On April 7, 2017, target values for 9 objectives (ECBP-7.2 through ECBP-7.10) were corrected, and midcourse progress for these objectives was re-evaluated. Corrected text, figure, and table values are highlighted in yellow on pages 11–2, 11–3, 11–19, and 11–20.

Educational and Community-Based Programs (ECBP)

Lead Agencies

Centers for Disease Control and Prevention
Health Resources and Services Administration

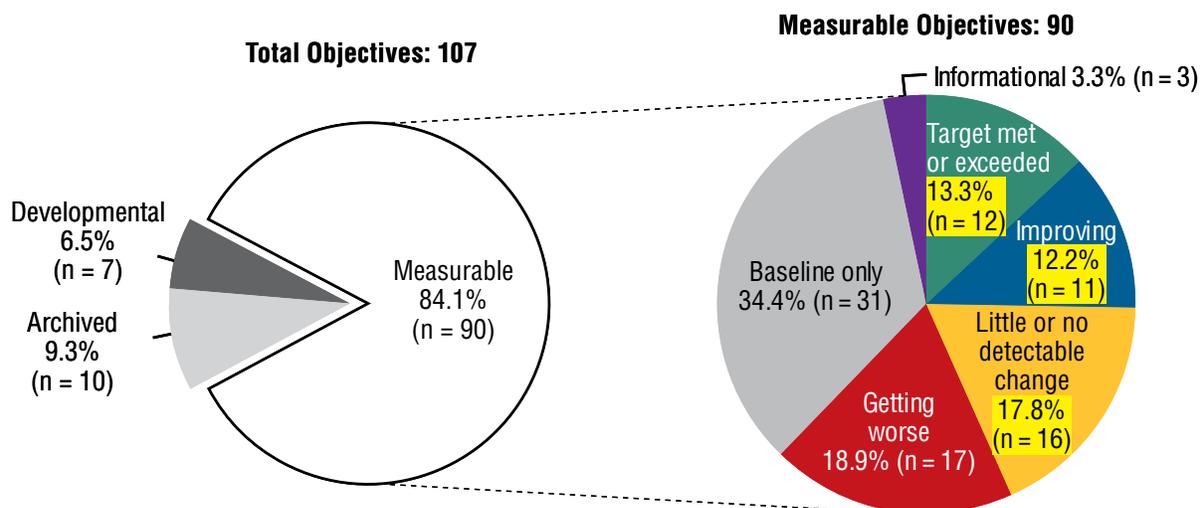## Contents

Goal: Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.

This chapter includes objectives that monitor health education and health practices in schools and colleges; community-based organizations that provide primary prevention services; and course content for health professionals (including medical, undergraduate nursing, nurse practitioner, physician assistant, and pharmacist course content). The Reader's Guide provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.[1]

Status of Objectives

Figure 11–1. Midcourse Status of the Educational and Community-Based Programs Objectives

Of the 107 objectives in the Educational and Community-Based Programs Topic Area, 10 were archived,[2] 7 were developmental,[3] and 90 objectives were measurable[4] (Figure 11–1, Table 11–1). The midcourse status of the measurable objectives (Table 11–2) was as follows:

- 12 objectives had met or exceeded their 2020 targets,[5]
- 11 objectives were improving,[6]
- 16 objectives had demonstrated little or no detectable change,[7]
- 17 objectives were getting worse,[8]
- 31 objectives had baseline data only,[9] and
- 3 objectives were informational.[10]

Selected Findings

Health Education and Health Practices in Schools

Three objectives monitoring health education offerings and health practices in elementary, middle, and senior high schools had achieved their 2020 targets at midcourse (Table 11–2).

- Between 2006 and 2014, the proportions of **schools with a registered nurse to student ratio of at least 1:750** increased for **all schools** (elementary, middle, and senior high schools—ECBP-5.1: 40.6% and 51.1%); **senior high schools** (ECBP-5.2: 33.5% and 37.9%); and **elementary schools** (ECBP-5.4: 41.4% and 58.1%), exceeding their respective 2020 targets (Table 11–2).

Between 2006 and 2014, 17 objectives that covered specific priority areas of school health education worsened (Table 11–2).

- Declines were observed between 2006 and 2014 in the **proportion of schools (grades K–12) that provided health education in all priority areas** (ECBP-2.1: 25.6% and 20.5%); in **prevention of unintentional injury** (ECBP-2.2: 81.7% and 69.2%); in **prevention of violence** (ECBP-2.3: 81.9% and 77.3%); in **prevention of tobacco use and addiction** (ECBP-2.5: 81.0% and 65.7%); in **prevention of alcohol and other drug use** (ECBP-2.6: 81.7% and 62.3%); in **prevention of unintended pregnancy, HIV/AIDS, and STD infection** (ECBP-2.7: 39.3% and 31.0%); in **prevention of unhealthy dietary patterns** (ECBP-2.8: 84.3% and 74.1%); and in **prevention of inadequate physical activity** (ECBP-2.9: 79.2% and 67.2%), moving away from their respective 2020 baselines and targets (Table 11–2).

- Declines were also observed between 2006 and 2014 in the proportion of **schools (grades K–12) with health education goals that addressed health promotion and disease prevention** (ECBP-3.1: 78.5% and 71.5%), **skills in accessing health promoting products and services** (ECBP-3.2: 69.4% and 61.1%), **skills in advocating for health** (ECBP-3.3: 74.4% and 65.8%), **skills in health-enhancing behaviors** (ECBP-3.5: 80.0% and 73.8%), **skills in goal-setting to enhance health** (ECBP-3.6: 77.4% and 69.5%), and **skills in interpersonal communication to enhance health** (ECBP-3.7: 75.9% and 68.9%), moving away from their respective 2020 baselines and targets (Table 11–2).

- The proportion of **schools providing health education in growth and development** also decreased between 2006 and 2014 (ECBP-4.3: 76.0% and 69.9%), as did the proportion providing **education in sun safety and skin cancer prevention** (ECBP-4.4: 72.4% and 66.0%), and in **vision and hearing loss prevention** (ECBP-4.6: 49.4% and 35.0%), moving away from their 2020 baselines and targets (Table 11–2).

High School Graduation

- The proportion of **persons aged 18–24 who had completed high school** (ECBP-6) increased from 89.0% in 2007 to 92.0% in 2013, moving toward the 2020 target (Table 11–2).
  - » There were statistically significant disparities by sex and race and ethnicity in the proportion of persons aged 18–24 who had completed high school (ECBP-6, Table 11–3).

