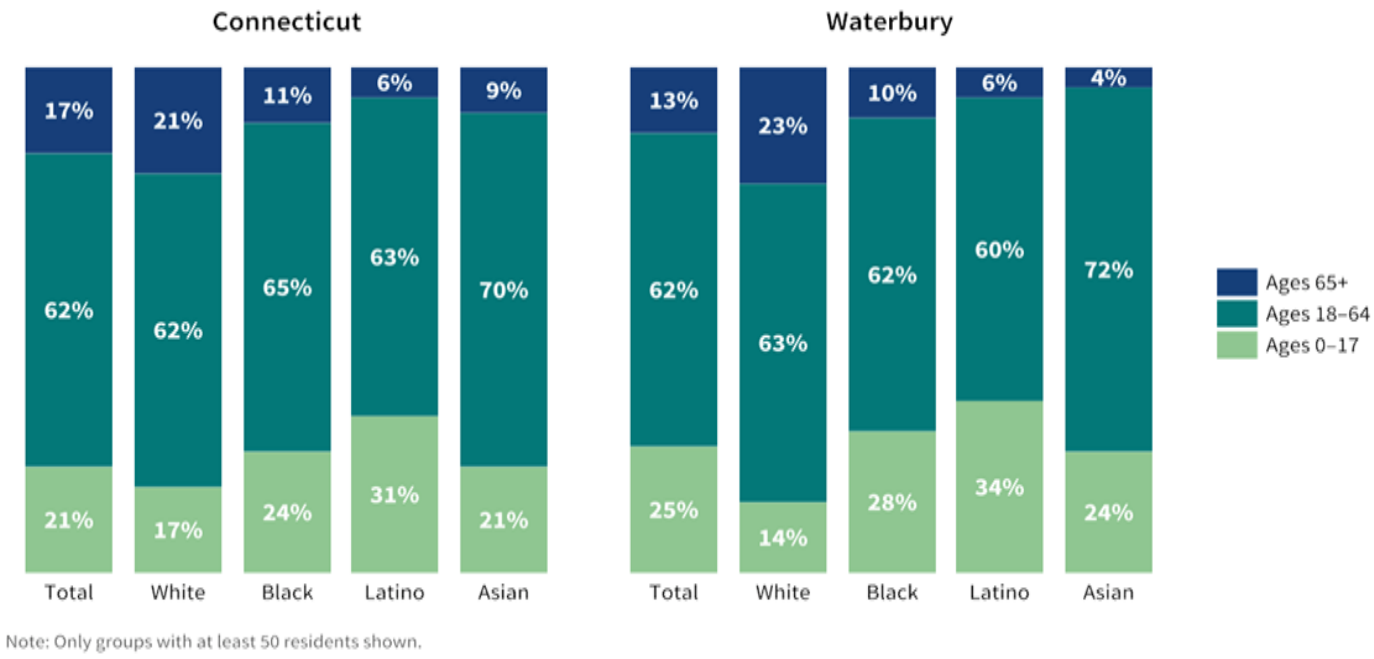
	White		Black		Latino		Asian		Native American		Other race/ethnicity	
Area	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	2,279,232	63%	360,937	10%	623,293	17%	170,459	5%	6,404	<1%	165,619	5%
Greater Waterbury	224,094	66%	28,172	8%	62,117	18%	8,338	2%	526	<1%	16,397	5%
Waterbury	37,760	33%	22,269	19%	45,281	40%	2,349	2%	307	<1%	6,437	6%

(Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract)

Young & Diverse

As Connecticut's predominantly White Baby Boomers age, younger generations are driving the State's increased racial and ethnic diversity. Black and Latino individuals represent a much younger portion of the total population than do White individuals.

Figure 13: Population by Race/Ethnicity and Age Group



(DataHaven 2022 Greater Waterbury Equity Profile (2022))

Nativity and Foreign-Born; Deeper Diversity by World Regions

Between 2016 and 2020, an estimated 83.2% of the people living in Waterbury, CT were U.S. natives. 54.5% of Waterbury residents were living in the state where they were born. Approximately 16.8% of Waterbury, Connecticut people in 2016-2020 were foreign-born. 51.3% of foreign-born were naturalized U.S. citizens and an estimated 76% entered the country before the year 2010.

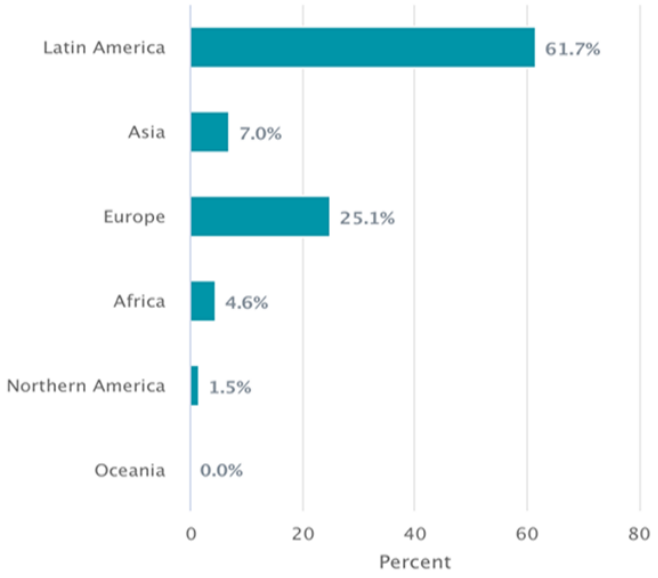
Foreign-born residents of Waterbury, CT come from different parts of the world. The bar graph below displays the percentage of foreign-born from each world region of birth in 2016-2020 for Waterbury, CT.

Table 2: Region of Birth, 2016-2020

Location	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, Percent of Total Population
Greater Waterbury	214,835	12,827	6,357	19,184	8.93%
Waterbury	161,534	13,252	10,646	23,898	14.79%
Connecticut	3,575,074	272,625	248,326	520,951	14.57%

(Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract)

Figure 14: Region of Birth for the Foreign-Born Population in Waterbury, Connecticut in 2016-2020



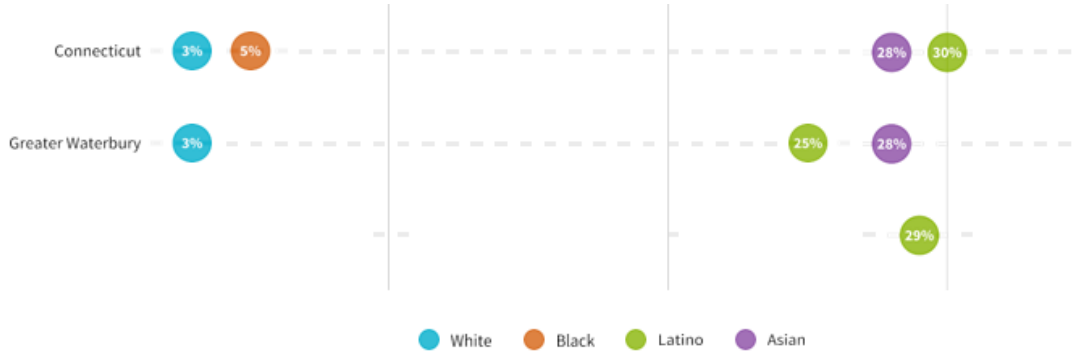
(Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract)

About 18,012 residents of Waterbury, or 17% of the population, are foreign-born. The largest number of foreign-born individuals living in Waterbury were born in the Dominican Republic, followed by Jamaica and Albania.

Language and Health Literacy

Linguistic isolation is characterized as speaking English less than "very well." People who struggle with English proficiency may have difficulty in school, seeking health care, accessing social services, or finding work in a largely English-speaking community. As of 2019, 14,299 Waterbury residents, or 14% of the population age 5 and older, were considered linguistically isolated. Latinos and Asian Americans are more likely to be linguistically isolated than other racial/ethnic groups.

Figure 15: Linguistic Isolation by Race/Ethnicity, 2019



(DataHaven 2022 Greater Waterbury Equity Profile (2022))

Population Change: 2020 Census

The first set of data from the 2020 Census was released in August 2021, containing basic population counts by age and race/ethnicity. Between 2010 and 2020, Connecticut's population was nearly stagnant. **During the same period, Waterbury grew by 4,037 residents, a 3.7% increase.** The number of White residents in Waterbury was reduced by 25%, while the number of other races and ethnicities residents grew by 27%.

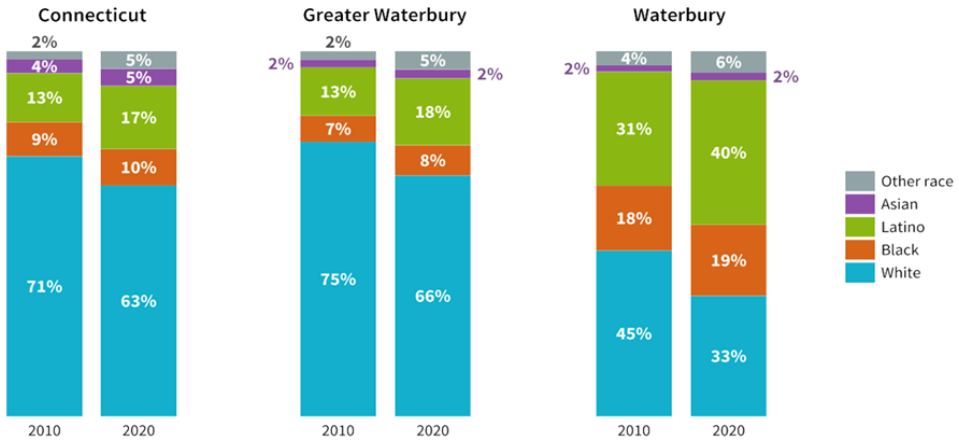
Table 3: Population Change by Age Group, 2010-2020

Area	Age	Population, 2010	Population, 2020	Change
Connecticut	All ages	3,574,097	3,605,944	+31,847
	Children	817,015	736,717	−80,298
	Adults	2,757,082	2,869,227	+112,145
Greater Waterbury	All ages	338,768	339,644	+876
	Children	80,137	71,515	−8,622
	Adults	258,631	268,129	+9,498
Waterbury	All ages	110,366	114,403	+4,037
	Children	28,265	28,347	+82
	Adults	82,101	86,056	+3,955

(DataHaven 2022 Greater Waterbury Equity Profile (2022))

Figure 16: Share of Population by Race/Ethnicity, 2010-2020

Waterbury demonstrates the highest percentage of people of color in the region with 30% more than the State of CT overall



(DataHaven 2022 Greater Waterbury Equity Profile (2022))

Key Findings

The following section of this report details key findings from the DataHaven Community Wellbeing Survey as well as secondary data sources such as the US Census, The Center for Applied Research and Engagement System's Spark Maps, Centers for Disease Control and others. This data along with community input of residents with lived experience, informs the process of determining the 2023-2036 Health Priorities.

Social Influencers of Health

The social influencers/determinants of health are critical elements that contribute to a person's wellbeing. These include factors such as housing, transportation, education, food insecurity, the built environment and socioeconomic status. Inequities in access to healthcare, education, income, etc. lead to the health disparities that we observe in the data, especially when comparing outcomes based on race/ethnicity. As mentioned earlier in the Executive Summary, this report also acknowledges Systemic Racism as a major Social Influencer of Health. In order to create a more equitable community, it is critical that the root causes of social inequities are addressed.

Housing

A Primary Indicator of Health

Waterbury has 40,937 households, of which 41% are homeowner households. Of Waterbury's 47,830 housing units, 40% are single-family and 60% are multifamily, compared to Greater Waterbury, where 67% are single- family and 33% are multifamily. Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for White individuals because the act of purchasing a home has a long history of racially discriminatory practices, such as redlining. Though this practice is no longer legal, the historical effects of redlining persist and continue to restrict access to homeownership today.

The Impact of Inequitable Housing Practices on Wealth and Stability

Redlining was a practice originating in the 1930's that has caused residential segregation and disparities in home ownership. While this practice was made illegal in 1968, there have been long-term consequences such as the homeownership and wealth disparities still present within communities today.

"Redlining – the denial of access to financial services such as mortgage loans or insurance for people living in minority neighborhoods, was a common practice during this important era in the development of the US urban system (Aaronson et al. 2017). Redlining was government sanctioned. Mortgage loans insured by the FHA were subject to redlining practices until 1962 when President Kennedy banned the practice by federal agencies (Executive Order No.11,063,

1962). Private lenders continued to redline areas without penalty until the Fair Housing Act of 1968 made it illegal (Department of Housing and Urban Development n.d.) …Redlining was one practice among several that created a system of inequitable access to credit, reinforcing economic and residential segregation (Shapiro 2004). While mortgage credit flowed to White families—allowing them to purchase new homes and build equity—families living in redlined areas were denied the same opportunity. People of color could not purchase properties in the newly developed suburbs, nor did they have sufficient access to credit to reinvest in their neighborhoods. The resulting low rates of homeownership are one factor that has continued to exacerbate the wealth divide between White and minority households (Bhutta et al. 2020). Decades of discriminatory lending practices by the FHA and VA cemented the segregated residential pattern of structural racism in US urban areas. (National Community Reinvestment Coalition. *Tracing the Legacy of Redlining*, 2022)".

The echoing consequences of redlining, coupled with municipal zoning dominated by single-family housing, results in de facto racial and economic segregation seen throughout Connecticut. In the table below, the historical effects of redlining are evident, as White individuals are 2x or more as likely than Black and Latino individuals to own a home in Waterbury, Greater Waterbury and Connecticut, overall. These inequities in housing and homeownership do not exist in a vacuum, they trickle down into inequities in educational attainment, healthcare, and intergenerational poverty.

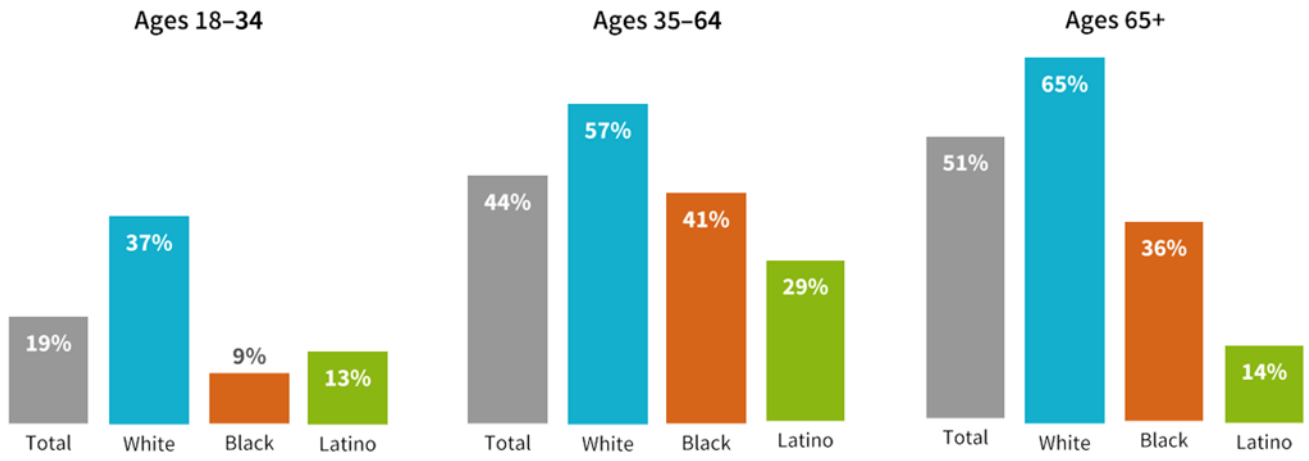
Table 4: Homeownership Rate by Race/Ethnicity of Head of Household, 2019

Area	Total	White	Black	Latino	Asian	Native American
Connecticut	66%	76%	39%	34%	58%	40%
Greater Waterbury	69%	79%	38%	30%	71%	66%
Waterbury	41%	59%	32%	21%	62%	N/A

(Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract)

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

Figure 17: Homeownership Rates by Age and Race/Ethnicity of Head of Household, Waterbury, 2019

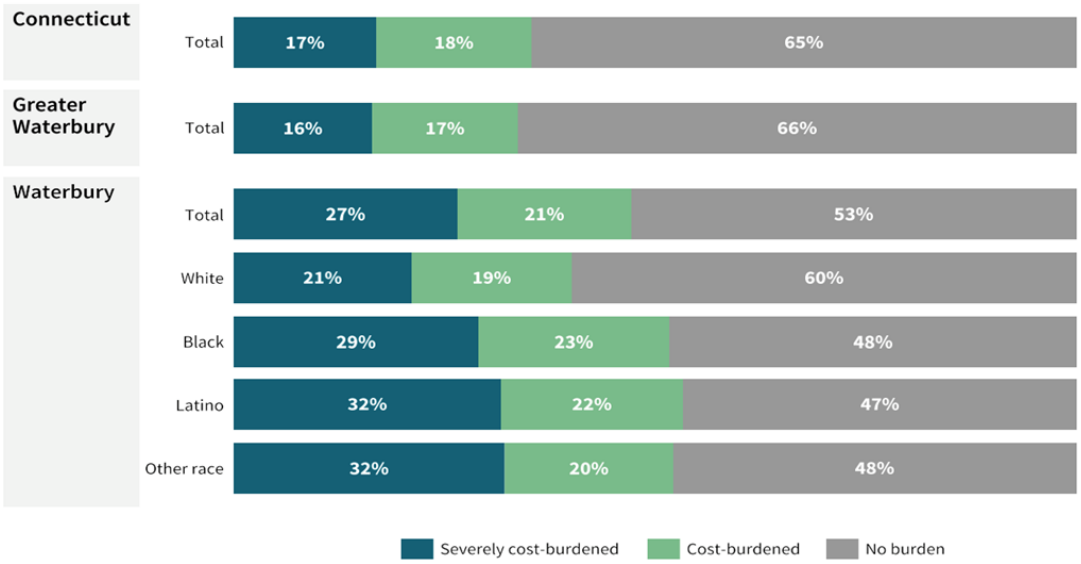


(DataHaven 2022 Greater Waterbury Equity Profile (2022))

Housing is a Cost-Burden

A household is cost-burdened when 30 percent or more of income is spent on housing costs, and severely cost-burdened when half or more of income is spent on housing costs. Housing costs continue to rise, due in part to municipal zoning measures that limit new construction to very few towns statewide. Meanwhile, wages have largely stagnated, especially among lower-income workers who are more likely to rent. As a result, cost-burden generally affects renters more than homeowners, and has a greater impact on Black and Latino householders. Among renter households in Waterbury, 53% are cost-burdened, compared to 36% of owner households.

Figure 18: Housing Cost-Burden Rates by Race/Ethnicity, Waterbury, 2019

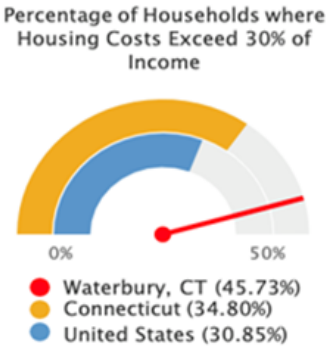


(DataHaven 2022 Greater Waterbury Equity Profile (2022))

Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing assistance programs to meet the needs of people at different economic levels. Of the 40,937 total households in the report area, 18,719 or 45.73% of the population live in cost burdened households.

Figure 19: Cost-Burdened Households/ Table 6: Cost-Burdened Households



Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Cost Burdened Households, Percent
Waterbury, CT	40,937	18,719	45.73%
Greater Waterbury	81,685	23,650	28.95%
Connecticut	1,370,746	476,982	34.80%

(Source: US Census Bureau, American Community Survey. 2015-19. Source geography)

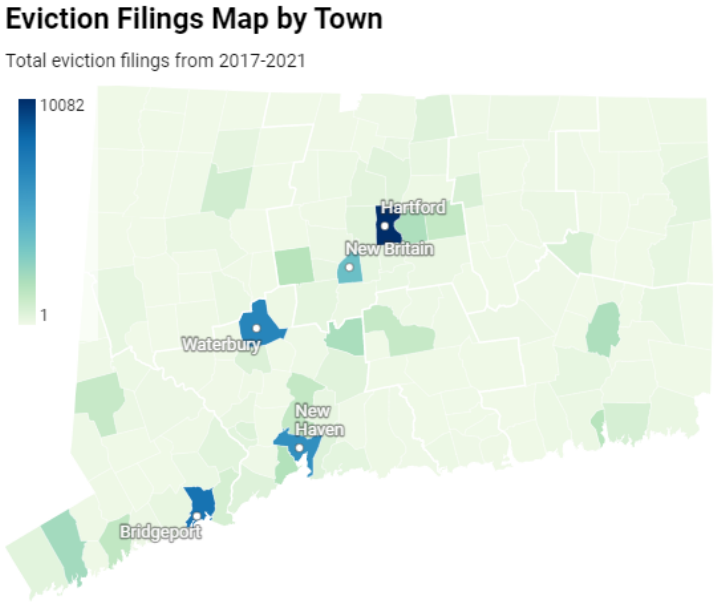
Evictions

Connecticut Evictions

Eviction data was dramatically impacted due to the federal and state Covid Eviction Moratorium that was put in place in 2020. In 2020 the yearly number of evictions was reduced by 67% compared to the pre-pandemic average. However, the last of Connecticut's emergency protections expired on February 15, 2022; potentially causing a drastic reversal of this trend in 2022 and beyond.

Figure 20: Eviction Filings by Town – Map

(Data Source: Map CTData Collaborative-Get the data-Embed-Download image-Created with Datawrapper)



When looking at all 169 Connecticut towns nearly half of the evictions between 2017 and 2021 came from 5 cities which include: Waterbury, Hartford, Bridgeport, New Haven and New Britain.

Figure 21: Eviction Filings by Town

Eviction Filings by Town

Search for your town in the search bar below

Waterbury

Town	2017	2018	2019	2020	2021	Total
Waterbury	1,888	1,862	1,824	591	746	6,911

(Source: Evictions Report — CTData, CT data collaborative)

Household Overcrowding

Household overcrowding is defined as having more than one occupant per room. Overcrowding may increase the spread of illnesses among the household and can be associated with higher levels of stress. During the height of the COVID-19 Pandemic, overcrowding was a risk factor for rapid spread of infections in households. Increasing the availability of appropriately- sized affordable housing units helps to alleviate overcrowding.

Table 5: Overcrowded Households by Race/Ethnicity of Head of Household, 2019

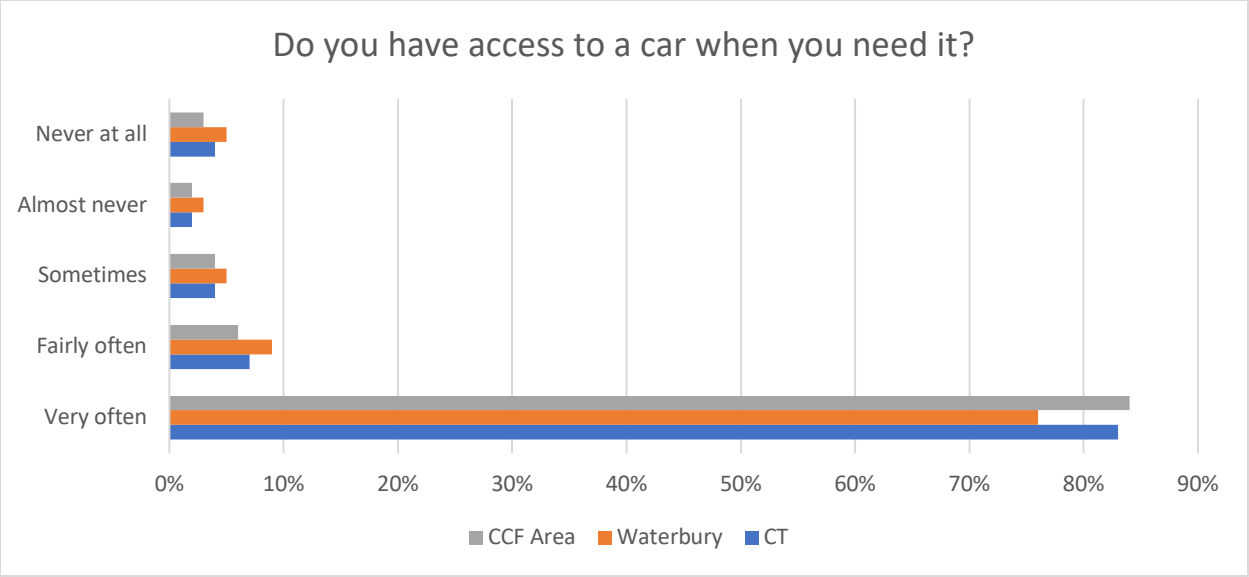
	Total		White		Black		Latino		Asian		Native American	
Area	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	25,541	2%	7,252	<1%	4,437	3%	10,771	6%	2,954	6%	158	4%
Greater Waterbury	1,700	1%	682	<1%	336	3%	790	5%	<50	N/A	<50	N/A
Waterbury	1,163	3%	235	1%	320	4%	744	6%	<50	N/A	<50	N/A

(Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract)

Transportation

Transportation is a social determinant of health. This visual demonstrates how Waterbury residents are at a greater risk for transportation insecurity which becomes a daily stressor and has an impact on health outcomes. Whether it is the ability to get to medical appointments, drive to the grocery store, to work, etc., reliable transportation is a key factor for overall wellbeing. It is important to point out that the Greater Waterbury region (Connecticut Community Foundation Service Area) demonstrates a greater rate of having access to a vehicle when needed than Connecticut overall. This indicates that although the towns surrounding Waterbury are reporting better access to transportation, Waterbury residents are reporting this as a barrier at a higher rate when compared to all Connecticut residents' responses.

Figure 22: Access to Vehicle



(Source: DataHaven 2018; Greater Waterbury Health Partnership Analysis, 2022)

Access to a personal vehicle may also be considered a measure of wealth since reliable transportation plays a significant role in job access and quality of life. Vehicle access reduces the time a family may spend running errands or traveling to appointments, school, or work. Alternatively, no access to a vehicle makes it very difficult to attend medical appointments or obtain food and groceries.

Table 6: Households with No Vehicle at Home by Race/Ethnicity of Head of Household, 2019

	Total		White		Black		Latino		Other race	
Area	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	121,434	9%	55,942	6%	27,048	21%	30,496	17%	7,948	10%
Greater Waterbury	14,115	9%	7,945	6%	2,223	21%	3,284	18%	663	12%
Waterbury	8,406	20%	2,711	15%	2,168	28%	2,984	22%	543	27%

(Source: DataHaven 2021; Greater Waterbury Health Partnership Analysis, 2022)

Food Security

Food Insecurity Rate

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

Figure 23: Food Insecurity by Area

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Waterbury	169,113	19,976	11.81%
Connecticut	3,600,088	406,810	11.30%
United States	325,717,422	41,133,950	12.63%

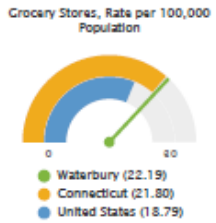
(Source: Feeding America. 2017. Source geography: County)

Food Environment-Grocery Stores

Healthy dietary behaviors are supported by access to nutritious foods, and grocery stores are a major provider of these foods. There are 38 grocery establishments in the report area, a rate of 22.19 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. It is important to note that although the availability of Grocery Stores in Waterbury is adequate, the stores are concentrated in pockets which create food deserts.

Figure 24: Grocery Stores by Area

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Waterbury	169,931	38	22.19
Litchfield County, CT	185,186	39	21.06
New Haven County, CT	864,835	193	22.32
Connecticut	3,605,944	786	21.80
United States	331,449,275	62,268	18.79



(Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County)

Food Environment - Food Desert Census Tracts

This indicator reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. Waterbury has a population of 93,170 living in food deserts and a total of 18 census tracts classified as food deserts by the USDA; even though Grocery Stores are widespread across Waterbury.

Figure 25: Food Deserts by Area

Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Waterbury	166,450	18	21.00	93,170	73,279
Litchfield County, CT	189,927	3	48	13,664	18,105
New Haven County, CT	862,477	21	168	107,245	250,403
Connecticut	3,574,097	65	763	317,446	865,193
United States	308,745,538	9,293	63,238	39,074,974	81,328,997

(Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019. Source geography: Tract)

Education

This category contains indicators that describe the education system and the educational outcomes of report area populations. Education metrics can be used to describe variation in population access, proficiency, and attainment throughout the education system, from access to pre-kindergarten through advanced degree attainment. These indicators are important because education is closely tied to health outcomes and economic opportunity. There are clear education deficits and disparities in Waterbury even without breaking down the indicators by race/ethnicity.

The data in the following tables demonstrate that students in Waterbury are significantly more likely to test as “non-proficient” in math and reading than the State of CT and the nation as a whole. The data also shows that Waterbury residents are much less likely to have a high school diploma when compared to rates nationally and statewide. This information demonstrates how critical the work of education and enrichment organizations are for advancing equity in the Waterbury education system.

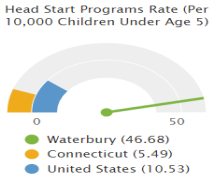
Access - Head Start

Head Start is a program designed to help children from birth to age five who come from families at or below poverty level. The program’s goal is to help children become ready for kindergarten while also providing the basic needs to thrive, including health care and food support.

This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2020 Head Start locator. Population data is from the 2010 US Decennial Census. The report area has a total 3 Head Start programs with a rate of 46.68 per 10,000 children under 5 years old. The table below demonstrates that Waterbury has a higher rate of Head Start Programs than both the State and National levels.

Figure 26: Availability of Head Start Programs

Report Area	Children Under Age 5	Total Head Start Programs	Head Start Programs, Rate (Per 10,000 Children)
Waterbury	648	3	46.68
Connecticut	202,106	111	5.49
United States	20,426,118	21,511	10.53



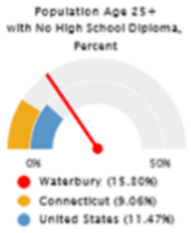
***(Source:** US Department of Health & Human Services, HRSA - Administration for Children and Families. 2019. Source geography: Address)*

Attainment - High School Graduation Rate

The table below demonstrates that Waterbury residents are significantly less likely to have a High School Diploma than both Connecticut and the nation as a whole. This data reflects the impact that barriers to educational attainment have on Waterbury students and how failure to graduate influences future economic opportunity.

Figure 27: High school Diploma Rates

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, Percent
Waterbury	110,873	16,963	15.30%
Connecticut	2,489,205	225,550	9.06%
United States	222,836,834	25,562,680	11.47%



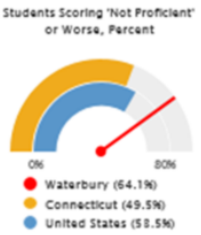
*(**Source:** US Census Bureau, American Community Survey. 2016-20. Source geography: Tract)*

Proficiency - Student Reading Proficiency (4th Grade)

When discussing student "performance", it is essential to acknowledge the barriers and inequities existing within the education system and beyond, and their impact on students' learning. Information about student performance in the 4th grade English Language Arts portion of the state-specific standardized tests are displayed in the table below. Of 8,267 students tested, 36.0% of 4th graders performed at or above the "proficient" level, and 64.1% tested below the "proficient" level, according to the latest data. Students in Waterbury tested worse than the statewide rate of 50.5%.

Figure 28: Student Reading Proficiency

Report Area	Students with Valid Test Scores	Students Scoring 'Proficient' or Better, Percent	Students Scoring 'Not Proficient' or Worse, Percent
Waterbury	8,267	36.0%	64.1%
Connecticut	133,243	50.5%	49.5%
United States	13,385,663	46.5%	53.5%



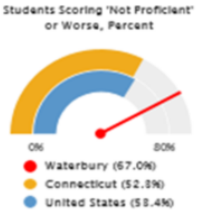
*(**Source:** US Department of Education, EDFacts. Additional data analysis by CARES. 2018-19. Source geography: School District)*

Proficiency - Student Math Proficiency (4th Grade)

Information about student performance in the 4th grade Math portion of the state-specific standardized tests are displayed in the table below. Of 2,030 students tested, 33.0% of 4th graders performed at or above the "proficient" level, and 67.0% tested below the "proficient" level, according to the latest data. Students in Waterbury tested worse than the statewide rate of 47.7%.

Figure 29: Student Math Proficiency

Report Area	Students with Valid Test Scores	Students Scoring 'Proficient' or Better, Percent	Students Scoring 'Not Proficient' or Worse, Percent
Waterbury	2,030	33.0%	67.0%
Connecticut	135,751	47.7%	52.3%
United States	13,412,890	46.6%	53.4%



*(**Source:** US Department of Education, EDFacts. Additional data analysis by CARES. 2018-19. Source geography: School District)*

Economy

There are 39,067 total jobs in Waterbury, with the largest share in the Health Care and Social Assistance sector. While these data are from 2019 and do not include economic outcomes related to the COVID-19 pandemic, they describe general labor market strengths and average wages for the area.

Table 7: Employment by Sector

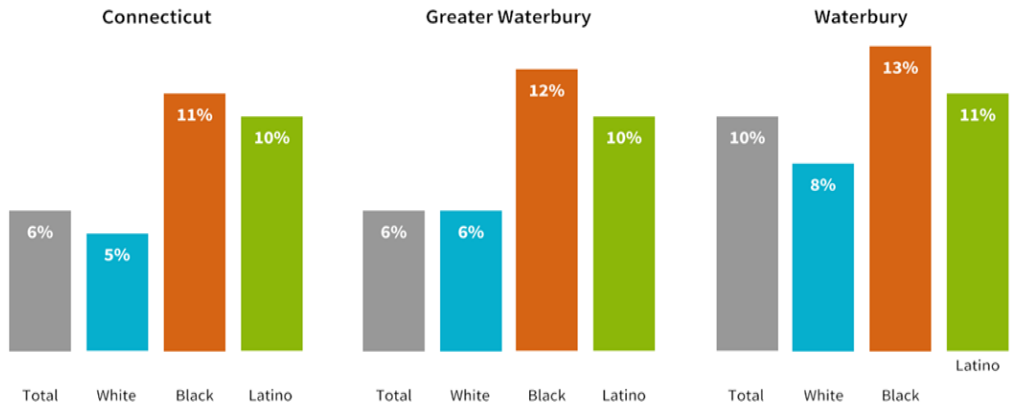
	Connecticut		Waterbury	
Sector	Total jobs	Avg annual pay	Total jobs	Avg annual pay
All Sectors	1,670,354	$69,806	39,067	$48,823
Health Care and Social Assistance	271,014	$54,858	10,293	$53,831
Retail Trade	175,532	$35,833	5,349	$31,638
Manufacturing	161,893	$85,031	3,275	$57,055
Accommodation and Food Services	129,012	$23,183	2,720	$19,044
Administrative and Support and Waste Management andRemediation Services	89,852	$47,443	1,928	$26,938

(Source: US Department of Commerce, US Bureau of Economic Analysis. Source geography)

Unemployment

Rates of unemployment also vary by race and ethnicity. Generally, workers of color are more likely to be unemployed due to factors ranging from biased hiring practices, lack of transportation, disparities in educational attainment, and other social barriers to equitable employment opportunities. Overall unemployment in Waterbury averaged 10% in 2019.

Figure 30: Unemployment Rates by Race/Ethnicity, 2019



(DataHaven 2022 Greater Waterbury Equity Profile (2022))

Employment - Unemployment Rate

Total unemployment in Waterbury equals 3,747, or 4.1% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

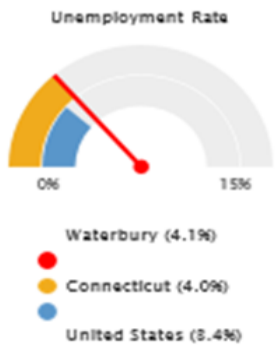


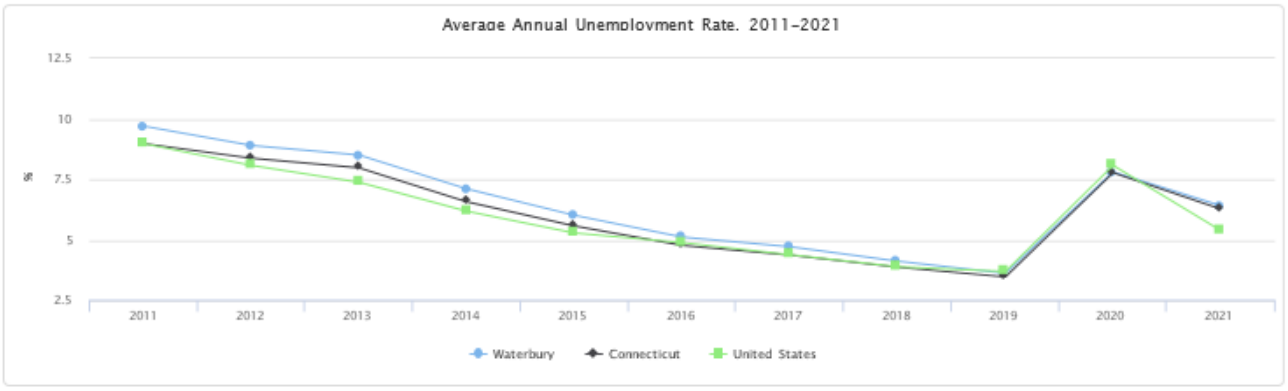
Figure 31: Unemployment Rates

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Waterbury	91,517	87,769	3,747	**4.1%**
Connecticut	1,902,331	1,826,860	75,471	4.0%
United States	165,351,347	159,733,523	5,617,823	3.4%

(Source: US Census Bureau, American Community Survey. 2016-20. Source Geography: Tract)

Figure 32: Average Annual Unemployment Rate, 2011-2021

Report Area	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Waterbury	9.7%	8.9%	8.5%	7.1%	6.0%	5.1%	4.7%	4.1%	3.6%	7.8%	6.4%
Connecticut	9.0%	8.4%	8.0%	6.6%	5.6%	4.8%	4.4%	3.9%	3.5%	7.8%	6.3%
United States	9.0%	8.1%	7.4%	6.2%	5.3%	4.9%	4.4%	3.9%	3.7%	8.1%	5.4%



(Source: US Department of Labor, Bureau of Labor Statistics. 2022 - June. Source geography: County)

Income & Wealth

In 2020, the median household income of the 40.9k households in Waterbury, CT grew to $46,329 from the previous year's value of $42,401. An estimated 10% of households had income below $10,000 a year and 2.6% had income over $200,000 or more. In 2020, at least 1 in 5 households are below the ALICE (Asset Limited, Income Constrained, Employed) threshold in 148 CT towns/cities (United Way, 2020 ALICE Report Executive Summary). The ALICE map is included in Appendix E.

The following chart displays the households in Waterbury, CT distributed between a series of income buckets compared to the national averages for each bucket. 10% of households have an income in the <$10k range.

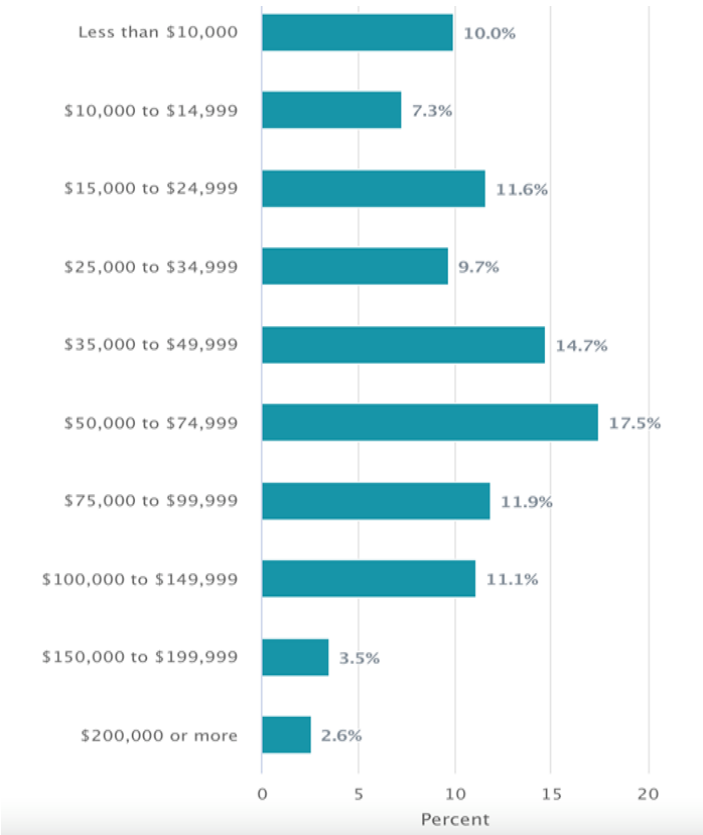


Figure 33: Distribution of Wealth-Waterbury

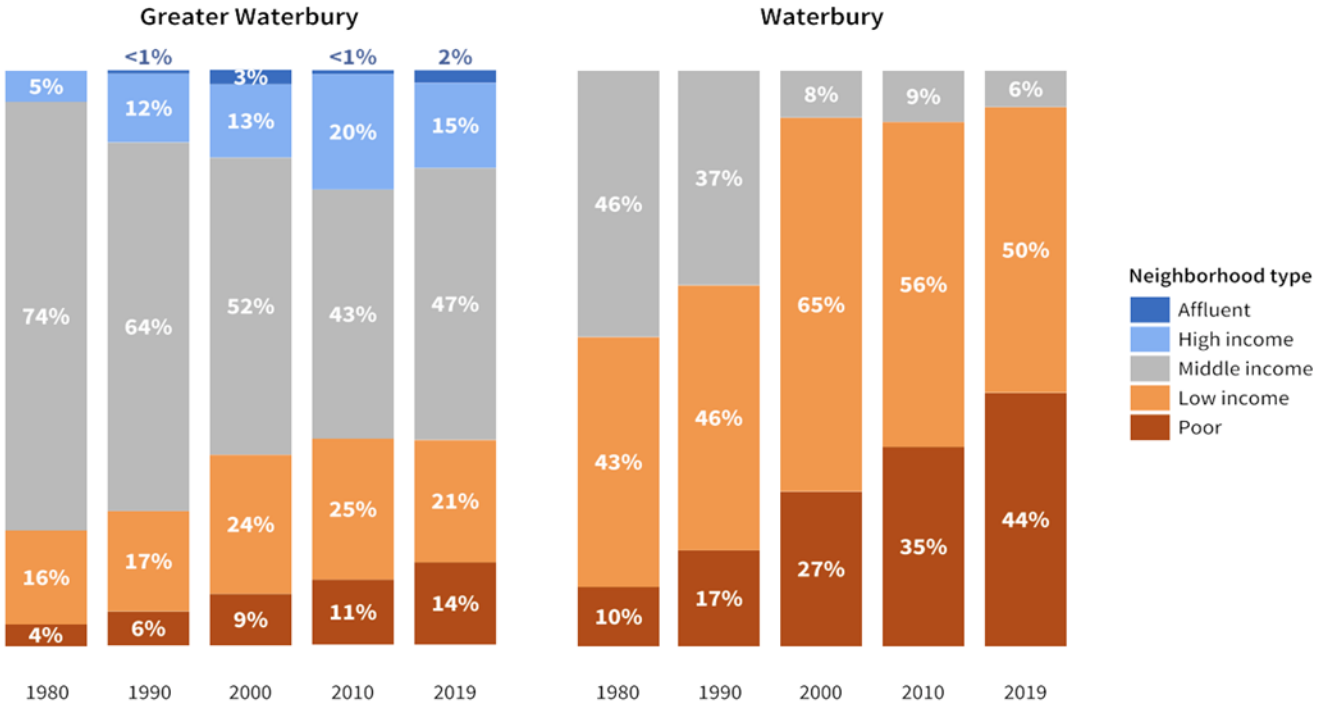
Median earnings for full-time year-round workers was $44,886. Male full-time year-round workers had median earnings of $48,889. Female full-time year-round workers had median earnings of $40,493

(Data Source: US Census 2020)

Neighborhood Income and Resident Demographics

Over the past 40 years, neighborhood income inequality has grown statewide as the share of the population living in wealthy or poor neighborhoods has increased and the population in middle income areas declined in a process known as "economic sorting," which often leads to further disparities in access to economic opportunity, healthy environments, and municipal resources.

Figure 34: Distribution of population by neighborhood income level, Greater Waterbury, 1980-2019

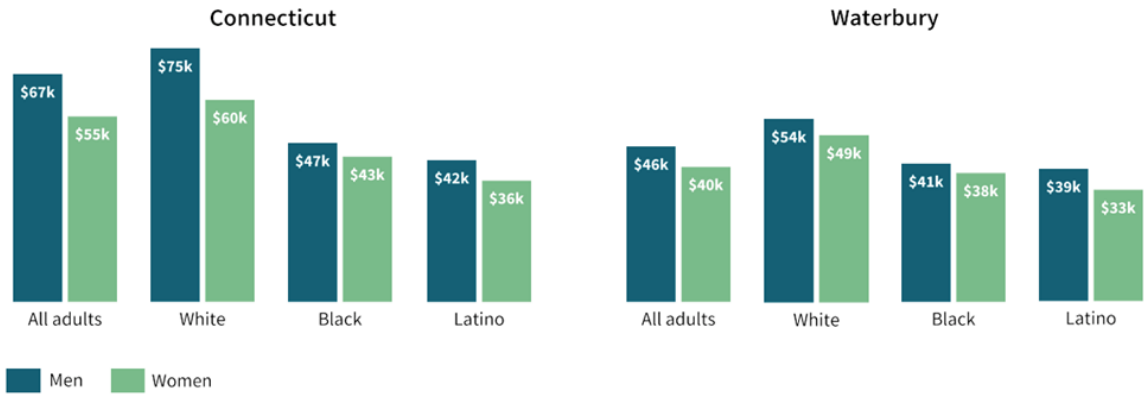


(DataHaven 2022 Greater Waterbury Equity Profile (2022))

Income Factors

Individual earnings vary by race/ethnicity, sex, and other factors. These can be measured comparing the differences in average earnings between groups. White workers and men often out-earn workers of color and women. These trends hold even when controlling for educational attainment. There is a clear correlation between disparities in earnings among race/ethnicity and disparities and inequities in rates of educational attainment. This data demonstrates the result of inequitable education which results in disparity in economic opportunity. This information can also indicate the effect of biased hiring practices and systemic racism in professional work environments, overall.

