



WALLINGFORD
C O N N E C T I C U T

Wallingford Health Department Community Health Assessment

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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.

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Introduction

The Wallingford Health Department (WHD) serves the town of Wallingford, Connecticut. One of the core services of WHD is to protect, educate, and enforce public health priorities in the district. A community health assessment (CHA) is a document that helps WHD and its partners and residents better understand the status of health—physical, mental, and environmental—in the community. It also serves as an opportunity to gather information directly from residents and stakeholders to better understand the needs and priorities of the community.

Methods

Primary Data Collection

Primary data collection consisted of three main efforts. The first was an online survey, available in English and Spanish, that included several dozen questions about personal and community health. In all, 420 responses were collected between August and November, 2023. The survey is a convenience sample and is skewed towards women, people ages 30–49, white people, high income people, homeowners, and people with high educational attainment. A complete analysis has been provided in a separate document, and is not included here to prevent individuals from using it as a source of representative information about the area. Summaries of general disparities are provided in Appendix A, and themes are mentioned throughout the text of this report.

The second was a series of key informant interviews conducted between September and October, 2023. Key informant interviews are structured, one-on-one conversations using a protocol that was designed to identify perceived public health issues or challenges in a person's community or area of expertise (e.g., in community schools). In all, 6 residents and leaders were interviewed. A summary of themes that emerged from these conversations are provided in Appendix A.

A third effort, focus groups, was designed as a more open conversation with a small group to generate detailed information on concerns that cross populations or sectors. Two focus groups were conducted on September 5th and 6th, 2023. Six people in total participated. A summary of these events are provided in Appendix A.

Secondary Data Collection

Secondary data analysis was based upon Connecticut Hospital Association standards for CHAs, as well as advisory standards for accreditation established by the Public Health Accreditation Board. Indicators in this report were collectively agreed upon by WHD and DataHaven in accordance with those standards. Data were collected through numerous sources, including the DataHaven Community Wellbeing Survey, which uses probability sampling to create highly-reliable local information that is not available from any other public data source. Led by an advisory committee of more than 300 public and private organizations, the survey provides reliable data for all 169 cities in Connecticut. Other data sources include the American Community Survey, U.S. Decennial Census, Connecticut Department of Public Health, Connecticut Office of the Chief Medical Examiner, Connecticut State Department of Education, among others. See Figure and Table Notes at the end of this document, as well as footnotes, for more information on sources for each graphic in this report.

Executive Summary of Findings

Demographics

- Wallingford is home to 44,396 people, including 36,256 adults and 8,140 children.
- 20 percent of the population are people of color. 12 percent are foreign-born.
- 8 percent are lesbian, gay, bisexual, or some other sexual orientation other than straight. 1 percent are transgender.
- 17 percent speak a language other than English at home.
- 12 percent have a disability. Ambulatory disabilities are the most common.

Households

- There are 18,280 households, of which 73 percent are owner-occupied.
- 38 percent of renters are cost-burdened compared to 23 percent of homeowners.

Employment and Income

- As of July 2023, the region had a similar unemployment rate to the state and nation, below 4 percent.
- A third of Latino adults in Wallingford lack a high school diploma, compared to 4 percent of white adults and 8 percent of all adults in Wallingford.
- Adjusted for inflation, incomes statewide and in Wallingford have dropped about 2 percent from 2000 to 2021.
- In 2021, the federal poverty limit was \$12,880 for a single person and \$26,500 for a family of four. Six percent of Wallingford's population had incomes below the poverty limit, but the poverty rate for Latinos was more than double (11 percent) the rate for white people (5 percent).
- 11 percent of adults in Wallingford said they had trouble paying for food in the past year, and 31 percent were just getting by financially.
- Connecticut United Ways estimate that a family of four including one infant and one preschooler would need more than \$106,000 per year to get by—higher than Wallingford's median income of about \$89,000.

Community Satisfaction

- Wallingford residents report average to above-average community resources like parks, produce availability, and sidewalk condition compared to the state.
- Wallingford adults report higher area satisfaction than Connecticut adults overall.
- Views on local government are more mixed, with younger adults (ages 18–34) in Wallingford less likely to say local government is responsive. Most adults believe Wallingford is a good place to raise children.

Environmental Quality

- Climate change is making local weather patterns hotter and wetter.
- Wetter climates increase the number of mosquitoes as well as the likelihood of mosquito-borne illnesses.
- Lyme disease is detected in about 14 residents per year in Wallingford.
- Lead poisoning rates are low in Wallingford, but still a threat where housing stock is older.
- Environmental contaminants tend to disproportionately affect people in more urban areas, and often co-occur. In Wallingford, contaminants are highest along the I-91, Colony Road, and Merritt Parkway corridors.

Health Risk Factors

- Similar to state averages, about a third of adults in Wallingford report getting less than 7 hours of sleep per night. 30 percent have diagnosed hypertension, 8 percent have diabetes, 5 percent have diagnosed heart disease, 14 percent smoke, and 10 percent have asthma.
- Wallingford adults have similar rates of good self-reported health (57 percent) compared to the state (59 percent). However rates of stroke (5 percent) are notably higher in Wallingford than Connecticut (3 percent).
- Sexually transmitted infections are on the rise in New Haven County and nationally, due in part to low rates of screening. Congenital syphilis is a major concern due to under-screening of pregnant people.
- HIV rates have declined, due in part to expanded access to treatment and pre-exposure preventive drugs like PreP.

Health Care Access

- 5 percent of the total population of Wallingford is uninsured but this varies by age and race/ethnicity. The uninsured rate among Latino adults between the ages of 19 and 64 is 8 percent.
- Similar to state averages, 15 percent of Wallingford adults lack a medical home, a person or place that they consider their primary health care provider.
- One in five adults in Wallingford postponed medical care in the past year, 7 percent skipped a prescription because of the cost, and 20 percent have not seen a dentist in a year or more.

Preventive Care

- Only about 40 percent of women ages 65 and over, in Wallingford and statewide, are up-to-date on core preventive services. A national survey found that reasons for this include high out-of-pocket costs and difficulty getting an appointment.
- COVID-19 vaccine uptake for seniors region-wide is nearly 100 percent. For children, uptake is less than 50 percent.

Maternal and Infant Health

- In Connecticut (the smallest reportable geography), maternal mortality is 15.5 deaths per 100,000 live births, lower than the U.S. rate of 19.3, but still alarmingly high for a wealthy state in a wealthy nation.
- In Connecticut (the smallest reportable geography), infant mortality for black babies is 9.09 per 1,000 live births—or 0.9 percent of births—while infant mortality for white babies is 3.05.

Youth and Adolescent Health

- Chronic absenteeism (missing 10 percent of school days or more) is still high after spiking during pandemic lockdowns. Missing school may deprive students of resources like meals and social-emotional support. Twenty percent of students in Wallingford Public Schools were chronically absent in the 2021–22 school year.
- A recent statewide survey of K–12 students found that 36 percent felt hopeless. Those rates were twice as high for girls (48 percent) than for boys (24 percent).
- Of students who reported feeling depressed or anxious, only 22 percent said they received the support they needed.
- Only about 1 in 5 students get 8 or more hours of sleep per night.
- Drug use among students has declined overall since 2009.

Mental Health

- 14 percent of Latino adults in Wallingford report feeling depressed compared to 8 percent of white adults. About 1 in 8 adults regionally report feeling anxious.
- In Connecticut and nationwide, suicide is most common among white men, and more than half of suicides involve firearms.
- Nationally, suicide rates for Black and Latino populations rose in 2020 while they dropped for white populations.
- Suicide rates are elevated in Wallingford (9.9 per 100,000 residents) compared to the state (7.7).

Overdose

- Overdose rates peaked in Connecticut and Wallingford in 2021.
- Opioids are found in 95 percent of overdose deaths in Wallingford and fentanyl in 76 percent. Alcohol-involved overdoses are elevated in Wallingford compared to the state, but appear to be on the decline.
- Wallingford's overdose rate is 18.9 per million, lower than the statewide rate of 24.2.
- After converging, overdose rates for Black and Latino populations statewide have overtaken the rate for white populations.

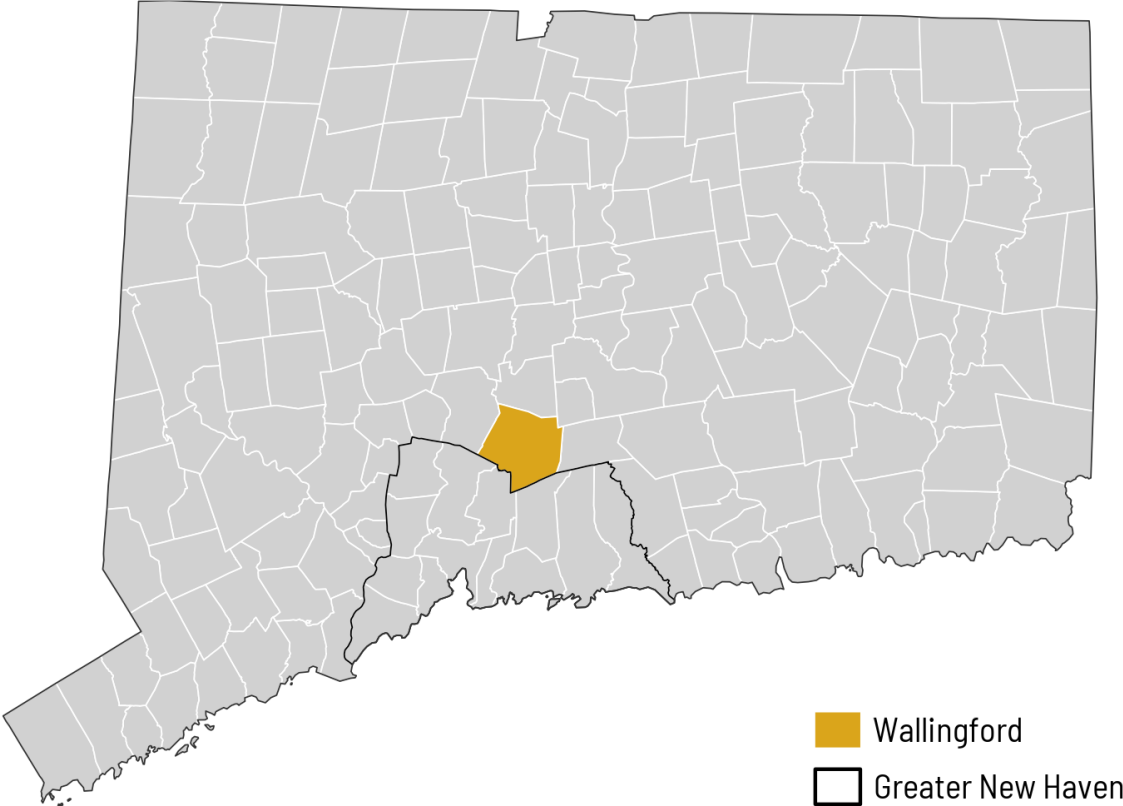
Mortality

- Statewide, Black populations have elevated rates of mortality due to heart disease, COVID-19, and chronic kidney disease. Each of these are largely preventable.
- While we are unable to disaggregate Wallingford's top-cause mortality by race/ethnicity, the overall rates for Wallingford across four of the top causes of death are similar to statewide rates.
- The crude death rate due to COVID-19 is elevated in Wallingford (52 per 10,000 population) compared to the state.
- Overall, all-cause mortality is similar in Wallingford (639 per 100,000 residents) compared to the state (670). Statewide, mortality is highest for Black residents (828 per 100,000).

Overview

Wallingford, Connecticut is a town about 14 miles north of New Haven, just outside of the Greater New Haven area.

Figure 1: Map of Wallingford in relation to Greater New Haven and Connecticut



Demographics

People

As of the 2020 Census,¹ Wallingford was home to 44,396 people, including 36,256 adults and 8,140 children. Twenty percent of the population of the town are people of color, compared 37 percent statewide. Twelve percent of the population of Wallingford are foreign-born, with the largest number of immigrants born in Mexico, followed by India and China.²

Table 1: Wallingford is less racially diverse than the state

Population by race/ethnicity, 2020

Area	Total population	Pct. White	Pct. Black	Pct. Latino	Pct. Asian	Pct. Other race
Connecticut	3,605,944	63%	10%	17%	5%	5%
Wallingford	44,396	80%	2%	11%	4%	4%

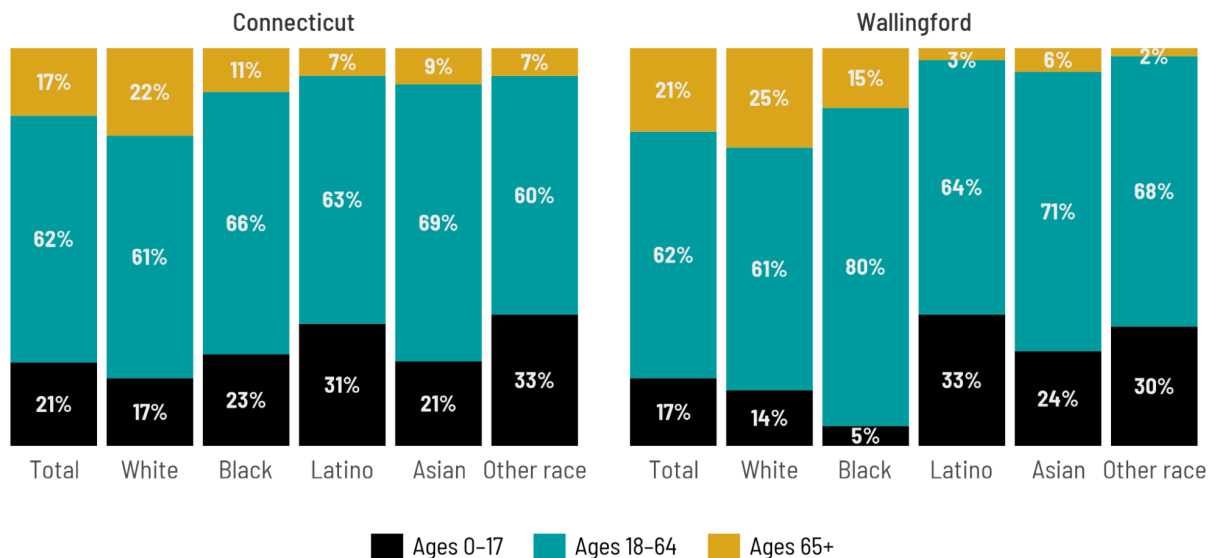
¹ Although more recent estimates are available, the 2020 Census represents the latest, most accurate count of populations by race and ethnicity.