Health Education in Colleges and Universities

There were 10 measurable objectives addressing college and university health education. Four had exceeded their respective 2020 targets at midcourse, four were improving, and two showed little or no detectable change (Table 11–2).

- Between 2009 and 2014, the proportion of **undergraduate students who had received information from their college or university on each of the priority health risk behavior areas** increased, exceeding the 2020 target (ECBP-7.1: 9.60% and 10.80%) (Table 11–2).

- Between 2009 and 2014, the proportion of **undergraduate students who had received information from their college or university on unintentional injury** (ECBP-7.2: 29.6% and 32.9%), **violence** (ECBP-7.3: 37.9% and 42.3%), and **suicide** (ECBP-7.4: 32.6% and 39.6%) increased, exceeding their respective 2020 targets (Table 11–2).

- Between 2009 and 2014, the proportion of **undergraduate students who had received information from their college or university on tobacco use and addiction** (ECBP-7.5: 35.9% and 39.2%), **alcohol and other drug use** (ECBP-7.6: 75.1% and 78.5%), **unintended pregnancy** (ECBP-7.7: 44.0% and 46.5%), and **inadequate physical activity** (ECBP- 7.10: 60.5% and 61.8%) increased, moving toward their respective 2020 targets (Table 11–2).

Course Content for Health Professional Students

There were 43 objectives that addressed the availability of courses in medical, nursing, pharmacy, and dental schools that focus on key public health issues. At midcourse, five had achieved their 2020 targets, six were improving, and seven showed little or no detectable change. Three were being tracked for informational purposes. Twenty-two objectives had baseline data only, so progress toward their targets could not be assessed (Table 11–2).

- From 2008 to 2013–2014, the proportion of **M.D.-granting medical schools having course content in counseling for health promotion and disease prevention** increased (ECBP-12.1: 95.2% and 96.4%), as did the proportion with **course content in cultural diversity** (ECBP-12.2: 99.2% and 99.3%) and with **course content in the evaluation of health sciences literature** (ECBP-12.3: 93.7% and 97.9%), moving toward their respective 2020 targets (Table 11–2).

- From 2008 to 2009–2010, the proportion of **M.D.-granting medical schools with course content in public health systems** increased (ECBP-12.5: 78.6% and 88.5%), as did the proportion with **course content in global health** (ECBP-12.6: 77.8% and 89.3%), exceeding their respective 2020 targets (Table 11–2).

- Between 2010 and 2014, the proportion of **physician assistant programs that included course content in environmental health** increased (ECBP-16.4: 53% and 63%), as did the proportion with **course content in global health** (ECBP-16.6: 49% and 63%), exceeding their respective 2020 targets (Table 11–2).

- The proportion of **physician assistant programs having course content in public health systems** (ECBP-16.5) increased from 89% in 2010 to 91% in 2014, moving toward the 2020 target (Table 11–2).

- Between 2012 and 2013, the proportion of **schools of pharmacy and colleges awarding a Doctor of Pharmacy degree that included course content in environmental health** increased (ECBP-17.4: 75.0% and 79.2%), as did the proportion with **course content in public health systems** (ECBP-17.5: 92.7% and 94.4%), moving toward their respective 2020 targets (Table 11–2).

- The proportion of **schools of pharmacy and colleges awarding a Doctor of Pharmacy degree with course content in global health** (ECBP-17.6) increased from 75.0% in 2012 to 85.6% in 2013, exceeding the 2020 target (Table 11–2).

More Information

Readers interested in more detailed information about the objectives in this topic area are invited to visit the HealthyPeople.gov website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: http://www.healthypeople. gov/2020/topics-objectives/topic/ educational-and-community-based-programs

- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: http://www. healthypeople.gov/2020/topics-objectives/topic/ educational-and-community-based-programs/ objectives
  Select an objective, then click on the "Data Details" icon.

- For objective data by population group (e.g., sex, race and ethnicity, or family income), including rates, percentages, or counts for multiple years, see: http://www.healthypeople.gov/2020/ topics-objectives/topic/educational-and-community- based-programs/objectives
  Select an objective, then click on the "Data2020" icon.

Data for the measurable objectives in this chapter were from the following data sources:

- Annual Liaison Committee on Medical Education Medical School Questionnaires: http://lcme.org/

- Annual Statistical Report on Osteopathic Medical Education: http://www.aacom.org/ reports-programs-initiatives/aacom-reports

- Annual Survey of Professional Dental Degree Programs: http://www.ada.org/en/science-research/ health-policy-institute/data-center/dental-education

- Brief Baccalaureate Nursing Curriculum Survey: https://www.healthypeople.gov/2020/data-source/ brief-baccalaureate-nursing-curriculum-survey

- Collaborative Curriculum Survey: https://www.healthypeople.gov/2020/data-source/ collaborative-curriculum-survey

- Current Population Survey (CPS): http://www.census. gov/programs-surveys/cps.html

- Physician Assistant Education Association (PAEA) Curriculum Survey: http://www2.paeaonline.org/ index.php?ht=d/sp/i/243/pid/243

- National College Health Assessment (NCHA): http://www.acha-ncha.org/pubs_rpts.html.

- National Interprofessional and Prevention Education Survey: https://www.healthypeople.gov/2020/ data-source/national-interprofessional-and- prevention-education-survey

- National Profile of Local Health Departments (NACCHO Profile): http://nacchoprofilestudy.org/

- School Health Policies and Practices Study (SHPPS): http://www.cdc.gov/healthyyouth/data/shpps/index. htm

- Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy: http://www.aacp.org/resources/research/ institutionalresearch/Pages/HealthyPeople2020.aspx

Footnotes

[1]The Technical Notes provide more information on Healthy People 2020 statistical methods and issues.

[2]**Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

[3]**Developmental** objectives did not have a national baseline value.

[4]**Measurable** objectives had a national baseline value.

[5]**Target met or exceeded**—One of the following, as specified in the Midcourse Progress Table:
» At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
» The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

[6]**Improving**—One of the following, as specified in the Midcourse Progress Table:
» Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
» Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

[7]**Little or no detectable change**—One of the following, as specified in the Midcourse Progress Table:
» Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
» Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
» Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.
» Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
» There was no change between the baseline and the midcourse data point.

[8]**Getting worse**—One of the following, as specified in the Midcourse Progress Table:
» Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
» Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

[9]**Baseline only**—The objective only had one data point, so progress toward target attainment could not be assessed.

[10]**Informational**—A target was not set for this objective, so progress toward target attainment could not be assessed.

