Reader's Guide

This edition of Healthy People 2010 supersedes the January 2000 conference edition. Readers should review objectives of particular interest for editorial differences and the addition of new data. While most objectives are unchanged, some have been reworded. Updates to baselines and population group data tables may have resulted in revisions to the targets. In addition, a few developmental objectives are now measurable. Data included in this edition are as of June 1, 2000.

Healthy People 2010 will be updated on the Internet. Data for objectives are expected to be updated on an ongoing basis on the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) Web site at http://www.cdc.gov/nchs/hphome.htm. Significant updates to the document will be posted on the Healthy People Web site at http://www.health.gov/healthypeople.

This document is in two sections:

- Understanding and Improving Health
- Objectives for Improving Health

Understanding and Improving Health

The first section explains the history of Healthy People 2010 and the overall Healthy People initiative, the model on which Healthy People is based, and how to use Healthy People as a systematic approach to health improvement, and the Leading Health Indicators (LHIs). It is also available as a separate publication (*Healthy People 2010: Understanding and Improving Health)*.

Leading Health Indicators

To provide a snapshot of the health of the Nation, Healthy People 2010 identifies 10 Leading Health Indicators. The LHIs highlight major health priorities for the Nation and include the individual behaviors, physical and social environmental factors, and health system issues that affect the health of individuals and communities. Each of the 10 LHIs has one or more Healthy People measures associated with it. The selected objectives will be used to measure progress throughout the decade. (For a full discussion of the LHIs and the specific objectives, see Understanding and Improving Health.)

Leading Health Indicators	
Physical activity	Mental health
Overweight and obesity	Injury and violence
Tobacco use	Environmental quality
Substance abuse	Immunization
Responsible sexual behavior	Access to health care

Objectives for Improving Health

The second section provides detailed information on the 28 focus areas of Healthy People 2010. The focus area chapters were developed by work groups with experts in the subject area as well as through extensive public input. (See Appendices E and F for a list of work group coordinators and members, respectively.)

The focus area chapters are presented in alphabetical order. Each chapter contains the following sections:

Lead Agency

Each focus area is managed by a designated lead agency or co-lead agencies of the U.S. Department of Health and Human Services (HHS). These lead agencies have expertise in and responsibility for their respective focus areas. For two focus areas, the lead agency responsibilities are shared by other Federal Departments. The Disability and Secondary Conditions focus area is co-led by CDC and the U.S. Department of Education. The Food Safety focus area is co-led by the Food and Drug Administration and the Food Safety and Inspection Service of the U.S. Department of Agriculture. Lead agencies are responsible for undertaking activities to move the Nation toward achieving the year 2010 goals and for reporting progress on the focus area objectives over the course of the decade. (For contact information, see Appendix E. Healthy People 2010 Work Group Coordinators.)

Contents

This brief list details the specific organization of each chapter, including the descriptive headings for the types of objectives that are contained in the focus area.

Goal Statement

Each chapter contains a concise goal statement. This statement frames the overall purpose of the focus area.

Overview

The Overview provides the context and background for the objectives and identifies opportunities for prevention or interventions. The Overview addresses the following topics: nature of the issues; key trends or developments in the focus area; related costs and other pertinent information; relevant disparities among population groups (including race, ethnicity, gender, age, socioeconomic status, disability status, sexual orientation, and geographic location); and implications of such factors for prevention, other improvements, and promising research.

Interim Progress Toward Year 2000 Objectives

Because Healthy People 2010 builds on the experience of the preceding decade, this section provides a brief description of progress to date on year 2000 objectives pertaining to the focus area. A final report on the year 2000 objectives, *Healthy People 2000 Review,* will be published by NCHS, CDC.

Healthy People 2010 Objectives

This section begins with a restatement of the focus area goal and a list of short titles for all objectives in the focus area. In a majority of the focus areas, objectives are organized into sections with headings. These headings provide structure and appear in the list of short titles.

The objectives are designed to drive action. Therefore, each objective begins with a verb, followed by the subject.

Each objective is numbered for reference purposes (for example, 15-1, 15-2, etc.). Some objectives have multiple measures and are labeled sequentially with letters (for example, 15-1a, 15-1b, etc.). Numbering of objectives does not imply priority or importance. Explanatory text follows objectives as needed.

Types of Objectives

There are two types of objectives—measurable and developmental.

