

Health in the United States— A Review of the First Decade of the 21st Century

October 6, 2011

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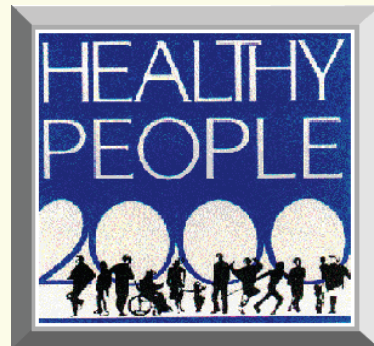
Commissioner, Connecticut Department of Health



Healthy People: What is it?

- A comprehensive set of national ten-year health objectives
- A framework for public health priorities and actions

HEALTHY PEOPLE
The Surgeon General's Report On
Health Promotion And Disease Prevention



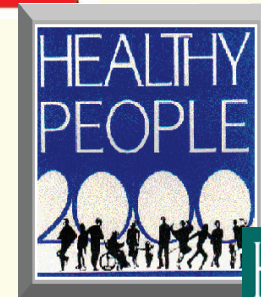
History of Healthy People

1979 Surgeon General's Report



1980 Promoting Health, Preventing Disease

1990 Healthy People 2000



2000 Healthy People 2010



2010 Healthy People 2020



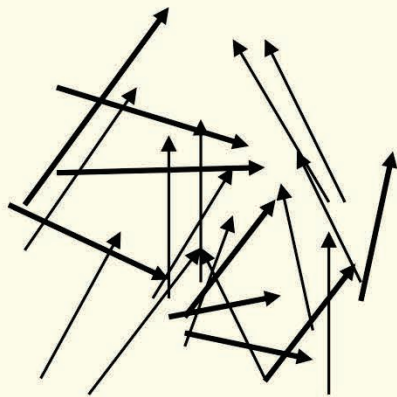
Healthy People: Key Features

- Addresses disease prevention and health promotion issues of national, public health significance
- Provides science/evidence-based objectives and targets
- Data driven and measures progress over time (10-year span)
- Designed to drive action to improve health
- Collaborative process

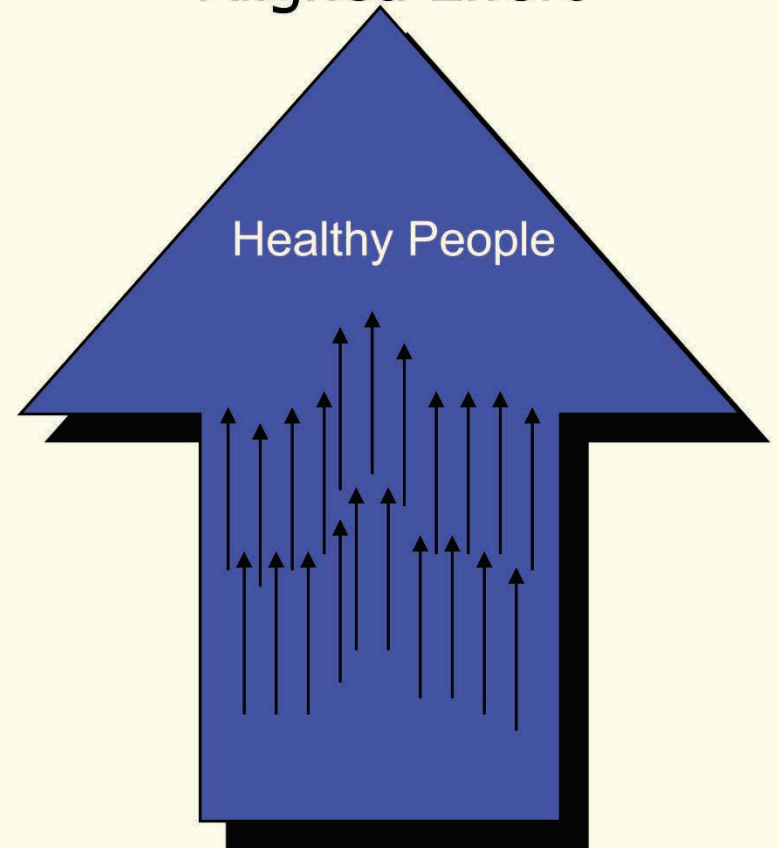
Healthy People: Strengths

Aligns Strategic Public Health Goals
and Efforts Across the Nation

Non-Aligned Effort
Random Acts of Innovation



Aligned Effort







Key Players

- Office of Disease Prevention and Health Promotion (HHS/OS/OASH)
- Assistant Secretary for Health (HHS/OS)
- Federal Agencies (HHS and non-HHS)
- National Center for Health Statistics (HHS/CDC)
- State and Local Health Departments

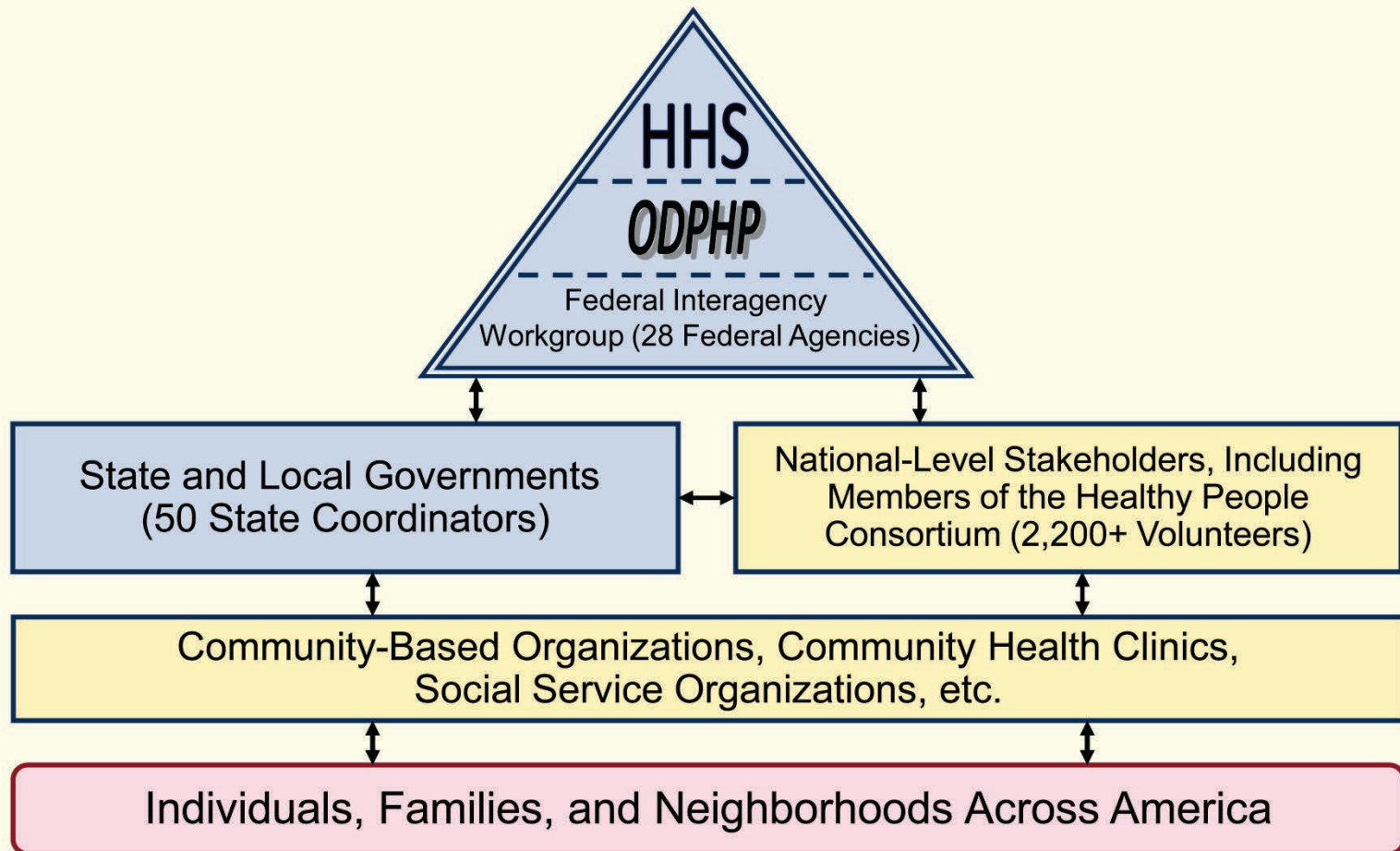


Evolution of Healthy People

Target Year	1990 	2000 	2010 	2020 
Overarching Goals	<p>Decrease mortality: infants–adults</p> <p>Increase independence among older adults</p>	<p>Increase span of healthy life</p> <p>Reduce health disparities</p> <p>Achieve access to preventive services for all</p>	<p>Increase quality and years of healthy life</p> <p>Eliminate health disparities</p>	<p>Attain high-quality, longer lives free of preventable disease</p> <p>Achieve health equity; eliminate disparities</p> <p>Create social and physical environments that promote good health</p> <p>Promote quality of life, healthy development, healthy behaviors across life stages</p>
Number of Topic Areas	15	22	28	42
Number of Objectives	226	312	969	1200

Stakeholders

Federally Led, Stakeholder-Driven Process



How Stakeholders are Using Healthy People

- Data tool for measuring program performance
- Framework for program planning and development
- Goal setting and agenda building
- Teaching public health courses
- Benchmarks to compare State and local data
- Way to develop nontraditional partnerships

Healthy People 2010 Goals

Two overarching goals

- Goal 1: Increase the quality and years of healthy life
- Goal 2: Eliminate health disparities across
 - Race and ethnicity
 - Sex
 - Education
 - Income
 - Geographic location
 - Disability status
 - Sexual orientation

HP2010 Leading Health Indicators

Physical Activity

Moderate/vigorous physical activity among adults
Vigorous physical activity among adolescents

Nutrition and Obesity

Obesity in adults
Obesity in children and adolescents

Tobacco Use

Cigarette smoking among adults
Cigarette smoking among adolescents

Substance Abuse

Adolescents not using alcohol or illicit drugs
Adults using illicit drugs
Adult binge drinking

Responsible Sexual Behavior

Condom use by adults
Adolescent sexual behavior

Mental Health

Suicides
Treatment of adults with depression

Injury and Violence

Deaths from motor vehicle crashes
Homicides

Environmental Quality

Exposure to ozone
Children's exposure to tobacco smoke at home
Nonsmoker exposure to tobacco smoke

Immunization

Fully-immunized young children
Influenza/pneumonia vaccination of older adults

Access to Health Care

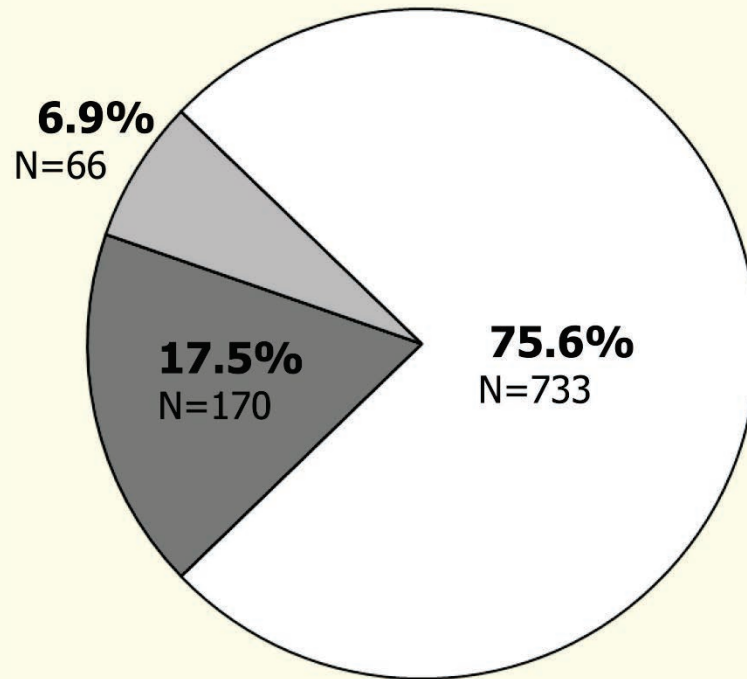
Persons with health insurance
Persons with a source of ongoing care
Hospitalizations for pediatric asthma
Early prenatal care

Healthy People 2010 Focus Areas

1. Access to Quality Health Services
2. Arthritis, Osteoporosis, and Chronic Back Conditions
3. Cancer
4. Chronic Kidney Disease
5. Diabetes
6. Disability and Secondary Conditions
7. Educational and Community-Based Programs
8. Environmental Health
9. Family Planning
10. Food Safety
11. Health Communication
12. Heart Disease and Stroke
13. HIV
14. Immunization and Infectious Diseases
15. Injury and Violence Prevention
16. Maternal, Infant, and Child Health
17. Medical Product Safety
18. Mental Health and Mental Disorders
19. Nutrition and Overweight
20. Occupational Safety and Health
21. Oral Health
22. Physical Activity and Fitness
23. Public Health Infrastructure
24. Respiratory Disease
25. Sexually Transmitted Diseases
26. Substance Abuse
27. Tobacco Use
28. Vision and Hearing

Healthy People 2010 Objectives: Status at the Final Review

Total Objectives = 969

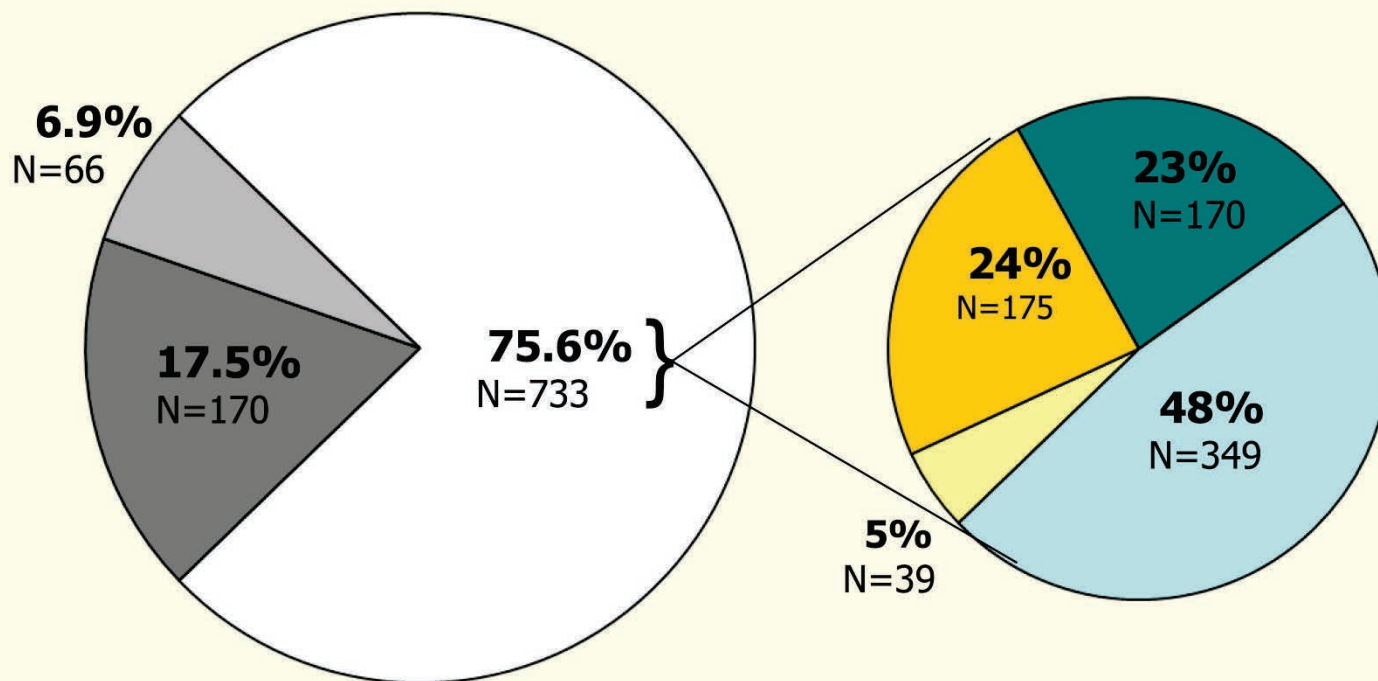


- Dropped at midcourse
- Could not be assessed
- Tracking data available

Healthy People 2010 Objectives: Status at the Final Review

Total Objectives = 969

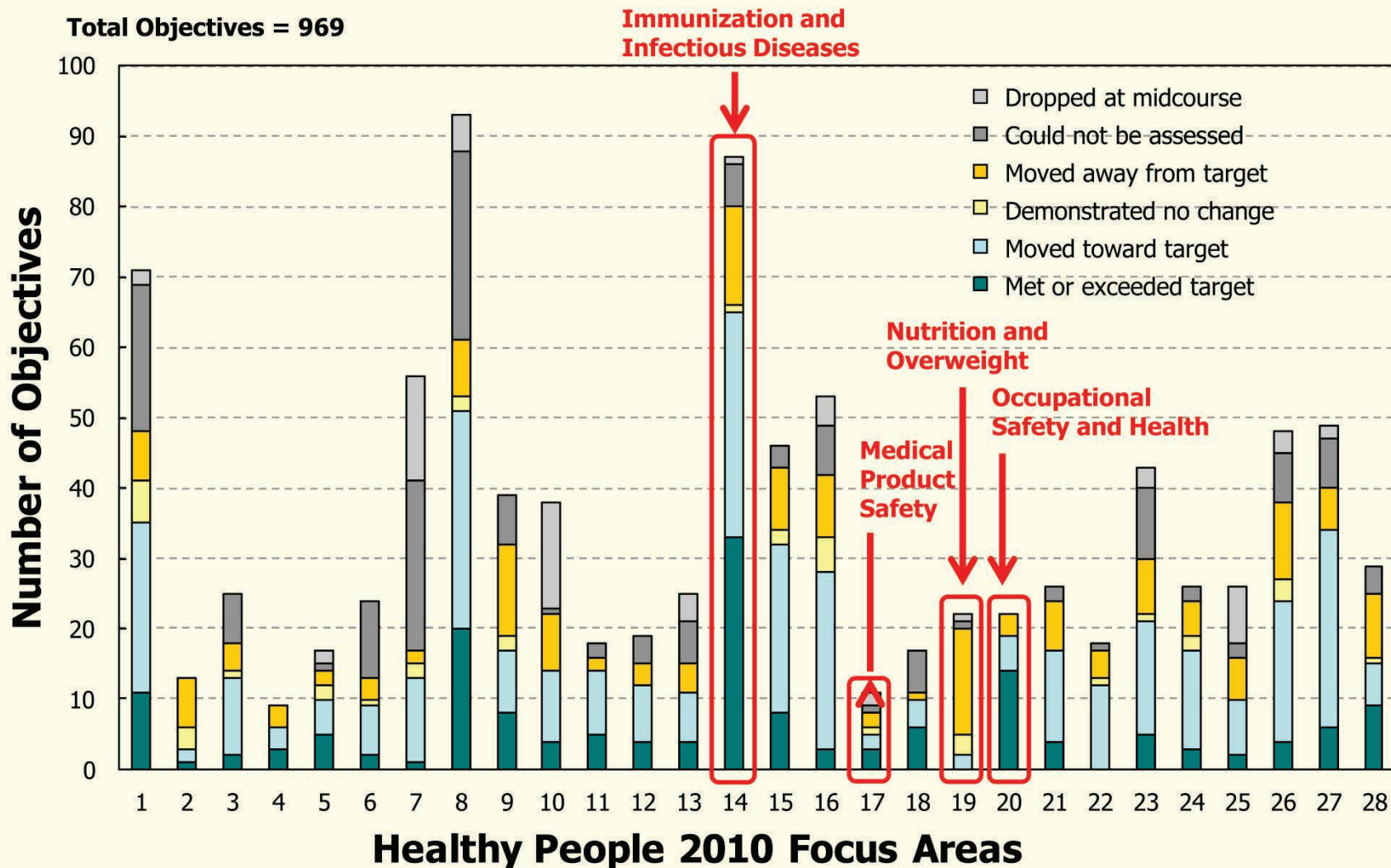
Objectives with Tracking Data = 733



- Dropped at midcourse
- Could not be assessed
- Tracking data available

- Met or exceeded target
- Moved toward target
- Demonstrated no change
- Moved away from target

