

7

Educational and Community-Based Programs

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School Setting

7-1. Increase high school completion.

National Data Source	Current Population Survey (CPS), U.S. Department of Commerce, U.S. Bureau of the Census.
State Data Source	Current Population Survey (CPS), U.S. Department of Commerce, U.S. Bureau of the Census.
Healthy People 2000 Objective	8.2 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	85 (1998).
Numerator	Number of persons 18 to 24 years old not currently enrolled in high school who report that they have received a high school diploma or its equivalent.
Denominator	Persons aged 18 to 24 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	<p>From the 1998 Current Population Survey:</p> <ul style="list-style-type: none">➤ <i>Is (<u>Person</u>) attending or enrolled in regular school?</i>➤ <i>What grade or year is (<u>Person</u>) attending?</i>➤ <i>Was (<u>Person</u>) attending or enrolled in a regular school or college in October, 199_, that is, October of last year?</i>➤ <i>What grade or year was (<u>Person</u>) attending last year?</i>➤ <i>What is the highest level of school (<u>Person</u>) has completed or the highest degree...has received?</i>
Expected Periodicity	Annual.
Comments	<p>High school completion is the proportion of persons aged 18 to 24 years not currently enrolled in high school who report that they have received a high school diploma or the equivalent (such as a General Education Development (GED) certificate), regardless of the type of credential.</p> <p>States are able to report in 3-year averages only. For States with small populations, the 3-year estimates may be unreliable.</p>

See Appendix A for focus area contact information.



7-2. Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.

7-2a. All components

National Data Source	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source	School Health Education Profiles (SHEPS), CDC, NCCDPHP.
Healthy People 2000 Objective	Adapted from 8.4 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	28 (1994).
Numerator	Number of middle, junior, and senior high schools that provide health education on all key behavior and content areas.
Denominator	Number of middle, junior, and senior high schools.
Population Targeted	Middle, junior, and senior high schools.
Questions Used To Obtain the National Data	From the 1994 School Health Policies and Programs Study:

➤ *Now I'd like to ask which health education topics are taught in any of the required courses that we've listed. Please give me the numbers of the topics your school teaches at some time in required courses.*

1. *None of these topics*
2. *Alcohol and other drug use prevention*
3. *Conflict resolution/violence prevention*
4. *Dietary behaviors and nutrition*
5. *Environmental health*
6. *HIV prevention*
7. *Injury prevention and safety*
8. *Physical activity and fitness*
9. *Pregnancy prevention*
10. *Sexually transmitted disease (STD) prevention*
11. *Suicide prevention*
12. *Tobacco use prevention*
13. *Other (List additional topics here): _____*

Expected Periodicity Periodic.

Comments A school is considered to provide health education on key risk behavior and content areas if they report having required courses on all the topics listed in the question above.

This objective is adapted from a measure in Healthy People 2000 objective 8.4, which tracked the proportion of elementary and secondary schools that included instruction in six key behavioral areas (unintentional and intentional injury, tobacco use, alcohol and other drug use, sexual behaviors, unhealthy dietary behaviors, physical inactivity) in their health education program. The 2010 measure tracks middle, junior, and senior high schools: it excludes elementary schools. The 2010 measure also includes environmental health.

See Part C for a description of SHPPS and Appendix A for focus area contact information.



7-2b. Unintentional injury.

National Data Source School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

State Data Source School Health Education Profiles (SHEPS), CDC, NCCDPHP.

Healthy People 2000 Objective	Adapted from 8.4 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	66 (1994).
Numerator	Number of middle, junior, and senior high schools that provide health education on injury prevention and safety.
Denominator	Number of middle, junior, and senior high schools.
Population Targeted	Middle, junior, and senior high schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-2a.
Expected Periodicity	Periodic.
Comments	A school is considered to provide health education on key risk behavior and content areas if they report having a required course on injury prevention and safety. See Comments provided with objective 7-2a for more information.



7-2c. Violence.

National Data Source	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source	School Health Education Profiles, (SHEPS), CDC, NCCDPHP.
Healthy People 2000 Objective	Adapted from 8.4 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	58 (1994).
Numerator	Number of middle, junior, and senior high schools that provide health education on conflict resolution/violence prevention.
Denominator	Number of middle, junior, and senior high schools.
Population Targeted	Middle, junior, and senior high schools.

Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-2a.
Expected Periodicity	Periodic.
Comments	A school is considered to provide health education on key risk behavior and content areas if they report having a required course on conflict resolution/ violence prevention. See Comments provided with objective 7-2a for more information.



7-2d. Suicide.

National Data Source	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source	School Health Education Profiles (SHEPS), CDC, NCCDPHP.
Healthy People 2000 Objective	Adapted from 8.4 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	58 (1994).
Numerator	Number of middle, junior, and senior high schools that provide health education on suicide prevention.
Denominator	Number of middle, junior, and senior high schools.
Population Targeted	Middle, junior, and senior high schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-2a.
Expected Periodicity	Periodic.
Comments	A school is considered to provide health education on key risk behavior and content areas if they report having a required course on suicide prevention. See Comments provided with objective 7-2a for more information.



7-2e. Tobacco use and addiction.

National Data Source	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source	School Health Education Profiles (SHEPS), CDC, NCCDPHP.
Healthy People 2000 Objective	Adapted from 8.4 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	86 (1994).
Numerator	Number of middle, junior, and senior high schools that provide health education on tobacco use prevention.
Denominator	Number of middle, junior, and senior high schools.
Population Targeted	Middle, junior, and senior high schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-2a.
Expected Periodicity	Periodic.
Comments	A school is considered to provide health education on key risk behavior and content areas if they report having a required course on tobacco use prevention. See Comments provided with objective 7-2a for more information.



7-2f. Alcohol and other drug use.

National Data Source	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source	School Health Education Profiles (SHEPS), CDC, NCCDPHP.
Healthy People 2000 Objective	Adapted from 8.4 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	90 (1994).

Numerator	Number of middle, junior, and senior high schools that provide health education on alcohol and other drug use prevention.
Denominator	Number of middle, junior, and senior high schools.
Population Targeted	Middle, junior, and senior high schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-2a.
Expected Periodicity	Periodic.
Comments	A school is considered to provide health education on key risk behavior and content areas if they report having a required course on alcohol and other drug use prevention. See Comments provided with objective 7-2a for more information.



7-2g. Unintended pregnancy, HIV/AIDS, and STD infection.

