



THE MIDSTATE MEDICAL CENTER HSA 2022 EQUITY PROFILE

DataHaven

MIDSTATE MEDICAL CENTER SERVICE AREA 2022 EQUITY PROFILE

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Compiled by DataHaven in April 2022.

This report is designed to inform local-level efforts to improve community well-being and racial equity. This represents version 1.0 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 2.0 of this report.

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EXECUTIVE SUMMARY

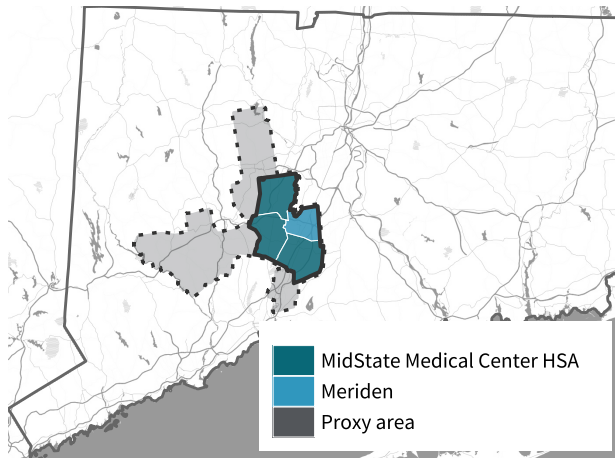
Throughout most of the measures in this report, there are important differences by race/ethnicity and neighborhood that reflect differences in access to resources and other health-related social needs. Wherever possible, data will be presented with racial/ethnic breakdowns. Data for white, Black, Asian, and other populations represent non-Hispanic members of each racial group.

- The MidState Medical Center Service Area is a region of **177,480 residents**, **30 percent** of whom are people of color. The region's population has decreased by **0.48 percent** since 2010.
- Of the region's **71,590 households**, **72 percent** are homeowner households.
- **Twenty-seven percent** of the MidState Medical Center HSA's households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- Among the region's adults ages 25 and up, **35 percent** have earned a bachelor's degree or higher.
- The MidState Medical Center HSA is home to **84,804 jobs**, with the largest share in the Health Care and Social Assistance sector.
- The median household income in the MidState Medical Center HSA is **\$81,453**.
- The MidState Medical Center HSA's average life expectancy is **80.3 years**.
- **Fifty-eight percent** of adults in the MidState Medical Center HSA say they are in excellent or very good health.
- In 2020, **60 people** in the MidState Medical Center HSA died of drug overdoses.
- **Eighty-one percent** of adults in the MidState Medical Center HSA are satisfied with their area, and **50 percent** say their local government is responsive to residents' needs.
- In the 2020 presidential election, **84 percent** of registered voters in the MidState Medical Center HSA voted.
- **Fifty-two percent** of adults in the MidState Medical Center HSA report having stores, banks, and other locations in walking distance of their home, and **69 percent** say there are safe sidewalks and crosswalks in their neighborhood.

OVERVIEW

For the purposes of this report, the MidState Medical Center HSA will be compared to Connecticut as a whole, as well as to Meriden where possible. Where necessary, data may be presented for a proxy region made up of public use microdata areas (PUMAs) designated by the US Census Bureau, including parts of Hartford County and New Haven County. **Charts and tables based on these proxy areas are noted as such in their titles.**

FIGURE 1: STUDY AREA



The MidState Medical Center HSA is made up of the following locations (with 2020 populations):

- Cheshire (28,733)
- Meriden (60,850)
- Southington (43,501)
- Wallingford (44,396)

The proxy study area is made up of the following locations (with 2020 populations):

- PUMA 0900304 (113,853)
- PUMA 0900900 (131,954)
- PUMA 0900902 (129,499)

TABLE 1: ABOUT THE AREA

Indicator	Connecticut	Mid State Med. Ctr. HSA	Meriden
Total population	3,605,944	177,480	60,850
Total households	1,370,746	71,590	25,595
Homeownership rate	66%	72%	58%
Housing cost burden rate	36%	27%	32%
Adults with less than a high school diploma	9%	9%	13%
Median household income	\$78,444	\$81,453	\$58,843
Poverty rate	10%	6%	10%
Life expectancy (years)	80.3	80.3	78.9
Ages 18–64 w/o health insurance	11%	10%	15%

DEMOGRAPHICS

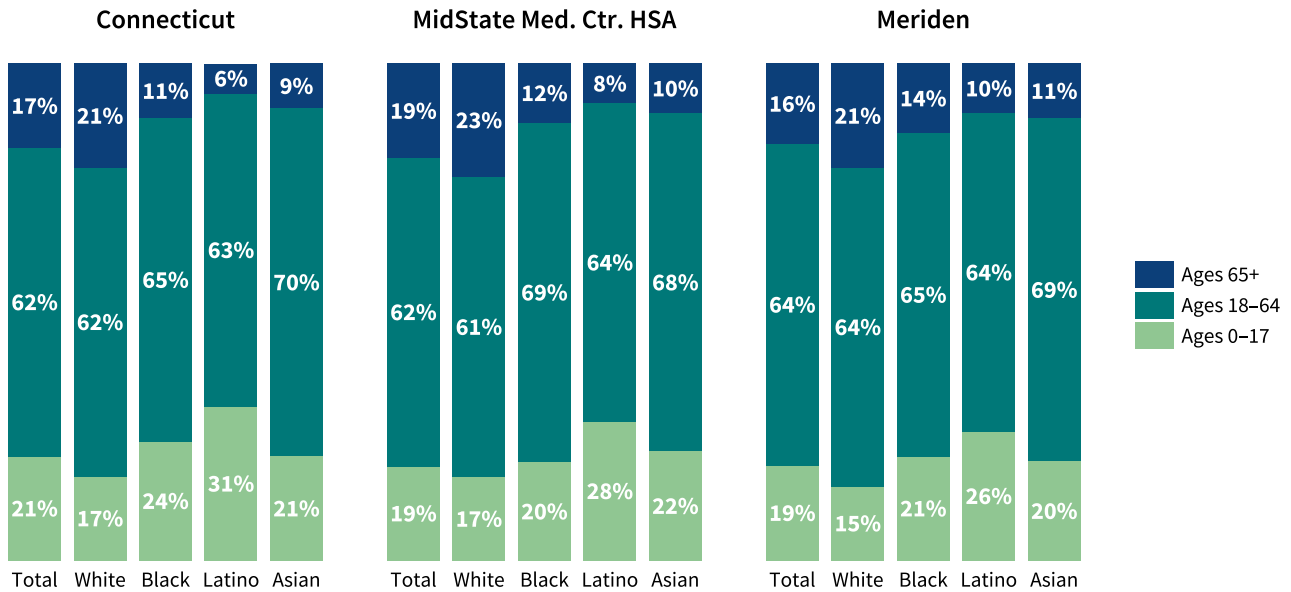
As of 2020, the population of the MidState Medical Center HSA is 177,480, including 36,140 children and 141,340 adults. Thirty percent of the MidState Medical Center HSA’s residents are people of color, compared to 37 percent of the residents statewide.

TABLE 2: POPULATION BY RACE/ETHNICITY, 2020

Area	White		Black		Latino		Asian		Native American		Other race/ethnicity	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	2,279,232	63%	360,937	10%	623,293	17%	170,459	5%	6,404	<1%	165,619	5%
MidState Med. Ctr. HSA	124,932	70%	8,242	5%	31,300	18%	6,294	4%	166	<1%	6,546	4%
Meriden	29,104	48%	5,565	9%	22,295	37%	1,311	2%	67	<1%	2,508	4%

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, 2019

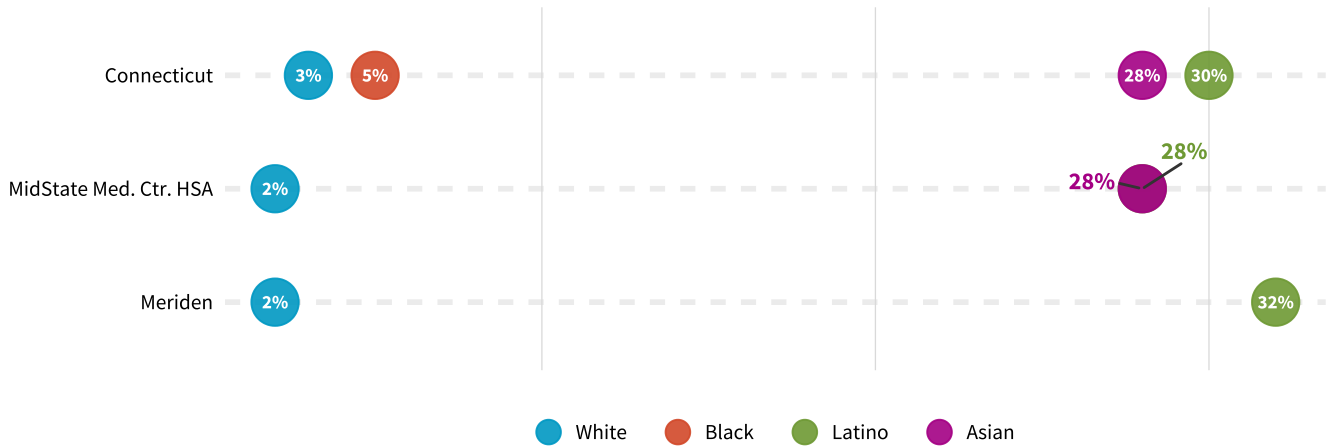


Note: Only groups with at least 50 residents shown.

About 16,735 residents of the MidState Medical Center HSA, or 9 percent of the population, are foreign-born.

Linguistic isolation is characterized as speaking English less than “very well.” People who struggle with English proficiency may have difficulty in school, seeking health care, accessing social services, or finding work in a largely English-speaking community. As of 2019, 10,634 MidState Medical Center HSA residents, or 6 percent of the population age 5 and older, were linguistically isolated. Latinos and Asian Americans are more likely to be linguistically isolated than other racial/ethnic groups.

