

Behavioral Health Risks Among Ledge Light Health District Adults in 2012

Connecticut Department of Public Health



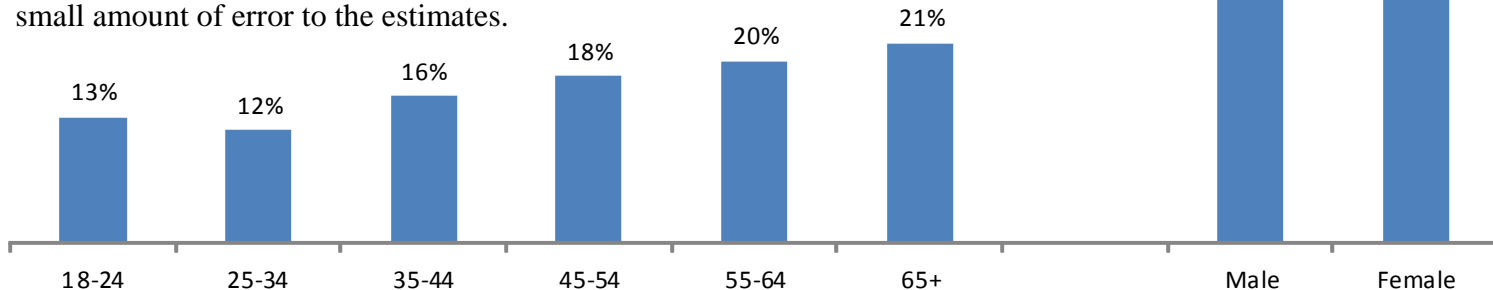
This report presents data for Ledge Light Health District (LLHD) adults on

health status, risky health behaviors, health care access, and income. Data are from Connecticut's 2012 Behavioral Risk Factor Surveillance System (BRFSS).

About the BRFSS: The BRFSS is a landline telephone and cellular phone survey administered in all 50 states and 4 U.S. territories with funding and specifications from the Centers for Disease Control and Prevention (CDC). The BRFSS monitors the prevalence of health risks that contribute to the leading causes of disease and death among adults 18 and older in the United States. Connecticut has participated in the BRFSS since 1988.

Connecticut's BRFSS: From January to December 2012, the Connecticut BRFSS conducted random-digit dialed telephone and cellular phone interviews with 8,781 non-institutionalized CT adults, 611 of which resided in the LLHD (553 landline and 58 cell phone surveys). A professional firm implemented the survey under contract with the Connecticut Department of Public Health.

Reading Statistics: This report presents bar graphs showing percentages and 95% Confidence Intervals (CI). Since percentages from survey data are estimates, the 95% CI indicates the range of values within which the "true" value lies 95% of the time. A chi-squared test is conducted to confirm if the differences are statistically significant. The data are weighted to Connecticut population estimates because town level demographic population estimates are unavailable — using Connecticut weights may add a small amount of error to the estimates.



Highlights

Residents in LLHD have similar health risks as the rest of the Connecticut population, except that fewer report not having received a check-up from a health care provider in the past year.

