Educational and Community-Based Programs

CHAPTER 7

Co-Lead Agencies

Centers for Disease Control and Prevention
Health Services and Resources Administration

Contents

GOAL:

Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

This chapter monitors a number of school-related objectives, including high school completion, health-related educational programs in schools, and the availability of school nurses. In addition, objectives track health promotion programs in worksites, as well as community-based programs established by local health departments. The number of older adults participating in organized health promotion activities is also monitored.

All Healthy People tracking data quoted in this chapter, along with technical information and Operational Definitions for each objective, can be found in the Healthy People 2010 database, DATA2010, available from http://wonder.cdc.gov/data2010/.

More information about this Focus Area can be found in the following publications:

- *Healthy People 2010: Understanding and Improving Health*, available from http://www.healthypeople.gov/2010/Document/tableofcontents.htm#under.
- *Healthy People 2010 Midcourse Review*, available from http://www.healthypeople.gov/2010/data/midcourse/html/default.htm#FocusAreas.

Highlights

- Substantial progress was achieved for the objectives in this Focus Area during the past decade [1]. Seventy-six percent of the Educational and Community-Based Programs objectives with data to measure progress moved toward or achieved their Healthy People 2010 targets (Figure 7-1). However, statistically significant health disparities were observed by race and ethnicity, sex, and education level, some of which are highlighted below (Figure 7-2) [2].
- The high school completion rate among persons aged 18–24 (objective 7-1) increased 4.7% between 1998 and 2007, from 85% to 89%, moving toward the Healthy People 2010 target of 90%. Disparities were observed for racial and ethnic groups as follows:
  - Among racial and ethnic groups, the non-Hispanic white population had the highest (best) rate of high school completion, 93% in 2006, whereas the Hispanic or Latino population, the non-Hispanic black population, and persons of two or more races had rates of 71%, 85%, and 90%, respectively. When expressed as persons *not* completing high school, the rate for the Hispanic or Latino population was more than four times the rate for the non-Hispanic white population [2]. The rate for the non-Hispanic black population was more than twice the non-Hispanic white rate, and the rate for persons of two or more races was nearly one and a half times the non-Hispanic white rate.
- The proportion of schools with a nurse-to-student ratio of at least 1 nurse for every 750 students (1:750 ratio) increased for all types of schools (objectives 7-4a through d). Nationally, middle and junior high schools (objective 7-4c) met the 2010 target of 50% exactly in 2006. There was a 46.2% increase in the proportion of senior high schools with a 1:750 nurse-to-student ratio (objective 7-4b) between 1994 and 2006, from 26% to 38%. Although the proportion of elementary schools with a 1:750 nurse-to-student ratio (objective 7-4d) increased 7.1% between 2000 and 2006, from 42% to 45%, the increase was not statistically significant.
- School health education programs increased in a number of areas. Examples of statistically significant increases include: education programs focusing on unintentional injuries (objective 7-2b), which

increased 21.2% between 1994 and 2006, from 66% to 80%; and programs addressing violence (objective 7-2c), which increased 32.8% between 1994 and 2006, from 58% to 77%.

