

HEALTH INDICATORS AND RISK BEHAVIORS IN CONNECTICUT: 2016

Results of the Behavioral Risk Factor
Surveillance Survey (BRFSS)

October, 2018



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Additional Resources

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Find more BRFSS factsheets, reports and publications at the Connecticut Department of Public Health BRFSS website: <http://www.ct.gov/dph/BRFSS>.

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Summary

The Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS) is an ongoing statewide voluntary phone survey of Connecticut citizen volunteers aged 18 and over. The CT BRFSS questionnaire (<http://www.ct.gov/dph/BRFSS>) changes somewhat from year to year to provide information on emerging health issues in the state and to address state-specific priorities.

Data from the CT BRFSS have been used to inform development of state health plans, such as the State Health Improvement Plan,¹ the Connecticut coordinated chronic disease plan,² and to track online adult and child state health priorities,^{3,4} and chronic disease dashboards.⁵ Data are also being used to inform action plans for the population health component of the State Innovations Model (SIM) grant,⁶ a grant from the U.S. Center for Medicare and Medicaid Service to transform healthcare in the state. Data from this survey are also used to monitor activity of the grant.⁷ In addition, understanding factors that affect vulnerable populations in Connecticut is important for identifying and addressing health disparities. The CT BRFSS continues to have a significant role in the CT State Health Assessment process, by providing health indicators specific to race, disability status, health insurance status, etc. Data from the CT BRFSS also informs health programs for their work to improve and promote the health of all Connecticut residents.

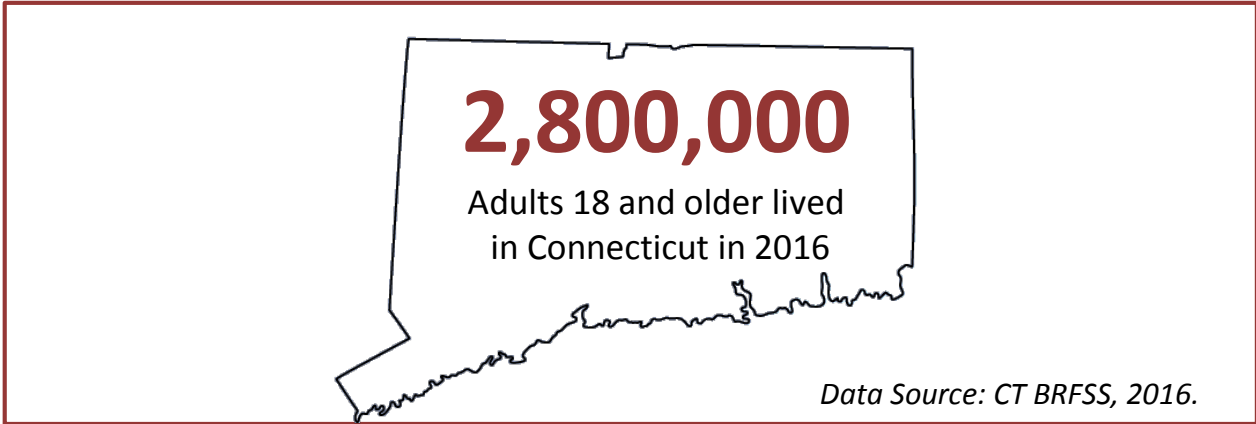
In 2016, the CT BRFSS collected 7,196 landline interviews and 4,207 cell phone interviews, totaling 11,041 interviews. A total of 2,270 interviews about children were completed. State-specific items in the 2016 questionnaire included built environment/walkability, adult oral health, social context, fish advisory, carbon monoxide detector, prescription drug misuse, suicide prevention, and alternate tobacco use.



In this report, a section named State of the State was prepared which compared selected adult health indicators in Connecticut during calendar year 2016 with median results from 2016 for the U.S. and its territories. In addition, Forty-eight selected health indicators were further discussed in following five chapters: (1) health status indicators, (2) risk behavior indicators, (3) clinical preventive practices, (4) chronic conditions, and (5) environmental health indicators. Each indicator was analyzed at the statewide level, and further evaluated by age, gender, race/ethnicity, household income, whether or not the adult had health care coverage, whether or not the adult had a disability, and the adult's educational attainment. Race and Ethnicity was defined by three categories: non-Hispanic White, non-Hispanic Black or African American, and Hispanic or Latino. Indicators concerning children were analyzed by the age of the child, gender of the child, race/ethnicity of the child, household income, and the adult proxy's health insurance status and educational attainment. For detailed survey and analysis methods please see appendix in the end of this report.

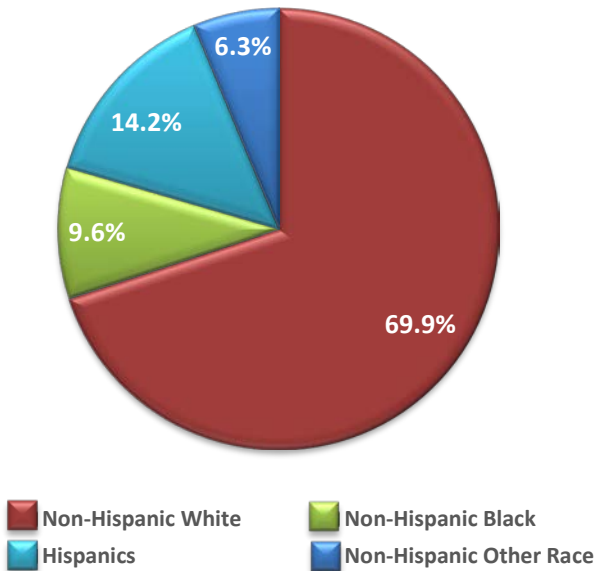


Adult Demographics in Connecticut



RACE/ETHNICITY

Two-thirds of the adults were non-Hispanic White.
 One in ten were non-Hispanic Black.
 One in seven were Hispanic/Latino.

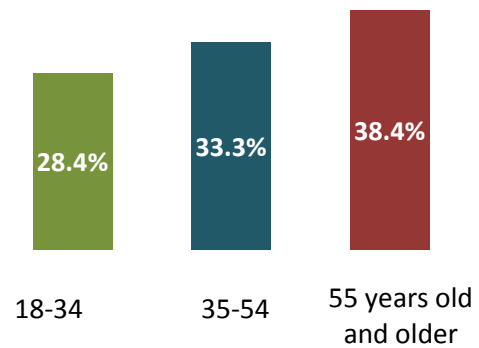


GENDER

Male and female were equally distributed.

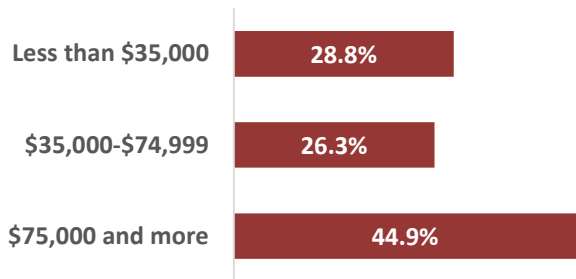


AGE





Household Income



44.9%

Connecticut adults lived in households earning at least \$75,000 annually.



One in five Connecticut adults had a disability

93.1%



Connecticut adults who had insurance coverage

61.1%



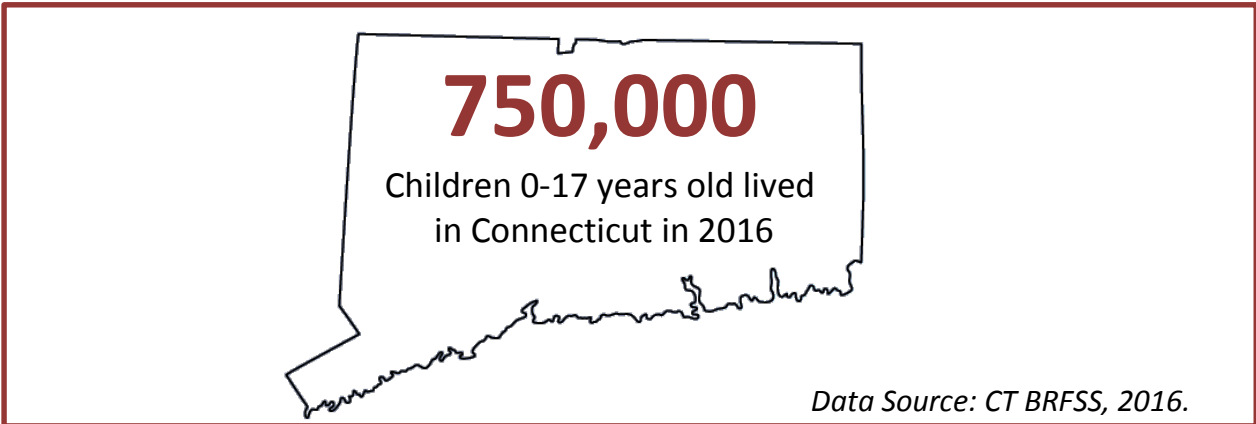
Connecticut adults who had more than high school education

Table 1: Adult Demographics, CT 2016

	Survey Respondents	Estimated weighted Population	Estimated % of Population
Total	11,041	2,800,000	100
Age			
18-34 years old	1,202	790,000	28.4
35-54 years old	2,981	930,000	33.3
55 years old and over	6,625	1,070,000	38.4
Gender			
Male	4,726	1,370,000	48.2
Female	6,315	1,470,000	51.8
Race/Ethnicity			
Non-Hispanic White	8,605	1,950,000	69.9
Non-Hispanic Black	675	270,000	9.6
Hispanic	1,029	400,000	14.2
Non-Hispanic Other/ Multiple Race#	520	175,000	6.3
Income			
Less than \$35,000	2,387	660,000	28.8
\$35,000-\$74,999	2,356	600,000	26.3
\$75,000 and more	4,205	1,030,000	44.9
Insurance status			
Insured	10,576	2,630,000	93.1
Not Insured	430	194,000	6.9
Disability			
Yes	2,574	610,000	22.2
No	8,072	2,100,000	77.8
Education			
HS graduate or less	3,157	1,100,000	38.9
More than HS Education	7,848	1,730,000	61.1



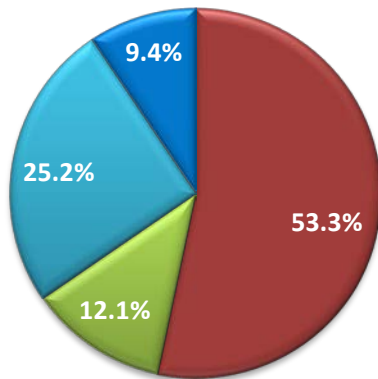
Child Demographics in Connecticut



RACE/ETHNICITY

More than half of the children were non-Hispanic White.

Nearly one in four children were Hispanics.



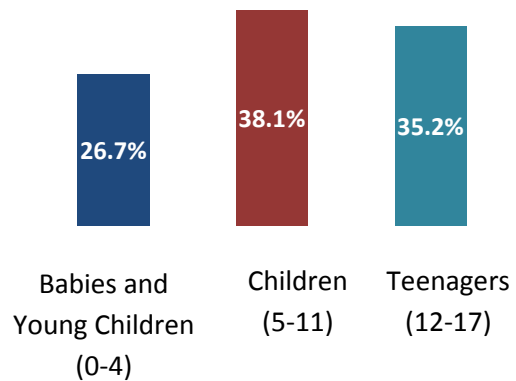
■ Non-Hispanic White ■ Non-Hispanic Black
■ Hispanics ■ Non-Hispanic Other Race

GENDER

Male and female children were equally distributed.

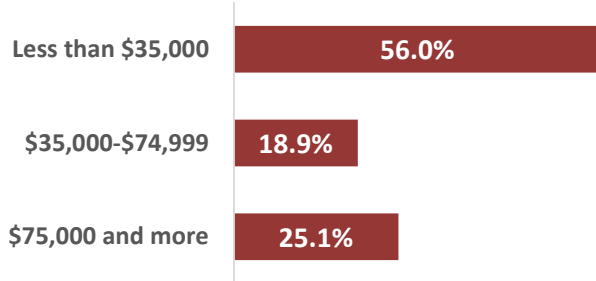


AGE





Household Income



56.0% Connecticut children lived in households earning at least \$75,000 annually.

92.3%

Connecticut children who had an insured adult caregiver



73.6%

Connecticut children who had an adult caregiver with more than high school education



Table 2: Child Demographics, CT 2016

	Survey Respondents	Estimated weighted Population	Estimated % of Population
Total	2,270	750,000	100
Age			
0-4 years old	359	180,000	26.7
5-11 years old	706	260,000	38.1
12-17 years old	949	240,000	35.2
Gender			
Male	1,122	360,000	49.8
Female	1,049	360,000	50.2
Race/Ethnicity			
Non-Hispanic White	1,409	379,000	53.3
Non-Hispanic Black	178	86,000	12.1
Hispanic	341	180,000	25.2
Non-Hispanic Other/Multiple Race #	203	67,000	9.4
Adult Proxy Income			
Less than \$35,000	373	170,000	25.1
\$35,000-\$74,999	384	130,000	18.9
\$75,000 and more	1,231	370,000	56.0
Adult Proxy Insurance Status			
Insured	2,133	690,000	92.3
Not Insured	134	60,000	7.7
Adult Proxy Education			
HS graduate or less	528	200,000	26.4
More than HS Education	1,739	550,000	73.6

Other tables in this report do not report on the Non-Hispanic Other/Multiple Race category because of high coefficients of variation.

1. State of the State

Connecticut Comparison to the U.S. in 2016

Figure 1 and **Table 3** highlight selected adult health indicators in Connecticut during calendar year 2016, compared to median results from 2016 for the U.S. and its territories. **Figure 2** and **Table 4** highlight selected adult modifiable risk factors in Connecticut during 2016, compared to median results from 2016 for the U.S. and its territories. More information on these indicators is located within this report.

Figure 1: Selected Adult Health Indicators in Connecticut versus the U.S. and Territories, 2016

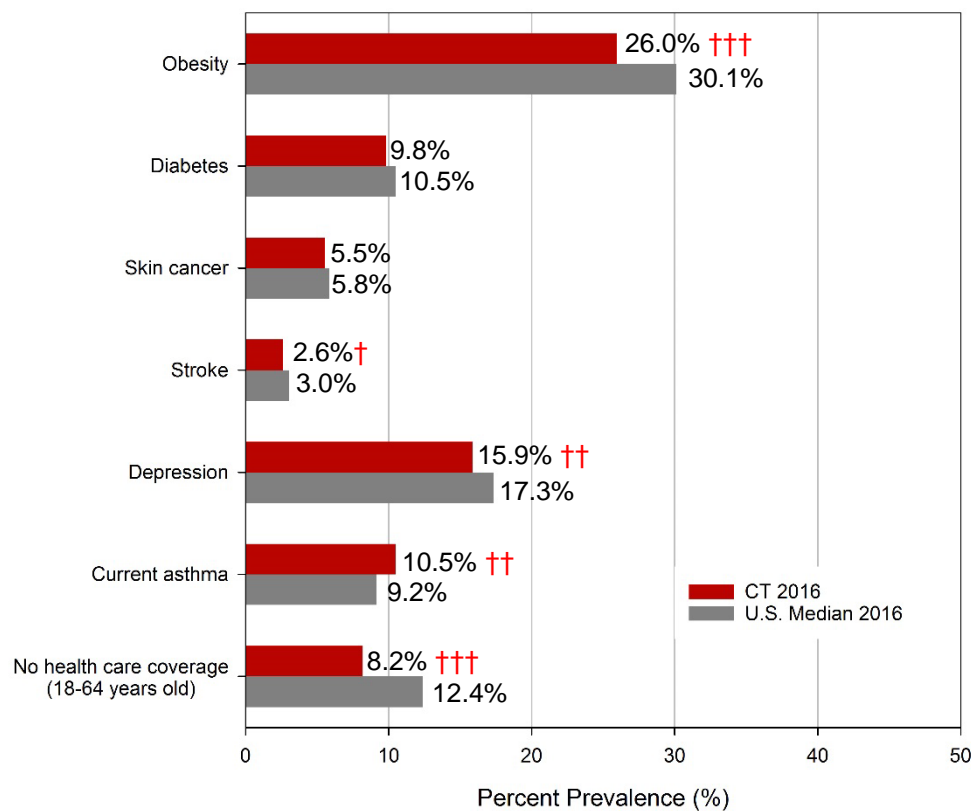


Table 3: Selected Adult Health Indicators in Connecticut versus the U.S. and Territories, 2016

Health Indicators	CT 2016	U.S. Median 2016	Risk Difference	Significantly Greater or Less Risk/Protection
Obesity	26.0%	30.1%	-4.1%	Less Risk †††
Diabetes	9.8%	10.5%	-0.7%	NS
Skin cancer	5.5%	5.8%	-0.3%	NS
Stroke	2.6%	3.0%	-0.4%	Less Risk †
Depression	15.9%	17.3%	-1.5%	Less Risk ††
Current asthma	10.5%	9.2%	1.3%	More Risk ††
No health insurance (18-64 years old)	8.2%	12.4%	-4.2%	More Protection †††



Figure 2: Selected adult modifiable risk factors in Connecticut versus the U.S. and territories, 2016

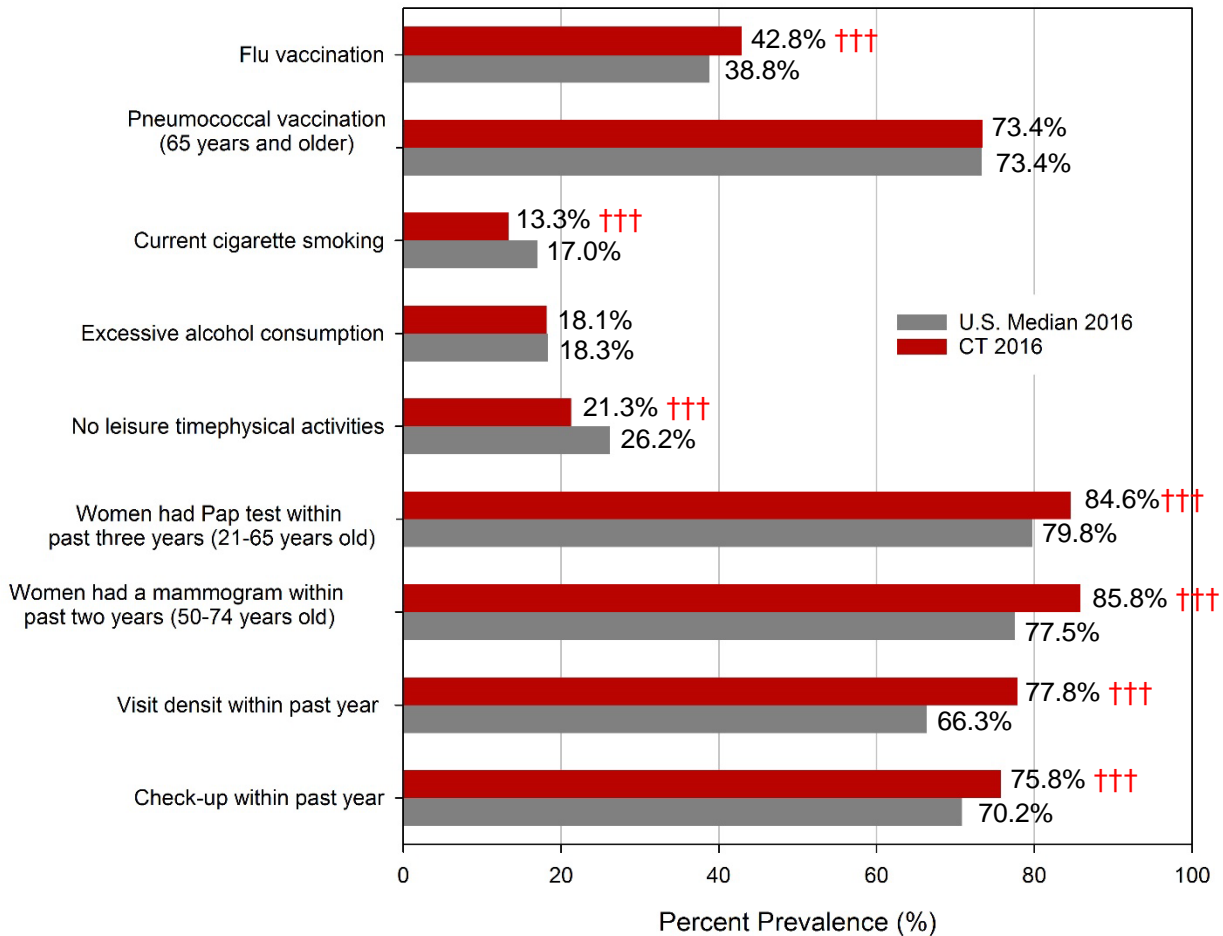


Table 4: Selected adult modifiable risk factors in Connecticut versus the U.S. and territories, 2016

Modifiable Factors	CT2016	U.S. Median 2016	Risk Difference	Significantly Greater or Less Risk/Protection
Flu Vaccine	42.8%	38.8%	4.0%	More Protection +++
Pneumonia Vaccine (65 years and older)	73.4%	73.4%	0.0%	NS
Current Cigarette Smoking	13.3%	17.0%	-3.7%	Less Risk +++
Excessive Alcohol Consumption	18.1%	18.3%	-0.2%	NS
No Leisure time physical activities	21.3%	26.2%	-4.9%	Less Risk +++
Women had Pap test within past three years (21-65 years old)	84.6%	79.8%	4.8%	More Protection +++
Women had a mammogram within past two years (50-74 years old)	85.8%	77.5%	8.3%	More Protection +++
Visit Dentist within past year	77.8%	66.3%	11.5%	More Protection +++
Check up within past year	75.8%	70.2%	5.5%	More Protection +++

In Table 3 and Table 4, prevalence for 2016 of selected health indicators and modifiable risk factors were obtained from the Behavioral Risk Factor Surveillance System for Connecticut (www.ct.gov/dph/brfss) and the U.S. and its territories (www.cdc.gov/brfss). Risk differences for Connecticut versus the U.S. and its territories were tested for significantly greater or lesser risk. + - significance < 0.05; ++ - significance < 0.01; +++ - significance < 0.001



Sixteen selected health indicators and modifiable risk factors were compared to estimates for the U.S. and its territories during 2016 (**Figure 1 and 2** and **Table 3 and 4**). More information about these statewide indicators can be found elsewhere in this report.

Compared to the U.S. and its territories, Connecticut adult risk was significantly less, and prevalence significantly better, for ten of the sixteen health indicators:

- Obesity ($p < 0.001$);
- Stroke ($p < 0.05$);
- Depression ($p < 0.01$);
- No health care coverage among adults between 18 and 64 years old ($p < 0.001$);
- Flu Vaccination in the past year ($p < 0.001$);
- Current cigarette smoking ($p < 0.001$);
- No leisure time physical activities ($p < 0.001$);
- Women between 21 and 65 years old who had a Pap test within the past three years ($p < 0.001$);
- Dental visit within the past year ($p < 0.001$); and
- Check up in the past 12 months ($p < 0.001$).