Healthy People 2010 Objectives: Progress by Focus Area

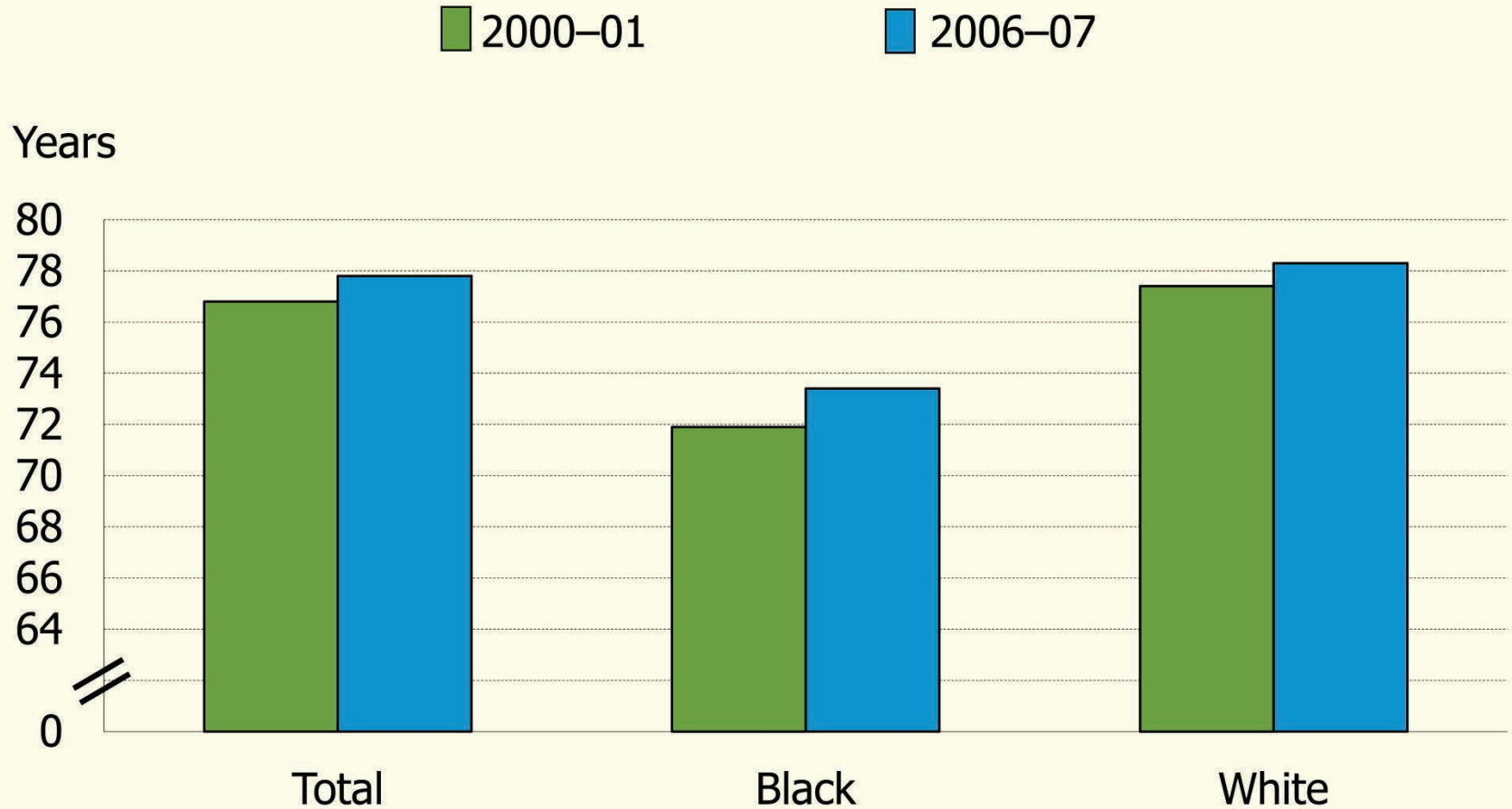


Healthy People 2010 Goals

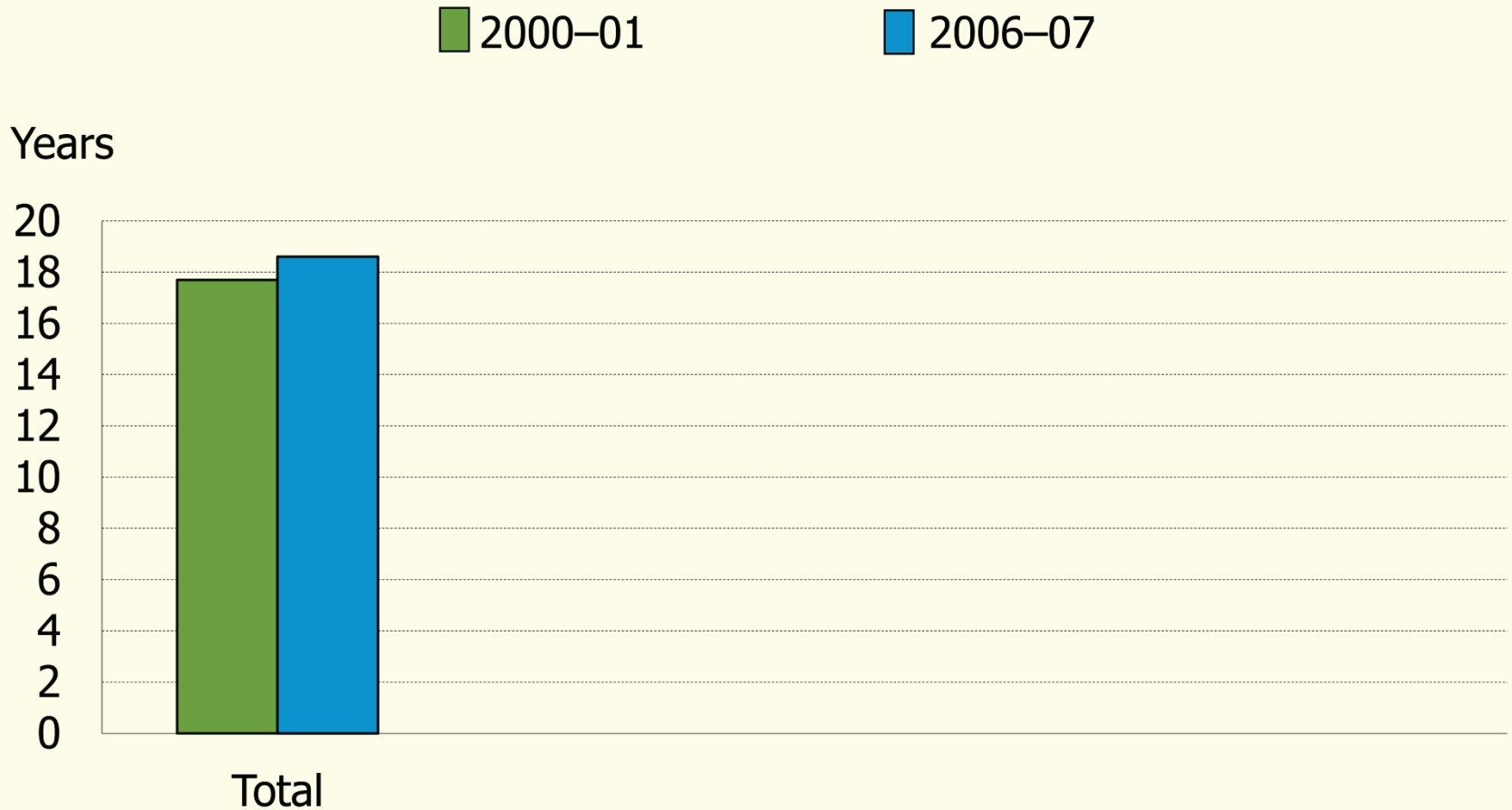
Two overarching goals

- **Goal 1: Increase the quality and years of healthy life**
- **Goal 2: Eliminate health disparities across**
 - **Race and ethnicity**
 - **Sex**
 - **Education**
 - **Income**
 - **Geographic location**
 - **Disability status**
 - **Sexual orientation**

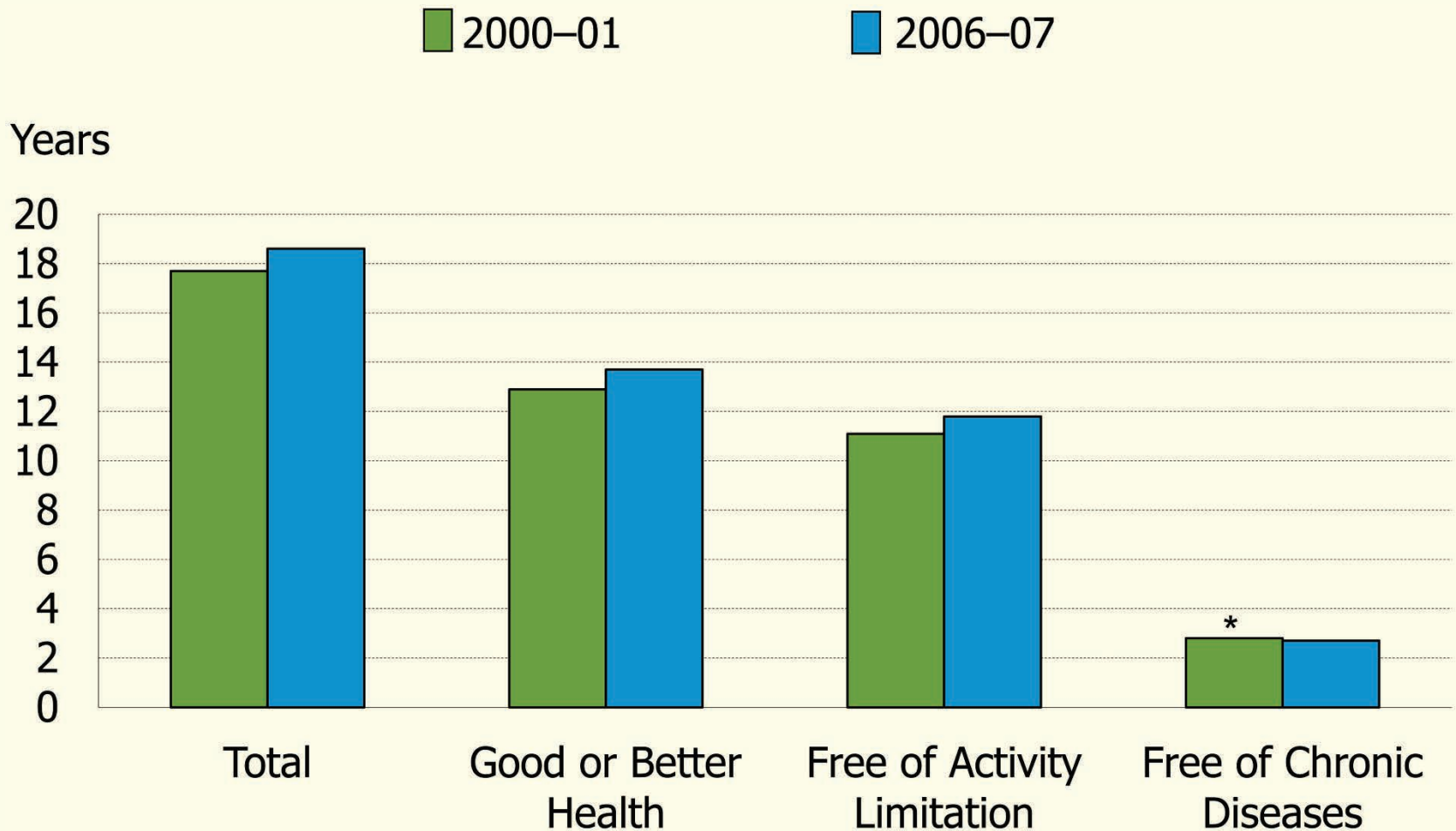
Goal 1: Life Expectancy at Birth



Goal 1: Life Expectancy at Age 65



Goal 1: Life Expectancy at Age 65



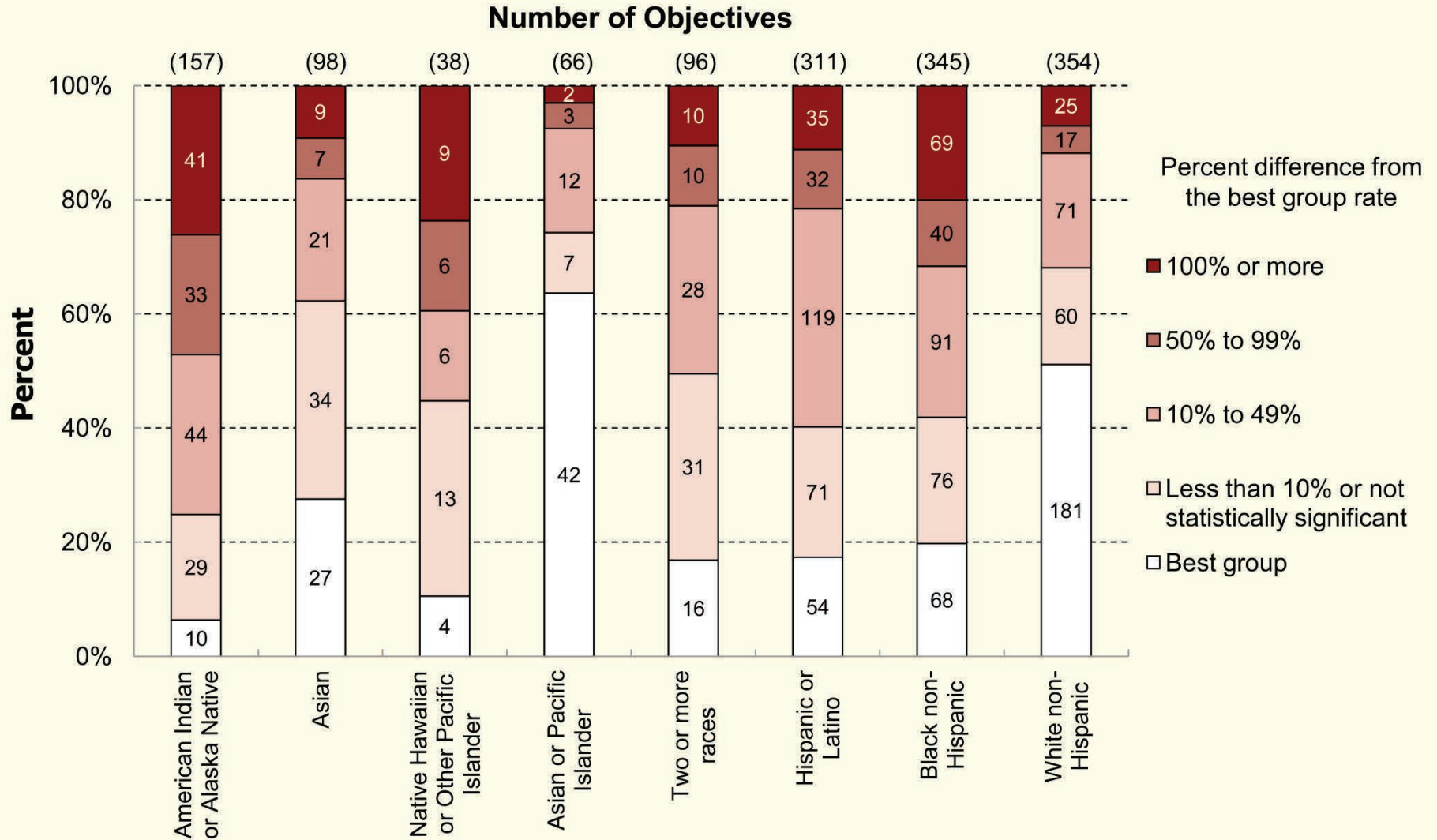
* These data for Years Free of Chronic Diseases are for 2002-03.

SOURCE: National Health Interview Survey (NHIS), NCHS, CDC; National Vital Statistics System (NVSS), NCHS, CDC.

Goal 2: Eliminate Health Disparities

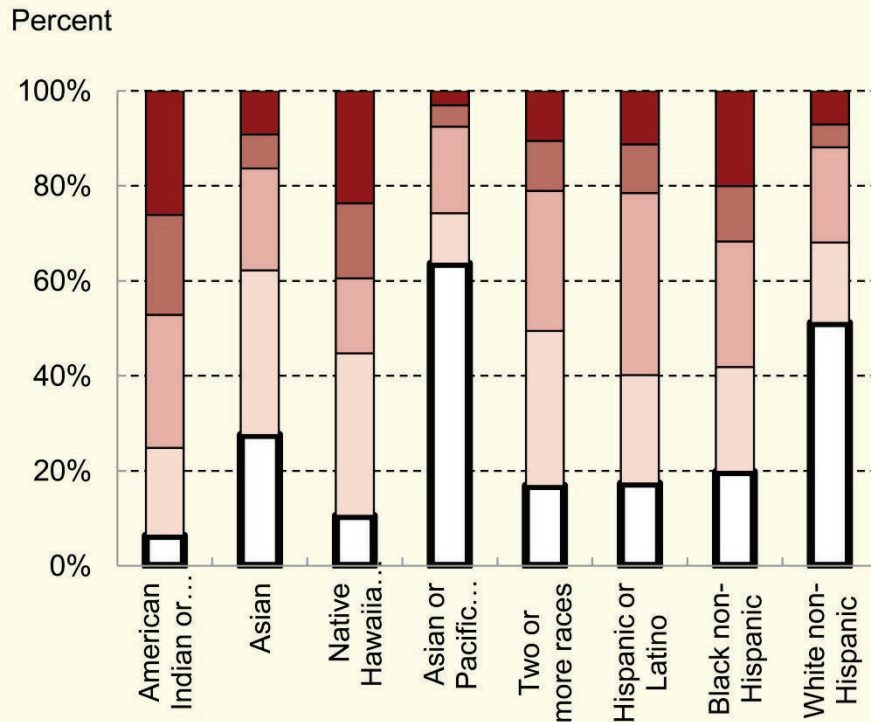
- **Substantial health disparities between populations were observed for many objectives**
- **Most objectives had no change in disparities**
- **Health disparities persist in the U.S.**

Disparities by Race and Ethnicity



Disparities by Race and Ethnicity

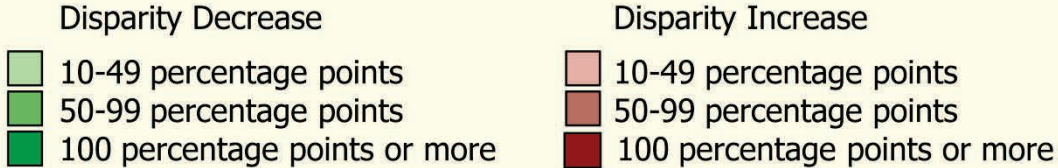
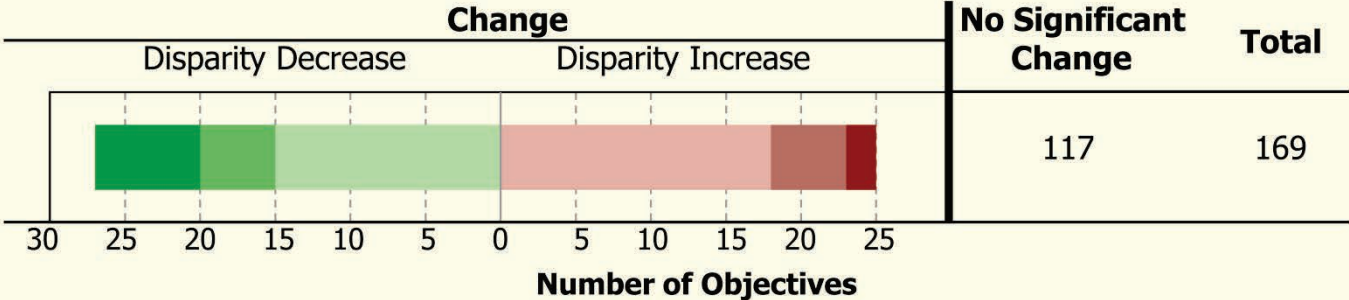
Percent of objectives in which each population had the "best" rate:



- **White non-Hispanic: 51% of objectives**
- **Black non-Hispanic: 20% of objectives**
- **Hispanic or Latino: 17% of objectives**
- **American Indian or Alaska Native: 6% of objectives**

