

Priority Area 17

Diabetes and Chronic Disabling Conditions

Health Status Objective: Years of healthy life

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.1 **Increase years of healthy life to at least 65 years.**
(8.1)
(21.1)

<u>Years of healthy life (years)</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>2000 Target</u>
Total population	1990	64.0	63.9	63.7	63.5	63.8	63.9	64.2	65
Special Population Target									
17.1a Blacks	1990	56.0	56.0	55.6	55.2	55.6	56.0	56.5	60
17.1b Hispanics ^{•ua}	1990	64.8	63.6	64.0 ^{•ub}	63.2	64.2	64.0	64.7	65
17.1c People aged 65 and older ^{•uc}	1990	11.9	11.8	11.9	11.9	12.1	12.0	12.2	14

^{•ua}Estimate based on preliminary data. Excludes mortality data from States lacking a Hispanic-origin item on their death certificate or for which Hispanic data were not of sufficient quality.

^{•ub}Estimate derived from 1991-93 health status data and 1992 mortality data.

^{•uc}Years of healthy life remaining at age 65.

Note: Years of healthy life (also referred to as quality-adjusted life years) is a summary measure of health that combines mortality (quantity of life) and morbidity and disability (quality of life) into a single measure.

Data Sources: National Vital Statistics System, CDC, NCHS; National Health Interview Survey, CDC, NCHS.

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.2 Reduce to no more than 8 percent the proportion of people who experience a limitation in major activity due to chronic conditions.

<u>Limitation in major activity due to chronic conditions</u>	<u>Baseline Year</u>	Baseline		1989							<u>2000 Target</u>
		<u>Baseline</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	
Total population	1988	9.4%	9.6%	9.3%	9.6%	10.3%	10.6%	10.3%	10.1%	10.0%	8%
Special Population Target											
<u>Prevalence of Disability</u>											
17.2a Low-income people (annual family income <\$10,000)	1988	18.9%	19.4%	19.2%	19.6%	20.2%	20.9%	21.1%	21.4%	22.7%	15%
Annual family income below poverty threshold	...	---	15.5%	14.6%	15.5%	16.2%	16.5%	16.8%	17.1%	17.5%	...
17.2b American Indians/Alaska Natives	1983-85	13.4%	---2.3% ^{•ua}	2.0% ^{•ub}	2.6% ^{•uc}	2.4% ^{•ud}	3.3% ^{•ue}	3.5% ^{•uf}	4.9% ^{•ug}		11%
17.2c Blacks	1988	11.2%	11.3%	10.7%	11.0%	12.2%	12.6%	12.5%	12.2%	12.5%	9%
17.2d Puerto Ricans	1989-91	11.7%	...	...	...2.0% ^{•uc}	2.7% ^{•ud}	3.4% ^{•ue}	3.4% ^{•uf}	3.0% ^{•ug}		10%

•ua>Data are for 1988-90.
 •ub>Data are for 1989-91.
 •uc>Data are for 1990-92.
 •ud>Data are for 1991-93.
 •ue>Data are for 1992-94.

- uf•Data are for 1993-95.
- ug•Data are for 1994-96.

Note: Major activity refers to the usual activity for one's age-gender group whether it is working, keeping house, going to school, or living independently. Chronic conditions are defined as conditions that either (1) were first noticed 3 or more months ago, or (2) belong to group of conditions such as heart disease and diabetes, which considered chronic regardless of when they began.

Data Source: National Health Interview Survey, CDC, NCHS.

Health Status Objective: Preserving function in older adults

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.3 (1.1) Reduce to no more than 90 per 1,000 people the proportion of all people aged 65 and older who have difficulty in performing two or more personal care activities, thereby preserving independence.

<u>Difficulty Performing Self-Care Activities (per 1,000)</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1994-95</u>	<u>2000 Target</u>
People 65 and over	1984-85	111	---	90
People 70 and over	1984-85	•ua•141	163	90
Special Population Targets				
17.3a People 85 and over	1984-85	371	471	325
17.3b Blacks 65 and over	1984-85	•ua•132	---	98
Blacks 70 and over	1984-85	•ua•166	218	98
•ua•Baseline has been revised.				
<i>Note: Personal care activities are bathing, dressing, using the toilet, getting in and out of bed or chair, and eating.</i>				

Data Sources: National Health Interview Survey, CDC, NCHS; National Nursing Home Survey, CDC, NCHS.

Health Status Objective: Activity limitation due to asthma

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.4 Reduce to no more than 10 percent the proportion of people with asthma who experience activity limitation.