Measurable objectives. Measurable objectives provide direction for action. For measurable objectives, the current status is expressed with a national baseline. The baseline represents the starting point for moving the Nation toward the desired end. The baselines use valid and reliable data derived from currently established, nationally representative data systems. Some of these systems build on, or are comparable with, State and local data systems. However, State data are not a prerequisite to developing an objective. Non-national data may be used where national data are not available. These situations are noted in the baseline data for the objective. The data source for each measurable objective is identified. Baseline data provide the point from which a 2010 target is set. Where possible, objectives are measured with nationally representative data systems. (See *Tracking Healthy People 2010*, produced by NCHS, for an operational definition for each measurable objective.)

Developmental objectives. Developmental objectives provide a vision for a desired outcome or health status. Current national surveillance systems do not provide data on these subjects. The purpose of developmental objectives is to identify areas of emerging importance and to drive the development of data systems to measure them. Most developmental objectives have a potential data source with reasonable expectation of data points by the year 2004 to facilitate setting year 2010 targets in the mid-decade review. Developmental objectives with no baseline at the midcourse will be dropped.

Criteria for Developing Objectives

Criteria first published in *Developing Objectives for Healthy People 2010* in September 1997 call for objectives to be useful to national, State, and local agencies as well as to the private sector and the public. The objectives must have certain attributes, including the following:

- The result to be achieved should be **important and understandable** to a broad audience and relate to the two overarching Healthy People 2010 goals.
- Objectives should be **prevention oriented** and should address health improvements that can be achieved through population-based and health-service interventions.
- Objectives should **drive action** and suggest a set of interim steps that will achieve the proposed targets within the specified timeframe. Objectives should be **useful and relevant**. States, localities, and the private sector should be able to use the objectives to target efforts in schools, communities, worksites, health practices, and other settings.
- Objectives should be **measurable** and include a range of measures—health outcomes, behavioral and health-service interventions, and community capacity—directed toward improving health outcomes and quality of life. They should count assets and achievements and look to the positive.
- **Continuity** and **comparability** are important. Whenever possible, objectives should build on Healthy People 2000 and those goals and performance measures already established.
- Objectives must be supported by sound **scientific evidence.**

Population Group Data Table

Because eliminating health disparities is a goal of Healthy People 2010, a standard data table is used to display the baseline status of population groups for population-based objectives for which data are available. Generally, an objective is considered to be population based when its data source counts people. This table consists of a set of population variables that are to be considered a minimum breakout set for data collection. The minimum set includes race and ethnicity, gender, and measures of socioeconomic status. Within each category in the table, groups are alphabetized or shown by some gradient or level of achievement (such as educational or income levels). Depending on the parameters of the objective, some tables show more detailed or additional breakouts of population groups. In addition, some tables include population groups for which data are provided for informational purposes. In such cases, these population groups will not be tracked.

Sample Population-Based Table

NOTE: THE TABLE BELOW MAY CONTINUE TO THE FOLLOWING PAGE.

Population Group, year	Condition
	Measure
TOTAL	
Race and ethnicity	
American Indian or Alaska Native	
Asian or Pacific Islander	
Asian	
Native Hawaiian and other Pacific Islander	
Black or African American	
White	
Hispanic or Latino	
Not Hispanic or Latino	
Black or African American	
White	
Gender	
Female	
Male	
Family income level	
Poor	
Near poor	
Middle/high income	

Population Group, year	Condition
	Measure
Education level	
Less than high school	
High school graduate	
At least some college	
The following are additional categories included where appropriate.	
Geographic location	
Urban	
Rural	
Health insurance status	
Private health insurance	
Public health insurance	
Medicare	
Medicaid	
No health insurance	
Disability status	
Persons with disabilities or activity limitations	
Persons without disabilities or activity limitations	
Sexual orientation	
Select populations	
Age groups	
School grade levels	
Persons with select medical conditions	

DNA = Data have not been analyzed. DNC = Data are not collected. DSU = Data are statistically unreliable.
NA = Not applicable.

NOTE: THE TABLE ABOVE MAY HAVE CONTINUED FROM THE PREVIOUS PAGE.

Race and ethnicity. Following guidance issued by the Office of Management and Budget, Healthy People 2010 sets forth the current categories for reporting race and ethnicity. Federal data systems have until January 2003 to comply with these standards. "More than one race" will be displayed in this category when data are available. (See *Tracking Healthy People 2010* for further detail.)

Gender. In many instances, where the unique problem for each gender needs to be highlighted, data for all population groups in the table are presented for both genders.

