

## **Table of Contents**

Introduction .....	2
Arkansas Coalition for Obesity Prevention .....	4
Arkansas Wellness Coalition .....	20
Arthritis .....	30
Asthma Coalition.....	35
Cancer Coalition .....	40
Diabetes Advisory Council.....	49
Heart Disease & Stroke Prevention .....	57
Lifestage Health .....	69
Oral Health.....	80
Tobacco Prevention and Cessation.....	85

The following chart outlines draft Healthy People 2020 objectives for Arkansas. The objectives are listed by the Coalition/Program with primary interest in the objective: Arkansas Coalition for Obesity Prevention, Arkansas Wellness Coalition, Arthritis, Asthma Coalition, Cancer Coalition, Diabetes Advisory Council, Heart Disease and Stroke Prevention, Lifestage Health, Oral Health, and Tobacco Prevention and Cessation. National baseline data are given for each objective as well as the national target goal. The latest Arkansas baseline data are given where available along with the Arkansas 2020 goals.

Acronyms used in this document:

<b>Acronym</b>	<b>Meaning</b>
AAPA	American Academy of Physician Assistants
ACHI	Arkansas Center for Health Improvement
ACS	American Community Survey
ADE	Arkansas Department of Education
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
AOSN	Arkansas Out Of School Network
APNA	Arkansas Prevention Needs Assessment Survey
AR	Arkansas
ARCHES	Arkansas Cardiovascular Health Examination Survey
ARS	Agricultural Research Service
ATS	Arkansas Tobacco Survey
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHAC	Child Health Advisory Committee
CHIP	Children's Health Insurance Program
CKD	Chronic Kidney Disease
CMS	Centers for Medicare and Medicaid Services
COPH	College of Public Health
CSHCN	Children with Special Health Care Needs
CVH Survey	Survey of Employer Cardiovascular Health Resources, Policies and Programs
DGA	Dietary Guidelines for Americans
DHS	Department of Human Services
DOT	Department of Transportation
ESRD	End-Stage Renal Disease
FHWA	Federal Highway Administration
GWTC-Stroke	Get with the Guidelines Program–Stroke Module
HDSP	Heart Disease and Stroke Prevention
HHS	Health and Human Services
HINTS	Health Information National Trends Survey
LDH	Local Health Unit
MEPS	Medical Expenditure Panel Survey
NACCHO	National Association of County and City Health Officials
NAEPP	National Asthma Education and Prevention Program
NAMCS	National Ambulatory Medical Care Survey
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion

NCHS	National Center for Health Statistics
NCI	National Cancer Institute
NDI	National Death Index
NEMIS	National EMS Information System
NHAMCS	National Hospital Ambulatory Medical Care Survey
NHANES	National Health and Nutrition Examination Survey
NHDS	National Hospital Discharge Survey
NHIS	National Health Interview Survey
NHTS	National Household Travel Survey
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIH	National Institutes of Health
NPHIC	The National Public Health Information Coalition
NPI	National Provider Identifier Registry
NSCH	National Survey of Children's Health
NSDUH	National Survey on Drug Use and Health
NVSS	National Vital Statistics System
NVSS-M	National Vital Statistics System--Mortality
NYTS	National Youth Tobacco Survey
PEW	Pew Internet and American Life Project
PRAMS	Pregnancy Risk Assessment Monitoring System
SHPPS	School Health Policies and Program Study
SHPPS	School Health Policies and Programs Study
STATE	State Tobacco Activities Tracking & Evaluation System
TUS-CPS	Tobacco Use Supplement to the Current Population Survey
USDA	United States Department of Agriculture
USRDS	United States Renal Data System
YRBSS	Youth Risk Behavior Surveillance System
YTS	Youth Tobacco Survey

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AH 2	Increase the proportion of adolescents who participate in extracurricular and out-of-school activities.	82.5% of adolescents aged 12 to 17 years participated in extracurricular and/or out-of-school activities in the past 12 months, as reported in 2007. Data Source: National Survey of Children's Health (NSCH), HRSA, MCHB, CDC, NCHS.	90.8%. Target setting method: 10% improvement.	12% of Arkansas' K-12 grade youths participate in afterschool programs (AOSN 2009)	13.2% of K-12 grade youths participating in afterschool Target setting method: 10% improvement.	Arkansas Out of School Network
ECBP 1	(Developmental) Increase the proportion of preschools and Early Head Start programs that provide health education to prevent health problems in the following areas: (1.6) unhealthy dietary patterns (1.7) inadequate physical activity.	Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.	Not Available	All Early Head Start in Arkansas require health education on unhealthy dietary patterns and inadequate physical activity.	100% of Head Start Programs requiring health education on unhealthy dietary patterns and inadequate physical activity.	Arkansas Head Start
ECBP 8	(Developmental) Increase the proportion of worksites that offer an employee health promotion program to their employees. (8.1) Worksites with fewer than 50 employees. (8.2) Worksites with 50 or more employees. (8.3) Worksites with 50 to 99 employees. (8.4) Worksites with 100 to 249 employees. (8.5) Worksites with 250 to 749 employees. (8.6) Worksites with 750 or more employees.	Potential data source: National Survey of Employer-Sponsored Health Plans.	Not Available	Employers who offered health education classes, workshops, lectures, or special events in the past 12 months: 2008 50 + (All) 45% 50-99 38% 100-249 42% 249+ 63%	49.5% Target setting method: 10% improvement	Survey of Employer Cardiovascular Health Resources, Policies, and Programs (CVH Survey)

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
ECBP 9	(Developmental) Increase the proportion of employees who participate in employer-sponsored health promotion activities.	Potential data source: National Survey of Employer-Sponsored Health Plans.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
ECBP 10	Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, State agencies) providing population-based primary prevention services in the following areas: Nutrition, Physical Activity	Nutrition- Baseline: In 2008, 86.4% of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in nutrition. Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO). Physical Activity- Baseline: In 2008, 80.5% of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in physical activity. Data source: NACCHO.	Nutrition- Target: 94.7%. Target setting method: 10% improvement. Physical Activity- Target: 88.5%. Target setting method: 10% improvement.	Not Available in AR for all organizations LHDs in AR 39% have a Nutritionist 21% have a Health Educator 8% have a Behavioral Health Professional 1% have a Physician	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
EH 2	Increase use of alternative modes of transportation for work. (2.1) Trips made by bicycling. (2.2) Trips made by walking.	Data source: American Community Survey (ACS), U.S. Bureau of the Census. (2.1) Trips made to work via bicycle in 2008 was 0.5% (2.2) Trips made to work via walking in 2008 was 2.8%	Target setting method: 10% improvement. (2.1) 0.6% (2.2) 3.1 %	Alternative modes of transportation in 2009 (ACS) Bicycling 0.1% Walking 1.9%	Target setting method: Consensus Bicycling 1% Walking 4%	American Community Survey (ACS)
NWS 1	Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in childcare.	24 states had nutrition standards in 2006; Data sources: National Resource Center for Health and Safety in Child Care and Early Education, and child care licensing websites from each State government and the District of Columbia.	34 states (can include the District of Columbia). Target setting method: 1 State per year improvement (can include the District of Columbia).	Arkansas has set nutrition standards for all childcare.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Legislature/ Policy
NWS 2	Increase the percentage of schools that offer nutritious foods and beverages outside of school meals. (2.1) Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students. (2.2) Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold.	Data source: School Health Policies and Programs Study, CDC. (2.1) 9.3% in 2006 (2.2) 6.6% in 2006	Target setting method: Modeled on previous data: 12% point increase. (2.1) 21.3% (2.2) 18.6%	28% of schools in Arkansas had nutrition policies for after school programs in 2009 (COPH Act 1220 evaluation)	30.8% Target setting method: 10% improvement	COPH Act 1220 annual evaluation

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 3	Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines.	8 States (including the District of Columbia) in 2009. Data sources: CDC State Indicator Report on Fruits and Vegetables.	18 States (can include the District of Columbia). Target setting method: Modeled on previous data; 1 state per year improvement (can include the District of Columbia).	Currently Arkansas does not have any policies.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Legislature / Policy
NWS 5	Increase the proportion of primary care physicians who regularly measure the body mass index of their patients. (5.1) Increase the proportion of primary care physicians who regularly assess body mass index (BMI) in their adult patients. (5.2) Increase the proportion of primary care physicians who regularly assess body mass index (BMI) for age and sex in their child or adolescent patients.	Data source: National Survey on Energy Balance Related Care among Primary Care Physicians. (5.1) 48.7% in 2008  (5.2) 49.7% in 2008	Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
NWS 6	Increase the proportion of physician offices visits that include counseling or education related to nutrition or weight. (6.1) Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet and nutrition. (6.2) Increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity. (6.3) Increase the proportion of physician visits made by child or adult patients that include counseling about nutrition or diet.	Data source: National Ambulatory Medical Care Survey, CDC, NCHS.  (6.1) 20.8% in 2007  (6.2) 28.9% in 2007  (6.3) 12.2% in 2007	Target setting method: 10% improvement  (6.1) 22.9%  (6.2) 31.8%  (6.3) 15.2%	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

**Arkansas Coalition for Obesity Prevention**

<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
NWS 7	(Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling.	Potential data source: A follow-up survey to the 204 National Worksite Health Promotion Survey.	Not Available	Employers who offer nutrition or weight control programs to employees 2008—34% 2002—18%	37.4% Target setting method: 10% improvement	Survey of Employer Cardiovascular Health Resources, Policies, and Programs (CVH Survey)
NWS 8	Increase the proportion of adults who are at a healthy weight.	30.8% of persons ages 20 years and over were at a healthy weight in 2005-08. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	33.9% Target setting method: 10% improvement	33.4% of adult Arkansans are neither obese nor overweight (BRFSS 2009)	36.7% Target setting method: 10% improvement	BRFSS
NWS 9	Reduce the proportion of adults who are obese.	34.0% of persons ages 20 years and over were obese in 2005-08. Data source: NHANES, CDC, NCHS.	30.6%. Target setting method: 10% improvement	31.5% of adult Arkansans are obese (BRFSS 2009)	28.6% Target setting method: 10% improvement	BRFSS

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 10	<p>Reduce the proportion of children and adolescents who are considered obese.</p> <p>(10.1) Children age 2 to 5 years.</p> <p>(10.2) Children age 6 to 11 years.</p> <p>(10.3) Adolescents aged 12 to 19 years.</p> <p>(10.4) Children and adolescents aged 2 to 19 years.</p>	<p>Data source: NHANES, CDC, NCHS.</p> <p>(10.1) 10.7% were considered obese in 2005-08.</p> <p>(10.2) 17.4% were considered obese in 2005-08.</p> <p>(10.3) 17.9% were considered obese in 2005-08.</p> <p>(10.4) 16.2% were considered obese in 2005-08.</p>	<p>Target setting method: 10% improvement</p> <p>(10.1) 9.6% children age 2 to 5 years.</p> <p>(10.2) 15.7% children age 6 to 11 years.</p> <p>(10.3) 16.1% children age 12 to 19 years</p> <p>(10.4) 14.6% children age 2 to 19 years.</p>	<p>AR Public School Students were obese in the 2009-2010 school year.</p> <p>All 21% obese</p> <p>Grade K 16% obese</p> <p>Grade 2 19% obese</p> <p>Grade 4 23% obese</p> <p>Grade 6 25% obese</p> <p>Grade 8 23% obese</p> <p>Grade 10 21% obese</p>	<p>18.9% obese</p> <p>Target setting method:10% improvement</p> <p>All 18.9%</p> <p>Grade K 14.4%</p> <p>Grade 2 17.1%</p> <p>Grade 4 20.76%</p> <p>Grade 6 22.5%</p> <p>Grade 8 20.7%</p> <p>Grade 10 18.9%</p>	<p>ACHI</p>
NWS 12	<p>Eliminate very low food security among children.</p>	<p>1.3% of households with children had very low food security among children in 2008.</p> <p>Data source: Food Security Supplement to the Current Population Survey, U.S. Department of Commerce, Bureau of the Census.</p>	<p>0.2%. Target setting method: Consistent with the Department of Agriculture's policy to eliminate childhood hunger by 2015.</p>	<p>6.4% very low food security in Arkansas (Household food Security in the US 2009)</p>	<p>5.76%</p> <p>Target setting method: 10% improvement</p>	<p>Household Food Security in the United States</p>

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 14	Increase the contribution of fruits to the diets of the population aged 2 years and older.	0.5 cup equivalents of fruits per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001-04. Data source, NHANES, CDC, NCHS and USDA, ARS.	0.9 cup equivalents per 1,000 calories. Target setting method: Evidence-based approach (Considered the baseline in relation to 2005 Dietary Guidelines for Americans (DGA) recommendations, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).	For adults 18 and over: 1.7 servings or 0.9 servings per 1000 kcal (ARCHES 2007)	For adults 18 and over: 1.9 servings or 1.0 servings per 1000 kcal Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 15	<p>Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.</p> <p>(15.1) Increase the contribution of total vegetables to the diets of the population aged 2 years and older.</p> <p>15.2 Increase the contribution of dark green vegetables, orange vegetables, and legumes to the diets of the population aged 2 years and older.</p>	<p>Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.</p> <p>(15.1) 0.8 cup equivalents of total vegetables per 1,000 calories in 2001-04 (age adjusted to the year 2000 standard population).</p> <p>(15.2) 0.1 cup equivalents of dark green or orange vegetables or legumes per 1,000 calories in 2001-04 (age adjusted to the year 2000 standard population).</p>	<p>Not Available</p> <p>(15.1) 1.1 cup equivalents per 1,000 calories. Target setting method: Evidence-based approach (Considered the baseline in relation to 2005 DGA recommendations, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).</p> <p>(15.2) 0.3 cup equivalents per 1,000 calories. Target setting method: Evidence-based approach (Considered the baseline in relation to USDA Food Guide recommendations, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).</p>	<p>For adults 18 and over: total vegetable consumption is 2.2 servings or 1.2 servings per 1000 kcal (ARCHES 2007)</p> <p>Specific vegetable consumption not available for Arkansas</p>	<p>For adults 18 and over: total vegetable consumption of 2.4 servings or 1.3 servings per 100 kcal</p> <p>Target setting method: 10% improvement</p> <p>Potential objective. Currently no data, but an opportunity for data collection in the future</p>	Not Available

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 16	Increase the contribution of whole grains to the diets of the population aged 2 years and older.	0.3 ounce equivalents of whole grains per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001-04. Data source: NHANES, CDC, NCHS and USDA, ARS.	Target: 0.6 ounce equivalents per 1,000 calories. Target setting method: Evidence-based approach (Considered the baseline in relation to 2005 DGA recommendation, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).	For adults 18 and over: daily fiber consumption is 16.6 grams or 8.7 grams per 1000 kcal (ARCHES 2007)	For adults 18 and over: daily fiber consumption of 18.3 grams or 9.6 grams per kcal Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 17	<p>Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older.</p> <p>(17.1) Reduce consumption of calories from solid fats.</p> <p>(17.2) Reduce consumption of calories from added sugars.</p> <p>(17.3) Reduce consumption of calories from solid fats and added sugars.</p>	<p>Data source: NHANES, CDC, NCHS and USDA, ARS</p> <p>(17.1) 18.9% was the mean percentage of total daily calorie intake in 2001-04</p> <p>(17.2) 15.7% was the mean percentage of total daily calorie intake in 2001-04.</p> <p>(17.3) 34.6% was the mean percentage of total daily calorie intake in 2001-04</p>	<p>Target setting method: Evidence-based approach (Considered the baseline in relation to USDA Food Guide recommendations, potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).</p> <p>(17.1) 16.7%</p> <p>(17.2) 10.8%</p> <p>(17.3) 29.8%</p>	<p>Percent of daily calories consumed by adults 18 and over: Solid fats 15.3% (Saturated fats 12.8%, Trans fats 2.5%)</p> <p>Added sugars 34.4% (Sucrose 19.7%, Fructose 15.0%)</p> <p>Combined solid fats and added sugar 49.7% (ARCHES 2007)</p>	<p>Percent of daily calories consumed by adults 18 and over: Solid fats 13.7% (Saturated fats 11.5%, Trans fats 2.2%)</p> <p>Added sugars 31.2% (Sucrose 17.7%, Fructose 13.5%)</p> <p>Combined solid fats and added sugar 44.9%</p> <p>Target setting method: 10% improvement</p> <p>Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	Not Available

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OA 6	<p>Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities.</p> <p>BRFSS Questions:                      What is your age?                      Are you limited in any way in any activities because of physical, mental or emotional problems? Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Because of any impairment or health problem do you need the help of other persons in handling your routine needs such as everyday household chores doing necessary business shopping or getting around for other purposes? Because of any impairment or health problem do you need the help of other persons with your personal care needs such as eating bathing dressing or getting around the house? During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?)</p>	<p>33.7% of older adults with reduced physical or cognitive function engaged in light, moderate, or vigorous leisure-time physical activities in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHS.</p>	<p>37.1%. Target setting method: 10% improvement.</p>	<p>BRFSS 2005                      35.16% of adults 65 and over with moderate to severe functional limitations (N = 388) reported participating in some exercise during the past month.</p>	<p>38.7%                      Target setting method: 10% improvement</p>	<p>BRFSS</p>

