PREVENTION report

U.S. Public Health Service FALL 1995

HEALTHY PEOPLE 2000— a Mid-Decade Review

The decade's midpoint is an opportune time to assess progress on the Nation's prevention agenda. In 1995, it is important to celebrate the achievements in health promotion and disease prevention and to examine the challenges that remain. As the year 2000 approaches, increased knowledge about health and the potential to prevent disease, disability, and premature death puts a fuller measure of health and a better quality of life within each individual's and the Nation's grasp.

For 15 years, the U.S. Public Health Service (PHS) has monitored and publicly reported on national health objectives. The first set of national health goals was published in 1979 in *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. In that report, targets were set to be achieved by 1990 for five major stages of life:

1. healthy infants (below 1 year of age);
2. healthy children (aged 1–14);
3. healthy adolescents/young adults (aged 15–24);
4. healthy adults (aged 25–64); and
5. healthy older adults (aged 65 and older).

Reducing mortality and improving the quality of life by utilizing the available tools for disease prevention were the goals of this plan.

The 1990 objectives set the foundation for an expanded agenda for the decade leading to the year 2000. Over a 3-year period beginning in 1987, the PHS, with the assistance of the Institute of Medicine of the National Academy of Sciences, held regional hearings across the country. Through public testimony collected in these hearings and other sessions conducted in conjunction with national health organizations, a prevention agenda for the Nation was established.

The HEALTHY PEOPLE 2000 Consortium was formed with 150 member organizations initially and has grown to 333 organizations, including all State and territorial health departments. National membership organizations, such as the American Cancer Society, the National Medical Association, the American Public Health Association, the Girl Scouts of America, and the American Association of Retired Persons are examples of the organizations that have become actively engaged in the development and support of the Nation's health objectives.

What's Inside

When HEALTHY PEOPLE 2000 was developed, life expectancy was 75 years. On average, babies born in 1992 will live almost 76 years.

Released in 1990, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* set forth three broad goals for the Nation:

- Increase the span of healthy life for Americans;
- Reduce health disparities among Americans; and
- Achieve access to preventive services for all Americans.

The first goal includes targets to reduce death, disease, and disability, and also to reduce the prevalence of risks to health or to increase behaviors known to reduce such risks. The second goal addresses the disparity in health status among disadvantaged populations—low-income, minority, and disabled people—and the rest of the Nation. The third goal challenges the Nation to provide accessible, comprehensive basic primary care services, including clinical preventive services and interventions, for all people.

The *Healthy People 2000 Midcourse Review and 1995 Revisions* provides an assessment of the Nation's progress towards these three goals and the year 2000 targets supporting the goals.

Life expectancy has significantly improved—it was 73.7 years when the first *Healthy People* was published. When HEALTHY PEOPLE 2000 was developed, life expectancy was 75 years. On average, babies born in 1992 will live almost 76 years.

Of this 76-year average lifespan, about 64 years will be healthy, according to a measure developed by the National Center for Health Statistics and based on self-reported health status, activity limitation data in the National Health Interview Survey, and standard life tables. On average, about 12 years of life (or 15 percent of life years) will be unhealthy, with limitations of major life activities such as self-care (bathing, grooming, and cooking), recreation, school, and work. Because activity limitations increase with age, the challenge of reaching this goal is to minimize disabilities and increase the independence and health of all people but especially older adults.

The measure of years of healthy life enables the Nation to move from merely tracking mortality rates to examining the quality of life. As shown in Figure 1, there are differences among racial and ethnic minorities in both life expectancy and in the estimates of the percentage of life years considered healthy.

The 1992 estimates of years of healthy life reflect more self-reported activity limitations, causing the Nation to lose ground on this important goal.

