



2019-2022 Greater Waterbury Community

Wellbeing Profile



Greater Waterbury
**HEALTH
PARTNERSHIP**
Creating Healthy Communities Together

Works Cited & Sources

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Office of the Associate Director for Policy & Strategy

DataHaven | This report was compiled in partnership
The Twenty Fifth Year | with DataHaven

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About this Report

The Greater Waterbury Health Partnership (GWHP) collaborates with clinical partners on a comprehensive **Community Health Needs Assessment** (CHNA) to evaluate the health needs of individuals living in and around Waterbury, Connecticut. The Partnership is comprised of Chesprocott Health District, the City of Waterbury – Department of Public Health, Connecticut Community Foundation, Pomperaug Health District, Saint Mary's Hospital, StayWell Health Center, Inc., United Way of Greater Waterbury, Waterbury Hospital, and other community partners.

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). The CHNA process enables 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.



Our Mission

The Greater Waterbury Health Partnership aims to provide access to culturally sensitive, and evidence-based health information for the Greater Waterbury region, and to coordinate local healthcare services to improve overall community health. Supported by data, our mission is rooted in community collaboration as a critical element to meet the needs of our diverse communities.

Our Vision

We envision a healthy Greater Waterbury region for all through coordinated work that reduces health disparities.



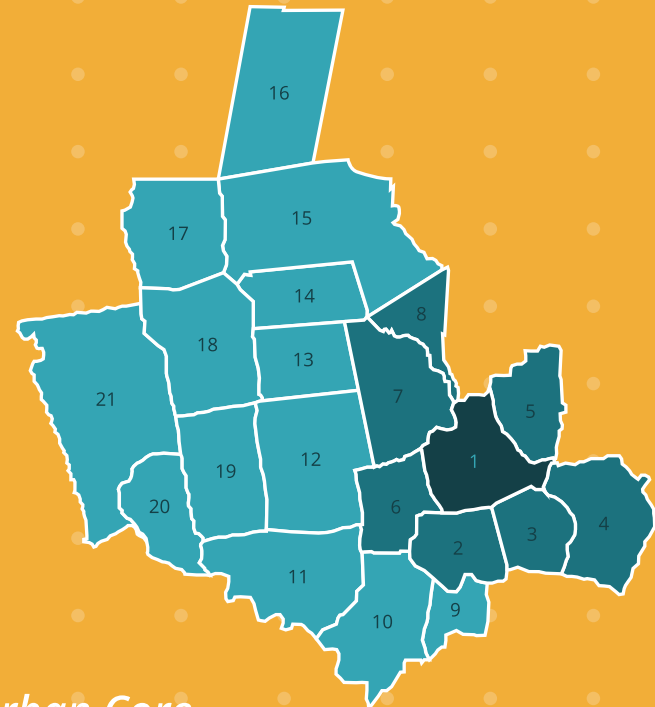
Geographic Scope of CHNA

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 as depicted in the image seen to the right.

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.



● **Urban Core**
Waterbury (1)

● **Inner Ring**
Naugatuck (2), Prospect (3), Cheshire (4), Wolcott (5), Middlebury (6), Watertown (7), Thomaston (8)

● **Outer Ring**
Beacon Falls (9), Oxford (10), Southbury (11), Woodbury (12), Bethlehem (13), Morris (14), Litchfield (15), Goshen (16), Warren (17), Washington (18), Roxbury (19), Bridgewater (20), New Milford (21)

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).



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

(Data Haven, 2017)

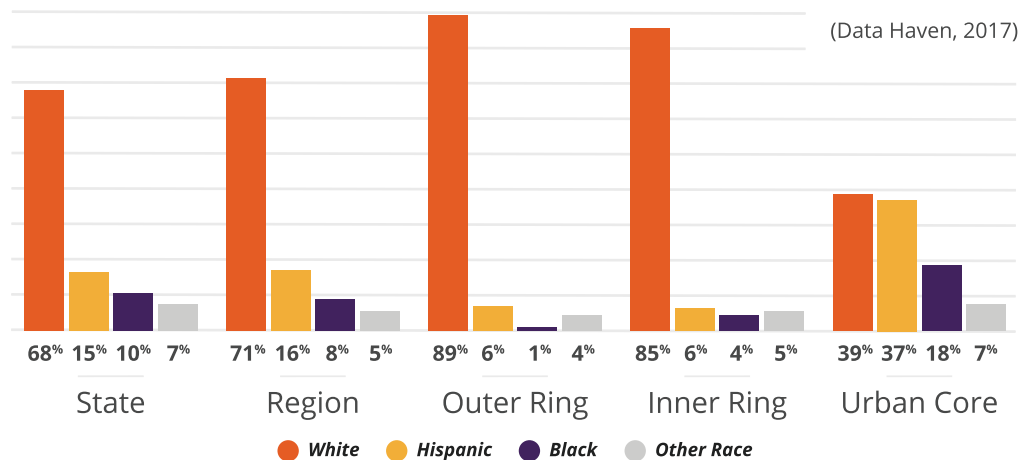


Population & Age Distribution

This region has a population of 335,490. 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.

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.