FIGURE 3: LINGUISTIC ISOLATION BY RACE/ETHNICITY, 2019



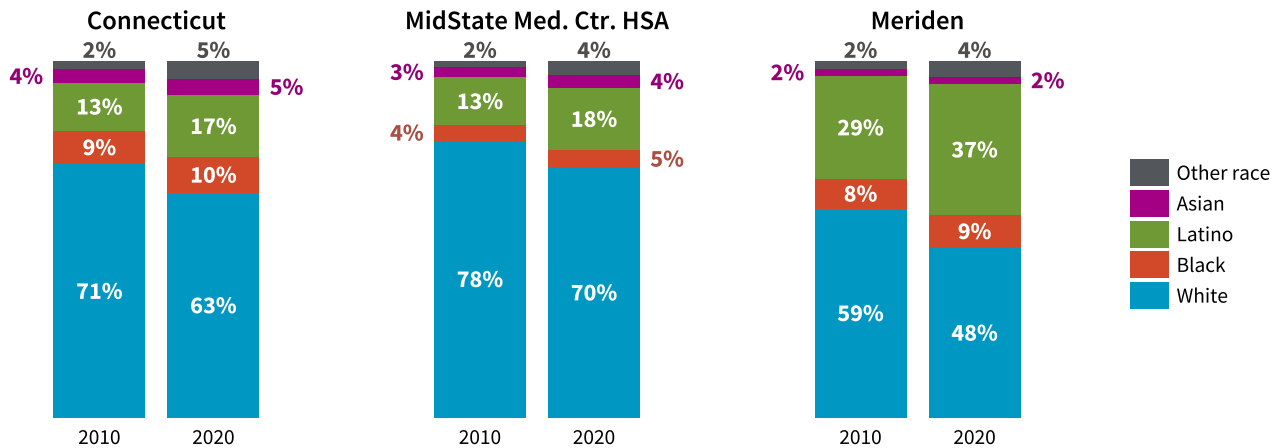
Population change: 2020 Census

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, the MidState Medical Center HSA shrank by 853 people, a less than 1 percent decrease. The number of white residents in the MidState Medical Center HSA shrank by 10 percent, while the non-white population grew by 33 percent.

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

	Population, 2010	Population, 2020	Change	Percent change
Connecticut				
All ages	3,574,097	3,605,944	+31,847	+0.9%
Children	817,015	736,717	-80,298	-9.8%
Adults	2,757,082	2,869,227	+112,145	+4.1%
MidState Medical Center HSA				
All ages	178,333	177,480	-853	-0.5%
Children	40,827	36,140	-4,687	-11.5%
Adults	137,506	141,340	+3,834	+2.8%
Meriden				
All ages	60,868	60,850	-18	-0.0%
Children	14,553	13,309	-1,244	-8.5%
Adults	46,315	47,541	+1,226	+2.6%

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



HOUSING

The MidState Medical Center HSA has 71,590 households, of which 72 percent are homeowner households. Of the region's 78,036 housing units, 67 percent are single-family units.

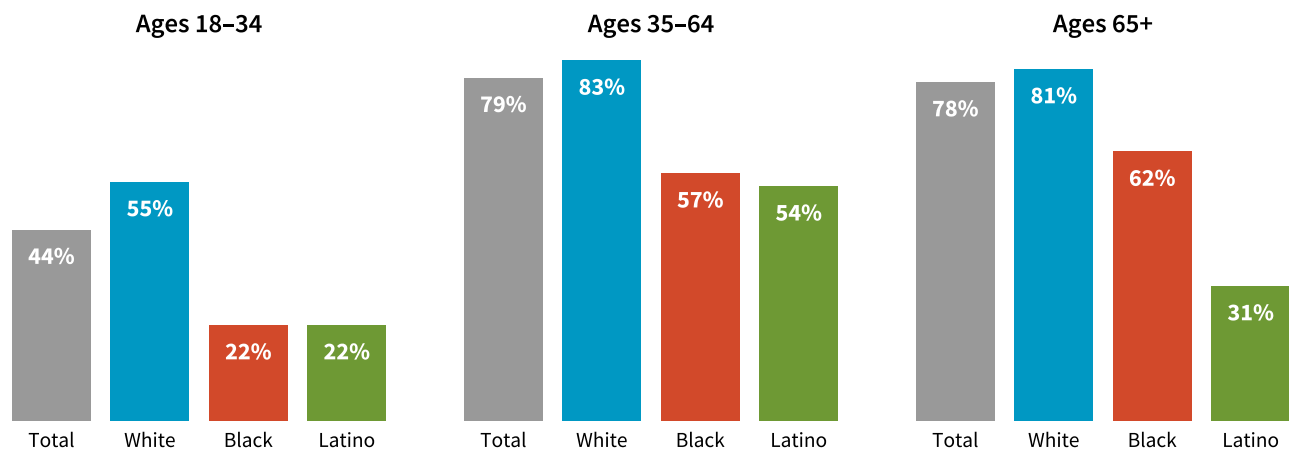
Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for advantaged groups because the process of purchasing a home has a long history of racially discriminatory practices that continue to restrict access to homeownership today. This challenge, coupled with municipal zoning 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, 2019

Area	Total	White	Black	Latino	Asian	Native American
Connecticut	66%	76%	39%	34%	58%	40%
MidState Medical Center HSA	72%	79%	49%	35%	74%	N/A
Meriden	58%	72%	49%	30%	57%	N/A

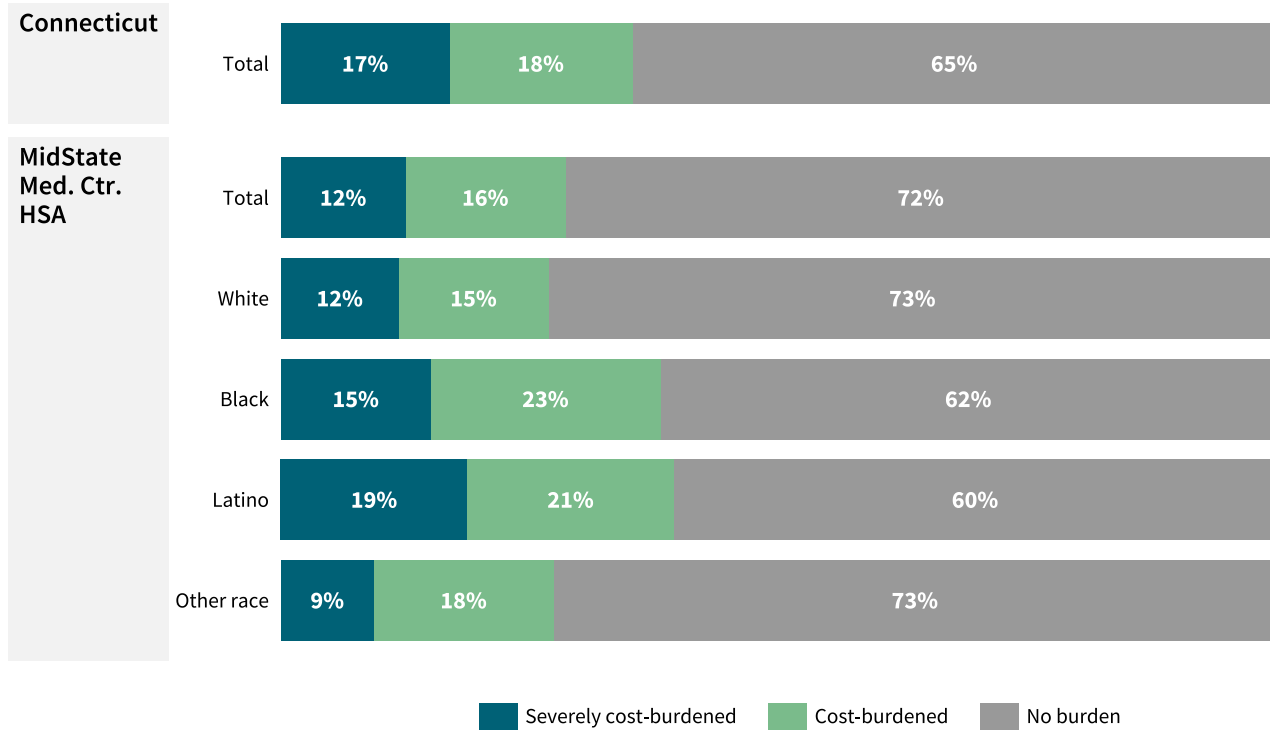
Younger adults are less likely than older adults to own their homes across several race/ethnicity groups. However, in most towns, younger white adults own their homes at rates comparable to or higher than older Black and Latino adults.

FIGURE 5: HOMEOWNERSHIP RATES BY AGE AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, MIDSTATE MEDICAL CENTER HSA (PROXY AREA), 2019



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. Meanwhile, wages have largely stagnated, especially among lower-income workers who are more likely to rent. As a result, cost-burden generally affects renters more than homeowners, and has greater impact on Black and Latino householders. Among renter households in the MidState Medical Center HSA, 40 percent are cost-burdened, compared to 22 percent of owner households.

FIGURE 6: HOUSING COST-BURDEN RATES BY RACE/ETHNICITY (WITH PROXY AREA), 2019



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, 2019

Area	Total		White		Black		Latino		Asian		Native American	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	25,541	2%	7,252	<1%	4,437	3%	10,771	6%	2,954	6%	158	4%
MidState Med. Ctr. HSA	735	1%	232	<1%	94	3%	375	4%	<50	N/A	<50	N/A
Meriden	468	2%	71	<1%	81	4%	320	4%	<50	N/A	<50	N/A

EDUCATION

Public school students in the MidState Medical Center HSA are served by 4 school districts for pre-kindergarten through grade 12. During the 2019–2020 school year, there were a total of 24,391 students enrolled in these districts, with 8,163 enrolled in the Meriden 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, 2019–2020