Summary of Progress

- Figure 7-1 presents a quantitative assessment of progress in achieving the Healthy People 2010 objectives for Educational and Community-Based Programs [1]. Data to measure progress toward target attainment were available for 17 objectives. Of these:
  - One objective (7-4c, middle and junior high schools with a nurse-to-student ratio of at least 1 nurse for every 750 students) met the Healthy People 2010 target.
  - Twelve objectives moved toward their targets. A statistically significant difference between the baseline and the final data points was observed for six of these objectives (7-1, 7-2a through c, and 7-4a and b). No significant differences were observed for five objectives (7-2d, e, g, and i; and 7-4d); and data to test the significance of the difference were unavailable for one objective (7-3).
  - Two objectives (7-2h and j) showed no change.
  - Two objectives (7-2f and 7-6) moved away from their targets. A statistically significant difference between the baseline and final data points was observed for one objective (7-6, participation in employer sponsored health promotion activities). No significant difference was observed for the other objective (7-2f, school health education on alcohol and other drug use in middle/junior and senior high schools).
- No data were available to measure progress for the following 39 objectives:
  - Two objectives (7-5a and 7-10) remained developmental [3].
  - Twenty-two objectives (7-5b through f; 7-11c, g through i, m through o, q through v, y, z, aa; and 7-12) had baseline data only.
  - Fifteen objectives (7-7 through 7-9; 7-11a, b, d through f, j through l, p, w, x, and bb) were deleted at the Midcourse Review.
- Figure 7-2 displays health disparities in Educational and Community-Based Programs from the best group rate for each characteristic at the most recent data point [2]. It also displays changes in disparities from baseline to the most recent data point [4].
  - Three objectives (7-1, 7-3, and 7-12) had racial and ethnic health disparities of 10% or more. For each of these three objectives, a different group had the best rate, including the non-Hispanic white (objective 7-1), the non-Hispanic black (objective 7-3), and the Asian or Pacific Islander populations (objective 7-12).
  - Females had a better rate of high school completion than males (objective 7-1). When expressed as persons *not* completing high school, the rate for females (9%) was significantly lower than the rate for males (13%).

Transition to Healthy People 2020

The Healthy People 2020 Educational and Community-Based Programs Topic Area has expanded from Healthy People 2010 to include objectives that track core clinical prevention and population health content in the training of health care professionals. See HealthyPeople.gov for a complete list of Healthy People 2020 topics and objectives.

The Healthy People 2020 Educational and Community-Based Programs Topic Area objectives can be grouped into several sections:

- School settings
- Worksite settings
- Health care settings
- Community settings and select populations
- Training of health care professionals.

The differences between the Healthy People 2010 objectives and those included in Healthy People 2020 are summarized below:

- The Healthy People 2020 Educational and Community-Based Programs Topic Area has a total of 94 objectives, 18 of which are developmental, whereas the Healthy People 2010 Educational and Community-Based Programs Focus Area had 56 objectives, two of which remained developmental [3].
- Four Healthy People 2010 objectives, including high school completion (objective 7-1), nurse-to-student ratio in senior high schools and in elementary schools (objective 7-4b and d, respectively), and worksite health promotion program in worksites with fewer than 50 employees (objective 7-5a), were retained "as is" [5].

- Twenty Healthy People 2010 objectives were modified [6]:
  - School health education objectives (7-2a through j) were modified to include elementary schools. Currently, objective 7-2 addresses middle and senior high schools. Adding elementary schools expands this objective to all grades K–12 (elementary, middle, and senior high schools), thus providing comprehensive information on health education in the nation's schools.
  - The nurse-to-student ratio in all schools (objective 7-4a) was modified to include elementary schools because elementary schools were added to the 2006 School Health Policies and Programs Study (SHPPS). The nurse-to-student ratio in middle and junior high schools (objective 7-4c) was modified to be limited to middle schools only because the language, "junior high schools," is no longer used in SHPPS.
  - Most worksite setting objectives were reverted to developmental status because the data sources used over the last decade are no longer available. New data sources have been identified but currently lack baseline data. The objectives that are now developmental include:
    - Culturally appropriate and linguistically competent community health promotion and disease prevention programs in educational and community-based programs (objective 7-11g)
    - Worksite health promotion programs in worksites with 50 or more employees, (objectives 7-5b through f), and employer-sponsored health promotion activities (objective 7-6).
  - One community settings and select populations objective (7-10, community health promotion programs), which was developmental, was modified. The objective expanded to nine objectives addressing population-based primary prevention services in the following priority areas: injury, violence, mental illness, tobacco use, substance abuse, unintended pregnancy, chronic disease programs, nutrition, and physical activity.
  - The Healthy People 2010 objective on culturally appropriate and linguistically competent community health promotion programs in educational and community-based programs (objective 7-11g) was retained as developmental. The data source used in Healthy People 2010 no longer identifies or tracks culturally appropriate or linguistically competent programs, and a new data source is being sought in coordination with the Office of Minority Health within the U.S. Department of Health and Human Services.
- The following 17 objectives were archived [7]:
  - School health education in environmental health (objective 7-2j) was archived because information about the topic is no longer collected by the data source (SHPPS).
  - Sixteen community setting and select populations objectives were archived because the data sources used for the past decade no longer collect the data:
    - Fifteen objectives that address culturally appropriate and linguistically competent community health promotion and disease prevention programs (objectives 7-11c, h, i, m, n, o, q through v, y, z and aa) were archived because they are no longer tracked by the National Profile of Local Health Departments.
    - One objective that addresses older adults who have participated in organized health promotion activities (objective 7-12) was archived because the questions used to collect the data are no longer included in the National Health Interview Survey.
- The following 15 objectives were deleted at the Midcourse Review due to either lack of a national data source or a shift in program priority:
  - All three health care setting objectives: patient and family education (objective 7-7), satisfaction with patient education (objective 7-8), and health care organization sponsorship of community health promotion activities (objective 7-9).
  - Twelve of the community setting and select populations objectives were deleted due to lack of a national data source: culturally appropriate and linguistically competent community health promotion programs (objectives 7-11a, b, d through f, j through l, p, w, x, and bb).
- Sixty-two new objectives were added to the Healthy People 2020 Educational and Community-Based Programs Topic Area:
  - Nine developmental objectives address preschools and Early Head Start programs in select priority areas.
  - Seven objectives address school health education based on the National Health Education Standards.
  - Seven objectives address school health education that promotes personal health and wellness.
  - Nine objectives address college and university students who receive information from their institution on select priority health risk behavior areas.
  - Thirty new objectives addressing the training of health care professionals were added. These