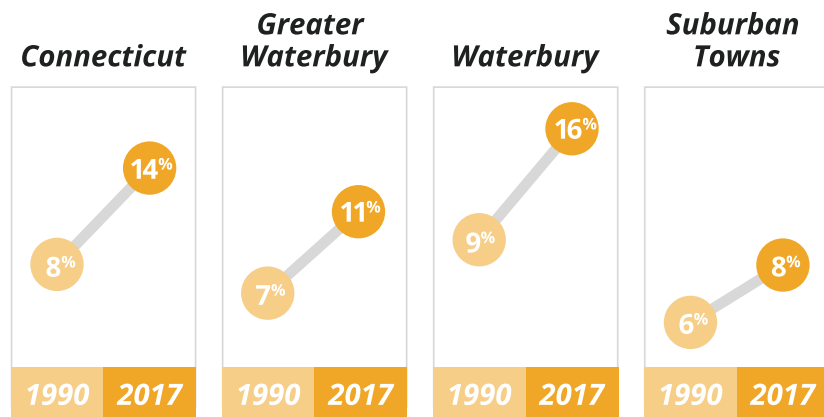


Immigration/Migration

Immigrants play an important role in the region's economy and introduce linguistic diversity to the community.

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).



Foreign-born share of population, 1990-2017

DataHaven
The Twenty Fifth Year

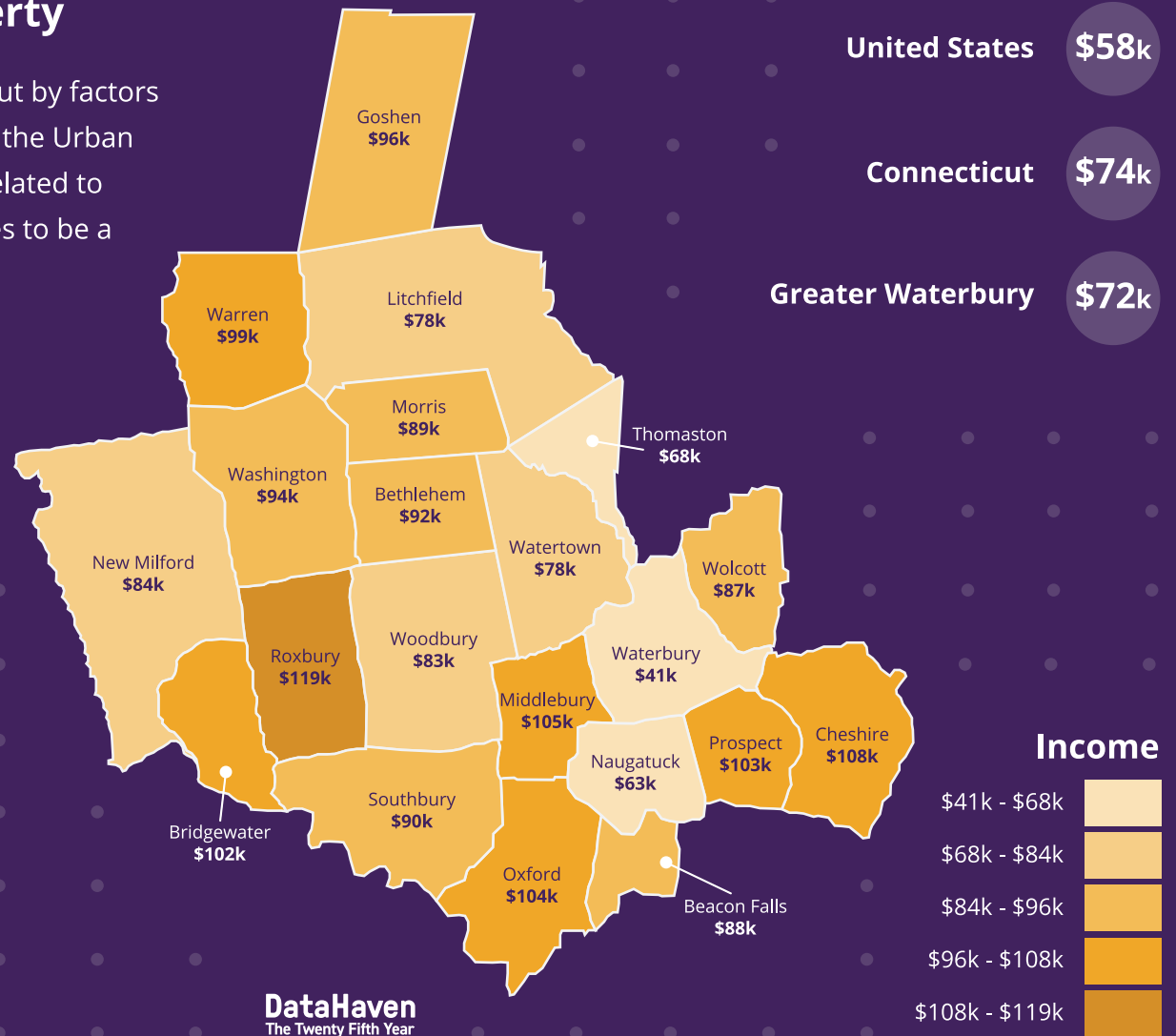
Household income varies widely throughout the region

Median household income. Greater Waterbury 2017

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.

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.

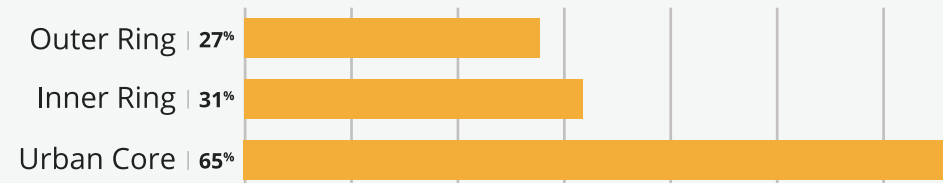




How Poverty, Income and Housing Affect Quality of Life

In Greater Waterbury the poverty rate is 12 percent. This means there are about 38,000 residents living in households with incomes less than the federal poverty level of \$51,500 for a family of four.

