

Aging and Cancer in Connecticut Community Data Snapshot, 2025

Community Outreach & Engagement, Yale Cancer Center

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Glossary of Terms

Incidence Rate: Incidence is the rate of new cases or events over a specific period of time for the population at risk for the event.

Mortality (or Death) Rate: Mortality rate is the number of deaths, with cancer as the underlying cause of death, occurring in a specific population during a specific period of time.

Introduction

Older adults represent the fastest-growing segment of the US population, and with advancing age comes an increased risk for many chronic diseases—including cancer. As communities, service providers, and researchers work to support healthy aging, understanding the intersection of aging and cancer is essential.

This report provides a snapshot of cancer incidence and mortality among older adults in our state, alongside key social determinants of health that shape aging experiences and outcomes. Our accompanying conference program highlights current research centers at Yale University that may participate in research on the prevention, early detection, and treatment of cancer in older adults.

Developed for community agencies serving older adults, researchers, and healthcare partners, this Community Data Snapshot is both a resource and a foundation for deeper dialogue. It is designed to inform and prepare community partners and researchers for the upcoming *Aging and Cancer Joint Retreat*, co-hosted by the Agency on Aging of South Central Connecticut and Yale Cancer Center. The meeting will be a forum for learning, dialogue, and partnership-building at the intersection of aging and cancer. By linking scientific insights with community-level perspectives, we aim to foster a shared understanding that supports collaboration across sectors.

We invite you to use this report to guide your understanding, shape your questions, and support your participation in this important conversation. Our hope is that this report supports informed engagement at the conference and encourages the development of new cancer research ideas and partnerships that address the unique needs of aging populations and promote health and equity for older adult populations across the state.

Aging in Connecticut

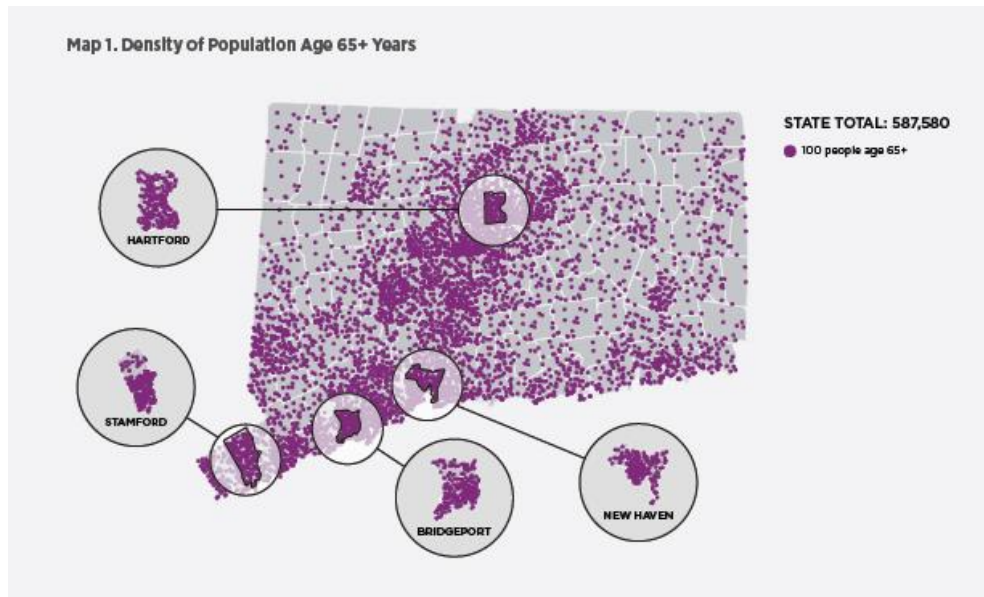
Adults 65 years or older are 17.4% of Connecticut’s population.¹ Women comprise the majority of those 65+ years (55.7%) and those 85+ years (66%).¹ Connecticut has the most diverse population of adults 65+ years in New England, with 13.4% being Black or Hispanic/Latine.¹ Fifteen percent of those 65+ years in Connecticut report speaking a language other than English at home.¹ Black and Hispanic/Latine populations face significant disparities. Of 56 chronic disease, mental health, and health services utilization indicators tracked in the Connecticut Healthy Aging Data Report, all but four indicators reflected racial disparities.² Income inequality is significant among those 65+ years in Connecticut. While 24% of Connecticut residents 65+ years have a household annual income greater than \$100,000, 7% live below the poverty level.² Those 65 years or older have a significant burden of chronic diseases, with 62% having four or more chronic conditions.² See Table 1. See Map 1.²

