

fhop**FAMILY HEALTH OUTCOMES PROJECT****HEALTHY PEOPLE 2000 OBJECTIVES****AS REFERENCED IN PUBLIC HEALTH INDICATOR TABLE**

2.4 - Reduce growth retardation among low-income children aged 5 and younger to less than 10 percent. (Baseline: Up to 16 percent among low-income children in 1988, depending on age and race/ethnicity)

2.10 - Reduce iron deficiency to less than 3 percent among children aged 1 through 4 and among women of childbearing age. (Baseline: 9 percent for children aged 1 through 2, 4 percent for children aged 3 through 4, and 5 percent for women aged 20 through 44 in 1976-80)

2.11 - Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continued breastfeeding until their babies are 5 to 6 months old. (Baseline: 54 percent at discharge from birth site and 21 percent at 5 to 6 months in 1988)

3.5 - Reduce the initiation of cigarette smoking by children and youth so that no more than 15 percent have become regular cigarette smokers by age 20. (Baseline: 30 percent of youth had become regular cigarette smokers by ages 20 through 24 in 1987)

3.7 - Increase smoking cessation during pregnancy so that at least 60 percent of women who are cigarette smokers at the time they become pregnant quit smoking early in pregnancy and maintain abstinence for the remainder of their pregnancy. (Baseline: 39 percent of white women aged 20 through 44 quit at any time during pregnancy in 1985)

3.8 - Reduce to no more than 20 percent the proportion of children aged 6 and younger who are regularly exposed to tobacco smoke at home. (Baseline: More than 39 percent in 1986, as 39 percent of households with one or more children aged 6 or younger had a cigarette smoker in the household)

3.9 - Reduce smokeless tobacco use by males aged 12 through 24 to a prevalence of no more than 4 percent. (Baseline: 6.6 percent among males aged 12 through 17 in 1988; 8.9 percent among males aged 18 through 24 in 1987)

3.10 - Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality school health education. (Baseline: 17 percent of school districts totally banned

smoking on school premises or at school functions in 1988; antismoking education was provided by 78 percent of school districts at the high school level, 81 percent at the middle school level, and 75 percent at the elementary school level in 1988)

3.16 - Increase to at least 75 percent the proportion of primary care and oral health care providers who routinely advise cessation and provide assistance and follow-up for all of their tobacco-using patients. (Baseline: About 52 percent of internists reported counseling more than 75 percent of their smoking patients about smoking cessation in 1986; about 35 percent of dentists reported counseling at least 75 percent of their smoking patients about smoking in 1986)

4.5 - Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescent aged 12 through 17. (Baseline: Age 11.6 for cigarettes, age 13.1 for alcohol, and 13.4 for marijuana in 1988)

4.6 - Reduce the proportion of young people who have used alcohol, marijuana, and cocaine in the past month, as follows:

<i>Substance/Age</i>	<i>1988 Baseline</i>	<i>2000 Target</i>
Alcohol/aged 12-17	25.2%	12.6%
Alcohol/aged 18-20	57.9%	29%
Marijuana/aged 12-17	6.4%	3.2%
Marijuana/aged 18-25	15.5%	7.8%
Cocaine/aged 12-17	1.1%	0.6%
Cocaine/aged 18-25	4.5%	2.3%

4.13 - Provide to children in all school districts and private schools primary and secondary school educational programs on alcohol and other drugs, preferably as part of quality school health education. (Baseline: 63 percent provided some instruction, 39 percent provided counseling, and 23 percent referred students for clinical assessments in 1987)

4.19 - Increase to at least 75 percent the proportion of primary care providers who screen for alcohol and other drug use problems and provide counseling and referral as needed. (Baseline data available in 1992)

5.1 - Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents. (Baseline: 71.1 pregnancies per 1,000 girls aged 15 through 17 in 1985)

7.1 - Reduce homicides to no more than 7.2 per 100,000 people. (Age-adjusted baseline: 8.5 per 100,000 in 1987) (Children aged 3 and younger: 1987 Baseline: 3.9; 2000 Target: 3.1)

7.1a - Reduce homicides among children aged 3 and younger to no more than 3.1 per 100,000 people. (Baseline: 3.9 homicides per 100,00 children aged 3 and younger in 1987)

7.2 - Reduce suicides to no more than 10.5 per 100,000 people. (Age-adjusted baseline: 11.7 per 100,000 in 1987)

7.2a - Reduce suicides among youths aged 15 through 19 to no more than 8.2 per 100,000 people. (Baseline: 10.3 suicides per 100,000 youths aged 15 through 19 in 1987)

7.3 - Reduce weapon-related violent deaths to no more than 12.6 per 100,000 people from major causes. (Age-adjusted baseline: 12.9 per 100,000 by firearms, 1.9 per 100,000 by knives in 1987)

