

# THE HEALTH OF MEDICAID AND MEDICARE RECIPIENTS IN CONNECTICUT

Results of the 2013-2016 Behavioral Risk  
Factor Surveillance Survey

March 2019



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[www.ct.gov/dph/BRFSS](http://www.ct.gov/dph/BRFSS)

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## ACKNOWLEDGEMENTS

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The CT BRFSS team acknowledges with gratitude the time contributed by over 38,600 citizen volunteers within the State of Connecticut who responded anonymously to the survey during the 2013-2016 calendar years. The results presented in this report would not be possible without their participation.



This document was prepared by ICF, Inc, 126 College Street, Burlington, VT 05401. Robynne Locke and Andrew Dyer authored the report, with contributions to the analysis from Matt Jans, Kisha Bailey, Summer Brenwald, Wen Song, Baibai Chen, and Randall ZuWallack and overall supervision by Naomi Freedner-Maguire.



Work on this project by Ms. Xi Zheng and the publication were supported by Grant Number CMS 1G1CMS331404 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services, and Grant Number 1-NB01OT009128, Preventive Health & Health Services Block Grant from the Centers for Disease Control and Prevention. Work by Ms. Celeste Jorge was supported by Grant Number CDC 5U58SO000003, Connecticut Behavioral Risk Factor Surveillance System from the Centers for Disease Control and Prevention. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, or any of its agencies.



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## ADDITIONAL RESOURCES

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

Suggested citation:

Connecticut Department of Public Health (2019). The Health of Medicare and Medicaid Recipients in Connecticut: Results of the 2013-2016 Connecticut Behavioral Risk Factor Surveillance Survey, Connecticut Department of Public Health, Hartford, Connecticut (<http://www.ct.gov/dph/BRFSS>).

Health Statistics and Surveillance Section, Survey and Research Unit, Connecticut Behavioral Risk Factor Surveillance System, March, 2019



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## SUMMARY

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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](#) 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](#). Data from the CT BRFSS have been used to inform development of state health plans, such as the State Health Improvement Plan,<sup>1</sup> the Connecticut coordinated chronic disease plan,<sup>2</sup> and to track online state health priorities,<sup>3</sup> and chronic disease dashboards.<sup>4</sup> Data are also being used to inform annual action plans for state health initiatives.

This report includes data from calendar years 2013 through 2016. In each year, the CT BRFSS gathered survey data from citizen volunteers in Connecticut on a range of health-related topics. Among those is whether the respondent has health insurance, and the source of that insurance. This report focuses on respondents who have Medicaid and Medicare, and compares health



statuses and outcomes for these groups to the overall CT population and the non-Medicaid or Medicare population, respectively.

Each section in this report presents summary results for a specific health outcome, broken down by demographic subgroups of age, gender, race/ethnicity, income, health insurance status, disability status, and education level. **Section I** of this report focusses specifically on CT adults with Medicaid, with comparisons to the non-Medicaid population and statewide prevalence, as well as statistically significant differences among demographic characteristics within the Medicaid population. **Section II** focusses on CT adults with Medicare, and includes these same comparisons for each health outcome. For ease of reference, introductory sections including the definition of each outcome are repeated in Sections I and II.



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## METHODOLOGY

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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 2013-2016, the CT BRFSS collected 38,600 total interviews. 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 sample was a disproportionate stratified RDD sample drawn from dedicated cellular telephone banks, stratified by geography. 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 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.

Prevalence estimates and confidence intervals were computed using SAS Proc SurveyMeans or Proc Survey Freq, which can compute variances for complex sampling plans. Where possible, BRFSS variables with standard CDC-imputed values were used. Where raw survey variables were used, respondents who reported 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. Some cells have been flagged, adjusted, or suppressed due to statistical instability defined by the estimate's CV, and should be interpreted with caution. A \* indicates a notable level of instability ( $0.15 \leq CV \leq 0.20$ ), and the estimate should be interpreted with caution. \*\* indicates a high level of instability ( $0.20 < CV \leq 0.30$ ) meaning that the estimate is moderately unstable.



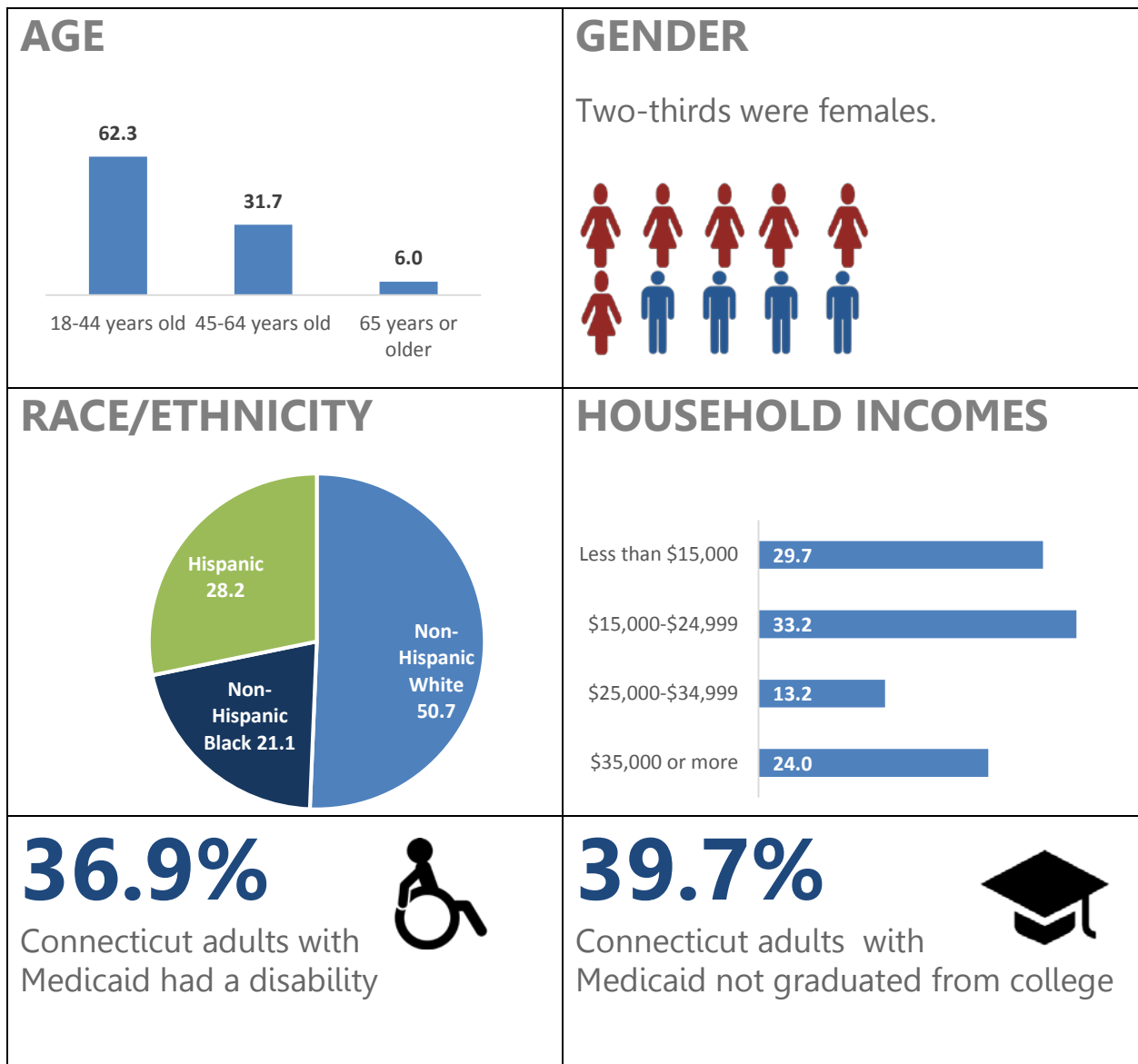
These estimates and their confidence intervals have been rounded to the nearest 5 percentage points. Estimates that are very unstable ( $CV > 0.30$ ) have been suppressed and replaced with '-' because they should not be interpreted. ***Statistical significant testing only conduct among prevalence estimates with a CV less than 0.15.*** Each health indicator was analyzed at the statewide level, and was evaluated by age, gender, race/ethnicity, household income, disability, and educational attainment.

Testing for statistical significance was evaluated in three ways using PROC SURVEYFREQ and PROC SURVEYLOGISTIC. First, the outcome for Medicaid/Medicare recipients was compared to non- Medicaid/Medicare using a Chi-Square test. Second, the outcome for Medicaid/Medicare recipients was compared to non- Medicaid/Medicare within each demographic category using t-test for proportions. Third, within Medicaid/Medicare, we tested for differences in the outcome for each demographic variable. This testing was based on multiple comparisons of the outcome between pairs of demographic groups. All statements of inequality (e.g. more/less; greater likelihood) reflect a statistically significant difference for testing conducted at the 95% significance level.



## SECTION I. CT MEDICAID POPULATION

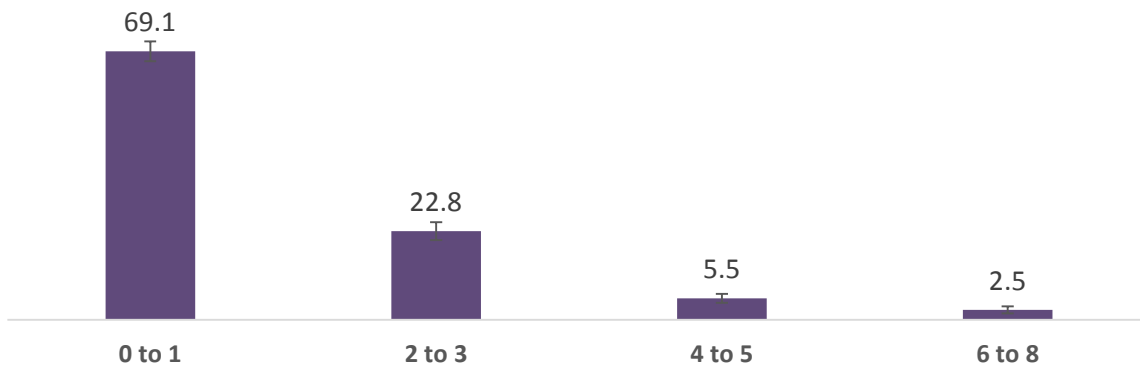
Medicaid is a public health insurance program for low-income Americans and other target groups including pregnant women and individuals with disabilities. Medicaid programs are run by the states within specific federal requirements.<sup>5</sup> Connecticut’s Medicaid program, Husky Health, offers a comprehensive benefit package to eligible members. An expansion of Medicaid coverage under the Affordable Care Act (ACA) went into effect in 2014. Connecticut Medicaid is a major health plan that covers 800,000 Connecticut residents in 2018, including children, teens, working families and individuals, older adults and people with disabilities, about 22% of the state population. Over 1 in 5 CT citizens are helped, 4 in 10 Connecticut births are covered.<sup>6</sup>



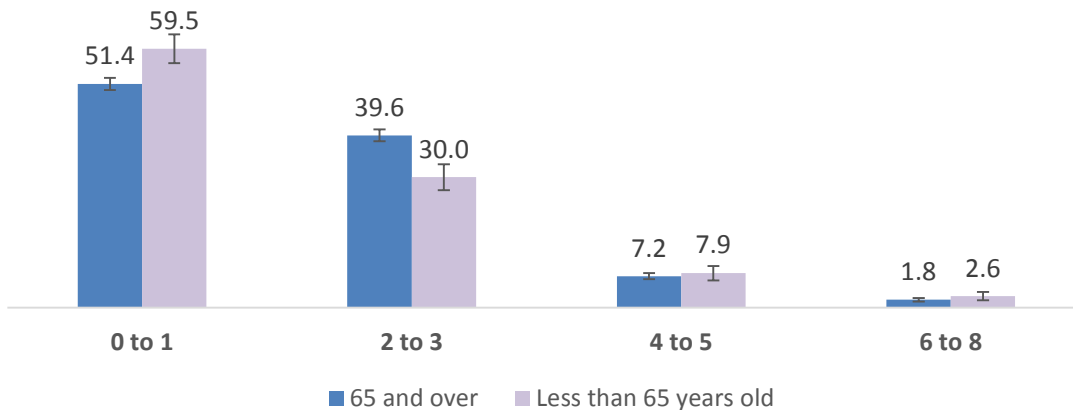


## “One-third of Medicaid beneficiaries had multiple chronic conditions; multiple chronic conditions varied by age”

Percentage of Primary Medicaid Beneficiaries by Number of Chronic Conditions: 2013-2016



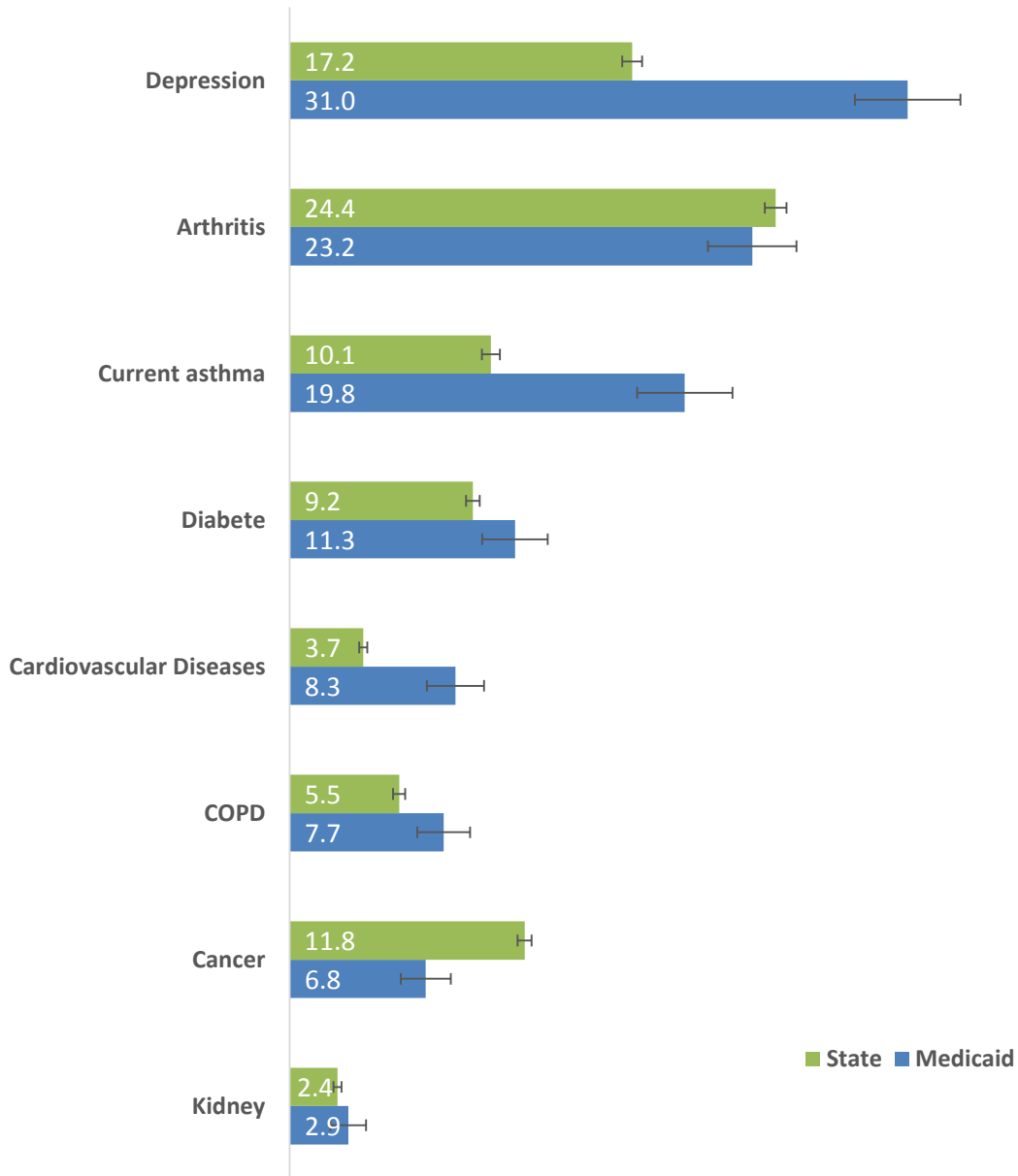
Percentage of Primary Medicaid Beneficiaries by Number of Chronic Conditions by Age: CT BRFSS 2013-2016





## “Depression was the most common chronic condition among Medicaid population in CT”

Percentage of Primary Medicaid Beneficiaries with the 8 Selected Chronic Conditions: CT BRFSS 2013-2016





## “Chronic Conditions varied by Sex”

Percentage of Primary Medicaid Beneficiaries with the 8 Selected Chronic Conditions by Sex: CT BRFSS 2013-2016.

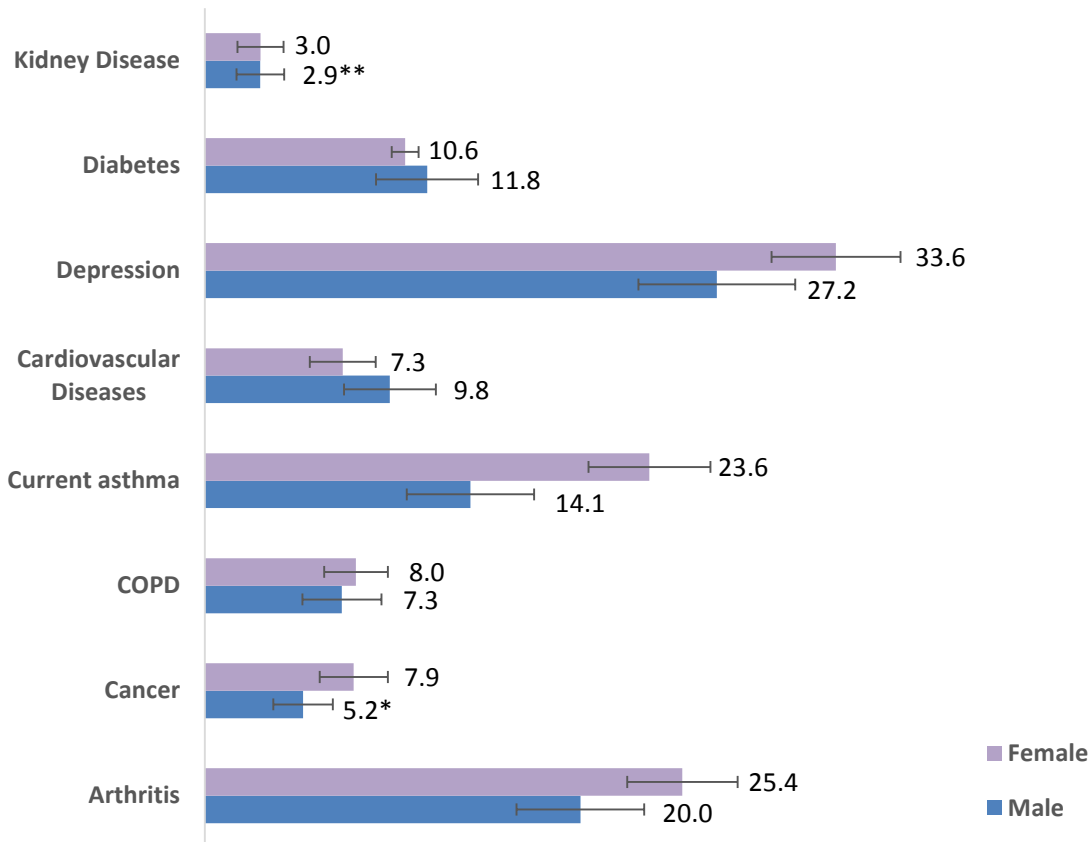


Table 1 below shows 2013-2016 demographic characteristics for Connecticut adults included in this report, summarized for the total population, Non-Medicaid population, and Medicaid populations separately. Respondents who had both Medicare and Medicaid (0.5% of the sample) were recoded as receiving Medicare as their primary insurance.<sup>1</sup> Percentages reported may not sum to 100% due to rounding. Because the purpose of this table is simply to show the demographic profile of the sample, statistical comparisons are not reported.

<sup>1</sup> Dual eligible beneficiaries were recoded as using Medicare as their primary insurance, as Medicare-covered services also covered by Medicaid are paid first by Medicare ([https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare\\_Beneficiaries\\_Dual\\_Eligibles\\_At\\_a\\_Glance.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf))





**Table 1 Demographic Table, Medicaid and non-Medicaid<sup>2</sup>**

Demographic Characteristics	Survey Respondents			Estimated Population			Estimated Percent of Population		
	CT Total	Non-Medicaid	Medicaid	CT Total	Non-Medicaid	Medicaid	CT Total	Non-Medicaid	Medicaid
Total	38,600	32,930	2,473	2,832,701	2,257,433	238,338	100%	90%	10%
<b>Age</b>									
18-44 years old	9,079	6,625	1,012	1,219,476	850,392	147,603	44%	35%	6%
45-64 years old	15,465	13,165	1,130	1,001,707	840,279	74,970	36%	34%	3%
65 years or older	13,371	12,568	307	574,063	535,858	14,229	21%	22%	1%
<b>Gender</b>									
Male	16,413	13,882	906	1,364,131	1,073,910	94,800	48%	43%	4%
Female	22,187	19,048	1,567	1,468,570	1,183,523	143,538	52%	47%	6%
<b>Race/Ethnicity</b>									
White, Non-Hispanic	29,705	26,734	1,306	1,973,569	1,715,251	111,072	75%	74%	5%
Black, Non-Hispanic	2,908	2,130	414	260,818	175,692	46,294	10%	8%	2%
Hispanic	3,411	2,039	547	381,324	201,703	61,887	15%	9%	3%
<b>Household Income</b>									
Less than \$15,000	2,625	1,409	691	204,757	90,210	56,824	9%	4%	3%
\$15,000-\$24,999	4,149	2,910	617	307,942	178,264	63,546	13%	9%	3%
\$25,000-\$34,999	2,642	2,126	240	182,731	132,248	25,251	8%	6%	1%

<sup>2</sup> Disability was determined by the 2014 Disability Definition, which in addition to physical, mental, and emotional limitations, also includes vision impairment, difficulty walking or climbing stairs, difficulty bathing or dressing, or difficulty doing errands without assistance.



Demographic Characteristics	Survey Respondents			Estimated Population			Estimated Percent of Population		
	CT Total	Non-Medicaid	Medicaid	CT Total	Non-Medicaid	Medicaid	CT Total	Non-Medicaid	Medicaid
\$35,000 or more	22,235	20,838	437	1,604,470	1,463,452	45,920	70%	71%	2%
<b>Disability</b>									
Yes	7,854	6,208	930	524,403	373,172	82,084	19%	16%	3%
No	29,168	25,458	1,409	2,179,552	1,790,712	140,500	81%	75%	6%
<b>Education</b>									
No High School	2,350	1,433	367	322,665	175,829	51,380	11%	7%	2%
High School or Post High School	18,081	14,795	1,565	1,561,459	1,223,162	156,793	55%	49%	6%
College	17,984	16,572	531	935,611	850,417	29,119	33%	34%	1%



## MEDICAID: HEALTH OUTCOMES

### 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 and morbidity.<sup>7</sup> BRSS respondents were asked to rate their general health as excellent, very good, good, fair or poor. The proportion of adults with Medicaid who reported that their health was fair or poor is shown in Table 2.



In Connecticut during 2013-2016, one in seven adult residents (14%) reported fair or poor physical health. The prevalence of fair or poor physical health was significantly higher among the Medicaid population (25%) than the non-Medicaid population (12%).



**Within the CT adult Medicaid population**, the prevalence of fair or poor physical health was significantly *greater* for:

- Middle age (45-64) and older age (65+) adults (37% and 41%, respectively);
- Adults from households earning less than \$15,000 (38%) compared to adults with household income of \$15,000-\$24,999 (22%);
- Adults with a disability (48%); and
- Adults without a high school education (41%) compared to adults with high school education (22%).



**Compared to CT's non-Medicaid population**, the prevalence of poor physical health among the Medicaid population was significantly *higher* across most demographic categories, with the following *exceptions* where no differences were observed:

- Non-Hispanic Black adults;



- Adults from households earning less than \$15,000 and \$25,000-\$34,999;
- Adults with a disability; and
- Adults without a high school education.

**Table 2 General Health by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	14.3% (13.8%-14.8%)	12.4% (11.9%-12.9%)	24.7% (22.4%-27.0%)
<b>Age</b>			
18-44 years old	9.9% (9.1%-10.7%)	7.2% (6.3%-8.0%)	17.3% (14.4%-20.2%)
45-64 years old	15.6% (14.8%-16.4%)	12.5% (11.7%-13.2%)	36.5% (32.7%-40.3%)
65 years or older	21.7% (20.7%-22.7%)	20.7% (19.7%-21.7%)	41.2% (33.0%-49.5%)
<b>Gender</b>			
Male	13.9% (13.1%-14.6%)	11.8% (11.1%-12.6%)	25.7% (21.7%-29.6%)
Female	14.7% (14.0%-15.4%)	12.9% (12.2%-13.5%)	24.1% (21.3%-26.9%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	11.7% (11.2%-12.2%)	10.8% (10.3%-11.3%)	23.5% (20.2%-26.9%)
Black, Non-Hispanic	18.7% (16.7%-20.6%)	18.1% (15.8%-20.4%)	21.4% (16.5%-26.2%)
Hispanic	26.6% (24.7%-28.6%)	22.9% (20.3%-25.4%)	30.4% (25.5%-35.2%)
<b>Household Income</b>			
Less than \$15,000	37.9% (35.2%-40.6%)	38.1% (34.3%-41.8%)	37.8% (32.7%-42.9%)
\$15,000-\$24,999	27.3% (25.3%-29.2%)	29.4% (27.0%-31.9%)	21.6% (17.4%-25.7%)
\$25,000-\$34,999	21.1% (18.9%-23.3%)	22.0% (19.5%-24.5%)	19.3% * (12.9%-25.8%)
\$35,000 or more	7.4% (7.0%-7.9%)	7.2% (6.7%-7.7%)	16.6% * (10.9%-22.3%)
<b>Disability</b>			
Yes	45.1% (43.4%-46.7%)	44.1% (42.2%-45.9%)	47.9% (43.3%-52.4%)
No	6.9% (6.4%-7.3%)	5.7% (5.3%-6.1%)	12.1% (9.7%-14.5%)
<b>Education</b>			
No High School	36.2% (33.7%-38.7%)	34.8% (31.4%-38.1%)	40.6% (34.0%-47.3%)
High School or Post High School	15.0% (14.4%-15.7%)	14.1% (13.3%-14.8%)	21.7% (19.2%-24.3%)
College	5.7% (5.3%-6.1%)	5.4% (5.0%-5.8%)	13.6% * (9.4%-17.8%)



## Health-Related Quality of Life

Overall health-related quality of life has physical and mental aspects. Adults in poor physical or mental health are defined as having reported 14 or more days for which their mental or physical health was “not good,” within the past 30 days. The Healthy Days measure is useful for identifying health disparities and tracking population trends. The proportion of adults with Medicaid who reported 14 or more physically- unhealthy days in the previous month is shown in Table 3, and adults with Medicaid who reported 14 or more mentally-unhealthy days is shown in Table 4.

### PHYSICAL HEALTH



In Connecticut during 2013-2016, 11% of residents reported poor physical health. The prevalence of adults in poor physical health was significantly higher among the Medicaid population (19%) than the non-Medicaid population (10%).



**Within the CT adult Medicaid population**, the prevalence of adults in poor physical health was significantly *greater* for:

- Adults 45-64 (31%) compared to adults 18-44 years old (13%);
- Adults from households earning less than \$15,000 (28%);
- Adults with a disability (40%);
- Adults with fewer years of education, with significant differences across all education categories.



**Compared to CT's non-Medicaid population**, the prevalence of poor physical health among the Medicaid population was *significantly higher* for almost all demographic categories, *except* for Hispanic adults and adults in households with incomes \$15,000-\$34,999, where no significant differences were observed.



**Table 3 Poor Physical Health by Medicaid Status**

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	10.5% (10.1%-10.9%)	9.5% (9.0%-9.9%)	18.8% (16.8%-20.9%)
<b>Age</b>			
18-44 years old	6.9% (6.2%-7.6%)	5.6% (4.9%-6.3%)	12.5% (10.0%-15.1%)
45-64 years old	13.1% (12.4%-13.8%)	11.0% (10.3%-11.7%)	30.5% (26.9%-34.2%)
65 years or older	13.8% (12.9%-14.6%)	13.5% (12.6%-14.3%)	23.1% * (15.8%-30.4%)
<b>Gender</b>			
Male	9.4% (8.8%-10.1%)	8.3% (7.6%-8.9%)	18.4% (14.9%-21.8%)
Female	11.5% (10.9%-12.1%)	10.6% (10.0%-11.2%)	19.1% (16.6%-21.6%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	9.7% (9.3%-10.2%)	9.0% (8.5%-9.4%)	21.0% (18.0%-24.1%)
Black, Non-Hispanic	11.7% (10.1%-13.3%)	10.2% (8.4%-12.0%)	16.1% (11.8%-20.5%)
Hispanic	14.1% (12.6%-15.7%)	14.1% (12.0%-16.2%)	16.9% (13.0%-20.7%)
<b>Household Income</b>			
Less than \$15,000	23.4% (21.2%-25.7%)	22.4% (19.5%-25.4%)	27.7% (24.1%-33.3%)
\$15,000-\$24,999	17.2% (15.6%-18.8%)	18.9% (16.8%-20.9%)	15.4% (11.7% - 19.1%)
\$25,000-\$34,999	15.2% (13.2%-17.1%)	16.4% (14.1%-18.7%)	14.3% (9.0%-19.5%)
\$35,000 or more	7.0% (6.5%-7.4%)	6.8% (6.3%-7.3%)	11.7% (7.4%-15.9%)
<b>Disability</b>			
Yes	34.6% (33.0%-36.1%)	33.7% (31.9%-35.4%)	40.4% (36.0%-44.9%)
No	4.8% (4.4%-5.2%)	4.5% (4.1%-4.9%)	7.1% (5.3%-8.9%)
<b>Education</b>			
No High School	19.7% (17.6%-21.8%)	18.7% (16.0%-21.3%)	28.6% (22.6%-34.5%)
High School or Post High School	11.7% (11.1%-12.3%)	11.1% (10.5%-11.8%)	17.3% (14.9%-19.6%)
College	5.5% (5.1%-5.9%)	5.3% (4.9%-5.8%)	11.0% (7.6%-14.4%)



## MENTAL HEALTH



In Connecticut during 2013-2016, 11% of residents reported poor mental health. The prevalence of poor mental health was significantly higher among the Medicaid population (22%) than the non-Medicaid population (9%).



**Within the CT adult Medicaid population**, the prevalence of poor mental health was significantly *greater* for:

- Middle age (45-64) adults (28%) compared to adults 45-64 years old (20%);
- Adults from households earning less than \$15,000 (34%) compared to adults from households earning of \$15,000-\$24,999 (19%);
- Adults with a disability (45%); and
- Adults without a high school education (32%).



**Compared to CT's non-Medicaid population**, the prevalence of poor mental health among the Medicaid population was *significantly higher* across most demographic categories.



Table 4 Poor Mental Health by Medicaid Status

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	10.8% (10.3%-11.2%)	9.4% (8.9%-9.9%)	21.9% (19.7%-24.0%)
<b>Age</b>			
18-44 years old	12.5% (11.6%-13.4%)	11.5% (10.5%-12.5%)	20.3% (17.3%-23.2%)
45-64 years old	11.4% (10.7%-12.0%)	9.5% (8.9%-10.2%)	27.6% (24.1%-31.1%)
65 years or older	6.3% (5.7%-6.8%)	6.0% (5.4%-6.6%)	10%** -
<b>Gender</b>			
Male	9.2% (8.5%-9.8%)	7.7% (7.0%-8.3%)	20.4% (16.9%-23.8%)
Female	12.2% (11.6%-12.9%)	10.9% (10.2%-11.7%)	22.9% (20.1%-25.7%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	10.2% (9.7%-10.7%)	9.1% (8.5%-9.6%)	23.3% (20.3%-26.4%)
Black, Non-Hispanic	11.6% (9.9%-13.3%)	10.6% (8.7%-12.6%)	16.1% (11.5%-20.7%)
Hispanic	13.8% (12.2%-15.4%)	12.3% (10.2%-14.3%)	24.2% (19.5%-29.0%)
<b>Household Income</b>			
Less than \$15,000	23.5% (21.1%-25.9%)	21.6% (18.2%-25.1%)	33.5% (28.4%-38.5%)
\$15,000-\$24,999	15.4% (13.8%-17.0%)	14.8% (12.9%-16.6%)	19.4% (15.3%-23.5%)
\$25,000-\$34,999	13.2% (11.2%-15.3%)	12.3% (10.0%-14.6%)	16.4% * (10.8%-22.1%)
\$35,000 or more	7.9% (7.3%-8.4%)	7.7% (7.2%-8.3%)	11.2% * (7.4%-14.9%)
<b>Disability</b>			
Yes	29.0% (27.4%-30.5%)	25.7% (24.0%-27.4%)	45.2% (40.6%-49.7%)
No	6.4% (6.0%-6.9%)	6.0% (5.6%-6.5%)	9.3% (7.5%-11.1%)
<b>Education</b>			
No High School	17.6% (15.5%-19.7%)	16.3% (13.6%-19.1%)	31.7% (25.5%-38.0%)
High School or Post High School	12.0% (11.3%-12.6%)	10.9% (10.1%-11.6%)	19.4% (17.0%-21.8%)
College	6.5% (6.0%-6.9%)	5.9% (5.4%-6.4%)	18.4% (13.6%-23.3%)





## Health Conditions: Adult Weight Status (Obesity)

The BRFSS 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 who has a BMI between 25 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.<sup>8</sup> 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.<sup>9</sup> The proportions of Connecticut adults with Medicaid who were overweight or obese are shown in Table 5 below.



In Connecticut during 2013-2016, 62% of residents were overweight or obese. The prevalence of overweight or obese adults was significantly higher among the Medicaid population (66%) than the non-Medicaid population (62%).



**Within the CT adult Medicaid population**, the prevalence of overweight/obese adults was significantly *greater* for:

- Middle age (45-64) and older age (65+) adults (74% each);
- Non-Hispanic Black adults (73%, compared to 62% of Non-Hispanic White adults);
- Adults from households earning less than \$15,000 (70%) compared to those with household incomes \$25,000-\$34,000 (56%);
- Adults with a disability (73%); and
- Adults with a high school education (64%) or less (79%) compared to adults with a college education (56%).



**Compared to CT's non-Medicaid population**, the prevalence of overweight/obese adults among the Medicaid population was significantly *higher* for:

- Younger (18-44) and middle age (45-64) adults;
- Women; and



- Adults without a high school education.

**Table 5 Overweight or Obese by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	61.6% (60.9%-62.4%)	61.5% (60.7%-62.3%)	65.9% (63.0%-68.8%)
<b>Age</b>			
18-44 years old	53.8% (52.4%-55.3%)	52.5% (50.9%-54.2%)	60.5% (56.3%-64.7%)
45-64 years old	68.6% (67.6%-69.5%)	67.8% (66.7%-68.8%)	74.2% (70.9%-77.5%)
65 years or older	65.9% (64.8%-67.0%)	65.9% (64.7%-67.0%)	73.9% (66.5%-81.4%)
<b>Gender</b>			
Male	68.9% (67.8%-69.9%)	69.9% (68.8%-71.0%)	69.5% (65.0%-73.9%)
Female	54.3% (53.3%-55.4%)	53.2% (52.1%-54.3%)	63.3% (59.6%-67.0%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	60.1% (59.2%-60.9%)	60.4% (59.5%-61.3%)	61.9% (57.9%-66.0%)
Black, Non-Hispanic	71.2% (68.6%-73.8%)	72.7% (69.7%-75.7%)	73.3% (66.8%-79.8%)
Hispanic	69.5% (67.3%-71.8%)	70.2% (67.2%-73.2%)	70.1% (64.3%-75.9%)
<b>Household Income</b>			
Less than \$15,000	67.6% (64.8%-70.4%)	66.6% (62.6%-70.5%)	70.3% (65.0%-75.5%)
\$15,000-\$24,999	66.6% (64.3%-68.8%)	66.8% (64.1%-69.4%)	67.9% (62.5%-73.4%)
\$25,000-\$34,999	64.3% (61.5%-67.1%)	66.0% (62.9%-69.0%)	56.4% (47.3%-65.5%)
\$35,000 or more	61.9% (61.0%-62.9%)	62.0% (61.0%-63.0%)	64.3% (57.3%-71.2%)
<b>Disability</b>			
Yes	70.6% (69.0%-72.2%)	70.2% (68.4%-71.9%)	73.3% (68.9%-77.8%)
No	59.6% (58.8%-60.5%)	59.8% (58.9%-60.7%)	61.8% (58.0%-65.5%)
<b>Education</b>			
No High School	69.9% (67.1%-72.7%)	69.2% (65.5%-72.9%)	78.6% (72.2%-84.9%)
High School or Post High School	63.5% (62.4%-64.6%)	64.0% (62.8%-65.2%)	63.6% (60.0%-67.2%)
College	55.8% (54.8%-56.8%)	56.3% (55.2%-57.3%)	55.7% (49.5%-62.0%)



## Health Conditions: Asthma

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.<sup>10</sup> African-Americans have a disproportionately higher rate of hospitalization and death due to asthma compared to Whites.<sup>11</sup> Overall, in the past decade, rates of asthma among both adults and child have been increasing.<sup>12</sup> BRFSS respondents were asked if a doctor or health professional had ever told them they had asthma, and whether they still had asthma. The proportion of adults with Medicaid who currently have asthma is shown in Table 6 below.



In Connecticut during 2013-2016, 10% of residents reported that they currently have asthma. The prevalence of adults within the Medicaid population who had asthma (20%) was significantly higher than the non-Medicaid population (10%).



**Within the CT adult Medicaid population**, the prevalence of adults who had asthma was significantly *greater* for:

- Women (23%, compared to 14% of men);
- Adults with a disability (30%); and
- Adults without a high school education (29%) compared to adults with a high school education (18%).



**Compared to CT's non-Medicaid population**, the prevalence of adults who had asthma among the Medicaid population was *significantly higher* across all demographic categories.



**Table 6 Current Asthma by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	10.1% (9.6%-10.5%)	9.5% (9.0%-9.9%)	19.6% (17.4%-21.8%)
<b>Age</b>			
18-44 years old	11.0% (10.1%-11.8%)	10.3% (9.4%-11.3%)	20.6% (17.4%-23.8%)
45-64 years old	9.8% (9.2%-10.4%)	9.2% (8.6%-9.8%)	17.7% (14.7%-20.7%)
65 years or older	8.8% (8.1%-9.4%)	8.5% (7.9%-9.2%)	20%** -
<b>Gender</b>			
Male	7.1% (6.5%-7.6%)	6.7% (6.1%-7.3%)	13.9% (10.7%-17.2%)
Female	12.9% (12.2%-13.5%)	12.0% (11.3%-12.7%)	23.3% (20.3%-26.3%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	9.6% (9.1%-10.0%)	9.2% (8.7%-9.7%)	16.3% (13.4%-19.2%)
Black, Non-Hispanic	12.5% (10.7%-14.4%)	10.6% (8.5%-12.7%)	23.2% (17.3%-29.1%)
Hispanic	12.0% (10.6%-13.5%)	12.0% (10.1%-13.9%)	23.3% (18.6%-28.0%)
<b>Household Income</b>			
Less than \$15,000	15.7% (13.7%-17.6%)	14.4% (11.9%-16.9%)	25.5% (20.7%-30.4%)
\$15,000-\$24,999	11.2% (9.9%-12.6%)	11.3% (9.7%-12.9%)	17.4% (13.3%-21.4%)
\$25,000-\$34,999	10.3% (8.7%-12.0%)	10.0% (8.2%-11.8%)	15%** -
\$35,000 or more	8.9% (8.4%-9.5%)	8.7% (8.2%-9.3%)	15.5%* (10.4%-20.7%)
<b>Disability</b>			
Yes	18.7% (17.4%-20.0%)	17.2% (15.8%-18.6%)	29.7% (25.4%-33.9%)
No	8.1% (7.6%-8.5%)	7.9% (7.4%-8.4%)	14.0% (11.4%-16.7%)
<b>Education</b>			
No High School	13.7% (11.9%-15.5%)	12.7% (10.5%-14.9%)	29.0% (22.9%-35.2%)
High School or Post High School	10.5% (9.9%-11.1%)	9.9% (9.2%-10.6%)	18.2% (15.6%-20.9%)
College	8.2% (7.7%-8.7%)	8.2% (7.7%-8.8%)	10%** -



## Health Conditions: Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that includes two main conditions: emphysema and chronic bronchitis. The term COPD is used because many sufferers have both conditions. COPD causes irreversible damage to and from the lungs and airways, which causes less air to flow to the lungs. Symptoms include mucus-heavy coughing, wheezing and shortness of breath. Cigarette smoking is the primary cause of COPD though genetics and other pollutants in the air may also contribute.<sup>13</sup> Respondents were asked if they were ever told they had COPD, emphysema or chronic bronchitis. Results by demographics are shown in Table 7.