Figure 35: Median Income by Race/Ethnicity and Sex for Full-Time Workers Ages 25 and Over with Positive Income, 2019

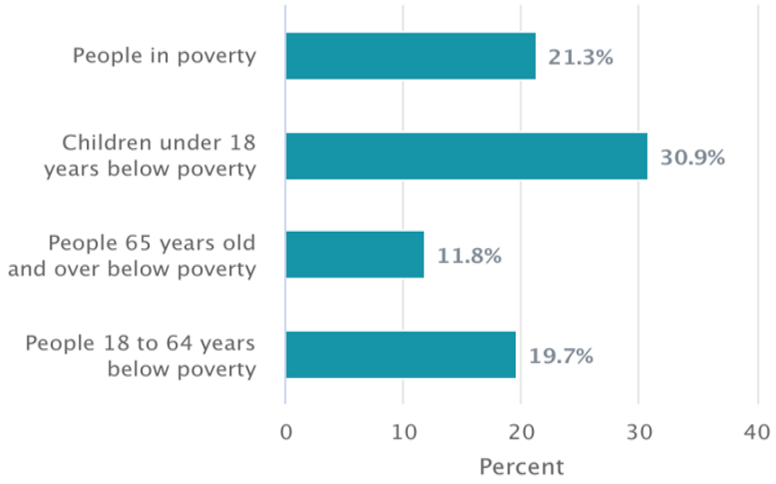


(DataHaven 2022 Greater Waterbury Equity Profile (2022))

Poverty and Participation in Government Programs

In 2016-2020, 21.3% of people in Waterbury were in poverty. An estimated 30.9 percent of children under 18 were below the poverty level, compared with 11.8 percent of people 65 years old and over. An estimated 19.7 percent of people 18 to 64 years were below the poverty level.

Figure 36: Poverty Rates in Waterbury, CT in 2016-2020

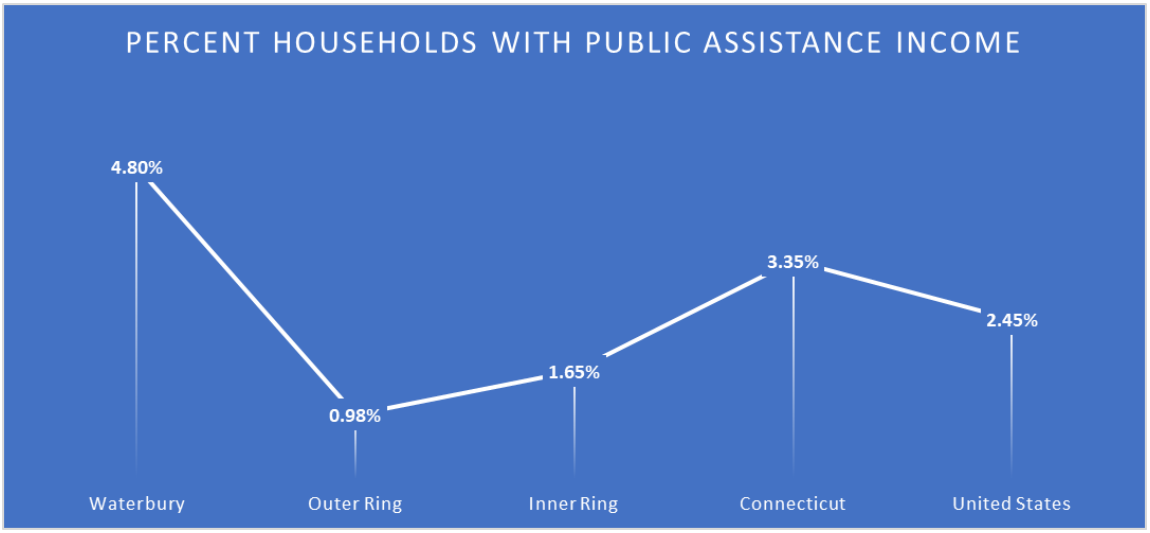


(Source: DataHaven, 2021)

Income - Public Assistance Income

This indicator reports the percentage of households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. Waterbury data demonstrates the highest percentage of households receiving assistance compared to the region and the state.

Figure 37: Percent Household with Public Assistance Income



(Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract)

Poverty - Population Below 100% FPL (Annual)

Poverty is considered a *key driver* of health status.

In the report area 10.83% or 17,087 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, food, and other necessities that contribute to poor health status.

Table 8: Individuals Living in Poverty

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Waterbury	157,832	17,087	10.83%
Greater Waterbury	206,625	20,296	9.82%
Connecticut	3,437,474	333,435	9.7%

(Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2020. Source geography: County)

SNAP Benefits - Households Receiving SNAP

In 2016-2020, 28.8% of households received SNAP (the Supplemental Nutrition Assistance Program) Benefits. An estimated 44.4% of households that received SNAP had children under 18, and 35.2% of households that received SNAP had one or more people 60 years and over. An estimated 34.7% of all households receiving SNAP were families with a single female head of household. An estimated 24.3% of households receiving SNAP had two or more workers in the past 12 months.

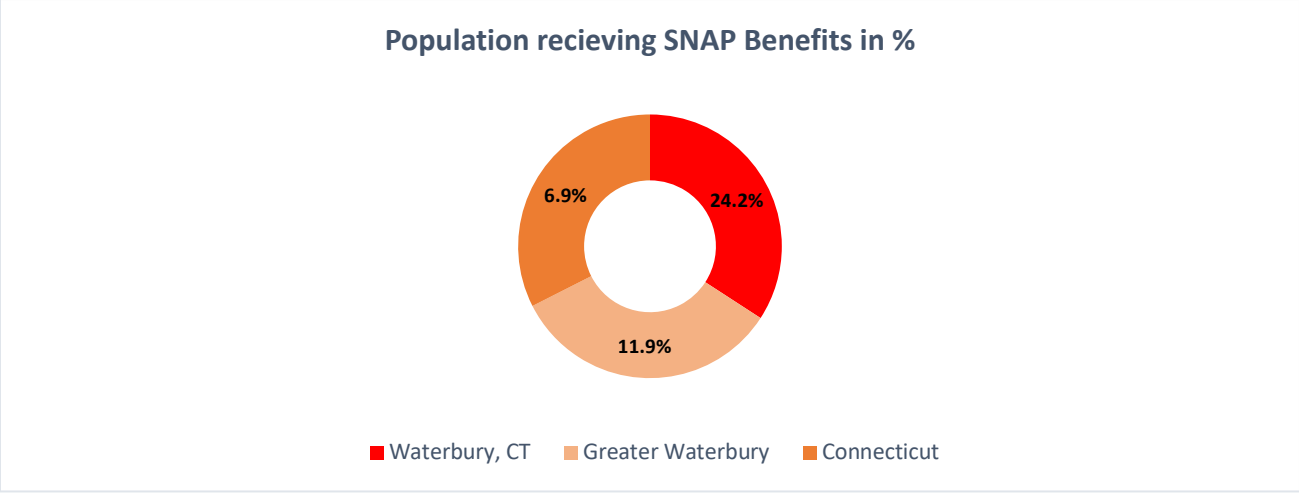
In Waterbury an estimate 14,995 or 24.23% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. The value for the reported area is greater than the national average of 11.74%. Please note that Waterbury is included in the Greater Waterbury report area. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Table 9: Households Receiving SNAP

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Waterbury	61,884	14,995	24.23%
Greater Waterbury	81,685	5,638	6.90%
Connecticut	1,370,746	162,967	11.89%

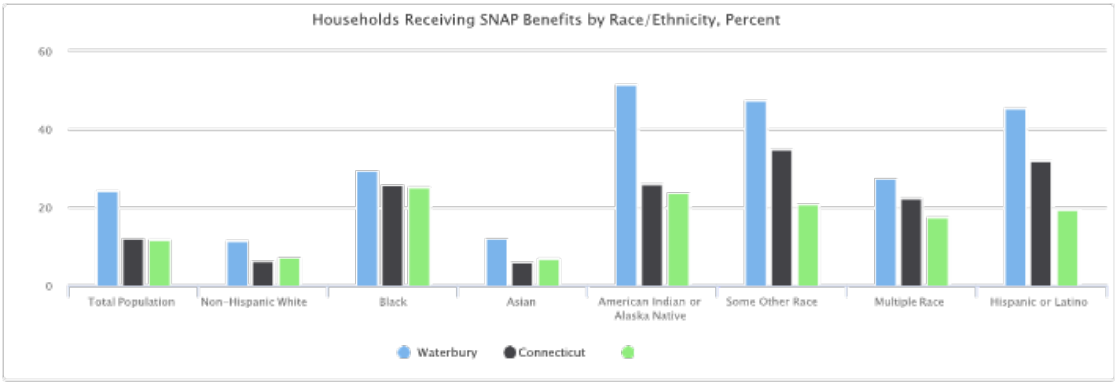
(Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract)

Figure 38: Population Receiving SNAP Benefits, 2015 - 2019



(Source: DataHaven CT)

Figure 39: Households Receiving SNAP Benefits by Race/Ethnicity, 2015 - 2019



(Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract)

Physical Environment

The health of a community is largely affected by the physical environment. A safe, clean, environment that facilitates access to basic necessities, like grocery stores and recreational opportunities is important for maintaining and improving community health. The built environment is often reflective of the disparities and inequities experienced by residents.

Air & Water Quality - Respiratory Hazard Index

This indicator reports the non-cancer respiratory hazard index score. This score represents the potential for non-cancer adverse health effects, where scores less than 1.0 indicate adverse health effects are unlikely, and scores of 1.0 or more indicate a potential for adverse health effects. The chart below indicates that Waterbury has a higher likelihood of non-cancerous adverse health effects compared to the region.

Figure 40: Respiratory Hazards

Report Area	Total Population	Respiratory Hazard Index Score
Waterbury	168,158	0.30
Greater Waterbury	217,123	0.27
Connecticut	3,574,094	0.31
United States	312,572,412	0.44

(Source: EPA - National Air Toxics Assessment. 2014. Source geography: Tract)

Brown Fields

Additionally, Waterbury has 42 areas that are deemed "Brown Fields" (CT DEEP, *CT Brownfields Inventory*, 2022). Brown Fields are, "sites, once used for industrial, manufacturing, or commercial uses, have been abandoned or underutilized due to known or suspected contamination from past uses (CT DEEP, *Brownfield in Connecticut*, 2022)". These areas can pose risk to human health by exposure to pollutants, if not remediated and redeveloped. The State of CT has established the Connecticut Remediation Standard Regulations which describe the appropriate cleanup methods for these contaminated areas and have a PREPARED Municipal Workbook that outlines strategies for redeveloping these areas (CT DEEP, *Brownfield in Connecticut,* 2022).

In 2012, the City of Waterbury worked to remediate one of the city's brownfields located in the South End on Mill Street, and was developed into the home of Brass City Harvest, "a local non-profit committed to promoting urban agriculture and self-sufficient communities (CT DEEP, EPA Brownfield Success in New England: South End Green Houses, Waterbury, CT, 2012)".

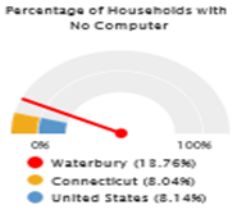
Built Environment - Households with No Computer

This indicator reports the percentage of households who don't own or use any types of computers, including desktop or laptop, smartphone, tablet or other portable wireless computer, and other types of computers, based on the 2016-2020 American Community Survey estimates. Of the 63,834 total households in Waterbury, 8,782 or 13.76% are without a computer. If Waterbury were excluded from Greater Waterbury in the chart below, the disparity between the two areas would be more dramatic. Lacking access to technology creates barriers in several ways including; access to educational resources, inability to communicate with health providers virtually, and especially during the COVID-19 Pandemic, a barrier to communication with friends and loved ones.

Note: The ACS2016-20 questions about internet/computer usage are not asked for the group quarters population, so data do not include people living in housing such as dorms, prisons, nursing homes, etc.

Figure 41: Access to Computer/Technology

Report Area	Total Households	Households with No Computer	Households with No Computer, Percent
Waterbury	63,834	8,782	13.76%
Greater Waterbury	83,423	6,493	7.78%
Connecticut	1,385,437	111,381	8.04%
United States	122,354,219	9,955,693	8.14%



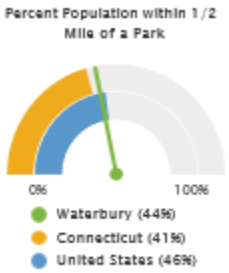
(Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract)

Community Design - Park Access (CDC)

This indicator reports the percentage of the population living within a 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages opportunities for physical activity and other activities for wellbeing such as walking, meditation, group connection, bike riding and play. Not only is moving your body beneficial for physical health, but also essential for mental and emotional health. While proximity to parks is an important indicator, the condition of these parks may be even more important. Factors such as safety, accessibility to bathrooms, ADA compliance, and maintenance of equipment are all critical elements of whether a park can be considered accessible to residents or not.

Figure 42: Proximity to Park

Report Area	Total Population, 2013-17	Population Within 1/2 Mile of a Park	Percent Within 1/2 Mile of a Park
Waterbury	165,014	72,608	44%
Greater Waterbury	214,925	52,942	25%
Connecticut	3,594,478	1,473,735	41%
United States	321,004,407	148,896,178	46%



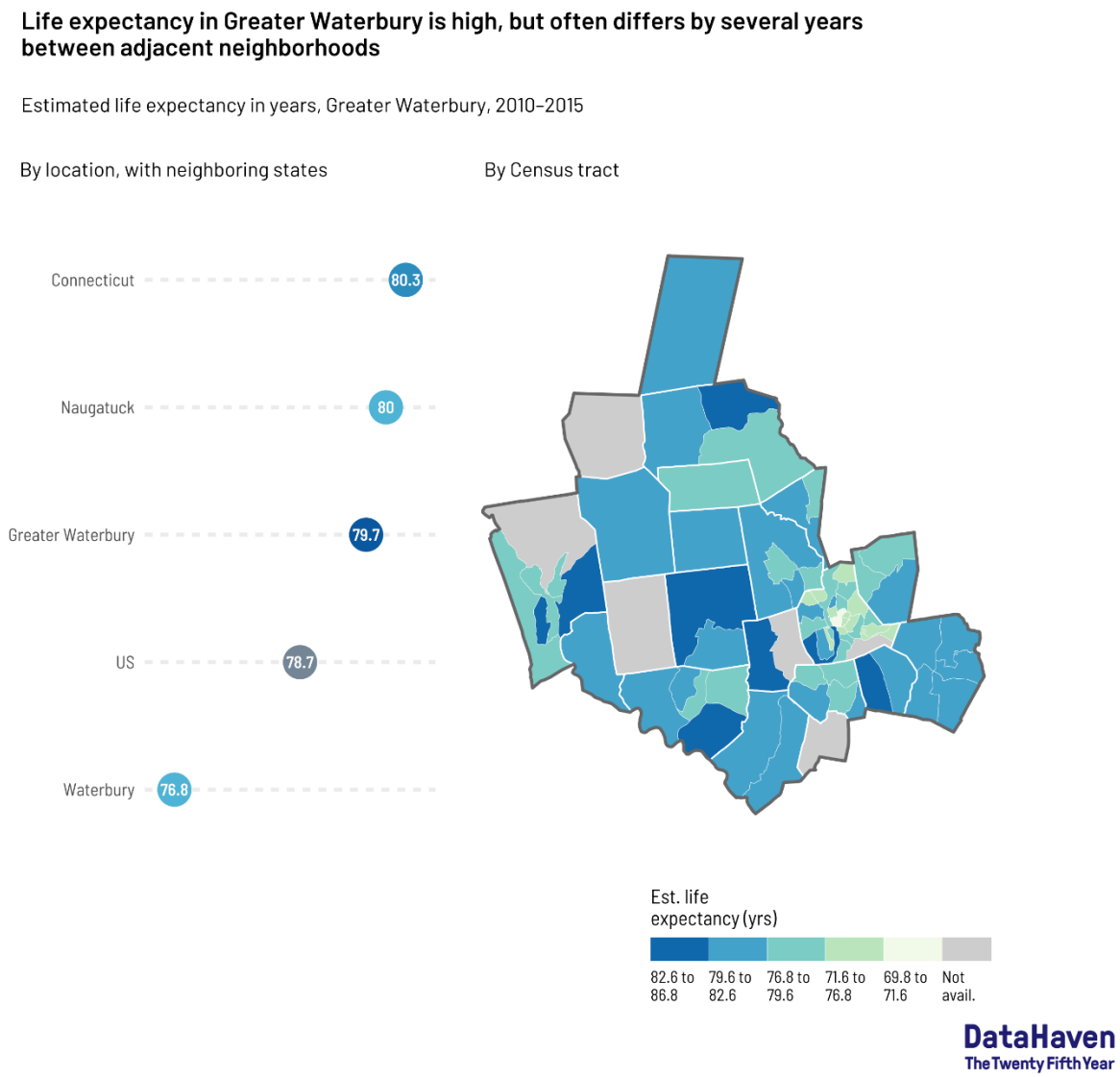
(Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2015. Source geography: Tract)

Health

The socioeconomic disparities described before this section have a direct impact on health outcomes. Factors such as stable housing, employment, literacy and linguistic fluency, environmental hazards, and transportation all impact access to care, physical and mental health outcomes, and overall quality of life. Income and employment status often drive differences in access to healthcare, the likelihood of getting preventive screenings as recommended, the affordability of life-saving medicines, and the ability to purchase other goods and services, including high-quality housing and nutritious food. As demonstrated earlier in this report, race is also a deciding factor in socioeconomic factors that correlate to health.

Life expectancy is a good proxy for overall health and well-being since it is the culmination of so many other social and health factors. The average life expectancy in Waterbury is 76.8 years, compared to 79.7 across Greater Waterbury, and 80.3 years statewide.

Figure 43: Life Expectancy, Greater Waterbury by Census Tract, 2015

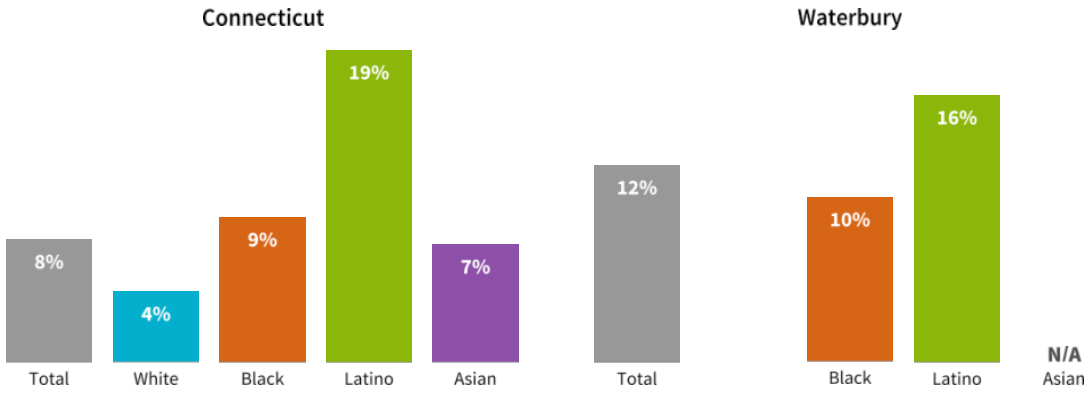


(DataHaven 2022 Greater Waterbury Equity Profile (2022))

Health Insurance and Health Access

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

Figure 44: Uninsured rate among adults ages 19-64 by Race/Ethnicity, 2019

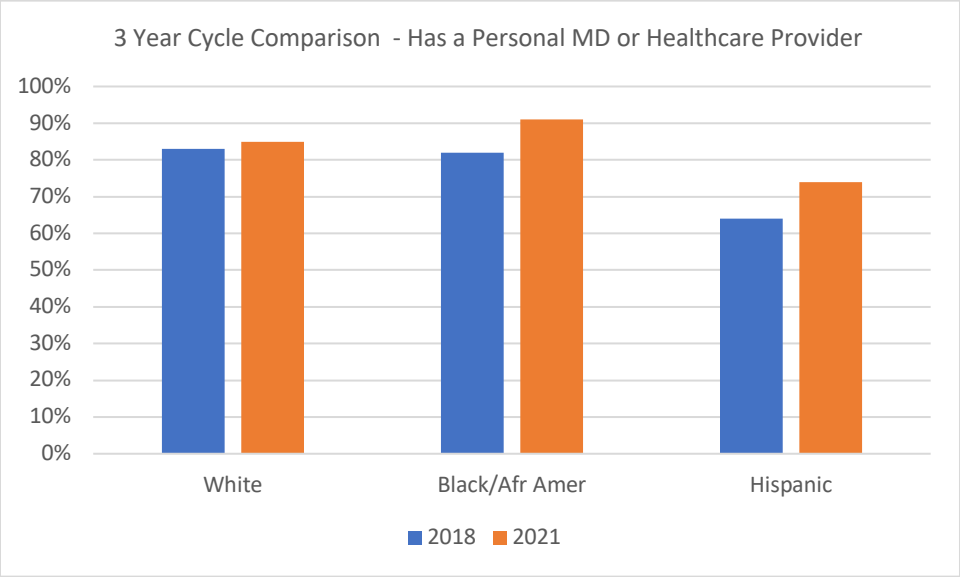


(DataHaven 2022 Greater Waterbury Equity Profile (2022))

Primary Care and Prevention

While all major health outcomes are showing an increase in occurrences when comparing the 2018 to 2021 Community Wellbeing survey, these responses shows an increase in reporting a place that they connect as a personal medical provider in 2021.

Figure 45: Medical Home



(Source: DataHaven 2018, 2021; Greater Waterbury Health Partnership Analysis, 2022)

Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; which when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Table 10: Insurance Breakdowns

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Waterbury	159,996	148,550	59,865	40.30%
Greater Waterbury	211,006	204,041	30,199	14.80%
Connecticut	3,524,580	3,336,643	717,101	21.49%

(Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract)

Hospitalizations - Emergency Room Visits

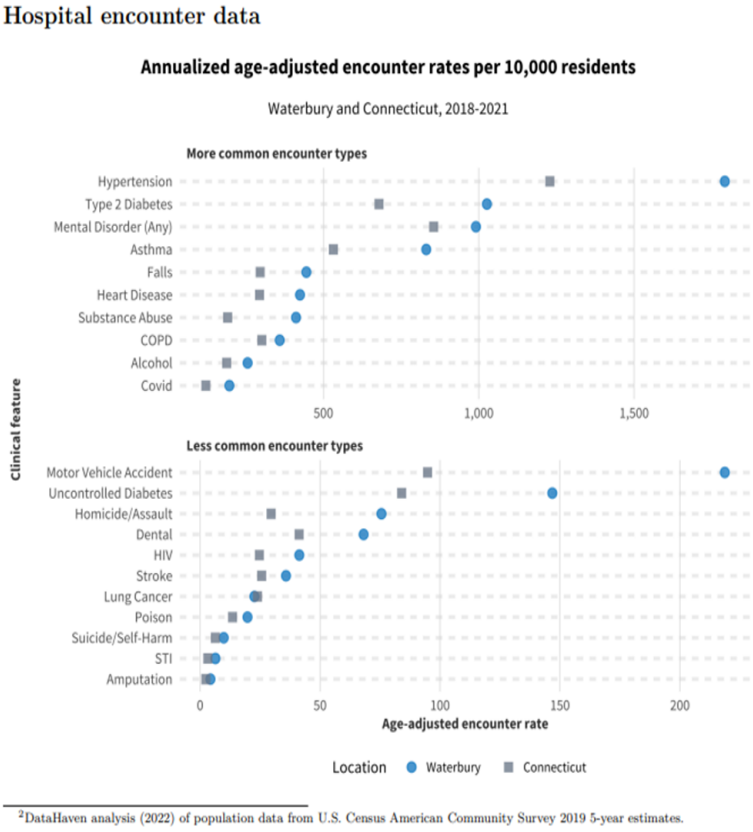
Data about residents' visits to hospitals and emergency rooms may be used as a tool to examine variations in health and quality of life by geography and within specific populations. Unless otherwise noted, all information in this profile is based on a DataHaven analysis (2022) of 2018-2021 CHIME data provided by the Connecticut Hospital Association upon request from a special study agreement with partner hospitals and DataHaven. The CHIME hospital encounter data extraction included de-identified information for each of several million Connecticut hospital and emergency department encounters incurred by any residents of any town in Connecticut. Any encounter incurred by any resident of these towns at any Connecticut hospital would be included in this dataset, regardless of where they received treatment.

Annualized encounter rates were calculated for the indicator flags assigned within the dataset including Asthma, COPD, Substance Abuse, and many other conditions. Analyses in this document describe data on "all hospital encounters" including inpatient, emergency department (ED), and observation encounters. Annualized encounter rates per 10,000 persons were calculated for the period from 2018 to October 2021 by merging CHIME data with population data.

Figure 46: Hospital Encounters

This indicator reports the number and rate of emergency room (ER) visits among Medicare beneficiaries age 65 and older. This indicator is relevant because emergency room visits are "high intensity" services that can be a burden on both health care systems and patients. High rates of emergency room visits "may indicate poor care management, inadequate access to care or poor patient choices, resulting in ED visits that could be prevented"[1].

In the latest reporting period there were 27,082 Medicare beneficiaries in Waterbury. Beneficiaries had 8,022 emergency room visits, and the rate of visits per 1,000 beneficiaries was 620.2. The ER visit rate in Waterbury was higher than the state rate of 607.0 during the same time period. Please note Waterbury is included in the Greater Waterbury data



CHIME Data Analysis

Greater Waterbury Comparison

The following data provided by DataHaven on behalf of the Connecticut Hospital Association, was used to identify trends within the Greater Waterbury communities by town. “CHIMEData offers data analyses and information products and services to help hospitals gauge their performance in quality improvement and patient safety, assess their financial health, track and trend the utilization of key hospital services, and meet regulatory requirements (CT Hospital Association, CHIME Data, 2022)”. Looking at the health priorities identified in the 2022 Community Health Needs Assessment the following data points were extracted from each town’s CHIME profile:

- Asthma
- Hypertension
- Mental Disorders
- Substance Use
- Type II Diabetes

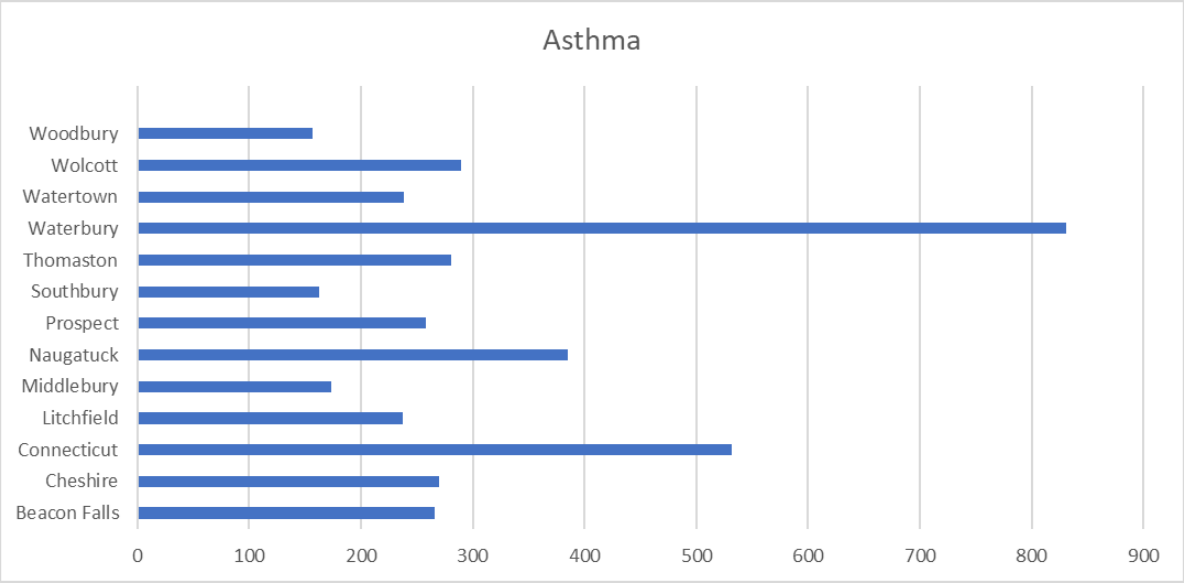
Each data point is identified as an age adjusted encounter rate per 10,000 residents. DataHaven identified an age adjustment rate based on the age demographics for each town. The towns with more than 5,000 residents in the Greater Waterbury catchment area are list in the table below:

Table 11: Encounters by Town

Town	Asthma	Hypertension	Mental Disorder	Substance Abuse	Type II Diabetes
Beacon Falls	266	899	544	101	365
Cheshire	270	802	600	67	314
Connecticut	532	1229	855	192	679
Litchfield	237	976	713	127	443
Middlebury	173	738	447	51	311
Naugatuck	385	1182	728	172	632
Prospect	258	879	540	96	412
Southbury	163	792	512	74	332
Thomaston	281	1092	686	137	616
Waterbury	831	1792	991	412	1026
Watertown	238	897	576	116	422
Wolcott	289	1010	710	129	425
Woodbury	157	675	446	86	259

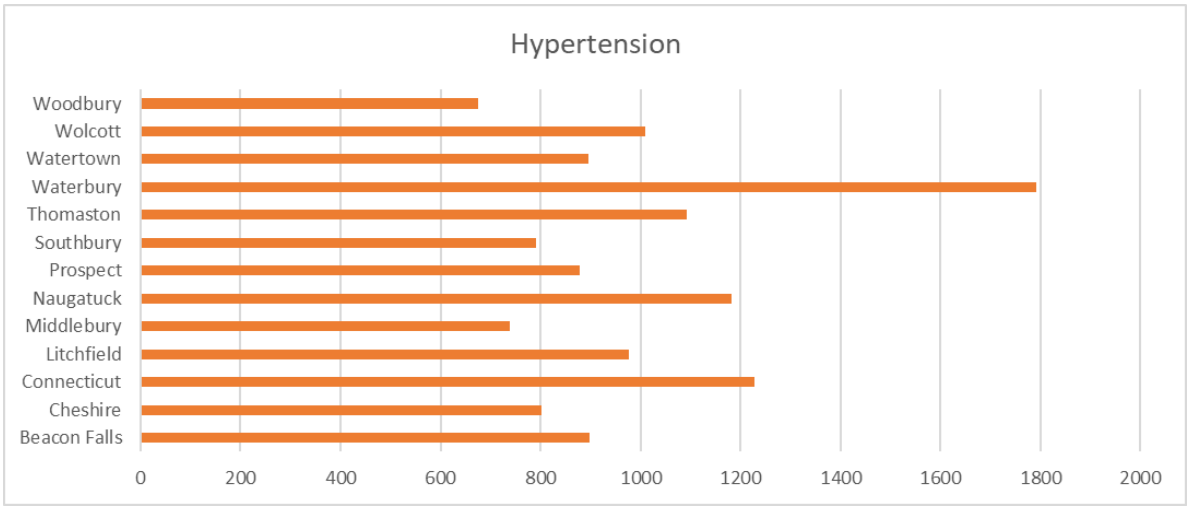
(Source: DataHaven analysis of 2018-2021 CHIME data (2022)

Figure 47: Asthma



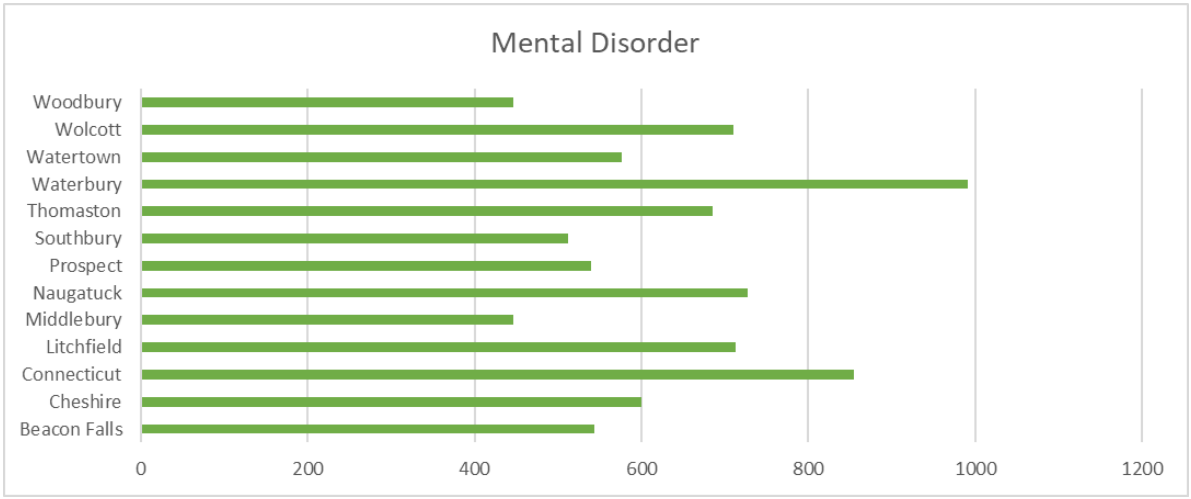
(Source: DataHaven analysis of 2018-2021 CHIME data (2022)

Figure 48: Hypertension



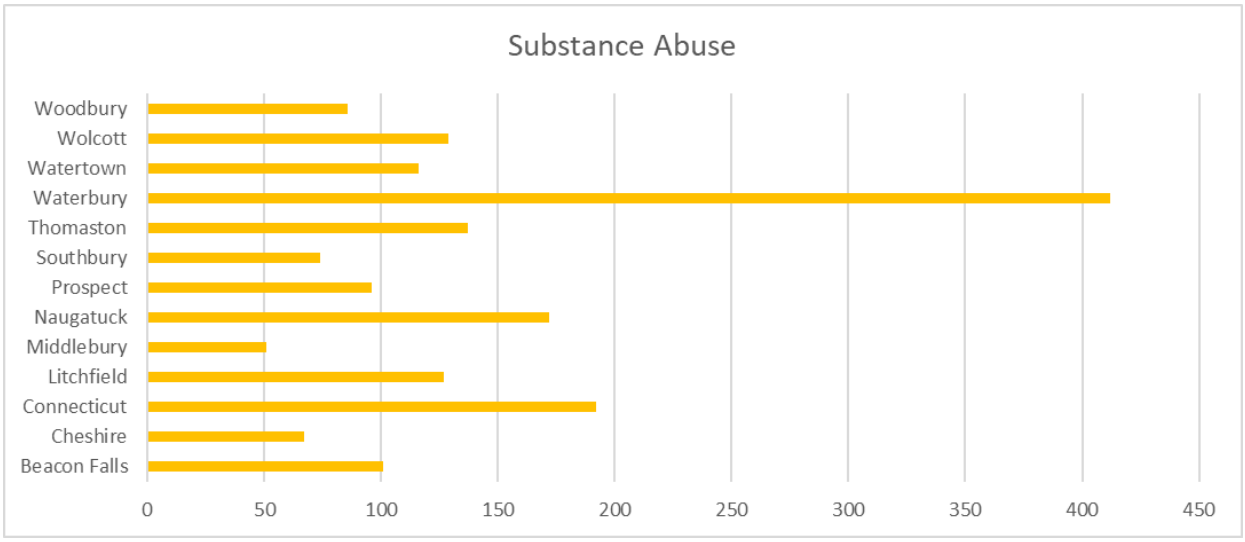
(Source: DataHaven analysis of 2018-2021 CHIME data (2022)

Figure 49: Mental Disorder



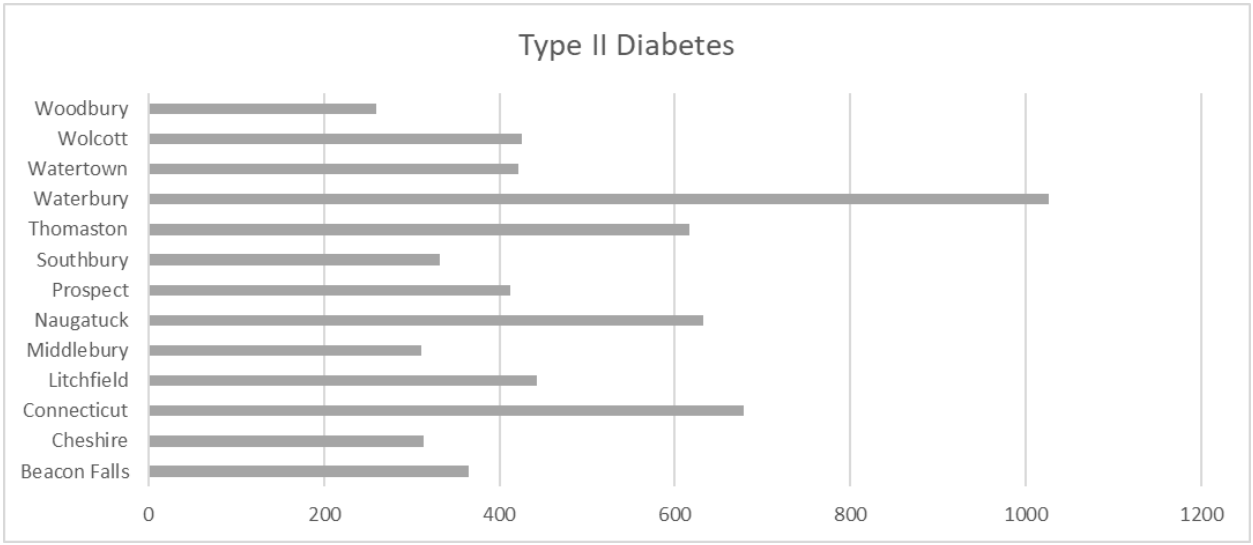
(Source: DataHaven analysis of 2018-2021 CHIME data (2022)

Figure 50: Substance Abuse



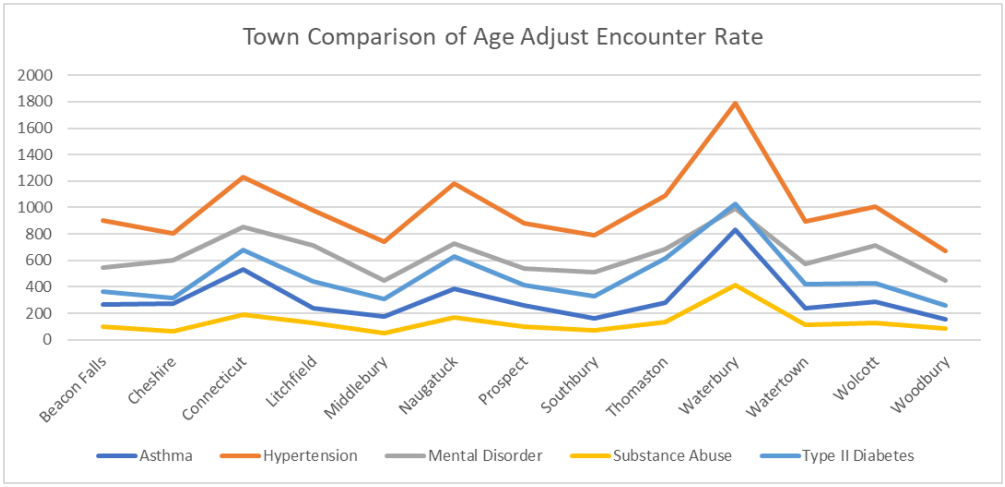
(Source: DataHaven analysis of 2018-2021 CHIME data (2022)

Figure 51: Type II Diabetes



(Source: DataHaven analysis of 2018-2021 CHIME data (2022)

Figure 52: Encounters by Town

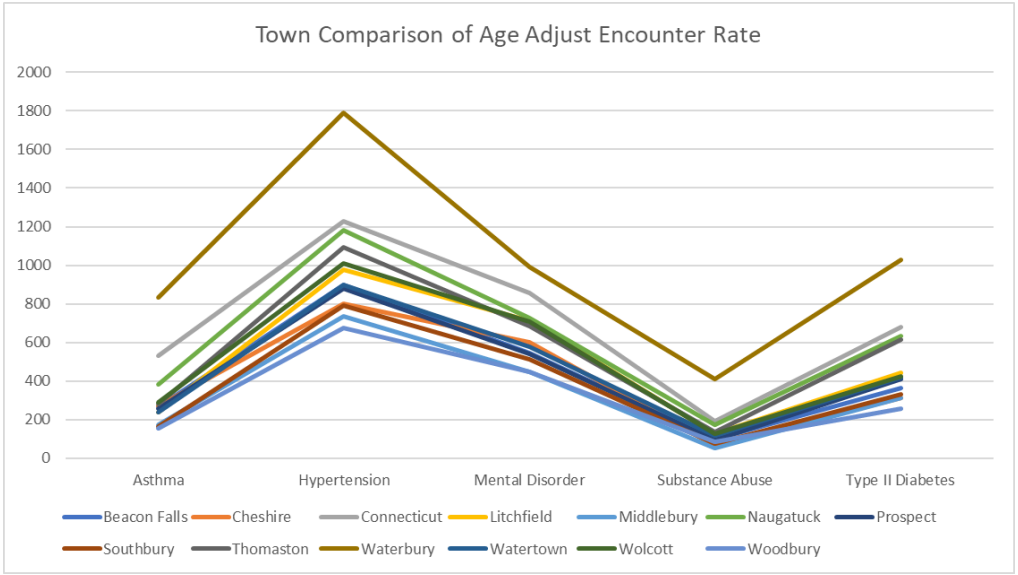


(Source: DataHaven analysis of 2018-2021 CHIME data (2022)

CHIME Analysis Observations: Zip Code Matters

Is your zip code a better predictor of your health than your genetic code? Data and research helps us to consider this question. The correlation between where people live and their quality of life is an important lens to view. Take asthma for example the influences of the environment has a greater effect than ones genes. When we swap the axis of the above chart we can see the line each town follows. Waterbury's line is higher at every indictor on the above chart. Waterbury's encounter rate for Asthma is 36% higher than CT average and is 70% higher than the average of the other towns listed in Greater Waterbury. Hypertension encounter rates in Waterbury are 31% higher than the state age adjusted rate and 50% higher than Greater Waterbury. While mental disorder encounters are of a more similar rates in Waterbury, substance use encounter rate is 53% greater in Waterbury compared to CT and 75% greater than the rest if the catchment area. The last area of diabetes again shows a large gap in comparison with Waterbury's encounter rate 34% higher than Connecticut's rate and 60% greater than the rest of Greater Waterbury.

