

FOCUS

HEALTHY PEOPLE 2010: UNDERSTANDING AND IMPROVING HEALTH

With a new century and a new millennium comes a new set of objectives aimed at improving the health of everyone in the United States over the next 10 years.

Healthy People 2010, the Nation's prevention agenda for the first decade of the 21st century, was the featured attraction of "Partnerships for Health in the New Millennium," a national conference that took place in Washington, D.C., January 24-28.

Sponsored by the U.S. Department of Health and Human Services in conjunction with the Healthy People Consortium, Partnerships for Health in the New Millennium was the first major prevention-related conference of the new year.

The conference marked the official launch of Healthy People 2010 by Health and Human Services Secretary Donna E. Shalala and Surgeon General David Satcher. Healthy People 2010 is the third set of 10-year targets for health improvement in the United States.

Since 1979, Healthy People has identified the most significant prevention issues in the United States as a way to focus public and private efforts to address them. Healthy People 2010's predecessors set targets for 1990 and 2000.

As noted by Secretary Shalala, "Healthy People is a roadmap to better health that provides diverse groups with the knowledge they

need to work together to improve the health of all Americans."

More than 4 years in the making, Healthy People 2010 is based on the latest health-related research and scientific evidence. It combines medical science and health information to benefit the largest number of people in the United States.

Two Broad Goals

Healthy People 2010 contains two broad goals. The first is to increase the years and quality of healthy life.

This goal focuses not only on length of life, but also on the quality and



health of those added years. In other words, this goal will look at physical and mental health as well as interactions in one's social and physical environments.

The 30-year increase in life expectancy since 1900 is perhaps the greatest public health achievement

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SPOTLIGHT

Healthy People 2010 on the Web:

www.health.gov/healthypeople

When Healthy People 2000 was published nearly 10 years ago, no one could have predicted the influence the Internet would have on the next generation of health objectives for the Nation.

Healthy People 2000 was conceived, developed, published, and distributed as a print document. Its successor, Healthy People 2010, has lived and will continue to live parallel lives in print and cyberspace.

To begin developing health objectives for the new decade, the Healthy People Consortium met in New York City in November 1996 to consider the lessons learned from Healthy People 2000 and to discuss how to apply them to Healthy People 2010.

The Healthy People Consortium is a group of some 650 national professional and voluntary membership organizations, the business community, and

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of the 20th century. Secretary Shalala acknowledged that “We want to add years to your life and health to your years.” As the baby boom becomes the senior boom, quality of life will become increasingly important.

To meet this challenge, Healthy People 2010 encourages individuals to gain the knowledge, motivation, and opportunities needed to make informed decisions about their health. It also encourages communities (at State and local levels) to develop efforts that promote healthy behaviors, create healthy environments, and increase access to high-quality health care. Healthy People 2010 recognizes that individual and community health are virtually inseparable, and that it is critical that both individuals and communities play a role if this goal is to be achieved.

The second Healthy People 2010 goal is to eliminate health disparities. In addition to getting older, the population of the United States is growing more diverse. Just 10 years ago, when Healthy People 2000 was released, racial and ethnic minorities made up 24 percent of the population. Projections indicate that by 2010, their proportion of the population will increase to more than 33 percent. That proportion is expected to continue increasing through the end of the decade and beyond.

At the same time, people from some racial and ethnic groups have not enjoyed the same health status improvements as other Americans.

Studies consistently show that some population groups have higher rates of infant mortality, diabetes, heart disease, HIV/AIDS, and other health problems. These conditions translate into poorer general health and reduced life expectancy.

“In many ways,” says Assistant Secretary for Health and Surgeon General David Satcher, “Americans of all ages and in every race and ethnic group have better health today than a decade ago, yet considerable disparities remain. We should commit our Nation to eliminate disparities in the next decade.”

Healthy People 2000 sought only to reduce these health disparities. To eliminate health disparities, Healthy People 2010 recognizes that communities, States, and national organizations will need to take a multidisciplinary approach that involves improving health, education, housing, labor, justice, transportation, agriculture, and the environment. Healthy People 2010 is firmly dedicated to the principle that—regardless of age, gender, race, ethnicity, income, education, geographic location, disability, or sexual orientation—every person across the Nation deserves equal access to high-quality health care.

