

*Healthy People 2010 Objectives: Draft for Public Comment*



## **Introduction**

### **1. What Is Healthy People?**

Healthy People is the national prevention initiative that identifies opportunities to improve the health of all Americans. For two decades, the U.S. Department of Health and Human Services (HHS) has used health promotion and disease prevention objectives to improve the health of the American people.

The first set of national health targets was published in 1979 in *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. This set of five challenging goals, to reduce mortality among four different age groups—infants, children, adolescents and young adults, and adults—and increase independence among older adults, was supported by objectives with 1990 targets that were designed to drive action. Through the combined efforts of the Nation's public health agencies, the 1990 targets set for infants, children, and adults were achieved. Adolescent mortality did not decline sufficiently to reach the 1990 target, and data systems could not adequately track the older adults' target.

#### ***Healthy People 2000***

Healthy People 2000 built upon the lessons of the first Surgeon General's report and is the product of unprecedented collaboration among government, voluntary and professional organizations, businesses, and individuals. Several themes distinguished Healthy People 2000 from past efforts, reflecting the progress and experience of 10 years, as well as an expanded science base for developing health promotion and disease prevention objectives. Many of the year 2000 objectives specify improving the health of groups of people bearing a disproportionate burden of poor health compared to the total population. The framework of Healthy People 2000 consists of three broad goals:

1. Increase the span of healthy life for Americans,
2. Reduce health disparities among Americans, and
3. Achieve access to preventive services for all Americans.

Organized under the broad approaches of health promotion, health protection, and preventive services, the more than 300 national objectives are organized into 22 priority areas. This framework provides direction for individuals to change personal behaviors and for organizations and communities to support good health through health promotion policies.

#### ***Year 2010 Objectives***

The context in which Healthy People 2010 is being developed differs from that in which Healthy People 2000 was framed—and will continue to evolve throughout the decade. Advances in preventive therapies, vaccines and pharmaceuticals, assistive technologies, and computerized systems will all change the face of medicine and how it is practiced. New relationships will be defined between public health departments and health care delivery organizations. Meanwhile, demographic changes in the United States—reflecting an older and more racially diverse population—will create new demands on public health and the overall health care system. Global forces—including food supplies, emerging infectious diseases, and environmental interdependence—will present new public health challenges.

This next set of national objectives will be distinguished from Healthy People 2000 by the broadened prevention science base; improved surveillance and data systems; a heightened awareness and demand for preventive health services and quality health care; and changes in demographics, science, technology, and disease spread that will affect the public's health in the 21st century. The widespread use of the year 2000 objectives by States, localities, and the private sector also provides a base of experience upon which

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to build the 2010 objectives. While the Federal Government has taken the lead in developing the initial draft objectives for 2010, this process is designed to be very participatory.

Development of the year 2010 objectives began with the users of the current objectives. At the November 1996 meeting of the Healthy People 2000 Consortium in New York City, the theme was “Building the Prevention Agenda for 2010: Lessons Learned.” This meeting was complemented by focus group sessions where Consortium members discussed the current framework, goals, and objectives to assess the improvements needed to make the 2010 agenda relevant to the first decade of the 21st century. A report on the focus group findings can be found on the Healthy People 2010 Home Page at <http://web.health.gov/healthypeople> under Stakeholders Report.

Development of the objectives continued with the inaugural meeting of the Secretary’s Council on National Disease Prevention and Health Promotion Objectives for 2010 in April 1997. In September 1997, *Developing Objectives for Healthy People 2010* was released for public comment, and a notice was published in the *Federal Register* calling for comments on the proposed framework and objectives. Nearly 700 comments were received from private citizens, Consortium members, congressional representatives, State agencies, and other organizations. In addition, the Consortium met in November 1997 to address the theme “Reducing Disparities: How Far Have We Come?” Work groups met to discuss the objectives, and the issues they raised were included in the public comment record. Based on the discussions at the Consortium meeting and on the public comments, the work groups drafted new objectives for presentation to the Healthy People Steering Committee in March 1998. Further refinements were made for presentation to the Secretary’s Council in April 1998. Those objectives were refined again and then reviewed by the operational division heads within the Department of Health and Human Services.

Healthy People 2010 is the United States’ contribution to the World Health Organization’s (WHO) “Health for All” strategy. The U.S. effort will be characterized by intersectoral collaboration and community participation. Through national objectives, the United States provides models for world policy and strategies for population health improvement. At a February 1998 symposium at the Pan American Health Organization, U.S. representatives shared experiences with priority setting and plans for the coming decade with 19 other nations in the Western Hemisphere.