7.4 - Reverse to less than 25.2 per 1,000 children the rising incidence of maltreatment of children younger than age 18. (Baseline: 25.2 per 1,000 in 1986)

7.8 - Reduce by 15 percent the incidence of injurious suicide attempts among adolescent aged 14 through 17. (Baseline data available in 1991)

9.1 - Reduce deaths caused by unintentional injuries to no more than 29.3 per 100,000 people. (Age-adjusted baseline: 34.5 per 100,000 in 1987)

9.3a - Reduce deaths caused by motor vehicle crashes to no more than 1.9 per 100 million vehicle miles traveled and 16.8 per 100,000 people. (Baseline: 2.4 per 100 million vehicle miles traveled (VMT) and 18.8 per 100,000 people (age-adjusted) in 1987) (Children aged 14 and younger - 1987 baseline: 6.2; 2000 Target: 5.5)

9.4 - Reduce deaths from falls and fall-related injuries to no more than 2.3 per 100,000 people. (Age-adjusted baseline: 2.7 per 100,000 in 1987)

9.5a - Reduce drowning deaths to no more than 1.3 per 100,000 people. (Age-adjusted baseline: 2.1 per 100,000 in 1987) (Children aged 4 and younger - 1987 Baseline: 4.2; 2000 Target 2.3)

9.6a - Reduce residential fire deaths to no more than 1.2 per 100,000 people. (Age-adjusted baseline: 1.5 per 100,000 in 1987) (Children aged 4 and younger - 1987 Baseline: 4.4; 2000 Target: 3.3)

9.12a - Increase use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85 percent of motor vehicle occupants. (Baseline: 42 percent in 1988) (Children aged 4 and younger - 1988 Baseline: 84%; 2000 Target: 95%)

9.13 - Increase use of helmets to at least 80 percent of motorcyclists and at least 50 percent of bicyclists. (Baseline: 60 percent of motorcyclists in 1988 and an estimated 8 percent of bicyclists in 1984)

9.21 - Increase to at least 50 percent the proportion of primary care providers who routinely provide age-appropriate counseling on safety precautions to prevent unintentional injury. (Baseline data available in 1992)

11.1b - Reduce asthma morbidity, as measured by a reduction in asthma hospitalizations to no more than 160 per 100,000 people. (Baseline: 188 per 100,000 in 1987) (Children - 1987 Baseline: 334; 2000 Target: 265)

13.2 - Reduce untreated dental caries so that the proportion of children with untreated caries (in permanent or primary teeth) is no more than 20 percent among children aged 6 through 8 and no more than 15 percent among adolescents aged 15. (Baseline: 27 percent of children aged 6 through 8 in 1986; 23 percent of adolescents aged 15 in 1986-87)

13.8 - Increase to at least 50 percent the proportion of children who have received protective sealants on the occlusal (chewing) surfaces of permanent molar teeth. (Baseline: 11 percent of children aged 8 and 8 percent of adolescents aged 14 in 1986-87)

13.11 - Increase to at least 75 percent the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay. (Baseline data available in 1991)

14.1 - Reduce the infant mortality rate to no more than 7 per 1,000 live births. (Baseline: 10.1 per 1,000 live births in 1987)

14.1d - Reduce the neonatal mortality rate to no more than 4.5 per 1,000 live births. (Baseline: 6.5 per 1,000 live births in 1987)

14.1g - Reduce the postneonatal mortality rate to no more than 2.5 per 1,000 live births. (Baseline: 3.6 per 1,000 live births in 1987)

14.2 - Reduce the fetal death rate (20 or more weeks of gestation) to no more than 5 per 1,000 live births plus fetal deaths. (Baseline: 7.6 per 1,000 live births plus fetal deaths in 1987)

14.4 - Reduce the incidence of fetal alcohol syndrome to no more than 0.12 per 1,000 live births. (Baseline: 0.22 per 1,000 live births in 1987)

14.5 - Reduce low birth weight to an incidence of no more than 5 percent of live births and very low birth weight to no more than 1 percent of live births. (Baseline: 6.9 and 1.2 percent, respectively, in 1987)

14.6 - Increase to at least 85 percent the proportion of mothers who achieve the minimum recommended weight gain during their pregnancies. (Baseline: 67 percent of married women in 1980)

14.9 - Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continued breastfeeding until their babies are 5 to 6 months old. (Baseline: 54 percent at discharge from birth site and 21 percent at 5 to 6 months in 1988)

14.10 - Increase abstinence from tobacco use by pregnant women to at least 90 percent and increase abstinence from alcohol, cocaine, and marijuana by pregnant women by at least 20 percent. (Baseline: 75 percent of pregnant women abstained from tobacco use in 1985)

