Healthy People 2020 Toolkit

Arkansas Department of Health
Center for Local Public Health

Hometown Health Improvement

2012 Sustainability Conference
February 28- 29, 2012

Arkansas Department of Health
Keeping Your Hometown Healthy

Hometown Health Improvement
Helping Communities Plan for a Healthy Tomorrow

Healthy People 2020 Toolkit-
Arkansas Department of Health- Center for Local Public Health
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TABLE OF CONTENTS

A. Cover Page

B. Introduction

C. HP 2020 Brochure with Leading Health Indicators

D. HP 2020 Framework

E. American Public Health Association Guidance Document

F. HP 2020 Objectives selected as the Leading Health Indicators

G. HP 2020 All Objectives and Topic Areas (.PDF)

H. HP 2020 All Objectives (Excel Worksheet)

I. Arkansas Public Health Virtual Library – Arkansas Specific Healthy People Support Activities

J. Healthy People 2020 (Power Point Presentation)

K. Internet Links and References

B.
Introduction

2013 brings the 100th year anniversary to the Arkansas Department of Health. 100 years of providing vitally important public health protection and promotion to the Natural State has only been accomplished through the passion and motivation of many **Hometown Health Improvement** Leaders. Health is a precious resource, a resource that is necessary for success in educational, professional and reproductive endeavors. The drive of those that have led the way in Arkansas over the past 100 years to provide quality Public Health services truly secure the potential for a ***"Healthier future for us all".***

Healthy People 2020 continues in this tradition with the launch of the next 10-year agenda for improving the Nation's health. Healthy People 2020's Vision statement encompasses and reaches for: ***A society in which all people live long, healthy lives***. Arkansas Department of Health and Healthy People 2020 strive to improve the health of all groups.

Contained within this **Healthy People 2020 (HP2020) toolkit** you will find the information necessary to access and implement HP 2020 goals and objectives in your community. Supplemental components located as additional files on this CD and presented at the **HHI 2012 Sustainability Conference** are designed to assist with the community health improvement cycle and include these topics:

- S.M.A.R.T. objectives
- Public Outreach using Social Media
- Evaluation guidance utilizing the CDC recommended 6 step processes
- Community Health Needs Assessment Reference Toolkit
- Community based best practice recommendations for healthy schools and workplaces

Overarching Goals from **HP 2020 and the Arkansas Department of Health** mirror and support each other through efforts to ensure that our populations have the capacity to:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death;
- Achieve health equity, eliminate disparities, and improve the health of all groups;
- Create social and physical environments that promote good health for all;
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Four Foundation Health Measures are enlisted as significant indicators of progress towards goal achievement.

(1) **Measures of General Health Status** provide basic information on the health of a population.

(2) **Health-Related Quality of Life (HRQoL)** worthwhile to examine, but more difficult to measure; is a multi-dimensional concept that includes domains related to physical, mental, emotional and social functioning.

(3) **Determinants of Health** address the range of personal, social, economic, and environmental factors that influence health status. It is the interrelationships among these factors that determine individual and population health.

(4) **Health Disparities** adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

The Community Health Improvement Cycle relies on assessment to provide data for informed decision making to influence policies at the local, State, and Federal level that affect individual and population health. Evaluation of prior efforts reveal poor health outcomes are often made worse by the interaction between individuals and their social and physical environment. Social determinants of health reflect the environment in which people are born, live, learn, play, work and age. We must reach beyond the boundaries of traditional public health interventions and health care service provision to address factors such as education, housing, transportation, agriculture, and environment.

Arkansas and our nation's health status is influenced by multiple factors that all have the capability to create powerful and complex relationships. While individual behavior greatly impacts one's health status, lack of access, or limited access, to health care services also has a major influence on health status. Determinants of health are factors which influence an individual's or population's health and may be beyond an individual's power to control. Many public health interventions focus on reducing disparity through improving policies to support community health and changing individual behaviors. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. If a health outcome is seen in a greater or lesser extent between certain population segments, we can identify disparity. Efforts to eliminate disparities and achieve health equity have traditionally focused on treatment of diseases or illnesses and

on provision of health care services. We are realizing as a nation that the absence of disease does not automatically equate to good health. Our health may be influenced by biology, genetics, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. Other striking influences on health include the availability of and access to high-quality education, nutritious food, decent and safe housing, affordable, reliable public transportation, culturally sensitive health care providers, health insurance, clean water and nonpolluted air.

Through a strategic planning initiative, the **Arkansas Department of Health** determined that to solve today's health problems would require cooperative action and creative solutions at the local level. The health of the community is a shared responsibility of many entities. **Hometown Health Improvement** brings together a wide range of people and organizations including consumers, business leaders, health care providers, elected officials, religious leaders, and educators to identify community health problems and develop and implement ways to solve them. Hometown Health Improvement initiatives currently exist in every county around the state and do powerful and unique work. Benefits arising from collaborative partnerships include improving the health and quality of life in communities, reducing preventable illness and injury, coordinating community health services more effectively, and using available health care resources more efficiently.

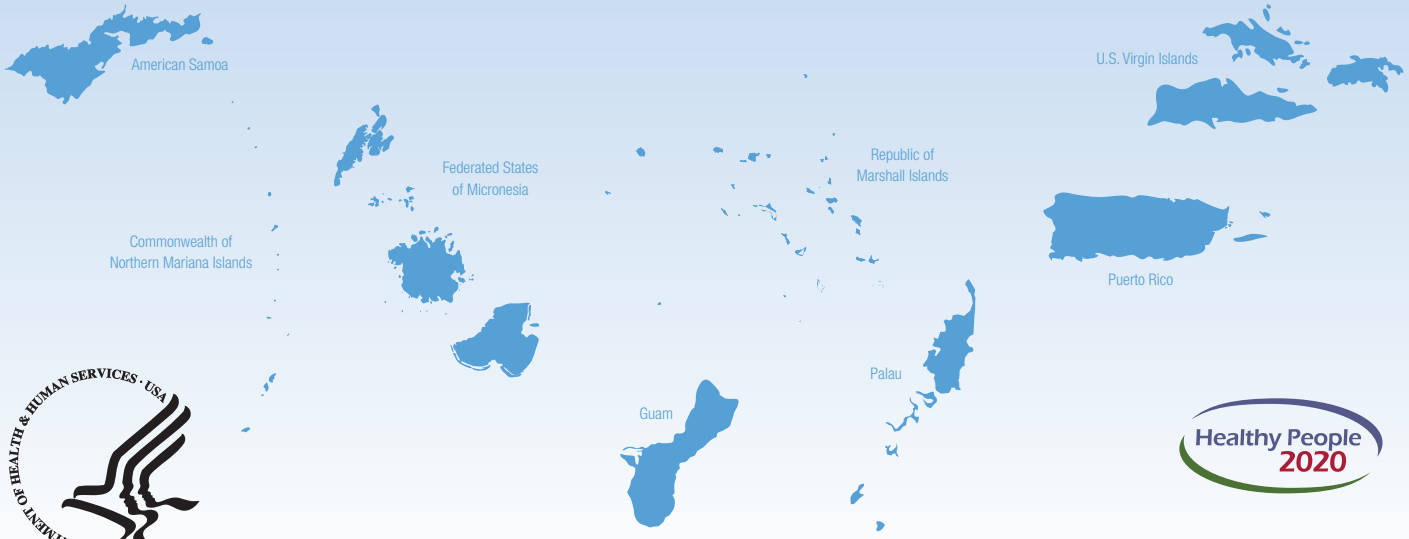
Hometown Health Improvement is a locally owned and locally controlled initiative that stresses:

- collaboration,
- coalition building,
- community health assessment,
- prioritization of health issues, and
- development and implementation of community health strategies that are locally designed and sustained.

C.

HP 2020 Brochure with Leading Health Indicators

Healthy People 2020



DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Healthy People 2020

www.healthypeople.gov

Healthy **People** in Healthy **Communities**

What Is *Healthy People?*

***Healthy People* is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States.**

Released by the U.S. Department of Health and Human Services each decade, *Healthy People* reflects the idea that setting objectives and providing science-based benchmarks to track and monitor progress can motivate and focus action. *Healthy People 2020* represents the fourth generation of this initiative, building on a foundation of three decades of work.

Healthy People is used as a tool for strategic management by the federal government, states, communities, and many other public- and private-sector partners. Its comprehensive set of objectives and targets is used to measure progress for health issues in specific populations, and serves as (1) a foundation for prevention and wellness activities across various sectors and within the federal government, and (2) a model for measurement at the state and local levels.

What's New in *Healthy People 2020?*

Healthy People 2020 is committed to the vision of a *society in which all people live long, healthy lives*. This decade, several new features will help make this vision a reality:

- Emphasizing ideas of health equity that address social determinants of health and promote health across all stages of life
- Replacing the traditional print publication with an interactive Web site as the main vehicle for dissemination
- Maintaining a Web site that allows users to tailor information to their needs and explore evidence-based resources for implementation

New to Healthy People 2020: **Leading Health Indicators**

Healthy People 2020 includes a small set of high-priority health issues that represent significant threats to the public's health. Selected from the Healthy People 2020 objectives, the 26 Leading Health Indicators (LHIs), organized under 12 topic areas, address determinants of health that promote quality of life, healthy behaviors, and healthy development across all life stages. The LHIs provide a way to assess the health of the Nation for key areas, facilitate collaboration across diverse sectors, and motivate action at the national, State, and local levels.

Leading Health Indicators

12 Topic Areas	26 Leading Health Indicators
Access to Health Services	• Persons with medical insurance • Persons with a usual primary care provider
Clinical Preventive Services	• Adults who receive a colorectal cancer screening based on the most recent guidelines • Adults with hypertension whose blood pressure is under control • Adult diabetic population with an A1c value greater than 9 percent • Children aged 19 to 35 months who receive the recommended doses of diphtheria, tetanus, and pertussis (DTaP); polio; measles, mumps, and rubella (MMR); Haemophilus influenza type b (Hib); hepatitis B; varicella; and pneumococcal conjugate (PCV) vaccines
Environmental Quality	• Air Quality Index (AQI) exceeding 100 • Children aged 3 to 11 years exposed to secondhand smoke
Injury and Violence	• Fatal injuries • Homicides
Maternal, Infant, and Child Health	• Infant deaths • Preterm births
Mental Health	• Suicides • Adolescents who experience major depressive episodes (MDEs)
Nutrition, Physical Activity, and Obesity	• Adults who meet current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity • Adults who are obese • Children and adolescents who are considered obese • Total vegetable intake for persons aged 2 years and older
Oral Health	• Persons aged 2 years and older who used the oral health care system in the past 12 months
Reproductive and Sexual Health	• Sexually active females aged 15–44 years who received reproductive health services in the past 12 months • Persons living with HIV who know their serostatus
Social Determinants	• Students who graduate with a regular diploma 4 years after starting ninth grade
Substance Abuse	• Adolescents using alcohol or any illicit drugs during the past 30 days • Adults engaging in binge drinking during the past 30 days
Tobacco	• Adults who are current cigarette smokers • Adolescents who smoked cigarettes in the past 30 days

Leading Health Indicators Framework

The Healthy People 2020 LHIs were selected and organized using a health determinants and health outcomes by life stages conceptual framework. This approach is intended to draw attention to "upstream" determinants that affect the public's health and contribute to health disparities from infancy through old age, thereby highlighting strategic opportunities to improve health and quality of life for all Americans. Collectively, the LHIs support Healthy People 2020's overarching goals.

- **The LHIs, Health Determinants, and Health Disparities**
  Recognizing that factors related to social and physical environments, multi-sector policies, individual behaviors, health services, and biology and genetics influence the ability of individuals and communities to make progress on these indicators, the LHIs will be examined using a health determinants perspective. Addressing determinants is key to improving health disparities and overall population health.

- **The LHIs Across the Life Stages**
  The LHIs will also be examined using a life stages perspective. This approach recognizes that specific disease outcomes, risk factors, and health determinants need to be addressed at various stages across the lifespan and highlights the importance of tailoring strategies to fit a particular age group.

Taking Action To Improve Everyone's Health

The LHIs are intended to motivate action at the national, State, and local levels, as well as among individuals, families, and communities. The indicators can help us best focus our energies—at home and in our communities, worksites, businesses, or States—to live better and longer.

Visit www.healthypeople.gov to learn more about the LHIs and what action is being taken to address them.

The **Mission, Vision,** and **Goals** of *Healthy People 2020*

Vision—A society in which all people live long, healthy lives.

Mission—*Healthy People 2020* strives to:

- Identify nationwide health improvement priorities
- Increase public awareness and understanding of the determinants of health, disease, and disability, and the opportunities for progress
- Provide measurable objectives and goals that are applicable at the national, state, and local levels
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge
- Identify critical research, evaluation, and data collection needs

Overarching Goals

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages

Foundation **Health Measures**

Healthy People 2020 includes broad, cross-cutting measures without targets that will be used to assess progress toward achieving the four overarching goals.

Overarching Goals of *Healthy People 2020*	**Foundation Measures Category**	**Measures of Progress**
Attain high quality, longer lives free of preventable disease, disability, injury, and premature death	General Health Status	• Life expectancy • Healthy life expectancy • Physical and mental unhealthy days • Self-assessed health status • Limitation of activity • Chronic disease prevalence • International comparisons *(where available)*
Achieve health equity, eliminate disparities, and improve the health of all groups	Disparities and Inequity	Disparities/inequity to be assessed by: • Race/ethnicity • Gender • Socioeconomic status • Disability status • Lesbian, gay, bisexual, and transgender status • Geography
Create social and physical environments that promote good health for all	Social Determinants of Health	Determinants can include: • Social and economic factors • Natural and built environments • Policies and programs
Promote quality of life, healthy development, and healthy behaviors across all life stages	Health-Related Quality of Life and Well-Being	• Well-being/satisfaction • Physical, mental, and social health-related quality of life • Participation in common activities

Topic Areas

The Topic Areas of *Healthy People 2020* identify and group objectives of related content, highlighting specific issues and populations. Each Topic Area is assigned to one or more lead agencies within the federal government that is responsible for developing, tracking, monitoring, and periodically reporting on objectives.

1. Access to Health Services
2. Adolescent Health
3. Arthritis, Osteoporosis, and Chronic Back Conditions
4. Blood Disorders and Blood Safety
5. Cancer
6. Chronic Kidney Disease
7. Dementias, Including Alzheimer's Disease
8. Diabetes
9. Disability and Health
10. Early and Middle Childhood
11. Educational and Community-Based Programs
12. Environmental Health
13. Family Planning
14. Food Safety
15. Genomics
16. Global Health
17. Healthcare-Associated Infections
18. Health Communication and Health Information Technology
19. Health-Related Quality of Life and Well-Being
20. Hearing and Other Sensory or Communication Disorders
21. Heart Disease and Stroke
22. HIV
23. Immunization and Infectious Diseases
24. Injury and Violence Prevention
25. Lesbian, Gay, Bisexual, and Transgender Health
26. Maternal, Infant, and Child Health
27. Medical Product Safety
28. Mental Health and Mental Disorders
29. Nutrition and Weight Status
30. Occupational Safety and Health
31. Older Adults
32. Oral Health
33. Physical Activity
34. Preparedness
35. Public Health Infrastructure
36. Respiratory Diseases
37. Sexually Transmitted Diseases
38. Sleep Health
39. Social Determinants of Health
40. Substance Abuse
41. Tobacco Use
42. Vision

U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion
ODPHP Publication No. B0132
November 2010
www.healthypeople.gov

D.

HP 2020 Framework

Framework

The Vision, Mission, and Goals of *Healthy People 2020*

The vision, mission, and overarching goals provide structure and guidance for achieving the *Healthy People 2020* objectives. While general in nature, they offer specific, important areas of emphasis where action must be taken if the United States is to achieve better health by the year 2020. Developed under the leadership of the Federal Interagency Workgroup (FIW), the *Healthy People 2020* framework is the product of an exhaustive collaborative process among the U.S. Department of Health and Human Services (HHS) and other federal agencies, public stakeholders, and the advisory committee.

Vision—A society in which all people live long, healthy lives.

Mission—*Healthy People 2020* strives to:

- Identify nationwide health improvement priorities;
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress;
- Provide measurable objectives and goals that are applicable at the national, state, and local levels;
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge; and
- Identify critical research, evaluation, and data collection needs.

Overarching Goals

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

The Importance of an Ecological and Determinants Approach to Health Promotion and Disease Prevention

Health and health behaviors are determined by influences at multiple levels, including personal (i.e., biological, psychological), organizational/institutional, environmental (i.e., both social and physical), and policy levels. Because significant and dynamic inter-relationships exist among these different levels of health determinants, interventions are most likely to be effective when they address determinants at all levels. Historically, many health fields have focused on individual-level health determinants and interventions. *Healthy People 2020* should therefore expand its focus to emphasize health-enhancing social and physical environments. Integrating prevention into the continuum of education—from the earliest ages on—is an integral part of this ecological and determinants approach.

The Role of Health Information Technology and Health Communication

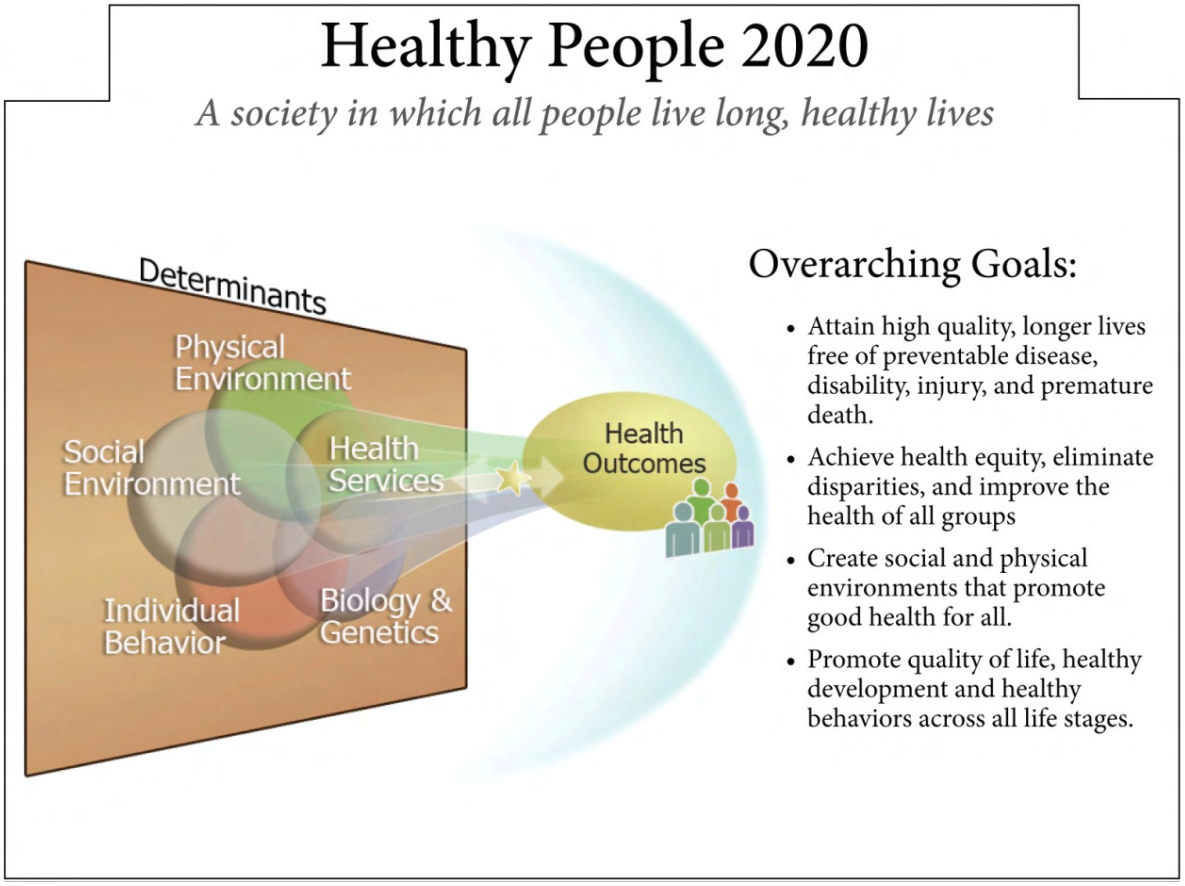
Health information technology (IT) and health communication will be encouraged and supported as being an integral part of the implementation and success of *Healthy People 2020.* Efforts will include building, and integrating where feasible, the public health IT infrastructure in conjunction with the Nationwide Health Information Network; the *ONC-Coordinated Federal Health IT Strategic Plan: 2008–2012* and any updates developed by the HHS Office of the National Coordinator; the various aspects of IT to meet the direct needs of *Healthy People 2020* for measures and interventions; and health literacy and health communication efforts.

Addressing "All Hazards" Preparedness as a Public Health Issue

Since the 2000 launch of *Healthy People 2010*, the attacks of September 11, 2001, the subsequent anthrax attacks, the devastating effects of natural disasters such as hurricanes Katrina and Ike, and concerns about an influenza pandemic have added urgency to the importance of preparedness as a public health issue. Being prepared for any emergency must be a high priority for public health in the coming decade, and *Healthy People 2020* will highlight this issue. Because preparedness for all emergencies involves common elements, an "all hazards" approach is necessary.

Graphic Model of *Healthy People 2020*

The FIW developed a graphic model to visually depict the ecological and determinants approach that *Healthy People 2020* will take in framing the national health objectives. This particular graphic was designed to emphasize this new approach, and is not meant as a comprehensive representation of all public health issues and societal domains. The graphic framework attempts to illustrate the fundamental degree of overlap among the social determinants of health, as well as emphasize their collective impact and influence on health outcomes and conditions. The framework also underscores a continued focus on population disparities, including those categorized by race/ethnicity, socioeconomic status, gender, age, disability status, sexual orientation, and geographic location.



E.

American Public Health Association Guidance Document

iHealthyPeople 2020

A Guidance Document to the Navigation and Use of the Healthy People 2020 Website

Summary:

The Health Communication Working Group (HCWG) of the APHA Public Health Education and Health Promotion section has developed the following guidance document to assist public health professionals become better acquainted with Healthy People 2020. The HCWG sees Healthy People 2020 as a product of a paradigm shift that the Department of Health and Human Services has embraced in measuring the goals of an improved nation's health, and it has developed timely methods to announce, guide, and encourage us all to meet them.