## 2. Call for Comments

This is a draft publication. The final document could be substantially different based on public comments. We invite comments on all aspects of Healthy People 2010, especially the following:

### **Proposed Structure**

- Goals 1 and 2
- Major sections
- Focus areas
- Figure: Healthy People 2010, Healthy People in Healthy Communities

### **Specific Focus Areas**

- Improvements
- Additions
- Deletions

### **Leading Health Indicators**

- Criteria
- Indicators

### **Specific Objectives**

- Improvements
- Additions
- Deletions
- Data issues
  - Sources
  - Targets
  - Select populations

General and specific comments are welcome. All comments should reference the appropriate draft text by page and line number to ensure clarity. Due to technical limitations, line numbers could not be used with the tables. To comment on the tables, please reference the select populations or settings by objective number. **Electronic comments are preferred because they can be made available on the Web site during the comment period to enhance public access and encourage participation in the process. The Web site will also provide full-text searching of the draft document and lists of objectives by selected populations and settings.** Comments may be submitted in paper form to the address below. All submissions received become part of the official public record and cannot be returned. Paper comments will also be made available on the Web site if accompanied by a corresponding word-processor file on a 3.5-inch, PC-format diskette.

Comments will be accepted from **9:00 a.m. Eastern Daylight Time on September 15, 1998 through 5:00 p.m. Eastern Standard Time on December 15, 1998.**

*Submit electronic comments at:*  
<http://web.health.gov/healthypeople>

*Submit paper comments to:*  
Office of Disease Prevention and Health Promotion  
Attention: Healthy People 2010 Objectives  
Hubert H. Humphrey Bldg., Room 738G  
200 Independence Avenue, SW.  
Washington, DC 20201

Thank you for participating in the Healthy People 2010 development process.

### **3. How Can Organizations and Individuals Contribute to Healthy People?**

Healthy People is a national initiative. Everyone is encouraged to participate. The following describes opportunities for collaboration.

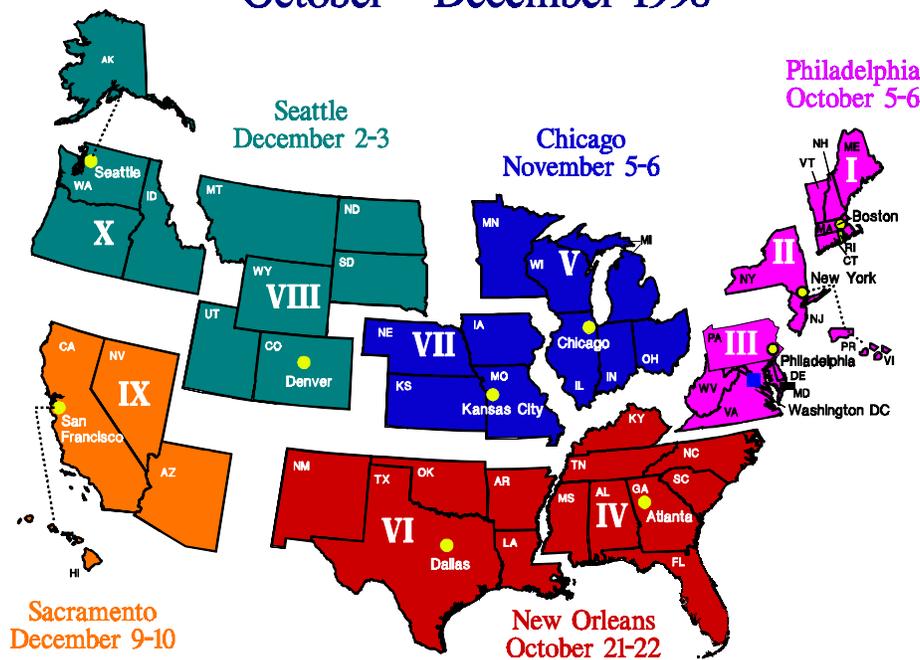
- a. ***Participate in Shaping the Healthy People 2010 Structure*** - In the fall of 1997, a suggested framework (developed by the Healthy People Steering Committee, the Healthy People Work Group Coordinators, and the Secretary's Council on Health Promotion and Disease Prevention Objectives for 2010) was presented for public comment. In response to the comments received, the structure has been revised. Public comments are now being solicited on the revised focus areas and their arrangement.
- b. ***Help Develop Objectives*** - Objectives may still be recommended for inclusion in Healthy People 2010. Any group or person may develop and submit objectives for Healthy People 2010. All suggestions will be reviewed and considered for inclusion. Criteria for new or modified objectives are detailed on page 9.
- c. ***Assist the Lead Agencies*** - The Assistant Secretary for Health has designated lead agencies within HHS to lead work groups for the achievement of Healthy People 2000. Development of 2010 objectives is taking place in these lead agency work groups. Individuals may volunteer to join a work group hosted by the HHS lead agencies. Contact information for the work group coordinators is on pages 17 to 27. Please contact these coordinators directly if you or your organization would like to participate in specific work groups.
- d. ***Comment on Proposed Objectives*** - In addition to being able to submit comments on paper or electronically, regional meetings and public hearings will be held during this public comment period (September 15, 1998 to December 15, 1998). See map on the next page for dates and locations. To attend a regional meeting or the national Healthy People Consortium meeting, call 1-800-367-4725.
- e. ***Integrate Healthy People 2000 and 2010 Objectives into Current Programs, Special Events, Publications, and Meetings*** - Healthy People is a public initiative. Its contents are in the public domain and can be used by any organization to measure health improvements. Integrating Healthy People objectives (year 2000 and year 2010) into programs, special events, publications, and meetings will enable organizations to guide health improvements and monitor their results.
- f. ***Incorporate Healthy People into Healthy Community Initiatives*** - Use Healthy People as a framework to promote healthy cities and communities. Businesses can use the framework to guide worksite and health promotion activities as well as for communitywide initiatives. Schools and colleges can undertake activities to further the health of children, adolescents, and young adults. By selecting among the national objectives, any individual or organization can build an agenda for community health improvement.
- g. ***Utilize Healthy People 2000 and 2010 in Planning*** - National membership organizations, as well as State and territorial agencies, can use and have used Healthy People objectives to set their own benchmarks for systems and operational planning. Healthy People measures also can be used for evaluating programs and setting a research agenda.
- h. ***Use Healthy People Objectives in Performance Measurement Activities*** - Healthy People objectives are linked to numerous performance measurement efforts. For example, the National Committee on Quality Assurance incorporated many Healthy People objectives into its Health Plan Employer Data and Information Set (HEDIS) 3.0, a set of standardized measures for health care purchasers and

