

Healthy People 2010: Objectives

Draft for Public Comment

Overall Comments

- **A specific goal for Hispanics needs to be included under each objective in all of the priority areas. Baseline and tracking data systems should be identified and data collected, analyzed, and reported for Hispanics.** Of 521 numbered objectives, only 100 (19.2%) have collected baseline Hispanic data. Improving this number must be an urgent priority for *Healthy People 2010*. Whenever Hispanic data are not available, a plan of how the data will be collected should be outlined.
- **The goal of *Healthy People 2010* should be to eliminate racial and ethnic disparities in health.** COSSMHO strongly supports the current draft of *Healthy People 2010* that calls for “eliminating racial and ethnic disparities in health.” In comments to DHHS on Health Objectives for the Nation 1990 and *Healthy People 2000*, COSSMHO called for the elimination of racial and ethnic disparities in health as a primary goal for the nation. We are pleased to see that *Healthy People 2010* has taken on this goal. In the year 2000, there will be equal numbers of Hispanics (including persons who live in Puerto Rico) and African Americans. This means that one in four persons in the United States will be Hispanic or African American. By eliminating the health gap among all Americans, the *Healthy People 2010* objectives will truly achieve an improvement in health for the whole nation.
- **The target setting for *Healthy People 2010* should be the “Better than the Best” method.** Setting the *Healthy People 2010* targets (those that are population based) as better than what the best group is doing moves away from assuming that the non-Hispanic white population always represents the best health standards. Indeed, in many areas, including birth outcomes and a number of areas in diet and nutrition, Hispanics are doing the best of all groups, including non-Hispanic whites. The "Better than the Best" target setting method allows for all groups in this country to have a target of improved health in all areas of *Healthy People 2010*.
- **Target setting should be ambitious and bold.** Targets need to reflect changes that will have significant impact on human lives. In certain areas, e.g. Environmental Health, the objectives seem to accomplish little, if anything, of real significance. Objectives That target a limited number of States should, in most instances, be changed to target all States and territories.

In addition, COSSMHO makes the following recommendations regarding specific priorities and objectives. They are in order by objective number preceded by any general comments on the objective area.

HEALTHY BEHAVIORS

1. Physical Activity and Fitness

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.
- Access to health care, health care information, and community-based programs that promote physical activity and fitness (beyond school-based and worksite) should be incorporated into the objectives in this section.
- The topic of body image, especially of girls, should be addressed.
- **Add:** For objectives that address educational messages, these messages need to be culturally and linguistically appropriate for Hispanics.

Specific Comments

Objective 2—Sustained Physical Activity

Increase: The target of the objective.

Comment: 30% seems low considering the sustained physical activity is at least equivalent to brisk walking and includes various domestic and occupational activities. The current objective does not appear to require much of an increase from the baseline compared to other objectives.

Objective 3—Vigorous Physical Activity

Increase: The target of the objective.

Comment: The goal of 25% is low. This type of activity for 20 minutes 3 times per week is necessary to promote health, prevent disease, and is directly linked to mental health.

Objective 4—Muscular Strength and Endurance

Add: A sub-objective targeting women.

Comment: Men are 10% higher, yet it is even more important for women to engage in strengthening exercises and resistance training to prevent osteoporosis.

Comment: There also needs to be a dramatic increase among people in the 45-64 year old range as this will play a significant role in their quality of life once they become elderly.

Objective 5—Flexibility

Add: A sub-objective targeting people 45-64.

Comment: Along with decreased flexibility, engaging in any physical activity tends to decrease during this age span. If persons can no longer engage in sustained or vigorous physical activity, then maintaining flexibility is critical.

Objective 8—Daily School Physical Education

Include: The activity that youth participate in during extracurricular sports, not only physical education classes.

Objective 14—Clinician Counseling About Physical Activity

Add: Language that ensures that counseling and assessment be done in a culturally and linguistically appropriate.

2. Nutrition

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.
- Healthy weight standards (such as BMI) should not be the same for all racial and ethnic groups, especially in light of absence of data for many groups.
- Positive racial/ethnic nutritional behaviors should be highlighted in this section.
- Include Hispanic HANES data for areas where current HANES does not provide Hispanic data.

Specific Comments

Objective 1—Healthy Weight

Comment: There is a question of whether healthy weight standards, such as BMI, should be the same for all racial and ethnic groups, especially in light of absence of data for many groups.

Comment: Positive racial/ethnic nutritional behaviors should be highlighted in this section.

Objective 3—Overweight and Obesity in Children/Adolescents

Collect: Baseline data for Hispanics to determine prevalence of overweight and obesity for children, adolescents, and adults.

Objective 4—Growth Retardation

Comment: Height-for-age does not account for racial and ethnic group differences.

Objective 17—Worksite Nutrition Education and Weight Management Programs

Add: Culturally and linguistically appropriate nutrition education and/or weight management programs for employees.

Objective 18—Nutrition Assessment and Planning

Add: Culturally appropriate nutrition assessment and formulate a culturally appropriate diet/nutrition plan.

3. Tobacco Use

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.
- Ensure ethnic targets and reporting for all objectives.
- Include the many diverse groups of Hispanics for all categories.
- International tobacco control should be included addressing tobacco use among immigrants to the United States.
- Add objectives regarding tobacco industry sponsorship of cultural events should be considered.

Specific Comments

Objective 1—Adult Tobacco Use

Add: Hispanics subgroups including, Mexican-American, Cuban, Puerto Rican, and Central and South American.

