"Healthy People 2000": An Overview of the National Health Promotion and Disease Prevention Objectives

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ISSUED on September 6, 1990, "Healthy People 2000" (*1*) challenged the nation to change the health profile of America significantly over the next decade, not through better or more innovative medical treatments, but through prevention.

"Healthy People 2000" aims to increase the span of healthy life and reduce the disparities in health status experienced by different groups of Americans through the prevention of disease and disability.

The challenge to action is conveyed through the national health promotion and disease prevention objectives for the Year 2000, the cornerstone of "Healthy People 2000." These objectives offer a broad range of opportunities for preventive action. Drawing on the combined strength of scientific knowledge, professional skill, individual commitment, community support, and political will, the objectives set a national agenda of shared responsibility for their achievement.

Health promotion, health protection, and preventive services are employed as three broad approaches to improving the health status of the population. Within these three organizing principles, "Healthy People 2000" identifies 22 priority areas and approximately 300 objectives to chart the direction of public health over the next decade (see box). In addition, objectives are established for improved surveillance and data systems, and a cross listing is provided for the objectives according to the age groups that are targeted.

The 1980s

Achievements in health promotion and disease prevention over the past 10 years are evidence that Americans are acting on the belief that individually and collectively they have an element of control over their health and the health of their families. Furthermore, there is a growing awareness that many of our most intractable domestic problems, such as acquired immunodeficiency syndrome (AIDS), drug abuse, or unwanted pregnancies, have a direct bearing on the health of the nation—and that the most promising solutions to these problems are found in prevention.

Increasingly health is being viewed by citizens and policy makers alike in a broader sense than simply the absence of disease. Rather, health is being perceived as the ability to function fully and independently in society. With this broader concept of health comes a growing social commitment to health. While many Americans question the high costs associated with health care today, they are beginning to recognize the values associated with keeping their schools and worksites drug free, their highways safe from drunk drivers, and their restaurants smoke free.

During the 1980s, death rates declined for three of the leading causes of death among Americans: heart disease, stroke, and motor vehicle crashes. Infant mortality decreased, and some of the childhood infectious diseases were nearly eliminated. Gains in these areas give hope that the 1990s will see more progress, especially against diseases that have so far not declined, such as cancer.

Much of our progress is attributable to reductions in risk factors. The more than 40 percent decline in heart disease mortality since 1970 reflects dramatic increases in high blood pressure detection and control, the decline in cigarette smoking, and increasing awareness of the role of blood cholesterol and dietary fat. Stroke death rates, which have dropped by more than 50 percent in the same period, also reflect gains in hypertension control and declines in smoking.

Increased use of safety belts, lower speed limits, and declines in alcohol abuse have helped to reduce traffic fatalities by one-third over the past 15 years. Recent reductions in fatal occupational injuries have resulted from enhanced safety standards.

Progress has been made in the health of America's children as well. In 1987, the infant mortality rate reached a record low of 10.1 infant deaths per 1,000 live births. Although still higher than the rate in several other developed countries, this figure represents a 64 percent decline since 1950. The childhood diseases, such as mumps, measles, and rubella, are now rare in this country due to widespread use of vaccines.

Progress in other areas remains mixed. Lung cancer

Lead Agencies for Priority Areas of the National Objectives

1. Physical activity and fitness—President's Council on Physical Fitness and Sports
2. Nutrition—Food and Drug Administration and National Institutes of Health
3. Tobacco—Centers for Disease Control
4. Alcohol and other drugs—Alcohol, Drug Abuse, and Mental Health Administration
5. Family planning—Office of Population Affairs
6. Mental health—Alcohol, Drug Abuse, and Mental Health Administration
7. Violent and abusive behavior—Centers for Disease Control
8. Educational and community-based programs—Centers for Disease Control and Health Resources and Services Administration
9. Unintentional injuries—Centers for Disease Control
10. Occupational safety and health—Centers for Disease Control
11. Environmental health—Centers for Disease Control and National Institutes of Health
12. Food and drug safety—Food and Drug Administration
13. Oral health—Centers for Disease Control and National Institutes of Health
14. Maternal and infant health—Health Resources and Services Administration
15. Heart disease and stroke—National Institutes of Health
16. Cancer—National Institutes of Health
17. Diabetes and chronic disabling conditions—Centers for Disease Control and National Institutes of Health
18. HIV infection—National AIDS Program Office
19. Sexually transmitted diseases—Centers for Disease Control
20. Immunization and infectious diseases—Centers for Disease Control
21. Clinical preventive services—Centers for Disease Control and Health Resources and Services Administration
22. Surveillance and data systems—Centers for Disease Control