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
PA 2	<p>Increase the proportion of adults that meet current Federal physical activity guidelines for aerobic physical activity and for muscle strength training.</p> <p>(2.1) Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination.</p> <p>(2.2) Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination.</p> <p>(2.3) Increase the proportion of adults who perform muscle-strengthening activities on 2 or more days of the week.</p> <p>(2.4) Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity.</p>	<p>Data source: National Health Interview Survey, CDC, NCHS.</p> <p>(2.1) 43.5% of adults in 2008</p> <p>(2.2) 28.4% of adults in 2008</p> <p>(2.3) 21.9% of adults in 2008</p> <p>(2.4) 18.2% of adults in 2008</p>	<p>Target setting method: 10% improvement.</p> <p>(2.1) 47.9%</p> <p>(2.2) 31.3%</p> <p>(2.3) 24.1%</p> <p>(2.4) 20.1%</p>	<p>Percent of adults that meet current guidelines for physical activity (BRFSS):</p> <p>2009—47.3%</p> <p>2007—45.9%</p> <p>2005—46.4%</p> <p>2003—45.3%</p> <p>2001—45.2%</p>	<p>49.4% based on trend</p>	<p>BRFSS</p>
PA 3	<p>Increase the proportion of adolescents that meet current physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.</p> <p>(3.1) Aerobic physical activity.</p> <p>(3.2) (Developmental) Muscle-strengthening activity.</p> <p>(3.3) (Developmental) Aerobic physical activity and muscle-strengthening activity.</p>	<p>(3.1) 18.4%. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.</p> <p>(3.2) Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.</p> <p>(3.3) Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.</p>	<p>20.1%. Target setting method: 10% improvement.</p>	<p>Percent Physically active at least 60 minutes per day 7 days per week:</p> <p>2009—24.3%</p> <p>2007—24.9%</p> <p>2005—18.4%</p>	<p>26.7% Target setting method: 10% improvement</p>	<p>YRBSS</p>

**Arkansas Coalition for Obesity Prevention**

<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
PA 5	Increase the proportion of adolescents who participate in daily school physical education.	33.3% of adolescents participated in daily school physical education in 2009. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	36.6%. Target setting method: 10% improvement.	22.7% of adolescents participated in daily school physical education (YBRS 2009)	24.97% Target setting method: 10% improvement	YBRSS
PA 6	Increase regularly scheduled elementary school recess in the United States.  6.1 Increase the number of States that require regularly scheduled elementary school recess. 6.2 Increase the proportion of school districts that require regularly scheduled elementary school recess.	Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP. (6.1) 7 states  (6.2) 57.1%	Target setting method: 10% improvement.  (6.1) 17 states  (6.2) 62.8%	Not Available	Will support Child Health Advisory Committee (CHAC)	Not Available
PA 7	Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time.	61.5%. Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.	67.7%. Target setting method: 10% improvement.	Not Available for Arkansas	Will support Child Health Advisory Committee (CHAC)	Not Available

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
PA 8	<p>Increase the proportion of children and adolescents who do not exceed recommended limits for screen time.</p> <p>(8.1) Increase the proportion of children aged 0 to 2 years who view no television or videos on an average weekday.</p> <p>(8.2) Increase the proportion of children and adolescents aged 2 years through 12th grade who view television, videos, or play video games for no more than 2 hours a day.</p> <p>(8.2.1) Children aged 2 to 5 years.</p> <p>(8.2.2) Children and adolescents aged 6 to 14 years.</p> <p>(8.2.3) Adolescents in grades 9 through 12.</p> <p>8.3 Increase the proportion of children and adolescents aged 2 years to 12th grade who use a computer or play computer games outside of school (for nonschool work) for no more than 2 hours a day</p> <p>(8.3.1) Children aged 2 to 5 years.</p> <p>(8.3.2) Children aged 6 to 14 years.</p> <p>(8.3.3) Adolescents in grades 9 through 12.</p>	<p>(8.1) 40.6%. Data source: National Survey of Children's Health (NSCH), HRSA, MCHB.</p> <p>(8.2.1) 75.6% Data source: NHANES, CDC, NCHS.</p> <p>(8.2.2) 78.9%. Data source: NHANES, CDC, NCHS.</p> <p>(8.2.3) 67.2%. Data source: YRBSS, CDC, NCCDHP.</p> <p>(8.3.1) 97.4%. Data source: NHANES, CDC, NCHS.</p> <p>(8.3.2) 93.3%. Data source: NSCH, HRSA, MCHB.</p> <p>(8.3.3) 75.1%. Data source: YRBSS, CDC, NCCDHP.</p>	<p>Target setting method: 10% improvement.</p> <p>44.7%</p> <p>(8.2.1) 83.2%</p> <p>(8.2.2) 86.8%</p> <p>(8.2.3) 73.9%</p> <p>(8.3.1) N/A</p> <p>(8.3.2) 100%</p> <p>(8.3.3) 82.6%</p>	<p>Did not watch TV 3 or more hours per day on an average school day (YRBSS): 2009 - 63.6% 2007 – 65.7%</p> <p>Did not use computers 3 or more hours per day on an average school day (YRBS):</p> <p>2009 – 79%</p> <p>2007 – 81%</p>	<p>TV—69.9%</p> <p>Computer—86.9%</p> <p>Target setting method: 10% improvement</p>	YRBSS
PA 10	<p>Increase the proportion of the Nation’s public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).</p>	<p>28.8% in 2006. Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDHP.</p>	<p>31.7%. Target setting method: 10% improvement.</p>	<p>This data is currently being collected in Arkansas.</p> <p>US—28.8% of public and private schools</p>	<p>Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	<p>Joint Use agreement funded sites as identified by ADE.</p>
PA 11	<p>Increase the proportion of physician office visits that include counseling or education related to physical activity.</p>	<p>(11.1) 13.0% in 2007. Data source: National Ambulatory Medical Care Survey; CDC,</p>	<p>Target setting method: 10% improvement.</p>	<p>Not Available</p>	<p>Potential objective. Currently no data, but an opportunity for data</p>	<p>Not Available</p>

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
	<p>(11.1) Increase the proportion of office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to exercise.</p> <p>(11.2) Increase the proportion of physician visits made by all child and adult patients that include counseling about exercise.</p>	<p>NCHS. (11.2) 7.9% in 2007. Data source: National Ambulatory Medical Care Survey, CDC, NCHS.</p>	<p>(11.1) 14.3% (11.2) 8.7%</p>		<p>collection in the future.</p>	
PA 12	<p>(Developmental) Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs.</p>	<p>Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.</p>	<p>Not Available</p>	<p>Employers that have a designated place for employees to walk. 2008 – 35% 2002 – 28%</p> <p>Employers that have an indoor exercise facility 2008 – 23% 2002 – 20%</p> <p>Estimated (by employer) percent of employees that use the indoor exercise facilities 2008 – 17% 2002 – n/a</p> <p>Estimated (by employer) percent that use stairs 2008 – 22% 2002 – n/a</p>	<p>Employers that have a designated place for employees to walk 38.5%</p> <p>Employers that have an indoor exercise facility 25.3%</p> <p>Estimated (by employer) percent of employees that use the indoor exercise facilities 18.7% Estimated (by employer) percent that use stairs 24.2%</p> <p>Target setting method: 10% improvement</p>	<p>Survey of Employer Cardiovascular Health Resources, Policies, and Programs (CVH Survey)</p>
PA 13	<p>(Developmental) Increase the proportion of trips made by walking.</p> <p>(13.1) Adults aged 18 years and older, trips of one mile or less.</p> <p>(13.2) Children and adolescents aged 5 to 15 years, trips to school of 1 mile or less.</p>	<p>Potential Data source: National Household Travel Survey (NHTS), Department of Transportation (DOT), Federal Highway Administration (FHWA).</p>	<p>Not Available</p>	<p>All trips, unknown</p> <p>Trips for Work, all ages, 1.9% (ACS 2009)</p>	<p>4%</p> <p>Target setting method: consensus</p>	<p>American Community Survey (ACS)</p>

**Arkansas Coalition for Obesity Prevention**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
PA 14	(Developmental) Increase the proportion of trips made by bicycling. (14.1) Adults aged 18 years and older, trips of 5 mile or less. (14.2) Children and adolescents aged 5 to 15 years, trips to school of 2 miles or less	Potential Data source: National Household Travel Survey (NHTS), Department of Transportation (DOT), Federal Highway Administration (FHWA).	Not Available	All trips, unknown  Trips for Work, all ages, 0.1% (ACS 2009)	1%  Target setting method: consensus	American Community Survey (ACS)

Arkansas Wellness Coalition (additional objectives)						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 7	(Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.	Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Potential data source: MEPS
HC/HIT 2	Increase the proportion of persons who report that their health care providers have satisfactory communication skills. (2.1) Increase the proportion of persons who report that their health care provider always listened carefully to them (2.2) Increase the proportion of persons who report that their health care provider always explained things so they could understand them (2.3) Increase the proportion of persons who report that their health care provider always showed respect for what they had to say (2.4) Increase the proportion of persons who report that their health care provider always spent enough time with them	Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.  (2.1) 59% in 2007  (2.2) 60% in 2007  (2.3) 62% in 2007  (2.4) 49% in 2007	Target setting method: 10% improvement.  (2.1) 65%  (2.2) 66%  (2.3) 68.2%  (2.4) 54%	Had good communication with providers – adults on Medicare managed care: 75.7%  Had good communication with providers – adults on Medicare fee for service: 71.5%  Source: National Healthcare Quality Report, 2009 State Snapshots	Potential objective. Currently no data, but an opportunity for data collection in the future.	Agency for Healthcare Research and Quality (AHRQ) National Consumer Assessment of Healthcare Providers and Systems (CAHPS).
HDS 9	Increase the proportion of adults with prehypertension who meet the recommended guidelines for: (9.1) (Developmental) Body mass index (BMI) (9.2) (Developmental) Saturated fat consumption (9.3) (Developmental) Sodium intake (9.4) (Developmental) Physical activity (9.5) (Developmental) Moderate alcohol consumption	Potential data source: NHANES, CDC, NCHS.	Not Available	(9.1) 21.5% (9.2) 29.4% (9.3) 30.0% (9.4) Not Available (9.5) Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future. (9.1) 23.7% (9.2) 32.3% (9.3) 33%  Target setting method: 10% improvement	Not Available

Arkansas Wellness Coalition (additional objectives)						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 10	Increase the proportion of adults with hypertension who meet the recommended guidelines for: (10.1 (Developmental) BMI (10.2) (Developmental) Saturated fat consumption (10.3) (Developmental) Sodium intake (10.4) (Developmental) Physical activity (10.5) (Developmental) Moderate alcohol consumption	Potential data source: NHANES, CDC, NCHS.	Not Available	Source: 2007 ARCHES (10.1) 13.9% (10.2) 26.9%  (10.3) 29.8%  (10.4) Not Available  (10.5) Not Available	(10.1)15.39% (10.2) 29.6%  (10.3) 32.8%  Target setting method: 10% improvement	Not Available
HDS 14	(Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed LDL-cholesterol lowering management lifestyle changes and, if indicated, medication. (14.1) Cholesterol-lowering diet (14.2 ) Physical activity (14.3) Weight control	Potential data source: NHANES, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Arkansas Wellness Coalition Objectives						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 1	Increase the proportion of persons with health insurance (1.1)Medical insurance (1.2) (Developmental) Dental insurance (1.3)(Developmental) Prescription drug insurance	(1.1)83.2% of persons had medical insurance in 2008. Data source: NHIS, CDC, NCHS. (1.2)Potential data source: NHIS, CDC, NCHS. (1.3)Potential data source: NHIS, CDC, NCHS.	100%. Target setting method: Total coverage.	Not Available	Not Available	Not Available
AHS 2	(Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.	Potential data sources: Children's Health Insurance Program (CHIP), CMS; aGing Integrated Database (AGID), AoA; CMS claims data and	Not Available	Not Available	Not Available	Not Available

**Arkansas Wellness Coalition Objectives**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
		Medicare Current Beneficiary Survey (MCBS), CMS.				
AHS 3	Increase the proportion of persons with a usual primary care provider.	76.3% of persons had a usual primary care provider in 2007. Data source: Medical Expenditure Panel Survey (MEPS), AHRQ	83.9%. Target setting method: 10% improvement.	Not Available	Not Available	Not Available
AHS 4	(Developmental) Increase the number of practicing primary care providers. (4.1) (Developmental) Medical Doctor  (4.2) (Developmental) Doctor of osteopathy  (4.3) (Developmental) Physician assistant  (4.4) (Developmental) Nurse practitioner	(4.1) Potential data source: American Medical Association (AMA), Masterfile (4.2) Potential data source: American Medical Association (AMA), Masterfile (4.3) Potential data source: American Academy of Physician Assistants (AAPA) Census. (4.4) Potential data source: National Provider Identifier (NPI) Registry, CMS.	Not Available	Not Available	Not Available	Not Available
AHS 5	Increase the proportion of persons who have a specific source of ongoing care (5.1) All ages  (5.2) Children and youth aged 17 years and under  (5.3) Adults aged 18 to 64 years  (5.4) Adults aged 65 years and older	Data source: National Health Interview Survey (NHIS), CDC, NCHS. (5.1) 86.4% in 2008  (5.2) 94.3% in 2008  (5.3) 81.3% in 2008  (5.4) 96.3% in 2008	(5.1) 95.0%. Target setting method: 10% improvement. (5.2) 100%. Target setting method: 6.0% improvement. (5.3) 89.4%. Target setting method: 10% improvement. (5.4) 100%. Target setting method: 3.8% improvement.	Not Available	Not Available	Not Available

Arkansas Wellness Coalition Objectives						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 6	Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines (6.1) Individuals: medical care, dental care, or prescription medicines (6.2) Individuals: medical care (6.3) Individuals: dental care (6.4) Individuals: prescription medicines	Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.  (6.1) 10% in 2007  (6.2) 4.7% in 2007 (6.3) 5.5% in 2007 (6.4) 3.1% in 2007	Target setting method: 10% improvement.  (6.1) 9%  (6.2) 4.2% (6.3) 5% (6.4) 2.8%	Not Available	Not Available	Not Available
AHS 8	(Developmental) Increase the proportion of persons who have access to rapidly responding pre-hospital emergency medical services 8.1 Population covered by basic life support  8.2 Population covered by advanced life support	          (8.1) Potential data source: National EMS Information System (NEMSIS). (8.2) Potential data source: National EMS Information System (NEMSIS).	Not Available	Not Available	Not Available	Not Available

Arkansas Wellness Coalition Objectives						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 9	(Developmental) Reduce the proportion of hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe (9.1) (Developmental) All Visits (9.2) (Developmental) Level 1: Immediate (9.3) (Developmental) Level 2: Emergent (9.4) (Developmental) Level 3: Urgent (9.5) (Developmental) Level 4: Semi-urgent (9.6) (Developmental) Level 5: Non-urgent	Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.	Not Available	Not Available	Not Available	Not Available
HC/HIT-1	(Developmental) Improve the health literacy of the population (1.1) Increase the proportion of persons who report their health care provider always gave them easy-to-understand instructions about what to do to take care of their illness or health condition (1.2) Increase the proportion of persons who report their health care provider always asked them to describe how they will follow the instructions (1.3) Increase the proportion of persons who report their health care providers' office always offered help in filling out a form	(1.1) Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.  (1.2) Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.  (1.3) Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	Not available	Not available	Not available	Not available
HC/HIT-3	Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted	Baseline: In 2007, 51.6% of persons reported that their health care providers always involved them in decisions about their health care as much as they wanted. Data source: Health Information National Trends Survey (HINTS), NIH, NCI.	Target: 56.8% Target setting method: 10% improvement.	Not available	Not available	Not available

