HISPANIC HEALTH NEEDS ASSESSMENT

A COMMUNITY GUIDE FOR DOCUMENTING HEALTH STATUS AND ESTABLISHING PRIORITIES

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The National Alliance for Hispanic Health would like to express its sincere appreciation to The Robert Wood Johnson Foundation (RWJF) for their funding support and collaborative efforts under Proyecto HEAL (Grant 18351).

THIRD EDITION
EP PRINTING 10 9 8 7 6 5 4 3 2 1

Printed in the United States of America, 2001

Library of Congress Card Number: 2001089709

ISBN: 0-933084-08-0

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PREFACE

The Hispanic Health Needs Assessment (HHNA) instrument represents almost fifteen years of work using the HHNA process to document and advocate for the health needs of Hispanic communities. The HHNA process is unique in two ways. One it provides Hispanic communities with tools to self-identify critical health issues and priorities thought existing public health data systems as well as community surveys. This process of self-identification is critical to the success of HHNA as more than collecting information, it serves as an organizing vehicle for a community health team. Secondly, HHNA uses the *Healthy People* objectives to document current community health status and progress to goals. The *Healthy People* objectives are set every ten years by the U.S. Department of Health and Human Services as health goals for the Nation for the decade ahead. State and local health departments must show progress to these goals. By using these objectives, HHNA can help communities hold State and local health departments accountable for collecting Hispanic specific data and achieving progress in health status and services.

HHNA began in 1987 when the National Alliance for Hispanic Health (Alliance) started identification and evaluation of existing needs assessment instruments that could be used by Hispanic communities. On the basis of an extensive review, the Alliance selected the Centers for Disease Control and Prevention's PATCH (Planned Approach To Community Health) tools for adaptation geared to use by Hispanic communities. The adaptation process took several years and culminated with pilot tests throughout the country. The pilot instrument underwent extensive revision and the first version was published in 1994 utilizing the *Healthy People 2000* objectives. An updated version of HHNA was published in 1996 and included progress data on *Healthy People 2000* objectives.

This version of HHNA incorporates the new health objectives for the Nation, *Healthy People 2010*. For the first time, after many years of advocacy by the Alliance and others in the public health community, *Healthy People* has an overall objective of eliminating disparities in health. For this reason, the objectives HHNA utilizes must be show progress specifically for Hispanic populations in your community. As one-third of these health objectives for the Nation do not have Hispanic baseline data, your HHNA local effort is an important part of making sure local data systems under *Healthy People 2010* addresses the needs of Hispanic communities. Even where HHNA data are not available, this is an important fact to document to hold health departments and providers accountable to Hispanic community needs. To better help you collect data, national and state data contacts are included as appendices to the HHNA. Furthermore, the online version of HHNA (**www.hispanichealth.org/hhna**) includes links to online data systems that will be updated and expanded as information systems improve.

With the information gathered through HHNA, local leaders can design programs to meet the identified concerns of their Hispanic community or can improve existing services to better serve Hispanics. Most significant of all, a Hispanic Healthy Needs Assessment brings together health and social service professionals with community and political leaders. This joint effort is a critical first step toward better health for all.

Jane L. Delgado, Ph.D., M.S.
President & Chief Executive Officer
The National Alliance for Hispanic Health

INTRODUCTION

The Hispanic Health Needs Assessment (HHNA) Process – Six Steps

This needs assessment will help you identify the health issues of greatest concern to Hispanics in your community. It will give you a framework to use for assessing the data that describe the population in your area and will provide questions to ask for determining what resources exist. The findings will help your community establish goals for disease prevention and health promotion.

Step One: Assembling the Needs Assessment Team

The first step is to identify an advisory group who will advise and support in the HHNA process. The make-up of the advisory committee should include other community-based agencies, local or county officials, and local and state health department representatives and others who can facilitate the data-gathering process. The health department is important because it has chief responsibility for collecting health-related information and implementing programs to serve your community. It is important to remember that the needs assessment findings will not only help your community implement health programs but can be used to make recommendations for other programs in your community. For example, find out if the health department or mayor's office needs the information by a certain date to incorporate it into their upcoming budget or program planning process.

Step Two: Gathering Data

The tables and questionnaires in this instrument will help you collect and organize information about Hispanic health in your community. There are six sections of information:

- Demographic overview of the community
- Mortality overview of the community
- *Healthy People 2010* Objectives for Improving Health
- Community leadership health care priorities survey
- Community residents health care opinion survey

Where possible, we include national data in the HHNA tables to provide a context for the data that you will be collecting for your community. In addition, the data tables include all 467 *Healthy People 2010* objectives. These objectives were established by the U.S. Department of Health and Human Services as health status goals to be reached in the nation by the year 2010. The *Healthy People 2010* objectives are included in the HHNA tables to provide an indicator of the gap between your community's current health status and the goal that all communities should reach in this decade. In addition, along with demographic and health status indicators, HHNA includes an assessment of community leadership and resident health care priorities. This information you collect will provide you with an indicator of how relevant current health care programs are in your community.

Step Three: Reporting Your Findings

Now that you have all this valuable information about your community, it is important to share it with others who are in a position to help you address the issues you identified. Use your advisory group to review findings and decide on a strategy for next steps. Consider holding a community meeting to share your findings and develop recommendations. This could take the form of a meeting with a broad range of people or you may want to keep it limited to the original agencies and organizations you already know are interested in Hispanic health issues.

Step Four: Making Recommendations

You may want to use the session where you report your findings as a planning session to make recommendations for improving health promotion and medical care services for Hispanics. Making specific recommendations is a logical way to organize the actions needed to fulfill your plans. This may also be a good time to release your recommendations to the public through the local media.

Step Five: Planning Programs

Once you have identified priorities, start looking at what types of interventions have worked in other areas. In particular, note which interventions were prioritized under the "Community Leadership" and "Community Residents" surveys. Contact the National Alliance for Hispanic Health for ideas, or, if you are looking for information about a specific topic, refer to Appendix D, "National Health Information Centers & Clearinghouses," to get started.

Step Six: The National Alliance for Hispanic Health Wants to Hear from You

The National Alliance for Hispanic Health would like to find out what you learned about Hispanic health in your area. Please let us hear from you. Contact us at:

The National Alliance for Hispanic Health
Hispanic Health Needs Assessment
1501 Sixteenth Street, NW
Washington, DC 20036
(202) 387-5000
info@hispanichealth.org

We look forward to hearing about your HHNA experience!

SECTION ONE: Demographic Overview of the Community

Purpose of the Forms

Information to target health activities must be grounded in a basic understanding of the demographics of the community you are trying to reach. This part of the needs assessment will develop a demographic picture of your community for the following indicators: size, ethnic and racial make-up, composition of households, income, and education levels. The data will provide a clearer picture of who resides in your community. Also, it will help you detail differences among community residents that might have an important influence on health.

Resources

The key online data resource for this section is the 2000 Census website (**www.census.gov**).

All of the demographic data are available as a part of the 2000 Census and can either be obtained from the Census website (**www.census.gov**) or requested from your State Data Center. Estimates of the population by race and Hispanic ethnicity are available online at the Census website by either state, county, or place (city). Other demographic data will be added later in 2001 and 2002 to the Census website and will be searchable by state, county, or place (city) for Hispanic origin. Until such time that all data is available on the Census website, the data for the demographic section of HHNA can be requested from your State Data Center (see Appendix C for listing). Your data center should be able to return these tables to you within six weeks. To ensure that you receive this data in a timely fashion, send your request in writing (see Appendix A for sample request letter) and follow up with a phone call in one week to identify the staff person assigned to complete your request. Place a phone call to your Data Center contact to confirm a timeline when your data request will be completed and answer any questions the contact person may have. As part of your conversation with the Data Center contact person, make sure you discuss the specific area (county, city, state) for the data run. **Note:** If you exhausted all data-collection sources and are unable to complete any part of this section, remember to complete the "Data-Collection Process Form" found in Appendix E.

Definitions

- **Age** is based on the age of the person on his or her last birthday.
- **Family** is a group of two persons or more (one of whom is the householder) who are related by birth, marriage, or adoption and who are residing together.
- **Family household** is a household that is maintained by a family. The number of family households is equal to the number of families. The count of family household members differs from the count of family members, however, in that the family household members include all persons living in the household. Family members include only the householder and his/her relatives.

- **Household** refers to all the persons who occupy a housing unit. A household includes the related family members and all the unrelated persons, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated persons sharing a housing unit as partners, is also counted as a household. If ten or more unrelated persons are residing in a housing unit, the unit is defined as non-institutional group quarters.

- **Householder** refers to the person (or one of the persons) in whose name the housing unit is owned, rented, or maintained. If there is no such person then a householder is any adult member, excluding roomers, boarders, or paid employees. If the house is rented or owned jointly by a married couple, the householder may be either the husband or the wife. The householder is the "reference person" to whom the relationship of all other members, if any, is recorded. The number of householders is equal to the number of households.

- **Married couple** is a husband and wife counted as members of the same household. A husband and wife not residing together may also be defined as a married couple. The married couple may or may not have children living with them.

- **Non-family householder** is a person who maintains a household while living alone or with non-relatives only.

- **Own children** in a family are sons and daughters, including stepchildren and adopted children of the householder. The count of "own children" under the age of 18 years is limited to single (never married) children.

- **Years of school completed** answers the following question: "How much school has this person completed?" The instructions then ask the person to circle the highest grade completed. Categories are: no school completed; nursery school; kindergarten; first, second, third, or fourth grade; fifth, sixth, seventh, or eighth grade; ninth grade; tenth grade; eleventh grade; twelfth grade or no diploma; high-school graduate (high-school diploma or GED); some college but no degree; associate degree in college-occupational program; associate degree in college-academic program; bachelor's degree; master's degree; professional school degree; or doctorate (1990 Census).

Table 1. Racial and Ethnic Composition of Population

Population Group	Number and Percent of Population Groups	
	Total	Total
	#	%
Hispanic		
Non-Hispanic white		
Non-Hispanic black		
Non-Hispanic Asian American		
Non-Hispanic Native American		
Other		
TOTAL PERSONS		100%

Suggested Data Collection Source: U.S. Census Bureau website.
Go to the "American FactFinder" section of the Census website (**http://factfinder.census.gov/servlet/BasicFactsServlet**)
and choose "Race, Hispanic or Latino, and Age (2000)" and the state, county, or place for which you want the data.

Table 2. Subgroup Composition of Hispanic Population

Population Group	Number and Percent of Population Groups	
	Total	Total
	#	%
Mexican American		
Puerto Rican		
Cuban American		
Central and South American		
Other Hispanic Origin		
TOTAL HISPANIC PERSONS		100%

Suggested Data Collection Source: U.S. Census Bureau State Data Center (see Appendix C for listing).

Table 3. Age and Sex of the Hispanic and Non-Hispanic Populations

Age Group	Number and Percent of the Hispanic Population						Number and Percent of the Non-Hispanic Population					
	Total		Male		Female		Total		Male		Female	
	#	%	#	%	#	%	#	%	#	%	#	%
Less than 1 year old												
1 to 4 years old												
5 to 14 years old												
15 to 24 years old												
25 to 44 years old												
45 to 64 years old												
65 to 74 years old												
75 years old and over												
TOTAL PERSONS		100%		100%		100%		100%		100%		100%
Median age (years)		----		----		----		----		----		----

Suggested Data Collection Source: U.S. Census Bureau State Data Center (see Appendix C for listing).

Table 4. Household Composition of Total and Hispanic and Non-Hispanic Populations

Household Type	Total Population		Hispanic Population		Non-Hispanic Population	
	#	%	#	%	#	%
FAMILY HOUSEHOLDS		100%		100%		100%
Married-couple families						
Male householder, no wife present						
Female householder, no husband Present						
NON-FAMILY HOUSEHOLDS		100%		100%		100%
Male householder						
Female householder						

Suggested Data Collection Source: U.S. Census Bureau State Data Center (see Appendix C for listing).

Table 5. Household Size for Total and Hispanic and Non-Hispanic Populations

Household Size	Total Population		Hispanic Population		Non-Hispanic Population	
	#	%	#	%	#	%
One person						
Two persons						
Three persons						
Four persons						
Five persons						
Six persons						
Seven or more persons						
TOTAL HOUSEHOLDS		100%		100%		100%
Mean number of persons in household		----		----		----

Suggested Data Collection Source: U.S. Census Bureau State Data Center (see Appendix C for listing).

Table 6. Annual Household Income of Total and Hispanic and Non-Hispanic Populations

Household Size	Total Population		Hispanic Population		Non-Hispanic Population	
	#	%	#	%	#	%
Less than $5,000						
$5,000 to $9,999						
$10,000 to $14,999						
$15,000 to $19,999						
$20,000 to $24,999						
$25,000 to $34,999						
$35,000 to $49,999						
$50,000 or more						
TOTAL HOUSEHOLDS		100%		100%		100%
Median income (dollars)		----		----		----

Suggested Data Collection Source: U.S. Census Bureau State Data Center (see Appendix C for listing).

Table 7. Characteristics of Households Below Poverty Level for Total and Hispanic and Non-Hispanic Populations

Household Characteristic	Total Population		Hispanic Population		Non-Hispanic Population	
	#	%	#	%	#	%
Family below poverty level						
Family householder 65 years of age and over, and below poverty level						
Family householder not a high-school graduate, and below poverty level						
Female family householder, husband absent, and below poverty level						

Suggested Data Collection Source: U.S. Census Bureau State Data Center (see Appendix C for listing).

Table 8. Years of School Completed as a Percent of Persons Aged 25 Years and Older for Total and Hispanic and Non-Hispanic Population

Years of School Completed	Total Population		Hispanic Population		Non-Hispanic Population	
	#	%	#	%	#	%
Less than 5 years of school						
4 years of high school or more						
4 years of college or more						
1 year of graduate school or more						
2 years of graduate school or more						
3 years of graduate school or more						
4 years of graduate school or more						

Suggested Data Collection Source: U.S. Census Bureau State Data Center (see Appendix C for listing).

SECTION TWO: Mortality Overview of the Community

Purpose of the Forms

This section of the instrument allows you to compare death rates in your community with those of the nation and the Healthy People 2010 goals. Data are presented on death rates by age group for the fifteen leading causes of death overall and selected causes for six age groups: (1) infants, (2) children, (3) adolescents and young adults, (4) adults, (5) older adults, and (6) elderly.

It is important to use mortality data as one of several health indicators for a community, not as the only or primary heath indicator. Mortality data tells only the beginning and end of a community's health care story. It is important that you use the data collected in this section along with the other HHNA sections in describing your community. Too often mortality data are used both to describe the health status of a community and to prioritize health care programs without looking at other health indicators of a community. Such use of mortality data provides an incomplete picture of a community's health experience. The data collected in this section should be seen as part of the overall health picture HHNA is attempting to develop. While mortality data are the easiest to collect and report, they should not be used as a proxy for morbidity, access, or environmental health indicators. To do so would only tell part of the Hispanic community's health experience.

Resources

The key online data resource for this section is the National Center for Health Statistics (**www.cdc.gov/nchs**). For the most part, mortality data is not easily available for cities and counties; however, State-level mortality data for Hispanics is now available online at the National Center for Health Statistics (NCHS) site under the heading of "State Health Statistics by Race/Ethnicity."

Here are the steps for obtaining State-level Hispanic mortality data:

1. Choose the "State Health Statistics by Race Ethnicity" Mortality Tables area of the NCHS website: (**www.cdc.gov/nchs/datawh/statab/morttables.htm**).
2. Choose the area "State Mortality by Ethnicity."
3. Choose the parameters (e.g. State, Hispanic, age group, cause of death) you want for the data to complete each block of the HHNA tables which follow.

Using these steps, the NCHS system will produce a mortality rates for you to complete the mortality data tables of the HHNA instrument. If you wish, you can obtain separate breakouts for mortality rates for Hispanic men and Hispanic women under the NCHS website.

City or county level Hispanic mortality is more difficult to obtain than State-level data. Information on death rates is derived from death certificates. The death certificates are filled out by the physician soon after the patient's death. A Hispanic identifier has been included on the national model death certificate since 1989 and is currently being used by all 50 states, the U.S. territories, and the District of Columbia.

Mortality data for your community may be obtained from your local or county health department. You can find your local health department in the phone book or from the State health departments listed in Appendix B. Once you have identified the health department office that reports your community's mortality data, prepare a letter requesting assistance in completing this section (see Appendix A for sample letter). Follow-up your written request with a phone call and identify who is assigned to fill your data request. Make sure you stay in touch with your contact person to develop a schedule for completing your data request and to answer any questions that may come up in the process. Appendix B also includes the e-mail address for State health department officials in order to facilitate data requests.

If you are not able to obtain local mortality data from your local health department, you can request that the mortality data branch of the National Center for Health Statistics do a special data run for you. You can contact the mortality data branch at:

Mortality Statistics Branch
Division of Vital Statistics
National Center for Health Statistics
Centers for Disease Control and Prevention
6525 Belcrest Road, Room 820
Hyattsville, Maryland 20782
(301) 458-4666

Given the number of data requests received by the Mortality Statistics Branch, please note that this option will require significant lead time before you can expect to receive a reply. Before using this option, make sure to call and see if the Mortality Statistics Branch will be able to fill your request and a time range they would require to return the data tables to you.

Another option for local Hispanic mortality data is a user friendly software system, Statistical Export and Tabulation System (SETS), available from NCHS. This software will allow you to click on the parameters for the data you want and produce local Hispanic mortality data from the national mortality data set. However, this option will require you to obtain the SETS software and become familiar with the operation instructions. SETS technical and ordering information is available by calling (301) 458-4636 or sending them an email (**sets@cdc.gov**). Also, you can download the SETS software and mortality data set (Multiple Cause-of-Death, 1991-1996) on the SETS web area of the NCHS website (**www.cdc.gov/nchs/sets.htm**).

Note: If you exhaust all data-collection sources and are unable to complete any part of this section, remember to complete the "Data-Collection Process Form" found in Appendix E.

Table 9. Death Rates by Age Group

Age Group	Death Rates				
	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
Live births (< 1 year)			6.0/1,000	7.2/1,000	4.5/1,000
1 to 4 years of age			31.3/100,000	34.2/100,000	25/100,000
5 to 9 years of age			15.6/100,000	17.6/100,000	14.3/100,000
10 to 14 years of age			19.0/100,000	21.8/100,000	16.8/100,000
15 to 19 years of age			72.6/100,000	69.7/100,000	43.2/100,000
20 to 24 years of age			101.5/100,000	93.8/100,000	57.3/100,000
25 to 44 years of age			137.0/100,000	161.4/100,000	ngs
45 to 64 years of age			494.0/100,000	679.7/100,000	ngs
65 years of age and over			3091.5/100,000	5073.6/100,000	ngs

Notes:

- ✯ Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Hispanic data is from 1997, Overall data and Healthy People 2010 Goal data up to age 20 to 24 is based on preliminary 1998 data.
- ngs = no goal set.

Source for National Data Printed in Table: National Vital Statistics System (NVSS), CDC, NCHS.
Suggested State Data Collection Source: NCHS Mortality Data (**www.cdc.gov/nchs/datawh/statab/morttables.htm**)
Suggested Local Data Collection Source: Local Health Department or SETS (**www.cdc.gov/nchs/sets.htm**)

Table 10. Average Annual Death Rates for the Fifteen Leading Causes of Death*

Cause of Death	Death Rates				
	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
All causes			325.3/100,000	864.7/100,000	ngs
Alzheimer's disease			Not available	8.4/100,000	ngs
Atherosclerosis			Not available	6/100,000	ngs
Accidents and adverse effects			27/100,000	35.7/100,000	ngs
Motor vehicle accidents			14.7/100,000	16.2/100,000	9/100,000
All other accidents and adverse effects			12.3/100,000	19.5/100,000	ngs
Cerebrovascular diseases			18.1/100,000	59.7/100,000	ngs
Chronic liver disease and cirrhosis (cirrhosis deaths)			9.5/100,000	9.4/100,000	3/100,000
Chronic obstructive pulmonary diseases and allied conditions			8.4/100,000	40.7/100,000	18/100,000
Diabetes mellitus (diabetes-related deaths)			15.5/100,000	23.4/100,000	7.8/100,000
Diseases of the heart (coronary heart disease)			81.2/100,000	271.6/100,000	166/100,000
Homicide and legal intervention			11.1/100,000	7.4/100,000	3.2/100,000
Human immunodeficiency virus infection			7.8/100,000	6.2/100,000	0.8/100,000
Malignant neoplasms			63.5/100,000	201.6/100,000	158.7/100,000 **
Nephritis, nephrotic syndrome, and nephrosis			Not available	9.5/100,000	ngs
Pneumonia and influenza			10.6/100,000	32.3/100,000	ngs
Septicemia			Not available	8.4/100,000	ngs
Suicide			Not available	11.4/100,000	6/100,000
All other causes (Residual)			72.5/100,000	132.9/100,000	ngs

Notes:
- See Appendix F for definition of terms.
- ✯ Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ** Represents Healthy People 2010 goal for overall cancer death rate.
- ngs = no goal set.

Source for National Data Printed in Table: National Vital Statistics System (NVSS), CDC, NCHS.
Suggested State Data Collection Source: NCHS Mortality Data (**www.cdc.gov/nchs/datawh/statab/morttables.htm**)
Suggested Local Data Collection Source: Local Health Department or SETS (**www.cdc.gov/nchs/sets.htm**)

Table 11. Average Annual Death Rates for Infants (1 to 4 years)

Cause of Death	Death Rates Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
All causes			31.3/100,000	35.8/100,000	25/100,000
Accidents and adverse effects			11.4/100,000	13.1/100,000	ngs
Motor-vehicle accidents			5.9/100,000	5.0/100,000	ngs
All other accidents and adverse effects			5.6/100,000	8.1/100,000	ngs
Congenital anomalies			3.7/100,000	3.8/100,000	ngs
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues			2.7/100,000	2.9/100,000	ngs
Homicide and legal intervention			2.4/100,000	2.4/100,000	ngs
Diseases of heart			1.2/100,000	1.4/100,000	ngs
Pneumonia and influenza			1.2/100,000	1.2/100,000	ngs
Certain conditions originating in the perinatal period			*	0.5/100,000	ngs
Septicemia			*	0.5/100,000	ngs
Benign neoplasms, carcinoma in situ, and neoplasms of uncertain behavior and of unspecified nature			*	0.4/100,000	ngs
Cerebrovascular diseases			Not available	0.4/100,000	ngs
All other causes			7.1/100,000	9.3/100,000	ngs

Notes:

- ✯ Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- *Figure does not meet standards of reliability or precision.
- ngs = no goal set

Source for National Data Printed in Table: 1997 data, National Vital Statistics Report, Vol. 47, No. 19, June 1999.
Suggested State Data Collection Source: NCHS Mortality Data (**www.cdc.gov/nchs/datawh/statab/morttables.htm**)
Suggested Local Data Collection Source: Local Health Department or SETS (**www.cdc.gov/nchs/sets.htm**)

Table 12. Average Annual Death Rates for Children (5 to 14 years)

Cause of Death	Death Rates Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
All causes			17.2/100,000	20.8/100,000	14.3/100,000 (aged 5 to 9 yrs.) 16.8/100,000 (aged 10 to 14 yrs.)
Accidents and adverse effects			6.2/100,000	8.7/100,000	ngs
Motor-vehicle accidents			3.8/100,000	5.1/100,000	ngs
All other accidents and adverse effects			2.4/100,000	3.6/100,000	ngs
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues			2.7/100,000	2.7/100,000	ngs
Homicide and legal intervention			1/100,000	1.2/100,000	ngs
Congenital anomalies			1.2/100,000	1.2/100,000	ngs
Diseases of heart			0.6/100,000	0.8/100,000	ngs
Suicide			0.4/100,000	0.8/100,000	12 month average of 1% (Grades 9 through 12)
Pneumonia and influenza			0.5/100,000	0.4/100,000	ngs
Chronic obstructive pulmonary diseases and allied conditions			*	0.3/100,000	ngs
Human immunodeficiency virus infection			*	0.3/100,000	ngs
Cerebrovascular diseases			Not available	0.2/100,000	ngs
Benign neoplasms, carcinoma in situ, and neoplasms of uncertain behavior and of unspecified nature			*	0.2/100,000	ngs
All other causes			3.8/100,000	4.2/100,000	ngs

Notes:

- ✯ Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- *Figure does not meet standards of reliability or precision.
- ngs = no goal set

Source for National Data Printed in Table: 1997 data, National Vital Statistics Report, Vol. 47, No. 19, June 1999.
Suggested State Data Collection Source: NCHS Mortality Data (**www.cdc.gov/nchs/datawh/statab/morttables.htm**)
Suggested Local Data Collection Source: Local Health Department or SETS (**www.cdc.gov/nchs/sets.htm**)

Table 13. Average Annual Death Rates for Adolescents and Young Adults (15 to 24 years)

Cause of Death	Death Rates				
	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
All causes			87/100,000	86.2/100,000	43.2/100,000 (aged 15 to 19 yrs.) 57.3/100,000 (aged 20 to 24 yrs.)
Accidents and adverse effects			33.7/100,000	36.5/100,000	ngs
Motor-vehicle accidents			25/100,000	27.9/100,000	ngs
All other accidents and adverse Effects			8.7/100,000	8.6/100,000	ngs
Homicide and legal intervention			25.1/100,000	16.8/100,000	ngs
Suicide			8.8/100,000	11.4/100,000	12 month average of 1% (Grades 9 through 12)
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues			4.3/100,000	4.5/100,000	ngs
Diseases of heart			2.2/100,000	3/100,000	ngs
Congenital anomalies			0.9/100,000	1.1/100,000	ngs
Human immunodeficiency virus infection			0.8/100,000	0.8/100,000	ngs
Pneumonia and influenza			0.6/100,000	0.6/100,000	ngs
Chronic obstructive pulmonary diseases and allied conditions			Not available	0.5/100,000	ngs
Cerebrovascular diseases			0.5/100,000	0.5/100,000	ngs
All other causes			9.7/100,000	10.4/100,000	ngs

Notes:

- ✯ Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ngs = no goal set

Source for National Data Printed in Table: 1997 data, National Vital Statistics Report, Vol. 47, No. 19, June 1999.
Suggested State Data Collection Source: NCHS Mortality Data (**www.cdc.gov/nchs/datawh/statab/morttables.htm**)
Suggested Local Data Collection Source: Local Health Department or SETS (**www.cdc.gov/nchs/sets.htm**)

Table 14. Average Annual Death Rates for Adults (25-44 years)

Cause of Death	Death Rates Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
All causes			137/100,000	161.4/100,000	ngs
Accidents and adverse effects			33/100,000	32.4/100,000	ngs
Motor-vehicle accidents			17.3/100,000	16.9/100,000	ngs
All other accidents and adverse Effects			15.7/100,000	15.5/100,000	ngs
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues			17.2/100,000	26/100,000	ngs
Diseases of heart			9.8/100,000	19.8/100,000	ngs
Suicide			8.4/100,000	14.8/100,000	ngs
Human immunodeficiency virus infection			16.3/100,000	13.2/100,000	ngs
Homicide and legal intervention			14.9/100,000	10.5/100,000	ngs
Chronic liver disease and cirrhosis			6/100,000	4.8/100,000	ngs
Cerebrovascular diseases			3.6/100,000	4.1/100,000	ngs
Diabetes mellitus			1.9/100,000	3/100,000	ngs
Pneumonia and influenza			1.6/100,000	2.3/100,000	ngs
All other causes			24.2/100,000	30.5/100,000	ngs

Notes:

- ✯ Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ngs = no goal set

Source for National Data Printed in Table: 1997 data, National Vital Statistics Report, Vol. 47, No. 19, June 1999.
Suggested State Data Collection Source: NCHS Mortality Data (**www.cdc.gov/nchs/datawh/statab/morttables.htm**)
Suggested Local Data Collection Source: Local Health Department or SETS (**www.cdc.gov/nchs/sets.htm**)

Table 15. Average Annual Death Rates for Older Adults (45 to 64 years)

Cause of Death	Death Rates				
	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
All causes			494/100,000	679.7/100,000	ngs
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues			137.8/100,000	237.6/100,000	ngs
Diseases of heart			113.2/100,000	182.6/100,000	ngs
Accidents and adverse effects			31.1/100,000	31.6/100,000	ngs
Motor-vehicle accidents			15/100,000	14.7/100,000	ngs
All other accidents and adverse Effects			16.1/100,000	16.9/100,000	ngs
Cerebrovascular diseases			25.9/100,000	27.7/100,000	ngs
Chronic obstructive pulmonary diseases and allied conditions			7.8/100,000	23.4/100,000	ngs
Diabetes mellitus			30.6/100,000	22.9/100,000	ngs
Chronic liver disease and cirrhosis			32.6/100,000	19.6/100,000	ngs
Suicide			Not available	14.2/100,000	ngs
Pneumonia and influenza			8.7/100,000	10.8/100,000	ngs
Human immunodeficiency virus infection			14.7/100,000	8.3/100,000	ngs
All other causes			84.6/100,000	101/100,000	ngs

Notes:

- ✯ Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ngs = no goal set

Source for National Data Printed in Table: 1997 data, National Vital Statistics Report, Vol. 47, No. 19, June 1999.
Suggested State Data Collection Source: NCHS Mortality Data (**www.cdc.gov/nchs/datawh/statab/morttables.htm**)
Suggested Local Data Collection Source: Local Health Department or SETS (**www.cdc.gov/nchs/sets.htm**)

Table 16. Average Annual Death Rates for the Elderly (65 years and over)

Cause of Death	Death Rates Community		Death Rates National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
All causes			3091.5/100,000	5073.6/100,000	ngs
Diseases of heart			1079/100,000	1781.1/100,000	ngs
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues			652.3/100,000	1123.7/100,000	ngs
Cerebrovascular diseases			229.8/100,000	411.9/100,000	ngs
Chronic obstructive pulmonary diseases and allied conditions			121.6/100,000	277.1/100,000	ngs
Pneumonia and influenza			146.7/100,000	227.6/100,000	ngs
Diabetes mellitus			184.9/100,000	138.8/100,000	ngs
Accidents and adverse effects			57.2/100,000	92.1/100,000	ngs
Motor-vehicle accidents			20.2/100,000	23.6/100,000	ngs
All other accidents and adverse effects			37/100,000	68.6/100,000	ngs
Alzheimer's disease			Not available	65/100,000	ngs
Nephritis, nephrotic syndrome, and nephrosis			38/100,000	63.9/100,00	ngs
Septicemia			32.4/100,000	53.1/100,000	ngs
All other causes			102.9/100,000	893.3/100,000	ngs

Notes:

- ✯ Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ngs = no goal set

Source for National Data Printed in Table: 1997 data, National Vital Statistics Report, Vol. 47, No. 19, June 1999.
Suggested State Data Collection Source: NCHS Mortality Data (**www.cdc.gov/nchs/datawh/statab/morttables.htm**)
Suggested Local Data Collection Source: Local Health Department or SETS (**www.cdc.gov/nchs/sets.htm**)

SECTION THREE: Healthy People 2010 Objectives for Improving Health

Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. *Healthy People 2010* represents the ideas and expertise of a diverse range of individuals and organizations concerned about the Nation's health. The Healthy People Consortium—an alliance of more than 350 national organizations, including the National Alliance for Hispanic Health, and 250 State public health, mental health, substance abuse, and environmental agencies—conducted three national meetings on the development of Healthy People 2010. In addition, many individuals and organizations gave testimony about health priorities at five *Healthy People 2010* regional meetings held in late 1998. The final *Healthy People 2010* objectives were developed by teams of experts from a variety of Federal agencies coordinated by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.

Objectives: Healthy People 2010 is designed to achieve two overarching goals: (1) Increase quality and years of healthy life and (2) eliminate health disparities. The Nation's progress in achieving the two goals of *Healthy People 2010* are monitored through 467 objectives in 28 focus areas. Many objectives focus on interventions designed to reduce or eliminate illness, disability, and premature death among individuals and communities. Others focus on broader issues, such as improving access to quality health care, strengthening public health services, and improving the availability and dissemination of health-related information.

Each objective has a target for specific improvements to be achieved by the year 2010. ***The Hispanic Health Needs Assessment (HHNA) is designed to help you track progress to these Healthy People 2010 targets for the Hispanic population in your community***. Each health department in the country is tasked with making ongoing progress and achieving these 467 health objectives by the year 2010. By implementing the HHNA in your community you can put health officials on notice that specific progress for the Hispanic community will be monitored, identify those objectives for which there is not local monitoring data available for Hispanic populations, and work together to establish a local plan for achieving the objectives of *Healthy People 2010* in your community.

There are two types of objectives - measurable and developmental. Measurable objectives provide baseline data, a starting point from which progress to the 2010 objective are measured. The baselines use valid and reliable data derived from currently established, nationally representative data systems. Developmental objectives provide a vision for a desired outcome or health status. Current national surveillance systems do not provide data on these subjects. The purpose of developmental objectives is to identify areas of emerging importance and to drive the development of data systems to measure them.

As a general rule, one national target, or goal, for the year 2010 is set for all measurable objectives and is applicable to all population groups, including Hispanics. This target setting method supports the goal of eliminating health disparities and improving health for all segments of the total population.

HHNA *Healthy People 2010* Tables: In this section, we have reproduced *Healthy People 2010*'s Objectives for Improving Health in their entirety organized by their appropriate Healthy People 2010 Focus Area. There are a total of 28 *Healthy People 2010* focus areas covering a wide range of health topics. Those areas are:

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 Communication
12. Heart Disease and Stroke
13. HIV
14. Immunization and Infectious Diseases
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

For each area, there is a table of the objectives that fall under the area. For each objective, baseline data are provided as well as national Hispanic baseline data whenever possible. The data source for each measurable objective is identified for the tables of objectives in this section of HHNA.

To assist in data collection, at the bottom of each table is a listing of suggested sources for state level and local level data collection. In general, those include:

State-level data—The Centers for Disease Control and Prevention has launched a website collection state level for *Healthy People 2010* indicators where they are available. The Healthy People 2010 "Data2010" database can be accessed at (**http://wonder.cdc.gov/data2010/**).
Local-level data—Local health departments are responsible for tracking and reporting on *Healthy People 2010* data at the local level. Your local health department is your best source for local *Healthy People 2010* data and should be made aware that you are monitoring Hispanic data in your community. You can find your local health department listing through the National Association of County and City Health Officials. They have a listing on their website (listings at **www.naccho.org/GENERAL8.cfm**) or you can also call them at (202) 783-5550. Also, the Health Resources and Services Administration (HRSA) has published a series of brief data summaries on some key *Healthy People 2010* indicators by county. Those HRSA Community Health Status Report can be found on their website (**www.communityhealth.hrsa.gov**).

For more information on Healthy People 2010 objectives or on access to health care, visit (www.health.gov/healthypeople/) or call the National Health Information Center at 1-800-336-4797.