Table 1a. Prevalence of Chronic Conditions among CT Residents 65+ years²

Chronic condition	Prevalence
Hypertension	76%
Arthritis (osteoarthritis or rheumatoid arthritis)	54%
Ischemic heart disease	41%
Diabetes	34%
Depression	30%
Alzheimer’s disease or a related dementia	14%

Table 1b. Selected Health Indicators among CT Residents 60+ years²

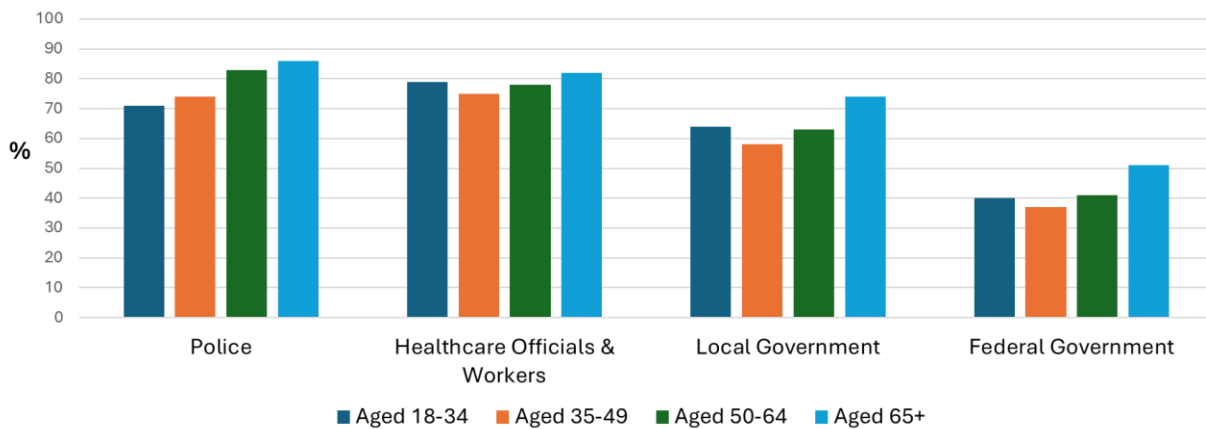
Health indicator	Prevalence
Have high cholesterol	77%
Diagnosed with obesity	23%
Ate 5+ fruits and vegetables per day	20%
Stressed about buying food	9%
Lost six or more teeth	24%
Difficulty ambulating	19%
Served as caregiver of a family member or friend in the last month	22%



