# Quinnipiack Valley Health District Community Health Assessment Survey Response Supplement

November 2023

**DataHaven**

**This document consists of convenience sample data and should be used with caution.**

**Prepared by**

Kelly Davila, MS, MA, Senior Research Associate, DataHaven

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The Quinnipiack Valley Health District (QVHD) provides public health and other services to the residents of Bethany, Hamden, North Haven, and Woodbridge, Connecticut.

Contact QVHD at 203-248-4528 or [info@qvhd.org](mailto:info@qvhd.org) or by scanning the QR code below.



## 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, DC.

# Introduction

Survey responses were collected from August 4, 2023 through November 8, 2023. After removing respondents who do not live in the region, as well as what were determined to be spam, there were a total of 480 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. North Haven was over-represented due to the large number of responses from a school district email blast to parents. Women, people ages 30–49, and white people in Hamden are also over-represented.

**To prevent users from considering this a representative source, this document is provided to QVHD separate from the 2023 Community Health Assessment.**

Major differences between the survey population and the actual population include an over-reporting of financial difficulty and over-reporting of gender-based discrimination while accessing health care. Income data was not collected so it is difficult to determine why the survey respondent pool, which on the surface appears to be of generally high socioeconomic status, reported struggling more financially. Similarly, 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.

**Table 1: Demographic summary of survey responses**

| Indicator | Bethany | Hamden | North Haven | Woodbridge | Total |
|---|---|---|---|---|---|
| Resident responses | 24 | 156 | 246 | 54 | 480 |
| Percent Man | 25% | 20% | 23% | 32% | 23% |
| Percent Woman | 75% | 79% | 76% | 68% | 76% |
| Percent Transgender | 0% | 1% | <1% | 0% | 1% |
| Percent Other gender identity | 0% | 0% | 1% | 0% | <1% |
| Percent White | 78% | 72% | 79% | 71% | 76% |
| Percent Black | 13% | 13% | 8% | 6% | 9% |
| Percent Latino | 4% | 10% | 9% | 10% | 9% |
| Percent Other race/ethnicity | 4% | 5% | 5% | 14% | 6% |
| Percent Under age 18 | 4% | 0% | <1% | 2% | 1% |
| Percent Ages 18–29 | 12% | 16% | 8% | 4% | 10% |
| Percent Ages 30–49 | 42% | 23% | 64% | 49% | 48% |
| Percent Ages 50–64 | 29% | 26% | 15% | 40% | 22% |
| Percent Ages 65+ | 12% | 35% | 13% | 6% | 19% |
| Percent Straight | 88% | 86% | 94% | 94% | 92% |
| Percent Gay/Lesbian | 4% | 3% | 2% | 0% | 2% |
| Percent Bisexual/ Pansexual | 8% | 9% | 4% | 6% | 6% |
| Percent Other sexual orientation | 0% | 1% | 0% | 0% | <1% |

**Given the sample size and over-representation of several sub-groups, the rest of the survey will be disaggregated by town only.**

# Language and Technology Availability

Nearly all respondents had access to a computer or tablet with internet access or a smartphone. Fewer than 1 percent had only a cell phone with text and calling, but no internet, and fewer than 1 percent had no devices.

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**

| Area | English only | Spanish only | Combination including English | Other language only |
|------|-------------|-------------|------------------------------|---------------------|
| Bethany | 96% | 0% | 0% | 4% |
| Hamden | 94% | 2% | 4% | 0% |
| North Haven | 94% | 0% | 5% | 1% |
| Woodbridge | 81% | 4% | 8% | 8% |
| Total | 92% | 1% | 5% | 2% |

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[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.

# Disability and Insurance Status

A total of 8 percent of respondents reported having any disability, ranging from 13 percent in Hamden to 6 percent each in North Haven and Woodbridge. Ambulatory disabilities were the most commonly reported. Less than 1 percent reported multiple disabilities. These values are slightly lower than ACS estimates.

A total of 3 percent of respondents said they were uninsured, ranging from 5 percent in Hamden to 2 percent in North Haven, similar to ACS estimates. Given the high share of respondents ages 65 and older in Hamden, about a third (32 percent) of insured respondents there reported having Medicare. Eight percent of respondents reported having Medicaid/HUSKY, again ranging from 16 percent in Hamden to 0 in Woodbridge. Ten percent said they had no medical home, which is lower than the DataHaven Community Wellbeing Survey (DCWS)[2] estimate of 13 percent. Having a medical home did not influence how often people visited the emergency department: 46 percent of those with no medical home and 46 percent of those with one went to the emergency department at least once in the past year.

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[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.

# Personal Health

Respondents were asked to self-assess their overall health on a scale from Poor to Excellent. About two-thirds regionally said their health was very good or excellent. These values are higher than the DCWS estimate of 59 percent regionally. When asked how their overall health this year compared to last year, about 1 in 8 said their health was worse or much worse than last year. Nine percent said their mental or physical health interfered with aspects of their daily life quite a bit. Higher shares of respondents in Hamden report being anxious, depressed, or having had little interest in doing things more than half the time in the past month compared to the regional average. These values are also elevated compared to DCWS estimates (see the Mental Health chapter in the CHA).

