OFFICE OF MINORITY HEALTH

Closing the Gap

A newsletter of the Office of Minority Health, U.S. Department of Health and Human Services

August/September 1998

Healthy People 2010 Issue

Inside

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OFFICE OF PUBLIC HEALTH AND SCIENCE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy People 2010 and Beyond

Surgeon General calls on public to help improve America's health

By Jennifer Brooks

"Building the next generation of healthy people," is more than just a theme, it is the nation's agenda for health improvement for the year 2010. By developing a set of national health targets—which include eliminating racial and ethnic disparities in health—and holding forums for public response to those targets, U.S. health officials together with state and local officials and members of the private sector are setting goals to increase the quality and years of healthy life for all Americans.

The Healthy People initiative has been the nation's disease prevention and health promotion agenda for the last two decades. The initiative originated in a 1979 report by the U.S. Surgeon General which established the precedent for setting national health objectives and monitoring their progress over the decade. Healthy People 2010 includes new focus areas not previously included in Healthy People 2000, the nation's current set of objectives.

The Healthy People 2010 objectives will also encompass the government's new Initiative to Eliminate Racial and Ethnic Disparities in Health, introduced by President Clinton earlier this year. The focus of the initiative is to close the gaps in health outcomes, particularly racial and ethnic disparities in diabetes, AIDS, heart disease, infant mortality, cancer screening and management, and immunizations.

In conjunction with the Racial and Ethnic Health Disparities Intiative, the Healthy People 2010 objectives bring focus to disparities among racial and ethnic minorities, women, youth, the elderly, people of low income and education, and people with disabilities.

Healthy People 2010 will aim to promote healthy behaviors, promote healthy and safe communities, improve systems for personal and public health, and prevent and reduce diseases and disorders. The initiative will provide a tool for monitoring and tracking health status, health risks, and use of health services. The framework includes 26 focus areas and objectives for specific populations. The focus areas are:

- Physical Activity and Fitness;
- Nutrition;
- Tobacco Use;
- Educational & Community-Based Programs;
- Environmental Health;
- Food Safety;
- Injury/Violence Prevention;
- Occupational Safety and Health;
- Oral Health;
- Access to Quality Health Services;
- Family Planning;
- Maternal, Infant, and Child Health;
- Medical Product Safety;
- Public Health Infrastructure;*
- Health Communication;*
- Arthritis, Osteoporosis, and Chronic Back Conditions;*
- Cancer;
- Diabetes;
- Disability and Secondary Conditions;*
- Heart Disease and Stroke;
- HIV;
- Immunizations and Infectious Diseases;
- Mental Health and Mental Disorders;
- Respirtory Diseases;*
- Sexually Transmitted Diseases; and
- Substance Abuse.

***New focus areas.**

...continued on next page

The Office of Minority Health Resource Center provides free information on various health issues affecting U.S. minorities including cancer, heart disease, violence, HIV/AIDS and diabetes. Call us to learn about funding sources for minority health programs. *Closing the Gap* is a free monthly newsletter published by the Office of Minority Health, Office of Public Health and Science, U.S. Department of Health and Human Services. Address correspondence to: Editor, Closing the Gap, OMH-RC, PO Box 37337, Washington, D.C. 20013-7337. Or call OMH-RC toll-free, 1-800-444-6472.

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Healthy People...*from page one*

The draft 2010 objectives and the criteria for leading health indicators will be released on September 15, 1998. The public can comment on the entire Healthy People 2010 framework, the new objectives, and the existing objectives, or propose new objectives until December 15, 1998. (See story on page 6). A final Healthy People 2010 document will be released in January 2000.

"Everyone, all of us, can participate in building the nation's health agenda for the 21st century," according to Clay E. Simpson, Jr., MSPH, PhD, Deputy Assistant Secretary for Minority Health. The U.S. Department of Health and Human Services (HHS) has called a national gathering in Washington, D.C. of the Healthy People Consortium—an alliance of more than 600 organizations representing professional, voluntary, and business sectors, and state and territorial public health, mental health, substance abuse, and environmental agencies.

The Healthy People Consortium meeting will be held on November 12-13, 1998, at the Capital Hilton in Washington, D.C. "This meeting will offer an opportunity to shape the direction of the nation's health agenda," said Surgeon General Dr. David Satcher, who will be the keynote luncheon speaker on November 13. Regional meetings for Healthy People 2010 will take place around the country from October through December 1998.

The purpose of these meetings are to ensure that Healthy People will be useful at the national, state, and community levels by providing public forums to take comments on the draft document of Healthy People 2010 objectives.

Dr. Satcher urges the public to participate in developing 2010 objectives that will guide national health improvement into the 21st century. He said, "Let your voice be heard this fall."

The overall development of Healthy People 2010 is guided by the Secretary's Council on Health Promotion and Disease Prevention Objectives for 2010. Lead agencies within HHS are responsible for convening workgroups and incorporating the best science to draft the proposed objectives.

