HEALTH INDICATORS AND RISK BEHAVIORS IN CONNECTICUT: 2014
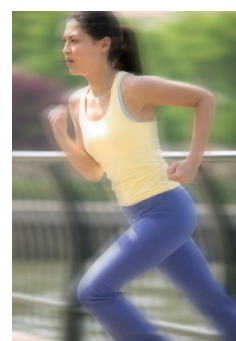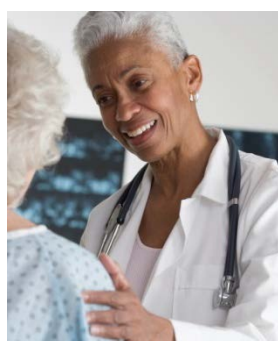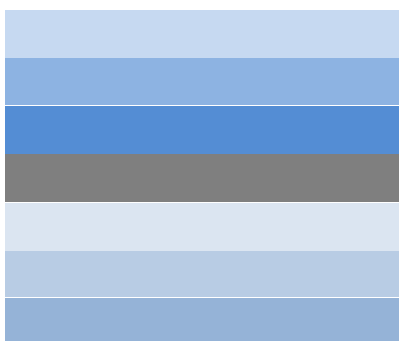
Results of the Behavioral Risk Factor Surveillance Survey (BRFSS)

March, 2016

DPH
Keeping Connecticut Healthy
Connecticut Department of Public Health

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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. It is funded by the Centers for Disease Control and Prevention (CDC) in 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. Cell phones were added to the methodology in 2011.

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. The survey originally collected data on health behaviors related to the leading causes of death, but has since been expanded to include issues related to healthcare access, utilization of preventive health services, and to monitor emerging issues such as alternative tobacco use and dietary habits. Results of the survey are used to inform public health programs across the state about progress toward health objectives, and to help identify emerging public health needs in the state.

Each month, survey data from Connecticut are sent to CDC for editing and checking. 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*). 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. for Medicare and Medicaid to transform healthcare in the state. Data from this survey are also used to monitor activity of the grant.[7]

In calendar year 2014, the CT BRFSS gathered survey data from citizen volunteers in Connecticut on a range of health-related risk factors and behaviors. State-specific items in the 2014 questionnaire included alternate tobacco use, genomics, chronic fatigue syndrome, HIV risk behaviors, consumption of sugary drinks, influenza, oral health, and prediabetes and diabetes.

Each section in this report presents summary results of a risk behavior or health condition during 2014, broken down by demographic subgroups of age, gender, race/ethnicity, income, health insurance status, disability status, and education level.

Figure 1 and **Table 1** highlight selected health indicators in Connecticut during 2014, compared to median results from 2014 for the U.S and its territories. These health indicators are modifiable risk factors for poor health outcomes. More information on these indicators is located within this report. Connecticut's ranking compared to other states and U.S. territories for selected health indicators is shown in **Figure 2**. Trends in selected Connecticut health indicators from 2011 through 2014 have been produced.[8]

Figure 1: Selected Modifiable Risk Factors in Connecticut *versus* the U.S. and territories, 2014
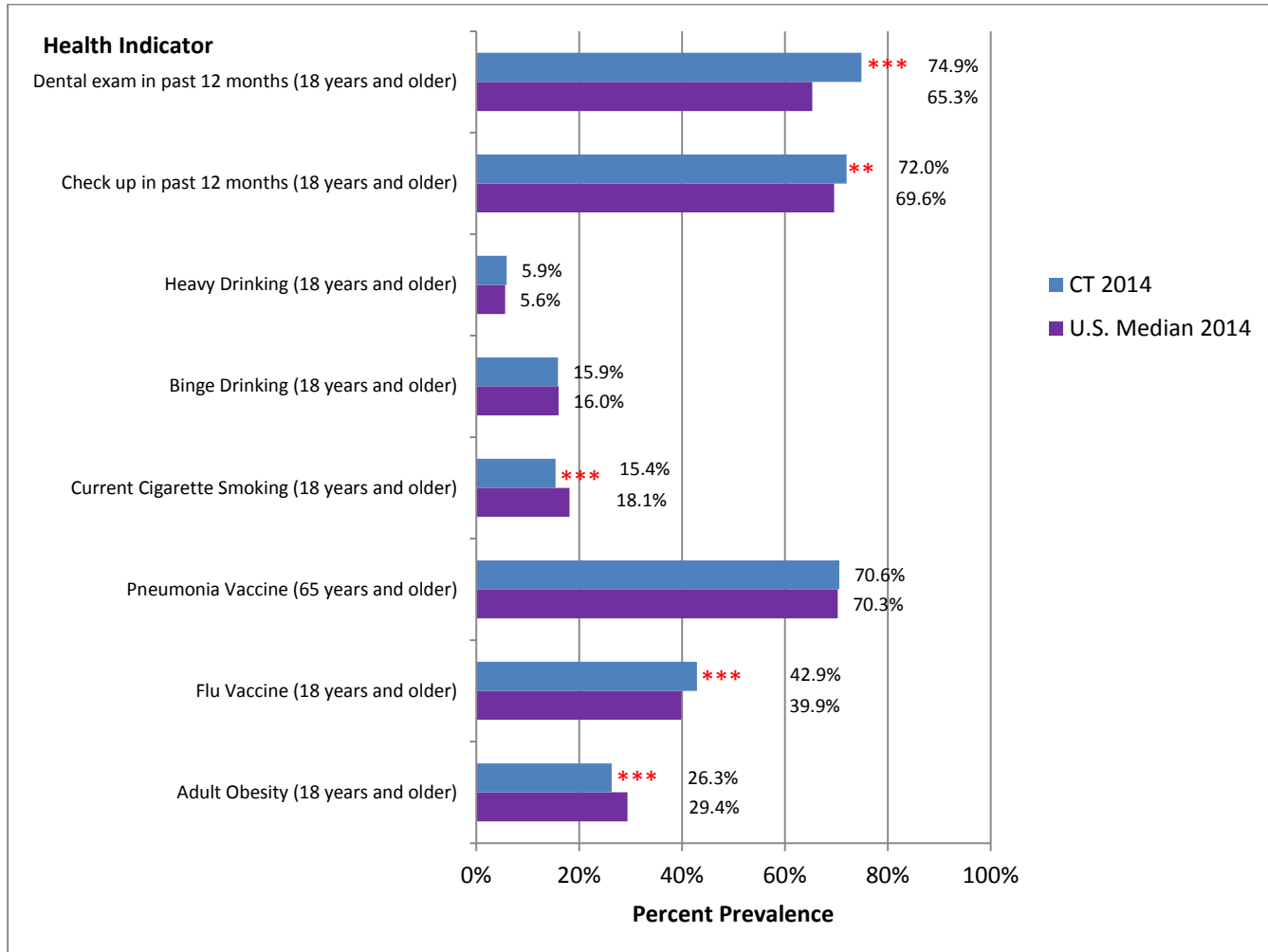
Table 1: Selected Modifiable Risk Factors in Connecticut *versus* the U.S. and territories, 2014

Risk Factor	CT 2014	U.S. Median 2014	Risk Difference	Significantly Greater or Lesser Risk
Dental exam in past 12 months *(18 years and older)*	74.9%	65.3%	9.6%	More Protective***
Check up in past 12 months *(18 years and older)*	72.0%	69.6%	2.4%	More Protective**
Heavy Drinking *(18 years and older)*	5.9%	5.6%	0.3%	NS
Binge Drinking *(18 years and older)*	15.9%	16.0%	-0.1%	NS
Current Cigarette Smoking *(18 years and older)*	15.4%	18.1%	-2.7%	Less Risk ***
Pneumonia Vaccine *(65 years and older)*	70.6%	70.3%	0.3%	NS
Flu Vaccine *(18 years and older)*	42.9%	39.9%	3.0%	More Risk ***
Adult Obesity *(18 years and older)*	26.3%	29.4%	-3.1%	Less Risk ***
Prevalence in calenedar year 2014 of selected modifiable risk factors were obtained from the Behavioral Risk Factor Surveillance System for Connecticut, as well as the calculated median prevalence among all states in the U.S. and its territories (*http://www.cdc.gov/brfss/annual_data/annual_2014.html*). Selected indicators for Connecticut *versus* the U.S. and its territories were tested for significantly greater or lesser risk or protection.				
* - significance < 0.05; ** - significance < 0.01; *** - significance < 0.001				

Figure 2: Connecticut State Ranking for Selected Health Indicators, BRFSS, 2014
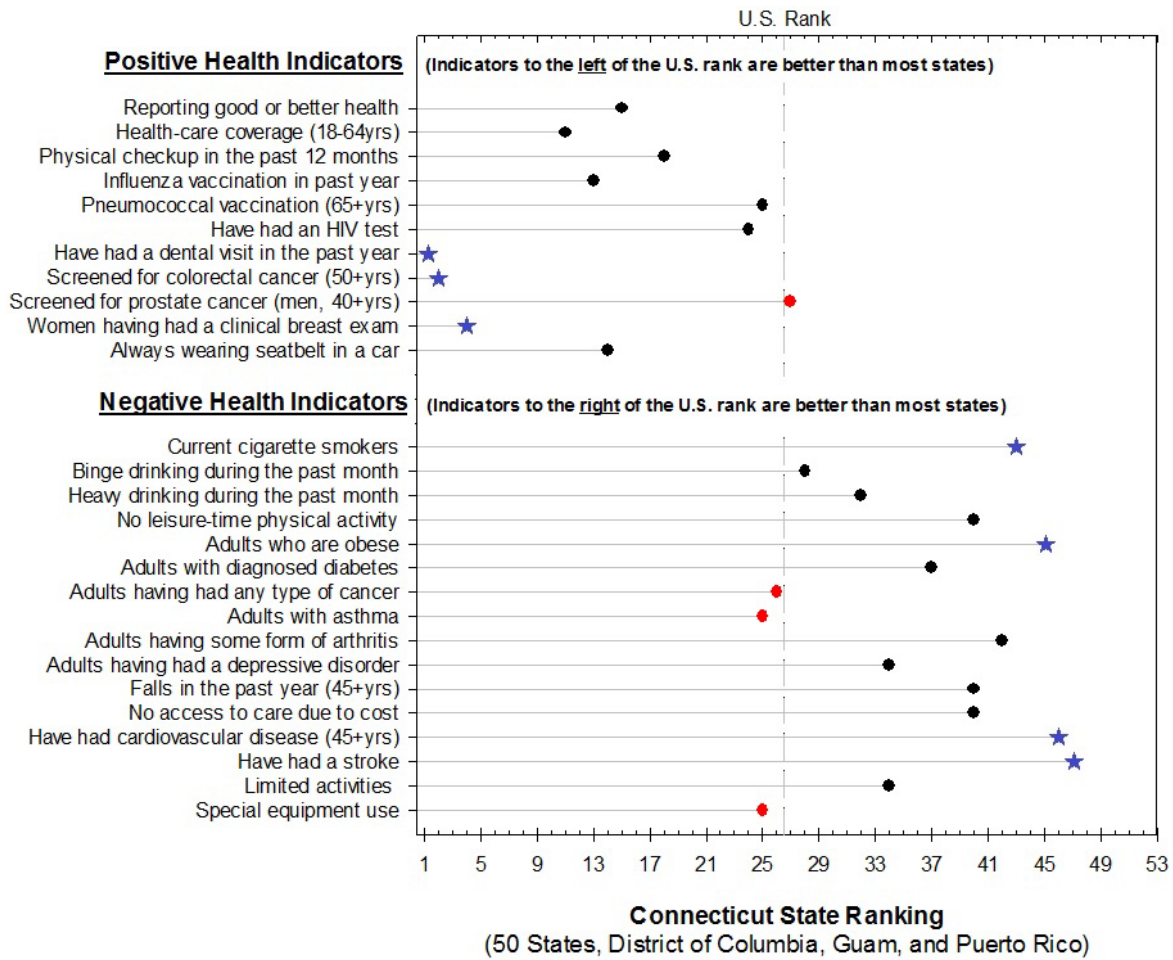
Connecticut state rankings for selected positive and negative health indicators are shown.
- ★ Connecticut rankings that are among the best 10 states.
- ● Connecticut rankings that are worse than most states.

Source: Smart, A. & Brackney, M. Health Statistics and Surveillance Section. Connecticut Department of Public Health.

Connecticut Comparison to the U.S. in 2014

Eight selected modifiable health indicators were compared to estimates for the U.S. and its territories during 2014. More information about these indicators can be found in this report.

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

- Obesity among adults 18 years old and older (p < 0.001);

- Flu Vaccination in the past year among adults 18 years old and older (p < 0.001);

- Current cigarette use among adults 18 years old and older (p < 0.001);

- Check up in the past year among adults 18 years old and older (p < 0.01); and

- Dental exam in the past year among adults 18 years old and older (p < 0.001).

Risk in Connecticut of the remaining three health indicators were not significantly different from the U.S.:

- Pneumonia vaccination among adults 65 years old and older;
- Binge[*] Drinking among adults 18 years old and older; and
- Heavy[†] Drinking among adults 18 years old and older.

For 11 selected positive health indicators and 16 selected negative 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 seven indicators:

- Adults 18 years old and older who had a dental visit in the past year;
- Adults 50 years old and older who had the recommended screening for colorectal cancer;
- Women 18 years old and older who had the recommended clinical breast exam;
- Adults 18 years old and older who smoke cigarettes;
- Adults 18 years old and older who are obese;
- Adults 45 years old and older who have had cardiovascular disease; and
- Adults 18 years old and older who have had a stroke.

Among all 27 selected health indicators, Connecticut ranked better than half of all states in the U.S. and its territories for all except four indicators:

- Screening for prostate cancer in the past two years among men 50 years old and older;
- Adults at least 18 years old who have had any type of cancer;
- Adults at least 18 years old with current asthma; and
- Adults at least 18 years old needing special equipment to assist with a disability.

Vulnerable populations

In 2014, certain groups were significantly more likely to experience poor health outcomes:

Compared to non-Hispanic Whites, **Hispanic and non-Hispanic Black adults** were at significantly greater risk of disability and limited healthcare coverage, with a greater risk of being enrolled in Medicaid. They were a significantly greater risk of having no leisure time physical activity in the

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[*] Binge drinking is defined as more than five drinks per occasion for men or more than four drinks per occasion for women.
[†] Heavy drinking is defined as more two drinks per day for men or more than one drink per day for women.

past week, and not always wearing a seatbelt. Among residents in the state, an annual routine checkup and annual dental visit, and flu and pneumococcal vaccinations were significantly less prevalent among those of minority race/ethnicity. 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 significantly greater risk of not having annual clinical preventive visits that included cervical, breast and prostate screening and pneumococcal and flu vaccinations. They were also at greater risk of not having an annual dental visit, with a higher prevalence of dental bone loss and permanent teeth extractions. Adults with disabilities were at significantly greater risk for nearly all chronic conditions evaluated, including asthma, COPD, arthritis, cardiovascular disease, cancer, pre-diabetes and 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, as well as suffering falls. Among residents in the state, the prevalence of limited healthcare coverage and no health care insurance was significantly greater for adults with disabilities. Low-income adults were also 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, pneumococcal, and shingles 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 COPD, arthritis, cardiovascular disease, and 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, and getting the shingles vaccine were significantly lower among adults without post-high school education. They were also at higher prevalence of a number of chronic conditions, including arthritis, cancer, cardiovascular disease, COPD, diabetes, and depression.

