Healthy People 2020: Who’s Leading the Leading Health Indicators?
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Who’s Leading the Leading Health Indicators?

- **Leading Health Indicators are:**
  - Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses
  - Linked to specific Healthy People objectives
  - Intended to motivate action to improve the health of the entire population

1200 Healthy People objectives
LHIs are a subset of Healthy People objectives
Who’s Leading the Leading Health Indicators?

Featured Speakers:

- **Don Wright, MD, MPH** – Director, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services

- **Brian King, PhD, MPH** - Deputy Director for Research Translation, Office on Smoking and Health, Centers for Disease Control and Prevention

- **Cheley Grigsby** - Program Manager, State of Alaska, Tobacco Prevention and Control Program
• The environment has a direct impact on health status and plays a major role in quality of life, years of healthy life lived, and health disparities.

• An environment free of hazards, such as secondhand smoke, carbon monoxide, allergens, lead and toxic chemicals, helps prevent disease and other health problems.

• Examples of environment-related health consequences include premature death, cancer, and long-term damage to respiratory and cardiovascular systems.
Environmental Quality

- Poor environmental quality has the greatest impact on people whose health status is already at risk.
- In 2016, 1 in 12 children and adults in U.S. had asthma, which is caused, triggered, and exacerbated by environmental factors such as air pollution and secondhand smoke.
- In 2016, approximately 122.5 million people in U.S. lived in counties that exceeded 1 or more national ambient air quality standards.
- During 2011–2012, about 58 million nonsmokers in U.S. were exposed to secondhand smoke.
Environmental Quality Leading Health Indicators

- Air Quality Index >100 (EH-1)
- Children exposed to secondhand smoke (TU-11.1)
Exposure to Unhealthy Outdoor Air

NOTE: The measure is the number of people potentially exposed to unhealthy air weighted by the magnitude of the Air Quality Index (AQI) and the number of days that the AQI exceeds 100. The population of all counties in the contiguous United States is multiplied by the AQI weight to produce weighted people-days for each year and averaged for a 3-year period. Years displayed on the x-axis are for the end year of the 3-year period.

2008* = HP2020 baseline.

SOURCE: Air Quality System (AQS), EPA.

Obj. EH-1
Decrease desired
Exposure of Non-Smokers to Secondhand Smoke

NOTES: I = 95% confidence interval. Data are for persons exposed to secondhand smoke among those who are non-smokers. Persons of all age groups shown are considered to be exposed to secondhand smoke if they had a serum cotinine level ≥ 0.05 ng/ml and ≤ 10 ng/ml. Children aged 3-11 years are considered to be non-smokers if they have a serum cotinine level ≤ 10 ng/ml. Adolescents and adults aged 12 years and over are considered to be non-smokers if they reported that they did not use any product containing nicotine in the past 5 days and if their serum cotinine level ≤ 10 ng/ml. Data for adults aged 18 years and over are age-adjusted to the 2000 standard population.

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

Objective: Decrease desired
• There is no risk-free level of secondhand smoke exposure; even brief exposure can be harmful to health.

• In adults, secondhand smoke exposure can cause stroke, lung cancer, and coronary heart disease.

• Children exposed to secondhand smoke are at an increased risk for acute respiratory infections, ear problems, more frequent and severe asthma attacks, and other respiratory symptoms.
Secondhand Smoke Is Nothing to Kid About:
Challenges and Opportunities to Reduce Secondhand Smoke Among U.S. Youth

BRIAN A. KING, PHD, MPH
DEPUTY DIRECTOR FOR RESEARCH TRANSLATION
OFFICE ON SMOKING AND HEALTH
CDC’s Office on Smoking and Health

The CDC is the lead federal agency for comprehensive tobacco prevention and control efforts.

CDC’s Office on Smoking and Health works to:

- **Prevent** initiation of tobacco use among youth and young adults
- **Promote** tobacco use cessation among adults and youth
- **Eliminate** exposure to secondhand smoke
- **Identify** and **eliminate** tobacco-related disparities

CDC’s National Tobacco Control Program (NTCP) was developed to encourage coordinated, national efforts to reduce tobacco-related disease and death. CDC is the only federal agency that provides funding to help support all 50 states, 8 U.S. territories, and the District of Columbia’s comprehensive tobacco control efforts.

CDC funds:

- 50 states and DC
- 12 tribal support organizations
- 8 U.S. territories
- 8 national networks representing populations most impacted
Tobacco use is the single most preventable cause of disease, disability, and death in the U.S.

38M
Nearly 38 million U.S. adults smoke.¹

480,000
Cigarette smoking kills about 480,000 people in the U.S. each year.²

1 vs. 30
For every one smoking-related death, at least 30 people live with a serious smoking-related illness.²

$300B
Each year, cigarette smoking costs the U.S. more than $300 billion, including $170 billion in direct medical costs and $156 billion in lost productivity.²,³
“Exposure to secondhand tobacco smoke has been causally linked to cancer, respiratory, and cardiovascular diseases, and to adverse effects on the health of infants and children.”

Percent of non-smoking U.S. population exposed* to secondhand smoke—NHANES, 1988–2014

Source: CDC. National Health and Nutrition Examination Survey (NHANES).