In Connecticut during 2013-2016, 6% of residents reported that they had COPD. The prevalence of adults within the Medicaid population who had COPD (8%) was significantly higher than the non-Medicaid population (6%).



**Within the CT adult Medicaid population**, the prevalence of adults who had COPD was did not significantly among demographic subgroups.



**Compared to CT's non-Medicaid population**, the prevalence of adults who had COPD among the Medicaid population was *significantly higher* for:

- Adults 45-64 years old;
- Men and women; and
- Non-Hispanic White adults.



Table 7 COPD by Medicaid Status

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	5.5% (5.2%-5.8%)	5.5% (5.2%-5.8%)	8.0% (6.7%-9.2%)
<b>Age</b>			
18-44 years old	2.2% (1.8%-2.5%)	1.7% (1.4%-2.1%)	4.6% * (3.2%-6.1%)
45-64 years old	5.9% (5.4%-6.4%)	5.3% (4.8%-5.7%)	12.7% (10.2%-15.2%)
65 years or older	11.9% (11.1%-12.7%)	11.8% (11.0%-12.6%)	18.2% * (12.0%-24.4%)
<b>Gender</b>			
Male	4.7% (4.3%-5.1%)	4.7% (4.2%-5.1%)	7.7% (5.5%-9.8%)
Female	6.2% (5.8%-6.6%)	6.2% (5.7%-6.6%)	8.1% (6.5%-9.7%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	6.0% (5.7%-6.3%)	5.9% (5.5%-6.2%)	10.0% (7.9%-12.0%)
Black, Non-Hispanic	4.7% (3.7%-5.6%)	4.4% (3.3%-5.5%)	5%** -
Hispanic	4.1% (3.3%-5.0%)	4.1% (3.1%-5.2%)	5%** -
<b>Household Income</b>			
Less than \$15,000	11.6% (10.1%-13.1%)	14.9% (12.5%-17.3%)	11.4% (8.6%-14.2%)
\$15,000-\$24,999	9.1% (8.0%-10.2%)	11.4% (9.9%-12.9%)	7.9% * (5.3%-10.4%)
\$25,000-\$34,999	8.8% (7.5%-10.1%)	10.2% (8.6%-11.8%)	-
\$35,000 or more	3.6% (3.3%-3.9%)	3.6% (3.3%-4.0%)	5%** -
<b>Disability</b>			
Yes	15.5% (14.4%-16.5%)	16.2% (15.0%-17.5%)	16.1% (13.1%-19.0%)
No	3.2% (2.9%-3.4%)	3.3% (3.0%-3.5%)	3.4% * (2.3%-4.5%)
<b>Education</b>			
No High School	10.5% (9.0%-11.9%)	13.1% (11.0%-15.2%)	11.7% * (8.1%-15.4%)
High School or Post High School	6.4% (6.0%-6.8%)	6.5% (6.1%-7.0%)	7.6% (6.1%-9.2%)
College	2.4% (2.1%-2.6%)	2.4% (2.1%-2.6%)	5%** -



## Health Conditions: Arthritis

Arthritis covers over 100 rheumatic conditions that affect the joints and the connective tissues.<sup>14</sup> It is caused when the cartilage between bones disappears, either through normal wear and tear, breaking bones, getting an infection, or having an autoimmune disease.<sup>15</sup> Arthritis is the most common cause of disability in the U.S and affects one in five American adults. Women and older people are more likely to experience arthritis symptoms.<sup>16</sup> BRFSS respondents were asked if they were ever told they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Results by demographics are shown in Table 8.



In Connecticut during 2013-2016, 24% of residents reported that they had arthritis. The prevalence of adults within the Medicaid population who had arthritis (23%) was significantly lower than the non-Medicare population (26%).



**Within the CT adult Medicaid population**, the prevalence of adults who had arthritis was significantly *greater* for:

- Adults age 65 and older (51%) with significant difference across all age groups;
- Women (25%, compared to 20% of men);
- Non-Hispanic White adults (28%);
- Adults from households earning less than \$15,000 (31%) compared to adults from households earning 15,000-\$24,999 (22%) and at least \$35,000 (21%);
- Adults with a disability (39%); and
- Adults without a high school education (31%).



**Compared to CT's non-Medicaid population**, the prevalence of adults who had arthritis among the Medicaid population was significantly *higher* for adults ages 18-64.

**Compared to CT's non-Medicaid population**, the prevalence of adults who had arthritis among the Medicaid population was significantly *lower* for:



- Women;
- Adults with and without a disability; and
- Adults without a college education.

**Table 8 Arthritis by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	24.4% (23.9%-25.0%)	26.3% (25.7%-27.0%)	22.9% (20.8%-25.0%)
<b>Age</b>			
18-44 years old	7.4% (6.8%-8.1%)	7.3% (6.6%-8.1%)	12.1% (9.7%-14.5%)
45-64 years old	29.9% (29.0%-30.8%)	29.8% (28.8%-30.8%)	38.9% (35.1%-42.7%)
65 years or older	51.0% (49.9%-52.2%)	51.2% (50.0%-52.4%)	50.5% (42.3%-58.7%)
<b>Gender</b>			
Male	20.3% (19.5%-21.0%)	22.3% (21.4%-23.1%)	19.9% (16.6%-23.2%)
Female	28.3% (27.5%-29.1%)	30.0% (29.2%-30.9%)	24.8% (22.1%-27.6%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	27.6% (27.0%-28.3%)	28.5% (27.8%-29.2%)	28.0% (24.7%-31.2%)
Black, Non-Hispanic	19.7% (17.8%-21.6%)	22.1% (19.8%-24.5%)	19.2% (14.4%-24.0%)
Hispanic	15.7% (14.2%-17.1%)	19.5% (17.4%-21.6%)	18.3% (14.5%-22.1%)
<b>Household Income</b>			
Less than \$15,000	28.2% (26.0%-30.5%)	35.4% (31.8%-38.9%)	30.8% (26.2%-35.3%)
\$15,000-\$24,999	29.2% (27.4%-31.1%)	38.0% (35.5%-40.5%)	21.5% (17.5%-25.5%)
\$25,000-\$34,999	30.0% (27.8%-32.3%)	36.0% (33.2%-38.8%)	13.7% * (9.2%-18.2%)
\$35,000 or more	22.6% (21.9%-23.3%)	23.3% (22.6%-24.1%)	20.8% (15.6%-26.0%)
<b>Disability</b>			
Yes	48.9% (47.3%-50.5%)	54.8% (52.9%-56.6%)	38.7% (34.5%-42.9%)
No	18.8% (18.3%-19.4%)	20.7% (20.1%-21.3%)	13.9% (11.7%-16.1%)
<b>Education</b>			
No High School	29.4% (27.1%-31.7%)	38.3% (34.9%-41.6%)	30.5% (24.7%-36.4%)
High School or Post High School	26.1% (25.3%-26.9%)	28.7% (27.8%-29.6%)	21.0% (18.6%-23.4%)
College	19.9% (19.3%-20.6%)	20.6% (19.9%-21.3%)	19.0% (15.1%-22.8%)





## Health Conditions: Cancer

After heart disease, cancer is the second leading cause of death among Americans. More than 500,000 Americans die every year from the more than 100 identified types of cancer.<sup>17</sup> Skin cancer is the most common cancer in the U.S.; its deadliest form, melanoma, is caused by exposure to ultraviolet light.<sup>18</sup> 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 up, and avoiding indoor tanning beds. Some types of cancer, such as cervical cancer are preventable with vaccines and others, such as prostate and breast cancer, can be managed with early screening.<sup>19</sup> BRFSS respondents were asked if they were ever told they had skin cancer or any other type of cancer. Results by demographic sub-group are shown in Table 9.



In Connecticut during 2013-2016, 12% of residents reported that they had cancer. The prevalence of adults within the Medicaid population who had cancer (7%) was significantly lower than the non-Medicare population (13%).



**Within the CT adult Medicaid population**, the prevalence of adults who had cancer was significantly *greater* for:

- Women (8%, compared to 5% of men); and
- Adults with a disability (8%).



**Compared to CT's non-Medicaid population**, the prevalence of adults who had cancer among the Medicaid population was *significantly lower* across most demographic categories.



Table 9 Cancer by Medicaid Status

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	11.8% (11.4%-12.1%)	13.4% (12.9%-13.8%)	6.6% (5.5%-7.8%)
<b>Age</b>			
18-44 years old	2.8% (2.4%-3.2%)	2.9% (2.4%-3.4%)	5%** -
45-64 years old	12.1% (11.4%-12.7%)	12.8% (12.1%-13.6%)	10.1% (8.0%-12.2%)
65 years or older	30.1% (29.1%-31.2%)	30.9% (29.8%-32.0%)	19.3% * (13.6%-25.1%)
<b>Gender</b>			
Male	10.0% (9.5%-10.5%)	11.7% (11.1%-12.3%)	5.1% (3.6%-6.5%)
Female	13.4% (12.8%-13.9%)	14.9% (14.3%-15.6%)	7.6% (6.0%-9.3%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	14.8% (14.3%-15.2%)	15.8% (15.3%-16.3%)	9.3% (7.3%-11.3%)
Black, Non-Hispanic	4.9% (4.0%-5.8%)	5.6% (4.5%-6.8%)	5%** -
Hispanic	4.6% (3.7%-5.4%)	6.2% (4.9%-7.6%)	5%** -
<b>Household Income</b>			
Less than \$15,000	8.4% (7.1%-9.6%)	11.8% (9.7%-14.0%)	7.9% (5.7%-10.1%)
\$15,000-\$24,999	11.3% (10.1%-12.5%)	16.4% (14.6%-18.3%)	5%** -
\$25,000-\$34,999	13.6% (12.0%-15.2%)	17.1% (15.1%-19.2%)	-
\$35,000 or more	12.1% (11.6%-12.6%)	12.6% (12.1%-13.2%)	10%** -
<b>Disability</b>			
Yes	17.7% (16.5%-18.8%)	21.3% (19.9%-22.7%)	8.4% (6.3%-10.4%)
No	10.5% (10.1%-10.9%)	11.9% (11.5%-12.4%)	5.6% (4.1%-7.0%)
<b>Education</b>			
No High School	9.3% (7.9%-10.6%)	13.7% (11.5%-16.0%)	5%** -
High School or Post High School	11.6% (11.1%-12.2%)	13.2% (12.6%-13.8%)	6.8% (5.3%-8.4%)
College	12.8% (12.3%-13.4%)	13.6% (13.0%-14.1%)	7.6% * (5.0%-10.1%)



## Health Conditions: Depression

Depression is a common and serious illness that can take several forms. Symptoms include persistent feelings of sadness, anxiety, “emptiness,” 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.<sup>20</sup> 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. Respondents were asked if they were ever told they had a depressive disorder, including depression, major depression, dysthymia, or minor depression (Table 10).<sup>21</sup>



In Connecticut during 2013-2016, 17% of residents reported that they had depression. The prevalence of adults within the Medicaid population who had depression (32%) was significantly higher than the non-Medicaid population (16%).



**Within the CT adult Medicaid population**, the prevalence of adults who had depression was significantly *greater* for:

- Adults 45 to 64 years of age (38%) compared to adults 18-44 years old (30%);
- Non-Hispanic White adults (37%, compared to 22% of Non-Hispanic Black adults);
- Adults from households earning less than \$15,000 (44%) compared to adults from households earning \$15,000-\$24,999 (27%);
- Adults with a disability (59%); and
- Adults without a high school education (44%).



**Compared to CT's non-Medicaid population**, the prevalence of adults who had depression among the Medicaid population was *significantly higher* across most demographic categories, *except* for households with incomes between \$15,000 and \$24,999.

**Table 10 Depression by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	17.2% (16.7%-17.7%)	16.1% (15.5%-16.6%)	31.5% (28.9%-34.0%)
<b>Age</b>			
18-44 years old	17.0% (16.0%-18.0%)	15.8% (14.6%-16.9%)	29.6% (26.1%-33.2%)
45-64 years old	19.7% (18.9%-20.6%)	18.2% (17.3%-19.0%)	37.6% (33.8%-41.4%)
65 years or older	13.8% (13.1%-14.6%)	13.7% (12.9%-14.4%)	20.1% * (13.6%-26.6%)
<b>Gender</b>			
Male	13.0% (12.3%-13.8%)	11.7% (11.0%-12.5%)	28.3% (24.2%-32.5%)
Female	21.1% (20.3%-21.9%)	20.0% (19.1%-20.8%)	33.5% (30.3%-36.8%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	17.8% (17.2%-18.4%)	16.5% (15.9%-17.2%)	36.6% (32.8%-40.3%)
Black, Non-Hispanic	13.3% (11.6%-15.1%)	12.3% (10.3%-14.2%)	22.3% (16.7%-27.9%)
Hispanic	20.0% (18.2%-21.8%)	20.2% (17.7%-22.6%)	30.6% (25.5%-35.6%)
<b>Household Income</b>			
Less than \$15,000	33.3% (30.7%-35.9%)	33.9% (30.2%-37.6%)	43.8% (38.5%-49.0%)
\$15,000-\$24,999	22.3% (20.5%-24.1%)	23.6% (21.4%-25.8%)	26.8% (22.1%-31.5%)
\$25,000-\$34,999	20.1% (17.9%-22.3%)	20.8% (18.2%-23.3%)	19.1% * (12.5%-25.6%)
\$35,000 or more	14.3% (13.7%-15.0%)	14.0% (13.4%-14.7%)	24.0% (18.1%-29.9%)
<b>Disability</b>			
Yes	40.9% (39.3%-42.6%)	38.7% (36.9%-40.5%)	58.5% (53.9%-63.1%)
No	11.6% (11.1%-12.1%)	11.4% (10.9%-11.9%)	17.0% (14.2%-19.7%)
<b>Education</b>			
No High School	24.4% (22.1%-26.7%)	23.1% (20.2%-26.1%)	43.6% (36.8%-50.5%)
High School or Post High School	18.1% (17.3%-18.8%)	17.2% (16.4%-18.1%)	28.6% (25.6%-31.6%)
College	13.4% (12.8%-14.0%)	12.9% (12.3%-13.6%)	26.5% (21.2%-31.8%)



## Health Conditions: 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.<sup>22</sup> 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 more at-risk for diabetes.<sup>23</sup> Adults who lose a modest amount of weight and increase their physical activity can reduce their risk of developing diabetes.<sup>24</sup> BRFSS respondents were asked if they had ever been told they had diabetes. Women with diabetes during pregnancy were coded as not having diabetes. Results by demographics are shown in Table 11 below.



In Connecticut during 2013-2016, 9% of residents reported that they had diabetes. The prevalence of adults within the Medicaid population who had diabetes (11%) was significantly higher than the non-Medicaid population (9%).



**Within the CT adult Medicaid population**, the prevalence of adults who had diabetes was significantly *greater* for:

- Older adults (65+) (33%) compared to adults 45-64 years old (19%);
- Hispanic adults (15%, compared to 9% of Non-Hispanic White adults);
- Adults with a disability (19%); and
- Adults without a high school education (18%) compared to adults with a high school education (9%).



**Compared to CT's non-Medicaid population**, the prevalence of adults who had diabetes among the Medicaid population was *significantly higher* for adults 45-64 years old and older adults (65+).



Table 11 Diabetes by Medicaid Status

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	9.2% (8.9%-9.6%)	9.4% (9.0%-9.8%)	11.0% (9.5%-12.6%)
<b>Age</b>			
18-44 years old	2.4% (2.0%-2.7%)	2.0% (1.6%-2.4%)	4.8% * (3.3%-6.3%)
45-64 years old	11.3% (10.6%-12.0%)	10.4% (9.7%-11.1%)	19.3% (16.1%-22.5%)
65 years or older	20.2% (19.2%-21.1%)	19.7% (18.8%-20.7%)	32.9% (24.8%-41.0%)
<b>Gender</b>			
Male	9.8% (9.3%-10.4%)	10.5% (9.8%-11.1%)	11.3% (8.7%-13.8%)
Female	8.7% (8.2%-9.1%)	8.5% (7.9%-9.0%)	10.9% (9.0%-12.8%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	8.4% (8.0%-8.8%)	8.5% (8.1%-8.9%)	9.4% (7.4%-11.3%)
Black, Non-Hispanic	15.3% (13.5%-17.0%)	18.0% (15.7%-20.3%)	10.9% * (7.1%-14.8%)
Hispanic	10.5% (9.3%-11.7%)	11.3% (9.6%-13.0%)	15.0% (11.3%-18.6%)
<b>Household Income</b>			
Less than \$15,000	16.2% (14.3%-18.0%)	19.1% (16.2%-21.9%)	16.7% (13.2%-20.3%)
\$15,000-\$24,999	13.8% (12.4%-15.1%)	17.2% (15.4%-19.0%)	9.7% * (6.6%-12.7%)
\$25,000-\$34,999	13.7% (12.0%-15.4%)	16.3% (14.1%-18.5%)	10%** -
\$35,000 or more	7.1% (6.7%-7.5%)	7.3% (6.9%-7.7%)	5%** -
<b>Disability</b>			
Yes	19.9% (18.7%-21.1%)	21.2% (19.8%-22.6%)	18.7% (15.6%-21.9%)
No	6.6% (6.3%-7.0%)	6.9% (6.5%-7.3%)	7.0% (5.2%-8.7%)
<b>Education</b>			
No High School	17.6% (15.8%-19.4%)	21.4% (18.8%-24.0%)	18.1% (13.4%-22.8%)
High School or Post High School	9.8% (9.3%-10.3%)	10.4% (9.9%-11.0%)	9.4% (7.7%-11.0%)
College	5.4% (5.0%-5.8%)	5.5% (5.1%-5.9%)	7.8% * (5.3%-10.3%)



## Health Conditions: High Blood Cholesterol

It is estimated that more than 73 million American adults suffer from high cholesterol, but less than one in three of these adults has their high cholesterol under control.<sup>25</sup> People with high cholesterol have twice the risk of heart disease as people with lower levels of cholesterol.<sup>26</sup> Cholesterol can be controlled by making lifestyle and dietary changes. Depending on overall risk of cardiovascular disease, medication may be necessary.<sup>27</sup> BRFSS respondents were asked if they had ever been told they had high blood cholesterol levels. Results are shown by demographics in Table 12.



In Connecticut during 2013-2016, 38% of residents reported that they had high blood cholesterol. There was no significant difference between the Medicaid population (36%) and the non-Medicaid population (38%).



**Within the CT adult Medicaid population**, the prevalence of adults who had high blood cholesterol was significantly *greater* for:

- Middle age (45-64) and older adults (65+) (51% and 64%, respectively);
- Adults with a disability (47%); and
- Adults without a high school education (54%).



**Compared to CT's non-Medicaid population**, the prevalence of adults who had high blood cholesterol among the Medicaid population was significantly *higher* for middle age (45-64) adults and *significantly lower* for adults with household incomes between \$15,000 and \$24,999, adults without a disability, and adults with a high school or post high school education.



Table 12 Cholesterol Awareness by Medicaid Status

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	37.6% (36.6%-38.6%)	38.4% (37.3%-39.5%)	36.2% (31.7%-40.7%)
<b>Age</b>			
18-44 years old	20.6% (18.9%-22.3%)	20.4% (18.5%-22.3%)	23.1% (17.1%-29.1%)
45-64 years old	43.0% (41.5%-44.6%)	42.3% (40.7%-43.9%)	51.0% (44.3%-57.6%)
65 years or older	54.1% (52.5%-55.8%)	54.5% (52.8%-56.2%)	64.1% (52.0%-76.3%)
<b>Gender</b>			
Male	40.3% (38.7%-41.8%)	41.4% (39.8%-43.1%)	40.5% (32.5%-48.4%)
Female	35.1% (33.9%-36.4%)	35.7% (34.4%-37.1%)	33.4% (28.2%-38.7%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	38.4% (37.3%-39.5%)	39.1% (37.9%-40.2%)	37.6% (31.4%-43.9%)
Black, Non-Hispanic	33.6% (29.8%-37.5%)	35.5% (31.0%-40.0%)	30.3% * (19.7%-40.8%)
Hispanic	38.2% (34.6%-41.9%)	39.7% (35.1%-44.3%)	37.7% (28.4%-47.1%)
<b>Household Income</b>			
Less than \$15,000	43.6% (39.4%-47.8%)	47.3% (41.8%-52.9%)	42.8% (34.1%-51.6%)
\$15,000-\$24,999	41.3% (38.0%-44.6%)	44.6% (40.7%-48.5%)	33.6% (25.4%-41.8%)
\$25,000-\$34,999	40.8% (36.8%-44.9%)	45.0% (40.4%-49.6%)	30%** -
\$35,000 or more	35.6% (34.4%-36.9%)	36.2% (35.0%-37.5%)	34.6% * (22.7%-46.5%)
<b>Disability</b>			
Yes	50.1% (47.7%-52.6%)	52.1% (49.4%-54.7%)	46.7% (39.6%-53.8%)
No	34.6% (33.5%-35.7%)	35.6% (34.4%-36.8%)	29.2% (23.8%-34.6%)
<b>Education</b>			
No High School	50.6% (46.3%-55.0%)	51.7% (46.5%-56.8%)	54.3% (43.0%-65.6%)
High School or Post High School	38.3% (36.9%-39.8%)	40.2% (38.6%-41.8%)	31.2% (25.8%-36.7%)
College	32.8% (31.5%-34.0%)	33.3% (31.9%-34.6%)	31.3% (23.3%-39.3%)





## Health Conditions: Hypertension

Hypertension is the medical term for high blood pressure, a condition that impacts one in three adults in America (approximately 70 million people). It is estimated that only 50% of these adults have their high blood pressure under control.<sup>28</sup> Medication and lifestyle changes are often enough to control high blood pressure, but if it is not controlled, it can result in heart problems, kidney disease, and stroke.<sup>29</sup> Consuming more than the recommended amount of sodium, smoking, drinking too much alcohol, and family history of high blood pressure can all contribute to the development of high blood pressure. African-Americans are more likely to develop high blood pressure than other groups.<sup>33</sup> Hypertension can be prevented by eating a healthy diet low in sodium and high in fruits and vegetables, being active, and not smoking.<sup>30</sup> BRFSS respondents were asked if they had ever been told they had high blood pressure and, among those with diagnosed hypertension, whether they were currently taking medication for the condition. Results are shown in Table 13.



In Connecticut during 2013-2016, 32% of residents reported that they had hypertension. There was no significant difference between the Medicaid population and the non-Medicaid population (34% each).



**Within the CT adult Medicaid population**, the prevalence of adults who had hypertension was significantly *greater* for:

- Adults age 45 and older;
- Adults with a disability (51%); and
- Adults without a high school education (50%).



**Compared to CT's non-Medicaid population**, the prevalence of adults who had hypertension among the Medicaid population was significantly *higher* for all age groups but significantly *lower* for adults from



households earning \$15,000-\$24,999 and those with a high school education.

**Table 13 Hypertension Awareness by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	32.3% (31.4%-33.2%)	33.7% (32.7%-34.6%)	33.6% (29.8%-37.5%)
<b>Age</b>			
18-44 years old	13.6% (12.4%-14.9%)	13.1% (11.7%-14.5%)	19.9% (15.3%-24.5%)
45-64 years old	37.7% (36.3%-39.2%)	36.5% (35.0%-38.1%)	52.0% (46.0%-58.0%)
65 years or older	62.8% (61.2%-64.4%)	62.5% (60.8%-64.1%)	78.0% (68.6%-87.4%)
<b>Gender</b>			
Male	33.8% (32.5%-35.2%)	35.9% (34.4%-37.4%)	37.2% (30.6%-43.7%)
Female	30.9% (29.8%-32.1%)	31.7% (30.4%-33.0%)	31.3% (26.5%-36.0%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	33.2% (32.2%-34.2%)	34.1% (33.0%-35.1%)	30.4% (25.5%-35.3%)
Black, Non-Hispanic	39.0% (35.4%-42.6%)	41.8% (37.5%-46.1%)	37.3% (27.4%-47.2%)
Hispanic	27.2% (24.4%-30.0%)	31.1% (27.1%-35.0%)	33.8% (25.6%-41.9%)
<b>Household Income</b>			
Less than \$15,000	38.3% (34.6%-41.9%)	45.7% (40.4%-50.9%)	38.2% (30.3%-46.1%)
\$15,000-\$24,999	41.0% (38.0%-44.1%)	47.8% (44.1%-51.6%)	36.1% (28.2%-43.9%)
\$25,000-\$34,999	44.4% (40.5%-48.3%)	49.2% (44.7%-53.6%)	36.0% * (23.9%-48.2%)
\$35,000 or more	28.5% (27.4%-29.6%)	29.3% (28.1%-30.4%)	21.3% * (13.1%-29.4%)
<b>Disability</b>			
Yes	51.9% (49.6%-54.2%)	54.9% (52.2%-57.5%)	51.1% (44.5%-57.7%)
No	27.8% (26.8%-28.7%)	29.1% (28.1%-30.2%)	25.6% (20.7%-30.4%)
<b>Education</b>			
No High School	43.2% (39.5%-46.9%)	48.8% (44.0%-53.7%)	50.1% (39.8%-60.4%)
High School or Post High School	33.7% (32.4%-34.9%)	35.9% (34.4%-37.3%)	29.9% (25.3%-34.4%)
College	26.4% (25.3%-27.5%)	27.0% (25.9%-28.2%)	24.7% (17.7%-31.8%)



## MEDICAID: HEALTH FACTORS

### Health Behaviors: Cigarette Smoking

Smoking is the number one preventable cause of death in the U.S. 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. Nearly half a million Americans die every year in the United States as a result of cigarette smoking; including nearly 42,000 from secondhand smoke. In all, about one in five deaths nationwide can be linked to smoking.<sup>31</sup> BRFSS respondents were asked if they had smoked at least 100 cigarettes in their life. Those who did were asked if they currently smoked every day, some days or not at all. Table 14 reports the proportion of current smokers with Medicaid—those who smoke every day or some days.



In Connecticut during 2013-2016, 14% of residents reported being current cigarette smokers. The prevalence of adult cigarette smokers was significantly higher among the Medicaid population (32%) than the non-Medicaid population (12%).



**Within the CT adult Medicaid population**, the prevalence of cigarette smoking was significantly *greater* for:

- Adult men (36%, compared to 29% of women);
- Non-Hispanic White adults (36%, compared to 26% of Hispanic adults);
- Adults from households earning less than \$25,000 (37%) compared to adults from households earning at least \$35,000 (23%);
- Adults with a disability (45%); and
- Adults with fewer years of education (with significant differences observed across all education levels).



**Compared to CT's non-Medicaid population**, the prevalence of current cigarette smokers among the Medicaid population was significantly *higher* across all demographic categories.

**Table 14 Cigarette Smoker by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	14.2% (13.7%-14.8%)	11.6% (11.1%-12.1%)	31.9% (29.2%-34.5%)
<b>Age</b>			
18-44 years old	16.5% (15.4%-17.5%)	13.0% (11.9%-14.0%)	32.1% (28.3%-35.8%)
45-64 years old	15.8% (15.0%-16.6%)	13.2% (12.4%-14.0%)	35.3% (31.4%-39.2%)
65 years or older	7.4% (6.7%-8.0%)	7.2% (6.5%-7.9%)	15%** -
<b>Gender</b>			
Male	16.2% (15.3%-17.0%)	13.0% (12.1%-13.8%)	35.7% (31.3%-40.2%)
Female	12.4% (11.8%-13.1%)	10.3% (9.7%-11.0%)	29.3% (26.1%-32.5%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	13.3% (12.7%-13.9%)	11.2% (10.6%-11.8%)	36.3% (32.5%-40.2%)
Black, Non-Hispanic	17.8% (15.7%-19.9%)	14.5% (12.2%-16.9%)	28.8% (22.8%-34.8%)
Hispanic	17.3% (15.6%-19.1%)	14.2% (12.2%-16.3%)	25.9% (20.8%-31.1%)
<b>Household Income</b>			
Less than \$15,000	27.8% (25.3%-30.3%)	23.4% (20.2%-26.6%)	41.4% (36.1%-46.7%)
\$15,000-\$24,999	23.3% (21.3%-25.2%)	18.2% (16.1%-20.3%)	36.8% (31.4%-42.2%)
\$25,000-\$34,999	19.1% (16.7%-21.5%)	17.1% (14.4%-19.7%)	24.6%* (16.9%-32.2%)
\$35,000 or more	11.0% (10.3%-11.6%)	10.1% (9.5%-10.7%)	23.3% (17.1%-29.6%)
<b>Disability</b>			
Yes	25.1% (23.6%-26.6%)	20.0% (18.4%-21.5%)	44.9% (40.3%-49.4%)
No	11.6% (11.1%-12.2%)	9.8% (9.3%-10.4%)	24.4% (21.3%-27.5%)
<b>Education</b>			
No High School	26.2% (23.7%-28.7%)	22.4% (19.3%-25.6%)	44.6% (37.5%-51.7%)
High School or Post High School	16.6% (15.8%-17.3%)	14.1% (13.4%-14.9%)	30.5% (27.4%-33.6%)
College	6.3% (5.8%-6.8%)	5.7% (5.2%-6.2%)	16.7% (12.7%-20.7%)



## Health Behaviors: E-cigarette Use

Although cigarette smoking in the United States has been steadily declining, use of Electronic cigarettes, commonly called e-cigarettes, has become more prevalent. E-cigarettes contain cartridges of nicotine and other chemicals. The fluid is vaporized and inhaled through a battery-powered device that resembles a traditional cigarette. The BRFSS survey asked respondents if they had ever used e-cigarettes. Results by demographic sub-group for people with Medicaid are shown in Table 15 below.



In Connecticut during 2013-2016, 15% of residents reported ever using e-cigarettes. The prevalence of adult e-cigarette users was significantly higher among the Medicaid population (28%) than the non-Medicaid population (13%).



**Within the CT adult Medicaid population**, the prevalence of e-cigarette use was significantly *greater* for:

- Younger (18-44) (34%) compared to adults 45-64 years old (21%);
- Men (31%, compare to 26% of women);
- Non-Hispanic White adults (34%);
- Adults with a disability (36%); and
- Adults with a high school education (29%), compared to 20% of adults with a college education).



**Compared to CT's non-Medicaid population**, the prevalence of e-cigarette use among its Medicaid population was significantly *higher* across all demographic categories, *except* Hispanic adults, where no significant difference was observed.



Table 15 E-Cigarette Use by Medicaid Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	15.3% (14.7%-15.9%)	13.3% (12.6%-13.9%)	27.9% (25.2%-30.6%)
<b>Age</b>			
18-44 years old	24.3% (23.1%-25.6%)	22.2% (20.8%-23.7%)	33.5% (29.6%-37.4%)
45-64 years old	11.7% (10.9%-12.4%)	10.7% (10.0%-11.5%)	21.0% (17.5%-24.5%)
65 years or older	4.1% (3.6%-4.6%)	4.0% (3.5%-4.5%)	10%** -
<b>Gender</b>			
Male	18.0% (17.1%-19.0%)	15.5% (14.5%-16.5%)	31.4% (26.9%-35.9%)
Female	12.8% (12.0%-13.5%)	11.2% (10.4%-12.0%)	25.5% (22.3%-28.8%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	15.4% (14.6%-16.1%)	13.3% (12.6%-14.1%)	34.4% (30.5%-38.4%)
Black, Non-Hispanic	13.4% (11.4%-15.5%)	10.0% (7.9%-12.2%)	20.3% (14.4%-26.1%)
Hispanic	16.2% (14.3%-18.0%)	15.6% (13.2%-18.0%)	20.5% (15.5%-25.4%)
<b>Household Income</b>			
Less than \$15,000	21.2% (18.7%-23.6%)	19.3% (16.1%-22.5%)	29.0% (24.0%-34.1%)
\$15,000-\$24,999	19.1% (17.1%-21.0%)	15.3% (13.1%-17.5%)	28.7% (23.5%-33.9%)
\$25,000-\$34,999	17.5% (15.0%-20.1%)	15.6% (12.8%-18.4%)	24.2%* (17.0%-31.3%)
\$35,000 or more	13.6% (12.9%-14.4%)	12.6% (11.9%-13.4%)	32.3% (25.2%-39.4%)
<b>Disability</b>			
Yes	21.9% (20.3%-23.4%)	18.5% (16.9%-20.1%)	36.4% (31.8%-41.0%)
No	13.7% (13.0%-14.4%)	12.2% (11.5%-12.9%)	22.7% (19.5%-25.9%)
<b>Education</b>			
No High School	18.8% (16.4%-21.3%)	17.8% (14.6%-21.0%)	28.4% (21.6%-35.1%)
High School or Post High School	18.6% (17.7%-19.5%)	16.3% (15.3%-17.2%)	29.3% (26.1%-32.6%)
College	8.8% (8.1%-9.4%)	8.1% (7.4%-8.7%)	20.0% (14.7%-25.3%)



## Health Behaviors: 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.<sup>32</sup> A person binge drinks when they drink so much within a two-hour period that their blood alcohol concentration reaches 0.08g/dL. For men, this means consuming more than 5 drinks during one occasion. For women, it is more than 4 drinks.<sup>33</sup> 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.<sup>34</sup> Heavy drinking is defined as consuming an average of more than two drinks a day for men, and more than one drink per day for women.<sup>35</sup> 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 proportion of adults with Medicaid who engaged in excess drinking (binge drinking or heavy drinking) over the previous 30 days is shown in Error! Reference source not found.



In Connecticut during 2013-2016, 47% of residents engaged in excess drinking. The prevalence excess drinking is significantly higher among the Medicaid population (60%) than the non-Medicaid population (45%).



**Within the CT adult Medicaid population**, the prevalence of adults who engaged in excess drinking was significantly *greater* for:

- Adults 18-44 years old (69%) compared to adults 45-64 years old (46%);
- Women (64%, compared to 53% of men); and
- Adults without a high school education (72%, compared to 51% of adults with a college education).



**Compared to CT's non-Medicaid population**, the prevalence of excess drinking among the Medicaid population was significantly *higher* across most demographic categories, except middle age adults (45-64), Hispanic



adults, and adults from households earning less than \$15,000, where no significant differences were observed.

**Table 16 Excess Drinking by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	46.6% (45.7%-47.5%)	44.5% (43.5%-45.5%)	59.7% (55.7%-63.6%)
<b>Age</b>			
18-44 years old	60.5% (58.9%-62.2%)	59.3% (57.5%-61.2%)	68.6% (63.4%-73.9%)
45-64 years old	42.1% (40.8%-43.4%)	41.4% (40.0%-42.7%)	46.4% (40.4%-52.3%)
65 years or older	22.8% (21.5%-24.1%)	22.5% (21.2%-23.8%)	36.6% * (24.1%-49.1%)
<b>Gender</b>			
Male	44.3% (42.9%-45.6%)	41.6% (40.2%-43.1%)	53.0% (46.7%-59.4%)
Female	49.2% (47.9%-50.5%)	47.5% (46.1%-48.8%)	64.3% (59.3%-69.3%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	45.5% (44.5%-46.5%)	44.4% (43.3%-45.5%)	55.1% (49.9%-60.3%)
Black, Non-Hispanic	46.6% (42.4%-50.9%)	40.6% (35.6%-45.5%)	68.9% (59.3%-78.4%)
Hispanic	58.2% (54.7%-61.6%)	54.6% (50.1%-59.1%)	63.5% (54.1%-73.0%)
<b>Household Income</b>			
Less than \$15,000	57.0% (52.4%-61.6%)	54.6% (48.1%-61.1%)	54.0% (45.7%-62.2%)
\$15,000-\$24,999	51.7% (48.1%-55.2%)	43.2% (38.7%-47.7%)	66.1% (58.6%-73.6%)
\$25,000-\$34,999	43.9% (39.9%-47.9%)	39.4% (34.8%-43.9%)	57.8% (46.7%-68.9%)
\$35,000 or more	46.2% (45.1%-47.3%)	45.3% (44.2%-46.4%)	57.1% (48.5%-65.7%)
<b>Disability</b>			
Yes	49.2% (46.7%-51.7%)	44.4% (41.6%-47.3%)	61.8% (55.2%-68.4%)
No	46.2% (45.2%-47.2%)	44.5% (43.5%-45.6%)	58.5% (53.5%-63.5%)
<b>Education</b>			
No High School	57.4% (52.7%-62.0%)	50.6% (44.1%-57.0%)	71.7% (61.6%-81.7%)
High School or Post High School	49.1% (47.7%-50.5%)	47.3% (45.8%-48.9%)	59.0% (54.0%-64.0%)
College	41.6% (40.4%-42.7%)	40.8% (39.6%-42.0%)	50.7% (43.0%-58.3%)





## Health Behaviors: Diet

The Dietary Guidelines for Americans recommend that people consume five to thirteen servings of fruits and vegetables, with different amounts based on total calorie intake.<sup>36</sup> However, the average American only eats about three servings of fruits and vegetables each day.<sup>37</sup> The benefits of fruits of vegetables are numerous. They can improve vision, lower blood pressure, prevent some types of cancer and reduce the risk of heart disease and stroke.<sup>41</sup> Fruits and vegetables are also low in fat and calories but contain many vital minerals and vitamins that maintain blood sugar and keep appetite in check.<sup>38</sup> In 2013 and 2015, BRFSS asked respondents how often they ate fruits and vegetables, including servings of 100% fruit juice. Table 17 shows the proportion of adults with Medicaid consuming less than one serving of fruits per day, followed by Table 18 showing vegetable consumption.

### FRUIT CONSUMPTION



In Connecticut in 2013 and 2015, 35% of residents reported that they consumed less than one serving of fruits per day. The prevalence of adults within the Medicaid population who consumed less than one serving of fruits per day (41%) was significantly higher than the non-Medicaid population (33%).



**Within the CT adult Medicaid population**, the prevalence of adults who consumed less than one serving of fruits per day was significantly *greater* for adults without a high school education (48%), compared to 30% of those with a college education.



**Compared to CT's non-Medicaid population**, the prevalence of adults who consumed less than one serving of fruits per day among the



Medicaid population was significantly *higher* for adults 45-64, women, and adults without a disability.