has increased steadily since 1960, although a turnaround began in the 1980s among men ages 50 and younger, a sign that changes in smoking patterns are beginning to have some effect. Breast cancer death rates, however, continue to be high as they have been for 35 years. Early detection and treatment could reduce deaths due to breast cancer by as much as 30 percent. For cervical cancer, the widespread use of Papanicolaou (Pap) smears has contributed to a 73 percent reduction in mortality since 1950.

New trends point to other areas that require attention. In the past decade, rising rates of syphilis and the emergence of human immunodeficiency virus (HIV) infection point to the need for new strategies to address these threats to public health. In the area of environmental health, air and water quality have improved, but increasing concern about toxic substances and solid waste is being expressed by individuals, communities, and public agencies.

Together these changes have brought us closer to the health goals set out in "Healthy People" in 1979 (*2*). The chart summarizes those goals, and progress toward reaching those goals. A more complete indication of national efforts in health promotion and disease prevention is provided by tracking progress toward achievement of the 226 measurable objectives that were laid out in "Promoting Health/Preventing Diseases: Objectives for the Nation" in 1980 (*3*).

Data for 1987 give evidence that nearly half of those objectives had been achieved or were likely to be achieved by 1990, about a quarter were unlikely to be achieved, and the status of the remaining quarter was in doubt because tracking data were not available. Among the 15 priorities identified in 1980, progress was slow in the areas of pregnancy and infant health, nutrition, physical fitness and exercise, family planning, sexually transmitted diseases, and occupational safety and health. Substantial progress was made, however, in the areas of high blood pressure control, immunization, unintentional injury prevention and control, control of infectious diseases, smoking, and alcohol and drugs.

The Decade of the Nineties

"Healthy People 2000" builds on the successes of the past decade in addressing the challenges of the future. Ongoing efforts must be sustained to consolidate gains made earlier. However, many of the gains in the eighties were not shared by certain population groups. The benefits of health promotion and disease prevention must be extended to all segments of the U.S. population. Furthermore, there are significant social, demographic, and economic changes taking place that will have a pronounced impact on the health profile of the nation. In setting new health objectives for the Year 2000, such issues as the aging of the population, the high costs of many medical technologies, and the ecologic consequences of industrialization and population growth had to be considered.

"Healthy People 2000" sets out a prevention agenda for the next decade with quantifiable targets for improving health status, reducing risk factors for disease and disability, and improving services. Many of the new objectives aim specifically at improving the health status of high-risk groups who bear a disproportionate share of disease, disability, and premature death compared with the general population. This emphasis will be especially critical in the 1990s since many of these

groups will also be experiencing a faster rate of growth than the population in general. Some expected changes:

• By 2000, the U.S. population will grow about 7 percent to nearly 270 million people, with the slowest rate of growth in the nation's history projected between 1995 and 2000.
• By 2000, the racial and ethnic composition of the United States will form a different pattern than today's. White European Americans (other than Hispanic Americans) will be a smaller proportion of the total, declining from 76 to 72 percent of the population. Hispanic Americans will increase from 8 to 11 percent of the total, Asian Americans and Native Americans from 3.5 to 4.3 percent, and African Americans (blacks) will increase their proportion from 12 to 13 percent.
• By 2000, the American population will be older, with the median age rising from 33 today to more than 36 in 2000. The greatest increases will be among the "oldest-old"—those Americans older than 85 years—who will total 4.6 million by 2000, a 30 percent rise.

Health disparities between the poor and those with higher incomes are almost universal for all dimensions of health. Those disparities may be summarized by the finding that people with low incomes may have death rates twice that of people with adequate incomes. Poverty reduces a person's prospects for long life by increasing the chances of infant death, chronic disease, and traumatic death. For the coming decade, perhaps no challenge is more compelling than that of equal opportunity for good health.