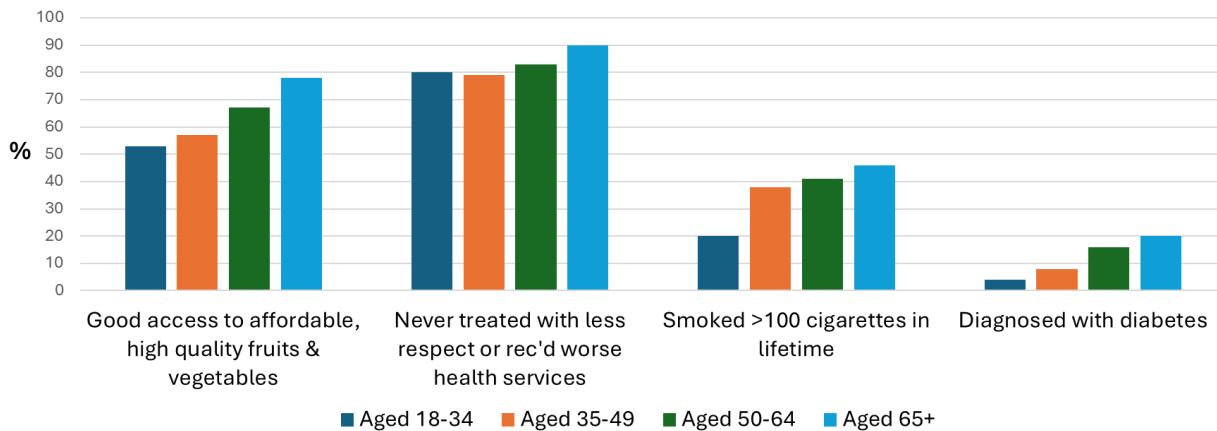
Aging and Social Determinants of Health

Older adults in Connecticut tend to view their cities and towns very favorably and report more trust in government services than younger adults.³ They report better healthcare access (e.g., insured, no missed healthcare for financial reasons, recent dental care, have a medical home); better financial security (e.g., financially comfortable, food secure, transportation secure, housing secure, access to a car), and more positive views on their community’s assets (e.g., good place to raise kids, parks, employment opportunities, safe to walk at night and to bike, recreation facilities available) than those in younger age groups.³ Older adults report more happiness, less depression, and less anxious feelings.³ They report less discrimination in healthcare than younger groups.³ However, older adults tend to have more health conditions (e.g., diabetes, high blood pressure, history of heart attacks, coronary heart disease) and behavioral risk factors (e.g., lifetime cigarette use).³

Trust institutions to protect you & your family’s best interests



Health indicators by age group



Aging and Cancer in Connecticut

Data presented come from the Centers for Disease Control and Prevention and the National Cancer Institute.⁴ Please note that some data points in the graphs below have been suppressed for confidentiality, due to small area data that includes cancer type and race/ethnicity. Small area data is sensitive because its fine geographic and population detail increases the risk of identity disclosure. Publicly available data withholds data points that, if revealed, could allow the identity of an individual or organization to be deduced. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. More detailed information is available at: <https://statecancerprofiles.cancer.gov/>.

Breast Cancer

Breast cancer occurs when cells in the breast mutate to become cancerous cells that multiply and form tumors. More women are diagnosed with breast cancer each year than any other cancer in CT, and breast cancer is responsible for more CT female cancer deaths than any other cancer, except lung cancer. The rate of people being diagnosed with breast cancer is rising in Connecticut, but the rate of people dying from breast cancer has been falling. Risk of breast cancer increases with age. Compared to the US overall, Connecticut has a significantly higher incidence, but a significantly lower death rate for breast cancer among women aged 65+ years. Among Connecticut women aged 65+ years, White women have the highest rate of breast cancer incidence, but Black women have the highest rate of breast cancer deaths.

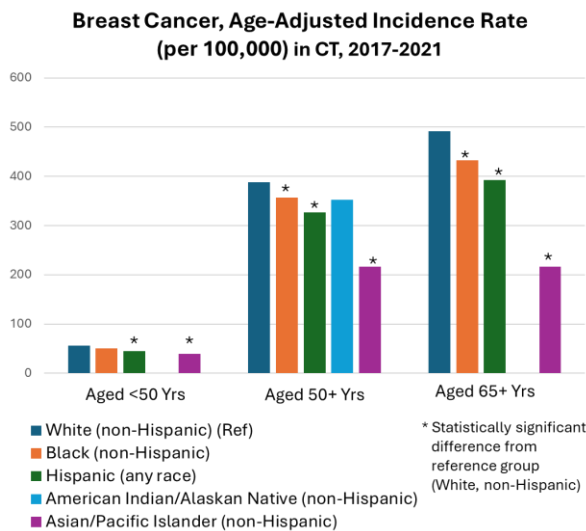


Figure 1. Breast cancer incidence by age group and race/ethnicity. (See note above regarding small area data and suppression of data points for confidentiality.)