Focus Area 1: Access to Quality Health Services

Clinical Preventative Care	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
1-1. Increase the proportion of persons with health insurance.			70% had health insurance in 1997	86% had health insurance in 1997	Increase to 100%
1-2. Increase the proportion of insured persons with coverage for clinical preventive services.			Developmental	Developmental	Developmental
1-3. Increase the proportion of persons appropriately counseled about health behaviors.			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Age adjusted to the year 2000 standard populatoin

Source for National Data Printed in Table: National Health Interview Survey (NHIS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**) and NCHS State Health Statistics by Sex and Race/Ethnicity "Health Care Coverage" and "Routine Checkup" data tables (**www.cdc.gov/nchs/datawh/statab/riskdata.htm**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**) and HRSA Community Health Status Report (**www.communityhealth.hrsa.gov**)

Primary Care	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
1-4. Increase the proportion of persons who have a specific source of ongoing care.					
1-4a. All ages			78% had specific source of ongoing care in 1997	86% had specific source of ongoing care in 1997	Increase to 96%
1-4b. Children/youth aged 17 years and under			86% had specific source of ongoing care in 1997	93% had specific source of ongoing care in 1997	Increase to 96%
1-4c. Adults aged 18 years and older			75% had specific source of ongoing care in 1997	84% had specific source of ongoing care in 1997	Increase to 96%
1-5. Increase the proportion of persons with a usual primary care provider.			64% had a usual primary care provider in 1996	77% had a usual primary care provider in 1996	Increase to 85%
Provider has office hours at night or on weekends *			32%	37%	ngs
Provider usually asks about prescription medications and treatments by other doctors*			52%	59%	ngs
1-6. Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members.			15% experienced difficulty/delay receiving health care or received no health care in 1996	12% experienced difficulty/delay receiving health care or received no health care in 1996	Reduce to 7%
1-7. Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.			Developmental	Developmental	Developmental
1-8. In the health professions, allied and associated health profession fields, and the nursing field, increase the proportion of all degrees awarded to members of underrepresented racial and ethnic groups.					

Primary Care (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
Health professionals, allied and associated health fields **					
1-8a. American Indian or Alaska Native			0.5% awarded degrees in 1995-1996	Not applicable	Increase American Indian/Alaska Native degree recipients to 1%
1-8b. Asian or Pacific Islander			4% awarded degrees in 1995-1996	Not applicable	Increase Asian/Pac. Islander degree recipients to 4%
1-8c. Black or African American			6.6% awarded degrees in 1995-1996	Not applicable	Increase Black/African American degree recipients to 13%
1-8d. Hispanic or Latino			3.8% awarded degrees in 1995-1996	Not applicable	Increase Hispanic/ Latino degree recipients to 12%
Nursing					
1-8e. American Indian or Alaska Native			0.7% awarded degrees in 1995-1996	Not applicable	Increase American Indian/Alaska Native degree recipients to 1%
1-8f. Asian or Pacific Islander			3.2% awarded degrees in 1995-1996	Not applicable	Increase Asian/Pacific Islander degree recipients to 4%
1-8g. Black or African American			6.9% awarded degrees in 1995-1996	Not applicable	Increase Black/African American degree recipients to 13%

Primary Care (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
1-8h. Hispanic or Latino			3.4% awarded degrees in 1995-1996	Not applicable	Increase Hispanic/ Latino degree recipients to 12%
1-8i. Medicine			Developmental	Not applicable	Developmental
1-8j. Dentistry			Developmental	Not applicable	Developmental
1-8k. Pharmacy			Developmental	Not applicable	Developmental
1-9. Reduce hospitalization rates for three ambulatory-care-sensitive conditions – pediatric asthma, uncontrolled diabetes, and immunization-preventable pneumonia and influenza in older adults.					
1-9a. Pediatric asthma – persons under 18 years			DNC	23/10,000 persons with asthma in 1996	Reduce to 17.3/10,000
1-9b. Uncontrolled diabetes – persons aged 18 to 64 years			DNC	7.2/10,000 persons with diabetes in 1996	Reduce to 5.4/10,000
1-9c. Immunization-preventable pneumonia or influenza – persons aged 65 years and older			DNC	10.6/10,000 persons with preventable pneumonia or influenza in 1996	Reduce to 8/10,000

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Objective 1-4 data age adjusted to the year 2000 standard population
- * Data for office hours, prescription medications, and treatments are displayed to further characterize the practices of primary care providers.
- ** For the baselines, health professions includes dentistry.
- ngs = no goal set
- DNC = Data are not collected.

Source for National Data Printed in Table: Data Source Obj. 1-1, 1-4: National Health Interview Survey (NHIS), CDC, NCHS; Data Source Obj. 1-5, 1-6: Medical Expenditure Panel Survey (MEPS), AHRQ; Data Source Obj. 1-8: Data Systems of HRSA, Bureau of Health Professions; Data Source Obj. 1-9: Healthcare Cost and Utilization Project (HCUP), AHRQ.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**) and HRSA Community Health Status Report (**www.communityhealth.hrsa.gov**)

Emergency Services	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
1-10. Reduce the proportion of persons who delay or have difficulty in getting emergency medical care.			Developmental	Developmental	Developmental
1-11. Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services.			Developmental	Developmental	Developmental
1-12. Establish a single toll-free telephone number for access to poison control centers on a 24-hour basis throughout the United States.			Not applicable	15% of poison control centers shared a single toll-free number in 1999	Increase to 100%
1-13. Increase the number of Tribes, States, and the District of Columbia with trauma care systems that maximize survival and functional outcomes of trauma patients and help prevent injuries from occurring.			Not applicable	5 States had trauma care systems in 1998	Increase to include all Tribes, States, and the District of Columbia
1-14. Increase the number of States and the District of Columbia that have implemented guidelines for prehospital and hospital pediatric care.					
1-14a. Increase the number of States and the District of Columbia that have implemented statewide pediatric protocols for online medical direction.			Not applicable	18 States had implemented pediatric protocols for online medical direction in 1997	Increase to include all States and the District of Columbia
1-14b. Increase the number of States and the District of Columbia that have adopted and disseminated pediatric guidelines that categorize acute care facilities with the equipment, drugs, trained personnel, and other resources necessary to provide varying levels of pediatric emergency & critical care.			Not applicable	11 States adopted and disseminated pediatric guidelines in 1997	Increase to include all States and the District of Columbia

Notes: ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Data Source Obj. 1-12: Annual Survey of U.S. Poison Control Centers, American Assn. Poison Control Centers; Obj. 1-13: State EMS Directors Survey, National Assn. of State EMS Directors; IHS (Tribal data are developmental); Obj. 1-14: Emergency Medical Services for Children Annual Grantees Survey, HRSA.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**

Long-Term Care and Rehabilitative Services	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
1-15. Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services.			Developmental	Developmental	Developmental
1-16. Reduce the proportion of nursing home residents with a current diagnosis of pressure ulcers.			DSU	16/1,000 nursing home residents had pressure ulcers in 1997	Reduce to 8/1,000

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- DSU = Data are Statistically Unreliable.

Source for National Data Printed in Table: National Nursing Home Survey (NNHS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**

Focus Area 2: Arthritis, Osteoporosis, and Chronic Back Conditions

Arthritis and Other Rheumatic Conditions	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
2-1. Increase the mean number of days without severe pain among adults who have chronic joint symptoms.			Developmental	Developmental	Developmental
2-2. Reduce the proportion of adults with chronic joint symptoms who experience a limitation in activity due to arthritis – adults aged 18 years and older.			28% experienced limitation in activity due to arthritis in 1997	27% experienced limitation in activity due to arthritis in 1997	Reduce to 21%
2-3. Reduce the proportion of all adults with chronic joint symptoms who have difficulty in performing two or more personal care activities, thereby preserving independence – adults aged 18 years and older.			3.5% experienced difficulty performing two or more personal care activities in 1997	2% experienced difficulty performing two or more personal care activities in 1997	Reduce to 1.4%
2-4. Increase the proportion of adults aged 18 years and older with arthritis who seek help in coping if they experience personal and emotional problems.			Developmental	Developmental	Developmental
2-5. Increase the employment rate among adults with arthritis in the working-age population – adults aged 18 to 64 years			60% were employed in the past week in 1997	67% were employed in the past week in 1997	Increase to 78%
2-6. Eliminate racial disparities in the rate of total knee replacements.			Developmental	Developmental	Developmental
2-7. Increase the proportion of adults who have seen a health care provider for their chronic joint symptoms.			Developmental	Developmental	Developmental
2-8. Increase the proportion of persons with arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition.			Developmental	Developmental	Developmental

Notes: ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 2-2, 2-3, 2-5: National Health Interview Survey (NHIS), CDC, NCHS; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**

Osteoporosis	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
2-9. Reduce the overall number of cases of osteoporosis – adults aged 50 years and older.			DSU	10% had osteoporosis as measured by low total femur bone mineral density in 1988-94	Reduce to 8%
2-10. Reduce the proportion of adults who are hospitalized for vertebral fractures associated with osteoporosis – adults aged 65 years and older.			DSU	14.5/10,000 were hospitalized for vertebral fractures associated with osteoporosis in 1997	Reduce to 11.6/10,000

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- DSU = Data are Statistically Unreliable.
- Data are age adjusted to the year 2000 standard population.

Source for National Data Printed in Table: Obj. 2-9: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; Obj. 2-10: National Hospital Discharge Survey (NHDS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**

Chronic Back Conditions	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
2-11. Reduce activity limitation due to chronic back conditions – adults aged 18 years and older.			28/1,000 experienced limitation of activity due to chronic back conditions in 1997	32/1,000 experienced limitation of activity due to chronic back conditions in 1997	Reduce to 25/1,000

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Data are age adjusted to the year 2000 standard population.

Source for National Data Printed in Table: National Health Interview Survey (NHIS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**

Focus Area 3: Cancer

Cancer	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
3-1. Reduce the overall cancer death rate.			125.5/100,000 cancer deaths in 1997	201.4/100,000 cancer deaths in 1998	Reduce to 158.7/100,000
3-2. Reduce the lung cancer death rate.			23.9/100,000 lung cancer deaths in 1997	57.4/100,000 lung cancer deaths in 1998	Reduce to 44.8/100,000
3-3. Reduce the breast cancer death rate - females.			17.8/100,000 breast cancer deaths in 1997	27.7/100,000 breast cancer deaths in 1998	Reduce to 22.2/100,000
3-4. Reduce the death rate from cancer of the uterine cervix - females.			3.8/100,000 cervical cancer deaths in 1997	3/100,000 cervical cancer deaths in 1998	Reduce to 2/100,000
3-5. Reduce the colorectal cancer death rate.			12.8/100,000 colorectal cancer deaths in 1997	21.1/100,000 colorectal cancer deaths in 1998	Reduce to 13.9/100,000
3-6. Reduce the oropharyngeal cancer death rate.			1.8/100,000 oropharyngeal cancer deaths in 1997	2.9/100,000 oropharyngeal cancer deaths in 1998	Reduce to 2.6/100,000
3-7. Reduce the prostate cancer death rate - males.			20.8/100,000 prostate cancer deaths in 1997	31.9/100,000 prostate cancer deaths in 1998	Reduce to 28.7/100,000
3-8. Reduce the rate of melanoma cancer deaths.			0.8/100,000 melanoma cancer deaths in 1997	2.8/100,000 melanoma cancer deaths in 1998	Reduce to 2.5/100,000
3-9. Increase the proportion of persons who use at least one of the following protective measures that may reduce the risk of skin cancer: avoid the sun between 10 a.m. and 4 p.m., wear sun-protective clothing when exposed to sunlight, use sunscreen with a sun protective factor (SPF) of 15 or higher, and avoid artificial sources of ultraviolet light.					
3.9a. Increase the proportion of adolescents in grades 9 through 12 who follow protective measures that may reduce the risk of skin cancer.			Developmental	Developmental	Developmental

Cancer (cont'd.)	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
3.9b. Increase the proportion of adults aged 18 years and older who follow protective measures that may reduce the risk of cancer.					
Regularly used at least on protective measure			47% regularly used at least one protective measure in 1992	49% regularly used at least one protective measure in 1998	Increase to 75%
Limited sun exposure *			35% limited sun exposure in 1992	32% limited sun exposure in 1992	ngs
Wore protective clothing *			26% wore protective clothing in 1992	29% wore protective clothing in 1992	ngs
Used sun-screen *			20% wore protective clothing in 1992	29% wore protective clothing in 1992	ngs
3-10. Increase the proportion of physicians and dentists who counsel their at-risk patients about tobacco use cessation, physical activity, and cancer screening.					
3-10a. Internists who counsel about smoking cessation			Not applicable	50% counseled about smoking cessation in 1988 (not age-adjusted)	Increase to 85%
3-10b. Family physicians who counsel about smoking cessation			Not applicable	43% counseled about smoking cessation in 1988 (not age-adjusted)	Increase to 85%
3-10c. Dentists who counsel about smoking cessation			Not applicable	59% counseled about smoking cessation in 1997 (not age-adjusted)	Increase to 85%
3-10d. Primary care providers who counsel about blood stool tests			Not applicable	56% counseled about blood stool tests in 1988 (not age-adjusted)	Increase to 85%

Cancer (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
3-10e. Primary care providers who counsel about protoscopic examinations			Not applicable	23% counseled about protoscopic examinations in 1988 (not age-adjusted)	Increase to 85%
3-10f. Primary care providers who counsel about mammograms			Not applicable	37% counseled about mammograms in 1988 (not age-adjusted)	Increase to 85%
3-10g. Primary care providers who counsel about Pap tests			Not applicable	55% counseled about Pap tests in 1988 (not age-adjusted)	Increase to 85%
3-10h. Primary care providers who counsel about physical activity			Not applicable	22% counseled about physical activity in 1995 (not age-adjusted)	Increase to 85%
3-11. Increase the proportion of women who receive a Pap test.					
3-11a. Women aged 18 years and older who have ever received a Pap test			91% had ever received a Pap test in 1994	94% had ever received a Pap test in 1998 **	Increase to 97%
3-11b. Women aged 18 years and older who received a Pap test within the preceding 3 years			71% had received a Pap test within the preceding 3 months in 1994	77% had received a Pap test within the preceding 3 months in 1998 **	Increase to 90%
3-12. Increase the proportion of adults who receive a colorectal cancer screening examination.					
3-12a. Adults aged 50 years and older who have received a fecal occult blood test (FOBT) within the preceding 2 years			22% had received a FOBT within the preceding 2 years in 1992 (not age-adjusted)	34% had received a FOBT within the preceding 2 years in 1998	Increase to 50%
3-12b. Adults aged 50 years and older who have ever received a sigmoidoscopy.			28% had ever received a sigmoidoscopy in 1992 (not age-adjusted)	38% had ever received a sigmoidoscopy in 1998	Increase to 50%

Cancer (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
3-13. Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.			51% had received a mammogram within the preceding 2 years in 1994	68% had received a mammogram within the preceding 2 years in 1998	Increase to 70%
3-14. Increase the number of States that have a statewide population-based cancer registry that captures case information on at least 95 percent of the expected number of reportable cancers.			Not applicable	21 States had a registry in 1999 (not age-adjusted)	Increase to 45 States
3-15. Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis.			DNA	59% of persons with invasive cancer of any type were living 5 years or longer after diagnosis in 1989-95 (not age-adjusted)	Increase to 70%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Data are age adjusted to the year 2000 standard population; 1998 data are preliminary.
  Hispanic baseline has already met or exceeded Healthy People 2010 goal.
- Data for limit sum exposure, use sunscreen, and wear protective clothing are displayed to further characterize the issue.
- ** Includes women without a uterine cervix.
- ngs = no goal set
- DNA = Data have not been analyzed.

Source for National Data Printed in Table: Obj. 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-7, 3-8: National Vital Statistics System (NVSS), CDC, NCHS; Obj. 3-9, 3-11, 3-12, 3-13: National Health Interview Survey (NHIS), CDC, NCHS. (3-9: Data on artificial ultraviolet light source are developmental.); Obj. 3-10: Survey of Physicians' Attitudes and Practices in Early Cancer Detection, NIH, NCI; National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; Survey of Current Issues in Dentistry, American Dental Association.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Focus Area 4: Chronic Kidney Disease

Chronic Kidney Disease	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
4-1. Reduce the rate of new cases of end-stage renal disease (ESRD).			DNA	289 new ESRD cases/ million in 1997	Reduce to 217/million
4-2. Reduce deaths from cardiovascular disease in persons with chronic kidney failure.			DNA	70 deaths/1,000 patient years at risk (in persons with ESRD) in 1997	Reduce to 52 deaths/1,000 patient years at risk
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.			DNA	45% received counseling prior to renal replacement therapy in 1996	Increase to 60%
4-4. Increase the proportion of new hemodialysis patients who use arteriovenous fistulas as the primary mode of vascular access.			DNA	29% used arteriovenous fistulas in 1997	Increase to 50%
4-5. Increase the proportion of dialysis patients under age 70 years registered on the waiting list for transplantation.			12% were registered on waiting list in 1994-96	20% were registered on waiting list in 1994-96	Increase to 66%
4-6. Increase the proportion of patients with treated chronic kidney failure who receive a transplant within 3 years of registration on the waiting list.			DNA	41 registrants/1,000 patient years at risk (since placed on dialysis) received transplant within 3 years in 1995-1997	Increase to 51 registrants/1,000 patient years at risk
4-7. Reduce kidney failure due to diabetes.			DNA	113/million diabetics with ESRD in 1996	Reduce to 78/million
4-8. Increase the proportion of persons with type 1 or type 2 diabetes and proteinuria who receive recommended medical therapy to reduce progression to chronic renal insufficiency.			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- DNA = Data have not been analyzed.

Source for National Data Printed in Table: U.S. Renal Data System (USRDS), NIH, NIDDK.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Focus Area 5: Diabetes

Diabetes	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
5-1. Increase the proportion of persons with diabetes who receive formal diabetes education.			DSU	40% received formal diabetes education in 1998	Increase to 60%
5-2. Prevent diabetes.			3.5/1,000 new cases of diabetes in 1994-1996 (not age-adjusted)	3.1/1,000 new cases of diabetes in 1994-1996 (not age-adjusted)	Reduce to 2.5/1,000
5-3. Reduce the overall rate of diabetes that is clinically diagnosed.			61/1,000 cases of diabetes (new and existing) in 1997	40/1,000 cases of diabetes (new and existing) in 1997	Reduce to 25/1,000
5-4. Increase the proportion of adults aged 20 years and older with diabetes whose condition has been diagnosed.			DNA	65% were diagnosed in 1988-1994 (not age-adjusted)	Increase to 80%
5-5. Reduce the diabetes death rate.			86/100,000 diabetes deaths in 1997	75/100,000 diabetes deaths in 1997	Reduce to 45/100,000
5-6. Reduce diabetes-related deaths among persons with diabetes.			7.4/1,000 diabetes-related deaths in 1997	8.8/1,000 diabetes-related deaths in 1997	Reduce to 7.8/1,000
5-7. Reduce deaths from cardiovascular disease in persons with diabetes.			270/100,000 cardiovascular disease deaths in persons with diabetes in 1997	343/100,000 cardiovascular disease deaths in persons with diabetes in 1997	Reduce to 309/100,000
5-8. Decrease the proportion of pregnant women with gestational diabetes.			Developmental	Developmental	Developmental
5-9. Reduce the frequency of foot ulcers in persons with diabetes.			Developmental	Developmental	Developmental
5-10. Reduce the rate of lower extremity amputations in persons with diabetes.			DSU	11/1,000 amputations in persons with diabetes in 1996 (not age-adjusted)	Reduce to 5/1,000
5-11. Increase the proportion of persons with diabetes who obtain an annual urinary microalbumin measurement.			Developmental	Developmental	Developmental

Diabetes (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
5-12. Increase the proportion of adults aged 18 years and older with diabetes who have a glycosylated hemoglobin measurement at least once.			22% with diabetes had an annual glycosylated hemoglobin assessment in 1998 **	24% with diabetes had an annual glycosylated hemoglobin assessment in 1998 **	Increase to 50%
5-13. Increase the proportion of adults aged 18 years and older with diabetes who have an annual dilated eye examination.			53% with diabetes had an annual dilated eye examination in 1998 **	56% with diabetes had an annual dilated eye examination in 1998 **	Increase to 75%
5-14. Increase the proportion of adults aged 18 years and older with diabetes who have at least an annual foot examination.			56% with diabetes had an annual foot examination in 1998 **	55% with diabetes had an annual foot examination in 1998 **	Increase to 75%
5-15. Increase the proportion of persons aged 2 years and older with diabetes who have at least an annual dental examination.			32% with diabetes had an annual dental examination in 1997	58% with diabetes had an annual dental examination in 1997	Increase to 75%
5-16. Increase the proportion of adults aged 40 years and older with diabetes who take aspirin at least 15 times per month.			DSU	20% with diabetes took aspirin in 1988-1994	Increase to 30%
5-17. Increase the proportion of adults aged 18 years and older with diabetes who perform self-blood glucose monitoring at least once daily.			36% with diabetes performed daily self-blood glucose monitoring in 1998 **	42% with diabetes performed daily self-blood glucose monitoring in 1998**	Increase to 60%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Data are age adjusted to the year 2000 standard population unless noted.
  Hispanic baseline has already met or exceeded Healthy People 2010 goal.
- ** Mean of data from 39 States in 1998.
- DSU = Data are statistically unreliable.
- DNA = Data have not been analyzed.

Source for National Data Printed in Table: Obj. 5-1, 5-2, 5-3, 5-15: National Health Interview Survey (NHIS), CDC, NCHS; Obj. 5-4, 5-1 6: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; Obj. 5-5: National Vital Statistic System (NVSS), CDC, NCHS; Obj. 5-6, 5-7: National Vital Statistics System (NVSS), CDC, NCHS; National Health Interview Survey (NHIS), CDC, NCHS; Obj. 5-10: National Hospital Discharge Survey (NHDS), CDC, NCHS; National Health Interview Survey (NHIS), CDC, NCHS; Obj. 5-12, 5-13, 5-14, 5-17: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**

Focus Area 6: Disability and Secondary Conditions

Disability and Secondary Conditions	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
6-1. Include in the core of all relevant Healthy People 2010 surveillance instruments a standardized set of questions that identify "people with disabilities."			Not applicable	0% include a standard set of questions that identify people with disabilities in Healthy People 2010.	Increase to 100%
6-2. Reduce the proportion of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed.					
With disabilities			32% reported to be sad, unhappy, or depressed in 1997	31% reported to be sad, unhappy, or depressed in 1997	Reduce to 17%
Without disabilities **			16% reported to be sad, unhappy, or depressed in 1997	17% reported to be sad, unhappy, or depressed in 1997	**
6-3. Reduce the proportion of adults aged 18 and older with disabilities who report feelings such as sadness, unhappiness, or depression that prevent them from being active.					
With disabilities			40% reported feelings that prevent activity in 1997	28% reported feelings that prevent activity in 1997	Reduce to 7%
Without disabilities **			9% reported feelings that prevent activity in 1997	7% reported feelings that prevent activity in 1997	**
6-4. Increase the proportion of adults aged 18 years and older with disabilities who participate in social activities.					
With disabilities			93.9% participated in social activities in 1997	95.4% participated in social activities in 1997	Increase to 100%
Without disabilities **			100% participated in social activities in 1997	100% participated in social activities in 1997	**

Disability and Secondary Conditions (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
6-5. Increase the proportion of adults aged 18 years and older with disabilities reporting sufficient emotional support.					
With disabilities			43% reported sufficient emotional support in 1998 †	70% reported sufficient emotional support in 1998 †	Increase to 79%
Without disabilities **			69% reported sufficient emotional support in 1998 †	79% reported sufficient emotional support in 1998 †	**
6-6. Increase the proportion of adults aged 18 years and older with disabilities reporting satisfaction with life.					
With disabilities			81% reported satisfaction with life in 1998 †	87% reported satisfaction with life in 1998 †	Increase to 96%
Without disabilities **			94% reported satisfaction with life in 1998 †	96% reported satisfaction with life in 1998 †	**
6-7. Reduce the number of people with disabilities in congregate care facilities, consistent with permanency planning principles.					
6-7a. Adults aged 22 years and older in 16 or more bed congregate facilities.			DNC	93,362 in congregate care facilities in 1997	Reduce to 46,681
6-7b. Persons aged 21 years and under in congregate care facilities.			DNC	24,000 in congregate care facilities in 1997	Reduce to 0
6-8. Eliminate disparities in employment rates between working-aged adults aged 21 through 64 years with and without disabilities.					
Employment of people with disabilities			45% were employed in 1994-1995	52% were employed in 1994-1995	Increase to 82%
Employment of people without disabilities **			76% were employed in 1994-1995	82% were employed in 1994-1995	**

Disability and Secondary Conditions (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
6-9. Increase the proportion of children and youth with disabilities aged 6 to 21 years who spend at least 80 percent of their time in regular education programs.			DNA	45% spent time in regular education programs in 1995-1996	Increase to 60%
6-10. Increase the proportion of health and wellness and treatment programs and facilities that provide full access for people with disabilities.			Developmental	Developmental	Developmental
6-11. Reduce the proportion of people with disabilities who report not having the assistive devices and technology needed.			Developmental	Developmental	Developmental
6-12. Reduce the proportion of people with disabilities reporting environmental barriers to participation in home, school, work, or community activities.			Developmental	Developmental	Developmental
6-13. Increase the number of Tribes, States, and the District of Columbia that have public health surveillance and health promotion programs for people with disabilities and caregivers.					
6-13a. States and the District of Columbia			Not applicable	14 had programs for people with disabilities and caregivers in 1999	Increase to 51 States and D.C.
6-13b. Tribes			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 6-3 and 6-4 data age adjusted to the year 2000 standard population.
- Data from 10 States and the District of Columbia.
- ** The Overall data figure represents the Healthy People 2010 goal for this objective.
- DNC = Data are not collected.; DNA = Data have not been analyzed.

Source for National Data Printed in Table: Obj. 6-1: CDC, NCEH. Data Source Obj. 6-2, 6-3, 6-4: National Health Interview Survey (NHIS), CDC, NCHS. Data Source Obj. 6-5, 6-6: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP. Data Source Obj. 6-7: Survey of Residential Facilities, University of Minnesota. Data Source Obj. 6-8: Survey of Income and Program Participation (SIPP), U.S. Department of Commerce, Bureau of the Census. Data Source Obj. 6-9: Data Analysis System (DANS), U.S. Department of Education, Office of Special Education. Data Source Obj. 6-13: Tribal, State, and District of Columbia reports, Office on Disability and Health, CDC.

Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)

Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**

Focus Area 7: Educational and School-based Programs

School Setting	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
7-1. Increase high school completion of persons aged 18 to 24 years.			63% completed high school in 1998.	85% completed high school in 1998.	Increase to 90%
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.					
7-2a. Summary objective (all components)			Not applicable	28% provided education in 1994	Increase to 70%
Specific objectives (components to prevent health problems in the following areas):					
7-2b. Unintentional injury			Not applicable	66% provided education in 1994	Increase to 90%
7-2c. Violence			Not applicable	58% provided education in 1994	Increase to 80%
7-2d. Suicide			Not applicable	58% provided education in 1994	Increase to 80%
7-2e. Tobacco use and addiction			Not applicable	86% provided education in 1994	Increase to 95%
7-2f. Alcohol and other drug use			Not applicable	90% provided education in 1994	Increase to 95%
7-2g. Unintended pregnancy, HIV/AIDS, and STD infection			Not applicable	65% provided education in 1994	Increase to 90%
7-2h. Unhealthy dietary patterns			Not applicable	84% provided education in 1994	Increase to 95%

School Setting	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
7-2i. Inadequate physical activity			Not applicable	78% provided education in 1994	Increase to 90%
7-2j. Environmental health			Not applicable	60% provided education in 1994	Increase to 80%
7-3. Increase the proportion of college and university students who receive information from their institution on each of the six priority health-risk behavior areas: (injuries (intentional and unintentional), tobacco use, alcohol and illicit drug use, sexual behaviors that cause unintended pregnancies and sexually transmitted diseases, dietary patterns that cause disease, and inadequate physical activity.			5% received information on six priority health-risk behavior areas in 1995	6% received information on six priority health-risk behavior areas in 1995	Increase to 25%
7-4. Increase the proportion of the Nation's elementary, middle, junior high, and senior high schools that have a nurse-to-student ratio of at least 1:750.					
7-4a. All middle, junior high, and senior high			Not applicable	28% had a ratio of at least 1:750 in 1994	Increase to 50%
7-4b. Senior high students			Not applicable	26% had a ratio of at least 1:750 in 1994	Increase to 50%
7-4c. Middle and junior high schools			Not applicable	32% had a ratio of at least 1:750 in 1994	Increase to 50%
7-4d. Elementary schools			Not applicable	Developmental	Developmental

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 7-1: Current Population Survey, U.S. Department o f Commerce, Bureau of the Census; Obj. 7-2, 7-4: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP; 7-3: National College Health Risk Behavior Survey, CDC, NCCDPHP.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Worksite Setting	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
7-5. Increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees.					
7-5a. Worksites with fewer than 50 employees			Not applicable	Developmental	Developmental
7-5b. Worksites with 50+ employees			Not applicable	95% offered programs in 1999	Increase to 100%
7-5c. Worksites with 50 to 99 employees			Not applicable	94% offered programs in 1999	Increase to 100%
7-5d. Worksites with 100 to 249 employees			Not applicable	96% offered programs in 1999	Increase to 100%
7-5e. Worksites with 250 to 749 employees			Not applicable	98% offered programs in 1999	Increase to 100%
7-5f. Worksites with 750+ employees			Not applicable	99% offered programs in 1999	Increase to 100%
7-6. Increase the proportion of employees aged 18 years and older who participate in employer-sponsored health promotion activities.			16% participated in 1994	28% participated in 1994	Increase to 50%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Objective 7-5 data do not reflect complete definition for comprehensive worksite health promotion program; for explanation, see *Tracking Health People 2010*.

Source for National Data Printed in Table: Obj. 7-5: 1999 National Worksite Health Promotion Survey, Association for Worksite Health Promotion (AWHP); Obj. 7-6: National Health Interview Survey (NHIS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Health Care Setting	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
7-7. Increase the proportion of health care organizations that provide patient and family education.			Developmental	Developmental	Developmental
7-8. Increase the proportion of patients who report that they are satisfied with the patient education they receive from their health care organization.			Developmental	Developmental	Developmental
7-9. Increase the proportion of hospitals and managed care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community.			Developmental	Developmental	Developmental

Community Setting and Select Populations	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
7-10. Increase the proportion of Tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple Healthy people 2010 focus areas.			Developmental	Developmental	Developmental
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.					
7-11a. Access to quality health services			Not applicable	Developmental	Developmental
Clinical preventive services			Not applicable	35% competent in 1996-1997	**
7-11b. Arthritis, osteoporosis, and chronic back conditions			Not applicable	Developmental	Developmental
7-11c. Cancer			Not applicable	30% competent in 1996-1997	Increase to 50%
Diabetes and chronic disabling conditions			Not applicable	26% competent in 1996-1997	**
7-11d. Chronic kidney disease			Not applicable	Developmental	Developmental
7-11e. Diabetes			Not applicable	Developmental	Developmental
7-11f. Disability and secondary conditions			Not applicable	Developmental	Developmental
7-11g. Educational and community-based programs			Not applicable	33% competent in 1996-1997	Increase to 50%
7-11h. Environmental health			Not applicable	22% competent in 1996-1997	Increase to 50%
7-11i. Family planning			Not applicable	42% competent in 1996-1997	Increase to 50%
Food and drug safety			Not applicable	18% competent in 1996-1997	**
7-11j. Food Safety			Not applicable	Developmental	Developmental
7-11k. Medical product safety			Not applicable	Developmental	Developmental
7-11l. Health communication			Not applicable	Developmental	Developmental
7-11m. Heart disease and stroke			Not applicable	28% competent in 1996-1997	Increase to 50%

Community Setting and Select Populations (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
7-11n. HIV			Not applicable	45% competent in 1996-1997	Increase to 50%
7-11o. Immunizations and infectious diseases			Not applicable	48% competent in 1996-1997	Increase to 50%
7-11p. Injury and violence prevention			Not applicable	Developmental	Developmental
Unintentional injuries			Not applicable	19% competent in 1996-1997	**
Violent and abusive behavior			Not applicable	25% competent in 1996-1997	**
7-11q. Maternal, infant (and child) health			Not applicable	47% competent in 1996-1997	Increase to 50%
7-11r. Mental health (and mental disorders)			Not applicable	18% competent in 1996-1997	Increase to 50%
7-11s. Nutrition and overweight			Not applicable	44% competent in 1996-1997	Increase to 50%
7-11t. Occupational safety and health			Not applicable	13% competent in 1996-1997	Increase to 50%
7-11u. Oral health			Not applicable	25% competent in 1996-1997	Increase to 50%
7-11v. Physical activity and fitness			Not applicable	21% competent in 1996-1997	Increase to 50%
7-11w. Public health infrastructure			Not applicable	Developmental	Developmental
Surveillance and data systems			Not applicable	14% competent in 1996-1997	**
7-11x. Respiratory diseases			Not applicable	Developmental	Developmental
7-11y. Sexually transmitted diseases			Not applicable	41% competent in 1996-1997	Increase to 50%
7-11z. Substance abuse (alcohol and other drugs)			Not applicable	26% competent in 1996-1997	Increase to 50%
7-11aa. Tobacco use			Not applicable	24% competent in 1996-1997	Increase to 50%
7-11bb. Vision and hearing			Not applicable	Developmental	Developmental
7-12. Increase the proportion of older adults aged 65 years and older who have participated during the preceding year in at least one organized health promotion activity.			DSU	12% participated in 1998	Increase to 90%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 7-12 data age adjusted to the year 2000 standard population; 1998 data is preliminary.
- ** These are Healthy People 2000 priority areas that are not applicable to Healthy People 2010.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table Obj. 7-11: National Profile of Local Health Departments, National Association of City and County Health Organization (NACCHO); Obj. 7-12: National Health Interview Survey (NHIS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Focus Area 8: Environmental Health

Outdoor Air Quality	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-1. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's (EPA's) health-based standards for harmful air pollutants.					
8-1a. Ozone **			DNC ❖	43% exposed in 1997	Reduce to 0%
8-1b. Particulate matter, 10 um or less in diameter (PM_{10})			DNC ❖	12% exposed in 1997	Reduce to 0%
8-1c. Carbon monoxide			DNC ❖	19% exposed in 1997	Reduce to 0%
8-1d. Nitrogen dioxide			DNC ❖	5% exposed in 1997	Reduce to 0%
8-1e. Sulfur dioxide			DNC ❖	2% exposed in 1997	Reduce to 0%
8-1f. Lead			DNC ❖	<1% exposed in 1997	Reduce to 0%
8-1g. Total number of people			DNC ❖	119,803,000 people in 1997	Reduce to 0%
8-2. Increase use of alternative modes of transportation to reduce motor vehicle emissions and improve the Nation's air quality.					
8-2a. Trips made by bicycling			DNC ❖	0.9% trips made with bicycles in 1995	Increase to 1.8%
8-2b. Trips made by walking			DNC ❖	5.4% trips made by walking in 1995	Increase to 10.8%
8-2c. Trips made by transit			DNC ❖	1.8% trips made by transit in 1995	Increase to 3.6%
8-2d. Persons who telecommute			DNC ❖	Developmental	Developmental
8-3. Improve the Nation's air quality by increasing the use of cleaner alternative fuels.			Not applicable	2.7% of U.S. motor fuel consumption used cleaner alternative fuels in 1997	Increase to 30%

Outdoor Air Quality (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-4. Reduce air toxic emissions to decrease the risk of adverse health effects caused by airborne toxins.			Not applicable	8.1 million tons released in 1993	Reduce to 2.0 million tons

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- For the purpose of Objective 8-1, EPA is counting persons living in nonattainment areas only.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- ** The targets of zero people for ozone and PM_{10} will be met in 2010 and 2018, respectively.