Figure 53: Town Comparison of Age Adjusted Encounters



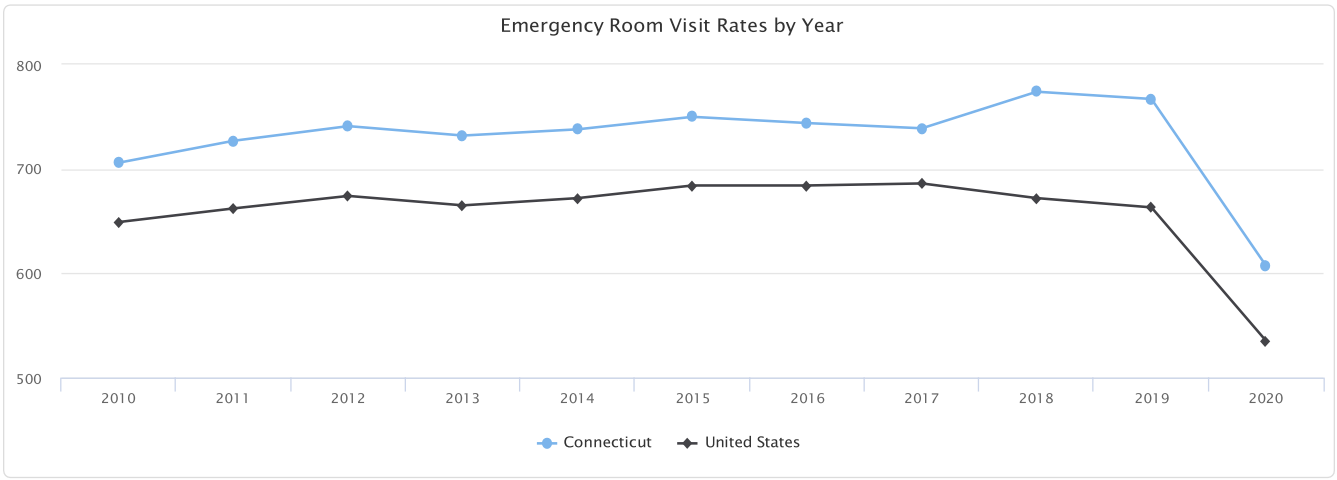
(Source: DataHaven analysis of 2018-2021 CHIME data (2022)

Table 12: Emergency Room Visit Rates-Medicare

Report Area	Medicare Part A and B Beneficiaries	Emergency Room Visits	Emergency Room Visits, Rate (per 1,000 Beneficiaries)
Waterbury	27,082	8,022	620.2
Greater Waterbury	43,105	12,944	600.2
Connecticut	641,167	192,537	607.0

*(Source: Centers for Medicare and Medicaid Services, **CMS - Geographic Variation Public Use File** . 2020. Source geography: County)*

Figure 54: Emergency Room Visits by Year



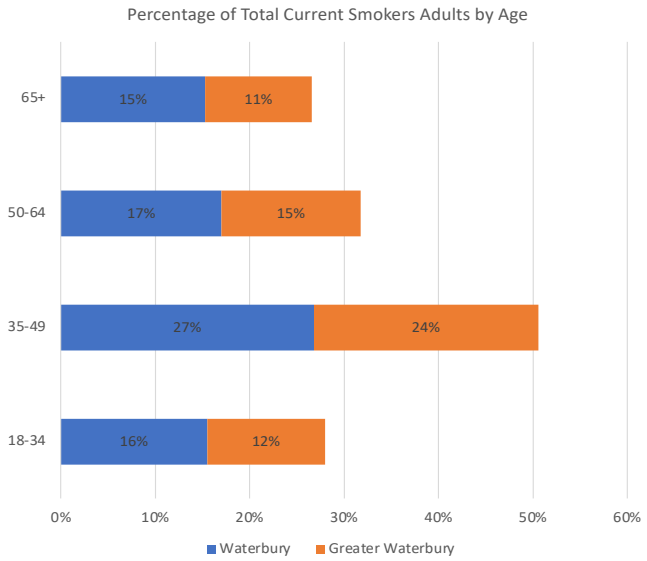
(*Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File. 2020. Source geography: County)*

Although ED visit rates are higher in Waterbury compared to region and State, there is a demonstrated drop-in visits year-to-year. **A likely reason for the sudden drop from 2019 to 2020 may be attributed to COVID-19 precautions and people feeling uncomfortable visiting the ER during this period. Many hospitals also discouraged non-emergent visits during this time as they became overwhelmed with Covid testing, patients and ED visits.**

Chronic Disease and Health Risk Factors

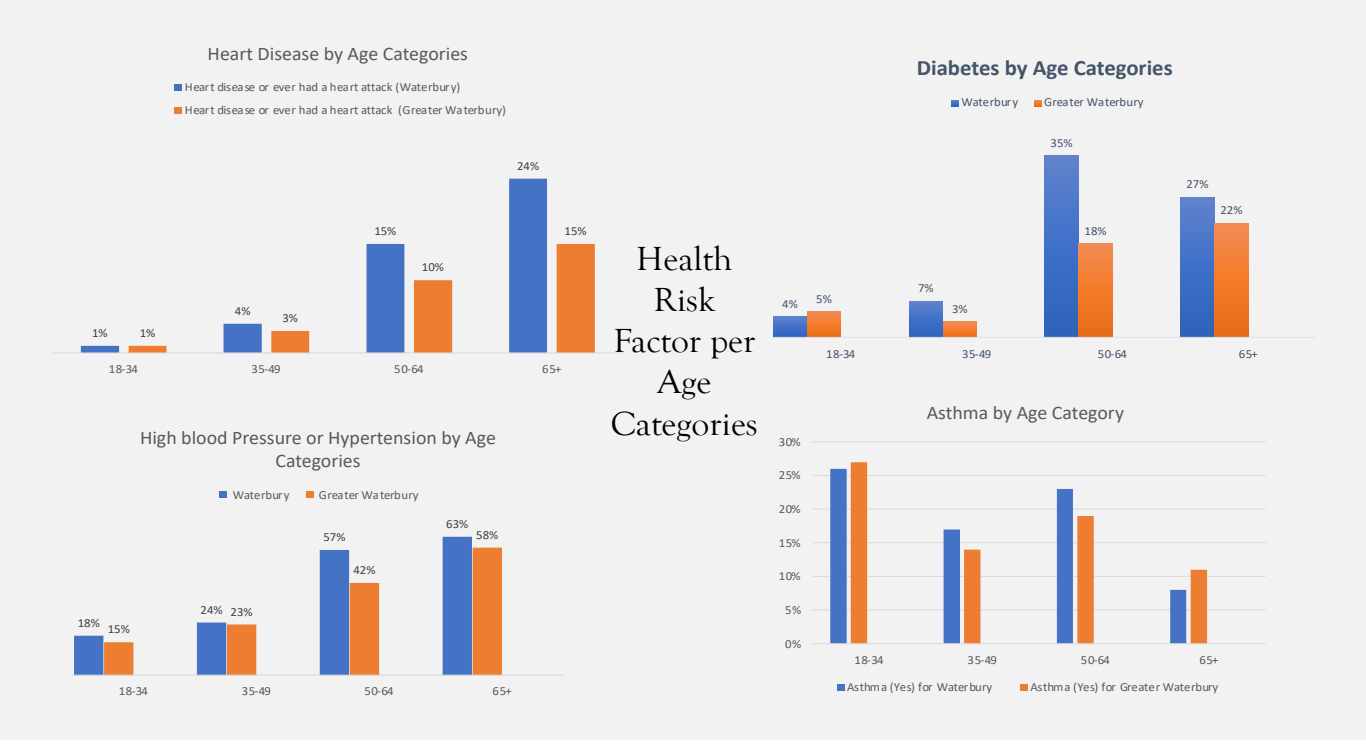
Throughout the state, People of Color face greater rates and earlier onset of many chronic diseases and risk factors, particularly those that are linked to socioeconomic status and access to resources. For example, diabetes is much more common among older adults than younger ones, yet middle-aged Black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

Figure 55: Total Current Smokers, Adults by Age



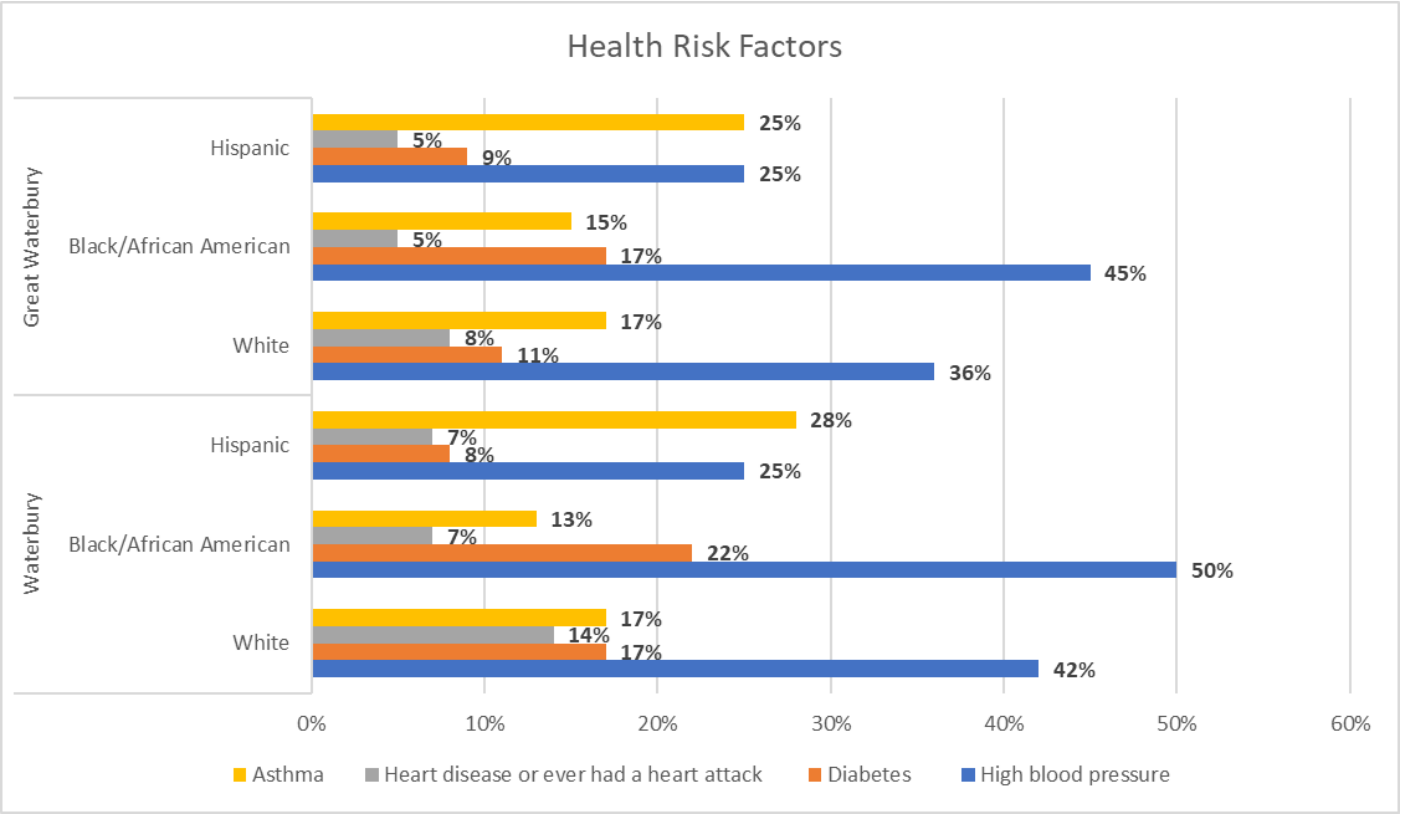
(Source: DataHaven 2021; Greater Waterbury Health Partnership Analysis, 2022)

Figure 56: Selected Health Indicators by Age



(Source: DataHaven 2021; Greater Waterbury Health Partnership Analysis, 2022)

Figure 57: Health Risk Factors by Race/Ethnicity



(Source: DataHaven 2021; Greater Waterbury Health Partnership Analysis, 2022)

Mortality - Cancer

This indicator reports the 2016-2020 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

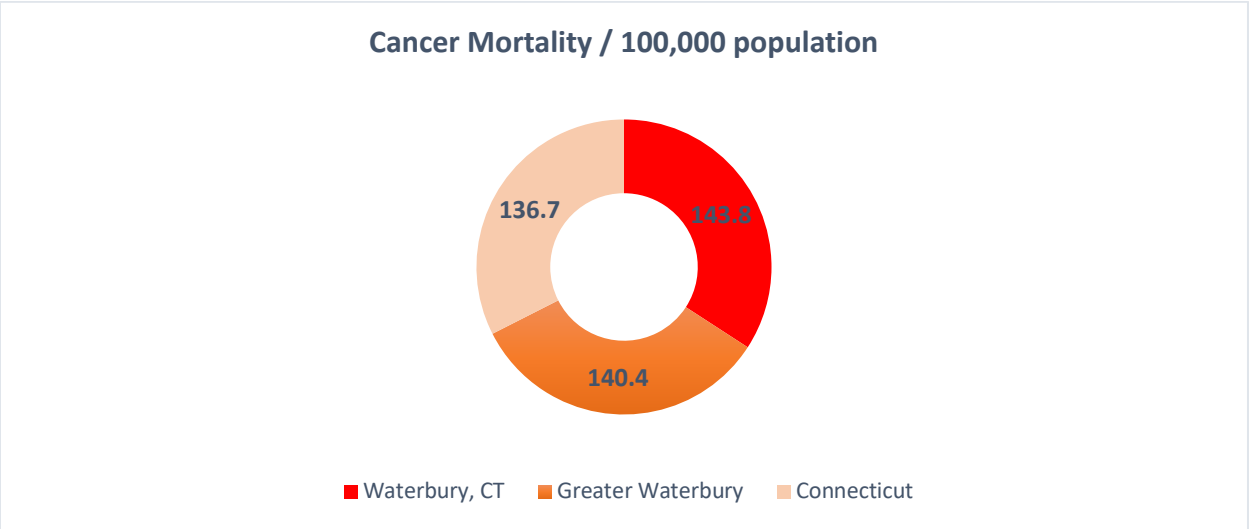
Within the report area, there are a total of 1,064 deaths due to cancer in Waterbury. This represents an age-adjusted death rate of 143.8 per every 100,000-total population. It is important to note that Waterbury is included in the Greater Waterbury report area.

Table 13: Cancer-death Rates by Town and Region

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population	Age-Adjusted Death Rate (Per 100,000 Population)
Waterbury, CT	109,579	1,064	194.2	143.8
Greater Waterbury	214,395	2,107	196.6	140.4
Connecticut	3,571,919	32,910	184.3	136.7

(Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.)

Figure 58: Cancer Mortality Rates



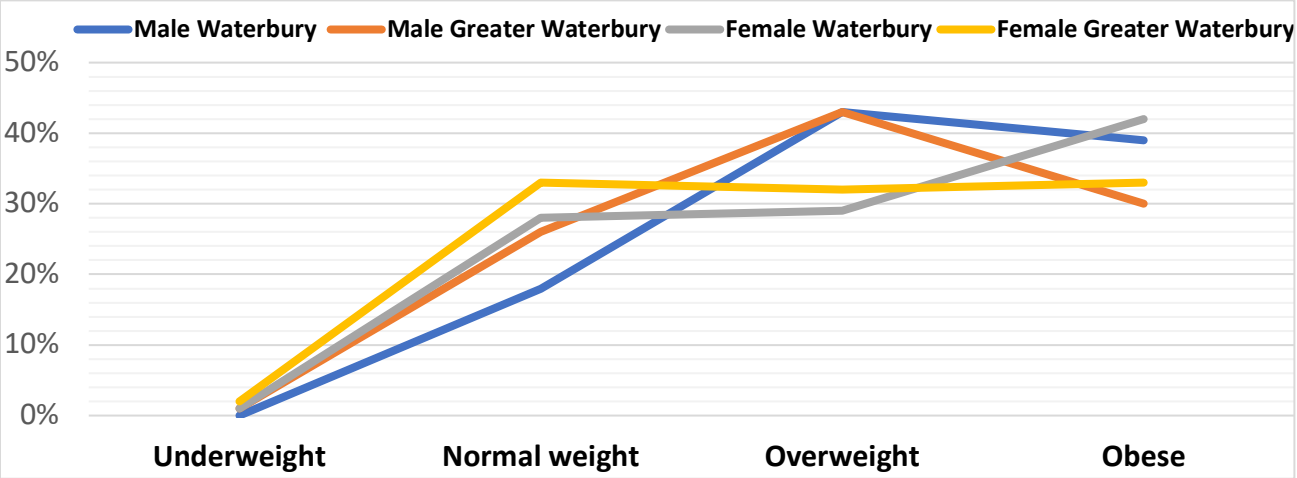
(Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.)

Chronic Disease

Health Outcomes reported in the Data Haven 2021 Community Wellbeing Survey

Weight: BMI and Obesity

Figure 59: BMI Analysis by Gender



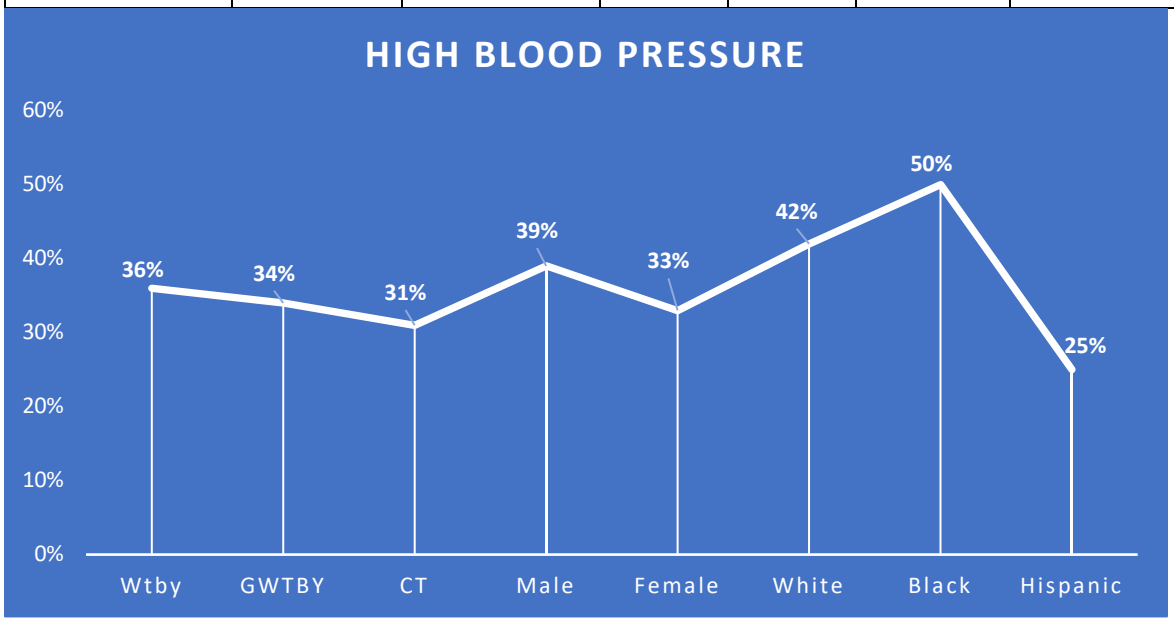
(Source: DataHaven 2021; Greater Waterbury Health Partnership Analysis, 2022)

Although this chart reflects that men are more likely to report being overweight, women in Waterbury are more likely to report being obese. Clinically defined “underweight” and “normal weight” is reported less frequently then overweight and obesity overall.

Figure 60: High Blood Pressure/Hypertension

When survey respondents were asked if a doctor has diagnosed them with high blood pressure 50% of Black individuals surveyed reported yes, while 25% of Latino individuals replied yes to this question. Waterbury and the Greater Waterbury areas are reporting having high blood pressure more when compared to the statewide responses. Males also reported this more frequently than females.

Have you ever been told by a doctor or health professional that you have high blood pressure or hypertension							
	Location		Gender		Race/Ethnicity		
	CT	Waterbury	M	F	White	Black	Hispanic
Weighted Total:	9139	352	166	186	130	67	120
Yes	31%	36%	39%	33%	42%	50%	25%
No	68%	62%	57%	66%	57%	49%	72%



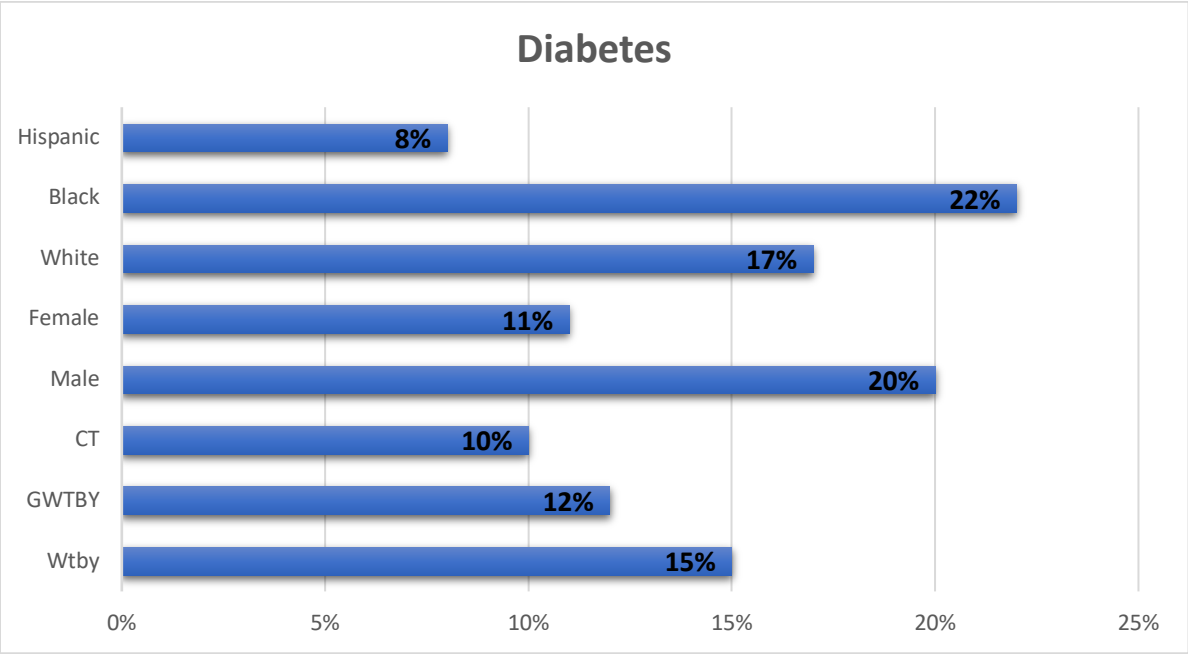
(Source: DataHaven 2021; Greater Waterbury Health Partnership Analysis, 2022)

Diabetes

Figure 61: Diabetes by Race/Ethnicity, Sex and Area

Being diagnosed with Diabetes was reported the most by Black individuals. Latino individuals reported this diagnosis the least amount of times. Males reported having diabetes almost double the amount of the female respondents. Waterbury residents also responded "yes" to having diabetes more frequently when comparing to the Greater Waterbury and state regions.

Have you ever been told by a doctor or health professional that you have diabetes?							
	Location		Gender		Race/Ethnicity		
	CT	Waterbury	M	F	White	Black	Hispanic
Weighted Total:	9139	352	166	186	130	67	120
Yes	10%	15%	20%	11%	17%	22%	8%
No	88%	83%	77%	88%	82%	78%	90%



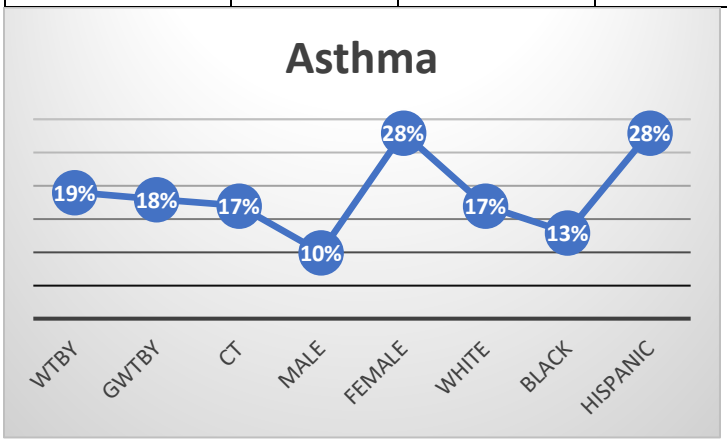
(Source: DataHaven 2021; Greater Waterbury Health Partnership Analysis, 2022)

Asthma

Figure 62: Asthma Rates

Asthma continues to effect urban areas more than any other areas in CT. Females are reporting being diagnosed with asthma at a significantly higher rate than males. Latino individuals are reporting this health factor more frequently than Black or White individuals.

Have you ever been told by a doctor or health professional that you have asthma							
	Location		Gender		Race/Ethnicity		
	CT	Waterbury	M	F	White	Black	Hispanic
Weighted Total:	9139	352	166	186	130	67	120
Yes	17%	19%	10%	28%	17%	13%	28%
No	82%	79%	88%	71%	83%	87%	72%



(Source: DataHaven 2021; Greater Waterbury Health Partnership Analysis, 2022)

Mental Health

Mental health issues like depression and anxiety can be linked to social determinants such as, income, employment, and environment. These can pose significant risks of physical health problems by complicating a person's ability to keep up with other aspects of their health care. People of color are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 18% of Waterbury adults report experiencing anxiety regularly and 15% report being bothered by depression. In a community like Waterbury that is over 50% people of color, one could assume that people of color are disproportionately affected by mental health challenges compared to their white counterparts.

Table 14: Selected Mental Health Indicators, Share of Adults, 2015-2018

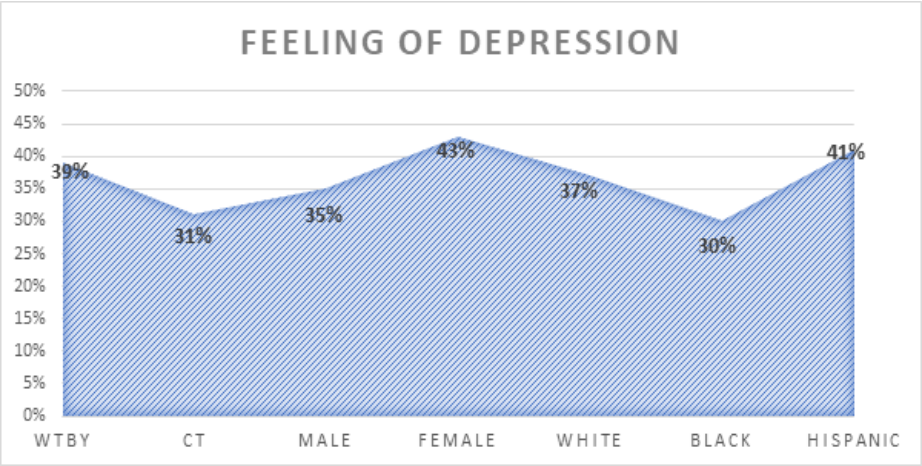
	Total	White	Black	Latino	Asian	Native American
Experiencing anxiety						
Connecticut	12%	11%	15%	19%	14%	15%
Greater Waterbury	13%	13%	12%	20%	17%	11%
Waterbury	18%	16%	14%	21%	N/A	N/A
Bothered by Depression						
Connecticut	9%	8%	10%	14%	8%	12%
Greater Waterbury	8%	7%	19%	13%	0%	9%
Waterbury	15%	13%	20%	16%	N/A	N/A

(Source: DataHaven CT)

Figure 63: Rates of Depression Symptoms

This crown image displays the tip of each point associated with a demographic area that reported the greatest number of feeling depressed. Waterbury residents are reporting feeling symptoms of depression more than CT residents in general. Female and Latino individuals are also reporting this at a higher rate.

Over the past 2 weeks, have you felt down, depressed, or hopeless?							
	Location		Gender		Race/Ethnicity		
	CT	Waterbury	M	F	White	Black	Hispanic
Weighted Total:	9139	352	166	186	130	67	120
No	67%	59%	60%	57%	61%	67%	57%
Yes	21%	23%	21%	25%	37%	30%	41%



(Source: DataHaven 2021; Greater Waterbury Health Partnership Analysis, 2022)

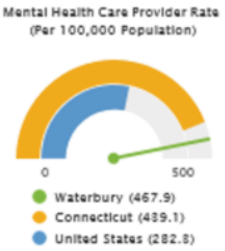
Access to Care - Mental Health

This indicator reports the number of mental health providers in the report area as a rate per 100,000 total area population. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. Data from the 2021 Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file are used in the 2022 County Health Rankings.

Within Waterbury there are 782 mental health providers with a CMS National Provider Identifier (NPI). This represents 467.9 providers per 100,000 total population.

Figure 64: Rate of Available Mental Health Care Providers

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Waterbury	167,133	782	213.7	467.9
Connecticut	7,114,012	31,236	227.8	439.1
United States	657,959,282	1,857,394	354.2	282.3

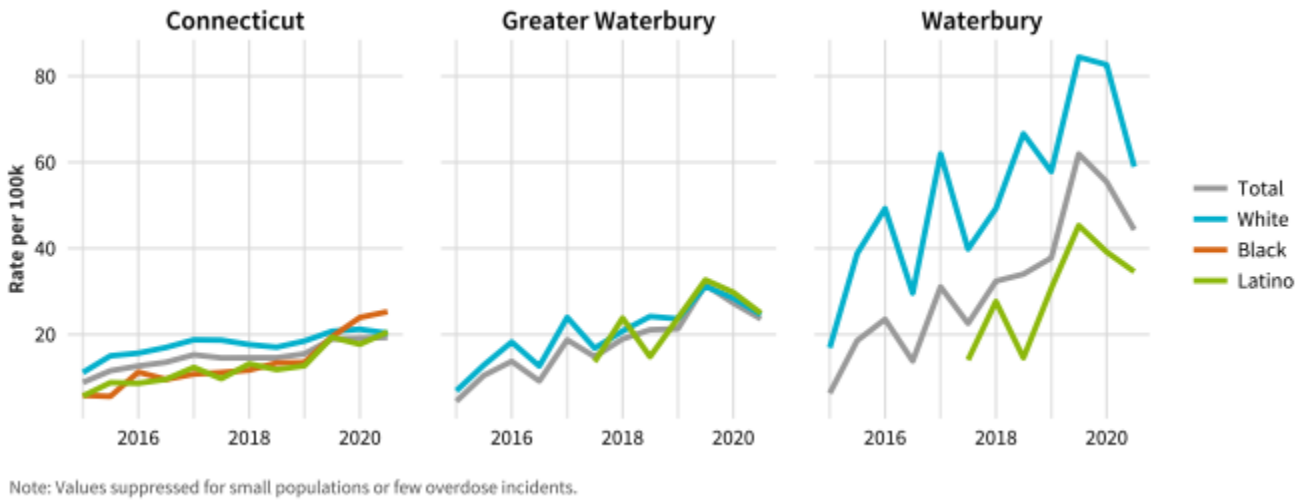


***(Source:** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). Accessed via County Health Rankings. 2021. Source geography: County)*

Substance Abuse

Like other states, Connecticut has seen a rise in drug overdose deaths in the last several years. In 2020, Connecticut saw an average of 113 overdose deaths per month, up from 60 in 2015. White residents long comprised the bulk of these deaths, but as overall overdose death rates have increased, an increasing share of those deaths have been people of color.

Figure 65: Age-Adjusted Semi-Annual Rates of Drug Overdose Deaths per 100,000 Residents by Race/Ethnicity, 2015-2020

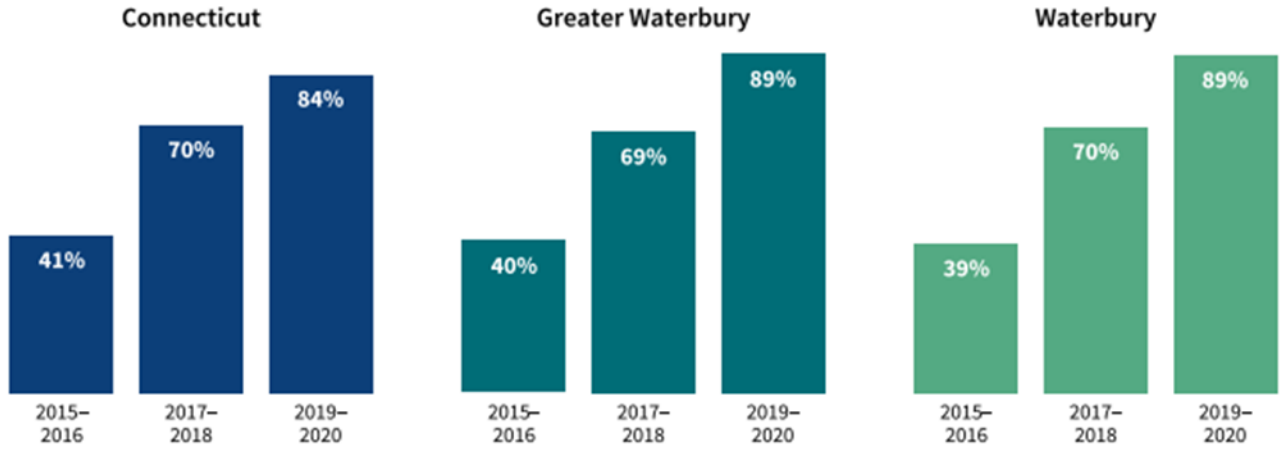


(Source: waterbury_profile_v1.pdf (ctdatahaven.org) DataHaven 2021 Waterbury Community Wellbeing Profile)

Overdose Involving Fentanyl

The introduction and spread of fentanyl in drugs—both with and without users' knowledge—is thought to have contributed to this steep rise in overdoses. In 2015 and 2016, 39 percent of the drug overdose deaths in Waterbury involved fentanyl; in 2019 and 2020, this share was 89 percent.

Figure 66: Overdose Involving Fentanyl

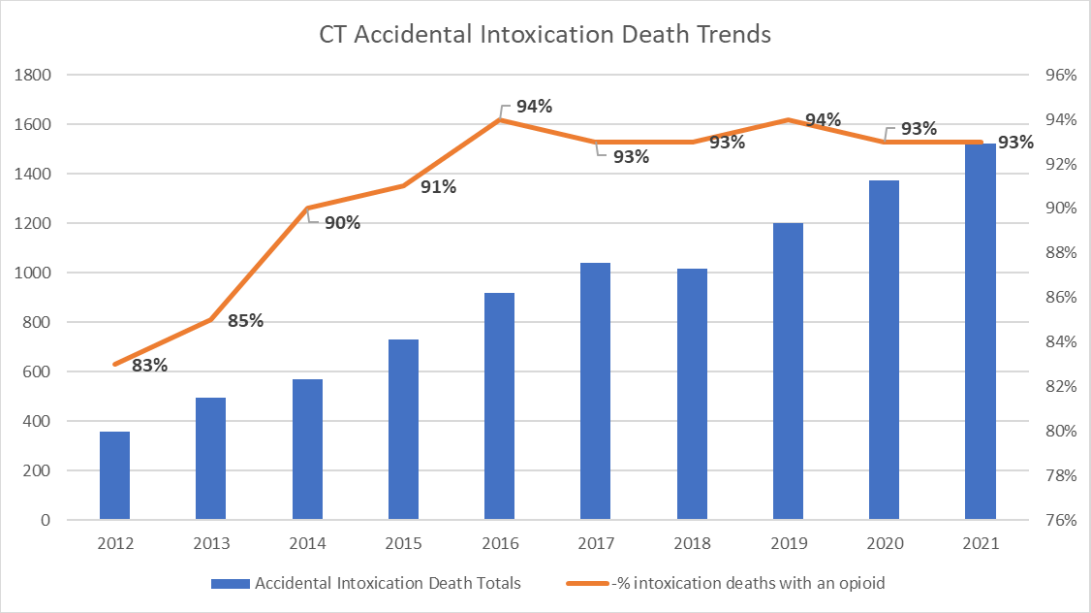


(Source: waterbury_profile_v1.pdf (ctdatahaven.org) DataHaven 2021 Waterbury Community Wellbeing Profile)

Accidental Intoxication

There has been a 77% increase over the past decade of accidental intoxication deaths in Connecticut. This increase can be attributed to the introduction of Fentanyl and Opioids.

Figure 67: Accidental Intoxication Death Trends in CT

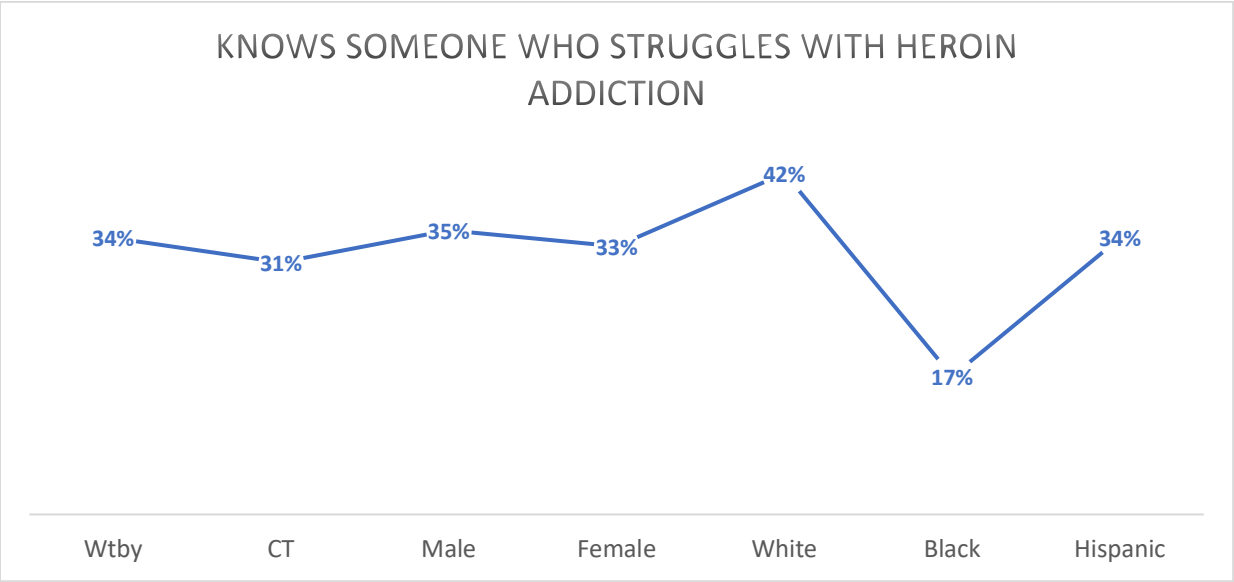


(Source: Statistics (ct.gov) Calendar Years 2012 to 2021 Accidental Drug Intoxication)

Figure 68: Knows Someone with Opiate Addiction

In the chart above, White individuals report being more aware of people in their lives struggling with substance use disorder. The drastic dip amongst race and ethnicity groups indicates that Black individuals are less aware of people close to them that may be struggling. However, this does not necessarily mean substance use disorder is not present in the Black community; there may be other factors influencing awareness such as stigma.

Do you personally know anyone who has struggled with an addiction to heroin or other opiates such as prescription painkillers (like Percocet or OxyContin) at any point during the last 3 years?							
	Location		**Gender**		**Race/Ethnicity**		
	CT	**Waterbury**	**M**	**F**	**White**	**Black**	**Hispanic**
Weighted Total:	7258	235	117	118	77	43	93
Yes	31%	34%	35%	33%	42%	17%	34%
No	68%	64%	62%	66%	56%	81%	66%

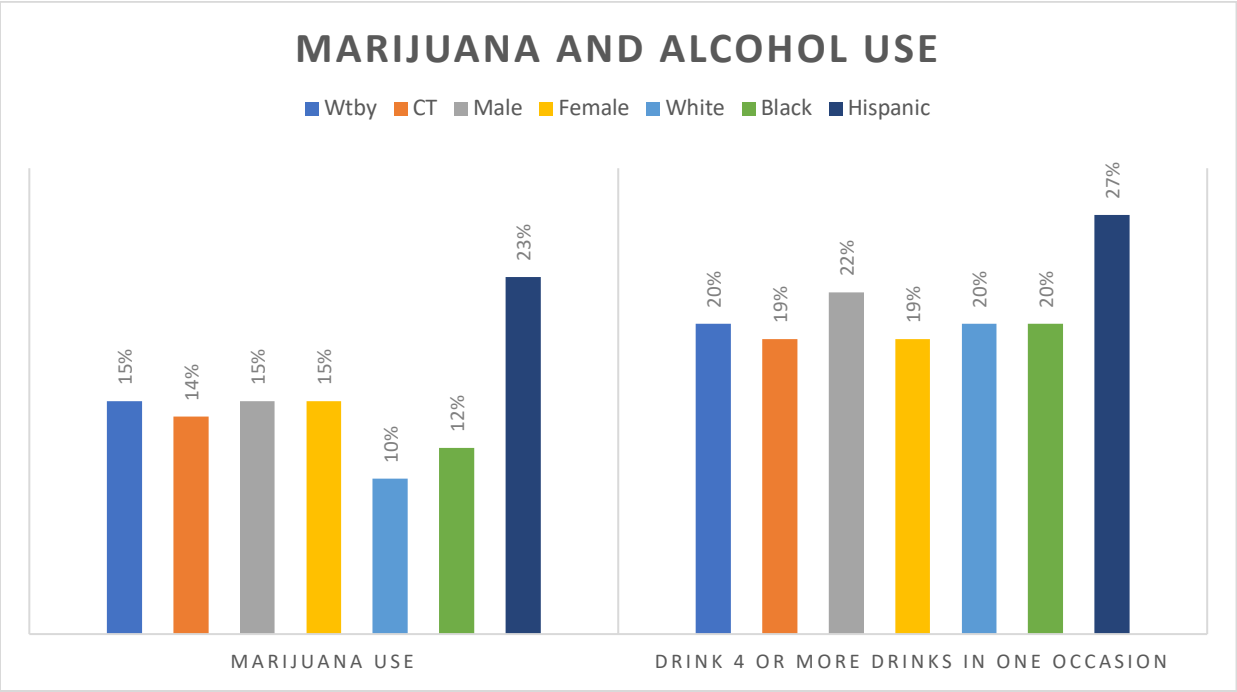


(Source: DataHaven 2021; Greater Waterbury Health Partnership Analysis, 2022)

Figure 69: Marijuana and Alcohol Use

This figure demonstrates that Latino individuals report the use of marijuana and alcohol at a higher rate than other race/ethnicity groups. Location and gender demographic factors measured are reporting similar rates.

During the past 30 days, have you use marijuana or cannabis?							
	Location		**Gender**		**Race/Ethnicity**		
	CT	**Waterbury**	**M**	**F**	**White**	**Black**	**Hispanic**
Weighted Total:	9139	352	166	186	130	67	120
No	85%	82%	83%	81%	89%	86%	71%
Yes	14%	15%	15%	15%	10%	12%	23%
Considering all types of alcoholic beverages, did you have 4/5 or more drinks on an occasion during the past 30 days?							
	Location		**Gender**		**Race/Ethnicity**		
	CT	**Waterbury**	**M**	**F**	**White**	**Black**	**Hispanic**
Weighted Total:	8979	344	166	179	129	67	114
No	79%	77%	76%	77%	80%	80%	71%
Yes	19%	20%	22%	19%	20%	20%	27%



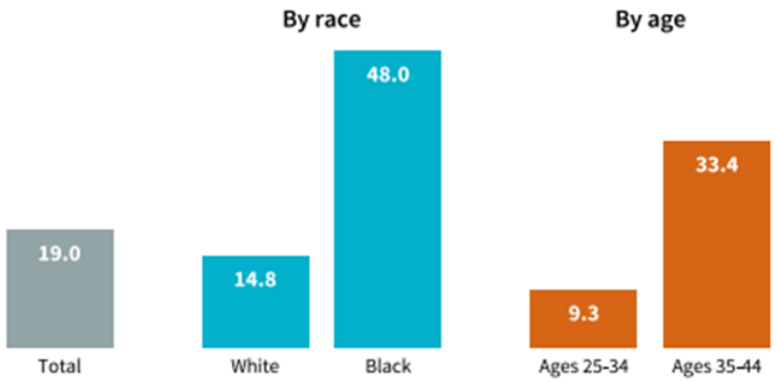
(Source: DataHaven 2021; Greater Waterbury Health Partnership Analysis, 2022)

Maternal Health

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

A Statewide View

Figure 70: Maternal Mortality Rate per 100,000 Births, Connecticut, 2013-2017



(Source: waterbury_profile_v1.pdf (ctdatahaven.org) DataHaven 2021 Waterbury Community Wellbeing Profile)

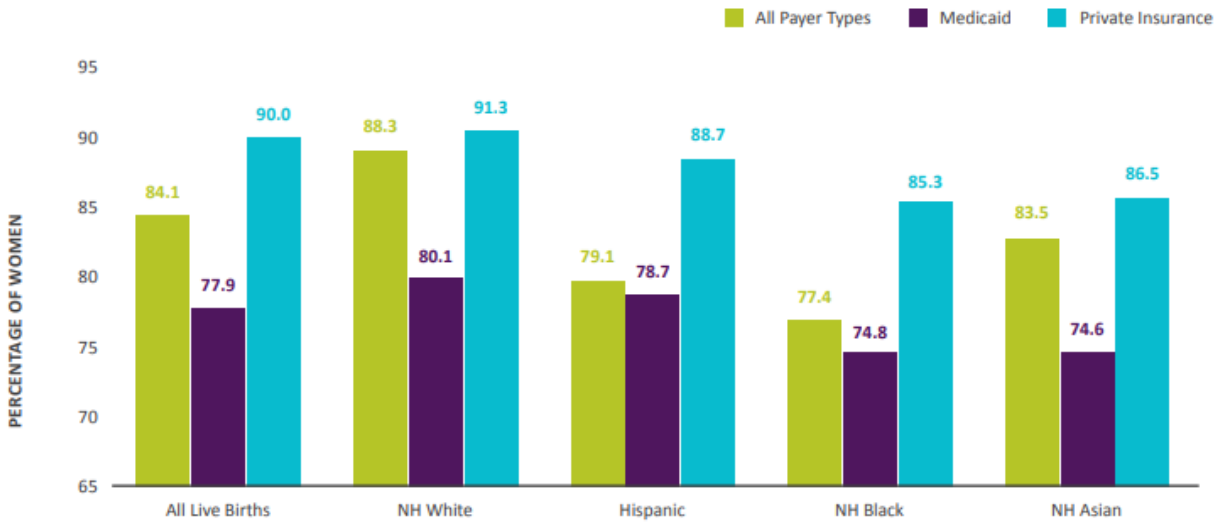
Prenatal Care

Access to quality, culturally competent prenatal care is a key factor in birth and maternal health outcomes. Prenatal care is essential for monitoring the health of babies and birthers and provides the opportunity for early intervention if complications arise. Equally as important, access and engagement in quality, culturally competent postpartum care and

services, is associated with better health outcomes for mothers, birthers and their babies. Mothers, birthers and babies of color experience severe disparities in preterm birth, low-birth rate, maternal morbidity/mortality and infant mortality.

Figure 71: Percentage of pregnant women who received early prenatal care by race/ethnicity and delivery payer, CT, 2016-2018

The figure below demonstrates that there is disparity in attainment of prenatal care by race/ethnicity related to insurance type. Birthers of color on Medicaid are significantly less likely to obtain early prenatal care when compared to other races and other insurance types.

