



CONNECTICUT CARDIOVASCULAR DISEASES STATISTICS REPORT, 2021

Estimates of Cardiovascular Diseases and Their Burden in
Connecticut

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Key Findings

The following highlights the most compelling findings from the Connecticut Cardiovascular Diseases Statistical Report, 2021.

- An estimated 7.0% of Connecticut adults (age 18 years or older)—or 198,000 adults—have been told by a health professional that they have had a stroke, heart attack, or coronary heart disease.¹
- High blood pressure, high blood cholesterol, and smoking are main risk factors for cardiovascular diseases. An estimated 30.9% of Connecticut adults have been told by a health professional that they have high blood pressure, and 34.5% of adults have had their cholesterol checked and have been told by a health professional that it was high.² Approximately 12.0% of Connecticut adults are current cigarette smokers.¹
- Diabetes, unhealthy weight status, physical inactivity, poor nutrition, and excessive alcohol use may increase the risk of developing cardiovascular disease. An estimated 9.6% of Connecticut’s adults have diagnosed diabetes; 64.8% are overweight or obese; 73.9% do not meet strength or aerobic physical activity recommendations; 32.5 % consume less than one fruit a day; 18.1% consume less than one vegetable a day; and 6.2% are categorized as heavy alcohol drinkers.^{1,2}
- Poorly controlled high blood pressure, high blood cholesterol, and cardiovascular diseases may lead to inpatient hospitalizations and deaths.
- In 2019, heart disease was the first-listed diagnosis for 36,217 hospitalizations, or about 11% of all inpatient hospitalizations.³ Age-adjusted hospitalization rates (AAHR) vary by race and ethnicity. Cardiovascular disease age-adjusted inpatient hospitalization rates tend to be higher among Black and Hispanic residents and lower among White residents.⁴
- In 2019, heart disease was the leading cause of death among Connecticut residents, accounting for nearly 23% of all deaths. Stroke was the fifth leading cause of death, accounting for 4.2% of all deaths.⁵
- Heart disease and stroke are leading causes of death before the age of 75 years. In 2019, heart disease accounted for nearly 20% of all deaths under the age of 75. Stroke accounted for 2.4% of all deaths under the age of 75.⁵
- Cardiovascular disease age-adjusted mortality rates (AAMR) and years of potential life lost (YPLL) vary by race and ethnicity. Non-Hispanic Black or African American and non-Hispanic White residents have the highest rates compared with non-Hispanic Asian and Hispanic residents.⁶
- The Connecticut Department of Public Health promotes the use of evidence-based strategies to manage high blood pressure, high cholesterol, and diabetes in high-burden populations and communities through funding from the Centers for Disease Control and Prevention (CDC).

¹ 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS) Data

² 2017 & 2019 BRFSS Data

³ 2019 Connecticut Inpatient and Emergency Department Visit Dataset

⁴ 2016-2019 Connecticut Inpatient and Emergency Department Visit Dataset

⁵ 2019 Connecticut Department of Public Health Vital Records Mortality Files

⁶ 2015-2019 Connecticut Department of Public Health Vital Records Mortality Files

The Connecticut Cardiovascular Diseases Statistical Report is a publication of the Connecticut Department of Public Health. The report presents cardiovascular disease prevalence, hospitalization, and death statistics and interpretation. This statistical information will be used by the Connecticut Department of Public Health and its partners to implement evidence-based policies and programs that prevent or control cardiovascular diseases and their risk factors. The Connecticut Department of Public Health makes this report available to the public to provide the latest data on health trends in the state.

Notes to the Readers

In this report the reader will find some age-adjusted rates. Age-adjusted rates are useful in comparing statistics that are influenced by age, such as cardiovascular disease hospitalizations and deaths. Also, the rates are age-adjusted to limit differences in the age distribution in the population over time or within demographic subgroups.

Throughout this report, all racial groupings (e.g., Black or African American, White, Asian) exclude persons of Hispanic ethnicity. A Hispanic or Latino/a ethnicity category is included in figures and tables reflecting data separate from race categories. Therefore, the modifier “Non-Hispanic or Latino/a” is assumed. In some cases, Asian, Pacific Islander, American Indian or Alaskan Native, other race, and multiracial adults are reported as Non-Hispanic Other or are not presented due to small numbers and unreliable estimates.

Also, throughout this document, only male and female gender categories are reported. The Behavioral Risk Factor Surveillance System (BRFSS) survey asks participants to self-identify as male or female. Survey respondents may identify as other categories in the Sexual Orientation and Gender Identity portion of the survey. These categories are not included in this report due to small numbers and unreliable estimates. For mortality or death data, male or female gender is reported by next of kin or healthcare provider. Regarding inpatient hospital discharge data, male or female gender are self-reported.

Additionally, within this report, disability is presented as a risk factor for cardiovascular diseases. Within this document, disability is defined as adults who self-reported being blind, being deaf, having serious difficulty in walking or climbing stairs, having difficulty in dressing or bathing, are limited in any activities because of physical, mental, or emotional problems, or require the use of special equipment (such as a cane, a wheelchair, a special bed, or a special telephone) due to a health problem.

Lastly, all data in this report are specific to Connecticut residents. Data from the Behavioral Risk Factor Surveillance System are specific to Connecticut adults. Hospital and mortality statistics relate to all Connecticut residents and are not limited to adults.

Graphs and charts, data tables, and information on the methods used are provided in the *Figures*, *Detailed Data Tables*, and *Detailed Methods and Data Sources* sections at the end of this report.

Prevalence of Cardiovascular Diseases

Cardiovascular diseases affect many Connecticut adults. An estimated 7.0% of Connecticut adults 18 years or older—or 198,000 adults—have been told by a health professional that they have had a stroke, heart attack, or coronary heart disease. When the conditions are analyzed separately, 2.5% of adults

have had a stroke, 3.4% have had a heart attack, and 3.5% have coronary heart disease. (Connecticut Department of Public Health, 2020)

Cardiovascular diseases impact adults disproportionately. For example, men are more likely than women to have been told by a health professional that they have had a stroke, a heart attack, or coronary heart disease (or told they have had a cardiovascular disease). Additionally, Hispanic adults are less likely to have been told they have a cardiovascular disease compared with White and Black Connecticut adults. Also, adults 65 years of age or older are nearly five times more likely than younger adults to have been told by a health professional that they have had a cardiovascular disease. Moreover, adults with lower educational attainment and those with lower annual household incomes are more likely to have a cardiovascular disease than their counterparts. Furthermore, adults with a weight status considered obese or overweight are more likely to have a cardiovascular disease compared to other adults. Finally, adults with a disability are more likely to have a cardiovascular disease than those without a disability (Connecticut Department of Public Health, 2020).

Refer to Figures 1 and 2 and Table 1 for more detailed data.

Risk Factors for Cardiovascular Diseases

High Blood Pressure, High Blood Cholesterol, and Tobacco Smoking

Cardiovascular diseases have three main risk factors:

- **High blood pressure.** According to the CDC, blood pressure is the pressure of blood pushing against the walls of the arteries. Too much pressure on the arteries can the arteries to weaken and burst or to become blocked, stopping blood flow. An estimated 30.9% of Connecticut adults have been told by a health professional that they have high blood pressure (National Center for Chronic Disease Prevention and Health Promotion , Division for Heart Disease and Stroke Prevention, 2021; Connecticut Department of Public Health, 2017 & 2019).
- **High cholesterol.** Blood cholesterol is a waxy, fat-like substance made by your liver. Blood cholesterol is involved in making hormones and digesting fatty foods among other tasks. Too much LDL (low-density lipoprotein) may build up in arteries blocking blood flow. Approximately 34.5% of adults have had their cholesterol checked and have been told by a health professional that it was high. (National Center for Chronic Disease Prevention and Health Promotion , Division for Heart Disease and Stroke Prevention, 2020; Connecticut Department of Public Health, 2017 & 2019)
- **Smoking.** Smoking tobacco products may cause cardiovascular disease by raising triglycerides, lowering high-density lipoproteins (“good cholesterol”), increasing the buildup of plaque in blood vessels, and causing blood clots. An estimated 12.0% of Connecticut adults are current cigarette smokers. (Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, 2020; Connecticut Department of Public Health, 2020)

The prevalence of high blood pressure, high cholesterol, and smoking vary by gender, age, educational attainment, and annual household income. Men are more likely to have high blood pressure and be current smokers compared with women. The prevalence of high blood pressure and high cholesterol increase with age. In contrast, the prevalence of smoking decreases with age. The prevalence of high blood pressure, high cholesterol, and current smoking decrease as educational attainment increases.

Also, the prevalence of high blood pressure, high cholesterol, and current smoking decrease with increasing annual household income (Connecticut Department of Public Health, 2017 & 2019; Connecticut Department of Public Health, 2020).

Additionally, the prevalence of high blood pressure, high cholesterol, and current smoking vary by race and ethnicity. Connecticut adults who are Asian are less likely to have high blood pressure and to be current smokers compared to other adults. Adults who are Hispanic have a lower prevalence of high blood pressure compared with White and Black adults. White adults are more likely than Black and Hispanic adults to have high cholesterol. Also, White adults are less likely than Black and Hispanic adults to be current smokers (Connecticut Department of Public Health, 2017 & 2019; Connecticut Department of Public Health, 2020).

Also, the prevalence of high blood pressure, high cholesterol, and current smoking vary by disability and weight status. Adults with a disability are more likely to have high blood pressure, have high cholesterol, and be current smokers compared to adults without disabilities. The prevalence of high blood pressure and high cholesterol is higher among adults who are overweight or obese (Connecticut Department of Public Health, 2017 & 2019; Connecticut Department of Public Health, 2020).

Refer to Figures 3 to 5 and Tables 2 to 4 for more detailed data.

Diabetes, Unhealthy Weight Status, Physical Inactivity, Poor Nutrition, and Excessive Alcohol Use

Five other risk factors increase the likelihood of developing cardiovascular diseases: diabetes, a body weight categorized as overweight or obese, physical inactivity, unhealthy diet, and excessive alcohol use.

Diabetes is characterized by blood glucose levels that are above normal because either the body does not make enough insulin, or the body does not use insulin as well as it should (Connecticut Department of Public Health, 2020). High blood glucose, or sugar, levels can damage the blood vessels and nerves that control the heart (Centers for Disease Control and Prevention, 2021). Approximately 272,000 adults—or 9.6% of Connecticut adults—have diagnosed diabetes (types 1 and 2). An additional 91,000 adults are estimated to have diabetes but do not know they have the condition. There are disparities in diagnosed diabetes prevalence. Men are more likely to have diabetes compared with women. Also, diagnosed diabetes prevalence increases with increasing age, decreasing educational attainment, and decreasing annual household income. Additionally, Connecticut adults who are Black are more likely to have diagnosed diabetes compared to White and Hispanic adults. Moreover, adults who are overweight or obese and adults with a disability are more likely to have diagnosed diabetes compared with their counterparts (Connecticut Department of Public Health, 2020).

According to the CDC, weight that is higher than what is considered healthy for a given height is described as overweight or obesity (Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, 2021). Conditions like diabetes, high cholesterol, and high blood pressure are associated with unhealthy weight status. An estimated 64.8% of Connecticut adults are overweight or obese (Connecticut Department of Public Health, 2020).

Several demographic characteristics are associated with overweight or obese weight status. Men are more likely than women to be obese. Also, older adults are more likely to be overweight or obese.

Adults with lower educational attainment and those with lower annual household incomes are more likely to be overweight or obese than adults with higher educational attainment or higher annual household incomes. Adults with a disability are more likely to be overweight or obese compared to those without a disability. Furthermore, the prevalence of overweight and obesity varies by race and ethnicity. Adults who are Asian are less likely to be overweight or obese compared with adults of other races and ethnicities. Similarly, the prevalence of overweight or obesity is lower among White adults compared with Black and Hispanic adults (Connecticut Department of Public Health, 2020).

Physical activity has been shown to lower the risk of high blood pressure and stroke and prevents weight gain (Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, 2020). Despite the benefits of physical activity, 73.9% of adults do not meet aerobic and strengthening physical activity recommendations. Females are less likely to meet physical activity recommendations compared with males. Older adults, overweight or obese adults, and adults with lower educational attainment, lower annual household incomes, and disabilities are less likely to meet physical activity recommendations compared with their counterparts. The percent of adults meeting physical activity recommendations varies little by race and ethnicity (Connecticut Department of Public Health, 2017 & 2019).

The risk of dying from heart disease may be lowered by eating fruits, vegetables, whole grains, yogurt, and nuts (American Heart Association News, 2021). Nevertheless, one-third of Connecticut's adults consume less than one fruit a day. Furthermore, nearly 20% consume less than one vegetable a day. Men, younger adults, adults with lower educational attainment, adults with lower annual household incomes, those with disabilities, and those who are overweight or obese are more likely to consume less than one fruit and less than one vegetable a day. The prevalence of fruit consumption varies little by race and ethnicity. However, adults who are Hispanic are more likely to consume less than one vegetable a day compared with adults who are White, Black, Asian, and of other races. Similarly, adults who Black are more likely to consume less than one vegetable a day compared with adults who are White, Asian, and of other races (Connecticut Department of Public Health, 2017 & 2019).

Excessive alcohol consumption may raise blood pressure and increase triglyceride levels (National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, 2019). An estimated 6.2% of Connecticut adults are categorized as heavy drinkers. Adults are categorized as heavy drinkers if they are men having more than 14 alcoholic drinks per week or women having more than 7 drinks per week. Adults who are non-Hispanic White are more likely to be categorized as heavy drinkers compared with adults who are non-Hispanic Black or Hispanic. Also, adults with higher annual household incomes are more likely to be categorized as heavy drinkers compared to adults with lower annual household incomes (Connecticut Department of Public Health, 2020).

Refer to Figures 6 to 11 and Tables 5 to 10 for more detailed data.

Complications

Poorly controlled high blood pressure, high blood cholesterol, and cardiovascular diseases may lead to complications such as inpatient hospitalizations and premature death. Heart disease is both the leading cause of inpatient hospitalization and death among Connecticut residents.

Hospitalizations

In 2019, heart disease was the first-listed diagnosis for 36,217 hospitalizations, or about 11% of all inpatient hospitalizations. That same year, coronary heart disease was listed as the first diagnosis for 8,872 inpatient hospitalizations, and stroke for 8,753. Heart failure was listed as any diagnosis for 61,245 inpatient hospitalizations. These hospitalizations are associated with many days spent in the hospital and substantial hospital charges. In 2019 alone, patients with a cardiovascular disease listed as the first diagnosis spent 255,000 days in the hospital. The median length of stay was 3 days. The hospital charges for cardiovascular disease totaled \$3.3 billion with a median charge of approximately \$41,000 (Connecticut Department of Public Health, 2019a).

Disparities exist in the age-adjusted inpatient hospitalization rates of cardiovascular diseases. Cardiovascular disease age-adjusted inpatient hospitalization rates tend to be higher among Black and Hispanic residents and lower among White and Asian residents. Finally, the age-adjusted hospitalization rates for American Indian or Alaskan Native residents and Native Hawaiian or Other Pacific Islander residents are unreliable due to the small number of hospitalizations among these residents (Connecticut Department of Public Health, 2016-2019).

Refer to Figures 12 and 13 and Tables 11 and 12 for more detailed data.

Deaths

Heart disease and stroke are leading causes of death in Connecticut. In 2019, heart disease was the leading cause of death among Connecticut residents, accounting for nearly 23% of all deaths. Stroke was the fifth leading cause of death, accounting for 4.2% of all deaths (Connecticut Department of Public Health, 2019b).

The number of heart disease and stroke deaths increase with age. Most of these deaths are among adults 65 and older: 85.6% of heart disease deaths and 91.1% of stroke deaths (Connecticut Department of Public Health, 2019b).

Cardiovascular disease age-adjusted mortality rates vary by gender and race and ethnicity. The age-adjusted mortality rates for all cardiovascular diseases, heart disease, coronary heart disease, and heart failure are higher among male residents compared with female residents. In addition, White and Black residents have higher cardiovascular disease, heart disease, and coronary heart disease age-adjusted mortality rates compared with Hispanic and Asian residents. Also, cardiovascular disease, heart disease, and coronary heart disease age-adjusted mortality rates are higher among Hispanic residents compared with Asian residents. Furthermore, residents who are two or more races have the highest age-adjusted mortality rates for all categories. Finally, the small number of cardiovascular diseases deaths among resident who are American Indian or Alaskan Native and those who are Native Hawaiian or Other Pacific Islander residents lead to imprecise age-adjusted mortality rates (Connecticut Department of Public Health, 2015-2019).

Time trend analyses show that cardiovascular disease age-adjusted mortality rates changed from 2010 to 2019. Increases or decreases over time are defined by annual percent changes with a p-value that is less than 0.05. Age-adjusted mortality rates for all cardiovascular diseases, heart disease, and coronary heart disease decreased over time. In contrast, age-adjusted mortality rates for heart failure increased

from 2010 to 2019. The change in stroke age-adjusted mortality rates from 2010 to 2019 did not reach statistical significance (Connecticut Department of Public Health, 2010-2019).

Refer to Figures 14 to 16 and 2 and Tables 13 to 16 for more detailed data.

Years of Potential Life Lost

Years of potential life lost is a measure of premature mortality, or deaths before age 75. The cutoff is set at 75 years because this age is below the normal life expectancy. The years of potential life lost methodology gives a higher weight to deaths at younger ages thus emphasizing potential preventable deaths and health disparities in subpopulations (Hynes, Mueller, Li, & Amadeo, n.d.).