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 residing in telephone-equipped dwelling units. In 2014, the CT BRFSS collected 5,288 landline interviews and 2,724 cell phone interviews, totaling 8,012 interviews. 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. A total of 1,721 interviews about children were completed. The landline sample was a disproportionate stratified random digit dial (RDD) sample, stratified by geography and listed status. Listed phone numbers were oversampled relative to unlisted numbers at a rate of 1.5 to 1. Within each contacted household, one adult was selected at random to be interviewed. 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.

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 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 adjustments to more demographics. As a result of these methodological changes, BRFSS data for 2011 and forward are not comparable to BRFSS data prior to 2011.

Prevalence estimates and 95% confidence intervals were computed using SAS PROC SURVEYFREQ, which can properly compute variances for complex sampling plans. Respondents who answered that they did not know or refused to answer were treated as missing in the calculation of prevalence estimates. The coefficient of variation (CV), computed as the standard error divided by the mean, was used to assess the reliability of each estimate. If the CV for any estimate was at least 15%, the estimate was not reported and is shown in the tables with an asterisk (*).

Each health indicator was analyzed at the statewide level, and was 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/a. A fourth category, non-Hispanic respondents of other or multiple races, was excluded from analysis because the CV was too large for most estimates in this category to allow reporting. 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. Any responses of "Not Known/Not sure" or "Refused" were classified as missing.

Significance testing by demographic characteristic was evaluated using a one-tailed binomial test for significant increase or decrease risk/protection or prevalence (alpha=.05). Only significant results at the 95% significance level are discussed in this report.

Adult Demographics

Table 2 shows the demographics of the survey respondents and the estimated population of Connecticut adults.

- The majority of Connecticut's adult population was 55 years old or older (37.4%).

- Slightly more than half of the population was female (51.9%).

- Seventy-one percent of adults were Non-Hispanic White, one in seven was Hispanic, and one in ten were Non-Hispanic Black.

- The majority of adults lived in households earning at least $75,000 annually.

- Ninety-one percent of adults had some type of health insurance coverage.

- One in five respondents had a disability.

- Sixty percent of adults had more than a high school education.

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

Table 2: Adult Demographics, CT 2014

	Survey Respondents	Estimated Population	Estimated % of Population
Total	**7,786**	**2,790,000**	**100**
Age			
18-34 years old	994	780,000	28.1
35-54 years old	2,379	960,000	34.5
55 years old and over	4,413	1,040,000	37.4
Gender			
Male	3,438	1,360,000	48.1
Female	4,512	1,470,000	51.9
Race/Ethnicity			
Non-Hispanic White	6,178	1,990,000	71.5
Non-Hispanic Black	586	260,000	9.2
Hispanic or Latino/a	658	370,000	13.4
Non-Hispanic Other/ Multiple Race*	355	160,000	5.8
Income			
Less than $35,000	1,955	740,000	32.5
$35,000-$74,999	1,769	590,000	25.7
$75,000 and more	2,792	950,000	41.8
Insurance Status			
Insured	7,505	2,570,000	91.3
Not Insured	417	240,000	8.7
Disability			
Yes	1,532	520,000	19.8
No	5,930	2,120,000	80.2
Education			
HS graduate or less	2,354	1,110,000	40.0
More than HS Education	5,519	1,690,000	60.0

Child Demographics

Table 3 shows the demographics of the survey respondents and the estimated population of Connecticut children.

- The majority of the children were between 5 and 11 years old (36.9%), closely followed by children 12-17 years old (35.9%).

- There were nearly the same amount of male (49.8%) and female children (50.2%).

- The majority of children were Non-Hispanic White (55.4%). Twenty-three percent were Hispanic which is 10% more than the population of Hispanic adults (13.4%). Eleven percent were Non-Hispanic Black and 10.1% were Non-Hispanic Other or multiple races.

- The majority of children lived in households earning at least $75,000 (58.4%).

- Most of the children were insured (93.4%).

- Seventy-three percent had an adult proxy with more than a high school education.

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

Table 3: Child Demographics, CT 2014

	Survey Respondents	Estimated Population	Estimated % of Population
Total	**1508**	**691,430**	**100.0**
Age			
0-4 years old	303	190,000	27.2
5-11 years old	517	260,000	36.9
12-17 years old	688	250,000	35.9
Gender			
Male	869	370,000	49.8
Female	782	370,000	50.2
Race/Ethnicity			
Non-Hispanic White	1072	410,000	55.4
Non-Hispanic Black	158	80,000	11.2
Hispanic or Latino/a	269	170,000	23.4
Non-Hispanic Other/Multiple Race	136	80,000	10.1
Adult Proxy Income			
Less than $35,000	353	170,000	24.6
$35,000-$74,999	282	120,000	17.0
$75,000 and more	883	400,000	58.4
Adult Proxy Insurance Status			
Insured	1608	720,000	93.4
Not Insured	109	50,000	6.6
Adult Proxy Education			
HS graduate or less	455	210,000	26.6
More than HS Education	1264	560,000	73.4

1.   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.[9]

BRFSS respondents were asked to rate their general health as excellent, very good, good, fair or poor. The prevalence of adults who had fair or poor health is shown in **Table 4**.

One in seven Connecticut adults rated their health as either fair or poor in 2014.

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

- Adults 55 years and older (19.2%);

- Minority race/ethnicity groups (21.0% among Non-Hispanic Black adults and 27.5% among Hispanic adults);

- Residents earning less than $35,000 annually (30.0%), who had more than twice the risk of those earning $35,000-$74,999 (11.8%) and seven times the risk of those with annual household incomes of at least $75,000 (4.2%);

- Adults without health insurance coverage (25.0);

- Residents with a disability (44.3%) (as defined on page 18), who had a risk six times greater than their non-disabled counterparts (7.1%); and

- Adults with no more than a high school education (23.6%).

Table 4: Adults with Fair or Poor Health, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**14.3**	**13.2**	**15.4**
Age			
18-34 years old	10.9	8.4	13.4
35-54 years old	12.0	10.3	13.7
55 years old and over	19.2	17.6	20.9
Gender			
Male	13.3	11.8	14.9
Female	15.3	13.7	16.8
Race/Ethnicity			
Non-Hispanic White	10.8	9.7	11.9
Non-Hispanic Black	21.0	16.8	25.2
Hispanic or Latino/a	27.5	23.3	31.7
Income			
Less than $35,000	30.0	27.2	32.9
$35,000-$74,999	11.8	9.5	14.1
$75,000 and more	4.2	3.1	5.3
Insurance Status			
Insured	13.4	12.3	14.5
Not Insured	25.0	19.7	30.3
Disability			
Yes	44.3	40.7	47.9
No	7.1	6.1	8.1
Education			
HS graduate or less	23.7	21.4	26.0
More than HS Education	8.3	7.3	9.3

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 for which their physical or mental health was "not good" (within the past 30 days). The prevalence of adults who had poor physical health and/or poor mental health is reported in **Table 5**.

Table 5: Health-related Quality of Life, CT 2014

Demographic Characteristics	Poor Physical Health			Poor Mental Health		
	%	95% Confidence Intervals		%	95% Confident Intervals	
Total	**9.7**	**8.8**	**10.6**	**10.5**	**9.5**	**11.5**
Age						
18-34 years old	*	*	*	12.3	9.9	14.7
35-54 years old	8.9	7.4	10.4	11.3	9.6	13.0
55 years old and over	13.1	11.7	14.5	8.5	7.3	9.7
Gender						
Male	8.7	7.3	10.0	8.8	7.5	10.0
Female	10.7	9.4	12.0	12.2	10.7	13.7
Race/Ethnicity						
Non-Hispanic White	8.4	7.5	9.3	10.6	9.4	11.7
Non-Hispanic Black	12.6	9.0	16.3	*	*	*
Hispanic or Latino/a	14.2	10.8	17.7	11.0	8.0	13.9
Income						
Less than $35,000	18.6	16.2	21.1	16.7	14.4	19.0
$35,000-$74,999	8.5	6.9	10.1	11.5	9.3	13.8
$75,000 and more	4.4	3.3	5.5	5.8	4.5	7.1
Insurance Status						
Insured	9.5	8.6	10.4	10.5	9.4	11.5
Not Insured	*	*	*	*	*	*
Disability						
Yes	32.8	29.5	36.2	27.0	23.8	30.3
No	4.1	3.4	4.9	6.7	5.7	7.6
Education						
HS graduate or less	13.7	11.9	15.5	13.1	11.3	15.0
More than HS education	7.1	6.2	8.1	8.9	7.8	10.0

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

Approximately one in ten Connecticut adults rated their physical health as poor. The prevalence of Connecticut adults who rated their mental health as poor (10.5%) was similar.

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

- Older adults, aged 55 years old and older (13.1%);

- Hispanic adults (14.2%), when compared with Non-Hispanic White adults (8.4%);

- Residents in low income households, where those earning less than $35,000 annually (18.6%) had more than twice the risk of those earning $35,000-$74,999 (8.5%); and more than four times the risk of those with annual household incomes of at least $75,000 (4.4%);

- Disabled adults (32.8%); and

- Residents with no more than a high school education (13.7%).

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

- Young adults less than 35 years old (12.3%) and adults 35-54 years old (11.3%), compared to adults 55 years old and older (8.5%);

- Women (12.2%);

- Residents in low income households, where those earning less than $35,000 annually (16.7%) had a greater risk than those earning $35,000-$74,999 (11.5%); and twice the risk of those with household incomes of at least $75,000 (5.8%);

- Adults living with a disability (27.0%), who had a risk more than three times higher than their non-disabled counterparts (6.7%); and

- Adults with no more than a high school education (13.1%).

Figure 3: Poor Physical or Mental Health as a Barrier to Life's Activities, CT 2014

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 reported in **Figure 3** on the right. One third of adults said that their poor health hampered their activities for 14 days or more during the previous month.
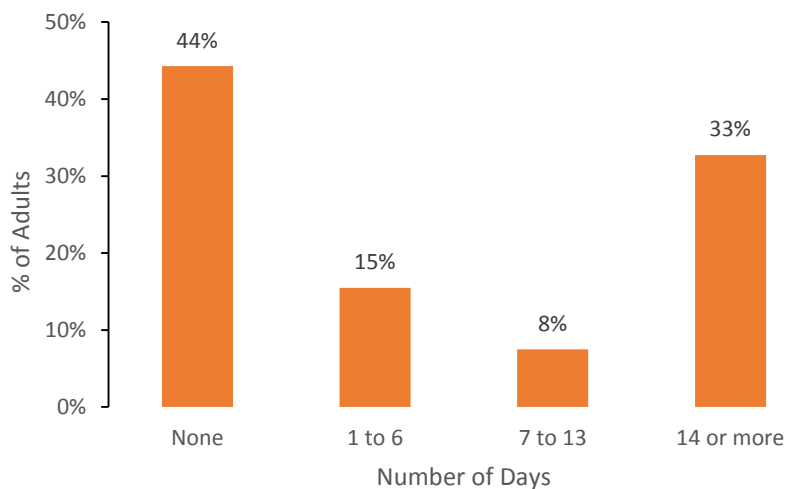
Disability

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." [11]

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?

Results are shown in **Table 6**.

One in five Connecticut adults said yes to one of the five questions and were subsequently classified as 'disabled' for the purposes of this report.

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

- Adults at least 55 years old (26.0%);

- Women (22.0%);

- Minority race/ethnicity groups (24.0% among Non-Hispanic Black adults and 29.0% among Hispanic adults);

- Residents living in households with annual incomes less than $35,000 (37.3%) and $35,000-$74,999 (16.8%); and

- Adults with no more than a high school education (29.7%), who had twice the risk of their counterparts with more than a high school degree (13.4%).

Table 6: Disability among Adults, Connecticut, 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**19.8**	**18.5**	**21.1**
Age			
18-34 years old	15.1	12.2	17.9
35-54 years old	16.9	14.8	19.0
55 years old and over	26.0	24.1	27.9
Gender			
Male	17.4	15.6	19.2
Female	22.0	20.2	23.9
Race/Ethnicity			
Non-Hispanic White	17.4	16.0	18.7
Non-Hispanic Black	24.0	19.4	28.6
Hispanic or Latino/a	29.0	24.3	33.6
Income			
Less than $35,000	37.3	34.2	40.3
$35,000-$74,999	16.8	14.3	19.3
$75,000 and more	7.6	6.2	8.9
Insurance Status			
Insured	19.5	18.2	20.8
Not Insured	23.6	18.0	29.2
Education			
High school graduate or less	29.7	27.1	32.2
More than HS education	13.4	12.1	14.7

Adult Weight Status

The BRFSS survey asked respondents to provide their height and weight without shoes. A body mass index (BMI) was 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 proportion 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.[12] 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.[13] Results are shown in **Table 7**.

Table 7: Adult Weight Status, CT 2014

Demographic Characteristics	Adult Overweight			Adult Obese		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	**34.1**	**32.6**	**35.7**	**26.3**	**24.9**	**27.7**
Age						
18-34 years old	26.9	23.3	30.4	18.6	15.7	21.5
35-54 years old	36.7	34.1	39.3	29.0	26.6	31.5
55 years old and over	37.3	35.3	39.3	29.3	27.4	31.3
Gender						
Male	40.2	37.9	42.4	26.5	24.5	28.5
Female	28.1	26.0	30.1	26.0	24.0	27.9
Race/Ethnicity						
Non-Hispanic White	33.7	31.9	35.4	25.1	23.6	26.7
Non-Hispanic Black	33.7	28.3	39.2	37.3	31.9	42.8
Hispanic or Latino/a	38.5	33.4	43.7	27.5	23.0	31.9
Income						
Less than $35,000	35.1	32.0	38.1	30.9	28.0	33.8
$35,000-$74,999	37.6	34.2	40.9	29.0	26.1	32.0
$75,000 and more	35.2	32.7	37.7	23.9	21.6	26.2
Health Insurance Status						
Insured	33.7	32.1	35.3	26.3	24.9	27.7
Not Insured	39.6	33.0	46.3	25.0	19.4	30.5
Disability						
Yes	30.1	26.7	33.6	41.6	38.0	45.2
No	35.2	33.5	37.0	22.6	21.1	24.1
Education						
High school graduate or less	34.2	31.5	36.9	29.7	27.1	32.2
More than HS education	34.1	32.3	35.9	24.0	22.4	25.6

In 2014, one in four Connecticut adults were obese, while more than one in three were overweight. **Figure 4** below shows the distribution of weight status among Connecticut adults by race/ethnicity.

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

- Older adults aged 35-54 (29.0%) and adults 55 and older (29.3%);

- Non-Hispanic Black adults, where more than one in three were obese;

- Residents with lower annual household incomes of $35,000-$74,999 and less than $35,000, where one in three were obese;

- Disabled adults, who had a lower risk of being overweight (30.1%) but a greater risk of being obese (41.6%);

- Adults with no more than a high school education (29.7%).