Change in Disparity Over the Decade

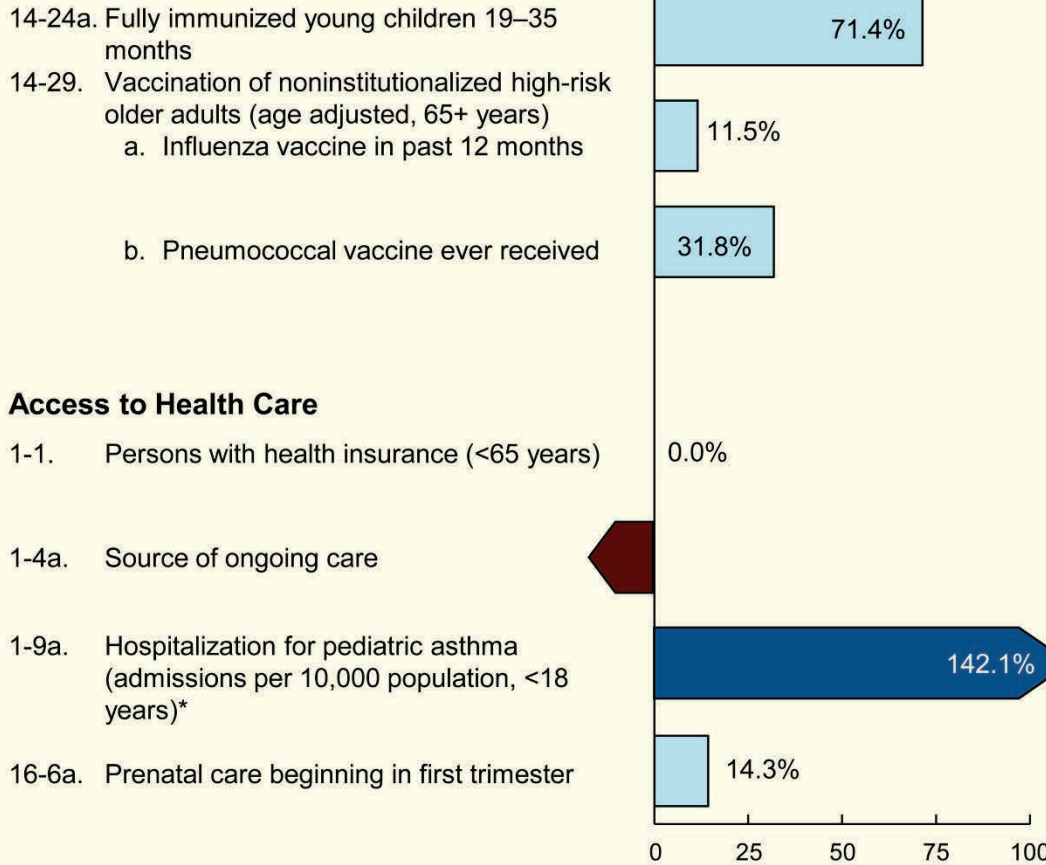
- **No significant change in health disparities by race and ethnicity for 117 (69%) of 169 objectives**



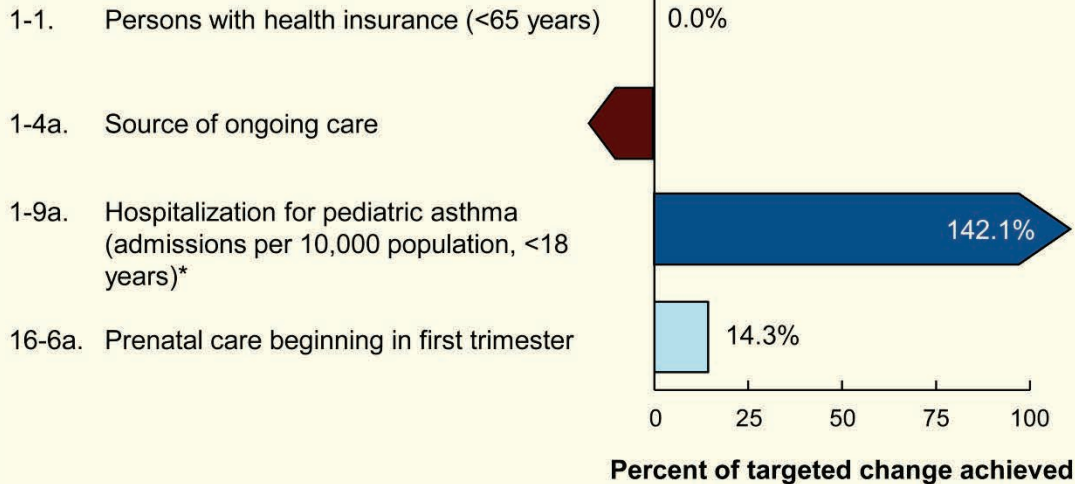
Progress Chart: Leading Health Indicators



Immunization



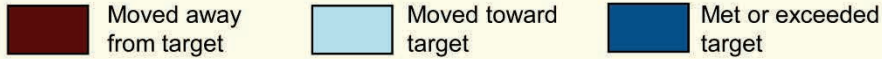
Access to Health Care



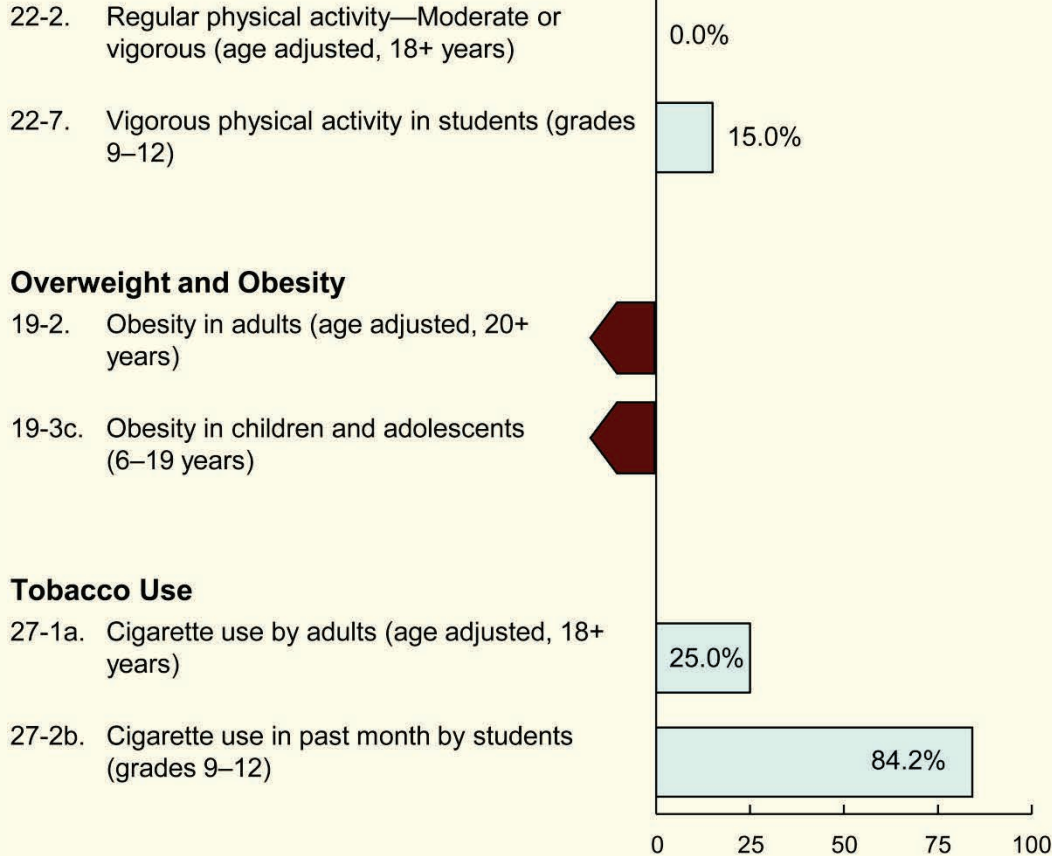
2010 Target	Baseline (Year)	Final (Year)	Baseline vs. Final		
			Difference	Statistically Significant	Percent Change
80%	73% (1998)	78% (2008)	5	Yes	6.8%
90%	64% (1998)	67% (2008)	3	Yes	4.7%
90%	46% (1998)	60% (2008)	14	Yes	30.4%

100%	83% (1997)	83% (2008)	0	No	0.0%
96%	87% (1998)	86% (2008)	-1	Yes	-1.1%
17.3	23.0 (1996)	14.9 (2008)	-8.1	Yes	-35.2%
90%	83% (1998)	84% (2002)	1	Yes	1.2%

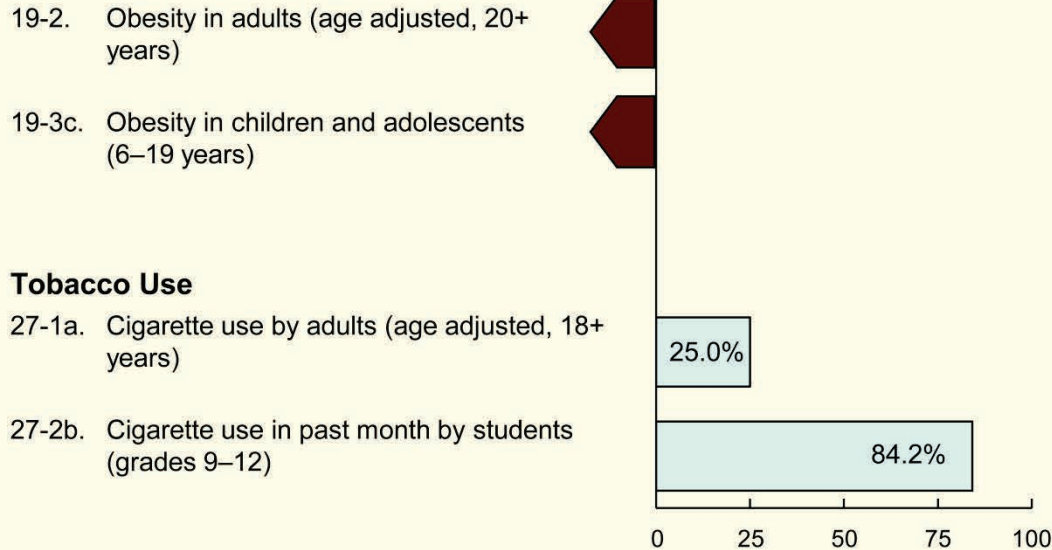
Progress Chart: Leading Health Indicators



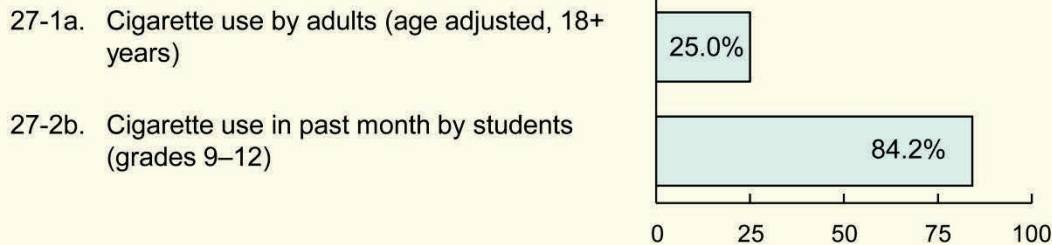
Physical Activity



Overweight and Obesity



Tobacco Use



2010 Target	Baseline (Year)	Final (Year)	Baseline vs. Final		
			Difference	Statistically Significant	Percent Change
50%	32% (1997)	32% (2008)	0	No	0.0%
85%	65% (1999)	68% (2009)	3	No	4.6%

15%	23% (1988–94)	34% (2005–08)	11	Yes	47.8%
5%	11% (1988–94)	18% (2005–08)	7	Yes	63.6%

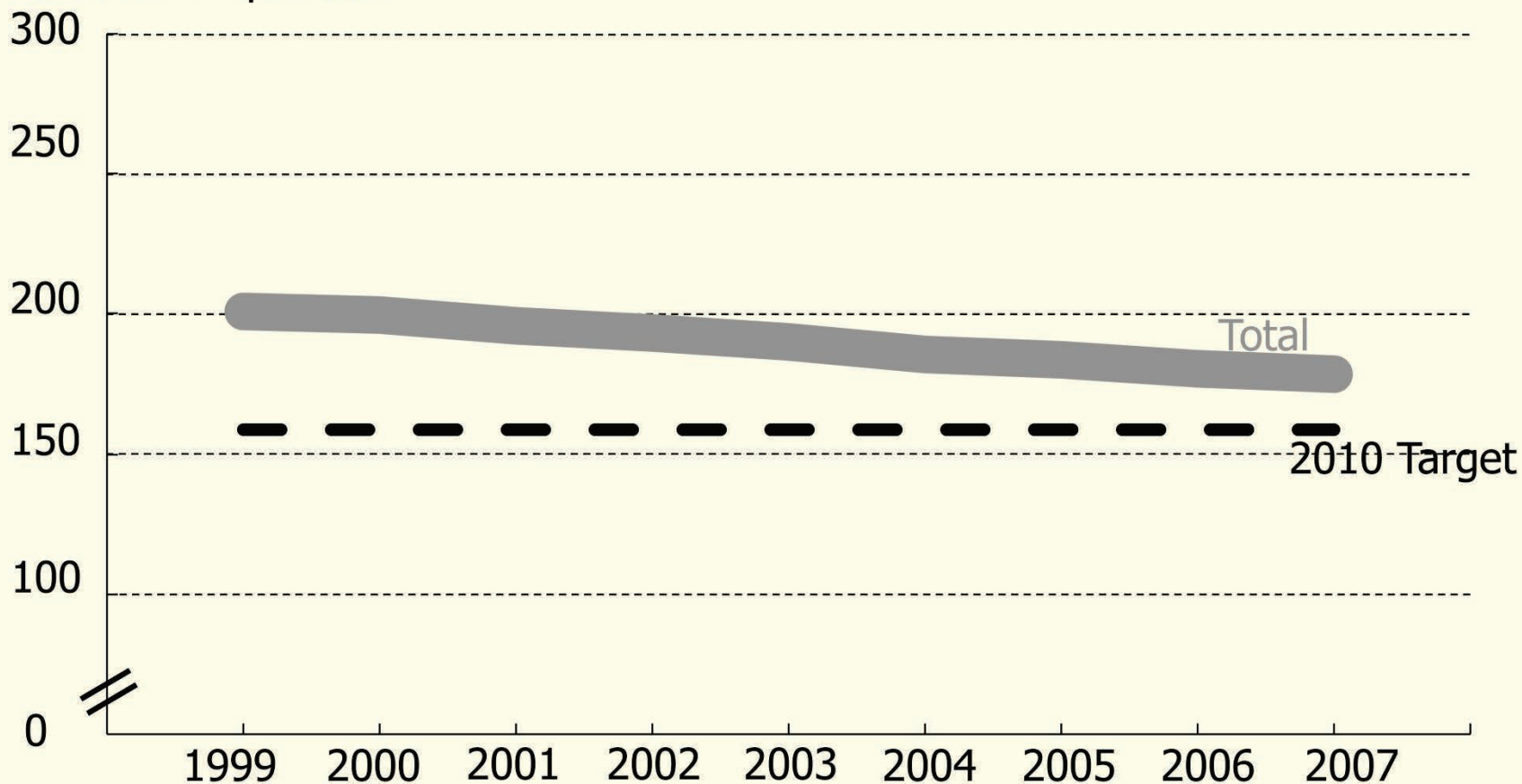
12%	24% (1998)	21% (2008)	-3	Yes	-12.5%
16%	35% (1999)	19% (2009)	-16	Yes	-45.7%

Percent of targeted change achieved

Overall Cancer Mortality

Age-Adjusted Rate per 100,000
Standard Population

↓ Decrease desired



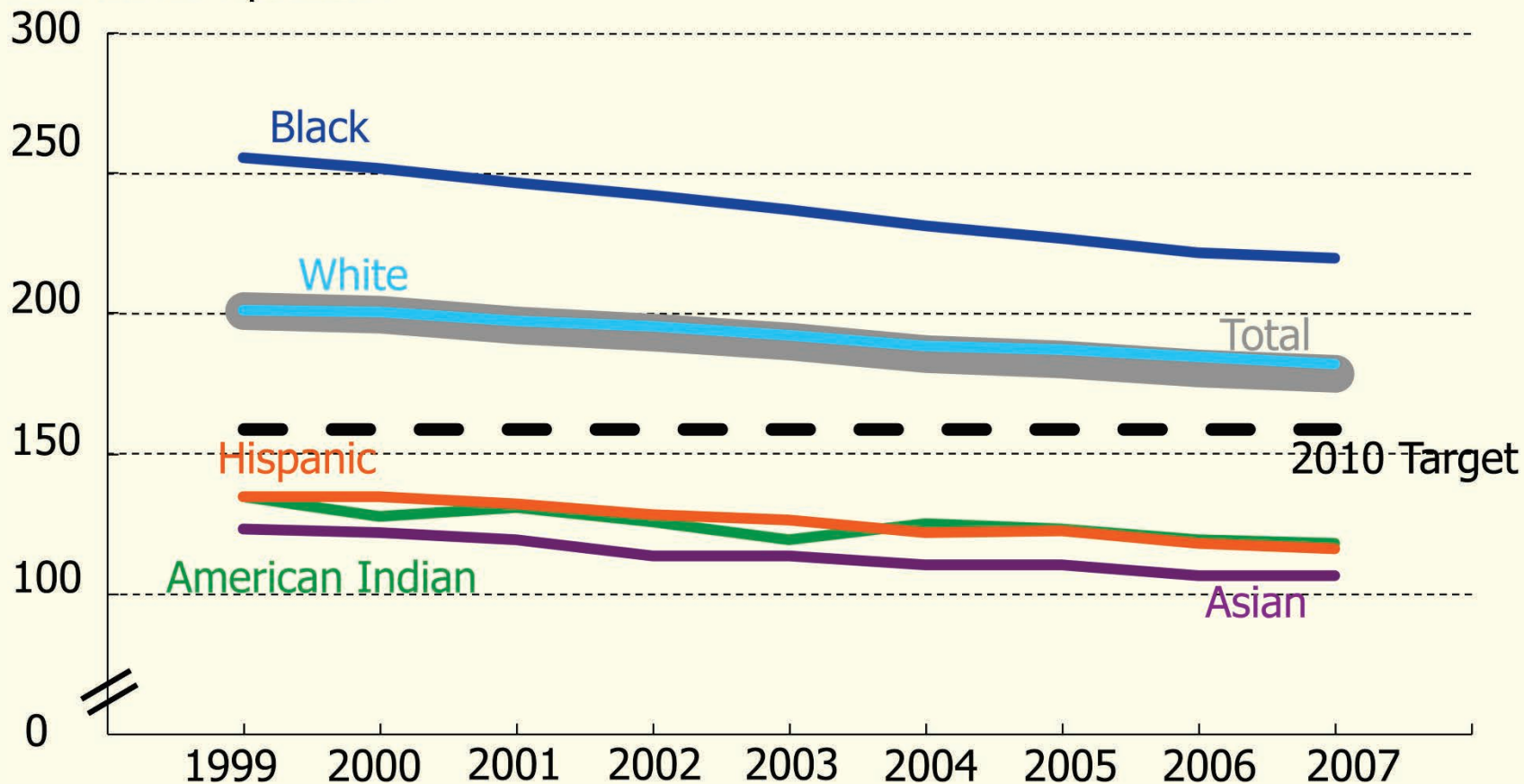
NOTES: American Indian includes Alaska Native. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Prior to 2003 only one race category could be recorded; recording more than one race was not an option. Beginning in 2003 multiple-race data were reported by some states; multiple-race data were bridged to the single-race categories to be comparable with other reporting areas.

SOURCE: National Vital Statistics System—Mortality (NVSS-M), NCHS, CDC.