Further, the low-income rate is 25 percent. 82,000 residents in the region live in households earning less than twice the federal poverty level.





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.

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. (DataHaven, 2018)

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).

Can Greater Waterbury Residents Afford Housing?

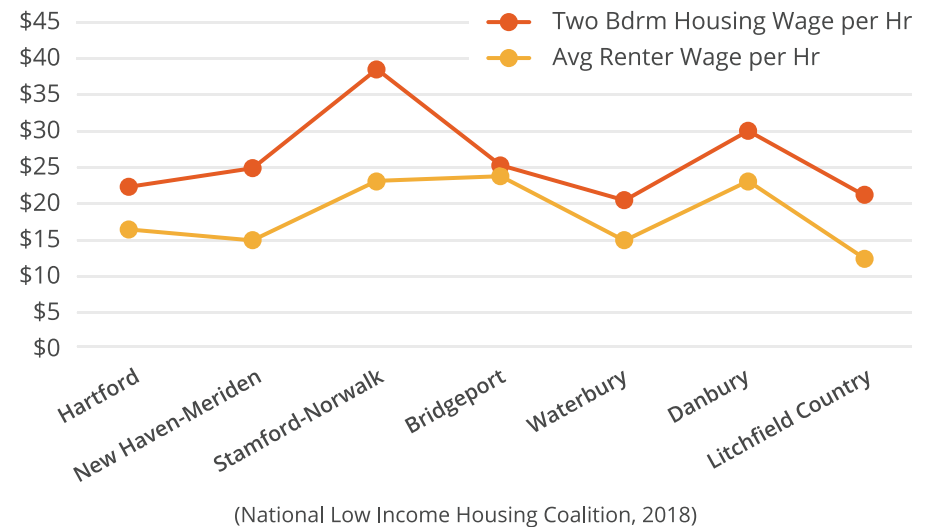
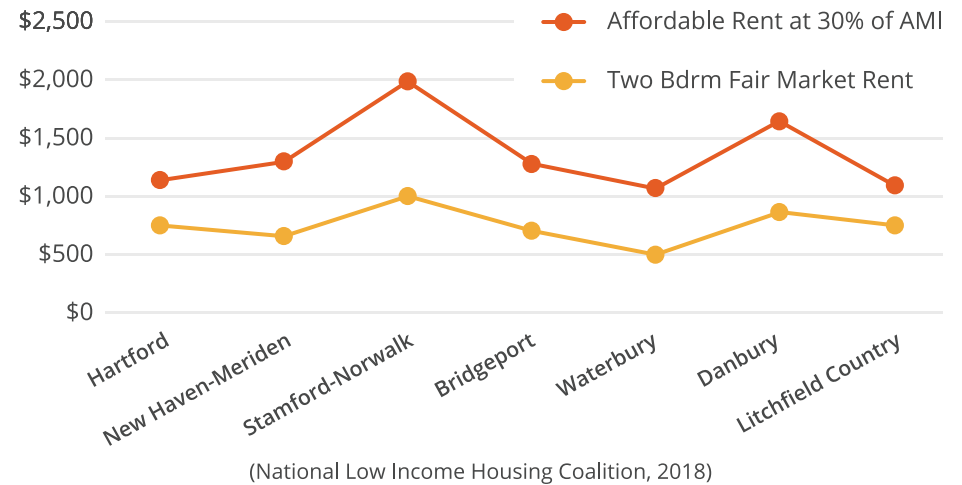
Waterbury is less financially secure than the region as a whole. 65% of Waterbury households are ALICE “Asset Limited Income Constrained Employed”. Racial/ethnic disparities. Within these geographic areas, African American and Hispanic households are less financially secure than White households.

Gender differences. 41% of women in the region say that they are just getting by or struggling financially compared to 20% of men. (Institute, 2018) While the Waterbury market may be more affordable than the rest of the state, households still face affordability issues and low-income residents are severely cost-burdened.

Race can be a factor.

14% of Hispanics reported not having had enough money to provide adequate shelter or housing for themselves or their families.

28% of African American residents reported that their utility company threatened to shut off services to their home. 19% of Hispanics and 14% of Whites experienced this. (Institute, 2018)



Among renters there is a large disparity in the frequency of evictions in Waterbury compared to Connecticut and New Haven County. Waterbury residents are evicted at a rate of 6.1% which is 3.67% higher than the national average and 3.06% higher than the Connecticut average. (Princeton University, 2019)



