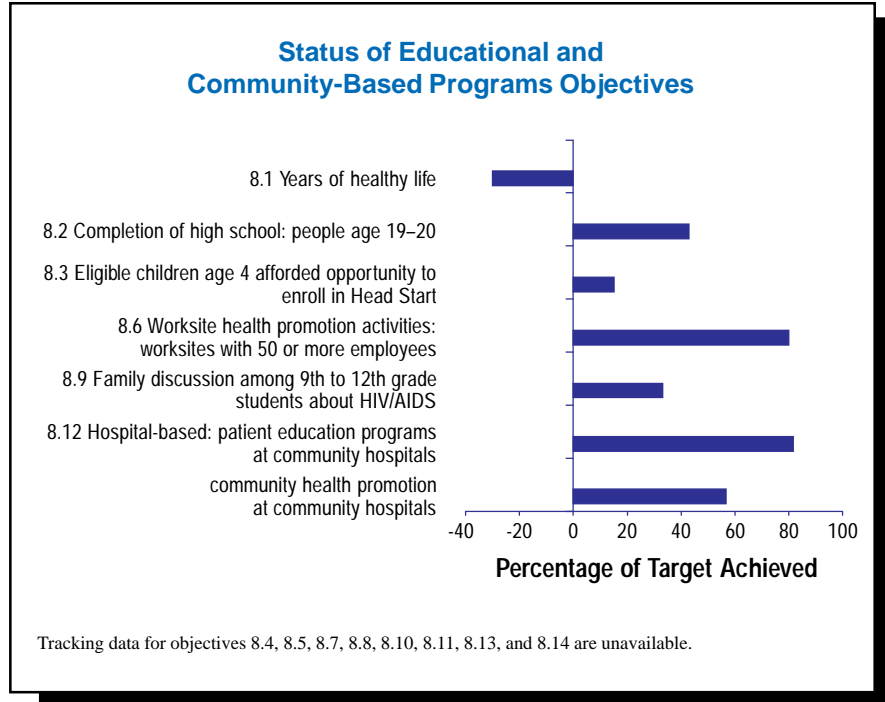


8

Educational and Community-Based Programs



Lead Agencies: *Centers for Disease Control and Prevention*
Health Resources and Services Administration

EDUCATIONAL AND COMMUNITY-BASED PROGRAMS

This priority area focuses on population-based prevention initiatives, programs, and interventions as well as on “the how” of community health education and health promotion planning, design, and implementation efforts to achieve desired health status outcomes. The objectives in this priority area recognize that effective health education and community-based efforts must be developed through collaboration and must incorporate a series of planned, coordinated, and ongoing strategies and approaches to foster and reinforce behaviors conducive to health.

Also reflected in the objectives are an understanding and an appreciation of the importance of interventions specifically designed to meet the age, developmental levels, and cultural, linguistic, and other learning needs of diverse target audiences; are topically comprehensive rather than “categorical” in nature; take full advantage of opportunities to reach target audiences during “teachable moments” in a variety of settings and sites, and through all appropriate providers and intermediaries; ensure that individuals have not just the knowledge but also the attitudes and skills needed for optimal health; acknowledge the need for positive social and environmental influences in support of healthful behaviors and decisions; and are able to be planned and implemented by members of the community.

Additionally, this priority area highlights the need for a strong, cohesive, and integrated community-based system with the infrastructure and the capacity to carry out the essential services of public health. Such a system requires partnerships not only between public health, environmental health, and substance abuse and mental health agencies in the public sector, but also between the public sector, private health/medical care institutions, and voluntary organizations.

Review of Progress

The objectives in this priority area emphasize increases and improvements in health education and promotion programs for all major population groups, including racial and ethnic minorities, and in the major settings within which these populations can best be reached. Specific attention is paid to enhancing the positive roles that the family and the media can play in health education and health promotion efforts.