consumers to use in assessing the performance of managed care organizations in the areas of immunizations, mammography screening, and other clinical preventive services. The May 1997 *Prevention Report* describes ways in which Healthy People objectives can be used in performance measurement activities by State and local health organizations. (Web address: <http://odphp.osophs.dhhs.gov/pubs/prevrpt/97winfoc.htm>)

- i. **Join the Consortium** The only criterion for membership is that the group be a national membership organization. As an enrollment benefit, you will receive a quarterly *Prevention Report* newsletter and *Consortium Exchange*, a newsletter highlighting Consortium member programs, publications, and activities. Consortium members also are invited to the annual Consortium meeting.

## Regional Public Hearings for Healthy People 2010

October - December 1998



**National Healthy People Consortium Meeting**  
November 12-13  
Washington, D.C.

#### **4. Schedule of Healthy People 2010 Development (Public events are in bold letters)**

##### **1996**

Secretary's Council on National Disease Prevention and Health Promotion Objectives for 2010 Established	September 5, 1996
<b>Healthy People Consortium Member Focus Groups</b>	<b>October 1996-February 1997</b>
<b>Healthy People Consortium Meeting</b>	<b>November 15, 1996</b>
<b>"Building the Prevention Agenda for 2010: Lessons Learned"</b>	

##### **1997**

Secretary's Briefing on 2010 Objectives	January 22, 1997
<b>Secretary's Council Meets on 2010 Objectives</b>	<b>April 21, 1997</b>
Stakeholders Report on Utility of Healthy People 2000	July 1, 1997
<b>Federal Register Notice of a Call for Comments on the 2010 Framework and Call for Objectives</b>	<b>September 5, 1997</b>
<b>Healthy People 2000 Consortium Meeting</b>	<b>November 7, 1997</b>
<b>"Reducing Health Disparities: How Far Have We Come?"</b>	
<b>Deadline for Public Submission of Comments on the 2010 Framework and on Draft Objectives</b>	<b>December 15, 1997</b>

##### **1998**

Healthy People Steering Committee Retreat	March 13, 1998
<b>Secretary's Council Meeting</b>	<b>April 30, 1998</b>
<b>Federal Register Notice of a Call for Public Comment on 2010 Draft</b>	<b>September 1998</b>
<b>Publication of Healthy People 2010 Draft Objectives</b>	<b>September 15, 1998</b>
<b>Public Comment Period</b>	<b>September 15-December 15, 1998</b>
<b>Regional Meetings</b>	
<b>Philadelphia, PA</b>	<b>October 5-6, 1998</b>
<b>New Orleans, LA</b>	<b>October 21-22, 1998</b>
<b>Chicago, IL</b>	<b>November 5-6, 1998</b>
<b>Seattle, WA</b>	<b>December 2-3, 1998</b>
<b>Sacramento, CA</b>	<b>December 9-10, 1998</b>
<b>Healthy People Consortium Meeting</b>	
<b>Washington, DC</b>	<b>November 12-13, 1998</b>

##### **1999**

<b>Secretary's Council Meeting</b>	<b>April 1999</b>
Finalize 2010 Objectives	Throughout 1999
Develop Companion Documents	Throughout 1999

##### **2000**

<b>Release Healthy People 2010 at a Consortium Meeting</b>	<b>January 2000</b>
<b>Washington, DC</b>	

## **Background**

### **1. Leading Health Indicators**

Healthy People is well established as the Nation's prevention agenda and as a scorecard for monitoring health status. As the process of developing new national goals and objectives for 2010 began, the Department of Health and Human Services (HHS) saw an opportunity to build upon this foundation by establishing a small set of leading health indicators that could be presented to the general public and non-health professionals as an introduction to Healthy People. The development of such indicators is viewed as increasing the usefulness of Healthy People 2010 as a focus of national attention and as a tool for monitoring America's health.

