



Saint Mary's Hospital  
Trinity Health

# Community Health Needs Assessment

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**SEPTEMBER 2025**

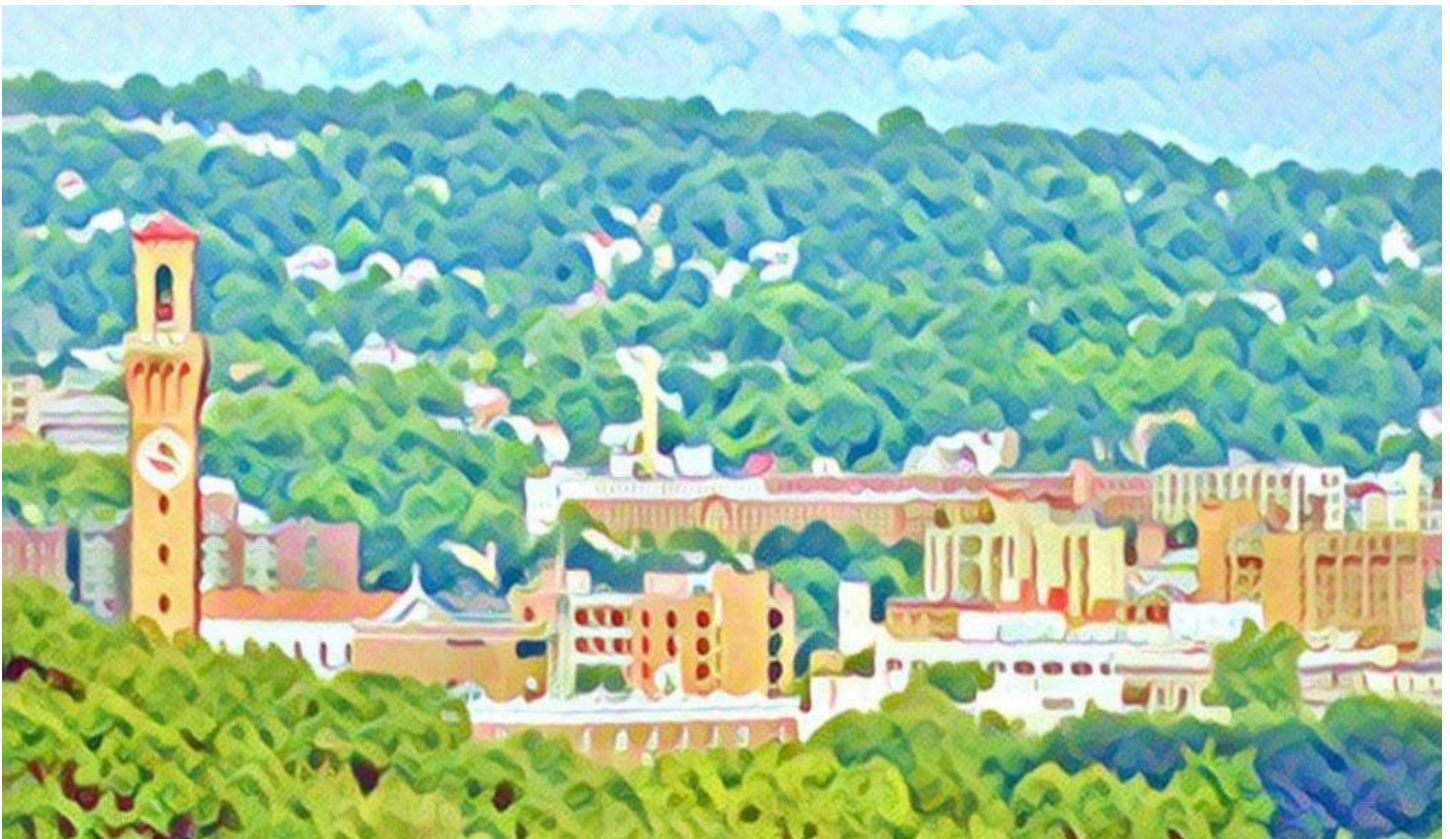


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This Community Health Needs Assessment was approved by the authorized body of  
Trinity Health Of New England on July 24, 2025

## I. Overview and Mission

This document provides details that fulfill Community Health Needs Assessment (CHNA) requirements and is augmented by the DataHaven Equity Report on well-being which is included in the Appendix. It also documents the process that the hospital used to conduct the regional health assessment which guides the health improvement plan.

The Equity Report was produced by DataHaven in partnership with the Community Foundation of Greater New Haven and many other regional partners and donors. The report serves as a data resource for the Community Health Needs Assessment for the Greater Waterbury region and the towns within it, from which most Saint Mary's patients come. This report disaggregates data from the 2020 Census, American Community Survey microdata files, DataHaven Community Wellbeing Survey record level files, and other federal and state sources to create relevant town-level information that is not typically available from standard public databases.

### Mission Statement and Core Values for Saint Mary's Hospital

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

#### Our Core Values:

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

## 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. The hospital participated in numerous activities to develop a comprehensive 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 in the service area. This ongoing process is known as the hospital Community Health Implementation Plan.

This report details the findings of the CHNA conducted from 2023 through mid-2025. During this process, the following steps were taken:

- Examination of data to determine the current health status of the region and its neighborhoods, and compared rates to statewide indicators and goals.
- Exploration of current health priorities among community members; and
- Identification of community strengths, resources, and gaps to assist the hospital 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 process.

This Community Health Needs Assessment was conducted to meet several overarching goals:

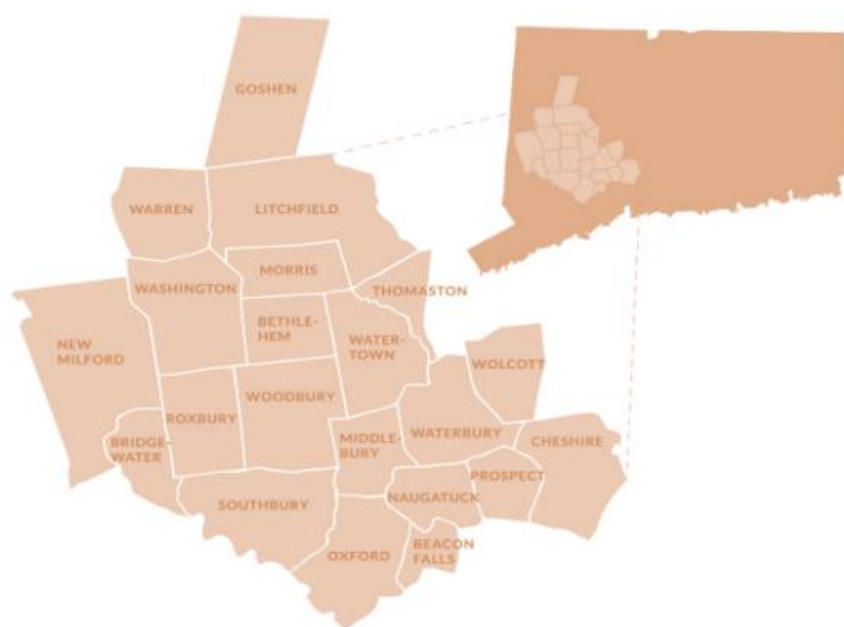
- To examine the current health status of the region
- To explore current health priorities – as well as emerging health concerns – among residents within the social context of their communities; and
- To meet the legal requirement of the hospital to conduct a community health needs assessment at least 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.

### III. Geographic Scope

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

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.

Greater Waterbury Service Area map



**Greater Waterbury** is made up of the following towns (with 2020 populations):

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

#### IV. Hospital Description and Services

Saint Mary's Hospital is a Catholic, not-for-profit, acute care, community teaching hospital that has served Greater Waterbury since 1909. In 2016, Saint Mary's Hospital became part of Trinity Health Of New England, which includes the hospitals of Saint Francis, Mount Sinai, Johnson Memorial and Mercy Medical Center. This integrated health care delivery system is a member of Trinity Health, Livonia, Michigan, one of the largest multi-institutional Catholic health care delivery systems in the nation serving communities in 26 states.

Licensed for 347 beds, Saint Mary's is designated as a Level II Trauma Center, offers award-winning cardiac and stroke care and houses the region's only pediatric emergency care unit. As the leading provider of surgical services in Greater Waterbury, Saint Mary's was the first to introduce the daVinci® Robotic Surgery System.

Other unique services include the Mandell Multiple Sclerosis Center which offers comprehensive and coordinated MS clinical care and research in a single location. Our facilities include a convenient on-site infusion suite, while ancillary services are delivered by MS specialists who collaborate to ensure each patient's needs are met.





## V. Data Collection Methods

This CHNA focused on county-level data and data for select communities as available. Assessment methods included:

- Literature Review:
- Review of existing assessment reports published since 2022 that were completed by community and regional agencies serving the Waterbury area.

o This also included a review of the previous 2022 CHNA which, in summary, showed the following top significant health needs:

### Access to Care

- Readmissions
- Language
- Care Coordination

### Outreach & Community Trust

- Health Education
- Culturally Competent Care
- Maternal Health

### Systems Change

- Substance Abuse
- Mental Health
- Chronic Disease Prevention

o Analysis of social, economic, and health data from Trinity Health CARES data hub, DataHaven, CT Department of Public Health, CT Hospital Association, the U.S Census Bureau, the County Health Ranking Reports, and a variety of other data sources.

- Qualitative data collection and analysis:
- Community Conversations and Stakeholder Prioritization Sessions

## VI. Executive Summary: Key Findings and Prioritized Health Needs

The following section provides a brief overview of the key findings from the community health needs assessment for the region.

Overall data related to the topics included below are covered in the main DataHaven Equity Report on well-being which is included in the Appendix. For a more detailed explanation of data produced through this process, including data for each of the 169 Connecticut cities and towns, please refer to the DataHaven website: <https://www.ctdatahaven.org>

### Key Social Indicators Summary

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.

#### Population

The area encompasses western Connecticut and is relatively large with a population of approximately 313,000 residents. The geographic area was defined by primary service area (PSA) and secondary service area (SSA). The PSA is the area that the hospital predominantly serves and the hospitals' main catchment area. It comprises all of Waterbury and has a population of approximately 110,000 residents. The SSA portions of the surrounding communities served by the hospital and has a population of approximately 203,000 residents. This Greater Waterbury area is made up of the following towns (with 2020 populations): Beacon Falls (6,000) Bethlehem (3,385) Bridgewater (1,662) Cheshire (28,733) Goshen (3,150) Litchfield (8,192) Middlebury (7,574) Morris (2,256) Naugatuck (31,519) New Milford (28,115) Oxford (12,706) Prospect (9,401) Roxbury (2,260) Southbury (19,879) Thomaston (7,442) Warren (1,351) Washington (3,646) Waterbury (114,403) Watertown (22,105) Wolcott (16,142) Woodbury (9,723)

- Waterbury is a city of 114,403 residents, 67 percent of whom are people of color. The town's population has increased by 4 percent since 2010.
- Of the town's 45,114 households, 46 percent are homeowner households.
- Forty-three percent of Waterbury's households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- Eighty-four percent of public high school seniors in the class of 2021 in the Waterbury School District graduated within four years.
- Among the town's adults ages 25 and up, 18 percent have earned a bachelor's degree or higher.
- Waterbury is home to 36,063 jobs, with the largest share in the Health Care and Social Assistance sector.



- The median household income in Waterbury is \$48,787.
- As of 2015, Waterbury's average life expectancy was 76.8 years.
- Forty-eight percent of adults in Waterbury say they are in excellent or very good health.
- Sixty-three percent of adults in Waterbury are satisfied with their area, and 30 percent say their local government is responsive to residents' needs.
- In the most recent state election, 40 percent of registered voters in Waterbury voted.
- Sixty-six percent of adults in Waterbury report having stores, banks, and other locations in walking distance of their home, and 61 percent say there are safe sidewalks and crosswalks in their neighborhood.

Along with these findings, the following prioritized list shows the health access concerns that will be reviewed during the development of the community health improvement plan in collaboration with our local partners.

- housing
- education
- employment
- transportation access
- food security
- access to care
- quality of life
- health outcomes/health disparities in:
  - substance use disorder
  - Diabetes
  - asthma
  - mental health
  - cardiovascular

## VII. Advisory Structure and Prioritization Process for CHNA

The Community Health Needs Assessment was spearheaded, funded, and managed by our CHNA planning group which, besides Trinity Health Of New England, included the following partners:

- Bridge to Success (BTS) Community Partnership

Founded in 2010, BTS was established as the state's first cradle to career youth initiative. BTS is a cross-sector partnership of over 90 community and civic leaders, educators, and organizations. They work collectively to achieve equitable change by empowering Waterbury's children, youth, and families, to be successful in school, career, and life.

- Riba Aspira

Their mission is to create a strong community by promoting civic engagement, creating opportunities for the community to express their voice, communicate with their local officials, and helping individuals to become leaders and advocates. Waterbury's RIBA Aspira seeks to address the economic and racial/ethnic inequities to create a strong, resident-driven, civic infrastructure, realigning and relocating job training services and revising child care decision-making policies to be more equitable, insuring adequate access for all residents.

- DataHaven (Partner & Consultant)

Connecticut based and nationally recognized non-profit data analysis and consultation agency focused on improving the well-being of Connecticut residents by partnering with local anchor institutions; collaborations and government agencies to make data transparent and available for all who can use it for public good.

### Prioritization Process

The 2025 CHNA used the identified 2022 CHNA priorities as a baseline, then reprioritized needs where quantitative and qualitative data, including community feedback, warranted changes. In previous CHNAs, the identified prioritized health needs were those that had the greatest combined magnitude and severity, or that disproportionately affected populations that have been marginalized in the community.

For the focus groups, DataHaven used a multi-phase approach for thematic analysis of the notes. Qualitative data analysis began with initial coding, which generated several dozen open codes that were used to tag individual comments, ideas, personal or community concerns. Next, DataHaven staff used an iterative approach to cluster related tags into a comprehensive codebook of sub-themes, to enable more consistency in the analysis. Finally, DataHaven used thematic clustering of the sub-themes to develop topline findings organized around the summary-level topics that appeared across all of the focus groups.

## VIII. Contact Information

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

<https://www.trinityhealthofne.org/about-us/community-benefit>

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

Please think about how you, your community, and your organization can use these reports to support your health equity goals. We want to know how we can partner with you in promoting health and wellness in our service area. We welcome opportunities for discussion and feedback about the CHNA.

For questions or comments and printed copies of this report upon request, please contact the Department of Community Health and Well Being at Trinity Health Of New England:

Regional Director of Community Health and Well Being

Trinity Health Of New England

659 Tower Avenue

Hartford, CT 06112

Phone: 860-714-5770



# Saint Mary’s Hospital / Trinity Health of New England 2025 Community Health Needs Assessment (CHNA)

Descriptive written summary prepared by DataHaven, May 2025

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## Data Collection Methods

This CHNA data summary relies on both primary and secondary data sources to help understand community health needs in the Saint Mary’s Hospital service area and Greater Waterbury region.

Primary data sources consulted include:

- DataHaven Community Wellbeing Survey (DCWS), which has completed live interviews with over 50,000 randomly-selected adults throughout Connecticut since 2015. The DCWS is funded by Trinity Health of New England along with approximately 100 other public and private organizations across the state, and is widely cited in research studies, grant proposals, and community assessments. In 2024, the DCWS interviewed 760 randomly-selected participants in Greater Waterbury, including 294 in the City of Waterbury, among the 7,458 interviews completed statewide. The DCWS design is guided by an Advisory Council of 300 experts from throughout the state, and includes

questions to collect demographic data by age, race/ethnicity, gender, income level, educational attainment, incarceration experience, disability, sexual orientation, ZIP Code and town of residence, among other key factors. More information may be found at [ctdatahaven.org](http://ctdatahaven.org).

- Focus groups organized by staff from Saint Mary's Hospital were held in April of 2025. Staff recruited participants, who were predominantly women ages 40 to 85 and were all Waterbury residents. Staff from the hospital designed a brief survey for participants of the focus groups. The survey was completed by 26 participants.

Secondary data sources consulted include:

- The *2023 Waterbury Town Equity Report*, produced by DataHaven, and available at [ctdatahaven.org](http://ctdatahaven.org). This report analyzes secondary data from the U.S. Census American Community Survey, the 2020 Census, the Connecticut State Department of Education, the U.S. Centers for Disease Control, and other publicly-available data sources from the federal and state government. The report compares Waterbury to the Greater Waterbury area, as well as to Connecticut. In the Town Equity Report, Greater Waterbury is defined as the following towns (with 2020 Census populations): Beacon Falls (6,000), Bethlehem (3,385), Bridgewater (1,662), Cheshire (28,733), Goshen (3,150), Litchfield (8,192), Middlebury (7,574), Morris (2,256), Naugatuck (31,519), New Milford (28,115), Oxford (12,706), Prospect (9,401), Roxbury (2,260), Southbury (19,879), Thomaston (7,442), Warren (1,351), Washington (3,646), Waterbury (114,403), Watertown (22,105), Wolcott (16,142), and Woodbury (9,723), which matches the geographic area used for previous Community Health Needs Assessments jointly created by the hospitals and other community partners in the Greater Waterbury area, so is used as the default geographic area for the purposes of this summary document.
- The *Connecticut Hospital Association (CHA) Community Health Profile: Hospital Utilization Rates for Key Health Indicators* data profile, provided to Saint Mary's Hospital by CHA. This document analyzes hospital inpatient and emergency room encounters in fiscal year 2024 (October 2023 to September 2024) among residents living in Connecticut, regardless of which hospital they went to. It compares the rates of hospital encounters experienced by residents of the major population center (Waterbury) to those experienced by residents across the entire Saint Mary's Hospital CHNA Area, as well as to residents across Connecticut as a whole. This data profile uses a somewhat different geographic definition than previous Community Health Needs Assessments jointly created by the hospitals and other community partners in the Waterbury area.

Limitations of data sources consulted include:

- This data section is designed to be a brief written summary, so does not consider all potential sources of publicly-available data about the Waterbury community.
- Most of the data reviewed pertains to adults ages 18 and over.
- Some individuals may be more difficult to reach in the large probability surveys of randomly-selected adults that are conducted on a regular basis by the U.S. Census, DataHaven, U.S. Centers for Disease Control, and other organizations. To correct for this potential source of bias, survey results are weighted so as to be representative of the entire adult population.
- While survey questions are designed to address potential sources of bias, survey responses may be impacted by cultural and contextual factors, such as differences in communication styles, language and translation issues, and social desirability bias.
- Each of the data sources analyzed here may have different approaches to identifying race/ethnicity groups, and may use different methods for collecting demographic information that can lead to differences in the comparability of information across sources.
- Many publicly-available data sources, such as the U.S. Census, do not report data for important demographic groups like those described by the DataHaven Community Wellbeing Survey. Due to small population sizes, even where demographic data on specific topics are collected, it may not be possible to report it at the local level. For that reason, this summary document reports information mostly for the largest race/ethnicity groups in the region, and for the largest town (Waterbury). To obtain Waterbury-specific information on topics such as incarceration experience, language spoken, sexual orientation, gender identity, and disability, further analysis may be needed. Alternatively, publicly-available data that is posted for larger geographic levels (such as Connecticut as a whole) might be useful as a proxy for understanding the experiences of Waterbury residents. Town Equity Reports are available for all 169 Connecticut towns through DataHaven, but are subject to many of the same limitations noted above.
- Limitations of focus groups include logistical challenges in recruiting, limited participation from all members, and the inability to generalize about wider views from a small, non-random sample of participants.

## Demographics of the Region

The demographics of the Greater Waterbury region are in many ways similar to those of Connecticut as a whole.

Key facts from the 2023 Waterbury Town Equity Report include:



- Greater Waterbury has a population of 340,000. Waterbury has a population of 114,000.
- Greater Waterbury is 66% non-Hispanic White, 18% Hispanic (of any race), 8% Black, and 7% other race/ethnicity. Waterbury is 33% non-Hispanic White, 40% Hispanic (of any race), 19% Black, and 8% other race/ethnicity.
- Within the region, Waterbury has a particularly diverse population, with 18% of the population being foreign-born. The most common countries of origin in the city are the Dominican Republic, Jamaica, and Albania, but many other immigrant communities may be found within the area as well.
- As of 2021, 15,020 Waterbury residents ages 5 and older (14% of the population) had limited English proficiency. Within Greater Waterbury, 25% of people identifying as Latino or Asian have limited English proficiency, compared to 7% of people in the region as a whole.

Key facts from the CHA Community Health Profile include:

- The area identified within this document as the Saint Mary's Hospital CHNA Area has a population of 460,000. The Medicaid population within this area is 179,000. Within this area, Waterbury has a population of 114,000 and a Medicaid population of 82,000.

