CHAPTER 1

The National Initiative to Improve Adolescent Health by the Year 2010

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In this section, we review the origin of the National Initiative to Improve Adolescent Health by the Year 2010. First, we provide a brief history of* Healthy People 2010*, which is important for understanding the National Initiative; next, we elaborate on the National Initiative, the 21 Critical Objectives, and the strategies already in place to attain these objectives.

Healthy People 2010

Healthy People 2010 provides a comprehensive agenda for nationwide health promotion and prevention of disease, disability, and premature death; it serves as a road map for improving the health of all Americans during the first decade of the 21st century. A broad collaboration of governmental and nongovernmental organizations is committed to implementing *Healthy People 2010* at national, state, and local levels.

Healthy People 2010 builds upon initiatives pursued over the past two decades. In 1979, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* provided national goals for reducing premature deaths and preserving independence for older adults. The following year, another report, *Promoting Health/Preventing Disease: Objectives for the Nation*, set forth 226 targeted health objectives to be achieved over the next 10 years.

Healthy People 2000: National Health Promotion and Disease Prevention Objectives, released in 1990, identified goals and objectives for health improvement to be reached by 2000. *Healthy People 2010* continues this tradition as an instrument to improve the health of the nation in the first decade of the 21st century. *Healthy People 2010* is fundamental to the new prevention initiative, *Steps to a Healthier US*, which aims to reduce the major health burdens created by poor nutrition, physical inactivity, and tobacco use, as well as the following diseases: obesity, diabetes, asthma, cancer, heart disease, and stroke.

The Development of Goals and Objectives

A diverse range of people and organizations offered ideas and expertise in the development of *Healthy People 2010*:

- The Healthy People Consortium—an alliance of more than 350 national organizations and 250 state public health, mental health, substance abuse, and environmental agencies—conducted three national meetings on the development of *Healthy People 2010*.
- Many individuals and organizations gave testimony about health priorities at five *Healthy People 2010* regional meetings in late 1998.
- More than 11,000 comments on draft materials were received by mail or via the Internet from persons in every state, the District of Columbia, and Puerto Rico.

The final *Healthy People 2010* objectives, 467 in all, were developed by teams of experts from a variety of federal agencies and were coordinated by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services (DHHS).

A Systematic Approach to Health Improvement

Grounded in scientific and public health research, *Healthy People 2010* was built through public consensus and is designed to measure the Nation's progress. Simply put, *Healthy People 2010* is about improving health—the health of individuals, the health of communities, and the health of the nation. Its systematic approach to health improvement is founded on two goals:

Goal 1: Increase Quality and Years of Healthy Life

Goal 2: Eliminate Health Disparities

The Office of Disease Prevention and Health Promotion in DHHS will use the 467 objectives, which are grouped in 28 focus areas, to monitor the nation's progress in achieving these two overarching goals. The objectives include measures of health outcomes (e.g., number of deaths due to motor vehicle injury) and contributing behaviors (e.g., participation in regular physical activity). Others focus on broader issues, such as improving access to quality health care, strengthening public health services, and improving the availability and dissemination of health-related information. Each objective has a target for specific improvements to be achieved by the year 2010.

Healthy People 2010 Focus Areas

1. Access to Quality Health Services
2. Arthritis, Osteoporosis, and Chronic Back Conditions
3. Cancer
4. Chronic Kidney Disease
5. Diabetes
6. Disability and Secondary Conditions
7. Educational and Community-based Programs
8. Environmental Health
9. Family Planning
10. Food Safety
11. Health Communication
12. Heart Disease and Stroke
13. Human Immunodeficiency Virus
14. Immunization and Infectious Diseases
15. Injury and Violence Prevention
16. Maternal, Infant, and Child Health
17. Medical Product Safety
18. Mental Health and Mental Disorders
19. Nutrition and Overweight
20. Occupational Safety and Health
21. Oral Health
22. Physical Activity and Fitness
23. Public Health Infrastructure
24. Respiratory Diseases
25. Sexually Transmitted Diseases
26. Substance Abuse
27. Tobacco Use
28. Vision and Hearing

Background on the National Initiative

As part of the *Healthy People 2010* development process, an Adolescent Health Steering Committee was formed to provide expert guidance for developing and selecting objectives for adolescents and young adults (ages 10 to 24 years). The Steering Committee included experts in adolescent health from academic institutions, national and state professional organizations, and governmental agencies (see Appendix 1-1). The Steering Committee focused on accomplishing three main tasks: 1) to review and learn from the *Healthy People 2000* process; 2) to apply these lessons to the selection of the *Healthy People 2010* objectives for adolescents and young adults; and 3) to build a means for attaining critical *Healthy People 2010* objectives for adolescents and young adults.

By the conclusion of the *Healthy People 2010* development process, the Steering Committee had identified 107 of the 467 objectives as important for adolescents and young adults (see Appendix 1-2). A total of 21 were identified as Critical Health Objectives based on two criteria: they represented critical health outcomes or contributing behaviors, and state-level data were either available to measure them or soon would be. This second criterion was crucial because the active participation and leadership of states and local communities is needed if we expect to measure the progress they make in reducing adverse adolescent outcomes and health risk behaviors. The 21 Critical Health Objectives cover the areas of mortality, unintentional injury, violence, substance use and mental health, reproductive health, and the prevention of chronic disease during adulthood (see Table 1). These 21 Critical Health Objectives reflect the youth risk-taking behaviors addressed by *Steps to a Healthier US*, namely tobacco use, unhealthy dietary habits, inadequate physical activity, alcohol and other drug use, and behaviors that result in violence and unintentional injuries.