Figure 4: Adult Weight Status by Race/Ethnicity, CT 2014
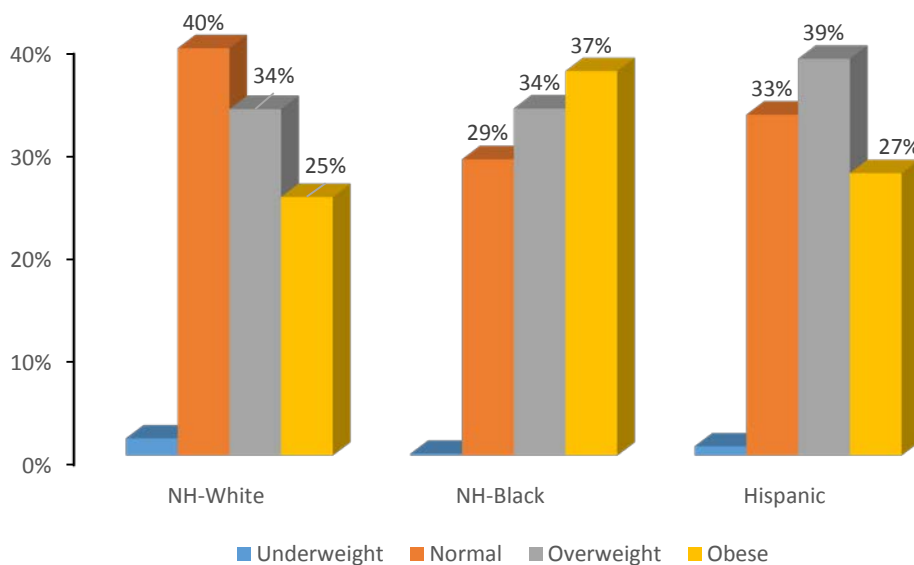
Child Weight Status

As part of a state-specific module in the BRFSS during 2014, a child was randomly selected in the household and the adult respondent was asked to provide the height and weight of that child. As with adults, BMI was calculated for these randomly selected children; however child weight status is calculated differently than that for adults.[14] 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.[15] Results are shown in **Table 8**.

<div align="center">

Table 8: Child Weight Status, CT 2014

Demographic Characteristics	Child Overweight			Child Obesity		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	**14.1**	**11.1**	**17.2**	**16.6**	**13.0**	**20.2**
Age						
2-4 years old	*	*	*	*	*	*
5-11 years old	*	*	*	*	*	*
12-17 years old and over	14.0	10.1	17.9	*	*	*
Child Gender						
Male	*	*	*	19.9	14.5	25.3
Female	*	*	*	*	*	*
Race/Ethnicity						
Non-Hispanic White	13.1	9.8	16.5	12.9	9.4	16.5
Non-Hispanic Black	*	*	*	*	*	*
Hispanic or Latino/a	*	*	*	*	*	*
Adult Proxy Income						
Less than $35,000	*	*	*	*	*	*
$35,000-$74,999	*	*	*	*	*	*
$75,000 and more	13.0	9.4	16.7	*	*	*
Adult Proxy Insurance						
Insured	14.1	10.9	17.2	16.6	12.9	20.3
Not Insured	*	*	*	*	*	*
Adult Proxy Education						
HS graduate or less	*	*	*	*	*	*
More than HS education	13.9	10.4	17.5	14.4	10.6	18.2

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

</div>

In 2014, 14.1% of children in Connecticut were overweight and 16.6% were obese. Statistical comparisons among demographics could not be conducted because the coefficient of variance for the majority of the cells was too high (15% or greater) and therefore the comparisons would not be valid.

Figure 5 shows the distribution of weight status among Connecticut children, a majority of whom (59%) had a healthy weight.

Figure 5: Child Weight Status, CT 2014
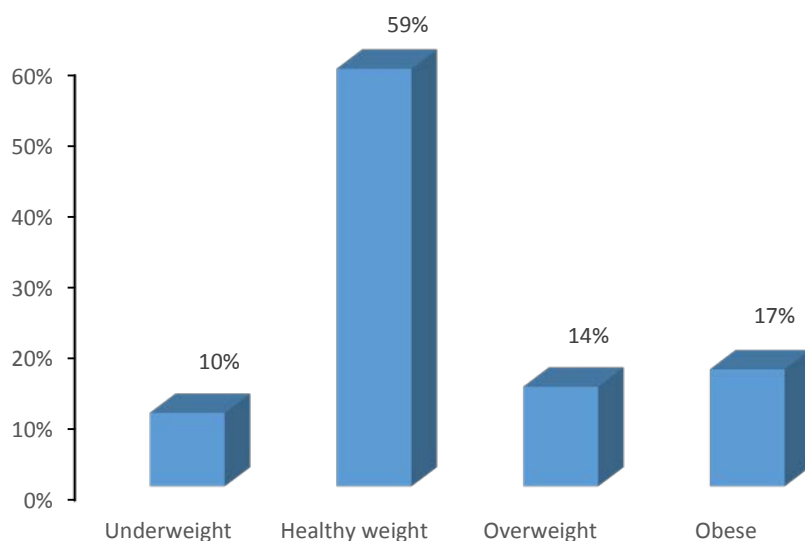
Limited Healthcare Coverage

People who have access to a personal health care provider or a regular health care setting have better health outcomes.[16] 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. In this report, "limited" healthcare coverage includes adults who do not have a primary care provider (PCP), 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. Results are shown in **Table 9**.

Table 9: Limited Health Care Coverage, CT 2014

Demographic Characteristics	No Primary Health Care Provider			No Health Care Access Due to Cost		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	15.8	14.6	17.0	11.3	10.3	12.3
Age						
18-34 years old	32.2	28.7	35.8	15.3	12.6	17.9
35-54 years old	14.7	12.8	16.5	12.8	11.0	14.6
55 years old and over	4.9	4.1	5.8	7.3	6.2	8.4
Gender						
Male	20.7	18.7	22.6	10.7	9.2	12.2
Female	11.3	9.8	12.8	11.9	10.4	13.3
Race/Ethnicity						
Non-Hispanic White	10.7	9.4	12.0	8.3	7.3	9.3
Non-Hispanic Black	20.0	15.6	24.4	11.9	8.5	15.4
Hispanic or Latino/a	37.9	33.2	42.6	25.8	21.5	30.1
Income						
Less than $35,000	24.6	21.9	27.4	18.9	16.4	21.3
$35,000-$74,999	12.3	9.9	14.8	10.0	7.9	12.1
$75,000 and more	8.9	7.3	10.5	5.7	4.4	7.0
Insurance Status						
Insured	11.6	10.5	12.7	8.2	7.3	9.1
Not Insured	58.1	52.0	64.3	45.0	38.8	51.2
Disability						
Yes	15.5	12.6	18.4	22.1	18.9	25.3
No	15.7	14.3	17.2	8.4	7.4	9.5
Education						
HS graduate or less	21.5	19.1	23.8	15.8	13.8	17.8
More than HS education	12.0	10.6	13.4	8.2	7.1	9.3

In 2014, one in six Connecticut adults reported not having a PCP, while one in ten could not get needed care in the previous year due to cost.

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

- Younger adults:
  - 18-34 years old, where 32.2% had no PCP and 15.3% failed to get needed medical care due to cost;
  - 35-54 years old, where 14.7% had no PCP and 12.8% did not get care due to the cost;

- Men, who had nearly twice the risk of having no personal doctor (20.7%);

- Minority race/ethnicity groups:

  - Non-Hispanic Black adults had twice the risk of having no PCP (20%), compared to Non-Hispanic White adults (10.7%);

  - Hispanic adults had more than three times the risk of having no PCP (37.9%), and a greater risk of failing to access care because of cost (25.8%), compared to Non-Hispanic White adults;

- Low income households earning less than $35,000 annually, where one in four had no PCP and one in five did not access needed care due to cost;

- Middle income households earning $35,000 to $74,999 annually, where 12.3% had no PCP and 10.0% did not get needed care because of cost;

- Residents without health insurance, who had five times the risk of having no PCP (58.1%) and more than five times the risk of not getting needed care because of cost (45.0%), compared to adults with health insurance;

- Disabled adults, who were at greater risk of not getting needed care because of cost (22%); and

- Adults with no more than a high school education, who had nearly twice the risk of not having a PCP (21.6%), and twice the risk of failing to get needed health care because of cost (16.1%), compared to adults with more than a high school education.

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.[17] Breastfeeding provides a host of health benefits for nursing mothers and babies, as 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.[18] An adult proxy was asked whether or not the selected child was ever breastfed. Results are shown in **Table 10**.

Nearly three out of every four children were breastfed in Connecticut. Compared to their counterparts in the state, the prevalence of ever being breastfed among children was significantly greater for:

- Children living in a household with earnings of at least $75,000 a year (78.7%); and

- Children with an adult proxy who had more than a high school education (78.9%).

Figure 6 below shows the length of the breastfeeding period. One in four children were not breastfed at all and one in six were breastfed for at least six months.

Table 10: Children ever breastfed, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**73.3**	**70.1**	**76.5**
Age			
0-4 years old	74.2	66.9	81.4
5-11 years old	75.7	70.6	80.9
12-17 years old and over	69.3	64.0	74.6
Child Gender			
Male	73.0	68.4	77.7
Female	73.7	69.4	78.0
Race/Ethnicity			
Non-Hispanic White	74.6	70.8	78.5
Non-Hispanic Black	67.6	57.4	77.8
Hispanic or Latino/a	72.0	64.4	79.7
Adult Proxy Income			
Less than $35,000	66.5	59.0	73.9
$35,000-$74,999	65.4	55.6	75.2
$75,000 and more	78.7	74.9	82.4
Adult Proxy Insurance			
Insured	73.4	70.1	76.7
Not Insured	71.5	58.8	84.2
Adult Proxy Education			
HS graduate or less	57.1	49.8	64.4
More than HS education	78.9	75.7	82.1

Figure 6: Length of Breastfeeding Period, CT 2014

- Not breastfed — 28%
- 6 months or less — 35%
- 7-12 months — 20%
- 13-60 months — 12%
- Unknown — 5%

Falls, Adults Over 45 Years Old

Each year, 1 in 3 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.[19]

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 11**.

One in four Connecticut adults aged 45 and older had a fall sometime in the past 12 months. For those who had fallen at least once, 38.4% suffered an injury.

Compared to their counterparts in the state, the risk of falling and/or being injured in a fall was significantly greater for:

- Women, where 28.2% reported a fall and 43.4% reported a fall-related injury;

- Residents with annual household incomes of $35,000 or less, (32.3%), where 41.6% reported a fall-related injury; and

- Disabled adults, who had more than twice the risk of a fall (45.1%) and were also at higher risk for becoming injured from a fall (47.5%).

Table 11: Experience with Falls, Adults 45 Years Old and Older, CT 2014

Demographic Characteristics	At least one fall in the past 12 months			Injured during fall		
	%	95% Confidence Interval		%	95% Confidence Interval	
Total	**26.1**	**24.5**	**27.6**	**38.4**	**34.9**	**41.8**
Age						
45-54 years old	24.2	21.3	27.1	40.2	33.2	47.1
55 years old and over	27.0	25.2	28.9	37.6	33.7	41.5
Gender						
Male	23.7	21.4	26.0	31.6	26.4	36.8
Female	28.2	26.0	30.3	43.4	38.9	47.9
Race/Ethnicity						
Non-Hispanic White	26.0	24.3	27.7	37.4	33.7	41.1
Non-Hispanic Black	22.8	16.6	29.1	*	*	*
Hispanic or Latino/a	30.3	23.9	36.7	*	*	*
Income						
Less than $35,000	32.3	28.8	35.8	41.6	35.0	48.2
$35,000-$74,999	23.9	20.9	27.0	36.6	29.7	43.5
$75,000 and more	22.2	19.8	24.7	36.1	29.9	42.3
Insurance Status						
Insured	26.3	24.7	28.0	38.1	34.6	41.6
Not Insured	*	*	*	*	*	*
Disability						
Yes	45.1	41.3	49.0	47.5	41.6	53.4
No	20.4	18.8	22.0	32.2	28.2	36.3
Education						
HS graduate or less	28.1	25.2	31.0	36.9	30.9	42.9
More than HS education	24.9	23.1	26.7	39.5	35.4	43.6

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

Family Health History Beliefs

A family health history is a written record of chronic diseases and health conditions that exist among a person's biological relatives. People with close family members that have certain diseases such as heart disease, diabetes, and cancer are more likely to develop those diseases themselves.[20] Sharing accurate information about family health history can assist healthcare providers in providing preventative care for their patients. The ultimate goal is to reduce risk through targeted practices that will improve health outcomes.

Adult residents were asked to rate how important it was to know their family health history. Results are presented in **Table 12**.

In 2014, three out of four Connecticut residents believed that knowing their family health history was *very important* to their health. An additional 19% believed that it was *somewhat important*.

The belief that knowledge of family health history was *very important* was significantly greater for:

- Adults 35-54 years old (83.5%);

- Women (84.5%); and

- Minority race and ethnicity groups (85.6% among Non-Hispanic Black adults and 86.4% among Hispanic adults when compared with Non-Hispanic White adults (76.6%).

Table 12: Importance of Family Health History in Adults, CT 2014

Knowledge of Family (Health) History	Somewhat Important			Very Important		
Demographic Characteristics	%	95 % Confidence Intervals		%	95% Confidence Intervals	
Total	**19.1**	**17.7**	**20.4**	**78.4**	**77.0**	**79.8**
Age						
18-34 years old	20.9	17.3	24.5	76.6	72.9	80.2
35-54 years old	14.7	12.8	16.7	83.5	81.4	85.5
55 years old & over	21.4	19.7	23.1	75.5	73.7	77.4
Gender						
Male	24.5	22.3	26.8	71.9	69.6	74.1
Female	14.0	12.5	15.5	84.5	82.9	86.0
Race/Ethnicity						
Non-Hispanic White	21.2	19.6	22.8	76.6	75.0	78.2
Non-Hispanic Black	*	*	*	85.6	81.7	89.4
Hispanic or Latino/a	*	*	*	86.4	82.7	90.2
Income						
Less than $35,000	16.3	14.0	18.7	79.7	77.1	82.3
$35,000-$74,999	20.2	17.1	23.3	77.7	74.6	80.8
$75,000 and more	19.0	16.8	21.2	79.8	77.5	82.0
Insurance Status						
Insured	19.4	17.9	20.8	78.5	77.0	79.9
Not Insured	15.3	10.9	19.8	78.1	72.8	83.3
Disability						
Yes	16.9	14.0	19.8	78.6	75.5	81.7
No	19.6	18.1	21.1	78.4	76.8	79.9
Education						
HS graduate or less	17.8	15.5	20.2	78.2	75.7	80.7
More than HS education	19.9	18.3	21.5	78.5	76.9	80.2

Family Health History Practices

Family health history is an important disease risk factor because family members share genes, environments, and behaviors that can influence their health and chances of developing diseases. Respondents were asked if they ever collected health information from their relatives for the purpose of developing their family health history. Results are shown in **Table 13**.

Although 78.4% of residents reported the *belief* that family health history is very important to their health, but only 52.0% reported that they *collected* family health history information.

Compared to their counterparts in the state, collecting health history information from their family members was significantly greater for:

- Adults 35-54 years old (61.0%);

- Females (60.8%);

- Non-Hispanic White adults (54.4%) compared to Hispanic adults (43.2%);

- Adults living in households earning at least $75,000 a year (60.4%)

- Insured adults (53.6%); and

- Adults with more than a high school education (58.5%).

Table 13: Collected Family Health History, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**52.0**	**50.3**	**53.7**
Age			
18-34 years old	49.5	45.1	53.8
35-54 years old	61.0	58.3	63.8
55 years old and over	46.1	44.0	48.2
Gender			
Male	42.5	40.1	45.0
Female	60.8	58.6	63.1
Race/Ethnicity			
Non-Hispanic White	54.4	52.5	56.3
Non-Hispanic Black	50.0	43.9	56.0
Hispanic or Latino/a	43.2	37.7	48.8
Income			
Less than $35,000	48.9	45.5	52.2
$35,000-$74,999	49.7	46.1	53.3
$75,000 and more	60.4	57.7	63.1
Insurance Status			
Insured	53.6	51.8	55.3
Not Insured	36.5	29.6	43.4
Disability			
Yes	49.0	45.2	52.8
No	52.8	50.9	54.7
Education			
HS graduate or less	41.6	38.6	44.6
More than HS education	58.5	56.5	60.5

Health Insurance Coverage

Health care, or 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.[21] They are less likely to get needed care and screenings, and have poorer health outcomes.[22] 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 who reported having no health care coverage, private insurance or Medicaid are broken down by demographic characteristics in **Table 14**. Residents who obtained coverage via Medicare, Tricare, Veterans Affairs (VA), military services, Indian Health Services, Tribal Health Services, or an unknown source were not included in the table.

