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

October 6, 2011

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Healthy People: What is it?

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

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

Federally Led, Stakeholder-Driven Process

HHS ODPHP
Federal Interagency Workgroup (28 Federal Agencies)

State and Local Governments (50 State Coordinators)

National-Level Stakeholders, Including Members of the Healthy People Consortium (2,200+ Volunteers)

Community-Based Organizations, Community Health Clinics, Social Service Organizations, etc.

Individuals, Families, and Neighborhoods Across America
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

- 6.9% (N=66) Dropped at midcourse
- 17.5% (N=170) Could not be assessed
- 75.6% (N=733) Tracking data available
Healthy People 2010 Objectives: Status at the Final Review

Total Objectives = 969

- 75.6% (N=733)
- 17.5% (N=170)
- 6.9% (N=66)

Objectives with Tracking Data = 733

- 48% (N=349)
- 23% (N=170)
- 24% (N=175)
- 5% (N=39)

Legend:
- 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

Total Objectives = 969

Immunization and Infectious Diseases
- Dropped at midcourse
- Could not be assessed
- Moved away from target
- Demonstrated no change
- Moved toward target
- Met or exceeded target

Nutrition and Overweight

Medical Product Safety

Occupational Safety and Health

Healthy People 2010 Focus Areas
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

**SOURCE:** National Health Interview Survey (NHIS), NCHS, CDC; National Vital Statistics System (NVSS), NCHS, CDC.
Goal 1: Life Expectancy at Age 65

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

Number of Objectives

Percent difference from the best group rate
- 100% or more
- 50% to 99%
- 10% to 49%
- Less than 10% or not statistically significant
- Best group

Percent

Number of Objectives

American Indian or Alaska Native (157)
Asian (98)
Native Hawaiian or Other Pacific Islander (38)
Asian or Pacific Islander (66)
Two or more races (96)
Hispanic or Latino (311)
Black non-Hispanic (345)
White non-Hispanic (354)
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
• No significant change in health disparities by race and ethnicity for 117 (69%) of 169 objectives.
Progress Chart: Leading Health Indicators

**Immunization**

14-24a. Fully immunized young children 19–35 months
14-29. Vaccination of noninstitutionalized high-risk older adults (age adjusted, 65+ years)
   a. Influenza vaccine in past 12 months
   b. Pneumococcal vaccine ever received

<table>
<thead>
<tr>
<th>2010 Target</th>
<th>Baseline (Year)</th>
<th>Final (Year)</th>
<th>Difference</th>
<th>Statistically Significant</th>
<th>Percent Change</th>
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<tr>
<td>80%</td>
<td>73% (1998)</td>
<td>78% (2008)</td>
<td>5</td>
<td>Yes</td>
<td>6.8%</td>
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<tr>
<td>90%</td>
<td>64% (1998)</td>
<td>67% (2008)</td>
<td>3</td>
<td>Yes</td>
<td>4.7%</td>
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<tr>
<td>90%</td>
<td>46% (1998)</td>
<td>60% (2008)</td>
<td>14</td>
<td>Yes</td>
<td>30.4%</td>
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</table>

**Access to Health Care**

1-1. Persons with health insurance (<65 years)
1-4a. Source of ongoing care
1-9a. Hospitalization for pediatric asthma (admissions per 10,000 population, <18 years) *
16-6a. Prenatal care beginning in first trimester

<table>
<thead>
<tr>
<th>100%</th>
<th>83% (1997)</th>
<th>83% (2008)</th>
<th>0</th>
<th>No</th>
<th>0.0%</th>
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<tbody>
<tr>
<td>96%</td>
<td>87% (1998)</td>
<td>86% (2008)</td>
<td>-1</td>
<td>Yes</td>
<td>-1.1%</td>
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<tr>
<td>17.3</td>
<td>23.0 (1996)</td>
<td>14.9 (2008)</td>
<td>-8.1</td>
<td>Yes</td>
<td>-35.2%</td>
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<tr>
<td>90%</td>
<td>83% (1998)</td>
<td>84% (2002)</td>
<td>1</td>
<td>Yes</td>
<td>1.2%</td>
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</table>
Progress Chart: Leading Health Indicators

