



Saint Mary's Hospital  
Trinity Health

# Community Health Needs Assessment

AUGUST 2019



This Community Health Needs Assessment was approved by the authorized body of Trinity Health Of New England on September 26, 2019.

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This document is based on the Greater Waterbury Health Partnership CHNA

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Printed copies of this report are available on request and it has been posted on our website at

<http://www.stmh.org/community-health-needs-assessment-2876>

Additionally, any written comments related to this report are welcome and should be send to the above address.

## Saint Mary's Hospital Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

### 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.

#### **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.

## I. About this Report

The Greater Waterbury Health Partnership (GWHP) collaborated with clinical partners on a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in and around Waterbury, Connecticut beginning in 2018. The GWHP partnership is comprised of the Connecticut Community Foundation, the United Way of Greater Waterbury, Saint Mary's Hospital, the City of Waterbury – Department of Public Health, Waterbury Hospital, StayWell Health Center, Inc., Chesprocott Health District and other community partners. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment examined a variety of indicators including risky health behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease).

The CHNA process enabled the Greater Waterbury Health Partnership to examine community health feedback and data comparatively over three cycles, 2013, 2016 and 2019. 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.

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. **Healthy communities lead to lower health care costs, 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.** This document is a companion to the 2019 Community Well-Being Profile, which is an executive summary of this more detailed report.



The 2019 Greater Waterbury Community Wellbeing Profile, (see example at left) is a summary report about the Greater Waterbury region and the towns within it. The Community Wellbeing Profile is produced by DataHaven in partnership with the Greater Waterbury Health Partnership and many 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 report provides additional local detail of relevance to the region, including data points on the individual towns within it that in some cases would 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 the full Index attached to this chapter, or posted on the DataHaven, Greater Waterbury Health Partnership, Saint Mary's Hospital, Waterbury Hospital or any of the town health department website

## II. Introduction and Purpose

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

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

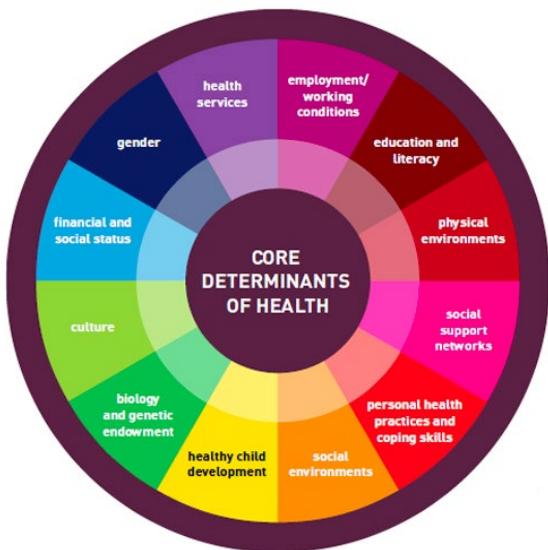
- Assessment – identifies the health-related needs in the Greater Waterbury region using primary and secondary data.
- Implementation Plan– determines and prioritizes the significant health needs of the community identified through this CHNA, describes overarching goals, and evaluates and proposes specific 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 2018 through mid-2019. During this process, the following goals were achieved:

- used extensive data to examine the current health status of the region and its neighborhoods, and compared rates to statewide indicators and goals;
- 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 top health priorities.

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

## Social Determinants of Health- Informing the Process



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 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.

## GEOGRAPHIC SCOPE OF CHNA

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).**

Upon defining the geographic area and population we were diligent to ensure that no groups, especially minority, low-income or medically under-served, were excluded from the assessment process or data

collection. The Greater Waterbury Health Partnership is made up of a group of not-for-profit organizations serving the residents of Waterbury, Connecticut and surrounding communities. The Greater Waterbury Health Partnership defined their current service area as the City of Waterbury and the surrounding communities served by Saint Mary's Hospital and Waterbury Hospital. The area encompasses southwest 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, the city of Waterbury, Connecticut.

## GREATER WATERBURY

HEALTH PARTNERSHIP  
COVERAGE AREA



### III. 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.

In addition, Saint Mary's Hospital, Waterbury Hospital, StayWell Health Center, and Chesprocott Health District partnered with DataHaven and, in part, sponsored the 2018 DataHaven Community Wellbeing Survey

(DCWS) along with 80 other public and private partners in the area. The survey completed live, in-depth interviews with 2,319 residents in the region via cellular and landline phone, 1000 of which were from Waterbury. Additional information on survey methods are posted at DataHaven ([ctdatahaven.org](http://ctdatahaven.org)).

#### **Methodology**

The DataHaven Community Wellbeing Survey was designed by DataHaven in consultation with over 100 local, statewide, and national survey research experts and local partners, in many cases drawing upon questions commonly used in other surveys.

On behalf of DataHaven, the Siena College Research Institute (SRI) conducted the survey of 16,043 residents of the state of Connecticut, including 2,319 in the Greater Waterbury region (additional surveys were also completed in parts of New York State, but are not included in these estimates). Surveys were conducted from March 6 through November 29, 2018. Residents age 18 and older were interviewed from all 169 towns in Connecticut. Interviews were conducted in English and Spanish. The overall Connecticut sample of 16,043 and the Greater Waterbury sample of 2,319 were weighted by age, gender, reported race, and geography to ensure that they were statistically representative of the area's demographics. In addition to demographic parameters, the samples were also weighted to match current patterns of telephone status (landline only, cell phone only or both), based on the state-level estimates from the National Health Interview Survey.

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, we 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 we 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 nonConnecticut 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.

### **Reported Margins of Error**

Margins of error are shown at the top of the crosstab. The "maximum" margin of error for the Greater Waterbury sample of 2,319 adults is +/- 2.4% with a 95% confidence interval, including the design effects resulting from weighting. This means that in 95 out of every 100 samples of the same size and type, the results that we obtain would never vary by more than plus or minus 2.4 percentage points from the result that we would get if we could interview every single member of the adult population of Connecticut. This maximum margin of error applies when an observed percentage is 50%, and the margin of error becomes smaller as the percentage approaches the extremes of 0% or 100%. Margins of error are higher for small geographic or population groups.

### **Community Engagement**

Additional community engagement work was contracted to consultants Bonnie Weyland Smith consulting (BWS). GWHP contracted Bonnie Weyland Smith, MPH, CPH, CPP and Emily Melnick, MA who have extensive experience analyzing public health data from administrative data, community and school surveys. They have worked closely with stakeholders to determine which data are most relevant for community members and leaders to use in their strategic planning and decision making processes.

- On May 30, 2019, a Key Informant Health Prioritization session was held at Naugatuck Valley Community College. That 3 hour session was attended by approximately 40 community leaders.
- Two focus group meetings were held at partner hospitals, Saint Mary's Hospital and Waterbury Hospital on June 4<sup>th</sup> and June 6<sup>th</sup>, 2019, respectively. Approximately 35 medical community professionals attended the 90 minute sessions and identified health priorities.
- On June 3<sup>rd</sup>, 2019 a focus group for the Chesprocott Health District was held in Cheshire and engaged approximately 22 community leaders and professionals/stakeholders from the district in a 90 minute discussion facilitated by BWS Consultants.
- Finally, two key neighborhood community conversations were held in two faith communities, Long Hill Bible Church and Our Lady of Lourdes/Saint Anne's in the South End. These informal 90 minute sessions were attended by a total of 51 neighborhood residents that participated in determining health priorities for their communities.

A full summary report of Community Engagement Outcomes was provided by BWS, who worked with DataHaven for information included in the sessions. There is a concise summary of those report findings included later in this document in Appendix D.

### **Limitations of Methods**

There are limitations to this data research. The sample Greater Waterbury includes the Urban Core of Waterbury in all tables. Community Engagement is limited to conversation in two ethnically diverse neighborhoods in Waterbury and did not include engagement from residents in the suburban communities of Greater Waterbury except for Cheshire, Wolcott and Prospect. All DataHaven surveys sampled residents in the region as well as in Waterbury.

## IV. EXECUTIVE SUMMARY: KEY FINDINGS OF THE CHNA

**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.

### 2019 Health Priorities

- **Access to care**
  - Preventative/Primary/Prenatal care
  - Language
  - Transportation
  
- **Health Influencers**
  - Access to food
  - Housing
  - Health Education/Outreach
  
- **Health Risk Factors**
  - Obesity/Diabetes
  - Hypertension/Heart Disease
  - Asthma
  - Infant Mortality
  - Substance Abuse/Mental Health

Overall findings related to the topics included in this report are also covered in the 2019 Greater Waterbury Community Wellbeing Profile document. **For more detailed data produced through this process, including data by town, please refer to the DataHaven website ([ctdatahaven.org](http://ctdatahaven.org)) and to the extensive data sources that were referenced in the endnotes of the main Index document.**

### Demographics and Social Indicators

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

**Table 1.**

<b>Area</b>	<b>Total Population</b>	<b>Age 0-17</b>	<b>Age Over 65</b>	<b>White Non-Hispanic</b>	<b>Hispanic</b>	<b>Black Non-Hispanic</b>	<b>Other Race</b>
<b>State</b>	3,594,478	762,732	575,757	2,446,049	551,916	350,820	245,693
<b>Region</b>	335,490	74,532	55,728	238,561	53,974	25,659	17,437
<b>Urban Core</b>	109,250	27,926	14,077	42,046	40,599	19,555	7,050
<b>Inner Ring</b>	124,669	25,682	21,127	105,674	7,508	4,730	6,757
<b>Outer Ring</b>	101,571	20,924	20,524	90,841	5,867	1,374	3,630

Source: (DataHaven, 2017)

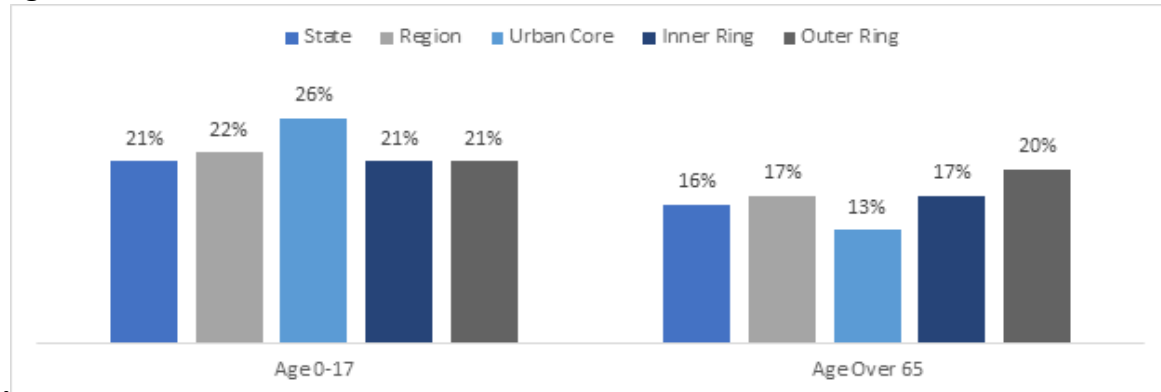
**Population**

The region, Greater Waterbury, is defined as: Waterbury, Naugatuck, Prospect, Cheshire, Wolcott, Middlebury, Watertown, Thomaston, Beacon Falls, Oxford, Southbury, Woodbury, Bethlehem, Morris, Litchfield, Goshen, Warren, Washington, Roxbury, Bridgewater, and New Milford. This region has a population of 335,490.

## Age Distribution

The region's total population is projected to stay the same between 2015 and 2040, though the area's population ages 65+ is projected to grow by 35%. However, Waterbury, the urban core, is younger than the rest of the region.