Source for National Data Printed in Table Obj. 8-1: National Air Quality and Emissions Trends Report, EPA; Obj. 8-2: DOT, Federal Highway Administration (FHA); Nationwide Personal Transportation Survey (NPTS), U.S. Department of Commerce, Bureau of the Census; Youth Risk Behavior survey (YRBS), CDC, NCHS; Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCHS; National Center for Bicycling and Walking; local government databases; FHA TEA-21 implementation; Obj. 8-3: Alternatives to Traditional Transportation Fuels, U.S. Department of Energy, Energy Information Administration; Obj. 8-4: U.S. National Toxics Inventory, EPA.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Water Quality	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-5. Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act.			Not applicable	73% received drinking water that met SDWA regulations in 1995.	Increase to 95%
8-6. Reduce waterborne disease outbreaks arising from water intended for drinking among persons served by community water systems.			Not applicable	6 outbreaks/year originated from community water systems (1987-1996 average)	Reduce to 2 outbreaks/year
8-7. Reduce per capita domestic water withdrawals.			Not applicable	101 gallons/day withdrawn in 1995	Reduce to 90.9 gallons/day
8-8. Increase the proportion of assessed rivers, lakes, and estuaries that are safe for fishing and recreational purposes.			Not applicable	Developmental	Developmental
8-9. Reduce the number of beach closing that result from the presence of harmful bacteria.			Not applicable	Developmental	Developmental
8-10. Reduce the potential human exposure to persistent chemicals by decreasing fish contaminant levels.			Not applicable	Developmental	Developmental

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table Obj. 8-5: Potable Water Surveillance System (PWSS) and Safe Drinking Water Information System (SDWIS), EPA; Obj. 8-6: State Reporting Systems, CDC, NCID; Obj. 8-7: U.S. Department of Interior, U.S. Geological Survey (USGS).
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Toxics and Waste	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-11. Eliminate elevated blood lead levels in children aged 1-5 years.					
Residing in all houses			DSU	4.4% had levels exceeding 10 ug/dL in 1991-1994	Reduce to 0 children
Residing in houses built before 1946 *			DSU	8.6% had levels exceeding 10 ug/dL in 1991-1994	ngs
Residing in houses built from 1946 to 1973 *			DSU	4.6% had levels exceeding 10 ug/dL in 1991-1994	ngs
Residing in houses built after 1973 *			DSU	1.6% had levels exceeding 10 ug/dL in 1991-1994	ngs
8-12. Minimize the risks to human health and the environment posed by hazardous sites.					
8-12a. National Priority List sites			Not applicable	1,200 sites eligible for extensive cleanup in 1998	98% of 1,200 sites cleaned
8-12b. Resource Conservation and Recovery Act facilities			Not applicable	2,475 facilities eligible for extensive cleanup in 1998	98% of 2,475 facilities cleaned
8-12c. Leaking underground storage facilities			Not applicable	370,000 facilities eligible for extensive cleanup in 1998	98% of 370,000 facilities cleaned
8-12d. Brownfield properties			Not applicable	1,500 properties eligible or extensive cleanup in 1998	98% of 1,500 properties cleaned
8-13. Reduce pesticide exposures that result in visits to a health care facility.			DNC ❖	27,156 visits required in 1997 (out of 129,592 total pesticide exposures)	Reduce to 13,500 visits/year
8-14. Reduce the amount of toxic pollutants released, disposed of, treated, or used for energy recovery.			Not applicable	Developmental	Developmental

Toxics and Waste (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-15. Increase recycling of municipal solid waste.			Not applicable	27% recycled in 1996 (includes composting)	Increase to 38%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- * Data for "all houses" are from a separate analysis of NHANES data; data for specific periods of time provided for information purposes.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- ngs = No goal set.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table Obj. 8-12: EPA and HazDat data system, Agency for Toxic substances and Disease Registry; Obj. 8-13: Toxic Exposure Surveillance System (TESS), American Association of Poison Control Centers; Obj. 8-15: Characterization of Municipal Solid Waste, EPA.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Healthy Homes and Healthy Communities	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-16. Reduce indoor allergen levels.					
8-16a. Group I dust mite allergens that exceed 2u/gram of dust in bed			Not applicable	36.3 million homes exceeded 2u/gram of dust in bed	Reduce to 29 million
8-16b. Group I dust mite allergens that exceed 10 u/gram of dust in the bed			Not applicable	18.6 million homes exceeded 10u/gram of dust in bed	Reduce to 14.9 million
8-16c. German cockroach allergens that exceed 0.1 unit/gram of dust in the bed			Not applicable	4.7 million homes exceeded 0.1u/gram of dust in bed	Reduce to 3.8 million
8-17. Increase the number of office buildings that are managed using good indoor air quality practices.			Not applicable	Developmental	Developmental
8-18. Increase the proportion of persons who live in homes tested for radon concentrations.			7% lived in homes tested for radon in 1994	17% lived in homes tested for radon in 1998	Increase to 20%
8-19. Increase the number of new homes constructed to be radon resistant.			Not applicable	1.4 million constructed to be radon resistant in 1997	Increase to 2.1 million
8-20. Increase the proportion of the Nation's primary and secondary schools that have official school policies ensuring the safety of students and staff from environmental hazards, such as chemicals in special classrooms, poor indoor air quality, asbestos, and exposure to pesticides.			Not applicable	Developmental	Developmental
8-21. Ensure that State health departments establish training, plans, and protocols and conduct annual multi-institutional exercises to prepare for response to natural and technological disasters.			Not applicable	Developmental	Developmental
8-22. Increase the proportion of persons living in pre-1950s housing that have tested for the presence of lead-based paint.			DNC ❖	16% of persons had tested for lead-based paint in 1998	Increase to 50%

Healthy Homes and Healthy Communities (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-23. Reduce the proportion of occupied housing units that are substandard.			Not applicable	6.2% had moderate or severe physical problems in 1995	Reduce to 3%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 8-18 and Obj. 8-22 overall data age adjusted to the year 2000 standard population ; 1998 data is preliminary.
- Obj. 8-18 Hispanic data age adjusted to the year 2000 standard population.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.

Source for National Data Printed in Table: Obj. 8-16: National Survey of Lead and Allergens in Housing, CDC, NIEHS, and U.S. Department of Housing and Urban Development; Obj. 8-18, 8-22: National Health Interview Survey (NHIS), CDC, NCHS; Obj. 8-19: National Association of New Home Builders; Obj. 8-23: American Housing Survey, U.S. Department of Commerce, Bureau of the Census.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Infrastructure and Surveillance	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-24. Reduce exposure to pesticides as measured by blood and urine concentrations of metabolites.					
8-24a. 1-naphthol (carbaryl)			DNC ❖	36.0 ug/g creatinine measured in 1988-1994 **	Reduce to 25.2 ug/g creatinine
8-24b. Paranitrophenol (methyl parathion and parathion)			DNC ❖	3.8 ug/g creatinine measured in 1998-1994 **	Reduce to 2.7 ug/g creatinine
8-24c. 3, 5, 6-trichloro-2-pyridinol (chlorpyrifos)			DNC ❖	8.3 ug/g creatinine measured in 1998-1994 **	Reduce to 5.8 ug/g creatinine
8-24d. Isopropoxyphenol (propoxur)			DNC ❖	1.6 ug/g creatinine measured in 1998-1994 **	Reduce to 1.1 ug/g creatinine
8-25. Reduce exposure of the population to pesticides, heavy metals, and other toxic chemicals, as measured by blood and urine concentrations of the substances or their metabolites.					
Heavy metals					
8-25a. Arsenic			Developmental	Developmental	Developmental
8-25b. Cadmium			Developmental	Developmental	Developmental
8-25c. Lead			Developmental	Developmental	Developmental
8-25d. Manganese			Developmental	Developmental	Developmental
8-25e. Mercury			Developmental	Developmental	Developmental
Pesticides					
8-25f. 2, 4-D, o-phenylphenol			Developmental	Developmental	Developmental
8-25g. Permethrins			Developmental	Developmental	Developmental
8-25h. Diazinon			Developmental	Developmental	Developmental
Persistent chemicals					
8-25i. Polychlorinated biphenyls			Developmental	Developmental	Developmental

Infrastructure and Surveillance (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-25j. Dioxins			Developmental	Developmental	Developmental
8-25k. Furans			Developmental	Developmental	Developmental
Organochlorine compounds					
8-25l. Chlordane			Developmental	Developmental	Developmental
8-25m. Dieldrin			Developmental	Developmental	Developmental
8-25n. DDT			Developmental	Developmental	Developmental
8-25o. Lindane			Developmental	Developmental	Developmental
8-26. Improve the quality, utility, awareness, and use of existing information systems for environmental health.			Not applicable	Developmental	Developmental
8-27. Increase or maintain the number of Territories, Tribes, and States, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to environmental hazards.					
8-27a. Lead poisoning			Not applicable	41 jurisdictions monitored diseases/conditions in 1999	Increase to 51
8-27b. Pesticide poisoning			Not applicable	20 jurisdictions monitored diseases/conditions in 1999	Increase to 25
8-27c. Mercury poisoning			Not applicable	14 jurisdictions monitored diseases/conditions in 1999	Increase to 15
8-27d. Arsenic poisoning			Not applicable	10 jurisdictions monitored diseases/conditions in 1999	Increase to 10
8-27e. Cadmium poisoning			Not applicable	10 jurisdictions monitored diseases/conditions in 1999	Increase to 10
8-27f. Methemoglobinemia			Not applicable	9 jurisdictions monitored diseases/conditions in 1999	Increase to 10
8-27g. Acute chemical poisoning †			Not applicable	8 jurisdictions monitored diseases/conditions in 1999	Increase to 15

Infrastructure and Surveillance (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-27h. Carbon monoxide poisoning			Not applicable	7 jurisdictions monitored diseases/conditions in 1999	Increase to 51
8-27i. Asthma			Not applicable	6 jurisdictions monitored diseases/conditions in 1999	Increase to 51
8-27j. Hyperthermia			Not applicable	4 jurisdictions monitored diseases/conditions in 1999	Increase to 10
8-27k. Hypothermia			Not applicable	Developmental	Developmental
8-27l. Skin cancer			Not applicable	Developmental	Developmental
8-27m. Malignant melanoma			Not applicable	Developmental	Developmental
8-27n. Other skin cancer			Not applicable	Developmental	Developmental
8-27o. Birth defects			Not applicable	Developmental	Developmental
8-28. Increase the number of local health departments or agencies that use data from surveillance of environmental risk factors as part of their vector control programs.			Not applicable	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 8-24 data are from a subset of NHANES data and are not nationally representative. Therefore, a population data template is not available.
- Obj. 8-27 target and baseline data are for States and the District of Columbia. The targets will be adjusted as data for Tribes and Territories become available.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- ** 95 percent of the population had concentrations below this level.
- † Includes chemicals not covered elsewhere in the table.

Source for National Data Printed in Table: Obj. 8-24: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; Obj. 8-27: Periodic surveys, Public Health Foundation and Council of State and Territorial Epidemiologists.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Global Environmental Health	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-29. Reduce the global burden of disease due to poor water quality, sanitation, and personal and domestic hygiene.			Not applicable	2,668,200 attributable deaths worldwide in 1990.	Reduce to 2,130,000 worldwide
8-30. Increase the proportion of the population in the U.S.-Mexico border region that have adequate drinking water and sanitation facilities.					
Wastewater sewer service provided					
8-30a. Ciudad Acuna			Not applicable	39% of population received wastewater service in 1997	Increase to 49%
8-30b. Matamoros			Not applicable	47% of population received wastewater service in 1997	Increase to 57%
8-30c. Mexicali			Not applicable	80% of population received wastewater service in 1997	Increase to 90%
8-30d. Nogales, Sonora			Not applicable	81% of population received wastewater service in 1997	Increase to 91%
8-30e. Piedras Negras			Not applicable	80% of population received wastewater service in 1997	Increase to 90%
8-30f. Reynosa			Not applicable	57% of population received wastewater service in 1997	Increase to 67%
Wastewater receiving treatment					
8-30g. Ciudad Acuna			Not applicable	0% of population received wastewater treatment in 1997	Increase to 10%
8-30h. Matamoros			Not applicable	0% of population received wastewater treatment in 1997	Increase to 10%
8-30i. Mexicali			Not applicable	72% of population received wastewater treatment in 1997	Increase to 82%
8-30j. Nogales, Sonora			Not applicable	100% of population received wastewater treatment in 1997	Maintain at 100%

Global Environmental Health (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
8-30k. Piedras Negras			Not applicable	0% of population received wastewater treatment in 1997	Increase to 10%
8-30l. Reynosa			Not applicable	100% of population received wastewater treatment in 1997	Maintain at 100%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 8-29: Global Burden of Disease, World Health Organization; Obj. 8-30: EPA; Mexico's Comisión Nacional de Agua; State and local health departments; American Water Works Association; Rural Water Association; U.S.-Mexican Border Health Association.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Focus Area 9: Family Planning

Family Planning	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
9-1. Increase the proportion of pregnancies that are intended among females aged 15 to 44 years.			51% were intended in 1995	51% were intended in 1995	Increase to 70%
9-2. Reduce the proportion of births occurring within 24 months of a previous birth among females aged 15 to 44 years.			14% gave birth within 24 month of a previous birth in 1995	11% gave birth within 24 month of a previous birth in 1995	Reduce to 6%
9-3. Increase the proportion of 15 to 44-year old females at risk of unintended pregnancy (and their partners) who use contraception.			91% used contraception in 1995	93% used contraception in 1995	Increase to 100%
9-4. Reduce the proportion of females aged 15 to 44 years experiencing pregnancy despite use of a reversible contraceptive method.			16% experienced pregnancy despite use of a reversible contraceptive method in 1995	13% experienced pregnancy despite use of a reversible contraceptive method in 1995	Reduce to 7%
9-5. Increase the proportion of health care providers who provide emergency contraception.			Not applicable	Developmental	Developmental
9-6. Increase male involvement in pregnancy prevention and family planning efforts.			Developmental	Developmental	Developmental
9-7. Reduce pregnancies among adolescent females aged 15 to 17 years.			110/1,000 pregnancies in 1995	72/1,000 pregnancies in 1995	Reduce to 46/1,000
9-8. Increase the proportion of adolescents aged 15 to 19 years who have never engaged in sexual intercourse before age 15 years.					
9-8a. Females			76% had no intercourse before age 15 years in 1995	81% had no intercourse before age 15 years in 1995	Increase to 88%
9-8b. Males			73% had no intercourse before age 15 years in 1995	79% had no intercourse before age 15 years in 1995	Increase to 88%

Family Planning (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
9-9. Increase the proportion of adolescents aged 15 to 17 years who have never engaged in sexual intercourse.					
9-9a. Females			49% had never engaged in sexual intercourse in 1995	62% had never engaged in sexual intercourse in 1995	Increase to 75%
9-9b. males			50% had never engaged in sexual intercourse in 1995	57% had never engaged in sexual intercourse in 1995	Increase to 75%
9-10. Increase the proportion of sexually active, unmarried adolescents aged 15 to 17 years who use contraception that both effectively prevents pregnancy and provides barrier protection against disease.					
Used condom at first intercourse					
9-10a. Females (15 to 19 years **)			48% used condom at first intercourse in 1995	68% used condom at first intercourse in 1995	Increase to 75%
9-10b. Males			64% used condom at first intercourse in 1995	72% used condom at first intercourse in 1995	Increase to 83%
Used condom plus hormonal method at first intercourse					
9-10c. Females (15 to 19 years **)			DSU	6% used condom plus hormonal at first intercourse in 1995	Increase to 9%
9-10d. Males			7% used condom plus hormonal at first intercourse in 1995	8% used condom plus hormonal at first intercourse in 1995	Increase to 11%
Used condom at last intercourse					
9-10e. Females (15 to 19 years **)			22% used condom plus hormonal at last intercourse in 1995	38% used condom plus hormonal at last intercourse in 1995	Increase to 41%

Family Planning (cont'd.)	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
9-10f. Males			59%	70%	Increase to 72%
Used condom plus hormonal method at last intercourse					
9-10g. Females (15 to 19 years **)			DSU	8%	Increase to 11%
9-10h. Males			10%	16%	Increase to 20%
9-11. Increase the proportion of young adults who have received formal instruction before turning age 18 years on reproductive health issues, including all of the following topics: birth control methods, safer sex to prevent HIV, prevention of sexually transmitted diseases, and abstinence.					
9-11a. Females aged 18 to 24 years			56% received instruction prior to age 18 years in 1995	64% received instruction prior to age 18 years in 1995	Increase to 90%
9-11b. Females aged 18 to 19 years *			69% received instruction prior to age 18 years in 1995	80% received instruction prior to age 18 years in 1995	ngs
9-11c. Females aged 20 to 24 years *			51% received instruction prior to age 18 years in 1995	57% received instruction prior to age 18 years in 1995	ngs
9-12. Reduce the proportion of married couples with wives aged 15 to 44 years whose ability to conceive or maintain a pregnancy is impaired			13% had wives with impaired fecundity in 1995	13% had wives with impaired fecundity in 1995	Reduce to 10%
9-13. Increase the proportion of health insurance that cover contraceptive supplies and services			Not applicable	Developmental	Developmental

Notes:

- ★ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 9-11 data on males will be available in the future.
- * Data for females aged 18 to 19 years and 20 to 24 years are displayed to further characterize the issue.
- ** Data currently are collected for females aged 15 to 19 years. Data for females aged 15 to 17 years will be used when available.
- ngs = No goal set.; DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 9-1, 9-2, 9-3, 9-11, 9-12, : National Survey of Family Growth (NSFG), CDC, NCHS; Obj. 9-4: National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Patient Survey, Alan Guttmacher Institute; Obj. 9-7. Abortion Provider Survey, Alan Guttmacher Institute; National Vital Statistics System (NVSS), CDC, NCHS; National Survey of Family Growth (NSFG), CDC, NCHS; Obj. 9-8, 9-9, 9-10: Females-National Survey of Family Growth (NSFG), CDC, NCHS; Males-National Survey of Adolescent Males (NSAM), Urban Institute.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Focus Area 10: Food Safety

Food Safety	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
10-1. Reduce infections caused by key foodborne pathogens.					
10-1a. *Campylobacter* species			DSU	24.6/100,000 infections in 1997	Reduce to 12.3/100,000
10-1b. *Escherichia coli* O157:H7			DSU	2.1/100,000 infections in 1997	Reduce to 1/100,000
10-1c. *Listeria monocytogenes*			DSU	0.5/100,000 infections in 1997	Reduce to 0.25/100,000
10-1d. *Salmonella* species			DSU	13.7/100,000 infections in 1997	Reduce to 13.7/100,000
10-1e. *Cyclospora cayetanensis*			Developmental	Developmental	Developmental
10-1f. Postdiarrheal hemolytic uremic syndrome			Developmental	Developmental	Developmental
10-1g. Congenital *Toxoplasma gondii*			Developmental	Developmental	Developmental
10-2. Reduce outbreaks of infections caused by key foodborne bacteria.					
10-2a. *Escherichia coli* O157:H7			Not applicable	22 outbreaks occurred in 1997	Reduce to 11 outbreaks/year
10-2b. *Salmonella* serotype Enteritidis			Not applicable	44 outbreaks occurred in 1997	Reduce to 22 outbreaks/year
10-3. Prevent an increase in the proportion of isolates of *Salmonella* species from humans and from animals at slaughter, that are resistant to antimicrobial drugs.					
Salmonella from humans that are resistant to:					
10-3a. Fluoroquinolones			Not applicable	0% of isolates are resistant to antimicrobial drugs	Maintain at 0% of isolates
10-3b. Third-generation cephalosporins			Not applicable	0% of isolates are resistant to antimicrobial drugs	Maintain at 0% of isolates

Food Safety (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
10-3c. Gentamicin			Not applicable	3% of isolates are resistant to antimicrobial drugs	Maintain at 3% of isolates
10-3d. Ampicillin			Not applicable	18% of isolates are resistant to antimicrobial drugs	Maintain at 18% of isolates
Salmonella from cattle at slaughter that are resistant to:					
10-3e. Fluoroquinolones			Not applicable	Developmental	Developmental
10-3f. Third-generation cephalosporins			Not applicable	Developmental	Developmental
10-3g. Gentamicin			Not applicable	Developmental	Developmental
10-3h. Ampicillin			Not applicable	Developmental	Developmental
Salmonella from broilers at slaughter that are resistant to:					
10-3i. Fluoroquinolones			Not applicable	Developmental	Developmental
10-3j. Third-generation cephalosporins			Not applicable	Developmental	Developmental
10-3k. Gentamicin			Not applicable	Developmental	Developmental
10-3l. Ampicillin			Not applicable	Developmental	Developmental
Salmonella from swine at slaughter that are resistant to:					
10-3m. Fluoroquinolones			Not applicable	Developmental	Developmental
10-3n. Third-generation cephalosporins			Not applicable	Developmental	Developmental
10-3o. Gentamicin			Not applicable	Developmental	Developmental
10-3p. Ampicillin			Not applicable	Developmental	Developmental
10-4. Reduce deaths from anaphylaxis caused by food allergies.			Developmental	Developmental	Developmental
10-5. Increase the proportion of consumers who follow key food safety practices.			DNC ❖	72% followed safety practices in 1998.	Increase to 79%
10-6. Improve food employee behaviors and food preparation practices that directly relate to foodborne illnesses in retail food establishments.			Not applicable	Developmental	Developmental

Food Safety (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
10-7. Reduce human exposure to organophosphate pesticides from food.			Not applicable	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 10-1: Foodborne Disease Active Surveillance Network (FoodNet), CDC, NCID; FDA, CFSAN; FSIS, OPHS; and State agencies; Obj. 10-2: Foodborne Disease Outbreak Surveillance System, CDC, NCID; National Antimicrobial Resistance Monitoring System, CDC, NCID; FDA, CVM; FSIS, APHIS, and ARS; Foodborne Disease Active Surveillance Network (FoodNet), CDC, NCID; Obj. 10-5: Food Safety Survey (FSS), FDA and FSIS, USDA.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Focus Area 11: Health Communication

Health Communication	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
11-1. Increase the proportion of households with access to the Internet at home.			13% of households had access in 1998	26% of households had access in 1998	Increase to 80%
11-2. Improve the health literacy of persons with inadequate or marginal literacy skills.			Not applicable	Developmental	Developmental
11-3. Increase the proportion of health communication activities that include research and evaluation.			Not applicable	Developmental	Developmental
11-4. Increase the proportion of health-related World Wide Web sites that disclose information that can be used to assess the quality of the site.			Not applicable	Developmental	Developmental
11-5. Increase the number of centers for excellence that seek to advance the research and practice of health communication.			Not applicable	Developmental	Developmental
11-6. Increase the proportion of persons who report that their health care providers have satisfactory communication skills.			Developmental	Developmental	Developmental

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 11-1: School Enrollment Supplement to the Current Population Survey, U.S. Department of Commerce, Bureau of the Census.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Focus Area 12: Heart Disease and Stroke

Heart Disease	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
12-1. Reduce coronary heart disease deaths.			151/100,000 deaths in 1997	208/100,000 deaths in 1998	Reduce to 166/100,000
12-2. Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 911.			Developmental	Developmental	Developmental
12-3. Increase the proportion of eligible patients with heart attacks who receive artery-opening therapy within an hour of symptom onset.			Developmental	Developmental	Developmental
12-4. Increase the proportion of adults aged 20 years and older who call 911 and administer cardiopulmonary resuscitation (CPR) when they witness an out-of-hospital cardiac arrest.			Developmental	Developmental	Developmental
12-5. Increase the proportion of persons with witnessed out-of-hospital cardiac arrest who are eligible and receive their first therapeutic electrical shock within 6 minutes after collapse recognition.			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 12-1 data age adjusted to the year 2000 standard population; overall 1998 data is preliminary.
- DSU = Data are statistically unreliable.
- Hispanic baseline has already met or exceeded Healthy People 2010 goal.

Source for National Data Printed in Table: Obj. 11-1: School Enrollment Supplement to the Current Population Survey, U.S. Department of Commerce, Bureau of the Census; Obj. 12-1: National Vital Statistics System (NVSS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**)

Stroke	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
12-6. Reduce hospitalizations of older adults with heart failure as the principal diagnosis.					
12-6a. Aged 65 to 74 years			DSU	13.4/1,000 hospitalizations in 1997	Reduce to 6.5/1,000
12-6b. Aged 75 to 84 years			DSU	26.9/1,000 hospitalizations in 1997	Reduce to 13.5/1,000
12-6c. Aged 85 years and older			DSU	53.1/1,000 hospitalizations in 1997	Reduce to 26.5/1,000
12-7. Reduce stroke deaths.			40/100,000 deaths in 1997	60/100,000 deaths in 1998	Reduce to 48/100,000
12-8. Increase the proportion of adults who are aware of the early warning symptoms and signs of a stroke.			Developmental	Developmental	Developmental

Notes:

- ★ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 12-7 data age adjusted to the year 2000 standard population; overall 1998 data is preliminary.
- Hispanic baseline has already met or exceeded Healthy People 2010 goal.

Source for National Data Printed in Table: Obj. 12-6: National Hospital Discharge Survey (NHDS), CDC, NCHS; Obj. 12-7: National Vital Statistics System (NVSS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Blood Pressure	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
12-9. Reduce the proportion of adults aged 20 years and older with high blood pressure.			DNC	28% had high blood pressure in 1988-1994	Reduce to 16%
12-10. Increase the proportion of adults aged 18 years and older with high blood pressure whose blood pressure is under control.			DNC	18% had their blood pressure under control in 1988-1994	Increase to 50%
12-11. Increase the proportion of adults aged 18 years and older 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.			79% took action to control blood pressure in 1994 **	72% took action to control blood pressure in 1998	Increase to 95%
12-12. Increase the proportion of adults aged 18 years and older who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.			80% measured blood pressure within past 2 years and knew whether it was normal or high in 1994	90% measured blood pressure within past 2 years and knew whether it was normal or high in 1998	Increase to 95%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Overall data age and Obj. 12-12 Hispanic data age adjusted to the year 2000 standard population; 1988 data is preliminary.
- ** Crude rate. Data not currently age adjusted.
- DNC = Data are not collected.

Source for National Data Printed in Table: Obj. 12-9, 12-10: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.; Obj. 12-11, 12-12: National Health Interview Survey (NHIS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Cholesterol	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
12-13. Reduce the mean total blood cholesterol levels among adults aged 20 years and older.			DNC	206 mg/dL in 1988-1994	Reduce to 199 mg/dL
12-14. Reduce the proportion of adults aged 20 years and older with high total blood cholesterol levels.			DNC	21% had total blood cholesterol levels of 240 mg/dL or greater in 1988-1994	Reduce to 17%
12-15. Increase the proportion of adults aged 18 and older who have had their blood cholesterol checked within the preceding 5 years.			62% had cholesterol checked in past 5 years in 1993	68% had cholesterol checked in past 5 years in 1998	Increase to 80%
12-16. Increase the proportions of persons with coronary heart disease who have their LDL-cholesterol level treated to a goal of less than or equal to 100 mg/dL.			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Data age adjusted to the year 2000 standard population; 1988 data is preliminary.
- DNC = Data are not collected.

Source for National Data Printed in Table: Obj. 12-13, 12-14: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; Obj. 12-15: National Health Interview Survey (NHIS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 13: HIV

HIV	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
13-1. Reduce AIDS among adolescents and adults aged 13 years and older					
Both sexes			33/100,000 new AIDS cases in 1998	19.5/100,000 new AIDS cases in 1998	Reduce to 1/100,000
Females *			13.8/100,000	8.8/100,000	ngs
Males *			52.2/100,000	30.8/100,000	ngs
13-2. Reduce the number of new AIDS cases among adolescent and adult men aged 13 years and older who have sex with men			DNC ❖	17,847 new AIDS cases in 1998 **	Reduce to 13,385
13-3. Reduce the number of new AIDS cases among females and males aged 13 years and older who inject drugs.			DNC ❖	12,099 new AIDS cases in 1998 (females, 3,667; males, 8,432) †	Reduce to 9,075
13-4. Reduce the number of new AIDS cases among adolescent and adult men aged 13 years and older who have sex with men and inject drugs.			DNC ❖	2,122 new AIDS cases in 1998 †	Reduce to 1,592
13-5. Reduce the number of cases of HIV infections among adolescents and adults.			Developmental	Developmental	Developmental
13-6. Increase the proportion of sexually active persons who use condoms.					
Unmarried Females 18 to 44 years ††			17% reported condom use by partners in 1995	23% reported condom use by partners in 1995	Increase to 50%
Aged 18 to 19 years			16% reported condom use by partners in 1995	DNC ❖	ngs
Aged 20 to 24 years			18% reported condom use by partners in 1995	DNC ❖	ngs
Aged 25 to 29 years			19% reported condom use by partners in 1995	DNC ❖	ngs

HIV (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
Aged 30 to 34 years			22% reported condom use by partners in 1995	DNC ❖	ngs
Aged 35 to 44 years			9% reported condom use by partners in 1995	DNC ❖	ngs
13-7. Increase the number of HIV-positive persons who know their serostatus.			Developmental	Developmental	Developmental
13-8. Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling, and support.			Not applicable	58% offered HIV/AIDS education, counseling, and support in 1997	Increase to 70%
13-9. Increase the number of State prison systems that provide comprehensive HIV/AIDS, sexually transmitted diseases, and tuberculosis (TB) education.			Not applicable	Developmental	Developmental
13-10. Increase the proportion of inmates in State prison systems who receive voluntary HIV counseling and testing during incarceration.			Developmental	Developmental	Developmental
13-11. Increase the proportion of adults aged 25 to 44 years with tuberculosis (TB) who have been tested for HIV.			46% with TB were tested for HIV in 1998	55% with TB were tested for HIV in 1998	Increase to 85%
13-12. Increase the proportion of adults in publicly funded HIV counseling and testing sites who are screened for common bacterial sexually transmitted diseases (STDs) (chamydia, gonorrhea, and syphilis) and are immunized against hepatitis B virus.			Developmental	Developmental	Developmental
13-13. Increase the proportion of HIV-infected adolescents and adults aged 13 years and older who receive testing, treatment, and prophylaxis consistent with current Public Health Service treatment guidelines. ^					

HIV (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
Testing					
13-13a. Viral load testing			DNC ❖	76% received testing in 1997	Increase to 95%
13-13b. Tuberculin skin testing (TST)			DNC ❖	Developmental	Developmental
Treatment					
13-13c. Any antiretroviral therapy			DNC ❖	92% received treatment in 1997	Increase to 95%
13-13d. Highly active antiretrovial therapy (HAART)			DNC ❖	54% received treatment in 1997	Increase to 95%
Prophylaxis					
13-13e. *Pneumocystis carinii* pneumonia (PCP)			DNC ❖	95% received prophylaxis in 1997	Increase to 95%
13-13f. *Mycobacterium avium* complex (MAC)			DNC ❖	61% received prophylaxis in 1997	Increase to 95%
13-13g. Pneumococcal vaccination			DNC ❖	43% received vaccination in 1997	Increase to 95%
13-14. Reduce deaths from HIV infection.					
Both sexes			8.9/100,000 deaths in 1997	4.9/100,000 deaths in 1998	Reduce to 0.8/100,000
Females *			3.5/100,000 deaths in 1997	2.7/100,000 deaths in 1997	ngs
Males *			14.2/100,000 deaths in 1997	9.7/100,000 deaths in 1997	ngs
13-15. Extend the interval of time between an initial diagnosis of HIV infection and AIDS diagnosis in order to increase years of life of an individual infected with HIV.			Developmental	Developmental	Developmental
13-16. Increase years of life of an HIV-infected person by extending the interval of time between an AIDS diagnosis and death.			Developmental	Developmental	Developmental

HIV (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
13-17. Reduce new cases of perinatally acquired HIV infection.			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 13-1 data (Both sexes) are estimated; adjusted for delays of AIDS in reporting.
- Obj. 13-14 data age adjusted to the year 2000 standard population; 1988 data is preliminary.
- * Data for females and males are displayed to further characterize the issue.
- ** Data are estimated; risk is redistributed; adjusted for delays in reporting.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- † Data are point estimates; risk redistributed; adjusted for delays in reporting.
- †† Data on males aged 18 to 49 years will be collected and reported by 2003.
- ^ Data from 11 cities and 9 States.
- ngs = No goal set.

