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Thank you for your interest.



GOALS

◆ INCREASE YEARS OF HEALTHY LIFE ◆

◆ ELIMINATE HEALTH DISPARITIES ◆

INTRODUCTION

Healthy People is the initiative that defines the nation's health agenda and guides policy. It includes specific objectives that are to be monitored over the next decade. Through *Healthy People*, we can identify the most significant opportunities to improve the health of all Americans and help focus both public and private sector efforts on those areas. *Healthy People* offers a simple but powerful idea – provide the information and knowledge about how to improve health in a format that enables diverse groups to combine their efforts and work as a team. The *Healthy People* framework is widely used to guide health policy and program development.

The concept of working toward shared targets is at the heart of the *Healthy People* initiative. The initiative is so powerful because these targets serve as incentives for change. Periodic progress reviews for population groups and focus areas are conducted to continuously monitor our progress. By adhering to a measure and tracking it over time, it will become clear whether or not we are moving in the right direction.

Healthy Kentuckians 2010 is our state's commitment to the national prevention initiative *Healthy People 2010*. Our two common overreaching goals are: increase the quality and years of healthy life and eliminate health disparities. The document provides direction for individuals to change personal behaviors and for organizations and communities to support good health through health promotion policies. While it draws substantially from *Healthy Kentuckians 2000*, the current decade's health agenda, *Healthy Kentuckians 2010* reflects the trends of the upcoming decade – a larger, more diverse population, the aging of the population, the rising numbers of uninsured persons, and new health risks such as emerging infectious diseases. New objectives and areas of focus are included.

A draft copy of *Healthy Kentuckians 2010* was made available for public review from November 15, 1999 to December 20, 1999. Review and comment were requested from public, private, and academic health organizations, and from all other stakeholders with an interest in public health, medical care, and state health policy. The final document reflects suggestions received.

Our Kentucky document follows the format of *Healthy People 2010* with objectives and targets set to meet the needs of Kentuckians. The objectives fall into 26 focus areas which are further organized into four categories: (1) promote healthy behaviors; (2) promote healthy and safe communities; (3) improve systems for personal and public health; and (4) prevent and reduce disease and disorders. To be included, an objective must be achievable, measurable, and fundable.

Also included in the document are the 10 Leading Health Indicators, selected by the US Department of Health and Human Services, which reflect major public health concerns.

This small set of measures will provide a snapshot of the health of the state. The Leading Health Indicators serve as a link to the 350 objectives in *Healthy Kentuckians 2010*.

Data are the foundation of *Healthy Kentuckians 2010* objectives. The experiences of the past decade demonstrate that this framework has been a useful tool for identifying where information is missing and where improvements are occurring. Objectives have focused attention on what is important to measure. A new feature of *Healthy Kentuckians 2010* is the inclusion of developmental objectives that provide a vision for a desired outcome or health status. Current surveillance systems do not provide data on these objectives. The purpose of developmental objectives is to identify areas that have growing importance and to drive the development of data systems to measure them.

Healthy Kentuckians 2010 reflects a broadened prevention science base; improved surveillance and data systems; a heightened awareness and demand for preventive health services and quality health care; and changes in demographics, science, technology, and disease spread. This document, used with the Kentucky Public Health Improvement Plan, will provide an updated framework to optimize the health of all Kentuckians.

LEADING HEALTH INDICATORS

The Leading Health Indicators, selected by the US Department of Health and Human Services, reflect the major public health concerns in the United States. They were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. The Leading Health Indicators show individual behaviors, physical and social environmental factors, and important health system issues that greatly affect the health of individuals and communities.

For each of the Leading Health Indicators, objectives derived from *Healthy Kentuckians 2010* will be used to track progress on an annual basis. *The objectives selected to measure progress for the Leading Health Indicators do not represent all the objectives pertaining to the Indicators in Healthy Ketnuckians 2010.*

This small set of measures will provide a snapshot of the health of the state. The Leading Health Indicators serve as a link to the 350 objectives in *Healthy Kentuckians 2010*. They are intended to help everyone more easily understand the importance of health promotion and disease prevention and to encourage wide participation in improving health in the next decade.