**Figure 1**

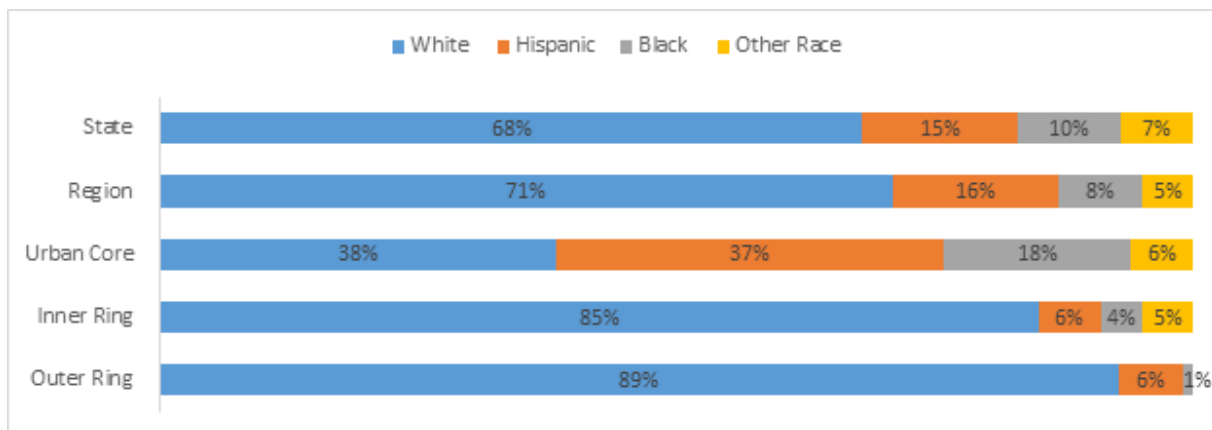


Source: (DataHaven, 2017)

## Racial and Ethnic Diversity

Over one-third of the residents in the region live in Waterbury. These residents are younger (26% under 18, compared to 21% for the region) and more racially diverse than the Inner Ring and Outer Ring. While people of color make up 29% of the region's total population, they are 41% of the region's population under age 18, and 61% of Waterbury's residents (37% Hispanic, 18% black non-Hispanic, 6% other race). People of color make up only 15% of residents in the inner ring and 11% of residents in the outer ring.

**Figure 2.**



Source: (DataHaven, 2017)

### Immigration/Migration

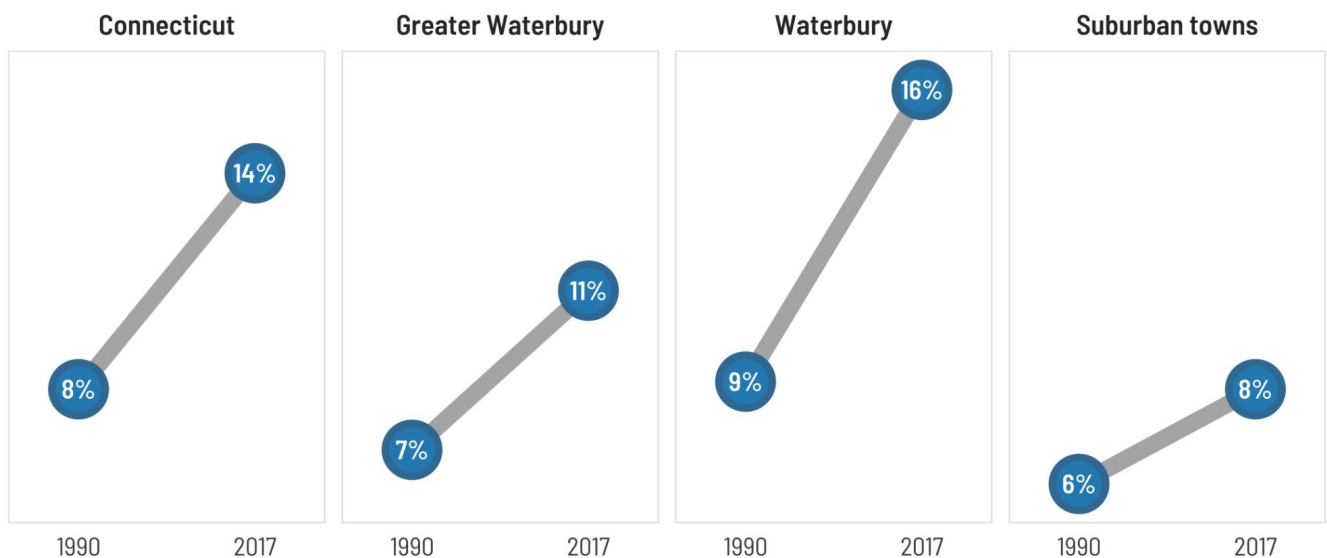
Immigrants play an important role in the region’s economy and introduce linguistic diversity to the community. Eleven percent (11%) of Greater Waterbury’s population, or more than 36,000 residents, were born outside of the United States.

- In Waterbury proper, 16% are foreign-born. This is also higher than the 2015 state rate of foreign-born residents, which is 14.5% (American Immigration Council, 2017).
- The largest immigrant groups in the region come from the Dominican Republic, Italy, Jamaica, Poland, and Portugal. A large number of Puerto Rican residents also relocated to Greater Waterbury after Hurricane Maria hit the island in 2017 (The Naugatuck Valley Council of Governments, 2018).

Figure 3.

### Greater Waterbury is home to a growing immigrant population

Foreign-born share of population, 1990–2017



Source: (DataHaven, 2018)

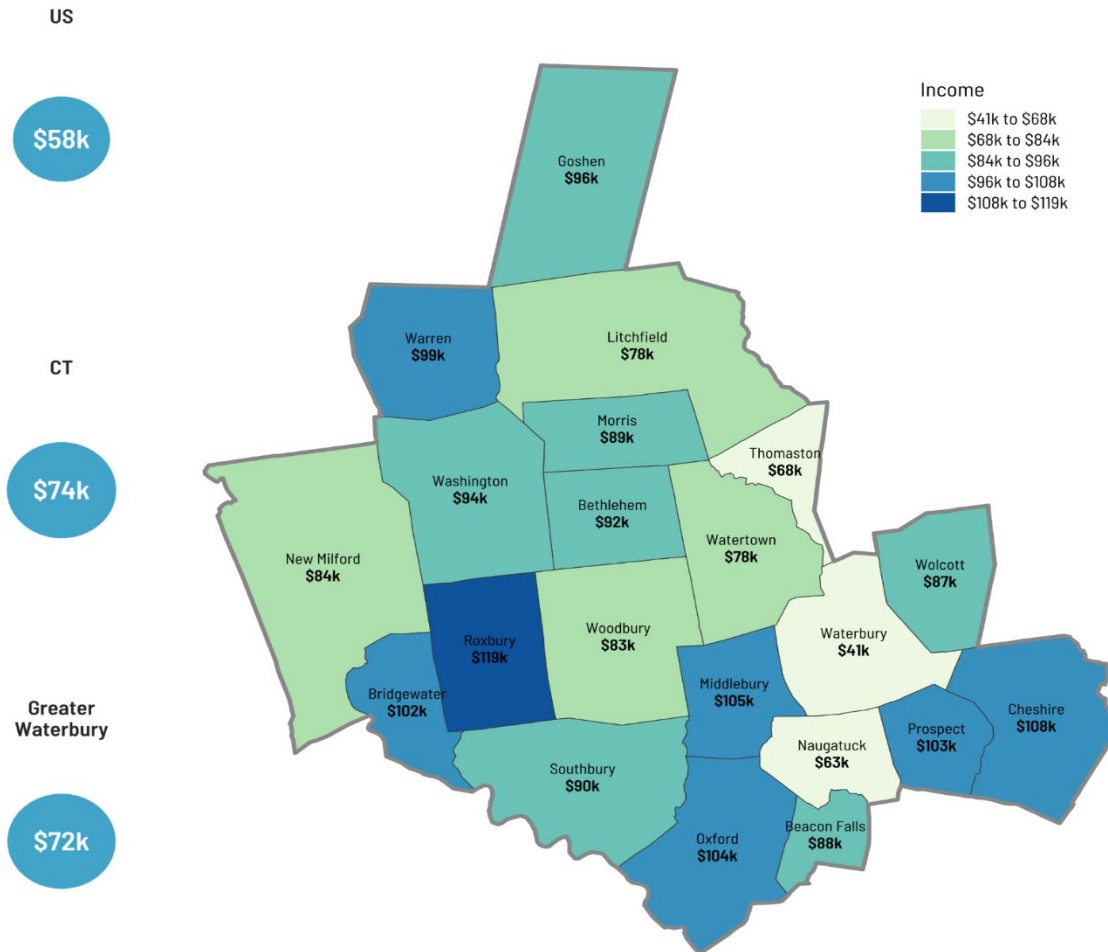
### Income, Financial Stress, and Poverty

Health is affected not just by physical environment, but by factors such as income and poverty. Greater Waterbury and the urban core have exhibited notable trends in employment related to distribution of income in the region. Poverty continues to be a factor affecting the urban core of Waterbury.

Figure 4.

## Household income varies widely throughout the region

Median household income, Greater Waterbury 2017



Source: DataHaven, 2018

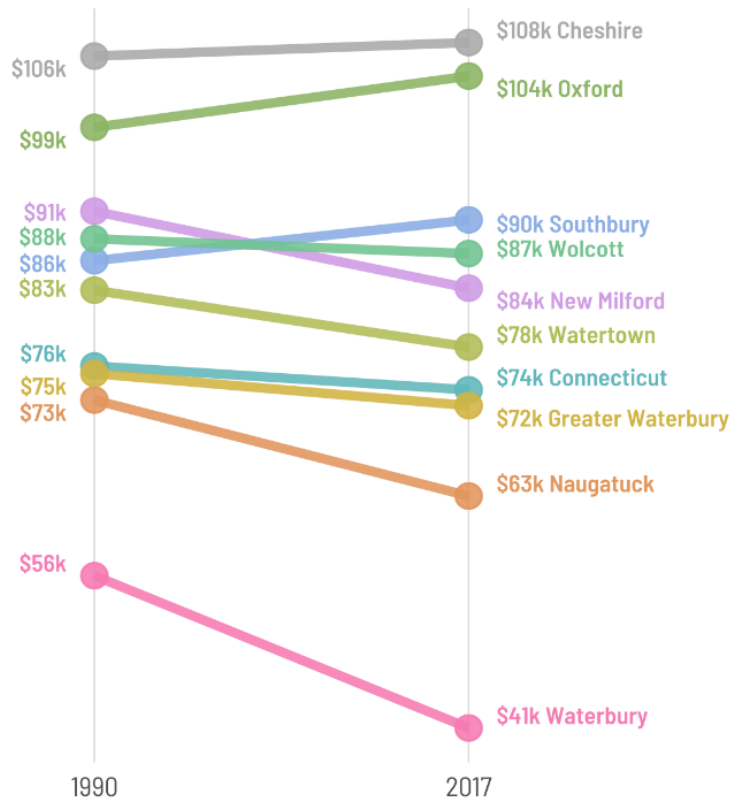
Incomes are stagnant in the urban core as compared to the outer ring. As manufacturing jobs decline in the urban core and inner ring, health and social services jobs have increased. Manufacturing employees in Greater Waterbury declined from 14.9 thousand in 2000 to 11.9 thousand in 2016, meanwhile health and social services employees have increased from 16.2 thousand to 21.3 thousand in the same timeframe. Household income medians vary greatly throughout the region. Residents in

the Urban Core make on average less than 50% of the median incomes of residents in the inner and outer ring towns.

**Figure 5.**

**Average incomes are stagnant, except in higher-income towns**

Median household income, Greater Waterbury, 1990-2017  
Adjusted to 2017 dollars



Source: DataHaven, 2018

**Poverty**

Twenty five percent (25%) of residents in the region lack financial security (have incomes below \$51,500 for a family of four) and 14% of residents live below 200% of the federal poverty line, defined as income of \$25,750 annually for a family of four. Waterbury residents are more likely to be low income and poor with 47% of households falling within the low-income rate.