Heart disease and stroke are leading causes of death before age 75. In 2019, heart disease accounted for nearly 20% of all deaths under age 75. Stroke accounted for 2.4% of all deaths under age 75 (Connecticut Department of Public Health, 2019b).

Age-adjusted years of potential life lost vary by gender and race and ethnicity. Male residents have higher age-adjusted years of life lost before age 75 for cardiovascular diseases, heart disease, coronary heart disease, stroke, and heart failure compared with female residents. Black residents have the highest age-adjusted years of potential life lost for cardiovascular diseases, heart disease, coronary heart disease, and stroke. Also, Black residents have higher age-adjusted heart failure years of potential life lost compared with White, Hispanic, and Asian residents. Additionally, adults who are two or more races have the highest heart failure age-adjusted years of potential life lost as well as higher cardiovascular disease, heart disease coronary heart disease, and stroke years of potential life lost compared with White, Hispanic, and Asian residents. Moreover, White residents have higher age-adjusted years of potential life lost for cardiovascular diseases, heart disease, and coronary heart disease compared with Hispanic residents. Furthermore, Asian residents have the lowest age-adjusted years of potential life lost compared with all other racial and ethnic groups for all five categories. Lastly, the small number of cardiovascular diseases deaths under age 75 among American Indian or Alaskan Native residents and Native Hawaiian or Other Pacific Islander residents lead to imprecise age-adjusted years of potential life lost for these residents (Connecticut Department of Public Health, 2015-2019).

Time-trend analyses show some change in age-adjusted years of potential life lost. The age-adjusted years of potential life lost for all cardiovascular diseases and heart disease have decreased since 2010. The decreases for coronary heart disease and stroke and the increase in heart failure age-adjusted years of potential life lost did not reach statistical significance (Connecticut Department of Public Health, 2010-2019).

Refer to Figures 17 to 19 and Tables 17 to 19 for more detailed data.

Prevention and Control of Cardiovascular Diseases

Regular Medical Care

Access to healthcare is crucial to the prevention, diagnosis, treatment, and management of high blood pressure, high cholesterol, and cardiovascular disease. Approximately 91.9% of Connecticut adults (18+ years) have healthcare coverage or insurance. An estimated 83.7% of Connecticut adults have at least one person they think of as their personal doctor or healthcare provider. Among Connecticut adults, 80.1% have had a routine check-up in the past year. Even though most Connecticut adults have

healthcare coverage, 8.9% experienced a time in the past year when they were not able to see a doctor because of cost (Connecticut Department of Public Health, 2020).

Healthcare providers may prescribe medications to control high blood pressure or high cholesterol. An estimated 77.3% of Connecticut adults with high blood pressure are taking medications to control high blood pressure. Furthermore, 59.2% of Connecticut adults with high cholesterol are taking medications to control high cholesterol. It is important to note that 6.4% of all Connecticut adults taking prescription medications experienced a time in the past year when they could not take their medications because of cost (Connecticut Department of Public Health, 2017 & 2019; Connecticut Department of Public Health, 2020).

Health insurance coverage increases access to and affordability of medical providers and medications. Connecticut adults with healthcare coverage are more likely than those without coverage to have a medical provider and to have visited the doctor in the past year. Additionally, adults with healthcare coverage were less likely than those without coverage to experience a time when they could not see a doctor or take prescription medication because of cost (Connecticut Department of Public Health, 2020).

Refer to Figure 20 and Tables 20 and 21 for more detailed data.

Self-Measured Blood Pressure

Self-measured blood pressure programs train patients to measure their blood pressure in their homes and record the readings. The readings are shared with their healthcare providers to inform treatment decisions. Also, self-measuring blood pressure motivates patients to address cardiovascular disease risk factors other than and in addition to high blood pressure, such as smoking and physical inactivity (The Community Preventive Services Task Force, 2015). Approximately 22.8% of Connecticut adults have had a healthcare provider recommend that they check their blood pressure outside of the office or at home. Similarly, an estimated 22.8% of Connecticut adults regularly check their blood pressure out of a healthcare provider's office or at home (Connecticut Department of Public Health, 2017 & 2019) [Data not shown].

Overarching Themes

While cardiovascular diseases and their risk factors impose a large burden on the entire Connecticut population, specific sociodemographic characteristics are associated with greater burden. For example, Black residents have the highest hospitalization, death, and premature death rates for cardiovascular diseases. Additionally, Connecticut adults with lower annual household incomes have the highest prevalence of cardiovascular diseases and their risk factors. Furthermore, adults with low annual household incomes are least likely to have a healthcare provider and most likely to have experienced a time in the past year when they could not visit a doctor or take medications because of the cost.

The Connecticut Department of Public Health's Role

The Connecticut Department of Public Health's Chronic Disease programs work to collectively address the more than 2 million Connecticut residents that suffer from one or more chronic diseases. Chronic disease programs work collaboratively within the Department and with partners to make healthy choices, easier choices. The Connecticut Department of Public Health works to lessen the burden of cardiovascular diseases and their risk factors through multiple CDC cooperative agreements and grants.

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Through Improving the Health of Americans Through Prevention and Management of Diabetes, Heart Disease, and Stroke (CDC-1815), the Connecticut Department of Public Health implements evidence-based strategies that aim to prevent type 2 diabetes and manage diabetes, hypertension, and high cholesterol. The strategies include:

- Increase enrollment and retention of people with prediabetes in the National Diabetes Prevention Program (National DPP) lifestyle change program.
- Increase the identification of people with prediabetes within healthcare organizations and referring them to CDC-recognized organizations offering the National DPP lifestyle change program.
- Increase participation of people with diabetes in diabetes self-management education and support (DSMES) programs recognized by the American Diabetes Association or accredited by the Association of Diabetes Care & Education Specialists.
- Increase the number of pharmacists who help people with diabetes, hypertension, and high cholesterol manage their medications.
- Increase reporting and tracking of clinical data to improve identification, management, and treatment of patients with high blood pressure and high blood cholesterol.
- Encourage providers to follow evidence-based guidelines and policies for team-based care of patients with high blood pressure and high blood cholesterol.
- Increase engagement in self-management among patients with high blood pressure and high blood cholesterol.
- Promote the use of Community Health Workers in the management of diabetes, high blood pressure, and high cholesterol.

To implement the CDC-1815 strategies in populations most at risk for cardiovascular diseases, the Connecticut Department of Public Health collaborates with three federally qualified health center, one visiting nurse association, and a technical assistance vendor. Federally qualified health centers promote health equity by providing comprehensive, culturally competent, high-quality healthcare to people who are at increased risk of poor health. The visiting nurse association promotes health equity by providing home healthcare and community-based services.

Additional Chronic Disease programs within the Connecticut Department of Public Health work to address risk factors for cardiovascular diseases, including the State Physical Activity and Nutrition Program (SPAN-1807) and the Tobacco Prevention and Control Program. SPAN is a CDC-funded program that implements evidence-based strategies at state and local levels to improve nutrition and physical activity. One example of SPAN strategies is implementing food service guidelines in worksites and in community settings to increase the availability of healthy foods. A second example is collaborating with partners to connect sidewalks, paths, bicycle routes, public transit with homes, early care and education, schools, worksites, parks, or recreation centers through implementing master plans and land use interventions. CDC's Office on Smoking and Health's (OSH) National and State Tobacco Control Program (NTCP) provides funds to states to achieve four goals: 1) eliminate exposure to secondhand smoke; 2) promote quitting tobacco use among adults and youth; 3) prevent tobacco use initiation among youth and young adults; and 4) identify and eliminate tobacco-related disparities.

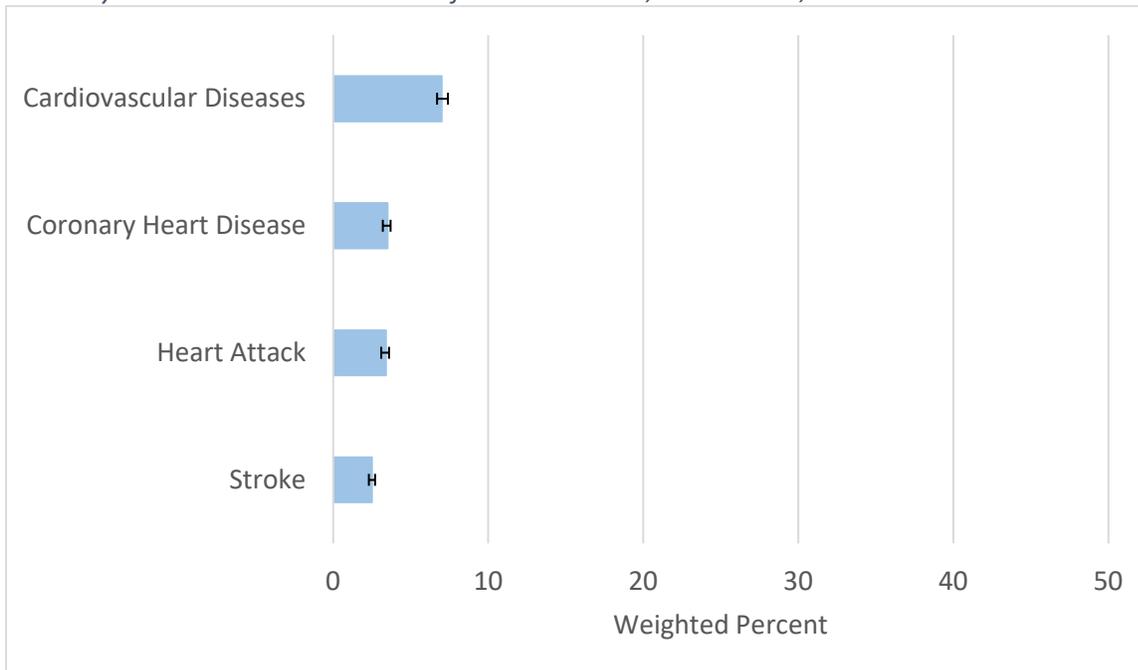
The Connecticut Department of Public Health's efforts to prevent or delay chronic diseases are two-fold. They help to control health care costs and free up capacity within the health care system, while also contributing to a better quality of life for the individual and their families, extending life expectancy, and in some cases, saving lives.

Conclusion

Cardiovascular diseases and their risk factors impose a great burden on Connecticut. However, the state and local health departments, healthcare systems, communities, and individuals can collaborate to lessen this burden. Implementing and participating in evidence-based strategies that prevent, manage, or delay cardiovascular diseases and their risk factors will lessen the burden and improve the health of Connecticut residents.

Figures

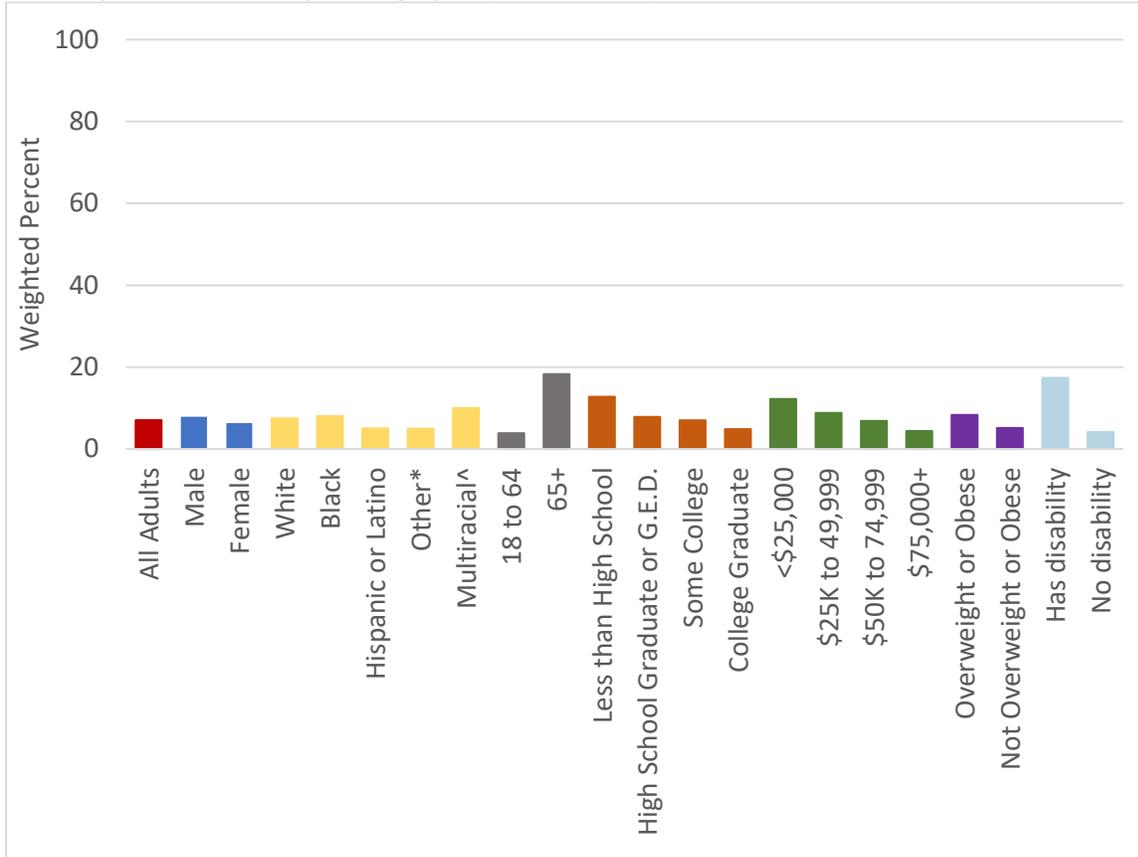
Figure 1 Percent of Adults (18+ years) Who Have Been Told They Have Had a Heart Attack, a Stroke, or Coronary Heart Disease with 95% Confidence Intervals, Connecticut, 2018-2020



Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System

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Figure 2 Percent of Adults (18+ years) Who Have Been Told They Have Had a Heart Attack, a Stroke, or Coronary Heart Disease by Demographics, Connecticut, 2018-2020

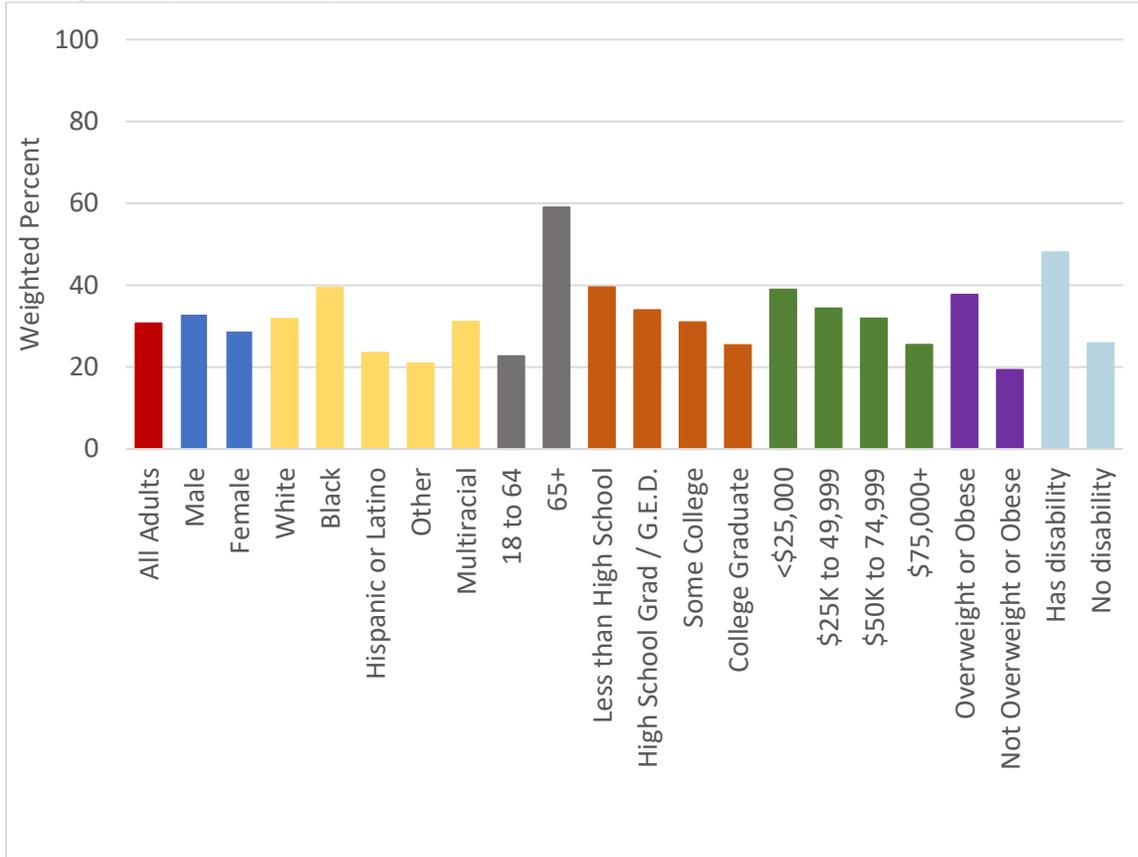


*Estimates with coefficients of variance (CV) greater than 15.0% and less than or equal to 20.0% may be of limited validity. ^Estimates with CVs greater than 20.0% but less than or equal 30.0% are rounded to the nearest 5%.

Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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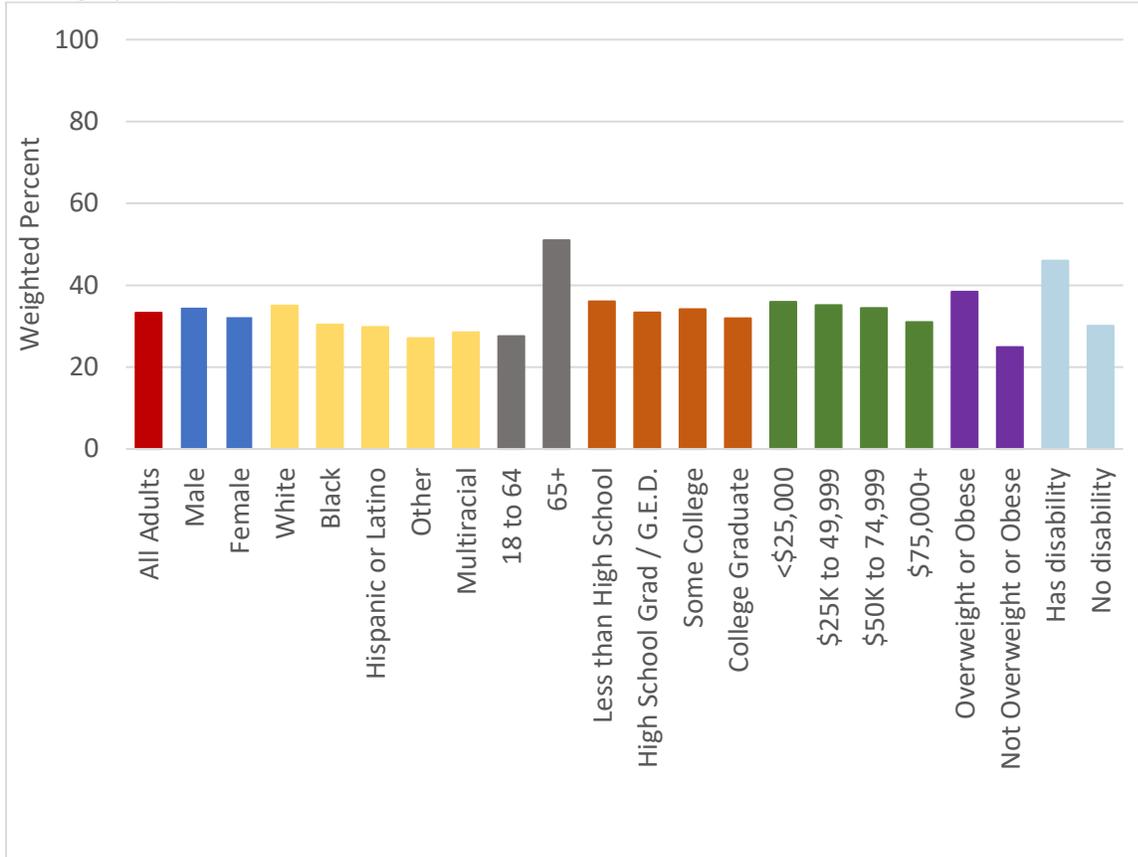
Figure 3 Percent of Adults (18+ years) Who Have Been Told They Have High Blood Pressure by Demographics, Connecticut, 2017 & 2019



Data source: 2017 & 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

Connecticut Cardiovascular Diseases Statistical Report, 2021

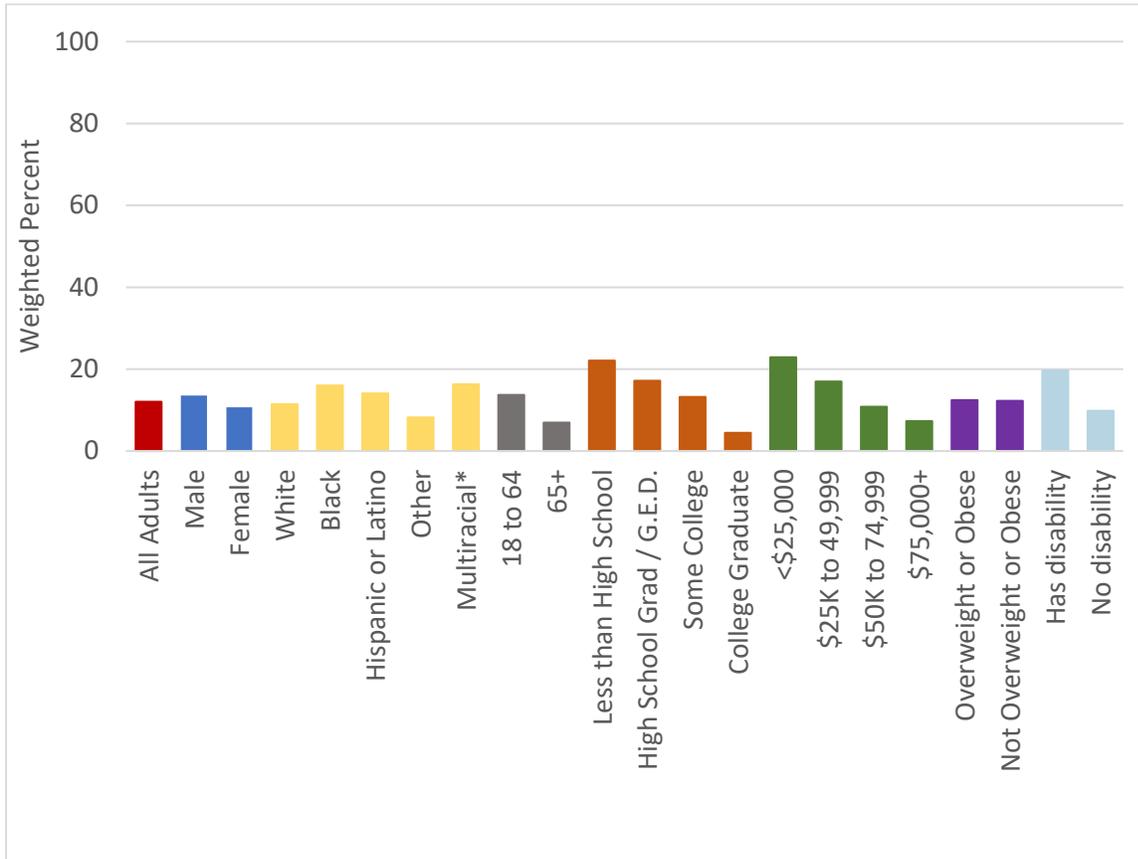
Figure 4 Percent of Adults (18+ years) Who Have Been Told They Have High Cholesterol by Demographics, Connecticut, 2017 & 2019



Data source: 2017 & 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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Figure 5 Percent of Adults (18+ years) Who Are Current Smokers by Demographics, Connecticut, 2018-2020

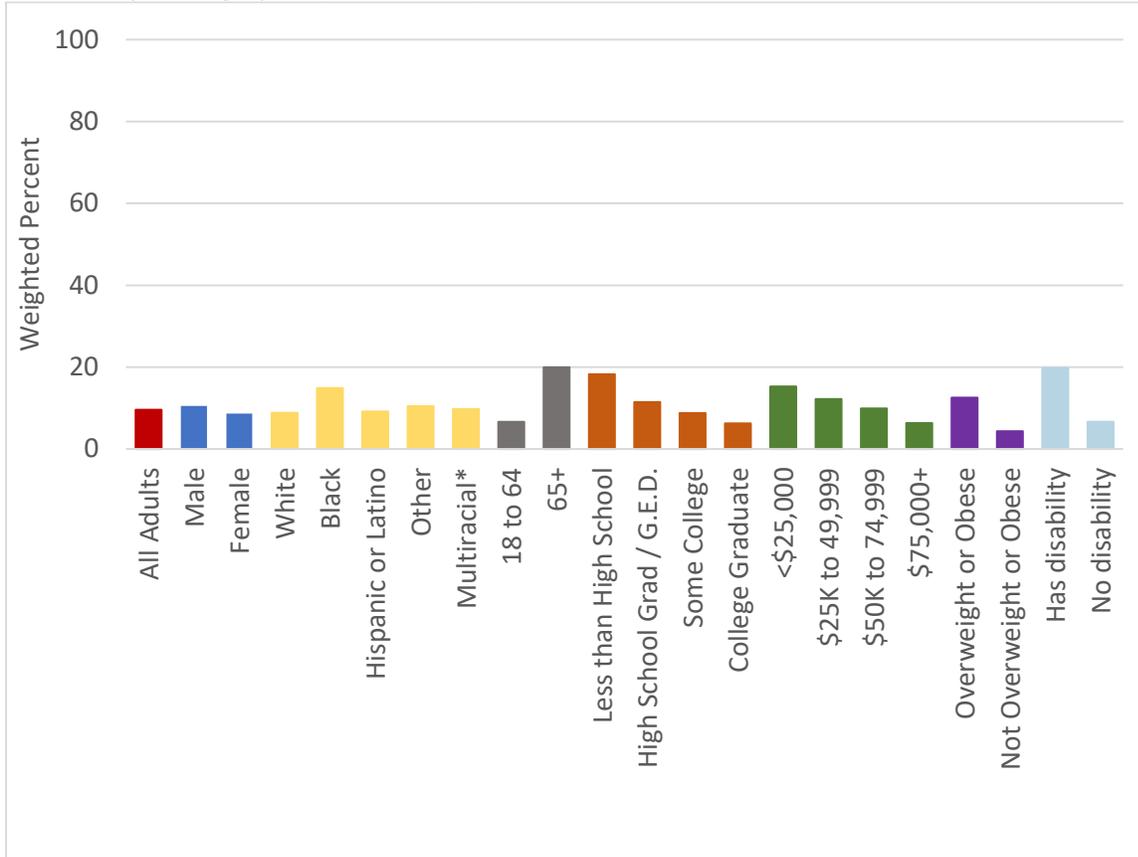


*Estimates with coefficients of variance (CV) greater than 15.0% and less than or equal to 20.0% may be of limited validity.

Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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Figure 6 Percent of Adults (18+ years) Who Have Ever Been Told by a Health Professional That They Have Diabetes by Demographics, Connecticut, 2018-2020

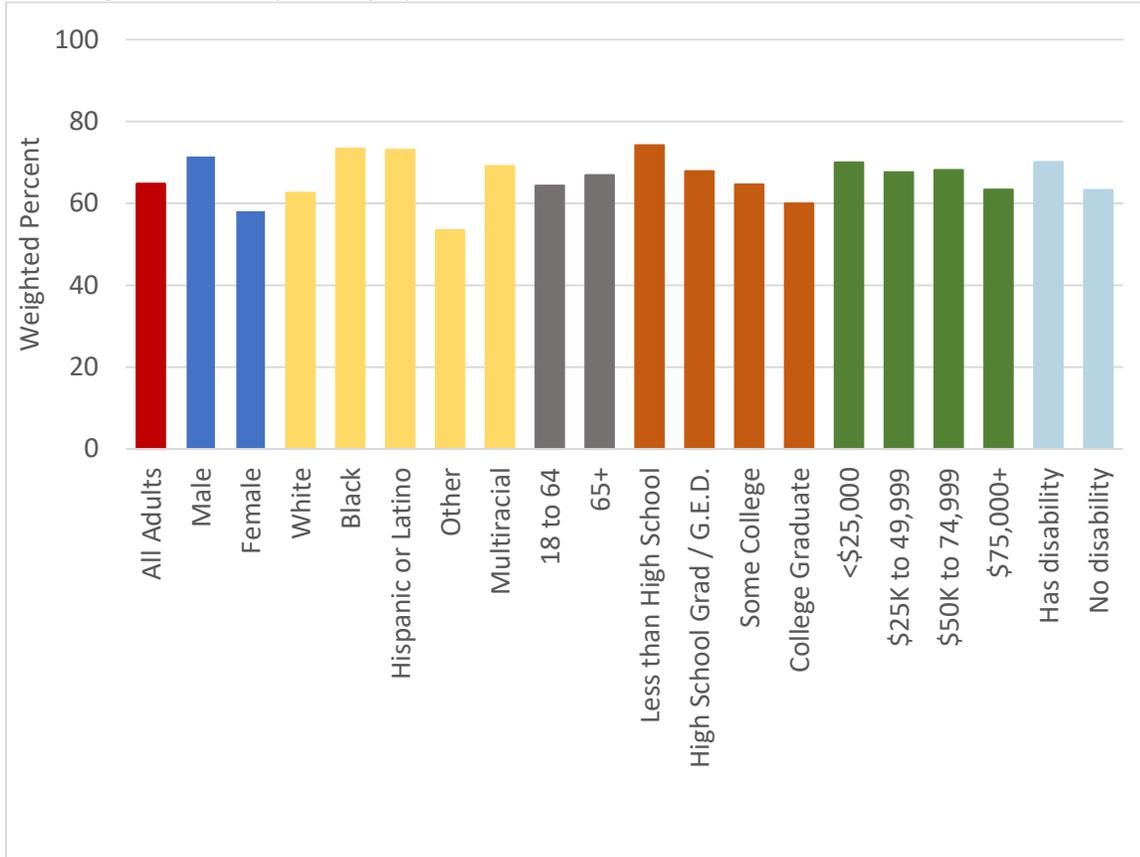


*Estimates with coefficients of variance (CV) greater than 15.0% and less than or equal to 20.0% may be of limited validity.

Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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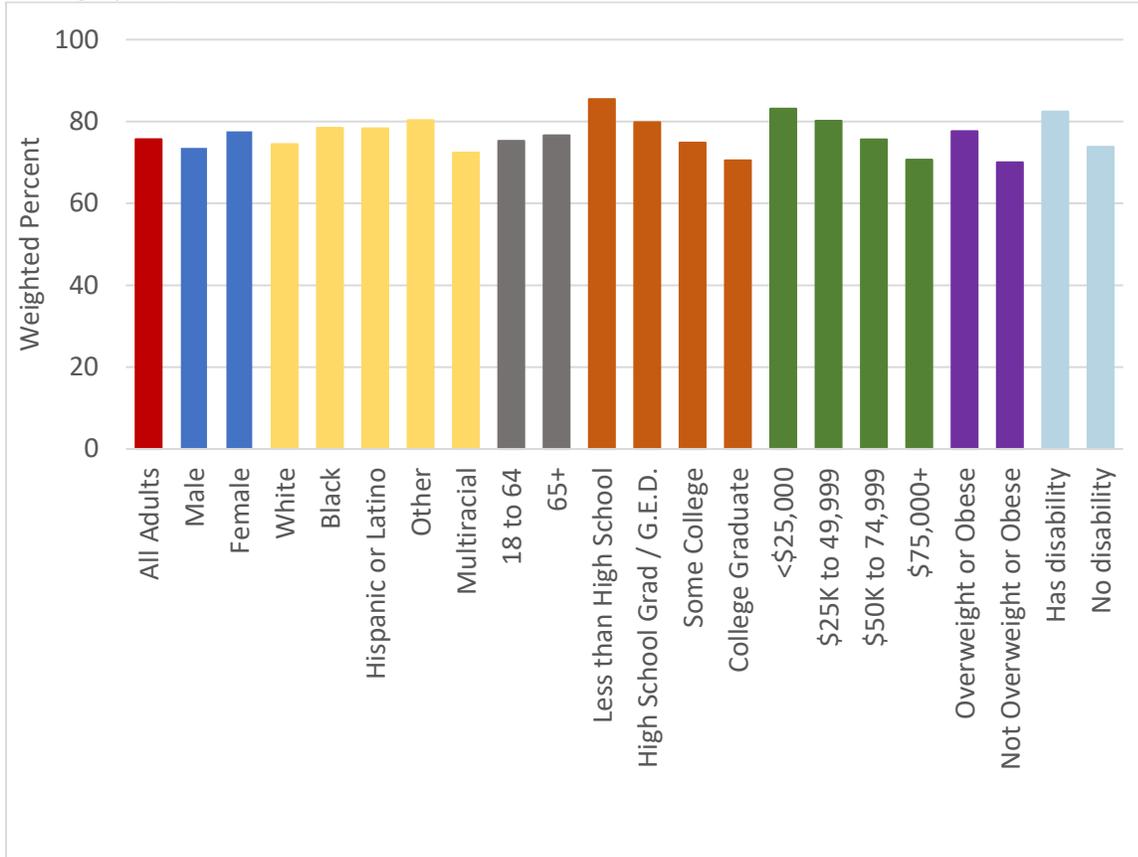
Figure 7 Percent of Adults (18+ years) Who Have a Body Mass Index (BMI) that is Categorized as Overweight or Obese by Demographics, Connecticut, 2018-2020



Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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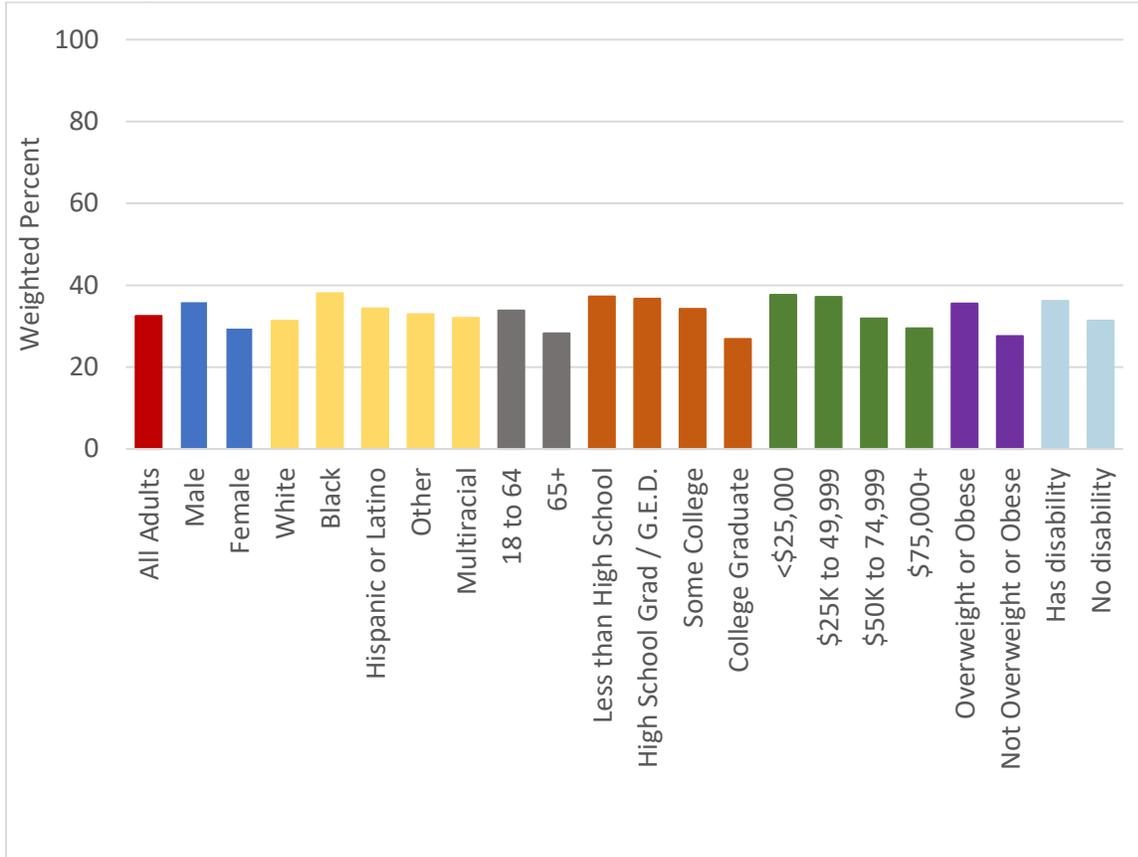
Figure 8 Percent of Adults (18+ years) Who Did Not Meet Physical Activity Recommendations by Demographics, Connecticut, 2017 & 2019



Data source: 2017 & 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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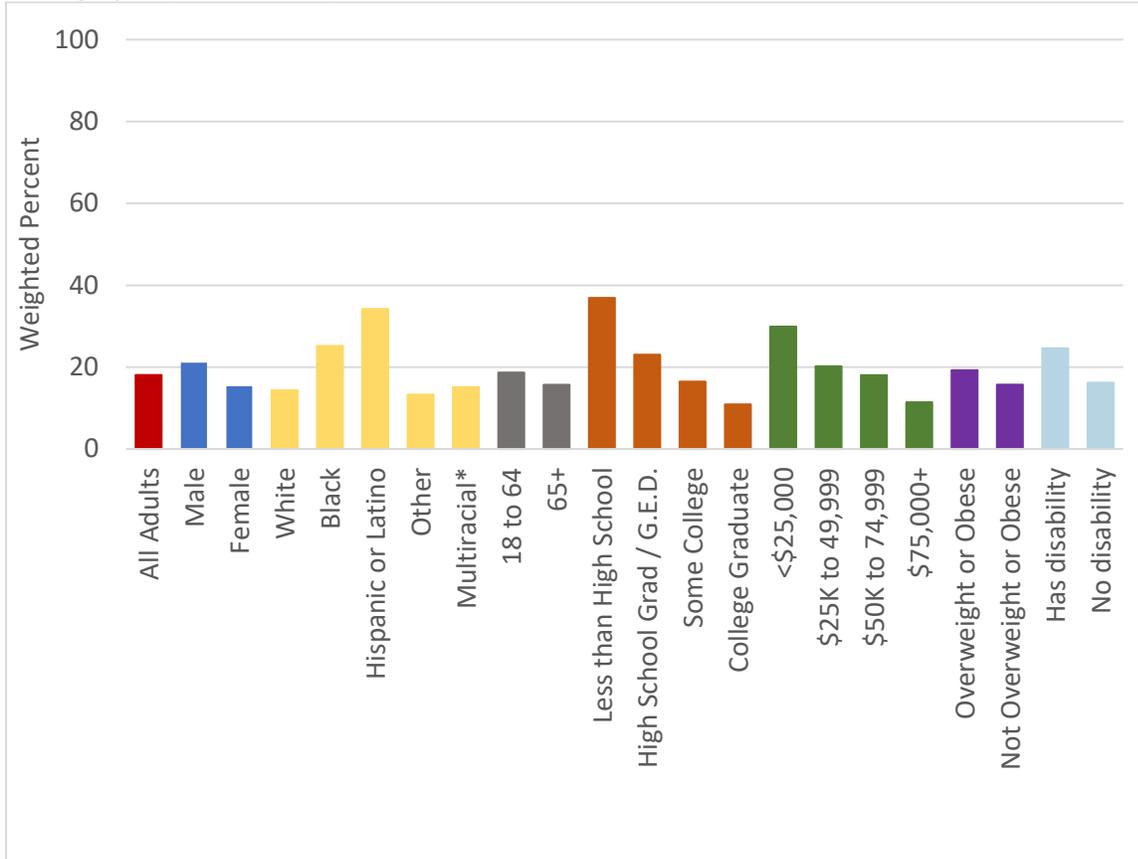
Figure 9 Percent of Adults (18+ years) Who Consume Less Than One Fruit Per Day by Demographics, Connecticut, 2017 & 2019



Data source: 2017 & 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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Figure 10 Percent of Adults (18+ years) Who Consume Less Than One Vegetable Per Day by Demographics, Connecticut, 2017 & 2019

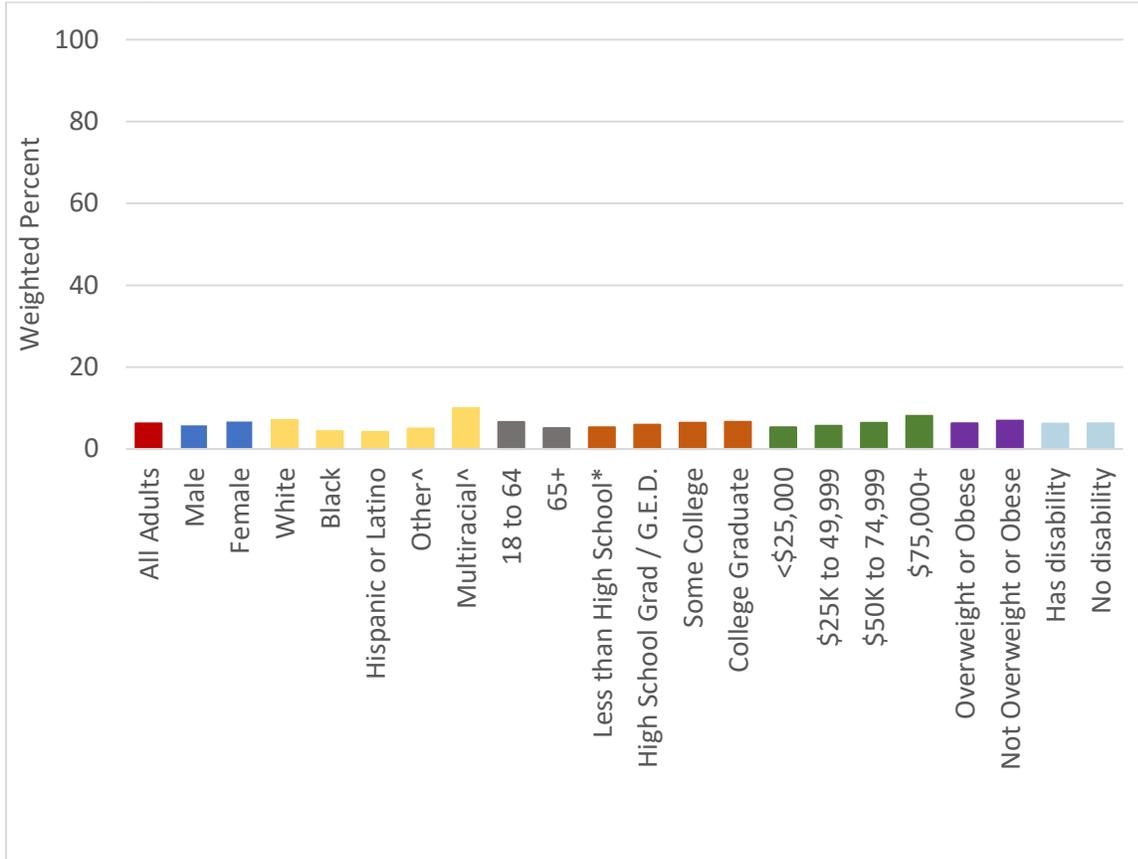


*Estimates with coefficients of variance (CV) greater than 15.0% and less than or equal to 20.0% may be of limited validity.

Data source: 2017 & 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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Figure 11 Percent of Adults (18+ years) Who Are Categorized as Heavy Drinkers by Demographics, Connecticut, 2018-2020

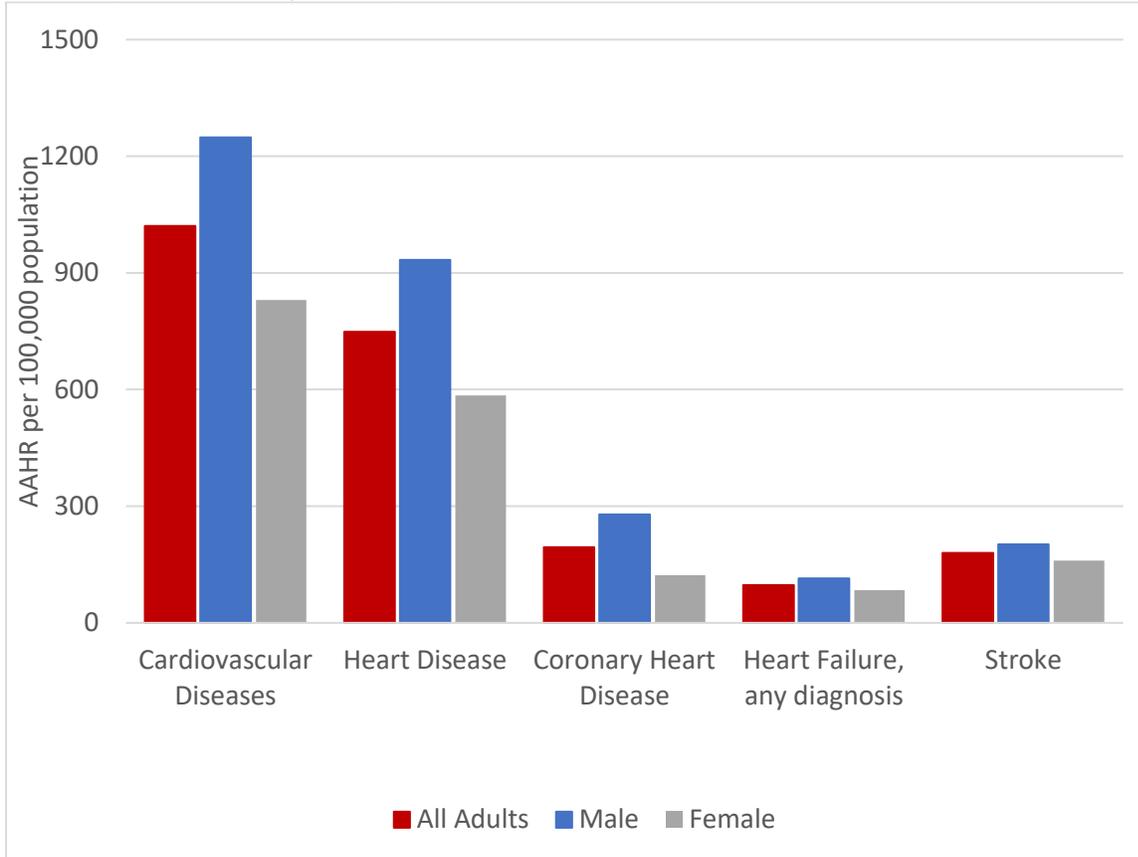


*Estimates with coefficients of variance (CV) greater than 15.0% and less than or equal to 20.0% may be of limited validity. ^Estimates with CVs greater than 20.0% but less than or equal 30.0% are rounded to the nearest 5%.

Data source: 2018- 2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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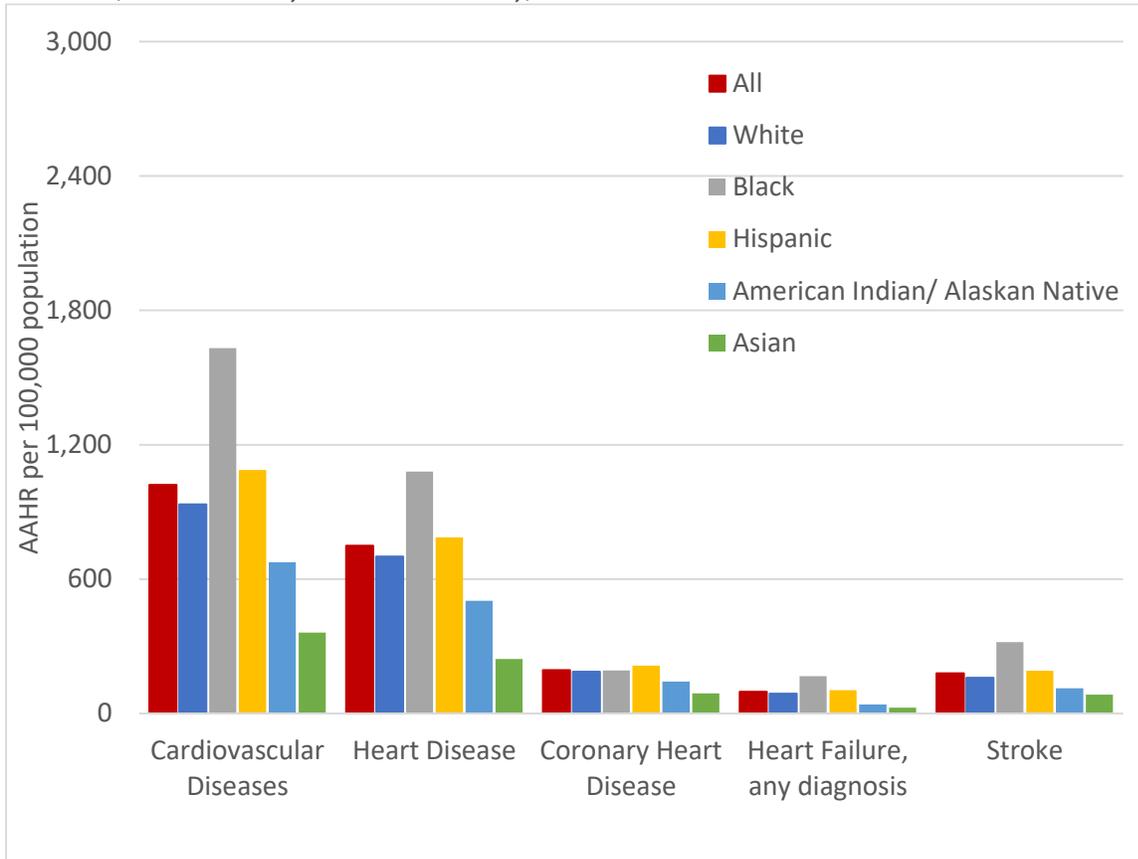
Figure 12 Age-Adjusted Hospitalization Rates (AAHR) for Cardiovascular Diseases among Connecticut Residents, Overall and by Gender, 2014-2019



Data source: 2019 Connecticut Inpatient and Emergency Department Visit Dataset

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Figure 13 Age-Adjusted Hospitalization Rates (AAHR) for Cardiovascular Diseases among Connecticut Residents, Overall and by Race and Ethnicity, 2014-2019

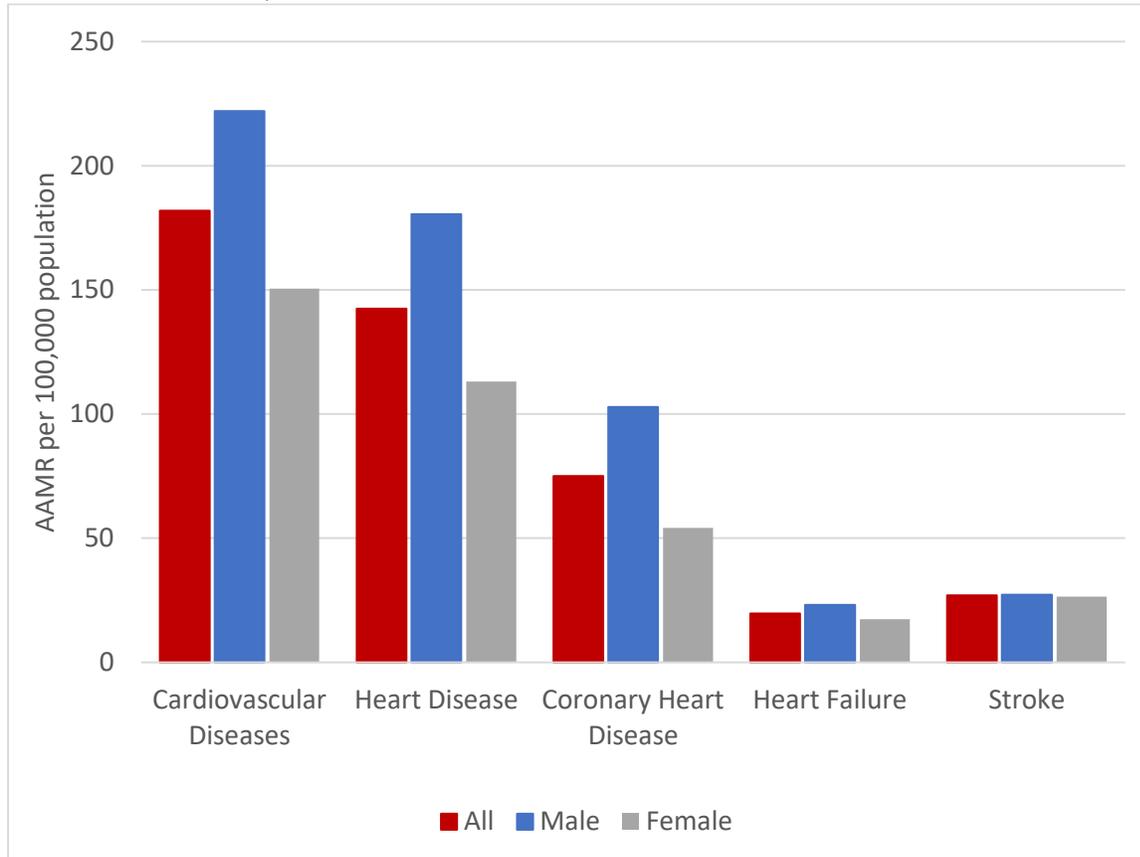


Note: The AAHRs for residents who are Native Hawaiian or Other Pacific Islander are not displayed because the standard errors are greater than 30, indicating that the AAHRs are imprecise.