Demographic data for each of the smaller towns within Greater Waterbury may be obtained from the Connecticut Town Data Viewer at DataHaven, the DataHaven Town Equity Reports, or directly from websites such as the U.S. Census Bureau.

## Social Influences on Health

Highlights from the review of data about social influences on health in the Greater Waterbury area are presented below. Factors such as having access to stable, high-quality, and affordable housing, affordable and healthy food, and a safe environment have been shown to have significant impacts on mental and physical health.

Key facts about social influences on health from the 2024 DataHaven Community Wellbeing Survey are shown in the following table:

<b>Selected indicators from 2024 DCWS and percent of adults, by geographic area</b>			
<b>Indicator</b>	<b>CT Statewide</b>	<b>Greater Waterbury</b>	<b>Waterbury</b>
Satisfied with where you live	82%	75%	58%
Excellent/good availability of jobs	48%	45%	27%
Excellent/good condition of public parks	71%	69%	46%
Excellent/good availability of fresh produce	63%	63%	48%

Agree there are safe places to bicycle	66%	55%	40%
Feel safe walking at night	66%	63%	48%
Didn't get medical care when needed	13%	12%	17%
Didn't get mental health treatment when needed	15%	13%	19%
Dental visit within the past year	71%	71%	63%
Rarely/never get social and emotional support	14%	16%	21%
Financially secure	59%	56%	41%
Negative net worth	16%	17%	29%
Underemployment rate	15%	17%	29%
Food insecure	18%	21%	34%
Ran out of money for housing	12%	12%	16%

- Data for smaller towns within Greater Waterbury may be obtained from the Connecticut Town Data Viewer at DataHaven, which uses pooled data from 2015 through 2024 in order to create estimates for small towns.
- Within the geographic areas above, there are large differences by demographic group. For example, within Greater Waterbury, the overall food insecurity rate is 21%, but it is 15% for men versus 25% for women; 14% for White, 40% for Black, and 35% for Latino adults; 17% for adults without children at home compared to 29% for adults with children; and 19% for straight adults versus 36% for adults who identify as LGBTQ.

Key facts from the 2023 Waterbury Town Equity Report include:

- In Greater Waterbury, 69% of households own their homes, compared to 46% in Waterbury. Homeownership rates vary considerably by age and race/ethnicity, potentially for reasons discussed in the Town Equity Report and other publications. Within Greater Waterbury, 79% of White households own their home, compared to 39% of Black and 37% of Latino households. Within Waterbury, 61% of White households own their home, compared to 35% of Black and 28% of Latino households.
- The overall cost-burden rate in Greater Waterbury, defined as the percent of households who spend more than 30% of their income on housing costs, was 33% as of 2021. However, among renter households in Waterbury, 49% were considered cost-burdened as of 2021. It is likely that this figure has risen since 2021, since rents and housing costs have increased considerably.
- About 2,000 households in Greater Waterbury are considered overcrowded, defined as having more than one occupant per room. While this is small in percentage terms (1% regionally), rates are higher in Waterbury (3%) and among Black (4%) and Latino (5%) households.

- Older homes in the region create potential safety risks, including lead paint exposure among children. In the region, 39% of households live in structures built prior to 1960, including 52% of households in Waterbury.
- In Greater Waterbury, 10% of adults age 25 and over do not have a high school diploma, compared to 19% in Waterbury. Looking at college attainment, 35% of adults in the region have a college degree or above, compared to 18% of adults in Waterbury. By race/ethnicity within the region, 39% of White, 19% of Black, and 15% of Latino adults have a college degree or above.
- The median household income is \$75,000 in Greater Waterbury, and \$49,000 in Waterbury. Within Greater Waterbury, median income is \$87,000 for White households, \$45,000 for Black households, and \$45,000 for Latino households.
- In Greater Waterbury, 34,000 people (10% of the population) lives below the poverty level. This figure includes 24,000 people (22% of the population) in Waterbury. Exposure to poverty varies by race/ethnicity and other factors. Within Greater Waterbury, the poverty rate is 6% for White residents (14,000 people), 21% for Black residents (6,000 people), and 23% for Latino residents (13,000 people).
- In Greater Waterbury, 32,000 people (10% of the population) does not have broadband internet at home. This figure includes 18,000 people (16% of the population) in Waterbury.
- In Greater Waterbury, 11,000 households (9% of households) do not have access to a vehicle. This figure includes 8,000 households (17% of households) in Waterbury. Within Greater Waterbury, 6% of White households (6,000 households), 20% of Black households (2,000 households), and 17% of Latino households (3,000 households) do not have a vehicle.

## Health Issues

Highlights from the review of data on health issues in the Greater Waterbury area are presented below. Although Greater Waterbury is a relatively healthy region by most national standards, data on health disparities suggest that health issues and concerns vary across the region and that access to health-promoting resources is a challenge for many individuals.

Key facts about health issues from the 2024 DataHaven Community Wellbeing Survey include:

<b>Selected indicators from 2024 DCWS and percent of adults, by geographic area</b>			
<b>Indicator</b>	<b>CT Statewide</b>	<b>Greater Waterbury</b>	<b>Waterbury</b>
In excellent or very good health	52%	49%	36%
Have diabetes	12%	13%	15%

Have current asthma	13%	12%	17%
Current cigarette smoker	12%	14%	17%
Current vaping	11%	12%	15%
Current marijuana/cannabis user	22%	20%	26%
Exercise 3+ days per week	61%	57%	54%
Screened positive for major depression risk	18%	20%	26%

- Data for smaller towns within Greater Waterbury may be obtained from the Connecticut Town Data Viewer at DataHaven, which uses pooled data from 2015 through 2024 in order to create estimates for small towns.

Key facts about health issues from the 2023 Waterbury Town Equity Report include:

- Life expectancy varied across the region, primarily reflecting differences in rates of injury and chronic health conditions that lead to different rates of premature mortality. The average life expectancy was 80.3 years statewide and 79.7 years in Greater Waterbury in 2015, compared to 76.8 years in Waterbury.
- As of 2021, 7% of adults age 19 to 64 did not have health insurance in Greater Waterbury, including 4% of White, 10% of Black, and 13% of Latino adults.
- Drug overdose death rates have been rising throughout the region during the past decade, possibly due to the increased availability of fentanyl. In Greater Waterbury, 20% of drug overdose deaths involved fentanyl in 2014-2015, compared to 87% in 2020-2021. As of 2021, overdose death rates were much higher among Black and Latino populations than they were among White populations. The overdose death rate in Waterbury is more than twice as high as the rate in the remainder of the region or in the state as a whole.
- Infant mortality rates were 4.5 per 1,000 live births in Greater Waterbury in 2017-2021, matching the statewide rate. However, when disaggregated by race/ethnicity, infant mortality rates were 3.0 for White, 7.2 for Black, and 5.6 for Latino live births, approximately matching the disparities seen statewide.

Key facts about health issues from the CHA Community Health Profile include:

- A ranked list of hospital utilization rates by indicator finds that health risks, as measured by age-adjusted principal diagnosis rates per 1,000 adults who had at least one hospital encounter in an inpatient, emergency department, or observation service setting within Connecticut, are much higher among residents of Waterbury than among residents of the region as a whole. Among Waterbury residents, risk differences were particularly elevated for substance-related disorders, asthma, diabetes, stroke, COPD, obesity, and acute myocardial infarction.

- In general, hospital utilization rates for residents within the CHNA Area are almost identical to the rates observed for residents of the state as a whole.
- Further details about each indicator, including rates by age group and race/ethnicity, may be found within the full report.
- The highest encounter rates in the region, ordered by select indicator, are presented in Table 1 of the report (which is excerpted below). Within the important category of substance-related disorders, the most common sub-conditions are alcohol-related disorders (3.8 per 1,000 in the region, 5.3 per 1,000 in Waterbury), non-opioid-related disorders (2.5 per 1,000 in the region, 4.4 per 1,000 in Waterbury), and opioid-related disorders (1.8 per 1,000 in the region, 3.2 per 1,000 in Waterbury).

<b>Ranked list of 15 select health indicator hospital utilization rates for adults, with age-adjusted principal diagnosis rates per 1,000 adults</b>			
<b>Rank</b>	<b>Health Indicator</b>	<b>CHNA Area</b>	<b>Waterbury</b>
1	Mental Health Composite	10.5	15.0
2	Sepsis	9.5	14.0
3	Substance-Related Disorders (SRD)	7.5	11.7
4	Heart Failure	4.3	5.3
5	Community Acquired Pneumonia	4.0	4.3
6	High Blood Pressure (HBP)	4.0	5.5
7	Asthma	2.7	5.1
8	Diabetes - Uncontrolled/Short Term Complications	2.7	4.2
9	Stroke	2.6	6.1
10	Chronic Obstructive Pulmonary Disease (COPD)	2.1	4.8
11	Acute Myocardial Infarction (AMI)	2.0	4.1
12	Coronary Artery Disease	1.9	2.1
13	Arthritis	1.8	2.7
14	Overweight/Obesity	1.6	4.0
15	Diabetes - Long Term Complications	1.2	3.3

## Focus Groups Summaries

Key results from the focus groups survey organized by Saint Mary's Hospital staff included:

- The 26 participants who completed the survey represented a range of ages, including 18-34 (2), 35-49 (7), 50-64 (12), and 65 or above (5).
- The majority of participants (62%) had lived in Waterbury for 10 or more years.

- Participants wanted to see a variety of improvements to the city, particularly fresh food markets (69%), wellness programs (69%), affordable healthcare (65%), recreational programs (58%), and more parks (54%).
- Participants felt Waterbury needed more infrastructure, especially access to affordable housing (48%), resources for active aging (43%), more mental health services (43%), increased healthy food options (43%), better public transportation (39%), and more greenspace (39%).
- Participants felt that over the next 20 years, they wanted to see Waterbury look different, particularly when it came to affordable healthcare (48%) and fully-connected walking and bicycling infrastructure (43%).
- Most participants felt Waterbury lacked health-related resources, especially in the areas of mental health (48%) and child and youth wellness (44%).
- Most participants wanted to see more health services, especially mobile health clinics (56%), wellness programs (52%), and family counseling (48%).
- Participants said that the city could play more of a role in facilitating changes, especially supporting mental health awareness and services (58%), ensuring affordable healthcare (54%), offering health screenings (50%), investing in infrastructure for walking and biking (46%), and offering incentives for businesses that promote health resources (46%).
- Most participants said they would like to be more involved themselves, with suggested avenues for doing that including health fairs (65%), cooking or other educational classes (46%), and youth mentorship activities (46%).

## Conclusion

Greater Waterbury is a large and complex region where community health-related needs differ by geography, race/ethnicity, and many other factors. Major concerns include Fresh Food, Wellness Programs, Affordable Healthcare, Recreational Programs, Mobile Health Clinics, Parks/Greenspace and Mental Health. Many residents, organizations, and public agencies are engaged or interested in participating to work on making improvements in these areas. The summary data presented in this section may be used to inform health planning and health improvement activities.



## Additional Documents and Appendices

This section is designed to be a brief summary of available primary and secondary data about the Greater Waterbury region and Saint Mary's Hospital service area. For more information, documents to consult include the DataHaven Community Wellbeing Survey (DCWS) 2024 and 2015-2024 crosstabs for Greater Waterbury, Waterbury, and Connecticut; the 2023 Waterbury Town Equity Report; and the Connecticut Hospital Association CHIME data profile. Depending on how this document is printed, they may be attached here as appendices or may be obtained on request from the publisher(s). Other publications that discuss social and health conditions in Waterbury include local newspapers, additional reports from organizations like DataHaven, and city and state agency reports.

## Appendix B – Actions Taken since the previous Community Health Implementation Plan

Saint Mary's Hospital focused on and supported initiatives to improve the community's significant health needs.

**Systems Change: Substance Abuse/Mental Health** - Saint Mary's Hospital continued its partnership with local agencies on the Community Care Team and its referral processes increased support to patients with complex behavioral health problems; many of whom are dealing with substance abuse and mental health co-morbidities.

**Access to Care and Outreach:** Saint Mary's Hospital participated in the Greater Waterbury Health Access Program, a partnership between Saint Mary's Hospital, Waterbury Hospital, Staywell Center and The Waterbury Health Department, which provided discounted and free medical services to uninsured and underinsured members of the community. This partnership continued to provide messaging to all residents of the greater Waterbury metro region about health education topics and publicized activities that support the health of the residents.

Saint Mary's also focused on culturally competent care, addressing readmissions, and providing care coordination. Saint Mary's aimed to provide care that is sensitive to the cultural backgrounds and needs of its patients. This included building the capacity of healthcare providers to understand and address cultural differences. Reducing readmissions was done through its Care Coordination Services, which helped clients navigate the healthcare systems and access necessary resources including addressing medical, social, developmental, educational, and financial needs.

# Trinity Health System - Vital Signs Report

## Location

Saint Mary's Health System - Waterbury

## Healthcare Access

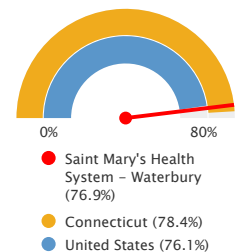
### Recent Primary Care Visit

This indicator reports the percentage of adults age 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, or condition) in the previous year.

Within the report area, an estimate 76.9% of adults age 18+ had a routine checkup in the past year.

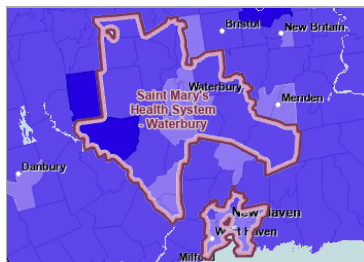
Report Area	Total Population (2020)	Adults Age 18+ with Routine Checkup in Past 1 Year (Crude)	Adults Age 18+ with Routine Checkup in Past 1 Year (Age-Adjusted)	Range
Saint Mary's Health System - Waterbury	624,986	76.9%	No data	74.7% - 81.8%
Connecticut	3,626,205	78.4%	76.5%	N/A
United States	333,287,557	76.1%	74.2%	N/A

percentage of Adults Age 18+ with Routine Checkup in Past Year



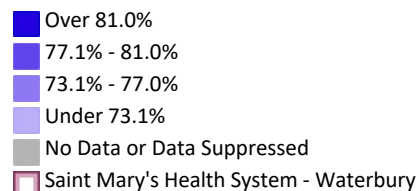
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.



[View larger map](#)

Primary Care Physician Visit, Percent of Adults Seen in Past 1 Year by ZCTA, CDC BRFSS PLACES Project 2022

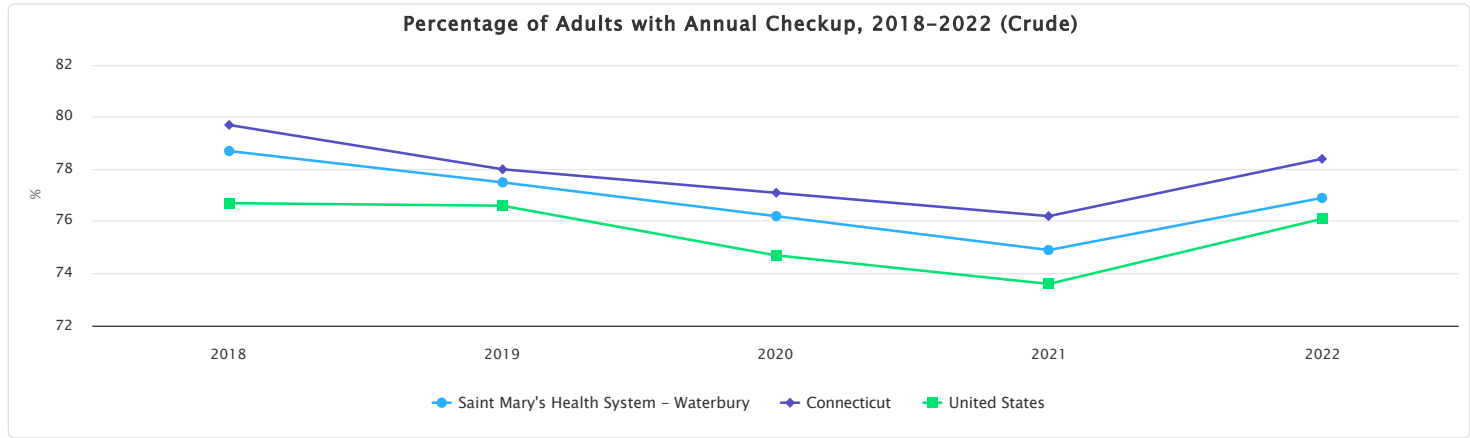


### Percentage of Adults with Annual Checkup, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who report having had a regular checkup in the past year.

Report Area	2018	2019	2020	2021	2022
Saint Mary's Health System - Waterbury	78.7%	77.5%	76.2%	74.9%	76.9%
Connecticut	79.7%	78.0%	77.1%	76.2%	78.4%
United States	76.7%	76.6%	74.7%	73.6%	76.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.



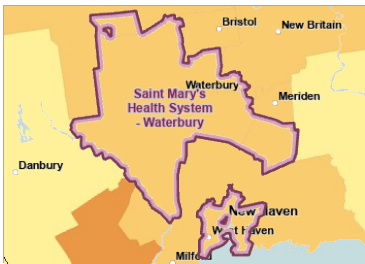
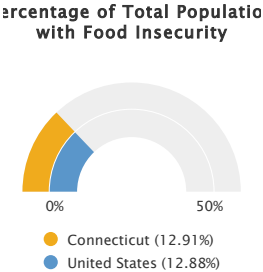
## Economic Stability

### Food Insecurity Rate

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

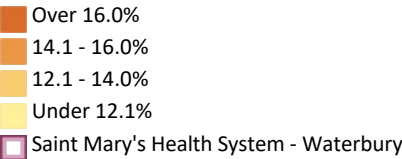
Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate	Range
Saint Mary's Health System - Waterbury	No data	No data	No data	No data
Connecticut	3,610,052	466,180	12.91%	N/A
United States	331,148,169	42,657,200	12.88%	N/A

*Note: This indicator is compared to the state average.  
Data Source: Feeding America, 2022.*



[View larger map](#)

**Food Insecure Population, Percent by County, Feeding America 2022**



### Food Insecurity - Food Insecure Children

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

Report Area	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate
Saint Mary's Health System - Waterbury	No data	No data	No data
Connecticut	1,460,588	230,080	15.75%
United States	72,810,721	13,128,990	18.03%

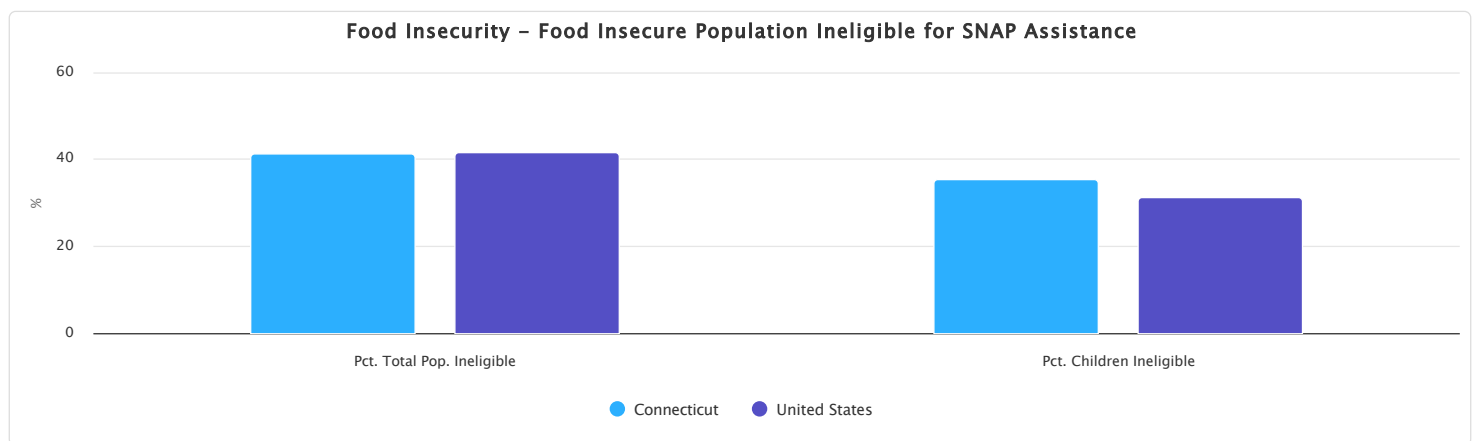
*Data Source: Feeding America, 2022.*

## Food Insecurity - Food Insecure Population Ineligible for SNAP Assistance

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

Report Area	Food Insecure Population	Food Insecure Population Ineligible for Assistance, Percent	Food Insecure Children	Food Insecure Children Ineligible for Assistance, Percent
Saint Mary's Health System - Waterbury	No data	No data	No data	No data
Connecticut	466,180	41.33%	117,480	35.27%
United States	42,657,200	41.49%	13,128,990	31.21%

Data Source: [Feeding America](#), 2022.