Source for National Data Printed in Table: Obj. 13-1, 13-2, 13-3, 13-4: HIV/AIDS Surveillance System, CDC, NCHSTP; Obj. 13-6: National Survey of Family Growth (NSFG), CDC, NCHS; Obj. 13-8: Uniform Facility Data Set (UFDS), SAMHSA; Obj. 13-11: National TB Surveillance System, CDC, DTBE; Obj. 13-13: Adult Spectrum of Disease (ASD) Surveillance Project, CDC, NCHSTP; Obj. 13-14: National Vital Statistics System, CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 14: Immunization and Infectious Diseases

Diseases Preventable Through Universal Vaccination	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
14-1. Reduce or eliminate indigenous cases of vaccine-preventable disease.					
14-1a. Congenital rubella syndrome			DNC ❖	7 cases in 1998	Reduce to 0
14-1b. Diphtheria (persons under age 35 years)			DNC ❖	1 case in 1998	Reduce to 0
14-1c. *Haemophilus influenzae* type b ** (children under age 5 years)			DNC ❖	253 cases in 1998	Reduce to 0
14-1d. Hepatitis B (persons aged 2 to 18 years)			DNC ❖	945 cases in 1998 †	Reduce to 9
14-1e. Measles			DNC ❖	74 cases in 1998	Reduce to 0
14-1f. Mumps			DNC ❖	666 cases in 1998	Reduce to 0
14-1g. Pertussis (children under age 7 years)			DNC ❖	3,417 cases in 1998	Reduce to 2,000
14-1h. Polio (wild-type virus)			DNC ❖	0 cases in 1998	Reduce to 0
14-1i. Rubella			DNC ❖	364 cases in 1998	Reduce to 0
14-1j. Tetanus (persons under age 35 years)			DNC ❖	14 cases in 1998	Reduce to 0
14-1k. Varicella (chicken pox)			DNC ❖	4 million cases in 1998 ††	Reduce to 400,000
14-2. Reduce chronic hepatitis B virus infections in infants and young children under age 2 (perinatal infections).			DNC ❖	1,682 infections in 1995	Reduce to 400
14-3. Reduce hepatitis B.					
Adults					
14-3a. Aged 19 to 24 years			16.9/100,000 cases in 1997	24/100,000 cases in 1997	Reduce to 2.4/100,000
14-3b. Aged 25 to 39 years			16/100,000 cases in 1997	20.2/100,000 cases in 1997	Reduce to 5.1/100,000
14-3c. Aged 40 years and older			18.1/100,000 cases in 1997	15/100,000 cases in 1997	Reduce to 3.8/100,000

Diseases Preventable Through Universal Vaccination (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
High-risk groups					
14-3d. Injection drug users			DNC ❖	7,232 cases in 1997	Reduce to 1,808
14-3e. Heterosexually active persons			DNC ❖	15,225 cases in 1997	Reduce to 1,240
14-3f. Men who have sex with men			DNC ❖	7,232 cases in 1997	Reduce to 1,808
14-3g. Occupationally exposed workers			DNC ❖	249 cases in 1997	Reduce to 62
14-4. Reduce bacterial meningitis in young children aged 1 through 23 months.			DSU	13/100,000 new cases in 1998	Reduce to 8.6/100,000
14-5. Reduce invasive pneumococcal infections.					
New invasive pneumococcal infections					
14-5a. Children under age 5 years			DNC ❖	76/100,000 infections in 1997	Reduce to 46/100,000
14-5b. Adults aged 65 years and older			DNC ❖	62/100,000 infections in 1997	Reduce to 42/100,000
Invasive penicillin-resistant pneumococcal infections					
14-5c. Children under age 5 years			DNC ❖	16/100,000 infections in 1997	Reduce to 6/100,000
14-5d. Adults aged 65 years and older			DNC ❖	9/100,000 infections in 1997	Reduce to 7/100,000

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ** Includes cases with type b and unknown serotype.
- † Estimated hepatitis B cases for 1997.
- †† Data based on average from 1990-1994.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 14-1: national Notifiable Disease Surveillance System (NNDSS), CDC, EPO; National Congenital Rubella Syndrome Registry (NCRSR), CDC, NIP – congenital rubella syndrome; National Health Interview Survey (NHIS), CDC, NCHS – varicella; Obj. 14-2: Perinatal Hepatitis B Prevention Program, CDC, NCID; Obj. 14-3: National Notifiable Disease Surveillance System (NNDSS), CDC, EPO; Sentinel Counties Study of Viral Hepatitis, CDC, NCID; Obj. 14-4: Active Bacterial Core Surveillance (ABCs), CDC, NCID; Obj. 14-5: Active Bacterial Core Surveillance (ABCs), CDC, NCID; Arctic Investigations Program (for data on pneumococcal disease rates among Alaska natives), CDC.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Diseases Preventable Through Targeted Vaccination	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
14-6. Reduce hepatitis A.			24.2/100,000 new cases in 1997	11.3/100,000 new cases in 1997	Reduce to 4.5/100,000
14-7. Reduce meningococcal disease.			DSU	1.3/100,000 new cases in 1997	Reduce to 1/100,000
14-8. Reduce Lyme disease.			DSU	17.4/100,000 new cases in 1992-1996 **	Reduce to 9.7/100,000

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ** Represents endemic States of Connecticut, Delaware, Maryland, Massachusetts, Minnesota, New Jersey, New York, Pennsylvania, Rhode Island, and Wisconsin.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 14-6, 14-8: National Notifiable Disease Surveillance System (NNDSS), CDC, EPO; Obj. 14-7: Active Bacterial Core Surveillance (ABCs), Emerging Infection Program, CDC, NCID; National Notifiable Diseases Surveillance System (NNDSS), CDC, EPO.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Infectious Diseases and Emerging Antimicrobial Resistance	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
14-9. Reduce hepatitis C.			DSU	2.4/100,000 new cases in selected counties in 1996 **	Reduce to 1/100,000
14-10. Increase the proportion of persons with chronic hepatitis C infection identified by State and local health departments.					
14-11. Reduce tuberculosis.			13.6/100,000 new cases in 1998	6.8/100,000 new cases in 1998	Reduce to 1/100,000
14-12. Increase the proportion of all tuberculosis patients who complete curative therapy within 12 months.			73% completed therapy within 12 months in 1996	74% completed therapy within 12 months in 1996	Increase to 90%
14-13. Increase the proportion of contacts and other high-risk persons with latent tuberculosis infection who complete a course of treatment.			DNC	62.2% completed treatment in 1997	Increase to 85%
14-14. Reduce the average time for a laboratory to confirm and report tuberculosis cases.			Not applicable	21 days for 75% of cases in 1996	Reduce to 2 days for 75% of cases
14-15. Increase the proportion of international travelers who receive recommended preventive services when traveling in areas of risk for select infectious diseases: hepatitis A, malaria, typhoid.			Developmental	Developmental	Developmental
14-16. Reduce invasive early onset group B streptococcal disease.			DSU	1 new case/1,000 live births in 1996	Reduce to 0.5 new cases/1,000 live births
14-17. Reduce hospitalizations caused by peptic ulcer disease in the United States.			DSU	71/100,000 hospitalizations in 1997	Reduce to 46/100,000
14-18. Reduce the number of courses of antibiotics for ear infections for young children under age 5 years.			DSU	108 courses of antibiotics/100 children in 1996-1997 (2-year average)	Reduce to 88/100

Infectious Diseases and Emerging Antimicrobial Resistance (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
14-19. Reduce the number of courses of antibiotics prescribed for the sole diagnosis of the common cold.			DSU	2,535/100,000 antibiotic courses prescribed in 1996-1997	Reduce to 1,268/100,000
14-20. Reduce hospital-acquired infections in intensive care unit patients.					
Intensive care patients					
14-20a. Catheter-associated urinary tract infections			DNC	5.9 infections/1,000 days' use in 1998	Reduce to 5.3/1,000
14-20b. Central line-associated bloodstream infection			DNC	5.3 infections/1,000 days' use in 1998	Reduce to 4.8/1,000
14-20c. Ventilator-associated pneumonia			DNC	11.1 infections/1,000 days' use in 1998	Reduce to 10/1,000
Infants weighing 1,000 grams or less in intensive care					
14-20d. Central line-associated bloodstream infection			DNC	12.2 infections/1,000 days' use in 1998	Reduce to 11/1,000
14-20e. Ventilator-associated pneumonia			DNC	4.9 infections/1,000 days' use in 1998	Reduce to 4.4/1,000
14-21. Reduce antimicrobial use among intensive care unit patients.			DNC ❖	150 daily doses/1,000 patient days in 1995	Reduce to 120/1,000

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ** Data represent rates based on estimates from selected counties.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- DNC = Data are not collected. DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 14-9: Sentinel Counties Study of Viral Hepatitis, CDC, NCID; Obj. 14-11, 14-12: National TB Surveillance System, CDC, NCHSTP; Obj. 14-13: Completion of Preventive Therapy Report forms submitted by State and local health departments, CDC, NCHSTP; Obj. 14-14: Survey of State Public Health Laboratories, CDC, NCHSTP; Obj. 14-16: Active Bacterial Core Surveillance (ABCs), Emerging Infections Program Network, CDC, NCID; Obj. 14-17: National Hospital Discharge Survey (NHDS), CDC, NCHS; Obj. 14-18, 14-19: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS; Obj. 14-20, 14-21: National Nosocomial Infections Surveillance System (NNIS), CDC, NCID.

Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)

Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Vaccination Coverage and Strategies	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
14-22. Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children aged 19 through 35 months.					
14-22a. 4 doses diphtheria-tetanus-pertussis (DTaP) vaccine			80% coverage in 1998	84% coverage in 1998	Increase to 90%
14-22b. 3 doses *Haemophilus influenzae* type b (Hib) vaccine			92% coverage in 1998	93% coverage in 1998	Maintain at 90%
14-22c. 3 doses hepatitis B vaccine (hep B)			86% coverage in 1998	87% coverage in 1998	Increase to 90%
14-22d. 1 dose measles-mumps-rubella (MMR) vaccine			91% coverage in 1998	92% coverage in 1998	Maintain at 90%
14-22e. 3 doses polio vaccine			89% coverage in 1998	91% coverage in 1998	Increase/Maintain at 90%
14-22f. 1 dose varicella vaccine			47% coverage in 1998	43% coverage in 1998	Increase to 90%
14-23. Maintain vaccination coverage levels for children in licensed day care facilities and children in kindergarten through the first grade.					
Children in day care					
14-23a. Diptheria-tetanus-acellular pertussis (DTaP)			DNC	96% coverage in 1997-1998	Maintain at 95%
14-23b. Measles-mumps-rubella (MMR) vaccine			DNC	93% coverage in 1997-1998	Maintain at 95%
14-23c. Polio vaccine			DNC	95% coverage in 1997-1998	Maintain at 95%
14-23d. Hepatitis B vaccine			DNC	Developmental	Developmental
14-23e. Varicella vaccine			DNC	Developmental	Developmental
Children in K-1st grade					
14-23f. Diptheria-tetanus-acellular pertussis (DTaP)			DNC	97% coverage in 1997-1998	Maintain at 95%
14-23g. Measles-mumps-rubella (MMR) vaccine			DNC	96% coverage in 1997-1998	Maintain at 95%

Vaccination Coverage and Strategies (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
14-23h. Polio vaccine			DNC	97% coverage in 1997-1998	Maintain at 95%
14-23i. Hepatitis B vaccine			DNC	Developmental	Developmental
14-23j. Varicella vaccine			DNC	Developmental	Developmental
14-24. Increase the proportion of young children aged 19 through 35 months who receive all vaccines that have been recommended for universal administration for at least 5 years.					
4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 Hepatitis B			69% received vaccinations in 1998	73% received vaccinations in 1998	Increase to 80%
4 DTaP, 3 polio, 1 MMR *			77% received vaccinations in 1998	81% received vaccinations in 1998	Increase/maintain at 80%
14-25. Increase the proportion of providers who have measured the vaccination coverage levels among children in their practice population within the past 2 years.					
14-25a. Public health providers			Not applicable	66% measured coverage levels in 1997	Increase to 90%
14-25b. Private providers			Not applicable	6% measured coverage levels in 1997	Increase to 90%
14-26. Increase the proportion of children under age 6 years who participate in fully operational population-based immunization registries.			DNC	32% participated in 1998	Increase to 95%
14-27. Increase routine vaccination coverage levels of adolescents.			Developmental	Developmental	Developmental
14-28. Increase hepatitis B vaccine coverage among high-risk groups.					
14-28a. Long-term hemodialysis patients			DNC ❖	35% coverage in 1995	Increase to 90%
14-28b. Men who have sex with men			DNC ❖	9% coverage in 1995	Increase to 60%
14-28c. Occupationally exposed workers			DNC ❖	71% coverage in 1995	Increase to 98%

Vaccination Coverage and Strategies (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
14-29. Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.					
Noninstitutionalized adults aged 65 years and Older **					
14-29a. Influenza vaccine			53% vaccinated in 1997	63% vaccinated in 1997	Increase to 90%
14-29b. Pneumococcal vaccine			24% vaccinated in 1997	43% vaccinated in 1997	Increase to 90%
Noninstitutionalized high-risk adults aged 18 to 64 years **					
14-29c. Influenza vaccine			18% vaccinated in 1997	25% vaccinated in 1997	Increase to 60%
14-29d. Pneumococcal vaccine			7% vaccinated in 1997	11% vaccinated in 1997	Increase to 60%
Institutionalized adults (persons in long-term or nursing homes) ✝					
14-29e. Influenza vaccine			52% vaccinated in 1997	64% vaccinated in 1997	Increase to 90%
14-29f. Pneumococcal vaccine			17% vaccinated in 1997	28% vaccinated in 1997	Increase to 90%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Hispanic baseline has already met or exceeded Healthy People 2010 goal.
- * Data for 4 DTaP, 3 polio, and 1 MMR are displayed to further characterize the issue.
- ** Data on noninstitutionalized population age adjusted to the year 2000 standard population.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- ✝ Data on institutionalized population age adjusted to the year 2000 nursing home population.
- National Nursing Home Survey estimates include a significant number of residents who have an unknown vaccination status.
- DNC = Data are not collected.

Source for National Data Printed in Table: Obj. 14-22, 14-24: National Immunization Survey (NIS), CDC, NCHS and NIP; Obj. 14-23, 14-25, 14-26: Immunization Program Annual Reports, CDC, NIP; Obj. 14-28: Young Men's Survey, CDC, NCHSTP; Annual Survey of Chronic Hemodialysis Centers, CDC, NCID, and HCFA; Periodic vaccine coverage surveys, CDC, NCID; Obj. 14-29: National Health Interview Survey (NHIS), CDC, NCHS- noninstitutionalized populations; National Nursing Home Survey (NNHS), DCD, NCHS – institutionalized populations.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Vaccine Safety	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
14-30. Reduce vaccine-associated adverse events.					
14-30a. Eliminate vaccine-associated paralytic polio (VAPP).			DNC ❖	5 cases in 1997	Reduce to 0/year
14-30b. Reduce febrile seizures caused by pertussis vaccines.			DNC ❖	152 seizures in 1998	Reduce to 75/year
14-31. Increase the number of persons under active surveillance for vaccine safety via large linked databases.			DNC ❖	6 million were under active surveillance in 1999	Increase to 13 million

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.

Source for National Data Printed in Table: Obj. 14-30a: National Notifiable Disease Surveillance System (NNDSS), CDC, EPO; Obj. 14-30b: Vaccine Adverse Event Reporting System (VAERS) and Vaccine Safety Datalink (VSD), CDC, NIP; Obj. 14-31: Vaccine-Safety Datalink, CDC, NIP.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 15: Injury and Violence Prevention

Injury Prevention	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
15-1. Reduce hospitalization for nonfatal head injuries.			DSU	75.5/100,000 hospitalizations in 1997	Reduce to 54/100,000
15-2. Reduce hospitalization for nonfatal spinal cord injuries.			DSU	4.8/100,000 hospitalizations in 1997	Reduce to 2.6/100,000
15-3. Reduce firearm-related deaths.			10.7/100,000 deaths in 1997	11/100,000 deaths in 1998	Reduce to 4.9/100,000
15-4. Reduce the proportion of persons living in homes with firearms that are loaded and unlocked			DSU	19% lived with loaded and unlocked firearms in 1998	Reduce to 16%
15-5. Reduce nonfatal firearm-related injuries.			35/100,000 injuries in 1996 (not age adjusted)	26/100,000 injuries in 1996 (not age adjusted)	Reduce to 10.9/100,000
15-6. Extend State-level child fatality review of deaths due to external causes for children aged 14 years and under.			Not applicable	Developmental	Developmental
15-7. Reduce nonfatal poisonings.			DSU	348.4/100,000 nonfatal poisonings in 1997	Reduce to 292/100,000
15-8. Reduce deaths caused by poisonings.			5.7/100,000 deaths in 1997	5.8/100,000 deaths in 1998	Reduce to 1.8/100,000
15-9. Reduce deaths caused by suffocation.			3/100,000 deaths in 1997	4/100,000 deaths in 1998	Reduce to 2.9/100,000
15-10. Increase the number of States and the District of Columbia with statewide emergency department surveillance systems that collect data on external causes of injury.			Not applicable	12 States had ED surveillance systems in 1998 (not age adjusted)	Increase to all States and the District of Columbia

Injury Prevention (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
15-11. Increase the number of States and the District of Columbia that collect data on external causes of injury through hospital discharge data systems.			Not applicable	23 States collected data in 1998 (not age adjusted)	Increase to all States and the District of Columbia
15-12. Reduce hospital emergency department visits caused by injuries.			DSU	130/1,000 visits in 1997 (not age adjusted)	Reduce to 112/1,000

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Note: Population data age adjusted to the year 2000 standard population unless noted. 1998 population data is preliminary unless noted.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 15-1, 15-2: National Hospital Discharge Survey (NHDS), CDC, NCHS; Obj. 15-3, 15-9: National Vital Statistics System (NVSS), CDC, NCHS; Obj. 15-4: National Health Interview Survey (NHIS), CDC, NCHS; Obj. 15-5: National Electronic Injury Surveillance System (NEISS), Consumer Product Safety Commission (CPSC); Obj. 15-7: National Hospital Ambulatory Medical Care System (NHAMCS), CDC, NCHS; NEISS, CPSC; Obj. 15-8: National Vital Statistics System (NVSS), CDC, NCHS; NEISS, CPSC; Obj. 15-10, 15-11: External Cause of Injury Survey, American Public Health Association (APHA), September 1998; Obj. 15-12: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Unintentional Injury Prevention	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
15-13. Reduce deaths caused by unintentional injuries.			30.1/100,000 deaths in 1997	33.3/100,000 deaths in 1998	Reduce to 20.8/100,000
15-14. Reduce nonfatal unintentional injuries.			Developmental	Developmental	Developmental
15-15. Reduce deaths caused by motor vehicle crashes.					
15-15a. Rate per 100,000			15.2/100,000 deaths in 1997	15/100,000 deaths in 1998	Reduce to 9/100,000
15-15b. Rate per 100 million Vehicle Miles Traveled (VMT)			DNC	2 deaths/100 million VMT in 1997	Reduce to 1/100 million VMT
15-16. Reduce pedestrian deaths on public roads.			DNC	2/100,000 deaths in 1997 (not age adjusted)	Reduce to 1/100,000
15-17. Reduce nonfatal injuries caused by motor vehicle crashes.			DNC or DNA	1,270/100,000 injuries in 1997 (not age adjusted)	Reduce to 1,000/100,000
15-18. Reduce nonfatal pedestrian injuries on public roads.			DNC or DNA	29/100,000 injuries in 1997 (not age adjusted)	Reduce to 21/100,000
15-19. Increase use of safety belts.			DNC	69% used safety belts in 1998 (not age adjusted; not preliminary data)	Increase to 92%
15-20. Increase use of child restraints for children aged 4 years and under.			DNC	92% used restraints in 1998 (not age adjusted)	Increase to 100%
15-21. Increase the proportion of motorcyclists using helmets.			DNC	67% used helmets in 1997 (not age adjusted)	Increase to 79%
15-22. Increase the number of States and the District of Columbia that have adopted a graduated driver licensing model law.			Not applicable	23 States had adopted a graduated driver licensing model law in 1999	Increase to all States and the District of Columbia
15-23. Increase use of helmets by bicyclists.			Developmental	Developmental	Developmental

Unintentional Injury Prevention (cont'd.)	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
15-24. Increase the number of States and the District of Columbia with laws requiring bicycle helmets for bicycle riders under age 15 years.			Not applicable	11 States had laws requiring bicycle helmets in 1999	Increase to all States and the District of Columbia
15-25. Reduce residential fire deaths.			0.8/100,000 deaths in 1997	1.2/100,000 deaths in 1998	Reduce to 0.6/100,000
15-26. Increase functioning residential smoke alarms.					
15-26a. Total population living in residences with functioning smoke alarm on every floor			90% lived with functioning smoke alarm on every floor in 1994	87% lived with functioning smoke alarm on every floor in 1994	Increase to 100%
15-26b. Residences with a functioning smoke alarm on every floor			Not applicable	87% had functioning smoke alarms on every floor in 1998	Increase to 100%
15-27. Reduce deaths from falls.			3.3/100,000 deaths in 1997	4.5/100,000 deaths in 1998	Reduce to 2.3/100,000
15-28. Reduce hip fractures among older adults.					
15-28a. Females aged 65 years and older			DSU	1,120.9/100,000 hip fractures in 1997 (not age adjusted)	Reduce to 491/100,000
15-28b. Males aged 65 years and older			DSU	563.1/100,000 hip fractures in 1997 (not age adjusted)	Reduce to 450.5/100,000
15-29. Reduce drownings.			1.4/100,000 drownings in 1997	1.6/100,000 drownings in 1998	Reduce to 0.9/100,000
15-30. Reduce hospital emergency department visits for nonfatal dog bit injuries.			DSU	151.4/100,000 hospital visits for nonfatal dog bite injuries in 1997	Reduce to 114/100,000

Unintentional Injury Prevention (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
15-31. Increase the proportion of public and private schools that require use of appropriate head, face, eye, and mouth protection for students participating in school-sponsored physical activities.			Not applicable	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Population data age adjusted to the year 2000 standard population unless noted. 1998 population data is preliminary unless noted.
- DNA = Data have not been analyzed.
- DNC = Data are not collected.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 15-13, 15-25, 15-27: National Vital Statistics System (NVSS), CDC, NCHS; Obj. 15-15: National Vital Statistics System (NVSS), CDC, NCHS; Federal Highway Administration (FHWA); Obj. 15-16: Fatality Analysis Reporting System (FARS), DOT, NHTSA; Obj. 15-17, 15-18: General Estimates System (GES), DOT, NHTSA; Obj. 15-19, 15-21: National Occupant Protection Use Survey (NOPUS), DOT, NHTSA; Youth Risk Behavior Survey (YRBS), CDC, NCCDPHP; Obj. 15-20: National Occupant Protection Use Survey (NOPUS), Controlled Intersection Study, DOT, NHTSA; Obj. 15-22: U.S. Licensing Systems for Young Drivers, Insurance Institute for Highway Safety; Obj. 15-24: Bicycle Helmet Safety Institute; Obj. 15-26: National Health Interview Survey (NHIS), CDC, NCHS; Obj. 15-28: National Hospital Discharge Survey (NHDS), CDC, NCHS; Obj. 15-29: National Vital Statistics System (NVSS), CDC, NCHS, CPSC; Obj. 15-30: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS; Obj. 15-31: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Violence and Abuse Prevention	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
15-32. Reduce homicides.			9.9/100,000 homicides in 1997 (age adjusted to the year 2000 standard population)	6.2/100,000 homicides in 1998 (preliminary data; age adjusted to the year 2000 standard population)	Reduce to 3.2/100,000
15-33. Reduce maltreatment and maltreatment fatalities of children under age 18 years.					
15-33a. Reduce maltreatment of children.			DNA	13.9/1,000 child victims of maltreatment in 1997	Reduce to 11.1/1,000
15-33b. Reduce child maltreatment facilities.			DNA	1.7/100,000 child maltreatment facilities in 1997	Reduce to 1.5/100,000
15-34. Reduce the rate of physical assault on persons aged 12 years and older by current or former intimate partners.			DNC	4.5/1,000 physical assaults in 1994	Reduce to 3.6/1,000
15-35. Reduce the annual rate of rape or attempted rape on persons aged 12 years and older.			1.6/1,000 rapes or attempted rapes in 1994	0.9/1,000 rapes or attempted rapes in 1998	Reduce to 0.7/1,000
15-36. Reduce sexual assault other than rape on persons aged 12 years and older.			0.9/1,000 sexual assaults other than rape in 1994	0.6/1,000 sexual assaults other than rape in 1998	Reduce to 0.2/1,000
15-37. Reduce physical assaults on persons aged 12 years and older.			25.6/1,000 physical assaults in 1998	31.1/1,000 physical assaults in 1998	Reduce to 25.5/1,000
15-38. Reduce physical fighting among adolescents in grades 9 through 12 in the previous 12 months.			40.7% engaged in physical fighting in the previous 12 months in 1997	36.6% engaged in physical fighting in the previous 12 months in 1997	Reduce to 33.3%

Violence and Abuse Prevention	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
15-39. Reduce weapon carrying by adolescents in grades 9 through 12 on school property during the past 30 days.			10.4% carried weapons in the past 30 days in 1997	8.5% carried weapons in the past 30 days in 1997	Reduce to 6%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- DNA = Data have not been analyzed.
- DNC = Data are not collected.

Source for National Data Printed in Table: Obj. 15-32: National Vital Statistics System (NVSS), CDC, NCHS; Uniform Crime Reports, U.S. Department of Justice, Federal Bureau of Investigation; Obj. 15-33a: National Child Abuse and Neglect Data System (NCANDS), Administration on Children, Youth and Families, Administration for Children and Families (ACF), Children's Bureau; Obj. 15-33b: National Child Abuse and Neglect Data System (NCANDS), Children's Bureau, Administration on Children, Youth, and Families, Administration for Children and Families (ACF); Obj. 15-34, 15-35, 15-37: National Crime Victimization Survey (NCVS), U.S. Department of Justice, Bureau of Justice Statistics; Obj. 15-36: Criminal Victimization in the United States, 1994; National Crime Victimization Survey (NCVS), U.S. Department of Justice, Bureau of Justice Statistics; Obj. 15-38, 15-39: Youth Risk Behavior Survey (YRBS), CDC, NCCDPHP.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 16: Maternal, Infant, and Child Health

Fetal, Infant, and Child Deaths	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
16-1. Reduce fetal and infant deaths.					
Reduction in fetal and infant deaths					
16-1a. At 20 or more weeks of gestation			5.9 deaths/1,000 live births plus fetal deaths in 1997	6.8 deaths/1,000 live births plus fetal deaths in 1997	Reduce to 4.1 deaths/1,000 live births plus fetal deaths
16-1b. During perinatal period (28 weeks of gestation to 7 days or more after birth)			6.5 deaths/1,000 live births plus fetal deaths in 1997	7.5 deaths/1,000 live births plus fetal deaths in 1997	Reduce to 4.5 deaths/1,000 live births plus fetal deaths
Reduction in infant deaths					
16-1c. All infant deaths (within 1 year)			6 deaths/1,000 live births in 1997	7.2 deaths/1,000 live births in 1998	Reduce to 4.5 deaths/1,000 live births
16-1d. Neonatal deaths (within the first 28 days of life)			4 deaths/1,000 live births in 1997	4.8 deaths/1,000 live births in 1998	Reduce to 2.9 deaths/1,000 live births
16-1e. Postneonatal deaths (between 28 days and 1 year)			2 deaths/1,000 live births in 1997	2.4 deaths/1,000 live births in 1998	Reduce to 1.5 deaths/1,000 live births
Reduction in infant deaths related to birth defects					
16-1f. All birth defects			1.7 deaths/1,000 live births in 1997	1.6 deaths/1,000 live births in 1998	Reduce to 1.1 deaths/1,000 live births
16-1g. Congenital heart defects			0.53 deaths/1,000 live births in 1997	0.54 deaths/1,000 live births in 1997	Reduce to 0.38 deaths/1,000 live births

Fetal, Infant, and Child Deaths (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
16-1h. Reduce deaths from sudden infant death syndrome (SIDS).			0.47 deaths/1,000 live births in 1997	0.77 deaths/1,000 live births in 1997	Reduce to 0.30 deaths/1,000 live births
16-2. Reduce the rate of child death.					
16-2a. Children aged 1 to 4 years			31.3/100,000 deaths in 1997	34.2/100,000 deaths in 1998	Reduce to 25/100,000
16-2b. Children aged 5 to 9 years			15.6/100,000 deaths in 1997	17.6/100,000 deaths in 1998	Reduce to 14.3/100,000
16-3. Reduce deaths of adolescents and young adults.					
16-3a. Adolescents aged 10 to 14 years			19/100,000 deaths in 1997	21.8/100,000 deaths in 1998	Reduce to 16.8/100,000
16-3b. Adolescents aged 15 to 19 years			72.6/100,000 deaths in 1997	69.7/100,000 deaths in 1998	Reduce to 43.2/100,000
16-3c. Young adults aged 20 to 24 years			101.5/100,000 deaths in 1997	93.8/100,000 deaths in 1998	Reduce to 57.3/100,000

Notes:
- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- 1998 data is preliminary.
- DNC = Data are not collected.

Source for National Data Printed in Table: National Vital Statistics System (NVSS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Maternal Death and Illness	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
16-4. Reduce maternal deaths.			8 deaths/100,000 live births in 1997	8.4 deaths/100,000 live births in 1997	Reduce to 3.3 deaths/100,000 live births
16-5. Reduce maternal illness and complications due to pregnancy.					
16-5a. Maternal complications during labor and delivery			DNC ❖	32.1 illnesses or complications/100 deliveries in 1997	Reduce to 20 /100 deliveries
16-5b. Ectopic pregnancies			Developmental	Developmental	Developmental
16-5c. Postpartum complications, including postpartum depression			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.

Source for National Data Printed in Table: Obj. 16-4: National Vital Statistics System (NVSS), CDC, NCHS; Obj. 16-5: National Hospital Discharge Survey, CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Prenatal Care	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
16-6. Increase the proportion of pregnant women who receive early and adequate prenatal care.					
16-6a. Beginning in first trimester of pregnancy			74% received maternal prenatal care in first trimester in 1997	83% received maternal prenatal care in first trimester in 1998	Increase to 90%
16-6b. Early and adequate prenatal care			65% received early and adequate prenatal care in 1997	74% received early and adequate prenatal care in 1997	Increase to 90%
16-7. Increase the proportion of pregnant women who attend a series of prepared childbirth classes.			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- 1998 data are preliminary.

Source for National Data Printed in Table: Obj. 16-6: National Vital Statistics System (NVSS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Obstetrical Care	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
16-8. Increase the proportion of very low birth weight (VLBW) infants born at Level III hospitals or subspecialty perinatal centers			DNC ❖	73% were born in 1996-1997	Increase to 90%
16-9. Reduce cesarean deliveries among low-risk (full term, singleton, vertex presentation) women.					
16-9a. No prior cesarean delivery			17.4% cesarean deliveries by women with no prior cesarean delivery in 1997	17.8% cesarean deliveries by women with no prior cesarean delivery in 1997	Reduce to 15.5%
16-9b. Prior cesarean delivery			75% cesarean deliveries by women with prior cesarean delivery in 1997	71% cesarean deliveries by women with prior cesarean delivery in 1997	Reduce to 63%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.

Source for National Data Printed in Table: Obj. 16-8: Title V Reporting System, HRSA, MCHB; Obj. 16-9: National Vital Statistics System (NVSS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Risk Factors	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
16-10. Reduce low birth weight (LBW) and very low birth weight (VLBW).					
16-10a. Low birth weight (LBW)			6.4% of live births were LBW in 1997	7.6% of live births were VLBW in 1998	Reduce to 5.0%
16-10b. Very low birth weight (VLBW)			1.1% of live births were LBW in 1997	1.4% of live births were VLBW in 1998	Reduce to 0.9%
16-11. Reduce preterm births.					
16-11a. All preterm births			11.2% of births were preterm in 1997	11.4% of births were preterm in 1997	Reduce to 7.6%
16-11b. Live births at 32 to 36 weeks of gestation			9.5% were live births at 32 to 36 weeks of gestation in 1997	9.4% were live births at 32 to 36 weeks of gestation in 1997	Reduce to 6.4%
16-11c. Live births at less than 32 weeks of gestation			1.7% were live births at less than 32 weeks of gestation in 1997	1.9% were live births at less than 32 weeks of gestation in 1997	Reduce to 1.1%
16-12. Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies.			Developmental	Developmental	Developmental
16-13. Increase the percentage of healthy full-term infants who are put down to sleep on their backs.			28% put to sleep on their backs in 1996	35% put to sleep on their backs in 1996	Increase to 70%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- 1998 data is preliminary.

Source for National Data Printed in Table: Obj. 16-10, 16-11: National Vital Statistics System (NVSS), CDC, NCHS; Obj. 16-13: National Infant Sleep Position Study, NIH, NICHD.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Developmental Disabilities and Neural Tube Defects	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
16-14. Reduce the occurrence of developmental disabilities.					
16-14a. Mental retardation			DNA	131/10,000 in 1991-1994 **	Reduce to 124/10,000
16-14b. Cerebral palsy			DNA	32.2/10,000 in 1991-1994 †	Reduce to 31.5/10,000
16-14c. Autism spectrum disorder			Developmental	Developmental	Developmental
16-14d. Epilepsy			Developmental	Developmental	Developmental
16-15. Reduce the occurrence of spina bifida and other neural tube defects (NTDs).			DNC	6 cases/10,000 live births in 1996	Reduce to 3/10,000
16-16. Increase the proportion of pregnancies begun with an optimum folic acid level.					
16-16a. Consumption of at least 400 ug of folic acid each day from fortified foods or dietary supplements by nonpregnant women aged 15 to 44 years.			DSU	21% consumed at least 400 ug of folic acid each day in 1991-1994 ††	Increase to 80%
16-16b. Median RBC folate level among nonpregnant women aged 15 to 44 years			DSU	161 ng/ml in 1991-1994 ††	Increase to 220 ng/ml

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ** Children aged 8 years in metropolitan Atlanta, GA, having an IQ of 70 or less.
- † Children aged 8 years in metropolitan Atlanta, GA.
- ††Preliminary estimate.
- DNA = Data have not been analyzed.
- DNC = Data are not collected.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 16-14: Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), CDC, NCEH; Obj. 16-15: National Birth Defects Prevention Network (NBDPN), CDC, NCEH; Obj. 16-16: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Prenatal Substance Exposure	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
16-17. Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women aged 15 to 44 years.					
16-17a. Alcohol			93% reported abstinence in past month in 1996-1997	86% reported abstinence in past month in 1996-1997	Increase to 94%
16-17b. Binge drinking			99% reported abstinence in past month in 1996-1997	99% reported abstinence in past month in 1996-1997	Increase to 100%
16-17c. Cigarette smoking **			96% reported abstinence in past month in 1996-1997	87% reported abstinence in past month in 1996-1997	Increase to 98%
16-17d. Illicit drugs			99% reported abstinence in past month in 1996-1997	98% reported abstinence in past month in 1996-1997	Increase to 100%
16-18. Reduce the occurrence of fetal alcohol syndrome (FAS).			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ** Smoking during pregnancy for all women giving birth in 1997 in 46 States, the District of Columbia, and New York City.

Source for National Data Printed in Table: Obj. 16-17: National Household Survey on Drug Abuse, SAMHSA for 16-17a, 16-17b, and 16-17d. National Vital Statistics System, CDC, NCHS for 16-17c.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Breastfeeding, Newborn Screening, and Service Systems	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
16-19. Increase the proportion of mothers who breastfeed their babies.					
16-19a. In early postpartum period			66% breastfed in 1998	64% breastfed in 1998	Increase to 75%
16-19b. At 6 months			28% breastfed in 1998	50% breastfed in 1998	Increase to 50%
16-19c. At 1 year			19% breastfed in 1998	25% breastfed in 1998	Increase to 25%
16-20. Ensure appropriate newborn bloodspot screening, followup testing, and referral to services.			Developmental	Developmental	Developmental
16-20a. Ensure that all newborns are screened at birth for conditions mandated by their State-sponsored newborn screening programs, for example, phenylketonuria and hemoglobinopathies.			Developmental	Developmental	Developmental
16-20b. Ensure that followup diagnostic testing for screening positives is performed with an appropriate time period.			Developmental	Developmental	Developmental
16-20c. Ensure that infants with diagnosed disorders are enrolled in appropriate service interventions within an appropriate time period.			Developmental	Developmental	Developmental
16-21. Reduce hospitalization for life-threatening sepsis among children aged 4 years and younger with sickling hemoglobinopathies.			Developmental	Developmental	Developmental
16-22. Increase the proportion of children with special health care needs who have access to a medical home.			Developmental	Developmental	Developmental
16-23. Increase the proportion of Territories and States that have service systems for children with special health care needs.			Not applicable	15.7% had service systems in FY 1997.	Increase to 100%

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 16-19: Mothers' Survey, Abbott Laboratories, Inc., Ross Products Division. Data Source Obj. 16-23: Title V reporting system.

Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)

Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 17: Medical Product Safety

Medical Product Safety	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
17-1. Increase the portion of health care organizations that are linked in an integrated system that monitors and reports adverse events.					
17-1a. Health care organizations that are linked in an integrated system that monitors and reports adverse events associated with medical therapies.			Not Applicable	Developmental	Developmental
17-1b. Health care organizations that are linked in an integrated system that monitors and reports adverse events associated with medical services.			Not Applicable	Developmental	Developmental
17-2. Increase the use of linked, automated systems to share information.					
17-2a. By health care professionals in hospitals and comprehensive, integrated health care systems.			Not Applicable	Developmental	Developmental
17-2b. By pharmacists and other dispensers.			Not Applicable	Developmental	Developmental
17-3. Increase the proportion of primary care providers, pharmacists, and other health care professionals who routinely review with their patients aged 65 years and older and patients with chronic illness or disabilities all new prescribed and over-the-counter medicines.			Not Applicable	Developmental	Developmental

Medical Product Safety (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
17-4. Increase the proportion of patients receiving information that meets guidelines for usefulness when their new prescription are dispensed.			DNC ❖	Data not available at time of Healthy People 2010 publication.	Increase to 95%
17-5. Increase the proportion of patients who receive verbal counseling from prescribers and pharmacists on appropriate use and potential risks of medications.					
17-5a. Prescribers			DNC ❖	24% received counseling from prescribers in 1998	Increase to 95%
17-5b. Pharmacists			DNC ❖	14% received counseling from pharmacists in 1998	Increase to 95%
17-6. Increase the proportion of person who donate blood, and in so doing ensure an adequate supply of safe blood.			DNC	5% donated blood in 1994	Increase to 8%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- DNC = Data are not collected.

Source for National Data Printed in Table: Obj. 17-5: National Survey of Prescription Drug Information Provided to Patients, FDA; Obj. 17-6: American Association of Blood Banks.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 18: Mental Health and Mental Disorders

Mental Health Status Improvement	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
18-1. Reduce the suicide rate.			6.4/100,000 deaths in 1997 (age adjusted to the year 2000 standard population)	10.8/100,000 deaths in 1998 (preliminary data; age adjusted to the year 2000 standard population)	Reduce to 6/100,000
18-2. Reduce the rate of suicide attempts by adolescents in grades 9 through 12.			2.8% attempted suicide in 1997 (12-month average)	2.6% attempted suicide in 1997 (12-month average)	Reduce to 12-month average of 1%
18-3. Reduce the proportion of homeless adults who have serious mental illness (SMI).			DNC	25% had SMI in 1996	Reduce to 19%
18-4. Increase the proportion of persons aged 18 years and older with serious mental illness who are employed.			DNA	42% were employed in 1994	Increase to 51%
18-5. Reduce the relapse rates for persons with eating disorders including anorexia nervosa and bulimia nervosa .			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- DNA = Data have not been analyzed.
- DNC = Data are not collected.

Source for National Data Printed in Table: Obj. 18-1: National Vital Statistics Systems (NVSS), CDC, NCHS; Obj. 18-2: Youth Risk Behavior Survey (YRBS), CDC, NCCDPHP; Obj. 18-3: Projects for Assistance in Transition from Homelessness (PATH) Annual Application, SAMHSA, CMHS; Obj. 18-4: National Health Interview Survey (NHIS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Treatment Expansion	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
18-6. Increase the number of persons seen in primary health care who receive mental screening and assessment.			Developmental	Developmental	Developmental
18-7. Increase the proportion of children with mental health problems who receive treatment.			Developmental	Developmental	Developmental
18-8. Increase the proportion of juvenile justice facilities that screen new admissions for mental health problems.			Not applicable	Developmental	Developmental
18-9. Increase the proportion of adults with mental disorders who receive treatment.					
18-9a. Adults aged 18 to 54 years with serious mental illness			DNA	47% received treatment in 1991	Increase to 55%
18-9b. Adults aged 18 years and older with recognized depression			20%	23% received treatment in 1997	Increase to 50%
18-9c. Adults aged 18 years and older with schizophrenia			42%	60% received treatment in 1984	Increase to 75%
18-9d. Adults aged 18 years and older with anxiety disorder.			DSU	38% received treatment in 1997	Increase to 50%
18-10. Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.			Developmental	Developmental	Developmental
18-11. Increase the proportion of local governments with community-based jail diversion programs for adults with serious mental illness.			Not applicable	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- DNA = Data have not been analyzed.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 18-9: Epidemiologic Catchment Area (ECA) Program, NIH, NIMH; National Household Survey on Drug Abuse (NHSDA), SAMHSA, OAS; Mental Health U.S., 1996, SAMHSA, CMHS.

Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)

Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

State Activities	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
18-12. Increase the number of States and the District of Columbia that track consumers' satisfaction with the mental health services they receive.			Not applicable	10 States tracked consumers' satisfaction in 1998	Increase to 30 States
18-13. Increase the number of States, Territories, and the District of Columbia with an operational mental health plan that addresses cultural competence.			Not applicable	Developmental	Developmental
18-14. Increase the number of States, Territories, and the District of Columbia with an operational mental health plan that addresses mental health crisis interventions, ongoing screening and treatment services for elderly persons.			Not applicable	24 States had a mental health plan for interventions, screening and treatment services for elderly persons (no year given)	Increase to 50 States and the District of Columbia

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 18-12: Mental Health Statistics Improvement Program, SAMHSA; Obj. 18-14: National Technical Assistance Center for State Mental Health Systems (NRI/NASMHPD), SAMHSA, CMHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 19: Nutrition and Overweight

Weight Status and Growth	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
19-1. Increase the proportion of adults aged 20 years and older who are at a healthy weight (defined as a body mass index (BMI) equal to or greater than 18.5 and less than 25)					
Both genders			DSU	42% were at a healthy weight in 1988-1994	Increase to 60%
Females *			DSU	45% were at a healthy weight in 1988-1994	ngs
Males *			DSU	38% were at a healthy weight in 1988-1994	ngs
19-2. Reduce the proportion of adults aged 20 years and older who are obese (defined as BMI of 30 or more).					
Both genders			DSU	23% were identified as obese in 1988-1994	Reduce to 15%
Females *			DSU	25% were identified as obese in 1988-1994	ngs
Males *			DSU	20% were identified as obese in 1988-1994	ngs
19-3. Reduce the proportion of children and adolescents who are overweight or obese **.					
19-3a. Aged 6 to 11 Years			DSU	11% were overweight or obese in 1988-1994 (preliminary data; not age adjusted)	Reduce to 5%
19-3b. Aged 12 to 19 years			DSU	10% were overweight or obese in 1988-1994 (preliminary data; not age adjusted)	Reduce to 5%

Weight Status and Growth (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
19-3c. Aged 6 to 19 years			DNA	11% were overweight or obese in 1988-1994 (preliminary data; not age adjusted)	Reduce to 5%
19-4. Reduce growth retardation among low-income children under age 5 years †.					
Under age 5 years			7% were growth retarded in 1997 (preliminary data; not age adjusted)	8% were growth retarded in 1997 (preliminary data; not age adjusted)	Reduce to 5%
Under age 1 year ††			7% were growth retarded in 1997 (preliminary data; not age adjusted)	9% were growth retarded in 1997 (preliminary data; not age adjusted)	ngs
Aged 1 year ††			8% were growth retarded in 1997 (preliminary data; not age adjusted)	5% were growth retarded in 1997 (preliminary data; not age adjusted)	ngs
Aged 2 to 4 years ††			5% were growth retarded in 1997 (preliminary data; not age adjusted)	6% were growth retarded in 1997 (preliminary data; not age adjusted)	ngs

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Population data age adjusted to the year 2000 standard population unless noted.
- * Data for females and males are displayed to further characterize the issue.
- ** Defined as at or above the gender- and age-specific 95th percentile of BMI based on a preliminary analysis of data used to construct the year 2000 U.S. Growth Charts.
- † Defined as height-for-age below the fifth percentile in the age-gender appropriate population using the 1977 NCHS/CDC growth charts.
- †† Data for specific age groups under 5 years are displayed to further characterize the issue.
- ngs = no goal set
- DNA = Data have not been analyzed.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj: 19-1, 19-2, 19-3: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; Obj: 19-4: Pediatric Nutrition Surveillance System, CDC, NCCDPHP.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Food and Nutrient Consumption	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
19-5. Increase the proportion of person aged 2 years and older who consume at least two daily servings of fruit.			32% had two or more servings daily in 1994-1996	28% had two or more servings daily in 1994-1996	Increase to 75%
19-6. Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or deep yellow vegetables.					
Meets both recommendations			2% met both recommendations in 1994-1996	3% met both recommendations in 1994-1996	Increase to 50%
3 or more daily servings *			47% had 3 or more daily servings in 1994-1996	49% had 3 or more daily servings in 1994-1996	ngs
One-third or more servings from dark green or deep yellow vegetables *			6% had one-third or more servings from dark green or deep yellow vegetables in 1994-1996	8% had one-third or more servings from dark green or deep yellow vegetables in 1994-1996	ngs
19-7. Increase the proportion of persons aged 2 years and older who consume at least six daily servings of grain products, with at least three being whole grains					
Meets both recommendations			4% met both recommendations in 1994-1996	7% met both recommendations in 1994-1996	Increase to 50%
6 or more daily servings *			46% had 6 or more daily servings in 1994-1996	51% had 6 or more daily servings in 1994-1996	ngs
3 or more servings from whole grain *			4% had 3 or more servings from whole grains in 1994-1996	7% had 3 or more servings from whole grains in 1994-1996	ngs

Food and Nutrient Consumption (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
19-8. Increase the proportion of persons aged 2 years and older who consume less than 10 percent of calories from saturated fat.			39% consumed less than 10% of calories from saturated fat in 1994-1996	36% consumed less than 10% of calories from saturated fat in 1994-1996	Increase to 75%
19-9. Increase the proportion of person aged 2 years and older who consume no more than 30 percent of calories from fat.			36% consumed no more than 30 percent of calories from fat in 1994-1996	33 consumed no more than 30 percent of calories from fat in 1994-1996	Increase to 75%
19-10. Increase the proportion of persons aged 2 years and older who consume 2,400 mg or less of sodium daily **.			DSU	21% consumed 2,400 mg of sodium or less daily in 1988-1994	Increase to 65%
19-11. Increase the proportion of person aged 2 years and older who meet dietary recommendations for calcium †.			DSU	46% met calcium recommendations in 1988-1994	Increase to 75%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Population data age adjusted to the year 2000 standard population.
- * Data for number and type of daily servings are displayed to further characterize the issue.
- ** From foods, dietary supplements, tap water, and salt use at the table.
- † Based on consideration of calcium from foods, dietary supplements, and antacide.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj: 19-5, 19-6, 19-7, 19-8, 19-9: Continuing Survey of Food Intakes by Individuals (CSFII) (2-day average), USDA; Obj: 19-10, 19-11: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Iron Deficiency and Anemia	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
19-12. Reduce iron deficiency among young children and females of childbearing age **.					
19-12a. Children aged 1 to 2 years			DSU	9% were iron deficient in 1988-1994	Reduce to 5%
19-12b. Children aged 3 to 4 years			DSU	4% were iron deficient in 1988-1994	Reduce to 1%
19-12c. Nonpregnant females aged 12 to 49 years			DSU	11% were iron deficient in 1988-1994	Reduce to 7%
19-13. Reduce anemia † among low-income pregnant females in their third trimester.			25% were anemic in 1996	29% were anemic in 1996	Reduce to 20%
19-14. Reduce iron deficiency among pregnant females.			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ** Iron deficiency is defined as having abnormal results for two or more of the following tests: serum ferritin concentration, erythrocyte protoporphyrin, or transferrin saturation. Refer to *Tracking Healthy People 2010* for threshold values.
- † Defined as hemoglobin < 11.0 g/dL.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj: 19-12: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; Obj: 19-13: Pregnancy Nutrition Surveillance System, CDC, NCCDPHP.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Schools, Worksites, and Nutrition Counseling	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
19-15. Increase the proportion of children and adolescent aged 6 to 19 years whose intake of meals and snacks at schools contributes proportionally to good overall dietary quality.			Developmental	Developmental	Developmental
19-16. Increase the proportion of worksites that offer nutrition or weight management classes or counseling.			Not applicable	55% of worksites with 50 or more employees offered nutrition or weight management classes or counseling in 1998-1999	Increase to 85%
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.					
Any of the three conditions			DSU	42% of patients with any of the three conditions had office visits that included diet and nutrition counseling or education in 1997	Increase to 75%
Hyperlipidemia *			DSU	65% of patients with hyperlipidemia had office visits that included diet and nutrition counseling or education in 1997	ngs
Cardiovascular disease *			DSU	36% of patients with cardiovascular disease had office visits that included diet and nutrition counseling or education in 1997	ngs

Schools, Worksites, and Nutrition Counseling (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
Diabetes *			DSU	48% of patients with diabetes had office visits that included diet and nutrition counseling or education in 1997	ngs

Notes:
- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 19-17 data age adjusted to the year 2000 standard population.
- * Data for separate conditions are displayed to further characterize the issue.
- ngs = No goal set.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj: 19-16: National Worksite Health Promotion Survey, Association for Worksite Health Promotion (AWHP).; Obj: 19-17: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Food Security	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
19-18. Increase food security among U.S. households and in so doing reduce hunger.			75% were food secure in 1995	88% were food secure in 1995	Increase to 94%

Notes:
- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj: 19-18: Current Population Survey, U.S. Department of Commerce, Bureau of the Census; National Food and Nutrition Survey (beginning in 2001), DHHS and USDA.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 20: Occupational Safety and Health

Occupational Safety and Health	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
20-1. Reduce deaths from work-related injuries among workers aged 16 years and older					
21-1a. All industry			5.2/100,000 deaths from work-related injuries in 1998	4.5/100,000 deaths from work-related injuries in 1998	Reduce to 3.2/100,000
21-1b. Mining			DNA	23.6/100,000 deaths from work-related injuries in 1998	Reduce to 16.5/100,0000
21-1c. Construction			DNA	14.6/100,000 deaths from work-related injuries in 1998	Reduce to 10.2/100,000
21-1d. Transportation			DNA	11.8/100,000 deaths from work-related injuries in 1998	Reduce to 8.3/100,000
21-1e. Agriculture, forestry, and fishing			DNA	24.1/100,000 deaths from work-related injuries in 1998	Reduce to 16.9/100,000
20-2. Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted work activity among workers aged 16 years and older.					
20-2a. All industry			DNC	6.6/100 injuries in 1997	Reduce to 4.6/100
20-2b. Construction			DNC	9.3/100 injuries in 1997	Reduce to 6.5/100
20-2c. Health Services			DNC	7.9/100 injuries in 1997	Reduce to 5.5/100
20-2d. Agricultural, forestry, and fishing			DNC	7.9/100 injuries in 1997	Reduce to 5.5/100
20-2e. Transportation			DNC	7.9/100 injuries in 1997	Reduce to 5.5/100
20-2f. Mining			DNC	5.7/100 injuries in 1997	Reduce to 4.0/100
20-2g. Manufacturing			DNC	8.9/100 injuries in 1997	Reduce to 6.2/100
20-2h. Adolescent workers			DNC	4.8/100 injuries in 1997	Reduce to 3.4/100
20-3. Reduce the rate of injury and illness cases involving days away from work due to overexertion or repetitive motion.			DNC	675/100,000 injuries in 1997	Reduce to 338/100,000

Occupational Safety and Health (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
20-4. Reduce pneumoconiosis deaths among persons aged 15 years and older.			DNC ❖	2,928 deaths in 1997	Reduce to 1,900
20-5. Reduce deaths from work-related homicides among workers aged 16 years and older.			DNC	0.5/100,000 deaths in 1998	Reduce to 0.4/100,000
20-6. Reduce work-related assault among workers aged 16 years and older.			DNA	0.85/100 assaults in 1987-1992	Reduce to 0.60/100
20-7. Reduce the number of persons aged 16 to 64 years who have elevated blood lead concentrations from work exposures.			DNC	93/million had blood lead concentrations of 25 ug/dL or greater in 1998 (25 States)	Reduce to 0/million
20-8. Reduce occupational skin diseases or disorders among full-time workers aged 16 years and older.			DNC	67/100,000 new cases of occupational skin diseases or disorders in 1997	Reduce to 47/100,000
20-9. Increase the proportion of worksites employing 50 or more person that provide programs to prevent or reduce employee stress.			Not applicable	37% provided worksite stress reduction programs in 1992	Increase to 50%
20-10. Reduce occupational needle-stick injuries among health care workers.			DNC ❖	600,000 needle-stick exposures to blood in 1996	Reduce to 420,000
20-11. Reduce new cases of work-related, noise-induced hearing loss.			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- DNA = Data have not been analyzed.
- DNC = Data are not collected.

Source for National Data Printed in Table: Obj. 20-1, 20-5: Census of Fatal Occupational Injuries (CFOI), DOL, BLS; Obj. 20-2: Annual Survey of Occupational Injuries and Illnesses, DOL, BLS; National Electronic Injury Surveillance System (NEISS), CPSC; Obj. 20-3, 20-8: Annual Survey of Occupational Injuries and Illnesses, DOL, BLS; Obj. 20-4: National Surveillance System for Pneumoconiosis Mortality (NSSPM), CDC, NIOSH; Obj. 20-6: National Crime Victimization Survey, U.S. Department of Justice, BJS; Obj. 20-7: Adult Blood Lead Epidemiology and Surveillance Program, CDC, NIOSH; Obj. 20-9: National Survey of Worksite Health Promotion Activities, OPHS, ODPHP; National Health Interview Survey (NHIS), CDC, NCHS; Obj. 20-10: National Surveillance System for Health Care Workers, CDC, NCID, NCHSTP, NIP, NIOSH.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 21: Oral Health

Oral Health	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
21-1. Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.					
21-1a. Reduce the proportion of young children aged 2 to 4 years with dental caries experience in their primary teeth.			DSU	18% had dental caries experience in 1988-1994	Reduce to 11%
21-1b. Reduce the proportion of children aged 6 to 8 years with dental caries experience either in their primary or permanent teeth.			DSU	52% had dental caries experience in 1988-1994	Reduce to 42%
21-1c. Reduce the proportion of adolescents aged 15 years with dental caries experience in their permanent teeth.			DSU	61% had dental caries experience in 1988-1994	Reduce to 51%
21-2. Reduce the proportion of children, adolescents, and adults with untreated dental decay.					
21-2a. Reduce the proportion of young children aged 2 to 4 years with untreated dental decay in their primary teeth.			DSU	16% had untreated dental decay in 1988-1994	Reduce to 9%
21-2b. Reduce the proportion of children aged 6 to 8 years with untreated dental decay in primary permanent teeth.			DSU	29% had untreated dental decay in 1988-1994	Reduce to 21%
21-2c. Reduce the proportion of adolescents aged 15 years with untreated dental decay in their permanent teeth.			DSU	20% had untreated dental decay in 1988-1994	Reduce to 15%
21-2d. Reduce the proportion of adults aged 35 to 44 years with untreated dental decay.			DSU	27% had untreated dental decay in 1988-1994	Reduce to 15%

Oral Health (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
21-3. Increase the proportion of adults aged 35 to 44 years who have never had a permanent tooth extracted because of dental caries or periodontal disease.			DSU	31% had never had a permanent tooth extracted because of dental caries or periodontal disease in 1988-1994	Increase to 42%
21-4. Reduce the proportion of older adults aged 65 to 74 years who have had all their natural teeth extracted.			24% had all their natural teeth extracted in 1997	26% had all their natural teeth extracted in 1997	Reduce to 20%
21-5. Reduce periodontal disease in adults aged 35 to 44 years.					
21-5a. Gingivitis			DSU	48% had gingivitis in 1988-1994	Reduce to 41%
21-5b. Destructive Periodontal disease			DSU	22% had destructive periodontal disease in 1988-1994	Reduce to 14%
21-6. Increase the proportion of oral and pharyngeal cancers detected at the earliest stage (stage 1, localized).			36% were detected on 1990-1995	35% were detected on 1990-1995	Increase to 50%
21-7. Increase the proportion of adults aged 40 years and older who, in the past 12 months, report having had an examination to detect oral and pharyngeal cancer.			5% had an examination to detect oral and pharyngeal cancer in 1992	14% had an examination to detect oral and pharyngeal cancer in 1998	Increase to 35%
21-8. Increase the proportion of children who have received dental sealants on their molar teeth.					
21-8a. Children aged 8 years			DSU	23% received sealants in 1988-1994	Increase to 50%
21-8b. Adolescents aged 14 years			DSU	15% received sealants in 1988-1994	Increase to 50%

Oral Health (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
21-9. Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.			DNC ❖	62% had optimally fluoridated water in 1992	Increase to 75%
21-10. Increase the proportion of children and adults aged 2 years and older who use the oral health care system each year.			53% visited a dentist during the previous year in 1997	65% visited a dentist during the previous year in 1997	Increase to 83%
21-11. Increase the proportion of long-term care residents who use the oral health care system each year.			DNC ❖	19% received dental services in 1997	Increase to 25%
21-12. Increase the proportion of children and adolescents under age 19 years at or below 200 percent of the Federal poverty level who received any preventive dental service during the past year.			16% received preventive dental service during the past year in 1996	20% received preventive dental service during the past year in 1996	Increase to 57%
21-13. Increase the proportion of school-based health centers with an oral health component.			Not applicable	Developmental	Developmental
21-14. Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless health centers, that have an oral health component.			Not applicable	34% had oral health components in 1997	Increase to 75%
21-15. Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips, cleft palates, and other craniofacial anomalies to craniofacial anomaly rehabilitative teams.			Not applicable	23 States and the District of Columbia had systems for recording and referring children with craniofacial anomalies in 1997	Increase to all States and the District of Columbia

Oral Health (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
21-16. Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system.			Not applicable	No States or the District of Columbia had an oral and craniofacial health surveillance system in 1999	Increase to all States and the District of Columbia
21-17. Increase the number of Tribal, State (including the District of Columbia), and local health agencies that serve jurisdictions of 250,000 or more persons that have in place an effective public dental public health program directed by a dental professional with public health training.			Not applicable	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 21-7 and 21-10 data age adjusted to the year 2000 standard population. 1998 population data is preliminary.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 21-1a, 21-1b, 21-2a, 21-2b: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; Oral Health Survey of Native Americans, 1999, IHS; California Oral Health Needs Assessment of Children, 1993-94, Dental Health Foundation; Obj. 21-1c, 21-2c, 21-2d, 21-3, 21-5, 21-8: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; Oral Health Survey of Native Americans, 1999, HIS; Obj. 21-4: National Health Interview Survey (NHIS), CDC, NCHS; Oral Health Survey of Native Americans, 1999, HIS; Obj. 21-6: State cancer registries; Surveillance, Epidemiology, and End Results (SEER), NIH, NCI; Obj. 21-7: National Health Interview Survey (NHIS), CDC, NCHS; Obj. 21-9: Water Fluoridation Reporting System Census, CDC, NCCDPHP; Obj. 21-10: National Health Interview Survey (NHIS), CDC, NCHS; 1999 Annual Patient Registration Management System (PRMS), HIS; Obj. 21-11: National Nursing Home Survey, CDC, NCHS; Obj. 21-12: Medical Expenditures Panel Survey (MEPS), AHRQ; Obj. 21-14: 1997 Uniform Data Service Manual, HRSA, Bureau of Primary Health Care (BPHC); Obj. 21-15: Survey of State Dental Directors, Illinois State Health Department; Obj. 21-16: Association of State and Territorial Dental Directors.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 22: Physical Activity and Fitness

Physical Activity in Adults	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
22-1. Reduce the proportion of adults aged 18 years and older who engage in no leisure-time physical activity.			54% had no leisure-time physical activity in 1997	40% had no leisure-time physical activity in 1997	Reduce to 20%
22-2. Increase the proportion of adults aged 18 years and older who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.					
30 minutes of activity 5 or more days per week			11% were active at least 30 minutes, 5 or more days per week in 1997	15% were active at least 30 minutes, 5 or more days per week in 1997	Increase to 30%
20 minutes of activity 3 or more days per week *			23% were active at least 20 minutes, 3 or more days per week in 1997	31% were active at least 20 minutes, 3 or more days per week in 1997	ngs
22-3. Increase the proportion of adults aged 18 years and older who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.			16% participated in vigorous physical activity 3 or more days per week for 20 minutes or more in 1997	23% participated in vigorous physical activity 3 or more days per week for 20 minutes or more in 1997	Increase to 30%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Age adjusted to the year 2000 standard population.
- * Data for 20 minutes of activity 3 or more days per week are displayed to further characterize the issue.
- ngs = No goal set.

Source for National Data Printed in Table: Obj. 22-1, 22-2, 22-3: National Health Interview Survey (NHIS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Muscular Strength/Endurance and Flexibility	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
22-4. Increase the proportion of adults aged 18 years and older who perform physical activities that enhance and maintain muscular strength and endurance.			13% performed strengthening exercises 2 or more days per week in 1997	19% performed strengthening exercises 2 or more days per week in 1997	Increase to 30%
22-5. Increase the proportion of adults aged 18 years and older who perform physical activities that enhance and maintain flexibility.			25% performed stretching exercises in the past 2 weeks in 1995	30% performed stretching exercises in the past 2 weeks in 1995	Increase to 40%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Age adjusted to the year 2000 standard population.

Source for National Data Printed in Table: Obj. 22-4, 22-5: National Health Interview Survey (NHIS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Physical Activity in Children and Adolescents	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
22-6. Increase the proportion of adolescents in grades 9 through 12 who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.					
Both genders			27% engaged in moderate physical activity in 1997	20% engaged in moderate physical activity in 1997	Increase to 30%
Females *			25% engaged in moderate physical activity in 1997	20% engaged in moderate physical activity in 1997	ngs
Males *			28% engaged in moderate physical activity in 1997	21% engaged in moderate physical activity in 1997	ngs
22-7. Increase the proportion of adolescents in grades 9 through 12 who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.					
Both genders			60% engaged in vigorous physical activity in 1997	64% engaged in vigorous physical activity in 1997	Increase to 85%
Females *			50% engaged in vigorous physical activity in 1997	54% engaged in vigorous physical activity in 1997	ngs
Males *			69% engaged in vigorous physical activity in 1997	72% engaged in vigorous physical activity in 1997	ngs
22-8. Increase the proportion of the Nation's public and private schools that require daily physical education for all students.					
22-8a. Middle and junior high			Not applicable	17% required daily physical activity for all students in 1994	Increase to 25%

Physical Activity in Children and Adolescents (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
22-8b. Senior high			Not applicable	2% required daily physical activity for all students in 1994	Increase to 5%
22-9. Increase the proportion of adolescents in grades 9 through 12 who participate in daily school physical education.					
Both genders			38% participated in daily school physical education in 1997	27% participated in daily school physical education in 1997	Increase to 50%
Females *			37% participated in daily school physical education in 1997	25% participated in daily school physical education in 1997	ngs
Males *			39% participated in daily school physical education in 1997	30% participated in daily school physical education in 1997	ngs
22-10. Increase the proportion of adolescents in grades 9 through 12 who spend at least 50 percent of school physical education class time being physically active.					
Both genders			36% were physically active in physical education class at least 50 percent of the time in 1997	32% were physically active in physical education class at least 50 percent of the time in 1997	Increase to 50%
Females *			33% were physically active in physical education class at least 50 percent of the time in 1997	27% were physically active in physical education class at least 50 percent of the time in 1997	ngs

Physical Activity in Children and Adolescents (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
Males *			39% were physically active in physical education class at least 50 percent of the time in 1997	36% were physically active in physical education class at least 50 percent of the time in 1997	ngs
22-11. Increase the proportion of children and adolescents aged 8 to 16 years who view television 2 or fewer hours per day.			DSU	60% viewed television 2 or fewer hours per day in 1988-1994	Increase to 75%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- * Data for females and males are displayed to further characterize the issue.
- ngs = No goal set.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 22-6, 22-7, 22-9, 22-10: Youth Risk Behavior Survey (YRBS), CDC, NCCDPHP; Obj. 22-8: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP; Obj. 22-11: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; after 2000, Youth Risk Behavior Survey (YRBS), CDC, NCCDPHP.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Access	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
22-12. Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).			Not applicable	Developmental	Developmental
22-13. Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs.			Not applicable	36% of worksites with 50 or more employees offered physical activity and fitness programs in 1998-1999	Increase to 75%
22-14. Increase the proportion of trips made by walking.					
22-14a. Adults aged 18 years and older			DNC	16% made trips of less than 1 mile in 1995	Increase to 25%
22-14b. Children and adolescents aged 5 to 15 years			DNC	28% made trips to school of less than 1 mile in 1995	Increase to 50%
22-15. Increase the proportion of trips made by bicycling.					
22-15a. Adults aged 18 years and older			DNC	0.6% made trips of less than 5 miles in 1995	Increase to 2%
22-15b. Children and adolescents aged 5 to 15 years			DNC	2.2% made trips to school of less than 2 miles in 1995	Increase to 5%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- DNC = Data are not collected

Source for National Data Printed in Table: Obj. 22-13: 1999 National Worksite Health Promotion Survey, Association for Worksite Health Promotion (AWHP); Obj. 22-14, 22-15: National Personal Transportation Survey (NPTS), U.S. Department of Transportation..
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 23: Public Health Infrastructure

Data and Information Systems	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
23-1. Increase the proportion of Tribal, State and local public health agencies that provide Internet and e-mail access for at least 75 percent of their employees and that teach employees to use the Internet and other electronic information systems to apply data and information to public health practice.			Not applicable	Developmental	Developmental
23-2. Increase the proportion of Federal, Tribal, State, and local health agencies that have made information available to the public in the past year on the Leading Health Indicators, Health Status Indicators, and Priority Data Needs.			Not applicable	Developmental	Developmental
23-3. Increase the proportion of all major National, State, and local health data systems that use geocoding to promote nationwide use of geographic information systems (GIS) at all levels.			Not applicable	45% of the data systems geocoded records to street address or latitude and longitude in 1999	Increase to 90%
23-4. Increase the proportion of population-based Healthy People 2010 objectives for which national data are available for all population groups identified for the objective.			Not applicable	10% had national data for all select population groups in 1999	Increase to 100%
23-5. Increase the proportion of Leading Health Indicators, Health Status Indicators, and Priority Data Needs for which data - especially for select populations - are available at the Tribal, State, and local levels.			Not applicable	Developmental	Developmental

Data and Information Systems (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
23-6. Increase the proportion of Healthy People 2010 objectives that are tracked regularly at the national level.			Not applicable	59% are tracked every 3 years (preliminary data)	Increase to 100%
23-7. Increase the proportion of Healthy People 2010 objectives for which national data are released within 1 year of the end of data collection.			Not applicable	27% were released within 1 year of the end of data collection in 1999 (preliminary data)	Increase to 100%

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Data Source Obj. 23-3, 23-4, 23-6, 23-7: CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Workforce	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
23-8. Increase the proportion of Federal, Tribal, State, and local agencies that incorporate specific competencies in the essential public health services into personnel systems.			Not applicable	Developmental	Developmental
23-9. Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.			Not applicable	Developmental	Developmental
23-10. Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.			Not applicable	Developmental	Developmental

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Public Health Organizations	Community		National		Healthy People 2010 Goal ★
	Hispanic	Overall	Hispanic	Overall	
23-11. Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services.			Not applicable	Developmental	Developmental
23-12. Increase the proportion of Tribes, States, and the District of Columbia that have a health improvement plan and increase the proportion of local jurisdictions that have a health improvement plan linked with their State plan.					
23-12a. Tribes			Not applicable	Developmental	Developmental
23-12b. States and the District of Columbia			Not applicable	79% had a health improvement plan in 1997	Increase to 100%
23-12c. Local jurisdictions			Not applicable	32% had a health improvement plan linked with their State plan in 1992-1993	Increase to 80%
23-13. Increase the proportion of Tribal, State, and local health agencies that provide or assure comprehensive laboratory services to support essential public health services.			Not applicable	Developmental	Developmental
23-14. Increase the proportion of Tribal, State and local public health agencies that provide or assure comprehensive epidemiology services to support essential public health services.			Not applicable	Developmental	Developmental
23-15. Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services.			Not applicable	Developmental	Developmental

Notes:

· ★ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 23-12: National Profile of Local Health Dptmts., National Assn. of County and City Health Officials (NACCHO); Assn. of State and Territorial Health Officials (ASTHO); IHS.

Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)

Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Resources	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
23-16. Increase the proportion of Federal, Tribal, State, and local public health agencies that gather accurate data on public health expenditures, categorized by essential public health service.			Not applicable	Developmental	Developmental
23-17. Increase the proportion of Federal, Tribal, State, and local public health agencies that conduct or collaborate on population-based prevention research.			Not applicable	Developmental	Developmental

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 23-12: National Profile of Local Health Dptmts., National Assn. of County and City Health Officials (NACCHO); Assn. of State and Territorial Health Officials (ASTHO); IHS.

Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)

Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 24: Respiratory Disease

Asthma	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
24-1. Reduce asthma deaths.					
24-1a. Children under age 5 years			DSU	1.7/million deaths in 1998	Reduce to 1/million
24-1b. Children aged 5 to 14 years			DSU	3.2/million deaths in 1998	Reduce to 1/million
24-1c. Adolescents and adults aged 15 to 34 years			4.8/million deaths in 1997	5.9/million deaths in 1998	Reduce to 3/million
24-1d. Adults aged 35 to 64 years			17.1/million deaths in 1997	17/million deaths in 1998	Reduce to 9/million
24-1e. Adults aged 65 years and older			81.8/million deaths in 1997	87.5/million deaths in 1998	Reduce to 60/million
24-2. Reduce hospitalization for asthma.					
24-2a. Children under age 5 years			DSU	60.9/10,000 hospitalizations in 1997	Reduce to 25%
24-2b. Children and adults aged 5 to 64 years			DSU	13.8/10,000 hospitalizations in 1997	Reduce to 8%
24-2c. Adults aged 65 years and older			DSU	19.3/10,000 hospitalizations in 1997	Reduce to 10%
24-3. Reduce hospital emergency department visits for asthma.					
24-3a. Children under age 5 years			DSU	150/10,000 visits in 1995-1997	Reduce to 80/10,000
24-3b. Children and adults aged 5 to 64 years			DSU	71.1/10,000 visits in 1995-1997	Reduce to 5010,000
24-2c. Children aged 65 years and older			DSU	29.5/10,000 visits in 1995-1997	Reduce to 15/10,000
24-4. Reduce activity limitations among persons with asthma.			22.4% had limitations in 1994-1996	19.5% had limitations in 1994-1996	Reduce to 10%
24-5. Reduce the number of school or work days missed by persons with asthma due to asthma.			Developmental	Developmental	Developmental

Asthma (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
24-6. Increase the proportion of persons with asthma who received formal patient education, including information about community and self-help resources, as an essential part of the management of their condition.			DSU	6.4% received formal patient education in 1998	Increase to 30%
24-7. Increase the proportion of persons with asthma who receive appropriate asthma care according to the NAEPP Guidelines.			Developmental	Developmental	Developmental
24-7a. Persons with asthma who receive written asthma management plans from their health care provider.			Developmental	Developmental	Developmental
24-7b. Persons with asthma with prescribed inhalers who receive instruction on how to use them properly.			Developmental	Developmental	Developmental
24-7c. Persons with asthma who receive education about recognizing early signs and symptoms of asthma episodes and how to respond appropriately, including instruction on peak flow monitoring for those who use daily therapy.			Developmental	Developmental	Developmental
24-7d. Persons with asthma who receive medication regimens that prevent the need for more than one canister of short-acting inhaled beta agonists per month for relief of symptoms.			Developmental	Developmental	Developmental
24-7e. Persons with asthma who receive follow-up medical care for long-term management of asthma after any hospitalization due to asthma.			Developmental	Developmental	Developmental

Asthma (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
24-7f. Persons with asthma who receive assistance with assessing and reducing exposure to environmental risk factors in their home, school, and work environments.			Developmental	Developmental	Developmental
24-8. Establish in at least 15 States a surveillance system for tracking asthma death, illness, disability, impact of occupational and environmental factors on asthma, access to medical care, and asthma management.			Not applicable	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 24-2b, 24-2c, 24-4, and 24-6 data age adjusted to the year 2000 standard population; 1998 data is preliminary.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 24-1: National Vital Statistics System (NVSS), CDC, NCHS; Obj. 24-2: National Hospital Discharge Survey (NHDS), CDC, NCHS; Obj. 24-3: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS; Obj. 24-4, 24-6: National Health Interview Survey (NHIS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Chronic Obstructive Pulmonary Disease	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
24-9. Reduce the proportion of adults aged 45 years and older whose activity is limited due to chronic lung and breathing problems.			1.7% had activity limitations in 1997	2.2% had activity limitations in 1997	Reduce to 1.5%
24-10. Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.			55.3/100,000 deaths in 1997	120.9/100,000 deaths in 1998	Reduce to 18/100,000

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Age adjusted to the year 2000 standard population; 1998 data is preliminary.