Table 14: Health Insurance Coverage, Adults 18-64 Years Old, CT 2014

Demographics	No Insurance			Private Insurance			Medicaid		
	%	95% Confidence Limits		%	95% Confidence Limits		%	95% Confidence Limits	
Total	**10.6**	**9.5**	**11.6**	**66.9**	**65.4**	**68.4**	**10.7**	**9.6**	**11.7**
Age									
18-34 years old	16.8	14.3	19.2	55.7	52.4	59.0	14.0	11.7	16.3
35-54 years old	8.6	7.3	9.8	71.2	69.2	73.2	10.1	8.8	11.4
55-64	4.4	3.4	5.5	76.6	74.4	78.8	6.4	5.0	7.8
Gender									
Male	12.7	11.2	14.3	66.5	64.3	68.7	8.8	7.4	10.3
Female	8.4	7.0	9.8	67.4	65.3	69.5	12.5	11.0	14.0
Race/Ethnicity									
Non-Hispanic White	5.8	4.8	6.8	76.7	75.0	78.4	7.9	6.7	9.0
Non-Hispanic Black	*	*	*	55.8	50.6	60.9	16.3	12.6	19.9
Hispanic or Latino/a	17.7	14.5	20.9	34.7	30.5	38.8	17.7	14.5	20.9
Income									
Less than $35,000	22.2	19.4	25.0	27.6	24.7	30.4	27.5	24.7	30.3
$35,000-$74,999	7.9	6.0	9.8	76.8	73.8	79.8	*	*	*
$75,000 and more	*	*	*	91.6	90.1	93.1	*	*	*
Disability									
Yes	13.3	10.4	16.3	39.6	35.7	43.4	23.0	19.5	26.4
No	9.8	8.6	10.9	73.1	71.5	74.8	8.0	6.9	9.0
Education									
HS graduate or less	18.8	16.2	21.5	47.6	44.2	51.0	16.1	13.6	18.7
More than HS education	5.4	4.4	6.5	80.5	78.9	82.0	7.2	6.2	8.2
Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*									

Eighty-nine percent of Connecticut adults aged 18-64 years had some kind of health insurance coverage in 2014 (*data not shown*). Sixty-seven percent had private health insurance that they obtained via their employer or purchased on their own. Ten percent had health coverage through Medicaid. However, 10.3% had no health coverage at all.

Compared to their counterparts in the state, the risk of having **no health insurance coverage** was significantly greater for:

- Young adults, 18-34 years old (16.8%) and adults 35-54 years old (8.6%);

- Men (12.7%);

- Hispanic adults (17.7%), who had a risk three times greater compared with Non-Hispanic White adults (5.8%);

- Residents with an annual household income of less than $35,000 (22.2%), who had nearly three times the risk of those in households earning $35,000-$74,999 (7.9 %); and

- Adults with no more than a high school education (18.9%).

Compared to their counterparts in the state, the prevalence of adults with **private health insurance coverage** was significantly greater for:

- Older adults 35-54 years old (71.2%) and 55-64 years old (76.6%);

- Non-Hispanic White adults (76.7%), when compared to Non-Hispanic Black Adults (55.8%) and Hispanic adults (34.7%);

- Residents with an annual household income of $35,000-$74,999 (76.8%), who had more than twice the prevalence of those earning less than $35,000 (27.6%); and residents with a household income of at least $75,000 (91.6%) who had four times the prevalence of those earning less than $35,000;

- Adults without disabilities (73.1%); and

- Residents with more than a high school education (80.5%).

Compared to their counterparts in the state, the prevalence of adults who had **Medicaid coverage** was significantly greater for:

- Young adults, 18-34 years old (14.0%), and adults 35-54 years old (10.1%);

- Women (12.5%);

- Minority race/ethnicity groups (16.3% among Non-Hispanic Black adults and 17.7% among Hispanic adults), compared to Non-Hispanic Whites (7.9%);

- Adults with disabilities (23.0%), who had nearly three times the prevalence when compared to their non-disabled counterparts (8.0%); and

- Adults with no more than a high school education (16.5%).

2.   Risk Behavior Indicators

Adult Physical Activity

Regular physical exercise has been shown to prevent certain chronic diseases, just as a sedentary lifestyle is a risk factor for a variety of obesity, bone and joint diseases, depression, and chronic diseases.[23] Adults were asked to report whether they had participated in any physical activities or exercises such as running, calisthenics, golf, gardening or walking, other than for their job in the past 30 days. **Table 15** shows the prevalence of adults who did *not* engage in any leisure or recreational physical activity.

One in five Connecticut adults did not engage in any recreational physical activity outside of work in 2014.

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

- Ages 55 and older (26.2%);

- Minority race/ethnicity groups (26.2% among non-Hispanic Black adults and 30.1% among Hispanic adults);

- Residents with an annual household income less than $35,000, in which only one in three engaged in leisure-time physical activity ;

- Disabled adults, where more than half did not engage in recreational activity; and

- Residents with no more than a high school education (28.3%).

Table 15: No Leisure-Time Physical Activity, CT 2014

Demographic Characteristics	%	95% Confidence Interval	
Total	**20.6**	**19.3**	**21.9**
Age			
18-34 years old	15.2	12.1	18.2
35-54 years old	18.8	16.7	20.9
55 years old and over	26.2	24.4	28.1
Gender			
Male	17.9	16.1	19.6
Female	23.2	21.3	25.1
Race/Ethnicity			
Non-Hispanic White	18.1	16.6	19.5
Non-Hispanic Black	26.2	21.6	30.8
Hispanic or Latino/a	30.1	25.9	34.4
Income			
Less than $35,000	33.1	30.1	36.0
$35,000-$74,999	19.2	16.8	21.6
$75,000 and more	10.5	8.9	12.0
Insurance Status			
Insured	20.3	18.9	21.6
Not Insured	24.8	19.3	30.3
Disability			
Yes	59.4	55.9	62.8
No	15.4	14.1	16.7
Education			
HS graduate or less	28.5	26.1	30.9
More than HS education	15.6	14.1	17.1

Child Soda/Fast Food Consumption

Consumption of soda and other sugar-sweetened beverages (SSBs) is associated with obesity in children.[24] Children who eat at fast-food and full service restaurants eat more and have poorer diets compared to children who eat at home.[25]

Adult proxy respondents reported how many glasses, bottles, or cans of soda or other SSBs the randomly-selected child drank on an average day. They were 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 for children two years old and over are reported in **Table 16**.

Nearly twenty-five percent of Connecticut children drank at least one sugar-sweetened beverage (SSB) per day in 2014, while 27.4% ate fast food at least twice per week.

Compared to their counterparts in the state, the risk of drinking at least one SSB per day among children in Connecticut was significantly greater for:

- Children 12-17 years old (35.5%);

- Children living in lower income households (less than $35,000 annually (35.4%) and $35,000-$74,999) annually (31.2%); and

- Children living with an adult proxy who had no more than a high school education (37.5%).

The risk was similar when looking at fast food consumption. Compared to their counterparts, children 12-17 years old (36.2%) and children living with an adult proxy who had no more than a high school education (35.9%) were at significantly higher risk for eating fast food at least twice per week.

Table 16: Child Soda and Fast Food Consumption, CT 2014

Demographic Characteristics	Drank SSB at Least Once per Day			Ate Fast Food Two or More Times per Week		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	**24.8**	**21.6**	**28.1**	**27.4**	**23.8**	**31.0**
Age						
2-4 years old	*	*	*	*	*	*
5-11 years old	22.2	17.3	27.2	23.6	18.7	28.5
12-17 years old and over	35.5	30.0	41.0	36.2	30.7	41.7
Gender						
Male	25.4	20.8	30.1	28.5	23.5	33.5
Female	24.2	19.6	28.8	26.2	21.1	31.4
Race/Ethnicity						
Non-Hispanic White	21.1	17.5	24.8	24.6	20.7	28.5
Non-Hispanic Black	*	*	*	*	*	*
Hispanic or Latino/a	*	*	*	*	*	*
Adult Proxy Income						
Less than $35,000	35.4	27.3	43.4	29.5	22.1	36.9
$35,000-$74,999	31.2	22.0	40.3	*	*	*
$75,000 and more	18.3	14.4	22.3	26.7	21.6	31.8
Adult Proxy Insurance						
HS graduate or less	37.5	30.3	44.8	35.9	28.4	43.3
More than HS	20.4	16.9	23.9	24.4	20.3	28.5
Adult Proxy Education						
HS graduate or less	37.5	30.3	44.8	35.9	28.4	43.3
More than HS	20.4	16.9	23.9	24.4	20.3	28.5

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

Child Screen Time

The American Academy of Pediatrics recommends that children aged two and older be exposed to no more than two hours of screen time per day. U.S. children age 8-18 years are exposed to more than five hours of entertainment screen time on average, per day.[26] 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.[27]

The BRFSS survey asked the adult proxy respondent how much time the selected child spent watching programs, movies, videos or playing video games on television. A subsequent question asked 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 are reported in **Table 17**.

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

- Older children aged 12-17 (59.9%); and

- Children living in lower income households: (less than $35,000; 52.2%, and $35,000-$74,999; 62.3%).

In 2014, 44% of Connecticut children had more than two hours of screen time daily **Figure 6** (see next page).

Table 17: Excessive Child Screen Time, CT 2014

Demographic Characteristics	%	95% Confidence Interval	
Total	**44.3**	**40.4**	**48.3**
Age			
2-4 years old	*	*	*
5-11 years old	36.7	30.6	42.9
12-17 years old and over	59.9	54.5	65.3
Gender			
Male	47.0	41.4	52.5
Female	41.6	36.0	47.2
Race/Ethnicity			
Non-Hispanic White	40.2	35.7	44.6
Non-Hispanic Black	64.9	52.8	76.9
Hispanic or Latino/a	43.8	34.2	53.4
Adult Proxy Income			
Less than $35,000	52.2	43.7	60.6
$35,000-$74,999	62.3	52.6	71.9
$75,000 and more	36.7	31.5	41.9
Adult Proxy Insurance			
Insured	44.5	40.4	48.7
Not Insured	*	*	*
Adult Proxy Education			
HS graduate or less	51.0	43.4	58.7
More than HS education	41.9	37.3	46.6

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

The amount of excess screen time is presented in **Figure 6**. Television time vs. computer/tablet/handheld device time is broken down in **Figure 7**.

Figure 6: Combined Screen Time per Day, CT 2014

Combined Excess Screen Time, 44%

- 0-2 hours: 56%
- 3-4 hours: 26%
- 5-6 hours: 10%
- 7+ hours: 8%
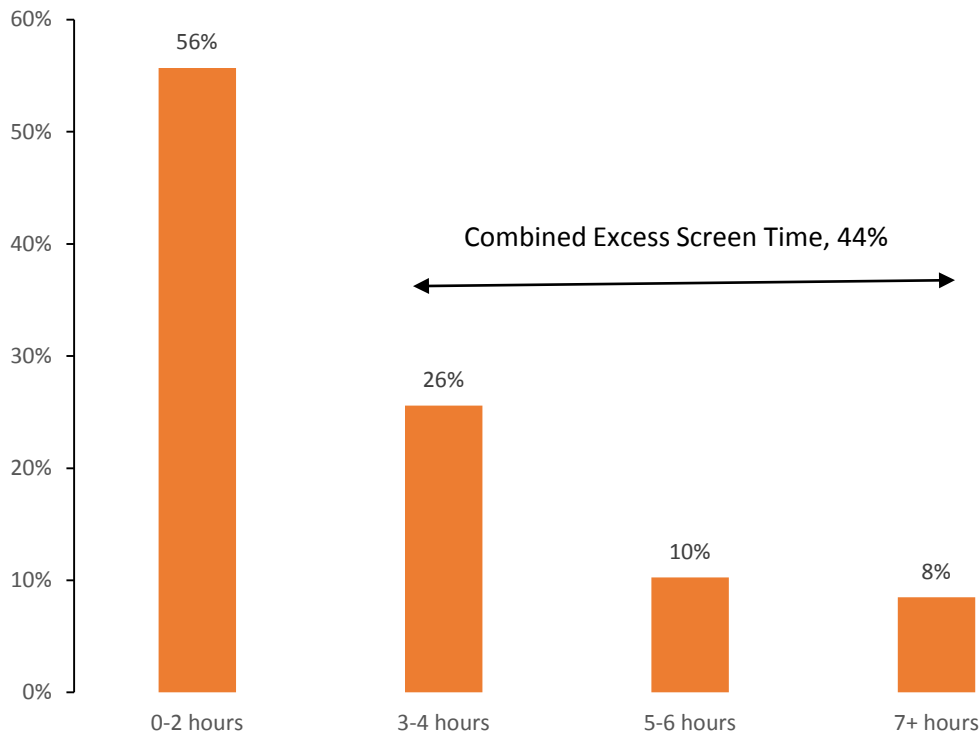
Figure 7: Excess Screen Time (> 2 hours/daily) by Type of Screen, CT 2014

Computer or tablet or handheld device (21.0%)

TV (14.6%)

Both 44%
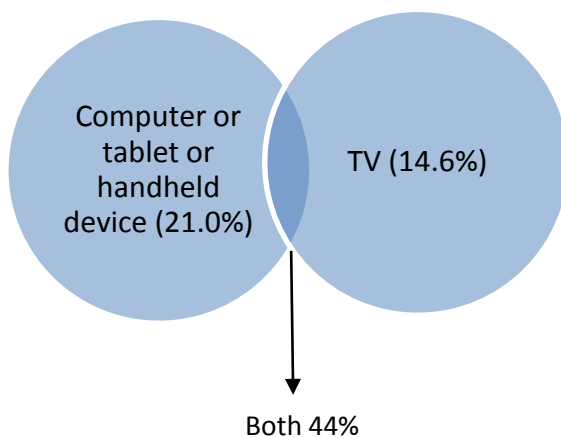
Motor Vehicle Safety

Seat belt use is the most effective way to reduce the number of injuries and deaths in motor vehicle crashes.[28] 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**

In 2014, 89.2% of Connecticut adults reported using a seatbelt all of the time and an additional seven percent used seatbelts *nearly* all of the time as shown in **Figure 8**.

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

- Adults 55 years and older (92.4%), and 34-54 years old (89.6%), compared to young adults (84.1%);

- Women (92.1%);

- Non-Hispanic White adults (89.4%) and Hispanic adults (91.1%), compared with Non-Hispanic Black adults (83.1%);

- Residents in the highest income group earning at least $75,000 annually (91.4%), compared with the lowest income group earning less than $35,000 (87.3%); and

- Adults with more than a high school education (90.8%).

In a subsequent question, 3.1% of adults had been drinking and driving in the past month *(data not shown)*. None of the demographic subgroups were reportable due to high coefficients of variation.