Compared to the U.S. and its territories, Connecticut adult risk was significantly more, and prevalence significantly worse, for only one health indicator:

- Current Asthma ($p < 0.01$).

Adult risk in Connecticut of the remaining five health indicators were not significantly different from the U.S.:

- Diabetes;
- Skin cancer;
- Pneumonia vaccination among adults 65 years old and older;
- Excessive alcohol consumption; and
- Men 40 years and older who had a PSA test within the past two years.



Connecticut Comparison to Other States in 2016

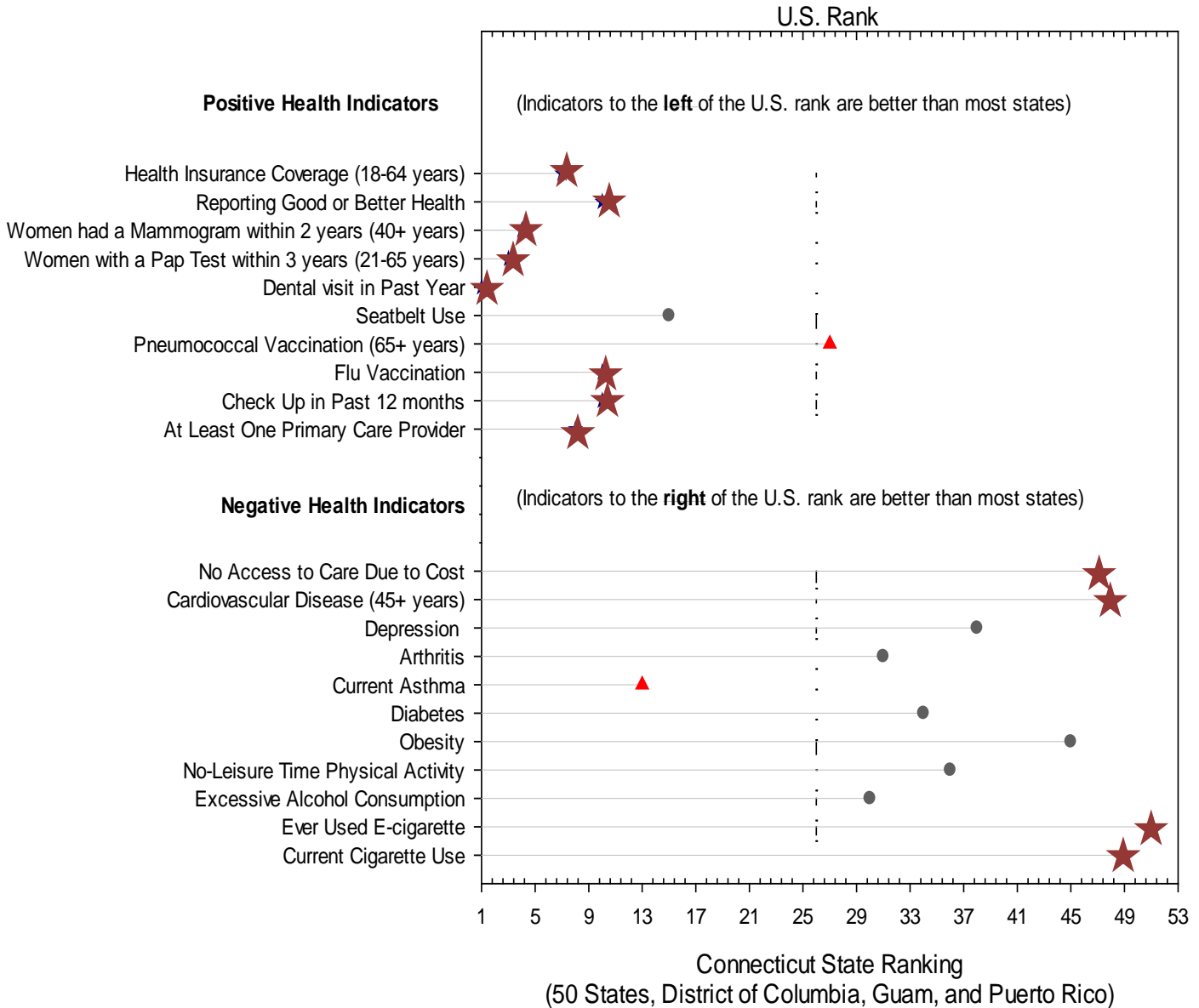
Connecticut's ranking compared to other states and U.S. territories for selected health indicators is shown in **Figure 3**. For 21 selected health indicators, and compared to all states in the U.S. and its territories, Connecticut ranked among the best ten states in the country for 12 indicators:



- Health insurance coverage (18-64 years old);
- Good or better health;
- Women who had a Mammogram within the past two years (40+ years);
- Women with a Pap test within the past three years (21-65 years);
- Dental visit in the past year-CT ranked first nationwide for this indicator;
- Flu vaccination in past year;
- Check up in past year;
- At least one primary care provider;
- No access to care due to cost;
- Cardiovascular disease (45+ years);
- Ever used E-cigarette, for which only three other states ranked better (Puerto Rico, Virgin Islands, District of Columbia); and
- Current cigarette use.

Among all 21 selected health indicators, Connecticut ranked **better than half** among all states in the U.S. and its territories for all **except** two indicators (marked as **red triangles** in **Figure 3**):

- Pneumococcal vaccination among 65+ years old; and
- Current asthma.

Figure 3: Connecticut State Ranking for Selected Adult Health Indicators, BRFSS, 2016



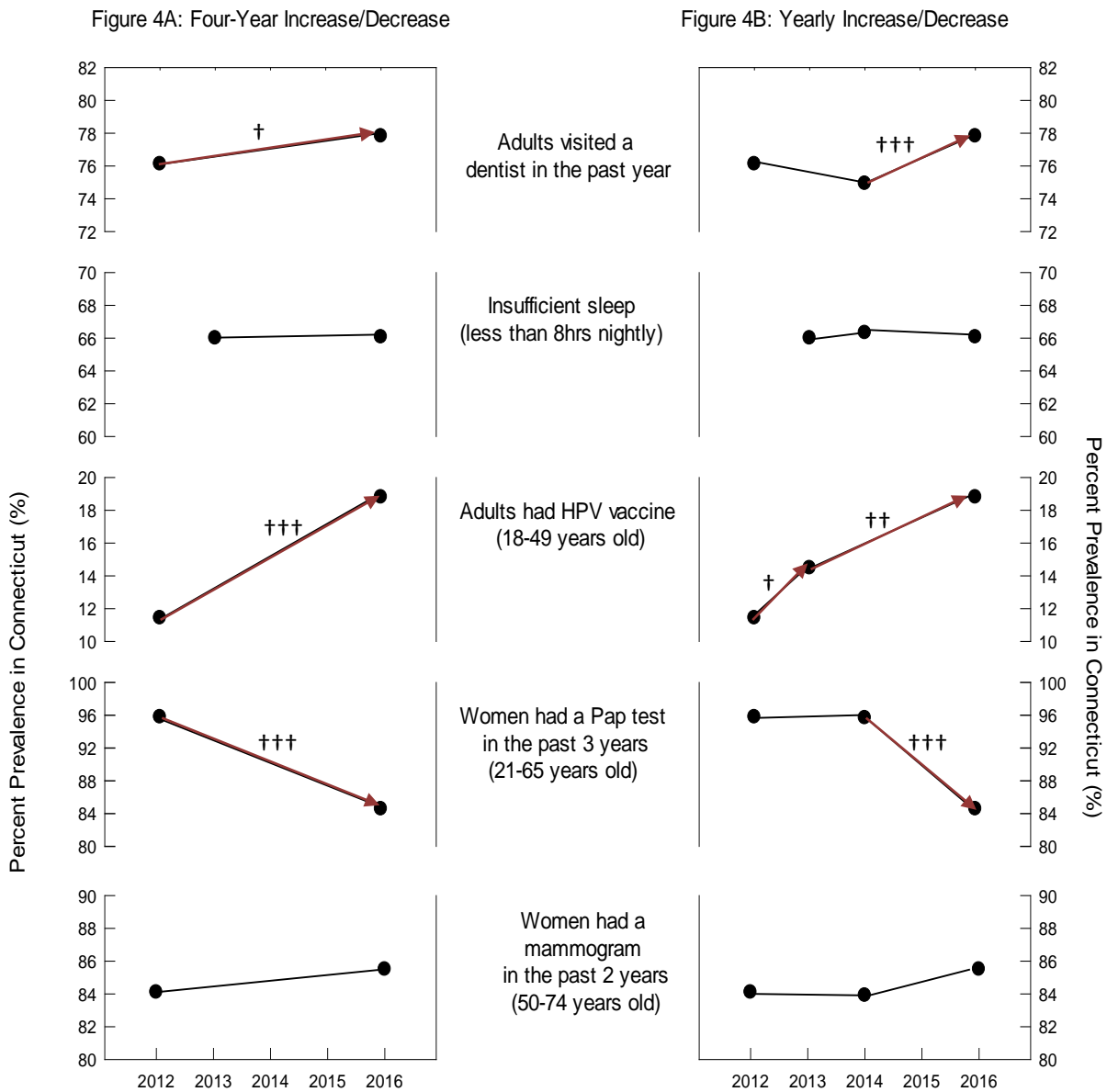
-  Connecticut rankings that were among the best 10 states in the country during 2016;
-  Connecticut rankings that were worse than most states in the country during 2016.



Change in Selected Connecticut Health Indicators (2012-2016)

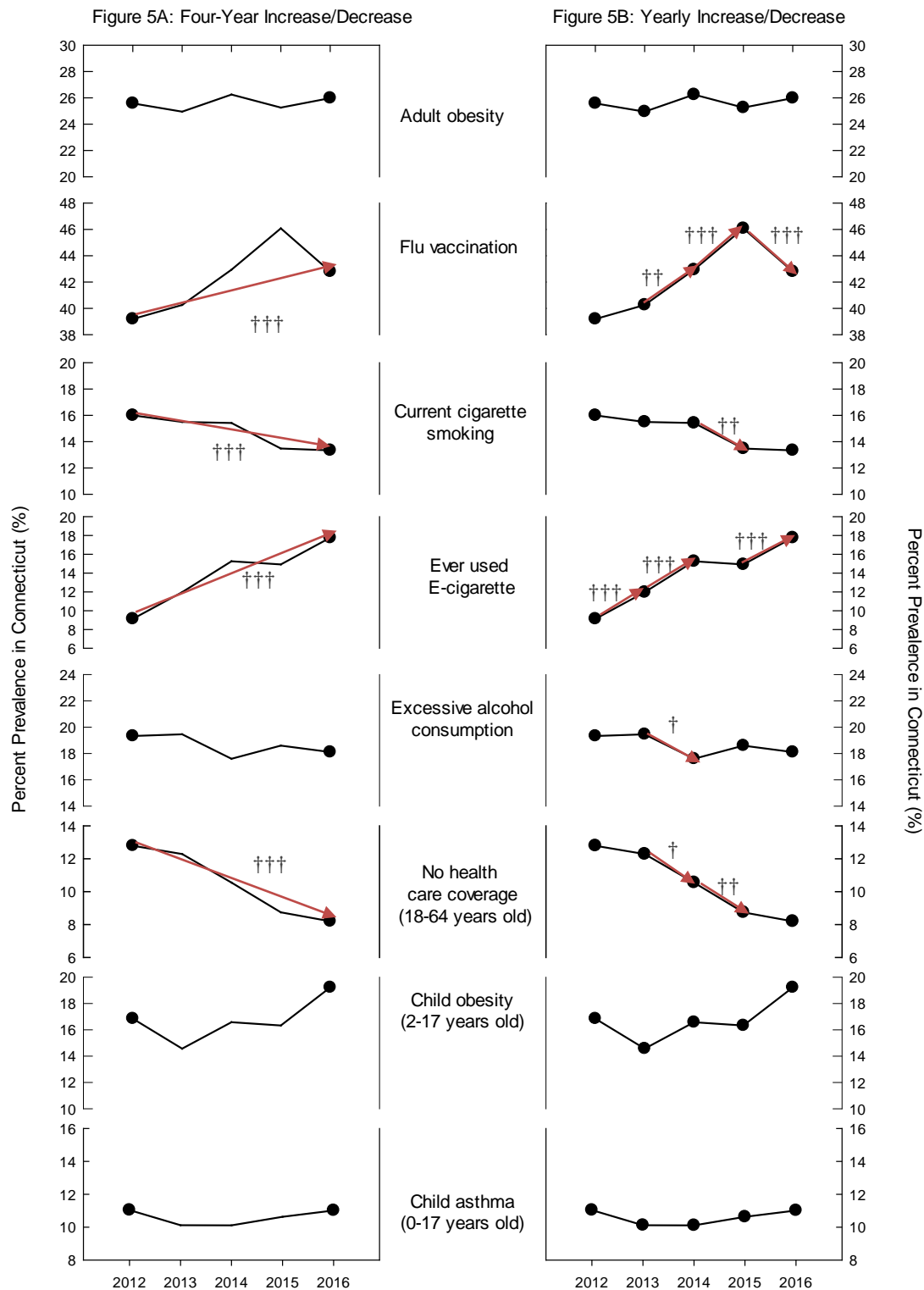
Figure 4, Figure 5 and **Table 5** show the change from 2012 through 2016 among Connecticut adults for selected biennial (**Figure 4**) and annual (**Figure 5**) health indicators.

Figure 4: Change in Selected Biennial Health Indicators, CT BRFSS 2012-2016



Estimated percent prevalence values for selected health indicators are shown for years 2012 and 2016 (Figure 4A), and for years 2012, 2013 or 2014, and 2016 (Figure 4B), with circles. Four-year change from year 2012 to 2016 (Figure 4A) and annual change from years 2012-2013 or biennial change from years 2012-2014 and 2014-2016 (Figure 4B), are shown with lines. † -significance < 0.10; † † -significance < 0.05; † † † -significance < 0.01

Figure 5: Change in Selected Annual Health Indicators, CT BRFSS 2012-2016



Estimated percent prevalence values for selected health indicators are shown for years 2012 and 2016 (Figure 5A), and for years 2012, 2013, 2014, 2015 and 2016 (Figure 5B), with circles. Four-year change from 2012 to 2016 (Figure 5A) and annual change from years 2012-2013, 2013-2014, 2014-2015 and 2015-2016 (Figure 5B), are shown with lines.

† -significance < 0.10; †† -significance < 0.05; ††† -significance < 0.01

**Table 5: Trend in Percent Prevalence of Selected Health Indicators, CT, 2012-2016**

Health Indicators	2012	2013	2014	2015	2016
Adults visited a dentist in the past year	76.1%		74.9%		77.8%
Insufficient sleep (less than 8 hours nightly)		66.0%	66.3%		66.1%
Adult had HPV vaccine (18-49 years old)	11.4%	14.5%			18.8%
Women had a Pap test in the past 3 years (21-65 years old)	95.8%		95.7%		84.6%
Women had a mammogram in the past 2 years (50-74 years old)	84.1%		83.9%		85.8%
Adult obesity	25.6%	25.0%	26.3%	25.3%	26.0%
Flu vaccination	39.2%	40.3%	42.9%	46.1%	42.8%
Current cigarette smoking	16.0%	15.5%	15.4%	13.5%	13.3%
Ever used E-cigarette	9.1%	12.0%	15.3%	14.9%	17.8%
Excessive alcohol consumption	19.3%	19.5%	17.6%	18.6%	18.1%
No health care coverage (18-64 years old)	12.8%	12.3%	10.6%	8.7%	8.2%
Child obesity (2-17 years old)	11.0%	10.1%	10.1%	10.6%	11.0%
Child asthma (0-17 years old)	16.8%	14.6%	16.6%	16.3%	19.2%

Significant decreases from year 2012 to 2016 in Connecticut (**Figure 4A** and **Figure 5A**) were observed for the following indicators:

- Women aged 21-65 years old who had a Pap test in the past three years ($p < 0.01$), representing a four-year decrease from 95.8% in 2012 to 84.6% in 2016. There was a significant biennial year decrease from 95.7% in 2014 to 84.6% in 2016 ($p < 0.01$) (**Figure 4B**).
- Current cigarette smoking, with a steady annual decrease from 16.0% in 2012 to 13.3% in year 2016. In year 2016, nearly 800,000 fewer residents in Connecticut smoked cigarettes, relative to year 2012. There was a significant single-year reduction in the prevalence of cigarette smoking among Connecticut adults from year 2014 to 2015 ($p < 0.05$) (**Figure 5B**).
- No health care coverage among adults 18-64 years old ($p < 0.01$), representing nearly 130,000 fewer residents in CT without health insurance. There were two significant decreases: 12.3% to 10.6% from year 2013 to 2014 ($p < 0.1$), and 10.6% to 8.7% from year 2014 to 2015 ($p < 0.05$) (**Figure 5B**).

Significant increases from year 2012 to 2016 in Connecticut (**Figure 4A** and **Figure 5A**) were observed for the following indicators:



- Adults who had visited a dentist in the past year ($p < 0.1$), representing an increase from year 2012 to 2016 of nearly 50,000 more adult residents who visited a dentist in the past year. There was a significant biennial year increase from 74.9% in 2014 to 77.8% in 2016 ($p < 0.01$) (**Figure 4B**).
- Adults 18-49 years old who had HPV vaccine ($p < 0.01$), representing an increase from year 2012 to 2016 of nearly 210,000 adult residents. There were two significant increases: 11.4% in 2012 to 14.5% in 2013 ($p < 0.1$), and 14.5% in 2013 to 18.8% in 2016 ($p < 0.05$) (**Figure 4B**).
- Flu vaccination in the past year ($p < 0.01$), from 39.2% in 2012 to 42.8% in 2016. There were two significant increases from 40.3% in 2013 to 42.9% in 2014 ($p < 0.05$), and from 42.9% in 2014 to 46.1% in 2015 ($p < 0.01$). (**Figure 5B**).

No overall significant increase or decrease from years 2012 to 2016 in Connecticut (**Figure 4A** and **5A**) was observed for: Insufficient sleep (sleep hours less than eight hours); women 50-75 years old who had a mammogram within the past two years; adult and child obesity; excessive alcohol consumption; and child asthma.

Despite no overall significant increase or decrease from 2012 to 2016, a single-year significant change was observed in excessive alcohol consumption, in which there was a significant decrease from 19.5% in year 2013 to 17.6% in 2014 ($p < 0.1$) (**Figure 5B**).



2. Vulnerable populations in Connecticut

Connecticut is a healthy state in the nation and ranked well for majority of selected health indicators in this report compared to other states, however, health disparities were found by further adjustments for social determinants of health, e.g. age, sex, race/ethnicity, income, disability status, and education level. In 2016, certain groups had significantly higher prevalence of poor health outcomes:

Non-Hispanic Black and Hispanic adults compared to non-Hispanic White adults, were at significantly greater risk of reporting fair or poor health, having obesity, having no leisure time physical activity in the past week, and limited healthcare coverage, with a greater risk of being enrolled in Medicaid. Among residents in the state, an annual routine checkup and annual dental visit, and flu and tetanus vaccinations were significantly less prevalent among those of minority race/ethnicity, while the prevalence of having HIV screening was significantly greater. Further, Hispanic and non-Hispanic Black adults were at significantly greater risk of having permanent teeth extracted.

Disabled adults were at significantly greater risk of reporting fair or poor health, as well as poor mental and physical health. They were at significantly greater risk of having limited healthcare coverage being enrolled in Medicaid. Among residents in the state, the prevalence of suffering a fall in the past year and being injured in the fall was significantly greater among residents with a disability. Further, disabled adults were at significantly great risk of having no leisure time physical activity, and using cigarettes and e-cigarettes. They were at greater risk of not having an annual dental visit, with a higher prevalence of dental bone loss, permanent teeth extractions, and periodontal disease. Adults with disabilities were at significantly greater risk for nearly all chronic conditions evaluated, including asthma, COPD, arthritis, cardiovascular disease, cancer, pre-diabetes, diabetes, kidney disease, and depression.

Adults in the lowest income category (less than \$35,000 annually) were at significantly greater risk of reporting fair or poor health, as well as poor physical and mental health. They were at greater risk of being disabled and having obesity, having inadequate sleep, as well as suffering falls. Low-income adults were at greater risk of having no leisure time activity, less seatbelt use, and using cigarettes and e-cigarettes. They were at greater risk of not having medical preventive care, which includes cervical and breast cancer screening, and colorectal



cancer screening, as well as flu and tetanus vaccinations. The prevalence of having an annual dentist visit was also significantly less among adults of low income, and they were also at significantly greater risk of having teeth extractions and dental bone loss. Residents of low income were at greater risk for several chronic conditions, including asthma, COPD, arthritis, cardiovascular disease, cancer, as well as pre-diabetes and diabetes.

Adults without health insurance were at significant increased risk of reporting fair or poor health. They were at significant increased risk of having limited healthcare coverage and not receiving a routine medical checkup or flu vaccination in the past year. Among residents in the state, the prevalence of breast and colorectal cancer screening, as well as dental visits and teeth extractions, were significantly less among those without insurance. Adults without insurance were also at significant increased risk of smoking cigarettes and e-cigarettes.

Adults with a high school degree or less were at significant increased risk of reporting fair or poor general health, as well as poor physical and mental health, and they were at significant increased risk of living with a disability and being obese. The risk of having limited health care coverage and no healthcare insurance was significantly higher. Compared to their counterparts in the state, they reported a significantly lower prevalence of leisure time physical activity and seatbelt use, but significantly higher prevalence of smoking cigarettes and e-cigarettes. Adults with no more than a high school degree were at significant increased risk of not having cervical or colorectal cancer screening. The prevalence of visiting a dentist in the past year, getting a flu vaccine in the past year, getting the tetanus vaccine, and HPV screening and vaccine, were significantly lower among adults without post-high school education. They were also at higher prevalence of a number of chronic conditions, including asthma, arthritis, cancer, cardiovascular disease, COPD, pre-diabetes, diabetes, kidney disease, and depression.



3. Health Status Indicators

General Health Status

General self-rated health status is a valuable measure to collect alongside more objective health measures because it has strong predictive properties for health outcomes; specifically, self-reports of poor health are strongly associated with mortality.⁸

CT BRFSS respondents were asked to rate their general health as excellent, very good, good, fair or poor. The prevalence of adults who reported fair or poor health is shown in **Table 6**.

One in seven Connecticut adults rated their health as either fair or poor in 2016.

