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Access to Quality Health Services

Clinical Preventive Care

- 1-1 Persons with health insurance
- 1-2 Health insurance coverage for clinical preventive services
- 1-3 Counseling about health behaviors
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Primary Care

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- 1-8i American Indian or Alaska Native—Medicine
- 1-8j Asian or Pacific Islander—Medicine
- 1-8k Black or African American—Medicine
- 1-8l Hispanic or Latino—Medicine
- 1-8m American Indian or Alaska Native—Dentistry
- 1-8n Asian or Pacific Islander—Dentistry
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Long-Term Care and Rehabilitative Services

- 1-15 Long-term care services
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Clinical Preventive Care

1-1. Increase the proportion of persons with health insurance.

National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
Healthy People 2000 Objective	Adapted from 21.4 (Clinical Preventive Services).
Leading Health Indicator	Access to Health Care.
Measure	Percent (age adjusted—see Comments).
Baseline	83 (1997).
Numerator	Number persons under age 65 years who report coverage by any type of public or private health insurance.
Denominator	Number of persons under age 65 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	For questions from the 1997 National Health Interview Survey, Family core, Section IV, Health Insurance, see: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/1997/qfamilyx.pdf .
Expected Periodicity	Annual.
Comments	Health care coverage includes any type of health insurance or health care plan, including those obtained by employment, direct purchase, and Government programs, including Medicare, Medi-Gap, military healthcare/VA, Medicaid, CHAMPUS/TRICARE/CHAMP-VA, Indian Health Service, State-sponsored health plans, or other public hospital or physician programs. More information on the definition of health insurance coverage is provided by <i>Health, United States, 2000</i> . ¹

Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion on age adjustment, see Part A, section 5.

This measure is a modification of its comparable Healthy People 2000 objective 21.4, which proposed to improve the financing and delivery of clinical preventive services. Healthy People 2000 objective 21.4 was tracked by a proxy measure: the proportion of persons with no health care coverage.² This objective tracks the converse measure, the proportion of persons with health care coverage and does not specifically address delivery of clinical preventive services (see objective 1-2). Also, this objective is age adjusted; the Healthy People 2000 objective was not.

This objective is one of the measures used to track the Access to Health Care Leading Health Indicator. See Appendix H for a complete listing.

See Part C for a description of NHIS and BRFSS and Appendix A for focus area contact information.



1-2. (Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.

Comments

An operational definition could not be specified at the time of publication.

The proposed data source is the Medical Expenditure Panel Survey (MEPS), AHRQ (formerly AHCPR). The 1996 MEPS data are currently being analyzed and may provide baseline data on percent of persons with coverage for selected preventive services (well-child visits, immunizations, mammograms, cervical cancer screening, and adult physicals).

The numerator will be the number of persons who have coverage for clinical preventive services as part of their health insurance. The denominator will be the number of insured persons.

These data are based on an abstract of the respondents' insurance policies, rather than household reports.

This objective is a modification of Healthy People 2000 objective 21.4, which proposed to improve the financing and delivery of clinical preventive services (see Comments provided with objective 1-1 for more information).

Data will be collected periodically, with as much as a 3-year lag time in reporting these data.

Data that are collected periodically from policy booklets obtained from MEPS household respondents could be modified to collect information on a broader set of preventive services.

Recommended services to track include childhood and adult immunizations; recommended cancer screening (breast, cervix, and colon); smoking cessation counseling; and contraceptive services.

See Part C for a description of MEPS and Appendix A for focus area contact information.



1-3. Increase the proportion of persons appropriately counseled about health behaviors.

1-3a. (Developmental) Physical activity or exercise (adults aged 18 years and older).

Comments

An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This objective is a modification of Healthy People 2000 objective 1.12, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about physical activity and was tracked using the Primary Care Providers Surveys, OPHS, ODPHP, and the Prevention in Primary Care Study, American College of Preventive Medicine. This measure will track adults aged 18 years and older with a physician visit in the past year and is scheduled to be tracked using NHIS, CDC, NCHS.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

See Part C for a description of NHIS and Appendix A for focus area contact information.



1-3b. (Developmental) Diet and nutrition (adults aged 18 years and older).

Comments

An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This objective is a modification of Healthy People 2000 objective 2.21, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about nutrition and diet; it was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine. This measure will track adults aged 18 years and older with a physician visit in the past year, who received counseling on diet and nutrition; the measure is scheduled to be tracked using the National Health Interview Survey, CDC, NCHS.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

See Part C for a description of NHIS and Appendix A for focus area contact information.



1-3c. (Developmental) Smoking cessation (adult smokers aged 18 years and older).

Comments

An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This objective is a modification of Healthy People 2000 objective 3.16, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about smoking cessation, and was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine. This measure will track adults aged 18 years and older with a physician visit in the past year who are current smokers or who have quit smoking in the past 12 months; the measure is scheduled to be tracked using the National Health Interview Survey, CDC, NCHS.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

See Part C for a description of NHIS and Appendix A for focus area contact information.



1-3d. (Developmental) Reduced alcohol consumption (adults aged 18 years and older with excessive alcohol consumption).

Comments

An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This objective is a modification of Healthy People 2000 objective 4.19, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about drug and alcohol use; it was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine. This measure will track adults aged 18 years and older with a physician visit in the past year who have reported excessive alcohol consumption; the measure is scheduled to be tracked using the National Health Interview Survey, CDC, NCHS.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

See Part C for a description of NHIS and Appendix A for focus area contact information.



1-3e. (Developmental) Childhood injury prevention: vehicle restraints and bicycle helmets (children aged 17 years and under).

Comments

An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This objective is a modification of Healthy People 2000 objective 9.21, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about injury prevention; the objective was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine. This measure will track children aged 17 years and under who are reported to have had a physician visit in the past year and received counseling on the use of vehicle restraints and bicycle helmets, using the National Health Interview Survey, CDC, NCHS.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

See Part C for a description of NHIS and Appendix A for focus area contact information.



