Health Indicators and Risk Behaviors in Connecticut: 2020
Results of the Connecticut Behavioral Risk Factor
Surveillance Survey (BRFSS)

OCT 2023

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ACKNOWLEDGMENTS

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The CT BRFSS team acknowledges with gratitude the time contributed by nearly 9,000 citizen volunteers within the State of Connecticut who responded anonymously to the 2020 BRFSS. The results presented in this report would not be possible without their participation.

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Table 4: SELECTED ADULT MODIFIABLE RISK FACTORS IN CONNECTICUT VERSUS THE UNITED STATES AND TERRITORIES, CT 2020. ......................... 10
The Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS) is an ongoing statewide voluntary phone survey of Connecticut citizen volunteers aged 18 and over. The CT BRFSS questionnaire (http://www.ct.gov/dph/BRFSS) changes somewhat from year to year to provide information on emerging health issues in the state and to address state-specific priorities.

Data from the CT BRFSS have been used to inform the development of state health plans, such as the State Health Improvement Plan, to the Connecticut coordinated chronic disease plan; to track online adult and child state health priorities and included in chronic disease dashboards. In addition, understanding factors that affect vulnerable populations in Connecticut is important for identifying and addressing health disparities. The CT BRFSS continues to have a significant role in the CT State Health Assessment process, by providing health indicators specific to race, disability status, health insurance status, and other factors. Data from the CT BRFSS also inform health programs for their work to improve and promote the health of all Connecticut residents.

In this report, a section named State of the State compares selected adult health indicators in Connecticut during calendar year 2020, with median results from 2020 for the United States and its territories. In addition, 41 selected health indicators are discussed in five chapters: 1) health status indicators, 2) risk behavior indicators, 3) clinical preventive practices, 4) chronic conditions, and 5) child health.
METHODOLOGY

The population for the Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS) consists of the total non-institutionalized English and Spanish-speaking adult population. In 2020, the CT BRFSS collected 2,855 landline interviews and 6,127 cell phone interviews, totaling 8,982 interviews. If any children lived in the same household as the respondent, one child was randomly selected, and the adult respondent provided information about that child. A total of 1,953 interviews about children were completed.

The landline sample was a disproportionate stratified random digit dial (RDD) sample, stratified by geography and listed status. Within each contacted household, one adult was selected at random to be interviewed. The cell phone sample was an unstratified RDD sample drawn from dedicated cellular telephone banks with equal probability. An adult contacted by cell phone was eligible to complete the survey if he or she lived in a private residence or college housing.

Landline and cell phone data were combined and weighted by the Centers for Disease Control and Prevention (CDC) to adjust for differential selection probabilities. The weighted data were then adjusted to the distribution of the Connecticut adult population using iterative proportional fitting or raking. Raking adjustments were made by telephone type, race/ethnicity, education, marital status, age by gender, gender by race/ethnicity, age by race/ethnicity, and renter/owner status. This weighting methodology was adopted by CDC in 2011 to accommodate the inclusion of cell phone interviews and to allow for adjustments to more demographics. As a result of these methodological changes, BRFSS data for 2011 and forward are not comparable to BRFSS data prior to 2011.

Prevalence estimates and 95% confidence intervals were computed using SAS PROC SURVEYFREQ, which can properly compute variances for complex sampling plans. Any responses of “Not known/Not sure” or “Refused” were classified as missing. The coefficients of variation (CV) were used to assess the validity of each estimate. Prevalence estimates with a CV of between 15.0% and 20.0%, inclusive, are marked with a “†”; prevalence estimates with a CV greater than 30.0% are suppressed due to poor validity. Prevalence estimates with a CV between 20.1% and 30.0%, inclusive, are marked with “††”, to indicate caution should be exercised when interpreting these estimates.

Each health indicator was analyzed at the statewide level, and was evaluated by age, gender, race/ethnicity, household income,
whether the adult had health care coverage, whether the adult had a disability, and the adult’s educational attainment. Race and ethnicity were defined by three categories: non-Hispanic White, non-Hispanic Black or African American, and Hispanic or Latino/a. A fourth category, non-Hispanic respondents of other or multiple races, was excluded from analysis because the CV was too large for most estimates in this category to allow reporting. Indicators concerning children were analyzed by the age of the child, gender of the child, race/ethnicity of the child, household income, and the adult proxy’s health insurance status and educational attainment. Significant increases or decreases compared to the United States were evaluated by a one-population two-tailed binomial test. Change in the prevalence of selected health indicators from years 2016 to 2020 was evaluated using a two population two-tailed chi-squared test for significant increase or decrease. Statistical significance testing was only conducted in prevalence estimates with a CV less than 0.15. Significance testing by demographic characteristic was evaluated using a two population two-tailed chi-squared test for significant increase or decrease in risk/protection or prevalence (alpha=0.05); only significant results are discussed in this report.
## DEMOGRAPHICS

### Table 1: Adults Living in Connecticut, CT 2020

<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>Survey Respondents</th>
<th>Estimated Weighted Population</th>
<th>Estimated Weighted % of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>8,982</td>
<td>2,843,000</td>
<td>100</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-34 years old</td>
<td>1,408</td>
<td>783,000</td>
<td>28.3</td>
</tr>
<tr>
<td>35-54 years old</td>
<td>2,575</td>
<td>847,000</td>
<td>30.6</td>
</tr>
<tr>
<td>55 and over</td>
<td>4,739</td>
<td>1,141,000</td>
<td>41.2</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>4,096</td>
<td>1,371,000</td>
<td>48.2</td>
</tr>
<tr>
<td>Female</td>
<td>4,886</td>
<td>1,472,000</td>
<td>51.8</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>6,443</td>
<td>1,853,000</td>
<td>67.2</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>650</td>
<td>277,000</td>
<td>10.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1,107</td>
<td>441,000</td>
<td>16.0</td>
</tr>
<tr>
<td>Other</td>
<td>511</td>
<td>187,000</td>
<td>6.8</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $35,000</td>
<td>1,895</td>
<td>577,000</td>
<td>26.3</td>
</tr>
<tr>
<td>$35,000-$74,999</td>
<td>1,857</td>
<td>582,000</td>
<td>26.5</td>
</tr>
<tr>
<td>$75,000 and more</td>
<td>3,389</td>
<td>1,039,000</td>
<td>47.3</td>
</tr>
<tr>
<td><strong>Health Insurance Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>8,345</td>
<td>2,575,000</td>
<td>91.5</td>
</tr>
<tr>
<td>Not Insured</td>
<td>579</td>
<td>240,000</td>
<td>8.5</td>
</tr>
<tr>
<td><strong>Disability Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td>2,041</td>
<td>598,000</td>
<td>22.2</td>
</tr>
<tr>
<td>Non-disabled</td>
<td>6,447</td>
<td>2,092,000</td>
<td>77.8</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS graduate or less</td>
<td>2,716</td>
<td>1,062,000</td>
<td>37.6</td>
</tr>
<tr>
<td>More than HS education</td>
<td>6,210</td>
<td>1,766,000</td>
<td>62.4</td>
</tr>
</tbody>
</table>
**ADULT DEMOGRAPHICS IN CONNECTICUT**

**Race & Ethnicity**
- 7 in 10 adults were non-Hispanic White.
- 1 in 6 adults were Hispanic.
- 1 in 10 adults were non-Hispanic Black.