include six objectives that focus on training in core clinical prevention and population health content for each of the following professions:

- Doctor of Medicine (M.D.)
- Doctor of Osteopathy (D.O.)
- Undergraduate nursing
- Nurse Practitioner
- Physician Assistant.

The Healthy People 2020 objectives reflect the ongoing importance of Educational and Community-Based Programs. For objectives that were deleted due to lack of data, the U.S. Department of Health and Human Services and the agencies that serve as the leads for the Healthy People 2020 initiative will consider ways to ensure that these public health issues retain prominence despite the lack of data to monitor them.

Appendix D, "A Crosswalk Between Objectives From Healthy People 2010 to Healthy People 2020," summarizes the changes between the two decades of objectives, reflecting new knowledge and direction for this area.

Data Considerations

Education and income are the primary measures of socioeconomic status in Healthy People 2010. Most data systems used in Healthy People 2010 define income as a family's income before taxes. To facilitate comparisons among groups and over time, while adjusting for family size and for inflation, Healthy People 2010 categorizes income using the poverty thresholds developed by the Census Bureau. Thus, the three categories of family income that are primarily used are:

- Poor—below the Federal poverty level
- Near poor—100% to 199% of the Federal poverty level
- Middle/high income—200% or more of the Federal poverty level.

These categories may be overridden by considerations specific to the data system, in which case they are modified as appropriate. See *Healthy People 2010: General Data Issues*, referenced below.

In general, data on educational attainment are presented for persons aged 25 and over, consistent with guidance given by the Census Bureau. However, because of the requirements of the different data systems, the age groups used to calculate educational attainment for any specific objective may differ from the age groups used to report the data for other Healthy People 2010 objectives, as well as from select populations within the same objective. Therefore, the reader is urged to exercise caution in interpreting the data by educational attainment shown in the Health Disparities Table. See *Healthy People 2010: General Data Issues*, referenced below.

Additional information on data issues is available from the following sources:

- All Healthy People tracking data can be found in the Healthy People 2010 database, DATA2010, available from http://wonder.cdc.gov/data2010/.
- Detailed information about the data and data sources used to support these objectives can be found in the Operational Definitions on the DATA 2010 website, available from http://wonder.cdc.gov/data2010/focusod.htm.
- More information on statistical issues related to Healthy People tracking and measurement can be found in the Technical Appendix and in *Healthy People 2010: General Data Issues*, which is available in the General Data Issues section of the NCHS Healthy People website under Healthy People 2010; see http://www.cdc.gov/nchs/healthy_people/hp2010/hp2010_data_issues.htm.