<u>Activity limitation among people with asthma</u>	Baseline Year	<u>Baseline</u>	<u>1988-90</u>	<u>1989-91</u>	<u>1990-92</u>	<u>1991-93</u>	<u>1992-94</u>	<u>1993-95</u>	<u>1994-96</u>	2000 <u>Target</u>
Total population	1986-88	19.4%	20.4%	21.8%	21.8%	22.5%	22.0%	20.7%	19.6%	10%
Special Population Targets										
17.4a Blacks	1989-91	30.5%	...	...	30.3%	32.1%	31.5%	29.1%	27.0%	19%
17.4b Puerto Ricans ^{•ua}	...	---	---	---	---	---	---	---	---	22%
<p>^{•ua}Data are unreliable. Relative standard error is greater than 30%.</p> <p>Note: Activity limitation refers to any self-reported limitation in activity attributed to asthma.</p>										

Data Source: National Health Interview Survey, CDC, NCHS.

Health Status Objective: Activity limitation due to chronic back conditions

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.5 Reduce activity limitation due to chronic back condition to a prevalence of no more than 19 per 1,000 people.

<u>Activity limitation due to chronic back conditions (per 1,000)</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1988-90</u>	<u>1989-91</u>	<u>1990-92</u>	<u>1991-93</u>	<u>1992-94</u>	<u>1993-95</u>	<u>1994-96</u>	<u>2000 Target</u>
Total population	1986-88	21.9	23.7	25.1	25.3	27.3	28.1	28.8	27.9	19

Note: Chronic back conditions include intervertebral disk disorders, curvature of the back or spine, and other self-reported chronic back impairments such as permanent stiffness or deformity of the back or repeated trouble with the back. Activity limitation refers to any self-reported limitation in activity attributed to a chronic back condition.

Data Source: National Health Interview Survey, CDC, NCHS.

Health Status Objective: Hearing impairment

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.6 Reduce significant hearing impairment to a prevalence of no more than 82 per 1,000 people.

<u>Significant hearing Impairment (per 1,000)</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1988-90</u>	<u>1989-91</u>	<u>1990-92</u>	<u>1991-93</u>	<u>1992-94</u>	<u>1993-95</u>	<u>1994-96</u>	<u>2000 Target</u>
Total population	1986-88	88.9	89.5	89.7	93.5	93.6	91.9	89.0	85.1	82
Special Population Target										
17.6a People aged 45 and older	1986-88	203	206.2	205.2	215.7	213.2	207.4	200.4	195.9	180
<p><i>Note: Hearing impairment covers the range of hearing deficits from mild loss in one ear to profound loss in both ears. Generally, inability to hear sounds at levels softer (less intense) than 20 decibels (dB) constitutes abnormal hearing. Significant hearing impairment is defined as having hearing thresholds for speech poorer than 25 dB. However, for this objective, self-reported hearing impairment (i.e., deafness in one or both ears or any trouble hearing in one or both ears) will be used as a proxy measure for significant hearing impairment.</i></p>										

Data Source: National Health Interview Survey, CDC, NCHS.

Health Status Objective: Vision impairment

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.7 Reduce significant visual impairment to a prevalence of no more than 30 per 1,000 people.

<u>Significant visual Impairment (per 1,000)</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1988-90</u>	<u>1989-91</u>	<u>1990-92</u>	<u>1991-93</u>	<u>1992-94</u>	<u>1993-95</u>	<u>1994-96</u>	<u>2000 Target</u>
Total population	1986-88	34.5	32.5	31.7	32.8	34.8	35.1	34.0	31.3	30
Special Population Target										
17.7a People aged 65 and older	1986-88	87.7	81.8	78.0	79.8	87.4	88.3	84.6	84.2	70

Note: Significant visual impairment is generally defined as a permanent reduction in visual acuity and/or field of vision which is not correctable with eyeglasses or contact lenses. Severe visual impairment is defined as inability to read ordinary newsprint even with corrective lenses. For this objective, self-reported blindness in one or both eyes and other self-reported visual impairments (i.e., any trouble with one or both eyes or even when wearing glasses or colorblindness) will be used as a proxy measure for significant visual impairment.

Data Source: National Health Interview Survey, CDC, NCHS.

Health Status Objective: Mental retardation

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

**17.8 Reduce the prevalence of serious mental retardation in school-aged children to no more than 2 per 1,000 children.
(11.2)**

<u>Serious mental retardation (per 1,000)</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1991-93</u>	<u>2000 Target</u>
Children 10 years old IQ<50	1985-87	3.1•ua•	3.6	2.0

•ua•Baseline has been revised.