PHYSICAL ACTIVITY

OVERWEIGHT AND OBESITY

TOBACCO USE

SUBSTANCE ABUSE

RESPONSIBLE SEXUAL BEHAVIOR

MENTAL HEALTH

INJURY AND VIOLENCE

ENVIRONMENTAL QUALITY

IMMUNIZATION

ACCESS TO HEALTH CARE

Physical Activity

Regular physical activity throughout life is important for maintaining a healthy body, enhancing psychological well-being, and preventing premature death. Regular physical activity is associated with lower death rates for adults of any age, even when only moderate levels of physical activity are performed.

Regular physical activity decreases the risk of death from heart disease, lowers the risk of developing diabetes, and is associated with a decreased risk of colon cancer. Regular physical activity helps prevent high blood pressure and helps reduce blood pressure in persons with elevated levels.

Objectives selected to monitor progress are:

- 1.2. To increase to at least 50% the proportion of Kentuckians ages 18 and over who engage regularly in physical activity for at least 20 minutes 3 or more times per week.**
- 1.4. To increase to at least 20% the proportion of young people in grades K – 12 who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days.**

Overweight and Obesity

Overweight and obesity are major contributors to many preventable causes of death. On the average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades.

Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, Type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and endometrial, breast, prostate, and colon cancers. Obese individuals may also suffer from social stigmatization, discrimination, and lowered self-esteem.

Objectives selected to monitor progress are:

- 2.1. Increase to at least 50% the prevalence of healthy weight (defined as a body mass index (BMI) greater than 19.0 and less than 25.0) among all people aged 20 and older.**
- 2.2. Reduce to less than 15 percent the prevalence of BMI at or above 30.0 among people aged 20 and older.**
- 2.3. Reduce to 5 percent or less the prevalence of overweight and obesity (at or above the sex- and age-specific 95th percentile of BMI from the revised**

NCHS/CDC growth charts) in children (aged 1 – 5 and 6 – 11) and adolescents (aged 12 – 19).

Tobacco Use

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires – combined.

Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung diseases = all leading causes of death. Smoking during pregnancy can result in miscarriages, premature delivery, and sudden infant death syndrome.

No safe tobacco alternative to cigarettes exists. Spit tobacco causes cancer of the mouth, inflammation of the gums, and tooth loss. Cigar smoking causes cancer of the mouth, throat, and lungs and can increase the risk of heart disease and chronic lung problems.

Objectives selected to monitor progress are:

- 3.1. Reduce the proportion of adults (18 and older) who use tobacco products.**
- 3.6. Reduce the proportion of young people who have smoked cigarettes within the past 30 days.**
- 3.8. Increase to 32 percent the proportion of young people in grades 9 to 12 who have never smoked.**

Substance Abuse

Alcohol and illicit drug use are associated with many of this country's most serious problems, including violence, injury, and HIV infection. Alcohol and illicit drug use are associated with child and spousal abuse; sexually transmitted diseases, including HIV infection; teen pregnancy; school failure; motor vehicle crashes; escalation of health care costs; low worker productivity; and homelessness. Alcohol and illicit drug use also can result in substantial disruptions in family, work, and personal life.

The objectives selected to measure progress for this indicator are:

- 26.11. Reduce past-month use of alcohol among adolescents to no more than 30%.**
- 26.13. Reduce to no more than 10% the proportion of adolescents reporting marijuana use during the past 30 days.**
- 26.14. Reduce to no more than 2% the proportion of adolescents reporting use of illicit drugs other than marijuana during the past 30 days.**

26.18. (Developmental) Reduce by one-fourth the proportion of Kentuckians of all ages who report binge drinking within the past month.

Responsible Sexual Behavior

Unintended pregnancies and sexually transmitted disease (STDs), including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs.

Objectives selected to monitor progress are:

11.7. Increase by at least 10% the proportion of sexually active individuals, ages 15 – 19, who use barrier method contraception with or without hormonal contraception to prevent sexually transmitted disease and prevent pregnancy.

21.4. (Developmental) Increase proportion of sexually active unmarried people age 18 and older who reported that a latex condom was used at last sexual intercourse.

Mental Health

Mental health is a state of successful mental functioning, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and one's contribution to society.

Approximately 20 percent of the US population are affected by mental illness during a given year. No one is immune. Of all mental illnesses, depression is the most common disorder. Major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year.

The objective selected to monitor progress is:

23.2. Increase the number of adults with severe mental illness (SMI) who receive mental health services from Regional MH/MR Boards or their subcontractors to 30 percent.

Injury and Violence

More than 400 Americans die each day due primarily to motor vehicle crashes, firearms, poisonings, suffocation, falls, fires, and drowning. The risk of injury is so great that most persons sustain a significant injury at some time during their lives.

Motor vehicle crashes are the most common cause of serious injury. They are often predictable and preventable.

Because no other crime is measured as accurately and precisely, homicide is a reliable indicator of all violent crime.

Objectives selected to monitor progress are:

7.10. Reduce deaths caused by motor vehicle crashes to no more than 12 per 100,000 and 1 per million vehicle miles traveled.

7.19 Reduce homicides to less than 5 per 100,000 people.

Environmental Quality

Physical and social environments are major contributors to the health of individuals and communities. The physical environment includes the air, water, and soil, through which exposure to chemical, biological, and physical agents may occur. The social environment includes housing, transportation, urban development, land-use, industry, and agriculture and results in exposures such as work-related stress, injury, and violence.

Poor air quality contributes to respiratory illness, cardiovascular disease, and cancer. Millions of tons of toxic pollutants are released into the air each year from automobiles, industry, and other sources. Exposure to ETS, or secondhand smoke, among nonsmokers is widespread. Home and workplace environments are major sources of exposure.

Objectives selected to monitor progress are:

5.13. (Developmental) To reduce health effects due to air pollution.

3.16. Increase to 100% the proportion of worksites that prohibit smoking or limit it to separately ventilated areas.

Immunization

Vaccines are among the greatest public health achievements of the 20th century. Immunizations can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within communities.

Many once-common vaccine-preventable diseases are now controlled. Smallpox has been eradicated. Poliomyelitis has been eliminated from the Western Hemisphere. Measles cases in the United States are at a record low. Immunizations against influenza and pneumococcal disease can prevent serious illness and death.

Objectives selected to monitor progress are:

22.10. Achieve immunization coverage of at least 90% among children 19-35 months of age for the following:

- 4DtaP, 3 polio, 1MMR, 3 Hib, 3 hepatitis B
- 1 dose of varicella vaccine.

22.11. Achieve immunization coverage of 95% for children in licensed day care facilities and children in kindergarten for the following:

- Diphtheria-tetanus-pertussis (4 doses, at least 1 on or after age 4)
- Measles, mumps, rubella (2 doses for kindergarten, 1 dose for children over 16 months of age in day care)
- *Haemophilus influenzae* type b (if under 5 years of age)
- Hepatitis B (3 doses).

22.12. Increase to the following targets the rate of immunization coverage among the following adult groups:

<u>Group and Vaccine</u>	<u>2010 Target</u>
Noninstitutionalized adults 65 years of age or older	
Influenza vaccine	75%
Pneumococcal vaccine	70%
Institutionalized adults in long-term care or nursing homes	
Influenza vaccine	90%
Pneumococcal vaccine	90%

Access to Health Care

Health insurance provides access to health care. Persons with health insurance are more likely to have a primary care provider and to have received appropriate preventive care such as a recent Pap test, immunization, or early prenatal care.

Financial, structural, and personal barriers can limit access to health care. Financial barriers include not having health insurance, not having enough health insurance to cover needed services, or not having the financial capacity to cover services outside a health plan or insurance program. Structural barriers include the lack of primary care providers, medical specialists, or other health care professionals to meet special needs or the lack of health care facilities. Personal barriers include cultural or spiritual differences, language barriers, not knowing what to do or when to seek care, or concerns about confidentiality or discrimination.

Objectives selected to monitor progress are:

- 10.1. Reduce to zero the proportion of children and adults without health care coverage.**
- 10.6. Increase to at least 90% the proportion of people who have a specific source of ongoing primary care.**
- 12.9. Increase to at least 90% the proportion of all pregnant women who begin prenatal care in the first trimester of pregnancy.**