While developing and selecting the broader set of 107 objectives and identifying the 21 Critical Health Objectives, the Adolescent Health Steering Committee started developing a framework and coordinated approach to plan and implement activities we could pursue collectively as a nation to attain the 21 Critical Health Objectives; the National Initiative to Improve Adolescent Health by the Year 2010 was born of this dialogue. The National Initiative aims to achieve the 21 Critical Health Objectives at national, state, and local levels by mobilizing resources from public and private organizations. The Steering Committee envi-

Table 1

21 Critical Health Objectives for Adolescents and Young Adults*

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

Obj. #	Objective	Baseline (year)	2010 Target
16-03. (a,b,c)	Reduce deaths of adolescents and young adults.		
	10- to 14-year-olds	21.5 per 100,000 (1998)	16.8 per 100,000
	15- to 19-year-olds	69.5 per 100,000 (1998)	39.8 per 100,000
	20- to 24-year-olds	92.7 per 100,000 (1998)	49.0 per 100,000
Unintentional Injury			
15-15. (a)	Reduce deaths caused by motor vehicle crashes. 15- to 24-year-olds	25.6 per 100,000 (1999)	[1]
26-01. (a)	Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes. 15- to 24-year-olds	13.5 per 100,000 (1998)	[1]
15-19.	Increase use of safety belts. 9th-12th grade students	84% (1999)	92%
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. 9th-12th grade students	33% (1999)	30%
Violence			
18-01.	Reduce the suicide rate.		
	10- to 14-year-olds	1.2 per 100,000 (1999)	[1]
	15- to 19-year-olds	8.0 per 100,000 (1999)	[1]
18-02.	Reduce the rate of suicide attempts by adolescents that required medical attention. Grades 9-12	2.6% (1999)	1.0%
15-32.	Reduce homicides.		
	10- to 14-year-olds	1.2 per 100,000 (1999)	[1]
	15- to 19-year-olds	10.4 per 100,000 (1999)	[1]
15-38.	Reduce physical fighting among adolescents. Grades 9-12	36% (1999)	32%
15-39.	Reduce weapon carrying by adolescents on school property. Grades 9-12	6.9% (1999)	4.9%

Obj. #	Objective	Baseline (year)	2010 Target
Substance Use and Mental Health			
26-11. (d)	Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. 12- to 17-year-olds	7.7% (1998)	2.0%
26-10. (b)	Reduce past-month use of illicit substances (marijuana). 12- to 17-year-olds	8.3% (1998)	0.7%
06-02.	Reduce the proportion of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed. 4- to 17-year-olds	[2]	[2]
18-07.	(Developmental) Increase the proportion of children with mental health problems who receive treatment.	[3]	[3]
Reproductive Health			
09-07.	Reduce pregnancies among adolescent females. 15- to 17-year-olds	68 per 1,000 females (1996)	43 per 1,000
13-05.	(Developmental) Reduce the number of new HIV diagnoses among adolescents and adults. 13- to 24-year-olds	16,479 (1998) [4]	[3]
25-01. (a,b,c)	Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections. 15- to 24-year-olds		
	females attending family planning clinics	5.0% (1997)	3.0%
	females attending sexually transmitted disease clinics	12.2% (1997)	3.0%
	males attending sexually transmitted disease clinics	15.7% (1997)	3.0%
25-11.	Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active. Grades 9-12	85% (1999)	95%
Chronic Diseases			
27-02. (a)	Reduce tobacco use by adolescents. Grades 9-12	40% (1999)	21%
19-03. (b)	Reduce the proportion of children and adolescents who are overweight or obese. 12- to 19-year-olds	11% (1988-94)	5%
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. Grades 9-12	65% (1999)	85%

[1] 2010 target not provided for adolescent/young adult age group.
[2] Baseline and target inclusive of age groups outside of adolescent/young adult age parameters.
[3] Developmental objective – baseline and 2010 target to be provided by 2004.
[4] Proposed baseline is shown, but has not yet been approved by the *Healthy People 2010* Steering Committee.

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

sioned a collaborative, multifaceted effort involving key individuals and societal institutions (e.g., parents and families, schools, health care providers, community agencies that serve youth, faith-based organizations, media, postsecondary institutions, employers, and government agencies) that strongly influence the behavior and health of young people. Among the key partners of the National Initiative are the State Adolescent Health Coordinators and their formal network, a national network of public health professionals working in or with state Title V Maternal and Child Health or family health programs, and the Maternal and Child Health Bureau's Leadership Education in Adolescent Health (LEAH) program, which includes seven advanced interdisciplinary training projects sponsored by academic medical centers for adolescent health. National professional membership associations and other university-based grantees, such as the National Adolescent Health Information Center at University of California, San Francisco and the Konopka Institute at University of Minnesota, are also instrumental players in the National Initiative. (See Appendix 1-3 for a complete list of current key partners involved in the National Initiative.)

The National Initiative initially identified broad national strategies to help states and communities engage the societal institutions in attaining the 21 Critical Health Objectives. These strategies can be organized in four main groups, which are briefly described below. In addition, many other organizations are actively engaged in programs and projects that contribute to the National Initiative's goal of achieving the 21 Critical Health Objectives. A few examples of these programs and projects (and related resources) are also presented below. These examples are meant to illustrate the variety of strategies being used to achieve the 21 Critical Health Objectives. Chapter 8 provides a comprehensive listing of Federal organizations and their resources.

Current Strategies of the National Initiative

Analysis, Synthesis, and Application

Strategies include researching, assessing, and producing policy statements on various health outcomes.

- **Identify best policies, practices, and partners to attain the 21 Critical Health Objectives**—Academic institutions, national organizations, professional membership associations, and governmental agencies frequently distribute information and other resources that can be of great value to proponents of adolescent health. This strategy aims to ensure that our adolescent health partners would be able to implement, for example, relevant *Best Practices for Comprehensive Tobacco Control Programs* (prepared by the Centers for Disease Control and Prevention's [CDC] Office on Smoking and Health, 1999 [www.cdc.gov/tobacco/bestprac.htm]) and recommendations from *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001* (www.surgeongeneral.gov/topics/obesity).
- **Integrate youth development efforts**—A growing body of literature about the theory and application of youth development principles is fueling a new generation of youth-focused programs. Findings from the *National Longitudinal Study of Adolescent Health* and the National Academy of Sciences' *Community Programs to Promote Youth Development*, for example, suggest that addressing young people's developmental needs is important to their successful transition from adolescence to adulthood. Integrating youth development efforts will ensure that the National Initiative is concerned not only with individuals' attributes (such as knowledge and attitudes) and behaviors, but also with the social and environmental contexts that influence developmental factors important for growing into healthy and productive adults. This strategy also includes the synthesis of research about the effects of schools' psychosocial climates on health and education outcomes and offers practical recommendations to school administrators.

- **Implement and apply findings from *Healthy Passages: A Community-based Longitudinal Study of Adolescent Health*—** Currently in its first wave of data collection, *Healthy Passages* is designed to provide an empirical basis for the development of effective policies and programs to improve the health and development of children, adolescents, and adults. The hallmark of this study, which will identify factors that predict health risk behaviors and health outcomes by following a cohort of youth aged 10 to 20 years, will be the development of a knowledge base that can be used to translate research findings into intervention science for improving adolescent health across a broad range of societal in stitutions.
- **Work with the World Health Organization (WHO) to analyze and apply experience across nations to improve adolescent health—** As in the United States, nations around the world have been addressing adolescent health issues for many years. These international experiences will be very helpful to our understanding of effective programs, policies, and other strategies and, conversely, our experiences could be helpful to them. Several partners of the National Initiative have long-standing working relationships with WHO and will continue to stay apprised of relevant international adolescent health activities so that these efforts can inform the growth and development of the National Initiative.
- **Develop policy statements—** The American Academy of Pediatrics (AAP), the American Medical Association, the Society for Adolescent Medicine, and other professional societies have developed policy statements for many of the health issues addressed by the 21 Critical Health Objectives. These policy statements are research based and include the data that form the rationale for the stated policies. For example, the AAP policy statement *The Teenage Driver* provides data on teen motor vehicle-related injuries, describes the factors that put adolescents at greater risk for such injuries, and proposes strategies to prevent them. Such organizational strategies recommend educational, clinical, regulatory, and policy interventions. Most policy statements are available from organizational Web sites.

Enhancing Infrastructure

These activities are aimed at capacity building and promoting education and communication on adolescent health issues within National Initiative partner organizations.

- **Increase state core capacity in adolescent health program and service delivery—** The Maternal and Child Health Bureau developed a cooperative agreement program for a State Adolescent Health Resource Center for Maternal and Child Health (MCH) personnel to provide multidisciplinary training, technical assistance, and other resources for State Adolescent Health Coordinators and others at the state level involved in adolescent health program and service delivery. For example, in collaboration with the National Adolescent Health Information Center at University of California, San Franisco, the State Adolescent Health Resource Center for MCH Personnel* is writing a guidebook to help states develop strategic plans for adolescent health.
- **Convene all State Adolescent Health Coordinators every year—** The State Adolescent Health Coordinators Network has a leadership role in the National Initiative. The CDC has recently funded the annual meeting of the State Adolescent Health Coordinators to plan and implement programs and strategies for addressing the Critical Health Objectives. Along with regular meetings of the National Initiative's Steering Committee, this strategy allows for regular communication, updates, professional development, and strategic planning for attaining the 21 Critical Health Objectives.

* The grantee is the Konopka Institute for Best Practices in Adolescent Health (based at the University of Minnesota in Minneapolis).

- **Increase efforts of the nation's pediatricians**—The American Academy of Pediatrics focuses on increasing pediatricians' capacity to collaborate with other health care professionals, public health officials, and policy makers to achieve positive lifestyle behaviors among young people aged 10 to 24 by working with state chapters, other national organizations, and within the AAP internal structure to promote the National Initiative and increase awareness of the 21 Critical Health Objectives for adolescents and young adults.

Reporting on Progress Towards Improving Adolescent Health

These activities provide up-to-date information about indicators of adolescent health.

- **Publish the progress of states on the 21 Critical Health Objectives**—For this strategy, the CDC has taken the lead in developing and distributing a report presenting national- and state-level data on progress made toward achieving the Critical Health Objectives. These reports will be important for sustaining the attention and level of effort needed to achieve the Critical Health Objectives.
- **Publish state adolescent health performance measures**—The Maternal and Child Health Bureau has taken the lead in identifying the adolescent health performance measures used under the state Title V block grants and has started to align these measures with the 21 Critical Health Objectives. The potential reach and impact of the adolescent health performance measures and the Critical Health Objectives will be enhanced as they become more consistent and parallel over time.
- **Broadcast live to state departments of health the national *Healthy People 2010* progress reviews on adolescents and young adults**—As part of the *Healthy People* process, periodic progress reviews will be conducted during this decade to report progress in attaining all objectives for adolescents and young adults. As it did in 1998 for its review of the *Healthy People 2000* objectives, CDC will provide live satellite broadcasts to state departments of health and other adolescent health partners as a means to review objectives relevant to adolescents and young adults, with particular attention given to the 21 Critical Health Objectives. As before, participating sites will be encouraged to invite representatives from various sectors of societal institutions that are important to the support and development of healthy youth. Their participation will encourage the continued planning and implementation of actions needed to improve the health of young people.

Information and Resources

Information and resources include monographs and documents that summarize data, research, policies, programs, and other types of information relating to the 21 Critical Health Objectives.

- **Publish annual review of state health policies**—For the past 4 years, the National Conference of State Legislatures has produced a publication, *Adolescent Health Issues State Actions*, that reports legislative activities concerning adolescent health issues on a state-by-state basis. This document, which is a valuable policy-tracking tool for states and communities, is distributed to state government agencies and youth-serving organizations throughout the country.
- **Develop an online database of funding sources for adolescent health programs**—Formerly known as the *Adolescent and School Health Funding Database*, CDC's *Healthy Youth Funding Database* (*HY-FUND*) contains information on federal-, foundation-, and state-specific funding sources for adolescent and school health programs. The principal objective of the *HY-FUND* database is to share practical information with youth advocates and local communities about how they can acquire funds for developing and improving various components of adolescent and school health programs.

- **Develop a "Companion Document" on the National Initiative to Improve Adolescent Health by the Year 2010**—This document, which you are reading, provides an introduction and overview of adolescent health as well as background on the *Healthy People* initiative and the National Initiative to Improve Adolescent Health. It covers a variety of topics that are designed to provide concrete strategies and actions to achieve the 21 Critical Health Objectives. This document presents practical information that will help you begin, continue, and expand efforts to improve the health of young people in your community.
- **Produce resources for specific projects that may be useful to broader audiences**—The Association of State and Territorial Health Officials (ASTHO), for example, has an ongoing program to promote school health. Under this program, ASTHO has produced briefs summarizing research on the links between health status and academic performance. In addition, ASTHO has developed social marketing materials designed to engage more schools in health issues. Ready-to-use slide presentations have proven to be a particularly popular resource among health professionals working in schools. The American Medical Association (AMA) recently revised their publication of Healthy Youth 2010: Supporting the 21 Critical Health Objectives, which is a resource for physicians interested in actively supporting the national health objectives. The AMA has also developed many resources to support implementation of its Guidelines for Adolescent Preventive Services (GAPS). The preventive services outlined in GAPS pertain to many of the health issues addressed by the 21 Critical Health Objectives (e.g., pregnancy, substance abuse, and physical fitness). Among AMA's resources are a "lessons learned" monograph, which offers guidance for implementing GAPS programs, and a discussion guide for parents of young teens. The National Adolescent Health Information Center, supported by the Maternal and Child Health Bureau, offers several resources related to the National Initiative's goals. These include fact sheets on topics addressed by the 21 Critical Health Objectives (including violence, substance abuse, and injury), a monograph summarizing research and trends related to clinical preventive services, and the strategic plan guide book described earlier.

Summary

The National Initiative is an ambitious endeavor that challenges the nation to create new ideas, methods, and strategies to move forward in promoting adolescent health. To make improvements in the health of our nation's young people, relevant agencies will need to nurture and expand their partnerships, especially at the state and local levels. In addition, we need to be creative in working with the various societal institutions that influence the behaviors and health of youth. Many individuals, agencies, and organizations, along with youth and their families, need to be a part of a long-term dialogue to incorporate the best science, effective strategies, and resources into the National Initiative to Improve Adolescent Health by the Year 2010.

Appendix 1-1

National Initiative to Improve Adolescent Health by the Year 2010

Steering Committee

Agency for Healthcare Research and Quality

American Academy of Pediatrics

American Medical Association

Association of Maternal and Child Health Programs

Association of State and Territorial Health Officials

Centers for Disease Control and Prevention—Division of Adolescent and School Health

Centers for Disease Control and Prevention—National Center for Health Statistics

Child Trends, Inc.