**Arkansas Wellness Coalition Objectives**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HC/HIT-4	(Developmental) Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health	Potential data source: Pew Internet and American Life Project, PEW.	Not available	Not available	Not available	Not available
HC/HIT-5	<p>Increase the proportion of persons who use electronic personal health management tools</p> <p>(5.1) Increase the proportion of persons who use the Internet to keep track of personal health information, such as care received, test results, or upcoming medical appointments</p> <p>5.2 Increase the proportion of persons who use the Internet to communicate with their provider</p>	<p>(5.1)Baseline: In 2007, 14.3% of persons reported using the Internet to keep track of personal health information, such as care received, test results, or upcoming medical appointments. Data source: Health Information National Trends Survey (HINTS), NIH, NCI.</p> <p>(5.2)Baseline: In 2007, 13.6 percent of persons reported using the Internet to communicate with their provider. Data source: Health Information National Trends Survey (HINTS), NIH, NCI.</p>	<p>(5.1)Target: 15.7% Target setting method: 10% improvement.</p> <p>(5.2) Target: 15.0 %. Target setting method: 10 percent improvement.</p>	Not available	Not available	Not available
HC/HIT-6	<p>Increase individuals' access to the Internet</p> <p>6.1 Increase the proportion of persons with access to the Internet</p> <p>6.2 Increase the proportion of persons with broadband access to the Internet</p> <p>6.3 Increase the proportion of persons who use mobile devices</p>	<p>(6.1)Baseline: In 2007, 68.5% of persons reported having access to the Internet. Data source: HINTS, NCI.</p> <p>(6.2)Baseline: In 2007, 75.6% of persons reported having broadband access to the Internet. Data source: HINTS, NCI.</p> <p>(6.3)Baseline: In 2007, 6.7% of persons reported using mobile devices. Data source: HINTS, NCI.</p>	<p>(6.1)Target: 75.4%. Target setting method: 10 percent improvement.</p> <p>(6.2)Target: 83.2% Target setting method: 10% improvement.</p> <p>(6.3)Target: 7.7% Target setting method: 10% improvement.</p>	Not available	Not available	Not available

**Arkansas Wellness Coalition Objectives**

<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
HC/HIT-7	Increase the proportion of adults who report having friends or family members whom they talk with about their health	Baseline: In 2007, 79.5% of adults reported having friends or family members that they talk to about their health. Data source: HINTS, NIH, NCI.	Target: 87.5% Target setting method: 10% improvement.	Not available	Not available	Not available
HC/HIT-8	Increase the proportion of quality, health-related Websites (8.1) Increase the proportion of health-related Websites that meet three or more evaluation criteria disclosing information that can be used to assess information reliability (8.2) (Developmental) Increase the proportion of health-related Websites that follow established usability principles	(8.1)Baseline: In 2009, 52 percent of health-related Websites met three or more evaluation criteria disclosing information that can be used to assess information reliability. Data source: Office of Disease Prevention and Health Promotion survey, HHS. (8.2)Potential data source: Office of Disease Prevention and Health Promotion survey, HHS.	Target: 57.2% Target setting method: 10% improvement.	Not available	Not available	Not available
HC/HIT-9	Increase the proportion of online health information seekers who report easily accessing health information	Baseline: In 2007, 37.3% of online health information seekers reported easily accessing health information. Data source: HINTS, NIH, NCI.	Target: 41.0% Target setting method: 10% improvement.	Not available	Not available	Not available
HC/HIT-10	Increase the proportion of medical practices that use electronic health records	Baseline: In 2007, 25.0% of medical practices reported using electronic health records. Data source: NAMCS, CDC, NCHS.	Target: 27.5% Target setting method: 10% improvement.	Not available	Not available	Not available
HC/HIT-11	(Developmental) Increase the proportion of meaningful users of health information technology (HIT)	Potential data source: Centers for Medicare and Medicaid Services (CMS) Update/Report on Meaningful Use.	Not available	Not available	Not available	Not available
HC/HIT-12	(Developmental) Increase the proportion of crisis and emergency risk messages intended to protect the public's health that demonstrate the use of best practices	Potential data source: CDC Risk Communication Message Survey, CDC.	Not available	Not available	Not available	Not available

**Arkansas Wellness Coalition Objectives**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HC/HIT-13	<p>(Developmental) Increase social marketing in health promotion and disease prevention</p> <p>13.1 Increase the proportion of State health departments that report using social marketing in health promotion and disease prevention programs</p> <p>13.2 Increase the proportion of schools of public health and accredited master of public health (MPH) programs that offer one or more courses in social marketing</p> <p>13.3 Increase the proportion of schools of public health and accredited MPH programs that offer workforce development activities in social marketing for public health practitioners</p>	<p>(13.1) Potential data source: The National Public Health Information Coalition (NPHIC/CDC Cooperative Agreement Healthy People 2020 Survey), CDC</p> <p>(13.2) Potential data sources: National Survey of Public Health Competencies in Social Marketing; Survey of ASPH member schools and accredited MPH programs (Florida Prevention Research Center, University of South Florida).</p> <p>(13.3) Potential data sources: National Survey of Public Health Competencies in Social Marketing; Survey of ASPH member schools and accredited MPH programs (Florida Prevention Research Center, University of South Florida).</p>	Not available	Not available	Not available	Not available

**Arthritis Objectives**

<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
AOCBC 1	Reduce the mean level of joint pain among adults with doctor-diagnosed arthritis.	5.6 (U.S.) was the mean level of joint pain on a visual analog scale of 0 (no pain) to 10 (pain as bad as it can be) among adults aged 18 years and older with doctor-diagnosed arthritis in 2006 (age adjusted to the year 200 standard population).	Target setting method: 10 percent improvement National Health Interview Survey, CDC, NCHS	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	National Health Interview Survey, CDC, NCHS.
AOCBC 2	Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.	39.4% of adults aged 18 years and older with doctor-diagnosed arthritis experienced a limitation in activity due to arthritis or joint symptoms in 2008 (age adjusted to the year 2000 standard population).	35.5% Target setting method: 10 percent improvement National Health Interview Survey, CDC, NCHS	30.0% BRFSS Target setting method: 10 percent improvement	Potential objective. No data currently, but an opportunity for future data collection.	National Health Interview Survey, CDC, NCHS, BRFSS

**Arthritis Objectives**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AOCBC 3	<p>Reduce the proportion of adults with doctor-diagnosed arthritis who find it “very difficult” to perform specific joint-related activities.</p> <p>(3.1) Walk a quarter of a mile-about 3 city blocks.</p> <p>(3.2) Walk up 10 steps without resting.</p> <p>(3.3) Stoop, bend, or kneel.</p> <p>(3.4) Use fingers to grasp or handle small objects.</p>	<p>(3.1) 15.2% of adults aged 18 years and older with doctor-diagnosed arthritis found it “very difficult” to walk a quarter of a mile in 2008 (age adjusted to the year 2000 standard).</p> <p>(3.2) 10.8% of adults aged 18 years and older with doctor-diagnosed arthritis found it “very difficult” to walk up 10 steps without resting in 2008 (age adjusted to the year 2000 standard).</p> <p>(3.3) 21.7% of adults aged 18 years and older with doctor-diagnosed arthritis found it “very difficult” to stoop, bend, or kneel in 2008 (age adjusted to the year 2000 standard).</p> <p>(3.4) 4.4% of adults aged 18 years and older with doctor-diagnosed arthritis found it “very difficult” to use fingers to grasp or handle small objects in 2008 (age adjusted to the year 2000 standard).</p>	<p>(3.1) Target setting method: 10% improvement</p> <p>(3.2) Target: 9.7% Target setting method: 10% improvement</p> <p>(3.3) Target: 19.5% Target setting method: 10% improvement</p> <p>(3.4) Target: 4% Target setting method: 10% improvement</p>	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	National Health Interview Survey, CDC, NCHS.

Arthritis Objectives						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AOCBC 4	Reduce the proportion of adults with doctor-diagnosed arthritis who have difficulty in performing two or more personal care activities, thereby preserving independence.	2.7 % of adults aged 18 years and older with doctor-diagnosed arthritis had difficulty in performing two or more personal care activities in 2008 (age adjusted to the year 2000 standard)	Target: 2.4% Target setting method: 10% improvement	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	National Health Interview Survey, CDC, NCHS.
AOCBC 5	Reduce the proportion of adults with doctor-diagnosed arthritis who report serious psychological distress.	7.3% of adults aged 18 years and older with doctor-diagnosed arthritis who report serious psychological distress in 2008 (age adjusted to the year 2000 standard).	Target: 6.6% Target setting method: 10% improvement	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	National Health Interview Survey, CDC, NCHS.
AOCBC 6	Reduce the impact of doctor-diagnosed arthritis on employment in the working-aged population. (6.1) Reduction in the unemployment rate among adults with doctor-diagnosed arthritis.  (6.2) Reduction in the proportion of adults with doctor-diagnosed arthritis who are limited in their ability to work for pay due to arthritis.	(6.1) 35% of adults aged 18 years and older with doctor-diagnosed arthritis were unemployed in the past week in 2008 (age adjusted to the year 2000 standard). (6.2) 33.1% of adults aged 18 years and older with doctor-diagnosed arthritis were limited in their ability to work for pay due to arthritis 2006 (age adjusted to the year 2000 standard).	(6.1)31.5% Target setting method: 10% improvement  (6.2) 29.8% Target setting method: 10% improvement	(6.1) 27.6% 2004 BRFSS  (6.2) Not Available	Potential objective. No data currently, but an opportunity for future data collection.	National Health Interview Survey, CDC, NCHS.
AOCBC 7	Increase the proportion of adults with doctor-diagnosed arthritis who receive health care provider counseling. (7.1) For weight reduction among overweight and obese persons.	(7.1)41.25% of overweight and obese adults aged 18 years and older with doctor-diagnosed arthritis received health care provider counseling for weight reduction in 2006	(7.1) 45.3% Target setting method: 10% improvement	2004 BRFSS  (7.1) 23.6%	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS

**Arthritis Objectives**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
	(7.2) For physical activity or exercise.	(age adjusted to the year 2000 standard). (7.2) 52.2% of overweight and obese adults aged 18 years and older with doctor-diagnosed arthritis received health care provider counseling for physical activity or exercise in 2006 (age adjusted to the year 2000 standard).	(7.2) 57.4% Target setting method: 10% improvement	(7.2) 43.8%		
AOCBC 8	Increase the proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition.	10.6% of adults aged 18 years and older with doctor-diagnosed arthritis had effective, evidence-based arthritis education as an integral part of the management of their condition in 2006 (age adjusted to the year 2000 standard).	11.7% Target setting method: 10% improvement	10.6% 2004 BRFSS	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS
AOCBC 9	Increase the proportion of adults with chronic joint symptoms who have seen a health care provider for their symptoms.	72.0% of adults aged 18 years and older with chronic joint symptoms saw a health care provider for their symptoms in 2008 (age adjusted to the year 2000 standard).	79.2% Target setting method: 10% improvement	74.1% 2004 BRFSS	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS
AOCBC 10	Reduce the proportion of adults with osteoporosis.	5.9% of adults aged 50 years and older had osteoporosis in 2005-08 (age adjusted to the year 2000 standard population).	Target 5.3% Target setting method: 10% improvement	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	National Health Interview Survey, CDC, NCHS
AOCBC 11	Reduce hip fractures among older adults. (11.1) Females aged 65 years and older.	(11.1) 823.5 hospitalizations per 100,000 for hip fractures per 1000,000 females aged 65 years and older (age	(11.1) Target 741.2 hospitalizations per 100,000 population Target setting method: 10% improvement	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	National Hospital Discharge Survey, CDC, NCHS

**Arthritis Objectives**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
	(11.2) Males aged 65 years and older.	adjusted to the year 2000 standard population) occurred in 2007. (11.2) 418.4 hospitalizations per 100,000 for hip fractures per 1000,000 males aged 65 years and older (age adjusted to the year 2000 standard population) occurred in 2007.	(11.2) 418.4 hospitalizations for hip fractures per 100,000 population			
AOCBC 12	Reduce activity limitation due to chronic back conditions.	30.7 adults per 1,000 population aged 18 years and older experienced activity limitation due to chronic back conditions in 2088 (age adjusted to the year 2000 standard population).	Target: 27.6 adults per 1,000 population	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	National Health Interview Survey, CDC, NCHS

Asthma Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
RD 1	Reduce asthma deaths. (1.1) Children and adults under age 35 years.  (1.2) Adults aged 35 to 64 years old.  (1.3) Adults aged 65 years and older	(1.1) 3.4 asthma deaths per million. Data source: NVSS-M, CDC, NCHS.  (1.2) 11.0 asthma deaths per million; Data source: NVSS-M, CDC, NCHS (1.3) 43.3 asthma deaths per million	N/A; Target setting method: This measure is being tracked for informational purposes. (1.2) 6.0 deaths per million. Target setting method: Projection. (1.3) 22.9 deaths per million. Target setting method: Projection.	2007 Mortality (1.1) 0.03% (1.2) 1.9% (1.3) 5.6%	(1.1) 0.02% (1.2) 1.7% (1.3) 5.0% Target setting method: 10% improvement	Vital Statistics Mortality Data
RD 2	Reduce hospitalizations for asthma (2.1) Children under age 5 years.  (2.2) Children and adults aged 5 to 64 years.  (2.3) Adults aged 65 years and older	Data source: NHDS, CDC, NCHS (2.1) 41.4 hospitalizations per 10,000  (2.2) 11.1 hospitalizations per 10,000  (2.3) 25.3 hospitalizations per 10,000	Target setting method: Minimal statistical significance. (2.1) 18.1 hospitalizations per 10,000 (2.2) 8.6 hospitalizations per 10,000 (2.3) 20.3 hospitalizations per 10,000	2.1 – 247.7 2.2 – 94.1 2.3 – 171.4 (2007 Hospital Discharge)	2.1 – 222.9 2.2 – 84.7 2.3 – 154.3 Target setting method: 10% improvement	Hospital Discharge Data
RD 3	Reduce hospital emergency department visits for asthma.  (3.1) Children under age 5 years  (3.2) Children and adults aged 5 to 64 years.  (3.3) Adults aged 65 years and older.	Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS. (3.1) 132.7 visits per 10,000 (3.2) 56.4 visits per 10,000 (3.3) 21.0 visits per 10,000	Target setting method: Minimal statistical significance.  (3.1) 95.5 visits per 10,000 (3.2) 49.1 visits per 10,000 (3.3) 13.2 visits per 10,000	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
RD 4	Reduce activity limitations among persons with current asthma.	12.7% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHA.	10.2%. Target setting method: Minimal statistical significance.	13.1% 2007 BRFSS	11.8% Target setting method: 10% improvement	BRFSS

<b>Asthma Coalition</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
RD 5	Reduce the number of school- or workdays missed among persons with current asthma. (5.1) Reduce the proportion of children aged 5 to 17 years with asthma who miss school days. (5.2) Reduce the proportion of adults aged 18 to 64 years with asthma who miss work days.	Data source: NHIS, CDC, NCHS.  (5.1) 58.7% in 2008  (5.2) 33.2% in 2008	Target setting method: Minimal statistical significance. (5.1) 48.7%  (5.2) 26.8%	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
RD 6	Increase the proportion of persons with current asthma who receive formal patient education.	12.1% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	14.4%. Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Asthma Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
RD 7	<p>Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines.</p> <p>(7.1) Persons with current asthma who receive written asthma management plans from their health care provider.</p> <p>(7.2) Persons with current asthma with prescribed inhalers who receive instruction on their use.</p> <p>(7.3) Persons with current asthma who receive education about appropriate response to an asthma episode, including recognizing early signs and symptoms or monitoring peak flow results.</p> <p>(7.4) Increase the proportion of persons with current asthma who do not use more than one canister of short-acting inhaled beta agonist per month.</p> <p>(7.5) Persons with current asthma who have been advised by a health professional to change things in their home, school, and work environments to reduce exposure to irritants or allergens to which they are sensitive.</p> <p>(7.6) (Developmental) Persons with current asthma who have had at least one routine follow-up visit in the past 12 months.</p> <p>(7.7) (Developmental) Persons with current asthma whose doctor</p>	<p>(7.1) 33.4% in 2008. Data source: NHIS, CDC, NCHS.</p> <p>(7.2) 95.9% in 2008. Data source: NHIS, CDC, NCHS.</p> <p>(7.3) 64.8% in 2008. Data source: NHIS, CDC, NCHS.</p> <p>(7.4) 87.9% in 2008. Data source: NHIS, CDC, NCHS.</p> <p>(7.5) 50.8% in 2008. Data source: NHIS, CDC, NCHS.</p> <p>(7.6) Potential data source: NHIS, CDC, NCHS.</p> <p>(7.7) Potential data source: NHIS, CDC, NCHS.</p> <p>(7.8) Potential data source: NHIS, CDC, NCHS.</p>	<p>(7.1) 36.8%. Target setting method: Minimal statistical significance.</p> <p>(7.2) N/A. Target setting method: This measure is being tracked for informational purposes.</p> <p>(7.3) 68.5%. Target setting method: Minimal statistical significance.</p> <p>(7.4) 90.2%. Target setting method: Minimal statistical significance.</p> <p>(7.5) 54.5%. Target setting method: Minimal statistical significance.</p>	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

<b>Asthma Coalition</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
	assessed their asthma control in the past 12 months. (7.8) (Developmental) Adults with current asthma who have discussed with a doctor or other health professional whether their asthma was work related.					