1-3f. Unintended pregnancy (females aged 15 to 44 years).

National Data Source	National Survey on Family Growth (NSFG), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 14.12 (Maternal and Infant Health) (also 5.10).
Measure	Percent.
Baseline	19 (1995).
Numerator	Number of women aged 15 to 44 years with a physician visit in the past 12 months who received counseling on either birth control or getting sterilized.
Denominator	Number of women aged 15 to 44 years with a physician visit in the past 12 months.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1995 National Survey on Family Growth:

- *In the past 12 months, that is since (month/year), have you received any of the following birth control services from a doctor or other health care provider?*

Counseling about birth control or a prescription for a method?

Counseling about getting sterilized?

Expected Periodicity

Periodic.

Comments

Women were considered to receive counseling if they responded “yes” to either receiving counseling about birth control or getting sterilized.

This objective is a modification of Healthy People 2000 objective 14.12, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about family planning; it was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine.

See Part C for a description of NSFG and Appendix A for focus area contact information.



1-3g. (Developmental) Prevention of sexually transmitted diseases (males aged 15 to 49 years, females aged 15 to 44 years).

Comments

An operational definition could not be specified at time of publication.

The proposed national data source is the National Survey on Family Growth (NSFG), CDC, NCHS.

This objective is a modification of Healthy People 2000 objective 18.9 (also 19.14), which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about prevention of HIV and other sexually transmitted diseases; the objective was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine.

The 2001 NSFG will collect data on STD counseling for men aged 15 to 49 years. While the NSFG does collect data on family planning services for women aged 15 to 44 years [including the receipt of birth control services (including condoms)], specific

questions on STD counseling among women currently are not included.

See Part C for a description of NSFG and Appendix A for focus area contact information.



1-3h. (Developmental) Management of menopause (females aged 46 to 56 years).

Comments

An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS. The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This measure is a modification of Healthy People 2000 objective 17.18, which tracked the proportion of perimenopausal women aged 40 to 60 years who were counseled about estrogen replacement therapy. This measure will track women aged 46 to 56 years who have had a physician visit in the past year and report that they have received counseling on management of menopause.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

See Part C for a description of NHIS and Appendix A for focus area contact information.



Primary Care

1-4. Increase the proportion of persons who have a specific source of ongoing care.

1-4a. All ages.

National Data Source National Health Interview Survey (NHIS), CDC, NCHS.

State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 21.3 (Clinical Preventive Services), age adjusted to the 2000 standard population.
Leading Health Indicator	Access to Health Care.
Measure	Percent (age adjusted—see Comments).
Baseline	87 (1998).
Numerator	Number of persons who report having a specific source of primary care.
Denominator	Number of persons.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	<p>From the 1998 National Health Interview Survey:</p> <ul style="list-style-type: none"> ➤ <i>Is there a place that you usually go when you are sick or need advice about your health?</i> ➤ <i>What kind of place is it: a clinic, doctor's office, emergency room, or some other place?</i> <ul style="list-style-type: none"> <i>(a) Hospital emergency room</i> <i>(b) Urgent care/walk-in clinic</i> <i>(c) Doctor's office</i> <i>(d) Clinic</i> <i>(e) Health center facility</i> <i>(f) Hospital outpatient clinic</i> <i>(g) HMO (Health Maintenance Organization)/Pre-paid group</i> <i>(h) Military or other VA healthcare</i> <i>(i) Some other place</i>
Expected Periodicity	Annual.
Comments	<p>A specific source of primary care includes responses (b) through (i) listed above. A hospital emergency room (a) is not included as a specific source of primary care.</p> <p>Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion on age adjustment, see Part A, section 5.</p> <p>This measure is modified from its comparable Healthy People 2000 objective 21.3, which tracked persons aged 18 years and older. This measure tracks persons of all ages and is age adjusted to the 2000 standard population.</p>

This objective is one of the measures used to track the Access to Health Care Leading Health Indicator. See Appendix H for a complete listing.

See Part C for a description of NHIS and Appendix A for focus area contact information.



1-4b. Children and youth aged 17 years and under.

National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 21.3 (Clinical Preventive Services).
Measure	Percent (age adjusted—see Comments).
Baseline	93 (1998).
Numerator	Number of children and youth aged 17 years and under who report having a specific source of primary care.
Denominator	Number of children and youth aged 17 years and under.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with objective 1-4a.
Expected Periodicity	Annual.
Comments	<p>A specific source of primary care includes responses (b) through (i) listed in the Questions Used To Obtain the National Data provided with objective 1-4a, above. A hospital emergency room (a) is not included as a specific source of primary care.</p> <p>Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion on age adjustment, see Part A, section 5.</p>

This measure is modified from its comparable Healthy People 2000 objective 21.3, which tracked persons aged 18 years and older. This measure tracks children and youth aged 17 years and under and is age adjusted to the 2000 standard population.

See Part C for a description of NHIS and Appendix A for focus area contact information.



1-4c. Adults aged 18 years and older.

National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
Healthy People 2000 Objective	21.3 (Clinical Preventive Services), age adjusted to the 2000 standard population.
Measure	Percent (age adjusted—see Comments).
Baseline	85 (1998).
Numerator	Number adults aged 18 years and older who report having a specific source of primary care.
Denominator	Number of adults aged 18 years and older.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with objective 1-4a.
Expected Periodicity	Annual.
Comments	<p>A specific source of primary care includes responses (b) through (i) listed in the Questions Used To Obtain the National Data provided with objective 1-4a above. A hospital emergency room (a) is not included as a specific source of primary care.</p> <p>Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion on age adjustment, see Part A, section 5.</p>

See Part C for a description of NHIS and BRFSS, and Appendix A for focus area contact information.



1-5. Increase the proportion of persons with a usual primary care provider.