Overall Cancer Mortality

Age-Adjusted Rate per 100,000
Standard Population

↓ Decrease desired

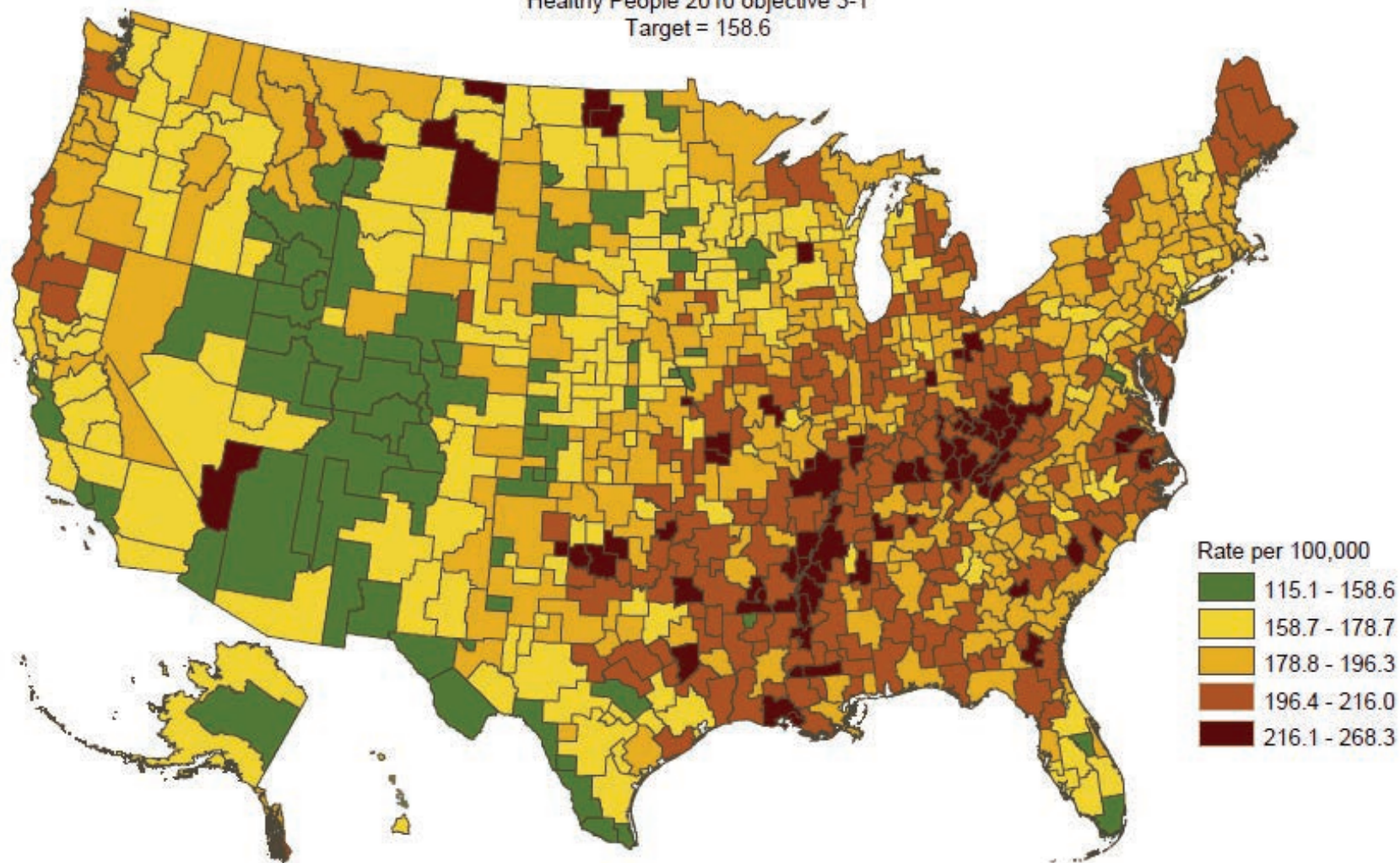


NOTES: American Indian includes Alaska Native. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Prior to 2003 only one race category could be recorded; recording more than one race was not an option. Beginning in 2003 multiple-race data were reported by some states; multiple-race data were bridged to the single-race categories to be comparable with other reporting areas.

SOURCE: National Vital Statistics System—Mortality (NVSS-M), NCHS, CDC.

Figure 3-3. Overall Cancer Deaths, 2005-07

Healthy People 2010 objective 3-1
Target = 158.6



Lowest category (green) shows health service areas that met target

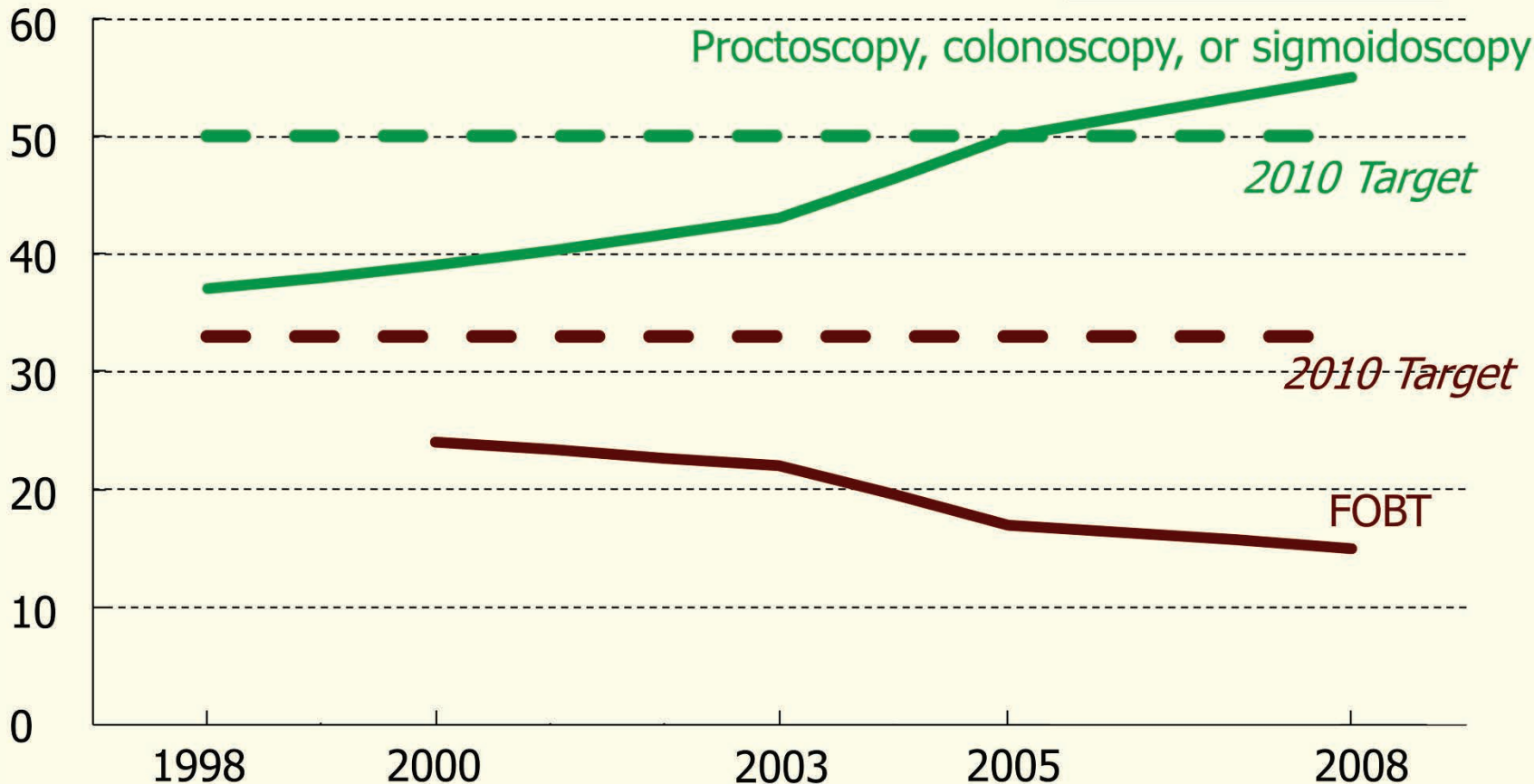
NOTES: Data are for ICD-10 codes C00-C97 reported as underlying cause. Rates are per 100,000 U. S. Population age-adjusted to the 2000 standard population. Rates are displayed by a modified Jenks classification for U.S. health service area.

SOURCE: National Vital Statistics System – Mortality (NVSS-M), CDC, NCHS.

Colorectal Cancer Screening Adults 50 Years and Older

Age-Adjusted Percent

↑ Increase desired



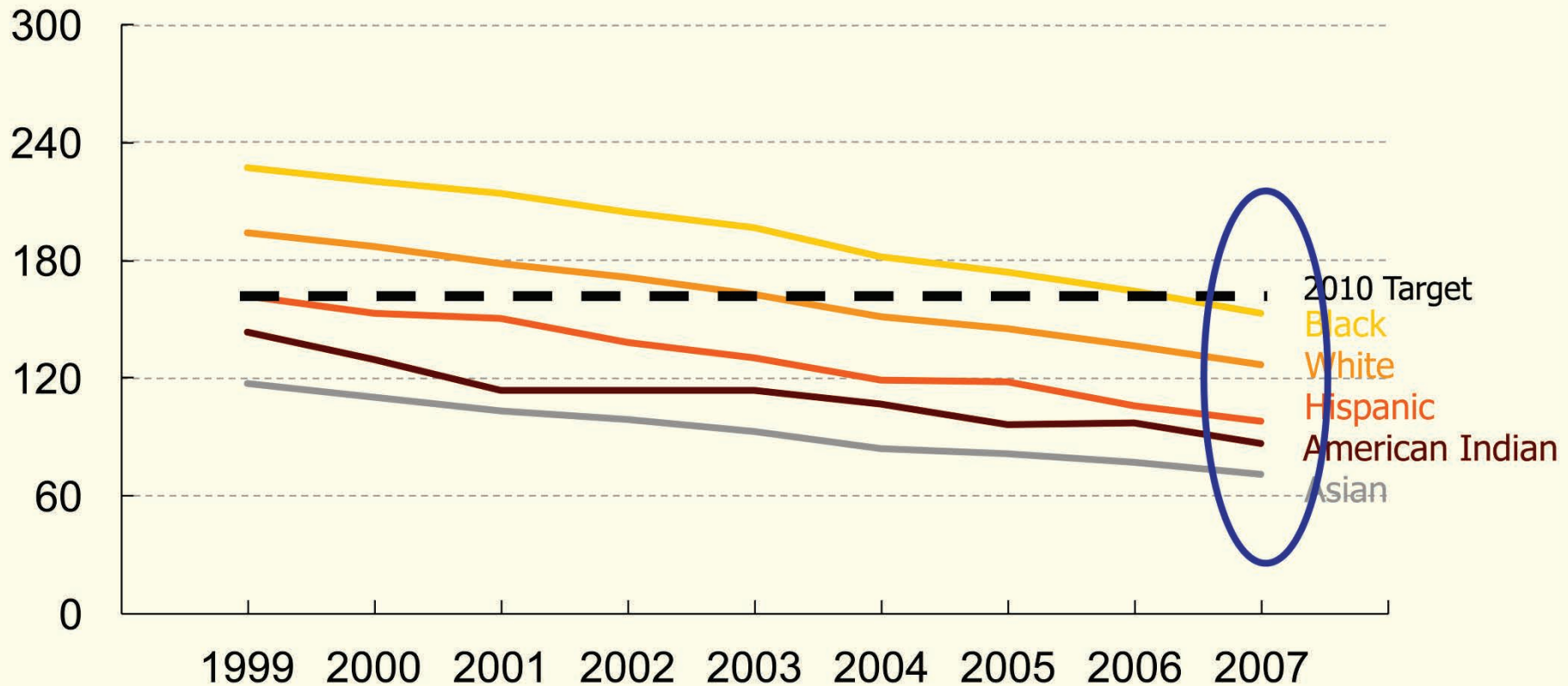
NOTES: Data are age adjusted to the 2000 standard population. FOBT stands for fecal occult blood test.
SOURCE: National Health Interview Survey (NHIS), NCHS, CDC.

Objs. 3-12a and b

Coronary Heart Disease Deaths

Age-Adjusted Rate
per 100,000 Population

↓ Decrease desired

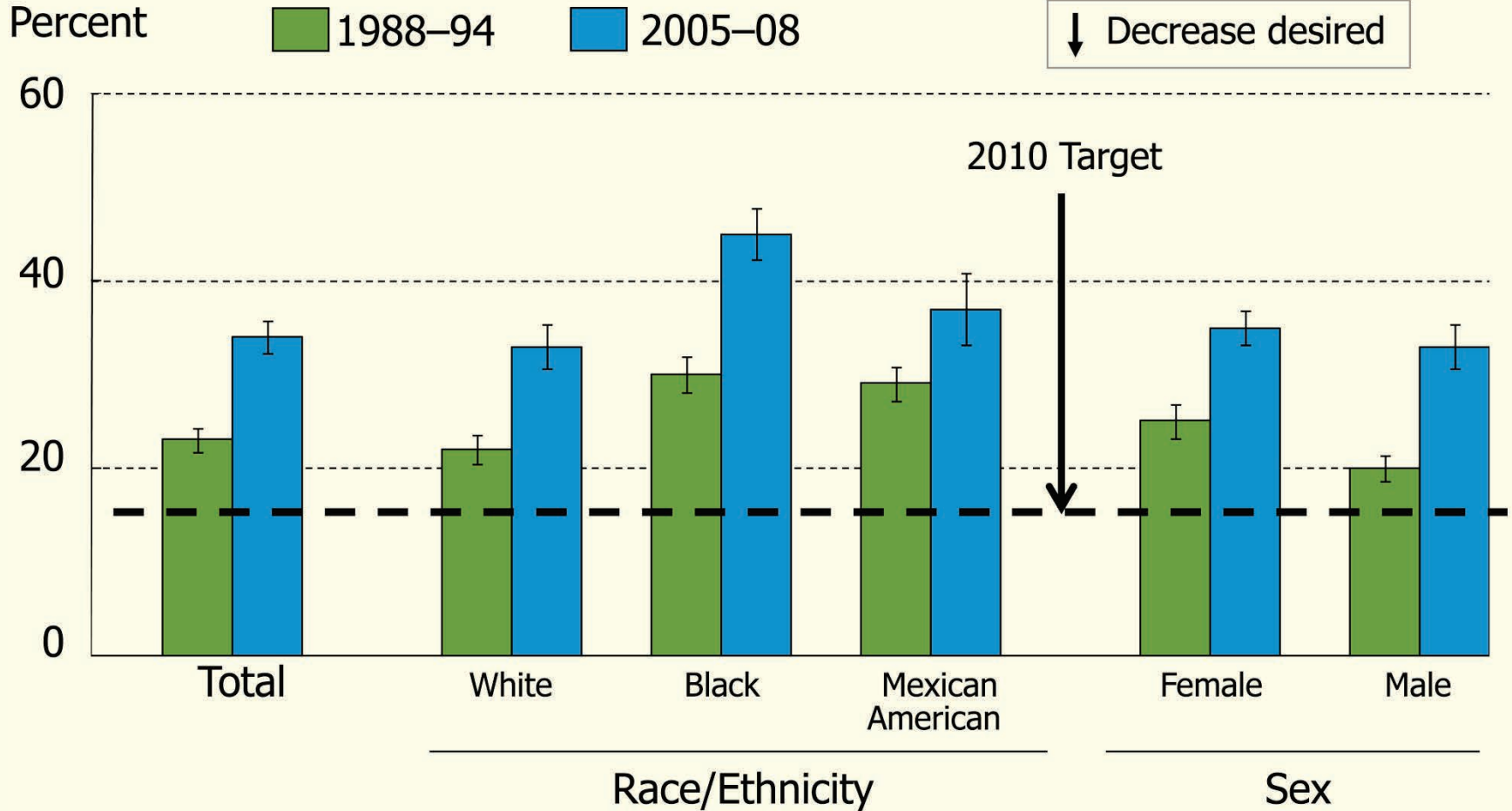


NOTES: Coronary heart disease deaths are defined by ICD-10 codes I20–I25. Data are age adjusted to the 2000 standard population. Asian includes Pacific Islander. The black and white categories exclude persons of Hispanic origin. Persons of Hispanic origin may be of any race.

SOURCE: Vital Statistics System—Mortality (NVSS-M), NCHS, CDC.