National Data Source	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source	School Health Education Profiles (SHEPS), CDC, NCCDPHP.
Healthy People 2000 Objective	Adapted from 8.4 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	65 (1994).
Numerator	Number of middle, junior, and senior high schools that provide health education on (unintended) pregnancy prevention, HIV (AIDS) prevention, and sexually transmitted disease (STD) prevention.
Denominator	Number of middle, junior, and senior high schools.
Population Targeted	Middle, junior, and senior high schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-2a.
Expected Periodicity	Periodic.

Comments A school is considered to provide health education on key risk behavior and content areas if they report having a required course on (unintended) pregnancy prevention, HIV (AIDS) prevention, and sexually transmitted disease (STD) prevention.

See Comments provided with objective 7-2a for more information.



7-2h. Unhealthy dietary patterns.

National Data Source School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

State Data Source School Health Education Profiles (SHEPS), CDC, NCCDPHP.

Healthy People 2000 Objective Adapted from 8.4 (Educational and Community-Based Programs) and 2.19 (Nutrition).

Measure Percent.

Baseline 84 (1994).

Numerator Number of middle, junior, and senior high schools that provide health education on dietary behaviors and nutrition.

Denominator Number of middle, junior, and senior high schools.

Population Targeted Middle, junior, and senior high schools.

Questions Used To Obtain the National Data See Questions Used To Obtain the National Data provided with 7-2a.

Expected Periodicity Periodic.

Comments A school is considered to provide health education on key risk behavior and content areas if they report having a required course on dietary behaviors and nutrition.

This objective is adapted from measures in Healthy People 2000 objective 8.4, which tracked the proportion of elementary and secondary schools that included instruction in six key behavioral areas (unintentional and intentional injury, tobacco use, alcohol and other drug use, sexual behaviors, unhealthy dietary behaviors, physical inactivity) in their health education program; and Healthy People 2000 objective 2.19, which tracked the proportion of elementary and secondary schools that included instruction in nutrition information. The 2010 measure tracks middle, junior, and senior high schools: it excludes elementary schools. The 2010 measure also includes environmental health.



7-2i. Inadequate physical activity.

National Data Source	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source	School Health Education Profiles (SHEPS), CDC, NCCDPHP.
Healthy People 2000 Objective	Adapted from 8.4 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	78 (1994).
Numerator	Number of middle, junior, and senior high schools that provide health education on physical activity and fitness.
Denominator	Number of middle, junior, and senior high schools.
Population Targeted	Middle, junior, and senior high schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-2a.
Expected Periodicity	Periodic.
Comments	A school is considered to provide health education on key risk behavior and content areas if they report having a required course on physical activity and fitness.

See Comments provided with objective 7-2a for more information.

See Part C for a description of SHPPS and Appendix A for focus area contact information.



7-2j. Environmental health.

National Data Source	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source	School Health Education Profiles (SHEPS), CDC, NCCDPHP.
Healthy People 2000 Objective	Adapted from 8.4 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	60 (1994).
Numerator	Number of middle, junior, and senior high schools that provide health education on environmental health.
Denominator	Number of middle, junior, and senior high schools.
Population Targeted	Middle, junior, and senior high schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-2a.
Expected Periodicity	Periodic.
Comments	A school is considered to provide health education on key risk behavior and content areas if they report having a required course on environmental health. See Comments provided with objective 7-2a for more information.



7-3. Increase the proportion of college and university students who receive information from their institution on each of the six priority health-risk behavior areas.

National Data Source	National College Health Risk Behavior Survey (NCHRBS), CDC, NCCDPHP.
State Data Source	Not identified.
Healthy People 2000 Objective	8.5 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	6 (1995).
Numerator	Number of undergraduate students who report that they have received information from their college or university on each of the six priority health-risk behavior areas.
Denominator	Number of undergraduate college students in post-secondary institutions.
Population Targeted	Undergraduate college students.
Questions Used To Obtain the National Data	From the 1995 National College Health Risk Behavior Survey: <ul style="list-style-type: none">➤ <i>On which health topics have you ever received information from your college or university?</i><ol style="list-style-type: none">1. <i>Tobacco use prevention</i>2. <i>Alcohol and other drug use prevention</i>3. <i>Violence prevention</i>4. <i>Injury prevention and safety</i>5. <i>Suicide prevention</i>6. <i>Pregnancy prevention</i>7. <i>Sexually transmitted disease (STD) prevention</i>8. <i>AIDS or HIV infection prevention</i>9. <i>Dietary behaviors and nutrition</i>10. <i>Physical activity and fitness</i>
Expected Periodicity	Periodic.
Comments	Students were considered as receiving information on each of the six priority health-risk behavior areas if they responded positively to <u>all</u> of the topics listed in the question above.

The six priority health-risk behaviors are: injuries (intentional and unintentional), tobacco use, alcohol and illicit drug use, sexual behaviors that cause unintended pregnancies and sexually transmitted diseases, dietary patterns that cause disease, and inadequate physical activity.

Postsecondary institutions include 2- and 4-year community colleges, private colleges, and universities.

See Appendix A for focus area contact information.



7-4. Increase the proportion of the Nation's elementary, middle, junior high, and senior high schools that have a nurse-to-student ratio of at least 1:750.

7-4a. All middle, junior high, and senior high schools.

National Data Source	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	28 (1994).
Numerator	Number of middle, junior high, and senior high schools that have a nurse-to-student ratio of at least 1:750.
Denominator	Number of middle, junior, and senior high schools.
Population Targeted	Middle, junior high, and senior high schools.
Questions Used To Obtain the National Data	From the 1994 School Health Policies and Programs Study: <ul style="list-style-type: none">➤ <i>Are there any RN/LPNs who work in the school?</i> [If yes:]<ul style="list-style-type: none">○ <i>Please tell me how many RNLPNs work in your school, which days of the week each RN is here, and how many hours each RN/LPN is usually here on those days.</i>

[If an RN/LPN doesn't have a regular schedule, ask:]

- o *How many total hours per week is this RN/LPN usually in your school?*

Expected Periodicity	Periodic.
Comments	<p>The nurse-to-student ratio is the number of school nurses divided by the total student enrollment. One school nurse is defined as 30 nurse-hours per week per school.</p> <p>Total student enrollment of all the schools included in SHPPS is obtained from the Quality Education Data (QED) database. QED's National Education Database covers all educational institutions in the United States and Canada. See http://www.qeddata.com/ for more information.</p> <p>See Part C for a description of SHPPS and Appendix A for focus area contact information.</p>



7-4b. Senior high schools.