The second HEALTHY PEOPLE 2000 goal is to reduce health disparities among Americans. The focus is on closing the gaps in health status and health outcomes among racial and ethnic minority groups and the total population. Whether measured in life expectancy, by specific causes of death, or by use of various clinical preventive services, differences among whites and minorities persist. (Also see *Spotlight* in this edition for a discussion of Years of Potential Life Lost.) When a comparison is made between the HEALTHY

Figure 1. Years of Healthy Life and Life Expectancy, by Race and Hispanic Origin, 1990

	All Races	White	Black	Hispanic
Healthy Years	64.0	65.0	56.0	64.8*
Life Expectancy	75.4	76.1	69.1	N/A

* Estimated from preliminary data.
Source: Centers for Disease Control and Prevention (CDC)/National Center for Health Statistics (NCHS)

In 1987, 76.2 percent of people under age 65 had private insurance; by 1993, the percentage had fallen to 70.8.

PEOPLE 2000 racial and ethnic minority objectives and all 300 objectives, there is a similar picture of progress. However, for blacks there are proportionately more objectives moving away from the targets. For Asian and Pacific Islander Americans, there is a considerable challenge in getting the data needed to track progress (see Figure 2).

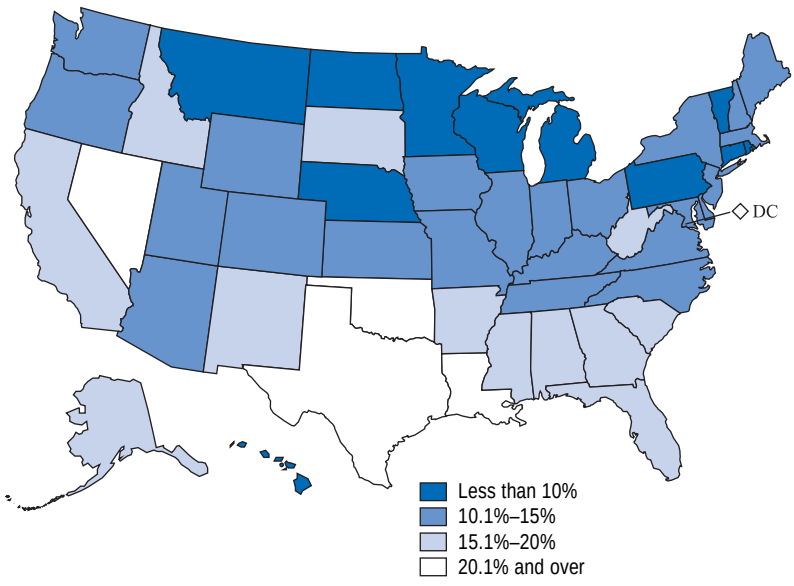
The third goal of HEALTHY PEOPLE 2000 is to achieve access to preventive services for all Americans. Setting this goal in 1990 called upon the Nation to achieve universal access to preventive health services. One measure of this goal is the percentage of Americans with health insurance coverage (Figure 3). In 1987, 76.2 percent of people under age 65 had private insurance; by 1993, that percentage had fallen to 70.8. The number of people who were not covered rose from 14.4 in 1987 to 17.2 percent in 1993. Among blacks and Hispanics (data on other races are unavailable), the percentage of uninsured was even greater. Using data from the 1993 Current Population Survey, which includes all people regardless of age, the Census Bureau estimated that 39.7 million Americans, or 15.3 percent of the total population, were without health insurance and that 20.5 percent of blacks and 31.6 percent of Hispanics had no health

Figure 2. Progress on Racial and Ethnic Minority Objectives, 1995

	Right Direction	Wrong Direction	No Change	No Tracking Data*
Total Population (300 targets)	50%	18%	3%	29%
Special Populations (116)	53%	27%	3%	17%
Black (48)	50%	35%	2%	13%
Hispanic (28)	54%	14%	4%	29%
Asians/Pacific Islanders (9)	56%	11%	0%	33%
American Indians/Alaska Natives (31)	56%	31%	3%	10%

* Includes objectives with no baseline (8%) and objectives with no update beyond baseline (22%)
Source: CDC/NCHS

Figure 3. Health Insurance Coverage for People Age 64 and Younger, Percent Uninsured by State, 1992



Source: U.S. Bureau of the Census

Constituencies not traditionally involved in health were engaged in setting the goals and objectives, and now work on meeting them.

insurance coverage. The lack of coverage implies that these people do not have a regular source of care.