Introduction of the Healthy People 2020:

Like its predecessors, Healthy People 2020 presents us with a comprehensive framework of evidence-based objectives and goals targeted to improve the health behaviors of a nation. Not satisfied with the potential sedentary life of a reference book, however, this newly minted Healthy People now reflects the technology and social media strides of the new decade in which it has been recast. As a **web-based product**, Healthy People 2020 has become interactive, engaging, and its reference capabilities can be tailored to individual needs. Best of all, it exists as a living publication that will evolve as we learn to work with it. Healthy People 2020 is not a simple revision of past versions. In fact, the development process more closely resembled the birth of a wiki as it considered the input of thousands of stakeholders from all levels of government, academia, health practitioners, and members of our health-related industries. This decade's Healthy People promises to be a favorite tab in your search engines.

The Healthy People 2020 Framework is driven by four Overarching Goals throughout the website and across Web 2.0 products, which will be evaluated for success using the measurements of: general health status, disparities and inequity, social determinants of health, and health-related quality of life and well-being.

Overarching Goals of *Healthy People 2020*	**Foundation Measures Category**	**Measures of Progress**
Attain high quality, longer lives free of preventable disease, disability, injury, and premature death	General Health Status	Life expectancy Healthy life expectancy Physical and mental unhealthy days Self-assessed health status Limitation of activity Chronic disease prevalence International comparisons *(where available)*
Achieve health equity, eliminate disparities, and improve the health of all groups	Disparities and Inequity	Disparities/inequity to be assessed by: Race/ethnicity Gender Socioeconomic status Disability status Lesbian, gay, bisexual, and transgender status Geography
Create social and physical environments that promote good health for all	Social Determinants of Health	Determinants can include: Social and economic factors Natural and built environments Policies and programs
Promote quality of life, healthy development, and healthy behaviors across all life stages	Health-Related Quality of Life and Well-Being	Well-being/satisfaction Physical, mental, and social health-related quality of life Participation in common activities

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Find us on Facebook: http://on.fb.me/g3svU4

A Systems-Thinking Approach to the Healthy People 2020 Framework:

Underpinning these goals was a collective desire to view individual and community health outcomes through a holistic or *systems thinking* approach. The health of the individual is perceived as directly linked to the health of the community, and *vice versa*. Therefore, Healthy People 2020 reminds us to talk across our varied interests of public health, encouraging us to find ways to collaborate more closely with one another. In fact, our work in the future should include a spectrum of health determinates that will combine our skills and perspectives with experts in the fields of psychology, sociology, economics, and the environment. Using this approach, when addressing public health issues, will ensure us a broader view of the potential risk factors that could be affecting health outcomes. Because of this perspective, the determinants of health were identified as early guideposts in the development of the Healthy People 2020 framework.

Dissemination of the Healthy People 2020 Framework:

The new web-based tool was not designed solely for scholars and practitioners; rather, its goals are meant to be shared with everyone. Undoubtedly, the public health community will act as its initial evangelists. We already expect its members to bring the concepts of Healthy People 2020 to the government's many tiers, and throughout the halls of academia. In addition, though, we will also need them to make presentations to and work with community organizations and industry leaders at all levels. In fact, the CDC has begun to give us to tools to do so: http://healthypeople.gov/2020/consortium/hpConsortium.aspx. It is believed that through the inclusion of all community players, that planning for improved health outcomes will become a more deeply collaborative process and deliver a broader understanding and adoption of the goals and objectives of Healthy People 2020.

How to Use Healthypeople.gov:

The website, healthypeople.gov, has been designed for cross-discipline usage across government agencies and data sets. The home page is inviting and provides intuitive navigation for both individuals looking for guidance on personal health issues, and for health care and public health professionals researching health interventions. In the case of

- A mother looking for advice about a bullying issue that her son is facing at school, a link can take her to tips for preventing bullying at Healthfinder.gov.
- A school nurse researching the same issue might find resources from a link to the CDC's Community Guide webpage.
- Researchers looking into adolescent victimization from crimes of violence will find a potential data source under the objectives of Healthy People 2020's Adolescent Health section.

Website Tabs:

Each topic area (*click on*) includes a topic area overview, objectives and data, and evidence-based resources:

Topics and Objectives, the third tab of the Health People 2020 site, where there are now 42 topic areas (note that 13 are new categories).

Health Communication and Health Information Technology in the index, you will come to the ~~Overview~~ section of these combined fields. Note that Healthy People 2020 views Health Information and Health Communication as being inseparable. Given that the web, health dataset management, and mobile media technologies are an ever increasingly important part of health communication strategies, perhaps this perception is justified.

- Objectives tab reveals 13 Health Communication and Health IT objectives. Health literacy is the first objective on the list and is already giving health communication professionals the impetus to focus on this deserving topic. Several objectives are clarified into subtopics and potential data sources are identified. If not already present, objectives will eventually also include baselines and target measures.

- Interventions and Resources tab offers evidence-based community intervention strategies from the CDC's **Guide to Community Prevention Services**, and consumer resources with a link to the **Quick Guide Healthy Living** from *healthfinder.gov*.

Implementing Healthy People and a five-step framework is outlined to help health professionals in the planning and evaluation of their public health interventions to ensure that they meet Healthy People 2020 objectives. The framework is called MAP-IT, an acronym for: Mobilize, Assess, Plan, Implement, and Track. It contains references and guidelines for both the seasoned and newer public health practitioners. The fourth and fifth tabs are all about resources for a more in-depth explanation of the goals and objectives, an invitation to join in the **Healthy People 2020 Consortium** (the evangelists' club) with links for resources, contact information for the State Healthy People Coordinators, and the opportunity to receive updates on Healthy People through email and social media channels.

More Access to Health Data Sets:

Go back to the home page, and in the upper right-hand corner you will see an unassuming box entitled *Closer Look: Health Disparities*. Go ahead and look at it. This is Healthy People 2020's secret weapon, and the reason it's a *secret* weapon is because no one really knows what it's going to end up looking like… yet. This one little relational database is just the beginning of what promises to be an explosion of tools that will tap into the mountains of health data that Federal agencies been compiling. In the spirit of open government that President Obama has promised the American people, the real strength of Healthy People 2020 will most demonstrably be seen in the accessibility of health information in user-friendly ways that can give immediately useful information to researchers, health providers, and individuals alike. The hope is to make the array of government health datasets open for use by all and to bring everyone, especially business enterprises, to the table to develop tools using this information in creative ways that will improve our health. The analogy given is that HHS wants to do what NOAA has done with meteorological data: it wants to be a free provider of information so that the public will ultimately benefit from its creative use.

Links to Health IT GIS-Mapping Data Sites:

In June of 2010, the Institute of Medicine (IOM) and Department of Health and Human Services (HHS) unveiled the initial projects that had been developed using dataset arrays for their joint venture entitled the Community Health Data Initiative (CHDI). The CHDI is *a major new public-private effort that aims to help Americans understand health and health care performance in their communities -- and to help spark and facilitate action to improve performance.* The projects had been commissioned only a few months prior as challenges to several private and public enterprises to *build applications to increase awareness of community performance,…and help improve health.* These are some of these initial efforts have produced:

- Microsoft's Bing Health Maps:
  http://www.bing.com/maps/explore/#5003/0.50340=MapColor:%23FFFF0000:MapOpacity:30/5872/style=auto&lat=47.68&lon=-122.13&z=11&pid=5874

- Asthmapolis:
  http://asthmapolis.com/learnmore/#publichealth

- Sonoma County, CA
  http://sonoma.networkofcare.org/ph/home/index.cfm

Greater individual access to public data is also beginning to occur through the **Health.Data.Gov** site, where data sets and the tools to access them are being released. Click on the **Health Indicators Warehouse** and look up the statistics on your favorite indicators!

Health Web 2.0 and Mobile Applications:

At this same IOM / HHS meeting in June, the Health 2.0 Developer Challenger was formed to continue the innovation. The Challenger is supported by HHS, but run by the company Health 2.0 that hosts the well-known Health 2.0 Conferences. Here are just a few of the product releases from that collaboration:

Fooducate - **Hemi Weingarten** will demo the Fooducate mobile shopping app that provides food scores and highlights both good & bad information with a quick barcode scan:
http://www.fooducate.com/?utm_source=NEW+THCB+%26+Health+2.0&utm_campaign=02c594550d-San_Diego_Conference_Email_3_2_113_2_2011&utm_medium=email

Keas - **Lindsey Volckmann** will demo the new employer sponsored Health and Wellness Challenge by Keas. The challenge uses the knowledge that rewards and social support will elicit competition and ultimately impressive results toward improved health behaviors:
https://www.keas.com/?utm_source=NEW+THCB+%26+Health+2.0&utm_campaign=02c594550d-San_Diego_Conference_Email_3_2_113_2_2011&utm_medium=email

RedBrick Health - **Eric Zimmerman** will give us a peek into the new social engagement platform that RedBrick Health has developed for the Alliance for a Healthier Minnesota. See how they're using social motivation to encourage better health and wellness choices: https://www.redbrickhealth.com/whatwedo/how

ShopWell - **Brian Witlin** will show his mobile and web based application, ShopWell which allows users to quickly scan or search products while shopping and asses the food's dietary impact and see potential alternatives:
http://www.shopwell.com/?utm_source=NEW+THCB+%26+Health+2.0&utm_campaign=02c594550d-San_Diego_Conference_Email_3_2_113_2_2011&utm_medium=email

Health Communication Challenge:

The developers of Healthy People 2020 have specially called out the importance of Health Communication and Health Information as being "an integral part of the implementation and success of Healthy People 2020." This decade's version of Healthy People appears to already be on the move and the Health Communication community will need to act swiftly to define its role in this process. To that end, the Health Communication Working Group is exploring options and opportunities through its APHA offices to see what ways it can add its voice to this national conversation.

If you have questions or comments about Healthy People 2020, you can contact the Office of Disease Prevention and Health Promotion by email at healthypeople@nhic.org. If you have questions about the Healthy People data, you can contact the data team at the National Center for Health Statistics (NCHS) by email at HP2020DATA@CDC.gov.

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Find us on Facebook: http://on.fb.me/g3svU4

F.

HP 2020 Objectives Selected as the Leading Health Indicators

Healthy People 2020 Objectives Selected as Leading Health Indicators

For additional info see: http://www.healthypeople.gov/2020/LHI/default.aspx

Healthy People 2020 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Healthy People 2020 contains 42 topic areas with nearly 600 objectives (with others still evolving), which encompass 1,200 measures. A smaller set of Healthy People 2020 objectives, called Leading Health Indicators, has been selected to communicate high-priority health issues and actions that can be taken to address them. Great strides have been made over the past decade: life expectancy at birth increased; rates of death from coronary heart disease and stroke decreased. Nonetheless, public health challenges remain, and significant health disparities persist. The Healthy People 2020 Leading Health Indicators place renewed emphasis on overcoming these challenges as we track progress over the course of the decade. The indicators will be used to assess the health of the Nation, facilitate collaboration across sectors, and motivate action at the national, State, and community levels to improve the health of the U.S. population.

Topic Area ID	Topic Area
1	Access to Health Services
1	Access to Health Services
2	Adolescent Health
5	Cancer
8	Diabetes
12	Environmental Health
13	Family Planning
21	Heart Disease and Stroke
22	HIV
23	Immunization and Infectious Diseases
24	Injury and Violence Prevention
24	Injury and Violence Prevention
26	Maternal, Infant, and Child Health
26	Maternal, Infant, and Child Health
28	Mental Health and Mental Disorders
28	Mental Health and Mental Disorders
29	Nutrition and Weight Status
29	Nutrition and Weight Status
29	Nutrition and Weight Status
32	Oral Health
33	Physical Activity
40	Substance Abuse
40	Substance Abuse
41	Tobacco Use
41	Tobacco Use
41	Tobacco Use

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HP 2020 All Objectives and Topic Areas (PDF)

Healthy People 2020 Objective Topic Areas and Page Numbers

Access to Health Services…2

Adolescent Health…8

Arthritis, Osteoporosis, and Chronic Back Conditions…15

Blood Disorders and Blood Safety…21

Cancer…27

Chronic Kidney Disease…35

Dementias, including Alzheimer's Disease…43

Diabetes…45

Disability and Health…51

Early and Middle Childhood…59

Educational and Community-Based Programs…64

Environmental Health…87

Family Planning…106

Food Safety…118

Genomics…125

Global Health…127

Health Communication and Health Information Technology…130

Healthcare-Associated Infections…136

Health-Related Quality of Life and Well-Being *

Hearing and Other Sensory or Communication Disorders…138

Heart Disease and Stroke…150

HIV…160

Immunization and Infectious Diseases…166

Injury and Violence Prevention…185

Lesbian, Gay, Bisexual, and Transgender Health *

Maternal, Infant, and Child Health…202

Medical Product Safety…221

Mental Health and Mental Disorders…225

Nutrition and Weight Status…230

Occupational Safety and Health…242

Older Adults…247

Oral Health…253

Physical Activity…263

Preparedness…273

Public Health Infrastructure…276

Respiratory Diseases…286

Sexually Transmitted Diseases…294

Sleep Health…300

Social Determinants of Health *

Substance Abuse…302

Tobacco Use…315

Vision…331

* Objectives for these topic areas are under development.

FINAL

Access to Health Services

Number	Objective Short Title
AHS–1	Persons with health insurance
AHS–2	Health insurance coverage for clinical preventive services
AHS–3	Persons with usual primary care provider
AHS–4	Practicing primary care providers
AHS–5	Source of ongoing care
AHS–6	Inability to obtain or delay in obtaining necessary medical care, dental care or prescription medicines
AHS–7	Receipt of evidence-based clinical preventive services
AHS–8	Rapid prehospital emergency care
AHS–9	Wait time at emergency departments

Topic Area: Access to Health Services

AHS-1: Increase the proportion of persons with health insurance.

AHS-1.1 Medical insurance.

Target: 100 percent.

Baseline: 83.2 percent of persons had medical insurance in 2008.

Target setting method: Total coverage.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AHS-1.2 (Developmental) Dental insurance.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

AHS-1.3 (Developmental) Prescription drug insurance.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

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 Medicare Current Beneficiary Survey (MCBS), CMS.

AHS-3: Increase the proportion of persons with a usual primary care provider.

Target: 83.9 percent.

Baseline: 76.3 percent of persons had a usual primary care provider in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

AHS-4: (Developmental) Increase the number of practicing primary care providers.

AHS-4.1 (Developmental) Medical doctor.

Potential data source: American Medical Association (AMA) Masterfile, AMA.

AHS-4.2 (Developmental) Doctor of osteopathy.

Potential data source: American Osteopathic Association (AOA) Masterfile, AOA.

AHS-4.3 (Developmental) Physician assistant.

Potential data source: American Academy of Physician Assistants (AAPA) Census, AAPA.

AHS-4.4 (Developmental) Nurse practitioner.

Potential data source: National Provider Identifier (NPI) Registry, CMS.

AHS-5: Increase the proportion of persons who have a specific source of ongoing care.

AHS-5.1 All ages.

Target: 95.0 percent.

Baseline: 86.4 percent of persons of all ages had a specific source of ongoing care in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AHS-5.2 Children and youth aged 17 years and under.

Target: 100 percent.

Baseline: 94.3 percent of children and youth aged 17 years and under had a specific source of ongoing care in 2008.

Target setting method: 6.0 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AHS-5.3 Adults aged 18 to 64 years.

Target: 89.4 percent.

Baseline: 81.3 percent of persons aged 18 to 64 years had a specific source of ongoing care in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AHS-5.4 Adults aged 65 years and older.

Target: 100 percent.

Baseline: 96.3 percent of persons aged 65 years and older had a specific source of ongoing care in 2008.

Target setting method: 3.8 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC.

AHS-6: Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

AHS-6.1 Individuals: medical care, dental care, or prescription medicines.

Target: 9.0 percent.

Baseline: 10.0 percent of all persons were unable to obtain or delayed in obtaining necessary medical care, dental care, or prescription medicines in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

AHS-6.2 Individuals: medical care.

Target: 4.2 percent.

Baseline: 4.7 percent of all persons were unable to obtain or delayed in obtaining necessary medical care in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

AHS-6.3 Individuals: dental care.

Target: 5.0 percent.

Baseline: 5.5 percent of all persons were unable to obtain or delayed in obtaining necessary dental care in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

AHS-6.4 Individuals: prescription medicines.

Target: 2.8 percent.

Baseline: 3.1 percent of all persons were unable to obtain or delayed in obtaining necessary prescription medicines in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

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.

AHS-8: (Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services.

AHS-8.1 Population covered by basic life support.

Potential data source: National EMS Information System (NEMSIS).

AHS- 8.2 Population covered by advanced life support.

Potential data source: National EMS Information System (NEMSIS).

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.

AHS-9.1 (Developmental) All Visits.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

AHS-9. 2 (Developmental) Level 1: Immediate.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

AHS-9. 3 (Developmental) Level 2: Emergent.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

AHS-9. 4 (Developmental) Level 3: Urgent.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

AHS-9. 5 (Developmental) Level 4: Semiurgent.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

AHS-9. 6 (Developmental) Level 5: Nonurgent.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

Adolescent Health

Number	Objective Short Title
AH–1	Adolescent wellness checkup
AH–2	Afterschool activities
AH–3	Adolescent-adult connection
AH–4	Transition to self-sufficiency from foster care
AH–5	Educational achievement
AH–6	School breakfast program
AH–7	Illegal drugs on school property
AH–8	Student safety at school as perceived by parents
AH–9	Student harassment related to sexual orientation and gender identity
AH–10	Serious violent incidents in public schools
AH–11	Youth perpetration of, and victimization by, crimes

Topic Area: Adolescent Health

AH–1 Increase the proportion of adolescents who have had a wellness checkup in the past 12 months.

Target: 75.6 percent.

Baseline: 68.7 percent of adolescents aged 10 to 17 years had a wellness checkup in the past 12 months, as reported in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AH–2: Increase the proportion of adolescents who participate in extracurricular and out-of-school activities.

Target: 90.8 percent.

Baseline: 82.5 percent 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.

Target setting method: 10 percent improvement.

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

AH–3: Increase the proportion of adolescents who are connected to a parent or other positive adult caregiver.

AH–3.1 Increase the proportion of adolescents who have an adult in their lives with whom they can talk about serious problems.

Target: 83.3 percent.

Baseline: 75.7 percent of adolescents aged 12 to 17 years had an adult in their lives with whom they could talk about serious problems, as reported in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

AH–3.2 Increase the proportion of parents who attend events and activities in which their adolescents participate.

Target: 90.3 percent.

Baseline: 82.1 percent of parents of adolescents aged 12 to 17 years who participated in extracurricular or out-of-school activities during the past 12 months usually or always attended events and activities in which their adolescents participated, as reported in 2007.

Target setting method: 10 percent improvement.

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

AH–4: (Developmental) Increase the proportion of adolescents and young adults who transition to self-sufficiency from foster care.

Potential data source: National Youth in Transition Database (NYTD), ACF, ACYF.

AH–5: Increase educational achievement of adolescents and young adults.

AH–5.1 Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade.

Target: 82.4 percent.

Baseline: 74.9 percent of students attending public schools graduated with a regular diploma in 2007-08, 4 years after starting 9th grade.

Target setting method: 10 percent improvement.

Data source: Common Core of Data (CCD), State Nonfiscal Survey of Public Elementary/Secondary Education, ED, IES, NCES.

AH–5.2 Increase the proportion of students who are served under the Individuals with Disabilities Education Act who graduate high school with a diploma.

Target: 65.2 percent.

Baseline: 59.3 percent of students aged 14 to 21 years served under the Individuals with Disabilities Education Act who exited high school in 2007–08 graduated with a diploma.

Target setting method: 10 percent improvement.

Data source: Individuals with Disabilities Education Act, ED, OSEP, DANS.

AH–5.3 Increase the proportion of students whose reading skills are at or above the proficient achievement level for their grade.

AH–5.3.1 Fourth (4th) grade.

Target: 36.3 percent.

Baseline: 33.0 percent of 4th grade students, including those who attended public and private schools, had reading skills at or above the proficient achievement level for their grade in 2009.

Target setting method: 10 percent improvement.

Data source: National Assessment of Educational Progress, ED, IES, NCES.

AH–5.3.2 Eighth (8th) grade.

Target: 35.6 percent.

Baseline: 32.4 percent of 8th grade students, including those who attended public and private schools, had reading skills at or above the proficient achievement level for their grade in 2009.

Target setting method: 10 percent improvement.

Data source: National Assessment of Educational Progress, ED, IES, NCES.

AH–5.3.3 Twelfth (12th) grade.

Target: 38.9 percent.

Baseline: 35.4 percent of 12th grade students, including those who attended public and private schools, had reading skills at or above the proficient achievement level for their grade in 2005.

Target setting method: 10 percent improvement.

Data source: National Assessment of Educational Progress, ED, IES, NCES.

AH–5.4 Increase the proportion of students whose mathematics skills are at or above the proficient achievement level for their grade.

AH–5.4.1 Fourth (4th) grade.

Target: 43.0 percent.

Baseline: 39.1 percent of 4th grade students, including those who attended public and private schools, had mathematics skills that were at or above the proficient achievement level for their grade in 2009.

Target setting method: 10 percent improvement.

Data source: National Assessment of Educational Progress, ED, IES, NCES.

AH–5.4.2 Eighth (8th) grade.

Target: 37.3 percent.

Baseline: 33.9 percent of 8th grade students, including those who attended public and private schools, had mathematics skills that were at or above the proficient achievement level for their grade in 2009.

Target setting method: 10 percent improvement.

Data source: National Assessment of Educational Progress, ED, IES, NCES.

AH–5.4.3 Twelfth (12th)grade.

Target: 25.3 percent.

Baseline: 23.0 percent of 12th grade students, including those who attended public and private schools, had mathematics skills that were at or above the proficient achievement level for their grade in 2005.

Target setting method: 10 percent improvement.

Data source: National Assessment of Educational Progress, ED, IES, NCES.

AH–5.5 Increase the proportion of adolescents who consider their school work to be meaningful and important.