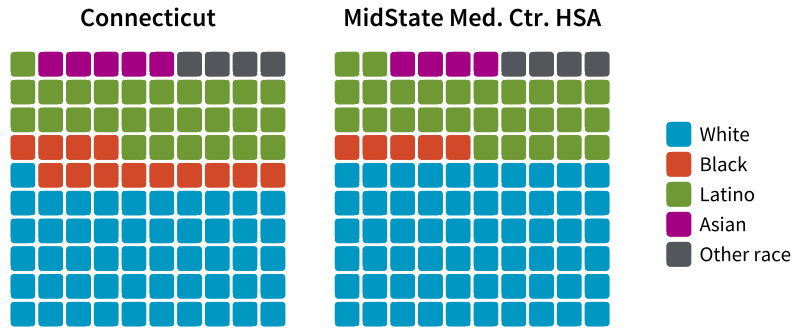
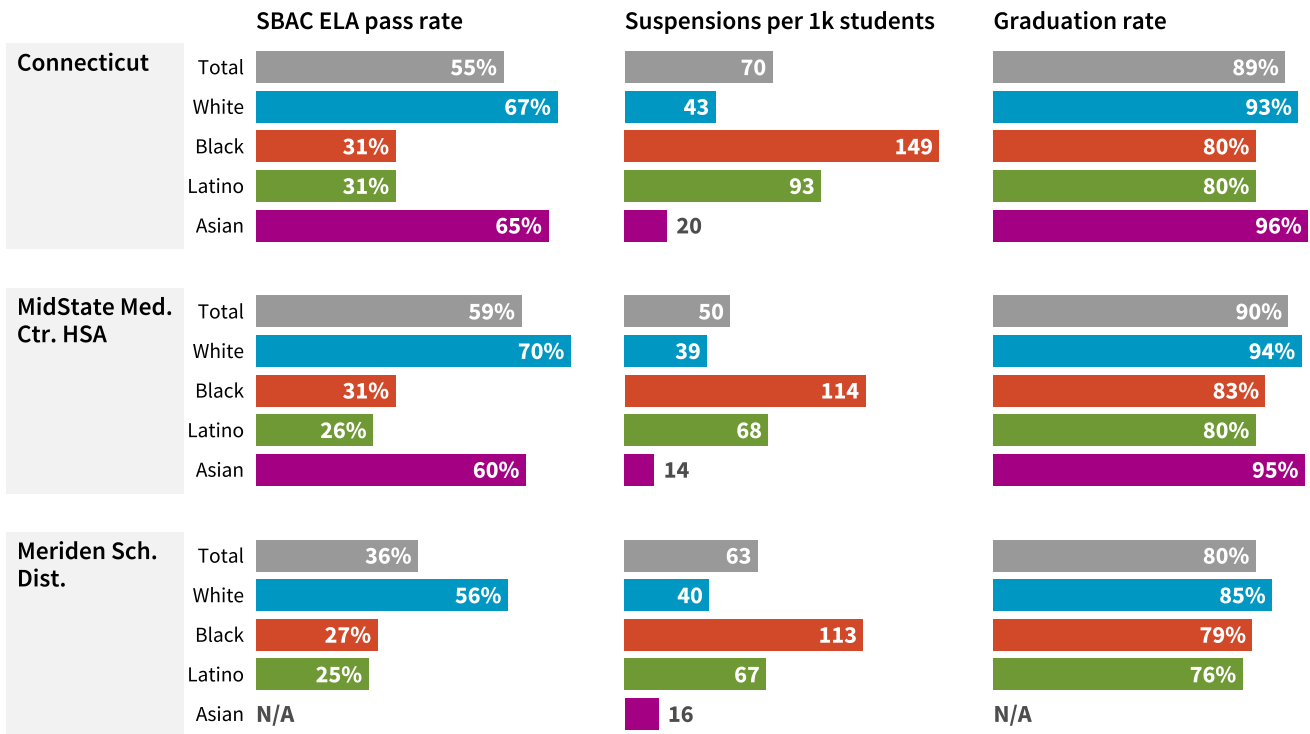
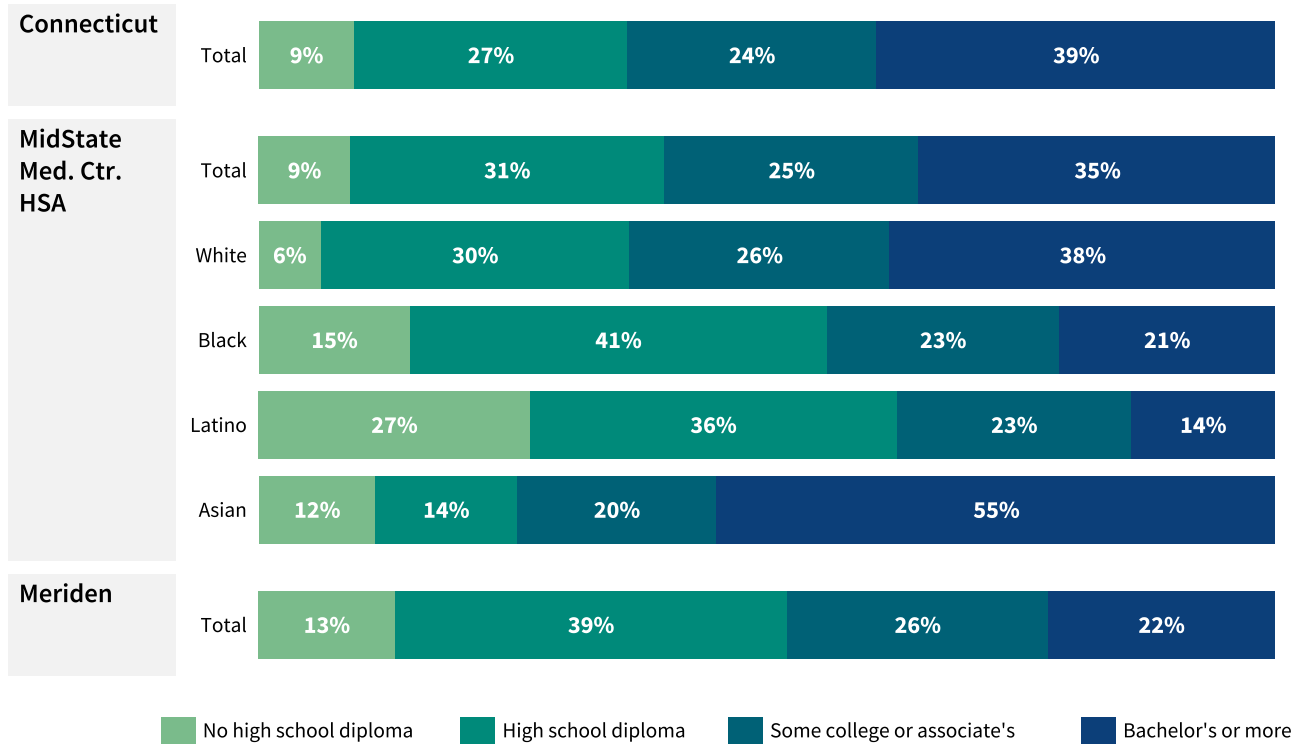


FIGURE 8: SELECTED ACADEMIC AND DISCIPLINARY OUTCOMES BY STUDENT RACE/ETHNICITY, 2018–2019



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 the MidState Medical Center HSA, 9 percent of adults ages 25 and over, or 11,698 people, lack a high school diploma; this share is 9 percent statewide and 13 percent in Meriden.

FIGURE 9: EDUCATIONAL ATTAINMENT BY RACE/ETHNICITY, SHARE OF ADULTS AGES 25 AND UP, 2019



ECONOMY

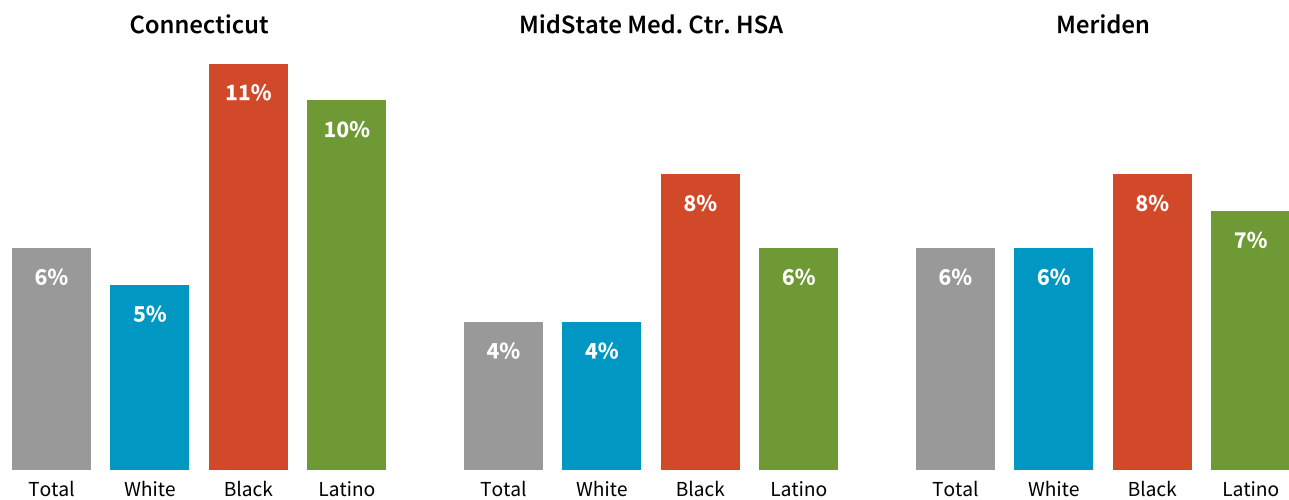
There are a total of 84,804 jobs based in towns in the MidState Medical Center HSA, with 22,727 jobs based in Meriden. Jobs in the Health Care and Social Assistance sector make up the largest share in the region. While these numbers are from 2019 and do not include economic outcomes related to the COVID-19 pandemic, they describe general labor market strengths and average wages for the area.

TABLE 6: JOBS AND WAGES IN MIDSTATE MEDICAL CENTER HSA'S 5 LARGEST SECTORS, 2019

Sector	Connecticut		MidState Med. Ctr. HSA	
	Total jobs	Avg annual pay	Total jobs	Avg annual pay
All Sectors	1,670,354	\$69,806	84,804	\$56,268
Health Care and Social Assistance	271,014	\$54,858	14,161	\$48,871
Manufacturing	161,893	\$85,031	9,213	\$74,635
Retail Trade	175,532	\$35,833	8,386	\$32,884
Accommodation and Food Services	129,012	\$23,183	6,542	\$19,632
Administrative and Support and Waste Management and Remediation Services	89,852	\$47,443	5,162	\$35,644

Rates of unemployment also vary by race and ethnicity. Generally, workers of color are more likely to be unemployed due to factors ranging from hiring practices to proximity to available jobs. Overall unemployment in the MidState Medical Center HSA averaged 4 percent in 2019.