Note: Serious mental retardation is defined as an Intelligence Quotient (I.Q.) less than 50. This includes individuals defined by the American Association of Mental Retardation as profoundly retarded (I.Q. of 20 or less), severely retarded (I.Q. of 21-35), and moderately retarded (I.Q. of 36-50)

Data Sources: Baseline: Metropolitan Atlanta Developmental Disabilities Study, CDC, NCEH; Update - Metropolitan Atlanta Developmental Disabilities Surveillance Program, CDC, NCEH.

Health Status Objective: Diabetes-related deaths

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.9 Reduce diabetes-related deaths to no more than 34 per 100,000 people.

<u>Diabetes-related deaths (age-adjusted per 100,000)</u>	Baseline Year	Baseline	1988	1989	1990	1991	1992	1993	1994	1995	1996	2000 Target
Total population	1986	38	38	38	38	38	38	40	40	40	41	34
Special Population Targets												
17.9a Blacks	1986	67	69	71	71	71	71	74	73	76	76	58
17.9b American Indians/Alaska Natives	1986	46	52	56	53	51	57	60	58	63	63	41
17.9c Mexican Americans	1990	55.7•ua,b•	...	...	... 50.3•uc•	51.1•uc•	56.6•ud•	55.6•ud•	56.7•ud•	60.1•ud•		50
17.9d Puerto Ricans	1990	40.7•ua,b•	...	...	... 47.2•uc•	48.7•uc•	48.5•ud•	57.8•ud•	63.2•ud•	58.5•ud•		42

•ua•Baseline has been revised.
 •ub•Includes data for 47 States and DC.
 •uc•Includes data for 48 States and DC.
 •ud•Includes data for 49 States and DC.

Note: Diabetes-related deaths refer to deaths from diabetes as an underlying or contributing cause. In the past, deaths have been infrequently ascribed to diabetes. This underreporting will change with increasing awareness of the disease, and deaths from diabetes may appear to increase, despite effective programs.
 ICD-9 codes: 250

Data Source: National Vital Statistics System, CDC, NCHS.

Health Status Objective: Diabetes-related complications

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.10 Reduce the most severe complications of diabetes as follows:

<u>Complications: Among People With Diabetes</u>	Baseline	<u>Baseline</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	2000
	<u>Year</u>											<u>Target</u>
End-stage renal disease (per 1,000)	1987	1.5	1.8	2.2	2.5	2.5	2.7	2.4	3.3	3.4	4.1	1.4
Blindness (age-adjusted per 1,000)	1987	2.2	2.4	2.6	2.5	2.4	2.3	2.1	2.2	---	---	1.4
Lower extremity amputation (per 1,000)	1987	8.2	8.8	8.8	8.6	6.2	7.8	7.3	8.6	9.4	11.1	4.9
Perinatal mortality	1988	5%•ua•	---	---	---	---	---	---	---	---	---	2%
Major congenital malformations	1988	8%	---	---	---	---	---	---	---	---	---	4%
Special Population Targets for ESRD												
<u>ESRD Due to Diabetes (per 1,000)</u>												
17.10a Blacks with diabetes	1983-86	2.2	---	3.1•ub•	---	---	---	5.7•uc•	5.0•ud•	5.2•ue•	5.5•uf•	2.0
17.10b American Indians/Alaska Natives in Indian Health Service areas with diabetes	1983-86	2.1	2.2	---	4.2	4.4	5.4	---	---	---	---	1.9
Special Population Targets for Amputations												
<u>Lower Extremity Amputations Due to Diabetes (per 1,000)</u>												
17.10c Blacks with diabetes	1987	9.0•ug•	7.8	11.2	8.0	11.1	8.6	8.6	9.1	10.2	10.1	6.1
<ul style="list-style-type: none"> •ua•Among infants of women with established diabetes. •ub•Data are for 1986-89. •uc•Data are for 1990-93. •ud•Data are for 1991-94. •ue•Data are for 1992-95. •uf•Data are for 1993-96. •ug•Baseline has been revised. 												

Note: End-stage renal disease (ESRD) is defined as requiring maintenance dialysis or transplantation and is limited to ESRD due to diabetes. Blindness refers to blindness due to diabetic eye disease.

ICD-9 codes for 17.10c: ICD-250 (any listed) exclude 895-897, use procedure codes 84.1

Data Sources: For blindness: Massachusetts Blind Registry, Massachusetts Commission on the Blind (MCB); For ESRD: Health Care Financing Administration, Bureau of Data Management and Strategy; For amputation: National Health Interview and Survey, National Hospital Discharge Survey, CDC, NCHS; for perinatal mortality and major congenital malformations; clinical series and selected state data; for 17.10b - Program Statistics, PHS, IHS.

Health Status Objective: Diabetes incidence and prevalence

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.11 (2.24) Reduce diabetes to an incidence of no more than 2.5 per 1,000 people and a prevalence of no more than 25 per 1,000 people.

