

Healthy People 2020 Summary of Objectives

Educational and Community-Based Programs

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Topic Area: Educational and Community-Based Programs

ECBP–1: (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in the following areas: unintentional injury; violence; tobacco use and addiction; alcohol and drug use, unhealthy dietary patterns; and inadequate physical activity, dental health, and safety.

ECBP–1.1 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in all priority areas.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.2 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in unintentional injury.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.3 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in violence.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.4 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in tobacco use and addiction.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.5 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in alcohol or other drug use.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.6 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in unhealthy dietary patterns.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.7 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in inadequate physical activity.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.8 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in dental and oral health.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.9 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in safety.

Potential data source: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–2: Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.

ECBP–2.1 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in all priority areas.

Target: 28.2 percent.

Baseline: 25.6 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent health problems in all priority areas in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–2.2 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in unintentional injury.

Target: 89.9 percent.

Baseline: 81.7 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent unintentional injury in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–2.3 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in violence.

Target: 90.1 percent.

Baseline: 81.9 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent violence in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–2.4 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in suicide.

Target: 48.3 percent.

Baseline: 43.9 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent suicide in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–2.5 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in tobacco use and addiction.

Target: 89.1 percent.

Baseline: 81.0 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent tobacco use and addiction in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–2.6 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in alcohol and other drug use.

Target: 90.0 percent.

Baseline: 81.7 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent alcohol or other drug use in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–2.7 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in unintended pregnancy, HIV/AIDS, and STD infection.

Target: 43.2 percent.

Baseline: 39.3 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent unintended pregnancy, HIV/AIDS, and STD infection in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–2.8 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in unhealthy dietary patterns.

Target: 92.7 percent.

Baseline: 84.3 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent unhealthy dietary patterns in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–2.9 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in inadequate physical activity.

Target: 87.1 percent.

Baseline: 79.2 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent inadequate physical activity in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–3: Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives that address the knowledge and skills articulated in the National Health Education Standards (high school, middle, elementary).

ECBP–3.1 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address the comprehension of concepts related to health promotion and disease prevention (knowledge).

Target: 100 percent.

Baseline: 97.2 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed the comprehension of concepts related to health promotion and disease prevention (knowledge) articulated in the National Health Education Standards (high school, middle, and elementary) in 2006.

Target setting method: Total coverage.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–3.2 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address accessing valid information and health promoting products and services (skills).

Target: 100 percent.

Baseline: 86.1 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed accessing valid information and health promoting products and services (skills) articulated in the National Health Education Standards (high school, middle, and elementary) in 2006.

Target setting method: Total coverage.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–3.3 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address advocating for personal, family, and community health (skills).

Target: 100 percent.

ECBP-5

Baseline: 92.1 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed advocating for personal, family, and community health (skills) articulated in the National Health Education Standards (high school, middle, and elementary) in 2006.

Target setting method: Total coverage.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–3.4 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address analyzing the influence of culture, media, technology, and other factors on health (skills).

Target: 100 percent.

Baseline: 85.4 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed analyzing the influence of culture, media, technology, and other factors on health (skills) articulated in the National Health Education Standards (high school, middle, and elementary) in 2006.

Target setting method: Total coverage.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–3.5 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address practicing health-enhancing behaviors and reducing health risks (skills).

Target: 100 percent.

Baseline: 98.9 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed practicing health-enhancing behaviors and reducing health risks (skills) articulated in the National Health Education Standards (high school, middle, and elementary) in 2006.

Target setting method: Total coverage.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–3.6 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address using goal-setting and decisionmaking skills to enhance health (skills).

Target: 100 percent.

Baseline: 95.9 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed using goal-setting and decisionmaking skills to enhance health (skills) articulated in the National Health Education Standards (high school, middle, and elementary) in 2006.

Target setting method: Total coverage.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–3.7 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address using interpersonal communication skills to enhance health (skills).

Target: 100 percent.

Baseline: 94.2 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed using interpersonal communication skills to enhance health (skills) articulated in the National Health Education Standards (high school, middle, and elementary) in 2006.

Target setting method: Total coverage.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–4: Increase the proportion of elementary, middle, and senior high schools that provide school health education to promote personal health and wellness in the following areas: hand washing or hand hygiene; oral health; growth and development; sun safety and skin cancer prevention; benefits of rest and sleep; ways to prevent vision and hearing loss; and the importance of health screenings and checkups.

ECBP–4.1 Increase the proportion of elementary, middle, and senior high schools that provide school health education in hand washing or hand hygiene to promote personal health and wellness.

Target: 91.7 percent.