For more information on Healthy People 2010 developments, browse its Web site at: http://web.health.gov/healthypeople, o*r contact the HHS Office of Disease Prevention and Health Promotion at 1-800-367-4725. To order the Healthy People 2010 draft publication, call the Government Printing Office at (202) 512-1800 and request publication #0170010537.* ❖

New Web Site Links Public to HHS Initiative to Eliminate Racial, Ethnic Health Disparities

HHS recently launched a site on the World Wide Web to make available information about its Initiative to Eliminate Racial and Ethnic Disparities is Health. The new Web site is now available at http://raceandhealth.hhs.gov, and can also be accessed through the main departmental site, http://www.hhs.gov.

Visitors to the site will be able to access information about racial and ethnic health disparities in the U.S. as well as background material on the various components and goals of the health disparities initiative.

The public can also click on an overview of the initiative, listen to President Clinton's address announcing the initiative, or link to other related Web sites. The site links to specific information about each of the six goal areas of the initiative, and browsers can access details about each objective as well as statistics on each of the six areas of health status.❖

Target Setting: How Low or High Do We Aim?

By Valerie Welsh
Senior Health Policy Analyst, Office of Minority Health, HHS

One of the toughest challenges of Healthy People 2010 is how to target policy attention and resources to Americans with the poorest health in order to achieve improved health for all. The approach to target-setting that has been generally used to date in the Healthy People initiative is one of setting targets at a level of improvement (e.g., 30 percent) over a total population average. The major drawback of this approach is that it hides the fact that, in some instances, one or more groups (often Whites, but sometimes racial and ethnic minorities) are actually doing better than the target.

For example, the year 2000 infant mortality objective was an overall target for the total population of 7 deaths per 1,000 live births. The targets for those racial and ethnic populations depicted are 11 for Blacks, 8.5 for American Indians/Alaska Natives, and 8 for Puerto Ricans. Current rates for Chinese, Japanese, and Filipino Americans (6.2, 6.6, and 6.6 per 1,000 live births, respectively), are better than the 2000 target and give these groups no room for improvement.

Thus, current discussions related to the 2010 objectives support an option to set targets at levels that are "better than the best," allowing room for improvement for all groups. This approach is more consistent with President Clinton's initiative to *eliminate* racial and ethnic disparities and set the same targets for all groups. It is also consistent with the guidelines used to develop the Healthy People 2010 draft for public comment.

The "better than the best" approach has drawbacks as well. It moves the targets even farther away for populations which suffer the greatest disparities.

The guidelines being used to develop targets in the draft Healthy People 2010 document are as follows:

- A single target for the year 2010 should be set—one that would be applicable to all populations. The target-setting methodology should support the goal of eliminating health disparities. Targets should be set so that there will be an improvement for all segments of the population.

- For those six objectives contained in the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health, the goal would be a health outcome better than the best currently achieved by any population group.

- For those objectives that in the short-term can be influenced by lifestyle choices, behaviors and health services, the target also would be better than the existing best. Examples include physical activity, modifiable risk factors, specifically those relating to smoking and blood pressure, and access to services including prenatal care and mammography.

- For objectives for which we are unlikely to achieve an equal health outcome within 10 years by applying the health interventions currently available, the target would be set at a level that represents an improvement for a substantial proportion of the population. This target would be regarded as a minimally acceptable improvement. An example would be occupational exposure and the resultant lung cancer. Even with such a goal, we still would expect to achieve health status improvements for those population groups whose health is already better than the 2010 target.

Is it realistic to think we can eliminate racial and ethnic health disparities by the year 2010 when, in many instances, the gaps are so wide? If not by 2010, then when?

The upcoming public comment period on the proposed Healthy People objectives opens September 15, 1998 and closes December 15, 1998. We strongly encourage you and your colleagues to participate. For more information, visit the Healthy People Web site: http://web.health.gov/healthypeople.❖

The Healthy People 2000 Progress Review for African Americans

Broadcast Live via Satellite

October 26, 1998
1:00 - 3:30 pm

For more information, contact the
Office of Minority Health Resource Center
(800) 444-6472

Minority Health Perspective

What Must We Do To Meet Healthy People Goals?

By Clay E. Simpson, Jr., MSPH, PhD
Deputy Assistant Secretary for Minority Health
Office of Minority Health, U.S. Department of Health and Human Services

The Healthy People 2000 progress reviews, *Health United States 1998*, and other data developed by HHS, provide a mixed picture of our success in reducing health disparities among all Americans.

Success Stories

For more than half of the objectives (56 percent), we've seen an improvement. We are making progress for 43 percent of the objectives, and we are reaching or surpassing our targets for 13 percent. We have closed the gap between Black and White women in the use of mammograms. *Health United States 1998* reports that Black women are as likely or more likely than White women to report having a recent mammogram.