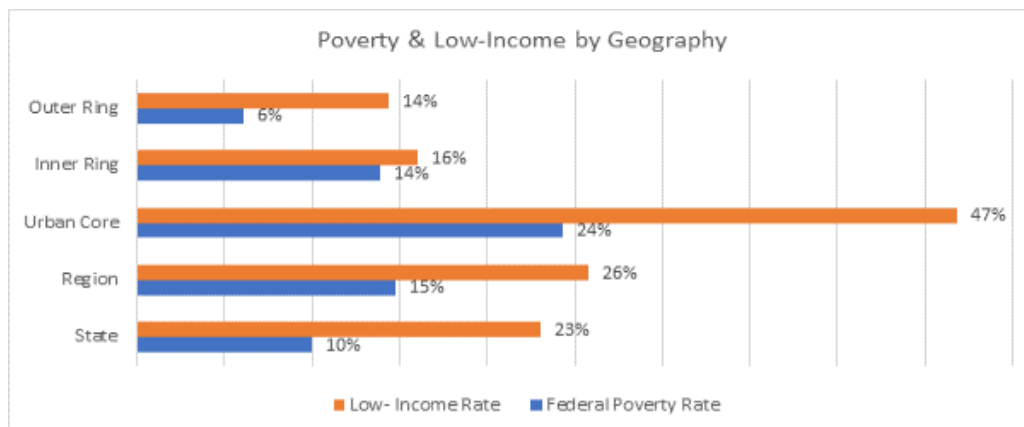
**Table 2. ALICE and Poverty Rates by Town, 2016**

ALICE is an acronym for Asset Limited, Income Constrained, Employed – households that earn more than the U.S. poverty level, but less than the basic cost of living for the area (the ALICE Threshold). Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs (United Way of Greater Waterbury, ALICE Report- Connecticut, 2016).

**Figure 6.**

Town	Total Households	% ALICE and Poverty
Beacon Falls	2,404	32%
Bethlehem	1,277	32%
Cheshire	10,045	23%
Middlebury	2,690	26%
Morris	936	33%
Naugatuck	11,910	48%
Oxford	4,390	21%
Plymouth	4,733	36%
Prospect	3,288	22%
Southbury	7,782	32%
Thomaston	3,027	34%
Waterbury	39,735	65%
Watertown	8,344	33%
Wolcott	5,844	33%
Woodbury	4,059	31%

**Rates of poverty and low income vary by geography, age, gender, and race, according to DataHaven and Opportunity Atlas.**





- Vulnerable populations are disparately affected. Children are more likely to live in a poor or low-income household than the average resident in the region (30%). Seniors, on the other hand, are more likely to be financially secure (at 25% financially insecure).
- Waterbury is less financially secure than the region as a whole; children and older people are particularly affected. While 47% of Waterbury’s residents are financially insecure, 64% are between the ages of 0-17, and 41% are adults over 65. Of note, Southbury has the second highest poverty rate at 11% for adults 65+. Litchfield and Bethlehem each have 27% of older adult residents living in low-income households.
- There are racial/ethnic disparities. Within these geographic areas, African American and Latinx households are less financially secure than white households.
- There are gender differences. 41% of women in the region say that they are just getting by or struggling financially compared to 20% of men.

### Social and Physical Environment

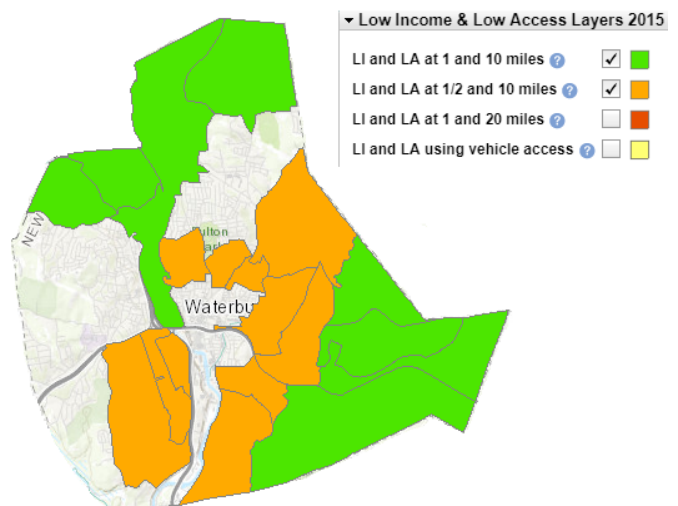
Income and poverty are closely connected to health outcomes. A higher income makes it easier to live in a safe neighborhood with good schools and many recreational opportunities. Higher wage earners are better able to buy medical insurance and medical care, purchase nutritious foods, and obtain quality child care than those earning lower wages. Lower income communities have higher rates of asthma, diabetes, and heart disease. Those with lower incomes also generally experience lower life expectancies and lower life satisfaction, though individual experiences likely play a larger role than income alone. Other factors, such as housing and availability of healthy foods, play a role as social determinants of health in the region.

#### Food & Transportation:

Food insecurity is present, especially in Waterbury. 14% of adults in Greater Waterbury and 25% of Waterbury adults report food insecurity (having been unable to provide adequate food for their families at some point in the past year).

Lowest income people are particularly vulnerable. 43% of region residents making \$15,000 or less reported not having enough money to buy food that they or their family needed. (Institute, 2018)

Map 1.



Many low-income Waterbury residents live in food deserts. A large percentage of Waterbury is classified as a food desert, meaning that residents lack access to fresh, high-quality food (United States Department of Agriculture, 2018).

Source: (United States Department of Agriculture, 2018). Note: Green = “Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket”; Orange = “Low-income census tracts where a significant number or share of residents is more than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket.”

**Lack of transportation strains food desert residents:**

Additional USDA data shows areas of the city in which residents have low vehicle access. The close correlation between food deserts and areas in which people lack access to cars indicates that residents have difficulty leaving the food desert to find healthy, high-quality groceries in other neighborhoods. In the Greater Waterbury region, 14% of residents reported being transportation insecure, 23% of Waterbury residents reported not having reliable transportation. Transportation affects a person’s ability to buy food, pick up medication and drive to medical appointments. In Waterbury, 11% of residents did not attend a medical appointment due to lack of transportation compared to 6% of residents in Greater Waterbury.

**Map 2.**



Source: Waterbury Low Transportation Access Census Tracts Source: (United States Department of Agriculture, 2018). Note: Purple = “Tracts in which more than 100 households have no access to a vehicle and are more than 1/2 mile from the nearest supermarket.”

## Housing

The U.S. Census Bureau uses 30% of household income as a standard for measuring housing affordability. In order to be considered affordable, households should pay 30% or less of their income towards housing (rent or mortgage + utilities). Cost-burdened households spend 31-49% of income on housing and severely cost-burdened households spend over 50% of income on housing. Homelessness continues to be an issue affecting the Urban Core of Waterbury with 126 people counted as homeless as of January 2018 (Connecticut Coalition to End Homelessness, Point in Time Count). Residents that are severely cost burdened for housing are at greater risk for eviction and homelessness. **Housing instability contributes to many health risk factors such as lack of access to medication, lack of access to care or mental illness and substance abuse.**

- 17% of Greater Waterbury region’s households are severely cost-burdened
- 27% of the region’s renter-occupied households are severely cost-burdened
- 22% of people who rent in the region receive rental assistance through either a state or federal program
- 38% of the residents who moved into the region since 2016, and currently own a home or rent, did so for better quality or larger home (Greater Waterbury Health Partnership, 2018).

**Table 3.**

Metropolitan Total Statistical Renter Areas (MSAs) Households and Counties	AMI	Rent Affordable at 30% of AMI	Two Bdrm Fair Market Rent	Two Bdrm Housing Wage	Hours at Min. Wage for Two Bdrm	Avg Renter Wage	
Hartford	152,689	\$ 96,600	\$725	\$1,158	\$22.27	88	\$16.19
New Haven- Meriden	81,096	91,900	689	1,299	24.98	99	14.57
Stamford- Norwalk	47,332	134,900	1,012	1,986	38.19	151	23.18
Bridgeport	42,617	93,800	704	1,272	24.46	97	23.18
Waterbury	28,851	65,300	490	1,049	20.17	80	14.57
Danbury	18,553	116,300	872	1,609	30.94	123	23.18
Litchfield County	17,326	96,800	726	1,092	21.00	83	12.23

Source: (National Low Income Housing Coalition , 2018)

- Within the Metropolitan Statistical Areas (MSAs) of Hartford, New Haven, Stamford, Bridgeport, Waterbury, Danbury and Litchfield County, Waterbury has the lowest Area Median Income (AMI) (\$65,300). For housing to be affordable for a family that earns this AMI they would need a rent of \$490/m. The chart above outlines the fair market rental rates in Waterbury and comparable Connecticut cities. According to the National Low Income Housing Coalition, Waterbury’s fair market rent is lower than the rest of the MSAs at \$1,049/m for a two-bedroom apartment. This is \$200 less than other major cities in Connecticut. However, Waterbury renters make an average wage of \$14.47/hr., which is \$6.00 less per hour than is needed to afford a two-bedroom apartment in the city (National Low Income Housing Coalition, 2018).

## Educational Attainment

### Early Childhood Education

Early Childhood Education can be a predictor of future child health and well-being. Early developmental opportunities can provide a foundation for children’s academic success, health, and general well-being. Preschool-aged children experience profound biological brain development and achieve 90 percent of their adult brain volume by age 6. Children in low-income families often are exposed to more adverse early childhood experiences and environmental factors that delay or compromise their development and place them at a disadvantage for healthy growth and school readiness. Free childcare and early education programs are available in Waterbury, although space is limited for enrollment. The percent of children enrolled in a Pre-K program in Waterbury and Greater Waterbury has increased over time.

**Table 4. Preschool Enrollment 200-2017**

	Year	Enrolled in Pre-K	Percent enrolled in Pre-K
Connecticut	2000	56433	61%
Connecticut	2017	49917	64%
Greater Waterbury	2000	5430	59%
Greater Waterbury	2017	4508	61%
Waterbury	2000	1796	51%
Waterbury	2017	1741	55%

Source: DataHaven 2017 Population analysis ages 3-4, Decennial census ACS 5-year

### Post-Secondary Attainment

Education is connected to health and well-being. Those with a college diploma will live an average of nine years longer than people without a high school diploma. Across the region, 33% of adults age 25 and up have a Bachelor's degree or higher, while only 10% of Waterbury adults have a Bachelor's degree. There are three institutions of higher education in Waterbury: Naugatuck Valley Community College, University of Connecticut, Waterbury campus, and Post University.

**Table 5. Educational Attainment, 2017**

	Population ages 25+	No HS diploma	% No HS diploma	% Bachelor's degree only	% Bachelor's degree or higher
Connecticut	2,480,297	242,500	10%	22%	39%
Greater Waterbury	232,850	25,327	11%	19%	33%
Waterbury	70,296	14,690	21%	10%	16%

Source: DataHaven, 2018 Analysis of population age 25+ 2017 ACS 5-year

### Life Expectancy and Mortality Rates

Mortality statistics provide a picture of community health and are used to monitor health, formulate plans to prevent premature mortality, and improve overall quality of life. The Urban Core fares considerably less at a life expectancy of 76.8 years compared to the rest of the state of Connecticut at 80.3 years. Poverty and housing cost burden are also the highest in the State in the Urban Core.

The five leading causes of death for people of all ages in the region (DataHaven 2018):

- cancer
- accidents (unintentional injuries)
- infant/fetal mortality
- heart disease
- drugs

There are differences in mortality associated with age, where teens and young adults are more likely to die from accidents or motor vehicle accidents while older adults are more likely to die of diseases of the heart.

## Mortality/ Causes of Years of Life Lost

Infant Mortality Highest Among Connecticut Cities:

Waterbury has the highest infant mortality in the state. Women in Waterbury are significantly less likely to receive adequate prenatal care compared to the rest of the state. 18.6% of pregnant women in Waterbury received late or no prenatal care (Raul Pino, 2018). Waterbury health outcomes are poorer in many areas. The following charts depicts several areas in which health outcomes in Waterbury are significantly worse than statewide outcomes, resulting in years of potential life lost. Waterbury residents fare particularly worse than their counterparts statewide with respect to infant mortality, injury, heart disease, drugs and homicide.