**Waterbury
Eviction Rate**

6.1%

**National Avg.
Eviction Rate**

2.43%

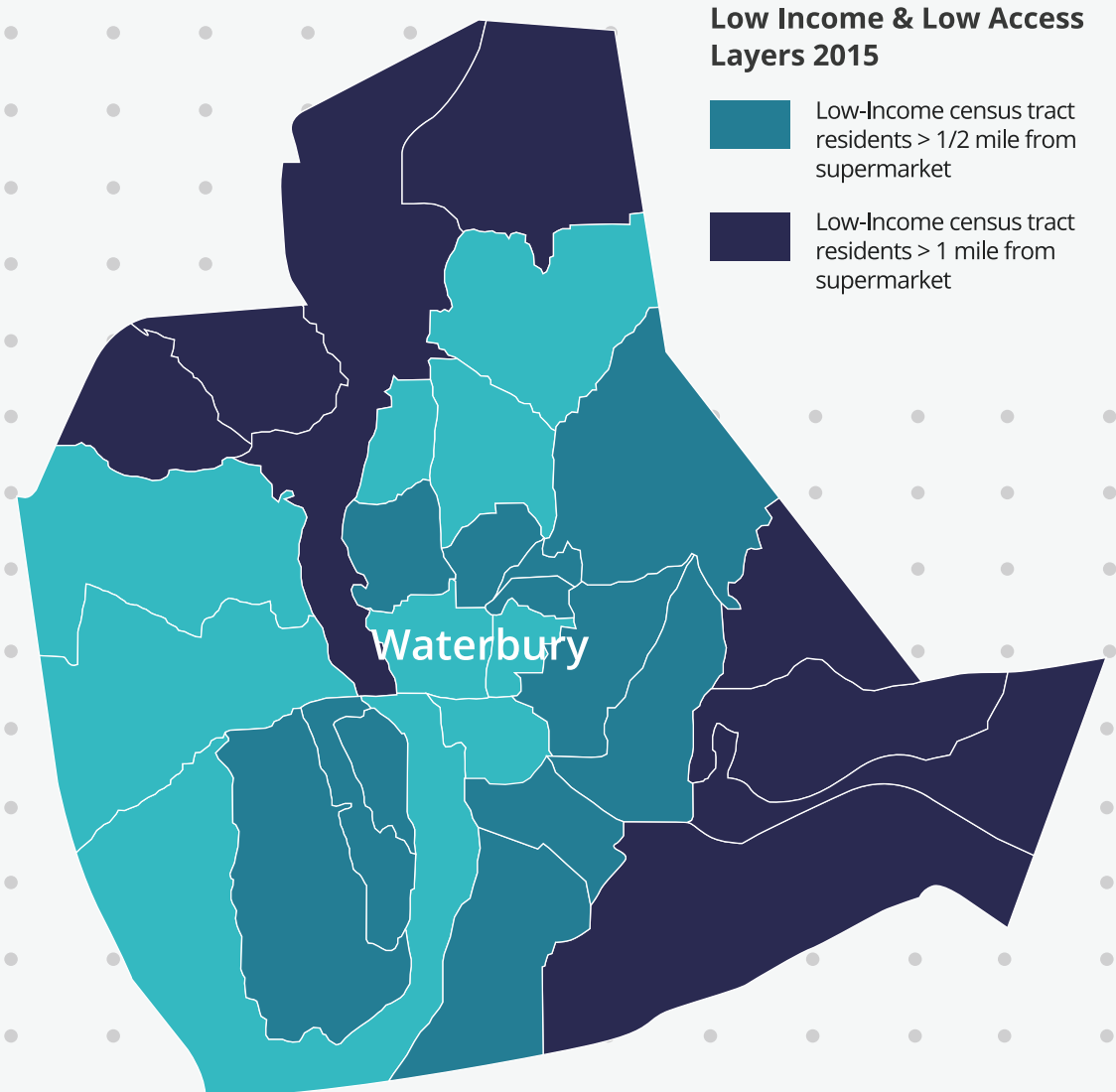


Waterbury had Connecticut's top eviction rate in 2016, above Hartford and New Haven. In cities with at least 100,000 residents, Waterbury had the highest eviction rate in the Northeast, and ranked 22nd in the nation. (Seaberry, 2018)

"The neighborhoods hit hardest by evictions tend to, on average have lower renter incomes, higher poverty rates, lower property values, and greater racial diversity than the state... In these lower-income areas, a third of renting households have to put at least half their income toward rent and other housing costs, such that even a moderate rent can become impossible to pay." (Seaberry, 2018)

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.



There are wide disparities in rates of homeownership.

| **69%** of **Greater Waterbury residents** own the homes they live in.

| **44%** Within that 69%, only 44% of **Waterbury residents** own their homes.

Across the region, 70% of Whites reported owning their homes compared to 32% of African Americans/Blacks and 35% of Hispanics. (Institute, 2018)

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 no more than 30% of their income towards housing (rent or mortgage + utilities).

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.

16%

of Greater Waterbury region's households are severely cost-burdened

22%

of people who rent in the region receive rental assistance through either a state or federal program

26%

of the region's renter-occupied households are severely cost-burdened

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 (Data Haven, 2018).



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.

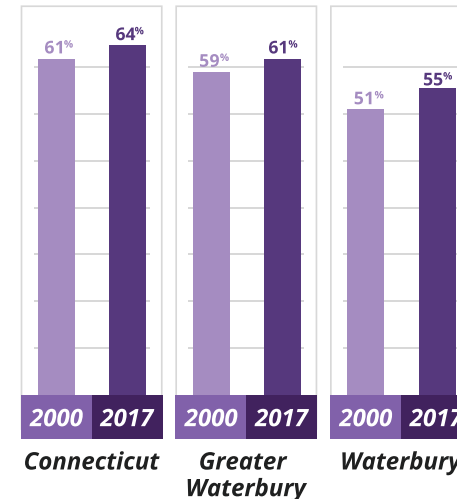
There are also disparities in care linked to cost and gender, a higher percentage of respondents in the region report that cost is a barrier when compared to the state.

Educational Attainment

Early Childhood Education

Early Childhood Education can be a predictor of future child health and well-being. Children in low-income families often are exposed to more adverse early childhood experiences (ACES) 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.

Trends in Pre-K Enrollment
2000-2017
(Data Haven, 2018)



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.

	<i>Population ages 25+</i>	<i>No HS diploma</i>	<i>% No HS diploma</i>	<i>% Bachelor's degree only</i>	<i>% Bachelor's degree or higher</i>
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%

(Data Haven, 2018)



Key Findings of the CHNA

Upon reviewing the key findings of Greater Waterbury's Community Health Needs Assessment, the Partnership engaged key stakeholders to determine priorities. These priority areas were chosen through an extensive community engagement process that included focus groups and data walks. With the 2019-2022 priorities established, GWHP's clinical partners will address interventions through published Community Health Improvement Plans. GWHP has carefully examined the priorities and plans to ensure that the root causes of health disparities are acknowledged and can be addressed in the communities most affected.