<b>ASTHMA Coalition</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
RD 8	Increase the numbers of States, Territories, and the District of Columbia with a comprehensive asthma surveillance system for tracking asthma cases.	43 areas (41 states, the District of Columbia, and Puerto Rico) in 2009. Data source: National Asthma Control Program, NCEH, CDC.	47 areas. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
RD 9	Reduce activity limitations among adults with chronic obstructive pulmonary disease (COPD).	23.2% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	18.7%. Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
RD 10	Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.	112.4 COPD deaths per 100,000 in 2007. Data source: National Vital Statistics System--Mortality (NVSS--M), CDC, NCHS	98.5 deaths per 100,000. Target setting method: Projection.	80.2/100,000 population 2007 Mortality Data	72.2 Target setting method: 10% improvement	CDC Wonder
RD 11	Reduce hospitalizations for chronic obstructive pulmonary disease (COPD).	56.0 hospitalizations per 10,000 in 2007. Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.	50.1 hospitalizations per 10,000. Target setting method: Minimal statistical significance.	2007 Hospital Discharge Data	12.4 Target setting method: 10% improvement	Hospital Discharge Data
RD 12	Reduce hospital emergency department visits for chronic obstructive pulmonary disease (COPD).	79.6 visits per 10,000 in 2007. Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.	55.2 visits per 10,000. Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
RD 13	(Developmental) Increase the proportion of adults with abnormal lung function whose underlying obstructive disease has been diagnosed.	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

<b>Cancer Coalition</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
C 1	Reduce the overall cancer death rate.	178.4 deaths per 100,000 in 2007. Data source: National Vital Statistics System (NVSS), CDC, NCHS	160.6 deaths per 100,000. Target setting method: 10% improvement.	200.2 per 100,000 ADH Query System, ICD – 10 Cause of Death Reports 2007	180.2 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD – 10 Cause of Death Reports
C 2	Reduce the lung cancer death rate.	50.6 deaths per 100,000 in 2007. Data source: NVSS, CDC, NCHS.	45.5 deaths per 100,000. Target setting method: 10% improvement.	63.5 per 100,000 (lung, trachea, bronchus) ADH Query System, ICD – 10 Cause of Death Reports 2007	57.2 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD – 10 Cause of Death Reports
C 3	Reduce the female breast cancer death rate.	22.9 deaths per 100,000 in 2007. Data source: NVSS, CDC, NCHS.	20.6 deaths per 100,000. Target setting method: 10% improvement.	26.1 per 100,000 ADH Mortality Query System, ICD – 10 Cause of Death Reports 2007	23.5 per 100,000 Target setting method: 10% improvement	ADH Mortality Query System, ICD – 10 Cause of Death Reports
C 4	Reduce the death rate from cancer of the uterine cervix.	2.4 deaths per 100,000 in 2007. Data source: NVSS, CDC, NCHS.	2.2 deaths per 100,000. Target setting method: 10% improvement.	3.1 per 100,000 ADH Query System, ICD – 10 Cause of Death Reports 2007	2.8 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD – 10 Cause of Death Reports
C 5	Reduce the colorectal cancer death rate.	17.0 deaths per 100,000 in 2007. Data source: NVSS, CDC, NCHS.	14.5 deaths per 100,000. Target setting method: Modeling/projection.	18.5 per 100,000 (colon, rectum, anus) ADH Query System, ICD – 10 Cause of Death Reports	16.7 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD – 10 Cause of Death Reports
C 6	Reduce the oropharyngeal cancer death rate.	2.5 deaths per 100,000 in 2007. Data source: NVSS, CDC, NCHS.	2.3 deaths per 100,000. Target setting method: 10% improvement.	3.1 per 100,000 (lip, oral cavity, pharynx) ADH Query System, ICD – 10 Cause of Death Reports 2007	2.8 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD – 10 Cause of Death Reports
C 7	Reduce the prostate cancer death rate.	23.5 deaths per 100,000 in 2007. Data source: NVSS, CDC, NCHS.	21.2 deaths per 100,000. Target setting method: 10% improvement.	28.0 per 100,000 ADH Query System, ICD – 10 Cause of Death Reports 2007	25.2 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD – 10 Cause of Death Reports
C 8	Reduce the melanoma cancer death rate.	2.7 deaths per 100,000 in 2007. Data source: NVSS, CDC, NCHS.	2.4 deaths per 100,000. Target setting method: 10% improvement.	2.6 per 100,000 ADH Query System, ICD – 10 Cause of Death Reports 2007	2.3 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD – 10 Cause of Death Reports

<b>Cancer Coalition</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
C 9	Decrease incidence of invasive colorectal cancer.	45.4 new cases per 100,000 in 2007. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	38.6 new cases per 100,000. Target setting method: Modeling/projection.	45.3 per 100,000 2007 Arkansas Cancer Registry Query System	40.8 per 100,000 Target setting method: 10% improvement 2003 – 2007 Invasive Cancer Incidence, Colorectal n = 7503, age adj. rate: 48.8 / 100,000	Arkansas Cancer Registry Query System
C 10	Decrease incidence of invasive uterine cervical cancer.	7.9 new cases per 100,000 in 2007. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	7.1 new cases per 100,000. Target setting method: 10% improvement	9.7 per 100,000 2007 Arkansas Cancer Registry Query System	8.7 per 100,000 Target setting method: 10% improvement 2003 – 2007 Invasive Cancer Incidence, Cervix Uteri n = 698, age adj. rate: 9.8 / 100,000	Arkansas Cancer Registry Query System

Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 11	Decrease incidence of late-stage disease (female) breast cancer.	43.2 new cases per 100,000 in 2007. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	41.0 new cases per 100,000. Target setting method: Modeling/projection.	Stage III = 14.9 per 100,000 Stage IV = 6.1 per 100,000 Derived TNM Stage Group – CancerCORE database, Arkansas Cancer Registry, 2007	Stage III = 13.4 per 100,000 Stage IV = 5.5 per 100,000 Target setting method: 10% improvement 2003 – 2007 All Cancer Incidence, Female Breast Derived TNM Stage Group Stage I: n=3727, age adj. rate: 45.7/100,000  Stage II: n=2886, age adj. rate: 36.4/100,000  Stage III: n=1107, age adj. rate: 13.9 /100,000  Stage IV: n=456, age adj. rate: 5.6 /100,000	Derived TNM Stage Group – CancerCORE database, Arkansas Cancer Registry
C 12	Increase the number of central, population based registries from 50 States and the District of Columbia that capture case information on at least 95 percent of the expected number of expected number of reportable cancers.	42 States in 2006. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	51 (50 States and the District of Columbia). Target setting method: Total coverage. Arkansas Central Cancer Registry	Data are captured required by our standard setters for Cancer Registries, NPCR, NAACCR, SEER, and COC: 1990 - 2007 data available. Arkansas Central Cancer Registry	Arkansas is complete	Arkansas Central Cancer Registry

Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 13	Increase the proportion of cancer survivors who are living 5 years longer after diagnosis.	66.2% in 2007. Data source: Surveillance Epidemiology and End Results (SEER) Program, NIH, NCI.	72.8%. Target setting method: 10% improvement.	Overall US survival rate after diagnosis = 66.2% 2007	Potential objective. Currently no data, but an opportunity for data collection in the future.	U.S. Surveillance and Epidemiology End Results (SEER) ACCR collects case data at the time of diagnosis and links with mortality data. Cases moving out of AR between time of diagnosis and death present a problem when calculating survival rates. Further discussion about the calculation is needed.
C 14	(Developmental) Increase the mental and physical health-related quality of life of cancer survivors.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	84.5% - US	Potential objective. Currently no data, but an opportunity for data collection in the future.	Potential national data source: National Health Interview Survey (NHIS, CDC)

Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 15	Increase the proportion of women aged 18 years and older who receive a cervical cancer screening based on the most recent guidelines.	84.5% of women aged 21 to 65 years. Data source: NHIS, CDC, NCHS.	93.0%. Target setting method: 10% improvement.	80.8%	88.9% Target setting method: 10% improvement	BRFSS 2008
C 16	Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.	54.2% in 2008. Data source: NHIS, CDC, NCHS.	70.5%. Target setting method: Modeling/projection.	55.3%	60.8% Target setting method: 10% improvement	BRFSS 2008
C 17	Increase the proportion of women aged 40 years and older who have received a breast cancer screening based on the most recent guidelines.	73.7% of females aged 50 to 74 years. Data source: NHIS, CDC, NCHS.	81.1%. Target setting method: 10% improvement.	70.9%	78.0% *BRFSS questionnaire may change due to 2009 US Preventive Service breast cancer screening guidelines: <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm</a> Target setting method: 10% improvement	BRFSS 2008
C 18	(18.1) Increase the proportion of women counseled by their providers about mammograms. (18.2) Increase the proportion of women counseled by their providers about Pap tests. (18.3) (Developmental) Increase the proportion of adults who were counseled by their providers about colorectal cancer screening.	(18.1) 69.8% in 2008. Data source: NHIS, CDC, NCHS.  (18.2) 59.8% in 2008. Data source: NHIS, CDC, NCHS.  (18.3) Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	(18.1) 76.8%. Target setting method: 10% improvement. (18.2) 65.8%. Target setting method: 10% improvement. (18.3) Not available	US = 76.8%	Potential objective. Currently no data, but an opportunity for data collection in the future.	National Health Interview Survey (NHIS), CDC, NCHS.

Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 19	Increase the proportion of men who have discussed with their health care provider whether or not to have a prostate-specific antigen (PSA) test to screen for prostate cancer.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Potential national data source: National Health Interview Survey (NHIS, CDC)
C 20	<p>(20.1) (Developmental) Reduce the proportion of adolescents in grades 9 – 12 who report sunburn.</p> <p>(20.2) (Developmental) Reduce proportion of adults aged 18 years and older who report sunburn</p> <p>(20.3) (Developmental) Reduce proportion of adolescents in grades 9-12 who report using artificial sources of ultraviolet light for tanning.</p> <p>(20.4) Reduce the proportion of adults aged 18 and above who report using artificial sources of ultraviolet light for tanning.</p> <p>(20.5) Increase the proportion of adolescents in grades 9-12 who followed protective measures that may reduce the risk of skin cancer.</p> <p>(20.6) Increase the proportion of adults aged 18 years and older who follow protective measures that may reduce risk of skin cancer.</p>	<p>(20.1) Potential data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC.</p> <p>(20.2) Potential data source: National Health Interview Survey (NHIS), NCHS, CDC.</p> <p>(20.3) 15.6% in 2009. Data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC.</p> <p>(20.4) 15.2% in 2008. Data source: NHIS, NCHS, CDC.</p> <p>(20.5) 9.3% in 2009. Data source: YRBSS, CDC.</p> <p>(20.6) 72.8% in 2008. Data source: NHIS, CDC, NCHS.</p>	<p>(20.1) Not available</p> <p>(20.2) Not Available</p> <p>(20.3) 14.0%. Target setting method: 10% improvement.</p> <p>(20.4) 13.7%. Target setting method: 10% improvement.</p> <p>(20.5) 11.2%; Target setting method: 20% improvement.</p> <p>(20.6) 80.1%. Target setting method: 10% improvement.</p>	<p>(20.1) Not Available</p> <p>(20.2) Potential data source: Youth Risk Behavioral Factor Surveillance System (YRBSS), CDC</p> <p>(20.3) Not Available</p> <p>(20.4) US 15.2%</p> <p>(20.5) US = 9.3%</p> <p>(20.6) Not Available</p>	<p>38.6%</p> <p>Target setting method: 10% improvement</p> <p>Potential objective. Currently no data, but an opportunity for data collection in the future</p>	<p>Sunburn Prevalence Among Adults --- United States, 1999, 2003, and 2004. MMWR Weekly, June 1, 2007 56(21); 524-528.</p> <p>National Health Interview Survey (NHIS), CDC, NCHS.</p> <p>Potential data source: BRFSS</p> <p>Potential data source – YRBSS</p>

Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
ECBP 10	Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, State agencies) providing population-based primary prevention services in the following areas: (10.1) Injury (10.2) Violence (10.3) Mental illness (10.4) Tobacco use (10.5) Substance abuse (10.6) Unintended pregnancy (10.7) Chronic disease programs (10.8) Nutrition (10.9) Physical activity	Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).  (10.1) 76.7% in 2008 (10.2) 66.9% in 2008 (10.3) 63.2% in 2008 (10.4) 88.0% in 2008 (10.5) 68.9% in 2008 (10.6) 81.3% in 2008 (10.7) 82.6% in 2008 (10.8) 86.4% in 2008 (10.9) 80.5% in 2008	Target setting method: 10% improvement.  (10.1) 84.3% (10.2) 73.5% (10.3) 69.5% (10.4) 96.7% (10.5) 75.8% (10.6) 89.4% (10.7) 90.8% (10.8) 94.7% (10.9) 88.5%	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
G 1	(Developmental) Increase the proportion of women with a family history of breast and/or ovarian cancer who receive genetic counseling	23.3% in 2005. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	25.6%. Target setting method: 10% improvement.	No data – AR US = 25.6%	Potential objective. Currently no data, but an opportunity for data collection in the future.	Dr. Kent McKelvey, Winthrop Rockefeller Chair of Clinical Genetics, UAMS Potential national data source: National Health Interview Survey (NHIS, CDC)
G 2	(Developmental) Increase the proportion of persons with newly diagnosed colorectal cancer who receive genetic testing to identify Lynch syndrome (or familial	Potential data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology, and End	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Dr. Kent McKelvey, Winthrop Rockefeller Chair of

Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
	colorectal cancer syndromes).	Results (SEER), NIH, NCI.				Clinical Genetics, UAMS Potential data source: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology, and End Results (SEER), NIH, NCI
MPS 2.1	(Developmental) Reduce the proportion of patients suffering from untreated pain due to a lack of access to pain treatment.(Developmental) Reduce the proportion of patients suffering from untreated pain due to a lack of access to pain treatment	Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future	Potential national data source - Medical Expenditure Panel Survey (MEPS), AHRQ

Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.	32.5% in 2007. Data sources: National Program and Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	35.8%. Target setting method: 10% improvement.	Stage I = 2.2 per 100,000 Stage II = 1.3 per 100,000 Derived TNM Stage Group CancerCORE database, Arkansas Cancer Registry, 2007	Stage I = 2.4 per 100,000 Stage II = 1.4 per 100,000 Target setting method: 10% improvement 2003 – 2007 All Cancer Incidence, Buccal (Oral) Cavity and Pharynx Derived TNM Stage Group Stage I: n=338, age adj. rate: 2.2 / 100,000  Stage II: n=203, age adj. rate: 1.3 / 100,000  Stage III: n=239, age adj. rate: 1.6 / 100,000	CancerCORE database, Arkansas Cancer Registry
STD 9	(Developmental) Reduce the proportion of females with human papillomavirus (HPV) infection.	Potential data sources: National Health and Examination Survey (NHANES), CDC, NCHS; National Health Interview Study (NHIS), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

**Diabetes Advisory Council**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 1	Increase the proportion of persons with health insurance. (1.1)Medical Insurance  (1.2)(Developmental) Dental Insurance (1.3)(Developmental) Prescription Drug Insurance	(1.1)83.2% in 2008. Data source: NHIS, CDC, NCHS (1.2) Potential data source: NHIS, CDC, NCHS. (1.3) Potential data source: NHIS, CDC, NCHS.	100%.Target setting method: Total coverage.	(1.1) 83%  (1.2) n/a  (1.3) na/  2005-2009 ACS	91.3%  Target setting method: 10% improvement	ACS
AHS 2	(Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.	Potential data sources: Children's Health Insurance Program (CHIP), CMS; Aging Integrated Database.	Not available	Not available	Potential objective. Currently not data, but an opportunity for data collection in the future.	Not available
AHS 3	Increase the proportion of persons with a usual primary care provider.	76.3% in 2007. Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	83.9%. Target setting method: 10% improvement.	83.8% 2007 BRFSS	92.2% Target setting method: 10% improvement	BRFSS
AHS 5	Increase the proportion of persons who have a specific source of ongoing care. 5.1 All Ages 5.2 Children and youth aged 17 years and under 5.3 Adults aged 18 to 64 years 5.4 Adults aged 65 years and older	Data source: National Health Interview Survey (NHIS), CDC, NCHS. (5.1) 86.4% in 2008 (5.2) 94.3% in 2008 (5.3) 81.3% in 2008 (5.4) 96.3% in 2008	(5.1) 95.0% Target setting method: 10% improvement (5.2) 100% Target setting method: 10% improvement (5.3) 84.9% Target setting method: 10% improvement (5.4) 100% Target setting method: 3.8% improvement	Not available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