National Data Source	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	26 (1994).
Numerator	Number of senior high schools that have a nurse-to-student ratio of at least 1:750.
Denominator	Number of senior high schools.
Population Targeted	Senior high schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-4a.
Expected Periodicity	Periodic.
Comments	See Comments provided with 7-4a for more information.

Total student enrollment of the senior high schools included in SHPPS is obtained from the Quality Education Data (QED) database. QED's National Education Database covers all educational institutions in the United States and Canada. See <http://www.qeddata.com/> for more information.



7-4c. Middle and junior high schools.

National Data Source	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	32 (1994).
Numerator	Number of middle and junior high schools that have a nurse-to-student ratio of at least 1:750.
Denominator	Number of middle and junior high schools.
Population Targeted	Middle and junior high schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-4a.
Expected Periodicity	Periodic.
Comments	See Comments provided with 7-4a for more information. Total student enrollment of the middle and junior high schools included in SHPPS is obtained from the Quality Education Data (QED) database. QED's National Education Database covers all educational institutions in the United States and Canada. See http://www.qeddata.com/ for more information.

7-4d. (Developmental) Elementary schools.

Comments	An operational definition could not be specified at the time of publication.
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The expected national data source is the School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

The expected numerator is the number of elementary schools that have a nurse-to-student ratio of at least 1:750.

The expected denominator is the number of elementary schools.

The nurse-to-student ratio is the number of school nurses divided by the total student enrollment. One school nurse is defined as 30 nurse hours per week per school.

Total student enrollment of the elementary schools included in SHPPS will be obtained from the Quality Education Data (QED) database. QED's National Education Database covers all educational institutions in the United States and Canada. See <http://www.qeddata.com/> for more information.

See Part C for a description of SHPPS and Appendix A for focus area contact information.



Worksite Setting

7-5. Increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees.

7-5a. (Developmental) Worksites with fewer than 50 employees

Comments

An operational definition could not be specified at the time of publication.

The proposed national data source is the 1999 National Worksite Health Promotion Survey (NWHPS), Association for Worksite Health Promotion (AWHP).

A comprehensive worksite health promotion program contains all of the following elements:

- (1) health education that focuses on skill development and lifestyle behavior change in addition to information dissemination and awareness building, preferably tailored to employees interests and needs;
- (2) supportive social and physical environments, including established norms for healthy behavior and policies that promote health and reduce risk of disease, such as worksite smoking policies, healthy nutrition alternatives in the cafeteria and vending machines, and opportunities for obtaining regular physical activity;
- (3) integration of the worksite program into the organization's structure;
- (4) related programs, such as employee assistance programs; and
- (5) screening programs, preferably linked to medical care delivery to ensure follow-up and appropriate treatment as necessary and to encourage adherence.

This objective is adapted from a measure in Healthy People 2000 objective 8.6, which tracked worksites with less than 50 employees, 50 or more employees, as well as medium and large companies. It measured the proportion that offered any health promotion activity for their employees, preferably as part of a comprehensive employee health promotion program. This measure tracks the proportion of worksites with less than 50, 50 to 99, 100-249, 250 to 749, and 750 or more employees who offer a comprehensive (as defined above) health promotion program to both full- and part-time employees.

See Part C for a description of NWHPS and Appendix A for focus area contact information.



7-5b. Worksites with 50 or more employees.

National Data Source	1999 National Worksite Health Promotion Survey (NWHPS), Association for Worksite Health Promotion (AWHP).
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 8.6 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	34 (1999).
Numerator	Number of worksites with 50 or more employees that offer a comprehensive health promotion program.
Denominator	Number of worksites with 50 or more employees.
Questions Used To Obtain the National Data	From the 1999 National Worksite Health Promotion Survey:

[NUMERATOR:]

[Component 1: Health Education]

- *During the last 12 months, did you offer (Insert Program Type) to your employees at the worksite?*
 - (a) *Physical activity and/or fitness programs or activities*
 - (b) *Nutrition or cholesterol education*
 - (c) *Weight management classes or counseling*
 - (d) *Smoking management classes or counseling*
 - (e) *Stress management classes or counseling*
 - (f) *Alcohol or drug abuse support programs*
 - (g) *Back injury prevention programs*
 - (h) *Maternal or prenatal programs*
 - (i) *Education on balancing work and family*
 - (j) *HIV or AIDS education*
 - (k) *Workplace violence prevention programs*
- *Did your worksite offer Health Awareness Information such as lectures or informational brochures about smoking or other health issues during the last 12 months?*
- *Did your worksite offer Lifestyle Behavior Change Programs such as ongoing meetings, sessions or counseling for weight management or to quit smoking during the last 12 months?*

- Do you currently offer (Insert Program/service) either through the company, through one or more employee health plans, or not at all?
 - (a) Self Care Books or Tools
 - (b) Nurse Advice Lines
 - (c) Diabetes Management Programs
 - (d) Asthma Management Programs
 - (e) Cancer Management Programs
 - (f) Depression Management Programs
 - (g) Hypertension Management Programs
 - (h) Cardiovascular Management Programs
 - (i) Obesity Management Programs

[Component 2: Supportive Social and Physical Work Environment]

- Do you have a formal policy for tobacco that prohibits or severely restricts smoking at the worksite/on the job?
 - Do you have a formal policy for alcohol, specifically addressing employee use of alcohol at the worksite/on the job?
 - Do you have a formal policy for drugs, specifically addressing employee use of illegal drugs at the worksite/on the job?
 - Do you have a formal policy for occupational (sic) protection, specifically requiring use of seat belts during business travel in an automobile?
 - Are financial incentives used to encourage program participation in health promotion? How is your (Insert Program Type) program funded? Is it...
 - 1. Company paid
 - 2. Employee paid
 - 3. Shared cost
- PROGRAM TYPE:
- a. Health Screening
 - b. Health Risk Assessment
 - c. Health Awareness Information
 - d. Lifestyle Behavior Change
- Does your worksite have an on-site exercise facility?

[Component 3: Integration of the Worksite Program into the Organization's Administrative Structure]

- Does your worksite have at least one part-time person responsible for Health Promotion or Worksite Wellness?
- Is the improvement of the health status of employees a stated mission or goal for your company?