**Gender**
Male and female adults were equally distributed (48.2% vs 51.8%).

**Household Income**
- Less than $35,000: 26.3%
- $35,000-$74,999: 26.5%
- $75,000 and more: 47.3%

**Age**
- 18-34 years old: 28.3%
- 35-54 years old: 30.6%
- 55 and over: 41.2%

**91.5%** Connecticut adults had health insurance coverage.

**One in four** Connecticut adults had a disability (22.2%).

**62.4%** Connecticut adults had more than high school education.

---

*Note: To be representative of the adult population of Connecticut, all the estimates reported are calculated with weighted 2020 CT BRFSS data.*
<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>Survey Respondents</th>
<th>Estimated Weighted Population</th>
<th>Estimated Weighted % of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,953</td>
<td>714,000</td>
<td>100</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-4 years old</td>
<td>325</td>
<td>183,000</td>
<td>29.0</td>
</tr>
<tr>
<td>5-11 years old</td>
<td>551</td>
<td>212,000</td>
<td>33.7</td>
</tr>
<tr>
<td>12-17 years old</td>
<td>755</td>
<td>234,000</td>
<td>37.2</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>964</td>
<td>352,000</td>
<td>50.8</td>
</tr>
<tr>
<td>Female</td>
<td>895</td>
<td>340,000</td>
<td>49.2</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>1,022</td>
<td>334,000</td>
<td>49.2</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>189</td>
<td>84,000</td>
<td>12.4</td>
</tr>
<tr>
<td>Hispanic</td>
<td>429</td>
<td>192,000</td>
<td>28.3</td>
</tr>
<tr>
<td>Other</td>
<td>176</td>
<td>69,000</td>
<td>10.1</td>
</tr>
<tr>
<td>Household Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $35,000</td>
<td>432</td>
<td>174,000</td>
<td>27.5</td>
</tr>
<tr>
<td>$35,000-$74,999</td>
<td>352</td>
<td>107,000</td>
<td>16.9</td>
</tr>
<tr>
<td>$75,000 and more</td>
<td>912</td>
<td>352,000</td>
<td>55.6</td>
</tr>
<tr>
<td>Caregiver’s Health Insurance Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>1,741</td>
<td>641,000</td>
<td>90.1</td>
</tr>
<tr>
<td>Not Insured</td>
<td>199</td>
<td>71,000</td>
<td>9.9</td>
</tr>
<tr>
<td>Caregiver’s Education Attainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS graduate or less</td>
<td>601</td>
<td>218,000</td>
<td>30.7</td>
</tr>
<tr>
<td>More than HS education</td>
<td>1,343</td>
<td>492,000</td>
<td>69.3</td>
</tr>
</tbody>
</table>
Race & Ethnicity
1 in 2 children were non-Hispanic White.
1 in 4 children were Hispanic.
1 in 8 children were non-Hispanic Black.

Gender
Male and female children were equally distributed (50.8% vs 49.2%).

Household Income
- Less than $35,000: 27.5%
- $35,000-$74,999: 16.9%
- $75,000 and more: 55.6%

Age
- Babies and Young Children (0-4): 29.0%
- Children (5-11): 33.7%
- Teenagers (12-17): 37.2%

Note: To be representative of the adult population of Connecticut, all the estimates reported are calculated with weighted 2020 CT BRFSS data.
1. STATE OF THE STATE

CONNECTICUT COMPARISON TO THE UNITED STATES IN 2020

Figure 1 and Table 3 highlight selected adult health indicators in Connecticut during calendar year 2020, compared to median results from 2020 for the United States and its territories.


- Obesity: CT 2020 10.9 vs. US Median 29.2*
- Diabetes: CT 2020 9.5* vs. US Median 10.8
- Depression: CT 2020 6.9* vs. US Median 19.2
- Cardiovascular Diseases or Stroke: CT 2020 8.4 vs. US Median 17.7*
- Current Asthma: CT 2020 9.6* vs. US Median 10.6*
- Arthritis: CT 2020 22.4 vs. US Median 24.4
- No Health Care Coverage (18-64 yr old): CT 2020 13.2 vs. US Median 10.9*

*= significance < 0.05
Figure 2 and Table 4 highlight selected adult modifiable risk factors in Connecticut during 2020, compared to median results from 2020 for the U.S. and its territories. More information on these indicators is located within this report.

**Figure 2: Selected Adult Modifiable Risk Factors in Connecticut versus the U.S. and Territories, 2020.**

- **Flu Vaccination:** US Median: 46.1, CT 2020: 54.0 (*)
- **Pneumococcal Vaccination (65 yrs and older):** US Median: 71.8, CT 2020: 71.5
- **Met USPSTF Recommendation For Colorectal Cancer Screening (50-75 yrs old):** US Median: 74.2, CT 2020: 77.3 (*)
- **Current Cigarette Smoking:** US Median: 15.5, CT 2020: 11.8 (*)
- **No Leisure Time Physical Activities:** US Median: 22.7, CT 2020: 20.6
- **Had PSA Test Within Past 2 Years (Men 40+):** US Median: 31.8, CT 2020: 31.7
- **Had A Pap Test Within Past 3 Years (Women 21-65 yrs old):** US Median: 77.7, CT 2020: 82.5 (*)
- **Had A Mammogram Within Past 2 Years (Women 50-74 yrs old):** US Median: 78.3, CT 2020: 81.5 (*)
- **Visit Dentist Within Past Year:** US Median: 66.3, CT 2020: 73.2 (*)
- **Check-up within past year:** US Median: 75.7, CT 2020: 78.4 (*)

* = significance < 0.05
### Table 3: Selected Adult Health Indicators in Connecticut versus the United States and Territories, CT 2020.

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>CT 2020</th>
<th>U.S. Median</th>
<th>Risk Difference</th>
<th>Significantly Greater or Less Risk/Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Obesity</td>
<td>29.2%</td>
<td>31.9%</td>
<td>-2.7%</td>
<td>Less Risk</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9.5%</td>
<td>10.8%</td>
<td>-1.3%</td>
<td>Less Risk</td>
</tr>
<tr>
<td>Depression</td>
<td>17.7%</td>
<td>19.2%</td>
<td>-1.5%</td>
<td>Less Risk</td>
</tr>
<tr>
<td>Cardiovascular Diseases or Stroke</td>
<td>6.9%</td>
<td>8.4%</td>
<td>-1.5%</td>
<td>Less Risk</td>
</tr>
<tr>
<td>Current Asthma</td>
<td>10.6%</td>
<td>9.6%</td>
<td>1.0%</td>
<td>More Risk</td>
</tr>
<tr>
<td>Arthritis</td>
<td>22.4%</td>
<td>24.4%</td>
<td>-2.0%</td>
<td>NS</td>
</tr>
<tr>
<td>No Health Care Coverage (18-64 years old)</td>
<td>10.9%</td>
<td>13.2%</td>
<td>-2.3%</td>
<td>Less Risk</td>
</tr>
</tbody>
</table>