The proportion of Hispanic women age 18 and over that have ever received a pap test has increased from 75 percent in 1987 to 91 percent in 1994—approaching the year 2000 target of 95 percent, according to *Healthy People Review 1997*.

Teen birth rates for minorities are on the decline. The rates for 15-19 year old Black teens dropped 21 percent between 1991 and 1996 to their lowest level ever. Teen birth rates declined 9-13 percent during this period for Whites, American Indians, Asian and Pacific Islanders, and Hispanics.

We are closing some of the gaps in chronic liver disease and cirrhosis. In 1980, Blacks were 96 percent more likely to die from chronic liver disease and cirrhosis than whites. In 1995, Blacks were only 30 percent more likely to die from chronic liver disease and cirrhosis than whites. Heart disease mortality has declined for all racial and ethnic groups since 1985, and the largest decline in heart failure deaths among the persons aged 65 and older between 1988 and 1995 was among Black men.

Yet we are far from reaching many of our year 2000 objectives. For 18 percent of the objectives, we actually moved away from 2000 targets; for 2 percent we were stagnant; and for 7 percent we experienced mixed results. We have insufficient data to assess progress for another 14 percent of the objectives. The situation is even more severe for our minority-specific objectives. Here are some examples:

For American Indians and Alaska Natives (AI/AN), nine objectives showed movement away from the targets, including overweight prevalence, diabetes prevalence, and cirrhosis deaths, according to the 1995 Progress Review for AI/ANs.

In 1994, the homicide rate among Hispanic males aged 15-34 increased to 52.2 per 100,000 from the 1987 baseline of 41.3 per 100,000. The year 2000 target is 33 per 100,000.

Tuberculosis incidence rates among Asian Americans and Pacific Islanders (AAPI) are approximately five times higher than the rates for the total population. And, the tuberculosis rate for AAPIs is increasing while decreasing for the total population.

The Challenges

Many strategies must be pursued. Nearly 50 percent of all AIDS cases have been reported among racial and ethnic minority communities, while minorities make up only 25 percent of the total population. Prevention and behavior change, if coupled with improvements in research, service availability, and therapeutic interventions, can make a major difference in reducing the HIV burden on minority communities.

Cultural competence is critical. Services must be accessible and acceptable to all Americans, regardless of their racial or ethnic background, language, education level or financial situation. Some groups see a stigma attached to seeking care for a problem such as a mental health condition. Getting them through the door of the health system is itself a challenge. For others, the health system they meet is an unfamiliar and unfriendly one, unresponsive to their needs, denigrating their dignity, and uncomprehending of their understanding of health and disease. These factors cannot be ignored by providers and public health workers who seek to be effective.

Research is another critical area, but the concept of research can be intimidating to some communities. The legacy of the Tuskegee Syphilis Study is not positive, and suspicion of researchers' hidden agendas presents unique challenges to the participation of minority communities in the research process.

For still other objectives, the differential impact of environmental hazards on minority communities must be confronted if high rates of disease are to be eliminated. And finally, health outcomes will be difficult to change without sustained attention to poverty, lack of education, and racism, all of which correlate strongly with poor health status.

Public involvement in Healthy People 2010 is essential to ensure that elimination of health disparities is placed at the center of the agenda, to ensure that appropriate targets are set, and to implement and support creative public health strategies. We can begin by learning from the Healthy People 2000 experience and by setting ambitious objectives that will guide us on the right path for the next decade.❖

Healthy People 2010: What Can We Do to Shape the Objectives?

By Clay E. Simpson, Jr., MSPH, PhD

How many times have we wondered: Can I really make a difference? Can one person's voice have an impact on health improvement for millions of Americans? The answer is a definitive yes.

Healthy People 2010 is a framework that enables us to work together as government and community leaders, health practitioners, educators, and concerned citizens. We've envisioned a society where health care is accessible to all Americans, regardless of race, ethnicity, age, gender or socioeconomic status. We'd like to lower the rates of diabetes, heart disease, and AIDS across the board, not just for certain segments of our population. We'd like to see all Americans take advantage of breakthrough drug therapies, immunizations and other preventive medicine in increasing numbers. We can no longer accept lower health status and a lower standard of care for a part of our population. But we can only achieve this vision with your help and your strong support.

Why should you care about the Healthy People 2010 initiative? Because it is your future and your children's future at stake; because when we say "healthy people" we're talking about *you*. And, it is a personal issue for me because too many people think we can't resolve these disparities. We even find health professionals and policymakers who still believe—from what they were taught in school years ago—these racial disparities in health are simply a matter of genetics. My response to them is: look at access to care, behavioral factors, education, poverty and racism. Those are the underlying causes. Let's set the record straight. Now is our opportunity to play an active role in shaping the future of this nation's health agenda—we must take advantage of it.

