13

*Healthy People — Goals and Interpretations**

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Overview

In the 1970s, the United States Department of Health and Human Services began the process of defining specific goals to improve the health of Americans. The first publication, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*,[1] was released in 1979. This preventive health initiative is now entering its third decade with the January 2000 release of *Healthy People 2010*.[2]

Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention outlined goals for the nation to reduce premature death and preserve independence for older adults. In 1980, *Promoting Health/Preventing Disease: Objectives for the Nation* was released.[3] This report delineated 15 priority areas and 226 objectives for the country to achieve over the next decade. These objectives were organized under the general heading of prevention services, health protection, and health promotion.

Healthy People 2000: National Health Promotion and Disease Prevention Objectives[4] was released in 1990. This report expanded on the 1980 objectives. Two new focus areas, cancer and HIV, were also added. *Healthy People 2000* consisted of the following three goals:

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

The report was comprised of 22 priority areas organized under the general headings of health promotion, health prevention services, and surveillance and data systems. The report also organized the appropriate objectives in four areas according to age (children, adolescent and young adults, adults and older adults) and special at–risk population groups (low income, minorities, and people with disabilities).

In 1995, *Healthy People 2000 Midcourse Review and 1995 Revisions*[5] was released. This report evaluated the nation's progress on the 2000 objectives and resulted in changes in

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TABLE 13.1

Healthy People 2010 Focus Areas

1. Access to quality health services
2. Arthritis, osteoporosis, and chronic back conditions
3. Cancer
4. Chronic kidney disease
5. Diabetes
6. Disability and secondary conditions
7. Educational and community-based programs
8. Environmental health
9. Family planning
10. Food safety
11. Health communications
12. Heart diseases and stroke
13. HIV
14. Immunization and infectious disease
15. Injury and violence prevention
16. Maternal, infant, and child health
17. Medical product safety
18. Mental health and mental disorders
19. Nutrition and overweight
20. Occupational safety and health
21. Oral health
22. Physical activity and fitness
23. Public health infrastructure
24. Respiratory diseases
25. Sexually transmitted diseases
26. Substance abuse
27. Tobacco use
28. Vision and hearing

U.S. Department of Health and Human Services, *Healthy People 2010* 2nd ed., Government Printing Office, Superintendent of Documents, Washington, DC, January 2000.

some objectives, as well as incorporation of new objectives. Forty-seven sentinel objectives were selected to track the nation's success in meeting the objectives. At the midpoint review, 33 of the sentinel objectives were moving in the right direction, nine were moving in the wrong direction, and two had not changed. Data was not available on the remaining three objectives.

Healthy People 2010, released in January 2000, provides the nation with its third ten-year blueprint for a healthier population. Over 350 national membership organizations and 270 state and local health agencies contributed to the development of this report.

Healthy People 2010 is organized around the following two goals:

- Increase quality and years of healthy life — defined as "a personal sense of physical and mental health and the ability to react to factors in the physical and social environments."[2]
- Eliminate health disparities — defined as "eliminate disparities among different segments of the population. These include differences that occur by gender, race or ethnicity, education or income, disability, living in rural localities, or sexual orientation."[2]

The two-volume report consists of 467 objectives organized in 28 focus areas. These focus areas are listed in Table 13.1.

TABLE 13.2

Leading Health Indicators

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

U.S. Department of Health and Human Services, *Healthy People 2010* 2nd ed., Government Printing Office, Superintendent of Documents, Washington, DC, January 2000.

A new addition to *Healthy People 2010* is the identification of leading health indicators (Table 13.2). These represent major public health concerns in the U.S. They are divided into two groups: lifestyle challenges and system enhancement challenges.[6] The lifestyle challenges are physical activity, overweight and obesity, tobacco use, substance abuse, and responsible sexual behavior. The system challenges are mental health, injury and violence, environmental quality, immunizations, and access to health care. Specific objectives will be used to track progress toward improving the leading health indicators.

Nutrition has been one of the focus areas since the beginning of the Healthy People initiative. In *Healthy People 2010,* the goal of the nutrition and overweight focus area is to promote health and reduce chronic disease associated with diet and weight. There are 18 objectives listed in the nutrition section, with 33 other nutrition-related objectives listed in other focus areas.

Table 13.3 delineates the primary nutriton-related objectives from *Healthy People 2000* and *Healthy People 2010.* The table is organized around the *Healthy People 2000* objectives. The first column lists the nutrition objectives from Section 2 as well as key nutrition-related objectives from other *Healthy People 2000* focus areas. The objectives from the nutrition section are bolded. The information in italic print was added at the midcourse review. The second column is the baseline data that was used to evaluate the objectives, and the third column is the source of that data. The fourth column, Outcome, evaluates the success in meeting the *Healthy People 2000* objective. The fifth column lists the corresponding *Healthy People 2010* objectives, if available. It also lists any new objectives. Again, the objectives from the nutrition section (Section 19) are bolded. The last two columns list the baseline data, and data sources for *Healthy People 2010*. The baseline data rates used in *Healthy People 2010* were age-adjusted to the year 2000, whereas the rates used in *Healthy People 2000* were age-adjusted to the 1940 population or are crude rates. If an objective does not have baseline data or a known data source, it is listed as a developmental objective.