Compared to their counterparts in the state, the prevalence of having fair or poor health among adults in Connecticut was significantly greater for:

- Adults 55 years and older (19.1%) and adults 35-54 years old (13.9%), %; the prevalence increased with increasing age;
- Non-Hispanic Black (19.6%) and Hispanic (26.5%) adults;
- Adults from households earning less than \$35,000 (29.2%) and \$35,000-\$74,999 (12.2%); the prevalence decreased with increasing income;
- Adults without health insurance (24.6%);
- Adults with a disability (42.3%) (as defined on page 23); and
- Adults with no more than a high school education (22.8%).

Table 6: Fair or Poor Health, CT 2016

Demographic Characteristics	%	95% Confidence Intervals	
Total	14.4	13.5	15.3
Age			
18-34 years old	8.6	6.8	10.5
35-54 years old	13.9	12.2	15.6
55 years old and over	19.1	17.8	20.4
Gender			
Male	14.3	12.9	15.7
Female	14.4	13.2	15.6
Race/Ethnicity			
Non-Hispanic White	11.7	10.8	12.6
Non-Hispanic Black	19.6	15.9	23.3
Hispanic	26.5	22.8	30.1
Income			
Less than \$35,000	29.2	26.6	31.7
\$35,000-\$74,999	12.2	10.4	14.1
\$75,000 and more	5.3	4.3	6.2
Insurance Status			
Insured	13.6	12.7	14.5
Not Insured	24.6	19.1	30.0
Disability			
Yes	42.3	39.5	45.0
No	6.4	5.6	7.2
Education			
HS graduate or less	22.8	20.9	24.8
More than HS Education	9.0	8.2	9.8



Disability

The Americans with Disabilities Act (ADA) defines an individual with a disability as “a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.”⁹

Respondents were classified as having a disability if they answered “yes” to any of the following five questions: 1) Are you blind or do you have serious difficulty seeing, even when wearing glasses? 2) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions? 3) Do you have serious difficulty walking or climbing stairs? 4) Do you have difficulty dressing or bathing? 5) Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping? 6) Are you deaf or do you have serious difficulty hearing? Results are shown in **Table 7**.

One in five Connecticut adults reported being ‘disabled’.

Compared to their counterparts in the state, the prevalence of being disabled among adults in Connecticut was significantly greater for:

- Adults 55 years and older (30.9%);
- Hispanic adults (31.3%);
- Adults from households earning less than \$35,000 (39.0%) and \$35,000-\$74,999 (20.3%), the prevalence decreased with increasing income; and
- Adults with no more than a high school education (23.3%).

Table 7: Disability among Adults, CT 2016

Demographic Characteristics	%	95% Confidence Intervals	
Total	22.2	21.1	23.3
Age			
18-34 years old	15.5	13.0	18.1
35-54 years old	17.8	15.9	19.6
55 years old and over	30.9	29.4	32.3
Gender			
Male	21.0	19.4	22.7
Female	23.3	21.8	24.8
Race/Ethnicity			
Non-Hispanic White	20.4	19.3	21.6
Non-Hispanic Black	23.8	19.6	28.0
Hispanic	31.3	27.3	35.2
Income			
Less than \$35,000	39.0	36.2	41.8
\$35,000-\$74,999	20.3	18.0	22.6
\$75,000 and more	10.4	9.1	11.7
Insurance Status			
Insured	22.1	21.0	23.2
Not Insured	23.8	18.4	29.2
Education			
HS graduate or less	23.3	30.1	34.6
More than HS Education	15.8	14.8	16.9

**In 2016, questions regarding deaf and serious difficulty hearing was added to the CT BRFSS. In this report, adults with deafness or serious difficulty hearing were considered disabled adults. Results may not be comparable to those prior to 2016 due to the changes in definition of disability.*



Health-Related Quality of Life

The BRFSS uses the “Healthy Days Measure” to assess health-related quality of life. The Healthy Days Measure has been useful for identifying health disparities and tracking population trends.¹⁰ This measure defines adults in poor physical or mental health if they reported 14 or more days (within the past 30 days) for which their physical or mental health was “not good”. The prevalence of adults who had poor physical health and/or poor mental health is reported in **Table 8**.

Table 8: Health-related Quality of Life, CT 2016

Demographic Characteristics	Poor Physical Health			Poor Mental Health		
	%	95% Confidence Intervals		%	95% Confident Intervals	
Total	10.8	10.0	11.6	10.7	9.9	11.6
Age						
18-34 years old	6.4	4.8	8.0	14.7	12.4	17.0
35-54 years old	10.8	9.3	12.2	11.8	10.3	13.2
55 years old and over	14.2	13.1	15.3	7.1	6.4	7.9
Gender						
Male	9.9	8.7	11.1	9.5	8.2	10.7
Female	11.6	10.5	12.7	11.9	10.7	13.1
Race/Ethnicity						
Non-Hispanic White	10.2	9.3	11.0	9.9	8.9	10.8
Non-Hispanic Black	12.3	9.4	15.3	11.5	8.3	14.6
Hispanic	14.2	11.4	16.9	14.6	11.7	17.6
Income						
Less than \$35,000	19.5	17.3	21.6	16.2	14.1	18.3
\$35,000-\$74,999	10.4	8.7	12.2	10.1	8.4	11.8
\$75,000 and more	5.6	4.7	6.5	7.2	5.9	8.4
Insurance Status						
Insured	10.7	9.9	11.5	10.5	9.7	11.4
Not Insured	12.3*	8.4	16.2	14.3*	9.7	18.8
Disability						
Yes	32.7	30.0	35.3	26.1	23.5	28.8
No	4.7	4.1	5.3	6.5	5.7	7.3
Education						
HS graduate or less	14.7	13.1	16.4	12.8	11.2	14.4
More than HS education	8.3	7.5	9.1	9.5	8.5	10.4

Estimates marked with a “*” have a CV between 15% and 20%.

One in nine Connecticut adults rated their physical health as poor. The prevalence of Connecticut adults who rated their mental health as poor (10.7%) was similar.

Compared to their counterparts in the state, the prevalence of **poor physical health** among adults in Connecticut was significantly greater for:

- Adults 55 years old and older (14.2%) and adults 35-54 years old (10.8%), the prevalence decreased with increasing age;
- Hispanic adults (14.2%) compared with non-Hispanic White adults (10.2%);
- Adults from households earning less than \$35,000 (19.5%) and \$35,000-\$74,999 (10.4%); the prevalence decreased with increasing income;
- Disabled adults (32.7%); and
- Adults with no more than a high school education (14.7%).

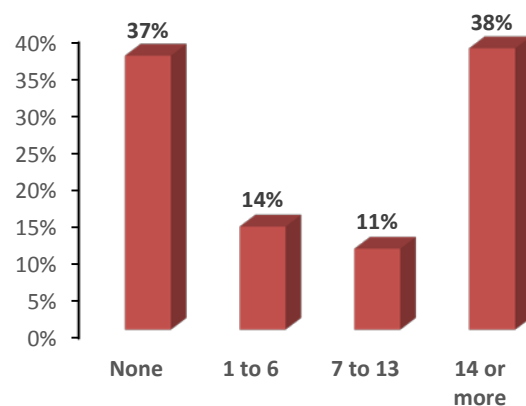
Compared to their counterparts in the state, the prevalence of **poor mental health** among adults in Connecticut was significantly greater for:

- Adults less than 35 years old (14.7%) and adults 35-54 years old (11.8%), %; the prevalence decreased with increasing age;
- Women (11.9%);
- Hispanic adults (14.6%) compared with non-Hispanic White adults (9.9%);
- Adults from households earning less than \$35,000 (16.2%) and \$35,000-\$74,999 (10.1%); the prevalence decreased with increasing income;
- Disabled adults (26.1%); and
- Adults with no more than a high school education (12.8%).

Respondents who reported at least 14 days of poor physical or mental health during the previous month were asked how many days this kept them from doing usual activities, such as self-care, work, or recreation.

Results are shown in **Figure 6** (*on the right*). More than one-third (38%) of adults said that their poor health hampered their activities for 14 days or more during the previous month.

Figure 6: Poor Physical or Mental Health as a Barrier to Life's Activities, CT 2016





Financial Stress

Financial stress can negatively impact a person’s health. Previous BRFSS data have shown that adults experiencing housing instability or food insecurity are significantly more likely to suffer from insufficient sleep and mental distress.¹¹ Different forms of housing instability, including difficulty paying rent or living in overcrowded conditions, can be risk factors for homelessness.¹² Food insecurity affects people who face limited or uncertain availability of nutritionally adequate meals or limited ability to buy nutritious foods.¹³ Among low-income adults, food insecurity is associated with chronic disease, such as diabetes or hypertension.¹⁴

Respondents were asked to report how often in the past 12 months they felt worried or stressed about having enough money to pay for housing. They were also asked how often in that period they felt worried or stressed about having enough money to buy nutritious meals. The proportion of adults who felt worried or stressed “always” or “usually” is reported in **Table 9**.

Table 9: House and Food Insecurity, CT 2016

Demographic Characteristics	Housing Insecurity			Food Insecurity		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	14.3	13.2	15.4	8.0	7.2	8.9
Age						
18-34 years old	17.6	14.4	20.9	10.3	8.0	12.6
35-54 years old	18.0	16.1	19.9	10.8	9.2	12.5
55 years old and over	9.5	8.4	10.5	4.4	3.7	5.2
Gender						
Male	12.8	11.2	14.4	7.0	5.8	8.2
Female	15.7	14.2	17.2	9.0	7.8	10.1
Race/Ethnicity						
Non-Hispanic White	12.3	11.1	13.4	6.4	5.5	7.3
Non-Hispanic Black	20.7	16.1	25.2	11.4*	8.0	14.9
Hispanic	19.8	15.9	23.7	13.5	10.3	16.6
Income						
Less than \$35,000	27.4	24.6	30.3	18.9	16.3	21.4
\$35,000-\$74,999	14.8	12.5	17.1	8.2	6.4	10.1
\$75,000 and more	6.6	5.3	7.8	2.2*	1.3	3.1
Insurance Status						
Insured	13.5	12.5	14.6	7.4	6.5	8.2
Not Insured	25.8	19.2	32.3	17.4*	12.0	23.0
Disability						
Yes	28.6	25.7	31.5	18.7	16.1	21.2
No	10.3	9.2	11.4	4.9	4.1	5.7
Education						
HS graduate or less	19.1	16.9	21.2	12.1	10.4	13.9
More than HS education	11.4	10.3	12.6	5.5	4.7	6.4

Estimates marked with a “*” have a CV between 15% and 20%.

One in seven Connecticut residents in 2016 felt stressed or worried about paying for housing in the previous year, while one in 13 felt stressed about paying for nutritious food.

Compared to their counterparts in the state, the prevalence of always or usually feeling stress about having enough money for housing among adults in Connecticut was significantly greater for:

- Adults 18-34 years old (17.6%) and 35-54 years old (18.0%);
- Women (15.7%);
- Hispanic adults (19.8%) and non-Hispanic Black adults (20.7%);
- Adults from households earning less than \$35,000 (27.4%) and \$35,000-\$74,999 (14.8%), the prevalence decreased with increasing income;
- Adults without health insurance (25.8%);
- Disabled adults (28.6%); and
- Adults with no more than a high school education (19.1%).

Compared to their counterparts in the state, the prevalence of always or usually feeling stress about having enough money to buy nutritional meals among adults in Connecticut was significantly greater for:

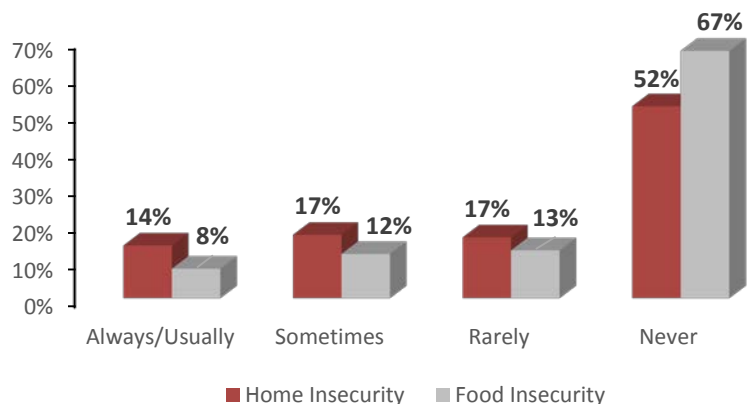
- Adults 18-34 years old (10.3%) and 35-54 years old (10.8%);
- Hispanic adults (13.5%) compared with non-Hispanic White adults (6.4%);
- Adults from households earning less than \$35,000 (18.9%) compared with adults from households earning \$35,000-\$74,999 (8.2%);
- Disabled adults (18.7%); and
- Adults with no more than a high school education (12.1%).

In 2016, half of CT residents never felt stressed about having enough money to pay for housing (52%), and two-thirds of CT adults never felt stressed about having enough

money to buy nutritious meals (67%)

(**Figure 7, on the right**). Among those who felt food or home insecurity, 11.4% were worried about nutritious meals only, 48.1% were worried about paying for home only, and 40.5% were worried about both (*Data not shown*).

Figure 7: Frequency of Food and House Insecurity





Adult Weight Status

The BRFSS survey asks respondents to provide their height and weight without shoes. A body mass index (BMI) is calculated by dividing their weight in kilograms by the squared value of their height in meters. An adult with a BMI between 25.0 and 29.9 is considered overweight, while an adult with a BMI of 30 or above is considered obese. The prevalence of obese adults is of particular interest because obesity has been shown to be a major cause of preventable morbidity and mortality in the United States.¹⁵ Overweight and obese adults are at risk for developing a wide range of health problems, including high blood pressure, type 2 diabetes, coronary heart disease, certain cancers, strokes and other diseases.¹⁶ Results are shown in **Table 10** for overweight and obesity.

Table 10: Adult Weight Status, CT 2016

Demographic Characteristics	Adult Overweight			Adult Obese		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	35.9	34.5	37.2	26.0	24.8	27.2
Age						
18-34 years old	28.4	25.2	31.7	19.2	16.4	21.9
35-54 years old	36.7	34.5	39.0	30.1	27.8	32.3
55 years old and over	40.3	38.7	41.8	27.6	26.2	29.0
Gender						
Male	42.4	40.4	44.4	26.9	25.2	28.7
Female	29.2	27.5	30.9	25.0	23.4	26.6
Race/Ethnicity						
Non-Hispanic White	36.6	35.1	38.1	24.1	22.8	25.4
Non-Hispanic Black	31.1	26.3	35.9	39.1	34.0	44.3
Hispanic	36.1	31.8	40.3	33.0	28.8	37.1
Income						
Less than \$35,000	33.3	30.5	36.1	31.4	28.7	34.1
\$35,000-\$74,999	36.6	33.7	39.5	30.0	27.2	32.7
\$75,000 and more	38.3	36.3	40.4	21.4	19.7	23.2
Health Insurance Status						
Insured	36.0	34.6	37.3	26.1	24.8	27.3
Not Insured	34.0	27.6	40.4	25.0	19.1	30.9
Disability						
Yes	32.1	29.4	34.8	37.0	34.3	39.8
No	37.0	35.4	38.5	22.9	21.6	24.3
Education						
HS graduate or less	36.3	33.8	38.7	30.9	28.7	33.2
More than HS education	35.6	34.0	37.1	22.9	21.6	24.3

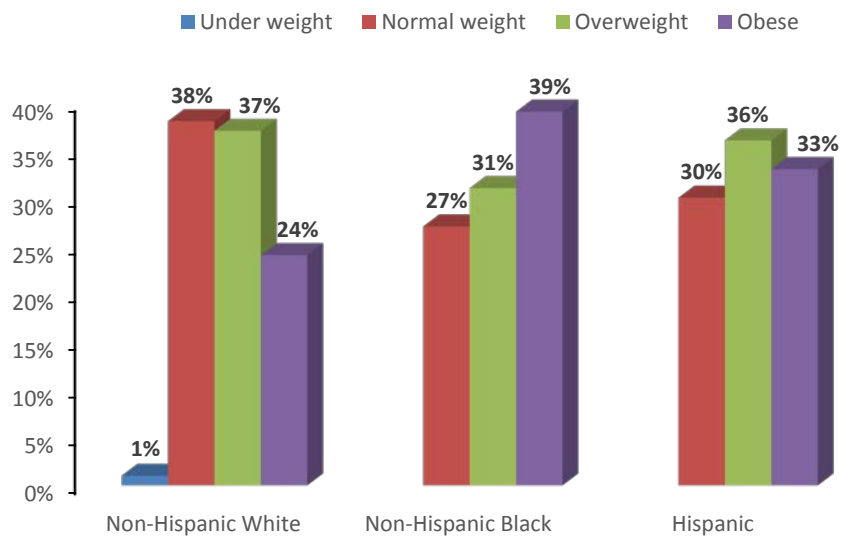
One in four Connecticut adults were obese in 2016, while more than one in three were overweight.

Compared with their counterparts in the state, the prevalence of **being obese** among Connecticut residents was significantly greater for:

- Adults 35-54 years old (30.1%) and at least 55 years old (27.6%);
- Non-Hispanic Black adults (39.1%) and Hispanic adults (33.0%);
- Adults from households earning less than \$35,000 (31.4%) and \$35,000-\$74,999 (30.0%);
- Disabled adults (37.0%); and
- Adults with no more than a high school education (30.9%).

Figure 8: Adult Weight Status by Race/ Ethnicity, CT 2016

Figure 8 (*right*) shows the distribution of weight status among Connecticut adults, by race/ethnicity.





Child Weight Status

To gather information on children, a child is randomly selected in the household and the adult respondent is asked to provide the height and weight of that child. As with adults, BMI is calculated for these randomly selected children; however child weight status is calculated differently than that for adults.¹⁷ For children, weight status is determined comparatively based on age and sex. An overweight child has a BMI between the 85th and 95th percentile for children of the same age and sex, while an obese child has a BMI at or above the 95th percentile for children of the same age and sex. Obese children face a variety of health and social problems, and are more likely to be obese adults.¹⁸ Results for 2016 are shown in **Table 11**.

Table 11: Child Weight Status, CT 2016

Demographic Characteristics	Child Overweight			Child Obesity		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	14.7	12.5	16.9	19.2	16.5	21.9
Age						
2-4 years old	15.0**	-	-	39.7	29.7	49.7
5-11 years old	16.3	12.6	19.9	23.4	18.8	28.0
12-17 years old and over	12.9	10.0	15.9	9.4	6.7	12.0
Child Gender						
Male	15.1	12.0	18.2	20.8	16.9	24.7
Female	14.3	11.1	17.5	17.6	13.9	21.4
Race/Ethnicity						
Non-Hispanic White	14.6	12.0	17.2	15.2	12.4	18.1
Non-Hispanic Black	-	-	-	25.0**	-	-
Hispanic	14.7*	9.0	20.4	27.6	20.1	35.2
Adult Proxy Income						
Less than \$35,000	18.9*	12.1	25.7	34.0	25.6	42.5
\$35,000-\$74,999	14.7*	9.4	20.0	23.9*	16.6	31.2
\$75,000 and more	13.1	10.5	15.7	13.6	10.6	16.5
Adult Proxy Insurance						
Insured	14.6	12.4	16.9	18.8	16.0	21.5
Not Insured	-	-	-	30.0**	-	-
Adult Proxy Education						
HS graduate or less	14.1*	9.0	19.2	31.9	24.6	39.1
More than HS education	14.9	12.4	17.3	15.7	12.9	18.4
Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with a "**" have a CV between 20.1% and 30%; estimates marked with "-" were suppressed because of limited validity (CV>30%).						



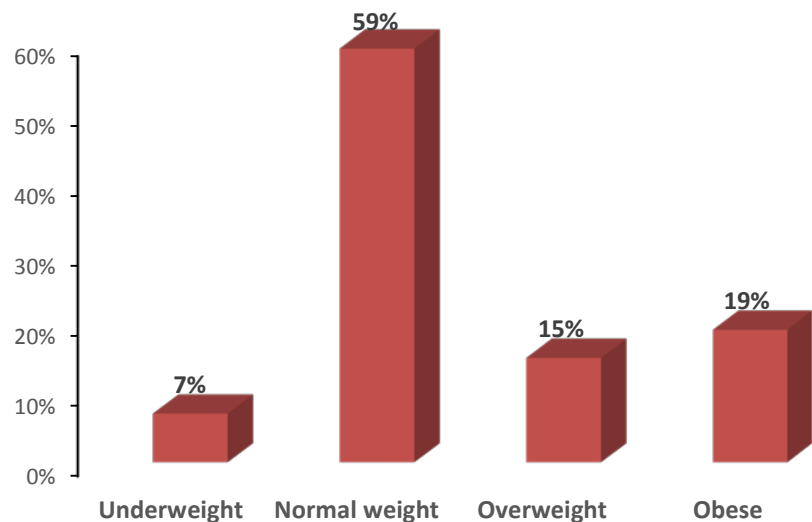
One in seven Connecticut children in 2016 were overweight and one in five were obese.

Compared to their counterparts in the state, the prevalence of child obesity among children was significantly greater for:

- Children 2-4 years old (39.7%);
- Hispanic children (27.6%) compared with non-Hispanic White children (15.2%);
- Children living in households with annual earnings of less than \$35,000 (34.0%) compared to children living in households with annual earnings of at least \$75,000 (13.6%); and
- Children with an adult proxy who had more than a high school education (31.9%).

Figure 9: Child Weight Status, CT 2016

Figure 9 (*on the right*) shows the distribution of weight status among Connecticut children, a majority of whom (59%) had a normal weight.





Breastfeeding

The American Academy of Pediatrics recommends that mothers breastfeed infants exclusively for six months and continue to breastfeed for at least six more months after introducing solid foods.^{19, 20} Breastfeeding provides a host of health benefits for nursing mothers and babies. Nursing infants receive natural protection against common illnesses and infections due to the immunologic properties of breast milk. There is also some evidence that breastfeeding can prevent the development of allergies, auto-immune disorders, and even chronic disease later in life.²¹ In the CT BRFSS, an adult proxy is asked whether or not the selected child was ever breastfed. Results in 2016 are shown in **Table 12**.

Four out of every five children in 2016 had ever been breastfed in Connecticut.

Compared to their counterparts in the state, the prevalence of ever being breastfed among children was significantly greater for:

- Children 5-11 years old (80.6%) and children 0-4 years old (86.9%);
- Non-Hispanic White children (84.5%), compared with non-Hispanic Black children (72.1%);
- Children living in a household with annual earnings of \$35,000-\$74,999 (78.7%) and at least \$75,000 a year (88.0%), the prevalence increased with increasing income; and
- Children with an adult proxy who had more than a high school education (84.8%).

Figure 10 (*below*) shows the length of the breastfeeding period. One in five children were not breastfed at all, and one in three were breastfed for six months or less.