On November 12-13, 1998 in Washington, D.C., HHS's Office of Disease Prevention and Health Promotion will sponsor a Healthy People Consortium meeting for public comment on the draft Healthy People 2010 document. HHS regional offices will also host regional meetings on Healthy People 2010 between October and December 1998.

The draft document, to be released in September, will detail a set of 500 measurable and development objectives that we plan to work toward achieving by the year 2010. I urge you to take a stand for your health and your community's health by participating in one form or another during this public comment period.

HHS has established work groups for each Healthy People focus area. Individuals as well as community organizations are encouraged to assist lead agencies within HHS that have been designated to convene specific work groups.

In a country that has demonstrated a commitment to seriously improving its health care systems, too many Americans are still plagued by treatable and preventable diseases and conditions—particularly minorities and other disadvantaged populations. Heart disease, HIV, infant mortality, diabetes are damaging our communities to a staggering degree.

As we approach the new millennium and see the world around us changing, it is time to respond. People are living longer; we're now seeing the number of racial and ethnic minorities rising steadily; the elderly population is on its way to being the largest age group in the nation; and medical technology is exploding. We must prepare ourselves for these changes—today!

The Healthy People 2010 objectives are being developed with the understanding that we can not improve the health of all Americans unless we bring up those who lag behind. President Clinton's Initiative to Eliminate Racial and Ethnic Health Disparities is at the very foundation of the Healthy People 2010 framework. That is our priority here at the Office of Minority Health—closing the gap in illness and death between minorities and other U.S. populations, and improving access to health care.

In examining written public comments on Healthy People 2010 last Fall, I was disappointed and discouraged by the lack of participation from our minority communities. I urge you to lend your expertise and concern for your community by commenting on the Healthy People 2010 draft this year. Let us know that you support the goal of eliminating health disparities. Read Valerie Welsh's article on page 3 and let us know how you think targets should be set. Make your voice count! Public comments will be accepted between September 15 and December 15, 1998.

I also encourage everyone—from community and faith organizations, to schools and businesses—to use the Healthy People 2010 framework to guide their health promotion efforts in their communities. The framework for the Healthy People 2010 initiative is in the public domain and can be retrieved on the Web site.

Limited free copies of the Healthy People 2010 objectives will be available at the Office of Minority Health Resource Center by calling 1-800-444-6472.❖

Healthy People 2010 Process: What's Happening Now?

By Jean Oxendine

After all that you've heard about Healthy People, you may be a bit confused by the process. You may also wonder how you can do your part to help shape the objectives. To understand the role that you can play, it may be helpful to know how Healthy People 2010 got started.

Healthy People was established as a result of a 1979 Surgeon General's report titled, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. The report set out five national health goals to monitor progress and to motivate action to improve the Nation's health. Released in 1980, national health objectives had initial targets for 1990.

Healthy People 2000, which followed in 1990, is a comprehensive agenda with 319 objectives organized into 22 priority areas. The goals are to increase years of healthy life, reduce disparities in health among different population groups, and achieve access to preventive health services.

Healthy People 2000 was developed by soliciting comments from more than 10,000 individuals and organizations. Ongoing involvement is ensured through the Healthy People Consortium—an alliance of 350 national membership organizations and 271 State public health, mental health, substance abuse, and environmental agencies. To date, 47 States, the District of Columbia, and Guam have developed their own Healthy People plans. Most states have modeled goals after the national objectives, and almost all have tailored them to their specific needs.

Development of national health objectives for 2010 has already begun. Through focus groups, public meetings, and a Web site, people from across the country have been able to make contributions.

Public involvement in Healthy People 2010 development is an essential component of the process.

The first round of comments on Healthy People 2010 was held in the fall of 1997. On September 15, 1998, a draft of Healthy People 2010 will be published for public comment and will be available via the Internet until December 15, 1998. The Healthy

[Click here to view MAP]

HHS has regional offices around the country. The HHS Regions served by each meeting are: Regions I, II, and III (Philadelphia); Regions IV and VI (New Orleans); Regions V and VII (Chicago); Regions VIII and X (Seattle); and Region IX (Sacramento). For more information, call Sheila Fleckenstein at (202) 205-2317, fax (202) 690-7054.

People 2010 home page, http://web.health.gov/healthypeople/, will enable the public to view and comment on the document electronically. Paper comments will also be accepted. Information on future events will be posted on the site as well. Healthy People 2010 will be released in January 2000.

Progress Reviews

As Assistant Secretary for Health and Surgeon General, Dr. David Satcher chairs the Healthy People 2000 progress reviews for the 22 priority areas, and holds the lead responsibility for the review. He is assisted by members of the interagency work group for that priority area and invited state agency and private organization representatives. Specific population progress reviews document data issues, barriers, and strategies to achieving the objectives, and implementation efforts underway to reach population targets.

