OVERVIEW

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Health Disparities

- Eliminating health disparities is a major goal of Healthy People 2010, the US Surgeon General’s health objectives for the nation.

- Refer to unfavorable differences in health status between the minority and majority populations.

- Eliminating health disparities by race, ethnicity, income, gender, sexual orientation are included as objectives for Healthy People 2010.

Defining Health Disparities in Connecticut

- …Refer to differences …that exist among specific population groups in CT.

- …may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, and geographic area of residence.

**Data Sources**

- U.S. Census 2000
- U.S. American Community Survey 2005
- Behavioral Risk Factor Surveillance System
- Connecticut Death Registry

**Growth in the CT Racial and Ethnic Minority Population, 1980 - 2025**

Source: U.S. Bureau of the Census

**Population Growth 1990 - 2000 Connecticut Subgroups**

Source: U.S. Bureau of the Census

**Connecticut Population 1990 & 2000**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Change in Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>- 84,246</td>
</tr>
<tr>
<td>Black</td>
<td>+ 52,708</td>
</tr>
<tr>
<td>Hispanic</td>
<td>+ 107,207</td>
</tr>
<tr>
<td>Asian / Pacific Islander</td>
<td>+ 39,652</td>
</tr>
<tr>
<td>American Indian</td>
<td>+ 3,128</td>
</tr>
</tbody>
</table>

Source: U.S. Bureau of the Census

**Hispanic Population in CT’s Largest Cities**

<table>
<thead>
<tr>
<th>City</th>
<th>% Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>10.9</td>
</tr>
<tr>
<td>Hartford</td>
<td>42.6</td>
</tr>
<tr>
<td>Bridgeport</td>
<td>32.4</td>
</tr>
<tr>
<td>New Britain</td>
<td>31.6</td>
</tr>
<tr>
<td>Waterbury</td>
<td>27.5</td>
</tr>
<tr>
<td>New Haven</td>
<td>24.1</td>
</tr>
<tr>
<td>Norwalk</td>
<td>22.5</td>
</tr>
<tr>
<td>Stamford</td>
<td>20.6</td>
</tr>
</tbody>
</table>

Source: U.S. Bureau of the Census, 2005

**Sociodemographic Factors Influence Health Status**

- Age distribution of the population
- Educational attainment
- Income level
- Neighborhood environment

Source: Image
CT Residents by Age and Race/Ethnicity Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>White NH</th>
<th>Black NH</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>5%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>5-19</td>
<td>19%</td>
<td>26%</td>
<td>27%</td>
</tr>
<tr>
<td>20-64</td>
<td>61%</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>65+</td>
<td>15%</td>
<td>8%</td>
<td>4%</td>
</tr>
</tbody>
</table>


Educational Attainment
CT Residents 25 years & Older by Race & Ethnicity

Less than a High School diploma:
- 32% of all Hispanics (all races)
- 19% of all African Americans/Blacks
- 11% of all Asians
- 9% of all White, Non-Hispanics

Source: 2005 U.S. Census (Connecticut Residents)

Per Capita Income
CT Residents by Race & Ethnicity

- Hispanic (all races): $18,126
- African American/Black: $19,528
- Asian: $35,173
- White, Non-Hispanic: $38,277

Source: 2005 U.S. Census (Connecticut Residents)

Percent Living below Poverty Line
CT Residents 25 years & Older by Race & Ethnicity

- 23% of all Hispanics (all races)
- 19% of all African Americans/Blacks
- 8% of all Asians
- 5% of all Whites

Source: 2005 U.S. Census (Connecticut Residents)

Challenges in Measuring Disparities

- Reporting accurate statistics due to small numbers for some subpopulation groups.
- The importance of examining trends in disparities over time in order to develop an accurate picture of the problem.
- Missing information on race/ethnicity in some databases.
Leading Causes of Death

<table>
<thead>
<tr>
<th>Rank</th>
<th>All</th>
<th>White NH</th>
<th>Black NH</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>Cancer</td>
<td>Cancer</td>
<td>Cancer</td>
</tr>
<tr>
<td>3</td>
<td>Cerebrovascular Disease</td>
<td>Disease</td>
<td>Disease</td>
<td>Disease</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Disease</td>
<td>Diabetes</td>
<td>HIV</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Injuries</td>
<td>Injuries</td>
<td>Injuries</td>
<td>HIV</td>
</tr>
<tr>
<td>6</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
<td>Diabetes</td>
</tr>
</tbody>
</table>

Age-Adjusted Death Rates for All Causes

Age-Adjusted Premature Death Rates (< 75 yrs)

Age-Adjusted Death Rates for Heart Disease

Age-Adjusted Death Rates for Cancer
**Age-Adjusted Death Rates for Unintentional Injuries - Connecticut Residents, 2000-2004**

**Age-Adjusted Death Rates for HIV Connecticut Residents, 2000-2004**

**Age-Adjusted Death Rates for Stroke Connecticut Residents, 2000-2004**

**Age-Adjusted Death Rates for Diabetes Connecticut Residents, 2000-2004**

**Challenges for the CT DPH**

- On-going surveillance of health needs and status of ethnic and cultural communities in CT
- Support community-based efforts to identify and eliminate disparities by:
  * meeting with constituent groups to elicit needs;
  * providing relevant data;
  * providing technical assistance;
  * collaborating with public and private partners.

**The Connecticut Health Disparities Project**

- To improve the statewide infrastructure for documenting, reporting, and addressing health disparities in Connecticut.
The Connecticut Health Disparities Project

Objectives

- Evaluate data collection
- Coordinate agency planning objectives
- Publish state health disparities report
- Provide leadership in the development of a statewide network

CT Health Disparities Webpage

- www.ct.gov/dph
- “Statistics and Research”
- “Health Disparities”

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