**Diabetes Advisory Council**

<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
AHS 6	Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. 6.1 Individuals: medical care, dental care, or prescription medicines 6.2 Individuals: medical care 6.3 Individuals: dental care 6.4 Individuals: prescription medicines	Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.  (6.1) 10.0% in 2007 (6.2) 4.7% in 2007 (6.3) 5.5% in 2007 (6.4) 3.1% in 2007	Target setting method: 10% improvement.  (6.1) 9.0% (6.2) 4.2% (6.3) 5.0% (6.4) 5.5%	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
CKD 1	Reduce the proportion of the Arkansas population with chronic kidney disease.	15.1% of the U.S. population had CKD in 1999-2004. Data source: NHANES, CDC, NCHS.	13.6%. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
CKD 2	Increase the proportion of persons with chronic kidney disease (CKD) who know they have impaired renal function.	7.3% in 1999-2004. Data source: NHANES, CDC, NCHS.	11.3%	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
CKD 4	Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical evaluation. 4.1 Increase the proportion of persons with chronic kidney disease who receive medical evaluation with serum creatinine, lipids, and microalbuminuria. 4.2 Increase the proportion of persons with type 1 or type 2 diabetes and chronic kidney disease who receive medical evaluation with serum creatinine, microalbuminuria, HbA1c, lipids, and eye examinations.	Data source: U.S. Renal Data System, NIH, NIDDK.  (4.1) 25.8% in 2007  (4.2) 23.1% in 2007	Target setting method: 10 % improvement  (4.1) 28.4%  (4.2) 25.4%	USRDS have not run power analyses on the HP 2020 objective that utilize the 5% Medicare sample to see if reporting objectives CKD-4, CKD-5, and D-12 by state would be possible. They will look into this further as they develop the HP 2020 chapter for the 2011 ADR in the coming months.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

**Diabetes Advisory Council**

<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
CKD 5	Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical treatment with angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs).	54.6% in 2007. Data source: U.S. Renal Data System, NIH, NIDDK.	60.6%. Target setting method: 10% improvement.	USRDS have not run power analyses on the HP 2020 objective that utilize the 5% Medicare sample to see if reporting objectives CKD-4, CKD-5, and D-12 by state would be possible. They will look into this further as they develop the HP 2020 chapter for the 2011 ADR in the coming months.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
CKD 7	Reduce the death rate among people with chronic kidney disease.	2.5 deaths per 100 person years in 1988-2006. Data source: NHANES, CDC, NCHS; National Death Index, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Possible Source USRDS
CKD 8	Reduce the rate of new cases of end-stage renal disease (ESRD).	353.8 new cases per million population in 2007. Data source: U.S. Renal Data System, NIH, NIDDK.	318.5 new cases per million population. Target setting method: 10% improvement.	361.9 per million population USRDS 2008	325.7 Target setting method: 10% improvement	USRDS
CKD 9	Reduce kidney failure due to diabetes. (9.1) Reduce kidney failure due to diabetes (9.2) Reduce kidney failure due to diabetes among persons with diabetes	Data source: U.S. Renal Data System, NIH, NIDDK. (9.1) 154.7 per million population in 2007 (9.2) 2,637.9 persons per million population in 2007	Target setting method: 10% improvement. (9.1) 139.2 million (9.2) 2,374.1 per million population	USRDS 2007  (9.1) 199.7 per million  (9.2) 216.5 per 100,000 diabetic population	  (9.1) 179.1  (9.2) 194.7 Target setting method: 10% improvement	USRDS

**Diabetes Advisory Council**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
CKD 14	Reduce deaths in persons with end-stage renal disease (ESRD). (14.1) Reduce the total death rate for persons on dialysis. (14.2) Reduce the death rate in dialysis patients within the first 3 months of initiation of renal replacement therapy (14.3) Reduce the cardiovascular death rate for persons on dialysis (14.4) Reduce the total death rate for persons with a functioning kidney transplant (14.5) Reduce the cardiovascular death rate for person with a functioning kidney transplant	Data source: U.S. Renal Data System, NIH, NIDDK. (14.1) 212.0 deaths per 1,000 patient years in 2007 (14.2) 355.5 deaths per 1,000 patient years at risk in 2007  (14.3) 90.3 deaths per 1,000 patient years in 2007  (14.4) 32.6 deaths per 1,000 patient years in 2007  (14.5) 6.5 deaths per 1,000 patient years in 2007	Target setting method: 10% improvement. (14.1) 190.8 deaths per 1,000 patient years (14.2) 319.9 deaths per 1,000 patient years at risk  (14.3) 81.3 deaths per 1,000 patient years at risk (14.4) 29.4 deaths per 1,000 patient years at risk (14.5) 4.5 deaths per 1,000 patient years at risk	177.3 per 1,000 population  2008 USRDS	159.6  Target setting method: 10% improvement	USRDS
D 1	Reduce the annual number of new cases of diagnosed diabetes in the population	8.0 new cases per 1,000 population aged 18 to 84 years in 2006-08. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	7.2 new cases per 1,000 population aged 18 to 84 years Target setting method: 10% improvement	11.2 per 1,000 population 18+ years  2005-2007 BRFSS	10.1  Target setting method: 10% improvement	BRFSS
D 2	(Developmental) Reduce the death rate among the population with diabetes. 2.1 Reduce the rate of all-cause mortality among the population with diabetes. 2.2 Reduce the rate of cardiovascular disease deaths in persons with diagnosed diabetes.	Potential data sources: National Health Interview Survey (NHIS), CDC, NCHS; National Death Index.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Possible source USRDS
D 3	Reduce the diabetes death rate.	73.1 deaths per 100,000 population in 2007. Data source: National Vital Statistics System (NVSS), CDC, NCHS.	65.8 deaths per 100,000 population; Target setting method: 10% improvement.	67.8 per 100,000- age adjusted 2007 Mortality	61.0 Target setting method: 10% improvement	Vital Statistics Mortality Data

**Diabetes Advisory Council**

<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
D 4	Reduce the rate of lower extremity amputations in persons with diabetes.	3.5 per 1,000 population in 2005-07. Data sources: National Hospital Discharge Survey (NHDS), CDC, NCHS; National Health Interview Survey (NHIS), CDC, NCHS.	Not Available Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.	3.6 per 1,000 population  2007 Mortality	3.2 Target setting method: 10% improvement	Hospital Discharge Data
D 5	Improve glycemic control among the population with diagnosed diabetes: 5.1 Reduce the proportion of the diabetic population with an A1c value greater than 9 percent. 5.2 Increase the proportion of the diabetic population with an A1c value less than 7 percent.	Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS. (5.1) 16.2% in 2005-08  (5.2) 53.5% in 2005-08	Target setting method: 10% improvement.  (5.1) 14.6%  (5.2) 58.9%	2007 ARCHES  (5.1) 26.5%  (5.2) 35.5%	(5.1) 23.8% (5.2) 39.0% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
D 6	(Developmental) Improve lipid control among the population with diagnosed diabetes.	Potential data source: NHANES, CDC, NCHS.	Not Available	56.6% 2007 ARCHES	62.3% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
D 7	Increase the proportion of the population with diagnosed diabetes whose blood pressure is under control.	51.8% in 2005-08. Data source: NHANES, CDC, NCHS.	57.0% Target setting method: 10% Improvement	37.2% ARCHES 2007	40.9% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

**Diabetes Advisory Council**

<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
D 8	Increase the proportion of persons with diabetes who have at least an annual dental examination	55.6% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	61.2%; Target setting method: 10% improvement.	63.1% 2006, 2008 BRFSS	69.4% Target setting method: 10% improvement	BRFSS
D 9	Increase the proportion of adults with diabetes who have at least an annual foot examination	68.0% in 1008. Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.	74.8% Target setting method: 10% improvement.	61.4% 2003-2007 BRFSS	67.5% Target setting method: 10% improvement	BRFSS
D 10	Increase the proportion of adults with diabetes who have an annual dilated eye examination	53.4% in 2008; Data source: National Health Interview Survey (NHIS), CDC, NCHS	58.7% Target setting method: 10% improvement	63.8 % 2003-2007 BRFSS	70.2% Target setting method: 10% improvement	BRFSS
D 11	Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year.	64.6% in 2008. Data source: Behavioral Risk Factor Surveillance System, CDC, NCCDPHP.	71.1%. Target setting method: 10% improvement.	89.9% 2003-2007 BRFSS	98.9% Target setting method: 10% improvement	BRFSS
D 12	Increase the proportion of persons with diabetes who obtain an annual urinary microalbumin measurement.	33.6% in 2007; Data source: U.S. Renal Data System, NIH, NIDDK	37.0%. Target setting method: 10% improvement.	USRDS have not run power analyses on the HP 2020 objective that utilize the 5% Medicare sample to see if reporting objectives CKD-4, CKD-5, and D-12 by state would be possible. They will look into this further as they develop the HP 2020 chapter for the 2011 ADR in the coming months.	Not Available	USRDS

**Diabetes Advisory Council**

<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
D 13	Increase the proportion of adults with diabetes who perform self-blood-glucose-monitoring at least once daily.	64.0% in 2008. Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.	70.4%. Target setting method: 10% improvement.	91.5%  2003-2007 BRFSS	95% Target setting method: 5% improvement	BRFSS
D 14	Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.	56.8% in 2008. Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.	62.5%. Target setting method: 10% improvement.	49.5% 2003-2007 BRFSS	54.5% Target setting method:10% improvement	BRFSS
D 15	Increase the proportion of adults with diabetes whose condition has been diagnosed	72.8% in 2005-08. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	80.1%. Target setting method: 10% improvement.	81.8% 2007 ARCHES	90.0% Target setting method:10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
D 16	Increase prevention behaviors in persons at high risk for diabetes with pre-diabetes. 16.1 Increase the proportion of persons at high risk for diabetes with pre-diabetes who report increasing their levels of physical activity. 16.2 Increase the proportion of persons at high risk for diabetes with pre-diabetes who report trying to lose weight. 16.3 Increase the proportion of persons at high risk for diabetes with pre-diabetes who report reducing the amount of fat or calories in their diet.	Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.  (16.1) 44.6% in 2005-08 (16.2) 50.5% in 2005-08 (16.3) 48.5% in 2005-08	Target setting method: 10% improvement. (16.1) 49.1% (16.2) 55% (16.3) 53.4%	Not Available currently. Will be available with 2011 BRFSS.	Potential objective. Currently no data, but an opportunity for data collection in the future.	BRFSS
MHMD 3	Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight.	14.3% in 2009. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	12.9% Target setting method: 10% improvement.	16.6% 2009 YRBSS	14.9% Target setting method: 10% improvement	YRBSS

**Diabetes Advisory Council**

<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
OA 4	Increase the proportion of older adults who receive Diabetes Self-Management Benefits	2.2% in 2008. Data source: Medicare Claims Data, CMS.	2.4%. Target setting method: 10% improvement.	2.0%  2008 Medicare Claims	2.2% Target setting method: 10% improvement	Medicare Claims Data
V 4	Increase the proportion of adults who have a comprehensive eye examination, including dilation, within the last 2 years and/or by age 45.	55.0% in 2008. Data source: National Health Interview Survey (NHIS), NCHS, CDC.	60.5%. Target setting method: 10% improvement.	N/A currently, will be available with 2010 BRFSS	Potential objective. Currently no data, but an opportunity for data collection in the future.	BRFSS
V 5.2	Reduce visual impairment due to diabetic retinopathy	34.1 per 1,000 population in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHs.	30.7 per 1,000 Target setting method: 10% improvement.	22.7%  2003-2007 BRFSS	20.5%  Target setting method: 10% improvement	BRFSS

<b>Heart Disease and Stroke Prevention Additional Objectives</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
HDS 1	(Developmental) Increase overall cardiovascular health in the U.S. population	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Not Available	Not Available
HDS 15	(Developmental) Increase aspirin use as recommended among adults with no history of cardiovascular disease (15.1) (Developmental) Women aged 55 to 79 years (15.2) (Developmental) Men aged 45 to 79 years	Potential data source: National Ambulatory Medical Care Survey (NAMCS)/National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.	Not Available	Not Available	Not Available	Not Available
HDS 18	(Developmental) Increase the proportion of out-of-hospital cardiac arrests in which appropriate bystander and emergency medical services (EMS) were administered	Potential data source: National Emergency Medical Services Information System (NEMSIS), National Highway Traffic Safety Administration (NHTSA), Department of Transportation (DOT).	Not Available	Not Available	Not Available	Not Available
HDS 20	(Developmental) Increase the proportion of adults with coronary heart disease or stroke who have their low-density lipoprotein (LDL) cholesterol level at or below recommended levels (20.1) (Developmental) Increase the proportion of adults with coronary heart disease who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels (20.2) (Developmental) Increase the proportion of adults who have had a stroke who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Not Available	Not Available

**Heart Disease and Stroke Prevention Additional Objectives**

<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
HDS 21	(Developmental) Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events.	(Developmental) Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events.	Not Available	Not Available	Not Available	Not Available
HDS 22	(Developmental) Increase the proportion of adult heart attack survivors who are referred to a cardiac rehabilitation program at discharge.	Potential data source: Acute Coronary Treatment and Intervention Outcomes Network Registry—Get with the Guidelines (ACTION Registry-GWTG), American College of Cardiology Foundation and American Heart Association.	Not Available	Not Available	Not Available	Not Available
HDS 23	(Developmental) Increase the proportion of adult stroke survivors who are referred to a stroke rehabilitation program at discharge.	Potential data source: Acute Coronary Treatment and Intervention Outcomes Network Registry—Get with the Guidelines Program—Stroke Module (GWTG-Stroke), American Heart Association/American Stroke Association.	Not Available	Not Available	Not Available	Not Available

Heart Disease and Stroke Prevention						
Number	Healthy People 2020 Objectives	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 8	(Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services.	Potential data source: National EMS information System (NEMSIS).	Not Available	100% All Arkansas counties are covered by either ambulance services or air medical services	EMS Section	100% Maintain
CKD 6	Improve cardiovascular care in persons with chronic kidney disease. 6.1 – Reduce the proportion of persons with chronic kidney disease who have elevated blood pressure. 6.2 – Reduce the proportion of persons with chronic kidney disease who have elevated lipid levels.	Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS. (6.1) 74.1% in 1999-2004 (6.2) 29.6% in 1999-2004	Target setting method: 10% improvement (6.1) 66.7% (6.2) 26.6%	Not Available	Not Available	Not Available
ECBP 10	Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, State agencies) providing population-based primary prevention services in the following areas: 10.4 Tobacco use 10.7 Chronic disease programs 10.8 Nutrition	Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO). (10.4) 88.0% in 2008 (10.7) 82.6% in 2008 (10.8) 86.4% in 2008	Target setting method: 10% improvement. (10.4) 96.7% (10.7) 903.8% (10.8) 94.7%	Not Available	Not Available	Not Available
HDS 2	Reduce coronary heart disease deaths.	126.0 coronary heart disease deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population). Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.	100.8 deaths per 100,000 population. Target setting method: Projection (20% improvement).	149.9 deaths per 100,000 Notes: ICD-10 codes I20-I25; age-adjusted rate; 2007 data.	119.9 deaths/100,000 Target setting method: 10% improvement	Arkansas Health Statistics Branch

<b>Heart Disease and Stroke Prevention</b>						
<b>Number</b>	<b>Healthy People 2020 Objectives</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
HDS 3	Reduce stroke deaths	42.2 stroke deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population). Data source: NVSS–M, CDC, NCHS.	33.8 deaths per 100,000 population. Target setting method: Projection (20% improvement).	57.3 deaths per 100,000 Notes: ICD-10 codes I60-I69; age-adjusted rate; 2007 data.	51.6 deaths/100,000 (Method: 10 percent improvement)	Arkansas Health Statistics Branch
HDS 4	Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.	92.9% of adults aged 18 years and older had their blood pressure measured within the preceding years and could state whether it was normal or high in 008 (age adjusted to the year 2000 standard population). Data source: National Health Interview Survey (NHIS), CDC, NCHS.	94.9% Target setting method: 2 percentage point improvement	94.9% Target setting method: 2 percentage point improvement.	Not Available	Not Available



Heart Disease and Stroke Prevention						
Number	Healthy People 2020 Objectives	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 7	Reduce the proportion of adults with high total blood cholesterol levels.	15.0% of adults aged 20 years and older had total blood cholesterol levels of 240mg/dL or greater in 2005-08 (age adjusted to the year 2000 standard population). Data source: NHANES, CDC, NCHS.	13.5% Target setting method: 10% improvement	12.1%  Source: 2007 ARCHES Note: High total cholesterol level≥240	10.9% Target setting method: 10% Improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
HDS 8	Reduce the mean total blood cholesterol levels among adults.	197.7 mg/dL was the mean total blood cholesterol level for adults aged 20 years and older in 2005-08 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	177.9 mg/dL (mean). Target setting method: 10% improvement.	196.6 mg/dL Source: 207 ARCHES	176.9 mg/dL Target setting method: 10% improvement. Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available