FIGURE 10: UNEMPLOYMENT RATE BY RACE/ETHNICITY, 2019

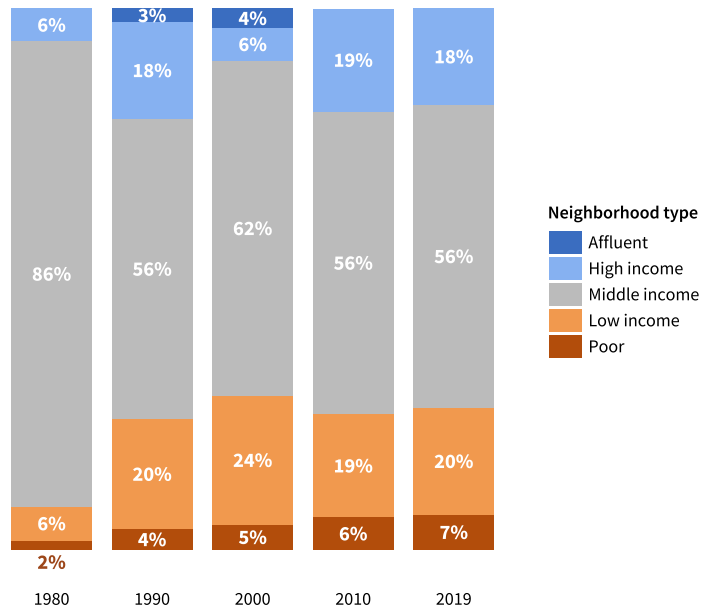


INCOME & WEALTH

The median household income in Connecticut is \$77,696. Within the MidState Medical Center HSA, median household incomes by town range from \$58,843 in Meriden to \$120,546 in Cheshire. Racial disparities in outcomes related to education, 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.

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

FIGURE 11: DISTRIBUTION OF POPULATION BY NEIGHBORHOOD INCOME LEVEL, MIDSTATE MEDICAL CENTER HSA, 1980–2019



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 (\$25,750 for a family of four in 2019). Throughout the state, poverty and SNAP utilization rates are higher among Black and Latino households than white households.

TABLE 7: SELECTED HOUSEHOLD ECONOMIC INDICATORS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

	Total		White		Black		Latino		Asian		Native American	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Population living below poverty level												
Connecticut	344,146	10%	137,123	6%	65,664	18%	123,431	22%	12,398	8%	1,629	17%
MidState Med. Ctr. HSA	10,576	6%	5,429	4%	719	9%	4,117	18%	180	3%	<50	N/A
Meriden	6,156	10%	2,083	6%	533	9%	3,437	20%	63	6%	<50	N/A
Households receiving food stamps/SNAP												
Connecticut	162,967	12%	67,339	7%	34,650	26%	56,091	32%	3,145	6%	958	26%
MidState Med. Ctr. HSA	10,047	14%	5,275	9%	813	27%	3,778	43%	92	5%	<50	N/A
Meriden	6,864	27%	2,579	17%	737	32%	3,433	48%	<50	N/A	<50	N/A

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

TABLE 8: HOUSEHOLDS WITH NO VEHICLE AT HOME BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD (WITH PROXY AREA), 2019

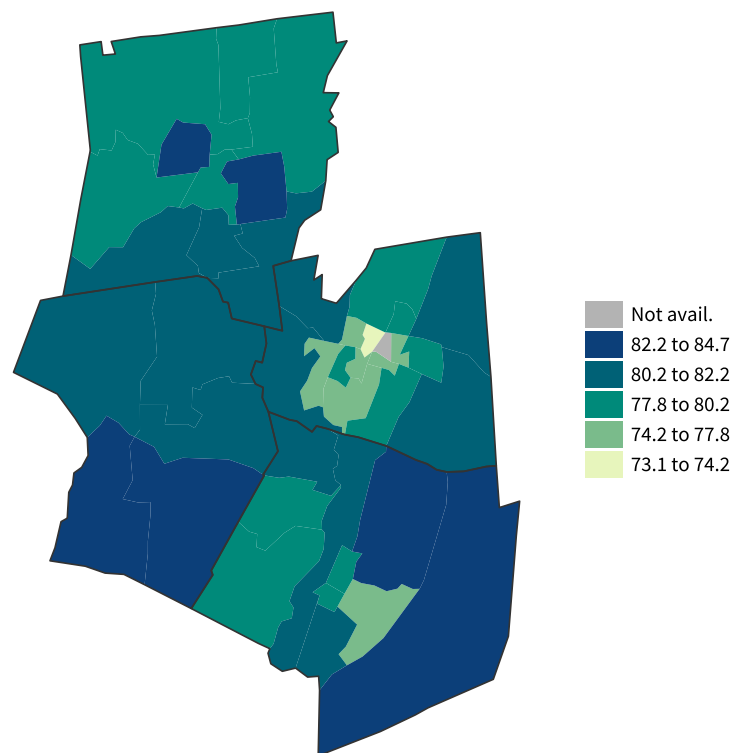
Area	Total		White		Black		Latino		Other race	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	121,434	9%	55,942	6%	27,048	21%	30,496	17%	7,948	10%
MidState Medical Center HSA	9,225	6%	6,671	5%	583	10%	1,636	12%	335	7%
Meriden	2,987	12%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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.

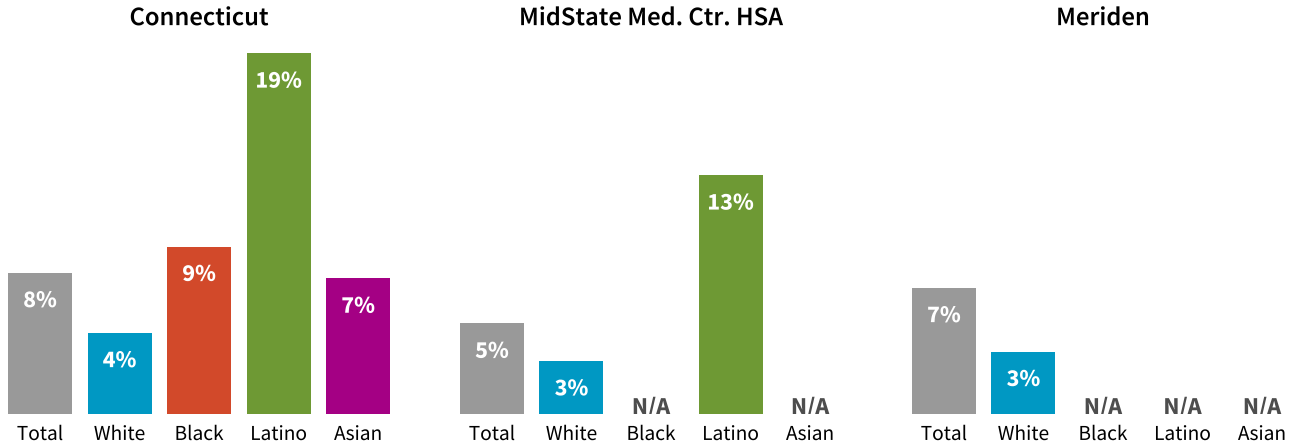
Life expectancy is a good proxy for overall health and well-being since it is the culmination of so many other social and health factors. The average life expectancy in the MidState Medical Center HSA is 80.3 years, compared to 78.9 years in Meriden and 80.3 years statewide.

FIGURE 12: LIFE EXPECTANCY, MIDSTATE MEDICAL CENTER HSA 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.

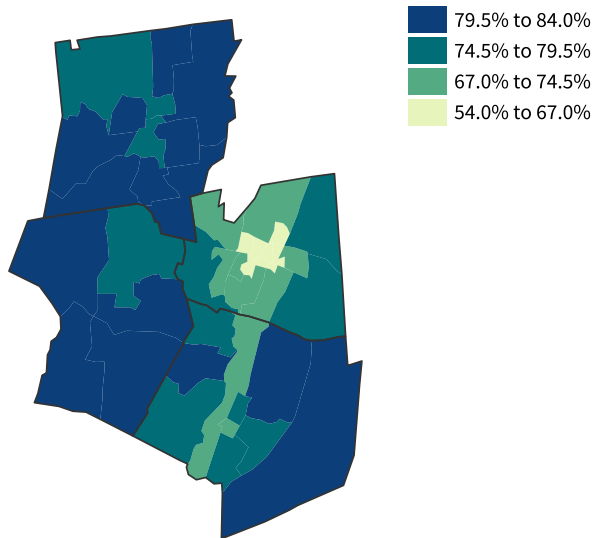
FIGURE 13: UNINSURED RATE AMONG ADULTS AGES 19–64 BY RACE/ETHNICITY, 2019



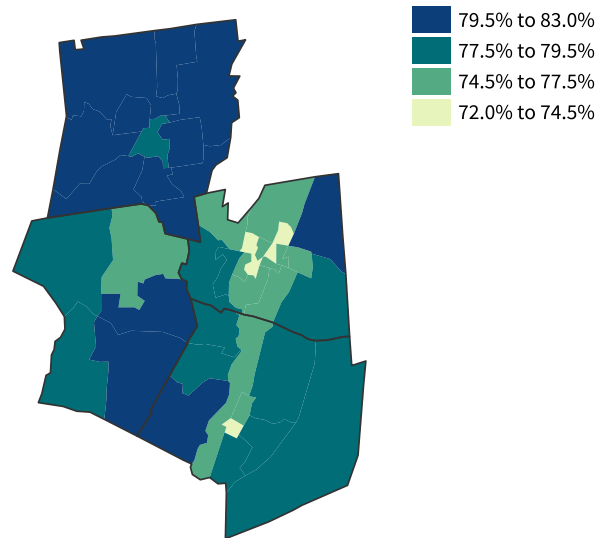
Preventive care can help counteract economic disadvantages, as a person’s health can be improved by addressing risk factors like hypertension and chronic stress early. Lack of affordable, accessible, and consistent medical care can lead to residents relying on expensive emergency room visits later on. Overall, 78 percent of the adults in the MidState Medical Center HSA had an annual checkup as of 2018, and 77 percent had a dental visit within the previous 12 months.