Target: 29.3 percent.

Baseline: 26.6 percent of adolescents aged 12 to 17 years always considered their school work to be meaningful and important, as reported in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

AH–5.6 Decrease school absenteeism among adolescents due to illness or injury.

Target: 13.1 percent.

Baseline: 14.6 percent of adolescents aged 12 to 17 years missed 11 or more whole school days due to illness or injury in the previous 12 months, as reported in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AH–6: Increase the proportion of schools with a school breakfast program.

Target: 75.5 percent.

Baseline: 68.6 percent of schools overall, including public and private elementary, middle and high schools, had a school breakfast program in 2006.

Target setting method: 10 percent improvement.

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

AH–7: Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property.

Target: 20.4 percent.

Baseline: 22.7 percent of students in grades 9–12 were offered, sold, or given an illegal drug on school property during the past 12 months, as reported in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

AH–8: Increase the proportion of adolescents whose parents consider them to be safe at school.

Target: 95.0 percent.

Baseline: 86.4 percent of parents of adolescents aged 12 to 17 years reported that they felt their child was usually or always safe at school, as reported in 2007.

Target setting method: 10 percent improvement.

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

AH–9: (Developmental) Increase the proportion of middle and high schools that prohibit harassment based on a student's sexual orientation or gender identity.

Potential data source: School Health Profiles Study (SHPS), CDC, NCCDPHP.

AH–10: Decrease the proportion of public schools with a serious violent incident.

Target: 15.5 percent.

Baseline: 17.2 percent of public schools overall, including primary, middle and high schools, reported a serious violent incident in 2007–08.

Target setting method: 10 percent improvement.

Data source: School Survey on Crime and Safety (SSOCS), ED, IES, NCES.

AH–11: Reduce adolescent and young adult perpetration of, as well as victimization by, crimes.

AH–11.1 Decrease the rate of minor and young adult perpetration of violent crimes.

Target: 399.6 arrests per 100,000 population aged 10 to 24 years.

Baseline: 444.0 per 100,000 adolescents and young adults aged 10 to 24 years were arrested in 2008 for perpetration of crimes included in the Violent Crime Index.

Target setting method: 10 percent improvement.

Data source: Violent Crime Index, Uniform Crime Reporting Program, DOJ, FBI, CJIS.

AH–11.2 Decrease the rate of minor and young adult perpetration of serious property crimes.

Target: 1,374.0 arrests per 100,000 population aged 10 to 24 years.

Baseline: 1,526.7 per 100,000 adolescents and young adults aged 10 to 24 years were arrested in 2008 for perpetration of crimes included in the Property Crime Index.

Target setting method: 10 percent improvement.

Data source: Property Crime Index, Uniform Crime Reporting Program, DOJ, FBI, CJIS.

AH–11.3 (Developmental) Decrease the percentage of counties and cities reporting youth gang activity.

Potential data source: National Youth Gang Survey, DOJ, OJP, OJJDP.

AH–11.4 (Developmental) Reduce the rate of adolescent and young adult victimization from crimes of violence.

Potential data source: Criminal Victimization in the United States, DOJ, OJP, BJS.

Arthritis, Osteoporosis, and Chronic Back Conditions

Number	Objective Short Title
Arthritis	
AOCBC–1	Joint pain
AOCBC–2	Activity limitation
AOCBC–3	Joint-related activities
AOCBC–4	Personal care limitations
AOCBC–5	Serious psychological distress
AOCBC–6	Employment
AOCBC–7	Receipt of health care provider counseling
AOCBC–8	Arthritis education
AOCBC–9	Seeing health care provider
Osteoporosis	
AOCBC–10	Osteoporosis
AOCBC–11	Hip fractures
Chronic Back Conditions	
AOCBC–12	Activity limitation due to chronic back conditions

Topic Area: Arthritis, Osteoporosis, and Chronic Back Conditions

Arthritis

AOCBC–1: Reduce the mean level of joint pain among adults with doctor-diagnosed arthritis.

Target: 5.0 mean pain level.

Baseline: 5.6 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 2000 standard population).

Target setting method: 10 percent improvement.

Data source: 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.

Target: 35.5 percent.

Baseline: 39.4 percent 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).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

AOCBC–3: Reduce the proportion of adults with doctor-diagnosed arthritis who find it “very difficult” to perform specific joint-related activities.

AOCBC–3.1 Walk a quarter of a mile—about 3 city blocks.

Target: 13.7 percent.

Baseline: 15.2 percent 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 population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

AOCBC–3.2 Walk up 10 steps without resting.

Target: 9.7 percent.

Baseline: 10.8 percent 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 population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

AOCBC–3.3 Stoop, bend, or kneel.

Target: 19.5 percent.

Baseline: 21.7 percent 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 population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

AOCBC–3.4 Use fingers to grasp or handle small objects.

Target: 4.0 percent.

Baseline: 4.4 percent 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 population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

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.

Target: 2.4 percent.

Baseline: 2.7 percent 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 population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

AOCBC–5: Reduce the proportion of adults with doctor-diagnosed arthritis who report serious psychological distress.

Target: 6.6 percent.

Baseline: 7.3 percent of adults aged 18 years and older with doctor-diagnosed arthritis reported serious psychological distress in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source*:* National Health Interview Survey, CDC, NCHS.

AOCBC–6: Reduce the impact of doctor-diagnosed arthritis on employment in the working-aged population.

AOCBC–6.1 Reduction in the unemployment rate among adults with doctor-diagnosed arthritis.

Target: 31.5 percent.

Baseline: 35.0 percent of adults aged 18 to 64 years with doctor-diagnosed arthritis were unemployed in the past week in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

AOCBC–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.

Target: 29.8 percent.

Baseline: 33.1 percent of adults aged 18 to 64 years with doctor-diagnosed arthritis were limited in their ability to work for pay due to arthritis in 2006 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

AOCBC–7: Increase the proportion of adults with doctor-diagnosed arthritis who receive health care provider counseling.

AOCBC–7.1 For weight reduction among overweight and obese persons.

Target: 45.3 percent.

Baseline: 41.2 percent of overweight and obese adults aged 18 years and older with doctor-diagnosed arthritis received health care provider counseling for weight reduction in 2006 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data Source: National Health Interview Survey, CDC, NCHS.

AOCBC–7.2 For physical activity or exercise.

Target: 57.4 percent.

Baseline: 52.2 percent of 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 population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

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.

Target: 11.7 percent.

Baseline: 10.6 percent 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 population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

AOCBC–9: Increase the proportion of adults with chronic joint symptoms who have seen a health care provider for their symptoms.

Target: 79.2 percent.

Baseline: 72.0 percent 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 population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

Osteoporosis

AOCBC–10: Reduce the proportion of adults with osteoporosis.

Target: 5.3 percent.

Baseline: 5.9 percent of adults aged 50 years and older had osteoporosis in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey, CDC, NCHS.

AOCBC–11: Reduce hip fractures among older adults.

AOCBC–11.1 Females aged 65 years and older.

Target: 741.2 hospitalizations per 100,000 population.

Baseline: 823.5 hospitalizations for hip fractures per 100,000 females aged 65 years and older (age adjusted to the year 2000 standard population) occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Hospital Discharge Survey, CDC, NCHS.

AOCBC–11.2 Males aged 65 years and older.

Target: 418.4 hospitalizations per 100,000 population.

Baseline: 464.9 hospitalizations for hip fractures per 100,000 males aged 65 years and older (age adjusted to the year 2000 standard population) occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Hospital Discharge Survey, CDC, NCHS.

Chronic Back Conditions

AOCBC–12: Reduce activity limitation due to chronic back conditions.

Target: 27.6 adults per 1,000 population.

Baseline: 30.7 adults per 1,000 population aged 18 years and older experienced activity limitation due to chronic back conditions in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data Source: National Health Interview Survey, CDC, NCHS.

Blood Disorders and Blood Safety

Number	Objective Short Title
Hemoglobinapthies	
BDBS–1	Vaccinations of persons with hemoglobinopathies
BDBS–2	Patient and family referral for hemoglobinopathies
BDBS–3	Hemoglobinopathies care in a medical home
BDBS–4	Screening for complications of hemoglobinopathies
BDBS–5	Disease-modifying therapies for hemoglobinopathies
BDBS–6	Penicillin prophylaxis for sickle cell disease
BDBS–7	Hospitalizations for sickle cell disease
BDBS–8	High school completion among persons with hemoglobinopathies
BDBS–9	Community-based organizations campaigns for hemoglobinopathies
BDBS–10	Awareness of hemoglobinopathy carrier status
Bleeding and Clotting	
BDBS-11	Vaccinations of persons with bleeding disorders
BDBS–12	Venous thromboembolism
BDBS–13	Venous thromboembolism during hospitalization
BDBS–14	Provider referrals for inherited bleeding disorders in women
BDBS–15	Diagnosis of von Willebrand Disease (vWD) in women
BDBS–16	Reduced joint mobility among persons with hemophilia
Blood Safety	
BDBS–17	Blood donations
BDBS–18	Adverse events related to blood and blood products
BDBS-19	Blood product shortage

Topic Area: Blood Disorders and Blood Safety

Hemoglobinapthies

BDBS–1: (Developmental) Increase the proportion of persons with hemoglobinopathies who receive recommended vaccinations.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–2: (Developmental) Increase the proportion of persons with a diagnosis of hemoglobinopathies and their families who are referred for evaluation and treatment.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–3: (Developmental) Increase the proportion of persons with hemoglobinopathies who receive care in a patient/family-centered medical home.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–4: (Developmental) Increase the proportion of persons with a diagnosis of hemoglobinopathies who receive early and continuous screening for complications.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–5: (Developmental) Increase the proportion of persons with hemoglobinopathies who receive disease-modifying therapies.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–6: (Developmental) Increase the proportion of children with sickle cell disease who receive penicillin prophylaxis from 4 months to 5 years of age.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–7: (Developmental) Reduce hospitalizations due to preventable complications of sickle cell disease among children aged 9 years and under.

Potential data sources: Sickle Cell Disease Treatment Demonstration Program (SCDTDP), HRSA; Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–8: (Developmental) Increase the proportion of persons with a diagnosis of hemoglobinopathies who complete high school education or a General Education or Equivalency Diploma (GED) by 25 years of age.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–9: (Developmental) Increase the proportion of community-based organizations (CBOs) that provide outreach and awareness campaigns for hemoglobinopathies.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–10: (Developmental) Increase the proportion of hemoglobinopathy carriers who know their own carrier status.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

Bleeding and Clotting

BDBS–11: (Developmental) Increase the proportion of persons with bleeding disorders who receive recommended vaccinations.

Potential data source: Universal Data Collection Project (UDC), CDC.

BDBS–12 Reduce the number of persons who develop venous thromboembolism (VTE).

Target: 48.9 per 10,000 population.

Baseline: 54.3 per 10,000 population aged 18 years and older developed venous thromboembolism (VTE) in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data sources: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

BDBS–13: (Developmental) Reduce the number of adults who develop venous thromboembolism (VTE) during hospitalization.

BDBS–13.1 (Developmental) VTE among adult medical inpatients.

Potential data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

BDBS–13.2 (Developmental) VTE among adult surgical patients.

Potential data sources: National Hospital Discharge Survey (NHDS), CDC, NCHS; Joint Commission on Accreditation of Health Care Organizations (JCAHO) survey.

BDBS–14: (Developmental) Increase the proportion of providers who refer women with symptoms suggestive of inherited bleeding disorders for diagnosis and treatment.

Potential data source: American College of Obstetricians and Gynecologists (ACOG) Survey.

BDBS–15: Increase the proportion of women with von Willebrand disease (vWD) who are timely and accurately diagnosed.

Target: 31.2 percent.

Baseline: 28.4 percent of females with von Willebrand disease (vWD) were timely and accurately diagnosed in 2008.

Target setting method: 10 percent improvement.

Data source: Universal Data Collection Project (UDC), CDC.

BDBS–16: Reduce the proportion of persons with hemophilia who develop reduced joint mobility due to bleeding into joints.

Target: 74.6 percent.

Baseline: 82.9 percent of persons with hemophilia developed reduced joint mobility due to bleeding into joints in 2008.

Target setting method: 10 percent improvement.

Data source: Universal Data Collection Project (UDC), CDC.

Blood Safety

BDBS–17: Increase the proportion of persons who donate blood.

Target: 6.7 percent.

Baseline: 6.1 percent of the population aged 18 years and older reported donating blood within the past year in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

BDBS–18: (Developmental) Reduce the proportion of persons who develop adverse events resulting from the use of blood and blood products.

BDBS–18.1 Due to transfusion-related acute lung injury (TRALI).

Potential data sources: National Healthcare Safety Network (NHSN) Hemovigilance Module, CDC; National Blood Collection and Utilization Survey (NBCUS), HHS.

BDBS–18.2 Due to blood incompatibility.

Potential data sources: National Healthcare Safety Network (NHSN) Hemovigilance Module, CDC; National Blood Collection and Utilization Survey (NBCUS), HHS.

BDBS–18.3 Due to transfusion-transmitted infections.

Potential data sources: National Healthcare Safety Network (NHSN) Hemovigilance Module, CDC; National Blood Collection and Utilization Survey (NBCUS), HHS.

BDBS–18.4 Due to alloimmunization among persons with hemoglobinopathies.

Potential data sources: National Healthcare Safety Network (NHSN) Hemovigilance Module, CDC; Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC

BDBS–19: (Developmental) Reduce the proportion of persons who did not receive a transfusion due to a blood product shortage.

BDBS–19.1 Persons who did not receive red blood cells.

Potential data sources: National Blood Collection and Utilization Survey (NBCUS), HHS

BDBS–19.2 Persons who did not receive platelets.

Potential data sources: National Blood Collection and Utilization Survey (NBCUS), HHS

BDBS–19.3 Persons who did not receive plasma derivatives.

Potential data sources: National Blood Collection and Utilization Survey (NBCUS), HHS

Cancer

Number	Objective Short Title
C–1	Overall cancer deaths
C–2	Lung cancer deaths
C–3	Female breast cancer deaths
C–4	Uterine cervix cancer deaths
C–5	Colorectal cancer deaths
C–6	Oropharyngeal cancer deaths
C–7	Prostate cancer deaths
C–8	Melanoma deaths
C–9	Invasive colorectal cancer
C–10	Invasive uterine cervical cancer
C–11	Late-stage female breast cancer
C–12	Statewide cancer registries
C–13	Cancer survival
C–14	Mental and physical health-related quality of life of cancer survivors
C–15	Cervical cancer screening
C–16	Colorectal cancer screening
C–17	Breast cancer screening
C–18	Receipt of counseling about cancer screening
C–19	Prostate-specific antigen (PSA) test
C–20	Ultraviolet irradiation exposure

Topic Area: Cancer

C–1: Reduce the overall cancer death rate.

Target: 160.6 deaths per 100,000 population.

Baseline: 178.4 cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

C–2: Reduce the lung cancer death rate.

Target: 45.5 deaths per 100,000 population.

Baseline: 50.6 lung cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

C–3: Reduce the female breast cancer death rate.

Target: 20.6 deaths per 100,000 females.

Baseline: 22.9 female breast cancer deaths per 100,000 females occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

C–4: Reduce the death rate from cancer of the uterine cervix.

Target: 2.2 deaths per 100,000 females.

Baseline: 2.4 uterine cervix cancer deaths per 100,000 females occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

C–5: Reduce the colorectal cancer death rate.

Target: 14.5 deaths per 100,000 population.

Baseline: 17.0 colorectal cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Modeling/projection.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

C–6: Reduce the oropharyngeal cancer death rate.

Target: 2.3 deaths per 100,000 population.

Baseline: 2.5 oropharyngeal cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

C–7: Reduce the prostate cancer death rate.

Target: 21.2 deaths per 100,000 males.

Baseline: 23.5 prostate cancer deaths per 100,000 males occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

C–8: Reduce the melanoma cancer death rate.

Target: 2.4 deaths per 100,000 population.

Baseline: 2.7 melanoma cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

C–9: Reduce invasive colorectal cancer.

Target: 38.6 new cases per 100,000 population.

Baseline: 45.4 new cases of invasive colorectal cancer per 100,000 population were reported in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Modeling/projection.

Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.

C–10: Reduce invasive uterine cervical cancer.

Target: 7.1 new cases per 100,000 females.

Baseline: 7.9 new cases of invasive uterine cancer per 100,000 females were reported in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.

C–11: Reduce late-stage female breast cancer.

Target: 41.0 new cases per 100,000 females.

Baseline: 43.2 new cases of late-stage breast cancer per 100,000 females were reported in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Modeling/projection.

Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.

C–12: Increase the number of central, population-based registries from the 50 States and the District of Columbia that capture case information on at least 95 percent of the expected number of reportable cancers.

Target: 51 (50 States and the District of Columbia).

Baseline: 42 States had central, population-based registries that captured case information on at least 95 percent of the expected number of reportable cancers in 2006.

Target setting method: Total coverage.

Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.

C–13: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis.

Target: 72.8 percent.

Baseline: 66.2 percent of persons with cancer were living 5 years or longer after diagnosis in 2007.

Target setting method: 10 percent improvement.

Data source: Surveillance Epidemiology and End Results (SEER) Program, NIH, NCI.

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.

C–15: Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines.

Target: 93.0 percent.

Baseline: 84.5 percent of women aged 21 to 65 years received a cervical cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data Source: National Health Interview Survey (NHIS), CDC, NCHS.

C–16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.

Target: 70.5 percent.

Baseline: 54.2 percent of adults aged 50 to 75 years received a colorectal cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Modeling/projection.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

C–17: Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.

Target: 81.1 percent.

Baseline: 73.7 percent of females aged 50 to 74 years received a breast cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

C–18: Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines.

C–18.1 Increase the proportion of women who were counseled by their providers about mammograms.

Target: 76.8 percent.

Baseline: 69.8 percent of women aged 50 to 74 years were counseled by their providers about mammograms in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

C–18.2 Increase the proportion of women who were counseled by their providers about Pap tests.

Target: 65.8 percent.

Baseline: 59.8 percent of women aged 21 to 65 years were counseled by their providers about Pap tests in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

C–18.3 (Developmental) Increase the proportion of adults who were counseled by their providers about colorectal cancer screening.

Potential data source: National Health Interview Survey (NHIS), NCHS, CDC.

C–19: (Developmental) 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.

C–20: Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn.

C–20.1 (Developmental) Reduce the proportion of adolescents in grades 9 through 12 who report sunburn.

Potential data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC.

C–20.2 (Developmental) Reduce the proportion of adults aged 18 years and older who report sunburn.

Potential data source: National Health Interview Survey (NHIS), NCHS, CDC.

C–20.3 Reduce the proportion of adolescents in grades 9 through 12 who report using artificial sources of ultraviolet light for tanning.

Target: 14.0 percent.

Baseline: 15.6 percent of adolescents in grades 9 through 12 reported using artificial sources of ultraviolet light for tanning in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC.

C–20.4 Reduce the proportion of adults aged 18 and older who report using artificial sources of ultraviolet light for tanning.

Target: 13.7 percent.

Baseline: 15.2 percent of adults aged 18 and older reported using artificial sources of ultraviolet light for tanning in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), NCHS, CDC.

C–20.5 Increase the proportion of adolescents in grades 9 through 12 who follow protective measures that may reduce the risk of skin cancer.

Target: 11.2 percent.

Baseline: 9.3 percent of adolescents in grades 9 through 12 followed protective measures that may reduce the risk of skin cancer in 2009.

Target setting method: 20 percent improvement.

Data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC.

C–20.6 Increase the proportion of adults aged 18 years and older who follow protective measures that may reduce the risk of skin cancer.

Target: 80.1 percent.

Baseline: 72.8 percent of adults aged 18 years and older followed protective measures that may reduce the risk of skin cancer in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

Chronic Kidney Disease

Number	Objective Short Title
CKD–1	Chronic kidney disease
CKD–2	Chronic kidney disease with knowledge of impaired renal function
CKD–3	Renal evaluation after acute kidney injury
CKD–4	Medical evaluation of persons with diabetes and chronic kidney disease
CKD–5	Medical treatment of persons with diabetes and chronic kidney disease
CKD–6	Cardiovascular care in persons with chronic kidney disease
CKD–7	Chronic kidney disease deaths
CKD–8	End-stage renal disease
CKD–9	End-stage kidney failure in diabetics
CKD–10	Pre-ESRD care from a nephrologist
CKD–11	Vascular access for hemodialysis
CKD–12	Waitlisting and/or transplantation
CKD–13	Kidney transplantation within 3 years of terminal kidney failure
CKD–14	End-stage renal disease deaths

Topic Area: Chronic Kidney Disease

CKD–1: Reduce the proportion of the U.S. population with chronic kidney disease.

Target: 13.6 percent.

Baseline: 15.1 percent of the U.S. population had chronic kidney disease in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

CKD–2: Increase the proportion of persons with chronic kidney disease (CKD) who know they have impaired renal function.

Target: 11.3 percent.

Baseline: 7.3 percent of persons with CKD knew they had impaired renal function in 1999–2004.

Target setting method: 4 percentage points.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

CKD–3: Increase the proportion of hospital patients who incurred acute kidney injury who have follow-up renal evaluation in 6 months post discharge.

Target: 12.4 percent.

Baseline: 11.3 percent of hospital patients who incurred acute kidney injury had a follow-up renal evaluation in 6 months post discharge in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–4: Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical evaluation.

> CKD–4.1 Increase the proportion of persons with chronic kidney disease who receive medical evaluation with serum creatinine, lipids, and microalbuminuria.

Target: 28.4 percent.

Baseline: 25.8 percent of persons with chronic kidney disease received medical evaluation with serum creatinine, lipids, and microalbuminuria in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–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.

Target: 25.4 percent.

Baseline: 23.1 percent of persons with type 1 or type 2 diabetes and chronic kidney disease received medical evaluation with serum creatinine, microalbuminuria, HbA1c, lipids, and eye examinations in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

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).

Target: 60.0 percent.

Baseline: 54.6 percent of persons with diabetes and chronic kidney disease received recommended medical treatment with angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBS) in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–6: Improve cardiovascular care in persons with chronic kidney disease.

CKD–6.1 Reduce the proportion of persons with chronic kidney disease who have elevated blood pressure.

Target: 66.7 percent.

