



PROGRESS REVIEW

Educational & Community-Based Programs

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ September 4, 1996

In a review of the Healthy People 2000 objectives for Priority Area 8: Educational and Community-Based Programs, the Centers for Disease Control and Prevention in co-lead with the Health Resources and Services Administration organized an overview of progress on the objectives around three areas: progress in identifying data sources for priority area objectives, building support for school health education, and initiatives and trends in community health promotion.

8.2 In 1992, 86 percent of the total population (aged 18-24) had completed high school; the high school completion rate was 62 percent for Hispanics and 82 percent for Blacks. 1994 data show little or no change for any group. The year 2000 objective is to increase the high school completion rate to 90 percent. The objective is based, in part, on studies which have shown a correlation between high school completion and a reduction in risks for multiple problem behaviors and improved mental and physical health. During the 1995 Midcourse Revisions, "high school graduation" was replaced with "high school completion," to include students who complete high school with alternative credentials. The U.S. Department of Education modified the age cohort for high school completion from 19-20 years to 18-24 years. The objective is now aligned with measures used by the U.S. Department of Education to track national education goals.

8.3 This objective aims to achieve access to high quality and developmentally appropriate preschool programs for all disadvantaged children and children with disabilities. It is consistent with the National Education Goal that addresses preschool child development programs. In 1995, 54 percent of low-income children had received at least one year of Head Start services and 63 percent of disabled 3-5 year olds were enrolled in preschool.

8.4 The year 2000 target for this objective is to increase to at least 75 percent the proportion of elementary and secondary schools which provide comprehensive school health education. This objective was modified during the 1995 Midcourse Revisions to replace the term "quality school health education" with "comprehensive school health education." Baseline data for this objective are from CDC's School Health Policies and Program Study (SHPPS). In 1994, 11 percent of middle and high schools met 5 essential criteria of comprehensive school health education and 2.3 percent met all 8 criteria. The essential criteria include

having a documented, sequential program; requiring at least one health education class; providing instruction in six behavioral areas; focusing on skill development; and employing adequately trained teachers.

8.5 In the baseline school year 1989-90, a survey sponsored by the American College Health Association showed that 20 percent of post-secondary institutions provided health promotion programs for students, faculty, and staff. The year 2000 target is 50 percent. Although there has been no update of the baseline, a proxy measure of the objective is available from the College Youth Risk Behavior Survey, which monitors critical health risk behaviors among college students. This survey revealed that, in 1992, the proportion of college students aged 18-24 who received health information from their college varied by topic area, ranging from 21 percent for information about suicide prevention to 60 percent for information about alcohol and drug use.

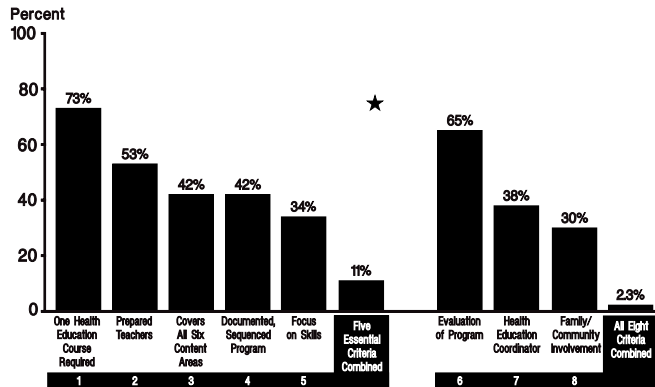
8.9 In 1994, the proportion of people aged 10 and older who discussed health issues with family members at least once during the preceding month was 83 percent, exceeding the year 2000 target of 75 percent. The proportion of those who discussed specific health topics ranged from 33 percent for illegal drugs to 67 percent for nutrition. Data to measure this objective were derived from the National Health Interview Survey.

8.10 This objective is to establish community health promotion programs which address at least 3 of the Healthy People 2000 priority areas and reach at least 40 percent of each State's population. A 1992-93 survey by the National Association of City and County Health Officials (NACCHO) revealed that 90 percent of local health departments in 35 States provided services that addressed 3 or more priority areas. However, the NACCHO survey does not offer data regarding the proportion of the population served by these programs.