<u>Self-reported diabetes (per 1,000)</u>	Baseline Year	Baseline	1988	1989	1990	1991	1992	1993	1994	1995	1996	2000 Target
Incidence	1986-88	2.9	...	2.9 ^{ua}	2.6 ^{ub}	2.5 ^{uc}	2.4 ^{ud}	2.8 ^{ue}	3.1 ^{uf}	3.4 ^{ug}	3.1 ^{uh}	2.5
Prevalence	1986-88	28	...	27 ^{ua}	26 ^{ub}	27 ^{uc}	28 ^{ud}	30 ^{ue}	30 ^{uf}	31 ^{ug}	31 ^{uh}	25
Age 20-74 years	1976-80	34	---	---	---	---	---	---	50 ^{uj}	---	---	...
Special Population Targets												
<u>Self-reported prevalence of diabetes (per 1,000)</u>												
17.11a American Indians/Alaska Natives												
15 years and over in Indian Health Service areas	1987	69	---	---	---	---	---	---	---	---	90 ^{uj}	62
17.11b Puerto Ricans 20-74 years	1982-84	55	---	---	---	---	---	---	---	---	---	49
17.11c Mexican Americans 20-74 years	1982-84	54	---	---	---	---	---	---	66 ^{uj}	---	---	49
17.11d Cuban Americans 20-74 years	1982-84	36	---	---	---	---	---	---	---	---	---	32
17.11e Blacks	1986-88	36	---	37 ^{ua}	36 ^{ub}	36 ^{uc}	36 ^{ud}	38 ^{ue}	40 ^{uf}	42 ^{ug}	44 ^{uh}	32
Non-Hispanic Blacks 20-74 years	1976-80	53	---	---	---	---	---	---	70 ^{uj}	---	---	...

^{ua}1987-89 data.
^{ub}1988-90 data.
^{uc}1989-91 data.
^{ud}1990-92 data.
^{ue}1991-93 data.
^{uf}1992-94 data.
^{ug}1993-95 data.
^{uh}1994-96 data.
^{uj}Crude data from 1988-94.
 •Data are for people 20 and over.

Data Sources: For 17.11, 17.11e, National Health Interview Survey, CDC, NCHS; For 17.11a, Ambulatory Utilization Data, PHS, IHS; For 17.11b-d, Baseline - Hispanic Health and Nutrition Examination Survey, CDC, NCHS. Update data for 17.11c are from the National Health and Nutrition Examination Survey, CDC, NCHS. Data for prevalence for 20-74 years for total and non-Hispanic black are from the National Health and Nutrition Examination Survey (NHANES II and III), CDC, NCHS.

Risk Reduction Objective: Overweight

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.12 Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19.
(1.2)
(2.3) Examination Data: Measured Height and Weight
(15.10)

<u>Overweight prevalence</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1988-91</u>	<u>1988-94</u>	<u>2000 Target</u>
Adults 20-74 years	1976-80	26%	---	35% (ages 20+)	20%
Males	1976-80	24%	---	34% (ages 20+)	20%
Females	1976-80	27%	---	37% (ages 20+)	20%
Adolescents 12-19 years	1976-80	15%	---	24%	15%
Special Population Targets					
17.12a Low-income females 20-74 years ^{•ua}	1976-80	37%	47%	---	25%
17.12b Black females 20-74 years	1976-80	44%	---	52% (ages 20+)	30%
17.12c Hispanic females 20-74 years	...	---	---	---	25%
Mexican-American females 20-74 years	1982-84	39%	---	50% (ages 20+)	...
Cuban females 20-74 years	1982-84	34%	---	---	...
Puerto Rican females 20-74 years	1982-84	37%	---	---	...
17.12d American Indians/Alaska Natives 20 years and over	1984-88	29-75% ^{•ub}	---	---	30%
17.12e People with disabilities 20 years and over ^{•uc}	1985	36%	---	---	25%
17.12f Females with high blood pressure 20-74 years	1976-80	50%	---	---	41%
17.12g Males with high blood pressure 20-74 years	1976-80	39%	---	---	35%
17.12h Mexican-American males 20-74 years	1982-84	30%	---	37% (ages 20+)	25%

^{•ua}Low-income is defined as below the poverty threshold defined annually by the Bureau of the Census.

^{•ub}Range of estimates for different tribes.

^{•uc}Baseline is for people 20-74 years who report any limitation in activity due to chronic conditions, derived from self-reported height and weight.