Notes

1. Displayed in the Progress Chart (Figure 7-1), the percent of targeted change achieved expresses the difference between the baseline and the final value relative to the initial difference between the baseline and the Healthy People 2010 target. As such, it is a relative measure of progress toward attaining the Healthy People 2010 target. See the Reader's Guide for more information. When standard errors were available, the difference between the baseline and the final value was tested at the 0.05 level of significance. See the Figure 7-1 footnotes, as well as the Technical Appendix, for more detail.
2. Information about disparities among select populations is shown in the Health Disparities Table (Figure 7-2). Disparity from the best group rate is defined as the percent difference between the best group rate and each of the other group rates for a characteristic. For example, racial and ethnic health disparities are measured as the percent difference between the best racial and ethnic group rate and each of the other racial and ethnic group rates. Similarly, disparities by sex are measured as the percent difference between the better group rate (e.g., female) and the rate for the other group (e.g., male). Some objectives are expressed in terms of favorable events or conditions that are to be increased, while others are expressed in terms of

adverse events or conditions that are to be reduced. To facilitate comparison of health disparities across different objectives, disparity is measured only in terms of adverse events or conditions. For comparability across objectives, objectives that are expressed in terms of favorable events or conditions are re-expressed using the adverse event or condition for the purpose of computing disparity, but they are not otherwise restated or changed. For example, objective 1-1, to increase the proportion of persons with health insurance (e.g., 72% of the American Indian or Alaska Native population under age 65 had some form of health insurance in 2008), is expressed in terms of the percentage of persons without health insurance (e.g., 100% – 72% = 28% of the American Indian or Alaska Native population under age 65 did not have any form of health insurance in 2008) when the disparity from the best group rate is calculated. See the Reader's Guide for more information. When standard errors were available, the difference between the best group rate and each of the other group rates was tested at the 0.05 level of significance. See the Figure 7-2 footnotes, as well as the Technical Appendix, for more detail.

3. To be included in Healthy People 2010, an objective must have a national data source that provides a baseline and at least one additional data point for tracking progress. Some objectives lacked baseline data at the time of their development but had a potential data source and were considered of sufficient national importance to be included in Healthy People. These are called "developmental" objectives. When data become available, a developmental objective is moved to measurable status and a Healthy People target can be set.

4. The change in disparity is estimated by subtracting the disparity at baseline from the disparity at the most recent data point and, therefore, is expressed in percentage points. See the Reader's Guide for more information. When standard errors were available, the change in disparity was tested at the 0.05 level of significance. See the Figure 7-2 footnotes, as well as the Technical Appendix, for more detail.

5. As of the Healthy People 2020 launch, Healthy People 2020 objectives that were retained "as is" from Healthy People 2010 had no change in the numerator or denominator definitions, the data source(s), or the data collection methodology. These include objectives that were developmental in Healthy People 2010 and are developmental in Healthy People 2020, and for which no numerator information is available.

6. As of the Healthy People 2020 launch, objectives that were modified from Healthy People 2010 had some change in the numerator or denominator definitions, the data source(s), or the data collection methodology. These include objectives that went from developmental in Healthy People 2010 to measurable in Healthy People 2020, or vice versa.

7. Archived objectives had at least one data point in Healthy People 2010 but were not carried forward into Healthy People 2020.

Comprehensive Summary of Objectives: Educational and Community-Based Programs

Objective	Description	Data Source or Objective Status
7-1	High school completion (18–24 years)	Current Population Survey (CPS), Department of Commerce, Census Bureau.
7-2a	School health education—All priority areas (middle/junior, senior high schools)	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-2b	School health education—Unintentional injury (middle/junior, senior high schools)	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-2c	School health education—Violence (middle/junior, senior high schools)	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-2d	School health education—Suicide (middle/junior, senior high schools)	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-2e	School health education—Tobacco use and addiction (middle/junior, senior high schools)	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