While the full set of objectives will remain an important working document for many health professionals, the leading health indicators are intended to engage the public-at-large. In undertaking the development of these indicators, it will be essential to identify a small set of measures that will better communicate with the general public and new partners such as managed care organizations and businesses.

#### ***Process***

To begin development of the leading health indicators, HHS convened a working group composed of 22 members representing the Office of Public Health and Science and HHS agencies. It was charged with developing a background paper that describes the potential uses of leading health indicators, criteria that might be applied to leading health indicators, and examples of candidate leading health indicators. In March 1998, the working group completed a background report on leading health indicators ("Leading Indicators for Healthy People 2010"), available on the Internet at: <http://web.health.gov/healthypeople>. To provide technical guidance on the topic, the National Academy of Science's Institute of Medicine (IOM) has convened a study committee on leading health indicators. The committee has published its first interim report on possible models and criteria for leading health indicators. The report can be viewed on the Internet at: <http://www.nap.edu/reading room> (then search for "Leading Health Indicators for Healthy People 2010"). A limited number of printed copies of both reports are available on a cost-recovery basis upon request from the ODPHP Communication Support Center, P.O. Box 37366, Washington, DC 20013-7366; 301-468-5460; 301-984-4256 (fax).

#### ***Criteria for Leading Health Indicators***

*Audience interpretability*—An indicator chosen as a leading health indicator should be easily interpretable to, and understandable by, the general public and opinion leaders, as well as to the health and medical communities. It should be relevant and salient to the general public.

*Population applicability*—An indicator chosen as a leading health indicator should reflect an issue that applies in important ways to the diverse national population.

*Problem impact*—An indicator chosen as a leading health indicator should address a problem of substantial impact. Mortality, morbidity, and economic costs are all parameters that reflect the relative impact of a problem and can be calculated either for disease or injury that impact directly, or for conditions that predispose to disease or injury and contribute through them to increased mortality, morbidity, or economic loss. In any case, it is anticipated that an indicator selected for inclusion in this set will be in the top tier of factors impacting on national health prospects.

*Link to objectives*—An indicator chosen as a leading health indicator should be linked to one or more of the Healthy People 2010 objectives. The notion that this set of key indicators may be used to reflect in

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some fashion both the nature of the health objectives and the progress toward them requires that they be linked to them and reflect their content.

*Representative indicators*—An indicator chosen to reflect the state of the Nation (or subregion) on a particular health issue or condition should be representative and offer an indication of the overall level and direction of issues and problems embraced by that area or condition. That is, to the extent possible, it should not reflect the problem from the perspective of only a relatively narrow aspect or population group.

*Measurable data*—An indicator chosen as a leading health indicator should be one for which data can be anticipated from an established data source on a regular basis. Although some exceptions may pertain, this suggests that the data should be collected on at least a biennial basis.

*Multilevel trackability*—An indicator chosen as a leading health indicator should be one for which data can be anticipated at multiple levels and for multiple groups. Specifically, data should be available at the national, State, and county levels, as well as by age, gender, and ethnicity.

*Sensitivity to change*—An indicator should be sensitive to change over a reasonably short period of time.

*Profile balance*—The set of indicators should reflect a balance among targets that does not overemphasize any one group or condition. The set should reflect contributing factors in a manner and frequency roughly proportionate to their impact.

*Relevance to policy and individual action*—The set of indicators identified as the Nation's leading health indicators should be useful in directing policy and operational initiatives. That is, changes reported in the status of a measure from one period to the next should offer lessons to the policy domain that are readily interpretable, if not actionable. In addition, the indicators should motivate action across multiple levels of the general population, including families, individuals, and community groups.

### ***Public Participation***

Input from the public is essential for developing the leading health indicators. We invite you to participate in the development process by submitting comments on leading health indicators. In particular, we ask you to comment on the following questions:

- A. Are the criteria for leading health indicators (listed above) adequate? If not, in what way should they be modified?***
- B. Based on these criteria, what topics should be included in the leading health indicators?***
- C. Based on these criteria, what measures do you recommend including in the leading health indicators?***
- D. How often should progress on the leading health indicators be reported?***
- E. In what ways has your organization or community used leading health indicators? Please describe the experience.***
- F. In what ways might the leading health indicators be used by your organization or community?***

## **2. Criteria for Objectives Development**

The 2010 objectives should be useful to national, State, and local agencies as well as to the private sector and the general public. In order to be used in the Healthy People 2010 framework, the objectives must have certain attributes:

- The result to be achieved should be **important and understandable** to a broad audience and relate to the Healthy People 2010 goals and focus areas.
- 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 them to target efforts in schools, communities, work sites, 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 upon Healthy People 2000 and those goals and performance measures already adopted.
- There must be sound **scientific evidence** to support the objectives.