**Table 17 Fruit Consumption by Medicaid Status (asked in 2013 and 2015)**

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	34.8% (33.7%-35.8%)	33.2% (32.1%-34.3%)	41.0% (36.6%-45.4%)
<b>Age</b>			
18-44 years old	39.6% (37.6%-41.6%)	38.4% (36.1%-40.7%)	41.1% (35.0%-47.3%)
45-64 years old	33.3% (31.8%-34.7%)	31.8% (30.3%-33.4%)	40.6% (34.5%-46.8%)
65 years or older	27.8% (26.1%-29.4%)	27.4% (25.8%-29.1%)	41.4% * (26.3%-56.4%)
<b>Gender</b>			
Male	39.0% (37.4%-40.6%)	37.5% (35.8%-39.2%)	43.0% (35.8%-50.2%)
Female	31.0% (29.6%-32.3%)	29.4% (27.9%-30.8%)	39.7% (34.2%-45.2%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	32.7% (31.5%-33.8%)	31.9% (30.7%-33.1%)	35.7% (30.3%-41.1%)
Black, Non-Hispanic	39.1% (35.0%-43.2%)	39.4% (34.5%-44.2%)	40.6% (29.9%-51.3%)
Hispanic	43.7% (40.1%-47.2%)	41.2% (36.5%-45.9%)	46.1% (36.4%-55.8%)
<b>Household Income</b>			
Less than \$15,000	45.7% (41.5%-49.8%)	43.8% (38.1%-49.6%)	45.2% (36.5%-54.0%)
\$15,000-\$24,999	38.6% (35.3%-41.8%)	38.4% (34.5%-42.4%)	39.5% (31.0%-48.0%)
\$25,000-\$34,999	36.6% (32.4%-40.8%)	34.1% (29.5%-38.7%)	46.9% * (32.9%-60.9%)
\$35,000 or more	32.0% (30.7%-33.3%)	31.6% (30.3%-33.0%)	30.6% (21.6%-39.6%)
<b>Disability</b>			
Yes	39.3% (36.9%-41.6%)	37.3% (34.7%-39.9%)	42.0% (35.2%-48.7%)
No	33.7% (32.5%-34.9%)	32.3% (31.1%-33.6%)	40.2% (34.5%-45.9%)
<b>Education</b>			
No High School	42.9% (38.7%-47.0%)	39.2% (34.0%-44.3%)	48.0% (36.7%-59.3%)
High School or Post High School	37.9% (36.3%-39.4%)	36.8% (35.2%-38.5%)	40.7% (35.5%-45.9%)
College	27.2% (25.9%-28.5%)	26.8% (25.5%-28.2%)	30.3% (22.2%-38.5%)



## VEGETABLE CONSUMPTION



In Connecticut during 2013-2016, 21% of residents reported that they consumed less than one serving of vegetables per day. The prevalence of adults within the Medicaid population who consumed less than one serving of vegetables per day (26%) was significantly higher than the non-Medicaid population (19%).



**Within the CT adult Medicaid population**, the prevalence of adults who consumed less than one serving of vegetables per day was significantly *greater* for:

- Men (33%), compared to 21% of women.



**Compared to CT's non-Medicaid population**, the prevalence of adults who consumed less than one serving of vegetables per day among the Medicaid population was significantly *higher* for adults 45-64 years old, men and women, and adults without a disability.



**Table 18 Vegetable Consumption by Medicaid Status (asked in 2013 and 2015)**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	20.6% (19.6%-21.5%)	19.3% (18.3%-20.3%)	25.8% (21.8%-29.7%)
<b>Age</b>			
18-44 years old	22.7% (20.9%-24.5%)	21.3% (19.2%-23.4%)	24.8% (19.3%-30.4%)
45-64 years old	18.2% (17.0%-19.4%)	16.9% (15.6%-18.2%)	27.7% (22.1%-33.4%)
65 years or older	20.6% (19.1%-22.2%)	20.4% (18.8%-21.9%)	25%** -
<b>Gender</b>			
Male	24.4% (22.9%-25.8%)	22.9% (21.4%-24.4%)	32.7% (25.5%-39.8%)
Female	17.0% (15.8%-18.2%)	16.2% (14.9%-17.5%)	21.4% (17.0%-25.8%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	18.7% (17.7%-19.7%)	18.0% (16.9%-19.0%)	21.7% (16.6%-26.7%)
Black, Non-Hispanic	32.3% (28.4%-36.3%)	32.2% (27.6%-36.8%)	36.1% * (25.3%-46.9%)
Hispanic	25.1% (22.0%-28.3%)	23.4% (19.3%-27.6%)	26.9% * (18.5%-35.3%)
<b>Household Income</b>			
Less than \$15,000	34.2% (30.1%-38.2%)	34.0% (28.3%-39.7%)	33.2% (25.0%-41.4%)
\$15,000-\$24,999	26.4% (23.4%-29.4%)	29.3% (25.6%-33.1%)	21.5% * (14.5%-28.5%)
\$25,000-\$34,999	19.1% (15.8%-22.3%)	19.8% (16.1%-23.5%)	-
\$35,000 or more	16.7% (15.5%-17.8%)	16.6% (15.4%-17.7%)	15%** -
<b>Disability</b>			
Yes	27.8% (25.5%-30.1%)	27.0% (24.5%-29.5%)	31.1% (24.2%-37.9%)
No	18.9% (17.8%-19.9%)	17.7% (16.6%-18.8%)	23.0% (18.2%-27.8%)
<b>Education</b>			
No High School	32.9% (28.9%-37.0%)	33.7% (28.6%-38.9%)	29.5% * (19.7%-39.3%)
High School or Post High School	22.9% (21.5%-24.3%)	22.1% (20.6%-23.6%)	26.6% (21.8%-31.5%)
College	12.8% (11.8%-13.8%)	12.5% (11.5%-13.5%)	15%** -



## Health Behaviors: Exercises

Regular physical exercise has definitively been shown to prevent certain chronic diseases, just as a sedentary lifestyle is a risk factor for a variety of chronic conditions, obesity, bone and joint diseases and depression.<sup>39</sup> There are two kinds of recommended exercise: in aerobic physical activity (popularly known as “cardio”), the body’s large muscles move in a rhythmic manner for a sustained period, thereby improving cardiorespiratory fitness.<sup>40</sup> In strength training (also called resistance training), specific muscle-strengthening activities increase skeletomuscular power, endurance and mass. Strength training can help reduce the symptoms of many diseases and symptoms, especially those that worsen with age, such as arthritis, diabetes and osteoporosis.<sup>41</sup> The CDC recommends 2.5 hours, or 150 minutes, of moderate-intensity aerobic activity each week, along with muscle-strengthening of the major muscle groups on two or more days each week.<sup>42</sup> BRFSS respondents 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. Those who did exercise in the previous month were asked to report what types of physical activity they spent the most time doing, and how often and how long they engaged in these activities in the past month. A secondary question for all respondents asked how often they had participated in physical activities to strengthen muscles in the previous month. Table 19 shows the proportion of adults with Medicare who did not engage in any leisure-time physical activity. Table 20 shows the proportion who met aerobic and strength guidelines.

### LEISURE TIME PHYSICAL ACTIVITY



In Connecticut during 2013-2016, 23% of residents did not engage in any leisure-time physical activity. The prevalence of inactive adults was significantly higher among the Medicaid population (32%) than the non-Medicaid population (21%).



**Within the CT adult Medicaid population**, the prevalence of inactive adults was significantly *greater* for:

- Middle age (45-64) and older (65+) adults (43% and 40%, respectively);



- Hispanic adults (42%, compared to 27% of Non-Hispanic White adults);
- Adults from households earning less than \$35,000;
- Adults with a disability (45%); and
- Adults with fewer years of education, with significant differences observed across all education levels.



**Compared to CT’s non-Medicaid population**, the prevalence of inactive adults among the Medicaid population was significantly *higher* across most demographic categories with the *exception* of income, adults with a disability, and adults without a high school education, where no significant differences were observed.

**Table 19 No Leisure time Physical Activity by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	22.5% (21.8%-23.1%)	20.7% (20.0%-21.3%)	32.3% (29.7%-34.9%)
<b>Age</b>			
18-44 years old	18.5% (17.4%-19.6%)	15.8% (14.6%-17.1%)	26.0% (22.6%-29.4%)
45-64 years old	22.7% (21.8%-23.7%)	19.8% (18.9%-20.8%)	43.0% (39.0%-47.0%)
65 years or older	30.3% (29.2%-31.5%)	29.7% (28.5%-30.8%)	40.4% (31.8%-49.0%)
<b>Gender</b>			
Male	20.4% (19.6%-21.3%)	18.6% (17.7%-19.6%)	29.4% (25.4%-33.5%)
Female	24.3% (23.4%-25.2%)	22.5% (21.6%-23.5%)	34.2% (30.8%-37.5%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	19.4% (18.8%-20.1%)	18.7% (18.1%-19.4%)	27.1% (23.8%-30.4%)
Black, Non-Hispanic	27.6% (25.2%-30.0%)	26.6% (23.8%-29.5%)	33.4% (27.1%-39.7%)
Hispanic	34.2% (31.9%-36.4%)	31.3% (28.2%-34.3%)	41.9% (36.2%-47.7%)
<b>Household Income</b>			
Less than \$15,000	38.8% (36.0%-41.6%)	37.7% (33.8%-41.7%)	41.8% (36.4%-47.2%)
\$15,000-\$24,999	33.4% (31.2%-35.5%)	35.4% (32.6%-38.1%)	31.7% (26.8%-36.6%)
\$25,000-\$34,999	30.5% (27.9%-33.1%)	30.9% (27.9%-33.8%)	32.6% (24.1%-41.0%)
\$35,000 or more	16.5% (15.8%-17.2%)	16.3% (15.6%-17.0%)	19.6% (14.5%-24.7%)



Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
<b>Disability</b>			
Yes	41.3% (39.7%-43.0%)	40.4% (38.6%-42.2%)	44.5% (40.0%-49.1%)
No	17.9% (17.2%-18.5%)	16.5% (15.8%-17.2%)	25.5% (22.4%-28.7%)
<b>Education</b>			
No High School	41.2% (38.4%-44.0%)	41.6% (37.9%-45.3%)	43.9% (36.9%-50.9%)
High School or Post High School	25.1% (24.3%-26.0%)	24.2% (23.2%-25.2%)	31.0% (27.9%-34.0%)
College	11.8% (11.2%-12.4%)	11.5% (10.9%-12.2%)	19.6% (15.5%-23.7%)

## MET EXERCISE GUIDELINES



In Connecticut during 2013-2016, 21% of residents met aerobic and strength guidelines. The prevalence of adults who met aerobic and strength guidelines was significantly *lower* among the Medicaid population (17%) than the non-Medicaid population (22%).



**Within the CT adult Medicaid population**, the prevalence of adults who met aerobic and strength guidelines did not vary significantly among demographic subgroups.



**Compared to CT's non-Medicaid population**, the prevalence of adults who met aerobic and strength guidelines among the Medicaid population was significantly *lower* for:

- Women



**Table 20 Met both Aerobic and Strength Guidelines by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	21.1% (20.2%-22.0%)	21.7% (20.7%-22.7%)	16.8% (13.2%-20.5%)
<b>Age</b>			
18-44 years old	23.5% (21.8%-25.3%)	24.6% (22.5%-26.7%)	18.7% (13.5%-23.9%)
45-64 years old	20.2% (18.9%-21.4%)	21.2% (19.9%-22.5%)	14.1% * (8.8%-19.4%)
65 years or older	17.8% (16.6%-19.1%)	18.0% (16.7%-19.3%)	-
<b>Gender</b>			
Male	22.9% (21.5%-24.3%)	23.3% (21.8%-24.8%)	23.9% * (16.8%-31.0%)
Female	19.4% (18.2%-20.6%)	20.2% (18.9%-21.5%)	12.3% (8.7%-15.9%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	22.5% (21.4%-23.5%)	22.6% (21.5%-23.6%)	22.8% (17.1%-28.4%)
Black, Non-Hispanic	18.5% (15.2%-21.8%)	18.2% (14.3%-22.1%)	-
Hispanic	15.3% (12.8%-17.9%)	16.3% (12.9%-19.6%)	10%** -
<b>Household Income</b>			
Less than \$15,000	13.7% (11.1%-16.3%)	13.5% (10.0%-16.9%)	15%** -
\$15,000-\$24,999	15.7% (13.0%-18.4%)	14.0% (10.9%-17.0%)	15%** -
\$25,000-\$34,999	18.1% (14.6%-21.5%)	17.6% (13.8%-21.4%)	-
\$35,000 or more	23.5% (22.3%-24.7%)	23.6% (22.4%-24.9%)	20%** -
<b>Disability</b>			
Yes	12.4% (10.8%-14.0%)	12.0% (10.3%-13.7%)	15.9% * (9.9%-21.9%)
No	23.2% (22.1%-24.2%)	23.8% (22.6%-24.9%)	17.3% (12.7%-21.9%)
<b>Education</b>			
No High School	11.9% (9.0%-14.9%)	13.1% * (9.1%-17.1%)	-
High School or Post High School	19.3% (18.0%-20.6%)	19.1% (17.6%-20.5%)	17.5% (12.9%-22.1%)
College	27.0% (25.7%-28.3%)	27.2% (25.8%-28.6%)	21.8% * (13.6%-30.0%)





## Health Behaviors: Inadequate Sleep

CDC has recommended that adults should get 7-8 hours of nightly sleep.<sup>43</sup> Lack of sleep can have a substantial impact on health. Studies have found that short sleep duration is associated with an increased risk of cardiovascular disease, diabetes, and obesity.<sup>44</sup> Sleep loss can also impact daily function, with inadequate sleep increasing the risk of drowsy driving and crashes.<sup>45</sup> Table 21 shows respondents who reported sleeping for less than 8 hours at night.



In Connecticut during 2013-2016, two out of three residents (66%) reported sleeping for less than eight hours at night. The prevalence of adults sleeping for less than eight hours at night among the Medicaid population was not significantly different than the non-Medicaid population.



**Within the CT adult Medicaid population**, the prevalence of adults sleeping for less than eight hours at night was significantly *greater* for younger (18-44) and middle age (45-64) adults (65% and 67%, respectively).



**Compared to CT's non-Medicaid population**, the prevalence of Medicaid population residents sleeping for less than eight hours at night was significantly *lower* for men and *higher* for those with a disability.



**Table 21 Inadequate Sleep by Medicaid Status (not asked in 2015)**

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	66.1% (65.3%-67.0%)	66.8% (65.9%-67.7%)	64.8% (61.4%-68.2%)
<b>Age</b>			
18-44 years old	67.3% (65.8%-68.9%)	69.0% (67.2%-70.8%)	64.9% (60.1%-69.8%)
45-64 years old	70.5% (69.3%-71.6%)	70.9% (69.7%-72.1%)	67.1% (62.6%-71.6%)
65 years or older	56.2% (54.8%-57.6%)	56.9% (55.5%-58.4%)	50.6% (40.4%-60.9%)
<b>Gender</b>			
Male	67.3% (66.1%-68.6%)	68.5% (67.2%-69.8%)	62.3% (56.6%-68.0%)
Female	65.0% (63.9%-66.1%)	65.2% (64.0%-66.4%)	66.4% (62.1%-70.7%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	66.2% (65.3%-67.2%)	66.2% (65.3%-67.2%)	66.9% (62.2%-71.7%)
Black, Non-Hispanic	67.1% (64.2%-70.1%)	69.4% (66.0%-72.8%)	62.6% (54.6%-70.6%)
Hispanic	63.6% (60.8%-66.4%)	66.5% (62.8%-70.2%)	61.9% (54.7%-69.2%)
<b>Household Income</b>			
Less than \$15,000	59.2% (55.7%-62.7%)	57.9% (53.0%-62.8%)	64.5% (57.9%-71.0%)
\$15,000-\$24,999	61.4% (58.7%-64.1%)	61.3% (58.0%-64.6%)	62.5% (55.8%-69.3%)
\$25,000-\$34,999	61.6% (58.4%-64.8%)	59.8% (56.1%-63.4%)	70.2% (60.8%-79.6%)
\$35,000 or more	69.7% (68.7%-70.8%)	69.7% (68.7%-70.7%)	66.4% (58.0%-74.8%)
<b>Disability</b>			
Yes	65.6% (63.7%-67.5%)	63.9% (61.7%-66.0%)	70.2% (64.6%-75.8%)
No	66.5% (65.5%-67.4%)	67.4% (66.4%-68.4%)	63.4% (59.1%-67.8%)
<b>Education</b>			
No High School	61.4% (58.1%-64.6%)	63.0% (58.7%-67.3%)	66.2% (57.6%-74.7%)
High School or Post High School	65.2% (64.0%-66.3%)	65.3% (64.0%-66.6%)	63.7% (59.5%-67.9%)
College	69.6% (68.5%-70.7%)	69.8% (68.7%-70.9%)	71.1% (64.5%-77.6%)



## SOCIAL AND ECONOMIC FACTORS

### Financial Stress

Financial stress can negatively impact a person's health. Previous BRFSS data have shown that adults experiencing housing instability or food insecurity are significantly more likely to suffer from insufficient sleep and mental distress.<sup>46</sup> Different forms of housing instability, including difficulty paying rent or living in overcrowded conditions, can be risk factors for homelessness.<sup>47</sup> Food insecurity affects people who face limited or uncertain availability of nutritionally-adequate meals or limited ability to buy nutritious foods.<sup>48</sup> Among low-income adults, food insecurity is associated with chronic diseases such as diabetes and hypertension.<sup>49</sup>

Respondents were asked to report how often in the past 12 months they felt worried or stressed about having enough money to pay for housing. They were also asked how often in that period they felt worried or stressed about having enough money to buy nutritious meals. The proportion of adults with Medicaid who felt worried or stressed "always" or "usually" about paying for food is presented Table 22, followed by those who felt worried or stressed about paying for housing in Table 23.

### FOOD INSECURITY



In Connecticut during 2013, 2015 and 2016, 8% of residents reported stress about paying for food. The prevalence of worrying about paying for food was significantly higher among the Medicaid population (21%) than the non-Medicaid population (6%).



**Within the CT adult Medicaid population**, the prevalence of adults worried about paying for food was significantly *greater* for:

- Adults with a disability (32%).



**Compared to CT's non-Medicaid population**, the prevalence of adults who worry about paying for food among the Medicaid population was significantly *higher* for:

- Adults 18-44 and 45-64 years old;
- Women and men;



- Non-Hispanic White and Hispanic adults;
- Adults from household earning less than \$25,000;
- Adults with and without disabilities; and
- Adults with a high school education.

**Table 22 Stress about Buying Food by Medicaid Status (not asked in 2014)**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	7.8% (7.3%-8.3%)	5.7% (5.2%-6.2%)	20.6% (17.5%-23.7%)
<b>Age</b>			
18-44 years old	9.6% (8.5%-10.7%)	6.9% (5.9%-7.9%)	20.2% (15.7%-24.7%)
45-64 years old	8.9% (8.0%-9.7%)	6.6% (5.9%-7.4%)	23.4% (18.9%-27.9%)
65 years or older	2.9% (2.4%-3.4%)	2.6% (2.1%-3.1%)	-
<b>Gender</b>			
Male	6.8% (6.1%-7.6%)	4.6% (3.9%-5.2%)	20.4% (15.2%-25.7%)
Female	8.7% (8.0%-9.5%)	6.7% (6.0%-7.4%)	20.7% (16.9%-24.5%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	6.3% (5.7%-6.8%)	4.9% (4.4%-5.4%)	20.1% (15.9%-24.3%)
Black, Non-Hispanic	10.5% (8.3%-12.7%)	9.0% (6.6%-11.4%)	15%** -
Hispanic	14.2% (12.1%-16.3%)	9.9% (7.7%-12.1%)	23.4% (16.5%-30.2%)
<b>Household Income</b>			
Less than \$15,000	24.4% (21.2%-27.7%)	20.2% (16.3%-24.1%)	30.1% (23.3%-36.9%)
\$15,000-\$24,999	16.9% (14.6%-19.2%)	13.8% (11.3%-16.3%)	21.1% (15.2%-27.0%)
\$25,000-\$34,999	12.3% (9.8%-14.7%)	12.4% (9.6%-15.1%)	15%** -
\$35,000 or more	4.2% (3.6%-4.7%)	3.7% (3.2%-4.2%)	10%** -
<b>Disability</b>			
Yes	20.4% (18.7%-22.2%)	16.4% (14.6%-18.2%)	32.1% (26.3%-38.0%)
No	4.7% (4.2%-5.2%)	3.4% (3.0%-3.9%)	13.5% (10.3%-16.7%)
<b>Education</b>			
No High School	15.6% (13.0%-18.3%)	12.3% (9.4%-15.3%)	24.3% * (16.3%-32.3%)
High School or Post High School	9.3% (8.5%-10.0%)	7.1% (6.3%-7.8%)	20.6% (16.9%-24.3%)
College	3.0% (2.6%-3.5%)	2.5% (2.1%-2.8%)	14.3% * (8.8%-19.9%)



## HOUSE INSECURITY



In Connecticut during 2013, 2015, and 2016, 14% of residents reported stress about paying for housing. The prevalence of worrying about paying for housing was significantly higher among the Medicaid population (33%) than the non-Medicaid population (12%).



**Within the CT adult Medicaid population**, the prevalence of adults worried about paying for housing was significantly *greater* for:

- Middle age (45-64) adults (41%) compared to adults 18-44 years old (31%);
- Adults from households earning under \$15,000 and \$15,000-\$24,999 (42% and 36%, respectively, compared to households with incomes of \$35,000 or more);
- Adults with a disability (48%); and
- Adults with a high school education (34%) or less (38%)



**Compared to CT's non-Medicaid population**, the prevalence of adults who worried about paying for housing among the Medicaid population was significantly *higher* across all demographic categories.



**Table 23 Stress about Paying for Rent/Mortgage by Medicaid Status (not asked in 2014)**

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	14.4% (13.7%-15.1%)	11.6% (10.9%-12.3%)	33.2% (29.6%-36.8%)
<b>Age</b>			
18-44 years old	17.0% (15.6%-18.4%)	14.0% (12.5%-15.5%)	31.0% (25.8%-36.2%)
45-64 years old	16.4% (15.4%-17.5%)	13.1% (12.1%-14.1%)	41.4% (36.2%-46.5%)
65 years or older	6.3% (5.6%-7.0%)	6.0% (5.3%-6.7%)	10%** -
<b>Gender</b>			
Male	13.0% (12.0%-14.1%)	10.4% (9.4%-11.4%)	32.0% (26.0%-38.0%)
Female	15.6% (14.7%-16.5%)	12.7% (11.8%-13.7%)	34.0% (29.5%-38.4%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	12.6% (11.9%-13.4%)	10.5% (9.8%-11.3%)	35.9% (30.9%-40.9%)
Black, Non-Hispanic	19.2% (16.3%-22.0%)	17.0% (13.8%-20.3%)	27.3% * (19.2%-35.4%)
Hispanic	21.0% (18.4%-23.5%)	16.8% (13.8%-19.8%)	31.2% (23.6%-38.8%)
<b>Household Income</b>			
Less than \$15,000	33.7% (30.1%-37.3%)	28.4% (23.8%-33.0%)	42.2% (34.9%-49.5%)
\$15,000-\$24,999	26.8% (24.1%-29.5%)	22.6% (19.7%-25.6%)	35.5% (28.4%-42.7%)
\$25,000-\$34,999	21.7% (18.5%-24.9%)	21.4% (17.8%-25.0%)	28.3% * (18.3%-38.4%)
\$35,000 or more	9.6% (8.8%-10.4%)	9.0% (8.3%-9.8%)	20.5% * (13.5%-27.6%)
<b>Disability</b>			
Yes	30.9% (28.9%-32.9%)	25.8% (23.7%-27.9%)	48.4% (42.1%-54.7%)
No	10.4% (9.7%-11.1%)	8.6% (8.0%-9.3%)	24.1% (20.0%-28.2%)
<b>Education</b>			
No High School	23.7% (20.5%-26.9%)	20.4% (16.6%-24.2%)	37.9% (28.7%-47.1%)
High School or Post High School	16.8% (15.8%-17.8%)	14.0% (13.0%-15.1%)	33.5% (29.2%-37.9%)
College	7.6% (7.0%-8.3%)	6.6% (5.9%-7.2%)	23.6% (17.6%-29.7%)



## Built Environment

Built environment (including all of the physical parts of where we live and work, such as homes, buildings, streets, open spaces, and infrastructure) can positively or negatively impact a person's health.<sup>50</sup> For example, unsafe, inaccessible or nonexistent sidewalks and bicycle or walking paths can contribute to a lack of physical activity, which can lead to poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer.<sup>51</sup> In 2015 and 2016, CT BRFSS asked respondents how many days in the month did they walk in their neighborhood for leisure or as a way to get to their destination. Table 24 shows respondents who reported that they never walked in their neighborhood in the past 30 days.



In Connecticut during 2015-2016, 39% of residents reported walking in their neighborhood. There was no significant difference between the Medicaid population (38%) and the non-Medicaid population (39%).



**Within the CT adult Medicaid population**, the prevalence of walking did not vary significantly among demographic subgroups.



**Compared to CT's non-Medicaid population**, the prevalence of adults among the Medicaid population who walked was significantly *lower* for adults with a disability and adults without a high school education, but significantly *higher* among college graduates.



**Table 24 Never Walked in Neighborhood by Medicaid Status**

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	38.6% (37.5%-39.7%)	38.9% (37.7%-40.0%)	37.5% (33.5%-41.5%)
<b>Age</b>			
18-44 years old	36.0% (33.9%-38.1%)	35.8% (33.4%-38.2%)	38.2% (32.2%-44.1%)
45-64 years old	36.4% (34.9%-37.9%)	36.5% (34.9%-38.0%)	34.3% (29.2%-39.4%)
65 years or older	47.1% (45.5%-48.7%)	46.9% (45.3%-48.6%)	48.2% (37.6%-58.8%)
<b>Gender</b>			
Male	37.5% (35.9%-39.1%)	37.8% (36.2%-39.5%)	33.0% (27.0%-39.0%)
Female	39.6% (38.2%-41.1%)	39.8% (38.3%-41.4%)	40.5% (35.2%-45.8%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	38.0% (36.8%-39.2%)	37.9% (36.7%-39.2%)	35.3% (30.3%-40.3%)
Black, Non-Hispanic	42.5% (38.3%-46.7%)	43.9% (39.0%-48.8%)	41.5% (31.3%-51.7%)
Hispanic	38.7% (35.2%-42.2%)	43.2% (38.7%-47.7%)	37.3% (28.7%-45.9%)
<b>Household Income</b>			
Less than \$15,000	35.3% (30.8%-39.8%)	38.8% (32.8%-44.9%)	35.8% (27.5%-44.1%)
\$15,000-\$24,999	42.2% (38.8%-45.6%)	45.3% (41.2%-49.5%)	41.0% (33.2%-48.8%)
\$25,000-\$34,999	44.8% (40.5%-49.1%)	46.7% (42.1%-51.3%)	43.3% * (29.0%-57.6%)
\$35,000 or more	36.2% (34.9%-37.6%)	36.1% (34.7%-37.4%)	33.5% (24.4%-42.6%)
<b>Disability</b>			
Yes	49.4% (47.0%-51.8%)	52.9% (50.2%-55.6%)	40.8% (34.4%-47.2%)
No	36.0% (34.8%-37.2%)	35.9% (34.7%-37.2%)	35.7% (30.5%-40.9%)
<b>Education</b>			
No High School	42.4% (38.1%-46.8%)	51.5% (45.9%-57.1%)	30.9% * (21.1%-40.8%)
High School or Post High School	42.6% (41.1%-44.2%)	43.3% (41.7%-45.0%)	38.9% (34.0%-43.8%)
College	31.1% (29.7%-32.4%)	30.6% (29.2%-32.0%)	42.2% (33.9%-50.5%)





## MEDICAID: CLINICAL PREVENTIVE PRACTICES

### Limited Healthcare Coverage

#### PRIMARY CARE PROVIDER

In this report, “limited” healthcare coverage includes adults who:

- a) Do not have a primary care provider, which is a personal doctor or healthcare provider.
- b) Needed to see a doctor in the past year but could not because of cost.

People who have access to a personal healthcare provider or a regular healthcare setting have better health outcomes, and in general, an effective primary healthcare system is associated with better health outcomes.<sup>52</sup> Additionally, the actual or perceived prohibitive cost of co-payments contribute to poor medication adherence, a significant public health problem that causes increased patient morbidity and mortality, as well as higher healthcare costs.<sup>53</sup>

Healthcare barriers are shown for different demographic subgroups below in Table 25 and Table 26.



In Connecticut during 2013-2016, 15% of residents reported having no primary care provider. The prevalence of adults having no primary care provider was significantly higher among the Medicaid population (23%) than the non-Medicaid population (10%).



**Within the CT adult Medicaid population**, the prevalence of adults without a primary care provider was significantly *greater* for:

- Younger (18-44) adults (29%) compared to 45-64 years old (13%);
- Men (28%);
- Non-Hispanic Black and Hispanic adults (28% each); and
- Adults without a disability (25%).



**Compared to CT's non-Medicaid population**, the prevalence of adults in the Medicaid population without a primary care provider was significantly *higher* across all demographic categories.

**Table 25 No Primary Care Provider by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	15.1% (14.5%-15.7%)	10.0% (9.4%-10.5%)	22.8% (20.4%-25.3%)
<b>Age</b>			
18-44 years old	26.0% (24.8%-27.2%)	18.9% (17.7%-20.1%)	29.2% (25.5%-32.8%)
45-64 years old	8.6% (8.0%-9.3%)	5.3% (4.8%-5.9%)	13.3% (10.7%-15.9%)
65 years or older	3.7% (3.3%-4.2%)	3.2% (2.8%-3.7%)	-
<b>Gender</b>			
Male	19.7% (18.8%-20.7%)	13.2% (12.3%-14.1%)	28.0% (23.8%-32.2%)
Female	10.8% (10.1%-11.5%)	7.0% (6.4%-7.7%)	19.4% (16.4%-22.4%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	10.5% (9.9%-11.1%)	8.1% (7.6%-8.6%)	17.5% (14.3%-20.7%)
Black, Non-Hispanic	18.2% (16.0%-20.4%)	11.8% (9.4%-14.2%)	28.0% (21.7%-34.3%)
Hispanic	33.5% (31.3%-35.8%)	18.5% (15.9%-21.1%)	27.5% (22.3%-32.6%)
<b>Household Income</b>			
Less than \$15,000	29.1% (26.4%-31.9%)	15.6% (12.3%-18.8%)	24.7% (19.4%-30.0%)
\$15,000-\$24,999	23.9% (21.8%-26.0%)	12.6% (10.5%-14.8%)	24.4% (19.8%-29.1%)
\$25,000-\$34,999	17.7% (15.3%-20.0%)	11.3% (9.0%-13.6%)	19.6% * (12.8%-26.4%)
\$35,000 or more	10.5% (9.9%-11.2%)	8.8% (8.2%-9.4%)	19.0% * (13.1%-24.9%)
<b>Disability</b>			
Yes	14.0% (12.7%-15.3%)	8.0% (6.7%-9.2%)	19.0% (15.3%-22.7%)
No	15.1% (14.5%-15.8%)	10.2% (9.6%-10.8%)	24.6% (21.2%-27.9%)
<b>Education</b>			
No High School	27.8% (25.2%-30.3%)	13.2% (10.5%-15.9%)	26.5% (19.9%-33.0%)
High School or Post High School	15.3% (14.5%-16.1%)	10.4% (9.6%-11.2%)	21.8% (18.9%-24.6%)
College	10.4% (9.8%-11.1%)	8.7% (8.1%-9.3%)	21.3% (15.7%-26.8%)



## NO CARE ACCESS DUE TO COST



In Connecticut during 2013-2016, 11% of residents avoided seeking care due to cost. The prevalence of adults not seeking care due to cost was significantly higher among the Medicaid population (15%) than the non-Medicaid population (8%).



**Within the CT adult Medicaid population**, the prevalence of residents avoiding care due to cost was significantly *greater* for:

- Adults ages 45-64 (19%, compared to 13% of younger adults); and
- Adults with a disability (22%).



**Compared to CT's non-Medicaid population**, the prevalence of residents avoiding care due to cost among the Medicaid population was significantly *higher* across most demographic categories, with the following *exception* where no significant differences were observed:

- Adults without a high school education.



Table 26 Avoided Care due to Costs by Medicaid Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	11.0% (10.5%-11.4%)	7.6% (7.2%-8.1%)	14.6% (12.7%-16.6%)
<b>Age</b>			
18-44 years old	13.5% (12.6%-14.4%)	9.1% (8.2%-10.0%)	12.9% (10.4%-15.5%)
45-64 years old	11.8% (11.1%-12.5%)	8.6% (7.9%-9.3%)	18.6% (15.5%-21.6%)
65 years or older	4.4% (3.9%-5.0%)	3.8% (3.3%-4.4%)	10%** -
<b>Gender</b>			
Male	10.1% (9.5%-10.8%)	6.3% (5.7%-6.8%)	15.7% (12.5%-18.9%)
Female	11.7% (11.0%-12.4%)	8.9% (8.2%-9.5%)	13.9% (11.6%-16.3%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	7.9% (7.4%-8.3%)	6.2% (5.8%-6.6%)	14.3% (11.7%-17.0%)
Black, Non-Hispanic	14.0% (12.1%-16.0%)	11.6% (9.4%-13.8%)	12.3% * (8.0%-16.5%)
Hispanic	23.9% (22.0%-25.9%)	13.8% (11.6%-15.9%)	17.0% (13.0%-21.0%)
<b>Household Income</b>			
Less than \$15,000	24.5% (22.0%-27.0%)	15.1% (12.3%-17.9%)	16.8% (12.8%-20.8%)
\$15,000-\$24,999	19.1% (17.3%-21.0%)	12.9% (11.0%-14.9%)	13.1% (9.8%-16.5%)
\$25,000-\$34,999	15.3% (13.2%-17.3%)	13.1% (10.9%-15.3%)	16.0% * (9.9%-22.0%)
\$35,000 or more	7.2% (6.7%-7.7%)	6.2% (5.7%-6.7%)	11.8% * (7.6%-16.0%)
<b>Disability</b>			
Yes	21.1% (19.6%-22.5%)	15.2% (13.8%-16.6%)	22.2% (18.3%-26.1%)
No	8.4% (7.9%-8.9%)	5.9% (5.5%-6.4%)	10.2% (8.2%-12.2%)
<b>Education</b>			
No High School	22.7% (20.3%-25.0%)	13.8% (11.1%-16.4%)	15.9% (11.4%-20.5%)
High School or Post High School	11.6% (10.9%-12.2%)	8.6% (8.0%-9.3%)	14.0% (11.7%-16.4%)
College	5.9% (5.4%-6.3%)	4.9% (4.5%-5.4%)	14.9% (10.9%-18.9%)



## Routine Check-up in Past Year

The CDC stresses the importance of routine check-ups for disease prevention and screening.<sup>54</sup> BRFSS respondents were asked how long it had been since they last visited a doctor for a routine check-up. The proportion of adults with Medicaid who had a check-up in the previous year is shown in Table 27 below.



In Connecticut during 2013-2016, 73% of residents reported that they had a checkup in the past year. There was no significant difference between the Medicaid population (74%) and the non-Medicaid population (76%).



**Within the CT adult Medicaid population**, the prevalence of adults who had a checkup in the past year was significantly *greater* for:

- Older adults (65 and older) (91%) with significant differences across all age categories;
- Women (77%, compared to 69% of men); and
- Adults without a high school education (78%, compared to 68% of college graduates).



**Compared to CT's non-Medicaid population**, the prevalence of adults who had a checkup in the past year among the Medicaid population was significantly *lower* for:

- Non-Hispanic White adults;
- Adults from households earning less than \$25,000;
- Adults with a disability; and
- Adults with at least a high school education.



Table 27 Routine Checkup in Past Year by Medicaid Status

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	73.3% (72.6%-74.0%)	76.0% (75.3%-76.7%)	73.6% (71.1%-76.1%)
<b>Age</b>			
18-44 years old	64.3% (63.0%-65.6%)	66.8% (65.3%-68.3%)	69.6% (66.0%-73.3%)
45-64 years old	75.6% (74.7%-76.5%)	77.5% (76.6%-78.4%)	78.1% (74.9%-81.2%)
65 years or older	87.8% (87.0%-88.6%)	87.9% (87.1%-88.7%)	90.5% (85.0%-96.1%)
<b>Gender</b>			
Male	69.8% (68.8%-70.8%)	73.3% (72.3%-74.4%)	69.2% (65.0%-73.5%)
Female	76.6% (75.7%-77.4%)	78.4% (77.5%-79.3%)	76.5% (73.4%-79.6%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	73.6% (72.9%-74.4%)	75.5% (74.7%-76.3%)	70.2% (66.5%-73.9%)
Black, Non-Hispanic	79.7% (77.4%-82.0%)	82.0% (79.3%-84.6%)	79.3% (73.5%-85.0%)
Hispanic	67.1% (64.9%-69.4%)	75.1% (72.3%-77.9%)	75.3% (70.5%-80.2%)
<b>Household Income</b>			
Less than \$15,000	70.6% (67.9%-73.3%)	80.9% (77.8%-84.1%)	75.3% (70.4%-80.1%)
\$15,000-\$24,999	73.1% (71.0%-75.2%)	81.8% (79.5%-84.1%)	72.2% (67.4%-77.1%)
\$25,000-\$34,999	73.7% (71.2%-76.3%)	77.4% (74.6%-80.2%)	70.1% (62.2%-78.1%)
\$35,000 or more	73.1% (72.2%-73.9%)	74.2% (73.4%-75.1%)	73.3% (66.9%-79.7%)
<b>Disability</b>			
Yes	76.6% (75.1%-78.2%)	81.3% (79.7%-82.9%)	73.4% (69.2%-77.6%)
No	72.4% (71.6%-73.2%)	74.8% (74.0%-75.6%)	73.7% (70.5%-76.8%)
<b>Education</b>			
No High School	71.3% (68.7%-73.9%)	79.9% (76.8%-83.0%)	78.1% (72.4%-83.8%)
High School or Post High School	74.2% (73.3%-75.2%)	77.1% (76.1%-78.1%)	73.1% (69.9%-76.2%)
College	72.4% (71.5%-73.3%)	73.6% (72.6%-74.5%)	68.0% (62.4%-73.6%)



## Oral Health

Dental caries (cavities) can cause pain and infection, and if left untreated they can lead to malnourishment and serious medical complications.<sup>55</sup> Dental disease has also been linked with other chronic conditions, such as diabetes, heart disease and stroke.<sup>56</sup> In 2014 and 2016, respondents were asked if they had seen a dental provider in the previous year. Results by demographics are shown in Error! Reference source not found. below.



In Connecticut during 2014 and 2016, 77% of residents reported seeing a dental provider in the previous year. The prevalence of adults within the Medicaid population who saw a dental provided (68%) was significantly *lower* than the non-Medicaid population (81%).



**Within the CT adult Medicaid population**, the prevalence of adult men who saw a dental provider in the previous year was significantly *higher* for:

- Younger age (18-44) adults (72%);
- Adults from households earning \$35,000 or more (79%) compared to those from households with incomes less than \$15,000 (63%);
- Adults without a disability (73%); and
- Adults with a high school (70%) or college level education (78%).



**Compared to CT's non-Medicaid population**, the prevalence of adult men who saw a dental provider among the Medicaid population was significantly *lower* for:

- All age categories;
- Men and women;
- Non-Hispanic White and Hispanic adults;
- Adults with and without a disability; and



- Adults with at least a high school education.