2019-2022 Health Priorities

Access to care

- Preventive/Primary/Prenatal care
- Substance Abuse/Mental Health
- Language
- Transportation
- Readmissions

Health Influencers

- Access to Food
- Housing
- Health Education/Outreach

Health Risk Factors

- Obesity/Diabetes
- Hypertension/Heart Disease
- Asthma
- Infant Mortality

Life Expectancy & Mortality Rates

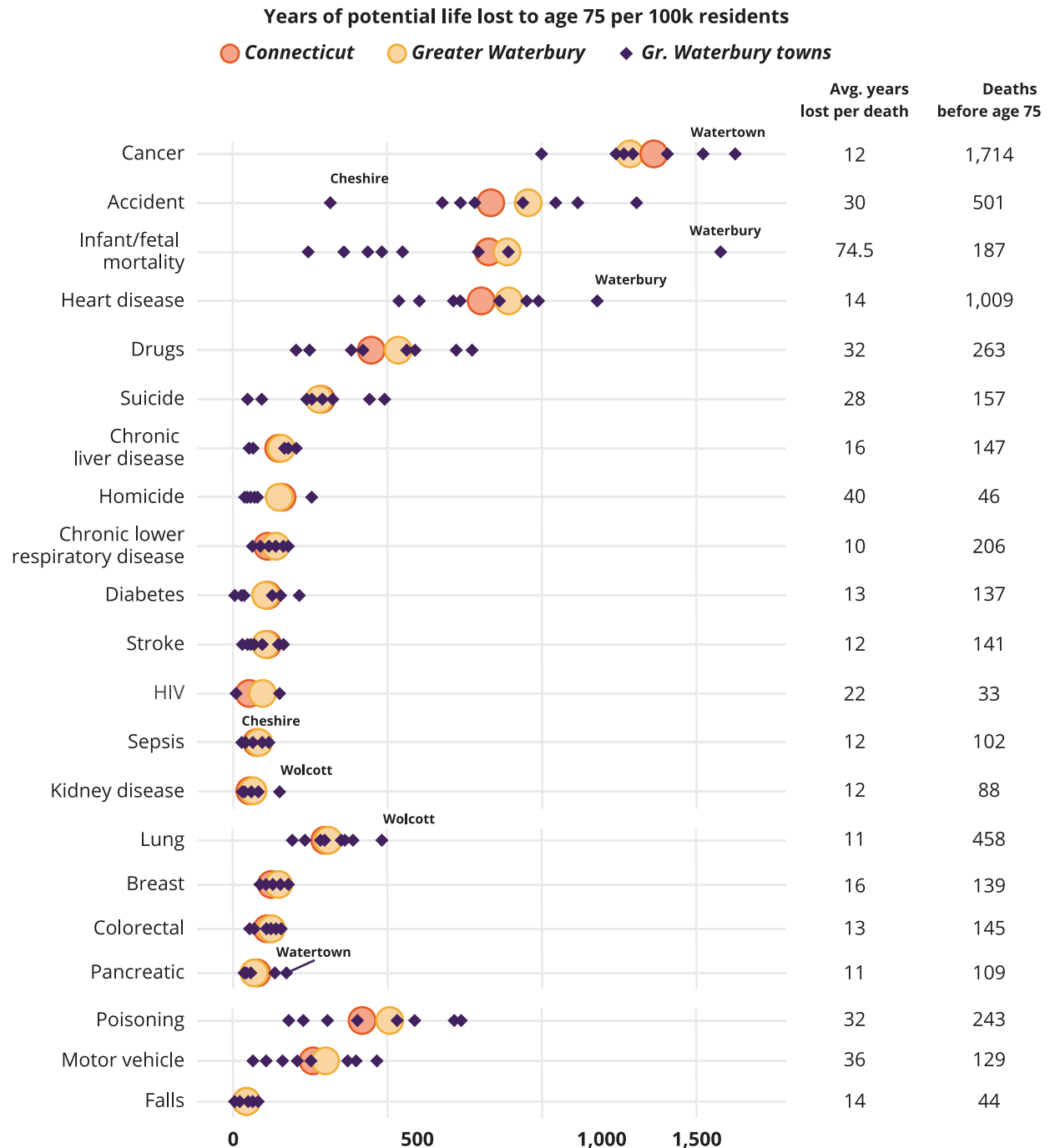
Waterbury has the highest infant mortality in the state. Women in Waterbury are significantly less likely to receive adequate prenatal care compared to the rest of the state. 18.6% of pregnant women in Waterbury received late or no prenatal care (Raul Pino, 2018). The chart at right depicts several areas 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.