Source for National Data Printed in Table: Obj. 24-9: National Health Interview Survey (NHIS), CDC, NCHS; Obj. 24-10: National Vital Statistics System (NVSS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Obstructive Sleep Apnea	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
24-11. Increase the proportion of persons with symptoms of obstructive sleep apnea whose condition is medically managed.					
24-11a. Persons with excessive daytime sleepiness, loud snoring, and other signs associated with obstructive sleep apnea who seek medical evaluation.			Developmental	Developmental	Developmental
24-11b. Persons with excessive daytime sleepiness, loud snoring, and other signs associated with obstructive sleep apnea who receive followup medical care for long-term management of their condition.			Developmental	Developmental	Developmental
24-12. Reduce the proportion of vehicular crashes caused by persons with excessive sleepiness.			Developmental	Developmental	Developmental

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 25: Sexually Transmitted Diseases

Bacterial STD Illness and Disability	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
25-1. Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections.					
25-1a. Females aged 15 to 24 years attending family planning clinics.			5.2% infected with chlamydia in 1997	5% infected with chlamydia in 1997	Reduce to 3%
25-1b. Females aged 15 to 24 years attending STD clinics			14% infected with chlamydia in 1997	12.2% infected with chlamydia in 1997	Reduce to 3%
25-1c. Males aged 15 to 24 years attending STD clinics			18.5% infected with chlamydia in 1997	15.7% infected with chlamydia in 1997	Reduce to 3%
25-2. Reduce gonorrhea.					
Both genders			69/100,000 new gonorrhea cases in 1997	123/100,000 new gonorrhea cases in 1997	Reduce to 19/100,000
Females *			72/100,000 new gonorrhea cases in 1997	119/100,000 new gonorrhea cases in 1997	ngs
Males *			67/100,000 new gonorrhea cases in 1997	125/100,000 new gonorrhea cases in 1997	ngs
25-3. Eliminate sustained domestic transmission of primary and secondary syphilis.					
Both genders			1.6/100,000 cases in 1997	3.2/100,000 cases in 1997	Reduce to 0.2/100,000
Females *			1/100,000 cases in 1997	2.9/100,000 cases in 1997	ngs
Males *			2.1/100,000 cases in 1997	3.6/100,000 cases in 1997	ngs

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- * Data for females and males are displayed to further characterize the issue.
- ngs = No goal set.

Source for National Data Printed in Table: STD Surveillance System, CDC, NCHSTP.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Viral STD Illness and Disability	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
25-4. Reduce the proportion of adults aged 20 to 29 years with genital herpes infection.			DSU	17% were infected in 1988-1994 **	Reduce to 14%
24-5. Reduce the proportion of persons with human papillomavirus (HPV) infection.			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ** As measured by herpes simplex virus type 2 [HSV-2] antibody.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 25-4: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

STD Complications Affecting Females	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
25-6. Reduce the proportion of females aged 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID).			8% were treated for PID in 1995	8% were treated for PID in 1995	Reduce to 5%
25-7. Reduce the proportion of childless females aged 15 to 44 years with fertility problems who have had a sexually transmitted disease or who have required treatment for pelvic inflammatory disease (PID).			27% had STD history or PID treatment in 1995	27% had STD history or PID treatment in 1995	Reduce to 15%
25-8. Reduce HIV infections in adolescent and young adult females aged 13 to 24 years that are associated with heterosexual contact.			Developmental	Developmental	Developmental

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 25-6, 25-7: National Survey of Family Growth (NSFG), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

STD Complications Affecting the Fetus and Newborn	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
25-9. Reduce congenital syphilis.			34 new cases/100,000 live births in 1997	27 new cases/100,000 live births in 1997	Reduce to 1/100,000
25-10. Reduce neonatal consequences from maternal sexually transmitted diseases, including chiamydial pneumonia, gonococcol and chlamydial *ophthalmia neonatorum*, laryngeal papillomatosis (from human papillomavirus infection), neonatal herpes, and preterm birth and low birth weight associated with bacterial vaginosis.			Developmental	Developmental	Developmental

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 25-9: STD Surveillance System, CDC, NCHSTP; National Vital Statistics System (NVSS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Personal Behaviors	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
25-11. Increase the proportion of adolescents in grades 9 through 12 who abstain from sexual intercourse or use condoms if currently sexually active.					
Abstained from sexual intercourse or used condom			82% abstained in 1997	85% abstained in 1997	Increase to 95%
Not currently sexually active					
Never had intercourse *			48% had never had intercourse in 1997	52% had never had intercourse in 1997	ngs
No intercourse in past 3 months *			17% had not had intercourse in past 3 months in 1997	13% had not had intercourse in past 3 months in 1997	ngs
Currently sexually active					
Used condom at last intercourse *			17% used condom at last intercourse in 1997	20% used condom at last intercourse in 1997	ngs
Did NOT use condom at last intercourse *			18% did not use condom at last intercourse in 1997	15% did not use condom at last intercourse in 1997	ngs
25-12. Increase the number of positive messages related to responsible sexual behavior during weekday and nightly prime-time television programming.			Not applicable	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- * Data for never had intercourse, had intercourse but not in past 3 months, and currently sexually active and used a condom at last intercourse are displayed to further characterize the issue.
- ngs = No goal set.

Source for National Data Printed in Table: Obj. 25-11: Youth Risk Behavior Survey (YRBS), CDC, NCCDPHP.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Community Protection Infrastructure	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
25-13. Increase the proportion of Tribal, State, and local sexually transmitted disease programs that routinely offer hepatitis B vaccines to all STD clients.			Not applicable	5% offered vaccines in accordance with CDC guidelines in 1998 (Tribal STD program data are developmental)	Increase to 90%
25-14. Increase the proportion of youth detention facilities and adult city or county jails that screen for common bacterial sexually transmitted diseases within 24 hours of admission and treat STDs (when necessary) before persons are released.			Not applicable	Developmental	Developmental
25-15. Increase the proportion of all local health departments that have contracts with managed care providers for the treatment of nonplan partners of patients with bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia).			Not applicable	Developmental	Developmental

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 25-13: Survey of STD Programs, National Coalition of STD Directors (NCSD); IHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Personal Health Services	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
25-16. Increase the proportion of sexually active females aged 25 years and under who are screened annually for genital chlamydia infections.			Developmental	Developmental	Developmental
25-17. Increase the proportion of pregnant females screened for sexually transmitted diseases (including HIV infection and bacterial vaginosis) during prenatal health care visits, according to recognized standards.			Developmental	Developmental	Developmental
25-18. Increase the proportion of primary care providers who treat patients with sexually transmitted diseases and who manage cases according to recognized standards.			Not applicable	70% treated patients with STDs according to CDC STD Treatment Guidelines in 1988	Increase to 90%
25-19. Increase the proportion of all sexually transmitted disease clinic patients who are being treated for bacterial STDs (chlamydia, gonorrhea, and syphilis) and who are offered provider referral services for their sex partners.			Developmental	Developmental	Developmental

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 25-18: National Disease and Therapeutic Index, IMS America; National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 26: Substance Abuse

Adverse Consequences of Substance Use and Abuse	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
26-1. Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes.					
26-1a. Alcohol-related deaths			DNA	6.1/100,000 deaths in 1997	4/100,000
26-1b. Alcohol-related injuries			DNC	122/100,000 injuries in 1997	65/100,000
26-1c. Drug-related deaths			Developmental	Developmental	Developmental
26-1d. Drug-related injuries			Developmental	Developmental	Developmental
26-2. Reduce cirrhosis deaths.			15.9/100,000 deaths in 1997	9.4/100,000 deaths in 1998	3/100,000
26-3. Reduce drug-induced deaths.			6/100,000 deaths in 1997	5.1/100,000 deaths in 1998	1/100,000
26-4. Reduce drug-related hospital emergency department visits.			DNC ❖	542,544 visits in 1998	Reduce to 350,000
26-5. Reduce alcohol-related hospital emergency department visits.			Developmental	Developmental	Developmental
26-6. Reduce the proportion of adolescents in grades 9 through 12 who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.			43% rode with a driver who had been drinking alcohol in 1997	37% rode with a driver who had been drinking alcohol in 1997	Reduce to 30%
26-7. Reduce intentional injuries resulting from alcohol- and illicit drug-related violence.			Developmental	Developmental	Developmental
26-8. Reduce the cost of lost productivity in the workplace due to alcohol and drug use.			Not applicable	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 26-2 and 26-3 data age adjusted to the year 2000 standard population; 1998 data is preliminary.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- DNC = Data are not collected; DNA = Data have not been analyzed.

Source for National Data Printed in Table: Obj. 26-1: Fatality Analysis Reporting System (FARS), DOT; General Estimates System (GES), DOT; Obj. 26-2, 26-3: National Vital Statistics System (NVSS), CDC, NCHS. Data Source Obj. 26-4: Drug Abuse Warning Network (DAWN), SAMHSA; Obj. 26-6: Youth Risk Behavior Survey (YRSB), CDC, NCCDPHP.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Substance Use and Abuse	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
26-9. Increase the age and proportion of adolescents aged 12 to 17 years who remain alcohol and drug free.					
Increase average age of first use in adolescents aged 12 to 17 years					
26-9a. Alcohol			13.0 years of age during first use in 1997	13.1 years of age during first use in 1997	Increase to 16.1 years of age
26-9b. Marijuana			13.5 years of age during first use in 1997	13.7 years of age during first use in 1997	Increase to 17.4 years of age
Increase in high school seniors never using substances					
26-9c. Alcoholic beverages			18% never used alcohol in 1998	19% never used alcohol in 1998	Increase to 29%
26-9d. Illicit drugs			43% never used illicit drugs in 1998	46% never used illicit drugs in 1998	Increase to 56%
26-10. Reduce past-month use of illicit substances.					
26-10a. Increase the proportion of adolescents aged 12 to 17 years not using alcohol or any illicit drugs during the past 30 days.			78% did not use alcohol or illicit drugs during the past 30 days in 1997	77% did not use alcohol or illicit drugs during the past 30 days in 1997	Increase to 89%
No alcohol use in past 30 days *			81% did not use alcohol in the past 30 days in 1997	80% did not use alcohol in the past 30 days in 1997	ngs
No illicit drug use in past 30 days *			90% did not use illicit drugs in the past 30 days in 1997	89% did not use illicit drugs in the past 30 days in 1997	ngs
26-10b. Reduce the proportion of adolescents aged 12 to 17 years reporting use of marijuana during the past 30 days.			8.4% reported marijuana use in the past 30 days in 1997	9.4% reported marijuana use in the past 30 days in 1997	Reduce to 0.7%

Substance Use and Abuse (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
26-10c. Reduce the proportion of adults aged 18 years and older using any illicit drug during the past 30 days.			5.1% used illicit drugs in the past 30 days in 1997	5.8% used illicit drugs in the past 30 days in 1997	Reduce to 3%
26-11. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.					
Reduction in students engaging in binge Drinking during past 2 weeks					
26-11a. High school seniors			28% engaged in binge drinking during the past 2 weeks in 1998	32% engaged in binge drinking during the past 2 weeks in 1998	Reduce to 11%
26-11b. College students			DSU	39% engaged in binge drinking during the past 2 weeks in 1998	Reduce to 20%
Reduction in adults and adolescents engaging in binge drinking during past month					
26-11c. Adults aged 18 years and older			18% engaged in binge drinking during the past month in 1997	16% engaged in binge drinking during the past month in 1997	Reduce to 6%
26-11d. Adolescents aged 12 to 17 years			7.4% engaged in binge drinking during the past month in 1997	8.3% engaged in binge drinking during the past month in 1997	Reduce to 3%
26-12. Reduce average annual alcohol consumption among persons 14 years and older.			DNC ❖	2.19 gallons/person consumed in 1996	Reduce to 2 gallons
26-13. Reduce the proportion of adults aged 21 and older who exceed guidelines for low-risk drinking.					
26-13a. Females			72% exceeded the guidelines in 1992	72% exceeded the guidelines in 1992	Reduce to 50%

Substance Use and Abuse (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
26-13b. Males			80% exceeded the guidelines in 1992	74% exceeded the guidelines in 1992	Reduce to 50%
26-14. Reduce steroid use among adolescents.					
26-14a. 8th graders			1.4% used steroids in the past year in 1998	1.2% used steroids in the past year in 1998	Reduce to 0.4%
26-14b. 10th graders			1.2% used steroids in the past year in 1998	1.2% used steroids in the past year in 1998	Reduce to 0.4%
26-14c. 12th graders			2.4% used steroids in the past year in 1998	1.7% used steroids in the past year in 1998	Reduce to 0.4%
26-15. Reduce the proportion of adolescents aged 12 to 17 years who use inhalants.			3.7% used inhalants in the past year in 1997	4.4% used inhalants in the past year in 1997	Reduce to 0.7%

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- * Data for no alcohol use and no illicit drug use are displayed to further characterize the issue.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.
- ngs = No goal set.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 26-9a, 26-9b, 26-10, 26-11c, 26-11d, 26-15: National Household Survey on Drug Abuse (NHSDA), SAMHSA; Obj. 26-9c, 26-9d, 26-11a, 26-11b, 26-14: Monitoring the Future Study, NIH, NIDA; Obj. 26-12: Alcohol Epidemiologic Data System (AEDS), NIH, NIAAA; Obj. 26-13: National Longitudinal Alcohol Epidemiologic Survey, NIH, NIAAA.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Risk of Substance Use and Abuse	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
26-16. Increase the proportion of adolescents who disapprove of substance abuse.					
Increase in adolescents who disapprove of having one or two alcoholic drinks nearly every day					
26-16a. 8th graders			72% disapproved in 1998	77% disapproved in 1998	Increase to 83%
26-16b. 10th graders			75% disapproved in 1998	75% disapproved in 1998	Increase to 83%
26-16c. 12th graders			77% disapproved in 1998	69% disapproved in 1998	Increase to 83%
Increase in adolescents who disapprove of trying marijuana or hashish once or twice					
26-16d. 8th graders			64% disapproved in 1998	69% disapproved in 1998	Increase to 72%
26-16e. 10th graders			59% disapproved in 1998	56% disapproved in 1998	Increase to 72%
26-16f. 12th graders			61% disapproved in 1998	52% disapproved in 1998	Increase to 72%
26-17. Increase the proportion of adolescents aged 12 to 17 years who perceive great risk associated with substance abuse.					
26-17a. Consuming five or more alcoholic drinks at a single occasion once or twice a week.			49% perceived great risk in 1997	47% perceived great risk in 1997	Increase to 80%
26-17b. Smoking marijuana once per month.			35% perceived great risk in 1997	31% perceived great risk in 1997	Increase to 80%
26-17c. Using cocaine once per month.			53% perceived great risk in 1997	54% perceived great risk in 1997	Increase to 80%

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 26-16: Monitoring the Future Study, NIH, NIDA; Obj. 26-17: National Household Survey on Drug Abuse (NHSDA), SAMHSA.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Treatment for Substance Abuse	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
26-18. Reduce the treatment gap for illicit drugs in the general population.			Developmental	Developmental	Developmental
26-19. Increase the proportion of inmates receiving substance abuse treatment in correctional institutions.			Developmental	Developmental	Developmental
26-20. Increase the number of admissions to substance abuse treatment for injection drug use.			DNC ❖	167,960 admissions in 1997	Increase to 200,000
26-21. Reduce the treatment gap for alcohol problems.			Developmental	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ❖ Data are not collected; designation by the Alliance. HP2010 does not indicate separate baseline data for Hispanic population under this objective.

Source for National Data Printed in Table: Obj. 26-20: Treatment Episodes Data System, OAS, SAMHSA.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

State and Local Efforts	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
26-22. Increase the proportion of persons who are referred for followup care for alcohol problems, drug problems, or suicide attempts after diagnosis or treatment for one of these conditions in a hospital emergency department.			Developmental	Developmental	Developmental
26-23. Increase the number of communities using partnerships or coalition models to conduct comprehensive substance abuse prevention efforts.			Not applicable	Developmental	Developmental
26-24. Extend administrative license revocation laws, or programs of equal effectiveness, for persons who drive under the influence of intoxicants.			Not applicable	41 States and the District of Columbia had administrative license revocation laws in 1998	Increase to all States and the District of Columbia
26-25. Extend legal requirements for maximum blood alcohol concentration levels of 0.08 percent for motor vehicle drivers aged 21 years and older.			Not applicable	16 States had requirements of 0.08 percent in 1998	Increase to all States and the District of Columbia

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 26-24, 26-25: DOT, NHTSA.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 27: Tobacco Use

Tobacco Use in Population Groups	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
27-1. Reduce tobacco use by adults aged 18 years and older.					
27-1a. Cigarette smoking			20% smoked cigarettes in 1997	24% smoked cigarettes in 1997	Reduce to 12%
27-1b. Spit tobacco			Developmental	Developmental	Developmental
27-1c. Cigars			Developmental	Developmental	Developmental
27-1d. Other products			Developmental	Developmental	Developmental
27-2. Reduce tobacco use by adolescents in grades 9 through 12.					
27-2a. Tobacco products ** (past month) †					
Both genders			37% used tobacco products in the past month in 1997	43% used tobacco products in the past month in 1997	Reduce to 21%
Females *			31% used tobacco products in the past month in 1997	36% used tobacco products in the past month in 1997	ngs
Males *			41% used tobacco products in the past month in 1997	48% used tobacco products in the past month in 1997	ngs
27-2b. Cigarettes (past month) †					
Both genders			34% smoked cigarettes in the past month in 1997	36% smoked cigarettes in the past month in 1997	Reduce to 16%
Females *			32% smoked cigarettes in the past month in 1997	35% smoked cigarettes in the past month in 1997	ngs
Males *			36% smoked cigarettes in the past month in 1997	38% smoked cigarettes in the past month in 1997	ngs
27-2c. Spit tobacco (past month) †					
Both genders			5% used spit tobacco in the past month in 1997	9% used spit tobacco in the past month in 1997	Reduce to 1%

Tobacco Use in Population Groups	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
Females *			1% used spit tobacco in the past month in 1997	2% used spit tobacco in the past month in 1997	ngs
Males *			8% used spit tobacco in the past month in 1997	16% used spit tobacco in the past month in 1997	ngs
27-2d. Cigars (past month) †					
Both genders			20% smoked cigars in the past month in 1997	22% smoked cigars in the past month in 1997	Reduce to 8%
Females *			13% smoked cigars in the past month in 1997	11% smoked cigars in the past month in 1997	ngs
Males *			26% smoked cigars in the past month in 1997	31% smoked cigars in the past month in 1997	ngs
27-3. Reduce initiation of tobacco use among children and adolescents.			Developmental	Developmental	Developmental
27-4. Increase the average age of first use of tobacco products by adolescents and young adults.					
27-4a. Adolescents aged 12 to 17 years			13 years of age at first cigarette use in 1997	12 years of age at first cigarette use in 1997 ††	Increase to 14 years
27-4b. Young adults aged 18 to 25 years			15 years of age at first cigarette use in 1997	15 years of age at first cigarette use in 1997 ††	Increase to 17 years

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 27-1 data age adjusted to the year 2000 standard population.
- * Data for females and males are displayed to further characterize the issue.
- ** Includes cigarettes, spit tobacco, or cigars.
- † Past month = occurring on 1 or more of the 30 days preceding the survey.
- †† Figure excludes all race categories other than black and white.
- ngs = No goal set.

Source for National Data Printed in Table: Obj. 27-1: National Health Interview Survey (NHIS), CDC, NCHS; Obj. 27-2: Youth Risk Behavior Survey (YRBS), CDC, NCCDPHP; Obj. 27-4: National Household Survey on Drug Abuse (NHSDA), SAMHSA.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Cessation and Treatment	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
27-5. Increase smoking cessation attempts by adult smokers aged 18 years and older.			46% stopped smoking a day or longer attempting to quit in 1997	43% stopped smoking a day or longer attempting to quit in 1997	Increase to 75%
27-6. Increase smoking cessation during pregnancy.			DSU	12% stopped smoking during the first trimester of pregnancy in 1991	Increase to 30%
27-7. Increase tobacco use cessation attempts by adolescent smokers in grades 9 through 12.					
Both genders			62% of ever-daily smokers had tried to quit in 1997 **	73% of ever-daily smokers had tried to quit in 1997 **	Increase to 84%
Females *			74% of ever-daily smokers had tried to quit in 1997 **	78% of ever-daily smokers had tried to quit in 1997 **	ngs
Males *			52% of ever-daily smokers had tried to quit in 1997 **	69% of ever-daily smokers had tried to quit in 1997 **	ngs
27-8. Increase insurance coverage of evidence-based treatment for nicotine dependency.					
27-8a. Managed care organizations			Not applicable	75% covered treatment in 1998	Increase to 100%
27-8b. Medicaid programs in States and the District of Columbia			Not applicable	24 programs covered treatment in 1998	Increase to 51 programs
27-8c. All insurance			Not applicable	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 27-5 and 27-6 data age adjusted to the year 2000 standard population.
- * Data for females and males are displayed to further characterize the issue.
- ** Adolescents who had ever smoked every day for at least 30 days.
- ngs = No goal set.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 27-5, 27-6: National Health Interview Survey (NHIS), CDC, NCHS; Obj. 27-7: Youth Risk Behavior Survey (YRBS), CDC, NCCDPHP; Obj. 27-8: Addressing Tobacco in Managed Care Survey, Robert Wood Johnson Foundation; (Medicaid data) National Conference of State Legislators.

Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)

Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Exposure to Secondhand Smoke	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
27-9. Reduce the proportion of children aged 6 years and under who are regularly exposed to tobacco smoke at home.			20% lived in a household with someone who smoked inside the home at least 4 days a week in 1994	27% lived in a household with someone who smoked inside the home at least 4 days a week in 1994	Reduce to 10%
27-10. Reduce the proportion of nonsmokers aged 4 years and older exposed to environmental tobacco smoke.			DSU	65% had a serum cotinine level above 0.10 ng/mL in 1988-1994	Reduce to 45%
27-11. Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.			Not applicable	37% of middle, junior high, and senior high schools were smoke-free and tobacco-free environments in 1994	Increase to 100%
27-12. Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.			Not applicable	79% with 50 or more employees had formal smoking policies in 1998-1999	Increase to 100%
27-13. Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public places and worksites.					
States and the District of Columbia					
27-13a. Private workplaces			Not applicable	1 State had laws on smoke-free air in 1998	Increase to all States and the District of Columbia
27-13b. Public workplaces			Not applicable	13 States had laws on smoke-free air in 1998	Increase to all States and the District of Columbia

Exposure to Secondhand Smoke (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
27-13c. Restaurants			Not applicable	3 States had laws on smoke-free air in 1998	Increase to all States and the District of Columbia
27-13d. Public transportation			Not applicable	16 States had laws on smoke-free air in 1998	Increase to all States and the District of Columbia
27-13e. Day care centers			Not applicable	22 States had laws on smoke-free air in 1998	Increase to all States and the District of Columbia
27-13f. Retail stores			Not applicable	4 States had laws on smoke-free air in 1998	Increase to all States and the District of Columbia
27-13g. Tribes			Not applicable	Developmental	Developmental
27-13h. Territories			Not applicable	Developmental	Developmental

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- Obj. 27-10 data age adjusted to the year 2000 standard population.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 27-9: National Health Interview Survey (NHIS), CDC, NCHS; Obj. 27-10: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; Obj. 27-11: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP; Obj. 27-12: 1999 National Worksite Health Promotion Survey, Association for Worksite Health Promotion (AWHP); Obj. 27-13: State Tobacco Activities Tracking and Evaluation System (STATE System), CDC, NCCDPHP, OSH.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Social and Environmental Changes	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
27-14. Reduce the illegal buy rate among minors through enforcement of laws prohibiting the sale of tobacco products to minors.					
Jurisdictions with a 5 percent or less illegal buy rate among minors					
27-14a. States and the District of Columbia			Not applicable	0 States had a 5% or less illegal buy rate among minors in 1998	Increase to all States and the District of Columbia
27-14b. Territories			Not applicable	0 Territories had a 5% or less illegal buy rate among minors in 1998	Increase to all Territories
27-15. Increase the number of States and the District of Columbia that suspend or revoke State retail licenses for violations of laws prohibiting the sale of tobacco to minors.			Not applicable	34 States can suspend or revoke retail licenses for violation of minors' access laws in 1998	Increase to all States and the District of Columbia
27-16. Eliminate tobacco advertising and promotions that influence adolescents and young adults.			Not applicable	Developmental	Developmental
27-17. Increase adolescents' disapproval of smoking.					
27-17a. 8th grade			76% disapproved of smoking one or more packs of cigarettes daily in 1998	80% disapproved of smoking one or more packs of cigarettes daily in 1998	Increase to 95%
27-17b. 10th grade			81% disapproved of smoking one or more packs of cigarettes daily in 1998	75% disapproved of smoking one or more packs of cigarettes daily in 1998	Increase to 95%

Social and Environmental Changes (cont'd.)	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
27-17c. 12th grade			76% disapproved of smoking one or more packs of cigarettes daily in 1998	69% disapproved of smoking one or more packs of cigarettes daily in 1998	Increase to 95%
27-18. Increase the number of Tribes, Territories, and States and the District of Columbia with comprehensive, evidence-based tobacco control programs.			Not applicable	Developmental	Developmental
27-19. Eliminate laws that preempt stronger tobacco control laws.			Not applicable	30 States had preemptive tobacco control laws in the areas of clean indoor air, minors' access laws, or marketing in 1998	Reduce to 0 States
27-20. Reduce the toxicity of tobacco products by establishing a regulatory structure to monitor toxicity.			Not applicable	Developmental	Developmental
27-21. Increase the average Federal and State tax on tobacco products.					
27-21a. Cigarettes			Not applicable	$0.63 tax in 1998 **	Increase to $2
27-21b. Spit tobacco			Not applicable	$0.27 tax in 1999 †	Increase to $2

Notes:

- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- ** 24 cent Federal tax; 38.9 cent average State tax in 1998.
- † 2.7 cent Federal tax; 24 cent average State tax in 1999.

Source for National Data Printed in Table: Obj. 27-14: State Synar Enforcement Reporting, SAMHSA, CSAP; Obj. 27-15, 27-19, 27-21: STATE System, CDC, NCCDPHP, OSH; Obj. 27-17: Monitoring the Future Study (MTF), NIH, NIDA.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Focus Area 28: Vision and Hearing

Vision	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
28-1. Increase the proportion of persons who have a dilated eye examination at appropriate intervals.			Developmental	Developmental	Developmental
28-2. Increase the proportion of preschool children aged 5 years and under who receive vision screening.			Developmental	Developmental	Developmental
28-3. Reduce uncorrected visual impairment due to refractive errors.			Developmental	Developmental	Developmental
28-4. Reduce blindness and visual impairment in children and adolescents aged 17 years and under.			23/1,000 were blind or visually impaired in 1997	25/1,000 were blind or visually impaired in 1997	Reduce to 20/1,000
28-5. Reduce visual impairment due to diabetic retinopathy.			Developmental	Developmental	Developmental
28-6. Reduce visual impairment due to glaucoma.			Developmental	Developmental	Developmental
28-7. Reduce visual impairment due to cataract.			Developmental	Developmental	Developmental
28-8. Reduce occupational eye injury.			Developmental	Developmental	Developmental
28-9. Increase the use of appropriate personal protective eyewear in recreational activities and hazardous situations around the home.			Developmental	Developmental	Developmental
28-10. Increase the use of vision rehabilitation services and adaptive devices by people with visual impairments.			Developmental	Developmental	Developmental

Notes:

· ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.

Source for National Data Printed in Table: Obj. 28-4: National Health Interview Survey (NHIS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

Hearing	Community		National		Healthy People 2010 Goal ✯
	Hispanic	Overall	Hispanic	Overall	
28-11. Increase the proportion of newborns who are screened for hearing loss by age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services by age 6 months.			Developmental	Developmental	Developmental
28-12. Reduce otitis media in children and adolescents under age 18 years.			DSU	344.7/1,000 visits for otitis media in 1997	Reduce to 294/1,000
28-13. Increase access by persons who have hearing impairments to hearing rehabilitation services and adaptive devices, including hearing aids, cochlear implants, or tactile or other assistive or augmentative devices.			Developmental	Developmental	Developmental
28-14. Increase the proportion of persons who have had a hearing examination on schedule.			Developmental	Developmental	Developmental
28-15. Increase the number of persons who are referred by their primary care physician for hearing evaluation and treatment.			Developmental	Developmental	Developmental
28-16. Increase the use of appropriate ear protection devices, equipment, and practice.			Developmental	Developmental	Developmental
28-17. Reduce noise-induced hearing loss in children and adolescents under age 17 years.			Developmental	Developmental	Developmental
28-18. Reduce adult hearing loss in the noise-exposed public.			Developmental	Developmental	Developmental

Notes:
- ✯ = Healthy People 2010 Goals for Overall and Hispanic populations are the same unless noted.
- DSU = Data are statistically unreliable.

Source for National Data Printed in Table: Obj. 28-12: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.
Suggested State Data Collection Sources: Healthy People 2010 "Data2010" database (**http://wonder.cdc.gov/data2010/**)
Suggested Local Data Collection Source: Local Health Department (listings at **www.naccho.org/GENERAL8.cfm**).

SECTION FOUR: Community Leadership Health Care Priorities Survey

Background

One of the difficulties in assessing the health needs of Hispanic communities is that in many instances, data are not available to document major health concerns. One of the best sources of information is key leaders in the community who are familiar both with health concerns and with programs that are already providing services.

Purpose of this Questionnaire

This questionnaire should be used to collect information from community leaders regarding their views of the health concerns of Hispanics in your community.

Who Should Be Interviewed

Make a list of 15 to 20 key people in the community with whom you want to talk. We suggest that you focus on individuals who are most familiar with the health care system and who are knowledgeable about the Hispanic community. This would include people involved in direct care as well as those working in administration and health policy. The following list is provided to guide you in your selection of potential interviewees. We suggest you include 2-3 individuals from each category:

- city health administrators
- directors of health and social service agencies and organizations
- state health administrators; health policy analysts
- physicians; nurses; health education personnel and service providers
- legislators involved with the formulation of health care policy
- elected officials; city council members
- school officials
- community and church leaders

Preparing for the Interview

Before you actually interview anyone, *practice*. A friend, spouse, or colleague can play the role of the community leader. You can practice by asking the questions just as you would in your in-person interviews. Be sure to practice until you are comfortable with the information and procedures.

Special Note

For some of the questions, the person being interviewed is asked to select important health concerns from flash cards (which are included in Appendix H). Before each interview, be sure to have photocopies of the flash cards for the interviewee to make selections. If you are conducting the interview by telephone, send a copy ahead of time.

What To Do With this Information

Your organization should compile the results of all the interviews. For the multiple-choice questions, this can be done simply by using a blank questionnaire to write in the number of times a certain response is given to see which answers receive the most or least support. For the questions that require open-ended answers, you could summarize like responses from all the interviews in your own words. It would also be beneficial to choose specific quotes from individual interviews that express what a lot of people have expressed, are unique and enlightening, or are particularly well-worded, and then include them with your summary. You may also want to determine specifically which of the identified concerns differ among the various segments of the community leaders. For example, do physicians and nurses identify different issues than community leaders? This type of information can help each group better understand what the other sees as most important. Having your survey findings compiled in this way will allow you to present this valuable information to a wide range of groups and service providers in your community.

COMMUNITY LEADERSHIP HEALTH CARE PRIORITIES SURVEY

A. Background Questions

· Explain that you are working with a group in your community to assess the health needs of Hispanics. One part of the needs assessment is to talk with community leaders to get their opinions regarding important health concerns.

· Begin by requesting background information about the person you are to interview. Ask the person being interviewed to help you select the appropriate responses for this section.

Background of the Person Being Interviewed

1. Sex: (a) Female (b) Male

2. Race (Check one)
   (a) White, non-Hispanic
   (b) Black, non-Hispanic
   (c) Native American
   (d) Asian/Pacific Islander
   (e) Hispanic/Latino(a) (go to item 2a below)
   (f) African American
   (g) Other (specify): _____

2a. Ethnic Group (Check one)
   (a) Mexican American/Chicano
   (b) Cuban American
   (c) Puerto Rican
   (c) Central American (specify): _____
   (d) South American (specify): _____
   (e) Dominican
   (f) Mexican
   (g) Other (specify): _____

3. Age (Check one)

(a) under 18
(b) 18-24
(c) 25-44
(d) 45-64
(e) 65+

4. The person being interviewed is primarily a:

(a) City health official/administrator
(b) City/county elected official
(c) Clergy/church leader
(d) Health professional (specify): _____
(e) Law-enforcement official
(f) School administrator/educator
(g) Social services provider/health education personnel
(h) State health official/administrator
(i) Health policy analyst
(j) Director of health/social service organization
(k) Community leader (specify): _____
(l) Youth peer leader
(m) University official/professor
(n) Other (specify): _____

5. How many years has this person been active/involved in the community, or held his/her current position? _____

6. Provide a brief profile of the agency, position and responsibilities that the interviewee represents/holds:

B. Survey Questions (Read out loud items in bold print.)

1. **In your opinion, what are the major health concerns in our community?** _____
   (name of the community)

2. **What are the major health concerns among Hispanics here in our community?** _____
   (name of the community)

3. **Now, thinking of the major health concerns among Hispanics in our community, what do you think are the causes of these health problems?**

_____

_____

_____

_____

4. **We would like your opinion on how important the health conditions listed here are for Hispanics in our community.**
   (Please show flash card on page _____ to interviewee.)

   Which of these health conditions do you think are the most important for Hispanics in our community? You may select as many as five (5) conditions.

