

# Priority Area 8

## Educational and Community-Based Programs

### Health Status Objective: Years of healthy life

PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion

**8.1**  
**(17.1) Increase years of healthy life to at least 65 years.**  
**(21.1)**

<u>Years of Healthy Life (years)</u>	Baseline								2000
	<u>Year</u>	<u>Baseline</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>Target</u>
Total Population	1990	64.0	63.9	63.7	63.5	63.8	63.9	64.2	65
<b>Special Population Targets</b>									
8.1a Blacks	1990	56.0	56.0	55.6	55.2	55.6	56.0	56.5	60
8.1b Hispanics• ua•	1990	64.8	63.6	4.0• ub•	63.2	64.2	64.0	64.7	65
8.1c People aged 65 and older• uc•	1990	11.9	11.8	11.9	11.9	12.1	12.0	12.2	14

- ua• Estimate based on preliminary data. Excludes mortality data from States lacking a Hispanic-origin item on their death certificate or for which Hispanic origin data were not of sufficient quality.
- ub• Estimate derived from 1991-93 health status data and 1992 mortality data.
- uc• Years of healthy life remaining at age 65.

*Note: Years of healthy life (also referred to as quality-adjusted life years) is a summary measure of health that combines mortality (quantity of life), morbidity, and disability (quality of life) into a single measure.*

**Data Sources:** National Health Interview Survey, CDC, NCHS; National Vital Statistics System, CDC, NCHS.

**Risk Reduction Objective: Completion of high school**

PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion

**8.2 Increase the high school completion rate to at least 90 percent, thereby reducing risks for multiple problem behaviors and poor mental and physical health.**

<u>People earning regular or alternative credentials</u>	Baseline		<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	2000
	<u>Year</u>	<u>Baseline</u>							<u>Target</u>
Ages 19-20 years	...	---	87%	86%	---	---	---	---	90%
Ages 18-24 years	1992	*86%	...	86%	86%	85%	86%	86%	...
<b>Special Population Targets</b>									
8.2a Hispanics									
Ages 19-20 years	...	---	65%	66%	---	---	---	---	90%
Ages 18-24 years	1992	*62%	...	64%	62%	63%	62%	67%	...
8.2b Blacks									
Ages 19-20 years	...	---	81%	80%	---	---	---	---	90%
Ages 18-24 years	1992	*82%	...	82%	83%	84%	83%	82%	...

\* Baseline has been revised.

**Data Source:** National Center for Education Statistics, National Education Goals Panel.

**Services and Protection Objective: Preschool child development programs**

**PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion**

**8.3 Achieve for all disadvantaged children and children with disabilities access to high quality and developmentally appropriate preschool programs that help prepare children for school, thereby improving their prospects with regard to school performance, problem behaviors, and mental and physical health.**

<u>Preschool child development programs</u>	Baseline		<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	2000
	<u>Year</u>	<u>Baseline</u>								<u>Target</u>
Eligible children aged 4 years enrolled in Head Start	1990	47%	55%	---	---	---	---	---	40%	100%
Low-income children aged 5 years who received at least one year of Head Start services prior to entering K-1st grade	...	---	---	58%	57%	58%	54%	49%	---	100%
Disabled children aged 3-5 years enrolled in preschool	...	---	56%	---	56%	---	63%	---	---	100%

*Note: Children eligible to enroll in Head Start and low income children are those living in families below the Census poverty level. For disabled 3-5 year olds , questions from which the data are derived were modified in each data year.*

**Data Sources:** Data on Head Start: Head Start Bureau: Administration on Children, Youth and Families;  
Data on disabled children: National Center for Education Statistics, National Education Goals Panel.