FIGURE 14: PREVENTIVE CARE MEASURES, SHARE OF ADULTS BY CENSUS TRACT, MIDSTATE MEDICAL CENTER HSA

Dental visit in past year, 2018



Annual checkup, 2019



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 15: SELECTED HEALTH RISK FACTORS, SHARE OF ADULTS, 2015–2021

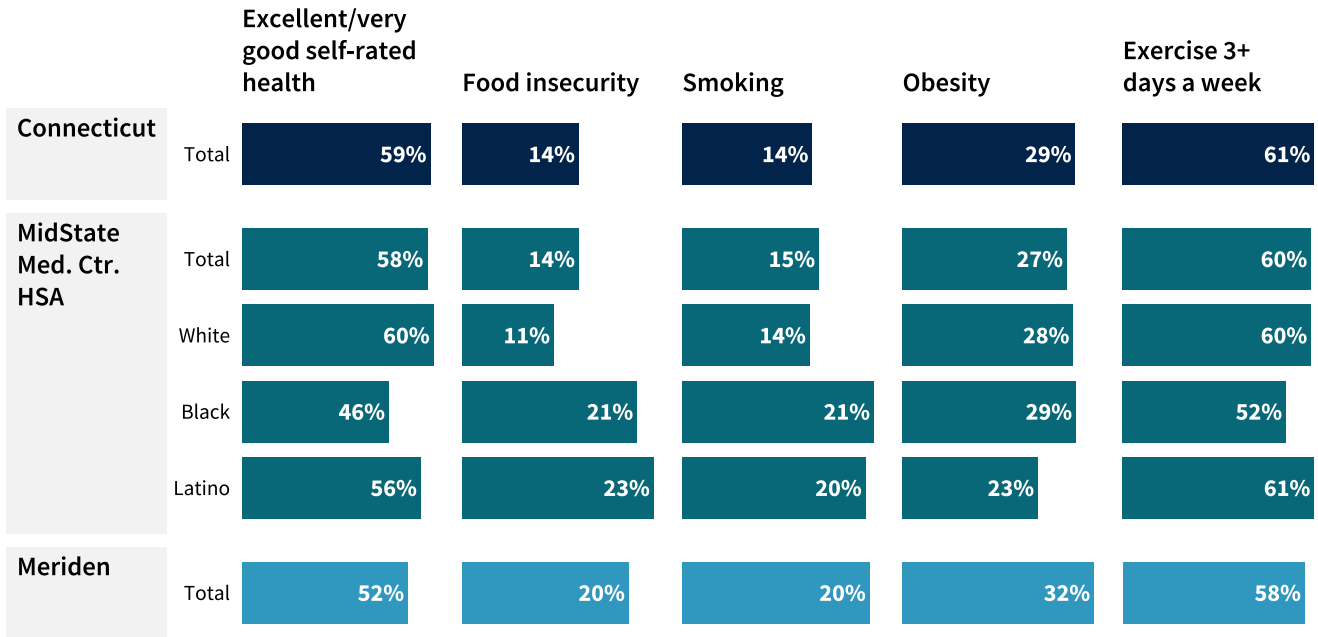


FIGURE 16: SELECTED HEALTH INDICATORS BY AGE AND RACE/ETHNICITY, SHARE OF ADULTS, MIDSTATE MEDICAL CENTER HSA, 2015–2021

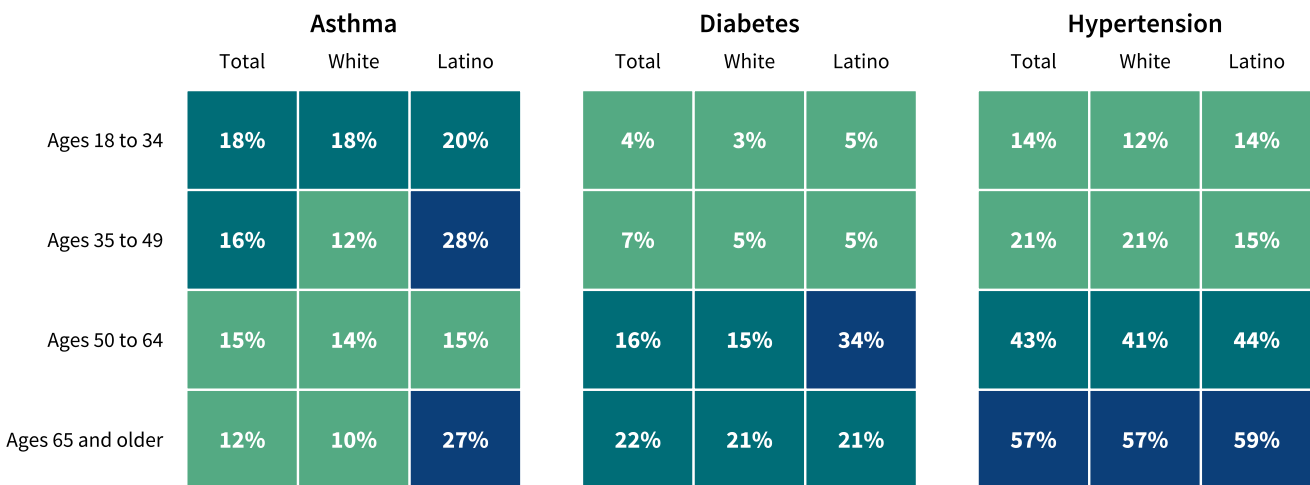
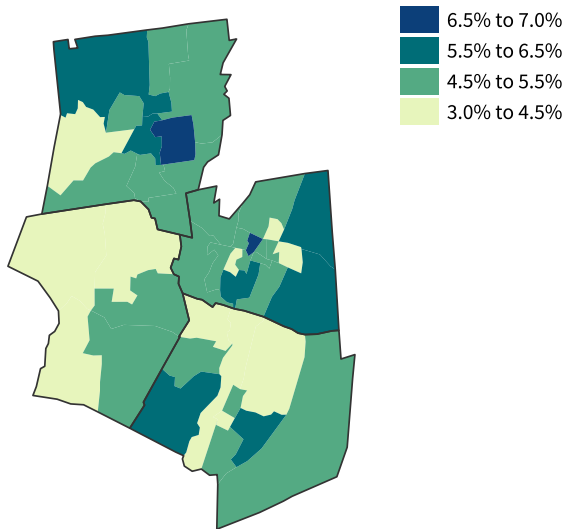
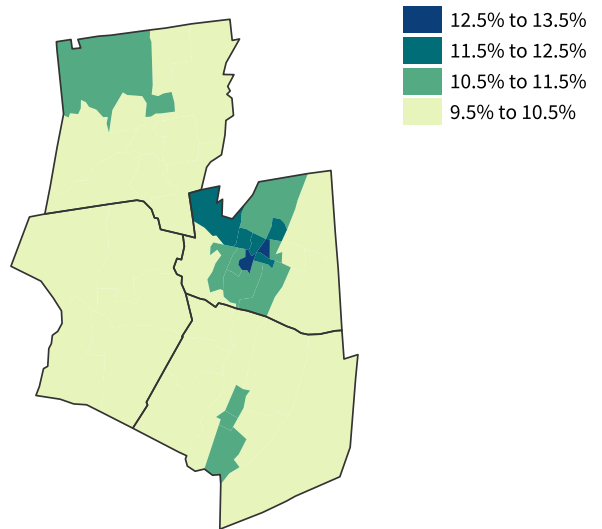


FIGURE 17: CHRONIC DISEASE PREVALENCE, SHARE OF ADULTS BY CENSUS TRACT, MIDSTATE MEDICAL CENTER HSA

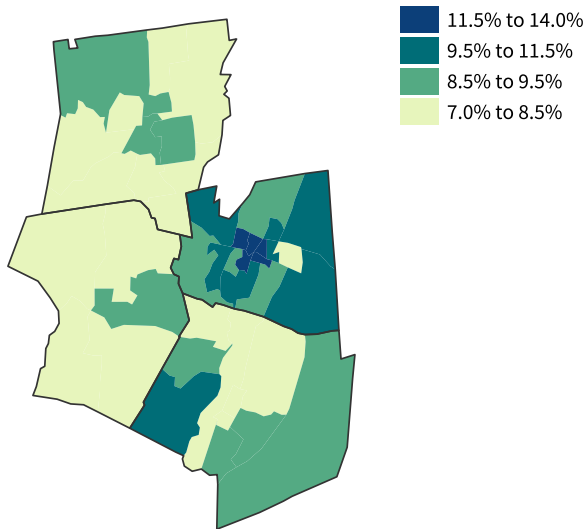
Coronary heart disease, 2019



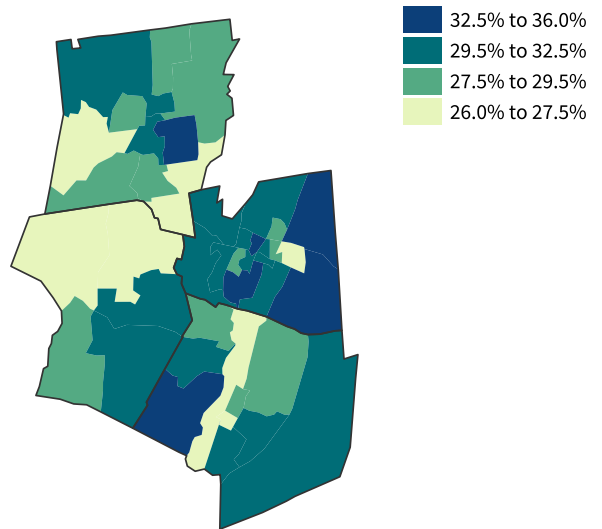
Current asthma, 2019



Diabetes, 2019



High blood pressure, 2019



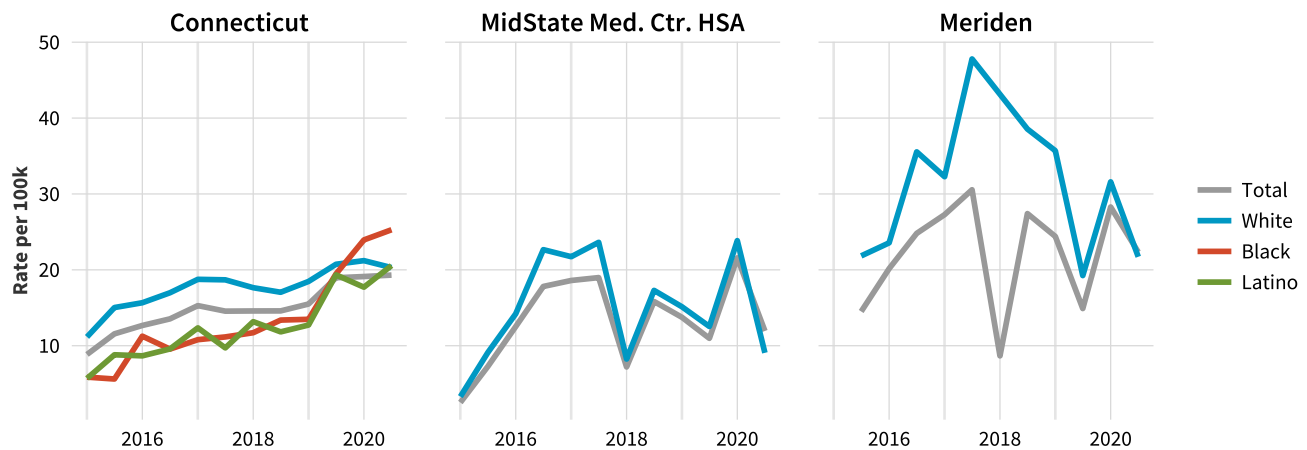
Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems as well, including by complicating a person’s ability to keep up other aspects of their health care. People of color are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 13 percent of MidState Medical Center HSA adults report experiencing anxiety regularly and 10 percent report being bothered by depression.