Figure 10: Length of Breastfeeding Period, CT 2016

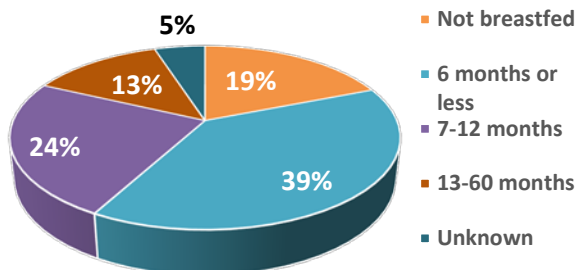


Table 12: Child Ever Breastfed, CT 2016

Demographic Characteristics	%	95% Confidence Intervals	
Total	80.8	78.7	82.9
Age			
0-4 years old	86.9	82.6	91.2
5-11 years old	80.6	76.8	84.3
12-17 years old and over	75.6	72.1	79.2
Child Gender			
Male	80.5	77.5	83.5
Female	80.9	77.9	84.0
Race/Ethnicity			
Non-Hispanic White	84.5	82.4	86.6
Non-Hispanic Black	72.1	63.4	80.8
Hispanic	77.7	72.3	83.1
Adult Proxy Income			
Less than \$35,000	64.5	57.9	71.0
\$35,000-\$74,999	78.7	73.7	83.6
\$75,000 and more	88.0	86.0	90.0
Adult Proxy Insurance			
Insured	81.3	79.2	83.5
Not Insured	74.8	65.6	84.1
Adult Proxy Education			
HS graduate or less	69.1	63.9	74.3
More than HS education	84.8	82.7	87.0



Inadequate Sleep

The recommended amount of sleep varies by age group, with school-age children recommended to have at least ten hours of sleep each night and teenagers recommended to get 9-10 hours each night. Adults should get 7-8 hours of nightly sleep.²² Lack of sleep can have a substantial impact on health. Studies have found that short sleep duration is associated with an increased risk of cardiovascular disease, diabetes, and obesity.²³ Sleep loss can also impact daily function, with inadequate sleep increasing the risk of drowsy driving and crashes.²⁴ As part of a state-added section in 2016, CT BRFSS respondents were asked to report how many hours of sleep they got on average in a 24-hour period. Results are shown in **Table 13**.

In 2016, two-thirds (66.1%) of Connecticut adults got less than eight hours of sleep per night, with similar sleep time for men and women, and across racial and ethnic backgrounds.

Compared to their counterparts in the state, the prevalence of having inadequate sleep among adults in Connecticut was significantly greater for:

- Adults 35-54 years old (72.1%); and
- Adults from households earning at least \$75,000 (70.8%) compared with adults from households earning less than \$35,000 (59.1%).

Figure 11 shows that more than half of Connecticut residents sleep 6 to 7 hours, on averages per night.

Figure 11: Nightly hours of Sleep for Adults, CT 2016

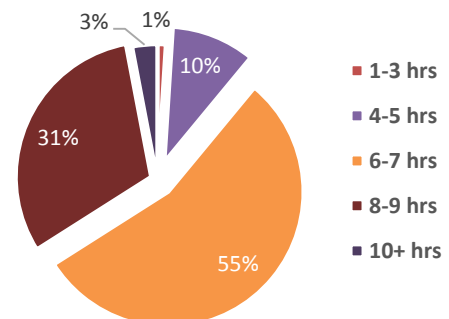


Table 13: Adult Inadequate Sleep, CT 2016

Demographic Characteristics	%	95% Confidence Intervals	
Total	66.1	64.8	67.3
Age			
18-34 years old	66.7	63.4	70.0
35-54 years old	72.1	70.1	74.1
55 years old and over	60.6	59.1	62.1
Gender			
Male	67.4	65.6	69.3
Female	64.8	63.1	66.6
Race/Ethnicity			
Non-Hispanic White	66.0	64.6	67.4
Non-Hispanic Black	67.3	62.6	72.1
Hispanic	63.2	59.1	67.3
Income			
Less than \$35,000	59.1	56.2	62.0
\$35,000-\$74,999	68.1	65.4	70.8
\$75,000 and more	70.8	68.9	72.6
Insurance Status			
Insured	66.5	65.2	67.8
Not Insured	61.5	55.3	67.7
Disability			
Yes	64.2	61.5	66.9
No	33.1	31.7	34.6
Education			
HS graduate or less	65.0	62.1	67.9
More than HS Education	66.5	65.1	68.0

Healthcare Coverage

People who have access to a personal health care provider or a regular health care setting have better health outcomes.²⁵ Generally, an effective primary health care system is associated with better health outcomes. Limited healthcare coverage is a barrier to access to care that adversely impacts health outcomes. “Limited” healthcare coverage includes adults who do not have a primary care provider, which is a personal doctor or health care provider; or needed to see a doctor in the past year but could not because of cost. In this report, the results of adults having at least one primary health care provider and having limited health care access due to cost in 2016 are shown in **Table 14**.

Table 14: Healthcare Coverage, CT 2016

Demographic Characteristics	At Least One Primary Health Care Provider			No Health Care Access Due to Cost		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	85.2	84.1	86.3	9.9	9.1	10.8
Age						
18-34 years old	69.9	66.8	73.1	11.7	9.4	13.9
35-54 years old	86.3	84.6	87.9	12.5	11.0	14.1
55 -64 years old	94.5	93.4	95.6	9.2	7.7	10.7
65 years old and over	96.0	95.1	97.0	4.2	3.3	5.0
Gender						
Male	80.5	78.8	82.3	9.2	8.0	10.4
Female	89.5	88.2	90.8	10.6	9.4	11.8
Race/Ethnicity						
Non-Hispanic White	89.9	88.8	90.9	7.3	6.5	8.2
Non-Hispanic Black	86.4	82.6	90.3	10.7	7.8	13.5
Hispanic	66.8	62.7	70.9	21.3	17.8	24.8
Income						
Less than \$35,000	77.5	74.8	80.2	18.5	16.1	20.9
\$35,000-\$74,999	87.8	85.6	90.0	10.9	8.9	12.9
\$75,000 and more	90.4	88.9	91.8	5.0	4.0	5.9
Insurance Status						
Insured	88.2	87.2	89.3	8.0	7.2	8.8
Not Insured	43.9	37.7	50.1	36.2	30.0	42.3
Disability						
Yes	86.8	84.5	89.0	16.7	14.5	19.0
No	85.0	83.7	86.2	7.8	6.9	8.7
Education						
HS graduate or less	80.5	78.4	82.6	14.0	12.3	15.8
More than HS education	88.2	87.0	89.4	7.3	6.5	8.2



Eighty-five percent of Connecticut adults in 2016 reported having at least one primary care provider, while one in ten Connecticut adults could not get needed care in the previous year due to cost.

Compared to their counterparts in the state, the prevalence of **having at least one primary health care provider** was significantly greater for:

- Adults at 55 years old and older (95.3%) and 35-54 years old (86.3%), the prevalence increased with increasing age;
- Women (89.5%);
- Non-Hispanic White (89.9%) and non-Hispanic Black (86.4%) adults;
- Adults from households annual earning at least \$75,000 (90.4%) and \$35,000-\$74,999 (87.8%);
- Adults with insurance (88.2%); and
- Adults with more than a high school education (88.2%).

Compared to their counterparts in the state, the prevalence of **having limited health care coverage** due to cost among adults in Connecticut was significantly greater for:

- Adults aged 18-34 years old (11.7%), 35-54 years old (12.5%) and 55-64 years old (9.2%);
- Non-Hispanic Black (10.7%) and Hispanic (21.3%) adults;
- Adults from households earning less than \$35,000 (18.5%) and \$35,000-\$74,999 (10.9%); the prevalence decreased with increasing income;
- Adults without health insurance (36.2%);
- Disabled adults (16.7%); and
- Adults with no more than a high school education (14.0%).



Health Insurance Coverage

Health insurance coverage, includes private insurance and plans such as Health Maintenance Organizations (HMOs), or government plans such as Medicare or the Indian Health Service. Adults without health care coverage have higher mortality rates for a range of health conditions, compared to insured adults.²⁶ They are less likely to get needed care and screenings, and have poorer health outcomes.²⁷ Medicaid is a public health insurance program for low-income Americans and other target groups, including pregnant women and disabled persons. An expansion of Medicaid coverage under the Affordable Care Act went into effect in 2014. The prevalence of adults aged 18-64 years old in 2016 who reported having no health care coverage, private insurance, or Medicaid or Medicare coverage are broken down by demographic characteristics in **Table 15**. Adults who obtained coverage via Tricare, Veterans Affairs (VA), military services, Indian Health Services or Tribal Health Services, or an unknown source, 9.1% are not shown in the table.

Table 15: Health Insurance Coverage, Adults 18-64 Years Old, CT 2016

Demographics	No Insurance			Private Insurance			Medicaid			Medicare		
	%	95% Confidence Limits		%	95% Confidence Limits		%	95% Confidence Limits		%	95% Confidence Limits	
Total	8.2	7.2	9.2	65.0	63.4	66.6	12.3	11.1	13.4	5.4	4.7	6.2
Age												
18-34 years old	11.0	8.7	13.3	54.7	51.3	58.2	15.3	12.8	17.8	4.8*	3.2	6.3
35-54 years old	7.9	6.6	9.2	69.4	67.3	71.6	11.9	10.3	13.5	4.3	3.3	5.2
55-64 years old	4.2	3.1	5.4	73.3	71.1	75.5	8.0	6.7	9.3	8.8	7.5	10.1
Gender												
Male	9.5	8.0	11.1	64.8	62.5	67.1	9.6	8.1	11.0	5.1	4.1	6.1
Female	6.9	5.6	8.2	65.3	63.0	67.5	14.9	13.1	16.7	5.8	4.7	6.9
Race/Ethnicity												
Non-Hispanic White	3.5	2.7	4.3	76.2	74.5	77.9	8.4	7.2	9.5	4.4	3.6	5.2
Non-Hispanic Black	10.7*	7.3	14.2	46.3	40.8	51.9	23.8	18.9	28.7	9.4*	6.5	12.3
Hispanic	25.5	21.3	29.7	35.2	31.1	39.2	20.6	16.9	24.3	8.0*	5.6	10.4
Income												
Less than \$35,000	19.5	16.5	22.6	20.2	17.4	23.0	33.1	29.6	36.7	15.7	13.1	18.2
\$35,000-\$74,999	6.6*	4.3	8.8	72.2	68.6	75.8	10.7	8.1	13.3	3.3*	2.1	4.5
\$75,000 and more	2.0*	1.3	2.8	89.4	87.8	91.0	<5.0**	-	-	-	-	-
Disability												
Yes	10.0	7.4	12.7	37.1	33.5	40.8	25.6	22.0	29.2	17.0	14.3	19.7
No	7.8	6.7	8.9	71.7	70.0	73.5	9.1	8.0	10.3	2.9	2.2	3.6
Education												
HS graduate or less	16.0	13.6	18.4	45.1	42.1	48.1	20.1	17.6	22.6	8.7	7.0	10.4
More than HS education	3.6	2.9	4.3	76.7	75.0	78.4	7.7	6.6	8.8	3.5	2.9	4.1
Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with a "**" have a CV between 20.1% and 30%; estimates marked with "-" were suppressed because of limited validity (CV>30%).												



Ninety-two percent of Connecticut adults aged 18-64 years old in 2016 had some kind of health insurance coverage. Of Connecticut residents aged 18-64 years old, 65.0% had private health insurance that they obtained via their employer or purchased on their own; 12.3% had health coverage through Medicaid; and 5.4% had health coverage through Medicare. However, 8.2% had no health coverage at all.

Compared to their counterparts in the state, the prevalence of having **no health insurance coverage** among adults aged 18-64 years old was significantly greater for:

- Adults 18-34 years old (11.0%) and 35-54 years old (7.9%); the prevalence decreased with increasing age;
- Men (9.5%);
- Hispanic adults (25.5%), when compared to non-Hispanic White adults (3.5%); and
- Adults with no more than a high school education (16.0%).

Compared to their counterparts in the state, the prevalence of adults with **private health insurance coverage** among adults aged 18-64 years old was significantly greater for:

- Adults 35-54 years old (69.4%) and 55-64 years old (73.3%); the prevalence increased with increasing age;
- Non-Hispanic White (76.2%) and non-Hispanic Black (46.3%) adults, compared to Hispanic adults (35.2%). The prevalence among non-Hispanic White adults was greater than that among non-Hispanic Black adults;
- Adults from households earning \$35,000-\$74,999 (72.2%) and at least \$75,000 (89.4%), and the prevalence decreased with increasing income;
- Adults without disabilities (71.7%); and
- Adults with more than a high school education (76.7%).

Compared to their counterparts in the state, the prevalence of adults who had **Medicaid coverage** among adults aged 18-64 years old was significantly greater for:

- Adults 18-34 years old (15.3%) and 35-54 years old (11.9%);
- Women (14.9%);
- Non-Hispanic Black (23.8%) and Hispanic (20.6%) adults;
- Adults from households earning less than \$35,000 (33.1%), when compared to those earning \$35,000-\$74,999 (10.7%);
- Adults with disabilities (25.6%); and
- Adults with no more than a high school education (20.1%).

Compared to their counterparts in the state, the prevalence of adults who had **Medicare coverage** among adults aged 18-64 years old was significantly greater for:

- Adults 55-64 years old (8.8%) compared with adults 35-54 years old (4.3%);
- Disabled adults (17.0%); and
- Adults with no more than a high school education (8.7%).



Falls, Adults Over 45 Years Old

Table 16: Experience with Falls, Adults 45+, CT 2016

Each year, one in three Americans over 65 years old suffers a fall. Falls can cause fractures, trauma, and a resulting fear of falling that can push older Americans to limit their activities. However, falls are often highly preventable.²⁸

Respondents aged 45 and older were asked how many times they had fallen in the past 12 months, and how many of the falls resulted in injury. Results are shown in **Table 16**.

Nearly one in three Connecticut adults aged 45 years and older had a fall in the past 12 months. Of those who had fallen at least once, 37.6% suffered an injury.

Compared to their counterparts in the state, the prevalence of falling was significantly greater for:

- Disabled adults (41.8%).

Compared to their counterparts in the state, the prevalence of being injured in a fall was significantly greater for:

- Females (41.8%);
- Hispanic adults (51.5%) compared with non-Hispanic White (35.9%) adults;
- Adults from households with annual incomes less than \$35,000 (48.8%); and
- Disabled adults (46.8%).

Demographic Characteristics	At least one fall in the past 12 months			Injured during fall		
	%	95% Confidence Interval		%	95% Confidence Interval	
Total	29.4	28.2	30.7	37.6	35.0	40.2
Age						
45-64 years old	29.5	27.8	31.1	38.8	35.2	42.4
65 years old and over	29.4	27.6	31.2	34.9	31.5	38.4
Gender						
Male	28.6	26.7	30.5	32.6	28.6	36.6
Female	30.2	28.5	31.8	41.8	38.4	45.1
Race/Ethnicity						
Non-Hispanic White	29.9	28.5	31.2	35.9	33.1	38.6
Non-Hispanic Black	27.9	22.4	33.3	44.6	32.1	57.1
Hispanic	29.3	24.5	34.1	51.5	41.0	61.9
Income						
Less than \$35,000	32.6	29.8	35.4	48.8	43.4	54.2
\$35,000-\$74,999	29.1	26.4	31.7	34.4	29.1	39.6
\$75,000 and more	26.3	24.4	28.2	31.3	27.1	35.5
Insurance Status						
Insured	29.4	28.2	30.7	37.6	35.0	40.2
Not Insured	32.3	24.2	40.3	35.0**	-	-
Disability						
Yes	41.8	39.1	44.5	46.8	42.5	51.1
No	22.4	21.1	23.7	31.0	27.8	34.2
Education						
HS graduate or less	30.5	28.2	32.8	38.6	33.9	43.4
More than HS education	28.7	27.3	30.1	36.8	33.9	39.7
Estimates marked with a "***" have a CV between 20.1% and 30%.						



4. Risk Behavior Indicators

Adult Physical Activity

Regular physical exercise has been shown to prevent certain chronic diseases. A sedentary lifestyle is a risk factor for obesity, bone and joint diseases, depression, and chronic diseases.²⁹ Adults were asked to report whether they had participated in any physical activities or exercises in the past 30 days, such as running, calisthenics, golf, gardening or walking, other than for their job. **Table 17** shows the prevalence of adults who did *not* engage in leisure or recreational physical activity.

Nearly one in five Connecticut adults in 2016 did not engage in any recreational physical activity outside of work.

Compared with their counterparts in the state, the prevalence of no leisure-time activity among adults in Connecticut was significantly greater for:

- Adults aged 55 and older (26.1%) and 35-54 years old (20.7%), the prevalence increased with increasing age;
- Women (22.8%);
- Non-Hispanic Black (25.3%) and Hispanic (32.1%) adults;
- Adults from households earning less than \$35,000 (34.0%) and \$35,000-74,999 (21.8%); the prevalence decreased with increasing income;
- Adults without insurance (32.0%);
- Disabled (40.1%) adults; and
- Adults with no more than a high school education (30.8%).

Table 17: No Leisure-Time Physical Activity, CT 2016

Demographic Characteristics	%	95% Confidence Interval	
Total	21.3	20.2	22.4
Age			
18-34 years old	15.6	13.1	18.2
35-54 years old	20.7	18.8	22.5
55 years old and over	26.1	24.8	27.5
Gender			
Male	19.6	18.0	21.1
Female	22.8	21.3	24.4
Race/Ethnicity			
Non-Hispanic White	18.4	17.3	19.4
Non-Hispanic Black	25.3	21.2	29.5
Hispanic	32.1	28.2	36.1
Income			
Less than \$35,000	34.0	31.3	36.7
\$35,000-\$74,999	21.8	19.5	24.1
\$75,000 and more	10.7	9.4	11.9
Insurance Status			
Insured	20.4	19.3	21.5
Not Insured	32.0	26.2	37.9
Disability			
Yes	40.1	37.2	43.0
No	16.4	15.5	17.6
Education			
HS graduate or less	30.8	28.7	33.0
More than HS education	15.2	14.1	16.3



Motor Vehicle Safety

Seatbelt use is the most effective way to reduce the number of injuries and deaths in motor vehicle crashes.³⁰ Respondents to the BRFSS were asked how often they wore seatbelts when they drove or rode in a car. The prevalence of adults who said they always wore a seatbelt is shown in **Table 18**.

Nearly 90% of Connecticut adults in 2016 reported using a seatbelt all of the time. An additional six percent used seatbelts nearly all of the time, as shown in **Figure 12**.

Compared to their counterparts in the state, the prevalence of always wearing a seatbelt was significantly greater for:

- Adults 55 years and older (91.7%) and 34-54 years old (90.3%);
- Women (92.7%);
- Adults without disability (90.1%); and
- Adults with more than a high school education (91.0%).

Table 18: Seatbelt Use, CT 2016

Demographic Characteristics	%	95% Confidence Intervals	
Total	89.4	88.5	90.3
Age			
18-34 years old	84.8	82.3	87.3
35-54 years old	90.3	88.8	91.8
55 years old and over	91.7	90.8	92.6
Gender			
Male	85.9	84.4	87.3
Female	92.7	91.6	93.8
Race/Ethnicity			
Non-Hispanic White	89.9	88.8	90.9
Non-Hispanic Black	87.1	83.4	90.9
Hispanic	88.6	85.8	91.5
Income			
Less than \$35,000	88.9	87.0	90.8
\$35,000-\$74,999	89.2	87.3	91.2
\$75,000 and more	90.1	88.6	91.5
Insurance Status			
Insured	89.7	88.7	90.6
Not Insured	85.7*	81.2	90.2
Disability			
Yes	87.0	84.7	89.1
No	90.1	89.1	91.1
Education			
HS graduate or less	86.9	85.2	88.7
More than HS education	91.0	90.0	92.0

Estimates marked with a "*" have a CV between 15% and 20%.

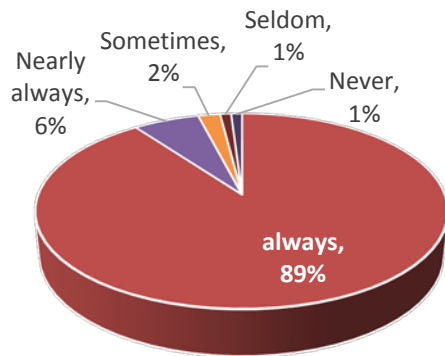


Figure 12: Seatbelt Use, CT 2016



Current Cigarette Smoking

According to the U.S. Surgeon General, smoking is the number one preventable cause of death.³¹ It is detrimental to nearly every organ in the body and causes poorer overall health. Smokers are more likely to develop lung cancer, stroke and heart disease when compared to non-smokers. Smoking is associated with numerous other cancers and diseases. Nearly half a million Americans die every year in the U.S. as a result of cigarette smoking, meaning that one in five deaths nationwide can be linked to smoking. Results are shown in **Table 19**.

One in eight Connecticut adults in 2016 (13.3%) smoked cigarettes “every day” or “some days.”

Compared to their counterparts in the state, the prevalence of current cigarettes smoking was significantly greater for:

- Adults 18-34 years old (15.3%) and 35-54 years old (15.2%);
- Men (14.8%);
- Non-Hispanic Black (16.8%) compared to non-Hispanic White (12.6%) adults;
- Adults from households earning \$35,000-\$74,999 (15.3%) and less than \$35,000 (23.3%); the prevalence decreased with increasing income;
- Adults without insurance (20.1%);
- Disabled individuals (23.3%); and
- Adults with no more than a high school education (20.8%).

Figure 13 (below) shows that nearly one in four Connecticut adults were former smokers (27%).

Figure 13: Smoking Status, CT 2016

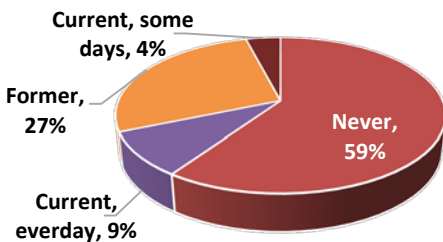


Table 19: Current cigarette Smoking, CT 2016

Demographic Characteristics	%	95% Confidence Intervals	
Total	13.3	12.4	14.3
Age			
18-34 years old	15.3	12.8	17.8
35-54 years old	15.2	13.5	16.9
55 years old and over	10.5	9.4	11.5
Gender			
Male	14.8	13.3	16.4
Female	12.0	10.7	13.2
Race/Ethnicity			
Non-Hispanic White	12.6	11.5	13.7
Non-Hispanic Black	16.8	13.2	20.4
Hispanic	15.2	12.2	18.2
Income			
Less than \$35,000	23.3	20.8	25.8
\$35,000-\$74,999	15.3	13.1	17.5
\$75,000 and more	6.7	5.6	7.9
Insurance Status			
Insured	12.9	11.9	13.9
Not Insured	20.1	14.8	25.3
Disability			
Yes	23.3	20.7	25.9
No	10.5	9.5	11.5
Education			
HS graduate or less	20.8	18.8	22.9
More than HS education	8.6	7.7	9.5



E-cigarette, Hookah, and Cigar Use in Lifetime

Although cigarette smoking in the United States has been steadily declining, use of alternative tobacco products has become more prevalent over the past several decades.³² The health effects of non-cigarette tobacco use are often perceived as less harmful than traditional cigarettes, particularly in younger age groups. Yet nicotine exposure during adolescence may have long-lasting adverse effects on the developing adolescent brain.²⁹ In addition, nearly all first-time tobacco use, and much of the subsequent addiction, occurs during adolescence and young adulthood. The negative health risks associated with hookahs are well-established, and preliminary studies on E-cigarettes identify harmful effects as well.^{30, 33}

The BRFSS survey asks respondents to report their use of four types of tobacco products.

