

**GOAL 1: REDUCE THE MAJOR THREATS TO THE HEALTH AND PRODUCTIVITY OF ALL AMERICANS.**

*Good health lies at the heart of the nation's well being.* A healthy work force is more productive; a healthy student body is ready to learn; and healthy people are able to build a better society. HHS investments in reducing or eliminating behavioral threats to life and good health can pay off heavily in improved health and productivity of the American people.

**For every \$1 spent on tobacco, drug, alcohol and sexuality education, \$14 are saved in avoided health care costs.**

❖ **We took steps to reduce tobacco use especially among youth.**

Every day, 3000 teenagers start smoking, and 1 out of 3 will die of smoking-related diseases.

Between 1991 and 1997 tobacco use among youth increased from 27.5 percent to 36.4 percent. In response to this disturbing trend HHS established an initiative to reduce tobacco use among minors.

CDC's Heart Disease and Health Promotion program seeks to prevent tobacco use. SAMHSA collects youth smoking rates as part of its National Household Survey on Drug Abuse (NHDSA) and administers the Synar Amendment to support programs for compliance to reduce the sale of tobacco to minors and measures changes in youth smoking. FDA efforts emphasize its regulatory role and aim to increase the number of compliance checks performed at retail shops to enforce the requirement that minors do not purchase tobacco products.

The Department will measure the impact of its activities for FY 1999 through CDC's and the Office of Public Health Services' goal to stop the increase in youth smoking. The FY 1999 target for this goal is based on the FY 1997 levels of the biennial Youth Risk Behavior Survey. In the future the Department will use the SAMHSA National Household Survey on Drug Abuse to measure the impact of its activities.

In FY 1999 CDC began funding all 50 states and the District of Columbia to develop and maintain tobacco control programs — an increase of 18 states above last year. Baseline performance data is being developed. CDC also developed and released a set of "best practices" to help states assess their options for tobacco control programs and local funding priorities.

Also, under the Synar regulation states are to reduce the availability rate of tobacco sales to minors to 20 percent or less by the end of FY

**Percentage of Teenagers  
(In Grades 9-12) Who Smoke**

<b>FY 1997</b>	<b>36.4%</b>
<b>FY 1995</b>	<b>34.8%</b>
<b>FY 1993</b>	<b>30.5%</b>
<b>FY 1991</b>	<b>27.5%</b>

Source: CDC Youth Risk Behavior Survey

2002. SAMHSA assists in this effort through technical assistance and sampling studies in the states funded through the Substance Abuse Block Grant — a portion of which must be applied to prevention efforts.

The yearly targets were established with the initial implementation of the Synar regulation, based on the perceived amount of effort required in the state to reduce the sales to minors. For example, States with initial rates above 60 percent were given 2 years to reduce their rates to 40 percent and an additional 3 years to achieve 20 percent. The achievements above expectations resulted in the aggressive goal of 36 states for FY 2001.

In October 1999 SAMHSA announced that average retailer sales rates of tobacco products to minors dropped significantly from 40 percent in 1997 to 24 percent in 1998. This substantial decline reflects the growth of effective state tobacco enforcement programs established as a result of legislation and regulations.

FDA also contributes to this effort by entering into contracts with states to perform compliance checks in order to reduce the number of retailers who sell tobacco products to minors. The increase in compliance checks reflects the increase in participating states from 10 in 1997 to all 50 in FY 1999.



❖ **We helped to improve the diet and the level of physical activity of Americans.**

Lack of a good diet, or *nutrition*, along with physical activity contributes to at least four of the 10 leading causes of death and disability. The costs associated with diet-and activity-related health conditions, including direct health care and lost productivity are estimated at \$71 billion a year, according to a U.S. Department of Agriculture paper. Older Americans are particularly vulnerable to poor nutrition.

To combat this problem in FY 1999 \$504 million was provided to states, area agencies, and tribes which are part of the Administration on Aging's nationwide Aging Network for meals served in *congregate (group or community) settings*, and *home-delivered meals and other community-based services*. The Aging Network comprises 57 State Units on Aging, 655 Area Agencies on Aging, 225 Indian Tribal organizations, and 2 organizations serving Native Hawaiians.

**Goal: (SAMSHA)** Assure services availability for Synar Amendment implementation activities.

**1. FY 1999 Target:** 8 states have a violation rate of tobacco sales to minors at or below 20%

**FY 1999 Actual:** Exceeded the target; 21 states have a rate at or below 20%.

**FY 1997 Baseline:** 4 states, FY 1998 12 states



**2. FY 1999 Target:** SAMHSA provides technical assistance to help all states implement the regulations.

**FY 1999 Actual:** Met the target.

**FY 1997 Baseline:** 12 states



**For every \$1 of federal congregate funds, \$1.70 additional funding is leveraged; for every \$1 of federal home-delivered funds, \$3.35 additional funding is leveraged. The average cost of a meal, including the value of donated labor and supplies, was \$5.17 for a group meal and \$5.31 for a home-delivered meal.**

**Compliance Checks Conducted**

<b>FY 1999</b>	<b>106,186</b>
<b>FY 1998</b>	<b>40,234</b>
<b>FY1997</b>	<b>6,464</b>

**Goal:** Provide Home-Delivered Meals  
**FY 1999 Target:** Maintain level of service provision at 119 million home-delivered meals.  
**FY 1999 Actual:** Actual performance data will be available in September 2001.  
**Trend:** FY 1996: 119 million meals, FY 1997: 123 million meals

**Goal:** Provide Congregate Meals  
**FY 1999 Target:** Maintain level of service provision at 123.4 million congregate meals.  
**FY 1999 Actual:** Actual performance data will be available in September 2001.  
**Trend:** FY 1995: 123.4 million meals, FY 1996: 118.6 million meals, and FY 1997: 113 million meals.

**Rates for reported primary and secondary syphilis**

<b>1998</b>	<b>2.6 per 100,000</b>
<b>1990</b>	<b>20.3 per 100,000</b>

CDC 1998 Sexually Transmitted Disease Surveillance Report

The Network leverages funds received from AoA to provide meals and other community-based services. These meals provided 40 percent to 50 percent of a client's daily intake from one meal per day according to the 1996 program evaluation.

The congregate meal trend is decreasing while the trend toward home-delivered meals is increasing. This is consistent with the pattern of states transferring funding from the congregate meals to the home-delivered meals programs. The FY 1999 targets were set based on the 1995 data available at that time. AoA has adjusted its GPRA targets for future years as a result and will use the FY 1997 actuals as the baseline for both measures in the future.



❖ **We actively promoted the reduction of unsafe sexual behaviors.**

About 12 million new cases of *sexually transmitted diseases* (STDs), 3 million of them among teenagers, occur annually. The annual direct and indirect costs of selected major STDs are approximately \$10 billion (\$17 billion if sexually transmitted HIV infections are included).

Unsafe sexual behavior can result in sexually transmitted diseases and contributes to some of the most rapidly spreading diseases in the country. The U. S. leads industrialized countries in rates of sexually transmitted diseases (STDs). In addition, unsafe sexual behavior among teens can result in unintended pregnancies and potentially life-damaging consequences of adolescent sexual experimentation. HHS has addressed the spread of STDs by prevention activities, surveillance, and research.

Syphilis disproportionately affects a small percentage of the population, particularly African-Americans living in poverty. Syphilis elimination efforts that focus on populations in areas where syphilis persists will help close one of the most glaring racial gaps in health status. CDC will measure the effectiveness of its effort to eliminate syphilis in project areas using an indicator of racial disparity. Beginning in FY 1999 CDC has set targets to reduce racial disparity in syphilis by 15 percent each year over the FY 1998 baseline of 34.2 percent.



To help prevent and control the spread of the deadly AIDS virus, in FY 1999 CDC continued to fund local prevention activities, helped HIV prevention programs to improve their services by applying effective behavioral interventions, and supported researchers to help identify successful approaches that community HIV programs can use. HIV surveillance guidelines were also developed in FY 1998. CDC efforts help state and local education agencies implement HIV prevention programs in schools nationwide to reduce risky behaviors among the 50 million young people who attend school.

In October CDC reported that AIDS fell from the top 15 causes of death in the United States declining an estimated 21 percent from 1997 to 1998, a rate of 4.6 deaths per 100, 000 — the lowest rate since 1987. HIV mortality has declined more than 70 percent since 1995.

CDC is also providing assistance to state and local health agencies and community-based organizations to implement effective surveillance of the incidence of HIV and AIDS. HIV reporting data are increasingly necessary to monitor the effect of the epidemic.

CDC published Guidelines for National Human Immunodeficiency Virus Case Surveillance, including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome in the MMWR Recommendations and Reports (December 10, 1999/Vol 48/No. RR-13).



In October 1999 HHS announced that the *teen birth rate* fell for the seventh straight year and reached its lowest level since 1987. We also released a new guide to help local communities and non-profit organizations establish successful teen pregnancy prevention programs.

In addition to the prevention efforts of CDC, grants such as the Maternal and Child Health Block Grant plus the Abstinence Education program, and the Adolescent Family Life demonstration activities in FY 1999 promoted and tested promising interventions to reduce teenage pregnancies.

HHS awarded \$100 million in new bonuses to four states and the District of Columbia for achieving the nation's largest decreases in out-of-wedlock births between 1994 and 1997.



**Goal: (CDC)** Improve the ability of the Nation's HIV/AIDS surveillance system to identify incidence and prevalence of HIV infection. (CDC)

**FY 1999 Target:** Update current HIV surveillance guidelines for security and confidentiality to include minimum performance standards for state, local and HIV/AIDS surveillance systems.