**Table 28 Oral Health by Medicaid Status (asked in 2014 and 2016)**

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	76.6% (75.7%-77.5%)	80.5% (79.7%-81.4%)	67.9% (64.5%-71.4%)
<b>Age</b>			
18-44 years old	75.0% (73.3%-76.6%)	80.4% (78.6%-82.2%)	71.5% (66.7%-76.2%)
45-64 years old	79.2% (78.0%-80.4%)	82.9% (81.7%-84.1%)	62.7% (57.7%-67.7%)
65 years or older	75.3% (73.8%-76.7%)	76.8% (75.4%-78.3%)	60.3% (50.0%-70.7%)
<b>Gender</b>			
Male	74.0% (72.7%-75.4%)	78.6% (77.2%-80.0%)	64.3% (58.7%-69.9%)
Female	79.0% (77.9%-80.2%)	82.3% (81.2%-83.5%)	70.3% (66.0%-74.7%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	79.8% (78.9%-80.7%)	82.2% (81.3%-83.2%)	67.8% (63.0%-72.6%)
Black, Non-Hispanic	71.3% (68.1%-74.5%)	73.4% (69.7%-77.1%)	69.7% (61.9%-77.6%)
Hispanic	67.5% (64.4%-70.5%)	77.5% (73.8%-81.1%)	68.9% (62.0%-75.7%)
<b>Household Income</b>			
Less than \$15,000	59.6% (55.6%-63.6%)	63.1% (57.6%-68.6%)	63.2% (56.4%-70.1%)
\$15,000-\$24,999	63.1% (60.0%-66.2%)	64.2% (60.4%-67.9%)	68.1% (61.4%-74.8%)
\$25,000-\$34,999	67.4% (63.7%-71.1%)	70.7% (66.7%-74.7%)	64.5% (53.2%-75.7%)
\$35,000 or more	83.1% (82.1%-84.2%)	84.6% (83.5%-85.6%)	78.6% (71.7%-85.5%)
<b>Disability</b>			
Yes	64.2% (61.9%-66.4%)	68.7% (66.3%-71.1%)	59.8% (53.8%-65.9%)
No	79.9% (78.9%-80.9%)	83.1% (82.1%-84.0%)	72.8% (68.5%-77.1%)
<b>Education</b>			
No High School	55.6% (51.7%-59.5%)	59.4% (54.1%-64.6%)	57.0% (47.8%-66.1%)
High School or Post High School	75.1% (73.9%-76.3%)	78.3% (77.1%-79.6%)	69.7% (65.6%-73.8%)
College	86.3% (85.4%-87.3%)	87.5% (86.5%-88.5%)	77.8% (71.2%-84.5%)





## Flu 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 old.<sup>57</sup> BRFSS respondents were asked if they had received the seasonal flu vaccines, either as a shot or nasal spray mist. Adults with Medicaid who received the flu shot or spray are shown in Error! Reference source not found. below.



In Connecticut during 2013-2016, 43% of residents reported that they had received the flu shot or spray. The prevalence of adults within the Medicaid population who reported that they had received the flu shot or spray (35%) was significantly lower than the non-Medicare population (47%).



**Within the CT adult Medicaid population**, the prevalence of adults who had received the flu shot or spray was significantly *greater* for adults 65 and older (62%) with significant differences across all age categories.



**Compared to CT's non-Medicaid population**, the prevalence of adults who had received the flu shot or spray among the Medicaid population was significantly *lower* across most demographic categories, *except* adults 65 and older, non-Hispanic Black and Hispanic adults, households with incomes less than \$15,000, and adults without a high school education, where no significant differences were observed.



Table 29 Received Flu shot or Spray by Medicaid Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	43.3% (42.6%-44.0%)	46.5% (45.7%-47.3%)	35.4% (32.6%-38.1%)
<b>Age</b>			
18-44 years old	33.6% (32.3%-34.9%)	36.7% (35.1%-38.3%)	30.1% (26.2%-33.9%)
45-64 years old	42.9% (41.8%-43.9%)	44.8% (43.7%-46.0%)	40.1% (36.0%-44.1%)
65 years or older	63.1% (62.0%-64.3%)	63.7% (62.5%-64.9%)	62.3% (53.9%-70.6%)
<b>Gender</b>			
Male	39.3% (38.2%-40.4%)	43.1% (41.9%-44.2%)	32.0% (27.7%-36.3%)
Female	47.0% (46.0%-48.0%)	49.7% (48.6%-50.8%)	37.6% (34.0%-41.1%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	45.9% (45.1%-46.8%)	48.2% (47.4%-49.1%)	35.1% (31.3%-38.9%)
Black, Non-Hispanic	36.7% (34.0%-39.4%)	38.8% (35.6%-42.1%)	36.0% (29.0%-42.9%)
Hispanic	35.7% (33.4%-38.1%)	42.4% (39.1%-45.6%)	36.0% (30.3%-41.7%)
<b>Household Income</b>			
Less than \$15,000	35.8% (33.0%-38.5%)	41.6% (37.6%-45.6%)	35.9% (30.6%-41.2%)
\$15,000-\$24,999	40.6% (38.3%-42.9%)	48.1% (45.3%-51.0%)	37.5% (32.0%-43.1%)
\$25,000-\$34,999	42.3% (39.4%-45.1%)	47.1% (43.9%-50.3%)	34.0% (25.0%-43.1%)
\$35,000 or more	44.8% (43.9%-45.8%)	46.3% (45.3%-47.3%)	32.0% (25.6%-38.3%)
<b>Disability</b>			
Yes	46.7% (45.0%-48.3%)	52.1% (50.2%-53.9%)	37.4% (33.0%-41.9%)
No	42.4% (41.6%-43.3%)	45.3% (44.5%-46.2%)	33.9% (30.3%-37.4%)
<b>Education</b>			
No High School	36.9% (34.1%-39.6%)	43.0% (39.2%-46.8%)	38.1% (31.0%-45.2%)
High School or Post High School	40.4% (39.4%-41.4%)	43.4% (42.2%-44.5%)	34.3% (31.0%-37.6%)
College	50.0% (49.0%-51.0%)	51.6% (50.6%-52.7%)	35.8% (29.9%-41.7%)



## Pneumonia Vaccinations

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, but can often be prevented by administering a pneumonia vaccine.<sup>58</sup> BRFSS respondents were asked if they had ever received the pneumonia vaccine, which is given once or twice in a person's lifetime: generally to children under five years old and to adults at high risk for disease.<sup>59</sup> Adults with Medicaid who received the pneumonia vaccination in Table 30.



In Connecticut during 2013-2016, 32% of residents reported that they had received a pneumonia vaccination. The prevalence of adults within the Medicaid population who have received the pneumonia vaccine (28%) was significantly lower than the non-Medicare population (34%).



**Within the CT adult Medicaid population**, the prevalence of adults who have received the pneumonia vaccination was significantly *greater* for:

- Older adults (65 and older) (72%) with significant differences across all age categories; and
- Adults with a disability (37%).



**Compared to CT's non-Medicaid population**, the prevalence of adults who have received the pneumonia vaccination among the Medicaid population was significantly *lower* for:

- Women;
- Non-Hispanic White and non-Hispanic Black adults;
- Adults from households earning less than \$35,000;
- Adults with and without a disability; and
- Adults with high school education.



**Compared to CT’s non-Medicaid population**, the prevalence of adults who have received the pneumonia vaccination among the Medicaid population was significantly *higher* for middle age adults (45-64).

**Table 30 Received Pneumonia Vaccination by Medicaid Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	32.3% (31.6%-33.0%)	34.0% (33.2%-34.8%)	28.2% (25.4%-31.1%)
<b>Age</b>			
18-44 years old	18.8% (17.5%-20.1%)	18.1% (16.6%-19.6%)	21.6% (17.6%-25.7%)
45-64 years old	21.5% (20.6%-22.5%)	20.9% (20.0%-21.9%)	31.1% (27.1%-35.0%)
65 years or older	71.6% (70.5%-72.7%)	72.1% (70.9%-73.2%)	71.8% (64.7%-78.8%)
<b>Gender</b>			
Male	31.5% (30.4%-32.6%)	33.0% (31.8%-34.1%)	31.5% (26.5%-36.5%)
Female	33.0% (32.1%-33.9%)	34.9% (33.9%-35.9%)	26.2% (22.8%-29.5%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	34.5% (33.7%-35.3%)	35.4% (34.5%-36.2%)	30.6% (26.5%-34.8%)
Black, Non-Hispanic	29.2% (26.6%-31.8%)	32.5% (29.2%-35.7%)	21.9% (16.0%-27.8%)
Hispanic	23.9% (21.7%-26.1%)	27.6% (24.4%-30.7%)	24.1% (18.9%-29.3%)
<b>Household Income</b>			
Less than \$15,000	34.0% (31.2%-36.8%)	44.8% (40.5%-49.0%)	28.7% (23.7%-33.7%)
\$15,000-\$24,999	37.9% (35.6%-40.3%)	47.7% (44.8%-50.6%)	28.2% (22.8%-33.7%)
\$25,000-\$34,999	42.3% (39.4%-45.2%)	48.8% (45.5%-52.1%)	24.7% * (16.8%-32.7%)
\$35,000 or more	28.3% (27.5%-29.2%)	28.7% (27.8%-29.6%)	26.9% (19.3%-34.4%)
<b>Disability</b>			
Yes	48.0% (46.2%-49.7%)	53.2% (51.3%-55.2%)	36.9% (32.1%-41.7%)
No	28.4% (27.6%-29.1%)	29.8% (29.0%-30.6%)	23.2% (19.7%-26.8%)
<b>Education</b>			
No High School	33.7% (31.0%-36.5%)	42.6% (38.7%-46.5%)	32.8% (25.6%-40.0%)
High School or Post High School	34.2% (33.2%-35.2%)	36.0% (34.9%-37.1%)	26.9% (23.5%-30.3%)
College	28.6% (27.7%-29.5%)	29.2% (28.3%-30.1%)	26.6% (20.7%-32.5%)



## Human Immunodeficiency Virus (HIV) Testing

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 are over-represented in new HIV infections, as are Hispanics.<sup>60</sup> Individuals can be tested for the virus by testing blood or oral fluid. BRFSS respondents were asked if they had ever been tested for HIV, not counting testing while giving blood. Results by demographic sub-group for individuals with Medicaid are shown in Table 31.



In Connecticut during 2013-2016, 36% of residents reported that they had ever been tested for HIV. The prevalence of adults within the Medicaid population who have been tested (58%) was significantly higher than the non-Medicaid population (33%).



Within the CT adult Medicaid population, the prevalence of adults who have been tested for HIV was significantly *greater* for:

- Younger adults (18-44) (65%) compared to 45-64 years old (53%);
- Women (64%, compared to 51% of men); and
- Non-Hispanic Black and Hispanic adults (66% and 69%, respectively).



Compared to CT's non-Medicaid population, the prevalence of adults who have been tested for HIV among the Medicaid population was significantly *higher* across all demographic categories.



Table 31 HIV Testing by Medicaid Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	35.8% (35.1%-36.6%)	32.8% (32.0%-33.6%)	58.3% (55.3%-61.2%)
<b>Age</b>			
18-44 years old	49.8% (48.3%-51.2%)	48.3% (46.6%-50.0%)	65.2% (60.9%-69.5%)
45-64 years old	34.6% (33.6%-35.7%)	32.7% (31.6%-33.8%)	53.4% (49.2%-57.6%)
65 years or older	10.1% (9.4%-10.9%)	9.7% (9.0%-10.5%)	17.5% * (10.8%-24.2%)
<b>Gender</b>			
Male	34.3% (33.2%-35.4%)	32.1% (30.9%-33.3%)	50.6% (45.7%-55.5%)
Female	37.2% (36.2%-38.2%)	33.4% (32.3%-34.5%)	63.5% (59.9%-67.2%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	30.3% (29.5%-31.1%)	28.8% (27.9%-29.6%)	50.6% (46.5%-54.8%)
Black, Non-Hispanic	54.9% (52.0%-57.7%)	52.7% (49.4%-56.1%)	65.5% (58.6%-72.4%)
Hispanic	53.8% (51.3%-56.3%)	52.0% (48.6%-55.3%)	69.1% (63.5%-74.8%)
<b>Household Income</b>			
Less than \$15,000	49.5% (46.5%-52.6%)	44.0% (39.8%-48.3%)	63.6% (58.1%-69.2%)
\$15,000-\$24,999	42.4% (39.9%-44.8%)	33.4% (30.5%-36.3%)	64.2% (58.7%-69.6%)
\$25,000-\$34,999	34.9% (32.0%-37.8%)	31.1% (27.9%-34.3%)	53.7% (44.2%-63.3%)
\$35,000 or more	35.3% (34.3%-36.2%)	34.3% (33.3%-35.2%)	54.7% (47.4%-62.0%)
<b>Disability</b>			
Yes	39.5% (37.7%-41.2%)	33.6% (31.7%-35.5%)	61.6% (56.9%-66.3%)
No	35.0% (34.1%-35.8%)	32.7% (31.8%-33.5%)	56.2% (52.4%-60.1%)
<b>Education</b>			
No High School	40.5% (37.6%-43.5%)	33.8% (30.0%-37.7%)	63.9% (56.9%-71.0%)
High School or Post High School	33.7% (32.7%-34.8%)	29.8% (28.6%-30.9%)	57.0% (53.3%-60.6%)
College	37.7% (36.6%-38.7%)	36.8% (35.8%-37.9%)	54.7% (48.5%-60.8%)



## Blood Sugar Screening

Pre-diabetes refers to blood sugar levels that are higher than normal but not high enough to be diabetes. More than one in three American adults has pre-diabetes.<sup>61</sup> Adults with pre-diabetes are at-risk for developing Type 2 diabetes, heart disease and stroke.<sup>62</sup> Without any changes to lifestyle and diet, 15-30% of people with pre-diabetes will develop Type 2 diabetes within five years.<sup>63</sup> BRFSS respondents were asked if they had a test for high blood sugar or diabetes within the past three years. Results by demographics are shown in Table 32.



In Connecticut during 2013-2016, 57% of residents reported that they had been tested for diabetes. The prevalence of adults within the Medicaid population who had tested for diabetes (54%) was significantly *lower* than the non-Medicaid population (59%).



**Within the CT adult Medicaid population**, the prevalence of adults who had tested for diabetes was significantly *greater* for middle age (45-64) and older adults (65+) (65% each).



**Compared to CT's non-Medicaid population**, the prevalence of adults who had tested for diabetes among the Medicaid population was significantly *lower* for:

- Men;
- Adults without a disability; and
- Adults with a college education.



Table 32 Pre-Diabetes Awareness by Medicaid Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Total	56.5% (55.5%-57.4%)	59.0% (57.9%-60.0%)	53.6% (49.7%-57.4%)
<b>Age</b>			
18-44 years old	44.2% (42.5%-45.9%)	45.3% (43.4%-47.3%)	48.4% (43.2%-53.6%)
45-64 years old	67.1% (65.9%-68.4%)	69.1% (67.8%-70.5%)	64.6% (59.5%-69.7%)
65 years or older	67.0% (65.5%-68.5%)	67.6% (66.1%-69.1%)	65.4% (53.8%-77.0%)
<b>Gender</b>			
Male	54.6% (53.1%-56.0%)	58.3% (56.7%-59.8%)	49.4% (43.1%-55.7%)
Female	58.2% (56.9%-59.5%)	59.6% (58.2%-60.9%)	56.2% (51.4%-61.0%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	58.0% (56.9%-59.1%)	59.6% (58.4%-60.7%)	55.9% (50.4%-61.3%)
Black, Non-Hispanic	57.9% (54.4%-61.5%)	62.2% (58.1%-66.4%)	56.0% (47.2%-64.7%)
Hispanic	54.3% (51.2%-57.3%)	60.7% (56.6%-64.7%)	52.0% (44.1%-60.0%)
<b>Household Income</b>			
Less than \$15,000	53.4% (49.5%-57.4%)	57.2% (51.6%-62.8%)	55.8% (48.2%-63.4%)
\$15,000-\$24,999	55.3% (52.3%-58.4%)	61.2% (57.4%-65.0%)	55.2% (48.0%-62.5%)
\$25,000-\$34,999	56.3% (52.6%-60.1%)	61.0% (56.9%-65.0%)	53.6% (42.0%-65.3%)
\$35,000 or more	58.9% (57.7%-60.1%)	59.9% (58.6%-61.1%)	53.3% (44.1%-62.5%)
<b>Disability</b>			
Yes	60.3% (58.0%-62.7%)	63.9% (61.3%-66.5%)	57.1% (50.5%-63.8%)
No	56.0% (54.9%-57.1%)	58.6% (57.5%-59.7%)	51.0% (46.1%-55.8%)
<b>Education</b>			
No High School	55.4% (51.6%-59.2%)	63.4% (58.3%-68.4%)	51.3% (41.1%-61.5%)
High School or Post High School	55.0% (53.6%-56.4%)	57.4% (55.9%-59.0%)	54.1% (49.5%-58.8%)
College	59.4% (58.1%-60.7%)	60.4% (59.1%-61.7%)	52.0% (43.9%-60.1%)





## Cancer Screening

### COLORECTAL CANCER

Colorectal cancer (cancer of the colon and rectum) is the second leading cancer killer in the United States.<sup>64</sup> Colonoscopy screening reduces colorectal cancer (CRC) incidence and mortality. The CDC recommends CRC screening at age 50 for average-risk people.<sup>65</sup> In 2014 and 2015, respondents ages 50 and older were asked if they had ever had a colonoscopy. Table 33 shows the proportion of adults with Medicaid who reported that they have had a colonoscopy, by demographic sub-group.



In Connecticut during 2014-2015, 97% of residents reported that they had a colonoscopy. There was no significant difference between the Medicaid population and the non-Medicaid population (98% each).



**Within the CT adult Medicaid population**, the prevalence of adults who had a colonoscopy did not vary significantly across demographic categories.



**Compared to CT's non-Medicaid population**, the prevalence of adults who had a colonoscopy among the Medicaid population was significantly *higher* for adults with a household income between \$15,000 and \$24,999.



**Table 33 Colonoscopy by Medicaid Status (asked in 2014 and 2015)**

	CT Total	Non-Medicaid	Medicaid
Demographic Characteristics	% (95% CI)	% (95% CI)	% (95% CI)
Total	97.4% (97.0%-97.8%)	97.5% (97.1%-97.9%)	97.8% (95.7%-100.0%)
<b>Age</b>			
45-64 years old	98.1% (97.6%-98.6%)	98.1% (97.5%-98.6%)	99.0% (97.7%-100.0%)
65 years or older	96.6% (95.9%-97.2%)	96.8% (96.1%-97.4%)	94.4% (87.1%-100.0%)
<b>Gender</b>			
Male	96.7% (96.0%-97.4%)	96.7% (96.0%-97.4%)	97.5% (95.0%-100.0%)
Female	98.0% (97.6%-98.5%)	98.1% (97.7%-98.6%)	98.1% (95.0%-100.0%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	97.4% (97.0%-97.9%)	97.5% (97.0%-97.9%)	96.9% (93.6%-100.0%)
Black, Non-Hispanic	97.7% (96.3%-99.1%)	97.5% (95.9%-99.2%)	99.1% (97.2%-100.0%)
Hispanic	96.4% (94.0%-98.8%)	97.1% (94.3%-99.9%)	99.2% (97.6%-100.0%)
<b>Household Income</b>			
Less than \$15,000	97.1% (94.8%-99.4%)	98.5% (97.0%-100.0%)	95.2% (89.0%-100.0%)
\$15,000-\$24,999	97.1% (95.7%-98.6%)	96.7% (95.0%-98.4%)	99.8% (99.3%-100.0%)
\$25,000-\$34,999	94.9% (92.6%-97.2%)	95.0% (92.4%-97.5%)	98.6% (95.7%-100.0%)
\$35,000 or more	97.8% (97.3%-98.2%)	97.8% (97.3%-98.2%)	99.6% (98.7%-100.0%)
<b>Disability</b>			
Yes	96.3% (95.3%-97.4%)	96.2% (95.0%-97.3%)	98.7% (96.8%-100.0%)
No	97.7% (97.3%-98.1%)	97.8% (97.4%-98.2%)	97.2% (93.8%-100.0%)
<b>Education</b>			
No High School	95.8% (93.4%-98.1%)	96.2% (93.5%-98.9%)	96.1% (89.4%-100.0%)
High School or Post High School	97.5% (96.9%-98.0%)	97.4% (96.8%-98.0%)	99.0% (98.0%-100.0%)
College	97.7% (97.2%-98.2%)	97.8% (97.3%-98.3%)	96.7% (91.8%-100.0%)



## BREAST CANCER

Getting mammograms regularly can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that average-risk women who are 50 to 74 years old should have a screening mammogram every two years.<sup>66</sup> In 2014 and 2016, women were asked if they ever had a mammogram. Table 34 shows the proportion of women with Medicaid who reported that they have had a mammogram, by demographic sub-group.



In Connecticut during 2014 and 2016, 70% of female residents reported that they had a mammogram. The prevalence of female adults within the Medicaid population who had a mammogram (55%) was significantly *lower* than the non-Medicaid population (74%).



**Within the CT adult Medicaid population**, the prevalence of female adults who had a mammogram was significantly *higher* for middle age (45-64) and older adults (65+) (94% and 97%, respectively).



**Compared to CT's non-Medicaid population**, the prevalence of female adults who had a mammogram among the Medicaid population was significantly *lower* for:

- Middle age women (45-64);
- Non-Hispanic White women;
- Adults from households earning \$15,000-\$24,999 and \$35,000 or more;
- Women with or without a disability; and
- Women with at least a high school education.



**Table 34 Mammogram by Medicaid Status (asked in 2014 and 2016)**

	<b>CT Total</b>	<b>Non-Medicaid</b>	<b>Medicaid</b>
<b>Demographic Characteristics</b>	<b>% (95% CI)</b>	<b>% (95% CI)</b>	<b>% (95% CI)</b>
Total	70.1% (68.6%-71.6%)	74.4% (72.8%-76.0%)	54.7% (49.7%-59.8%)
<b>Age</b>			
18-44 years old	30.0% (27.5%-32.5%)	29.6% (26.8%-32.4%)	33.2% (26.3%-40.1%)
45-64 years old	96.8% (96.2%-97.5%)	97.6% (97.0%-98.3%)	93.7% (90.4%-97.0%)
65 years or older	97.5% (96.8%-98.2%)	97.7% (97.0%-98.4%)	96.7% (92.1%-100.0%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	74.2% (72.5%-75.9%)	77.1% (75.3%-78.9%)	55.6% (48.5%-62.6%)
Black, Non-Hispanic	66.4% (61.2%-71.6%)	71.8% (65.7%-77.8%)	59.0% (46.7%-71.2%)
Hispanic	55.5% (50.9%-60.1%)	58.8% (52.6%-64.9%)	52.9% (43.1%-62.7%)
<b>Household Income</b>			
Less than \$15,000	64.5% (58.5%-70.5%)	68.9% (60.3%-77.4%)	65.1% (55.6%-74.6%)
\$15,000-\$24,999	69.3% (65.1%-73.4%)	79.1% (74.5%-83.7%)	56.0% (46.3%-65.6%)
\$25,000-\$34,999	70.8% (65.0%-76.5%)	79.8% (73.7%-85.9%)	47.4% * (30.7%-64.1%)
\$35,000 or more	72.2% (70.2%-74.1%)	74.2% (72.2%-76.2%)	49.8% (38.1%-61.6%)
<b>Disability</b>			
Yes	76.5% (73.4%-79.6%)	81.6% (78.3%-85.0%)	61.9% (53.4%-70.3%)
No	68.3% (66.6%-70.0%)	72.6% (70.8%-74.5%)	51.3% (45.0%-57.5%)
<b>Education</b>			
No High School	71.4% (65.7%-77.2%)	81.1% (73.8%-88.5%)	67.8% (55.4%-80.2%)
High School or Post High School	70.4% (68.2%-72.5%)	75.4% (73.0%-77.7%)	51.4% (45.4%-57.3%)
College	69.2% (67.1%-71.3%)	71.9% (69.7%-74.1%)	49.8% (39.3%-60.2%)



## PROSTATE CANCER

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Prostate cancer is the most common non-skin cancer among American men.<sup>67</sup> BRFSS asks respondents whether they have ever had a PSA test. Table 35 shows the proportion of men with Medicaid who reported that they have had a PSA test, by demographic sub-group.



In Connecticut during 2013-2016, 54% of male residents reported that they had a PSA test. The prevalence of men within the Medicaid population who had a PSA test (36%) was significantly lower than the non-Medicaid population (57%).



**Within the CT adult Medicaid population**, the prevalence of adult men who had a PSA test was significantly *higher* for:

- Men ages 65 or older (59%) compared to men 45-64 years old (35%).



**Compared to CT's non-Medicaid population**, the prevalence of adult men who had a PSA test among the Medicaid population was significantly *lower* for:

- Men ages 45 or older;
- Non-Hispanic White men;
- Men without a disability; and
- Men with a high school education.



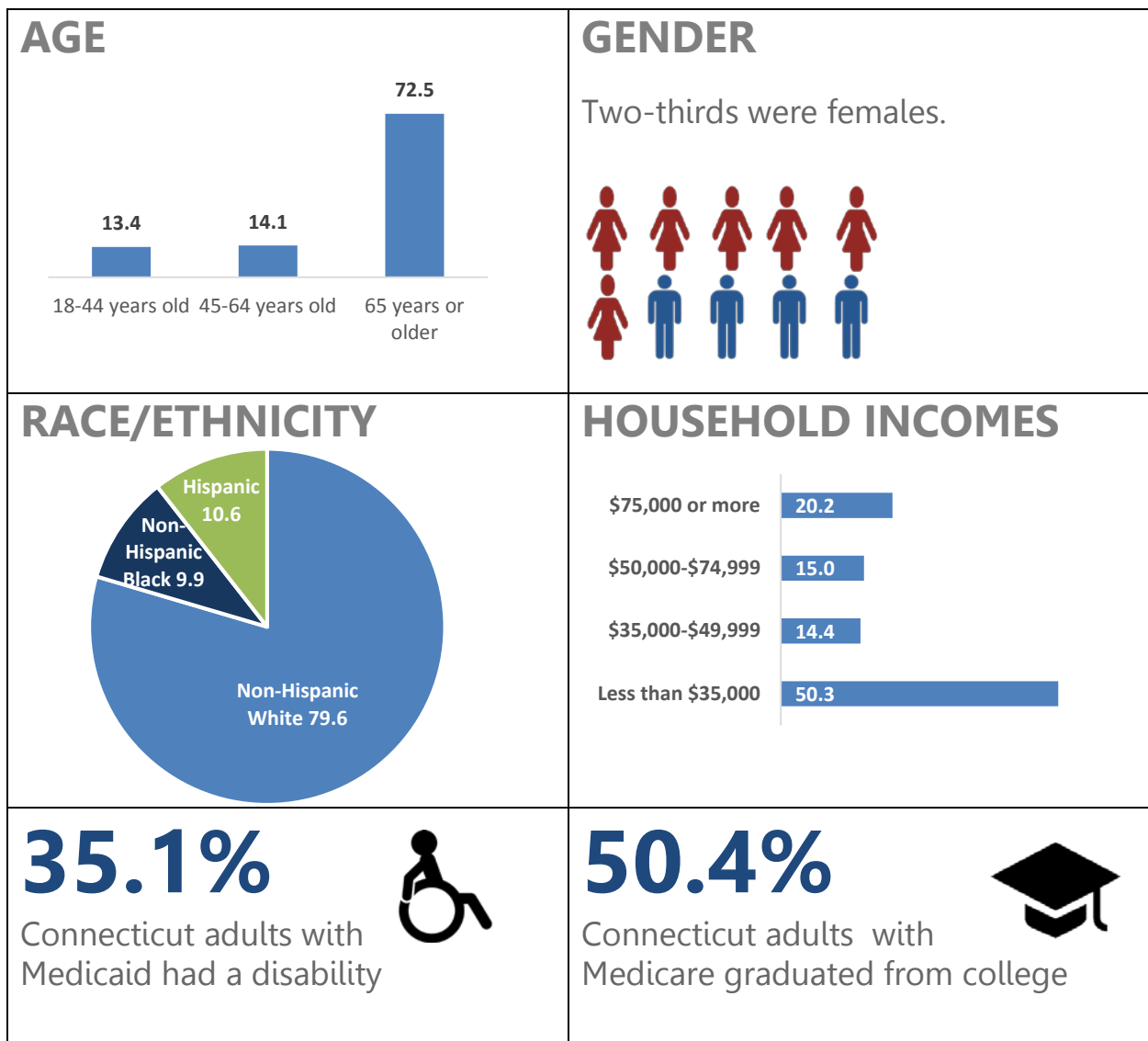
Table 35 PSA Test by Medicaid Status

Demographic Characteristics	CT Total	Non-Medicaid	Medicaid
	% (95% CI)	% (95% CI)	% (95% CI)
Total	53.6% (51.9%-55.2%)	57.4% (55.6%-59.2%)	35.8% (28.9%-42.7%)
<b>Age</b>			
18-44 years old	15.6% * (11.1%-20.1%) ±	15.9% (11.2%-20.5%)	-
45-64 years old	49.9% (47.6%-52.2%)	53.7% (51.3%-56.2%)	35.4% (27.3%-43.5%)
65 years or older	77.4% (75.1%-79.8%)	79.5% (77.1%-81.8%)	58.8% (42.2%-75.4%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	57.5% (55.7%-59.4%)	59.8% (57.9%-61.7%)	37.5% (28.1%-46.8%)
Black, Non-Hispanic	44.5% (37.5%-51.5%)	50.7% (42.2%-59.2%)	35%** -
Hispanic	41.0% (34.6%-47.4%)	51.7% (43.7%-59.7%)	35%** -
<b>Household Income</b>			
Less than \$15,000	35.9% (28.9%-42.9%)	42.3% (32.4%-52.1%)	37.3% * (24.6%-50.0%)
\$15,000-\$24,999	43.3% (37.6%-49.1%)	54.5% (47.5%-61.6%)	20%** -
\$25,000-\$34,999	53.2% (46.3%-60.1%)	54.4% (46.9%-61.9%)	72.8% (52.8%-92.9%)
\$35,000 or more	56.4% (54.3%-58.5%)	58.2% (56.1%-60.3%)	30%** -
<b>Disability</b>			
Yes	52.2% (48.1%-56.2%)	59.3% (54.9%-63.7%)	32.0% * (20.8%-43.3%)
No	53.9% (52.0%-55.8%)	57.0% (55.0%-58.9%)	38.8% (29.5%-48.2%)
<b>Education</b>			
No High School	38.1% (31.7%-44.6%)	45.0% (36.6%-53.5%)	35%** -
High School or Post High School	51.7% (49.2%-54.2%)	55.5% (52.8%-58.2%)	33.6% (24.1%-43.2%)
College	60.7% (58.5%-63.0%)	62.1% (59.9%-64.4%)	48.0% * (33.8%-62.2%)



## SECTION II. CT MEDICARE POPULATION

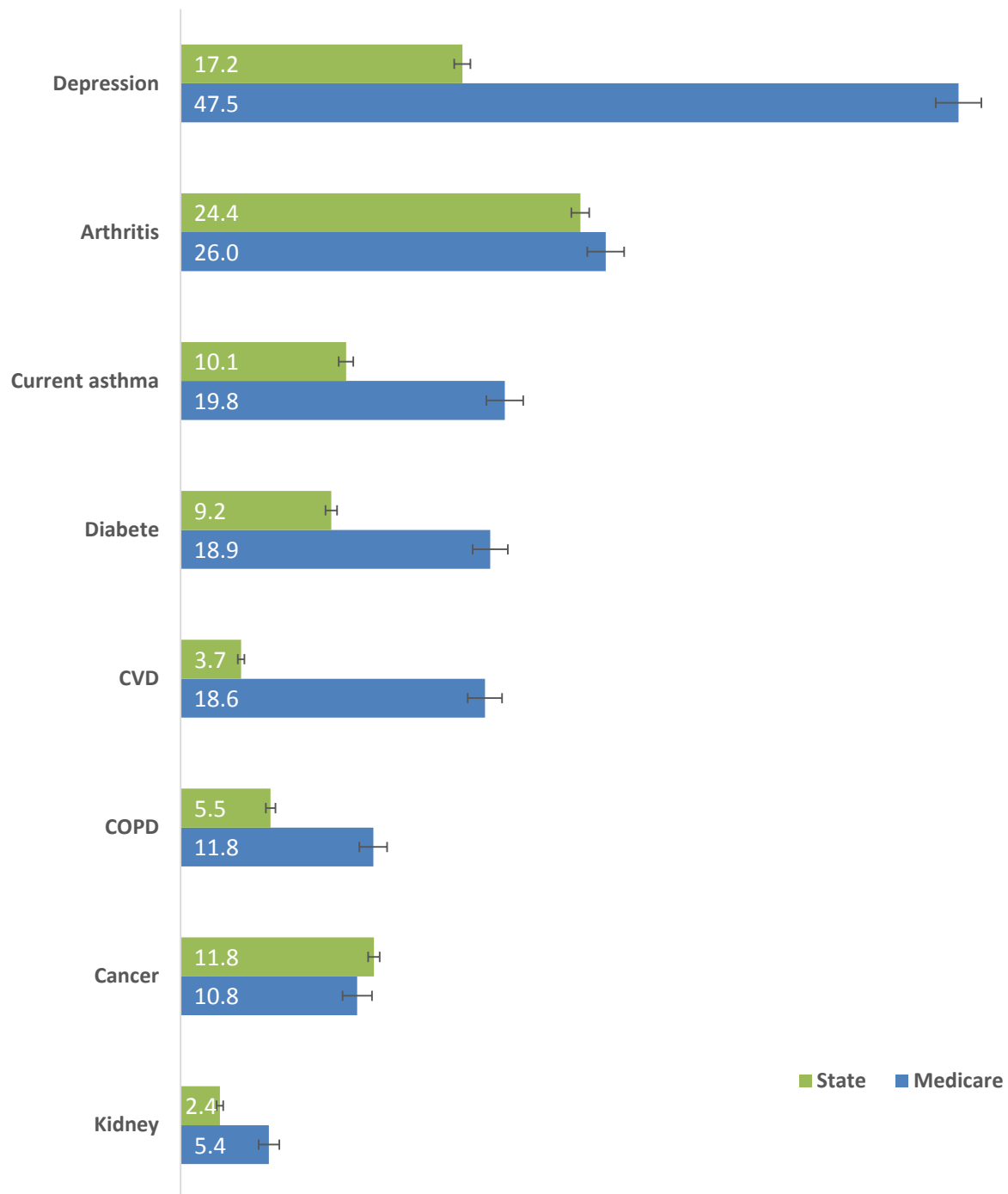
Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). Medicare includes different parts for covering hospital insurance (Medicare Part A), Medical Insurance (Medicare Part B), Advantage Plans for covering Part A and B benefits (Part C), and prescription drug coverage (Medicare Part D).<sup>68</sup>





## “Depression was the most common chronic condition among Medicare population in CT”

Percentage of Primary Medicare Beneficiaries with the 8 Selected Chronic Conditions: CT BRFSS 2013-2016

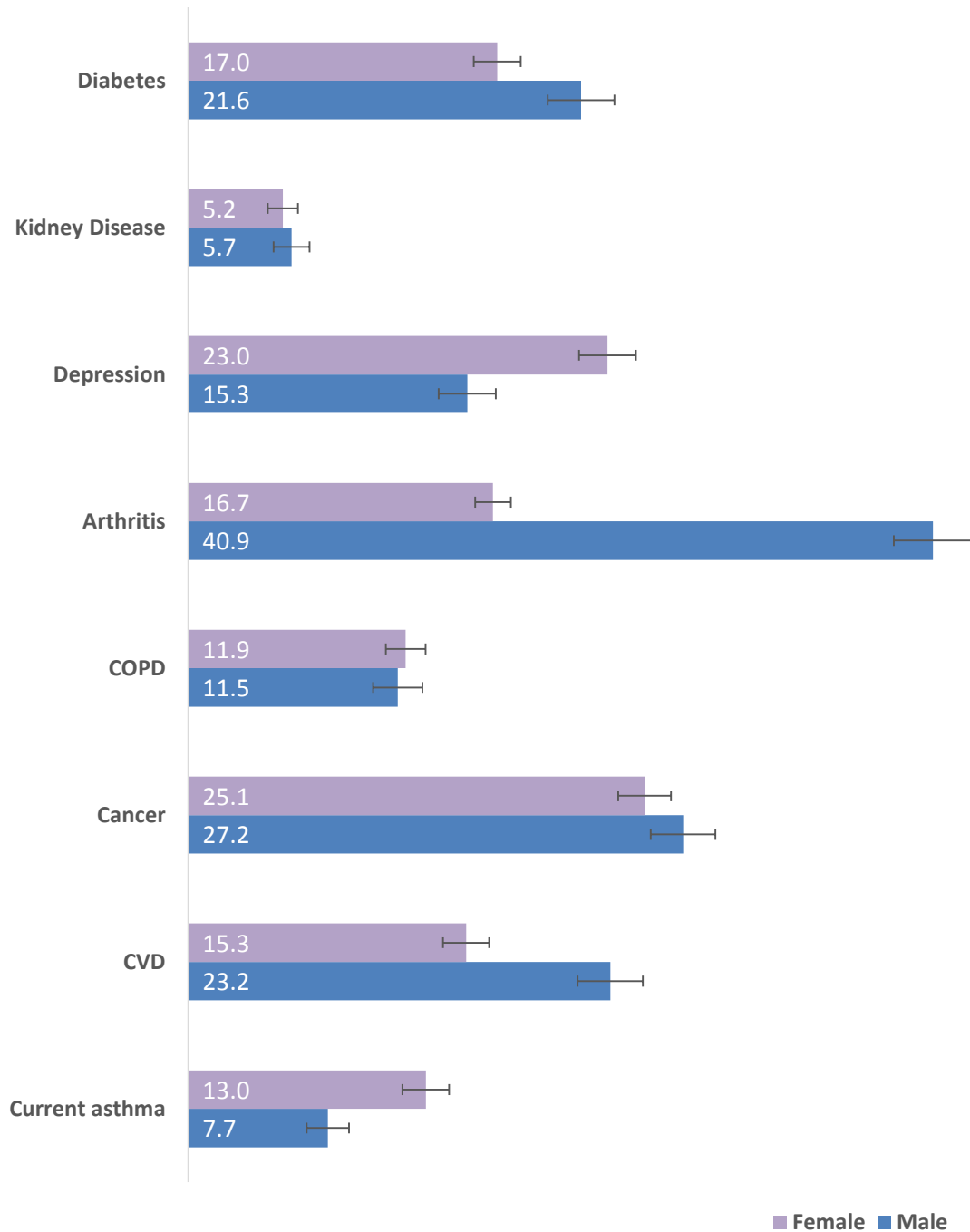






## “Chronic Conditions varied by Sex”

Percentage of Primary Medicare Beneficiaries with the 8 Selected Chronic Conditions: CT BRFSS 2013-2016.





## “Nearly half of Medicare beneficiaries had multiple chronic conditions”

Percentage of Primary Medicare Beneficiaries by Number of Chronic Conditions: 2013-2016

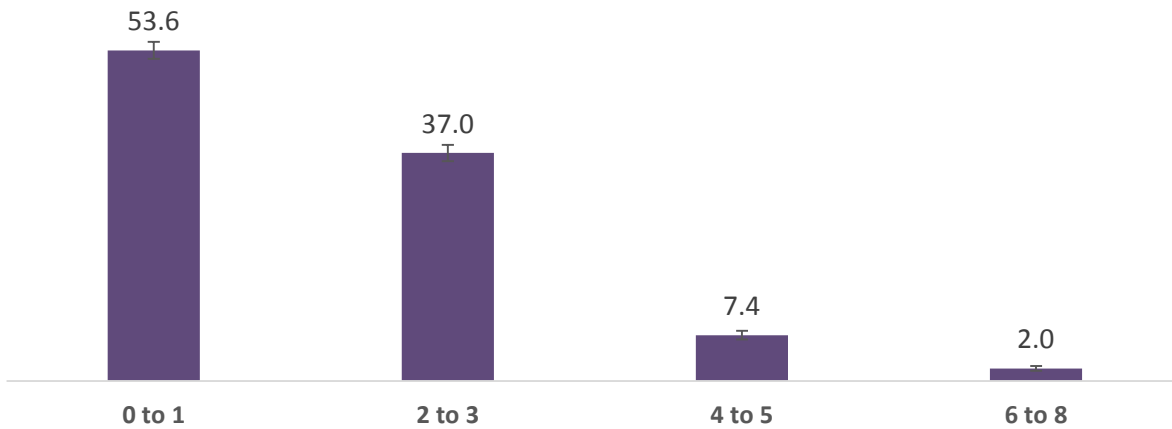


Table 36 below shows 2013-2016 demographic characteristics for Connecticut adults included in this report, summarized for the total population, Non-Medicare population, and Medicare populations separately. Respondents who had both Medicare and Medicaid (0.5% of the sample) were recoded as receiving Medicare as their primary insurance.<sup>3</sup> Percentages reported may not sum to 100% due to rounding. Because the purpose of this table is simply to show the demographic profile of the sample, statistical comparisons are not reported.

