What a Difference a Decade Makes

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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

<table>
<thead>
<tr>
<th></th>
<th>Connecticut</th>
<th>U.S. 2010</th>
<th>Connecticut Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000</td>
<td>2010</td>
<td>2010</td>
</tr>
<tr>
<td>Population</td>
<td>3,405,565</td>
<td>3,574,097</td>
<td>37.2 yrs</td>
</tr>
<tr>
<td>Median age</td>
<td>37.4 yrs</td>
<td>40.0 yrs</td>
<td>+2.6 yrs</td>
</tr>
<tr>
<td>65+ yrs of age</td>
<td>13.8%</td>
<td>14.2%</td>
<td>13.0%</td>
</tr>
<tr>
<td>White only</td>
<td>81.6%</td>
<td>77.6%</td>
<td>72.4%</td>
</tr>
<tr>
<td>Black/Afr. Am. only</td>
<td>9.1%</td>
<td>10.1%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Asian only</td>
<td>2.4%</td>
<td>3.8%</td>
<td>4.8%</td>
</tr>
<tr>
<td>AI/AN only</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other/2+ races</td>
<td>6.6%</td>
<td>8.2%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Hispanic any race</td>
<td>9.4%</td>
<td>13.4%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Bachelors or higher*</td>
<td>31.4%</td>
<td>35.1%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Language other than English spoken at home*</td>
<td>18.3%</td>
<td>19.7%</td>
<td>19.6%</td>
</tr>
<tr>
<td>median household income*</td>
<td>$53,935</td>
<td>$66,906</td>
<td>$50,221</td>
</tr>
<tr>
<td>Individuals below poverty level*</td>
<td>7.9%</td>
<td>9.3%</td>
<td>14.3%</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

- Less than 9th grade
- High school graduate or higher
- Bachelor’s degree or higher

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

Percent Change, 1999-2009

-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

Source: Connecticut Behavioral Risk Factor Surveillance System

- 1998: Tobacco MSA begins
- 1999: CT QuitLine established
- 2001: State cigarette tax raised to $1.51
- 2003: State cigarette tax raised to $2.00
- 2008: Cigarette taxes raised to $3.00 (state) and $1.01 (federal)
- 2011: State cigarette tax raised to $3.40

CT Clean Indoor Air Act enacted
RECEIVED INFLUENZA VACCINE IN PAST YEAR OR EVER RECEIVED PNEUMOCOCCAL VACCINE
65+ YEARS OF AGE
CONNECTICUT, 1999-2009

Percent

Influenza, past year
Pneumococcal, ever

Source: Connecticut Behavioral Risk Factor Surveillance System
Challenges for 2020

- Obesity
- Unintentional injuries
  - Poisoning
  - Falls among the Elderly
- Low birth weight and premature deliveries
Source: Connecticut Behavioral Risk Factor Surveillance System
OBESITY PREVALENCE BY RACE AND ETHNICITY
(Statistically significant changes shown in red)

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Low BWT (&lt; 2,500 g)</th>
<th>Premature (&lt; 37 wks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. 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-Hspn</td>
<td>6.6</td>
<td>10.0</td>
</tr>
<tr>
<td>Black non-Hspn</td>
<td>13.6</td>
<td>15.4</td>
</tr>
<tr>
<td>Other non-Hspn</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