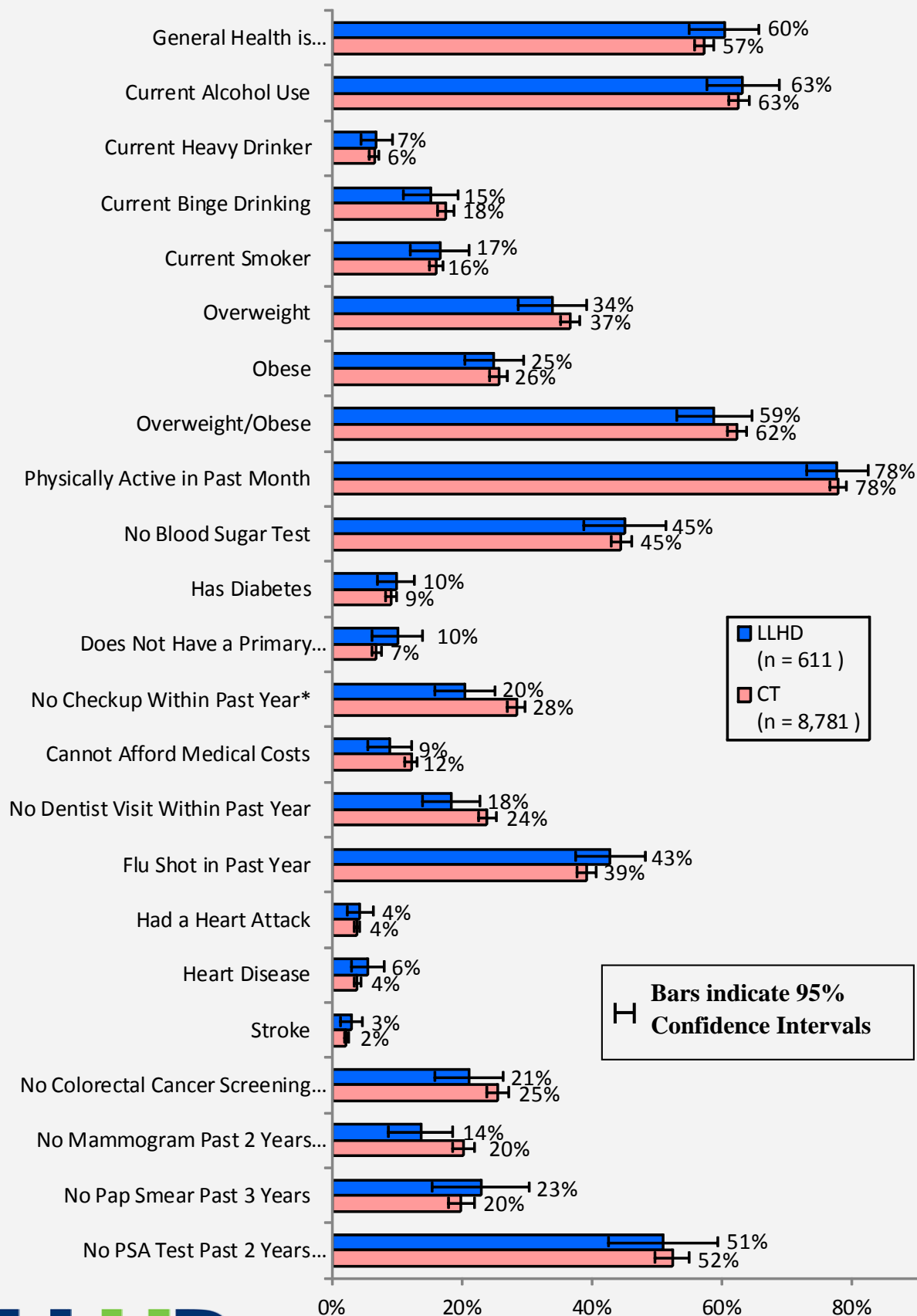
Like Connecticut and the U.S., health risks experienced by those of higher socioeconomic status (annual income greater than \$75,000) were significantly lower for multiple indicators.

LLHD has numerous initiatives focused on preventing disease, illness, and premature mortality, including asthma education, substance and tobacco-use prevention, tobacco cessation support, nutrition and physical activity promotion, and policy change initiatives that create healthy opportunities for all our residents. Learn more about these efforts at www.llhd.org.

Acknowledgements: The Connecticut BRFSS is funded in part by the CDC BRFSS Cooperative Agreement, and the CDC Chronic Disease Prevention and Health Promotion Programs Cooperative Agreement.

Further Information: Go to <http://www.ct.gov/dph/brfss>, <http://www.cdc.gov/brfss> or contact the Health Statistics and Surveillance Section, at the CT Department of Public Health (860-509-7658).