Health Resources and Services Administration/Maternal and Child Health Bureau—Office of Adolescent Health

Institute for Youth Development

National Academies/Institute of Medicine

National Association of County and City Health Officials

National Conference of State Legislatures

National Institute of Child Health and Human Development

Office of Assistant Secretary for Planning and Evaluation, DHHS

Office of Disease Prevention and Health Promotion, DHHS

Office on Minority Health, DHHS

Office on Women's Health, DHHS

Society for Adolescent Medicine

State Adolescent Health Coordinators Network

Substance Abuse and Mental Health Services Administration

U.S. Department of Education/Office of Safe and Drug Free Schools

United Nations Children's Fund

University of California, San Francisco
National Adolescent Health Information Center

University of Minnesota, Konopka Institute
State Adolescent Health Resource Center for MCH Personnel

University of Vermont

William T. Grant Foundation

World Health Organization

Appendix 1-2

All 107 *Healthy People 2010* Objectives for Adolescents and Young Adults

(Presented by Focus Area. Shaded rows indicate a Critical Health Objective.)

1. Access to Quality Health Services	
01-04b.	Increase the proportion of persons who have a specific source of ongoing care. (baseline: 93%, target: 97% of 10- to 17-year-olds; baseline: not applicable, target: not applicable of 10- to 24-year-olds).
01-09a.	Reduce hospitalization rates for three ambulatory-care-sensitive conditions — pediatric asthma. (baseline: 23 per 100,000, target: 17 per 100,000).
3. Cancer	
03-09a.	(Developmental) Increase the proportion of adolescents who follow protective measures that may reduce the risk of skin cancer. Grades 9 through 12.
6. Disability and Secondary Conditions	
06-02.	Reduce the proportion of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed. 4- to 17-year-olds (baseline: 31% and target inclusive of age groups outside of adolescent/young adult age parameters).
06-09.	Increase the proportion of children and youth with disabilities who spend at least 80% of their time in regular education programs (*baseline*: 45% of 6- to 21-year-olds; target: 60%).
7. Educational and Community-based Programs	
07-01.	Increase high school completion. 18- to 24-year-olds (baseline: 85%; target: 90%).
07-02.	Increase the proportion of middle, junior high, 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 and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health (baseline: 28% for all components; target: 70%).
07-03.	Increase the proportion of college and university students who receive information from their institution on each of the six priority health-risk behavior areas (baseline: 6%; target: 25%).
07-04a.	Increase the proportion of the nation's elementary, middle, and high schools that have a nurse-to-student ratio of at least 1:750 (baseline: 28% for all middle/junior, and senior high schools; target: 50%).
8. Environmental Health	
08-20.	(Developmental) Increase the proportion of the nation's primary and secondary schools that have official school policies ensuring the safety of students and staff from environmental hazards, such as chemicals in special classrooms, poor indoor air quality, asbestos, and exposure to pesticides.
9. Family Planning	
09-01.	Increase the proportion of pregnancies that are intended (baseline: 22% for 15- to 19-year-olds, 42% for 20- to 24-year-olds; target: not set for specific age group).
09-02.	Reduce the proportion of births occurring within 24 months of a previous birth (*baseline*: 9%, *target*: 6% for 15- to 19-year-olds, baseline: 14%, target: 6% for 20- to 24-year-olds).
09-03.	Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception (baseline: 81%, target: 100% for 15- to 19-year-olds, baseline: 91% target: 100% for 20- to 24-year-olds).
09-07.	Reduce pregnancies among adolescent females (baseline: 68 per 1,000, target: 43 per 1,000 for 15- to 17-year-olds).

09-08.	Increase the proportion of adolescents who have never engaged in sexual intercourse before age 15 years (baseline: 81%, *target*: 88% for females aged 15 to 19 years, baseline: 79%, target: 88% for males aged 15 to 19 years).
09-09.	Increase the proportion of adolescents who have never engaged in sexual intercourse (baseline: 62%, target: 75% for females aged 15 to 17 years, baseline: 57%, target: 75% for males aged 15 to 17 years).
09-10.	Increase the proportion of sexually active, unmarried adolescents aged 15 to 17 years who use contraception that both effectively prevents pregnancy and provides barrier protection against disease (baseline: 7%, target: 9% for females, baseline: 8%, target: 11% for males).
09-11.	Increase the proportion of young adults who have received formal instruction before turning age 18 years on reproductive health issues, including all of the following topics: birth control methods, safer sex to prevent HIV, prevention of sexually transmitted diseases, and abstinence (aged 18 to 24 years) (baseline: 64%; target: 90%).
13. HIV	
13-05.	(Developmental) Reduce the number of cases of HIV infection among adolescents and adults.
13-06a.	Increase the proportion of sexually active persons who use condoms (aged 18 to 19 years) (baseline: 16%, target: 50% of unmarried Hispanic or Latina females, baseline: 31%, target: 50% of unmarried Black or African American females, baseline: 39%, target: 50% of unmarried White females).
14. Immunization and Infectious Disease	
14-03a.	Reduce hepatitis B (baseline: 24 per 100,000, *target*: 2.4 per 100,000 for 19- to 24-year-olds).
14-24b.	(Developmental) Increase the proportion of young children and adolescents who receive all vaccines that have been recommended for universal administration for at least 5 years. Data for specific population are not collected.
14-27 a,b,c,d.	Increase routine vaccination coverage levels of adolescents [13- to 1—years-old] (baseline: 48%, target: 90% for 3 or more doses hepatitis B, baseline: 89%, target: 90% for 2 or more doses MMR (measles, mumps, and rubella), baseline: 93%, target 90% for 1 or more doses tetanus-diphtheria booster, baseline: 45%, target: 90% for 1 or more doses Varicella.
15. Injury and Violence Prevention	
15-01.	Reduce hospitalization for nonfatal head injuries (baseline: 117.6 per 100,000, target: not applicable for male 15- to 24-year-olds).
15-05.	Reduce nonfatal firearm-related injuries (baseline: 143.8 per 100,000, target: not applicable for male 15- to 24-year-olds).
15-15a.	Reduce deaths caused by motor vehicle crashes (baseline: 25.6 per 100,000, target: not applicable for 15- to 24-year-olds).
15-16.	Reduce pedestrian deaths on public roads (baseline: 1.9 per 100,000, target: 1.0 per 100,000).
15-17.	Reduce nonfatal injuries caused by motor vehicle crashes (persons aged 16 to 20 years) (baseline: 3,116 per 100,000, target: not applicable for 16- to 20-year olds).
15-18.	Reduce nonfatal pedestrian injuries on public roads (baseline: 44 per 100,000 for 10- to 15-year-olds, 38 per 100,000 for 16- to 20-year-olds; targets: not applicable).
15-19.	Increase use of safety belts (baseline: 84%, target: 92% for 9th- through 12th- grade students).
15-21.	Increase the proportion of motorcyclists using helmets (baseline: 62%, target: 79% for 9th- through 12th- grade students).
15-22.	Increase the number of states (including District of Columbia) that have adopted a graduated driver licensing model law baseline: 23 states; target: all states (including District of Columbia).

15-24.	Increase the number of states (including District of Columbia) with laws requiring bicycle helmets for bicycle riders baseline: 10 states; target: all states (including District of Columbia).
15-29.	Reduce drownings (baseline: 1.0 per 100,000 for 10- to 14-year-olds, 2.2 per 100,000 for 15- to 19-year-olds; targets: not applicable).
15-31.	Increase the proportion of public and private schools that require use of appropriate head, face, eye, and mouth protection for students participating in school-sponsored physical activities. (baseline: 39%; target: 43%).
15-32.	Reduce homicides (baseline: 1.2 per 100,000 for 10- to 14-year-olds, 10.4 per 100,000 for 15- to 19-year-olds; targets: not applicable).
15-35.	Reduce the annual rate of rape or attempted rape (data do not meet the criteria for statistical reliability, data quality, or confidentiality).
15-37.	Reduce physical assaults (baseline: 70.5 per 1,000 for 12- to 15-year-olds, 76.8 per 1,000 for 16- to 19-year-olds, 56.0 per 1,000 for 20- to 24-year-olds; targets: not applicable).
15-38.	Reduce physical fighting among adolescents (baseline: 36% of 9th- through 12th- grade students; target: 32%).
15-39.	Reduce weapon carrying by adolescents on school property (baseline: 6.9% of 9th- through 12th- grade students; target: 4.9%).
16. Maternal, Infant, and Child Health	
16-03 a,b,c.	Reduce deaths of adolescents and young adults (baseline: 21.5 per 100,000 for 10- to 14-year-olds, 69.5 per 100,000 for 15- to 19-year-olds, 92.7 per 100,000 for 20- to 24-year-olds; target: 16.8 per 100,000 for 10- to 14-year-olds, 39.8 per 100,000 for 15- to 19-year-olds, 49.0 per 100,000 for 20- to 24-year-olds).
18. Mental Health and Mental Disorders	
18-01.	Reduce the suicide rate (baseline: 1.2 per 100,000 for 10- to 14-year-olds, 8.0 per 100,000 for 15- to 19-year-olds; targets: not applicable).
18-02.	Reduce the rate of suicide attempts by adolescents that required medical attention (baseline: 2.6% of 9th- through 12th- grade students; target: 1%).
18-05.	(Developmental) Reduce the relapse rates for persons with eating disorders, including anorexia nervosa and bulimia nervosa. Data for specific population are not collected.
18-07.	(Developmental) Increase the proportion of children with mental health problems who receive treatment. Data for specific population are not collected.
18-08.	(Developmental) Increase the proportion of juvenile justice facilities that screen new admissions for mental health problems. Data for specific population are not collected.
19. Nutrition and Overweight	
19-03b.	Reduce the proportion of children and adolescents who are overweight or obese (baseline: 11% for 12- to 19-year-olds; target: 5% for 12- to 19-year-olds).
19-05.	Increase the proportion of persons aged 2 years and older who consume at least 2 daily servings of fruit (baseline: 23%, target: 75% for 12- to 19-year-old females; baseline: 22%, target: 75% for 12- to 19-year-old males).
19-06.	Increase the proportion of persons aged 2 years and older who consume at least 3 daily servings of vegetables, with at least one-third being dark green or orange vegetables (baseline: 2%, target: 50% for 12- to 19-year-old females).
19-07.	Increase the proportion of persons aged 2 years and older who consume at least 6 daily servings of grain products, with at least 3 being whole grains (baseline: 6%, target: 50% for 12- to 19-year-old females; baseline: 9% , target: 50%for 12- to 19-year-old males).

19-08.	Increase the proportion of persons aged 2 years and older who consume less than 10% of calories from saturated fat (baseline: 34% for 12- to 19-year-old females, 27% for 12- to 19-year-old males).
19-09.	Increase the proportion of persons aged 2 years and older who consume no more than 30% of calories from fat (baseline: 36%, target: 75% for 12- to 19-year-old females; baseline: 30%, target: 75% for 12- to 19-year-old males).
19-10.	Increase the proportion of persons aged 2 years and older who consume 2,400 mg or less of sodium daily (baseline: 29%, target: 65% for 12- to 19-year-old females; baseline: 4%, target: 65% for 12- to 19-year-old males).
19-11.	Increase the proportion of persons aged 2 years and older who meet dietary recommendations for calcium (baseline: 19%, target: 75% for 9- to 19-year-old females; baseline: 52%, target: 75% for 9- to 19-year-old males).
19-15.	(Developmental) Increase the proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at schools contributes proportionally to good overall dietary quality. Data for specific population are not collected.
20. Occupational Safety and Health	
20-02h.	Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted work activity (baseline: 4.8 per 100; target: 3.4 per 100 full-time adolescent workers).
21. Oral Health	
21-01c.	Reduce the proportion of adolescents who have dental caries experience in their permanent teeth (baseline: 61% of 15-year-olds; target: 51% for 15-year-olds).
21-02c.	Reduce the proportion of adolescents with untreated dental decay in their permanent teeth (baseline: 20% of 15-year-olds; target: 15% for 15-year-olds).
21-08b.	Increase the proportion of children who have received dental sealants on their molar teeth (baseline: 15% of 14-year-olds; target: 50% for 14-year-olds).
21-12.	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year (baseline: 20%; target: 57%).
21-13.	(Developmental) Increase the proportion of school-based health centers with an oral health component. Data for specific population are not collected.
22. Physical Activity and Fitness	
22-01.	Reduce the proportion of adults who engage in no leisure-time physical activity (baseline: 31%, target: 20% for 18- to 24-year-olds).
22-02.	Increase the proportion of adults who engage regularly, preferably daily, in moderate and/or vigorous physical activity for at least 30 minutes per day (baseline: 17% for 18- to 24-year-olds).
22-03.	Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion (baseline: 32%, target: 30% for 18- to 24-year-olds).
22-04.	Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance (baseline: 28%, target: 30% for 18- to 24- year-olds).
22-05.	Increase the proportion of adults who perform physical activities that enhance and maintain flexibility (*baseline*: 36%, target: 43% for 18- to 24-year-olds).
22-06.	Increase the proportion of adolescents who engaged in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days (baseline: 27% for 9th- through 12th- grade students; target: 35%).
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 (baseline: 65% of 9th- through 12th- grade students; target: 85%).

22-08a,b.	Increase the proportion of the nation's public and private schools that require daily physical education for all students (baseline: 17% for middle/junior high schools, 2% for senior high schools; target: 25% for middle/junior high schools, 5% for senior high schools).
22-09.	Increase the proportion of adolescents who participate in daily school physical education (baseline: 29% of 9th through 12th grade students; target: 50%).
22-10.	Increase the proportion of adolescents who spend at least 50% of school physical education class time being physically active (baseline: 38% of 9th- through 12th- grade students; target 50%).
22-11.	Increase the proportion of children and adolescents who view television 2 or fewer hours per day (baseline: 57% of 9th- through 12th- grade students; target: 75%).
22-12.	Increase the proportion of the nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations (baseline: 35%, target: 50%).
24. Respiratory Diseases	
24-01b.	Reduce asthma deaths (4- to 15-year olds per million population baseline: 3.1, target: 1.0).
24-02b.	Reduce hospitalizations for asthma. Baseline and target not applicable.
24-03b.	Reduce hospital emergency department visits for asthma. Baseline and target not applicable.
24-04b.	Reduce activity limitations among persons with asthma. Baseline and target not applicable.
24-05.	(Developmental) Reduce the number of school or work days missed by persons with asthma due to asthma. Data for specific population are not collected.
25. Sexually Transmitted Diseases (STDs)	
25-01b,c.	Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections (*baseline*: 5% for 15- to 24-year-old females attending family planning clinics, 12.2% for 15- to 24-year-old females attending STD clinics, 15.7% for 15- to 24-year-old males attending STD clinics; *target*: 3.0% for 15- to 24-year-old females attending family planning clinics, 3.0% for 15- to 24-year-old females attending STD clinics, 3.0% for 15- to 24-year-old males attending STD clinics).
25-02.	Reduce gonorrhea (baseline: 512 per 100,000 target: not applicable for 15- to 24-year-olds).
25-03.	Eliminate sustained domestic transmission of primary and secondary syphilis gonorrhea (baseline: 3.2 per 100,000 target: 0.2 per 100,000 for 15- to 24-year-olds).
25-04.	Reduce the proportion of adults with genital herpes infection (baseline: 6%; target: not applicable for 12- to 19-year-olds).
25-05.	(Developmental) Reduce the proportion of persons with human papillomavirus (HPV) infection. Data for specific population are not collected.
25-07.	Reduce the number of childless females with fertility problems who have had a STD or who have required treatment for pelvic inflammatory disease (PID) (baseline: 23%; target: not applicable for 15- to 24-year-olds).
25-08.	(Developmental) Reduce HIV infections in adolescent and young adult females aged 13 to 24 years that are associated with heterosexual contact. Data for specific population are not collected.
25-11.	Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active (baseline: 85% of 9th- through 12th- grade students; target 95%).
25-14.	(Developmental) Increase the proportion of youth detention facilities and adult city or county jails that screen for common bacterial STDs within 24 hours of admission and treat STDs (when necessary) before persons are released. Data for specific population are not collected.
25-16.	(Developmental) Increase the proportion of sexually active females aged 25 years and under who are screened annually for genital chlamydia infections. Data for specific population are not collected.

26. Substance Use	
26-01a,b.	Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes (baseline: 13.5 alcohol-related motor vehicle fatalities per 100,000; target: not applicable for 15- to 24-year-olds).
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 (baseline: 33% of 9th through 12th graders; target: 30%).
26-09 a,b.	Increase the age and proportion of adolescents who remain alcohol and drug free (alcohol baseline: 13.1 years for average age of first use in 12- to 17-year- olds; alcohol target: 16.1 years; marijuana baseline: 13.7 years for average age of first use in 12- to 17-year-olds; marijuana target: 17.4 years).
26-10b.	Reduce past-month use of illicit substances (marijuana baseline: 8.3% for 12- to 17-year-olds; marijuana target: 0.7%).
26-11d.	Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (baseline: 7.7% for 12- to 17-year-olds; target: 2.0%).
26-14.	Reduce steroid use among adolescents (baseline: 1.7% for 12th- graders; target: 0.4%).
26-15.	Reduce the proportion of adolescents who use inhalants (baseline: 2.9% of 12- to 17-year-olds; target: 0.7%).
26-16.	Increase the proportion of adolescents who disapprove of substance abuse (baseline: 69% for 12th- graders; target: 83%).
26-17.	Increase the proportion of adolescents (aged 12 to 17) who perceive great risk associated with substance abuse (baseline: 47% for alcohol, 31% for marijuana, 54% for cocaine; target: 80% for alcohol, 80% for marijuana, 80% for cocaine).
27. Tobacco Use	
27-02a.	Reduce tobacco use by adolescents (baseline: 40% for 9th- through 12th- grade students; target: 21%).
27-03.	(Developmental) Reduce initiation of tobacco use among children and adolescents. Data for specific population are not collected.
27-04.	Increase the average age of first use of tobacco products by adolescents and young adults (baseline: 12 years for 12- to 17-year-olds, 15 years for 18- to 25-year-olds; target: 14 years for 12- to 17-year-olds, 17 years for 18- to 25-year-olds).
27-07.	Increase tobacco use cessation attempts by adolescent smokers (baseline: 61% for 9th- through 12th- grade students; target: 84%).
27-10.	Reduce the proportion of nonsmokers exposed to environmental tobacco smoke (baseline: 87%; target: 45% for 12- to 17-year-olds).
27-11.	Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events (baseline: 37% of middle, junior high, and senior high schools; target: 100% of middle, junior high, and senior high schools).
27-14.	Reduce illegal sales to minors through enforcement of laws prohibiting the sale of tobacco products to minors [baseline: 0 states; target: all states (including District of Columbia)].
27-15.	Increase the number of states (including District of Columbia) that suspend or revoke state retail licenses for violations of laws prohibiting the sale of tobacco to minors [baseline: 34 states; target: all states (including District of Columbia)].
27-16.	(Developmental) Eliminate tobacco advertising and promotions that influence adolescents and young adults. Data for specific population are not collected.
27-17c.	Increase adolescents' disapproval of smoking (baseline: 69% for 12th graders; target: 95%).

Appendix 1-3

Partners in the National Initiative to Improve Adolescent Health by the Year 2010

American Academy of Pediatrics

Association of Maternal and Child Health Programs

Centers for Disease Control and Prevention—Division of Adolescent and School Health

Health Resources and Services Administration/Maternal and Child Health Bureau (MCHB)—Office of Adolescent Health

Leadership Education in Adolescent Health Program
- Baylor College of Medicine
- Children's Hospital/Harvard Medical School
- Indiana University Medical Center
- University of Alabama at Birmingham
- University of California, San Francisco (UCSF), School of Medicine
- University of Minnesota, School of Medicine
- University of Rochester, School of Medicine

National Adolescent Health Information Center, UCSF

Partners in Program Planning for Adolescent Health Program
- American Academy of Pediatric Dentistry
- American Bar Association
- American College of Preventive Medicine
- American Dietetic Association
- American Medical Association
- American Nurses Association
- American School Health Association
- National Association of Social Workers

Public Policy Analysis & Education Center for Middle Childhood & Adolescent Health, UCSF

State Adolescent Health Resource Center for Maternal and Child Health Personnel/Konopka Institute, University of Minnesota

State Adolescent Health Coordinators Network