Table 18: Seatbelt Use, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**89.2**	**88.1**	**90.3**
Age			
18-34 years old	84.1	81.0	87.2
35-54 years old	89.6	87.9	91.2
55 years old and over	92.4	91.3	93.5
Gender			
Male	86.1	84.4	87.8
Female	92.1	90.7	93.6
Race/Ethnicity			
Non-Hispanic White	89.4	88.1	90.7
Non-Hispanic Black	83.1	78.8	87.4
Hispanic or Latino/a	91.1	88.1	94.1
Income			
Less than $35,000	87.3	85.2	89.4
$35,000-$74,999	87.4	84.8	90.1
$75,000 and more	91.4	89.7	93.0
Insurance Status			
Insured	89.9	88.8	91.0
Not Insured	81.1	75.3	86.9
Disability			
Yes	87.3	84.7	89.9
No	89.7	88.4	90.9
Education			
HS graduate or less	86.7	84.6	88.7
More than HS education	90.8	89.5	92.1

Figure 8: How Often Adults Wore a Seatbelt, CT 2014
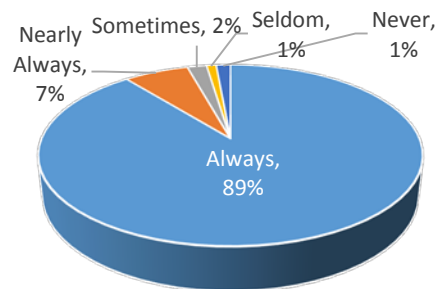
Cigarette Smoking

According to the Surgeon General, smoking is the number one preventable cause of death in the U.S.[29] 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 six Connecticut adults in 2014 (15.4%) smoked cigarettes "every day" or "some days."

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

- Adults 18-34 years old (19.3%) and 35-54 years old (18.5%);

- Males (17.5%);

- Hispanic adults (20.6%), compared to non-Hispanic White adults (14.1%);

- Adults living in households with annual incomes of $35,000-$74,999 (16.2%), and less than $35,000 (24.1%);

- Uninsured adults (26.9%);

- Disabled individuals, among whom one in four were smokers (25.6%) and;

- Adults with no more than a high school education (22.5%).

Twenty-eight percent of Connecticut adults were former smokers **Figure 9**.

Table 19: Cigarette Smoking, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	15.4	14.2	16.6
Age			
18-34 years old	19.3	16.2	22.3
35-54 years old	18.5	16.3	20.7
55 years old and over	10.1	8.8	11.5
Gender			
Male	17.5	15.5	19.4
Female	13.5	11.9	15.0
Race/Ethnicity			
Non-Hispanic White	14.1	12.7	15.5
Non-Hispanic Black	18.5	14.0	22.9
Hispanic or Latino/a	20.6	16.4	24.8
Income			
Less than $35,000	24.1	21.4	26.9
$35,000-$74,999	16.2	13.4	18.9
$75,000 and more	9.4	7.6	11.1
Insurance Status			
Insured	14.4	13.1	15.6
Not Insured	26.9	21.3	32.4
Disability			
Yes	25.6	22.4	28.8
No	12.9	11.6	14.2
Education			
HS graduate or less	22.5	20.0	24.9
More than HS education	10.9	9.7	12.1

Figure 9: Smoking Status of Adults, CT, 2014

Smokes every day, 10%; Smokes some days, 5%; Never smoked, 57%; Former smoker, 28%

Hookah, E-cigarette and Smokeless Tobacco Use

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.[30] The health effects of non-cigarette tobacco 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 snus and hookahs are well-established, and preliminary studies on e-cigarettes identify harmful effects as well.[30, 31,32]

The BRFSS survey asked respondents to report their use of three 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. **Snus** was described to respondents as a moist, smokeless tobacco that is usually sold in individual or pre-packaged pouches. These are placed under the lip against the gum. The use of these alternative tobacco products among Connecticut adults is shown in **Table 20**.

Table 20: Use of Alternative Tobacco Products, CT 2014

Demographic Characteristics	Ever Tried E-Cigarettes			Ever Tried Smoking Hookah			Ever Tried Snus		
	%	95% Confidence Interval		%	95% Confidence Interval		%	95% Confidence Interval	
Total	**15.3**	**13.9**	**16.6**	**12.1**	**10.8**	**13.3**	**5.6**	**4.7**	**6.4**
Age									
18-34 years old	29.7	25.7	33.7	30.8	26.9	34.7	9.7	7.2	12.2
35-54 years old	14.2	12.2	16.2	7.5	6.1	9.0	5.6	4.4	6.7
55 years old and over	6.6	5.4	7.7	3.3	2.6	4.0	*	*	*
Gender									
Male	18.7	16.5	21.0	15.3	13.4	17.3	10.4	8.8	12.0
Female	12.0	10.3	13.7	9.0	7.4	10.6	*	*	*
Race/Ethnicity									
Non-Hispanic White	14.8	13.3	16.4	11.3	9.9	12.6	6.7	5.6	7.8
Non-Hispanic Black	*	*	*	*	*	*	*	*	*
Hispanic or Latino/a	18.5	13.8	23.3	13.9	10.1	17.6	*	*	*
Income									
Less than $35,000	20.4	17.5	23.3	10.5	8.4	12.5	*	*	*
$35,000-$74,999	14.9	11.9	17.9	10.5	8.2	12.8	*	*	*
$75,000 and more	11.7	9.7	13.7	14.0	11.7	16.3	6.0	4.6	7.4

Table 20: Use of Alternative Tobacco Products, CT 2014, *continued*

Demographic Characteristics	Ever Tried E-Cigarettes			Ever Tried Smoking Hookah			Ever Tried Snus		
	%	95% Confidence Interval		%	95% Confidence Interval		%	95% Confidence Interval	
Insurance Status									
Insured	14.2	12.8	15.6	11.5	10.2	12.8	5.6	4.7	6.5
Not Insured	25.0	18.6	31.4	*	*	*	*	*	*
Disability									
Yes	22.2	18.7	25.6	10.1	7.3	12.8	*	*	*
No	13.5	12.0	15.0	12.6	11.2	14.0	5.4	4.4	6.3
Education									
HS graduate or less	19.9	17.2	22.6	10.7	8.5	12.9	6.3	4.6	8.0
More than HS	12.2	10.8	13.7	12.8	11.3	14.3	5.1	4.2	6.0
Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*									

In 2014, 15.3% of Connecticut adults had tried e-cigarettes, 12.1% had tried smoking hookah, and 5.6% had tried snus.

Compared to their counterparts in the state, the risk of trying **e-cigarettes** was significantly greater for:

- Young adults 18-34 years old (29.7%);
- Men (18.7%);
- Residents of low-income households earning less than $35,000 a year (20.4%);
- Adults without health insurance, among whom one in four adults tried e-cigarettes;
- Disabled adults (22.2%); and
- Adults with no more than a high school education (19.9%).

Young adults aged 18-34 were also at significantly greater risk of trying **hookah** (30.8%) and **snus** (9.7%). Sixteen percent of adults who had never smoked cigarettes reported trying at least one of these alternative tobacco products **Figure 10**.

Figure 10:   Adults Who Ever Tried Alternative Tobacco Products by Smoking (cigarette) Status, CT 2014
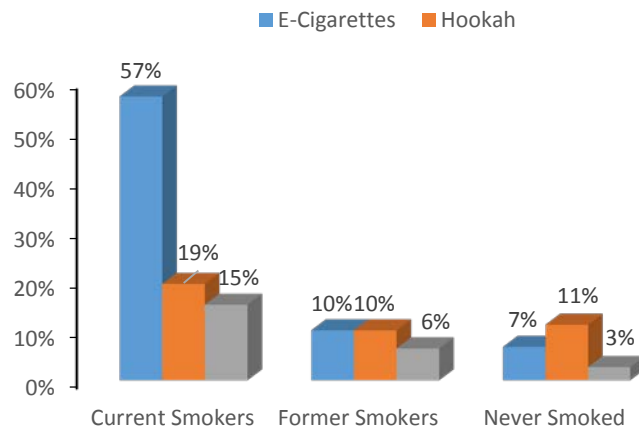
Alcohol Consumption

Excessive alcohol consumption, such as binge drinking and heavy drinking, is associated with numerous health problems, including chronic diseases, unintentional injuries, neurological impairments, and social problems.[33] 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 means consuming more than five drinks during one occasion. For women, it's more than four drinks.[34] 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.[35] 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.[36]

The BRFSS questionnaire asked respondents to report the number of days they had 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 who engaged in binge drinking and heavy drinking over the previous 30 days is shown in **Table 21**.

Table 21: Excess Alcohol Consumption, CT 2014

Demographic Characteristics	Binge Drinking			Heavy Drinking		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	**15.9**	**14.6**	**17.2**	**5.7**	**4.9**	**6.4**
Age						
18-34 years old	28.3	24.7	31.9	*	*	*
35-54 years old	16.5	14.5	18.4	5.7	4.5	6.9
55 years old and over	6.9	5.8	8.0	5.3	4.3	6.3
Gender						
Male	20.8	18.8	22.9	4.8	3.8	5.7
Female	11.3	9.8	12.9	6.5	5.3	7.6
Race/Ethnicity						
Non-Hispanic White	16.3	14.8	17.7	6.6	5.7	7.6
Non-Hispanic Black	*	*	*	*	*	*
Hispanic or Latino/a	17.0	12.9	21.0	*	*	*
Income						
Less than $35,000	12.3	10.2	14.4	*	*	*
$35,000-$74,999	15.7	13.2	18.2	6.2	4.6	7.7
$75,000 and more	20.8	18.4	23.3	7.8	6.3	9.4

Table 20: Excess Alcohol Consumption by Demographics, CT 2014, *continued*

| Demographic Characteristics	Binge Drinking			Heavy Drinking		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Insurance Status						
Insured	15.7	14.4	17.0	5.7	4.9	6.5
Not Insured	17.5	12.8	22.2	6.1	5.2	7.0
Disability						
Yes	12.8	10.2	15.4	3.7	2.5	5.0
No	16.7	15.3	18.2	6.1	5.2	7.0
Education						
HS graduate or less	14.8	12.7	17.0	4.4	3.3	5.6
More than HS	16.7	15.1	18.3	6.5	5.5	7.5
Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*						

Approximately one in six Connecticut adults engaged in binge drinking in 2014, while five percent engaged in heavy drinking. Four percent engaged in both binge drinking and heavy drinking as shown in **Figure 11**.

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

- Young adults 18-34 years old (28.3%), and adults 35-54 years old (16.5%);

- Men (20.8%);

- Residents with household incomes of $75,000 or greater (20.8%); and

- Non-disabled adults (16.7%).
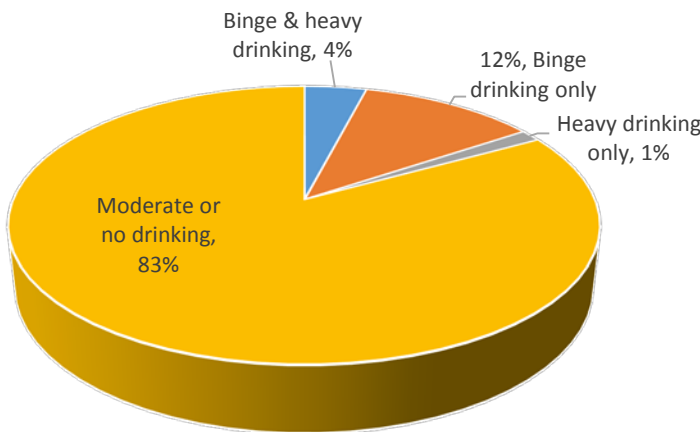
Figure 11: Alcohol Risk Behaviors in the Population, CT 2014

3.   Clinical Preventive Practices

Routine Check-up in Past Year

The CDC stresses the importance of routine check-ups for disease prevention and screening.[37] Respondents were asked how long it had been since they last visited a doctor for a routine check-up. The prevalence of adults who had a check-up in the previous year is shown in **Table 22.**

In 2014, seventy-two percent of Connecticut adults had a check-up the previous year. Fourteen percent had a check-up within the last two years as shown in **Figure 12**.

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 (68.4%);

- Adults 55 years old and older (82.6%);

- Females 75.6%;

- Non-Hispanic Black (81.5%) and White (72.6%) adults, when compared with Hispanic adults (61.3%); and

- Adults with health insurance (75.1%), who had almost twice the prevalence compared to adults who did not have insurance (39.3%).

Table 22: Routine Check-ups, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**72.0**	**70.5**	**73.4**
Age			
18-34 years old	61.3	57.5	65.1
35-54 years old	68.4	66.0	70.9
55 years old and over	82.6	81.1	84.1
Gender			
Male	68.0	65.8	70.2
Female	75.6	73.7	77.6
Race/Ethnicity			
Non-Hispanic White	72.6	71.0	74.3
Non-Hispanic Black	81.5	76.8	86.3
Hispanic or Latino/a	61.3	56.5	66.2
Income			
Less than $35,000	71.1	68.2	73.9
$35,000-$74,999	74.2	71.2	77.2
$75,000 and more	70.5	68.0	73.1
Insurance Status			
Insured	75.1	73.6	76.5
Not Insured	39.3	33.2	45.4
Disability			
Yes	73.4	70.0	76.8
No	71.2	69.5	72.9
Education			
HS graduate or less	71.2	68.7	73.8
More than HS education	72.4	70.6	74.2

Figure 12: Time Since Last Routine Check-up, CT

- Less than one year ago
- Two years ago
- 3-5 years ago
- 5 or more years ago
- Never

7% 5% 1%
14%
72%

Cervical Cancer Screening

The main cause of cervical cancer is the human papillomavirus (HPV), a common sexually-transmitted virus.[38] 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.[39] The most current screening guidelines set by the U.S. Preventative Services Task Force (USPSTF) in 2012 recommended that women aged 21 to 65 get a Pap smear every three years.[40]

Female respondents 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 23**.

In 2014, ninety-five percent of women 21 years old and older in Connecticut had gotten at least one Pap test. Eighty-three percent had at least one Pap test in the last three years.

Compared to their counterparts in the state, the prevalence of having an appropriately timed Pap test was greater for:

- Women 21-34 years old (85.8%), and 35-54 years old (90.6%) ;

- Women living in households with an annual income of at least $75,000 (90.6%);

- Women without a disability (85.5%); and

- Women with more than a high school education (85.2%).

Table 23: Cancer Screening, Women 21 Years Old and Older, CT 2014

Demographic Characteristics	Age 21+ Ever Had a Pap Test			Age 21+ Had Pap Test in Last Three Years		
	%	Confidence Intervals		%	Confidence Intervals	
Total	**95.6**	**94.6**	**96.7**	**83.0**	**81.2**	**84.8**
Age						
21-34 years old	90.1	86.3	93.9	85.8	81.3	90.2
35-54 years old	98.0	97.0	99.0	90.6	88.4	92.8
55 years old and over	96.4	95.4	97.5	72.3	69.3	75.2
Race/Ethnicity						
Non-Hispanic White	96.9	95.8	98.0	82.6	80.5	84.7
Non-Hispanic Black	92.1	88.3	95.9	86.6	81.0	92.2
Hispanic or Latino/a	93.6	90.3	96.9	84.8	79.7	89.9
Income						
Less than $35,000	94.5	92.7	96.4	80.0	76.6	83.5
$35,000-$74,999	97.8	96.7	98.9	82.3	78.7	86.0
$75,000 and more	97.6	95.9	99.3	90.6	88.2	93.1
Insurance Status						
Insured	96.1	95.1	97.1	83.5	81.7	85.3
Not Insured	89.1	83.2	95.1	76.9	68.7	85.2
Disability						
Yes	95.7	93.9	97.5	73.0	68.1	77.9
No	95.6	94.4	96.8	85.5	83.6	87.4
Education						
HS graduate or less	95.4	94.0	96.9	78.6	75.2	82.0
More than a HS education	95.7	94.4	97.1	85.2	83.1	87.3

Breast Cancer Screening for Women 40 and Over

Breast cancer is the second leading cause of death from cancer in women.[41] 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 easier to treat. Regular mammograms can lower the risk of dying from breast cancer.[42] The most recent guidelines put out by the American Cancer Society (ACS) in 2015 recommends that all women with an average risk of breast cancer begin regular mammography screenings at age 45, with the opportunity to begin screening at age 40.[43] ACS no longer recommends routine clinical breast exams for women with an average risk of breast cancer. 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. Women were also asked if they had ever had a clinical breast exam (CBE), and when the last one occurred. Results are below in **Table 24**.