**Services and Protection Objective: Quality school health education**

**PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion**

**8.4 Increase to at least 75 percent the proportion of the Nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade comprehensive school health education.**

<u>Proportion of middle and high schools meeting criteria</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>2000 Target</u>
All eight criteria met	1994	2.3%	75%
A documented, sequential program	1994	48%• ua•	...
At least one required health education course	1994	77%• ua•	...
Instruction in six key behavioral areas	1994	47%• ua•	...
Focus on skill development	1994	39%• ua•	...
Health education teachers adequately trained	1994	53%	...
Designated coordinator for health education	1994	38%	...
Involvement of parents, health professionals and other concerned community members	1994	31%• ua•	...
Evaluation of health education program during the past two years	1994	67%• ua•	...

• ua• Baseline has been revised.

**Data Source:** School Health Policies and Programs Study, CDC, NCCDPHP.

**Services and Protection Objective: Health promotion in postsecondary institutions**

PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion

**8.5 Increase to at least 50 percent the proportion of postsecondary institutions with institution-wide health promotion programs for students, faculty, and staff.**

<u>Health promotion in post secondary institutions</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1995</u>	<u>2000 Target</u>
Percent of higher education institutions offering health promotion activities	1989-90	20%	---	50%
Percent of college students 18-24 years of age who report receiving information from their college or university on:				
Tobacco use prevention	...	---	32%	...
Alcohol and other drug use prevention	...	---	60%	...
Violence prevention	...	---	38%	...
Injury prevention and safety	...	---	26%	...
Suicide prevention	...	---	21%	...
Pregnancy prevention	...	---	34%	...
Sexually transmitted disease prevention	...	---	53%	...
AIDS or HIV infection prevention	...	---	58%	...
Dietary behaviors and nutrition	...	---	34%	...
Physical activity and fitness	...	---	40%	...

**Data Sources:** 1989-90 baseline: Health Promotion on Campus Survey and Directory, American College Health Association. Based on a study conducted by the American College Health Association, using a nonrepresentative sample. 1995 data: National College Health Risk Behavior Survey, CDC, NCCDPHP.

**Services and Protection Objective: Worksite health promotion activities**

**PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion**

**8.6 Increase to at least 85 percent the proportion of workplaces with 50 or more employees that offer health promotion activities for their employees, preferably as part of a comprehensive employee health promotion program.**

<u>Worksites offering health promotion activities</u>	Baseline		<u>1992</u>	<u>1998-99</u>	<u>2000 Target</u>
	<u>Year</u>	<u>Baseline</u>			
50 or more employees	1985	65%	81% <sup>ua</sup>	80% <sup>ua</sup>	85%
	...	---	92% <sup>ub</sup>		
	...	---	95% <sup>uc</sup>		
Medium and large companies having a wellness program	1987	63%	---		...

- <sup>ua</sup> Using 1985 analysis criteria.
- <sup>ub</sup> Using 1992 analysis criteria.
- <sup>uc</sup> Excluding worksite hazard and injury prevention.

*The 1985 criteria include a health risk questionnaire; blood pressure, cholesterol, or cancer screening test; information and /or activities concerning back care, and office-job accidents.*

*When the 1992 criteria are used the percent with at least one activity in 1985 is 84.9 percent.*

*The 1992 criteria include a health risk questionnaire; blood pressure, cholesterol, or cancer screening tests or exams; information and /or activities concerning blood pressure, cholesterol, cancers, smoking, exercise/fitness, nutrition, weight control, prenatal education, medical self-care, mental health, stress management, alcohol and other drugs; sexually transmitted diseases including AIDS; back care; and off-the-job accidents.*

**Services and Protection Objective: Health promotion activities for hourly workers**

PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion

**8.7 Increase to at least 20 percent the proportion of hourly workers who participate regularly in employer-sponsored health promotion activities.**

Participation in employer-sponsored <u>health promotion activities</u>	Baseline <u>Year</u>	Baseline	2000 <u>Target</u>
Proportion of blue-collar workers	1994	21%	20%

