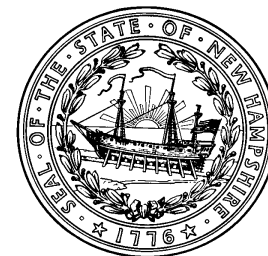


New Hampshire Chronic Diseases

Progress in Meeting *Healthy People 2010* Objectives

Midcourse Review - August 2007



Healthy People 2010 provides a set of 10-year evidence based, data-driven long-term measurable objectives and targets. It covers 28 focus areas, with 467 specific objectives. The overarching objectives are to increase the quality and years of healthy life and eliminate health-related disparities. Many states, including New Hampshire, have adopted this set of national health objectives in their program planning and evaluation. Midway through the decade, the U.S. Department of Health and Human Services conducted a review to assess the status of the national objectives contained in *Healthy People 2010*. This data brief is a follow up of the national midcourse review that presents an assessment of the revised objectives for the **seven focus areas related to chronic disease** in New Hampshire. The New Hampshire baseline and current estimates are compared with *Healthy People 2010* target goals. Only those objectives that have a data source for measuring the state's progress have been included.

This document is not a midcourse review of *Healthy New Hampshire 2010*. None of the revised *Healthy People 2010* objectives and targets in this report are identical to *Healthy New Hampshire 2010*, and any comparison would be inaccurate.

New Hampshire indicators that met the target of *Healthy People 2010* at the 0.05 significance level are in **bold**. *Healthy People 2010* objectives which were modified based on constraints of the available data are marked with an arrow (→). The numbers following the title of each objective are the *Healthy People 2010* objective numbers.

A copy of *Healthy People 2010* can be obtained at: <http://www.healthypeople.gov/data/midcourse/default.htm>.

| HEALTHY WEIGHT AND PHYSICAL ACTIVITY | Objective number | NH Baseline Data | | NH Current Data | | US Healthy People 2010 Target |
|---|------------------|------------------|--------------|-----------------|--------------|-------------------------------|
| | | Year | Estimate | Year | Estimate | |
| Healthy People 2010 Objective | | | | | | |
| Increase the proportion of adults who are at a healthy weight.* → | (19-1.) | 2000 | 45.4% | 2005 | 40.0% | 60.0% |
| Reduce the proportion of adults who are obese.* → | (19-2.) | 2000 | 18.1% | 2005 | 23.1% | 15.0% |
| Reduce the proportion of adults who engage in no leisure-time physical activity.* | (22-1.) | 2000 | 26.7% | 2005 | 21.6% | 20.0% |
| Increase the proportion of adults who engage in moderate physical activity for at least 30 minutes per day 5 or more days per week or vigorous physical activity for at least 20 minutes per day 3 or more days per week.* | (22-2.) | 2001 | 50.7% | 2005 | 56.0% | 50.0% |

Source: * NH Behavioral Risk Factor Surveillance System

Additional Information:

The change in physical activity (22-1. and 22-2.) is due in part to a change in the way questions were worded.