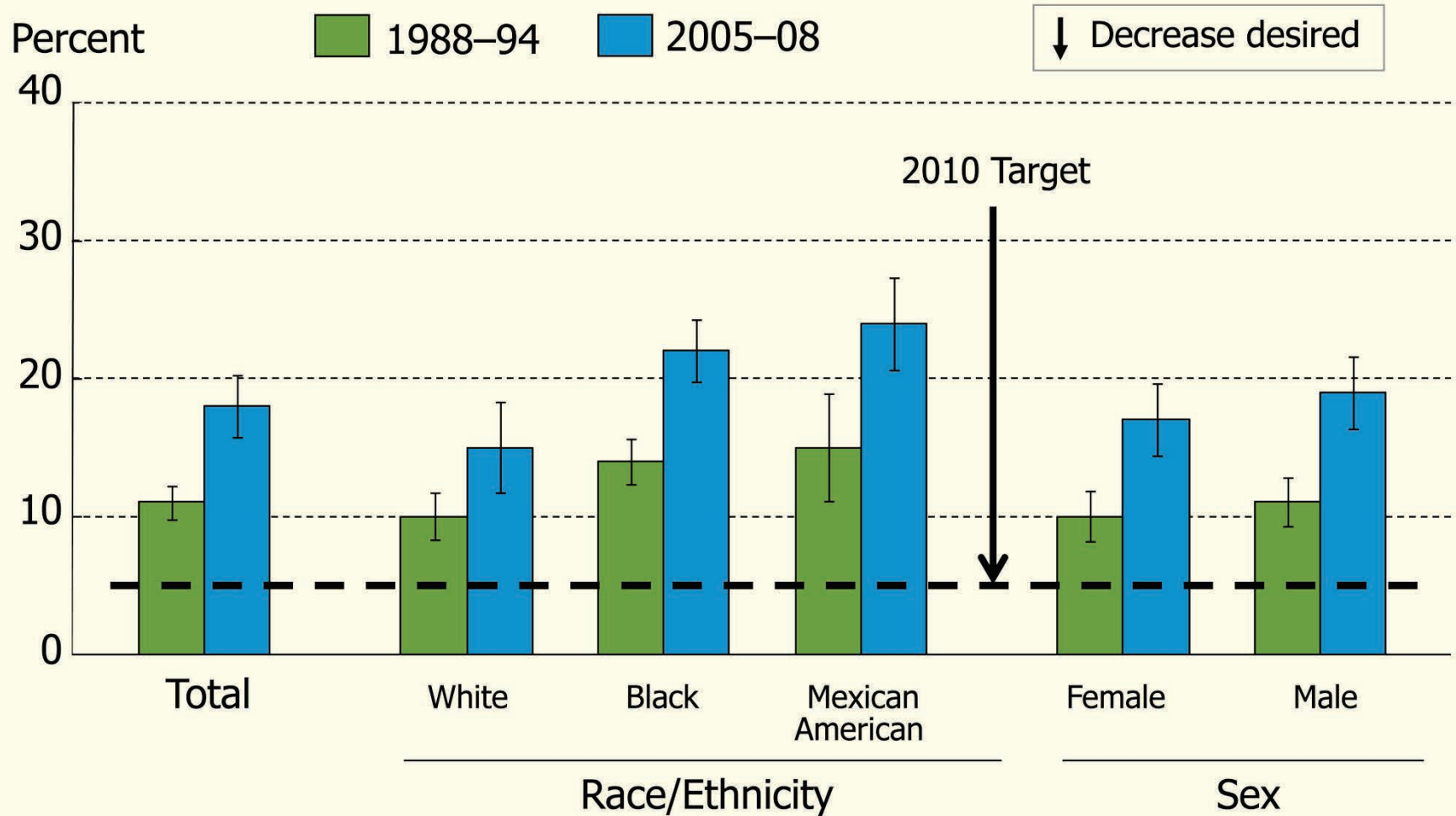
Obj. 12-1

Adult Obesity



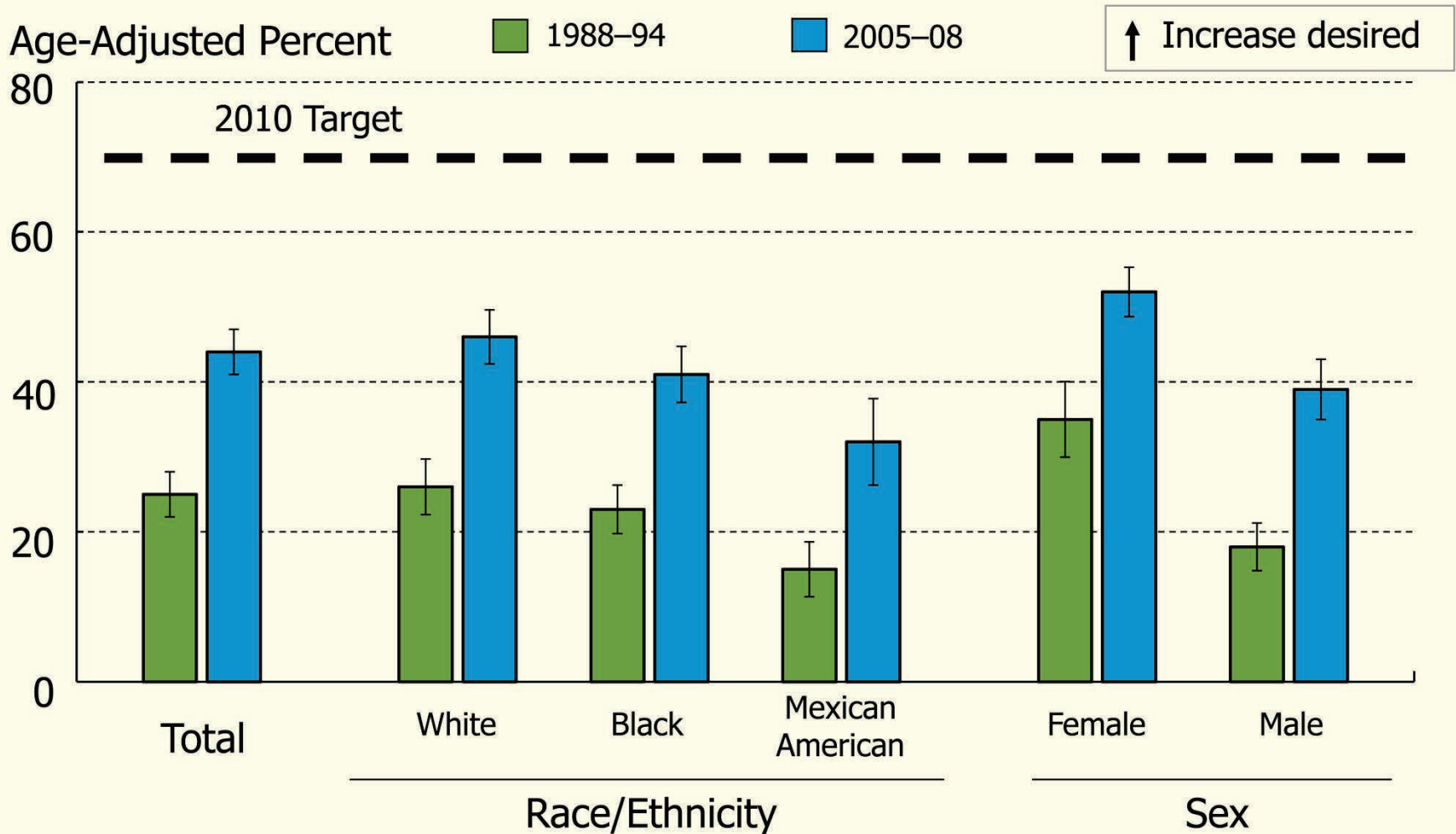
I = 95% confidence interval. NOTES: Data are for ages 20 years and over, and age adjusted to the 2000 standard population. Obesity is defined as BMI \geq 30.0. Respondents were asked to select only one race prior to 1999. For 1999 and later years, respondents were asked to select one or more races. For all years, the categories black and white include persons who reported only one racial group and exclude persons of Hispanic origin. Persons of Mexican-American origin may be any race. SOURCE: National Health and Nutrition Examination Survey (NHANES), NCHS, CDC.

Child and Adolescent Obesity



I= 95% confidence interval. NOTES: Overweight is defined for ages 6–19 years as BMI \geq gender- and age-specific 95th percentile from the 2000 CDC Growth Charts for the United States. Respondents were asked to select only one race prior to 1999. For 1999 and later years, respondents were asked to select one or more races. For all years, the categories black and white include persons who reported only one racial group and exclude persons of Hispanic origin. Persons of Mexican-American origin may be any race. SOURCE: National Health and Nutrition Examination Survey (NHANES), NCHS, CDC.

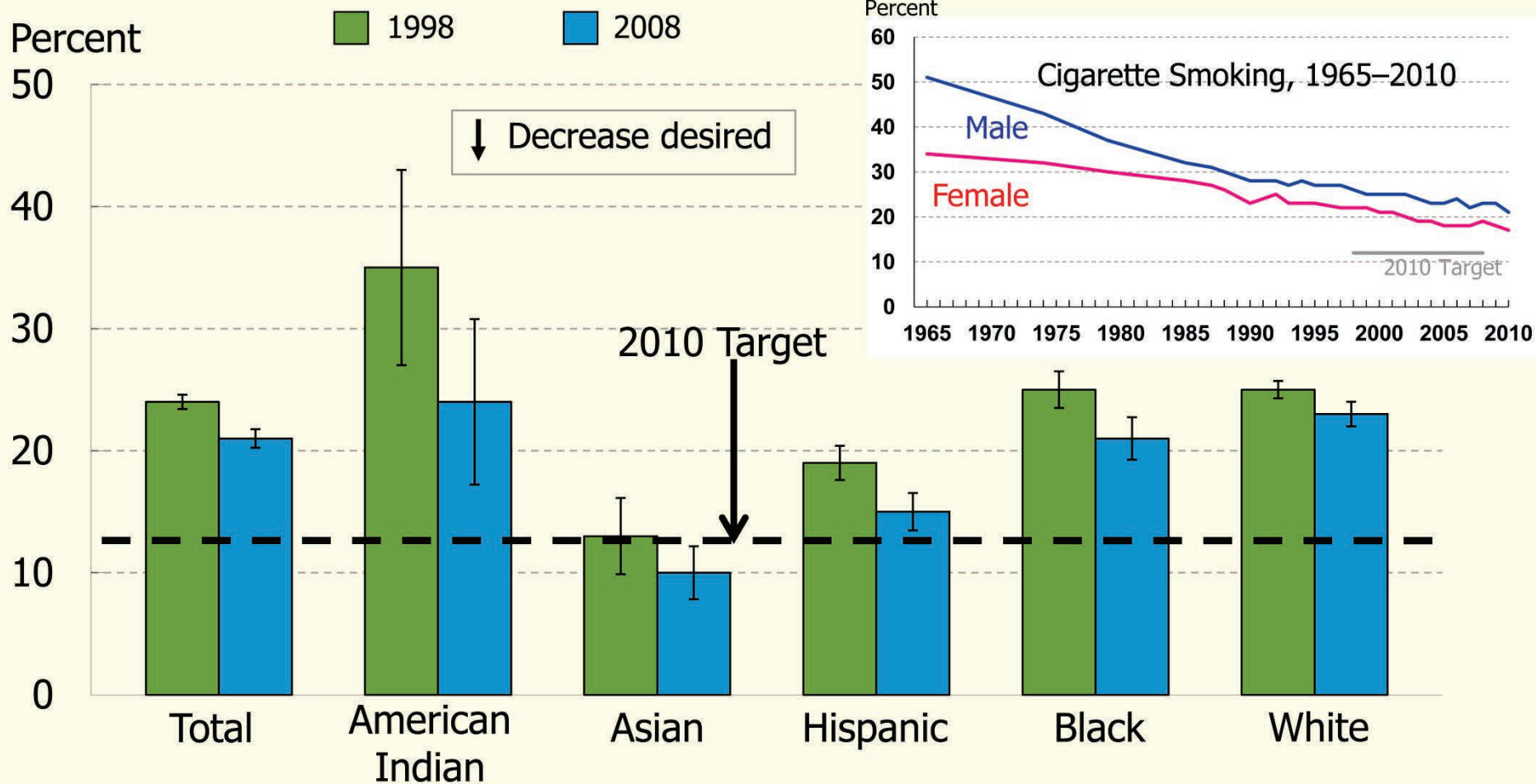
High Blood Pressure Control



I = 95% confidence interval. NOTES: Data are for adults aged 18 years and over and are age adjusted to the 2000 standard population. The black and white categories exclude persons of Hispanic origin. Persons of Mexican American origin may be any race. Prior to 1999, respondents were asked to select one race category; selection of more than one race was not an option. For 1999 and later years, respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group.

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Cigarette Smoking Adults 18 Years and Over



I = 95% confidence interval. NOTES: Data are for persons who have smoked at least 100 cigarettes in lifetime and currently report smoking everyday or some days. American Indian includes Alaska Native. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one race prior to 1999. For 1999 and later years, persons were asked to select one or more races. Data for the single race categories shown are for persons who reported only one racial group. Data are age adjusted to the 2000 standard population. Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. SOURCE: National Health Interview Survey (NHIS), CDC, NCHS.

Use of Tobacco Products Adolescents Grades 9-12

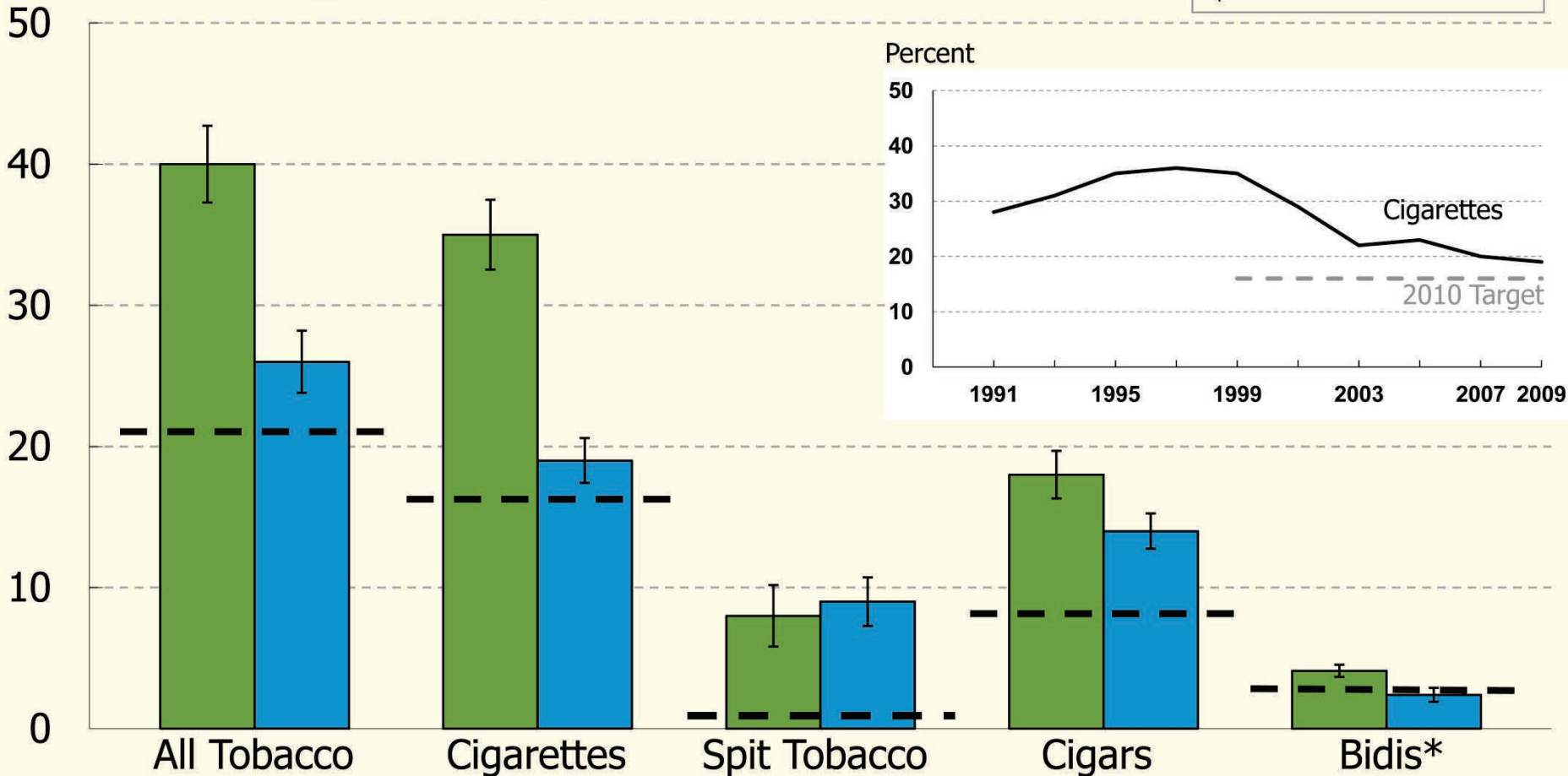
Percent

1999

2009

2010 Targets

↓ Decrease desired

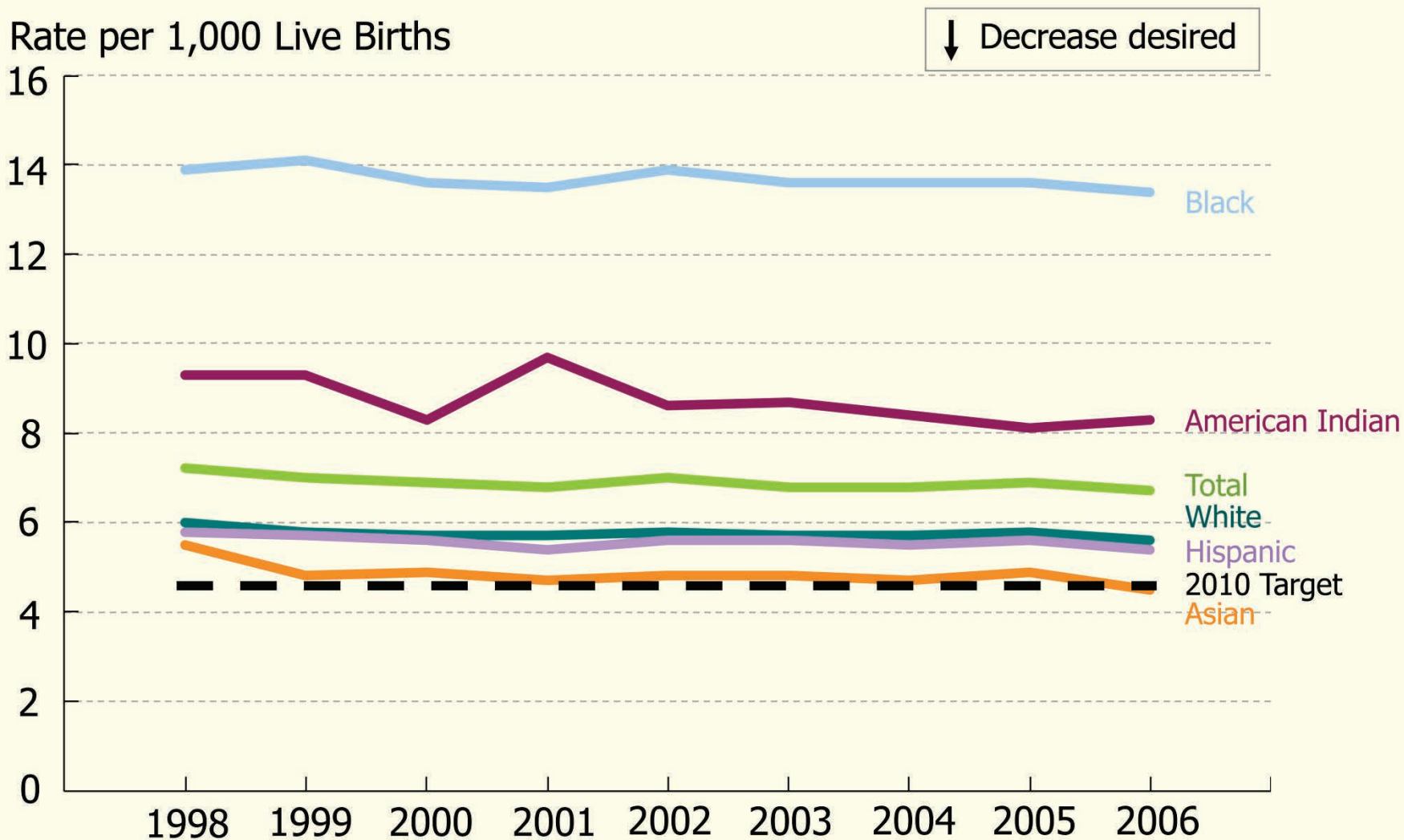


I = 95% confidence interval. *Data displayed for Bidis are for data years 2000 and 2009. NOTES: Tobacco use is defined as using cigarettes, spit tobacco, or cigars on 1 or more of the 30 days preceding the survey. These categories are not mutually exclusive; students are counted for each tobacco type used in the past 30 days.

SOURCES: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP and National Youth Tobacco Survey, American Legacy Foundation and CDC.

**Objs. 27-2a
through e**

Infant Mortality



NOTES: Includes all deaths <1 year. American Indian includes Alaska Native. Asian includes Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. For 1998–2006, infant deaths are classified by race of mother.

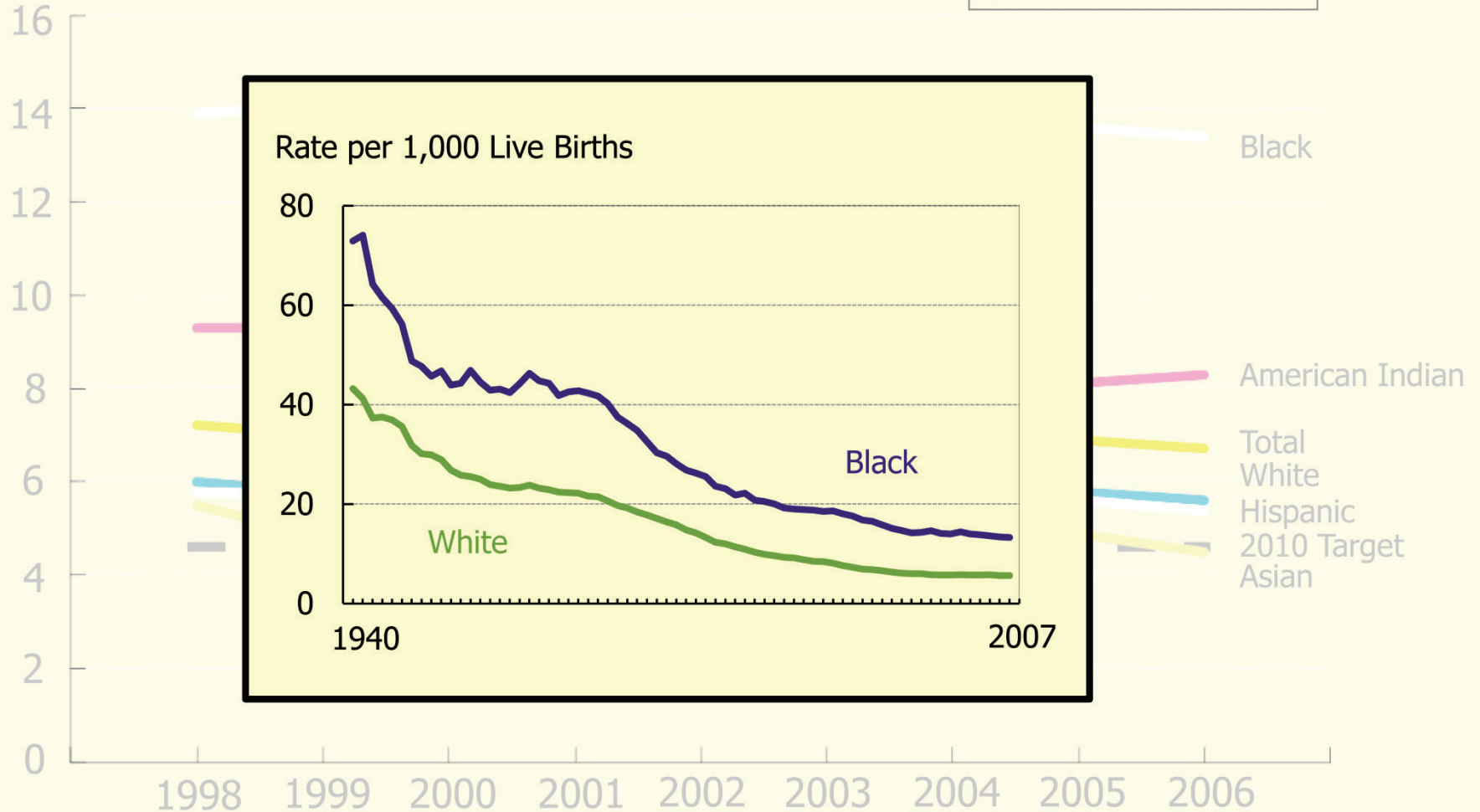
SOURCE: National Vital Statistics System (NVSS), NCHS, CDC.

Obj. 16-1c

Infant Mortality

Rate per 1,000 Live Births

↓ Decrease desired



NOTES: Includes all deaths <1 year. American Indian includes Alaska Native. Asian includes Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. For 1940–79, infant deaths are classified by their race as reported on the death certificate. For 1980–2007, infant deaths are classified by race of mother.