Electronic cigarettes, commonly called E-cigarettes, contain cartridges of nicotine and other chemicals. The nicotine is vaporized and inhaled through a battery-powered device that resembles a traditional cigarette. **Hookahs**, also known as water pipes, deliver a small mixture of shredded tobacco (often flavored) through a mouth piece attached to a rubber hose. **Cigars**: Most cigars are composed primarily of a single type of tobacco (air-cured and fermented), and they have a tobacco wrapper.³⁴ The use of these alternative tobacco products among Connecticut adults in 2016 is shown in **Table 20**.

Table 20: Ever Use of Alternative Tobacco Products, CT 2016

Demographic Characteristics	Ever Tried Vapor or Vape Pen Or E-Cigarettes			Ever Tried Smoking Hookah			Ever Tried Cigars		
	%	95% Confidence Interval		%	95% Confidence Interval		%	95% Confidence Interval	
Total	17.8	16.6	19.0	14.6	13.4	15.8	31.1	29.8	32.5
Age									
18-34 years old	34.6	31.3	38.0	37.9	34.1	41.6	39.3	35.5	43.1
35-54 years old	15.6	13.8	17.3	8.9	7.5	10.2	32.0	29.8	34.2
55 years old and over	7.8	6.9	8.7	4.8	4.2	5.5	25.7	24.4	27.1
Gender									
Male	21.4	19.5	23.3	17.8	15.9	19.6	47.9	45.8	50.0
Female	14.4	13.0	15.8	11.7	10.2	13.2	15.7	14.2	17.1
Race/Ethnicity									
Non-Hispanic White	17.9	16.5	19.3	14.7	13.3	16.1	35.4	33.8	37.0
Non-Hispanic Black	14.9	11.1	18.7	12.8*	8.6	17.1	18.4	14.1	22.6
Hispanic	20.0	16.5	23.5	12.1	9.1	15.1	19.0	15.5	22.5
Income									
Less than \$35,000	22.3	19.7	24.9	11.4	9.1	13.6	22.0	19.5	24.5
\$35,000-\$74,999	19.4	16.7	22.0	14.0	11.4	16.5	31.1	28.2	34.0
\$75,000 and more	14.3	12.5	16.1	17.1	15.1	19.1	39.8	37.6	41.9
Insurance Status									
Insured	17.4	16.2	18.7	14.5	13.3	15.7	31.9	30.5	33.2
Not Insured	22.3	16.7	27.9	16.1*	10.1	22.0	20.6	14.7	26.4



Table 20: Use of Alternative Tobacco Products, CT 2016, continued

Demographic Characteristics	Ever Tried Vapor or Vape Pen Or E-Cigarettes			Ever Tried Smoking Hookah			Ever Tried Cigars		
	%	95% Confidence Interval		%	95% Confidence Interval		%	95% Confidence Interval	
Disability									
Yes	23.0	20.4	25.7	12.1	9.7	14.4	30.4	27.6	33.2
No	16.3	15.0	17.7	15.4	14.0	16.8	31.4	29.8	32.9
Education									
HS graduate or less	21.6	19.3	23.8	12.2	10.1	14.3	26.2	23.8	28.5
More than HS education	15.4	14.1	16.8	16.1	14.6	17.5	34.2	32.6	35.7

Estimates marked with a “*” have a CV between 15% and 20%.

One in six Connecticut adults in 2016 had tried using vapor, vape pen or e-cigarettes, one in seven had tried smoking hookah, and one in three had tried smoking cigars, cigarillos, or flavored little cigars.

Compared to their counterparts in the state, the prevalence of using **vapor, vape pen or e-cigarettes** was significantly greater for:

- Adults 18-34 years old (34.6%) and 35-54 years old (15.6%); the prevalence decreased with increasing age;
- Men (21.4%);
- Adults from households earning \$35,000-\$74,999 (19.4%) and less than \$35,000 (22.3%);
- Disabled adults (23.0%); and
- Adults with no more than a high school education (21.6%).

Compared to their counterparts in the state, the prevalence of ever using **Hookah** was significantly greater for:

- Young adults 18-34 (37.9%) and 35-54 (8.9%);
- Men (17.8%);
- Adults from households earning at least \$75,000 (17.1%) compared to adults from households earning less than \$35,000 (11.4%); and
- Adults with more than a high school education (16.1%).

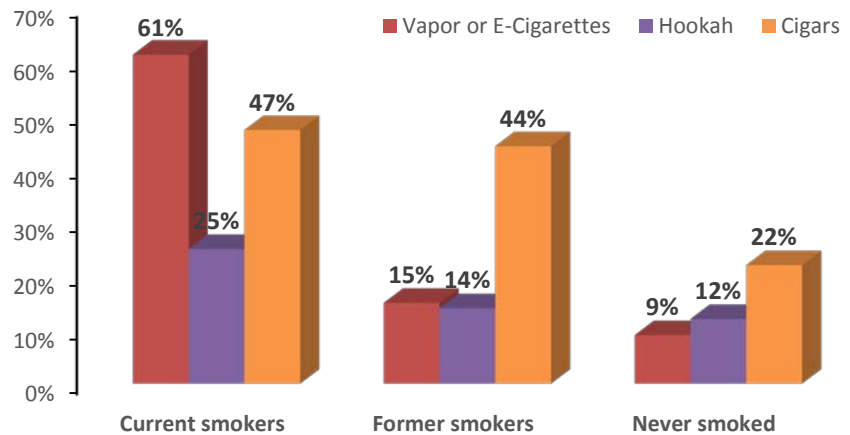


Compared to their counterparts in the state, the risk of ever using **Cigars** was significantly greater for:

- Adults 18-34 years old (39.3%) and 35-54 years old (32.0%); the prevalence decreased with increasing age;
- Men (47.9%);
- Non-Hispanic White adults (35.4%);
- Adults from households earning at least \$75,000 (39.8%) and \$35,000-\$74,999 (31.1%); the prevalence increased with increasing income;
- Adults with insurance (31.9%); and
- Adults with more than a high school education (34.2%).

Figure 14: Ever Tried Alternative Tobacco Products, by Smoking (Cigarette) Status, CT 2016

Figure 14 (on the right) shows the breakdown of alternative tobacco use by smoking status. One fifth of Connecticut adults in 2016 who had never smoked cigarettes reported trying cigars, while 9% reported trying vapor or E-cigarettes.





Alcohol Consumption

Excessive alcohol consumption, such as binge drinking or heavy drinking, is associated with numerous health problems, including chronic diseases, unintentional injuries, neurological impairments, and social problems.³⁵ A person binge drinks when they drink enough within a two-hour period that their blood alcohol concentration reaches 0.08 grams/deciliter. For men, this usually means consuming more than five drinks during one occasion. For women, it’s more than four drinks.³⁶ Binge drinking is linked to a variety of health problems, such as liver disease, neurological damage, and alcohol poisoning, and can lead individuals to engage in risky and violent behaviors.³⁷ Heavy drinking is defined as consuming an average of more than two drinks per day for men, and more than one drink per day for women.³⁸ Excessive drinking is defined as either heavy drinking or binge drinking.

The BRFSS questionnaire ask respondents to report the number of days they consumed at least one drink of alcohol in the past 30 days, and for those who did drink, how many times they drank more than these thresholds. The prevalence of adults in 2016 who engaged in binge drinking, heavy drinking, or excessive drinking over the previous 30 days is shown in **Table 21**.

Table 21: Alcohol Consumption, CT 2016

Demographic Characteristics	Binge Drinking			Heavy Drinking			Excessive Alcohol Consumption		
	%	95% Confidence Interval		%	95% Confidence Interval		%	95% Confidence Interval	
Total	16.7	15.6	17.9	5.7	5.0	6.3	18.1	17.0	19.3
Age									
18-34 years old	27.7	24.5	30.9	6.7	4.9	8.6	28.2	25.0	31.4
35-54 years old	18.8	17.0	20.6	5.4	4.4	6.3	19.7	17.9	21.5
55 years old and over	7.4	6.6	8.2	5.3	4.7	6.0	9.8	8.9	10.7
Gender									
Male	21.9	20.0	23.7	5.8	4.8	6.9	22.6	20.7	24.4
Female	11.9	10.6	13.2	5.6	4.8	6.3	14.0	12.7	15.4
Race/Ethnicity									
Non-Hispanic White	17.8	16.5	19.1	6.6	5.8	7.3	19.7	18.3	21.0
Non-Hispanic Black	9.6*	6.1	13.1	-	-	-	9.7*	6.3	13.2
Hispanic	18.2	14.7	21.6	5.0**	-	-	18.7	15.3	22.2
Income									
Less than \$35,000	11.9	9.9	13.9	4.1	2.9	5.3	12.7	10.7	14.7
\$35,000-\$74,999	16.6	14.0	19.2	6.1	4.6	7.6	18.2	15.6	20.8
\$75,000 and more	21.6	19.8	23.5	6.9	5.8	8.0	23.5	21.6	25.4



Table 21: Alcohol Consumption, CT 2016, continued

Demographic Characteristics	Binge Drinking		Heavy Drinking			Excessive Alcohol Consumption			
	%	95% Confidence Interval	%	95% Confidence Interval	%	95% Confidence Interval			
Insurance Status									
Insured	16.6	15.4 - 17.7	5.5	4.9 - 6.2	18.0	16.9 - 19.2			
Not Insured	19.1	13.9 - 24.4	10.0**	-	20.0	14.7 - 25.3			
Disability									
Yes	13.5	11.2 - 15.8	6.1	4.7 - 7.6	15.1	12.8 - 17.4			
No	17.7	16.4 - 19.0	5.6	4.8 - 6.3	19.1	17.7 - 20.4			
Education									
HS graduate or less	15.0	13.1 - 17.0	6.0	4.7 - 7.3	16.0	14.0 - 17.9			
More than HS education	17.9	16.5 - 19.2	5.5	4.8 - 6.2	19.6	18.2 - 20.9			

Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with '-' were suppressed because of limited validity (CV>30%).

Nearly one in six Connecticut adults in 2016 had excessive alcohol consumption. Approximately one in six Connecticut adults engaged in binge drinking, while one in 18 engaged in heavy drinking.

Compared to their counterparts in the state, the prevalence of **binge drinking** was significantly greater for:

- Adults 18-34 years old (27.7%) and 35-54 years old (18.8%); the prevalence decreased with increasing age;
- Men (21.9%);
- Adults from households earning at least \$75,000 (21.6%) and \$35,000-\$74,999 (16.6%); the prevalence increased with increasing income;
- Non-disabled adults (13.5%); and
- Adults with more than a high school education (17.9%).

Figure 15: Alcohol Risk Behaviors, CT 2016

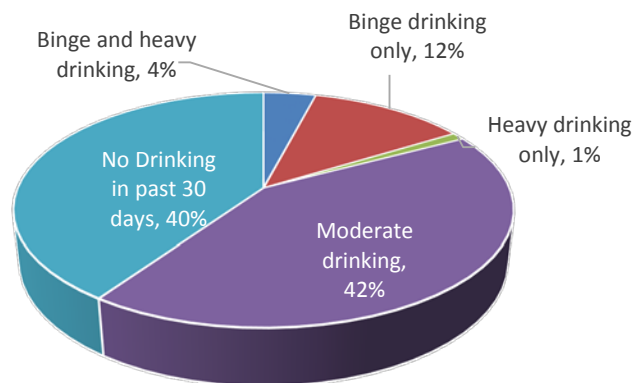


Figure 15 (on the right) shows that one in 25 Connecticut adults engaged in both binge drinking and heavy drinking (4%).



Child Screen Time

Table 22: Child Excessive Screen Time (>2 hours), CT 2016

The American Academy of Pediatrics recommends that screen time is limited to 1 hour per day of high quality programs for children aged 2 to 5 years, and place consistent limits on the screen time for children ages 6 and older.³⁹ U.S. children 8-18 years old are exposed to more than five hours of entertainment screen time, on average, per day.⁴⁰ This indicator is of interest because sedentary behaviors, such as sitting in front of the television for long periods, may contribute to weight gain or obesity. Additionally, television or computer exposure may negatively affect child development or perspective in other ways.⁴¹

The CT BRFSS survey asks the adult proxy respondent how much time the selected child spent watching programs, movies, videos or playing video games on television. Another question asks how much time the child spent using a computer tablet, or handheld device for playing video games or for something that is not schoolwork. The data from both of these questions were combined to calculate total screen time exposure for children ages 2-17. Results in 2016 are reported in **Table 22**.

Demographic Characteristics	%	95% Confidence Interval	
Total	48.9	46.1	51.8
Age			
2-4 years old	36.5	29.0	44.1
5-11 years old	40.0	35.5	44.4
12-17 years old and over	65.0	61.1	68.8
Gender			
Male	49.8	45.7	53.8
Female	48.0	43.9	52.0
Race/Ethnicity			
Non-Hispanic White	44.8	41.5	48.1
Non-Hispanic Black	53.0	42.5	63.5
Hispanic	54.4	47.5	61.3
Adult Proxy Income			
Less than \$35,000	57.1	49.9	64.3
\$35,000-\$74,999	53.5	46.3	60.6
\$75,000 and more	44.1	40.5	47.7
Adult Proxy Insurance			
Insured	49.6	46.6	52.5
Not Insured	40.6	29.1	52.0
Adult Proxy Education			
HS graduate or less	55.9	49.7	62.1
More than HS education	46.6	43.4	49.8



Nearly half of Connecticut children in 2016 had excessive screen time (more than 2 hours daily).

Compared to their counterparts in the state, the prevalence of excessive screen time among children in Connecticut was significantly greater for:

- Children 12-17 years old (65.0%);
- Hispanic (54.4%) children compared to non-Hispanic White (44.8%) children;
- Children living in households with annual incomes of less than \$35,000 (57.1%), compared to children living in households with annual incomes of at least \$75,000 (44.1%); and
- Children living with an adult proxy who had no more than a high school education (55.9%).

Figure 16: Combined Screen Time per Day, CT 2016

Figure 16 (on the right) shows the breakdown of daily screen time among Connecticut children in 2016.

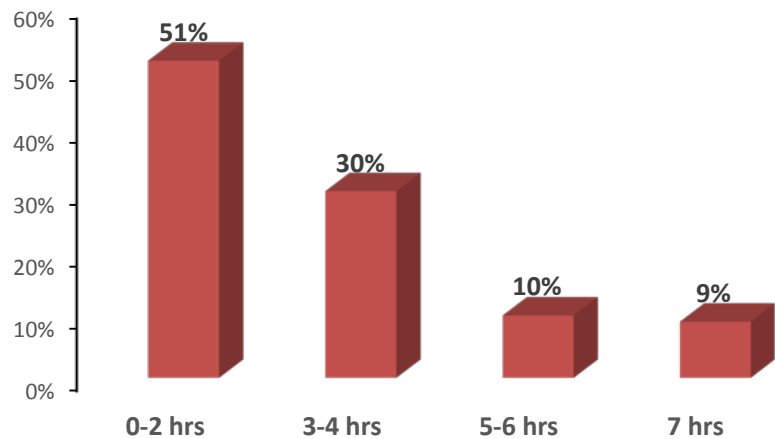
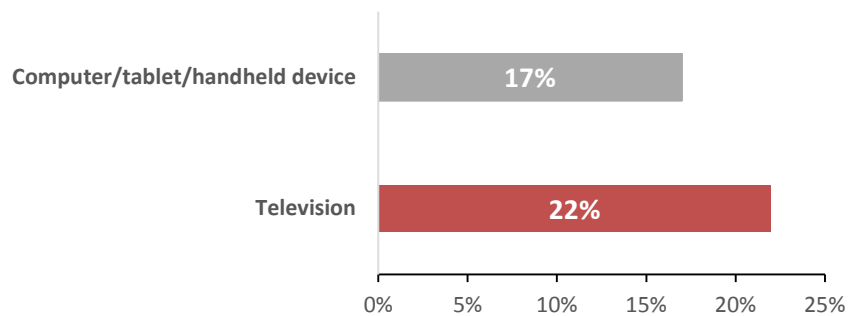


Figure 17: Excessive Screen Time, by Type of Screen, CT 2016

Figure 17 (on the right) shows the breakdown of excessive screen time by Television time *versus* Computer/tablet/handheld device.





Child Soda/Fast Food Consumption

Consumption of soda and other sugar-sweetened beverages (**SSBs**) is associated with obesity in children.⁴² Children who eat at fast-food and full service restaurants eat more and have poorer diets compared to children who eat at home.⁴³

Adult proxy respondent to the CT BRFSS report how many glasses, bottles, or cans of soda or other SSBs the randomly-selected child drinks on an average day. They are also asked how many times in the past week the child ate fast food or pizza at school, at home or at a fast-food restaurant. Results in 2016 for children two years old and over are reported in **Table 23**.

More than one in four Connecticut children drank SSBs at least once daily in 2016, while two in five ate fast food two or more time weekly.

Table 23: Child Soda and Fast Food Consumption, CT2016

Demographic Characteristics	Drank SSBs at Least Once Daily			Ate Fast Food Two or More Times Weekly		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	28.7	26.1	31.3	41.6	38.5	44.6
Age						
2-4 years old	28.6	21.4	35.9	37.5	29.0	45.9
5-11 years old	25.9	21.8	30.1	40.2	35.5	45.0
12-17 years old and over	31.7	27.9	35.5	44.8	40.5	49.0
Gender						
Male	31.8	28.0	35.6	43.4	39.1	47.7
Female	25.7	22.0	29.5	39.7	35.4	43.9
Race/Ethnicity						
Non-Hispanic White	20.7	18.0	23.3	37.4	34.0	40.8
Non-Hispanic Black	46.2	35.4	56.9	50.0	38.7	61.3
Hispanic	39.7	32.9	46.6	48.6	41.2	56.1
Adult Proxy Income						
Less than \$35,000	44.4	36.9	51.8	50.2	42.3	58.2
\$35,000-\$74,999	38.5	31.3	45.6	44.0	36.4	51.5
\$75,000 and more	19.6	16.8	22.4	37.5	33.8	41.2
Adult Proxy Insurance						
Insured	26.8	24.1	29.4	41.3	38.2	44.4
Not Insured	52.1	39.9	64.2	43.7*	30.4	57.0
Adult Proxy Education						
HS graduate or less	46.3	40.0	52.6	48.4	41.6	55.3
More than HS education	23.1	20.4	25.8	39.4	36.1	42.8

Estimates marked with a "*" have a CV between 15% and 20%.



Compared to their counterparts in the state, the prevalence of **drinking SSBs** at least once daily among children in Connecticut was significantly greater for:

- Non-Hispanic Black (46.2%) and Hispanic (39.7%) children;
- Children living in households with annual incomes of less than \$35,000 (44.4%) and \$35,000-\$74,999 (38.5%);
- Children living with an adult proxy who did not have insurance (52.1%); and
- Children living with an adult proxy who had no more than a high school education (46.3%).

Compared to their counterparts in the state, the prevalence of eating **fast food** two or more times weekly among children in Connecticut was significantly greater for:

- Non-Hispanic Black adults (50.0%) and Hispanic adults (48.6%);
- Children living in households with annual incomes of less than \$35,000 (50.2%) compared to children living in households with annual incomes of at least \$75,000 (37.5%); and
- Children living with an adult proxy who had no more than a high school education (48.4%).



5. Clinical Preventive Practices

Routine Check-up in Past Year

Table 24: Routine Check-ups, CT 2016

The CDC stresses the importance of routine check-ups for disease prevention and screening.⁴⁴ Respondents in the BRFSS are asked how long it has been since they last visited a doctor for a routine check-up. The prevalence of adults in 2016 who had a check-up in the previous year is shown in **Table 24**.

Three-fourths Connecticut adults in 2016 had a routine check-up in the previous year.

Compared to their counterparts in the state, the prevalence of having a routine check-up within the past year was significantly greater for:

- Adults 35-54 years old (73.4%) and 55 years old and older (84.6%); the prevalence increased with increasing age ;
- Women (78.4%);
- Non-Hispanic Black (84.5%) and non-Hispanic White adults (76.1%) compared to Hispanic adults (71.1%); the prevalence among non-Hispanic Black adults was significantly higher than among non-Hispanic White adults;
- Adults with insurance (77.6%); and
- Disabled adults (80.9%).

Demographic Characteristics	%	95% Confidence Intervals	
Total	75.8	74.6	76.9
Age			
18-34 years old	66.4	63.2	69.6
35-54 years old	73.4	71.4	75.3
55 years old and over	84.6	83.5	85.7
Gender			
Male	72.9	71.1	74.7
Female	78.4	76.9	80.0
Race/Ethnicity			
Non-Hispanic White	76.1	74.8	77.4
Non-Hispanic Black	84.5	80.9	88.2
Hispanic	71.1	67.2	75.0
Income			
Less than \$35,000	75.7	73.0	78.3
\$35,000-\$74,999	75.4	72.7	78.1
\$75,000 and more	74.8	72.9	76.6
Insurance Status			
Insured	77.6	76.5	78.8
Not Insured	48.9	42.6	55.2
Disability			
Yes	80.9	78.6	83.3
No	74.3	72.9	75.7
Education			
HS graduate or less	76.4	74.3	78.6
More than HS education	75.3	73.9	76.7

Figure 18: Time Since Last Routine Check-up, CT 2016

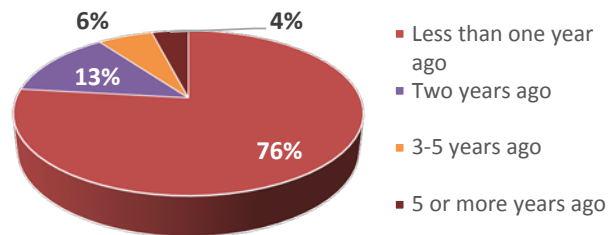


Figure 18 (on the right) shows that 89% of adult CT residents had a check-up within the past two years.



Adult Influenza and Pneumococcal Vaccinations

The influenza (flu) virus can cause serious infections, hospitalizations and even death in some susceptible individuals. Seasonal flu vaccines are recommended for everyone over six months of age.⁴⁵ Respondents to the BRFSS were asked if they had received the seasonal flu vaccine, either as a shot or nasal spray mist. All respondents were asked if they had received the flu vaccine in the past 12 months.

Pneumonia is a lung infection that can be caused by viruses, bacteria, or fungi. In the US, pneumococcal disease causes 4 million illness, 445,000 hospitalizations, and 22,000 deaths annually.⁴⁶ Infection caused by some types of pneumococcal bacteria can be prevented by a pneumococcal or ‘pneumonia’ vaccine.⁴⁷ Respondents to the BRFSS are asked if they have ever received the pneumococcal vaccine, which is recommended for children under five years old, adults over 65 years old, and adults at high risk for disease (HIV infection, organ transplantation, leukemia, and severe kidney disease). Results are shown in **Table 25**.

Table 25: Influenza and Pneumococcal Vaccinations, CT 2016

Demographic Characteristics	Had a Flu Vaccine in Past Year			Ever Had Pneumonia Shot		
	%	95% Confidence Interval		%	95% Confidence Interval	
Total	42.8	41.5	44.1	34.8	33.5	36.1
Age						
18-34 years old	35.0	31.6	38.4	26.6	22.9	30.3
35-54 years old	37.2	35.0	39.4	15.9	14.1	17.7
55 years old and over	52.8	51.2	54.3	53.5	51.9	55.1
Gender						
Male	39.1	37.2	41.1	34.1	32.1	36.1
Female	46.3	44.4	48.1	35.4	33.7	37.1
Race/Ethnicity						
Non-Hispanic White	45.2	43.7	46.7	37.8	36.3	39.3
Non-Hispanic Black	37.0	31.9	42.0	28.9	24.2	33.6
Hispanic	35.3	31.4	39.3	24.9	21.1	28.7
Income						
Less than \$35,000	39.1	36.2	41.9	39.4	36.5	42.2
\$35,000-\$74,999	43.1	40.2	46.0	37.0	34.2	39.8
\$75,000 and more	45.5	43.4	47.6	27.4	25.4	29.4
Insurance Status						
Insured	44.2	42.9	45.6	36.0	34.6	37.3
Not Insured	23.5	18.1	28.9	19.0	13.8	24.3
Disability						
Yes	46.9	44.1	49.7	50.8	47.9	53.8
No	41.6	40.1	43.1	30.0	28.6	31.5
Education						
HS graduate or less	37.8	35.5	40.2	38.0	35.6	40.5
More than HS education	45.9	44.3	47.5	32.7	31.2	34.2



Nearly 43 percent of Connecticut adults in 2016 had received an influenza vaccination in the previous 12 months, and more than one in three adults had ever received the pneumococcal vaccination. Seventy-three percent of adults at least 65 years old had ever received the pneumococcal vaccination (*data not shown*).

Compared to their counterparts in the state, the prevalence of having an **influenza vaccination in the past year** among Connecticut adults was significantly greater for:

- Adults 55 years old and older (52.8%);
- Women (46.3%);
- Non-Hispanic White adults (45.2%);
- Adults from households earning at least \$75,000 (45.5%), compared to adults from households earning less than \$35,000 (39.1%);
- Adults with health insurance coverage (44.2%);
- Disabled adults (46.9%) and
- Adults with more than a high school education (45.9%).

Compared to their counterparts in the state, the prevalence of **ever having a pneumococcal vaccination** among Connecticut adults was significantly greater for:

- Adults at least 55 years old (53.5%) and 18-34 years old (26.6%);
- Non-Hispanic White adults (37.8%);
- Adults from households earning less than \$35,000 (39.4%) and \$35,000-74,999 (37.0%);
- Adults with health insurance coverage (36.0%);
- Disabled adults (50.8%); and
- Adults with no more than a high school education (38.0%).



Adult Oral Health

Untreated tooth decay (cavities) and periodontal (gum) disease can affect an individual's ability to eat, speak, and manage other chronic diseases such as diabetes and heart disease. Water fluoridation, considered one of the top ten great public health achievements of the 20th century, has greatly contributed to the decline of dental caries over the past 70 years.⁴⁸ Regular dental visits also contribute to good oral health.⁴⁸ Respondents to the BRFSS were asked how long it had been since they last visited a dentist or dental clinic for any reason. They were also asked how many of their permanent teeth had been removed because of tooth decay, gum disease or infection, and if they had ever been told they had bone loss around their teeth. Results are shown in **Table 26**.

Table 26: Adult Oral Health, CT 2016

Demographic Characteristics	Visited Dentist in Past Year			Had Any Permanent Teeth Extracted		
	%	95% Confidence Interval		%	95% Confidence Interval	
Total	77.8	76.7	79.0	39.2	37.9	40.5
Age						
18-34 years old	74.6	71.7	77.6	15.8	13.2	18.3
35-54 years old	80.2	78.4	82.0	34.8	32.6	37.0
55 years old and over	78.0	76.6	79.3	61.3	59.8	62.8
Gender						
Male	75.5	73.7	77.2	39.3	37.4	41.2
Female	80.0	78.5	81.5	39.0	37.3	40.8
Race/Ethnicity						
Non-Hispanic White	80.4	79.2	81.7	37.5	36.1	38.9
Non-Hispanic Black	76.2	72.2	80.3	47.9	42.8	52.9
Hispanic	69.2	65.3	73.1	45.2	41.1	49.4
Income						
Less than \$35,000	63.4	60.6	66.2	55.1	52.1	58.1
\$35,000-\$74,999	77.5	74.9	80.0	44.1	41.2	47.0
\$75,000 and more	87.9	86.5	89.4	28.0	26.3	29.8
Insurance Status						
Insured	79.8	78.7	80.9	38.7	37.4	40.0
Not Insured	53.0	46.7	59.3	46.7	40.4	53.0
Disability						
Yes	66.6	63.9	69.2	60.7	57.8	63.5
No	81.2	79.9	82.5	33.4	31.9	34.8
Education						
HS graduate or less	68.2	65.9	70.4	51.3	48.8	53.8
More than a HS education	83.9	82.8	85.1	31.7	30.4	33.0



In 2016, three-fourths of Connecticut adults had visited the dentist in the past year. Thirty-nine percent had at least one permanent tooth extracted sometime in the past.

Compared with their counterparts in the state, the prevalence of having had a **dental visit in the previous year** among Connecticut adults was significantly greater for:

- Adults 35-54 years old (80.2%), compared to adults 18-34 years old (74.6%);
- Women (80.0%);
- Non-Hispanic White adults (80.4%) and non-Hispanic Black adults (76.2%);
- Adults from households annual earning at least \$75,000 (87.9%) and \$35,000-74,999 (77.5%); the prevalence increased with increasing income;
- Adults with health insurance coverage (79.8%);
- Non-disabled adults (81.2%); and
- Adults with more than a high school education (83.9%).

Compared with their counterparts in the state, the prevalence of having **had any permanent teeth extracted** among Connecticut adults was significantly greater for:

- Adults 55 years old and older (61.3%) and adults 35-54 years old (34.8%); the prevalence increased with increasing age;
- Non-Hispanic Black adults (47.9%) and Hispanic adults (45.2%);
- Adults from households annual earning less than \$35,000 (55.1%), and adults from households earning \$35,000-74,999 (44.1%); the prevalence decreased with increasing income;
- Adults without health insurance (46.7%);
- Disabled adults (60.7%); and
- Adults with no more than a high school education (51.3%).



Periodontal Disease

Periodontal disease, also known as gum disease, is mostly prevalent in the U.S. among adults is an important dental public health problem.⁴⁹ Nearly half (46%) of all adults at least 30 years old in the U.S. show signs of gum disease. Severe gum disease affects about 9% of adults in the U.S.⁵⁰ Periodontal/Gum Disease starts with plaque (bacteria) accumulating on teeth and below the gums causing inflammation and bleeding that leads to tissue damage and bone loss. Bone loss around the teeth can lead to loose teeth and eventual loss of teeth.^{51,52} Early stage periodontal disease is not painful and many people are not aware they have it.⁵¹ Results are shown in **Table 27**.

Table 27: Periodontal Disease, CT 2016

Demographic Characteristics	Ever been told have periodontal disease			Have had treatment for periodontal disease		
	%	95% Confidence Interval		%	95% Confidence Interval	
Total	13.1	11.9	14.4	18.5	17.0	20.1
Age						
18-34 years old	5.0**	-	-	9.4*	6.1	12.7
35-54 years old	12.5	10.1	14.8	19.5	16.5	22.6
55 years old and over	19.4	17.7	21.1	23.9	22.1	25.8
Gender						
Male	12.4	10.7	14.1	17.6	15.4	19.9
Female	13.8	12.1	15.6	19.4	17.2	21.5
Race/Ethnicity						
Non-Hispanic White	14.0	12.6	15.5	18.0	16.4	19.7
Non-Hispanic Black	10.0**	-	-	19.1*	13.0	25.3
Hispanic	12.6*	8.5	16.6	20.3	15.0	25.6
Income						
Less than \$35,000	14.8	11.8	17.7	18.4	15.0	21.9
\$35,000-\$74,999	15.5	12.5	18.5	18.7	15.4	21.9
\$75,000 and more	11.7	10.0	13.4	20.0	17.4	22.5
Insurance Status						
Insured	13.6	12.3	14.9	19.3	17.6	20.9
Not Insured	-	-	-	10.0**	-	-
Disability						
Yes	20.6	17.1	24.1	23.1	19.5	26.8
No	11.0	9.8	12.3	17.2	15.5	18.9
Education						
HS graduate or less	13.0	10.6	15.5	18.0	15.1	20.9
More than a HS education	13.2	11.8	14.5	18.8	17.1	20.6
<i>Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with a "***" have a CV between 20.1% and 30%; estimates marked with '-' were suppressed because of limited validity (CV>30%).</i>						



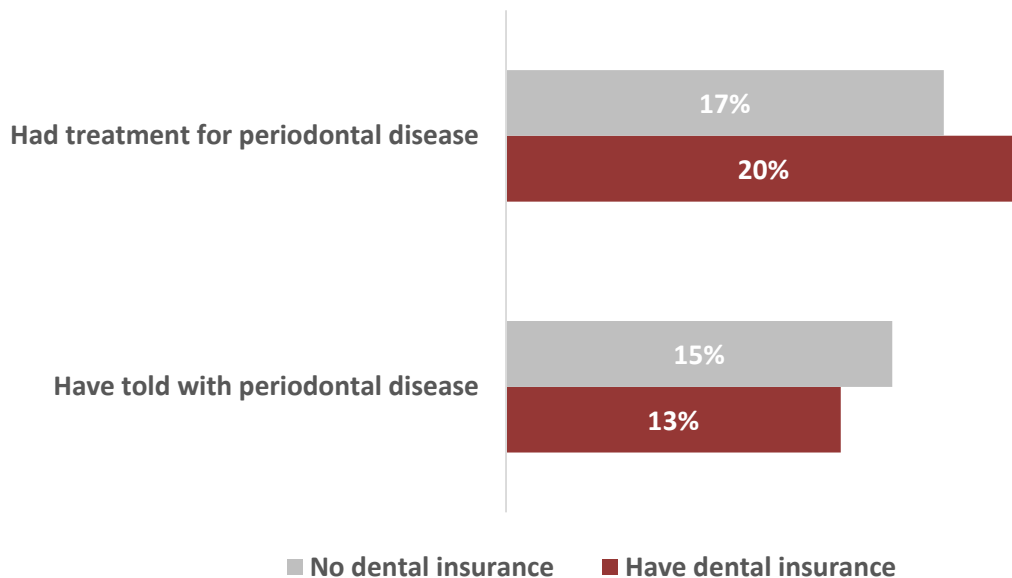
In 2016, one in eight Connecticut adult residents has ever been told they have periodontal disease, and one in five Connecticut adult residents had received treatment for their periodontal disease.

Compared with their counterparts in the state, the prevalence of **ever being told they have periodontal disease** by a dental provider among Connecticut adults was significantly greater for:

- Adults at least 55 years old (19.4%) compared to adults 35-54 years old (12.5%); and
- Disabled adults (20.6%) compared to non-disabled adult (11.0%).

In 2016, respondents to the CT BRFSS were asked if they had dental insurance. **Figure 19 (below)** shows the prevalence of Connecticut adult residents who reported ever having periodontal disease, and ever treated for periodontal disease, by their dental insurance status.

Figure 19: Periodontal disease diagnosis and treatment by dental insurance status



Child Oral Health

Although it is largely preventable, tooth decay is the most common chronic condition among children in the United States.⁵³ Dental caries (cavities) can cause pain and infection, and if left untreated they can lead to malnourishment and serious medical complications.⁵⁴ The American Academy of Pediatric Dentistry recommends that children see a pediatric dentist when their first tooth appears, and no later than their first birthday.⁵⁵

Dental sealants can prevent tooth decay.⁵⁶ Sealants are thin, plastic coatings that are painted on the back teeth, protecting the grooves from getting germs and food particles lodged in them. It is recommended that sealants be applied soon after the permanent tooth has come in. Adult respondents in the CT BRFSS are asked if the randomly-selected child has seen a dental provider in the previous year, and if so, whether or not they have ever had dental sealants. For the purposes of this analysis, we examined dental sealants only in children 5-17 years old. Results in 2016 are shown in **Table 28**.

Table 28: Child Oral Health, CT 2016

Demographic Characteristics	Visited Dentist in Past Year			Told have Dental Decay (Caries)			Dental Sealants		
	%	95% Confidence Intervals		%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	87.2	85.3	89.1	18.1	15.8	20.3	50.0	46.9	53.2
Child Age									
0-4 years old	62.3	56.3	68.4	10.0**	-	-	^	^	^
5-11 years old	95.0**	-	-	23.7	19.6	27.8	42.8	38.2	47.5
12-17 years old	95.3*	93.4	97.1	14.7	11.7	17.7	58.0	53.7	62.2
Child Gender									
Male	87.3	84.6	90.0	18.3	15.0	21.5	49.2	44.8	53.7
Female	87.1	84.2	90.0	17.9	14.7	21.0	50.9	46.4	55.3
Child Race/Ethnicity									
Non-Hispanic White	88.2	85.9	90.4	14.0	11.7	16.3	54.5	50.8	58.1
Non-Hispanic Black	-	-	-	20.0**	-	-	35.4*	24.5	46.3
Hispanic	87.8*	83.6	91.9	26.6	20.4	32.8	47.1	39.2	54.9
Adult Proxy Income									
Less than \$35,000	85.0*	80.3	89.8	29.4	22.7	36.0	42.5	34.4	50.6
\$35,000-\$74,999	81.3*	75.8	86.9	18.9	13.5	24.4	44.3	36.5	52.1
\$75,000 and more	89.4	87.0	91.8	12.4	10.0	14.8	53.4	49.4	57.4



Table 28: Child Oral Health, CT 2016, Continued

Demographic Characteristics	Visited Dentist in Past Year			Told have Dental Decay (Cavities) in Past Year			Dental Sealants		
	%	95% Confidence Intervals		%	95% Confidence Intervals		%	95% Confidence Intervals	
Adult Proxy Insurance									
Insured	87.6	85.6	89.6	17.0	14.8	19.3	50.3	47.1	53.5
Not Insured	80.0**	-	-	32.1*	20.6	43.6	46.8*	32.3	61.3
Adult Proxy Education									
HS graduate or less	88.2*	84.4	92.0	26.7	21.1	32.4	42.6	35.6	49.6
More than HS education	86.8	84.6	89.1	15.1	12.8	17.3	52.4	48.9	55.9
Estimates marked with a “^” are not reported because children under the age of five do not yet have permanent molars. Estimates marked with a “**” have a CV between 15% and 20%; estimates marked with a “***” have a CV between 20.1% and 30%; estimates marked with ‘-’ were suppressed because of limited validity (CV>30%).									

Eighty-seven percent of Connecticut children in 2016 had visited a dentist in the previous year, one in six had been told they have dental decay (cavities), and one in three had dental sealants applied to their teeth at some time.

Compared to their counterparts in the state, the prevalence of having **dental decay** was significantly greater for:

- Children 5-11 years old (23.7%) compared to 12-17 years old (14.7%);
- Hispanic children (26.6%) compared to non-Hispanic White children (14.0%);
- Children living in households earning less than \$35,000 (29.4%) compared to children living in households earning at least \$75,000 (12.4%); and
- Children living with an adult proxy with no more than a high school education (26.7%).

Compared to their counterparts in the state, the prevalence of having **dental sealants** was significantly greater for:

- Children 12-17 years old (58.0%), when compared to the children 5-11 years old (42.8%).
- Children living in households earning at least \$75,000 (53.4%) compared to those living in households earning less than \$35,000 (42.5%); and
- Children living with an adult proxy with more than a high school education (52.4%).



Cervical Cancer Screening

The main cause of cervical cancer is the human papillomavirus (HPV), a common sexually-transmitted virus.⁵⁷ In 2006, a vaccine to prevent HPV infection became available for use in the United States. In addition, highly reliable and effective screening tests (Pap test, or Pap smear) can find changes in the cervix that may become cancer if left untreated. These prevention tools make cervical cancer a highly preventable disease.⁵⁸ The most current screening guidelines set by the U.S. Preventative Services Task Force (USPSTF) in 2012 recommends that women aged 21 to 29 get a Pap smear every three years, and that women aged 30 to 65 get tested in combination with HPV testing every 5 years.⁵⁹

Female respondents in the BRFSS were asked if they had ever had a Pap test, and how long it had been since their last Pap test. Results for women aged 21 and older are shown in **Table 29**.

In 2016, ninety-three percent of women 21 years old and older in Connecticut had ever gotten a Pap test. Eighty-five percent had a Pap test in the last three years.

Compared to their counterparts in the state, the prevalence of having an appropriately timed

(within past three years) Pap test was greater for women 35-54 years old (89.0%) compared to women 21-34 years old (79.7%).

Table 29: Cervical Cancer Screening, CT 2016

Demographic Characteristics	Age 21+ Ever Had a Pap Test			Age 21-65 Had Pap Test in Last Three Years		
	%	Confidence Intervals		%	Confidence Intervals	
Total	93.3	92.2	94.4	84.6	82.1	87.1
Age						
21-34 years old	84.3	80.2	88.4	79.7	74.8	84.5
35-54 years old	96.7*	94.3	96.2	89.0	86.3	91.7
55 years old and over	95.3	94.3	96.2	85.9	81.8	90.0
Race/Ethnicity						
Non-Hispanic White	94.8	93.6	95.9	87.1	84.3	89.9
Non-Hispanic Black	-	-	-	-	-	-
Hispanic	90.7*	87.3	94.2	82.6*	76.5	88.6
Income						
Less than \$35,000	88.0	85.2	90.8	76.5	70.5	82.5
\$35,000-\$74,999	95.0**	-	-	89.2**	-	-
\$75,000 and more	95.0**	-	-	89.3*	86.1	92.6
Insurance Status						
Insured	93.9	92.8	95.0	85.7	83.2	88.3
Not Insured	85.0**	-	-	75.0**	-	-
Disability						
Yes	90.4	87.7	93.0	77.4*	70.0	84.7
No	94.1	92.9	95.3	85.9	83.3	88.5
Education						
HS graduate or less	92.6	90.9	94.4	82.9	78.0	87.7
More than a HS education	93.7	92.3	95.2	85.3	82.4	88.2
Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with a "**" have a CV between 20.1% and 30%; estimates marked with "-" were suppressed because of limited validity (CV>30%).						

Breast Cancer Screening for Women 50-74 years

Breast cancer is the second leading cause of death from cancer in women.⁶⁰ The purpose of breast cancer screening is to look for cancer before there are signs or symptoms of the disease. When abnormal tissue or cancer is detected earlier, it may be more easily treated. Regular mammograms can lower the risk of dying from breast cancer.⁶¹ The most recent guidelines by the U.S. Preventive Services Task Force in 2016 recommends biennial screening mammography for women aged 50 to 74 years old.⁶²

Female respondents were asked if they had ever received a mammogram, and for those who had, how long it had been since their last one. Results are below in **Table 30**.

In 2016, eighty-six percent of Connecticut women aged 50-74 had a mammogram in the past two years.

Compared to their counterparts in the state, the prevalence of having a mammogram in the past two years was significantly greater for:

- Women living in households with annual earning \$35,000-74,999 (86.5%) and at least \$75,000 (90.0%); the prevalence increased with increasing income;
- Women without a disability (87.7%); and
- Women with more than a high school education (87.5%).

Table 30: Breast cancer screening in past two years (women 50-74 years old), CT 2016

Demographic Characteristics	Had Mammogram in past two years		
	%	95% Confidence Interval	
Total	85.8	84.3	87.3
Race/Ethnicity			
Non-Hispanic White	86.0	84.4	87.7
Non-Hispanic Black	84.0*	77.3	90.6
Hispanic	86.7*	80.9	92.5
Income			
Less than \$35,000	78.2	74.0	82.4
\$35,000-\$74,999	86.5	83.4	89.6
\$75,000 and more	90.0	88.0	92.0
Insurance Status			
Insured	86.2	84.7	87.8
Not Insured	71.5*	57.2	5.9
Disability			
Yes	80.1	76.4	83.8
No	87.7	86.1	89.4
Education			
HS graduate or less	82.9	79.8	85.9
More than HS education	87.5	85.9	89.2
Estimates marked with a "*" have a CV between 15% and 20%.			

Prostate Cancer Screening

Prostate-specific antigen (PSA) is a protein produced by the prostate, and elevated levels of PSA in the blood are correlated with a higher risk for prostate cancer.⁶³ A PSA test has regularly been used in prostate cancer screening, however medical professionals have started to caution against the test because some men with elevated PSA levels are later found to not have prostate cancer. While there is disagreement over whether PSA tests should be recommended as a screening tool, there is agreement that a man considering a PSA test should be given all possible information about the benefits and harms of the test.⁶⁴

Men aged 40 and older were asked if their healthcare provider (HCP) had ever spoken with them about the advantages and disadvantages of a PSA test. They were also asked if they had ever had a PSA test, when it happened, and their main reason for having it. Results are shown in

Table 31.

Table 31: Prostate Cancer Screening, CT 2016

Demographic Characteristics	Ever Discussed PSA Test With HCP, Men 40+			Had PSA Test in Past Two Years		
	%	95% Confidence Interval		%	95% Confidence Interval	
Total	59.8	57.6	61.9	40.7	38.7	42.8
Age						
40-54 years old	42.0	38.2	45.8	21.6	18.5	24.7
55 years old and over	72.6	70.3	74.9	54.8	52.2	57.3
Race/Ethnicity						
Non-Hispanic White	62.2	59.9	64.5	45.2	42.9	47.5
Non-Hispanic Black	57.6	48.3	67.0	32.5	24.0	41.0
Hispanic	49.4	41.3	57.4	26.5	19.9	33.1
Income						
Less than \$35,000	52.1	47.0	57.1	30.9	26.4	35.3
\$35,000-\$74,999	62.8	58.0	67.6	42.3	37.6	46.9
\$75,000 and more	63.1	60.0	66.1	44.7	41.6	47.7
Insurance Status						
Insured	61.3	59.1	63.5	42.6	40.4	44.7
Not Insured	34.6	24.6	44.6	10.0**	-	-
Disability						
Yes	60.1	55.6	64.6	41.5	37.0	45.9
No	59.6	57.1	62.0	40.5	38.1	42.9
Education						
HS graduate or less	52.4	48.4	56.4	34.8	31.1	38.5
More than a HS education	64.7	62.2	67.1	44.5	42.1	46.9
Estimates marked with a "****" have a CV between 20.1% and 30%.						



In 2016, sixty percent of men forty years old and older in Connecticut had ever discussed PSA testing with a healthcare provider. Almost forty-one percent had a PSA test in the past two years.

Compared to their counterparts in the state, the prevalence of **having a discussion with a healthcare provider about PSA testing** was significantly greater for:

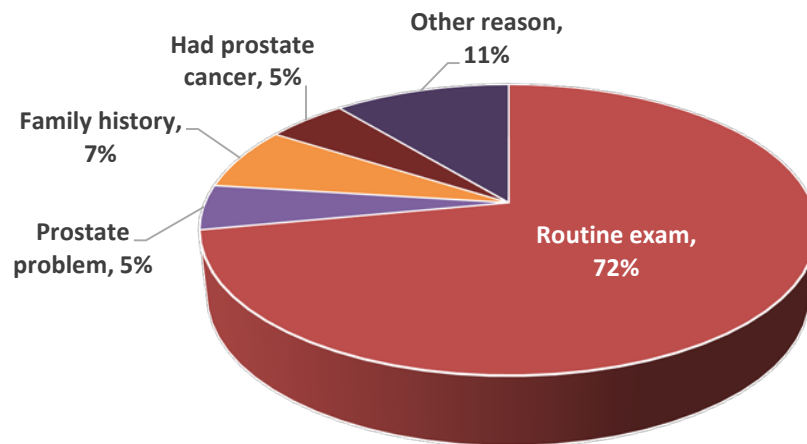
- Older men at least 55 years of age (72.6%);
- Non-Hispanic White men (62.2%) compared to Hispanic (49.4%) men;
- Men living in households with annual earnings of at least \$75,000 (63.1%) and \$35,000-\$74,999 (62.8%);
- Men with health insurance coverage (61.3%); and
- Men with more than a high school education (64.7%).

Compared to their counterparts in the state, the prevalence of **having a PSA test in the past two years** was significantly greater for:

- Older men at least 55 years of age (54.8%);
- Non-Hispanic White men (45.2%);
- Men living in households with annual earnings of at least \$75,000 (44.7%) and \$35,000-\$74,999 (42.3%); and
- Men with more than a high school education (44.5%).

Most men (72%) had a PSA test as a part of a routine exam as shown in **Figure 20**.

Figure 20: Main Reason for Having PSA Test, CT 2016





Colorectal Cancer Screening 50-75 Years

Colorectal Cancer (CRC) is the fourth most common cancer, and although it is preventable, it is the fourth leading cause of cancer-related death in the U.S. CRC usually develops from precancerous polyps (growths). Screening for CRC using fecal occult blood testing (FOB), sigmoidoscopy or colonoscopy offers a clear benefit for adults 50 to 75 years old.⁶⁵ Detection and removal of these polyps during sigmoidoscopy or colonoscopy screening can prevent cancer. It is estimated that proper screening could prevent more than half of the 51,000 deaths from CRC each year.⁶⁶ Respondents 50 years old and older were asked if they had ever had a blood stool test using a home kit, sigmoidoscopy or colonoscopy, and if so when they had the test. Results are shown in **Table 32**.

Table 32: Colorectal Cancer Screening, Adults 50 -75 years old, CT 2016

Demographic Characteristics	Had Blood Stool Test (FOB) in Past Three Years			Ever Had Sigmoidoscopy or Colonoscopy		
	%	95% Confidence Interval		%	95% Confidence Interval	
Total	16.5	15.3	17.7	77.2	75.7	78.7
Gender						
Male	15.5	13.8	17.3	76.6	74.3	79.0
Female	17.4	15.8	19.0	77.7	75.8	79.6
Race/Ethnicity						
Non-Hispanic White	17.4	16.1	18.8	78.9	77.4	80.4
Non-Hispanic Black	16.4*	11.3	21.5	73.6	67.2	78.0
Hispanic	11.2*	7.4	14.9	71.6	65.2	78.1
Income						
Less than \$35,000	15.5	12.7	18.2	69.0	65.3	72.7
\$35,000-\$74,999	19.0	16.3	21.7	78.2	74.9	81.5
\$75,000 and more	16.6	14.8	18.3	81.2	79.2	83.3
Insurance Status						
Insured	16.9	15.7	18.1	78.2	76.7	79.7
Not Insured	-	-	-	50.9	40.3	61.5
Disability						
Yes	16.3	13.8	18.8	75.2	72.0	78.3
No	16.4	15.1	17.7	77.8	76.1	79.5
Education						
HS graduate or less	15.1	12.9	17.3	70.8	67.9	73.7
More than a HS education	17.4	16.0	18.8	81.2	79.7	82.8
Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with '-' were suppressed because of limited validity (CV>30%).						



In Connecticut, sixteen percent of adults aged 50-75 in Connecticut had an FOB test in the previous three years. Seventy-seven percent of adults over the aged 50-75 had ever had a sigmoidoscopy or a colonoscopy.

Compared with their counterparts in the state, the prevalence of ever having a **sigmoidoscopy or colonoscopy** among adults 50-75 years old was significantly greater for:

- Non-Hispanic White adults (78.9%) compared to Hispanics (71.6%);
- Adults from households with annual earning \$35,000-74,999 (78.2%) and at least \$75,000 (81.2%);
- Adults with health insurance coverage (78.2%); and
- Adults with more than a high school education (81.2%).



Human Immunodeficiency Virus (HIV) Screening

Over one million Americans are living with the Human Immunodeficiency Virus (HIV), and of these, about one in six are not aware they are infected. The group most affected by HIV is men who have sex with men, though heterosexuals and drug users can also be affected. African Americans and Hispanics are over-represented in new HIV infections.⁶⁷ Individuals can be tested for the virus by testing blood or oral fluid. Respondents to the CT BRFSS were asked if they have ever been tested for HIV, not including testing while donating blood

Table 33.

One in three Connecticut adults in 2016 reported having been tested for HIV.

Compared with their counterparts in the state, the prevalence of being **tested for HIV** was significantly greater for:

- Adults 18-34 years (44.4%) and 34-54 years (50.3%); the prevalence was significantly greater among adults 34-54 years old than adults 18-34 years old.;
- Women (38.1%);
- Non-Hispanic Black (51.8%) and Hispanic (52.5%) adults;
- Adults from households earning less than \$35,000 (42.3%) and at least \$75,000 (37.6%), the prevalence was significantly higher among adults from household with annual incomes less than \$35,000, compared to adults from household with annual incomes at least \$75,000; and
- Disabled adults (38.0%).

Table 33: HIV Risk and Prevention, CT 2016

Demographic Characteristics	%	95% Confidence Intervals	
Total	35.9	34.5	37.3
Age			
18-34 years old	44.4	40.8	48.0
35-54 years old	50.3	47.9	52.6
55 years old and over	18.1	16.9	19.4
Gender			
Male	33.6	31.6	35.7
Female	38.1	36.2	39.9
Race/Ethnicity			
Non-Hispanic White	31.1	29.6	32.6
Non-Hispanic Black	51.8	46.6	57.1
Hispanic	52.5	48.1	56.9
Income			
Less than \$35,000	42.3	39.2	45.3
\$35,000-\$74,999	32.6	29.6	35.7
\$75,000 and more	37.6	35.5	39.8
Insurance Status			
Insured	35.8	34.4	37.2
Not Insured	37.4	31.0	43.8
Disability			
Yes	38.0	35.1	40.9
No	35.4	33.9	37.0
Education			
HS graduate or less	35.3	32.8	37.8
More than HS education	36.3	34.7	37.9

Adult Tdap Vaccination

The Adult Tdap vaccine immunizes against tetanus, diphtheria, and pertussis, three bacterial diseases that were once common in the United States. Tetanus enters the body through cuts and scratches that have come into contact with the bacteria, usually through dirt or soil. Diphtheria and pertussis are spread by respiratory droplets, such as coughing and sneezing.⁶⁸ Vaccines have been instrumental in decreasing the incidence of these diseases.⁶⁹

In 2005, the Advisory Committee on Immunization Practices recommended the use of a new vaccine, Tdap, that immunizes against all three diseases, rather than just tetanus and diphtheria (Td). They also recommended that adults between the ages of 19-64 receive one shot of Tdap instead of a booster dose of Td.⁷⁰ The 2016 BRFSS asked respondents whether they had received a tetanus vaccination since 2005.

Table 34: Adults Received Tetanus Shot since 2005, CT 2016

In 2016, nearly two-thirds of Connecticut adults received a tetanus shot since 2005, and among them, 21% received Tdap **Figure 20**.

Compared with their counterparts in the state, the prevalence of having a tetanus shot since 2005 was significantly greater for:

- Adults 18-34 years old (69.6%) and 35-54 years old (60.3%);
- Men (62.1%);
- Non-Hispanic White adults (61.6%);
- Adults from households annual earning \$35,000-\$74,999 (59.8%) and at least \$75,000 (66.4%); the prevalence increased with increasing income;
- Adults with health insurance coverage (60.2%);
- Non-disabled adults (60.9%); and
- Adults with more than a high school education (63.7%).

Demographic Characteristics	%	95% Confidence Limits	
Total	59.3	57.8	60.7
Age			
18-34 years old	69.6	66.1	73.2
35-54 years old	60.3	57.9	62.7
55 years old and over	51.4	49.8	53.0
Gender			
Male	62.1	60.1	64.2
Female	56.4	54.5	58.3
Race/Ethnicity			
Non-Hispanic White	61.6	60.1	63.2
Non-Hispanic Black	50.7	45.3	56.0
Hispanic	54.5	50.0	59.1
Income			
Less than \$35,000	49.8	46.7	53.0
\$35,000-\$74,999	59.8	56.7	62.8
\$75,000 and more	66.4	64.3	68.5
Insurance Status			
Insured	60.2	58.8	61.7
Not Insured	48.3	41.5	55.2
Disability			
Yes	53.5	50.6	56.5
No	60.9	59.3	62.5
Education			
HS graduate or less	52.4	49.8	55.0
More than HS education	63.7	62.1	65.3

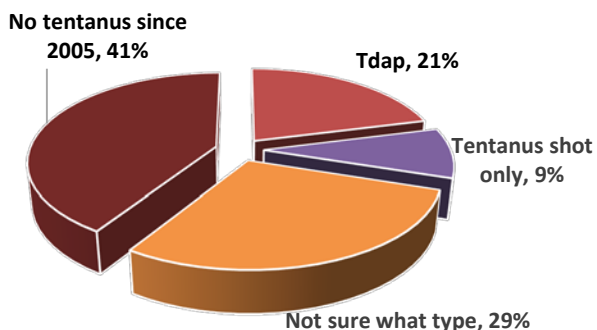


Figure 20: Tdap and Tetanus Vaccinations, CT 2016



Human Papilloma Virus (HPV) Vaccination

Human Papilloma Virus (HPV) is the most common sexually-transmitted infection. The virus is extremely common, and in most cases, it goes away on its own without symptoms. However, in some cases, it can lead to genital warts and cervical cancer.⁷¹ The CDC recommends that preteen girls and boys get the HPV vaccine to protect against genital warts, rare cancers that can affect both sexes, and cervical cancers that can affect females.⁷² Respondents aged 18 to 49 were asked if they had ever had an HPV vaccination. In 2016, CDC updated HPV vaccination recommendations that children 11 or 12 years old receive 2 doses of HPV vaccine instead of 3, the vaccination can be started at age 9 years and through 26 years for females and through age 21 years for males.⁷³

Table 35: Ever had HPV Vaccine (18-49 years old), CT 2016

Demographic Characteristics	%	95% Confidence Limits	
Total	18.8	16.7	21.0
Age			
18-34 years old	33.0	29.3	36.8
35-49 years old	2.8*	1.7	3.8
Gender			
Male	11.3	8.7	13.9
Female	26.4	23.1	29.8
Race/Ethnicity			
Non-Hispanic White	19.9	17.1	22.7
Non-Hispanic Black	15.0**	-	-
Hispanic	17.3	12.6	22.0
Income			
Less than \$35,000	21.8	17.0	26.7
\$35,000-\$74,999	23.6	18.3	28.9
\$75,000 and more	15.8	12.6	19.0
Insurance Status			
Insured	20.0	17.7	22.3
Not Insured	-	-	-
Disability			
Yes	22.0	16.1	27.9
No	18.3	15.9	20.7
Education			
HS graduate or less	15.3	11.4	19.1
More than HS education	20.8	18.2	23.4

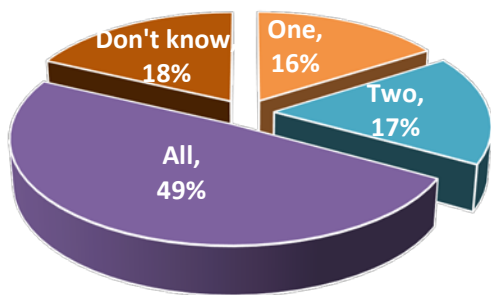
Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with "-" were suppressed because of limited validity (CV>30%).

In 2016, one in five Connecticut adults had ever had the HPV vaccine (18.8%). Results by demographics are shown in **Table 35**. Of those who had ever gotten the HPV Vaccine, nearly half (49%) had completed the regimen (**Figure 21**).

Compared with their counterparts in the state, the prevalence of ever having had HPV vaccination among adults 18-49 years old was significantly greater for:

- Women (26.4%); and
- Adults with more than a high school education (20.8%).

Figure 21: Number of HPV Shots,





6. Chronic Conditions

Asthma in Adults

Asthma is a chronic lung disease that causes the airways to become inflamed or swollen. Symptoms of asthma include shortness of breath, coughing, and wheezing.⁷⁴ Four thousand people die in the U.S. each year due to asthma related causes. These deaths are preventable with proper treatment.⁷⁵ Overall, asthma rates have been increasing in adults in the U.S.⁷⁶ Respondents were asked if, among those who indicated a doctor or health professional had ever told them they had asthma, whether or not they still had asthma. Results in 2016 are shown in **Table 36**.

One in ten Connecticut adults (10.5%) reported having current asthma in 2016, and an additional five percent had been diagnosed with asthma in the past but no longer had the condition **Figure 22** (*on the right*).

Compared to their counterparts in the state, the risk of having current asthma was significantly greater for:

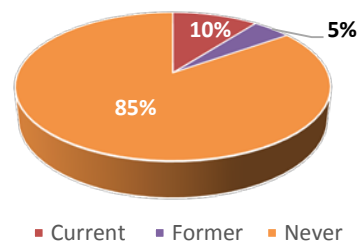
- Women (13.3%);
- Hispanic adults (13.7%) compared to Non-Hispanic White adults (9.6%);
- Adults from households annual earning less than \$35,000 (12.9%) and \$35,000-\$74,999 (11.5%);
- Disabled adults (18.8%); and
- Adults with no more than a high school education (12.1%).

Table 36: Adults Current Asthma, CT 2016

Demographic Characteristics	%	95% Confidence Limits	
Total	10.5	9.7	11.4
Age			
18-34 years old	11.8	9.5	14.0
35-54 years old	10.5	9.1	11.9
55 years old and over	9.6	8.7	10.6
Gender			
Male	7.5	6.4	8.6
Female	13.3	12.0	14.6
Race/Ethnicity			
Non-Hispanic White	9.6	8.7	10.5
Non-Hispanic Black	13.5	9.7	17.3
Hispanic	13.7	10.9	16.5
Income			
Less than \$35,000	12.9	11.0	14.7
\$35,000-\$74,999	11.5	9.5	13.6
\$75,000 and more	8.6	7.4	9.8
Insurance Status			
Insured	10.7	9.8	11.6
Not Insured	10.0**	-	-
Disability			
Yes	18.8	6.5	21.2
No	8.2	7.3	9.1
Education			
HS graduate or less	12.1	10.5	13.7
More than HS education	9.5	8.5	10.5

Estimates marked with '-' were suppressed because of limited validity (CV>30%).

Figure 22: Adult Asthma Status, CT 2016





Asthma in Children

While asthma can affect people of all ages, it usually begins during childhood. Of the 25 million Americans who suffer from asthma, seven million are children.⁷⁷ Asthma is the third most common cause of hospitalizations in children and accounts for 12.8 million missed days of school each year.⁵⁹

Respondents in the CT BRFSS were asked if a randomly-selected child in the household had ever been diagnosed with asthma and if the child currently had asthma. Results for 2016 are shown in **Table 37**.

One in nine Connecticut children in 2016 had current asthma. An additional five percent had been diagnosed with asthma in the past but no longer had the condition, as shown *below* (**Figure 22**).

Compared to their counterparts, the prevalence of current asthma among children living with an adult proxy with no more than a high school education (14.7%) was significantly greater than children living with a proxy of more than a high school education (9.8%). Most of the comparisons among demographics could not be made due to limited validity of the estimates.

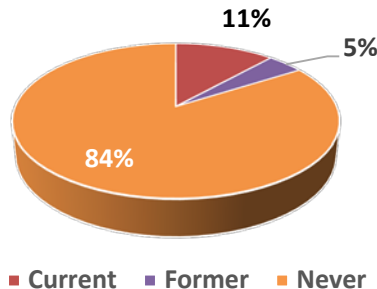


Table 37: Child Current Asthma, CT 2016

Demographic Characteristics	%	95% Confidence Limits	
Total	11.0	9.3	12.7
Age			
0-4 years old	5.0**	-	-
5-11 years old	12.9	9.8	16.1
12-17 years old	11.9	9.4	14.4
Gender			
Male	12.4	10.0	14.9
Female	9.8	7.4	12.1
Race/Ethnicity			
Non-Hispanic White	8.7	6.8	10.5
Non-Hispanic Black	18.4*	11.4	25.3
Hispanic	14.1*	9.9	18.3
Adult Proxy Income			
Less than \$35,000	13.3*	9.0	17.5
\$35,000-\$74,999	13.3*	8.7	17.9
\$75,000 and more	8.9	7.0	10.9
Adult Proxy Insurance			
Insured	10.9	9.2	12.6
Not insured	-	-	-
Adult Proxy Education			
HS graduate or less	14.7	10.6	18.7
More than HS education	9.8	8.0	11.5

Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with a "***" have a CV between 20.1% and 30%; estimates marked with '-' were suppressed because of limited validity (CV > 30%).

Figure 23: Child Asthma Status, CT 2016



Chronic Obstructive Pulmonary Disease

Table 38: Chronic Obstructive Pulmonary Disease, CT 2016

Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that includes two main conditions: emphysema and chronic bronchitis. The term COPD is used because most sufferers have many conditions. COPD is characterized by damage to the lungs and airways, which causes less air to flow into the lungs. Symptoms include heavy coughing, wheezing and shortness of breath. Cigarette smoking is the primary cause of COPD, though other lung irritants such as air pollution, chemical fumes, and dust may also contribute.⁷⁸ Genetic factors may also contribute to COPD.

Respondents to the BRFSS were asked if they were ever told they had COPD, emphysema or chronic bronchitis, and results in 2016 are shown in **Table 38**.

One in 17 Connecticut adults in 2016 had ever been diagnosed with COPD.

Compared to their counterparts in the state, the prevalence of COPD was significantly greater for:

- Adults at least 55 years old (10.3%), when compared to adults 35-54 years old (4.4%);
- Women (6.3%);
- Adults from households earning less than \$35,000 (11.2%) and \$35,000-\$74,999 (6.4%); the prevalence decreased with increasing income;
- Adults with disabilities (15.5%); and
- Adults with no more than a high school education (8.7%).

Demographic Characteristics	%	95% Confidence interval	
Total	5.9	5.4	6.5
Age			
18-34 years old	<5.0**	-	-
35-54 years old	4.4	3.4	5.3
55 years old and over	10.3	9.3	11.3
Gender			
Male	5.5	4.7	6.3
Female	6.3	5.5	7.0
Race/Ethnicity			
Non-Hispanic White	6.3	5.6	6.9
Non-Hispanic Black	6.0*	3.8	8.2
Hispanic	5.1*	3.4	6.9
Income			
Less than \$35,000	11.2	9.6	12.8
\$35,000-\$74,999	6.4	5.2	7.6
\$75,000 and more	2.4	1.9	2.9
Insurance Status			
Insured	6.0	5.4	6.6
Not Insured	5.0**	-	-
Disability			
Yes	15.5	13.6	17.3
No	3.3	2.8	3.7
Education			
HS graduate or less	8.7	7.6	9.9
More than HS education	4.1	3.6	4.7
Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with a "**" have a CV between 20.1% and 30%.			



Arthritis

Table 39: Arthritis, CT 2016

Arthritis covers over 100 rheumatic conditions that affect the joints and connective tissues.⁷⁹ It is the most common cause of disability in the U.S., and affects one in five American adults. Arthritis is more common among women, and the risk of developing arthritis symptoms increases with age.⁸⁰ In addition, there is some evidence that having arthritis can increase the risk of falls and associated injuries.⁸¹

Respondents in the BRFSS were asked if they were ever told they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Results in 2016 are shown in

Table 39.

One in four Connecticut adults in 2016 had been diagnosed with arthritis (25.1%).

Compared to their counterparts in the state, the prevalence of arthritis was significantly greater for:

- Adults aged 55 and older (44.7%) and adults 35-54 years old (19.3%); the prevalence increased with increasing age;
- Women (28.7%);
- Non-Hispanic White (28.5%) adults;
- Adults from households earning less than \$35,000 (29.3%) compared to adults from households earning at least \$75,000 (20.6%);
- Adults with disabilities (49.1%); and
- Adults with no more than a high school education (29.8%).

Demographic Characteristics	%	95% Confidence Intervals	
Total	25.1	24.1	26.1
Age			
18-34 years old	5.4	3.9	6.8
35-54 years old	19.3	17.5	21.1
55 years old and over	44.7	43.2	46.3
Gender			
Male	21.3	19.8	22.8
Female	28.7	27.2	30.1
Race/Ethnicity			
Non-Hispanic White	28.5	27.3	29.7
Non-Hispanic Black	19.0	15.4	22.5
Hispanic	18.4	15.5	21.3
Income			
Less than \$35,000	29.3	27.0	31.7
\$35,000-\$74,999	28.8	26.4	31.3
\$75,000 and more	20.6	19.1	22.1
Insurance Status			
Insured	26.1	25.0	27.2
Not Insured	12.4*	-	-
Disability			
Yes	49.1	46.3	51.9
No	18.6	17.5	19.6
Education			
HS graduate or less	29.8	27.8	31.9
More than HS education	22.2	21.1	23.3
Estimates marked with a "*" have a CV between 15% and 20%.			