² DataHaven analysis (2022) of data from the 2020 Census.

As predominantly white Baby Boomers age, the state and Wallingford will continue to diversify racially and ethnically. In particular, the Latino population is growing, and skews much younger than white populations.

Figure 2: Wallingford has a higher share of adults aged 65 and over, and a smaller share of children, compared to the state

Population by race/ethnicity and age group, 2021



Values may not add up to 100 percent due to rounding

Eight percent of adults in Wallingford identify as something other than straight (e.g., lesbian, gay, bisexual, questioning, etc.), and approximately 1 percent of adults are transgender. These values are similar to the state averages.³

Regionally, English is the most common language spoken at home, with 83 percent of the population over 5 years of age speaking English primarily. Another 9 percent speak Spanish at home, and the remaining 8 percent speak another language.⁴

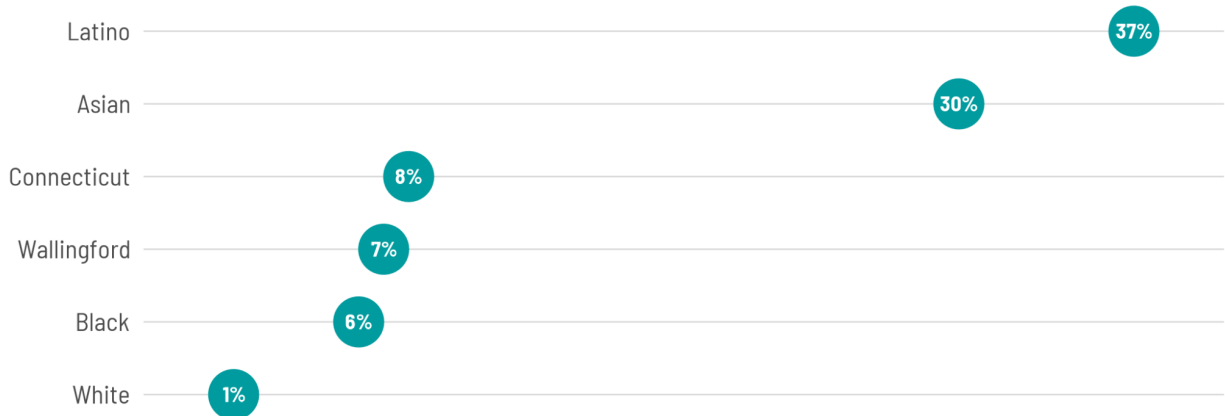
³ DataHaven analysis (2023) of data from the DataHaven Community Wellbeing Survey, 2015–2022.

⁴ See notes for Figure 3.

Linguistic isolation can occur when a person speaks English less than “very well.” This can lead to difficulties in obtaining healthcare or completing necessary errands in a primarily English-speaking area. While 7 percent of the population in Wallingford speak English less than “very well,” more than a third Latino residents may be linguistically isolated.⁵

Figure 3: Latino and Asian residents in Wallingford are more likely to be linguistically isolated

Share of the population ages 5 and older in Connecticut, Wallingford, and by race/ethnicity in Wallingford, who speak English less than “very well”, 2021



⁵ Ibid.

Approximately 5,200 people in Wallingford—or 12 percent of the population—have a disability.⁶ Many people have multiple disabilities, the roots of which can be anything from genetic complications to traumatic injury or the effects of a chronic illness. These difficulties can create barriers to accessing health care, housing, or other services that can help someone live independently. Individuals with disabilities are also at greater risk for preventable health outcomes like obesity.⁷

Statewide, disability affects older people more than younger people. Fewer than 10 percent of children have a disability, compared to 20 percent of adults ages 65–74 and 43 percent of adults 75 or older. Hearing, ambulatory, and independent living disabilities are more common among adults 65 or older, while cognitive disabilities are the most common in children.⁸

Table 2: Difficulty walking and climbing stairs (ambulatory difficulties) are among the most common disabilities in Wallingford

Share of the population with a disability related to..., 2021

Area	Cognitive difficulty	Hearing difficulty	Self-care difficulty	Vision difficulty	Ambulatory difficulty	Independent living difficulty
Connecticut	5%	3%	2%	2%	5%	4%
Wallingford	4%	4%	3%	2%	6%	5%

⁶ See notes for Table 2.

⁷ *Disability and Health Overview*. 2020, September 16). Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>

⁸ DataHaven analysis (2023) of data from the American Community Survey 2016–2021 5-year estimates.

Households

There are 18,280 households in Wallingford, of which 73 percent are owner-occupied, compared to 66 percent statewide.

Table 3: Homeownership is generally high in the region

Households by tenure, 2021

Area	Total households	Pct. Owner-occupied	Pct. Renter-occupied
Connecticut	1,397,324	66%	34%
Wallingford	18,280	73%	27%

Households are considered cost-burdened when they spend 30 percent or more of their income on housing. Severe housing cost-burden occurs when 50 percent or more of a household's income is spent on housing. This tends to affect renters much more than homeowners since the rising cost of rent in recent years has outpaced any increase there may have been in household income (see Table 5). Higher shares of Black and Latino households compared to white households rent their homes,⁹ so racial inequities in housing affordability are pronounced. In Wallingford, 38 percent of renter households are cost burdened compared to 23 percent of owner-occupied households.

Table 4: About 4,200 households, or 23 percent, pay more than 30 percent of their income on housing costs

Housing cost burden, 2021

Area	Share paying up to 29 percent income on housing	Share paying 30–49 percent income on housing	Share paying 50 percent income or more on housing
Connecticut	72%	16%	11%
Wallingford	76%	13%	10%

⁹ In Greater New Haven in 2020, the homeownership rate for white households was 72 percent compared to 36 percent for Black households and 32 percent for Latino households. See Abraham, A., Seaberry, C., Davila, K., & Carr, A. (2023). *Greater New Haven Community Wellbeing Index 2023*. <https://ctdatahaven.org/reports/greater-new-haven-community-wellbeing-index>

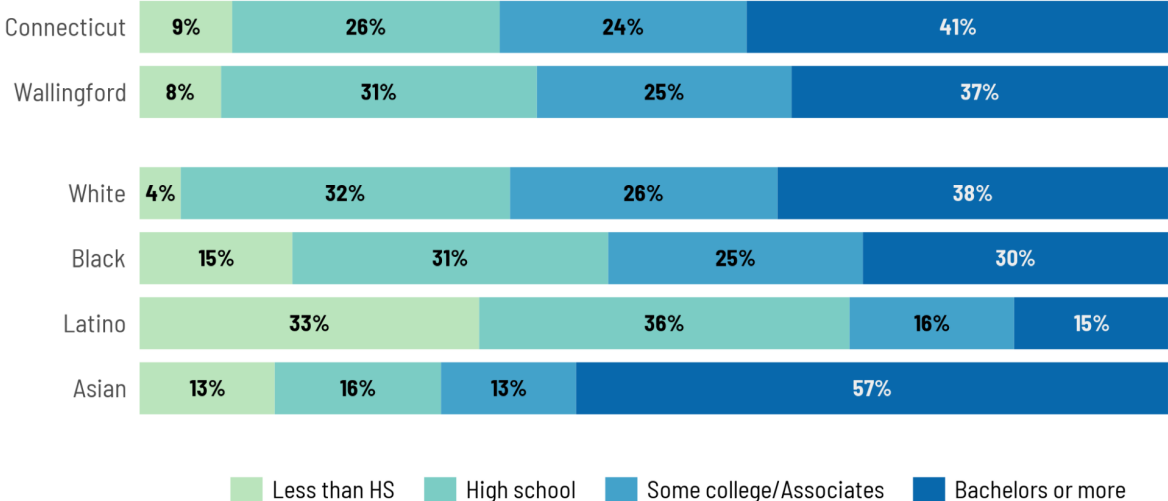
Employment and Income

Unemployment has rebounded since its peak in May 2020. Connecticut has a similar unemployment rate (3.7 percent) to the United States (3.5 percent) as of July 2023.¹⁰

In order to compare unemployment across racial/ethnic groups, estimates from 2021 must be used, although at this time unemployment was much higher than in 2023. In 2021, unemployment was 4 percent in Wallingford and 6 percent statewide. White workers were unemployed at a rate of 4 percent, while rates for Latino workers were more than twice as high at 9 percent.¹¹

Educational attainment is highly correlated with employment and income, yet one-third of Latino adults in Wallingford lack a high school diploma or equivalent, which can limit the number of potential jobs for which they may be eligible.

Figure 4: One-third of Latino adults in Wallingford lack a high school diploma
Educational attainment for adults ages 25+, with Wallingford adults by race/ethnicity, 2021



¹⁰ DataHaven analysis (2023) of data from the Bureau of Labor Statistics.

¹¹ DataHaven analysis (2022) of data from the American Community Survey 5-year estimates, 2017–2021.

Incomes have largely been stagnant in many parts of the country, including Connecticut. Between 2000 and 2020, many towns did not see median household incomes rise. Statewide and in Wallingford, adjusted for inflation, median household income dropped 2 percent.

Table 5: Adjusted for inflation, median household incomes fell by 2 percent from 2000 to 2021

Median household income, 2000 and 2021, in 2021 dollars

Area	Median Income, 2000 (in 2021 dollars)	Median income, 2021
Connecticut	\$84,937	\$83,572
Wallingford	\$90,249	\$88,573

Poverty and Resource Insecurity

The federal poverty threshold is another measure of income. While imperfect, it remains a simple method to identify very, very low-income families. Poverty rates tend to be higher for children than adults, revealing deep inequities with regard to the resources available to children as they grow up. Nearly one in five Latino children in Wallingford live in poverty compared to less than 1 percent of white children.

Because Connecticut has a high cost of living, it is sometimes useful to estimate the number of households who earn twice the poverty limit. Some means-tested programs, such as SNAP (also known as food stamps) have an income limit set at twice the poverty threshold. Other means-tested programs, such as subsidized health insurance, will also use multiples of the poverty threshold (see Table 10). Not surprisingly, higher shares of Black and Latino households receive SNAP benefits because they earn less than twice the federal poverty threshold.

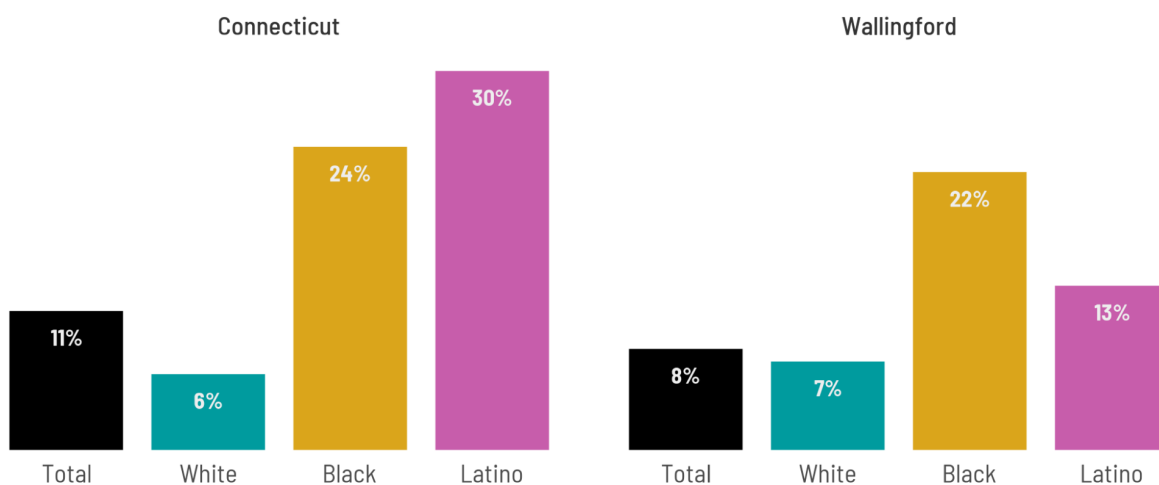
Table 6: Poverty rates are elevated for Latino people in the region, especially children
Share of population by age and race/ethnicity by poverty and low-income levels, 2021

Area	Poverty (1x poverty threshold)			Low income (2x poverty threshold)		
	All ages	Ages 0–17	Ages 18+	All ages	Ages 0–17	Ages 18+
Connecticut	10%	13%	9%	22%	30%	21%
Wallingford	6%	8%	6%	16%	13%	13%
By demographic within Wallingford						
White	5%	<1%	6%	N/A	N/A	N/A
Black	N/A	N/A	N/A	N/A	N/A	N/A
Latino	11%	18%	7%	N/A	N/A	N/A
Asian	11%	N/A	N/A	N/A	N/A	N/A

Note: Values replaced with N/A due to high margins of error, but values are included in town-wide totals. Low-income is not available by race/ethnicity.