Suggested Citation

National Center for Health Statistics. Chapter 11: Educational and Community-Based Programs. Healthy People 2020 Midcourse Review. Hyattsville, MD. 2016.

Table 11–1. Educational and Community-Based Programs Objectives

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-1.1	(Archived) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in all priority areas	(Potential) National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	Not Applicable
ECBP-1.2	(Archived) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in unintentional injury	(Potential) National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	Not Applicable
ECBP-1.3	(Archived) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in violence	(Potential) National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	Not Applicable
ECBP-1.4	(Archived) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in tobacco use and addiction	(Potential) National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	Not Applicable
ECBP-1.5	(Archived) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in alcohol or other drug use	(Potential) National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	Not Applicable
ECBP-1.6	(Archived) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in unhealthy dietary patterns	(Potential) National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	Not Applicable
ECBP-1.7	(Archived) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in inadequate physical activity	(Potential) National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	Not Applicable
ECBP-1.8	(Archived) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in dental and oral health	(Potential) National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	Not Applicable
ECBP-1.9	(Archived) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in safety	(Potential) National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	Not Applicable

Table 11–1. Educational and Community-Based Programs Objectives—Continued

LEGEND

Data for this objective are available in this chapter's Midcourse Progress Table.

Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-2.1	Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in all priority areas	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-2.2	Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in unintentional injury	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-2.3	Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in violence	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-2.4	Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in suicide	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-2.5	Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in tobacco use and addiction	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-2.6	Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in alcohol and other drug use	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-2.7	Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in unintended pregnancy, HIV/AIDS, and STD infection	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-2.8	Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in unhealthy dietary patterns	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	

Table 11–1. Educational and Community-Based Programs Objectives—Continued

LEGEND

	Data for this objective are available in this chapter's Midcourse Progress Table.		Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.		A state or county level map for this objective is available at the end of the chapter.

Not Applicable	Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-2.9	Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in inadequate physical activity	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-3.1	Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address the comprehension of concepts related to health promotion and disease prevention (knowledge)	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-3.2	Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address accessing valid information and health promoting products and services (skills)	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-3.3	Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address advocating for personal, family, and community health (skills)	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-3.4	Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address analyzing the influence of culture, media, technology, and other factors on health (skills)	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-3.5	Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address practicing health-enhancing behaviors and reducing health risks (skills)	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-3.6	Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address using goal-setting and decisionmaking skills to enhance health (skills)	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	

Table 11–1. Educational and Community-Based Programs Objectives—Continued

LEGEND

Data for this objective are available in this chapter's Midcourse Progress Table.

Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

A state or county level map for this objective is available at the end of the chapter.

Not Applicable — Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-3.7	Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address using interpersonal communication skills to enhance health (skills)	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-4.1	Increase the proportion of elementary, middle, and senior high schools that provide school health education in hand washing or hand hygiene to promote personal health and wellness	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-4.2	Increase the proportion of elementary, middle, and senior high schools that provide school health education in dental and oral health to promote personal health and wellness	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-4.3	Increase the proportion of elementary, middle, and senior high schools that provide school health education in growth and development to promote personal health and wellness	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-4.4	Increase the proportion of elementary, middle, and senior high schools that provide school health education in sun safety or skin cancer prevention to promote personal health and wellness	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-4.5	Increase the proportion of elementary, middle, and senior high schools that provide school health education in benefits of rest and sleep to promote personal health and wellness	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-4.6	Increase the proportion of elementary, middle, and senior high schools that provide school health education in ways to prevent vision and hearing loss to promote personal health and wellness	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	
ECBP-4.7	Increase the proportion of elementary, middle, and senior high schools that provide school health education in the importance of health screenings and checkups to promote personal health and wellness	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	

Table 11–1. Educational and Community-Based Programs Objectives—Continued

LEGEND

🚦 Data for this objective are available in this chapter's Midcourse Progress Table.

🔵 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

🗺️ A state or county level map for this objective is available at the end of the chapter.

| Not Applicable | Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives. |

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-5.1	Increase the proportion of elementary, middle, and senior high schools that have a full-time registered school nurse-to-student ratio of at least 1:750	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	🚦
ECBP-5.2	Increase the proportion of senior high schools that have a full-time registered school nurse-to-student ratio of at least 1:750	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	🚦
ECBP-5.3	Increase the proportion of middle schools that have a full-time registered school nurse-to-student ratio of at least 1:750	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	🚦
ECBP-5.4	Increase the proportion of elementary schools that have a full-time registered school nurse-to-student ratio of at least 1:750	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP	🚦
ECBP-6	Increase the proportion of the population that completes high school education	Current Population Survey (CPS), Census and DOL/BLS	🚦 🔵
ECBP-7.1	Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas	National College Health Assessment (NCHA), American College Health Association (ACHA)	🚦
ECBP-7.2	Increase the proportion of college and university students who receive information from their institution on unintentional injury	National College Health Assessment (NCHA), American College Health Association (ACHA)	🚦
ECBP-7.3	Increase the proportion of college and university students who receive information from their institution on violence	National College Health Assessment (NCHA), American College Health Association (ACHA)	🚦
ECBP-7.4	Increase the proportion of college and university students who receive information from their institution on suicide	National College Health Assessment (NCHA), American College Health Association (ACHA)	🚦
ECBP-7.5	Increase the proportion of college and university students who receive information from their institution on tobacco use and addiction	National College Health Assessment (NCHA), American College Health Association (ACHA)	🚦
ECBP-7.6	Increase the proportion of college and university students who receive information from their institution on alcohol or other drug use	National College Health Assessment (NCHA), American College Health Association (ACHA)	🚦

Table 11–1. Educational and Community-Based Programs Objectives—Continued

LEGEND

Data for this objective are available in this chapter's Midcourse Progress Table.

Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

A state or county level map for this objective is available at the end of the chapter.