Baseline: 74.1 percent of persons with chronic kidney disease had elevated blood pressure in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

CKD–6.2 Reduce the proportion of persons with chronic kidney disease who have elevated lipid levels.

Target: 26.6 percent.

Baseline: 29.6 percent of persons with chronic kidney disease had elevated lipid levels in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

CKD–7: Reduce the death rate among persons with chronic kidney disease.

Target: Not applicable.

Baseline: 2.5 deaths per 100 person years occurred among persons with chronic kidney disease in 1988–2006.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; National Death Index, CDC, NCHS.

CKD–8: Reduce the rate of new cases of end-stage renal disease (ESRD).

Target: 318.5 new cases per million population.

Baseline: 353.8 new cases of end-stage renal disease per million population were reported in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–9: Reduce kidney failure due to diabetes.

CKD–9.1 Reduce kidney failure due to diabetes.

Target: 139.2 per million population.

Baseline: 154.7 per million population reported kidney failure due to diabetes in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–9.2 Reduce kidney failure due to diabetes among persons with diabetes.

Target: 2,374.1 per million population.

Baseline: 2,637.9 persons with diabetes per million population reported kidney failure due to diabetes in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–10: Increase the proportion of chronic kidney disease patients receiving care from a nephrologist at least 12 months before the start of renal replacement therapy.

Target: 29.8 percent.

Baseline: 27.1 percent of chronic kidney disease patients received care from a nephrologist at least 12 months before the start of renal replacement therapy in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–11: Improve vascular access for hemodialysis patients.

CKD–11.1 Increase the proportion of adult hemodialysis patients who use arteriovenous fistulas as the primary mode of vascular access.

Target: 50.6 percent.

Baseline: 46.0 percent of adult hemodialysis patients used arteriovenous fistulas as the primary mode of vascular access in 2006.

Target setting method: 10 percent improvement.

Data sources: U.S. Renal Data System, NIH, NIDDK; and Clinical Performance Measures (CPM) Project, CMS.

CKD–11.2 Decrease the proportion of adult hemodialysis patients who use catheters as the only mode of vascular access.

Target: 26.1 percent.

Baseline: 29.0 percent of adult hemodialysis patients used catheters as the only mode of vascular access in 2006.

Target setting method: 10 percent improvement.

Data sources: U.S. Renal Data System, NIH, NIDDK; and Clinical Performance Measures (CPM) Project, CMS.

CKD–11.3 Increase the proportion of adult hemodialysis patients who use arteriovenous fistulas or have a maturing fistula as the primary mode of vascular access at the start of renal replacement therapy.

Target: 34.5 percent.

Baseline: 31.3 percent adult hemodialysis patients used arteriovenous fistulas or had a maturing fistula as the primary mode of vascular access at the start of renal replacement therapy in 2007.

Target setting method: 10 percent improvement.

Data sources: U.S. Renal Data System, NIH, NIDDK.

CKD–12: Increase the proportion of dialysis patients wait-listed and/or receiving a deceased donor kidney transplant within 1 year of end-stage renal disease (ESRD) start (among patients under 70 years of age).

Target: 18.8 percent of dialysis patients.

Baseline: 17.1 percent of dialysis patients under 70 years of age were wait-listed and/or received a deceased donor kidney transplant within 1 year of ESRD start in 2006.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–13: Increase the proportion of patients with treated chronic kidney failure who receive a transplant.

CKD–13.1 Increase the proportion of patients receiving a kidney transplant within 3 years of end-stage renal disease (ESRD).

Target: 19.7 percent.

Baseline: 17.9 percent of patients under 70 years of age who received a kidney transplant within 3 years of ESRD in 2004.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–13.2 Increase the proportion of patients who receive a preemptive transplant at the start of ESRD.

Target: Not applicable.

Baseline: 3.4 percent of patients under 70 years of age who received a preemptive transplant at the start of ESRD in 2007.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–14: Reduce deaths in persons with end-stage renal disease (ESRD).

CKD–14.1 Reduce the total death rate for persons on dialysis.

Target: 190.8 deaths per 1,000 patient years.

Baseline: 212.0 deaths of persons on dialysis per 1,000 patient years occurred in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–14.2 Reduce the death rate in dialysis patients within the first 3 months of initiation of renal replacement therapy.

Target: 319.9 deaths per 1,000 patient years at risk.

Baseline: 355.5 deaths of dialysis patients per 1,000 patient years at risk within the first 3 months of initiation of therapy occurred in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–14.3 Reduce the cardiovascular death rate for persons on dialysis.

Target: 81.3 deaths per 1,000 patient years at risk.

Baseline: 90.3 deaths from cardiovascular disease among persons on dialysis per 1,000 patient years at risk occurred in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System NIH, NIDDK.

CKD–14-4 Reduce the total death rate for persons with a functioning kidney transplant.

Target: 29.4 deaths per 1,000 patient years at risk.

Baseline: 32.6 deaths among persons with a functioning transplant per 1,000 patient years at risk occurred in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–14.5 Reduce the cardiovascular death rate for persons with a functioning kidney transplant.

Target: 4.5 cardiovascular deaths per 1,000 patient years at risk.

Baseline: 6.5 cardiovascular deaths among persons with a functioning transplant per 1,000 patient years at risk occurred in 2007.

Target setting method: 2 percentage point improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

Dementias, including Alzheimer's Disease

Number	Objective Short Title
DIA–1	Diagnosis awareness
DIA–2	Preventable hospitalizations

Topic Area: Dementias, Including Alzheimer's Disease

DIA–1: (Developmental) Increase the proportion of persons with diagnosed Alzheimer's disease and other dementias, or their caregiver, who are aware of the diagnosis.

Potential data sources: Medicare Current Beneficiary Survey (MCBS) and Medicare Part B claims.

DIA–2: (Developmental) Reduce the proportion of preventable hospitalizations in persons with diagnosed Alzheimer's disease and other dementias.

Potential data sources: Medicare Current Beneficiary Survey (MCBS) and Medicare Part A and Part B claims.

Diabetes

Number	Objective Short Title
D–1	New cases of diabetes
D–2	Diabetes-related deaths
D–3	Diabetes deaths
D–4	Lower extremity amputations
D–5	Glycemic control
D–6	Lipid control
D–7	Blood pressure control
D–8	Annual dental examinations
D–9	Annual foot examinations
D–10	Annual dilated eye examinations
D–11	Glycosylated hemoglobin measurement
D–12	Annual urinary microalbumin measurement
D–13	Self-blood glucose-monitoring
D–14	Diabetes education
D–15	Diagnosed diabetes
D–16	Prevention behaviors among persons with pre-diabetes

Topic Area: Diabetes

D–1: Reduce the annual number of new cases of diagnosed diabetes in the population.

Target: 7.2 new cases per 1,000 population aged 18 to 84 years.

Baseline: 8.0 new cases of diabetes per 1,000 population aged 18 to 84 years occurred in the past 12 months, as reported in 2006–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

D–2: (Developmental) Reduce the death rate among the population with diabetes.

D–2.1 Reduce the rate of all-cause mortality among the population with diabetes.

Potential data sources: National Health Interview Survey (NHIS), CDC, NCHS; National Death Index.

D–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.

D–3: Reduce the diabetes death rate.

Target: 65.8 deaths per 100,000 population.

Baseline: 73.1 deaths per 100,000 population were related to diabetes in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

D–4: Reduce the rate of lower extremity amputations in persons with diagnosed diabetes.

Target: Not applicable.

Baseline: 3.5 lower extremity amputations per 1,000 population with diagnosed diabetes occurred in 2005–07 (age adjusted to the year 2000 standard population).

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data sources: National Hospital Discharge Survey (NHDS), CDC, NCHS; National Health Interview Survey (NHIS), CDC, NCHS.

D–5: Improve glycemic control among the population with diagnosed diabetes.

D–5.1 Reduce the proportion of the diabetic population with an A1c value greater than 9 percent.

Target: 14.6 percent.

Baseline: 16.2 percent of adults aged 18 years and older with diagnosed diabetes had an A1c value greater than 9 percent in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

D–5.2 Increase the proportion of the diabetic population with an A1c value less than 7 percent.

Target: 58.9 percent.

Baseline: 53.5 percent of adults aged 18 years and older with diagnosed diabetes had an A1c value less than 7 percent in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

D–6: (Developmental) Improve lipid control among persons with diagnosed diabetes.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

D–7: Increase the proportion of the population with diagnosed diabetes whose blood pressure is under control.

Target: 57.0 percent.

Baseline: 51.8 percent of adults aged 18 years and older with diagnosed diabetes had their blood pressure under control in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

D–8: Increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination.

Target: 61.2 percent.

Baseline: 55.6 percent of the population aged 2 years and older with diagnosed diabetes had been to the dentist in the past year, as reported in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

D–9: Increase the proportion of adults with diabetes who have at least an annual foot examination.

Target: 74.8 percent.

Baseline: 68.0 percent of adults aged 18 years and older with diagnosed diabetes had at least one foot examination by a health professional in the past 12 months, as reported in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

D–10: Increase the proportion of adults with diabetes who have an annual dilated eye examination.

Target: 58.7 percent.

Baseline: 53.4 percent of adults aged 18 years and older with diagnosed diabetes had dilated eye examination in the past year, as reported in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

D–11: Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year.

Target: 71.1 percent.

Baseline: 64.6 percent of adults aged 18 years and older with diagnosed diabetes had a glycosylated hemoglobin measurement at least twice in the past 12 months, as reported in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: Behavioral Risk Factor Surveillance System, CDC, NCCDPHP.

D–12: Increase the proportion of persons with diagnosed diabetes who obtain an annual urinary microalbumin measurement.

Target: 37.0 percent.

Baseline: 33.6 percent of Medicare beneficiaries with diabetes obtained an annual urinary microalbumin measurement in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

D–13: Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily.

Target: 70.4 percent.

Baseline: 64.0 percent of adults aged 18 years and older with diagnosed diabetes performed self-blood glucose-monitoring at least once daily in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

D–14: Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.

Target: 62.5 percent.

Baseline: 56.8 percent of adults aged 18 years and older with diagnosed diabetes reported they ever received formal diabetes education in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

D–15 Increase the proportion of persons with diabetes whose condition has been diagnosed.

Target: 80.1 percent.

Baseline: 72.8 percent of adults aged 20 years and older with diabetes had been diagnosed, as reported in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

D–16: Increase prevention behaviors in persons at high risk for diabetes with pre-diabetes.

D–16.1 Increase the proportion of persons at high risk for diabetes with pre-diabetes who report increasing their levels of physical activity.

Target: 49.1 percent.

Baseline: 44.6 percent of adults aged 18 years and older who were at high risk for diabetes with pre-diabetes reported increasing their levels of physical activity in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

D–16.2 Increase the proportion of persons at high risk for diabetes with pre-diabetes who report trying to lose weight.

Target: 55.0 percent.

Baseline: 50.0 percent of adults aged 18 years and older who were at high risk for diabetes with pre-diabetes reported controlling or trying to lose weight in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

D–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.

Target: 53.4 percent.

Baseline: 48.5 percent of adults aged 18 years and older who were at high risk for diabetes with pre-diabetes reported reducing the amount of fat or calories in their diet in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Disability and Health

Number	Objective Short Title
Systems and Policies	
DH–1	Identification of “people with disabilities” in data systems
DH–2	Surveillance and health promotion programs
DH–3	Graduate-level courses in disability and health
Barriers to Health Care	
DH–4	Barriers to primary care
DH–5	Transition planning
DH–6	Medical care for epilepsy and uncontrolled seizures
DH–7	Use of inappropriate medications
Environment	
DH–8	Barriers to health and wellness programs
DH–9	Barriers to participation
DH–10	Barriers to obtaining assistive devices, service animals and technology
DH–11	Visitable features
DH–12	Congregate care
Activities and Participation	
DH–13	Participation in social, spiritual, recreational, community, and civic activities
DH–14	Inclusion of children and youth with disabilities in regular education programs
DH–15	Unemployment
DH–16	Employment
DH–17	Social and emotional support
DH–18	Serious psychological distress
DH–19	Nonfatal unintentional injuries requiring medical care

DH–20 Early intervention services.

Topic Area: Disability and Health

Systems and Policies

DH–1: Include in the core of Healthy People 2020 population data systems a standardized set of questions that identify “people with disabilities.”

Target: 4 data systems.

Baseline: 2 of 26 Healthy People 2020 data systems contained a standardized set of questions that identify “people with disabilities” in 2010.

Target setting method: Modeling/projection.

Data source: Periodic Assessment of Healthy People Population Data Systems, CDC.

DH–2: 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.

States and District of Columbia

DH–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.

Target: 18 States and the District of Columbia.

Baseline: 16 of the States and the District of Columbia had health promotion programs for people with disabilities in 2010.

Target setting method: 10 percent improvement.

Data source: Periodic Assessment of State Health Promotion Programs, CDC, NCBDDD.

DH–2.2 Increase the number of State and the District of Columbia health departments that conduct health surveillance for caregivers of people with disabilities.

Target: 51 States and the District of Columbia.

Baseline: 2 States and the District of Columbia conducted health surveillance for caregivers of people with disabilities in 2010.

Target setting method: Retention of HP2010 target.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

DH–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.

Target: 16 States and the District of Columbia.

Baseline: 0 States and the District of Columbia had health promotion programs for caregivers in 2010.

Target setting method: Consistency with other programs.

Data source: Periodic Assessment of State Health Promotion Programs, CDC, NCBDDD.

Tribes

DH–2.4 (Developmental) Increase the number of Tribes that conduct health surveillance for people with disabilities.

Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.

DH–2.5 (Developmental) Increase the number of Tribes that have at least one health promotion program aimed at improving the health and well-being of people with disabilities.

Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.

DH–2.6 (Developmental) Increase the number of Tribes that conduct health surveillance of caregivers of people with disabilities.

Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.

DH–2.7 (Developmental) Increase the number of Tribes that have at least one health promotion program aimed at improving the health and well-being of caregivers of people with disabilities.

Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.

DH–3: (Developmental) 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.

Barriers to Health Care

DH–4: (Developmental) 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.

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.

Target: 45.3 percent.

Baseline: 41.2 percent of youth with special health care needs had health care providers who discussed transition planning from pediatric to adult health care in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Survey of Children with Special Health Care Needs (NS-CSHN), HRSA, Data Resource Center for Children and Adolescent Health.

DH–6: (Developmental) Increase the proportion of people with epilepsy and uncontrolled seizures who receive appropriate medical care.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

DH–7: (Developmental) 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).

Environment

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.

DH–9: (Developmental) Reduce the proportion of people with disabilities who encounter barriers to participating in home, school, work, or community activities.

Potential data source: National Health Interview Survey (NHIS) Supplement, CDC, NCHS.

DH–10: (Developmental) Reduce the proportion of people with disabilities who report barriers to obtaining the assistive devices, service animals, technology services, and accessible technologies that they need.

Potential data source: National Health Interview Survey Supplement, CDC, NCHS.

DH–11: Increase the proportion of newly constructed and retrofitted U.S. homes and residential buildings that have visitable features.

Target: 46.3 percent.

Baseline: 42.1 percent of newly constructed and retrofitted U.S. homes and residential buildings had visitable features in 2007.

Target setting method: 10 percent improvement.

Data sources: American Housing Survey (AHS), DHUD, Office of Policy Development and Research (PD&R) and the U.S. Bureau of the Census.

DH–12: Reduce the number of people with disabilities living in congregate care residences.

DH–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.

Target: 31,604 adults.

Baseline: 57,462 adults (aged 22 years and older) with disabilities lived in congregate care residences that served 16 or more persons in 2008.

Target setting method: Modeling/projection.

Data source: Survey of State Developmental Disabilities Directors, University of Minnesota.

DH–12.2 Reduce the number of children and youth with disabilities (aged 21 years and under) living in congregate care facilities.

Target: 26,001 children and youth with disabilities.

Baseline: 28,890 children and youth (aged 21 years and under) with disabilities lived in congregate care facilities in 2009.

Target setting method: 10 percent improvement.

Data source: Survey of State Developmental Disabilities Directors, University of Minnesota.

Activities and Participation

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.

DH–14: Increase the proportion of children and youth with disabilities who spend at least 80 percent of their time in regular education programs.

Target: 73.8 percent.

Baseline: 56.8 percent of children and youth with disabilities spent at least 80 percent of their time in regular education classrooms in 2007–08.

Target setting method: Modeling/projection.

Data source: Individuals with Disabilities Education Act (IDEA) database, DoED, Office of Special Education.

DH–15: Reduce unemployment among people with disabilities.

Target: 13.1 percent.

Baseline: 14.5 percent of people with disabilities were unemployed in 2009.

Target setting method: 10 percent improvement.

Data source: Current Population Survey (CPS), DOL, BLS.

DH–16: Increase employment among people with disabilities.

Target: 21.1 percent.

Baseline: 19.2 percent of people with disabilities were employed in 2009.

Target setting method: 10 percent improvement.

Data source: Current Population Survey (CPS), DOL, BLS.

DH–17: Increase the proportion of adults with disabilities who report sufficient social and emotional support.

Target: 76.5 percent.

Baseline: 69.5 percent of adults with disabilities reported sufficient social and emotional support in 2008.

Target setting method: 10 percent improvement.

Data source: Behavioral Risk Factor Surveillance system (BRFSS), CDC, NCCDPHP.

DH-18: (Developmental) Reduce the proportion of people with disabilities who report serious psychological distress.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

DH–19: (Developmental) Reduce the proportion of people with disabilities who experience nonfatal unintentional injuries that require medical care.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

DH–20: Increase the proportion of children with disabilities, birth through age 2 years, who receive early intervention services in home or community-based settings.

Target: 95 percent.

Baseline: 91 percent of children with disabilities, birth through age 2 years, received early intervention services in home or community-based settings in 2007.

Target setting method: Modeling/projection.

Data source: Individuals with Disabilities Education Act (IDEA) database, Office of Special Education Programs, DoED,.

Early and Middle Childhood

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

Topic Area: Early and Middle Childhood

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

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

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

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

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

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

Target: 76.8 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 52.6 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 52.8 percent.

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

Target setting method: 10 percent improvement.

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

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

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

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

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

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

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

EMC–4.1.1 Elementary schools.

Target: 38.7 percent.

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

Target setting method: 10 percent improvement.

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

EMC–4.1.2 Middle schools.

Target: 62.6 percent.

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

Target setting method: 10 percent improvement.

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

EMC–4.1.3 High schools.

Target: 84.5 percent.

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

Target setting method: 10 percent improvement.

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

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

EMC–4.2.1 Elementary schools.

Target: 35.8 percent.

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

Target setting method: 10 percent improvement.

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

EMC–4.2.2 Middle schools.

Target: 55.8 percent.

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

Target setting method: 10 percent improvement.

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

EMC–4.2.3 High schools.

Target: 80.1 percent.

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

Target setting method: 10 percent improvement.

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

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

EMC–4.3.1 Elementary schools.

Target: 11.5 percent.

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

Target setting method: 4 percentage point improvement.

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

EMC–4.3.2 Middle schools.

Target: 14.3 percent.

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

Target setting method: 4 percentage point improvement.

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

EMC–4.3.3 High schools.

Target: 10.5 percent.

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

Target setting method: 4 percentage point improvement.

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

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

Target: 57.8 percent.

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

Target setting method: 10 percent improvement.

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

Educational and Community-Based Programs

Number	Objective Short Title
ECBP–1	Preschool health education
ECBP–2	School health education
ECBP–3	School health education standards
ECBP–4	School health education on personal growth and wellness
ECBP–5	School nurse-to-student ratio
ECBP–6	High school completion activities
ECBP–7	Health-risk behavior information in higher education
ECBP–8	Worksite health promotion programs
ECBP–9	Participation in employer-sponsored health promotion
ECBP–10	Community-based primary prevention services
ECBP–11	Culturally appropriate community health programs
ECBP–12	Clinical prevention and population health training - M.D.-granting medical schools
ECBP–13	Clinical prevention and population health training - D.O.-granting medical schools
ECBP–14	Clinical prevention and population health training - undergraduate nursing
ECBP–15	Clinical prevention and population health training - nurse practitioner
ECBP–16	Clinical prevention and population health training - physician assistant

Topic Area: Educational and Community-Based Programs

ECBP–1: (Developmental) Increase the proportion of preschool Early Head Start 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.

ECBP–1.1 All priority areas.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.

ECBP–1.2 Unintentional injury.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.

ECBP–1.3 Violence.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.

ECBP–1.4 Tobacco use and addiction.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.

ECBP–1.5 Alcohol and other drug use.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.

ECBP–1.6 Unhealthy dietary patterns.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.

ECBP–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.

ECBP–1.8 Dental and oral health.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.

ECBP–1.9 Safety.

Potential data source: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.

ECBP–2: Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.

ECBP–2.1 All priority areas.

Target: 28.2 percent.

Baseline: In 2006, 25.6 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent health problems in all priority areas.

Target setting method: 10 percent improvement.

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

ECBP–2.2 Unintentional injury.

Target: 89.9 percent.

Baseline: In 2006, 81.7 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent unintentional injury.

Target setting method: 10 percent improvement.

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

ECBP–2.3 Violence.

Target: 90.1 percent.

Baseline: In 2006, 81.9 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent violence.

Target setting method: 10 percent improvement.

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

ECBP–2.4 Suicide.

Target: 48.3 percent.

Baseline: In 2006, 43.9 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent suicide.

Target setting method: 10 percent improvement.

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

ECBP–2.5 Tobacco use and addiction.

Target: 89.1 percent.

Baseline: In 2006, 81.0 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent tobacco use and addiction.

Target setting method: 10 percent improvement.

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

ECBP–2.6 Alcohol and other drug use.

Target: 90.0 percent.

Baseline: In 2006, 81.7 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent alcohol and other drug use.

Target setting method: 10 percent improvement.

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

ECBP–2.7 Unintended pregnancy, HIV/AIDS, and STD infection.

Target: 43.2 percent.

Baseline: In 2006, 39.3 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent unintended pregnancy, HIV/AIDS and STD infection.

Target setting method: 10 percent improvement.

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

ECBP–2.8 Unhealthy dietary patterns.

Target: 92.7 percent.

Baseline: In 2006, 84.3 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent unhealthy dietary patterns.