### Table 4: Selected Adult Modifiable Risk Factors in Connecticut versus the United States and Territories, CT 2020.

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>CT 2020</th>
<th>U.S. Median</th>
<th>Risk Difference</th>
<th>Significantly Greater or Less Risk/Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu Vaccination</td>
<td>54.0%</td>
<td>46.1%</td>
<td>7.9%</td>
<td>More Protection</td>
</tr>
<tr>
<td>Pneumococcal Vaccination (65 years and older)</td>
<td>71.5%</td>
<td>71.8%</td>
<td>-0.3%</td>
<td>NS</td>
</tr>
<tr>
<td>Met USPSTF Recommendation for Colorectal Cancer Screening (50-75 years old)</td>
<td>77.3%</td>
<td>74.2%</td>
<td>3.1%</td>
<td>More Protection</td>
</tr>
<tr>
<td>Current Cigarette Smoking</td>
<td>11.8%</td>
<td>15.5%</td>
<td>-3.7%</td>
<td>Less risk</td>
</tr>
<tr>
<td>Excessive Alcohol Consumption</td>
<td>16.2%</td>
<td>15.7%</td>
<td>0.5%</td>
<td>NS</td>
</tr>
<tr>
<td>No Leisure Time Physical Activities</td>
<td>20.6%</td>
<td>22.7%</td>
<td>-2.1%</td>
<td>NS</td>
</tr>
<tr>
<td>Had PSA Test Within Past 2 Years (Men 40+)</td>
<td>31.7%</td>
<td>31.8%</td>
<td>-0.1%</td>
<td>NS</td>
</tr>
<tr>
<td>Had A Pap Test Within Past Three Years (Women 21-65 years old)</td>
<td>82.5%</td>
<td>77.7%</td>
<td>4.8%</td>
<td>More Protection</td>
</tr>
<tr>
<td>Had A Mammogram Within Past Two Years (Women 50-74 years old)</td>
<td>81.5%</td>
<td>78.3%</td>
<td>3.2%</td>
<td>More Protection</td>
</tr>
<tr>
<td>Visit Dentist Within Past Year</td>
<td>73.2%</td>
<td>66.3%</td>
<td>6.9%</td>
<td>More Protection</td>
</tr>
<tr>
<td>Check-up Within Past Year</td>
<td>78.4%</td>
<td>75.7%</td>
<td>2.7%</td>
<td>More Protection</td>
</tr>
</tbody>
</table>

Note: Prevalence in 2020 of selected adult health indicators/ modifiable risk factors were obtained from the Behavioral Risk Factor Surveillance System for Connecticut (www.ct.gov/dph/brfss) and the United States and its territories (www.cdc.gov/brfss). Risk differences for Connecticut versus the United States and its territories were tested for significantly greater or lesser risk using two-tailed one sample z-test against the U.S. Median.

Statistical significance is indicated with the following: * - significance < 0.05; NS - not significantly different. Text in green indicates less risk/more protection and red indicates higher risk/less protection.
Seventeen selected health indicators and modifiable risk factors were compared to estimates for the United States and its territories during 2020 (Figures 1 and 2 and Tables 3 and 4). More information about these statewide indicators can be found elsewhere in this report.

Compared to the United States and its territories, Connecticut adult risk was significantly less, and prevalence ranked significantly better, for 11 of the 17 health indicators:

- Obesity
- Diabetes
- Depression
- No Health Care Coverage (18-64 years old)
- Cardiovascular Diseases or Stroke
- Women who had a mammogram within past two years (50-74 years old)
- Women who had a Pap test within past three years (21-65 years old)
- Met USPSTF Recommendation For Colorectal Cancer Screening (50-75 yrs)
- Flu vaccination
- Visit dentist within past year
- Check-up within past year
- Current cigarette smoking

Compared to the United States and its territories, Connecticut adult risk was significantly more, and prevalence ranked significantly worse, for only one health indicator:

- Current Asthma

Adult risk in Connecticut for the remaining 5 health indicators was not significantly different from the United States:

- Arthritis
- Pneumococcal Vaccination (65 years old and older)
- Men who had a PSA test within past two years (40+ years old)
- Excessive alcohol consumption
- No leisure time physical activities
CONNECTICUT COMPARISON TO OTHER STATES IN 2020

Connecticut’s ranking compared to other states and U.S. territories for selected health indicators is shown in Figure 3.

For 21 selected health indicators, and compared to all states in the United States and its territories, Connecticut ranked among the best 10 states in the country for 9 indicators (marked as turquoise circles in Figure 3):

- Check Up in the Past 12 Months
- Fall in Past Year
- Cardiovascular Diseases or stroke (45+)
- Dentist Visit in Past Year
- Women had Mammogram Within Past 2 Years (50-74 years old)
- Current Cigarette Use
- Women 40+ Years Old Had PAP Test Within Past 3 Years
- Healthcare Access (barriers to care due to cost)
- Flu vaccination

Among all 21 selected health indicators, Connecticut ranked better than half among all states in the United States and its territories for all except three indicators (marked as blue circles in Figure 3):

- Seatbelt Use
- Excessive Alcohol Consumption
- Arthritis
- Diabetes
- No Leisure Time Physical Activity
- Obesity
- Depression
- Health Care Coverage
- Reporting Good Or Better Health
- At Least One Primary Care Provider

For two indicators, Connecticut ranked worse than most states and territories (marked as red circles in Figure 3):

- Current Asthma
- Pneumonia Vaccination (65+)

**Positive Health Indicators**
- Dentist Visit Within Past Year
- Always Or Nearly Always Wear Seatbelt
- Pneumonia Vaccination (65+)
- Flu Vaccination Within Past Year
- Check Up Within Past Year
- At Least One Primary Care Provider
- Reporting Good Or Better Health
- Had A Mammogram Within 2 Yrs (Women 40+)
- Had A PAP Test Within 3 Yrs (Women 21-65)

**Negative Health Indicators**
- Fall In Past Year (45+)
- Cardiovascular Diseases Or Stroke (45+)
- No Health Care Coverage (18-64 yrs old)
- No Access To Care Due to Cost
- Depression
- Arthritis
- Current Asthma
- Diabetes
- Obesity
- No-Leisure Time Physical Activity
- Excessive Alcohol Consumption
- Current Cigarette Use

(Indicators to the left of the U.S. rank are better than most states)

U.S. Rank

(U.S. Median)

Connecticut State Ranking
(50 States, District of Columbia, Guam, and Puerto Rico)
2. VULNERABLE POPULATIONS IN CONNECTICUT

Connecticut is one of the healthiest states in the nation and is ranked well for most selected health indicators in this report compared to other states; however, health disparities were found by further adjustments for social determinants of health (e.g., age, sex, race/ethnicity, income, disability status, and education level). In 2020, certain groups had significantly higher prevalence of poor health outcomes:

<table>
<thead>
<tr>
<th>Non-Hispanic Black (compared to NH White)</th>
<th>Hispanic (compared to NH White)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fair/poor health</td>
<td>• Fair/poor health</td>
</tr>
<tr>
<td>• Disability</td>
<td>• Disability</td>
</tr>
<tr>
<td>• Obesity</td>
<td>• Obesity</td>
</tr>
<tr>
<td>• No leisure time physical activity</td>
<td>• No primary doctor</td>
</tr>
<tr>
<td>• No dental visit in past year</td>
<td>• No access to care due to cost</td>
</tr>
<tr>
<td>• Had any permanent teeth extracted</td>
<td>• No insurance (18-64 years old)</td>
</tr>
<tr>
<td>• No flu vaccine</td>
<td>• No leisure time physical activity</td>
</tr>
<tr>
<td>• Ever had HIV test</td>
<td>• No dental insurance</td>
</tr>
<tr>
<td>• Arthritis</td>
<td>• No dental visit in past year</td>
</tr>
<tr>
<td>• Pre-diabetes</td>
<td>• No flu vaccine</td>
</tr>
<tr>
<td></td>
<td>• Not met USPSTF recommendation for colorectal cancer screening</td>
</tr>
<tr>
<td></td>
<td>• Depression</td>
</tr>
<tr>
<td>Annual Income  Less than $35,000 (compared to higher incomes)</td>
<td>Adults Without Health Insurance</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>• Fair/poor health</td>
<td>• Fair/poor health</td>
</tr>
<tr>
<td>• Disability</td>
<td>• No primary doctor</td>
</tr>
<tr>
<td>• Poor mental health</td>
<td>• No access to care due to cost</td>
</tr>
<tr>
<td>• Disability</td>
<td>• No access to prescription drug due to cost</td>
</tr>
<tr>
<td>• Obesity</td>
<td>• No dentist visit in past year</td>
</tr>
<tr>
<td>• No primary doctor</td>
<td>• Routine annual check-up</td>
</tr>
<tr>
<td>• No access to care due to cost</td>
<td>• No dental insurance</td>
</tr>
<tr>
<td>• No insurance (18-64 years old)</td>
<td>• No HPV test</td>
</tr>
<tr>
<td>• Ever use E-cigarette</td>
<td>• Ever had HIV test</td>
</tr>
<tr>
<td>• No dental visit in past year</td>
<td>• Not met USPSTF recommendation for colorectal cancer screening</td>
</tr>
<tr>
<td>• Had any permanent teeth extracted</td>
<td>• Arthritis</td>
</tr>
<tr>
<td>• No flu vaccine</td>
<td>• No flu vaccine</td>
</tr>
<tr>
<td>• Ever had HIV test</td>
<td>• Child ever breastfed</td>
</tr>
<tr>
<td>• No cervical cancer screening (Women 21-65)</td>
<td></td>
</tr>
<tr>
<td>• No breast cancer screening (Women 50-74 years old)</td>
<td></td>
</tr>
<tr>
<td>• No leisure time physical activity</td>
<td></td>
</tr>
<tr>
<td>• Inadequate sleep</td>
<td></td>
</tr>
<tr>
<td>• Fall in past year</td>
<td></td>
</tr>
<tr>
<td>• Current cigarette smoking</td>
<td></td>
</tr>
<tr>
<td>• No prostate cancer screening (Men 40+)</td>
<td></td>
</tr>
<tr>
<td>• Arthritis</td>
<td></td>
</tr>
<tr>
<td>• COPD</td>
<td></td>
</tr>
<tr>
<td>• Cardiovascular disease or stroke</td>
<td></td>
</tr>
<tr>
<td>• Diabetes</td>
<td></td>
</tr>
<tr>
<td>• Depression</td>
<td></td>
</tr>
<tr>
<td>• Child consumption of sugar-sweetened beverages</td>
<td></td>
</tr>
<tr>
<td>Disabled Adults</td>
<td>Less Than High School Education</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Fair/poor health</td>
<td>• Fair/poor health</td>
</tr>
<tr>
<td>• Poor mental health</td>
<td>• Disability</td>
</tr>
<tr>
<td>• Poor physical health</td>
<td>• Poor mental health</td>
</tr>
<tr>
<td>• Obesity</td>
<td>• Poor physical health</td>
</tr>
<tr>
<td>• No access to care due to cost</td>
<td>• Obesity</td>
</tr>
<tr>
<td>• No leisure time physical activity</td>
<td>• No primary doctor</td>
</tr>
<tr>
<td>• Inadequate sleep</td>
<td>• No access to care due to cost</td>
</tr>
<tr>
<td>• No dental visit in past year</td>
<td>• No access to prescription drug due to cost</td>
</tr>
<tr>
<td>• Had any permanent teeth extracted</td>
<td>• No insurance (18-64 years old)</td>
</tr>
<tr>
<td>• Current cigarette smoking</td>
<td>• No dentist visit in past year</td>
</tr>
<tr>
<td>• Ever use E-cigarette</td>
<td>• Inadequate sleep</td>
</tr>
<tr>
<td>• No dental insurance</td>
<td>• Current cigarette smoking</td>
</tr>
<tr>
<td>• Periodontal disease</td>
<td>• No leisure time physical activity</td>
</tr>
<tr>
<td>• No cervical cancer screening (Women 21-65)</td>
<td>• Current cigarette smoking</td>
</tr>
<tr>
<td>• No breast cancer screening (Women 50-74 years old)</td>
<td>• Ever use E-cigarette</td>
</tr>
<tr>
<td>• Current asthma</td>
<td>• No dental insurance</td>
</tr>
<tr>
<td>• COPD</td>
<td>• No dental visit in past year</td>
</tr>
<tr>
<td>• Arthritis</td>
<td>• Had any permanent teeth extracted</td>
</tr>
<tr>
<td>• Cardiovascular disease or stroke</td>
<td>• No HPV vaccination</td>
</tr>
<tr>
<td>• Pre-diabetes</td>
<td>• No flu vaccine</td>
</tr>
<tr>
<td>• Diabetes</td>
<td>• No prostate cancer screening (Men 40+)</td>
</tr>
<tr>
<td>• Depression</td>
<td>• Not met USPSTF recommendation for colorectal cancer screening</td>
</tr>
<tr>
<td></td>
<td>• COPD</td>
</tr>
<tr>
<td></td>
<td>• Arthritis</td>
</tr>
<tr>
<td></td>
<td>• Cardiovascular disease or stroke</td>
</tr>
<tr>
<td></td>
<td>• Diabetes</td>
</tr>
<tr>
<td></td>
<td>• Child consumption of sugar-sweetened beverages</td>
</tr>
</tbody>
</table>
3. HEALTH STATUS INDICATORS

GENERAL HEALTH STATUS

One in nine Connecticut adults rated their health as either *fair or poor* in 2020.

**Figure 4: Prevalence of Fair or Poor Overall Health, CT 2016-2020.**

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

- Adults 55 years and older (14.7%) and adults 35–54 years old (12.3%);
- Hispanic (18.7%) and non-Hispanic Black (16.1%) adults;
- Adults from households earning less than $35,000 (24.4%) and $35,000–$74,999 (10.4%);
- Adults without health insurance (16.6%);
- Disabled adults (32.8%); and
- Adults with no more than a high school education (18.0%).
DISABILITY

Nearly **one in four** adults in Connecticut reported that they **have a disability** in 2020.

**FIGURE 6: PREVALENCE OF DISABILITY, CT 2016-2020.**

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

- Adults 55 years and older (30.3%);
- Females (23.8%);
- Hispanic adults (26.9%) compared to non-Hispanic White adults (21.3%);
- Adults from households earning less than $35,000 (37.3%) and $35,000–$74,999 (24.2%); and
- Adults with no more than a high school education (30.8%).

**FIGURE 7: PERCENTAGE OF CT RESIDENTS REPORTING A DISABILITY, CT 2020**

- Total
- 18-34
- 35-54
- 55 and over
- Male
- Female
- NH White
- NH Black
- Hispanic
- < $35,000
- $35,000–$74,999
- >= $75,000
- Insured
- Not Insured
- HS or less
- More than HS
POOR MENTAL HEALTH

One in eight Connecticut adults reported poor mental health in 2020. This measure defines adults as being in poor mental health if they reported 14 or more days (within the past 30 days) for which their mental health was “not good.”

FIGURE 8: PREVALENCE OF POOR OR FAIR MENTAL HEALTH, CT 2016-2020.

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

- Adults 18-34 years of age (18.4%) and adults 35–54 years old (13.5%);
- Females (14.1%);
- Adults from households earning less than $35,000 (17.1%) and $35,000-$74,999 (14.7%);
- Adults with a disability (26.4%); and
- Adults with no more than a high school education (14.7%).

Estimates marked with a † have a CV between 15.0% and 20.0%.
POOR PHYSICAL HEALTH

One in 12 Connecticut adults reported poor physical health in 2020.