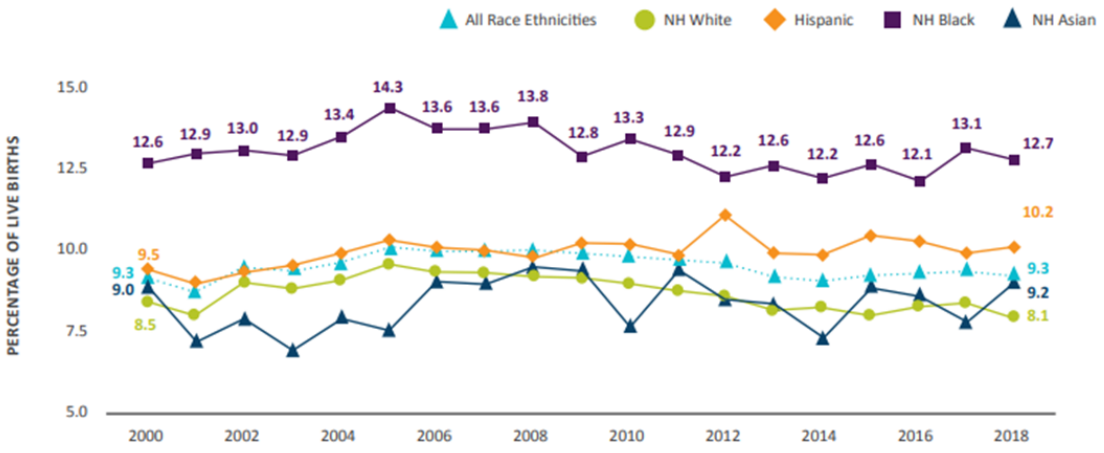


(Source: Connecticut Department of Public Health, "Health Connecticut 2025: State Health Assessment," 2019 page88)

Preterm Birth & Low Birth Weight

Figure 72: Trend in preterm birth (all pluralities) by race/ethnicity, CT, 2007-2018

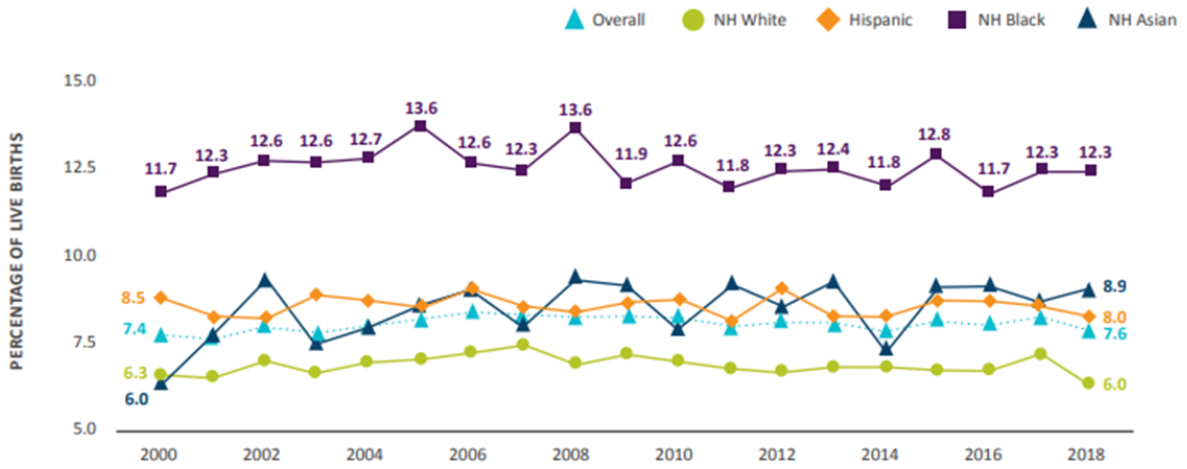
The figure below indicates that Black babies consistently have the highest rates of pre-term birth, followed by Latino babies.



(Source: Connecticut Department of Public Health, "Health Connecticut 2025: State Health Assessment," 2019 page 87)

Figure 73: Trends in low birthweight (all pluralities) by race/ethnicity, CT, 2000-2018

The figure below again indicates significant disparity between races for low birthweight. Black babies are most likely to be born with low birthweight and White babies are least likely to have low birthweight.

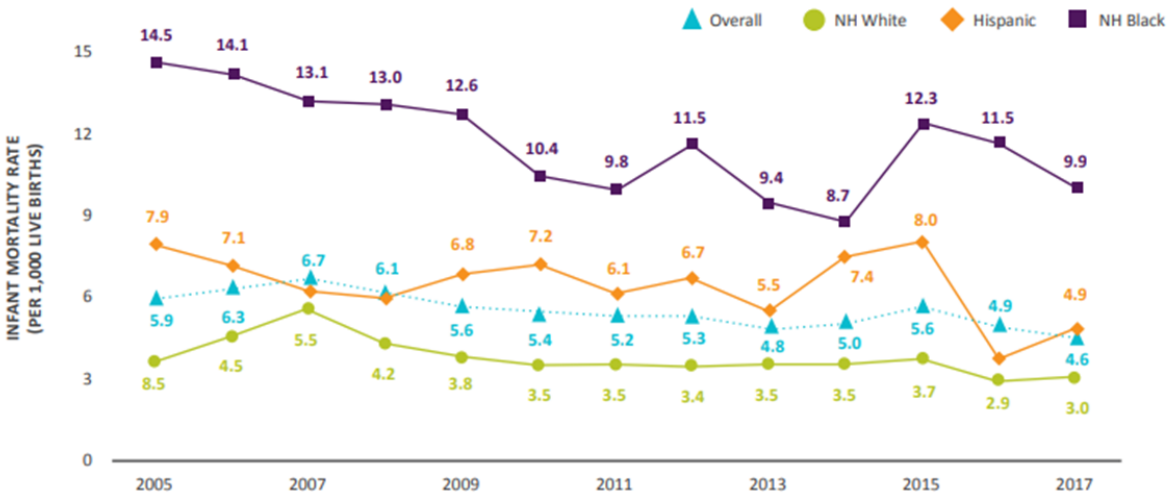


(Source: Connecticut Department of Public Health, "Health Connecticut 2025: State Health Assessment," 2019 page 89)

Infant Mortality

Figure 74: Infant Mortality Rate by Race/Ethnicity, CT, 2005-2017

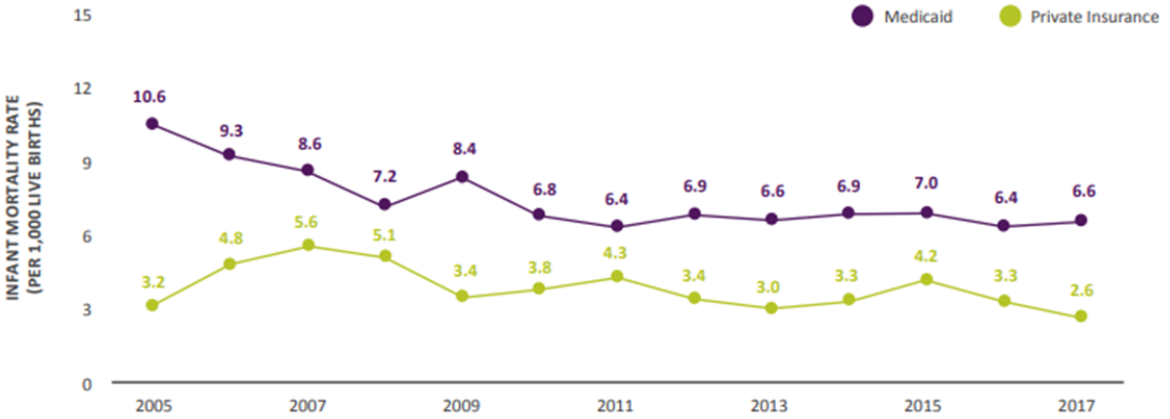
The figure below demonstrates that Black babies die at the highest rate in the State of CT when compared to babies of other races. Upon initial observation the trends seem to show movement in the positive direction. However, the disparity is actually presenting highest in 2017 compared to 2005 between White and Black babies.



(Source: Connecticut Department of Public Health, "Health Connecticut 2025: State Health Assessment," 2019 page 92)

Figure 75: Infant mortality rate by delivery payer, CT, 2005-2017

The figure below demonstrates that babies on Medicaid die at a higher rate than babies that are privately insured.



(Source: Connecticut Department of Public Health, "Health Connecticut 2025: State Health Assessment," 2019 page 92)

Waterbury and Greater Waterbury Data

**There are data limitations for data available for Waterbury and Greater Waterbury.*

Birth outcomes in Waterbury and surrounding area also reflect similar trends as State of CT trends. Even though there are limited data available for the area, these issues are consistent with the trends illustrated in the preceding charts and tables.

Table 15: Selected Birth Outcomes by Race/Ethnicity of Parent Giving Birth, 2016-2018

				Latina			
Area	Total	White	Black	Latina (overall)	Puerto Rican	Other Latina	Asian
Late or no prenatal care							
Connecticut	3.4%	2.5%	5.7%	4.0%	2.9%	5.1%	3.5%
Greater Waterbury	3.1%	2.4%	5.4%	3.6%	2.7%	4.9%	3.8%
Waterbury	3.7%	3.3%	5.1%	3.4%	2.4%	5.3%	3.9%
Low birthweight							
Connecticut	7.8%	6.4%	12.1%	8.3%	10.2%	6.6%	8.7%
Greater Waterbury	8.8%	7.0%	11.9%	10.6%	11.9%	8.4%	14.4%
Waterbury	10.0%	7.0%	11.9%	10.6%	11.9%	8.4%	14.4%
Infant mortality (per 1k live births)							

Connecticut	**4.6**	**3.1**	**9.5**	**5.0**	**N/A**	**N/A**	**N/A**
Greater Waterbury	**4.3**	**2.4**	**7.7**	**5.6**	**N/A**	**N/A**	**N/A**
Waterbury	**6.3**	**4.0**	**8.1**	**6.4**	**N/A**	**N/A**	**N/A**

(DataHaven, 2021)

Teen Births

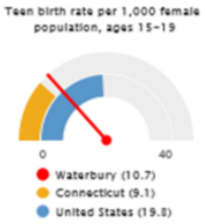
This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2014-2020) and are used for the 2022 County Health Rankings.

In Waterbury, of the 39,407 total female population age 15-19, the teen birth rate is 10.7 per 1,000, which is greater than the state's teen birth rate of 9.1.

Note: Data are suppressed for counties with fewer than 10 teen births in the time frame.

Figure 76: Teen Birth Rates by Area

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Waterbury	39,407	10.7
Connecticut	1,675,284	9.1
United States	144,216,216	19.3

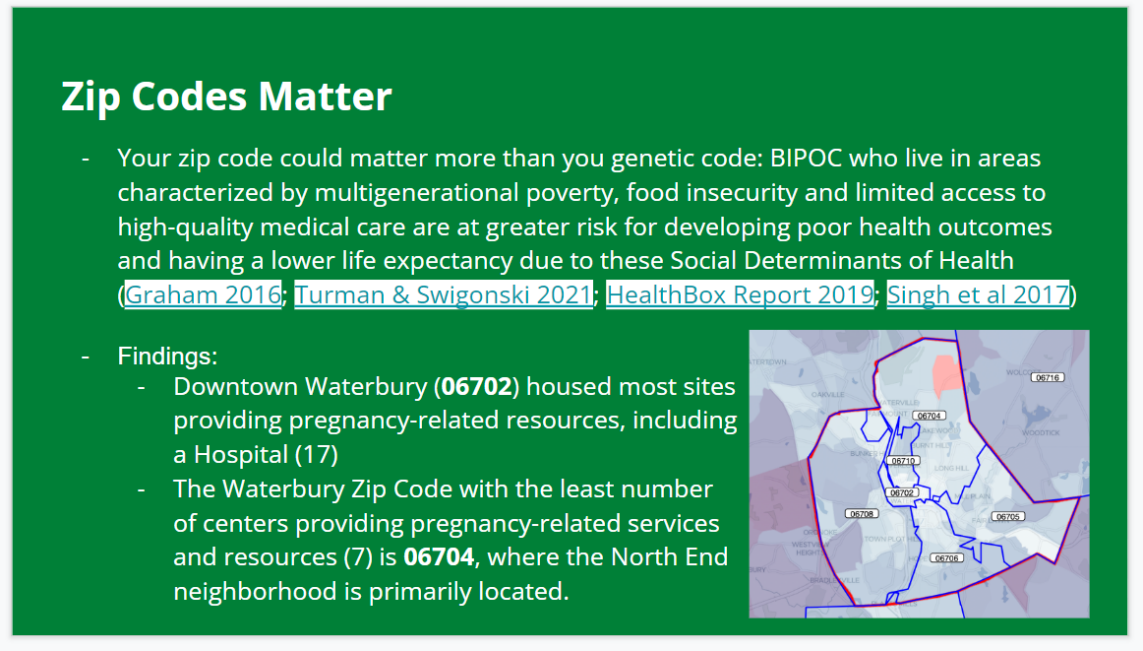


***(Source:** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2014-2020. Source geography: County)*

Assessing Local Maternal and Pre-Natal Resources

The Waterbury Bridge to Success #Day43 Landscape Analysis: *Preliminary Assessment of Pregnancy-Related Resources in Waterbury* provides insight to the current availability and access of pregnancy related resources within the Waterbury community. This analysis identifies gaps and barriers to services as well as opportunities for improvement in areas such as cultural competency, language and community awareness. The full presentation, Waterbury Bridge to Success #Day43 Landscape Analysis: *Preliminary Assessment of Pregnancy-Related Resources in Waterbury,* is available in Appendix D.

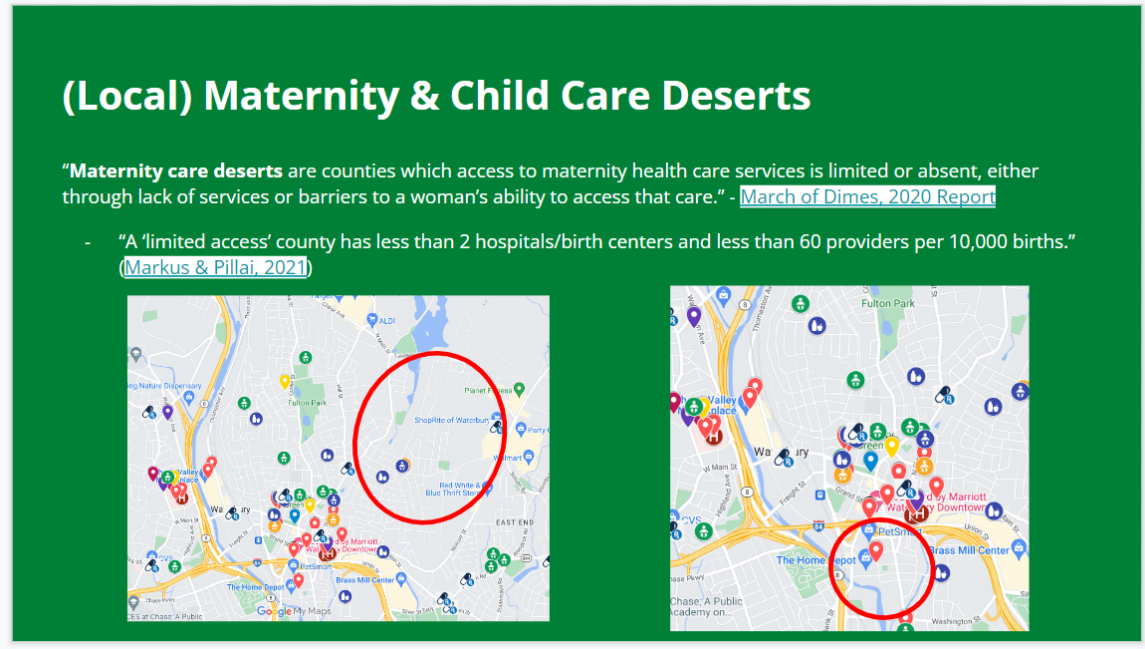
Figure 77: Prenatal Resources by Zip Code



(Source: Waterbury Bridge to Success #Day43 Landscape Analysis: Preliminary Assessment of Pregnancy-Related Resources in Waterbury [PowerPoint Slides])

Figure 78: Maternity and Childcare Deserts in Waterbury

In the figure on the left the Northeast Lakewood area (encompassing a portion of Long Hill) shows a lack of maternity and child care resources. The figure on the right shows a lack of resources in the South End/Brooklyn of Waterbury. This graphic demonstrates that although the City has adequate resources, they are not evenly distributed to allow for equitable access to services.

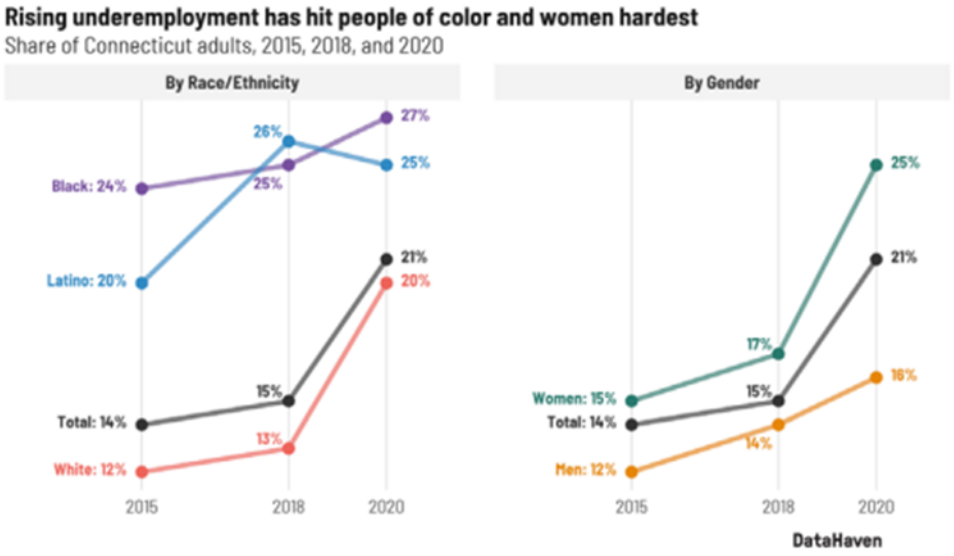


(Source: Waterbury Bridge to Success #Day43 Landscape Analysis: Preliminary Assessment of Pregnancy-Related Resources in Waterbury [PowerPoint Slides])

COVID-19 Impact

The DataHaven 2021 Community Wellbeing Survey (DCWS) describes how the COVID-19 Pandemic has impacted towns/cities across the Greater Waterbury Region. In response to the COVID-19 pandemic, the most recent wave of the DCWS included questions about social distancing, access to testing, vaccination, workplace safety, trust in institutions, and the impacts of the pandemic on residents' healthcare and economic security. Mark Abraham, Executive Director of DataHaven said the following about the survey, "The purpose of the DataHaven Community Wellbeing Survey is to produce the most accurate, locally-relevant information on issues that are most meaningful to residents, thereby adding to what public agencies are able to collect through administrative record-keeping systems…As many families face new challenges related to the coronavirus pandemic's impact on the economy, health system, and society at large, it is encouraging that so many organizations are continuing their collaboration to collect information that truly represents the voices of residents throughout the state. (DataHaven, 2021).

Figure 79: COVID 19 impact on Connecticut



(Source: DataHaven_2020_COVID_Survey_Crosstabs_PressReleaseProfile 92020DataHaven Community Wellbeing Survey-COVID-19 Rapid Response Survey)

COVID-19 Vaccination

This indicator reports a point-in-time percent of adults fully vaccinated for COVID-19. Data is updated daily from the CDC API. Vaccine hesitancy is the percent of the population estimated to be hesitant towards receiving a COVID-19 vaccine. The Vaccine Coverage Index is a score of how challenging vaccine rollout may be in some communities compared to others, with values ranging from 0 (least challenging) to 1 (most challenging).

Many interesting data demonstrate that there are connections between mask compliance and death and hospitalization rates that seem inconsistent. For instance, Black individuals had high mask compliance but also high death rates and vaccine rates. However, COVID impacted those most with underlying chronic conditions. The Black population as a whole experiences higher rates of chronic disease, which is reflected in this report. Even with high vaccine rates and mask compliance there is likely a link between the incidence of chronic conditions and COVID mortality, especially in the Black population.

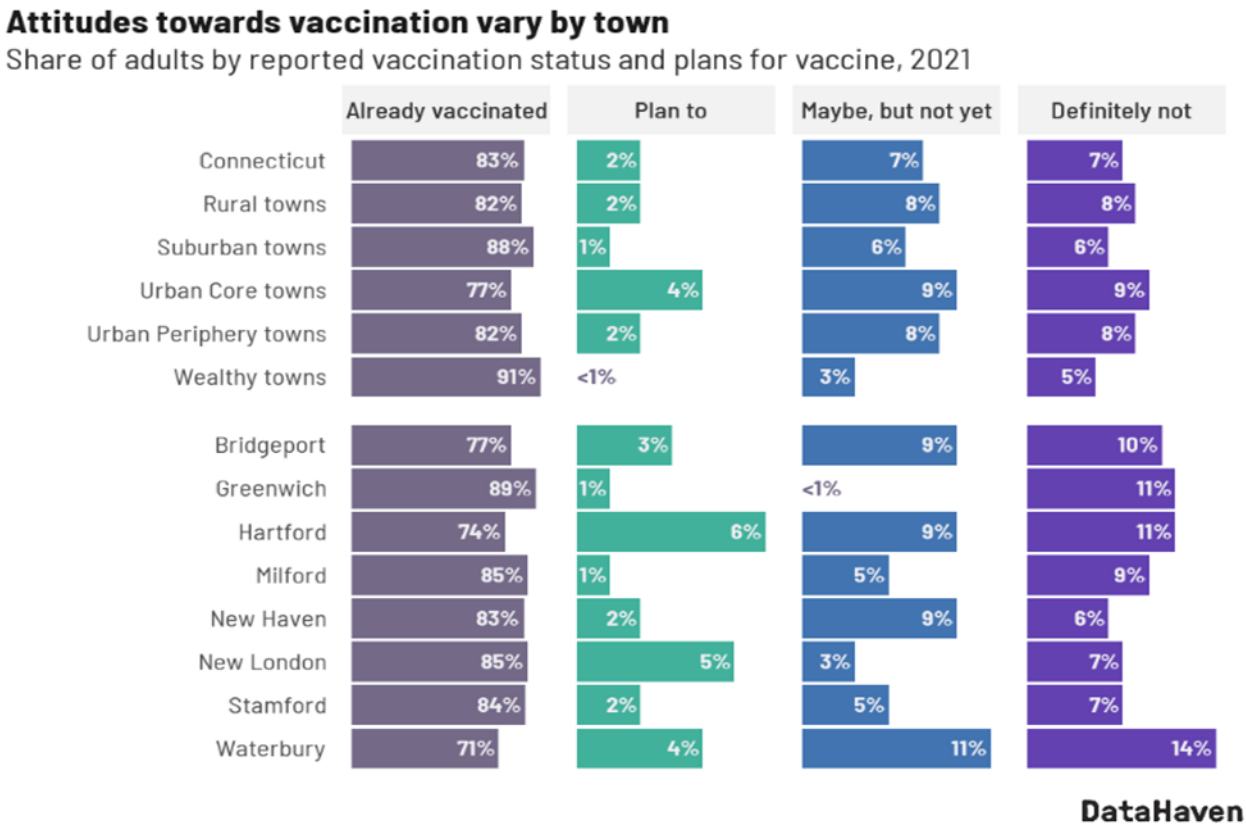
Table 16: COVID-19 Vaccination Rates and Hesitancy

Report Area	Percent of Adults Fully Vaccinated	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	Vaccine Coverage Index	Last Update
Waterbury	**86.21%**	5.77%	0.04	04/17/2022
Greater Waterbury	**85.29%**	5.71%	0.03	04/17/2022
Connecticut	86.30%	5.49%	0.03	04/17/2022

(Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2022. Source geography: County)

Figure 80: Attitude Toward Vaccination by Town

The figure below indicates that Waterbury had the highest percentage of residents that were vaccine-hesitant with no plans to obtain a vaccine. Covid-19 vaccines were made widely available in 2020-2021 through a concerted effort between Waterbury Department of Public Health, several Federally Qualified Health Centers and community partners. Large-scale outreach was deployed to overcome vaccine hesitancy especially in communities of color. Attitudes towards vaccines and vaccine refusal may be in an indication of mistrust in the local Greater Waterbury health system.

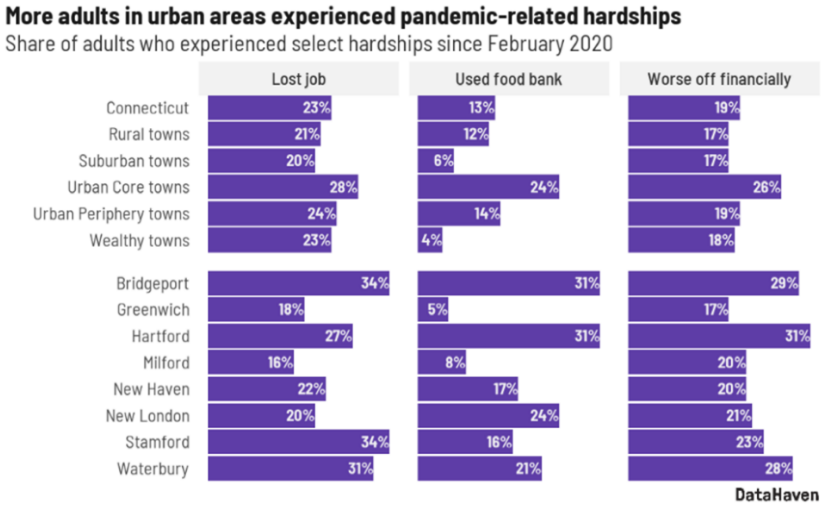


(Source: DataHaven_2020_COVID_Survey_Crosstabs_PressReleaseProfile 92020DataHaven Community Wellbeing Survey-COVID-19 Rapid Response Survey)

Social and Economic Factors-Covid Influence

Economic security and social inequities are often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. The impact of COVID-19 on hardship and economic and financial factors was devastating for Waterbury and surrounding towns. Ensuring equitable access to social and economic resources provides a foundation for a healthy community.

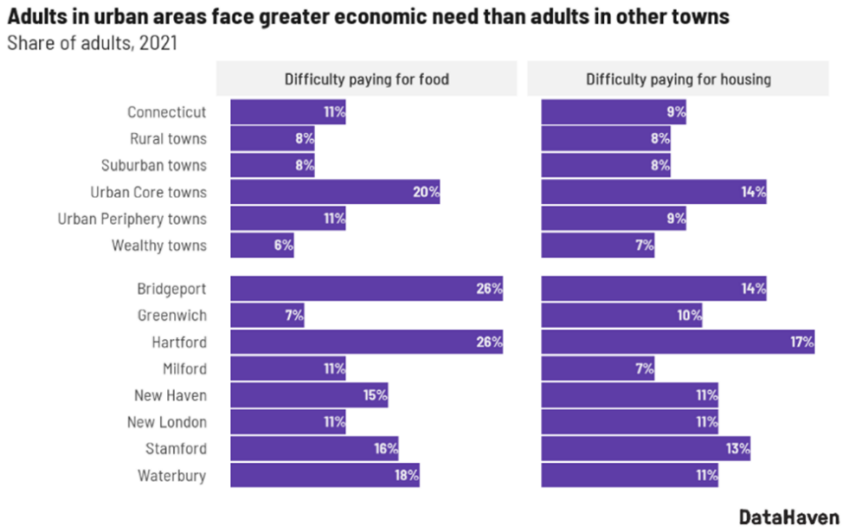
Figure 81: Pandemic-Related Hardships



(Source: DataHaven_2020_COVID_Survey_Crosstabs_PressReleaseProfile 92020DataHaven Community Wellbeing Survey-COVID-19 Rapid Response Survey)

The COVID-19 Pandemic deeply affected Greater Waterbury and Waterbury residents' ability to provide stable food and housing sources for their families. DataHaven reported in their COVID-19 Rapid Response Survey inequalities by race and gender, with 8 percent of White, 20 percent of Black, and 22 of Latino adults reporting food insecurity in the past year, as well as 8 percent of men and 14 percent of women statewide.

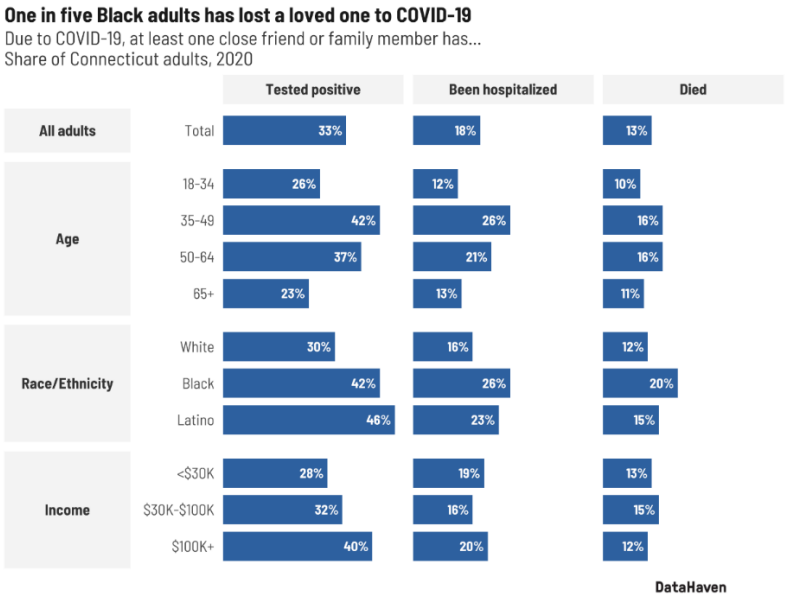
Figure 82: Urban Economic Need by Town



(Source: DataHaven_2020_COVID_Survey_Crosstabs_PressReleaseProfile 92020DataHaven Community Wellbeing Survey-COVID-19 Rapid Response Survey)

Figure 83: Connecticut Covid Testing, Hospitalizations and Deaths by Age, Income and Race/Ethnicity

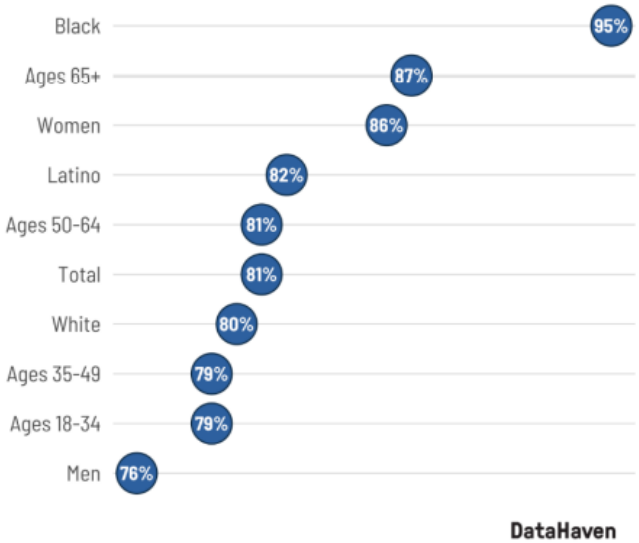
One in five Black adults has lost a loved one to COVID-19. The following chart aggregates the "yes" responses to the following questions, "Due to COVID-19, at least one close friend or family member tested positive for COVID-19, was hospitalized due to COVID and has died from COVID-19"



(Source: DataHaven_2020_COVID_Survey_Crosstabs_PressReleaseProfile 92020DataHaven Community Wellbeing Survey-COVID-19 Rapid Response Survey)

Mask usage was one of the mandated mitigating strategies for Connecticut Residents. 81% of adults in Connecticut reported wearing a mask very often when leaving home, with Black residents reporting the highest compliance to this strategy to reduce the spread of COVID-19.

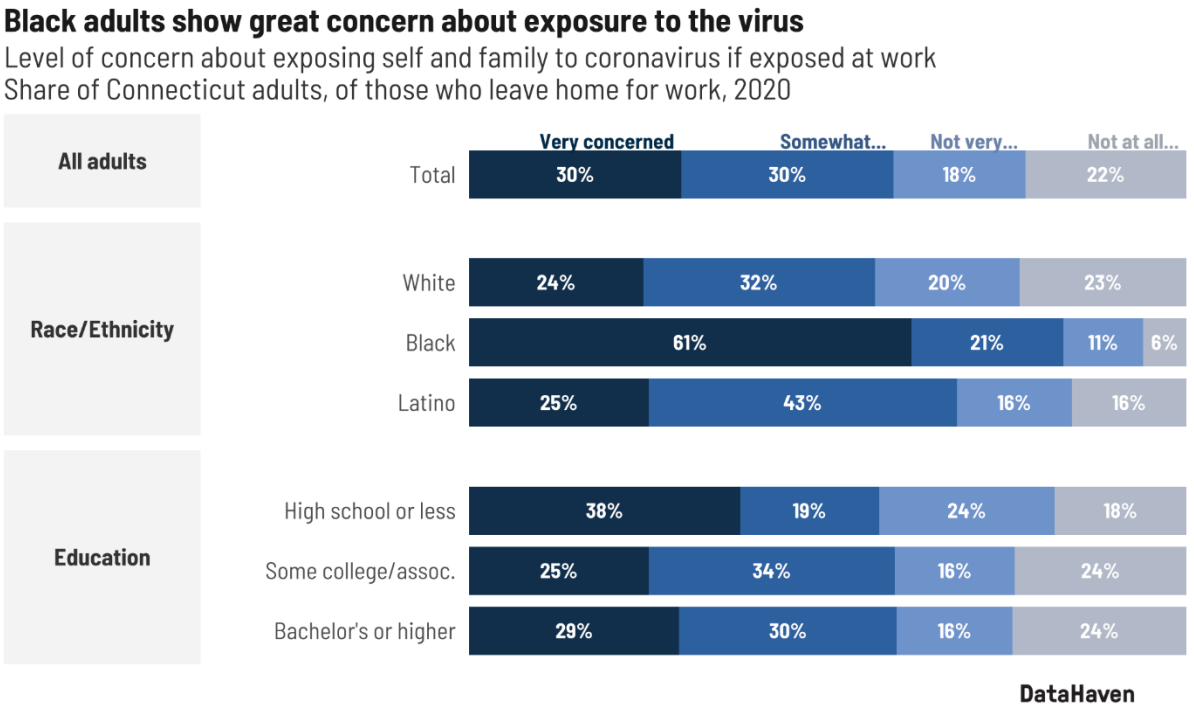
Figure 84: Mask Compliance



(Source: DataHaven_2020_COVID_Survey_Crosstabs_PressReleaseProfile 92020DataHaven Community Wellbeing Survey-COVID-19 Rapid Response Survey)

Figure 85: Covid-19 Exposure Concerns

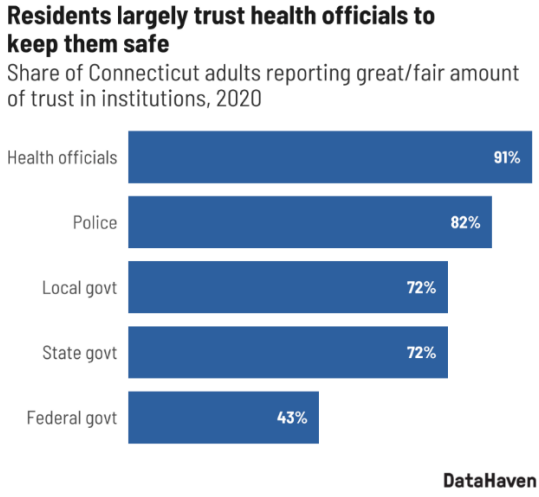
The figure below demonstrates that Black residents in the State of Connecticut were most concerned about possible exposure to the virus while at work.



(Source: DataHaven_2020_COVID_Survey_Crosstabs_PressReleaseProfile 92020DataHaven Community Wellbeing Survey-COVID-19 Rapid Response Survey)

Figure 86: Residents Trust in Officials

The chart below demonstrates the great responsibility local Health officials and organizations have to ensure the livelihood and safety of local residents. An overwhelming 91% of Connecticut State residents reported trusting Health officials in 2020, which is much higher compared to trust in Police and Federal Government.



(Source: DataHaven_2020_COVID_Survey_Crosstabs_PressReleaseProfile 92020DataHaven Community Wellbeing Survey-COVID-19 Rapid Response Survey)

Looking Ahead; Final Observations

In closing, the CHNA represents a comprehensive roadmap from which the community has the opportunity to create a Community Health Improvement Plan. Using the Established Health Priorities defined on page 16, Health Officials, Community and Clinical Partners, Local Governments and Resident Ambassadors can all play a role in determining a plan for how interventions may be provided and disparities addressed. This report indicates a high level of trust in local Health Officials, however data indicates that there is a lack of community outreach and health education happening at the neighborhood level. Food deserts, care deserts, infant death and life expectancy all vary drastically by race in Waterbury. This Community Health Needs Assessment serves as a call to action for local leadership to engage in meaningful partnerships that can lead to improved health outcomes for people experiencing the most severe disparities. This Assessment is an informative tool from which plans can emerge and solutions develop. We at Greater Waterbury Health Partnership look forward to initiating those plans and solutions with the community. Sincerest thanks to all of the contributors, reviewers and sponsors of this in-depth assessment that make this level of quality reporting possible for Greater Waterbury.

Appendix A. Community Engagement

Transforming Communities Initiative

TCI Focus Group Sessions

Trinity Health Of New England sponsored a robust Community Engagement portion of the Community Health Needs Assessment in the format of Focus Groups. GWHP, The Hispanic Coalition of Greater Waterbury and Waterbury Bridge to Success were engaged to facilitate 4 focus groups using current local data from the 2020 Census tract to initiate conversation pertaining to community health needs in their neighborhoods. GWHP provided the data PowerPoint and facilitation guide to assist the groups and guide discussion when needed, however groups were given the autonomy to choose their own facilitators and format so long as key indicators were addressed for community health and survey responses were collected. Bridge to Success and The Hispanic Coalition of Greater Waterbury conducted these groups within neighborhoods they identified as the target population. GWHP staff documented the events of each group through the collection of information collected at each event and provides the complete report in the Appendices of this report.

Summary of TCI Focus Group Sessions

The Hispanic Coalition held their focus group sessions at Riba Aspira and La Case Bienvenida – a senior center. Waterbury Bridge to Success held a focus group at Smirna Misionera and also adapted the presentation to a survey format for their Summer Sparkler events, which was able to capture experiences from Waterbury parents more feasibly for these activity-based events.

Community Input

2022 CHNA — Waterbury Community Resident Survey Highlights

The 2022 CHNA Community Resident Survey sought input on many questions. Using the 2021 DataHaven Community Wellbeing survey 352 Waterbury residents, between 5/24/2021 and 12/9/2021, completed the telephone survey conducted by the Siena College Research Institute to help identify Health Priorities for the city to address over the next three years. Below are several question excerpts from the 2022 CHNA Community Member Survey that summarize the community response.

How would you rate your overall health, would you say your health is excellent, very good, good, fair or poor?

Excellent	15%
Very good	29%
Good	30%
Fair	16%
Poor	9%

How much do you agree or disagree that your neighborhood has many stores, banks, markets or places to go are within easy walking distance of your home?

Strongly agree	38%
Somewhat agree	26%
Somewhat disagree	17%
Strongly disagree	18%

How much do you agree or disagree that your neighborhood has several free or low cost recreation facilities such as parks, playgrounds, public swimming pools, etc.?

Strongly agree	36%
Somewhat agree	34%
Somewhat disagree	14%
Strongly disagree	14%
Don't know	2%

How much do you agree or disagree that you do not feel safe to go on walks in your neighborhood at night?

Strongly agree	28%
Somewhat agree	22%
Somewhat disagree	21%
Strongly disagree	25%
Don't know	3%

2022 Transition Communities Focus Group Key Findings:

Trinity Health of New England: Transforming Communities Initiative (TCI) Focus Groups 2022

Waterbury Bridge to Success (BTS) and The Hispanic Coalition of Greater Waterbury (HCGW) collaborated with The Greater Waterbury Health Partnership (GWHP) to conduct 4 focus groups within Waterbury to obtain feedback from individuals on the health needs in their community. BTS and HCGW organized and hosted 2 events each. Participants were given a $10 Dunkin Donuts gift card for attending the focus group. Light refreshments were also served during the events. GWHP provided the focus group content, survey oversight and data collection and reporting. The table below describes the composition of each focus group including the number in attendance, number of participants providing a phone number or email to reconnect for further involvement as well as the cultural diversity of the group.

Focus Groups were held:

Date	Location	Time	Facilitator	Number in Attendance	% Willing to Reconnect	Race/Ethnicity
26-Jul-2022	RIBA Aspira Center, 233 Mill Street 3rd Floor	6-8pm	Victor Lopez, Director, Hispanic Coalition	22	95%	86% Hispanic 14% Multiracial
3-Aug-2022	La Casa Bienvenida, 135 East Liberty Street	9-11am	Lenytza Rodriguez	14	57%	100% Hispanic
17-Aug-2022	Fulton Park: 438 Cooke St, Waterbury, CT 06706	12:00pm-3:00pm	Vanessa Blas	17	88%	46% Black 44% Hispanic 10% White
17-Aug-2022	Smirna Misionera A/G 30 Central Ave Waterbury, CT 06702	6:30-8:30pm	Pastor Angel Castellano	26	88%	46% Black 44% Hispanic 10% White

Methods Used:

GWHP provided a broad overview of community and social health concerns from the DataHaven Community Well Being Survey. Facilitators at host sites delivered the discussion points in Spanish and English, as appropriate, and asked participants to record responses on surveys both in online and paper formats. All responses, attendance, facilitators and supporting information was recorded and submitted to GWHP for full analysis and reporting. Some sessions offered the opportunity for participants to be mailed a gift card thanking them for their participation

Participants were asked to consider the following health issues and their experiences with them:

- Chronic Disease: Asthma, Hypertension, Obesity, etc.
- Opportunities for safe recreation and condition of parks
- Linguistically Appropriate Health Care
- Access to Care
- Mental Health
- Substance Abuse
- Maternal Health
- Transportation
- Respect from Medical Community

Key Finding of the TCI Focus Groups:

- ***Waterbury BTS events***

Each event was facilitated by Pastor Angel Castellano. Individuals were engaged in the discussion with more than half the participants actively participating in providing feedback and answering questions more than once. The evening

focus group was held in two rooms, primarily due to room constraints as the second room held a larger capacity and was partaking in another proceeding the TCI focus group. This room participated over zoom. All participants took an exit survey at the end of the focus group.

- ***Overview of Community Responses – Those in quotes are verbatim.***

Recreational Activity

- Better communication to all residents about program offerings especially reaching out to low-income families about educational and nutrition programs.
- Food offerings at community health events.
- "There's soda machines and junk food at the health events, how is that healthy?"
- Better infrastructure for parks by holding the city accountable for maintenance.
- Expansion of the downtown area.
- More sidewalks
- Improved playground equipment.
- Better aesthetics such as murals around town.
- More winter activities.
- Better security at parks.
- "Police need to do their jobs."

Current Barriers Preventing Physical Activities such as Exercise

- Cost of Living
- Time in the day
- Healthy food is more expensive then unhealthy food.
- Police providing more security in the community
- "We know there's drugs in the city, but police don't intervene."

Asthma

- Old structures in our community and cheap apartments have lead
- "Hispanics live in those old structures, they're construction workers, and they live in the cheapest apartments that have lead."
- Poverty is connected to asthma
- Living near the highway can contribute to asthma.
- "Hispanics are immigrants. Most live in areas that are dangerous and have no opportunities to move up."

Hypertension

- Combination of genetics and life style contributes to hypertension.
- Diet is important to control blood pressure, but healthy food is so expensive.
- Promote a healthier eating culture.
- Waterbury schools should serve healthier food.
- Medication side effects to treat hypertension causes you to cough.
- "We need to change our culture around food"

Diabetes

- Emphasis on changing the culture of eating.
- Initially hard to manage diet changes when learning you are diabetic.

Access to Healthcare

- Many Hispanics are undocumented and do not have any health insurance.
- Medical insurance costs are so expensive

Culturally Competent Care

- Report feeling respected by their medical provider

Maternal Health

- Lack of resources and costs to afford education and prenatal services “Especially if you are undocumented”
- Too much stress on pregnant women
- Emphasis on lack of education driving maternal health disparities.

Transportation Access

- Participants expressed appreciation for the services and programs that offer transportation to medical appointments.
- Reporting difficulties in making sure that the transportation programs offer accommodations that are needed.
- “I had to call the day before the appointment to make sure my father, who is in a wheelchair, can have a car that fits him.”
- Reports of needing to wait up to 2 hours after their medical appointment for transportation back home.
- Need to find an easier way to navigate the transportation system and it should be faster.

Mental Health

- The connection to drugs and alcohol was identified by the community members.
- “There are places available in Waterbury for mental health but only when it’s urgent or if it’s life or death.
- Lack of insurance coverage is a barrier to access mental health services
- Lack of promotion of available programing is another barrier that was identified.