Comment: Specific subgroups should be recognized in setting the goals for reducing adult tobacco use. Among Hispanic subgroups, cigarette smoking is highest among Puerto Ricans. Approximately one-third (33.7%) of Puerto Ricans report that they are current cigarette smokers, compared to 23.6% of Cuban Americans and 25.4% of Mexican Americans.

Source: Drug Use Among Racial/Ethnic Minorities, National Survey Results on Drug Use. *Monitoring the Future Study* NIH Pub. No. 95-3888, Rockville. MD: 1995.

Objective 3—Adolescent Tobacco Use

Add: A sub-objective for decreasing tobacco and smokeless tobacco use for pre-adolescents.

Add: Children in grades 8 through 12.

Comment: Current objective targets children in grades 9 through 12. However, recent statistics show that Hispanic 8th graders have higher rates of cigarette use than other groups. Recent statistics show that Hispanic eighth graders are more likely to have smoked cigarettes than their peers. For lifetime cigarette use, among Hispanic eighth

graders, a majority (51.1%) reported that they had smoked cigarettes, compared to 49.7% of non-Hispanic white and 42.1% of non-Hispanic black eighth-graders. Source: National Institute of Drug Abuse "Racial Comparisons of Lifetimes, Annual, Thirty-day, and Daily Prevalence of Use of Various Drugs." *Monitoring the Future Study*, 1998.

Add: A sub-objective regarding young adults 18-24 years old.

Comment: After over a decade of decline, smoking has increased among Hispanic high school youth. Therefore longitudinal studies should be conducted to track smoking among young adults. In 1977, more than one-third of Hispanic high-school seniors (35.7%) reported they were current smokers. By 1989 this rate had decreased to 20.6%, but increased to 25.9% in 1997.

Source: CDC, National Health Interview Survey, 1994 and 1995, unpublished data, 1997.

Objective 23—Tobacco Price Increase

Retain: Developmental Objective

Comment: Recent statistics show that fewer youth will buy tobacco if the price of this product is increased. For every 10% increase in cigarette prices, demand among children and teenagers declines by as much as 14%. The rate of smoking by teenagers may be three times more sensitive to price increases than that by adults.

Source: National Survey Results on Drug Use. *Monitoring the Future Study Volume I: Secondary School Students 1975-1993*. Ann Arbor, MI: University of Michigan, 1994.

HEALTHY AND SAFE COMMUNITIES

4. Educational and Community-based Programs

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.
- Increase partnerships with national minority organizations and community-based organizations to ensure that health promotion and disease prevention programs appropriately address the needs of different racial/ethnic populations.
- Include an objective which eliminates the disparity in school drop-out rates between African Americans, Hispanics, and non-Hispanic whites.

Specific Comments

Terminology Section

Add: Community should be more broadly defined so that it is not only geographic boundaries.

Settings

Add: Community-based organizations as a setting for educational and community-based programs.

Comment: Traditional service providers have often been unable to develop programs, which are culturally and linguistically competent. Hispanic community-based organizations have stepped in to fill the gap. They are the infrastructure of the Hispanic community and have the capacity to develop and deliver health education and community-based programs that are economical and more effective using strategies that grow out of community needs and solutions.

Objective 1—High School Completion

Add: A Hispanic-specific objective to target Hispanic graduation rates.

Comment: The data presented and national data indicate Hispanics have the lowest levels of graduation rates. These rates have not improved over the past ten years.

Objective 11—Culturally Appropriate Community Health Promotion

Increase: To at least 98% the proportion of local health departments that have culturally appropriate and linguistically competent health promotion and disease prevention programs.

Comment: In the year 2000, there will be equal numbers of Hispanics (including persons who live in Puerto Rico) and African Americans. This means that one in four persons in the United States will be Hispanic or African American. Health departments must be capable of serving the diverse population of the country. To achieve this, they must all incorporate cultural and linguistically competent staff and programs.

Add: Managed Care organizations to the list of health care provider organizations or systems that should establish culturally and linguistically appropriate health promotion and disease prevention programs for special populations.

Add: A sub-objective that mandates health departments to work or partner with community-based organizations.

Add: A sub-objective which assures the availability and access to culturally and linguistically competent services for Hispanics.

5. Environmental Health

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.

- The targets set should be the "Better than the Best" method.
- Collect, analyze, and report environmental health data for Hispanics. The limited amount of information that exists indicates that Hispanic communities are disproportionately affected by an unhealthy environment.
- The format of the objectives should be "Reduce to 0%..." rather than "Reduce by ___ %". As they are currently stated they are at best unambitious and of negligible impact and at worst, misleading.

Specific Comment

Objective 1—Air Quality

Add: A sub-objective mandating the improvement of the air quality in Hispanic communities.

Comment: Hispanic communities are disproportionately affected by unhealthy air. More Hispanics live in areas that fail to meet the National Ambient Quality Standards (NAAQS). A recent research revealed that 80% of Hispanics live in an area failing to meet one U.S. EPA air quality standard compared to 65% of non-Hispanic black and 57% of non-Hispanic white.

Source: Wernette DR, Nieves LA. Breathing Polluted Air: Minorities are Disproportionately Exposed. EPA J 18(1):16-17 (1992).

Objective 4—Waterborne Disease

Target: Should be 0 outbreaks.

Comment: This is achievable in view of President Clinton's announcement on clean water on Dec. 4, 1998.