**FY 1999 Actual:** 100% of the states adopted the confidentiality standards.



**Number of AIDS Cases Reported  
 During 12 Month Period**

Through June 1999	47,083
Through June 1998	54,140
Through June 1997	64,597
Cumulative Total as of June 1999	711,344

CDC HIV/AIDS Surveillance Report,  
 Table 2, Vol.11, No.1 1999

❖ **We worked to curb alcohol use and reduce the use of illicit drugs.**

An estimated 13.6 million Americans were current users of illicit drugs in 1998, meaning that they used an illicit drug at least once during the 30 days prior to the interview for the 1998 National Household Survey on Drug Abuse. SAMHSA issued the results of the survey in 1999. Although this number is slightly less than the 13.9 million estimate for 1997 the difference is not statistically significant. By comparison, the number of current illicit drug users was at its highest in 1979 when the estimate was 25.0 million.

The 1999 Monitoring the Future study of overall drug use among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders also found that use generally remained unchanged since the 1998 survey. The NIH National Institute on Drug Abuse funds the study.

The use of illicit drugs remains at unacceptable levels. HHS and its partners actively deal with these problems through prevention, intervention, and treatment. In addition to the states, one of HHS's partners is the Office of National Drug Control Policy (ONDCP) which coordinates overall federal efforts through strategic goals and objectives. The first ONDCP strategic goal is to educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

To work with states in substance abuse prevention and treatment for youths and others, SAMHSA awarded \$1.56 billion in block grants in FY 1999. SAMHSA strives to improve how states spend their substance abuse prevention dollars by encouraging them to promote six prevention strategies: information dissemination, education, alternative activities, problem identification and referral, community mobilization, and environmental activities.

Drug abuse prevention programs are effective in changing individual characteristics that predict later substance abuse. SAMHSA's ongoing prevention intervention studies on predictor variables support the ONDCP strategic goal and will generate new empirical knowledge about effective approaches for changing the developmental path of children at risk for substance abuse. Although the outcomes of the interventions are not available yet, preliminary findings show significant improvement in the children in the intervention group. The goals of the interventions are to decrease the use of alcohol and tobacco by 10 percent and of marijuana by 5 percent by the end of the program.

To promote the adoption of best practices in reducing alcohol and drug abuse the SAMHSA National Clearinghouse for Alcohol and

Use of Any Illicit Drug In a Year		
	1998	1999
8 <sup>th</sup> Graders	21.0%	20.5%
10 <sup>th</sup> Graders	35.0%	35.9%
12 <sup>th</sup> Graders	41.4%	42.1%

University of Michigan 1999  
 Monitoring the Future Survey

*“For the past two years we have been cautiously optimistic as a series of encouraging reports seemed to indicate a leveling off and even a possible decline in drug use among teens after years of dramatic increases. While it looks like we have turned the corner...we must not rest.”*

**Donna Shalala, Secretary of HHS  
 August, 1999**

**Goal (SAMHSA):** Assure availability of services.  
**FY 1999 Target:** 80% of states spend prevention funds in each of the six strategy areas.  
**FY 1999 Actual:** Exceeded the target; 90% of states spent prevention funds in each of the six categories.



Drug Information (NCADI) distributes public information on prevention, intervention, and treatment. NCADI has experienced tremendous growth in the number of requests that it receives for information. In 1999 SAMHSA dramatically exceeded its target of a five-percent increase from its 1997 baseline. NCADI had a 129 percent increase, an average of 40,285 requests for information per month.



*Prevention, intervention and treatment reduce drug abuse.*

**NCADI's toll free telephone number is 1-800-729-6686.**

**Goal (SAMHSA):** Bridge the gap between knowledge and practice.

**FY 1999 Target:** 5% increase in number of NCADI information requests per month over FY 1997 baseline.

**FY 1999 Actual:** 129% increase over baseline.

**Trend: FY 1997 Baseline:** 17,600 requests per month; FY 1998: 25,289; FY 1999: 40,285.



**Effectiveness of Treatment:** In its 1996 National Treatment Improvement Evaluation Study (NTIES), SAMHSA found a clear linkage between the provision of substance abuse treatment services and improved life outcomes for both children and adults. The following are examples of NTIES findings on treatment effectiveness:

- 78 % reduction in the percentage of individuals engaging in both the sale of illicit drugs and violent crimes;
- 19 % increase in the rate of employment;
- 42 % decrease in the percentage of individuals who were homeless;
- 53 % decrease in alcohol and other drug-related medical visits;
- 28 % decrease in inpatient mental health visits; and
- 34-56 % decrease in "high risk" sexual behaviors associated with the transmission of HIV.

**Cornell University researchers in a study of 6,000 students in NY State found that the odds of drinking, smoking, and using marijuana were 40% lower among students who participated in a school-based substance abuse program in grades 7-9 than among their counterparts who did not.**