**Table 3: Respondents' self-reported overall health**

| Area | Very good self-rated health | Overall health worse this year than last year | Physical or emotional health interfered with life |
|---|---|---|---|
| Bethany | 71% | 8% | 4% |
| Hamden | 63% | 14% | 9% |
| North Haven | 63% | 12% | 9% |
| Woodbridge | 70% | 9% | 9% |
| Total | 64% | 12% | 9% |

**Table 4: Respondent's self-reported mental health**

| Area | Anxious | Depressed | Little interest in doing things |
|---|---|---|---|
| Bethany | 14% | 9% | 14% |
| Hamden | 22% | 14% | 11% |
| North Haven | 19% | 10% | 12% |
| Woodbridge | 7% | 2% | 2% |
| Total | 18% | 10% | 11% |

# COVID-19

Ninety-three percent of respondents in the region reported having been vaccinated for COVID-19, higher than the rate of 78 percent reported by CTDPH. About 60 percent had ever tested positive and 9 percent report lingering symptoms.

# Opioid Use

Regionally, 39 percent of respondents knew someone who had misused opioids. Three percent said it was themself, while 19 percent said it was a close friend or family member and 21 percent said it was someone else. 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 5: Respondents who report knowing anyone who misused opioids, and their relation**

| Area | Anyone | Self | Close friend or family member | Someone else |
|------|--------|------|-------------------------------|--------------|
| Bethany | 46% | 0% | 21% | 29% |
| Hamden | 39% | 6% | 19% | 22% |
| North Haven | 41% | 3% | 20% | 20% |
| Woodbridge | 32% | 0% | 11% | 22% |
| Total | 39% | 3% | 19% | 21% |

# Experiences with Health Care Providers

One in five respondents have not seen a dentist in a year or more (slightly lower than the DCWS estimate of 24 percent), and 30 percent have skipped a doctor visit at some point in the past year (higher than the DCWS estimate of 22 percent). The most commonly given reasons for skipping doctor visits were cost (37 percent) and being too busy (34 percent).

**Table 6: Respondents who have skipped doctor and dentist visits**

| Area | No dentist visit in past year | Skipped doctor visit in past year |
|---|---|---|
| Bethany | 21% | 33% |
| Hamden | 23% | 29% |
| North Haven | 19% | 31% |
| Woodbridge | 13% | 24% |
| Total | 20% | 30% |

Forty percent of respondents had a telehealth appointment in the past year. Of those, 68 percent said the quality of the visit was as good or better than a traditional, in-person visit. This aligns with telehealth visit data collected by other organizations.

At their last doctor visit, one in eight respondents said their doctor involved them less than they wanted in decisions about their health care or treatment, while 28 percent reported getting treated with less respect or getting worse treatment than others when accessing health care. The most commonly given reason for this (32 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' negative experiences with health care providers**

| Area | Doctor involved them in decisions about their care less than they wanted | Experienced discrimination while getting health care |
|---|---|---|
| Bethany | 8% | 17% |
| Hamden | 12% | 38% |
| North Haven | 14% | 24% |
| Woodbridge | 6% | 24% |
| Total | 12% | 28% |

# Financial Health

About one-third of respondents regionally said they were just getting by or finding it difficult, higher than the DCWS estimate of 27 percent. About 1 in 6 said they had difficulty paying for food in the past year, while 1 in 5 said they had difficulty paying for housing. Seventeen percent skipped a prescription because of the cost. People with one difficulty often have many. Again, rates are elevated from DCWS estimates.

**Table 8: Financial insecurity**

| Area | Just getting by financially | Food insecure | Housing insecure | Didn't get a prescription because of the cost |
|---|---|---|---|---|
| Bethany | 22% | 25% | 25% | 17% |
| Hamden | 37% | 18% | 26% | 21% |
| North Haven | 35% | 16% | 18% | 17% |
| Woodbridge | 17% | 8% | 11% | 8% |
| Total | 33% | 16% | 20% | 17% |

# Community Assets

Neighborhood amenities contribute to overall good health by providing opportunities for recreation, exercise, and good nutrition. While residents of Bethany were less likely to say they had affordable recreation options nearby, residents of other towns agreed they had those options. Regionwide, residents rated the availability of affordable, high-quality produce highly, though rates were slightly lower in Hamden. Fewer than half of Woodbridge residents said sidewalks were in good repair, and in all areas except Hamden, respondents were unlikely to say they felt safe walking alone at night. Other than produce availability, which is higher here than DCWS estimates, survey respondents have worse perceptions of local amenities than DCWS estimates.

**Table 9: Community assets and quality of amenities**

| Area | Low-cost recreation options | Affordable, high-quality produce available | Area sidewalks in good condition | Feel safe walking alone at night |
|------|------|------|------|------|
| Bethany | 65% | 78% | 61% | 48% |
| Hamden | 86% | 75% | 62% | 60% |
| North Haven | 83% | 82% | 78% | 32% |
| Woodbridge | 82% | 76% | 48% | 24% |
| Total | 83% | 79% | 69% | 41% |

# Perceived Value of District Services

Respondents were asked to estimate what the current per-capita rate for district services was in their area, then were asked to assess what they would personally value those services at. The current per-capita rate in QVHD is $7.20 compared to the state average of $9.91.

The majority of respondents in each town estimated the per capita rate at less than $10. However, in all towns, a plurality of respondents values services at $20 or higher.

QVHD ranks in the bottom third of Connecticut health departments and districts in terms of per-capita rates. Cost of living adjustments have not kept the pace with inflation, especially since the pandemic placed a greater burden of service on local health departments.

**Figure 1: Perceived value of health district services**