Figure 5: Higher shares of Black and Latino households receive SNAP benefits

Share of households receiving SNAP benefits by race/ethnicity of head of household, 2021



Food insecurity is correlated with general life satisfaction, as well as higher self-rated health. A 2023 DataHaven analysis found that only 36 percent of Connecticut adults who were food insecure were satisfied with life, compared to 72 percent who could afford food.¹² Survey respondents frequently reported cost as a major barrier to obtaining healthy foods.

Pandemic relief programs and stimulus money provided a much-needed safety net to food insecure families in Connecticut. As a result, the rate of food insecurity fell to 10 percent of the general adult population in 2021, although this rate was more than 3.5 times as high for Latino adults and 2.7 times as high for Black adults than white adults. By 2022, the rate of food insecurity was higher than pre-pandemic levels, likely as a result of the rising costs of food and housing compared to moderate (if any) increase in wages. Adults living with children saw their rate of food insecurity double from 12 percent in 2021 to 23 percent in 2022.¹³

Good nutrition and a balanced diet contribute to overall good health. People who are food insecure are two to three times more likely to report having diabetes than people who are not.¹⁴ Diabetes in turn creates higher risks for heart disease and chronic kidney disease—two

¹² Abraham, A., Seaberry, C., Davila, K., & Carr, A. (2023). *Greater New Haven Community Wellbeing Index 2023*. <https://ctdatahaven.org/reports/greater-new-haven-community-wellbeing-index>

¹³ Ibid.

¹⁴ *Food and Nutrition Insecurity and Diabetes: Understanding the Connection*. (2022, August 1). Centers for Disease Control and Prevention.

<https://www.cdc.gov/diabetes/library/features/diabetes-and-food-insecurity.htm>

major causes of death in Connecticut and nationwide (see Figure 21). According to Connecticut 2-1-1, there are four food pantries in Wallingford.¹⁵

When asked about specific challenges facing their families, Wallingford residents had lower but comparable responses to the state in terms of food insecurity. Although sample sizes are too small to disaggregate by race and ethnicity, given the wide disparities in poverty and SNAP benefits by race and ethnicity, food insecurity likely affects non-white groups at much higher rates than the average may suggest.

Figure 6: Similar to the state average, about a third of adults in Wallingford are just getting by financially, while 7 percent of households lack a vehicle

Food insecurity, financial insecurity: Share of adults, pooled 2015–2021 data; No vehicle: Share of households, 2021



In Wallingford, 31 percent of adults say they are just getting by or struggling financially. Elevated rates of food insecurity are associated with elevated rates of financial insecurity more generally. A statewide survey conducted by the U.S. Census Bureau in 2023 found that 21 percent of adults were unable to get the food they needed because they could not afford it, and 32 percent of adults said their children were not eating enough because they could not afford food.¹⁶

The same survey found that 3 percent of adults said they could not find transportation to get food. Vehicles are an important asset when it comes to obtaining household items as well as

¹⁵ DataHaven analysis (2023) of data from Connecticut 2-1-1, retrieved 14 September 2023.

¹⁶ DataHaven analysis (2023) of data from the Household Pulse Survey, 2020–2023.

finding employment or moving to more affordable neighborhoods farther from city centers, but 7 percent of households in Wallingford lack a vehicle. Transit options can be limited in both frequency and service to those who may rely on it. On-demand transportation is available through the Greater New Haven Transportation District.

Another measure of income versus expenditures comes from the United Way’s definition of asset-limited, income-constrained, employed (ALICE) households. According to Connecticut United Ways, in 2021, a single adult would need an annual salary of \$33,120 to meet their basic needs (assuming only \$801 per month for housing costs, although the median rent in Connecticut is \$1,360).¹⁷ A family of four including one infant and one preschooler would need \$106,632.¹⁸ The poverty threshold for a single adult in 2021 was \$12,880 for one person and \$26,500 for a family of four.¹⁹

Table 7: One-third of households in Wallingford may be struggling to make ends meet
Share of households below ALICE threshold, including those in poverty, 2021

Connecticut	Meriden	Wallingford
39%	50%	33%

Families with children have the added challenge of paying for childcare, which is both scarce and expensive regionally and in Connecticut. In Wallingford, there are an estimated 2,194 children under age six. Of those, 1,059 are enrolled in childcare. At the facilities available, there are an additional 284 vacant seats that a child could occupy—meaning the region lacks capacity for 851 children, or 39 percent of the population of kids under age six—without accounting for the fact that facilities may not be accessible to families or match their scheduling needs. While not all families opt to enroll their children in childcare outside of their home, this lack of coverage nevertheless reflects a shortage.

Childcare is not only necessary for parents to work, but also provides an opportunity to kickstart early learning to prepare children for preschool. In 2016, the Department of Health and Human Services concluded that “affordable” childcare should cost no more than 7 percent

¹⁷ DataHaven analysis (2022) of data from the American Community Survey 5-year estimates, 2017–2021.

¹⁸ *Alice in Connecticut 2023*. (2023 April). Connecticut United Ways. https://alice.ctunitedway.org/wp-content/uploads/2023/09/23UFA_Report_Connecticut_4.11.23_FINAL.pdf

¹⁹ *2021 Poverty Guidelines*. (2021 February 1). U.S. Department of Health and Human Services. <https://aspe.hhs.gov/2021-poverty-guidelines>

of a family's annual income,²⁰ and yet the average cost of childcare in New Haven County is approaching \$20,000 per year. At licensed daycare centers, the average annual cost for childcare is \$18,203.²¹ To remain at the 7 percent affordability threshold established by HHS, a family would need to earn \$260,043 per year to afford care for just one child, and yet the median household income in Wallingford is \$88,573. Put another way, at the median household income, a family would pay about 21 percent of their income to childcare for one child.

²⁰ *Child Care and Development Fund Program*. 45 CFR Part 98. (2016).

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-22986.pdf>

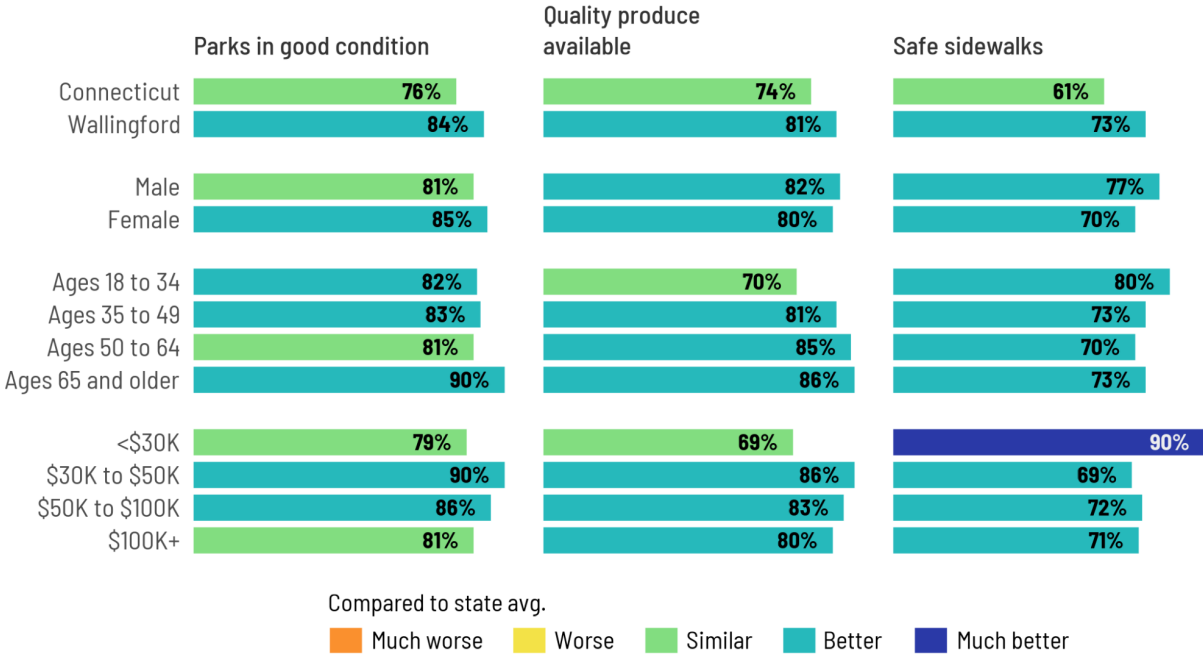
²¹ DataHaven analysis of data from the National Database of Childcare Prices available at <https://www.dol.gov/agencies/wb/topics/featured-childcare>. Childcare prices are from 2018 and have been inflation-adjusted to 2021 dollars.

Community Satisfaction

Community resources provide residents opportunities for recreation and civic engagement, and contribute to an overall sense of wellbeing. Many facilities are provided by municipalities for the benefit of their residents. Three-quarters of adults in Wallingford say there are local recreational facilities available,²² although survey respondents reported a lack of motivation as a major barrier to getting enough exercise.

Other local assets include adequate access to certain amenities. Tyler Mill Preserve is located within Wallingford, and Sleeping Giant State Park is close by, among many other local parks. Residents in Wallingford report above average quality of parks. The presence of affordable, high-quality produce is average to above-average (although survey respondents report cost as a barrier to getting enough healthy foods), with lower income and younger adults less likely to report that access to high quality, affordable produce is good. Safe sidewalks can encourage physical activity and provide pedestrian access to shops and services, and about three quarters of adults in Wallingford say sidewalks in their area are safe.

Figure 7: Many adults in Wallingford enjoy better than average community resources
Share of adults by area, with Wallingford adults by demographic, pooled 2015–2021 data



²² DataHaven analysis (2023) of data from the DataHaven Community Wellbeing Survey, 2015–2022.

Perceptions of safety also go a long way toward building a sense of community. More than three-quarters of adults in Wallingford say it's safe to walk alone in their neighborhood at night, and more than 90 percent trust their neighbors, above but similar to the state average.

Figure 8: Adults in Wallingford have similar satisfaction with their area compared to adults statewide

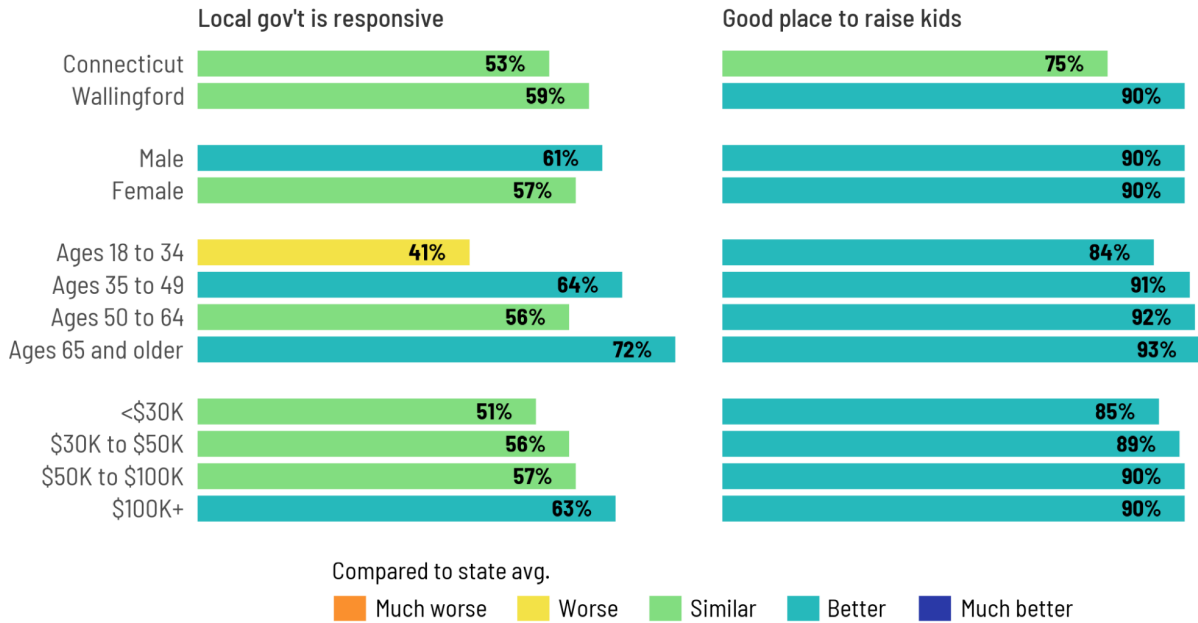
Share of adults by area, pooled 2015–2021 data



Finally, about 90 percent of adults said Wallingford is a good place to raise kids, although this rate was slightly lower among younger adults. Higher shares of adults ages 65 and over felt the government in their town was responsive than adults younger than 35.

Figure 9: Adults in Wallingford generally think the town is a good place to raise kids, but across groups, views on local government are mixed

Share of adults by area, with Wallingford adults by demographic, pooled 2015–2021 data



Weather, Climate, and the Environment

Climate Change

Climate change is affecting local and global weather patterns in many ways. In 2023 alone, several extreme weather swings have affected the area. A late May frost after a mild spring and winter abruptly delayed crop development, potentially contributing to inflation as the supply of crops was diminished.²³ In June, Connecticut saw some of the worst air quality days in history as smoke from Canadian wildfires drifted southward and settled over New England and the U.S. Northeast.²⁴ Periodically since then, plumes have filled the sky with haze and sparked air quality alerts across the eastern portion of the country. On the heels of one of the hottest Julys in recent memory, record-setting rainfall drowned fields along the Connecticut River, with the Greater Hartford region seeing the wettest July in its history.²⁵

A 2023 DataHaven analysis of temperature data ranging from 2000 to 2020 found a one-degree Fahrenheit increase in high temperatures as well as a one-degree increase in low temperatures, indicating an overall warming climate in our region.²⁶ As ocean temperatures rise, the atmosphere is able to hold more of its moisture, increasing relative humidity along with the risk of floods when that moisture releases as rain. Warmer winters with less snowfall can leave the land parched before crops are even planted. With droughts, heat waves, and unpredictable winds comes the threat of wildfire. If 2023 has taught any lesson, it is that local governments and residents must learn to contend with fluctuating and extreme weather, and decision-makers must work quickly to reduce harmful pollutants that contribute to human-induced global warming.