FIGURE 10: PREVALENCE OF POOR OR FAIR PHYSICAL HEALTH, CT 2016-2020.

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

- Adults 55 years and older (10.4%) compared to adults 35–54 years old (7.8%);
  - Females (9.6%);
  - Adults from household with annual household incomes less than $35,000 (16.3%) and $35,000-$74,999 (7.5%);
  - Adults with a disability (23.9%); and
  - Adults with no more than a high school education (11.5%).

FIGURE 11: PERCENTAGE OF CT RESIDENTS REPORTING POOR PHYSICAL HEALTH, CT 2020

Estimates marked with a “†” have a CV between 15.0% and 20.0%, estimates marked with a “††” have a CV between 20.1% and 30.0%.

FIGURE 12: NUMBER OF POOR PHYSICAL OR MENTAL HEALTH DAYS AS A BARRIER TO LIFE’S ACTIVITIES, CT 2020.
ADULT WEIGHT STATUS

In Connecticut, one in three CT adults were overweight, and one in three CT adults were obese in 2020.


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

- Adults 35–54 years old (34.6%) and 55 years and older (29.3%);
- Non-Hispanic Black (40.6%) and Hispanic (36.8%) adults;
- Adults from households earning less than $35,000 (36.1%) and $35,000-$74,999 (32.5%);
- Adults with a disability (39.3%); and
- Adults with no more than a high school education (36.3%).

FIGURE 14: ADULT WEIGHT STATUS, CT 2020.

FIGURE 15: PREVALENCE OF OBESITY AMONG CT ADULTS, CT 2020.
HEALTH CARE ACCESS

In 2020, **eight in ten** CT adults reported they had **at least one primary health care provider**.

**FIGURE 16: PREVALENCE OF AT LEAST ONE PRIMARY HEALTH CARE PROVIDER, CT 2016-2020.**

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

- Adults 55 years and older (81.9%) and adults 35–54 years old (94.2%);
- Females (87.9%);
- Non-Hispanic White adults (88.2%) and Non-Hispanic Black adults (81.7%);
- Adults from households earning at least $75,000 (87.9%) and $35,000–$74,999 (85.1%);
- Adults with health insurance (87.4%);
- Disabled adults (87.3%); and
- Adults with more than a high school education (87.4%).

**FIGURE 17: AT LEAST ONE PRIMARY HEALTH CARE PROVIDER, CT 2020**

- Total: 83.5
- 18-34: 68.8, 81.9
- 35-54: 84.2, 94.2
- 55 and over: 77.3, 76.8
- Male: 85.2, 83.5
- Female: 78.8, 87.9
- NH White: 87.4, 88.2
- NH Black: 85.2, 81.7
- Hispanic: 42.5, 87.4
- < $35,000: 77.2, 87.4
- $35,000–$74,999: 85.2, 87.4
- >= $75,000: 87.2, 87.9
- Insured: 87.4
- Not Insured: 77.2
- Disabled: 87.4
- Non-disabled: 87.3
- HS or less: 87.2
- More than HS: 87.4
In 2020, one in 13 CT adults reported that they had no health care access due to costs.

**Figure 18: Prevalence of No Health Care Access Due to Cost, CT 2016-2020**

Compared to their counterparts in the state, the prevalence of having no access to care due to cost among adults in Connecticut was significantly greater for:

- Adults 18–34 years old (11.8%) and 35–54 years old (8.3%);
- Hispanic adults (14.5%) compared to non-Hispanic White adults (5.8%);
- Adults from households earning less than $35,000 (10.8%) and $35,000–$74,999 (12.0%);
- Adults without health insurance (25.2%);
- Adults with a disability (13.4%); and
- Adults with no more than a high school education (9.0%).

**Figure 19: No Health Care Access Due to Cost, CT 2020**

Estimates marked with a "†" have a CV between 15.0% and 20.0%.
In 2020, one in 19 CT adults reported they did not take their medication as prescribed because of cost.

Compared to their counterparts in the state, the prevalence of having not taking medication as prescribed due to cost among adults in Connecticut was significantly greater for:

- Hispanic adults (7.7%) compared to non-Hispanic White adults (4.6%);
- Adults from households earning less than $35,000 (8.4%) compared to from at least $75,000 (2.5%); and
- Adults with a disability (12.6%).

Estimates marked with a "†" have a CV between 15.0% and 20.0%; estimates marked with a "††" have a CV between 20.1% and 30.0%.
HEALTH INSURANCE COVERAGE (18-64 YEARS OLD)

In 2020, one in 9 CT adults 18-64 years old reported that they had no health insurance coverage, six in ten reported that they had private health insurance coverage, one in eight had Medicaid coverage, and one in 17 had Medicare coverage.

FIGURE 21: CT ADULTS 18-64 YEARS OLD WITH NO HEALTH INSURANCE, CT 2016-2020.

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

- Hispanic adults (30.5%) compared to non-Hispanic White (4.2%) adults;
- Adults from households earning less than $35,000 (21.1%) compared to $35,000–$74,999 (11.6%); and
- Adults with no more than a high school education (19.8%).

FIGURE 22: NO INSURANCE COVERAGE (18-64 YEARS OLD), CT 2020

Estimates marked with a “†” have a CV between 15.0% and 20.0%.
Compared to their counterparts in the state, the prevalence of adults with **private health insurance coverage** among adults aged 18–64 years old was significantly greater for:

- Adults 55–64 (71.1%) and 35–54 years old (62.3%);
- Non-Hispanic White adults (73.5%);
- Adults from households earning at least $75,000 (88.1%) and $35,000–$74,999 (61.7%);
- Adults without a disability (67.1%); and
- Adults with more than a high school education (73.7%).

**Figure 23: Private Insurance, Adults 18–64 Years Old, CT 2020**

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

- Adults 18–34 years old (12.6%) and 35-54 years old (13.3%);
- Females (13.8%);
- Non-Hispanic Black (20.1%) and Hispanic adults (16.8%);
- Adults from households earning less than $35,000 (30.6%) compared to from $35,000–$74,999 (11.9%);
- Adults with a disability (20.8%); and
- Adults with no more than a high school education (17.1%).

**Figure 24: Medicaid Coverage, Adults 18–64 Years Old, CT 2020**

*Estimates marked with a “††” have a CV between 20.1% and 30.0%.*
Compared to their counterparts in the state, the prevalence of adults who had Medicare coverage among adults aged 18–64 years old was significantly greater for:

- Adults 55 and over (8.7%) compared to 35-54 years old (5.1%);
- Adults with a disability (15.6%); and
- Adults with no more than a high school education (9.7%).

**FIGURE 25: MEDICARE COVERAGE, ADULTS 18-64 YEARS OLD, CT 2020**

*Estimates marked with a “†” have a CV between 15.0% and 20.0%.

*Note: Generally, Medicare is available for people age 65 or older, younger people with disabilities and people with End Stage Renal*
DENTAL INSURANCE

One in four Connecticut adults in 2020 had no dental insurance.

Compared to their counterparts in the state, the prevalence of having no dental insurance among Connecticut adults was significantly greater for:

- Adults 55 years and older (30.9%);
- Hispanic adults (34.9%) compared to non-Hispanic White adults (24.1%);
- Adults from households earning at least $75,000 (35.7%) and from $35,000-$74,999 (26.7%);
- Adults with no health insurance (71.5%);
- Adults with a disability (34.5%); and
- Adults with more than a high school education (33.0%).