In 1995 there is progress to report on only four of the five life-stage targets (see Figure 4). The Nation's infant mortality rates reached record low levels in 1992. The children's mortality rate almost equals the year 2000 target. But the adolescent and young adult target continues to be elusive. There are no data currently available to track older Americans' reduction in disability days.

HEALTHY PEOPLE 2000 comprises three major prevention categories: Health Promotion, Health Protection, Preventive Services (Figure 5). The prevention categories are divided into 21 priority areas. Because of the importance of data in monitoring progress and establishing objectives, there is also a separate priority area for Surveillance and Data Systems. For each of these priority areas, a U.S. Public Health Service agency is designated as a lead agency to coordinate activities directed toward meeting the objectives. By measuring health status and health outcomes over the past 15 years, the public health community, in collaboration with the private and voluntary sectors, has established a framework for action based on realistic opportunities to improve the health of the American people.

HEALTHY PEOPLE 2000 outlines a long-term plan with enough breadth and specificity that groups throughout the country have joined in an unprecedented collective effort. Constituencies not traditionally involved in health were engaged in setting the goals and objectives and now work on meeting them. Transportation departments, highway safety groups, and advocates of safe and drug-free driving have joined forces with State and local health departments to achieve tremendous success in reducing fatal motor vehicle crashes, particularly those involving alcohol. In schools and on college campuses across the country, students are educated about risky behaviors in an effort to prevent disease, disability, and premature death. Employers are instituting policies for smoke-free workplaces and offering blood pressure and cholesterol screenings.

National organizations of health professionals, agencies that focus on specific diseases, and organizations representing specific population groups are using the Nation's health objectives as a framework for program activities, conferences, publications, and strategic plans. The goals and

Figure 4. Progress on Life-Stage Objectives, 1995

	Year 1990 Targets*			Year 2000 Targets*		
Age Group	**1977 Baseline**	**1990 Target**	**1990 Final**	**1987 Baseline**	**2000 Target**	**1992 Status**
Infants (aged<1)	1412	900	908	1008	700	852
Children (aged 1–14)	42.3	34	30.1	33.7	28	28.8
Young People (aged 15–24)	114.8	93	104.1	97.8	85	95.6
Adults (aged 25–64)	532.9	400	400.4	426.9	340	394.7

* Deaths per 100,000 population
Source: CDC/NCHS National Vital Statistics System

Figure 5. Healthy People 2000 Priority Areas and Lead Agencies

Health Promotion	Lead PHS Agency
1. Physical Activity and Fitness	President's Council on Physical Fitness and Sports
2. Nutrition	Food and Drug Administration National Institutes of Health
3. Tobacco	Centers for Disease Control and Prevention
4. Substance Abuse: Alcohol and Other Drugs	Substance Abuse and Mental Health Services Administration
5. Family Planning	Office of Population Affairs
6. Mental Health and Mental Disorders	Substance Abuse and Mental Health Services Administration National Institutes of Health
7. Violent and Abusive Behavior	Centers for Disease Control and Prevention
8. Educational and Community-Based Programs	Centers for Disease Control and Prevention Health Resources and Services Administration
Health Protection	
9. Unintentional Injuries	Centers for Disease Control and Prevention
10. Occupational Safety and Health	Centers for Disease Control and Prevention
11. Environmental Health	Centers for Disease Control and Prevention National Institutes of Health
12. Food and Drug Safety	Food and Drug Administration
13. Oral Health	Centers for Disease Control and Prevention National Institutes of Health
Preventive Services	
14. Maternal and Infant Health	Health Resources and Services Administration
15. Heart Disease and Stroke	National Institutes of Health
16. Cancer	National Institutes of Health
17. Diabetes and Chronic Disabling Conditions	Centers for Disease Control and Prevention National Institutes of Health
18. HIV Infection	Office of HIV/AIDS Policy
19. Sexually Transmitted Diseases	Centers for Disease Control and Prevention
20. Immunization and Infectious Diseases	Centers for Disease Control and Prevention
21. Clinical Preventive Services	Centers for Disease Control and Prevention Health Resources and Services Administration
Surveillance and Data Systems	
22. Surveillance and Data Systems	Centers for Disease Control and Prevention