Years of potential life lost before age 75 per 100,000 residents

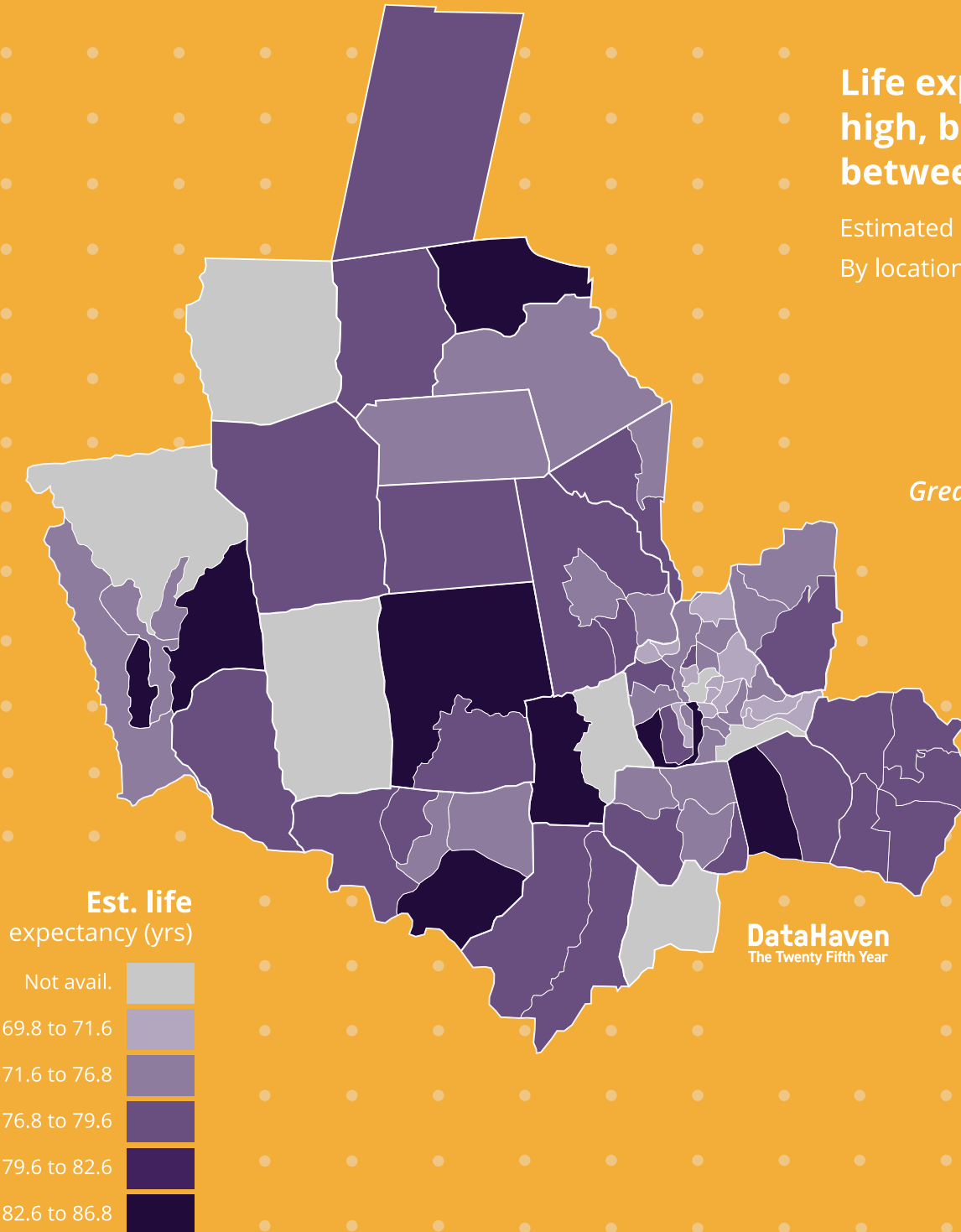
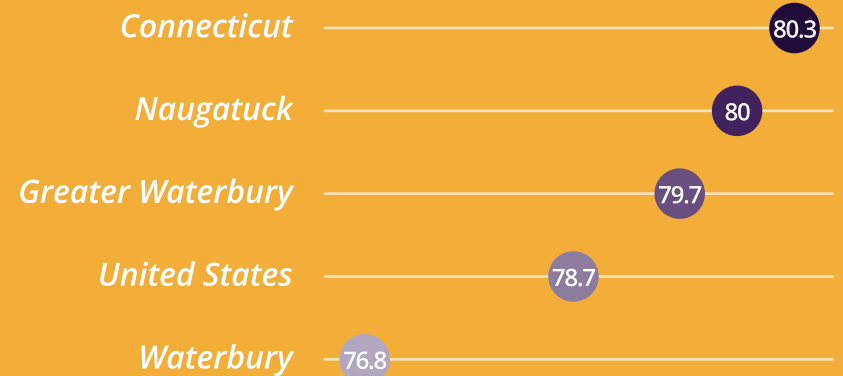
By cause of death, Greater Waterbury, 2010-2014

DataHaven
The Twenty Fifth Year



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



DataHaven
The Twenty Fifth Year

Health Risk Factors and Clinical Care

Within the region there are health disparities based on race/ethnicity across a variety of health diagnoses and 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 Hispanic residents also report higher rates of anxiety, 19% and depression, 16% than White residents, 13% and 9%, respectively.



	<i>Very good self rated health</i>	<i>Diabetes</i>	<i>Obesity</i>	<i>Has health insurance</i>	<i>Dental visit in past year</i>	<i>Anxiety</i>	<i>Depression</i>	<i>Smoking</i>
Connecticut	59%	10%	29%	95%	74%	12%	9%	14%
Region	57%	10%	33%	95%	74%	13%	10%	16%
Waterbury	49%	12%	41%	91%	68%	17%	16%	26%