1988-91 NHANES data show : 34% for adults 20-74 years and 33% for adults 20 years and over; 32% for males 20-74 years and 31% for males 20 years and over; 36% for females 20-74 years and 35% for females 20 years and over; 49% for black females 20-74 years and 49% for black females 20 years and over; and 36% for Mexican-American

males 20-74 years and 39% for Mexican-American males 20 years and over.

Note: For people 20 years and over, overweight is defined as body mass index (BMI) equal to or greater than 27.8 for men and 27.3 for women. For adolescents, overweight is defined as BMI equal to or greater than 23.0 for males 12-14 years, 24.3 for males 15-17 years, 25.8 for males 18-19 years, 23.4 for females 12-14 years, 24.8 for females 15-17 years, and 25.7 for females 18-19 years. The values for adults are the gender-specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey (NHANES II), reference population 20-29 years of age. For adolescents, overweight was defined using BMI cutoffs based on modified age-and-gender-specific 85th percentile values of the NHANES II. BMI is calculated by dividing weight in kilograms by the square of height in meters. The cut points used to define overweight approximate the 120 percent of desirable body weight definition used in the 1990 objectives.

Data Sources: Baseline data for 17.12, 17.12a, b, f and g: National Health and Nutrition Examination Survey (NHANES II), CDC, NCHS. Baseline data for 17.12c and 17.12h, Hispanic Health and Nutrition Examination Survey (HHANES), CDC, NCHS. Baseline data for 17.12d: Indian Health Service, Office of Planning, Evaluation, and Legislation, Program Statistics Division. Baseline data for 17.12e: National Health Interview Survey, CDC, NHIS. Updates: National Health and Nutrition Examination Survey (NHANES III), 1988-94, CDC, NCHS.

Risk Reduction Objective: Overweight

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.12 Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19.
(1.2)
(2.3) Updates are from self-reported height and weight
(15.10)

Overweight Prevalence	Baseline	Baseline	1985	1990	1991	1992	1993	1994	1995	2000 Target
	Year									
People 20 years and over	1976-80	26% ^{•ua}	23%	27%	28%	28%	29%	30%	31%	20%
Men	1976-80	24% ^{•ua}	24%	27%	29%	29%	30%	30%	31%	...
Women	1976-80	27% ^{•ua}	23%	27%	28%	28%	29%	29%	30%	...
Adolescents 12-19 years	1976-80	15%	---	---	---	---	---	---	---	15%
Special Population Targets										
17.12a Low-income ^{•ub} women 20 years and over	1976-80	37% ^{•ua}	35%	37%	39%	39%	36%	38%	44%	25%
17.12b Black women 20 years and over	1976-80	44% ^{•ua}	37%	42%	44%	45%	47%	48%	49%	30%
17.12c Hispanic women 20 years and over	...	---	27% ^{•ua}	33%	32%	32%	33%	32%	35%	25%
Mexican-American women	1982-84	39% ^{•ua}	---	---	38%	37%	33%	35%	40%	...
Cuban women	1982-84	34% ^{•ua}	---	---	---	---	29%	---	---	...
Puerto Rican women	1982-84	37% ^{•ua}	---	---	---	35%	---	---	36%	...
17.12d American Indians/Alaska Natives 20 years and over	1984-88	29-75% ^{•uc}	---	---	40%	36%	48%	34%	43%	30%
17.12e People with disabilities 20 years and over ^{•ud}	1985	36% ^{•ua}	---	---	38%	37%	38%	38%	40%	25%
17.12f Women with high blood pressure	1976-80	50% ^{•ua}	---	---	---	---	---	---	---	41%
17.12g Men with high blood pressure	1976-80	39% ^{•ua}	---	---	---	---	---	---	---	35%
17.12h Mexican-American men	1982-84	30% ^{•ua}	---	---	33%	32%	34%	39%	44%	25%

^{•ua}20-74 years.
^{•ub}Low-income is defined as below the poverty threshold defined annually by the Bureau of the Census.
^{•uc}Estimates for different tribes.
^{•ud}People who report any limitation in activity due to chronic conditions derived from self-reported height and weight.

Note: For people aged 20 and older, overweight is defined as body mass index (BMI) equal to or greater than 27.8 for men and 27.3 for women. For adolescents, overweight is defined as BMI equal to or greater than 23.0 for males aged 12 through 14, 24.3 for males aged 15 through 17, 25.8 for males aged 18 through 19, 23.4 for females aged 12 through 14, 24.8 for females aged 15 through 17, and 25.7 for females aged 18 through 19. The values for adults are the gender-specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey (NHANES II), reference population 20-29 years of age. For adolescents, overweight was defined using BMI cutoffs based on modified age-and-gender-specific 85th percentile values of the NHANES II. BMI is calculated by dividing weight in kilograms by the square of height in meters. The cut points used to define overweight approximate the 120 percent of desirable body weight definition used in the 1990 objectives.