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

	Total	White	Black	Latino	Asian	Native American
Experiencing anxiety						
Connecticut	13%	11%	15%	19%	15%	15%
MidState Med. Ctr. HSA	13%	10%	13%	18%	N/A	N/A
Meriden	17%	12%	17%	21%	N/A	N/A
Bothered by depression						
Connecticut	9%	8%	10%	14%	9%	11%
MidState Med. Ctr. HSA	10%	7%	9%	28%	N/A	N/A
Meriden	19%	13%	16%	34%	N/A	N/A

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

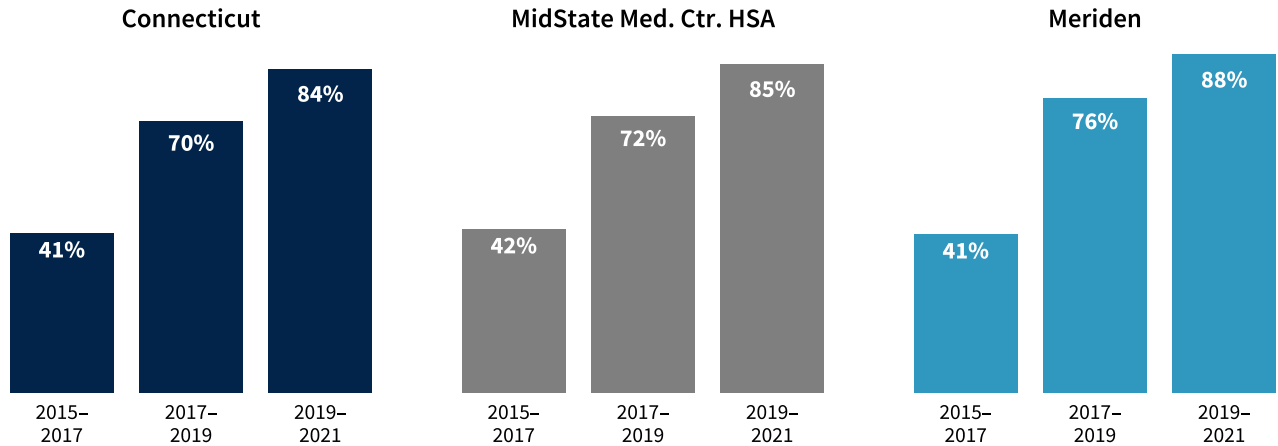
FIGURE 18: AGE-ADJUSTED SEMI-ANNUAL RATES OF DRUG OVERDOSE DEATHS PER 100,000 RESIDENTS BY RACE/ETHNICITY, 2015–2020



Note: Values suppressed for small populations or few overdose incidents.

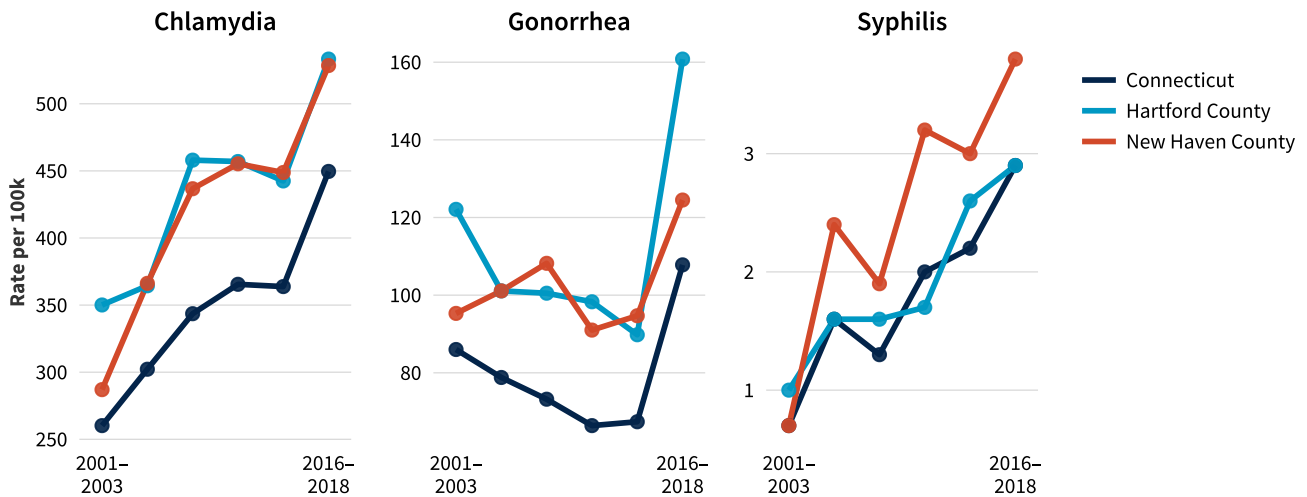
The introduction and spread of fentanyl in drugs—both with and without users’ knowledge—is thought to have contributed to this steep rise in overdoses. In 2015 and 2016, 42 percent of the drug overdose deaths in the MidState Medical Center HSA involved fentanyl; in 2019 and 2020, this share was 85 percent.

FIGURE 19: SHARE OF DRUG OVERDOSE DEATHS INVOLVING FENTANYL, 2015–2020



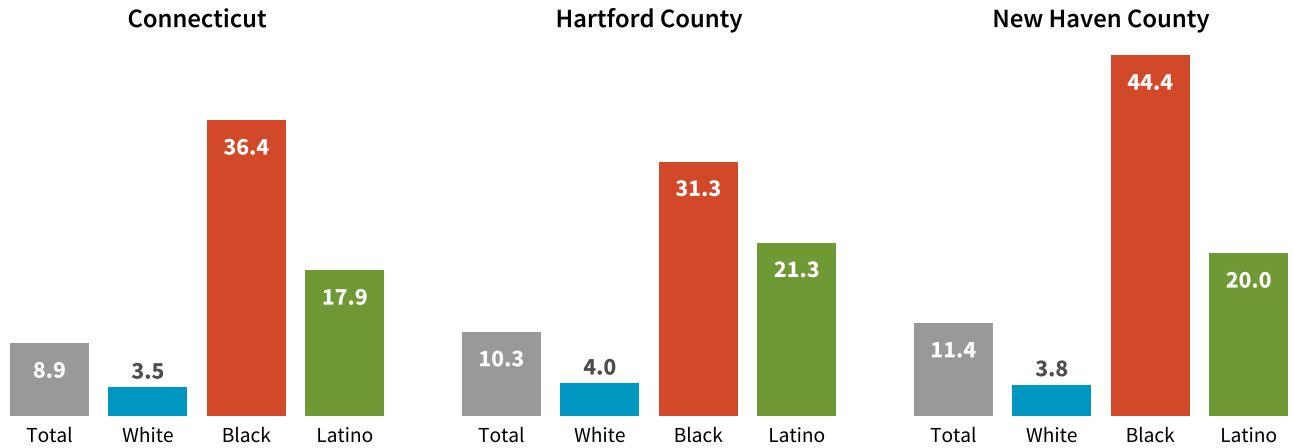
Sexually transmitted infections (STIs) can have long-term implications for health, including reproductive health problems and certain cancers, and can increase the risk of acquiring and transmitting diseases such as HIV and hepatitis C. Following nationwide trends, Connecticut has seen increases in the rates of STIs like chlamydia and gonorrhea over the past two decades. Between 2016 and 2018, Hartford County had annual average case rates of 533 new cases of chlamydia per 100,000 residents, 161 cases of gonorrhea per 100,000, and 2.9 cases of syphilis per 100,000; New Haven County had annual average case rates of 528 new cases of chlamydia per 100,000 residents, 124 cases of gonorrhea per 100,000, and 3.8 cases of syphilis per 100,000.

FIGURE 20: ANNUALIZED AVERAGE RATES OF NEW CASES OF SELECTED SEXUALLY TRANSMITTED INFECTIONS PER 100,000 RESIDENTS, 2001–2003 THROUGH 2016–2018



Like many other diseases, Connecticut’s Black and Latino residents face a higher burden of HIV rates. Statewide between 2016 and 2018, Black residents ages 13 and up were more than 10 times more likely to be diagnosed with HIV than white residents.

