CHAPTER 3

Consortium Action

State HEALTHY PEOPLE 2000 Activities

Private and Voluntary Sector HEALTHY PEOPLE 2000 Activities

STATE ACTION FOR HEALTHY PEOPLE 2000 MIDCOURSE REVIEW

Introduction

Achieving the objectives set forth in *Healthy People 2000* will require a coordinated commitment by Federal, State, and local governments as well as the private and voluntary sectors. While the Federal government has responsibility for coordinating and monitoring the overall effort to meet the national objectives, State and territorial health agencies (hereafter referred to as States) have embraced the concept of public health management by objectives and organized statewide efforts to meet and measure those objectives. Today, most States have developed their own disease prevention and health promotion objectives, many using *Healthy People 2000* as a guide.

This section of the Midcourse Review provides an overview of States' objective-setting and implementation activities. It represents an effort to showcase the interstate network of disease prevention and health promotion activities related to HEALTHY PEOPLE 2000. It presents both the commonalities and differences among States in the processes they used to develop their objectives as well as the strategies and activities they are pursuing to achieve those objectives. Finally, it highlights the specific successes and challenges of individual States as they strive to fulfill their disease prevention and health promotion agendas.

Project Objectives

This section of the report presents the results of a collaborative project of the Office of Disease Prevention and Health Promotion and Public Health Foundation (PHF) to learn about States' efforts to establish statewide health objectives; integrate those objectives into their health planning and policy development; and carry out programs, interventions, and other activities to meet the objectives. The specific objectives of this project are to:

- Provide a national snapshot of how States are working toward achievement of health objectives.
- Serve as a catalyst for the exchange of ideas and successful strategies and to encourage States' future commitment to achieving the objectives.

This summary of States' action pertaining to HEALTHY PEOPLE 2000 is not intended to show a comprehensive picture of States' implementation activities, but rather to provide a synopsis of States' activities as well as selected examples of innovative uses of objectives and approaches to achieving them.

The summary is organized into three parts. The first part highlights States' objective-setting activities, including the extent to which State objectives mirror the national objectives. The second part illustrates the activities undertaken by States to meet the objectives. The final part features States' efforts to track and monitor

progress toward meeting the objectives. The Public Health Service (PHS) hopes this information will be used by States to learn from other States about the myriad ways in which difficult disease prevention and health promotion issues can be addressed.

STATES' OBJECTIVE-SETTING ACTIVITIES

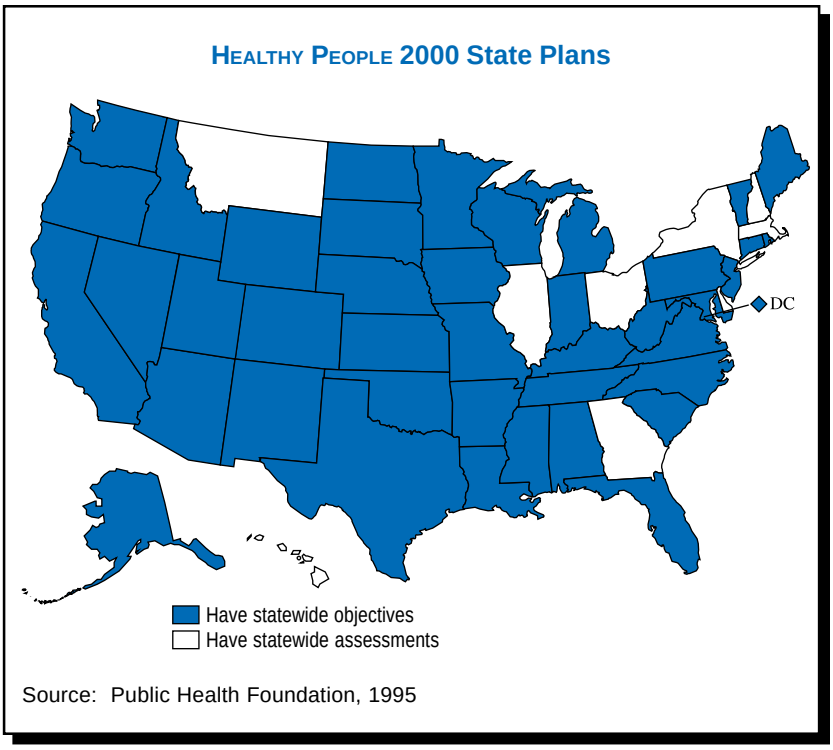
Most States have committed to developing and achieving State-specific health promotion and disease prevention objectives. As of March 1995, 42 States, the District of Columbia, and Guam had statewide health objectives. An additional 8 States have undertaken year 2000 assessments, measuring their populations' health against the national objectives. The status of States' objective-setting process is shown on the map below.

Priority Areas Covered By State Objectives

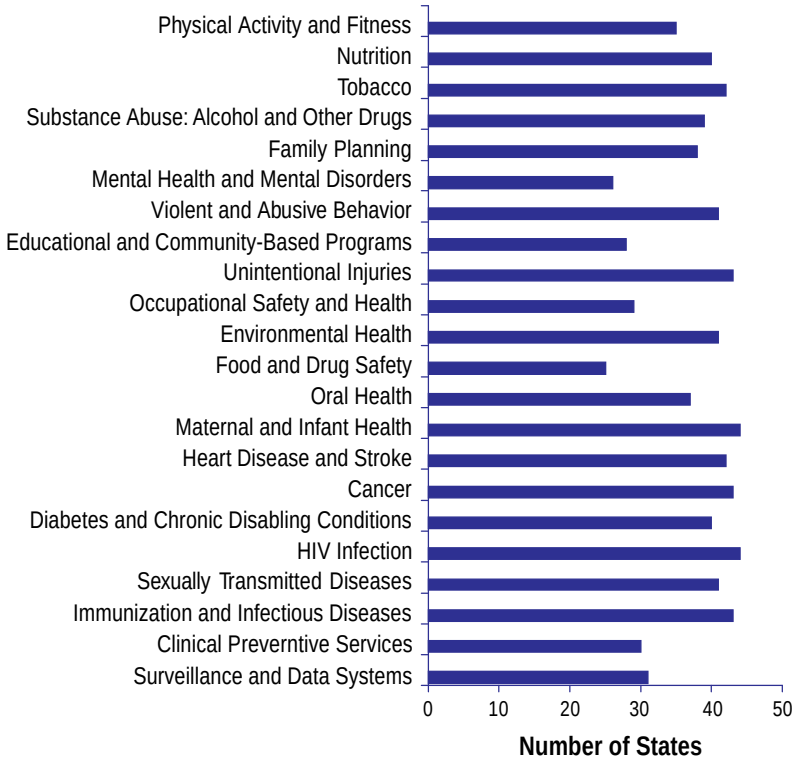
Overall States' coverage of the HEALTHY PEOPLE 2000 priority areas in their objectives is extensive. Previous information-gathering efforts by PHS and PHF indicate that many States used the HEALTHY PEOPLE 2000 objectives as a guide in establishing their own State-specific objectives.[1] In addition to using national targets as a starting point, some States indicated that they were able to build on previously established programs or department-wide objectives in setting their State-specific objectives.