Progress reviews have been held for all four minority groups, with the Office of Minority Health and the Indian Health Service working as the lead agencies. Most recent and future progress reviews are:

- Black Americans (10/98)
- Adolescents (7/98)
- Sexually Transmitted Diseases (6/98)
- Women (5/98)
- Substance Abuse (4/98)
- Cancer (3/98)
- Nutrition (2/98)
- Tobacco (11/97)
- People with Low Income (10/97)
- Asian Americans and Pacific Islanders (9/97)
- HIV Infection (7/97)
- Hispanic Americans (4/97)
- Environmental Health (3/97)
- Surveillance and Data Systems (2/97)
- People with Disabilities (1/97)
- American Indians/Alaska Natives (2/95)

Reports of these meetings are posted on the Healthy People 2000 Web site.

Regional Meetings

To facilitate the public comment process, five Regional Meetings will be held to gather feedback on the draft 2010 objectives. Individuals, communities, businesses, private and voluntary organizations are invited to comment on the draft objectives.

Participants in the Regional Meetings may be individuals from: state and local agencies in the public health, mental health, and environment sectors, academia, businesses, the faith community, health care providers, advocacy groups, and community-based organizations, non-profit and/or voluntary agencies.

According to Sheila Fleckenstein, associate researcher, ODPHP, the regional meetings will provide a forum where state and local constituents can give feedback on the draft objectives; participants can interact with representatives from the government agencies responsible for development of Healthy People 2010; and sectors such as business, usually not involved in public health planning can participate in setting the Nation's health agenda for the 21st century.

Each regional meeting will begin with a half-day, afternoon session where participants will discuss the successes and challenges encountered in meeting goals for the year 2000, as well as critical issues to be faced in improving health by the year 2010. The second day will be a public hearing to solicit comments on the draft objectives.

For information regarding meeting registration, call 1-800-367-4725, or browse the Healthy People 2010 Web site: http://web.health.gov/healthypeople.❖

Key Dates of Healthy People 2010 Development

Work Groups Meet to Develop Objectives	1997-1998
Publication of Healthy People 2010 Draft Objectives	Sept. 15, 1998
Federal Register Notice of Call for Public Comment on 2010 Draft	Sept. 15, 1998
Public Comment Period	Sept.-Dec.1998
Healthy People 2000 Consortium Meeting	Nov. 12-13, 1998
Healthy People 2010 Regional Meetings	Oct.-Dec.1998
Workgroups Finalize 2010 Objectives/Develop Companion Documents	Through 1999
Healthy People 2010 Release	January 2000

How Do We Fill the Data Gaps?

By Olivia Carter-Pokras, Ph.D.
Director, Division of Policy and Data, Office of Minority Health, HHS

Advocacy groups working to improve the health of racial and ethnic minorities have long recognized that without that data to document a health problem, it is difficult to draw policy-makers' attention and acquire the resources needed to tackle the problem. As Dr. Nancy Krieger from Harvard University has stated, "If you don't ask, you don't know. If you don't know, you can't act."

Healthy People 2000 provides an excellent illustration. When the objectives were released in 1990, many problems long recognized by affected communities, like low birth weight among Puerto Ricans, were not included. In some cases, data had been released too late to be used. In other cases, data had been collected but not analyzed. These, along with more recent data, were used during the 1995 mid-course review to develop new objectives for racial and ethnic minorities. This more than doubled the number of objectives for minorities. Even so, important health problems were still not addressed during the review. There were several reasons: (1) data may have never been collected from a national data system, (2) national data systems may have had insufficient numbers of a particular group to make reliable estimates (e.g., overweight among Native Hawaiians), (3) Puerto Rico, the U.S. Virgin Islands and the U.S. Pacific Insular areas generally are not included in national data systems, and (4) for the most part, only racial and ethnic minority groups with a documented disparity versus the total population were included.

The lack of data is likely to have had a negative impact on availability of resources. Dr. Moon Chen, editor of the *Asian American and Pacific Islander Journal of Health*, examined NIH funding and Healthy People 2000, and reported that NIH was much less likely to fund AAPI health problems that were not targeted by Healthy People 2000. All Public Health Service grant announcements refer to Healthy People 2000 objectives.

Several actions have been taken to address these problems. During the mid-course review, data from several national data systems were analyzed by race and ethnicity for the first time. Several years of data from national databases such as the National Health Interview Survey and the National Vital Statistics System were combined to provide estimates for relatively smaller racial and ethnic groups. In October 1997, the Secretary of HHS issued an inclusion policy for racial and ethnic data in HHS data systems. A first for the entire Federal government, this policy requires that data systems funded and maintained by HHS collect racial and ethnic data, and requires that the Federal standards for racial and ethnic data (OMB Directive No. 15 and its successor) be followed.