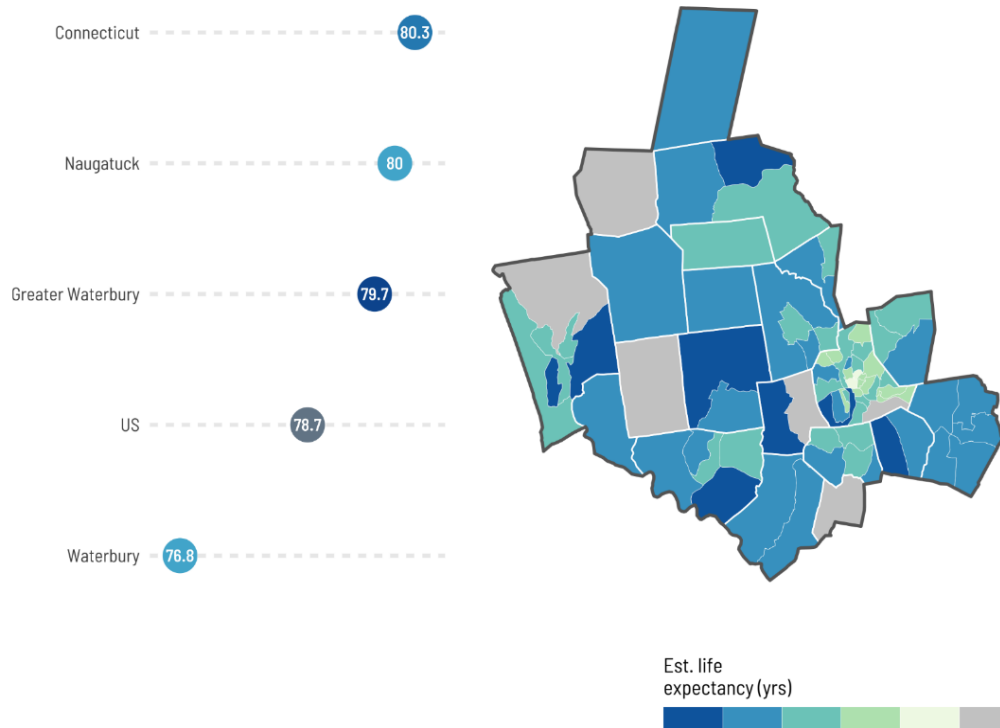
### Map 3

#### Life expectancy in Greater Waterbury is high, but often differs by several years between adjacent neighborhoods

Estimated life expectancy in years, Greater Waterbury, 2010-2015

By location, with neighboring states

By Census tract

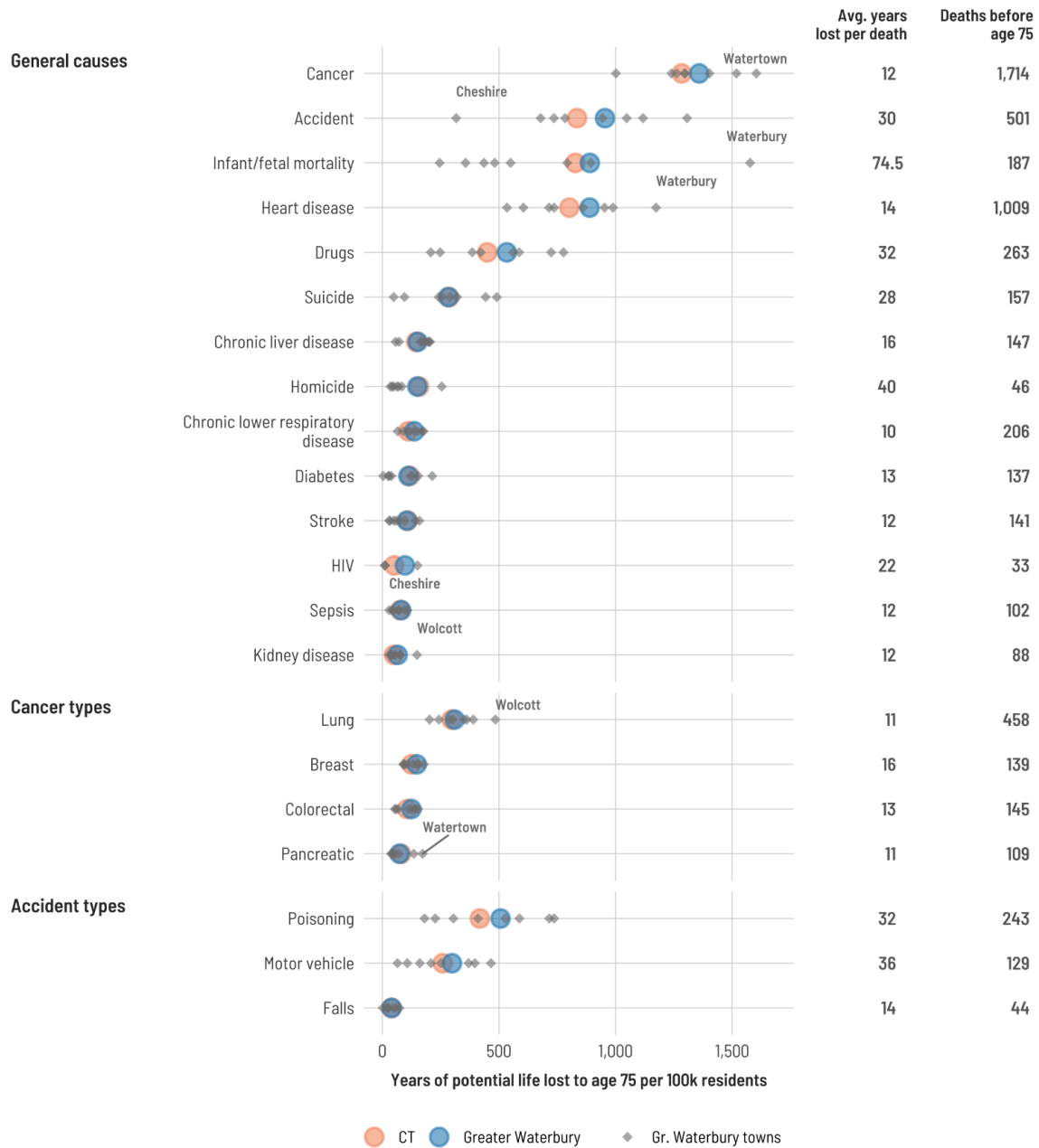


Source: DataHaven, 2018

Figure 8.

### Cancers and infant/fetal mortality impact the region's lifespans the most

Years of potential life lost before age 75 per 100,000 residents  
By cause of death, Greater Waterbury, 2010-2014



Source: DataHaven, 2018

### Other Factors of Community Wellbeing

Perceived quality of society, which relates to neighborhood trust, safety, child-friendliness, perceptions of government services, poverty, commute and many other factors, contribute to a community’s overall sense of wellbeing and quality of life. Community residents were asked several questions related to how they experience their neighborhoods, parks and streets. While many parks are being improved in Waterbury, many residents do not feel parks are in good condition. Safe streets, parks and walkways help residents maintain better physical and mental health.

**Perceptions of Neighborhood: Are they safe?**

The way residents feel about the safety of streets in their neighborhood plays a role in quality of life and how likely someone is to walk to the store, school or work. Overall, only 46% of Greater Waterbury residents agreed that streets were safe as compared to 59% in Waterbury. Both of these groups report being less safe than the state at 60%.

**Table 6. Safe Streets**

There are safe sidewalks and crosswalks on most of the streets in my neighborhood.

	Race/Ethnicity					
	Connecticut	Waterbury	Greater Waterbury	White	Black/ Afr Amer	Hispanic
Weighted Total:	16043	1000	2319	1714	179	192
Strongly agree	35%	29%	24%	22%	35%	28%
Somewhat agree	25%	30%	22%	20%	32%	30%
Somewhat disagree	12%	15%	14%	15%	12%	17%
Strongly disagree	27%	24%	38%	43%	21%	23%
Don't know	1%	1%	1%	1%	0%	2%
Refused	0%	1%	0%	0%	0%	0%
Summary: Strongly/Somewhat Agree	60%	59%	46%	42%	67%	58%

Source: DataHaven, 2018

**Are parks nearby in good condition?**

Clean and safe outdoor spaces provide opportunities for exercise, socialization and wellbeing. Sixty Seven percent (67%) of Greater Waterbury residents report that parks are safe and in good condition, in contrast to 41% of residents in the Urban Core. Connecticut on the whole fares better in this area at 72% of residents satisfied with the condition of parks and outdoor spaces.

**Table 7. Parks and Recreation**

My neighborhood has several free or low cost recreation facilities such as parks, playgrounds, public swimming pools, etc.



	<b>Connecticut</b>	<b>Greater Waterbury</b>	<b>Waterbury</b>
<b>Strongly agree</b>	36%	33%	31%
<b>Somewhat agree</b>	33%	32%	33%
<b>Somewhat disagree</b>	13%	13%	15%
<b>Strongly disagree</b>	17%	21%	19%
<b>Don't know</b>	1%	1%	1%
<b>Refused</b>	0%	0%	0%

Source: DataHaven, 2018

### **Are neighborhoods getting better?**

73% of Greater Waterbury adults agree that people in their neighborhood are trying to improve it, compared to 74% statewide and 57% in Waterbury.

### **Table 8. Neighborhood Improvement**

People in this neighborhood are involved in trying to improve the neighborhood.

	<b>Connecticut</b>	<b>Greater Waterbury</b>	<b>Waterbury</b>
<b>Strongly agree</b>	32%	34%	24%
<b>Somewhat agree</b>	42%	39%	33%
<b>Somewhat disagree</b>	14%	14%	20%
<b>Strongly disagree</b>	7%	9%	19%
<b>Don't know</b>	4%	3%	3%
<b>Refused</b>	0%	0%	0%

**Figure 9.**

**Community wellbeing comes from a number of different factors**

Components of the DataHaven Community Index, Greater Waterbury, 2019

		US	CT	Greater Waterbury	Waterbury	Naugatuck	
Index components	Life expectancy	78.7 yrs	80.3 yrs	79.7 yrs	76.8 yrs	80 yrs	
	Preschool enrollment	48%	64%	60%	55%	51%	
	Opportunity youth	7%	5%	5%	7%	3%	
	Health insurance	90%	94%	94%	90%	94%	
	Unemployment	7%	7%	8%	12%	9%	
	High school graduates	87%	90%	89%	79%	90%	
	Young child poverty	22%	15%	20%	38%	16%	
	Poverty	15%	10%	12%	24%	10%	
	Severe housing cost burden	15%	17%	17%	25%	15%	
	Workers with short commute	63%	65%	60%	69%	49%	
	Youthful labor force	26%	24%	23%	27%	27%	
	Median household income	\$58k	\$74k	\$73k	\$41k	\$63k	
	Overall (0 - 1000)	Community index	594	658	627	502	622



Source: DataHaven, 2018

## Health Risk Factors and Clinical Care

The region indicates health disparities by race/ethnicity in several health risk factors. Health risk factors include but are not limited to availability of food, dental health, transportation, employment, obesity and others. Obesity is reported in 40% of Black residents in Greater Waterbury, compared to 33% in White residents. Waterbury residents report higher rates of Obesity at 41% and Smoking at 26% when compared to Greater Waterbury residents. The region's Latino residents also report higher rates of anxiety, 19% and depression, 16% than White residents.

	Very good self-rated health	Diabetes	Obesity	Has health insurance	Dental visit in past year	Anxiety	Depression	Smoking
Connecticut	59%	10%	29%	95%	74%	12%	9%	14%
Greater Waterbury	57%	10%	33%	95%	74%	13%	10%	16%
Greater Waterbury	57%	10%	33%	96%	74%	13%	9%	14%
Greater Waterbury	54%	15%	40%	93%	70%	11%	15%	22%
Greater Waterbury	58%	5%	35%	92%	73%	19%	16%	19%
Waterbury	49%	12%	41%	91%	68%	17%	16%	26%

**Table 9. Health Risk Factors**

Source: DataHaven, 2018

### Obesity

Maintaining a healthy weight in relation to height is important to overall physical health. People who have obesity, compared to those with a normal or healthy weight, are at an increased risk for many serious diseases and health conditions, including hypertension, diabetes, heart disease and stroke. Greater Waterbury exhibits a higher percentage of obesity than the rest of Connecticut. Additionally, Hispanic people experience the highest percentage of obesity in Waterbury at 43%.