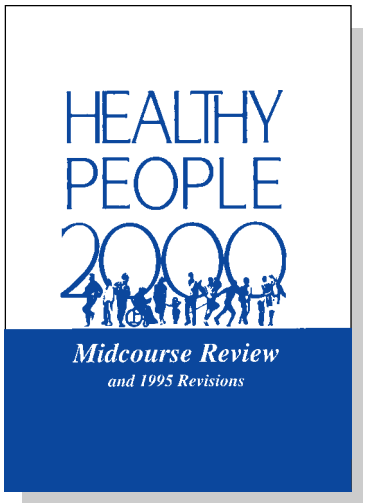
Measurement of health progress by setting specific surveillance and evaluation targets has proven to be a valid monitoring method.

objectives of HEALTHY PEOPLE 2000 have provided a sense of what can be accomplished collectively if Americans apply themselves to health promotion and disease prevention.

Assessing current activities and outcomes and designing actions to enhance performance are integral components of management practices traditionally used to achieve long-term improvement in the private sector. National health objectives use parallel processes for monitoring and reporting on morbidity and mortality.

Many lessons were learned from defining the objectives of HEALTHY PEOPLE 2000. Measurement of health progress by setting specific surveillance and evaluation targets has proven to be a valid monitoring method. When specific health risks can be identified, as in the case of child safety in automobiles, and an acceptable and cost-effective intervention is available, such as child safety seat use, a combination of education (promotion), service provision (services), and regulation (protection) has been demonstrated to help save lives.

As a part of the 1995 revisions to HEALTHY PEOPLE 2000, the PHS began a review of the Nation's disease prevention and health promotion objectives. First announced at the HEALTHY PEOPLE 2000 Consortium meeting in October 1993, the review considered new objectives; target revisions based on technical baseline revisions or the achievement of certain targets; the addition of new special population targets where disparities or differing trends in health status existed; and language modifications to clarify the meaning and intent of objectives or to dovetail objectives with current data sources. By incorporating new science, new information, and new data, the 1995 revisions strengthen the Nation's health promotion and disease prevention agenda, making it even more relevant to today's health issues and to setting the prevention agenda of the 21st century.



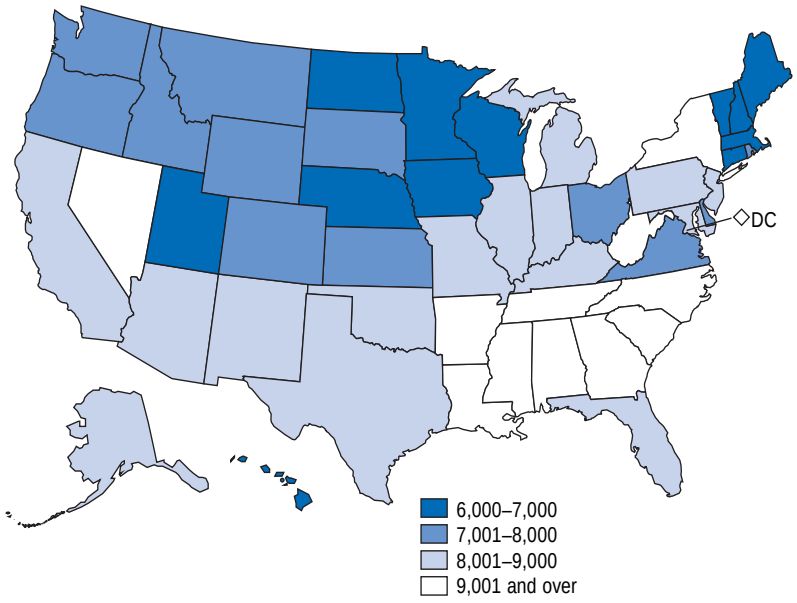
To order a copy of *Healthy People 2000: Micourse Review and 1995 Revisions*, call the National Health Information Center (NHIC) at (800)336–4797 or write to NHIC, P.O. Box 1133, Washington, DC 20013–1133. Include your name and address with a check or money order for $5.00.

