WALLINGFORD
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Wallingford Health Department Community Health Assessment Survey Response Supplement

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DataHaven

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The Wallingford Health Department provides public health and other services to the residents of Wallingford, Connecticut.

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, DC.

Introduction

This document is a supplement to Wallingford's Health Department's (WHD) Community Health Assessment (CHA) that describes in detail the responses to a survey conducted for the CHA. Survey responses were collected from August 1, 2023 through November 16, 2023. After removing respondents who do not live in Wallingford, there were a total of 420 responses. **It is important to note that this is a convenience sample so results are not representative of the population. Convenience samples rely on the easiest method to collect responses, therefore, the respondent pool does not necessarily reflect the composition of the broader community.** Women, people ages 30–49, white people, high income people, homeowners, and people with high educational attainment are over-represented.

Major differences between the survey population and the actual population include a much lower level of uninsured status and an over-reporting of discrimination while accessing health care. Race is usually the most commonly given reason for discrimination in accessing health care, along with insurance status or income, but in this pool, those reasons were among the least commonly reported. Gender was the most reported. There is also an under-reporting of having not seen a dentist in a year or more, with an over-reporting of having skipped going to the doctor when needed.

Because acknowledging health disparities is important to better understanding community health, and given the over-representation of several sub-groups, the rest of the survey will be disaggregated by income groups only.

Table 1: Demographic summary of survey responses

Category	Indicator	Respondents
Total	Resident responses	420
Gender identity	Pct. Man	11%
	Pct. Woman	89%
	Pct. Other gender identity	<1%
Race/ethnicity	Pct. White	91%
	Pct. Black	<1%
	Pct. Latino	5%
	Pct. Other race/ethnicity	4%
Age	Pct. Under age 18	0%
	Pct. Ages 18–29	6%
	Pct. Ages 30–49	49%
	Pct. Ages 50–64	27%
	Pct. Ages 65+	18%
Income	Pct. Income < $25,000	4%
	Pct. Income $25,000–$49,999	10%
	Pct. Income $50,000–$74,999	10%
	Pct Income $75,000–$99,999	18%
	Pct. Income $100,000 and up	58%
Educational attainment	Pct. High school diploma/GED only	6%
	Pct. Some college, no degree	10%
	Pct. Technical certificate or degree	3%
	Pct. College degree or more	82%
Housing status	Pct. Homeowers	85%
	Pct. Renters	10%
	Pct. Other housing status	5%

Language and Technology Availability

All respondents except one had access to a computer, smartphone, or both.

English is the most commonly spoken language at home for respondents. Despite some saying they spoke another language at home that was neither English nor Spanish, we can assume that they are able to speak or read English or Spanish since the survey was only available in those two languages. Compared to American Community Survey (ACS)[1] estimates, these values are skewed towards English-speakers.

Table 2: Survey respondent languages spoken at home

Group	English only	Spanish only	Combination including English	Other language only
Under $50K	90%	2%	8%	0%
$50K to $100K	97%	0%	3%	1%
$100K+	96%	0%	4%	1%
Total	95%	<1%	5%	1%

[1] The American Community Survey (ACS) is an ongoing survey, conducted by the U.S. Census Bureau, that provides highly reliable data about people and households in the United States.

Insurance Status and Personal Health

A total of 1 percent of respondents said they were uninsured, much lower than ACS estimate of 5 percent. Four percent of respondents reported having only Medicaid/HUSKY, mostly concentrated in the under $50,000 income group.

Five percent said they had no medical home, which is much lower than the DataHaven Community Wellbeing Survey (DCWS)[2] estimate of 15 percent. These values indicate that respondents may be more likely to engage with health care providers than the general population.

Table 3: Respondent's health insurance and medical home

Group	Uninsured	Medicaid/HUSKY only	No medical home
Under $50K	4%	21%	8%
$50K to $100K	2%	3%	2%
$100K+	0%	0%	3%
Total	1%	4%	5%

Respondents were asked to self-assess their physical and mental health on a scale from Poor to Excellent. According to DCWS estimates, 57 percent of Wallingford adults say they are in excellent or very good overall health, lower than what respondents reported for their physical health but higher than what they reported for their mental health.

Table 4: Respondent's self-reported health

Group	Very good or better physical health	Very good or better mental health
Under $50K	43%	39%
$50K to $100K	58%	50%
$100K+	72%	58%
Total	64%	53%

[2] The DataHaven Community Wellbeing Survey uses probability sampling to create highly-reliable local information that is not available from any other public data source. More than 40,000 adults from every town in Connecticut have been interviewed between 2015 and 2022. Values in this report are derived from pooled 2015, 2018, and 2021 datasets.

Substance Use

Respondents were asked to report if and how often they use various substances. Six percent use tobacco products, with the most common being vapes or e-cigarettes. Nine percent reported smoking or vaping marijuana at least once in the past month. Respondents were asked to report if they drank at least one alcoholic beverage some days, many days, most days, every day, or never. Twenty-one percent said they drank alcohol on many days or more in the past month.

Table 5: Respondent's substance usage

Group	Uses tobacco products	Used marijuana in the past month	Drank alcohol more than "some days" in the past month
Under $50K	13%	19%	16%
$50K to $100K	12%	9%	21%
$100K+	2%	6%	22%
Total	6%	9%	21%

A third of respondents knew someone who had misused opioids. One percent said it was themself, while 17 percent said it was a close friend or family member and 16 percent said it was someone else they knew. Respondents could select more than one option so values for "self," "close friend or family member," and "someone else" may not equal the value for "anyone."