Development of the New Objectives

The Year 2000 national health promotion and disease prevention objectives were developed as a collaborative effort between the Public Health Service and numerous organizations and professionals across the country. Planning for the process of developing objectives began in 1987. The Healthy People 2000 Consortium of more than 300 national membership organizations and State and Territorial health departments was convened to help guide the process. In 1987-88, 25 public hearings—7 regional hearings and 18 mini-hearings held in conjunction with national meetings—were organized to solicit public and professional input prior to drafting the objectives. Nearly 800 organizations and individuals submitted testimony. Based on this input, 21 priority areas for intervention were identified.

In August 1988, the Assistant Secretary for Health identified lead and co-lead agencies within the Public Health Service for each priority area (see box). Lead agencies were charged with forming a Federal work group with broad representation and then producing a first draft of the objectives. Objectives were to (*a*) address issues of highest priority; (*b*) target improvements in health status, risk reduction, and services and protection; (*c*) be quantified and measurable; and (*d*) be scientifically sound and attainable. Attainable special population targets also were to be established for population groups experiencing higher rates of illness and injury, greater risk, or less access to services and protection.

First drafts of the objectives for each priority area were sent to panels of non-Federal expert reviewers in early 1989 for review and comment. Several crosscutting reviews also were conducted to identify important gaps or omissions and assure that the needs and concerns of special populations were adequately addressed. In September 1989, 13,000 copies of the full set of draft objectives were circulated for public and professional review. More than 600 individuals and organizations responded with suggested revisions. The objectives were revised a final time to reflect these comments before publication and release in September 1990.

Progress toward 1990 life stage goals–1987

Life stage	*1990 target relative to to baseline 1977 data*	*1987 status*
Infants	35 percent lower death rate	28 percent decline
Children	20 percent lower death rate	21 percent decline
Adolescents, young adults	20 percent lower death rate	13 percent decline
Adults	25 percent lower death rate	21 percent decline
Older adults	20 percent fewer days of restricted activity	17 percent decline

Setting Goals for the Year 2000

"Healthy People 2000" sets three broad goals for public health over the next 10 years:

Increase the span of healthy life for Americans. This overarching goal encompasses the essential elements of health promotion and disease prevention: prevention of premature death, disability, and disease and enhancement of the quality of life. Inherent is the concept that long life, without health, is not enough. From an individual perspective, healthy life extends into the final quarter of a full century in its length, free from chronic, disabling diseases and conditions, from preventable infections, and from serious injury. It means a full range of functional capacity at whatever life stage, from infancy through old age.

To maintain health and independence, priorities for preventive action are addressed in the health objectives

that include reductions in chronic diseases and injuries, improvements in nutrition and physical activity levels, and the control and elimination of infectious diseases.

Reduce health disparities among Americans. The greatest opportunities for improvement and the greatest threats to the future health status of the people reside in certain subpopulations that have historically been disadvantaged economically, educationally, and politically. "Healthy People 2000" calls for special attention to reducing—and finally eliminating—disparities in death, disease, and disability rates experienced by these groups compared with the general population. Where the data are available, special targets have been set to narrow the gap.

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Achieve access to preventive services for all Americans. "Healthy People 2000" calls for a comprehensive strategy of risk reduction that addresses the interplay of biological, environmental, and behavioral factors through health protection, preventive services, and health promotion. The arena of preventive services is given special emphasis because it is where health professionals in both the public and private sectors have most responsibility. Access to preventive services and primary care can provide the foundation for achieving many of the priorities identified in "Healthy People 2000."

Health Promotion Objectives

The priorities for health promotion have individual lifestyle at their roots. Choices about one's behaviors and practices can have a powerful influence over one's health prospects. While health behaviors are personal, choices are made in a broader social context that is difficult to separate from the psychology of the individual. So while the choice may be individual, the locus of intervention needs to be wide enough to incorporate the environment that will either support or undermine personal choice.