Data source: 2016-2019 Connecticut Inpatient and Emergency Department Visit Dataset

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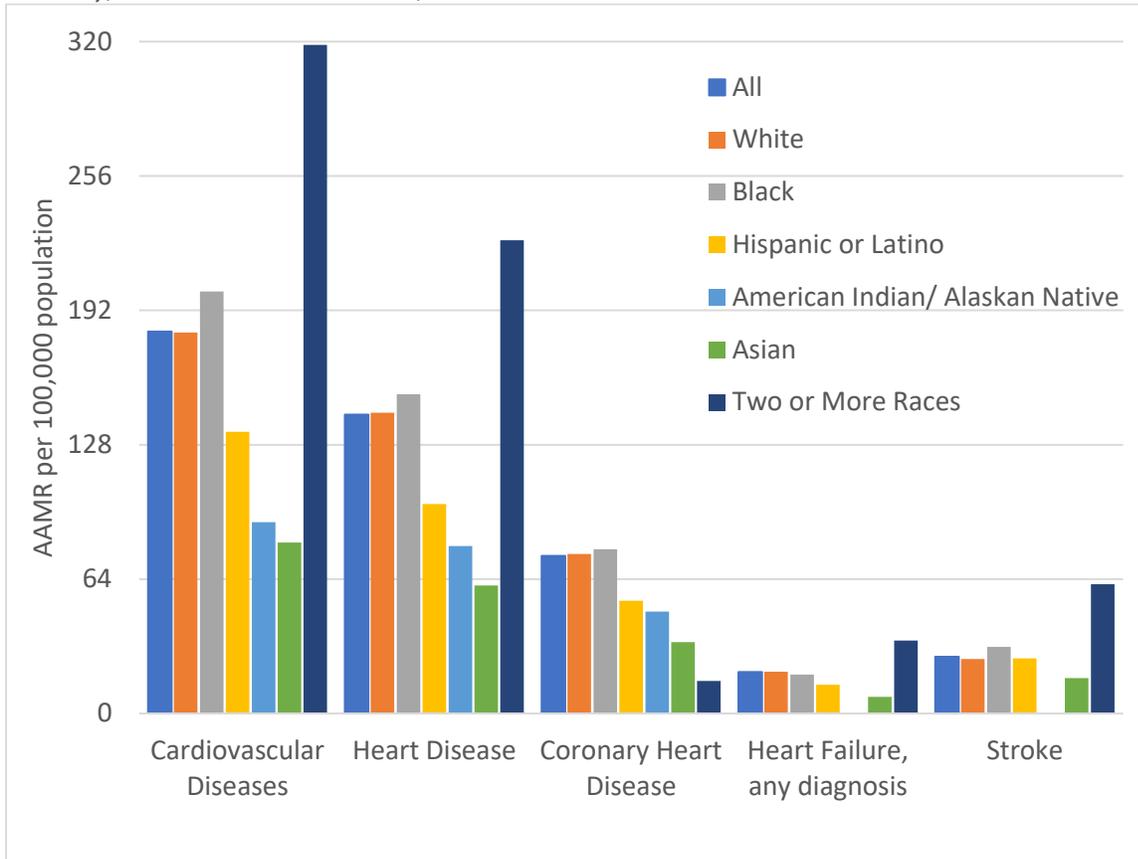
Figure 14 Cardiovascular Diseases Age-Adjusted Mortality Rates (AAMR), Overall and by Gender, All Connecticut Residents, 2015-2019



Data source: 2015-2019 Connecticut Department of Public Health Vital Records Mortality Files

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Figure 15 Cardiovascular Diseases Age-Adjusted Mortality Rates (AAMR), Overall and by Race and Ethnicity, All Connecticut Residents, 2015-2019

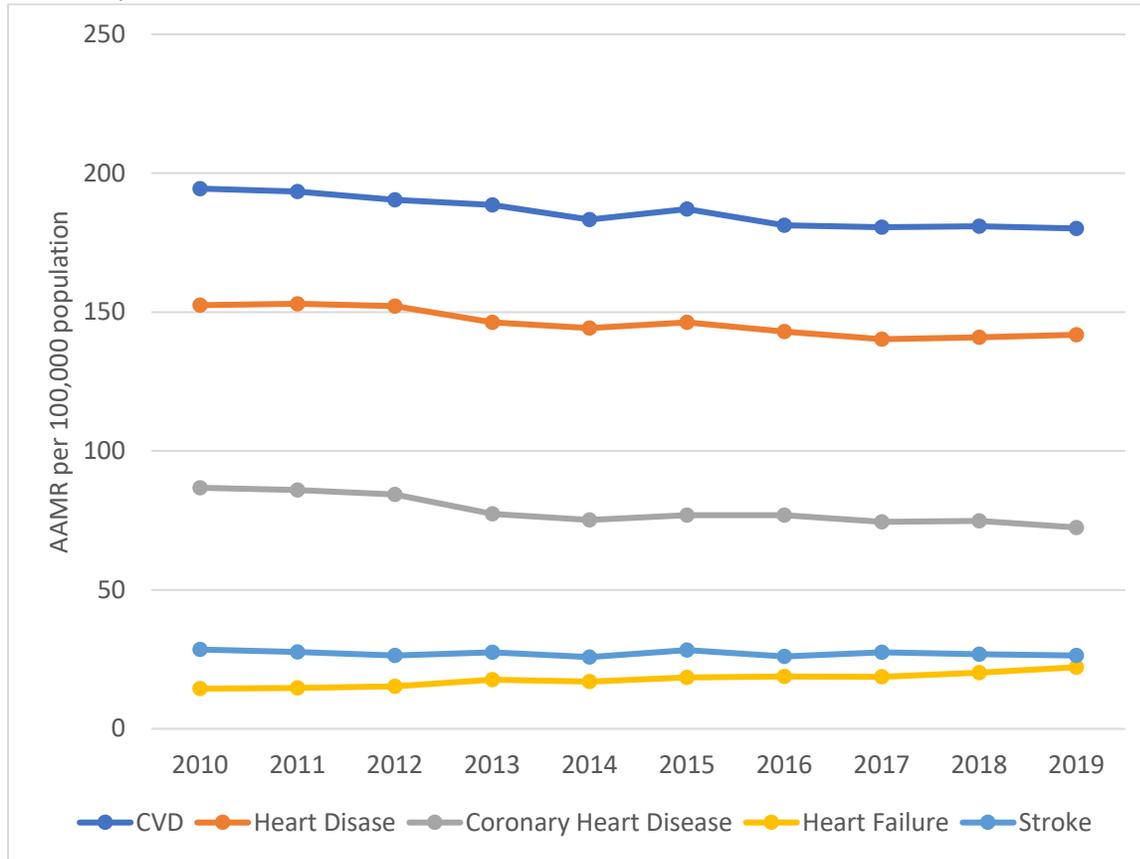


Note: The AAMRs for residents who are Native Hawaiian or Other Pacific Islander are not displayed because the standard errors are greater than 30, indicating that the AAMRs are imprecise.

Data source: 2015-2019 Connecticut Department of Public Health Vital Records Mortality Files

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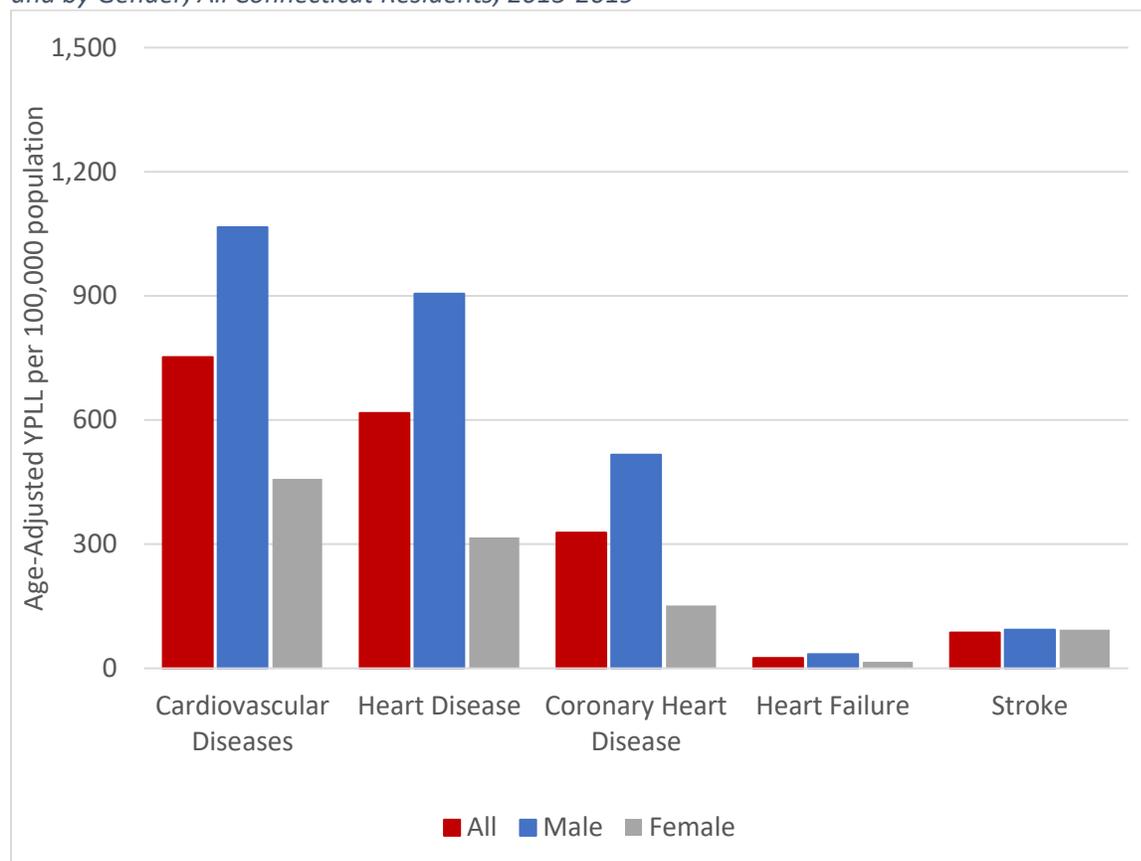
Figure 16 Cardiovascular Diseases Age-Adjusted Mortality Rates (AAMR) Over Time, All Connecticut Residents, 2010-2019



Data source: 2010-2019 Connecticut Department of Public Health Vital Records Mortality Files

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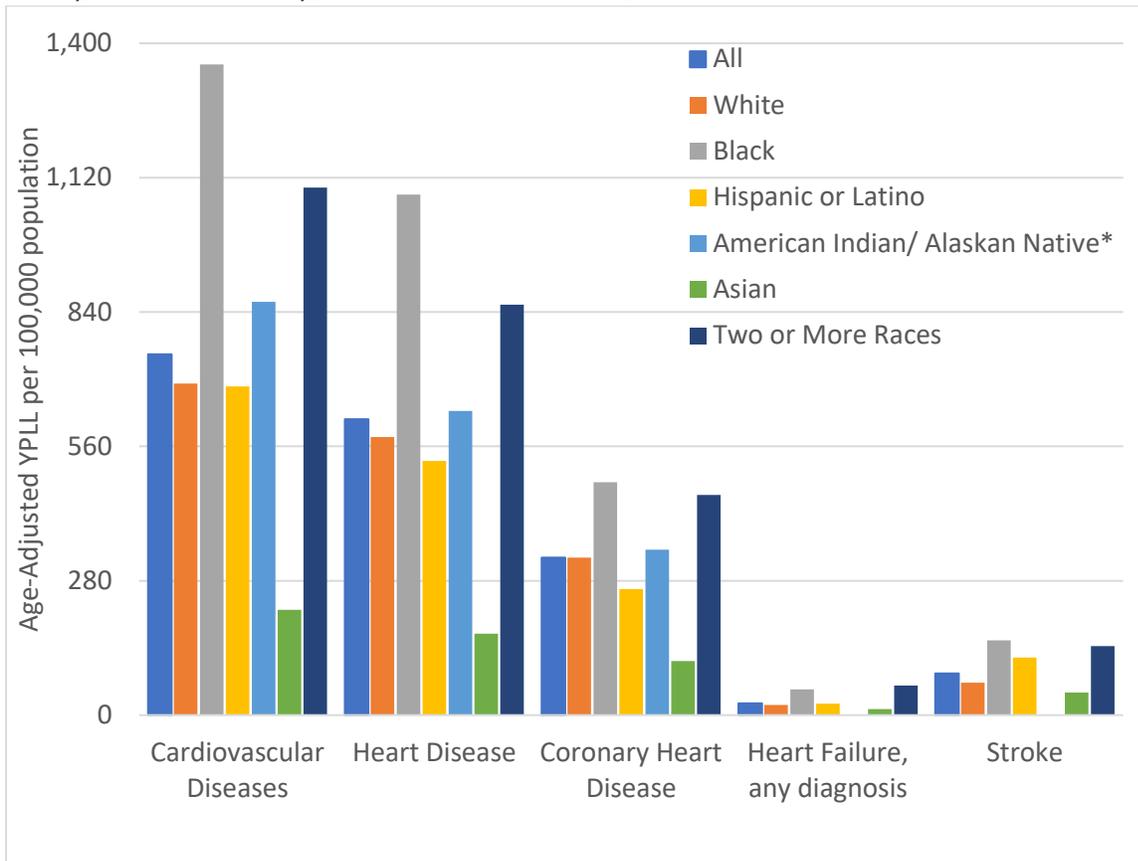
Figure 17 Cardiovascular Diseases Age-Adjusted Years of Potential Life Lost (YPLL) Before Age 75, Overall and by Gender, All Connecticut Residents, 2015-2019



Data source: 2015-2019 Connecticut Department of Public Health Vital Records Mortality Files

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Figure 18 Cardiovascular Diseases Age-Adjusted Years of Potential Life Lost (YPLL) Before Age 75, Overall and by Race and Ethnicity, All Connecticut Residents, 2015-2019



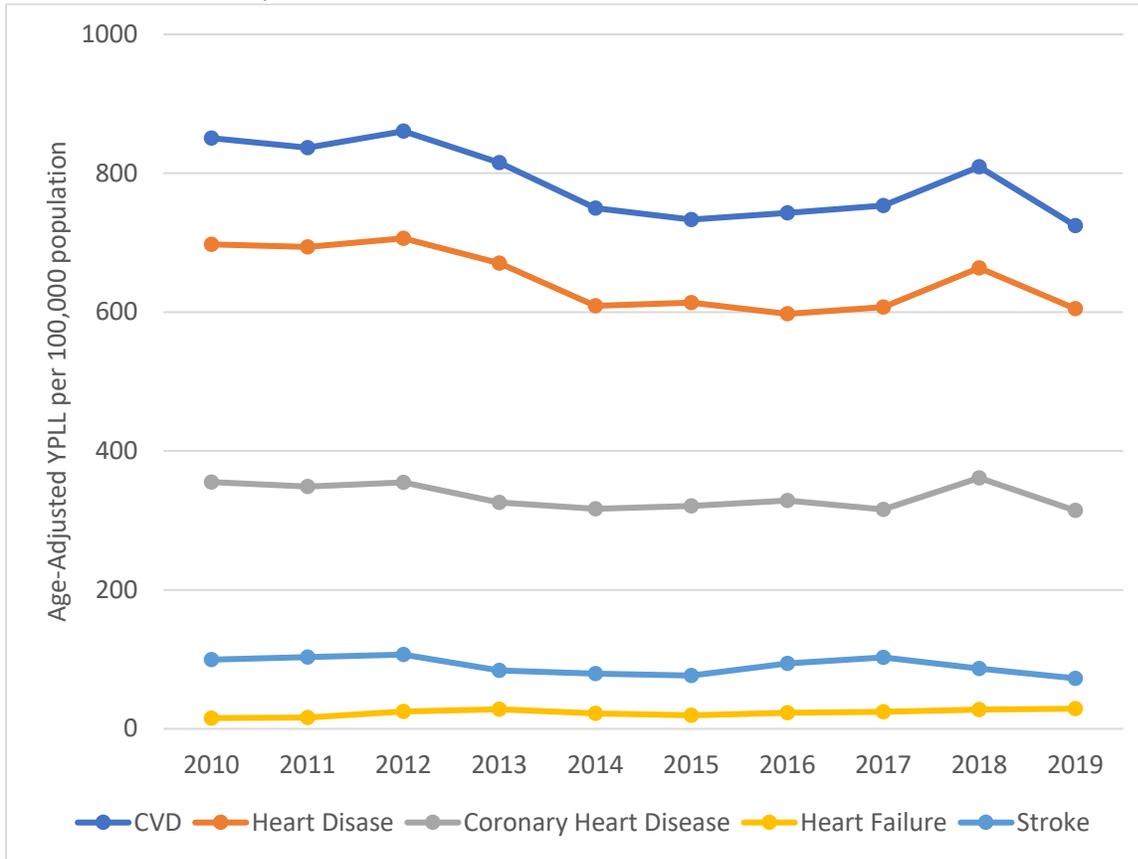
Note: The YPLLs for residents who are Native Hawaiian or Other Pacific Islander are not displayed because the standard errors are greater than 30, indicating that the YPLLs are imprecise.