Baseline: 83.4 percent of elementary, middle, and senior high schools provided school health education in hand washing or hand hygiene to promote personal health and wellness in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–4.2 Increase the proportion of elementary, middle, and senior high schools that provide school health education in dental and oral health to promote personal health and wellness.

Target: 71.3 percent.

Baseline: 64.8 percent of elementary, middle, and senior high schools provided school health education in dental and oral health to promote personal health and wellness in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–4.3 Increase the proportion of elementary, middle, and senior high schools that provide school health education in growth and development to promote personal health and wellness.

Target: 83.6 percent.

Baseline: 76.0 percent of elementary, middle, and senior high schools provided school health education in growth and development to promote personal health and wellness in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–4.4 Increase the proportion of elementary, middle, and senior high schools that provide school health education in sun safety or skin cancer prevention to promote personal health and wellness.

Target: 79.6 percent.

Baseline: 72.4 percent of elementary, middle, and senior high schools provided school health education in sun safety or skin cancer prevention to promote personal health and wellness in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–4.5 Increase the proportion of elementary, middle, and senior high schools that provide school health education in benefits of rest and sleep to promote personal health and wellness.

Target: 99.2 percent.

Baseline: 90.2 percent of elementary, middle, and senior high schools provided school health education on the benefits of rest and sleep to promote personal health and wellness in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–4.6 Increase the proportion of elementary, middle, and senior high schools that provide school health education in ways to prevent vision and hearing loss to promote personal health and wellness.

Target: 54.3 percent.

Baseline: 49.4 percent of elementary, middle, and senior high schools provided school health education on ways to prevent vision and hearing loss to promote personal health and wellness in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP–4.7 Increase the proportion of elementary, middle, and senior high schools that provide school health education in the importance of health screenings and checkups to promote personal health and wellness.

Target: 66.7 percent.

Baseline: 60.6 percent of elementary, middle, and senior high schools provided school health education on the importance of health screenings and checkups to promote personal health and wellness in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP. ECBP-8

ECBP-5: Increase the proportion of the Nation's elementary, middle, and senior high schools that have a full-time registered school nurse-to-student ratio of at least 1:750.

ECBP-5.1 Increase the proportion of elementary, middle, and senior high schools that have a full-time registered school nurse-to-student ratio of at least 1:750.

Target: 44.7 percent.

Baseline: 40.6 percent of elementary, middle, and senior high schools had a nurse-to-student ratio of at least 1:750 in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP-5.2 Increase the proportion of senior high schools that have a full-time registered school nurse-to-student ratio of at least 1:750.

Target: 36.9 percent.

Baseline: 33.5 percent of senior high schools had a nurse-to-student ratio of at least 1:750 in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP-5.3 Increase the proportion of middle schools that have a full-time registered school nurse-to-student ratio of at least 1:750.

Target: 48.3 percent.

Baseline: 43.9 percent of middle schools had a nurse-to-student ratio of at least 1:750 in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP-5.4 Increase the proportion of elementary schools that have a full-time registered school nurse-to-student ratio of at least 1:750.

Target: 45.5 percent.

Baseline: 41.4 percent of all elementary schools had a nurse-to-student ratio of at least 1:750 in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

ECBP-6: Increase the proportion of the population that completes high school education.

Target: 97.9 percent.

Baseline: 89.0 percent of persons aged 18 to 24 years old had completed high school in 2007.

Target setting method: 10 percent improvement.

Data source: Current Population Survey (CPS), U.S. Census Bureau.

ECBP-7: Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas (all priority areas; unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity).

ECBP– 7.1 (Developmental) Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas.

Potential data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.2 Increase the proportion of college and university students who receive information from their institution on unintentional injury.

Target: 30.0 percent.

Baseline: 27.3 percent of college and university students received health-risk behavior information from their institution on unintentional injury in 2009.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.3 Increase the proportion of college and university students who receive information from their institution on violence.

Target: 37.7 percent.

Baseline: 34.3 percent of college and university students received health-risk behavior information from their institution on violence in 2009.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.4 Increase the proportion of college and university students who receive information from their institution on suicide.

Target: 32.1 percent.

Baseline: 29.2 percent of college and university students received health-risk behavior information from their institution on suicide in 2009.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.5 Increase the proportion of college and university students who receive information from their institution on tobacco use and addiction.

Target: 36.7 percent.

Baseline: 33.4 percent of college and university students received health-risk behavior information from their institution on tobacco use and addiction in 2009.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.6 Increase the proportion of college and university students who receive information from their institution on alcohol or other drug use.

Target: 72.8 percent.