National Data Source	Medical Expenditure Panel Survey (MEPS), AHRQ (formerly AHCPH).
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	77 (1996).
Numerator	Number of persons who report that they have a usual primary care provider.
Denominator	Number of persons.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1996 Medical Expenditure Panel Survey: <ul style="list-style-type: none">➤ <i>Is there a particular doctor's office, health center, or other place that (<u>Person</u>) usually goes if (<u>Person</u>) is sick or needs advice about (<u>Person</u>)'s health?</i>➤ <i>Is (<u>Provider</u>) the (person/place) they would go for new health problems?</i>➤ <i>Is (<u>Provider</u>) the (person/place) they would go for preventive health care, such as general checkups, examinations, and immunizations?</i>➤ <i>Is (<u>Provider</u>) the (person/place) they would go for referrals to other health professionals when needed?</i>
Expected Periodicity	Annual.

Comments

Persons were determined to have a usual primary care provider if they reported that they would usually go to the same health professional for all four of the following situations: if they were sick or needed advice about their health; if they had new health problems; if they needed preventive care such as general checkups, examinations, and immunizations; and if they needed referrals to other health professionals. Persons who reported an emergency room as their usual source of care were classified as not having a usual primary care provider.

See Part C for a description of MEPS and Appendix A for focus area contact information.

**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.**

National Data Source	Medical Expenditure Panel Survey (MEPS), AHRQ (formerly AHCPH).
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	12 (1996).
Numerator	Number of families that report that at least one family member had difficulty or delay in obtaining health care or did not receive needed care.
Denominator	Number of families.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1996 Medical Expenditure Panel Survey:

- *In the last 12 months, did anyone in the family experience difficulty in obtaining any type of health care, delay in obtaining care, or not receive health care they thought they needed due to any of the reasons listed below?*
 - (1) Couldn't afford care*
 - (2) Insurance company wouldn't approve, cover, or pay for care*
 - (3) Pre-existing condition*
 - (4) Insurance required a referral, but couldn't get one*
 - (5) Doctor refused to accept family's insurance plan*
 - (6) Medical care too far away*
 - (7) Can't drive/don't have car/ no public transportation available*
 - (8) Too expensive to get there*
 - (9) Hearing impairment or loss*
 - (10) Different language*
 - (11) Hard to get into building*
 - (12) Hard to get around inside building*
 - (13) No appropriate equipment in office*
 - (14) Couldn't get time off work*
 - (15) Didn't know where to go to get care*
 - (16) Was refused services*
 - (17) Couldn't get child care*
 - (18) Didn't have time or took too long*
 - (19) Other*

Expected Periodicity

Annual.

Comments

A family is considered having difficulty in obtaining care if the head of household responds “yes” to any of the options (1 through 19) listed in the question above.

See Part C for a description of MEPS and Appendix A for focus area contact information.



1-7. (Developmental) 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.

Comments

An operational definition could not be specified at the time of publication.

The proposed national data source is the Adaptation of the Prevention Self-Assessment Analysis, ATPM.

See Appendix A for focus area contact information.



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.

1-8a. American Indian or Alaska Native—health professions and allied and associated health profession fields.

National Data Sources Survey of Predoctoral Dental Educational Institutions, American Dental Association; Profile of Pharmacy Students, American Association of Colleges of Pharmacy; *AAMC Data Book*, Association of American Medical Colleges; Annual Data Report, Association of Schools of Public Health.

State Data Sources Survey of Predoctoral Dental Educational Institutions, American Dental Association; Profile of Pharmacy Students, American Association of Colleges of Pharmacy; *AAMC Data Book*, Association of American Medical Colleges; Annual Data Report, Association of Schools of Public Health.

Healthy People 2000 Objective 21.8 (Clinical Preventive Services).

Measure Percent.

Baseline 0.6 (1996–97).

Numerator Number of degrees in the health professions (medicine, dentistry, pharmacy, and public health) and allied and associated health profession fields awarded to American Indian or Alaska Native persons.

Denominator Number of degrees awarded by accredited schools to all persons in the health professions and allied and associated health profession fields.

Population Targeted Students in accredited health professions and allied and associated health profession schools.

Questions Used To Obtain the National Data

Not applicable for data collected on pharmacy degrees and public health degrees.

For medical degrees, see *AAMC Data Book*.²

For dental degrees, from the 1997–98 Survey of Predoctoral Dental Education Institutions:

- *How many students received a D.D.S. or D.M.D. degree between October 1, 1996 and September 30, 1997?*
(Total must equal the total number of graduates listed on the graduate class list.)
- *How many students received a D.D.S. or D.M.D. degree between October 1, 1996 and September 30, 1997 in each of the following race/ethnicity categories?*

	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>a. White</i>	_____	_____	_____
<i>b. Black</i>	_____	_____	_____
<i>c. Hispanic</i>	_____	_____	_____
<i>d. Native American</i>	_____	_____	_____
<i>e. Asian</i>	_____	_____	_____
<i>f. Not Indicated</i>	_____	_____	_____
<i>Total</i>	_____	_____	_____

(Total must equal the total number of graduates listed on the graduate class list.)

Expected Periodicity

Annual.

Comments

This measure includes only U.S. citizens in its tabulation of public health degrees.³ Dental degrees include both D.D.S. and D.M.D.⁴ Pharmacy degrees include both doctor of pharmacy degrees awarded as the first professional degree and postbaccalaureate degrees.⁵ Medical degrees include only M.D. graduates.²

This measure combines data from four sources that collect data on accredited schools; the data are tabulated by the Bureau of Health Professions (BHP), HRSA.

See Appendix A for focus area contact information.



1-8b. Asian or Pacific Islander—health professions and allied and associated health profession fields.

National Data Sources Survey of Predoctoral Dental Educational Institutions, American Dental Association; Profile of Pharmacy Students, American Association of Colleges of Pharmacy; *AAMC Data Book*, Association of American Medical Colleges; Annual Data Report, Association of Schools of Public Health.

State Data Sources Survey of Predoctoral Dental Educational Institutions, American Dental Association; Profile of Pharmacy Students, American Association of Colleges of Pharmacy; *AAMC Data Book*, Association of American Medical Colleges; Annual Data Report, Association of Schools of Public Health.