- *What are the barriers or challenges to your program's success?*
 - (a) *Lack of access to data (medical, Rx claims, disability, HRA).*
 - (b) *Lack of integration with other programs/services.*

[Component 4: Related Programs like Employees Assistance Programs (EAP)]

- *Do you currently offer Nurse Advice Lines either through the company, through one or more employee health plan, or not at all?*

[Component 5: Screening Programs]

- *During the last 12 months, did you offer (Insert Program Type) to your employees at the worksite or through one of your health plans?*
- (a) *Screenings for high blood pressure*
- (b) *Screenings for cholesterol level*
- (c) *Screenings for any form of cancer*
- (d) *Health Risk Assessment (HRA) - questionnaires about health habits*

[DENOMINATOR:]

- *How many full-time employees are currently employed at this worksite? These are employees who are continuously employed by this particular worksite, not the entire organization if it has more than one site?*

Number of full-time employees _____
Number of part-time employees _____

Expected Periodicity

Periodic.

Comments

A worksite is considered to have a comprehensive health promotion program if it contains all of the following elements:

(1) A positive response to any of the programs/services listed in Component 1 in the questions above; and

(2) A positive response to any of the policies listed in Component 2; and

(3) A positive response to either of the first two questions (person responsible and stated mission), or a lack of a positive response to the third question (barriers/challenges) listed in Component 3; and

(4) A positive response to the Nurse Advice lines question in Component 4; and

(5) A positive response to any of the screening programs listed in Component 5 in the questions above.

Both full- and part-time employees are included for determining worksite size. The sum of full- and part-time employees must be greater than 49 employees.

This objective is adapted from a measure in Healthy People 2000 objective 8.6, which tracked worksites with less than 50 employees, 50 or more employees, as well as medium and large companies. It measured the proportion that offered any health promotion activity for their employees, preferably as part of a comprehensive employee health promotion program. This measure tracks the proportion of worksites with less than 50, 50 to 99, 100-249, 250 to 749, and 750 or more employees who offer a comprehensive (as defined above) health promotion program to both full- and part-time employees.

See Part C for a description of NWHPS and Appendix A for focus area contact information.



7-5c. Worksites with 50 to 99 employees.

National Data Source	1999 National Worksite Health Promotion Survey (NWHPS), Association for Worksite Health Promotion (AWHP).
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 8.6 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	33 (1999).
Numerator	Number of worksites with 50 to 99 employees that offer a comprehensive health promotion program.
Denominator	Number of worksites with 50 to 99 employees.

Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-5b.
Expected Periodicity	Periodic.
Comments	See Comments provided with 7-5b for more information.



7-5d. Worksites with 100 to 249 employees.

National Data Source	1999 National Worksite Health Promotion Survey (NWHPS), Association for Worksite Health Promotion (AWHP).
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 8.6 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	33 (1999).
Numerator	Number of worksites with 100 to 249 employees that offer a comprehensive health promotion program.
Denominator	Number of worksites with 100 to 249 employees.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-5b.
Expected Periodicity	Periodic.
Comments	See Comments provided with 7-5b for more information.



7-5e. Worksites with 250 to 749 employees.

National Data Source	1999 National Worksite Health Promotion Survey (NWHPS), Association for Worksite Health Promotion (AWHP).
State Data Source	Not identified.

Healthy People 2000 Objective	Adapted from 8.6 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	38 (1999).
Numerator	Number of worksites with 250 to 749 employees that offer a comprehensive health promotion program.
Denominator	Number of worksites with 250 to 749 employees.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-5b.
Expected Periodicity	Periodic.
Comments	See Comments provided with 7-5b for more information.



7-5f. Worksites with 750 or more employees.

National Data Source	1999 National Worksite Health Promotion Survey (NWHPS), Association for Worksite Health Promotion (AWHP).
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 8.6 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	50 (1999).
Numerator	Number of worksites with 750 or more employees that offer a comprehensive health promotion program.
Denominator	Number of worksites with 750 or more employees.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-5b.
Expected Periodicity	Periodic.
Comments	See Comments provided with 7-5b for more information.

7-6. Increase the proportion of employees who participate in employer-sponsored health promotion activities.

National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 8.7 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	61 (1994).
Numerator	Number of persons 18 years and older who reported that they participated in either quit smoking programs, screening tests, used exercise facilities, or received educational information sponsored by their employer.
Denominator	Number of persons aged 18 years and older.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1994 National Health Interview Survey:

[NUMERATOR:]

- *In the past year, have you participated in a quit smoking program made available by your employer?*
- *In the past year, which of these facilities did you use?*
 - (a) *Gymnasium/Exercise room*
 - (b) *Weight lifting equipment*
 - (c) *Exercise equipment*
 - (d) *Walking/jogging path*
 - (e) *Parcourse/Fitness trail*
 - (f) *Bike path*
 - (g) *Bike racks*
 - (h) *Swimming pools*
 - (i) *Showers*
 - (j) *Lockers*
 - (k) *Other - specify*

- *In the past year, which of these programs did you participate in?*
 - (a) *Walking group*
 - (b) *Jogging/Running group*
 - (c) *Biking/Cycling group*
 - (d) *Aerobic class*
 - (e) *Swimming class*
 - (f) *Non-aerobic exercise class*
 - (g) *Weight lifting class*
 - (h) *Fully paid membership in health/fitness club*
 - (i) *Partially paid membership in health/fitness club*
 - (j) *Physical activity or exercise competition*
 - (k) *Other - specify*
- *In the past year, did you receive a screening test at your workplace for –*
 - 1) *Blood pressure?*
 - 2) *Cholesterol?*
 - 3) *Cancer?*
- *In the past 12 months, which programs did you participate in at your workplace?*
 - (a) *Weight control*
 - (b) *Nutrition information*
 - (c) *Prenatal education*
 - (d) *Stress reduction and management*
 - (e) *Alcohol and other drugs*
 - (f) *Sexually transmitted diseases (including HIV or AIDS)*
 - (g) *Job hazards and injury prevention*
 - (h) *Back care and prevention of back injury*
 - (i) *Preventing off-the-job accidents*
 - (j) *Other - specify*

[DENOMINATOR:]

- *Were you employed at a job or business during the past two weeks?*
- *Does your employer have 50 or more employees at the building or location where you work?*

Expected Periodicity

Periodic.

Comments

Persons are considered to have participated in employer-sponsored health promotion programs if they responded “yes” any of the services or programs listed in the questions above.