<sup>3</sup> Dual eligible beneficiaries were recoded as using Medicare as their primary insurance, as Medicare-covered services also covered by Medicaid are paid first by Medicare ([https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare\\_Beneficiaries\\_Dual\\_Eligibles\\_At\\_a\\_Glance.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf))



**Table 36 Demographics, Medicare and Non-Medicare<sup>4</sup>**

Demographic Characteristics	Survey Respondents			Estimated Population			Estimated Percent of Population		
	CT Total	Non-Medicare	Medicare	CT Total	Non-Medicare	Medicare	CT Total	Non-Medicare	Medicare
Total	38,600	24,933	10,544	2,832,701	1,993,690	506,838	100%	80%	20%
<b>Age</b>									
18-44 years old	9,079	7,172	471	1,219,476	932,317	66,829	44%	38%	3%
45-64 years old	15,465	13,144	1,162	1,001,707	845,993	70,032	36%	34%	3%
65 years or older	13,371	4,197	8,729	574,063	192,008	360,471	21%	8%	15%
<b>Gender</b>									
Male	16,413	10,828	3,980	1,364,131	958,640	211,409	48%	38%	8%
Female	22,187	14,105	6,564	1,468,570	1,035,051	295,428	52%	41%	12%
<b>Race/Ethnicity</b>									
White, Non-Hispanic	29,705	19,452	8,640	1,973,569	1,448,063	381,125	75%	63%	16%
Black, Non-Hispanic	2,908	1,778	774	260,818	175,630	47,210	10%	8%	2%
Hispanic	3,411	1,959	635	381,324	213,549	50,671	15%	9%	2%
<b>Household Income</b>									
Less than \$15,000	2,625	1,409	691	204,757	90,210	56,824	9%	4%	3%
\$15,000-\$24,999	4,149	2,910	617	307,942	178,264	63,546	13%	9%	3%
\$25,000-\$34,999	2,642	2,126	240	182,731	132,248	25,251	8%	6%	1%

<sup>4</sup> Disability was determined by the 2014 Disability Definition, which in addition to physical, mental, and emotional limitations, also includes vision impairment, difficulty walking or climbing stairs, difficulty bathing or dressing, or difficulty doing errands without assistance.



Demographic Characteristics	Survey Respondents			Estimated Population			Estimated Percent of Population		
	CT Total	Non-Medicaid	Medicaid	CT Total	Non-Medicaid	Medicaid	CT Total	Non-Medicaid	Medicaid
\$35,000 or more	22,235	20,838	437	1,604,470	1,463,452	45,920	70%	71%	2%
<b>Disability</b>									
Yes	7,854	3,809	3,360	524,403	287,341	169,816	19%	12%	7%
No	29,168	20,129	6,775	2,179,552	1,619,296	313,922	81%	68%	13%
<b>Education</b>									
No High School	2,350	1,033	783	322,665	153,382	75,516	11%	6%	3%
High School or Post High School	18,081	10,878	5,521	1,561,459	1,077,221	305,198	55%	43%	12%
College	17,984	12,936	4,185	935,611	757,088	122,910	33%	30%	5%



## MEDICARE: HEALTH OUTCOMES

### 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 and morbidity.<sup>7</sup> BRSS respondents were asked to rate their general health as excellent, very good, good, fair or poor. The proportion of adults with Medicare who reported that their health was fair or poor is shown in Table 37.



In Connecticut during 2013-2016, 14% of residents reported fair or poor health. The prevalence of poor health was significantly higher among the Medicare population (25%) than the non-Medicare population (11%).



**Within the CT adult Medicare population**, the prevalence of poor health was significantly *greater* for:

- Middle age (45-64) adults (49%);
- Non-Hispanic Black and Hispanic adults (39% and 38%, respectively);
- Adults from households earning less than \$35,000 (36%);
- Disabled adults (51%); and
- Adults with fewer years of education, with significant differences across all education levels.



**Compared to CT's non-Medicare population**, the prevalence of poor health among the Medicare population was *higher* across most demographic categories, *except* among adults 65 years or older, where no differences were observed.



**Table 37 General Health by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	14.3% (13.8%-14.8%)	10.6% (10.1%-11.1%)	25.4% (24.1%-26.6%)
<b>Age</b>			
18-44 years old	9.9% (9.1%-10.7%)	7.6% (6.8%-8.4%)	23.3% (18.2%-28.4%)
45-64 years old	15.6% (14.8%-16.4%)	11.7% (10.9%-12.4%)	48.8% (44.8%-52.8%)
65 years or older	21.7% (20.7%-22.7%)	20.6% (18.8%-22.4%)	21.5% (20.2%-22.7%)
<b>Gender</b>			
Male	13.9% (13.1%-14.6%)	10.2% (9.4%-11.0%)	25.6% (23.5%-27.6%)
Female	14.7% (14.0%-15.4%)	10.9% (10.2%-11.6%)	25.3% (23.6%-26.9%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	11.7% (11.2%-12.2%)	8.9% (8.3%-9.4%)	21.8% (20.6%-23.1%)
Black, Non-Hispanic	18.7% (16.7%-20.6%)	13.5% (11.5%-15.6%)	39.2% (33.9%-44.5%)
Hispanic	26.6% (24.7%-28.6%)	21.5% (19.1%-24.0%)	38.2% (32.5%-44.0%)
<b>Household Income</b>			
Less than \$35,000	28.8% (27.5%-30.1%)	24.4% (22.6%-26.1%)	36.1% (33.8%-38.4%)
\$35,000-\$49,999	12.8% (11.4%-14.3%)	11.5% (9.7%-13.2%)	19.6% (16.5%-22.8%)
\$50,000-\$74,999	10.1% (8.9%-11.4%)	9.0% (7.6%-10.4%)	15.7% (12.8%-18.5%)
\$75,000 or more	5.1% (4.6%-5.7%)	4.7% (4.1%-5.2%)	10.5% (8.3%-12.8%)
<b>Disability</b>			
Yes	45.1% (43.4%-46.7%)	41.1% (38.9%-43.4%)	50.8% (48.3%-53.2%)
No	6.9% (6.4%-7.3%)	5.2% (4.7%-5.6%)	11.4% (10.1%-12.6%)
<b>Education</b>			
No High School	36.2% (33.7%-38.7%)	31.5% (27.9%-35.1%)	45.8% (41.0%-50.6%)
High School or Post High School	15.0% (14.4%-15.7%)	12.0% (11.2%-12.8%)	25.2% (23.6%-26.8%)
College	5.7% (5.3%-6.1%)	4.4% (4.0%-4.8%)	13.5% (12.1%-14.9%)



## Health-Related Quality of Life

Overall health-related quality of life has physical and mental aspects. Adults in poor physical or mental health are defined as having reported 14 or more days for which their mental or physical health was “not good,” within the past 30 days. The Healthy Days measure is useful for identifying health disparities and tracking population trends. The proportion of adults with Medicare who reported 14 or more physically-unhealthy days in the previous month is shown in Table 38 and adults with Medicare who reported 14 or more mentally-unhealthy days is shown in Table 39.

### PHYSICAL HEALTH



In Connecticut during 2013-2016, 11% of residents reported poor physical health. The prevalence of adults in poor physical health was significantly higher among the Medicare population (18%) than the non-Medicare population (9%).



**Within the CT adult Medicare population**, the prevalence of adults in poor physical health was significantly *greater* for:

- Adults 45-64 (38%);
- Non-Hispanic Black adults (22%) compared to non-Hispanic White adults;
- Adults from households earning less than \$35,000 (25%);
- Adults with a disability (38%); and
- Adults with fewer years of education, with significant differences across all education categories.



**Compared to CT's non-Medicare population**, the prevalence of poor physical health among the Medicare population was significantly *higher* for most of demographic categories, *except* adults ages 65 and older.



**Table 38 Poor Physical Health by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	10.5% (10.1%-10.9%)	8.6% (8.1%-9.1%)	17.6% (16.5%-18.7%)
<b>Age</b>			
18-44 years old	6.9% (6.2%-7.6%)	6.05% (5.2%-6.7%)	16.1% (11.9%-20.3%)
45-64 years old	13.1% (12.4%-13.8%)	10.6% (9.9%-11.3%)	37.6% (33.7%-41.4%)
65 years or older	13.8% (12.9%-14.6%)	12.7% (11.2%-14.2%)	14.2% (13.1%-15.2%)
<b>Gender</b>			
Male	9.4% (8.8%-10.1%)	7.5% (6.9%-8.2%)	16.3% (14.6%-18.1%)
Female	11.5% (10.9%-12.1%)	9.6% (8.9%- 10.2%)	18.5% (17.1%-19.9%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	9.7% (9.3%-10.2%)	7.9% (7.4%-8.5%)	16.6% (15.4%-17.7%)
<i>Black, Non-Hispanic</i>	11.7% (10.1%-13.3%)	8.8% (7.1%-10.5%)	22.4% (17.8%-27.0%)
Hispanic	14.1% (12.6%-15.7%)	13.3% (11.3%-15.2%)	21.1% (16.2%-25.9%)
<b>Household Income</b>			
Less than \$35,000	18.5% (17.4%-19.6%)	16.4% (14.9%-17.9%)	24.5% (22.5%-26.5%)
\$35,000-\$49,999	11.2% (9.8%-12.5%)	10.3% (8.7%-11.9%)	15.6% (12.7%-18.5%)
\$50,000-\$74,999	8.0% (7.0%-9.1%)	7.4% (6.2%-8.6%)	11.6% (9.1%- 14.1%)
\$75,000 or more	5.5% (4.9%-6.1%)	5.1% (4.5%-5.7%)	9.7% (7.4%-12.1%)
<b>Disability</b>			
Yes	34.6% (33.0%-36.1%)	33.1% (31.0%-35.2%)	38.1% (35.6%-40.5%)
No	4.8% (4.4%-5.2%)	4.3% (3.9%-4.7%)	6.7% (5.7%-7.6%)
<b>Education</b>			
No High School	19.7% (17.6%-21.8%)	18.8% (15.8%-21.8%)	25.5% (21.2%-29.8%)
High School or Post High School	11.7% (11.1%-12.3%)	10.1% (9.4%-10.8%)	17.9% (16.5%-19.3%)
College	5.5% (5.1%-5.9%)	4.4% (4.0%-4.9%)	12.3% (11.0%-13.6%)





## MENTAL HEALTH



In Connecticut during 2013-2016, 11% of residents reported poor mental health. Overall, there were no significant differences in reports of poor mental health between the Medicare and non-Medicare populations.



**Within the CT adult Medicare population**, the prevalence of poor mental health was significantly *greater* for:

- Middle age (45-64) and younger adults (18-44) (27% and 19%, respectively);
- Women (12%, compared to 9% of men);
- Hispanic adults (15%) compared to non-Hispanic White adults (10%);
- Adults from households earning less than \$35,000 (16%) compared to adults in households with incomes of \$25,000-\$49,999 (7%) and \$50,000-\$74,999 (7%);
- Disabled adults (20%); and
- Adults with a high school education (11%) or less (15%), compared to adults who have attended college.



**Compared to CT's non-Medicare population**, the prevalence of poor mental health among the Medicare population was significantly *higher* for adults 18-64 years of age.

**Compared to the non-Medicare population**, the prevalence of poor mental health was significantly *lower* for:

- Adults with household incomes of \$35,000-\$49,999 and \$50,000-\$74,999;
- Adults with and without a disability; and
- Adults with less than a high school education.



**Table 39 Poor Mental Health by Medicare Status**

	<b>CT Total</b>	<b>Non-Medicare</b>	<b>Medicare</b>
<b>Demographic Characteristics</b>	<b>% (95% CI)</b>	<b>% (95% CI)</b>	<b>% (95% CI)</b>
Total	10.8% (10.3%-11.2%)	10.5% (10.0%-11.1%)	10.7% (9.8%-11.6%)
<b>Age</b>			
18-44 years old	12.5% (11.6%-13.4%)	12.3% (11.3%-13.3%)	19.2% (14.8%-23.5%)
45-64 years old	11.4% (10.7%-12.0%)	9.7% (9.0%-10.4%)	26.6% (23.2%-30.0%)
65 years or older	6.3% (5.7%-6.8%)	6.1% (5.1%-7.1%)	6.1% (5.4%-6.8%)
<b>Gender</b>			
Male	9.2% (8.5%-9.8%)	8.6% (7.8%-9.3%)	9.1% (7.8%-10.5%)
Female	12.2% (11.6%-12.9%)	12.3% (11.5%-13.2%)	11.8% (10.6%-13.0%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	10.2% (9.7%-10.7%)	9.9% (9.3%-10.5%)	9.9% (8.9%-10.8%)
Black, Non-Hispanic	11.6% (9.9%-13.3%)	11.8% (9.7%-14.0%)	11.4% * (8.0%-14.7%)
Hispanic	13.8% (12.2%-15.4%)	15.1% (12.9%-17.3%)	14.8% (10.9%-18.8%)
<b>Household Income</b>			
Less than \$35,000	17.2% (16.1%-18.3%)	18.7% (17.0%-20.4%)	16.3% (14.5%-18.1%)
\$35,000-\$49,999	11.2% (9.7%-12.8%)	12.8% (10.7%-14.9%)	6.9% (5.0%-8.8%)
\$50,000-\$74,999	9.4% (8.2%-10.6%)	10.1% (8.7%-11.5%)	6.8% (5.0%-8.6%)
\$75,000 or more	6.5% (5.9%-7.1%)	6.6% (5.9%-7.2%)	4.9% * (3.3%-6.5%)
<b>Disability</b>			
Yes	29.0% (27.4%-30.5%)	34.2% (32.0%-36.5%)	20.4% (18.4%-22.4%)
No	6.4% (6.0%-6.9%)	6.5% (6.0%-7.0%)	5.3% (4.4%-6.2%)
<b>Education</b>			
No High School	17.6% (15.5%-19.7%)	22.1% (18.7%-25.5%)	15.1% (11.7%-18.4%)
High School or Post High School	12.0% (11.3%-12.6%)	11.9% (11.1%-12.8%)	11.4% (10.2%-12.6%)
College	6.5% (6.0%-6.9%)	6.3% (5.7%-6.8%)	6.4% (5.2%-7.6%)



## Health Conditions: Adult Weight Status

The BRFSS 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 who has a BMI between 25 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.<sup>8</sup> 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.<sup>9</sup> The proportions of Connecticut adults with Medicare who were overweight or obese are shown in Table 40 below.



In Connecticut during 2013-2016, 62% of residents were overweight or obese. The prevalence of overweight or obese adults was significantly higher among the Medicare population (66%) than the non-Medicare population (61%).



Within the CT adult Medicare population, the prevalence of overweight/obese adults was significantly *greater* for:

- Middle age (45-64) adults (73%);
- Men (71%, compared to 62% of women);
- Non-Hispanic Black and Hispanic adults (77% and 76%, respectively);
- Adults from households earning less than \$35,000 (71%) compared to adults from households earning \$74,000 or more (64%);
- Disabled adults (73%); and
- Adults with a high school education (67%) or less (72%) compared to adults with a college education.



Compared to CT's non-Medicare population, the prevalence of overweight/obese adults among the Medicare population was significantly *higher* for:

- Adults across all age categories;
- Women;
- Non-Hispanic White and Hispanic adults;



- Adults from households earning less than \$35,000 and \$75,000 or more;
- Adults with and without a disability; and
- Adults with at least a high school education.

**Table 40 Overweight or Obese by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	61.6% (60.9%-62.4%)	60.8% (59.9%-61.7%)	66.0% (64.6%-67.3%)
<b>Age</b>			
18-44 years old	53.8% (52.4%-55.3%)	52.8% (51.2%-54.4%)	65.1% (59.0%-71.2%)
45-64 years old	68.6% (67.6%-69.5%)	68.0% (66.9%-69.0%)	72.6% (68.7%-76.5%)
65 years or older	65.9% (64.8%-67.0%)	67.8% (65.8%-69.7%)	65.1% (63.7%-66.4%)
<b>Gender</b>			
Male	68.9% (67.8%-69.9%)	69.5% (68.3%-70.8%)	71.3% (69.1%-73.4%)
Female	54.3% (53.3%-55.4%)	52.0% (50.7%-53.3%)	61.9% (60.1%-63.7%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	60.1% (59.2%-60.9%)	59.6% (58.6%-60.6%)	63.6% (62.1%-65.1%)
Black, Non-Hispanic	71.2% (68.6%-73.8%)	71.7% (68.5%-74.9%)	77.1% (72.2%-82.0%)
Hispanic	69.5% (67.3%-71.8%)	68.8% (65.8%-71.8%)	75.9% (70.7%-81.2%)
<b>Household Income</b>			
Less than \$35,000	66.2% (64.8%-67.7%)	64.3% (62.1%-66.5%)	70.5% (68.3%-72.7%)
\$35,000-\$49,999	64.0% (61.5%-66.4%)	62.2% (59.1%-65.3%)	67.1% (63.2%-71.0%)
\$50,000-\$74,999	66.0% (64.0%-68.0%)	66.1% (63.8%-68.5%)	66.9% (63.3%-70.5%)
\$75,000 or more	60.0% (58.8%-61.2%)	60.0% (58.7%-61.2%)	63.8% (61.0%-66.7%)
<b>Disability</b>			
Yes	70.6% (69.0%-72.2%)	69.5% (67.3%-71.8%)	72.7% (70.5%-75.0%)
No	59.6% (58.8%-60.5%)	59.4% (58.4%-60.4%)	62.6% (60.9%-64.4%)
<b>Education</b>			
No High School	69.9% (67.1%-72.7%)	70.6% (66.5%-74.8%)	72.4% (67.7%-77.1%)
High School or Post High School	63.5% (62.4%-64.6%)	62.9% (61.6%-64.3%)	67.3% (65.5%-69.1%)
College	55.8% (54.8%-56.8%)	55.8% (54.7%-57.0%)	58.8% (56.9%-60.8%)



## Health Conditions: Asthma

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.<sup>10</sup> African-Americans have a disproportionately higher rate of hospitalization and death due to asthma compared to Whites.<sup>11</sup> Overall, in the past decade, rates of asthma among both adults and child have been increasing.<sup>12</sup> BRFSS respondents were asked if a doctor or health professional had ever told them they had asthma, and whether they still had asthma. The proportion of adults with Medicare who currently have asthma is shown in Table 41 below.



In Connecticut during 2013-2016, 10% of residents reported that they currently have asthma. The prevalence of adults within the Medicare population who had asthma (11%) was not significantly different from the non-Medicare population (10%).



**Within the CT adult Medicare population**, the prevalence of adults who had asthma was significantly *greater* for:

- Adults (18-44) (17%) and adults 45-64 (19%);
- Women (14%);
- Hispanic adults (17%);
- Adults from households earning less than \$35,000 (14%) compared to adults from households earning of \$50,000 or more;
- Adults with a disability (18%); and
- Adults with a high school education (12%) or less (15%) compared to those with a college education (8%).



**Compared to CT's non-Medicare population**, the prevalence of adults who had asthma among the Medicare population was significantly *higher* for adults ages 18-64.



**Table 41 Current Asthma by Medicare Status**

Demographic Characteristics	CT Total	Non-Medicare	Medicare
	% (95% CI)	% (95% CI)	% (95% CI)
Total	10.1% (9.6%-10.5%)	10.3% (9.7%-10.8%)	11.2% (10.3%-12.1%)
<b>Age</b>			
18-44 years old	11.0% (10.1%-11.8%)	11.5% (10.6%-12.5%)	17.0% (12.9%-21.2%)
45-64 years old	9.8% (9.2%-10.4%)	9.1% (8.5%-9.7%)	19.0% (16.0%-21.9%)
65 years or older	8.8% (8.1%-9.4%)	9.3% (8.0%-10.6%)	8.5% (7.7%-9.3%)
<b>Gender</b>			
Male	7.1% (6.5%-7.6%)	7.1% (6.4%-7.8%)	8.1% (6.9%-9.2%)
Female	12.9% (12.2%-13.5%)	13.2% (12.3%-14.0%)	13.5% (12.2%-14.7%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	9.6% (9.1%-10.0%)	9.5% (8.9%-10.1%)	10.3% (9.3%-11.2%)
Black, Non-Hispanic	12.5% (10.7%-14.4%)	13.0% (10.5%-15.4%)	13.9% (10.3%-17.4%)
Hispanic	12.0% (10.6%-13.5%)	14.1% (12.1%-16.2%)	16.6% (12.5%-20.7%)
<b>Household Income</b>			
Less than \$35,000	12.3% (11.4%-13.2%)	13.7% (12.2%-15.2%)	14.1% (12.5%-15.7%)
\$35,000-\$49,999	10.7% (9.1%-12.3%)	11.2% (9.2%-13.2%)	10.0% (7.7%-12.4%)
\$50,000-\$74,999	8.7% (7.6%-9.8%)	9.1% (7.8%-10.4%)	8.3% (6.3%-10.2%)
\$75,000 or more	8.5% (7.9%-9.2%)	8.6% (7.9%-9.3%)	7.2% (5.5%-8.9%)
<b>Disability</b>			
Yes	18.7% (17.4%-20.0%)	20.1% (18.2%-22.0%)	18.1% (16.2%-20.0%)
No	8.1% (7.6%-8.5%)	8.5% (8.0%-9.1%)	7.4% (6.5%-8.4%)
<b>Education</b>			
No High School	13.7% (11.9%-15.5%)	17.0% (14.1%-20.0%)	14.7% (11.6%-17.9%)
High School or Post High School	10.5% (9.9%-11.1%)	10.6% (9.8%-11.4%)	11.7% (10.5%-12.9%)
College	8.2% (7.7%-8.7%)	8.4% (7.8%-9.0%)	7.7% (6.6%-8.8%)



## Health Conditions: Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that includes two main conditions: emphysema and chronic bronchitis. The term COPD is used because many sufferers have both conditions. COPD causes irreversible damage to and from the lungs and airways, which causes less air to flow to the lungs. Symptoms include mucus-heavy coughing, wheezing and shortness of breath. Cigarette smoking is the primary cause of COPD though genetics and other pollutants in the air may also contribute.<sup>13</sup> Respondents were asked if they were ever told they had COPD, emphysema or chronic bronchitis. Results by demographics are shown in Table 42.



In Connecticut during 2013-2016, 6% of residents reported that they had COPD. The prevalence of adults within the Medicare population who had COPD (12%) was significantly higher than the non-Medicare population (4%).



**Within the CT adult Medicare population**, the prevalence of adults who had COPD was significantly *greater* for:

- Adults 45-64 years old (19%) compared to adults 65 and older (12%);
- Adults from households earning less than \$50,000;
- Adults with a disability (21%); and
- Adults with fewer years of education, with significant differences across all education categories.



**Compared to CT's non-Medicare population**, the prevalence of adults who had COPD among the Medicare population was significantly *higher* across most demographic categories, *except* adults 65 years of age or older (where no significant differences were observed).



Table 42 COPD by Medicare Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	5.5% (5.2%-5.8%)	4.1% (3.8%-4.4%)	12.0% (11.1%-12.8%)
<b>Age</b>			
18-44 years old	2.2% (1.8%-2.5%)	1.9% (1.6%-2.3%)	5%** -
45-64 years old	5.9% (5.4%-6.4%)	4.8% (4.3%-5.3%)	18.8% (15.9%-21.7%)
65 years or older	11.9% (11.1%-12.7%)	11.9% (10.4%-13.3%)	11.9% (11.0%-12.9%)
<b>Gender</b>			
Male	4.7% (4.3%-5.1%)	3.4% (3.0%-3.8%)	11.7% (10.3%-13.1%)
Female	6.2% (5.8%-6.6%)	4.8% (4.3%-5.2%)	12.2% (11.1%-13.2%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	6.0% (5.7%-6.3%)	4.4% (4.0%-4.8%)	12.7% (11.8%-13.7%)
Black, Non-Hispanic	4.7% (3.7%-5.6%)	3.6% * (2.6%-4.7%)	9.2% * (6.4%-11.9%)
Hispanic	4.1% (3.3%-5.0%)	3.3% (2.3%-4.2%)	10.0% * (6.8%-13.2%)
<b>Household Income</b>			
Less than \$35,000	9.7% (9.0%-10.5%)	8.3% (7.3%-9.3%)	15.9% (14.3%-17.5%)
\$35,000-\$49,999	7.1% (6.0%-8.2%)	5.9% (4.6%-7.2%)	12.9% (10.2%-15.6%)
\$50,000-\$74,999	4.8% (4.1%-5.6%)	4.2% (3.3%-5.0%)	9.3% (7.2%-11.4%)
\$75,000 or more	2.3% (2.0%-2.6%)	1.9% (1.6%-2.2%)	6.4% (5.1%-7.7%)
<b>Disability</b>			
Yes	15.5% (14.4%-16.5%)	13.6% (12.1%-15.0%)	20.8% (18.9%-22.6%)
No	3.2% (2.9%-3.4%)	2.5% (2.2%-2.7%)	7.5% (6.6%-8.3%)
<b>Education</b>			
No High School	10.5% (9.0%-11.9%)	10.1% (8.0%-12.2%)	18.3% (14.8%-21.7%)
High School or Post High School	6.4% (6.0%-6.8%)	5.0% (4.5%-5.4%)	12.7% (11.7%-13.8%)
College	2.4% (2.1%-2.6%)	1.7% (1.5%-2.0%)	6.5% (5.6%-7.3%)





## Health Conditions: Arthritis

Arthritis covers over 100 rheumatic conditions that affect the joints and the connective tissues.<sup>14</sup> It is caused when the cartilage between bones disappears, either through normal wear and tear, breaking bones, getting an infection, or having an autoimmune disease.<sup>15</sup> Arthritis is the most common cause of disability in the U.S and affects one in five American adults. Women and older people are more likely to experience arthritis symptoms.<sup>16</sup> BRFSS respondents were asked if they were ever told they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Results by demographics are shown in Table 43.



In Connecticut during 2013-2016, 24% of residents reported that they had arthritis. The prevalence of adults within the Medicare population who had arthritis (47%) was significantly higher than the non-Medicare population (21%).



**Within the CT adult Medicare population**, the prevalence of adults who had arthritis was significantly *greater* for:

- Adults 45 or older;
- Women (52%);
- Non-Hispanic White adults (51%); and
- Adults with a disability (65%).



**Compared to CT's non-Medicare population**, the prevalence of adults who had arthritis among the Medicare population was significantly *higher* across all demographic categories.



**Table 43 Arthritis by Medicare Status**

	CT Total	Non-Medicare	Medicare
Demographic Characteristics	% (95% CI)	% (95% CI)	% (95% CI)
Total	24.4% (23.9%-25.0%)	20.6% (20.0%-21.2%)	47.2% (45.9%-48.6%)
<b>Age</b>			
18-44 years old	7.4% (6.8%-8.1%)	7.5% (6.8%-8.3%)	14.4% (10.6%-18.3%)
45-64 years old	29.9% (29.0%-30.8%)	28.7% (27.7%-29.7%)	52.1% (48.0%-56.1%)
65 years or older	51.0% (49.9%-52.2%)	48.5% (46.4%-50.6%)	52.7% (51.3%-54.1%)
<b>Gender</b>			
Male	20.3% (19.5%-21.0%)	17.9% (17.0%-18.8%)	40.9% (38.8%-43.1%)
Female	28.3% (27.5%-29.1%)	23.1% (22.3%-24.0%)	51.7% (49.9%-53.5%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	27.6% (27.0%-28.3%)	22.5% (21.8%-23.2%)	51.1% (49.6%-52.6%)
Black, Non-Hispanic	19.7% (17.8%-21.6%)	16.8% (14.6%-19.0%)	39.0% (33.8%-44.1%)
Hispanic	15.7% (14.2%-17.1%)	16.5% (14.5%-18.4%)	30.9% (26.0%-35.9%)
<b>Household Income</b>			
Less than \$35,000	29.1% (27.9%-30.3%)	25.5% (23.8%-27.1%)	47.1% (44.8%-49.5%)
\$35,000-\$49,999	27.3% (25.5%-29.2%)	22.7% (20.5%-24.9%)	49.6% (45.6%-53.6%)
\$50,000-\$74,999	27.0% (25.4%-28.7%)	23.4% (21.5%-25.3%)	49.9% (46.2%-53.6%)
\$75,000 or more	19.8% (19.0%-20.6%)	17.9% (17.0%-18.8%)	44.6% (41.7%-47.6%)
<b>Disability</b>			
Yes	48.9% (47.3%-50.5%)	44.3% (42.1%-46.5%)	64.5% (62.1%-67.0%)
No	18.8% (18.3%-19.4%)	16.6% (16.0%-17.3%)	38.7% (37.1%-40.3%)
<b>Education</b>			
No High School	29.4% (27.1%-31.7%)	29.5% (26.0%-32.9%)	50.3% (45.5%-55.2%)
High School or Post High School	26.1% (25.3%-26.9%)	22.2% (21.3%-23.2%)	47.5% (45.7%-49.3%)
College	19.9% (19.3%-20.6%)	16.6% (15.9%-17.4%)	44.7% (42.8%-46.6%)



## Health Conditions: Cardiovascular Disease

Cardiovascular disease (CVD), commonly known as heart disease, encompasses several heart conditions. It is the leading cause of death for men and women and for people of most racial/ethnic groups in the United States. The most common heart disease is coronary heart disease.<sup>69</sup> 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.<sup>70</sup> Cardiovascular disease can be prevented by remaining physically active and eating a healthy and well-balanced diet and controlling risk factors such as high blood pressure and cholesterol.<sup>71</sup>

BRFSS respondents were asked if they were ever told they had the following: a heart attack or myocardial infarction; angina or coronary heart disease; a stroke. Results were combined and are presented in Table 44 below.



In Connecticut during 2013-2016, 4% of residents reported that they had CVD. The prevalence of adults within the Medicare population who had CVD (10%) was significantly higher than the non-Medicare population (3%).



**Within the CT adult Medicare population**, the prevalence of adults who had CVD was significantly *greater* for:

- Adults 65 or older (12%) compared to adults 45-64 years old (8%);
- Men (13%); and
- Adults with a disability (14%).



**Compared to CT's non-Medicare population**, the prevalence of adults who had CVD among the Medicare population was significantly *higher* across most demographic categories, *except* adults 65 and older.



**Table 44 Cardiovascular Disease by Medicare Status**

	CT Total	Non-Medicare	Medicare
Demographic Characteristics	% (95% CI)	% (95% CI)	% (95% CI)
Total	3.7% (3.5%-3.9%)	2.5% (2.3%-2.7%)	9.5% (8.8%-10.2%)
<b>Age</b>			
18-44 years old	0.4% * (0.2%-0.5%)	<0.1%** -	-
45-64 years old	3.2% (2.8%-3.6%)	2.8% (2.4%-3.2%)	7.7% (5.7%-9.6%)
65 years or older	11.6% (10.9%-12.3%)	11.9% (10.6%-13.3%)	11.6% (10.7%-12.5%)
<b>Gender</b>			
Male	4.7% (4.4%-5.1%)	3.3% (3.0%-3.7%)	13.3% (12.0%-14.6%)
Female	2.7% (2.5%-3.0%)	1.7% (1.4%-1.9%)	6.9% (6.1%-7.7%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	4.2% (4.0%-4.5%)	2.8% (2.5%-3.0%)	10.5% (9.7%-11.3%)
Black, Non-Hispanic	2.6% (1.9%-3.3%)	<0.1%** -	7.8% * (5.0%-10.7%)
Hispanic	2.5% (2.0%-3.1%)	2.0% * (1.3%-2.6%)	5.2% * (3.4%-7.1%)
<b>Household Income</b>			
Less than \$35,000	5.6% (5.1%-6.2%)	4.4% (3.7%-5.2%)	9.8% (8.6%-11.0%)
\$35,000-\$49,999	4.0% (3.3%-4.8%)	2.8% (2.1%-3.5%)	9.0% (6.9%-11.2%)
\$50,000-\$74,999	3.2% (2.6%-3.7%)	2.0% (1.5%-2.5%)	9.8% (7.7%-11.8%)
\$75,000 or more	2.3% (2.0%-2.5%)	1.7% (1.4%-1.9%)	8.7% (7.3%-10.0%)
<b>Disability</b>			
Yes	9.2% (8.4%-10.0%)	7.4% (6.3%-8.4%)	14.3% (12.8%-15.9%)
No	2.4% (2.2%-2.6%)	1.6% (1.4%-1.8%)	7.1% (6.3%-7.8%)
<b>Education</b>			
No High School	5.8% (4.7%-6.8%)	5.2% * (3.7%-6.8%)	10.3% (7.9%-12.7%)
High School or Post High School	3.8% (3.5%-4.1%)	2.6% (2.3%-2.9%)	9.5% (8.5%-10.4%)
College	2.8% (2.5%-3.0%)	1.8% (1.6%-2.0%)	9.4% (8.4%-10.5%)



## Health Conditions: Cancer

After heart disease, cancer is the second leading cause of death among Americans. More than 500,000 Americans die every year from the more than 100 identified types of cancer.<sup>17</sup> Skin cancer is the most common cancer in the U.S.; its deadliest form, melanoma, is caused by exposure to ultraviolet light.<sup>18</sup> 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 up, and avoiding indoor tanning beds. Some types of cancer, such as cervical cancer are preventable with vaccines and others, such as prostate and breast cancer, can be managed with early screening.<sup>19</sup> BRFSS respondents were asked if they were ever told they had skin cancer or any other type of cancer. Results by demographic sub-group are shown in Table 45.



In Connecticut during 2013-2016, 12% of residents reported that they had cancer. The prevalence of adults within the Medicare population who had cancer (26%) was significantly higher than the non-Medicare population (10%).



**Within the CT adult Medicare population**, the prevalence of adults who had cancer was significantly *greater* for:

- Adults 65 or older (32%), compare to adult 45-64 years old (15%);
- Adults from households earning more than \$75,000 (36%) compared to adults in households with incomes less than \$50,000; and
- Adults with more years of education, with significant differences across all education categories.



**Compared to CT's non-Medicare population**, the prevalence of adults who had cancer among the Medicare population was significantly *higher* across all demographic categories.



Table 45 Cancer by Medicare Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	11.8% (11.4%-12.1%)	9.5% (9.0%-9.9%)	25.6% (24.5%-26.7%)
<b>Age</b>			
18-44 years old	2.8% (2.4%-3.2%)	2.8% (2.4%-3.3%)	5%** -
45-64 years old	12.1% (11.4%-12.7%)	12.4% (11.7%-13.1%)	15.3% (12.5%-18.1%)
65 years or older	30.1% (29.1%-31.2%)	28.5% (26.6%-30.3%)	31.6% (30.3%-32.9%)
<b>Gender</b>			
Male	10.0% (9.5%-10.5%)	7.7% (7.1%-8.3%)	26.8% (25.0%-28.5%)
Female	13.4% (12.8%-13.9%)	11.1% (10.5%-11.7%)	24.8% (23.4%-26.2%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	14.8% (14.3%-15.2%)	11.5% (11.0%-12.0%)	30.3% (29.0%-31.5%)
Black, Non-Hispanic	4.9% (4.0%-5.8%)	3.7% (2.7%-4.7%)	11.6% (8.6%-14.6%)
Hispanic	4.6% (3.7%-5.4%)	4.7% (3.5%-5.8%)	9.5% (6.8%-12.3%)
<b>Household Income</b>			
Less than \$35,000	11.1% (10.3%-11.8%)	9.0% (7.9%-10.0%)	20.2% (18.4%-21.9%)
\$35,000-\$49,999	13.4% (12.1%-14.7%)	10.7% (9.2%-12.2%)	25.8% (22.5%-29.0%)
\$50,000-\$74,999	13.5% (12.3%-14.7%)	10.5% (9.2%-11.7%)	31.5% (28.2%-34.7%)
\$75,000 or more	11.3% (10.7%-11.9%)	9.3% (8.6%-9.9%)	35.6% (32.8%-38.4%)
<b>Disability</b>			
Yes	17.7% (16.5%-18.8%)	15.1% (13.7%-16.6%)	25.3% (23.3%-27.3%)
No	10.5% (10.1%-10.9%)	8.6% (8.1%-9.0%)	26.3% (24.9%-27.7%)
<b>Education</b>			
No High School	9.3% (7.9%-10.6%)	8.9% (6.9%-10.9%)	17.9% (14.3%-21.4%)
High School or Post High School	11.6% (11.1%-12.2%)	9.2% (8.5%-9.8%)	24.3% (22.9%-25.7%)
College	12.8% (12.3%-13.4%)	10.1% (9.5%-10.6%)	33.7% (32.0%-35.5%)



## Health Conditions: 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 and/or high blood pressure are at higher risk of developing CKD.<sup>72</sup> CKD can be detected early with blood tests. If it is detected, medication can reduce the damage to kidneys by 50%. Kidney disease often runs in families and family medical histories can often identify those at risk for CKD.<sup>73</sup>

BRFSS respondents were asked if they were ever told they had kidney disease. Results by demographic sub-group are shown in Table 46.



In Connecticut during 2013-2016, 2% of residents reported that they had CKD. The prevalence of adults within the Medicare population who had CKD (5%) was significantly higher than the non-Medicare population (2%).



**Within the CT adult Medicare population**, the prevalence of adults who had CKD was significantly *greater* for:

- Adults 45 to 64 years of age (8%);
- Adults from households earning less than \$35,000 (6%) compared to adults from households with incomes of \$75,000 or more (4%); and
- Adults with a disability (10%).



**Compared to CT's non-Medicare population**, the prevalence of adults who had CKD among the Medicare population was significantly *higher* across most demographic categories, *except* adults 65 years of age or older, where no significant differences were observed.



**Table 46 Kidney Disease by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	2.4% (2.2%-2.6%)	1.6% (1.4%-1.8%)	5.3% (4.7%-5.9%)
<b>Age</b>			
18-44 years old	1.0% (0.8%-1.3%)	0.7% * (0.5%-1.0%)	-
45-64 years old	2.4% (2.1%-2.7%)	1.8% (1.5%-2.1%)	7.7% (5.6%-9.8%)
65 years or older	5.1% (4.6%-5.6%)	4.8% (3.9%-5.7%)	5.3% (4.6%-5.9%)
<b>Gender</b>			
Male	2.3% (2.0%-2.6%)	1.6% (1.3%-1.9%)	5.5% (4.6%-6.5%)
Female	2.4% (2.1%-2.7%)	1.6% (1.3%-1.8%)	5.1% (4.3%-5.9%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	2.3% (2.1%-2.5%)	1.6% (1.3%-1.8%)	5.3% (4.6%-5.9%)
Black, Non-Hispanic	2.7% (2.0%-3.4%)	1.7% * (1.0%-2.3%)	5%**
Hispanic	3.0% (2.3%-3.8%)	<0.1%** -	5%** -
<b>Household Income</b>			
Less than \$35,000	3.9% (3.4%-4.5%)	2.9% (2.3%-3.5%)	5.9% (4.9%-7.0%)
\$35,000-\$49,999	2.3% (1.7%-2.9%)	1.7% * (1.1%-2.4%)	4.7% * (2.9%-6.5%)
\$50,000-\$74,999	2.1% (1.6%-2.6%)	1.4% * (0.9%-1.9%)	5.8% * (3.8%-7.8%)
\$75,000 or more	1.4% (1.1%-1.6%)	1.1% (0.9%-1.3%)	3.8% (2.8%-4.7%)
<b>Disability</b>			
Yes	6.6% (5.8%-7.3%)	4.6% (3.7%-5.5%)	9.7% (8.2%-11.2%)
No	1.4% (1.2%-1.5%)	1.0% (0.9%-1.2%)	2.9% (2.4%-3.4%)
<b>Education</b>			
No High School	5.2% (4.2%-6.3%)	4.1% * (2.7%-5.5%)	7.3% * (5.0%-9.6%)
High School or Post High School	2.3% (2.0%-2.5%)	1.5% (1.3%-1.8%)	5.1% (4.3%-5.9%)
College	1.6% (1.4%-1.7%)	1.1% (0.9%-1.3%)	4.7% (3.9%-5.5%)





## Health Conditions: Depression

Depression is a common and serious illness that can take several forms. Symptoms include persistent feelings of sadness, anxiety, “emptiness,” 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.<sup>20</sup> 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. Respondents were asked if they were ever told they had a depressive disorder, including depression, major depression, dysthymia, or minor depression (Table 47).<sup>21</sup>



In Connecticut during 2013-2016, 17% of residents reported that they had depression. The prevalence of adults within the Medicare population who had depression (20%) was significantly higher than the non-Medicare population (17%).