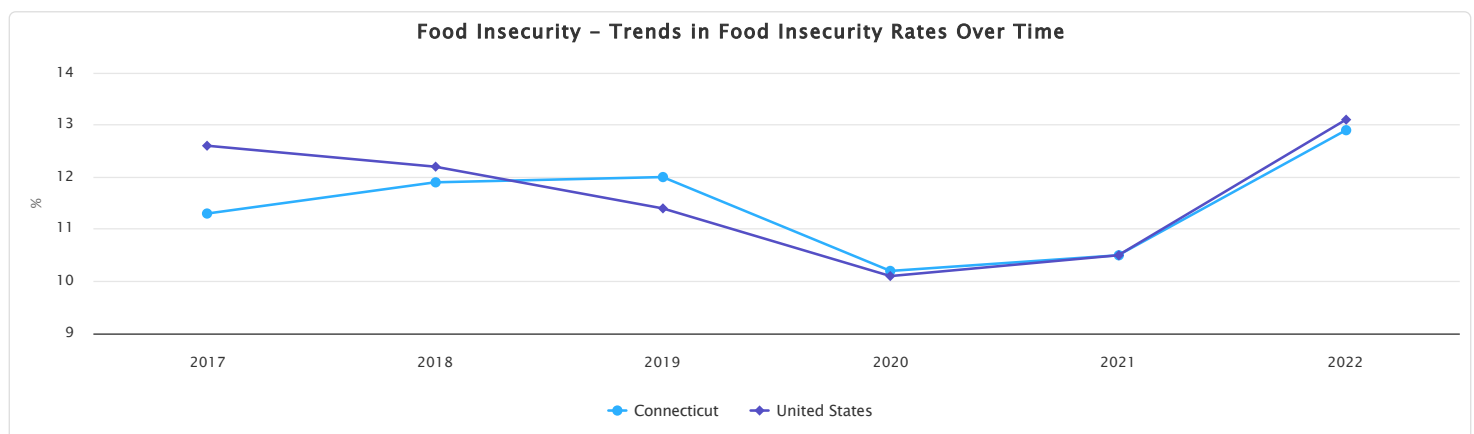


## Food Insecurity - Trends in Food Insecurity Rates Over Time

This indicator reports the estimated percentage of the food insecurity trend observed at various points throughout the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	2017	2018	2019	2020	2021	2022
Connecticut	11.3%	11.9%	12%	10.2%	10.5%	12.9%
United States	12.6%	12.2%	11.4%	10.1%	10.5%	13.1%

Data Source: [Feeding America](#), 2022.



## Poverty - Population Below 200% FPL

In the report area 28.46% or 172,834.00 individuals for whom poverty status is determined are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

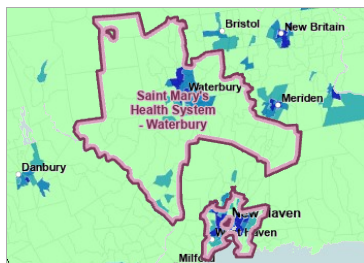
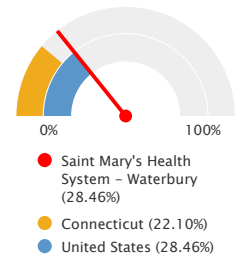
*Note: The total population measurements for poverty reports are lower than population totals for some other indicators, as poverty data collection does not include people in group quarters. See "Show more details" for more information.*

Report Area	Total Population	Population with Income Below 200% FPL	Population with Income Below 200% FPL, Percent	Range
Saint Mary's Health System - Waterbury	607,384.00	172,834.00	28.46%	0.0% - 84.3%
Connecticut	3,510,193	775,737	22.10%	N/A
United States	324,567,147	92,357,008	28.46%	N/A

*Note: This indicator is compared to the state average.*

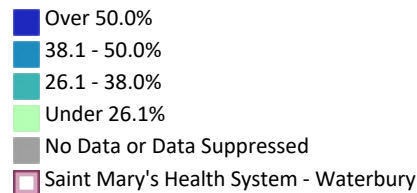
*Data Source: US Census Bureau, American Community Survey, 2019-23.*

Percent Population with Income at or Below 200% FPL



[View larger map](#)

Population Below 200% Poverty Level, Percent by Tract, ACS 2019-23



## Education

### Access - Preschool Enrollment (Children Age 3-4)

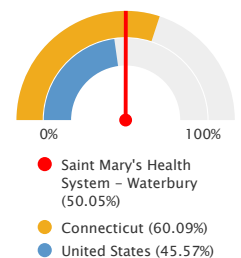
This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent	Range
Saint Mary's Health System - Waterbury	13,957	6,985	50.05%	25.38% - 100.00%
Connecticut	74,894	45,005	60.09%	N/A
United States	7,932,435	3,615,142	45.57%	N/A

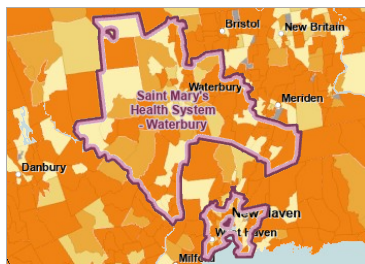
*Note: This indicator is compared to the state average.*

*Data Source: US Census Bureau, American Community Survey, 2019-23.*

Percentage of Population Age 3-4 Enrolled in School

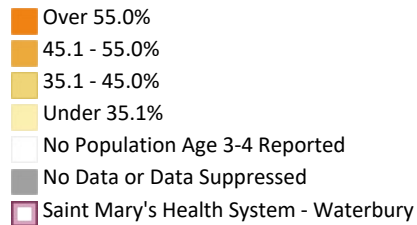






[View larger map](#)

Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2019-23

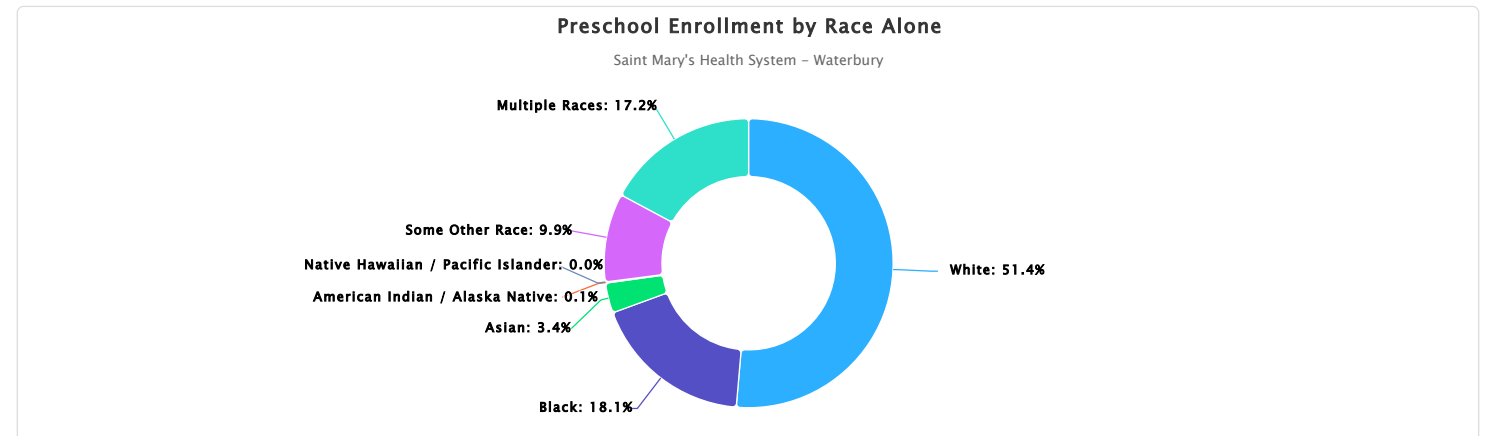


## Preschool Enrollment by Race Alone

This indicator reports the population age 3-4 enrolled in preschool of the report area by race alone.

Report Area	White	Black	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Saint Mary's Health System - Waterbury	4,133	1,452	271	10	0	797	1,381
Connecticut	30,805	5,599	2,229	131	0	3,499	8,345
United States	2,682,935	612,967	239,797	39,325	6,217	274,724	760,724

Data Source: US Census Bureau, American Community Survey, 2019-23.



## Preschool Enrollment by Ethnicity Alone

This indicator reports the population age 3-4 enrolled in preschool of the report area by ethnicity alone.

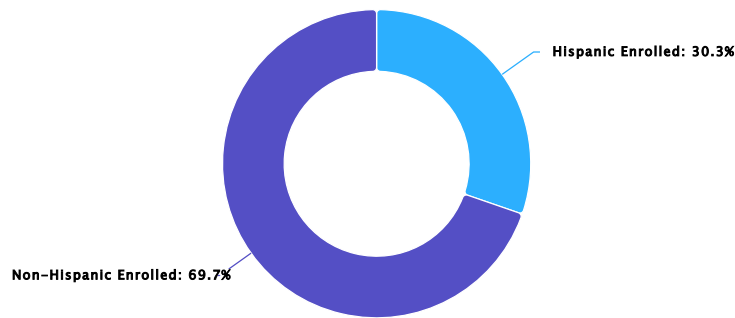
Of all age 3-4 enrolled in preschool in the report area, 2,117 or 30.31% are Hispanic or Latino while 4,868 or 69.69% are non-Hispanic.

Report Area	Total Enrolled in Preschool	Hispanic Enrolled	Hispanic Enrolled, Percent	Non-Hispanic Enrolled	Non-Hispanic Enrolled, Percent
Saint Mary's Health System - Waterbury	6,985	2,117	30.31%	4,868	69.69%
Connecticut	45,005	12,352	27.45%	32,653	72.55%
United States	3,615,142	1,012,510	28.01%	2,602,632	71.99%

Data Source: US Census Bureau, American Community Survey, 2019-23.

## Preschool Enrollment by Ethnicity Alone

Saint Mary's Health System – Waterbury



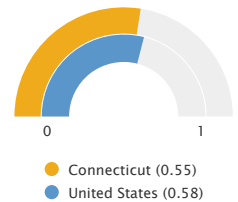
## Social Support & Community Context

### Social Vulnerability Index

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

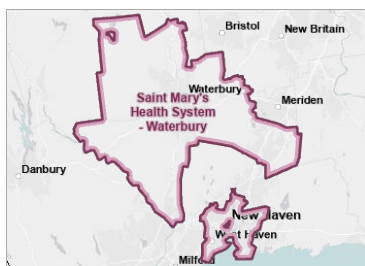
Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score	Range
Saint Mary's Health System - Waterbury	No data	No data	No data	No data	No data	No data	No data
Connecticut	3,611,317	0.43	0.42	0.73	0.66	0.55	N/A
United States	331,097,593	0.54	0.47	0.72	0.63	0.58	N/A

Social Vulnerability Index Score



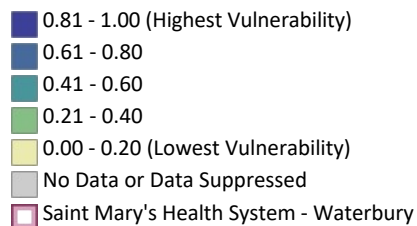
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2022.



[View larger map](#)

### Social Vulnerability Index by Tract, CDC 2020



### Population Percentages by Tiered Social Vulnerability Index

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

Report Area	Least Disadvantaged	Moderately Disadvantaged	Highly Disadvantaged	Most Disadvantaged
United States	14.19%	22.98%	27.82%	35.01%

## Neighborhood & Physical Environment

### Housing Costs - Cost Burden (30%)

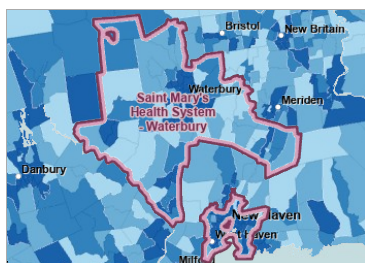
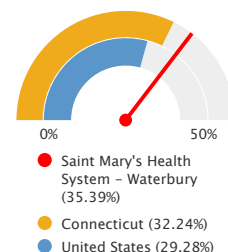
This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 247,240 total households in the report area, 87,507 or 35.39% of the population live in cost burdened households.

Report Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent	Range
Saint Mary's Health System - Waterbury	247,240	87,507	35.39%	0.00% - 55.02%
Connecticut	1,420,170	457,911	32.24%	N/A
United States	127,482,865	37,330,839	29.28%	N/A

Note: This indicator is compared to the state average.

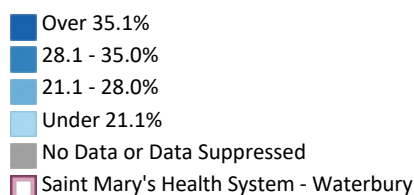
Data Source: US Census Bureau, American Community Survey. 2019-23.

Percentage of Households where Housing Costs Exceed 30% of Income



[View larger map](#)

Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2019-23



### Cost-Burdened Households by Tenure, Total

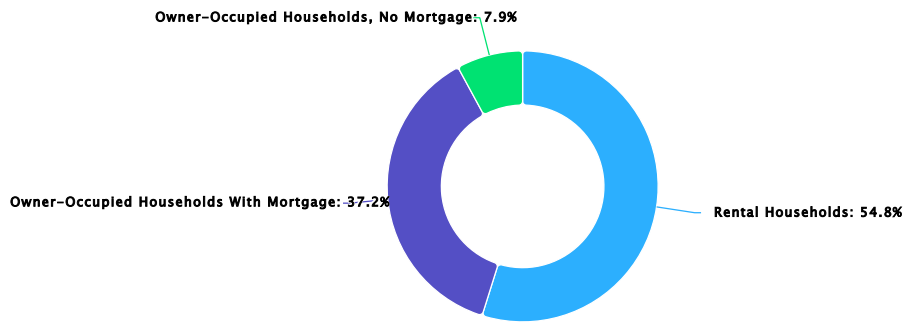
These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 1,200,037 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2019-2023 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

Report Area	Cost-Burdened Households	Cost-Burdened Rental Households	Cost-Burdened Owner-Occupied Households w/ Mortgage	Cost-Burdened Owner-Occupied Households w/o Mortgage
Saint Mary's Health System - Waterbury	1,200,037	688,952	467,895	99,453
Connecticut	457,911	231,241	181,837	65,994
United States	37,330,839	20,909,407	13,886,916	4,391,728

Data Source: US Census Bureau, American Community Survey. 2019-23.

### Cost-Burdened Households by Tenure, Total

Saint Mary's Health System – Waterbury



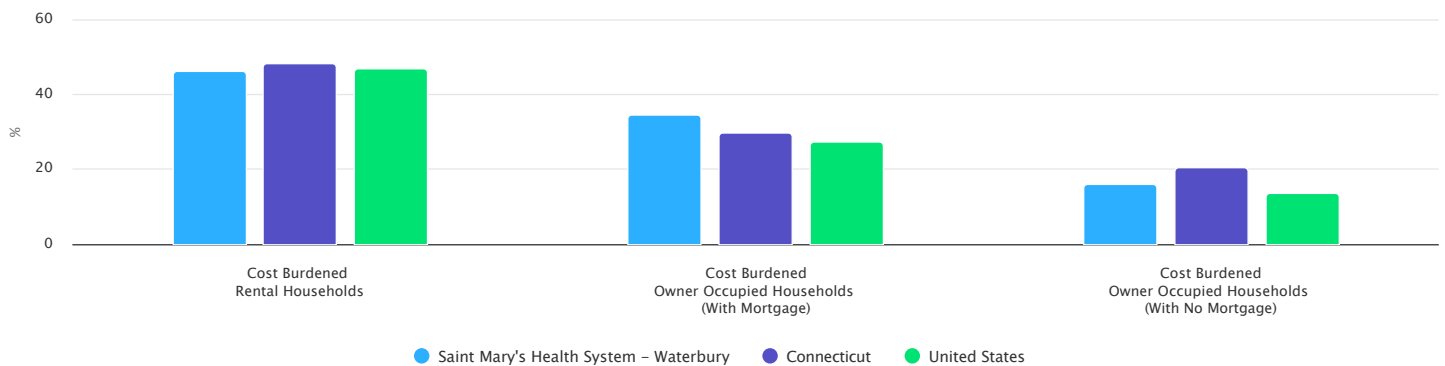
### Cost-Burdened Households by Tenure, Percent

These data show the percentage of households by tenure that are cost burdened. Cost burdened rental households (those that spent more than 30% of the household income on rental costs) represented 46.09% of all of the rental households in the report area, according to the U.S. Census Bureau American Community Survey (ACS) 2019-2023 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

Report Area	Rental Households	Rental Households Cost-Burdened, Percent	Owner-Occupied Households w/ Mortgage	Owner-Occupied Households w/ Mortgage Cost-Burdened, Percent	Owner-Occupied Households w/o Mortgage	Owner-Occupied Households w/o Mortgage Cost-Burdened, Percent
Saint Mary's Health System - Waterbury	1,494,781	46.09%	1,351,471	34.62%	626,997	15.86%
Connecticut	480,258	48.15%	614,346	29.60%	325,566	20.27%
United States	44,590,828	46.89%	50,718,449	27.38%	32,173,588	13.65%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

### Cost-Burdened Households by Tenure, Percent



### Cost-Burdened Households by Race Alone, Total

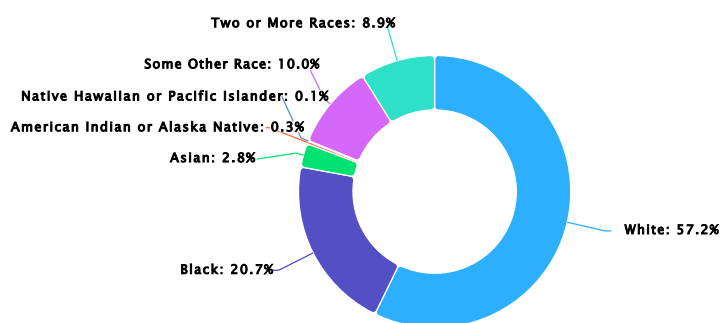
This indicator reports the number of cost-burdened households (i.e., those that spend more than 30% of their household income on housing costs) by the householder's race alone, without considering respondents' ethnicity. The data for this indicator is only reported for households where household housing costs, income earned, and race was identified in the 2019-23 American Community Survey.

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races
Saint Mary's Health System - Waterbury	50,075	18,096	2,466	263	78	8,763	7,766
Connecticut	297,518	64,269	15,613	1,518	318	39,949	38,726
United States	22,465,807	6,393,544	1,974,714	286,541	67,283	2,530,433	3,612,517

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

### Cost-Burdened Households by Race Alone, Total

Saint Mary's Health System - Waterbury



### Cost-Burdened Households by Race Alone, Percent

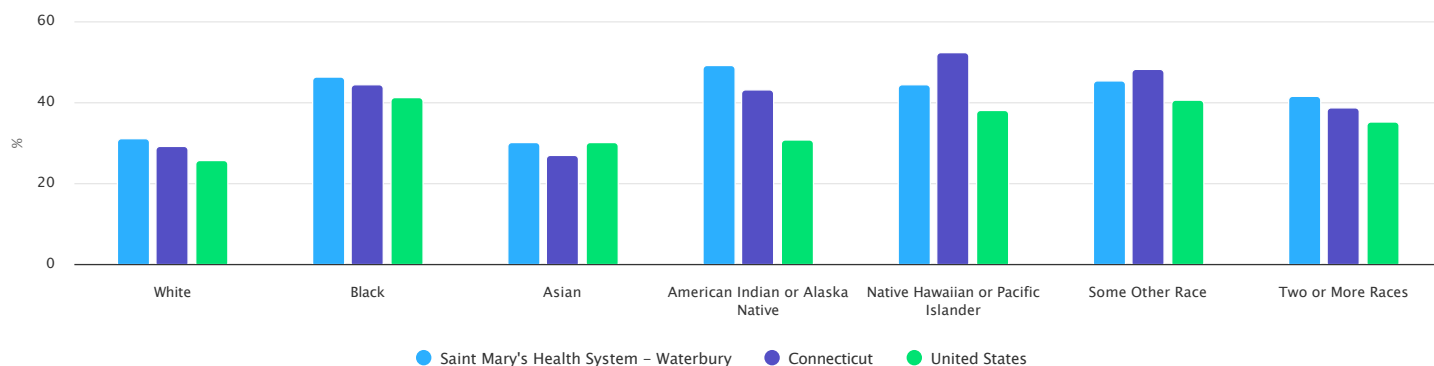
This indicator reports the percentage of cost-burdened households (i.e., those that spend more than 30% of their household income on housing costs) by the householder's race alone, without considering respondents' ethnicity.