Physical Activity
22-2. Regular physical activity—Moderate or vigorous (age adjusted, 18+ years)
22-7. Vigorous physical activity in students (grades 9–12)

Overweight and Obesity
19-2. Obesity in adults (age adjusted, 20+ years)
19-3c. Obesity in children and adolescents (6–19 years)

Tobacco Use
27-1a. Cigarette use by adults (age adjusted, 18+ years)
27-2b. Cigarette use in past month by students (grades 9–12)

Percent of targeted change achieved
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.
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

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.
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.
Coronary Heart Disease Deaths

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 ≥ 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.

Obj. 19-2
Child and Adolescent Obesity

I = 95% confidence interval. NOTES: Overweight is defined for ages 6–19 years as BMI ≥ 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

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.

Obs. 27-2a through e
Infant Mortality

Rate per 1,000 Live Births

16
14
12
10
8
6
4
2
0


Black
American Indian
Total
White
Hispanic
Asian

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 1998–2006, infant deaths are classified by race of mother.

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

Obj. 16-1c
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 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.
About 45% of objectives were measured by four data sources:

1. National Health Interview Survey (NHIS)
2. National Health and Nutrition Examination Survey (NHANES)
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
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

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

* 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

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

<table>
<thead>
<tr>
<th></th>
<th>Percent of Population</th>
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</thead>
<tbody>
<tr>
<td>US</td>
<td>20.0</td>
</tr>
<tr>
<td>CT</td>
<td>20.4</td>
</tr>
<tr>
<td>HTFD</td>
<td>47.8</td>
</tr>
<tr>
<td>BRPT</td>
<td>45.2</td>
</tr>
<tr>
<td>NHVN</td>
<td>29.9</td>
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</table>

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

-32%  
CURRENT SMOKING, 18+ YRS OF AGE

14%  
INFLUENZA VACCINE IN PAST YEAR, 65+ YRS OF AGE

40%  
PNEUMOCOCCAL VACCINE EVER, 65+ YRS OF AGE

Source: Connecticut Behavioral Risk Factor Surveillance System
CURRENT CIGARETTE SMOKING AND TIME LINE
ADULTS 18+ YEARS OF AGE
CONNECTICUT 1999-2009

Tobacco MSA begins
CT QuitLine established
State cigarette tax raised to $1.51
State cigarette tax raised to $2.00
2011: State cigarette tax raised to $3.40
Cigarette taxes raised to $3.00 (state) and $1.01 (federal)

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

- Obese: 26.9% (Connecticut), 210 (United States)
- Overweight: 36.2% (Connecticut), 38.0% (United States)
- No phys activity in past month: 23.8% (Connecticut), 216 (United States)
- Fruits & veg’s < 5 times a day: 71.7% (Connecticut), 76.6% (United States)
- High cholesterol: 37.5% (Connecticut), 37.3% (United States)
- High blood pressure: 28.7% (Connecticut), 27.1% (United States)
- Heavy drinkers: 5.1% (Connecticut), 6.2% (United States)
- Binge drinkers: 15.8% (Connecticut), 9.0% (United States)
- Fair or poor health: 10.3% (Connecticut), 14.5% (United States)

Source: Connecticut Behavioral Risk Factor Surveillance System
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
LOW BIRTHWEIGHT AND PREMATURE DELIVERIES
BY RACE AND ETHNICITY
U.S. AND CONNECTICUT, 2008

<table>
<thead>
<tr>
<th>Category</th>
<th>Low BWT (&lt;2,500 g)</th>
<th>Premature (&lt;37 wks)</th>
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<tbody>
<tr>
<td>US All races</td>
<td>8.2%</td>
<td>12.3%</td>
</tr>
<tr>
<td>CT All races</td>
<td>8.0%</td>
<td>10.9%</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>6.6%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Black non-Hispanic</td>
<td>13.6%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Other non-Hispanic</td>
<td>9.1%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8.2%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

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

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