In July 1998, the National Committee on Vital and Health Statistics (NCVHS) convened a public hearing on health data needs for Puerto Rico, U.S. Virgin Islands and the U.S. Pacific Insular areas. NCVHS will make recommendations this Fall to the Secretary on how to address the health data needs for these geographic areas.

To support the proposed goal of eliminating disparities for Healthy People 2010, draft Healthy People 2010 objectives follow the Federal standards for racial and ethnic data. For objectives for which this recommendation is adopted, data will be presented for all racial and ethnic groups, whether or not there is a disparity with the total population. Not only will this identify missing data for racial and ethnic minorities, but will vastly improve access to the data by advocacy groups.

Despite this progress, data issues still remain for racial and ethnic minorities. Relatively smaller groups such as American Indians, Alaska Natives, Native Hawaiians and other Pacific Islanders, and certain subgroups of Asian Americans and Hispanics will still be represented in insufficient numbers by data systems designed to provide estimates for the total United States population. Estimates based on data systems which do not routinely use self-identification to collect racial and ethnic data (such as mortality data) may significantly underestimate the burden of disease, disability and death for certain racial and ethnic groups.

The change in Federal standards for racial and ethnic data will affect the monitoring of Healthy People 2010 objectives. After five years of research, public comment, and Congressional hearings, the Office of Management and Budget released its revision of the Federal standards for racial and ethnic data (OMB Directive No. 15) in October 1997. This revision is to be implemented by Federal agencies by January 1, 2003. Due to the usual time lags in collection and analysis of national data, baselines for Healthy People 2010 objectives will likely be from the mid-1990's, when OMB Directive No.15 was used.

The new standards for racial and ethnic data recommend that self-identification be used where possible, allow persons to report more than one race, and recommend that Hispanic ethnicity be asked as a separate question from race. Based on previous research, it is expected that 1-2 percent of the population will report more

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Cherokees Build a Healthy Nation

By Jean Oxendine

The Cherokee Nation's substance abuse program is looking beyond Western medicine to investigate how activities drawn from the tribe's traditions and culture can help deliver better patient outcomes, said Lisa Perkins, Health Promotions and Disease Prevention Coordinator for the Cherokee Nation. Under a Healthy Nations grant from the Robert Wood Johnson Foundation, the tribe supports community-wide efforts that integrate public awareness campaigns, prevention programs, and services for treatment, aftercare, and support.

"The tribe has centered our Healthy Nations program on wellness. We look at the cultural component, and ways within our tradition to treat those with substance abuse problems," said Perkins. "For example, we may pair an older person in our community or a tribal Elder with someone who needs assistance." The Elder and the person in need of assistance will spend time together. Informal counseling will take place. Prevention activities for children utilize and teach the nation's rich tradition of language, crafts, history and tribal dance.

The Cherokee program offers an extraordinary range of activities, including education on injury prevention/safety, breast and cervical cancer, HIV/AIDS, fetal alcohol syndrome, personal hygiene and diabetes; CPR training; a school wellness program; curriculum; smoking cessation classes; Indian heritage clubs; health fairs; and summer youth fitness camps.

The Wings Running Club is one of its successes. The club offers a self-paced fitness program for all ages and fitness levels. Weekly practices are offered at several communities, and are open to all. As incentives, each club member can earn fitness gear as their walking or running miles accumulate. Road races and fun-walks are held monthly. As Perkins attests, local leaders feel that the club has made a significant impact on fitness within local American Indian communities.

Healthy Nations' goal is to "help Native Americans reduce the harm caused by substance abuse in their communities," according to the Robert Wood Johnson Foundation, a member of the National Healthy People Consortium. It intends to demonstrate that tribes and communities can, over time, achieve substantial reductions in the demand for and the use of alcohol and other harmful substances, including tobacco and illegal drugs. Oversight is provided by a National Program Office at the University of Colorado Health Science Center.

The foundation administers a six-year, two-stage competitive initiative, which began in 1992 and will provide up to $13.5 million for tribes and community organizations serving Indian people. In the first stage, 15 two-year development and feasibility grants of up to $150,000 each were awarded. Grantees successfully completing the first stage were eligible for four-year implementation grants of up to $1 million each.

In a pamphlet published by the tribe, Joe Byrd, Principal Chief, said "Health care funding for our Cherokee people continues to dwindle year after year at the same time we need and demand more quality care. Preventing health problems before they begin is the key in keeping our medical costs down and keeping diseases such as diabetes from devastating our people." He went on to say, "Exercise and a healthy diet can prevent many health problems later in life and boost self-esteem among our youth. The Cherokee Nation Healthy Nation Program teaches our children as well as their parents ways to stay healthy and sponsor activities for our youth."