Baseline: 66.2 percent of college and university students received health-risk behavior information from their institution on alcohol and other drug use in 2009.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.7 Increase the proportion of college and university students who receive information from their institution on unintended pregnancy.

Target: 43.9 percent.

Baseline: 39.9 percent of college and university students received health-risk behavior information from their institution on unintended pregnancy in 2009.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.8 Increase the proportion of college and university students who receive information from their institution on HIV/AIDS and STD infection.

Target: 57.8 percent.

Baseline: 52.5 percent of college and university students received health-risk behavior information from their institution on HIV/AIDS and STD infection in 2009.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA)

ECBP–7.9 Increase the proportion of college and university students who receive information from their institution on unhealthy dietary patterns.

Target: 57.2 percent.

Baseline: 52.0 percent of college and university students received health-risk behavior information from their institution on unhealthy dietary patterns in 2009.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.10 Increase the proportion of college and university students who receive information from their institution on inadequate physical activity.

Target: 61.6 percent.

Baseline: 56.0 percent of college and university students received health-risk behavior information from their institution on inadequate physical activity in 2009.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–8: (Developmental) Increase the proportion of worksites that offer an employee health promotion program to their employees.

ECBP–8.1 (Developmental) Increase the proportion of worksites with fewer than 50 employees that offer an employee health promotion program to their employees.

Potential data source: National Survey of Employer-Sponsored Health Plans, Mercer.

ECBP–8.2 (Developmental) Increase the proportion of worksites with 50 or more employees that offer an employee health promotion program to their employees.

Potential data source: National Survey of Employer-Sponsored Health Plans, Mercer.

ECBP–8.3 (Developmental) Increase the proportion of worksites with 50 to 99 employees that offer an employee health promotion program to their employees.

Potential data source: National Survey of Employer-Sponsored Health Plans, Mercer.

ECBP–8.4 (Developmental) Increase the proportion of worksites with 100 to 249 employees that offer an employee health promotion program to their employees.

Potential data source: National Survey of Employer-Sponsored Health Plans, Mercer.

ECBP–8.5 (Developmental) Increase the proportion of worksites with 250 to 749 employees that offer an employee health promotion program to their employees.

Potential data source: National Survey of Employer-Sponsored Health Plans, Mercer.

ECBP–8.6 (Developmental) Increase the proportion of worksites with 750 or more employees that offer an employee health promotion program to their employees.

Potential data source: National Survey of Employer-Sponsored Health Plans, Mercer.

ECBP–9: (Developmental) Increase the proportion of employees who participate in employer-sponsored health promotion activities.

Potential data source: National Survey of Employer-Sponsored Health Plans, Mercer.

ECBP–10: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in the following areas:

ECBP–10.1 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services injury.

Target: 84.3 percent.

Baseline: 76.6 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) provided population-based primary injury prevention services in 2008.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), National Association of County and City Health Officials (NACCHO).

ECBP–10.2 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services violence.

Target: 73.5 percent.

Baseline: 66.9 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) provided population-based primary violence prevention services in 2008.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), National Association of County and City Health Officials (NACCHO).

ECBP–10.3 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services mental illness.

Target: 69.5 percent.

Baseline: 63.2 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in mental illness in 2008.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), National Association of County and City Health Officials (NACCHO).

ECBP–10.4 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services tobacco use. ECBP-13

Target: 96.7 percent.

Baseline: 88.0 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in tobacco use in 2008.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), National Association of County and City Health Officials (NACCHO).

ECBP–10.5 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services substance abuse.

Target: 75.8 percent.

Baseline: 68.9 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in substance abuse in 2008.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), National Association of County and City Health Officials (NACCHO).

ECBP–10.6 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services unintended pregnancy.

Target: 89.4 percent.

Baseline: 81.3 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in unintended pregnancy in 2008.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), National Association of County and City Health Officials (NACCHO).

ECBP–10.7 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services chronic disease programs.

Target: 90.8 percent.

Baseline: 82.6 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in chronic disease programs in 2008.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), National Association of County and City Health Officials (NACCHO).

ECBP–10.8 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services nutrition.

Target: 94.7 percent.

Baseline: 86.1 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in nutrition in 2008.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), National Association of County and City Health Officials (NACCHO).

ECBP–10.9 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services physical activity.

Target: 88.5 percent.

Baseline: 80.5 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in physical activity in 2008.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), National Association of County and City Health Officials (NACCHO).

ECBP–11: (Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

Potential data sources: Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards, OMH; Guidance and Standards on Language Access Services, OIG.

ECBP–12: Increase the inclusion of core clinical prevention and population health content in M.D.-granting medical schools.