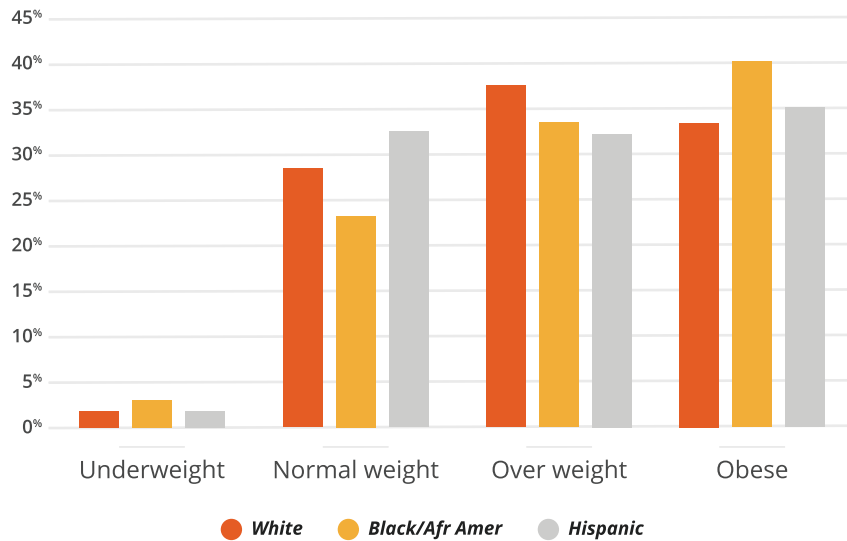
(Data Haven, 2018)

<i>Region</i>	<i>Very good self rated health</i>	<i>Diabetes</i>	<i>Obesity</i>	<i>Has health insurance</i>	<i>Dental visit in past year</i>	<i>Anxiety</i>	<i>Depression</i>	<i>Smoking</i>
White	57%	10%	33%	96%	74%	13%	9%	14%
Black	54%	15%	40%	93%	70%	11%	15%	22%
Hispanic	58%	5%	35%	92%	73%	19%	16%	19%

(Data Haven, 2018)

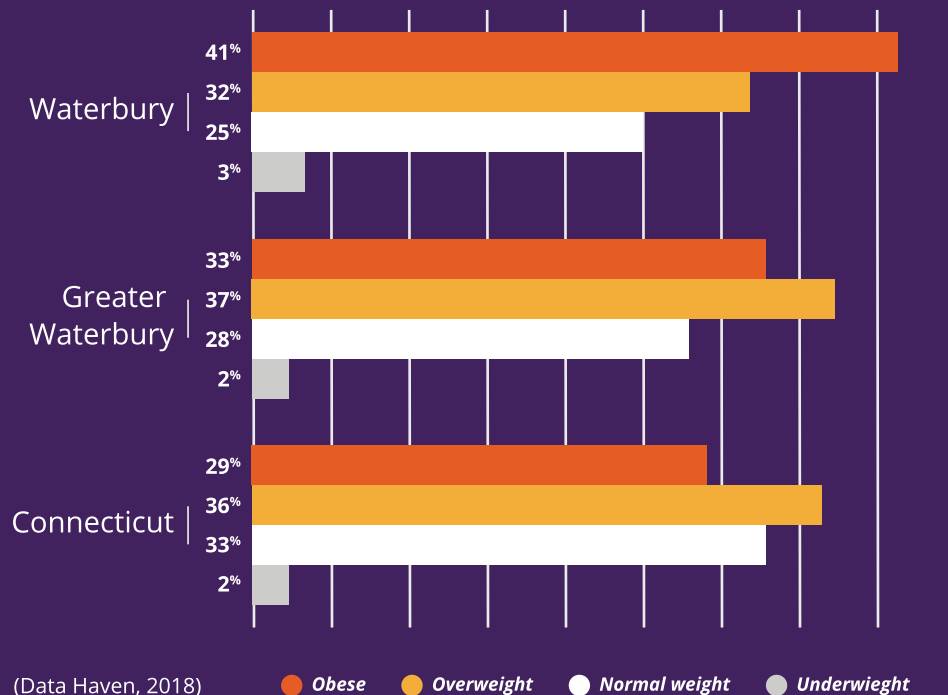
Greater Waterbury

(Data Haven, 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. The region exhibits a higher percentage of obesity than the rest of Connecticut. Additionally, Hispanic people experience the highest percentage of obesity in Waterbury at 43% compared to residents in the region and the state.



(Data Haven, 2018)

● Obese ● Overweight ● Normal weight ● Underweight



Prevalence of Exercise

Regular, moderate physical exercise reduces many health risks such as obesity, cardiovascular disease, diabetes and stress. Waterbury has the highest percentage of people that report engaging in no physical exercise weekly at 26%. Between 2015 and 2018 the number of adults reporting less than three days per week of exercise increased from 34% to 44% in Greater Waterbury and 42% to 49% in Waterbury.

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, the region includes Waterbury which will skew the percentage higher than if Waterbury was not included in the dataset. Additionally, African American residents in the region experience the highest percentage of self-reported hypertension. Hypertension, obesity and lack of exercise are all contributing factors to more serious cardiovascular disease.

Blood Pressure/Hypertension by Race/Ethnicity

Percentage of respondents told by a doctor or health professional that they have High blood pressure or hypertension Race/Ethnicity (Greater Waterbury)