| Tobacco Use | Objective number | NH Baseline Data | | NH Current Data | | US Healthy People 2010 Target |
|--|------------------|------------------|------------|--------------------|----------|-------------------------------|
| | | Year | Estimate | Year | Estimate | |
| Healthy People 2010 Objective | | | | | | |
| Reduction in tobacco use by adults aged 18 years and older. * | | | | | | |
| a. Cigarette Smoking | (27-1.) | 2000 | 25.3% | 2005 | 20.4% | 12.0% |
| b. Spit Tobacco | (27-1.) | 1996 | 1.3% | Data not available | | 0.4% |
| c. Cigars | (27-1.) | 2002 | 5.6% | Data not available | | 1.2% |
| Reduction in tobacco use by students in grades 9 through 12. † | | | | | | |
| a. Tobacco products (past month) | (27-2.) | 2001 | 30.7% | 2004 | 28.2% | 21.0% |
| b. Cigarettes (past month) | (27-2.) | 2001 | 25.3% | 2004 | 19.1% | 16.0% |
| c. Spit tobacco (past month) | (27-2.) | 2001 | 4.5% | 2004 | 6.6% | 1.0% |
| d. Cigars (past month) | (27-2.) | 2001 | 11.8% | 2004 | 14.9% | 8.0% |
| e. Bidis | (27-2.) | 2001 | 6.5% | 2004 | 6.5% | 2.0% |
| Increase in average age of first tobacco use | | | | | | |
| a. Adolescents aged 12 to 17 years ‡ | (27-4.) | 1995 | 12 years | 2005 | 13 - 14 | 14 years |
| b. Young adults aged 18 to 25 years * | (27-4.) | 2003 | 14.9 years | Data not available | | 16 years |
| Increase smoking cessation attempts by adult smokers. * | (27-5.) | 2000 | 53.0% | 2005 | 57.3% | 75% |
| Increase tobacco use cessation attempts by adolescent (students grade 9 through 12) smokers. † | (27-7.) | 2001 | 59.9% | 2004 | 52.0% | 64% |
| Increase insurance coverage of evidence-based treatment for nicotine dependency. § | (27-8.) | 2001 | 25% | 2002 | 100.0% | 100% |
| Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events. †† | (27-11.) | 2001 | 90.1% | 2005 | 99.0% | 100% |
| Increase the proportion of persons covered by indoor worksite policies that prohibit smoking. § | (27-12.) | 2001 | 79.2% | 2003 | 78.6% | 100% |
| Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors. ¶ | (27-14.) | 2000 | 7.6% | 2007 | 11.9% | 0%-5% |
| Reduce the proportion of adolescents and young adults who are exposed to tobacco advertising and promotion: † | | | | | | |
| a. Internet advertising and promotion | (27-16.) | 2001 | 23.7% | 2004 | 34.8% | 25% |
| b. Magazine and newspaper advertising and promotion | (27-16.) | 2001 | 72.4% | 2004 | 79.9% | 67% |
| Increase adolescent disapproval of smoking. § | (27-17.) | 2001 | 92.4% | 2004 | 92.8% | 95% |
| Increase the average Federal and State tax on cigarettes (per pack). ** | (27-21.) | 2000 | \$0.52 | 2006 | \$0.80 | \$2.00 |

Source:

* NH Behavioral Risk Factor Surveillance System

† NH Youth Tobacco Survey

‡ NH Youth Risk Behavioral Survey (because data were not weighted in 1997, 1999 and 2001; 1995 estimate is reported)

§ Cessation Survey

¶ TUS-CPS

¶¶ SYNAR

** NH Department of Revenue, Tax Burden on Tobacco Historical Compilation 2004

†† NH School Health Profile

| ASTHMA | Objective number | NH Baseline Data | | NH Current Data | | US Healthy People 2010 |
|--|------------------|--------------------|-------------|-----------------|------------------------|------------------------|
| | | Year | Estimate | Year | Estimate | Target |
| Healthy People 2010 Objective | | | | | | |
| Reduce pediatric asthma hospitalization rates among children < 18 years (rate per 10,000 residents).[^] | (1.9a.) | 2000 | 6.5 | 2004 | 7.0 | 17.3 |
| Reduce asthma deaths (rate per 1,000,000 residents). ^{**} | | | | | | |
| a. - Children under age 5 years | (24-1.) | | ~ | | ~ | 0.9 |
| b. - Children age 5 to 14 years | (24-1.) | | ~ | | ~ | 0.9 |
| c. - Adolescents and adults aged 15 to 34 | (24-1.) | | ~ | | ~ | 1.9 |
| d. - Adults aged 35 to 64 years (5 year average) | (24-1.) | 1996-2000 | 12.5 | 1999-2003 | 8.3 | 8.0 |
| e. - Adults aged 65 years and older (5 year average) | (24-1.) | 1996-2000 | 74.0 | 1999-2003 | 63.8 | 47.0 |
| Reduce hospitalizations for asthma (rate per 10,000 residents). [^] | | | | | | |
| a. - Children under age 5 years | (24-2.) | 2000 | 12.5 | 2004 | 16.8 | 25.0 |
| b. - Children and adults aged 5 to 64 years | (24-2.) | 2000 | 6.1 | 2004 | 6.6 | 7.7 |
| c. - Adults aged 65 years and older | (24-2.) | 2000 | 11.6 | 2004 | 13.5 | 11.0 |
| Reduce emergency department visits for asthma (rate per 10,000 residents). ^{§§} | | | | | | |
| a. - Children under age 5 years | (24-3.) | 2000 | 62.0 | 2004 | 67.0 | 80.0 |
| b. - Children and adults aged 5 to 64 years | (24-3.) | 2000 | 57.4 | 2004 | 47.7 | 50.0 |
| c. - Adults aged 65 years and older | (24-3.) | 2000 | 25.0 | 2004 | 18.9 | 15.0 |
| Reduce activity limitations among persons with asthma. | (24-4.) | Data not available | | 2005 | See below for estimate | 6.0% |
| Reduce number of school/work days missed due to asthma. | (24-5.) | Data not available | | 2004 | See below for estimate | 2 |