Target setting method: 10 percent improvement.

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

ECBP–2.9 Inadequate physical activity.

Target: 87.1 percent.

Baseline: In 2006, 79.2 percent of elementary, middle, and senior high schools provided comprehensive school health education to prevent inadequate physical activity.

Target setting method: 10 percent improvement.

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

ECBP–3: Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives that address the knowledge and skills articulated in the National Health Education Standards (high school, middle, elementary).

ECBP–3.1 Comprehending concepts related to health promotion and disease prevention (knowledge).

Target: 100 percent.

Baseline: In 2006, 97.2 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed the comprehension of concepts related to health promotion and disease prevention (knowledge) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

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

ECBP–3.2 Accessing valid information and health promoting products and services (skills).

Target: 100 percent.

Baseline: In 2006, 86.1 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed accessing valid information and health promoting products and services (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

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

ECBP–3.3 Advocating for personal, family, and community health (skills).

Target: 100 percent.

Baseline: In 2006, 92.1 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed advocating for personal, family, and community health (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

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

ECBP–3.4 Analyzing the influence of culture, media, technology, and other factors on health (skills).

Target: 100 percent.

Baseline: In 2006, 85.4 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed analyzing the influence of culture, media, technology, and other factors on health (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

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

ECBP–3.5 Practicing health-enhancing behaviors and reducing health risks (skills).

Short title: Practicing healthy behaviors.

Target: 100 percent.

Baseline: In 2006, 98.9 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed practicing health-enhancing behaviors and reducing health risks (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

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

ECBP–3.6 Using goal-setting and decision-making skills to enhance health (skills).

Short title: Goal-setting to enhance health.

Target: 100 percent.

Baseline: In 2006, 95.9 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed using goal-setting and decision-making skills to enhance health (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

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

ECBP–3.7 Using interpersonal communication skills to enhance health (skills).

Target: 100 percent.

Baseline: In 2006, 94.2 percent of elementary, middle, and senior high schools had health education goals or objectives that addressed using interpersonal communication skills to enhance health (skills) articulated in the National Health Education Standards (high school, middle, and elementary).

Target setting method: Total coverage.

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

ECBP–4: Increase the proportion of elementary, middle, and senior high schools that provide school health education to promote personal health and wellness in the following areas: hand washing or hand hygiene; oral health; growth and development; sun safety and skin cancer prevention; benefits of rest and sleep; ways to prevent vision and hearing loss; and the importance of health screenings and checkups.

ECBP–4.1 Hand washing or hand hygiene.

Target: 91.7 percent.

Baseline: In 2006, 83.4 percent of elementary, middle, and senior high schools provided school health education in hand washing or hand hygiene to promote personal health and wellness.

Target setting method: 10 percent improvement.

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

ECBP–4.2 Dental and oral health.

Target: 71.3 percent.

Baseline: In 2006, 64.8 percent of elementary, middle, and senior high schools provided school health education in dental and oral health.

Target setting method: 10 percent improvement.

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

ECBP–4.3 Growth and development.

Target: 83.6 percent.

Baseline: In 2006, 76.0 percent of elementary, middle, and senior high schools provided school health education in growth and development to promote personal health and wellness.

Target setting method: 10 percent improvement.

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

ECBP–4.4 Sun safety or skin cancer prevention.

Target: 79.6 percent.

Baseline: In 2006, 72.4 percent of elementary, middle, and senior high schools provided school health education in sun safety or skin cancer prevention to promote personal health and wellness.

Target setting method: 10 percent improvement.

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

ECBP–4.5 Benefits of rest and sleep.

Target: 99.2 percent.

Baseline: In 2006, 90.2 percent of elementary, middle, and senior high schools provided school health education on the benefits of rest and sleep to promote personal health and wellness.

Target setting method: 10 percent improvement.

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

ECBP–4.6 Ways to prevent vision and hearing loss.

Target: 54.3 percent.

Baseline: In 2006, 49.4 percent of elementary, middle, and senior high schools provided school health education on ways to prevent vision and hearing loss to promote personal health and wellness.

Target setting method: 10 percent improvement.

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

ECBP–4.7 Importance of health screenings and checkups.

Target: 66.7 percent.

Baseline: In 2006, 60.6 percent of elementary, middle, and senior high schools provided school health education on the importance of health screenings and checkups to promote personal health and wellness.

Target setting method: 10 percent improvement.

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

ECBP-5: Increase the proportion of the Nation's elementary, middle, and senior high schools that have a full-time registered school nurse-to-student ratio of at least 1:750.

ECBP–5.1 All elementary, middle, and senior high schools.

Target: 44.7 percent.

Baseline: In 2006, 40.6 percent of all elementary, middle, and senior high school had a nurse-to-student ratio of at least 1:750.

Target setting method: 10 percent improvement.

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

ECBP–5.2 Senior high schools.

Target: 36.9 percent.

Baseline: In 2006, 33.5 percent of all senior high school had a nurse-to-student ratio of at least 1:750.

Target setting method: 10 percent improvement.

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

ECBP–5.3 Middle schools.

Target: 48.3 percent.

Baseline: In 2006, 43.9 percent of all middle schools had a nurse-to-student ratio of at least 1:750.

Target setting method: 10 percent improvement.

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

ECBP–5.4 Elementary schools.

Target: 45.5 percent.

Baseline: In 2006, 41.4 percent of all elementary schools had a nurse-to-student ratio of at least 1:750.

Target setting method: 10 percent improvement.

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

ECBP–6: Increase the proportion of the population that completes high school education.

Target: 97.9 percent.

Baseline: In 2007, 89.0 percent of persons aged 18 to 24 years old had completed high school.

Target setting method: 10 percent improvement.

Data source: Current Population Survey, U.S. Department of Commerce, Bureau of the Census.

ECBP-7: Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas (all priority areas; unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity).

ECBP– 7.1 (Developmental) All priority areas.

Potential data source: National College Health Assessment, American College Health Association.

ECBP–7.2 Unintentional injury.

Target: 30.0 percent.

Baseline: In 2009, 27.3 percent of college and university students received health-risk behavior information on unintentional injury from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

ECBP–7.3 Violence.

Target: 37.7 percent.

Baseline: In 2009, 34.3 percent of college and university students received health-risk behavior information on violence from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

ECBP–7.4 Suicide.

Target: 32.1 percent.

Baseline: In 2009, 29.2 percent of college and university students received health-risk behavior information on suicide from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

ECBP–7.5 Tobacco use and addiction.

Target: 36.7 percent.

Baseline: In 2009, 33.4 percent of college and university students received health-risk behavior information on tobacco use and addiction from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

ECBP–7.6 Alcohol and other drug use.

Target: 72.8 percent.

Baseline: In 2009, 66.2 percent of college and university students received health-risk behavior information on alcohol and other drug use from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

ECBP–7.7 Unintended pregnancy.

Target: 43.9 percent.

Baseline: In 2009, 39.9 percent of college and university students received health-risk behavior information on unintended pregnancy from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

ECBP–7.8 HIV, AIDS and STD infection.

Target: 57.8 percent.

Baseline: In 2009, 52.5 percent of college and university students received health-risk behavior information on HIV/AIDS and STD infection from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

ECBP–7.9 Unhealthy dietary patterns.

Target: 57.2 percent.

Baseline: In 2009, 52.0 percent of college and university students received health-risk behavior information on unhealthy dietary patterns from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

ECBP–7.10 Inadequate physical activity.

Target: 61.6 percent.

Baseline: In 2009, 56.0 percent of college and university students received health-risk behavior information on inadequate physical activity from their institution.

Target setting method: 10 percent improvement.

Data source: National College Health Assessment, American College Health Association.

ECBP–8: (Developmental) Increase the proportion of worksites that offer an employee health promotion program to their employees.

ECBP–8.1 Worksites with fewer than 50 employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

ECBP–8.2 Worksites with 50 or more employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

ECBP–8.3 Worksites with 50 to 99 employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

ECBP–8.4 Worksites with 100 to 249 employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

ECBP–8.5 Worksites with 250 to 749 employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

ECBP–8.6 Worksites with 750 or more employees.

Potential data source: National Survey of Employer-Sponsored Health Plans.

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.

ECBP–10: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in the following areas:

ECBP–10.1 Injury.

Target: 84.3 percent.

Baseline: In 2008, 76.6 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary injury prevention services.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

ECBP–10.2 Violence.

Target: 73.5 percent.

Baseline: In 2008, 66.9 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary violence prevention services.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

ECBP–10.3 Mental illness.

Target: 69.5 percent.

Baseline: In 2008, 63.2 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in mental illness.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

ECBP–10.4 Tobacco use.

Target: 96.7 percent.

Baseline: In 2008, 88.0 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in tobacco use.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

ECBP–10.5 Substance abuse.

Target: 75.8 percent.

Baseline: In 2008, 68.9 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in substance abuse.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

ECBP–10.6 Unintended pregnancy.

Target: 89.4 percent.

Baseline: In 2008, 81.3 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in unintended pregnancy.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

ECBP–10.7 Chronic disease programs.

Target: 90.8 percent.

Baseline: In 2008, 82.6 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in chronic disease programs.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

ECBP–10.8 Nutrition.

Target: 94.7 percent.

Baseline: In 2008, 86.4 percent of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in nutrition.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

ECBP–10.9 Physical activity.

Target: 88.5 percent.

Baseline: In 2008, 80.5 percent 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.

Target setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

ECBP–11: (Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

Potential data source: Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards, Office of Minority Health; Guidance and Standards on Language Access Services, Office of the Inspector General.

Gaps in numbering will be corrected before publication.

ECBP–12: Increase the inclusion of core clinical prevention and population health content in M.D.-granting medical schools.

ECBP–12.1 Counseling for health promotion and disease prevention.

Target: 100 percent.

Baseline: In 2008, 95.2 percent of M.D.-granting medical schools provided content in counseling for health promotion and disease prevention in required courses.

Target setting method: Total coverage.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

ECBP–12.2 Cultural diversity.

Target: 100 percent.

Baseline: In 2008, 99.2 percent of M.D.-granting medical schools provided content in cultural diversity in required courses.

Target setting method: Total coverage.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

ECBP–12.3 Evaluation of health sciences literature.

Target: 100 percent.

Baseline: In 2008, 93.7 percent of M.D.-granting medical schools provided content in evaluation of health sciences literature in required courses.

Target setting method: Total coverage.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

ECBP–12.4 Environmental health.

Target: 94.3 percent.

Baseline: In 2008, 85.7 percent of M.D.-granting medical schools provided content in environmental health in required courses.

Target setting method: 10 percent improvement.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

ECBP–12.5 Public health systems.

Target: 86.5 percent.

Baseline: In 2008, 78.6 percent of M.D.-granting medical schools provided content in public health systems in required courses.

Target setting method: 10 percent improvement.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

ECBP–12.6 Global health.

Target: 85.6 percent.

Baseline: In 2008, 77.8 percent M.D.-granting medical schools provided content in global health in required courses.

Target setting method: 10 percent improvement.

Data source: Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, Association of American Medical Colleges (AAMC).

ECBP–13: Increase the inclusion of core clinical prevention and population health content in D.O.-granting medical schools.

ECBP–13.1 Counseling for health promotion and disease prevention.

Target: Tracking method only.

Baseline: In 2009, 100 percent of D.O.-granting medical schools provided content in counseling for health promotion and disease prevention in required courses or clerkships.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–13.2 Cultural diversity.

Target: Tracking method only.

Baseline: In 2009, 100 percent of D.O.-granting medical schools provided content in cultural diversity in required courses or clerkships.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–13.3 Evaluation of health sciences literature.

Target: 100 percent.

Baseline: In 2009, 92.9 percent of D.O.-granting medical schools provided content in evaluation of health sciences literature in required courses or clerkships.

Target setting method: Total coverage.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–13.4 Environmental health.

Target: 70.7 percent.

Baseline: In 2009, 64.3 percent of D.O.-granting medical schools provided content in environmental health in required courses or clerkships.

Target setting method: 10 percent improvement.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–13.5 Public health systems.

Target: 90.4 percent.

Baseline: In 2009, 82.1 percent of D.O.-granting medical schools provided content in public health systems in required courses or clerkships.

Target setting method: 10 percent improvement.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–13.6 Global health.

Target: 51.1 percent.

Baseline: In 2009, 46.4 percent of D.O.-granting medical schools provided content in global health in required courses or clerkships.

Target setting method: 10 percent improvement.

Data source: Annual Report on Osteopathic Medical Education, American Association of Colleges of Osteopathic Medicine (AACOM).

ECBP–14: Increase the inclusion of core clinical prevention and population health content in undergraduate nursing.

ECBP–14.1 Counseling for health promotion and disease prevention.

Target: 100 percent.

Baseline: 99 percent of undergraduate nursing schools included content on counseling for health promotion and disease prevention in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP–14.2 Cultural diversity.

Target: 100 percent.

Baseline: 98 percent of undergraduate nursing schools included content on cultural diversity in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP–14.3 Evaluation of health sciences literature.

Target: 100 percent.

Baseline: 97 percent of undergraduate nursing schools included content on evaluation of health sciences literature in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP–14.4 Environmental health.

Target: 100 percent.

Baseline: 94 percent of undergraduate nursing schools included content on environmental health in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP–14.5 Public health systems.

Target: 100 percent.

Baseline: 97 percent of undergraduate nursing schools included content on public health systems in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP–14.6 Global health.

Target: 100 percent.

Baseline: 93 percent of undergraduate nursing schools included content on global health in required courses in 2009.

Target setting method: Total coverage.

Data source: Women's Health in the Baccalaureate Nursing School Curriculum Survey, American Association of Colleges of Nursing (AACN).

ECBP–15: Increase the inclusion of core clinical prevention and population health content in nurse practitioner training.

ECBP–15.1 Counseling for health promotion and disease prevention.

Target: 100 percent.

Baseline: In 2008, 95.8 percent of nurse practitioner schools included content on counseling for health promotion and disease prevention in required courses.

Target setting method: Total coverage.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–15.2 Cultural diversity.

Target: 100 percent.

Baseline: In 2008, 96.6 percent of nurse practitioner schools included content on cultural diversity in required courses.

Target setting method: Total coverage.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–15.3 Evaluation of health sciences literature.

Target: 100 percent.

Baseline: In 2008, 98.1 percent of nurse practitioner schools included content on evaluation of health sciences literature in required courses.

Target setting method: Total coverage.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–15.4 Environmental health.

Target: 81.7 percent.

Baseline: In 2008, 74.3 percent of nurse practitioner schools included content on environmental health in required courses.

Target setting method: 10 percent improvement.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–15.5 Public health systems.

Target: 89.7 percent.

Baseline: In 2008, 81.5 percent of nurse practitioner schools included content on public health systems in required courses.

Target setting method: 10 percent improvement.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–15.6 Global health.

Target: 79.6 percent.

Baseline: In 2008, 72.5 percent of nurse practitioner schools included content on global health in required courses.

Target setting method: 10 percent improvement.

Data source: Collaborative Curriculum Survey, AACN and National Organization of Nurse Practitioner Faculties (NONPF).

ECBP–16: Increase the inclusion of core clinical prevention and population health content in physician assistant training.

ECBP–16.1 Counseling for health promotion and disease prevention.

Target: 100 percent.

Baseline: In 2010, 97 percent of physician assistant schools provided content on counseling for health promotion and disease prevention in required courses.

Target setting method: Total coverage.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

ECBP–16.2 Cultural diversity.

Target: 100 percent.

Baseline: In 2010, 99 percent of physician assistant schools provided content cultural diversity in required courses.

Target setting method: Total coverage.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

ECBP–16.3 Evaluation of health sciences literature.

Target: 100 percent.

Baseline: In 2010, 99.0 percent of physician assistant schools provided content on evaluation of health sciences literature in required courses.

Target setting method: Total coverage.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

ECBP–16.4 Environmental health.

Target: 58.3 percent.

Baseline: In 2010, 53 percent of physician assistant schools provided content on environmental health in required courses.

Target setting method: 10 percent improvement.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

ECBP–16.5 Public health systems.

Target: 97.9 percent.

Baseline: In 2010, 89 percent of physician assistant schools provided content on public health systems in required courses.

Target setting method: 10 percent improvement.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

ECBP–16.6 Global health.

Target: 53.9 percent.

Baseline: In 2010, 49 percent of physician assistant schools provided content on global health in required courses.

Target setting method: 10 percent improvement.

Data source: Curriculum Survey, Physician Assistant Education Association (PAEA).

Environmental Health

Number Objective Short Title

Outdoor Air Quality

EH–1 Air Quality Index (AQI) exceeding 100

EH–2 Alternative modes of transportation

EH–3 Airborne toxins

Water Quality

EH–4 Safe drinking water

EH–5 Waterborne disease outbreaks

EH–6 Per capita domestic water withdrawals

EH-7 Beach closings

Toxics and Waste

EH–8 Blood lead levels in children

EH–9 Risks posed by hazardous sites

EH–10 Pesticide exposures resulting in visits to health care facility

EH–11 Toxic pollutants

EH–12 Recycling of municipal waste

Healthy Homes and Healthy Communities

EH–13 Indoor allergen levels

EH–14 Radon mitigation systems in homes

EH–15 Radon-reducing new home construction

EH–16 School policies to promote healthy and safe environment

EH–17 Home test for lead-based paint

EH–18 Homes with lead-based paint

EH–19 Housing units with physical problems

Infrastructure and Surveillance

EH–20 Exposure to environmental chemicals

EH–21 Information systems used for environmental health

EH–22 Monitoring diseases caused by exposure to environmental hazards

EH–23 Schools located near highways

Global Environmental Health

EH–24 Global burden of disease

Topic Area: Environmental Health

OUTDOOR AIR QUALITY

EH-1: Reduce the number of days the Air Quality Index (AQI) exceeds 100.

Target: 10 days.

Baseline: 11 days exceeded 100 on the Air Quality Index (AQI) in 2008.

Target setting method: Modeling/projection.

Data source: Air Quality System (formerly the Aerometric Information Retrieval System), EPA.

EH-2: Increase use of alternative modes of transportation for work.

EH-2.1 Trips made by bicycling.

Target: 0.6 percent.

Baseline: 0.5 percent of trips were made to work via bicycle in 2008.

Target setting method: 10 percent improvement.

Data source: American Community Survey (ACS), U.S. Bureau of the Census.

EH-2.2 Trips made by walking.

Target: 3.1 percent.

Baseline: 2.8 percent of trips were made to work via walking in 2008.

Target setting method: 10 percent improvement.

Data source: American Community Survey (ACS), U.S. Bureau of the Census.

EH-2.3 Trips made by mass transit.

Target: 5.5 percent.

Baseline: 5.0 percent of trips were made to work via mass transit in 2008.

Target setting method: 10 percent improvement.

Data source: American Community Survey (ACS), U.S. Bureau of the Census.

EH-2.4 Persons who telecommute.

Target: 5.3 percent.

Baseline: 4.1 percent of employees teleworked in 2008.

Target setting method: Modeling/projection.

Data source: American Community Survey (ACS), U.S. Bureau of the Census.

EH-3: Reduce air toxic emissions to decrease the risk of adverse health effects caused by airborne toxics.

EH-3.1 Mobile sources.

Target: 1.0 million tons (2015 modeled data to be reported in 2020).

Baseline: 1.8 million tons of mobile sources of air toxic emissions were reported in 2005.

Target setting method: Modeling/projection.

Data source: National Emissions Inventory(NEI), U.S. Environmental Protection Agency (EPA), Office of Air and Radiation (OAR), Office of Air Quality Planning and Standards (OAQPS).

EH-3.2 Area sources.

Target: 1.7 million tons (2015 modeled data to be reported in 2020).

Baseline: 1.3 million tons of area sources of air toxic emissions were reported in 2005.

Target setting method: Modeling/projection.

Data source: National Emissions Inventory (NEI), U.S. Environmental Protection Agency (EPA), Office of Air and Radiation (OAR), Office of Air Quality Planning and Standards (OAQPS).

EH-3.3 Major sources.

Target: 0.7 million tons.

Baseline: 0.8 million tons of major sources of air toxic emissions were reported in 2005.

Target setting method: Modeling/projection.

Data source: National Emissions Inventory (NEI), U.S. Environmental Protection Agency (EPA), Office of Air and Radiation (OAR), Office of Air Quality Planning and Standards (OAQPS).

WATER QUALITY

EH-4: Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act.

Target: 91 percent.

Baseline: 89 percent of persons served by community water systems received a supply of drinking water that meets the regulations of the Safe Drinking Water Act in 2005.

Target setting method: Consistency with national programs/regulations/policies/laws.

Data sources: Potable Water Surveillance System (PWSS), Safe Drinking Water Information System (SDWIS), EPA, OW, OGWDW.

EH-5: Reduce waterborne disease outbreaks arising from water intended for drinking among persons served by community water systems.

Target: 2 outbreaks.

Baseline: 7 outbreaks per year developed from water intended for drinking among persons served by community water systems in 1999-2008.

Target setting method: Modeling/projection.

Data sources: Morbidity and Mortality Weekly Report (MMWR), CDC, NCID, and State health departments.

EH-6: Reduce per capita domestic water withdrawals with respect to use and conservation.

Target: 89.1 gallons per capita.

Baseline: 99 gallons of public-supplied domestic water per capita were withdrawn per capita in 2005.

Target setting method: 10 percent improvement.

Data source: "Estimated Use of Water in the United States," U.S. Department of the Interior (DOI), U.S. Geological Survey (USGS). State publications prepared as part of the USGS National Water-Use Information Program as referenced at http://water.usgs.gov/watuse.

EH-7: Increase the proportion of days that beaches are open and safe for swimming.

Target: 96 percent.

Baseline: 95 percent of beach days were open and safe for swimming during the 2007 swimming season.

Target setting method: Consistency with national programs/regulations/policies/laws.

Data source: BEACH Program, EPA, Office of Water.

TOXICS AND WASTE

EH-8: Reduce blood lead levels in children.

EH-8.1 Eliminate elevated blood lead levels in children.

Target: Not applicable

Baseline: 0.9 percent of children had elevated blood lead levels in 2005-08.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-8.2 Reduce the mean blood lead levels in children.

Target: 1.4 µg/dL average blood lead level in children aged 1 to 5 years.