Not Applicable — Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-7.7	Increase the proportion of college and university students who receive information from their institution on unintended pregnancy	National College Health Assessment (NCHA), American College Health Association (ACHA)	
ECBP-7.8	Increase the proportion of college and university students who receive information from their institution on HIV/AIDS and STD infection	National College Health Assessment (NCHA), American College Health Association (ACHA)	
ECBP-7.9	Increase the proportion of college and university students who receive information from their institution on unhealthy dietary patterns	National College Health Assessment (NCHA), American College Health Association (ACHA)	
ECBP-7.10	Increase the proportion of college and university students who receive information from their institution on inadequate physical activity	National College Health Assessment (NCHA), American College Health Association (ACHA)	
ECBP-8.1	(Developmental) Increase the proportion of worksites with fewer than 50 employees that offer an employee health promotion program to their employees	(Potential) National Survey of Employer-Sponsored Health Plans (Mercer)	Not Applicable
ECBP-8.2	(Developmental) Increase the proportion of worksites with 50 or more employees that offer an employee health promotion program to their employees	(Potential) National Survey of Employer-Sponsored Health Plans (Mercer)	Not Applicable
ECBP-8.3	(Developmental) Increase the proportion of worksites with 50 to 99 employees that offer an employee health promotion program to their employees	(Potential) National Survey of Employer-Sponsored Health Plans (Mercer)	Not Applicable
ECBP-8.4	(Developmental) Increase the proportion of worksites with 100 to 249 employees that offer an employee health promotion program to their employees	(Potential) National Survey of Employer-Sponsored Health Plans (Mercer)	Not Applicable
ECBP-8.5	(Developmental) Increase the proportion of worksites with 250 to 749 employees that offer an employee health promotion program to their employees	(Potential) National Survey of Employer-Sponsored Health Plans (Mercer)	Not Applicable

Table 11–1. Educational and Community-Based Programs Objectives—Continued

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.

 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

 A state or county level map for this objective is available at the end of the chapter.

| Not Applicable | Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-8.6	(Developmental) Increase the proportion of worksites with 750 or more employees that offer an employee health promotion program to their employees	(Potential) National Survey of Employer-Sponsored Health Plans (Mercer)	Not Applicable
ECBP-9	(Developmental) Increase the proportion of employees who participate in employer-sponsored health promotion activities	(Potential) National Survey of Employer-Sponsored Health Plans (Mercer)	Not Applicable
ECBP-10.1	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 injury	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	
ECBP-10.2	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 violence	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	
ECBP-10.3	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 mental illness	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	
ECBP-10.4	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 tobacco use	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	
ECBP-10.5	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 substance abuse	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	

Table 11–1. Educational and Community-Based Programs Objectives—Continued

LEGEND

🚦 Data for this objective are available in this chapter's Midcourse Progress Table.	📊 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.	🗺️ A state or county level map for this objective is available at the end of the chapter.

Not Applicable	Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-10.6	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 unintended pregnancy	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	🚦
ECBP-10.7	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 chronic disease programs	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	🚦
ECBP-10.8	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 nutrition	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	🚦
ECBP-10.9	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 physical activity	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	🚦
ECBP-11	(Archived) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs		Not Applicable
ECBP-12.1	Increase the inclusion of counseling for health promotion and disease prevention content in M.D.-granting medical schools	Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)	🚦
ECBP-12.2	Increase the inclusion of cultural diversity content in M.D.-granting medical schools	Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)	🚦

Table 11–1. Educational and Community-Based Programs Objectives—Continued

LEGEND

🚦 Data for this objective are available in this chapter's Midcourse Progress Table.

📊 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

🗺 A state or county level map for this objective is available at the end of the chapter.

| Not Applicable | Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives. |

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-12.3	Increase the inclusion of evaluation of health sciences literature content in M.D.-granting medical schools	Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)	🚦
ECBP-12.4	Increase the inclusion of environmental health content in M.D.-granting medical schools	Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)	🚦
ECBP-12.5	Increase the inclusion of public health systems content in M.D.-granting medical schools	Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)	🚦
ECBP-12.6	Increase the inclusion of global health content in M.D.-granting medical schools	Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)	🚦
ECBP-13.1	Increase the inclusion of counseling for health promotion and disease prevention content in D.O.-granting medical schools	Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)	🚦
ECBP-13.2	Increase the inclusion of cultural diversity content in D.O.-granting medical schools	Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)	🚦
ECBP-13.3	Increase the inclusion of evaluation of health sciences literature content in D.O.-granting medical schools	Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)	🚦
ECBP-13.4	Increase the inclusion of environmental health content in D.O.-granting medical schools	Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)	🚦
ECBP-13.5	Increase the inclusion of public health systems content in D.O.-granting medical schools	Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)	🚦
ECBP-13.6	Increase the inclusion of global health content in D.O.-granting medical schools	Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)	🚦
ECBP-14.1	Increase the inclusion of counseling for health promotion and disease prevention content in undergraduate nursing	Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)	🚦

Table 11–1. Educational and Community-Based Programs Objectives—Continued

LEGEND

Data for this objective are available in this chapter's Midcourse Progress Table.

Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

A state or county level map for this objective is available at the end of the chapter.

Not Applicable — Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-14.2	Increase the inclusion of cultural diversity content in undergraduate nursing	Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)	
ECBP-14.3	Increase the inclusion of evaluation of health sciences literature content in undergraduate nursing	Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)	
ECBP-14.4	Increase the inclusion of environmental health content in undergraduate nursing	Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)	
ECBP-14.5	Increase the inclusion of public health systems content in undergraduate nursing	Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)	
ECBP-14.6	Increase the inclusion of global health content in undergraduate nursing	Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)	
ECBP-15.1	Increase the inclusion of counseling for health promotion and disease prevention content in nurse practitioner training	Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)	
ECBP-15.2	Increase the inclusion of cultural diversity content in nurse practitioner training	Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)	
ECBP-15.3	Increase the inclusion of evaluation of health sciences literature content in nurse practitioner training	Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)	
ECBP-15.4	Increase the inclusion of environmental health content in nurse practitioner training	Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)	
ECBP-15.5	Increase the inclusion of public health systems content in nurse practitioner training	Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)	

Table 11–1. Educational and Community-Based Programs Objectives—Continued

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-15.6	Increase the inclusion of global health content in nurse practitioner training	Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)	🚦
ECBP-16.1	Increase the inclusion of counseling for health promotion and disease prevention content in physician assistant training	Curriculum Survey, Physician Assistant Education Association (PAEA)	🚦
ECBP-16.2	Increase the inclusion of cultural diversity content in physician assistant training	Curriculum Survey, Physician Assistant Education Association (PAEA)	🚦
ECBP-16.3	Increase the inclusion of evaluation of health sciences literature content in physician assistant training	Curriculum Survey, Physician Assistant Education Association (PAEA)	🚦
ECBP-16.4	Increase the inclusion of environmental health content in physician assistant training	Curriculum Survey, Physician Assistant Education Association (PAEA)	🚦
ECBP-16.5	Increase the inclusion of public health systems content in physician assistant training	Curriculum Survey, Physician Assistant Education Association (PAEA)	🚦
ECBP-16.6	Increase the inclusion of global health content in physician assistant training	Curriculum Survey, Physician Assistant Education Association (PAEA)	🚦
ECBP-17.1	Increase the inclusion of counseling for health promotion and disease prevention content in Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy	Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy	🚦
ECBP-17.2	Increase the inclusion of cultural diversity content in Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy	Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy	🚦
ECBP-17.3	Increase the inclusion of evaluation of health sciences literature content in Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy	Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy	🚦
ECBP-17.4	Increase the inclusion of environmental health content in Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy	Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy	🚦

Table 11–1. Educational and Community-Based Programs Objectives—Continued

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.