Cardiovascular Diseases and Stroke

Cardiovascular disease (CVD), encompasses several heart conditions. It is the leading cause of death in the United States. The most common type of heart disease is coronary heart disease.⁸² Adults who suffer from coronary heart disease have plaque build-up in their coronary arteries, which reduces the flow of oxygen to the heart. This can lead to angina, characterized by chest pain or pressure, as well as heart attacks.⁸³ Cardiovascular disease and stroke can be prevented by remaining physically active, eating a healthy and well-balanced diet, and managing risk factors such as high blood pressure and cholesterol.⁸⁴

Table 40: Cardiovascular Disease, CT 2016

Respondents to the BRFSS were asked if they were ever told they had any of the following: a heart attack, also called a myocardial infarction; angina or coronary heart disease; or a stroke. Results in 2016 for those who responded to all three questions were combined and presented in **Table 40**.

One in 13 Connecticut adults in 2016 had been diagnosed with a heart attack, coronary heart disease, or stroke.

Compared with their counterparts in the state, the prevalence of cardiovascular disease was significantly greater for:

- Adults 55 years old and older (15.1%), when compared to adults 35-54 years old (4.2%);
- Men (8.9%);
- Adults from households earning less than \$35,000 (12.9%) and \$35,000-\$74,999 (7.7%), the prevalence decreased with increasing income;
- Disabled adults (18.1%); and
- Adults with no more than a high school education (10.1%).

Demographic Characteristics	%	95% Confidence Intervals	
Total	7.6	7.0	8.1
Age			
18-34 years old	-	-	-
35-54 years old	4.2	3.3	5.1
55 years old and over	15.1	14.0	16.2
Gender			
Male	8.9	8.0	9.8
Female	6.3	5.6	7.0
Race/Ethnicity			
Non-Hispanic White	7.9	7.3	8.5
Non-Hispanic Black	8.2*	-	-
Hispanic	6.2	4.4	8.0
Income			
Less than \$35,000	12.9	11.2	14.6
\$35,000-\$74,999	7.7	6.5	8.9
\$75,000 and more	3.8	3.2	4.3
Insurance Status			
Insured	7.7	7.1	8.3
Not Insured	5.0**	-	-
Disability			
Yes	18.1	16.2	20.0
No	4.6	4.1	5.1
Education			
HS graduate or less	10.1	8.9	11.3
More than HS education	6.0	5.3	6.6
Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with a "**" have a CV between 20.1% and 30%; estimates marked with "-" were suppressed because of limited validity (CV>30%).			



Pre-diabetes

Table 41: Adults with Prediabetes, CT 2016

Pre-diabetes refers to blood sugar levels that are higher than normal but not high enough to be diagnosed with diabetes. The American Diabetes Association (ADA) recommends that testing to detect prediabetes be considered in adults who are overweight or obese and have one or more additional risk factors for diabetes.⁸⁵

Respondents to the BRFSS were asked if they had ever been told they had pre-diabetes or borderline diabetes. Women with pre-diabetes only during pregnancy are not considered to have had pre-diabetes. Results are shown in **Table 42**.

In 2016, one in 11 Connecticut adults reported that they had been diagnosed with pre-diabetes.

Compared with their counterparts in the state, the prevalence of prediabetes among Connecticut adults was significantly greater for:

- Adults aged 55 years and older (13.1%) compared with adults aged 35-54 years old (8.9%);
- Non-Hispanic Black adults (12.6%) compared with non-Hispanic White adults (8.3%);
- Adults in households with an annual income less than \$35,000 (10.3%), compared with those in households earning at least \$75,000 (7.8%);
- Adults with disabilities (12.9%); and
- Adults with less than a high school education (10.0%).

Demographic Characteristics	%	%95 Confidence Interval	
Total	8.9	8.1	9.6
Age			
18-34 years old	3.7*	2.3	5.1
35-54 years old	8.9	7.5	10.2
55 years old and over	13.1	12.0	14.2
Gender			
Male	8.6	7.5	9.7
Female	9.1	8.1	10.1
Race/Ethnicity			
Non-Hispanic White	8.3	7.5	9.0
Non-Hispanic Black	12.6	9.0	16.2
Hispanic	10.0	7.5	12.5
Income			
Less than \$35,000	10.3	8.5	12.1
\$35,000-\$74,999	10.1	8.3	11.9
\$75,000 and more	7.8	6.7	8.9
Insurance Status			
Insured	9.2	8.4	10.0
Not Insured	5.0**	-	-
Disability			
Yes	12.9	11.0	14.7
No	7.9	7.0	8.7
Education			
HS graduate or less	10.0	8.5	11.5
More than HS education	8.2	7.4	9.0
Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with a "***" have a CV between 20.1% and 30%.			



Diabetes

Table 42: Diabetes, CT 2016

Demographic Characteristics	%	95% Confidence Intervals	
Total	9.8	9.1	10.5
Age			
18-34 years old	<5.0**	-	-
35-54 years old	6.8	5.6	8.0
55 years old and over	18.7	17.4	20.0
Gender			
Male	10.2	9.1	11.2
Female	9.5	8.5	10.4
Race/Ethnicity			
Non-Hispanic White	9.1	8.4	9.8
Non-Hispanic Black	15.4	12.2	18.7
Hispanic	10.8	8.4	13.1
Income			
Less than \$35,000	15.7	13.8	17.6
\$35,000-\$74,999	11.0	9.4	12.6
\$75,000 and more	5.3	4.6	6.1
Insurance Status			
Insured	10.0	9.3	10.7
Not Insured	5.0**	-	-
Disability			
Yes	20.9	18.8	23.0
No	6.6	6.0	7.3
Education			
HS graduate or less	14.1	12.6	15.5
More than HS	7.1	6.5	7.7
Education			
Estimates marked with a "***" have a CV between 20.1% and 30%.			

Diabetes is a disease characterized by high levels of blood sugar. It can lead to serious health problems, such as heart disease, stroke, blindness and lower-extremity amputation.⁸⁶ Diabetes affects over 29 million people in the U.S. Those over 60 years of age, African-Americans and Hispanics, and groups of low socioeconomic status are at higher risk for diabetes.⁸⁷ Respondents to the BRFSS were asked if they have ever been told they have diabetes. Women with diabetes only during pregnancy are not classified as having diabetes. Results in 2016 are shown in **Table 43**.

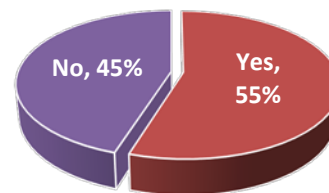
One in ten Connecticut adults in 2016 had ever been diagnosed with diabetes.

Compared with their counterparts in the state, the prevalence of diabetes among adults in Connecticut was significantly greater for:

- Adults at least 55 years old (18.7%) compared with adults 35-54 years old (6.8%);
- Non-Hispanic Black adults (15.4%) compared with non-Hispanic White adults (9.1%);
- Adults from households earning \$35,000-\$74,999 (11.0%) and less than \$35,000 (15.7%); the prevalence decreased with increasing income;
- Disabled adults (20.9%); and
- Adults with no more than a high school education (14.1%).

Figure 24 (on the right) shows that more than half of adults with diabetes had ever taken a course or class to manage their diabetes (55%).

Figure 24: Diabetics Who Have Taken Diabetes Management Class, CT 2016





Kidney Disease

Chronic kidney disease is a condition in which the kidneys cannot filter blood as well as they should, and so wastes are not properly filtered. A person with kidney disease is more likely to develop heart disease and other health problems. Adults with diabetes or high blood pressure are at higher risk of developing chronic kidney disease.⁸⁸

Chronic kidney disease can be detected early with blood tests. If it is detected, medication can reduce the damage to the kidneys. Kidney disease often runs in families and a family medical history can often identify people at risk for chronic kidney disease.⁸⁹

Respondents in the BRFSS were asked if they were ever told they had kidney disease. Results in 2016 are shown in **Table 44**.

One in 34 Connecticut adults in 2016 had been diagnosed with kidney disease.

Compared to their counterparts in the state, the prevalence of kidney disease among adults in Connecticut was significantly greater for:

- Disabled adults (7.7%); and
- Adults with no more than a high school education (4.1%).

Table 43: Kidney Disease, CT 2016

Demographic Characteristics	%	95% Confidence Intervals	
Total	2.9	2.5	3.3
Age			
18-34 years old	-	-	-
35-54 years old	2.0*	1.3	2.7
55 years old and over	4.9	4.2	5.6
Gender			
Male	2.7	2.1	3.3
Female	3.1	2.5	3.7
Race/Ethnicity			
Non-Hispanic White	2.7	2.3	3.1
Non-Hispanic Black	5.0**	-	-
Hispanic	5.0**	-	-
Income			
Less than \$35,000	4.4	3.3	5.4
\$35,000-\$74,999	3.2*	2.1	4.2
\$75,000 and more	1.5*	1.1	2.0
Insurance Status			
Insured	2.8	2.4	3.2
Not Insured	5.0**	-	-
Disability			
Yes	7.7	6.2	9.2
No	1.6	1.2	1.9
Education			
HS graduate or less	4.1	3.2	4.9
More than HS education	2.2	1.8	2.6
Estimates marked with a "*" have a CV between 15% and 20%; estimates marked with a "**" have a CV between 20.1% and 30%; estimates marked with "-" were suppressed because of limited validity (CV > 30%).			



Depression

Table 44: Depression, CT 2016

Demographic Characteristics	%	95% Confidence Intervals	
Total	15.9	14.9	16.8
Age			
18-34 years old	16.5	14.1	19.0
35-54 years old	16.3	14.7	17.8
55 years old and over	15.4	14.3	16.5
Gender			
Male	12.4	11.1	13.7
Female	19.2	17.8	20.6
Race/Ethnicity			
Non-Hispanic White	16.1	15.0	17.2
Non-Hispanic Black	12.0	9.0	14.9
Hispanic	19.8	16.6	23.1
Income			
Less than \$35,000	23.0	20.7	25.4
\$35,000-\$74,999	15.1	13.1	17.1
\$75,000 and more	12.4	11.0	13.8
Insurance Status			
Insured	16.1	15.1	17.0
Not Insured	14.3*	9.8	18.9
Disability			
Yes	35.1	32.3	37.8
No	10.5	9.6	11.4
Education			
HS graduate or less	17.8	16.0	19.6
More than HS education	14.7	13.6	15.8
Estimates marked with a "*" have a CV between 15% and 20%.			

Depression is a common and serious illness that can take several forms. Symptoms include persistent feelings of sadness, anxiety, "emptiness," and hopelessness, as well as fatigue, irritability and restlessness. Depressive disorders may interfere with a person's work and daily activities, and prevent them from functioning normally. Some forms of depression develop under unique circumstances; others occur in episodes or may be longer term.⁹⁰ If left untreated, depression can have tragic consequences, including suicide. Medication and therapy has been proven effective in treating major depression.⁹¹

Respondents in the BRFSS were asked if they were ever told they had a depressive disorder, including depression, major depression, dysthymia, or minor depression. Results in 2016 are shown in **Table 45**.

One in six Connecticut adults in 2016 had ever been diagnosed with depression (15.9%).

Compared to their counterparts in the state, the prevalence of having depression among Connecticut adults was significantly greater for:

- Women (19.2%);
- Hispanic adults (19.8%) and non-Hispanic White adults (16.1%) compared to non-Hispanic Black adults (12.0%); the prevalence was also significantly higher among non-Hispanic White adults compared to Hispanic adults;
- Adults from households earning less than \$35,000 (23.0%);
- Disabled adults (35.1%); and
- Adults with no more than a high school education (17.8%).



7. Environmental Health Indicators

Built Environment (Walkability)

The built environment includes all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure). The built environment influences a person's level of physical activity. For example, inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. These habits lead to poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer.⁹²

In 2016, the BRFSS questionnaire asked respondents to report the number of days they had walked in the neighborhood in the past 30 days. Results in 2016 are shown **Table 46**.

Table 45: Built Environment (Walkability), CT 2016

Demographic Characteristics	Never			1-7 Times			More than 7 Times		
	%	95% Confidence Interval		%	95% Confidence Interval		%	95% Confidence Interval	
Total	38.8	37.4	40.2	27.2	25.9	28.5	34.0	32.7	35.3
Age									
18-34 years old	35.1	31.4	38.9	30.4	26.8	33.9	34.5	30.9	38.2
35-54 years old	36.9	34.5	39.3	29.7	27.5	31.9	33.4	31.2	35.7
55 years old and over	42.6	41.0	44.2	23.4	22.0	24.7	34.0	32.5	35.5
Gender									
Male	37.4	35.4	39.5	27.9	26.0	29.9	34.6	32.6	36.6
Female	40.0	38.2	41.9	26.5	24.8	28.2	33.4	31.6	35.2
Race/Ethnicity									
Non-Hispanic White	38.6	37.0	40.1	27.9	26.4	29.3	33.5	32.0	35.0
Non-Hispanic Black	40.6	35.1	46.1	21.9	17.6	26.1	37.5	32.2	42.9
Hispanic	37.4	32.8	41.9	26.9	22.7	31.1	35.8	31.3	40.2
Income									
Less than \$35,000	40.1	37.1	43.1	22.8	20.2	25.5	37.1	34.0	40.1
\$35,000-\$74,999	41.8	38.8	44.9	27.1	24.4	29.9	31.0	28.3	33.8
\$75,000 and more	33.4	31.3	35.5	31.0	29.0	33.1	35.6	33.5	37.7
Insurance Status									
Insured	39.0	37.6	40.4	27.6	26.2	28.9	33.4	32.1	34.8
Not Insured	35.6	28.6	42.7	21.8	16.2	27.5	42.5	35.3	49.8
Disability									
Yes	48.5	45.5	51.4	22.1	19.5	24.6	29.5	26.7	32.2
No	36.1	34.5	37.7	28.7	27.2	30.2	35.2	33.7	36.7
Education									
HS graduate or less	43.5	40.9	46.1	23.1	20.9	25.4	33.3	30.8	35.9
More than HS education	35.9	34.3	37.5	29.7	28.2	31.2	34.4	32.9	35.9

More than one in three Connecticut adults in 2016 reported they had never walked in their neighborhood in the past 30 days (38.8%), while one in four adults walked up to 7 times (27.2%) and one in three walked more than 7 times (34.0%) in the past 30 days.

Compared to their counterparts in the state, the prevalence of having **never** walked in their neighborhood in the past 30 days among Connecticut adults was significantly greater for:

- Adults at least 55 years old (42.6%);
- Adults from households annual earning less than \$35,000 (40.1%) and \$35,000-74,999 (41.8%);
- Disabled adults (48.5%); and
- Adults with no more than a high school education (43.5%).

Compared to their counterparts in the state, the prevalence of having walked in their neighborhood **up to 7 times** in the past 30 days among Connecticut adults was significantly greater for:

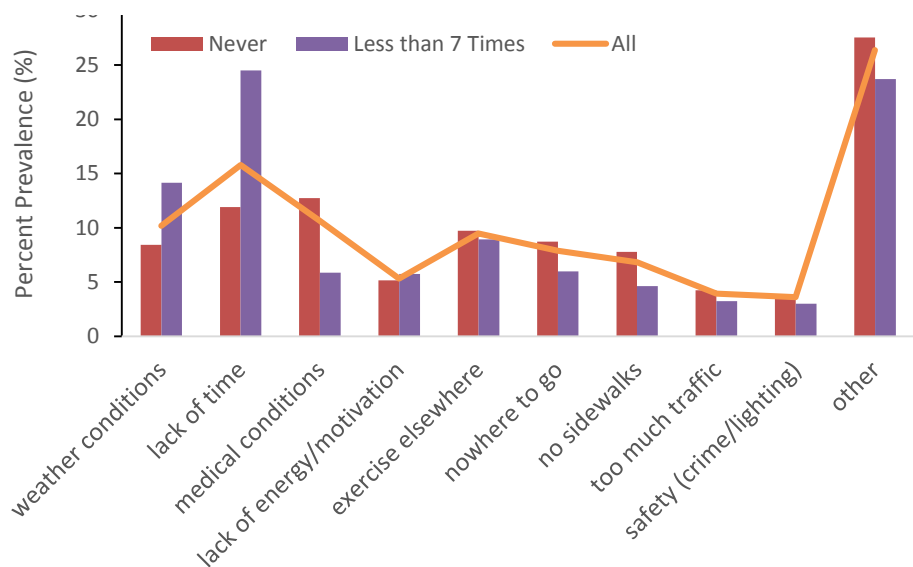
- Adults 18-34 years old (30.4%) and 34-54years old (29.7%);
- Non-Hispanic White adults (27.9%) compared to non-Hispanic Black adults (21.9%);
- Adults from households annual earning at least \$75,000 (31.0%) compared to adults from households earning less than \$35,000 (22.8%);
- Adults without disability (28.7%); and
- Adults with more than a high school education (29.7%).

Compared to their counterparts in the state, the prevalence of having walked in their neighborhood **more than 7 times** in the past 30 days among Connecticut adults was significantly greater for:

- Adults from households earning less than \$35,000 (37.1%) and at least \$75,000 (35.6%);
- Adults without health insurance coverage (42.5%); and
- Non-disabled adults (35.2%).

Figure 25 shows reasons why resident didn't walk in their neighborhood more frequently.

Figure 25: Reasons Why Didn't Walk More Frequently in Past Month, CT 2016





Carbon Monoxide Poisoning

Carbon monoxide (CO) is a colorless, odorless and deadly gas produced by the incomplete burning of fossil fuels. These fuels can be natural gas, oil, kerosene, coal or wood. Carbon monoxide replaces oxygen in the blood, interfering with the transport of oxygen needed by the cells in the body. The most common symptoms of CO poisoning are headache, dizziness, weakness, upset stomach, vomiting, chest pain, and confusion. CO symptoms are often described as “flu-like.” Everyone is at risk for CO poisoning. Each year, more than 400 Americans die from unintentional CO poisoning not linked to fires, more than 20,000 visit the emergency room, and more than 4,000 are hospitalized.⁹³ The most effective way to prevent CO poisoning at home, is to install a CO detector, test alarms frequently, and change batteries annually. In 2016, the BRFSS questionnaire asked respondents to report whether they had a carbon monoxide detector in their home. Results in 2016 are shown in **Table 47**.

Three out of four Connecticut adults in 2016 reported having a CO detector at home. Compared to their counterparts in the state, the prevalence of having a CO detector at home among Connecticut residents was significantly greater for:

- Adults 18-34 (78.1%) and 35-54 years old (79.9%);
- Non-Hispanic White (79.0%) compared to Hispanic adults (63.7%);
- Adults from households earning \$35,000-74,999 (74.2%) and at least \$75,000 (85.7%); the prevalence increased with increasing income;
- Adults with health insurance (77.4%);
- Non-disabled adults (78.5%); and
- Adults with more than a high school education (80.0%).

Table 46: Have Carbon Monoxide Detector at Home, CT 2016.

Demographic Characteristics	%	95% Confidence Intervals	
Total	76.2	74.5	78.0
Age			
18-34 years old	78.1	73.3	82.8
35-54 years old	79.9	77.0	82.8
55 years old and over	72.1	70.0	74.2
Gender			
Male	76.7	74.1	79.2
Female	75.8	73.4	78.3
Race/Ethnicity			
Non-Hispanic White	79.0	77.3	80.7
Non-Hispanic Black	75.7*	68.3	83.1
Hispanic	63.7	56.9	70.5
Income			
Less than \$35,000	60.7	56.1	65.3
\$35,000-\$74,999	74.2	70.6	77.9
\$75,000 and more	85.7	83.6	87.8
Insurance Status			
Insured	77.4	75.7	79.1
Not Insured	55.7	44.0	67.4
Disability			
Yes	68.0	64.0	72.0
No	78.5	76.6	80.5
Education			
HS graduate or less	69.9	66.3	73.4
More than HS education	80.0	78.2	81.9
Estimates marked with a “*” have a CV between 15% and 20%.			



Appendix: Methodology

The population for the Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS) consists of the total non-institutionalized English and Spanish-speaking adult population in Connecticut. It is funded by the Centers for Disease Control and Prevention (CDC) in all 50 states, and has been implemented in Connecticut since 1989. Households are randomly selected and contacted by a contractor, who conducts most interviews in the evenings and on weekends. Once an interviewer reaches a household, one randomly selected person from the household is asked to participate in the survey. Listed and unlisted residential telephone numbers are included in the sample, but not business, Fax, or modem phone lines. The landline sample was a disproportionate stratified random digit dial (RDD) sample, stratified by geography and phone listed status. Within each contacted household, one adult was selected at random to be interviewed. Cell phones were added to the methodology in 2011. The cell phone sample was an un-stratified RDD sample drawn from dedicated cellular telephone banks with equal probability. An adult contacted by cell phone was eligible to complete the survey if he or she lived in a private residence or college housing either without a landline present, or with a landline but with at least 90 percent of all calls received by cell phone. If any children lived in the same household as the respondent, one child was randomly selected and the adult respondent provided information about that child.

At the end of each year, data are compiled and weighted to be representative of all adults in the state, and returned to states for analysis and use in planning and monitoring health programs. Summary data for all states are available on the CDC BRFSS website <http://www.cdc.gov/BRFSS>. Landline and cell phone data were combined and weighted by CDC to adjust for differential selection probabilities. The weighted data were then adjusted to the distribution of the Connecticut adult or child population, using iterative proportional fitting, or raking. Raking adjustments were made by telephone type, race/ethnicity, education, marital status, age by gender, gender by race/ethnicity, age by race/ethnicity, and renter/owner status. This weighting methodology was adopted by CDC in 2011 to accommodate the inclusion of cell phone interviews and to allow for more demographic adjustments. As a result of these methodological changes, BRFSS data for 2011 and forward are not comparable to BRFSS data prior to 2011.



Each health indicator was analyzed at the statewide level, and was evaluated by social demographic characteristics. Prevalence estimates and 95% confidence intervals were computed using SAS PROC SURVEYFREQ, which can properly compute variances for complex sampling plans. Any responses of “Not Known/Not sure” or “Refused” were classified as missing. The coefficients of variation (CV) was used to assess the validity of each estimate. Prevalence estimates with a CV less than 15% are shown in this report. Prevalence estimates with a CV between 15% and 20% are marked with one asterisk (*); prevalence estimates are rounded to their nearest 5% if prevalence estimates with a CV between 20.1% and 30%, and are marked with two asterisks (**) to indicate that caution should be exercised when interpreting these estimates. Prevalence estimates are suppressed if their CV were greater than 30%.

Significant increases or decreases compared to the U.S. were evaluated by a one-population one-tailed binomial test at the 0.05(+), 0.01(++) and 0.001(+++) level. Change in the prevalence of selected health indicators from years 2012 to 2016 was evaluated using a two-population one-tailed binomial test for significant increase or decrease at the 0.1(+), 0.05(++) and 0.01(+++) level. Significance testing by demographic characteristic was evaluated using a two-population one-tailed binomial test for significant increase or decrease risk/protection or prevalence ($\alpha=0.05$). Only significant results are discussed in this report.



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