



# Statistical Notes

From the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics

## Operational Definitions for Year 2000 Objectives: Priority Area 21, Clinical Preventive Services

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### Introduction

*Healthy People 2000*, with its Midcourse Revisions, presents 319 objectives to improve the health of Americans by the year 2000 (1,2). Because these objectives are national, not solely Federal, the achievement of these objectives is dependent in part on the ability of health agencies at all levels of government to assess objective progress. To permit comparison of local and State health data with national data and that of other States and localities, *Healthy People 2000* objective 22.3 targets the development, dissemination, and use of collection methods that improve comparability among data collected by all levels of government. The objective states:

Develop and disseminate among Federal, State, and local agencies procedures for collecting comparable data for each of the year 2000 national health objectives and incorporate these into Public Health Service data collection systems.

Achieving this objective entails determining and defining the information needed to measure progress toward each national health objective. The purpose of this *Statistical Note* is to provide definitions and data collection specifications for objectives in Priority Area 21, Clinical Preventive Services, 1 of 22 priority areas of *Healthy People 2000*.

[Table 1](#) is a data comparability worktable presenting the operational definition (numerator and denominator where applicable) for the objectives, national data source, and a brief description of data issues. [Table 2](#) includes the wording for questionnaire items utilized for objectives assessed by survey format. Because the Primary Care Provider Survey is complex, [figure 1](#) is a graphic of the questionnaire sections relevant to the objectives discussed in this publication. Full text of the objectives for Priority Area 21 can be found in [appendix A](#). Additional references for expanded discussions of the data systems are provided in [appendix B](#).

### Acknowledgment

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**Table 1. Objective definitions, data sources, and issues for Healthy People 2000 Priority Area 21, Clinical Preventive Services**

Objective	Measure	Operational definition		Healthy People 2000 data source	Data issues
		Numerator	Denominator		
<p><b>21.1 Years of healthy life</b></p> <p><i>Special populations:</i></p> <ul style="list-style-type: none"> <li>a. Blacks</li> <li>b. Hispanics</li> <li>c. People aged 65 and over</li> </ul>	Years of healthy life	<p>Years of healthy life is a summary measure of health that combines mortality and health-related quality of life into a single measure.</p> <p>Health-related quality of life (HRQL) (self-perceived health status and limitation of activity) from NHIS; life expectancy from NVSS.</p> <p>See <a href="#">table 2</a> for survey questions.</p>	Not applicable.	NHIS, CDC, NCHS, NVSS, CDC, NCHS.	<p>For complete discussion of methodology and data issues for years of healthy life, see Erickson P, Wilson R, and Shannon I (3).</p> <p>HRQL data for institutionalized persons (those in correctional facilities, nursing homes, long-term stay hospitals, and residential care facilities) and those serving the Armed Forces were not directly available when the measure was constructed. Consequently, these population groups were assigned HRQL values based on existing information and assumptions about their activity limitations and perceived health.</p> <p>The six levels of activity limitation (not limited, limited in other activities, limited in major activity, unable to perform major activity, instrumental activities of daily living, and activities of daily living) are defined using the questions in <a href="#">table 2</a>. For details on the six categories, see Erickson P, Wilson R, and Shannon I (3).</p>
<p><b>21.2 Receipt of recommended services</b></p> <p><i>Children 19–35 months:</i></p> <ul style="list-style-type: none"> <li>– Basic immunization series</li> <li>– Hepatitis B</li> <li>– Haemophilus influenza B</li> </ul> <p><i>Adults:</i></p> <ul style="list-style-type: none"> <li>– Routine checkup</li> <li>– Cholesterol checked in last 5 years</li> <li>– Cholesterol ever checked</li> <li>– Cholesterol checked in last 2 years</li> <li>– Tetanus booster in last 10 years</li> <li>– Pneumococcal vaccine in lifetime</li> <li>– Influenza vaccine in last 12 months</li> <li>– Pap test in last 3 years</li> <li>– Breast examination and mammogram in past 2 years</li> <li>– Counseling services</li> </ul> <p><i>Selected population subgroups for each service are listed by service in <a href="#">Appendix A</a>.</i></p>	Percent	<p>Number of persons reporting receipt of specified clinical preventive services as recommended by the U.S. Preventive Services Task Force (4).</p> <p>See <a href="#">table 2</a> for survey questions.</p> <p>For list of counseling services, see <a href="#">table 2</a>.</p>	Number of persons in specified group.	<p><i>Childhood Immunization:</i> NIS, CDC, NIP, NHIS, NCHS.</p> <p><i>Adult Immunizations:</i> NHIS, CDC, NCHS.</p>	<p>Civilian noninstitutionalized population only.</p> <p>For persons 18 years and over, includes only services received during routine checkups.</p> <p>For persons 18–64 years, routine checkups in the past 3 years are included. For persons 65 years and over, the routine checkup had to be in the last year. For persons 18–64 years of age, counseling by a clinician is defined as having been asked a screening question in the past 3 years on at least one of the following: diet; physical activity; tobacco use; alcohol use; drug use; sexually transmitted diseases; or, for people under 50 years, contraceptive use. For persons 65 years or over, counseling by a clinician is defined as having been asked a screening question in the past year on at least one of the following: diet, physical activity, tobacco use, alcohol use, or drug use.</p> <p>Objective was revised in 1995 to assess receipt of individual services, rather than a complete set. Targeted age groups were also modified. The measure for children aged up to 24 months was revised to track 19–35 months. The revised age range allows comparability with the National Immunization Survey, which also collects State-level data and complements NHIS.</p> <p>Basic immunization series is four diphtheria-tetanus-pertussis (DTP) shots, three polio vaccines and one measles-mumps-rubella (MMR) shot. NHIS is used to adjust NIS for households without telephones.</p> <p>For complete explanation of childhood immunizations calculations, contact NIP (404) 639–8235.</p> <p>Persons with disabilities are defined as self-reported “inability to perform major activity,” “able to perform major activity but in a limited way,” or “not limited in a major activity but limited in kind and amount of other activities.” See Adams and Marano (5) for list of age-appropriate major activities. See activity limitation questions in <a href="#">table 2</a>, listed under objective 21.1.</p> <p>Selected population subgroups that have greater than 10 percent disparity with the total population are tracked for each service. Subgroups include race, ethnicity, disability status, and socioeconomic status.</p>