²³ Perkins, K. (2023, June 1). *CT seeks emergency declaration after severe mid-May frost kills fruit, Christmas trees, other crops*. Connecticut Public Radio. <https://www.ctpublic.org/news/2023-06-01/ct-seeks-emergency-declaration-after-severe-mid-may-frost-kills-fruit-christmas-trees-other-crops>

²⁴ Skahill, P. & Perkins, K. (2023, June 6). *What's up with all the haze in CT? Canadian wildfires bring unhealthy air to New England*. Connecticut Public Radio. <https://www.ctpublic.org/news/2023-06-06/whats-up-with-all-the-haze-in-ct-canadian-wildfires-bring-unhealthy-air-to-new-england-this-week>

²⁵ Breton, R. (2023, July 24). *Hartford area breaks the record for wettest July, with more than a week left in the month*. FOX 61 Hartford. <https://www.fox61.com/article/weather/climate-matters/hartford-area-breaks-the-record-for-wettest-july>

²⁶ Abraham, A., Seaberry, C., Davila, K., & Carr, A. (2023). *Greater New Haven Community Wellbeing Index 2023*. <https://ctdatahaven.org/reports/greater-new-haven-community-wellbeing-index>

Mosquitoes

As temperatures rise and heavy rains fall, the conditions for mosquitos to multiply and thrive increases. Most mosquitoes are a nuisance, but a small proportion are capable of spreading viruses and bacteria to humans when they bite. These mosquitoes must first feed on an infected animal, then a human, in order to transmit disease. Oftentimes, people who work outdoors are at higher risk for contracting a mosquito-borne illness. Water management outdoors and around the home can reduce the likelihood of mosquitoes breeding or congregating nearby, while proper attire and bug spray can help prevent bites from occurring.

Statewide, as of October, 2023, mosquitos carrying Eastern Equine Encephalitis (EEE) were observed in six towns across Windham, Tolland, and New London Counties. EEE most commonly affects people 50 or older or 15 and younger, and encephalitis that could be fatal.²⁷

²⁸

West Nile Virus is the leading mosquito-transmitted disease in the United States, and has been observed in mosquitoes across 33 towns in Connecticut, including Wallingford and several other New Haven County towns. Two individuals—one in New Haven County and one in Hartford County—have been diagnosed with West Nile Virus. Only about 20 percent of people with West Nile Virus develop a fever and fewer than 1 percent develop severe symptoms such as encephalitis, which can be fatal.^{29, 30}

Lyme Disease

Connecticut is home to many parks and opportunities to hike, camp, and enjoy the outdoors. With the opportunity for recreation comes the risk of tick-borne illnesses, including Lyme disease. While relatively rare, it can be debilitating.³¹ From 2018 to 2020, a statewide average of 1,260 people had confirmed or probable cases of Lyme disease each year, including about

²⁷ *Connecticut Horse Confirmed Positive for Eastern Equine Encephalitis Virus.* (2023, October 4). State of Connecticut Mosquito Management Program. <https://portal.ct.gov/Mosquito/Press-Room/2023-Press-Releases/Connecticut-Horse-Confirmed-Positive-for-Eastern-Equine-Encephalitis-Virus>

²⁸ *Eastern Equine Encephalitis Fact Sheet.* (2016 December). New York State Department of Health. https://www.health.ny.gov/diseases/communicable/eastern_equine_encephalitis/fact_sheet.htm

²⁹ *DPH announces second case of West Nile virus infection this year.* (2023 September 7). State of Connecticut Mosquito Management Program. <https://portal.ct.gov/Mosquito/Press-Room>

³⁰ *West Nile Virus.* (2023, June 13). Centers for Disease Control and Prevention. <https://www.cdc.gov/westnile/index.html>

³¹ *Lyme Disease.* (2021, January 15). Centers for Disease Control and Prevention. https://www.cdc.gov/lyme/signs_symptoms/index.html

14 people per year in Wallingford. While not confined to any specific type of environment, tick bites are more common with exposure to heavily wooded and rural areas. In that three-year period, statewide, the Lyme disease rate per 10,000 residents was 3.5. Wallingford had a similar rate at 3.2 per 10,000.³²

Lead

Lead poisoning is an environmental risk that primarily affects children. Its effects can be significant, particularly with regard to cognitive developmental problems. In severe cases, the brain and nervous system can become irreparably damaged.³³ Adults can also be exposed if they work near lead products such as in recycling or metal smelting industries.

Children are most commonly exposed to lead in the form of lead paint, often present in homes built before 1978. In Connecticut, school-based programs test children for elevated blood-lead levels. Between 2018 and 2020, 2,089 children were tested for elevated lead levels in Wallingford and 2.3 percent (or 48 children) were found to have blood-lead levels above the 3.5 micrograms per deciliter threshold established by the CDC in 2021 (the Connecticut Department of Public Health previously used the 5 micrograms per deciliter threshold).³⁴

Environmental Justice

Environmental justice stems from the idea that access to quality outdoor spaces, exposure to pollutants and contaminants, and other factors of built and natural environments follow the geographical patterns of socioeconomic disparities and segregation. The goal of environmental justice is to provide the same degree of protections from harmful contaminants, and to promote equal opportunities to influence decision making that may affect environmental quality.

The Environmental Protection Agency has developed an index that ranks small areas (containing about 250 to 550 housing units) throughout the country based on risks of exposure to several hazardous pollutants and contaminants. The index is scaled using demographic data to account for the disparate impacts of harmful exposure to people of color and lower-income

³² DataHaven analysis (2023) of data from the Connecticut Department of Health, retrieved from <https://portal.ct.gov/DPH/Epidemiology-and-Emerging-Infections/Lyme-Disease-Statistics>

³³ *Lead Poisoning*. (2023, August 11). World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/lead-poisoning-and-health>

³⁴ DataHaven analysis (2023) analysis of data from the Connecticut Department of Health, retrieved from <https://portal.ct.gov/DPH/Environmental-Health/Lead-Poisoning-Prevention-and-Control/Surveillance-and-Screening>

people. Figure 10 on the following page shows how similar areas are at higher risk of multiple contaminants and environmental hazards.

In the areas closer to urban centers, environmental justice risks are elevated. Leaking underground storage containers infiltrate groundwater by leaking poisonous compounds into the soil. Remediating these leaking tanks is costly, and unfortunately many residents in areas affected by this problem are unaware. Similarly, hazardous waste is concentrated in certain areas, often with sites established without the knowledge or consent of those living nearby. The locations and facilities produce harmful chemicals that can be airborne or linger in soil or water. Lead paint exposure is generally related to the age of housing in an area, but the potentially devastating effects of lead poisoning cannot be understated. Exposure to the pollutants generated by traffic in the region is more likely to occur along the I-91, Colony Road, and Merritt Parkway corridors.

Pollution, resource insecurity, and poor neighborhood and community assets all contribute to health inequities across the region.

Figure 10: Neighborhoods exposed to one kind of contaminant are often exposed to many
EPA Environmental Justice Index values for Meriden (north) and Wallingford (south) block groups, 2022



Health Risk Factors

Health risks are often preventable factors that keep people from achieving good health, and can be behavioral, environmental, or medical. Environmental factors such as poor air quality or poor quality housing can induce or exacerbate asthma, which can make other respiratory issues—even minor ones like allergies—more challenging to overcome.³⁵ Behaviors, such as smoking, are clearly linked to poor health outcomes such as cancer, but smoking can also suppress the immune system and make an individual more susceptible to severe illness than if they did not smoke. Other behaviors, such as poor sleep (sleeping less than 7 hours per night), can also indicate an underlying issue such as depression or anxiety, but also carry added risks for chronic illnesses like high blood pressure, diabetes, and cardiovascular diseases.³⁶ Once those chronic conditions are developed, the likelihood of severe illness, cancer, or death increases greatly. Economic disadvantage has been linked to increased stress levels and constrained access to healthcare, both of which contribute to increased health risks.³⁷

In Wallingford, the share of the adult population experiencing these risk factors is similar to the state. About a third of adults report poor sleep, and 30 percent have high blood pressure. About 5 percent of adults have diagnosed heart disease, and diabetes affects 8 percent of adults. The smoking rate has dropped over time but approximately one in seven adults in Wallingford smoke. Ten percent report having asthma.

Table 8: Wallingford has similar health risk factors compared to the state

Selected health risk factors, 2021

Area	High Blood Pressure	Heart Disease	Diabetes	Smoking	Asthma	Poor Sleep
Connecticut	30%	5%	9%	14%	11%	34%
Wallingford	30%	5%	8%	14%	10%	34%

³⁵ Samuels, E. A., Taylor, R. A., Pendyal, A., Shojaee, A., Mainardi, A. S., Lemire, E. R., Venkatesh, A. K., Bernstein, S. L., & Haber, A. L. (2022, August). Mapping emergency department asthma visits to identify poor-quality housing in New Haven, CT, USA: A retrospective cohort study. *Lancet* 7(8), e694–e704. [https://doi.org/10.1016/S2468-2667\(22\)00143-8](https://doi.org/10.1016/S2468-2667(22)00143-8)

³⁶ Colten, H. R., Altevogt, B. M. (Eds.). (2006). *Sleep disorders and sleep deprivation: An unmet public health problem*. Institute of Medicine Committee on Sleep Medicine and Research. <https://www.ncbi.nlm.nih.gov/books/NBK19961/>

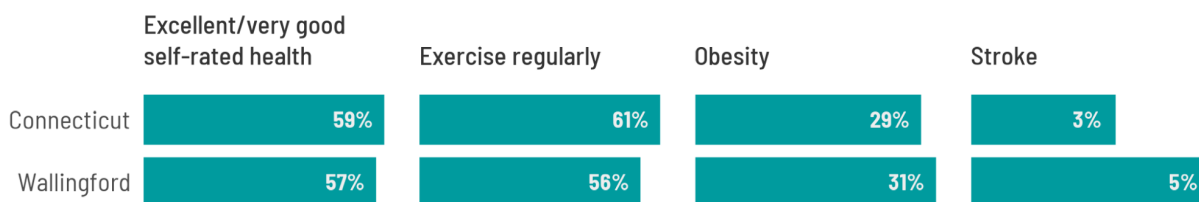
³⁷ Fiscella, K. & Sanders, M. R. (2016, January 28). Racial and ethnic disparities in quality of life care. *Annual Review of Public Health* 37, 375–394. <http://doi.org/10.1146/annurev-publhealth-032315-021439>

Self-rated health Wallingford is similar to the state average. While we are unable to disaggregate the population in Wallingford by race/ethnicity, we know at the state level that there are wide racial disparities in these assessments. In Connecticut, 62 percent of white adults say they are in very good or excellent health, compared to 51 percent of Black and 54 percent of Latino adults. These disparities can be attributed to varying healthcare quality and access.³⁸ Disparities are also reflected in health outcomes: statewide, 27 percent of white adults compared to 39 percent of Black adults and 34 percent of Latino adults have a body mass index (BMI) that qualifies them as obese. While BMI alone does not indicate whether a person is healthy, obesity is associated with other health problems, especially relating to the heart and kidneys.^{39, 40} Other disparities are seen among people ages 65 and older. In Connecticut, 57 percent of white adults compared to 73 percent of Black adults in this age group have hypertension and 19 percent of white adults compared to 35 percent of Black adults and 32 percent of Latino adults have been diagnosed with diabetes.

The share of adults who have had a stroke is slightly higher in Wallingford than statewide. Stroke is one of the leading causes of death in the United States, but is easily preventable with good health behaviors. After one stroke, it is much more likely an individual will suffer another, with risk of mortality increasing as well.⁴¹

Figure 11: Health risks in Wallingford are similar to state averages

Share of adults by area, pooled 2015–2021 data



³⁸ Ibid.