Table 13.4 provides the full names for the abbreviations used in the data source columns. The information presented in the chart is taken directly from the references indicated in the footnotes.

Healthy People is truly one of this country's most significant public health initiatives. It is a valuable tool to help Americans promote health and prevent disease, disability, and premature death. To be successful, we must continue to work together to put Healthy People into practice.

TABLE 13.3

Summary of Healthy People 2000 and 2010 Objectives

Healthy People 2000 Objectives	Baseline	Data Source	Outcome	Healthy People 2010 Objectives	Baseline	Data Source
2.1 Reduce coronary heart disease deaths to no more than 100/100,000 people. (4)	Age-adjusted baseline: 135/100,000 in 1987. (4)	NVSS, CDC (4)	In 1996, the death rate from coronary heart disease (CHD) was 105 deaths/100,000 population. (8)	12-1 Reduce coronary heart disease deaths. Target: 166/100,000 people. (2)	208 coronary heart disease deaths/100,000 population (age-adjusted) in 1998. (2)	NVSS, CDC, NCHS (2)
2.2 Reverse the rise in cancer deaths to achieve a rate of no more than 130/100,000 people. (4)	Age-adjusted baseline: 133/100,000 in 1987. (4)	NVSS, CDC (4)	In 1997, the age adjusted cancer death rate was 125 deaths/100,000 population (preliminary data). (8)	3-1 Reduce the overall cancer death rate. Target: 158.7 cancer deaths/100,000 population. (2)	201.4 cancer deaths/100,000 population (age-adjusted) in 1998. (2)	NVSS, CDC, NCHS (2)
2.3 Reduce overweight to a prevalence of no more than 20% among people age 20 and older and no more than 15% among adolescents through 19. (4)	26% for people age 20 through 74 in 1976-80, 24% for men and 27% for women; 15% for adolescents age 12 through 19 in 1976-80. (4)	NHANES, CDC; Hispanic HANES, CDC; IHS; NHIS, CDC (4)	In 1994, the prevalence of overweight was 35% for people 20-74 years and 24% for adolescents 12-19 years. This is a substantial increase over the 1976-80 baseline data. (8)	**19-1 Increase the proportion of adults who are at a healthy weight. Target: 60%. (2)**	42% of adults age 20 years and older were at a healthy weight (defined as a body mass index (BMI) equal to or greater than 18.5 and less than 25) in 1988-94. (2)	NHANES, CDC, NCHS (2)
				19-2 Reduce the proportion of adults who are obese. Target: 15%. (2)	23% of adults age 20 years and older were identified as obese (defined as a BMI of 30 or more) in 1988-94. (2)	NHANES, CDC, NCHS (2)
				19-3 Reduce the proportion of children and adolescents who are overweight or obese. Target: age 6-11 years: 5%; age 12-19 years: 5%; age 6-19 years: 5%. (2)	1988-94 baseline for children age 6-11: 11%; age 12-19: 10%; age 6-19: 11%. (2)	NHANES, CDC, NCHS (2)
2.4 Reduce growth retardation among low-income children age 5 and younger to less than 10%. (4)	Up to 16% among low-income children in 1988, depending on age and race/ethnicity. (4)	Pediatric Nutrition Surveillance System, CDC (4)	The target to reduce growth retardation to less than 10% for all low-income children age 5 years and under has been met, although the target for African-American children under 1 year has not. (7)	**19-4 Reduce growth retardation among low-income children under age 5 years. Target: 5%. (2)**	8% of low-income children under age 5 years were growth retarded in 1997 (defined as height-forage below the 5th percentile in the age-gender appropriate population using the 1977 NCHS/CDC growth charts). (2)	PNSS, CDC, NCCDPHP (2)