Source:

[^] NH Inpatient Hospital Discharge Data- estimates include NH residents who were hospitalized in ME, MA, NH, and VT.

^{‡‡} NH Vital Records (5 year average)

^{§§} NH Outpatient Hospital Discharge Data- estimates include NH residents who were visited and emergency department in ME, MA, NH, and VT

~ Rates are not displayed if fewer than 10 events were reported

HP 2010 Objective 24-4: An estimate of the prevalence of activity limitations can be determined for adults with asthma from the 2005 NH BRFSS. Among adults (≥ 18 years) who stated that they had current asthma, 35.8% reported limitations in their activities due to physical, mental, or emotional problems. Only 15% of people without asthma reported limitations in their activities.

HP 2010 Objective 24-5: An estimate of the number of school/work days missed due to asthma can be determined for the adult population from the 2004 NH BRFSS (Not asked in 2005). Most adults (≥ 18 years) who stated that they had current asthma experienced 2.7 days of restricted activities due to their asthma in the last year.

| ORAL HEALTH | Objective number | NH Baseline Data | | NH Current Data | | US Healthy People 2010 |
|--|------------------|------------------|----------|-----------------|----------|------------------------|
| | | Year | Estimate | Year | Estimate | Target |
| Healthy People 2010 Objective | | | | | | |
| Increase the proportion of adults (35-44 years old) who have never had a permanent tooth extracted because of dental caries or periodontal disease.* | (21-3.) | 1999 | 46.4% | 2004 | 34.5% | 40.0% |
| Reduce the proportion of older adults (65-74 years old) who have had all their natural teeth extracted.* | (21-4.) | 1999 | 23.1% | 2004 | 19.2% | 22.0% |
| Reduce the proportion of third grade children with dental caries experience. ^{¶¶} → | (21-1b.) | 2001 | 52.0% | 2004 | 51.0% | 42.0% |
| Reduce the proportion of third grade children with untreated decay. ^{¶¶} → | (21-2b.) | 2001 | 21.7% | 2004 | 24.1% | 21.0% |
| Increase the proportion of third grade children who have received dental sealants on their molar teeth. ^{¶¶} → | (21-8a.) | 2001 | 45.9% | 2004 | 42.5% | 50.0% |
| Increase the proportion of the population served by community water systems with optimally fluoridated water. ^α | (21-9.) | 2000 | 43.0% | 2005 | 43.0% | 75.0% |

Source:

* NH Behavioral Risk Factor Surveillance System <http://www.dhhs.state.nh.us/DHHS/HSDM/behavioral-risk.htm>

¶¶ NH 3rd Grade Oral Health Survey

α Water Fluoridation Reporting System.