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Objective	Measure	Operational definition		Healthy People 2000 data source	Data issues
		Numerator	Denominator		
<p><b>21.3 Access to primary care</b></p> <p><i>Special populations:</i></p> <ul style="list-style-type: none"> <li>a. Hispanics                             <ul style="list-style-type: none"> <li>Mexican Americans</li> </ul> </li> <li>b. Blacks</li> <li>c. People with low income<sup>a</sup></li> <li>d. American Indians/Alaska Natives</li> <li>e. Asians/Pacific Islanders</li> </ul>	Percent	<p>Number of persons 18 years and over reporting a specified source of ongoing primary care.</p> <p>See <a href="#">table 2</a> for survey questions.</p>	<p>Number of persons in specified group.</p>	NHIS, CDC, NCHS.	<p>Civilian noninstitutionalized population only.</p> <p>Data are available only for ages 18 years and over.</p> <p>A source of primary care is defined as a doctor's office or private clinic, company or school health clinic/center, community/migrant/rural clinic/center, county/city/public hospital outpatient clinic, HMO (health maintenance organization)/prepaid group, psychiatric hospital or clinic, VA (Veteran's Administration) hospital or clinic, military health care facility, or some other place that is specified. Emergency room is not included as a specific source of care.</p>
<p><b>21.4 Financial barriers to receipt of clinical preventive services</b></p> <p><i>Special populations:</i></p> <ul style="list-style-type: none"> <li>a. American Indians/Alaska Natives</li> <li>b. Hispanics                             <ul style="list-style-type: none"> <li>Mexican Americans</li> <li>Puerto Ricans</li> <li>Cubans</li> </ul> </li> <li>c. Blacks</li> </ul>	Percent	<p>Proportion of persons under 65 years of age without health care coverage (age adjusted).</p> <p>See <a href="#">table 2</a> for survey questions.</p> <p>If person does not report coverage and indicates "unknown" for either private health insurance or Medicaid, person considered "unknown."</p>	<p>Number of persons in specified group.</p>	NHIS, CDC, NCHS.	<p>Civilian noninstitutionalized population only.</p> <p>Data are age adjusted to the 1970 civilian noninstitutionalized U.S. population using age groups: under 15, 15–44, and 45–64 years. For more information on age adjustment, see <i>Health United States, 1998</i> (8).</p> <p>Health care coverage includes any type of health insurance or health care plan, including those obtained by employment, direct purchase, and government programs (see <a href="#">table 2</a> for survey questions).</p> <p>Data provide only a partial measure since many health insurance plans do not provide full coverage for preventive health care.</p>
<p><b>21.5 Clinical preventive services from publicly funded programs</b></p> <ul style="list-style-type: none"> <li>– Screening</li> <li>– Counseling</li> <li>– Immunizations</li> </ul>	Percent	<p>Number of eligible people reported to have been offered clinical preventive services by the following publicly funded programs:</p> <ul style="list-style-type: none"> <li>– Indian Health Service</li> <li>– Department of Veterans Affairs</li> <li>– Head Start</li> <li>– Office of Population Affairs, Family Planning</li> <li>– Adolescent Family Life</li> <li>– Community/Migrant Health Centers</li> </ul>	<p>Total number of people eligible for clinical preventive services from the publicly funded program.</p>	<p>Baseline: SFP, HRSA, OPEL.</p> <p>BPHCS, HRSA, OPEL.</p> <p>Updates for Community/Migrant Health Centers: User and Visit Survey, HRSA, OPEL.</p>	<p>Eligibility is program-specific and is determined by each publicly funded program.</p> <p>Does not include services covered indirectly through Medicare and Medicaid programs.</p>