SOURCE: National Vital Statistics System (NVSS), NCHS, CDC.

Obj. 16-1c

Data Sources

- **About 45% of objectives were measured by four data sources:**
 - 1. National Health Interview Survey (NHIS)**
 - 2. National Health and Nutrition Examination Survey (NHANES)**
 - 3. National Vital Statistics System—Mortality (NVSS-M)**
 - 4. National Survey of Family Growth (NSFG)**
 - **Remaining 55% were measured by more than 150 other data sources**
- Majority of data lack critical demographic specificity**

Key Takeaway Messages

- 1. Significant progress toward achieving Healthy People 2010 objectives has been made over the decade.**
- 2. Health disparities persist across the U.S. population.**
- 3. Obesity remains an important challenge to monitor closely.**
- 4. Data must be a priority.**

More Information

Healthy People 2010

Healthy People 2010 Final Review

http://www.cdc.gov/nchs/healthy_people/hp2010/hp2010_final_review.htm

Healthy People NCHS Website

http://www.cdc.gov/nchs/healthy_people.htm

Healthy People Data and Technical Information at DATA2010

<http://wonder.cdc.gov/data2010>

Healthy People 2020

Healthy People 2020 Website

<http://www.healthypeople.gov>

What a Difference a Decade Makes

Jewel Mullen, MD, MPH, MPA
Commissioner

Connecticut Department
of Public Health

October 6, 2011



Connecticut Department of Public Health
Planning and Workforce Development Section
2010

Healthy Connecticut 2010

- Based on the *Healthy People 2010* Leading Health Indicators
- Objectives modified to reflect:
 - Available data
 - Relevance to Connecticut population

Healthy Connecticut 2010

- Today's discussion highlights
 - Connecticut demographics
 - Events that influenced Public Health
 - Connecticut success stories: 2000-2010
 - Challenges for 2020

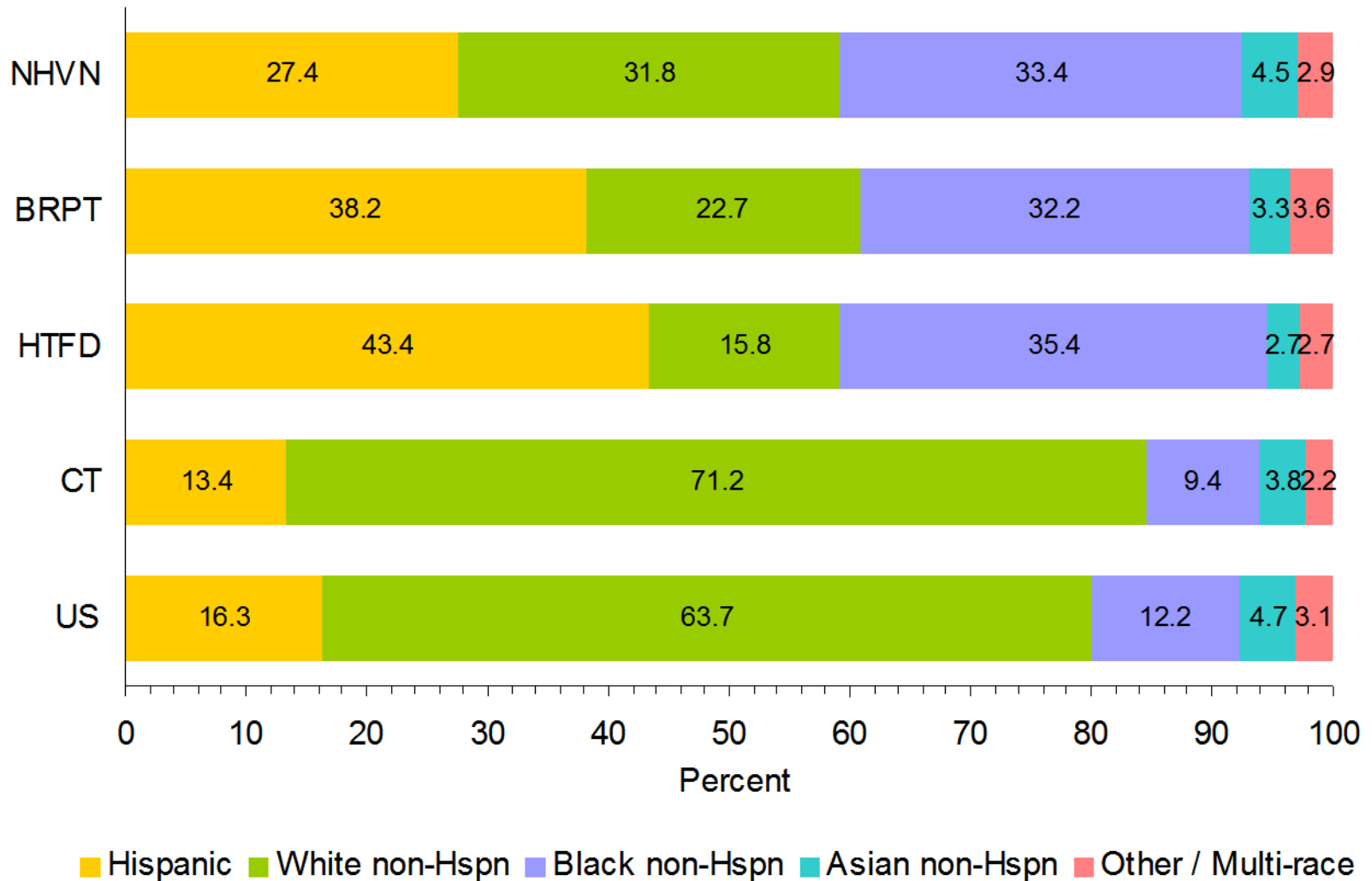
Changes in Connecticut Demographics 2000-2010

	Connecticut		U.S. 2010	Connecticut Change
	2000	2010		
Population	3,405,565	3,574,097		+4.9%
Median age	37.4 yrs	40.0 yrs	37.2 yrs	+2.6 yrs
65+ yrs of age	13.8%	14.2%	13.0%	+36,376 (7.7%)
White only	81.6%	77.6%	72.4%	-7,945 (0.3%)
Black/Afr. Am. only	9.1%	10.1%	12.6%	+52,653 (17%)
Asian only	2.4%	3.8%	4.8%	+53,252 (65%)
AI/AN only	0.3%	0.3%	0.9%	+9,637 (17%)
Other/2+ races	6.6%	8.2%	9.3%	+69,155 (31%)
Hispanic any race	9.4%	13.4%	16.3%	+158,764 (50%)
Bachelors or higher*	31.4%	35.1%	27.5%	+3.6%
Language other than English spoken at home*	18.3%	19.7%	19.6%	+1.4%
Median household income*	\$53,935	\$66,906	\$50,221	+24.0%
Individuals below poverty level*	7.9%	9.3%	14.3%	+1.6%

* Data in 2010 columns are 2005-2009, American Community Survey 5-year estimates. Other statistics are U.S. 2000 and 2010 Census data.

Connecticut's statewide demographic profile does not accurately portray the characteristics of its largest towns.

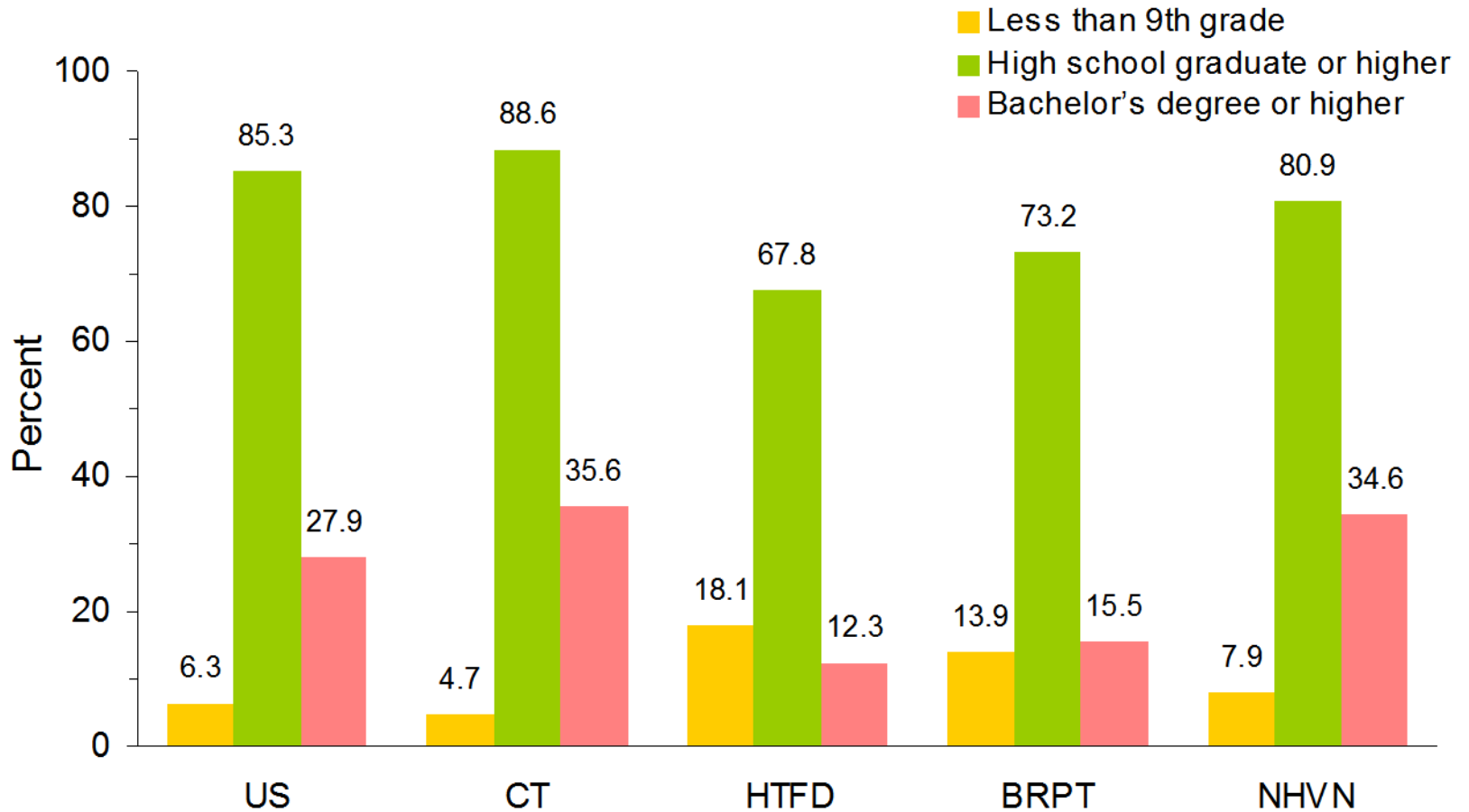
POPULATION BY RACE & ETHNICITY U.S. vs. CONNECTICUT AND ITS LARGEST TOWNS, 2010



Source: US Census Bureau. DP-1. 2010 Demographic Profile Data.

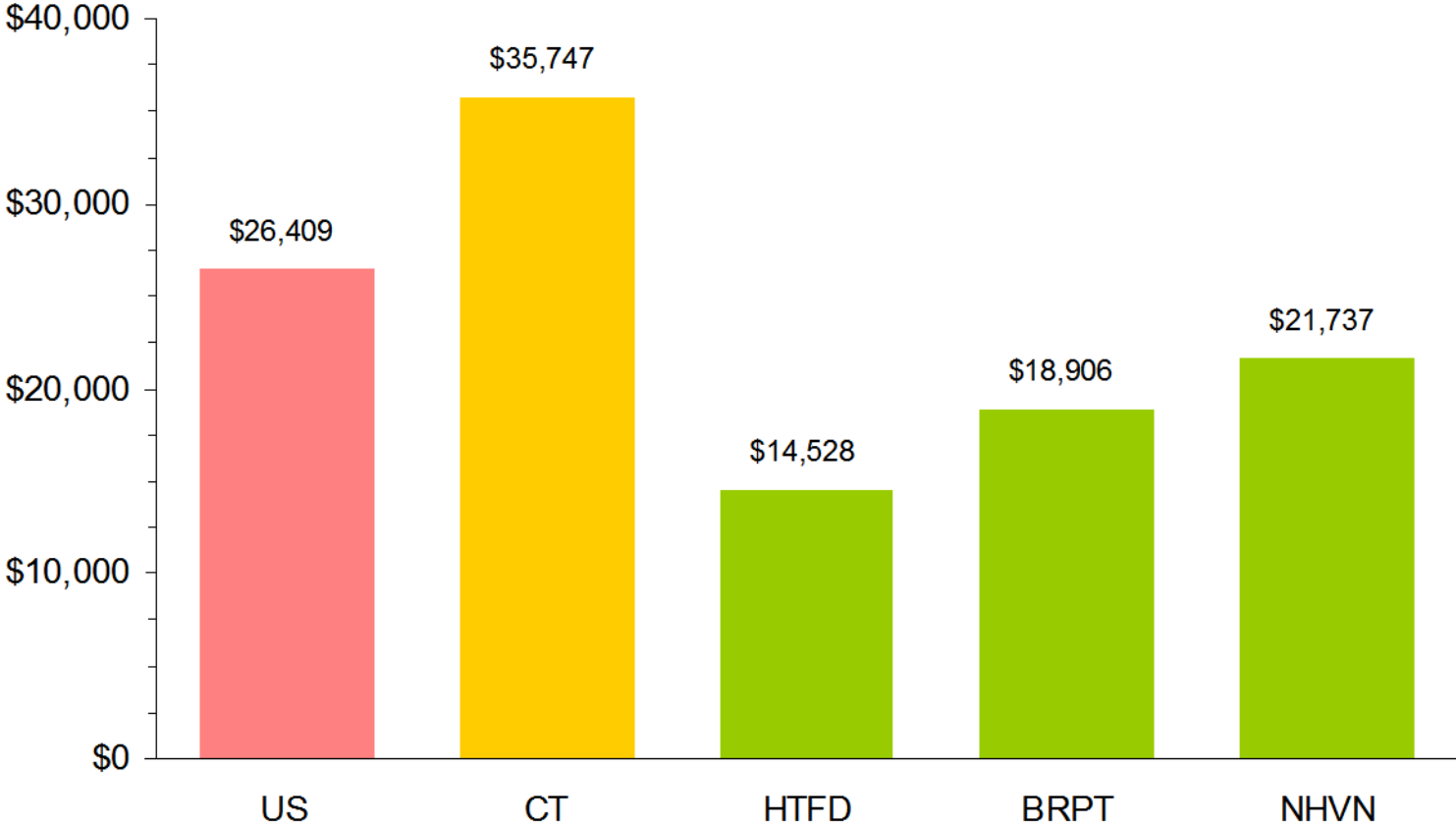
EDUCATIONAL ATTAINMENT

U.S. vs. CONNECTICUT AND ITS LARGEST TOWNS, 2009



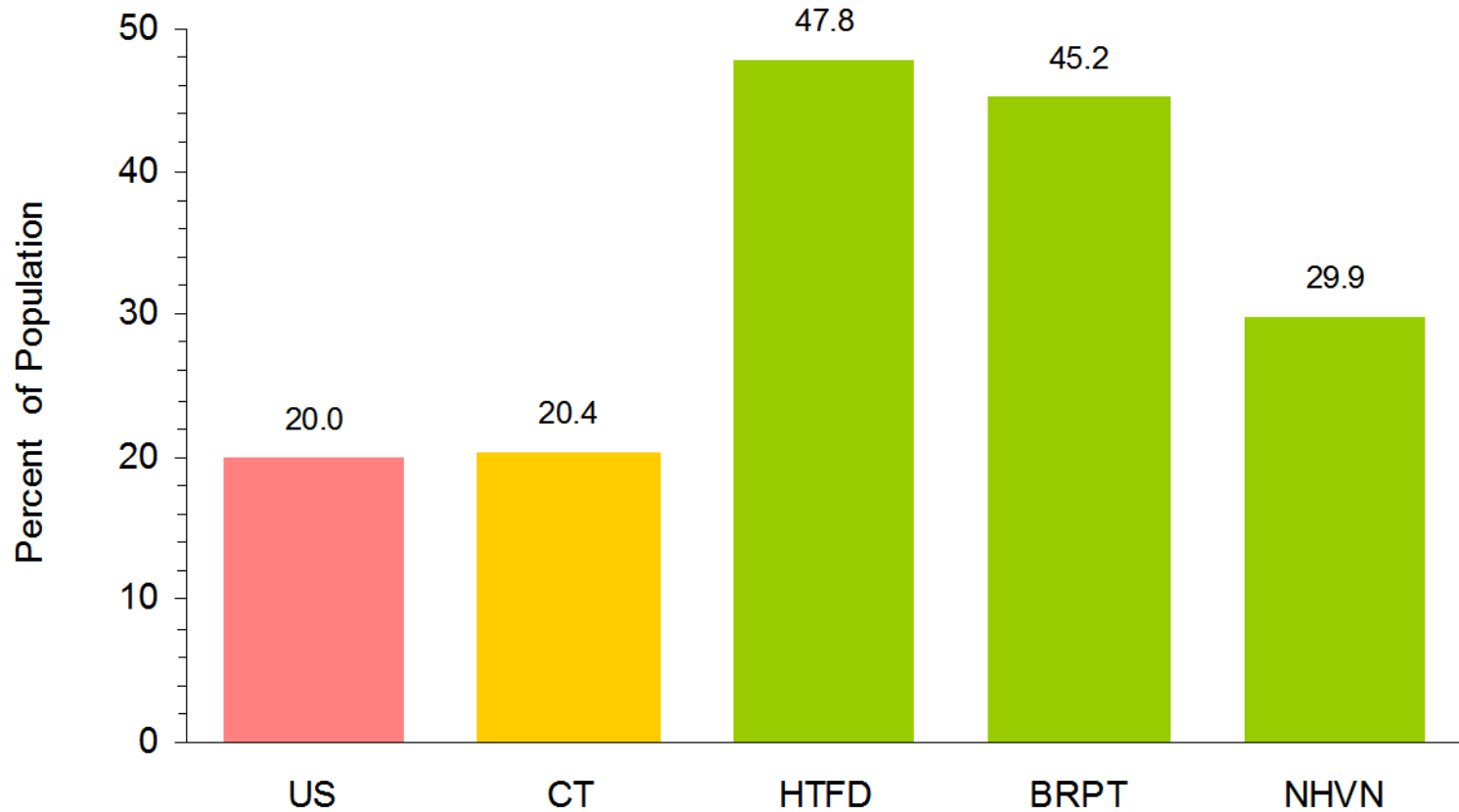
Source: US Census Bureau, American Community Survey, 1-Year Estimates, 2009