Each of the 22 HEALTHY PEOPLE 2000 priority areas is being addressed by at least 25 of the States. For two priority areas—maternal and infant health and HIV infection—42 States, the District of Columbia, and Guam (hereafter the territories and the District of Columbia are included in the State totals) indicated that their objectives covered these areas. Other priority areas receiving extensive coverage include unintentional injuries (43 States), tobacco (42 States), heart disease and stroke (42 States), violence (41 States), environmental health (41 States), sexually transmitted diseases (41 States), nutrition (40 States), diabetes (40 States), alcohol and other drugs (39 States), and family planning (38 States).

Fewer States identified surveillance and data systems (31 States), clinical preventive services (30 States),



Number of States with HEALTHY PEOPLE 2000 Objectives by Priority Area



Includes Guam and the District of Columbia.

occupational safety and health (29 States), educational and community-based programs (28 States), mental health and mental disorders (26 States), and food and drug safety (25 States).

Because this information-gathering effort focused mainly on implementation activities, rather than objectives-development, PHF did not ascertain the extent to which States excluded priority areas that may have been indirectly addressed through other priority areas. However, information provided in previous years showed that most States' objectives directly or indirectly addressed most of the priority areas identified in *Healthy People 2000*.[2] For example, a State that might not have reported nutrition as a priority area could be addressing nutrition-related objectives within its maternal and infant health, environmental health, cancer, or cardiovascular disease areas. Similarly, tobacco objectives are sometimes included under maternal and infant health, heart disease and stroke, or cancer priority areas.

Many States selected additional priority areas that were not included in the HEALTHY PEOPLE 2000 objectives, reflecting their intent to address their populations' most pressing health problems. These included minority health, access to health services, emergency medical services, cost containment, rural health, and children with special health care needs.

Forming Partnerships to Develop Objectives

Similar to the national collaborative process employed by PHS to set the HEALTHY PEOPLE 2000 objectives, many States involved a wide range of individuals and organizations in their objectives-setting process. Through State and local coalitions, multidisciplinary planning and advisory groups, and program area-specific task forces, States engaged representatives from both the public and private sectors to establish their statewide objectives. In general, participants represented State and local health and human services organizations, other State and local government agencies, health insurance plans, academic institutions, professional associations, private and voluntary community organizations, health care professions, local and statewide coalitions, consumer and citizen groups, local businesses, and State legislatures.

For many States, the objectives-setting process resulted in not only improved coordination within the health department, but also constituency-building across the State, engaging agencies and organizations other than the State health agency in the process. Motivating these agencies to take ownership of, and commit to, these objectives is essential since the actions of these other agencies and organizations will ultimately determine whether a State achieves its objectives. States described an array of benefits resulting from coalition-building and collaboration with outside agencies to identify year 2000 objectives. Examples of such benefits include:

- Common vocabulary for disease prevention and health promotion.
- Increased visibility and awareness of the importance of disease prevention and health promotion activities.
- Focus for media and health education efforts.
- Framework or stronger position for developing and supporting legislation.
- Mechanism to increase communication and program coordination within the department.

In addition to garnering input and support from outside agencies and organizations, a number of States attempted to empower the general public in their objectives-development process through such mechanisms as focus groups, public hearings, and draft review periods. New Jersey even conducted an independent public opinion poll to gauge public reaction and support.

Basing Objectives on Sound Data and Information

Many States cited the important role that data and information played in the development of their objectives. States used baseline and trends data on the leading causes of death, pressing health problems, and the availability of effective interventions in establishing their objectives. Many States also based their selection of objectives on the availability of sound data to track progress.

Hawaii's strategy is a good example of using data to establish objectives. Hawaii created a "baseline" of data that health department programs could use with existing coalitions to develop a draft set of objectives. The *Healthy Hawaii 2000* project selected three to five health status indicators for each of Hawaii's 19 priority areas and, using baseline data on these indicators, constructed statistical projections and forecasts for their proposed objectives. Still in the review process, Hawaii's statewide objectives are expected to be formally adopted in 1995.

Under its Health Care Reform Act of 1992, Florida is required to develop a biennial plan that includes data on the health status of the population and contains specific health status objectives and outcome measures. Incorporated in its *Healthy Communities, Healthy People Plan*, Florida's health objectives focus on risk behaviors and community conditions that relate to the leading causes of death in the United States and Florida.

Establishing Health Objectives Oversight/ Coordinating Groups

In many cases, States formed an objectives oversight group or planning agency to coordinate the development and implementation of their objectives. Iowa and North Carolina established task forces out of the governor's office to steer the development of their disease prevention and health promotion objectives. As a result of the task force's recommendations in North Carolina, a state-level Office of Healthy Carolinians was created to assist county- and community-level coalitions in setting their goals and objectives.

As a result of its State health objectives process, Guam established a health planning agency responsible for comprehensive health planning for the territory. Guam designated 13 task forces and lead agencies, one for each of Guam's Territorial Health Goals, to plan, prepare, and develop measurable objectives for each goal and to monitor progress for each objective. In Arizona, the Department of Health Services created an advisory committee, the "Arizona 2000 Action Team," to work with the Office of Strategic Planning to incorporate Arizona's year 2000 objectives into the health department's 3-year strategic plan. The action team hired a full-time coordinator to manage the Arizona 2000 implementation process.

Additional Challenges and Problems

While many States cited the use of reliable data and information in establishing objectives as a highlight, the lack of such data was also frequently mentioned as a challenge or problem in the objectives-setting process. In Nebraska, for example, the lack of data for certain priority areas was a limiting factor in setting objectives. On the other hand, health officials there felt more comfortable with their final objectives, knowing they would be able to measure progress toward the objectives.

Several other States described gaps in data as a limiting factor in setting health objectives. *Healthy Hawaii 2000* staff cited as inhibiting factors methodological problems in the coding of data, such as ethnicity data, and the lack of consistent denominators for specific population groups across surveys. Although North Carolina's data collection on the whole has been excellent, setting quantifiable goals for small areas in that State has been a problem. Data for areas within counties are either not available or not useful for tracking trends because of the inherent problems with small number instability.

Another challenge depicted by some States was to design public health programs that are outcome-oriented. Many of Nebraska's programs, for example, have objectives that are process-oriented and do not produce results that identify with the State health objectives. Officials in Nebraska are considering ways to improve this condition.

IMPLEMENTING THE OBJECTIVES

While most States indicated that their year 2000 objectives guided their public health activities, few had developed detailed implementation plans.[3] However, States are engaged in a broad range of activities vis-á-vis their State health objectives. Although the information States provided on their implementation activities is diverse, it can be boiled down to several major themes: identification and resource allocation; policy development and strategic planning; program development and evaluation; legislative support and development; and community planning projects. An overview of States' implementation activities is presented below according to the aforementioned organizing themes. States' efforts to disseminate and promote their objectives and establish partnerships to achieve the objectives, as well as other challenges and problems they have faced, are also discussed.