This priority area includes one health status objective related to increasing years of healthy life and one risk reduction objective aimed at increasing the high school completion rate (and reducing school dropout rates associated with social and health problems). The remaining services and protection objectives reflect an emphasis on increasing the numbers of educational and community-based programs; underscoring the need for preschool child development programs, comprehensive school health education, health promotion programs in postsecondary institutions, worksite health promotion programs (including activities for hourly workers), health promotion programs for older adults, family discussions of health issues, planned community health promotion programs, programs for racial and ethnic minorities, hospital-based patient education and community health promotion, partnerships between local

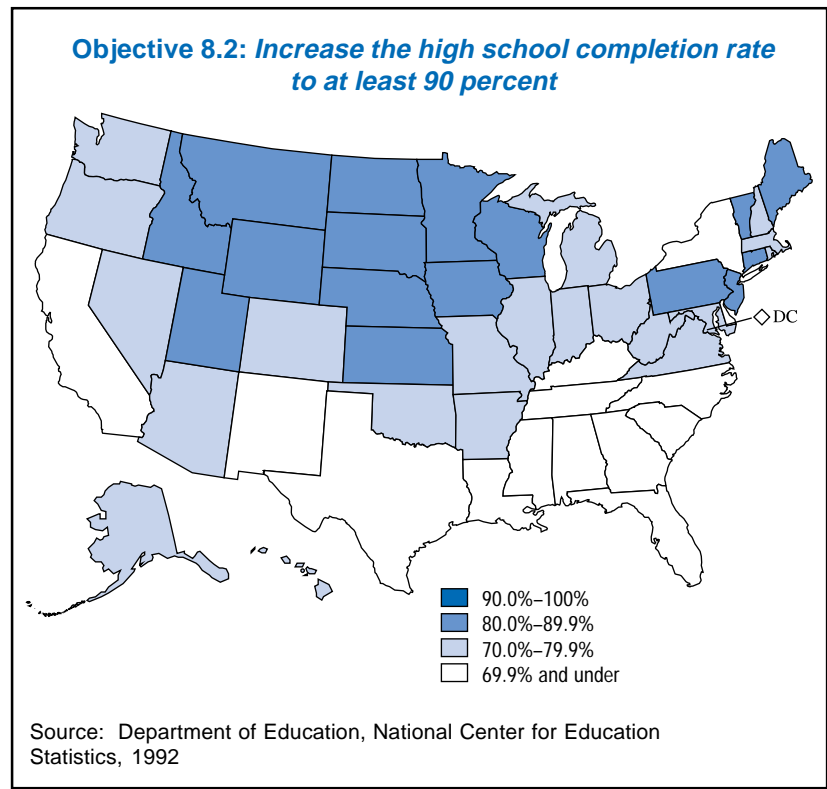
television networks and community organizations, and provision of essential services, as appropriate, by local health agencies.

Data indicate progress toward the targets for objectives related to preschool child development programs, worksite health promotion activities, family discussion of health issues, and hospital-based patient education and community health promotion. Movement appears to be away from the target for years of healthy life. Progress related to the other objectives has been mixed. No data sources have been identified for objectives related to community health promotion programs that are broad-based, as well as culturally and linguistically appropriate. Efforts are still underway to identify a followup data source for tracking comprehensive health promotion programs in postsecondary institutions.

Data issues may be rooted in the unique challenges of identifying and establishing meaningful ways to measure the qualitative dimension inherent in these objectives. The main task continues to be the development of appropriate indicators and definitions to measure and report on interventions. Collaboration with the Centers for Disease Control and Prevention (CDC)'s National Center for Health Statistics, other Federal agencies, the States, and HEALTHY PEOPLE 2000 Consortium members holds the most promise for progress.

The importance of the qualitative dimension and components of health education and community-based health programs along with multiple and strong partnerships is underscored by the kinds of health promotion programs and initiatives being fostered at the national, State, and community levels. For example, the "Healthy Cities, Healthy Communities" project is a non-Federal, national initiative aimed at improving the well-being and quality of life of people in communities through "inter-connectedness" among many different players, supportive local structures and policies, and approaches tailored to the unique needs, resources, cultures, and infrastructures within each community.

The Empowerment Zone/Enterprise Community (EZ/EC) Program and the GOALS



Healthy People 2000 Midcourse Review and 1995 Revisions

2000: Educate America Act are examples of Federal initiatives that acknowledge the need for ongoing and comprehensive efforts and partnerships to effect change in communities. The EZ/EC initiative encourages localities—through such means as enhanced funding and tax incentives for business and job development—to undertake community-based strategic planning, involving individuals and organizations focusing on a broad range of health, human development, and other needs. The GOALS 2000: Educate America Act, enacted in March 1994, requires collaboration between the Department of Education and the Department of Health and Human Services to meet national education goals related to school readiness, school completion, school achievement, teacher education and professional development, parental participation, and safe and drug-free schools. The targets for the objectives in this priority area related to completion of high school and preschool child development programs are consistent with the national education goals.