Table 24: Breast Cancer Screening in the Past Two Years, Women 40 Years Old and Older, CT 2014

Demographic Characteristics	40+ Had Mammogram			40+ Had Clinical Breast Exam and Mammogram		
	%	95% Confidence Interval		%	95% Confidence Interval	
Total	**80.0**	**78.2**	**81.8**	**72.9**	**70.9**	**75.0**
Age						
40-54 years old	78.6	75.3	81.9	74.4	70.9	77.9
55 years old and over	81.0	79.0	83.1	71.8	69.3	74.3
Race/Ethnicity						
Non-Hispanic White	80.5	78.6	82.5	73.9	71.7	76.1
Non-Hispanic Black	81.9	75.8	87.9	73.0	65.8	80.2
Hispanic or Latino/a	77.0	68.9	85.0	66.8	58.1	75.5
Income						
Less than $35,000	75.0	71.2	78.9	63.1	58.8	67.5
$35,000-$74,999	80.9	77.1	84.8	74.7	70.5	78.9
$75,000 and more	84.7	81.8	87.5	81.5	78.4	84.5
Insurance Status						
Insured	80.9	79.1	82.8	73.8	71.7	75.9
Not Insured	58.4	45.8	71.0	52.3	39.4	65.2
Disability						
Yes	73.6	69.4	77.8	64.4	59.8	69.0
No	82.1	80.1	84.1	75.7	73.4	78.0
Education						
HS graduate or less	79.0	75.8	82.2	69.4	65.6	73.1
More than HS education	80.6	78.4	82.8	75.0	72.6	77.4

In 2014, eighty percent of Connecticut women aged 40 and older had a mammogram in the past two years. Seventy-three percent had the combination of mammogram and clinical breast exam, which was the recommendation at the time. Nine percent of women had only a mammogram in the past two years and an additional nine percent had only a breast exam in the past two years as shown in **Figure 13**.

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

- Women with health insurance coverage (80.9%), compared with women who did not have health insurance (58.4%); and

- Women without a disability (82.1%).

Compared to their counterparts in the state, the prevalence of **having both a mammogram and a clinical breast exam** was significantly greater for:

- Women living in households earning $35,000-74,999 annually (74.7%), and women in households earning at least $75,000 (81.5%);

- Insured women (73.8%), when compared with uninsured women (52.3%);

- Women without a disability (75.7%) when compared with women who had a disability (64.4%); and

- Women who had more than a high school education (75.0%).

Figure 13: Breast Cancer Screening Types, CT 2014

Mammogram Only (9.0%)

Clinical Breast Exam Only (9.3%)

Both 72.9%
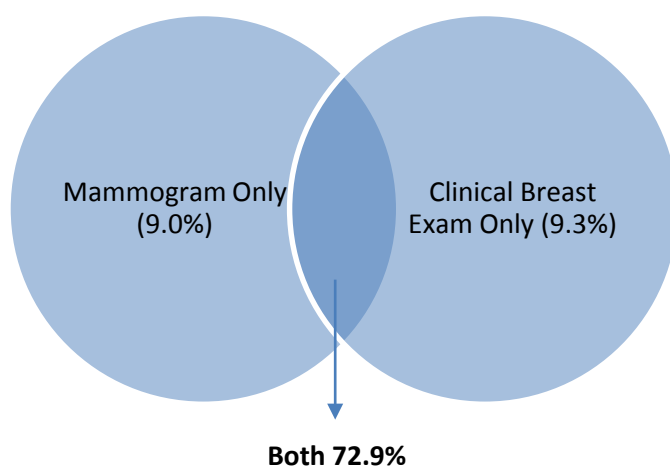
Prostate Cancer Screening

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.[44] 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.[45]

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 ever had a PSA test, when it happened, and their main reason for having it. Results are shown in **Table 25**.

Table 25: Prostate Cancer Screening, CT 2014

Demographic Characteristics	Ever Discussed PSA Test With HCP, Men 40+			Had PSA Test in Past Two Years		
	%	95% Confidence Interval		%	95% Confidence Interval	
Total	**57.8**	**55.2**	**60.5**	**42.8**	**40.2**	**45.4**
Age						
40-54 years old	43.1	38.7	47.5	25.6	21.6	29.7
55 years old and over	69.5	66.4	72.6	56.6	53.3	59.8
Race/Ethnicity						
Non-Hispanic White	60.6	57.7	63.4	45.9	43.0	48.8
Non-Hispanic Black	52.2	41.2	63.2	*	*	*
Hispanic or Latino/a	44.7	34.0	55.4	*	*	*
Income						
Less than $35,000	49.1	43.3	55.0	35.4	29.7	41.0
$35,000-$74,999	55.4	49.9	60.9	42.1	36.7	47.4
$75,000 and more	63.2	59.2	67.2	47.2	43.1	51.3
Insurance Status						
Insured	59.6	56.9	62.3	44.6	41.9	47.3
Not Insured	*	*	*	*	*	*
Disability						
Yes	51.3	45.0	57.5	40.0	33.8	46.1
No	59.4	56.5	62.3	43.5	40.5	46.4
Education						
HS graduate or less	45.6	41.0	50.3	31.5	27.0	36.1
More than a HS education	65.5	62.4	68.6	49.9	46.7	53.2

Estimates marked with a "" are not reported because their coefficients of variation at least 15% (see page 13).*

In 2014, fifty-seven percent of men forty years old and older in Connecticut had ever discussed PSA testing with a healthcare provider. Forty-two percent had a PSA test in the past two years. Most men had a PSA test as a part of a routine exam as shown in **Figure 14**.

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 (69.5%);

- Men who did not have a disability (59.4%); and

- Men with more than a high school education (65.5%), compared with men who had no more than a high school education (45.6%).

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 (56.6%); and

- Men who had more than a high school education (49.9%), compared with men who had no more than a high school education (31.5%).

Figure 14: Main Reason for Having PSA Test, CT 2014
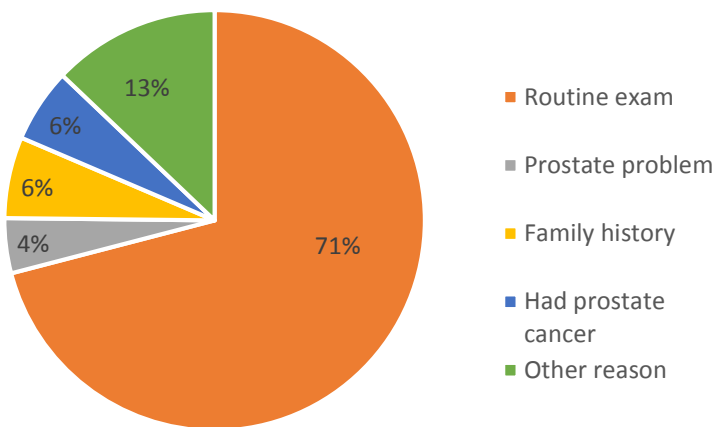
Colorectal Cancer Screening

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 and colonoscopy offer a clear benefit for adults 50 to 75 years old.[46] 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.[47] Respondents 50 years old and older were asked if they had ever had a blood stool test using a home kit, and whether they had ever had a sigmoidoscopy or colonoscopy. Results are shown in **Table 26**.

Fifteen percent of adults over 50 years of age in Connecticut had an FOB test sometime in the previous two years. Seventy-six percent of adults over the age of 50 had ever had a sigmoidoscopy or a colonoscopy.

Table 26: Colorectal Cancer Screening, Adults 50 Years Old and Over, CT 2014

Demographic Characteristics	Age 50+ Had Blood Stool Test in Past Two Years			Age 50+ Ever Had Sigmoidoscopy or Colonoscopy		
	%	95% Confidence Interval		%	95% Confidence Interval	
Total	**15.5**	**14.1**	**16.9**	**76.1**	**74.5**	**77.8**
Age						
50-54 years old	10.2	7.4	13.1	57.9	53.4	62.5
55 years old and over	17.0	15.4	18.6	81.2	79.6	82.9
Gender						
Male	15.5	13.3	17.6	74.3	71.7	76.9
Female	15.5	13.8	17.3	77.7	75.5	79.8
Race/Ethnicity						
Non-Hispanic White	15.8	14.2	17.3	77.7	75.9	79.5
Non-Hispanic Black	*	*	*	71.3	64.2	78.4
Hispanic or Latino/a	*	*	*	68.4	60.8	76.1
Income						
Less than $35,000	15.8	12.8	18.7	68.8	65.2	72.3
$35,000-$74,999	13.9	11.4	16.3	77.3	73.9	80.7
$75,000 and more	15.5	13.1	17.8	80.8	78.2	83.4
Insurance Status						
Insured	15.8	14.3	17.2	77.2	75.6	78.9
Not Insured	*	*	*	47.9	37.0	58.7

Table 26: Colorectal Cancer Screening, CT 2014, *continued*

Demographic Characteristics	Age 50+ Had Blood Stool Test in Past Two Years			Age 50+ Ever Had Sigmoidoscopy or Colonoscopy		
	%	95% Confidence Interval		%	95% Confidence Interval	
Disability						
Yes	17.7	14.5	21.0	72.7	69.2	76.3
No	14.9	13.3	16.4	77.2	75.3	79.1
Education						
HS graduate or less	14.8	12.3	17.2	69.1	65.9	72.3
More than a HS education	15.9	14.3	17.6	80.4	78.6	82.3
Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*						

Compared with their counterparts in the state, the prevalence of having an **FOB test** was significantly greater for adults 55 years old and older (17.0%).

Compared with their counterparts in the state, the prevalence of having a **sigmoidoscopy or colonoscopy** was significantly greater for:

- Older adults 55 years old and older (81.2%);

- Non-Hispanic White adults (77.7%) when compared with Hispanic adults (68.4%);

- Residents in households earning $35,000-74,999 annually (77.3%) and at least $75,000 annually (80.8%), when compared with those in households earning less than $35,000 a year (68.8%);

- Adults that had health insurance coverage (77.2%), who had a 30% greater prevalence than adults who did not have health insurance coverage (47.9%); and

- Adults with more than a high school education (80.4%).

Adult Oral Health

Water fluoridation has greatly contributed to the decline of dental caries over the past 70 years and has been named one of the top ten great public health achievements of the 20th century.[48] Regular dental visits contribute to good oral health. 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 been told they had bone loss around their teeth. Results are shown in **Table 27**.

Table 27: Adult Oral Health, CT 2014

Demographic Characteristics	Visited Dentist in Past Year			Had Any Permanent Teeth Extracted			Bone Loss Around Teeth		
	%	95% Confidence Interval		%	95% Confidence Interval		%	95% Confidence Interval	
Total	**74.9**	**73.5**	**76.3**	**43.2**	**41.6**	**44.7**	**12.9**	**12.0**	**13.9**
Age									
18-34 years old	71.7	68.3	75.1	20.9	17.8	24.0	*	*	*
35-54 years old	75.4	73.1	77.7	38.6	36.0	41.1	12.3	10.5	14.1
55 years old and over	76.7	74.9	78.5	64.3	62.4	66.2	20.8	19.2	22.4
Gender									
Male	72.0	69.9	74.1	42.4	40.1	44.7	11.5	10.1	12.8
Female	77.6	75.8	79.4	43.9	41.7	46.0	14.3	12.9	15.6
Race/Ethnicity									
Non-Hispanic White	78.9	77.4	80.4	40.3	38.5	42.0	13.6	12.5	14.7
Non-Hispanic Black	64.2	59.0	69.4	55.8	50.3	61.4	*	*	*
Hispanic or Latino/a	64.9	60.2	69.6	52.8	48.0	57.7	*	*	*
Income									
Less than $35,000	63.1	60.1	66.1	58.5	55.3	61.6	14.5	12.5	16.6
$35,000-$74,999	74.5	71.5	77.4	47.5	44.1	50.8	15.5	13.2	17.7
$75,000 and more	86.2	84.2	88.2	30.2	27.8	32.5	10.7	9.3	12.2
Insurance Status									
Insured	77.6	76.3	79.0	42.4	40.8	44.0	13.4	12.4	14.4
Not Insured	46.4	40.1	52.7	52.1	45.7	58.4	*	*	*
Disability									
Yes	63.2	59.7	66.7	66.2	62.7	69.7	18.7	16.1	21.3
No	78.1	76.6	79.7	38.2	36.4	39.9	11.9	10.9	13.0
Education									
HS graduate or less	65.4	62.8	68.0	54.5	51.7	57.4	13.9	12.1	15.6
More than a HS	81.3	79.8	82.9	35.8	34.1	37.6	12.3	11.2	13.4
Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*									

In 2014, nearly three fourths of Connecticut adults visited the dentist in the past year. Forty-three percent had at least one permanent tooth extracted sometime in the past, and 12.9% had been told they had bone loss around their teeth.

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:

- Women (77.6%);

- Non-Hispanic White adults (78.9%), compared with Non-Hispanic Black adults (64.2%) and Hispanic adults (64.9%);

- Residents in households earning at least $75,000 annually (86.2%), compared to residents in households earning $35,000-74,999 (74.5%); and residents in households earning less than $35,000 (63.1%);

- Adults with health insurance coverage (77.6);

- Residents who did not have a disability (78.1%);

- Adults with more than a high school education (81.3%).

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

- Adults 55 years old and older (64.3%) and adults 35-54 years old (38.6%), compared to adults less than 35 years of age (20.9);

- Non-Hispanic Black adults (55.8%) and Hispanic adults (52.8%);

- Residents in households earning less than $35,000 annually (58.5%), and residents in households earning $34,000-74,999 annually (47.5%);

- Residents without health insurance (52.1%);

- Adults with a disability (66.2%), who had a 28% greater risk than adults without a disability (38.2%); and

- Adults with no more than a high school education (54.3%).

Compared to their counterparts in the state, the risk of **having bone loss around teeth** among Connecticut adults was significantly greater for:

- Adults 55 years old and older (20.8%);

- Women (14.3%);

- Residents earning less than $35,000 annually (14.5%), and residents earning $35,000-$74,999 annually (15.5%); and

- Adults with a disability (18.7%).

Child Oral Health

Although it is largely preventable, tooth decay is the most common chronic condition among children in the United States.[49] Dental caries (cavities) can cause pain and infection, and if left untreated they can lead to malnourishment and serious medical complications.[50] 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.[51]

Dental sealants can also prevent tooth decay.[52] 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 are applied soon after the permanent tooth has come in.

Adult respondents were asked if the randomly-selected child had seen a dental provider in the previous year, and if so, whether or not they had ever had dental sealants. For the purposes of this analysis, we examined dental sealants only in children 5-17 years old. Results are shown in **Table 28**.