**Within the CT adult Medicare population**, the prevalence of adults who had depression was significantly *greater* for:

- Adults 45 to 64 years of age (44%), followed by adults 18-44 (31%), with significant differences all age categories;
- Women (24%);
- Hispanic adults (29%);
- Adults from households earning less than \$35,000 (28%);
- Adults with a disability (36%); and
- Adults with fewer years of education, with significant differences observed across all education levels.



**Compared to CT’s non-Medicare population**, the prevalence of adults who had depression among the Medicare population was significantly *higher* for:

- Adults 18-64;
- Men and women;
- All race and ethnicity categories; and
- Adults with at least a high school education.

**Compared to CT’s non-Medicare population**, the prevalence of adults who had depression among the Medicare population was significantly *lower* for adults with a disability.



**Table 47 Depression by Medicare Status**

	CT Total	Non-Medicare	Medicare
Demographic Characteristics	% (95% CI)	% (95% CI)	% (95% CI)
Total	17.2% (16.7%-17.7%)	16.8% (16.2%-17.5%)	20.3% (19.2%-21.4%)
<b>Age</b>			
18-44 years old	17.0% (16.0%-18.0%)	16.9% (15.8%-18.0%)	30.5% (25.3%-35.7%)
45-64 years old	19.7% (18.9%-20.6%)	17.8% (16.9%-18.6%)	44.3% (40.4%-48.2%)
65 years or older	13.8% (13.1%-14.6%)	13.4% (12.0%-14.8%)	14.0% (13.1%-15.0%)
<b>Gender</b>			
Male	13.0% (12.3%-13.8%)	12.5% (11.7%-13.4%)	15.7% (14.1%-17.2%)
Female	21.1% (20.3%-21.9%)	20.8% (19.8%-21.7%)	23.6% (22.0%-25.2%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	17.8% (17.2%-18.4%)	17.3% (16.5%-18.0%)	19.5% (18.3%-20.6%)
Black, Non-Hispanic	13.3% (11.6%-15.1%)	13.1% (10.8%-15.3%)	19.4% (15.3%-23.6%)
Hispanic	20.0% (18.2%-21.8%)	21.1% (18.7%-23.6%)	29.1% (24.0%-34.1%)
<b>Household Income</b>			
Less than \$35,000	25.0% (23.7%-26.2%)	26.2% (24.3%-28.0%)	28.2% (26.1%-30.3%)
\$35,000-\$49,999	16.8% (15.0%-18.5%)	17.8% (15.5%-20.1%)	15.5% (12.8%-18.2%)
\$50,000-\$74,999	16.0% (14.5%-17.4%)	16.0% (14.3%-17.7%)	15.7% (12.9%-18.6%)
\$75,000 or more	13.1% (12.3%-13.9%)	13.2% (12.4%-14.0%)	11.7% (9.7%-13.6%)
<b>Disability</b>			
Yes	40.9% (39.3%-42.6%)	46.0% (43.7%-48.3%)	35.9% (33.5%-38.2%)
No	11.6% (11.1%-12.1%)	11.8% (11.2%-12.4%)	11.6% (10.5%-12.7%)
<b>Education</b>			
No High School	24.4% (22.1%-26.7%)	28.5% (24.9%-32.1%)	26.5% (22.4%-30.5%)
High School or Post High School	18.1% (17.3%-18.8%)	17.8% (16.9%-18.8%)	20.8% (19.3%-22.2%)
College	13.4% (12.8%-14.0%)	13.0% (12.3%-13.8%)	15.5% (14.2%-16.8%)



## Health Conditions: Pre-Diabetes

Pre-diabetes refers to blood sugar levels that are higher than normal but not high enough to be diabetes. More than one in three American adults has pre-diabetes.<sup>74</sup> Adults with pre-diabetes are at-risk for developing Type 2 diabetes, heart disease and stroke.<sup>75</sup> Without any changes to lifestyle and diet, 15-30% of people with pre-diabetes will develop Type 2 diabetes within five years.<sup>76</sup> BRFSS respondents were asked if they had ever been told they had pre-diabetes or borderline diabetes. Women with pre-diabetes during pregnancy were coded as not having pre-diabetes. Results by demographics are shown in Table 48.



In Connecticut during 2013-2016, 1% of residents reported that they had pre-diabetes. The prevalence of adults within the Medicare population who had pre-diabetes (2%) was significantly higher than the non-Medicare population (1%).



**Within the CT adult Medicare population**, the prevalence of adults who had pre-diabetes did not vary significantly among demographic subgroups.



**Compared to CT's non-Medicare population**, the prevalence of adults who had pre-diabetes among the Medicare population was significantly *higher* for:

- Women;
- Non-Hispanic White adults;
- Adults without a disability; and
- Adults with at least a high school education.



Table 48 Pre-Diabetes by Medicare Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	1.2% (1.1%-1.4%)	1.0% (0.8%-1.2%)	2.0% (1.6%-2.4%)
<b>Age</b>			
18-44 years old	0.7% * (0.4%-0.9%)	0.5% * (0.3%-0.7%)	-
45-64 years old	1.4% (1.2%-1.7%)	1.4% (1.1%-1.6%)	-
65 years or older	2.1% (1.8%-2.5%)	1.8% * (1.2%-2.4%)	2.3% (1.9%-2.7%)
<b>Gender</b>			
Male	1.1% (0.9%-1.3%)	0.9% (0.7%-1.2%)	1.9% * (1.3%-2.4%)
Female	1.4% (1.1%-1.6%)	1.1% (0.8%-1.3%)	2.1% (1.6%-2.7%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	1.0% (0.9%-1.2%)	0.8% (0.6%-0.9%)	2.0% (1.6%-2.4%)
Black, Non-Hispanic	<0.1%** -	<0.1%** -	-
Hispanic	2.2% * (1.5%-2.9%)	1.7% * (1.1%-2.4%)	-
<b>Household Income</b>			
Less than \$35,000	1.6% (1.3%-2.0%)	1.1% * (0.8%-1.5%)	2.3% * (1.5%-3.1%)
\$35,000-\$49,999	<0.1%** -	-	<0.1%** -
\$50,000-\$74,999	1.5% * (1.0%-2.0%)	<0.1%** -	5%** -
\$75,000 or more	0.8% (0.6%-0.9%)	0.8% (0.6%-1.0%)	<0.1%** -
<b>Disability</b>			
Yes	2.1% (1.7%-2.5%)	1.8% (1.3%-2.3%)	2.4% * (1.7%-3.1%)
No	1.0% (0.9%-1.2%)	0.9% (0.7%-1.1%)	1.8% (1.3%-2.3%)
<b>Education</b>			
No High School	2.7% * (1.9%-3.5%)	5%** -	5%** -
High School or Post High School	1.2% (1.0%-1.4%)	1.0% (0.8%-1.2%)	1.9% (1.4%-2.3%)
College	0.8% (0.6%-0.9%)	0.7% (0.6%-0.9%)	1.5% (1.1%-1.9%)



## Health Conditions: 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.<sup>22</sup> 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 more at-risk for diabetes.<sup>23</sup> Adults who lose a modest amount of weight and increase their physical activity can reduce their risk of developing diabetes.<sup>24</sup> BRFSS respondents were asked if they had ever been told they had diabetes. Women with diabetes during pregnancy were coded as not having diabetes. Results by demographics are shown in Table 49 below.



In Connecticut during 2013-2016, 9% of residents reported that they had diabetes. The prevalence of adults within the Medicare population who had diabetes (19%) was significantly higher than the non-Medicare population (7%).



**Within the CT adult Medicare population**, the prevalence of adults who had diabetes was significantly *greater* for:

- Adults age 45-64 (26%), compared to adults 65 and older (20%);
- Men (22%);
- Non-Hispanic Black adults (31%);
- Adults from households earning less than \$35,000 (22%) compared to adults from households with incomes of \$50,000 or more;
- Adults with a disability (27%); and
- Adults with fewer years of education, with significant differences across all education categories.



**Table 49 Diabetes by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	9.2% (8.9%-9.6%)	7.2% (6.8%-7.6%)	18.8% (17.7%-19.8%)
<b>Age</b>			
18-44 years old	2.4% (2.0%-2.7%)	2.2% (1.8%-2.6%)	5%** -
45-64 years old	11.3% (10.6%-12.0%)	9.9% (9.2%-10.6%)	25.7% (22.1%-29.2%)
65 years or older	20.2% (19.2%-21.1%)	19.8% (18.1%-21.5%)	20.2% (19.0%-21.3%)
<b>Gender</b>			
Male	9.8% (9.3%-10.4%)	8.1% (7.5%-8.7%)	21.5% (19.7%-23.3%)
Female	8.7% (8.2%-9.1%)	6.4% (5.9%-6.9%)	16.8% (15.6%-18.1%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	8.4% (8.0%-8.8%)	6.3% (5.9%-6.7%)	17.2% (16.1%-18.3%)
Black, Non-Hispanic	15.3% (13.5%-17.0%)	12.5% (10.4%-14.6%)	31.2% (26.5%-36.0%)
Hispanic	10.5% (9.3%-11.7%)	10.2% (8.5%-11.9%)	20.2% (16.1%-24.2%)
<b>Household Income</b>			
Less than \$35,000	14.5% (13.5%-15.4%)	12.3% (11.0%-13.6%)	22.4% (20.5%-24.3%)
\$35,000-\$49,999	10.6% (9.3%-11.8%)	8.6% (7.3%-10.0%)	18.7% (15.6%-21.9%)
\$50,000-\$74,999	8.1% (7.1%-9.0%)	6.6% (5.6%-7.6%)	17.0% (14.2%-19.9%)
\$75,000 or more	5.8% (5.3%-6.4%)	5.1% (4.6%-5.7%)	14.8% (12.6%-17.0%)
<b>Disability</b>			
Yes	19.9% (18.7%-21.1%)	17.3% (15.7%-18.9%)	26.5% (24.4%-28.7%)
No	6.6% (6.3%-7.0%)	5.4% (5.0%-5.8%)	14.7% (13.5%-15.9%)
<b>Education</b>			
No High School	17.6% (15.8%-19.4%)	16.8% (14.1%-19.5%)	28.2% (24.2%-32.2%)
High School or Post High School	9.8% (9.3%-10.3%)	7.9% (7.3%-8.5%)	18.7% (17.4%-20.0%)
College	5.4% (5.0%-5.8%)	4.3% (3.9%-4.7%)	13.3% (11.9%-14.7%)



## Health Conditions: High Blood Cholesterol

It is estimated that more than 73 million American adults suffer from high cholesterol, but less than one in three of these adults has their high cholesterol under control.<sup>25</sup> People with high cholesterol have twice the risk of heart disease as people with lower levels of cholesterol.<sup>26</sup> Cholesterol can be controlled by making lifestyle and dietary changes. Depending on overall risk of cardiovascular disease, medication may be necessary.<sup>27</sup> BRFSS respondents were asked if they had ever been told they had high blood cholesterol levels. Results are shown by demographics in Table 50.



In Connecticut during 2013-2016, 38% of residents reported that they had high blood cholesterol. The prevalence of adults within the Medicare population who had high blood cholesterol (52%) was significantly higher than the non-Medicare population (36%).



**Within the CT adult Medicare population**, the prevalence of adults who had high blood cholesterol was significantly *greater* among adults ages 45 and older, and adults with a disability (58%).



**Compared to CT's non-Medicare population**, the prevalence of adults who had high blood cholesterol among the Medicare population was significantly *higher* for most demographic categories, *except* adults 65 years of age or older and Hispanic adults, where no significant differences were observed.



**Table 50 Cholesterol Awareness by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	37.6% (36.6%-38.6%)	35.7% (34.5%-36.8%)	51.6% (49.3%-54.0%)
<b>Age</b>			
18-44 years old	20.6% (18.9%-22.3%)	20.5% (18.6%-22.3%)	25%** -
45-64 years old	43.0% (41.5%-44.6%)	42.1% (40.4%-43.7%)	56.3% (49.4%-63.1%)
65 years or older	54.1% (52.5%-55.8%)	54.5% (52.1%-57.0%)	54.9% (52.5%-57.2%)
<b>Gender</b>			
Male	40.3% (38.7%-41.8%)	39.5% (37.7%-41.2%)	52.7% (49.0%-56.5%)
Female	35.1% (33.9%-36.4%)	32.3% (30.8%-33.8%)	50.9% (47.8%-53.9%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	38.4% (37.3%-39.5%)	36.4% (35.2%-37.7%)	52.1% (49.7%-54.5%)
Black, Non-Hispanic	33.6% (29.8%-37.5%)	30.0% (25.6%-34.5%)	54.5% (44.7%-64.2%)
Hispanic	38.2% (34.6%-41.9%)	38.4% (33.9%-43.0%)	44.1% (33.7%-54.4%)
<b>Household Income</b>			
Less than \$35,000	41.8% (39.6%-44.0%)	40.0% (37.1%-42.9%)	51.5% (47.5%-55.6%)
\$35,000-\$49,999	39.9% (36.6%-43.3%)	38.7% (34.7%-42.7%)	50.2% (43.6%-56.8%)
\$50,000-\$74,999	38.0% (35.2%-40.7%)	37.2% (34.1%-40.3%)	53.5% (47.3%-59.7%)
\$75,000 or more	33.8% (32.2%-35.3%)	32.9% (31.3%-34.5%)	53.5% (48.6%-58.5%)
<b>Disability</b>			
Yes	50.1% (47.7%-52.6%)	48.3% (45.3%-51.4%)	58.2% (54.0%-62.4%)
No	34.6% (33.5%-35.7%)	33.4% (32.2%-34.7%)	48.1% (45.2%-51.0%)
<b>Education</b>			
No High School	50.6% (46.3%-55.0%)	49.2% (43.5%-54.9%)	59.7% (51.8%-67.5%)
High School or Post High School	38.3% (36.9%-39.8%)	37.2% (35.5%-38.9%)	49.7% (46.6%-52.8%)
College	32.8% (31.5%-34.0%)	31.1% (29.7%-32.5%)	51.6% (48.3%-54.8%)





## Health Conditions: Hypertension

Hypertension is the medical term for high blood pressure, a condition that impacts one in three adults in America (approximately 70 million people). It is estimated that only 50% of these adults have their high blood pressure under control.<sup>28</sup> Medication and lifestyle changes are often enough to control high blood pressure, but if it is not controlled, it can result in heart problems, kidney disease, and stroke.<sup>29</sup> Consuming more than the recommended amount of sodium, smoking, drinking too much alcohol, and family history of high blood pressure can all contribute to the development of high blood pressure. African-Americans are more likely to develop high blood pressure than other groups.<sup>33</sup> Hypertension can be prevented by eating a healthy diet low in sodium and high in fruits and vegetables, being active, and not smoking.<sup>30</sup>

BRFSS respondents were asked if they had ever been told they had high blood pressure and, among those with diagnosed hypertension, whether they were currently taking medication for the condition. Results are shown Table 51.



In Connecticut during 2013-2016, 32% of residents reported that they had hypertension. The prevalence of adults within the Medicare population who had hypertension (56%) was significantly higher than the non-Medicare population (30%).



**Within the CT adult Medicare population**, the prevalence of adults who had hypertension was significantly *greater* for:

- Non-Hispanic Black and non-Hispanic White adults (62% and 58%, respectively); and
- Adults with a disability (65%).



**Compared to CT's non-Medicare population**, the prevalence of adults who had hypertension among the Medicare population was significantly *higher* for most demographic categories, *except* adults 65 years of age or older, where no significant differences were observed.



Table 51 Hypertension Awareness by Medicare Status

	CT Total	Non-Medicare	Medicare
Demographic Characteristics	% (95% CI)	% (95% CI)	% (95% CI)
Total	32.3% (31.4%-33.2%)	29.7% (28.6%-30.7%)	56.3% (53.9%-58.7%)
<b>Age</b>			
18-44 years old	13.6% (12.4%-14.9%)	13.6% (12.2%-14.9%)	22.2% * (14.4%-29.9%)
45-64 years old	37.7% (36.3%-39.2%)	36.4% (34.9%-38.0%)	56.9% (50.3%-63.5%)
65 years or older	62.8% (61.2%-64.4%)	62.5% (60.1%-64.8%)	63.2% (61.0%-65.5%)
<b>Gender</b>			
Male	33.8% (32.5%-35.2%)	32.7% (31.1%-34.2%)	58.0% (54.3%-61.8%)
Female	30.9% (29.8%-32.1%)	26.9% (25.6%-28.2%)	55.2% (52.1%-58.2%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	33.2% (32.2%-34.2%)	29.6% (28.5%-30.7%)	57.7% (55.2%-60.1%)
Black, Non-Hispanic	39.0% (35.4%-42.6%)	36.6% (32.3%-40.9%)	62.4% (53.1%-71.6%)
Hispanic	27.2% (24.4%-30.0%)	29.4% (25.6%-33.2%)	44.1% (34.5%-53.7%)
<b>Household Income</b>			
Less than \$35,000	41.1% (39.1%-43.1%)	40.3% (37.6%-43.0%)	58.1% (54.1%-62.1%)
\$35,000-\$49,999	36.5% (33.5%-39.5%)	33.4% (29.9%-36.9%)	59.0% (51.7%-66.2%)
\$50,000-\$74,999	32.3% (29.9%-34.8%)	29.9% (27.3%-32.6%)	62.1% (56.2%-67.9%)
\$75,000 or more	25.1% (23.8%-26.5%)	23.9% (22.5%-25.2%)	51.8% (46.9%-56.7%)
<b>Disability</b>			
Yes	51.9% (49.6%-54.2%)	50.1% (47.1%-53.1%)	64.7% (60.5%-68.9%)
No	27.8% (26.8%-28.7%)	25.9% (24.8%-27.0%)	52.0% (49.0%-54.9%)
<b>Education</b>			
No High School	43.2% (39.5%-46.9%)	44.9% (39.7%-50.1%)	61.2% (53.6%-68.9%)
High School or Post High School	33.7% (32.4%-34.9%)	31.3% (29.8%-32.7%)	55.7% (52.6%-58.8%)
College	26.4% (25.3%-27.5%)	23.9% (22.7%-25.1%)	54.9% (51.7%-58.1%)



## MEDICARE: HEALTH FACTORS

### Health Behaviors: Cigarette Smoking

Smoking is the number one preventable cause of death in the U.S. 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. Nearly half a million Americans die every year in the United States as a result of cigarette smoking; including nearly 42,000 from secondhand smoke. In all, about one in five deaths nationwide can be linked to smoking.<sup>31</sup> BRFSS respondents were asked if they had smoked at least 100 cigarettes in their life. Those who did were asked if they currently smoked every day, some days or not at Table 52. reports the proportion of current smokers with Medicare—those who smoke every day or some days.



In Connecticut during 2013-2016, 14% of residents smoked cigarettes. The prevalence of smokers in the Medicare population (13%) was not significantly different from the non-Medicare population (14%).



**Within the CT adult Medicare population**, the prevalence of adults who smoke cigarettes was significantly *greater* for:

- Adults 18-44 years old and 45 to 64 years old (27% and 29%, respectively) compared to adults 65 and older;
- Non-Hispanic Black and Hispanic adults (21% and 17%, respectively);
- Adults from households earning less than \$35,000 (20%) compared to adults from households earning of \$35,000-\$49,999 (10%) and \$50,000-\$74,999 (7%);
- Adults with a disability (19%); and
- Adults with fewer years of education, with significant differences across all education categories.



**Compared to CT's non-Medicare population**, the prevalence of adults who smoke cigarettes among the Medicare population was significantly *higher* for adults 45 and older.

**Compared to the non-Medicare population**, the prevalence of adults who smoke cigarettes among the Medicare population was significantly *lower* for:



- Non-Hispanic White adults;
- Adults with and without a disability; and
- Adults with less than a college education.

**Table 52 Cigarette Smoker by Medicare Status**

Demographic Characteristics	CT Total	Non-Medicare	Medicare
	% (95% CI)	% (95% CI)	% (95% CI)
Total	14.2% (13.7%-14.8%)	13.7% (13.1%-14.3%)	12.7% (11.6%-13.7%)
<b>Age</b>			
18-44 years old	16.5% (15.4%-17.5%)	15.0% (13.9%-16.1%)	26.9% (21.6%-32.2%)
45-64 years old	15.8% (15.0%-16.6%)	13.8% (13.0%-14.6%)	29.3% (25.5%-33.2%)
65 years or older	7.4% (6.7%-8.0%)	7.7% (6.5%-8.9%)	7.1% (6.3%-7.9%)
<b>Gender</b>			
Male	16.2% (15.3%-17.0%)	15.0% (14.0%-16.0%)	13.8% (12.0%-15.6%)
Female	12.4% (11.8%-13.1%)	12.5% (11.7%-13.3%)	11.9% (10.6%-13.2%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	13.3% (12.7%-13.9%)	13.2% (12.5%-13.9%)	10.9% (9.8%-12.0%)
Black, Non-Hispanic	17.8% (15.7%-19.9%)	16.4% (13.9%-18.8%)	21.2% (16.0%-26.3%)
Hispanic	17.3% (15.6%-19.1%)	16.9% (14.6%-19.2%)	17.4% (13.3%-21.4%)
<b>Household Income</b>			
Less than \$35,000	23.5% (22.2%-24.8%)	25.9% (24.0%-27.8%)	19.6% (17.6%-21.5%)
\$35,000-\$49,999	16.6% (14.8%-18.4%)	18.0% (15.7%-20.3%)	10.3% (7.8%-12.8%)
\$50,000-\$74,999	15.0% (13.4%-16.6%)	15.6% (13.8%-17.5%)	6.7% (4.9%-8.5%)
\$75,000 or more	8.2% (7.5%-8.9%)	8.1% (7.4%-8.9%)	5.6% * (3.4%-7.8%)
<b>Disability</b>			
Yes	25.1% (23.6%-26.6%)	28.0% (25.9%-30.1%)	18.5% (16.5%-20.6%)
No	11.6% (11.1%-12.2%)	11.1% (10.5%-11.8%)	9.6% (8.3%-10.8%)
<b>Education</b>			
No High School	26.2% (23.7%-28.7%)	30.9% (27.0%-34.7%)	20.9% (16.4%-25.4%)
High School or Post High School	16.6% (15.8%-17.3%)	16.6% (15.7%-17.5%)	13.6% (12.3%-14.9%)
College	6.3% (5.8%-6.8%)	6.1% (5.6%-6.7%)	5.5% (4.5%-6.6%)



## Health Behaviors: E-cigarette Use

Although cigarette smoking in the United States has been steadily declining, use of Electronic cigarettes, commonly called e-cigarettes, has become more prevalent. E-cigarettes contain cartridges of nicotine and other chemicals. The fluid is vaporized and inhaled through a battery-powered device that resembles a traditional cigarette. The BRFSS survey asked respondents if they had ever used e-cigarettes. Results by demographic sub-group for people with Medicare are shown in Table 53 below.



In Connecticut during 2013-2016, 15% of residents have used e-cigarettes. The prevalence of adults within the Medicare population who have used e-cigarettes (10%) is significantly lower than the prevalence of adults in the non-Medicare population who have used e-cigarettes (16%).



**Within the CT adult Medicare population**, the prevalence of adults who have used e-cigarettes was significantly *greater* for:

- Younger adults, with differences observed across all age categories;
- Men (11%);
- Adults with a disability (14%); and
- Adults with a high school education (11%) or less (15%) compared to adults who have attended college.



**Compared to CT's non-Medicare population**, the prevalence of adults who have used e-cigarettes among the Medicare population was significantly *higher* for adults 18-64.

**Compared to the non-Medicare population**, the prevalence of adults who have used e-cigarettes among the Medicare population was significantly *lower* for:

- Men and women;
- Non-Hispanic White adults; and



- Adults from households earning less than \$35,000;
- All disability and education categories.

**Table 53 E-Cigarette Use by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	15.3% (14.7%-15.9%)	15.9% (15.1%-16.6%)	9.8% (8.7%-10.8%)
<b>Age</b>			
18-44 years old	24.3% (23.1%-25.6%)	23.3% (21.9%-24.7%)	32.3% (26.2%-38.4%)
45-64 years old	11.7% (10.9%-12.4%)	10.7% (9.9%-11.4%)	22.4% (18.7%-26.1%)
65 years or older	4.1% (3.6%-4.6%)	4.6% (3.6%-5.6%)	3.9% (3.3%-4.5%)
<b>Gender</b>			
Male	18.0% (17.1%-19.0%)	18.1% (16.9%-19.2%)	11.2% (9.4%-13.1%)
Female	12.8% (12.0%-13.5%)	13.9% (12.9%-14.8%)	8.7% (7.5%-9.9%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	15.4% (14.6%-16.1%)	16.2% (15.3%-17.1%)	8.7% (7.6%-9.8%)
Black, Non-Hispanic	13.4% (11.4%-15.5%)	12.4% (10.1%-14.8%)	10% <sup>**</sup> -
Hispanic	16.2% (14.3%-18.0%)	17.4% (14.9%-19.8%)	14.0% <sup>*</sup> (9.5%-18.5%)
<b>Household Income</b>			
Less than \$35,000	19.3% (18.0%-20.6%)	22.3% (20.3%-24.2%)	14.4% (12.5%-16.2%)
\$35,000-\$49,999	16.6% (14.6%-18.7%)	18.3% (15.8%-20.9%)	9.1% <sup>*</sup> (5.6%-12.5%)
\$50,000-\$74,999	16.0% (14.3%-17.8%)	17.9% (15.8%-19.9%)	5% <sup>**</sup> -
\$75,000 or more	12.1% (11.1%-13.0%)	12.4% (11.4%-13.4%)	5% <sup>**</sup> -
<b>Disability</b>			
Yes	21.9% (20.3%-23.4%)	26.3% (24.1%-28.5%)	13.8% (11.9%-15.7%)
No	13.7% (13.0%-14.4%)	14.0% (13.2%-14.8%)	7.6% (6.3%-9.0%)
<b>Education</b>			
No High School	18.8% (16.4%-21.3%)	23.1% (19.2%-26.9%)	14.6% (10.4%-18.7%)
High School or Post High School	18.6% (17.7%-19.5%)	19.7% (18.6%-20.8%)	10.7% (9.4%-12.1%)
College	8.8% (8.1%-9.4%)	9.1% (8.4%-9.8%)	4.8% (3.6%-6.0%)



## Health Behaviors: 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.<sup>32</sup> A person binge drinks when they drink so much within a two-hour period that their blood alcohol concentration reaches 0.08g/dL. For men, this means consuming more than 5 drinks during one occasion. For women, it is more than 4 drinks.<sup>33</sup> 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.<sup>34</sup> Heavy drinking is defined as consuming an average of more than two drinks a day for men, and more than one drink per day for women.<sup>35</sup> 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 proportion of adults with Medicare who engaged in excess drinking (binge drinking or heavy drinking) over the previous 30 days is shown in Table 54.



In Connecticut during 2013-2016, 47% of residents engaged in excess drinking. The prevalence of adults within the Medicare population who have engaged in excess drinking (28%) is significantly lower than the prevalence of adults in the non-Medicare population who have engaged in excess drinking (49%).



**Within the CT adult Medicare population**, the prevalence of adults who have engaged in excess drinking was significantly *greater* for:

- Adults 18-44 years old (52%) and 45 to 64 years old (48%);
- Women (31%);
- Non-Hispanic Black and Hispanic adults (39% and 45%, respectively);
- Adults from households earning less than \$35,000 (35%) compared to adults from households with incomes of \$50,000 or more;
- Adults with a disability (33%); and
- Adults with fewer years of education, with significant differences across all education categories.



**Compared to CT's non-Medicare population**, the prevalence of adults who have engaged in excess drinking among the Medicare population was significantly *lower* across almost all demographic categories, *except* across all three age categories and Non-Hispanic Black adults, where no significant differences were observed.

**Table 54 Excess Drinking by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	46.6% (45.7%-47.5%)	48.9% (47.8%-49.9%)	28.2% (26.3%-30.0%)
<b>Age</b>			
18-44 years old	60.5% (58.9%-62.2%)	60.7% (58.9%-62.4%)	52.4% (42.8%-61.9%)
45-64 years old	42.1% (40.8%-43.4%)	41.4% (40.1%-42.8%)	47.6% (40.7%-54.6%)
65 years or older	22.8% (21.5%-24.1%)	23.0% (20.7%-25.3%)	22.6% (21.0%-24.1%)
<b>Gender</b>			
Male	44.3% (42.9%-45.6%)	45.4% (43.9%-47.0%)	24.8% (22.0%-27.5%)
Female	49.2% (47.9%-50.5%)	52.5% (51.0%-54.0%)	31.3% (28.8%-33.8%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	45.5% (44.5%-46.5%)	48.7% (47.5%-49.8%)	26.3% (24.5%-28.2%)
Black, Non-Hispanic	46.6% (42.4%-50.9%)	47.3% (42.2%-52.4%)	38.9% (30.0%-47.8%)
Hispanic	58.2% (54.7%-61.6%)	57.8% (53.6%-62.1%)	44.6% (33.0%-56.3%)
<b>Household Income</b>			
Less than \$35,000	50.6% (48.3%-52.9%)	54.0% (50.8%-57.1%)	34.5% (30.7%-38.3%)
\$35,000-\$49,999	46.2% (43.0%-49.4%)	48.8% (44.8%-52.8%)	29.4% (23.8%-35.0%)
\$50,000-\$74,999	45.3% (42.8%-47.9%)	48.8% (45.8%-51.8%)	21.9% (18.1%-25.7%)
\$75,000 or more	46.5% (45.1%-47.8%)	48.1% (46.7%-49.6%)	26.1% (22.3%-29.8%)
<b>Disability</b>			
Yes	49.2% (46.7%-51.7%)	53.6% (50.3%-56.9%)	32.7% (28.9%-36.5%)
No	46.2% (45.2%-47.2%)	48.3% (47.1%-49.4%)	26.6% (24.5%-28.7%)
<b>Education</b>			
No High School	57.4% (52.7%-62.0%)	59.9% (53.4%-66.5%)	41.0% (31.7%-50.4%)
High School or Post High School	49.1% (47.7%-50.5%)	52.3% (50.6%-54.0%)	30.1% (27.5%-32.8%)
College	41.6% (40.4%-42.7%)	43.9% (42.6%-45.2%)	22.2% (20.2%-24.2%)





## Health Behaviors: Diet

The Dietary Guidelines for Americans recommend that people consume five to thirteen servings of fruits and vegetables, with different amounts based on total calorie intake.<sup>36</sup> However, the average American only eats about three servings of fruits and vegetables each day.<sup>37</sup> The benefits of fruits of vegetables are numerous. They can improve vision, lower blood pressure, prevent some types of cancer and reduce the risk of heart disease and stroke.<sup>41</sup> Fruits and vegetables are also low in fat and calories but contain many vital minerals and vitamins that maintain blood sugar and keep appetite in check.<sup>38</sup> In 2013 and 2015, BRSS asked respondents how often they ate fruits and vegetables, including servings of 100% fruit juice. Table 55 shows the proportion of adults with Medicare consuming less than one serving of fruits per day, followed by Table 56 showing vegetable consumption.

### FRUIT CONSUMPTION



In Connecticut during 2013 and 2015, 35% of residents reported that they consumed less than one serving of fruits per day. The prevalence of adults within the Medicare population who consumed less than one serving of fruits per day (33%) was not significantly different than the non-Medicare population (34%).



**Within the CT adult Medicare population**, the prevalence of adults who consumed less than one serving of fruits per day was significantly *greater* for:

- Adult's ages 45-64 (44%) compared to adults 65 and older (29%);
- Adults from households earning of \$35,000 or less (38%) compared to adults in households with incomes of \$50,000 or more;
- Adults with a disability (36%);
- Adults with a high school education (33%) or less (43%), compared to those who have attended college.



**Compared to CT's non-Medicare population**, the prevalence of adults who consumed less than one serving of fruits per day among the Medicare population was significantly *higher* for adults ages 45-64.



**Compared to CT’s non-Medicare population**, the prevalence of adults who consumed less than one serving of fruits per day among the Medicare population was significantly *lower* for adults with household incomes of \$75,000 or more.

**Table 55 Fruit Consumption by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	34.8% (33.7%-35.8%)	34.0% (32.8%-35.2%)	32.7% (30.3%-35.0%)
<b>Age</b>			
18-44 years old	39.6% (37.6%-41.6%)	38.7% (36.5%-40.9%)	39.8% (29.7%-50.0%)
45-64 years old	33.3% (31.8%-34.7%)	31.8% (30.2%-33.3%)	43.6% (36.4%-50.7%)
65 years or older	27.8% (26.1%-29.4%)	26.1% (23.8%-28.5%)	29.4% (27.1%-31.8%)
<b>Gender</b>			
Male	39.0% (37.4%-40.6%)	38.2% (36.4%-40.0%)	35.7% (31.9%-39.5%)
Female	31.0% (29.6%-32.3%)	30.2% (28.6%-31.8%)	30.6% (27.6%-33.6%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	32.7% (31.5%-33.8%)	32.3% (31.0%-33.6%)	31.1% (28.7%-33.5%)
Black, Non-Hispanic	39.1% (35.0%-43.2%)	40.0% (35.1%-45.0%)	37.5% (27.3%-47.6%)
Hispanic	43.7% (40.1%-47.2%)	42.3% (37.6%-46.9%)	41.5% (31.4%-51.6%)
<b>Household Income</b>			
Less than \$35,000	40.2% (38.0%-42.4%)	39.9% (36.9%-42.8%)	38.4% (34.4%-42.4%)
\$35,000-\$49,999	35.1% (31.7%-38.6%)	34.0% (30.0%-37.9%)	32.6% (25.0%-40.3%)
\$50,000-\$74,999	33.4% (30.5%-36.3%)	33.2% (30.0%-36.4%)	26.5% (20.6%-32.4%)
\$75,000 or more	30.8% (29.2%-32.4%)	31.2% (29.4%-32.9%)	25.3% (21.3%-29.2%)
<b>Disability</b>			
Yes	39.3% (36.9%-41.6%)	38.7% (35.7%-41.7%)	36.3% (32.2%-40.3%)
No	33.7% (32.5%-34.9%)	33.1% (31.8%-34.4%)	30.6% (27.6%-33.6%)
<b>Education</b>			
No High School	42.9% (38.7%-47.0%)	40.2% (34.6%-45.7%)	42.7% (34.3%-51.2%)
High School or Post High School	37.9% (36.3%-39.4%)	37.9% (36.1%-39.7%)	33.4% (30.4%-36.4%)
College	27.2% (25.9%-28.5%)	27.2% (25.8%-28.6%)	24.5% (21.7%-27.2%)



## VEGETABLE CONSUMPTION



In Connecticut during 2013 and 2015, 21% of residents reported that they consumed less than one serving of vegetables per day. The prevalence of adults within the Medicare population who consumed less than one serving of vegetables per day (23%) was significantly higher than the non-Medicare population (19%).



**Within the CT adult Medicare population**, the prevalence of adults who consumed less than one serving of vegetables per day was significantly *greater* for:

- Adult's ages 45-64 (32%) compared to adults 65 and older (21%);
- Adults from households earning \$35,000 or less (28%) compared to adults from households with incomes of at least \$75,000 or more (12%);
- Adults with a disability (28%); and
- Adults with a high school education (25%) or less (34%), compared to those who have attended college.



**Compared to CT's non-Medicare population**, the prevalence of adults who consumed less than one serving of vegetables per day among the Medicare population was significantly *higher* for:

- Adults 45-64 years old;
- Women; and
- Non-Hispanic White adults.



Table 56 Vegetable Consumption by Medicare Status

Demographic Characteristics	CT Total	Non-Medicare	Medicare
	% (95% CI)	% (95% CI)	% (95% CI)
Total	20.6% (19.6%-21.5%)	19.3% (18.2%-20.3%)	23.2% (21.0%-25.3%)
<b>Age</b>			
18-44 years old	22.7% (20.9%-24.5%)	21.5% (19.5%-23.5%)	26.7% * (17.6%-35.8%)
45-64 years old	18.2% (17.0%-19.4%)	16.8% (15.5%-18.1%)	32.3% (25.9%-38.7%)
65 years or older	20.6% (19.1%-22.2%)	20.2% (18.0%-22.3%)	20.8% (18.6%-23.0%)
<b>Gender</b>			
Male	24.4% (22.9%-25.8%)	23.3% (21.7%-25.0%)	25.0% (21.5%-28.4%)
Female	17.0% (15.8%-18.2%)	15.6% (14.2%-17.0%)	21.9% (19.1%-24.7%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	18.7% (17.7%-19.7%)	17.6% (16.4%-18.8%)	21.4% (19.0%-23.7%)
Black, Non-Hispanic	32.3% (28.4%-36.3%)	33.1% (28.3%-37.9%)	31.9% (23.1%-40.7%)
Hispanic	25.1% (22.0%-28.3%)	23.7% (19.6%-27.8%)	27.1% * (18.5%-35.7%)
<b>Household Income</b>			
Less than \$35,000	26.8% (24.8%-28.8%)	26.2% (23.5%-29.0%)	28.4% (24.7%-32.0%)
\$35,000-\$49,999	23.2% (19.9%-26.5%)	24.3% (20.4%-28.3%)	24.8% * (16.8%-32.8%)
\$50,000-\$74,999	19.0% (16.5%-21.4%)	19.5% (16.7%-22.3%)	16.9% * (11.5%-22.2%)
\$75,000 or more	14.2% (12.9%-15.5%)	14.0% (12.6%-15.4%)	11.7% (8.6%-14.9%)
<b>Disability</b>			
Yes	27.8% (25.5%-30.1%)	27.3% (24.5%-30.2%)	28.3% (24.3%-32.2%)
No	18.9% (17.8%-19.9%)	17.8% (16.6%-18.9%)	20.2% (17.6%-22.8%)
<b>Education</b>			
No High School	32.9% (28.9%-37.0%)	32.6% (27.1%-38.0%)	34.1% (26.2%-42.1%)
High School or Post High School	22.9% (21.5%-24.3%)	22.0% (20.3%-23.6%)	25.2% (22.4%-28.1%)
College	12.8% (11.8%-13.8%)	12.6% (11.5%-13.7%)	11.4% (9.2%-13.6%)



## Health Behaviors: Exercise

Regular physical exercise has definitively been shown to prevent certain chronic diseases, just as a sedentary lifestyle is a risk factor for a variety of chronic conditions, obesity, bone and joint diseases and depression.<sup>39</sup> There are two kinds of recommended exercise: in aerobic physical activity (popularly known as “cardio”), the body’s large muscles move in a rhythmic manner for a sustained period, thereby improving cardiorespiratory fitness.<sup>40</sup> In strength training (also called resistance training), specific muscle-strengthening activities increase skeletomuscular power, endurance and mass. Strength training can help reduce the symptoms of many diseases and symptoms, especially those that worsen with age, such as arthritis, diabetes and osteoporosis.<sup>41</sup> The CDC recommends 2.5 hours, or 150 minutes, of moderate-intensity aerobic activity each week, along with muscle-strengthening of the major muscle groups on two or more days each week.<sup>42</sup> BRFS respondents 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. Those who did exercise in the previous month were asked to report what types of physical activity they spent the most time doing, and how often and how long they engaged in these activities in the past month. A secondary question for all respondents asked how often they had participated in physical activities to strengthen muscles in the previous month. Table 57 shows the proportion of adults with Medicare who did not engage in any leisure-time physical activity. Table 58 shows the proportion who met aerobic and strength guidelines.