**Table 10. BMI/Obesity**

BMI Based on Height and Weight

	Connecticut	Greater Waterbury	Race/Ethnicity			Waterbury	Race/Ethnicity		
			White	Black/ Afr Amer	Hispanic		White	Black/ Afr Amer	Hispani c
Underweight	2%	2%	2%	3%	2%	3%	2%	4%	3%
Normal weight	33%	28%	28%	23%	32%	25%	23%	25%	24%
Overweight	36%	37%	37%	33%	32%	32%	33%	31%	30%
Obese	29%	33%	33%	40%	35%	41%	42%	40%	43%

Source: DataHaven, 2018

**Prevalence of Exercise**

Regular, moderate physical exercise reduces many health risks such as obesity, cardiovascular disease, diabetes and stress. Waterbury exhibits the highest percentage of people that report engaging in no physical exercise weekly at 26%. For adults not getting at least 3 days of exercise a week, the negative trend increased between 2015 and 2018 with Greater Waterbury residents rising from 34% to 44% and Waterbury rising 42% to 49%. (DataHaven, 2019)

**Table 11. Weekly Exercise**

In an average week, how many days per week do you exercise?

	Connecticut	Greater Waterbury	Waterbury
<b>None</b>	20%	21%	26%
<b>One</b>	8%	8%	7%
<b>Two</b>	14%	15%	16%
<b>Three</b>	19%	19%	16%
<b>Four</b>	11%	10%	7%
<b>Five</b>	11%	11%	10%
<b>Six</b>	4%	4%	3%
<b>Seven</b>	13%	12%	13%
<b>Don't know</b>	0%	0%	1%
<b>Refused</b>	0%	1%	1%

Source: DataHaven, 2018

## Diabetes

Diabetes is a major health concern across the United States, in Connecticut and particularly in the Greater Waterbury Health Partnership service area. As of 2017, the Center for Disease Control reports that 9.4% of the U.S. population is living with Diabetes and another 84.1 million Americans have prediabetes. As evidenced in the chart below, residents in Greater Waterbury and Waterbury are told more frequently that they have Diabetes than residents in Connecticut overall. People with Diabetes are at a higher risk for serious health complications such as kidney failure, blindness, stroke and amputation. Diabetes rates are highest in the center of Waterbury as pictured in the Center for Disease Control 500 Cities map (Map 4).

**Table 12. Diabetes**

Have you ever been told by a doctor or health professional that you have Diabetes?

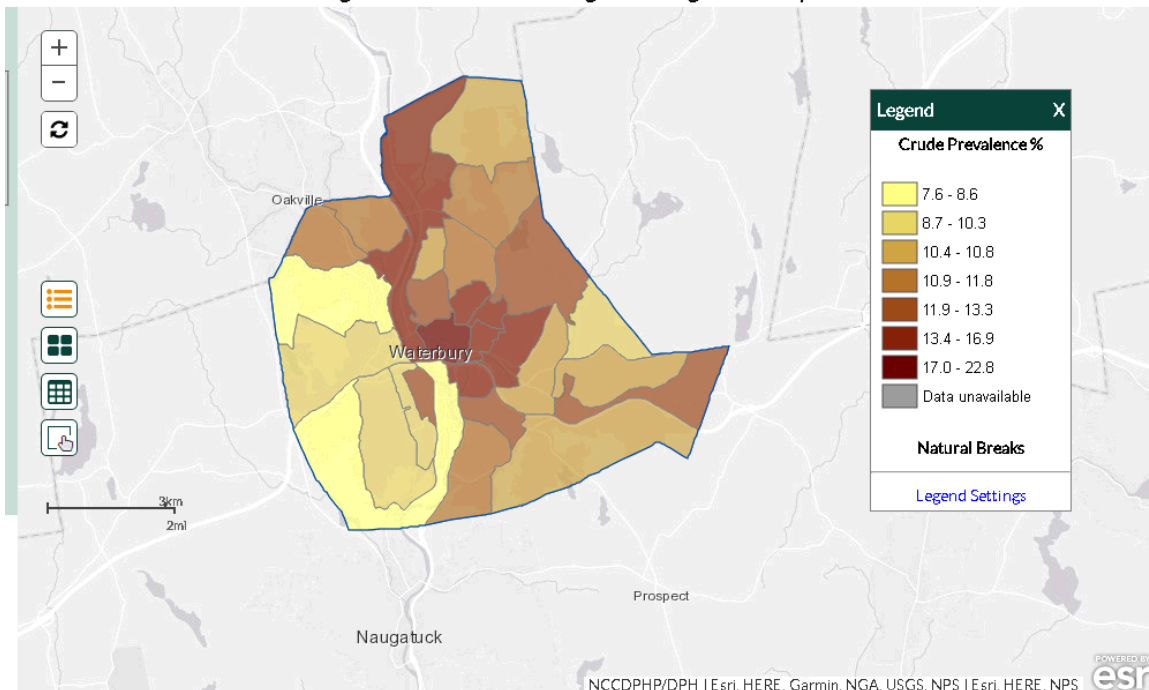
	Connecticut	Greater Waterbury	Waterbury
<b>Yes</b>	10%*	10%*	12%*

Source: DataHaven, 2018

\* Percentage of respondents that answered yes

## Map 4.

Model-based estimates for diagnosed diabetes among adults aged  $\geq 18$  years – 2016



Source: Center for Disease Control 500 Cities Project, 2019

## Asthma

In Greater Waterbury asthma affects a significant portion of children and adults and is poorly self-managed. Waterbury experiences high volumes of emergency department encounters related to asthma and avoidable admissions. Although the percentages of people with asthma do not vary significantly from the state, the number of people reporting frequent asthma attacks at a rate of once a week is 28% in Waterbury compared to 20% in Connecticut, and slightly less in Greater Waterbury at 23%. Factors of housing quality such as mold and dust contribute to higher rates of asthma in urban communities.

**Table 13. Asthma**

Have you ever been told by a doctor or health professional that you have Asthma?

	Connecticut	Greater Waterbury	Waterbury
<b>Yes</b>	15%*	15%*	18%*

Source: DataHaven, 2018

\* Percentage of respondents that answered yes

## Tobacco & Vaping

Tobacco use and vaping are concerns on the rise. According to DataHaven's Wellbeing survey, 39% of Waterbury residents reporting tobacco use are smoking every day. Use of vape devices or E-cigarettes is a concern with 25% of Waterbury residents and 18% of the region's residents surveyed reporting that they have used or tried vaping. On the positive trend, current cigarette smoking fell from 17% to 16% from 2015-2018 in Greater Waterbury residents. (DataHaven, 2018)

**Table 14. Current Tobacco Use**

(If smoked 100 cigarettes in entire life) Do you currently smoke cigarettes every day, some days or not at all?

	Connecticut	Greater Waterbury	Waterbury
<b>Every day</b>	25%	26%	39%
<b>Some days</b>	10%	10%	16%
<b>Not at all</b>	64%	64%	45%
<b>Don't know</b>	0%	0%	0%
<b>Refused</b>	0%	0%	0%
<b>Smoking Prevalence (based on multiple questions in DataHaven survey)</b>	<b>14%</b>	<b>16%</b>	<b>25%</b>

Source: DataHaven, 2018

## Cancer

The incidence rate of cancer in the state of Connecticut is 479.6 per 100,000 (2011-2015).

Data source: North American Association of Central Cancer Registries (NAACCR), 2018

Cancer affects Waterbury residents at a rate of 484.3 per 100,000 and is the second leading cause of death and is higher than the incidence rate of the state. Overall, the total cancer incidence rate of 484.3 is similar to or lower than that of Connecticut and peer cities.

**Table 15. Cancer Incidence in Waterbury per 100,000 (2010)**

Primary Cancer Site	Crude Rate	Age-Adjusted Rate
Breast	139	128.9
Colorectal*	60	57.6
Lung & Bronchus*	77.4	74.8
Prostate	115.4	120.8
All sites	506.3	491.1

Source: Connecticut Tumor Registry, Health Statistics & Surveillance Section, CT Department of Public Health

\* Denotes that State-Town comparison rates are higher than the state rate

The mortality rate per 100,000 for all cancer types is 139.5 as of 2017. This exceeds the standard metric target 161.4 of Healthy People 2020.

**Table 16. Overall Cancer Deaths in Total in Connecticut**

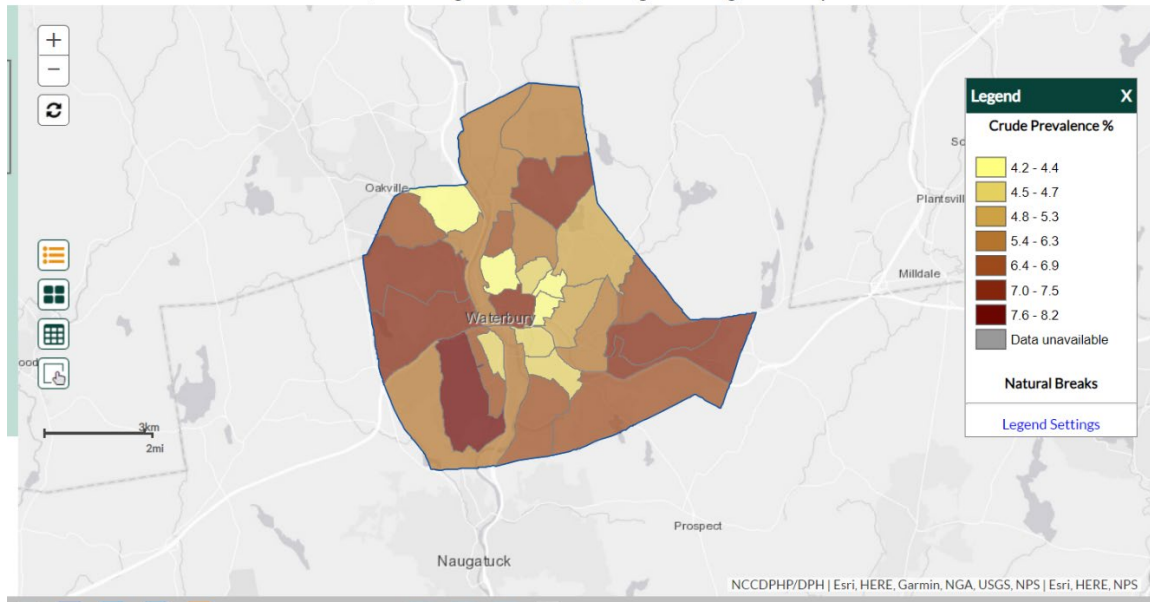
	2015	2016	2017
Rate	146.2	144.9	139.5

Source: Healthy People 2020 (2019) State-Level Data: Connecticut

The Urban Core of Waterbury demonstrates concentrated higher crude prevalence rates of cancer by neighborhood as seen in the chart below. The neighborhoods in the Eastern section of Town Plot, Bunker Hill the city center, Lakewood, East Mountain, Pierpont Road, among other neighborhoods in the West end of the city also experience higher prevalence rates of cancer. This may be attributed to the better access to healthcare and cancer screenings, leading to more cancer being detected at an earlier stage.

## Map 5.

Model-based estimates for cancer (excluding skin cancer) among adults aged  $\geq 18$  years - 2016



Source: CDC 500 Cities Project [https://nccd.cdc.gov/500\\_Cities](https://nccd.cdc.gov/500_Cities)

### Cardiovascular Disease

According to the Connecticut Hospital Association, hypertension (high blood pressure) was the most prevalent condition among hospital encounters in Waterbury. The encounter rate of hypertension per 10,000 residents is approximately double that of the neighboring town of Watertown in the Inner Ring. 32% of Waterbury residents responded that they had been told by a health professional that they had high blood pressure. It should be noted that in the data presented, Greater Waterbury includes Waterbury. Additionally, African American residents in Greater Waterbury experience the highest percentage of self-reported hypertension. Hypertension, obesity and lack of exercise are all contributing factors to more serious cardiovascular disease.

### Table 17. Blood Pressure/ Hypertension by Race/Ethnicity

Have you ever been told by a doctor or health professional that you have High blood pressure or hypertension?