Resource Identification and Allocation

A substantial number of the States indicated that their objectives serve as a basis for identifying and allocating new public health resources. In some cases, requests for Federal or State funding are closely tied to the objectives. For example, as a result of Maryland's priority and objectives-setting process, *Healthy Maryland 2000*, the legislature appropriated $5 million to diagnose and treat needy Maryland women who may have cancer. Similarly, the Utah Department of Health secured a $900,000 funding increase from Medicaid for the Tuberculosis Program to help meet Utah's HEALTHY PEOPLE 2000 tuberculosis goal.

Year 2000 plans or objectives also serve as a framework for setting department budgets and allocating programmatic resources. The Michigan Department of Public Health, for example, in keeping with its 2-year action plan for implementing *Healthy Michigan 2000*, is using revenues from a tobacco tax increase to fund expanded chronic disease prevention, violence prevention, immunization, and other program efforts.

Several States—including Alabama, Colorado, Kentucky, Maine, and Nebraska—said they are using their Prevention Block Grant to fund initiatives tied to their objectives. The Colorado Department of Health awards Prevention Block Grant funds to county health departments and nursing services for disease prevention and health promotion initiatives tied to the *Healthy Colorado 2000* objectives. Illinois used a portion of its Prevention Block Grant to fund the Illinois Project for Local Assessment of Needs (IPLAN) initiative, setting aside monies to implement the local needs assessment project. Funding was used to prepare the computerized data system for each of the 87 local health departments and to conduct training workshops for State and local agencies in data analysis and interpretation, priority setting, and strategic health planning. Some States indicated that they are beginning to require that local jurisdictions' requests for funding be directly tied to objectives. In Maine, for example, contracts to community agencies for public health services such as community-based cardiovascular disease prevention must be based on the objectives. Washington's health objectives, referred to in their *Public Health Improvement Plan* as "outcome standards," will be the basis for evaluating performance-based contracts between the Washington State Department of Health and its 33 local health jurisdictions.

State and local health officials in Arizona, Missouri, New Jersey, and Wyoming are identifying and categorizing the financial and programmatic resources that are currently being used to address their objectives. In general, these efforts will provide a basis for reallocating resources to priority areas.

Policy Development and Strategic Planning

Integrating statewide health objectives into strategic planning, policy development, or health care reform efforts was frequently cited as a State implementation activity. In general, States either have incorporated their objectives into their State plan, or their year 2000 objectives document serves as their State plan. The State of Oregon's involvement in development of its health objectives played a major role in leading to the Oregon Benchmarks project aimed at broad social progress in the State. In Louisiana, the Office of Public Health plans to issue a Request for Proposal to develop a strategic plan based on the State objectives. The strategic plan will provide a framework for collaborative relationships within the departments and other public and private agencies to improve the efficiency and effectiveness of the health services provided.

Missouri is also in the process of initiating statewide strategic planning into which it will build its Healthy People planning process. The goal is to further integrate the health department's planning activities with those of other State agencies in order to form a more effective policy development process for State government.

Several States described how their health objectives are an integral part of health reform efforts in the State. For example, Tennessee officials noted that the implementation of TennCare, their Medicaid managed care program, is based, in part, on their State objectives. Minnesota officials described as a major focus their work on a

report to the State legislature proposing recommendations for preserving and strengthening public health activities in light of health reform activities. Likewise, Florida, Maine, Rhode Island, and Utah mentioned health care reform efforts that included health objectives.

Program Development and Evaluation

The most frequent implementation activity was the development of programs, initiatives, and interventions to address the high priorities identified through the objectives process. States reported a myriad of new programs and initiatives resulting from their statewide objectives process, ranging from innovative programs, like the Rhode Island Department of Health's program offering door-to-door smoke detector installations in low-income neighborhoods, to more traditional programs, such as Delaware's Vaccines for Children program.

Several States (including Iowa, Michigan, and Missouri) indicated they had developed action plans for implementing their objectives and described how their objectives became an integral part of their everyday planning and program management. The Missouri Department of Health is working to establish their objectives as management tools, hoping to integrate them into their management processes. Iowa officials indicated that *Healthy Iowans 2000* was viewed by many in the health department as an opportunity to improve their planning and networks.

States credited their health objectives as the impetus for a variety of specific initiatives. Below are just a few examples illustrating the diversity of initiatives launched by States:

- Alabama: Established a division in the State Health Department to serve as a focal point for cancer prevention activities and is planning to implement a cancer registry.
- Rhode Island: Provided technical assistance to small water systems on corrosion control and well head protection, and provided lower interest financing of water system improvements.
- Utah: Increased focus on contacting families and informing them of well-child visits in an effort to increase participation in the Child Health Evaluation and Care Program.
- Texas: *Healthy West Texans*, a radio show, features doctors who discuss health promotion issues and answer call-in questions from listeners.

In addition to describing program activities and initiatives, a number of States cited examples of specific successes, or outcomes, attributable to their health objectives-implementation activities. For example, Louisiana attributed a 31 percent decrease from 1993 to 1994 in its secondary syphilis rate to an extension of services from 31 to 52 of Louisiana's health parishes. This initiative was a direct result of Louisiana's HEALTHY PEOPLE 2000 process, in which it selected sexually transmitted diseases as a

priority area. Over that same time period, South Carolina increased its age-appropriate immunization rate for 2-year-olds from 62 percent to 82 percent, an accomplishment health officials credit to South Carolina's "No Shots, No School, No Day Care" law adopted in 1993, in part as a result of that State's HEALTHY PEOPLE 2000 process.

Another critical benefit of the HEALTHY PEOPLE 2000 process is that it provides States with a framework for evaluating public health programs and interventions. In Texas, it has become common practice for public health programs to integrate year 2000 objectives into their evaluation activities. *Healthy Texans* has provided programs such as the Texas Performance Based Objectives project, the Civil/Military project, and Shots Across Texas with a performance standard against which to measure program impact and outcomes.

Legislative Support and Development

Formulating and promoting statewide disease prevention and health promotion objectives has been a boon for States' support and development of legislative initiatives. States stressed that having a statewide blueprint for improving the population's health, one which represents statewide consensus from a broad cross-section of public and private sector interests alike, greatly facilitates lawmaking and appropriations. Health officials are able to use the objectives as a framework with legislators, not only to justify the need for various program initiatives, but to demonstrate the success of health interventions and the return on investment of public resources.

Although not specifically asked whether they had used objectives for legislative activity, about one-third of the States queried mentioned legislative work as one of their important implementation activities. The most frequently cited specific legislative success was the passage of clean indoor air legislation. Four States and territories—Delaware, Guam, Utah, and Vermont—attributed success in passing such legislation to their health objectives framework.