Healthy People 2000 Objective 21.8 (Clinical Preventive Services).

Measure Percent.

Baseline 16.2 (1996–97).

Numerator Number of degrees in the health professions (medicine, dentistry, pharmacy, and public health) and allied and associated health profession fields awarded to Asian and Pacific Islander persons.

Denominator Number of degrees awarded by accredited schools to all persons in the health professions and allied and associated health profession fields.

Population Targeted Students in accredited health professions and allied and associated health profession schools.

Questions Used To Obtain the National Data See Questions Used To Obtain the National Data provided with objective 1-8a.

Expected Periodicity Annual.

Comments See Comments provided with objective 1-8a for more information.



1-8c. Black or African American—health professions and allied and associated health profession fields.

National Data Sources	Survey of Predoctoral Dental Educational Institutions, American Dental Association; Profile of Pharmacy Students, American Association of Colleges of Pharmacy; <i>AAMC Data Book</i> , Association of American Medical Colleges; Annual Data Report, Association of Schools of Public Health.
State Data Sources	Survey of Predoctoral Dental Educational Institutions, American Dental Association; Profile of Pharmacy Students, American Association of Colleges of Pharmacy; <i>AAMC Data Book</i> , Association of American Medical Colleges; Annual Data Report, Association of Schools of Public Health.
Healthy People 2000 Objective	21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	6.7 (1996–97).
Numerator	Number of degrees in the health professions (medicine, dentistry, pharmacy, and public health) and allied and associated health profession fields awarded to black or African American persons.
Denominator	Number of degrees awarded by accredited schools to all persons in the health profession and allied and associated health profession fields.
Population Targeted	Students in accredited health professions and allied and associated health profession schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with objective 1-8a.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8a for more information.



1-8d. Hispanic or Latino—health professions and allied and associated health profession fields.

National Data Sources Survey of Predoctoral Dental Educational Institutions, American Dental Association; Profile of Pharmacy Students, American Association of Colleges of Pharmacy; *AAMC Data Book*, Association of American Medical Colleges; Annual Data Report, Association of Schools of Public Health.

State Data Sources Survey of Predoctoral Dental Educational Institutions, American Dental Association; Profile of Pharmacy Students, American Association of Colleges of Pharmacy; *AAMC Data Book*, Association of American Medical Colleges; Annual Data Report, Association of Schools of Public Health.

Healthy People 2000 Objective 21.8 (Clinical Preventive Services).

Measure Percent.

Baseline 4.0 (1996–97).

Numerator Number of degrees in the health professions (medicine, dentistry, pharmacy, and public health) and allied and associated health profession fields awarded to black or African American persons.

Denominator Number of degrees awarded by accredited schools to all persons in the health professions and allied and associated health profession fields.

Population Targeted Students in accredited health professions and allied and associated health profession schools.

Questions Used To Obtain the National Data See Questions Used To Obtain the National Data provided with objective 1-8a.

Expected Periodicity Annual.

Comments See Comments provided with objective 1-8a for more information.



1-8e. American Indian or Alaska Native—nursing.

National Data Source	Annual Survey of RN (Registered Nurse) Programs, National League for Nursing, Center for Research in Nursing Education and Community Health.
State Data Source	Annual Survey of RN (Registered Nurse) Programs, National League for Nursing, Center for Research in Nursing Education and Community Health.
Healthy People 2000 Objective	Adapted from 21.8a (Clinical Preventive Services).
Measure	Percent.
Baseline	0.7 (1995–96).
Numerator	Number of degrees in nursing awarded by accredited schools to American Indian or Alaska Native persons.
Denominator	Number of degrees awarded by accredited schools to all persons in nursing.
Population Targeted	Students in accredited nursing schools.
Questions Used To Obtain the National Data	From the 1999 Annual Survey of RN (Registered Nurse) Programs: <ul style="list-style-type: none">➤ <i>Total Enrollments</i> <i>Ethnic/Racial distribution (all students):</i> _____ <i>American Indian/Alaskan Native</i> _____ <i>Asian/Pacific Islander</i> _____ <i>Black, Non-Hispanic</i> _____ <i>Hispanic</i> _____ <i>White, Non-Hispanic</i> _____ <i>Unknown</i> <i>(The total of the numbers above should equal the total enrollment.)</i>➤ <i>Total Graduations</i> <i>Ethnic/Racial distribution (number):</i> _____ <i>American Indian/Alaskan Native</i> _____ <i>Asian/Pacific Islander</i> _____ <i>Black, Non-Hispanic</i> _____ <i>Hispanic</i> _____ <i>White, Non-Hispanic</i> _____ <i>Unknown</i> <i>(The total of the numbers above should equal the total graduations.)</i>
Expected Periodicity	Annual.

Comments

Nursing degrees in basic nursing education include diploma, associates degree, and basic baccalaureate degree.⁶ Data exclude degrees awarded to students in American Samoa, Guam, and Puerto Rico.

This measure is modified from its comparable Healthy People 2000 objective 21.8a, which tracked the number of people enrolled in schools of nursing. This measure tracks the degrees awarded by nursing schools to unrepresented racial and ethnic minority groups.

See Appendix A for focus area contact information.

**1-8f. Asian or Pacific Islander—nursing.**

National Data Source	Annual Survey of RN (Registered Nurse) Programs, National League for Nursing, Center for Research in Nursing Education and Community Health.
State Data Source	Annual Survey of RN (Registered Nurse) Programs, National League for Nursing, Center for Research in Nursing Education and Community Health.
Healthy People 2000 Objective	Adapted from 21.8a (Clinical Preventive Services).
Measure	Percent.
Baseline	3.2 (1995–96).
Numerator	Number of degrees in nursing awarded by accredited schools to Asian or Pacific Islander persons.
Denominator	Number of degrees awarded by accredited schools to all persons in nursing.
Population Targeted	Students in accredited nursing schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with objective 1-8e.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8e for more information.