### LEISURE TIME PHYSICAL ACTIVITIES



In Connecticut during 2013-2016, 23% of residents had no leisure time physical activity. The prevalence of adults with no leisure time physical activity was significantly higher among the Medicare population (31%) than the non-Medicare population (20%).



**Within the CT adult Medicare population**, the prevalence of adults with no leisure time physical activity was significantly *greater* for:

- Middle age (45-64) adults (37%) compared to adults 65 and older (30%);
- Women (35%, compared to 26% of men);
- Non-Hispanic Black and Hispanic adults (35% and 39%, respectively);
- Adults from households earning less than \$35,000 (40%); (households with income of \$75,000 or more were less likely to report that they had no leisure time physical activity than all lower income categories);
- Adults with a disability (48%); and
- Adults with a high school education (34%) or less (44%) compared to adults who have attended college (17%).



**Compared to CT's non-Medicare population**, the prevalence of adults with no leisure time physical activity among the Medicare population was significantly *higher* across most demographic categories, with the *exceptions* of older adults (ages 65 or older) and adults with less than a high school education, where no significant differences were observed.

**Table 57 No Leisure Time Physical Activity by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	22.5% (21.8%-23.1%)	19.5% (18.7%-20.2%)	30.9% (29.6%-32.3%)
<b>Age</b>			
18-44 years old	18.5% (17.4%-19.6%)	16.3% (15.1%-17.5%)	31.9% (26.1%-37.6%)
45-64 years old	22.7% (21.8%-23.7%)	20.5% (19.5%-21.4%)	37.3% (33.4%-41.2%)
65 years or older	30.3% (29.2%-31.5%)	30.6% (28.5%-32.6%)	29.6% (28.3%-30.9%)
<b>Gender</b>			
Male	20.4% (19.6%-21.3%)	18.1% (17.1%-19.1%)	25.8% (23.8%-27.8%)
Female	24.3% (23.4%-25.2%)	20.7% (19.7%-21.7%)	34.6% (32.8%-36.4%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	19.4% (18.8%-20.1%)	16.5% (15.7%-17.2%)	29.7% (28.3%-31.0%)
Black, Non-Hispanic	27.6% (25.2%-30.0%)	26.2% (23.1%-29.2%)	35.1% (30.1%-40.1%)
Hispanic	34.2% (31.9%-36.4%)	32.5% (29.6%-35.5%)	39.3% (33.2%-45.4%)
<b>Household Income</b>			
Less than \$35,000	34.2% (32.7%-35.6%)	32.0% (29.9%-34.1%)	39.8% (37.4%-42.2%)
\$35,000-\$49,999	26.2% (24.1%-28.2%)	25.3% (22.7%-28.0%)	30.0% (26.3%-33.7%)
\$50,000-\$74,999	20.4% (18.7%-22.1%)	19.2% (17.3%-21.2%)	25.2% (21.9%-28.4%)
\$75,000 or more	12.7% (11.9%-13.5%)	12.4% (11.6%-13.3%)	15.1% (12.9%-17.4%)
<b>Disability</b>			
Yes	41.3% (39.7%-43.0%)	37.5% (35.3%-39.7%)	47.5% (45.0%-50.0%)
No	17.9% (17.2%-18.5%)	16.2% (15.5%-17.0%)	22.0% (20.4%-23.5%)
<b>Education</b>			
No High School	41.2% (38.4%-44.0%)	41.2% (37.0%-45.4%)	44.4% (39.5%-49.2%)
High School or Post High School	25.1% (24.3%-26.0%)	22.5% (21.4%-23.6%)	33.5% (31.8%-35.2%)
College	11.8% (11.2%-12.4%)	10.9% (10.2%-11.6%)	17.0% (15.5%-18.5%)



## EXERCISE GUIDELINES



In Connecticut during 2013-2016, 21% of residents met aerobic and strength guidelines. The prevalence of adults meeting aerobic and strength guidelines was significantly *lower* among the Medicare population (16%) than the non-Medicare population (22%).



Within the CT adult Medicare population, the prevalence of adults meeting aerobic and strength guidelines was significantly *greater* for:

- Men (21%, compared to 13% of women);
- Adults from households earning \$50,000 or more, compared to adults from households with incomes less than \$35,000;
- Adults without a disability; and
- Adults with college education, compared to adults with a high school education.



Compared to CT's non-Medicare population, the prevalence of adults meeting aerobic and strength guidelines among the Medicare population was significantly *lower* for:

- Women;
- Non-Hispanic White adults;
- Adults from households earning less than \$35,000;
- Adults with or without a disability; and
- Adults with a high school education.



**Table 58 Met both Aerobic and Strength Guidelines by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	21.1% (20.2%-22.0%)	22.2% (21.1%-23.3%)	16.1% (14.5%-17.7%)
<b>Age</b>			
18-44 years old	23.5% (21.8%-25.3%)	24.6% (22.7%-26.6%)	-
45-64 years old	20.2% (18.9%-21.4%)	21.3% (19.9%-22.6%)	11.5% * (7.2%-15.8%)
65 years or older	17.8% (16.6%-19.1%)	17.5% (15.6%-19.3%)	18.3% (16.6%-20.1%)
<b>Gender</b>			
Male	22.9% (21.5%-24.3%)	23.6% (22.0%-25.2%)	21.4% (18.5%-24.3%)
Female	19.4% (18.2%-20.6%)	20.9% (19.5%-22.3%)	12.5% (10.7%-14.3%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	22.5% (21.4%-23.5%)	23.4% (22.2%-24.6%)	17.9% (16.2%-19.7%)
Black, Non-Hispanic	18.5% (15.2%-21.8%)	18.7% (14.8%-22.7%)	-
Hispanic	15.3% (12.8%-17.9%)	16.5% (13.1%-19.9%)	-
<b>Household Income</b>			
Less than \$35,000	15.7% (14.0%-17.4%)	16.4% (14.1%-18.7%)	11.8% (9.3%-14.3%)
\$35,000-\$49,999	18.3% (15.5%-21.2%)	18.3% (14.8%-21.8%)	17.2% * (12.1%-22.4%)
\$50,000-\$74,999	22.2% (19.7%-24.7%)	22.3% (19.4%-25.2%)	21.5% (16.0%-27.0%)
\$75,000 or more	25.3% (23.8%-26.7%)	25.2% (23.6%-26.8%)	26.3% (22.3%-30.3%)
<b>Disability</b>			
Yes	12.4% (10.8%-14.0%)	13.7% (11.5%-15.9%)	9.8% (7.3%-12.2%)
No	23.2% (22.1%-24.2%)	23.8% (22.6%-25.0%)	20.0% (17.8%-22.1%)
<b>Education</b>			
No High School	11.9% (9.0%-14.9%)	14.0% * (9.6%-18.4%)	10%** -
High School or Post High School	19.3% (18.0%-20.6%)	20.1% (18.5%-21.6%)	13.0% (11.0%-15.0%)
College	27.0% (25.7%-28.3%)	27.0% (25.5%-28.4%)	27.9% (25.0%-30.8%)





## Health Behaviors: Inadequate Sleep

CDC has recommended that adults should get 7-8 hours of nightly sleep.<sup>43</sup> Lack of sleep can have a substantial impact on health. Studies have found that short sleep duration is associated with an increased risk of cardiovascular disease, diabetes, and obesity.<sup>44</sup> Sleep loss can also impact daily function, with inadequate sleep increasing the risk of drowsy driving and crashes.<sup>45</sup> Table 59 shows respondents who reported sleeping less than 8 hours of sleep at night.



In Connecticut in 2013, 2014, and 2016, 66% of residents had inadequate sleep. The prevalence of adults who had inadequate sleep was significantly lower among the Medicare population (58%) than the non-Medicare population (69%).



Within the CT adult Medicare population, the prevalence of adults who had inadequate sleep was significantly *greater* for adults 45-64 years old, compared to adults 65 or older.



Compared to CT's non-Medicare population, the prevalence of adults who had inadequate sleep among the Medicare population was significantly *lower* for most demographic categories, *except* adults 65 or older, Non-Hispanic White adults, and households with incomes less than \$35,000, where no significant differences were observed.



**Table 59 Inadequate Sleep by Medicare Status (not asked in 2015)**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	66.1% (65.3%-67.0%)	68.6% (67.6%-69.6%)	58.1% (56.4%-59.8%)
<b>Age</b>			
18-44 years old	67.3% (65.8%-68.9%)	69.1% (67.3%-70.8%)	59.1% (52.0%-66.2%)
45-64 years old	70.5% (69.3%-71.6%)	71.0% (69.8%-72.2%)	65.2% (60.8%-69.7%)
65 years or older	56.2% (54.8%-57.6%)	57.4% (55.0%-59.8%)	56.4% (54.7%-58.1%)
<b>Gender</b>			
Male	67.3% (66.1%-68.6%)	70.1% (68.7%-71.6%)	57.5% (54.9%-60.2%)
Female	65.0% (63.9%-66.1%)	67.1% (65.8%-68.5%)	58.5% (56.2%-60.7%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	66.2% (65.3%-67.2%)	68.3% (67.2%-69.4%)	57.7% (56.0%-59.5%)
Black, Non-Hispanic	67.1% (64.2%-70.1%)	70.6% (67.0%-74.3%)	58.8% (52.8%-64.8%)
Hispanic	63.6% (60.8%-66.4%)	67.1% (63.5%-70.8%)	58.5% (51.0%-66.0%)
<b>Household Income</b>			
Less than \$35,000	60.8% (59.1%-62.6%)	62.1% (59.5%-64.7%)	59.8% (57.0%-62.7%)
\$35,000-\$49,999	66.5% (63.8%-69.2%)	69.1% (65.8%-72.4%)	56.5% (51.6%-61.3%)
\$50,000-\$74,999	70.5% (68.4%-72.7%)	73.0% (70.5%-75.4%)	56.8% (52.2%-61.5%)
\$75,000 or more	70.3% (69.0%-71.6%)	71.4% (70.0%-72.7%)	56.9% (53.0%-60.8%)
<b>Disability</b>			
Yes	65.6% (63.7%-67.5%)	68.1% (65.5%-70.7%)	59.5% (56.4%-62.5%)
No	66.5% (65.5%-67.4%)	68.9% (67.8%-70.0%)	57.3% (55.2%-59.4%)
<b>Education</b>			
No High School	61.4% (58.1%-64.6%)	64.5% (59.5%-69.4%)	61.6% (56.0%-67.2%)
High School or Post High School	65.2% (64.0%-66.3%)	66.9% (65.4%-68.4%)	58.2% (55.9%-60.5%)
College	69.6% (68.5%-70.7%)	71.9% (70.7%-73.1%)	56.1% (53.7%-58.5%)



## SOCIAL AND ECONOMIC FACTORS

### Financial Stress

Financial stress can negatively impact a person's health. Previous BRFSS data have shown that adults experiencing housing instability or food insecurity are significantly more likely to suffer from insufficient sleep and mental distress.<sup>46</sup> Different forms of housing instability, including difficulty paying rent or living in overcrowded conditions, can be risk factors for homelessness.<sup>47</sup> Food insecurity affects people who face limited or uncertain availability of nutritionally-adequate meals or limited ability to buy nutritious foods.<sup>48</sup> Among low-income adults, food insecurity is associated with chronic diseases such as diabetes and hypertension.<sup>49</sup>

Respondents were asked to report how often in the past 12 months they felt worried or stressed about having enough money to pay for housing. They were also asked how often in that period they felt worried or stressed about having enough money to buy nutritious meals. The proportion of adults with Medicare who felt worried or stressed "always" or "usually" about paying for food is presented Table 60, followed by those who felt worried or stressed about paying for housing in Table 61.

### FOOD INSECURITY



In Connecticut during 2013, 2015, and 2016, 8% of residents were stressed about paying for food. The prevalence of adults within the Medicare population (8%) was not significantly different than that of the non-Medicare population (7%).



**Within the CT adult Medicare population**, the prevalence of adults who were stressed about paying for food was significantly *greater* for adults 45-64 (26%) compared to adults 65 and older.



**Compared to CT's non-Medicare population**, the prevalence of adults who were stressed about paying for food among the Medicare population was significantly *higher* for adults 45-64, and significantly *lower* for adults with a disability.

**Table 60 Stress about Buying Food by Medicare Status (not asked in 2014)**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	7.8% (7.3%-8.3%)	6.8% (6.2%-7.4%)	7.8% (6.6%-9.0%)
<b>Age</b>			
18-44 years old	9.6% (8.5%-10.7%)	8.0% (7.0%-9.1%)	21.7% * (14.3%-29.1%)
45-64 years old	8.9% (8.0%-9.7%)	6.7% (6.0%-7.5%)	26.0% (20.6%-31.3%)
65 years or older	2.9% (2.4%-3.4%)	2.8% * (2.0%-3.6%)	2.7% (2.1%-3.3%)
<b>Gender</b>			
Male	6.8% (6.1%-7.6%)	5.5% (4.7%-6.3%)	6.7% (4.9%-8.4%)
Female	8.7% (8.0%-9.5%)	7.9% (7.1%-8.8%)	8.6% (6.9%-10.2%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	6.3% (5.7%-6.8%)	5.7% (5.1%-6.3%)	6.0% (4.8%-7.3%)
Black, Non-Hispanic	10.5% (8.3%-12.7%)	9.6% (7.1%-12.2%)	10% ** -
Hispanic	14.2% (12.1%-16.3%)	12.1% (9.6%-14.6%)	15.7% * (9.9%-21.5%)
<b>Household Income</b>			
Less than \$35,000	17.7% (16.2%-19.3%)	17.6% (15.6%-19.6%)	15.5% (12.8%-18.2%)
\$35,000-\$49,999	9.3% (7.4%-11.2%)	9.5% (7.2%-11.8%)	5% ** -
\$50,000-\$74,999	6.1% (4.8%-7.5%)	6.4% (4.8%-7.9%)	-
\$75,000 or more	2.2% (1.7%-2.7%)	2.3% (1.7%-2.8%)	-
<b>Disability</b>			
Yes	20.4% (18.7%-22.2%)	20.8% (18.4%-23.1%)	15.4% (12.8%-18.0%)
No	4.7% (4.2%-5.2%)	4.1% (3.6%-4.6%)	3.7% * (2.4%-4.9%)
<b>Education</b>			
No High School	15.6% (13.0%-18.3%)	14.6% (11.1%-18.1%)	16.1% * (10.7%-21.6%)
High School or Post High School	9.3% (8.5%-10.0%)	8.4% (7.6%-9.3%)	8.1% (6.6%-9.6%)
College	3.0% (2.6%-3.5%)	2.9% (2.4%-3.4%)	2.5% * (1.6%-3.4%)



## HOUSE INSECURITY



In Connecticut during 2013, 2015, and 2016, 14% of residents were stressed about paying for housing. The prevalence of adults within the Medicare population (12%) was not significantly different than that of the non-Medicare population (14%).



**Within the CT adult Medicare population**, the prevalence of adults who were stressed about paying for housing was significantly *greater* for:

- Adults 45-64 (35%) and 18-44 (30%) compared to adults 65 and older;
- Adults with a disability (23%); and
- Adults with a high school education (14%) compared to adults with a college education (6%).



**Compared to CT's non-Medicare population**, the prevalence of adults who were stressed about paying for housing among the Medicare population was significantly *higher* for adults 18-64.

**Compared to CT's non-Medicare population**, the prevalence of adults who were stressed about paying for housing among the Medicare population was significantly *lower* for:

- Non-Hispanic White adults;
- Adults with or without a disability; and
- Adults with a high school education.



**Table 61 Stress about Paying for Rent/Mortgage by Medicaid Status (not asked in 2014)**

Demographic Characteristics	CT Total	Non-Medicare	Medicare
	% (95% CI)	% (95% CI)	% (95% CI)
Total	14.4% (13.7%-15.1%)	13.6% (12.8%-14.4%)	12.3% (11.0%-13.7%)
<b>Age</b>			
18-44 years old	17.0% (15.6%-18.4%)	15.5% (14.0%-17.0%)	30.3% (22.0%-38.6%)
45-64 years old	16.4% (15.4%-17.5%)	13.9% (12.9%-15.0%)	35.2% (29.7%-40.7%)
65 years or older	6.3% (5.6%-7.0%)	6.4% (5.1%-7.6%)	5.9% (5.0%-6.8%)
<b>Gender</b>			
Male	13.0% (12.0%-14.1%)	11.9% (10.8%-13.1%)	11.4% (9.4%-13.5%)
Female	15.6% (14.7%-16.5%)	15.2% (14.1%-16.3%)	13.0% (11.2%-14.8%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	12.6% (11.9%-13.4%)	12.3% (11.4%-13.2%)	10.0% (8.7%-11.4%)
Black, Non-Hispanic	19.2% (16.3%-22.0%)	19.0% (15.6%-22.5%)	18.7% * (12.3%-25.1%)
Hispanic	21.0% (18.4%-23.5%)	19.3% (16.1%-22.5%)	23.0% * (16.2%-29.8%)
<b>Household Income</b>			
Less than \$35,000	27.3% (25.5%-29.1%)	28.4% (25.9%-30.8%)	23.4% (20.5%-26.4%)
\$35,000-\$49,999	18.2% (15.7%-20.7%)	20.2% (17.0%-23.3%)	9.6% * (5.9%-13.2%)
\$50,000-\$74,999	12.6% (10.8%-14.4%)	13.8% (11.7%-15.9%)	-
\$75,000 or more	6.4% (5.6%-7.3%)	6.8% (5.9%-7.7%)	-
<b>Disability</b>			
Yes	30.9% (28.9%-32.9%)	32.5% (29.8%-35.2%)	23.3% (20.5%-26.2%)
No	10.4% (9.7%-11.1%)	10.1% (9.4%-10.9%)	6.5% (5.1%-7.9%)
<b>Education</b>			
No High School	23.7% (20.5%-26.9%)	26.6% (22.0%-31.1%)	18.3% * (12.7%-23.9%)
High School or Post High School	16.8% (15.8%-17.8%)	16.4% (15.2%-17.6%)	13.9% (12.1%-15.6%)
College	7.6% (7.0%-8.3%)	7.3% (6.6%-8.0%)	5.7% (4.4%-7.0%)



## Built Environment

Built environment (including all of the physical parts of where we live and work, such as homes, buildings, streets, open spaces, and infrastructure) can positively or negatively impact a person's health.<sup>50</sup> For example, unsafe, inaccessible or nonexistent sidewalks and bicycle or walking paths can contribute to a lack of physical activity, which can lead to poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer.<sup>51</sup> In 2015 and 2016, CT BRFSS asked respondents how many days in the month did they walk in their neighborhood for leisure or as a way to get to their destination. Table 62 shows respondents who reported that they never walked in their neighborhood in the past 30 days.



In Connecticut during 2015-2016, 39% of residents reported that they never walked in their neighborhood. The prevalence of adults within the Medicare population who reported that they never walked (45%) was significantly higher than the non-Medicare population (37%).



Within the CT adult Medicare population, the prevalence of adults who never walked was significantly *greater* for:

- Older adults (65 and older) (47%) compared to adults 45-64 years old (37%);
- Women (47%);
- Non-Hispanic White adults (45%);
- Adults from households earning less than \$50,000, compared to adults from households with incomes of \$75,000 or more;
- Adults with a disability (57%); and
- Adults with a high school education (47%) or less (50%) compared to those who have attended college (36%).



Compared to CT's non-Medicare population, the prevalence of adults who never walked among the Medicare population was significantly *higher* for:

- Both men and women;
- Non-Hispanic White adults;
- Adults from households earning less than \$35,000;
- Adults with or without a disability; and
- Adults with at least a high school education.



**Table 62 Never Walked in Neighborhood by Medicare Status**

Demographic Characteristics	CT Total	Non-Medicare	Medicare
	% (95% CI)	% (95% CI)	% (95% CI)
Total	38.6% (37.5%-39.7%)	37.0% (35.7%-38.3%)	44.6% (42.8%-46.5%)
<b>Age</b>			
18-44 years old	36.0% (33.9%-38.1%)	36.3% (34.0%-38.6%)	33.9% * (23.8%-44.0%)
45-64 years old	36.4% (34.9%-37.9%)	36.2% (34.6%-37.7%)	37.2% (31.4%-43.0%)
65 years or older	47.1% (45.5%-48.7%)	46.8% (43.5%-50.1%)	47.0% (45.1%-48.9%)
<b>Gender</b>			
Male	37.5% (35.9%-39.1%)	36.4% (34.6%-38.3%)	41.2% (38.3%-44.2%)
Female	39.6% (38.2%-41.1%)	37.6% (35.8%-39.4%)	47.2% (44.8%-49.5%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	38.0% (36.8%-39.2%)	35.5% (34.0%-36.9%)	45.1% (43.2%-47.0%)
Black, Non-Hispanic	42.5% (38.3%-46.7%)	44.0% (38.9%-49.1%)	41.1% (32.5%-49.7%)
Hispanic	38.7% (35.2%-42.2%)	41.8% (37.3%-46.4%)	41.4% (33.1%-49.8%)
<b>Household Income</b>			
Less than \$35,000	41.0% (38.7%-43.3%)	41.1% (37.7%-44.4%)	46.1% (42.7%-49.6%)
\$35,000-\$49,999	42.9% (39.3%-46.5%)	41.4% (36.7%-46.0%)	46.4% (41.2%-51.5%)
\$50,000-\$74,999	40.8% (37.7%-43.9%)	40.1% (36.3%-43.8%)	42.5% (37.8%-47.2%)
\$75,000 or more	33.1% (31.5%-34.7%)	32.6% (30.8%-34.4%)	35.5% (32.1%-38.9%)
<b>Disability</b>			
Yes	49.4% (47.0%-51.8%)	46.3% (42.9%-49.8%)	57.0% (53.6%-60.4%)
No	36.0% (34.8%-37.2%)	35.4% (34.0%-36.8%)	38.1% (35.9%-40.3%)
<b>Education</b>			
No High School	42.4% (38.1%-46.8%)	43.2% (36.8%-49.6%)	50.0% (42.3%-57.6%)
High School or Post High School	42.6% (41.1%-44.2%)	41.4% (39.5%-43.4%)	47.2% (44.8%-49.6%)
College	31.1% (29.7%-32.4%)	30.0% (28.4%-31.6%)	36.4% (34.0%-38.8%)





## MEDICARE: CLINICAL PREVENTIVE PRACTICES

### Limited Healthcare Coverage

#### Primary Care Provider

In this report, “limited” healthcare coverage includes adults who:

- a) Do not have a primary care provider, which is a personal doctor or healthcare provider.
- b) Needed to see a doctor in the past year but could not because of cost.

People who have access to a personal healthcare provider or a regular healthcare setting have better health outcomes, and in general, an effective primary healthcare system is associated with better health outcomes.<sup>52</sup> Additionally, the actual or perceived prohibitive cost of co-payments contribute to poor medication adherence, a significant public health problem that causes increased patient morbidity and mortality, as well as higher healthcare costs.<sup>53</sup>

Healthcare barriers are shown for different demographic subgroups below in Table 63 and Table 64.

### AT LEAST ONE PRIMARY DOCTOR



In Connecticut during 2013-2016, 15% of residents did not have a primary care provider. The prevalence of adults without a primary care provider was significantly *lower* among the Medicare population (6%) than the non-Medicare population (12%).



**Within the CT adult Medicare population**, the prevalence of adults without a primary care provider was significantly *greater* for:

- Adults 18-44 years old (21%) compared to older adults (65+) (3%);
- Men (8%, compared to 5% of women);
- Adults with a high school education (7%) compared to those with a college education (3%).



**Compared to CT's non-Medicare population**, the prevalence of adults without a primary care provider among the Medicare population was significantly *lower* for most of demographic categories, with exceptions of adults 18-44 years old and 65 years or older.

**Table 63 No Primary Care Provider by Medicare Status**

Demographic Characteristics	CT Total	Non-Medicare	Medicare
	% (95% CI)	% (95% CI)	% (95% CI)
Total	15.1% (14.5%-15.7%)	12.4% (11.8%-13.1%)	6.4% (5.5%-7.3%)
<b>Age</b>			
18-44 years old	26.0% (24.8%-27.2%)	20.4% (19.1%-21.6%)	21.2% (16.2%-26.3%)
45-64 years old	8.6% (8.0%-9.3%)	5.8% (5.3%-6.3%)	8.3% * (5.5%-11.1%)
65 years or older	3.7% (3.3%-4.2%)	3.5% (2.7%-4.3%)	3.3% (2.7%-3.8%)
<b>Gender</b>			
Male	19.7% (18.8%-20.7%)	15.8% (14.7%-16.8%)	8.3% (6.8%-9.8%)
Female	10.8% (10.1%-11.5%)	9.3% (8.6%-10.1%)	5.0% (3.9%-6.2%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	10.5% (9.9%-11.1%)	9.9% (9.3%-10.6%)	4.0% (3.3%-4.7%)
Black, Non-Hispanic	18.2% (16.0%-20.4%)	15.7% (13.0%-18.4%)	13.1% * (8.7%-17.6%)
Hispanic	33.5% (31.3%-35.8%)	21.8% (19.2%-24.5%)	15.8% * (10.7%-20.8%)
<b>Household Income</b>			
Less than \$35,000	23.8% (22.4%-25.2%)	19.3% (17.4%-21.1%)	9.6% (7.8%-11.4%)
\$35,000-\$49,999	14.3% (12.5%-16.2%)	13.4% (11.2%-15.6%)	5%** -
\$50,000-\$74,999	11.7% (10.2%-13.3%)	11.3% (9.6%-13.0%)	5%** -
\$75,000 or more	9.1% (8.4%-9.9%)	9.0% (8.2%-9.8%)	5%** -
<b>Disability</b>			
Yes	14.0% (12.7%-15.3%)	12.1% (10.5%-13.8%)	6.3% (4.7%-8.0%)
No	15.1% (14.5%-15.8%)	12.2% (11.5%-12.9%)	6.0% (5.0%-7.0%)
<b>Education</b>			
No High School	27.8% (25.2%-30.3%)	19.7% (16.3%-23.2%)	8.9% * (5.4%-12.3%)
High School or Post High School	15.3% (14.5%-16.1%)	13.0% (12.1%-14.0%)	7.0% (5.8%-8.2%)
College	10.4% (9.8%-11.1%)	10.1% (9.3%-10.8%)	3.2% (2.5%-4.0%)



## NO CARE ACCESS DUE TO COST



In Connecticut during 2013-2016, 11% of residents avoided care due to costs. The prevalence of adults who avoided care due to costs was significantly lower among the Medicare population (7%) than the non-Medicare population (9%).



**Within the CT adult Medicare population**, the prevalence of adults who avoided care due to costs was significantly *greater* for:

- Adults 18-44 years old (15%) and middle-aged adults (16%);
- Adults with a disability (11%); and
- Adults with a high school education (7%) compared to adults with college education (3%).



**Compared to CT's non-Medicare population**, the prevalence of adults who avoided care due to costs among the Medicare population was significantly *higher* for adults 18-64.

**Compared to CT's non-Medicare population**, the prevalence of adults who avoided care due to costs was significantly *lower* for:

- Women;
- Non-Hispanic White adults;
- Adults with or without a disability; and
- Adults with at least a high school education.



Table 64 Avoided Care due to Costs by Medicare Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	11.0% (10.5%-11.4%)	8.6% (8.1%-9.1%)	7.0% (6.1%-7.9%)
<b>Age</b>			
18-44 years old	13.5% (12.6%-14.4%)	9.3% (8.4%-10.2%)	14.8% (10.6%-18.9%)
45-64 years old	11.8% (11.1%-12.5%)	8.9% (8.2%-9.5%)	15.7% (12.5%-18.9%)
65 years or older	4.4% (3.9%-5.0%)	4.1% (3.2%-5.0%)	4.0% (3.3%-4.7%)
<b>Gender</b>			
Male	10.1% (9.5%-10.8%)	7.0% (6.3%-7.6%)	7.3% (5.8%-8.7%)
Female	11.7% (11.0%-12.4%)	10.1% (9.4%-10.9%)	6.8% (5.8%-7.9%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	7.9% (7.4%-8.3%)	7.1% (6.6%-7.6%)	5.0% (4.2%-5.7%)
Black, Non-Hispanic	14.0% (12.1%-16.0%)	10.7% (8.7%-12.8%)	15.9% * (10.8%-21.0%)
Hispanic	23.9% (22.0%-25.9%)	15.3% (13.1%-17.5%)	11.1% * (7.7%-14.5%)
<b>Household Income</b>			
Less than \$35,000	19.7% (18.5%-20.9%)	15.8% (14.3%-17.4%)	10.4% (8.9%-12.0%)
\$35,000-\$49,999	13.0% (11.3%-14.8%)	12.2% (10.2%-14.1%)	5%** -
\$50,000-\$74,999	9.2% (8.0%-10.4%)	9.5% (8.1%-10.9%)	5%** -
\$75,000 or more	5.0% (4.4%-5.6%)	4.9% (4.3%-5.5%)	<0.1%** -
<b>Disability</b>			
Yes	21.1% (19.6%-22.5%)	19.6% (17.7%-21.5%)	11.1% (9.3%-13.0%)
No	8.4% (7.9%-8.9%)	6.6% (6.1%-7.1%)	4.5% (3.6%-5.4%)
<b>Education</b>			
No High School	22.7% (20.3%-25.0%)	14.8% (12.0%-17.6%)	12.8% * (9.0%-16.6%)
High School or Post High School	11.6% (10.9%-12.2%)	9.9% (9.1%-10.6%)	7.0% (6.0%-8.1%)
College	5.9% (5.4%-6.3%)	5.6% (5.1%-6.1%)	3.2% (2.5%-3.8%)



## Routine Check-up in Past Year

The CDC stresses the importance of routine check-ups for disease prevention and screening.<sup>54</sup> BRFSS respondents were asked how long it had been since they last visited a doctor for a routine check-up. The proportion of adults with Medicare who had a check-up in the previous year is shown in Table 65 below.



In Connecticut during 2013-2016, 73% of residents reported that they had a checkup in the past year. The prevalence of adults within the Medicare population who reported that they had a checkup in the past year (86%) was significantly higher than the non-Medicare population (73%).



**Within the CT adult Medicare population**, the prevalence of adults who had a checkup in the past year was significantly greater for:

- Older adults (65 and older) (88%) with significant differences across all age categories; and
- Women (87%).



**Compared to CT's non-Medicare population**, the prevalence of adults who had a checkup in the past year among the Medicare population was significantly *higher* across most demographic categories, *except* adults 65 and older, where no significant differences were observed.



Table 65 Routine Checkup in Past Year by Medicare Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	73.3% (72.6%-74.0%)	73.3% (72.5%-74.1%)	85.5% (84.4%-86.6%)
<b>Age</b>			
18-44 years old	64.3% (63.0%-65.6%)	66.6% (65.2%-68.0%)	75.7% (70.1%-81.3%)
45-64 years old	75.6% (74.7%-76.5%)	77.0% (76.1%-78.0%)	83.3% (80.3%-86.2%)
65 years or older	87.8% (87.0%-88.6%)	88.6% (87.3%-90.0%)	87.7% (86.7%-88.6%)
<b>Gender</b>			
Male	69.8% (68.8%-70.8%)	70.7% (69.5%-71.8%)	83.8% (82.0%-85.7%)
Female	76.6% (75.7%-77.4%)	75.8% (74.7%-76.8%)	86.7% (85.3%-88.1%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	73.6% (72.9%-74.4%)	72.4% (71.5%-73.3%)	85.8% (84.7%-87.0%)
Black, Non-Hispanic	79.7% (77.4%-82.0%)	79.4% (76.5%-82.3%)	88.6% (84.8%-92.4%)
Hispanic	67.1% (64.9%-69.4%)	73.5% (70.8%-76.3%)	82.1% (76.5%-87.7%)
<b>Household Income</b>			
Less than \$35,000	72.5% (71.1%-73.9%)	74.5% (72.6%-76.4%)	84.9% (82.9%-86.9%)
\$35,000-\$49,999	73.4% (71.2%-75.6%)	74.3% (71.6%-76.9%)	85.1% (81.9%-88.3%)
\$50,000-\$74,999	74.0% (72.1%-75.8%)	73.0% (70.8%-75.2%)	86.2% (83.2%-89.2%)
\$75,000 or more	72.7% (71.6%-73.7%)	72.1% (70.9%-73.2%)	85.2% (82.7%-87.7%)
<b>Disability</b>			
Yes	76.6% (75.1%-78.2%)	76.3% (74.3%-78.4%)	86.0% (83.9%-88.0%)
No	72.4% (71.6%-73.2%)	72.7% (71.8%-73.6%)	85.0% (83.7%-86.4%)
<b>Education</b>			
No High School	71.3% (68.7%-73.9%)	77.1% (73.5%-80.6%)	84.5% (80.4%-88.6%)
High School or Post High School	74.2% (73.3%-75.2%)	74.0% (72.9%-75.2%)	85.8% (84.4%-87.3%)
College	72.4% (71.5%-73.3%)	71.5% (70.5%-72.5%)	85.1% (83.6%-86.6%)



## Oral Health

Dental caries (cavities) can cause pain and infection, and if left untreated they can lead to malnourishment and serious medical complications.<sup>55</sup> Dental disease has also been linked with other chronic conditions, such as diabetes, heart disease and stroke.<sup>56</sup> In 2014 and 2016, respondents were asked if they had seen a dental provider in the previous year. Results by demographics are shown in Table 66 below.



In Connecticut during 2014 and 2016, 77% of residents reported that they had seen a dental provider in the past year. The prevalence of adults within the Medicare population who had seen a dental provider (74%) was significantly *lower* than the non-Medicare population (81%).



**Within the CT adult Medicare population**, the prevalence of adults who had seen a dental provider was significantly *greater* for:

- Adults ages 65 and older (76%);
- Non-Hispanic White adults (77%) compared to non-Hispanic Black adults (63%);
- Adults from households earning \$50,000 or more;
- Adults without a disability (79%); and
- Adults with more years of education, with differences across all education categories.



**Compared to CT's non-Medicare population**, the prevalence of adults who had seen a dental provider among the Medicare population was significantly *higher* for adults in households with comes \$50,000-\$74,999.

**Compared to CT's non-Medicare population**, the prevalence of adults who had seen a dental provider among the Medicare population was significantly *lower* for:

- Adults ages 18-64;



- Men and women;
- Non-Hispanic White and non-Hispanic Black adults;
- Adults with or without a disability; and
- Adults with a high school education.

**Table 66 Oral Health by Medicare Status (asked in 2014 and 2016)**

Demographic Characteristics	CT Total	Non-Medicare	Medicare
	% (95% CI)	% (95% CI)	% (95% CI)
Total	76.6% (75.7%-77.5%)	81.0% (79.9%-82.0%)	73.8% (72.2%-75.4%)
<b>Age</b>			
18-44 years old	75.0% (73.3%-76.6%)	79.7% (77.9%-81.4%)	69.9% (62.8%-77.0%)
45-64 years old	79.2% (78.0%-80.4%)	82.8% (81.6%-84.1%)	63.2% (58.5%-68.0%)
65 years or older	75.3% (73.8%-76.7%)	75.9% (72.2%-79.6%)	76.4% (74.8%-78.0%)
<b>Gender</b>			
Male	74.0% (72.7%-75.4%)	78.7% (77.2%-80.3%)	72.4% (69.8%-74.9%)
Female	79.0% (77.9%-80.2%)	83.0% (81.7%-84.4%)	74.9% (72.8%-77.0%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	79.8% (78.9%-80.7%)	82.9% (81.8%-84.0%)	76.5% (74.9%-78.2%)
Black, Non-Hispanic	71.3% (68.1%-74.5%)	75.7% (71.7%-79.7%)	63.4% (57.2%-69.5%)
Hispanic	67.5% (64.4%-70.5%)	76.6% (73.0%-80.3%)	69.7% (62.7%-76.7%)
<b>Household Income</b>			
Less than \$35,000	63.3% (61.2%-65.3%)	67.9% (64.7%-71.0%)	63.4% (60.5%-66.3%)
\$35,000-\$49,999	72.4% (69.4%-75.5%)	76.1% (72.3%-79.8%)	74.7% (70.2%-79.1%)
\$50,000-\$74,999	79.0% (76.5%-81.5%)	78.3% (75.3%-81.4%)	85.2% (82.1%-88.4%)
\$75,000 or more	87.2% (86.1%-88.4%)	87.8% (86.5%-89.0%)	88.8% (85.4%-92.3%)
<b>Disability</b>			
Yes	64.2% (61.9%-66.4%)	69.1% (65.7%-72.4%)	63.9% (60.9%-66.8%)
No	79.9% (78.9%-80.9%)	83.1% (82.0%-84.2%)	78.9% (77.0%-80.9%)
<b>Education</b>			
No High School	55.6% (51.7%-59.5%)	60.8% (54.3%-67.3%)	55.8% (49.8%-61.9%)
High School or Post High School	75.1% (73.9%-76.3%)	78.9% (77.4%-80.4%)	72.9% (70.9%-75.0%)
College	86.3% (85.4%-87.3%)	87.3% (86.2%-88.4%)	86.4% (84.6%-88.1%)





## Flu 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 old.<sup>57</sup> BRFSS respondents were asked if they had received the seasonal flu vaccines, either as a shot or nasal spray mist. Adults with Medicaid who received the flu shot or spray are shown in Table 67 below.



In Connecticut during 2013-2016, 43% of residents reported that they had received the flu shot or spray. The prevalence of adults within the Medicare population who reported that they had received the flu shot or spray (58%) was significantly higher than the non-Medicare population (42%).



**Within the CT adult Medicare population**, the prevalence of adults who had received the flu shot or spray was significantly *greater* for:

- Older adults, with significant differences across all age categories;
- Non-Hispanic White adults (62%);
- Adults from households earning \$50,000 or more; and
- Adults with more years of education, with significant differences across all education categories.



**Compared to CT's non-Medicare population**, the prevalence of adults who had received the flu shot or spray among the Medicare population was significantly *higher* across most demographic categories, *except* adults 65 and older, where no significant differences were observed.



**Table 67 Received Flu Shot or Spray by Medicare Status**

Demographic Characteristics	CT Total	Non-Medicare	Medicare
	% (95% CI)	% (95% CI)	% (95% CI)
Total	43.3% (42.6%-44.0%)	42.2% (41.3%-43.1%)	58.2% (56.8%-59.6%)
<b>Age</b>			
18-44 years old	33.6% (32.3%-34.9%)	35.8% (34.3%-37.3%)	35.3% (28.9%-41.6%)
45-64 years old	42.9% (41.8%-43.9%)	43.9% (42.8%-45.1%)	50.6% (46.4%-54.8%)
65 years or older	63.1% (62.0%-64.3%)	64.1% (62.0%-66.1%)	63.4% (62.0%-64.8%)
<b>Gender</b>			
Male	39.3% (38.2%-40.4%)	38.7% (37.4%-40.0%)	57.9% (55.6%-60.2%)
Female	47.0% (46.0%-48.0%)	45.5% (44.3%-46.8%)	58.4% (56.5%-60.2%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	45.9% (45.1%-46.8%)	43.5% (42.5%-44.5%)	62.1% (60.6%-63.6%)
Black, Non-Hispanic	36.7% (34.0%-39.4%)	36.3% (32.9%-39.7%)	45.1% (39.6%-50.7%)
Hispanic	35.7% (33.4%-38.1%)	39.3% (36.2%-42.5%)	47.5% (41.2%-53.9%)
<b>Household Income</b>			
Less than \$35,000	39.7% (38.2%-41.1%)	38.6% (36.5%-40.8%)	52.5% (50.0%-54.9%)
\$35,000-\$49,999	41.1% (38.7%-43.5%)	39.2% (36.2%-42.3%)	54.7% (50.5%-58.9%)
\$50,000-\$74,999	42.6% (40.6%-44.6%)	38.8% (36.4%-41.1%)	67.0% (63.6%-70.5%)
\$75,000 or more	46.6% (45.4%-47.7%)	45.3% (44.1%-46.6%)	66.5% (63.5%-69.6%)
<b>Disability</b>			
Yes	46.7% (45.0%-48.3%)	44.5% (42.2%-46.9%)	57.6% (55.1%-60.2%)
No	42.4% (41.6%-43.3%)	41.8% (40.8%-42.7%)	58.5% (56.8%-60.3%)
<b>Education</b>			
No High School	36.9% (34.1%-39.6%)	38.1% (33.9%-42.3%)	49.4% (44.3%-54.6%)
High School or Post High School	40.4% (39.4%-41.4%)	38.2% (36.9%-39.5%)	56.8% (55.0%-58.7%)
College	50.0% (49.0%-51.0%)	48.6% (47.4%-49.7%)	66.0% (64.1%-68.0%)



## Pneumonia Vaccinations

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, but can often be prevented by administering a pneumonia vaccine.<sup>58</sup> BRFSS respondents were asked if they had ever received the pneumonia vaccine, which is given once or twice in a person's lifetime: generally to children under five years old and to adults at high risk for disease.<sup>59</sup> Adults with Medicare who received the pneumonia vaccination in Table 30.