Objective 13—Pesticide Poisoning

Add: A sub-objective addressing pesticide exposure among farmworkers.

Add: A sub-objective addressing compliance of existing pesticide regulations (application and re-entry intervals).

Comment: Farmworkers are the largest group affected by pesticide poisonings. Hispanics comprise approximately 82% of the farmworker workforce.

Objective 14—Energy Recovery

Comment: There is a two year lag time in TRI reports being made available to the public.

Objective 16—Exposure to Tobacco Smoke

Add: A sub-objective to target exposure to tobacco smoke among different ethnic groups.

Comment: There is no data documenting the exposure to tobacco smoke among different ethnic groups. Since there is data available regarding smoking by ethnic groups, it shouldn't be that difficult to include who is getting exposed to tobacco smoke.

Objective 17—Testing for Lead-Based Paint

Increase: To at least 95%.

Include: A target number for ethnic groups with regards to promotion of lead-base paint awareness and testing.

Comment: Hispanics are more than twice as likely as either blacks or whites to live in areas with high levels of lead. About 18.5% of Hispanics, 9.2% of blacks, and 6% of whites live in a U.S. EPA non-attainment area for lead.

Source: Minnesota Department of Health. Environmental issues in primary care. St. Paul: Minnesota Department of Health, 1991.

Objective 18—Exposure to Household Hazardous Chemicals

Include: Paints, varnishes, wax, and some hobby products.

Comment: Paints, varnishes, wax, and some hobby products emit volatile organic compounds that can concentrate indoors to high levels. These hazardous chemicals are included in the EPA's priorities when addressing volatile organic compounds.

Objective 21—Radon Testing

Add: A sub-objective targeting Hispanics in awareness and testing for radon.

Comment: Hispanics are less likely to be aware of radon and are also less likely to test for radon. Addressing radon testing among ethnic groups should be included in this item because there is more awareness among non-Hispanic whites than any other ethnic group.

Statistics: 61.2% of Hispanics have never heard of radon compared to 55.5% of Asian/Pacific Islander, 49.1% of non-Hispanic black, 45.6% of Native American, and 21.5% of non-Hispanic white.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, National Health Interview Survey, 1990.

Objective 27—Monitoring Diseases Caused by Environmental Hazards

Increase: To include all States and territories.

Comment: Environmental hazards result in real health effects. All States and territories should monitor diseases caused by environmental hazards so that communities can be informed of risks and actions can be taken to eliminate them. All States and territories should do this as part of their mission.

6. Food Safety

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.

Specific Comments

Objective 1—Foodborne infections bacteria and parasites

Add: A sub-objective including Hispanics and farmworkers in the target group for reducing infections caused by parasitic pathogens.

Comment: Hispanic population should be included in the target group for reducing infections caused by parasitic pathogens. There is a higher risk involved in exposure to parasitic infections among Hispanics due to the fact that they may become exposed when visiting their country of origin or their relatives in those countries. In addition, parasitic infections are common among farm workers because of the precarious

conditions that they live in or the lack of sanitation facilities in the fields. Parasitic infections among Hispanics became an issue a couple of years ago when there was a claim of infestation through a restaurant where workers were Central Americans. There are also some studies conducted among farm workers.

7. Injury/Violence Prevention

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.
- Review the Behavior Risk Factor Surveillance System, CDC, NCCDPHP as a potential source for more data on Hispanic populations.

Specific Comments

Objective 7—Injury Prevention and Safety Education

Comment: Include information about the implementation of culturally-appropriate injury prevention education in order to effectively reach diverse ethnic groups.

Objective 14—Pedestrian Injuries

Add: A sub-objective targeting the elderly.

Comment: Both children and the elderly are at increased risk for pedestrian injuries.

Objective 15—Safety Belts and Child Restraints

Comment: Include surveillance of adults since children are more likely to buckle up if adults use their seat belts.

Objective 34—Maltreatment of Children

Target: Should be to reduce to less than 1 per 1,000 children the incidence of maltreatment.

Objective 35—Physical Abuse by Intimate Partners

Target: Should be to reduce to less than 1 per 1,000 the incidence of physical abuse.

Objective 36—Forced Sexual Intercourse

Target: Should be to reduce to less than 1 per 10,000.

Objective 37—Emergency Housing for Battered Women

Target: Should be to reduce to less than 1 per 1,000 children the incidence of maltreatment.

8. Occupational Safety and Health

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
 - The targets set should be the "Better than the Best" method.
 - Collect baseline data regarding work-related injuries and deaths by race and ethnicity.
 - Ensure that injury prevention information systems are culturally and linguistically appropriate. Some jobs (see objectives 1 & 2) are most likely to be held by persons with limited-English proficiency.
13. Targets of morbidity and mortality reduction should be set at a level of at least 75% improvement.

Specific Comments

Objective 3—Workplace Injury and Illness Surveillance

Increase: To all States.

Objective 10—Blood Lead Levels Greater Than 10µg/dL

Target: Should be to eliminate exposures.

Objective 12—Latex Allergy

Target: Should be at least 95%.

Objective 13—Tractor Rollover Protection Systems

Target: Should be at least 90%.

9. Oral Health

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.

Add: An objective increasing the number of Hispanic dentists.

Comment: 12% of the overall population is Hispanic and only 2.6% of all dentists are Hispanic.