The Rhode Island Department of Health has been successful in using the objectives to win legislative approval for new requirements related to automobile and boat safety and radon control, as well as for new minority health programs funded by a tobacco tax. The Department anticipates proposing new legislation in the areas of tobacco control and driving restrictions for minors. Likewise, in addition to its clean indoor air laws, Vermont's legislative successes have also been numerous, including passages of bills related to lead abatement, immunizations, and seat belt usage.

Texas has developed a series of legislative profiles, one for each of the 31 State legislative districts, to educate legislators on the health status of their constituents and to encourage the use of data for local and State decision making.

Some States attempted to use their objectives as a basis for more broad-sweeping legislative initiatives, such as systems reform measures or department reorganization. Although it did not win approval from the State legislature, Kentucky introduced legislation in both 1992 and 1994 that would have revised the mission and

statutory authority of the Department of Health Services to be directly related to the State health objectives.

Community Planning Projects

Successful attainment of statewide objectives requires the commitment of agencies and organizations at the community level, where most public health services are provided. Recognizing this, many States used their statewide health objectives framework as a catalyst for implementation activities at the local level, supporting or participating in popular community planning and assessment processes such as APEX/PH (Assessment Protocol for Excellence in Public Health) or PATCH (Planned Approach To Community Health).

Several States provided examples of locally-oriented activities:

- The Alaska Department of Health and Social Services assisted 15 communities in local health planning efforts using the PATCH model.
- The Director of the Arkansas Department of Health identified community-based planning among her top priorities for the agency.
- The State Health Office of the Florida Department of Health and Rehabilitative Services is moving forward with a goal of developing comprehensive, community-based health promotion and wellness programs throughout the State. The State Health Office funds demonstration projects in three counties and provides training and technical assistance based on the PATCH model.
- The Illinois Project for Local Assessment of Needs (IPLAN) established a strategy for addressing communities' most serious health problems. As part of the certification requirements governing Illinois' health departments, 86 local health departments completed a local community health assessment and developed a corresponding community health plan to address priority needs in order to meet national HEALTHY PEOPLE 2000 objectives.
- A number of counties in Iowa have used *Healthy Iowans 2000* as a local planning catalyst. In addition, *Healthy Iowans 2000*, the Prevention Block Grant, and APEX/PH were used as the basis for a series of "Ounces of Prevention" meetings in each of the 19 counties in Iowa.
- The State and local public health agencies in Michigan have jointly initiated a community health assessment process to analyze health status, risks, and resources systematically and to develop and implement strategies for improving community health.
- In North Carolina, a State-level Office of Healthy North Carolinians was created to assist county- and community-level coalitions in setting their goals and objectives. In the 2 years since its creation, more than half of the counties in the State are in some stage of *Healthy Carolinians* activities, including 35 in the planning stages and 21 with active task forces.

- The *Healthy Texans* and Healthy People objectives have served as the foundation for numerous community-level strategic planning processes in Texas. In addition, a number of colleges and universities there have incorporated year 2000 objectives into their curriculum.
- Information about HEALTHY PEOPLE 2000 has been disseminated through the Wyoming Department of Health's PATCH communities.

Dissemination Efforts

The majority of responding States indicated that newsletters, periodicals, press releases, and other media tools were effective means for promoting their State objectives, related program activities, and progress toward meeting the objectives. Some States publish a periodic newsletter devoted exclusively to their HEALTHY PEOPLE 2000 activities while others dedicated portions of health department reports and publications for providing updates on their statewide activities. For example, in North Carolina, the Office of Healthy Carolinians—in conjunction with the State Center for Health and Environmental Statistics—produces a quarterly newsletter, *Target 2000*, and will produce a biennial trend analysis report to keep local coalitions informed of ongoing activities and to highlight objective areas.

In the majority of States, the objective-setting process resulted in the publication of a statewide plan, similar to the national *Healthy People 2000* document, which includes State priority areas, statewide goals, and specific objectives. In general, these plans are widely distributed to public agencies and private organizations throughout the State, and serve as a reference for Healthy People activities in the States. Several States indicated that they have or are planning to produce a midcourse review documenting progress made toward meeting their State objectives. The Michigan Department of Public Health has prepared an annual report describing the successful implementation of strategies under *Healthy Michigan 2000* and plans to issue a biennial surveillance report for monitoring the health status and risk reduction objectives contained in their plan. Several States, including Delaware and Maine, fielded numerous requests by private groups for senior staff presentations on their Healthy People initiatives. In Nebraska, health department staff frequently make presentations to university classes.

Another common strategy utilized by States to promote their Healthy People activities is conducting conferences, workshops, and other training programs. Healthy People initiatives in Iowa and Vermont will be featured in upcoming conferences on health prevention. During the conference, Iowa also will conduct a midcourse review. In Alaska, *Healthy Alaskans 2000* has been one of the major topics at each of the past three Alaska Health Summit conferences, Alaska's main conference on public health issues. Texas has taken a technological approach to promoting their *Healthy Texans* program. With funding from CDC, Texas has developed the *Healthy Texans* electronic bulletin board, operated by the Bureau of State Health Data and Policy Analysis. The target audiences include local health departments, regional health departments, and community-based and other organizations.

Statewide Partnerships

One result of the objective-setting process often cited by States was increased collaboration between the health department and other State agencies. Missouri indicated that the HEALTHY PEOPLE 2000 process has led to improved policy coordination and collaboration between the Department of Health and other executive agencies which are undergoing a statewide strategic planning initiative.

In South Carolina, collaboration and coalition building are important ingredients in the statewide effort to make progress toward the State objectives. The emphasis of *South Carolina Healthy People 2000* is on the 11 local Healthy People coalitions which focus on objectives and objective areas important to their communities. Each coalition has a local coordinator who works closely with State level staff to develop and implement Healthy People activities at the grass roots level.

Most States identified private sector involvement as an integral part of their implementation efforts. As part of health care reform, the Minnesota Department of Health established community health planning forums, called Regional Coordinating Boards, responsible for planning activities to meet public health goals, including those related to Minnesota's Year 2000 Objectives. Many States have established these types of planning groups, which typically include private organizations such as provider groups and health insurance groups, to assist in the development of activities for meeting State objectives. According to the Iowa Department of Health, the private/voluntary sector has, or shares major responsibility for, 20 percent of the 338 action steps in *Healthy Iowans 2000.*

In addition to working with State agencies, some private groups have independently undertaken health promotion and disease prevention activities related to State objectives. The Voluntary Hospitals Association of New Jersey adopted tobacco objectives and mounted a campaign called "Stay Healthy New Jersey" to prevent and control underage tobacco use and to promote a smoke-free environment.

Not only are private organizations sponsoring prevention and health promotion activities related to their State's Healthy People program, they are also incorporating the State objectives into their own planning and activities. For example, in Maine, the American Cancer Society used the State objectives to redesign their core activities. In Tennessee, the State objectives are used by the Health Facilities Commission in the Certificate of Need process and by the Perinatal Association. Several universities in Texas—including Baylor, Texas A&M, and the University of Texas—have integrated year 2000 information into the curriculum of their public health, medicine, public policy, and social work programs.