The percentage values could be interpreted as, for example, "Of all occupied housing units with a white alone householder within the report area, the proportion whose housing costs exceed 30% of their household income in the past 12 months is (value)." Note that data are only reported for households where household housing costs, income earned, and race was identified in the 2019-23 American Community Survey.

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races
Saint Mary's Health System - Waterbury	31.09%	46.26%	30.05%	48.98%	44.32%	45.14%	41.43%
Connecticut	28.90%	44.30%	26.89%	43.10%	52.22%	48.24%	38.44%
United States	25.61%	41.10%	30.02%	30.74%	37.97%	40.56%	35.13%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

### Cost-Burdened Households by Race Alone, Percent



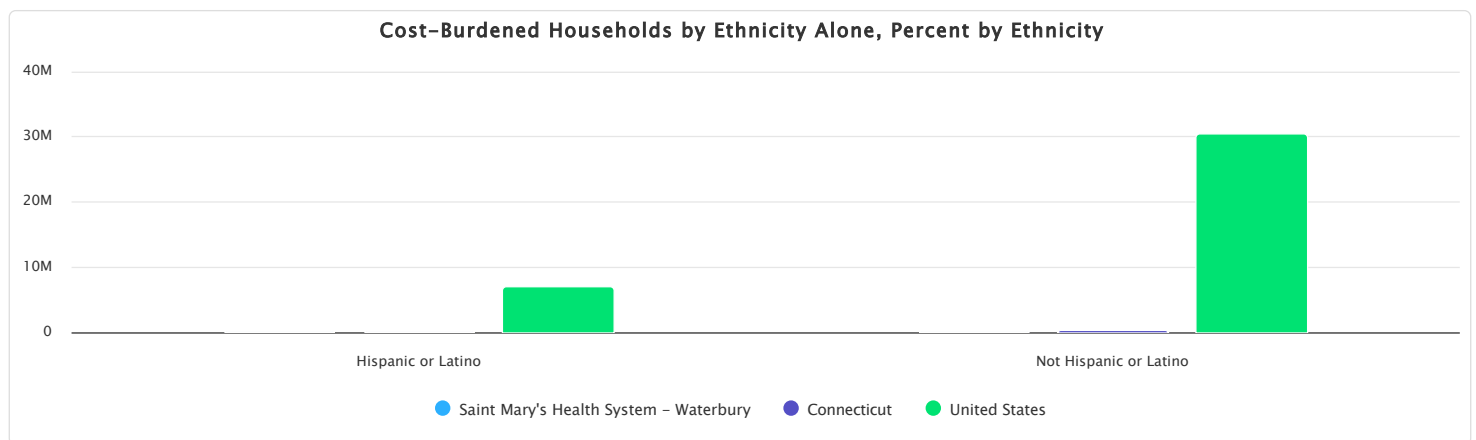
## Cost-Burdened Households by Ethnicity Alone, Percent by Ethnicity

This indicator reports the percentage of households that spend more than 30% of their household income on housing costs by ethnicity alone during 2019-2023, according to the American Community Survey (ACS). Note that the data for this indicator are only reported for households where housing costs, income earned, and ethnicity were identified in the American Community Survey.

Within the report area, there were 20,863 cost-burdened households of Hispanic or Latino origin, representing 46.70% of the Hispanic or Latino households. There were 66,644 cost-burdened households of non-Hispanic or Latino origin in the report area, representing 32.90% of the total non-Hispanic households.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Saint Mary's Health System - Waterbury	20,863	66,644	46.70%	32.90%
Connecticut	92,396	365,515	45.41%	30.04%
United States	6,921,852	30,408,987	37.78%	27.86%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.



## Cost-Burdened Households by Ethnicity Alone, Percent of Total

This indicator reports the percentage of households that spend more than 30% of their household income on housing costs by ethnicity alone during 2019-2023, according to the American Community Survey (ACS). Note that the data for this indicator are only reported for households where housing costs, income earned, and ethnicity were identified in the American Community Survey.

Within the report area, there were 20,863 cost-burdened households of Hispanic or Latino origin, representing 23.84% of the total cost-burdened households. There were 66,644 cost-burdened households of non-Hispanic or Latino origin in the report area, representing 76.16% of the total cost-burdened households.

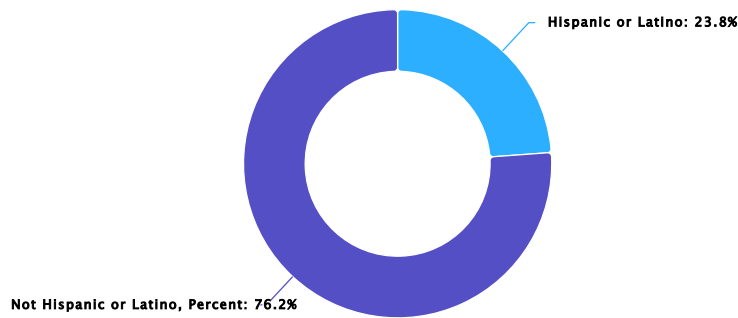
Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Saint Mary's Health System - Waterbury	20,863	66,644	23.84%	76.16%
Connecticut	92,396	365,515	20.18%	79.82%
United States	6,921,852	30,408,987	18.54%	81.46%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.



## Cost-Burdened Households by Ethnicity Alone, Percent of Total

Saint Mary's Health System - Waterbury



## Health Outcomes & Behaviors

### Life Expectancy

This indicator reports the average life expectancy at birth (age-adjusted to 2000 standard). Data were from the National Center for Health Statistics - Mortality Files (2020-2022) and are used for the 2025 County Health Rankings.

Of the total 572,754 population in the report area, the average life expectancy during the 2020-22 three-year period is 78.1, which is lower than the statewide rate of 79.2.

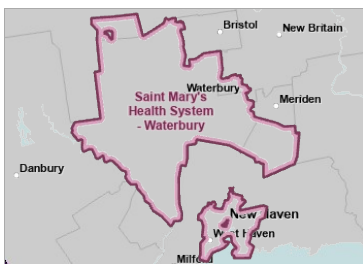
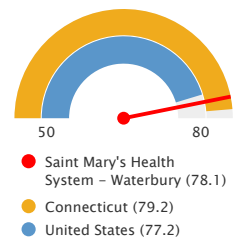
*Note: Data are suppressed for counties with fewer than 5,000 population-years-at-risk in the time frame.*

Report Area	Total Population	Life Expectancy at Birth (2018-20)	Range
Saint Mary's Health System - Waterbury	572,754	78.1	78.0 - 79.1
Connecticut	3,317,495	79.2	N/A
United States	308,455,738	77.2	N/A

*Note: This indicator is compared to the state average.*

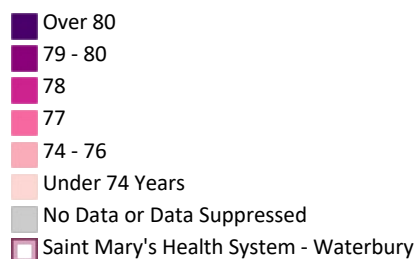
*Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2020-2022.*

Life Expectancy at Birth, 2020-22



[View larger map](#)

Life Expectancy, Years by County, CDC NVSS 2020-2022

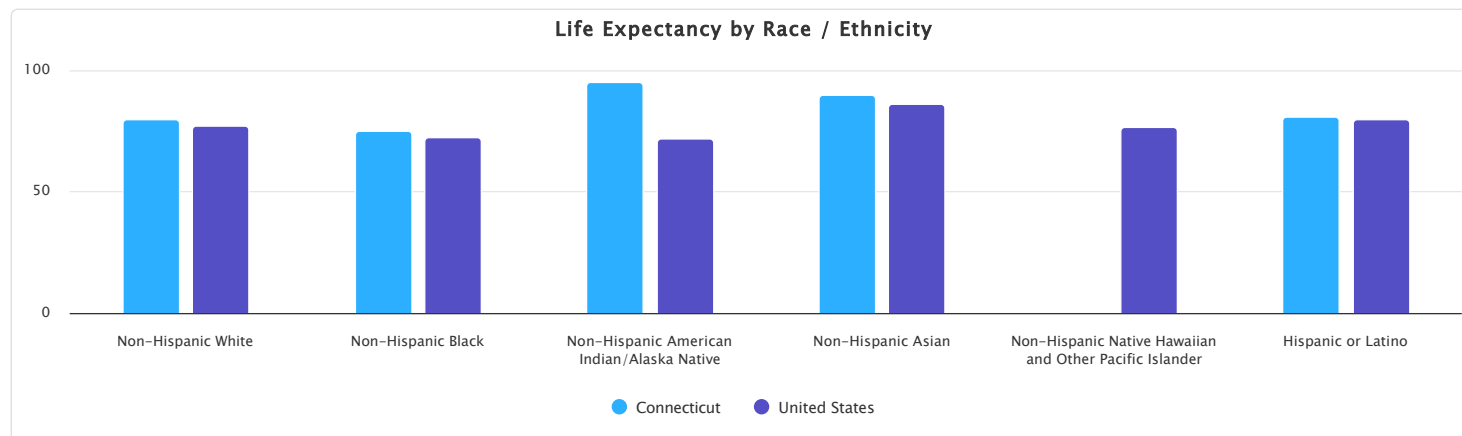


### Life Expectancy by Race / Ethnicity

This indicator reports the 2020-2022 three-year average number of years a person can expect to live by race / ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic American Indian/Alaska Native	Non-Hispanic Asian	Non-Hispanic Native Hawaiian and Other Pacific Islander	Hispanic or Latino
Connecticut	79.5	74.8	95.2	89.6	No data	80.8
United States	77.2	72.1	71.8	86.0	76.4	79.7

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). 2020-2022.



## Poor Mental Health

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

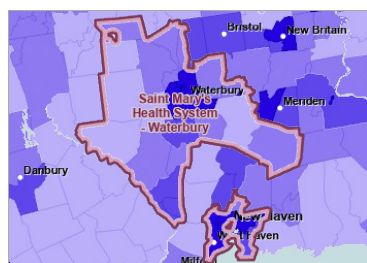
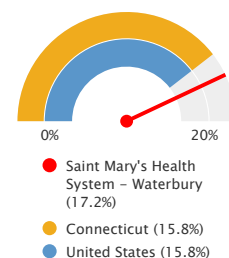
Within the report area, there were 17.2% of adults 18 and older who reported poor mental health in the past month of the total population age 18 and older.

Report Area	Total Population (2020)	Adults Age 18+ with Poor Mental Health (Crude)	Adults Age 18+ with Poor Mental Health (Age-Adjusted)	Range
Saint Mary's Health System - Waterbury	624,986	17.2%	No data	11.8% - 22.9%
Connecticut	3,626,205	15.8%	16.8%	N/A
United States	333,287,557	15.8%	16.4%	N/A

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022.

percentage of Adults Age 18+ with Poor Mental Health



[View larger map](#)

### Frequent Mental Distress, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

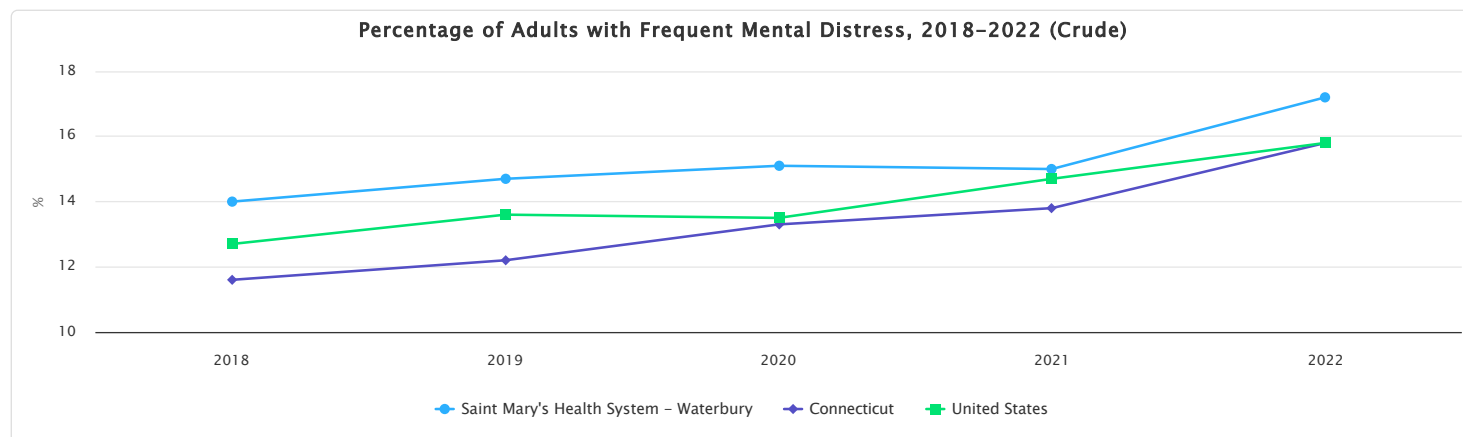
- Over 18.0%
- 16.1 - 18.0%
- 14.1 - 16.0%
- Under 14.1%
- No Data or Data Suppressed
- Saint Mary's Health System - Waterbury

## Percentage of Adults with Frequent Mental Distress, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ whose report frequent mental distress.

Report Area	2018	2019	2020	2021	2022
Saint Mary's Health System - Waterbury	14.0%	14.7%	15.1%	15.0%	17.2%
Connecticut	11.6%	12.2%	13.3%	13.8%	15.8%
United States	12.7%	13.6%	13.5%	14.7%	15.8%

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022.



<https://trinityhealthdatahub.org>, 4/28/2025

The background of the cover is a light blue map of Waterbury, Connecticut, showing various neighborhood boundaries. The title is centered at the top, flanked by two horizontal grey lines.

# **WATERBURY 2023 EQUITY PROFILE**

**DataHaven**

# WATERBURY 2023 EQUITY PROFILE

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Compiled by DataHaven in August 2023.

This report is designed to inform local-level efforts to improve community well-being and racial equity. This is version 2.0 of the DataHaven town equity profile, which DataHaven has published for all 169 towns and several regions of Connecticut. Please contact DataHaven with suggestions for version 3.0 of this report.

[ctdatahaven.org](https://ctdatahaven.org)

# EXECUTIVE SUMMARY

Throughout most of the measures in this report, there are important differences by race/ethnicity and neighborhood that reflect differences in access to resources and other social needs. Wherever possible, data are presented with racial/ethnic breakdowns, as defined by existing federal data collection standards. However, for smaller groups or more detailed breakdowns, some values may not be available or have less reliable data. In these cases, values are marked as “N/A,” not available.

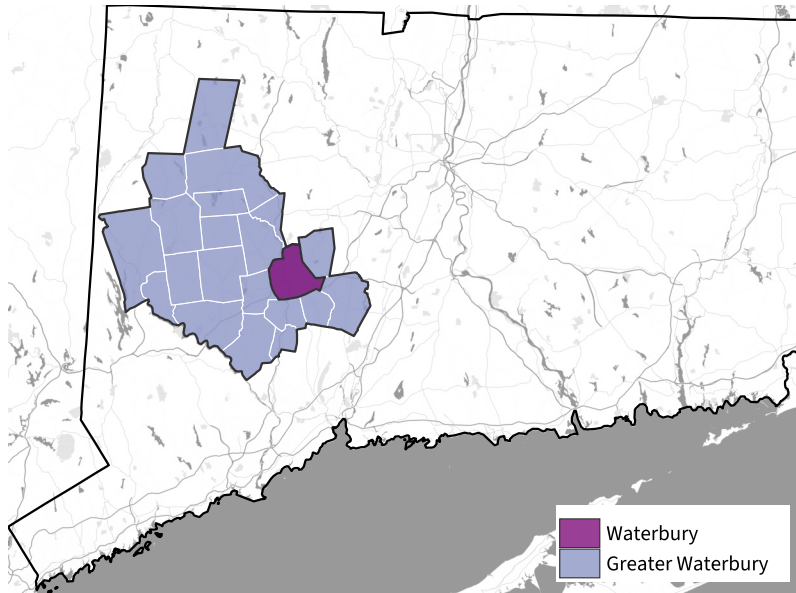
Federal and statewide approaches to data collection, including small sample sizes, tend to hide disparities within certain population groups. This does not mean that a given population is not impacted by inequitable social conditions. DataHaven and other organizations often collect information on demographic characteristics besides race/ethnicity, and encourage further analysis and advocacy that can lead to more inclusive data reporting. Please contact DataHaven at [info@ctdatahaven.org](mailto:info@ctdatahaven.org) with questions about additional reporting that may be possible.

- Waterbury is a town of **114,403 residents**, **67 percent** of whom are people of color. The town’s population has increased by **4 percent** since 2010.
- Of the town’s **45,114 households**, **46 percent** are homeowner households.
- **Forty-three percent** of Waterbury’s households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- **Eighty-four percent** of public high school seniors in the class of 2021 in the Waterbury School District graduated within four years.
- Among the town’s adults ages 25 and up, **18 percent** have earned a bachelor’s degree or higher.
- Waterbury is home to **36,063 jobs**, with the largest share in the Health Care and Social Assistance sector.
- The median household income in Waterbury is **\$48,787**.
- As of 2015, Waterbury’s average life expectancy was **76.8 years**.
- **Forty-eight percent** of adults in Waterbury say they are in excellent or very good health.
- In 2021, **95 people** in Waterbury died of drug overdoses.
- **Sixty-three percent** of adults in Waterbury are satisfied with their area, and **30 percent** say their local government is responsive to residents’ needs.
- In the most recent state election, **40 percent** of registered voters in Waterbury voted.
- **Sixty-six percent** of adults in Waterbury report having stores, banks, and other locations in walking distance of their home, and **61 percent** say there are safe sidewalks and crosswalks in their neighborhood.

# OVERVIEW

For the purposes of this report, Waterbury will be compared to Connecticut as a whole, as well as to the towns in Greater Waterbury.

**FIGURE 1: STUDY AREA**



**Greater Waterbury** is made up of the following towns (with 2020 populations):

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

**TABLE 1: ABOUT THE AREA**

Indicator	Connecticut	Greater Waterbury	Waterbury
Total population	3,605,944	339,644	114,403
Total households	1,397,324	132,298	45,114
Homeownership rate	66%	69%	46%
Housing cost burden rate	35%	34%	43%
Adults with less than a high school diploma	9%	10%	19%
Median household income	\$83,572	\$74,943	\$48,787
Poverty rate	10%	10%	22%
Adults 18–64 w/o health insurance	10%	10%	16%
Life expectancy (years, 2015)	80.3	79.7	76.8

# DEMOGRAPHICS

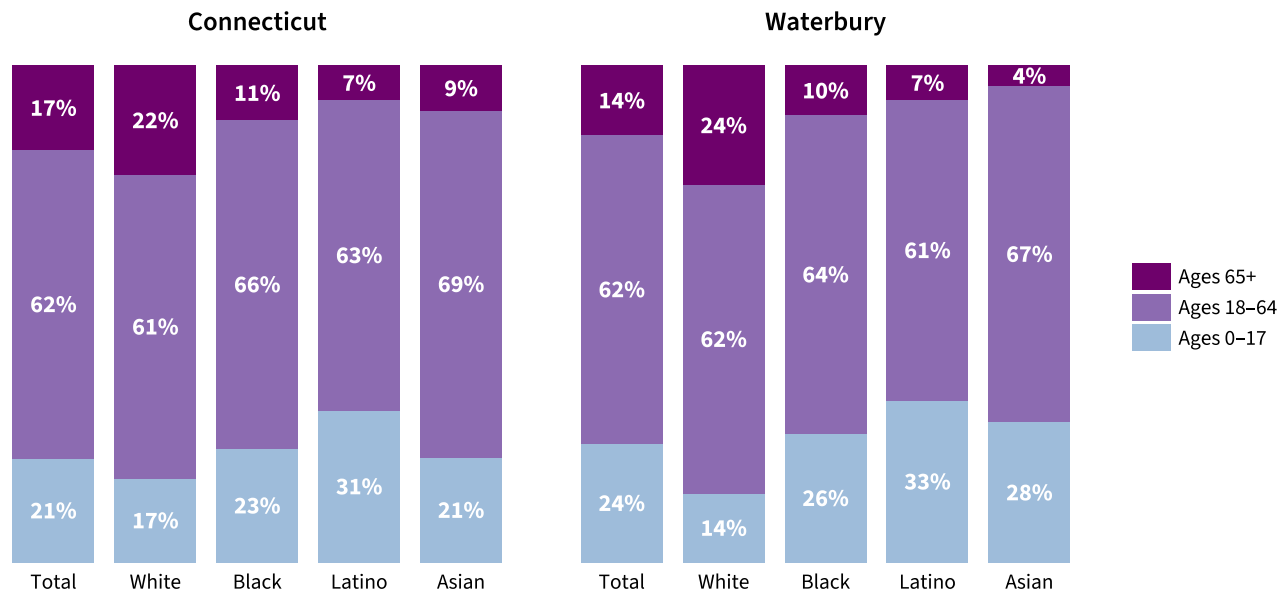
As of 2020, the population of Waterbury is 114,403, including 28,347 children and 86,056 adults. Sixty-seven percent of Waterbury's residents are people of color, compared to 37 percent of residents statewide.

