Healthy People 2010 Initiative

Introduction

Healthy people 2010, is an all inclusive countrywide promotion for health and prevention of diseases. The initiative formed a road map on whose basis the health of all American people was supposed to be improved in the first ten years of the 21st century. The initiatives predecessor was the Healthy people 2000 initiative that was supposed to improve the overall health of the nation during the end of the 20th century. The commitments of the initiative include preventing disability, promoting health and lessening premature deaths.

History and Origin of the Healthy people 2010 initiative

The making of the initiative was pursuant to efforts in the past twenty years that were meant to improve health in the nation. The history began in 1979 when a report by Surgeon General’s office gave an outline on how to reduce premature death and preserve independence for the elderly. In subsequent years (1980) an additional report was generated with 226 objectives of improving the general health of the nation over the subsequent decade. After this report a similar, subsequent report was outlined in the 1990. This report set forth objectives for the next ten years which should have been realized by the year 2000. Thus, the initiation of the Healthy people 2010; is as a continuation of this tradition where goals are set as targets of the American nation in terms of bettering the health of the citizens.

Healthy people 2010, is a representative of ideas from a wide spectrum of people and organizations that deal with issues related to health. This large array of people and organizations for the Healthy people 2010 consortium that is responsible for the ideas reflected
in the initiative. The consortium consists of 250 state organizations and 350 national organizations. The drafting of the initiative was consultative in nature and the consortium had to gather people’s ideas and opinions on health priorities. Later, through the consortium’s three national meetings a clear initiative was established and drafted. The final draft was crafted from the skeletal ideas by expert teams drawn from various federal agencies under the directorship of Shalala Donna (Health and Human Services Secretary) and Satcher David (Health and surgeon general’s assistant secretary) ('Healthy people 2010', 2000).

**The goals and objectives of Healthy people 2010 initiative**

The two overarching goals that form the purpose of healthy people 2010 are to increase the years and quality of a healthy life and eliminate health related inequalities. The objectives of the initiative are derived from the goals of this initiative. The first goal of the initiative serves to increase life expectancy (average number of years that people live from birth). This is to be made possible by ensuring that medical services are available in place and time to citizens that need the services. Additionally, it is also meant to increase the quality of life (the state of satisfaction with our environs and the life we live). The quality of life in this context means the values, health, culture, recreation, beliefs, rights, aspirations as well as factors that support the life that experiences these elements. The goal on life expectancy is easily measurable, however; the quality of life aspect of the same goal is subjective and may greatly vary ('Healthy people 2010', 2000).

Healthy people 2010’s second goal is the elimination of inequalities that are evident amongst the population. These differences stratify the population along the lines of gender, race, income, disability, ethnicity, education, geographical location and sexual orientation. The initiative serves to highlight the occurrence of disparities and how they can be overcome. The American population has for a long time been encountering great disparities in health care. The problem has resulted to a neglect of some parts of the population in terms of health care provision. The initiative intends to create a health care structure that will ensure all citizens receive health care in a manner that is not discriminatory. Elimination of disparities is one of the paramount focus areas that will ensure that all people are able to receive health care on an equal basis.
The objectives of the initiative are to promote healthy behaviors, ensure all people can access quality health care, protect health and improve the prevention of health problems by the community. The realization of the objectives is made possible by the inclusion of communities and the general public in the activities that are directed towards fostering the achievements of the initiative. The objectives emphasize reduction of disability, illness and premature deaths. Others focus on the issue of disparity, and thus; emphasize improvement of access to quality health and the improvement of health services as well as availability of information about health. For example the communities are encouraged to engage their youth in active physical exercise programs that will ensure the young are kept busy exercising themselves and free from substance abuse (‘Healthy people 2010’, 2000).

The initiative also addresses personal, financial and structural barriers within the health system and community that limit personal access to health care. These barriers may include lack of health insurance cover or lack of ability to cover health expenses that may not be catered for by the insurance cover. The initiative suggests

**Evaluation of Healthy people 2010**

The evaluation of the program is to be based on various health indicators. These indicators involve access to health care, physical activity levels, weight and obesity, substance abuse, sexual behavior, mental health and environmental status. Access to health care is evaluated by considering access to health insurance, income levels or primary health care provision. These indicators determine how an individual is able to cater for his/her health needs. A high lack of ability to cater for health expenses within the general population could be termed as a strong indicator of poor health within the population.

Additionally, the indicators are further evaluated based on whether the availability of the involved services is delivered in a timely manner or not. Evaluation will also be carried out by collection and analysis of data that details the health status and problems within the general population.
References