Objective	Description	Data Source or Objective Status
7-2f	School health education—Alcohol and other drug use (middle/junior, senior high schools)	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-2g	School health education—Unintended pregnancy, HIV/AIDS, and STD infection (middle/junior, senior high schools)	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-2h	School health education—Unhealthy dietary patterns (middle/junior, senior high schools)	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-2i	School health education—Inadequate physical activity (middle/junior, senior high schools)	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-2j	School health education—Environmental health (middle/junior, senior high schools)	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-3	Health-risk behavior information for college and university students	National College Health Risk Behavior Survey, CDC, NCCDPHP.
7-4a	School nurse-to-student ratio of at least 1:750—All middle/junior and senior high schools	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-4b	School nurse-to-student ratio of at least 1:750—Senior high schools	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-4c	School nurse-to-student ratio of at least 1:750—Middle and junior high schools	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-4d	School nurse-to-student ratio of at least 1:750— Elementary schools	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-5a	Worksite health promotion programs—Worksites with fewer than 50 employees	Developmental.
7-5b	Worksite health promotion programs—Worksites with 50 or more employees	National Worksite Health Promotion Survey (NWHPS), Association for Worksite Health Promotion (AWHP) and OPHS, ODPHP.
7-5c	Worksite health promotion programs—Worksites with 50 to 99 employees	National Worksite Health Promotion Survey (NWHPS), Association for Worksite Health Promotion (AWHP) and OPHS, ODPHP.
7-5d	Worksite health promotion programs—Worksites with 100 to 249 employees	National Worksite Health Promotion Survey (NWHPS), Association for Worksite Health Promotion (AWHP) and OPHS, ODPHP.
7-5e	Worksite health promotion programs—Worksites with 250 to 749 employees	National Worksite Health Promotion Survey (NWHPS), Association for Worksite Health Promotion (AWHP) and OPHS, ODPHP.
7-5f	Worksite health promotion programs—Worksites with 750 or more employees	National Worksite Health Promotion Survey (NWHPS), Association for Worksite Health Promotion (AWHP) and OPHS, ODPHP.
7-6	Participation in employer-sponsored health promotion activities (age adjusted, 18+ years)	National Health Interview Survey (NHIS), CDC, NCHS.
7-7	Health care organizations that provide patient and family education	Deleted at the Midcourse Review.
7-8	Satisfaction with patient education	Deleted at the Midcourse Review.

Objective	Description	Data Source or Objective Status
7-9	Hospital and managed care organization sponsorship of community health promotion activities	Deleted at the Midcourse Review.
7-10	Community health promotion programs addressing Healthy People 2010 focus areas	Developmental.
7-11a	Culturally appropriate and linguistically competent community health promotion programs—Access to quality health services	Deleted at the Midcourse Review.
7-11b	Culturally appropriate and linguistically competent community health promotion programs—Arthritis, osteoporosis, and chronic back conditions	Deleted at the Midcourse Review.
7-11c	Culturally appropriate and linguistically competent community health promotion programs—Cancer	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11d	Culturally appropriate and linguistically competent community health promotion programs—Chronic kidney disease	Deleted at the Midcourse Review.
7-11e	Culturally appropriate and linguistically competent community health promotion programs—Diabetes	Deleted at the Midcourse Review.
7-11f	Culturally appropriate and linguistically competent community health promotion programs—Disability and secondary conditions	Deleted at the Midcourse Review.
7-11g	Culturally appropriate and linguistically competent community health promotion programs—Educational and community-based programs	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11h	Culturally appropriate and linguistically competent community health promotion programs—Environmental health	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11i	Culturally appropriate and linguistically competent community health promotion programs—Family planning	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11j	Culturally appropriate and linguistically competent community health promotion programs—Food safety	Deleted at the Midcourse Review.
7-11k	Culturally appropriate and linguistically competent community health promotion programs—Medical product safety	Deleted at the Midcourse Review.
7-11l	Culturally appropriate and linguistically competent community health promotion programs—Health communication	Deleted at the Midcourse Review.
7-11m	Culturally appropriate and linguistically competent community health promotion programs—Heart disease and stroke	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