* serum cotinine ≥0.05 ng/ml
Children aged 3-11 years exposed to secondhand smoke—U.S., 2005-2008 to 2009-2012

2020 target of 47% has been met ✓

Source: National Health and Nutrition Examination Survey (NHANES), Centers for Disease Control and Prevention, National Center for Health Statistics.
58 Million Exposed

Exposure

- Children
- Black Persons
- Persons in Poverty
- Renters

Disparities in Reducing Secondhand Smoke Exposure among Children

Primary Sources of Secondhand Smoke Exposure

- Public Places
- Worksites
- Vehicles
- Homes

Children

Adults
Percentage of U.S. Households with a Smoke-Free Home Rule

Source: CDC STATE System

Takeaways

1. There is no risk-free level of secondhand smoke exposure, and children are especially vulnerable to the harmful effects of secondhand smoke.

2. Although progress has been made in reducing secondhand smoke, disparities in exposure remain. Exposure is particularly high among children.

3. The home is the primary source of secondhand smoke exposure for children.

4. Smoke-free policies can help reduce secondhand smoke exposure, prevent tobacco initiation, promote cessation, and reinforce smoke-free norms.
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
ALASKA TOBACCO PREVENTION AND CONTROL PROGRAM

HEALTHY PEOPLE 2020
LEADING HEALTH INDICATOR
EH-1, TU-11.1

CHELEY GRIGSBY, PROGRAM MANAGER

http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/TobaccoFreeAlaska/default.aspx
Objectives

- Understand the unique challenges in Alaska
- Understand the TPC program structure
- Program Evaluation Findings
Alaska

- Juneau
- Fairbanks
- Anchorage
- Bethel
- Barrow
- Kotzebue
- Nome
- Juneau (secondary location)
- Anchorage (secondary location)

Chronic Disease Prevention and Health Promotion
Established in 1994
Funded through CDC funds and MSA settlement
Program operates within the CDC recommended funding levels – 2017 Budget $9.37 million
TPC Program structure
(CDC Comprehensive Program)

**A COMPREHENSIVE PROGRAM**
- State and Community Interventions
- Cessation Interventions
- Health Communications Interventions
- Surveillance and Evaluation
- Administration

**USES POPULATION-BASED STRATEGIES**
- Smokefree public places
- Tobacco price increases
- Tobacco Quit Line
- Healthcare system changes
- Media, Public Education
- Data Collection & Analysis

**TO REDUCE TOBACCO USE**
- Prevent youth from starting to smoke
- Helping tobacco users quit
- Reducing exposure to secondhand smoke
- Reducing disparities

**AND IMPROVE HEALTH**
Healthy adults and children in all Alaska communities
Community and State interventions

- First 14 grantees funded in 2002
- Minimum of 2 grantees per Public Health Region
- Ongoing training and technical assistance by contractors and TPC staff
- Ensure evidence based strategies are implemented
Tobacco Free Schools

- Comprehensive tobacco-free policy
- Communication and enforcement toolkit
- Engaging youth
Smokefree Multi-unit Houses

- Alaska Tobacco Control Alliance (ATCA)
- American Lung Association Alaska (ALAA)
- Alaska Housing Finance Corporation (AHFC)
- Independent Tribal Housing Programs
Policies

- School tobacco-free campuses
  - 35 Gold
  - 5 Silver
  - 2 Bronze

- Multi-unit housing
  - 223

- Tribal Resolutions
  - 136

Secondhand Smoke Exposure

BRFSS

Roughly 9,800 Alaska children are exposed to secondhand smoke in their homes.

Alaska High school students report being in the same room with someone who smokes in the past 7 days decreased from 49.1% in 2003 to 32.8% in 2015

Youth Exposed to SHS in the Home

Table 30: Trends in Percentage of Children (Age 0-17) Exposed to Smoke in their Homes in the Past Month* by Respondent Smoking Status, Alaska 2004-2015

http://ibis.dhss.alaska.gov/topic/databases/AK_PRAMS.html
Success Comes From:

- Partners
- Consistent Data Sharing
- Ongoing Program Evaluation

Next Steps

- Re-evaluate Grantee Funding Model
- Identify New Communication Tools – GIS maps
- Continue to Identify Partners
Roundtable Discussion
A library of stories highlight ways organizations across the country are implementing Healthy People 2020.

Healthy People 2020 in Action
• The event will focus on keeping Americans healthy as they transition into older adulthood and maximizing the health of older adults through prevention strategies and more.

• The 2018 Healthy Aging Summit goals are to:
  – Explore the science on healthy aging
  – Identify knowledge gaps
  – Promote prevention
  – Support people aging in place and in their community

• Conference tracks include:
  1. Social and Community Context
  2. Maximizing Quality of Life
  3. Health and Health Care
  4. Neighborhood and Built Environment

• Register now at www.2018HealthyAgingSummit.org
Stay Connected

▪ Visit [healthypeople.gov](http://healthypeople.gov) to learn more about the Healthy People 2020 Leading Health Indicators

▪ To receive the latest information about Healthy People 2020 and related events, visit our website to:
  ▪ Join the Healthy People 2020 Consortium
  ▪ Share how your organization is working to achieve Healthy People goals

Follow us on Twitter @gohealthypeople
Current Cigarette Smoking, 1997-2016

NOTES: Data for adults are for the proportion of persons 18+ who have smoked at least 100 cigarettes in their lifetime and currently report smoking every day or some days. Data for adults are age adjusted to the 2000 standard population. Data for adolescents are for the proportion of students in grades 9–12 who used cigarettes on 1 or more of the 30 days preceding the survey.
SOURCES: National Health Interview Survey (NHIS), CDC/NCHS; Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP.

Obs. TU-1.1 and TU-2.2
Decrease desired