Substance Abuse

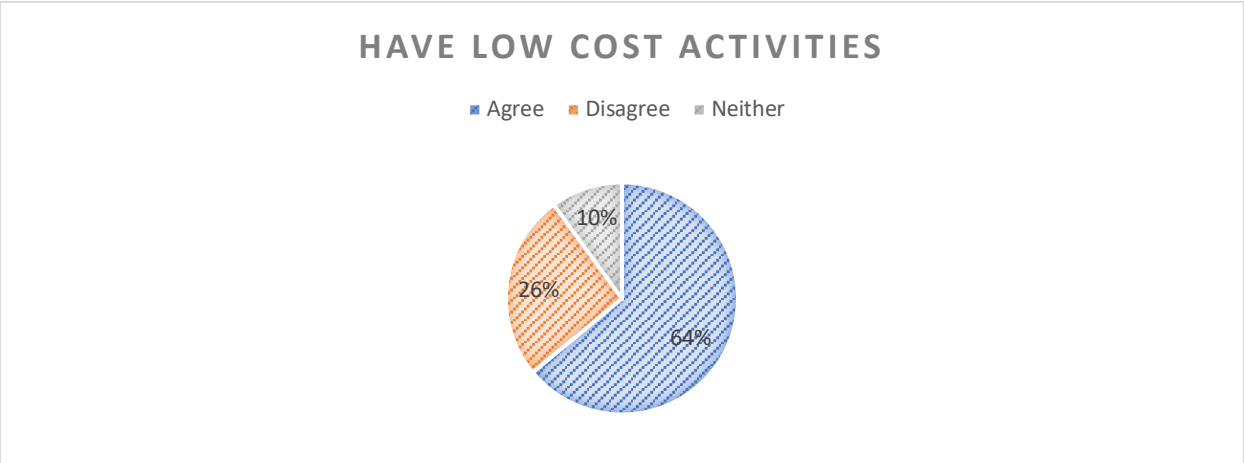
- Participants related to loved ones struggling with addiction.
- Drugs are a coping mechanism to help with being homeless.
- The need for more services and rehab programs was recognized.
- “Need programs that make sure they stay off it {drugs}.”
- Programs that treat the symptoms as well as the cause was mentioned as a need.
- Participants stated the importance of promoting church activities and programs to those addicted to drugs.

COVID-19

- “Everyone was affected”
- “There wasn’t enough funds, stimulus checks.”
- “Waterbury only helped in the areas they could help in.”
- “I was given two checks in the beginning to last me two years.”

Upon completion of the PowerPoint presentation and group discussion, participants were asked to complete a post survey to gather their thoughts on their community’s needs and top health priorities, below is a summary and visual of its findings. 3 questions were added to the second focus group and the information below is all reported on an overall average of responses.

39 participants completed the survey.
The visual below shows the percentage of individuals that agree there are free or low cost opportunities in their neighborhood that promote wellbeing.



Free response to what elements or recreational activities would you like to see in your neighborhood included better, safer and more parks, educational resources, community field days, more activities for 1-4 year olds and kids events, gymnastics, senior and after school programs, sensory playground, swimming activities and water safety, indoor fitness facilities and team or club sports for adults.

86% of respondents answered that they do have a person or place they consider to be a personal physician or healthcare provider?

94% respondents reported currently having medical insurance.

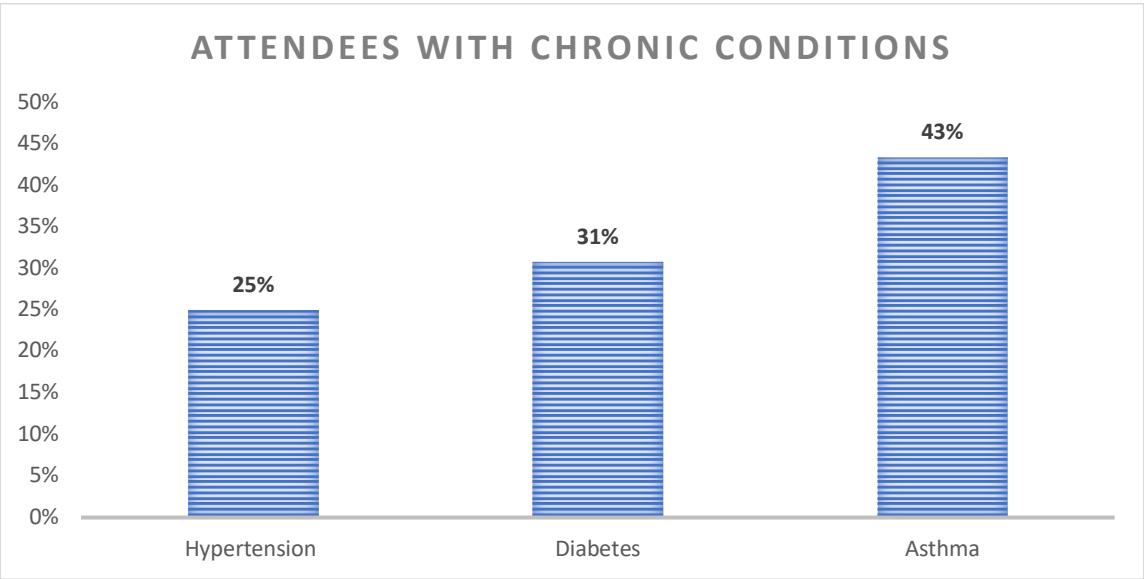
36% of people stated that they had to cancel a medical appointment within the past year due to not having a way to get to their appointment.

23% of the contributors report experiencing difficulties with getting transportation back from their medical appointments within the past year.

97% of individuals report feeling comfortable discussing their health concerns with their doctors.

36% of participants reported they have felt disrespected by their doctor or healthcare professional.

The following percentage of individuals reported being diagnosed with one of the below chronic medical conditions:



25% of individuals completing the survey reported having hypertension. 31% are diagnosed with diabetes while 43% report having asthma. 20% of the respondents report having 2 of the listed diagnoses, while 2 of the individuals have all 3 conditions.

Lastly the attendees were asked to list what they feel is the top health issues and how Waterbury should prioritize in addressing these health concerns. Below are the health issues listed with the first being the top priority and then proceeding down.

1. Healthcare access and culturally responsive healthcare and medical care
2. Chronic Diseases (Hypertension, Diabetes, Asthma)
3. Mental Health
4. Maternal Health
5. Substance Abuse

- ***Hispanic Coalition of Greater Waterbury events***

2 focus groups were organized and facilitated by the Hispanic Coalition of Greater Waterbury team members. Both events successfully engaged community members in the discussion about health concerns in their communities. The PowerPoint presentation and data fostered conversation amongst the group about their current experiences and provided a platform to express their opinions and provide recommendations.

- ***Overview of Community Responses – Those in quotes are verbatim.***

Recreational Activity

- Need safe access to parks and entertainment.
- "The playground equipment in the parks are not safe."
- Bathrooms at parks are always closed are not ADA accessible.
- Memberships to exercise facilities are too pricey
- Increase in criminal activity, "we need increased police patrol."

Current Barriers Preventing Physical Activities such as Exercise

- "I exercise after I see the doctor but never stick to it"
- Not many things or options are offered or are unaware of offerings.

Asthma

- Air pollution and dust is causing asthma in the community.
- "Waterbury buildings are old."
- 30% of the attendees reported having asthma currently.
- Officials are aware of the contaminated sites yet nothing is being done about addressing the issues.

Hypertension

- Hypertension did not create much dialog
- Participants agreed with the information on the slide.

Diabetes

- "Bad habits are hard to break."
- More education is needed for the entire family when a loved one struggles with diabetes
- The cost of food is making managing diabetes more difficult.
- "I can't do it for longer than a month then I give up"
- Medication costs are a barrier in getting the proper treatment.

Access to Healthcare

- Not having insurance or coverage needed and being turned away.
- Language barriers presented as a significant problem an example of interpreters not giving the full context or have a different dialect then the patient resulting in miscommunication.

- Medical insurance costs are very expensive

Culturally Competent Care

- Interpreters have represented information and do not always use the proper terminology.
- Seeing different providers through a practice has left individuals feeling unconnected.

Maternal Health

- "Mental health is a big issue in our community"
- "There needs to be better follow up when you need help."
- An example was given about the follow up after having a baby when living in Michigan then having another child in Waterbury and the complete lack of support was felt in Waterbury.
- Obstacles are created because of fear of calling DCF when you ask for help.

Transportation Access

- "I have lost my appointment because my transportation has not arrived"
- Many participants reported concerns about getting transportation back home for their medical appointments.
- "It has taken so much longer that it's easier not to get help unless it is severe."

Mental Health

- "We are always expected to be there on time and then we are always taken late."
- There is a stigma related to Mental Health and people are too proud to get help for mental issues.
- "You can spend money on bread and beer but spend money on Mental Health is looked down upon."
- Have financial difficulties creates more mental health concerns.
- Lack of insurance coverage is a barrier to access mental health services
- Lack of promotion of available programing is another barrier that was identified.

Substance Abuse

- The entire family needs help when a family member has substance use issues.
- More programs are needed and be available when the user is ready to get help.

COVID-19

- Teachers' response to remote learning was praised by many. Examples of teachers going out of their way to get supplies including food to families in need.
- "So thankful for the teachers at my children's school for all the support during the pandemic"
- The community has learned a lot throughout the pandemic and how to hand pandemic situations in the future.
- "I am very proud of the Spanish community opening up vaccination centers"
- "We all connected and help with in our community. We were all in it together."

Upon completion of the PowerPoint presentation and group discussion, participants were asked to complete a post survey to gather their thoughts on their community's needs and top health priorities. 14 individuals completed the survey resulting in the following findings:

79% of attendees feel there are opportunities in their neighborhood that promote wellness for themselves and your loved ones?

Is there something that gets in the way or an obstacle that makes it difficult for you to go to recreational activities? Below is the list from 1-5 of obstacles reported with the first one being the biggest obstacle and then so on and so forth.

1	Park security
2	Distance to parks
3	Transportation to get to parks
4	Multiple reasons
5	Price of parks

64% of the participants know someone with asthma.

Below is the list of explanations provided for the elevation in asthma with in the community. The first reason listed was the top reason and then so on and so forth.

1	Pollen
2	Outdated schools with poor circulation
3	Old structures
4	Lead dust
5	Pollution
6	Mold

86% of the participants know someone with hypertension. When asked in your opinion, what makes people in your community more likely to have high blood pressure, the following responses were collected with the first being the most significant and so on and so forth.

1	Obesity
2	Food high in salt
3	Not doing enough exercise
4	Drinking too much alcohol or coffee

93% of the contributors report knowing someone who has diabetes. When asked how they felt about the diabetic statistics they learned about the following causes were given, listed in order of most importance.

1	Diet
2	Lack of physical activity
3	Lack of access to medical attention
4	Systemic racism

Participants were asked to give their opinion as to why their community does not have access to medical attention. The following responses were collected, listed in order of most significance.

1	Language barrier
2	No medical insurance
3	Cost of services
4	No transportation
5	Discrimination

29% of attendees have known someone to have had difficulties visiting a doctor for checkups following the birth of a baby. The following details were reported as to why they feel the fetal mortality rate was so high in Waterbury, in the order of most relevance.

1	Language barrier
2	No medical insurance
3	Lack of access to postpartum supports
4	Discrimination

71% of the people surveyed reported knowing someone that has experienced feelings of depression or without hope. The following list indicates what the partakers felt as reasons that influences depression in order of most significance.

1	COVID-19
2	Income and employment status
3	Family problems
4	Immigration status

The contributors suggested the following methods to aid in breaking the use of drugs. The following is listed in order of most recommended.

1	Better access to services for addiction treatment
2	Provide education on drug and alcohol abuse

3	Access to mental health
4	More surveillance

Lastly the surveyors were asked how the COVID-19 pandemic has affected them. The following reasons are listed in order of most importance.

1	Stress
2	Loss of employment
3	Low income
4	Buying food
5	Being dependent on food banks and soup kitchens

Summary of Key Findings

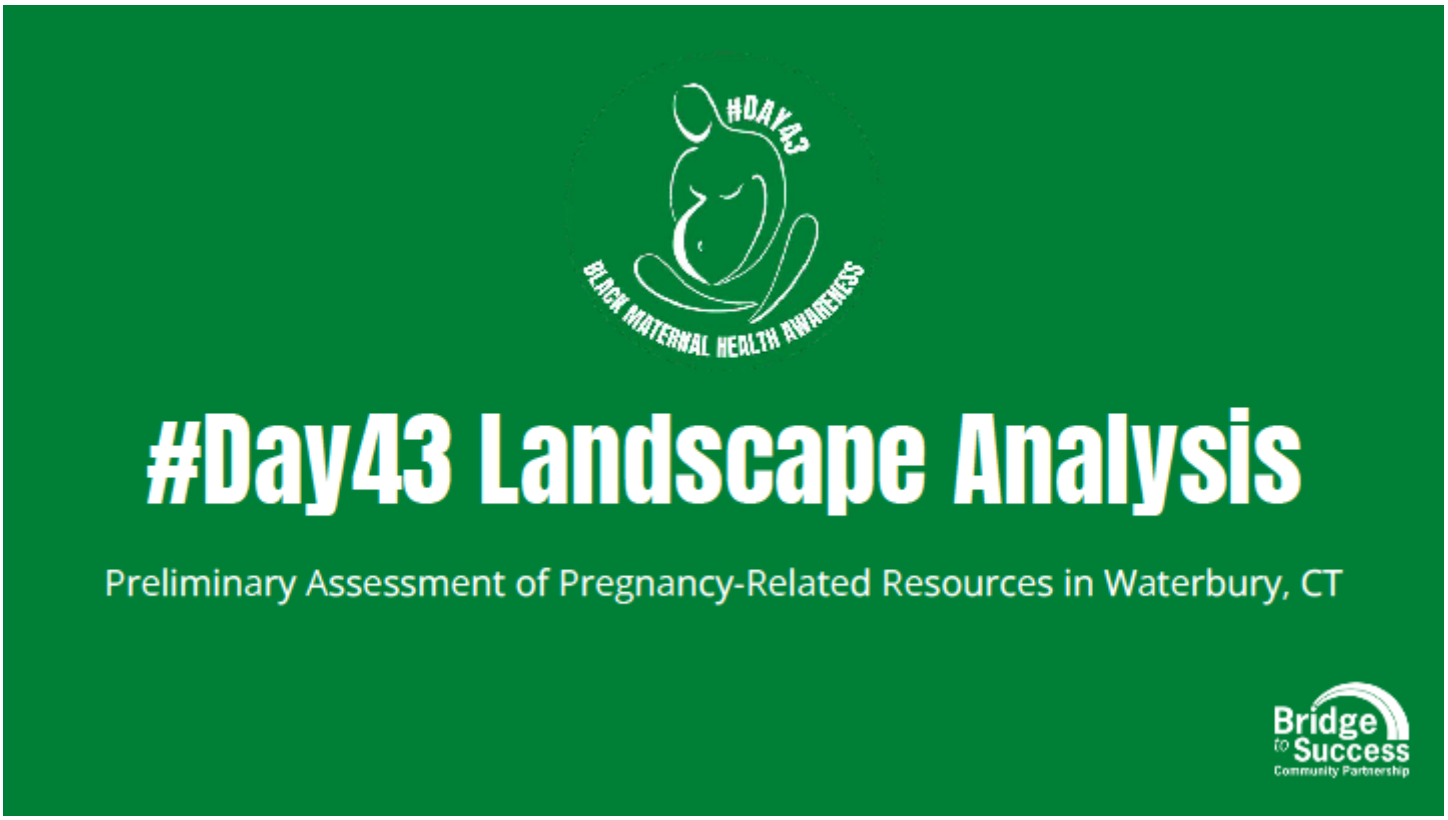
Several overarching themes presented across the focus groups throughout this summer that align with the new identified health priorities. Access to healthcare that is culturally responsive was acknowledged as a main concern needed to set the path for a happier and healthier community. Addressing chronic health conditions, with education and culturally competent care, such as hypertension, diabetes and asthma will aid in creating a healthy foundation for Waterbury residents, shifting one's life trajectory. Maternal health disparities have been identified at every group juncture throughout this summer. A closer look of the current mental health, substance abuse and preventive care systems to identify were inefficiencies can be realigned to provide a healthier community along with more discussions about neighborhood disparities can produce healthy outcomes for our community.

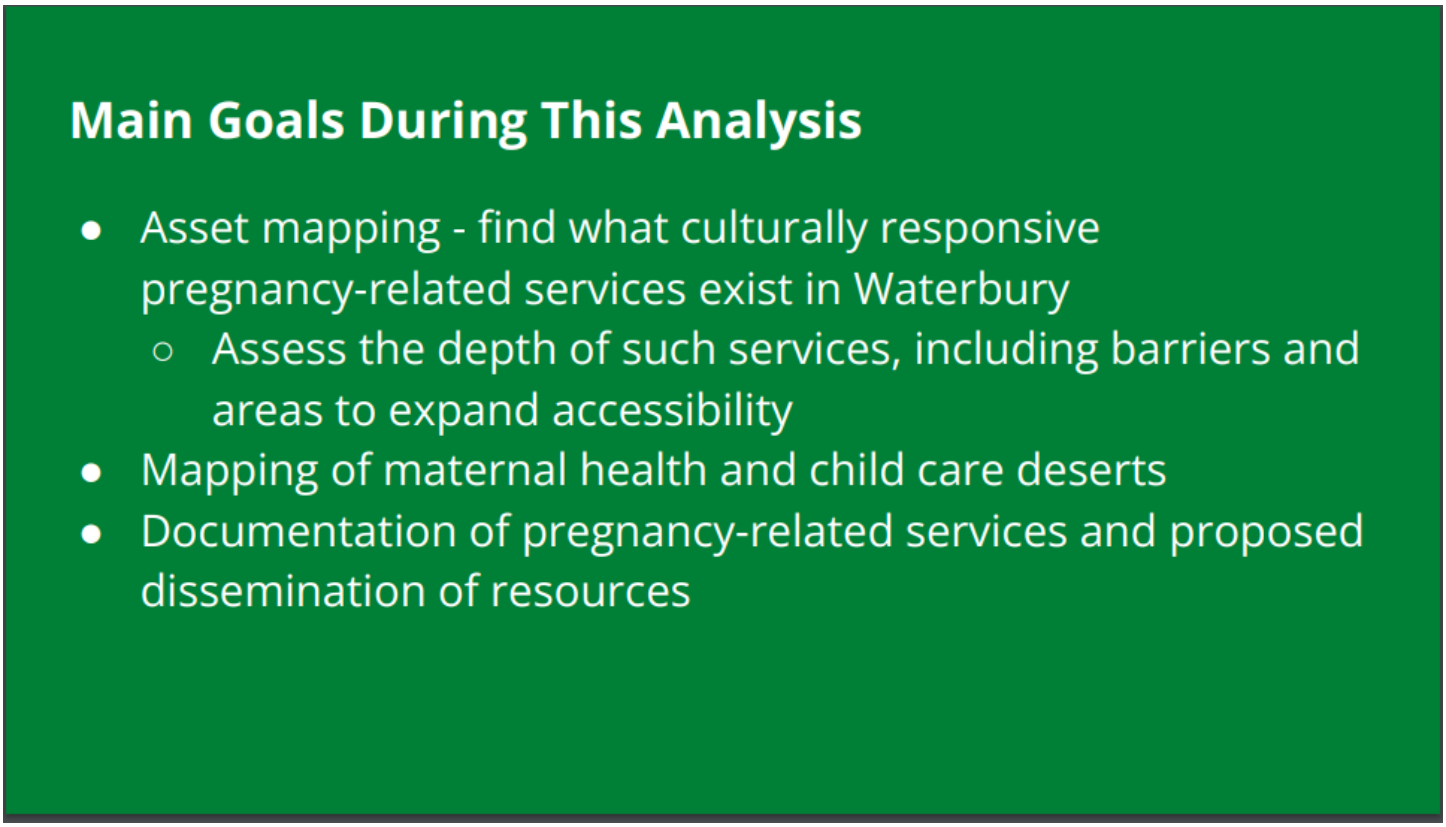
Appendix B. Partner Organizations and Contributors

GWHP Partner Organizations & Voting Members

Belinda Arce-Lopez - Center for Human Development (CHD)
Dr. Sheila Cooperman – Western CT Mental Health Network
Maura Esposito - Chesprocott Health District
Julie Loughran - Connecticut Community Foundation
Dr. Justin Lundbye - Waterbury Hospital
Jason Martinez - United Way of Greater Waterbury,
Althea Marshall-Brooks - Waterbury Bridge to Success
Aisling McGuckin - City of Waterbury – Department of Public Health
Colleen O'Connor - Malta House of Care
Bill Rybczyk - New Opportunities, Inc.
Donald Thompson - StayWell Health Center, Inc.
Dr. James Uberti - Saint Mary's Hospital

Appendix C. Waterbury Bridge to Success #Day43 Landscape Analysis





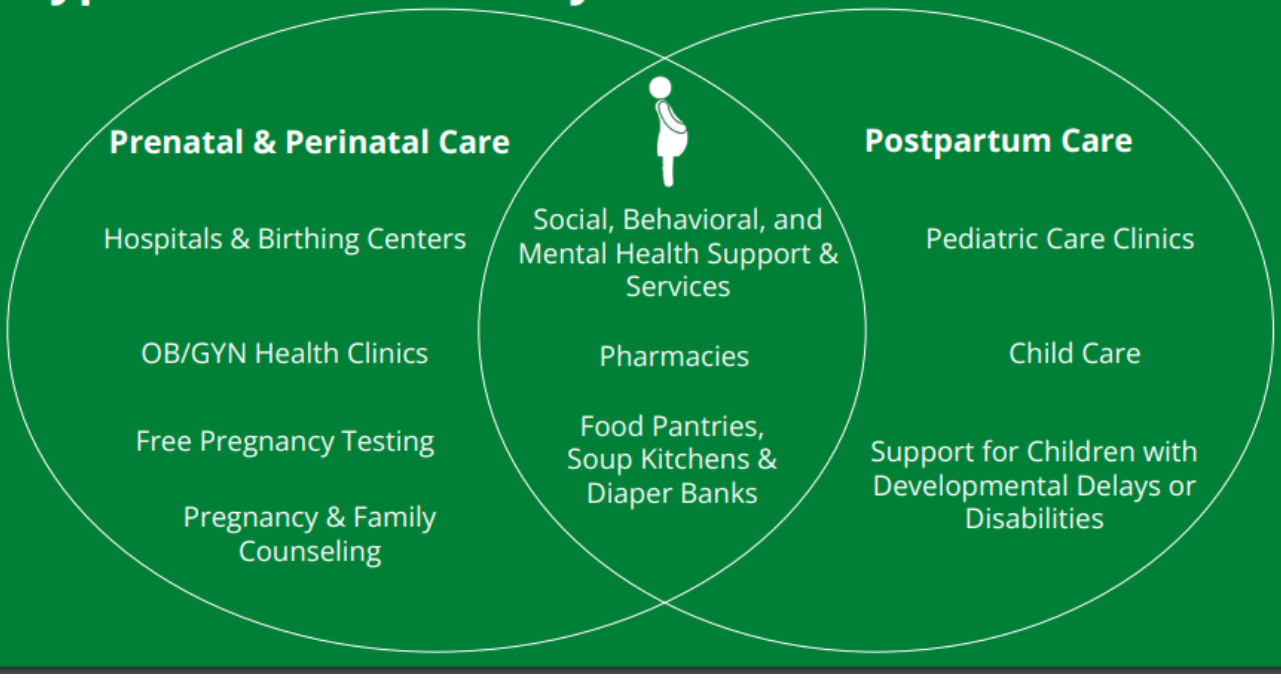
Pregnancy-Related Services

CT Department of Social Services defines pregnancy-related services as:

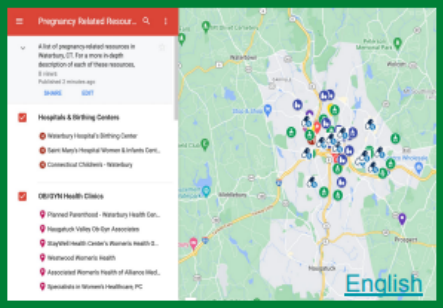
> "Services across all phases of maternal health, including **prenatal**, **labor and delivery**, and **postpartum**."

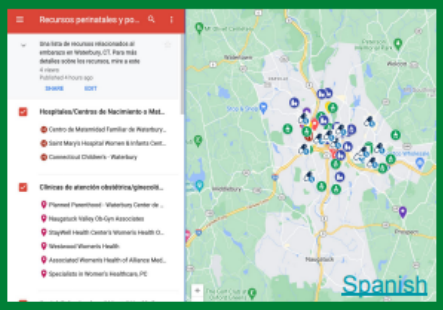
- This includes licensed nurse midwife provider and hospital fees, x-rays, lab work and diagnostics, breastfeeding support, specialists, prescription drugs, newborn care, behavioral health, and substance use services
- Period of services: 40 weeks before birth to 12 months postpartum.

Types of Services Analyzed



Mapping Services





Summary of Initial Findings

Nearly **100** pregnancy-related resources in Waterbury* were found

Prenatal & Perinatal Care

- **3** Hospitals & Birthing Centers
- **7** OB/GYN Health Clinics
- **1** Confidential Free Pregnancy Testing Site
- **5** centers that offer Pregnancy and Family Counseling

General Care

- **23** programs focused on Social, Behavioral, and Mental Health from **14** different organizations
- Over **13** different pharmacies
- **12** currently operating Food Pantries and **2** Soup Kitchens
- **2** Diaper Banks

Postpartum Care

- **5** different Pediatric Care Clinics
- At least **21** licensed child care centers or daycares
- **2** services focused on direct support for Children with Developmental Delays or Disabilities
- **6** services focused on breastfeeding support and consulting

**Woman's Choice Perinatal Services is based in Prospect, CT but offers online services*

Accessibility of Services

Affordable and Free Services	**Summary**: **14** *free* services and **8** services based on a sliding scale fee. - **1** free, confidential pregnancy testing service (Mobile Clinic van) - **1** OB/GYN clinic offers free lactation consultations and free emergency transportation - **3** free programs on childbirth education, breastfeeding support, and parenting - **3** free programs for survivors of domestic violence - **6** free family-centered social support programs and/or services - **9** child care centers that accept Care 4 Kids Subsidy Program or offer services at low income-based costs
Language Accessibility	**Summary**: At least **35 healthcare and social services** that are offered in different languages - **35** of these services are both in English and Spanish - **All 3** Hospitals, **6** OB/GYN clinics, and **2** pediatric clinics offer services in English and Spanish - **4** programs on DV education and support offered in Spanish and English - **5** child-focused not-for-profit organization that has services and programs in English, Spanish, (and **1** that also offers services in Portuguese) - **5** Bilingual (Spanish & English) child care providers - **1** pharmacy speaks 6 different languages (English, Spanish, Swahili, Hindi, Urdu, Gujarati) - Department of Social Services offers remote Spanish interpretation
Specific services for Undocumented Immigrants	HUSKY B Prenatal + Postpartum Coverage for undocumented pregnant individuals
Specific services for victims of DV/IPV	**3** programs that offer domestic violence education, support groups, and housing and financial assistance for eligible survivors
Specific services for individuals with high-risk pregnancies	St. Mary's Perinatology Program and **1** OB/GYN directly treat patients with high-risk pregnancies
Specific services for individuals with psychiatric and/or substance-abuse disorders	**8** centers that offer mental health assessments + referrals for substance abuse treatment
Services aimed to help families with children with developmental disabilities	**2** services and **1** free phone application (Sparkler) aimed to help and educate families with children who show signs of developmental delay or disability.

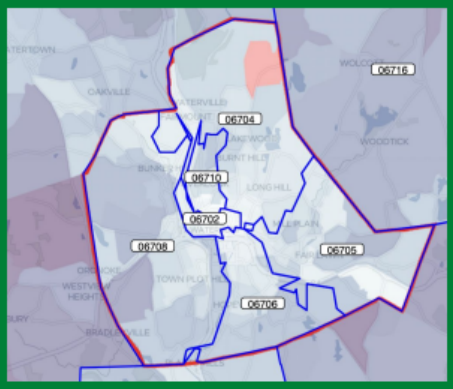
Barriers & Areas to Expand Accessibility

Barriers	Potential Ways to Expand Accessibility
Some services and healthcare procedures may be **expensive**, especially for individuals of low SES and/or are uninsured	- Centers should be clear about costs of services - Expansion & Dissemination of free or low-cost pregnancy-related resources and programs that offer subsidies - Policy changes to lower healthcare costs and expand insurance coverage
Though many services are near bus lines, others require **car transportation**	- Providing mobile clinics/services or telehealth medicine - Investing in public transportation maintenance and services; providers allocating a budget for free emergency transportation and partnering with healthcare transportation or rideshare companies (Bendefelt, 2019; AHA; Oluyede et al, 2022)
At least 12 services (including 5 OB/GYN clinics and 3 pediatric clinics) are **closed on the weekends**. Only 2 out of the 20 child care providers have extended hours and are open on weekends	- Expand hours of operation to later hours on one or two days a week - Allow or increase walk-in services or same-day appointments - Open on a Saturday or Sunday (even if once a month) (Mitchell et al, 2017; O'Brien et al, 2017; Sarkies et al, 2018)
There is a need to increase and expand language accessibility, as many services are still only **offered in English**	- Increase number of services available in Spanish and Portuguese, preferably in-person - Ensure that healthcare providers have access or use interpretation services (even if remotely)
Sparse number of services for **undocumented immigrants** and children and birthers with **disabilities**. Also more need for **doulas and breastfeeding support, specifically for BIPOC families**.	- Increase number of services in these fields and prioritize funding and insurance coverage for such services - Expand medicaid coverage for doula services

Zip Codes Matter

- Your zip code could matter more than you genetic code: BIPOC who live in areas characterized by multigenerational poverty, food insecurity and limited access to high-quality medical care are at greater risk for developing poor health outcomes and having a lower life expectancy due to these Social Determinants of Health (Graham 2016; Turman & Swigonski 2021; HealthBox Report 2019; Singh et al 2017)

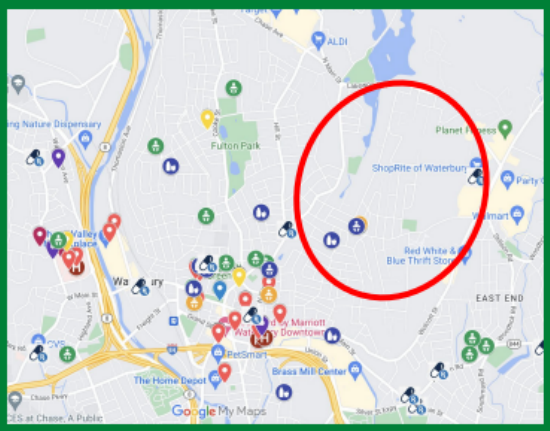
- Findings:
  - Downtown Waterbury (**06702**) housed most sites providing pregnancy-related resources, including a Hospital (17)
  - The Waterbury Zip Code with the least number of centers providing pregnancy-related services and resources (7) is **06704**, where the North End neighborhood is primarily located.

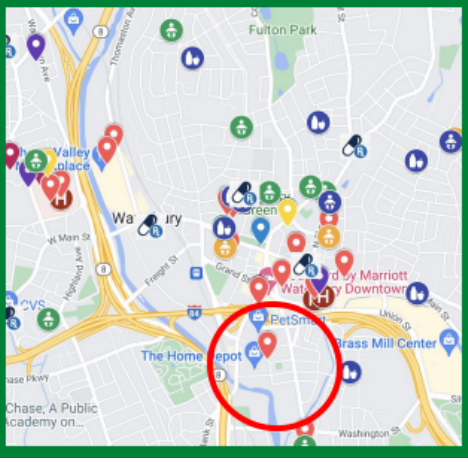


(Local) Maternity & Child Care Deserts

"**Maternity care deserts** are counties which access to maternity health care services is limited or absent, either through lack of services or barriers to a woman's ability to access that care." - March of Dimes, 2020 Report

- "A 'limited access' county has less than 2 hospitals/birth centers and less than 60 providers per 10,000 births." (Markus & Pillai, 2021)





Food Deserts: Pregnancy Mortality & Morbidity

"Food desert": limited access to affordable, healthy food options (UCONN Waterbury 2016)

- "The results...indicate that the residents in the North End lack access to affordable healthy food options...The majority of residents in the community are people of color and/or women. Nearly 40 percent of the residents (including 60 percent of all children) live in poverty, and lacking transportation, rely heavily on corner stores to make food purchases, which eats up what little income they have left after rent."

- Food insecurity & food deserts have been associated with poor pregnancy and maternal health outcomes (Di Renzo & Tosto, 2021; Tipton et al, 2020; Velde et al, 2018)

Importance of Funding & Expansion for Doula Care

Doulas are trained, birthing professionals that offer physical and emotional support during and after pregnancy and childbirth.

- Studies have shown that expectant mothers with doulas had better birth outcomes, being "four times less likely to have a low birth weight baby, two times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding." (Gruber et al, 2013)

In Aug. 2022, The CT Dept of Social Services announced a newer version of the **HUSKY Maternity bundle** that allows doula care and breastfeeding services to be covered by HUSKY Health starting summer 2023 (NBC Connecticut, Department of Social Services)

- However, since doulas are not yet certified in CT, doulas cannot list themselves as Medicaid providers and must work and/or be affiliated with Medicaid providers to offer Medicaid-covered doula services.
- A committee to help with approving doula training programs and creating standards for doula certification should be established by January 15, 2023 (CT Journal, CT DPH, NBC Connecticut)

Doula Care Services in Waterbury, CT

- Woman's Choice Perinatal Services and Woman's Choice Charitable Association, founded by doula Ashanti Rivera, provides virtual and in-person birthing and postpartum doula services, doula training and culturally competent birth work, as well as courses on breastfeeding, lactation support, and prenatal consults.
- Woman's Choice Charitable Association also has a Community Doula Service program that provides free doula services to BIPOC families in Connecticut.

Woman's Choice Perinatal Services
Doula, Placenta Encapsulation, Labor Support & Encapsulation Training

Woman's Choice Charitable Association

Community Doula Service

Woman's Choice Charitable Association in partnership with Woman's Choice Perinatal Services is accepting a limited number of applications for Black mothers delivering in Waterbury who desire free doula services for their due date after August 1st, 2022. You will be required to attend 2 prenatal visits at our office in Prospect. We will travel to you for birth support and postpartum appointments if applicable. We also have postpartum support in 2-hr intervals, breastfeeding support in 1-hr intervals, and parent prep (which is 2 prenatals and 1 postpartum folllow up). In some cases we may opt for virtual visits. Especially during times of increased COVID, flu or other outbreaks. If you are interested in this support, please continue with providing your information below.

Dissemination of Resources

- Add/embed both English and Spanish pregnancy-related resource maps to #Day43 web page.
- Include links to documents describing services in-depth on web page. Link to documents are also available on the descriptions in the map.
- Link and/or QR code that sends user directly to a linktree or the #Day43 web page with access to the maps and documents
  - Have links and QR codes posted on social media
  - Have QR code available to scan at community events or at a #Day43 booth
- Could make a paper brochure detailing services, #Day43 and including QR code and link to a feedback survey

Summary & What's Next

- **90** pregnancy-related resources in Waterbury found, but not all are equally distributed and/or easily accessible to different populations
- Need to disseminate information of pregnancy-related resources (English & Spanish)
- Take the information that has been gathered and compare it to the experiences of mothers and birthers in Waterbury (Community Conversations & PRAMS).
    - Have they utilized any of these resources? Have they been helpful? What are barriers that prevent them from using such services? How has COVID affected availability of such services?
    - Creation of a feedback survey that allows constant revision of maps and documents outlining resources: Link to survey
    - Based on responses & input from mothers and birthers → amend map + documents

Things to Consider

Is there anything missing in these maps and documents? Any types of pregnancy-related services that wasn't thought of?

Any other questions?

Appendix D. Additional Open-Ended Interviews in Waterbury (2022)

Additional open-ended interviews in Waterbury in 2022

Summarized by Aparna Nathan, DataHaven

This document is a thematic summary of interviews with City of Waterbury residents who participated in the 2021 DataHaven Community Wellbeing Survey, and were re-contacted by DataHaven in the first half of 2022 to participate in a semi-structured conversation about life in the City of Waterbury. Adults choosing to participate in these conversations were awarded a $40 gift card to thank them for their time.

Prompt 1: Connections to the community

- "I feel like it shapes a lot of who I am" *Waterbury man, Hispanic, age 27*
- "We kind of have our own little culture and it's different from everywhere else" *Waterbury man, white, age 26*
- "I see my future here as I have a good retirement spot where I can sit in my yard and relax and put my feet up and enjoy my grand babies" *Waterbury man, Hispanic, age 56*
- "As a big city, we are a small community" *Waterbury woman, white, age 42*
- "I have an apathy about the community… I live in my apartment not the community" *Waterbury man, White, age 72*

Interviewees shared mixed responses about how connected they felt to the Waterbury community but tended to feel somewhat or very connected. People who felt more connected tended to grow up in Waterbury, have family in the area,

own a small business, and know community leaders. People who felt less connected had family and friends in other places or experienced a lack of agency in the community (e.g., disability, unresponsive local government).

What makes people feel more connected?

- "I'm connected with my neighbors. We're all on the same page and we all help each other out" *Waterbury man, white, age 63*
- "The school system's a great connector. It helps you meet other parents and find out about things going on in the city" *Waterbury woman, white, age 37*
- "Public spaces make you feel more active because you get to see people, interact with people, and participate in activities" *Waterbury man, Asian, age 25*
- "All of our zip codes are different here… by zip code is how you know which part of town is better or what isn't" *Waterbury woman, white, age 47*

Interviewees said that having good relationships with their neighbors and with community leaders helped them feel connected to Waterbury. Only a few people had been directly involved in community leadership and improvement. However, neighbor relations depended on which part of Waterbury the interviewee lived in.

School was one way that people engaged with the community, whether through the public schools or homeschooling. It created networks of residents linked by common priorities who could share information. One interviewee noted that many city and school communications are sent out by email, which can make it harder for people without internet access to learn what's going on. People also enjoyed convening in public spaces and at community events.

What makes people feel less connected?

- "The people here don't even care because the city doesn't care. If the city cared, the people would care" *Waterbury woman, white, age 47*
- [Regarding traffic] "During the pandemic, there was a huge influx of people. A lot of them come from the city and I would say it's not for the best… I definitely felt safer in Waterbury and now every day I think I am going to get into an accident" *Waterbury man, Hispanic, age 49*
- "It doesn't feel like there's a cohesive downtown…It doesn't feel like a place you want to go" *Waterbury woman, white, age 53*
- "The crime [makes me feel less connected] because you naturally become more suspicious of outsiders, of people who aren't familiar. And that's not really a good thing" *Waterbury man, white, age 63*

Many people mentioned crime and safety as major factors that keep them from feeling connected to Waterbury, although they also noted that this varied by neighborhood. Some neighborhoods' reputations of crime were a deterrent to people from other neighborhoods ("I've heard of other sections in Waterbury where gunshots are reported and someone was stabbed to death. That makes you want to stay away from there because a bullet doesn't really have a name on it" *Waterbury man, Hispanic, age 46*). On the other hand, some people said their neighborhood's reputation was overstated ("Everyone calls it dangerous… but I lived in the most dangerous neighborhood in the city…It's only dangerous when you're getting into [gangs or drugs]... It's got more of a community feel to it than a lot of places do" *Waterbury woman, white, age 26*).

Some interviewees were also disappointed by the lack of social activities and restaurants to bring people together downtown. Neighborhood blight, abandoned/condemned buildings, and unclean streets and sidewalks made people

feel less connected. Getting around Waterbury was also an obstacle. Interviewees described public transportation as unreliable and infrequent, and worsening traffic and car thefts made driving an unappealing option too. On these matters, residents were disappointed in the lack of response from the local government. People reported thefts and unsanitary and unsafe roads/sidewalks, but noted that there was no intervention.

There were mixed comments on the diversity of residents in Waterbury. Some people said diversity was a positive attribute of the city ("There's so many different kinds of people here and different backgrounds" *Waterbury man, white, age 53*) while others said it is still lacking ("I feel less connected here because it's not as diverse as where I come from prior to here" *Waterbury woman, Hispanic, age 60*).

Prompt 2: What should change about Waterbury?

- "It's not worth the effort because nothing will get changed anyway." *Waterbury man, white, age 59*
- "If I'm spending 30% of my time in my car, I would like to be safe while I'm in my car" *Waterbury man, Hispanic, age 49*
- A lot of the gentrification and the way that the prices are being raised for rent and our utilities are going up—it's kind of kicking native people who don't make a lot of money out" *Waterbury man, white, age 26*
- "Children are our future. If you don't give them something to do, something to work towards, they have nothing to stay in the city for" *Waterbury woman, Black, age 68*
- "There's a fear of things they don't understand, or a fear of things that are new and different. I would love to see it become more inclusive place" *Waterbury woman, white, age 53*

One of the biggest changes people wanted to see was crime reduction and increased safety. Since many people's perception was that crimes were being committed by youths, they also proposed that increasing activities and social services for youths could help stem crime and gang involvement in the city ("You can find yourself getting into trouble when you've got nothing to do" *Waterbury man, Hispanic, age 27*). Some people also advocated for more present and caring police to ward off crime and traffic violations ("Just their presence would go a long way to helping out" *Waterbury woman, white, age 63*).

Other solutions included increasing support for the poor and unhoused and cleaning up trash and fixing condemned houses to beautify neighborhoods. Some people had suggestions that bridged issues: for example, getting kids involved in the community by tasking them with some of these beautification efforts, or fixing up abandoned houses and turning them into shelters. Interviewees also called for better public transportation and community events modeled after other cities such as New Haven and New York City.

However, there was some pessimism about whether the government was actually invested in enacting change. Many interviewees reported their disillusionment with local government's responsiveness on prior matters, despite residents' pleas to improve their neighborhoods.

Prompt 3: Staying healthy in Waterbury

- "The health care here is second to none" *Waterbury woman, Hispanic, age 60*
- "I think that everybody could use talk therapy, myself included… I would go if I had insurance" *Waterbury man, Hispanic, age 27*
- "When I was on HUSKY, it was very hard… I definitely felt second class" *Waterbury woman, white, age 47*
- "Physically it's pretty easy. Financially, it's another story. Our health insurance costs are insane" *Waterbury woman, white, age 53*

Interviewees' thoughts on health care access in Waterbury seemed to vary based on their insurance coverage. People with (comprehensive) insurance said health care was very easy to access. Many people cited the two nearby hospitals as an advantage, sometimes as a replacement for primary care when appointments were limited. However, people without insurance or with limited coverage had much less faith in health care access in the area. Veterans who used health care from Veterans Affairs (VA) spoke very highly of the quality of and access to care.

Interviewees most often reported obstacles in accessing mental health care — either being unable to access it because of lack of insurance coverage or because of therapist shortages. Multiple people had to reduce the frequency of therapy for their children because of these factors. People with disabilities requiring regular medical care reported being able to access it relatively easily, especially with the help of services such as transportation to the doctor's office or prescription delivery, although some specialties were easier to seek outside of Waterbury.

Prompt 4: Serving the young and the old

- "I'm navigating parenthood and I'm very optimistic and excited about the future" *Waterbury man, Hispanic, age 27*
- "It depends where exactly you come from, but it's not the best environment for children to grow up in. Because of the problems that the parents go through, they end up influencing their kids. It's rough for kids here" *Waterbury man, Asian, age 25*
- "It depends where you are in Waterbury… people who live further in the city don't have the same opportunities that my kids have in their school" *Waterbury woman, Hispanic, age 45*
- "My children grew up here and I think when they grew up and graduated, it was a much better place than it is now. If I had to raise a child here now, I would choose not to." *Waterbury woman, white, age 47*

Outlooks on children's health were mixed and varied by neighborhood. But people recognized that the school system overall was underfunded and had a shortage of resources to serve all students. There was also a lot of variation in what the schools offered and how healthy childrens' lives were based on the neighborhood. Some neighborhoods had schools without air conditioning or sufficient teachers, or with more violence and gang activity. Residents appreciated nearby parks and organizations like the YMCA that served younger children. Interviewees suggested that more activities for older kids, such as sports, and more career opportunities could help make Waterbury a healthier place for kids throughout their childhood.

- "I'm 72 and I still live here. I could move if I wanted to or if I needed to, but everything is here that I need" *Waterbury woman, white, age 72*
- "I'm heading toward retirement in a couple of years and I'm not sure if I can retire in the Waterbury area. The combination of high taxes and inflation rate is just bad news" *Waterbury woman, white, age 63*
- "It depends on what neighborhood you live in. If you have the wrong element in your neighborhood, then the older you get, the more you're considered prey" *Waterbury man, Hispanic, age 46*
- "I don't know how I'm going to feel when the hills start to get me. I'm in my early 50s now and it's already bad on my knees. But everybody lives on a hill or at the bottom of a hill" *Waterbury man, white, age 53*

While many of the people interviewed were unable to comment on this first hand, their general impression was that it is a healthy place for people as they are aging because of senior centers and programming for older adults. People remarked that they had seen groups of older adults gathering at community centers and restaurants. Some older interviewees reported taking advantage of programs such as Meals on Wheels or transportation for medical appointments and prescription delivery.

Some concerns were the terrain, which is hilly, and poor quality roads and sidewalks. In areas with higher crime rates, some people were concerned that older people might be more common targets of crime. Having family and friends nearby kept some older interviewees from getting isolated, and made Waterbury an appealing place to retire. Others were concerned about the rising cost of living.