Persons are considered to be employed if they reported they were employed in the past 2 weeks at a job with 50 or more employees.

This objective is adapted from Healthy People 2000 objective 8.7, which tracked the proportion of hourly workers who participated regularly in employer-sponsored quit smoking programs, screening tests, who used exercise facilities, or received educational information. This measure tracks the proportion of all employees, in all occupations, who participated in employer-sponsored quit smoking programs, screening tests, who used exercise facilities and received educational information.

See Part C for a description of NHIS and Appendix A for focus area contact information.



Health Care Setting

7-7. (Developmental) Increase the proportion of health care organizations that provide patient and family education.

Comments

An operational definition could not be specified at the time of publication.

A proposed data source is the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Health care organizations refer to organizations that provide health care services. The specific standards for the education provided include:

- (a) Assessment considers cultural and language barriers and desire to learn
- (b) Safe and effective use of medication
- (c) Safe and effective use of medical equipment
- (d) Potential drug-food interactions
- (e) Rehabilitation techniques
- (f) Access to additional resources in the community
- (g) Further treatment
- (h) Discharge instructions
- (i) Educational resources

Patient education is defined as a series of structured or nonstructured experiences which are designed to assist patients to cope voluntarily with the immediate crisis response to their diagnosis, with long-term adjustments, and with symptoms; gain needed skills, knowledge, and attitudes to maintain or regain health status.

This objective is adapted from a measure in Healthy People 2000 objective 8.12, which tracked the proportion of hospitals, health maintenance organizations, and large group practices that provide patient education programs, and the proportion of community hospitals that offer community health programs addressing the priority health needs of their communities. This measure will track the proportion of hospitals, health maintenance organizations, and large group practices that provide both patient and family education programs.

See Appendix A for focus area contact information.



7-8. (Developmental) Increase the proportion of patients who report that they are satisfied with the patient education they receive from their health care organization.

Comments

An operational definition could not be specified at the time of publication.

A proposed data source is the Press Ganey.

Patient education is defined as a series of structured or nonstructured experiences which are designed to assist patients to cope voluntarily with the immediate crisis response to their diagnosis, with long-term adjustments, and with symptoms; gain needed skills, knowledge, and attitudes to maintain or regain health status.

See Appendix A for focus area contact information.



7-9. (Developmental) Increase the proportion of hospitals and managed care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community.

Comments

An operational definition could not be specified at the time of publication.

A proposed data source is the American Hospital Association Survey. This annual survey does not include managed care organizations (MCOs), which are systems that integrate the financing and delivery of health care services to covered individuals by means of arrangements with selected providers to furnish health care services to members.

Proposed questions from the American Hospital Association Survey to be used to obtain the data are:

- *Does the hospital's mission statement include a focus on community benefit?*
- *Does the hospital have a long-term plan for improving the health of its community?*
- *Does the hospital have resources for its community benefits activities?*
- *Does the hospital work with other local providers, public agencies or community representatives to conduct a health status assessment of the community?*
- *Does the hospital work with other local providers, public agencies or community representatives to develop a written assessment of the appropriate capacity for health services in the community?*

[If yes:]

- *Has the hospital used the assessment to identify unmet health needs, excess capacity, or duplicative services in the community?*

This objective is adapted from a measure in Healthy People 2000 objective number 8.12, which tracked the proportion of community hospitals that offer community health programs addressing the priority health needs of their communities. This measure will track the proportion of community hospitals, as well as managed care organizations, that provide community disease prevention and health promotion activities that address the priority health needs identified by their communities.

Managed care includes health maintenance organizations (HMOs), preferred provider organizations (PPOs), and point-of-service (POS) plans.

See Appendix A for focus area contact information.



Community Setting and Special Populations

7-10. (Developmental) Increase the proportion of Tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple Healthy People 2010 focus areas.

Comments

An operational definition could not be specified at the time of publication.

A proposed data source is a survey to be developed and administered by Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPE).

The proposed measure is the proportion of local health service areas or jurisdictions, identified by ASTDHPPE representatives in each State, the District of Columbia, the Territories (American Samoa, Guam, Puerto Rico, and Virgin Islands), and Regional Indian Health Service offices that have health promotion initiatives existing in the identified local health service areas or jurisdictions.

Local health service areas refers to local health jurisdictions and local health serving unit catchment areas.

Community health promotion initiative includes all of the following:

- (1) Community participation with representatives from at least three of the following community sectors: government, education, business, faith organizations, health care, media, voluntary agencies, and the public;
- (2) Community assessment, guided by a community assessment and planning model (such as APEX/PH; Healthy Cities, Healthy Communities; PATCH; or other comprehensive model), to determine community health problems, resources, perceptions, and priorities for action;
- (3) Targeted and measurable objectives to address at least one of the following: health concerns, risk factors, public awareness, services, and protection;
- (4) Comprehensive multifaceted, culturally relevant interventions that have multiple targets for change (individuals, organizations, and environments) and multiple approaches to change, including education, community organization, and regulatory and environmental reforms; and
- (5) Monitoring and evaluation processes to determine whether the objectives are reached.

This objective was adapted from Healthy People 2000 objective 8.10, which tracked the establishment of community health promotion programs that separately or together address at least 3 of the Healthy People 2000 priority areas. This measure will track the proportion of Tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple Healthy People 2010 health focus areas.

See Appendix A for focus area contact information.



7-11. Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

7-11a. (Developmental) Access to quality health services.

Comments

An operational definition could not be specified at the time of publication.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate community health promotion programs for clinical preventive services for racial and ethnic minority populations. This measure will track the proportion of local health departments that have culturally appropriate and linguistically competent community health promotion programs that address access to quality health services racial and ethnic minority populations.

Data from the 1996–97 National Profile of Local Health Departments on clinical preventive services are presented for illustrative purposes for the access to quality health services measure.

See Part C for a description of NPLHD and Appendix A for focus area contact information.

7-11b. (Developmental) Arthritis, osteoporosis, and chronic back conditions.

Comments An operational definition could not be specified at the time of publication.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate community health promotion programs for diabetes and other chronic disabling conditions, which included arthritis, osteoporosis, and chronic back conditions as a component, for racial and ethnic minority populations.

This measure will only track the proportion of local health departments that have culturally appropriate and linguistically competent community arthritis, osteoporosis, and chronic back conditions programs for racial and ethnic minority populations.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11c. Cancer.