Objective 10—Water Fluoridation

Include: A sub-objective which ensures that diverse ethnic communities are served by water systems with optimally fluoridated water.

Objective 12—Screening/Counseling for 2-Year-Olds

Target: Should be set at least at 95%.

Comment: Good oral health habits are adopted early. It is important that children are encouraged to adopt these behaviors early.

Objective 13—Screening, Referral, Treatment for First-Time School Program Children

Target: Should be set at least at 95%.

Objective 15—Acohol-based Health Centers with Oral Health Component

Target: Should be at least 95%.

Comment: School-based health centers are very successful at reaching children since they are located in a place where you can find most children (especially at the elementary school level). Conducting oral health screenings and referrals, as well as education at a school can be very effective.

Objective 16—Community Health Centers with Direct Oral Health Service Component

Include: Language that ensures educational programs and oral health staff are culturally and linguistically competent to serve diverse communities.

Objective 19—State-based Surveillance Systems

Target: Should be all 50 States.

SYSTEMS FOR PERSONAL AND PUBLIC HEALTH

10. Access to Quality Health Services

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.

Specific Comments

Objective A.3.a—Screening about Major Lifestyle Risk Factors

Collect: Data by select population groups to determine if racial/ethnic/socio-economic disparities exist.

Objective A.5—Training to Address Health Disparities

Include: Language about culturally competency training for all health professions.

Include: Hispanic Nurses Association as a data source.

Objective B.5—Racial/ethnic Minority Representation in the Health Professions

Increase: The target of Hispanics in the health professions.

Comment: Hispanics represent the lowest numbers in the health professions and these numbers have not improved to any degree over the past ten years. The 2010 target must be higher than 6.4%. We recommend the Hispanic target be set at 12%, the current proportion of Hispanics in the U.S. population.

Objective B.5.a—Racial/ethnic Minority Representation in the Health Professions

Increase: The target of Hispanics enrolled in U.S. nursing schools.

Comment: Hispanics represent the lowest numbers in the health professions and these numbers have not improved to any degree over the past ten years. The 2010 target must be higher than 4%. We recommend the Hispanic target be set at 12%, the current proportion of Hispanics in the U.S. population.

Objective C.2—Insurance status and access to emergency services

Target: Should be 100%. No one should be denied access regardless of insurance status.

Objective C.3—Single toll-free line for Poison Control Centers

Include: Language that guarantees calls should be answered in a linguistically and culturally appropriate manner.

Objective C.4—Time-dependent Care for Cardiac Symptoms

Include: Language which ensures that all information be provided in a culturally competent manner.

Comment: Research has shown that Hispanics are less likely to receive adequate emergency care (e.g. Todd Knox, et. al. found that Hispanics are twice as likely not to receive adequate analgesia in emergency rooms).

11. Family Planning

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the “Better than the Best” method.
- Include HIV/STD prevention/treatment outreach and education.

Specific Comments

Objective 2—Repeat Unintended Births

Target: Should be less than 10%.

Comment: Closely spaced births tend to be associated with several adverse outcomes. In addition, having had a previous birth presents an opportunity for interventions, such as family planning counseling, which can help ensure that a repeat unintended birth does not occur.

Objective 5—Postcoital Hormonal Contraception

Target: Should be 100%.

Comment: Focus should be placed promoting cultural and linguistic competent education about postcoital hormonal contraception.

Objective 6—Male Involvement

Comment: Ensure that outreach is provided in a cultural and linguistically competent manner.

Objective 8—Sexual Intercourse before Age 15

Comments: Possible data source is the Youth Risk Behavior Surveillance System, 1995.

Objective 9—Adolescent Sexual Intercourse

Add: Language which ensures that non-white and Hispanic females are specifically targeted in the objective.

Objective 11—Pregnancy Prevention Education

Add: Issues such as sexual practices, sexual orientation, high risk behaviors, negotiating high risk situations, links with alcohol and drug use, self-esteem, dating, rape/sexual assault, testing and resource information.

Add: Younger age groups to the objective.

Change: Safe sex to “safer” sex.

Add: Language ensuring that education is provided in a cultural and linguistically appropriate manner.

Objective 12—School Requirement for Classes on Human Sexuality, Pregnancy Prevention, etc.

Add: Information on sexual practices, sexual orientation, high risk behaviors, negotiating high risk situations, links with alcohol and drug use, self-esteem, dating, rape/sexual assault, testing and resource information.

12. Maternal, Infant, and Child Care

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the “Better than the Best” method.
- **Collect:** Missing baseline data by race and ethnicity for all objectives. Hispanic data should include subgroups (Puerto Rican, Cuban, Mexican, and Central and South American) and data which describes which generation Hispanic families belong to (i.e. first generation US born, second generation US born etc.). There are differences in maternal and child health outcomes among subgroups and birth place (born in and outside of the US).
- **Add:** An objective which addresses partnerships with community-based organizations to provide outreach, education, and information about parenting and infant care in a culturally competent manner to women and families of special populations.

Specific Comments

Objective 3—SIDS Mortality

Comment: Possible data source is the CDC fact sheet “Infant Sleeping Position: Pregnancy Risk Assessment Monitoring System.” This provides information on Hispanics.

Objective 6—Perinatal Mortality

Comment: Possible data source is the March of Dimes Infant Health Statbook, 1997, “Perinatal Statistics by Maternal Ethnicity,” US, 1995.

Objective 9—Preconception Counseling

Add: A sub-objective ensuring that counseling is linguistically and culturally appropriate.