_____ (a) Alcohol/drug addiction	_____ (f) HIV/AIDS	_____ (k) Pneumonia/influenza
_____ (b) Cancer	_____ (g) Injuries/death from violence	_____ (l) Stroke
_____ (c) Depression/suicide	_____ (h) Liver disease	_____ (m) Other _____
_____ (d) Diabetes	_____ (i) Lung disease	
_____ (e) Heart disease	_____ (j) Perinatal conditions/infant mortality	

5. In your opinion, how could the health conditions listed for Hispanics be reduced or eliminated?

_____

_____

_____

_____

6. Which of these health factors do you think are the most important for Hispanics in our community? You may select as many as five (5): (Please show flash card on page _____ to interviewee.)

___ (a) Adolescent pregnancy
___ (b) Alcohol abuse
___ (c) Child abuse/neglect
___ (d) Cigarette smoking
___ (e) Crime
___ (f) Dental health
___ (g) Drug abuse
___ (h) Drunk driving
___ (i) Family violence
___ (j) Gangs
___ (k) Homicide
___ (l) Housing
___ (m) Immunizations
___ (n) Jobs
___ (o) Nutrition
___ (p) Occupational health/safety
___ (q) Pesticides
___ (r) Physical fitness/weight control
___ (s) Pollution
___ (t) Prenatal care
___ (u) Sexual abuse
___ (v) Sexually transmitted diseases
___ (w) Toxic waste
___ (x) Water quality
___ (y) Other

7. In your opinion, how could the health factors listed for Hispanics in our community be reduced or eliminated?

_____

_____

_____

_____

_____

8. What barriers to health care do you think are the most relevant to Hispanics in our community? You may select as many as five (5):
(Please show flash card on page _____ to interviewee.)

_____ (a) Access to medical services

_____ (b) Cost of health care

_____ (c) Lack of community outreach/ education

_____ (d) Lack of culturally and linguistically-appropriate materials

_____ (e) Lack of culturally and linguistically-appropriate systems of health care (health providers and/or health services)

_____ (f) Lack of data on Hispanics

_____ (g) Lack of employment

_____ (h) Lack of health insurance

_____ (i) Lack of political representation

_____ (j) Lack of preventative health care

_____ (k) Long wait for appointments

_____ (l) Other _____

9. In your opinion, how could these barriers be reduced or eliminated for Hispanics in our community?

_____

_____

_____

_____

10. Which existing health education/health promotion services are now effectively reaching Hispanics in our community?

_____

_____

_____

_____

11. How could the existing health promotion services be improved for Hispanics in our community?

_____

_____

_____

_____

12. What health education/health promotion services are most needed for Hispanics in our community?

_____

_____

_____

_____

13. We would like your opinion on which methods listed here are effective for purposes of health education/promotion services for Hispanics in our community. You may select as many as five (5): (Please show flash card on page ____ to interviewee.)

_____ (a) Beauty parlors

_____ (b) Billboards/public transportation posters

_____ (c) Church

_____ (d) Comic books

_____ (e) Community newspapers

_____ (f) Health fairs

_____ (g) News stories

_____ (h) One-on-one peer discussion/ word of mouth

_____ (i) Pamphlets/brochures

_____ (j) Peer health education classes

_____ (k) Presentations

_____ (l) Public service announcements

_____ (m) Radio

_____ (n) Schools

_____ (o) Television programs/ commercials

_____ (p) Testimonials

_____ (q) Trainings

_____ (r) Videos

_____ (s) Other _____

THANK YOU. You have been very helpful.

SECTION FIVE: Community Resident Health Care Opinion Survey (Spanish and English)

Background

In assessing the needs for services and programs, it is important to consider the views of the people who are using or will be using the services.

Purpose of this Questionnaire

This survey is designed to help you learn more about the views of Hispanic community residents regarding what they feel are the most important health concerns facing the community.

Who Should Be Interviewed

This form can be photocopied and handed out in locations were Hispanic community residents can be found. For example, the waiting room of a clinic, hospital, or doctor's office; or the reception/waiting are of a social services agency. We suggest you vary locations and include shopping malls, beauty salons, parks and subway/bus stops, for example. These locations and many others can be good places for people to complete the survey questionnaire and return it to a staff member. An effective method for selecting a sample (group of people under study) population is to ask every fifth person that enters the locations to participate in the survey. Please photocopy the compliance report and record information on both, respondents and non-respondents. It is important to have information about everyone who is asked to participate even if they decline to do so. Please administer the survey to 30 individuals in each setting and submit compliance reports for individuals who chose not to participate in the survey.

Note: We suggest you balance the surveys between male and female respondents (15 male and 15 female). Although we are not asking for ages of respondents we suggest you vary location so your sample is not biased to a particular age group. The questionnaire is to be read and answered by residents in your community without staff intervening. In case a resident is unable to read or write, we suggest a staff member read the questions out loud *verbatim* and not probe for answers. We suggest staff members administering the survey address confidentiality issues and reassure residents surveyed that their names are not needed. The last question of the survey provides an opportunity for referrals and informational brochures to be given to residents. A Spanish version of the survey is also included.

What To Do With this Information:

Your organization should compile the results of all the interviews. For the multiple-choice questions, this can be done simply by using a blank questionnaire to write in the number of times a certain response is given to see which answers receive the most or least support. For the questions that require open-ended answers, you could summarize like responses from all the interviews in your own words. It would also be beneficial to choose specific quotes from individual interviews that express what a lot of people have expressed, are unique and enlightening, or are particularly well-worded, and then include them with your summary. You may also want to determine specifically which of the identified concerns differ among the various segments of the community leaders. For example, do physicians and nurses identify different issues than community leaders? This type of information can help each group better understand what the other sees as most important. Having your survey findings compiled in this way will allow you to present this valuable information to a wide range of groups and service providers in your community.

COMPLIANCE REPORT FORM

Instructions: Please fill out this section for every person you ask to participate in the survey. Thank you!

Date: _____

Time: _____

Location: _____

Gender: Male _____ Female _____

Preferred Language: Spanish _____ English _____

Declined to participate in survey: _____

Notes:

_____

_____

_____

_____

_____

_____

_____

ENCUESTA DE OPINION DE LOS RESIDENTES DE LA COMUNIDAD

Necesitamos su ayuda para determinar cuáles son las necesidades que los hispanos de nuestra comunidad tienen en el área de la salud. Puede darnos un momento de su tiempo para responder a las siguientes preguntas? Su opinión es importante para nosotros. Muchas gracias.

1. En su opinion, cuáles son los mayores problemas de salud para los hispanos de nuestra comunidad?

_____

_____

_____

_____

2. De los siguientes, cuáles son los cinco mayores problemas de salud para los hispanos de nuestra comunidad? (Escoja cinco. Escriba el número "1" junto al problema que considera más importante y el número "5" junto al menos importante.)

_____ (a) Alcoholismo
_____ (b) Cáncer
_____ (c) Diabetes
_____ (d) Consumo de drogas
_____ (e) Afecciones cardíacas
_____ (f) VIH/SIDA
_____ (g) Homicidio
_____ (h) Heridas
_____ (i) Enfermedades hepáticas
_____ (j) Enfermedades pulmonares
_____ (k) Condiciones prenatales/mortalidad infantil
_____ (l) Pulmonía/influenza (gripe)
_____ (m) Ataque de hipertensión
_____ (n) Suicidio
_____ (o) Otra (especifique) _____

3. Cuando está enfermo(a), adónde se dirige para conseguir ayuda? (marque sus respuestas)

_____ (a) Libros/revistas
_____ (b) Consejero/terapeuta
_____ (c) Curandero/espiritista/santero
_____ (d) Doctor(a)
_____ (e) Familiar/amigo(a)/vecino(a)
_____ (f) Especialista en educación para la salud
_____ (g)
_____ (h) Enfermero(a)
_____ (i) Farmacéutico(a)
_____ (j) Agencia de servicios sociales
_____ (k) Televisión o radio
_____ (l) Otro (especifique) _____

4. Ha tenido alguna vez dificultad en obtener los servicios de salud que necesitaba?

_____sí _____no

Explique, por favor:_____

_____

_____

_____

5. Cuáles de los siguientes representan problemas para que usted pueda recibir los servicios de salud que necesita? (marque todas sus respuestas.)

_____ (a) Transportación
_____ (b) Alto costo de los servicios
_____ (c) Horario poco conveniente
_____ (d) Proveedor que no habla español

_____ (e) No estoy seguro(a) de los servicios que puedo usar.
_____ (f) No sé adónde ir por algo especial, como un problema ginecológico (femenino), de los dientes o (especifique el problema): _____
_____ (g) Prefiero atender mis problemas en mi casa.
_____ (h) No tengo seguro de salud.
_____ (i) No estoy seguro(a) de que los servicios servirán para mi problema.
_____ (j) Tengo que esperar mucho tiempo para conseguir una cita.
_____ (k) No me gustan los médicos.
_____ (l) Otra razón (especifique): _____

6. Cuánto tiempo ha pasado desde que le hicieron el último examen físico?

_____ (a) Menos de 6 meses
_____ (b) De 6 meses a 1 año
_____ (c) De 1 a 2 años
_____ (d) De 3 a 4 años
_____ (e) Mas de 4 años
_____ (f) Nunca me he hecho un examen físico completo (si respondió "nunca," pase a la pregunta 8)

6a. Quién le hizo su último examen físico?

_____ (a) Enfermero(a)
_____ (b) Doctor(a)
_____ (c) Curandero/espiritista/santero
_____ (d) Fisioterapeuta
_____ (e) Enfermero(a) con maestría
_____ (f) Acupuncturista
_____ (g) Otro _____

7. Antes de su último examen físico, cuánto tiempo había pasado desde el examen físico anterior a ése?

_____ (a) Menos de 6 meses
_____ (b) De 6 meses a 1 año
_____ (c) De 1 a 2 años
_____ (d) De 3 a 4 años
_____ (e) Mas de 4 años
_____ (f) Nunca me he hecho un examen físico completo (se respondió "nunca," pase a la pregunta 8)

7a. Quién le hizo este último examen físico?

_____ (a) Enfermero(a)
_____ (b) Doctor(a)
_____ (c) Curandero/espiritista/santero
_____ (d) Fisioterapeuta
_____ (e) Enfermero(a) con maestría
_____ (f) Acupuncturista
_____ (g) Otro _____

8. En su opinión, qué se puede hacer para alentar a los hispanos a utilizar los servicios de salud antes de que sus problemas lleguen a ser graves?

_____

_____

_____

_____

9. Sobre cuál de los siguientes problemas de salud le interesaría recibir más información? (Marque todos los que desee.)

___ (a) Embarazo de la adolescente
___ (b) Alcoholismo
___ (c) Asma
___ (d) Cáncer
___ (e)
___ (f) Consumo de cigarros
___ (g) Crimen
___ (h) Salud dental
___ (i) Depresión
___ (j) Diabetes
___ (j) Consumo de drogas
___ (k) Conducir embriagado
___ (l) Planificación familiar
___ (m) Violencia doméstica
___ (n) Primeros auxilios
___ (o) Bandas (gangs)
___ (p) Afecciones cardiacas
___ (q) Alta presión arterial
___ (r) VIH/SIDA
___ (s) Vivienda
___ (t) Vacunación
___ (u) Trabajos
___ (v) Salud mental
___ (w) Nutrición
___ (x) Salud y seguridad ocupacional
___ (y) Pesticidas
___ (z) Buen estado físico/control del peso
___ (aa) Contaminación
___ (bb) Cuidado prenatal
___ (cc) Abuso sexual
___ (dd) Enfermedades de transmisión sexual
___ (ee) Estrés
___ (ff) Desechos tóxicos
___ (gg) Contaminación del agua
___ (hh) Otra _____

MUCHAS GRACIAS. Su ayuda ha sido muy valiosa.

COMMUNITY RESIDENTS HEALTH CARE OPINION SURVEY

We need your help in determining the health needs of Hispanics in our community. Would you take a moment to answer the following questions? Your views are important to us. Thank you.

1. **In your opinion, what are the major health concerns among Hispanics in our community?**

_____

_____

_____

_____

2. Of the following, which are the five most important health conditions for Hispanics in our community? (Choose five, designating number "1" as being the most important, "2" as next important, etc.)

_____ (a) Alcohol/drug addiction
_____ (b) Cancer
_____ (c) Depression/suicide
_____ (d) Diabetes
_____ (e) Heart disease
_____ (f) HIV/AIDS
_____ (g) Injuries/death from violence
_____ (h) Liver disease
_____ (i) Lung disease
_____ (j) Perinatal conditions/infant mortality
_____ (k) Pneumonia/influenza
_____ (l) Stroke
_____ (m) Other _____

3. When you are sick, who/where do you go to for help? (Check all that apply.)

_____ (a) Books/magazines
_____ (b) Counselor
_____ (c) Curandero/espiritista/santero
_____ (d) Doctor
_____ (e) Family/friend/neighbor
_____ (f) Health education specialist
_____ (g) Hospital emergency room
_____ (h) Nurses
_____ (i) Pharmacist
_____ (j) Social service agency
_____ (k) Television or radio
_____ (l) Other (specify): _____

4. Have you ever had difficulty getting needed health services?

_____ yes _____no If yes, please explain:_____

_____

_____

_____

5. Which of the following are problems for you in getting needed health services? (Check all that apply.)

_____ Transportation
_____ Cost of services too high
_____ Hours not convenient
_____ Provider does not speak Spanish
_____ I am not sure what services are available to me
_____ I do not know where to go for a special concern, such as gynecology, dental care or (specify a special concern): _____
_____ I prefer to take care of my own problems at home
_____ I do not have health insurance
_____ I am not sure that the services will help my problem
_____ I wait too long for an appointment
_____ I do not like doctors
_____ Other reason (specify): _____

6. How long has it been since you last had a physical examination?

_____ (a) Less than 6 months
_____ (b) 6 months to 1 year
_____ (c) 1 to 2 years
_____ (d) 3 to 4 years
_____ (e) Over 4 years
_____ (f) Never (if so, go to question 8)

6a. If so, who did you go to for this physical examination?

_____ (a) Nurse
_____ (b) Doctor
_____ (c) Curandero
_____ (d) Physical therapist
_____ (e) Nurse practitioner
_____ (f) Acupuncturist
_____ (g) Other (specify): _____

7. Prior to your last physical examination, how long had it been since you had a physical examination?

_____ (a) Less than 6 months
_____ (b) 6 months to 1 year
_____ (c) 1 to 2 years
_____ (d) 3 to 4 years
_____ (e) Over 4 years
_____ (f) Never (if so, go to question 8)

7a. If so, who did you go to for this physical examination?

_____ (a) Nurse practitioner
_____ (b) Doctor
_____ (c) Curandero/espiritista/santero
_____ (d) Physical therapist
_____ (e) Nurse
_____ (f) Acupuncturist
_____ (g) Other (specify): _____

8. In your opinion, what can be done to ensure Hispanics seek medical services before problems become serious?

_____

_____

_____

_____

9. Which of the following subjects would you be interested in obtaining more information? (Check as many as you want.)

___ (a) Adolescent pregnancy
___ (b) Alcohol abuse
___ (c) Asthma
___ (d) Cancer
___ (e) Child abuse/neglect
___ (f) Cigarette smoking
___ (g) Crime
___ (h) Dental health
___ (i) Depression
___ (j) Diabetes
___ (k) Drug abuse
___ (l) Drunk driving
___ (m) Family planning
___ (n) Family violence
___ (o) First aid
___ (p) Gangs
___ (q) Heart disease
___ (r) High blood pressure
___ (s) HIV/AIDS
___ (t) Housing
___ (u) Immunizations
___ (v) Jobs
___ (w) Mental health
___ (x) Nutrition
___ (y) Occupational health/safety
___ (z) Pesticides
___ (aa) Physical fitness/weight control
___ (bb) Pollution
___ (cc) Prenatal care
___ (dd) Sexual abuse
___ (ee) Sexually transmitted diseases
___ (ff) Stress
___ (gg) Toxic waste
___ (hh) Water quality
___ (ii) Other _____

THANK YOU. You have been very helpful.

HHNA APPENDICES

APPENDIX A: Sample Information Request Letter

In order to complete the HHNA it is best to ask for all information in writing. This will allow you to track all of your requests for data. Please refer to the "resources" section of the HHNA for data source. When requesting data remember to send all the relevant charts that need to be completed and be sure to include your name, address, and work telephone number. It will also be important to follow up your written request with a telephone call to determine who will be responsible for filling out the request and to work out a timeline for collecting the data.

The following is a sample form letter for your use in requesting data:

[Date]

[Name, title]
[Organization]
[Address]

Dear [salutation]:

[Name of your organization], in collaboration with the National Alliance for Hispanic Health, is conducting the Hispanic Health Needs Assessment (HHNA). The needs assessment will document the health status and determine health priorities of the [name of community]. [Name of your organization] would like the assistance of your agency in helping gather the data for this important national effort. Your agency will play a key role in our efforts to collect some very important health data on Hispanics in our community.

The specific information we are requesting is detailed in the attached tables. We would appreciate it if you could designate a person in your office to assist [name of your organization] in gathering the requested data. We will follow up with a telephone call in one week to discuss this request and determine a realistic timeline for putting together the data needed. In the meantime, if you have any questions please feel free to call us at [telephone number]. We look forward to hearing from you and thank you for your help.

Sincerely,

[Name]

APPENDIX B: State and Territorial Health Departments

ALABAMA
Alabama Department of Public Health
RSA Tower, Suite 1552
201 Monroe Street
Montgomery, AL 36130-3017
Voice: 334-206-5200
Fax: 334-206-2008

ALASKA
Medicaid Services Unit
Public Health Division
Alaska Department of Health and Social Services
Alaska Office Building
Juneau, AK 99811-0610
Voice: 907-465-2845
Fax: 907-465-2898

AMERICAN SAMOA
Division of Preventive and Environmental Health
American Samoa Dept. of Medical Services
LBJ Topical Medical Center
Pago Pago, AS 96799
Voice: 011-684-633-4606
Fax: 011-684-633-1869

ARIZONA
Arizona Department of Health Services
1740 West Adams Street, Room 410
Phoenix, AZ 85007
Voice: 602-542-1269
Fax: 602-572-1289

ARKANSAS
Office of Public Health Development
Bureau of Public Health Programs
Arkansas Department of Health, Slot #55
4815 West Markham Street
Little Rock, AR 72205-3667
Voice: 501-661-2238
Fax: 501-661-2414

CALIFORNIA
Center for Health Statistics
Department of Health Services
304 S Street, 3rd Floor
Sacramento, CA 95814
Voice: 916-445-6338
Fax: 916-324-5599

COLORADO
Colorado Department of Health
Office of Health
4300 Cherry Creek Drive South OH-05
Denver, CO 80222-1530
Voice: 303-692-2015
Fax: 303-782-0095

CONNECTICUT
Office of Health Policy, Planning and Evaluation
Connecticut Department of Public Health
410 Capitol Avenue, MS #13PPE
Hartford, CT 06134-0308
Voice: 860-509-7139
Fax: 860-509-7160

DELAWARE
Division of Public Health
Delaware Dept. of Health and Social Svcs.
Post Office Box 637
Dover, DE 19903-0637
Voice: 302-739-3034
Fax: 302-739-3008

DISTRICT OF COLUMBIA
State Health Planning and Development Agency
District of Columbia Department of Health
800 9th Street, S.W., 3rd Floor
Washington, DC 20024
Voice: 202-645-5525
Fax: 202-645-4112

FEDERAL STATES OF MICRONESIA
Government of the Federal States of Micronesia
Post Office Box PS70
Pohnpei, FM 96941
Voice: 011-691-320-2619
Fax: 011-690-320-5263

FLORIDA
Florida Department of Health
Building 6, Room 206E
1317 Winewood Boulevard
Tallahassee, FL 32301
Voice: 850-414-8113
Fax: 850-921-1898

GEORGIA
Division of Public Health
Georgia Department of Human Resources
2 Peachtree Street, N.W., Suite 7-300
Atlanta, GA 30303
Voice: 404-657-2700
Fax: 404-657-6709

GUAM
Guam Department of Public Health and Social Services
Post Office Box 2816
Agana, GU 96910
Voice: 011-671-735-7102
Fax: 011-671-734-5910

HAWAII
Healthy Hawaii 2000
Hawaii Department of Health
1250 Punchbowl Street, Room 227
Honolulu, HI 96801
Voice: 808-586-4408
Fax: 808-586-4444

IDAHO
Division of Health
Idaho Department of Health and Welfare
450 West State Street, Box 83720
Boise, ID 83702-0036
Voice: 208-334-5945
Fax: 208-334-6581

ILLINOIS
Illinois Department of Public Health
535 West Jefferson Street
Springfield, IL 62761
Voice: 217-782-4977
Fax: 217-782-3987

INDIANA
Local Liaison Office
Indiana State Department of Health
2 North Meridian Street, Section 8B
Indianapolis, IN 46206
Voice: 317-233-7679
Fax: 317-233-7847

IOWA
Division of Substance Abuse Prevention and Health Promotion
Iowa Department of Health
Lucas State Office Building, 3rd Floor
Des Moines, IA 50319-0075
Voice: 515-281-4348
Fax: 515-281-4535

KANSAS
Bureau of Health Promotion
Kansas Department of Health and Env.
900 Southwest Jackson, 901N
Topeka, KS 66612-1290
Voice: 785-296-6752
Fax: 785-296-8059

KENTUCKY
Medical Epidemiologist
Kentucky Department for Public Health
275 East Main Street, MS HS2C-B75
Frankfort, KY 40621-0001
Voice: 502-564-3418
Fax: 502-564-0542

LOUISIANA
Louisiana Office of Public Health
Post Office Box 3214
Baton Rouge, LA 70821
Voice: 225-342-8095
Fax: 225-342-8098

MAINE
Division of Health Promotion and Education
Maine Human Services Department
11 State House Station
151 Capitol Street
Augusta, ME 04333
Voice: 207-287-5180
Fax: 207-287-4631

MARIANA ISLANDS
Mariana Islands Department of Public Health
Post Office Box 409, CK
Saipan, MP 96950
Voice: 011-670-234-8950
Fax: 011-670-234-8930

MARYLAND
Office of Health Policy
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 546
Baltimore, MD 21201
Voice: 410-767-5045
Fax: 410-333-7703

MASSACHUSETTS
Division of Prevention
Bureau of Family and Community Health
Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108
Voice: 617-624-5483
Fax: 617-624-6062

MICHIGAN
Program Policy, Community Assessment and Health
Facilities Division
Michigan Department of Community Health
320 South Walnut
Lansing, MI 48913
Voice: 517-241-3184
Fax: 517-241-1200

MINNESOTA
Division of Community Health Services
Minnesota Department of Health
Post Office Box 64975
St. Paul, MN 55164
Voice: 651-296-8209
Fax: 651-296-9362

MISSISSIPPI
Primary Healthy People Contact
Policy and Planning
Mississippi State Department of Health
2423 North State Street
Jackson, MS 39215-1700
Voice: 601-576-7951
Fax: 601-576-7931
Fax: 785-296-8059

MISSOURI
Missouri Department of Health
Post Office Box 570
Jefferson City, MO 65102
Voice: 573-751-6418
Fax: 573-526-6049

MONTANA
Community Health Development Section
Montana Department of Public Health and Human Services
Cogswell Building, 1400 Broadway
Post Office Box 202951
Helena, MT 59620
Voice: 406-444-1437
Fax: 406-444-1861

NEBRASKA
Division of Strategic and Financial Planning
Nebraska Department of Health and Human Services
Post Office Box 95026
Lincoln, NE 68509
Voice: 402-471-2337
Fax: 402-471-0180

NEVADA
Nevada Health and Human Resources Department
505 East King Street, Room 201
Carson City, NV 89701-4797
Voice: 775-684-4200
Fax: 775-684-3859

NEW HAMPSHIRE
Disease Prevention and Health Promotion
Office of Community and Public Health
New Hampshire DHHS
6 Hazen Drive
Concord, NH 03301
Voice: 603-271-4549
Fax: 603-271-4160

NEW JERSEY
Healthy People 2010
New Jersey Department of Health and Senior Services
CN360, 8th Floor
Trenton, NJ 08625
Voice: 609-292-5904
Fax: 609-984-5474

NEW MEXICO
Public Health Division
New Mexico Department of Health
1190 St. Francis Drive
Santa Fe, NM 87502-6110
Voice: 505-827-2331
Fax: 505-827-2329

NEW YORK
Division of Family and Local Health
New York State Department of Health
Empire State Plaza, Room 890, Corning Tower
Albany, NY 12237
Voice: 518-473-7922
Fax: 518-473-2015

NORTH CAROLINA
Office of Healthy Carolinians
Division of Public Health
North Carolina DHHS
1330 St. Mary's Street, Suite G1-103
Raleigh, NC 27626-0605
Voice: 919-715-0416
Fax: 919-715-3144

NORTH DAKOTA
Preventive Health Section
North Dakota Department of Health
600 East Boulevard Avenue
Bismarck, ND 58505-0200
Voice: 701-328-2493
Fax: 701-328-1412

OHIO
Division of Prevention
Ohio Department of Health
246 North High Street, 8th Floor
Columbus, OH 43215-0118
Voice: 614-466-0302
Fax: 614-644-7740
Fax: 614-564-2412

OKLAHOMA
Health Promotion and Policy Analysis
Oklahoma State Department of Health
1000 Northeast 10th Street
Oklahoma City, OK 73117-1299
Voice: 405-271-5601
Fax: 405-271-2865

OREGON
Healthy People 2000 Contact
Health Statistics
Oregon Health Division
800 Northeast Oregon Street, Suite 225
Portland, OR 97232-2109
Voice: 503-731-4124
Fax: 503-731-4084

PENNSYLVANIA
Pennsylvania Department of Health
Post Office Box 90
Harrisburg, PA 17108
Voice: 717-787-6436
Fax: 717-772-6959

PUERTO RICO
Puerto Rico Department of Health
Commonwealth of Puerto Rico
Building A
San Juan, PR 00936-0184
Voice: 787-274-5500
Fax: 787-274-5523

RHODE ISLAND
Rhode Island Department of Health
3 Capitol Hill
Providence, RI 02908
Voice: 401-222-2231
Fax: 401-222-6548

SOUTH CAROLINA
Office of Planning
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201
Voice: 803-898-3316
Fax: 803-898-3335

SOUTH DAKOTA
South Dakota Department of Health
600 East Capitol Avenue
Pierre, SD 57501-2536
Voice: 605-773-3361
Fax: 605-773-5683

TENNESSEE
Tennessee Department of Health
3rd Floor, Cordell Hill Building
426 Fifth Avenue North
Nashville, TN 37247-0101
Voice: 615-741-3111
Fax: 615-741-2491

TEXAS
Public Health Promotion
Texas Department of Health
1100 West 49th Street
Austin, TX 78756-3199
Voice: 512-458-7405 x6556
Fax: 512-458-7476

UTAH
Bureau of Surveillance and Analysis
Utah Department of Public Health
288 North 1460 West
Post Office Box 142101
Salt Lake City, UT 84114-2101
Voice: 801-538-6108
Fax: 801-538-7053

VERMONT
Division of Health Surveillance
Vermont Department of Health
108 Cherry Street
Post Office Box 70
Burlington, VT 05402-0070
Voice: 802-863-7246
Fax: 802-865-7701

VIRGINIA
Healthy People 2000 Contact
Virginia Department of Health
Post Office Box 2448, Room 227
Richmond, VA 23218
Voice: 804-371-2909
Fax: 804-371-0116

VIRGIN ISLANDS
Virgin Islands Department of Health Services
Governor's Office
21-22 Kongens Gade
St. Thomas, VI 00802
Voice: 809-776-8311
Fax: 809-776-0610

WASHINGTON
Epidemiology, Health Statistics and Public Health Laboratories
Post Office Box 47811
Olympia, WA 98504-7811
Voice: 360-705-6040
Fax: 360-705-6043

WEST VIRGINIA
Division of Health Promotion
Public Health Bureau
West Virginia Health & Human Resources
Department
1411 Virginia Street, East
Charleston, WV 25301-3013
Voice: 304-558-0644
Fax: 304-558-2183

WISCONSIN
Division of Public Health
Wisconsin Health and Family Services Dept.
1 West Wilson Street, Room 218
Madison, WI 53701-2659
Voice: 608-267-7828
Fax: 608-267-2832

WYOMING
Wyoming Department of Health, Public Health
Hathaway Building, Room 479
2300 Capitol Avenue
Cheyenne, WY 82002
Voice: 307-777-6004
Fax: 307-777-3617

APPENDIX C: State Census Data Center Contacts

ALABAMA
Center for Business and Economic Research
University of Alabama
Box 870221
Tuscaloosa, AL 35487-0221
Voice: 205-348-6191
Fax: 205-348-2951

ALASKA
Census & Geographic Information Network
Research & Analysis
Alaska Department of Labor
P.O. Box 25504
Juneau, AK 99802-5504
Voice: 907-465-2437
Fax: 907-465-4506

ARIZONA
Arizona Department of Economic Security
DES 045Z
First Floor, Northeast Wing
1789 West Jefferson St.
Phoenix, AZ 85007
Voice: 602-542-5984
Fax: 602-542-7425

ARKANSAS
State Data Center
University of Arkansas-Little Rock
2801 South University
Little Rock, AR 72204
Voice: 501-569-8530
Fax: 501-569-8538

CALIFORNIA
State Census Data Center
Department of Finance
915 L Street, 8th Floor
Sacramento, CA 95814-3706
Voice: 916-323-4086
Fax: 916-327-0222

COLORADO
Division of Local Government
Colorado Department of Local Affairs
1313 Sherman Street, Room 521
Denver, CO 80203
Voice: 303-866-2156
Fax: 303-866-4819

CONNECTICUT
Office of Policy and Management
Policy Development and Planning Division
450 Capitol Avenue -- MS#52ASP
Hartford, CT 06106-1308
Voice: 860-418-6230
Fax: 860-418-6495

DELAWARE
Delaware Economic Development Office
99 Kings Highway
P.O. Box 1401
Dover, DE 19901
Voice: 302-739-4271
Fax: 302-739-2027

DISTRICT OF COLUMBIA
Data Services Division
Mayor's Office of Planning
801 N. Capital Street N.E., Suite 500
Washington, DC 20002
Voice: 202-442-7603
Fax: 202-442-7637

FLORIDA
Florida Department of Labor and Employment Security
Bureau of Labor Market Information
Hartman Building, Suite 200
2012 Capital Circle, South East
Tallahassee, FL 32399-2151
Voice: 850-488-1048
Fax: 850-488-2558

GEORGIA
State Data and Research Center
GCATT Building, Rm. 120
250 14th Street, NW
Atlanta, GA 30318-0490
Voice: 404-894-6698
Fax: 404-894-9372

HAWAII
Hawaii State Data Center
Department of Business, Economic Development, & Tourism
250 South Hotel Street, 4th Floor
Honolulu, HI 96813
Voice: 808-586-2493
Fax: 808-586-8449

IDAHO
Idaho Department of Commerce
700 West State Street
Boise, ID 83720
Voice: 208-334-2470
Fax: 208-334-2631

ILLINOIS
Illinois Department of Commerce and Community Affairs
Division of Program and Policy Development
620 East Adams Street
Springfield, IL 62701
Voice: 217-782-1381
Fax: 217-524-3701

INDIANA
Indiana State Library
Indiana State Data Center
140 North Senate Avenue
Indianapolis, IN 46204
Voice: 317-232-3733
Fax: 317-232-3728

IOWA
State Library of Iowa
1112 E. Grand
Des Moines, IA 50319-0232
Voice: 515-281-4350
Fax: 515-281-3384

KANSAS
State Library
Room 343-N
State Capitol Building
Topeka, KS 66612
Voice: 913-296-3296
Fax: 913-296-6650

KENTUCKY
Urban Studies Institute
College of Business & Public Administration
University of Louisville
Louisville, KY 40292
Voice: 502-852-7990
Fax: 502-852-7386

LOUISIANA
Louisiana State Census Data Center
Office of the DataBase Commission (ODBC)
P.O. Box 94095
Baton Rouge, LA 70804
Voice: 225-219-4025
Fax: 225-219-4027

MAINE
Census Information Officer
Maine State Planning Office
38 State House Station
Augusta, ME 04333-0038
Voice: 207-287-2989
Fax: 207-287-6489

MARYLAND
Maryland Department of Planning
301 West Preston Street
Baltimore, MD 21201
Voice: 410-767-4450
Fax: 410-767-4480

MASSACHUSETTS
Massachusetts Institute for Social and Economic Research
128 Thompson Hall
University of Massachusetts
Amherst, MA 01003
Voice: 413-545-3460
Fax: 413-545-3686

MICHIGAN
Michigan Information Center
Department of Management and Budget
Demographic Research and Statistics
George W. Romney Building
111 S. Capital, 10th Floor
Lansing, MI 48913
Voice: 517-373-7910
Fax: 517-373-2939

MINNESOTA
State Demographer's Office
Minnesota Planning
300 Centennial Office Building
658 Cedar Street
St. Paul, MN 55155
Voice: 651-296-2557
Fax: 651-296-3584

MISSISSIPPI
Center for Population Studies
The University of Mississippi
Bondurant Bldg., Room 3W
University, MS 38677
Voice: 601-232-7288
Fax: 601-232-7736

MISSOURI
Missouri State Census Data Center
Missouri State Library
600 W. Main Street
P.O. Box 387
Jefferson City, MO 65102
Voice: 573-526-7648
Fax: 573-751-3612

MONTANA
Census and Economic Information Center
Montana Department of Commerce
P.O. Box 200505
1424 9th Avenue
Helena, MT 59601
Voice: 406-444-4393
Fax: 406-444-1518

NEBRASKA
Center for Public Affairs Research
Nebraska State Data Center
University of Nebraska at Omaha
Peter Kiewit Conference Center, #232
Omaha, NE 68182-0001
Voice: 402-554-2134
Fax: 402-595-2366

NEVADA
Nevada State Data Center
Nevada State Library and Archives
100 N. Stewart Street
Carson City, NV 89710
Voice: 775-684-3326
Fax: 775-684-3330

NEW HAMPSHIRE
Office of State Planning
2 1/2 Beacon Street
Concord, NH 03301-4497
Voice: 603-271-2155
Fax: 603-271-1728

NEW JERSEY
New Jersey State Data Center
Division of Labor Market and Demographic Research
New Jersey Department of Labor, CN 388
Trenton, NJ 08625-0388
Voice: 609-984-2595
Fax: 609-984-6833

NEW MEXICO
Bureau of Business and Economic Research
University of New Mexico
1920 Lomas NE
Albuquerque, NM 87131-6021
Voice: 505-277-6626
Fax: 505-277-2773

NEW YORK
New York State Data Center
Empire State Development
30 S. Pearl Street
Albany, NY 12245
Voice: 518-292-5300
Fax: 518-292-5806

NORTH CAROLINA
North Carolina Office of State Planning
20321 Mail Service Center
Raleigh, NC 27699-0321
Contact State Library of NC Information Desk:
Voice: 919-733-3270
Fax: 919-733-5679
Web Site: www.ospl.state.nc.us/sdn/

NORTH DAKOTA
North Dakota State Data Center
North Dakota State University
IACC 424
P.O. Box 5636
Fargo, ND 58105
Voice: 701-231-8621
Fax: 701-231-9730

OHIO
Office of Strategic Research
Ohio Department of Development
77 High Street, 27th Floor
Columbus, OH 43215
Voice: 614-466-2115
Fax: 614-466-9697