Baseline: Children aged 1 to 5 years had an average blood lead level of 1.5 µg/dL in 2005-08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-9: Minimize the risks to human health and the environment posed by hazardous sites.

Target: 1,151 sites.

Baseline: 1,279 hazardous sites presented risks to human health and the environment in 2010.

Target setting method: 10 percent improvement.

Data source: Comprehensive Environmental Response and Cleanup Liability Information System (CERCLIS), EPA, OSWER, OSRTI.

EH-10: Reduce pesticide exposures that result in visits to a health care facility.

Target: 10,377 pesticide exposures.

Baseline: 15,965 pesticide exposures resulted in visits to a health care facility in 2008.

Target setting method: Modeling/projection.

Data source: National Poison Data System, American Association of Poison Control Centers.

EH-11: Reduce the amount of toxic pollutants released into the environment.

Target: 3.5 billion pounds.

Baseline: 3.9 billion pounds of toxic pollutants were released in to the environment in 2008.

Target setting method: 10 percent improvement.

Data source: U.S. National Toxics Release Inventory (TRI), EPA.

EH-12: Increase recycling of municipal solid waste.

Target: 36.5 percent.

Baseline: 33.2 percent of municipal solid waste was recycled in 2008.

Target setting method: 10 percent improvement.

Data source: Characterization of Municipal Solid Waste, EPA, OSW.

HEALTHY HOMES AND HEALTHY COMMUNITIES

EH-13: Reduce indoor allergen levels.

EH-13.1 Reduce indoor allergen levels: cockroach.

Target: 0.46 units of cockroach allergen/gram of settled dust.

Baseline: 0.51 units of cockroach allergen/gram of settled dust were reported in 2006.

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS), HUD.

EH-13.2 Reduce indoor allergen levels: mouse.

Target: 0.14 micrograms of mouse allergen/ gram of settled dust.

Baseline: 0.16 micrograms of mouse allergen/ gram of settled dust were reported in 2006.

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS), HUD.

EH-14: Increase the percentage of homes with an operating radon mitigation system for persons living in homes at risk for radon exposure.

Target: 30 percent (3.1 million of 9.2 million homes) of homes with radon levels at or above 4 Pico curies per liter of air (pCi/L).

Baseline: 10.2 percent (788,000 of 7.7 million homes) of homes with radon levels of 4 pCi/L or more prior to mitigation had installed a radon mitigation system in 2007.

Target setting method: Consistency with national programs/regulations/policies/laws.

Data source: Annual Report to EPA by Radon Vent Fan Manufacturers, EPA, Indoor Environments Division.

EH-15: Increase the percentage of new single family homes (SFH) constructed with radon-reducing features, especially in high-radon-potential areas.

Target: 100 percent of homes in high-radon-potential areas built to include radon-reducing features.

Baseline: 28.6 percent (62,900) of SFH homes built (220,000) in high-radon-potential areas included radon-reducing features in 2007.

Target setting method: Consistency with national programs/ regulations/policies/laws.

Data source: Builder Practices Report: Radon-Resistant Construction Practices in New U.S. Homes 2008, Annual Builder and Consumer Practices Surveys, National Association of Home Builders Research Center, Inc. as reported to EPA, Indoor Environments Division.

EH-16: Increase the proportion of the Nation's elementary, middle, and high schools that have official school policies and engage in practices that promote a healthy and safe physical school environment:

EH-16.1 Have an indoor air quality management program.

Target: 56.5 percent.

Baseline: 51.4 percent of the Nation's elementary, middle, and high schools had an indoor air quality management program, as reported in 2006.

Target setting method: 10 percent improvement.

Data Source: School Health Policies and Programs Study (SHPPS), CDC.

EH-16.2 Have a plan for how to address mold problems.

Target: 74.0 percent.

Baseline: 67.0 percent of the Nation's elementary, middle, and high schools had a plan for how to address mold problems in 2006.

Target setting method: 10 percent improvement.

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

EH-16.3 Have a plan for how to use, label, store, and dispose of hazardous materials.

Target: 94.5 percent.

Baseline: 85.9 percent of the Nation's elementary, middle, and high schools had a plan for how to use, label, store, and dispose of hazardous materials in 2006.

Target setting method: 10 percent improvement.

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

EH-16.4 Reduce exposure to pesticides by using spot treatments and baiting rather than widespread application of pesticide.

Target: 63.7 percent.

Baseline: 57.9 percent of the Nation's elementary, middle, and high schools used spot treatments and baiting rather than widespread application of pesticide in 2006.

Target setting method: 10 percent improvement.

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

EH-16.5 Reduce exposure to pesticides by marking areas to be treated with pesticides.

Target: 61.8 percent.

Baseline: 56.2 percent of the Nation's elementary, middle, and high schools marked areas to be treated by pesticides in 2006.

Target setting method: 10 percent improvement.

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

EH-16.6 Reduce exposure to pesticides by informing students and staff prior to application of the pesticide.

Target: 71.9 percent.

Baseline: 65.4 percent of the Nation's elementary, middle, and high schools informed students and staff prior to application of pesticide in 2006.

Target setting method: 10 percent improvement.

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

EH-16.7 Inspect drinking water outlets for lead.

Target: 61.3 percent.

Baseline: 55.7 percent of the Nation's elementary, middle, and high schools inspected drinking water outlets for lead in 2006.

Target setting method: 10 percent improvement.

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

EH-16.8 Among schools with community water systems, inspect drinking water outlets for bacteria.

Target: 64.7 percent.

Baseline: 58.8 percent of the Nation's elementary, middle, and high schools with community water systems inspected drinking water outlets for bacteria in 2006.

Target setting method: 10 percent improvement.

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

EH-16.9 Among schools with community water systems, inspect drinking water outlets for coliforms.

Target: 60.7 percent.

Baseline: 55.2 percent of the Nation's elementary, middle, and high schools with community water systems inspected drinking water outlets for coliforms in 2006.

Target setting method: 10 percent improvement.

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

EH-17: (Developmental) Increase the proportion of persons living in pre-1978 housing that has been tested for the presence of lead-based paint or related hazards.

EH-17.1 Increase the proportion of pre-1978 housing that has been tested for the presence of lead-based paint.

Potential data source: National Health Interview Survey (NHIS), CDC.

EH17.2 Increase the proportion of pre-1978 housing that has been tested for the presence of paint-lead hazards

Potential data source: National Health Interview Survey (NHIS), CDC.

EH-17.3 Increase the proportion of pre-1978 housing that has been tested for the presence of lead in dust.

Potential data source: National Health Interview Survey (NHIS), CDC.

EH-17.4 Increase the proportion of pre-1978 housing that has been tested for the presence of lead in soil.

Potential data source: National Health Interview Survey, CDC, NCHS.

EH-18: Reduce the number of U.S. homes that are found to have lead-based paint or related hazards.

EH-18.1 Reduce the number of U.S. homes that are found to have lead-based paint.

Target: 3.7 million fewer homes with lead-based paint.

Baseline: 37 million homes were found to have lead-based paint in 2005-06.

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS), U.S. Department of Housing and Urban Development (HUD), Office of Healthy Homes and Lead Hazard Control.

EH-18.2 Reduce the number of U.S. homes that have paint-lead hazards.

Target: 1.5 million fewer homes with paint-lead hazards.

Baseline: 15.3 million homes had paint-lead hazards in 2005-06.

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS), U.S. Department of Housing and Urban Development (HUD), Office of Healthy Homes and Lead Hazard Control.

EH-18.3 Reduce the number of U.S. homes that have dust-lead hazards.

Target: 1.4 million fewer homes with dust-lead hazards.

Baseline: 13.7 million homes had dust-lead hazards in 2005-06.

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS), U.S. Department of Housing and Urban Development (HUD), Office of Healthy Homes and Lead Hazard Control.

EH-18.4 Reduce the number of U.S. homes that have soil-lead hazards.

Target: 380,000 fewer homes with soil-lead hazards.

Baseline: 3.8 million homes had soil-lead hazards in 2005-06.

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS), U.S. Department of Housing and Urban Development (HUD), Office of Healthy Homes and Lead Hazard Control.

EH-19: Reduce the proportion of occupied housing units that have moderate or severe physical problems.

Target: 4.2 percent.

Baseline: 5.2 percent of housing units had moderate or severe physical problems in 2007.

Target setting method: Modeling/projection.

Data source: American Housing Survey, U.S. Department of Commerce, Bureau of the Census.

INFRASTRUCTURE AND SURVEILLANCE

EH-20: Reduce exposure to selected environmental chemicals in the population, as measured by blood and urine concentrations of the substances or their metabolites.

Metals

EH-20.1 Arsenic.

Target: 35.28 µg/g of creatinine.

Baseline: 50.4 µg/g of creatinine: Concentration level of urinary total arsenic (creatinine corrected) at which 95 percent of the population aged 6 years and older is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-20.2 Cadmium.

Target: 1.12 µg/L.

Baseline: 1.60 µg/L: Concentration level of cadmium in blood samples at which 95 percent of the population aged 1 year and older is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-20.3 Lead.

Target: 2.94 µg/dL.

Baseline: 4.20 µg/dL: Concentration level of lead in blood samples at which 95 percent of the population aged 1 year and older is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-20.4 Mercury, children aged 1 to 5 years.

Target: 1.26 µg/L.

Baseline: 1.80 µg/L: Concentration level of mercury in blood samples at which 95 percent of children aged 1 to 5 years is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-20.5 Mercury, females aged 16 to 49 years.

Target: 3.22 µg/L.

Baseline: 4.60 µg/L: Concentration level of mercury in blood samples at which 95 percent of females aged 16 to 49 years is below the measured level in 2001-02.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Organochlorine pesticides

EH-20.6 Chlordane (Oxychlordane).

Target: 26.39 ng/g of lipid.

Baseline: 37.7 ng/g of lipid: Concentration level of oxychlordane (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years and older is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-20.7 DDT (DDE).

Target: 1302 ng/g of lipid.

Baseline: 1860 ng/g of lipid: Concentration level of DDE (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years or more is below the measured level in 2003-04.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-20.8 beta-hexachlorocyclohexane or beta-HCH.

Target: 39.55 ng/g of lipid.

Baseline: 56.5 ng/g of lipid: Concentration level of beta-Hexachlorocyclohexane (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years or more is below the measured level in 2003-04.

Target setting method: Retention of Healthy People 2010 target.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Non-persistent insecticides

EH-20.9 Paranitrophenol (methyl parathion and parathions).

Target: 2.02 µg/g of creatinine.

Baseline: 2.89 µg/of creatinine: Concentration level of para-Nitrophenol (creatinine corrected) in urine samples at which 95 percent of the population aged 6 years or more is below the measured level in 2001-02.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-20.10 3,4,6-trichloro-2-pyridinol (chlorpyrifos).

Target: 6.45 µg/g of creatinine.

Baseline: 9.22 µg/g of creatinine: Concentration level of 3,5,6-trichloro-2-pyridinol in urine samples at which 95 percent of the population aged 6 years or more is below the measured level in 2001-02.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-20.11 3-phenoxybenzoic acid.

Target: 2.32 µg/g of creatinine.

Baseline: 3.10 µg/g of creatinine: Concentration level of 3-Phenoxybenzoic acid (creatinine corrected) in urine samples at which 95 percent of the population aged 6 years or more is below the measured level in 2001-02.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Persistent industrial chemicals: Polychlorinated biphenyls (PCBs)

EH-20.12 PCB 153, representative of nondioxin-like PCBs.

Target: 67.97 ng/g of lipid.

Baseline: 97.1 ng/g of lipid: Concentration level of 2,2',4,4',5,5'-Hexachlorobiphenyl (PCB 153) (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years or more is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-20.13 PCB 126, representative of dioxin-like PCBs.

Target: 48.09 pg/g of lipid.

Baseline: 68.7 pg/g of lipid: Concentration level of 3,3',4,4',5-Pentachlorobiphenyl (PCB 126) (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years or more is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Persistent industrial chemicals: Dioxins

EH-20.14 1,2,3,6,7,8-hexachlorodibenzo-p-dioxin, representative of the dioxin class.

Target: 47.95 pg/g of lipid.

Baseline: 68.5 pg/g of lipid: Concentration level of 1,2,3,6,7,8-Hexachlorodibenzo-p-dioxin (HxCDD) (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years or more is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Potential endocrine disruptors

EH-20.15 Bisphenol A.

Target: 7.84 µg/g of creatinine.

Baseline: 11.2 µg/g of creatinine: Concentration level of Bisphenol A (2,2-bis[4-Hydroxyphenyl] propane) (creatinine corrected) in urine samples at which 95 percent of the population aged 6 years and older is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-20.16 Perchlorate.

Target: 8.4 µg/g of creatinine.

Baseline: 12.0 µg/g of creatinine: Concentration level of perchlorate (creatinine corrected) in urine samples at which 95 percent of the population aged 6 years and older is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-20.17 Mono-n-butyl phthalate.

Target: 64.12 µg/g of creatinine.

Baseline: 91.6 µg/g of creatinine: Concentration level of Mono-n-butyl phthalate (MnBP) (creatinine corrected) in urine samples at which 95 percent of the population aged 6 years and older is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Flame retardants: polybrominated diphenyl ethers (BDEs)

EH-20.18 BDE 47, (2,2',4,4'-tetrabromodiphenyl ether).

Target: 114.1 ng/g of lipid.

Baseline: 163 ng/g of lipid: Concentration level of 2,2',4,4'-Tetrabromodiphenyl ether (BDE 47) (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years and older is below the measured level in 2003-04.

Target setting method: 30 percent improvement.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH-21: Improve quality, utility, awareness, and use of existing information systems for environmental health.

Target: 51 States and the District of Columbia.

Baseline: 16 States used an integrated information system to monitor environmental health in 2006.

Target setting method: Total coverage.

Data source: National Environmental Public Health Tracking Network (EPHT), CDC, NCEH.

EH-22: Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to environmental hazards.

EH-22.1 Lead poisoning.

Target: 56 States, Territories, and the District of Columbia.

Baseline: 29 States and District of Columbia monitored lead poisoning in 2009.

Target setting method: Total coverage.

Data source: Council of State and Territorial Epidemiologists (CSTE) State Reportable Conditions Data Inventory.

EH-22.2 Pesticide poisoning.

Target: 56 States, Territories, and the District of Columbia.

Baseline: 28 States monitored pesticide poisoning in 2009.

Target setting method: Total coverage.

Data source: Council of State and Territorial Epidemiologists (CSTE) State Reportable Conditions Data Inventory.

EH-22.3 Mercury poisoning.

Target: 56 States, Territories, and the District of Columbia.

Baseline: 24 States monitored mercury poisoning in 2009.

Target setting method: Total coverage.

Data source: Council of State and Territorial Epidemiologists (CSTE) State Reportable Conditions Data Inventory.

EH-22.4 Arsenic poisoning.

Target: 56 States, Territories, and the District of Columbia.

Baseline: 22 States monitored arsenic poisoning in 2009.

Target setting method: Total coverage.

Data source: Council of State and Territorial Epidemiologists (CSTE) State Reportable Conditions Data Inventory.

EH-22.5 Cadmium poisoning.

Target: 56 States, Territories, and the District of Columbia.

Baseline: 21 States monitored cadmium poisoning in 2009.

Target setting method: Total coverage.

Data source: Council of State and Territorial Epidemiologists (CSTE) State Reportable Conditions Data Inventory.

EH-22.6 Acute chemical poisoning.

Target: 56 States, Territories, and the District of Columbia.

Baseline: 17 States monitored acute chemical poisoning in 2009.

Target setting method: Total coverage.

Data source: Council of State and Territorial Epidemiologists (CSTE) State Reportable Conditions Data Inventory.

EH-22.7 Carbon monoxide poisoning.

Target: 56 States, Territories, and the District of Columbia.

Baseline: 20 States monitored carbon monoxide poisoning in 2009.

Target setting method: Total coverage.

Data source: Council of State and Territorial Epidemiologists (CSTE) State Reportable Conditions Data Inventory.

EH-23: Reduce the number of new schools sited within 500 feet of an interstate or Federal or State highway.

Target: 18.9 percent or less of schools located within 500 feet.

Baseline: 18.9 percent of schools were located within 500 feet of an interstate or Federal or State highway in 2005-06.

Target setting method: Consistency with national programs/regulations/policies/laws.

Data source: GRASP/ATSDR geocoded data from Homeland Security Information Program.

GLOBAL ENVIRONMENTAL HEALTH

EH-24: Reduce the global burden of disease due to poor water quality, sanitation, and insufficient hygiene.

Target: 2.0 million deaths.

Baseline: 2.2 million deaths were caused by poor water quality, sanitation, and insufficient hygiene in 2004.

Target setting method: 10 percent improvement.

Data source: Global Burden of Disease Project, World Health Organization (WHO).

Family Planning

Number	Objective Short Title
FP–1	Intended pregnancy
FP–2	Contraceptive failure
FP–3	Emergency contraception available at family planning clinics
FP–4	Health insurance coverage for contraceptive supplies and services
FP–5	Birth spacing
FP–6	Contraceptive use at most recent sexual intercourse
FP–7	Receipt of reproductive health services
FP–8	Adolescent pregnancy
FP–9	Abstinence ages 17 and under
FP–10	Use of condoms for pregnancy prevention and protection against disease
FP–11	Dual method use for pregnancy and disease prevention
FP–12	Adolescent Reproductive health education
FP–13	Parent-adolescent communication about reproductive health topics
FP–14	Medicaid eligibility for pregnancy-related care
FP–15	Receipt of publicly supported contraceptive services and supplies

Topic Area: Family Planning

FP–1: Increase the proportion of pregnancies that are intended.

Target: 56 percent.

Baseline: As reported in 2002, 51 percent of all pregnancies were intended.

Target setting method: 10 percent improvement.

Data sources: National Survey of Family Growth (NSFG), CDC, NCHS; National Vital Statistics System (NVSS), CDC, NCHS; Abortion Provider Survey, Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP.

FP–2: Reduce the proportion of females experiencing pregnancy despite use of a reversible contraceptive method.

Target: 9.9 percent.

Baseline: As reported in 2002, 12.4 percent of females experienced pregnancy despite use of a reversible contraceptive method.

Target setting method: 20 percent improvement based on trend analysis.

Data sources: National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Provider Survey, Guttmacher Institute.

FP–3: Increase the proportion of publicly funded family planning clinics that offer the full-range of FDA-approved methods of contraception, including emergency contraception, onsite.

FP–3.1 Increase the proportion of publicly funded family planning clinics that offer the full range of FDA-approved methods of contraception onsite.

Target: 47.9 percent.

Baseline: As reported in 2003, 38.3 percent of publicly funded family planning clinics offered the full range of FDA-approved methods of contraception onsite.

Target setting method: 25 percent improvement.

Data source: Survey of Contraceptive Service Providers, Guttmacher Institute.

FP–3.2 Increase the proportion of publicly funded family planning clinics that offer emergency contraception onsite.

Target: 87.7 percent.

Baseline: As reported in 2003, 79.7 percent of publicly funded family planning clinics offered emergency contraception onsite.

Target setting method: 10 percent improvement.

Data source: Survey of Contraceptive Service Providers, Guttmacher Institute.

FP–4: (Developmental) Increase the proportion of health insurance plans that cover contraceptive supplies and services.

Potential data source: Guttmacher Institute.

FP–5: Reduce the proportion of pregnancies conceived within 18 months of a previous birth.

Target: 31.7 percent.

Baseline: As reported in 2006–08, 35.3 percent of pregnancies were conceived within 18 months of a previous birth.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth, CDC, NCHS.

FP–6: Increase the proportion of females or their partners at risk of unintended pregnancy who used contraception at most recent sexual intercourse.

Target: 91.3 percent.

Baseline: As reported in 2006–08, 83.0 percent of females or their partners at risk of unintended pregnancy used contraception at most recent sexual intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–7: Increase the proportion of sexually active persons who received reproductive health services.

FP–7.1 Increase the proportion of sexually active females aged 15 to 44 years who received reproductive health services in the past 12 months.

Target: 86.7 percent.

Baseline: As reported in 2006–08, 78.8 percent of sexually active females aged 15 to 44 years received reproductive health services in the past 12 months.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–7.2 Increase the proportion of sexually active males aged 15 to 44 years who received reproductive health services.

Target: 16.4 percent.

Baseline: As reported in 2006–08, 14.9 percent of sexually active males aged 15 to 44 years received reproductive health services in the past 12 months.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–8: Reduce pregnancy rates among adolescent females.

FP–8.1 Reduce the pregnancy rate among adolescent females aged 15 to 17 years.

Target: 36.2 pregnancies per 1,000.

Baseline: 40.2 pregnancies per 1,000 females aged 15 to 17 years occurred in 2005.

Target setting method: 10 percent improvement.

Data sources: Abortion Provider Survey, Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP; National Vital Statistics System–Natality (NVSS–N), CDC, NCHS; National Survey of Family Growth (NSFG), CDC, NCHS.

FP–8.2 Reduce the pregnancy rate among adolescent females aged 18 to 19 years.

Target: 105.9 pregnancies per 1,000.

Baseline: 117.7 pregnancies per 1,000 females aged 18 to 19 years occurred in 2005.

Target setting method: 10 percent improvement.

Data sources: Abortion Provider Survey, Guttmacher Institute; National Vital Statistics System (NVSS), CDC, NCHS; National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Surveillance Data, CDC, NCCDPHP.

FP–9: Increase the proportion of adolescents aged 17 years and under who have never had sexual intercourse.

FP–9.1 Female adolescents aged 15 to 17 years.

Target: 79.3 percent.

Baseline: In 2006–08, 72.1 percent of female adolescents aged 15 to 17 years reported they had never had sexual intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–9.2 Male adolescents aged 15 to 17 years.

Target: 78.3 percent.

Baseline: In 2006–08, 71.2 percent of male adolescents aged 15 to 17 years reported they had never had sexual intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–9.3 Female adolescents aged 15 years and under.

Target: 91.2 percent.

Baseline: As reported in 2006–08, 82.9 percent of female adolescents aged 15 years had never had sexual intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–9.4 Male adolescents aged 15 years and under.

Target: 90.2 percent.

Baseline: As reported in 2006–08, 82.0 percent of male adolescents aged 15 years had never had sexual intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC.

FP–10: Increase the proportion of sexually active persons aged 15 to 19 years who use condoms to both effectively prevent pregnancy and provide barrier protection against disease.

FP–10.1 Increase the proportion of sexually active females aged 15 to 19 years who use a condom at first intercourse.

Target: 73.6 percent.

Baseline: As reported in 2006–08, 66.9 percent of sexually active females aged 15 to 19 years used a condom at first intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC.

FP–10.2 Increase the proportion of sexually active males aged 15 to 19 years who use a condom at first intercourse.

Target: 88.6 percent.

Baseline: As reported in 2006–08, 80.6 percent of sexually active males aged 15 to 19 years used a condom at first intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–10.3 Increase the proportion of sexually active females aged 15 to 19 years who use a condom at last intercourse.

Target: 58.1 percent.

Baseline: As reported in 2006–08, 52.8 percent of sexually active females aged 15 to 19 years used a condom at last intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–10.4 Increase the proportion of sexually active males aged 15 to 19 years who use a condom at last intercourse.

Target: 85.7 percent.

Baseline: As reported in 2006–08, 77.9 percent of sexually active males aged 15 to 19 years used a condom at last intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–11: Increase the proportion of sexually active persons aged 15 to 19 years who use condoms and hormonal or intrauterine contraception to both effectively prevent pregnancy and provide barrier protection against disease.

FP–11.1 Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at first intercourse.

Target: 14.8 percent.

Baseline: As reported in 2006–08, 13.4 percent of sexually active females aged 15 to 19 years used a condom and hormonal or intrauterine contraception at first intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–11.2 Increase the proportion of sexually active males aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at first intercourse.

Target: 19.9 percent.

Baseline: As reported in 2006–08, 18.1 percent of sexually active males aged 15 to 19 years used a condom and hormonal or intrauterine contraception at first intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–11.3 Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at last intercourse.

Target: 20.2 percent.

Baseline: As reported in 2006–08, 18.4 percent of sexually active females aged 15 to 19 years used a condom and hormonal or intrauterine contraception at last intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

a. FP–11.4 Increase the proportion of sexually active males aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at last intercourse.

Target: 36.3 percent.

Baseline: As reported in 2006–08, 33.0 percent of sexually active males aged 15 to 19 years used a condom and hormonal or intrauterine contraception at last intercourse.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12: Increase the proportion of adolescents who received formal instruction on reproductive health topics before they were 18 years old.

FP–12.1 Abstinence—Females.

Target: 95.9 percent.

Baseline: As reported in 2006–08, 87.2 percent of female adolescents received formal instruction on how to say no to sex before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.2 Abstinence—Males.

Target: 89.2 percent.

Baseline: As reported in 2006–08, 81.1 percent of male adolescents received formal instruction on how to say no to sex before they were 18 years old in 2002.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.3 Birth control methods—Females.

Target: 76.4 percent.

Baseline: As reported in 2006–08, 69.5 percent of females received formal instruction on birth control methods before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.4 Birth control methods—Males.

Target: 68.1 percent.

Baseline: As reported in 2006–08, 61.9 percent of males received formal instruction on birth control methods before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.5 HIV/AIDS prevention—Females.

Target: 97.2 percent.

Baseline: As reported in 2006–08, 88.3 percent of females received formal instruction on HIV/AIDS prevention before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.6 HIV/AIDS prevention—Males.

Target: 97.9 percent.

Baseline: As reported in 2006–08, 89.0 percent of males received formal instruction on HIV/AIDS prevention before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.7 Sexually transmitted diseases—Females.

Target: 95.2 percent.

Baseline: As reported in 2006–08, 93.2 percent of females received formal instruction on sexually transmitted disease prevention methods before they were 18 years old.

Target setting method: 2 percentage point improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.8 Sexually transmitted diseases—Males.

Target: 94.2 percent.

Baseline: As reported in 2006–08, 92.2 percent of males received formal instruction on sexually transmitted disease prevention methods before they were 18 years old.

Target setting method: 2 percentage point improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13: Increase the proportion of adolescents who talked to a parent or guardian about reproductive health topics before they were 18 years old.

FP–13.1 Abstinence—Females.

Target: 69.4 percent.

Baseline: As reported in 2006–08, 63.1 percent of female adolescents talked with a parent or guardian about how to say no to sex before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.2 Abstinence—Males.

Target: 45.9 percent.

Baseline: As reported in 2006–08, 41.8 percent of male adolescents talked to a parent or guardian about how to say no to sex before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.3. Birth control methods—Females.

Target: 55.6 percent.

Baseline: As reported in 2006–08, 50.5 percent of female adolescents talked to a parent or guardian about birth control methods before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.4 Birth control methods—Males.

Target: 33.6 percent.

Baseline: As reported in 2006–08, 30.6 percent of male adolescents talked to a parent or guardian about birth control methods before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.5 HIV/AIDS prevention—Females.

Target: 60.7 percent.

Baseline: As reported in 2006–08, 55.2 percent of female adolescents talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.6 HIV/AIDS prevention—Males.

Target: 54.3 percent.

Baseline: As reported in 2006–08, 49.3 percent of male adolescents talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.7 Sexually transmitted diseases—Females.

Target: 60.7 percent.

Baseline: As reported in 2006–08, 55.2 percent of female adolescents talked to a parent or guardian about sexually transmitted diseases before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.8 Sexually transmitted diseases—Males.

Target: 42.3 percent.

Baseline: As reported in 2006–08, 38.5 percent of male adolescents talked to a parent or guardian about sexually transmitted diseases before they were 18 years old.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–14: Increase the number of States that set the income eligibility level for Medicaid-covered family planning services to at least the same level used to determine eligibility for Medicaid-covered, pregnancy-related care.

Target: 32 States.

Baseline: 21 States set the income eligibility level for Medicaid-covered family planning services to at least the same level used to determine eligibility for Medicaid-covered, pregnancy-related care in 2010.

Target setting method: Trend analysis.

Data sources: Guttmacher Institute, State Medicaid Family Planning Eligibility Expansions—national, State-based data (includes data for all 50 States); State Medicaid Family Planning Eligibility Expansions, Guttmacher Institute; Medicaid Income Eligibility Levels for Pregnant Women, Kaiser Family Foundation—national, State-based data (includes data for all 50 States).

FP–15: Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies.

Target: 64.5 percent.

Baseline: 53.8 percent of females in need of publicly supported contraceptive services and supplies reported receiving those services and supplies in 2006.

Target setting method: 20 percent improvement.

Data source**:** Contraceptive Needs and Services, Guttmacher Institute.

Food Safety

Number	Objective Short Title
FS–1	Infections caused by key foodborne pathogens
FS–2	Outbreak-associated infections associated with food commodity groups
FS–3	Antimicrobial resistance
FS–4	Allergic reactions to food
FS–5	Consumer food safety practices
FS–6	Safe food preparation practices in foodservice and retail establishments

Topic Area: Food Safety

FS–1: Reduce infections caused by key pathogens transmitted commonly through food.

FS–1.1 *Campylobacter* species.

Target: 8.5 cases per 100,000.

Baseline: 12.7 cases, on average of laboratory-confirmed *Campylobacter* species infections per 100,000 population per year were reported in 2006–08.

Target setting method: 33 percent improvement.

Data source: The Foodborne Disease Active Surveillance Network (FoodNet), CDC.

FS–1.2 Shiga toxin-producing *Escherichia coli* (STEC) O157:H7.

Target: 0.6 cases per 100,000.

Baseline: 1.2 cases, on average, of laboratory-confirmed Shiga toxin-producing *Escherichia coli* (STEC) O157:H7 infections per 100,000 population per year were reported in 2006–08.

Target setting method: 50 percent improvement.

Data source: The Foodborne Disease Active Surveillance Network (FoodNet), CDC.

FS–1.3 *Listeria monocytogenes.*

Target: 0.2 cases per 100,000.

Baseline: 0.3 cases, on average of laboratory-confirmed *Listeria monocytogenes* infections per 100,000 population per year were reported in 2006–08.

Target setting method: 25 percent improvement.

Data source: The Foodborne Disease Active Surveillance Network (FoodNet), CDC.

FS–1.4 *Salmonella species.*

Target: 11.4 cases per 100,000.

Baseline: 15.2 cases, on average, of laboratory-confirmed *Salmonella* species infections per 100,000 population per year were reported in 2006–08.

Target setting method: 25 percent improvement.

Data source: The Foodborne Disease Active Surveillance Network (FoodNet), CDC.

FS–1.5 Postdiarrheal hemolytic-uremic syndrome (HUS) in children under 5 years of age.

Target: .0.9 cases per 100,000.

Baseline: 1.8 cases. on average, of postdiarrheal hemolytic-uremic syndrome (HUS) infections per 100,000 children under 5 years of age per year were reported in 2005–07.

Target setting method: 50 percent improvement.

Data source: The Foodborne Disease Active Surveillance Network (FoodNet), CDC.

FS–1.6 *Vibrio* species.

Target: 0.2 cases per 100,000.

Baseline: 0.3 cases, on average, of laboratory-confirmed *Vibrio* species infections per 100,000 population per year were reported in 2006–08.

Target setting method: 25 percent improvement.

Data source: The Foodborne Disease Active Surveillance Network (FoodNet), CDC.

FS–1.7 *Yersinia* species.

Target: 0.3 cases per 100,000.

Baseline: 0.4 cases, on average, of laboratory-confirmed *Yersinia* species infections per 100,000 population per year were reported in 2006–08.

Target setting method: 25 percent improvement.

Data source: The Foodborne Disease Active Surveillance Network (FoodNet), CDC.

FS–2: Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella* species associated with food commodity groups:

FS–2.1 Beef.

Target: 180 cases per year.

Baseline: 200 reported outbreak-associated infections, on average, per year due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella species* were associated with beef in 2005–07.

Target setting method: 10 percent improvement.

Data source*:* National Outbreak Reporting System (NORS), CDC and States.

FS–2.2 Dairy.

Target: 707 cases per year.

Baseline: 786 reported outbreak-associated infections, on average, per year due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella species were associated with* dairy products in 2005–07.

Target setting method: 10 percent improvement.

Data source: National Outbreak Reporting System (NORS), CDC and States.

FS–2.3 Fruits and nuts.

Target: 280 cases per year.

Baseline: 311 reported outbreak-associated infections, on average, per year due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella species* were associated with fruits and nuts in 2005–07.

Target setting method: 10 percent improvement.

Data source: National Outbreak Reporting System (NORS), CDC and States.

FS–2.4 Leafy vegetables.

Target: 185 cases per year.

Baseline: 205 reported outbreak-associated infections, on average, per year due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella species* were associated with leafy vegetables in 2005–07.

Target setting method: 10 percent improvement.

Data source: National Outbreak Reporting System (NORS), CDC and States.

FS–2.5 Poultry.

Target: 232 cases per year.

Baseline: 258 reported outbreak-associated infections, on average, per year due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella species* were associated with poultry in 2005–07.

Target setting method: 10 percent improvement.

Data source: National Outbreak Reporting System (NORS), CDC and States.

FS–3: Prevent an increase in the proportion of nontyphoidal *Salmonella* and *Campylobacter jejuni* isolates from humans that are resistant to antimicrobial drugs.

Nontyphoidal *Salmonella* isolates from humans that are resistant to:

FS–3.1 Nalidixic acid (quinolone).

Target: 2 percent.

Baseline: 2 percent of nontyphoidal *Salmonella* isolates from humans were resistant to nalidixic acid (quinolone) in 2006–08.

Target setting method: prevent an increase.

Data source: National Antimicrobial Resistance Monitoring System (NARMS), CDC.

FS–3.2 Ceftriaxone (third-generation cephalosporin).

Target: 3 percent.

Baseline: 3 percent of nontyphoidal *Salmonella* isolates from humans were resistant to ceftriaxone (third-generation cephalosporin) in 2006–08.

Target setting method: prevent an increase.

Data source: National Antimicrobial Resistance Monitoring System (NARMS), CDC.

FS–3.3 Gentamicin.

Target: 2 percent.

Baseline: 2 percent of nontyphoidal *Salmonella* isolates from humans were resistant to gentamicin in 2006–08.

Target setting method: prevent an increase.

Data source: National Antimicrobial Resistance Monitoring System (NARMS), CDC.

FS–3.4 Ampicillin.

Target: 10 percent.

Baseline: 10 percent of nontyphoidal *Salmonella* isolates from humans were resistant to ampicillin in 2006–08.

Target setting method: prevent an increase.

Data source: National Antimicrobial Resistance Monitoring System (NARMS), CDC.

FS–3.5 Three or more classes of antimicrobial agents.

Target: 11 percent.

Baseline: 11 percent of nontyphoidal *Salmonella* isolates from humans were resistant to three or more classes of antimicrobial agents in 2006–08.

Target setting method: prevent an increase.

Data source: National Antimicrobial Resistance Monitoring System (NARMS), CDC.

***Campylobacter jejuni* isolates from humans that are resistant to:**

FS–3.6 Erythromycin.

Target: 2 percent.

Baseline: 2 percent of *Campylobacter jejuni* isolates from humans were resistant to erythromycin in 2006–08.

Target setting method: prevent an increase.

Data source: National Antimicrobial Resistance Monitoring System (NARMS), CDC.

FS–4: Reduce severe allergic reactions to food among adults with a food allergy diagnosis.

Target: 21.0 percent.

Baseline: 29.3 percent of adults with a food allergy diagnosis experienced severe allergic reactions to food in 2006.

Target setting method: 27.6 percent improvement.

Data sources: Food Safety Survey, FDA; USDA FSIS.

FS–5: Increase the proportion of consumers who follow key food safety practices.

FS–5.1 Clean: wash hands and surfaces often.

Target: 74.0 percent.

Baseline: 67.2 percent of consumers followed the key food safety practice of “Clean: wash hands and surfaces often.” in 2006.

Target setting method: 10 percent improvement.

Data source: Food Safety Survey, FDA and USDA FSIS.

FS–5.2 Separate: don't cross-contaminate.

Target: 92 percent.

Baseline: 89 percent of consumers followed the key food safety practice of "Separate: don't cross-contaminate." in 2006.

Target setting method: 3.4 percent improvement.

Data source: Food Safety Survey, FDA and USDA FSIS.

FS–5.3 Cook: cook to proper temperatures.

Target: 50 percent.

Baseline: 37 percent of consumers followed the key food safety practice of "Cook: cook to proper temperatures." in 2006.

Target setting method: 35 percent improvement.

Data source: Food Safety Survey, FDA and USDA FSIS.

FS–5.4 Chill: refrigerate promptly.

Target: 91.1 percent.

Baseline: 88.1 percent of consumers followed the key food safety practice of "Chill: refrigerate promptly." in 2006.

Target setting method: 3.4 percent improvement.

Data sources*:* Food Safety Survey, FDA and USDA FSIS.

FS–6: (Developmental) Improve food safety practices associated with foodborne illness in foodservice and retail establishments.

Potential data source: Retail Risk Factor Studies, FDA CFSAN.

Genomics

Number	Objective Short Title
G–1	Genetic counseling for women with a family history of breast and/or ovarian
G–2	Genetic testing for persons with colorectal cancer to detect Lynch syndrome

Topic Area: Genomics

G–1: Increase the proportion of women with a family history of breast and/or ovarian cancer who receive genetic counseling.

Target: 25.6 percent.

Baseline: 23.3 percent of women with a family history of breast and/or ovarian cancer received genetic counseling in 2005.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

G–2: (Developmental) Increase the proportion of persons with newly diagnosed colorectal cancer who receive genetic testing to identify Lynch syndrome (or familial colorectal cancer syndromes).

Potential data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology, and End Results (SEER), NIH, NCI.

Global Health

Number	Objective Short Title
GH–1	Malaria in the United States
GH–2	Tuberculosis in foreign born persons

Enhance global capacity in support of the International Health Regulations to detect and contain emerging health threats.

GH–3	Global Disease Detection Regional Centers worldwide
GH–4	Global Disease Detection training for public health professionals
GH–5	Global Disease Detection diagnostic testing capacity

Topic Area: Global Health

GH–1: Reduce the number of cases of malaria reported in the United States.

Target: 999 new cases.

Baseline: 1,298 new cases of malaria were reported in the United States in 2008.

Target setting method: Modeling/projection.

Data source: National Malaria Surveillance System (NMSS), CDC.

GH-2: Decrease the tuberculosis (TB) case rate for foreign-born persons living in the United States.

Target: 14.0 cases per 100,000 population.

Baseline: 20.2 cases of tuberculosis (TB) per 100,000 population were reported for foreign-born persons living in the United States in 2008.

Target setting method: Modeling/projection.

Data source: National Tuberculosis Indicators Project (NTIP), CDC.

Enhance global capacity in support of the International Health Regulations to detect and contain emerging health threats.

GH-3: Increase the number of Global Disease Detection (GDD) Regional Centers worldwide to detect and contain emerging health threats.

Target: 13 centers.

Baseline: 7 Global Disease Detection (GDD) Regional Centers worldwide were active in 2009.

Target setting method: Consistency with national programs.

Data source: GDD Monitoring and Evaluation Database, CDC.

GH-4: Increase the number of public health professionals trained by Global Disease Detection Global Disease Detection (GDD) programs worldwide.

Target: 144,132 public health professionals.

Baseline: 37,132 public health professionals were trained by Global Disease Detection (GDD) programs in 2009.

Target setting method: Modeling/projection.

Data source: GDD Monitoring and Evaluation Database, CDC.

GH-5: Increase diagnostic testing capacity in host countries and regionally through the Global Disease Detection (GDD) Regional Centers.

Target: 264 tests.

Baseline: 154 tests were established or substantially improved by Global Disease Detection (GDD) programs in 2009.

Target setting method: Modeling/projection.

Data source: GDD Monitoring and Evaluation Database, CDC.

Health Communication and Health IT

Number	Objective Short Title
HC/HIT–1	Health literacy
HC/HIT–2	Satisfaction with health care providers' communication skills
HC/HIT–3	Individuals' involvement in their health care decision making
HC/HIT–4	Receipt of providers' recommendations for personalized health care resources
HC/HIT–5	Electronic personal health management tools
HC/HIT–6	Internet access
HC/HIT–7	Social support
HC/HIT–8	Quality of Internet health information sources
HC/HIT–9	Access to online health information
HC/HIT–10	Electronic health records in medical practices
HC/HIT–11	Users of health information technology
HC/HIT–12	Best practices in health protection messages
HC/HIT–13	Social marketing in health promotion and disease prevention

Topic Area: Health Communication and Health IT

HC/HIT-1: (Developmental) Improve the health literacy of the population.

HC/HIT–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.

Potential data source: Medical Expenditure Survey (MEPS), AHRQ.

HC/HIT–1.2 Increase the proportion of persons who report their health care provider always asked them to describe how they will follow the instructions.

Potential data source: Medical Expenditure Survey (MEPS), AHRQ.

HC/HIT–1.3 Increase the proportion of persons who report their health care providers' office always offered help in filling out a form.

Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

HC/HIT–2: Increase the proportion of persons who report that their health care providers have satisfactory communication skills.

HC/HIT–2.1 Increase the proportion of persons who report that their health care provider always listened carefully to them.

Target: 65 percent.

Baseline: In 2007, 59 percent of persons reported that their health care provider always listened carefully to them.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

HC/HIT–2.2 Increase the proportion of persons who report that their health care provider always explained things so they could understand them.

Target: 66 percent.

Baseline: In 2007, 60 percent of persons reported that their health care provider always explained things so they could understand them.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

HC/HIT–2.3 Increase the proportion of persons who report that their health care provider always showed respect for what they had to say.

Target: 68.2 percent.

Baseline: In 2007, 62 percent of persons reported that their health care provider always showed respect for what they had to say.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

HC/HIT–2.4 Increase the proportion of persons who report that their health care provider always spent enough time with them.

Target: 54 percent.

Baseline: In 2007, 49 percent persons reported that their health care provider always spent enough time with them.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Survey (MEPS), AHRQ.

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.

Target: 56.8 percent.

Baseline: In 2007, 51.6 percent of persons reported that their health care providers always involved them in decisions about their health care as much as they wanted.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NIH, NCI.

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.

HC/HIT-5: Increase the proportion of persons who use electronic personal health management tools.

HC/HIT–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.

Target: 15.7 percent.

Baseline: In 2007, 14.3 percent of persons reported using the Internet to keep track of personal health information, such as care received, test results, or upcoming medical appointments.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NIH, NCI.

HC/HIT–5.2 Increase the proportion of persons who use the Internet to communicate with their provider.

Target: 15.0 percent.

Baseline: In 2007, 13.6 percent of persons reported using the Internet to communicate with their provider.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NIH, NCI.

HC/HIT-6: Increase individuals' access to the Internet.

HC/HIT– 6.1 Increase the proportion of persons with access to the Internet.

Target: 75.4 percent.

Baseline: In 2007, 68.5 percent of persons reported having access to the Internet.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NCI.

HC/HIT– 6.2 Increase the proportion of persons with broadband access to the Internet.

Target: 83.2 percent.

Baseline: In 2007, 75.6 percent of persons reported having broadband access to the Internet.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NCI.

HC/HIT– 6.3 Increase the proportion of persons who use mobile devices.

Target: 7.7 percent.

Baseline: In 2007, 6.7 percent of persons reported using mobile devices.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NCI.

HC/HIT-7: Increase the proportion of adults who report having friends or family members whom they talk with about their health.

Target: 87.5 percent.

Baseline: In 2007, 79.5 percent of adults reported having friends or family members that they talk to about their health.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NIH, NCI.

HC/HIT–8: Increase the proportion of quality, health-related Websites.

HC/HIT–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.

Target: 57.2 percent.

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.

Target setting method: 10 percent improvement.

Data source: Office of Disease Prevention and Health Promotion survey, HHS.

HC/HIT– 8.2 (Developmental) Increase the proportion of health-related Websites that follow established usability principles.

Potential data source: Office of Disease Prevention and Health Promotion survey, HHS.

HC/HIT–9: Increase the proportion of online health information seekers who report easily accessing health information.

Target: 41.0 percent.

Baseline: In 2007, 37.3 percent of online health information seekers reported easily accessing health information.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NIH, NCI.

HC/HIT–10: Increase the proportion of medical practices that use electronic health records.