FIGURE 21: ANNUALIZED AVERAGE RATE OF NEW HIV DIAGNOSES PER 100,000 RESIDENTS AGES 13 AND OVER, 2016–2018

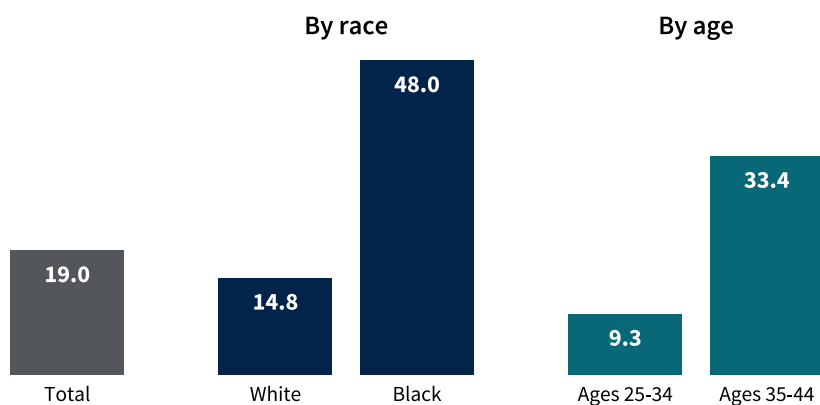


Birth outcomes often reflect health inequities for parents giving birth, and those outcomes can affect a child throughout their life. Often, parents of color have more complications related to birth and pregnancy than white parents. Complications during pregnancy or childbirth also contribute to elevated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

TABLE 10: SELECTED BIRTH OUTCOMES BY RACE/ETHNICITY OF PARENT GIVING BIRTH, 2016–2018

Area	Total	White	Black	Latina			Asian
				Latina (overall)	Puerto Rican	Other Latina	
Late or no prenatal care							
Connecticut	3.4%	2.5%	5.7%	4.0%	2.9%	5.1%	3.5%
MidState Med. Ctr. HSA	2.5%	1.8%	6.0%	2.8%	2.0%	3.8%	5.8%
Meriden	3.6%	3.1%	6.1%	3.0%	2.2%	4.5%	13.5%
Low birthweight							
Connecticut	7.8%	6.4%	12.1%	8.3%	10.2%	6.6%	8.7%
MidState Med. Ctr. HSA	7.6%	6.8%	N/A	7.7%	9.4%	4.9%	N/A
Meriden	8.0%	6.3%	N/A	7.7%	9.4%	N/A	N/A
Infant mortality (per 1k live births)							
Connecticut	4.6	3.1	9.5	5.0	N/A	N/A	N/A
MidState Med. Ctr. HSA	2.6	2.5	N/A	N/A	N/A	N/A	N/A
Meriden	3.4	N/A	N/A	N/A	N/A	N/A	N/A

FIGURE 22: 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 2013 and 2017, 2.7 percent of children tested in the MidState Medical Center HSA were found to have elevated blood 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 slightly more likely to live in structures built before 1960.

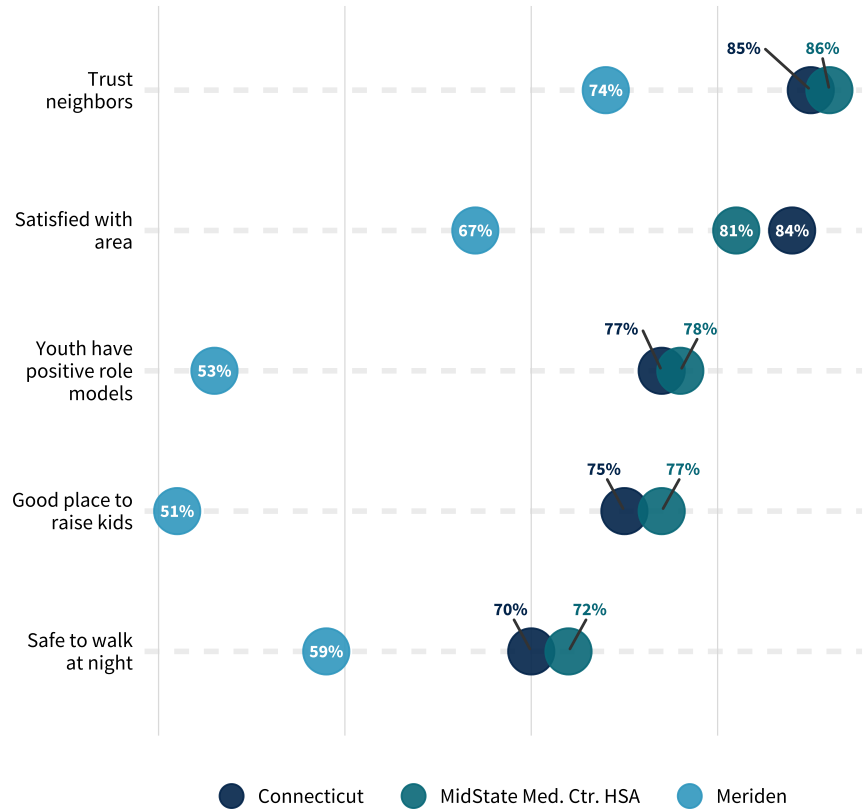
TABLE 11: HOUSEHOLDS LIVING IN STRUCTURES BUILT BEFORE 1960 BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD (WITH PROXY AREA), 2019

Area	Total		White		Black		Latino		Other race	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	580,941	42%	399,512	40%	63,552	49%	93,011	53%	24,866	32%
MidState Med. Ctr. HSA	56,946	39%	46,013	38%	2,426	40%	7,230	52%	1,277	25%

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, 81 percent of MidState Medical Center HSA adults reported being satisfied with the area where they live.

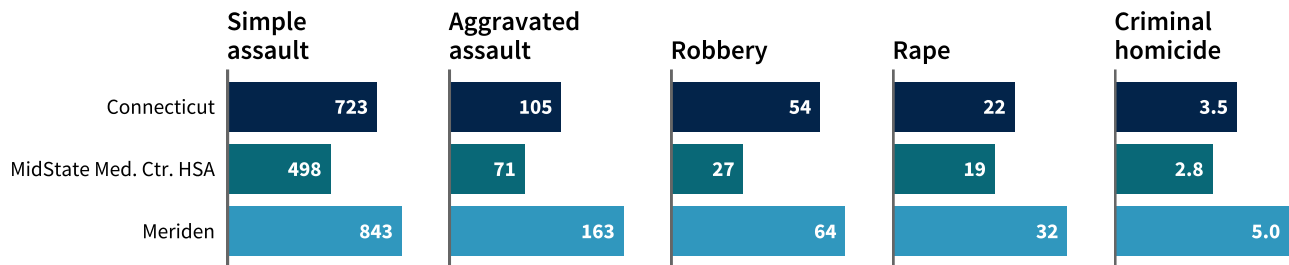
FIGURE 23: RESIDENTS' RATINGS OF COMMUNITY COHESION MEASURES, SHARE OF ADULTS, 2015-2021



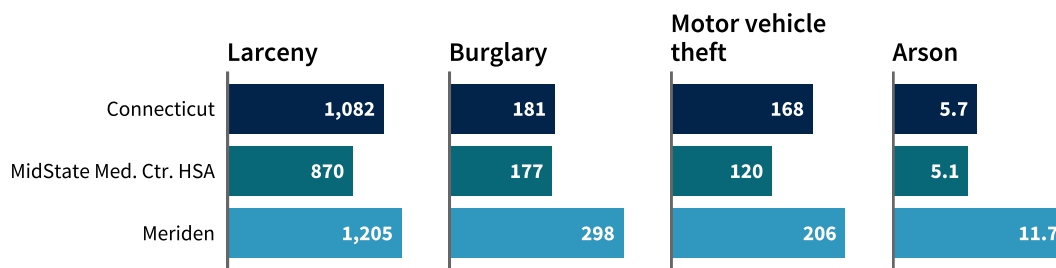
Crime rates per 100,000 residents are based on reports to law enforcement of violent force against persons, as well as offenses involving property. Not all crimes involve residents of the areas where the crimes occur, which is important to consider when evaluating crime rates in areas or towns with more 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 24: PART I CRIME RATES PER 100,000 RESIDENTS BY TOWN / JURISDICTION, 2019

Crimes against persons



Crimes against property



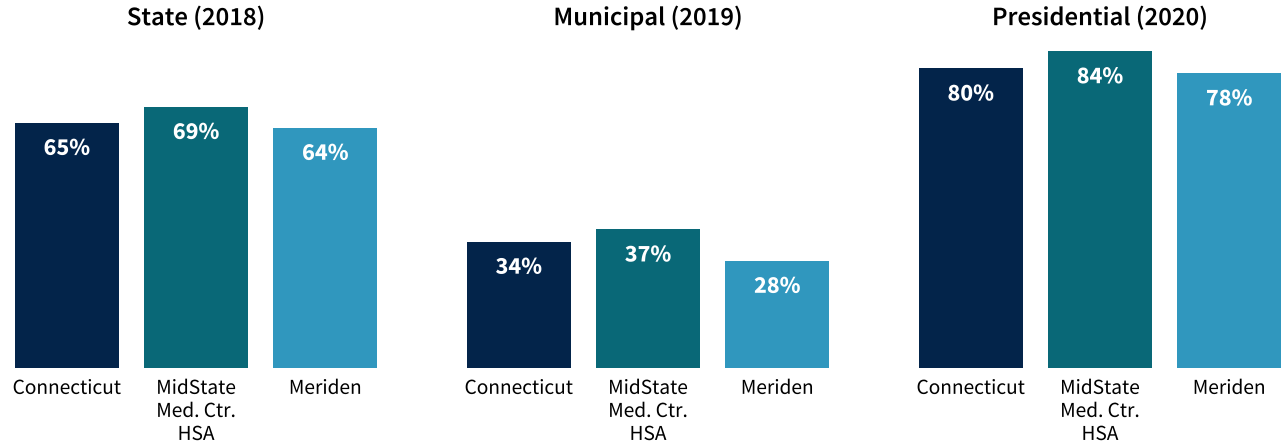
A lack of trust in and engagement with local government and experiences of unfair treatment by authorities can impair community well-being and cohesion. Fifty percent of MidState Medical Center HSA adults feel their local government is responsive to residents’ needs, compared to 53 percent statewide.

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%
MidState Medical Center HSA	50%	65%
Meriden	28%	56%

During the 2020 presidential election, 84 percent of registered voters in the MidState Medical Center HSA cast ballots, as did 80 percent statewide. Seventy-nine percent of area voters voted in the 2016 presidential election.