New for 2010

The two goals are supported by 467 objectives, grouped into 28 focus areas. Healthy People 2000 had 226 objectives in 22 priority areas. The term “priority area” was changed to focus area

to correct the impression that topics were listed in order of importance.

Two chapters were recast: Clinical Preventive Services is now Access to Quality Health Care, and Data and Surveillance Systems is now part of Public Health Infrastructure. Healthy People 2000’s Food and Drug Safety priority area is now two separate focus areas: Medical Product Safety addresses the safety of medical devices and the Nation’s blood supply as well as drugs used to treat and prevent disease. Food Safety addresses safe food-handling practices and food-borne infections.

The priority area on Diabetes and Chronic Disabling Diseases has been recast as separate focus areas dedicated to Arthritis, Osteoporosis, and Chronic Back Conditions; Chronic Kidney Disease; Diabetes; Disability and Secondary Conditions; Respiratory Diseases; and Vision and Hearing.

In addition to the focus area, the health status of people with disabilities are included in many objectives in other focus areas and will be monitored throughout the decade.

The focus areas on chronic kidney disease and vision and hearing were added as a direct result of public comment on the 1998 draft document.

The Health Communication focus area was added in recognition of the important role communication plays in health promotion and disease prevention. Two objectives in particular address the quality and distribution of online infor-

mation and communication technologies.

Population Group Data Table

To help reinforce the second goal of eliminating disparities, a standard data table is used to display the status of population groups for all population-based objectives. This table consists of a set of population variables, presented in a standard order: Race and Ethnicity; Gender; and Family Income Level or Education Level. Additional categories—geographic location; health insurance status; disability status; and select populations, such as specific age groups, school grade levels, or persons with select medical conditions—are included when they apply to specific objectives.

Target Setting

As a rule, one target is set for all population groups to reach by the year 2010. This target supports the goal of eliminating health disparities. 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” population group. For objectives that in the short term can be influenced by lifestyle choices, behaviors, and health services (in other words, using known and existing interventions), the target also is set at “better than the best” currently achieved by any population group.

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Leading Health Indicators

At the beginning of the 20th century, the leading causes of death in the United States were dominated by infectious diseases such as tuberculosis, pneumonia, and influenza. One of the major accomplishments of the past 100 years has been the ability of medical science to prevent and treat many of the infectious diseases that once took such a toll among people of all ages. Now, at the beginning of a new century, the leading causes of death—heart disease, cancer, stroke, chronic

obstructive pulmonary disease, and unintentional injuries—can be attributed, at least in part, to behaviors and environmental factors.

The Leading Health Indicators illuminate individual behaviors, physical and social environmental factors, and important health system issues that greatly affect the health of individuals and communities. The Leading Health Indicators reflect the major public health concerns in the United States and were chosen based on their ability to motivate action,

their relevance as broad public health issues, and the availability of data to measure their progress.

