

EXECUTIVE SUMMARY

Mortality and Its Risk Factors in Connecticut, 1989 to 1998 examines trends in the leading causes of death among Connecticut residents by gender, race/ethnicity, and age. Each chapter discusses risk factors for mortality and disease prevention and presents summary tables of age-adjusted mortality (AAMR) and premature mortality (years of potential life lost or YPLL) by gender and race/ethnicity. Statistical tests of significance were performed to assess mortality differences between population subgroups and to assess changes within population subgroups over time. Statistically significant changes of $p < .05$ or better are referred to as “significant.” This report also charts Connecticut’s progress over time in relation to U.S. mortality and the *Healthy People 2000* and *Healthy Connecticut* target objectives. The study period ends in 1998 since that marks the end of the twenty-year ICD-9 classification era, and statistics based on the ICD-10 are not exactly comparable to earlier figures based on the ICD-9.

All Causes of Death, 1989-1998

- Age-adjusted mortality rates for all causes of death were consistently lower for both Connecticut male and female residents compared with their counterparts nationwide. About 70% of all deaths among Connecticut residents for the ten-year period were due to cardiovascular diseases or cancer.
- Male all-cause mortality decreased significantly by about 1.4% per year from 1989 to 1998. This decrease is accounted for by significant decreases in mortality within the white and black male Connecticut resident populations. Female all-cause mortality did not change significantly in the ten-year period. The male all-cause mortality rate was about 1.5 times higher than the respective female rate (1996-98 period).
- Premature mortality (to age 75) for all causes of death, as measured by age-adjusted rates of years of potential life lost (YPLL), decreased significantly for both Connecticut males and females between 1989-91 and 1996-98. Male premature mortality (YPLL) was 1.7 times higher than that of females (1996-98 period).
- Male all-cause mortality (1996-98 period) was highest among black residents, followed by white, Native American, Hispanic, and Asian and Pacific Islander residents. The all-cause mortality rate of black males was significantly higher than that of white males. All-cause mortality rates for Hispanic and Asian and Pacific Islander males were significantly lower than the white male rate. The all-cause mortality rate of Native American males was not significantly different from the respective white male rate.
- Female all-cause mortality (1996-98 period) was highest among black, followed by white, Hispanic, Native American, and Asian and Pacific Islander female residents. Black females had significantly higher, whereas Hispanic, Native American, and Asian and Pacific Islander females had significantly lower, mortality rates compared with white females.

Chronic Disease Deaths, 1989-1998

- Heart disease is the leading cause of death for both males and females in Connecticut and the second leading cause of premature mortality to age 75. There was a significant decrease in the age-adjusted heart disease death and premature mortality rates for all Connecticut residents from 1989-91 to 1996-98.
- Cerebrovascular disease (stroke) is the third leading cause of death for all Connecticut residents. There was a significant decrease in black male mortality from the 1989-91 to 1996-98 periods and the stroke mortality disparity between black and white males in 1989-91 was reduced by 1996-98. There was a significantly higher stroke mortality rate for black compared

with white females. Premature stroke mortality rates for black males and females were significantly higher than those for white males and females.