1-8g. Black or African American—nursing.

National Data Source	Annual Survey of RN (Registered Nurse) Programs, National League for Nursing, Center for Research in Nursing Education and Community Health.
State Data Source	Annual Survey of RN (Registered Nurse) Programs, National League for Nursing, Center for Research in Nursing Education and Community Health.
Healthy People 2000 Objective	Adapted from 21.8a (Clinical Preventive Services).
Measure	Percent.
Baseline	6.9 (1995–96).
Numerator	Number of degrees in nursing awarded by accredited schools to black or African American persons.
Denominator	Number of degrees awarded by accredited schools to all persons in nursing.
Population Targeted	Students in accredited nursing schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with objective 1-8e.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8e for more information.



1-8h. Hispanic or Latino—nursing.

National Data Source	Annual Survey of RN (Registered Nurse) Programs, National League for Nursing, Center for Research in Nursing Education and Community Health.
State Data Source	Annual Survey of RN (Registered Nurse) Programs, National League for Nursing, Center for Research in Nursing Education and Community Health.
Healthy People 2000 Objective	Adapted from 21.8a (Clinical Preventive Services).
Measure	Percent.
Baseline	3.4 (1995–96).

Numerator	Number of degrees in nursing awarded by accredited schools to Hispanic or Latino persons.
Denominator	Number of degrees awarded by accredited schools to all persons in nursing.
Population Targeted	Students in accredited nursing schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with objective 1-8e.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8e for more information.



1-8i. American Indian or Alaska Native—medicine.

National Data Source	<i>AAMC Data Book</i> , Association of American Medical Colleges.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	0.6 (1996–97).
Numerator	Number of degrees awarded by accredited allopathic medical schools to American Indian or Alaska Native persons.
Denominator	Number of degrees awarded by accredited allopathic medical schools to all persons.
Population Targeted	Students in accredited allopathic medical schools.
Questions Used To Obtain the National Data	See <i>AAMC Data Book</i> . ²
Expected Periodicity	Annual.
Comments	Data are obtained through annual surveys completed by accredited medical schools and are aggregate counts of the number of graduates with an M.D. degree. ²

This objective is a modification of the Healthy People 2000 objective 21.8, which tracked the proportion of degrees awarded in all health professions (medicine, pharmacy, dentistry, and public health). This measure tracks the proportion of degrees awarded in medicine only.

See Appendix A for focus area contact information.



1-8j. Asian or Pacific Islander—medicine.

National Data Source	<i>AAMC Data Book</i> , Association of American Medical Colleges.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	15.9 (1996–97).
Numerator	Number of degrees awarded by accredited allopathic medical schools to Asian or Pacific Islander persons.
Denominator	Number of degrees awarded by accredited allopathic medical schools to all persons.
Population Targeted	Students in accredited allopathic medical schools.
Questions Used To Obtain the National Data	See <i>AAMC Data Book</i> . ²
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8i for more information.



1-8k. Black or African American—medicine.

National Data Source	<i>AAMC Data Book</i> , Association of American Medical Colleges.
State Data Source	Not identified.

Healthy People 2000 Objective	Adapted from 21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	7.3 (1996–97).
Numerator	Number of degrees awarded by accredited allopathic medical schools to black or African American persons.
Denominator	Number of degrees awarded by accredited allopathic medical schools to all persons.
Population Targeted	Students in accredited allopathic medical schools.
Questions Used To Obtain the National Data	See <i>AAMC Data Book</i> . ²
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8i for more information.



1-8i. Hispanic or Latino—medicine.

National Data Source	<i>AAMC Data Book</i> , Association of American Medical Colleges.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	4.6 (1996–97).
Numerator	Number of degrees awarded by accredited allopathic medical schools to Hispanic or Latino persons.
Denominator	Number of degrees awarded by accredited allopathic medical schools to all persons.
Population Targeted	Students in accredited allopathic medical schools.
Questions Used To Obtain the National Data	See <i>AAMC Data Book</i> . ²

Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8i for more information.



1-8m. American Indian or Alaska Native—dentistry.

National Data Source	Survey of Predoctoral Dental Educational Institutions, American Dental Association.
State Data Source	Survey of Predoctoral Dental Educational Institutions, American Dental Association.
Healthy People 2000 Objective	Adapted from 21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	0.5 (1996–97).
Numerator	Number of degrees from accredited dental schools awarded to American Indian or Alaska Native persons.
Denominator	Number of degrees from accredited dental schools awarded to all persons.
Population Targeted	Students in accredited dental schools.
Questions Used To Obtain the National Data	From the 1997–98 Survey of Predoctoral Dental Educational Institutions: ➤ <i>How many students received a D.D.S. or D.M.D. degree between October 1, 1996 and September 30, 1997? (Total must equal the total number of graduates listed on the graduate class list.)</i>

➤ *How many students received a D.D.S. or D.M.D. degree between October 1, 1996 and September 30, 1997 in each of the following race/ethnicity categories?*

	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>a. White</i>	_____	_____	_____
<i>b. Black</i>	_____	_____	_____
<i>c. Hispanic</i>	_____	_____	_____
<i>d. Native American</i>	_____	_____	_____
<i>e. Asian</i>	_____	_____	_____
<i>f. Not Indicated</i>	_____	_____	_____
<i>Total</i>	_____	_____	_____

(Total must equal the total number of graduates listed on the graduate class list.)

Expected Periodicity Annual.

Comments Dental degrees include both D.D.S. and D.M.D.⁴

This objective is a modification of the Healthy People 2000 objective 21.8, which tracked the proportion of degrees awarded in all health professions (medicine, pharmacy, dentistry, and public health). This measure tracks the proportion of degrees awarded in dentistry only.

See Appendix A for focus area contact information.



1-8n. Asian or Pacific Islander—dentistry.

National Data Source Survey of Predoctoral Dental Educational Institutions, American Dental Association.