**TABLE 2: POPULATION BY RACE/ETHNICITY, 2020**

Area	White		Black		Latino		Asian		Other race/ethnicity	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
<b>Connecticut</b>	2,279,232	63%	360,937	10%	623,293	17%	170,459	5%	172,023	5%
<b>Greater Waterbury</b>	224,094	66%	28,172	8%	62,117	18%	8,338	2%	16,923	5%
<b>Waterbury</b>	37,760	33%	22,269	19%	45,281	40%	2,349	2%	6,744	6%

As Connecticut's predominantly white Baby Boomers age, younger generations are driving the state's increased racial and ethnic diversity. Black and Latino populations in particular skew much younger than white populations.

**FIGURE 2: POPULATION BY RACE/ETHNICITY AND AGE GROUP, 2021**



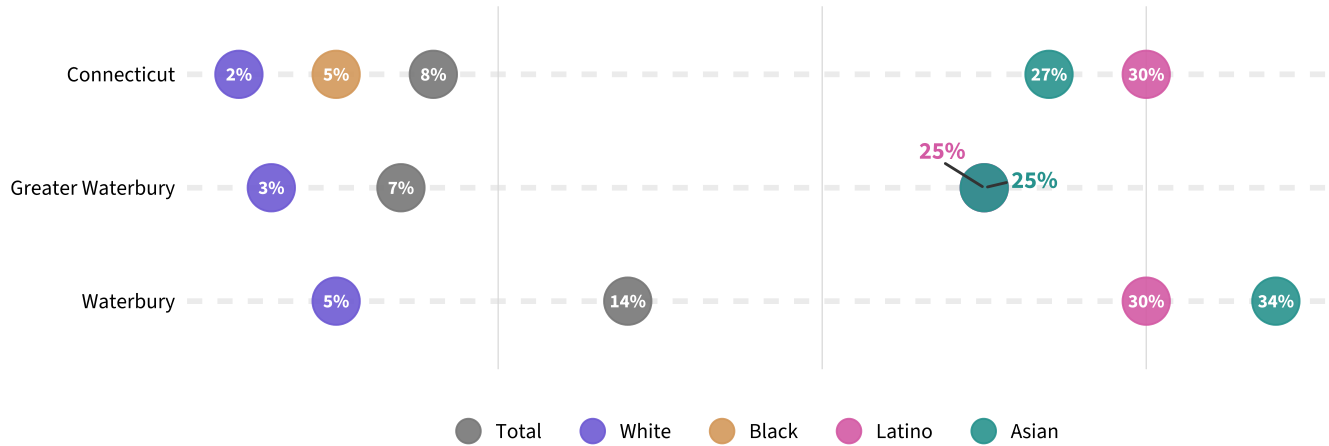
Note: Only groups with at least 50 residents in each age group shown.



About 20,222 residents of Waterbury, or 18 percent of the population, are foreign-born. The largest number of immigrants living in Waterbury were born in the Dominican Republic, followed by Jamaica and Albania.

Linguistic isolation is characterized as speaking English less than “very well.” People who struggle with English proficiency may have difficulty in school, seeking health care, accessing social services, or finding work in a largely English-speaking community. As of 2021, 15,020 Waterbury residents, or 14 percent of the population ages 5 and older, had limited English proficiency. Latinos and Asian Americans are more likely to have limited English proficiency than other racial/ethnic groups.

**FIGURE 3: LINGUISTIC ISOLATION BY RACE/ETHNICITY, 2021**



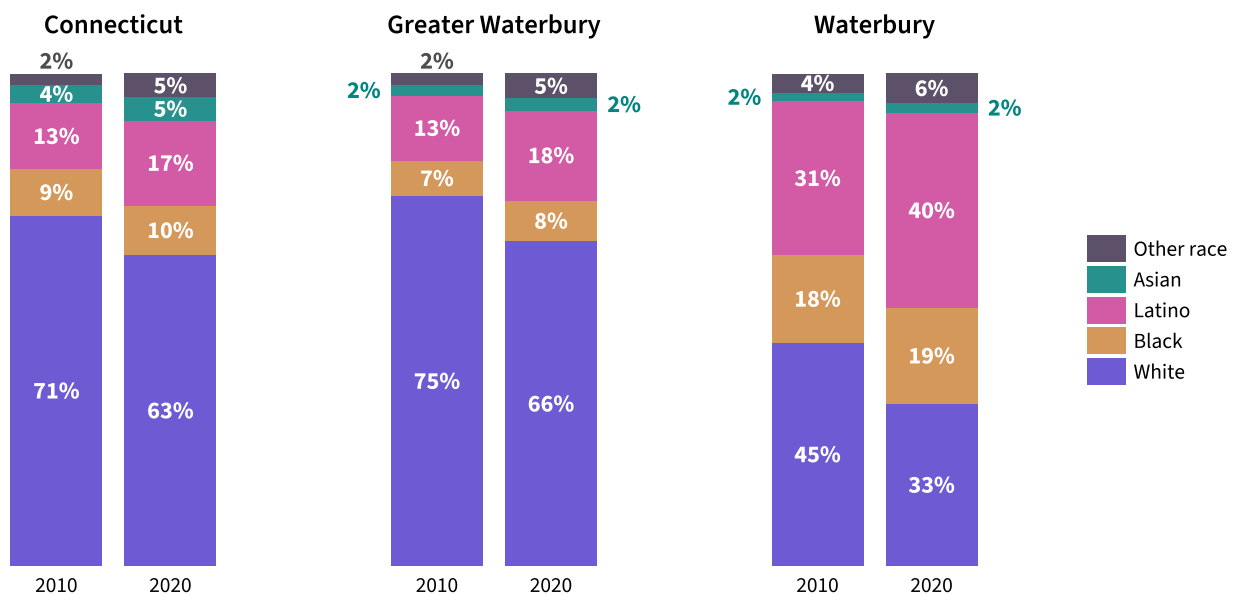
## POPULATION CHANGE: 2020 CENSUS

The first set of data from the 2020 Census was released in August 2021, containing basic population counts by age and race/ethnicity. Between 2010 and 2020, Connecticut's population was nearly stagnant. During the same period, Waterbury grew by 4,037 people, a 3.7 percent increase. The number of white residents in Waterbury shrank by 25 percent, while the non-white population grew by 27 percent.

**TABLE 3: POPULATION AND POPULATION CHANGE BY AGE GROUP, 2010–2020**

Area	Age	Population, 2010	Population, 2020	Change	Percent change
Connecticut	All ages	3,574,097	3,605,944	+31,847	+0.9%
	Children (0–17)	817,015	736,717	–80,298	–9.8%
	Adults (18+)	2,757,082	2,869,227	+112,145	+4.1%
Greater Waterbury	All ages	338,768	339,644	+876	+0.3%
	Children (0–17)	80,137	71,515	–8,622	–10.8%
	Adults (18+)	258,631	268,129	+9,498	+3.7%
Waterbury	All ages	110,366	114,403	+4,037	+3.7%
	Children (0–17)	28,265	28,347	+82	+0.3%
	Adults (18+)	82,101	86,056	+3,955	+4.8%

**FIGURE 4: SHARE OF POPULATION BY RACE/ETHNICITY, 2010–2020**



# HOUSING

Waterbury has 45,114 households, of which 46 percent are homeowner households. Of Waterbury's 50,644 housing units, both occupied and vacant, 44 percent are in single-family buildings and 56 percent are in multifamily buildings, compared to Greater Waterbury, where 69 percent are single-family and 31 percent are multifamily.

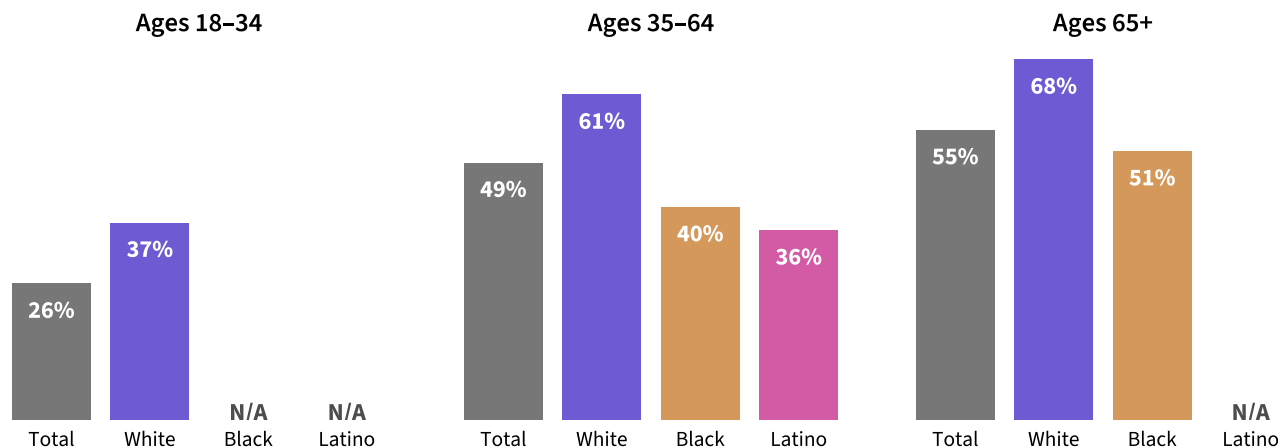
Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for advantaged groups because the process of purchasing a home has a long history of racially discriminatory practices that continue to restrict access to homeownership today. This challenge, coupled with municipal zoning dominated by single-family housing, results in de facto racial and economic segregation seen throughout Connecticut.

**TABLE 4: HOMEOWNERSHIP RATE BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021**

Area	Total	White	Black	Latino	Asian
Connecticut	66%	76%	41%	37%	60%
Greater Waterbury	69%	79%	39%	37%	74%
Waterbury	46%	61%	35%	28%	65%

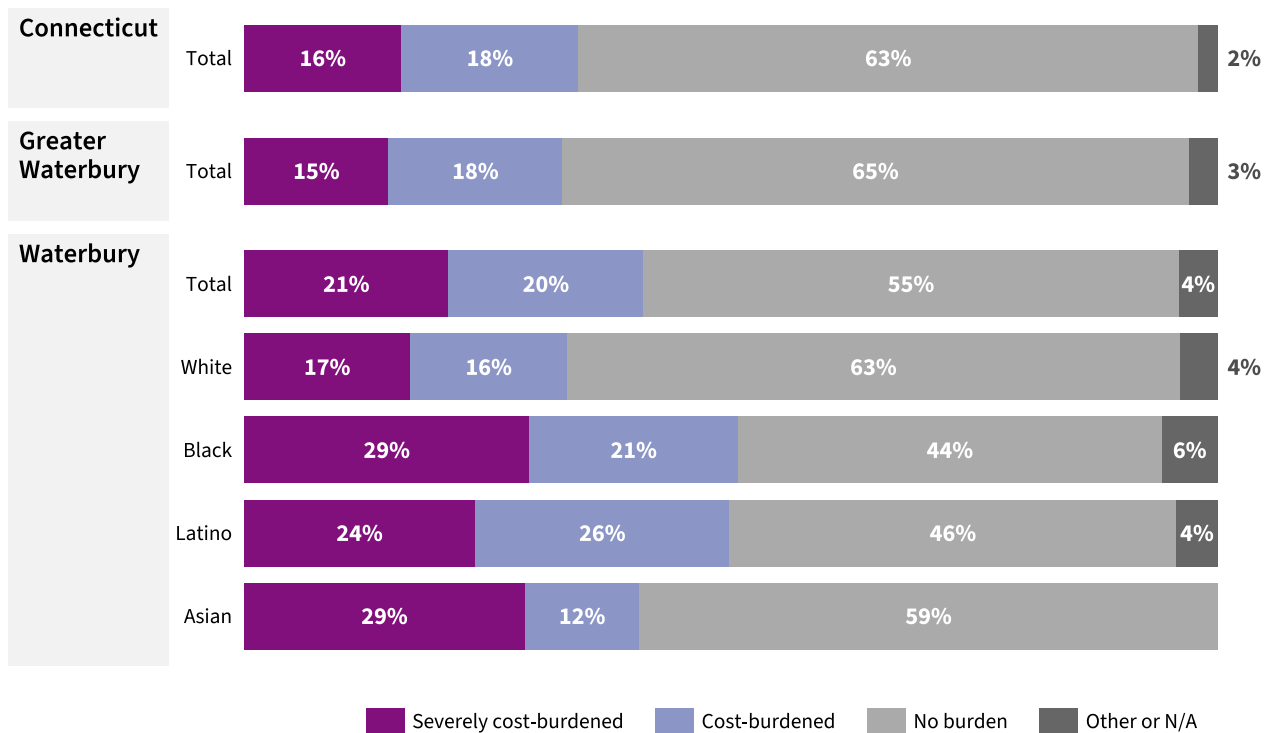
Younger adults are less likely than older adults to own their homes across several race/ethnicity groups. However, in most towns, younger white adults own their homes at rates comparable to or higher than older Black and Latino adults.

**FIGURE 5: HOMEOWNERSHIP RATES BY AGE AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, WATERBURY, 2021**



A household is cost-burdened when they spend 30 percent or more of their income on housing costs, and severely cost-burdened when they spend half or more of their income on housing costs. Housing costs continue to rise, due in part to municipal zoning measures that limit new construction to very few towns statewide. Cost-burden generally affects renters more than homeowners, and has greater impact on Black and Latino householders. Among renter households in Waterbury, 49 percent are cost-burdened, compared to 31 percent of owner households.

**FIGURE 6: HOUSING COST-BURDEN RATES BY RACE/ETHNICITY, 2021**



Household overcrowding is defined as having more than one occupant per room. Overcrowding may increase the spread of illnesses among the household and can be associated with higher levels of stress. Increasing the availability of appropriately-sized affordable units helps to alleviate overcrowding.

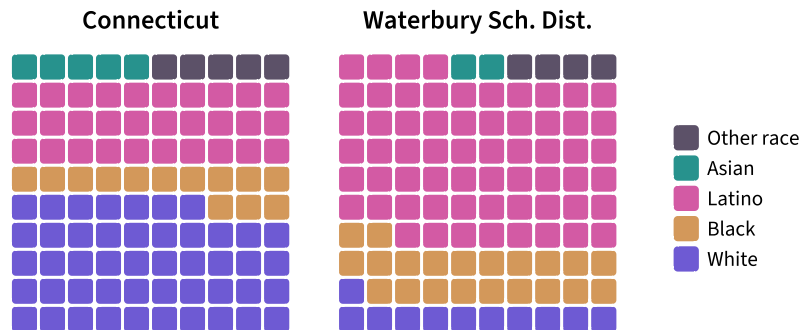
**TABLE 5: OVERCROWDED HOUSEHOLDS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021**

Area	Total		White		Black		Latino		Asian	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	27,078	2%	7,418	1%	4,868	3%	10,971	6%	3,445	6%
Greater Waterbury	1,963	1%	828	1%	384	4%	924	5%	<50	N/A
Waterbury	1,330	3%	385	2%	373	4%	763	5%	<50	N/A

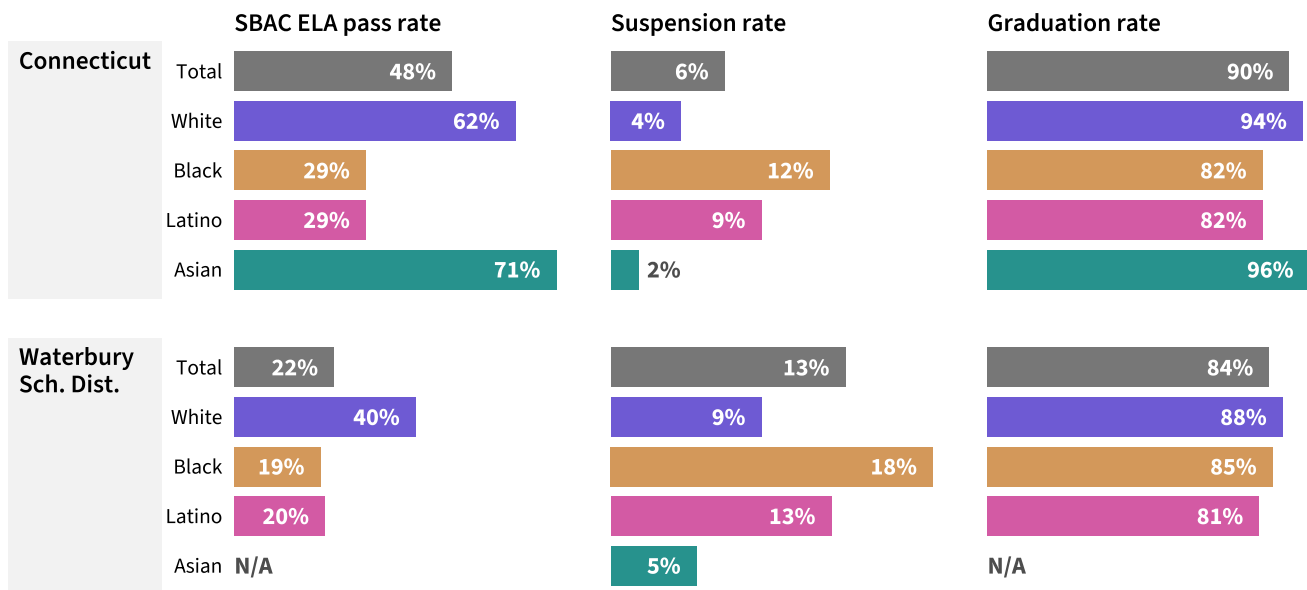
# EDUCATION

Public school students in Waterbury are served by the Waterbury School District for pre-kindergarten through grade 12. During the 2022-23 school year, there were 18,701 students enrolled in the Waterbury School District. Tracking student success measures is important since disparate academic and disciplinary outcomes are observed as early as preschool and can ultimately affect a person's long-term educational attainment and economic potential.

**FIGURE 7: PUBLIC K-12 STUDENT ENROLLMENT BY RACE/ETHNICITY PER 100 STUDENTS, 2022-23**

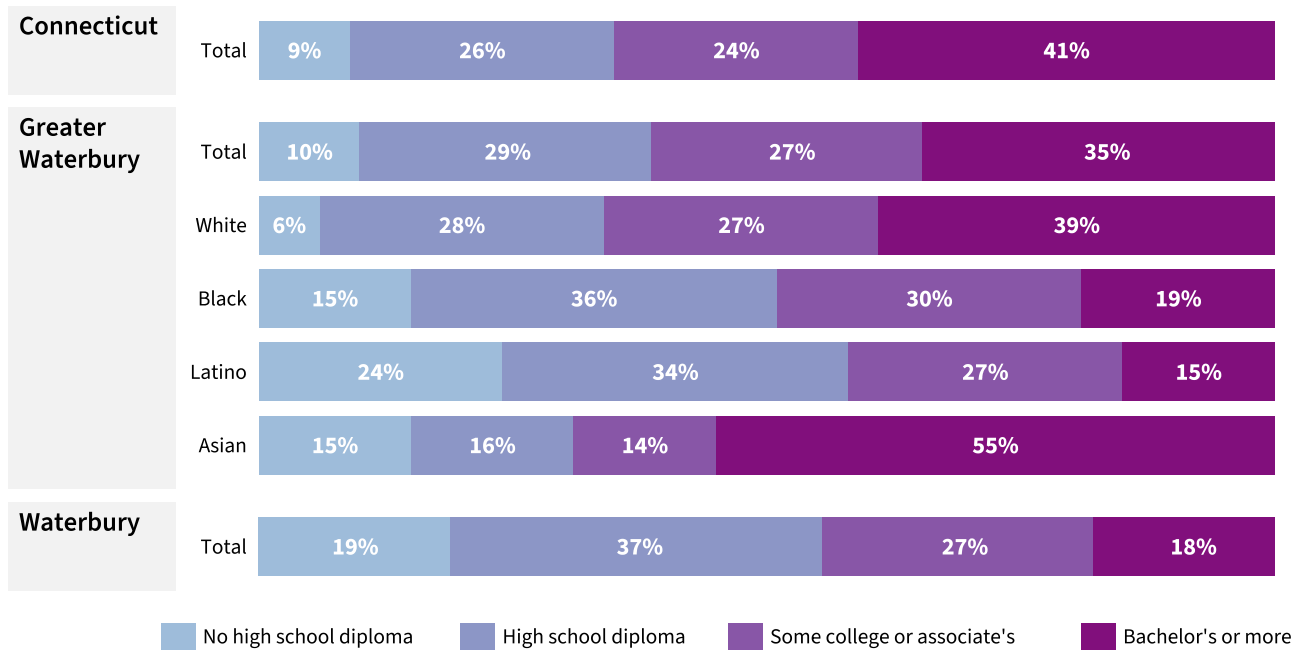


**FIGURE 8: SELECTED ACADEMIC AND DISCIPLINARY OUTCOMES BY STUDENT RACE/ETHNICITY, 2020-21 AND 2021-22 SCHOOL YEARS**



Adults with high school diplomas or college degrees have more employment options and considerably higher potential earnings, on average, than those who do not finish high school. In Waterbury, 19 percent of adults ages 25 and over, or 14,596 people, lack a high school diploma; statewide, this value is 9 percent.