 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

 A state or county level map for this objective is available at the end of the chapter.

| Not Applicable |

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
ECBP-17.5	Increase the inclusion of public health systems content in Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy	Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy	
ECBP-17.6	Increase the inclusion of global health content in Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy	Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy	
ECBP-18.1	Increase the inclusion of counseling for health promotion and disease prevention content in Doctor of Dental Surgery and/or Doctor of Dental Medicine granting colleges and schools of Dentistry	Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)	
ECBP-18.2	Increase the inclusion of cultural diversity content in Doctor of Dental Surgery and/or Doctor of Dental Medicine granting colleges and schools of Dentistry	Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)	
ECBP-18.3	Maintain the inclusion of evaluation of health sciences literature content in Doctor of Dental Surgery and/or Doctor of Dental Medicine granting colleges and schools of Dentistry	Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)	
ECBP-18.4	Increase the inclusion of environmental health content in Doctor of Dental Surgery and/or Doctor of Dental Medicine granting colleges and schools of Dentistry	Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)	
ECBP-18.5	Increase the inclusion of public health systems content in Doctor of Dental Surgery and/or Doctor of Dental Medicine granting colleges and schools of Dentistry	Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)	
ECBP-18.6	Increase the inclusion of global health content in Doctor of Dental Surgery and/or Doctor of Dental Medicine granting colleges and schools of Dentistry	Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)	
ECBP-19	Increase the proportion of academic institutions with health professions education programs whose prevention curricula include interprofessional educational experiences	National Interprofessional and Prevention Education Survey, Association for Prevention Teaching and Research and the Healthy People Curriculum Task Force (APTR and HPCTF)	

Table 11–2. Midcourse Progress for Measurable[1] Educational and Community-Based Programs Objectives

LEGEND

| ✓ Target met or exceeded[2,3] | ➕ Improving[4,5] | ⊙ Little or no detectable change[6–10] | ➖ Getting worse[11,12] | ⬜ Baseline only[13] | 🟪 Informational[14] |

	Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target[15]	Movement Away From Baseline[16]	Movement Statistically Significant[17]
➖[11]	**ECBP-2.1** Schools providing health education in all priority areas (percent, K–12)	25.6% (2006)	20.5% (2014)	28.2%		19.9%	Yes
➖[11]	**ECBP-2.2** Schools providing health education to prevent unintentional injury (percent, K–12)	81.7% (2006)	69.2% (2014)	89.9%		15.3%	Yes
➖[11]	**ECBP-2.3** Schools providing health education to prevent violence (percent, K–12)	81.9% (2006)	77.3% (2014)	90.1%		5.6%	Yes
⊙[8]	**ECBP-2.4** Schools providing health education to prevent suicide (percent, K–12)	43.9% (2006)	39.1% (2014)	48.3%		10.9%	No
➖[11]	**ECBP-2.5** Schools providing health education to prevent tobacco use and addiction (percent, K–12)	81.0% (2006)	65.7% (2014)	89.1%		18.9%	Yes
➖[11]	**ECBP-2.6** Schools providing health education to prevent alcohol and other drug use (percent, K–12)	81.7% (2006)	62.3% (2014)	89.9%		23.7%	Yes
➖[11]	**ECBP-2.7** Schools providing health education to prevent unintended pregnancy, HIV/AIDS, and STDs (percent, K–12)	39.3% (2006)	31.0% (2014)	43.2%		21.1%	Yes
➖[11]	**ECBP-2.8** Schools providing health education to prevent unhealthy dietary patterns (percent, K–12)	84.3% (2006)	74.1% (2014)	92.7%		12.1%	Yes
➖[11]	**ECBP-2.9** Schools providing health education to prevent inadequate physical activity (percent, K–12)	79.2% (2006)	67.2% (2014)	87.1%		15.2%	Yes
➖[11]	**ECBP-3.1** Schools providing health education goals that address health promotion and disease prevention (percent, K–12)	78.5% (2006)	71.5% (2014)	100%		8.9%	Yes
➖[11]	**ECBP-3.2** Schools providing health education goals that address skills in accessing health promoting products and services (percent, K–12)	69.4% (2006)	61.1% (2014)	100%		12.0%	Yes
➖[11]	**ECBP-3.3** Schools providing health education goals that address skills in advocating for health (percent, K–12)	74.4% (2006)	65.8% (2014)	100%		11.6%	Yes
⊙[8]	**ECBP-3.4** Schools providing Health ed, goals that address skills in analyzing the cultural influence on health (percent, K–12)	68.8% (2006)	68.3% (2014)	100%		0.7%	No
➖[11]	**ECBP-3.5** Schools providing health education goals that address skills in health-enhancing behaviors (percent, K–12)	80.0% (2006)	73.8% (2014)	100%		7.8%	Yes
➖[11]	**ECBP-3.6** Schools providing health education goals addressing skills in goal-setting to enhance health (percent, K–12)	77.4% (2006)	69.5% (2014)	100%		10.2%	Yes

Table 11–2. Midcourse Progress for Measurable[1] Educational and Community-Based Programs Objectives—Continued

LEGEND

| | Target met or exceeded[2,3] | | Improving[4,5] | | Little or no detectable change[6–10] | | Getting worse[11,12] | | Baseline only[13] | | Informational[14] |

Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target[15]	Movement Away From Baseline[16]	Movement Statistically Significant[17]
[11] **ECBP-3.7** Schools providing health education goals that address skills in interpersonal communication to enhance health (percent, K–12)	75.9% (2006)	68.9% (2014)	100%		9.2%	Yes
[8] **ECBP-4.1** Schools providing health education in hand hygiene (percent, K–12)	83.4% (2006)	82.2% (2014)	91.7%		1.4%	No
[8] **ECBP-4.2** Schools providing health education in oral health (percent, K–12)	64.8% (2006)	63.4% (2014)	71.3%		2.2%	No
[11] **ECBP-4.3** Schools providing health education in growth and development (percent, K–12)	76.0% (2006)	69.9% (2014)	83.6%		8.0%	Yes
[11] **ECBP-4.4** Schools providing health education in sun safety and skin cancer prevention (percent, K–12)	72.4% (2006)	66.0% (2014)	79.6%		8.8%	Yes
[8] **ECBP-4.5** Schools providing health education in the benefits of rest and sleep (percent, K–12)	90.2% (2006)	88.2% (2014)	99.2%		2.2%	No
[11] **ECBP-4.6** Schools providing health education in vision and hearing loss prevention (percent, K–12)	49.4% (2006)	35.0% (2014)	54.3%		29.1%	Yes
[6] **ECBP-4.7** Schools providing health education in the need for health screenings and checkups (percent, K–12)	60.6% (2006)	61.0% (2014)	66.7%	6.6%		No
[2] **ECBP-5.1** Schools with a nurse-to-student ratio of at least 1:750 (percent, K–12)	40.6% (2006)	51.1% (2014)	44.7%	256.1%		No
[2] **ECBP-5.2** Senior high schools with a nurse-to-student ratio of at least 1:750 (percent)	33.5% (2006)	37.9% (2014)	36.9%	129.4%		No
[6] **ECBP-5.3** Middle schools with a nurse-to-student ratio of at least 1:750 (percent)	43.9% (2006)	47.5% (2014)	48.3%	81.8%		No
[2] **ECBP-5.4** Elementary schools with a nurse-to-student ratio of at least 1:750 (percent)	41.4% (2006)	58.1% (2014)	45.5%	407.3%		No
[4] **ECBP-6** Persons completing high school (percent, 18–24 years)	89.0% (2007)	92.0% (2013)	97.9%	33.7%		Yes
[2] **ECBP-7.1** College and university students receiving information on all priority health risk behavior areas (percent)	9.60% (2009)	10.80% (2014)	10.6%	120.0%		Yes
[2] **ECBP-7.2** Students receiving information on unintentional injury from their college/university (percent)	29.6% (2009)	32.9% (2014)	32.6%	110.0%		Yes

Table 11–2. Midcourse Progress for Measurable[1] Educational and Community-Based Programs Objectives—Continued

LEGEND

| ✓ Target met or exceeded[2,3] | ✚ Improving[4,5] | ⊙ Little or no detectable change[6–10] | ▬ Getting worse[11,12] | ▢ Baseline only[13] | ▮ Informational[14] |

	Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target[15]	Movement Away From Baseline[16]	Movement Statistically Significant[17]
✓[2]	**ECBP-7.3** Students receiving information on violence from their college/university (percent)	37.9% (2009)	42.3% (2014)	41.7%	115.8%		Yes
✓[2]	**ECBP-7.4** Students receiving information on suicide from their college/university (percent)	32.6% (2009)	39.6% (2014)	35.9%	212.1%		Yes
✚[4]	**ECBP-7.5** Students receiving information on tobacco use and addiction from their college/university (percent)	35.9% (2009)	39.2% (2014)	39.5%	91.7%		Yes
✚[4]	**ECBP-7.6** Students receiving information on alcohol and other drug use from their college/university (percent)	75.1% (2009)	78.5% (2014)	82.6%	45.3%		Yes
✚[4]	**ECBP-7.7** Students receiving information on unintended pregnancy from their college/university (percent)	44.0% (2009)	46.5% (2014)	48.4%	56.8%		Yes
⊙[6]	**ECBP-7.8** Students receiving information on HIV/AIDS and STDs from their college/university (percent)	57.6% (2009)	58.4% (2014)	63.4%	13.8%		No
⊙[6]	**ECBP-7.9** Students receiving information on unhealthy dietary patterns from their college/university (percent)	57.3% (2009)	57.5% (2014)	63.0%	3.5%		No
✚[4]	**ECBP-7.10** Students receiving information on inadequate physical activity from their college/university (percent)	60.5% (2009)	61.8% (2014)	66.6%	21.3%		Yes
▢[13]	**ECBP-10.1** Community-based organizations providing primary prevention services in injury (percent)	76.6% (2008)		84.3%			
▢[13]	**ECBP-10.2** Community-based organizations providing primary prevention services in violence (percent)	66.9% (2008)		73.5%			
▢[13]	**ECBP-10.3** Community-based organizations providing primary prevention services in mental illness (percent)	63.2% (2008)		69.5%			
▢[13]	**ECBP-10.4** Community-based organizations providing primary prevention services in tobacco (percent)	88.0% (2008)		96.7%			
▢[13]	**ECBP-10.5** Community-based organizations providing primary prevention services in substance abuse (percent)	68.9% (2008)		75.8%			
▢[13]	**ECBP-10.6** Community-based organizations providing primary prevention services in unintended pregnancy (percent)	81.3% (2008)		89.4%			
▢[13]	**ECBP-10.7** Community-based organizations providing primary prevention services in chronic disease programs (percent)	82.6% (2008)		90.8%			

Table 11–2. Midcourse Progress for Measurable[1] Educational and Community-Based Programs Objectives—Continued

LEGEND

| ✓ Target met or exceeded[2,3] | ✚ Improving[4,5] | ◉ Little or no detectable change[6–10] | ▬ Getting worse[11,12] | ▢ Baseline only[13] | ▢ Informational[14] |

Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target[15]	Movement Away From Baseline[16]	Movement Statistically Significant[17]
[13] **ECBP-10.8** Community-based organizations providing primary prevention services in nutrition (percent)	86.1% (2008)		94.7%			
[13] **ECBP-10.9** Community-based organizations providing primary prevention services in physical activity (percent)	80.5% (2008)		88.5%			
[5] **ECBP-12.1** M.D.-granting medical schools with course content in counseling for health promotion/disease prevention (percent)	95.2% (2008)	96.4% (2013–2014)	100%	25.0%		
[5] **ECBP-12.2** M.D.-granting medical schools with course content in cultural diversity (percent)	99.2% (2008)	99.3% (2013–2014)	100%	12.5%		
[5] **ECBP-12.3** M.D.-granting medical schools with course content in evaluation of health sciences literature (percent)	93.7% (2008)	97.9% (2013–2014)	100%	66.7%		
[9] **ECBP-12.4** M.D.-granting medical schools with course content in environmental health (percent)	85.7% (2008)	81.4% (2013–2014)	94.3%		5.0%	
[2] **ECBP-12.5** M.D.-granting medical schools with course content in public health systems (percent)	78.6% (2008)	88.5% (2009–2010)	86.5%	125.3%		
[2] **ECBP-12.6** M.D.-granting medical schools with course content in global health (percent)	77.8% (2008)	89.3% (2013–2014)	85.6%	147.4%		
[14] **ECBP-13.1** D.O.-granting medical schools with course content in counseling for health promotion/disease prevention (percent)	100% (2009)					
[14] **ECBP-13.2** D.O.-granting medical schools with course content in cultural diversity (percent)	100% (2009)					
[13] **ECBP-13.3** D.O.-granting medical schools with course content in evaluation of health sciences literature (percent)	92.9% (2009)		100%			
[13] **ECBP-13.4** D.O.-granting medical schools with course content in environmental health (percent)	64.3% (2009)		70.7%			
[13] **ECBP-13.5** D.O.-granting medical schools with course content in public health systems (percent)	82.1% (2009)		90.4%			
[13] **ECBP-13.6** D.O.-granting medical schools with course content in global health (percent)	46.4% (2009)		51.1%			
[13] **ECBP-14.1** Undergraduate nursing programs with course content in counseling for health promotion/disease prevention (percent)	99% (2009)		100%			