**Data Source:** National Health Interview Survey, CDC, NCHS.

**Services and Protection Objective: Health promotion programs for older adults**

**PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion**

**8.8 Increase to at least 90 percent the proportion of people aged 65 and older who had the opportunity to participate during the preceding year in at least one organized health promotion program through a senior center, lifecare facility, or other community-based setting that serves older adults.**

<u>Participation in at least one health promotion program through a facility serving older adults</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1999</u>	<u>2000 Target</u>
Proportion of people aged 65 and older	1995	12%	12%	90%

**Data Source:** National Health Interview Survey, CDC, NCHS.

**Services and Protection Objective: Family discussion of health issue**

**PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion**

**8.9 Increase to at least 75 percent the proportion of people aged 10 and older who discussed issues related to nutrition, physical activity, sexual behavior, tobacco, alcohol, other drugs, or safety with family members on at least one occasion during the preceeding month.**

Family discussion of health issues a least once in preceding month	Baseline Year	Baseline	1990	1991	1993	1994	1995	1997	1998	2000 Target
People 10 years and over	1994	83%	...	...	...	...	---	---		75%
Nutrition	...	---	---	---	---	67%	---	---	58%	...
Physical activity	...	---	---	---	---	66%	---	---	55%	...
Sexual behavior	...	---	---	---	---	39%	---	---	38%	...
Tobacco	...	---	---	---	---	47%	---	---	45%	...
Alcohol	...	---	---	---	---	38%	---	---	40%	...
Illegal drugs	...	---	---	---	---	33%	---	---	39%	...
Safety	...	---	---	---	---	50%	---	---	50%	...
9th-12th grade students engaging in family discussion of HIV/AIDS	1989	54%	53%	61%	66%	---	63%	63%	---	...

**Data Sources:** 1989 Baseline: Secondary School Student Health Risk Survey, CDC, NCCDPHP. 1990 Update: National School-based Youth Risk Behavior Survey, CDC, NCCDPHP. 1991 and 1993 Updates: Youth Risk Behavior Survey, CDC, NCCDPHP. 1994 Baseline and 1998 Updates: National Health Interview Survey, CDC, NCHS.

**Services and Protection Objective: Community health promotion programs**

**PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion**

**8.10 Establish community health promotion programs that separately or together address at least three of the Healthy People 2000 priorities and reach at least 40 percent of each State's population.**

<u>Community health promotion programs addressing at least 3 Healthy People 2000 objectives</u>	<u>Baseline</u>	<u>1992-93</u>	<u>2000 Target</u>
Number of States with community health programs addressing at least three Healthy People 2000 objectives that reach 40% of State population	---	---	50
Proportion of States in which at least 90% of local health departments reported providing services that address 3 or more Healthy People 2000 priority areas	...	81%• ua•	...

• ua• Data are for 43 reporting States and represent local health departments' report of whether a program or service existed. The survey did not determine whether the program or service was a health promotion effort that involved citizen participation, included a community assessment, or had measurable objectives.

**Data Source:** National Profile of Local Health Departments, National Association of City and County Health Officials.

**Services and Protection Objective: Programs for racial/ethnic minority groups**

**PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion**

**8.11 Increase to at least 50 percent the proportion of counties that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations.**

<u>Community health promotion programs for racial and ethnic minority population</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>2000 Target</u>
Counties with appropriate programs	...	---	50%
Percent of local health departments providing culturally and linguistically appropriate services			
Health promotion			
Physical activity and fitness	1998	21%	50%
Nutrition	1998	44%	50%
Tobacco	1998	24%	50%
Alcohol and other drugs	1998	26%	50%
Family planning	1998	42%	50%
Mental health and mental disorders	1998	18%	50%
Violent and abusive behavior	1998	25%	50%
Education and community-based programs	1998	33%	50%
Health Protection			
Unintentional injuries	1998	19%	50%
Occupational safety and health	1998	13%	50%
Environmental health	1998	22%	50%
Food and drug safety	1998	18%	50%
Oral health	1998	25%	50%