Additional Challenges and Problems

In addition to providing information on the successes of their objective-setting and implementation activities, States also identified some of the major challenges they face in their implementation activities. The most common response was lack of

funding for program activities related to State objectives. For many States, no additional State funds were appropriated specifically to address reaching the health promotion and disease prevention objectives for the year 2000. In States where a small percentage of the health department's budget comes from the State general fund, it is difficult for Healthy People programs to compete with other established and new programs for funding. As noted by one State contact, this problem is exacerbated because improvements in health outcomes related to the objectives often occur over the long term, are difficult to demonstrate and, therefore, are vulnerable to budget cuts. In States where the health department is being downsized, new initiatives receive minimal funding.

In addition to limited funding, many States cited coordination between the health department and other State agencies, such as the mental health, education, and environmental health departments, as a major obstacle. As Vermont officials suggested, the challenge exists in trying to pull together all statewide activities which support *Healthy Vermonters 2000*, beyond those activities within the Department of Health. According to officials in Rhode Island, successful sharing of responsibility across State agencies required commitment throughout each agency, from the program level to top management, to work through problems in communication and coordination and to resolve different orientations toward problem solving.

Echoing these concerns, Arizona health officials stated that, although the *Arizona 2000* planning process was a statewide effort involving a consortium of public, private, and voluntary representatives, the issues of ownership and shared responsibilities for implementation will require constant attention. For many State health departments, the challenge of coordination is internal—both intra- and interdepartmentally—and external, with nongovernmental organizations. In Washington State, their outcome standards (objectives) were developed and endorsed by a broad-based group of public and private representatives, whose continued cooperation and collaboration will be necessary to achieve these measures. As noted by Guam, without the continual assistance of the public sector, private organizations would not conduct activities related to Guam's objectives on their own.

TRACKING PROGRESS TOWARD ACHIEVING OBJECTIVES

Data Systems Development to Monitor Progress

Using their health objectives as a catalyst, a number of States have been able to improve their data systems and surveillance capabilities. Some of the more frequently cited improvements in information systems included establishing disease registries to facilitate implementation of selected objectives, enhancing the Behavioral Risk Factor Surveillance System, and developing statewide immunization information and tracking systems.

Several States' information system improvements were more global. For example, Alaska is planning to establish a uniform hospital discharge summary database and undertake a feasibility study on outpatient information outside the facility setting. This will allow improved disease and injury surveillance and improved ability for cost-effectiveness studies on prevention activities. Another State, which requested anonymity, is establishing a comprehensive health data system to collect and analyze data relating to costs, quality, and access to care.

Massachusetts has made surveillance a priority by improving the availability of health status data for community-based health promotion and disease prevention through the development of a user-friendly, on-line information service known as MassCHIP. This service will provide health department staff, health providers, and community agencies' easy access to 18 health status, health outcome, program utilization, and demographic data sets.

Gaps in Data to Evaluate Success

Not surprisingly, a large number of States indicated that they lacked the resources and infrastructure to collect the data necessary for tracking progress toward State objectives. In Michigan, the Department of Public Health is currently in the process of establishing State-specific targets for its statewide objectives, which were adopted in 1993, and health officials there feel that the lack of data in some areas and limited resources for data collection and analysis will impede the process. In addition to having these common problems of insufficient resources and infrastructure, Hawaii experienced a unique problem with their baseline data. The baseline data were collected by an "outside" statistician, which did not allow sufficient time for consultation with internal program staff. When it came time to work with the baseline data, staff were not familiar with some of the statistical calculations used and questioned the accuracy of the data. As a result, the data have not been readily used.

Missouri indicated that they have been able to track some objectives and collect data on the progress being made. However, in the process, they have identified "problem objectives" for which no data can be collected. As a result of the gaps in available data, some of these objectives were revised and some were eliminated.

Several States cited problems not only with collecting State data but also collecting data at the local level and for specific programs and populations. Delaware indicated they have had difficultly collecting and analyzing data necessary to plan and track progress at the community level. In Delaware and many other States, these data are critical because their Healthy People activities are centered in communities and localities. With the exception of relatively few broad-based mortality measures, Florida has experienced a related but opposite problem: it has become increasingly difficult to establish statewide measures in Florida due to the movement in the State toward decision making at the local level.

In Minnesota, identifying gaps in population-based assessment data was an important outcome of setting and evaluating their statewide objectives. As a result, Preventive Health Block Grant funds have been targeted in specific areas to strengthen the capacity to assess population health trends.

Conclusion

PHS' HEALTHY PEOPLE 2000 effort, which is geared toward improving health status and promoting healthy lifestyles through quantifiable objectives, has been immensely successful in focusing National public health efforts on high-priority health problems. The fact that most States—which are the critical entities in carrying out strategies to achieve the national objectives—have established their own objectives that, in general, mirror the national objectives is testimony to this success.

In general, establishing, promoting, and working to achieve statewide disease prevention and health promotion objectives for the year 2000 has been a valuable experience for States. Statewide health objectives have been the impetus for identifying and allocating scarce public health resources, setting and justifying budgets, conceiving health policies and strategic plans, developing and evaluating programs, crafting and supporting legislation, cultivating public/private partnerships and coalition-building, and stimulating community planning and involvement. At the same time, if States are to be successful in achieving their health goals and objectives, they will have to overcome a great many challenges and obstacles, such as lack of funding for program activities related to the objectives, lack of resources for information infrastructure and objectives tracking, and the difficulty in engaging entities outside of public health departments to commit to the effort.

References

1. U.S. Department of Health and Human Services, Public Health Service. *Healthy People 2000 State Action,* 1992, pp. 3–4.
2. Ibid., p.4.
3. Ibid., p.6.

THE HEALTHY PEOPLE 2000 CONSORTIUM: A MIDCOURSE REVIEW

History of the HEALTHY PEOPLE 2000 Consortium

Integral to the success of the entire HEALTHY PEOPLE 2000 initiative is the HEALTHY PEOPLE 2000 Consortium. This diverse group of over 330 private and public sector partners, including all the States, was formed in 1988 by the Public Health Service (PHS) in cooperation with the Institute of Medicine of the National Academy of Sciences.

Because HEALTHY PEOPLE 2000 was conceived as a national—not just a Federal—initiative, the philosophy of investing organizations in the initiative's success was essential to its development. Thus, a wide range of partners was recruited for the development of HEALTHY PEOPLE 2000 with the hope that they would ultimately play a vital role in the implementation of strategies to ensure the initiative's success. The growth of the Consortium since its inception and the achievement of the targets to date prove this philosophy was wise.

The strength of the Consortium lies in its diversity. Indeed, Consortium members are working in all 22 of the priority areas. Initially made up of 157 national organizations plus State and territorial health departments, it has grown to encompass 330 organizations and all 50 States. Member organizations represent diverse populations, institutions, and issues. Consortium members have widely differing missions and means of pursuing disease prevention and health promotion strategies. It is their creativity and flexibility that make them valuable partners on the journey to improving the Nation's health.