Objective	Description	Data Source or Objective Status
7-11n	Culturally appropriate and linguistically competent community health promotion programs—HIV	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11o	Culturally appropriate and linguistically competent community health promotion programs—Immunization and infectious diseases	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11p	Culturally appropriate and linguistically competent community health promotion programs—Injury and violence prevention	Deleted at the Midcourse Review.
7-11q	Culturally appropriate and linguistically competent community health promotion programs— Maternal, infant (and child) health	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11r	Culturally appropriate and linguistically competent community health promotion programs—Mental health (and mental disorders)	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11s	Culturally appropriate and linguistically competent community health promotion programs—Nutrition and overweight	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11t	Culturally appropriate and linguistically competent community health promotion programs—Occupational safety and health	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11u	Culturally appropriate and linguistically competent community health promotion programs—Oral health	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11v	Culturally appropriate and linguistically competent community health promotion programs—Physical activity and fitness	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11w	Culturally appropriate and linguistically competent community health promotion programs—Public health infrastructure	Deleted at the Midcourse Review.
7-11x	Culturally appropriate and linguistically competent community health promotion programs—Respiratory diseases	Deleted at the Midcourse Review.
7-11y	Culturally appropriate and linguistically competent community health promotion programs—Sexually transmitted diseases	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11z	Culturally appropriate and linguistically competent community health promotion programs—Substance abuse (alcohol and other drugs)	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11aa	Culturally appropriate and linguistically competent community health promotion programs—Tobacco use	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
7-11bb	Culturally appropriate and linguistically competent community health promotion programs—Vision and hearing	Deleted at the Midcourse Review.
7-12	Participation in community health promotion activities (age adjusted, 65+ years)	National Health Interview Survey (NHIS), CDC, NHCS.

Figure 7-1. Progress Toward Target Attainment for Focus Area 7: Educational and Community-Based Programs

LEGEND — Moved away from target[1] | Moved toward target | Met or exceeded target

Objective	Percent of targeted change achieved[2] (0 25 50 75 100)	2010 Target	Baseline (Year)	Final (Year)	Baseline vs. Final: Difference[3]	Baseline vs. Final: Statistically Significant[4]	Baseline vs. Final: Percent Change[5]
7-1. High school completion (18–24 years)	80.0%	90%	85% (1998)	89% (2007)	4	Yes	4.7%
7-2. School health education							
a. All priority areas (middle/junior, senior high schools)	22.0%	83%	33% (1994)	44% (2006)	11	Yes	33.3%
b. Unintentional injury (middle/junior, senior high schools)	58.3%	90%	66% (1994)	80% (2006)	14	Yes	21.2%
c. Violence (middle/junior, senior high schools)	86.4%	80%	58% (1994)	77% (2006)	19	Yes	32.8%
d. Suicide (middle/junior, senior high schools)	22.7%	80%	58% (1994)	63% (2006)	5	No	8.6%
e. Tobacco use and addiction (middle/junior, senior high schools)	11.1%	95%	86% (1994)	87% (2006)	1	No	1.2%
f. Alcohol and other drug use (middle/junior, senior high schools)		95%	90% (1994)	87% (2006)	-3	No	-3.3%
g. Unintended pregnancy, HIV/AIDS, and STD infection (middle/junior, senior high schools)	8.0%	90%	65% (1994)	67% (2006)	2	No	3.1%
h. Unhealthy dietary patterns (middle/junior, senior high schools)	0.0%	95%	84% (1994)	84% (2006)	0	No	0.0%
i. Inadequate physical activity (middle/junior, senior high schools)	8.3%	90%	78% (1994)	79% (2006)	1	No	1.3%
j. Environmental health (middle/junior, senior high schools)	0.0%	80%	60% (1994)	60% (2000)	0	No	0.0%
7-3. Health-risk behavior information for college and university students	68.4%	25%	6% (1995)	19% (2008)	13	Not tested	216.7%
7-4. School nurse-to-student ratio of at least 1:750							
a. All middle/junior and senior high schools	77.3%	50%	28% (1994)	45% (2006)	17	Yes	60.7%
b. Senior high schools	50.0%	50%	26% (1994)	38% (2006)	12	Yes	46.2%
c. Middle and junior high schools	100.0%	50%	32% (1994)	50% (2006)	18	Yes	56.3%
d. Elementary schools	50.0%	48%	42% (2000)	45% (2006)	3	No	7.1%
7-6. Participation in employer-sponsored health promotion activities (age adjusted, 18+ years)		88%	67% (1994)	59% (1998)	-8	Yes	-11.9%