Table 6: Respondents who report knowing anyone who misused opioids, and their relation

Group	Anyone	Self	Close friend or family member	Acquaintance
Under $50K	35%	4%	15%	17%
$50K to $100K	30%	1%	17%	12%
$100K+	34%	0%	18%	17%
Total	33%	1%	17%	16%

COVID-19

Ninety-five percent of respondents in Wallingford reported having been vaccinated for COVID-19, higher than the rate of 79 percent reported by CTDPH.

Experiences with Health Care Providers

Ten percent of respondents have not seen a dentist in a year or more, while the DCWS estimate in Wallingford is 20 percent. More than a third have skipped a doctor visit at some point in the past year, higher than the DCWS estimate of 20 percent. The most commonly given reasons for skipping doctor visits were being too busy (45 percent) and being unable to get an appointment soon enough (43 percent).

Twenty percent of respondents reported getting treated with less respect or getting worse treatment than others while accessing health care. The most commonly given reason for this (34 percent) was the respondent's gender. These values vary significantly from DCWS estimates. Shares of adults reporting discrimination while accessing health care are typically around 10 percent and race is usually the top reason given.

Table 7: Respondents who have skipped doctor and dentist visits

Group	No dentist visit in past year	Skipped doctor visit in past year	Experienced discrimination while getting health care
Under $50K	31%	51%	27%
$50K to $100K	10%	25%	14%
$100K+	4%	36%	20%
Total	10%	35%	20%

Financial Health

Twelve percent of respondents said they had difficulty paying for food in the past year, while 3 percent said they had difficulty paying for housing. Nine percent skipped a prescription because of the cost. People with one difficulty often have many. These values are similar to DCWS estimates.

Table 8: Financial insecurity

Group	Food insecure	Housing insecure	Didn't get a prescription because of the cost
Under $50K	32%	15%	15%
$50K to $100K	13%	3%	8%
$100K+	8%	<1%	8%
Total	12%	3%	9%

Community Assets

Neighborhood amenities contribute to overall good health by providing opportunities for recreation, exercise, and good nutrition. Lower-income respondents were slightly less likely to say they had affordable produce and recreation options nearby. Most agreed that parks in the area were in good condition. Values here are similar to DCWS estimates.

Table 9: Community assets and quality of amenities

Group	Good condition of parks	Availability of affordable, high-quality produce	Availability of affordable recreational facilities
Under $50K	77%	67%	76%
$50K to $100K	81%	70%	84%
$100K+	76%	74%	84%
Total	77%	72%	83%

Barriers to Healthy Living

Respondents were also asked what barriers, if any, they had to making healthy choices. Lower-income respondents were slightly more likely to say they faced barriers to buying healthy foods than other groups, while reported barriers to exercise were more mixed.

Table 10: Barriers to healthy living

Group	Faces one or more barriers to buying healthy food	Faces one or more barriers to getting enough exercise
Under $50K	62%	62%
$50K to $100K	48%	58%
$100K+	33%	65%
Total	41%	62%

For respondents with household incomes under $50,000, cost is the biggest barrier to buying healthy foods. All respondents in this income group with any barrier to buying healthy food indicated cost as a barrier. All but one respondent in the $50,0000 to $100,000 income group also reported cost as the primary barrier. Eighty-five percent of respondents whose households earn $100,000 or more reported cost, and an additional 15 percent reported difficulty shopping with children.

As far as barriers to exercise, 74 percent of respondents whose households earn $100,000 or more said a lack of time was their primary barrier to exercise and 43 percent said they were unmotivated. For respondents whose household income is under $50,000, physical injuries and limitations were the most commonly reported barrier (44 percent) followed by lack of time (41 percent). Those with incomes in between reported a lack of time (61 percent) and physical injury or limitation (38 percent).

Usage and Quality of Health Department Services

Lastly, respondents were asked if they had used services provided by WHD, and if so, to rate their experience with that service. Because respondents could select that they had used multiple services, it is not possible to break out a rating for each service.

Overall, 123 respondents had utilized a WHD service, with several people having utilized many.

Table 11: WHD services utilized by respondents

Service utilized	Count
Celebrate Wallingford	106
Flu vaccination	34
Health and wellness educational seminar	14
Narcan training	5
Another business permit	4
Tick testing for Lyme disease	4
Filing a complaint	3
Falls prevention class	2
Home/apartment lead testing	2
Septic and/or well permits	1

Twenty-six percent of respondents who had utilized a WHD service said their experience with it was “Excellent,” 35 percent said it was “Very Good,” 37 percent said it was “Good,” 1 percent said “Fair,” and 1 percent said “Poor.”

Seven respondents said they were members of Wallingford’s Medical Response Corps (MRC), three were members of Wallingford’s Community Emergency Response Team (CERT) and one was a member of both.

Conclusion

Overall, residents of Wallingford report average personal health and healthy habits compared to the state of Connecticut. WHD could focus efforts in reducing barriers to physical activity by promoting exercise programming in the community (e.g., 5Ks, walk for a cause, etc.). Providing nutrition classes or educational materials on healthy food choices may also help reduce the perception that healthy foods are costly.