Efforts at the State level to reform the delivery of health care have encouraged the formation of partnerships with local, State, and Federal agencies; alcohol and drug abuse, mental health, and environmental health agencies; professional public health organizations; academic health institutions; and others to strengthen the public health system and infrastructure throughout the country. Consensus was reached in the fall of 1994 around the use of common terminology to describe the vision, mission, and essential services of public health. Further collaborative action is critical to supporting and effecting successful educational and community-based programs to improve the health of communities.

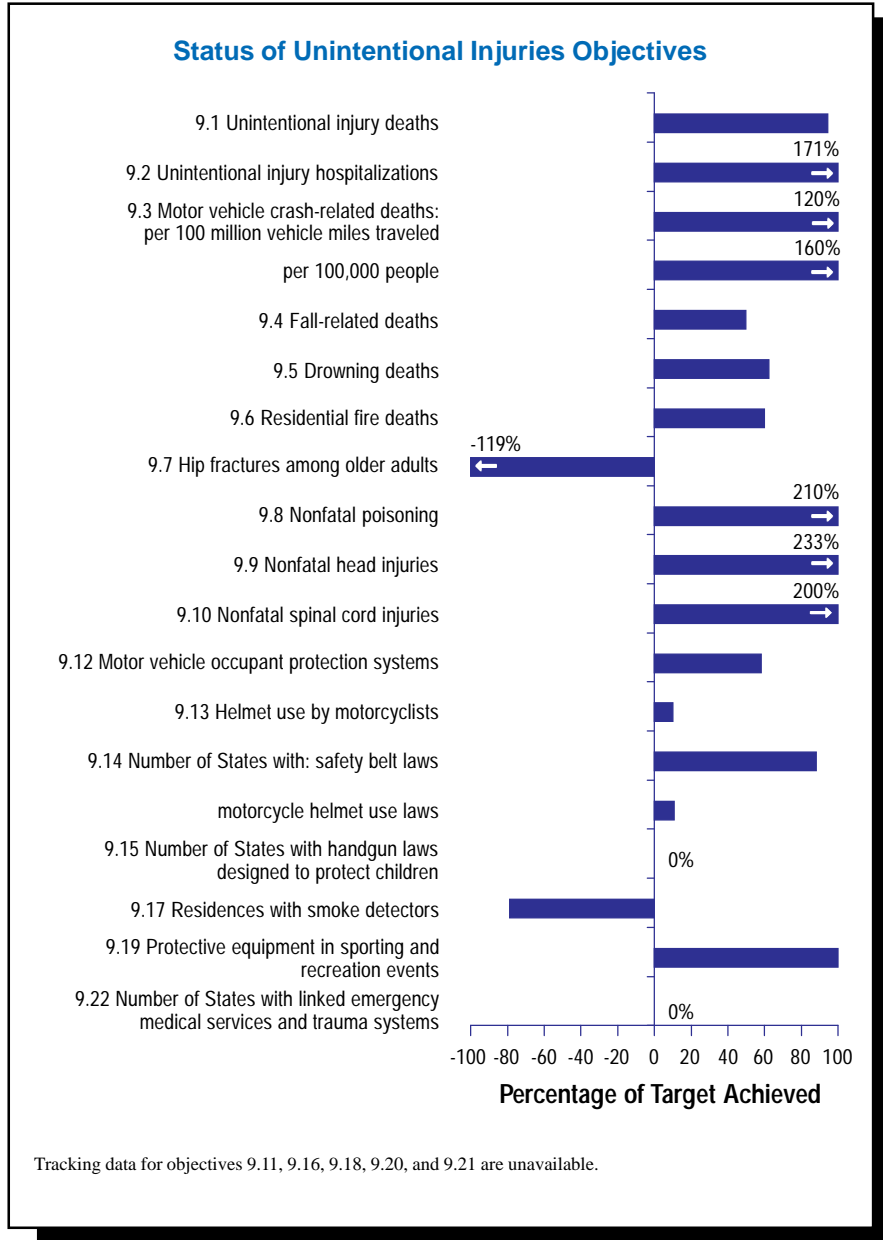
1995 Revisions

Two changes have been made in this priority area. In objective 8.2, the term high school graduation rate was replaced with high school completion rate to include students who complete high school with alternative credentials. The objective now is aligned with the measures used by the Department of Education to track the national education goals.

The term “quality school health education” was replaced with comprehensive school health education, a term more widely recognized in the professional literature, and by public health, health education, and school health professionals. Comprehensive school health education is measured by surveillance systems at CDC.

9

Unintentional Injuries



Lead Agency: *Centers for Disease Control and Prevention*