Figure 7-1. Progress Toward Target Attainment for Focus Area 7: Educational and Community-Based Programs (continued)

NOTES

See the Reader's Guide for more information on how to read this figure. See DATA2010 at http://wonder.cdc.gov/data2010 for all HealthyPeople 2010 tracking data. Tracking data are not available for objectives 7-5a through f, 7-10, 7-11c, 7-11g through i, 7-11m through o, 7-11q through v, 7-11y, 7-11z, 7-11aa, and 7-12. Objectives 7-7, 7-8, 7-9, 7-11a, 7-11b, 7-11d through f, 7-11j through l, 7-11p, 7-11w, 7-11x, and 7-11bb were deleted at the Midcourse Review.

FOOTNOTES

[1] Movement away from target is not quantified using the percent of targeted change achieved. See Technical Appendix for more information.

[2] Percent of targeted change achieved = $\frac{\text{Final value} - \text{Baseline value}}{\text{Healthy People 2010 target} - \text{Baseline value}} \times 100$.

[3] Difference = Final value – Baseline value. Differences between percents (%) are measured in percentage points.

[4] When estimates of variability are available, the statistical significance of the difference between the final value and the baseline value is assessed at the 0.05 level. See Technical Appendix for more information.

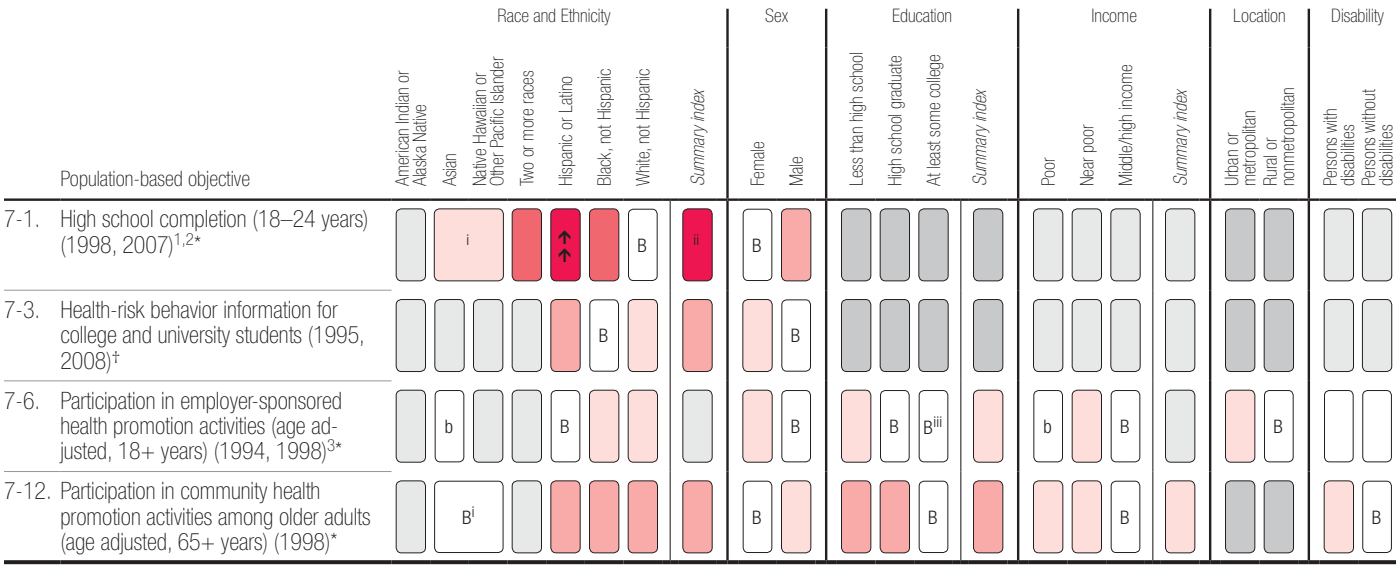
[5] Percent change = $\frac{\text{Final value} - \text{Baseline value}}{\text{Baseline value}} \times 100$.