2.5 Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10% of calories among people age 2 and older. (4) In addition, increase to at least 50% the proportion of people age 2 and older who meet the Dietary Guidelines' average daily goal of no more than 30% of calories from fat, and increase to at least 50% the proportion of people age 2 and older who meet the average daily goal of less than 10% of calories from saturated fat. (5)	36% of calories from total fat and 13% from saturated fat for people age 20 through 74 in 1976-80; 36% and 13% for women age 19 through 50 in 1985. (4) Baseline (for the midcourse) addition for people age 2 and older: 21% met the goal for fat and 21% met the goal for saturated fat based on 2-day dietary data from the 1989-91 NHANES; 22% met the goal for fat and 21% met the goal for saturated fat based on the 3-day dietary data from 1989-91 CSFII. (5)	NHANES, CDC; CSFII, USDA (4)	34% of calories from total fat and 12% from saturated fat for people age 20 through 74 from the 1994 NHANES; 34% met the goal for fat and 36% met the goal for saturated fat based on the 3-day dietary data from 1989-91 CSFII. (8)	**19-8 Increase the proportion of persons age 2 years and older who consume less than 10% of calories from saturated fat. Target: 75%. (2)**	36% of persons age 2 years and older consumed less than 10% of calories from saturated fat in 1994-96. (2)	CFSII, USDA (2)
				19-9 Increase the proportion of persons age 2 years and older who consume no more than 30% of calories from fat. Target: 75%. (2)	33% of persons age 2 years and older consumed no more than 30% of daily calories from fat in 1994-96. (2)	CSFII, USDA (2)
2.6 Increase complex carbohydrate and fiber-containing foods in the diets of adults to 5 or more daily servings for vegetables (including legumes) and fruits, and to 6 or more daily servings for grain products. (4) In addition, increase to at least 50% the proportion of people age 2 and older who meet the Dietary Guidelines' average daily goal of 5 or more servings of vegetables/ fruits, and increase to at least 50% the proportion who meet the goal of 6 or more grain products. (5)	2 1/2 servings of vegetables and fruits and 3 servings of grain products for women age 19 through 50 in 1985. (4) Baseline for the midcourse addition): 29% met the goal for fruits and vegetables and 40% met the goal for grain products for people age 2 and older based on 3-day dietary data in 1989-91. (5)	CSFII, USDA (1)	4.7 servings of vegetables and fruits and 6.9 servings of grain products for people age 2 and over; 35% met the goal for fruits and vegetables and 52% met the goal for grain products for people age 2 and older in 1989-91. (8)	**19-5 Increase the proportion of persons age 2 years and older who consume at least 2 daily servings of fruit. Target: 75%. (2)**	28% of persons age 2 years and older consumed at least 2 daily servings of fruit in 1994-96. (2)	CSFII, USDA (2)
				19-6 Increase the proportion of persons age 2 years and older who consume at least 3 daily servings of vegetables, with at least one-third being dark green or deep yellow vegetables. Target: 50%. (2)	3% of persons age 2 years and older consumed at least 3 daily servings of vegetables, with at least one-third of these servings being dark green or deep yellow vegetables in 1994-96. (2)	CSFII, USDA (2)
				19-7 Increase the proportion of persons age 2 years and older who consume at least 6 daily servings of grain products, with at least 3 being whole grains. Target: 50%. (2)	7% of persons age 2 years and older consumed at least 6 daily servings of grain products, with at least 3 being whole grains in 1994-96. (2)	CSFII, USDA (2)

TABLE 13.3 *(Continued)*

Summary of Healthy People 2000 and 2010 Objectives

Healthy People 2000 Objectives	Baseline	Data Source	Outcome	Healthy People 2010 Objectives	Baseline	Data Source
2.7 Increase to at least 50% the proportion of overweight people age 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight. (4)	30% of overweight women and 25% of overweight men for people age 18 and older in 1985. (4)	NHIS, CDC (4)	In 1995, 15% of the overweight women and 19% of the overweight men age 18 and older have adopted sound dietary practices combined with physical activity to attain an appropriate body weight. (8)	No corresponding objective.		
2.8 Increase calcium intake so at least 50% of youth age 12 through 24 and 50% of pregnant and lactating women consume 3 or more servings daily of foods rich in calcium, and at least 50% of people age 25 and older consume 2 or more servings daily. (4)	7% of women and 14% of men age 19 through 24 and 24% of pregnant and lactating women consumed 3 or more servings, and 15% of women and 23% of men age 25 through 50 consumed 2 or more servings in 1985-86. (4)	CSFII, USDA (4)	15% of people 11-24 years and 13% pregnant and lactating females consumed an average of 3 or more servings daily, and 47% of children 2-10 years and 21% people 25 years and over consumed 2 or more servings in 1996. (8)	**19-11 Increase the proportion of persons age 2 years and older who meet dietary recommendations for calcium. Target: 75%. (2)**	46% of persons age 2 years and older were at or above approximated mean calcium requirements (based on consideration of calcium from foods, dietary supplements, and antacids) in 1988-94. (2)	NHANES, CDC, NCHS (2)
2.9 Decrease salt and sodium intake so at least 65% of home meal preparers prepare foods without adding salt, at least 80% of people avoid using salt at the table, and at least 40% of adults regularly purchase foods modified or lower in sodium. (4)	54% of women age 19 through 50 who served as the main meal preparer did not use salt in food preparation, and 68% of women age 19 through 50 did not use salt at the table in 1985; 20% of all people age 18 and older regularly purchased foods with reduced salt and sodium content in 1988. (4)	CSFII, USDA; Health and Diet Survey, FDA (4)	In 1995, 19% of people 18 years and over regularly purchase foods with reduced salt and sodium content, 58% rarely or never use salt at the table. (8)	**19-10 Increase the proportion of persons age 2 years and older who consume 2,400 mg or less of sodium daily. (2)**	21% of persons age 2 years and older consumed 2400 mg of sodium or less daily (from foods, dietary supplements, tap water, and salt use at the table) in 1988-94. (2)	NHANES, CDC, NCHS (2)