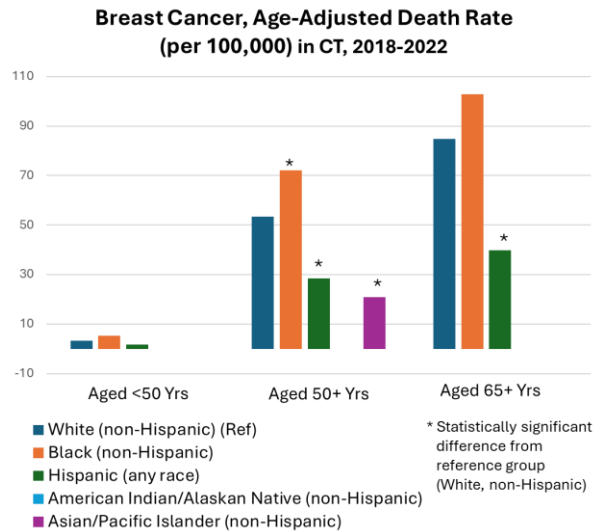


Figure 2. Breast cancer mortality by age group and race/ethnicity. (See note above regarding small area data and suppression of data points for confidentiality.)

Prostate Cancer

Prostate cancer is a type of cancer that develops in the prostate gland, which is a male reproductive organ located below the bladder. More men are diagnosed with prostate cancer each year than any other cancer in Connecticut. Prostate cancer accounts for the second most cancer deaths among men in Connecticut each year. Risk of prostate cancer increases with age, and prostate cancer is on the rise in Connecticut.

Connecticut has a significantly higher incidence of prostate cancer among men aged 65+ years than the US overall. Black men aged 65 and older have a significantly higher incidence of prostate cancer and Asian/Pacific Islander men 65+ have a significantly lower incidence than men of any other race/ethnicity in Connecticut. Black men aged 65+ also have a significantly higher mortality rate, and both Asian/Pacific Islander men and Latinos aged 65+ have a lower mortality rate, than other men in Connecticut. Compared to Latinos aged 65+ in the US overall, those in Connecticut have significantly higher prostate cancer incidence and significantly lower prostate cancer mortality. Men aged 65+ in Litchfield, New Haven, and Windham counties have significantly lower incidence of prostate cancer, and men aged 65+ in Fairfield, Middlesex and New London counties have significantly higher incidence of prostate cancer than those in the state overall.

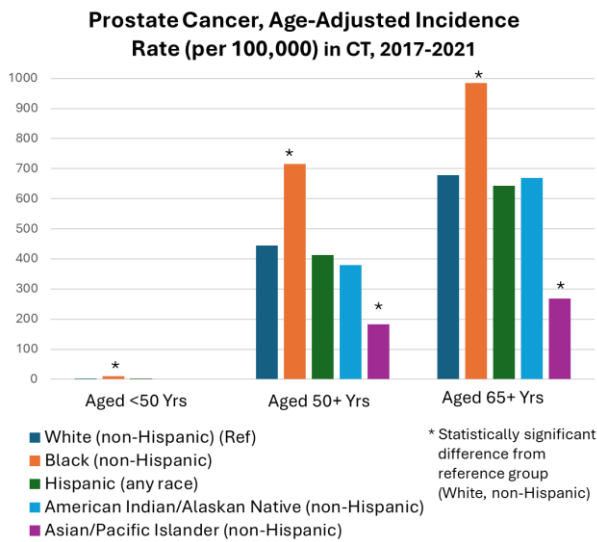


Figure 3. Prostate cancer incidence by age group and race/ethnicity. (See note above regarding small area data and suppression of data points for confidentiality.)