Objective 13—Childbirth Classes

Add: A sub-objective on parenting/infant care classes for pregnant women and partners.

Add: Language that ensures classes are provided in a culturally and linguistically appropriate manner.

Objective 19—Weight Gain During Pregnancy

Comment: Ensure that the weight gain standards take into account racial and ethnic differences.

Objective 20—Infant Sleep Position

Comment: Ensure that educational materials on the issue are provided in a cultural and linguistically appropriate manner.

Comment: Possible data source is the March of Dimes Infant Health Statbook, 1997, "Perinatal Statistics by Maternal Ethnicity," US, 1995.

Objective 25—Prenatal Exposure to Teratogenic Prescription Medications

Add: Language that ensures that warnings are provided in a linguistically appropriate manner.

Objective 35—Understanding of Inherited Sensitivities to Disease

Collect: Hispanic data related to inherited sensitivities.

Objective 26—Genetic Testing

Target: All States should ensure that informed consent is obtained (in a cultural and linguistically appropriate manner) before genetic testing occurs.

Objective 37—Primary Care Services

Target: Should be at least 95%.

Objective 38—Screening

Target: Should be at least 95%.

Objective 39—Service Systems for Children with Chronic and Disabling Conditions

Target: Should be all States.

13. Medical Product Safety

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.
- All information on product safety be provided in English and Spanish in a culturally and linguistically appropriate manner.

Specific Comments

Objective 1—Monitoring of Adverse Drug Reactions

Collect: Analyze and report adverse drug reaction information for Hispanics.

Objective 7—Complementary and Alternative Health Care

Target: Should be 100%.

Comment: Many racial and ethnic groups incorporate folk medicine into their health care which they may not automatically report to their provider but which may have an effect on their health or may interact with other medications. It is critical that this information be incorporate into a patient's record.

Objective 8—Safety-related Labeling Changes

Target: Should be at least 95%.

Objective 9—Updates to Drug Alert Systems

Target: Should be at least 95%.

Objective 10—Patient Information About Prescriptions

Add: Language ensuring that information is provided in a cultural and linguistically appropriate manner.

14. Public Health Infrastructure

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.

Add: An objective on increasing the number of public health personnel who are culturally and linguistically competent to serve Hispanics.

Specific Comments

Objective 1 —Competencies for Public Health Workers

Include: Cultural and linguistic competency requirements in the States and local jurisdiction's public health personnel systems.

Objective 2—Training in Essential Public Health Services

Add: Cultural and linguistic competency training as part the curricula of schools training public health workers.

Objective 3—Continuing Education and Training by Public Health Agencies

Include: A specific sub-objective which increases the number of State and local public health agencies that provide cultural competency training as continuing education for existing public health personnel.

Objective 10—Performance Standards for Essential Public Health Services

Include: Cultural and linguistic competence as a performance standard.

Objective 11—Health Improvement Plans

Add: A sub-objective that adds language about the inclusion of Hispanics in State and local jurisdictions' health improvement plans.

Objective 13—Access to Comprehensive Epidemiology Services

Add: A sub-objective which ensures that Hispanics are included in all epidemiological activities such as the monitoring of health status; diagnosing and investigating health problems and health hazards; informing, educating, and empowering people about health issues; evaluating effectiveness, accessibility, and quality of personal and population-based health services; and researching solutions to health problems.

Objective 16—Collaboration and Cooperation in Prevention Research Efforts

Add: A sub-objective that specifically targets the inclusion of community-based organizations in the collaboration and partnership efforts.

Objective 17—Summary Measures of Population Health and Public Health Infrastructure

Include: Language that ensures summary measures are appropriate for ethnic and racial groups .

Comment: Hispanics often have lower mortality rates but higher morbidity rates. Having a single measure that combines mortality and morbidity into one number may not be appropriate since it may mask important differences between populations.

15. Health Communication

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.
- Evaluation component for programs should include culturally competent measurements for audience testing as opposed to cultural sensitivity.
- Public or privately funded programs to promote access to “underserved” populations must include culturally and linguistically appropriate health information.
- Include an objective about conducting research and practice of health communication with different ethnic and racial groups.
- Include an objective to develop strategies and health information systems that are culturally and linguistically appropriate for different racial and ethnic groups.
- Develop partnerships with national minority organizations (NMOS) and community based organizations (CBOs) to ensure health communication is culturally and linguistically competent when targeting different racial and ethnic groups.

Specific Comments

Objective 1—Public Access to Health Information

Target: Should be 98%.

Comment: All underserved populations need access to health information. This information must be culturally and linguistically appropriate. Lack of information contributes to poor health status.

Objective 2—Centers for Excellence

Comment: Centers of Excellence need to include Historically Black Colleges and Universities and Hispanic Serving Institutions.

Objective 3—Evaluation of Communication Programs

Target: Should be 98%.

Comments: All programs should include appropriate evaluation activities. Cultural competence, not cultural sensitivity should be included as a measurement of appropriate evaluation activities.

Objective 4—Satisfaction with Health Information

Target: Should be 98%.

Comments: The majority of consumers should be satisfied with the health information they receive. Ensuring that the information is culturally and linguistically appropriate is an important step in increasing the satisfaction of consumers. In addition, this objective needs to include other sources of information than the internet, i.e. television, newspaper, radio, billboard, etc. These should be broken down to include language specific media as well. Potential sources of information should also include community-based organizations as part of the information delivery system.