| CANCER | Objective number | NH Baseline Data | | NH Current Data | | US Healthy People 2010 |
|--|------------------|------------------|----------|-----------------|----------|------------------------|
| | | Year | Estimate | Year | Estimate | Target |
| Healthy People 2010 Objective | | | | | | |
| Reduce the overall cancer death rate (per 100,000 residents). β | (3-1.) | 2000 | 199.6 | 2003 | 189.9 | 158.6 |
| Reduce the lung cancer death rate (per 100,000 residents). β | (3-2.) | 2000 | 56.1 | 2003 | 52.1 | 43.3 |
| Reduce the breast cancer death rate (per 100,000 residents). β | (3-3.) | 2000 | 26.8 | 2003 | 24.8 | 21.3 |
| Reduce the death rate (per 100,000 residents) from cancer of the uterine cervix. β | (3-4.) | 2000 | 2.8 | 2003 | 2.3 | 2.0 |
| Reduce the colorectal cancer death rate (per 100,000 residents) β | (3-5.) | 2000 | 20.8 | 2003 | 20.2 | 13.7 |
| Reduce the oropharyngeal cancer death rate (per 100,000 residents). β | (3-6.) | 2000 | 2.7 | 2003 | 2.8 | 2.4 |
| Reduce the prostate cancer death rate (per 100,000 residents). β | (3-7.) | 2000 | 30.4 | 2003 | 27.9 | 28.2 |
| Reduce the rate of melanoma cancer deaths (per 100,000 residents). β | (3-8.) | 2000 | 2.7 | 2003 | 3.5 | 2.3 |

Source:

β Bureau of Data and Systems Management, NH Department of Health and Human Services and NH Department of State, Division of Vital Records Administration

| DIABETES | Objective number | NH Baseline Data | | NH Current Data | | US Healthy People 2010 |
|---|------------------|------------------|--------------|-----------------|--------------|------------------------|
| | | Year | Estimate | Year | Estimate | Target |
| Healthy People 2010 Objective | | | | | | |
| Reduce the overall rate of diabetes that is clinically diagnosed among adults.* → | (5-3.) | 2000 | 4.4% | 2005 | 6.5% | 2.5% |
| Reduce kidney failure due to diabetes (rate per 100,000 residents). † | (4-7.) | 2000 | 11.6 | 2003 | 13.4 | 9.0 |
| Increase the proportion of adults with diabetes who report: | | | | | | |
| - having had a diabetes management class.* → | (5-1.) | 2000 | 57.1% | 2005 | 63.1% | 60.0% |
| - having had a glycosylated hemoglobin measurement at least once a year.* | (5-12.) | 2000 | 95.1% | 2005 | 90.8% | 65.0% |
| - having had an annual dilated eye examination.* → | (5-13.) | 2000 | 87.3% | 2005 | 76.7% | 76.0% |
| - having had at least an annual foot examination.* | (5-14.) | 2000 | 75.2% | 2005 | 80.4% | 91.0% |
| - having had at least an annual dental examination.* → | (5-15.) | 2001 | 64.0% | 2004 | 65.1% | 71.0% |

Source:

* NH Behavioral Risk Factor Surveillance System <http://www.dhhs.state.nh.us/DHHS/HSDM/behavioral-risk.htm>

† US Renal Data System: <http://www.usrds.org/>

| HEART DISEASE AND STROKE | Objective number | NH Baseline Data | | NH Current Data | | US Healthy People 2010 |
|---|------------------|------------------|--------------|-----------------|--------------|------------------------|
| | | Year | Estimate | Year | Estimate | Target |
| Healthy People 2010 Objective | | | | | | |
| Reduce coronary heart disease deaths (rate per 100,000 residents). † | (12-1.) | 2000 | 193.6 | 2003 | 163.9 | 162.0 |
| Reduce stroke deaths (rate per 100,000 residents). † | (12-7.) | 2000 | 56.4 | 2003 | 42.3 | 50.0 |
| Reduce the proportion of adults with high blood pressure.* → | (12-9.) | 1999 | 23.4% | 2005 | 23.3% | 14.0% |
| Increase the proportion of adults who are currently taking medication for their high blood pressure.* → | (12-10.) | 2001 | 68.6% | 2005 | 77.9% | 68.0% |
| Reduce the proportion of adults with high total blood cholesterol levels.* → | (12-14.) | 1999 | 33.2% | 2005 | 35.3% | 17.0% |
| Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.* → | (12-15.) | 1999 | 74.3% | 2005 | 81.0% | 80.0% |