Reducing Health Disparities: Years of Potential Life Lost

The second goal of HEALTHY PEOPLE 2000 is to reduce health disparities among Americans. The focus is on closing the gaps in health status and health outcomes between racial and ethnic minorities and the total population. Across many health measures—mortality, morbidity, and health services utilization—differences between whites and minorities continue to exist.

Years of potential life lost (YPLL) is a measure of premature death, or death that occurs before age 75—the average life span. Figures 1–4 show the years of potential life lost before age 75 (YPLL-75) per 100,000 State population under age 75 for selected racial and ethnic populations for the 3-year period 1990–92. In the calculation of YPLL-75, infants who die before their first birthday have 74.5 years of life lost; a person dying at 50 years has 25 years of life lost. Therefore, the younger the decedent the more years of potential life lost. To facilitate comparisons among States and racial/ethnic groups with different age compositions, the data have been age-adjusted to the 1940 U.S. standard population. Data are not shown for States in which the number of deaths was too small to compute a reliable rate. Data are also not shown for the five States (Connecticut, Louisiana, New Hampshire, New York, and Oklahoma) for which Hispanic origin data for 1990-92 were not available from the National Vital Statistics System.

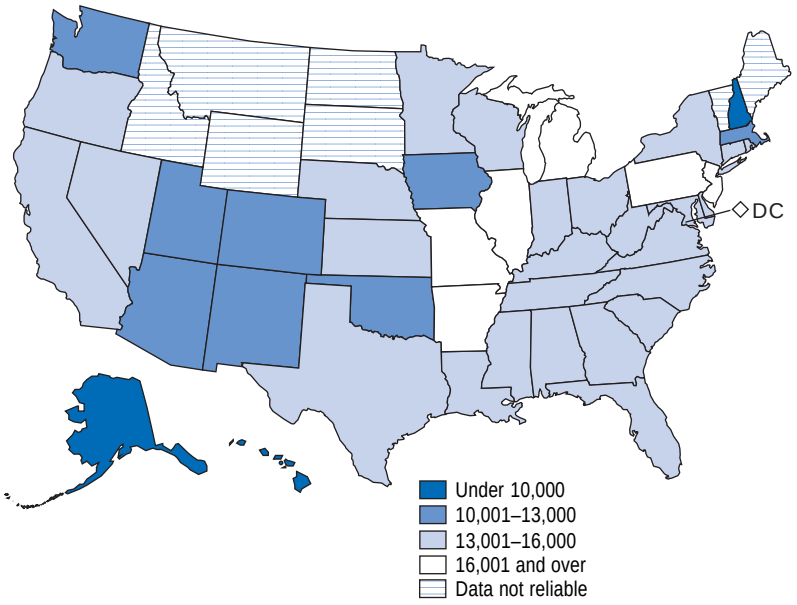
Figure 1. Years of Potential Life Lost (YPLL) Among All Races Before Age 75, by State, 1990–1992* (per 100,000)



* Age-adjusted years of potential life lost before age 75 for all causes of death
Source: CDC/NCHS

For the United States as a whole, the 1990-92 age-adjusted YPLL-75 for all races was 8,384 per 100,000 (Figure 1). For blacks and American Indians/Alaska Natives in Indian Health Service areas the rates are considerably higher, 15,468 and 11,875 respectively (Figures 2 and 4). This reflects the higher mortality for blacks due to a number of factors that primarily affect younger people such as infant mortality, homicide, and HIV infection. Contributing to the disparity for American Indians/Alaska Natives are higher rates for infant mortality, unintentional injury

Figure 2. Years of Potential Life Lost (YPLL) Among Blacks Before Age 75, by State, 1990–1992* (per 100,000)