OKLAHOMA
Oklahoma State Data Center
Oklahoma Department of Commerce
P.O. Box 26980
Oklahoma City, OK 73126-0980
Voice: 405-815-5184
Fax: 405-815-5163

OREGON
Center for Population Research and Census
School of Urban and Public Affairs
Portland State University
P.O. Box 751
Portland, OR 97207-0751
Voice: 503-725-5159
Fax: 503-725-5162

PENNSYLVANIA
Pennsylvania State Data Center
Institute of State and Regional Affairs
Penn State Harrisburg
777 West Harrisburg Pike
Middletown, PA 17057-4898
Voice: 717-948-6336
Fax: 717-948-6754

PUERTO RICO
Junta de Planificación
Oficina del Censo
Centro Gubernamental Minillas
P.O. Box 41119, Estación Minillas
San Juan, PR 00940-1119
Voice: 787-723-6200 x2502
Fax: 787-268-0506

RHODE ISLAND
Rhode Island Department of Administration
Statewide Planning Program
One Capitol Hill
Providence, RI 02908-5872
Voice: 401-222-6183
Fax: 401-222-2083

SOUTH CAROLINA
Office of Research and Statistical Services
South Carolina Budget and Control Board
Rembert Dennis Bldg., Room 425
Columbia, SC 29201
Voice: 803-734-3780
Fax: 803-734-3619

SOUTH DAKOTA
Business Research Bureau
School of Business
University of South Dakota
414 E. Clark Street
Vermillion, SD 57069
Voice: 605-677-5287
Fax: 605-677-5427

TENNESSEE
University of Tennessee-Knoxville
Center for Business and Economic Research
100 Glocker Business Building
Knoxville, TN 37996-4170
Voice: 423-974-6080
Fax: 423-974-3100

TEXAS
Department of Rural Sociology
Texas A & M University System
Special Services building
College Station, TX 77843-2125
Voice: 409-845-5115
Fax: 409-845-8529

UTAH
Office of Planning & Budget
State Capitol, Room 116
Salt Lake City, UT 84114
Voice: 801-537-9013
Fax: 801-538-1547

VERMONT
Center for Rural Studies
207 Morrill Hall - UVM
Burlington, VT 05405
Voice: 802-656-3021
Fax: 802-656-4975

VIRGINIA
Virginia Employment Commission
703 East Main Street
Richmond, VA 23219
Voice: 804-786-8026
Fax: 804-786-7844

WASHINGTON
Forecasting Division
Office of Financial Management
450 Insurance Bldg., Box 43113
Olympia, WA 98504-3113
Voice: 360-902-0599
Fax: 360-664-8941

WEST VIRGINIA
West Virginia Development Office
Research and Strategic Planning Division
Building 6, Room 553
Charleston, WV 25305
Voice: 304-558-4010
Fax: 304-558-3248

WISCONSIN
Department of Administration
Demographic Services Center
101 E. Wilson Street, 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Voice: 608-266-1927
Fax: 608-267-6931

WYOMING
Department of Administration and Information
Economic Analysis Division
Emerson Building 327E
Cheyenne, WY 82002-0060
Voice: 307-777-7504
Fax: 307-777-5852

APPENDIX D: Environmental Protection Agency Regional Offices

Region 1
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

US EPA Region 1
John F. Kennedy Federal Building
1 Congress Street
Boston, MA 02114
(888) 372-7341

Region 2
New Jersey, New York, Puerto Rico, Virgin Islands

US EPA Region 2
290 Broadway
New York, NY 10007
(212) 637-3000

Region 3
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

US EPA Region 3
1650 Arch Street
Philadelphia, PA 19103-2029
(215) 814-2360

Region 4
Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

US EPA Region 4
Atlanta Federal Center
61 Forsyth Street, SW
Atlanta, GA 30303-3104
(800) 241-1745
(404) 562-9900

Region 5
Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

US EPA Region 5
77 West Jackson Blvd.
Chicago, IL 60604
(800) 621-8431
(312) 353-2000

Region 6
Arkansas, Louisiana, New Mexico, Oklahoma, Texas

US EPA Region 6
1445 Ross Avenue, Suite 1200
Dallas, TX 75202
(214) 655-2200

Region 7
Iowa, Kansas, Missouri, Nebraska

US EPA Region 7
901 N. 5th Street
Kansas City, KS 66101
(800) 223-0425
(913) 551-7003

Region 8
Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

US EPA Region 8
999 18th Street, Suite 500
Denver, CO 80202-2466
(800) 227-8917
(303) 312-6312

Region 9
Arizona, California, Hawaii, Nevada, American Samoa, Guam

US EPA Region 9
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-1500

Region 10
Alaska, Idaho, Oregon, Washington

US EPA Region 10
1200 Sixth Avenue
Seattle, WA 98101
(800) 424-4372
(206) 553-1200

APPENDIX E: Federal Health Information Centers and Clearinghouses

National AGING Information Center U.S. Administration on Aging 330 Independence Avenue SW., Room 4656 Washington, DC 20201 (202)619–7501 naic@aoa.gov (E-mail) http://www.aoa.gov/naic Serves as a central source for a wide variety of program and policy-related materials, demographic, and other statistical data on health, economic, and social status of older Americans. Responds to any public inquiry about Federal programs and policies for the elderly, especially those supported under the Older American Act. Maintains a 3,500 bibliographic database of research and demonstration reports and documents, and distributes fact sheets on aging topics for caregivers and older adults.	**National Institute on AGING Information Center** P.O. Box 8057 Gaithersburg, MD 20898–8057 (800)222–2225 (Voice/TTY) (301)587–2528 niainfo@access.digex.net (E-mail) http://www.nih.gov/nia/ Provides publications on health topics of interest to older adults, doctors, nurses, social activities directors, health educators and the public.	**CDC National Prevention Information Network (NPIN) (HIV/AIDS, STDs, TB)** P.O. Box 6003, Rockville, MD 20849–6003 (800)458–5231 info@cdcnac.org (E-mail) http://www.cdcnpin.org Develops, identifies, and collects information on the prevention, treatment, and control of HIV/AIDS, STDs, and TB. Provides information to healthcare providers and consumers. Provides reference and referrals to public and private resources, offers access to online databases, and distributes publications.
National Clearinghouse for ALCOHOL and DRUG Information P.O. Box 2345, Rockville, MD 20847–2345 (800)729–6686, (301)468–2600 info@health.org (E-mail) http://www.health.org Gathers and disseminates information on alcohol and other drug-related subjects, including tobacco. Distributes publications. Services include subject searches and provision of statistics and other information. Maintains a library open to the public.	**National Institute of ALLERGY and INFECTIOUS DISEASES** Office of Communications, 31 Center Drive MSC 2520 Bethesda, MD 20892 (301)496–5717 niaidoc@flash.niaid.nih.gov (E-mail) http://www.niaid.nih.gov/ Distributes publications to the public and to doctors, nurses, and researchers.	**National Center for Complementary and ALTERNATIVE MEDICINE (NCCAM) Clearinghouse** P.O. Box 8218 Silver Spring, Maryland 20907-8218 (888)644-6226 (Voice - Toll-free) http://nccam.nih.gov Develops and disseminates fact sheets, information packages, and publications to enhance public understanding about complementary and alternative medicine research supported by the NIH. Information Specialists can answer inquiries in English or Spanish.
ALZHEIMER'S DISEASE Education and Referral Center P.O. Box 8250 Silver Spring, MD 20907–8250 (800)438–4380 (301)495–3311 adear@alzheimers.org (E-mail) http://www.alzheimers.org Sponsored by the National Institute on Aging. Provides information and publications on Alzheimer's disease to health and service professionals, patients and their families, caregivers, and the public.	**National ARTHRITIS and Musculoskeletal and Skin Diseases Information Clearinghouse** 1 AMS Circle, Bethesda, MD 20892–3675 (301)495–4484 http://www.nih.gov/niams/ Designed to help patients and health professionals identify educational materials concerning arthritis and musculoskeletal and skin diseases.	**CANCER Information Service** Office of Cancer Communications National Cancer Institute, 31 Center Drive MSC 2580 Building 31, Room 10A07, Bethesda, MD 20892-2580 (800)4–CANCER cancernet@icicb.nci.nih.gov (E-mail) http://cis.nci.nih.gov Provides information about cancer and cancer-related resources to patients, the public, and health professionals. Spanish-speaking staff members are available. Distributes free publications from the National Cancer Institute.

National Clearinghouse on CHILD ABUSE and Neglect Information 330 C Street, SW, Washington, DC 20447 (800)FYI–3366 nccanch@calib.com (E-mail) http://www.calib.com/nccanch Serves as a national resource for the acquisition and dissemination of child abuse and neglect materials and distributes a free publications catalog upon request. Maintains bibliographic databases of documents, audiovisuals, and national organizations. Services include searches of databases and annotated bibliographies on frequently requested topics.	**CONSUMER INFORMATION Center** Pueblo, CO 81009 (719)948–4000 catalog.pueblo@gsa.gov (E-mail) http://www.pueblo.gsa.gov/ Distributes Federal agency publications. Publishes quarterly catalog of Federal publications of consumer interest.	**National Institute on DEAFNESS and Other Communication Disorders Information Clearinghouse** 1 Communication Avenue Bethesda, MD 20892–3456 (800)241–1044 nidcdinfo@nidcd.nih.gov (E-mail) http://www.nih.gov/nidcd Collects and disseminates information on hearing, balance, smell, taste, voice, speech, and language for health professionals, patients, people in industry, and the public. Maintains a database of references to brochures, books, articles, fact sheets, organizations, and educational materials. Develops publications, including directories, fact sheets, brochures, information packets, and newsletters.
National DIABETES Information Clearinghouse 1 Information Way, Bethesda, MD 20892–3560 (301)654–3327 NDIC@info.niddk.nih.gov (E-mail) http://www.niddk.nih.gov/health/diabetes/ndic.htm The clearinghouse responds to written inquiries, develops and distributes publications about diabetes, and provides referrals to diabetes organizations, including support groups.	**National DIGESTIVE DISEASES Information Clearinghouse** 2 Information Way, Bethesda, MD 20892–3570 (301)654–3810 NDIC@info.nddic.nih.gov (E-mail) http://www.niddk.nih.gov/health/digest/nddic.htm A central information resource on the prevention and management of digestive diseases, the clearinghouse responds to written inquiries, develops and distributes publications about digestive diseases, and provides referrals to digestive disease organizations, including support groups.	**National Information Center for Children and Youth with DISABILITIES** P.O. Box 1492 Washington, DC 20013–1492 (800)695–0285 (Voice/TT) (202)884–8200 (Voice/TT) nichcy@aed.org (E-mail) http://www.nichcy.org Sponsored by the U.S. Department of Education. Assists individuals by providing information on disabilities and disability-related issues, with a special focus on children and youth with disabilities (birth to age 22). Services include responses to questions, referrals, and technical assistance to parents, educators, caregivers, and advocates. Develops and distributes fact sheets on disability and general information on parent support groups and public advocacy.
National Center for Chronic DISEASE PREVENTION and Health Promotion (NCCDPHP) Technical Information and Editorial Services Branch Centers for Disease Controland Prevention 4770 Buford Highway, MS K13 Atlanta, GA 30341–3724 (770)488–5080 http://www.cdc.gov/nccdphp/nccdhome.htm Provides information and referrals to the public and to professionals. Gathers information on chronic disease prevention and health promotion. Develops the following bibliographic databases focusing on health promotion program information: Health Promotion and Education, Cancer Prevention and Control, Comprehensive School Health with an AIDS school health component, Prenatal Smoking Cessation, and Epilepsy Education and Prevention Activities. Produces bibliographies on topics of interest in chronic disease prevention and health promotion.	**U.S. ENVIRONMENTAL PROTECTION Agency Public Information Center** 401 M Street S.W., M2904 Washington, DC 20460 (202)260–5922 library-hq@epamail.epa.gov (E-mail) http://www.epa.gov Offers general information about the agency and nontechnical publications on various environmental topics, such as air quality, pesticides, radon, indoor air, drinking water, water quality, and Superfund.	**National Clearinghouse on FAMILIES and YOUTH** P.O. Box 13505 Silver Spring, MD 20911 (301)608-8098 (301)608-8721 (Fax) info@ncfy.com (E-mail) http://www.ncfy.com Links those interested in youth issues with the resources they need to better serve young people, families, and communities. Offers services that can assist in locating answers to questions or in making valuable contacts with other programs.

FOOD AND DRUG Administration Office of Consumer Affairs, 5600 Fishers Lane HFE–88, Rockville, MD 20857 (888)info-fda http://www.fda.gov/ Responds to consumer requests for information and publications on foods, drugs, cosmetics, medical devices, radiation-emitting products, and veterinary products.	**FOOD AND NUTRITION Information Center** National Agricultural Library/FNIC U.S. Department of Agriculture, ARS 10301 Baltimore Boulevard, Room 304 Beltsville, MD 20705–2351 (301)504–5719 fnic@nalusda.gov (E-mail) http://www.nal.usda.gov/fnic/ Provides information on human nutrition, food service management, and food technology. Acquires and lends books and audiovisual materials. Offers database searching and access through electronic mail.	**Agency for HEALTHCARE Research and Quality Clearinghouse** P.O. Box 8547 Silver Spring, MD 20907-8547 (800) 358-9295 (301) 594-1364 info@ahrq.gov (E-mail) http://www.ahrq.gov Distributes lay and scientific publications produced by the agency, including clinical practice guidelines on a variety of topics, reports from the National Medical Expenditure Survey, and health care technology assessment reports.
National HEALTH INFORMATION Center P.O. Box 1133, Washington, DC 20013–1133 (800)336–4797, (301)565–4167 nhicinfo@health.org (E-mail) http://nhic-nt.health.org Helps the public and health professionals locate health information through identification of health information resources, an information and referral system, and publications. Prepares and distributes publications and directories on health promotion and disease prevention topics.	**National Center for HEALTH STATISTICS** Data Dissemination Branch 6525 Belcrest Road, Room 1064 Hyattsville, MD 20782 (301)436–8500 nchsquery@cdc.gov (E-mail) http://www.cdc.gov/nchs Answers requests for catalogs of publications and electronic data products; disseminates single copies of publications, such as Advance Data reports; provides information for publications and electronic products sold through the Government Printing Office and National Technical Information Service.	**National HEART, LUNG, AND BLOOD Institute (NHLBI) Information Center** P.O. Box 30105 Bethesda, MD 20824–0105 (301)592–8573 nhlbiinfo@rover.nhlbi.nih.gov (E-mail) http://www.nhlbi.nih.gov/index.htm NHLBI serves as a source of information and materials on risk factors for cardiovascular disease. Services include dissemination of public education materials, programmatic and scientific information for health professionals, and materials on worksite health, as well as responses to information requests. Materials on cardiovascular health are available to consumers and professionals.
National HIGHWAY TRAFFIC SAFETY Administration U.S. Department of Transportation 400 Seventh Street, SW, Washington, DC 20590 (800)424–9393 (Hotline) (202)366–0123 (Hotline) http://www.nhtsa.dot.gov/ Provides information and referral on the effectiveness of occupant protection, such as safety belt use, child safety seats, and automobile recalls. Gives referrals to other Government agencies for consumer questions on warranties, service, automobile safety regulations, and reporting safety problems. Works with private organizations to promote safety programs.	**HOUSING AND URBAN DEVELOPMENT (HUD) User** P.O. Box 6091, Rockville, MD 20850 (800)245–2691 huduser@aspensys.com (E-mail) http://www.huduser.org Disseminates publications, offers database searches on housing research, and provides reports on housing safety, housing for elderly and handicapped persons and lead-based paint.	**INDOOR AIR Quality Information Clearinghouse** P.O. Box 37133 Washington, DC 20013–7133 (800)438–4318 (703)356–4020 iaqinfo@aol.com (E-mail) http://www.epa.gov/iaq/ Information specialists provide information, referrals and publications on indoor air quality. Information is provided about pollutants and sources, health effects, control methods, commercial building operations and maintenance, standards and guidelines, and Federal legislation.

National INJURY Information Clearinghouse U.S. Consumer Product Safety Commission National Injury Information Clearinghouse Washington, DC 20207 (301)504–0424 info@cpsc.gov (E-mail) http://www.cpsc.gov/about/clrnghse.html Collects and disseminates information on the causes and prevention of death, injury, and illness associated with consumer products. Compiles data obtained from accident reports, consumer complaints, death certificates, news clips, and the National Electronic Injury Surveillance System operated by the CPSC. Publications include statistical analyses of data and hazard and accident patterns.	**National KIDNEY AND UROLOGIC Diseases Information Clearinghouse** 3 Information Way, Bethesda, MD 20892–3580 (301)654–4415 NKUDIC@info.niddk.nih.gov http://www.niddk.nih.gov/health/kidney/NKUDIC.htm NKUDIC is an information and referral service of the National Institute of Diabetes and Digestive and Kidney Diseases, on e of the National Institutes of Health. Responds to written inquiries, E-mail, and telephone requests, develops and distributes publications about kidney and urologic diseases, and provides referrals to digestive disease organizations, including support groups. The NKUDIC maintains a database of patient and professional education materials, from which literature searches are generated.	**National LEAD Information Center** 8601 Georgia Avenue, Suite 503 Silver Spring, MD 20910 (800)424–LEAD (Clearinghouse) (800)LEAD–FYI (Hotline) hotline.lead@epamail.epa.gov (E-mail) http://www.epa.gov/lead/nlic.htm Sponsored by the Environmental Protection Agency. Responds to inquiries regarding lead and lead poisoning. Provides information on lead poisoning and children, lead-based paint, a list of local and State contacts who can help, and other lead-related questions.
National Center for Education in MATERNAL AND CHILD HEALTH 2000 15th Street, North, Suite 701 Arlington, VA 22201–2617 (703)524–7802 info@ncemch.org (E-mail) http://www.ncemch.org Provides information to health professionals and the public, develops educational and reference materials, and provides technical assistance in program development. Subjects covered are women's health including pregnancy and childbirth; infant, child, and adolescent health; nutrition; children with special health needs; injury and violence prevention; health and safety in day care; and maternal and child health programs and services. Types of materials include professional literature, curricula, patient education materials, audiovisuals, and information about organizations and programs.	**National MATERNAL AND CHILD HEALTH Clearinghouse** 2070 Chain Bridge Road, Suite 450 Vienna, VA 22182-2536 (703)356–1964 nmchc@circsol.com (E-mail) http://www.nmchc.org Centralized source of materials and information in the areas of human genetics and maternal and child health. Distributes publications and provides referrals.	**National Institute of MENTAL HEALTH (NIMH)** Information Resources and Inquiries Branch 5600 Fishers Lane, Room 7C–02, Rockville, MD 20857 (301)443–4513 (800)64–PANIC (PANIC DISORDER Information) (800)421–4211 (Depression/Awareness, Recognition, and Treatment Information) nimhinfo@nih.gov (E-mail) http://www.nimh.nih.gov Responds to information requests from the public, clinicians, and the scientific community with a variety of printed materials on such subjects as children's mental disorders, schizophrenia, depression, bipolar disorder, seasonal affective disorder, anxiety and panic disorders, obsessive-compulsive disorder, eating disorders, learning disabilities, and Alzheimer's disease. Information and publications on the Depression/Awareness, Recognition, and Treatment Program (D/ART) and on the Panic Disorder Education Program, NIMH-sponsored educational programs on depressive and panic disorders, their symptoms and treatment, are distributed. Single copies of publications are free of charge. A list of NIMH publications, including several in Spanish, is available upon request.

Office of MINORITY HEALTH Resource Center 5515 Security Lane, Suite 101, Rockville, MD 20852 (800)444–6472, (301)230–7198 (301)230–7199 (TDD) info@omhrc.gov (E-mail) http://www.omhrc.gov/ Responds to information requests from health professionals and consumers on minority health issues and locates sources of technical assistance. Provides referrals to relevant organizations and distributes materials. Spanish- and Asian-speaking operators are available.	**Clearinghouse for OCCUPATIONAL SAFETY AND HEALTH INFORMATION** 4676 Columbia Parkway, Cincinnati, OH 45226–1998 (800)35–NIOSH, (513)533–8326 pubstaff@cdc.gov (E-mail) http://www.cdc.gov/niosh/homepage.html Disseminates information on request. Services include reference and referral, and information about NIOSH studies. Distributes a publications list of NIOSH materials. Maintains automated database covering the field of occupational safety and health.	**National ORAL HEALTH Information Clearinghouse** 1 NOHIC Way Bethesda, MD 20892-3500 (301)402-7364 nidr@aerie.com (E-mail) **http://www.aerie.com/nohicweb** A service of the National Institute of Dental and Craniofacial Research. Focuses on the oral health concerns of special care patients, including people with genetic disorders or systemic diseases that compromise oral health, people whose medical treatment causes oral problems, and people with mental or physical disabilities that make good oral hygiene practices and dental care difficult. Develops and distributes information and educational materials on special care topics, maintains a bibliographic database on oral health information and materials, and provides information services with trained staff to respond to specific interests and questions.
OSTEOPOROSIS and Related Bone Diseases National Resource Center 1232 22nd Street NW Washington, DC 20037-1292 (800)624–BONE (202)223–0344 orbdnrc@nof.org (E-mail) http://www.osteo.org/ Sponsored by the National Institute of Arthritis and Musculoskeletal and Skin Diseases. Provides patients, health professionals, and the public with resources and information on metabolic bone diseases such as osteoporosis, Paget's disease of the bone, osteogenesis imperfecta, and primary hyperparathyroidism. Specific populations include the elderly, men, women, and adolescents.	**President's Council on PHYSICAL FITNESS and Sports** 200 Independence Avenue, SW Hubert H. Humphrey Building, Room 738-H Washington, DC 20201 (202)690–9000 http://www.surgeongeneral.gov/ophs/pcpfs.htm Conducts a public service advertising program, prepares educational materials, and works to promote the development of physical fitness leadership, facilities, and programs. Helps schools, clubs, recreation agencies, employers, and Federal agencies design and implement programs. Offers a variety of testing, recognition, and incentive programs for individuals, institutions, and organizations. Materials on exercise and physical fitness for all ages are available.	**National Clearinghouse for PRIMARY CARE Information** Ticon Courthouse, 2070 Chain Bridge Road, Suite 450 Vienna, VA 22182 (703)821–8955, ext. 248 http://www.bphc.hrsa.dhhs.gov Provides information services to support the planning, development, and delivery of ambulatory health care to urban and rural areas that have shortages of medical personnel and services. A primary role of the clearinghouse is to identify, obtain, and disseminate information to community and migrant health centers. Distributes publications focusing on ambulatory care, financial management, primary health care, and health services administration of special interest to professionals working in primary care centers funded by BPHC. Materials are available on health education, governing boards, financial management, administrative management, and clinical care. Bilingual medical phrase books, a directory of federally funded health centers, and an annotated bibliography are available also.

U.S. Consumer PRODUCT SAFETY Commission Hotline Washington, DC 20207 (800)638–2772 (301)504–0580 http://cpsc.gov/ Maintains the National Injury Information Clearinghouse, conducts investigations of alleged unsafe/defective products, and establishes product safety standards. Assists consumers in evaluating the comparative safety of products and conducts education programs to increase consumer awareness. Operates the National Electronic Injury Surveillance System, which monitors a statistical sample of hospital emergency rooms for injuries associated with consumer products. Maintains free hotline to provide information about recalls and to receive reports on unsafe products and product-related injuries. Publications describe hazards associated with electrical products and children's toys. Spanish-speaking operator available through the toll-free number listed above.	**National REHABILITATION Information Center** 1010 Wayne Avenue, Suite 800 Silver Spring, MD 20910 (800)346–2742 (301)562–2400 http://www.naric.com The National Rehabilitation Center (NARIC) is a library and information center on disability and rehabilitation. NARIC collects and disseminates the results of federally funded research projects. The collection, which also includes books, journal articles, and audiovisuals, grows at a rate of about 300 documents per month.	**RURAL Information Center Health Service (RICHS)** National Agricultural Library 10301 Baltimore Boulevard, Room 304 Beltsville, MD 20705–2351 (800)633–7701 (301)504–5547 ric@nal.usda.gov (E-mail) http://www.nal.usda.gov/ric/richs Disseminates information on a variety of rural health issues including health professions, health care financing, special populations and the delivery of health care services. Provides information, referrals, publications, brief complimentary literature searches to professionals and the public. Posts rural health information on the Internet. RICHS is funded by the Federal Office of Rural Health Policy, the Department of Health and Human Services and is part of the United States Department of Agriculture Rural Information Center, which provides information on rural issues such as economic development, and community well-being.
Office on SMOKING and Health Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, Mailstop K-50 4770 Buford Highway, NE, Atlanta, GA 30341–3724 (800)CDC–1311 (770)488–5705 ccdinfo@ccdod1.em.cdc.gov (E-mail) http://www.cdc.gov/tobacco Develops and distributes the annual *Surgeon General's Report on Smoking and Health*, coordinates a national public information and education program on tobacco use and health, and coordinates tobacco education and research efforts within the Department of Health and Human Services and throughout both Federal and State governments. Maintains the Smoking and Health database, consisting of approximately 60,000 records available on CD-ROM (CDP File) through the Government Printing Office. Provides information on smoking cessation, Environmental Tobacco Smoke/passive smoking, pregnancy/infants, professional/technical information, and a publications list upon request.	**National SUDDEN INFANT DEATH SYNDROME Resource Center** 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182 (703)821–8955 sids@circsol.com (E-mail) http://www.circsol.com/SIDS Provides information and educational materials on sudden infant death syndrome (SIDS), apnea, and other related issues. Responds to information requests from professionals and from the public. Maintains a library of standard reference materials on topics related to SIDS. Also develops fact sheets, catalogs, and bibliographies on areas of special interest to the community. Conducts customized searches of database on SIDS and SIDS-related materials.	**National WOMEN'S HEALTH Information Center** 200 Independence Avenue SW Washington, DC 20201 (800) 994-9662 4woman@soza.com (E-mail) http://www.4woman.gov NWHIC, sponsored by the Office on Women's Health in the Department of Health and Human Services, provides a broad array of reliable, commercial-free health publications and referrals to health-related organizations for women on the Internet and by telephone request.

APPENDIX F: Data Collection Process Form

1. Demographic area or objective area data collected for _____

2. Were data available _____Yes _____No. If no, what data were not available?_____

_____

_____

3. Please list the sources contacted to obtain these data:

Name:	Name:
Organization:	Organization:
Phone #:	Phone #:
Result:	Result:
Comments:	Comments:
Name:	Name:
Organization:	Organization:
Phone #:	Phone #:
Result:	Result:
Comments:	Comments:

4. Who is responsible for collecting these data in your community?

   Name: _____

   Organization/Department: _____

   Address: _____

   _____

   Phone (_____)_____ Fax (_____)_____

   Email: _____

5. What was the reason given for data not being available? Please list and comment:

_____

_____

_____

_____

_____

_____

_____

_____

APPENDIX G: Glosario — Español

Alzheimer (Enfermedad de) - astrocito degenerado, célula gigante de la neuroglia, con núcleo grueso, observada en la sendoesclerosis; demencia mental progresiva.

Anomalia - irregularidad, estado contrario al orden natural.

Aterosclerosis - engrosamiento y pérdida de elasticidad del interior de las paredes arteriales acompañado por la formación de nódulos.

Benigno - que no es maligno; que no recidiva.

Carcinoma in situ - entidad en la cual las células tumorales están todavía dentro del epitelio de origen, sin invadir la membrana basal.

Cerebrovascular - relativo a los vasos sanguíneos del cerebro.

Cirrosis - enfermedad degenerativa de un órgano del cuerpo, especialmente del hígado, y caracterizada por una excesiva formación de tejido conectivo y por la consiguiente contracción del órgano.

Congénito - que existe desde el nacimineto.

Crónico(a) - relativo a las enfermedades o condiciones que tienen una larga duración o que recurren con frecuencia.

Diabetes mellitus - forma crónica de la diabetes causada por una deficiencia de insulina y caracterizada por una parte por el exceso de azúcar en la sangre y la orina y por la otra por apetito y sed excesivos y por una gradual pérdida de peso.

Hematopoietic - relativo o concerniente a la hematopoyesis.

Influenza - enfermedad infecciosa aguda, de carácter contagioso, causada por un grupo específico de virus y caracterizada por la inflamación de las vías respiratorias y la presencia de fiebre y dolores musculares.

Linfático - Referente a la linfa o que la contiene.

Maligno(a) - muy peligroso; que causa o puede causar la muerte.

Nefritis - enfermedad aguda o crónica de los riñones caracterizada por inflamación, degeneración, fibrosis, etc.

Nefrosis - enfermedad degenerative de los riñones caracterizada por edema (hinnchazón) generalizado, presencia de proteína en la orina y aumento del colesterol en el suero sanguíneo.

Nefrótico(a) - relativo a la nefrosis.

Neoplasma - crecimineto anormal de tejido, como un tumor.

Neumonía - Véase **Pulmonía**.

Perinatal - que ocurre durante el período inmediatamente anterior o posterior el momento del nacimiento.

Pulmonar obstructiva crónica (Enfermedad de) - una enfermedad pulmonar caracterizada por la obstrucción de la corriente de aire debido a la bronquitis crónica y enfisema, dos enfermedades que a menudo ocurren juntos.

Pulmonía - inflamación o infección de los alvéolos pulmonares de diferentes grados de gravedad y cuasada pro diferentes agentes, como bacterias y virus.

Septicemia - enfermedad sistémica causada por la presencia de microorganismos patógenos y sus productos tóxicos en la sangre.

Síndrome - conjunto de síntomas que ocurren al mismo tiempo y caracterizan una enfermedad o condición específica.

Virus de inmunodeficiencia humana (VIH) - virus que ataca las células blancas que protegen al cuerpo contra la infección y que por lo tanto disminuye la capacidad del cuerpo para combatir las enfermedades e infecciones. El SIDA es la más seria complicación causada por la infección con el virus de inmunodeficiencia humana.

APPENDIX G: Glossary — English

Alzheimer's disease - a degenerative disease of the central nervous system characterized especially by premature senile mental deterioration. [3]

Anomaly - something different, abnormal, peculiar, or not easily classified. [3]

Atherosclerosis - a thickening of, and loss of elasticity in, the inner walls of arteries, accompanied by the formation of nodules. [1]

Benign - of a mild type or character that does not threaten health or life. [3]

Cerebrovascular - related to the brain's blood vessels. [2]

Congenital - existing at or dating from birth. [3]

Chronic obstructive pulmonary disease (COPD) - a lung disease characterized by airflow obstruction due to chronic bronchitis and emphysema, two diseases that often occur together. [6]

Carcinoma in situ - cancer that involves only the cells in which it began and has not spread to other tissues. [5]

Chronic [diseases] - [conditions, illnesses] which last a long time or recur often. [1]

Cirrhosis - a degenerative disease in an organ of the body, especially the liver, marked by excess formation of connective tissue and the subsequent contraction of the organ. [1]

Diabetes mellitus - a chronic form of diabetes involving an insulin deficiency and characterized by excess of sugar in the blood and urine, hunger, thirst, and gradual loss of weight. [1]

Hematopoietic/hematopieses - related to/the formation of blood or of blood cells in the living body. [3]

Human Immunodeficiency Virus (HIV) - virus that attacks the white blood cells which protect the body from infection and thus lowers the body's ability to fight diseases and infections. AIDS is the most serious complication caused by infection with the Human Immunodeficiency Virus. [4]

Influenza - an acute contagious, infectious disease, caused by any of a specific group of viruses and characterized by inflammation of the respiratory tract, fever, and muscular pain. [1]

Lymphatic - of, relating to, or produced by lymph, lymphoid tissue, or lymphocytes. [3]

Malignant - very dangerous, causing or likely to cause death. [1]

Neoplasm - an abnormal growth of tissue, as tumor. [1]

Nephritis - an acute or chronic disease of the kidneys, characterized by inflammation, degeneration, fibrosis, etc. [1]

Nephrosis - a degenerative disease of the kidneys, characterized by generalized edema [swelling], protein in the urine, and an increase of serum cholesterol. [1]

Nephrotic - related to nephrosis. [1]

Perinatal - occurring during the period closely surrounding the time of birth. [1]

Pneumonia - Inflammation or infection of the alveoli of the lungs of varying degrees of severity and caused by any of a number of agents, such as bacteria or viruses. [1]

Septicemia - a systemic disease caused by the presence of pathogenic microorganisms and their toxic products in the blood. [1]

Syndrome - a number of symptoms occurring together and characterizing a specific disease or condition. [1]

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[1] Webster's New World Dictionary of the American Language, Second College Edition, William Collins Publishers, Cleveland, OH, 1980
[2] Translated from Diccionario Enciclopedico University de Terminos Medicos, Nueva Editorial Interamericana, S.A. de C.V., Mexico, D.F. 1983
[3] Merriam-Webster Collegiate Dictionary OnLine, Merriam-Webster, Incorporated, 2000
[4] *HIV/AIDS The Impact on Hispanics in Selected States*, The National Alliance for Hispanic Health, Washington, DC, 1991.
[5] The On-Line Medical Dictionary, www.graylab.ac.uk, 1995-1998.
[6] U.S. Department of Health and Human Services. Healthy People 2010 (Conference Edition, in Two Volumes). Washington , DC: January 2000.

4. Most Important Health Conditions

(a) Alcohol/drug addiction
(b) Cancer
(c) Depression/suicide
(d) Diabetes
(e) Heart disease
(f) HIV/AIDS
(g) Injuries/death from violence
(h) Liver disease
(i) Lung disease
(j) Perinatal conditions/infant mortality
(k) Pneumonia/influenza
(l) Stroke
(m) Other _____

6. Most Important Health Factors

(a) Adolescent pregnancy
(b) Alcohol abuse
(c) Child abuse/neglect
(d) Cigarette smoking
(e) Crime
(f) Dental health
(g) Drug abuse
(h) Drunk driving
(i) Family violence
(j) Gangs
(k) Homicide
(l) Housing
(m) Immunizations
(n) Jobs
(o) Nutrition
(p) Occupational health/safety
(q) Pesticides
(r) Physical fitness/weight control
(s) Pollution
(t) Prenatal care
(u) Sexual abuse
(v) Sexually transmitted diseases
(w) Toxic waste
(x) Water quality
(y) Other _____

8. Barriers

(a) Access to medical services
(b) Cost of health care
(c) Lack of community outreach/education
(d) Lack of culturally and linguistically-appropriate materials
(e) Lack of culturally and linguistically-appropriate systems of health care (health providers and/or health services)
(f) Lack of data on Hispanics
(g) Lack of employment
(h) Lack of health insurance
(i) Lack of political representation
(j) Lack of preventative health care
(k) Long wait for appointments
(l) Other _____

13. Effective Methods

(a) Beauty parlors
(b) Billboards/public transportation posters
(c) Church
(d) Comic books
(e) Community newspapers
(f) Health fairs
(g) News stories
(h) One-on-one peer discussion/word of mouth
(i) Pamphlets/brochures
(j) Peer health education classes(s)
(k) Presentations
(l) Public service announcements
(m) Radio
(n) Schools
(o) Television programs/commercials
(p) Testimonials
(q) Trainings
(r) Videos
(s) Other _____