In Connecticut during 2013-2016, 32% of residents reported that they had received a pneumonia vaccination. The prevalence of adults within the Medicare population who have received the pneumonia vaccine (65%) was significantly higher than the non-Medicare population (25%).



**Within the CT adult Medicare population**, the prevalence of adults who have received the pneumonia vaccination was significantly *greater* for:

- Older adults, with significant differences across all age categories;
- Women (67%);
- Non-Hispanic White adults (70%);
- Adults from households earning \$50,000 or more;
- Adults with a disability (67%); and
- Adults with more years of education, with significant differences across all education categories.



**Compared to CT's non-Medicare population**, the prevalence of adults who have received the pneumonia vaccination among the Medicare population was significantly *higher* across all demographic categories.



**Table 68 Received Pneumonia Vaccination by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	32.3% (31.6%-33.0%)	24.4% (23.6%-25.2%)	65.3% (63.8%-66.7%)
<b>Age</b>			
18-44 years old	18.8% (17.5%-20.1%)	17.9% (16.5%-19.3%)	29.5% (22.8%-36.2%)
45-64 years old	21.5% (20.6%-22.5%)	19.6% (18.7%-20.5%)	47.3% (42.9%-51.7%)
65 years or older	71.6% (70.5%-72.7%)	68.7% (66.7%-70.8%)	73.7% (72.4%-75.0%)
<b>Gender</b>			
Male	31.5% (30.4%-32.6%)	25.0% (23.7%-26.2%)	63.5% (61.2%-65.8%)
Female	33.0% (32.1%-33.9%)	23.9% (22.9%-24.9%)	66.5% (64.6%-68.4%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	34.5% (33.7%-35.3%)	24.8% (23.9%-25.7%)	69.7% (68.2%-71.2%)
Black, Non-Hispanic	29.2% (26.6%-31.8%)	23.7% (20.6%-26.7%)	52.6% (46.8%-58.5%)
Hispanic	23.9% (21.7%-26.1%)	22.1% (19.3%-24.9%)	45.0% (38.2%-51.8%)
<b>Household Income</b>			
Less than \$35,000	38.0% (36.5%-39.6%)	31.9% (29.8%-34.0%)	59.2% (56.6%-61.8%)
\$35,000-\$49,999	35.2% (32.9%-37.5%)	26.5% (23.8%-29.2%)	64.7% (60.5%-69.0%)
\$50,000-\$74,999	33.1% (31.1%-35.0%)	24.1% (22.0%-26.2%)	73.9% (70.2%-77.6%)
\$75,000 or more	24.8% (23.8%-25.9%)	19.8% (18.7%-21.0%)	70.6% (67.5%-73.7%)
<b>Disability</b>			
Yes	48.0% (46.2%-49.7%)	39.6% (37.3%-42.0%)	67.4% (65.0%-69.9%)
No	28.4% (27.6%-29.1%)	21.7% (20.8%-22.5%)	64.1% (62.3%-65.9%)
<b>Education</b>			
No High School	33.7% (31.0%-36.5%)	32.2% (28.0%-36.3%)	56.4% (51.0%-61.7%)
High School or Post High School	34.2% (33.2%-35.2%)	25.5% (24.3%-26.7%)	65.0% (63.1%-66.9%)
College	28.6% (27.7%-29.5%)	21.1% (20.2%-22.1%)	70.8% (68.8%-72.7%)



## Human Immunodeficiency Virus (HIV) Testing

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 are over-represented in new HIV infections, as are Hispanics.<sup>60</sup> Individuals can be tested for the virus by testing blood or oral fluid. BRFSS respondents were asked if they had ever been tested for HIV, not counting testing while giving blood. Results by demographic sub-group for individuals with Medicare are shown Table 69.



In Connecticut during 2013-2016, 36% of residents reported that they had ever been tested for HIV. The prevalence of adults within the Medicare population who have been tested (21%) was significantly lower than the non-Medicare population (39%).



**Within the CT adult Medicare population**, the prevalence of adults who have been tested for HIV was significantly *greater* for:

- Younger adults (18-44) (64%) with significant differences across all age categories;
- Non-Hispanic Black and Hispanic adults (46% and 53%, respectively);
- Adults from households earning less than \$35,000 (32%);
- Adults with a disability (28%); and
- Adults with fewer years of education, with significant differences across all education categories.



**Compared to CT's non-Medicare population**, the prevalence of adults who have been tested for HIV among the Medicare population was significantly *higher* across most demographic categories, *except* adults ages 18-64 and Non-Hispanic Black adults (these categories were less



likely to have ever been tested than the non-Medicare population), and adults 65 or older and Hispanics (where no significant differences were observed).

**Table 69 HIV Testing by Medicare Status**

Demographic Characteristics	CT Total	Non-Medicare	Medicare
	% (95% CI)	% (95% CI)	% (95% CI)
Total	35.8% (35.1%-36.6%)	38.6% (37.7%-39.5%)	21.4% (20.0%-22.8%)
<b>Age</b>			
18-44 years old	49.8% (48.3%-51.2%)	49.9% (48.2%-51.5%)	63.7% (57.3%-70.0%)
45-64 years old	34.6% (33.6%-35.7%)	33.2% (32.1%-34.3%)	48.6% (44.2%-52.9%)
65 years or older	10.1% (9.4%-10.9%)	10.8% (9.5%-12.1%)	9.4% (8.5%-10.4%)
<b>Gender</b>			
Male	34.3% (33.2%-35.4%)	36.0% (34.7%-37.4%)	22.5% (20.3%-24.6%)
Female	37.2% (36.2%-38.2%)	41.0% (39.8%-42.3%)	20.7% (18.8%-22.6%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	30.3% (29.5%-31.1%)	34.2% (33.2%-35.2%)	14.5% (13.2%-15.8%)
Black, Non-Hispanic	54.9% (52.0%-57.7%)	57.8% (54.2%-61.3%)	45.9% (40.0%-51.8%)
Hispanic	53.8% (51.3%-56.3%)	56.5% (53.3%-59.8%)	52.8% (46.3%-59.2%)
<b>Household Income</b>			
Less than \$35,000	42.4% (40.8%-44.0%)	47.7% (45.4%-50.0%)	32.4% (29.8%-35.0%)
\$35,000-\$49,999	31.3% (29.0%-33.7%)	35.9% (32.8%-38.9%)	14.6% (10.9%-18.3%)
\$50,000-\$74,999	34.0% (31.9%-36.2%)	37.9% (35.3%-40.4%)	14.7% (11.3%-18.2%)
\$75,000 or more	36.7% (35.5%-37.9%)	38.6% (37.3%-39.9%)	12.0% (9.8%-14.2%)
<b>Disability</b>			
Yes	39.5% (37.7%-41.2%)	44.6% (42.2%-47.0%)	28.2% (25.6%-30.8%)
No	35.0% (34.1%-35.8%)	37.6% (36.6%-38.6%)	17.8% (16.1%-19.5%)
<b>Education</b>			
No High School	40.5% (37.6%-43.5%)	45.2% (40.7%-49.7%)	31.7% (26.4%-37.1%)
High School or Post High School	33.7% (32.7%-34.8%)	35.8% (34.5%-37.1%)	21.9% (20.1%-23.8%)
College	37.7% (36.6%-38.7%)	41.3% (40.1%-42.5%)	14.5% (12.9%-16.0%)



## Blood Sugar Screening

Pre-diabetes refers to blood sugar levels that are higher than normal but not high enough to be diabetes. More than one in three American adults has pre-diabetes.<sup>61</sup> Adults with pre-diabetes are at-risk for developing Type 2 diabetes, heart disease and stroke.<sup>62</sup> Without any changes to lifestyle and diet, 15-30% of people with pre-diabetes will develop Type 2 diabetes within five years.<sup>63</sup> BRFSS respondents were asked if they had a test for high blood sugar or diabetes within the past three years. Results by demographics are shown in Table 70.



In Connecticut during 2013-2016, 57% of residents reported that they had been tested for diabetes. The prevalence of adults within the Medicare population who had tested for diabetes (67%) was significantly higher than the non-Medicare population (57%).



**Within the CT adult Medicare population**, the prevalence of adults who had tested for high blood sugar or diabetes was significantly *greater* for adults ages 45-64 (74%) and adults with a disability (70%).



**Compared to CT's non-Medicare population**, the prevalence of adults who had tested for diabetes among the Medicare population was significantly *higher* for:

- Adults 18-64;
- Men and women;
- Non-Hispanic White and Hispanic adults;
- Most income categories, *except* households with incomes between \$35,000-\$49,999;
- Adults with or without a disability; and
- Adults with at least a high school education.



Table 70 Pre-Diabetes Awareness by Medicare Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	56.5% (55.5%-57.4%)	56.7% (55.6%-57.9%)	66.6% (64.8%-68.4%)
<b>Age</b>			
18-44 years old	44.2% (42.5%-45.9%)	44.6% (42.7%-46.4%)	62.4% (55.7%-69.2%)
45-64 years old	67.1% (65.9%-68.4%)	68.4% (67.1%-69.8%)	74.0% (69.5%-78.5%)
65 years or older	67.0% (65.5%-68.5%)	69.1% (66.6%-71.6%)	66.4% (64.5%-68.3%)
<b>Gender</b>			
Male	54.6% (53.1%-56.0%)	56.0% (54.3%-57.7%)	66.3% (63.3%-69.2%)
Female	58.2% (56.9%-59.5%)	57.3% (55.8%-58.9%)	66.8% (64.5%-69.1%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	58.0% (56.9%-59.1%)	57.6% (56.4%-58.9%)	67.2% (65.3%-69.1%)
Black, Non-Hispanic	57.9% (54.4%-61.5%)	59.5% (55.2%-63.8%)	67.5% (60.6%-74.4%)
Hispanic	54.3% (51.2%-57.3%)	55.5% (51.4%-59.5%)	72.8% (65.9%-79.8%)
<b>Household Income</b>			
Less than \$35,000	55.1% (53.0%-57.1%)	54.6% (51.7%-57.5%)	67.3% (64.2%-70.5%)
\$35,000-\$49,999	58.8% (55.7%-62.0%)	58.7% (54.8%-62.6%)	64.6% (59.2%-70.0%)
\$50,000-\$74,999	58.0% (55.3%-60.6%)	56.7% (53.7%-59.7%)	70.1% (65.5%-74.7%)
\$75,000 or more	59.3% (57.7%-60.8%)	59.1% (57.4%-60.7%)	70.2% (66.7%-73.8%)
<b>Disability</b>			
Yes	60.3% (58.0%-62.7%)	58.9% (55.7%-62.1%)	70.0% (66.7%-73.4%)
No	56.0% (54.9%-57.1%)	56.9% (55.6%-58.1%)	64.9% (62.7%-67.2%)
<b>Education</b>			
No High School	55.4% (51.6%-59.2%)	58.2% (52.5%-63.9%)	66.5% (59.8%-73.2%)
High School or Post High School	55.0% (53.6%-56.4%)	55.0% (53.3%-56.6%)	65.9% (63.5%-68.3%)
College	59.4% (58.1%-60.7%)	58.9% (57.5%-60.3%)	68.5% (66.1%-71.0%)





## Cancer Screening

### COLORECTAL CANCER

Colorectal cancer (cancer of the colon and rectum) is the second leading cancer killer in the United States.<sup>64</sup> Colonoscopy screening reduces colorectal cancer (CRC) incidence and mortality. The CDC recommends CRC screening at age 50 for average-risk people.<sup>65</sup> In 2014 and 2015, respondents ages 50 and older were asked if they had ever had a colonoscopy. Table 71 shows the proportion of adults with Medicare who reported that they have had a colonoscopy, by demographic sub-group.



In Connecticut during 2014 and 2015, 97% of residents ages 50 and older reported that they had a colonoscopy. The prevalence of adults within the Medicare population who had a colonoscopy (97%) was significantly *lower* than the non-Medicare population (98%).



**Within the CT adult Medicare population**, the prevalence of adults who had a colonoscopy was significantly *greater* for people without a disability (97%).



**Compared to CT's non-Medicare population**, the prevalence of adults who had a colonoscopy among the Medicare population was significantly *lower* for:

- Adults 65 and older;
- Women;
- Non-Hispanic White and non-Hispanic Black adults;
- Adults from households earning \$35,000-\$49,999 and \$75,000 or more; and



- Adults with at least a high school education.

**Table 71 Colonoscopy by Medicare Status**

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	97.4% (97.0%-97.8%)	98.2% (97.7%-98.7%)	96.5% (95.9%-97.2%)
<b>Age</b>			
45-64 years old	98.1% (97.6%-98.6%)	98.2% (97.6%-98.7%)	97.7% (96.0%-99.4%)
65 years or older	96.6% (95.9%-97.2%)	98.1% (97.0%-99.2%)	96.3% (95.6%-97.1%)
<b>Gender</b>			
Male	96.7% (96.0%-97.4%)	97.3% (96.3%-98.2%)	95.8% (94.7%-96.9%)
Female	98.0% (97.6%-98.5%)	99.0% (98.6%-99.4%)	97.0% (96.2%-97.9%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	97.4% (97.0%-97.9%)	98.1% (97.6%-98.6%)	96.5% (95.8%-97.2%)
Black, Non-Hispanic	97.7% (96.3%-99.1%)	99.5% (98.9%-100.0%)	95.1% (91.6%-98.6%)
Hispanic	96.4% (94.0%-98.8%)	97.2% (93.9%-100.0%)	97.9% (94.6%-100.0%)
<b>Household Income</b>			
Less than \$35,000	96.4% (95.2%-97.5%)	96.9% (94.8%-99.1%)	96.1% (94.8%-97.5%)
\$35,000-\$49,999	97.6% (96.6%-98.7%)	98.9% (97.9%-99.9%)	96.3% (94.5%-98.1%)
\$50,000-\$74,999	96.9% (95.7%-98.1%)	97.3% (95.6%-99.0%)	96.9% (95.3%-98.5%)
\$75,000 or more	98.2% (97.6%-98.7%)	98.5% (98.0%-99.1%)	96.9% (95.6%-98.2%)
<b>Disability</b>			
Yes	96.3% (95.3%-97.4%)	98.0% (96.7%-99.3%)	95.3% (93.8%-96.9%)
No	97.7% (97.3%-98.1%)	98.2% (97.6%-98.7%)	97.0% (96.3%-97.7%)
<b>Education</b>			
No High School	95.8% (93.4%-98.1%)	97.0% (92.8%-100.0%)	95.3% (92.0%-98.5%)
High School or Post High School	97.5% (96.9%-98.0%)	98.3% (97.6%-99.0%)	96.5% (95.5%-97.4%)
College	97.7% (97.2%-98.2%)	98.2% (97.5%-98.8%)	97.1% (96.2%-97.9%)



## BREAST CANCER

Breast Cancer Getting mammograms regularly can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that average-risk women who are 50 to 74 years old should have a screening mammogram every two years.<sup>66</sup> In 2014 and 2016, women were asked if they ever had a mammogram. Table 72 shows the proportion of women with Medicare who reported that they have had a mammogram, by demographic sub-group.



In Connecticut during 2014 and 2016, 70% of female residents reported that they had a mammogram. The prevalence of females within the Medicare population who had a mammogram (90%) was significantly higher than the non-Medicare population (65%).



**Within the CT adult Medicare population**, the prevalence of females who had a mammogram was significantly *greater* for:

- Women ages 45 and older;
- Non-Hispanic White women (93%);
- Women from households earning \$35,000 or more;
- Women with at least a high school education.



**Compared to CT's non-Medicare population**, the prevalence of women who had a mammogram among the Medicare population was significantly *higher* for almost all demographic categories, *except* all age categories, where no significant differences were observed.



Table 72 Mammogram by Medicare Status (asked in 2014 and 2016)

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	70.1% (68.6%-71.6%)	65.0% (63.1%-66.9%)	90.3% (88.4%-92.2%)
<b>Age</b>			
18-44 years old	30.0% (27.5%-32.5%)	29.9% (27.2%-32.7%)	35.4% (25.5%-45.2%)
45-64 years old	96.8% (96.2%-97.5%)	97.3% (96.6%-98.0%)	97.0% (95.2%-98.9%)
65 years or older	97.5% (96.8%-98.2%)	96.2% (93.3%-99.1%)	97.9% (97.3%-98.5%)
<b>Gender</b>			
Female	70.1% (68.6%-71.6%)	65.0% (63.1%-66.9%)	90.3% (88.4%-92.2%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	74.2% (72.5%-75.9%)	68.2% (66.0%-70.4%)	93.4% (91.5%-95.3%)
Black, Non-Hispanic	66.4% (61.2%-71.6%)	63.0% (56.3%-69.8%)	83.8% (76.9%-90.7%)
Hispanic	55.5% (50.9%-60.1%)	51.7% (45.8%-57.6%)	74.6% (64.5%-84.7%)
<b>Household Income</b>			
Less than \$35,000	68.3% (65.4%-71.3%)	59.5% (54.9%-64.2%)	84.2% (80.4%-87.9%)
\$35,000-\$49,999	69.2% (64.0%-74.3%)	60.0% (53.3%-66.6%)	95.4% (91.6%-99.1%)
\$50,000-\$74,999	77.2% (73.4%-81.0%)	70.9% (65.9%-75.8%)	96.3% (93.8%-98.7%)
\$75,000 or more	71.3% (68.7%-73.8%)	69.6% (66.8%-72.3%)	96.1% (91.4%-100.0%)
<b>Disability</b>			
Yes	76.5% (73.4%-79.6%)	65.9% (60.9%-71.0%)	90.8% (88.0%-93.5%)
No	68.3% (66.6%-70.0%)	64.8% (62.8%-66.9%)	90.1% (87.5%-92.7%)
<b>Education</b>			
No High School	71.4% (65.7%-77.2%)	66.5% (56.6%-76.4%)	87.9% (80.5%-95.2%)
High School or Post High School	70.4% (68.2%-72.5%)	64.1% (61.3%-67.0%)	89.2% (86.8%-91.6%)
College	69.2% (67.1%-71.3%)	65.8% (63.4%-68.3%)	95.4% (93.4%-97.4%)



## PROSTATE CANCER

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Prostate cancer is the most common non-skin cancer among American men.<sup>67</sup> BRFSS asks respondents whether they have ever had a PSA test. Table 73 shows the proportion of men with Medicare who reported that they have had a PSA test, by demographic sub-group.



In Connecticut during 2014 and 2016, 54% of male residents reported that they had a PSA test. The prevalence of males within the Medicare population who had a PSA test (73%) was significantly higher than the non-Medicare population (48%).



**Within the CT adult Medicare population**, the prevalence of men who had a PSA test was significantly *greater* for:

- Men ages 65 and older (80%) compared to 45-64 years old (46%);
- Non-Hispanic White men (77%);
- Men from households earning of \$50,000 or more;
- Men with more years of education, with differences observed across all education categories.



**Compared to CT's non-Medicare population**, the prevalence of men who had a PSA test among the Medicare population was significantly *higher* for:

- White men;
- All income levels;
- Men with or without a disability; and
- Men with at least a high school education.



Table 73 PSA Test by Medicare Status

Demographic Characteristics	CT Total % (95% CI)	Non-Medicare % (95% CI)	Medicare % (95% CI)
Total	53.6% (51.9%-55.2%)	48.2% (46.1%-50.4%)	73.2% (70.5%-75.8%)
<b>Age</b>			
18-44 years old	15.6% * (11.1%-20.1%)	16.6% * (11.6%-21.6%)	-
45-64 years old	49.9% (47.6%-52.2%)	52.7% (50.2%-55.2%)	45.7% (37.6%-53.7%)
65 years or older	77.4% (75.1%-79.8%)	76.1% (70.5%-81.8%)	79.5% (77.0%-82.1%)
<b>Race/Ethnicity</b>			
White, Non-Hispanic	57.5% (55.7%-59.4%)	50.4% (48.0%-52.8%)	77.1% (74.4%-79.8%)
Black, Non-Hispanic	44.5% (37.5%-51.5%)	43.5% (34.3%-52.7%)	57.5% (44.4%-70.6%)
Hispanic	41.0% (34.6%-47.4%)	45.6% (36.6%-54.6%)	54.6% (41.7%-67.5%)
<b>Household Income</b>			
Less than \$35,000	44.6% (40.8%-48.3%)	41.0% (34.8%-47.3%)	55.3% (50.0%-60.6%)
\$35,000-\$49,999	53.8% (48.0%-59.6%)	45.6% (37.2%-54.1%)	72.5% (65.0%-79.9%)
\$50,000-\$74,999	57.8% (53.0%-62.6%)	46.7% (40.5%-53.0%)	84.7% (79.8%-89.7%)
\$75,000 or more	56.5% (54.0%-59.0%)	50.3% (47.5%-53.2%)	90.8% (88.1%-93.4%)
<b>Disability</b>			
Yes	52.2% (48.1%-56.2%)	47.4% (40.9%-53.9%)	62.4% (57.1%-67.6%)
No	53.9% (52.0%-55.8%)	48.4% (46.0%-50.7%)	78.3% (75.4%-81.3%)
<b>Education</b>			
No High School	38.1% (31.7%-44.6%)	39.9% (29.2%-50.6%)	47.1% (37.0%-57.2%)
High School or Post High School	51.7% (49.2%-54.2%)	46.4% (43.1%-49.7%)	69.7% (66.0%-73.3%)
College	60.7% (58.5%-63.0%)	52.2% (49.4%-54.9%)	89.2% (87.1%-91.2%)



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## ENDNOTES

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<sup>1</sup> Connecticut Department of Public Health, "Healthy Connecticut 2020. 2: State Health Improvement Plan. (2014) [http://www.ct.gov/dph/lib/dph/state\\_health\\_planning/shipment/hct2020/hct2020\\_state\\_hlth\\_impv\\_032514.pdf](http://www.ct.gov/dph/lib/dph/state_health_planning/shipment/hct2020/hct2020_state_hlth_impv_032514.pdf)

<sup>2</sup> Connecticut Department of Public Health. "Live Health Connecticut, A Coordinated Chronic Disease Prevention and Health Promotion Plan. (2014). [http://www.ct.gov/dph/lib/dph/state\\_health\\_planning/dphplans/chron\\_dis\\_coord\\_plan\\_april\\_2014.pdf](http://www.ct.gov/dph/lib/dph/state_health_planning/dphplans/chron_dis_coord_plan_april_2014.pdf)

<sup>3</sup> Connecticut Department of Public Health. "Healthy Connecticut 2020 Performance Dashboard." (July 17, 2015). <http://www.ct.gov/dph/cwp/view.asp?a=3130&q=553676>

<sup>4</sup> Connecticut Department of Public Health. "Chronic Disease Prevention and Health Promotion: Live Healthy Connecticut Indicators." (October, 31, 2014). <http://www.ct.gov/dph/cwp/view.asp?a=3137&Q=547826&PM=1>

<sup>5</sup> Paradise, Julia. "Medicaid Moving Forward." *The Henry J. Kaiser Family Foundation*. 09 March 2015. <http://kff.org/health-reform/issue-brief/medicaid-moving-forward/>

<sup>6</sup> 10 things to know about Connecticut Medicaid. <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Communications/MAPOC-9-14-18-10-Things-to-Know-About-Connecticut-Medicaid-2018.pdf?la=en>

<sup>7</sup> DeSalvo, Karen B. MD, MPH, MSc., et al. "Mortality Prediction with a Single General Self-Rated Health Question". *Journal of General Internal Medicine*. 21.3. (March 2006): 267-75. <http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.00291.x/full>

<sup>8</sup> National Heart, Blood and Lung Institute. "Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report." *Obesity Education Initiative*. NIH Publication No. 98-4083. (September, 2008). [http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_gdlns.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf)

<sup>9</sup> Centers for Disease Control and Prevention. "Adult Overweight and Obesity: Causes and Consequences." 27 April 2013. <http://www.cdc.gov/obesity/adult/causes/index.html>; NHLBI, "Clinical Guidelines."

<sup>10</sup> National Heart, Lung and Blood Institute. "What Is Asthma?" 5 June 2013. <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/>

<sup>11</sup> United States Environmental Protection Agency. "Asthma Facts." March 2013. [http://www.epa.gov/asthma/pdfs/asthma\\_fact\\_sheet\\_en.pdf](http://www.epa.gov/asthma/pdfs/asthma_fact_sheet_en.pdf)



- <sup>12</sup> Agency for Toxic Substances and Disease Registry. "Environmental Triggers of Asthma Cover Page." 29 December 2014. <http://www.atsdr.cdc.gov/csem/csem.asp?csem=32&po=0>
- <sup>13</sup> National Heart, Lung and Blood Institute. "What Is COPD?" 5 June 2013. <http://www.nhlbi.nih.gov/health/health-topics/topics/copd/>
- <sup>14</sup> Centers for Disease Control and Prevention. "Arthritis Basics." 1 August 2011. <http://www.cdc.gov/arthritis/basics.htm>
- <sup>15</sup> U.S. National Library of Medicine. "Rheumatoid Arthritis." *MedlinePlus*. 12 May 2015. <http://www.nlm.nih.gov/medlineplus/ency/article/000431.htm>
- <sup>16</sup> Centers for Disease Control and Prevention. "Quick Stats on Arthritis". 1 August 2011. <http://www.cdc.gov/arthritis/media/quickstats.htm>
- <sup>17</sup> Centers for Disease Control and Prevention. "Cancer Statistics by Cancer Type". 25 September 2013. <http://www.cdc.gov/cancer/dcpc/data/types.htm>
- <sup>18</sup> Centers for Disease Control and Prevention. "What Is Skin Cancer?" 19 February 2014. [http://www.cdc.gov/cancer/skin/basic\\_info/what-is-skin-cancer.htm](http://www.cdc.gov/cancer/skin/basic_info/what-is-skin-cancer.htm)
- <sup>19</sup> Centers for Disease Control and Prevention. "Addressing the Cancer Burden at a Glance." *Chronic Disease Prevention and Health Promotion*. 18 February 2015. <http://www.cdc.gov/chronicdisease/resources/publications/aag/dcpc.htm>
- <sup>20</sup> National Institute of Mental Health. "What is Depression?" <http://www.nimh.nih.gov/health/topics/depression/index.shtml>
- <sup>21</sup> Centers for Disease Control and Prevention. "Depression." *Mental Health*. 4 October 2013. <http://www.cdc.gov/mentalhealth/basics/mental-illness/depression.htm>
- <sup>22</sup> Centers for Disease Control and Prevention. "Diabetes Report Card 2013: National and State Profile of Diabetes and Its Complications". 13 February 2014. <http://www.cdc.gov/diabetes/pubs/pdf/diabetesreportcard.pdf>
- <sup>23</sup> Centers for Disease Control and Prevention. "The National Program to Eliminate Diabetes-Related Disparities in Vulnerable Populations." <http://www.cdc.gov/diabetes/prevention/pdf/vulnerablepopulationsfactsheet.pdf>
- <sup>24</sup> U.S. Department of Health and Human Services. "Diabetes Prevention Program." *National Diabetes Information Clearinghouse*. 9 September 2013. <http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/>
- <sup>25</sup> Centers for Disease Control and Prevention. "High Cholesterol Facts." 17 March 2015. <http://www.cdc.gov/cholesterol/facts.htm>





- <sup>26</sup> Centers for Disease Control and Prevention. "Cholesterol Fact Sheet." *Division for Heart Disease and Stroke Prevention*. 30 April 2015.  
[http://www.cdc.gov/dhdsp/data\\_statistics/fact\\_sheets/fs\\_cholesterol.htm](http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_cholesterol.htm)
- <sup>27</sup> American Heart Association. "Prevention and Treatment of High Cholesterol." 2015.  
[http://www.heart.org/HEARTORG/Conditions/Cholesterol/PreventionTreatmentofHighCholesterol/Prevention-and-Treatment-of-High-Cholesterol\\_UCM\\_001215\\_Article.jsp](http://www.heart.org/HEARTORG/Conditions/Cholesterol/PreventionTreatmentofHighCholesterol/Prevention-and-Treatment-of-High-Cholesterol_UCM_001215_Article.jsp)
- <sup>28</sup> Nwankwo T, Yoon SS, Burt V, Gu Q. "Hypertension among adults in the US: National Health and Nutrition Examination Survey, 2011-2013." NCHS Data Brief, No. 133. (2013).  
<http://www.cdc.gov/nchs/data/databriefs/db133.htm>
- <sup>29</sup> National Institutes of Health. "High Blood Pressure." *MedlinePlus*. 9 April 2015.  
<http://www.nlm.nih.gov/medlineplus/ency/article/000468.htm>
- <sup>30</sup> Centers for Disease Control and Prevention. "Controlling Blood Pressure." 7 July 2014.  
<http://www.cdc.gov/bloodpressure/control.htm>
- <sup>31</sup> Centers for Disease Control and Prevention. "Health Effects of Cigarette Smoking". 6 February 2014.  
[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/)
- <sup>32</sup> Centers for Disease Control and Prevention. "Alcohol and Public Health: Frequently Asked Questions". 31 July 2013. <http://www.cdc.gov/alcohol/faqs.htm>
- <sup>33</sup> National Institute on Alcohol Abuse and Alcoholism. "Moderate & Binge Drinking".  
<http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>
- <sup>34</sup> Centers for Disease Control and Prevention. "Fact Sheets- Binge Drinking". 7 Nov. 2013.  
<http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>
- <sup>35</sup> Centers for Disease Control and Prevention. "Fact Sheets- Alcohol Use and Health". 26 December 2013. <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
- <sup>36</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. "Dietary Guidelines for Americans, 2010." December 2010.  
<http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>
- <sup>37</sup> Harvard School of Public Health. "Vegetables and Fruits." *The Nutrition Source*. 2015.  
<http://www.hsph.harvard.edu/nutritionsource/what-should-you-eat/vegetables-and-fruits/>
- <sup>38</sup> Centers for Disease Control and Prevention. "Fruits and Vegetables." *Nutrition for Everyone*. 8 December 2014. <http://www.cdc.gov/nutrition/everyone/fruitsvegetables/>



- <sup>39</sup> Warburton, Darren E., Crystal Whitney Nichol, Shannon S.D. Bredin. "Health benefits of physical activity: the evidence". *Canadian Medical Association Journal*.174.6. 801-809: (14 March 2006). <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1402378/>
- <sup>40</sup> Centers for Disease Control and Prevention. "Glossary of Terms." *Physical Activity*. 16 February 2011. <http://www.cdc.gov/physicalactivity/everyone/glossary/index.html#mod-intensity>
- <sup>41</sup> Centers for Disease Control and Prevention. "Why Strength Training?" *Physical Activity*. 24 February 2011. <http://www.cdc.gov/physicalactivity/growingstronger/why/>
- <sup>42</sup> Centers for Disease Control and Prevention. "How Much Physical Activity do Adults Need?" *Physical Activity*. 3 March 2014. <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>
- <sup>43</sup> Centers for Disease Control and Prevention. "Insufficient Sleep Is a Public Health Epidemic." 13 January 2014. <http://www.cdc.gov/features/dssleep/index.html>
- <sup>44</sup> Shankar, Anoop and Shirmila Syamala, and Sita Kalidindi. "Insufficient Rest or Sleep and Its Relation to Cardiovascular Disease, Diabetes and Obesity in a National, Multiethnic Sample." *Public Library of Science*. 30 November 2010. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0014189#pone-0014189-g001>
- <sup>45</sup> NCSDR/NHTSA Expert Panel on Driver Fatigue and Sleepiness. "Drowsy Driving and Automobile Crashes." 1998. [http://www.nhtsa.gov/people/injury/drowsy\\_driving1/Drowsy.html#NCSDR/NHTSA](http://www.nhtsa.gov/people/injury/drowsy_driving1/Drowsy.html#NCSDR/NHTSA)
- <sup>46</sup> Liu, Yong, et al. "Relationships between Housing and Good Insecurity, Frequent Mental Distress, and Insufficient Sleep Among Adults in 12 US States, 2009." *Preventing Chronic Disease*. 11.1 (March 2014). [http://www.cdc.gov/pcd/issues/2014/13\\_0334.htm](http://www.cdc.gov/pcd/issues/2014/13_0334.htm)
- <sup>47</sup> Kushel, Margot B., Reena Gupta, Lauren Gee, and Jennifer S. Haas. "Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans." *Journal of General Internal Medicine*. 21.2 (January 2006): 71-77. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1484604/>
- <sup>48</sup> United States Department of Agriculture Economic Research Center. "Food Security in the U.S: Measurement." September 2014. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx>
- <sup>49</sup> Seligman, Hilary K., Barbara A. Laraia, and Margot B. Kushel. "Food Insecurity Is Associated with Chronic Disease among Low-Income NHANES Participants." *The Journal of Nutrition*. 140.2. (February 2010): 304-310. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2806885/>
- <sup>50</sup> Centers for Disease Control and Prevention, "Impact of the Built Environment on Health". June 2011. <https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf>



<sup>51</sup> Centers for Disease Control and Prevention, "Impact of the Built Environment on Health". June 2011. <https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf>

<sup>52</sup> Gutkin, Cal. "Outliers: extended families, better health outcomes. Why everyone should have a family doctor." *Canadian Family Physician*. 55.7. 768: (July 2009).  
<http://www.cfp.ca/content/55/7/768.full>

<sup>53</sup> Brown, Marie T. and Jennifer K. Bussell. "Medication Adherence: WHO Cares?" *Mayo Clinic Proceedings*. 86.4 (April 2011): 304-314. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3068890>;

<sup>54</sup> Centers for Disease Control and Prevention, "Regular Check-Ups are Important". 2 Feb. 2014.  
<http://www.cdc.gov/family/checkup/>

<sup>55</sup> Mullen, Jewel, M.D., M.P.H., M.P.A. "Oral Health in Connecticut", *Connecticut Department of Public Health*. December 2013.  
[http://www.ct.gov/dph/lib/dph/oral\\_health/pdf/final\\_oral\\_health\\_burden\\_report\\_2013.pdf](http://www.ct.gov/dph/lib/dph/oral_health/pdf/final_oral_health_burden_report_2013.pdf)

<sup>56</sup> National Children's Oral Health Foundation. "Facts About Tooth Decay".  
<http://www.ncohf.org/resources/tooth-decay-facts>

<sup>57</sup> Centers for Disease Control and Prevention. "Key Facts about Seasonal Flu Vaccine". 7 November 2013. <http://www.cdc.gov/flu/protect/keyfacts.htm>

<sup>58</sup> Centers for Disease Control and Prevention, "Pneumonia." February 25, 2015.  
<http://www.cdc.gov/pneumonia/>

<sup>59</sup> Centers for Disease Control and Prevention. "Vaccines and Preventable Diseases: Pneumococcal Vaccination." 7 June 2013. <http://www.cdc.gov/VACCINES/vpd-vac/pneumo/default.htm#vacc>

<sup>60</sup> U.S. Department of Health and Human Services. "HIV In the United States: At A Glance." 6 June 2013. <https://aids.gov/hiv-aids-basics/hiv-aids-101/statistics/>

<sup>61</sup> Centers for Disease Control and Prevention. "Prediabetes: Could it be you?" 2014.  
<http://www.cdc.gov/diabetes/pubs/statsreport14/prediabetes-infographic.pdf>

<sup>62</sup> National Diabetes Information Clearinghouse. "Prediabetes: What You Need to Know". 24 July 2013. [http://diabetes.niddk.nih.gov/dm/pubs/prediabetes\\_ES/](http://diabetes.niddk.nih.gov/dm/pubs/prediabetes_ES/)

<sup>63</sup> Centers for Disease Control and Prevention. "Prediabetes." *Diabetes Home*. 18 February 2015.  
<http://www.cdc.gov/diabetes/basics/prediabetes.html>

<sup>64</sup> Centers for Disease Control and Prevention. "Colorectal (Colon) Cancer"  
<https://www.cdc.gov/cancer/colorectal/index.htm>



- <sup>65</sup> Tsai M, Xirasagar S, Li Y, de Groen PC. Colonoscopy Screening Among US Adults Aged 40 or Older With a Family History of Colorectal Cancer. *Prev Chronic Dis* 2015;12:140533. DOI: <http://dx.doi.org/10.5888/pcd12.140533>
- <sup>66</sup> Centers for Disease Control and Prevention. "Breast Cancer." <https://www.cdc.gov/cancer/breast/index.htm>
- <sup>67</sup> Centers for Disease Control and Prevention. "Prostate Cancer." <https://www.cdc.gov/cancer/prostate/index.htm>
- <sup>68</sup> Medicare.gov. "What's Medicare?" //www.medicare.gov/sign-up-change-plans/decide-how-to-get-medicare/whats-medicare/what-is-medicare.html
- <sup>69</sup> Centers for Disease Control and Prevention. "Heart Disease Fact Sheet". [http://www.cdc.gov/dhdsp/data\\_statistics/fact\\_sheets/docs/fs\\_heart\\_disease.pdf](http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/docs/fs_heart_disease.pdf)
- <sup>70</sup> National Heart, Lung and Blood Institute. "What Is Coronary Heart Disease?" 31 August 2013. <http://www.nhlbi.nih.gov/health/health-topics/topics/cad/>
- <sup>71</sup> American Heart Association. "Preventing Heart Disease – At Any Age." 2015. [https://www.heart.org/HEARTORG/GettingHealthy/Preventing-Heart-Disease---At-Any-Age\\_UCM\\_442925\\_Article.jsp](https://www.heart.org/HEARTORG/GettingHealthy/Preventing-Heart-Disease---At-Any-Age_UCM_442925_Article.jsp)
- <sup>72</sup> Centers for Disease Control and Prevention. "National Chronic Kidney Disease Fact Sheet, 2014". [http://www.cdc.gov/diabetes/pubs/pdf/kidney\\_factsheet.pdf](http://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf)
- <sup>73</sup> National Institutes of Health. "Chronic Kidney Disease and Kidney Failure." *Research Portfolio Online Reporting Tools*. 29 March 2013. <http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=34>
- <sup>74</sup> Centers for Disease Control and Prevention. "Prediabetes: Could it be you?" 2014. <http://www.cdc.gov/diabetes/pubs/statsreport14/prediabetes-infographic.pdf>
- <sup>75</sup> National Diabetes Information Clearinghouse. "Prediabetes: What You Need to Know". 24 July 2013. [http://diabetes.niddk.nih.gov/dm/pubs/prediabetes\\_ES/](http://diabetes.niddk.nih.gov/dm/pubs/prediabetes_ES/)
- <sup>76</sup> Centers for Disease Control and Prevention. "Prediabetes." *Diabetes Home*. 18 February 2015. <http://www.cdc.gov/diabetes/basics/prediabetes.html>