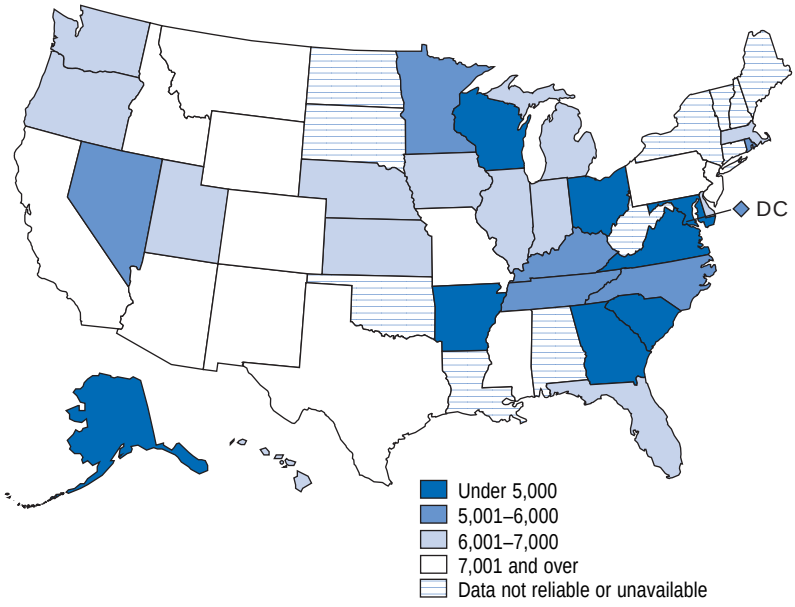
* Age-adjusted years of potential life lost before age 75 for all causes of death
Source: CDC/NCHS

Assessment of health disparities among Americans requires data systems to collect information on race, ethnicity, socioeconomic status, and disabilities.

death, homicide, and suicide. For Hispanics, YPLL-75 is 7,114 per 100,000 (Figure 3).

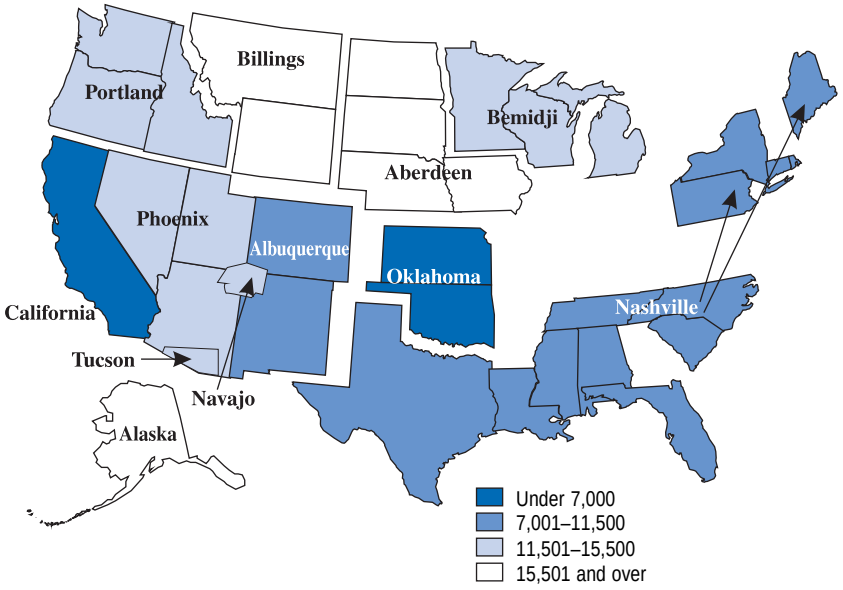
Assessment of health disparities among Americans requires data systems to collect information on race, ethnicity, socioeconomic status, and disabilities. Such systems are addressed by HEALTHY PEOPLE 2000 objective 22.4, which calls for development of a national process to identify gaps in the Nation's disease prevention and health promotion data for racial and ethnic minorities, people with low income, and people with

Figure 3. Years of Potential Life Lost (YPLL) Among Hispanics Before Age 75, by State, 1990–1992* (per 100,000)



* Age-adjusted years of potential life lost before age 75 for all causes of death
Source: CDC/NCHS, 1990-92 combined

Figure 4. Years of Potential Life Lost (YPLL) Among American Indians/Alaska Natives Before Age 75, by Indian Health Service Areas, 1990–92*(per 100,000)



Note: Total IHS=11,874.9
* Age-adjusted to the standard 1940 U.S. population under age 75
Source: IHS

disabilities, and to establish mechanisms to meet these data needs.

A note of caution should be expressed about the ability to identify health disparities. The lack of data about subgroups of the population and small geographic areas hampers the ability to quantify their health problems. In recent years, however, oversampling of blacks and Mexican Americans in national surveys has taken place, providing data that show disparities. These data have been used to establish new HEALTHY PEOPLE 2000 population targets. But as the United States becomes more diverse, the challenge of identifying disparities as they emerge and addressing differences in health status and health outcomes will increase. Meeting the ambitious year 2000 targets set forth in HEALTHY PEOPLE 2000 will require making improvements in the information available on minority health status, behaviors, and clinical preventive services utilization.

Excerpted from *Healthy People 2000 Midcourse Review and 1995 Revisions.*

Meeting the ambitious year 2000 targets set forth in HEALTHY PEOPLE 2000 will require making improvements in the information available on minority health status, behaviors, and clinical preventive services utilization.

ACTIVITIES

MEETINGS

18th Annual National Jewish Update on Allergy and Clinical Immunology. Keystone, CO. Sponsored by the National Jewish Center for Immunology and Respiratory Medicine; Harold Nelson, (303)398-1000. **February 7–11, 1996.**

Annual Meeting of the American Academy of Dermatology. Washington, DC. Sponsored by the academy; Cheryl K. Nordstedt, (708)330-0230. **February 10–15, 1996.**

53rd Annual Conference of the American Group Psychotherapy Association. San Francisco, CA. Sponsored by the association; Karen A. O'Brien; (212)477-2677. **February 12–17, 1996.**

Annual Meeting of the National Hearing Conservation Association. San Francisco, CA. Sponsored by the association; Michele Johnson, (515)243-1558. **February 22–24, 1996.**

Art and Science of Health Promotion Conference. Colorado Springs, CO. Sponsored by the American Journal of Health Promotion; Margaret Moss, (810)650-9600. **February 27–March 2, 1996.**

In the Public Interest: Reshaping the Business of Behavioral Health. Atlanta, GA. Sponsored by the National Community Mental Healthcare Council; Gayle Jamison, (301)984-6200. **March 31–April 2, 1996.**

National Council on the Aging's (NCOA) 46th Annual Conference and Expo. Washington, DC. Sponsored by NCOA; (202)479-6991. **April 25–28, 1996.**

1996 North American Stroke Meeting. Colorado Springs, CO. Sponsored by the National Stroke Association; Thelma Edwards, (303)771-1700 ext. 20. **June 6–8, 1996.**

47th Annual Clifford W. Beers National Mental Health Conference. Washington, DC. Sponsored by the National Mental Health Association; Jennifer Walker, (703)838-7512. **June 5–8, 1996.**

In Video

The video *Sexuality Education for the 21st Century* and the report *Facing Facts: Sexual Health for America's Adolescents* urge parents, school boards, the media, health care providers, and lawmakers to give the Nation's young people better tools for protecting their sexual health. Intended for use at school board and community meetings, the video shows doctors, researchers, students and teachers expressing their views on sexuality education. Both are available for $9.95 and $12.95 respectively from the Sexuality Information and Education Council of the United States (SIECUS) Publications, 130 West 42, Suite 350, New York, NY 10036; (212)819-9770; FAX (212)819-9776.