2.10 Reduce iron deficiency to less than 3% among children age 1 through 4 and among women of childbearing age. (4)	9% among children age 1 through 2, 4% for children age 3 through 4, 5% for women age 20 through 44 in 1976-80. (4)	NHANES, CDC; Alaska Native Children, CDC 1988; PNSS, CDC (4)	6% among children age 1-4 years; 9% for children age 1-2 years; 4% for children age 3-4 years; 8% for females age 20-44 years were anemic in 1988-94. (8)	**19-12 Reduce iron deficiency among young children and females of childbearing age. Target for children age 1-2 years: 5%; Children age 3-4 years: 1%; Non-pregnant females age 12-49 years: 7%. (2)**	1988-94 baseline: children age 1-2 years: 9%; Children age 3-4 years: 4%; Non-pregnant females age 12 to 49 years: 11%. (2)	NHANES, CDC, NCHS; NCHS (2)
				19-13 Reduce anemia among low-income pregnant females in their third trimester. Target: 20%. (2)	29% of low-income pregnant females in their third trimester were anemic (defined as hemoglobin <11.0 g/dL) in 1996. (2)	PNSS, CDC, NCCDPHP (2)
				19-14 (Developmental) Reduce iron deficiency among pregnant females. (2)		Potential Data Source: NHANES, CDC, NCHS (2)
2.11 Increase to at least 75% the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50% the proportion who continue breastfeeding until their babies are 5 to 6 months old. (4)	54% at discharge from birth site and 21% at 5 to 6 months in 1988. (4)	Ross Laboratories Mothers Survey; PNSS, CDC (4)	62% in early postpartum period and 26% at 6 months in 1997. (8)	16-19 Increase the proportion of mothers who breastfeed their babies. Target: in early postpartum period: 75%; at 6 months: 50%; at 1 year: 25%. (2)	1998 baseline: in early postpartum period: 64%; at 6 months: 29%; at 1 year: 16%. (2)	Mothers' Survey, Abbott Laboratories Inc., Ross Products Division (2)
2.12 Increase to at least 75% the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay. (4)	55% for parents and caregivers of children 6-23 months in 1988. (5)	NHIS, CDC (8)	No data beyond baseline. (7)	No corresponding objective.		

TABLE 13.3 *(Continued)*

Summary of Healthy People 2000 and 2010 Objectives

Healthy People 2000 Objectives	Baseline	Data Source	Outcome	Healthy People 2010 Objectives	Baseline	Data Source
2.13 Increase to at least 85% the proportion of people age 18 and older who use food labels to make nutritious food selections. (4)	74% used labels to make food selections in 1988. (4)	Health and Diet Survey, FDA (4)	In 1995, 75% of the people 18 years and over reported using food labels. (8)	No corresponding objective.		
2.14 Achieve useful and informative nutrition labeling for virtually all processed foods and at least 40% of fresh meats, poultry, fish, fruits, vegetables, baked goods, and ready-to-eat carry-away foods. (4)	60% of sales of processed foods regulated by FDA had nutrition labeling in 1988; baseline data on fresh and carry-away foods unavailable. (4)	Food Label and Package Survey, FDA (4)	In 1995, 96% of processed foods had nutrition labeling. In 1996, 73% of fresh produce and 71% of fresh seafood had nutrition labeling. (8)	No corresponding objective.		
2.15 Increase to at least 5000 brand items the availability of processed food products that are reduced in fat and saturated fat. (4)	2500 items reduced in fat in 1986. (4)	Nielsen Company National Scantrack (4)	In 1991, 5618 reduced fat and saturated fat food products were available. (8)	No corresponding objective.		
2.16 Increase to at least 90% the proportion of restaurants and institutional food service operations that offer identifiable low-fat, low-calorie food choices, consistent with the Dietary Guidelines for Americans. (4)	About 70% of fast food and family restaurant chains with 350 or more units had at least one low-fat, low-calorie item on their menu in 1989. (4)	Survey of Chain Operators, National Restaurant Association (4)	In 1990, 75% of large-chain restaurants offering at least one low-fat, low-calorie item. (8)	No corresponding objective.		

2.17 Increase to at least 90% the proportion of school lunch and breakfast services and child care food services with menus that are consistent with the nutrition principles in the Dietary Guidelines for Americans. (4)	1% of schools offered lunches that provided an average of 30% or less of calories from total fat, and less than 1% offered lunches that provided an average of less than 1% of calories from saturated fat. Of the schools participating in the USDA school breakfast program, 44% offered breakfasts that provided an average of 30% or less of calories from total fat, and 4% offered breakfasts that provided an average of less than 10% of calories from saturated fat in 1992. (5)	1992 School Nutrition Dietary Assessment Study; SHPPS, CDC, NCCDPHP (8)	There were no new data beyond the baseline to measure this objective. (7)	**19-15 (Developmental) Increase the proportion of children and adolescents age 6 to 19 years whose intake of meals and snacks at schools contributes proportionally to good overall dietary quality. (2)**	Potential Data Source: CSFII, USDA (2)
2.18 Increase to at least 80% the receipt of home food services by people age 65 and older who have difficulty in preparing their own meals or are otherwise in need of home-delivered meals. (4)	48% in 1991. (8)	NHIS, CDC (8)	50% in 1995. (8)	No corresponding objective.	