Prompt 5: Isolation and pandemic changes

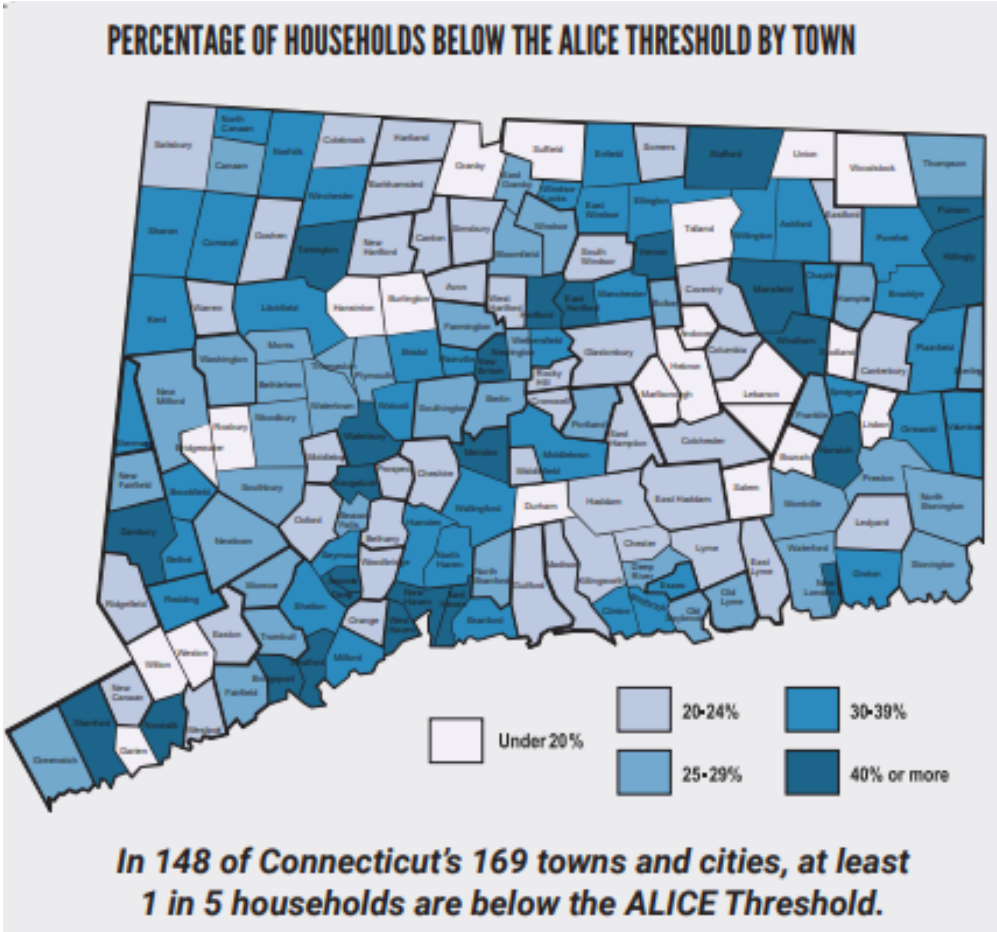
- "Sometimes it feels like you need more people to talk to when you're going through certain things that nobody else around you is going through at the same time… it feels like a huge weight on you is by your own" *Waterbury man, Asian, age 25*

Most people did not feel isolated because they lived with family or had friends that they were routinely in touch with. Interviewees' social connections were maintained by hanging out in person, texting, phone calls, and social media. Hobbies were also important social settings for many people. However, some people still reported feeling isolated — sometimes because they lived with family or others that couldn't help them cope with their day-to-day problems, because they lived alone, or because they were overwhelmed by caretaking and other responsibilities.

- "[The stimulus checks] definitely saved my mental wellbeing quite a bit, which I think is extremely important." *Waterbury man, Hispanic, age 27*

Nearly everyone had been affected by the pandemic in some way: shifting to working from home, losing their job, relying on savings to pay bills, homeschooling children, getting COVID-19 themselves, or facing a death in the family. Many people received stimulus payments, unemployment, or child tax credits that helped mitigate financial strain. Some pandemic changes, such as working from home and homeschooling, have continued even after workplaces and schools reopened. Some people are still dealing with lasting effects of contracting COVIID-19 or are still out of work (not by choice).

Appendix E. United Way ALICE Map



Appendix F. About Saint Mary's Hospital

Saint Mary's Hospital

Description

Saint Mary's Hospital is a Catholic, not-for-profit, acute care, community teaching hospital that has served Greater Waterbury since 1909. In 2016, Saint Mary's Hospital became part of Trinity Health Of New England, an integrated health care delivery system that is a member of Trinity Health, Livonia, Michigan, one of the largest multi-institutional Catholic health care delivery systems in the nation serving communities in 25 states. Licensed for 347 beds, Saint Mary's is designated as a Level II Trauma Center, offers award-winning cardiac and stroke care and houses the region's only pediatric emergency care unit. As the leading provider of surgical services in Greater Waterbury, Saint Mary's was the first to introduce the daVinci® Robotic Surgery System. The hospital's satellites and affiliates extend from Waterbury to Wolcott, Cheshire, Naugatuck, Southbury, Prospect and Watertown.

Mission Statement and Core Values

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

Our Core Values:

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

Actions Taken since the previous Community Health Improvement Plan

Within a month of incorporating our CHIP for the triennial period, the global COVID-19 pandemic hit, and we quickly pivoted all of our efforts and resources to help the community to combat the epidemic.

Saint Mary's Hospital, as part of the Trinity Health Of New England health system, was involved in a multifaceted public health awareness media campaign regarding COVID-19 prevention, testing and treatment which intentionally included specific messaging for children and diverse communities.

As part of a broad emergency health response to the coronavirus, the hospital set up a FURI (Fever Upper Respiratory Infection) Clinic. This dedicated facility's purpose is to keep people who are experiencing symptoms of an upper respiratory tract illness out of the Emergency Department and physician offices. This helps to limit the spread of disease among vulnerable populations, such as the elderly. The FURI Clinic can assess and treat potentially large numbers of people with appropriate levels of infection control. Its staff are dedicated to this one task, so expertise is concentrated in one location.

Saint Mary's offered a drive-through COVID-19 testing site at the hospital. COVID-19 testing was available to all members of the community who were 6 months and older, regardless if the individual had been a patient within the hospital system or not. No appointment was necessary as testing was performed on a first come, first serve basis. If an individual wanted to schedule an appointment, a COVID-19 testing call center was activated that assisted community members who wanted to make an appointment for the drive-through testing site.

Trinity Health Of New England was also one of just four health systems in the United States to gain initial approval from the U.S. Food and Drug Administration (FDA) to run a COVID-19 convalescent plasma phase two clinical trial in April 2019. The prospective, interventional study evaluated the safety and efficacy of convalescent plasma transfusion in critically ill COVID-19 patients. Convalescent plasma was obtained from recovered donors and administered to adult patients with either severe or critical COVID-19 illness. The results were published for all medical professionals to see in the Infectious Diseases and Therapy Journal. The study found that convalescent plasma is safe and has the potential for positive impact on clinical outcomes including recovery and survival if given to patients early in the course of COVID-19.

Potential Resources to address Significant Health Needs

Findhelp.org

Findhelp (formerly known as Aunt Bertha), is a free service to search and connect to support and for finding and applying for social services in the United States. Financial assistance, food pantries, medical care, and a multitude of other free or reduced-cost help can be found. People in need, case managers, and social workers can find and apply for

government and charitable services in seconds. It is the largest online platform used to identify local resources, support staff and community partners when searching for local services. Findhelp's network connects people seeking help to verified social services organizations that serve them. The platform, which supports people with Social Determinants of Health (SDOH) needs, provides an efficient way to search for help. It also makes it easy to use for providers and community partners when they are making referrals to community resources, and it increases the visibility of community programs and services. Lastly, the platform meets regulatory requirements to provide culturally appropriate competent resources to better address SDOH needs. Website: https://www.findhelp.org/

Community Health & Well Being Contact Information

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

https://www.trinityhealthofne.org/about-us/community-benefit/community-health-needs-assessments

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

Please think about how you, your community, and your organization can use these reports to support your health equity goals. We want to know how we can partner with you in promoting health and wellness in our service area. We welcome opportunities for discussion and feedback about the CHNA. For questions or comments and printed copies of this report upon request, please contact the Department of Community Health and Well Being at Trinity Health Of New England:

Regional Director of Community Health and Well Being

Trinity Health Of New England

659 Tower Avenue

Hartford, CT 06112

Phone: 860-714-5770

Appendix G. References

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Trinity Health System - Vital Signs Report

Location

Saint Mary's Health System - Waterbury

Healthcare Access

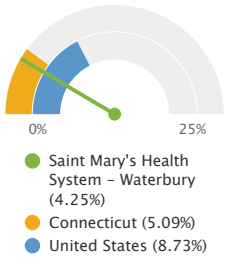
Insurance - Uninsured Population

The lack of health insurance is considered a *key driver* of health status.

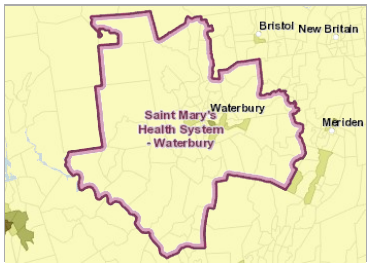
In the report area 4.25% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 5.09%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Saint Mary's Health System - Waterbury	309,974	13,161	**4.25%**
CT 06403	6,169	182	2.95%
CT 06410	26,679	568	2.13%
CT 06444	261	0	0.00%
CT 06467	541	0	0.00%
CT 06478	13,141	161	1.23%
CT 06479	9,872	119	1.21%
CT 06483	16,333	554	3.39%
CT 06488	19,397	208	1.07%
CT 06702	2,753	260	9.44%
CT 06704	26,112	1,924	7.37%
CT 06705	24,594	2,146	8.73%
CT 06706	14,191	1,625	11.45%
CT 06708	29,622	1,572	5.31%
CT 06710	9,554	549	5.75%
CT 06712	9,543	196	2.05%
CT 06716	16,480	261	1.58%
CT 06751	3,398	9	0.26%
CT 06762	7,705	87	1.13%
CT 06763	1,815	0	0.00%
CT 06770	31,147	1,561	5.01%
CT 06779	7,834	53	0.68%
CT 06782	1,938	24	1.24%
CT 06787	7,702	220	2.86%
CT 06795	13,664	707	5.17%
CT 06798	9,529	175	1.84%
Hartford County, CT	879,378	35,013	3.98%
Litchfield County, CT	179,833	6,393	3.55%
New Haven County, CT	845,989	41,791	4.94%
Connecticut	3,520,172	179,066	5.09%
United States	321,525,041	28,058,903	8.73%

Uninsured Population, Percent



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



View larger map

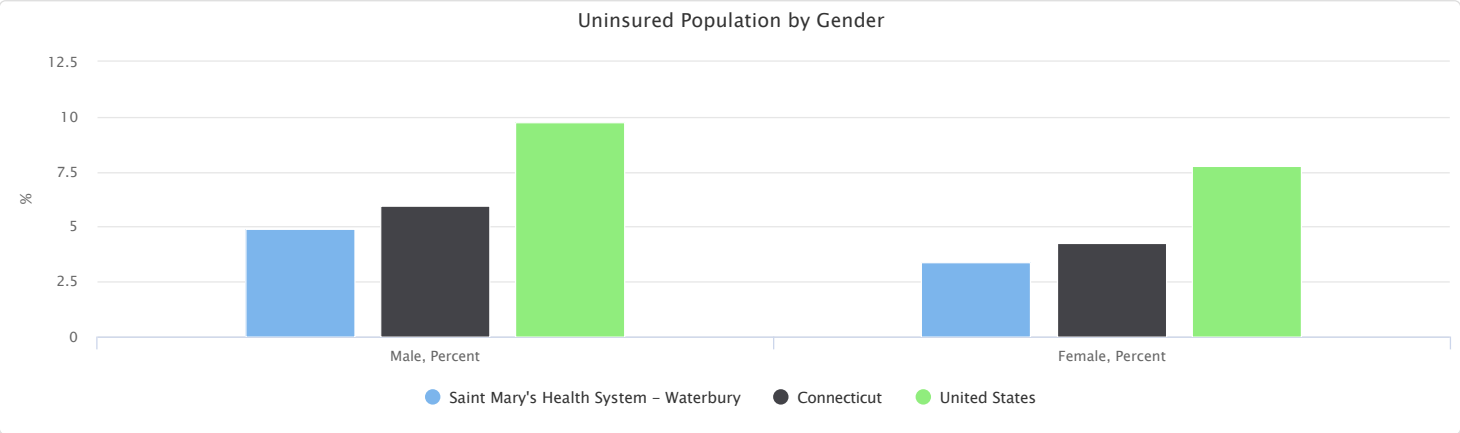
Uninsured Population, Percent by Tract, ACS 2016-20

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

Uninsured Population by Gender

This indicator reports the uninsured population by gender.

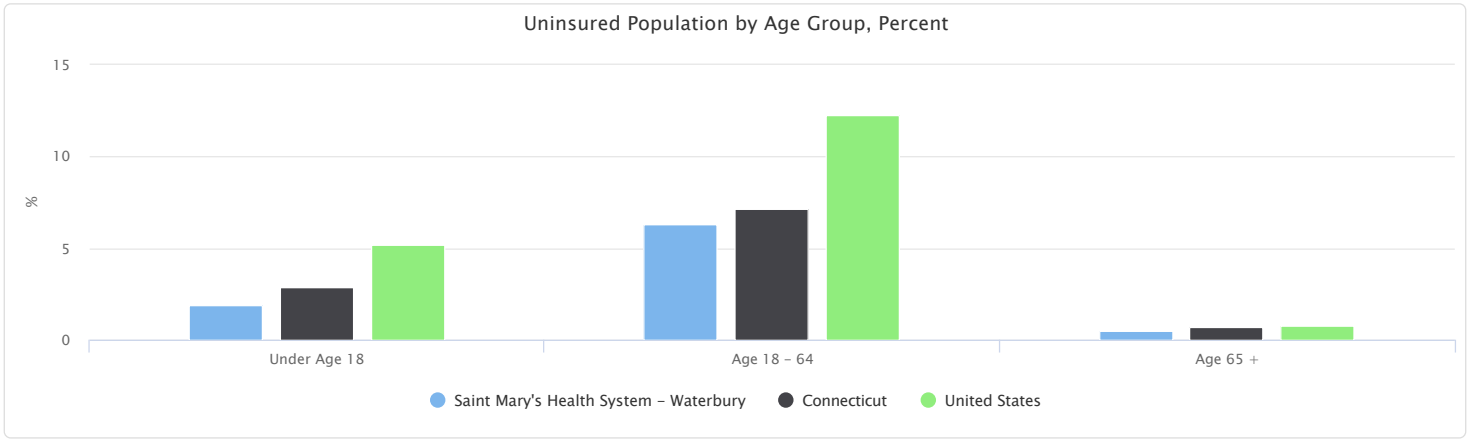
Report Area	Male	Female	Male, Percent	Female, Percent
Saint Mary's Health System - Waterbury	5,482	4,012	4.91%	3.40%
CT 06403	139	43	4.31%	1.46%
CT 06410	164	404	1.27%	2.94%
CT 06444	0	0	0.00%	0.00%
CT 06467	0	0	0.00%	0.00%
CT 06478	122	39	1.83%	0.60%
CT 06479	76	43	1.58%	0.85%
CT 06483	174	380	2.25%	4.42%
CT 06702	143	117	10.89%	8.13%
CT 06704	1,249	675	9.92%	4.99%
CT 06705	1,362	784	11.61%	6.10%
CT 06708	824	748	5.65%	4.97%
CT 06710	372	177	8.14%	3.55%
CT 06712	136	60	2.86%	1.25%
CT 06716	229	32	2.88%	0.38%
CT 06751	0	9	0.00%	0.56%
CT 06762	52	35	1.45%	0.85%
CT 06763	0	0	0.00%	0.00%
CT 06782	24	0	2.80%	0.00%
CT 06795	308	399	4.58%	5.75%
CT 06798	108	67	2.35%	1.36%
Hartford County, CT	19,714	15,299	4.65%	3.36%
Litchfield County, CT	3,646	2,747	4.09%	3.03%
New Haven County, CT	23,529	18,262	5.79%	4.16%
Connecticut	101,952	77,114	5.97%	4.26%
United States	15,300,004	12,758,899	9.74%	7.76%



Uninsured Population by Age Group, Percent

This indicator reports the percentage of uninsured population by age group.

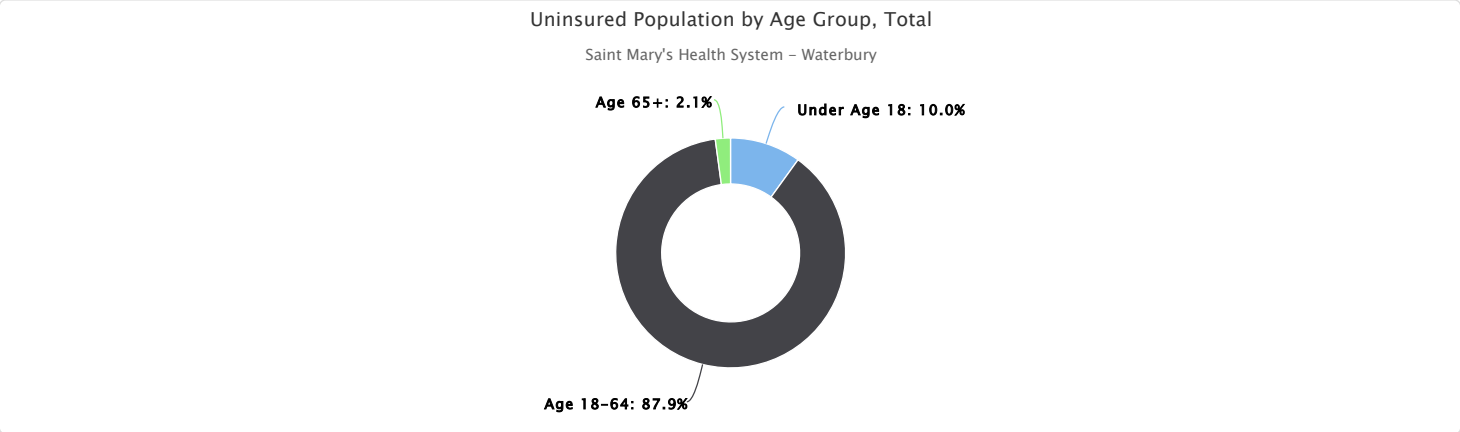
Report Area	Under Age 18	Age 18 - 64	Age 65 +
Saint Mary's Health System - Waterbury	1.89%	6.29%	0.50%
CT 06403	0.00%	5.21%	0.00%
CT 06410	1.42%	2.76%	1.14%
CT 06444	0.00%	0.00%	0.00%
CT 06467	0.00%	0.00%	0.00%
CT 06478	1.10%	1.70%	0.00%
CT 06479	0.00%	1.63%	1.13%
CT 06483	1.40%	5.04%	0.00%
CT 06488	0.45%	1.46%	0.83%
CT 06702	0.00%	13.92%	3.53%
CT 06704	2.05%	11.44%	1.11%
CT 06705	4.60%	12.27%	0.80%
CT 06706	4.89%	16.41%	0.00%
CT 06708	2.09%	7.57%	0.69%
CT 06710	0.32%	9.10%	0.00%
CT 06712	0.76%	3.25%	0.00%
CT 06716	0.00%	2.75%	0.00%
CT 06751	0.42%	0.30%	0.00%
CT 06762	0.00%	2.10%	0.00%
CT 06763	0.00%	0.00%	0.00%
CT 06770	2.42%	6.91%	0.23%
CT 06779	0.00%	1.06%	0.00%
CT 06782	0.00%	1.82%	0.00%
CT 06787	2.18%	3.96%	0.00%
CT 06795	5.54%	6.93%	0.41%
CT 06798	2.13%	2.80%	0.00%
Hartford County, CT	1.88%	5.68%	0.71%
Litchfield County, CT	2.08%	5.22%	0.16%
New Haven County, CT	2.60%	7.02%	0.48%
Connecticut	2.86%	7.14%	0.67%
United States	5.18%	12.26%	0.79%



Uninsured Population by Age Group, Total

This indicator reports the total uninsured population by age group.

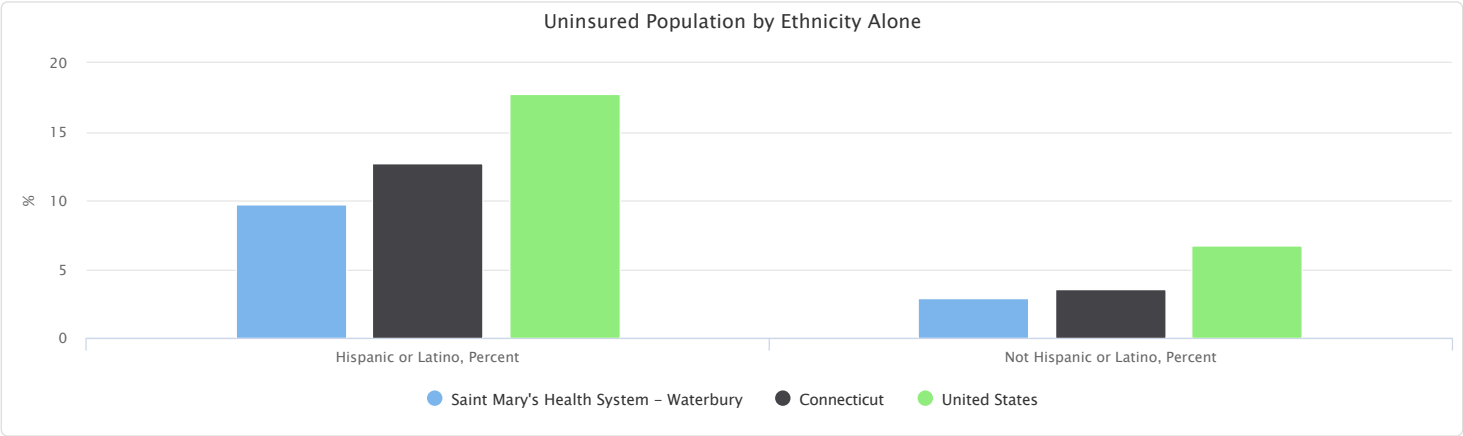
Report Area	Under Age 18	Age 18-64	Age 65+
Saint Mary's Health System - Waterbury	1,312	11,568	281
CT 06403	0	182	0
CT 06410	83	422	63
CT 06444	0	0	0
CT 06467	0	0	0
CT 06478	32	129	0
CT 06479	0	93	26
CT 06483	55	499	0
CT 06488	18	145	45
CT 06702	0	233	27
CT 06704	155	1,731	38
CT 06705	248	1,866	32
CT 06706	180	1,445	0
CT 06708	152	1,393	27
CT 06710	9	540	0
CT 06712	16	180	0
CT 06716	0	261	0
CT 06751	3	6	0
CT 06762	0	87	0
CT 06763	0	0	0
CT 06770	160	1,391	10
CT 06779	0	53	0
CT 06782	0	24	0
CT 06787	38	182	0
CT 06795	129	565	13
CT 06798	34	141	0
Hartford County, CT	3,753	30,204	1,056
Litchfield County, CT	721	5,612	60
New Haven County, CT	4,839	36,263	689
Connecticut	22,469	152,620	3,977
United States	4,016,835	23,640,483	401,585



Uninsured Population by Ethnicity Alone

This indicator reports the uninsured population by ethnicity alone.

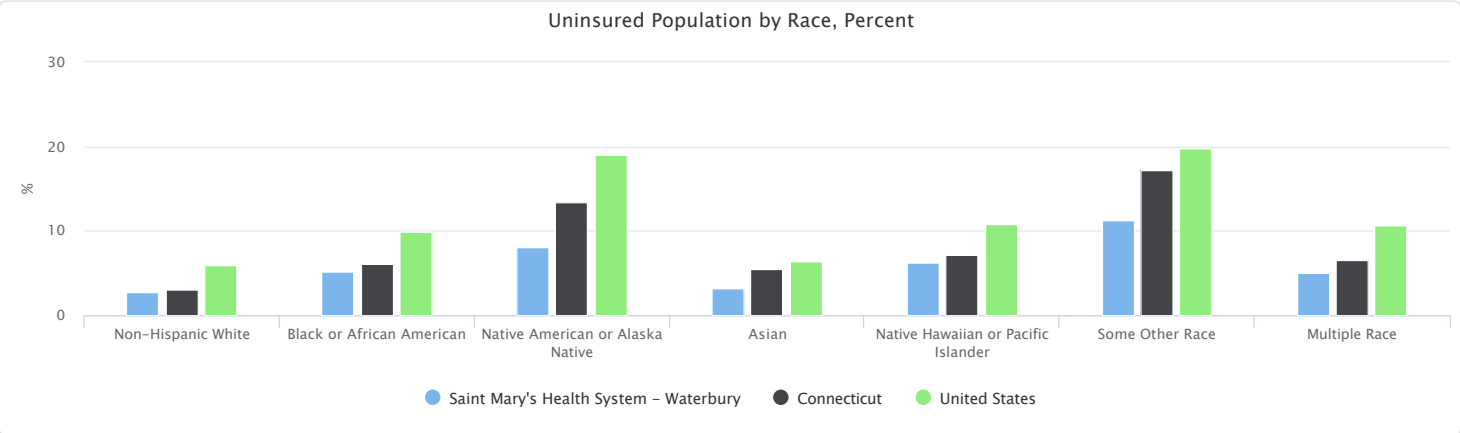
Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Saint Mary's Health System - Waterbury	4,081	5,413	9.68%	2.89%
CT 06403	0	182	0.00%	3.13%
CT 06410	193	375	22.44%	1.45%
CT 06444	0	0	No data	0.00%
CT 06467	0	0	0.00%	0.00%
CT 06478	67	94	7.59%	0.77%
CT 06479	17	102	4.70%	1.07%
CT 06483	97	457	5.84%	3.11%
CT 06702	117	143	8.46%	10.44%
CT 06704	1,080	844	9.11%	5.92%
CT 06705	1,172	974	13.38%	6.15%
CT 06708	769	803	9.28%	3.76%
CT 06710	418	131	11.09%	2.26%
CT 06712	14	182	3.80%	1.98%
CT 06716	0	261	0.00%	1.72%
CT 06751	0	9	0.00%	0.27%
CT 06762	0	87	0.00%	1.19%
CT 06763	0	0	0.00%	0.00%
CT 06782	0	24	0.00%	1.36%
CT 06795	75	632	7.49%	4.99%
CT 06798	62	113	10.92%	1.26%
Hartford County, CT	12,226	22,787	7.57%	3.17%
Litchfield County, CT	1,064	5,329	8.89%	3.17%
New Haven County, CT	18,625	23,166	11.81%	3.37%
Connecticut	73,438	105,628	12.68%	3.59%
United States	10,382,464	17,676,439	17.72%	6.72%



Uninsured Population by Race, Percent

This indicator reports the percentage of uninsured population by race alone.

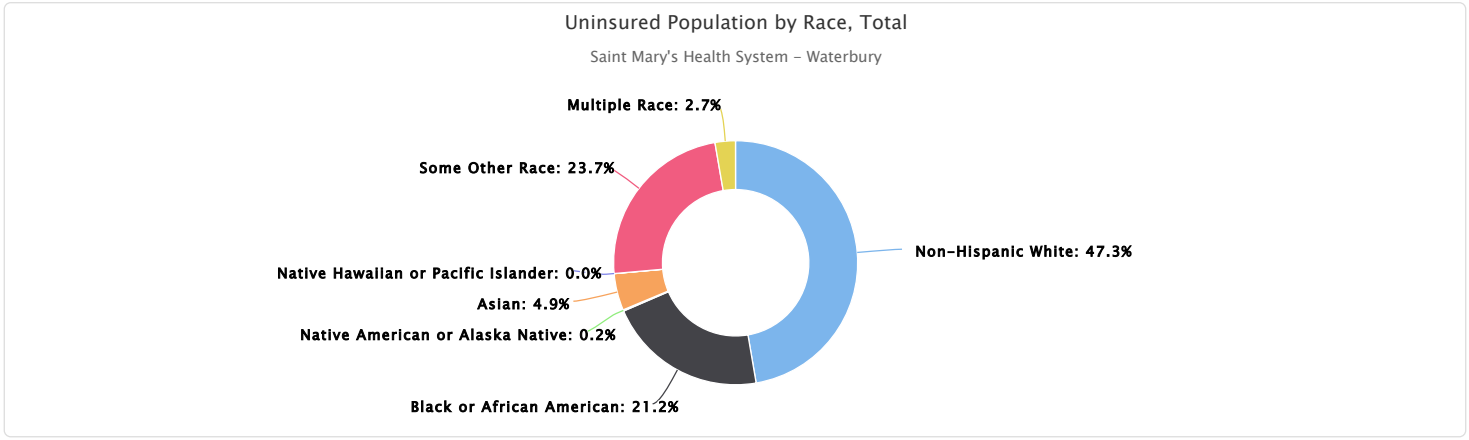
Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Saint Mary's Health System - Waterbury	2.73%	5.15%	8.03%	3.14%	6.30%	11.28%	5.02%
CT 06403	3.19%	0.00%	No data	0.00%	No data	0.00%	0.00%
CT 06410	1.15%	0.00%	No data	6.11%	No data	36.19%	0.00%
CT 06444	0.00%	No data	No data	No data	No data	No data	No data
CT 06467	0.00%	No data	No data	No data	No data	0.00%	0.00%
CT 06478	0.80%	0.00%	No data	0.00%	No data	0.00%	0.00%
CT 06479	0.45%	23.02%	No data	No data	No data	No data	0.00%
CT 06483	3.30%	6.69%	0.00%	0.00%	No data	11.92%	0.00%
CT 06702	1.52%	20.12%	No data	0.00%	No data	14.35%	0.00%
CT 06704	4.10%	7.67%	10.81%	0.00%	0.00%	18.35%	2.98%
CT 06705	4.39%	9.79%	0.00%	12.24%	0.00%	21.70%	8.49%
CT 06708	4.02%	4.60%	No data	13.00%	No data	7.00%	0.00%
CT 06710	1.81%	2.71%	No data	0.00%	No data	8.99%	0.00%
CT 06712	2.22%	0.00%	0.00%	0.00%	No data	0.00%	0.00%
CT 06716	1.53%	8.40%	0.00%	6.62%	0.00%	0.00%	0.00%
CT 06751	0.19%	0.00%	No data	0.00%	No data	7.50%	0.00%
CT 06762	0.66%	0.00%	0.00%	9.35%	No data	0.00%	0.00%
CT 06763	0.00%	No data	0.00%	No data	No data	0.00%	0.00%
CT 06782	1.40%	0.00%	No data	0.00%	No data	No data	No data
CT 06795	4.52%	0.00%	0.00%	17.50%	No data	13.01%	0.00%
CT 06798	1.31%	27.27%	0.00%	0.00%	No data	0.00%	0.00%
Hartford County, CT	2.67%	5.05%	8.17%	3.48%	0.00%	8.78%	4.59%
Litchfield County, CT	2.91%	3.28%	0.00%	9.78%	No data	14.00%	6.87%
New Haven County, CT	2.70%	5.11%	29.93%	6.73%	0.00%	18.33%	5.55%
Connecticut	2.99%	6.05%	13.36%	5.41%	7.23%	17.25%	6.54%
United States	5.93%	9.94%	18.99%	6.44%	10.79%	19.79%	10.67%



Uninsured Population by Race, Total

This indicator reports the total uninsured population by race alone.

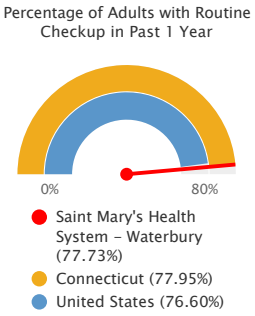
Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Saint Mary's Health System - Waterbury	3,560	1,596	12	369	0	1,783	204
CT 06403	182	0	0	0	0	0	0
CT 06410	255	0	0	120	0	156	0
CT 06444	0	0	0	0	0	0	0
CT 06467	0	0	0	0	0	0	0
CT 06478	94	0	0	0	0	0	0
CT 06479	41	61	0	0	0	0	0
CT 06483	457	19	0	0	0	44	0
CT 06702	11	139	0	0	0	66	0
CT 06704	273	572	12	0	0	530	56
CT 06705	419	443	0	101	0	730	148
CT 06708	649	241	0	29	0	141	0
CT 06710	49	82	0	0	0	78	0
CT 06712	182	0	0	0	0	0	0
CT 06716	220	21	0	20	0	0	0
CT 06751	6	0	0	0	0	3	0
CT 06762	44	0	0	43	0	0	0
CT 06763	0	0	0	0	0	0	0
CT 06782	24	0	0	0	0	0	0
CT 06795	541	0	0	56	0	35	0
CT 06798	113	18	0	0	0	0	0
Hartford County, CT	14,155	6,057	202	1,715	0	4,668	2,199
Litchfield County, CT	4,577	100	0	344	0	368	377
New Haven County, CT	14,149	5,841	442	2,330	0	9,151	2,166
Connecticut	69,633	22,516	1,180	8,804	86	32,384	11,172
United States	11,475,294	3,972,510	497,979	1,179,390	64,404	3,281,019	1,776,683



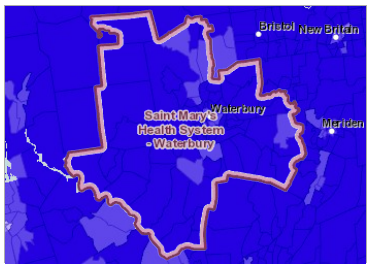
Recent Primary Care Visit

This indicator reports the percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.

Report Area	Total Population (2019)	Percentage of Adults with Routine Checkup in Past 1 Year
Saint Mary's Health System - Waterbury	319,656	**77.73%**
CT 06403	6,033	77.50%
CT 06410	29,161	78.80%
CT 06444	370	78.90%
CT 06467	157	79.50%
CT 06478	12,683	78.50%
CT 06479	10,431	80.00%
CT 06483	16,540	77.60%
CT 06488	19,904	82.00%
CT 06702	3,654	78.10%
CT 06704	25,139	76.70%
CT 06705	27,122	76.70%
CT 06706	14,324	75.70%
CT 06708	29,418	77.20%
CT 06710	10,715	75.50%
CT 06712	9,376	78.70%
CT 06716	16,680	78.20%
CT 06751	3,577	78.20%
CT 06762	7,561	79.70%
CT 06763	2,033	77.60%
CT 06770	31,975	76.50%
CT 06779	8,324	76.30%
CT 06782	2,376	76.40%
CT 06787	7,975	76.10%
CT 06795	14,144	77.70%
CT 06798	9,984	78.50%
Hartford County, CT	891,720	79.70%
Litchfield County, CT	180,333	78.10%
New Haven County, CT	854,757	78.10%
Connecticut	3,565,287	77.95%
United States	328,239,523	76.60%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract



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Primary Care Physician Visit, Percentage of Adults Seen in Past 1 Year by Tract, CDC BRFSS PLACES Project 2019

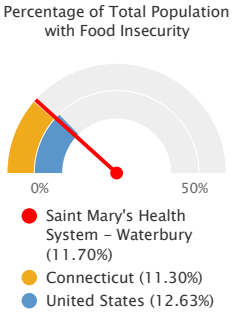
- Over 76%
- 72.1 - 76.0%
- 68.1 - 72.0%
- Under 68.1%
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

Economic Stability

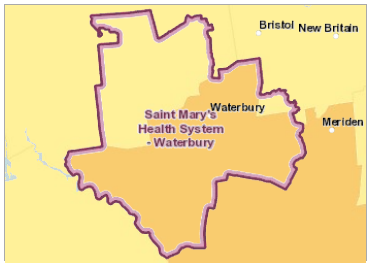
Food Insecurity Rate

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

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Saint Mary's Health System - Waterbury	319,585.00	37,301.00	**11.70%**
CT 06403	5,958	720	12.10%
CT 06410	28,501	3,448	12.10%
CT 06444	433	49	11.50%
CT 06467	209	24	11.50%
CT 06478	12,650	1,530	12.10%
CT 06479	10,632	1,222	11.50%
CT 06483	16,675	2,017	12.10%
CT 06488	19,792	2,394	12.10%
CT 06702	3,712	449	12.10%
CT 06704	27,085	3,277	12.10%
CT 06705	27,016	3,268	12.10%
CT 06706	14,534	1,758	12.10%
CT 06708	30,252	3,660	12.10%
CT 06710	11,226	1,358	12.10%
CT 06712	9,336	1,129	12.10%
CT 06716	16,071	1,944	12.10%
CT 06751	3,337	310	9.30%
CT 06762	7,541	912	12.10%
CT 06763	1,898	176	9.30%
CT 06770	31,496	3,811	12.10%
CT 06779	8,144	757	9.30%
CT 06782	2,192	203	9.30%
CT 06787	7,466	694	9.30%
CT 06795	13,782	1,281	9.30%
CT 06798	9,637	896	9.30%
Hartford County, CT	898,609	103,340	11.50%
Litchfield County, CT	183,548	17,070	9.30%
New Haven County, CT	861,074	104,190	12.10%
Connecticut	3,600,088	406,810	11.30%
United States	325,717,422	41,133,950	12.63%



Note: This indicator is compared to the state average.
Data Source: Feeding America. 2017. Source geography: County



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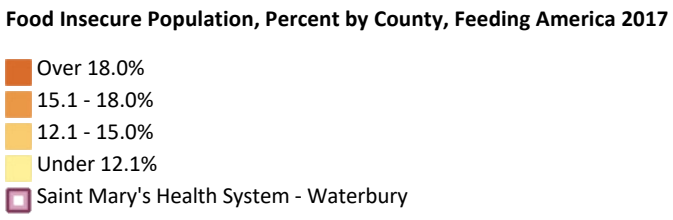


Food Insecurity - Food Insecure Children

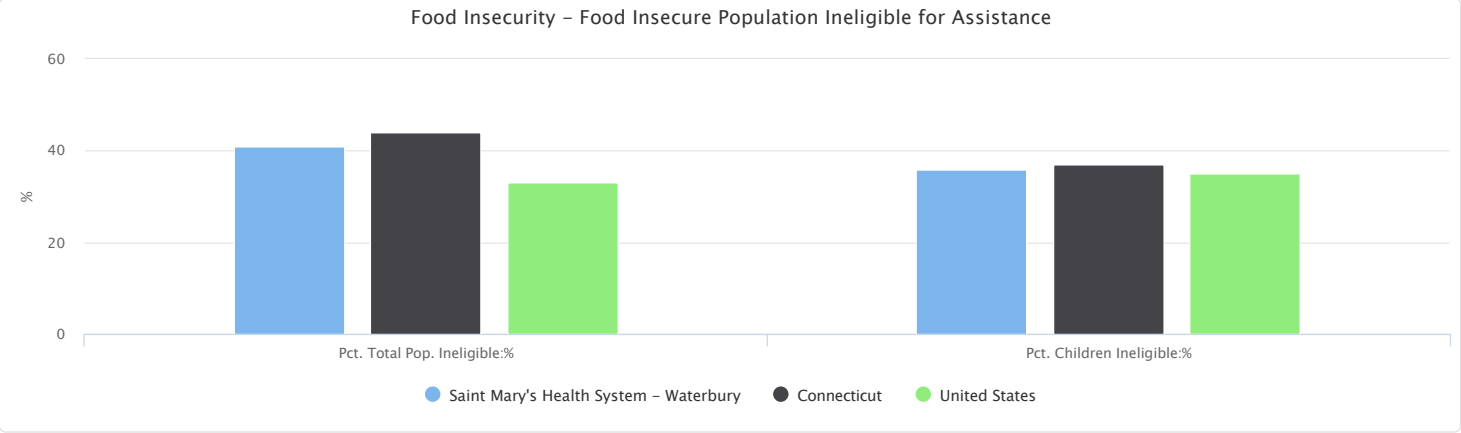
This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate
Saint Mary's Health System - Waterbury	65,842	10,191	15.50%
Hartford County, CT	192,781	29,110	15.10%
Litchfield County, CT	35,074	4,770	13.60%
New Haven County, CT	179,367	28,340	15.80%
Connecticut	743,484	115,240	15.50%
United States	73,641,039	13,411,620	18.21%

Food Insecurity - Food Insecure Population Ineligible for Assistance

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

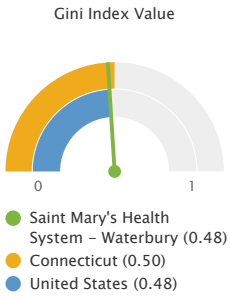
Report Area	Food Insecure Population	Food Insecure Population Ineligible for Assistance, Percent	Food Insecure Children	Food Insecure Children Ineligible for Assistance, Percent
Saint Mary's Health System - Waterbury	37,301	41.00%	10,191	36.00%
Hartford County, CT	103,340	40.00%	29,110	36.00%
Litchfield County, CT	17,070	52.00%	4,770	57.00%
New Haven County, CT	104,190	39.00%	28,340	33.00%
Connecticut	406,810	44.00%	115,240	37.00%
United States	41,133,950	33.00%	13,411,620	35.00%



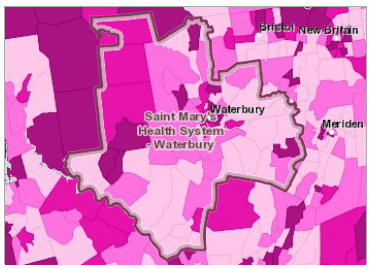
Income - Income Inequality (GINI Index)

This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income.
Index values are acquired from the 2016-20 American Community Survey and are not available for custom report areas or multi-county areas.

Report Area	Total Households	Gini Index Value
Saint Mary's Health System - Waterbury	3,458,192	**0.48**
CT 06403	2,644	0.41
CT 06410	10,231	0.41
CT 06444	81	0.22
CT 06467	169	0.14
CT 06478	4,987	0.34
CT 06479	4,255	0.39
CT 06483	6,297	0.42
CT 06488	8,019	0.46
CT 06702	1,779	0.45
CT 06704	9,868	0.50
CT 06705	10,469	0.42
CT 06706	5,151	0.42
CT 06708	11,453	0.44
CT 06710	3,403	0.48
CT 06712	3,314	0.33
CT 06716	6,405	0.41
CT 06751	1,342	0.45
CT 06762	2,889	0.42
CT 06763	773	0.46
CT 06770	11,917	0.39
CT 06779	3,555	0.46
CT 06782	785	0.40
CT 06787	3,072	0.43
CT 06795	5,435	0.43
CT 06798	4,533	0.45
Hartford County, CT	353,653	0.47
Litchfield County, CT	74,902	0.46
New Haven County, CT	332,765	0.47
Connecticut	1,385,437	0.50
United States	122,354,219	0.48



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



View larger map

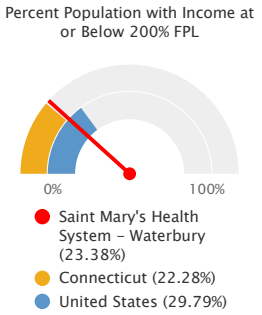
Income Inequality (GINI), Index Value by Tract, ACS 2016-20

- Over 0.460
- 0.431 - 0.460
- 0.401 - 0.430
- Under 0.401
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

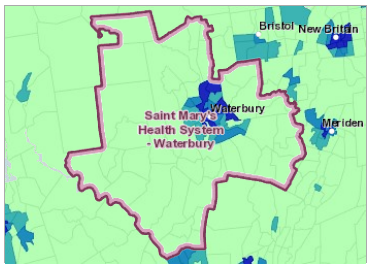
Poverty - Population Below 200% FPL

In the report area 23.38% or 72,225.00 individuals for whom poverty status is determined are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
Note: The total population measurements for poverty reports are lower, as poverty data collection does not include people in group quarters. See Methodology for more details.