**FIGURE 26: PREVALENCE OF NO DENTAL INSURANCE, CT 2016-2020.**

**FIGURE 27: NO DENTAL INSURANCE, CT 2020**
One in five Connecticut adults in 2020 did not engage in any recreational physical activity outside of work.

**Figure 28: Prevalence of No Leisure Time Physical Activity, CT 2016-2020.**

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

- Adults 55 years and older (24.1%) and adults 34-54 years old (21.0%);
- Females (22.4%);
- Hispanic (31.3%) and non-Hispanic Black (32.1%) adults;
- Adults from households earning less than $35,000 (35.9%) and $35,000–$74,999 (21.4%);
- Adults without health insurance (28.8%);
- Adults with a disability (36.1%); and
- Adults with no more than a high school education (30.9%).
MOTOR VEHICLE SAFETY

In 2020, 95% of Connecticut adults reported using a seatbelt all the time. Approximately 2.1% of Connecticut adults reported having driven at least once when perhaps had too much to drink.

FIGURE 30: PREVALENCE OF ALWAYS OR NEARLY ALWAYS USED A SEATBELT, CT 2016-2020.

Compared to their counterparts in the state, the prevalence of always or nearly always wearing a seatbelt when they drove or rode in a car was significantly greater for:

- Females (96.8%);
- Adults from household with annual incomes at least $75,000 (96.7%) compared to from less than $35,000 (94.4%);
- Adults without a disability (96.6%); and
- Adults with more than a high school education (97.3%).

FIGURE 31: FREQUENCY OF SEATBELT USE, CT 2020

FIGURE 32: ALWAYS OR NEARLY ALWAYS USED A SEATBELT, CT 2020

Estimates marked with a "†" have a CV between 15.0% and 20.0%; estimates marked with a "††" have a CV between 20.1% and 30.0%.
INADEQUATE SLEEP

One in three of Connecticut adults got less than seven hours of sleep per night in 2020.

FIGURE 33: PREVALENCE OF INADEQUATE SLEEP, CT 2016-2020.

Compared to their counterparts in the state, the prevalence of adults who had inadequate sleep was significantly greater for:

- Adults 35–54 years old (36.2%) compared to adults 55 and over (29.3%);
- Non-Hispanic Black (46.0%) and Hispanic (35.7%) adults;
- Adults from households earning less than $35,000 (40.0%);
- Adults with disability (41.9%); and
- Adults with no more than a high school education (35.3%).
FALLS

In 2020, one in five Connecticut adults aged 45 years and older, and one in four CT adults 65 and over reported had a fall in the past 12 months. Of those who had fallen at least once in the past 12 months, one in three suffered an injury (36.0%) and one in four received fall prevention guidance from a doctor (26.0%).

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

- Adults from households earning less than $35,000 (25.4%) compared to at least $75,000 (17.7%); and
- Adults with a disability (35.3%).

*Estimates marked with a "†" have a CV between 15.0% and 20.0%; estimates marked with a "‡" have a CV between 20.1% and 30.0.*
CURRENT CIGARETTE SMOKING

One in eight Connecticut adults in 2020 were current smokers, smoked cigarettes “every day” or “some days” in the past month.

Figure 37: Prevalence of Current Smoker, CT 2016-2020.

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

- Adults 35–54 years old (15.8%);
- Males (13.3%);
- Adults from households earning less than $35,000 (21.9%) and $35,000-$74,999 (13.4%);
- Adults with a disability (19.5%); and
- Adults with no more than a high school education (18.9%).
E-CIGARETTE USE

One in five CT adults in 2020 had tried vapor, vape pen or e-cigarettes.


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

- Adults 18–34 years old (41.8%) and 35–54 years old (20.6%);
- Males (23.8%);
- Adults from households earning less than $35,000 (24.0%) compared to at least $75,000 (19.1%);
- Adults with a disability (24.7%); and
- Adults with no more than high school education (23.7%).

FIGURE 41: E-CIGARETTE USE STATUS (AMONG EVER TRIED E-CIGARETTES), CT 2020.

FIGURE 42: EVER TRIED VAPOR OR VAPE PEN OR E-CIGARETTES, CT 2020.

Every Day, 8.8%
Some Day, 12.6%
Not at all, 78.6%
ALCOHOL CONSUMPTION

One in six CT adults report excessive alcohol consumption in 2020. Approximately one in seven CT adults engaged in binge drinking, while one in 16 engaged in heavy drinking.

Compared to their counterparts in the state, the prevalence of excessive alcohol consumption was significantly greater for:

- Adults 18–34 years old (24.0%) and 35–54 years old (17.6%);
- Males (18.2%);
- Non-Hispanic White adults (18.0%) compared to Hispanic adults (13.6%);
- Adults from households earning at least $75,000 (21.7%); and
- Adults with more than a high school education (17.6%).

Estimates marked with a "†" have a CV between 15.0% and 20.0%.
Compared to their counterparts in the state, the prevalence of binge drinking was significantly greater for:

- Adults 18–34 years old (22.9%) and 35–54 years old (16.1%);
- Males (17.0%); and
- Adults from households earning at least $75,000 (19.1%).

**Figure 45: Prevalence of Binge Drinking, CT 2016-2020.**

![Graph showing the prevalence of binge drinking in Connecticut from 2016 to 2020, with data points for total population, different age groups, gender, race, income levels, insurance status, disability status, and education levels.]

*Figures marked with a † have a CV between 15.0% and 20.0%.*
Compared to their counterparts in the state, the prevalence of heavy drinking was significantly greater for:

- Females (7.1%).

**Figure 47: Prevalence of Heavy Drinking, CT 2016-2020.**

**Figure 48: Heavy Drinking, CT 2020**

Estimates marked with a "†" have a CV between 15.0% and 20.0%; estimates marked with a "††" have a CV between 20.1% and 30.0%.
5. CLINICAL PREVENTIVE PRACTICES

ROUTINE CHECK-UP

Four in five of Connecticut adults in 2020 had a routine check-up in the previous year.

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

- Adults 55 years and older (86.8%) and 35-54 years old (74.8%);
- Females (82.3%);
- Non-Hispanic White (79.5%) and non-Hispanic Black (82.8%) adults;
- Adults with health insurance (80.7%); and
- Adults with a disability (83.5%).
Seven in ten Connecticut adults in 2020 had a dental visit in the previous year.

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

- Adults 55 years and older (76.8%);
- Females (76.5%);
- Non-Hispanic White adults (76.8%);
- Adults from households earning at least $75,000 (83.3%) and from $35,000-$74,999 (72.1%);
- Adults with health insurance (75.2%);
- Adults with a disability (75.7%); and
- Adults with more than a high school education (79.2%).
Compared to their counterparts in the state, the prevalence of having had any permanent teeth extracted among Connecticut adults was significantly greater for:

- Adults 55 years and older (55.7%) and adults 35–54 years old (35.4%);
- Non-Hispanic Black adults (48.7%) compared to Non-Hispanic White adults (37.2%);
- Adults from households earning less than $35,000 (54.6%) and $35,000-$74,999 (44.2%);
- Adults without health insurance (46.3%);
- Adults with a disability (58.2%); and
- Adults with less than a high school education (50.8%).

**Figure 54: Adults Had Any Permanent Teeth Extracted, CT 2016-2020.**
PERIODONTAL DISEASE

One in eight of Connecticut adults in 2020 reported having ever been told they had periodontal disease, and one in six Connecticut adult residents had received treatment for their periodontal disease.

FIGURE 56: EVER BEING TOLD HAVE PERIODONTAL DISEASE, CT 2016-2020.