TABLE 13.3 *(Continued)*

Summary of Healthy People 2000 and 2010 Objectives

Healthy People 2000 Objectives	Baseline	Data Source	Outcome	Healthy People 2010 Objectives	Baseline	Data Source
2.19 Increase to at least 75% the proportion of the nation's schools that provide nutrition education from preschool through 12th grade, preferably as part of quality school healthy education (4)	60% of states in 1991. (5)	National Survey of School Health Education Activities, CDC, NCCDPHP (8)	The proportion of States that required nutrition education increased from 60% in 1990 to 69% in 1994. (8)	7-2 Increase the proportion of middle, junior high, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy; HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health. Summary objective target: 70%; Unhealthy dietary patterns target: 95%. (2)	Summary objective baseline: 28%; unhealthy dietary patterns baseline: 78% in 1994. (2)	SHPPS, CDC, NCCDPHP (2)
2.20 Increase to at least 50% the proportion of worksites with 50 or more employees that offer nutrition education and/or weight management programs for employees. (4)	17% offered nutrition education activities and 15% offered weight control activities in 1985. (4)	NWHPS, ODPHP (4)	The proportion of worksites with 50 or more employees that offer programs for employees increased from 17% in 1985 to 31% in 1992. (8)	**19-16 Increase the proportion of worksites that offer nutrition or weight management classes or counseling. Target: 85%. (2)**	55% of worksites with 50 or more employees offered nutrition or weight management classes or counseling at the worksite or through their health plans in 1998-1999. (2)	NWHPS, AWHP (2)

2.21 Increase to at least 75% the proportion of primary care providers who provide nutrition assessment and counseling and/or referral to qualified nutritionists or dietitians. (4)	Physicians provided diet counseling for an estimated 40-50% of patients in 1988. (4)	Lewis 1988 (4)	There were no new data beyond the baseline to measure this objective. (7)	**19-17 Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet and nutrition. Target: 75%. (2)**	Counseling or education on diet and nutrition was ordered or provided for 42% of physician visits that were related to the diagnosis of cardiovascular disease, diabetes, or hyperlipidemia in 1997. (2)	NAMCS, CDC, NCHS (2)
2.22 Reduce stroke deaths to no more than 20/100,000 people. (5)	Age-adjusted baseline: 30.3/100,000 in 1987. (5)	NVSS, CDC (4)	In 1996, the age adjusted death rate from stroke was 26.4/100,000. (8)	12-7 Reduce stroke deaths. Target: 48 deaths/100,000 population. (2)	60 deaths from stroke/100,000 population in 1998. (2)	NVSS, CDC, NCHS (2)
2.23 Reduce colorectal cancer deaths to no more than 13.2/100,000 people. (5)	14.4/100,000 in 1987. (5)	NVSS, CDC (4)	In 1996, the age adjusted death rate was for colorectal cancer 16.3 death/100,000 population. (8)	3-5 Reduce the colorectal cancer death rate. Target: 13.9 deaths/100,000 population. (2)	21.1 colorectal cancer deaths/100,000 population in 1998. (2)	NVSS, CDC, NCHS (2)
2.24 Reduce diabetes to an incidence of no more than 2.5/1,000 people and a prevalence of no more than 25/1,000 people. (5)	1986-88, the indence was 2.9/1,000; the prevalance was 28/1,000. (5)	NHIS, CDC; IHS; Hispanic HANES, CDC (4)	In 1994-96, the incidence of diabetes was 3.1/1,000 population and the prevalence was 31/1,000 population. (8)	5-3 Reduce the overall rate of diabetes that is clinically diagnosed. Target: 25 overall cases/1,000 population. (2)	40 overall cases (new and existing) of diabetes/1,000 population (age-adjusted) in 1997. (2)	NHIS, CDC, NCHS (2)
2.25 Reduce the prevalence of blood cholesterol levels of 240 mg/dL or greater to no more than 20% among adults. (5)	27% for people age 20-74 in 1976-80, 29% for women and 25% for men. (5)	NHANES, CDC (4)	The prevalence of high blood cholesterol was 19% among people 20-74 years in 1988-94. (8)	12-14 Reduce the proportion of adults with high total blood cholesterol levels. Target: 17%. (2)	21% of adults age 20 years and older had total blood cholesterol levels of 240 mg/dL or greater in 1988-94. (2)	NHANES, CDC, NCHS (2)
2.26 Increase to at least 50% the proportion of people with high blood pressure whose blood pressure is under control. (5)	11% controlled among people age 18-74 in 1976-80; an estimated 24% for people age 18 and older in 1982-84. (5)	NHANES, CDC; 1982-88 Seven State Survey, NIH (4)	In 1991, the control rate among people 18-74 years with high blood pressure was 29%. (8)	12-10 Increase the proportion of adults with high blood pressure whose blood pressure is under control. Target: 50%. (2)	18% of adults age 18 years and older with high blood pressure had it under control in 1988-94. (2)	NHANES, CDC, NCHS (2)