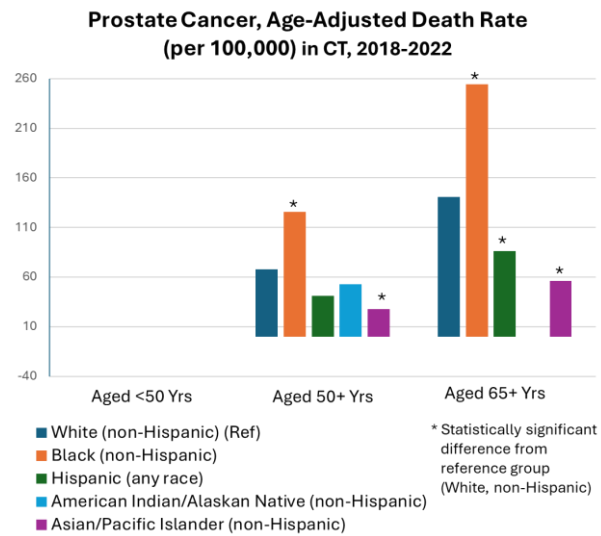


Figure 4. Prostate cancer mortality by age group and race/ethnicity. (See note above regarding small area data and suppression of data points for confidentiality.)

Lung Cancer

Lung cancer is the leading cause of cancer deaths in Connecticut. Risk of lung cancer increases significantly with age. Lung cancer incidence among those aged 65+ years is significantly higher for those in Connecticut than for the US overall, but lung cancer mortality rates are significantly lower. Asian/Pacific Islander and Hispanic/Latine Connecticut residents 65+ years of age have significantly lower lung cancer incidence and mortality rates than people of other race/ethnicities in Connecticut. Those aged 65+ from Windham and New Haven counties have significantly higher rates, and those from Fairfield county have significantly lower rates, of lung cancer than people 65+ in Connecticut overall. Residents of New Haven, New London, and Windham counties 65+ years of age have higher lung cancer mortality, and those in Fairfield and Middlesex counties have significantly lower lung cancer mortality rates than Connecticut residents 65+ years, overall.

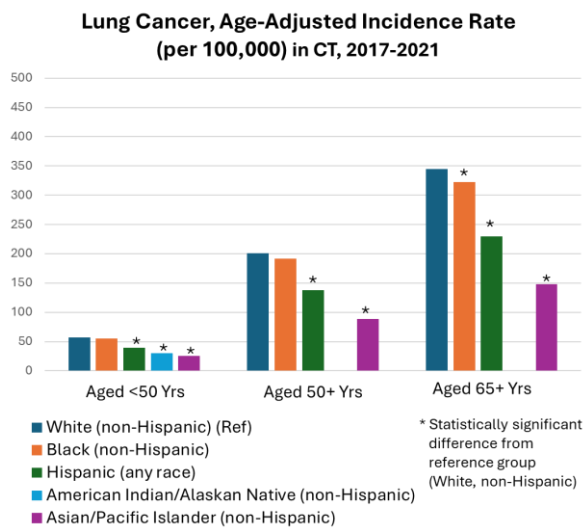


Figure 5. Lung cancer incidence by age group and race/ethnicity. (See note above regarding small area data and suppression of data points for confidentiality.)