Socioeconomic status (SES). SES is shown as income or education level breakouts or both. If income was selected, data are presented in three groups: poor, near poor, and middle/high income. In some objectives, programmatic data considerations may result in different income categories being displayed. If education was selected, data are presented in three groups: less than high school, high school graduate, and at least some college. (See *Tracking Healthy People 2010* for definitions of these categories.)

Age. Age is not included in the minimum table because showing inclusive age categories would add considerable complexity to the minimum set. Furthermore, age often is in the objective (for example, mammograms for women aged 40 years and over), and many objectives are relevant only for a subset of age groups. Age breakouts have been added to objectives where relevant and may not be inclusive of the total population. For example, data lines for elderly persons or children could be added to selected objectives without adding other groups. Age adjustment here is indicated for those objectives. (See *Tracking Healthy People 2010* for further explanation of age adjustment.)

Other Variables. Other population groups are shown in various objectives when scientific evidence shows that the group(s) may be at risk. Other population groups include urban/rural populations, health insurance status, persons with disabilities or activity limitations, and sexual orientation.

The following abbreviations are used in the data tables where data are not available:

DNA = Data have not been analyzed. Data in this category have been collected but not analyzed.

DNC = Data are not collected. The data source or sources listed for the objective do not collect data for the specific population group. A different or new data source may be required to measure progress for this population group.

DSU = Data are statistically unreliable. This category of analyzed data covers a number of situations, including the number of respondents is too small to produce a valid estimate, the proportion of respondents with missing information is too large, or the survey does not have representative data for certain population groups.

NA = Not applicable.

Targets for Measurable Objectives

Targets are based on national baseline data.

As a general rule, one target is set for all population groups to reach by the year 2010. This supports the overarching goal of eliminating health disparities. The guidelines used to develop targets are as follows:

- One national target for the year 2010 is set for all measurable objectives and is applicable to most population groups. This target setting method supports the goal of eliminating health disparities and improving health for all segments of the total population.
- For those measures contained in the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health, the targets are set at "better than the best" of any racial or ethnic group. Data points for at least two population groups under the race and ethnicity category are needed to use "better than the best" as the target setting method.
- For those objectives that in the short term can be influenced by lifestyle choices, behaviors, and health services (in other words, using existing and known interventions), the target also is set at "better than the best" currently achieved, at a minimum, by any racial and ethnic group.
- For objectives for which achievement of an equal health outcome is unlikely within 10 years by applying known health interventions, the target is set at levels that represent improvements for a substantial proportion of the population. These targets are regarded as minimally acceptable improvements. Population groups already better than the identified target should continue to improve.

The following target setting methods have been used:

- Better than the best.
- __ percent improvement.
- "Total coverage" or "Total elimination" (for targets like 100 percent, 0 percent, all States, etc.).
- Consistent with _____(another national program, for example, national education goals).
- Retain year 2000 target (the Healthy People 2000 target has been retained).

Data Source/Potential Data Source

Data source is defined as the instrument that collects the measure indicated. Measurable objectives cite the data source for the baseline.

- For HHS data sets, surveys, and reports, the citation includes the name of the data set, the HHS agency, and the institute or center that serves as the source—for example, National Health Interview Survey, CDC, NCHS.
- For non-HHS or non-Federal data sets, surveys, and reports, the citation includes the name of the data set, cabinet-level agency, and bureau/agency/organization—for example, Fatality Analysis Reporting System, DOT, NHTSA.

Related Objectives

Each objective is placed in only one focus area, meaning there are no duplicate objectives in Healthy People 2010. There are, however, numerous linkages among focus areas, and these are represented in the list of related objectives from other focus areas.

Terminology

Terms are set up as dictionary definitions in alphabetical order. These definitions enable the reader to understand the concepts used in the chapter. A master list of abbreviations and acronyms used throughout the book appears in Appendix H.

References

The references cited throughout both the overview text and the objectives are listed at the end of each chapter.

Tracking Healthy People 2010

For more information on measuring the objectives, technical notes, or operational definitions, refer to the statistical compendium, *Tracking Healthy People 2010*. This volume is available on the CDC Web site at http://www.cdc.gov/nchs/hphome.htm.

For Further Information

Please visit the Healthy People Web site at http://www.health.gov/healthypeople or call 1-800-367-4725.

To obtain copies of Healthy People 2010 documents in print, see the order form at the end of this document or visit the U.S. Government Printing Office Web site at http://www.bookstore.gpo.gov/. For information about a Healthy People 2010 CD-ROM, visit the Healthy People 2010 Web site at http://www.health.gov/healthypeople.