Objective 5—Health Literacy Programs

Comments: More client based groups need to be included under potential data sources. Community-based organizations offer “health literacy” programs to the public and are particularly effective in reaching populations that are underserved-particularly those that speak languages other than English.

Objective 6—Quality of Health Information

Comments: This needs greater specificity about quality standards for Web sites. This objective could be integrated with #4 to include additional community sources.

Objective 7—Health Communication/Media Technology Curricula

Comments: Data sources need to be expanded to include the National Association of Hispanic Nurses and Hispanic Serving Institutions.

PREVENT AND REDUCE DISEASES AND DISORDERS

19. Arthritis, Osteoporosis, and Chronic Back Conditions

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.

Specific Comments

Objective 4—Help in Coping

Add: Language that promotes culturally appropriate outreach and education in underserved communities.

Objective 6—Racial Differences in Total Knee Replacement Rate

Change: “Reduce” should be changed to “eliminate” racial differences.

Objective 9—Arthritis Education Among Patients

Increase: The proportion of people with arthritis who have had effective, evidence-based “culturally and linguistically appropriate” arthritis education (including information about community and self-help resources) as an integral part of the management of their condition.

Objective 10—Arthritis Education

Add: Language that ensures that education is culturally and linguistically appropriate and that educational efforts involve community resources such as respected leaders and groups, and community health workers.

Objective 13—Counseling About Prevention, 13 and Over

Add: “Culturally and linguistically appropriate” counseling to the objective.

Objective 14—Counseling About Prevention, Women 50 and Over

Add: “Culturally and linguistically appropriate” counseling to the objective.

17. Cancer

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.
- Objectives which address morbidity should be added to this section.
- There should be consistency in data for the statewide population based cancer registries in order to provide state comparisons and overall national data. Registries must include Puerto Rico and the Territories.

Specific Comments**Objective 9—Provider Counseling on Preventive Measures**

Add: Language to ensure that counseling is done in a linguistically and culturally appropriate manner.

Comment: Hispanics traditionally have tended to have lower rates of tobacco use and better diets than other groups, positive habits which change over time. The focus for

some groups should be on maintaining healthy habits rather than changing from unhealthy to healthy habits.

Objective 10—Pap Tests

Comment: Use behavioral risk factor surveillance system as a data source to get ethnic/racial group data.

Objective 13—Breast Examination and Mammogram

Comment: Use behavioral risk factor surveillance system as a data source to get ethnic/racial group data.

Objective 14—Physician Counseling of High-Risk Patients

Target: Should be at least 90% of physicians.

Objective 15: Statewide Cancer Registries

Target: Should be 50 States.

Add: A sub-objective that all cancer registries are able to capture data broken down by race and ethnicity.

Add: A sub-objective that data mechanisms be consistent across states.

18. Diabetes

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.

Add: Objectives to capture baseline data on incidence, prevalence, proportion rates of this disease among Hispanics.

Add: Objectives to capture data related to diabetes related deaths, deaths to cardiovascular disease, frequency of lower extremity amputation and other diabetes complications, for Hispanics.

Specific Comments:

Objective 1—Decreasing Incidence of Type-2 Diabetes.

Add: National Institute of Diabetes Digestive and Kidney Disorders to list of data sources. The NIDDK has data on diabetes incidence for select populations.

Objective 2—Reducing Prevalence of Diagnosed Diabetes.

Add: National Institute of Diabetes Digestive and Kidney Disorders to list of data sources..

Objective 5—Reducing Diabetes-related Deaths.

Add: National Institute of Diabetes Digestive and Kidney Disorders to list of data sources.

Objective 7—Reducing Perinatal Mortality in Infants and Mothers with Diabetes.

Collect: Data by select population groups.

Add: National Institute of Diabetes Digestive and Kidney Disorders to list of data sources.

Objective 15—Increasing Proportion of Patients with Diabetes that Obtain Annual Lipid Assessments

Target: Should be 80%.

Collect: Data by select population groups.

Objective 23—Diabetes Education among Those with Diabetes

Increase: Target to 75% of persons with diabetes who have received formal diabetes education.

19. Disability and Secondary Conditions

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.
- Conduct research and collect baseline data on depression, anxiety, etc in immigrant communities caused by/or during the acculturation process.
- Partnership with national minority organizations and community based organizations is needed to create programs that provide culturally competent support systems to people/families with disabilities.

Specific Comments

Objective 10—Compliance with Americans with Disabilities Act

Target: Should be 100%.

Comment: All health, wellness, and treatment programs and facilities need to comply with the ADA.

Objective 11—Environmental Barriers

Include: Language and culture as barriers.

20. Heart Disease and Stroke**General Comments**

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.
- Baseline data for Hispanics (by subgroup or as a whole) needs to be determined and added to many of the objectives.
- Add objectives which focus on morbidity.

Specific Comment

Objective 3—Knowledge of Early Warning Symptoms of Heart Attack

Target: Should be at least 95%.

Objective 4—Provider Counseling About Early Warning Symptoms of Heart Attack

Target: Should be 100%.

Objective 5—Females Aware of Heart Disease as the Leading Cause of Death

Comment: Data for this objective should be collected by other means besides telephone survey since there may be a significant portion of households who do not have a telephone. In addition, the survey needs to include linguistically competent data collection in order to count people of different ethnic groups.

Objective 12—Blood Cholesterol Screening

Target: Should be higher.