### **3. Types of Objectives**

Healthy People 2010 calls for two broad types of objectives—measurable and developmental objectives. Recommendations for both types of objectives are being taken now.

**Measurable objectives** provide direction for action. They have baselines that use valid and reliable data derived from currently established, nationally representative data systems. These baseline data provide the point from which a 2010 target can be set. Whenever possible, objectives should be measured with national systems that either build on or are comparable with State and local data systems. However, State data are not a prerequisite to developing an objective. Proxy data may be used when national data are not available or where regional data may provide better measurability. When providing an idea for a measurable objective, please include the data source.

**Example :** Reduce the infant mortality rate to no more than 5 per 1,000 live births.  
(Baseline: 7.6 per 1,000 live births in 1995)(Data Source: National Vital Statistics System [NVSS] CDC, NCHS)

**Developmental objectives** provide a vision for a desired outcome or health status. Current surveillance systems do not provide data on these objectives. The purpose of developmental objectives is to identify areas that are important and to drive the development of data systems to measure them.

**Example:** Increase to at least \_\_ percent the proportion of pregnant women and infants who receive risk-appropriate care. (Baseline data unavailable)

## **4. Data Issues**

Data are the foundation of Healthy People objectives. The experiences of the past two decades demonstrate that this framework has been a useful tool for identifying where information is missing and where improvements are occurring. Healthy People objectives have focused attention on what is important to measure and have successfully spurred the development of new data systems.

Information on current health status, risks to health, and use of health services serves as the baseline for the proposed year 2010 objectives. These objectives are called measurable objectives (see page 10). Periodic updates are anticipated throughout the decade through regularly scheduled Progress Reviews with the Assistant Secretary for Health and Surgeon General. The *Healthy People Review* published by the Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS) also provides current information on the objectives.

About 200 data sources are used to track Healthy People objectives. Among the primary sources of data maintained by CDC/NCHS are the National Vital Statistics System, the National Health and Nutrition Examination Survey, and the National Health Interview Survey. In addition to these sources, there are numerous other data sources within the Department of Health and Human Services, such as the National Household Survey on Drug Abuse, the Youth Risk Behavior Survey, and the National Medical Expenditures Survey. Information also comes from other Federal agencies, such as the Environmental Protection Agency and the Departments of Education, Justice, and Labor.

To address health disparities, lead agency work groups have identified select populations to monitor separately for specific objectives. They include racial and ethnic groups, as well as population groups defined by gender, age, educational attainment, or income levels. Other target groups include people with disabilities or people with arthritis or diabetes. These select population groups will be tracked over the decade to monitor the extent to which the disparities in health are closing.

Different data systems, however, provide varying levels of specificity about population groups, geographic areas, and conditions. Therefore, in the proposed year 2010 objectives, not all information is available for all population groups. If data have not yet been collected or analyzed, the words "Not available" appear.

The Federal standards for reporting racial and ethnic data are found in the Office of Management and Budget Standard for Racial and Ethnic Reporting (OMB Directive No. 15). The current categories for reporting are followed in this report. African American is used for Black Americans and Hispanic is used for Latino. The Asian/Pacific Islander category remains combined in this report. New reporting requirements require that the latter group be separately reported as soon as possible, but no later than January 1, 2003.

This set of draft objectives uses 1940 age adjustment. However, CDC/NCHS is updating the age adjustment to the year 2000. These new baselines will be used in the final set of objectives that are released in the year 2000 and the year 2010 targets will be proportionately adjusted.

One national target has been set for all measurable objectives that is applicable to all select populations. The target setting method supports the goal of eliminating health disparities. The targets have been set so that there is an improvement for all segments of the population ("better than the best") for objectives that are in the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health. For those objectives that in the short term can be influenced by lifestyle choices and behaviors (e.g., physical activity, diet, smoking, suicide, drunk driving fatalities), the target setting method is also better than the best group. Health services targets (e.g., access to prenatal care, mammography) similarly are better than the best. For

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objectives that are unlikely to achieve an equal health outcome in the next decade regardless of the health interventions currently available, e.g., occupational exposure and resultant lung cancer, the target represents an improvement for a substantial proportion of the population and is regarded as a minimum acceptable level. Explicit recognition is made that population groups already better than the identified target should continue to improve.

Developmental objectives as described on page 10 are objectives that do not currently have baseline data. These are objectives that need to be placed on the national agenda for data collection. They are subjects deemed to be of sufficient national importance that investments should be made over the next decade to measure these indicators.