State Data Source Survey of Predoctoral Dental Educational Institutions, American Dental Association.

Healthy People 2000 Objective Adapted from 21.8 (Clinical Preventive Services).

Measure Percent.

Baseline 19.5 (1996–97).

Numerator Number of degrees from accredited dental schools awarded to Asian or Pacific Islander persons.

Denominator Number of degrees from accredited dental schools awarded to all persons.

Population Targeted Students in accredited dental schools.

Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with objective 1-8m.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8m for more information.



1-8o. Black or African American—dentistry.

National Data Source	Survey of Predoctoral Dental Educational Institutions, American Dental Association.
State Data Source	Survey of Predoctoral Dental Educational Institutions, American Dental Association.
Healthy People 2000 Objective	Adapted from 21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	5.1 (1996–97).
Numerator	Number of degrees from accredited dental schools awarded to black or African American persons.
Denominator	Number of degrees from accredited dental schools awarded to all persons.
Population Targeted	Students in accredited dental schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with objective 1-8m.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8m for more information.



1-8p. Hispanic or Latino—dentistry.

National Data Source	Survey of Predoctoral Dental Educational Institutions, American Dental Association.
State Data Source	Survey of Predoctoral Dental Educational Institutions, American Dental Association.

Healthy People 2000 Objective	Adapted from 21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	4.7 (1996–97).
Numerator	Number of degrees from accredited dental schools awarded to Hispanic or Latino persons.
Denominator	Number of degrees from accredited dental schools awarded to all persons.
Population Targeted	Students in accredited dental schools.
Questions Used To Obtain the National Data	See Questions Used To Obtain the National Data provided with objective 1-8m.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8m for more information.



1-8q. American Indian or Alaska Native—pharmacy.

National Data Source	Profile of Pharmacy Students, American Association of Colleges of Pharmacy.
State Data Source	Profile of Pharmacy Students, American Association of Colleges of Pharmacy.
Healthy People 2000 Objective	Adapted from 21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	0.4 (1996–97)
Numerator	Number of degrees awarded by accredited pharmacy schools to American Indian or Alaska Native persons.
Denominator	Number of degrees awarded by accredited pharmacy schools to all persons.
Population Targeted	Students in accredited pharmacy schools.
Questions Used To Obtain the National Data	Not applicable.

Expected Periodicity	Annual.
Comments	<p>Pharmacy degrees include both doctor of pharmacy degrees awarded as the first professional degree and postbaccalaureate degrees.⁵</p> <p>This objective is a modification of the Healthy People 2000 objective 21.8, which tracked the proportion of degrees awarded in all health professions (medicine, pharmacy, dentistry, and public health). This measure tracks the proportion of degrees awarded in pharmacy only.</p> <p>See Appendix A for focus area contact information.</p>



1-8r. Asian or Pacific Islander—pharmacy.

National Data Source	Profile of Pharmacy Students, American Association of Colleges of Pharmacy.
State Data Source	Profile of Pharmacy Students, American Association of Colleges of Pharmacy.
Healthy People 2000 Objective	Adapted from 21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	17.5 (1996–97).
Numerator	Number of degrees awarded by accredited pharmacy schools to Asian or Pacific Islander persons.
Denominator	Number of degrees awarded by accredited pharmacy schools to all persons.
Population Targeted	Students in accredited pharmacy schools.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8q for more information.



1-8s. Black or African American—pharmacy.

National Data Source	Profile of Pharmacy Students, American Association of Colleges of Pharmacy.
State Data Source	Profile of Pharmacy Students, American Association of Colleges of Pharmacy.
Healthy People 2000 Objective	Adapted from 21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	5.7 (1996–97).
Numerator	Number of degrees awarded by accredited pharmacy schools to black or African American.
Denominator	Number of degrees awarded by accredited pharmacy schools to all persons.
Population Targeted	Students in accredited pharmacy schools.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8q for more information.



1-8t. Hispanic or Latino—pharmacy.

National Data Source	Profile of Pharmacy Students, American Association of Colleges of Pharmacy.
State Data Source	Profile of Pharmacy Students, American Association of Colleges of Pharmacy.
Healthy People 2000 Objective	Adapted from 21.8 (Clinical Preventive Services).
Measure	Percent.
Baseline	2.8 (1996–97).
Numerator	Number of degrees awarded by accredited pharmacy schools to Hispanic or Latino persons.
Denominator	Number of degrees awarded by accredited pharmacy schools to all persons.

Population Targeted	Students in accredited pharmacy schools.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-8q for more information.



1-9. Reduce hospitalization rates for three ambulatory-care-sensitive conditions—pediatric asthma, uncontrolled diabetes, and immunization-preventable pneumonia and influenza.

1-9a. Pediatric asthma—persons under age 18 years.

National Data Source	Healthcare Cost and Utilization Project (HCUP), AHRQ (formerly AHCPH).
State Data Source	See Comments.
Healthy People 2000 Objective	Adapted from 11.1b (Environmental Health).
Measure	Rate per 10,000 population.
Baseline	23.0 (1996) (selected States—see Comments).
Numerator	Number of hospitalizations among persons under 18 years with asthma (ICD-9-CM code 493) as the first-listed (principal) diagnosis.
Denominator	Number of persons under age 18 years.
Population Targeted	Resident persons (selected States—see Comments).
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.

Comments

HCUP contains a hospital inpatient discharge database that includes 100 percent of hospitals and 100 percent of discharges from 19 States in 1996 and 22 States in 1997. A sample of hospitals has been drawn from this that can be used to derive estimates for the U.S. population.

Data by race and ethnicity are not available, although State-level data are available for 7 of the 22 States that participated in HCUP in 1997. AHRQ is developing a Minority National Inpatient Sample as part of HCUP that will provide national estimates of disparities in avoidable hospitalization rates by race and ethnicity.

This measure is a modification of Healthy People 2000 objective 11.1b, which tracked asthma hospitalizations among children under age 14 years, using data from the National Hospital Discharge Survey, CDC, NCHS. This measure tracks persons aged 18 years and under, using data from the Healthcare Cost and Utilization Project (HCUP), AHRQ (formerly AHCPH).