Compared to their counterparts in the state, the prevalence of ever being told they have periodontal disease was significantly greater for:

- Adults 55 years and older (18.1%) compared to adults 35–54 years old (10.9%);
- Non-Hispanic White adults (13.4%) compared to Hispanic adults (7.7%); and
- Adults with a disability (18.9%).

Estimates marked with a † have a CV between 15.0% and 20.0%, estimates marked with a †† have a CV between 20.1% and 30.0%.
ADULT INFLUENZA

In 2020, more than half of CT adults (54.0%) in 2020 had a flu vaccine in the past year, and three in four CT adults aged 65 and over had a flu vaccine in the past year (74.0%).

FIGURE 58: FLU VACCINE IN THE PAST YEAR, CT 2016-2020.

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

- Adults 55 years and older (68.0%);
- Females (58.2%);
- Non-Hispanic White adults (59.4%);
- Adults from household earning at least $75,000 annually (58.8%);
- Adults with health insurance (56.8%); and
- Adults with more than a high school education (58.5%).
PNEUMOCOCCAL VACCINATIONS (65+)

In 2020, seven in ten CT adults reported that they ever had pneumococcal vaccination.

Compared to their counterparts in the state, the prevalence of ever having a pneumococcal vaccination among Connecticut adults 65 and older was significantly greater for:

- Females (74.9%).

Estimates marked with a † have a CV between 15.0% and 20.0%.
HPV VACCINATIONS

In 2020, one in three CT adults reported that they ever had adult human papillomavirus (HPV) vaccination.

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

- Females (44.8%);
- Non-Hispanic White adults (39.2%) compared to Hispanic (30.0%) adults; and
- Adults with more than a high school education (40.1%).

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**Figure 62: HPV Vaccination, CT 2020**

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</tr>
<tr>
<td>More than HS</td>
<td>40.1</td>
</tr>
</tbody>
</table>

*Estimates marked with a ‘†’ have a CV between 15.0% and 20.0%.*
One in three Connecticut adults in 2020 reported having been tested for HIV.

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

- Adults 35–54 years old (53.5%) and adults 18–34 years old (40.3%);
- Non-Hispanic Black (55.6%) and Hispanic (47.7%) adults; and
- Adults from household earning less than $35,000 (45.5%).
HUMAN PAPILLOMA VIRUS (HPV) TEST

Nearly half of Connecticut women reported they ever had an HPV test in 2020.

**Figure 65: Prevalence of Ever Had HPV Test Among Woman, CT 2016-2020.**

Compared with their counterparts in the state, the prevalence of women who reported that they ever had an HPV test was significantly greater for:

- Women 18-34 (47.4%) and 35-54 (65.7%);
- Hispanic women (54.3%) compared to non-Hispanic White women (44.6%);
- Women from household earning at least $75,000 (56.2%); and
- Women with more than a high school education (49.8%).

**Figure 66: Ever Had HPV Test Among CT Women, CT 2020.**
Compared to their counterparts in the state, the prevalence of Connecticut adults 21-65 years old having an appropriately times (within past three years) Pap test was significantly greater for:

- Adults from household earning at least $75,000 (90.1%); and
- Adults without a disability (84.9%).

**Figure 67:** CERVICAL CANCER SCREENING WITHIN PAST THREE YEARS (WOMEN 21-65), CT 2012-2016.

In 2020, **eight in ten** women 21-65 years old in Connecticut had a Pap test in the **last three years**.

**Figure 68:** CERVICAL CANCER SCREENING WITHIN PAST THREE YEARS (WOMEN 21-65), CT 2020.

- Total: 82.5
- NH White: 82.1
- NH Black: 86.0
- Hispanic: 82.0
- < $35,000: 80.5
- $35,000-$74,999: 80.6
- >= $75,000: 90.1
- Insured: 83.1
- Not Insured: 76.6†
- Disabled: 71.5
- Non-disabled: 84.9
- HS or less: 78.1
- More than HS: 84.7
BREAST CANCER SCREENING FOR WOMEN, 50-74 YEARS

In 2020, eight in ten CT women aged 50-74 years old had a mammogram in the past two years.

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

- Women living in household with annual income at least $75,000 (87.1%) compared to less than $35,000 (72.6%); and
- Women without a disability (84.4%).
PROSTATE CANCER SCREENING FOR MEN 40 AND OVER

In 2020, one in three Connecticut men aged 40 years and older reported had PSA test within past 2 years.

**Figure 71**: PROSTATE CANCER SCREENING WITHIN PAST 2 YEARS (MEN 40+), CT2016-2020.

Compared with their counterparts in the state, the prevalence of having a PSA test in the past two years among men 40 and over was significantly greater for:

- Adults from households earning at least $75,000 (34.9%) and $35,000-$74,999 (33.7%); and
- Adults with more than a high school education (36.6%).

**Figure 72: PROSTATE CANCER SCREENING (MEN 40+), CT 2020**

Estimates marked with a "†" have a CV between 15.0% and 20.0%; estimates marked with a "‡†" have a CV between 20.1% and 30.0%; estimates with CV greater than 30.0% were suppressed.
In 2020, three in four CT adults 50-75 years old had fully met the USPSTF recommendations for colorectal cancer screening. Have at least one of the recommended colorectal cancer screening tests within the recommended time interval: (1) guaiac-based fecal occult blood test (gFOBT) once a year, or fecal immunochemical test (FIT) once a year or FIT-DNA test once every three years; or (2) sigmoidoscopy every 5 years or every 10 years with a FIT every year; or (3) virtual colonoscopy every 5 years.

Compared with their counterparts in the state, the prevalence of met USPSTF recommendation for colorectal cancer among adults 50-75 years old was significantly greater for:

- Non-Hispanic White adults (79.9%) compared to Hispanic adults (72.8%);
- Adults from households earning at least $75,000 (81.0%) compared to less than $35,000 (70.8%);
- Adults with insurance (78.8%); and
- Adults with more than a high school education (81.0%).
6. CHRONIC CONDITIONS

ASTHMA

In 2020, one in nine Connecticut adults reported currently having asthma.

FIGURE 75: PREVALENCE OF CURRENT ASTHMA, CT 2016-2020.

Compared to their counterparts in the state, the risk of having current asthma was significantly greater for:
- Females (12.9%); and
- Adults with a disability (18.2%).

Estimates marked with a ‘†’ have a CV between 15.0% and 20.0%, estimates marked with a “††” have a CV between 20.1% and 30.0%.
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

In 2020, one in 19 CT adults reported they had COPD.

Compared to their counterparts in the state, the prevalence of COPD was significantly greater for:
- Adults from households earning less than $35,000 (8.5%) and $35,000-$75,000 (6.1%);
- Adults with a disability (15.6%); and
- Adults with no more than a high school education (7.3%).
One in four Connecticut adults in 2020 had been diagnosed with arthritis.

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

- Adults 55 years and older (40.6%) compared to adults 35–54 years old (14.9%);
- Females (26.4%);
- Non-Hispanic White adults (25.6%);
- Adults from households earning less than $35,000 (25.9%) and $35,000-$74,999 (26.1%);
- Adults with health insurance (23.9%);
- Adults with a disability (43.0%); and
- Adults with no more than a high school education (24.4%).

*Estimates marked with a ‘†’ have a CV between 15.0% and 20.0%.*
CARDIOVASCULAR DISEASE AND STROKE

In 2020, one in 14 CT adults reported they had cardiovascular disease or stroke.

FIGURE 82: PREVALENCE OF CARDIOVASCULAR DISEASES OR STROKE, CT 2016-2020.