National Data Source National Profile of Local Health Departments, NACCHO.

State Data Source National Profile of Local Health Departments, NACCHO.

Healthy People 2000 Objective 8.11 (Educational and Community-Based Programs).

Measure Percent.

Baseline 30 (1996–97).

Numerator Number of local health departments that provided culturally and linguistically appropriate cancer programs to their jurisdiction in the past year.

Denominator Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.

**Questions Used To
Obtain the National
Data**

From the 1996–97 National Profile of Local
Health Departments:

[NUMERATOR:]

- *In the past year, which of the following programs and interventions were provided in your jurisdiction, either directly by your local health department or through a contractual agreement with another organization?*

[Programs:]

- (a) Physical activities and fitness*
- (b) Nutrition*
- (c) Tobacco*
- (d) Alcohol and other drugs*
- (e) Family Planning*
- (f) Mental health and mental disorders*
- (g) Violent and abusive behavior*
- (h) Educational and community-based programs*
- (i) Unintentional injuries*
- (j) Occupational safety and health*
- (k) Environment health*
- (l) Food and drug safety*
- (m) Oral health*
- (n) Maternal and infant health*
- (o) Heart disease and stroke*
- (p) Cancer*
- (q) Diabetes and chronic disabling conditions*
- (r) HIV infections*
- (s) Sexually transmitted diseases*
- (t) Immunization and infectious diseases*
- (u) Clinical preventive services*
- (v) Surveillance and data systems*
- (w) Other (specify) _____*

[Interventions:]

Informational Materials

- (a) Print*
- (b) Audiovisual*

Public Service Announcement

- (a) Radio*
- (b) Television*

Internet

Community Outreach

On-site

- (a) Individual Instruction*
- (b) Group Instruction*

Other (specify) _____

- *In the past year, which of the following programs and interventions listed above were adapted and/or provided to meet the special language needs of any racial/minority group you serve, either directly by your local health department or through a contractual agreement with another organization?*
- *In the past year, which of the following programs and interventions listed above were adapted and/or provided to address the cultural differences of any racial/minority population you serve, either directly by your local health department or through a contractual agreement with another organization?*

[DENOMINATOR:]

- *Please indicate the percentages of the racial composition of your jurisdiction.*
 - (a) *Asian or Pacific Islander*
 - (b) *American Indian, Alaska Native or Aleut*
 - (c) *Black*
 - (d) *White*
 - (e) *Other*
- *Please indicate the percentages of the ethnic composition of your jurisdiction.*
 - (a) *Hispanic origin*
 - (b) *Not of Hispanic origin*
 - (c) *Unknown*

Expected Periodicity

Periodic.

Comments

A local health department is classified as having a culturally appropriate and linguistically competent community program in the specific health area targeted by the objective if it indicated that in the past year:

- (1) it provided programs or interventions in the specific health area targeted by the objective (in the first question above);
- (2) the programs were adapted and/or provided to meet special language needs of racial/ethnic minorities (in the second question above); and,
- (3) the programs were adapted and/or provided to address cultural differences of racial/ethnic minorities (in the third question above).

Local health departments eligible for inclusion in this objective are those for which either the American Indian/Alaska Native, Asian/Pacific Islander, black/African American, or Hispanic populations comprise at least 10 percent of the total population in their jurisdiction.

This objective currently is being tracked in local health departments in which a racial or ethnic group constitutes at least 10 percent of the population. In future studies, by utilizing census data, local health departments that serve communities in which at least 3,000 people in the county indicate that their primary language is other than English or a similar population meets the concentration standards of 1,000 in a single zip code or 1,500 in two contiguous zip codes also should be measured.

Culturally appropriate refers to an unbiased attitude and organizational policy that values cultural diversity in the population served; reflects an understanding of diverse attitudes, beliefs, behaviors, practices, and communication patterns that could be attributed to race, ethnicity, religion, socioeconomic status, historical and social context, physical or mental ability, age, gender, sexual orientation, or generations and acculturation status; an awareness that cultural differences may affect health and the effectiveness of health care delivery; and knowledge of disease prevalence in specific cultural populations, whether defined by race, ethnicity, socioeconomic status, physical or mental ability, gender, sexual orientation, age, disability, or habits.

Linguistically competent refers to skills to communicate effectively in the native language or dialect of the targeted population, taking into account general educational level, literacy, and language preferences.

In 1996–97, 151 local health departments reported that a program or intervention in the area of cancer was provided to its jurisdiction.

See Part C for a description of NPLHD and Appendix A for focus area contact information.

7-11d. (Developmental) Chronic kidney disease.

Comments

An operational definition could not be specified at the time of publication.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate diabetes and other chronic disabling conditions community health promotion programs for racial and ethnic minority populations. This measure includes only the proportion of local health departments that have culturally appropriate and linguistically competent community chronic kidney disease programs for racial and ethnic minority populations.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11e. (Developmental) Diabetes.

Comments

An operational definition could not be specified at the time of publication.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate diabetes and other chronic disabling conditions community health promotion programs for racial and ethnic minority populations.

This measure includes only the proportion of local health departments that have culturally appropriate and linguistically competent community diabetes programs for racial and ethnic minority populations.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11f. (Developmental) Disability and secondary conditions.

Comments An operational definition could not be specified at the time of publication.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate diabetes and other chronic disabling conditions community health promotion programs for racial and ethnic minority populations. This measure includes only the proportion of local health departments that have culturally appropriate and linguistically competent community disability and secondary conditions programs for racial and ethnic minority populations.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11g. Educational and community-based programs.

National Data Source National Profile of Local Health Departments, NACCHO.

State Data Source National Profile of Local Health Departments, NACCHO.

Healthy People 2000 Objective 8.11 (Educational and Community-Based Programs).

Measure Percent.

Baseline 33 (1996-97).

Numerator Number of local health departments that provided culturally and linguistically appropriate education and community-based programs to their jurisdiction in the past year.

Denominator Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.

Questions Used To Obtain the National Data See Questions Used To Obtain the National Data provided with 7-11c.

Expected Periodicity	Periodic.
Comments	<p>See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.</p> <p>In 1996–97, 127 local health departments reported that a program or intervention in the area of education and community-based programs was provided to its jurisdiction.</p> <p>See Part C for a description of NPLHD and Appendix A for focus area contact information.</p>



7-11h. Environmental health.