Conversely, for Consortium members, HEALTHY PEOPLE 2000 has proven to be a valuable tool as well. According to a 1994 survey of Consortium members conducted for the Deputy Assistant Secretary for Health (Public Affairs), 82 percent consider the objectives useful to their organizations. Consortium members use HEALTHY PEOPLE 2000 to pursue their own agendas, shaping their structures and their efforts to the content of HEALTHY PEOPLE 2000. The initiative serves both as a road map for action and a source of ideas from which to develop programs, determine policy, pursue funding, and mobilize membership. In addition, it allows the development of coalitions among groups who, before HEALTHY PEOPLE 2000, might not have seen themselves as striving toward the same goals.

Public Health Service Activities with the Consortium

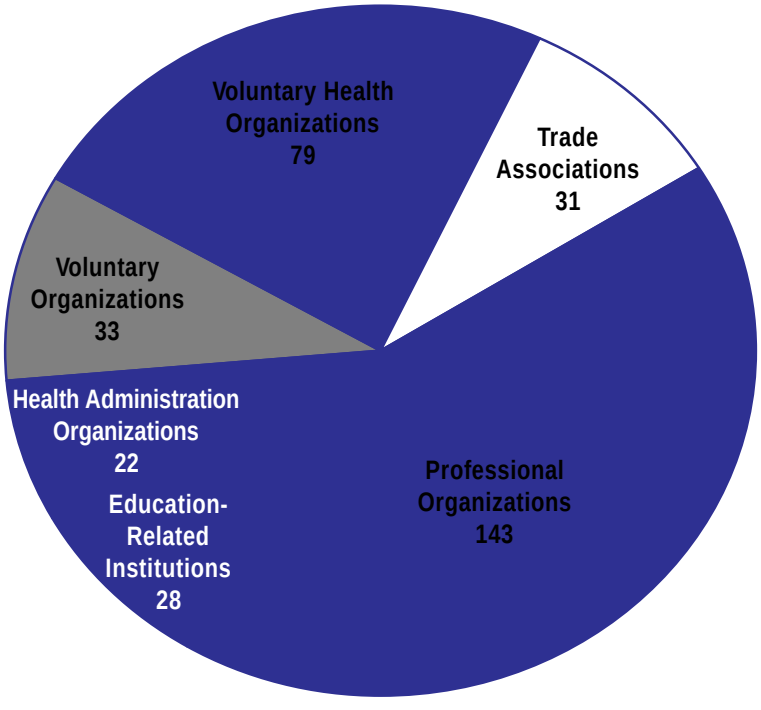
PHS lead agencies for the HEALTHY PEOPLE 2000 priority areas all draw upon Consortium members for involvement in their efforts. As overall coordinator, the PHS Office of Disease Prevention and Health Promotion (ODPHP), a program office within the Office of the Assistant Secretary for Health, serves the HEALTHY PEOPLE

2000 Consortium in a variety of ways. ODPHP oversaw development of the objectives, the PHS monitoring structure, and the Consortium. In addition, ODPHP directed the implementation of the HEALTHY PEOPLE 2000 initiative. This included making grants to nine organizations to craft prevention activities for special populations such as older people, people with disabilities, and blacks. In this capacity, ODPHP also convenes HEALTHY PEOPLE 2000 Steering Committee meetings, organizes progress reviews on each of the priority areas and crosscutting areas for the Assistant Secretary for Health, and hosts an annual meeting of the Consortium to discuss progress, barriers, and ways to overcome them.

ODPHP staff also respond to Consortium member inquiries about available resources, current news on PHS activities, contacts, publications, and expert speakers. Consortium members request and receive advice on quality-of-life indicators, data on specific objectives, details of PHS efforts and marketing strategies, materials for information on the objectives, examples of interdisciplinary collaboration, information on the status of health care reform, funding sources, and feedback on prevention program proposals.

Consortium members stay abreast of each other's activities and those of the Federal Government through *UPDATE*, a bimonthly newsletter highlighting local activities related to HEALTHY PEOPLE 2000 and through publications such as the *Healthy People 2000 Review*. Publications such as resource lists for each priority area and *Progress Reports* support information sharing.

Figure 1.
Private and Voluntary Organizations in the HEALTHY PEOPLE 2000 Consortium



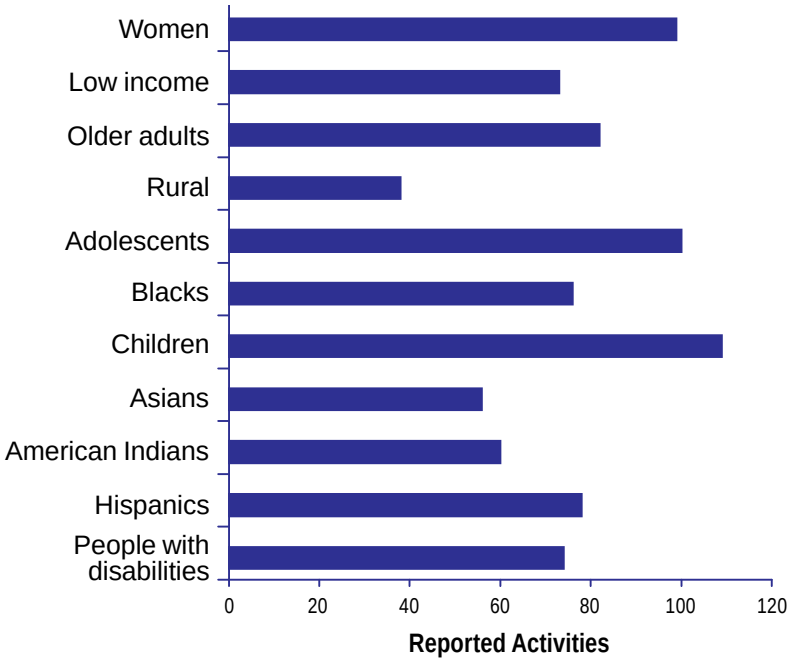
Source: ODPHP, 2000 Trak database, 1995

The Consortium Today

Figure 1 illustrates the diversity of the Consortium today; Figure 2 illustrates the target populations of the various Consortium members. These data were abstracted from the HEALTHY PEOPLE 2000 Consortium database from data provided by Consortium organizations themselves.

The following section illustrates the variety of Consortium organization programs that directly support achievement of the Nation's prevention agenda. The examples showcase successes and inspire further good work; they serve as reminders of what is possible when commitment, creativity, and hard work are applied to a shared mission and vision.

Figure 2.
Reported Activities of the Consortium Targeting Special Populations



Source: ODPHP, 2000 Trak database, 1995

Examples of Consortium Action

Many organizations from the private and voluntary sectors have taken the objectives and used them as a framework for action on the prevention front. Although membership in the HEALTHY PEOPLE 2000 Consortium is purposely free and inclusive, the true "price" of participation is substantial: contributing to improving the Nation's health.