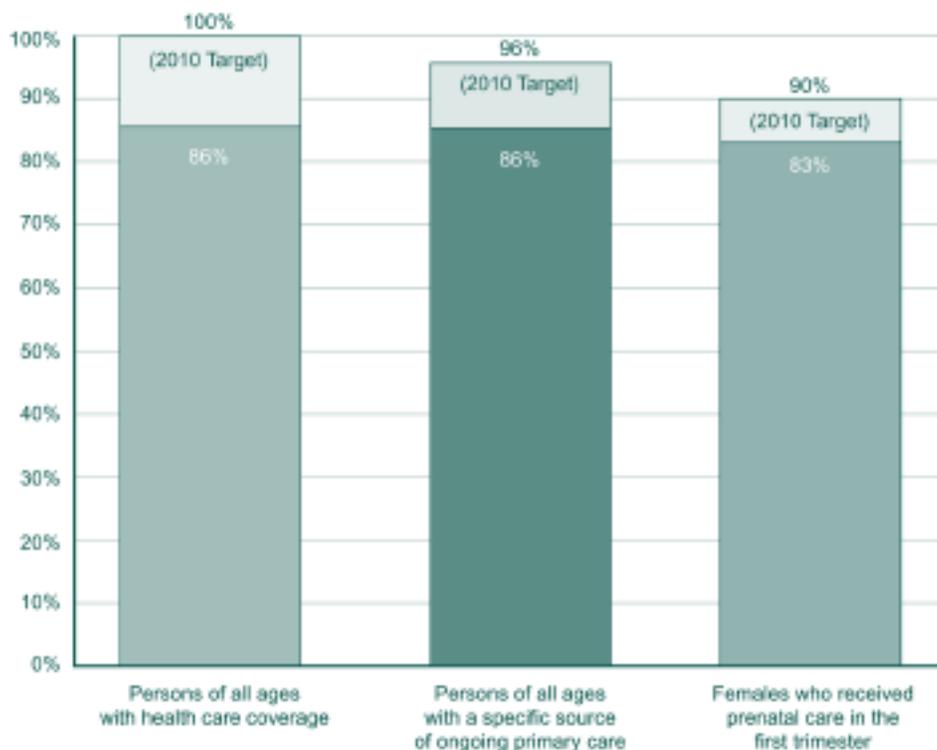
The process of selecting the Leading Health Indicators was led by an inter-agency work group within the U.S. Department of Health and Human Services. Individuals and organizations provided comments at national and regional meetings, through the mail, and over the Internet. A report by the Institute of Medicine National Academy of

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Leading Health Indicators

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

Access to health care, United States, 1997



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey, 1997 and National Vital Statistics System, 1997

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Monitoring Healthy People Objectives

As in Healthy People 2000, the latest available statistical information on health status, behaviors, and policies forms the basis for the goals and objectives in Healthy People 2010. Most of the 467 objectives contain specific numerical targets.

Data for the baselines and to monitor progress in reaching these targets come from such well-known sources as National Vital Statistics, National Health Interview Survey, National Health and Nutrition Examination Survey, and Behavioral Risk Factor Surveillance System. Also included are specialized sources such as the National College Health Risk Behavior Survey, Monitoring the Future Study, Mental Health Statistics Improvement Program, and Sentinel Counties Study of Viral Hepatitis.

The nearly 190 individual data sources in Healthy People 2010 origi-

nate with the Department of Health and Human Services and other Federal agencies as well as private organizations. These data sources will supply the statistical information needed to monitor progress in achieving each measurable objective over the next 10 years.

The “developmental” objectives—or those that do not yet have national baselines—are expected to have the data needed to monitor progress by 2005, in time for the mid-decade review of Healthy People 2010.

The National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention, is responsible for coordinating the data analysis and reporting needed to measure progress in achieving the 2010 objectives.

Leading Health Indicators

To monitor the overall health of the Nation over the next decade, an Institute of Medicine committee and a Department of Health and Human Services working

group identified measures that could be used to track progress over time. These measures are called “Leading Health Indicators.”

The 10 Leading Health Indicators have each been matched with 1 to 3 objectives from Healthy People 2010. These measurements reflect the behavioral and environmental factors and community health interventions that together will provide a snapshot of the Nation’s health status at regular intervals between now and 2010.

NCHS remains committed to monitoring and reporting periodically on the Leading Health Indicators at the national, Tribal, State, and local levels wherever possible. As with Healthy People 2000, the ability to extend beyond the public health community to reach opinion leaders and the general public will ultimately lead to success in achieving the goals and objectives of Healthy People 2010.

provide a snapshot of the health of the Nation. Tracking and communicating progress on the Leading Health Indicators through national and State-level report cards will spotlight achievements and challenges in the next decade.

The Leading Health Indicators are intended to help everyone more easily understand the importance of health promotion and

disease prevention and to encourage wide participation in improving health in the next decade. Developing strategies and action plans to address one or more of these indicators can have a profound effect on increasing the quality and years of healthy life and eliminating health disparities—creating *healthy people in healthy communities*.

WHERE DO I GO TO LEARN MORE?