Physical activity and fitness. To increase physical activity and fitness, objectives target increases in regular moderate and vigorous physical activity, as well as a decrease in the proportion of the population that is sedentary. Other objectives are to increase programs in schools, worksites, and other community-based settings to support such changes.

Nutrition. To improve nutrition, objectives target changes in food consumption to mirror dietary recommendations. Supporting objectives target improved access to nutritious choices in schools, restaurants, and other food services, as well as increased availability of low-fat food products and better labeling of nutritional content.

Tobacco. To reduce tobacco use, a reduction in the prevalence of cigarette smoking is targeted, along with objectives to deter the initiation of tobacco use by youth. Other objectives aim to create tobacco-free environments and increase access to cessation interventions.

Alcohol and other drugs. To reduce alcohol and other drug abuse, reductions in marijuana, cocaine, and alcohol use by adolescents and young adults are emphasized. Strengthening the network of supportive services to prevent and treat problems associated with addictive substances is targeted by several objectives.

Family planning. To improve family planning, objectives target a range of approaches to reduce the rate of unintended pregnancies among women and adolescents. They include abstinence from sexual activity, more effective use of contraception methods, and receipt of appropriate information and referral services. Another objective aims to reduce the prevalence of infertility.

Mental health and mental disorders. Improvements in mental health will be measured by reductions in the rates of suicide, mental disorders, depression, and stress-related illness. Increases in social supports, use of community support services, and identification of cognitive, emotional, and behavioral problems by primary care providers are targeted to reduce the risk of these outcomes.

Violent and abusive behavior. Reductions in violent and abusive behavior will be measured by lower rates of homicide, suicide, firearm injury deaths, assault injuries, spouse and child abuse, and rape. Objectives target improvements in protocols to identify and refer victims of violence, along with reduced access to weapons and better programs to prevent and resolve violence-generated problems.

Educational and community-based programs. The enhancement and expansion of health promotion pro-

grams in schools, worksites, churches, and other community-based settings are targeted in this priority area. Special emphasis is given to reaching populations at highest risk in the community.

Health Protection Objectives

Health protection objectives represent issues that can be substantially affected by environmental or regulatory measures that confer protection on large population groups. Interventions applied to address these issues generally use a community-wide focus.

Unintentional injuries. To reduce unintentional injuries, reductions are targeted in deaths and disabilities attributed to motor vehicle crashes, falls, drownings, residential fires, and unintentional injuries overall. Nonfatal injuries including head and spinal cord injuries and hip fractures among older adults are also targeted. Supporting objectives seek to increase use of seatbelts, bicycle and motorcycle helmets, smoke detectors, and fire suppression sprinklers.

Occupational safety and health. To improve occupational safety and health, objectives aim to reduce work-related injuries and deaths, reduce hazardous exposures in the workplace, and encourage the development of worker health and safety programs in small as well as large businesses.

Environmental health. To improve environmental health, objectives target reductions in human exposure to a variety of hazardous substances, including lead, radon, air pollutants, and other toxic substances released into the environment.

Food and drug safety. To ensure the safety of food and drugs, objectives aim to reduce food-borne infections such as salmonellosis and, especially among older adults, adverse drug reactions.

Oral health. To improve oral health, reductions are sought for dental caries, destructive periodontal diseases, edentulousness, and oral cancer. Supporting objectives target protective sealants, fluoride, and oral examinations.

Preventive Services Objectives

Preventive services priorities are those counseling, screening, immunization, or chemoprophylaxis interventions generally offered to individual persons in clinical settings.

Maternal and infant health. To improve maternal and infant health, increased prenatal care and reductions in complications of pregnancy, low birth weight, and infant mortality are targeted. Other objectives target preconception counseling, prenatal and newborn screening, and risk-appropriate care.

Heart disease and stroke. To reduce heart disease and stroke, objectives target reductions in coronary heart disease, stroke, and end-stage renal disease. Detection and control of high blood pressure and elevated cholesterol levels are emphasized. Supporting objectives target worksite programs, treatment of elevated blood cholesterol by primary care providers, and improvements in laboratory measurement of cholesterol.