14.11 - Increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy. (Baseline: 76 percent of live births in 1987)

14.13 - Increase to at least 90 percent the proportion of women enrolled in prenatal care who are offered screening and counseling on prenatal detection of fetal abnormalities. (Baseline data available in 1991)

14.15 - Increase to at least 95 percent the proportion of newborns screened by State-sponsored programs for genetic disorders and other disabling conditions and to 90 percent the proportion of newborns testing positive for disease who receive appropriate treatment. (Baseline: For sickle cell anemia, with 20 States reporting, approximately

33 percent of live births screened (57 percent of black infants); for galactosemia, with 38 States reporting, approximately 70 percent of live births screened)

14.16 - Increase to at least 90 percent the proportion of babies aged 18 months and younger who receive recommended primary care services at the appropriate intervals. (Baseline data available in 1992)

16.4 - Reduce deaths from cancer of the uterine cervix to no more than 1.3 per 100,000 women. (Age-adjusted baseline: 2.8 per 100,000 in 1987)

16.12 - Increase to at least 95 percent the proportion of women aged 18 and older with uterine cervix who have ever received a Paptest, and to at least 85 percent those who received a Pap test within the preceding 1 to 3 years. (Baseline: 88 percent “ever” and 75 percent “within the preceding 3 years” in 1987)

18.2c - Confine the prevalence of HIV infection among women giving birth to live-born infants to no more than 100 per 100,000. (Baseline: 150 per 100,000 in 1989)

19.1 - Reduce gonorrhea to an incidence of no more than 225 cases per 100,000 people. (Baseline: 300 per 100,000 in 1989)

19.1b - Reduce gonorrhea to an incidence of no more than 225 cases per 100,000 people. (Baseline: 300 per 100,000 in 1989) (Adolescents aged 15-19 - 1989 Baseline: 1,123; 2000 Target: 750)

19.2 - Reduce Chlamydia trachomatis infections, as measured by a decrease in the incidence of nongonococcal urethritis to no more than 170 cases per 100,000 people. (Baseline: 215 per 100,000 in 1988)

19.3 - Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000 people. (Baseline: 18.1 per 100,000 in 1989)

19.4 - Reduce congenital syphilis to an incidence of no more than 50 cases per 100,00 live births. (Baseline: 100 per 100,00 live births in 1989)

19.5 - Reduce genital herpes and genital warts, as measured by a reduction to 142,000 and 385,000, respectively, in the annual number of first-time consultations with a physician for the conditions. (Baseline: 167,000 and 451,000 in 1988)

19.6 - Reduce the incidence of pelvic inflammatory disease, as measured by a reduction in hospitalizations for pelvic inflammatory disease to no more than 250 per 100,000 women aged 15 through 44. (Baseline: 311 per 100,000 in 1988)

19.7 - Reduce sexually transmitted hepatitis B infection to no more than 30,500 cases. (Baseline: 58,300 cases in 1988)

19.8 - Reduce the rates of repeat gonorrhea infection to no more than 15 percent within the previous year. (Baseline: 20 percent in 1988)

20.1 - Reduce indigenous cases of vaccine-preventable diseases as follows:

<i>Disease</i>	<i>1988 Baseline</i> (# of cases)	<i>2000 Target</i> (# of cases)
Diphtheria among people aged 25 and younger	1	0
Tetanus among people aged 25 and younger	3	0
Polio (wild-type virus)	0	0
Measles	3,058	0
Rubella	225	0
Congenital Rubella Syndrome	6	0
Mumps	4,866	500
Pertussis	3,450	1,000

Baseline data source: Center for Prevention Services, CDC

20.11 - Increase immunization levels as follows: Basic immunization series among children under age 2: at least 90 percent. (Baseline: 70-80 percent estimated in 1989) Basic immunization series among children in licensed child care facilities and kindergarten through post-secondary education institutions: at least 95 percent. (Baseline: For licensed child care, 94 percent; 97 percent for children entering school for the 1987-1988 school year; and for post-secondary institutions, baseline data available in 1992) Pneumococcal pneumonia and influenza immunization among institutionalized chronically ill or older people: at least 80 percent. (Baseline data available in 1992) Pneumococcal pneumonia and influenza among noninstitutionalized, high-risk population, as defined by the Immunization Practices Advisory Committee: at least 60 percent. (Baseline: 10 percent estimated for pneumococcal vaccine and 20 percent for influenza vaccine in 1985) Hepatitis B immunization among high-risk populations, including infants of surface antigen-positive mothers to at least 90 percent; occupationally exposed workers to at least 90 percent; IV-drug users in drug treatment programs to at least 50 percent; and homosexual men to at least 50 percent. (Baseline data available in 1992)