The three overarching goals of HEALTHY PEOPLE 2000 represent an underlying charge to change behavior—among institutions, policy makers, health care providers, community leaders, the media, public officials, and ultimately, individuals. Each of these entities has solid traditions, cultures, and bureaucracies; and each faces political pressure, fiscal constraints, and a range of other factors that make change of any kind difficult. Through the concerted actions of their memberships, Consortium organizations pool their expertise, resources, perspectives, and special interests to create positive momentum to help advance the health of the Nation.

A Focus on Publications

Wellness Councils of America (WELCOA) has demonstrated in multiple ways that its commitment to health goes beyond words. A key aspect of the WELCOA strategy has been to provide its membership with instructive publications. WELCOA developed *Health Promotion for All: Strategies for Reaching Diverse Populations at the Workplace* that links ethnic and racial health issues to worksite wellness and

HEALTHY PEOPLE 2000. The booklet *Healthy People at the Worksite 2000* offers not only a guide for personnel in developing programs, but also 77 low-cost health promotion ideas. WELCOA provides incentives such as Well Workplace awards, which are based on HEALTHY PEOPLE 2000 priority areas.

The Association of State and Territorial Public Health Laboratory Directors created *LIFT 2000,* a report developed as a companion initiative to HEALTHY PEOPLE 2000. This report, which was sent to over 600 interested agencies and individuals, identifies the laboratory components of HEALTHY PEOPLE 2000, data and surveillance needs, and the role laboratory professionals can play in forwarding the prevention agenda.

The American Hospital Association developed *Healthy People 2000: America's Hospitals Respond,* a resource kit for hospital administrators to help mobilize health promotion initiatives throughout the country. The kit includes ideas for urban and rural communities and includes suggestions for hospitals "on a limited budget." Suggestions include using volunteers, hosting support groups, developing mother-daughter programs, forming partnerships with schools, reaching out to parents, teaching self-care in clinics, educating people about AIDS, teaching good nutritional practices, establishing a health information center, and offering free screening.

The National Recreation and Parks Association, recognizing its special role in promoting recreational programs and facilities for increased physical activity and community health promotion, has reached out to members, largely through dissemination of publications. For example, *Beyond Fun and Games, Emerging Roles of Public Recreation* highlights programs that illustrate the multidimensional potential for improved health through recreation.

The American School Health Association produced *Healthy Students 2000: An Agenda for Continuous Improvement in America's Schools* in 1994. This workbook is for educators developing or improving health programs in their schools. The information is based on results of demonstration projects funded by the U.S. Department of Education. The preface explains the usefulness of HEALTHY PEOPLE 2000 this way: "Using the national HEALTHY PEOPLE 2000 initiative provided the necessary link to behaviors of students that legitimized the project for the practitioners as well as providing a framework, which elevated the initiative from a small isolated program from the Cleveland district to an initiative responding to a national challenge." *Healthy Students 2000* presents case findings in a format that has wide applicability to professionals eager to make a difference in their own schools.

The American Dietetic Association (ADA) developed *Call to Action* to inspire its more than 64,000 members to pursue the nutrition objectives. This workbook outlines an implementation plan for the objectives and describes the ADA philosophy: "This workbook is the platform for involving all members of the ADA in one of the most comprehensive nutrition tracking efforts of the century. The ultimate value of the objectives will be the extent to which they help shape what we do toward improving the health of the Nation."

The National Dairy Council's *2000 and Counting* is a teaching guide with instructions, handouts, activity ideas, and background information on the nutrition objectives. Nutrition hints for "Healthy People on a Budget" and "Healthy Busy People," as well as colorful comparison cards and other learning enhancement tools are also part of the package.

A Focus on Special Events and Campaigns

The National Association of Children's Hospitals and Related Institutions' (NACHRI) HEALTHY CHILDREN 2000 Campaign focuses on the HEALTHY PEOPLE 2000 objectives targeting children using a multiyear effort to implement prevention programs in children's hospitals and their communities. NACHRI's Council on Child Health selected 10 specific health promotion themes, one for each year of the 10-year campaign. For example, the theme for 1991 was immunizations. Campaign materials include fact sheets showing prevalence data on the health problem and related HEALTHY PEOPLE 2000 objectives, hospital case studies, programming ideas, and resource information supporting the campaign.

The National SAFE KIDS Campaign's goal of decreasing unintentional injuries among children has resulted in a fundamental change in the way many adults think about childhood injuries, from a view that childhood injuries are "accidents" to a view that injuries are preventable. The campaign, which began as a means to reduce the number of preventable deaths among children seen at the National Children's Medical Center, has grown to a grassroots effort with coalitions in almost every State. Each coalition has its own style but is supported by the national office, which provides materials and policy recommendations for a school-based program, a family safety program, celebrity and media outreach, and lobbying State legislatures. The campaign specifically promotes bicycle and automobile safety, increased helmet use, scald and burn prevention, drowning prevention, and other preventable fatalities.

The Produce for Better Health Foundation's 5 A Day For Better Health Program is one of the largest public/private partnerships in the country. Over 30,000 supermarkets and most of the State and Territorial health departments have become partners in this campaign to encourage Americans to consume more fruits and vegetables.

The Sugar Association has launched several educational programs focusing on good nutrition and exercise. For instance, in 1994 the Sugar Association worked in cooperation with the Food and Drug Administration and the U.S. Department of Agriculture on a program called LABEL POWER to educate consumers about the new nutrition labels. The association also cosponsors (with the National Recreation and Parks Association) Fuel for Fitness, a program that encourages behavioral change by linking fitness activities and dietary choices.

The American Academy of Otolaryngology-Head and Neck Surgery's "Through With Chew" and "Poisoning our Children: The Perils of Secondhand Smoke" campaigns spread the message about the dangers of both smoking and chewing

tobacco. The campaigns offer educational activities, brochures, videos, and advocacy materials.

The American Optometric Association's (AOA) "Healthy Vision 2000" is aimed at getting its membership to practice and preach prevention in the area of eye injury and preventable blindness. AOA has devoted journal articles, meetings, and resources to this effort.

The American Heart Association (AHA) and the National Stroke Association (NSA) have been instrumental in getting Americans to adopt healthier habits. Such campaigns as AHA's "Have a Heart" and NSA's "Be Stroke Smart" have played a part in reducing incidents of coronary disease and stroke.

The American Cancer Society (ACS) has been a major catalytic force behind cancer prevention for particular populations, with such successful programs as a school health cancer risk-reduction program for fourth through sixth graders called "Do it Yourself: Making Healthy Choices," "Taking Control," and "Eating Smart" nutrition campaigns, and tobacco activities involving the National Cancer Institute's ASSIST program. ACS is also involved with the Centers for Disease Control and Prevention's Breast and Cervical Cancer Program and minority-focused breast cancer education programs such as the "Circle of Life" for American Indian women.