FIGURE 25: REGISTERED VOTER TURNOUT, 2018–2020

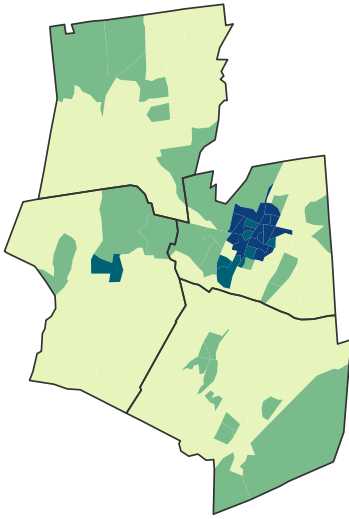


ENVIRONMENT & SUSTAINABILITY

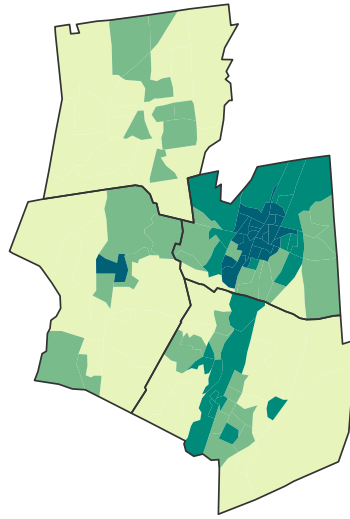
Many environmental factors—from access to outdoor resources to tree canopy to exposure to pollutants—can have direct impacts on residents’ health and quality of life. Environmental justice is the idea that these factors of built and natural environments follow familiar patterns of socioeconomic disparities 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 26: EPA ENVIRONMENTAL JUSTICE INDEX BY BLOCK GROUP, MIDSTATE MEDICAL CENTER HSA

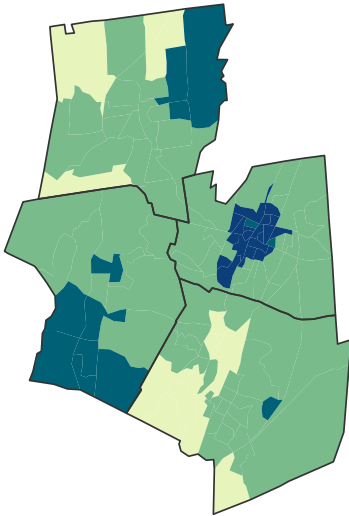
Lead paint exposure risk



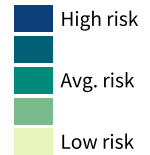
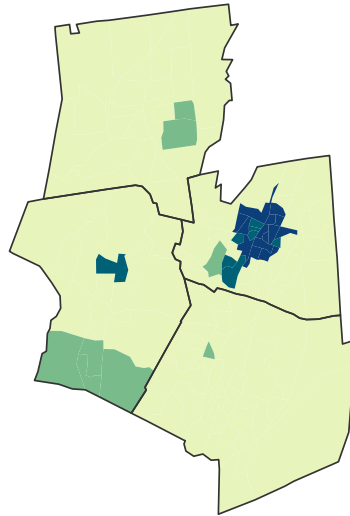
Air cancer risk



Proximity to water discharge

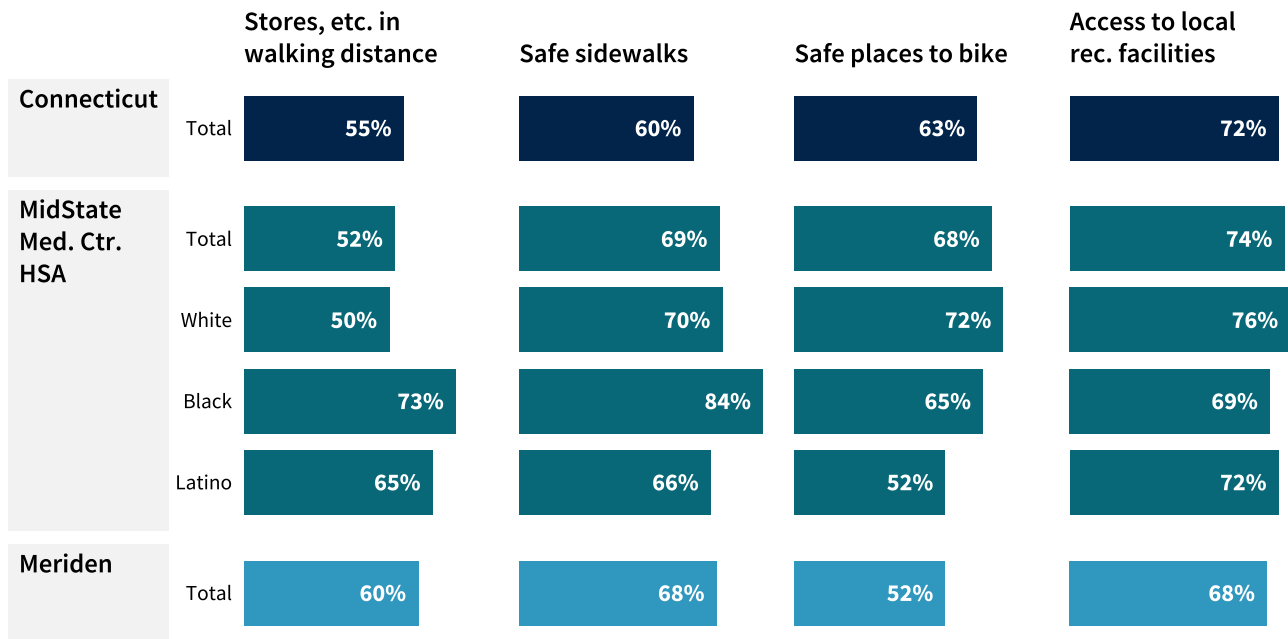


Proximity to waste treatment facilities



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 the MidState Medical Center HSA, 52 percent report having stores, banks, and other locations they need in walking distance, lower than the share of adults statewide.

FIGURE 27: 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 (2021) of US Census Bureau American Community Survey 2019 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>

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, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 3. Linguistic isolation by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 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, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 5. Homeownership rates by age and race/ethnicity of head of household, MidState Medical Center HSA (proxy area), 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year public use microdata sample (PUMS) data, accessed via IPUMS. Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek. IPUMS USA: Version 11.0 [dataset]. Minneapolis, MN: IPUMS, 2021. <https://doi.org/10.18128/D010.V11.0>

Figure 6. Housing cost-burden rates by race/ethnicity (with proxy area), 2019. DataHaven analysis (2021) of Ruggles, et al. (2019).

Table 5. Overcrowded households by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 7. Public K–12 student enrollment by race/ethnicity per 100 students, 2019–2020. DataHaven analysis (2021) of 2019–2020 school year 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, 2018–2019. DataHaven analysis (2021) of 2018–2019 school year Smarter Balanced Assessment Consortium (SBAC) testing (8th grade English/language arts), discipline, and four-year graduation data from the Connecticut State Department of Education, accessed via EdSight. Because students can be suspended more than once in a school year, the suspension rate is given as the number of reported suspensions per 1,000 enrolled students rather than a percentage.

Figure 9. Educational attainment by race/ethnicity, share of adults ages 25 and up, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 6. Jobs and wages in MidState Medical Center HSA's 5 largest sectors, 2019. DataHaven analysis (2021) 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

Figure 10. Median income by race/ethnicity and sex for full-time workers ages 25 and over with positive income, 2019. DataHaven analysis (2021) of Ruggles, et al. (2019).

Figure 11. Unemployment rate by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 12. Median household income by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 7. Selected household economic indicators by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 8. Households with no vehicle at home by race/ethnicity of head of household (with proxy area), 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 13. Distribution of population by neighborhood income level, MidState Medical Center HSA, 1980–2019. DataHaven analysis (2021) of household income and population by Census tract. Values for 1980–2000 are from the US Census Bureau Decennial Census, provided by the Neighborhood Change Database (NCDB) created by GeoLytics and the Urban Institute with support from the Rockefeller Foundation (2012). 2019 values are calculated from US Census Bureau American Community Survey 2019 5-year estimates.

Figure 14. Life expectancy, MidState Medical Center HSA 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, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 16. Preventive care measures, share of adults by Census tract, MidState Medical Center HSA. Data from PLACES Project. Centers for Disease Control and Prevention.

Figure 17. Selected health risk factors, share of adults, 2015–2021. DataHaven analysis (2021) 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, MidState Medical Center HSA, 2015–2021. DataHaven analysis (2021) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Figure 19. Chronic disease prevalence, share of adults by Census tract, MidState Medical Center HSA. Data from PLACES Project. Centers for Disease Control and Prevention.

Table 9. Selected mental health indicators, share of adults, 2015–2021. DataHaven analysis (2021) 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, 2015–2020. DataHaven analysis (2021) of Accidental Drug Related Deaths 2012–2018. 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, 2015–2020. DataHaven analysis (2021) of Accidental Drug Related Deaths 2012–2018. Connecticut Office of the Chief Medical Examiner.

Figure 22. Annualized average rates of new cases of selected sexually transmitted infections per 100,000 residents, 2001–2003 through 2016–2018. DataHaven analysis (2021) 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, 2016–2018. DataHaven analysis (2021) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus.

Table 10. Selected birth outcomes by race/ethnicity of parent giving birth, 2016–2018. DataHaven analysis (2021) of data from the Connecticut Department of Public Health Vital Statistics. Retrieved from <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/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 11. Households living in structures built before 1960 by race/ethnicity of head of household (with proxy area), 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

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

Figure 26. Part I crime rates per 100,000 residents by town / jurisdiction, 2019. DataHaven analysis (2021) of 2019 Crimes Analysis Offenses. 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>

Table 12. Residents’ ratings of local government, share of adults, 2015–2021. DataHaven analysis (2021) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Figure 27. Registered voter turnout, 2018–2020. DataHaven analysis (2021) of data from the Connecticut Office of the Secretary of the State Elections Management System. Available at <https://ctemspublic.pctcg.net>

Figure 28. EPA Environmental Justice Index by block group, MidState Medical Center HSA. United States Environmental Protection Agency. 2019 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 (2021) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Acknowledgements

This report is supported by a generous grant from the Emily Hall Tremaine Foundation (tremainefoundation.org). Support also comes from The Community Foundation for Greater New Haven, Yale Cancer Center, and individual donors. This report was refined through suggestions and in-kind support from Sustainable CT (sustainablect.org) as well as local organizations and residents throughout Connecticut.

Support for the DataHaven Community Wellbeing Survey (DCWS), one of the key data sources used in this report, comes from more than 80 public and private partners. Major sponsors of the DCWS include the Hartford Foundation for Public Giving, Fairfield County's Community Foundation, Connecticut Community Foundation, Valley Community Foundation, Connecticut Health Foundation, Greater Waterbury Health Partnership, Health Improvement Alliance of Greater Bridgeport, Yale-New Haven Health, Hartford HealthCare, Nuvance Health, Trinity Health of New England, Stamford Health, Griffin Hospital, City of Hartford, Ledge Light Health District, and others.

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

Suggested citation

Seaberry, C., Davila, K., Abraham, M. (2022). MidState Medical Center HSA Equity Profile. New Haven, CT: DataHaven. Published April 2022. More information at ctdatahaven.org

About DataHaven

DataHaven is a non-profit organization with a 25-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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