

21 Critical Health Objectives for Adolescents and Young Adults

The 21 Critical Health Objectives represent the most serious health and safety issues facing adolescents and young adults (aged 10 to 24 years): mortality, unintentional injury, violence, substance abuse and mental health, reproductive health, and the prevention of chronic diseases during adulthood. The table has been updated to include current data showing the progress of each objective.

Obj #	Objective	Baseline (year)	Midcourse (year)	2010 Target	National Source*
<u>16-03.</u> (a,b,c)	<u>Reduce deaths of adolescents and young adults.</u> 10- to 14- year-olds 15- to 19- year-olds 20- to 24- year-olds	1998	2004	(per 100,000) 16.5* 38.0* 41.5*	<u>NVSS</u> ¹ ; <u>NCIPC</u> ² , CDC
Unintentional Injury					
<u>15-15.</u> (a)	<u>Reduce deaths caused by motor vehicle crashes.</u> 15- to 24- year-olds	1999	2004	[1]	<u>NVSS</u> ; <u>FARS</u> ³ ; <u>NCIPC</u>
<u>26-01.</u> (a)	<u>Reduce deaths and injuries caused by alcohol-related motor vehicle crashes.</u> 15- to 24- year-olds	1998	2002	[1]	<u>FARS</u>
15-19.	Increase use of safety belts (always, almost always or sometimes wore a seat belt). 9 th –12 th grade students	1999	2005	92.0%	<u>YRBSS</u> ⁴
26-06.	Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol. 9 th –12 th grade students	1999	2005	30.0%	<u>YRBSS</u> ⁴
Violence					
<u>15-32.</u>	<u>Reduce homicides.</u> 10- to 14- year-olds 15- to 19- year-olds	1999	2004	[1]	<u>NVSS</u> ; <u>NCIPC</u>
15-38.	Reduce physical fighting among adolescents. (past year) 9 th –12 th grade students	1999	2005	32.0%	<u>YRBSS</u> ⁴
15-39.	Reduce weapon carrying by adolescents on school property. (past month) 9 th –12 th grade students	1999	2005	4.9%	<u>YRBSS</u> ⁴

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Substance Abuse and Mental Health					
26-11. (d)	Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. (past month) 12- to 17- year-olds	2002 [†]	2005	3.1%*	<u>NSDUH</u> ⁵
26-10. (b)	Reduce past-month use of illicit substances (marijuana). 12- to 17- year-olds	2002 [†]	2005	0.7%	<u>NSDUH</u> ⁵
<u>18-01.</u>	<u>Reduce the suicide rate.</u> 10- to 14- year-olds 15- to 19- year-olds	1999	2004	[1]	<u>NVSS: NCIPC</u>
18-02.	Reduce the rate of suicide attempts by adolescents that required medical attention. (past year) 9 th –12 th grade students	1999	2005	1.0%	<u>YRBSS</u> ⁴
06-02.	Reduce the proportion of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed. (past year) 4- to 17- year-olds	1997	2005	17.0%	<u>NHIS</u> ⁶
18-07.	Increase the proportion of children with mental health problems who receive treatment. (past year) 4- to 17- year-olds	2001 [†]	2005	66.0%	<u>NSDUH</u> (proposed)
Reproductive Health					
<u>09-07.</u>	<u>Reduce pregnancies among adolescent females.</u> 15- to 17- year-olds	1996 [†]	2002	43.0 per 1,000	<u>NVSS: National Survey of Family Growth (NSFG); Abortion Provider Survey, Alan Guttmacher Institute; CDC Abortion Surveillance</u>
<u>13-05.</u>	<u>(Developmental) Reduce the number of new cases of HIV/AIDS diagnosed among adolescents and adults.</u> 13- to 24- year-olds	1998	[2]	[3]	<u>HIV/AIDS Surveillance System</u> (proposed)

Obj #	Objective	Baseline (year)	Midcourse (year)	2010 Target	National Source*
25-01. (a,b,c)	<p>Reduce the proportion of adolescents and young adults with <i>Chlamydia trachomatis</i> infections. 15- to 24- year-olds</p> <p>Females attending family planning clinics</p> <p>Females attending sexually transmitted disease clinics</p> <p>Males attending sexually transmitted disease clinics</p>	1997	2004	3.0% 3.0% 3.0%	STD Surveillance System (STDSS) ⁷
25-11. (a,b,c)	<p>Increase the proportion of adolescents (9th–12th grade students) who:</p> <p>Have never had sexual intercourse</p> <p>If sexually experienced, are not currently sexually active (past three months)</p> <p>If currently sexually active, used a condom the last time they had sexual intercourse (past three months)</p>	1999	2005	56.0% 30.0% 65.0%	YRBSS ⁴
Chronic Diseases					
27-02. (a)	Reduce tobacco use by adolescents. (past month) 9 th –12 th grade students	1999	2005	21.0%	YRBSS ⁴
19-03. (b)	Reduce the proportion of children and adolescents who are overweight or obese. (past year) 12- to 19- year-olds	1988-94	2003-04	5.0%	NHANES ⁸
22-07.	Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. (past week) 9 th –12 th grade students	1999	2005	85.0%	YRBSS ⁴

Note: Critical health outcomes are underlined, and behaviors that substantially contribute to important health outcomes are in normal font.

* Target has been revised as of 2006.

† Baseline has been revised.

[1] 2010 target not provided for adolescent/young adult age group.

[2] Data not collected for specific population.

[3] Proposed baseline is shown but has not yet been approved by the *Healthy People 2010* Steering Committee.

[4] Developmental objective – baseline and 2010 target coming soon.

¹**NVSS-National Vital Statistics System** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS)

²**NCIPC-National Center for Injury Prevention and Control** CDC

³**FARS-Fatality Analysis Reporting System** Department of Transportation (DOT), National Highway Traffic Safety Administration (NHTSA)

⁴**YRBSS-Youth Risk Behavior Surveillance System**, CDC, National Center for Chronic Disease Prevention and Health Promotion

⁵**NSDUH-National Survey on Drug Use and Health** formerly called the National Household Survey on Drug Abuse (NHSDA)

⁶**NHIS-National Health Interview Survey** CDC, NCHS

⁷**STDS-STD Surveillance System**, CDC, National Center for HIV, STD, and TB Prevention

⁸**NHANES-National Health and Nutrition Examination Survey** CDC, NCHS

*Note: The sources used to determine the national baseline and 2010 targets are underlined.

Source: U.S. Department of Health and Human Services. *Healthy People 2010*. Volumes 1 and 2. Washington, DC: U.S. Government Printing Office, November 2000. This information can also be accessed at <http://wonder.cdc.gov/data2010/>.