

## Healthy People 2020 Summary of Objectives

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### **Educational and Community-Based Programs**

<b>Number</b>	<b>Objective Short Title</b>
ECBP-1	Preschool health education
ECBP-2	School health education
ECBP-3	School health education standards
ECBP-4	School health education on personal growth and wellness
ECBP-5	School nurse-to-student ratio
ECBP-6	High school completion activities
ECBP-7	Health-risk behavior information in higher education
ECBP-8	Worksite health promotion programs
ECBP-9	Participation in employer-sponsored health promotion
ECBP-10	Community-based primary prevention services
ECBP-11	Culturally appropriate community health programs
ECBP-12	Clinical prevention and population health training - M.D.-granting medical schools
ECBP-13	Clinical prevention and population health training - D.O.-granting medical schools
ECBP-14	Clinical prevention and population health training - undergraduate nursing
ECBP-15	Clinical prevention and population health training - nurse practitioner
ECBP-16	Clinical prevention and population health training - physician assistant

## **Topic Area: Educational and Community-Based Programs**

**ECBP–1:** (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in the following areas: unintentional injury; violence; tobacco use and addiction; alcohol and drug use, unhealthy dietary patterns; and inadequate physical activity, dental health, and safety.

**ECBP–1.1** All priority areas.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health.

**ECBP–1.2** Unintentional injury.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health.

**ECBP–1.3** Violence.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health.

**ECBP–1.4** Tobacco use and addiction.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health.

**ECBP–1.5** Alcohol and other drug use.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health.

**ECBP–1.6** Unhealthy dietary patterns.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health.

**ECBP–1.7** Inadequate physical activity.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health.

**ECBP–1.8** Dental and oral health.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.

**ECBP–1.9 Safety.**

Potential data source: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.

**ECBP–2:** Increase the proportion of elementary, middle, 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 or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.

**ECBP–2.1 All priority areas.**

Target: 28.2 percent.

Baseline: In 2006, 25.6 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent health problems in all priority areas.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–2.2 Unintentional injury.**

Target: 89.9 percent.

Baseline: In 2006, 81.7 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent unintentional injury.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–2.3 Violence.**

Target: 90.1 percent.

Baseline: In 2006, 81.9 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent violence.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–2.4 Suicide.**

Target: 48.3 percent.

Baseline: In 2006, 43.9 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent suicide.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–2.5 Tobacco use and addiction.**

Target: 89.1 percent.

Baseline: In 2006, 81.0 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent tobacco use and addiction.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–2.6 Alcohol and other drug use.**

Target: 90.0 percent.

Baseline: In 2006, 81.7 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent alcohol and other drug use.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–2.7 Unintended pregnancy, HIV/AIDS, and STD infection.**

Target: 43.2 percent.

Baseline: In 2006, 39.3 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent unintended pregnancy, HIV/AIDS and STD infection.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–2.8 Unhealthy dietary patterns.**

Target: 92.7 percent.

Baseline: In 2006, 84.3 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent unhealthy dietary patterns.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–2.9** Inadequate physical activity.

Target: 87.1 percent.

Baseline: In 2006, 79.2 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent inadequate physical activity.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–3:** Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives that address the knowledge and skills articulated in the National Health Education Standards (high school, middle, elementary).

**ECBP–3.1** Comprehending concepts related to health promotion and disease prevention (knowledge).

Target: 100 percent.

Baseline: In 2006, 97.2 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed the comprehension of concepts related to health promotion and disease prevention (knowledge) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–3.2** Accessing valid information and health promoting products and services (skills).

Target: 100 percent.

Baseline: In 2006, 86.1 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed accessing valid information and health promoting products and services (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–3.3** Advocating for personal, family, and community health (skills).

Target: 100 percent.

Baseline: In 2006, 92.1 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed advocating for personal, family, and community health (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–3.4** Analyzing the influence of culture, media, technology, and other factors on health (skills).

Target: 100 percent.

Baseline: In 2006, 85.4 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed analyzing the influence of culture, media, technology, and other factors on health (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–3.5** Practicing health-enhancing behaviors and reducing health risks (skills).

Short title: Practicing healthy behaviors.

Target: 100 percent.

Baseline: In 2006, 98.9 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed practicing health-enhancing behaviors and reducing health risks (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–3.6** Using goal-setting and decision-making skills to enhance health (skills).

Short title: Goal-setting to enhance health.

Target: 100 percent.

Baseline: In 2006, 95.9 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed using goal-setting and decision-making skills to enhance health (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–3.7** Using interpersonal communication skills to enhance health (skills).

Target: 100 percent.