*The number of deaths is less than 5; therefore, the YPLL has been suppressed in accordance with confidentiality policies.

Data source: 2015-2019 Connecticut Department of Public Health Vital Records Mortality Files

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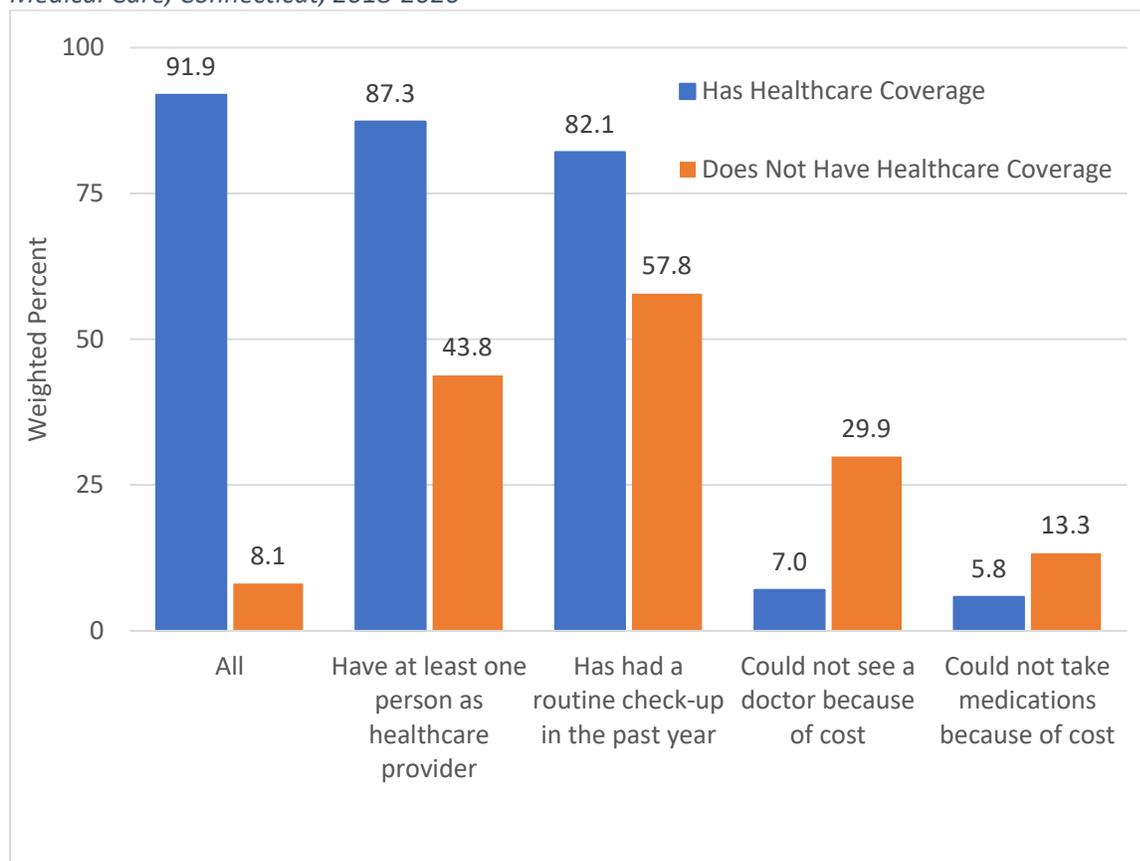
Figure 19 Cardiovascular Diseases Years of Potential Life Lost Before Age 75 (YPLL) Over Time, All Connecticut Residents, 2010-2019



Data source: 2010-2019 Connecticut Department of Public Health Vital Records Mortality Files

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Figure 20 Percent of Adults (18+ years) With and Without Healthcare Coverage Receiving Regular Medical Care, Connecticut, 2018-2020



Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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Detailed Data Tables

Table 1 Percent of Adults (18+ years) Who Have Been Told They Have Had a Heart Attack, a Stroke, or Coronary Heart Disease by Demographics, Connecticut, 2018-2020

Demographic Category		Weighted Percent	Lower 95% CL	Upper 95% CL	CV	p-value
Adults	All	7.0	6.7	7.4	2.6	<.0001
Gender	Male	7.9	7.3	8.4	3.5	<.0001
	Female	6.3	5.8	6.8	4.0	
Race & Ethnicity	White	7.5	7.1	7.9	2.9	<.0001
	Black	8.0	6.5	9.5	9.7	
	Hispanic or Latino	5.0	4.1	6.0	9.9	
	Other	5.0*	3.4	6.6	16.5	
	Multiracial	10^	-	-	21.7	
Age in Years (2 categories)	18 to 64	3.9	3.5	4.2	4.4	<.0001
	65+	18.3	17.2	19.4	3.0	
Age in Years (3 categories)	18 to 34	1.1*	0.7	1.5	18.5	<.0001
	35 to 54	3.3	2.8	3.8	7.6	
	55+	14.1	13.4	14.9	2.7	
Educational Attainment	Less than High School	12.8	10.8	14.8	8.0	<.0001
	High School Graduate or G.E.D.	7.8	7.1	8.6	4.8	
	Some College	7.0	6.4	7.7	4.8	
	College Graduate	4.9	4.4	5.3	4.3	
Annual Household Income	<\$25,000	12.2	10.9	13.5	5.4	<.0001
	\$25K to 49,999	8.8	7.8	9.9	6.0	
	\$50K to 74,999	6.9	5.8	7.9	7.6	
	\$75,000+	4.4	4.0	4.8	5.0	
BMI Status	Overweight or Obese	8.3	7.8	8.8	3.2	<.0001
	Not Overweight or Obese	5.1	4.6	5.7	5.1	
Disability Status	Has disability	17.4	16.2	18.6	3.6	<.0001
	No disability	4.1	3.8	4.4	3.8	

CL = Confidence Level; CV = Coefficient of variation

*Estimates with CVs greater than 15.0% and less than or equal to 20.0% may be of limited validity.

^Estimates with CVs greater than 20.0% but less than or equal 30.0% are rounded to the nearest 5%.

Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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Table 2 Percent of Adults (18+ years) Who Have Been Told They Have High Blood Pressure by Demographics, Connecticut, 2017 & 2019

Demographic Category		Weighted Percent	Lower 95% CL	Upper 95% CL	CV	p-value
Adults	All	30.7	29.9	31.5	1.4	<.0001
Gender	Male	32.8	31.5	34.1	2.0	<.0001
	Female	28.7	27.6	29.8	2.0	
Race & Ethnicity	White	31.8	30.9	32.8	1.5	<.0001
	Black	39.4	36.1	42.7	2.2	
	Hispanic or Latino	23.5	21.1	25.9	5.3	
	Other	20.9	17.4	24.4	8.6	
	Multiracial	31.1	23.5	38.7	12.4	
Age in Years (2 categories)	18 to 64	22.7	21.7	23.6	2.1	<.0001
	65+	59.0	57.5	60.5	1.3	
Age in Years (3 categories)	18 to 34	9.2	7.8	10.6	7.5	<.0001
	35 to 54	24.2	22.7	25.6	3.1	
	55+	51.0	49.8	52.2	1.1	
Educational Attainment	Less than High School	39.5	35.7	43.3	4.9	<.0001
	High School Graduate or G.E.D.	33.9	32.2	35.6	2.6	
	Some College	31.0	29.3	32.6	2.7	
	College Graduate	25.4	24.3	26.4	2.1	
Annual Household Income	<\$25,000	38.9	36.6	41.3	3.1	<.0001
	\$25K to 49,999	34.3	32.1	36.6	3.4	
	\$50K to 74,999	31.9	29.4	34.4	4.0	
	\$75,000+	25.5	24.2	26.7	2.5	
BMI Status	Overweight or Obese	37.7	36.5	38.9	1.6	<.0001
	Not Overweight or Obese	19.3	18.1	20.6	3.3	
Disability Status	Has disability	48.1	46.0	50.1	2.2	<.0001
	No disability	25.9	25.0	26.8	1.8	

CL = Confidence Level; CV = Coefficient of variation

Data source: 2017 & 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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Table 3 Percent of Adults (18+ years) Who Have Been Told They Have High Cholesterol by Demographics, Connecticut, 2017 & 2019

Demographic Category		Weighted Percent	Lower 95% CL	Upper 95% CL	CV	p-value
Adults	All	33.3	32.4	34.2	1.4	<.0001
Gender	Male	34.5	33.1	35.9	2.0	0.0134
	Female	32.2	31.0	33.4	1.9	
Race & Ethnicity	White	35.0	34.0	36.1	1.5	<.0001
	Black	30.4	27.2	33.6	5.4	
	Hispanic or Latino	29.8	26.8	32.8	5.1	
	Other	27.1	22.7	31.4	8.2	
	Multiracial	28.5	20.4	36.6	14.5	
Age in Years (2 categories)	18 to 64	27.6	26.5	28.6	2.0	<.0001
	65+	51.0	49.5	52.5	1.5	
Age in Years (3 categories)	18 to 34	13.1	11.2	15.1	7.6	<.0001
	35 to 54	27.9	26.3	29.5	3.0	
	55+	47.5	46.4	48.7	1.3	
Educational Attainment	Less than High School	36.1	31.9	40.2	5.8	0.1124
	High School Graduate or G.E.D.	33.3	31.5	35.2	2.8	
	Some College	34.1	32.3	36.0	2.8	
	College Graduate	31.9	30.7	33.1	1.9	
Annual Household Income	<\$25,000	35.9	33.4	38.5	3.6	0.0009
	\$25K to 49,999	35.1	32.7	37.6	3.5	
	\$50K to 74,999	34.4	31.7	37.1	4.0	
	\$75,000+	31.0	29.6	32.4	2.3	
BMI Status	Overweight or Obese	38.4	37.2	39.6	1.6	<.0001
	Not Overweight or Obese	24.9	23.4	26.4	3.0	
Disability Status	Has disability	46.0	43.9	48.2	2.4	<.0001
	No disability	30.1	29.1	31.1	1.7	

CL = Confidence Level; CV = Coefficient of variation

Data source: 2017 & 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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Table 4 Percent of Adults (18+ years) Who Currently Smoke Cigarettes by Demographics, Connecticut, 2018-2020

Demographic Category		Weighted Percent	Lower 95% CL	Upper 95% CL	CV	p-value
Adults	All	12.0	11.5	12.6	2.5	<.0001
Gender	Male	13.5	12.6	14.4	3.4	<.0001
	Female	10.6	9.9	11.4	3.6	
Race & Ethnicity	White	11.4	10.8	12.1	3.0	<.0001
	Black	16.0	13.9	18.2	6.8	
	Hispanic or Latino	14.1	12.3	15.9	6.6	
	Other	8.2	6.0	10.4	13.8	
	Multiracial	16.3*	11.4	21.2	15.4	
Age in Years (2 categories)	18 to 64	13.7	13.0	14.4	2.7	<.0001
	65+	6.9	6.2	7.7	5.5	
Age in Years (3 categories)	18 to 34	13.0	11.6	14.4	5.5	<.0001
	35 to 54	14.6	13.5	15.7	3.9	
	55+	9.8	9.1	10.5	3.6	
Educational Attainment	Less than High School	22.1	19.2	25.0	6.7	<.0001
	High School Graduate or G.E.D.	17.2	15.9	18.4	3.8	
	Some College	13.2	12.0	14.4	4.5	
	College Graduate	4.4	4.0	4.9	5.2	
Annual Household Income	<\$25,000	22.9	21.0	24.8	4.3	<.0001
	\$25K to 49,999	17.0	15.2	18.7	5.2	
	\$50K to 74,999	10.8	9.3	12.4	7.2	
	\$75,000+	7.3	6.5	8.0	5.2	
BMI Status	Overweight or Obese	12.4	11.7	13.2	3.1	0.7856
	Not Overweight or Obese	12.3	11.2	13.3	4.3	
Disability Status	Has disability	19.7	18.2	21.1	3.9	<.0001
	No disability	9.8	9.2	10.4	3.2	

CL = Confidence Level; CV = Coefficient of variation

*Estimates with CVs greater than 15.0% and less than or equal to 20.0% may be of limited validity.

Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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Table 5 Percent of Adults (18+ years) Who Have Ever Been Told by a Health Professional That They Have Diabetes by Demographics, Connecticut, 2018-2020

Demographic Category		Weighted Percent	Lower 95% CL	Upper 95% CL	CV	p-value
Adults	All	9.6	9.1	10.0	2.4	<.0001
Gender	Male	10.5	9.8	11.2	3.3	<.0001
	Female	8.7	8.1	9.3	3.5	
Race & Ethnicity	White	8.8	8.4	9.3	2.8	<.0001
	Black	14.9	12.8	16.9	7.1	
	Hispanic or Latino	9.2	7.9	10.4	7.0	
	Other	10.5	8.1	12.8	11.4	
	Multiracial	9.8*	6.5	13.0	17.0	
Age in Years (2 categories)	18 to 64	6.6	6.2	7.1	3.4	<.0001
	65+	20.0	18.7	21.2	3.1	
Age in Years (3 categories)	18 to 34	1.8	1.3	2.4	14.4	<.0001
	35 to 54	6.6	5.9	7.3	5.4	
	55+	17.4	16.5	18.2	2.5	
Educational Attainment	Less than High School	18.3	15.9	20.6	6.7	<.0001
	High School Graduate or G.E.D.	11.5	10.5	12.4	4.1	
	Some College	8.8	8.0	9.6	4.5	
	College Graduate	6.3	5.7	6.8	4.1	
Annual Household Income	<\$25,000	15.3	13.8	16.8	4.9	<.0001
	\$25K to 49,999	12.2	10.9	13.5	5.4	
	\$50K to 74,999	9.9	8.6	11.2	6.7	
	\$75,000+	6.3	5.8	6.9	4.7	
BMI Status	Overweight or Obese	12.5	11.9	13.2	2.7	<.0001
	Not Overweight or Obese	4.3	3.8	4.9	6.8	
Disability Status	Has disability	19.8	18.4	21.1	3.5	<.0001
	No disability	6.7	6.2	7.1	3.3	

CL = Confidence Level; CV = Coefficient of variation

*Estimates with CVs greater than 15.0% and less than or equal to 20.0% may be of limited validity.

Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

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Table 6 Percent of Adults (18+ years) Who Have a Body Mass Index (BMI) that is Categorized as Overweight or Obese by Demographics, Connecticut, 2018-2020

Demographic Category		Weighted Percent	Lower 95% CL	Upper 95% CL	CV	p-value
Adults	All	64.8	64.0	65.7	0.7	<.0001
Gender	Male	71.4	70.2	72.6	0.9	<.0001
	Female	58.1	56.8	59.3	1.1	
Race & Ethnicity	White	62.6	61.6	63.6	0.8	<.0001
	Black	73.4	70.5	76.3	2.0	
	Hispanic or Latino	73.1	70.6	75.6	1.7	
	Other	53.5	49.0	58.0	4.3	
	Multiracial	69.1	62.4	75.9	5.0	
Age in Years (2 categories)	18 to 64	64.3	63.3	65.4	0.9	0.0027
	65+	66.9	65.6	68.2	1.0	
Age in Years (3 categories)	18 to 34	54.2	52.1	56.4	2.0	<.0001
	35 to 54	70.4	69.0	71.9	1.1	
	55+	68.0	67.0	69.0	0.8	
Educational Attainment	Less than High School	74.2	71.0	77.5	2.2	<.0001
	High School Graduate or G.E.D.	67.9	66.2	69.6	1.3	
	Some College	64.6	62.8	66.4	1.4	
	College Graduate	60.0	58.8	61.2	1.0	
Annual Household Income	<\$25,000	70.0	67.9	72.1	1.6	<.0001
	\$25K to 49,999	67.6	65.4	69.8	1.7	
	\$50K to 74,999	68.1	65.8	70.5	1.7	
	\$75,000+	63.4	62.0	64.7	1.1	
BMI Status	Overweight or Obese	70.1	68.4	71.8	1.3	<0.0001
	Not Overweight or Obese	63.3	62.3	64.3	0.8	
Disability Status	Has disability	64.8	64.0	65.7	0.7	<.0001
	No disability	71.4	70.2	72.6	0.9	

CL = Confidence Level; CV = Coefficient of variation

Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 7 Percent of Adults (18+ years) Who Did Not Meet Physical Activity Recommendations by Demographics, Connecticut, 2017 & 2019

Demographic Category		Weighted Percent	Lower 95% CL	Upper 95% CL	CV	p-value
Adults	All	75.7	74.8	76.6	0.6	<.0001
Gender	Male	73.5	72.2	74.9	1.0	<.0001
	Female	77.6	76.4	78.8	0.8	
Race & Ethnicity	White	74.5	73.4	75.5	0.7	0.0027
	Black	78.5	75.1	81.8	2.2	
	Hispanic or Latino	78.3	75.4	81.2	1.9	
	Other	80.3	76.4	84.2	2.5	
	Multiracial	72.4	62.7	82.1	6.8	
Age in Years (2 categories)	18 to 64	75.3	74.1	76.4	0.8	0.1123
	65+	76.6	75.4	77.9	0.8	
Age in Years (3 categories)	18 to 34	72.6	70.2	74.9	1.7	0.001
	35 to 54	76.6	75.0	78.1	1.1	
	55+	76.8	75.8	77.8	0.7	
Educational Attainment	Less than High School	85.5	82.2	88.8	2.0	<.0001
	High School Graduate or G.E.D.	79.8	78.0	81.6	1.2	
	Some College	74.8	73.0	76.7	1.3	
	College Graduate	70.5	69.2	71.8	0.9	
Annual Household Income	<\$25,000	83.1	81.0	85.2	1.3	<.0001
	\$25K to 49,999	80.2	78.1	82.3	1.3	
	\$50K to 74,999	75.6	73.1	78.1	1.7	
	\$75,000+	70.7	69.2	72.2	1.1	
BMI Status	Overweight or Obese	77.6	76.5	78.7	0.7	<.0001
	Not Overweight or Obese	70.0	68.3	71.8	1.3	
Disability Status	Has disability	82.4	80.7	84.2	1.1	<.0001
	No disability	73.8	72.8	74.9	0.7	

CL = Confidence Level; CV = Coefficient of variation

Data source: 2017 & 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 8 Percent of Adults (18+ years) Who Consume Less Than One Fruit Per Day by Demographics, Connecticut, 2017 & 2019

Demographic Category		Weighted Percent	Lower 95% CL	Upper 95% CL	CV	p-value
Adults	All	32.5	31.5	33.5	1.6	<.0001
Gender	Male	35.9	34.4	37.4	2.1	<.0001
	Female	29.4	28.1	30.7	2.3	
Race & Ethnicity	White	31.3	30.2	32.4	1.8	0.0057
	Black	38.1	34.5	41.7	4.8	
	Hispanic or Latino	34.3	31.1	37.6	4.9	
	Other	32.9	27.8	38.0	7.9	
	Multiracial	32.0	24.0	40.0	12.8	
Age in Years (2 categories)	18 to 64	33.8	32.6	35.0	1.8	<.0001
	65+	28.3	26.8	29.7	2.7	
Age in Years (3 categories)	18 to 34	35.7	33.2	38.2	3.6	<.0001
	35 to 54	33.7	32.0	35.5	2.6	
	55+	29.6	28.4	30.7	2.0	
Educational Attainment	Less than High School	37.3	33.0	41.5	5.9	<.0001
	High School Graduate or G.E.D.	36.7	34.6	38.8	2.9	
	Some College	34.2	32.2	36.2	3.0	
	College Graduate	26.9	25.6	28.1	2.4	
Annual Household Income	<\$25,000	37.7	35.0	40.3	3.6	<.0001
	\$25K to 49,999	37.2	34.5	39.8	3.7	
	\$50K to 74,999	31.9	29.1	34.7	4.4	
	\$75,000+	29.5	28.0	31.0	2.6	
BMI Status	Overweight or Obese	35.5	34.3	36.8	1.8	<.0001
	Not Overweight or Obese	27.6	25.9	29.3	3.2	
Disability Status	Has disability	36.2	34.1	38.3	3.0	<.0001
	No disability	31.4	30.2	32.5	1.8	

CL = Confidence Level; CV = Coefficient of variation

Data source: 2017 & 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 9 Percent of Adults (18+ years) Who Consume Less Than One Vegetable Per Day by Demographics, Connecticut, 2017 & 2019

Demographic Category		Weighted Percent	Lower 95% CL	Upper 95% CL	CV	p-value
Adults	All	18.1	17.2	19.0	2.5	<.0001
Gender	Male	21.1	19.7	22.4	3.3	<.0001
	Female	15.3	14.2	16.5	3.8	
Race & Ethnicity	White	14.4	13.5	15.3	3.2	<.0001
	Black	25.2	21.7	28.7	7.0	
	Hispanic or Latino	34.2	30.9	37.6	5.0	
	Other	13.3	9.7	16.9	14.0	
	Multiracial	15.1*	9.5	20.7	18.9	
Age in Years (2 categories)	18 to 64	18.7	17.6	19.8	3.0	0.0003
	65+	15.7	14.5	16.9	4.0	
Age in Years (3 categories)	18 to 34	22.4	20.1	24.8	5.3	<.0001
	35 to 54	17.5	16.0	19.0	4.4	
	55+	15.4	14.5	16.4	3.1	
Educational Attainment	Less than High School	36.9	32.5	41.3	6.1	<.0001
	High School Graduate or G.E.D.	23.0	21.1	25.0	4.3	
	Some College	16.5	14.8	18.1	5.2	
	College Graduate	10.9	10.0	11.8	4.2	
Annual Household Income	<\$25,000	29.9	27.3	32.5	4.4	<.0001
	\$25K to 49,999	20.2	17.9	22.5	5.8	
	\$50K to 74,999	18.0	15.4	20.7	7.5	
	\$75,000+	11.4	10.2	12.6	5.3	
BMI Status	Overweight or Obese	19.2	18.1	20.4	3.0	0.0003
	Not Overweight or Obese	15.7	14.2	17.2	5.0	
Disability Status	Has disability	24.6	22.5	26.7	4.3	<.0001
	No disability	16.2	15.2	17.2	3.1	

CL = Confidence Level; CV = Coefficient of variation

*Estimates with CVs greater than 15.0% and less than or equal to 20.0% may be of limited validity.

Data source: 2017 & 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 10 Percent of Adults (18+ years) Who Are Categorized as Heavy Drinkers by Demographics, Connecticut, 2018-2020

Demographic Category		Weighted Percent	Lower 95% CL	Upper 95% CL	CV	p-value
Adults	All	6.2	5.8	6.7	3.5	<.0001
Gender	Male	5.8	5.1	6.4	5.6	0.0375
	Female	6.7	6.1	7.2	4.3	
Race & Ethnicity	White	7.1	6.6	7.6	3.7	<.0001
	Black	4.4	3.2	5.6	14.0	
	Hispanic or Latino	4.2	3.0	5.4	14.9	
	Other	5^	-	-	20.8	
	Multiracial	10^	-	-	28.6	
Age in Years (2 categories)	18 to 64	6.6	6.1	7.1	4.0	0.0002
	65+	5.1	4.5	5.7	5.9	
Age in Years (3 categories)	18 to 34	6.6	5.6	7.6	7.9	0.3705
	35 to 54	6.4	5.7	7.2	6.0	
	55+	5.9	5.4	6.4	4.4	
Educational Attainment	Less than High School	5.3*	3.7	7.0	15.9	0.3492
	High School Graduate or G.E.D.	5.9	5.1	6.8	7.3	
	Some College	6.4	5.5	7.3	6.9	
	College Graduate	6.6	6.1	7.2	4.5	
Annual Household Income	<\$25,000	5.3	4.2	6.4	10.6	<.0001
	\$25K to 49,999	5.7	4.7	6.6	8.8	
	\$50K to 74,999	6.4	5.2	7.5	9.2	
	\$75,000+	8.1	7.3	8.9	4.8	
BMI Status	Overweight or Obese	6.3	5.7	6.8	4.6	0.1626
	Not Overweight or Obese	6.9	6.2	7.7	5.4	
Disability Status	Has disability	6.2	5.3	7.1	7.4	0.905
	No disability	6.3	5.8	6.7	3.9	

CL = Confidence Level; CV = Coefficient of variation

*Estimates with CVs greater than 15.0% and less than or equal to 20.0% may be of limited validity.

^Estimates with CVs greater than 20.0% but less than or equal 30.0% are rounded to the nearest 5%.

Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 11 Number, Age-Adjusted Hospitalization Rates (AAHR), Median Length of Stay, and Median Hospital Charges for Cardiovascular Diseases among Connecticut Residents, 2019

Category	Number of Discharges	AAHR	SE	Lower 95% CL	Upper 95% CL	Median Length of Stay (days)	Median Hospital Charges (\$)
All Inpatient Discharges Excluding Newborn and Pregnancy	342,738	8,270.0	20.8	8,229.1	8,310.8	3	31,200.11
Cardiovascular Diseases	48,945	1,025.5	6.7	1,012.3	1,038.7	3	41,039.99
Heart Disease	36,217	755.7	5.8	744.4	767.0	3	40,738.34
Coronary Heart Disease	8,872	186.1	2.9	180.5	191.8	3	63,292.32
Heart Failure, any diagnosis	61,245	1,252.3	7.3	1,237.9	1,266.6	4	38,699.73
Stroke	8,753	182.1	2.8	176.6	187.7	3	41,171.20

AAHR = Age-adjusted hospitalization rate; SE = Standard error; CL = Confidence level

Data source: 2019 Connecticut Inpatient and Emergency Department Visit Dataset

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 12 Number and Age-Adjusted Hospitalization Rates (AAHR) for Cardiovascular Diseases among Connecticut Residents, Overall and by Gender, and Race and Ethnicity, 2014-2019

Demographic Category		CVD # Inpatient Discharges AAHR 95% CI	Heart Disease # Inpatient Discharges AAHR 95% CI	CHD # Inpatient Discharges AAHR 95% CI	Heart Failure, any diagnosis # Inpatient Discharges AAHR 95% CI	Stroke # Inpatient Discharges AAHR 95% CI
Residents	All	237,206 1,020.7 1,014.7- 1,026.7	174,775 748.7 743.6-753.8	45,323 194.3 191.7-196.9	23,229 97.3 95.5-99.1	41,896 179.5 177.0-182.0
Gender	Male	127,225 1,248.2 1,238.3- 1,258.1	95,244 933.7 925.2-942.3	29,311 278.6 273.9-283.2	11,335 114.3 111.2-117.3	20,632 202.2 198.2-206.2
	Female	109,980 830.6 823.4-837.8	79,530 585.0 588.9-601.1	16,012 122.8 120.1-125.6	11,894 84.4 82.1-86.6	21,264 160.3 157.1-163.5
Race & Ethnicity	White	179,941 934.0 927.6-940.4	135,560 701.1 695.6-706.6	35,459 186.9 184.1-189.8	17,941 87.9 86.0-89.8	31,018 159.7 157.1-162.3
	Black	28,554 1,631.3 1,603.8- 1,6358.8	18,901 1,079.9 1,057.5- 1,1102.2	3,453 192.1 182.8-201.4	2,877 166.8 157.9-175.6	5,526 318.7 306.5-330.9
	Hispanic or Latino	19,333 1,087.5 1,064.2- 1,110.9	13,773 785.4 765.4-805.3	3,999 214.2 204.1-224.2	1,741 104.7 97.3-112.2	3,389 191.0 181.2-200.8
	American Indian/ Alaskan Native	261 674.9 547.0-782.9	195 503.8 400.4-607.3	60 141.8 89.2-194.5	15 40.4 11.0-69.7	47 112.9 65.9-159.8
	Asian	2,218 361.1 (338.6- 383.5)	1,462 242.9 224.3-261.5	607 90.0 79.3-100.6	134 25.3 19.0-31.6	530 84.0 73.3-94.6
	Hawaiian/ Other Pacific Islander	113*	81*	18*	8*	24*

CVD = Cardiovascular diseases; AAHR = Age-adjusted hospitalization rate; CI = Confidence interval; CHD = Coronary Heart Disease

*Only the number of inpatient discharges is provided because the standard error is greater than 30, indicating that the AAHR is imprecise.

Data source: 2016-2019 Connecticut Inpatient and Emergency Department Visit Dataset

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 13 Number of Cardiovascular Diseases Deaths and Age-Adjusted Mortality Rates, All Connecticut Residents, 2019

Category	# Deaths	AAMR	SE	95% CI
All Deaths	31,772	649.0	5.3	638.6-659.3
Cardiovascular Diseases	9,264	180.1	2.7	174.8-185.4
Heart Disease	7,297	141.9	2.4	137.2-146.6
Coronary Heart Disease	3,711	72.5	1.7	69.2-75.8
Heart Failure	1,177	22.2	0.9	20.4-24.0
Stroke	1,360	26.5	1.0	24.5-28.4

AAMR = Age-adjusted mortality rates; SE = Standard error; CI = Confidence interval

Data source: 2019 Connecticut Department of Public Health Vital Records Mortality Files

Table 14 Number of Cardiovascular Diseases Deaths by Age Group, All Connecticut Resident, 2019

Age Group (in years)	Cardiovascular Diseases	Heart Disease	Coronary Heart Disease	Heart Failure	Stroke
0-4	5	<5	0	0	<5
5-14	<5	<5	0	0	0
15-34	37	31	7	<5	5
35-64	1,198	1,001	573	52	114
65+	8,023	6,260	3,131	1,124	1,240

Data source: 2019 Connecticut Department of Public Health Vital Records Mortality Files

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 15 Number of Cardiovascular Diseases Deaths and Age-Adjusted Mortality Rates, Overall and by Gender and Race and Ethnicity, All Connecticut Residents, 2015-2019

Demographic Category		CVD # Deaths AAMR* 95% CI [^]	Heart Disease # Deaths AAMR* 95% CI [^]	Coronary Heart Disease # Deaths AAMR* 95% CI [^]	Heart Failure # Deaths AAMR* 95% CI [^]	Stroke # Deaths AAMR* 95% CI [^]
Resident	All	45,645 181.9 179.5-184.3	35,733 142.4 140.3-144.5	18,727 75.1 73.5-76.6	5,155 19.71 19.0-20.5	6,777 27.0 26.1-28.0
	Gender					
Gender	Male	22,106 222.0 217.8-226.2	18,038 180.5 176.7-184.3	10,363 102.8 100.0-105.6	2,255 23.2 21.8-24.5	2,660 27.3 25.8-28.7
	Female	23,538 150.5 147.6-153.3	17,694 113.1 110.6-115.5	8,363 54.1 52.4-55.7	2,900 17.4 16.5-18.3	4,117 26.5 25.3-27.6
Race & Ethnicity	White	39,300 181.5 178.9-184.2	30,927 143.2 140.9-145.6	16,179 75.9 74.2-77.6	4,595 19.9 19.1-20.8	5,699 26.0 25.1-27.0
	Black	3,205 201.0 191.0-211.1	2,447 152.1 143.4-160.8	1,262 78.2 71.9-84.4	278 18.5 15.4-21.6	489 31.7 27.7-35.8
	Hispanic or Latino	1,978 134.1 125.3-142.9	1,487 99.7 92.1-107.3	799 53.7 48.2-59.3	175 13.7 10.8-16.7	372 26.2 22.2-30.1
	American Indian/ Alaskan Native	37 91.1 48.3-133.9	33 79.7 40.0-119.4	20 48.6 17.4-79.8	<5	<5
	Asian	396 81.4 69.7-93.2	299 61.0 50.8-71.1	172 34.0 26.5-41.4	35 7.9 4.1-11.6	81 16.9 11.5-22.2
	Hawaiian/ Other Pacific Islander	9*	7*	5*	<5*	<5*
	Two or More Races	348 318.4 269.1-367.7	250 225.4 184.1-266.6	138 15.5 92.5-153.2	35 34.8 18.2-51.5	63 61.5 39.3-83.6

CVD = Cardiovascular diseases; AAMR = Age-adjusted mortality rates; CI = Confidence interval

*Only the number of deaths is provided because the standard error is greater than 30, indicating that the AAMR is imprecise.