TABLE 13.3 *(Continued)*

Summary of Healthy People 2000 and 2010 Objectives

Healthy People 2000 Objectives	Baseline	Data Source	Outcome	Healthy People 2010 Objectives	Baseline	Data Source
2.27 Reduce the mean serum cholesterol among adults to no more than 200 mg/dL. (5)	213 mg/dL among people age 20-74 in 1976-80, 211 mg/dL for men and 215 mg/dL for women. (5)	NHANES, CDC (4)	Average total serum cholesterol for people 20-74 years was 203 mg/dL in 1988-94. (8)	12-13 Reduce the mean total blood cholesterol levels among adults. Target: 199 mg/dL. (2)	206 mg/dL was the mean total blood cholesterol level for adults age 20 years and older in 1988-94. (2)	NHANES, CDC, NCHS (2)
				19-18 Increase food security among US households and in so doing reduce hunger. Target: 94%. (2)	88% of all US households were food secure in 1995. (2)	Current Population Survey, US Dept of Commerce, Bureau of the Census; National Food and Nutrition Survey, (beginning in 2001) DHHS and USDA (2)
4.8 Reduce alcohol consumption by people 14 and older to an annual average of no more than 2 gallons of ethanol/person. (4)	2.54 gallons of ethanol in 1987 (4)	NIAAA, ADAMHA (4)	In 1994, 2.21 gallons alcohol/person age 14 years and older were consumed. (8)	26-12 Reduce average annual alcohol consumption. Target: 2 gallon. (2)	2.19 gallons of ethanol/person age 14 years and older were consumed in 1996. (2)	AEDS, NIH, NIAAA (2)
12.1 Reduce infections caused by key foodborne pathogens to incidences of no more than: *Salmonella* species: 16/100,000 *Campylobacter jejuni:* 25/100,000; *Escherichia coli*: 0157:H7: 4/100,000; *Listeria monocytogenes:* 0,5/100,000. (4)	*Salmonella* species:18/100,000; *Campylobacter jejuni:* 50/100,000; *Escherichia coli:* 0157:H7: 8/100,000; *Listeria monocytogenes:* 0.7/ 100,000. (4)	NCID, CDC (4)	In 1996, *Salmonella* species: 15/100,000; *Campylobacter jejuni:* 24/100,000; *Escherichia coli:* 0157:H7: 3/100,000; *Listeria monocytogenes:* 0.5/100,000. (8)	10-1 Reduce infections caused by key foodborne pathogens. Target (cases/100,000): *Campylobacter* species: 12.3; *Escherichia coli* 0157-H7: 1.0; *Listeria monocytogenes:* 0.25; *Salmonella* species: 6.8; *Cyclospora cayetanensis:* developmental; Postdiarrheal hemolytic uremic syndrome: developmental; Congenital *Toxoplasma gondii:* developmental. (2)	In 1997, the case/100,000 population was *Campylobacter* species: 24.6; *Escherichia coli:* 0157-H7:2.1; *Listeria monocytogenes:* 0.5; *Salmonella* species: 13.7. (2)	Foodborne Disease Network (FoodNet), CDC, NCID; FDA, CFSAN; FSIS, OPHS and state agencies. Potential data sources: NNDSS, CDC, NCID (2)