Table 11–2. Midcourse Progress for Measurable[1] Educational and Community-Based Programs Objectives—Continued

LEGEND

| ✓ Target met or exceeded[2,3] | ✚ Improving[4,5] | ⊙ Little or no detectable change[6–10] | ▬ Getting worse[11,12] | ▮ Baseline only[13] | ▮ Informational[14] |

	Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target[15]	Movement Away From Baseline[16]	Movement Statistically Significant[17]
[13]	**ECBP-14.2** Undergraduate nursing programs with course content in cultural diversity (percent)	98% (2009)		100%			
[13]	**ECBP-14.3** Undergraduate nursing programs with course content in evaluation of health sciences literature (percent)	97% (2009)		100%			
[13]	**ECBP-14.4** Undergraduate nursing programs with course content in environmental health (percent)	94% (2009)		100%			
[13]	**ECBP-14.5** Undergraduate nursing programs with course content in public health systems (percent)	97% (2009)		100%			
[13]	**ECBP-14.6** Undergraduate nursing programs with course content in global health (percent)	93% (2009)		100%			
[13]	**ECBP-15.1** Nurse practitioner programs with course content in counseling for health promotion/disease prevention (percent)	95.8% (2008)		100%			
[13]	**ECBP-15.2** Nurse practitioner programs with course content in cultural diversity (percent)	96.6% (2008)		100%			
[13]	**ECBP-15.3** Nurse practitioner programs with course content in evaluation of health sciences literature (percent)	98.1% (2008)		100%			
[13]	**ECBP-15.4** Nurse practitioner programs with course content in environmental health (percent)	74.3% (2008)		81.7%			
[13]	**ECBP-15.5** Nurse practitioner programs with course content in public health systems (percent)	81.5% (2008)		89.7%			
[13]	**ECBP-15.6** Nurse practitioner programs with course content in global health (percent)	72.5% (2008)		79.8%			
⊙[9]	**ECBP-16.1** Physician assistant programs with course content in counseling for health promotion/disease prevention (percent)	97% (2010)	95% (2014)	100%		2.1%	
⊙[9]	**ECBP-16.2** Physician assistant programs with course content in cultural diversity (percent)	99% (2010)	94% (2014)	100%		5.1%	
⊙[9]	**ECBP-16.3** Physician assistant programs with course content in evaluation of health sciences literature (percent)	99% (2010)	94% (2014)	100%		5.1%	
✓[2]	**ECBP-16.4** Physician assistant programs with course content in environmental health (percent)	53% (2010)	63% (2014)	58.3%	188.7%		

Table 11–2. Midcourse Progress for Measurable[1] Educational and Community-Based Programs Objectives—Continued

LEGEND

| ✓ Target met or exceeded[2,3] | ✚ Improving[4,5] | ◯ Little or no detectable change[6–10] | ▬ Getting worse[11,12] | ▮ Baseline only[13] | ▮ Informational[14] |

Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target[15]	Movement Away From Baseline[16]	Movement Statistically Significant[17]
✚[5] **ECBP-16.5** Physician assistant programs with course content in public health systems (percent)	89% (2010)	91% (2014)	97.9%	22.5%		
✓[2] **ECBP-16.6** Physician assistant programs with course content in global health (percent)	49% (2010)	63% (2014)	53.9%	285.7%		
◯[9] **ECBP-17.1** Pharmacist training with course content in counseling for health promotion/disease prevention (percent)	98.4% (2012)	97.6% (2013)	100%		0.8%	
◯[9] **ECBP-17.2** Pharmacist training with course content in cultural diversity (percent)	94.4% (2012)	86.0% (2013)	100%		8.9%	
◯[9] **ECBP-17.3** Pharmacist training with course content in evaluation of health sciences literature (percent)	99.2% (2012)	98.4% (2013)	100%		0.8%	
✚[5] **ECBP-17.4** Pharmacist training with course content in environmental health (percent)	75.0% (2012)	79.2% (2013)	82.5%	56.0%		
✚[5] **ECBP-17.5** Pharmacist training with course content in public health systems (percent)	92.7% (2012)	94.4% (2013)	100%	23.3%		
✓[2] **ECBP-17.6** Pharmacist training with course content in global health (percent)	75.0% (2012)	85.6% (2013)	82.5%	141.3%		
▮[13] **ECBP-18.1** Dentist training with course content in counseling for health promotion/disease prevention (percent)	98.3% (2010)		100%			
▮[13] **ECBP-18.2** Dentist training with course content in cultural diversity (percent)	93.1% (2010)		100%			
▮[14] **ECBP-18.3** Dentist training with course content in evaluation of health sciences literature (percent)	100% (2010)					
▮[13] **ECBP-18.4** Dentist training with course content in environmental health (percent)	58.6% (2010)		64.5%			
▮[13] **ECBP-18.5** Dentist training with course content in public health systems (percent)	84.5% (2010)		93.0%			
▮[13] **ECBP-18.6** Dentist training with course content in global health (percent)	70.7% (2010)		77.8%			
▮[13] **ECBP-19** Health professions education programs that include interprofessional educational experiences (percent)	33.3% (2010)		36.6%			

Table 11–2. Midcourse Progress for Measurable[1] Educational and Community-Based Programs Objectives—Continued

NOTES

See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of progress.

FOOTNOTES

[1]**Measurable** objectives had a national baseline value.

Target met or exceeded:

[2]At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)

[3]The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

Improving:

[4]Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.

[5]Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

Little or no detectable change:

[6]Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.

[7]Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.

[8]Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

[9]Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.

[10]There was no change between the baseline and the midcourse data point.

Getting worse:

[11]Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.

[12]Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

[13]**Baseline only:** The objective only had one data point, so progress toward target attainment could not be assessed.