ECBP–12.1 Increase the inclusion of counseling for health promotion and disease prevention in M.D.-granting medical schools.

Target: 100 percent.

Baseline: 95.2 percent of M.D.-granting medical schools provided content in counseling for health promotion and disease prevention in required courses in 2008.

Target setting method: Total coverage.

Data source: Annual LCME Medical School Questionnaires, Association of American Medical Colleges (AAMC), Liaison Committee on Medical Education (LCME).

ECBP–12.2 Increase the inclusion of cultural diversity in M.D.-granting medical schools.

Target: 100 percent.

Baseline: 99.2 percent of M.D.-granting medical schools provided content in cultural diversity in required courses in 2008.

Target setting method: Total coverage.

Data source: Annual LCME Medical School Questionnaires, Association of American Medical Colleges (AAMC), Liaison Committee on Medical Education (LCME).

ECBP–12.3 Increase the inclusion of evaluation of health sciences literature in M.D.-granting medical schools.

Target: 100 percent.

Baseline: 93.7 percent of M.D.-granting medical schools provided content in evaluation of health sciences literature in required courses in 2008.

Target setting method: Total coverage.

Data source: Annual LCME Medical School Questionnaires, Association of American Medical Colleges (AAMC), Liaison Committee on Medical Education (LCME).

ECBP–12.4 Increase the inclusion of environmental health in M.D.-granting medical schools.

Target: 94.3 percent.

Baseline: 85.7 percent of M.D.-granting medical schools provided content in environmental health in required courses in 2008.

Target setting method: 10 percent improvement.

Data source: Annual LCME Medical School Questionnaires, Association of American Medical Colleges (AAMC), Liaison Committee on Medical Education (LCME).

ECBP–12.5 Increase the inclusion of public health systems in M.D.-granting medical schools.

Target: 86.5 percent.

Baseline: 78.6 percent of M.D.-granting medical schools provided content in public health systems in required courses in 2008.

Target setting method: 10 percent improvement.

Data source: Annual LCME Medical School Questionnaires, Association of American Medical Colleges (AAMC), Liaison Committee on Medical Education (LCME).

ECBP–12.6 Increase the inclusion of global health in M.D.-granting medical schools.

Target: 85.6 percent.

Baseline: 77.8 percent of M.D.-granting medical schools provided content in global health in required courses in 2008.

Target setting method: 10 percent improvement.

Data source: Annual LCME Medical School Questionnaires, Association of American Medical Colleges (AAMC), Liaison Committee on Medical Education (LCME).

ECBP–13: Increase the inclusion of core clinical prevention and population health content in D.O.-granting medical schools.

ECBP–13.1 Increase the inclusion of counseling for health promotion and disease prevention in D.O.-granting medical schools.

Target: Not applicable.

Baseline: 100 percent of D.O.-granting medical schools provided content in counseling for health promotion and disease prevention in required courses or clerkships in 2009.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–13.2 Increase the inclusion of cultural diversity in D.O.-granting medical schools.

Target: Not applicable.

Baseline: 100 percent of D.O.-granting medical schools provided content in cultural diversity in required courses or clerkships in 2009.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–13.3 Increase the inclusion of evaluation of health sciences literature in D.O.-granting medical schools.

Target: 100 percent.

Baseline: 92.9 percent of D.O.-granting medical schools provided content in evaluation of health sciences literature in required courses or clerkships in 2009.

Target setting method: Total coverage.

Data source: Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–13.4 Increase the inclusion of environmental health in D.O.-granting medical schools.

Target: 70.7 percent.

Baseline: 64.3 percent of D.O.-granting medical schools provided content in environmental health in required courses or clerkships in 2009.

Target setting method: 10 percent improvement.

Data source: Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–13.5 Increase the inclusion of public health systems in D.O.-granting medical schools.

Target: 90.4 percent.

Baseline: 82.1 percent of D.O.-granting medical schools provided content in public health systems in required courses or clerkships in 2009.

Target setting method: 10 percent improvement.

Data source: Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–13.6 Increase the inclusion of global health in D.O.-granting medical schools.

Target: 51.1 percent.

Baseline: 46.4 percent of D.O.-granting medical schools provided content in global health in required courses or clerkships in 2009.

Target setting method: 10 percent improvement.

Data source: Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–14: Increase the inclusion of core clinical prevention and population health content in undergraduate nursing.

ECBP–14.1 Increase the inclusion of counseling for health promotion and disease prevention in undergraduate nursing.

Target: 100 percent.

Baseline: 99 percent of undergraduate nursing schools included content on counseling for health promotion and disease prevention in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP-14.2 Increase the inclusion of cultural diversity in undergraduate nursing.