HIGHLIGHTS

- The growing Healthy Cities and Healthy Communities movement is involving communities in the planning and assessment of health education and health promotion programs.
- The U.S. Department of Education provides only 6 percent of funding for public schools; State and local resources are predominant. Proposed increases in funding to public schools are being met with resistance by taxpayers. These limitations present a challenge for promoting and implementing comprehensive school health education.
- "Full-service schools," are a new educational initiative. These schools offer a variety of educational, counseling, social, and health services to families in one location. Some of these services are available on a 24-hour basis.
- A quilt made in Garrett County, Maryland, was on display in the Progress Review conference room and had been featured at the County fair. Multi-colored panels depicted the multiple sites for community health promotion activities, including schools, day care centers, work-sites, churches, and health care facilities. The quilt itself was a symbol of the interconnectedness of these activities and issues.
- Progress has been made in identifying and utilizing national data sources for objectives in this priority area. However, it remains a challenge to translate these objectives into relevant State, local and private sector measures to guide program planning and assessment.

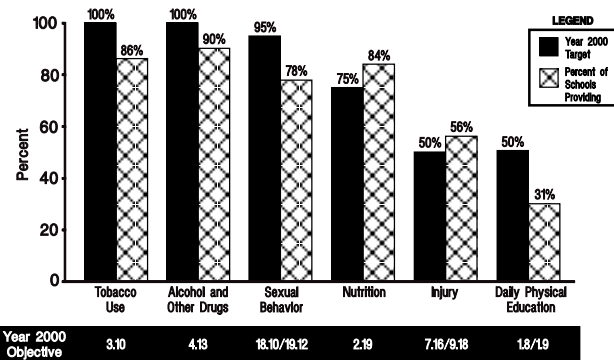
Percent of Middle and High Schools Providing Comprehensive School Health Education (Eight Defined Criteria)



★ Year 2000 Target for objective 8.4 is 75%

Source: CDC - 1994 School Health Policies and Programs Study

Percent of Middle and High Schools Addressing Specified Topics in at Least One Required Course and Percent Requiring Daily Physical Education



Year 2000 Objective	3.10	4.13	18.10/18.12	2.19	7.18/9.18	1.8/1.9
---------------------	------	------	-------------	------	-----------	---------

Source: CDC - 1994 School Health Policies and Programs Study

8.11 This objective is to increase to at least 50 percent the proportion of counties which have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations. No data are currently available to track the objective. CDC and the PHS Office of Minority Health are working to develop a methodology for measurement.

8.13 In the Nation's top 20 television markets, 100 percent of local television network affiliates report being partners with one or more community organizations around one of the health problems addressed by the Healthy People 2000 objectives, surpassing the year 2000 target of 75 percent. These data come from a CDC-sponsored survey conducted in 1995-96.

8.14 This objective aims to increase to at least 90 percent the proportion of people who are served by local health departments which are effectively carrying out the core functions of public health. The 1992-93 NACCHO survey provides some data relevant to this objective. Of the local health departments reporting, 84 percent provided health education, 96 percent immunizations, 64 percent prenatal care, and 30 percent primary care.

PARTICIPANTS

- Administration for Children, Youth and Families
- American Cancer Society
- American College Health Association
- American Hospital Association
- American Public Health Association
- California Department of Health Services
- Centers for Disease Control and Prevention
- Department of Education
- GenCare Health Systems
- Health Resources and Services Administration
- Garrett County (MD) Health Department
- Indian Health Service
- Louisiana Department of Health and Hospitals*
- Maine Bureau of Health**
- National Association of County and City Health Officials
- National Institutes of Health
- Office of Disease Prevention and Health Promotion
- Office of Minority Health
- Office of Public Health and Science
- Office of the Surgeon General
- Pan American Health Organization
- Partnership for Prevention
- Society for Public Health Education

* Representing also the Association of State and Territorial Health Officials

**Representing also the Association of State and Territorial Directors of Health Promotion and Public Health Education

FOLLOW-UP

- Increase collaboration with the Department of Education to strengthen and support school health.
- Promote the concept of "full service" schools, which provide families in the community with health and other services.
- Enable communities to address their highest priority needs by identifying sources of Federal and private funding and by merging diverse sources of categorical funding for school and community health education and health promotion.
- Explore ways the Public Health Service with its partners can support and enhance community efforts to solve problems of disease prevention and health promotion.
- As managed health care plans serve greater numbers of Americans, study the implications this will have for school-based health services.
- Seek to ensure that educational and community-based health promotion programs are made available to all populations in the community, and engage the cooperation of businesses, law enforcement agencies, and the faith community in assuring access to and the cultural competency of such health programs and services.
- Develop data strategies to help States and communities better utilize existing data methodology and data sets to measure health indicators important to them.



Philip R. Lee

Philip R. Lee, M.D.
Assistant Secretary for Health