Source:

* NH Behavioral Risk Factor Surveillance System <http://www.dhhs.state.nh.us/DHHS/HSDM/behavioral-risk.htm>

† CDC WONDER: <http://wonder.cdc.gov/>

Healthy Weight and Physical Activity: Increasing physical activity can reduce the risk for type 2 diabetes, heart disease, stroke, and some cancers, and can improve bone, joint and muscle strength. Physical activity can also reduce feelings of depression, anxiety and stress and help achieve and maintain a healthy weight. The CDC states that “there is no demographic or social group in America that could not benefit from becoming more active,” and suggests that participating in even moderate-intensity physical activity for 30 minutes a day, 5 days a week is a vital component of a healthy lifestyle for adults of all ages and abilities. Children and adolescents should participate in at least 60 minutes of physical activity most days of the week. You can achieve the benefits of physical activity by incorporating walking and other forms of activity into daily routines and work schedules.

Tobacco Use: Approximately 20% of New Hampshire adults and youth smoke. The remarkable decline in smoking rates observed since the mid 1990s appears to have slowed down in recent years. The national objective of reducing the smoking rate among adults and youths can be achieved only if the annual decline observed during 1995-2003 resumes. Achieving this goal will require comprehensive tobacco prevention and control programs and ongoing collaboration among state decision makers, public health officials, business leaders, community members, and national partners.

Asthma: New Hampshire has one of the highest prevalence rates of asthma in the nation: approximately 10.3% of adults and 10.7% of children currently have asthma in NH [2005 NH BRFSS]. Prevalence has increased over time, as have rates for inpatient hospitalizations while mortality rates have fallen. New Hampshire has met all US Healthy People 2010 targets for reduction of inpatient hospitalization and mortality except for those individuals 65 years and older. Future interventions will need to renew focus on individuals 65 and older and to reduce hospitalizations for all age groups.

Oral Health: Former Surgeon General, C. Everett Koop, said that you cannot be healthy without good oral health. Good oral health contributes to the ability to carry out essential functions such as eating and speaking. Tooth decay (dental caries) can be prevented through a combination of community, professional and individual strategies. Many oral health programs in New Hampshire are working towards reducing dental disease among children so they grow into adulthood without significant dental disease. Community water fluoridation and dental sealants have been shown to be effective in reducing dental disease.

Cancer: The Division of Public Health Services works in collaboration with New Hampshire Comprehensive Cancer Collaboration (NHCCC) to address the primary prevention and early detection of the five major cancers included in HP 2010: breast (female), colorectal, lung, prostate, and melanoma of skin. Achieving the goals and objectives set forth in the NHCCC plan, *Cancer in New Hampshire - A Call for Action 2010*, will greatly depend upon the increased collaboration of the Division’s programs and external partners for breast and cervical cancer screening, tobacco prevention, environmental health, occupational health, nutrition and physical activity.

Diabetes: The aging of our population, better survival of individuals with diabetes, expansion of diagnostic criteria, and the obesity epidemic are all merging and contributing to a rapid rise in the prevalence of diabetes (from 4.4% in 2000 to 6.5% in 2005). Although progress is being made in the management of diabetes, increased efforts are needed in prevention and care if we are to limit the effects of this devastating disease.

Heart Disease and Stroke: New Hampshire does not currently have a statewide program that focuses primarily on heart disease and stroke. Considering the complexity of chronic diseases, however, the increasing collaboration of tobacco prevention, diabetes education, nutrition and physical activity, and cancer prevention programs makes a robust foundation for any heart disease and stroke-related prevention activities.

For additional information, including applied statistical methods, contact:
New Hampshire Department of Health and Human Services
Division of Public Health Services
Bureau of Prevention Services
Chronic Disease Section
29 Hazen Drive, Concord, New Hampshire 03301-6504
Phone: 271-4473 or 1-800-852-3345 ext 4473 TDD Access: 1-800-735-2964