- Hypertension-related mortality for all Connecticut residents increased significantly from the 1989-91 to 1996-98 period, which is largely accounted for by increased mortality in the white population. Black males and females had the highest age-adjusted death and premature mortality rates for hypertension-related conditions of all racial/ethnic subgroups. Hypertension-related death and premature mortality rates for black males and females were significantly higher than comparable rates for white males and females in both time periods.
- Diabetes is the seventh leading cause of death for all Connecticut residents. Age-adjusted diabetes death and premature mortality rates increased significantly from 1989-91 to 1996-98, a trend largely accounted for by increased diabetes mortality in the white population. Black males and females had the highest age-adjusted diabetes death and premature mortality rates of all Connecticut subpopulation groups.
- Cancer is the second leading cause of death and the leading cause of premature mortality to age 75 for all Connecticut residents. There was a significant decrease in male age-adjusted cancer death and premature mortality rates and a significant decrease in female premature mortality from 1989-91 to 1996-98.
- Lung cancer is the leading cause of cancer death. Connecticut males had significantly higher lung cancer death and premature mortality rates than females, while black males had the highest death and premature mortality rates of all subpopulation groups in the ten-year period. Female lung cancer mortality increased significantly while male lung cancer mortality decreased significantly from 1989-91 to 1996-98.
- Colorectal cancer is the second leading cause of cancer death among males and the third leading cause of cancer death among females in Connecticut. The age-adjusted colorectal cancer death rate decreased significantly from 1989-91 to 1996-98, a trend largely accounted for by decreased mortality in the white population. Males had significantly higher death and premature mortality rates due to colorectal cancer than females in Connecticut.
- Breast cancer is the second leading cause of cancer deaths among women. Black females had the highest breast cancer death and premature mortality rates (1996-98 period) of all subpopulation groups in Connecticut. There was a significant decrease in breast cancer death and premature mortality rates for Connecticut females from 1989-91 to 1996-98, a trend accounted for by decreased mortality in the white female population.
- There were significant decreases in prostate cancer death and premature mortality rates from 1989-91 to 1996-98 for Connecticut males, a trend accounted for by decreased mortality in the white male population. Black males had the highest prostate cancer death and premature mortality rates of all subpopulation groups.
- Chronic obstructive pulmonary disease (COPD) and allied conditions was the fifth leading cause of death in 1989-91 and the fourth leading cause of death in 1996-98. There was a significant increase in white female COPD mortality from 1989-91 to 1996-98. White Connecticut residents had significantly higher age-adjusted COPD mortality than did black and Hispanic residents.
- Chronic liver disease and cirrhosis was the ninth leading cause of death in 1989-91 and the tenth leading cause of death in 1996-98 for all Connecticut residents. Males accounted for 62% of all deaths. Hispanic males had the highest chronic liver disease and cirrhosis death and premature mortality rates of all subpopulation groups in 1996-98.

Injury Deaths, 1989-1998

- Unintentional injury was the sixth leading cause of death for Connecticut residents in 1996-98 and the leading cause of death for those aged 44 and under. There was a significant increase in unintentional injury mortality from 1992-94 to 1996-98.
- Motor vehicle crashes are the leading cause of injury death, accounting for 36% of all unintentional injury deaths from 1989 to 1998 in Connecticut. There was a significant decrease in motor vehicle crash mortality from 1989-91 to 1996-98. Males accounted for 68% of all motor vehicle crash deaths in the ten-year period.
- Fall and fall-related injuries are the second leading cause of unintentional injury death. White Connecticut residents accounted for 97% of all fall and fall-related injuries, and residents aged 65 and older accounted for 85% of these deaths in 1996-98.
- Suicide was the tenth leading cause of death for all Connecticut residents in 1989-91 and the eleventh leading cause of death in 1996-98. It was the third leading cause of death for those aged 15 to 24 in both periods. Males accounted for 79% of all suicides, and 42% of all suicides were by firearm during the ten-year period.
- Homicide and legal intervention was the fifteenth leading cause of death for Connecticut residents and the second leading cause of death for those aged 15 to 24. Males accounted for 77% of all homicide and legal intervention deaths from 1989 to 1998; 68% of all homicide and legal intervention deaths were by firearm.
- Drug-induced mortality increased significantly from 1992-94 to 1996-98 in Connecticut, a trend accounted for by increased mortality in the white population. Opiates & related narcotics and cocaine were the main subcategories of drug-induced deaths. Males aged 20 to 49 years accounted for 64% of all drug-induced deaths.

Infectious Disease Deaths, 1989-1998

- Pneumonia and influenza (P & I) was the fourth leading cause of death in 1989-91 and the fifth leading cause of death in 1996-98 for all Connecticut residents. There was a significant decrease in P&I mortality from 1989-91 to 1996-1998, a trend accounted for by decreased mortality in the white female population. Black males and females had significantly higher premature mortality rates due to P & I compared with white males and females in 1996-98.
- Septicemia was the eighth leading cause of death for all Connecticut residents. Black males and females had significantly higher septicemia death and premature mortality rates compared with white males and females. There was a significant decrease in all Connecticut resident septicemia mortality from 1989-1991 to 1996-98, a trend largely accounted for by decreased mortality in the white female population.
- HIV infection was the thirteenth leading cause of death for all Connecticut residents in 1996-98 but the third leading cause of death for black residents, and the fourth leading cause of death for Hispanic residents. HIV infection was the fourth leading cause of premature mortality to age 75 in 1989-91 and 1996-98. The HIV mortality rate for all Connecticut residents showed an increasing trend from 1989 to 1995; from 1995 through 1998, HIV mortality appeared to decline. These data parallel national trend data.