The American Fund for Dental Health convened Oral Health 2000 to focus on the 16 oral health objectives through collaboration on prevention-based education, research, and service programs. The national consortium includes a range of partners from the private, voluntary, and government sectors and was launched through the National Institute of Dental Research. The consortium, continuing with corporate financial support, has embarked on such programs as smoking cessation and fluoride awareness and has reached out to labor unions, consumer groups, insurance companies, and other interested parties.

A Focus on Communities

The National Mental Health Association (NMHA) is doing its part to ensure that local mental health agencies have the know-how to implement prevention programs based on models that have already proved successful in reducing depression, suicide, and stress. NMHA provides local agencies with technical assistance, educational materials, and information on scientifically validated prevention approaches. The Community Prevention Services Program has targeted 10 communities around the country for specific training.

The American Public Health Association's (APHA) Model Standards Project—developed with sponsorship by CDC in collaboration with the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, and the Association of Schools of Public Health—promotes use of model standards in communities working to achieve the HEALTHY PEOPLE 2000 objectives.

APHA has done extensive outreach, developed a Peer Assistance Network, and produced and disseminated materials to communities about community processes and standards available to them. Key among APHA's publications are *Healthy Communities 2000: Model Standards* and *The Guide to Implementing Model Standards: Eleven Steps Toward a Healthy Community*.

The National Civic League (NCL) has been a catalyst behind the ever-growing Healthy Communities movement. This 100-year-old Colorado-based nonprofit organization has devoted its time and resources to spreading the word and sharing its wisdom with communities about how to develop collaborative, broad-based prevention programs at the local level. HEALTHY PEOPLE 2000 objectives are used frequently in community plans and as a framework for goal-setting on a local level. NCL's programs include the National Healthy Communities Initiative and the Healthy Communities Action Project. Beyond extensive technical assistance, where NCL offers expertise in facilitation, design, and strategic planning, NCL has published *Healthy Communities Handbook, Healthy Communities Directory, Healthy Communities Resource Guide,* and *Healthy Communities Storybook.*

The National Black Nurses Association (NBNA), with funding from the Division of Nursing of the Health Resources and Services Administration, is working to encourage prevention activities among its branches and chapters. The association developed a Community Collaboration Model with attention to such health topics as AIDS prevention and control. Forty percent of the NBNA chapters sponsor education programs in schools, the worksite, and other sites in the community. The prevention programs cater to the special needs of blacks and most recently have focused on adolescents. In the area of cardiovascular disease, 88 percent of NBNA chapters have provided screening and referral for hypertension, cholesterol, diet and exercise, and smoking cessation. The group has worked closely with such key community institutions as churches and voluntary groups and has embarked on efforts to diversify the workforce in the health care field.

The American College of Sports Medicine (ACSM) has built a grassroots community-based organization that takes the objectives straight to the public and professionals through volunteers. ACSM equips volunteers with information and materials to spread the prevention message in their communities. The college has an Ad Hoc Committee on HEALTHY PEOPLE 2000, with 12 regional and 47 State representatives. Committee members share information about progress and highlight regional efforts in the quarterly newsletter, *The Goal Post*. Promotional material is supplemented with educational information and such tools as slide sets.

A Focus on Special Populations and Settings

The National Medical Association (NMA) represents 16,000 black and other physicians across the country. NMA has set its own year 2000 objectives: "(1) Demonstrate the effectiveness of coalition teams directed by physicians who engage in disease prevention and health promotion in local communities. (2) Develop a

practical and replicable applications model. (3) Integrate this project with existing local programs that are funded by the private sector and public agencies." The NMA's Community Coalition Project has been implemented in 14 cities and involves community presentations, mass media messages, and various other means to reach three targeted age groups of blacks: 15–24 years, 25–44 years, and 53–64 years. Coalition teams have been formed in each site, with a physician team leader and a range of other participants, including allied health professionals, clergy, and community leaders.

The focus of the National Coalition of Hispanic Health and Human Service Organizations (COSSMHO) "Es Mejor Prevenir que Curar/An Ounce of Prevention" project is to improve the health status of Hispanic Americans. COSSMHO provides leadership and technical assistance to community-based organizations to foster the development of health promotion and disease prevention programs that effectively target Hispanics. COSSMHO conducts research and trains health care professionals in the cross-cultural delivery of health services and has developed *Health Objectives: A Hispanic Prevention Agenda*, which outlines specific implementation strategies for using HEALTHY PEOPLE 2000 with Hispanic populations. COSSMHO also works closely with the National Hispanic Leadership Initiative on Cancer sponsored by the National Cancer Institute.

"Healthier Youth by the Year 2000" was developed through funding by PHS to the American Medical Association (AMA) via their National Coalition on Adolescent Health. AMA formed a year 2000 task force to come up with strategies to improve adolescent health. The task force, made up of 20 national membership organizations (almost all HEALTHY PEOPLE 2000 Consortium members themselves), capitalizes on the strong networks that are already part of AMA. A newsletter, *Target 2000*, includes news on model State and local programs for adolescents, interviews with adolescent health experts, listings of relevant new publications and funding sources, and planning tips. The National Coalition on Adolescent Health developed the National Adolescent Health Promotion Network, an electronic network with 7,000 users, including mental health workers, social services administrators, advocates, and health educators. Members are offered free use of the network to enhance their work with adolescents.

The American Association of Retired Persons (AARP) has been the lead organization on HEALTHY PEOPLE 2000 activities related to older adults. AARP, with help from a PHS cooperative agreement, has crafted health promotion programs targeting older Americans. AARP developed and disseminated several publications and provided leadership for numerous prevention programs that draw upon the HEALTHY PEOPLE 2000 objectives, particularly those relating to osteoporosis, nutrition, and falls. AARP also gave awards to organizations conducting model programs around the country.

The American Association of School Administrators, which represents about 19,000 superintendents, principals, and school district leaders, carried out its commitment to the Consortium by promoting "Healthy Kids for the Year 2000." This project builds interest in the HEALTHY PEOPLE 2000 objectives targeting school-age children through intensive promotion of the merits of comprehensive school health education programs.

The subtitle of the American College Health Association's (ACHA) Healthy Campus 2000 initiative says it all: "Making It Happen." This organization's interest grew out of concern that insufficient attention was being paid to 18- to 25-year-olds. ACHA was part of the Task Force on National Health Objectives in Higher Education that recognized the tremendous opportunities for promotion and preventive services at college health centers. ACHA's Healthy Campus 2000 project helps link the national health objectives to individual campus communities.

Conclusion

The organizations highlighted in this chapter were selected because they are examples of Consortium member action to support HEALTHY PEOPLE 2000. In no way do the examples represent a complete list of all the activities currently underway nationwide. Rather, the examples describe a rich diversity of approaches to addressing many different health concerns, special populations, and settings. All of these examples reaffirm the belief that the HEALTHY PEOPLE 2000 targets are achievable, even surpassable, given the right combination of collaborators.

In stepping back to assess progress, unquestionably the Consortium's involvement in advancing the objectives has been integral to HEALTHY PEOPLE 2000's success to date. Looking forward, it is clear the Consortium will continue to be vital to the achievement of the objectives by the end of the decade.