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Objective	Measure	Operational definition		Healthy People 2000 data source	Data issues
		Numerator	Denominator		
<p><b>21.6 Provision of recommended services by primary care providers</b></p> <p><i>For children:</i></p> <ul style="list-style-type: none"> <li>– Hemoglobin/hematocrit</li> <li>– Eye examination</li> <li>– Blood pressure</li> <li>– Height and weight</li> <li>– DTP vaccination</li> <li>– Oral polio vaccination</li> <li>– Tetanus-diphtheria booster</li> <li>– Hib vaccination</li> </ul> <p><i>For adults:</i></p> <ul style="list-style-type: none"> <li>– Tetanus-diphtheria booster</li> <li>– Influenza vaccination</li> <li>– Pneumococcal vaccination</li> <li>– Blood pressure</li> <li>– Cholesterol level</li> <li>– Breast examination (by clinician)</li> <li>– Pap smear</li> <li>– Mammogram</li> </ul>	Percent	<p>Number of clinicians within a specific discipline who reported providing specified services to 81–100 percent of their patients according to schedules outlined in the <i>Guide to Clinical Preventive Services</i> (4).</p> <p>See <a href="#">figure 1</a> for survey questionnaire.</p>	<p>Number of clinicians within a specific discipline who responded to the survey</p>	PCPS, OPHS, ODPHP.	<p>Data were collected through five separate surveys. Response rates varied from 50–80 percent across provider groups (6).</p> <p>It is not possible to combine data from the five clinician organizations (American Academy of Family Physicians, American Academy of Pediatricians, American College of Obstetricians and Gynecologists, American College of Physicians, and the National Association of Nurse Practitioners) into one measure.</p>
<p><b>21.7 Local health department (LHD) assurance of access to essential clinical preventive services</b></p> <p>Proportion of people served</p>	Percent	<p>Number of local health departments that</p> <ul style="list-style-type: none"> <li>– assess the extent to which screening, immunization, and counseling services are provided to the local population.</li> <li>– collect data to document the number of providers of clinical preventive services in their jurisdiction.</li> <li>– evaluate whether gaps exist between available clinical preventive services and the need for those services.</li> <li>– provide clinical preventive services to fill gaps (in those LHD's that evaluate gaps).</li> </ul> <p>See <a href="#">table 2</a> for survey questions.</p>	<p>Total number of LHD's participating in survey.</p>	NPLHD, NACCHO.	<p>LHD is defined as an administrative service unit of local or state government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than a State.</p> <p>Objective is stated in terms of proportion of people served; proxy data track the proportion of LHD's.</p> <p>Because survey required 2 years to complete, data are reported as 1992–1993, but reflect only one 12-month period (7).</p>

**Table 1. Objective definitions, data sources, and issues for Healthy People 2000 Priority Area 21, Clinical Preventive Services—Con.**

Objective	Measure	Operational definition		Healthy People 2000 data source	Data issues
		Numerator	Denominator		
<b>21.8 Race/ethnic minority representation in health professions</b>  Degrees awarded to: – Blacks – Hispanics – American Indians/Alaska Natives  a. Enrolled in schools of nursing – Blacks – Hispanics – Asians/Pacific Islanders – American Indians/Alaska Natives	Percent	Number of degrees awarded to members of underrepresented minorities.	Total number of degrees awarded in health professions and allied and associated health profession fields.	MWHF, HRSA.	Underrepresented minorities are defined as groups consistently below parity in most health professions and allied and associated health profession fields.  Asians/Pacific Islanders include individuals educated in this country before enrollment.  For Asians/Pacific Islanders, foreign-educated enrollees are not included.
		Number of persons of specified under-represented minorities registered for enrollment in fall academic year.	Total number of persons registered for enrollment in fall academic year.		

**NOTES:**

<sup>9</sup>People with low income are defined as having a total family income below 150 percent of Census poverty level threshold. Income thresholds are based on family size and composition and are updated annually to reflect changes in the Consumer Price Index (8).

**Data system abbreviations:**

BPHCS	Bureau of Primary Health Care Survey
MWHF	Minorities and Women in the Health Fields
NDS	Nursing Data Source
NHIS	National Health Interview Survey
NIS	National Immunization Survey
NPLHD	National Profile of Local Health Departments
NVSS	National Vital Statistics System
PCPS	Primary Care Provider Survey
SFP	Survey of Federal Programs

**Agency/organization abbreviations:**

CDC	Centers for Disease Control and Prevention
HRSA	Health Resources and Services Administration
NACCHO	National Association of County and City Health Officials
NCHS	National Center for Health Statistics
NIP	National Immunization Program
NLN	National League for Nursing
ODPHP	Office of Disease Prevention and Health Promotion
OPEL	Office of Program Evaluation and Legislation
OPHS	Office of Public Health and Science

**Other abbreviations:**

DTP	Diphtheria-tetanus-polio
Hib	Haemophilus influenza B
LHD	Local health department

**Table 2. Objectives in Priority Area 21: Clinical preventive services, measured by survey questions**

Objective	Survey questions	Most recent source
<b>21.1 Years of Healthy Life</b>	<p>Would you say your health in general is excellent, very good, good, fair, or poor?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Excellent</li> <li><input type="checkbox"/> Very good</li> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Fair</li> <li><input type="checkbox"/> Poor</li> <li><input type="checkbox"/> Don't know</li> </ul> <p>Limitation of activity questions: Under 5 years of age:</p> <p>Is (<i>child</i>) able to take part AT ALL in the usual kinds of activities done by most children (<i>his/her</i>) age? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Is (<i>child</i>) limited in the kind OR amount of play activities (<i>he/she</i>) can do because of any impairment or health problem? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Ages 5–17 years:</p> <p>Does any impairment or health problem NOW keep (<i>read name</i>) from attending school? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Does (<i>read name</i>) attend a special school or special classes because of any impairment or health problem? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Does (<i>read name</i>) need to attend a special school or special classes because of any impairment or health problem? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Is (<i>read name</i>) limited in school attendance because of health? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Ages 18–64 years<sup>b</sup>:</p> <p>Does any impairment or health problem NOW keep (<i>read name</i>) from working at a job or business? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Does any impairment or health problem NOW keep (<i>read name</i>) from doing any housework at all? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Is (<i>read name</i>) limited in the kind OR amount of work (<i>he/she</i>) can do because of any impairment or health problem? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Is (<i>read name</i>) limited in the kind OR amount of housework (<i>he/she</i>) can do because of any impairment or health problem? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Ages 65 and over:</p> <p>Because of an impairment or health problem, does (<i>read name</i>) need the help of other persons with (<i>his/her</i>) personal care needs, such as eating, bathing, dressing, or getting around this home? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Because of an impairment or health problem, does (<i>read name</i>) need the help of other persons in handling (<i>his/her</i>) routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>All ages:</p> <p>Is (<i>read name</i>) limited in ANY WAY in any activities because of an impairment or health problem? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>1996 NHIS Core</p> <p>1996 NHIS Core NHIS was redesigned in 1997. There may be comparability issues with limitation of activity questions in the redesigned survey.</p>
<b>21.2 Receipt of recommended services</b>	<p>Shot record available:</p> <p>Looking at the shot record, please tell me how many times (<i>child</i>) has received (<i>vaccine</i>):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> a DPT or DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)</li> <li><input type="checkbox"/> a polio vaccine (pink drops) or a polio shot</li> <li><input type="checkbox"/> a measles or MMR (measles-mumps-rubella) shot</li> <li><input type="checkbox"/> an H-I-B shot (this is for meningitis and is called <i>haemophilus influenzae</i> H-I-B vaccine, or H flu vaccine)</li> <li><input type="checkbox"/> a hepatitis B shot</li> </ul> <p>Shot record unavailable:</p> <p>Has (<i>child</i>) ever received an immunization (that is a shot or drops)?</p> <p>Has (<i>child</i>) ever received (<i>vaccine</i>)?</p> <p>How many (<i>vaccine</i>) shots did (<i>child</i>) ever receive?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> a DPT or DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)</li> <li><input type="checkbox"/> a polio vaccine (pink drops) or a polio shot</li> <li><input type="checkbox"/> a measles or MMR (measles-mumps-rubella) shot</li> <li><input type="checkbox"/> an H-I-B shot (this is for meningitis and is called <i>haemophilus influenzae</i> H-I-B vaccine, or H flu vaccine)</li> <li><input type="checkbox"/> a hepatitis B shot</li> </ul>	<p>1995 NIS, NIP</p> <p>1995 NHIS Immunization Supplement</p>

**Table 2. Objectives in Priority Area 21: Clinical preventive services, measured by survey questions—Con.**

Objective	Survey questions	Most recent source
<b>21.2 Receipt of recommended services—continued</b>		
<p>Adults 18 years and over</p> <p>– Routine checkup: Adults 65 years and over</p>	<p>About how long has it been since your last routine checkup by a medical doctor or other health professional?</p>	<p>1994 NHIS Healthy People 2000 Supplement</p>
<p>– Cholesterol checked in last 5 years</p> <p>– Cholesterol ever checked</p> <p>– Cholesterol checked in last 2 years</p>	<p>When was the last time you had your blood cholesterol checked by a doctor or other health professional?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Less than 1 year ago</p> <p><input type="checkbox"/> 1 year, less than 2</p> <p><input type="checkbox"/> 2 years, less than 5</p> <p><input type="checkbox"/> 5 or more</p> <p><input type="checkbox"/> Don't know</p>	<p>1993 NHIS Healthy People 2000 Supplement</p>
<p>– Tetanus booster in last 10 years</p>	<p>During the past 10 years, have you had a tetanus shot?</p>	<p>1995 NHIS Healthy People 2000 Supplement</p>
<p>– Pneumococcal vaccine in lifetime (people 65 years and over)</p>	<p>Have you ever had a pneumonia vaccination? This shot is usually only given once in a person's lifetime and is different from the flu shot.</p>	<p>1995 NHIS Healthy People 2000 Supplement</p>
<p>– Influenza vaccine in last 12 months (people 65 years and over)</p>	<p>During the past 12 months, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.</p>	<p>1995 NHIS Healthy People 2000 Supplement</p>
<p>– Pap test in last 3 years (women 18 years and over)</p>	<p>About how long has it been since your last pap smear test? Was it within the past year, between 1 and 3 years ago, or over 3 years ago?</p> <p><i>Read if necessary:</i> A pap smear is a routine gynecologic test in which the doctor examines the cervix and sends a cell sample to the lab.</p> <p><input type="checkbox"/> Never had a pap smear test</p> <p><input type="checkbox"/> Within the past year</p> <p><input type="checkbox"/> 1–3 years ago</p> <p><input type="checkbox"/> Over 3 years ago</p>	<p>1994 NHIS Healthy People 2000 Supplement</p>
<p>– Breast examination and mammogram in past 2 years (women 50 years and over)</p>	<p>A breast physical exam is when the breast is felt for lumps by a doctor or other health professional. About how long has it been since you had a breast physical exam done?</p> <p><input type="checkbox"/> Never had a breast physical exam</p> <p><input type="checkbox"/> Within the past year</p> <p><input type="checkbox"/> 1–2 years ago</p> <p><input type="checkbox"/> Over 2 years ago</p> <p>About how long has it been since you had a mammogram?</p> <p><i>Read if necessary:</i> A mammogram is an x ray taken only of the breasts by a machine that presses the breast against a plate.</p> <p><input type="checkbox"/> Never had a mammogram</p> <p><input type="checkbox"/> Within the past year</p> <p><input type="checkbox"/> 1–2 years ago</p> <p><input type="checkbox"/> Over 2 years ago</p>	<p>1994 NHIS Healthy People 2000 Supplement</p>
<p>– Asked at least one screening question at routine checkup (18 years and over)</p>	<p><i>The next set of questions are about medical checkups and routine tests.</i></p> <p>During your last checkup were you asked about:</p> <p>Your diet and eating habits?</p> <p>The amount of physical activity or exercise you get?</p> <p>Whether you smoke cigarettes or use forms of tobacco?</p> <p>How much and how often you drink alcohol?</p> <p>Whether you use marijuana, cocaine, or other drugs?</p> <p>If less than 65: Sexually transmitted diseases?</p> <p>If less than 50: The use of contraceptives?</p>	<p>1994 NHIS Healthy People 2000 Supplement</p>

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Objective	Survey questions	Most recent source
<b>21.3 Access to primary care</b>	<p>Is there a place that you usually go when you are sick or need advice about your health?</p> <p>What kind of place is it: A clinic, doctor's office, emergency room, or some other place?</p> <p><input type="checkbox"/> Hospital emergency room</p> <p><input type="checkbox"/> Urgent care/walk-in clinic</p> <p><input type="checkbox"/> Doctor's office</p> <p><input type="checkbox"/> Clinic</p> <p><input type="checkbox"/> Health center</p> <p><input type="checkbox"/> Hospital outpatient clinic</p> <p><input type="checkbox"/> HMO (health maintenance organization)/pre-paid group</p> <p><input type="checkbox"/> Military or other VA health care facility</p> <p><input type="checkbox"/> Some other place</p>	1995 NHIS Access to Care Supplement
<b>21.4 Financial barriers to receipt of clinical preventive services</b>	<p>Questions are asked about all members of the household who were under 65 years.</p> <p><i>The next set of questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes (read family members' names including Armed Forces members living at home).</i></p> <p>In (<i>month</i>), was anyone in the family (<i>read names</i>) covered by Medicare? Who was covered? Anyone else?</p> <p>There is a program called Medicaid that pays for health care for persons in need. In this State, it is also called (<i>State name</i>). During the past 12 months has anyone in the family received health care that has been or will be paid for by Medicaid or (<i>State name</i>)? Who received this care in the past 12 months? Anyone else?</p> <p>In (<i>month</i>), was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is the only source of care. Who was covered? Anyone else?</p> <p>In (<i>month</i>), was anyone in the family covered by military health care, including Armed Forces retirement benefits, the VA (Department of Veteran Affairs), CHAMPUS, or CHAMP-VA?</p> <p><i>Read if necessary:</i> CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.</p> <p>Who was covered by CHAMPUS or CHAMP-VA? Anyone else? Who was covered by other military health care? Anyone else?</p> <p>In (<i>month</i>), was anyone covered by the Indian Health Service? Who was covered? Anyone else?</p> <p>Not counting the government programs we just mentioned: In (<i>month</i>), was anyone in the family covered by a private health insurance plan?</p> <p><i>Read if necessary:</i> Besides government programs, people also get health insurance through their job or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including health maintenance organizations (HMO's).</p> <p>It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the plan? In (<i>month</i>) was anyone in the family covered by any OTHER private health insurance plan?</p>	1995 NHIS Health Care Coverage Supplement



**Table 2. Objectives in Priority Area 21: Clinical preventive services, measured by survey questions—Con.**

<i>Objective</i>	<i>Survey questions</i>	<i>Most recent source</i>
<p><b>21.7 Local health department (LHD) assurance of access to essential clinical preventive services.</b></p> <p>Number of local health departments that:</p> <ul style="list-style-type: none"> <li>– assess the extent to which screening, immunization, and counseling services are provided to the local population.</li> <li>– collect data to document the number of providers of clinical preventive services in their jurisdiction.</li> <li>– evaluate whether gaps exist between available clinical preventive services and the need for those services.</li> <li>– provide clinical preventive services to fill gaps (in those LHD's that evaluate gaps).</li> </ul>	<p>Does your LHD assess the extent to which screening, immunization, and counseling services (components of clinical preventive services) are provided to the local population?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>Does your LHD collect data to document the number of providers of clinical preventive services in your jurisdiction? For example, do you monitor whether clinical preventive services are offered by private providers, publicly funded clinics, and hospital outpatient centers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>Does your LHD evaluate to determine whether a gap exists between available clinical preventive services and a need for those services in its jurisdiction?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If yes, does the LHD provide clinical preventive services programs to fill in the gaps they uncover in the analysis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	1992–93 NPLHD

<sup>b</sup>These questions are also asked of persons 5–64 years if reported unable or limited in major activity.

**Data system abbreviations:**

BPHCS	Bureau of Primary Health Care Survey
MWHF	Minorities and Women in the Health Fields
NDS	Nursing Data Source
NHIS	National Health Interview Survey
NIS	National Immunization Survey
NPLHD	National Profile of Local Health Departments
NVSS	National Vital Statistics System
PCPS	Primary Care Provider Survey
SFP	Survey of Federal Programs

**Agency/organization abbreviations:**

CDC	Centers for Disease Control and Prevention
HRSA	Health Resources and Services Administration
NACCHO	National Association of County and City Health Officials
NCHS	National Center for Health Statistics
NIP	National Immunization Program
NLN	National League for Nursing
ODPHP	Office of Disease Prevention and Health Promotion
OPEL	Office of Program Evaluation and Legislation
OPHS	Office of Public Health and Science

**Other abbreviations:**

DTP	Diphtheria-tetanus-polio
Hib	Haemophilus influenza B
LHD	Local health department

## References

1. U.S. Department of Health and Human Services. Healthy people 2000: National health promotion and disease prevention objectives. Washington: Public Health Service. 1991.
2. U.S. Department of Health and Human Services. Healthy people 2000 midcourse review and 1995 revisions. Washington: Public Health Service. 1995.
3. Erickson P, Wilson R, Shannon I. Years of Healthy Life. Healthy People 2000 Statistical Notes (7). Hyattsville, Maryland: National Center for Health Statistics. April 1995.
4. U.S. Preventive Services Task Force. Guide to clinical preventive services, 2d ed. Baltimore: Williams and Wilkins. 1996.
5. Adams PF, Marano MA. Current estimates from the National Health Interview Survey, 1994. National Center for Health Statistics. Vital Health Stat 10(193). 1995.
6. National Center for Health Statistics. Healthy People 2000 Review, 1997. Hyattsville, Maryland: Public Health Service. 1997. p. 195.
7. National Association of County and City Health Officials. 1992–1993 National Profile of Local Health Departments (1995). Washington, D.C.
8. National Center for Health Statistics. Health, United States, 1998. Appendix II. Hyattsville, Maryland: Public Health Service. 1998.

# APPENDIX A

## Full text of objectives

### Clinical Preventive Services Objectives

#### 21.1\*: Increase years of healthy life to at least 65 years.

NOTE: Years of healthy life (also referred to as quality-adjusted life years) is a summary measure of health that combines mortality (quantity of life) and morbidity and disability (quality of life) into a single measure.

#### Duplicate objectives: 8.1 and 17.1

**21.1a\*:** Increase years of healthy life among blacks to at least 60 years.

#### Duplicate objectives: 8.1 and 17.1a

**21.1b\*:** Increase years of healthy life among Hispanics to at least 65 years.

#### Duplicate objectives: 8.1b and 17.1b

**21.1c\*:** Increase years of healthy life among people aged 65 years and older to at least 14 years remaining.

#### Duplicate objectives: 8.1c and 17.1c

**21.2: Increase the proportion of people who have received selected clinical preventive screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Services Task Force.**

<i>Receipt of selected clinical preventive and counseling services</i>	<i>Year 2000 target (percent)</i>
<b>Children 19–35 months</b>	
■ Basic Immunization Series . . . . .	90
<input type="checkbox"/> DTP (3 doses or more)	
<input type="checkbox"/> Polio (3 doses or more)	
<input type="checkbox"/> Measles/Mumps/Rubella (1 dose)	
<input type="checkbox"/> Haemophilus influenza B (3 doses or more)	
<input type="checkbox"/> Hepatitis B (3 doses or more)	
<input type="checkbox"/> 4DTP/3Polio/1MMR	
<b>Adults 18 years and over</b>	
■ Routine check up . . . . .	91
<input type="checkbox"/> Adults 65 years and over	
■ Cholesterol checked in last 5 years . . . . .	75
■ Cholesterol ever checked . . . . .	75
<input type="checkbox"/> People with low income	
<input type="checkbox"/> Blacks	
<input type="checkbox"/> Hispanics	
<input type="checkbox"/> American Indians/Alaska Natives	
■ Cholesterol check in last 2 years . . . . .	75
<input type="checkbox"/> People with low income	
<input type="checkbox"/> Hispanics	
<input type="checkbox"/> Asians/Pacific Islanders	
<input type="checkbox"/> American Indians/Alaska Natives	
■ Tetanus booster in last 10 years . . . . .	62
<input type="checkbox"/> Adults 65 years and over	
<input type="checkbox"/> Hispanics	
<input type="checkbox"/> Asians/Pacific Islanders	
<input type="checkbox"/> People with disabilities	

■ Pneumococcal vaccine in lifetime (ages 65 years and over) . . . . .	60
<input type="checkbox"/> People with low income	
<input type="checkbox"/> Blacks	
<input type="checkbox"/> Hispanics	
<input type="checkbox"/> Asians/Pacific Islanders	
■ Influenza vaccine in last year (ages 65 years and over) . . . . .	60
<input type="checkbox"/> People with low income	
<input type="checkbox"/> Blacks	
<input type="checkbox"/> Hispanics	
<input type="checkbox"/> Asians/Pacific Islanders	
■ Pap test in last 3 years . . . . .	85
<input type="checkbox"/> Women 65 years and over	
<input type="checkbox"/> Asians/Pacific Islanders	
<input type="checkbox"/> American Indians/Alaska Natives	
<input type="checkbox"/> Women with disabilities	
■ Breast examination and mammogram in past 2 years . . . . .	60
<input type="checkbox"/> Women 65 years and over	
<input type="checkbox"/> Women with low income	
<input type="checkbox"/> Asians/Pacific Islanders	
<input type="checkbox"/> American Indians/Alaska Natives	
■ Counseling services . . . . .	80
<input type="checkbox"/> Women aged 65 years and over	
<input type="checkbox"/> Asians/Pacific Islanders	

**21.3: Increase to at least 95 percent the proportion of people who have a specific source of ongoing primary care for coordination of their preventive and episodic health care.**

**21.3a:** Increase to at least 95 percent the proportion of Hispanics and the proportion of Mexican Americans who have a specific source of ongoing primary care for coordination of their preventive and episodic health care.

**21.3b:** Increase to at least 95 percent the proportion of blacks who have a specific source of ongoing primary care for coordination of their preventive and episodic health care.

**21.3c:** Increase to at least 95 percent the proportion of low-income people who have a specific source of ongoing primary care for coordination of their preventive and episodic health care.

**21.3d:** Increase to at least 95 percent the proportion of American Indians and Alaska Natives who have a specific source of ongoing primary care for coordination of their preventive and episodic health care.

**21.3e:** Increase to at least 95 percent the proportion of Asians and Pacific Islanders who have a specific source of ongoing primary care for coordination of their preventive and episodic health care.

**21.4: Improve financing and delivery of clinical preventive services so that virtually no American has a financial barrier to receiving, at a minimum, the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force.**

**21.4a:** Decrease to 0 percent the proportion of American Indians and Alaska Natives under 65 years without health care coverage.

**21.4b:** Decrease to 0 percent the proportion of Hispanics under 65 years, and Mexican Americans, Puerto Ricans, and Cubans under 65 years without health care coverage.

**21.4c:** Decrease to 0 percent the proportion of blacks under 65 years without health care coverage.

**21.5: Ensure that at least 90 percent of people for whom primary care services are provided directly by publicly funded programs are offered, at a minimum, the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force.**

NOTE: Publicly funded programs that provide primary care services directly include federally funded programs such as the Maternal and Child Health Program, Community and Migrant Health Centers, and the Indian Health Service as well as primary care service settings funded by State and local governments. This objective does not include services covered indirectly through the Medicare and Medicaid programs.

**21.6: Increase to at least 50 percent the proportion of primary care providers who provide their patients with the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force.**

**21.7: Increase to at least 90 percent the proportion of people who are served by a local health department that assesses and assures access to essential clinical preventive services.**

NOTE: Local health department refers to any local component of the public health system, defined as an administrative and service unit of local or State government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than a State.

**21.8: Increase the proportion of all degrees in the health professions and allied and associated health profession fields awarded to members of underrepresented racial and ethnic minority groups as follows:**

<i>Degrees awarded to:</i>	<i>Year 2000 Target (percent)</i>
■ Blacks . . . . .	8.0
■ Hispanics . . . . .	6.4
■ American Indians and Alaska Natives . . . . .	0.6

**21.8a:** Increase the proportion of individuals from underrepresented racial and ethnic minority groups enrolled in U.S. schools of nursing.

<i>Proportion enrolled in fall academic year</i>	<i>Year 2000 Target (percent)</i>
■ Blacks . . . . .	10
■ Hispanics . . . . .	4
■ Asians and Pacific Islanders . . . . .	5
■ American Indians and Alaska Natives . . . . .	1

**\*Duplicate objective.**

## APPENDIX B

### Bibliography for major *Healthy People 2000* data systems

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#### General:

- Kovar MG. Data Systems of the National Center for Health Statistics. *Vital Health Stat* 1(23). 1989.
- National Center for Health statistics. Health, United States, 1995. Hyattsville, Maryland: Public Health Service. 1996. Appendix I.

#### National Health and Nutrition Examination Survey (including HHANES):

- McDowell A, et al. Plan and operation of the second National Health and Nutrition Examination Survey, 1976–80. National Center for Health Statistics. *Vital Health Stat* 1(15). 1981.
- Maurer KR. Plan and operation of the Hispanic Health and Nutrition Examination Survey, 1982–84. *Vital Health Stat* 1(19). 1985.
- Plan and operation of the third National Health and Nutrition Examination Survey, 1988–94. National Center for Health Statistics. *Vital Health Stat* 1(32). 1994.
- Ezzati TM, et al. Sample design: Third National Health and Nutrition Examination Survey. National Center for Health Statistics. *Vital Health Stat* 2(113). 1992.

#### National Survey of Family Growth:

- Waksberg J, Sperry S, Judkins D, Smith V. National Survey of Family Growth, Cycle IV, evaluation of linked design. National Center for Health Statistics. *Vital Health Stat* 2(117). 1993.
- Judkins DR, Mosher WD, Botman S. National Survey of Family Growth: Design, estimation, and inference. National Center for Health Statistics. *Vital Health Stat* 2(109). 1991.
- Waksberg J and Northrup DR. Integration of sample design for the National Survey of Family Growth, cycle 4, with the National Health Interview Survey. *Vital Health Stat* 2(96). 1985.

#### National Health Interview Survey:

- Massey JT, Moore TF, Parsons VL, Tadros W. Design and estimation for the National Health Interview Survey, 1985–94. National Center for Health Statistics. *Vital Health Stat* 2(110). 1989.
- Questionnaires from the National Health Interview Survey, 1985–89. National Center for Health Statistics. *Vital Health Stat* 1(31). 1993.
- National Center for Health Statistics. Current estimates from the National Health Interview Survey. National Center for Health Statistics. *Vital Health Stat* 10. Published annually.

#### National Hospital Discharge Survey:

- Simmons WR, Schnack GA. Development of the design of the NCHS Hospital Discharge Survey. *Vital Health Stat* 2(39). 1970.
- Haupt BJ, Kozak LJ. Estimates from two survey designs: National Hospital Discharge Survey. National Center for Health Statistics. *Vital Health Stat* 13(111). 1992.
- National Center for Health Statistics. Detailed diagnoses and procedures, National Hospital Discharge Survey. National Center for Health Statistics. *Vital Health Stat* 13. Published annually.

#### National Vital Statistics System:

- National Center for Health Statistics. *Vital Statistics of the United States*. Volume I. Natality and Volume II. Mortality. Hyattsville, Maryland: National Center for Health Statistics. Published annually.
- National Center for Health Statistics. Advanced report of final natality statistics and Advanced report of final mortality statistics. MVSRS, supp. Hyattsville, Maryland: National Center for Health Statistics. Published annually.

#### National Notifiable Disease Surveillance System:

- Centers for Disease Control and Prevention. Summary of notifiable diseases, United States. *Morbidity and Mortality Weekly Report*. Published annually.

#### Youth Risk Behavior Survey:

- Kann L, Lobbe LJ, Collins JL (eds.). Measuring the health behavior of adolescents: The Youth Risk Behavior Surveillance System and recent reports on high-risk adolescents. *Public Health Reports* 108 (Supp. 1):1–67. 1993.

#### School Health Policies and Programs Study:

- Errecart MT, Ross JG, Robb W, et al. The School Health Policies and Programs Study (SHPPS): Methodology. *J of School Health* 8(65):295–301. 1995.

**Figure 1. Primary Care Provider Survey questions**

Below is a list and schedule of basic screening and immunization services for asymptomatic, normal-risk patients. Please place an “X” in the box on the right that best estimates the percentage of your asymptomatic, normal-risk patients of the appropriate age and sex that receive each screening or immunization service *at least as often as specified in the schedule*.

If you do not have patients in the relevant age group or to whom the particular preventive service applies, please answer “NA” (not applicable).

Screening or immunization service	Schedule	Estimated percentage of your asymptomatic, normal-risk patients receiving this service at least as often as in this schedule (Check one box only)					
		Percent					
		0–20	21–40	41–50	51–80	81–100	NA
<b>Children Only (age 18 years)</b>							
Hemoglobin/Hematocrit	Once, before 1 year of age						
Eye Examination (for strabismus and amblyopia)	Once, between 3–4 years of age						
Blood Pressure	At regular intervals beginning at 3 years of age						
Height and Weight	At regular intervals for children of all ages						
Diphtheria-Tetanus-Pertussis Vaccination	Four vaccinations before age 2 years						
Oral Polio Vaccination	Three vaccinations before age 2 years						
Tetanus-Diphtheria Booster	Once, between ages 14–16 years						
<i>Haemophilus influenzae</i> type b Vaccination	Complete primary series before age 2 years						
<b>Adults</b>							
Tetanus-Diphtheria Booster	Every 10 years						
Influenza Vaccination	Every year, beginning at age 65 years						
Pneumococcal Vaccination	Once, at age 65 years						
Blood Pressure	At regular intervals						
Cholesterol Level	At regular intervals						
Breast Examination (by clinician)	Women, every year beginning at age 40 years						
Pap Smear	Women, every 1–3 years						
Mammogram	Women, every year beginning at age 50 years						

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