12.2 Reduce outbreaks of infections due to *Salmonella enteritidious* to fewer than 25 outbreaks yearly. (4)	77 Outbreaks in 1989. (4)	NCID, CDC (4)	In 1996, there were 50 outbreaks due to *Salmonella enteritidious*. (8)	10-2 Reduce outbreaks of infections caused by key foodborne bacteria. Target (number of outbreaks/year): *Escherichia coli* 0157-H7:11; *Salmonella* serotype Enteridis: 22. (2)	The number of outbreaks in 1997: *Escherichia coli* 0157-H7-22; *Salmonella* serotype Enteridis-44. (2)	Foodborne Disease Outbreak Surveillance System, CDC, NCID (2)
12.3 Increase to at least 75% the proportion of households in which principal food preparers routinely refrain from leaving perishable food out of the refrigerator for over 2 hours and wash cutting boards and utensils with soap after contact with raw meat and poultry. (4)	For refrigeration of perishable foods, 70%; for washing cutting boards with soap, 66%; and for washing utensils with soap, 55%, in 1988. (4)	Food Safety Survey, FDA; Diet-Health Knowledge Survey, USDA (4)	For refrigeration of perishable foods, 72% (in 1993); for washing cutting boards with soap, 71% (in 1997); washing utensils with soap, no data beyond the baseline. (8)	10-5 Increase the proportion of consumers who follow key food safety practices. Target: 79%. (2)	72% of consumers followed key food safety practices in 1998. (2)	Food Safety Survey, FDA: FSIS, USDA (2)
14.1 Reduce the infant mortality rate to no more than 7/1000 live births. (4)	10.1/1000 live births in 1987. (4)	NVSS, CDC: Linked Birth and Infant Death Data Set, CDC (4)	In 1996, the infant mortality rate was 7.3/1,000 live births. (8)	16-1 Reduce fetal and infant deaths. Target (per 1000 live births plus fetal deaths): 4.1 at 20 or more weeks of gestation; 4.5 during the perinatal period. (2)	In 1997, (per 1000 live births plus fetal deaths) 6.8 for 20 or more weeks of gestation; 7.5 during the perinatal period. (2)	NVSS, CDC, NCHS (2)
14.5 Reduce low birth weight to an incidence of no more than 5% of live births and very low birth weight to no more than 1% of live births. (4)	6.9 and 1.2%, respectively, in 1987. (4)	NVSS, CDC (4)	7.4% and 1.4% respectively, in 1996. (8)	16-10. Reduce low birth weight (LBW) and very low birth weight (VLBW). Target: 5.0% for LBW Target: 0.9% for VLBW. (2)	1998 baseline: 7.6% for LBW 1.4% for VLBW. (2)	NVSS, CDC, NCHS (2)
14.6 Increase to at least 85% the proportion of mothers who achieve the minimum recommended weight gain during their pregnancies. (4)	68% of married females who had a full-term live birth and prenatal care in 1980. (8)	National Natality Survey, CDC, National Maternal and Infant Health Survey, CDC, NCHS (8)	In 1990, 75% of mothers achieved the minimum recommended weight gain during their pregnancies. (8)	16-12. (Developmental) Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies. (2)		Potential data sources: NVSS, CDC, NCHS (2)

TABLE 13.3 *(Continued)*

Summary of Healthy People 2000 and 2010 Objectives

Healthy People 2000 Objectives	Baseline	Data Source	Outcome	Healthy People 2010 Objectives	Baseline	Data Source
15.5 Increase to at least 90% the proportion of people with high blood pressure who are taking action to help control their blood pressure. (4)	79% of aware hypertensives age 18 and older were taking action to control their blood pressure in 1985. (4)	NHIS, CDC (4)	In 1994, 71% of people 18 years and over with high blood pressure were using medication and diet. (8)	12-11 Increase the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity, and reducing sodium intake) to help control their blood pressure. Target: 95% (2)	72% of adults age 18 years and older with high blood pressure were taking action to control it in 1998. (2)	NHIS, CDC, NCHS (2)
15.8 Increase to at least 60% the proportion of adults with high blood cholesterol who are aware of their condition and are taking action to reduce their blood cholesterol to recommended levels. (4)	11% of all people age 18 and older, and thus an estimated 30% of people with high blood cholesterol were aware that their blood cholesterol was high in 1988. (4)	Health and Diet Survey, FDA (4) Cholesterol Awareness Survey, NHLBI, NIH. (8)	60% of all people age 18 and older with high blood cholesterol were aware that their blood cholesterol was high in 1995. (8)	No corresponding objective.		
15.15 Increase to at least 75% the proportion of primary care providers who initiate diet and, if necessary, drug therapy at levels of blood cholesterol consistent with current management guidelines for patients with high blood cholesterol. (4)	In 1986, the median cholesterol level when diet therapy was initiated: 240-259 mg/dL; median cholesterol level when drug therapy was initiated: 300-319 mg/dL. (8)	Cholesterol Awareness Survey, NIH, NHLBI (8)	In 1995, the median cholesterol level when diet therapy was initiated: 200-219 mg/dL; median cholesterol level when drug therapy was initiated: 240-259 mg/dL. (8)	No corresponding objective.		

15.16 Increase to at least 50% proportion of worksites with 50 or more employees that offer high blood pressure and/or cholesterol education and control activities to their employees. (4)	16.5% offered high blood pressure activities and 16.8% offered nutrition education activities in 1985. (4)	NWHPS, ODPHP (4)	In 1992, 29% offered high blood pressure activities; 31% offered nutrition education activities; 32% offered blood pressure screening. (8)	No corresponding objective.		
				2-9. Reduce the overall number of cases of osteoporosis Target: 8%. (2)	10% of adults age 50 years and older had osteoporosis as measured by low total femur bone mineral density (BMD) in 1988-94. (2)	NHANES, CDC, NCHS (2)
16.3 Reduce breast cancer deaths to no more than 20.6/100,000 women. (4)	22.9 breast cancer deaths/100,000 females in 1987. (4)	NVSS, CDC (4)	20.2 breast cancer death/100,000 females in 1997. (8)	3-3 Reduce the breast cancer death rate. Target: 22.2 deaths/100,000 females. (2)	27.7 breast cancer deaths/100,000 females in 1998. (2)	NVSS, CDC, NCHS (2)
				4-3 Increase the proportion of treated chronic kidney failure patients who have received counseling on nutrition, treatment choices, and cardiovascular care 12 months before the start of renal replacement therapy. Target: 60%. (2)	45% of newly diagnosed patients with treated chronic kidney failure received counseling on nutrition, treatment choices, and cardiovascular care in 1996. (2)	USRDS, NIH, NIDDK (2)
				5-1 Increase the proportion of persons with diabetes who receive formal diabetes education. Target: 60%. (2)	40% of persons with diabetes received formal diabetes education in 1998. (2)	NHIS, CDC, NCHS (2)
				5-2 Prevent diabetes. Target: 2.5 new cases/1,000 persons/year. (2)	3.1 new cases of diabetes/1000 persons (3-year average) in 1994-96. (2)	NHIS, CDC, NCHS (2)

