SECTION I.

INTRODUCTION

This report examines trends in the leading causes of death among Connecticut residents for the ten-year period 1989-1998. Mortality data are some of the best sources of information about the health of living communities. They provide a snapshot of current health problems, suggest persistent patterns of risk in specific communities, and show trends in specific causes of death over time. Many causes of death are preventable or treatable and, therefore, warrant the attention of public health prevention efforts. Furthermore, because mortality data allow us to identify leading causes of premature death, they provide a valuable benchmark for evaluating progress in increasing years of healthy life for Connecticut residents. As such, they are important indicators of where federal, state, and local prevention efforts should be placed in building healthy communities.

The U.S. Department of Health and Human Services' initiative *Healthy People*, first launched in 1979, provides a framework for analyzing mortality and its risk factors. The national goals and objectives for *Healthy People 2000*, released in 1990, identified health priority areas for the nation (U.S. Department of Health and Human Services 1990). Its goals were to increase the healthy life years of Americans, to reduce health disparities among subgroups within the population, and to achieve universal access to appropriate health services. Overall, *Healthy People 2000* includes about 38 objectives that rely on mortality figures.

In accordance with the national objectives, the Connecticut Department of Public Health developed a framework to assess the health of Connecticut residents by setting objectives by which to measure progress to the year 2000. That framework, known as *Healthy Connecticut 2000,* was outlined in a series of reports. The *Healthy Connecticut 2000* baseline assessment (Connecticut Department of Public Health 1997) set target objectives for health priority areas, and *Looking Toward 2000* (Connecticut Department of Public Health 1999) assessed health status and health services in Connecticut. This report uses the *Healthy People 2000* and *Healthy Connecticut* objectives to measure progress in reducing mortality among Connecticut residents. It also provides a yardstick for Connecticut residents as we measure progress in relation to the *Healthy People 2010* objectives (U.S. Department of Health and Human Services 2000).

While providing a retrospective look at mortality trends for the past decade, findings presented in this report also enable the state of Connecticut to assess its current health status with a view toward setting new goals and objectives for the next decade and millennium. This report comes at an important time for a few reasons:

- Recently there has been a change in the disease classification system used to report mortality statistics throughout the United States. This report covers the period 1989-1998 and uses mortality classifications based on the International Classification of Diseases – 9 (ICD-9) coding standard (World Health Organization 1977). Mortality data from 1999 and later will be classified using the ICD-10 codes. This report includes information from 1989 to 1998, the end of the twenty-year ICD-9 classification era. Statistics based on the ICD-10 will not be exactly comparable to earlier figures based on the ICD-9; consequently, 1998 is a logical endpoint for examining recent mortality trends.

- For more than fifty years, the National Center for Health Statistics has reported mortality data standardized to the age, gender, and racial/ethnic composition of the 1940 population of the United States. Beginning in 2000, the age-adjustment formula used to report mortality data nationwide has been changed to reflect the older age composition of the U.S. population in the year 2000. This shift in the use of the standard population will result in numerous differences among population subgroups. In this report, we provide mortality rates that are age-adjusted to both the 1940 and 2000 standard populations. We use the 1940 standardization when comparing Connecticut resident death rates to U.S. rates from 1989-1998. We use the 2000 standardization to compare gender, racial, and ethnic groups within Connecticut during this same period and when examining changes over time. We discuss the effect of these changes at length in the Methodology and Discussion Sections of this report.

In this report, we describe mortality trends from 1989 to 1998 within and among major population subgroups in Connecticut: males and females, and racial and ethnic sub-populations (whites, blacks/African Americans, Hispanics, Asian and Pacific Islanders, and Native Americans). With this information, we are able to chart Connecticut's progress over time in relation to U.S. mortality rates, the *Healthy People* and *Healthy Connecticut* target objectives, as well as Connecticut's progress toward eliminating health disparities among racial and ethnic sub-populations. We are also able to identify meaningful changes in the health of Connecticut residents during the past decade as well as the problematic areas requiring our attention as we begin to formulate the *Healthy Connecticut* goals for 2010.