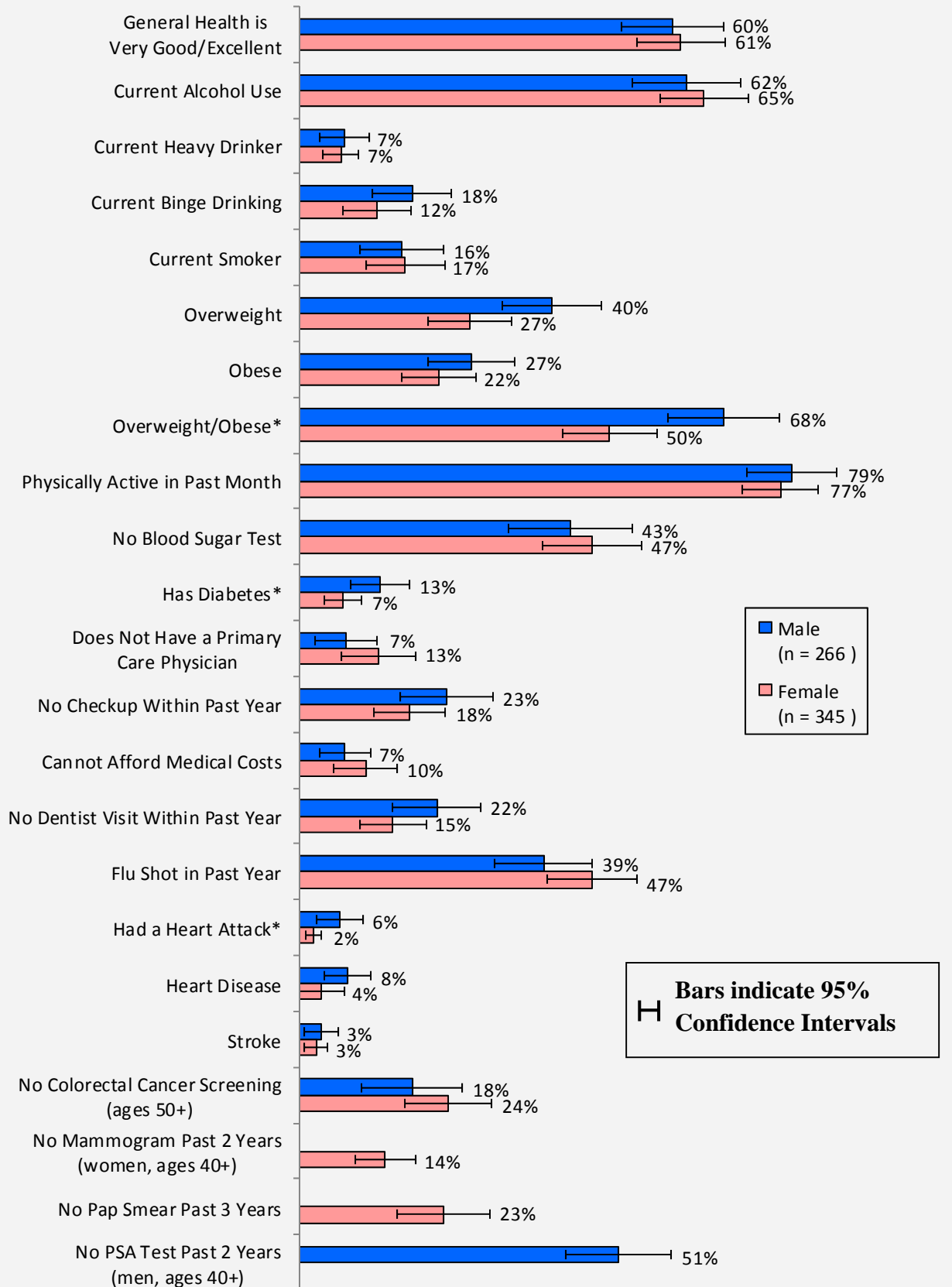
Figure 1
Health Risks Among LLHD vs. CT Residents
 (Ages 18 and older) -- 2012



Source:
 2012
 Connecticut
 Behavioral
 Risk Factor
 Surveillance
 System

Figure 2
Health Risks Among LLHD Residents
 (Ages 18 and older) by Gender -- 2012