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Saint Mary's Health System - Waterbury	308,968.00	72,225.00	**23.38%**
CT 06403	6,166	835	13.54%
CT 06410	26,665	1,847	6.93%
CT 06444	261	0	0.00%
CT 06467	541	3	0.55%
CT 06478	13,141	986	7.50%
CT 06479	9,887	1,131	11.44%
CT 06483	16,276	2,806	17.24%
CT 06488	19,383	2,185	11.27%
CT 06702	2,741	2,466	89.97%
CT 06704	26,028	13,086	50.28%
CT 06705	24,461	9,510	38.88%
CT 06706	14,112	6,770	47.97%
CT 06708	29,218	10,331	35.36%
CT 06710	9,509	4,688	49.30%
CT 06712	9,534	840	8.81%
CT 06716	16,480	1,870	11.35%
CT 06751	3,351	476	14.20%
CT 06762	7,702	719	9.34%
CT 06763	1,815	272	14.99%
CT 06770	31,044	5,661	18.24%
CT 06779	7,834	1,350	17.23%
CT 06782	1,938	283	14.60%
CT 06787	7,695	1,074	13.96%
CT 06795	13,666	1,904	13.93%
CT 06798	9,520	1,132	11.89%
Hartford County, CT	871,495	205,980	23.64%
Litchfield County, CT	178,814	31,190	17.44%
New Haven County, CT	829,315	209,667	25.28%
Connecticut	3,466,935	772,414	22.28%
United States	318,564,128	94,899,936	29.79%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



View larger map

Population Below 200% Poverty Level, Percent by Tract, ACS 2016-20

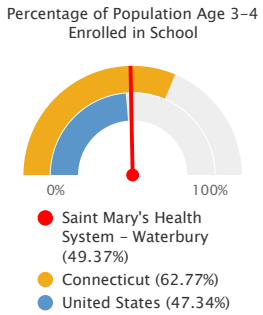
- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

Education

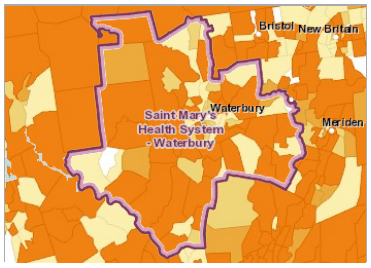
Access - Preschool Enrollment (Children Age 3-4)

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

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Saint Mary's Health System - Waterbury	6,561	3,239	**49.37%**
CT 06403	128	117	91.41%
CT 06410	410	223	54.39%
CT 06444	0	0	0.00%
CT 06467	54	0	0.00%
CT 06478	296	211	71.28%
CT 06479	55	19	34.55%
CT 06483	140	87	62.14%
CT 06488	341	227	66.57%
CT 06702	26	0	0.00%
CT 06704	677	317	46.82%
CT 06705	667	224	33.58%
CT 06706	145	53	36.55%
CT 06708	1,344	503	37.43%
CT 06710	188	63	33.51%
CT 06712	91	56	61.54%
CT 06716	437	241	55.15%
CT 06751	32	15	46.88%
CT 06762	194	127	65.46%
CT 06763	46	27	58.70%
CT 06770	550	281	51.09%
CT 06779	98	67	68.37%
CT 06782	37	0	0.00%
CT 06787	113	24	21.24%
CT 06795	398	263	66.08%
CT 06798	94	94	100.00%
Hartford County, CT	20,561	12,249	59.57%
Litchfield County, CT	3,190	1,983	62.16%
New Haven County, CT	18,306	10,557	57.67%
Connecticut	77,312	48,530	62.77%
United States	8,156,714	3,861,717	47.34%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



View larger map

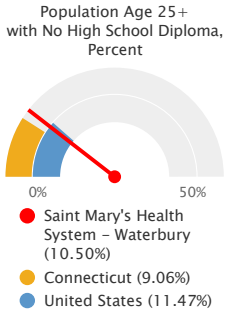
Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2016-20

- Over 55.0%
- 45.1 - 55.0%
- 35.1 - 45.0%
- Under 35.1%
- No Population Age 3-4 Reported
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

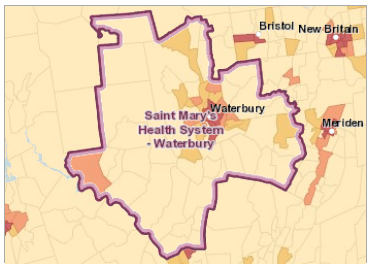
Attainment - No High School Diploma

Within the report area there are 23,332 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 10.50% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, Percent
Saint Mary's Health System - Waterbury	222,204	23,332	**10.50%**
CT 06403	4,607	181	3.93%
CT 06410	20,908	1,273	6.09%
CT 06444	133	0	0.00%
CT 06467	328	1	0.30%
CT 06478	9,553	417	4.37%
CT 06479	7,552	622	8.24%
CT 06483	11,240	545	4.85%
CT 06488	14,620	799	5.47%
CT 06702	2,571	1,079	41.97%
CT 06704	16,437	3,466	21.09%
CT 06705	17,840	2,960	16.59%
CT 06706	9,560	2,258	23.62%
CT 06708	19,400	2,504	12.91%
CT 06710	5,814	1,720	29.58%
CT 06712	7,102	372	5.24%
CT 06716	11,974	650	5.43%
CT 06751	2,488	29	1.17%
CT 06762	5,601	227	4.05%
CT 06763	1,329	57	4.29%
CT 06770	22,328	1,966	8.81%
CT 06779	5,840	594	10.17%
CT 06782	1,472	87	5.91%
CT 06787	5,467	558	10.21%
CT 06795	10,525	697	6.62%
CT 06798	7,515	270	3.59%
Hartford County, CT	624,179	62,425	10.00%
Litchfield County, CT	134,696	8,321	6.18%
New Haven County, CT	598,060	57,791	9.66%
Connecticut	2,489,205	225,550	9.06%
United States	222,836,834	25,562,680	11.47%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



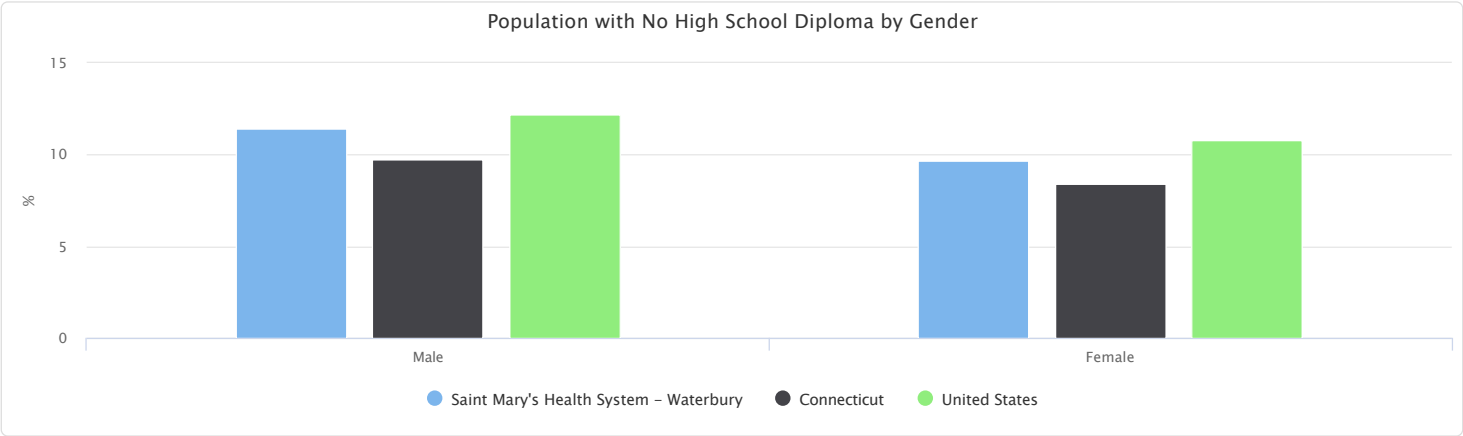
View larger map

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2016-20

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

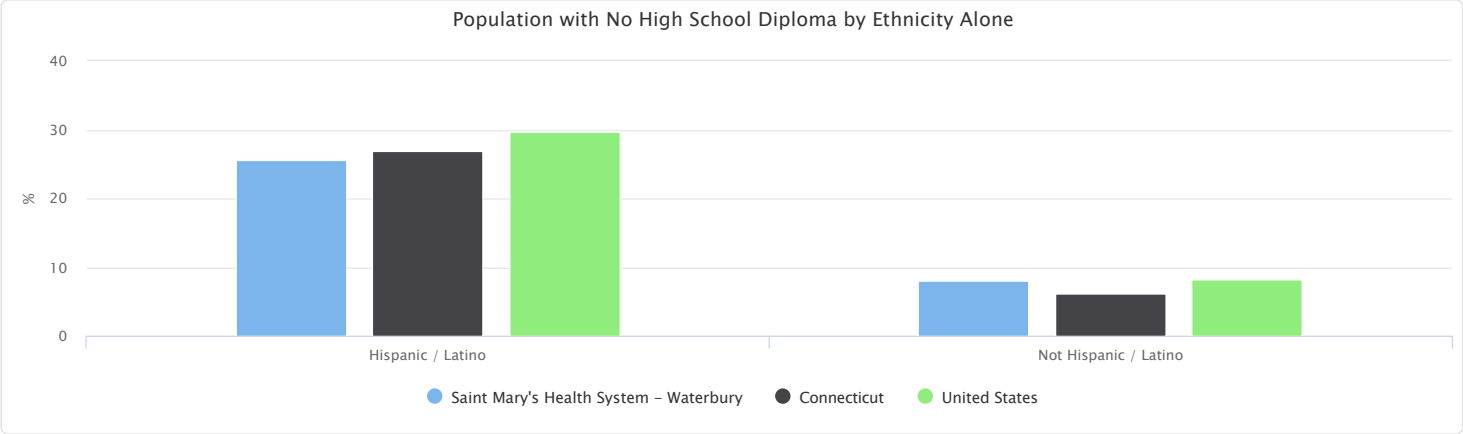
Population with No High School Diploma by Gender

Report Area	Male	Female	Male, Percent	Female, Percent
Saint Mary's Health System - Waterbury	12,192	11,140	11.41%	9.66%
CT 06403	137	44	5.85%	1.94%
CT 06410	732	541	6.94%	5.22%
CT 06444	0	0	0.00%	0.00%
CT 06467	0	1	0.00%	0.63%
CT 06478	179	238	3.81%	4.91%
CT 06479	195	427	5.44%	10.76%
CT 06483	261	284	4.94%	4.77%
CT 06488	461	338	6.73%	4.35%
CT 06702	454	625	35.11%	48.90%
CT 06704	1,804	1,662	24.28%	18.45%
CT 06705	1,461	1,499	17.97%	15.43%
CT 06706	975	1,283	21.39%	25.65%
CT 06708	1,430	1,074	15.69%	10.44%
CT 06710	1,018	702	37.19%	22.81%
CT 06712	158	214	4.69%	5.73%
CT 06716	381	269	6.55%	4.37%
CT 06751	24	5	1.84%	0.42%
CT 06762	135	92	5.33%	3.00%
CT 06763	38	19	5.92%	2.77%
CT 06770	1,006	960	9.01%	8.60%
CT 06779	338	256	11.92%	8.52%
CT 06782	70	17	10.10%	2.18%
CT 06787	411	147	13.94%	5.84%
CT 06795	406	291	7.92%	5.39%
CT 06798	118	152	3.21%	3.96%
Hartford County, CT	31,539	30,886	10.63%	9.43%
Litchfield County, CT	4,586	3,735	7.01%	5.39%
New Haven County, CT	29,179	28,612	10.36%	9.04%
Connecticut	115,955	109,595	9.76%	8.43%
United States	13,141,042	12,421,638	12.19%	10.80%



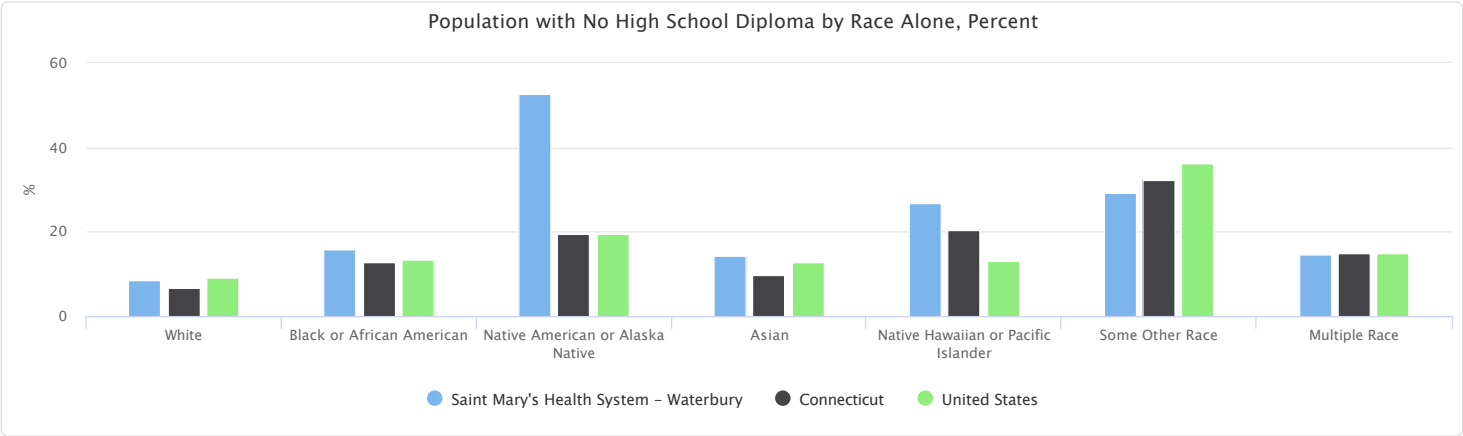
Population with No High School Diploma by Ethnicity Alone

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Saint Mary's Health System - Waterbury	7,815	15,517	25.67%	8.09%
CT 06403	0	181	0.00%	4.06%
CT 06410	352	921	41.66%	4.59%
CT 06444	0	0	No data	0.00%
CT 06467	1	0	100.00%	0.00%
CT 06478	9	408	1.73%	4.52%
CT 06479	0	622	0.00%	8.44%
CT 06483	60	485	7.35%	4.65%
CT 06488	20	779	4.38%	5.50%
CT 06702	695	384	61.56%	26.63%
CT 06704	1,722	1,744	27.76%	17.04%
CT 06705	1,075	1,885	21.47%	14.69%
CT 06706	1,211	1,047	37.35%	16.57%
CT 06708	970	1,534	22.74%	10.14%
CT 06710	966	754	44.07%	20.82%
CT 06712	47	325	17.28%	4.76%
CT 06716	32	618	5.54%	5.42%
CT 06751	5	24	9.62%	0.99%
CT 06762	45	182	25.86%	3.35%
CT 06763	0	57	0.00%	4.32%
CT 06770	160	1,806	7.09%	9.00%
CT 06779	31	563	6.39%	10.51%
CT 06782	11	76	12.36%	5.50%
CT 06787	204	354	59.82%	6.91%
CT 06795	92	605	12.85%	6.17%
CT 06798	107	163	22.86%	2.31%
Hartford County, CT	26,828	35,597	28.55%	6.71%
Litchfield County, CT	1,409	6,912	20.65%	5.41%
New Haven County, CT	22,456	35,335	25.23%	6.94%
Connecticut	90,816	134,734	26.93%	6.26%
United States	10,134,213	15,428,467	29.74%	8.17%



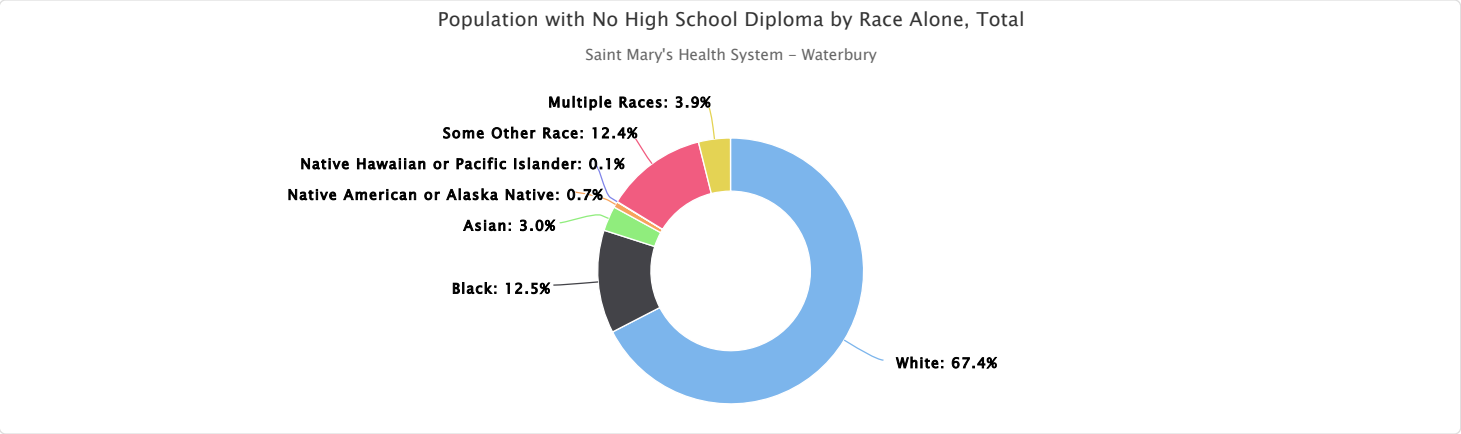
Population with No High School Diploma by Race Alone, Percent

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Saint Mary's Health System - Waterbury	8.63%	15.80%	52.66%	14.18%	26.67%	29.20%	14.60%
CT 06403	4.01%	0.00%	No data	No data	No data	0.00%	0.00%
CT 06410	3.47%	31.28%	66.67%	5.77%	No data	54.51%	3.30%
CT 06444	0.00%	No data	No data	No data	No data	No data	No data
CT 06467	0.00%	No data	No data	No data	No data	100.00%	No data
CT 06478	4.45%	2.07%	No data	7.14%	No data	0.00%	0.00%
CT 06479	7.90%	30.59%	No data	No data	No data	No data	0.00%
CT 06483	4.60%	15.58%	No data	0.00%	No data	18.38%	0.00%
CT 06488	5.50%	3.68%	100.00%	0.00%	No data	0.00%	0.00%
CT 06702	39.16%	36.17%	No data	0.00%	No data	62.44%	26.09%
CT 06704	21.41%	17.58%	63.46%	12.75%	No data	35.13%	10.29%
CT 06705	15.97%	11.27%	57.78%	34.69%	100.00%	18.37%	25.23%
CT 06706	19.07%	18.18%	100.00%	36.52%	0.00%	41.49%	21.12%
CT 06708	13.05%	8.62%	No data	15.82%	No data	21.82%	12.89%
CT 06710	28.79%	28.72%	100.00%	61.29%	No data	42.16%	7.05%
CT 06712	4.07%	20.40%	0.00%	32.50%	No data	80.65%	0.00%
CT 06716	5.40%	5.03%	No data	12.43%	0.00%	3.64%	0.00%
CT 06751	1.23%	0.00%	No data	0.00%	No data	0.00%	0.00%
CT 06762	3.17%	0.00%	No data	7.49%	No data	39.47%	0.00%
CT 06763	4.45%	No data	0.00%	No data	No data	0.00%	0.00%
CT 06770	8.29%	8.29%	0.00%	26.22%	No data	6.33%	11.26%
CT 06779	10.11%	22.22%	No data	0.00%	No data	0.00%	15.29%
CT 06782	6.05%	0.00%	No data	No data	No data	No data	No data
CT 06787	7.05%	2.63%	No data	0.00%	No data	0.00%	69.15%
CT 06795	6.63%	0.00%	No data	5.80%	No data	0.00%	20.71%
CT 06798	2.59%	1.52%	0.00%	20.00%	No data	36.56%	0.00%
Hartford County, CT	7.38%	12.68%	19.42%	9.72%	6.99%	31.77%	19.30%
Litchfield County, CT	5.72%	11.23%	7.45%	7.25%	No data	20.08%	14.07%
New Haven County, CT	7.82%	11.89%	25.42%	8.86%	10.00%	29.17%	13.05%
Connecticut	6.83%	12.89%	19.41%	9.84%	20.38%	32.26%	14.86%
United States	9.28%	13.33%	19.41%	12.71%	13.15%	36.14%	15.01%



Population with No High School Diploma by Race Alone, Total

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Saint Mary's Health System - Waterbury	15,729	2,925	706	168	12	2,886	906
CT 06403	181	0	0	0	0	0	0
CT 06410	614	208	84	32	0	320	15
CT 06444	0	0	0	0	0	0	0
CT 06467	0	0	0	0	0	1	0
CT 06478	401	3	13	0	0	0	0
CT 06479	570	52	0	0	0	0	0
CT 06483	480	31	0	0	0	34	0
CT 06488	743	17	0	39	0	0	0
CT 06702	589	217	0	0	0	261	12
CT 06704	1,892	835	19	33	0	586	101
CT 06705	1,737	366	187	26	12	414	218
CT 06706	1,153	184	126	30	0	648	117
CT 06708	1,947	236	25	0	0	225	71
CT 06710	933	542	19	8	0	207	11
CT 06712	263	71	13	0	0	25	0
CT 06716	616	9	21	0	0	4	0
CT 06751	29	0	0	0	0	0	0
CT 06762	165	0	17	0	0	45	0
CT 06763	57	0	0	0	0	0	0
CT 06770	1,521	142	151	0	0	48	104
CT 06779	560	10	0	0	0	0	24
CT 06782	87	0	0	0	0	0	0
CT 06787	353	1	0	0	0	0	204
CT 06795	655	0	13	0	0	0	29
CT 06798	183	1	18	0	0	68	0
Hartford County, CT	33,329	10,208	3,273	256	10	11,079	4,270
Litchfield County, CT	7,196	233	159	19	0	335	379
New Haven County, CT	35,217	8,830	2,099	213	12	9,168	2,252
Connecticut	131,587	32,070	10,968	1,059	149	37,844	11,873
United States	15,123,109	3,547,596	1,655,662	327,426	51,083	3,624,534	1,233,270



Social Support & Community Context

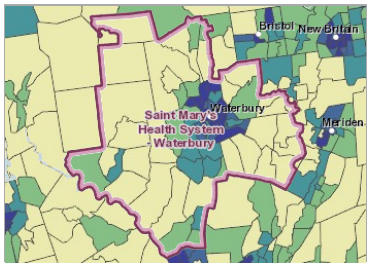
Social Vulnerability Index

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

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.40, which is which is less than the state average of 0.43.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Saint Mary's Health System - Waterbury	317,230	0.42	0.45	0.49	0.38	**0.40**
CT 06403	6,100	0.26	0.34	0.27	0.24	0.20
CT 06410	29,099	0.11	0.17	0.40	0.24	0.12
CT 06444	342	0.08	0.18	0.36	0.31	0.13
CT 06467	165	0.08	0.18	0.36	0.31	0.13
CT 06478	13,022	0.21	0.30	0.20	0.07	0.06
CT 06479	9,740	0.11	0.20	0.24	0.23	0.11
CT 06483	16,522	0.29	0.43	0.42	0.40	0.33
CT 06488	19,754	0.19	0.45	0.17	0.31	0.19
CT 06702	3,125	0.99	0.78	0.91	0.83	0.97
CT 06704	25,979	0.83	0.73	0.85	0.59	0.83
CT 06705	24,667	0.71	0.61	0.79	0.58	0.73
CT 06706	14,226	0.87	0.82	0.85	0.45	0.84
CT 06708	29,800	0.66	0.56	0.71	0.56	0.66
CT 06710	10,796	0.91	0.78	0.81	0.80	0.90
CT 06712	9,711	0.17	0.23	0.24	0.29	0.14
CT 06716	16,652	0.26	0.47	0.40	0.12	0.21
CT 06751	3,434	0.12	0.25	0.06	0.10	0.04
CT 06762	7,661	0.23	0.23	0.35	0.25	0.19
CT 06763	1,943	0.30	0.20	0.02	0.03	0.03
CT 06770	31,596	0.41	0.46	0.55	0.43	0.44
CT 06779	8,292	0.32	0.39	0.36	0.26	0.27
CT 06782	2,323	0.33	0.23	0.24	0.33	0.20
CT 06787	7,725	0.33	0.26	0.14	0.38	0.22
CT 06795	13,558	0.26	0.19	0.29	0.09	0.10
CT 06798	9,617	0.09	0.32	0.31	0.25	0.14
Hartford County, CT	894,730	0.31	0.19	0.89	0.74	0.52
Litchfield County, CT	183,031	0.11	0.05	0.54	0.16	0.08
New Haven County, CT	859,339	0.34	0.13	0.87	0.80	0.52
Connecticut	3,581,504	0.27	0.13	0.82	0.66	0.43
United States	322,903,030	0.30	0.32	0.76	0.62	0.40

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2018. Source geography: Tract



View larger map

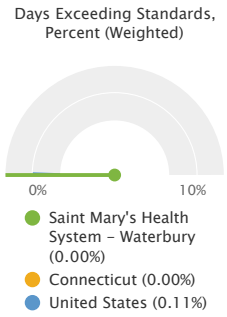
Social Vulnerability Index by Tract, CDC 2018

- 0.81 - 1.00 (Highest Vulnerability)
- 0.61 - 0.80
- 0.41 - 0.60
- 0.21 - 0.40
- 0.00 - 0.20 (Lowest Vulnerability)
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

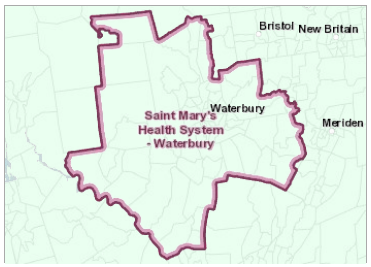
Air Quality - Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population (2020)	Average Daily Ambient Particulate Matter 2.5	Days Exceeding Emissions Standards	Days Exceeding Standards, Percent (Crude)	Days Exceeding Standards, Percent (Weighted)
Saint Mary's Health System - Waterbury	321,051	6.94	0	0.00	**0.00%**
CT 06403	5,985	7.59	0	0.00	0.00%
CT 06410	28,626	37.25	0	0.00	0.00%
CT 06444	434	0.63	0	0.00	0.00%
CT 06467	210	0.30	0	0.00	0.00%
CT 06478	12,706	15.33	0	0.00	0.00%
CT 06479	10,643	16.02	0	0.00	0.00%
CT 06483	16,748	23.26	0	0.00	0.00%
CT 06488	19,879	37.95	0	0.00	0.00%
CT 06702	3,728	6.77	0	0.00	0.00%
CT 06704	27,203	60.76	0	0.00	0.00%
CT 06705	27,134	39.33	0	0.00	0.00%
CT 06706	14,598	26.00	0	0.00	0.00%
CT 06708	30,384	55.08	0	0.00	0.00%
CT 06710	11,276	19.80	0	0.00	0.00%
CT 06712	9,377	14.96	0	0.00	0.00%
CT 06716	16,142	21.97	0	0.00	0.00%
CT 06751	3,367	6.86	0	0.00	0.00%
CT 06762	7,574	14.80	0	0.00	0.00%
CT 06763	1,916	5.66	0	0.00	0.00%
CT 06770	31,634	38.35	0	0.00	0.00%
CT 06779	8,217	13.31	0	0.00	0.00%
CT 06782	2,212	3.65	0	0.00	0.00%
CT 06787	7,533	14.02	0	0.00	0.00%
CT 06795	13,906	15.62	0	0.00	0.00%
CT 06798	9,723	14.66	0	0.00	0.00%
Hartford County, CT	899,498	6.93	0	0.00	0.00%
Litchfield County, CT	185,186	6.59	0	0.00	0.00%
New Haven County, CT	864,835	7.45	0	0.00	0.00%
Connecticut	3,605,944	7.17	0	0.00	0.00%
United States	329,148,493	8.26	0	0.00	0.11%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2016. Source geography: Tract



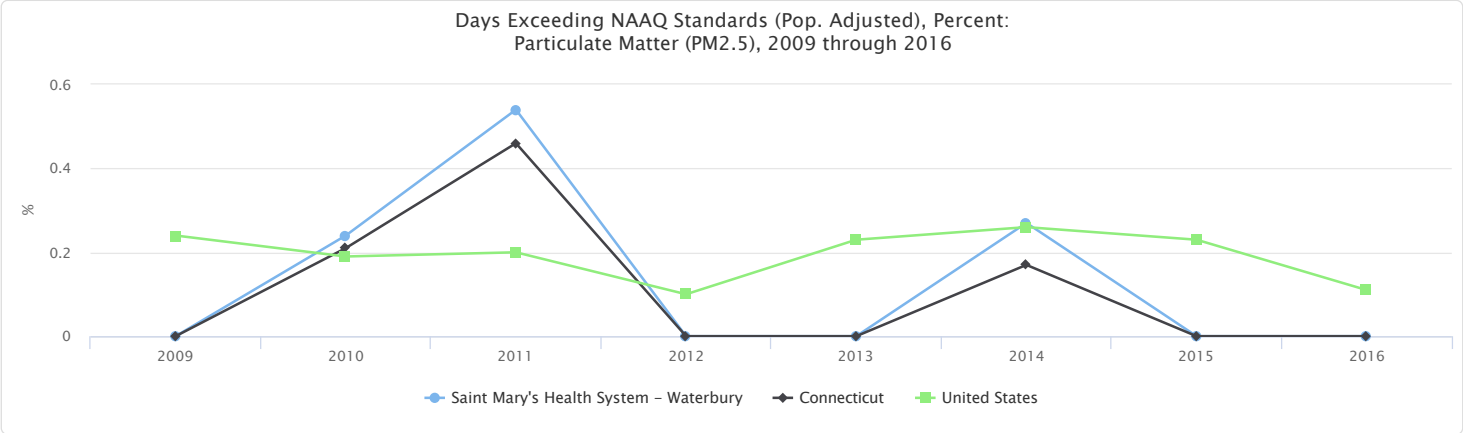
View larger map

Fine Particulate Matter Levels (PM 2.5), Percentage of Days Above NAAQ Standards by Tract, NEPHTN 2016

- Over 5.0%
- 1.1 - 5.0%
- 0.51 - 1.0%
- Under 0.51%
- No Days Above NAAQS Standards
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

Days Exceeding NAAQ Standards (Pop. Adjusted), Percent: Particulate Matter (PM2.5), 2009 through 2016

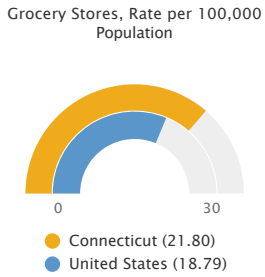
Report Area	2009	2010	2011	2012	2013	2014	2015	2016
Saint Mary's Health System - Waterbury	0.00%	0.24%	0.54%	0.00%	0.00%	0.27%	0.00%	0.00%
Hartford County, CT	0.00%	0.22%	0.60%	0.00%	0.00%	0.19%	0.00%	0.00%
Litchfield County, CT	0.00%	0.02%	0.14%	0.00%	0.00%	0.12%	0.00%	0.00%
New Haven County, CT	0.00%	0.27%	0.62%	0.00%	0.00%	0.20%	0.00%	0.00%
Connecticut	0.00%	0.21%	0.46%	0.00%	0.00%	0.17%	0.00%	0.00%
United States	0.24%	0.19%	0.20%	0.10%	0.23%	0.26%	0.23%	0.11%



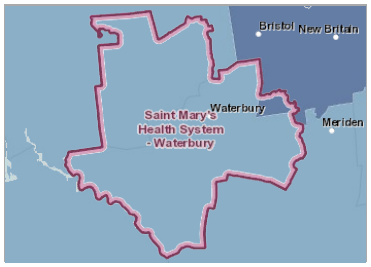
Food Environment - Grocery Stores and Supermarkets

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator describes the number of grocery stores and the number of grocery stores per 100,000 in the report area

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Saint Mary's Health System - Waterbury	No data	No data	No data
CT 06403	5,985	1	22.32
CT 06410	28,626	6	22.32
CT 06444	434	0	26.01
CT 06467	210	0	26.01
CT 06478	12,706	3	22.32
CT 06479	10,643	3	26.01
CT 06483	16,748	4	22.32
CT 06488	19,879	4	22.32
CT 06702	3,728	1	22.32
CT 06704	27,203	6	22.32
CT 06705	27,134	6	22.32
CT 06706	14,598	3	22.32
CT 06708	30,384	7	22.32
CT 06710	11,276	3	22.32
CT 06712	9,377	2	22.32
CT 06716	16,142	4	22.32
CT 06751	3,367	1	21.06
CT 06762	7,574	2	22.32
CT 06763	1,916	0	21.06
CT 06770	31,634	7	22.32
CT 06779	8,217	2	21.06
CT 06782	2,212	0	21.06
CT 06787	7,533	2	21.06
CT 06795	13,906	3	21.06
CT 06798	9,723	2	21.06
Hartford County, CT	899,498	234	26.01
Litchfield County, CT	185,186	39	21.06
New Haven County, CT	864,835	193	22.32
Connecticut	3,605,944	786	21.80
United States	331,449,275	62,268	18.79



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County



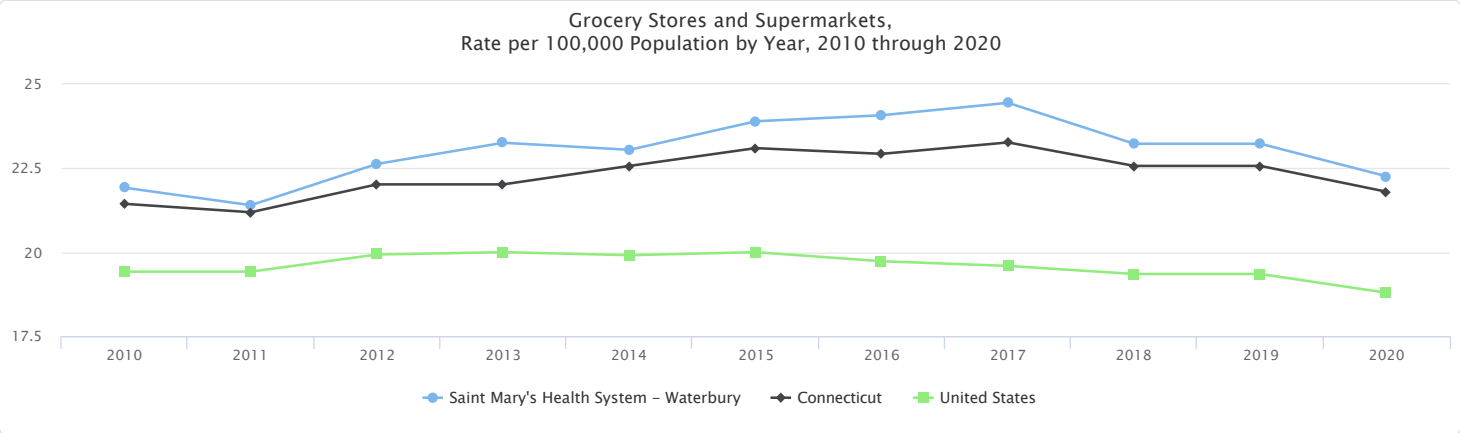
View larger map

Grocery Stores and Supermarkets, Rate (Per 100,000 Pop.) by County, CBP 2020

- Over 35.0
- 25.1 - 35.0
- 15.1 - 25.0
- Under 15.1
- <3 Grocery Stores (Suppressed)
- Saint Mary's Health System - Waterbury

Grocery Stores and Supermarkets,
Rate per 100,000 Population by Year, 2010 through 2020

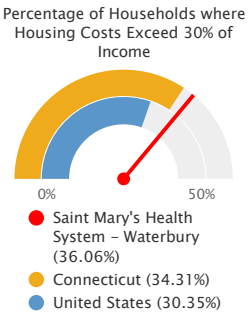
Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Saint Mary's Health System - Waterbury	21.92	21.4	22.63	23.26	23.05	23.9	24.08	24.45	23.23	23.23	22.26
Hartford County, CT	23.46	23.79	24.46	25.13	27.24	29.13	28.68	28.57	27.57	27.57	26.01
Litchfield County, CT	23.22	22.14	22.68	21.6	21.6	23.76	23.76	23.76	22.14	22.14	21.06
New Haven County, CT	21.62	21.16	22.55	23.47	23.13	23.7	23.94	24.4	23.24	23.24	22.32
Connecticut	21.44	21.19	22.02	22.02	22.57	23.1	22.93	23.27	22.57	22.57	21.8
United States	19.42	19.42	19.93	20	19.91	20	19.73	19.59	19.35	19.35	18.79



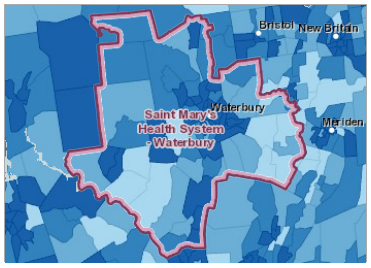
Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 3,458,192 total households in the report area, 1,246,890 or 36.06% of the population live in cost burdened households.

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Cost Burdened Households, Percent
Saint Mary's Health System - Waterbury	3,458,192	1,246,890	**36.06%**
CT 06403	2,644	1,010	38.20%
CT 06410	10,231	1,819	17.78%
CT 06444	81	0	0.00%
CT 06467	169	0	0.00%
CT 06478	4,987	1,159	23.24%
CT 06479	4,255	1,142	26.84%
CT 06483	6,297	2,081	33.05%
CT 06488	8,019	2,618	32.65%
CT 06702	1,779	980	55.09%
CT 06704	9,868	4,367	44.25%
CT 06705	10,469	4,461	42.61%
CT 06706	5,151	2,316	44.96%
CT 06708	11,453	4,525	39.51%
CT 06710	3,403	1,591	46.75%
CT 06712	3,314	762	22.99%
CT 06716	6,405	1,715	26.78%
CT 06751	1,342	458	34.13%
CT 06762	2,889	614	21.25%
CT 06763	773	259	33.51%
CT 06770	11,917	3,799	31.88%
CT 06779	3,555	1,259	35.41%
CT 06782	785	261	33.25%
CT 06787	3,072	1,034	33.66%
CT 06795	5,435	1,725	31.74%
CT 06798	4,533	1,256	27.71%
Hartford County, CT	353,653	115,205	32.58%
Litchfield County, CT	74,902	23,550	31.44%
New Haven County, CT	332,765	120,185	36.12%
Connecticut	1,385,437	475,395	34.31%
United States	122,354,219	37,128,748	30.35%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



View larger map

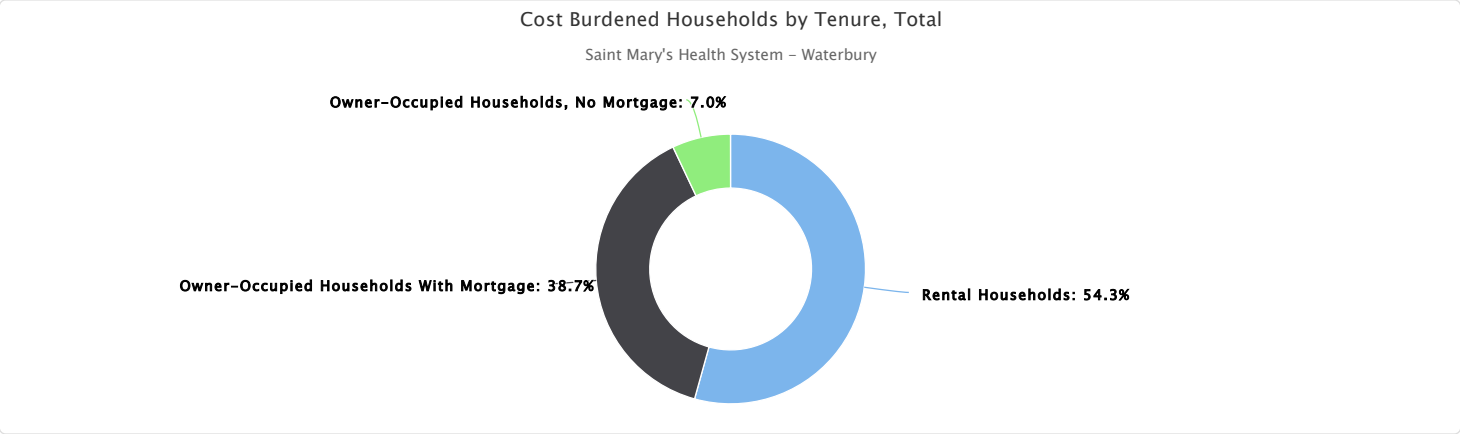
Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2016-20

- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

Cost Burdened Households by Tenure, Total

These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 1,246,890 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2016-2020 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

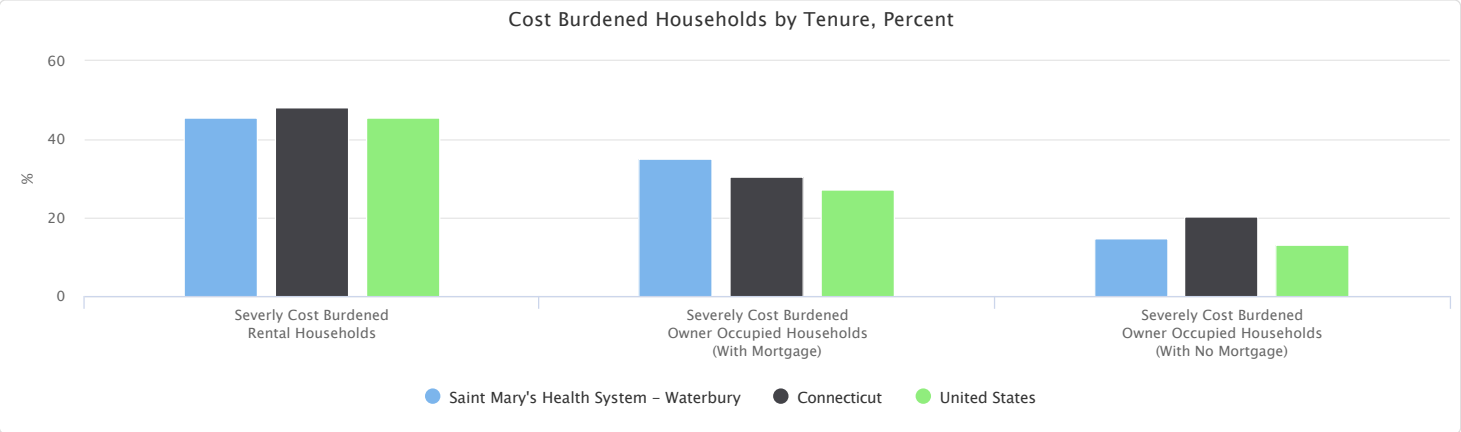
Report Area	Cost Burdened Households	Cost Burdened Rental Households	Cost Burdened Owner Occupied Households (With Mortgage)	Cost Burdened Owner Occupied Households (With No Mortgage)
Saint Mary's Health System - Waterbury	1,246,890	677,305	481,946	87,639
CT 06403	1,010	71	695	244
CT 06410	1,819	461	980	378
CT 06444	0	0	0	0
CT 06467	0	0	0	0
CT 06478	1,159	81	891	187
CT 06479	1,142	423	664	55
CT 06483	2,081	808	1,110	163
CT 06488	2,618	559	1,233	826
CT 06702	980	926	54	0
CT 06704	4,367	2,836	1,124	407
CT 06705	4,461	3,111	976	374
CT 06706	2,316	1,403	793	120
CT 06708	4,525	2,464	1,429	632
CT 06710	1,591	1,216	313	62
CT 06712	762	98	533	131
CT 06716	1,715	353	740	622
CT 06751	458	212	189	57
CT 06762	614	44	476	94
CT 06763	259	36	207	16
CT 06770	3,799	1,961	1,340	498
CT 06779	1,259	693	473	93
CT 06782	261	62	118	81
CT 06787	1,034	386	493	155
CT 06795	1,725	349	779	597
CT 06798	1,256	319	750	187
Hartford County, CT	115,205	59,936	41,614	13,655
Litchfield County, CT	23,550	8,027	11,804	3,719
New Haven County, CT	120,185	61,681	43,395	15,109
Connecticut	475,395	227,153	187,671	60,571
United States	37,128,748	19,886,052	13,344,089	3,898,607



Cost Burdened Households by Tenure, Percent

These data show the percentage of households by tenure that are cost burdened. Cost burdened rental households (those that spent more than 30% of the household income on rental costs) represented 45.59% of all of the rental households in the report area, according to the U.S. Census Bureau American Community Survey (ACS) 2016-2020 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

Report Area	Rental Households	Percentage of Rental Households that are Cost Burdened	Owner Occupied Households (With Mortgage)	Percentage of Owner Occupied Households w/ Mortgages that are Cost Burdened	Owner Occupied Households (No Mortgage)	Percentage of Owner Occupied Households w/o Mortgages that are Cost Burdened
Saint Mary's Health System - Waterbury	1,485,486	45.59%	1,378,821	34.95%	593,885	14.76%
CT 06403	337	21.07%	1,553	44.75%	754	32.36%
CT 06410	1,385	33.29%	5,644	17.36%	3,202	11.81%
CT 06444	18	0.00%	63	0.00%	0	No data
CT 06467	0	No data	155	0.00%	14	0.00%
CT 06478	374	21.66%	3,322	26.82%	1,291	14.48%
CT 06479	733	57.71%	2,259	29.39%	1,263	4.35%
CT 06483	1,718	47.03%	3,411	32.54%	1,168	13.96%
CT 06488	1,155	48.40%	4,068	30.31%	2,796	29.54%
CT 06702	1,720	53.84%	54	100.00%	5	0.00%
CT 06704	5,614	50.52%	2,743	40.98%	1,511	26.94%
CT 06705	6,031	51.58%	2,517	38.78%	1,921	19.47%
CT 06706	2,704	51.89%	1,683	47.12%	764	15.71%
CT 06708	4,822	51.10%	4,487	31.85%	2,144	29.48%
CT 06710	2,283	53.26%	818	38.26%	302	20.53%
CT 06712	270	36.30%	2,116	25.19%	928	14.12%
CT 06716	946	37.32%	3,581	20.66%	1,878	33.12%
CT 06751	326	65.03%	720	26.25%	296	19.26%
CT 06762	366	12.02%	1,680	28.33%	843	11.15%
CT 06763	111	32.43%	455	45.49%	207	7.73%
CT 06770	3,861	50.79%	5,628	23.81%	2,428	20.51%
CT 06779	1,345	51.52%	1,316	35.94%	894	10.40%
CT 06782	75	82.67%	458	25.76%	252	32.14%
CT 06787	770	50.13%	1,704	28.93%	598	25.92%
CT 06795	798	43.73%	2,873	27.11%	1,764	33.84%
CT 06798	868	36.75%	2,544	29.48%	1,121	16.68%
Hartford County, CT	126,790	47.27%	153,276	27.15%	73,587	18.56%
Litchfield County, CT	17,900	44.84%	37,697	31.31%	19,305	19.26%
New Haven County, CT	125,955	48.97%	137,995	31.45%	68,815	21.96%
Connecticut	470,029	48.33%	616,667	30.43%	298,741	20.28%
United States	43,552,843	45.66%	48,974,364	27.25%	29,827,012	13.07%

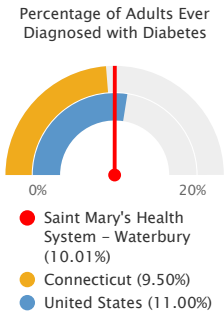


Health Outcomes & Behaviors

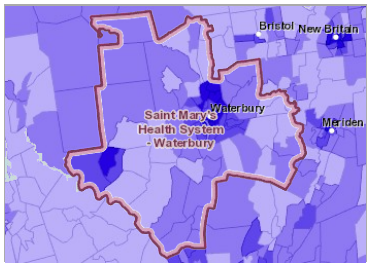
Chronic Conditions - Diabetes (Adult)

This indicator reports the number and percentage of adults age 18 and older who report ever been told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy.