National Data Source	National Profile of Local Health Departments, NACCHO.
State Data Source	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective	8.11 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	22 (1996–97).
Numerator	Number of local health departments that provided culturally and linguistically appropriate environmental health programs to their jurisdiction in the past year.
Denominator	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity	Periodic.
Comments	See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.

In 1996–97, 149 local health departments reported that a program or intervention in the area of environmental health was provided to its jurisdiction.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11i. Family planning.

National Data Source	National Profile of Local Health Departments, NACCHO.
State Data Source	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective	8.11 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	42 (1996–97).
Numerator	Number of local health departments that provided culturally and linguistically appropriate family planning programs to their jurisdiction in the past year.
Denominator	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity	Periodic.
Comments	<p>See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.</p> <p>In 1996–97, 158 local health departments reported that a program or intervention in the area of family planning was provided to its jurisdiction.</p> <p>See Part C for a description of NPLHD and Appendix A for focus area contact information.</p>

7-11j. (Developmental) Food safety.

Comments

An operational definition could not be specified at the time of publication.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate food and drug safety community health promotion programs for racial and ethnic minority populations. This measure includes only the proportion of local health departments that have culturally appropriate and linguistically competent community food safety programs for racial and ethnic minority populations.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11k. (Developmental) Medical product safety.

Comments

An operational definition could not be specified at the time of publication.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate food and drug safety community health promotion programs for racial and ethnic minority populations.

This measure includes only the proportion of local health departments that have culturally appropriate and linguistically competent community medical product safety programs for racial and ethnic minority populations.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11l. (Developmental) Health communication.

Comments	<p>An operational definition could not be specified at the time of publication.</p> <p>This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations. This measure will track the proportion of local health departments that have culturally appropriate and linguistically competent community health communication programs for racial and ethnic minority populations.</p> <p>See Part C for a description of NPLHD and Appendix A for focus area contact information.</p>
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7-11m. Heart disease and stroke.

National Data Source	National Profile of Local Health Departments, NACCHO.
State Data Source	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective	8.11 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	28 (1996–97).
Numerator	Number of local health departments that provided culturally and linguistically appropriate heart disease and stroke programs to their jurisdiction in the past year.
Denominator	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-11a.
Expected Periodicity	Periodic.

Comments See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.

In 1996–97, 148 local health departments reported that a program or intervention in the area of heart disease and stroke was provided to its jurisdiction.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11n. HIV.

National Data Source National Profile of Local Health Departments, NACCHO.

State Data Source National Profile of Local Health Departments, NACCHO.

Healthy People 2000 Objective 8.11 (Educational and Community-Based Programs).

Measure Percent.

Baseline 45 (1996–97).

Numerator Number of local health departments that provided culturally and linguistically appropriate HIV programs to their jurisdiction in the past year.

Denominator Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.

Questions Used To Obtain the National Data See Questions Used To Obtain the National Data provided with 7-11c.

Expected Periodicity Periodic.

Comments See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.

In 1996–97, 170 local health departments reported that a program or intervention in the area of HIV was provided to its jurisdiction.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11o. Immunizations and infectious diseases.

National Data Source	National Profile of Local Health Departments, NACCHO.
State Data Source	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective	8.11 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	48 (1996–97).
Numerator	Number of local health departments with that provided culturally and linguistically appropriate immunizations and infectious disease programs to their jurisdiction.
Denominator	Number of local health departments with at least 10 percent racial/ethnic population groups in their jurisdiction that offered immunizations and infectious disease programs.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity	Periodic.
Comments	<p>See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.</p> <p>In 1996–97, 183 local health departments reported that a program or intervention in the area of immunizations and infectious diseases was provided to its jurisdiction.</p> <p>See Part C for a description of NPLHD and Appendix A for focus area contact information.</p>



7-11p. (Developmental) Injury and violence prevention.

Comments An operational definition could not be specified at the time of publication.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate violent and abusive behavior or unintentional injury community health promotion programs for racial and ethnic minority populations. This measure includes only the proportion of local health departments that have culturally appropriate and linguistically competent community injury and violence prevention programs for racial and ethnic minority populations.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11q. Maternal, infant (and child) health.

National Data Source National Profile of Local Health Departments, NACCHO.

State Data Source National Profile of Local Health Departments, NACCHO.

Healthy People 2000 Objective Adapted from 8.11 (Educational and Community-Based Programs).

Measure Percent.

Baseline 47 (1996–97).

Numerator Number of local health departments that provided culturally and linguistically appropriate maternal, infant and child health programs to their jurisdiction in the past year.

Denominator Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.

Questions Used To Obtain the National Data See Questions Used To Obtain the National Data provided with 7-11c.

Expected Periodicity	Periodic.
Comments	<p>See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.</p> <p>This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate maternal and infant health community health promotion programs for racial and ethnic minority populations. This measure tracks the proportion of local health departments that have culturally appropriate and linguistically competent community maternal, infant and child health programs for racial and ethnic minority populations.</p> <p>In 1996–97, 174 local health departments reported that a program or intervention in the area of maternal and infant health was provided to its jurisdiction.</p> <p>See Part C for a description of NPLHD and Appendix A for focus area contact information.</p>



7-11r. Mental health (and mental disorders).

National Data Source	National Profile of Local Health Departments, NACCHO.
State Data Source	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective	8.11 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	18 (1996–97).
Numerator	Number of local health departments that provided culturally and linguistically appropriate mental health and mental disorders programs to their jurisdiction in the past year.

Denominator	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity	Periodic.
Comments	<p>See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.</p> <p>In 1996–97, 76 local health departments reported that a program or intervention in the area of mental health and mental disorders was provided to its jurisdiction.</p> <p>See Part C for a description of NPLHD and Appendix A for focus area contact information.</p>



7-11s. Nutrition and overweight.

National Data Source	National Profile of Local Health Departments, NACCHO.
State Data Source	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective	Adapted from 8.11 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	44 (1996–97).
Numerator	Number of local health departments that provided culturally and linguistically appropriate nutrition and overweight programs to their jurisdiction in the past year.
Denominator	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-11c.

Expected Periodicity	Periodic.
Comments	<p>See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.</p> <p>This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations. This measure tracks the proportion of local health departments that have culturally appropriate and linguistically competent nutrition and overweight programs for racial and ethnic minority populations.</p> <p>In 1996–97, 168 local health departments reported that a program or intervention in the area of nutrition and overweight was provided to its jurisdiction.</p> <p>See Part C for a description of NPLHD and Appendix A for focus area contact information.</p>



7-11t. Occupational safety and health.