See Appendix A for focus area contact information.

**1-9b. Uncontrolled diabetes—persons aged 18 to 64 years.**

National Data Source	Healthcare Cost and Utilization Project (HCUP), AHRQ (formerly AHCPH).
State Data Source	See Comments.
Healthy People 2000 Objective	Not applicable.
Measure	Rate per 10,000 population.
Baseline	7.2 (1996) (selected States—see Comments).
Numerator	Number of hospitalizations among persons aged 18 to 64 years with uncontrolled diabetes (ICD-9-CM codes 250.02-250.03, 250.10-250.13, 250.20-250.23, 250.30-250.33) as the first-listed (principal) diagnosis.
Denominator	Number of persons aged 18 to 64 years.

Population Targeted	Resident persons (selected States—see Comments).
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-9a for more information.



1-9c. Immunization-preventable pneumonia or influenza—persons aged 65 years and older.

National Data Source	Healthcare Cost and Utilization Project (HCUP), AHRQ (formerly AHCPH).
State Data Source	See Comments.
Healthy People 2000 Objective	Not applicable.
Measure	Rate per 10,000 population.
Baseline	10.6 (1996) (selected States—see Comments).
Numerator	Number of hospitalizations among persons aged 65 years and older with preventable pneumonia or influenza (ICD-9-CM codes 481, 487) as the first-listed (principal) diagnosis.
Denominator	Number of persons aged 65 years and older.
Population Targeted	Resident persons (selected States—see Comments).
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	See Comments provided with objective 1-9a for more information.



Emergency Services

1-10. (Developmental) Reduce the proportion of persons who delay or have difficulty in getting emergency medical care.

Comments

An operational definition could not be specified at the time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

The proposed numerator is the number of persons who report that they delayed or had difficulty getting emergency medical care because of any one of several possible barriers, including unsure if emergency medical care needed; needed to contact health care provider or health plan; could not take time off from work; needed child care; did not have transportation; ambulance did not arrive quickly; no health insurance; health plan requires co-payment; health plan requires pre-authorization; concerned that health plan would not pay for emergency visit; referred out of the emergency room without treatment; long wait in the emergency room/ or emergency medical facility; or an other specified reason.

The proposed denominator is the number of adults in the survey population aged 18 years and older weighted to the U.S. civilian, noninstitutionalized population.

The proposed questions to be used to obtain the data are scheduled to be included in the 2001 NHIS.

See Part C for a description of NHIS and Appendix A for focus area contact information.



1-11. (Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services.

Comments

An operational definition could not be specified at the time of publication.

The proposed national data source is the Annual Survey of EMS Operations, International Association of Firefighters.

See Appendix A for focus area contact information.



1-12. Establish a single toll-free telephone number for access to poison control centers on a 24-hour basis throughout the United States.

National Data Source	American Association of Poison Control Centers Survey, U.S. Poison Centers.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	15 (1999).
Numerator	Number of Poison Control Centers (PCCs) that report the same single toll-free telephone number for immediate information and treatment advice about poisonings and toxic exposures.
Denominator	Number of PCCs nationwide.
Questions Used To Obtain the National Data	From the 1999 American Association of Poison Control Centers Survey: ➤ <i>What emergency telephone numbers do you advertise?</i>
Expected Periodicity	Annual.
Comments	The numerator is based on the number of PCCs that report the same toll-free telephone number that is advertised to provide immediate information and treatment advice about poisonings and toxic exposures. For the denominator, the total number of PCCs nationwide for 1999 is 74. See Appendix A for focus area contact information.



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.

National Data Source	State EMS Directors Survey, National Association of State EMS Directors.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Number.
Baseline	5 (1998).
Numerator	Number of States and the District of Columbia that satisfied all eight trauma care system criteria.
Denominator	Not applicable.
Questions Used To Obtain the National Data	<p>From the 1998 National Association of State EMS Directors Survey of EMS directors:</p> <ul style="list-style-type: none">➤ <i>Does someone in your State have legal authority to “designate, certify, identify, or categorize” trauma centers?</i>➤ <i>Is there a formal process to designate or otherwise identify trauma centers?</i>➤ <i>What standards are used for designating/identifying trauma centers?</i>➤ <i>As part of the designation process, are the trauma centers surveyed through on-site evaluations for the purpose of verifying compliance with standards?</i>➤ <i>Is there authority to limit the number of trauma centers based on need?</i>➤ <i>Are there written prehospital triage protocols/criteria to transport seriously injured patients directly to a trauma center, bypassing other facilities that are not trauma centers?</i>➤ <i>Is there a process for monitoring trauma center performance?</i>➤ <i>Does your State’s system of trauma care consist of a single statewide trauma system?</i>
Expected Periodicity	Annual.

Comments

The eight criteria for State trauma care systems used in the National Association of State EMS Directors Survey of EMS directors in all 50 States and the District of Columbia are legal authority exists to designate, certify, identify, or categorize trauma centers; a formal process exists to designate or otherwise identify trauma centers; the American College of Surgeons (ACS) standards are used to designate or identify trauma centers; trauma center compliance with the ACS standards is verified through on-site evaluations; legal authority exists to limit the number of trauma centers based on the need for trauma services; existence of prehospital triage protocols for trauma patients, allowing providers to bypass nontrauma center hospitals and transport seriously injured patients directly to a trauma center; a process for monitoring trauma center performance exists; and trauma system coverage extends to the entire geographic area of the State.

Data for Tribes are developmental. The proposed data source is the Indian Health Service.

See Appendix A for focus area contact information.



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.

National Data Source	Emergency Medical Services for Children Annual Grantees Survey, HRSA.
State Data Source	Emergency Medical Services for Children Annual Grantees Survey, HRSA.
Healthy People 2000 Objective	Not applicable.
Measure	Number of States and the District of Columbia.
Baseline	18 (1997).