In Multimedia

The Bureau for At-Risk Youth offers **more than 300 videos, software, CD-ROMs, laser discs, and software/video packages in its multimedia catalog for IBM, MAC and Apple software.** The educational resources are designed for use by youth from elementary through high school, parents, educators, and other professionals who work with youth. Topics covered include substance abuse, career guidance, decision-making skills, personal development, school success, and others. To receive a free copy of the catalog, write to the bureau at 645 New York Avenue, Huntington, NY 11743; (800)99-YOUTH.

In Print

Crosscutting

The **Stanford Center for Research in Disease Prevention and Health Promotion Resource Center** distributes materials that cover many topics pertinent to the promotion of health and the reduction of disease. Publications and videos include those produced by the center and by other organizations. To order a free catalog, write to the Distribution Center, Stanford Center for Research in Disease Prevention, 1000 Welch Road, Palo Alto, CA 94304-1885; (415)723-0003; FAX (415)725-6906; E-mail: Distribution@SCRDP.Stanford.edu.

Working with Your Older Patient: A Clinician's Handbook was developed for physicians-in-training and other health care professionals. It could also serve as a review for more experienced clinicians. Focusing on communication skills, the handbook describes and explains issues important to older patients and suggests practical techniques and approaches to facilitate diagnosis, promote adherence to treatment, make more efficient use of clinicians' time, and increase both patient and provider

satisfaction. For a copy, contact the National Institute on Aging Information Center at (800)222-2225.

Substance Abuse: Alcohol and Other Drugs

A summary of presentations from the conference on "Drug Addiction Research and the Health of Women," hosted by the National Institutes of Health's National Institute on Drug Abuse (NIDA), will soon be available from the National Clearinghouse on Alcohol and Drug Information (NCADI). During the conference NIDA released findings from its "National Pregnancy and Health Survey," the first comprehensive analysis of drug use among pregnant women. To obtain a copy of the summary, contact NCADI at P.O. Box 2345, Rockville, MD 20847-2345; (800)729-6686; Internet: http://www.health.org.

Public Policy Guidelines for Substance Abuse Services, adopted by the National Community Mental Healthcare Council (NCMHC), calls for an increase in coordinated delivery of substance abuse and mental health services and for equitable insurance coverage for substance abuse treatment. The paper commends the Federal role of the Substance Abuse and Mental Health Services Administration and advocates for further funding toward substance abuse and treatment programs. Through Federal partnerships among the Departments of Education, Health and Human Services, Housing and Urban Development, Justice, and Labor, NCMHC proposes increases in support for people who are homeless, unemployed or are suffering with co-occurring mental illness and substance abuse disorders. To obtain a copy of the guidelines, please contact Dee Dee Patterson at (301)984-6200.

Immunization and Infectious Diseases

"Recommendations for Preventing the Spread of Vancomycin Resistance" are contained in the September 22, 1995 issue of *Morbidity and Mortality Weekly Report (MMWR)*. The recommendations were developed by the Hospital Infection Control Practices Advisory Committee. To obtain a copy of *MMWR*, contact the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; (202)512-1800. To receive an electronic copy, send an E-mail message to *lists@list.cdc.gov.* The body content should read *subscribemmwr-toc*. Electronic copy is also available from CDC's World Wide Web server at http://www.cdc.gov/ or from CDC's file transfer protocol server at ftp.cdc.gov.

Public Policy Guidelines for Substance Abuse Services, *adopted by the National Community Mental Healthcare Council (NCMHC), calls for an increase in coordinated delivery of substance abuse and mental health services and for equitable insurance coverage for substance abuse treatment.*

ETCETERA

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

The mission of the Office of Disease Prevention and Health Promotion (ODPHP) is to provide leadership for disease prevention and health promotion among Americans by stimulating and coordinating Federal activities. ODPHP is organized into five areas: prevention policy, clinical preventive services, nutrition policy, health communication, and community action.

Committee Oversight

National Coordinating Committee on Clinical Preventive Services

National Coordinating Committee on School Health

National Coordinating Committee on Worksite Health Promotion

Prevention Report is a service of the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Office of Public Health and Science, 738G Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201.

WE'VE MOVED!

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

738G Humphrey Building
200 Independence Avenue SW.
Washington, DC 20201
(202)205–8611