Report Area	Total Population (2019)	Adults Ever Diagnosed with Diabetes (Crude)	Adults Ever Diagnosed with Diabetes (Age-Adjusted)
Saint Mary's Health System - Waterbury	319,656	**10.01%**	No data
CT 06403	6,033	8.20%	No data
CT 06410	29,161	7.60%	No data
CT 06444	370	7.10%	No data
CT 06467	157	7.30%	No data
CT 06478	12,683	8.50%	No data
CT 06479	10,431	7.30%	No data
CT 06483	16,540	8.80%	No data
CT 06488	19,904	10.20%	No data
CT 06702	3,654	26.20%	No data
CT 06704	25,139	14.40%	No data
CT 06705	27,122	11.50%	No data
CT 06706	14,324	14.30%	No data
CT 06708	29,418	10.70%	No data
CT 06710	10,715	14.30%	No data
CT 06712	9,376	8.20%	No data
CT 06716	16,680	8.40%	No data
CT 06751	3,577	8.10%	No data
CT 06762	7,561	8.40%	No data
CT 06763	2,033	8.20%	No data
CT 06770	31,975	8.60%	No data
CT 06779	8,324	8.40%	No data
CT 06782	2,376	8.20%	No data
CT 06787	7,975	8.00%	No data
CT 06795	14,144	8.10%	No data
CT 06798	9,984	8.20%	No data
Hartford County, CT	891,720	9.60%	8.70%
Litchfield County, CT	180,333	9.40%	7.20%
New Haven County, CT	854,757	10.60%	9.60%
Connecticut	3,565,287	9.50%	8.47%
United States	328,239,523	11.00%	9.70%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract



View larger map

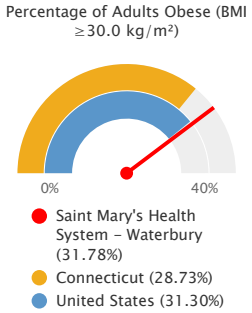
Diabetes, Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

- Over 13.0%
- 10.1% - 13.0%
- 8.1% - 10.0%
- Under 8.1%
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

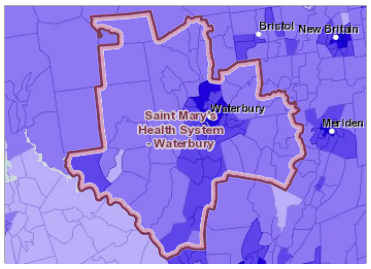
Chronic Conditions - Obesity (Adult)

This indicator reports the number and percentage of adults age 18 and older who are obese, defined as having a body mass index (BMI) ≥30.0 kg/m², calculated from self-reported weight and height.

Report Area	Total Population (2019)	Adult Obesity (BMI ≥30.0 kg/m²) (Crude)	Adult Obesity (BMI ≥30.0 kg/m²) (Age-Adjusted)
Saint Mary's Health System - Waterbury	319,656	**31.78%**	No data
CT 06403	6,033	30.10%	No data
CT 06410	29,161	27.30%	No data
CT 06444	370	27.90%	No data
CT 06467	157	27.70%	No data
CT 06478	12,683	29.90%	No data
CT 06479	10,431	27.30%	No data
CT 06483	16,540	30.50%	No data
CT 06488	19,904	27.90%	No data
CT 06702	3,654	45.70%	No data
CT 06704	25,139	40.20%	No data
CT 06705	27,122	35.20%	No data
CT 06706	14,324	38.60%	No data
CT 06708	29,418	33.90%	No data
CT 06710	10,715	40.60%	No data
CT 06712	9,376	28.90%	No data
CT 06716	16,680	29.60%	No data
CT 06751	3,577	28.00%	No data
CT 06762	7,561	27.90%	No data
CT 06763	2,033	27.90%	No data
CT 06770	31,975	30.90%	No data
CT 06779	8,324	28.70%	No data
CT 06782	2,376	29.10%	No data
CT 06787	7,975	29.00%	No data
CT 06795	14,144	27.60%	No data
CT 06798	9,984	27.50%	No data
Hartford County, CT	891,720	30.10%	30.30%
Litchfield County, CT	180,333	28.30%	28.00%
New Haven County, CT	854,757	32.00%	32.30%
Connecticut	3,565,287	28.73%	28.90%
United States	328,239,523	31.30%	31.30%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract



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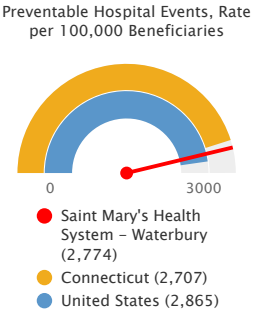
Obese (BMI >= 30), Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

- Over 37.0%
- 30.1% - 37.0%
- 25.1% - 30.0%
- Under 25.1%
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

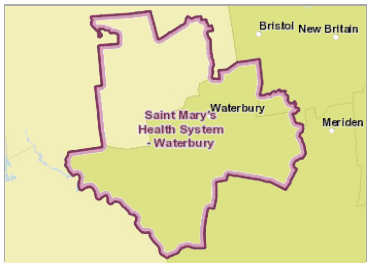
Hospitalizations - Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 58,247 Medicare beneficiaries in the report area. The preventable hospitalization rate was 2,774. The rate in the report area was higher than the state rate of 2,707 during the same time period.

Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Saint Mary's Health System - Waterbury	58,247	**2,774**
CT 06403	1,051	2,849
CT 06410	5,028	2,849
CT 06444	77	2,726
CT 06467	37	2,726
CT 06478	2,231	2,849
CT 06479	1,898	2,726
CT 06483	2,941	2,849
CT 06488	3,491	2,849
CT 06702	654	2,849
CT 06704	4,778	2,849
CT 06705	4,766	2,849
CT 06706	2,564	2,849
CT 06708	5,336	2,849
CT 06710	1,980	2,849
CT 06712	1,647	2,849
CT 06716	2,835	2,849
CT 06751	721	2,436
CT 06762	1,330	2,849
CT 06763	410	2,436
CT 06770	5,556	2,849
CT 06779	1,759	2,436
CT 06782	473	2,436
CT 06787	1,613	2,436
CT 06795	2,978	2,436
CT 06798	2,082	2,436
Hartford County, CT	160,453	2,726
Litchfield County, CT	39,664	2,436
New Haven County, CT	151,908	2,849
Connecticut	627,485	2,707
United States	57,235,207	2,865



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County



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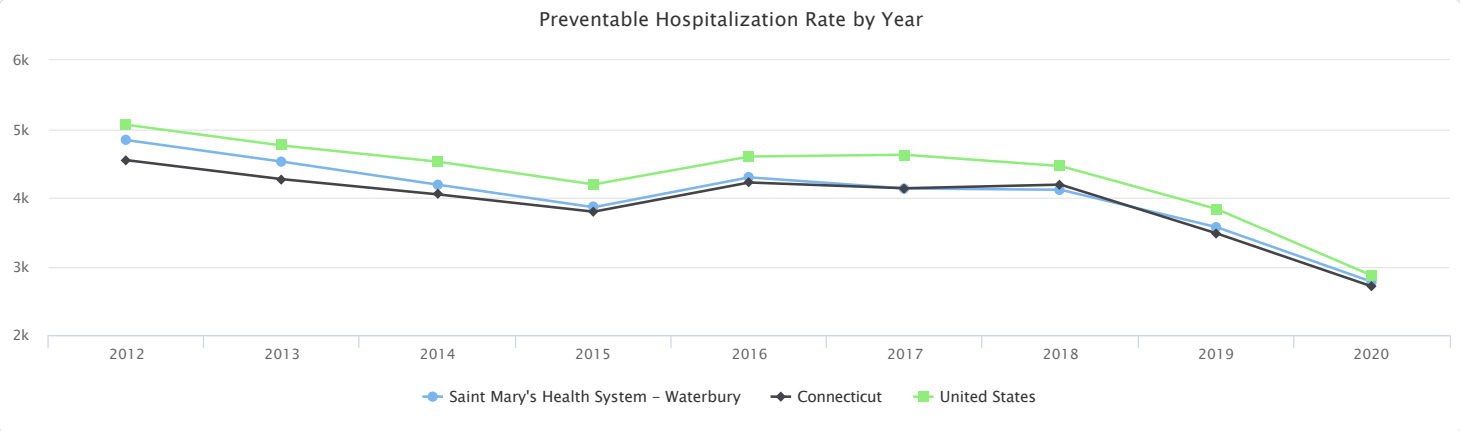
Preventable Hospitalization, Medicare Beneficiaries, Rate by County, CMS 2020

- Over 3600
- 3101 - 3600
- 2500 - 3100
- Under 2500
- No data or Data Suppressed
- Saint Mary's Health System - Waterbury

Preventable Hospitalization Rate by Year

The table and chart below display local, state, and national trends in preventable hospitalization rates among Medicare beneficiaries.

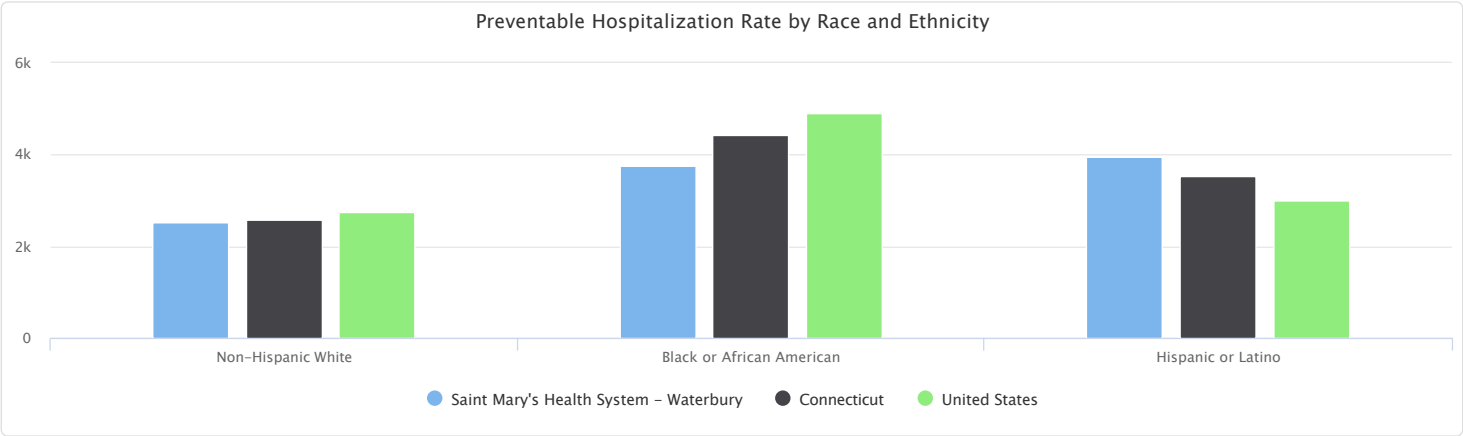
Report Area	2012	2013	2014	2015	2016	2017	2018	2019	2020
Saint Mary's Health System - Waterbury	4,837	4,523	4,188	3,860	4,295	4,133	4,114	3,572	2,774
Hartford County, CT	4,709	4,404	4,298	3,898	4,466	4,250	4,374	3,434	2,726
Litchfield County, CT	4,151	3,773	3,551	3,397	3,971	3,738	3,683	3,092	2,436
New Haven County, CT	5,008	4,710	4,336	3,969	4,365	4,223	4,280	3,688	2,849
Connecticut	4,545	4,268	4,047	3,795	4,220	4,136	4,189	3,481	2,707
United States	5,060	4,758	4,523	4,192	4,598	4,624	4,459	3,836	2,865



Preventable Hospitalization Rate by Race and Ethnicity

The table and chart below display local, state, and national trends in preventable hospitalization rates among Medicare beneficiaries for the latest report year by patient race and ethnicity.

Report Area	Non-Hispanic White	Black or African American	Hispanic or Latino
Saint Mary's Health System - Waterbury	2,529	3,771	3,956
Hartford County, CT	2,462	2,668	3,879
Litchfield County, CT	2,380	943	2,925
New Haven County, CT	2,570	3,900	4,018
Connecticut	2,570	4,437	3,523
United States	2,754	4,914	3,014

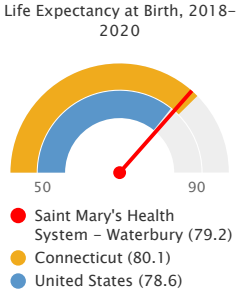


Life Expectancy (County)

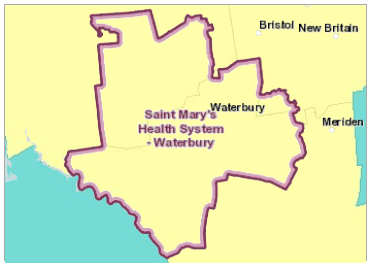
This indicator reports the average life expectancy at birth (age-adjusted to 2000 standard). Data were from the National Center for Health Statistics - Mortality Files (2018-2020) and are used for the 2022 County Health Rankings.

Of the total 291,365 population in the report area, the average life expectancy during the 2018-20 three-year period is 79.2, which is lower than the statewide rate of 80.1.
Note: Data are suppressed for counties with fewer than 5,000 population-years-at-risk in the time frame.

Report Area	Total Population	Life Expectancy at Birth (2018-20)
Saint Mary's Health System - Waterbury	291,365	**79.2**
Hartford County, CT	821,691	79.4
Litchfield County, CT	163,748	79.2
New Haven County, CT	787,927	79.2
Connecticut	3,287,916	80.1
United States	305,755,802	78.6



Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018-2020. Source geography: County



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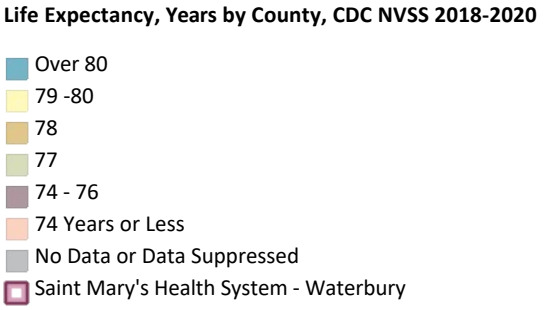
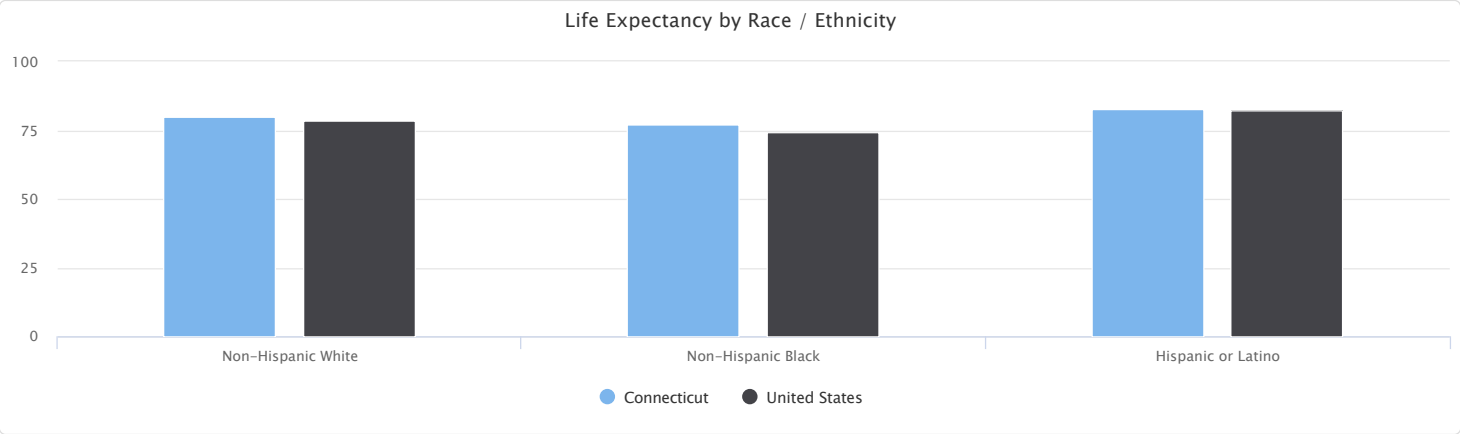


Life Expectancy by Race / Ethnicity

This indicator reports the 2018-2020 three-year average number of years a person can expect to live by race / ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Hartford County, CT	79.7	77.2	80.2
Litchfield County, CT	78.8	77.8	86.5
New Haven County, CT	79.5	75.5	81.7
Connecticut	80.1	77.1	82.6
United States	78.5	74.4	82.4

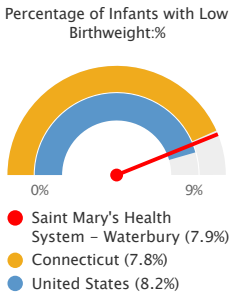


Low Birth Weight

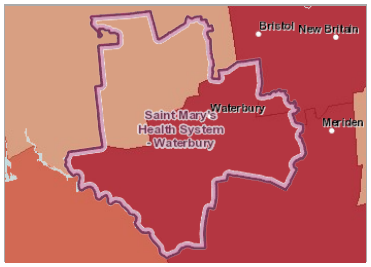
This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2014-2020) and are used for the 2022 County Health Rankings.

Within the report area, there were 1,700 infants born with low birth weight. This represents 7.9% of the total live births.
Note: Data are suppressed for counties with fewer than 10 low birthweight births in the reporting period.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Saint Mary's Health System - Waterbury	21,576	1,700	**7.9%**
CT 06403	416.40	33.49	8.0%
CT 06410	1,991.73	160.17	8.0%
CT 06444	31.00	2.65	8.6%
CT 06467	14.99	1.28	8.6%
CT 06478	884.06	71.09	8.0%
CT 06479	760.98	65.10	8.6%
CT 06483	1,165.31	93.71	8.0%
CT 06488	1,383.14	111.23	8.0%
CT 06702	259.41	20.86	8.0%
CT 06704	1,892.74	152.21	8.0%
CT 06705	1,887.93	151.82	8.0%
CT 06706	1,015.72	81.68	8.0%
CT 06708	2,114.06	170.01	8.0%
CT 06710	784.54	63.09	8.0%
CT 06712	652.46	52.47	8.0%
CT 06716	1,123.13	90.32	8.0%
CT 06751	177.47	11.49	6.5%
CT 06762	527.00	42.38	8.0%
CT 06763	100.99	6.54	6.5%
CT 06770	2,201.01	177.00	8.0%
CT 06779	433.12	28.04	6.5%
CT 06782	116.60	7.55	6.5%
CT 06787	397.06	25.71	6.5%
CT 06795	732.97	47.46	6.5%
CT 06798	512.49	33.18	6.5%
Hartford County, CT	64,315	5,502	8.6%
Litchfield County, CT	9,761	632	6.5%
New Haven County, CT	60,173	4,839	8.0%
Connecticut	245,629	19,178	7.8%
United States	26,896,859	2,203,029	8.2%



Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-2020. Source geography: County



View larger map

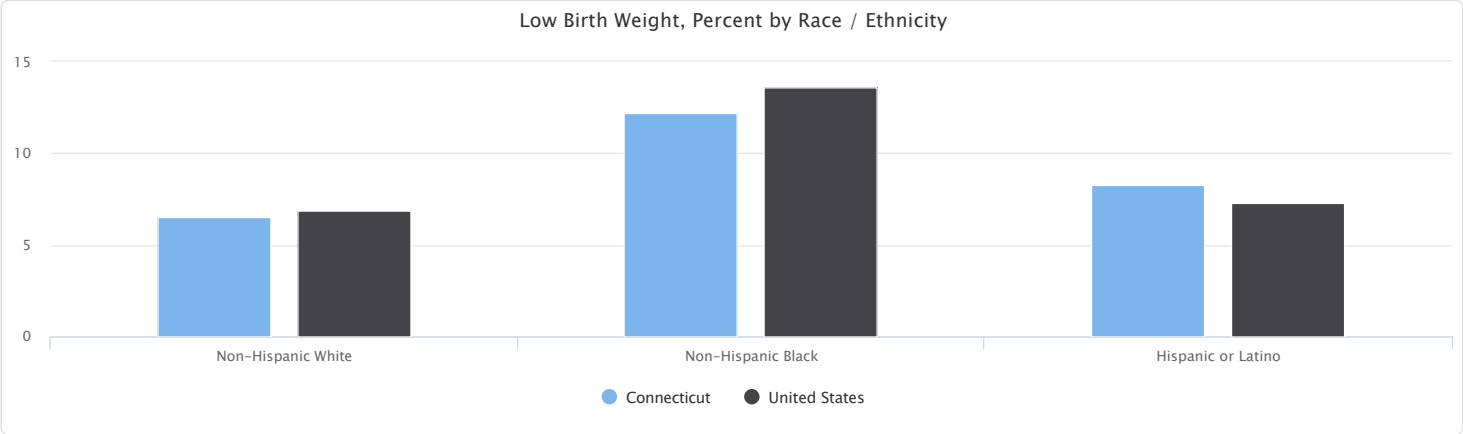
Low Birthweight, Percentage of Live Births by County, CDC NVSS 2014-2020

- Over 10.0%
- 8.1 - 10.0%
- 7.1 - 8.0%
- Under 7.1%
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

Low Birth Weight, Percent by Race / Ethnicity

This indicator reports the 2014-2020 seven-year average percentage of live births with low birthweight (< 2,500 grams) by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Hartford County, CT	6.6	12.6	9.2
Litchfield County, CT	6.6	9.6	4.9
New Haven County, CT	6.5	11.6	8.5
Connecticut	6.5	12.2	8.3
United States	6.9	13.6	7.3

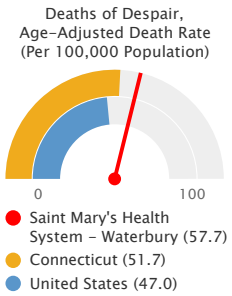


Mortality - Deaths of Despair

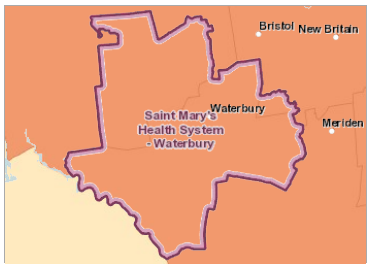
This indicator reports average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as "deaths of despair", per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health.

Within the report area, there were 962 deaths of despair. This represents an age-adjusted death rate of 57.7 per every 100,000 total population.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Saint Mary's Health System - Waterbury	317,458	962	60.6	**57.7**
CT 06403	5,922	18	59.5	56.5
CT 06410	28,351	84	59.5	56.5
CT 06444	430	No data	No data	No data
CT 06467	208	No data	No data	No data
CT 06478	12,585	37	59.5	56.5
CT 06479	10,554	31	58.1	55.1
CT 06483	16,588	49	59.5	56.5
CT 06488	19,690	59	59.5	56.5
CT 06702	3,693	11	59.5	56.5
CT 06704	26,936	80	59.5	56.5
CT 06705	26,869	80	59.5	56.5
CT 06706	14,457	43	59.5	56.5
CT 06708	30,085	90	59.5	56.5
CT 06710	11,162	33	59.5	56.5
CT 06712	9,287	28	59.5	56.5
CT 06716	15,985	48	59.5	56.5
CT 06751	3,293	11	67.5	64.7
CT 06762	7,499	22	59.5	56.5
CT 06763	1,874	No data	No data	No data
CT 06770	31,319	93	59.5	56.5
CT 06779	8,038	27	67.5	64.7
CT 06782	2,164	No data	No data	No data
CT 06787	7,370	25	67.5	64.7
CT 06795	13,603	46	67.5	64.7
CT 06798	9,512	32	67.5	64.7
Hartford County, CT	892,284	2,590	58.0	55.1
Litchfield County, CT	181,160	611	67.5	64.7
New Haven County, CT	856,327	2,549	59.5	56.5
Connecticut	3,571,919	9,717	54.4	51.7
United States	326,747,554	806,246	49.4	47.0



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County



View larger map

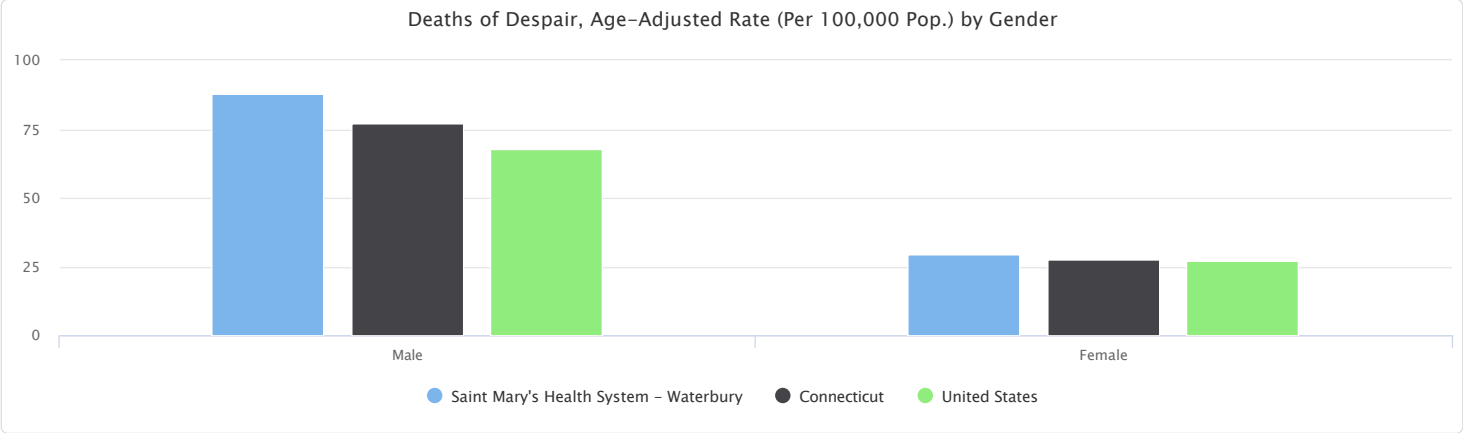
Deaths of Despair, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2016-20

- Over 70.0
- 50.1 - 70.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<20 Deaths)
- Saint Mary's Health System - Waterbury

Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 people for the 5-year period 2016-2020 by gender.

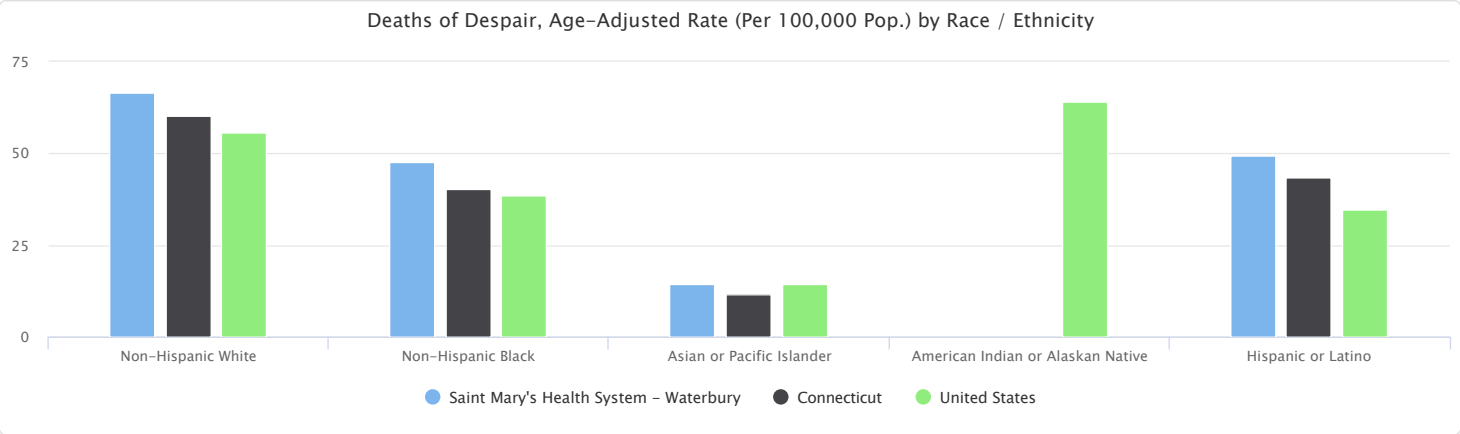
Report Area	Male	Female
Saint Mary's Health System - Waterbury	87.8	29.4
Hartford County, CT	84.1	27.6
Litchfield County, CT	94.4	35.1
New Haven County, CT	86.8	28.5
Connecticut	77.2	27.5
United States	67.7	27.3



Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports the age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 people for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Saint Mary's Health System - Waterbury	66.6	47.5	14.4	No data	49.3
Hartford County, CT	65.2	36.7	14.4	No data	56.5
Litchfield County, CT	68.8	No data	No data	No data	No data
New Haven County, CT	66.2	47.9	No data	No data	49.0
Connecticut	60.4	40.2	11.7	No data	43.3
United States	55.6	38.6	14.3	64.3	34.6

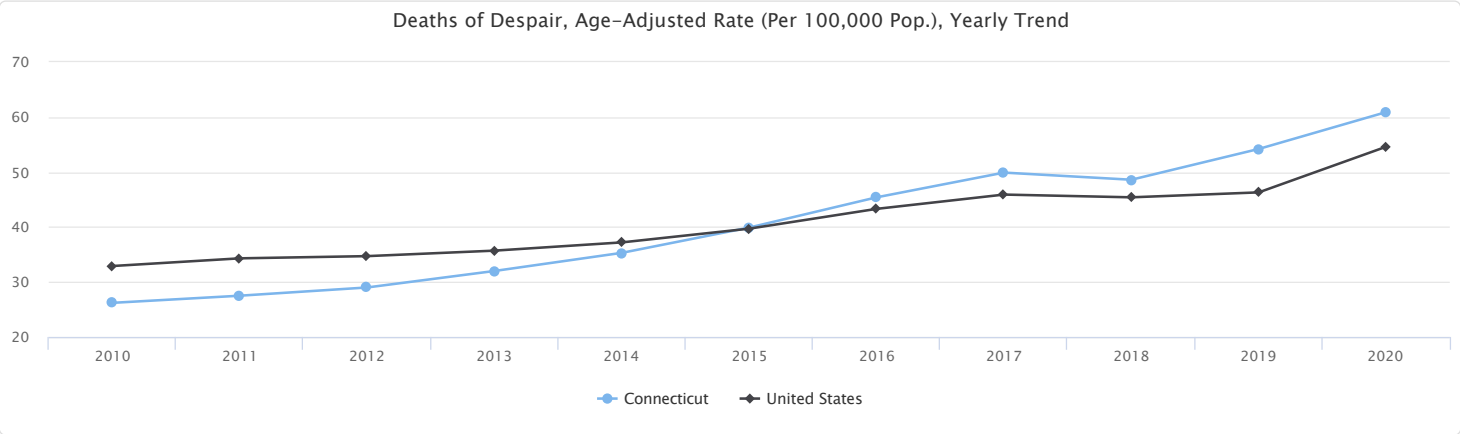


Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

The table below shows age-adjusted death rates due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 population over time.

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Connecticut	26.2	27.5	29.0	32.0	35.3	39.9	45.4	49.9	48.6	54.2	60.9
United States	32.9	34.3	34.7	35.7	37.2	39.7	43.3	45.9	45.4	46.3	54.6

Note: No county data available. See data source and methodology for more details.



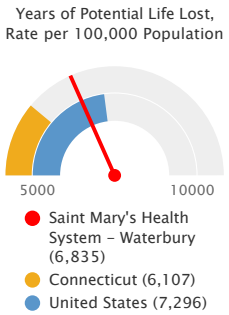
Mortality - Premature Death

This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. YPLL measures premature death and is

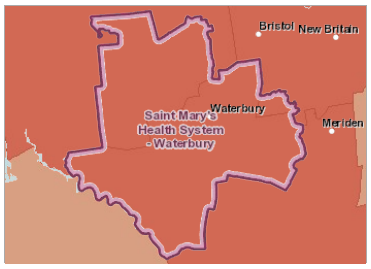
calculated by subtracting the age of death from the 75 year benchmark. Data were from the National Center for Health Statistics - Mortality Files (2018-2020) and are used for the 2022 County Health Rankings. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Within the report area, there are a total of 3,797 premature deaths from 2018 to 2020. This represents an age-adjusted rate of 6,835 years potential life lost before age 75 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the three-year time frame.

Report Area	Premature Deaths, 2018-2020	Years of Potential Life Lost, 2018-2020	Years of Potential Life Lost, Rate per 100,000 Population
Saint Mary's Health System - Waterbury	3,797	59,748	**6,835**
CT 06403	70	1,111	6,792
CT 06410	334	5,315	6,793
CT 06444	5	77	6,481
CT 06467	2	37	6,446
CT 06478	148	2,359	6,793
CT 06479	120	1,891	6,483
CT 06483	195	3,110	6,794
CT 06488	232	3,691	6,793
CT 06702	43	692	6,791
CT 06704	317	5,051	6,793
CT 06705	317	5,038	6,793
CT 06706	170	2,711	6,794
CT 06708	354	5,642	6,794
CT 06710	132	2,094	6,795
CT 06712	109	1,741	6,793
CT 06716	188	2,997	6,793
CT 06751	43	640	7,165
CT 06762	88	1,406	6,792
CT 06763	25	364	7,163
CT 06770	369	5,874	6,794
CT 06779	106	1,562	7,166
CT 06782	28	420	7,157
CT 06787	97	1,432	7,166
CT 06795	179	2,643	7,165
CT 06798	125	1,848	7,165
Hartford County, CT	10,100	159,824	6,484
Litchfield County, CT	2,380	35,194	7,164
New Haven County, CT	10,089	160,587	6,794
Connecticut	38,493	602,330	6,107
United States	4,125,218	66,924,984	7,296



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2018-2020. Source geography: County



View larger map

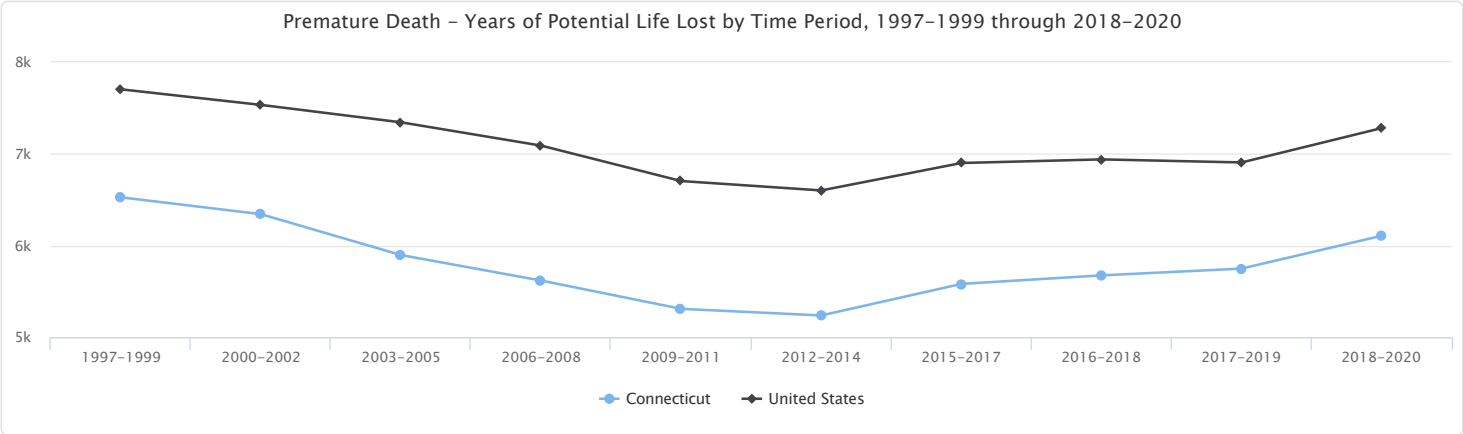
Premature Death (YPLL), Years Lost Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-2020

- Over 10,000
- 8,001 - 10,000
- 6,001 - 8,000
- Under 6,001
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

Premature Death - Years of Potential Life Lost by Time Period, 1997-1999 through 2018-2020

The table below shows age-adjusted death rates due to Years of Potential Life Lost (YPLL) before age 75 per 100,000 people over time.

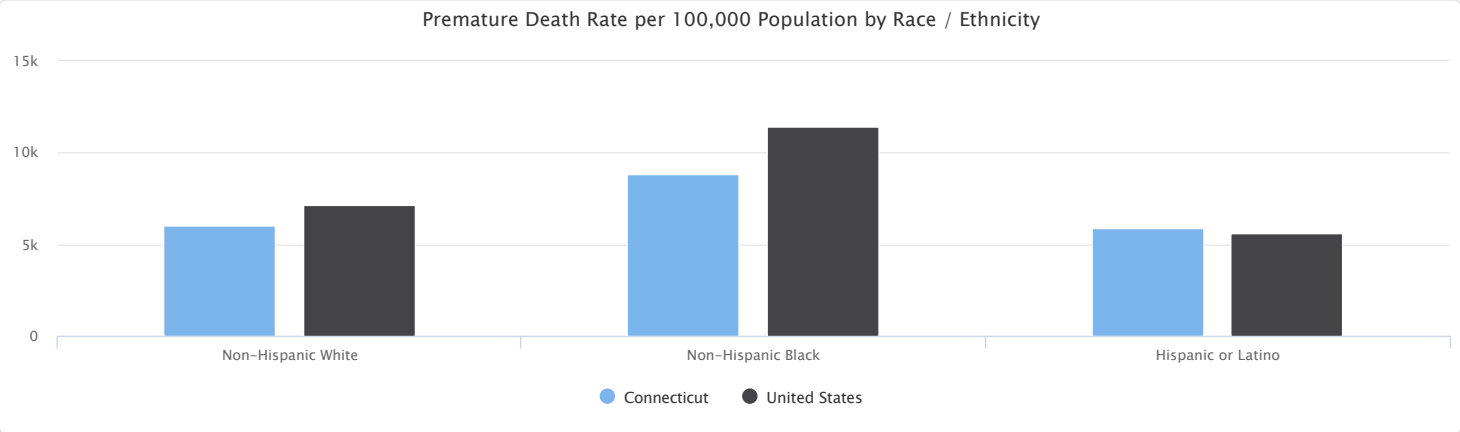
Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017	2016-2018	2017-2019	2018-2020
Hartford County, CT	7,268.2	6,938.5	6,395.6	6,080.9	5,868.6	5,589.2	6,001.9	6,084.3	6,153.8	6,483.5
Litchfield County, CT	5,730.1	5,895.6	5,511.5	5,313.3	5,077.2	5,824.7	5,650.3	5,933.0	6,668.1	7,164.2
New Haven County, CT	6,915.3	6,912.8	6,604.2	6,213.1	5,911.8	5,673.1	6,179.3	6,218.8	6,336.8	6,793.6
Connecticut	6,526.3	6,342.3	5,896.0	5,617.6	5,308.6	5,236.7	5,581.0	5,673.9	5,748.1	6,106.5
United States	7,705.2	7,535.0	7,345.0	7,090.5	6,703.7	6,601.2	6,900.6	6,940.1	6,906.6	7,281.9



Premature Death Rate per 100,000 Population by Race / Ethnicity

This indicator reports age-adjusted rate of death due to Years of Potential Life Lost (YPLL) before age 75 per 100,000 people by race and Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Hartford County, CT	6,232.5	8,603.2	7,072.9
Litchfield County, CT	7,504.2	9,168.8	4,368.1
New Haven County, CT	6,383.8	10,112.1	6,598.6
Connecticut	6,003.7	8,803.0	5,889.8
United States	7,171.0	11,451.2	5,628.1

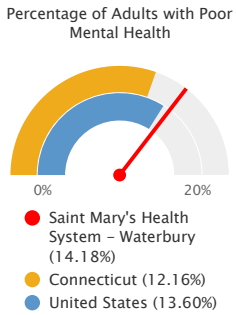


Poor Mental Health

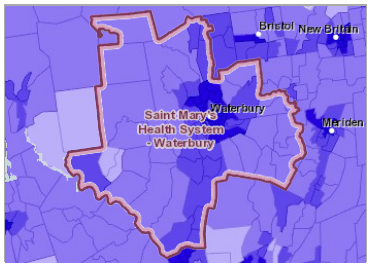
This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. Data were from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual survey.

Within the report area, there were 14.18% of adults 18 and older who reported poor mental health in the past month of the total population.

Report Area	Total Population (2019)	Adults with Poor Mental Health (Crude)	Adults with Poor Mental Health (Age-Adjusted)
Saint Mary's Health System - Waterbury	319,656	**14.18%**	No data
CT 06403	6,033	13.10%	No data
CT 06410	29,161	11.00%	No data
CT 06444	370	12.00%	No data
CT 06467	157	12.00%	No data
CT 06478	12,683	12.40%	No data
CT 06479	10,431	11.50%	No data
CT 06483	16,540	13.60%	No data
CT 06488	19,904	10.80%	No data
CT 06702	3,654	20.90%	No data
CT 06704	25,139	18.70%	No data
CT 06705	27,122	16.40%	No data
CT 06706	14,324	18.60%	No data
CT 06708	29,418	15.90%	No data
CT 06710	10,715	19.50%	No data
CT 06712	9,376	12.20%	No data
CT 06716	16,680	13.00%	No data
CT 06751	3,577	11.50%	No data
CT 06762	7,561	11.20%	No data
CT 06763	2,033	11.90%	No data
CT 06770	31,975	14.50%	No data
CT 06779	8,324	13.50%	No data
CT 06782	2,376	13.00%	No data
CT 06787	7,975	13.30%	No data
CT 06795	14,144	11.90%	No data
CT 06798	9,984	11.20%	No data
Hartford County, CT	891,720	11.90%	12.20%
Litchfield County, CT	180,333	11.80%	12.80%
New Haven County, CT	854,757	13.10%	13.40%
Connecticut	3,565,287	12.16%	12.52%
United States	328,239,523	13.60%	13.90%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract



View larger map

Poor Mental Health, Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

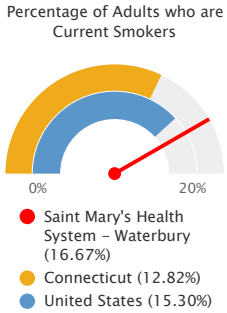
- Over 16.0%
- 13.1% - 16.0%
- 10.1% - 13.0%
- Under 10.1%
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

Tobacco - Current Smokers

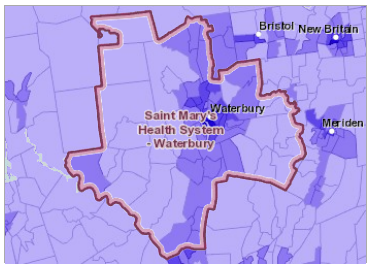
This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Within the report area there are 16.67% adults who have smoked or currently smoke of the total population.

Report Area	Total Population (2019)	Adult Current Smokers (Crude)	Adult Current Smokers (Age-Adjusted)
Saint Mary's Health System - Waterbury	319,656	**16.67%**	No data
CT 06403	6,033	15.50%	No data
CT 06410	29,161	12.10%	No data
CT 06444	370	13.60%	No data
CT 06467	157	13.30%	No data
CT 06478	12,683	14.50%	No data
CT 06479	10,431	12.90%	No data
CT 06483	16,540	16.10%	No data
CT 06488	19,904	11.90%	No data
CT 06702	3,654	26.60%	No data
CT 06704	25,139	22.80%	No data
CT 06705	27,122	19.90%	No data
CT 06706	14,324	22.90%	No data
CT 06708	29,418	18.80%	No data
CT 06710	10,715	23.40%	No data
CT 06712	9,376	14.00%	No data
CT 06716	16,680	15.30%	No data
CT 06751	3,577	12.90%	No data
CT 06762	7,561	12.40%	No data
CT 06763	2,033	13.40%	No data
CT 06770	31,975	17.20%	No data
CT 06779	8,324	15.90%	No data
CT 06782	2,376	15.60%	No data
CT 06787	7,975	15.70%	No data
CT 06795	14,144	13.50%	No data
CT 06798	9,984	12.40%	No data
Hartford County, CT	891,720	12.90%	13.20%
Litchfield County, CT	180,333	13.30%	14.00%
New Haven County, CT	854,757	14.50%	15.00%
Connecticut	3,565,287	12.82%	13.24%
United States	328,239,523	15.30%	15.70%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract



View larger map

Current Smokers, Adult, Percentage of Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

- Over 25.0%
- 20.1% - 25.0%
- 15.1% - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury