- 7-11. Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.
- 7-11aa. Tobacco use.

National Data Source	National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).
State Data Source	National Profile of Local Health Departments, National Association of County and Cit Health Officials (NACCHO).
Healthy People 2000 Objective	8.11 (Educational and Community-Based Programs).
Changes since the 2000 Publication	None.
Measure	Percent.
Baseline (Year)	24 (1996–97)
Target	50
Target-Setting Method	108 percent improvement.
	For a discussion of target-setting methods, see Part A, section 4.
Numerator	Number of local health departments that provided culturally and linguistically appropriate tobacco use programs to their jurisdiction in the past year.
Denominator	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Population Targeted	Not applicable.
Questions Used To Obtain the National Baseline Data	From the 1996–97 National Profile of Local Health Departments:

[NUMERATOR:]

In the past year, which of the following programs and interventions were provided in your jurisdiction, either directly by your local health department or through a contractual agreement with another organization?

[Programs:]

- (a) Physical activities and fitness
- (b) Nutrition
- (c) Tobacco
- (d) Alcohol and other drugs
- (e) Family Planning
- (f) Mental health and mental disorders
- (g) Violent and abusive behavior
- (h) Educational and community-based programs
- (i) Unintentional injuries
- (j) Occupational safety and health
- (k) Environment health
- (I) Food and drug safety
- (m) Oral health
- (n) Maternal and infant health
- (o) Heart disease and stroke
- (p) Cancer
- (q) Diabetes and chronic disabling conditions
- (r) HIV infections
- (s) Sexually transmitted diseases
- (t) Immunization and infectious diseases
- (u) Clinical preventive services
- (v) Surveillance and data systems
- (w) Other (specify)
- [Interventions:]
 - Informational Materials
 - (a) Print
 - (b) Audiovisual

Public Service Announcement

- (a) Radio
- (b) Television
- Internet
- Community Outreach

On-site

(a) Individual Instruction (b) Group Instruction Other (specify)

In the past year, which of the following programs and interventions listed above were adapted and/or provided to meet the special language needs of any racial/minority group you serve, either directly by your local health department of through a contractual agreement with another organization?

	 In the past year, which of the following programs and interventions listed above were adapted and/or provided to address the cultural differences of any racial/minority population you serve, either directly by your local health department of through a contractual agreement with another organization? [DENOMINATOR:] Please indicate the percentages of the racial composition of your jurisdiction. (a) Asian or Pacific Islander (b) American Indian, Alaska Native or Aleut (c) Black (d) White (e) Other
	 Please indicate the percentages of the <u>ethnic</u> <u>composition</u> of your jurisdiction. (a) Hispanic origin (b) Not of Hispanic origin (c) Unknown
Expected Periodicity	Periodic.
Comments	A local health department is classified as having a culturally appropriate and linguistically competent community program in the specific health area targeted by the objective if it indicated that in the past year: (1) it provided programs or interventions in the
	specific health area targeted by the objective (in the first question above);
	(2) the programs were adapted and/or provided to meet special language needs of racial/ethnic minorities (in the second question above); and,
	(3) the programs were adapted and/or provided to address cultural differences of racial/ethnic minorities (in the third question above).
	Local health departments eligible for inclusion in this objective are those for which either the American Indian/Alaska Native, Asian/Pacific Islander, black/African American, or Hispanic populations comprise at least 10 percent of the total population in their jurisdiction.
	This objective currently is being tracked in local health departments in which a racial or ethnic group constitutes at least 10 percent of the population. In future studies, by utilizing census data, local health

departments that serve communities in which at least 3,000 people in the county indicate that their primary language is other than English or a similar population meets the concentration standards of 1,000 in a single zip code or 1,500 in two contiguous zip codes also should be measured.

Culturally appropriate refers to an unbiased attitude and organizational policy that values cultural diversity in the population served; reflects an understanding of diverse attitudes, beliefs, behaviors, practices, and communication patterns that could be attributed to race, ethnicity, religion, socioeconomic status, historical and social context, physical or mental ability, age, gender, sexual orientation, or generations and acculturation status; an awareness that cultural differences may affect health and the effectiveness of health care delivery; and knowledge of disease prevalence in specific cultural populations, whether defined by race, ethnicity, socioeconomic status, physical or mental ability, gender, sexual orientation, age, disability, or habits.

Linguistically competent refers to skills to communicate effectively in the native language or dialect of the targeted population, taking into account general educational level, literacy, and language preferences.

In 1996–97, 161 local health departments reported that a program or intervention in the area of tobacco use was provided to its jurisdiction.

Objective 7-11 is similar to Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that had established culturally and linguistically appropriate community health promotion programs. There are minor variations in the lists of programs tracked by objectives 7-11 and 8.11.

See Part C for a description of NPLHD and Appendix A for focus area contact information.