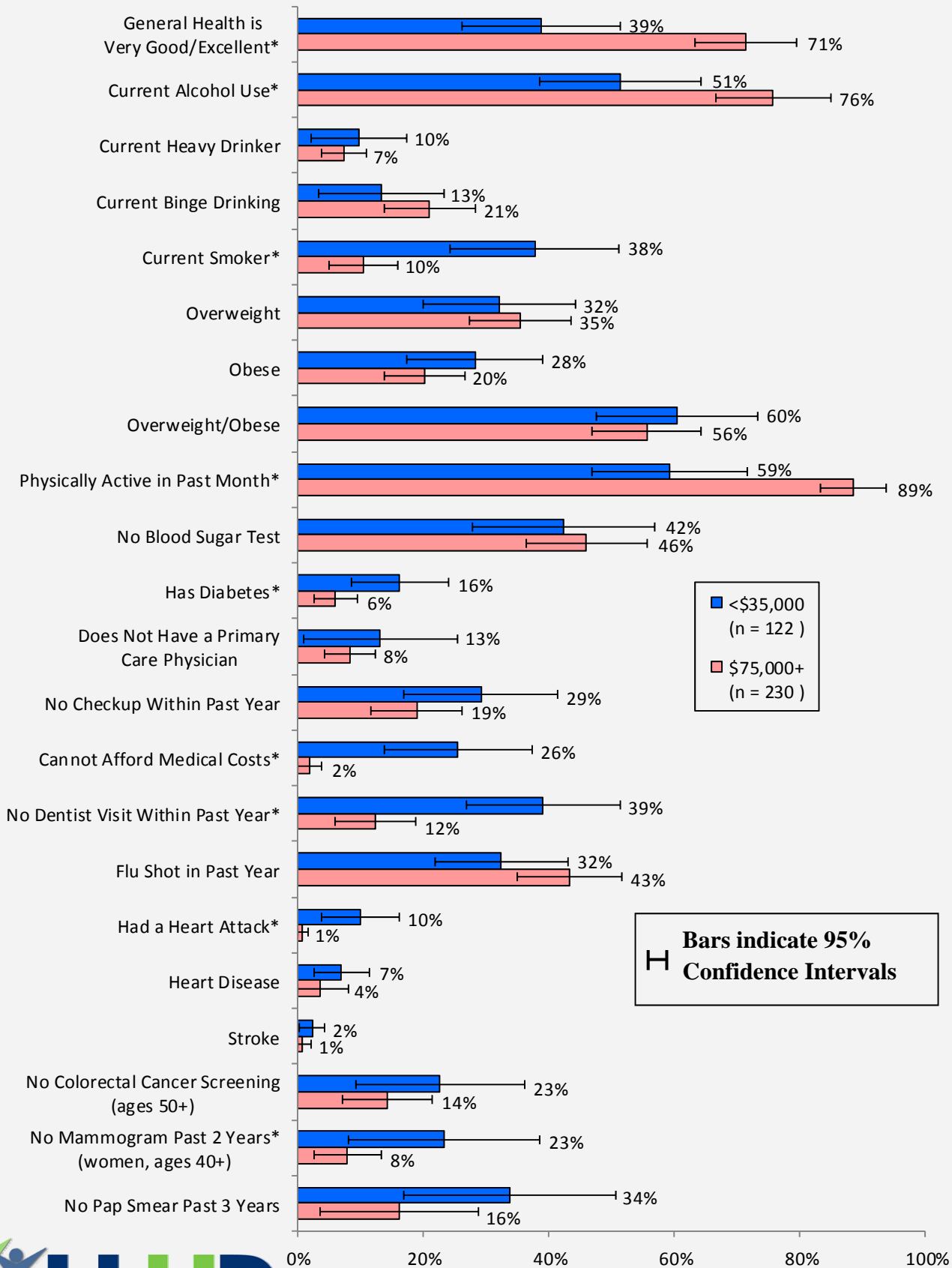
Source:
 2012
 Connecticut
 Behavioral
 Risk Factor
 Surveillance
 System



* statistically significant difference

Figure 3
Health Risks Among LLHD Residents
 (Ages 18 and older) by Income -- 2012

Source:
 2012
 Connecticut
 Behavioral
 Risk Factor
 Surveillance
 System



* statistically significant difference