On the Internet:

The Healthy People 2010 Web site at www.health.gov/healthypeople.

healthfinder[®]:

A gateway consumer health and human services information Web site from the United States government at www.healthfinder.gov.

The Healthy People 2010 Toolkit:

A field guide to health planning at www.health.gov/healthy_people/state/toolkit.

Healthy People Information Line:

Recorded information on upcoming events, ordering Healthy People publications, and the Healthy People Consortium. Call 1-800-367-4725.

Fax-Back System:

Faxed copies of the complete list of available publications and updated Healthy People progress reviews, fact sheets, and recent issues of Prevention Report. Call (301) 468-3028.

Leading Health Indicators

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Sciences provided several scientific models to support a set of indicators. Focus groups were used to ensure that the indicators are meaningful and motivating to the public.

For each of the Leading Health Indicators, specific objectives derived from Healthy People 2010 will be used to track progress. This small set of measures will

HOW DO I GET INVOLVED?

Healthy People 2010 is in the public domain and can be adopted or adapted by individuals, groups, communities, and States for their own health improvement activity. Picking one objective and setting a target gives people the opportunity to get involved. As individuals, people can set personal goals and take responsibility for their own health. Parents can teach their children healthy habits and offer support and positive role modeling for their children. People can work to incorporate Healthy People objectives into their organization or business.

Community-level initiatives can begin with an evaluation of community needs and assets. This evaluation can be done by gathering information from libraries, health departments, interviews with health care providers and business leaders, and meetings with government and civic leaders. Once its profile has been completed, the community can

create a shared vision of health that can inspire and provide participants with a common purpose.

After needs, assets, and vision are identified, the next step in a successful community initiative is to create partnerships among individuals, civic groups, agencies, and businesses. These partnerships can set goals, leverage resources and expertise, initiate programs, measure progress, and report results.

On the State level, Healthy People 2010 objectives can serve as the basis for individual State plans to address public health needs. Nearly all States have used Healthy People 2000 objectives to identify and allocate resources, develop policies, plan strategies, develop and evaluate programs, develop and support legislation, and measure progress toward State goals.

The key to success lies in creating partnerships to develop effective strategies and policies for improving health.

HEALTHY PEOPLE 2010 ON THE WEB

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State and local public health agencies. In the months preceding and following the New York meeting, Consortium members participated in seven focus group sessions.

One major recommendation from these focus groups and the 1996 Consortium meeting involved using new information and communications technologies to make Healthy People 2010 widely available.

Five months later, the HHS Secretary's Council on National Health Promotion and Disease Prevention endorsed the Consortium's suggestions and recommended making Healthy People 2010 an interactive document that would be available on the Internet as well as in print.

On September 15, 1997, the proposed framework for Healthy People 2010 and an

updated list of Healthy People 2000 objectives were posted on the Healthy People Web site. During the 3-month public comment period that followed, people could voice an opinion electronically or in writing.

When the responses were tallied, some 700 comments had been received. Nearly 75 percent arrived electronically. The experience proved that the Internet could serve as an interactive source of information about Healthy People 2010.

The public comments on the framework and objectives were used by work groups in preparing the initial draft of Healthy People 2010. In addition, largely because of the public comments, new work groups were created to prepare objectives dealing specifically with arthritis, osteoporosis, and chronic back condi-

tions; disability and secondary conditions; health communication; and respiratory diseases.

The first complete draft of Healthy People 2010, consisting of 704 pages in its printed form, was posted on the Web for public comment on September 15, 1998, a year to the day from the opening of the first public comment period.

Over the next 3 months, more than 11,000 comments arrived electronically and in writing from people in every State in the United States, Puerto Rico, and the District of Columbia. Six public hearings across the country provided an opportunity for people to offer their comments and suggestions in person.