Data Sources: Baseline data for 17.12, 17.12a,b,f and g: National Health and Nutrition Examination Survey (NHANES II), CDC, NCHS. 17.12c and 17.12h, Hispanic Health and Nutrition Examination Survey (HHANES), Baseline data for 17.12d: Indian Health Service, Office of Planning, Evaluation, and Legislation, Program Statistics Division. Baseline data for 17.12e and all updates National Health Interview Survey, CDC, NCHS.

Risk Reduction Objective: Moderate physical activity

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.13 Increase to at least 30 percent the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.
(1.3)
(15.11)

<u>Light to moderate physical activity</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1990</u>	<u>1991</u>	<u>1995</u>	<u>2000 Target</u>
People aged 6 and older	...	---	---	---	---	30%
People aged 18-74 years						
5 or more times per week	1985	22% ^{•ua}	3% ^{•ua,b}	24%	23%	30%
7 or more times per week	1985	16% ^{•ua}	3% ^{•ua,b}	17%	16%	30%
Special Population Targets						
17.13a Hispanics aged 18 and older						
At least 30 minutes per day						
5 or more times per week	1991	20%	...	...	22%	25%
^{•ua} Data are for people 18-64 years of age. ^{•ub} Operational definition was modified for subsequent tracking data.						
<i>Note: Light to moderate physical activity requires sustained, rhythmic muscular movements and is at least equivalent to sustained walking. Maximum heart rate equals roughly 220 beats per minute minus age. Examples may include walking, swimming, cycling, dancing, gardening, and yardwork, and various domestic and occupational activities and games and other childhood pursuits.</i>						

Data Sources: National Health Interview Survey, CDC, NCHS.

Services and Protection Objective: Patient education for chronic and disabling conditions

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.14 Increase to at least 40 percent the proportion of people with chronic and disabling conditions who receive formal patient education including information about community and self-help resources as an integral part of the management of the condition.

<u>Patient Education</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1989</u>	<u>1991</u>	<u>1993</u>	<u>2000 Target</u>
People with chronic and disabling conditions	...	---	---	---	---	40%
Type-Specific Targets						
17.14a People with diabetes	1983-84	32%(classes)	33%	39%	43%	75%
	1983-84	68%(counseling)	---	---	---	...
17.14b People with asthma (classes)	1991	9%	...	...	10%	50%
17.14c Blacks with diabetes (classes)	1991	34%	...	...	50%	75%
17.14d Hispanics with diabetes (classes)	1991	27%	...	...	26%	75%

Data Sources: 1983-84 Baseline: Halpern M. The impact of diabetes education in Michigan. Diabetes 38(2): 151A, 1989. 1991 Baselines and Updates: National Health Interview Survey, CDC, NCHS.

Services and Protection Objective: Clinician assessment of child development

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.15

Increase to at least 80 percent the proportion of providers of primary care for children who routinely refer or screen infants and children for impairments of vision, hearing, speech and language, and assess other developmental milestones as part of well-child care.

<u>Assessment of child development</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1997-98</u>	<u>2000 Target</u>
Primary care providers	...	---	---	80%
<u>Percent of clinicians routinely providing service to 81-100% of patients</u>				
<u>Visual acuity testing (3 years and over)</u>				
Pediatricians	1992	55%	---	80%
Nurse Practitioners	1992	49%	---	80%
Family Physicians	1992	30%	---	80%
<u>Hearing testing (3 years and over)</u>				
Pediatricians	1992	47%	---	80%
Nurse Practitioners	1992	46%	---	80%
Family Physicians	1992	19%	---	80%
<u>Evaluation of speech</u>				
Pediatricians	1992	65%	---	80%
Nurse Practitioners	1992	51%	49%	80%
Family Physicians	1992	39%	---	80%
<u>Evaluation of motor development</u>				
Pediatricians	1992	72%	---	80%
Nurse Practitioners	1992	56%	53%	80%
Family Physicians	1992	45%	---	80%
<u>Treatment/referral for vision problems</u>				
Pediatricians	1992	67%	---	80%
Nurse Practitioners	1992	35%	---	80%
Family Physicians	1992	56%	---	80%
<u>Treatment/referral for hearing problems</u>				
Pediatricians	1992	66%	---	80%
Nurse Practitioners	1992	35%	---	80%
Family Physicians	1992	55%	---	80%
<u>Treatment/referral for speech problems</u>				

Pediatricians	1992	62%	---	80%
Nurse Practitioners	1992	34%	---	80%
Family Physicians	1992	48%	---	80%
<u>Treatment/referral for motor problems</u>				
Pediatricians	1992	55%	---	80%
Nurse Practitioners	1992	33%	---	80%
Family Physicians	1992	49%	---	80%

Note: Response rates to the 1992 Primary Care Providers Survey were Family Physicians 50%, Pediatricians 58%, Nurse Practitioners 70%, Obstetrician/Gynecologists 71% and Internist 80%. For the 1997-98 Prevention in Primary Care Study the response rate was 70% for Nurse Practitioners; response rates for the other provider groups were too low to provide reliable estimates.