PER CAPITA INCOME U.S. vs. CONNECTICUT AND ITS LARGEST TOWNS, 2009



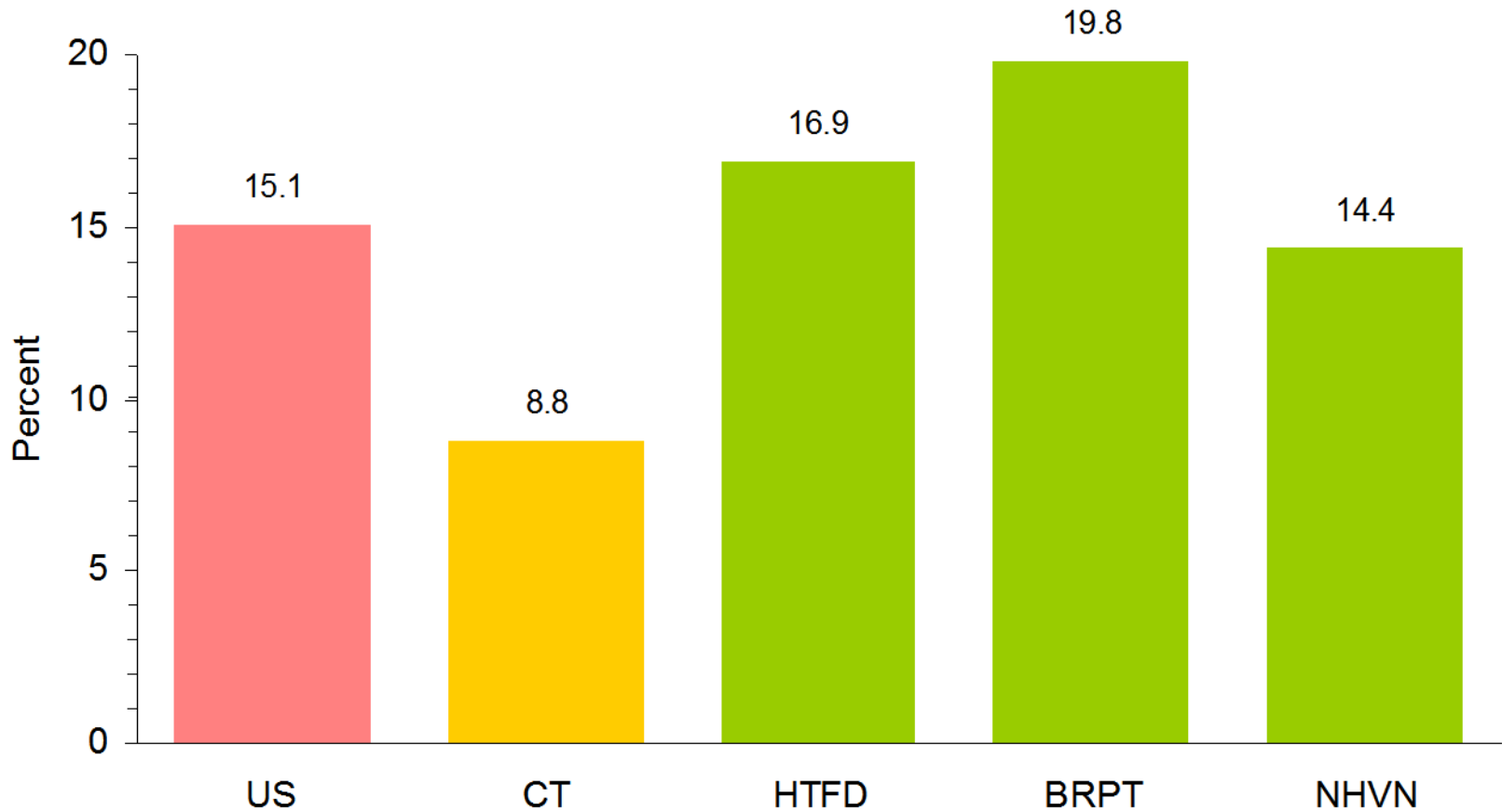
Source: US Census Bureau, American Community Survey, 1-Year Estimates, 2009

**SPEAK LANGUAGE OTHER THAN ENGLISH AT HOME
(5+ Years of Age)
U.S. vs. CONNECTICUT AND ITS LARGEST TOWNS, 2009**



Source: US Census Bureau, American Community Survey, 1-Year Estimates, 2009

NO HEALTH INSURANCE COVERAGE (ALL AGES) U.S. vs. CONNECTICUT AND ITS LARGEST TOWNS, 2009



Source: US Census Bureau, American Community Survey, 1-Year Estimates, 2009

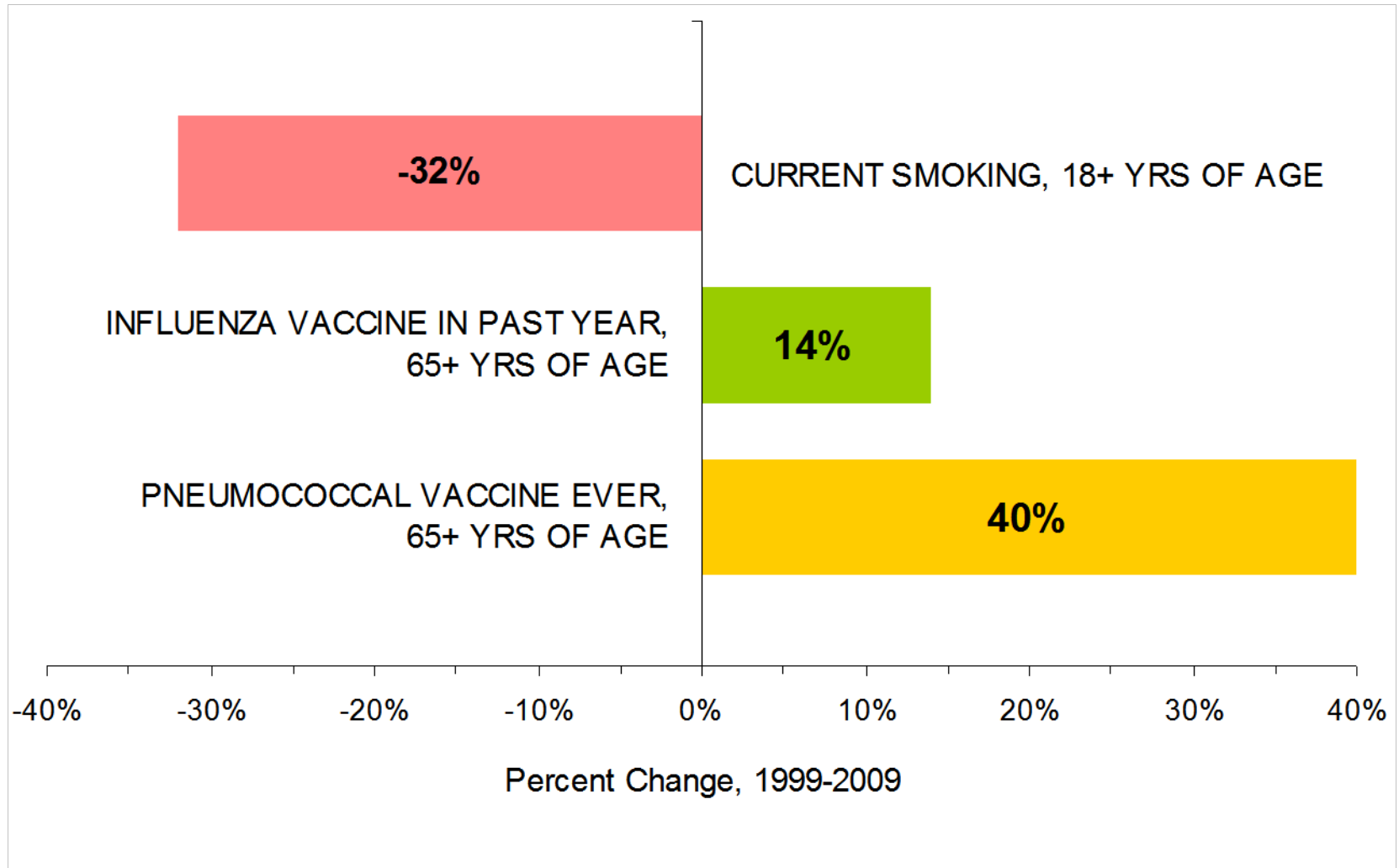
A Decade of Influential Events

- 9/11 WTC attack; bioterrorism threat
- H1N1 pandemic
- Hurricane Katrina
- Economic recession/unemployment → reduced access to health insurance
- Tobacco Master Settlement Agreement
- Massachusetts Health Reform enacted
- Affordable Care Act becomes law
- *Unnatural Causes* released

Connecticut's Progress

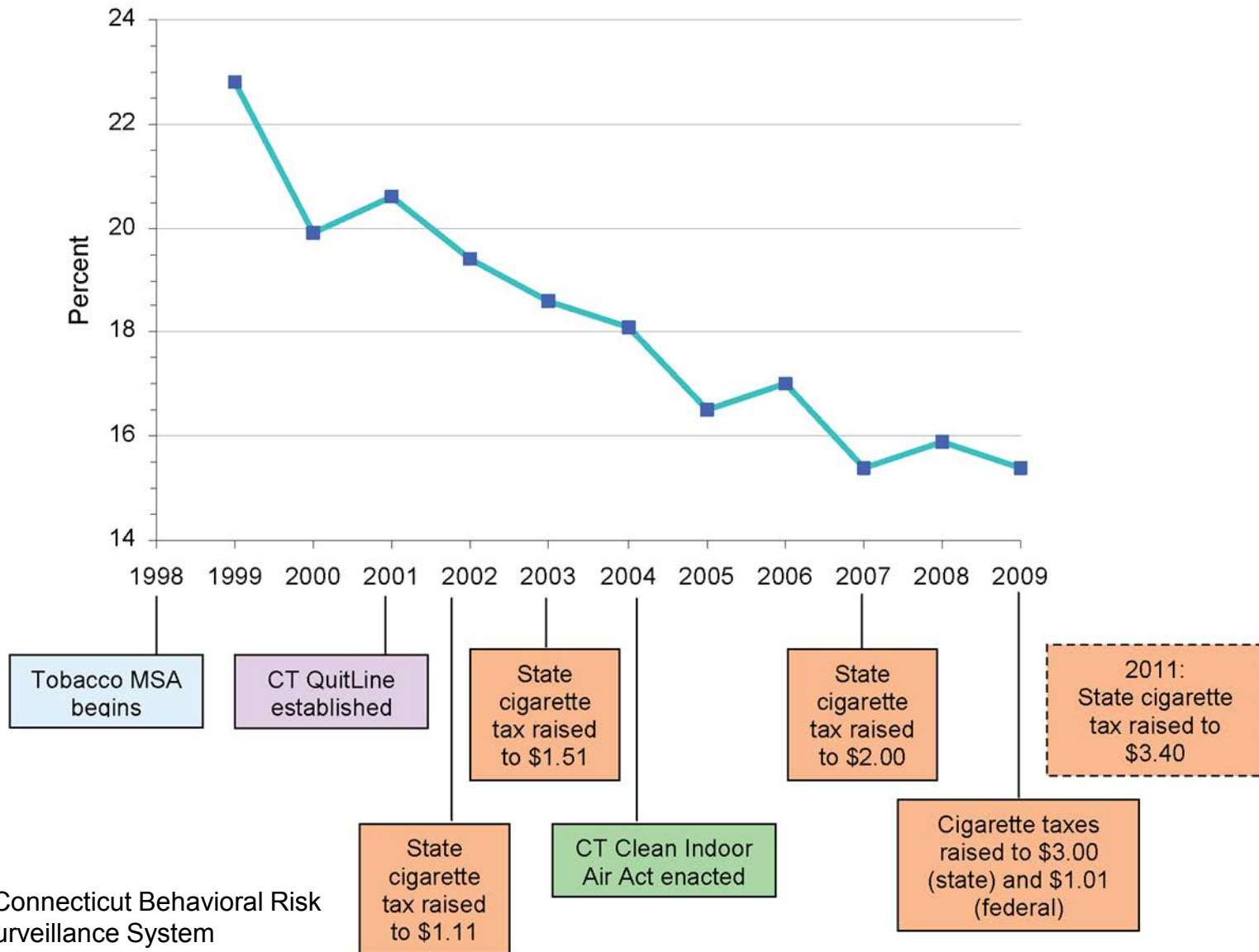
- Connecticut met most Healthy People 2010 targets with statewide statistics or total population
- However, statewide statistics mask striking disparities across racial/ethnic groups, and urban/rural populations
- Overall health varies dramatically between Connecticut's wealthiest and poorest communities and among population groups

Success Stories, 2000-2010



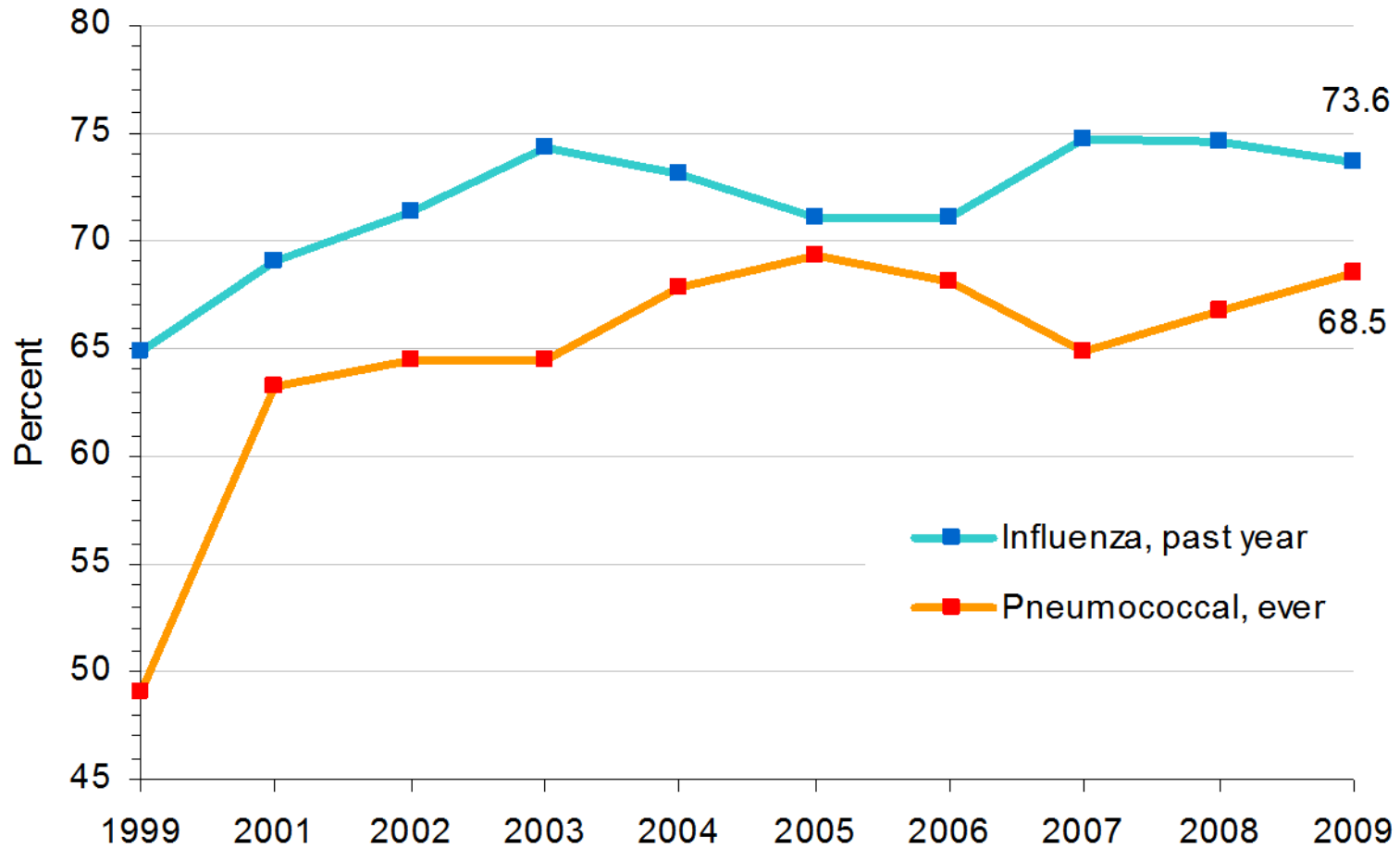
Source: Connecticut Behavioral Risk Factor Surveillance System

CURRENT CIGARETTE SMOKING AND TIME LINE ADULTS 18+ YEARS OF AGE CONNECTICUT 1999-2009



Source: Connecticut Behavioral Risk Factor Surveillance System

RECEIVED INFLUENZA VACCINE IN PAST YEAR OR
EVER RECEIVED PNEUMOCOCCAL VACCINE
65+ YEARS OF AGE
CONNECTICUT, 1999-2009

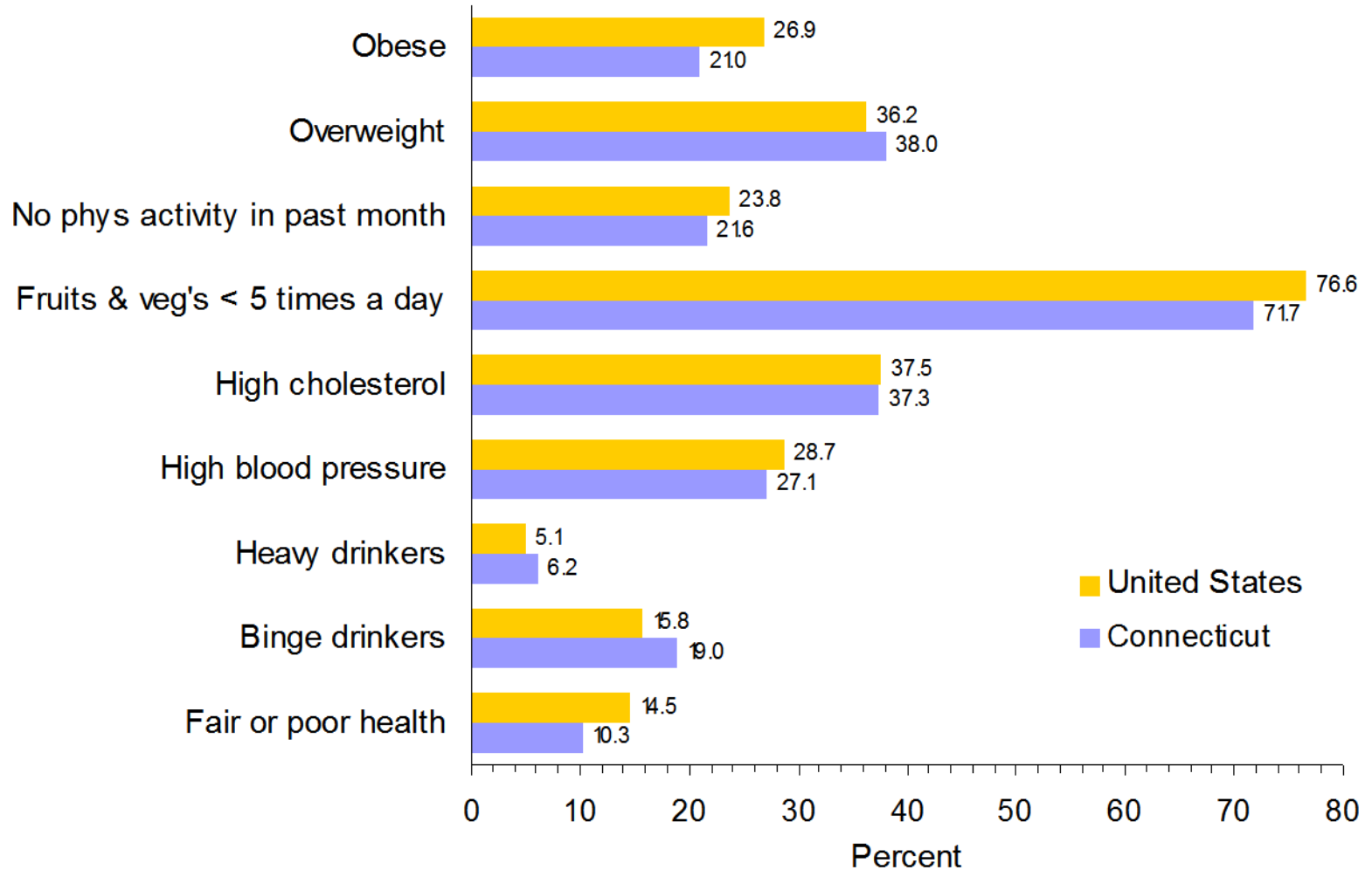


Source: Connecticut Behavioral Risk Factor Surveillance System

Challenges for 2020

- Obesity
- Unintentional injuries
 - Poisoning
 - Falls among the Elderly
- Low birth weight and premature deliveries