³⁹ Held, C., Hadziosmanovic, N. Aylward, P. E., Hagström, E., Hochman, J. S., Stewart, R. A. H., White, H. D., & Wallentin, L. (2022, January 21). Body mass index and association with cardiovascular outcomes in patients with stable coronary heart disease: A STABILITY substudy. *Journal of the American Heart Association* 11. <https://doi.org/10.1161/JAHA.121.023667>

⁴⁰ Herrington, W. G., Smith, M., Bankhead, C., Matsushita, K., Stevens, S., Holt, T., Hobbs, F. D. R., Coresh, J., & Woodward, M. (2017, March 8). Body-mass index and risk of advanced chronic kidney disease: Prospective analyses from a primary care cohort of 1.4 million adults in England. *PLOS ONE*. <https://doi.org/10.1371/journal.pone.0173515>

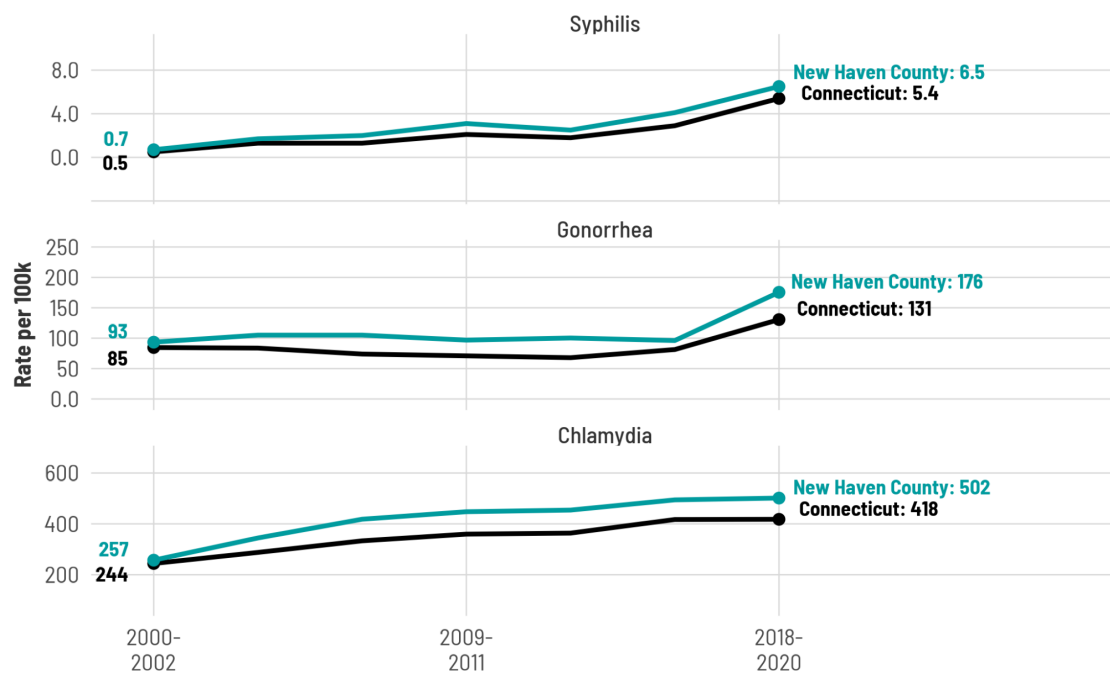
⁴¹ *Stroke*. (2023, September 5). Centers for Disease Control and Prevention. <https://www.cdc.gov/stroke/index.htm>

Sexually Transmitted Infections

The prevalence of many sexually transmitted infections has increased since 2000, often due to under-screening. In New Haven County, rates of syphilis, chlamydia, and gonorrhea have increased. Nationally there has been an uptick in congenital syphilis due to a lack of screening among pregnant people. Unfortunately, individuals without health insurance or a medical home are at risk of forgoing STI screenings.⁴²

Figure 12: Sexually transmitted infections have become more common in recent years

Cases of sexually transmitted infections per 100,000 residents, annualized averages, 2000–2021



Transmission of HIV, on the other hand, has trended downward from 15 to 9 cases per 100,000 people between 2008 and 2021, due in part to increasing knowledge of HIV and the rapid expansion of treatments such as pre-exposure prophylaxis (PreP).^{43, 44}

⁴² Rogin, A. & Mufson, C. (2023, April 15). *U.S. sees concerning rise in STIs, congenital syphilis with no signs of slowing*. PBS News. <https://www.pbs.org/newshour/show/u-s-sees-concerning-rise-in-stis-congenital-syphilis-with-no-signs-of-slowing>

⁴³ DataHaven analysis (2023) of data from the Centers for Disease Control and Prevention, retrieved from <https://gis.cdc.gov/grasp/nchhstpatlas/tables.html>

⁴⁴ *HIV declines among young people and drives overall decrease in new HIV infections*. (2023, May 23). CDC News Room. <https://www.cdc.gov/media/releases/2023/p0523-hiv-declines-among-young-people.html>

Access to Healthcare

Access to healthcare is associated with a lower likelihood of serious illness and a greater life expectancy, and an important determinant of healthcare access is health insurance.

Wallingford has a similar share of uninsured residents as the state overall (5 percent). Shares of uninsured residents vary by age group. In Wallingford, only 3 percent of children under age 19 are without health insurance, compared to 8 percent of adults ages 19 to 64 and less than 1 percent of seniors, but the uninsured rate for adults ages 19 to 64 varies widely by race.

More than a quarter of Latinos in this age group lack health insurance compared to 8 percent of Black adults and 4 percent of white adults.

Table 9: Latinos in the region, especially between the ages of 19 and 64, are much more likely to be uninsured

Share of uninsured by race/ethnicity and age, 2021

Area	Race/ethnicity	Total	Ages 0-18	Ages 19-64	Ages 65+
Connecticut	Total	5%	2%	7%	1%
Wallingford	Total	5%	3%	8%	<1%
Wallingford	White	3%	3%	4%	<1%
Wallingford	Black	6%	N/A	8%	N/A
Wallingford	Latino	17%	N/A	26%	N/A

One reason for these differences in coverage is that people in certain age groups have greater access to public insurance through programs such as Medicare and the Children’s Health Insurance Program (also known as HUSKY B). While 97 percent of people 65 and over and 27 percent of children under age 19 in Wallingford have public insurance, only 13 percent of people ages 19 to 64 do.

Table 10: Higher shares of seniors and children are enrolled in public health insurance plans

Share on public insurance by age, 2021

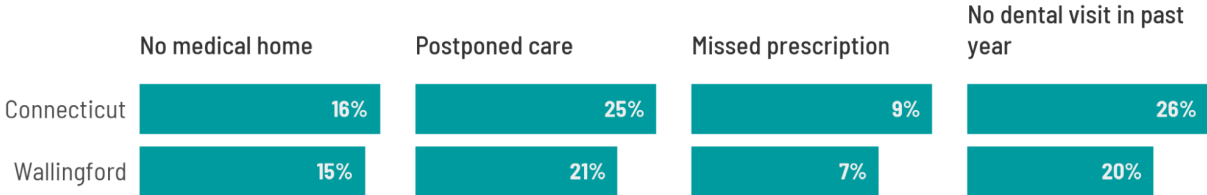
Area	Total	Ages 0-18	Ages 19-64	Ages 65+
Connecticut	36%	36%	20%	95%
Wallingford	32%	27%	13%	97%

Due to the high number of physicians and clinics in the Greater New Haven area, people in Wallingford have generally good access to healthcare. Fifteen percent of adults are without a medical home, meaning that they do not have a person or place they consider to be a primary health care provider, similar to the statewide average of 16 percent. Furthermore, 25 percent of those in Connecticut compared to 21 percent of those in Wallingford reported having postponed medical care in the past year, while 7 percent reported being unable to fill a prescription in the past year. Wallingford residents were also less likely than Connecticut residents to have missed going to the dentist in the last year (20 percent versus 26 percent).

But here again, averages mask the racial and ethnic disparities in healthcare. While the data are not available to disaggregate by race/ethnicity in Wallingford, we can turn to statewide data to examine disparities. In Connecticut, 24 percent of Latino residents compared to 13 percent of white residents are without a medical home (a person or place they consider their primary care provider), and a higher share of Latino (15 percent) than white residents (7 percent) were unable to fill a prescription in the last year due to the cost of medicine. A new program called ArrayRx launched in October 2023 in an effort to offset the cash price of numerous medications by providing discounts that can be used at local pharmacies.⁴⁵

Figure 13: Wallingford adults fare relatively well in accessing health care

Share of adults by area, pooled 2015–2021 data



⁴⁵ Governor Lamont and Comptroller Scanlon announce Connecticut prescription drug discount card. Program launches on October 2. (2023, September 14). Connecticut Office of the Governor. <https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2023/09-2023/Governor-Lamont-and-Comptroller-Scanlon-Announce-Connecticut-Prescription-Drug-Discount-Card-Program>

Preventive Care

Receiving core preventive services is important for reducing health risks and the costs of treating chronic illness. Compared to Connecticut, slightly higher shares of residents in Wallingford received many of these services. For instance, while 55 percent of men aged 65 and over in the region received core preventive services, which include immunizations and screenings, only 50 percent of the same group statewide did.

However, the share of women in this age group who received core preventive services was lower in Wallingford (39 percent) than it was in Connecticut (42 percent). A recent survey discovered that the reason women frequently skipped preventive care services included high out-of-pocket costs and difficulty in getting an appointment.⁴⁶

Table 11: For many measures, slightly higher shares of Wallingford residents use preventive care measures compared to Connecticut

Selected preventive care measures 2019-2020

Area	Cervical Cancer Scrn. (Women 65+)	Cholesterol Check (Adults 18+)	Colonoscopy (Adults 50-75)	Core preventive (Men 65+)	Core preventive (Women 65+)	Mammography (Women 50-74)	Annual check-up
Connecticut	86%	88%	76%	50%	42%	80%	75%
Wallingford	88%	90%	77%	55%	39%	78%	75%

⁴⁶ *Survey finds many women go without preventive care.* (2023, February 8). American Academy of Family Physicians. <https://www.aafp.org/news/health-of-the-public/ipsos-women-preventive-care.html>

COVID-19

COVID-19 has been one of the leading causes of death since 2020, and being vaccinated greatly reduces the likelihood of getting severely ill or dying from the disease. While most people in Connecticut and Wallingford have received a first full course of vaccinations for COVID, vaccine uptake rates vary by age. Almost everyone 65 and over in Wallingford has been vaccinated, but only 49 percent of children under 18 and 79 percent of adults 18–64 have. Everyone ages 6 months and older are eligible to receive a covid vaccination and boosters are available yearly.⁴⁷

Table 12: COVID vaccine uptake is highest for seniors and lowest for children

COVID Vaccination rate by age, 2023

Area	Total	Ages 0-17	Ages 18-64	Ages 65+
Connecticut	75%	46%	78%	>99%
Wallingford	79%	49%	79%	>99%

⁴⁷ *Stay up to date with COVID-19 vaccines.* (2023, October 4). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Maternal Health and Birth Outcomes

Prenatal, infant, and maternal health represent important indicators of and precursors to overall community health. Between 2017 and 2021, Connecticut averaged 4.51 infant deaths per 1,000 live births. Over this period, the infant mortality rate for Black babies was nearly three times that of white babies. Statewide, Black and Latino parents are more likely to have had late or no prenatal care and to give birth to babies with low weight at birth (under 2.5 kilograms). Just under 2 percent of Wallingford’s 378 annual births received inadequate prenatal care, and nearly 7 percent of babies were born at low weights; both values are better than statewide rates. Between 2016 and 2020, the state’s maternal mortality rate was 15.5 per 100,000 live births, lower than the national average of 19.3 but still well above other high-income countries.

Table 13: Statewide and regionally, birth outcomes are worse for Black parents and babies than white parents and babies

Birth outcomes by race/ethnicity, annualized averages, 2017–2021

Area	Race/Ethnicity	Annual live births	Late or no prenatal care	Low birthweight	Infant mortality per 1k live births
Connecticut	Total	34,526	3.4%	7.9%	4.51
	White	18,580	2.5%	6.4%	3.05
	Black	4,402	5.2%	12.4%	9.09
	Latino	8,905	4.4%	8.4%	5.39
	Puerto Rican	4,113	3.0%	10.0%	N/A
	Other Latino	4,792	5.6%	7.0%	N/A
	Asian	2,202	3.4%	9.0%	N/A
Wallingford	Total	378	3.0%	6.9%	N/A
	White	292	1.9%	6.7%	N/A
	Black	11	1.8%	N/A	N/A
	Latina	52	N/A	N/A	N/A
	Puerto Rican	18	N/A	N/A	N/A
	Other Latino	33	N/A	N/A	N/A
	Asian	19	N/A	N/A	N/A

Youth and Adolescent Health and Wellbeing

While COVID-19 lockdowns affected many facets of daily life, some of the heaviest impacts were felt by K-12 students, nearly all of whom spent at least several months in virtual classrooms and away from their peers. With students disconnected from physical classrooms, rates of chronic absenteeism—missing at least 10 percent of the school days for which a student is enrolled—skyrocketed and have continued to rise even after schools reopened. In particular, Wallingford’s Latino students and students eligible for Free or Reduced Price Meals (FRPM) still had chronic absenteeism rates far higher than their peers as of June 2023, both statewide in Wallingford.⁴⁸ Missing significant amounts of classroom time not only puts students at risk of falling behind academically and failing to graduate on time, but can also mean a lack of access to school-based resources such as food and social-emotional supports.