TABLE 13.3 *(Continued)*

Summary of Healthy People 2000 and 2010 Objectives

Healthy People 2000 Objectives	Baseline	Data Source	Outcome	Healthy People 2010 Objectives	Baseline	Data Source
				7-11 Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs for racial and ethnic minority populations. Target: nutrition and overweight - 50%. (2)	44% for nutrition and overweight in 1996-97. (2)	NHIS, CDC, NCHS (2)
				10-4 (Developmental) Reduce deaths from anaphylaxis caused by food allergies. (2)		Potential data Source: NVSS, CDC, NCHS (2)
				12-9 Reduce the proportion of adults with high blood pressure. Target: 16%. (2)	28% of adults age 20 years and older had high blood pressure in 1988-94. (2)	NHANES, CDC, NCHS (2)
				16-15 Reduce the occurrence of spina bifida and other neural tube defects (NTDs). Target: 3 new cases/ 10,000 live births. (2)	6 new cases of spina bifida or another NTD/ 10,000 live births in 1996. (2)	NBDPN, CDC, NCEH (2)

	16-16 Increase the proportion of pregnancies begun with an optimum folic acid level. Target: 80% for consumption of at least 400 µg of folic acid each day from fortified foods or dietary supplements by non-pregnant women age 15 to 44; 220 ng/ml for median red blood cell (RBC) folate level among non-pregnant women age 15 to 44. (2)	21% for the consumption of folic acid; 161 ng/ml for the median RBC folate level In 1991-94. (2)	NHANES, CDC, NCHS (2)
	16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women. Target: Increase in reported abstinence in past month from substances by pregnant women: 94% for alcohol; 100% for binge drinking; 98% for cigarette smoking; 100% for illicit drugs. (2)	Increase in reported abstinence in past month from substances by pregnant women: 86% for alcohol; 99% for binge drinking; 87% for cigarette smoking; 98% for illicit drugs in 1996-97. (2)	National Household Survey on Drug Abuse; SAMHSA; NVSS, CDC, NCHS (2)
	16-18 (Developmental) Reduce the occurrence of fetal alcohol syndrome. (2)		Potential data sources: FASnet, CDC, NCEH (2)
	18-5 (Developmental) Reduce the relapse rates for persons with eating discorders including anorexia nervosa and bulimia nervosa. (2)		Potential data sources: Prospective studies of patients with anorexia nervosa and bulimia nervosa, NIH, NIMH. (2)

TABLE 13.4

Abbreviations for Data Sources

Abbreviation	Source
ADAMHA	Alcohol, Drug Abuse and Mental Health Administration
AEDS	Alcohol Epidemiologic Data System
ASTDHPPE	Association of State and Territorial Directors of Health Promotion and Public Health Education
AWHP	Association of Worksite Health Promotion
CDC	Centers for Disease Control and Prevention
CFSAN	Center for Food Safety and Applied Nutrition
CSFII	Continuing Survey of Food Intake by Individuals
FASnet	Fetal Alcohol Syndrome Network
FDA	Food and Drug Administration
FSIS	Food Safety and Inspection Survey
IHS	Indian Health Service
NAMCS	National Ambulatory Medical Care Survey
NBDPN	National Birth Defects Prevention Network
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEH	National Center for Environmental Health
NCHS	National Center for Health Statistics
NCID	National Center for Infectious Disease
NHANES	National Health and Nutrition Examination Survey
NHIS	National Health Interview Survey
NHLBI	National Heart, Lung and Blood Institute
NIAAA	National Institute of Alcohol Abuse and Alcoholism
NIDDK	National Institute of Diabetes and Digestive and Kidney Disease
NIMH	National Institute of Mental Health
NIH	National Institute of Health
NNDSS	National Notifiable Disease Surveillance System
NVSS	National Vital Statistics System
NWHPS	National Worksite Health Promotion Survey
ODPHP	Office of Disease Prevention and Health Promotion
OPHS	Office of Public Health and Science
SAMHSA	Substance Abuse and Mental Health Services Administration
SHPPS	School Health Policies and Programs Study
USDA	United States Department of Agriculture
USRDS	U.S. Renal Data System

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