	Connecticut	Greater Waterbury	Waterbury	Race/Ethnicity ( Greater Waterbury)		
				White	Black/ Afr Amer	Hispanic
Yes	30%*	32%*	32%*	33%*	38%*	16%*

Source: DataHaven, 2018

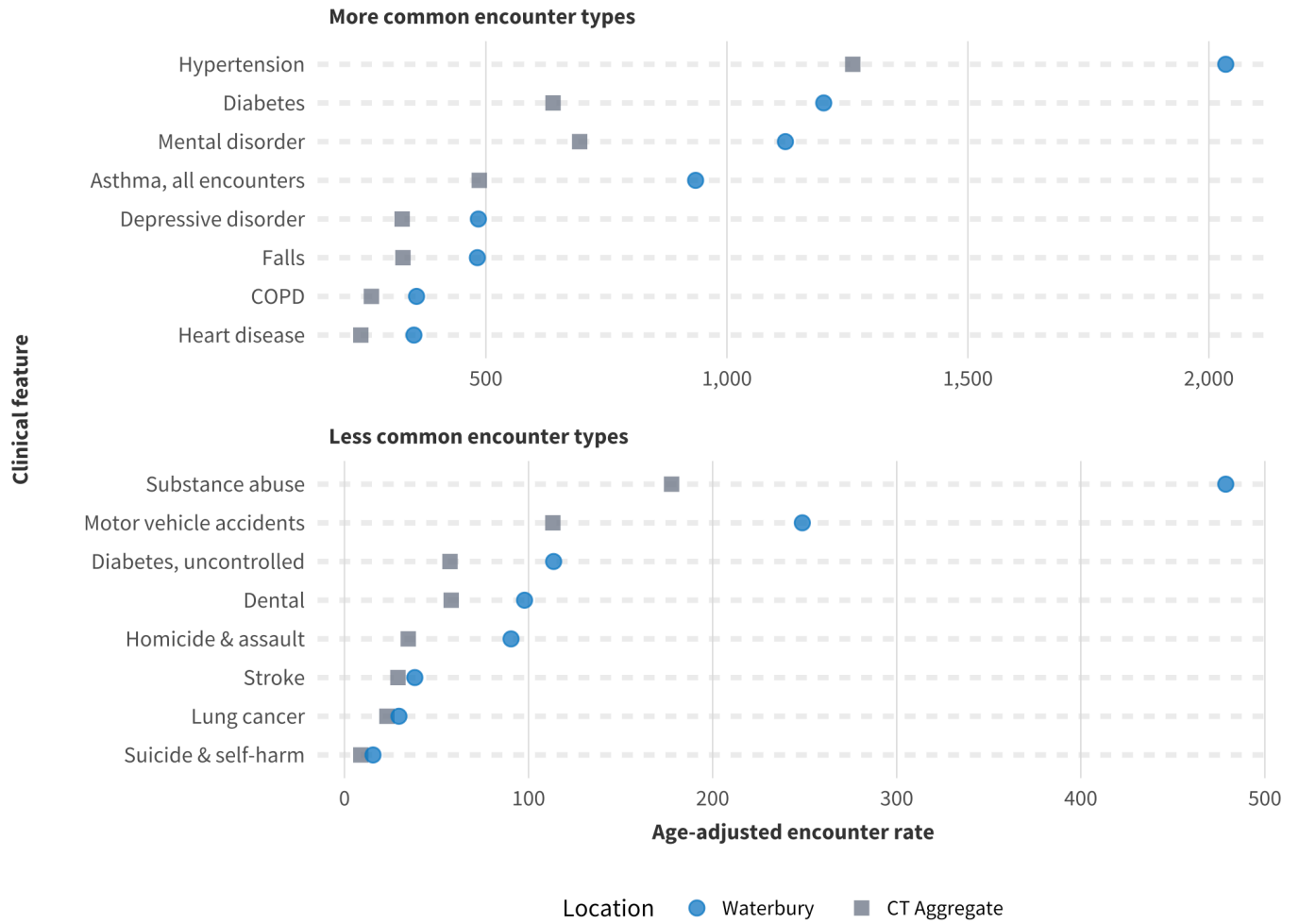
\* Percentage of respondents that answered yes



**Figure 11.**

**Annualized age-adjusted encounter rates per 10,000 residents**

Waterbury and Connecticut, 2015-2017



Source: DataHaven CHIME data analysis Watertown/Waterbury, 2019

## Oral Health

According to the American Dental Association, most dental Emergency Room visits can be prevented by regular visits to a dentist. The ADA recommends dental cleanings and exams every 6 months. Poor oral health has been linked to several heart issues. Studies have found that oral health complications can lead to an increased risk of heart disease. People with gum disease have nearly double the risk for heart disease as those with healthy gums, according to the American Academy of Periodontology. Chronic inflammation from gum disease may also raise cholesterol levels. Poor dental health may also increase your risk of a bacterial infection in the blood stream, which can have an effect on your heart valves. Gum disease appears to be more frequent and severe in diabetics. In addition, people with gum disease have more difficulty controlling their blood sugar levels. In the DataHaven Wellbeing survey, 50% of Waterbury residents reported that they have visited a dentist in the last 6 months, compared to 60% statewide and in the region. According to CHIME data analysis, Waterbury residents have more dental related hospital encounters than any other city in the region.

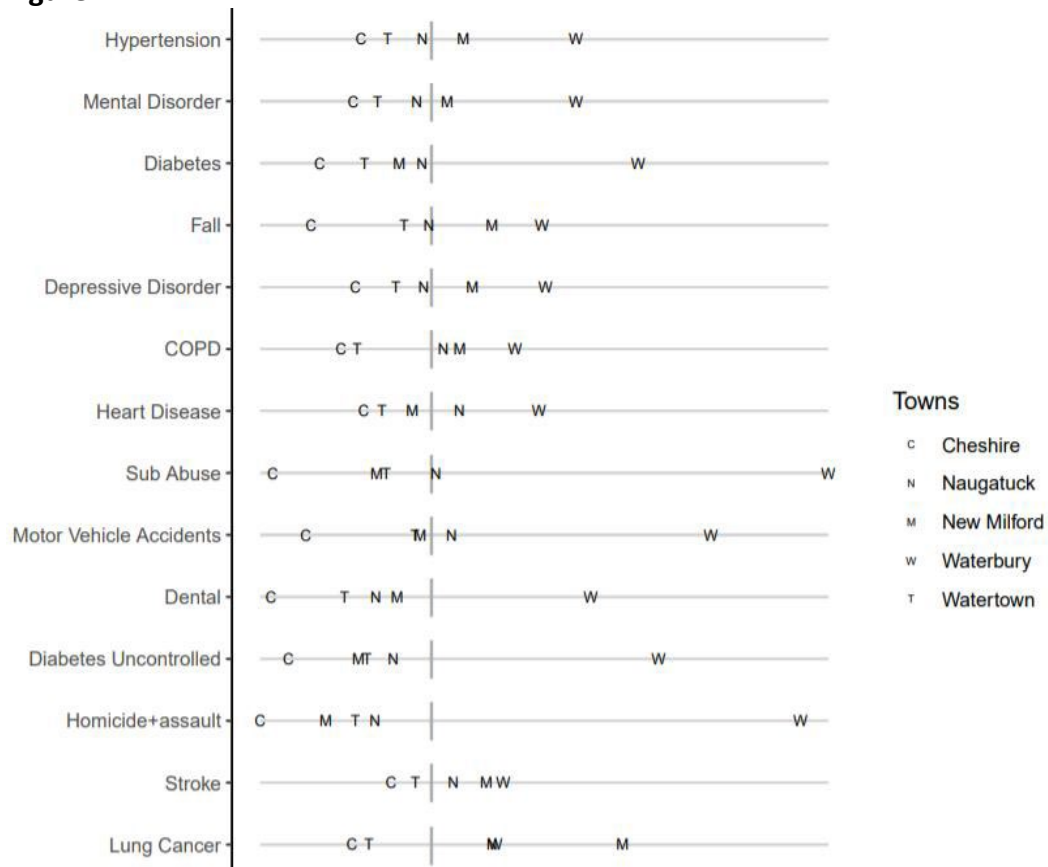
**Table 18. Oral Health**

When was the last time you visited a dentist?

	<b>Connecticut</b>	<b>Greater Waterbury</b>	<b>Waterbury</b>
<b>Within the last 6 months</b>	60%	60%	50%

## CHIME data Annual Encounters per 10,000 residents, age adjusted 2015-2017

**Figure 12.**



Source: DataHaven, 2018

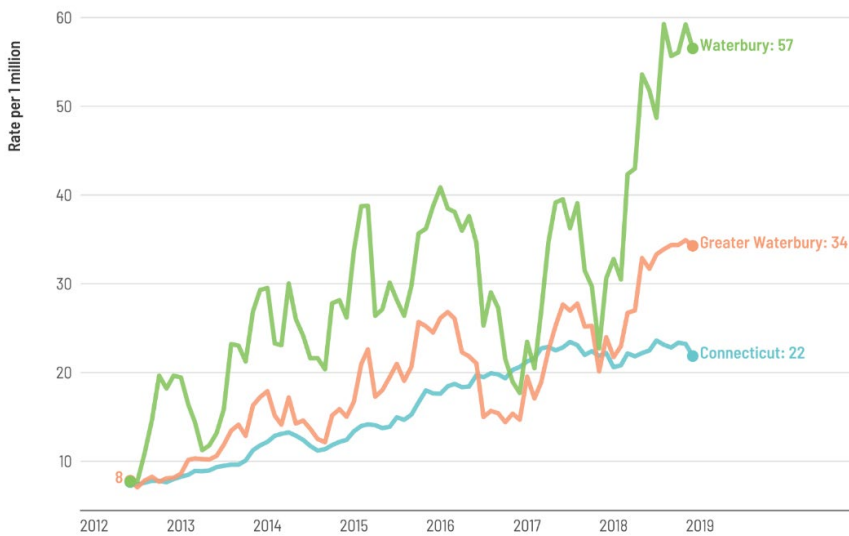
### Substance Abuse

Substance use in the state of Connecticut and particularly in the urban core of Waterbury has been a large public health concern. Although the cases of overdoses are rising statewide in all communities, urban centers such as Waterbury have felt the strain in Emergency Departments and social services agencies. Twelve percent (12%) of Waterbury residents and 10% of the region surveyed reported that they knew 2-4 people that have died from an opioid overdose. The City of Waterbury has a transient population and many travel to the city to purchase and use their drugs, leading to a high number of overdoses of nonresidents. Forty three percent (43%) of overdoses in Waterbury occur in a motor vehicle and 8% of overdoses occur in a moving motor vehicle (Waterbury Fire Department). The presence of Fentanyl as an ominous contributor to overdoses has nearly doubled since 2016 with 81% of overdoses in 2018 being fentanyl related. The region has taken an active approach to fighting the opioid epidemic through overdose education and Naloxone training provided through a unified public safety approach which includes the local health department, fire department and police department as well as through the concentrated efforts of local non-profits such as Western CT Coalition (Formerly Housatonic Valley Coalition against Substance Abuse/HVCASA) (DataHaven, 2019). See figures 13, 14.

**Figure 13.**

**Overdose death rates have skyrocketed over the past few years**

Age-adjusted monthly rate of drug overdose deaths per 1 million residents  
6 month moving average, 2012-2018

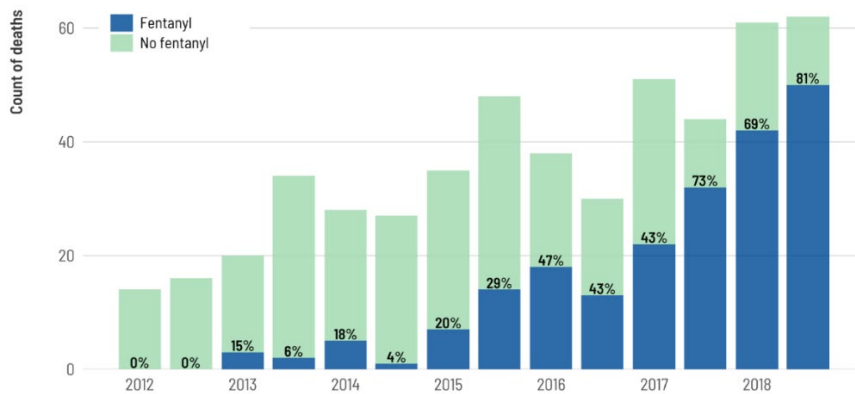


Source: DataHaven, 2019

**Figure 14.**

**Fentanyl's step rise has eclipsed decreasing overdose rates from other drugs**

Count of drug overdose deaths at 6-month intervals by presence of fentanyl  
With percentage of deaths that are fentanyl-related, Greater Waterbury, 2012-2018



Source: DataHaven, 2019

### Tables 19. Mental Health

Do you usually/sometimes get the social support that you need?