National Data Source	National Profile of Local Health Departments, NACCHO.
State Data Source	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective	8.11 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	13 (1996–97).
Numerator	Number of local health departments that provided culturally and linguistically appropriate occupational safety and health programs to their jurisdiction in the past year.
Denominator	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.

Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity	Periodic.
Comments	See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information. In 1996–97, 84 local health departments reported that a program or intervention in the area of occupational safety and health was provided to its jurisdiction. See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11u. Oral health.

National Data Source	National Profile of Local Health Departments, NACCHO.
State Data Source	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective	8.11 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	25 (1996–97).
Numerator	Number of local health departments that provided culturally and linguistically appropriate oral health programs to their jurisdiction in the past year.
Denominator	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity	Periodic.

Comments See the definition of racial/ethnic composition, culturally appropriate and linguistically competent provided with 7-11c for more information.

In 1996–97, 126 local health departments reported that a program or intervention in the area of oral health was provided to its jurisdiction.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11v. Physical activity and fitness.

National Data Source National Profile of Local Health Departments, NACCHO.

State Data Source National Profile of Local Health Departments, NACCHO.

Healthy People 2000 Objective 8.11 (Educational and Community-Based Programs).

Measure Percent.

Baseline 21 (1996–97).

Numerator Number of local health departments that provided culturally and linguistically appropriate physical activity and fitness programs to their jurisdiction in the past year.

Denominator Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.

Questions Used To Obtain the National Data See Questions Used To Obtain the National Data provided with 7-11c.

Expected Periodicity Periodic.

Comments See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.

In 1996–97, 111 local health departments reported that a program or intervention in the area of physical activity and fitness was provided to its jurisdiction.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11w. (Developmental) Public health infrastructure.

Comments An operational definition could not be specified at the time of publication.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate data and surveillance community health promotion programs for racial and ethnic minority populations. This measure tracks the proportion of local health departments that have culturally appropriate and linguistically competent public health infrastructure programs for racial and ethnic minority populations.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11x. (Developmental) Respiratory diseases.

Comments An operational definition could not be specified at the time of publication.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate community health promotion tobacco, environmental health or diabetes and other chronic disabling conditions programs, which included respiratory diseases as a component, for racial and ethnic minority populations. This measure will only track the proportion of local health departments that have culturally appropriate and linguistically competent community respiratory diseases programs for racial and ethnic minority populations.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11y. Sexually transmitted diseases.

National Data Source	National Profile of Local Health Departments, NACCHO.
State Data Source	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective	8.11 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	41 (1996–97).
Numerator	Number of local health departments that provided culturally and linguistically appropriate sexually transmitted diseases programs to their jurisdiction in the past year.
Denominator	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity	Periodic.
Comments	<p>See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.</p> <p>In 1996–97, 172 local health departments reported that a program or intervention in the area of sexually transmitted diseases was provided to its jurisdiction.</p> <p>See Part C for a description of NPLHD and Appendix A for focus area contact information.</p>



7-11z. Substance abuse (alcohol and other drugs).

National Data Source	National Profile of Local Health Departments, NACCHO.
State Data Source	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective	Adapted from 8.11 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	26 (1996–97).
Numerator	Number of local health departments that provided culturally and linguistically appropriate substance abuse of alcohol and other drugs programs to their jurisdiction in the past year.
Denominator	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity	Periodic.
Comments	<p>See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.</p> <p>This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate alcohol and other drug community health promotion programs for racial and ethnic minority populations. This measure tracks the proportion of local health departments that have culturally appropriate and linguistically competent substance abuse of alcohol and other drugs programs for racial and ethnic minority populations.</p> <p>In 1996–97, 172 local health departments reported that a program or intervention in the area of substance abuse of alcohol and other drugs was provided to its jurisdiction.</p>

See Part C for a description of NPLHD and Appendix A for focus area contact information.



7-11aa. Tobacco use.

National Data Source	National Profile of Local Health Departments, NACCHO.
State Data Source	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective	8.11 (Educational and Community-Based Programs).
Measure	Percent.
Baseline	24 (1996–97).
Numerator	Number of local health departments that provided culturally and linguistically appropriate tobacco use programs to their jurisdiction in the past year.
Denominator	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity	Periodic.
Comments	<p>See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.</p> <p>In 1996–97, 161 local health departments reported that a program or intervention in the area of tobacco use was provided to its jurisdiction.</p> <p>See Part C for a description of NPLHD and Appendix A for focus area contact information.</p>



7-11bb. (Developmental) Vision and hearing.

Comments	<p>An operational definition could not be specified at the time of publication.</p> <p>This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate community health promotion programs for diabetes and other chronic disabling conditions, which included vision and hearing as a component, for racial and ethnic minority populations. This measure will only track the proportion of local health departments that have culturally appropriate and linguistically competent vision and hearing programs for racial and ethnic minority populations.</p> <p>See Part C for a description of NPLHD and Appendix A for focus area contact information.</p>
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7-12. Increase the proportion of older adults who have participated during the preceding year in at least one organized health promotion activity.

National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	8.8 (Educational and Community-Based Programs).
Measure	Percent (age adjusted—see Comments).
Baseline	12 (1998).
Numerator	Number of older adults aged 65 years and older who participated in an exercise class/program or attended a class/presentation on health topics in the past 12 months.
Denominator	Number of older adults aged 65 years and older.
Population Targeted	U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data

From the 1998 National Health Interview Survey:

- *In the past 12 months, have you taken a class or attended a presentation on health topics?*
- *In the past 12 months, did you participate in an exercise class or exercise program?*

Expected Periodicity

Periodic.

Comments

Adults 65 years and older are considered to have participated in an organized health promotion activity if they report that had taken a class or attended a presentation on health topics, or had participated in an exercise class or program in the past year.

An program is any health class, presentation on a health-related topic, exercise class, or exercise program.

Data are age adjusted to the 2000 standard population. Age-adjusted percentages are weighted sums of age-specific percentages. For discussion on age adjustment, see Part A, section 5.

See Part C for a description of NHIS and Appendix A for focus area contact information.



Reference

1. U.S. Department of Health and Human Services. *1992 National Survey of Worksite Health Promotion Activities Summary Report*. Washington, DC: U.S. Government Printing Office, 1993.