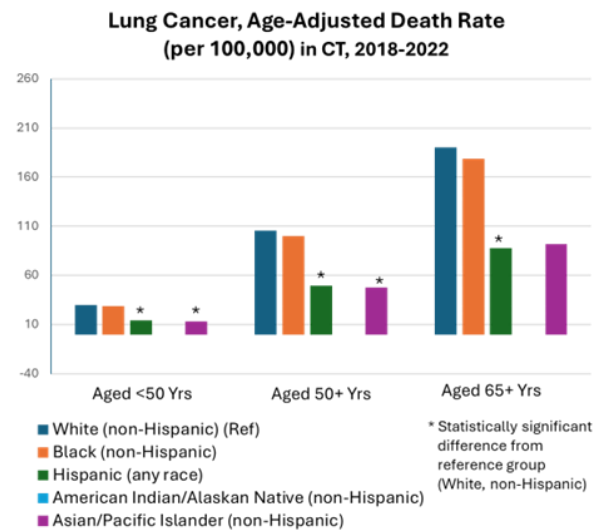


Figure 6. Lung cancer mortality by age group and race/ethnicity. (See note above regarding small area data and suppression of data points for confidentiality.)

Liver Cancer

Hepatocellular (liver) cancer is on the rise in Connecticut among those 65+ years, though both incidence and mortality are significantly lower in Connecticut than in the US. Hispanic/Latine people aged 65+ in Connecticut have a significantly higher incidence of liver cancer than those of any other race/ethnicity in Connecticut. Hispanic/Latine people aged 65+ in Connecticut also have a significantly higher liver cancer mortality rate than their non-Hispanic White counterparts.

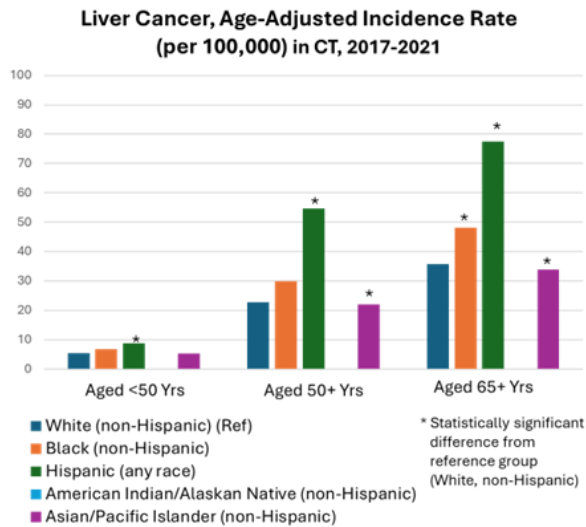


Figure 7. Liver cancer incidence by age group and race/ethnicity. (See note above regarding small area data and suppression of data points for confidentiality.)

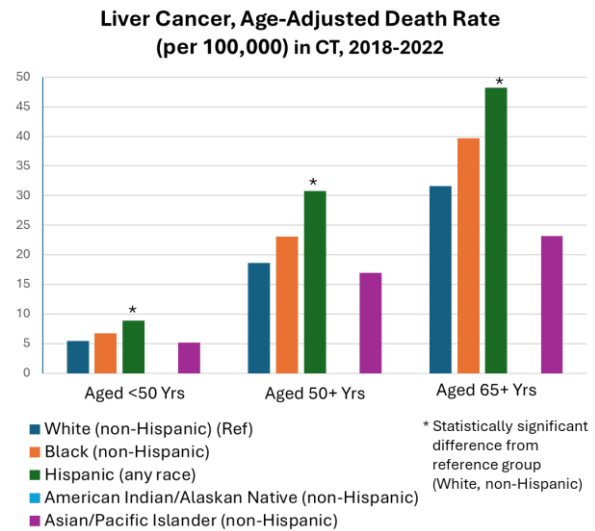


Figure 8. Liver cancer mortality by age group and race/ethnicity. (See note above regarding small area data and suppression of data points for confidentiality.)

Colorectal Cancer

Colorectal cancer is the fourth most common cancer diagnosis and cause of cancer mortality in Connecticut. Risk of colorectal cancer increases significantly with age. Colorectal cancer incidence and mortality rates among those 65+ years are falling in Connecticut, and they are lower than that of the US, overall. Asian/Pacific Islander Connecticut residents aged 65+ have significantly lower incidence of colorectal cancer than all other race/ethnicities.