Objective 13—Treatment of LDL Cholesterol

Target: Should be at least 95%.

Objective 14—Stroke Deaths

Objective 15—Knowledge of Early Warning Symptoms of Stroke

Target: Should be 95%.

Objective 16—Provider Counseling About Early Warning Symptoms of Stroke

Add: Language which mandates that counseling be conducted in culturally and linguistically competent manner to reach the most at-risk populations.

Comment: Health care providers should counsel their high-risk patients and family members/significant others about risks.

21. HIV

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.

Specific Comments

Objective 3—Condom Use

Collect: Female data.

Objective 5—HIV Counseling and Testing for Injecting Drug Users

Target: Should be set at 100% of persons entering treatment for injecting drug use who are also offered HIV counseling and voluntary testing.

Objective 6—HIV Counseling and Testing for Prison Inmates

Target: Should be set at 100% of inmates in Federal and State prison systems who receive HIV counseling and testing during incarceration.

Objective 8—Classroom Education on HIV and STDs

Add: Information on sexual practices, sexual orientation, high risk behaviors, negotiating high risk situations, links with alcohol and drug use, self-esteem, dating, rape/sexual assault, testing and resource information.

Objective 9—HIV treatment consistent with Public Health Service Guidelines.

Add: Treatment should be culturally appropriate.

22. Immunization and Infectious Diseases

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
19. The targets set should be the "Better than the Best" method.
19. Collect national and state baseline data by race and ethnicity and Hispanic subgroups. Data should include infant, adolescent and adult.
19. Increase partnership with community-based organizations to ensure cultural and linguistic competence in the delivery of immunization services as well as in the outreach and education of Hispanic consumers.
- Disparities on incidence of vaccine preventable diseases (VPD) between Black, White and Hispanic populations are very noticeable. In many cases Hispanics have the highest rates. Develop community-based strategies that are culturally and linguistically competent to eliminate racial/ethnic disparities on incidence of VPD.
 - Conduct research to determine the impact and effectiveness of immunization registries on increasing infant immunization rates, particularly in under-served communities.

Specific Comments

Objective 2—Monitoring the National Impact of Influenza

Add: Language defining “high risk populations.”

Objective 4—Reducing Hepatitis B Virus Infections in Infants

Collect: Data by select population groups.

Objective 11—Reducing Tuberculosis Incidence

Collect: Data by select population groups.

Comment: Since certain groups are at a higher risk for HIV/AIDS, there will be differences in TB incidence as well.

Objective 15—Annual Number of Occupational Needle-stick Exposures to Blood among Health Care Workers

Increase: Target setting measure by 50% not by 30%.

Objective 21—Immunization of Children 19-35 Months

Add: A sub-objective to develop strategies which effectively eliminate racial/ethnic disparities in immunization coverage, particularly in pockets of need areas.

Objective 30—Two-year-olds Receiving Vaccinations as Part of Primary Care

Add: A sub-objective to develop strategies ensuring access to primary care by racial/ethnic populations

Objective 32—Population-based Immunization Registry

Target: Should be set at 100% of children are enrolled in a fully functional population-based immunization registry.

Add: A sub-objective to increase partnership with national minority organizations and community based organizations to ensure issues that affect immigrant populations, migrant and Hispanic families —such as privacy and confidentiality —are properly addressed when developing registries.

23. Mental Health and Mental Disorders

General Comments

- A specific goal for Hispanics needs to be included under each objective; wherever possible, baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.

Specific Comments

Objective 2 –Injurious Suicide Attempts

Add: Target for Hispanic girls.

Comment: According to the Youth Risk Behavior (YRBS) Hispanic girls have the highest rates of attempted suicide.

Objective 3 –Unipolar Major Depression

Add: Target needs to be added for each race/ethnic group and by gender.

Comment: There is considerable data (Commonwealth Fund, ECA) that indicates that Hispanic women have higher incidence of unipolar major depression.

Objective 4 –Mental Disorders among Children and Adolescents

Add: Sub-objective on depression in children and adolescents.

Comments: There is considerable data on the increase in depression among children and adolescents.

Objective 8 –Mental Health Services for People with Mental and Emotional Problems

Target: Target should be 98%

Comment: All persons should have access to mental health services regardless of income.

Objective 9 –Culturally Competent Mental Health Services

Change: Increase to 50 the number of states that can demonstrate linguistic and cultural competence within their mental health delivery system.

Comment: It is not sufficient to have just a plan in some states; to have fewer than 50 states actually demonstrating the capacity to provide linguistically and culturally appropriate mental health services is not only unacceptable but crosses the line towards malpractice. Language is essential to diagnosis and treatment with respect to mental health services.

Objective 10 –Provider Training in Screening for Mental Health Problems in Children

Change: Target should be 90%.

Comment: Anything less should be unacceptable and borders on malpractice.

Objective 11 –Provider Training in Addressing Mental Health Problems in Young Children

Change: Target should be 90%.

Comment: Anything less should be unacceptable and borders on malpractice.

Objective 12 –Provider Review of Patients’ Cognitive, Emotional, and Behavioral Functioning

Change: Target should be 90%.

Comment: Anything less should be unacceptable and borders on malpractice.

Objective 13 –Primary Care Provider Assessment of Mental Health of Children

Change: Target should be 90%.

Comment: Anything less should be unacceptable and borders on malpractice.