Table 28: Child Oral Health, CT 2014

Demographic Characteristics	Visited Dentist in Past Year			Dental Sealants		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Total	**85.7**	**82.8**	**88.5**	**52.9**	**48.6**	**57.1**
Child Age						
0-4 years old	56.6	48.1	65.2	^	^	^
5-11 years old	95.1	92.5	97.8	46.2	39.5	52.9
12-17 years old	97.0	95.5	98.6	62.1	56.3	67.9
Child Gender						
Male	84.4	80.2	88.6	50.6	44.5	56.7
Female	87.5	83.9	91.0	54.5	48.5	60.4
Child Race/Ethnicity						
Non-Hispanic White	87.2	84.0	90.4	54.2	49.2	59.2
Non-Hispanic Black	80.7	71.1	90.4	47.9	34.3	61.4
Hispanic or Latino/a	89.5	84.7	94.4	54.1	43.2	64.9
Adult Proxy Income						
Less than $35,000	83.1	77.0	89.2	50.9	41.4	60.4
$35,000-$74,999	80.9	71.5	90.4	53.2	42.1	64.3
$75,000 and more	87.4	83.8	91.0	52.3	46.6	58.1

Table 28: Child Oral Health, CT 2014, *continued*

Demographic Characteristics	Visited Dentist in Past Year			Dental Sealants		
	%	95% Confidence Intervals		%	95% Confidence Intervals	
Adult Proxy Insurance						
Insured	85.7	82.7	88.6	53.6	49.3	58.0
Not Insured	86.5	79.7	93.3	*	*	*
Adult Proxy Education						
HS graduate or less	84.8	78.9	90.8	49.9	41.6	58.2
More than HS education	86.0	82.8	89.2	53.8	48.9	58.8
Estimates marked with a "^" are not reported because children under the age of five do not yet have permanent molars.						
Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*						

In 2014, 85.7% of Connecticut children had a dental visit in the previous year. Fifty-two percent of those children who had a dental visit had dental sealants applied to their teeth at some time.

Compared to their counterparts in the state, the prevalence of having a **dental visit in the past year** among Connecticut children was significantly greater for children 5-11 years old (95.1%) and 12-17 years old (97.0%), compared to children 0-4 years old (56.6%).

Results were similar when examining **dental sealants**. Compared to their counterparts in the state, the prevalence of having dental sealants was significantly greater for children 7-12 years old (62.1%), compared to the children 5-11 years old (46.2%). This is likely due to the increase in the number of permanent teeth that come in as children get older.

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.[53] Respondents 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. It is the leading cause of death of children under five worldwide.[54] Infection caused by some types of pneumococcal bacteria can be prevented by a pneumococcal or 'pneumonia' vaccine.[55] BRFSS respondents were asked if they had ever received the pneumococcal vaccine, which is recommended to 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 29**.

Table 29: Adult Influenza and Pneumococcal Vaccinations, CT 2014

Demographic Characteristics	Had a Flu Vaccine in Past Year			Ever Had Pneumonia Shot		
	%	95% Confidence Interval		%	95% Confidence Interval	
Total	**42.9**	**41.4**	**44.5**	**29.6**	**28.2**	**31.1**
Age						
18-34 years old	28.5	24.9	32.2	15.9	12.5	19.2
35-54 years old	37.4	34.8	39.9	14.3	12.4	16.3
55 years old and over	58.6	56.6	60.7	50.7	48.6	52.9
Gender						
Male	39.0	36.7	41.3	27.5	25.3	29.7
Female	46.7	44.5	48.8	31.5	29.5	33.4
Race/Ethnicity						
Non-Hispanic White	46.9	45.0	48.7	32.6	30.9	34.3
Non-Hispanic Black	36.0	30.3	41.7	23.9	19.2	28.6
Hispanic or Latino/a	32.3	27.6	37.0	18.3	14.3	22.3
Income						
Less than $35,000	40.2	37.2	43.3	35.5	32.5	38.6
$35,000-$74,999	41.7	38.5	45.0	32.1	28.9	35.3
$75,000 and more	46.2	43.6	48.9	21.1	19.0	23.1
Insurance Status						
Insured	45.3	43.7	47.0	30.8	29.3	32.3
Not Insured	18.9	13.9	23.9	*	*	*
Disability						
Yes	46.1	42.5	49.6	44.5	40.8	48.1
No	42.2	40.4	43.9	26.0	24.4	27.5
Education						
HS graduate or less	38.3	35.6	41.0	30.3	27.7	33.0
More than HS education	45.8	43.9	47.7	29.1	27.4	30.8

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

In 2014, forty-two percent of Connecticut adults received an influenza vaccination in the previous 12 months, and 29.6% of adults had ever had the pneumococcal vaccine.

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

- Adults 55 years old and older (58.6%), compared to adults 35-54 years old (37.4%), and adults less than 35 years old (28.5%);

- Women (46.7%);

- Non-Hispanic White adults (46.9%);

- Residents living in a household earning at least $75,000 annually (46.2%);

- Adults with health insurance coverage (45.3%), who had a prevalence more than two times greater than adults without health insurance coverage (18.9%); and

- Adults with more than a high school education (45.8%).

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

- Adults 55 years old and older (50.7%);

- Females (31.5%);

- Non-Hispanic White adults (32.6%), compared to Non-Hispanic Black Adults (23.9%) and Hispanic adults (18.3%);

- Residents in households earning $35,000 annually (35.5%), and residents in households earning $35,000-74,999 annually (32.1%), when compared to those in households earning at least $75,000 (21.1%); and

- Residents with a disability (44.5%).

Human Immunodeficiency Virus (HIV)

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.[56] Individuals can be tested for the virus by testing blood or oral fluid.

BRFSS respondents were asked if a healthcare provider (HCP) had ever talked to them about using condoms to prevent HIV in the previous year. They were also asked if they had participated in any activities that would put them at high risk for contracting HIV in the past year. High risk activities included using intravenous drugs, receiving treatment for a sexually transmitted disease, receiving money or drugs for sex, and/or having anal or vaginal sex without a condom. In addition, they were asked if they had ever been tested for HIV, not including testing while donating blood **Table 30**.

Table 30: HIV Risk and Prevention, CT 2014

Demographics	Condoms Discussed for HIV Prevention			At Risk for Contracting HIV			Ever Tested for HIV		
	%	95% Confidence Interval		%	95% Confidence Interval		%	95% Confidence Interval	
Total	**15.4**	**14.0**	**16.8**	**26.7**	**25.2**	**28.3**	**35.0**	**33.4**	**36.6**
Age									
18-34 years old	36.7	32.5	40.9	38.5	34.3	42.7	42.0	38.0	46.0
35-54 years old	12.0	10.2	13.7	33.9	31.2	36.6	49.7	46.9	52.5
55 years old and over	4.4	3.4	5.3	13.0	11.5	14.4	16.4	14.8	17.9
Gender									
Male	15.2	13.1	17.4	28.5	26.2	30.8	33.8	31.4	36.1
Female	15.6	13.8	17.5	25.1	23.0	27.2	36.1	33.9	38.3
Race/Ethnicity									
Non-Hispanic White	10.6	9.1	12.0	27.5	25.7	29.3	29.5	27.8	31.3
Non-Hispanic Black	25.8	20.6	31.1	29.7	23.6	35.7	52.5	46.6	58.4
Hispanic or Latino/a	36.6	31.1	42.0	22.1	17.6	26.7	53.6	48.2	58.9
Income									
Less than $35,000	24.2	21.1	27.2	18.9	16.2	21.6	41.5	38.3	44.7
$35,000-$74,999	12.6	9.9	15.2	26.3	23.0	29.6	33.2	29.9	36.6
$75,000 and more	10.0	8.0	12.0	36.0	33.3	38.8	34.5	31.9	37.1
Insurance Status									
Insured	14.5	13.1	15.9	26.7	25.1	28.4	34.4	32.7	36.0
Not Insured	26.7	20.4	33.0	27.7	21.7	33.7	42.3	35.6	49.0

Table 30: HIV Risk and Prevention, CT 2014, *continued*

	Condoms Discussed for HIV Prevention			At Risk for Contracting HIV			Ever Tested for HIV		
	%	95% Confidence Interval		%	95% Confidence Interval		%	95% Confidence Interval	
Disability									
Yes	18.4	15.1	21.6	18.9	15.7	22.1	40.1	36.4	43.8
No	14.7	13.1	16.2	28.6	26.8	30.4	33.7	31.9	35.4
Education									
HS graduate or less	20.6	18.0	23.3	21.0	18.4	23.6	35.3	32.4	38.2
More than HS education	12.2	10.6	13.7	30.5	28.5	32.4	34.7	32.9	36.6

In 2014, 26.7% of Connecticut adults had participated in activities that put them at high risk for contracting HIV in the previous year. Fifteen percent had discussed using condoms for HIV prevention with a healthcare provider and 35.0% had ever been tested for HIV. Of those who were tested, nearly half were tested at a private healthcare provider's office as shown in **Figure 16**, page 58.

Compared with their counterparts in the state, the prevalence of having a **discussion with a healthcare provider** about HIV prevention via condom use was significantly greater for:
- Young adults 18-34 years (36.7%), and adults 34-54 years (12.0%);
- Minority race/ethnicity groups (25.8% among Non-Hispanic Black adults and 36.6% among Hispanic adults);
- Low-income residents earning less than $35,000 annually (24.2%);
- Adults with no health insurance coverage (26.7%); and
- Adults with no more than a high school education (20.6%).

Compared with their counterparts in the state, the prevalence of participating in **activities that are high risk for contracting HIV** was significantly greater for:
- Young adults 18-34 years (38.5%), and adults 35-54 years (33.9%);
- High-income residents earning at least $75,000 (36.0%) and $35,000-74,999 (26.3%) annually;
- Adults without disabilities (28.6%); and
- Adults with more than a high school education (30.5%).

Compared with their counterparts in the state, the prevalence of being **tested for HIV** was significantly greater for:
- Young adults 18-34 years (42.0%), and adults 34-54 years (49.7%);
- Minority race/ethnicity groups (52.5% among Non-Hispanic Black adults and 53.6% among Hispanic adults);
- Low-income residents earning less than $35,000 annually (41.5%);
- Adults without health insurance coverage (42.3%); and
- Adults with a disability (40.1%).

Shingles Vaccination

Shingles is caused by varicella zoster virus (VZV), the same virus that causes chicken pox. VCV remains dormant in the body after one recovers from chicken pox and can become reactivated years later. Symptoms of shingles include a painful skin rash that forms blisters on one side of the face or body.[57] In some cases, shingles can cause vision loss. The CDC recommends the shingles vaccine, known as Zostavax®, to adults over 60 years of age.[58]

Respondents aged 50 and over were asked if they have had the shingles vaccine since it became available in 2006. Results are in **Table 31**.

In 2014, one in five Connecticut adults aged 50 years old and older had received the shingles vaccine.

Compared to their counterparts in the state, the prevalence of receiving the shingles vaccine among Connecticut adults was significantly greater for:

- Residents living in households earning $35,000-74,999 annually (23.9%), and residents in households earning at least $75,000 (21.4%);

- Adults without a disability (22.3%); and

- Adults with more than a high school education (23.8%).

Table 21: Shingles Vaccination, Adults 50 Years Old and Older, CT 2014

Demographic Characteristics	%	95% Confidence Interval	
Total	**21.1**	**19.7**	**22.6**
Age			
50-54 years old	4.1	2.3	5.9
55 years old and over	25.9	24.2	27.7
Gender			
Male	20.9	18.7	23.1
Female	21.3	19.5	23.2
Race/Ethnicity			
Non-Hispanic White	23.4	21.8	25.0
Non-Hispanic Black	*	*	*
Hispanic or Latino/a	*	*	*
Income			
Less than $35,000	16.4	13.8	19.0
$35,000-$74,999	23.9	20.9	27.0
$75,000 and more	21.4	19.0	23.8
Insurance Status			
Insured	21.8	20.3	23.2
Not Insured	*	*	*
Disability			
Yes	17.4	14.7	20.1
No	22.3	20.7	24.0
Education			
HS graduate or less	16.6	14.3	19.0
More than HS education	23.8	22.1	25.6

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

4.   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.[59] Four thousand people die in the U.S. each year due to asthma related causes. These deaths are preventable with proper treatment.[60] Overall, asthma rates have been increasing in adults in the U.S.[61]

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 are shown in **Table 32**.

About 1 in 10 Connecticut adults (9.2%) had asthma in 2014. An additional 5% formerly had asthma (**Figure 16**).

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

- Females (12.1%), who had twice the risk of males (6.0%); and

- Disabled adults (15.6%), who had twice the risk of their non-disabled counterparts (7.6%).
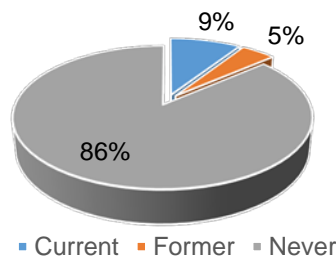
Table 32: Current asthma in Adults, CT 2014

Demographic Characteristics	%	95% Confidence Limits	
Total	**9.2**	**8.2**	**10.1**
Age			
18-34 years old	9.6	7.2	11.9
35-54 years old	9.1	7.7	10.6
55 years old and over	8.7	7.6	9.8
Gender			
Male	6.0	5.0	7.1
Female	12.1	10.6	13.5
Race/Ethnicity			
Non-Hispanic White	8.7	7.7	9.7
Non-Hispanic Black	*	*	*
Hispanic or Latino/a	9.9	7.2	12.6
Income			
Less than $35,000	10.2	8.5	11.9
$35,000-$74,999	8.7	6.9	10.5
$75,000 and more	7.9	6.3	9.6
Insurance Status			
Insured	9.5	8.6	10.5
Not Insured	*	*	*
Disability			
Yes	15.6	13.1	18.0
No	7.6	6.6	8.6
Education			
HS graduate or less	8.8	7.3	10.4
More than high school	9.3	8.1	10.4

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

Figure 15: Adult Asthma Status, CT 2014

9%   5%   86%

- Current ▪ Former ▪ Never

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.[62] 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 were asked if the randomly-selected child in the household had ever been diagnosed with asthma and if the child still had asthma. Results are shown in **Table 33**.

In 2014, 9.6% of Connecticut children had asthma. An additional 5% had been diagnosed with asthma in the past but no longer had the condition as shown in **Figure 16**.

Comparisons among demographics could not be made because the coefficients of variation were at least 15% in most of the cells.

Table 33: Current asthma in Children, CT 2014

Demographic Characteristics	%	95% Confidence Limits	
Total	**9.6**	**7.6**	**11.5**
Age			
0-5 years old	*	*	*
5-11 years old	*	*	*
12-17 years old	9.8	7.0	12.6
Gender			
Male	11.4	8.2	14.6
Female	8.1	5.7	10.5
Race/Ethnicity			
Non-Hispanic White	*	*	*
Non-Hispanic Black	*	*	*
Hispanic or Latino/a	*	*	*
Adult Proxy Income			
Less than $35,000	*	*	*
$35,000-$74,999	*	*	*
$75,000 and more	*	*	*
Adult Proxy Insurance			
Insured	9.8	7.8	11.9
Not insured	*	*	*
Adult Proxy Education			
HS graduate or less	*	*	*
More than high school	8.1	6.2	10.1
Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*			

Figure 16: Child Asthma Status, CT 2014

5%
9%
86%

■ Current ■ Former ■ Never
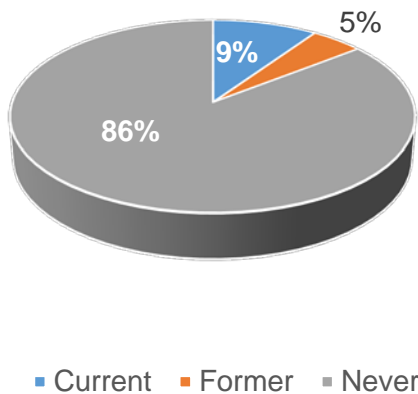
Chronic Obstructive Pulmonary Disease (COPD)

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.[63] Genetic factors may also contribute to COPD.