Target: 100 percent.

Baseline: 98 percent of undergraduate nursing schools included content on cultural diversity in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP-14.3 Increase the inclusion of evaluation of health sciences literature in undergraduate nursing.

Target: 100 percent.

Baseline: 97 percent of undergraduate nursing schools included content on evaluation of health sciences literature in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP-14.4 Increase the inclusion of environmental health in undergraduate nursing.

Target: 100 percent.

Baseline: 94 percent of undergraduate nursing schools included content on environmental health in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP-14.5 Increase the inclusion of public health systems in undergraduate nursing.

Target: 100 percent.

Baseline: 97 percent of undergraduate nursing schools included content on public health systems in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP–14.6 Increase the inclusion of global health in undergraduate nursing.

Target: 100 percent.

Baseline: 93 percent of undergraduate nursing schools included content on global health in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP–15: Increase the inclusion of core clinical prevention and population health content in nurse practitioner training.

ECBP–15.1 Increase the inclusion of counseling for health promotion and disease prevention in nurse practitioner training.

Target: 100 percent.

Baseline: 95.8 percent of nurse practitioner schools included content on counseling for health promotion and disease prevention in required courses in 2008.

Target setting method: Total coverage.

Data source: Collaborative Curriculum Survey, American Association of College of Nursing (AACN) and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–15.2 Increase the inclusion of cultural diversity in nurse practitioner training.

Target: 100 percent.

Baseline: 96.6 percent of nurse practitioner schools included content on cultural diversity in required courses in 2008.

Target setting method: Total coverage.

Data source: Collaborative Curriculum Survey, American Association of College of Nursing (AACN) and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–15.3 Increase the inclusion of evaluation of health sciences literature in nurse practitioner training.

Target: 100 percent.

Baseline: 98.1 percent of nurse practitioner schools included content on evaluation of health sciences literature in required courses in 2008.

Target setting method: Total coverage.

Data source: Collaborative Curriculum Survey, American Association of College of Nursing (AACN) and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–15.4 Increase the inclusion of environmental health in nurse practitioner training.

Target: 81.7 percent.

Baseline: 74.3 percent of nurse practitioner schools included content on environmental health in required courses in 2008.

Target setting method: 10 percent improvement.

Data source: Collaborative Curriculum Survey, American Association of College of Nursing (AACN) and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–15.5 Increase the inclusion of public health systems in nurse practitioner training.

Target: 89.7 percent.

Baseline: 81.5 percent of nurse practitioner schools included content on public health systems in required courses in 2008.

Target setting method: 10 percent improvement.

Data source: Collaborative Curriculum Survey, American Association of College of Nursing (AACN) and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–15.6 Increase the inclusion of global health in nurse practitioner training.

Target: 79.8 percent.

Baseline: 72.5 percent of nurse practitioner schools included content on global health in required courses in 2008.

Target setting method: 10 percent improvement.

Data source: Collaborative Curriculum Survey, American Association of College of Nursing (AACN) and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–16: Increase the inclusion of core clinical prevention and population health content in physician assistant training.

ECBP–16.1 Increase the inclusion of counseling for health promotion and disease prevention in physician assistant training.

Target: 100 percent.

Baseline: 97 percent of physician assistant schools provided content on counseling for health promotion and disease prevention in required courses in 2010.

Target setting method: Total coverage.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

ECBP–16.2 Increase the inclusion of cultural diversity in physician assistant training.

Target: 100 percent.

Baseline: 99 percent of physician assistant schools provided content cultural diversity in required courses in 2010.

Target setting method: Total coverage.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

ECBP–16.3 Increase the inclusion of evaluation of health sciences literature in physician assistant training.

Target: 100 percent.

Baseline: 99 percent of physician assistant schools provided content on evaluation of health sciences literature in required courses in 2010.

Target setting method: Total coverage.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

ECBP–16.4 Increase the inclusion of environmental health.

Target: 58.3 percent.

Baseline: 53 percent of physician assistant schools provided content on environmental health in required courses in 2010.

Target setting method: 10 percent improvement.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

ECBP–16.5 Increase the inclusion of public health systems in physician assistant training.

Target: 97.9 percent.

Baseline: 89 percent of physician assistant schools provided content on public health systems in required courses in 2010.

Target setting method: 10 percent improvement.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

ECBP–16.6 Increase the inclusion of global health in physician assistant training.

Target: 53.9 percent.

Baseline: 49 percent of physician assistant schools provided content on global health in required courses in 2010.

Target setting method: 10 percent improvement.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).