Data Source: Baseline: Primary Care Provider Surveys, OPHS, ODPHP. Update: Prevention in Primary Care Study, ACPM

Services and Protection Objective: Earlier detection of hearing impairment in children

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.16 Reduce the average age at which children with significant hearing impairment are identified to no more than 12 months.

<u>Age of identification of significant hearing impairment (months)•ua•</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1991</u>	<u>2000 Target</u>
Children	1988	24-30	27	12
Special Population Target				
17.16a Blacks	1991	36	...	12

•ua•Among hearing-impaired children aged 4-6 years.

Data Sources: 1988 Baseline - Annual Survey of Hearing Impaired Children and Youth, Commission on Education of the Deaf; 1991 Baseline and Updates - National Health Interview Survey, CDC, NCHS.

Services and Protection Objective: Clinician assessment of cognitive and other functioning in older adults
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PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.17 Increase to at least 60 percent the proportion of providers of primary care for older adults who routinely evaluate people aged 65 and older for urinary incontinence and impairments of vision, hearing, cognition, and functional status.

<u>Assessment of cognitive and other functioning by primary care provider</u>	Baseline Year	Baseline	1997-98	2000 Target
People aged 65 and older	...	---	---	60%
<u>Percent of clinicians routinely providing service to 81-100% of patients</u>				
<u>Visual acuity testing</u>				
Nurse Practitioners	1992	24%	19%	60%
Obstetrician/Gynecologists	1992	3%	---	60%
Internists	1992	15%	---	60%
Family Physicians	1992	12%	---	60%
<u>Hearing acuity testing</u>				
Nurse Practitioners	1992	16%	13%	60%
Obstetrician/Gynecologists	1992	2%	---	60%
Internists	1992	9%	---	60%
Family Physicians	1992	7%	---	60%
<u>Evaluation of physical mobility</u>				
Nurse Practitioners	1992	41%	35%	60%
Obstetrician/Gynecologists	1992	18%	---	60%
Internists	1992	42%	---	60%
Family Physicians	1992	26%	---	60%
<u>Evaluation for dementia</u>				
Nurse Practitioners	1992	28%	22%	60%
Obstetrician/Gynecologists	1992	9%	---	60%
Internists	1992	23%	---	60%
Family Physicians	1992	13%	---	60%
<u>Inquiry about urinary incontinence</u>				
Nurse Practitioners	1992	33%	24%	60%
Obstetrician/Gynecologists	...	---	---	60%
Internists	1992	30%	---	60%
Family Physicians	1992	15%	---	60%
<u>Treatment/referral for vision problems</u>				

Nurse Practitioners	1992	33%	---	60%
Obstetrician/Gynecologists	1992	35%	---	60%
Internists	1992	63%	---	60%
Family Physicians	1992	54%	---	60%

Table continued on next page.

Services and Protection Objective: Clinician assessment of cognitive and other functioning in older adults

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.17 Table continued.

	Baseline Year	Baseline	1997-98	2000 Target
<u>Treatment/referral for hearing problems</u>				
Nurse Practitioners	1992	30%	---	60%
Obstetrician/Gynecologists	1992	34%	---	60%
Internists	1992	52%	---	60%
Family Physicians	1992	46%	---	60%
<u>Prescription of mobility aids/modification of living environment to improve mobility</u>				
Nurse Practitioners	1992	18%	25%	60%
Obstetrician/Gynecologists	1992	15%	---	60%
Internists	1992	31%	---	60%
Family Physicians	1992	25%	---	60%
<u>Investigation of/referral for treatable causes of dementia</u>				
Nurse Practitioners	1992	31%	28%	60%
Obstetrician/Gynecologists	1992	27%	---	60%
Internists	1992	54%	---	60%
Family Physicians	1992	40%	---	60%
<u>Treatment/referral for urinary incontinence</u>				
Nurse Practitioners	1992	31%	28%	60%
Obstetrician/Gynecologists	1992	56%	---	60%
Internists	1992	37%	---	60%
Family Physicians	1992	31%	---	60%

Note: Response rates to the 1992 Primary Care Providers Survey were Family Physicians 50%, Pediatricians 58%, Nurse Practitioners 70%, Obstetrician/Gynecologists 71% and Internist 80%. For the 1997-98 Prevention in Primary Care Study the response rate was 70% for Nurse Practitioners; response rates for the other provider groups were too low to provide reliable estimates.