For more information on Healthy Nations, please call Drs. Spero Manson or Candace Fleming at the National Program Office, Healthy Nations Initiative, Division of American Indian and Alaska Native Programs, Department of Psychiatry, University of Colorado Health Sciences Center: (303) 315-9272, or visit http://www.uchsc.edu/sm/hnp.❖

Data Gaps...*from page eight*

than one race. Guidelines for the implementation of the new standards for racial and ethnic data—including comparisons of data collected using the old and new standards—are now being developed by OMB.

Developmental objectives are proposed for Healthy People 2010. These are objectives that lack any national baseline data, but are important topics to measure over the next decade. As plans for data collection begin, a concerted effort should be made to collect these data by the new OMB standards.

A final issue is how racial and ethnic data are used. OMH encourages readers to help ensure that the right questions are asked, that our data systems are adequately funded, and that the data are appropriately used. Racial and ethnic data are descriptive and do not get at the underlying reasons behind the disparities. Additional information on socioeconomic status, program participation, behavioral risk factors, cultural differences, birthplace/generation, and the effects of racism and discrimination are needed. Our ability to monitor the health of the nation, including the health of our most vulnerable, is dependent on the strength and breadth of our data systems.❖

Creating Healthy Communities

Quilters Find Common Thread in Working Toward Healthy People Goals

By Jean Oxendine

Twelve elderly African American women are heroes of the Healthy People movement in North Carolina. They have helped their home, Bladen County, improve diabetes outcomes, increase the number of people screened for various cancers and high blood pressure, and expand flu immunizations. They have even helped young people to finish school and young mothers to enroll their children in day care.

Public health workers? No, they are members of a quilting group.

North Carolina has been active in the Healthy People movement since 1991. Seventy of the 100 counties in the state are engaged, and forty counties are certified by the Governor's task force on Healthy People 2000, according to Mary Bobbitt-Cooke, director of the Office of Healthy Carolinians in Raleigh.

To become certified, a county must meet two of 54 objectives in 11 different areas, and have action plans in place. An action plan means that a needs assessment has been done, priorities have been identified and strategies have been developed.

In 1994, Bladen County began its "Health Watch" program and hired a "community encourager," to see how it could better meet the public health needs of its residents. Health Watch groups were formed to serve as links with the community and encourage residents to take responsibility for their health, according to Joy Grady, Director of Bladen County Health Watch.

The community encourager began in neighborhood communities, working with existing groups or helping form new groups. One of her first contacts was the quilters, who meet weekly. "All 12 women had diabetes, or a spouse with diabetes. None reported feeling well, and they all thought that this was 'normal,'" said Bobbitt-Cooke.

The community encourager provided a needs assessment, then helped to plan health promotion and education programs and stayed involved with the group to ensure its success and support.

She began to meet monthly and set up services for the quilters. A nurse from the health department educated them on diabetes. A pharmacist from the local hospital checked their medications and suggested adjustments. A cooperative extension staffer showed them the best food and cooking techniques for people with diabetes. And a member of the parks and recreation staff taught them physical exercises.

Six months later the quilters reported feeling better, and being pleasantly surprised that they could live with diabetes and feel this way. Asked to find out the health needs of friends and family, they began using their churches and neighborhood centers as referral sources, and providing a missing link needed to promote health and well-being of the citizens of Bladen County.

They linked young mothers to day care and helped organize health fairs to check blood work. They helped to set up prostate screenings for men, and helped arrange prenatal care and mammograms for women. Senior citizens were vaccinated for the flu and pneumonia.

According to Bobbitt-Cooke, the women did not stop there. Because many young people in the county had dropped out of school and were not working, they asked the local community college about enrolling these young people in a G.E.D. course. The community college opened up not only G.E.D. courses, but skills training as well, including small engine repair, wood working, and computers. It became an economic development project.

"This is a rural, desolate community, with limited resources," said Grady. "We were all doing our own thing, and it wasn't working out very well. Collectively we have done very well."

Bladen County now has a resource center located in a downtown storefront building. It provides consumer health information and has an electronic library. Health Watch is now expanding into the churches.

"In this small, rural community, the church is the hub of the community," Grady said. "We have expanded the Healthy People 2000 objectives that we are able to work on as the services in the county have expanded. We can now provide more services to more people."

All of this work was done at little cost other than the salary of the community encourager. Health Watch has been in place for several years now and grows more successful daily, local officials say. If it works this well in a poor, minority community, it can work elsewhere with the same level of motivation and dedication.

For information on Healthy Carolinians, call Mary Bobbitt-Cooke, Office of North Carolinians, P. O. Box 29605, Raleigh, NC 27626, (919)715-0416. For information on Bladen County Health Watch, contact Joy Grady, Bladen County Health Watch, PO Box 398, Elizabethtown, NC 29337, (910) 862-1499.❖

Consortium Members Speak Out

By Miryam Granthon

Last fall, during the public comment period on the framework of Healthy People 2010, Consortium members let their voices be heard. Here's what some of them said:

National Asian Pacific American Families Against Substance Abuse

"*HP 2010 should identify specific objectives regarding specific data collection and related epidemiological research that will be conducted pertaining to API populations focused upon health, mental health, ATOD, and social service problems.*"

National Latina Institute for Reproductive Health

"Latinas with whom NLIRH works in the field have consistently and vehemently voiced the lack or unavailability of Latino-specific health indicators as a primary concern. Our suggestions echo their voices."

