

Healthy People 2020 Summary of Objectives

Early and Middle Childhood

Number	Objective Short Title
EMC-1	Healthy development for school readiness
EMC-2	Positive parenting
EMC-3	Quality of sleep in children
EMC-4	School health education

Topic Area: Early and Middle Childhood

EMC–1: (Developmental) Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development.

Potential data sources: National Survey of Children’s Health (NSCH), HRSA, MCHS; CDC, NCHS; National Household Education Surveys (NHES), ED.

EMC–2: Increase the proportion of parents who use positive parenting and communicate with their doctors or other health care professionals about positive parenting.

EMC–2.1 (Developmental) Increase the proportion of parents who report a close relationship with their child.

Potential data sources: National Survey of Children’s Health (NSCH)/National Survey of Adoptive Parents (NSAP), HRSA, MCHB; CDC, NCHS.

EMC–2.2 Increase the proportion of parents who use positive communication with their child.

Target: 76.8 percent.

Baseline: 69.8 percent of children aged 6 to 17 years had parents who reported that their child can share ideas or talk about things that matter “very well” in 2007.

Target setting method: 10 percent improvement.

Data sources: National Survey of Children’s Health (NSCH), HRSA, MCHB; CDC, NCHS.

EMC–2.3 Increase the proportion of parents who read to their young child.

Target: 52.6 percent.

Baseline: 47.8 percent of children aged 0 to 5 years had parents who reported that someone in their family read to the child every day in the past week in 2007.

Target setting method: 10 percent improvement.

Data sources: National Survey of Children’s Health (NSCH), HRSA, MCHB; CDC, NCHS.

EMC–2.4 Increase the proportion of parents who receive information from their doctors or other health care professionals when they have a concern about their children’s learning, development, or behavior.

Target: 52.8 percent.

Baseline: 48.0 percent of children aged 0 to 5 years who visited or used a health service in the past 12 months had parents who reported that their child's doctor asked about their concerns about their child's learning, development, or behavior in 2007.

Target setting method: 10 percent improvement.

Data sources: National Survey of Children's Health (NSCH), HRSA, MCHB; CDC, NCHS.

EMC-2.5 (Developmental) Increase the proportion of parents with children under the age of 3 years whose doctors or other health care professionals talk with them about positive parenting practices.

Potential data sources: National Survey of Early Childhood Health (NSECH), HRSA, MCHB; CDC, NCHS.

EMC-3: (Developmental) Reduce the proportion of children who have poor quality of sleep.

Potential data sources: National Survey of Children's Health (NSCH), HRSA, MCHB; CDC, NCHS.

EMC-4: Increase the proportion of elementary, middle, and senior high schools that require school health education.

EMC-4.1 Increase the proportion of schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education.

EMC-4.1.1 Increase the proportion of elementary schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education.

Target: 38.7 percent.

Baseline: 35.2 percent of elementary schools, including public and private schools, required newly hired staff who taught required health education to have undergraduate or graduate training in health education in 2006.

Target setting method: 10 percent improvement.

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

EMC-4.1.2 Increase the proportion of middle schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education.

Target: 62.6 percent.

Baseline: 56.9 percent of middle schools, including public and private schools, required newly hired staff who taught required health education to have undergraduate or graduate training in health education in 2006.

Target setting method: 10 percent improvement.

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

EMC-4.1.3 Increase the proportion of high schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education.

Target: 84.5 percent.

Baseline: 76.8 percent of high schools, including public and private schools, required newly hired staff who taught required health education to have undergraduate or graduate training in health education in 2006.

Target setting method: 10 percent improvement.

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

EMC–4.2 Increase the proportion of schools that require newly hired staff who teach required health instruction to be certified, licensed, or endorsed by the State in health education.

EMC–4.2.1 Increase the proportion of elementary schools that require newly hired staff who teach required health instruction to be certified, licensed, or endorsed by the State in health education.

Target: 35.8 percent.

Baseline: 32.5 percent of elementary schools, including public and private schools, required newly hired staff who taught required health instruction to be certified, licensed, or endorsed by the State in health education in 2006.

Target setting method: 10 percent improvement.

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

EMC–4.2.2 Increase the proportion of middle schools that require newly hired staff who teach required health instruction to be certified, licensed, or endorsed by the State in health education.

Target: 55.8 percent.

Baseline: 50.7 percent of middle schools, including public and private schools, required newly hired staff who taught required health instruction to be certified, licensed, or endorsed by the State in health education in 2006.

Target setting method: 10 percent improvement.

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

EMC–4.2.3 Increase the proportion of high schools that require newly hired staff who teach required health instruction to be certified, licensed, or endorsed by the State in health education.

Target: 80.1 percent.

Baseline: 72.8 percent of high schools, including public and private schools, required newly hired staff who taught required health instruction to be certified, licensed, or endorsed by the State in health education in 2006.

Target setting method: 10 percent improvement.

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

EMC–4.3 Increase the proportion of schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools.

EMC–4.3.1 Increase the proportion of elementary schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools.

Target: 11.5 percent.

Baseline: 7.5 percent of elementary schools, including public and private schools, required cumulative instruction in health education that met the US National Health Education Standards in 2006.

Target setting method: 4 percentage point improvement.

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

EMC–4.3.2 Increase the proportion of middle schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools.

Target: 14.3 percent.

Baseline: 10.3 percent of middle schools, including public and private schools, required cumulative instruction in health education that met the US National Health Education Standards in 2006.

Target setting method: 4 percentage point improvement.

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

EMC–4.3.3 Increase the proportion of high schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools.

Target: 10.5 percent.

Baseline: 6.5 percent of high schools, including public and private schools, required cumulative instruction in health education that met the US National Health Education Standards in 2006.

Target setting method: 4 percentage point improvement.

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

EMC–4.4 Increase the proportion of required health education classes or courses with a teacher who has had professional development related to teaching personal and social skills for behavior change within the past 2 years.

Target: 57.8 percent.

Baseline: 52.5 percent of required health education classes or courses were taught by a teacher who has had professional development related to teaching personal and social skills for behavior change within the past 2 years in 2006.

Target setting method: 10 percent improvement.

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