	Connecticut	Greater Waterbury	Waterbury
Yes	88%	87%	83%

Source: DataHaven 2019

Do you feel depressed several days per month?

	Connecticut	Greater Waterbury	Waterbury
Yes	30%	31%	38%

Source: DataHaven 2019

### Perceptions of Health

DataHaven Community, Personal Wellbeing, and Neighborhood Asset indexes

Name	Personal WellBeing Index	Neighborhood Asset Index	Community Index
Connecticut	612	556	658
Greater Waterbury	575	518	627
New Milford	617	609	674
Waterbury	438	137	502

Source: DataHaven, 2018, Community Wellbeing Survey analysis scaled index values

### Barriers to Care

Access to care is a top concern for residents in the community. Residents all experience barriers to obtaining care related to the social determinants of health such as transportation, cost, employment and even lack of a primary care provider or affordable health insurance. While we know that since 2012, more people are insured, the co-pays and high deductible plans that are available make receiving affordable care out of reach for many residents in the region. A higher percentage of the Hispanic population reports not getting medical care in both the region and the urban core, this could be linked to language barriers. There are also disparities in care linked to cost and gender, a higher percentage of respondents in the region report that cost is a barrier when compared to the state. The tables below report information around access to care, medications and barriers.

### Table 20. Access to Medical Care by Race

During the past 12 months, was there any time when you didn't get the medical care you needed?

	Connecticut	Greater Waterbury	Race/Ethnicity Greater Waterbury			Waterbury	Race/Ethnicity Waterbury		
			White	Black/African American	Hispanic		White	Black/African Amer	Hispanic
Yes	9%	9%	8%	10%	15%	12%	10%	11%	17%
No	90%	91%	92%	90%	85%	87%	89%	89%	83%

Source: DataHaven, 2018

**Table 21. Access to Medical Care by Cost/Gender**

If you postponed or did not get medical care in last 12 months, was it because of cost?

	Connecticut	Greater Waterbury	Gender Greater Waterbury		Waterbury	Gender Waterbury	
			M	F		M	F
<b>Yes</b>	50%	54%	57%	52%	50%	43%	57%
<b>No</b>	50%	46%	43%	48%	50%	57%	43%

Source: DataHaven, 2018

**Other Barriers to Care**

There are many reasons why residents delay seeking important medical care. Often, factors like caring for children, insurance and employment reduce the likelihood that someone will pursue seeking care when needed. The table below outlines multiple reasons respondents gave for not seeking care in the last 12 months.

**Table 22. Multiple reasons respondents delayed care**

	Connecticut	Greater Waterbury	Waterbury
<b>Insurance not accepted</b>	18%	16%	21%
<b>Insurance did not cover treatment</b>	29%	29%	31%
<b>Appointment time conflict</b>	30%	26%	34%
<b>Too busy with work/other obligations</b>	53%	53%	48%

Source: DataHaven, 2018

## V. Saint Mary's Hospital CHNA Compliance Information

### Facilities:

**Saint Mary's Facilities** Saint Mary's Hospital Saint Mary's Hospital is a Catholic, not-for-profit, community teaching hospital that has been serving patients in Waterbury, Connecticut since 1909. The hospital offers a wide variety of medical services, educational classes, and patient resources in addition to a Level II Trauma Center, pediatric emergency room, award winning cardiac and stroke care and exceptional surgical services.

**Naugatuck Valley Surgical Center** Naugatuck Valley Surgical Center (NVSC) is an outpatient department of Saint Mary's Hospital which offers state-of-the-art operating rooms and post-operative patient care areas for ambulatory surgery. The surgical center staff is experience in a wide variety of specialties including Gastroenterology, General Surgery, Gynecology, Ophthalmology, Oral/Dental Surgery, Orthopedics<sup>[L]</sup><sub>[SEP]</sub>, Otorhinolaryngology (ENT), Pain Management, Plastic Surgery, Podiatry and Urology<sup>[L]</sup><sub>[SEP]</sub>.  
**The Harold Leever Regional Cancer Center and Saint Mary's Hospital Oncology Center** The Harold Leever Regional Cancer Center is a joint partnership of Saint Mary's Hospital and Waterbury Hospital offering the highest quality care for cancer patients. In the building sits Saint Mary's Hospital Oncology Center which provides the most up-to-date treatment and protocols for patients right here in our community, and is located right in Waterbury, just off I-84.

**Saint Mary's Medical Imaging Center** From X-rays, MRI and CT scans to images taken at a nuclear level, Saint Mary's is dedicated to providing advanced radiology services. Saint Mary's Medical Imaging Center is fully digital, which offers many advantages, including improved image quality and enhanced speed.

**Saint Mary's Hospital Urgent Care Centers (Cheshire, Naugatuck, Wolcott, Waterbury)** Saint Mary's has expanded its footprint to offer four urgent care locations that provide a greater access to care for patients in the service area. The urgent care centers offer a wide array of services including xray, laboratory services, EKGs, immunizations and vaccines, pediatric care, and work-related injuries.

## Report on Activities related to 2013 CHNA Priorities:

Community Health Improvement Plan Priority	Actions	Cost (over 3 years)	Numbers Served
Access to Healthcare Services	Investment in health navigation services provided by The Waterbury Health Access Program (WHAP). A partnership between Saint Mary's Hospital, Waterbury Hospital, Stay Well Health Center, the Waterbury Health Department, and the Waterbury Medical disability process with DSS/SSI.	\$61,8000	1470
	Financial Support to Greater Waterbury Health Partnership (GWHP) to increase capacity.	\$30,000	NA
	Support for Transportation	\$3,800	380
Mental Health & Substance Abuse	Donation of Drugs	\$6,000	20
	Support for the development of a Community Care Team designed to support complex behavioral health patients with mental health and substance abuse challenges.	\$30,000	
Healthy Lifestyles (Diet and Exercise)	Free Monthly Diabetes Classes	\$1,180	246
	Free Bariatric Informational Seminar	\$12,600	200
Tobacco Use & Asthma	Smoking cessation information was included on Hospital Wide discharge instructions. Support for Courage to Quit smoking Cessation program	In-kind	120
	Easy Breathing Asthma Program	\$28,000	640
Health Communications	Monthly radio broadcast on WATR- FM and an internationally distributed podcast.	\$21,800	NA

### Impact of Community Health Improvement Plan:

The activities implemented to address the priority needs from the 2013 CHNA were developed in partnership with community agencies and other partners to increase the impact of this work. By collaborating with state and local coalitions policy changes around Tobacco Use were made in Connecticut and T21, which prohibits the sale of tobacco products to anyone under the age of 21, was passed.

Saint Mary's hospitals also partnered with the Connecticut Hospital Association to implement the evidence based Easy Breathing Asthma program which has been shown to improve asthma outcomes for children enrolled in the program. And the partnership with GWHP has resulted in the development of the Community Care Team which implemented changes in referral processes to support patients with complex behavioral health problems; many of whom are dealing with substance abuse and mental health co-morbidities.



## **VI. Advisory Structure and Prioritization Process for CHNA**

The Community Health Needs Assessment was spearheaded and managed by GWHP and funded by Chesprocott Health District, Connecticut Community Foundation, Saint Mary's Hospital, United Way of Greater Waterbury and Waterbury Hospital through the Greater Waterbury Health Partnership (GWHP). GWHP acts as a neutral non-profit collaborative health and wellbeing organization. (See Appendix A for a full list of organizational members).

GWHP staff and board chairs facilitated the Key Informant Prioritization Process with consultants. The session included a research overview of quantitative data from DataHaven. Key informant participants were engaged in responsive conversation style interaction around the data presented. They were engaged in scoring a health matrix around key health domains identified by the group and the data. The matrix included measures on capacity and readiness of a community.

**Appendix C contains a list of community assets considered when prioritizing need.**

## Appendix A: List of GWHP Partners

During regular meeting of this group after the publication of the 2016 CHNA, comments were collected from participants. The partners who participated revealed that a process for development of a clear leadership structure for the 2019 CHNA would be beneficial to the group. As a result funding was obtained to hire the first Executive Director of the Greater Waterbury Health Partnership who has taken the lead in the development of this 2019 CHNA. Other written comments were not received.

### **Providers**

Benchmark Quality  
Community Health Center of Waterbury  
Harold Leever Regional Cancer Center  
Physician One Urgent Care  
Saint Mary's Hospital  
Salute Homecare  
StayWell Health Center, Inc.  
VNA Health at Home  
Waterbury Hospital  
Others

### **Health Departments**

Chesprocott Health District  
Pomperaug Health District  
Waterbury Health Department

### **Faith Based**

Long Hill Bible Church  
Naugatuck Valley Project  
Our Lady of Lourdes/ Saint Anne's Parish

### **Schools**

Waterbury Public Schools  
Western Connecticut State University  
UConn Waterbury

### **Government**

City of Waterbury  
Waterbury Department of Public Health

### **Advocacy Groups or Other Non-Profits**

American Heart Association  
Brass City Harvest

DataHaven  
Independence Northwest  
Waterbury Chamber of Commerce  
Waterbury Neighborhood Council  
Western Connecticut Coalition

### **State Agencies**

Connecticut Department of Public Health  
CT DPH Diabetes Prevention and Control  
Department of Mental Health and Addiction Services

### **Businesses**

Cigna  
Connecticare

### **Housing**

CHD  
Neighborhood Housing Services  
Waterbury Housing Authority

### **Social Service Agencies**

Boys and Girls Club of Greater Waterbury  
Bridge to Success  
Health 360  
Malta House of Care  
St. Vincent DePaul Mission  
Waterbury Health Access Program  
Waterbury Police Activity League  
Western CT Area Agency on Aging  
Willow Plaza Community Center  
YMCA of Greater Waterbury

**Mental Health Providers**

Beacon Health Options  
Community Mental Health Affiliates, Inc.  
North West Regional Mental Health Board  
The Guardian Model/ Melissa's Project  
Western CT Mental Health Network  
Wellmore Behavioral Health  
Wellspring

**Funders**

Ion Bank  
Connecticut Community Foundation  
Saint Mary's Hospital  
Waterbury Hospital  
United Way of Greater Waterbury

## Appendix B: Additional Data, Maps Used in CHNA and Works Cited

### Content Sources:

- [Centers for Disease Control and Prevention](#)
- [Office of the Associate Director for Policy and Strategy](#)

## Appendix C: List of Community Assets

Beacon Health Options  
Boys and Girls Club of Greater Waterbury  
Brass City Harvest  
Bridge to Success  
Cheshire Community Food Bank, Inc.  
Chesprocott Health District  
City Block Health

Community Health Center of Waterbury  
Community Mental Health Affiliates, Inc.  
CT Renaissance  
CT 211  
Harold Leever Regional Cancer Center  
Health 360  
Malta House of Care  
Neighborhood Housing Services  
North West Regional Mental Health Board  
Pomperaug Health District  
Safe Haven of Greater Waterbury  
Saint Mary's Hospital  
Saint Vincent DePaul Mission

StayWell Health Center, Inc.  
Waterbury Chamber of Commerce  
Waterbury Health Access Program  
Waterbury Health Department  
Waterbury Health Department HIV Prevention Program Mobile Testing Van  
Waterbury Hospital  
Waterbury Housing Authority  
Waterbury Police Activity League  
Waterbury Police Community Relations Division  
Waterbury Senior Center  
Wellmore Behavioral Health

Wellspring/ the Arch Bridge School  
Western Connecticut Area Agency on Aging  
Western Connecticut Coalition (formally HVCASA)  
Willow Plaza Community Center  
YMCA of Greater Waterbury

## Appendix D: Additional Data Collection Methods Detail

The Greater Waterbury Health Partnership (GWHP) contracted with Bonnie Smith, MPH and Emily Melnick, MA of B. Weyland Smith Consulting in April 2019 to facilitate and conduct one key informant session, two resident focus groups, one resident and key leader focus group in Chesprocott Health District and one key leader conversation at each of the two hospitals in Waterbury, Waterbury Hospital and Saint Mary's Hospital.