Data source: 2015-2019 Connecticut Department of Public Health Vital Records Mortality Files

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 16 Annual Percent Change of Cardiovascular Diseases Age-Adjusted Mortality Rates, All Connecticut Residents, 2010-2019

Category	Annual Percent Change	Lower Confidence Interval	Upper Confidence Interval	p-value
Cardiovascular Diseases	-0.9	-1.2	-0.7	0.0
Heart Disease	-1.0	-1.4	-0.7	0.0
Coronary Heart Disease	-1.9	-2.6	-1.2	0.0
Heart Failure	4.6	3.6	5.6	0.0
Stroke	-0.5	-1.3	0.4	0.3

Data source: 2015-2019 Connecticut Department of Public Health Vital Records Mortality Files

Table 17 Number of Cardiovascular Diseases Deaths before Age 75 and Age-Adjusted Years of Potential Life Lost, All Connecticut Residents, 2019

Category	Deaths before Age 75	Age-Adjusted YPLL	Standard Error	95% Confidence Interval
All Deaths	12,141	5,518.0	3.5	5,511.1-5,524.9
Cardiovascular Diseases	2,542	724.5	1.5	721.7-727.4
Heart Disease	2,085	605.0	1.3	602.4-607.6
Coronary Heart Disease	1,196	314.3	1.0	312.4-316.3
Heart Failure	142	29.0	0.3	28.4-29.6
Stroke	296	72.7	0.5	71.8-73.6

YPLL = Years of Potential Life Lost

Data source: 2019 Connecticut Department of Public Health Vital Records Mortality Files

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 18 Number of Cardiovascular Diseases Deaths before Age 75 and Age-Adjusted Years of Potential Life Lost, Overall and by Gender and Race and Ethnicity, All Connecticut Residents, 2015-2019

Demographic Category		CVD Deaths < 75 YPLL* 95% CI^	Heart Disease Deaths < 75 YPLL* 95% CI^	CHD Deaths < 75 YPLL* 95% CI^	Heart Failure Deaths < 75 YPLL* 95% CI^	Stroke Deaths < 75 YPLL* 95% CI^
Resident	All	12,508 752.1 750.8-753.4	10,184 616.9 615.8-618.1	6,011 327.9 327.1-328.8	618 24.8 24.5-25.0	1,485 86.6 86.2-87.0
	Gender					
	Male	8,353 1,066.1 1,063.9-1,068.4	7,020 905.6 903.5-907.7	4,365 516.5 514.9-518.1	400 34.3 33.9-34.8	801 93.4 92.7-94.1
	Female	4,155 458.1 456.7-459.5	3,164 316.3 345.1-347.6	1,646 151.9 151.1-152.8	218 15.9 15.7-16.2	684 93.4 92.7-81.1
Race & Ethnicity	White	9,361 690.6 689.2-692.1	7,720 579.4 578.1-580.8	4,683 328.5 327.5-329.5	438 21.4 21.1-21.6	1,027 67.4 66.9-67.8
	Black	1,639 1,355.5 1,349.7-1,361.3	1,294 1,084.8 1,079.7-1,089.9	669 485.5 481.8-489.1	99 54.0 52.7-55.4	213 155.7 153.6-157.7
	Hispanic or Latino	1,034 684.6 680.20-688.9	801 529.6 525.8-533.4	438 262.6 259.8-265.4	55 24.2 23.1-25.3	171 119.9 118.1-121.6
	AI/AN	24 861.2 829.5-893.0	21 634.0 605.1-662.9	13 345.0 322.6-367.4	<5* <5*	<5* <5*
	Asian	133 219.5 215.3-233.6	106 169.5 165.8-173.2	70 112.6 109.6-115.6	6 12.5 11.8-13.2	24 47.0 45.3-48.6
	HOPI	<5^ <5^	<5^ <5^	<5^ <5^	0 0	0 0
	Two or More Races	148 1,099.2 1,077.1-1,121.3	110 855.0 936.3-873.7	67 459.1 444.2-473.9	9 61.8 56.7-66.9	20 144.2 136.1-152.2

CVD = Cardiovascular diseases; YPLL = Years of potential life lost; CI = Confidence Interval; CHD = Coronary disease; AI/AN = American Indian / Alaskan Native; HOPI = Hawaiian / Other Pacific Islander
*The number of deaths is less than 5; therefore, the YPLL has been suppressed in accordance with confidentiality policies.

^Only the number of inpatient discharges is provided because the standard error is greater than 30, indicating that the AAHR is imprecise.

Data source: 2015-2019 Connecticut Department of Public Health Vital Records Mortality Files

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 19 Annual Percent Change of Cardiovascular Diseases Age-Adjusted Years of Potential Life List, All Connecticut Residents, 2010-2019

Category	Annual Percent Change	Lower Confidence Interval	Upper Confidence Interval	p-value
Cardiovascular Diseases	-1.6	-2.7	-0.4	0.0
Heart Disease	-1.6	-2.8	-0.3	0.0
Coronary Heart Disease	-0.7	-2.1	0.6	0.2
Heart Failure	4.1	-0.2	8.5	0.1
Stroke	-2.2	-5.2	0.9	0.1

Data source: 2010-2019 Connecticut Department of Public Health Vital Records Mortality Files

Table 20 Percent of Adults (18+ years) Receiving Regular Medical Care, Connecticut

Category	Weighted Percent	Lower 95% Confidence Level	Upper 95% Confidence Level	CV
Have at least one person you think of as your personal doctor or healthcare provider*	83.7	83.1	84.4	0.4
Has had a routine check-up in the past year*	80.1	79.4	80.8	0.4
Could not see a doctor at any time in the past year because of cost*	8.9	8.4	9.1	4.3
Taking medications to control blood pressure (among adults with high blood pressure) ^	77.3	75.8	78.7	0.1
Taking medications for blood cholesterol (among adults with high cholesterol) ^	59.2	57.6	60.8	1.4
Could not take medications in the past year because of cost*	6.4	5.8	6.9	4.3

CV = Coefficient of variation

*2018-2020 data

^2017 & 2019 data

Data source: Connecticut Behavioral Risk Factor Surveillance System

Connecticut Cardiovascular Diseases Statistical Report, 2021

Table 21 Percent of Adults (18+ years) With and Without Healthcare Coverage Receiving Regular Medical Care, Connecticut, 2018-2020

Category	Has Healthcare Coverage		Does Not Have Healthcare Coverage	
	Weighted Percent	95% Confidence Interval	Weighted Percent	95% Confidence Interval
All	91.9	91.4-92.4	8.1	7.8-8.6
Have at least one person you think of as your personal doctor or healthcare provider	87.3	86.7-87.9	43.8	40.4-47.12
Has had a routine check-up in the past year	82.1	81.4-82.8	57.8	54.5-61.2
Could not see a doctor at any time in the past year because of cost	7.0	6.6-7.5	29.9	26.9-32.9
Could not take medications in the past year because of cost	5.8	5.2-6.3	13.3	10.5-16.1

Data source: 2018-2020 Connecticut Behavioral Risk Factor Surveillance System

Detailed Methods and Data Sources

Note: For many indicators in this report, multiple years of data are aggregated to improve the precision and reliability of the percentages or rates.

Prevalence of Cardiovascular Diseases

Data Source

- 2018-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS) data, Connecticut Department of Public Health

Methods

Cardiovascular Diseases

The prevalence of cardiovascular diseases among adults was determined using 2018-2020 BRFSS data. Adults were categorized as having at least one cardiovascular disease if they self-reported ever being told by a doctor that they have had a heart attack, stroke, or coronary heart disease. Adults who were categorized as “refused” or “don’t know” or who had missing values on any of the three cardiovascular disease questions were excluded from the analysis. The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Heart Attack

The prevalence of heart attack among adults was determined using 2018-2020 BRFSS data. Adults were categorized as having had a heart attack if they self-reported ever being told by a doctor that they had heart attack also called a myocardial infarction. The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Coronary Heart Disease (CHD)

The prevalence of coronary heart disease among adults was determined using 2018-2020 BRFSS data. Adults were categorized as coronary heart disease if they self-reported ever being told by a doctor that they had angina or coronary heart disease. The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Stroke

The prevalence of stroke among adults was determined using 2018-2020 BRFSS data. Adults were categorized as having had a stroke if they self-reported ever being told by a doctor that they had a stroke. The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Risk Factors for Cardiovascular Diseases

Data Source

- 2017-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS) data, Connecticut Department of Public Health

Methods

High Blood Pressure

The prevalence of high blood pressure was determined using 2017 and 2019 BRFSS data. Adults who self-reported being told by a doctor or health professional that they had high blood pressure (other than during pregnancy) were classified as having high blood pressure. The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

High Blood Cholesterol

The prevalence of high blood cholesterol was determined using 2017 and 2019 BRFSS data. Adults who self-reported having had their blood cholesterol checked and had been told that they have high blood cholesterol were classified as having high blood cholesterol. The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Smoking

Cigarette smoker status was determined using 2018, 2019, and 2020 BRFSS data. Respondents reporting having smoked at least 100 cigarettes in their lifetime and now smoke every day or some days were categorized as current smokers. Respondents reporting having smoked at least 100 cigarettes in their lifetime and currently do not smoke were categorized as former smokers. Respondents who reported they had not smoked at least 100 cigarettes in their lifetime were categorized as never smoked. The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Diabetes

The prevalence of diabetes was determined using 2018, 2019, and 2020 BRFSS data. Adults who self-reported being told by a doctor or health professional that they had diabetes (other than during pregnancy) were classified as having diagnosed diabetes. The estimates in this report do not differentiate between type 1 and type 2 diabetes. The data presented are more likely to related to type 2 diabetes. The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Unhealthy Weight Status (Overweight or Obese)

Overweight and obesity were classified according to body mass index (BMI) of self-reported height and weight from 2018, 2019, and 2020 BRFSS data:

- Overweight – BMI of 25.0-29.9 kg/m²
- Obese – BMI of 30.0-39.9 kg/m²
- Extreme Obesity – BMI of 40.0 kg/m² or higher

The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Physical Inactivity

The prevalence of physical inactivity was determined using 2017 and 2019 BRFSS data. Physical inactivity among adults was defined as not participating in moderate-intensity aerobic physical activities for at least 150 minutes per week, vigorous-intensity aerobic physical activities for at least 75 minutes per week, or an equivalent combination of moderate and vigorous-intensity aerobic physical activities. Additionally, physical inactivity included adults not participating in muscle strengthening activities on two or more days per week. The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Poor Nutrition

The prevalence of consuming less than one fruit per day and less than one vegetable per day were determined using 2017 and 2019 BRFSS data. Fruit and vegetable consumption are self-reported through multiple questions. Respondents are asked to consider the fruits and vegetables they ate or drank in the past 30 days. All responses are converted to daily intake. Fruit and vegetable consumption are described in this reported as less than one fruit per day and less than one vegetable per day. The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Excessive Alcohol Use

The prevalence of heavy drinking was estimated using 2018, 2019, and 2020 BRFSS data. Respondents are asked two questions:

1. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of
3. liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Male respondents who reported having more than 14 drinks per week, or female respondents who reported having more than 7 drinks per week were categorized as heavy drinkers. The data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Complications

Data Sources

- 2016-2019 Connecticut Inpatient Hospitalization and Emergency Department Dataset, Connecticut Department of Public Health
- 2010-2019 Connecticut Death Registry Database, Connecticut Department of Public Health
- 2015-2019 Connecticut Vital Statistics Mortality Files, Connecticut Department of Public Health
- 2010-2019 Connecticut State/County Longitudinal Population Estimates, Connecticut Department of Public Health

Hospitalizations

The number of inpatient hospitalizations and the age-adjusted hospitalization rates for cardiovascular diseases, heart disease, coronary heart disease, and stroke as the first-listed diagnosis and heart failure as any diagnosis were calculated using the Connecticut Inpatient Hospitalization and Emergency Department Dataset. The following International Classification of Diseases (ICD)-10 CM codes were used to define each of these conditions

- Cardiovascular disease: I00-I78
- Heart disease: I09, I11, I13, I20-I51
- Coronary Heart Disease: I20-I25
- Heart Failure: I50
- Stroke: I60-I69

Age-adjusted hospitalization rates (AAHR) were calculated for all ages by the direct method to the 2000 US Census standard population, using age groups 0-4, 5-9, 10-14, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, and 85+ years. The data source used for the denominator was the Connecticut State/County Longitudinal Population Estimates by single year of age, sex, bridged race, and Hispanic origin. The AAHRs are presented in this report as rates per 100,000 population. Hospital and population data from 2016-2019 were aggregated.

The dataset also contains length of inpatient stay and total charges. Total and median charges and median length of stay are presented in this report. It is important to note that the Connecticut Inpatient Hospitalization and Emergency Department Visit contains the number of discharges and not unduplicated patients.

Deaths

The leading causes of death in Connecticut were determined using data from the 2019 Death Registry Database. The list of causes of deaths (i.e., the grouping of ICD-10 codes used) is based on National Center for Health Statistics (NCHS) rankings for the national leading causes of death. The following International Classification of Diseases (ICD)-10 codes were used:

- Cardiovascular disease: I00-I78
- Heart disease: I09, I11, I13, I20-I51
- Coronary Heart Disease: I20-I25
- Heart Failure: I50

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- Stroke: I60-I69

The leading causes of death and age-adjusted mortality rates (AAMR) for cardiovascular diseases, heart disease, coronary heart disease, heart failure, and stroke used only the principal cause of death. The leading causes of death used 2019 data. The AAMRs by gender and race and ethnicity were calculated using 2015-2019 aggregated data.

AAMRs were calculated for all ages by the direct method to the 2000 US Census standard population, using age groups 0-4, 5-9, 10-14, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, and 85+ years. The data source used for the denominator was the Connecticut State/County Longitudinal Population Estimates by single year of age, sex, bridged race, and Hispanic origin for 2015-2019. The AAMRs are presented in this report as rates per 100,000 population.

Joinpoint Trend Analysis Software was to find best-fit lines for the AAMRs from 2010-2019. The software connects the line segments at joinpoints. Each joinpoint represents a statistically significant change in trend. The program also calculates the annual percent change over time and its statistical significance (Pennsylvania Department of Health; National Cancer Institute Surveillance Research Program, 2021).

Years of Potential Life Lost (YPLL)

YPLL presented in this report were calculated using Connecticut Vital Statistics Mortality Files data. The following International Classification of Diseases (ICD)-10 codes were used:

- Cardiovascular disease: I00-I78
- Heart disease: I09, I11, I13, I20-I51
- Coronary Heart Disease: I20-I25
- Heart Failure: I50
- Stroke: I60-I69

YPLL are a measure of premature mortality representing the number of years of potential life lost by each death before a predetermined end point (75 years of age in this report). For example, the death of a person 15-24 years of age counts as 55.5 years of life lost. The YPLL statistic is derived by summing age-specific years of life lost figures over all age groups up to 75 years. YPLL is presented for persons less than 75 years of age because the average life expectancy in the United States. Age-adjusted YPLLs were calculated for all ages by the direct method to the 2000 US Census standard population, using age groups 0-4, 5-9, 10-14, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, and 85+ years. The data source used for the denominator was the Connecticut State/County Longitudinal Population Estimates by single year of age, sex, bridged race, and Hispanic origin. The age-adjusted YPLLs are presented in this report as rates per 100,000 population. Age-adjusted YPLL by gender and race and ethnicity used 2015-2019 aggregated data.

Joinpoint Trend Analysis Software was to find best-fit lines for the age-adjusted YPLL from 2010-2019. The software connects the line segments at joinpoints. Each joinpoint represents a statistically significant change in trend. The program also calculates the annual percent change over time and its statistical significance (Pennsylvania Department of Health; National Cancer Institute Surveillance Research Program, 2021).

Prevention and Control of Cardiovascular Diseases

Data Sources

- 2017-2020 Connecticut Behavioral Risk Factor Surveillance System (BRFSS) data, Connecticut Department of Public Health

Regular Medical Care

Seven indicators of regular medical care were used in the report:

1. **Healthcare Coverage:** The prevalence of healthcare coverage was determined using 2018-2020 BRFSS data. Adults (18 years or older) who self-reported having any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Services were categorized as having healthcare coverage.
2. **Personal Doctor or Healthcare Provider:** The prevalence of having a personal doctor or healthcare provider was determined using 2018-2020 BRFSS data. Adults (18 years or older) who self-reported having at least one person they think of as their personal doctor or healthcare provider were classified as having a personal doctor or healthcare provider.
3. **Routine Check-Up:** The prevalence of having a routine check-up was determined using 2018-2020 BRFSS data. Adults (18 years or older) who self-reported that they last visited a doctor for a routine check-up within the past year were categorized as having had a routine check-up.
4. **Unable to See Doctor Due to Cost:** The prevalence of not being able to see a doctor because of cost was determined using 2018-2020 BRFSS data. Adults (18 years or older) who self-reported that there was a time in the past 12 months when they needed to see a doctor but could not because of cost were categorized as being unable to see a doctor because of cost.
5. **Taking medication to control blood pressure:** The prevalence of taking medication to control high blood pressure was determined using 2017 and 2019 BRFSS data. Adults (18 years or older) self-reporting that a health professional told them they have high blood pressure were categorized as taking medications to control blood pressure if they also self-reported that they are currently taking prescription medication for their high blood pressure.
6. **Taking medication for blood cholesterol:** The prevalence of taking medication to for blood cholesterol was determined using 2017 and 2019 BRFSS data. Adults (18 years or older) self-reporting that a health professional told them they have high blood cholesterol were categorized as taking medications to control blood cholesterol if they also self-reported that they are currently taking medicine prescribed by their doctor or other health professional for their blood cholesterol.
7. **Unable to Take Medications Due to Cost:** The prevalence of not being able to take medications because of cost was determined using 2018-2020 BRFSS data. Adult (18 years or older) who self-reported that there was a time in the past 12 months when they did not take their medication as prescribed because of cost were categorized as unable to take medications due to cost. Adults indicating that no medication was prescribed were excluded from the analysis.

For all indicators, the data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

Self-Measure Blood Pressure

Data Sources

- 2017 and 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS) data, Connecticut Department of Public Health

Adults (18 years or older) who self-reported having a doctor, nurse, or other health professional recommend that they check their blood pressure outside of the office or at home were categorized as being recommended to self-measure blood pressure. Adults also self-reported if they regularly check their blood pressure outside of their healthcare professional's office or at home. For both indicators, the data were weighted to produce estimates representative of all Connecticut adults (18 years or older).

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