Data Source: Primary Care Provider Surveys, ODPHP. Update: Prevention in Primary Care Study, ACPM

Services and Protection Objective: Counseling about estrogen replacement therapy

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.18 Increase to at least 90 percent the proportion of perimenopausal women who have been counseled about the benefits and risks of estrogen replacement therapy (combined with progestin, when appropriate) for prevention of osteoporosis.

<u>Counseling about estrogen replacement therapy</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>2000 Target</u>
Women 40-60 years	1994	80%	90%
Women 40-49 years	1994	76%	90%
Women 50-60 years	1994	83%	90%

Data Source: National Health Interview Survey, NCHS, CDC.

Services and Protection Objective: Employment of people with disabilities

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.19 Increase to at least 75 percent the proportion of worksites with 50 or more employees that have a policy or program for hiring people with disabilities.

<u>Employment of people with disabilities</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1990•ua•</u>	<u>2000 Target</u>
Worksites with a voluntary policy for hiring people with disabilities	1986	37%	100%	75%
Worksites with 50 or more employees	1986	45%	---	75%

•ua•Assuming full compliance, achieved through passage of the Americans with Disabilities Act of 1990.

Note: Mandated by the Americans with Disabilities Act of 1990.

Data Source: Baseline: Survey of Persons with Disability, International Center for the Disabled.

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PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.20 Increase to 50 the number of States that have service systems for children with or at risk of chronic and disabling conditions, as required by Public Law 101-239.

Service systems for children with or a risk of chronic and disabling conditions	Baseline Year	Baseline	2000 Target
Number of states	...	---	50

Note: Children with or at risk of chronic and disabling conditions, often referred to as children with special health care needs, include children with psychosocial as well as physical problems. This population encompasses children with a wide variety of actual or potential disabling conditions, including children with or risk for cerebral palsy, mental retardation, sensory deprivation, developmental disabilities, spina bifida, hemophilia, other genetic disorders, and health-related educational and behavioral problems. Service systems for such children are organized networks of comprehensive, community-based, coordinated, and family-centered services.

Data Source:

PHS Agency Assignment: National Institutes of Health; National Center for Chronic Disease Prevention and Health Promotion

17.21 Reduce the prevalence of peptic ulcer disease to no more than 18 per 1,000 people aged 18 and older by preventing its recurrence.

<u>Peptic ulcer disease (per 1,000)</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>2000 Target</u>
People aged 18 and older	1991	19.9	23.7	24.4	23.0	22.0	21.2	18

Data Source: National Health Interview Survey, CDC, NCHS.

PHS Agency Assignment: Centers for Disease Control and Prevention

17.22 (22.4) Develop and implement a national process to identify significant gaps in the Nation's disease prevention and health promotion data, including data for racial and ethnic minorities, people with low incomes, and people with disabilities, and establish mechanisms to meet these needs.

<u>National process to identify and establish mechanisms to meet health gaps</u>	Baseline Year	Baseline 3-94 ^{ua}	1995 ^{ub}	1996 ^{uc}	1997 ^{uc}	1998 ^{uc}	2000 Target
Identify	1990	None identified	---	---	---	---	100%
Establish	1990	None established	---	---	---	---	100%

- ^{ua}The National Committee on Vital and Health Statistics established a Subcommittee on State and Community Health Statistics. The Subcommittee's charge (in part) is to work with federal and State agencies and appropriate private agencies to review and identify gaps in current health statistics.
- ^{ub}The Healthy People 2000 Midcourse Review added 111 additional subobjectives for major population groups at highest risk for disease, injury, and disability.
- ^{uc}As part of the planning process for 2010, data gaps are being identified and mechanisms to address these gaps are being considered.

Note: Disease prevention and health promotion data include disease status, risk factors, and receipt of services data.

Data Source: Subcommittee on State and Community Health Statistics, NCVHS; NCHS. Office of Public Health and Science, ODPHP.

PHS Agency Assignment: President's Council on Physical Fitness and Sports

17.23 Increase to 70 percent the proportion of people with diabetes who have an annual dilated eye exam.

<u>Proportion of people with diabetes who had a dilated eye exam in the past year</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1988-91</u>	<u>2000 Target</u>
People aged 18 and older	1989	49%	52%	70%

Data Sources: Baseline: National Health Interview Survey, CDC, NCHS; Update: National Health and Nutrition Examination Survey, CDC, NCHS.