B. Weyland Smith Consulting first analyzed Greater Waterbury specific data from the 2018 Data Haven Community Wellbeing Survey and compared that data with the 2015 Data Haven Community Wellbeing Survey findings as well as other CT communities with Data Haven's "Urban Core" and "Suburban" classifications. The data was then organized into five domains based on the guidance from Data Haven, GWHP staff and the outcomes of past Community Health Needs Assessment Processes. The data that demonstrated change from the 2015 outcomes were presented via four separate PowerPoints, during the Waterbury Key Informant Session, Waterbury Hospital, Saint Mary's Hospital and Chesprocott Health District Community Conversations. The purpose of these sessions was to provide current health and wellness data to solicit participant feedback based on their expertise and knowledge of community issues. The community resident community conversations did not include a presentation of data however, the consultants facilitated group discussions and a prioritization process at all six of the sessions.

### **Waterbury Key Informants**

The Waterbury Key Informant Session was held on May 30th, 2019 at Naugatuck Valley Community College. The session lasted about 4 hours and had approximately 40 key leaders in attendance. The participants were asked to complete an "issue priority matrix" at the conclusion of the data presentation and conversation. This matrix included 5 domains including; healthy lifestyle, health status, access to healthcare, mental health, and substance use/misuse. Additionally, there were sub categories and an opportunity to note "other" items of importance. Participants were asked to rank each sub category on a scale of 1 to 5 according to impact, capacity, and readiness. Thirty five participants completed the "issue priority matrix."

### **Key Leader Conversations**

A total of 3 Key Leader Conversations were conducted, two of which were held separately at each of the hospitals in Waterbury, Saint Mary's Hospital and Waterbury Hospital. There was a total of approximately 35 participants at these conversations. The third Key Leader Conversation was conducted for the Chesprocott Health District at Elim Park in Cheshire, CT where there were approximately 30 participants. These sessions were approximately 2 hours long and included a data presentation followed by a discussion and prioritization process. At the conclusion of the data presentation, community concerns were recorded on large poster paper. Participants were then directed to "vote" using stickers on health areas they felt were of most concern for the community. Participants ranked areas of local health and wellness concerns based on their opinions.

### **Waterbury Resident Community Conversations**

Two separate Waterbury Resident Community Conversations took place at two faith communities within Waterbury at Long Hill Bible Church in the north end of the city and Our Lady of Lourdes located in the south end of the city. Each of the conversations lasted about 90 minutes. At Our Lady of Lourdes, a Spanish/English translator was utilized to support the majority of participants who spoke Spanish as their first language. There were approximately 20 participants at Long Hill Bible Church and 31 at Our Lady of Lourdes.

### **Community Engagement Key Findings**

Below are the outcomes of the prioritization processes from each of the focus group sessions. The areas of concern were organized by categories that correspond with the 5 domains (Healthy Lifestyles, Health Status, Access to Healthcare, Mental Health, and Substance Use/Misuse).

### **Key Informant Session**

The outcomes with the highest average matrix scores were food security (Healthy Lifestyle), childhood obesity (Health Status) and infant mortality (Health Status). Other top areas of concern organized by domain, are described as follows: The top concerns related to Healthy Lifestyle were food security, community environment and access to affordable and healthy foods. The top concerns related to Health Status were childhood obesity, obesity, diabetes, asthma, hypertension and falls. The top concerns related to Access to Healthcare were health insurance coverage, the inability to afford prescription medications, lack of a medical home, missed visits to a health care provider due to transportation and discrimination at health care provider. The top concerns related to Mental Health were emotional and social support, frequency of feeling down, depressed or hopeless and satisfaction with current life. The top concerns for Substance Use/ Misuse were the knowledge of someone who has died from an opioid overdose or someone with misuse/addiction, current cigarette smoking use and vaping.

### **Key Leader Conversations (Waterbury Hospital, Saint Mary's Hospital, Chesprocott Health District)**

The conversations at Waterbury Hospital and Saint Mary's Hospital indicated that Healthcare Access and Healthy Lifestyles were the top two priority domains. The areas of concern under Healthcare Access included; lack of providers, lack of providers who accept insurance (especially Medicaid) and specialty care, high co pays, lack of prenatal care, prescription drug affordability, transportation as it relates to access, and health literacy. The areas of concern related to healthy lifestyle were food insecurity, social issues/social determinants of health including income/poverty, education and housing. The Key Leader Conversation for Chesprocott Health District expressed the most concern for areas related to Mental Health, Substance Abuse and Healthy Lifestyles domains. The concerns expressed relating to Mental Health included the following; depression, youth access to mental health care, a lack of mental health providers and behavioral health insurance coverage. The concerns related to healthy lifestyle were obesity, exercise/activity, healthy food, and oral health care and prevention methods. The top concerns related to Substance Abuse were youth vaping and youth and parent awareness of health consequences, youth opioid deaths, and marijuana use becoming a social norm.



## **Resident Community Conversations**

The priority domains identified during the Long Hill Bible Church community conversation were Healthy Lifestyle, Health Status, Mental Health and an issue not grouped by a domain, Homelessness/Housing. The area of most concern under the Healthy Lifestyle domain was access to high quality foods. The conversation around this topic expressed concerns about the cost of food at grocery stores in Waterbury compared to other towns, expensive farmer's markets with limited hours, disparity in quality of food between stores, and the quality of school foods. The top concerns related to Health Status were infant mortality and chronic disease such as diabetes, asthma and hypertension. The conversation about infant mortality expressed concerns including lack of parent education, trauma during pregnancy, teen pregnancy and not seeking prenatal care, lack of programming for new moms and substance use. The areas of concern related to Mental Health were trauma, depression and lack of self-care, postpartum care, and high levels of stress. Homelessness/ Housing was another top concern for this group. The conversation expressed concerns about youth couch surfing, schools being unaware of the conditions of the students' home life, impacts on sleep, self-care and routine, high rent, poor quality of homes, lack of subsidies for improvement compared to other communities, lack of mixed income communities, blight, absent landlords and transient community.

## **Overall Key Findings and Common Concerns/Themes:**

- **Healthy Lifestyles/Social Determinants of Health:**
  - Housing quality and availability
  - Food insecurity/lack of access to healthy foods
- **Healthcare Access:**
  - High co-pays for care and prescription medications
  - lack of access to specialists for those who are insured under Medicaid/Medicare
  - lack of transportation
- **Health Status:**
  - chronic disease and the relationship to healthy lifestyles especially as related to healthy food
  - diabetes
  - lack of education on disease management
  - lack of ability to eat well due to financial, transportation and lifestyle reasons
  - serious health outcomes such as amputations

## Appendix E: Focus Group Participants by Session

### Key Informant Session:

Name	Title	Organization
Allison Fulton	Executive Director	HVCASA (Western CT Coalition)
Althea Marshall Brooks	Executive Director	Bridge to Success
Angie Matthis	Executive Director	Greater Waterbury Health Partnership
Ashia Velez	Clinical Nurse Coordinator	CT DCF
Bill Quinn	Health Director	Waterbury Health Department
Brandi Fitzgerald	Finance Director	YMCA
Bud Behlman	Clinical Social Worker	WCMMM
Caitlin Collins	Health Educator	Waterbury Dept. of Public Health/ GWHP
Cindy Vitone	Assistant Health Director	Waterbury Health Department
Crystal Coggins	RN	Northern CT Black Nurses Association
Daisy DeFilippis	President	NVCC
Deb Kaszas	Chronic Disease Self-Management Program & RSC Supervisor	Western Connecticut Area Agency on Aging
Debby Horowitz	Live Well Regional Coordinator	Western Connecticut Area Agency on Aging
Deborah Stein	Consultant	Connecticut Community Foundation
Ellen Carter	Community Leadership Director	Connecticut Community Foundation
Gary Steck	CEO	Wellmore Behavioral Health
Greg Simpson	Regional Network Manager for Western CT	Beacon Health Options
JoAnn Reynolds-Balanda	Vice President of Community Impact	United Way of Greater Waterbury
Joe Gorman	Supervisor of Health and Physical Education	Waterbury Public Schools
Karen Mello	Director of Community Impact	United Way of Greater Waterbury
Karen Rainville	School Readiness Liaison	Waterbury Public Schools
Kat Bolt	Health Equity Programs Coordinator	American Heart Association
Kathi Crowe	Executive Director	Waterbury Youth Services
Lawrence Young	Director Community Health and Wellbeing	Saint Mary's Hospital
Loraine Shea	President/CEO	Easterseals Greater Waterbury
Louisa Printz	Community Educator	Safe Haven of Greater Waterbury
Lynn Ward	President & CEO	Waterbury Regional Chamber
Mara K. Ford	Executive Director	Waterbury Police Activity League
Maria Longo	MD	Pediatric Associates
Maura Esposito	Health Director	Chesprocott Health District
Melody J. Davis	Clinical Nurse Coordinator	CT Department of Children and Families
Mike Rokosky, MD	School Health Medical Advisor	City of Waterbury
Peter Adamo	CEO	Waterbury Hospital
Renee Young	Community Impact Manager	United Way of Greater Waterbury
Rodney Wade	Head Pastor	Long Hill Bible Church
Sabrina Trocchi	Chief Operating Officer	Wheeler Clinic
Sam D'Ambrosi	President	Waterbury Board of Health
Tom MacMullen	Intern	Waterbury Health Department
Tricia Harrity	Executive Director	Health 360

### Hospital Key Leader Conversations:

Name	Title	Organization
Angela Holmes	Community Program Coordinator	Waterbury Hospital
David Podell, MD	Chair of Medicine	Waterbury Hospital
Gloria Batista	Practice Manager	Waterbury Hospital
Jadwiga Stepczynski	MD	Waterbury Hospital
Jason Green	Network Manager, CRC	Waterbury Hospital
Jason Ouellette, MD	Internal Medicine	Saint Mary's Hospital
Jim Uberti, MD	ACO	Saint Mary's Hospital
Jocelyn Torres	Accountant	Waterbury Hospital
Justin Lundbye, MD	CMO	Waterbury Hospital
Kathleen Lucey	Director Orthopedics	Waterbury Hospital
Kathryn Ruszczk, RN, MSN	Director of Healthcare Services- CRC	Waterbury Hospital
LaTeena Bartee	Community Programs Department	Waterbury Hospital
Lauresha Xhihani	Marketing/ Community Outreach	Waterbury Hospital
Lawrence Young	Director Community Health and Wellbeing	Saint Mary's Hospital
Mark Holt	Administration	Waterbury Hospital
Patricia Gentil	Vice President Operations	Waterbury Hospital
Paul Porter, MD	CMO	Saint Mary's Hospital
Peter Adamo	CEO	Waterbury Hospital
R. Weissberger	Internal Medicine	Waterbury Hospital
Scott H. Kurtzman, MD	Chair Surgeon	Waterbury Hospital
Steven Schneider, MD	President	Saint Mary's Hospital
Terry Nowakowski	Consultant	Waterbury Hospital
Wendy Chrostowski, RN	Case Manager	Waterbury Hospital
Yarixa Lopez	Administration	Waterbury Hospital
Yolena Tituo	Internal Medicine	Waterbury Hospital

**Chesprocott Health District Conversation:**

<b>Name</b>	<b>Organization</b>
Amanda Sudhoff	Chesprocott Health District
Anne Harrigan	Cheshire Board of Education
April Duquette	Cheshire Food Pantry
Ashley Rendan	Campion Ambulance
Barbara Ecke	Chesprocott Board
Bilal Tajildeen	Connecticut Community Foundation
Brooke Franco	Chesprocott Health District
Chrissy Cassesse	Cheshire YMCA
Fellis Jordan	FOBK
Kathryn Glendon	Chesprocott Health District
Kathy Kirby	CHD
Kelly Lenz	Cheshire Public Schools
Kelsey Oddo	Atrinity Home Health
Kim Sima	Chesprocott Health District
Liz Normand	Prospect
Mary Morrone	Wolcott
Maura Esposito	Chesprocott Health District
Melissa Sorizelli	Chesprocott Health District
Nicole Caccomo	Elim Park
Pamela Roach	SCRCOG
Pat Geary	Prospect Town Council
Pranathi Saurosh	Cheshire Chamber of Commerce
Sarah DiMeglio	Atrinity Home Health
Sondra Amann	Cheshire

**\*Resident Neighborhood Conversations:**

Two neighborhood conversations were held in the north end of the city at Long Hill Bible Church and in the south end of the city at Our Lady of Lourdes Church. There were a total of approximately 51 participants in attendance.