Heart Disease and Stroke Prevention						
Number	Healthy People 2020 Objectives	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 9	Increase the proportion of adults with prehypertension who meet the recommended guidelines for: 9.1 (Developmental) Body mass index (BMI) 9.2 (Developmental) Saturated fat consumption 9.3 (Developmental) Sodium intake 9.4 (Developmental) Physical activity 9.5 (Developmental) Moderate alcohol consumption	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Source: 2007 ARCHES  (9.1) 20.7% (9.2) 27.2% (9.3) 28.8% (9.4) not available (9.5) not available	Target setting method: 10% improvement (9.1) 22.8% (9.2) 29.9% (9.3) 31.7% (9.4) not available (9.4) not available (9.5) not available Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 10	Increase the proportion of adults with hypertension who meet the recommended guidelines for: 10.1 (Developmental) BMI 10.2 (Developmental) Saturated fat consumption 10.3 (Developmental) Sodium intake 10.4 (Developmental) Physical activity 10.5 (Developmental) Moderate alcohol consumption	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Source: 2007 ARCHES  (10.1) 9.9% (10.2) 22.5% (10.3) 27.2% (10.4) not available (10.5) not available	Target setting method: 10% improvement (10.1) 10.9% (10.2) 24.7% (10.3) 29.9% (10.4) not available (10.5) not available Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available

Heart Disease and Stroke Prevention						
Number	Healthy People 2020 Objectives	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 11	(Developmental) Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure.	70.4% of adults with high blood pressure/hypertension were taking the prescribed medications to lower their blood pressure in 2005-08 (age adjusted to the year 2000 standard population). Data source: NHANES, CDC, NCHS.	77.4% Target setting method: 10% improvement.	Not available	Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 12	Increase the proportion of adults with high blood pressure whose blood pressure is under control.	43.7% of adults aged 18 years and older with high blood pressure/hypertension had it under control in 2005-08 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	61.2% Target setting method: Projection (40% improvement).	39.4% Source 2007 ARCHES	43.3% Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 13	(Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering management including lifestyle changes, and, if indicated, medication. 13.1 (Developmental) Cholesterol-lowering diet 13.2 (Developmental) Physical activity 13.3 (Developmental) Weight control 13.4 (Developmental) Prescribed drug therapy	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available

Heart Disease and Stroke Prevention						
Number	Healthy People 2020 Objectives	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 14	(Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed LDL-cholesterol lowering management lifestyle changes and, if indicated, medication. 14.1 Cholesterol-lowering diet 14.2 Physical activity 14.3 Weight control 14.4 Prescribed drug therapy	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 16	Increase the proportion of adults aged 20 years and older who are aware of, and respond to, early warning symptoms and signs of a heart attack.	39.2% of adults aged 20 years and older were aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9-1-1 or another emergency number in 2008 (age adjusted to the year 2000 standard population). Data source: National Health Interview Survey (NHIS), CDC, NCHS.	43.1% Target setting method: 10% improvement.	11.4% Source 2007 BRFSS	13.7% Target setting method: 10% improvement	BRFSS-Heart Attack and Stroke module

Heart Disease and Stroke Prevention						
Number	Healthy People 2020 Objectives	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 17	Increase the proportion of adults aged 20 years and older who are aware of and respond to early warning signs of a stroke.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	17.1% Source: 2007 BRFSS	20.5% Target setting method: 10% improvement trend Trends 2003=14.9% 2007=17.1% 14.8%↑	BRFSS-Heart Attack and Stroke Module Note: question is asked among adults ages 1 and older. Question regarding 911 as a first response addresses both stroke and heart attack. Excludes persons who do NOT correctly identify decoy symptom.

Heart Disease and Stroke Prevention						
Number	Healthy People 2020 Objectives	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 19	Increase the proportion of eligible patients with heart attacks or stroke who receive timely artery-opening therapy as specified by current guidelines.	<p>Baseline: 68.3% of eligible heart attack patients received fibrinolytics within 30 minutes of hospital arrival in 2009. Data source: Acute Coronary Treatment and Intervention Outcomes Network Registry-Get with the Guidelines (ACTION Registry-GWTG), American College of Cardiology Foundation and American Heart Association.</p> <p>Baseline: 88.6% of eligible heart attack patients received percutaneous intervention within 90 minutes of hospital arrival in 2009. Data source: Acute Coronary Treatment and Intervention Outcomes Network Registry-Get with the Guidelines (ACTION Registry-GWTG), American College of Cardiology Foundation and American Heart Association.</p> <p>Potential data sources: Get with the Guidelines-Stroke Module (GWTG-Stroke), American Heart Association/American Stroke Association.</p>	<p>Target: 75.1% Target setting method: 10% improvement.</p> <p>Target: 97.5% Target setting method: 10% improvement.</p>	Not Available	15.1% Target Setting method: 10% improvement	Being developed by Stroke Registry

Heart Disease and Stroke Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 24	(Developmental) Reduce hospitalizations of older adults with heart failure as the principle diagnosis.	Baseline: 9.8 hospitalizations for heart failure per 1,000 population aged 65 to 74 years occurred in 2007. Baseline: 22.4 hospitalizations for heart failure per 1,000 population aged 75 to 84 years occurred in 2007. Baseline: 42.9 hospitalizations for heart failure per 1,000 population aged 85 years and older occurred in 2007. Data source: Chronic Conditions Warehouse (CCW), CMS.	Target: 8.8 hospitalizations per 1,000 population. Target: 20.2 hospitalizations per 1,000 population. Target: 38.6 Hospitalizations per 1,000 population. Target setting method: 10% improvement.	21.5 HF hospitalizations per 1,000 AR adults ages 65+	9.4 hospitalizations/ 1,000 adults ages 65+ Target setting method: 10% improvement Trend: 2004=26.1 hosp. per 1,000 2005=24.9 hosp. per 1,000 2006=24.4 hosp. per 1,000 2007=22.2 hosp. per 1,000 2008=21.5 hosp. per 1,000 17.9%↓	Hospital Discharge Data System, HCUP State Inpatient Database 2004, HCUPnet
SA 15	Decrease the proportion of adults who drank excessively in the previous 30 days.	28.1% of adults aged 18 years and older reported that they drank excessively in the previous 30 days in 2008. Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA>	25.3% Target setting method: 10% improvement.	11.3% (binge drinkers- =males 5+ drinks/occasion or females 4+ drinks/occasion) 2009 BRFSS data	10.7% Target setting method: 10% improvement No statistically significant difference between 2006 and 2009.	BRFSS – Alcohol Consumption Section

Lifestage Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 2	<p>Increase the number of Tribes, States, and the District of Columbia that have public health surveillance and health promotion programs for people with disabilities and caregivers.</p> <p>(2.1) Increase the number of State and the District of Columbia health departments that have at least one health promotion program aimed at improving the health and well-being of people with disabilities.</p> <p>(2.2) Increase the number of State and the District of Columbia health departments that conduct health surveillance for caregivers of people with disabilities.</p> <p>(2.3) Increase the number of State and the District of Columbia health departments that have at least one health promotion program aimed at improving the health and well-being of caregivers of people with disabilities.</p>	<p>(2.1) 0 States and the District of Columbia had health promotion programs for caregivers in 2010. Data source: Periodic Assessment of State Health Promotion Programs, CDC, NCBDDD.</p> <p>(2.2) Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.</p> <p>(2.3) Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.</p>	<p>(2.1) 16 States and the District of Columbia. Target setting method: Consistency with other programs.</p>	Arkansas meets this goal through Partners for Inclusive Communities.	Continue to meet this goal.	Not Available
DH 3	Increase the proportion of U.S. master of public health (M.P.H.) programs that offer graduate-level courses in disability and health.	Potential data source: Periodic Assessment of Schools of Public Health Courses, CDC, NCBDDD.	Not Available	100% (COPH has a Children with Special Health Care Needs Class)	100%	Survey of masters of public health programs

<b>Lifestage Health</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
DH 4	Reduce the proportion of people with disabilities who report delays in receiving primary and periodic preventive care due to specific barriers.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	NHIS
DH 5	Increase the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric to adult health care.	41.2% of youth with special health care needs had health care providers who discussed transition planning from pediatric to adult health care in 2005–06. Data source: National Survey of Children with Special Health Care Needs (NS-CSHN), HRSA, Data Resource Center for Children and Adolescent Health.	45.3% Target setting method: 10% improvement.	Arkansas rate 33.1% (CSHCN)	Support DDS CMS goal, once set by them.	DDS CMS
DH 7	Reduce the proportion of older adults with disabilities who use inappropriate medications.	Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ, Center for Financing, Access, and Cost Trends (CFACT).	Not Available	Not Available	Currently no data, but an opportunity for data collection in the future.	MEPS

Lifestage Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 8	(Developmental) Reduce the proportion of people with disabilities who report physical or program barriers to local health and wellness programs.	Potential data source: National Health Interview Survey (NHIS) Supplement, CDC, NCHS.	Not Available	Not Available	Currently no data, but an opportunity for data collection in the future.	Not Available
DH 9	Reduce the proportion of people with disabilities who encounter barriers to participating in home, school, work, or community activities. (BRFSS Questions: Are you limited in any way in any activities because of physical, mental, or emotional problems? Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? In the past 30 days how many days have you not been able to do what you wanted because of physical barriers in your environment like sidewalks buildings or houses that are too hard to get around in?)	Potential data source: National Health Interview Survey (NHIS) Supplement, CDC, NCHS.	Not Available	Percent of disabled people who reported not being able to do what they want because of physical barriers at least once in the last 30 days (BRFSS): 2009—74.47% 2007—81.89% 2005—79.20%	73.7% Target setting method: 10% improvement	BRFSS
DH 10	(Developmental) Reduce the proportion of people with disabilities who report barriers to obtaining assistive devices, service animals, technology services, and accessible technologies they need.	Potential data source: National Health Interview Survey Supplement, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Lifestage Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 12	Reduce the number of people with disabilities living in congregate care residences. (12.1) Reduce the number of adults with disabilities (aged 22 years and older) living in congregate care residences that serve 16 or more persons. 12.2 Reduce the number of children and youth with disabilities (aged 21 years and under) living in congregate care facilities.	(12.1) 57,462 adults (aged 22 years and older) with disabilities lived in congregate care residences that served 16 or more persons in 2008. Data source: Survey of State Developmental Disabilities Directors, University of Minnesota (12.2) 28,890 children and youth (aged 21 years and under) with disabilities lived in congregate care facilities in 2009. Data source: Survey of State Developmental Disabilities Directors, University of Minnesota.	(12.1) 31,604 adults. Target setting method: Modeling/projection.  (12.2) 26,001 children and youth with disabilities. Target setting method: 10% improvement.	In Arkansas, on June 30, 2010 1062 people were in Human Development Centers and 204 were in the 4 large private Intermediate Care Facilities (APF, Brownwood, Easter Seals, and Millcreek). DHS	Reduce the number of disabled people living in congregate care residences to 1140 total Target setting method: 10% improvement	DHS
DH 13	(Developmental) Increase the proportion of people with disabilities who participate in social, spiritual, recreational, community, and civic activities to the degree that they wish.	Potential data source: National Health Interview Survey Supplement, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
DH 14	Increase the proportion of children and youth with disabilities who spend at least 80 percent of their time in regular education programs.	56.8% of children and youth with disabilities spent at least 80 percent of their time in regular education classrooms in 2007–08. Data source: Individuals with Disabilities Education Act (IDEA) database, DoED, Office of Special Education.	73.8% Target setting method: Modeling/projection.	53.1% as of 12/1/2009 (IDEA Data and Research Office at UALR)	58.4% Target setting method: 10% improvement	IDEA Data and Research Office at UALR

<b>Lifestage Health</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
DH 15	Reduce unemployment among people with disabilities.	14.5% in 2009 (Current Population Survey (CPS), DOL, BLS)	13.1% Target setting method: 10 percent improvement.	Percent of disabled persons between 18 and 64 years old who reported being unemployed (BRFSS) 2008-2009 6.9%	6.2% Target setting method: 10% improvement	BRFSS
DH 16	Increase employment among people with disabilities.	19.2% in 2009 (Current Population Survey (CPS), DOL, BLS)	21.2% Target setting method: 10% improvement.	Percent of disabled persons between 18 and 64 years old who reported being employed (BRFSS) 2008-2009 41.4%	45.5% Target setting method: 10% improvement	BRFSS

Lifestage Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 17	<p>Increase the proportion of adults with disabilities reporting sufficient social and emotional support.</p> <p>(BRFSS Questions:            Are you limited in any way in any activities because of physical, mental, or emotional problems?            Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?            How often do you get the social and emotional support you need? (always or usually is considered sufficient support)</p>	<p>69.5% of adults with disabilities reported sufficient social and emotional support in 2008.</p> <p>Data source: Behavioral Risk Factor Surveillance system (BRFSS), CDC, NCCDPHP.</p>	<p>76.5%</p> <p>Target setting method: 10% improvement.</p>	66.6% (BRFSS)	73.3%	BRFSS
			<p>Target setting method: 10% improvement</p>			

Lifestage Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 18	<p>Reduce the proportion of people with disabilities who report serious psychological distress.</p> <p>BRFSS Questions:            Are you limited in any way in any activities because of physical, mental, or emotional problems?            Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?            During the past 30 days about how often did you feel so depressed that nothing could cheer you up?            During the past 30 days about how often did you feel restless or fidgety?            About how often during the past 30 days did you feel nervous-would you say?            About how often during the past 30 days did you feel hopeless-would you say?            During the past 30 days about how often did you feel worthless?            During the past 30 days about how often did you feel that everything was an effort?</p>	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	<p>BRFSS 2007            Percent of disabled people who reported at least one mental health symptom (depression, restlessness, nervousness, hopelessness, worthlessness or that everything was an effort) all or most of the time in the last 30 days was 33.00%.</p> <p>Percent of disabled people who reported Serious Psychological Stress (Kessler scale) was 14.92%.</p>	Reporting mental health symptom 29.7%, Serious Psychological Stress 13.4%, Target setting method: 10% improvement	BRFSS
DH 19	Reduce the proportion of people with disabilities who report on non-fatal unintentional injuries that require medical care.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Lifestage Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 18	Reduce consumption of saturated fat in the population aged 2 years and older.	11.3% was the mean percentage of total daily calorie intake provided by saturated fat for the population aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.	9.5% Target setting method: Evidence-based approach (Considered the baseline in relation to 2005 DGA recommendation, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).	Percent of daily calories consumed by adults 18 and over 12.8% (ARCHES 2007)	Percent of daily calories consumed by adults 18 and over 11.5%, Target setting method: 10% improvement  Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
NWS 19	Reduce consumption of sodium in the population aged 2 years and older.	3,641 milligrams of sodium from foods, dietary supplements and antacids, drinking water, and salt use at the table was the mean total daily intake by persons aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.	2,300 milligrams. Target setting method: Evidence-based approach (Considered the baseline in relation to the 2005 DGA)  2,300 milligrams. Target setting method: Evidence-based approach (Considered the baseline in relation to the 2005 DGA recommendations and Institute of Medicine [IOM] Dietary Reference Intakes [DRIs], past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).	For adults 18 and over 3,357 mg per day (ARCHES 2007)	For adults 18 and over 3,021 mg per day, Target setting method: 10% improvement  Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Lifestage Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 20	Increase consumption of calcium in the population aged 2 years and older.	1,118 milligrams of calcium from foods, dietary supplements and antacids, and drinking water was the mean total daily intake by persons aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.	1,300 milligrams. Baseline: 1,118 milligrams of calcium from foods, dietary supplements and antacids, and drinking water was the mean total daily intake by persons aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population).	For adults 18 and over 902 mg per day (ARCHES 2007)	For adults 18 and over 812mg per day, .	Not Available
OA 3	(Developmental) Increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions.	Potential data source: Behavioral Risk Factor Surveillance System, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Possible source: BRFSS

<b>Lifestage Health</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
OA 5	<p>Reduce the proportion of older adults who have moderate to severe functional limitations.</p> <p>BRFSS Questions:            Are you limited in any way in any activities because of physical, mental, or emotional problems?            Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?            Because of any impairment or health problem do you need the help of other persons in handling your routine needs such as everyday household chores doing necessary business shopping or getting around for other purposes?            Because of any impairment or health problem do you need the help of other persons with your personal care needs such as eating bathing dressing or getting around the house?)</p>	28.3% of older adults had moderate to severe functional limitations (age-adjusted) in 2007. Data source: Medicare Current Beneficiary Survey (MCBS), CMS.	25.5% Target setting method: 10% improvement.	<p>BRFSS 2003, 2004, 2005</p> <p>22.32% of adults 65 and over reported needing the help of other persons to handle routine needs or to assist with personal care</p>	Reduce to 20.09%, Target setting method: 10% improvement	BRFSS
OA 8	(Developmental) Reduce the proportion of noninstitutionalized Older adults with disabilities who have an unmet need for long-term services and supports	Potential data source: National health and Aging Trends Study (NHATS)	Not Available	Not Available	Not Available	Not Available