National Coalition of Hispanic Health and Human Services Organizations

"Ensure ethnic targets and reporting for all objectives."

The Consortium consists of 350 national membership organizations, as well as the 271 State and territorial public health, substance abuse, mental health, and environmental agencies. Many of these organizations and public health agencies assisted in developing the Healthy People 2000 objectives, the nation's prevention agenda, and have played an important role throughout the decade in implementing, monitoring, and reporting on the Nation's health successes and challenges. The year 2010 objectives will be released in January of 2000, and we are looking to include new organizations to assist in the development and implementation of the 2010 objectives. We believe the addition of organizations like YOURS to the Consortium will enhance our efforts to achieve the Nations's health objectives. Please consider becoming a part of this most important mission.

If you are a national membership organization and would like to receive information about joining the Healthy People Consortium contact Miryam Granthon, Consortium Coordinator at (202) 690-6245 or at mgranthon@osophs.dhhs.gov. Information about the Consortium and the upcoming national meeting are available on our homepage: http://web.health.gov/healthypeople. To register for the meeting, please contact Sheila Fleckenstein at (202) 205-2317, fax (202) 690-7054. Limited seating is available.❖

Healthy People Web Sites

Federal "Healthy People" Web sites

Healthy People 2010 Home
http://web.health.gov/healthypeople

Healthy People 2000 Home
http://odphp.osophs.dhhs.gov/pubs/hp2000/default.htm

Sources of Federal Health Statistics

The National Center for Health Statistics Home Page
http://www.cdc.gov/nchswww/

U.S. Bureau of the Census, Subjects A to Z
http://www.census.gov/main/www/subjects.html

Healthy People State Programs and Publications

Arizona 2000
http://www.hs.state.az.us/plan/2000/az2000.htm

California Year 2000 National Health Objectives
http://www.dhs.cahwnet.gov/org/hisp/chs/yr2000/yr2000.htm

Healthy Delaware 2000
http://www.state.de.us/govern/agencies/dhss/irm/dph/hmpc/hmpc.htm

Healthy Hawaii 2000
http://www.state.hi.us/health/opppd/opdh2000.htm

Health Iowans 2000
http://idph.state.ia.us/sa/h_ia2010/intro.htm

Health Maine 2000
http://www.state.me.us/dhs/h2k/hm2k001.htm

Healthy Oklahomans 2000
http://www.health.state.ok.us/commish/

Healthy Texans 2000
http://www.tdh.state.tx.us/programs/shd&pa/hp2000A.htm

Utah Action-2000
http://www.health.state.ut.us/Action2000

Healthy Vermonters 2000
http://www.state.vt.us/health/hv2k.htm

Healthy West Virginia Coalition
http://wvbph.marshall.edu/hwvc/index.htx

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Closing the Gap

Conferences: 1998

Sept. 10-11: 7th Annual Multicultural Health Conference presented by the Oregon Department of Human Resources, held in Portland, OR. Contact: (503) 731-4569.

You Are Invited to Attend the National Healthy People Consortium Meeting

"Building the Next Generation of Healthy People"

November 12-13, 1998
Capitol Hilton, Washington, D.C.

For registration information, call 1-800-FOR-HP2K (1-800-367-4725).

Sep. 24-26: "Primary Care Education for the 21st Century: Lessons from National Initiatives," held in Baltimore, MD, sponsored by HHS's Health Resources and Services Administration. Call: (301) 443-3376.

Sep. 25-26: March on Washington, D.C., "Coming Together to Conquer Cancer," sponsored by Intercultural Cancer Council. Fax (202) 861-4794.

Sep. 27-30: 12th Annual Conference, "Hispanic Challenges in the 21st Century: Leadership, Vision and Compassion," held in San Diego, CA. Sponsored by the Hispanic Association of Colleges and Universities. Contact: (210) 692-3805.

Oct. 17-21: Annual Meeting of the American Academy of Pediatrics held in San Francisco, CA. Contact (800) 433-9016, ext. MEET (6338).

Oct. 29-Nov. 1: U.S. Conference on AIDS: "Til It's Over," held in Dallas, TX, sponsored by National Minority AIDS Council. Call: (202) 483-6622.

Nov. 15-19: 126th Annual Conference of the American Public Health Association, in Washington, D.C. Contact: (202) 789-5670.

Nov. 16-21: 12th National Conference on Child Abuse and Neglect, "Engaging America's Communities" held in Cincinnati, OH. Call: (301) 589-8246.