Objective 14 –Mental Health Benefits

Target: Target should be 100%

Comment: All full time employees should have mental health benefits for both inpatient and outpatient services.

Objective 15 –Access to Mental Health Services

Target: Target should be 2%.

Comment: All persons should have access to mental health services regardless of income.

Objective 16 –Children’s Access to Mental Health Services

Target: Target should be 2%.

Comment: All families should have access to mental health services for their children regardless of income.

Objective 17 –Comparability of Mental Health and Physical Health Care Coverage

Target: Target should be 100%

Comment: All full time employees should have mental health benefits (inpatient and outpatient services) which are comparable to their physical health coverage.

Objective 18 –Children with Mental Health Insurance

Target: Target should be 100%

Comment: All children should have mental health insurance

Objective 19 –Jail Diversion for Serious Mentally Ill Adults

Target: Target should be 100%

Comment: Seriously mentally ill adults should not be in prisons.

Objective 20 –Mental Health Screening by Juvenile Justice Facilities

Target: Target should be 100%

Comment: Seriously mentally ill juveniles should be properly screened and should not be in juvenile justice facilities.

Objective 21 –Crisis and Ongoing Mental Health Services for the Elderly

Target: Increase to 100% the number of states that demonstrate crisis and ongoing mental health services for the elderly.

Comment: It is not sufficient to have just a plan in some states.

Objective 22 –State Plans to Address Co-occurring Disorders

Target: Increase to 100% the number of states that can address co-occurring disorders.

Comment: It is not sufficient to have just a plan in some states.

Objective 23 –Consumer Satisfaction with Services

Target: Target should be 90%

Comment: Most consumers should be satisfied with mental health services.

Objective 24 –Offices of Consumer

Target: Increase to 100% the number of states that have this capacity.

Comment: This is a critical component for consumers.

24.Respiratory Diseases**General Comments**

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.

Specific Comments

Objective 1: Asthma Deaths

Add: A target for Hispanics.

Comment: Puerto Ricans have been added to the baseline for asthma deaths but the Hispanic population in general should be included since it seems that other subgroups are being affected by asthma.

Objective 6—Patient Education

Target: Should be at least 90%.

Include: Language that ensures education and resource referral is culturally and linguistically appropriate.

Objective 8—Written Asthma Management Plans

Target: Should be 100%.

Comments: Plans should be written in the language the patient is most comfortable with.

Objective 9—Counseling on Early Signs of Worsening Asthma

Target: Should be at least 90%, and 100% for at-risk populations.

Objective 12—Long-term management

Target: Should be 100%.

Objective 13—Surveillance System

Target: Should be increased to 50 States.

Objective 14—Asthma Prevalence

Add: A sub-objective on asthma prevalence among children under 11 years old by ethnic group.

Comment: Certain Hispanic sub-groups have higher numbers of (Puerto Ricans, Cuban Americans and Mexican Americans). New studies should be conducted to determine the prevalence among different ethnic groups. Asthma prevalence among children will also determine the number of school absences related to asthma. A more recent study should be conducted to assess proper statistics for Hispanics. A study determined that children under the age of eleven that suffer from active cases of asthma 11.2% were Puerto Rican, 5.2% Cuban American, 2.7% Mexican American, 5.9% non-Hispanic black and 3.3% non-Hispanic white.

Source: Hispanic Health and Nutrition Examination Survey (HHANES) 1972-1984 and National Health and Nutrition Examination Survey (NHANES II) 1976-1980.

Objective 16—Culturally Competent Care

Target: Should be 100%

Comment: Part of cultural competency is for a provider who is not able to attend to a patient in a culturally competent manner to refer the patient to a provider who is culturally competent.

25. Sexually Transmitted Diseases

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.

Specific Comments

Objective 4—Herpes Simplex Virus Type 2 Infection

Collect: Hispanic data.

Objective 11—STD Clinics

Target: Should be set at 80%.

Comment: In this objective, "high quality" is asterisked, and the note states that high quality is defined by the most recent version of CDC's STD Program Operations Guideline. If it does not do so, this definition of "high quality" should include cultural and linguistic competency.

Objective 13—Medicaid Contracts

Target: Should be 100% of Medicaid contracts.

Objective 16—Television Messages

Target: Should be set at 80% of primary networks.

Comment: This needs to be varied to ensure they are culturally and linguistically appropriate for the diverse populations of the U.S.

Objective 17—Genital Chlamydia screenings

Target: Should be set at 75% of sexually active women under the age of 25.

Objective 18—Screening of Pregnant Women

Comment: There should be education and counseling about HIV infection, but the testing should be voluntary.

Objective 19—Screening in Youth Detention Facilities and Jails:

Target: Should be set at 100% of youth detention facilities in which screening for common bacterial STDs is done within 24 hours of admission.

Objective 21—Provider Referral Services for Sexual Partners

Target: Should be set at 100% of STD clinic patients.

26. Substance Abuse

General Comments

- A specific goal for Hispanics needs to be included under each objective. Baseline and tracking data systems should be identified and data collected, analyzed, and reported.
- The targets set should be the "Better than the Best" method.
- **Add:** Objective on driving After Drinking Alcohol (Source: YRBS).
- **Add:** Objective on alcohol and drug use and sexual intercourse (Source: YRBS).

Specific Comment

Objective 1a—Motor Vehicle Alcohol-related Crash Deaths

Add: A sub-objective to collect Hispanic specific data on alcohol related motor-vehicle crash deaths.