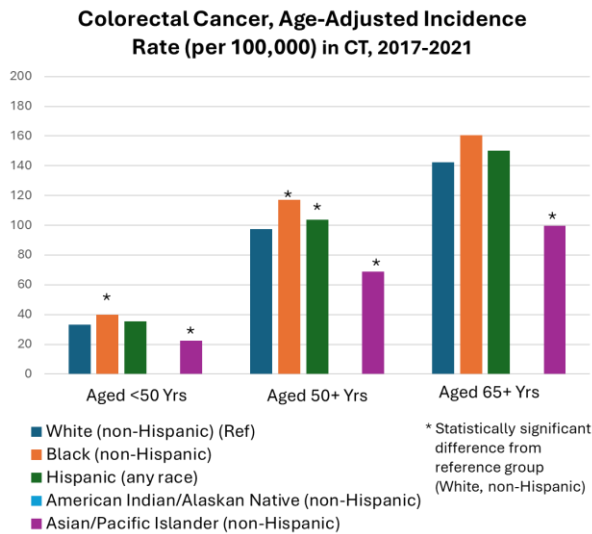


Figure 9. Colorectal cancer incidence by age group and race/ethnicity. (See note above regarding small area data and suppression of data points for confidentiality.)

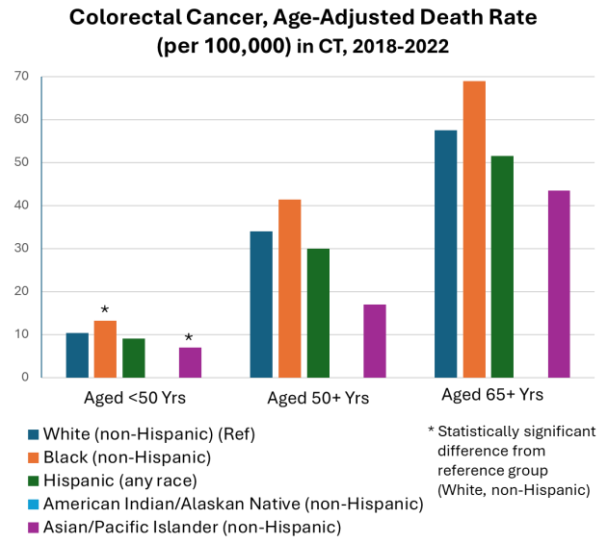


Figure 10. Colorectal cancer mortality by age group and race/ethnicity. (See note above regarding small area data and suppression of data points for confidentiality.)

Cancer Screening Guidelines

US Preventive Services Task Force (USPSTF) Cancer Screening Guidelines		
Breast Cancer ⁵	Women aged 40 to 74 years	The USPSTF recommends biennial screening mammography for women aged 40 to 74 years.
	Women 75 years or older	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women 75 years or older.
	Women with dense breasts	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of supplemental screening for breast cancer using breast ultrasonography or magnetic resonance imaging (MRI) in women identified to have dense breasts on an otherwise negative screening mammogram.
Prostate Cancer ⁶	Men aged 55 to 69 years	For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)-based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. Screening offers a small potential benefit of reducing the chance of death from prostate cancer in some men. However, many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; overdiagnosis and overtreatment; and treatment complications, such as incontinence and erectile dysfunction. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of family history, race/ethnicity, comorbid medical conditions, patient values about the benefits and harms of screening and treatment-specific outcomes, and other health needs. Clinicians should not screen men who do not express a preference for screening.
	Men 70 years and older	The USPSTF recommends against PSA-based screening for prostate cancer in men 70 years and older.
Lung Cancer ⁷	Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

	have quit within the past 15 years	
Colorectal Cancer ⁸	Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.
	Adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.
	Adults aged 76 to 85 years	The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults aged 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health, prior screening history, and preferences.

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