**FIGURE 9: EDUCATIONAL ATTAINMENT BY RACE/ETHNICITY, SHARE OF ADULTS AGES 25 AND UP, 2021**



## ECONOMY

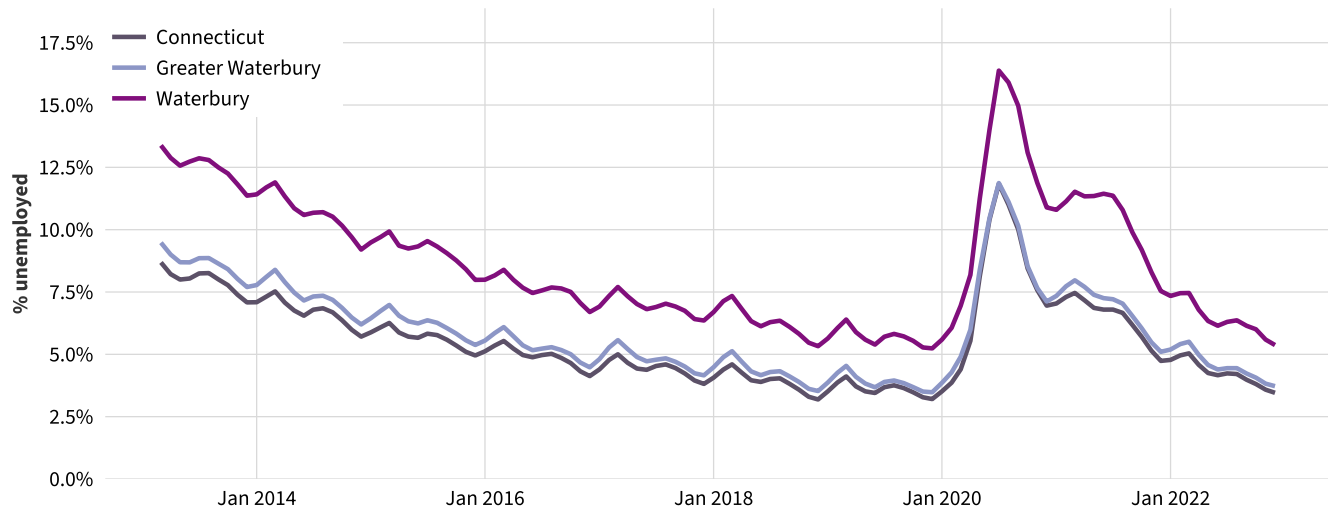
At the end of 2021, there were 36,063 total jobs in Waterbury, with the largest share in the Health Care and Social Assistance sector. While many industries saw major job losses early on in the COVID-19 pandemic, by early 2023 the number of jobs statewide had nearly caught back up to pre-pandemic counts.

**TABLE 6: JOBS AND WAGES IN WATERBURY'S 5 LARGEST SECTORS, 2021**

Sector	Connecticut		Waterbury	
	Total jobs	Avg annual pay	Total jobs	Avg annual pay
All Sectors	1,591,760	\$77,816	36,063	\$54,811
Health Care and Social Assistance	267,984	\$60,835	9,750	\$59,340
Retail Trade	167,286	\$41,652	5,325	\$38,377
Manufacturing	152,860	\$89,604	3,037	\$62,905
Accommodation and Food Services	111,160	\$26,767	2,489	\$22,904
Administrative and Support and Waste Management and Remediation Services	87,861	\$54,005	1,775	\$31,202

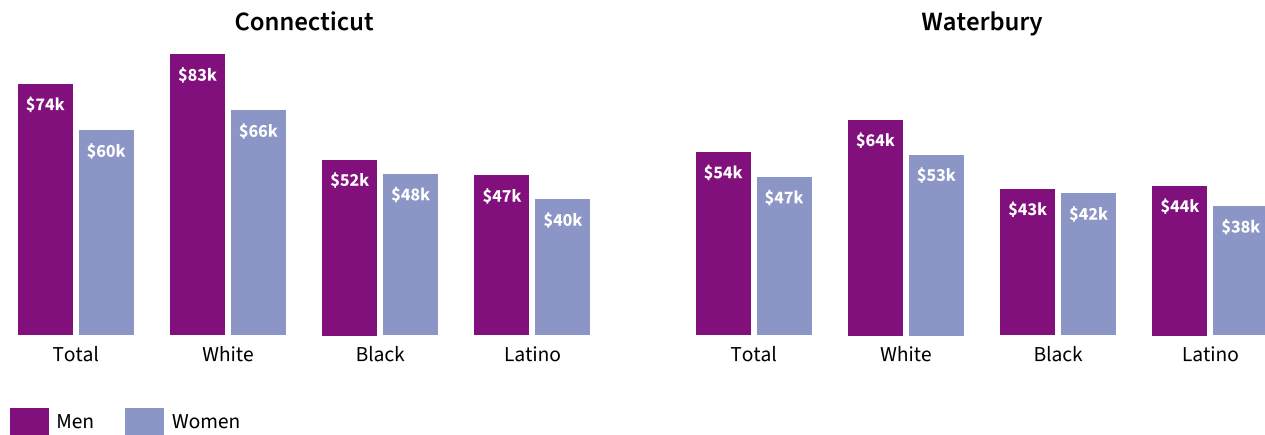
Nationwide, the onset of the pandemic led to a huge spike in unemployment rates, mirrored across Connecticut. At its peak in July 2020, Connecticut's unemployment rate was 12.0 percent. As of December 2022, unemployment rates statewide and in Waterbury were 3.2 percent and 5.0 percent, respectively.

**FIGURE 10: MONTHLY UNEMPLOYMENT RATE, 2013–2022, 3-MONTH ROLLING AVERAGE**



Individual earnings vary by race/ethnicity, sex, and other characteristics. These can be measured comparing the differences in average earnings between groups. White workers and men often out-earn workers of color and women. These trends hold even when controlling for educational attainment and within many occupational groups.

**FIGURE 11: MEDIAN INCOME BY RACE/ETHNICITY AND SEX FOR FULL-TIME WORKERS AGES 25 AND OVER WITH POSITIVE INCOME, 2021**

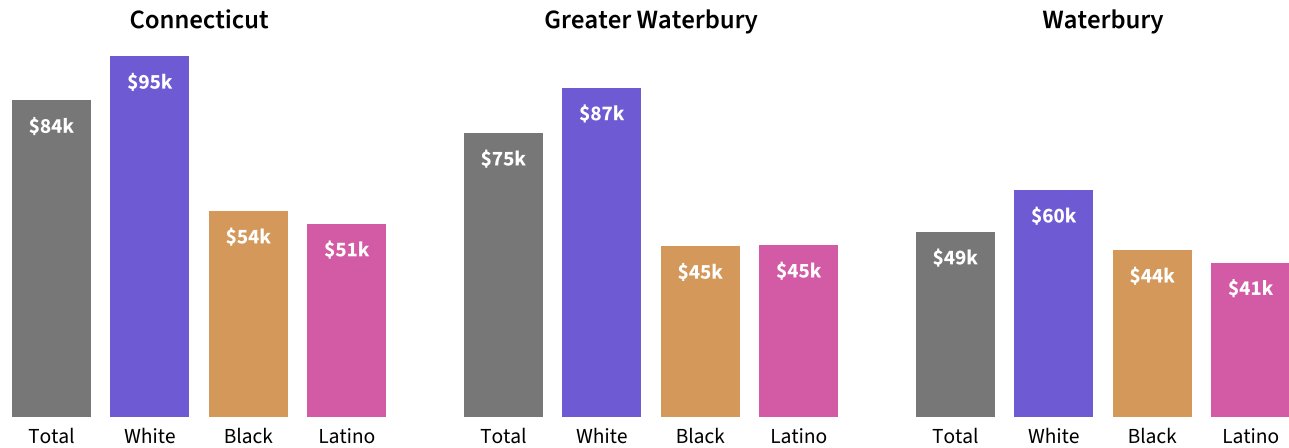




# INCOME & WEALTH

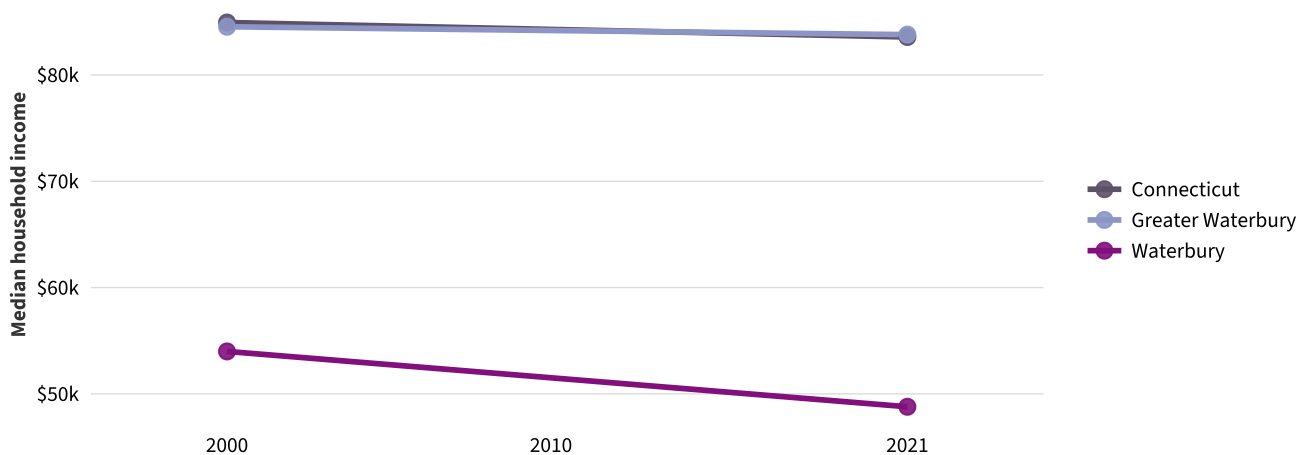
The median household income in Waterbury is \$48,787, compared to \$83,572 statewide. Waterbury's median household income is the lowest of the towns in Greater Waterbury. Racial disparities in outcomes related to education, housing, employment, and wages result in disparate household-level incomes and overall wealth. Households led by Black or Latino adults generally average lower incomes than white households.

**FIGURE 12: MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021**



Between the Great Recession and the COVID-19 pandemic, average incomes have not kept pace with inflation over the past two decades. Connecticut's median household income was \$83,572 in 2021; adjusted for inflation, this was \$1,365 lower than in 2000.

**FIGURE 13: MEDIAN HOUSEHOLD INCOME, 2000–2021, IN 2021 DOLLARS**



The Supplemental Nutritional Assistance Program (SNAP, or food stamps) is a program available to very low-income households earning less than 130 percent of the federal poverty guideline (\$26,500 for a family of four in 2021). Throughout the state, poverty and SNAP utilization rates are higher among Black and Latino households than white households.

With many of the safety measures early in the COVID-19 pandemic, having reliable, high-speed internet at home became a necessity for remote participation in school, expanded job opportunities, and telehealth. Statewide, Black and Latino residents are slightly more likely than average to live in a household without broadband access.

Access to a personal vehicle may also be considered a measure of financial security since reliable transportation plays a significant role in job access and quality of life. Vehicle access reduces the time a family may spend running errands or traveling to appointments, school, or work.

**TABLE 7: SELECTED ECONOMIC RESOURCES BY RACE/ETHNICITY, 2021**

	Total		White		Black		Latino		Asian	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
<b>Population living below poverty level</b>										
Connecticut	351,476	10%	139,246	6%	64,472	17%	127,775	21%	14,134	9%
Greater Waterbury	34,012	10%	14,242	6%	6,172	21%	13,432	23%	N/A	N/A
Waterbury	24,247	22%	6,814	16%	5,465	23%	12,178	29%	N/A	N/A
<b>Population without broadband internet at home</b>										
Connecticut	269,234	8%	159,553	7%	38,465	10%	61,883	10%	5,334	3%
Greater Waterbury	32,042	10%	19,453	8%	3,232	11%	7,914	14%	N/A	N/A
Waterbury	17,687	16%	6,688	15%	2,898	12%	7,244	17%	N/A	N/A

**TABLE 8: SELECTED HOUSEHOLD ECONOMIC INDICATORS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021**

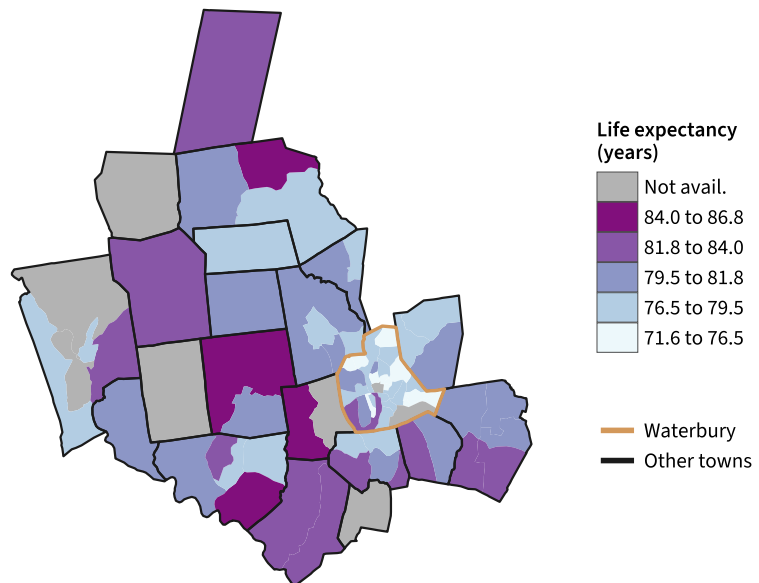
	Total		White		Black		Latino		Asian	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
<b>Households receiving food stamps/SNAP</b>										
Connecticut	160,416	11%	62,974	6%	34,132	24%	57,456	30%	3,501	6%
Greater Waterbury	17,185	13%	7,427	8%	2,789	26%	6,575	34%	N/A	N/A
Waterbury	12,501	28%	3,613	18%	2,689	30%	5,977	41%	N/A	N/A
<b>Households without a vehicle</b>										
Connecticut	118,174	8%	53,628	5%	25,802	19%	31,312	16%	4,728	9%
Greater Waterbury	11,451	9%	6,302	6%	2,023	20%	3,198	17%	N/A	N/A
Waterbury	7,865	17%	2,539	13%	1,990	24%	2,842	19%	N/A	N/A

# HEALTH

The socioeconomic disparities described above tend to correlate with health outcomes. Factors such as stable housing, employment, literacy and linguistic fluency, environmental hazards, and transportation all impact access to care, physical and mental health outcomes, and overall quality of life. Income and employment status often drive differences in access to healthcare, the likelihood of getting preventive screenings as recommended, the affordability of life-saving medicines, and the ability to purchase other goods and services, including high-quality housing and nutritious food.

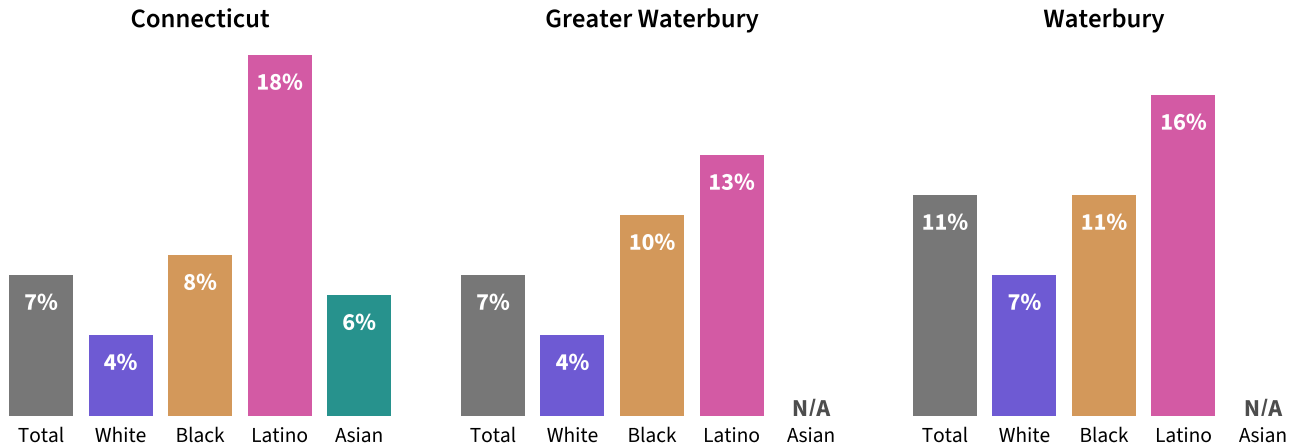
Life expectancy is a good proxy for overall health and well-being since it is the culmination of so many other social and health factors. The average life expectancy in Waterbury is 76.8 years, compared to 79.7 years across Greater Waterbury and 80.3 years statewide.

**FIGURE 14: LIFE EXPECTANCY, GREATER WATERBURY BY CENSUS TRACT, 2015**



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

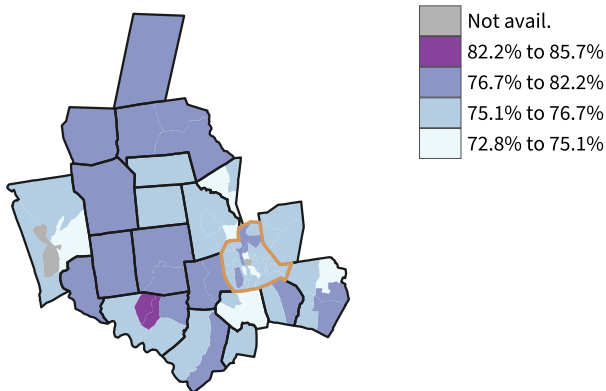
**FIGURE 15: UNINSURED RATE AMONG ADULTS AGES 19–64 BY RACE/ETHNICITY, 2021**



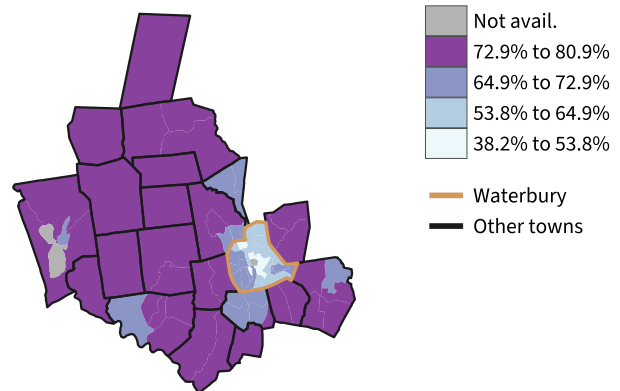
Preventive care can help counteract economic disadvantages, as a person's health can be improved by addressing risk factors like hypertension and chronic stress early. Lack of affordable, accessible, and consistent medical care can lead to residents relying on expensive emergency room visits later on. Overall, 76 percent of the adults in Waterbury had an annual checkup as of 2020, and 58 percent had had a dental visit in the past year.