## 8.11 (Continued)

	Baseline <u>Year</u>	<u>Baseline</u>	2000 <u>Target</u>
Preventive Services			
Maternal and infant health	1998	47%	50%
Heart disease and stroke	1998	28%	50%
Cancer	1998	30%	50%
Diabetes and other chronic disabling conditions	1998	26%	50%
HIV infection	1998	45%	50%
Sexually transmitted diseases	1998	41%	50%
Immunization and infectious diseases	1998	48%	50%
Clinical preventive services	1998	35%	50%
Surveillance and data systems	1998	14%	50%

*NOTE: Data include only those local health departments whose jurisdiction has a racial or ethnic group that constitutes more than 10 percent its population. Only local health departments that report providing programs or interventions for the specific Healthy People program or program area listed are included.*

**Data Source:** National Profile of Local Health Departments, National Association of City and County Health Officials.

**Services and Protection Objective: Hospital-based patient education and community health promotion**

PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion

**8.12 Increase to at least 90 percent the proportion of hospitals, health maintenance organizations, and large group practices that provide patient education programs, and to at least 90 percent the proportion of community hospitals that offer community health promotion programs addressing priority health needs to their communities.**

	Baseline Year	Baseline	1988	1989	1990	1992	2000 Target
<u>Patient education programs</u>							
Registered hospitals	1987	68%	76%	78%	86%	---	90%
Health Maintenance Organizations	...	---	---	---	---	---	90%
Health education classes	...	---	75%	---	---	84%	...
Nutrition counseling	...	---	85%	---	---	87%	...
Smoking cessation classes	...	---	---	---	---	67%	...
<u>Community health promotion programs</u>							
Community hospitals	1987	60%	68%	70%	77%	---	90%

**Data Sources:** Annual Survey of Hospitals, American Hospital Association; HMO Industry Profile, Group Health Association of America, Inc.

Services and Protection Objective: Television partnerships with community organizations for health promotion

PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion

**8.13 Increase to at least 75 percent the proportion of local television network affiliates in the top 20 television markets that have become partners with one or more community organizations around one of the health problems addressed by the Healthy People 2000 objectives.**

Partnerships with community organizations addressing one of the problems addressed by Healthy People 2000 objectives	Baseline Year	Baseline	2000 Target
Proportion of local television network affiliates in the top 20 television markets	1995-96	100%	75%

Data Source: Media Health Partnerships Survey, CDC, NCCDPHP.

Services and Protection Objective: Effective public health systems

PHS Agency Assignment: Health Resources and Services Administration; National Center for Chronic Disease Prevention and Health Promotion

**8.14 Increase to at least 90 percent the proportion of people who are served by a local health department that is effectively carrying out the core functions of public health.**

	Baseline Year	Baseline	1992-93• ua•	2000 Target
<u>Effective local health department</u>				
Local health departments reporting:				
<u>Health assessment</u>				
Behavioral risk assessment	1990	33%	---	90%
Morbidity data	1990	49%	---	90%
Reportable disease	1990	87%	---	90%
Vital records and statistics	1990	64%	---	90%
Surveillance--chronic disease	1990	55%	---	90%
Surveillance--communicable disease	1990	92%	---	
<u>Policy development functions and services</u>				
Health code development and enforcement	1990	59%	---	90%
Health planning	1990	57%	---	90%
<u>Health assurance</u>				
Health education	1990	74%	84%• ub•	90%
Child health	1990	84%	---	90%
Immunizations	1990	92%	96%• ub•	90%
Prenatal care	1990	59%	64%• ub•	90%
Primary care	1990	22%	30%• ub•	90%

- ua• Data for a number of items are unavailable because of substantial differences in wording of questions between the 1990 and 1992-93 surveys.
- ub• Data are from 43 States and represent local health department's report of whether a program or service existed.

*Note: The core functions of public health have been defined as assessment, policy development, and assurance. Local health department refers to any local component of the public health system, defined as an of the public health system, defined as an administrative and service unit of local State government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than a State.*