

FACTS ABOUT HEALTH DISPARITIES IN CONNECTICUT, 2009¹

- Health disparities are *avoidable* differences in health that *result from cumulative social disadvantage*. Public health research shows that a wide variety of health outcomes are influenced by social factors like poverty, socioeconomic status, educational attainment, social support, stress, discrimination, and environmental exposures. Health disparities are evidence of inequalities in these social factors.
- Racial and ethnic diversity is increasing in Connecticut. From 2000–2007, the state’s Asian population increased by 38.2% and the Hispanic or Latino population increased by 24.8%. In 2007, the Hispanic or Latino population comprised 11.5% of the Connecticut population, Black or African Americans, 9.3%, and Asians, 3.4%. Whites comprised 74.4 % of the Connecticut population.
- Racial and ethnic minority residents are more likely to be poor compared with the White population in Connecticut. Blacks or African Americans were almost 3.6 times, American Indians or Alaska Natives about 3.3 times, and Hispanics or Latinos about 4.7 times to be living in poverty in 1999.
- Current state data provide a limited picture of the health status of various populations in Connecticut. Health data (e.g., births, deaths, risk factor prevalence) collected on smaller population subgroups, such as American Indians or Alaska Natives and Asians, are limited due to low numbers of reported occurrences.
- The Connecticut Hispanic or Latino population is rapidly increasing in both size and diversity, and more information, particularly on issues related to access to quality health care and language barriers, is needed.
- Mortality data show that compared with other racial and ethnic subgroups in Connecticut, Blacks or African Americans suffer disproportionately from the major chronic diseases (heart disease, stroke, diabetes, cancer) and other causes of death such as HIV/AIDS and homicide. Detailed information is lacking on subgroups within the Black or African American population, as well as the influences of poverty, low-income neighborhood environments, and discrimination on health outcomes.
- Lower-income adults in Connecticut are much less likely to obtain recommended screening tests for certain types of cancers such as Pap tests and colonoscopy or sigmoidoscopy screening for colorectal cancer compared with those of high income.
- Cigarette smoking has been linked to numerous chronic diseases including cancer, and cardiovascular and respiratory diseases. Connecticut adult smokers are more likely to be younger and have lower incomes and less education than non-smokers.
- Obesity and overweight have been linked to numerous health problems including high blood pressure, high blood cholesterol, high triglycerides, diabetes, and heart disease, and increased likelihood of developing certain types of cancers. Lower-income adults are more likely to be obese than higher-income adults.

- High blood cholesterol is a major risk factor for heart disease and a moderate risk factor for stroke. Persons without health insurance, and those with lower incomes and less education are more likely to report never having had their blood cholesterol checked.
- Diagnosed cases of HIV/AIDS for 2001–2005 were most prevalent in persons of Hispanic origin and Blacks. These groups experienced 7.4 and 6.6 times the rates of HIV/AIDS diagnoses as Whites, respectively.
- TB incidence rates among foreign-born persons and racial and ethnic minorities are higher than the incidence among Whites in Connecticut. The TB incidence rate is highest among Asian residents, about 23 times higher than that of Whites in 2000-2005.
- The infant mortality rate (IMR) is a key measure of population health status. For 2001–2005, the Connecticut IMR was highest for Black or African American infants with 3.3 times the IMR of Whites, followed by Hispanics with 1.7 times the IMR of Whites.
- In 2002-2006, Hispanic women and Black women had the highest percentages of those with late or no prenatal care in the first trimester of pregnancy, at 23.6% and 21.8% of women, respectively. Black women had the highest percentage of low birth weight infants, at 12.9%, compared with 8.5% for Hispanics, and 6.7% for White infants.
- In 2004, Hispanic and Black children 0–17 years old had the highest rate of asthma emergency department visits compared with White children. Connecticut Black and Hispanic residents of all ages had the highest asthma hospitalization rates in 2005.
- In 2006, New Haven had the highest percent of screened children who had a confirmed elevated blood lead level. Likewise, Black children also had high rates of elevated blood lead, with 2.7 times that of White children who were screened.
- Lack of health insurance is an urgent health problem facing many state residents. In Connecticut, Hispanic residents are about 5.4 times more likely, and Black residents 2.7 times more likely, to be uninsured than White residents.
- Creation of a more detailed picture of the health status of Connecticut population subgroups is achievable through increased collaboration between local communities and public and private agencies who are committed to providing more in-depth descriptions of the health needs and health status of Connecticut residents. Such an effort would involve use of both qualitative and quantitative methods and GIS (Geographic Information Systems) technology so that accurate and vivid depictions of the health status and needs of smaller, diverse subgroups are captured.

¹ Source: Stratton, A., M.M. Hynes, A.N. Nepal. 2009. *The 2009 Connecticut Health Disparities Report* Hartford, CT: Connecticut Department of Public Health.



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