Respondents were asked if they were ever told they had COPD, emphysema or chronic bronchitis, and results are shown in **Table 34**.

In 2014, one in twenty Connecticut adults had been told they had COPD. Compared to their counterparts in the state, the risk of COPD was significantly greater for:

- Older adults, where those 55 years old and older (9.3%) had more than twice the risk of those 35-54 years old (3.8%);

- Adults in low-income households, earning less than $35,000 annually (8.8%), who had almost twice the risk of those in households earning $35,000-$74,999 annually (5.0%), and nearly four times the risk of those in households earning at least $75,000 (2.3%);

- Adults with disabilities (14.1%), who had more than four times the risk of adults without disabilities (3.1%); and

- Adults with no more than a high school education (6.9%).

Table 34: Adults with COPD, CT 2014

Demographic Characteristics	%	95% Confidence interval	
Total	**5.1**	**4.5**	**5.6**
Age			
18-34 years old	*	*	*
35-54 years old	3.8	2.9	4.8
55 years old and over	9.3	8.2	10.4
Gender			
Male	4.3	3.5	5.2
Female	5.8	5.0	6.6
Race/Ethnicity			
Non-Hispanic White	5.6	4.9	6.3
Non-Hispanic Black	*	*	*
Hispanic or Latino/a	*	*	*
Income			
Less than $35,000	8.8	7.3	10.2
$35,000-$74,999	5.0	3.7	6.4
$75,000 and more	2.3	1.7	3.0
Insurance Status			
Insured	5.3	4.6	5.9
Not Insured	*	*	*
Disability			
Yes	14.1	11.9	16.2
No	3.1	2.5	3.6
Education			
HS graduate or less	7.0	5.8	8.1
More than HS education	3.9	3.3	4.5

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

Arthritis

Arthritis covers over 100 rheumatic conditions that affect the joints and the connective tissues.[64] 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.[65] In addition, there is some evidence that having arthritis can increase the risk of falls and associated injuries.[66]

Respondents were asked if they were ever told they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Results are shown in **Table 35**.

One in four Connecticut adults had been diagnosed with arthritis in 2014.

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

- Adults aged 55 and older (45.1%), who had three times the risk compared to adults 35-54 years old (16.9%);

- Females (29.1%);

- Non-Hispanic White (26.5%) and Black (22.3%) adults, compared with Hispanic adults (14.1%);

- Residents with a household income less than $35,000 (29.5%) and residents with a household income of $35,000-$74,999 (26.6%), when compared with those in households earning at least $75,000 (19.2%);

- Adults, with disabilities (47.6%), who had more than twice the risk of adults without disabilities (18.8%); and

- Residents with no more than a high school education (26.3%).

Table 35: Adults with Arthritis, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**24.0**	**22.8**	**25.2**
Age			
18-34 years old	*	*	*
35-54 years old	16.9	15.0	18.8
55 years old and over	45.1	43.1	47.1
Gender			
Male	18.5	17.0	20.1
Female	29.1	27.3	30.9
Race/Ethnicity			
Non-Hispanic White	26.5	25.1	28.0
Non-Hispanic Black	22.3	18.0	26.5
Hispanic or Latino/a	14.1	11.1	17.1
Income			
Less than $35,000	29.5	26.8	32.1
$35,000-$74,999	26.6	23.9	29.2
$75,000 and more	19.2	17.3	21.1
Insurance Status			
Insured	25.3	24.0	26.6
Not Insured	*	*	*
Disability			
Yes	47.6	44.1	51.1
No	18.8	17.6	20.0
Education			
HS graduate or less	26.2	24.0	28.5
More than high school	22.5	21.1	23.9

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

Cardiovascular Disease and Stroke

Cardiovascular disease (CVD), commonly known as heart disease, 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.[67] 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.[68] Cardiovascular disease and stroke can be prevented by remaining physically active and eating a healthy and well-balanced diet and managing risk factors such as high blood pressure and cholesterol.[69]

Respondents 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 for those who responded to all three questions were combined and presented in **Table 36**.

In 2014, 7.6% of Connecticut adults had ever been told they had a heart attack, coronary heart disease, or stroke.

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

- Older adults 35-54 years old (3.9%) and 55 years old and older (15.6%);

- Residents with an annual household income of $35,000 or less (12.9%), who had a risk two times higher than those in households earning $35,000-$74,999 (6.4%), and three times higher than those in households earning at least $75,000 (3.9%);

- Adults who were disabled (20.8%); and

- Adults with no more than a high school education (9.7%).

Table 36: Adults with Cardiovascular Disease and Stroke, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**7.6**	**6.9**	**8.3**
Age			
18-34 years old	1.4	0.5	2.2
35-54 years old	3.9	3.0	4.9
55 years old and over	15.6	14.1	17.1
Gender			
Male	8.1	7.0	9.1
Female	7.1	6.1	8.1
Race/Ethnicity			
Non-Hispanic White	7.8	6.9	8.6
Non-Hispanic Black	*	*	*
Hispanic or Latino/a	*	*	*
Income			
Less than $35,000	12.9	11.0	14.9
$35,000-$74,999	6.4	5.1	7.7
$75,000 and more	3.9	3.2	4.7
Insurance Status			
Insured	7.9	7.1	8.7
Not Insured	*	*	*
Disability			
Yes	20.8	18.0	23.6
No	4.5	4.0	5.1
Education			
HS graduate or less	9.7	8.3	11.2
More than high school	6.2	5.4	6.9

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

Cancer

After heart disease, cancer is the second leading cause of death among Americans. More than 500,000 Americans die every year from cancer.[70] Skin cancer is the most common cancer in the U.S. Its deadliest form, melanoma, can be caused by exposure to ultraviolet light.[71] Cancer can be prevented by eating a healthy diet, staying physically active, limiting alcohol consumption, not smoking, and practicing sun-safe behaviors such as using sunscreen, seeking shade, covering skin, and avoiding indoor tanning beds. Some types of cancer, such as cervical cancer, are preventable with vaccines and others, such as colorectal and breast cancer, can be managed with early screening.[72]

BRFSS respondents were asked if they were ever told they had skin cancer or any other type of cancer. Results are shown in **Table 37**.

In 2014, 11.6% of Connecticut adults had ever been told they had a type of cancer. Among those diagnosed with cancer, more than one third reported having skin cancer as shown in **Figure 17**.

Compared to their counterparts in the state, the risk of cancer among adults in Connecticut was significantly greater for:

- Adults aged 55 years and older (24.4%);

- Residents with an annual household income of $35,000-74,999 (14.4%); and

- Adults who have a disability (17.3%).

Table 37: Adults with Cancer, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**11.6**	**10.7**	**12.4**
Age			
18-34 years old	*	*	*
35-54 years old	6.1	4.9	7.3
55 years old and over	24.4	22.7	26.0
Gender			
Male	10.1	9.0	11.2
Female	12.9	11.7	14.1
Race/Ethnicity			
Non-Hispanic White	14.7	13.7	15.8
Non-Hispanic Black	*	*	*
Hispanic or Latino/a	*	*	*
Income			
Less than $35,000	10.8	9.2	12.4
$35,000-$74,999	14.4	12.4	16.5
$75,000 and more	10.9	9.5	12.3
Insurance Status			
Insured	12.4	11.5	13.2
Not Insured	*	*	*
Disability			
Yes	17.3	14.8	19.8
No	10.6	9.7	11.5
Education			
HS graduate or less	10.8	9.3	12.3
More than high school	12.2	11.2	13.2
Estimates marked with a "*" are not reported because their coefficients of variation are at least 15% (see page 13).			

Figure 17: Prevalence of Skin and Other Cancers Among Diagnosed Cancers, CT 2014

Skin Cancer Only (38.7%)

Other Cancer Only (49.7%)

Both (11.5%)
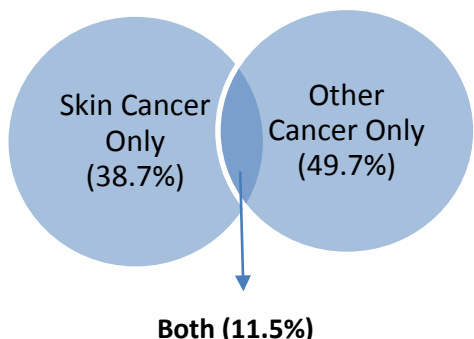
Pre-diabetes

Pre-diabetes refers to blood sugar levels that are higher than normal but not high enough to be diagnosed with diabetes. Adults at least 45 years old who are overweight and inactive may have pre-diabetes even without symptoms, and adults with pre-diabetes are at-risk for developing Type 2 diabetes, heart disease and stroke.[73]

Respondents were asked if they had ever been told they had pre-diabetes or borderline diabetes. Women with pre-diabetes only during pregnancy were not considered to have had pre-diabetes. Results are shown in **Table 38**.

In 2014, 7.4% of Connecticut adults reported that they had been diagnosed with pre-diabetes.

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

- Adults aged 55 years and older (11.4%);

- Residents in households with an annual income of $35,000-$74,999 (9.6%), compared with those in households earning at least $75,000 (6.3%); and

- Adults with disabilities (11.0%).

Table 38: Adults with Prediabetes, CT 2014

Demographic Characteristics	%	%95 Confidence Interval	
Total	**7.4**	**6.7**	**8.2**
Age			
18-34 years old	*	*	*
35-54 years old	7.9	6.4	9.3
55 years old and over	11.4	10.1	12.8
Gender			
Male	7.2	6.1	8.3
Female	7.7	6.6	8.7
Race/Ethnicity			
Non-Hispanic White	7.6	6.7	8.5
Non-Hispanic Black	*	*	*
Hispanic or Latino/a	*	*	*
Income			
Less than $35,000	8.6	6.9	10.3
$35,000-$74,999	9.6	7.7	11.6
$75,000 and more	6.3	5.1	7.4
Insurance Status			
Insured	7.9	7.1	8.7
Not Insured	*	*	*
Disability			
Yes	11.0	8.7	13.2
No	7.0	6.1	7.8
Education			
HS graduate or less	8.5	7.1	10.0
More than high school	6.9	6.0	7.8
Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*			

Diabetes

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.[74] 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.[75] BRFSS respondents were asked if they had ever been told they had diabetes. Women with diabetes only during pregnancy were not classified as having diabetes. Results are shown in **Table 39**.

In 2014, 9.2% of Connecticut adults had been diagnosed with diabetes.

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

- Adults aged 55 years old and older (18.0%);

- Non-Hispanic Black adults (17.6%);

- Residents of households earning $35,000-$74,999 annually (9.0%); and residents of households earning less than $35,000 annually (14.6%);

- Adults with a disability (19.8%); and

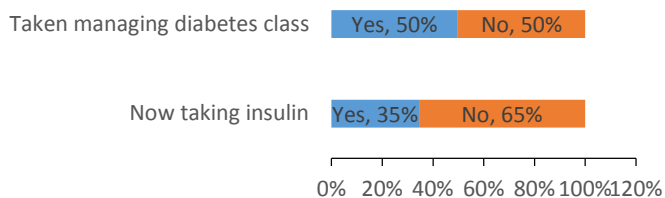- Residents with no more than a high school education (12.1%).

Adults with diabetes were asked questions on how they manage their diabetes day to day. Results are shown in **Figure 18**.

Table 39: Adults with Diabetes, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**9.2**	**8.4**	**10.0**
Age			
18-34 years old	*	*	*
35-54 years old	5.7	4.6	6.9
55 years old and over	18.0	16.4	19.6
Gender			
Male	9.4	8.2	10.5
Female	9.1	8.0	10.2
Race/Ethnicity			
Non-Hispanic White	8.2	7.3	9.1
Non-Hispanic Black	17.6	13.6	21.7
Hispanic or Latino/a	10.7	8.2	13.3
Income			
Less than $35,000	14.6	12.6	16.6
$35,000-$74,999	9.0	7.4	10.6
$75,000 and more	6.0	4.8	7.1
Insurance Status			
Insured	9.5	8.6	10.3
Not Insured	*	*	*
Disability			
Yes	19.8	17.2	22.4
No	6.7	5.9	7.5
Education			
HS graduate or less	12.2	10.7	13.8
More than HS	7.4	6.4	8.3
Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*			

Figure 18: Diabetes Management, CT 2014

Taken managing diabetes class — Yes, 50% | No, 50%

Now taking insulin — Yes, 35% | No, 65%

0% 20% 40% 60% 80% 100% 120%

Kidney Disease

Chronic Kidney Disease (CKD) 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 CKD.[76]

CKD can be detected early with blood tests. If it is detected, medication can reduce the damage to the kidneys by fifty percent. Kidney disease often runs in families and family medical histories can often identify those at risk for CKD.[77]

Respondents were asked if they were ever told they had kidney disease. Results are shown in **Table 40**.

In 2014, 2.5% of Connecticut adults had been told they had kidney disease.

The risk of kidney disease among Connecticut adults was significantly greater for residents with a disability (7.5%), who had more than five times the risk of their non-disabled counterparts (1.4%).

Table 40: Adults with Kidney Disease, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**2.5**	**2.1**	**2.9**
Age			
18-34 years old	*	*	*
35-54 years old	*	*	*
55 years old and over	4.4	3.5	5.2
Gender			
Male	2.4	1.8	3.1
Female	2.6	2.0	3.2
Race/Ethnicity			
Non-Hispanic White	2.3	1.9	2.8
Non-Hispanic Black	*	*	*
Hispanic or Latino/a	*	*	*
Income			
Less than $35,000	4.5	3.3	5.7
$35,000-$74,999	*	*	*
$75,000 and more	*	*	*
Insurance Status			
Insured	2.4	2.0	2.9
Not Insured	*	*	*
Disability			
Yes	7.5	5.7	9.3
No	1.4	1.0	1.7
Education			
HS graduate or less	3.0	2.1	3.8
More than high school	2.2	1.8	2.7

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

Depression

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.[78] Depression is often misconstrued as a sign of weakness, and if left untreated, can have tragic consequences, including suicide. Medication and therapy has been proven effective in treating major depression.[79]

Respondents were asked if they were ever told they had a depressive disorder, including depression, major depression, dysthymia, or minor depression. Results are shown in **Table 41**.

One in six Connecticut adults (18.3%) were told they had a depressive disorder.

Compared to their counterparts in the state, the risk of having a depressive disorder among Connecticut adults was significantly greater for:

- Women (23.1%);

- Adults with a disability (42.3%), who had more than three times the risk when compared with their non-disabled counterparts (12.8%); and

- Adults with no more than a high school education (20.7%).

Table 41: Adults with Depressive Disorder, CT 2014

Demographic Characteristics	%	95% Confidence Intervals	
Total	**18.3**	**17.1**	**19.5**
Age			
18-34 years old	19.4	16.3	22.5
35-54 years old	18.4	16.5	20.4
55 years old and over	17.7	16.1	19.2
Gender			
Male	13.2	11.6	14.8
Female	23.1	21.3	24.9
Race/Ethnicity			
Non-Hispanic White	19.1	17.6	20.5
Non-Hispanic Black	14.7	10.8	18.6
Hispanic or Latino/a	19.5	15.6	23.4
Income			
Less than $35,000	26.1	23.4	28.8
$35,000-$74,999	16.4	13.8	18.9
$75,000 and more	15.2	13.3	17.1
Insurance Status			
Insured	18.8	17.5	20.1
Not Insured	*	*	*
Disability			
Yes	42.3	38.7	45.9
No	12.8	11.6	14.0
Education			
HS graduate or less	20.8	18.4	23.1
More than high school	16.7	15.4	18.1

Estimates marked with a "" are not reported because their coefficients of variation are at least 15% (see page 13).*

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