**FIGURE 16: PREVENTIVE CARE MEASURES, SHARE OF ADULTS BY CENSUS TRACT, GREATER WATERBURY**

#### Annual checkup, 2020



#### Dental visit in past year, 2020



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

**FIGURE 17: SELECTED HEALTH RISK FACTORS, SHARE OF ADULTS, 2015–2021**

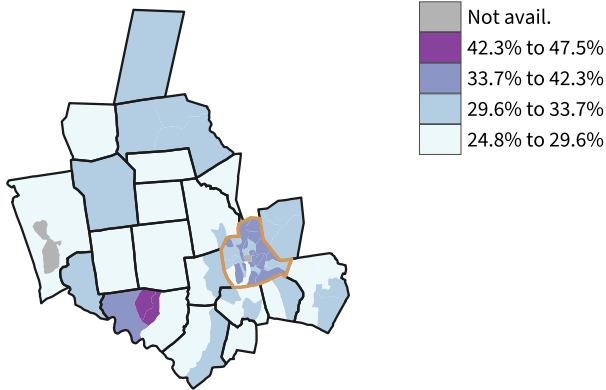
		Excellent/very good self-rated health	Food insecurity	Smoking	Obesity	Exercise 3+ days a week
Connecticut	Total	59%	14%	14%	29%	61%
Greater Waterbury	Total	57%	15%	17%	31%	59%
Waterbury	Total	48%	25%	24%	39%	51%
	White	45%	21%	25%	39%	52%
	Black	50%	27%	21%	41%	52%
	Latino	51%	29%	22%	39%	48%

**FIGURE 18: SELECTED HEALTH INDICATORS BY AGE AND RACE/ETHNICITY, SHARE OF ADULTS, WATERBURY, 2015–2021**

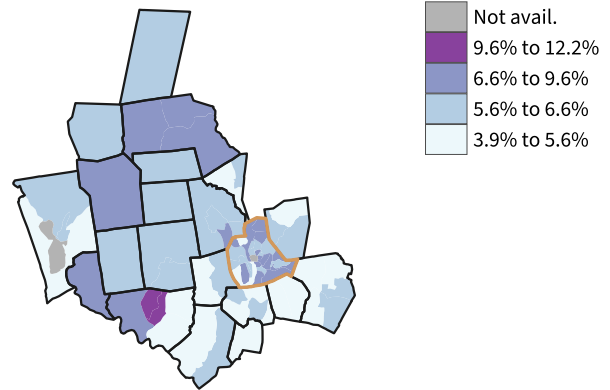
Asthma					Diabetes				Hypertension			
	Total	White	Black	Latino	Total	White	Black	Latino	Total	White	Black	Latino
Ages 18 to 34	23%	25%	21%	22%	3%	3%	6%	2%	11%	12%	17%	9%
Ages 35 to 49	20%	16%	9%	30%	9%	8%	14%	9%	27%	26%	42%	22%
Ages 50 to 64	19%	17%	15%	21%	24%	18%	30%	29%	51%	47%	72%	43%
Ages 65 and older	12%	9%	18%	22%	25%	21%	32%	37%	66%	62%	86%	61%

**FIGURE 19: CHRONIC DISEASE PREVALENCE, SHARE OF ADULTS BY CENSUS TRACT, GREATER WATERBURY**

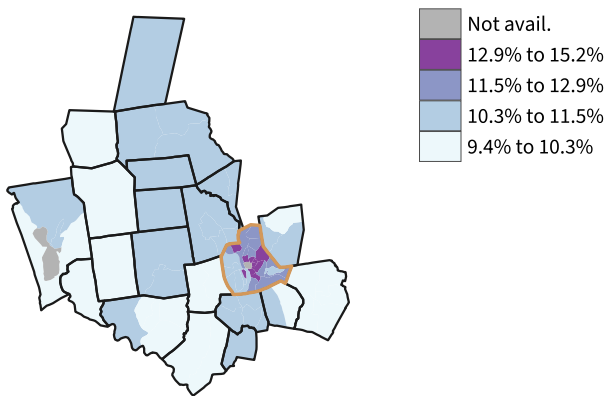
**High blood pressure, 2019**



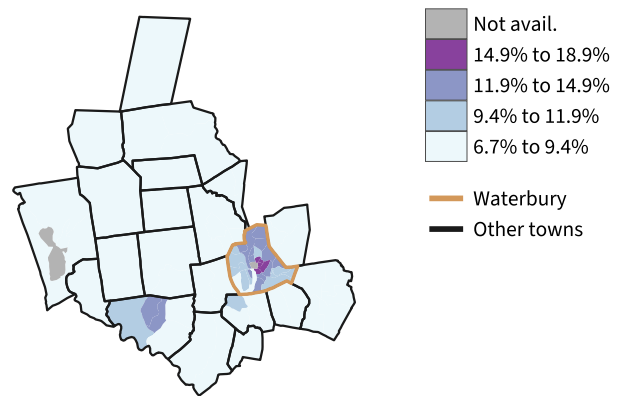
**Coronary heart disease, 2020**



**Current asthma, 2020**



**Diabetes, 2020**



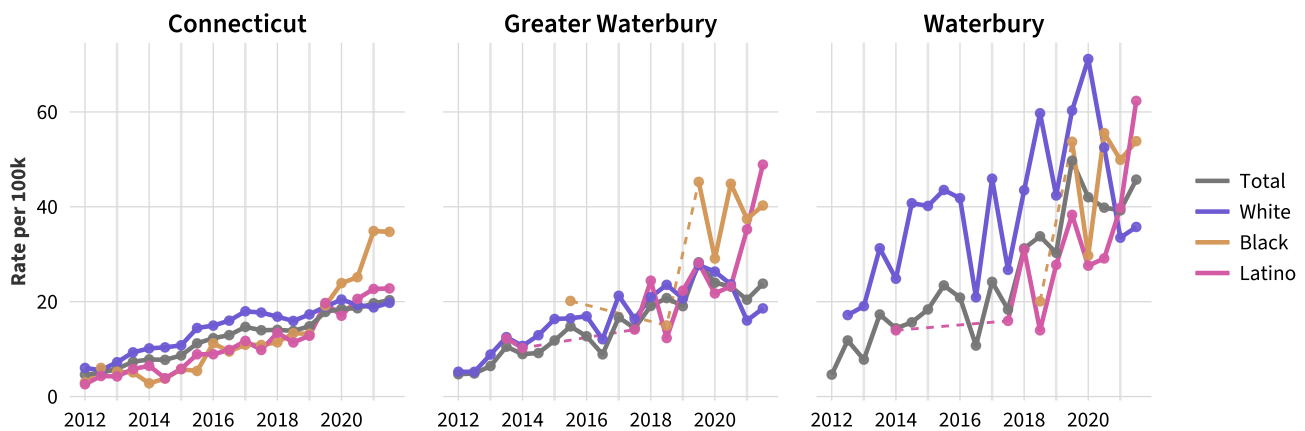
Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems as well, including by complicating a person's ability to keep up other aspects of their health care. People of color are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 18 percent of Waterbury adults report experiencing anxiety regularly and 15 percent report being bothered by depression.

**TABLE 9: SELECTED MENTAL HEALTH INDICATORS, SHARE OF ADULTS, 2015–2021**

	Total	White	Black	Latino	Asian
<b>Experiencing anxiety</b>					
Connecticut	13%	11%	15%	19%	15%
Greater Waterbury	13%	12%	13%	17%	16%
Waterbury	18%	16%	16%	19%	N/A
<b>Bothered by depression</b>					
Connecticut	9%	8%	10%	14%	9%
Greater Waterbury	8%	7%	17%	14%	<1%
Waterbury	15%	13%	17%	16%	N/A

Like other states, Connecticut has seen a rise in drug overdose deaths in the last several years. In 2021, Connecticut saw an average of 122 overdose deaths per month, up from 59 in 2015. White residents long comprised the bulk of these deaths, but as overall overdose death rates have increased, an increasing share of those deaths have been people of color.

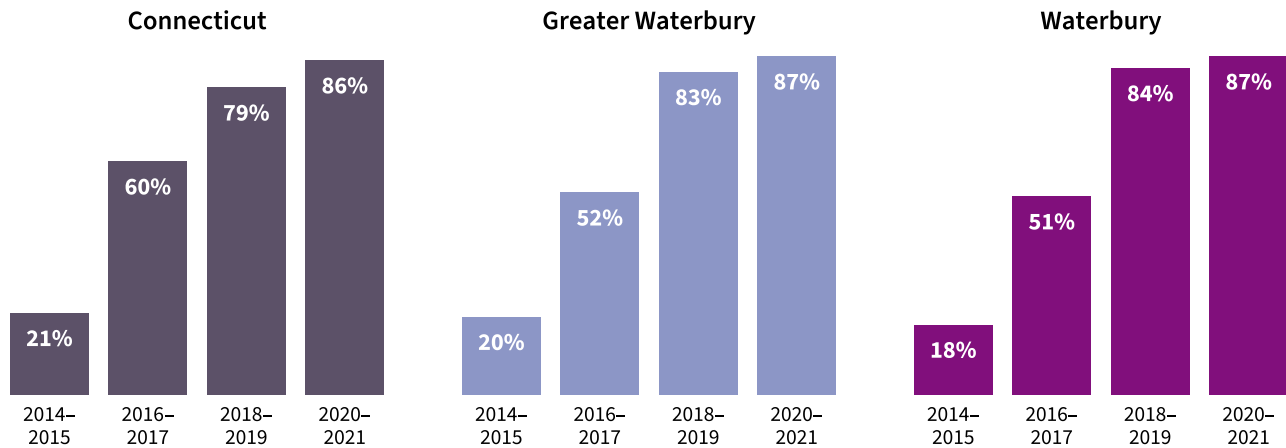
**FIGURE 20: AGE-ADJUSTED SEMI-ANNUAL RATES OF DRUG OVERDOSE DEATHS PER 100,000 RESIDENTS BY RACE/ETHNICITY, 2012–2021**



Note: Values are suppressed for small populations or few overdose incidents.  
Dashed lines indicate periods where values are suppressed or otherwise unavailable.

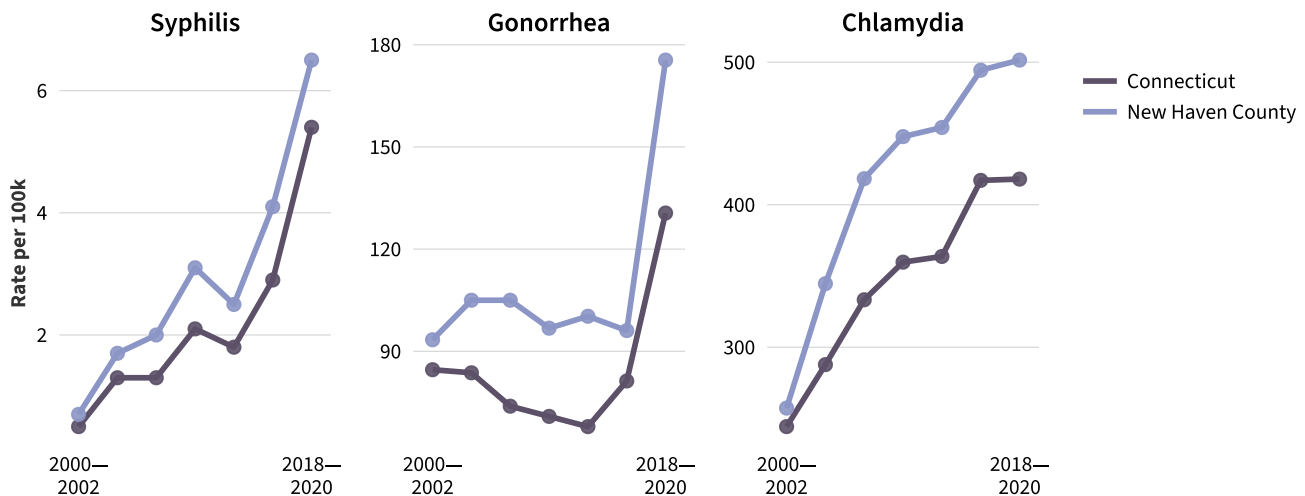
The introduction and spread of fentanyl in drugs—both with and without users’ knowledge—is thought to have contributed to this steep rise in overdoses. In 2016 and 2017, 51 percent of the drug overdose deaths in Waterbury involved fentanyl; in 2020 and 2021, this share was 87 percent.

**FIGURE 21: SHARE OF DRUG OVERDOSE DEATHS INVOLVING FENTANYL, 2012–2021**



Sexually transmitted infections (STIs) can have long-term implications for health, including reproductive health problems and certain cancers, and can increase the risk of acquiring and transmitting diseases such as HIV and hepatitis C. Following nationwide trends, Connecticut has seen increases in the rates of STIs like chlamydia and gonorrhea over the past two decades. Between 2018 and 2020, New Haven County had annual average case rates of 502 new cases of chlamydia per 100,000 residents, 176 cases of gonorrhea per 100,000, and 6.5 cases of syphilis per 100,000.

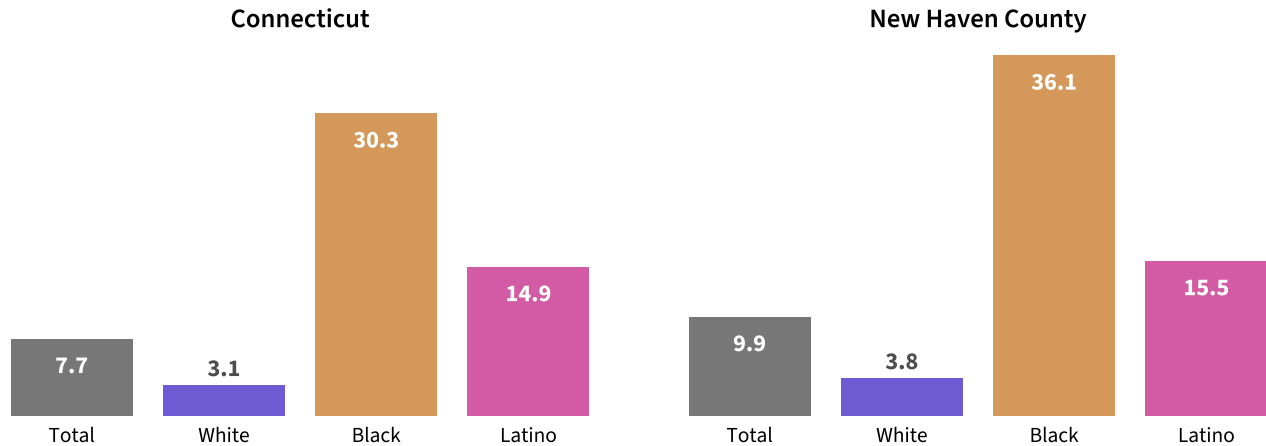
**FIGURE 22: ANNUALIZED AVERAGE RATES OF NEW CASES OF SELECTED SEXUALLY TRANSMITTED INFECTIONS PER 100,000 RESIDENTS, 2000–2020**





As with many other diseases, Connecticut's Black and Latino residents face a higher burden of HIV rates. Statewide between 2016 and 2020, Black residents ages 13 and up were nearly 10 times more likely to be diagnosed with HIV than white residents.

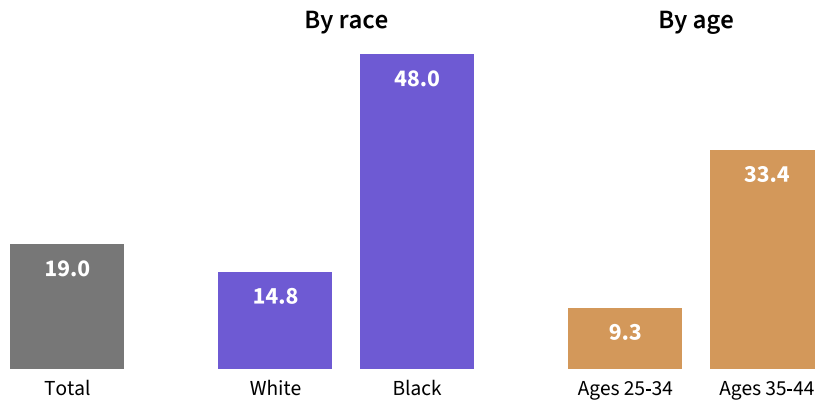
**FIGURE 23: ANNUALIZED AVERAGE RATE OF NEW HIV DIAGNOSES PER 100,000 RESIDENTS AGES 13 AND OVER, 2016–2020**



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

**TABLE 10: SELECTED BIRTH OUTCOMES BY RACE/ETHNICITY OF PARENT GIVING BIRTH, 2017–2021**

Area	Total	White	Black	Latina			Asian
				Latina (overall)	Puerto Rican	Other Latina	
Late or no prenatal care							
Connecticut	3.4%	2.5%	5.2%	4.4%	3.0%	5.6%	3.4%
Greater Waterbury	5.0%	3.4%	6.6%	5.7%	3.8%	8.2%	2.7%
Waterbury	6.3%	5.5%	7.4%	6.3%	4.2%	9.5%	6.0%
Low birthweight							
Connecticut	7.9%	6.4%	12.4%	8.4%	10.0%	7.0%	9.0%
Greater Waterbury	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Waterbury	10.4%	8.6%	13.9%	9.5%	11.0%	7.1%	16.4%
Infant mortality (per 1k live births)							
Connecticut	4.5	3.0	9.1	5.4	N/A	N/A	N/A
Greater Waterbury	4.5	3.0	7.2	5.6	N/A	N/A	N/A
Waterbury	6.0	N/A	7.5	6.1	N/A	N/A	N/A

**FIGURE 24: MATERNAL MORTALITY RATE PER 100K BIRTHS, CONNECTICUT, 2013–2017**

Children under 7 years old are monitored annually for potential lead poisoning, based on having blood-lead levels in excess of the state’s accepted threshold. Between 2018 and 2020, 3.1 percent of children tested in Waterbury were found to have elevated lead levels. Children living in homes built before 1960 are at a higher risk of potential lead poisoning due to the more widespread use of lead-based paints in older homes. Black and Latino households are more likely to live in structures built before 1960.

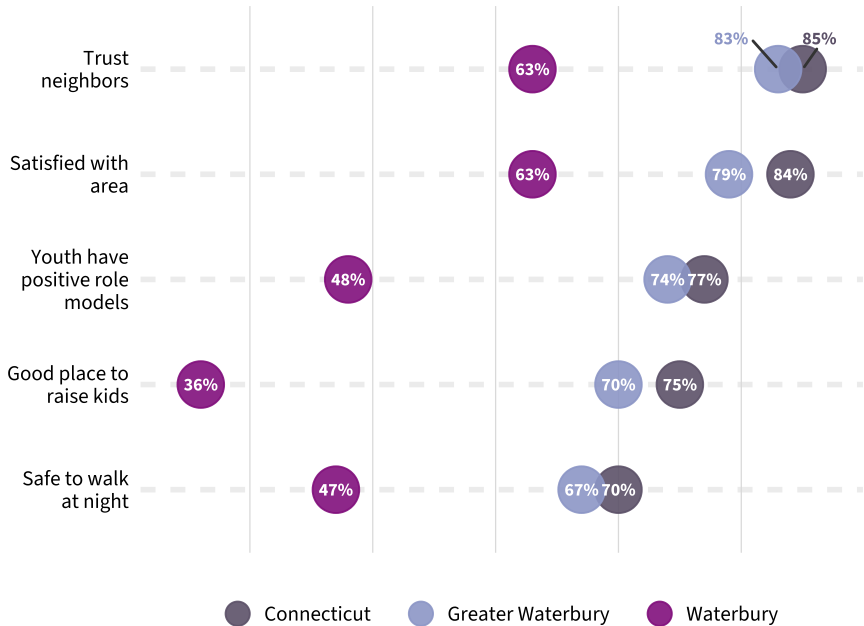
**TABLE 11: HOUSEHOLDS LIVING IN STRUCTURES BUILT BEFORE 1960 BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021**

Area	Total		White		Black		Latino		Asian		Other race	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	579,568	41%	390,197	40%	64,854	49%	95,979	50%	14,732	27%	14,953	42%
Greater Waterbury	51,162	39%	37,327	38%	4,733	47%	9,377	50%	732	28%	1,448	47%
Waterbury	23,442	52%	10,940	54%	4,046	49%	7,791	53%	N/A	N/A	515	41%

## CIVIC LIFE & COMMUNITY COHESION

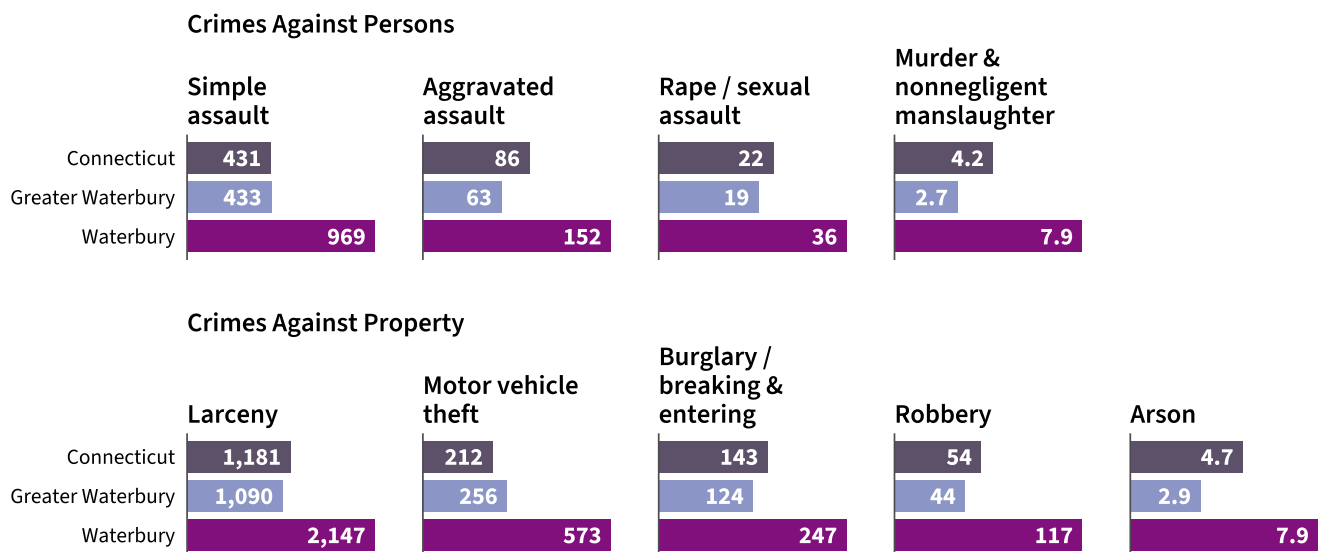
Beyond individual health, several measures from the DataHaven Community Wellbeing Survey show how local adults feel about the health of their neighborhoods. High quality of life and community cohesion can positively impact resident well-being through the availability of resources, sense of safety, and participation in civic life. For example, adults who see the availability of role models in their community may enroll their children in extracurricular activities that benefit them educationally and socially; residents who know and trust their neighbors may find greater social support. Overall, 63 percent of Waterbury adults report being satisfied with the area where they live.