Figure 14: Chronic absenteeism skyrocketed during lockdown and has remained high since
Chronic absenteeism rate, public K–12 districts, 2011–12 through 2021–22 school years

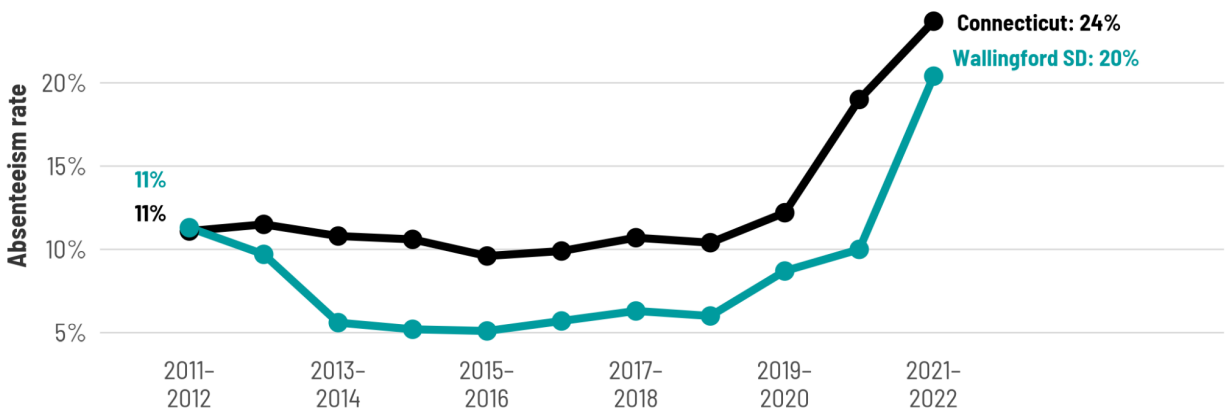


Table 14: Chronic absenteeism is highest among Black, Latino, and students who qualify for Free or Reduced Price Meals (FRPM)

Chronic absenteeism rate by demographic, 2022–23 school year as of June 2023

Location	Total	White	Black	Latino	FRPM-eligible	Not FRPM-eligible
Connecticut	21%	14%	28%	30%	32%	14%
Wallingford	18%	17%	16%	24%	30%	13%

⁴⁸ DataHaven analysis (2023) of Connecticut State Department of Education. (2023) retrieved from <https://public-edsight.ct.gov/>

While COVID-19 death rates for children have consistently been much lower than those of adults, the impacts of the pandemic on children’s general well-being and mental health are yet to be seen. With the shift to remote or hybrid learning, students became far more reliant on computers and smartphones. In the latest Connecticut School Health Survey (CSHS), almost 77 percent of high school students reported spending at least 3 hours in front of an electronic screen on an average school day for uses other than schoolwork. The share of high school students who have been bullied online decreased somewhat from 2011 to 2021, but remains much higher for girls (18 percent) than for boys (9 percent), and is relatively high for white students (16 percent).⁴⁹

At the same time as students were forced to be more isolated due to online schooling, rates of high schoolers reporting feeling sad or hopeless increased to 36 percent in 2021; this rate was elevated for Latino students and upperclassmen, and twice as high for girls (48 percent) as for boys (24 percent). Self-reported poor mental health followed similar patterns, with high rates for white students as well. Startlingly, among students who report depression and anxiety, students in 2021 were half as likely to say they generally get the help they need (22 percent) as in 2009 (44 percent). Only about one in five high school students reported getting eight or more hours of sleep on an average school night, with younger students more likely to get enough sleep than older ones.⁵⁰

Cigarette use among high schoolers has declined dramatically, from 21 percent in 2007 to only 1 percent in 2021. Use of electronic vaping products also appears to be down, with 45 percent of students saying they had ever used a vape in 2019 versus 25 percent in 2021. Use of alcohol and other drugs are declining as well: the percentage of students who currently use alcohol (17 percent), currently use marijuana (11 percent), or have ever used cocaine (1 percent) all represent significant declines over the past decade. Rates of using prescription pain medication not according to a prescription were consistent between 2017 and 2021, with 9 percent of students having done this at least once.⁵¹

⁴⁹ 2021 Connecticut School Health Survey (CSHS) summary graphs. (n.d.). Connecticut Department of Public Health. https://portal.ct.gov/-/media/DPH/CSHS/2021/2021_CSHS_Graphs_Trends_web.pdf

⁵⁰ Ibid.

⁵¹ Ibid.

Mental Health

Mental health conditions, particularly when unaddressed, can ripple through to other aspects of a person’s physical health and well-being. Conditions such as anxiety and depression are linked to other chronic physical conditions such as heart disease, which can reduce life expectancy greatly.⁵² Continuously experiencing depression and anxiety can also make it difficult to access and maintain medical care and social support, and can be compounded by other stressors like housing instability and financial hardship. Adults who struggle with these stressors report much lower levels of personal well-being compared to adults who do not.⁵³

Between 2015 and 2021, 68 percent of Wallingford adults felt satisfied with their life, and rates of reporting struggles with anxiety (12 percent) and depression (5 percent) were similar to or lower than rates statewide.⁵⁴

Table 15: Wallingford adults report less depression than adults statewide

Indicators of mental health, share of adults, 2015–2021

Area	Race/Ethnicity	Satisfied with life	Anxiety	Depression
Connecticut	Total	68%	13%	9%
Connecticut	White	71%	11%	8%
Connecticut	Black	59%	15%	10%
Connecticut	Latino	61%	19%	14%
Wallingford	Total	68%	12%	5%

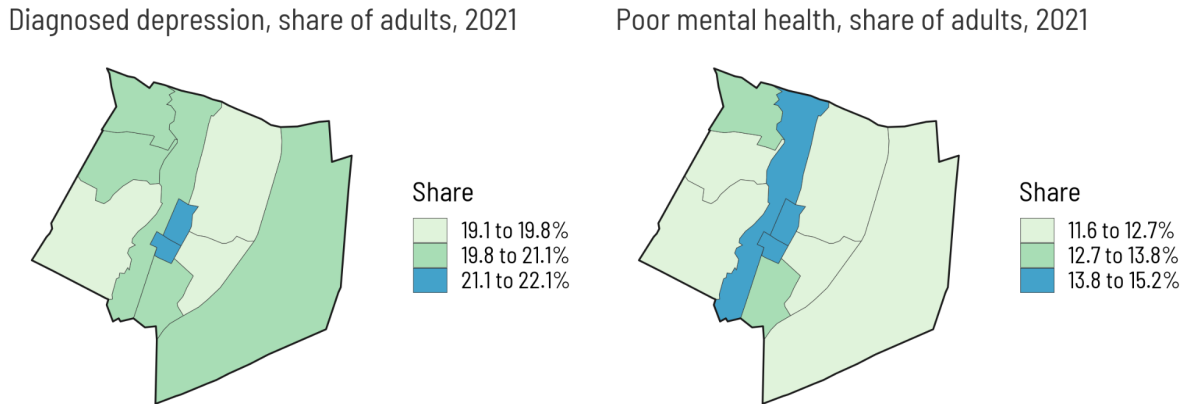
⁵² Momen, N. C., Plana-Ripoll, O., & Agerbo, E. (2022, March 30). Mortality associated with mental disorders and comorbid general medical conditions. *JAMA Psychiatry* 79(5), 443–453. <https://doi.org/doi:10.1001/jamapsychiatry.2022.0347>

⁵³ Abraham, A., Seaberry, C., Davila, K., & Carr, A. (2023). *Greater New Haven Community Wellbeing Index 2023*. <https://ctdatahaven.org/reports/greater-new-haven-community-wellbeing-index>

⁵⁴ DataHaven analysis (2023) of data from the DataHaven Community Wellbeing Survey, 2015–2022.

As of 2021, about 20 percent of adults in Wallingford had been diagnosed with depression at some point in their life, and about 13 percent described their current overall mental health as poor; both values are similar to New Haven County averages.⁵⁵

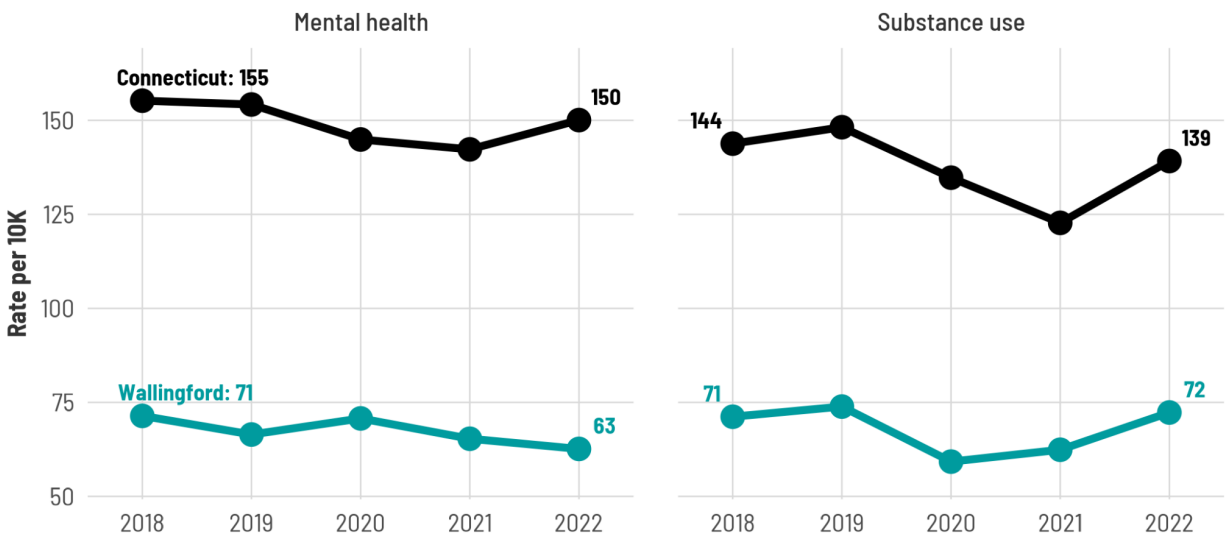
Figure 15: Wallingford residents report average rates of common mental health problems



The Department of Mental Health and Addiction Services (DMHAS) provide unduplicated counts of patients who are admitted into treatment services each fiscal year. The admission rate is lower in Wallingford than statewide.

Figure 16: Wallingford has lower admission rates for mental health and substance use disorder than the state

Annual DMHAS treatment admissions per 10,000 residents, 2018–2022



⁵⁵ See notes for Figure 15.

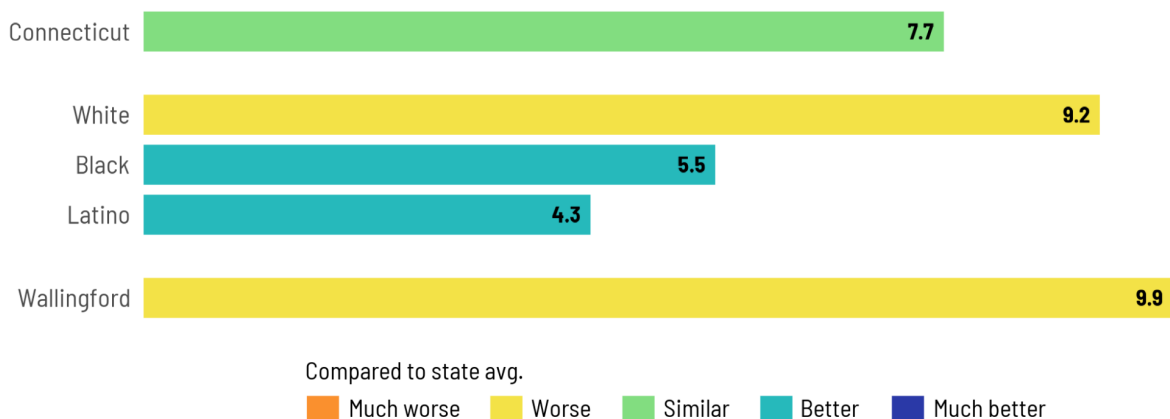
Suicide

Suicide is a public health issue that is frequently under-discussed due to social stigma. Depression and anxiety, when untreated, are major risk factors for suicide. In Connecticut and nationwide, most suicides occur among white men, and more than half involve firearms. The pandemic may have had a disproportionate impact on the rate of suicides for non-white populations, however: while suicide rates slightly fell for white Americans in 2020, they rose for Black and Latino populations.⁵⁶

In Wallingford, suicide rates (9.9 per 100,000) are higher than the state average (7.7), but statewide, suicide rates for white populations are 1.7 times higher than for Black populations.

Figure 17: Suicide rates are elevated in Wallingford

Age-adjusted mortality due to suicide per 100,000 residents, with Connecticut residents by race/ethnicity, pooled 2018–2022 data



Rates for groups with low counts are suppressed. Latino/Hispanic ethnicity is often under-reported in mortality records.

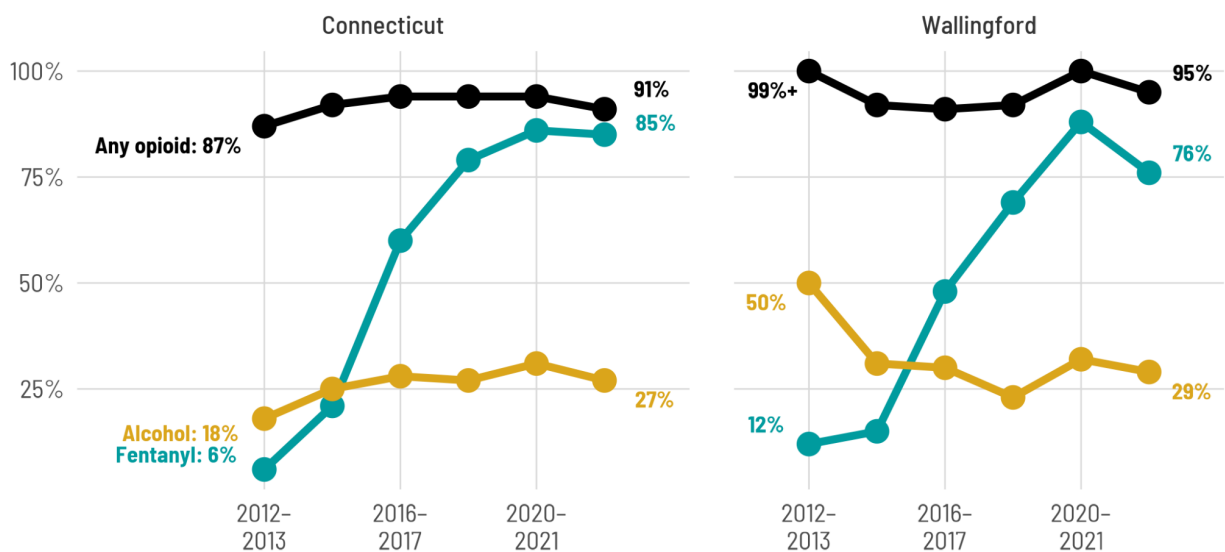
⁵⁶ Curtin, S. C., Brown, K. A., & Jordan, M. E. (2022, November). *Suicide rates for the three leading methods by race and ethnicity: United States, 2000–2020*. NCHS Data Brief No. 450. <https://doi.org/10.15620/cdc:121798>

Overdose

Nationwide and in Connecticut, fatal overdoses peaked to an all-time high in 2021,⁵⁷ due in part to the social isolation, economic stress, and reduced access to treatment as a result of the pandemic. Opioids continue to be the primary substance found in fatal overdoses in Connecticut, with fentanyl found in nearly 80 percent of overdose fatalities in Wallingford.