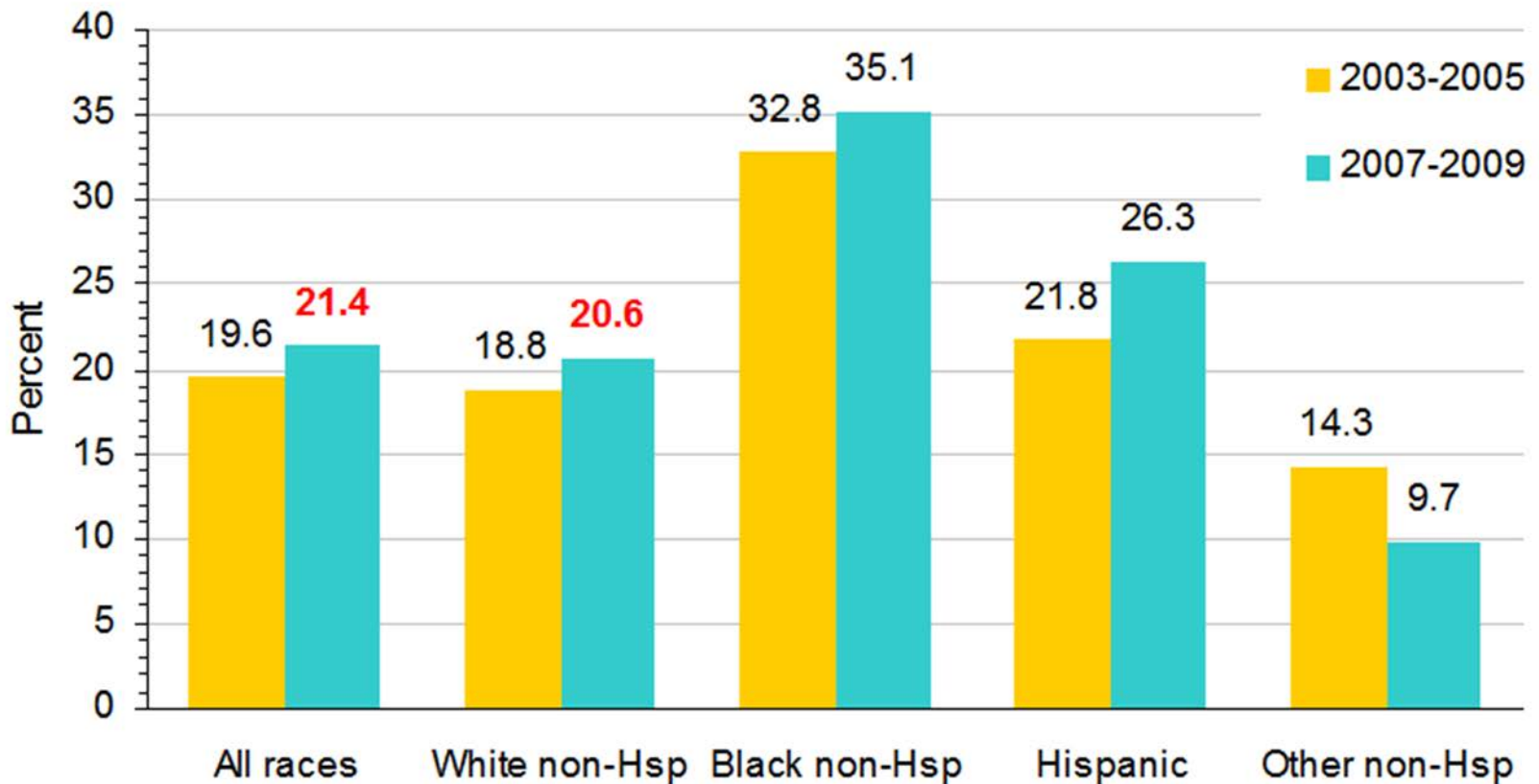
BEHAVIORAL RISK FACTOR PREVALENCE CONNECTICUT AND U.S. ADULTS 18+ YRS OF AGE, 2009



Source: Connecticut Behavioral Risk Factor Surveillance System

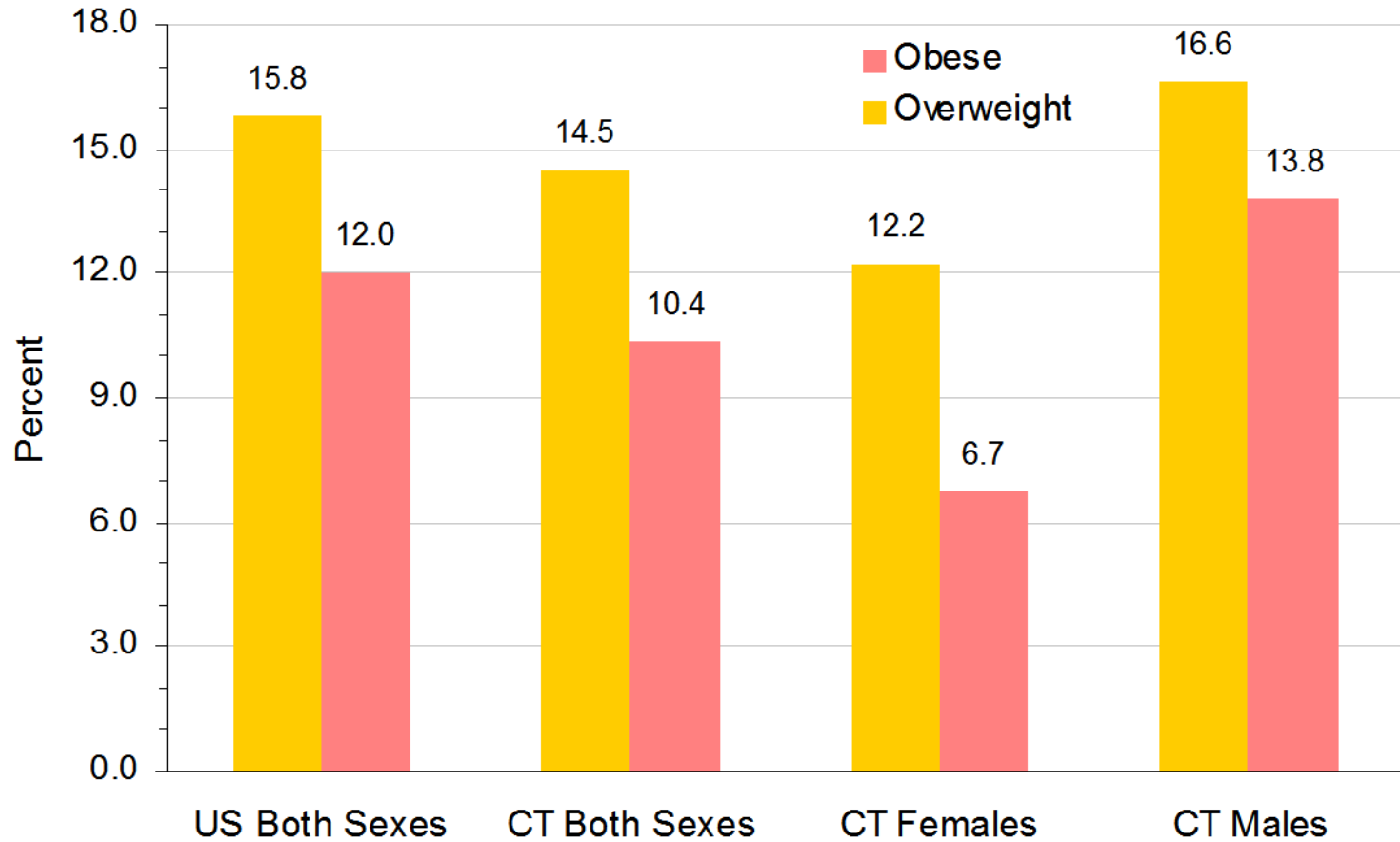
OBESITY PREVALENCE BY RACE AND ETHNICITY CONNECTICUT ADULTS, 2003-2005 AND 2007-2009

(Statistically significant changes shown in red)



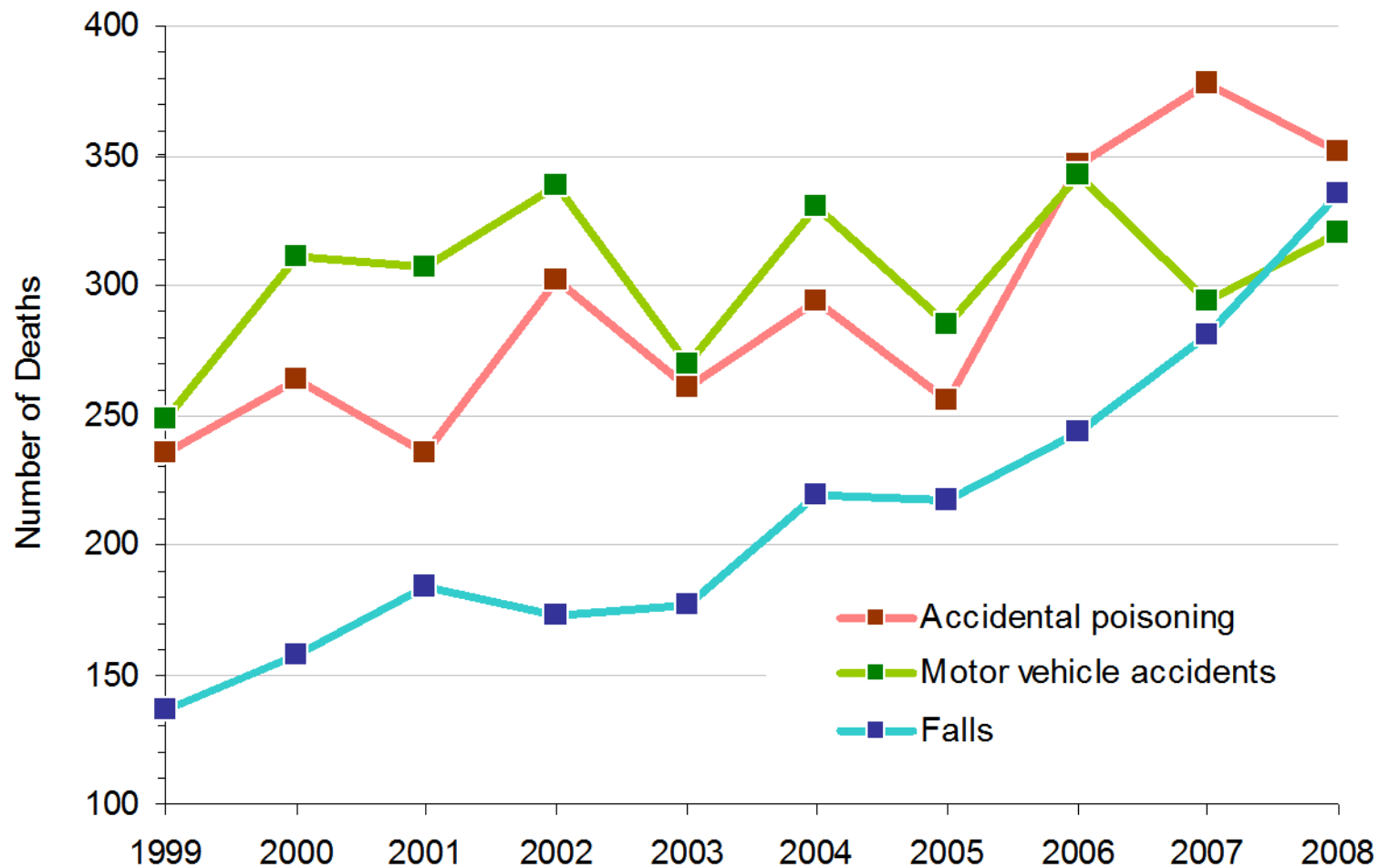
Source: Connecticut Behavioral Risk Factor Surveillance System, 2003-2005 and 2007-2009 pooled data

PREVALENCE OF OVERWEIGHT AND OBESITY
STUDENTS IN GRADES 9-12
CONNECTICUT AND U.S., 2009



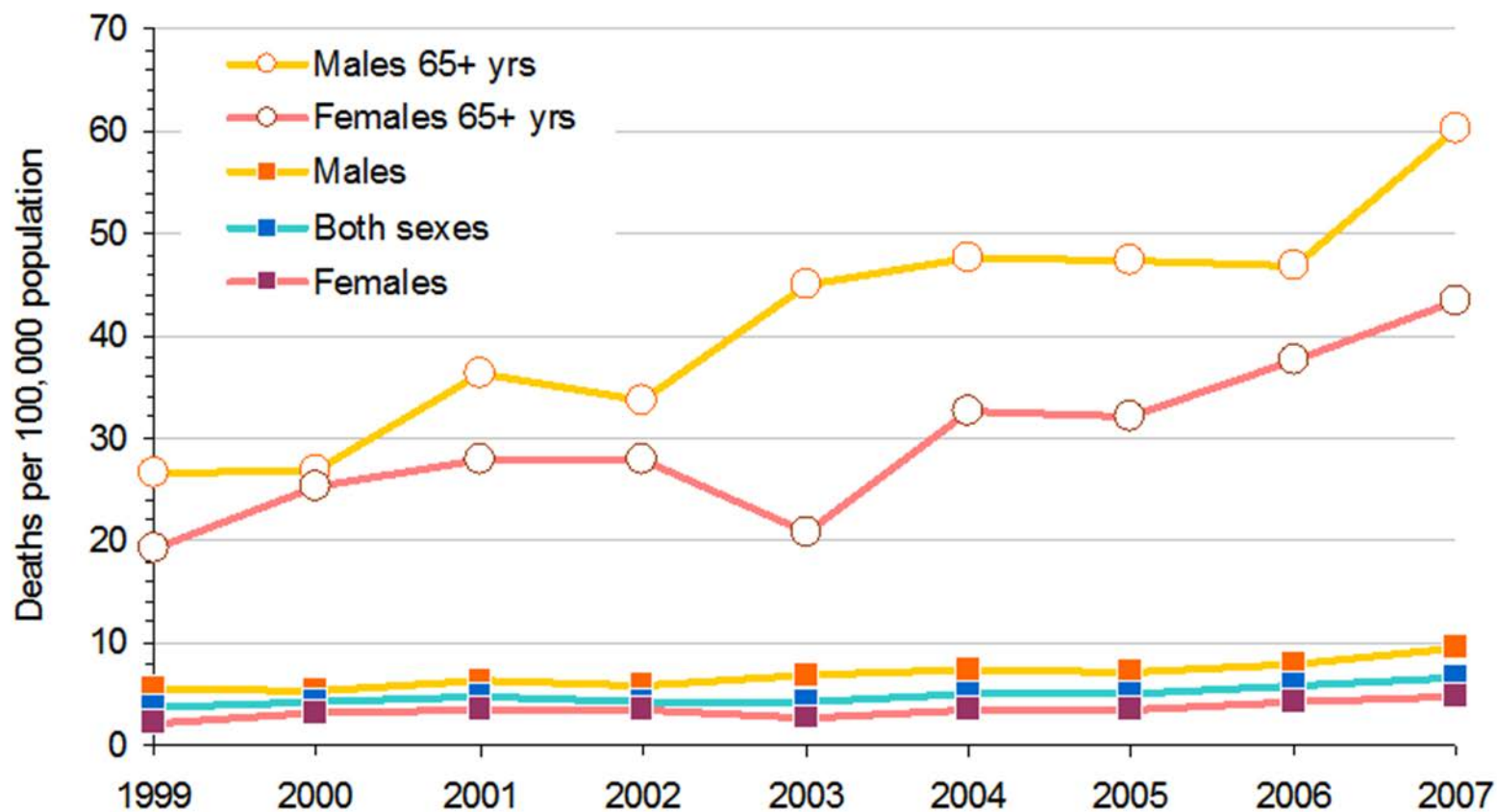
Source: Connecticut Department of Public Health, School Health Survey, Youth Risk Behavior Surveillance

LEADING CAUSES OF INJURY DEATHS CONNECTICUT, 1999-2008



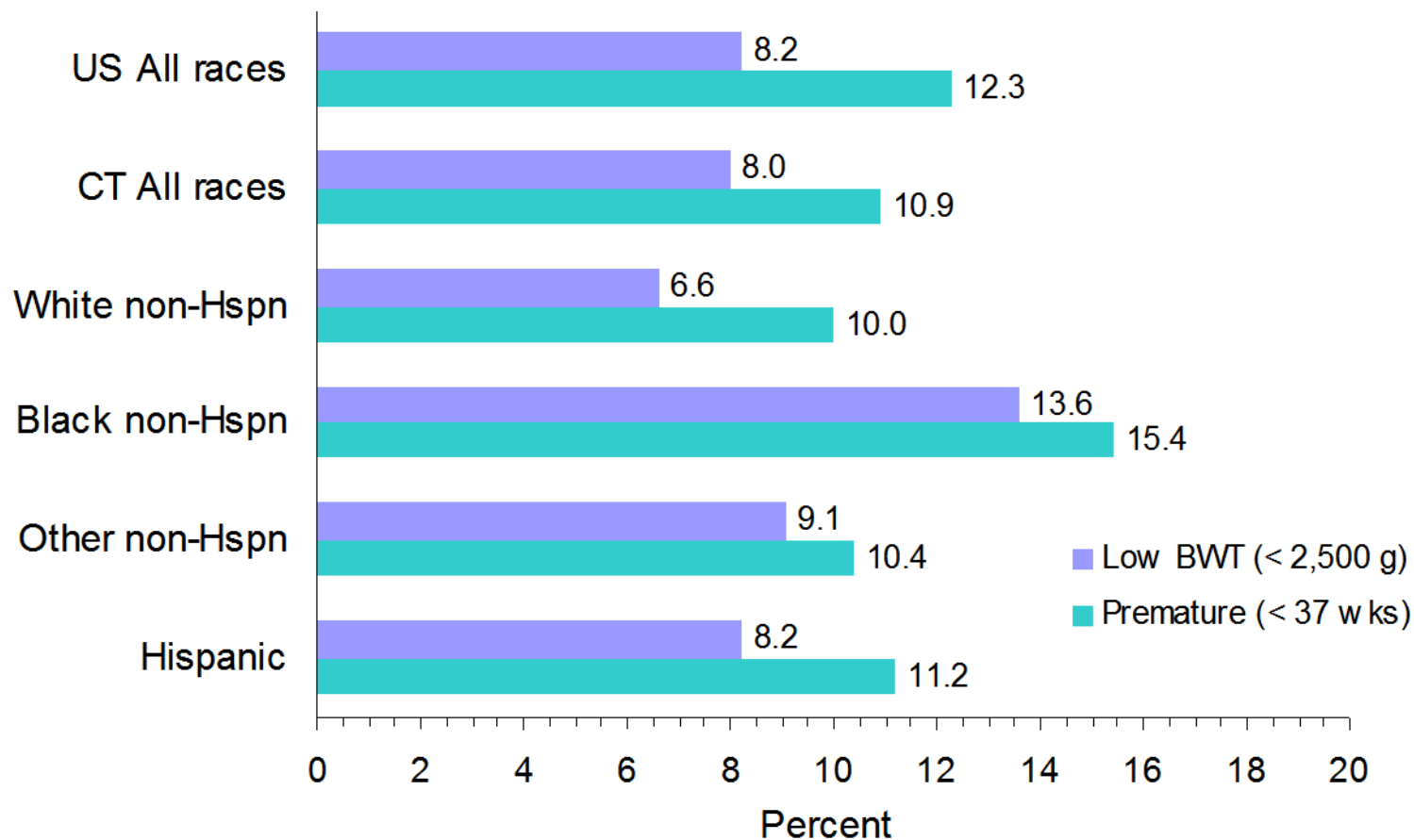
Source: Connecticut Department of Public Health, Registration Reports, 1999-2008

DEATHS FROM FALLS (Age-Adjusted and Age-Specific Death Rates) CONNECTICUT, 1999-2007



Source: Connecticut Department of Public Health, Mortality Reports, 1999-2007

LOW BIRTHWEIGHT AND PREMATURE DELIVERIES BY RACE AND ETHNICITY U.S. AND CONNECTICUT, 2008



Sources: Connecticut Department of Public Health, 2008 Registration Report; and CDC, Births: Final Data for 2008. *National Vital Statistics Reports* 59(1):1-72.

Conclusion

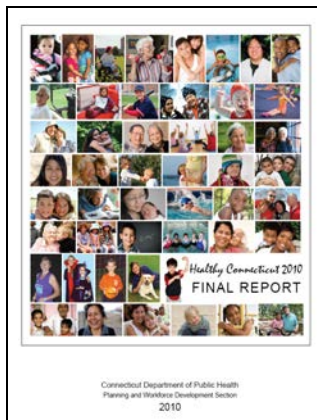
- Look beneath/inside your statewide data
- Identify priorities before planning programs
- Employ existing initiatives and strategically implement new ones to address HP 2020 goals
- Maximize community partnerships
- Regularize program integration/collaboration
- Coordinate with other agencies

Conclusion

- Exploit all resources and support available to conduct your work– federal, state, local, non-profit, philanthropic
- Remember there is no particular race, ethnicity, language, or color associated with health disparities

Conclusion

- *For those who still seek to demonstrate the role of Public Health in Health Reform: You will be doing just that by working toward the HP 2020 objectives*



Healthy Connecticut 2010 Final Report
<http://1.usa.gov/mURM5i>

More Information

Healthy People 2010

Healthy People 2010 Final Review

http://www.cdc.gov/nchs/healthy_people/hp2010/hp2010_final_review.htm

Healthy People NCHS Website

http://www.cdc.gov/nchs/healthy_people.htm

Healthy People Data and Technical Information at DATA2010

<http://wonder.cdc.gov/data2010>

Healthy People 2020

Healthy People 2020 Website

<http://www.healthypeople.gov>