**FIGURE 25: RESIDENTS' RATINGS OF COMMUNITY COHESION MEASURES, SHARE OF ADULTS, 2015-2021**



Crime rates are based on reports to law enforcement of violent force against persons, as well as offenses involving property. Not all crimes involve residents of the areas where the crimes occur, which is important to consider when evaluating crime rates in areas or towns with more commercial activity. Crime patterns can also vary dramatically by neighborhood. Crime can impact the social and economic well-being of communities, including through negative health effects.

**FIGURE 26: GROUP A CRIME RATES PER 100,000 RESIDENTS BY TOWN / JURISDICTION, 2021**



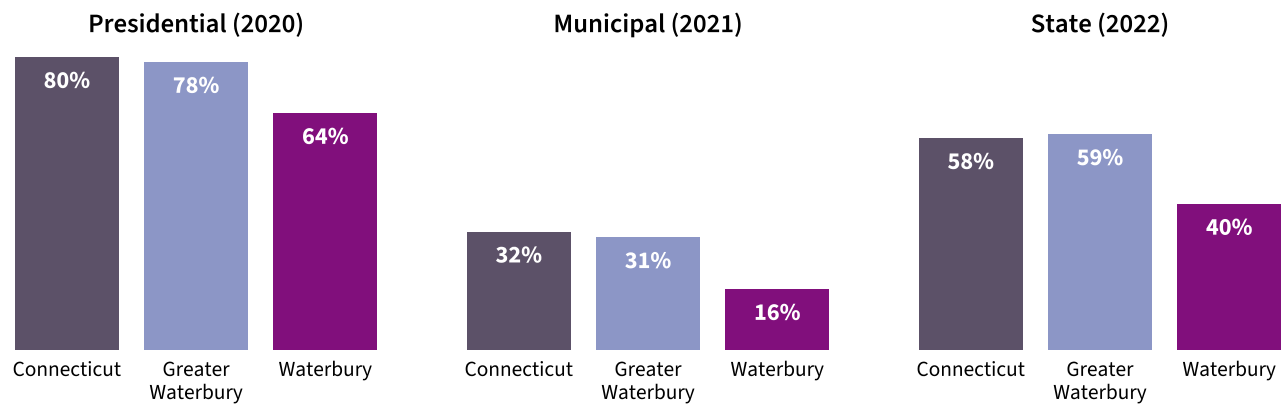
A lack of trust in and engagement with local government and experiences of unfair treatment by authorities can impair community well-being and cohesion. Thirty percent of adults in Waterbury feel their local government is responsive to residents' needs, compared to 53 percent of Connecticut adults.

**TABLE 12: RESIDENTS' RATINGS OF LOCAL GOVERNMENT, SHARE OF ADULTS, 2015–2021**

Area	Local govt is responsive	Have some influence over local govt
Connecticut	53%	67%
Greater Waterbury	51%	65%
Waterbury	30%	56%

Sixty-four percent of Waterbury's eligible voters, or 36,662 people, voted in the 2020 presidential election, and 40 percent (21,564 people) voted in the 2022 state election.

**FIGURE 27: REGISTERED VOTER TURNOUT, 2020–2022**

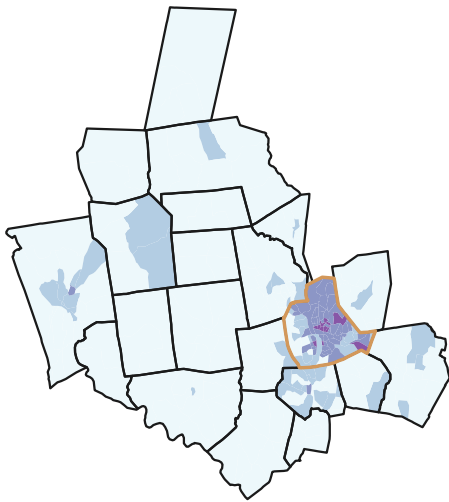


# ENVIRONMENT & SUSTAINABILITY

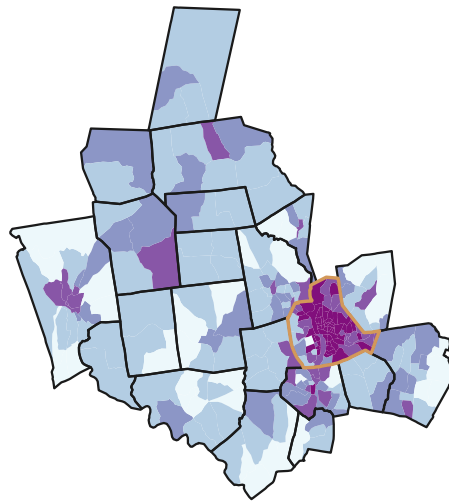
Many environmental factors—from access to outdoor resources to tree canopy to exposure to pollutants—can have direct impacts on residents' health and quality of life. Environmental justice is the idea that these factors of built and natural environments follow familiar patterns of socioeconomic disparities and segregation. The federal Environmental Protection Agency (EPA) ranks small areas throughout the US on their risks of exposure to a variety of pollutants and hazards, scaled to account for the historically disparate impact of these hazards on people of color and lower-income people.

**FIGURE 28: EPA ENVIRONMENTAL JUSTICE INDEX BY BLOCK GROUP, GREATER WATERBURY**

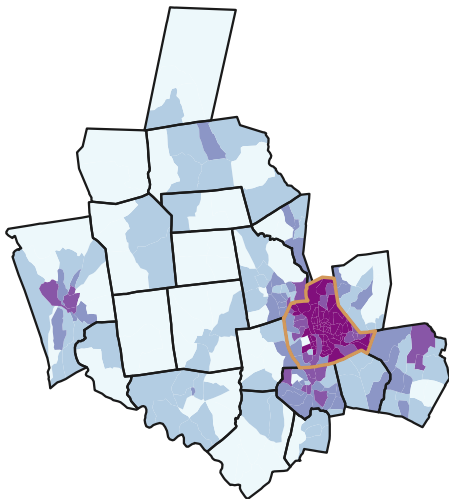
**Air toxics cancer risk**



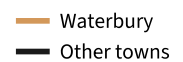
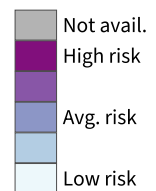
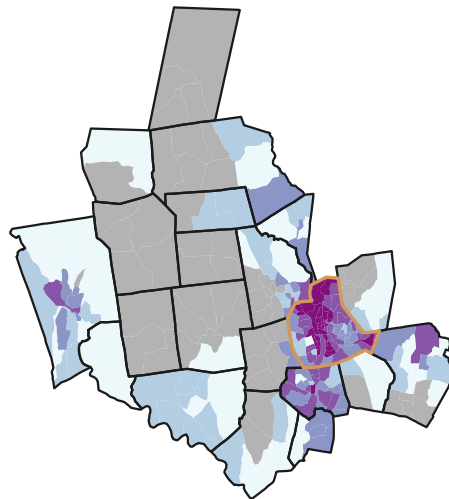
**Lead paint exposure**



**Hazardous waste proximity**

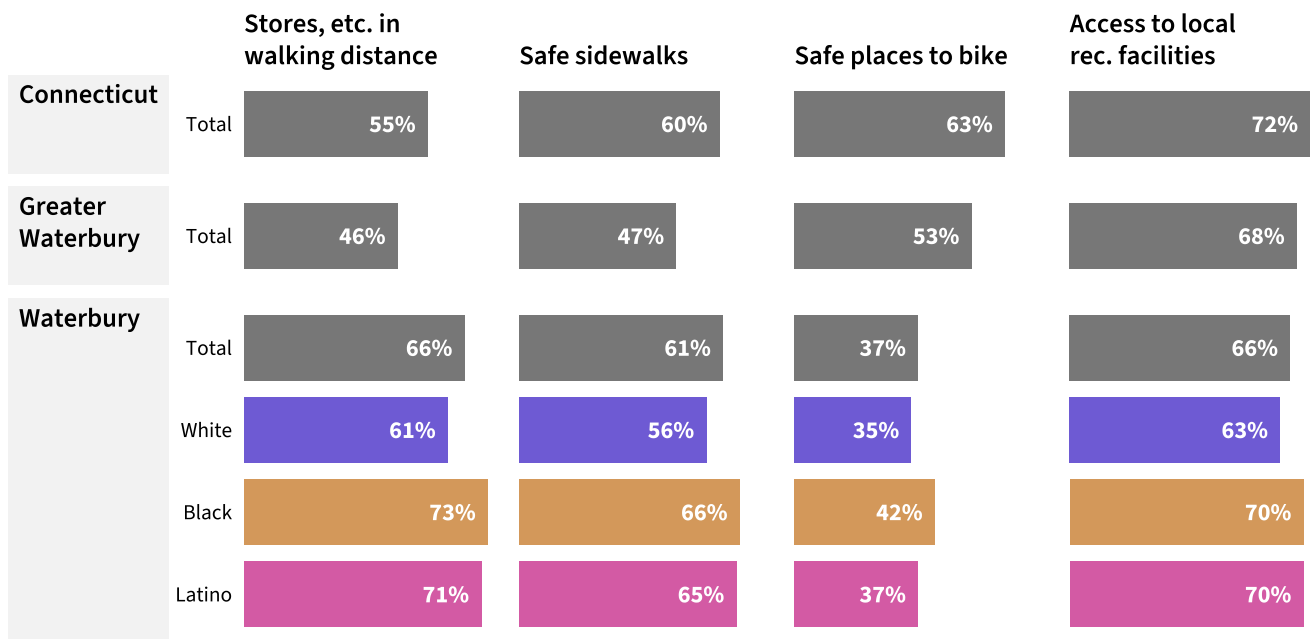


**Wastewater discharge**



High-quality built environment resources, such as recreational facilities and safe sidewalks, help keep residents active and bring communities together. Walkable neighborhoods may also encourage decreased reliance on cars. Throughout Connecticut, Black and Latino residents are largely concentrated in denser urban areas which tend to offer greater walkability. Of adults in Waterbury, 66 percent report having stores, banks, and other locations they need in walking distance, higher than the share of adults statewide.

**FIGURE 29: RESIDENTS' RATINGS OF LOCAL WALKABILITY MEASURES BY RACE/ETHNICITY, SHARE OF ADULTS, 2015–2021**



# NOTES

**Figure 1. Study area.** Map tiles by Stamen Design, under CC BY 3.0. Data by OpenStreetMap, under ODbL.

**Table 1. About the area.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates. Available at <https://data.census.gov>; US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data. Available at <https://www.census.gov/programs-surveys/decennial-census/about/rdo.html>; PLACES Project. Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/places>; and National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>. Note that for the sake of privacy, the Census Bureau suppresses any income values above \$250,000 in their tables; any such values not calculated by DataHaven will be shown as \$250,000+.

**Table 2. Population by race/ethnicity, 2020.** US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data.

**Figure 2. Population by race/ethnicity and age group, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

**Figure 3. Linguistic isolation by race/ethnicity, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

**Table 3. Population and population change by age group, 2010–2020.** US Census Bureau 2010 & 2020 Decennial Census P.L. 94-171 Redistricting Data.

**Figure 4. Share of population by race/ethnicity, 2010–2020.** US Census Bureau 2010 & 2020 Decennial Census P.L. 94-171 Redistricting Data.

**Table 4. Homeownership rate by race/ethnicity of head of household, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

**Figure 5. Homeownership rates by age and race/ethnicity of head of household, Waterbury, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year public use microdata sample (PUMS) data, accessed via IPUMS. Steven Ruggles, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. IPUMS USA: Version 13.0 [dataset]. Minneapolis, MN: IPUMS, 2023. <https://doi.org/10.18128/D010.V13.0>

**Figure 6. Housing cost-burden rates by race/ethnicity, 2021.** DataHaven analysis (2023) of Ruggles, et al. (2023).

**Table 5. Overcrowded households by race/ethnicity of head of household, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

**Figure 7. Public K–12 student enrollment by race/ethnicity per 100 students, 2022–23.** DataHaven analysis (2023) of enrollment data from the Connecticut State Department of Education, accessed via EdSight at <http://edsight.ct.gov>. At the school district level, not all groups may be shown due to CTSDE data suppression rules for small enrollment counts, even though they may represent more than 1% of the school district population.

**Figure 8. Selected academic and disciplinary outcomes by student race/ethnicity, 2020–21 and 2021–22 school years.** DataHaven analysis (2023) of Smarter Balanced Assessment Consortium (SBAC) testing (3rd and 8th grade English/language arts), discipline, and four-year graduation data from the Connecticut State Department of Education, accessed via EdSight. Not all groups' values may be included, or in some cases may be based on estimates, due to CTSDE data suppression rules for small counts. Because students can be suspended more than once in a school year, the suspension rate represents the percentage of students with one or more suspension or expulsion during the school year.

**Figure 9. Educational attainment by race/ethnicity, share of adults ages 25 and up, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

**Table 6. Jobs and wages in Waterbury's 5 largest sectors, 2021.** DataHaven analysis (2023) of annual employment data from the Connecticut Department of Labor. Note that in some cases, especially for smaller towns or where data were deemed unreliable for whatever reason, data have been suppressed by the department. In a few cases, that may mean large sectors in an area are missing from the analysis here. Available at [https://www1.ctdol.state.ct.us/lmi/202/202\\_annualaverage.asp](https://www1.ctdol.state.ct.us/lmi/202/202_annualaverage.asp)

**Figure 10. Monthly unemployment rate, 2013–2022, 3-month rolling average.** DataHaven analysis (2023) of US Bureau of Labor Statistics Local Area Unemployment Statistics. <https://www.bls.gov/lau>

**Figure 11. Median income by race/ethnicity and sex for full-time workers ages 25 and over with positive income, 2021.** DataHaven analysis (2023) of Ruggles, et al. (2023).

**Figure 12. Median household income by race/ethnicity of head of household, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates and Ruggles, et al (2023).

**Table 7. Selected economic resource indicators by race/ethnicity, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

**Table 8. Selected household economic indicators by race/ethnicity of head of household, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates and Ruggles, et al (2023).

**Figure 13. Median household income, 2000–2021, in 2021 dollars.** DataHaven analysis (2023) of US Census Bureau 2000 and 2010 Decennial Census; and American Community Survey 2021 5-year estimates.

**Table 9. Median household income in large towns, 2000–2021, in 2021 dollars.** DataHaven analysis (2023) of US Census Bureau 2000 and 2010 Decennial Census; and American Community Survey 2021 5-year estimates.

**Figure 14. Life expectancy, Greater Waterbury by Census tract, 2015.** Data from National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>

**Figure 15. Uninsured rate among adults ages 19–64 by race/ethnicity, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

**Figure 16. Preventive care measures, share of adults by Census tract, Greater Waterbury.** Data from PLACES Project. Centers for Disease Control and Prevention.

**Figure 17. Selected health risk factors, share of adults, 2015–2021.** DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey. Available at <https://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Figure 18. Selected health indicators by age and race/ethnicity, share of adults, Waterbury, 2015–2021.** DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

**Figure 19. Chronic disease prevalence, share of adults by Census tract, Greater Waterbury.** Data from PLACES Project. Centers for Disease Control and Prevention.

**Table 10. Selected mental health indicators, share of adults, 2015–2021.** DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

**Figure 20. Age-adjusted semi-annual rates of drug overdose deaths per 100,000 residents by race/ethnicity, 2012–2021.** DataHaven analysis (2023) of Accidental Drug Related Deaths. Connecticut Office of the Chief Medical Examiner. Available at <https://data.ct.gov/resource/rybz-nyjw>. Rates are weighted with the U.S. Centers for Disease Control and Prevention (CDC) 2000 U.S. Standard Population 18 age group weights available at <https://seer.cancer.gov/stdpopulations>

**Figure 21. Share of drug overdose deaths involving fentanyl, 2012–2021.** DataHaven analysis (2023) of Accidental Drug Related Deaths. Connecticut Office of the Chief Medical Examiner.



**Figure 22. Annualized average rates of new cases of selected sexually transmitted infections per 100,000 residents, 2000–2020.** DataHaven analysis (2023) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2019. <https://www.cdc.gov/nchhstp/atlas/index.htm>

**Figure 23. Annualized average rate of new HIV diagnoses per 100,000 residents ages 13 and over, 2016–2020.** DataHaven analysis (2023) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus.

**Table 11. Selected birth outcomes by race/ethnicity of parent giving birth, 2017–2021.** DataHaven analysis (2023) of data from the Connecticut Department of Public Health Vital Statistics. Retrieved from <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hsrhome/Vital-Statistics-Registration-Reports>

**Figure 24. Maternal mortality rate per 100k births, Connecticut, 2013–2017.** America’s Health Rankings analysis of CDC WONDER Online Database, Mortality files, United Health Foundation. Retrieved from <https://www.americashealthrankings.org>

**Table 12. Households living in structures built before 1960 by race/ethnicity of head of household, 2021.** DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates and Ruggles, et al (2023).

**Figure 25. Residents’ ratings of community cohesion measures, share of adults, 2015–2021.** DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

**Figure 26. Group A crime rates per 100,000 residents by town / jurisdiction, 2021.** DataHaven analysis (2023) of 2021 Crime in Connecticut Overview By Town. Connecticut Department of Emergency Services and Public Protection. Available at <https://portal.ct.gov/DESPP/Division-of-State-Police/Crimes-Analysis-Unit/Crimes-Analysis-Unit>. Group A crimes under the FBI’s National Incident Based Reporting System are categorized into crimes against persons, crimes against property, and crimes against society. The first two of these, shown here, are similar to the Part I Offenses of the previous reporting system and shown in older reports.

**Table 13. Residents’ ratings of local government, share of adults, 2015–2021.** DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

**Figure 27. Registered voter turnout, 2020–2022.** DataHaven analysis (2023) of data from the Connecticut Office of the Secretary of the State Elections Management System. Available at <https://ctemspublic.pcctg.net>

**Figure 28. EPA Environmental Justice Index by block group, Greater Waterbury.** United States Environmental Protection Agency. 2022 version. EJSCREEN. Retrieved from <https://www.epa.gov/ejscreen>

**Figure 29. Residents’ ratings of local walkability measures by race/ethnicity, share of adults, 2015–2021.** DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

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Visit DataHaven ([ctdatahaven.org](https://ctdatahaven.org)) for more information. This report was authored by Camille Seaberry, Kelly Davila, and Mark Abraham of DataHaven.

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## ABOUT DATAHAVEN

DataHaven is a non-profit organization with a 30-year history of public service to Connecticut. Our mission is to empower people to create thriving communities by collecting and ensuring access to data on well-being, equity, and quality of life. DataHaven is a formal partner of the National Neighborhood Indicators Partnership of the Urban Institute in Washington, D.C.

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