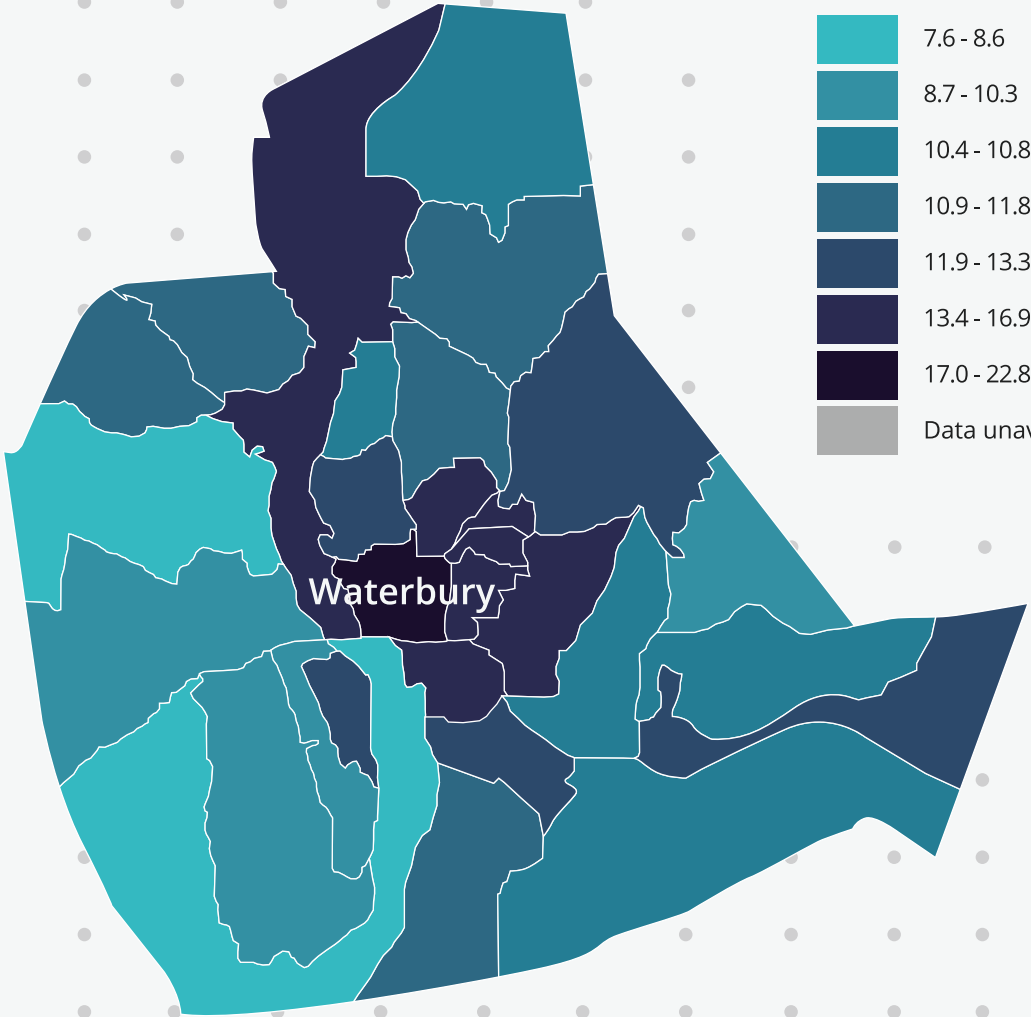
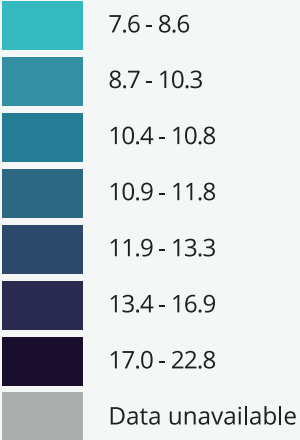
<i>Connecticut</i>	<i>Greater Waterbury</i>	<i>Waterbury</i>	<i>White</i>	<i>Black/African American</i>	<i>Hispanic</i>
30%	32%	32%	33%	38%	16%

(Data Haven, 2019)

Model-based estimates for diagnosed diabetes among adults aged >= 18 years - 2016

(CDC 500 Cities, 2018)

Legend
Crude Prevalence %



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 map at right.

Percentage of respondents told by a doctor or health professional that they have Diabetes

<i>Connecticut</i>	<i>Greater Waterbury</i>	<i>Waterbury</i>
10%	10%	12%

(Data Haven, 2018)



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. **Asthma-related emergency department visits are at a rate of 172.5 per 10,000 people. Comparatively, the state of CT rate is 58.6 (State of Connecticut’s Department of Public Health, 2018)**

Although the percentages of local residents 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.

Current Asthma Rate

<i>Connecticut</i>	<i>Greater Waterbury</i>	<i>Waterbury</i>
10%	11%	13%

(Data Haven, 2018)

Our Partners Include



Interested in becoming a partner? *Contact us: (203) 756-8021 x3993*

Additional Projects funded by the generous support of:



What we do: *Community Strategy Workgroups in the areas of:*

Chronic Disease | Access to Care | Behavioral Health & Substance Abuse | Infant & Maternal Health

Community Care Team:

A GWHP coordinated cross-disciplinary approach to intense case management for patients that have exceptional medical and social needs.

Community Health Needs Assessment and Data Collection:

GWHP oversees the community-wide collection of public health data and survey responses. A full technical report is provided for community use and to guide the Community Health Improvement Plan between health systems.

Interested in joining other community leaders or being a resident voice? **Contact us: 203-756-8021 x 3993**

Did you know...?

Robust community partnerships lead to healthy communities that reinvest in community health initiatives. Over time, this lowers health care costs and enhances overall quality of life.

16%

16% of Greater Waterbury region's households are severely cost-burdened.

81%

81% of overdoses in Waterbury were fentanyl related in 2018.

18.6%

18.6% of women in Waterbury received late or no prenatal care.

43%

43% of overdoses in Waterbury occur in a motor vehicle and **8%** in a moving motor vehicle.

14% of adults in Greater Waterbury and **25%** of Waterbury adults report food insecurity.

 @healthywaterbury

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 @health_greater

 healthywaterbury.org