Numerator Number of States that have pediatric protocols for both online medical direction of emergency medical technicians (EMTs) and paramedics at the scene of an emergency and overall medical direction in the development of written pediatric protocols, medical policies, and guidelines.

Denominator Not applicable.

Questions Used To Obtain the National Data From the 1997 Emergency Medical Services for Children Annual Grantees Survey:

- *Does your State have a designated pediatric health professional involved in the development of guidelines, protocols, procedures, and policies, as well as planning for training in and evaluation of their use?*
- *Does your State provide for online medical direction by a professional trained in the unique emergency medical services needs of children?*

Expected Periodicity Annual.

Comments

This measure tracks the level of overall medical direction provided to States by physicians trained in the special needs of children when developing guidelines, protocols, procedures, and policies, as well as planning the training for and participating in the evaluation of their use.

This measure also tracks the number of States that have EMS medical directors available to communicate directly with EMTs at the scene and during transport. Both overall medical direction and online direction must be available to respond "yes" to this measure.

Online medical direction involves direct communication (for example, voice) between EMS medical directors and EMTs and paramedics to authorize and guide the care of patients during transport.

The Emergency Medical Services for Children Annual Grantees Survey surveys a grantee from each of the 50 States, the District of Columbia, and 6 U.S. Territories.

See Appendix A for focus area contact information.



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 and critical care.

National Data Source	Emergency Medical Services for Children Annual Grantees Survey, HRSA.
State Data Source	Emergency Medical Services for Children Annual Grantees Survey, HRSA.
Healthy People 2000 Objective	Not applicable.
Measure	Number of States and the District of Columbia.
Baseline	11 (1997).
Numerator	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 resources necessary to provide varying levels of pediatric emergency and critical care.
Denominator	Not applicable.
Questions Used To Obtain the National Data	From the 1997 Emergency Medical Services for Children Annual Grantees Survey: ➤ <i>Does your State have pediatric guidelines that categorize acute care facilities with the equipment, drugs, trained personnel, and resources necessary to provide varying levels of pediatric emergency and critical care?</i>
Expected Periodicity	Annual.
Comments	This measure tracks the number of States with either a mandatory or voluntary system with written guidelines and procedures for identifying acute care facilities with the appropriate equipment, drugs, trained personnel, and resources necessary to provide varying levels of pediatric emergency care. The Emergency Medical Services for Children Annual Grantees Survey surveys a grantee from each of the 50 States, the District of Columbia, and 6 U.S. Territories. See Appendix A for focus area contact information.

Long-Term Care and Rehabilitative Services

1-15. (Developmental) Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services.

Comments

An operational definition could not be supplied at the time of publication.

Proposed national data sources are the National Long-Term Care Survey, Medicare Current Beneficiary Survey, HCFA; National Health Interview Survey (NHIS), CDC, NCHS; or the Medical Expenditure Panel Survey (MEPS), AHRQ (formerly AHCPH).

A continuum of care includes nursing home care, home health care, adult day care, assisted living, and hospice care.

Long-term care needs are defined as needing the help of another person with personal care such as eating, bathing, dressing, and getting around in the home or needing the help of other persons with routine needs such as everyday chores, doing necessary business, shopping, or getting around for other purposes are also included. Persons without access to the continuum of long-term care services are those with long-term care needs who report needing long-term care services but not receiving them in the past 12 months.

See Appendix A for focus area contact information.



1-16. Reduce the proportion of nursing home residents with a current diagnosis of pressure ulcers.

National Data Source National Nursing Home Survey (NNHS), CDC, NCHS.

State Data Source Not identified.

Healthy People 2000 Objective Not applicable.

Measure Rate per 1,000 population.

Baseline 16 (1997).

Numerator Number of nursing home residents reported to have a current diagnosis of a stage II or greater pressure ulcer (ICD-9-CM codes 707.0-707.1 or 454.0).

Denominator Number of nursing home residents.

Population Targeted U.S. resident population.

Questions Used To Obtain the National Data From the 1997 National Nursing Home Survey:

- *According to (nursing home resident's name) medical record, what were (nursing home resident's name) the primary and other diagnoses at the time of admission on (patient's date of admission)?*

Primary diagnosis: 1 _____
Others: 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

- *According to (nursing home resident's name) medical record, what are (nursing home resident's name) current primary and other diagnoses?*

Same as above

(If not the same:)

Primary diagnosis: 1 _____
Others: 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Expected Periodicity Biennial.

Comments This measure includes any mention of a stage II or greater pressure ulcer, as either the "Primary" or "Other" diagnosis.

Tracking the rate of new cases is the most appropriate way to measure problems with pressure ulcers, however, such data are not currently available at the national level. The current NNHS measure tracks the total number of cases at the time of interview.

See Appendix A for focus area contact information.



References

1. National Center for Health Statistics (NCHS). *Health, United States, 2000 with Adolescent Health Chartbook*. Hyattsville, MD: NCHS, 2000, Table 128.
2. Association of American Medical Colleges (AAMC). *AAMC Data Book: Statistical Information Related to Medical Schools and Teaching Hospitals*. Washington, DC: AAMC, 1999.
3. Association of Schools of Public Health (ASPH). *1998 Annual Data Report: Applications, New Enrollments, and Students*. Fall 1998, Graduates and Expenditures, 1997–98 With Trend Analysis 1987–88 through Fall 1998. Washington, DC: ASPH, 1999.
4. American Dental Association (ADA). *1997/98 Survey of Predoctoral Dental Educational Institutions: Academic Programs, Enrollment, and Graduates*. Vol. 1. Chicago, IL: ADA, 1999.
5. American Association of Colleges of Pharmacy (AACP). *Institutional Research Report Series: Profile of Pharmacy Health Students*. Alexandria, VA: AACP, 1999.
6. National League for Nursing (NLN). *Nursing DataSource 1997*. Vol. 1—Trends in Contemporary RN Nursing Education. New York, NY: NLN, 1997.