Baseline: In 2006, 94.2 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed using interpersonal communication skills to enhance health (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–4:** Increase the proportion of elementary, middle, and senior high schools that provide school health education to promote personal health and wellness in the following areas: hand washing or hand hygiene; oral health; growth and development; sun safety and skin cancer prevention; benefits of rest and sleep; ways to prevent vision and hearing loss; and the importance of health screenings and checkups.

**ECBP–4.1** Hand washing or hand hygiene.

Target: 91.7 percent.

Baseline: In 2006, 83.4 percent of elementary, middle, and senior high schools provided school health education in hand washing or hand hygiene to promote personal health and wellness.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–4.2** Dental and oral health.

Target: 71.3 percent.

Baseline: In 2006, 64.8 percent of elementary, middle, and senior high schools provided school health education in dental and oral health.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–4.3** Growth and development.

Target: 83.6 percent.

Baseline: In 2006, 76.0 percent of elementary, middle, and senior high schools provided school health education in growth and development to promote personal health and wellness.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–4.4** Sun safety or skin cancer prevention.

Target: 79.6 percent.

Baseline: In 2006, 72.4 percent of elementary, middle, and senior high schools provided school health education in sun safety or skin cancer prevention to promote personal health and wellness.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–4.5** Benefits of rest and sleep.

Target: 99.2 percent.

Baseline: In 2006, 90.2 percent of elementary, middle, and senior high schools provided school health education on the benefits of rest and sleep to promote personal health and wellness.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–4.6** Ways to prevent vision and hearing loss.

Target: 54.3 percent.

Baseline: In 2006, 49.4 percent of elementary, middle, and senior high schools provided school health education on ways to prevent vision and hearing loss to promote personal health and wellness.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP–4.7** Importance of health screenings and checkups.

Target: 66.7 percent.

Baseline: In 2006, 60.6 percent of elementary, middle, and senior high schools provided school health education on the importance of health screenings and checkups to promote personal health and wellness.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP-5:** Increase the proportion of the Nation's elementary, middle, and senior high schools that have a full-time registered school nurse-to-student ratio of at least 1:750.

**ECBP-5.1** All elementary, middle, and senior high schools.

Target: 44.7 percent.

Baseline: In 2006, 40.6 percent of all elementary, middle, and senior high school had a nurse-to-student ratio of at least 1:750.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP-5.2** Senior high schools.

Target: 36.9 percent.

Baseline: In 2006, 33.5 percent of all senior high school had a nurse-to-student ratio of at least 1:750.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP-5.3** Middle schools.

Target: 48.3 percent.

Baseline: In 2006, 43.9 percent of all middle schools had a nurse-to-student ratio of at least 1:750.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP-5.4** Elementary schools.

Target: 45.5 percent.

Baseline: In 2006, 41.4 percent of all elementary schools had a nurse-to-student ratio of at least 1:750.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

**ECBP-6:** Increase the proportion of the population that completes high school education.

Target: 97.9 percent.

Baseline: In 2007, 89.0 percent of persons aged 18 to 24 years old had completed high school.

Target setting method: 10 percent improvement.

Data source: Current Population Survey, U.S. Department of Commerce, Bureau of the Census.

**ECBP-7:** Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas (all priority areas; unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity).

**ECBP- 7.1** (Developmental) All priority areas.

Potential data source: National College Health Assessment, American College Health Association.

**ECBP-7.2** Unintentional injury.

Target: 30.0 percent.

Baseline: In 2009, 27.3 percent of college and university students received health-risk behavior information on unintentional injury from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

**ECBP-7.3** Violence.

Target: 37.7 percent.

Baseline: In 2009, 34.3 percent of college and university students received health-risk behavior information on violence from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

**ECBP-7.4** Suicide.

Target: 32.1 percent.

Baseline: In 2009, 29.2 percent of college and university students received health-risk behavior information on suicide from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

**ECBP–7.5** Tobacco use and addiction.

Target: 36.7 percent.

Baseline: In 2009, 33.4 percent of college and university students received health-risk behavior information on tobacco use and addiction from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

**ECBP–7.6** Alcohol and other drug use.

Target: 72.8 percent.

Baseline: In 2009, 66.2 percent of college and university students received health-risk behavior information on alcohol and other drug use from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

**ECBP–7.7** Unintended pregnancy.

Target: 43.9 percent.

Baseline: In 2009, 39.9 percent of college and university students received health-risk behavior information on unintended pregnancy from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

**ECBP–7.8** HIV, AIDS and STD infection.

Target: 57.8 percent.

Baseline: In 2009, 52.5 percent of college and university students received health-risk behavior information on HIV/AIDS and STD infection from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

**ECBP–7.9** Unhealthy dietary patterns.

Target: 57.2 percent.

Baseline: In 2009, 52.0 percent of college and university students received health-risk behavior information on unhealthy dietary patterns from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

**ECBP–7.10** Inadequate physical activity.

Target: 61.6 percent.

Baseline: In 2009, 56.0 percent of college and university students received health-risk behavior information on inadequate physical activity from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

**ECBP–8:** (Developmental) Increase the proportion of worksites that offer an employee health promotion program to their employees.

**ECBP–8.1** Worksites with fewer than 50 employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

**ECBP–8.2** Worksites with 50 or more employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

**ECBP–8.3** Worksites with 50 to 99 employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

**ECBP–8.4** Worksites with 100 to 249 employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

**ECBP–8.5** Worksites with 250 to 749 employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

**ECBP–8.6** Worksites with 750 or more employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

**ECBP–9:** (Developmental) Increase the proportion of employees who participate in employer-sponsored health promotion activities.

Potential data source: National Survey of Employer-Sponsored Health Plans.

**ECBP–10:** Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in the following areas:

**ECBP–10.1** Injury.

Target: 84.3 percent.

Baseline: In 2008, 76.6 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary injury prevention services.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

**ECBP–10.2** Violence.

Target: 73.5 percent.

Baseline: In 2008, 66.9 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary violence prevention services.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

**ECBP–10.3** Mental illness.

Target: 69.5 percent.

Baseline: In 2008, 63.2 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in mental illness.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

**ECBP–10.4** Tobacco use.

Target: 96.7 percent.

Baseline: In 2008, 88.0 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in tobacco use.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

**ECBP–10.5 Substance abuse.**

Target: 75.8 percent.

Baseline: In 2008, 68.9 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in substance abuse.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

**ECBP–10.6 Unintended pregnancy.**

Target: 89.4 percent.

Baseline: In 2008, 81.3 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in unintended pregnancy.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

**ECBP–10.7 Chronic disease programs.**

Target: 90.8 percent.

Baseline: In 2008, 82.6 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in chronic disease programs.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

**ECBP–10.8 Nutrition.**

Target: 94.7 percent.

Baseline: In 2008, 86.4 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in nutrition.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

**ECBP–10.9 Physical activity.**

Target: 88.5 percent.

Baseline: In 2008, 80.5 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in physical activity.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

**ECBP–11:** (Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

Potential data source: Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards, Office of Minority Health; Guidance and Standards on Language Access Services, Office of the Inspector General.

*Gaps in numbering will be corrected before publication.*

**ECBP–12:** Increase the inclusion of core clinical prevention and population health content in M.D.-granting medical schools.

**ECBP–12.1 Counseling for health promotion and disease prevention.**

Target: 100 percent.

Baseline: In 2008, 95.2 percent of M.D.-granting medical schools provided content in counseling for health promotion and disease prevention in required courses.

Target setting method: Total coverage.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

**ECBP–12.2 Cultural diversity.**

Target: 100 percent.

Baseline: In 2008, 99.2 percent of M.D.-granting medical schools provided content in cultural diversity in required courses.

Target setting method: Total coverage.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

**ECBP–12.3 Evaluation of health sciences literature.**

Target: 100 percent.

Baseline: In 2008, 93.7 percent of M.D.-granting medical schools provided content in evaluation of health sciences literature in required courses.

Target setting method: Total coverage.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

**ECBP–12.4 Environmental health.**

Target: 94.3 percent.

Baseline: In 2008, 85.7 percent of M.D.-granting medical schools provided content in environmental health in required courses.

Target setting method: 10 percent improvement.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

**ECBP–12.5 Public health systems.**

Target: 86.5 percent.

Baseline: In 2008, 78.6 percent of M.D.-granting medical schools provided content in public health systems in required courses.

Target setting method: 10 percent improvement.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

**ECBP–12.6** Global health.

Target: 85.6 percent.

Baseline: In 2008, 77.8 percent M.D.-granting medical schools provided content in global health in required courses.

Target setting method: 10 percent improvement.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

**ECBP–13:** Increase the inclusion of core clinical prevention and population health content in D.O.-granting medical schools.

**ECBP–13.1** Counseling for health promotion and disease prevention.

Target: Tracking method only.

Baseline: In 2009, 100 percent of D.O.-granting medical schools provided content in counseling for health promotion and disease prevention in required courses or clerkships.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

**ECBP–13.2** Cultural diversity.

Target: Tracking method only.

Baseline: In 2009, 100 percent of D.O.-granting medical schools provided content in cultural diversity in required courses or clerkships.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

**ECBP–13.3** Evaluation of health sciences literature.

Target: 100 percent.

Baseline: In 2009, 92.9 percent of D.O.-granting medical schools provided content in evaluation of health sciences literature in required courses or clerkships.

Target setting method: Total coverage.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

**ECBP–13.4** Environmental health.

Target: 70.7 percent.

Baseline: In 2009, 64.3 percent of D.O.-granting medical schools provided content in environmental health in required courses or clerkships.

Target setting method: 10 percent improvement.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

**ECBP–13.5** Public health systems.

Target: 90.4 percent.

Baseline: In 2009, 82.1 percent of D.O.-granting medical schools provided content in public health systems in required courses or clerkships.

Target setting method: 10 percent improvement.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

**ECBP–13.6** Global health.

Target: 51.1 percent.

Baseline: In 2009, 46.4 percent of D.O.-granting medical schools provided content in global health in required courses or clerkships.

Target setting method: 10 percent improvement.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

**ECBP–14:** Increase the inclusion of core clinical prevention and population health content in undergraduate nursing.

**ECBP–14.1** Counseling for health promotion and disease prevention.

Target: 100 percent.

Baseline: 99 percent of undergraduate nursing schools included content on counseling for health promotion and disease prevention in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

**ECBP–14.2 Cultural diversity.**

Target: 100 percent.

Baseline: 98 percent of undergraduate nursing schools included content on cultural diversity in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

**ECBP–14.3 Evaluation of health sciences literature.**

Target: 100 percent.

Baseline: 97 percent of undergraduate nursing schools included content on evaluation of health sciences literature in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

**ECBP–14.4 Environmental health.**

Target: 100 percent.

Baseline: 94 percent of undergraduate nursing schools included content on environmental health in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

**ECBP–14.5 Public health systems.**

Target: 100 percent.

Baseline: 97 percent of undergraduate nursing schools included content on public health systems in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

**ECBP–14.6** Global health.

Target: 100 percent.

Baseline: 93 percent of undergraduate nursing schools included content on global health in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

**ECBP–15:** Increase the inclusion of core clinical prevention and population health content in nurse practitioner training.

**ECBP–15.1** Counseling for health promotion and disease prevention.

Target: 100 percent.

Baseline: In 2008, 95.8 percent of nurse practitioner schools included content on counseling for health promotion and disease prevention in required courses.

Target setting method: Total coverage.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

**ECBP–15.2** Cultural diversity.

Target: 100 percent.

Baseline: In 2008, 96.6 percent of nurse practitioner schools included content on cultural diversity in required courses.

Target setting method: Total coverage.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

**ECBP–15.3** Evaluation of health sciences literature.

Target: 100 percent.

Baseline: In 2008, 98.1 percent of nurse practitioner schools included content on evaluation of health sciences literature in required courses.

Target setting method: Total coverage.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

**ECBP–15.4** Environmental health.

Target: 81.7 percent.

Baseline: In 2008, 74.3 percent of nurse practitioner schools included content on environmental health in required courses.

Target setting method: 10 percent improvement.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

**ECBP–15.5** Public health systems.

Target: 89.7 percent.

Baseline: In 2008, 81.5 percent of nurse practitioner schools included content on public health systems in required courses.

Target setting method: 10 percent improvement.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

**ECBP–15.6** Global health.

Target: 79.6 percent.

Baseline: In 2008, 72.5 percent of nurse practitioner schools included content on global health in required courses.

Target setting method: 10 percent improvement.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

**ECBP–16:** Increase the inclusion of core clinical prevention and population health content in physician assistant training.

**ECBP–16.1** Counseling for health promotion and disease prevention.

Target: 100 percent.

Baseline: In 2010, 97 percent of physician assistant schools provided content on counseling for health promotion and disease prevention in required courses.

Target setting method: Total coverage.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

**ECBP–16.2** Cultural diversity.

Target: 100 percent.

Baseline: In 2010, 99 percent of physician assistant schools provided content cultural diversity in required courses.

Target setting method: Total coverage.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

**ECBP–16.3** Evaluation of health sciences literature.

Target: 100 percent.

Baseline: In 2010, 99.0 percent of physician assistant schools provided content on evaluation of health sciences literature in required courses.

Target setting method: Total coverage.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

**ECBP–16.4** Environmental health.

Target: 58.3 percent.

Baseline: In 2010, 53 percent of physician assistant schools provided content on environmental health in required courses.

Target setting method: 10 percent improvement.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

**ECBP–16.5** Public health systems.

Target: 97.9 percent.

Baseline: In 2010, 89 percent of physician assistant schools provided content on public health systems in required courses.

Target setting method: 10 percent improvement.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

**ECBP-16.6** Global health.

Target: 53.9 percent.

Baseline: In 2010, 49 percent of physician assistant schools provided content on global health in required courses.

Target setting method: 10 percent improvement.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).