Cancer. To prevent and control cancer, objectives target reductions in deaths from lung cancer, breast cancer, colorectal cancer, cervical cancer, and cancer deaths overall. Increased use of cancer screening tests, such as mammograms and Pap tests, reduced tobacco use, and dietary modifications are emphasized to reduce the risk of these outcomes.

Diabetes and chronic disabling conditions. To increase years of healthy life, reductions in diabetes and other chronic disabling conditions are targeted. Supporting objectives are aimed at improvements in the delivery of clinical services, including identification and referral of disabling conditions and impairments by primary care providers, and expanded patient education.

HIV infection. To prevent and control HIV infection, objectives aim to confine the increase in HIV infection and AIDS by targeting reductions in risk behaviors, such as intravenous drug use and adolescent sexual activity, especially unprotected sexual activity. Supporting objectives target the expansion of HIV prevention education in schools, prevention counseling by primary care providers, and outreach programs for intravenous drug abusers.

Sexually transmitted diseases (STD). Gonorrhea, chlamydia, syphilis, herpes, and pelvic inflammatory disease are targeted for reductions. Other objectives seek to reduce unprotected sexual activity, increase education in schools on the prevention of STD, and increase prevention counseling by primary care providers.

Immunization and infectious diseases. To increase immunization and prevent infectious diseases, objectives address reductions in vaccine-preventable dis-

eases. Measles and rubella, viral hepatitis, tuberculosis, bacterial meningitis, childhood diarrhea, and deaths among older adults from influenza and pneumonia are targeted for reductions. Other objectives target increases in immunization levels, the availability of immunization services, insurance coverage for immunizations, and improved laboratory diagnosis of influenza.

Clinical preventive services. Financial and other barriers to primary and preventive care must be reduced if access to and use of clinical and preventive services is to be broadened. The objectives target a variety of access barriers.

Surveillance and Data Systems

To improve surveillance and data systems, several objectives are aimed at making existing data sources more comparable, at expanding systems to collect more information about special populations, and at putting into place surveillance and data systems that can track progress toward the objectives.

Challenge of Implementation

"Healthy People 2000" uses the three approaches of health promotion, health protection, and preventive services as organizing categories. But throughout the individual priority areas and the objectives is a common theme of shared responsibility for carrying out the national agenda of improving the health profile of the population. Success in this effort depends heavily on personal choices. It requires use of legislation, regulation, and social sanctions to shape the social and physical environment into a healthier place to live. It calls upon medical and health professionals to help prevent, as well as treat, the diseases and conditions that result in premature death and chronic disability. None alone is sufficient to achieve all the various targets that have been set.

Attaining the Year 2000 objectives will require a concerted national effort with new initiatives and intensified efforts at many levels and within many sectors. Organizations belonging to the Healthy People 2000 Consortium have already initiated activities to publicize and promote the national objectives to their memberships. Many are beginning to plan specific implementation activities, such as developing implementation workbooks and resource kits, establishing awards programs, proposing legislation, and planning surveillance activities.

Many State health departments have begun the process of developing State objectives for the Year 2000, using the draft national objectives as a model. Eventually all States and Territories are expected to do so. To assist States and localities in putting the objectives into practice, a companion document is being developed entitled "Healthy Communities 2000: Model Standards" (*4*). Due out late in 1990, this updated edition of "Model Standards" is being prepared as a collaborative effort of the American Public Health Association, American Society of State and Territorial Health Officers, National Association of County Health Officers, U.S. Conference of Local Health Officers, and the Association of Schools of Public Health, in conjunction with the Centers for Disease Control.

To stimulate activities targeted to special populations and settings, the Office of Disease Prevention and Health Promotion has funded 10 cooperative agreements with national membership organizations representing those groups. Through these cooperative agreements, a variety of implementation plans and activities are being developed to help achieve the objectives for blacks, Hispanics, American Indians and Alaska Natives, Asians and Pacific Islanders, people with disabilities, older adults, adolescents, children and schools, work sites, and clinical settings.

Achievement of the goals of "Healthy People 2000" calls for individual and collective action. Government, business, industry, labor, education, professional and voluntary organizations, the media, families, and individual citizens each have a vested interest in a safe, healthy, and productive nation.

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