[14]**Informational:** A target was not set for this objective, so progress toward target attainment could not be assessed.

[15]For objectives that **moved toward** their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):

$$\text{Percentage of targeted change achieved} = \frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$$

[16]For objectives that **moved away** from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:

$$\text{Magnitude of percentage change from baseline} = \frac{|\text{ Midcourse value} - \text{Baseline value }|}{\text{Baseline value}} \times 100$$

[17]Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.

DATA SOURCES

ECBP-2.1	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-2.2	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-2.3	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-2.4	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP

DATA SOURCES—Continued

ECBP-2.5	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-2.6	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-2.7	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-2.8	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-2.9	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-3.1	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-3.2	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-3.3	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-3.4	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-3.5	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-3.6	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-3.7	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-4.1	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-4.2	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-4.3	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-4.4	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-4.5	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-4.6	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-4.7	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-5.1	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-5.2	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-5.3	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-5.4	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
ECBP-6	Current Population Survey (CPS), Census and DOL/BLS
ECBP-7.1	National College Health Assessment (NCHA), American College Health Association (ACHA)
ECBP-7.2	National College Health Assessment (NCHA), American College Health Association (ACHA)
ECBP-7.3	National College Health Assessment (NCHA), American College Health Association (ACHA)
ECBP-7.4	National College Health Assessment (NCHA), American College Health Association (ACHA)
ECBP-7.5	National College Health Assessment (NCHA), American College Health Association (ACHA)
ECBP-7.6	National College Health Assessment (NCHA), American College Health Association (ACHA)
ECBP-7.7	National College Health Assessment (NCHA), American College Health Association (ACHA)
ECBP-7.8	National College Health Assessment (NCHA), American College Health Association (ACHA)
ECBP-7.9	National College Health Assessment (NCHA), American College Health Association (ACHA)

Table 11–2. Midcourse Progress for Measurable[1] Educational and Community-Based Programs Objectives—Continued

DATA SOURCES—Continued

ECBP-7.10   National College Health Assessment (NCHA), American College Health Association (ACHA)

ECBP-10.1   National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)

ECBP-10.2   National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)

ECBP-10.3   National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)

ECBP-10.4   National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)

ECBP-10.5   National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)

ECBP-10.6   National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)

ECBP-10.7   National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)

ECBP-10.8   National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)

ECBP-10.9   National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)

ECBP-12.1   Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)

ECBP-12.2   Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)

ECBP-12.3   Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)

ECBP-12.4   Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)

ECBP-12.5   Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)

ECBP-12.6   Annual LCME Medical School Questionnaires, Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC/LCME)

ECBP-13.1   Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)

ECBP-13.2   Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)

ECBP-13.3   Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)

ECBP-13.4   Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)

ECBP-13.5   Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)

ECBP-13.6   Annual Statistical Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM)

ECBP-14.1   Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)

ECBP-14.2   Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)

ECBP-14.3   Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)

ECBP-14.4   Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)

ECBP-14.5   Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)

ECBP-14.6   Brief Baccalaureate Nursing Curriculum Survey, American Association of Colleges of Nursing (AACN)

ECBP-15.1   Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)

DATA SOURCES—Continued

ECBP-15.2   Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)

ECBP-15.3   Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)

ECBP-15.4   Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)

ECBP-15.5   Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)

ECBP-15.6   Collaborative Curriculum Survey, American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties (AACN and NONPF)

ECBP-16.1   Curriculum Survey, Physician Assistant Education Association (PAEA)

ECBP-16.2   Curriculum Survey, Physician Assistant Education Association (PAEA)

ECBP-16.3   Curriculum Survey, Physician Assistant Education Association (PAEA)

ECBP-16.4   Curriculum Survey, Physician Assistant Education Association (PAEA)

ECBP-16.5   Curriculum Survey, Physician Assistant Education Association (PAEA)

ECBP-16.6   Curriculum Survey, Physician Assistant Education Association (PAEA)

ECBP-17.1   Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy

ECBP-17.2   Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy

ECBP-17.3   Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy

ECBP-17.4   Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy

ECBP-17.5   Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy

ECBP-17.6   Survey of Professional and Graduate Degree Programs, American Association of Colleges of Pharmacy

ECBP-18.1   Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)

ECBP-18.2   Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)

ECBP-18.3   Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)

ECBP-18.4   Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)

ECBP-18.5   Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)

ECBP-18.6   Annual Survey of Professional Dental Degree Programs, American Dental Association (ADA)

ECBP-19   National Interprofessional and Prevention Education Survey, Association for Prevention Teaching and Research and the Healthy People Curriculum Task Force (APTR and HPCTF)

Table 11–3. Midcourse Health Disparities[1] for Population-based Educational and Community-Based Programs Objectives

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios[2,3] for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point

- ■ Group with the most favorable (least adverse) rate
- ■ Group with the least favorable (most adverse) rate
- ▢ Data are available, but this group did not have the highest or lowest rate.
- ▢ Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Sex			Race and Ethnicity								Education							Family Income[4]						Disability			Location		
	Male	Female	Summary Disparity Ratio[2]	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio[3]	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio[3]	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio[3]	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio[2]	Metropolitan	Nonmetropolitan	Summary Disparity Ratio[2]
ECBP-6 Persons completing high school (percent, 18–24 years) (2013)	■	■	1.013*	▢	■ a b	■ a b	▢	■	▢	▢	1.070*	▢	▢	▢	▢	▢	▢		▢	▢	▢	▢	▢		▢	▢		▢	▢	

NOTES

See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of disparities.

FOOTNOTES

[1]**Health disparities** were assessed among population groups within specified demographic characteristics (sex, race and ethnicity, educational attainment, etc.). This assessment did not include objectives that were not population-based, such as those based on states, worksites, or those monitoring the number of events.

[2]When there were only two groups (e.g., male and female), the **summary disparity ratio** was the ratio of the higher to the lower rate.

[3]When there were three or more groups (e.g., white non-Hispanic, black non-Hispanic, Hispanic) and the most favorable rate (R_b) was the highest rate, the **summary disparity ratio** was calculated as R_b/R_a, where R_a = the average of the rates for all other groups. When there were three or more groups and the most favorable rate was the lowest rate, the summary disparity ratio was calculated as R_a/R_b.

FOOTNOTES—Continued

[4]Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100–199%, 200–399%, 400–599%, and at or above 600% of the poverty threshold, respectively.

*The summary disparity ratio was significantly greater than 1.000. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale.

[a]Data are for Asian or Pacific Islander persons.

[b]Data do not include persons of Hispanic origin.

DATA SOURCE

ECBP-6   Current Population Survey (CPS), Census and DOL/BLS