Figure 18: Polysubstance overdoses are common, with opioids found in nearly all overdose deaths. Fentanyl is increasingly prevalent.

Share of overdose deaths by substance, January 2012–May 2023

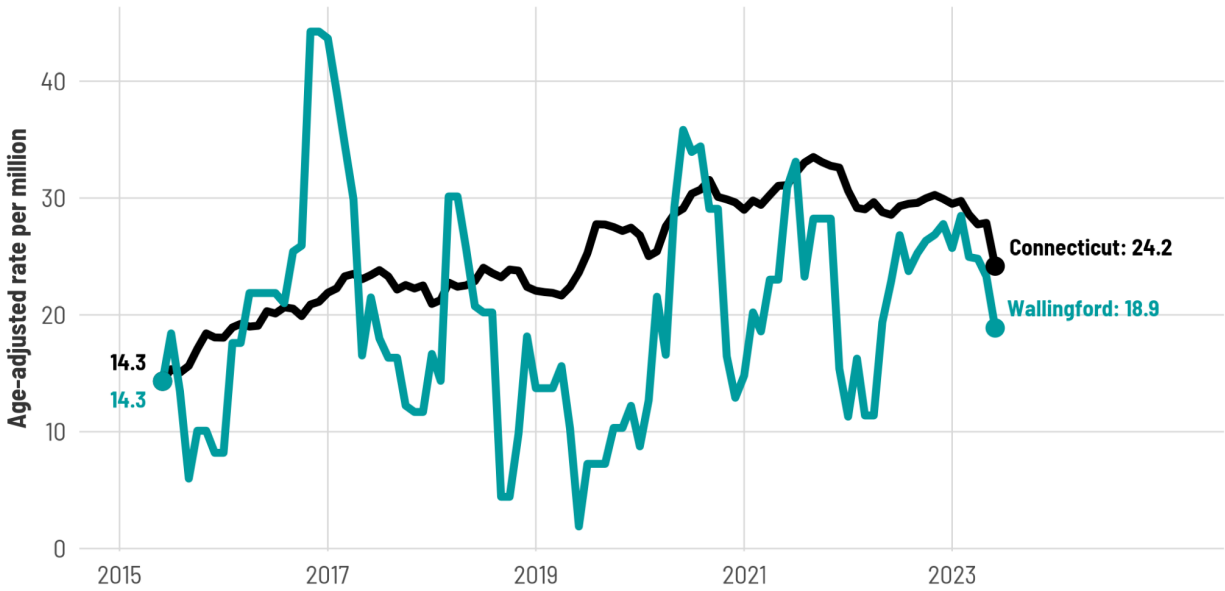


⁵⁷ See notes for Figure 18.

The rate of fatal overdoses in Wallingford—18.9 per million—is lower than the state average of 24.2.

Figure 19: Overdose death rates have steadily increased over time

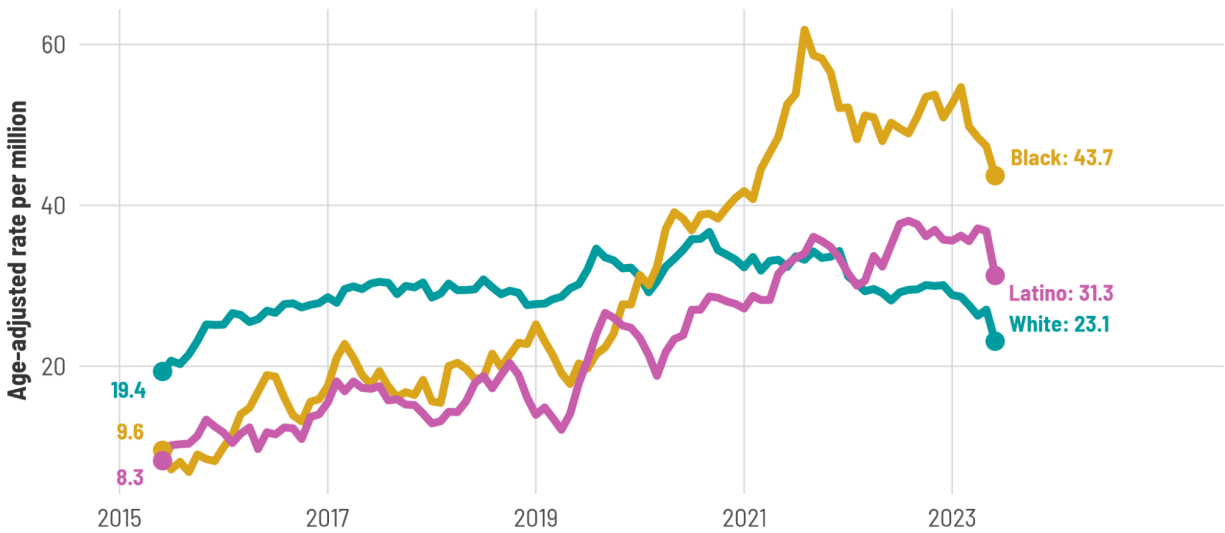
Age-adjusted six-month rolling average overdose deaths per million residents, January 2015–May 2023



Overdose rates in Wallingford are too low to disaggregate by race, but statewide data suggests that fatal overdose rates for Black and Latino people in Connecticut are now higher than the rate for white people after converging until about 2020. This suggests that pandemic related increases in overdose rates may be disproportionately concentrated among non-white populations in the state.

Figure 20: After converging, statewide overdose death rates for Black and Latino people now outpace those for white people

Age-adjusted six-month rolling average overdose deaths per million residents by race/ethnicity, Connecticut, January 2015–May 2023



Mortality

Mortality rates measure the relative number of deaths, by cause or overall, across a given population, either by geography or demographic. Several of the major causes of death are largely preventable. This section summarizes some of the major causes of death in the region.

It is important to note that while Latino populations are included in the discussions below, it is well documented that Latino ethnicity is often underreported in death records.⁵⁸ Given the wide disparities in socioeconomic resources and outcomes between Latinos and non-Hispanic white populations, one would expect that mortality rates for Latinos are higher than they appear.

Heart disease and cancer are the two leading causes of death regionally, statewide, and nationally.⁵⁹ However, statewide, rates of heart disease deaths are highest in the Black population.

Heart disease is related to unhealthy behaviors such as lack of exercise, poor diet or nutrition, smoking, and drinking alcohol. It also often co-occurs with diabetes—which itself is a component of another major cause of death, chronic kidney disease. Diabetes is also related to the unhealthy behaviors listed above, and disproportionately affects the Black population. Mortality due to chronic kidney disease is more than twice as high in the Black population than the white population or state average.

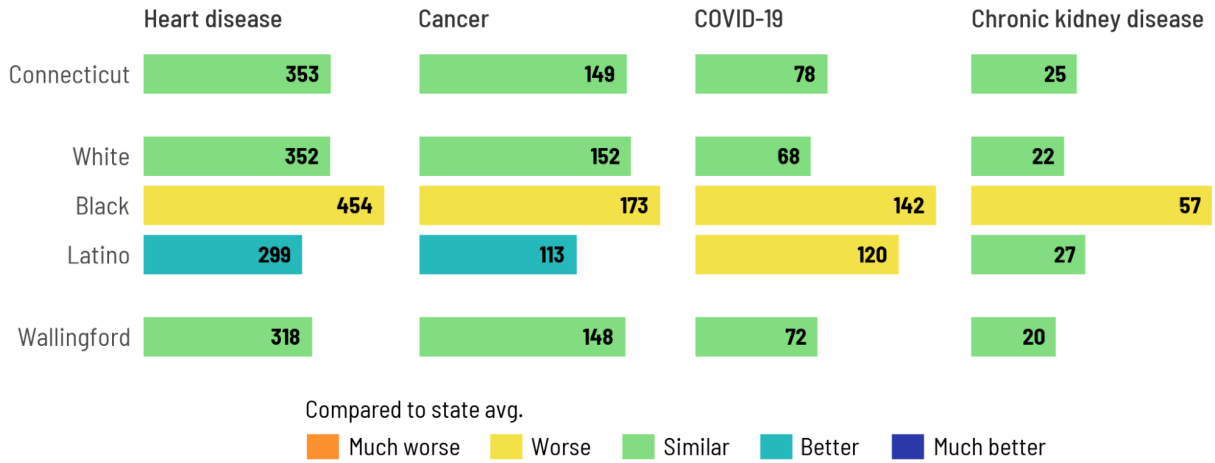
Cancer is a chronic condition with a high mortality rate. While behaviors such as a nutritious diet, maintaining a healthy weight, using sun protection, not smoking, and abstaining from alcohol help to greatly reduce the likelihood of developing certain cancers, not all cancers are completely avoidable by behaviors alone. Exposure to environmental contaminants, infections, and even genetic predisposition play a role in the development of certain cancers. Preventive care is one of the most important medical services that can help identify cancers and cancer risk factors early, and while many adults receive screenings, only approximately 40 percent of women over 65 receive preventive services annually (see Table 11).

⁵⁸ *Unreported deaths affect the 'Hispanic paradox' and the 'Black-white mortality crossover'*. (2017, December). National Bureau of Economic Research Bulletin on Aging & Health. <https://www.nber.org/bah/2017no4/unreported-deaths-affect-hispanic-paradox-and-black-white-mortality-crossover>

⁵⁹ *Leading causes of death*. (2023, January 18). Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

Figure 21: Wallingford residents have similar mortality rates to the state across several major causes of death

Age-adjusted mortality rates per 100,000 residents, by cause, with Connecticut residents by race/ethnicity, pooled 2017–2022 data



Rates for groups with low counts are suppressed. Latino/Hispanic ethnicity is often under-reported in mortality records.

COVID-19 also had a disproportionate impact on communities of color, particularly in the time before the development of vaccines. In Connecticut, COVID-related mortality was more than twice as high in the Black population as the white population. While the rate of vaccine uptake is generally high in the region (about 79 percent of the total population has received two doses of the vaccine), the crude death rate in Wallingford as of June, 2023 was 52.3 per 10,000 population.

Table 16: Wallingford has a higher COVID-19 death rate than the state average

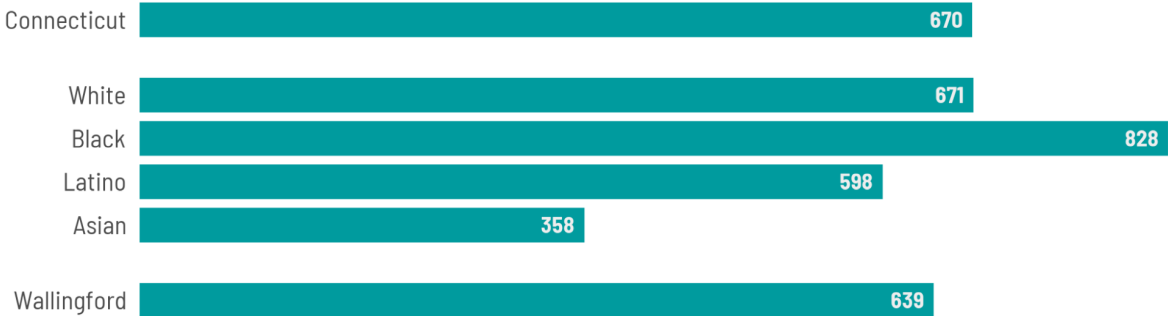
Share of the population fully vaccinated, February 2023; Resident COVID-19 deaths, June 2023

Area	Pct. fully vaccinated (2 doses)	Resident COVID-19 deaths per 10,000 (crude)
Connecticut	75%	34.2
Wallingford	79%	52.3

The cumulative effects of having the assets and resources to live a healthy life begin before birth and are often reflected in death. In Connecticut and nationwide, Black populations have an overall (all-cause) mortality rate that eclipses the white population, meaning more life-years are lost relative to white populations. The all-cause mortality rate in Wallingford is slightly lower than the state rate, and while values in Wallingford are too low to disaggregate by race, the same trends likely hold true.

Figure 22: All-cause mortality in Wallingford is similar to the state average

Age-adjusted all-cause mortality per 100,000 residents, with Connecticut by race/ethnicity, 2017–2022



Rates for groups with low counts are suppressed. Latino/Hispanic ethnicity is often under-reported in mortality records.

Conclusion

The root causes of excess mortality are largely preventable, from equal access to education and employment; stable, affordable housing; the ability to afford nutritious food; the means and time to exercise; the ability to seek medical care when needed, with respect, and at an affordable cost; and access to public health resources like vaccines. These are not individual accommodations, but public resources that should be accessible to all. In order to promote a healthy community, these amenities must continually improve, especially for those who have been historically denied their benefits: namely Black populations, but also other racial and ethnic minorities, women and other gender minorities, older adults, and queer and transgender populations, among others, for whom data is not always available but whose communities continue to speak to their needs.