DATA SOURCES

7-1. Current Population Survey (CPS), Department of Commerce, Census Bureau.
7-2a–j. School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-3. National College Health Risk Behavior Survey, CDC, NCCDPHP.
7-4a–d. School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
7-6. National Health Interview Survey (NHIS), CDC, NCHS.

Figure 7-2. Health Disparities Table for Focus Area 7: Educational and Community-Based Programs

Disparities from the best group rate for each characteristic at the most recent data point and changes in disparity from the baseline to the most recent data point.



NOTES

See DATA2010 at http://wonder.cdc.gov/data2010 for all Healthy People 2010 tracking data. Disparity data are either unavailable or not applicable for objectives 7-2a through j, 7-4a through d, 7-5a through f, 7-10, and 7-11c, g, h, i, m, n, o, q through v, y, z, and aa. Objectives 7-7 through 7-9, and 7-11a, b, d, e, f, j, k, l, p, w, x, and bb were deleted at Midcourse Review.

Years in parentheses represent the baseline and most recent data years (if available).

Disparity from the best group rate is defined as the percent difference between the best group rate and each of the other group rates for a characteristic (e.g., race and ethnicity). The summary index is the average of these percent differences for a characteristic. Change in disparity is estimated by subtracting the disparity at baseline from the disparity at the most recent data point. Change in the summary index is estimated by subtracting the summary index at baseline from the summary index at the most recent data point. See Technical Appendix for more information.

LEGEND

The "best" group rate at the most recent data point.

- B — The group with the best rate for specified characteristic.
- b — Most favorable group rate for specified characteristic, but reliability criterion not met.
- Reliability criterion for best group rate not met, or data available for only one group.

Percent difference from the best group rate

Disparity from the best group rate at the most recent data point.

- Less than 10%, or difference not statistically significant (when estimates of variability are available).
- 10%–49%
- 50%–99%
- 100% or more

Changes in disparity over time are shown when: (a) disparities data are available at both baseline and most recent time points; (b) data are not for the group(s) indicated by "B" or "b" at either time point; and (c) the change is greater than or equal to 10 percentage points and statistically significant, or when the change is greater than or equal to 10 percentage points and estimates of variability were not available. See Technical Appendix.

Increase in disparity (percentage points)

- ↑ 10–49 points
- ↑↑ 50–99 points
- ↑↑↑ 100 points or more

Decrease in disparity (percentage points)

- ↓ 10–49 points
- ↓↓ 50–99 points
- ↓↓↓ 100 points or more

Availability of Data

- Data not available.
- Characteristic not selected for this objective.

Figure 7-2. Health Disparities Table for Focus Area 7: Educational and Community-Based Programs (continued)

FOOTNOTES

* Measures of variability were available. Thus, the variability of best group rates was assessed, and statistical significance was tested. Disparities of 10% or more are displayed when the differences from the best group rate are statistically significant at the 0.05 level. Changes in disparities over time are indicated by arrows when the changes are greater than or equal to 10 percentage points and are statistically significant at the 0.05 level. See Technical Appendix.

† Measures of variability were not available. Thus, the variability of best group rates was not assessed, and statistical significance could not be tested. Nonetheless, disparities and changes in disparities over time are displayed according to their magnitude. See Technical Appendix.

[1] Most recent data by race and ethnicity are for 2006.

[2] Baseline data by disability status are for 1995.

[3] Baseline data by race and ethnicity are for 1998.

[i] Data are for Asian or Pacific Islander.

[ii] Change in the summary index cannot be assessed. See Technical Appendix.

[iii] The group with the best rate at the most recent data point is different from the group with the best rate at baseline. Both rates met the reliability criterion. See Technical Appendix.

DATA SOURCES

7-1. Current Population Survey (CPS), Department of Commerce, Census Bureau.
7-3. National College Health Risk Behavior Survey, CDC, NCCDPHP.
7-6. National Health Interview Survey (NHIS), CDC, NCHS.
7-12. National Health Interview Survey (NHIS), CDC, NCHS.