13 objectives for American schools and their pupils in *Healthy People 2000*

Healthy People 2000: National Health Promotion and Disease Prevention Objectives (1) was published by the USA Office of Disease Prevention and Health Promotion in 1990. This document sets out 300 national health objectives that will guide health promotion and disease prevention policy and programs at the federal, state, and local levels throughout the current decade.

It invites comparison with the parallel publication, *The Health of the Nation*, produced in the UK (2). Readers are probably familiar with the existence of this document, and so we draw attention to the content of *Healthy People 2000* as it affects schools in the USA. This report is based on the comment and summary published in the *Journal of School Health* (3).

Healthy People 2000 identifies the up-and-coming generation as a major target for health initiatives, and identifies eight components within a multi-dimensional school health programme, as follows:

- School health education
- Healthy school food services
- School physical education
- Healthy school environment
- School health services
- Counselling and school psychology
- Integrated school and community health promotion efforts
- School-site health promotion for faculty and staff

Some selected objectives, which will be of particular interest to teachers and health education professionals in the UK, are presented here.

1. Increase to at least 75% the proportion of the Nation's schools that provide nutrition education from pre-school through 12th grade.

Comment Nutrition coursework should be included in the core curriculum for the professional preparation of teachers of all grades and emphasized in continuing education activities for teachers.

2. Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools.

Comment A 1988 survey of randomly-selected school districts in a small sample of States found that although about 70% of the districts addressed these topics in 7th–9th grade, they were most often addressed in the 10th grade (74%), and were covered in 5th and 6th grade in only half the districts.

3. Increase the proportion of high-school seniors who perceive social disapproval associated with the heavy use of alcohol, occasional use of marijuana, and experimentation with cocaine, as follows:

Behaviour	*1989*	*2000*
Heavy use of alcohol	56.4%	70%
Occasional use of marijuana	71.1%	85%
Trying cocaine once or twice	88.9%	95%

'Heavy drinking' means having five or more drinks once or twice each weekend.

4. Increase the proportion of high-school seniors who associate risk of physical or psychologicaple harm with the heavy use of alcohol, occasional use of marijuana, and experimentation with cocaine, as follows:

Behaviour	*1989*	*2000*
Heavy use of alcohol	44%	70%
Occasional use of marijuana	77.5%	90%
Trying cocaine once or twice	54.9%	80%

'Heavy drinking' means having five or more drinks once or twice each weekend.

5. Provide to children in all school districts and private schools primary and secondary school educational programmes on alcohol and other drugs.

Comment In 1987, 63% provided some instruction, 39% provided counselling, and 23% referred pupils for clinical assessment.

6. Increase to at least 85% the proportion of pupils aged 10–18 who have discussed human sexuality, including values surrounding sexuality, with their parents, or have received information through another parentally-endorsed source, such as youth, school or religious programmes.

Comment 66% of pupils aged 13–18 had discussed sexuality with their parents, as reported in 1986.

7. Increase to at least 50% the proportion of elementary and secondary schools that teach non-violent conflict resolution skills.

Comment A programme has been developed to show educators how to teach children social and cognitive skills that enable them to resolve conflicts non-violently.

8. Increase to at least 75% the proportion of the Nation's elementary and secondary schools that provide planned and sequential kindergarten–12th grade quality school health education.

Comment To ensure the implementation of high-quality school health education programmes, States should require health literacy, the health equivalent of basic literacy, as a requirement for graduation.

9. Increase to at least 95% the proportion of schools that have age-appropriate HIV education curricula for pupils in 4th–12th grade.

Comment In 1989, 66% of school districts required HIV education, but only 5% required HIV education in each year for 7th–12th grade pupils.

10. Include instruction in sexually-transmitted disease prevention in the curricula of all middle and secondary schools.

Comment Because of emphasis derived from the HIV epidemic, pupils are relatively well informed about prevention of HIV transmission, but are less knowledgeable about other sexually-transmitted diseases.

11. Increase to at least 90% the proportion of school lunch and breakfast services and child care food services with menus that are consistent with the nutrition principles in the *Dietary Guidelines for Americans*.

Comment Schools should provide pupils with pre-school–12th grade nutrition education and point-of-choice nutrition information in the school cafeteria.

12. Increase to at least 50% the proportion of children and adolescents in 1st–12th grade who participate in daily school physical education.

Comment In 1974–75, it was estimated that roughly one-third of pupils in 5th–12th grade received physical education daily. As of 1984 the situation had changed little, at 36%.

13. Increase to at least 50% the proportion of school physical education class time that pupils spend being physically active, preferably engaged in lifetime physical activities.

Comment 'Lifetime' activities are activities which may readily be carried into adulthood because they generally need only one or two people. Studies indicate that only 27% of class time is spent in actual physical activity; 26% of time is spent in instruction; 22% is spent in administrative tasks, and 25% is spent waiting. The target of 50% is attainable if waiting time is trimmed to less than 5% of class time.

References

1. DHHS Pub. No. (PHS) 91-50212. The authors are J. M. McGinnis & C. DeGrew.
2. *The Health of the Nation: A consultative document*. Cm 1523, HMSO, 1991.
3. 'Healthy People 2000: Objectives related to schools.' *Journal of School Health*, 61, 7, 298–311, 1991.