Recommendations

Adopt

- A racial-equity-first framework in designing public health programming

Advocate for

- More affordable housing, especially multifamily, to reduce cost-burden on renters
- More frequent transit access regionally
- More affordable childcare options
- Environmental clean up, especially along the I-91, Colony Road, and Merritt Parkway corridors
- Mental health supports tailored to K–12 students as well as the community at large
- More community mental health and substance use resources
- Lower cost prescription drugs
- More funds for utility assistance programs, including air conditioner distribution as the region's climate warms

Provide

- Easy-to-use resource maps or listings for food assistance, housing assistance, senior services, transportation services, libraries, and low-cost recreation
- Educational literature on chronic illnesses and ways to combat them through nutrition, mental wellbeing, sleep, and exercise. Additionally, focus distribution tailored to Black, Latino, and low income populations who experience higher rates of chronic illness.
- Preventive care literature and schedules of core preventive services, especially for women who are less likely to be up-to-date on those services
- Sexually transmitted infection (STI) awareness and prevention information
- Free or low-cost, anonymous STI testing in combination with substance use harm reduction programming where possible
- Targeted awareness campaigns for prescription cost capping services and new programs like ArrayRx

Track

- Incidences of heat related illnesses
- Incidences of mosquito or tick borne illnesses, which are likely to increase as the region's climate warms
- Working with schools, track mental health issues such as depression, anxiety, and loneliness among K–12 students
- Incidences of STIs in the community

Appendix A: Primary Data Summaries

Primary data collection consisted of three main efforts. The first was an online survey, available in English and Spanish, that included several dozen questions about personal and community health. In all, 420 responses were collected between August and November, 2023. The survey is a convenience sample and is skewed towards women, people ages 30–49, white people, high income people, homeowners, and people with high educational attainment. A complete analysis has been provided in a separate document, and is not included here to prevent individuals from using it as a source of representative information about the area.

The second was a series of key informant interviews conducted between September and October, 2023. Key informant interviews are structured, one-on-one conversations using a protocol that was designed to identify perceived public health issues or challenges in a person’s community or area of expertise (e.g., in community schools). In all, 6 residents and leaders were interviewed.

A third effort, focus groups, was designed as a more open conversation with a small group to generate detailed information on concerns that cross populations or sectors. Two focus groups were conducted on September 5th and 6th, 2023. Six people in total participated.

Key Informant Interviews

A total of 6 key informants from Wallingford were interviewed between September and October, 2023. These included one resident, four employees of the town, and one employee of the school district. The protocol used for key informant interviews was structured around what the interviewee saw as the most important health issue in their community, why, and who is most affected.

Mental health was the key concern, with several individuals commenting on how much worse community-wide mental health had gotten in the past few years. Some respondents were also concerned about substance use.

One individual remarked that schools are increasingly providing mental health care for children, but that school counselors are not always equipped to handle the particular issues the children are dealing with. Another individual noted that there are very few low cost pro-social activities for younger children in the area, and a third said the lack of activities for youth—especially middle school-aged and older—has led to a rise in youth substance use and reckless behavior resulting in police involvement.

Town employees also feel increasingly responsible for, but ill-equipped to handle, increasing emergency calls related to mental health crises. Substance use was noted as being on the rise, and the use of naloxone on emergency service runs had also increased. Several individuals remarked that other cities had begun to include mental health professionals in routine emergency service calls and wished the same could be done in Wallingford. At least one mentioned a lack of a town-sanctioned social media presence as an obstacle in the town being able to provide awareness of major issues like substance use.

Among seniors, concerns were raised about the propensity for them to be “shut in” and limit or forgo medical care and social activity. This leads to an increase in wellness checks for mental health issues among the area’s aging population.

Focus Groups

Two focus groups were held on September 5th and 6th, 2023. A total of six people participated, including representatives of several nonprofit and social service organizations as well as town employees.

Again, mental health and substance use were the main concerns. Hoarding among seniors was mentioned as a mental health-related fire hazard that appears to be on the rise. Food insecurity among seniors was also mentioned since many have “shut in” as a result of the pandemic. While local organizations provide mental health, recreational, transportation, food delivery, and other services for seniors, many who had previously used those services never came back after lockdown.

Among children, the same themes arose in focus groups as in key informant interviews. A lack of social activities has led to increased depression and anxiety, and children do not have adequate resources from parents, counselors, or outside services to deal with those emotions, so some have turned to substance use or reckless behavior.

Echoing similar sentiments from key informant interviews, a lack of adequate technology among town services was described as a major obstacle not only with public awareness campaigns, but also between departments.

Finally, the lack of affordable housing was mentioned as a major challenge. Service organizations receive several calls for housing assistance, but have nowhere to refer people. Homelessness is increasing in the area, as well, but the only shelter in town is only open a few

months out of the year in the winter. Social service organizations cannot always help with homeless issues when the shelter is closed.

Survey Responses

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, not a probabilistic 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.

To prevent users from considering this a representative source, values in this section have been removed or compared to more reliable sources. A separate document was provided to WHD that summarizes the survey results in more detail.

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.

Table 14: 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. Homeowners	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. The survey results were also skewed towards English-speakers.

Insurance Status and Personal Health

A total of 1 percent of respondents said they were uninsured, much lower than American Community Survey (ACS)⁶⁰ estimate of 5 percent. One in five respondents with household incomes under \$50,000 had Medicaid/HUSKY compared to 4 percent of the total response pool.

Five percent said they had no medical home (a person or place they consider their primary care provider), which is much lower than the DataHaven Community Wellbeing Survey (DCWS)⁶¹ estimate of 15 percent. These values indicate that respondents may be more likely to engage with health care providers than the general population.

Respondents were asked to self-assess their physical and mental health on a scale from Poor to Excellent. About two-thirds of respondents said they were in very good or excellent physical health, while just over half said they were in very good or excellent mental health.

Substance Use

Six percent of respondents 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. Twenty-one percent said they drank alcohol on many days, most days, or every day in the past month.

A third of respondents knew someone who had misused opioids. One percent said it was themselves, while 17 percent said it was a close friend or family member and 16 percent said it was someone else they knew.

⁶⁰ 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.

⁶¹ 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 section are derived from pooled 2015, 2018, and 2021 datasets.

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.

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.

Community Assets

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.

Barriers to Healthy Living

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. 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. Compared to other groups, a large share (15 percent) of respondents with household incomes above \$100,000 said difficulty shopping with children was a major barrier.

Regarding 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).

Perceived Value of Health Department Services

Overall, 123 respondents had utilized a WHD service, with several people having utilized many. Celebrate Wallingford was the most common by far, with 106 respondents saying they had attended.

Sixty-one percent of respondents who had used a WHD service said their experience was “very good” or “excellent.” Because respondents could select that they had used multiple services, it is not possible to break out a rating for each service.

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.

Survey Conclusions

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.

Appendix B: Community Resources

Resources listed below are located in Wallingford, but many other services exist in nearby towns. Locations in Meriden and other surrounding towns are not provided because they are too numerous. For additional information, dial 2-1-1 at any time to speak with a trained resource specialist, or visit [211ct.org](https://www.wallingfordct.gov/residents/local-and-state-resources), or download the Wallingford resource directory at <https://www.wallingfordct.gov/residents/local-and-state-resources>.

Community Centers

- Spanish Community of Wallingford, 284 Washington Street
- Wallingford Senior Center, 238 Washington Street
- Wallingford Family YMCA, 81 South Elm Street
- Wallingford Family YMCA–West Side Branch, 8 North Turnpike Road

Food Assistance

- Gleaning Lovingly Offered, 26 Parker Farms Road
- Church of Nazarene, 26 Parker Farms Road
- Elevate Life, 46 John Street
- Master's Manna, 428 South Cherry Street

Housing Assistance

- Wallingford Emergency Shelter, 123 Quinnipiac Street

Health Centers

- Master's Manna, 428 South Cherry Street

Senior Services

- Wallingford Senior Center, 238 Washington Street

Transportation Services

- Greater New Haven Transit District, 840 Sherman Avenue, 06514 (located in Hamden but serving all of Greater New Haven, including Wallingford)

Figure and Table Notes

Figures

Figure 1: Map of Wallingford in relation to Greater New Haven and Connecticut

TIGER/Line shapefiles from the U.S. Census Bureau.

Figure 2: Wallingford has a higher share of adults aged 65 and over, and a smaller share of children, compared to the state

DataHaven analysis (2023) of U.S. Census Bureau American Community Survey 2021 5-year estimates.

Figure 3: Asian and Latino residents in Wallingford are more likely to be linguistically isolated

DataHaven analysis (2023) of U.S. Census Bureau American Community Survey 2021 5-year estimates.

Figure 4: One-third of Latino adults in Wallingford lack a high school diploma

DataHaven analysis (2023) of U.S. Census Bureau American Community Survey 2021 5-year estimates.

Figure 5: Higher shares of Black and Latino households receive SNAP benefits

DataHaven analysis (2023) of U.S. Census Bureau American Community Survey 2021 5-year estimates.

Figure 6: Similar to the state average, about a third of adults in Wallingford are just getting by financially, while 7 percent of households lack a vehicle

DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey and U.S. Census Bureau American Community Survey 2021 5-year estimates.

Figure 7: Many adults in Wallingford enjoy better than average community resources

DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Figure 8: Adults in Wallingford have similar satisfaction with their area compared to adults statewide

DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Figure 9: Adults in Wallingford generally think the town is a good place to raise kids, but across groups, views on local government are mixed

DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Figure 10: Neighborhoods exposed to one kind of contaminant are often exposed to many

DataHaven analysis (2023) of data from the United States Environmental Protection Agency EJSCREEN, 2022 version.

Figure 11: Health risks in Wallingford are similar to state averages

DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Figure 12: Sexually transmitted diseases have become far more common in recent years

Data from the Centers for Disease Control and Prevention NCHHSTP AtlasPlus, 2019 version. County-level is the smallest geographical area for which data are available.

Figure 13: Wallingford adults fare relatively well in accessing health care

DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Figure 14: Chronic absenteeism skyrocketed during lockdown and has remained high since

DataHaven analysis (2023) of data from the Connecticut State Department of Education (CTSDE), accessed via EdSight at <http://edsight.ct.gov>. A student is considered chronically absent if they miss at least 10 percent of the school days for which they were enrolled in a year for any reason; the chronic absenteeism rate is then the percentage of enrolled students who are chronically absent in a year. For this figure, regional districts were included.

Figure 15: Wallingford residents report average rates of common mental health problems

Data from Centers for Disease Control and Prevention PLACES project.

Figure 16: Wallingford has lower admission rates for mental health and substance use disorder than the state

DataHaven analysis (2023) of data from the Connecticut Department of Mental Health and Addiction Services.

Figure 17: Statewide suicide rates are elevated in Wallingford

DataHaven analysis (2023) of data from the Connecticut Department of Public Health mortality records.

Figure 18: Polysubstance overdoses are common, with opioids found in nearly all overdose deaths. Fentanyl is increasingly prevalent.

DataHaven analysis (2023) of data from the Connecticut Office of the Medical Examiner.

Figure 19: Overdose death rates have steadily increased over time

See notes for Figure 18.

Figure 20: After converging, statewide overdose death rates for Black and Latino people now outpace those for white people

See notes for Figure 18.

Figure 21: Wallingford residents have similar mortality rates to the state across several major causes of death

See notes for Figure 17.

Figure 22: All-cause mortality in Wallingford is similar to the state average

See notes for Figure 17.

Tables

Table 1: Wallingford is less racially diverse than the state

See notes for Figure 2.

Table 2: Difficulty walking and climbing stairs (ambulatory difficulties) are among the most common disabilities in Wallingford

DataHaven analysis (2023) of U.S. Census Bureau American Community Survey 2021 5-year estimates.

Table 3: Homeownership is generally high in the region

DataHaven analysis (2023) of U.S. Census Bureau American Community Survey 2021 5-year estimates.

Table 4: About 4,200 households, or 23 percent, pay more than 30 percent of their income on housing costs

DataHaven analysis (2023) of U.S. Census Bureau American Community Survey 2021 5-year estimates.

Table 5: Adjusted for inflation, median household incomes fell by 2 percent from 2000 to 2021

DataHaven analysis (2023) of U.S. Census Bureau American Community Survey 2021 5-year estimates, adjusted for inflation based on the Bureau of Labor Statistics' Consumer Price Index.

Table 6: Poverty rates are elevated for Latino people in the region, especially children

DataHaven analysis (2023) of U.S. Census Bureau American Community Survey 2021 5-year estimates.

Table 7: One-third of households in Wallingford may be struggling to make ends meet

Data from Connecticut United Ways Alice 2023.

Table 8: Wallingford has similar health risk factors compared to the state

Data from Centers for Disease Control and Prevention PLACES project.

Table 9: Latinos in the region, especially between the ages of 19 and 64, are much more likely to be uninsured

DataHaven analysis (2023) of U.S. Census Bureau American Community Survey 2021 5-year estimates.

Table 10: Higher shares of seniors and children are enrolled in public health insurance plans

DataHaven analysis (2023) of U.S. Census Bureau American Community Survey 2021 5-year estimates.

Table 11: For many measures, slightly higher shares of Wallingford residents use preventive care measures compared to Connecticut

Data from Centers for Disease Control and Prevention PLACES project.

Table 12: COVID vaccine uptake is highest for seniors and lowest for children

See notes for Figure 22.

Table 13: Statewide and regionally, birth outcomes are worse for Black parents and babies than white parents and babies

DataHaven analysis (2023) of data from the Connecticut Department of Public Health vitals data. “Late” prenatal care is defined as starting in the third trimester. Low weight births are defined as births where the infant weighs less than 2,500g (about 5.5 pounds).

Table 14: Chronic absenteeism is highest among Black, Latino, and students who qualify for Free or Reduced Price Meals (FRPM)

See notes for Figure 14.

Table 15: Wallingford adults report less depression than adults statewide

DataHaven analysis (2023) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey.

Table 16: Wallingford has a higher COVID-19 death rate than the state average

DataHaven analysis (2023) of data from the Connecticut Department of Public Health. Vaccine data is current as of February 2023 while mortality data is current as of June 2023. Rates are calculated against 2020 Decennial Census population counts and may not match estimates provided by DPH.