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

- Adults 55 years and older (13.8%) compared to adults 35-54 years old (3.3%);
- Adults from households earning less than $35,000 (11.3%) and $35,000-$74,999 (7.5%);
- Adults with a disability (16.3%); and
- Adults with no more than a high school education (8.9%).

Estimates marked with a ‘†’ have a CV between 15.0% and 20.0%, estimates marked with a “††” have a CV between 20.1% and 30.0%, estimates have a CV greater than 30.0% were suppressed.
PRE-DIABETES

In 2020, **one in nine** Connecticut adults reported that they had been diagnosed with **pre-diabetes**. More than **half** of CT adults (51.1%) reported had a **test for high blood sugar** in past three years.

**Figure 84: Prevalence of Pre-diabetes, CT 2016-2020.**

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

- Adults 55 years and older (16.2%) and adults 35-54 years old (11.1%);
- Non-Hispanic Black adults (17.1%) compared to non-Hispanic White adults (10.6%); and
- Adults with a disability (16.4%).

**Figure 85: Prevalence of Pre-diabetes, CT 2020**

*Estimates marked with a “††” have a CV between 20.1% and 30.0%.*
One in 11 Connecticut adults reported in 2020 that they had ever been diagnosed with diabetes.

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

- Adults 55 or over (16.6%) compared to adults 35–54 years old (6.2%);
- Adults from households earning less than $35,000 (14.7%) and $35,000-$74,999 (11.2%);
- Adults with a disability (18.9%); and
- Adults with no more than a high school education (13.0%).

Estimates marked with a "†" have a CV between 15.0% and 20.0%; estimates marked with a "‡†" have a CV between 20.1% and 30.0.
KIDNEY DISEASE

One in 50 Connecticut adults in 2020 had been diagnosed with kidney disease.

FIGURE 88: PREVALENCE OF KIDNEY DISEASE, CT 2016-2020.

Compared to their counterparts in the state, the prevalence of kidney disease among adults in Connecticut, no difference was found.

FIGURE 89: PREVALENCE OF KIDNEY DISEASE, CT 2020

Estimates marked with a "†" have a CV between 15.0% and 20.0%; estimates marked with a "‡" have a CV between 20.1% and 30.0%; estimates with CV greater than 30.0% were suppressed.
One in six Connecticut adults in 2020 had been diagnosed with depression (17.7%).

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

- Adults 18–34 years old (22.5%);
- Females (22.8%);
- Non-Hispanic White (19.0%) and Hispanic adults (18.9%);
- Adults from households earning less than $35,000 (26.0%) and $35,000–$74,999 (18.4%);
- Adults with health insurance (18.5%); and
- Adults with a disability (35.9%).
7. CHILD HEALTH

CHILD WEIGHT STATUS

In 2020, one in seven children 5-17 years old were overweight, and one in five children 5-17 years old were obese.

Figure 92: Child weight (5-17 years old), CT 2016-2020.

Estimates marked with a "†" have a CV between 15.0% and 20.0%; estimates marked with a "‡‡" have a CV between 20.1% and 30.0%; estimates with CV greater than 30.0% were suppressed.
BREASTFEEDING

In 2020, four out of every five Connecticut children have been breastfed, and among them one in three have been exclusively breastfed for at least 6 months.

**Figure 95: Child Ever Breastfed, CT 2016-2020.**

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

- Children living with an adult caregiver who had more than a high school education (87.7%).

*Estimates marked with a “†” have a CV between 15.0% and 20.0%, estimates marked with a “‡‡” have a CV between 20.1% and 30.0%.*

**Figure 96: Length of Breastfeeding Period (Month), CT 2020.**

**Figure 97: Child Ever Breastfed, CT 2020**
CHILD SCREEN TIME

Two in three Connecticut children in 2020 had excessive screen time (more than 2 hours daily).

FIGURE 98: PREVALENCE OF CHILD EXCESSIVE SCREEN TIME, CT 2016-2020.

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

- Children 12–17 years old (76.0%) and 5-11 years old (66.5%).

Estimates marked with a "†" have a CV between 15.0% and 20.0%, estimates marked with a "‡" have a CV between 20.1% and 30.0%.
CHILD SODA AND FAST FOOD CONSUMPTION

One in three Connecticut children drank sugar sweetened beverages (SSBs) at least once daily in 2020.

FIGURE 100: PREVALENCE OF CHILD DRINKING SSBS AT LEAST ONCE DAILY, CT 2016-2020.

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

- Children 12-17 years old (37.4%) compared to 5-11 years old (25.2%);
- Children living in a household with annual earnings of less than $35,000 (45.3%) and $35,000-$74,999 (43.6%); and
- Children living with an adult proxy who had no more than a high school education (42.6%).

FIGURE 101: DRANK SUGAR SWEETENED BEVERAGES AT LEAST ONCE DAILY, CT 2020

Estimates marked with a "†" have a CV between 15.0% and 20.0%, estimates marked with a "‡" have a CV between 20.1% and 30.0%.
One in three Connecticut children ate fast food two or more times weekly in 2020.

**Figure 102: Prevalence of Ate Fast Food Two or More Times Weekly, CT 2016-2020.**

Compared to their counterparts in the state, the prevalence of eating fast food two or more times weekly among children in Connecticut, no difference was found.

**Figure 103: Ate Fast Food Two or More Times Weekly, CT 2020**

 Estimates marked with a “†” have a CV between 15.0% and 20.0%, estimates marked with a “‡‡” have a CV between 20.1% and 30.0%.
CHILD ORAL HEALTH

Eight in ten Connecticut children in 2020 had a dental visit in the previous year.

**Figure 104: Child Dental Visit in Past Year, CT 2016-2020.**

Compared to their counterparts in the state, the prevalence of dentist visit in past year among children in Connecticut, no difference was found.

**Figure 105: Child Dental Visit in Past Year, CT 2020**

Estimates marked with a "†" have a CV between 15.0% and 20.0%, estimates marked with a "††" have a CV between 20.1% and 30.0%.
One in two Connecticut children 5-17 years old had dental sealants applied to their teeth at some time in 2020.

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

- Child 12-17 years old (58.6%); and
- Child living with a caregiver with more than a high school education (53.8%).

*Figure 106: Prevalence of Child Received Dental Sealant (5-17 Years Old), CT 2016-2020.*

*Estimates marked with a "†" have a CV between 15.0% and 20.0%; estimates marked with a "††" have a CV between 20.1% and 30.0%.*
One in seven Connecticut children 5-17 years old had been told they have dental decay (cavities) in 2020.

**FIGURE 108: PREVALENCE OF CHILD DENTAL DECAY, CT 2016-2020.**

Compared to their counterparts in the state, the prevalence of dental decay among children 5-17 years old in Connecticut, no difference was found.

**FIGURE 109: CHILD DENTAL DECAY (CAVITIES IN PAST 12 MONTHS), CT 2020**

*Estimates marked with a "†" have a CV between 15.0% and 20.0%; estimates marked with a "‡" have a CV between 20.1% and 30.0%; estimates with CV greater than 30.0% were suppressed.*
CHILD ASTHMA

One in eight Connecticut children in 2020 had current asthma. An additional five percent had been diagnosed with asthma in the past but no longer had the condition.


Compared to their counterparts in the state, the prevalence of current asthma among children in Connecticut, no difference was found.

Estimates marked with a "†" have a CV between 15.0% and 20.0%; estimates marked with a "‡‡" have a CV between 20.1% and 30.0%; estimates with CV greater than 30.0% were suppressed.
8. END NOTES