<b>Lifestage Health</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
OA 11	Reduce the rate of emergency department visits due to falls among older adults.	5,235.1 emergency department visits per 100,000 due to falls occurred among older adults in 2007(age adjusted to year 2000 standard population). Data source: National Hospital Ambulatory Medical Care Survey, CDC, NCHS.	4,711.6 emergency department visits per 100,000 due to falls among older adults. Target setting method: 10 percent improvement.	Arkansas does not collect ED data currently.	Reduce to 573 per 10,000 incidents of inpatient care due to falls, 10% relative decrease below baseline	Inpatient visits

Oral Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 1	Reduce the proportion of children who have dental caries experience in their primary or permanent teeth.	33.3% of children aged 3 to 5 years had dental caries experience in at least one primary tooth in 1999–2004. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	30.0% Target setting method: 10% improvement.	2010 Arkansas Oral Health Screening Report. 64% of children had evidence of past cavities, 2010	57.6% Target setting method: 10% improvement	2010 Arkansas Oral Health Screening Report.
OH 2	Reduce the proportion of children with untreated dental decay.	23.8% of children aged 3 to 5 years had untreated dental decay in at least one primary tooth in 1999–2004. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	21.4% Target setting method: 10% improvement.	Children with untreated caries = 29%, 2010 2010 Arkansas Oral Health Screening Report	25% Target setting method: 10% improvement	2010 Arkansas Oral Health Screening Report
OH 3	Reduce the proportion of adults with untreated dental decay.	Baseline: 27.8% adults aged 35 to 44 years had untreated dental decay in at least one permanent tooth in 1999–2004. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Target: 25.0% Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity to collect data in the future.	Possible Source: BRFSS
OH 4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.	76.4% of adults aged 45 to 64 years have ever had a permanent tooth extracted because of dental caries or periodontitis in 1999–2004. Data source: NHANES, CDC, NCHS.	68.8% Target setting method: 10% improvement.	54% had tooth extracted due to dental disease, 2008 BRFSS	48.6% Target setting method: 10% improvement	BRFSS
OH 5	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.	32.5% of oral and pharyngeal cancers were diagnosed at the localized	35.8% Target setting method: 10% improvement.	Oral cavity and pharynx cancer incidence:	Stage I = 2 per 100,00	Arkansas Central Cancer Registry –

Oral Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
		stage (stage 1) in 2007. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.		stage I = 2.2 per 100,000, stage II = 1.3 per 100,000 (2007 data) BRFSS, 2008	Stage II = 1.17 per 100,000  Target setting method: 10% improvement	CancerCORE database, 2007
OH 6	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.	44.5% of persons aged 2 years and older had a dental visit in the past 12 months in 2007. Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	49.0% Target setting method: 10% improvement.	Adults – 64% visited dental clinic in past year for any reason, BRFSS 2008	70.4%  Target setting method: 10% improvement	BRFSS 2008
OH 7	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.	26.7% of children and adolescents aged 2 to 18 years at or below 200 percent of the Federal poverty level received a preventive dental service during the past year in 2007.	29.4% Target setting method: 10% improvement.	27% of children on Medicaid participated in Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program , FY2006 2008 AR Medicaid Services Report - EPSDT Dental Utilization Rates	29.7%  Target setting method: 10% improvement	2008 AR Medicaid Services Report - EPSDT Dental Utilization Rates

Oral Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 8	Increase the proportion of school-based health centers with an oral health component that includes dental sealants.	24.1% of school-based health centers with an oral health component included dental sealants in 2007–08. Data source: School-based Health Care Census, National Assembly of School Based Health Care (NASBHC).	26.5% Target setting method: 10% improvement.	The Wakefield school-based dental clinic provided 7,330 dental sealants to 2,482 children over past 5-years: <a href="http://ualr.edu/children/index.php/future-smiles-dental-clinic/">http://ualr.edu/children/index.php/future-smiles-dental-clinic/</a> (services provided over the past 5-years of the program 2006 – 2010)	Increase to 2 Target setting method: doubling	Office of Oral Health and UALR Children’s International Program
OH 9	Increase the proportion of patients that receive oral health services at Federally Qualified Health Centers each year.	17.5% of patients at Federally Qualified Health Centers received oral health services in 2007	33.3% Target setting method: 90% improvement.	15.69% of all CHC patients receive dental services. Not all of the CHCs’ locations provide dental services, 2009.	17.26% of CHC patients will receive dental services.	2009 Community Health Centers of Arkansas contact: Angie Shaffner
OH 10	(Developmental) Increase the proportion of preschools and Head Start programs that provide health education to prevent health problems in the following areas: unintentional injury; violence; tobacco use and addiction; alcohol and drug use, unhealthy dietary patterns; and inadequate physical activity, dental health, and safety.	Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children’s Health.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity to collect data in the future.	Not Available
OH 11	Increase the proportion of children who have received dental sealants on their molar teeth.	1.4% of children aged 3 to 5 years received dental sealants on one or more of their primary molars in 1999–2004. Data source: NHANES, CDC, NCHS.	1.5% Target setting method: 10% improvement.	Children screened had dental sealants on one or more tooth surfaces, 27%, 2010 2010 Arkansas Oral Health Screening Report	30% Target setting method: 10% improvement	2010 Arkansas Oral Health Screening Report

Oral Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 12	Increase the proportion of the Arkansas population served by community water systems with optimally fluoridated water.	72.4% of the U.S. population served by community water systems received optimally fluoridated water in 2008. Data source: CDC Water Fluoridation Reporting System (WFRS), CDC, ONDIEH, NCCDPHP.	79.6% Target setting method: 10% improvement.	64.5%, 2008	79.6% Target setting method: 10% improvement	CDC
OH 13	(Developmental) Increase the proportion of adults who receive preventive interventions in dental offices.	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Adults – 62% had teeth cleaning in past year. 2008, BRFSS	Increase to 68% Target setting method: 10% improvement	BRFSS
OH 14	(14.1)(Developmental) Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or smoking cessation in the past year. (14.2) (Developmental) Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year.	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.  (14.2) Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity to collect data in the future.	Possible data source: BRFSS
OH 15	Increase the number of States, and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams.	Potential data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).	Not Available	Completed	Continue to meet this goal	UAMS cleft lip and palate data center

<b>Oral Health</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
OH 16	Increase the number of states with an oral and craniofacial health surveillance system	32 States had an oral and craniofacial health surveillance system in 2009. Data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).	51 (50 States and the District of Columbia). Target setting method: Total coverage (all 50 States and the District of Columbia).	Completed	Continue to meet this goal	UAMS cleft lip and palate data center
OH 17	Increase the number of health agencies that have a public dental health program directed by a dental professional with public health training.	23.4% of States (including the District of Columbia) and local health agencies that served jurisdictions of 250,000 or more persons had a dental public health program directed by a dental professional with public health training in 2009. Data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).	25.7%. Target setting method: 10% improvement.	Completed	Continue to meet this goal	Director, ADH Office of Oral Health

<b>Tobacco Prevention and Cessation Program</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
TU 1	Reduce tobacco use by adults. (1.1) Cigarette smoking	(1.1) 20.6% of adults aged 18 years and older were current cigarette smokers in 2008 (age adjusted to the year 2000 standard population). Data source: National Health Interview Survey (NHIS), CDC, NCHS.	(1.1) 12.0%. Target setting method: Retain Healthy People 2010 target of 12%.	(1.1) 21.5% BRFSS 2009	(1.1) 17.5% Target setting method: TPCP 5 yr. Strategic Plan	(1.1) BRFSS
	(1.2) Smokeless tobacco products	(1.2) 2.3% of adults aged 18 years and older were current users of snuff or chewing tobacco products in 2005 (age adjusted to the year 2000 standard population). Data source: National Health Interview Survey (NHIS), CDC, NCHS.	(1.2) 0.3%. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	(1.2) 7.1% ATS 2008	(1.2) 6.4% Target setting method: 10% improvement	(1.2) ATS
	(1.3) Cigars	(1.3) 2.2% of adults aged 18 years and older were current cigar smokers in 2005 (age adjusted to the year 2000 standard population). Data source: National Health Interview Survey (NHIS), CDC, NCHS.	(1.3) 0.2%. Target setting method: 2 percentage point improvement.	(1.3) not available		(1.3) not available

Tobacco Prevention and Cessation Program						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 2	Reduce tobacco use by adolescents. (2.1) Tobacco Products (past month)	(2.1) 26.0% of adolescents in grades 9 through 12 used cigarettes, chewing tobacco, snuff, or cigars in the past 30 days in 2009. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	(2.1) 21.0%. Target setting method: Retain Healthy People 2010 target	(2.1) 31.9% YTS 2010	(2.1) 28.7% Target setting method: 10% improvement	YTS
	(2.2) Cigarettes (past month)	(2.2) 19.5% of adolescents in grades 9 through 12 smoked cigarettes in the past 30 days in 2009. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	(2.2) 16.0%. Target setting method: Retain Healthy People 2010 target of 16%.	(2.2) 23.5% YTS 2010	(2.2) 17.5% Target setting method: TPCP 5 yr. Strategic Plan	YTS
	(2.3) Smokeless tobacco products	(2.3) 8.9% of adolescents in grades 9 through 12 used smokeless (chewing tobacco or snuff) tobacco products in the past 30 days in 2009. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	(2.3) 6.9%. Target setting method: 2 percentage point improvement.	(2.3) 14.6% YTS 2010	(2.3) 13.1% Target setting method: 10% improvement	YTS
	(2.4) Cigars	(2.4) 14.0% of adolescents in grades 9 through 12 smoked cigars in the past 30 days in 2009. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	(2.4) 8.0%. Target setting method: Retain Healthy People 2010 target of 8 percent.	(2.4) 16.0% YTS 2010	(2.4) 14.4% Target setting method: 10% improvement	YTS

**Tobacco Prevention and Cessation Program**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 3	<p>Reduce the initiation of tobacco use among children, adolescents, and young adults.</p> <p>(3.1) 12 to 17 years – tobacco products</p> <p>(3.2) 12 to 17 years – cigarettes</p> <p>(3.3) 12 to 17 years – smokeless tobacco products</p> <p>(3.4) 12 to 17 years – cigars</p>	<p>Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.</p> <p>(3.1) 7.7% of children and adolescents aged 12 to 17 years who had not previously used tobacco products in their lifetime first used tobacco products in the past 12 months in 2008.</p> <p>(3.2) 6.2% of children and adolescents aged 12 to 17 years who had not previously smoked cigarettes in their lifetime first smoked cigarettes in the past 12 months in 2008.</p> <p>(3.3) 2.5% of children and adolescents aged 12 to 17 years who had not previously used smokeless tobacco in their lifetime first used smokeless tobacco in the previous 12 months in 2008</p> <p>(3.4) 4.8% of children and adolescents aged 12 to 17 years who had not previously smoked cigars in their lifetime first smoked cigars in the previous 12 months in 2008.</p>	<p>Target setting method: 2 percentage point improvement.</p> <p>(3.1) 5.7%.</p> <p>(3.2) 4.2%.</p> <p>(3.3) 0.5%.</p> <p>(3.4) 2.8%</p>	<p>(3.1) Not Available</p> <p>(3.2) Not available</p> <p>(3.3) Not available</p> <p>(3.4) Not available</p>	<p>(3.1) Potential objective. Currently no data, but an opportunity to collect data in the future.</p> <p>(3.2) Potential objective. Currently no data, but an opportunity to collect data in the future.</p> <p>(3.3) Potential objective. Currently no data, but an opportunity to collect data in the future.</p> <p>(3.4) Potential objective. Currently no data, but an opportunity to collect data in the future.</p>	APNA

<b>Tobacco Prevention and Cessation Program</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
(3.5)	18 to 25 – tobacco products	(3.5) 10.8% of young adults aged 18 to 25 years who had not previously used tobacco products in their lifetime first used tobacco products in the past 12 months in 2008.	(3.5) 8.8%	(3.5) Not Available	(3.5) Potential objective. Currently no data, but an opportunity to collect data in the future.	
(3.6)	18 to 25 – cigarettes	(3.6) 8.3% of young adults aged 18 to 25 years who had not previously smoked cigarettes in their lifetime first smoked cigarettes in the past 12 months in 2008.	(3.6) 6.3%	(3.6) Not Available	(3.6) Potential objective. Currently no data, but an opportunity to collect data in the future.	
(3.7)	18 to 25 – smokeless tobacco products	(3.7) 2.2 percent of young adults aged 18 to 25 years who had not previously used smokeless tobacco in their lifetime first used smokeless tobacco products in the previous 12 months in 2008.	(3.7) 0.2%	(3.7) Not Available	(3.7) Potential objective. Currently no data, but an opportunity to collect data in the future.	
(3.8)	18 to 25 - cigars	(3.8) 6.1% of young adults aged 18 to 25 years who had not previously smoked cigars in their lifetime first smoked cigars in the previous 12 months in 2008.	(3.8) 4.1%	(3.8) Not Available	(3.8) Potential objective. Currently no data, but an opportunity to collect data in the future.	

Tobacco Cessation and Prevention Program						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 4	Increase smoking cessation attempts by adult smokers (4.1) Increase smoking cessation attempts by adult smokers	(4.1) 48.3% of adult smokers aged 18 years and older attempted to stop smoking in the past 12 months in 2008 (age adjusted to the year 2000 standard population). Data source: National Health Interview Survey (NHIS), CDC, NCHS.	80.0%. Target setting method: Retain Healthy People 2010 target of 80%.	(4.1) 47.3% 2008 ATS	(4.1) 52.0% Target setting method: 10% improvement	ATS
	(4.2) (Developmental) Increase smoking cessation attempts using evidence-based strategies by adult smokers	(4.2) Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.		(4.2) 72.6% 2008 ATS	(4.2) 80% Target setting method: 10% improvement	ATS
TU 5	Increase recent smoking cessation success by adults smokers (5.1) Increase recent smoking cessation success by adults smokers	(5.1) 6.0% of adult smokers aged 18 years and older last smoked 6 months to 1 year ago in 2008 (age adjusted to the year 2000 standard population). Data source: National Health Interview Survey (NHIS), CDC, NCHS.	8.0%. Target setting method: 2 percentage point improvement.	(5.1) 10.2% 2008 ATS	(5.1) 11.2% Target setting method: 10% improvement	ATS
	(5.2) (Developmental) Increase recent smoking cessation success using evidence-based strategies by adult smokers	(5.2) Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.		(5.2) 37% 2008 ATS (former smokers who quit within past 5 years)	(5.2) 40.7% Target setting method: 10% improvement	ATS

<b>Tobacco Prevention and Cessation Program</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
TU 6	Increase smoking cessation during pregnancy	11.3% of women aged 18 to 49 years (who reported having a live birth in the past 5 years and smoking at any time during their pregnancy with their last child), stopped smoking during the first trimester of their pregnancy and stayed off cigarettes for the rest of their pregnancy in 2005. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	30.0%. Target setting method: Retain the Healthy People 2010 target.	34% 2004-2008 PRAMS	37.4% Target setting method: 10% improvement	PRAMS
TU 7	Increase smoking cessation attempts by adolescent smokers	58.5% of adolescent smokers in grades 9 through 12 tried to stop smoking in the past 12 months in 2009. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	64.0% Target setting method: Retain Healthy People 2010 target of 64%.	55.2% 2010 YTS	60.7% Target setting method: 10% improvement	YTS
TU 08	Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in States and the District of Columbia	6 states had comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in 2007. Data Source: State Medicaid Coverage Survey for Tobacco-Dependence Treatments, CDC	51 (50 States and the District of Columbia). Target setting method: Total coverage	AR Medicaid covers patch, gum, bupropion, varenicline, counseling	All NRT, All FDA approved medication, and counseling – without barriers	AR Medicaid

<b>Tobacco Prevention and Cessation Program</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
TU 9	Increase tobacco screening in health care settings (9.1) Increase tobacco screening in office-based ambulatory care settings  (9.2) Increase tobacco screening in hospital ambulatory care settings  (9.3) (Developmental) Increase tobacco screening in dental care settings  (9.4) (Developmental) Increase tobacco screening in substance abuse care settings  (9.5) (state-added) increase tobacco screening in mental health care settings	(9.1) 62.8% of office-based ambulatory care setting visits among patients aged 12 years and older had tobacco screening in 2007. (9.2) 60.3% of hospital ambulatory care setting visits among patients aged 12 years and older had tobacco screening in 2007. (9.3) Not Available  (9.4) Not Available Data Source: National Ambulatory Medical Care Survey (NAMCS), NCHS. (9.5) Not applicable	(9.1) 69.1% Target setting method: 10% improvement  (9.2) 66.3% Target setting method: 10% improvement  (9.3) Potential data source: American Dental Association’s Survey of Dental Practice. (9.4) Potential data source: National Survey of Substance Abuse Treatment Services  (9.5) Not applicable	(9.1) 52% 2008 ATS  (9.2) Not available  (9.3) 77% HCPS Target setting method: 10% improvement  (9.4) 5 agencies  (9.5) 2 agencies	(9.1) 57.2%  (9.2) (Future national mandate)  (9.3) 85.7%  (9.4) 10 agencies Target setting method: Doubling  (9.5) 4 agencies – Target setting method: Doubling	(9.1) ATS  (9.2) To be determined  (9.3) HCPS  (9.4) Statewide survey of SA treatment centers (9.5) Survey

Tobacco Prevention and Cessation Program						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 10	Increase tobacco cessation counseling in health care settings (10.1) Increase tobacco cessation counseling in office-based ambulatory care settings	(10.1) 19.3% of visits to an office-based ambulatory care setting among current tobacco users aged 12 years and older had tobacco cessation counseling ordered or provided during that visit in 2007.	(10.1) 21.2% Target setting method: 10% improvement	(10.1) 43% HCPS	(10.1) 47.3% Target setting method: 10% improvement	(10.1) HCPS
	(10.2) Increase tobacco cessation counseling in hospital ambulatory care settings	(10.2) 22.5% of visits to a hospital ambulatory care setting among current tobacco users aged 12 years and older had tobacco cessation counseling ordered or provided during that visit in 2007. Data source: NHAMCS, NCHS	(10.2) 24.8% (Target setting method: 10% improvement)	(10.2) not available	(10.2) Future national mandate	(10.2) To be determined
	(10.3) (Developmental) Increase tobacco cessation counseling in dental care settings	(10.3) Not available Potential data source: American Dental Association's Survey of Dental Practice.	(10.3) Not available	(10.3) 23% HCPS	(10.3) 25.3% Target setting method: 10% improvement	(10.3) HCPS
	(10.4) (Developmental) Increase tobacco cessation counseling in substance abuse care settings	(10.4) Not available Potential data source: National Survey of Substance Abuse Treatment Services	(10.4) Not available	(10.4) 5 agencies TPCP/ADH survey	(10.4) 10 agencies Target setting method: doubling	(10.4) TPCP/ADH survey
	(10.5) (state-added) increase tobacco cessation counseling in mental health care settings	(10.5) Not available	(10.5) Not available	(10.5) 2 agencies TPCP/ADH survey	(10.5) 4 agencies Target setting method: doubling	(10.5) TPCP/ADH survey

Tobacco Prevention and Cessation Program						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 11	<p>Reduce the proportion of nonsmokers exposed to secondhand smoke</p> <p>(11.1) Children aged 3 to 11 years</p> <p>(11.2) Adolescents aged 12 to 17 years</p> <p>(11.3) Adults aged 18 years and older</p>	<p>(11.1) 82.2% of children aged 3 to 11 years were exposed to secondhand smoke in 2005-2008. Data source: NHANES, CDC, NCHS</p> <p>(11.2) 78.0% of nonsmoking adolescents aged 12 to 17 years were exposed to secondhand smoke in 2005-08. Data source: NHANES, CDC, NCHS</p> <p>(11.3) 75.5% of nonsmoking adults aged 18 years and older were exposed to secondhand smoke in 2005-08 (age adjusted to the year 2000 standard population). Data source: NHANES, CDC, NCHS.</p>	<p>(11.1) 74% Target setting method: 10% improvement</p> <p>(11.2) 70.2% Target setting method: 10% improvement</p> <p>(11.3) 68% Target setting method: 10% improvement</p>	<p>(11.1) Not Available (possibly APNA)</p> <p>(11.2) 57% middle/high school were exposed to SHS past 7 days (2007 YTS)</p> <p>(11.3) 15% ATS 2008</p>	<p>(11.1) Not Available</p> <p>(11.2) 51% Target setting method: 10% improvement</p> <p>(11.3) 13.5% Target setting method: 10% improvement</p>	<p>(11.1) Not Available (possibly APNA)</p> <p>(11.2) YTS</p> <p>(11.3) ATS</p>
TU 12	Increase the proportion of persons covered by indoor worksite policies that prohibit smoking	75.3% of the employed population aged 18 years and older (who worked in indoor public workplaces) were covered by indoor worksite policies that prohibited smoking in 2006-07. Data source: Tobacco Use Supplement to the Current Population Survey (TUS-CPS), US Bureau of the Census and BLS.	100.0% Target setting method: Projected trend data	92.9% ATS 2008	100% Target setting method: 10% improvement	ATS

Tobacco Prevention and Cessation Program						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 13	Establish laws in Sates, District of Columbia, territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites.					Review of passed legislation
	(13.1) Private workplaces	(13.1) 30 (29 states and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in private workplaces in 2009. Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.	(13.1) 51 (50 states and the District of Columbia) Target setting method: Total coverage	(13.1) Yes, only for >2 people in workplace	(13.1) Yes	
	(13.2) Public workplaces	(13.2) 34 (33 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in public workplaces in 2009. Data source: STATE, CDC, NCCDPHP, OSH.	(13.2) 51 (50 states and the District of Columbia) Target setting method: Total coverage	(13.2) Yes, if only>=21 yo	(13.2) Yes	
	(13.3) Restaurants	(13.3) 28 (27 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in restaurants in 2009. Data source: STATE, CDC, NCCDPHP, OSH	(13.3) 51 (50 states and the District of Columbia) Target setting method: Total coverage	(13.3) Yes, if only>=21 yo	(13.3) Yes	
	(13.4) Bars	(13.4) 22 (21 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in bars in 2009. Data source: STATE, CDC, NCCDPHP, OSH	(13.4) 51 (50 states and the District of Columbia) Target setting method: Total coverage	(13.4) Yes, if only>=21 yo	(13.4) Yes	
	(13.5) (Developmental) Gaming halls	(13.5) Potential data source: STATE, CDC, NCCDPHP, OSH	(13.5) Not available	(13.5)No	(13.5) Yes	
	(13.6) Commercial daycare centers	(13.6)38 (37 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in commercial daycare centers in 2009. Data source: STATE, CDC, NCCDPHP, OSH	(13.6) 51 (50 states and the District of Columbia) Target setting method: Total coverage	(13.6) Yes	(13.6) Yes	

**Tobacco Prevention and Cessation Program**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
	(13.7) Home-based daycare centers	(13.7) 36 (36 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in home-based daycare centers in 2009. Data source: STATE, CDC, NCCDPHP, OSH	(13.7) 51 (50 states and the District of Columbia) Target setting method: Total coverage	(13.7) Yes	(13.7) Yes	
	(13.8) Public transportation	(13.8) 38 (37 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in public transportation in 2009. Data source: STATE, CDC, NCCDPHP, OSH	(13.8) 51 (50 states and the District of Columbia) Target setting method: Total coverage	(13.8) Yes	(13.8) Yes	
	(13.9) Hotels and motels	(13.9) Zero States or the District of Columbia had smoke-free indoor air laws that prohibit smoking in hotels and motels in 2009. Data source: STATE, CDC, NCCDPHP, OSH	(13.9) 51 (50 states and the District of Columbia) Target setting method: Total coverage	(13.9) Yes- for >25 rooms or 20% of the rooms	13.9) Yes	
	(13.10) Multiunit housing	(13.10) Zero States or the District of Columbia had smoke-free indoor air laws that prohibit smoking in multiunit housing in 2009. Data source: STATE, CDC, NCCDPHP, OSH	(13.10) 51 (50 states and the District of Columbia) Target setting method: Total coverage	(13.10) No	(13.10) Yes	
	(13.11) Vehicles with children	(13.11) 4 States had smoke-free indoor air laws that prohibit smoking in vehicles with children in 2009. Data source: STATE, CDC, NCCDPHP, OSH	(13.11) 51 (50 states and the District of Columbia) Target setting method: Total coverage	(13.11) Yes, if <6 yo/60#	(13.11) Yes<18 yo	
	(13.12) Prisons and correctional facilities	(13.12) 4 States had smoke-free indoor air laws that prohibit smoking in prisons and correctional facilities 2009. Data source: STATE, CDC, NCCDPHP, OSH	(13.12) 51 (50 states and the District of Columbia) Target setting method: Total coverage	(13.12) Yes	(13.12) Yes	

**Tobacco Prevention and Cessation Program**

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
	(13.13) (Developmental) Substance abuse treatment facilities	(13.13) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH	(13.13) Potential Objective. Currently no data, but an opportunity for data collection in the future.	(13.13) Some (see above)	(13.13) Yes	
	(13.14) (Developmental) Mental health treatment facilities	(13.14) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH	(13.14) Potential Objective. Currently no data, but an opportunity for data collection in the future.	(13.14) Some (see above)	(13.14) Yes	
	(13.15) (Developmental) Entrances and exits of all public places	(13.15) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH	(13.15) Potential Objective. Currently no data, but an opportunity for data collection in the future.	(13.5) No	(13.15) Yes	
	(13.16) (Developmental) Hospital campuses	(13.16) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH	(13.16) Potential Objective. Currently no data, but an opportunity for data collection in the future.	(13.16) Yes	(13.16) Yes	
	(13.17) (Developmental) College and university campuses	(13.17) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH	(13.17) Potential Objective. Currently no data, but an opportunity for data collection in the future.	(13.17) Yes – state financed	(13.17) Yes	

Tobacco Prevention and Cessation Program						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 14	Increase the proportion of smoke-free homes.	79.1% of adults aged 18 years and older reported that no smoking is allowed in their home in 2006-07. Data source: TUS-CPS, US Bureau of the Census and BLS	87% Target setting method: 10% improvement	78.6% ATS2008	86.5% Target setting method: 10% improvement	ATS
TU 15	Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events. (15.1) Junior high school  (15.2) Middle school  (15.3) High school  (15.4) (Developmental) Head Start	(15.1) 65.4% of junior high schools had tobacco-free environments, including at school facilities, property, vehicles and school events, in 2006. Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP (15.2) 58.7% of middle schools had tobacco-free environments, including all school facilities, property, vehicles, and school events in 2006. Data source: SHPPS, CDC, NCCDPHP (15.3) 66.1% of high schools had tobacco-free environments, including all school facilities, property, vehicles, and school events in 2006. Data source: SHPPS, CDC, NCCDPHP (15.4) Developmental. Potential data sources: To be determined	(15.1) 100% Target setting method: total coverage  (15.2) 100% Target setting method: total coverage  (15.3) 100% Target setting method: total coverage  (15.4) Not Available	100% facilities, property, and buses 13 school districts or 5.4% of school districts have comprehensive policies (TPCP/ADH survey)	20 school districts to have comprehensive polices Target setting method: Consensus	TPCP/ADH survey

Tobacco Prevention and Cessation Program						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 16	Eliminate State laws that preempt stronger local tobacco control laws. (16.1) Preemption on smoke-free indoor air.  (16.2) Preemption in advertising.  (16.3) Preemption on youth access	(16.1) 12 States preempted stronger local tobacco control laws on smoke-free indoor air in 2009. Data source: STATE, CDC, NCCDPHP, OSH  (16.2) 18 States preempted strong local tobacco control laws in advertising in 2009. Data Source: STATE, CDC, NCCDPHP, OSH.  (16.3) 22 States preempted stronger local tobacco control laws on youth access to tobacco products in 2009. Data source: STATE, CDC, NCCDPHP, OSH	(16.1) Zero States and the District of Columbia. Target setting method: Total elimination  (16.2) Zero States and the District of Columbia. Target setting method: Total elimination  (16.3) Zero States and the District of Columbia. Target setting method: Total elimination	Not applicable	Not applicable	Not applicable

Tobacco Prevention and Cessation Program						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 17	Increase the Federal and State tax on tobacco products					
	(17.1) Cigarettes	(17.1) Zero States increased tax on cigarettes by \$1.50 over the tracking decade in 2010 (States, the District of Columbia, and the Federal Government). Data source: STATE, CDC, NCCDPHP, OSH	(17.1) 52 (50 States, the District of Columbia, and the Federal Government) Target setting method: Consistency with national programs and policies	(17.1) \$1.15	(17.1) Stay at national median	
	(17.2) Smokeless tobacco products	(17.2) Zero States increased tax on smokeless tobacco products by \$1.50 over the tracking decade in 2010 (States, the District of Columbia, and the Federal Government). Data source: STATE, CDC, NCCDPHP, OSH	(17.2) 52 (50 States, the District of Columbia, and the Federal Government) Target setting method: Consistency with national programs and policies	(17.2) 68% of manufacturer's price	(17.2) Stay at national median	
	(17.3) (Developmental) Other smoked tobacco products.	(17.3) Developmental. Potential data source: STATE, CDC, NCCDPHP, OSH	(17.3) Potential objective. Currently no data, but an opportunity for data collection in the future.	(17.3) 68% of manufacturer's price	(17.3) Stay at national median	

Tobacco Prevention and Cessation Program						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 18	<p>Reduce the proportion of adolescents and young adults grades 6 through 12 who are exposed to tobacco advertising and promotion.</p> <p>(18.1) Internet advertising and promotion</p> <p>(18.2) Magazine and newspaper advertising and promotion</p> <p>(18.3) (Developmental) Movies</p> <p>(18.4) (Developmental) Point of purchase (convenience store, supermarket, or gas station)</p>	<p>(18.1) 36.8% of adolescents and young adults in grades 6 through 12 were exposed to tobacco advertising and promotion on the Internet in 2009. Data source: National Youth Tobacco Survey (NYTS), CDC</p> <p>(18.2) 48.6% of adolescents and young adults in grades 6 through 12 were exposed to tobacco advertising and promotion in magazines and newspapers in 2009. Data source: National Youth Tobacco Survey (NYTS), CDC</p> <p>(18.3) Developmental. Potential data source: To be determined.</p> <p>(18.4) Developmental. Potential data source: To be determined</p>	<p>(18.1) 33.1% Target setting method: 10% improvement</p> <p>(18.2) 19.3% Target setting method: 10% improvement</p> <p>(18.3) Potential objective. Currently no data, but an opportunity for data collection in the future.</p> <p>(18.4) Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	<p>(18.1) 50.4% YTS 2010 (high school)</p> <p>(18.2) Not available</p> <p>(18.3) Not available</p> <p>(18.4) Not available</p>	<p>(18.1) 45.5% Target setting method: 10% improvement</p> <p>(18.2) 100% Target setting method: Consensus</p> <p>(18.3) Not Available</p> <p>(18.4) 0% Target setting method: Consensus</p>	<p>(18.1) YTS</p> <p>(18.2) YTS Potential objective. Currently no data, but an opportunity to collect data in the future.</p> <p>(18.3) YTS Potential objective. Currently no data, but an opportunity to collect data in the future.</p> <p>(18.4) Operation Storefront</p>

<b>Tobacco Prevention and Cessation Program</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
TU 19	Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors. (19.1) States and the DC  (19.2) Territories	(19.1) 5 States reported an illegal sales rate to minors of 5% or less in compliance checks in 2009. Data source: State Synar Enforcement Reporting, SAMHSA, CSAP  (19.2) 1 Territory reported an illegal sales rate to minors of 5% or less in compliance checks in 2009. Data source: State Synar Enforcement Reporting, SAMHSA, CSAP	(19.1) 51 (50 States and the District of Columbia) Target setting method: Retain the Healthy People 2010 target of total coverage (19.2) 8 Territories Target setting method: Retain the Healthy People 2010 target of total coverage	(19.1) 3.4% Synar FY2011  (19.2) not applicable	(19.1) 3% Target setting method: 10% improvement	Synar

<b>Tobacco Prevention and Cessation Program</b>						
<b>Number</b>	<b>Healthy People 2020 Objective</b>	<b>National Baseline Data</b>	<b>National 2020 Target Goal</b>	<b>Arkansas Baseline Data</b>	<b>Arkansas 2020 Target Goal</b>	<b>Data Source for Tracking</b>
TU 20	<p>(Developmental) Increase the number of States and the District of Columbia, Territories, and Tribes with sustainable and comprehensive evidence-based tobacco control programs.</p> <p>(20.1) (Developmental) States and the District of Columbia</p> <p>(20.2) (Developmental) Territories</p> <p>(20.3) (Developmental) Tribes</p>	<p>(20.1) Developmental. Potential data source: STATE, CDC, NCCDPHP, OSH</p> <p>(20.2) Developmental. Potential data source: STATE, CDC, NCCDPHP, OSH</p> <p>(20.3) Developmental. Potential data source: STATE, CDC, NCCDPHP, OSH</p>	<p>(20.1) Potential objective. Currently no data, but an opportunity for data collection in the future.</p> <p>(20.2) Potential objective. Currently no data, but an opportunity for data collection in the future.</p> <p>(20.3) Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	Done	Maintain program	