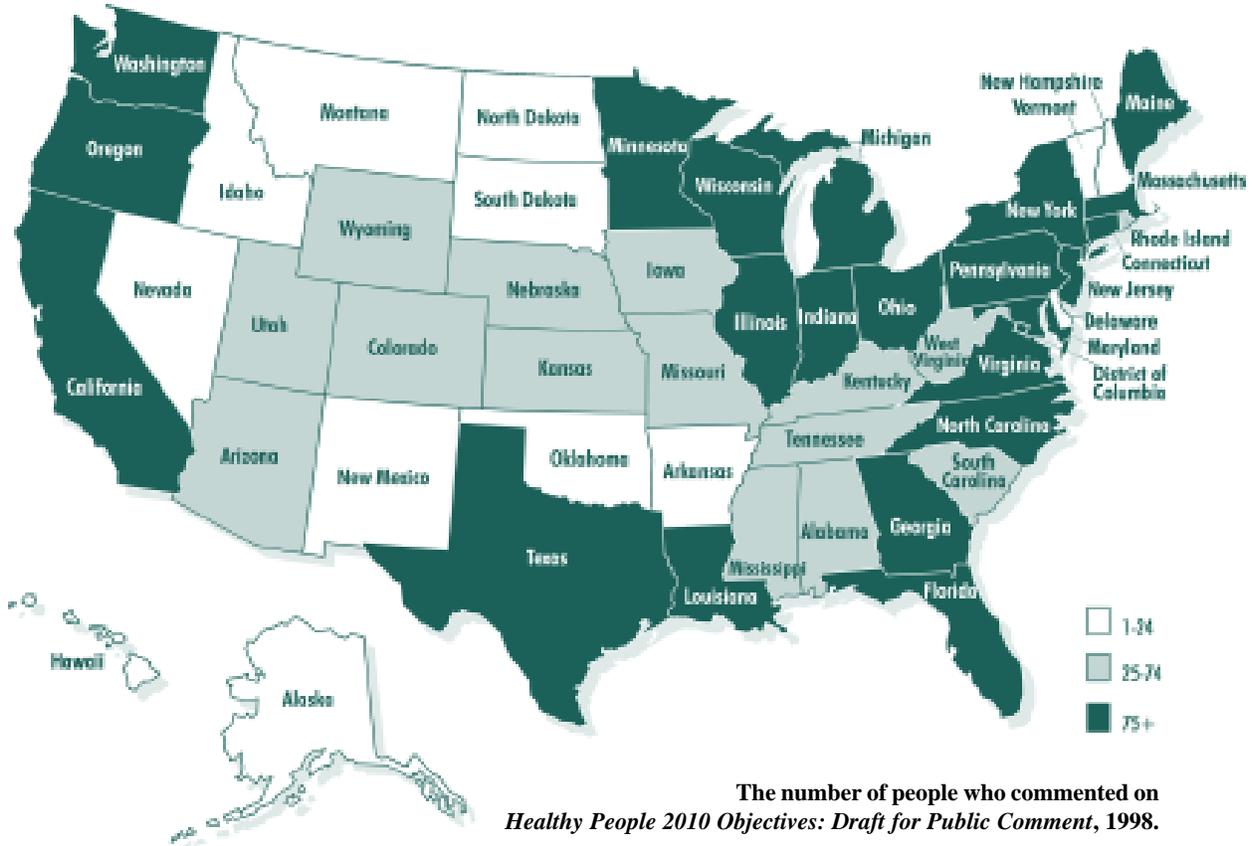
Transcripts of the public hearings, together with all of the public comments on Healthy People 2010, are posted on the Healthy

People Web site. The comments are searchable by keyword—type in whatever subject (e.g., diabetes), and the relevant comments will be sorted for your use. By using other search options, including user name, organization, city, State, and ZIP Code, you may be able to find new partners for your own community health improvement action.

As with the first set of public comments, the work groups used these public comments in preparing Healthy People 2010. The public comments on the draft also prompted the addition of two new focus areas, one on chronic kidney disease and the other on vision and hearing.

All Healthy People materials will remain on the Web. Many will be word searchable, making these materials available to anyone with Internet access.

People from Every State Let Their Voices Be Heard on Healthy People 2010



The mission of the Office of Disease Prevention and Health Promotion (ODPHP) is to provide leadership for disease prevention and health promotion among Americans by stimulating and coordinating prevention activities. *Prevention Report* is a service of ODPHP. This information is in the public domain. Duplication is encouraged.



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