

Progress on HP 2010 Objectives

Healthy People 2010 (HP 2010) presented a systematic approach to health improvement and set the agenda for nationwide public health activities for the first decade of this century. The goals of HP 2010 were to increase quality and years of healthy life and eliminate health disparities. There were 467 specific HP 2010 objectives aligned with 28 focus areas. Within the respiratory diseases focus area, there are eight asthma-related objectives:

- 1) Reduce deaths;
- 2) Reduce hospitalizations;
- 3) Reduce hospital emergency department visits;
- 4) Reduce activity limitations;
- 5) Reduce the number of school or workdays missed;
- 6) Increase the proportion of cases who receive formal patient education;
- 7) Increase the proportion of cases who receive care in accordance with the National Asthma Education and Prevention Program Guidelines; and
- 8) Establish in at least 15 states a surveillance system for tracking morbidity, mortality, disability, access to medical care, and disease management.

The Connecticut Department of Public Health (DPH) Asthma Program tracks Connecticut's progress toward meeting asthma-related HP 2010 objectives by analyzing mortality, hospitalization, emergency department (ED), and Behavioral Risk Factor Surveillance System (BRFSS) data. Table 19 presents information on the first seven HP 2010 asthma-related objectives and the progress that Connecticut has made toward achievement of the targets associated with each objective. Please note that information is not available to measure all of the objectives at the state level.

In comparing the 2001 - 2005 reporting period to the 2005 - 2009 reporting period, decreases in the five-year average mortality rate were observed among children less than five years of age, 15 - 34 year olds, 35 - 64 year olds, and persons aged 65 years and older. Among children 5 - 14 years old, the five-year average mortality rate increased 23.8% from 2.1 per million to 2.6 per million. Asthma hospitalization indicators increased across all three age groups. ED visit indicators also increased; however, there was a 6.1% decrease in the five-year rate of asthma ED visits among persons \geq 65 years old.

The next Connecticut asthma burden report will address Connecticut's progress toward the *Healthy People 2020* (HP 2020) asthma targets. Refer to Appendix M to see how the HP 2010 targets compare to the HP 2020 ones.

Table 19. Progress Toward Healthy People 2010 Asthma Targets in Connecticut

Objective	Age Group	HP 2010 Target ^a	Connecticut (2005 – 2009)	% Change from 2000 – 2005
24-1. Reduce asthma deaths.	< 5 years	0.9 per million	0.9 ^b	-52.6%
	5 – 14 years	0.9 per million	2.6 ^b	+23.8%
	15 – 34 years	1.9 per million	3.4 ^b	-12.8%
	35 – 64 years	8.0 per million	10.4 ^b	-8.0%
	≥ 65 years	47.0 per million	41.7 ^b	-16.3%
24-2. Reduce hospitalizations for asthma.	< 5 years	25 per 10,000	33.9 ^c	+5.6%
	5 – 64 years	7.7 per 10,000	11.9 ^c	+16.7%
	≥ 65 years	11 per 10,000	21.8 ^c	+4.8%
24-3. Reduce hospital emergency department visits for asthma.	< 5 years	80 per 10,000	150.1 ^d	+16.6%
	5 – 64 years	50 per 10,000	71.6 ^d	+15.9%
	≥ 65 years	15 per 10,000	18.5 ^d	-6.1%
24-4. Reduce activity limitations among persons with asthma	(N/A)	6%	54.0% ^e	^f
24-5. Reduce the number of school or work days missed by persons with asthma due to asthma.	(N/A)	2.0 days	2.0 days of school missed by children ^g	^f
24-6. Increase the proportion of persons with asthma who receive formal patient education, including information about community and self-help resources, as an essential part of the management of their condition.	(N/A)	30.0%	10.4% ^h	^f
24-7. Increase the proportion of persons with asthma who receive appropriate asthma care according to the <i>NAEPP Guidelines</i> .				
a. Persons with asthma who receive written asthma management plans from their healthcare provider.	(N/A)	38.0%	Data not available	
b. Persons with asthma with prescribed inhalers who receive instruction on how to use them properly.	(N/A)	98.8%	Data not available	
c. Persons with asthma who receive education about recognizing early signs and symptoms of asthma episodes and how to respond appropriately, including instruction on peak flow monitoring for those who use daily therapy.	(N/A)	71.0%	Data not available	
d. Person with asthma who receive medication regimens that prevent the need for more than one canister of short-acting beta agonists per month for relief symptoms.	(N/A)	92.0%	Data not available	
e. Persons with asthma who receive follow-up medical care for long-term management of asthma after any hospitalization due to asthma.	(N/A)	87.0%	Data not available	
f. Persons with asthma who receive assistance with assessing and reducing exposure to environmental risk factors in their homes, school, and work environments.	(N/A)	50.0%	Data not available	

^a Targets published in *Healthy People 2010 Midcourse Review* (U.S. Department of Health and Human Services, 2007).

^b Connecticut mortality data, 5-year average.

^c CHIME Data, 2009 hospitalization data.

^d CHIME Data, 2009 ED data.

^e ACBS 2007 – 2009. Responses to question: “During the past 12 months, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?” (Items ACT_DAYS [5.9] for adults and ACT_DAYS [5.6] for children).

^f The ACBS was first conducted in Connecticut in 2006.

^g ACBS 2007 – 2009. Responses to question: “During the past 12 months, about how many days of school did he/she miss because of his/her asthma?” (Child ACBS item MISS_SCHL [10.5]).

^h ACBS 2007 – 2009. “Have you ever taken a course or class on how to manage your asthma” (Adult and Child ACBS item MGT_CLAS [6.5]).