## **5. The Secretary's Council on National Health Promotion and Disease Prevention Objectives for 2010**

Approved September 5, 1996, and announced in the *Federal Register* on October 21, 1996, the Secretary's Council on National Health Promotion and Disease Prevention Objectives for 2010 oversees the development of Healthy People 2010. The Secretary of the Department of Health and Human Services (HHS) chairs this Council with the Assistant Secretary for Health and Surgeon General sitting as vice chair. Members include all former Assistant Secretaries and all current heads of operating divisions in HHS. The Council meets yearly to guide the development policies of Healthy People 2010.

### **PARTICIPANTS AT THE MEETING APRIL 30, 1998**

#### **Chair**

Donna E. Shalala, Ph.D.  
Secretary

#### **Vice Chair**

David Satcher, M.D., Ph.D.  
Assistant Secretary for Health and Surgeon General

#### **Former Assistant Secretaries for Health**

Edward N. Brandt, Jr., M.D., Ph.D.  
Merlin K. DuVal, M.D.  
Julius B. Richmond, M.D.  
Robert E. Windom, M.D.

#### **HHS Operating Division Heads**

Administration for Children and Families	James Harrell (Representing Olivia Golden, Ph.D.)
Administration on Aging	Jeanette C. Takamura, Ph.D.
Agency for Health Care Policy and Research	John Eisenberg, M.D.
Centers for Disease Control and Prevention	Claire Broome (Acting)
Food and Drug Administration	Michael A. Friedman, M.D.
Health Care Financing Administration	Barbara Cooper (Representing Nancy-Ann Min Deparle)
Health Resources and Services Administration	Claude Earl Fox, M.D., M.P.H.
Indian Health Service	Kermit Smith (Representing Michael Trujillo, M.D.)
National Institutes of Health	William Harlan, M.D., (Representing Harold Varmus, M.D.)
Substance Abuse and Mental Health Services Administration	Paul Schwab, M.D. (Representing Nelba Chavez, Ph.D.)

#### **Other Members Not in Attendance**

Former Assistant Secretary for Health	Charles C. Edwards M.D.
Former Assistant Secretary for Health	Philip R. Lee, M.D.
Former Assistant Secretary for Health	James O. Mason, M.D., Dr.P.H.

## **6. The Healthy People Steering Committee**

The Healthy People Steering Committee is an internal committee of HHS. This Committee coordinates work on the Healthy People initiative for the Assistant Secretary for Health. It is composed of representatives designated by the heads of HHS agencies. Also represented are staff offices of the Office of Public Health and Science—the Office of Minority Health, the Office of Women’s Health, the President’s Council on Physical Fitness and Sports, and the Office of Population Affairs. The Office of the Assistant Secretary for Planning and Evaluation joined the Committee in 1997. The Office of Disease Prevention and Health Promotion has been designated by the Assistant Secretary for Health as the overall coordinator of this initiative. At its quarterly meetings, the Steering Committee addresses policy issues and provides overall guidance to the departmental Healthy People 2000 activities. It will continue its role for Healthy People 2010.

### **HEALTHY PEOPLE 2000 STEERING COMMITTEE**

#### **Chair**

**Claude Earl Fox, M.D., M.P.H.**

Administrator

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## **7. Healthy People Work Group Coordinators**

The Assistant Secretary for Health has designated lead agencies in HHS to be accountable for the achievement of the Healthy People 2000 targets. This designation means that the lead agency is responsible for monitoring, tracking, and reporting the Nation's progress on the objectives in its priority area. For some priority areas, there are two agencies acting as co-leads. HHS agency heads in turn have designated work group coordinators to assume the day-to-day responsibility for the objectives.

The work group coordinators participate in the quarterly Healthy People Steering Committee meetings and the annual Consortium meeting. They convene work groups to plan for briefings of the Assistant Secretary for Health and review documents, such as the annual statistical abstract, *Healthy People 2000 Review*, produced by the Centers for Disease Control and Prevention, National Center for Health Statistics. Work group coordinators also participate in the planning and preparation of crosscutting briefings on select population groups, including women, adolescents, people with disabilities, and racial and ethnic groups. Through the collaboration of work group coordinators, the Healthy People 2000 process is strengthened among HHS agencies.

The following list of names is provided to give you access to those people who have been leading the effort to develop the 2010 objectives.

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## **8. Healthy People 2010 Abbreviations and Acronyms**

AAMC	Association of American Medical Colleges
AAT	alpha-1-antitrypsin
ABCS	Active Bacterial Core Surveillance
ACE	angiotensin-converting enzyme
ACF	Administration on Children and Families
ACIP	Advisory Committee on Immunization Practices
ACS	American Cancer Society
ADHD	attention-deficit hyperactivity disorder
ADLs	activities of daily living
ADR	adverse drug reaction
AF	atrial fibrillation
AFDC	Aid to Families with Dependent Children
AGI	Alan Guttmacher Institute
AHA	American Heart Association
AHCPR	Agency for Health Care Policy and Research
AHEC	Area Health Education Center
AIDS	acquired immune deficiency syndrome
ALR	administrative license revocation
AMA	American Medical Association
AMI	acute myocardial infarction
AOA	Administration on Aging
AODM	adult-onset diabetes mellitus
aP	acellular pertussis
APEX/PH	Assessment Protocol for Excellence in Public Health
ASD	adult spectrum of disease
ASHP	American Society for Health-Systems Pharmacists
ASPE	Assistant Secretary for Planning and Evaluation
ASSIST	American Stop Smoking Intervention Study
ASTDHPPE	Association of State and Territorial Directors of Health Promotion and Public Health Education
ATSDR	Agency for Toxic Substances and Disease Registry
AZT	zidovudine (formerly azidothymidine)
BAC	blood alcohol concentration
BJS	Bureau of Justice Statistics
BLL	blood lead level
BLS	Bureau of Labor Statistics
BMD	bone mineral density
BMI	body mass index
BRFS	Behavioral Risk Factor Survey
BRFSS	Behavioral Risk Factor Surveillance System
CAD	coronary artery disease
CAHPS	Consumer Assessment of Health Plans Survey
CD	conduct disorder
CDC	Centers for Disease Control and Prevention
CFOI	Census of Fatal Occupational Injuries
CFR	Child Fatality Review Process
CHD	coronary heart disease
CMHS	Center for Mental Health Services
CNS	central nervous system

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COPD	chronic obstructive pulmonary disease
CPR	cardiopulmonary resuscitation
CPS	Clinical Preventive Services
CPSC	Consumer Product Safety Commission
CPT	current procedural terminology
CRC	colorectal cancer
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CSFII	Continuing Survey of Food Intakes by Individuals
CSTE	Council of State and Territorial Epidemiologists
DALYs	disability-adjusted life years
DASH	Division of Adolescent and School Health
DAWN	Drug Abuse Warning Network
DM	diabetes mellitus
DOJ	Department of Justice
DOT	Department of Transportation
DRE	digital rectal examination
DTBE	Division of Tuberculosis Elimination
DTP	diphtheria-tetanus-pertussis
DVD	digital video disk
DWI	driving while intoxicated
EAP	employee assistance program
ECG	electrocardiogram
ECP	emergency contraceptive pills
ED	emergency department
EME	established market economies
EMS	emergency medical services
EMT	emergency medical technician
EPA	Environmental Protection Agency
EPC	Evidence-based Practice Center
EPCRA	Emergency Planning and Community Right-To-Know Act
EPO	Epidemiology Program Office
ESRD	end-stage renal disease
FAS	Fetal Alcohol Syndrome
FARS	Fatality Analysis Reporting System
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FOBT	fecal occult blood test
FPL	Federal poverty level
FSS	Food Safety Survey
GAO	General Accounting Office
GBS	group B streptococcal
GDM	gestational diabetes mellitus
GED	General Education Development
GES	General Estimates System
GHG	greenhouse gas
GIS	geographical information system
GISP	Gonococcal Isolate Surveillance Project
HALYs	health-adjusted life years
HAV	hepatitis A virus
HBIG	hepatitis B immunoglobulin
HBsAg	hepatitis B surface antigen

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HBV	hepatitis B virus
HCFA	Health Care Financing Administration
HCUP	Health Care Cost and Utilization Project
HCV	hepatitis C virus
HEDIS	Health Plan Employer Data and Information Set
HEI	Healthy Eating Index
HHS	Department of Health and Human Services
HERS	Heart and Estrogen/Progestin Replacement Study
Hib	<i>Haemophilus influenzae</i> type b
HIP	Health Improvement Plan
HIV	human immunodeficiency virus
HMO	health maintenance organization
HPSA	health professional shortage area
HPV	human papillomavirus
HRQOL	health-related quality of life
HRSA	Health Resources and Services Administration
HUD	Department of Housing and Urban Development
ICARIS	Injury Control and Risk Survey
ICD	International Classification of Disease
ICIDH-2	International Classification of Impairments, Disabilities, and Handicaps
ICPD	International Conference on Population and Development
ICU	intensive care unit
IDDM	insulin-dependent diabetes mellitus
IgA	Immunoglobulin A
HIS	Indian Health Service
IM	infant mortality
IOM	Institute of Medicine
IPV	inactivated polio virus vaccine
IUD	intrauterine device
JCAHO	Joint Commission for the Accreditation of Healthcare Organizations
JODM	juvenile-onset diabetes mellitus
LBW	low birthweight
LDL	low-density lipoprotein
MAC	mycobacterium avium complex
MCHB	Maternal and Child Health Bureau
MCL	maximum contaminant level
MCO	managed care organization
MDS	minimum data set
MEPS	Medical Expenditure Panel Survey
MMR	measles, mumps, and rubella vaccine
MMWR	<i>Morbidity and Mortality Weekly Report</i>
MUA/P	medically underserved area/population
NAAQS	National Ambient Air Quality Standards
NACCHO	National Association of County and City Health Officials
NACO	National Association of Counties
NAMCS	National Ambulatory Medical Care Survey
NaSH	National Surveillance System for Health Care Workers
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEP	National Cholesterol Education Program
NCHS	National Center for Health Statistics
NCHSTP	National Center for HIV, STD, and TB Prevention
NCI	National Cancer Institute

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NCID	National Center for Infectious Diseases
NCPA	National Community Pharmacy Association
NCQA	National Committee on Quality Assurance
NCUTLO	National Committee on Uniform Traffic Law and Ordinances
NCVS	National Crime Victimization Survey
NEISS	National Electronic Injury Surveillance System
NETSS	National Electronic Telecommunications System for Surveillance
NFIRS	National Fire Incidence Reporting System
NHAMCS	National Hospital Ambulatory Medical Care Survey
NHANES	National Health and Nutrition Examination Survey
NHBPEP	National High Blood Pressure Education Program
NHDS	National Hospital Discharge Survey
NHIS	National Health Interview Survey
NHLBI	National Heart, Lung, and Blood Institute
NHSDA	National Household Survey on Drug Abuse
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NICHHD	National Institute on Child Health and Human Development
NIDA	National Institute on Drug Abuse
NIDDM	non-insulin-dependent diabetes mellitus
NIDRR	National Institute on Disability and Rehabilitation Research
NIH	National Institutes of Health
NIJ	National Institute of Justice
NIMH	National Institute of Mental Health
NIOSH	National Institute for Occupational Safety and Health
NIP	National Immunization Program
NIS	National Immunization Survey
NLM	National Library of Medicine
NME	new molecular entity
NNDSS	National Notifiable Disease Surveillance System
NNHS	National Nursing Home Survey
NNISS	National Nosocomial Infections Surveillance System
NOES	National Occupational Exposure Survey
NOPUS	National Occupant Protection Use Survey
NORA	National Occupational Research Agenda
NPL	National Priorities List
NPSF	National Patient Safety Foundation
NPTS	National Personal Transportation Survey
NSAIDs	nonsteroidal antiinflammatory drugs
NSAM	National Survey of Adolescent Males
NSFG	National Survey of Family Growth
NTDs	neural tube defects
NTOF	National Traumatic Occupational Fatalities Surveillance System
NTOMS	National Treatment Outcomes Monitoring System
NVAP	National Vaccine Advisory Committee
NVSS	National Vital Statistics System
OCAN	Office of Child Abuse and Neglect
ODPHP	Office of Disease Prevention and Health Promotion
OMB	Office of Management and Budget
ONDCP	Office of National Drug Control Policy
OPV	oral polio vaccine
OSA	obstructive sleep apnea

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OSDs	occupational skin diseases or disorders
OSHA	Occupational Safety and Health Administration
PAHO	Pan American Health Organization
PATCH	Planned Approach to Community Health
PATH	Projects for Assistance in Transition from Homelessness
PCC	Poison Control Center
PCPFS	President's Council on Physical Fitness and Sports
PCP	<i>Pneumocystis carinii</i> pneumonia
PEP	postexposure prophylaxis
PHF	Public Health Foundation
PID	pelvic inflammatory disease
POS	point-of-service
PPO	preferred provider organization
P&S	primary and secondary
PSA	prostate-specific antigen
PWD	people with disabilities
QALYs	quality-adjusted life years
QOL	quality of life
RCRA	Resource Conservation and Recovery Act
ROPs	rollover protection systems
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SDWA	Safe Drinking Water Act
SED	serious emotional disturbance
SEER	Surveillance, Epidemiology, and End Results
SES	socioeconomic status
SHPPS	School Health Policies and Programs Study
SIDS	sudden infant death syndrome
SIPP	Survey of Income and Program Participation
SMI	serious mental illness
SOC	Standard Occupational Classification
STD	sexually transmitted disease
SUD	substance use disorder
TB	tuberculosis
TESS	Toxic Exposure Surveillance System
TRI	Toxic Release Inventory
TRUS	transrectal ultrasonography
TSDf	treatment, storage, and disposal facilities
TST	tuberculin skin testing
U.S.	United States
USDA	U.S. Department of Agriculture
USGS	U.S. Geologic Survey
USP	U.S. Pharmacopeia
USPSTF	U.S. Preventive Services Task Force
USRDS	U.S. Renal Data System
UST	underground storage tank
VA	Department of Veterans Affairs
VAERS	Vaccine Adverse Event Reporting System
VAPP	Vaccine-associated paralytic polio
VLBW	very low birthweight
VMT	vehicle miles traveled
VPD	vaccine-preventable disease

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VSD	Vaccine Safety Datalink
WHO	World Health Organization
wP	whole cell pertussis
YHL	years of healthy life
YPLL	years of potential life lost
YRBS	Youth Risk Behavior Survey