Target: 27.5 percent.

Baseline: In 2007, 25.0 percent of medical practices reported using electronic health records.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

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.

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.

HC/HIT-13: (Developmental) Increase social marketing in health promotion and disease prevention.

HC/HIT–13.1 Increase the proportion of State health departments that report using social marketing in health promotion and disease prevention programs.

Potential data source: The National Public Health Information Coalition (NPHIC/CDC Cooperative Agreement Healthy People 2020 Survey), CDC.

HC/HIT–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.

Potential data sources: National Survey of Public Health Competencies in Social Marketing: Survey of Association of Schools of Public Health (ASPH) member schools and accredited MPH programs (Florida Prevention Research Center, University of South Florida).

HC/HIT–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.

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).

Healthcare-Associated Infections

Number	Objective Short Title
HAI–1	Central line-associated bloodstream infections
HAI–2	Methicillin-resistant *Staphylococcus aureus* infections

Topic Area: Healthcare-Associated Infections

HAI–1: Reduce central line-associated bloodstream infections (CLABSI).

Target: 0.25 Standardized Infection Ratio (SIR) or 75 percent reduction.

Baseline: 1.00 SIR was reported in 2006–08.

Target setting method: Consistency with national programs/regulations/policies/laws.

Data source: National Healthcare Safety Network (NHSN), CDC.

HAI–2: Reduce invasive healthcare-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections.

Target: 6.56 infections per 100,000 persons or 75 percent reduction.

Baseline: 26.24 infections per 100,000 persons were reported in 2007–08.

Target setting method: Consistency with national programs/regulations/policies/laws.

Data source: Emerging Infections Program (EIP) network Active Bacterial Core surveillance (ABCs), CDC.

Hearing and Other Sensory or Communication Disorders (Ear, Nose, and Throat—Voice, Speech, and Language)

Number	Objective	Short Title
Newborn Hearing Screening		
ENT–VSL–1	Newborn hearing screening, evaluation, and intervention	
Ear Infections (Otitis Media)		
ENT–VSL–2	Otitis media	
Hearing		
ENT–VSL–3	Hearing aids, assistive listening devices, and cochlear implants	
ENT–VSL–4	Hearing examination	
ENT–VSL–5	Evaluation and treatment referrals	
ENT–VSL–6	Hearing protection	
ENT–VSL–7	Noise-induced hearing loss in adolescents	
ENT–VSL–8	Noise-induced hearing loss in adults	
Tinnitus (Ringing in the Ears or Head)		
ENT–VSL–9	Health care for tinnitus	
ENT–VSL–10	Treatment for moderate to severe tinnitus	
Balance and Dizziness		
ENT–VSL–11	Healthcare for balance or dizziness problems	
ENT–VSL–12	Referrals for balance or dizziness problems	
ENT–VSL–13	Treatment for balance or dizziness problems	
ENT–VSL–14	Improve balance and dizziness outcomes	
ENT–VSL–15	Falls and injuries associated with balance and dizziness problems	
Smell and Taste (Chemosenses)		
ENT–VSL–16	Health care for chemosensory (smell or taste) disorders	

ENT–VSL–17	Treatment for chemosensory (smell or taste) disorders
ENT–VSL–18	Improve outcomes associated with chemosensory (smell or taste) disorders

Voice, Speech, and Language

ENT–VSL–19	Evaluation and treatment by speech-language pathologist (SLP) or other health professional
ENT–VSL–20	Rehabilitation services for VSL/communication disorders
ENT–VSL–21	Participation in speech-language or other intervention services
ENT–VSL–22	Improved outcomes following speech-language therapy or other rehabilitative and intervention services

Internet HealthCare Resources for ENT-VSL

ENT–VSL–23	Use of Internet health care information resources for communication disorders

Topic Area: Hearing and Other Sensory or Communication Disorders (Ear, Nose, and Throat—Voice, Speech, and Language)

Newborn Screening

ENT–VSL–1: Increase the proportion of newborns who are screened for hearing loss by no later than age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services no later than age 6 months.

ENT–VSL–1.1 Screening for hearing loss no later than age 1 month.

Target: 90.2 percent.

Baseline: 82.0 percent of newborns aged 1 month or less had screening for hearing loss in 2007.

Target setting method: 10 percent improvement.

Data source: State-based Early Hearing Detection and Intervention (EHDI) Program Network, CDC, and/or specific State data.

ENT–VSL–1.2 Receipt of audiologic evaluation no later than age 3 months for infants who did not pass the hearing screening.

Target: 72.6 percent.

Baseline: 66.0 percent of infants aged 3 months and under who did not pass the hearing screening received audiologic evaluation in 2007.

Target setting method: 10 percent improvement.

Data source: State-based Early Hearing Detection and Intervention (EHDI) Program Network, CDC, and/or specific State data.

ENT–VSL–1.3 Enrollment of infants with confirmed hearing loss for intervention services no later than age 6 months.

Target: 55.0 percent.

Baseline: 50.0 percent of infants aged 6 months and under with confirmed hearing loss were enrolled for intervention services in 2007.

Target setting method: 10 percent improvement.

Data source: State-based Early Hearing Detection and Intervention (EHDI) Program Network, CDC, and/or specific State data.

Ear Infections (Otitis Media)

ENT–VSL–2: Decrease otitis media in children and adolescents.

Target: 221.5 persons per 1,000 population.

Baseline: 246.1 per 1,000 persons under age 18 years had otitis media in 2007.

Target setting method: 10 percent improvement.

Data sources: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS; National Health Interview Survey (NHIS), CDC, NCHS.

Hearing

ENT–VSL–3: Increase the proportion of persons with hearing impairments who have ever used a hearing aid or assistive listening devices or who have cochlear implants.

ENT–VSL–3.1 Adults aged 20 to 69 years with hearing loss who have ever used a hearing aid.

Target: 179.0 adults per 1,000 population.

Baseline: 162.7 per 1,000 adults aged 20 to 69 years had ever used a hearing aid in 2006.

Target setting method: 10 percent improvement.

Data sources: National Health Interview Survey (NHIS), CDC, NCHS; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT–VSL–3.2 Persons who are deaf or very hard of hearing and who have new cochlear implants.

Target: 84.7 persons per 10,000 persons.

Baseline: 77.0 per 10,000 persons who are deaf or very hard of hearing had new cochlear implants in 2004.

Target setting method: 10 percent improvement.

Data sources: Healthcare Cost and Utilization Project (HCUP), AHRQ; National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–3.3 Adults aged 70 years and older with hearing loss who have ever used a hearing aid.

Target: 318.0 persons per 1,000 population.

Baseline: 289.1 per 1,000 adults aged 70 years and older had ever used a hearing aid in 2007.

Target setting method: 10 percent improvement.

Data sources: National Health Interview Survey (NHIS), CDC, NCHS; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT–VSL–3.4 Adults aged 70 years and older with hearing loss who use assistive listening devices.

Target: 110.0 persons per 1,000 population.

Baseline: 100.0 per 1,000 adults aged 70 years and older used assistive listening devices in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT–VSL–4: Increase the proportion of persons who have had a hearing examination on schedule.

ENT–VSL–4.1 Adults aged 20 to 69 years who have had a hearing examination in the past 5 years.

Target: 31.5 percent.

Baseline: 28.6 percent of adults aged 20 to 69 years had a hearing examination in the past 5 years in 2003–04.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT–VSL–4.2 Adults aged 70 years and older who have had a hearing examination in the past 5 years.

Target: 42.4 percent.

Baseline: 38.5 percent of adults aged 70 years and older had had a hearing examination in the past 5 years in 2003–04.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT–VSL–4.3 Adolescents aged 12 to 19 years who have had a hearing examination in the past 5 years.

Target: 87.2 percent.

Baseline: 79.3 percent of adolescents aged 12 to 19 years had had a hearing examination in the past 5 years in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT–VSL–5: Increase the number of persons who are referred by their primary care physician or other health care provider for hearing evaluation and treatment.

Target: 311.7 persons per 1,000 population.

Baseline: 283.4 per 1,000 adults aged 18 years and older were referred by their primary care physician or other health care provider for hearing evaluation and treatment in 2007.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–6: Increase the use of hearing protection devices.

ENT–VSL–6.1 Adults aged 20 to 69 years who have ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or noise (age adjusted to the year 2000 standard population).

Target: 531.3 persons per 1,000 population.

Baseline: 483.0 per 1,000 adults aged 20 to 69 years had ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or in 2003–04.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT–VSL–6.2 Adolescents aged 12 to 19 years who have ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or noise.

Target: 451.8 persons per 1,000 population.

Baseline: 410.7 per 1,000 adolescents 12 to 19 years had ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or noise in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT–VSL–7: Reduce the proportion of adolescents who have elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss.

Target: 41.3 persons per 1,000 population.

Baseline: 45.9 per 1,000 adolescents aged 12 to 18 years had elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT–VSL–8: Reduce the proportion of adults who have elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss.

Target: 109.3 persons per 1,000 population.

Baseline: 121.4 per 1,000 adults aged 20 to 69 years had elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss in 2003–04.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Tinnitus (Ringing in the Ears or Head)

ENT–VSL–9: Increase the proportion of adults bothered by tinnitus who have seen a doctor or other health care professionals.

ENT–VSL–9.1 Increase the proportion of adults bothered by tinnitus in the past 12 months who have seen a doctor.

Target: 48.9 percent.

Baseline: 44.5 percent of adults aged 18 years and older bothered by tinnitus in the past 12 months had seen a doctor in 2007.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–9.2 Increase the proportion of adults bothered by the onset of tinnitus in the past 5 years, for whom it is a moderate, big, or very big problem, who have seen or been referred to an audiologist or otolaryngologist (ENT physician).

Target: 50.4 percent.

Baseline: 45.8 percent of adults 18 years and older bothered by the onset of tinnitus in the past 5 years, for whom it is a moderate, big, or very big problem, had seen or been referred to an audiologist or otolaryngologist (ENT physician) in 2007.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–10: Increase the proportion of adults for whom tinnitus is a moderate to severe problem who have tried appropriate treatments.

Target: 89.0 percent.

Baseline: 80.9 percent of adults aged 18 years and older for whom tinnitus is a moderate to severe problem tried appropriate treatments in 2007.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

Balance and Dizziness

ENT–VSL–11: Increase the proportion of adults with balance or dizziness problems in the past 12 months who have ever seen a health care provider about their balance or dizziness problems.

Target: 53.2 percent.

Baseline: 48.4 percent of adults aged 18 years and older with balance or dizziness problems in the past 12 months had ever seen a health care provider in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–12: Increase the proportion of adults with moderate to severe balance or dizziness problems who have seen or been referred to a health care specialist for evaluation or treatment.

Target: 72.0 percent.

Baseline: 65.4 percent of adults aged 18 years and older with moderate to severe balance or dizziness problems had seen or been referred to a health care specialist for evaluation or treatment in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–13: Increase the proportion of persons who have tried recommended methods for treating their balance or dizziness problems.

ENT–VSL–13.1 (Developmental) Increase the proportion of children who have tried recommended methods for treating their balance or dizziness problem.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–13.2 Increase the proportion of adults who have tried recommended methods for treating their balance or dizziness problem.

Target: 26.8 percent.

Baseline: 24.4 percent of adults aged 18 years and older tried recommended methods for treating their balance or dizziness problem in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–14: Reduce the proportion of adults with balance and dizziness problems who experienced negative or adverse outcomes in the past 12 months.

ENT–VSL–14.1 Reduce the proportion of adults with balance and dizziness problems in the past 12 months who reported their condition got worse or did not improve.

Target: 55.3 percent.

Baseline: 61.5 percent of adults aged 18 years and older with balance and dizziness problems in the past 12 months reported their condition got worse or did not improve in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–14.2 Reduce the proportion of adults with balance and dizziness problems in the past 12 months who were prevented from doing regular activities within the home or outside.

Target: 21.0 percent.

Baseline: 23.3 percent of adults aged 18 years and older with balance and dizziness problems in the past 12 months were prevented from doing regular activities within the home or outside in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–14.3 Reduce the proportion of adults who have missed days of work or school in the past 12 months because of balance and dizziness problems.

Target: 13.0 percent.

Baseline: 14.5 percent of adults aged 18 years and older missed days of work or school in the past 12 months because of balance and dizziness problems in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT-VSL–15: Reduce the proportion of adults with balance and dizziness problems who have fallen and been injured.

ENT–VSL–15.1 Reduce the proportion of adults with balance and dizziness problems who have fallen in the past 5 years while experiencing symptoms of dizziness, vertigo, or imbalance.

Target: 50.0 percent.

Baseline: 55.6 percent of adults aged 18 years and older with balance and dizziness problems fell in the past 5 years while experiencing symptoms of dizziness, vertigo, or imbalance in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–15.2 Reduce the proportion of adults with balance and dizziness problems who have been injured as a result of a fall for any reason in the past 12 months.

Target: 37.5 percent.

Baseline: 41.7 percent of adults aged 18 years and older with balance and dizziness problems were injured as a result of a fall for any reason in the past 12 months in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

Smell and Taste (Chemosenses)

ENT-VSL–16: (Developmental) Increase the proportion of adults with chemosensory (smell or taste) disorders who have seen a health care provider about their disorder in the past 12 months.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT-VSL–17: (Developmental) Increase the proportion of adults who have tried recommended methods of treating their smell or taste disorders in the past 12 months to improve their condition.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT-VSL–18: (Developmental) Reduce the proportion of adults with chemosensory (smell or taste) disorders who as a result have experienced a negative impact on their general health status, work, or quality of life in the past 12 months.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Voice, Speech, and Language

ENT-VSL–19: (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language who have seen a speech-language pathologist (SLP) for evaluation or treatment.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT-VSL–20: (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language who have participated in rehabilitation services.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT-VSL–21: (Developmental) Increase the proportion of young children with phonological disorders, language delay, or other developmental language problems who have participated in speech-language or other intervention services.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

ENT-VSL–22: (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language in the past 12 months whose personal or social functioning at home, school, or work improved after participation in speech-language therapy or other rehabilitative or intervention services.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

Internet Health Care Resources for ENT-VSL

ENT-VSL–23: (Developmental) Increase the proportion of persons with hearing loss and other sensory or communication disorders who have used Internet resources for health care information, guidance, or advice in the past 12 months.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

Heart Disease and Stroke

Number	Objective Short Title
HDS–1	Cardiovascular health
HDS–2	Coronary heart disease deaths
HDS–3	Stroke deaths
HDS–4	Blood pressure screening
HDS–5	Hypertension
HDS–6	Blood cholesterol screening
HDS–7	High total blood cholesterol levels
HDS–8	Mean total blood cholesterol levels
HDS–9	Prehypertension lifestyle guidelines
HDS–10	Hypertension lifestyle guidelines
HDS–11	Hypertension medication compliance
HDS–12	High blood pressure control
HDS–13	Advice on elevated LDL cholesterol treatment
HDS–14	Compliance with elevated LDL cholesterol treatment
HDS-15	Aspirin use for primary cardiovascular disease prevention
HDS–16	Awareness of and response to early warning symptoms of heart attack
HDS–17	Awareness of and response to early warning symptoms of stroke
HDS–18	Bystander and emergency medical services response to cardiac arrest
HDS–19	Timely artery-opening therapy
HDS–20	Adults with heart disease or stroke who meet recommended low-density lipoprotein cholesterol levels
HDS-21	Aspirin or antiplatelet therapy for secondary cardiovascular disease prevention
HDS-22	Referral to cardiac rehabilitation program at discharge
HDS-23	Referral to stroke rehabilitation program at discharge
HDS–24	Heart failure hospitalizations

Topic Area: Heart Disease and Stroke

HDS–1: (Developmental) Increase overall cardiovascular health in the U.S. population.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–2: Reduce coronary heart disease deaths.

Target: 100.8 deaths per 100,000 population.

Baseline: 126.0 coronary heart disease deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection (20 percent improvement).

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

HDS–3: Reduce stroke deaths.

Target: 33.8 deaths per 100,000 population.

Baseline: 42.2 stroke deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection (20 percent improvement).

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

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.

Target: 92.6 percent.

Baseline: 90.6 percent of adults aged 18 years and older had their blood pressure measured within the preceding 2 years and could state whether it was normal or high in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 2 percentage point improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–5: Reduce the proportion of persons in the population with hypertension.

HDS–5.1 Reduce the proportion of adults with hypertension.

Target: 26.9 percent.

Baseline: 29.9 percent of adults aged 18 years and older had high blood pressure/hypertension in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–5.2 Reduce the proportion of children and adolescents with hypertension.

Target: 3.2 percent.

Baseline: 3.5 percent of children and adolescents aged 8 to 17 years had high blood pressure/ hypertension in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–6: Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

Target: 82.1 percent.

Baseline: 74.6 percent of adults aged 18 years and older had their blood cholesterol checked within the preceding 5 years in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–7: Reduce the proportion of adults with high total blood cholesterol levels.

Target: 13.5 percent.

Baseline: 15.0 percent of adults aged 20 years and older had total blood cholesterol levels of 240 mg/dL or greater in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–8: Reduce the mean total blood cholesterol levels among adults.

Target: 177.9 mg/dl (mean).

Baseline: 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).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–9: (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines.

HDS–9.1 (Developmental) Body mass index (BMI).

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–9.2 (Developmental) Saturated fat consumption.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–9.3 (Developmental) Sodium intake.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–9.4 (Developmental) Physical activity.

standard population).

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–9.5 (Developmental) Moderate alcohol consumption.

2000 standard population).

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–10: (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines.

HDS–10.1 (Developmental) BMI.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–10.2 (Developmental) Saturated fat consumption.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–10.3 (Developmental) Sodium intake.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–10.4 (Developmental) Physical activity.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–10.5 (Developmental) Moderate alcohol consumption.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–11: Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure.

Target: 77.4 percent.

Baseline: 70.4 percent of adults aged 18 years and older 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).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–12: Increase the proportion of adults with hypertension whose blood pressure is under control.

Target: 61.2 percent.

Baseline: 43.7 percent 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).

Target setting method: Projection (40 percent improvement).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

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.

HDS–13.1 (Developmental) Cholesterol lowering diet.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–13.2 (Developmental) Physical activity.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–13.3 (Developmental) Weight control.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–13.4 (Developmental) Prescribed drug therapy.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

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.

HDS–14.1 (Developmental) Cholesterol-lowering diet.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–14.2 (Developmental) Physical activity.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–14.3 (Developmental) Weight control.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–14.4 (Developmental) Prescribed drug therapy.

Potential data source**:** National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–15: (Developmental) Increase aspirin use as recommended among adults with no history of cardiovascular disease.

HDS– 15.1 (Developmental) Women aged 55 to 79 years.

Potential data source: National Ambulatory Medical Care Survey (NAMCS)/National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

HDS– 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.

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.

HDS–16.1 Increase the proportion of adults aged 20 years and older who are 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.

Target: 43.1 percent.

Baseline: 39.2 percent 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).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–16.2 Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack.

Target: 46.2 percent.

Baseline: 42.0 percent of adults aged 20 years and older were aware of the early warning symptoms and signs of a heart attack in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–16.3 Increase the proportion of adults aged 20 years and older who are aware of the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number.

Target: 94.9 percent.

Baseline: 92.9 percent of adults aged 20 years and older were aware of 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).

Target setting method: 2 percentage point improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–17: (Developmental) Increase the proportion of adults aged 20 years and older who are aware of and respond to early warning symptoms and signs of a stroke.

HDS– 17.1 (Developmental) Increase the proportion of adults who are aware of the early warning symptoms and signs of a stroke and the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–17.2 (Developmental) Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a stroke.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–17.3 (Developmental) Increase the proportion of adults aged 20 years and older who are aware of the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

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).

HDS–19: Increase the proportion of eligible patients with heart attacks or strokes who receive timely artery-opening therapy as specified by current guidelines.

HDS–19.1 Fibrinolytic therapy within 30 minutes of hospital arrival for patients with heart attacks.

Target: 75.1 percent.

Baseline: 68.3 percent of eligible heart attack patients received fibrinolytics within 30 minutes of hospital arrival in 2009.

Target setting method: 10 percent improvement.

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.

HDS–19.2 Percutaneous intervention (PCI) within 90 minutes of hospital arrival for patients with heart attacks.

Target: 97.5 percent.

Baseline: 88.6 percent of eligible heart attack patients received percutaneous intervention within 90 minutes of hospital arrival in 2009.

Target setting method: 10 percent improvement.

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.

HDS–19.3 (Developmental) Acute reperfusion therapy within 3 hours from symptom onset for patients with strokes.

Potential data sources: Get with The Guidelines—Stroke Module (GWTG–Stroke), American Heart Association/American Stroke Association.

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.

HDS– 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.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS– 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.

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.

Potential data source: National Ambulatory Medical Care Survey (NAMCS)/National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

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.

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.

HDS–24: Reduce hospitalizations of older adults with heart failure as the principal diagnosis.

HDS–24.1 Adults aged 65 to 74 years.

Target: 8.8 hospitalizations per 1,000 population.

Baseline: 9.8 hospitalizations for heart failure per 1,000 population aged 65 to 74 years occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Chronic Conditions Warehouse (CCW), CMS.

HDS–24.2 Adults aged 75 to 84 years.

Target: 20.2 hospitalizations per 1,000 population.

Baseline: 22.4 hospitalizations for heart failure per 1,000 population aged 75 to 84 years occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Chronic Conditions Warehouse (CCW), CMS.

HDS–24.3 Adults aged 85 years and older.

Target: 38.6 hospitalizations per 1,000 population.

Baseline: 42.9 hospitalizations for heart failure per 1,000 population aged 85 years and older occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Chronic Conditions Warehouse (CCW), CMS.

HIV

Number	Objective Short Title
Diagnosis of HIV Infection and AIDS	
HIV–1	HIV diagnoses
HIV–2	New HIV infection
HIV–3	HIV transmission rate
HIV–4	AIDS
HIV–5	AIDS among heterosexuals
HIV–6	AIDS among men who have sex with men
HIV–7	AIDS among injection drug users
HIV–8	Perinatally acquired HIV and AIDS
Death, Survival and Medical Healthcare After Diagnosis of HIV Infection and AIDS	
HIV–9	Early HIV diagnosis
HIV–10	HIV care and treatment
HIV–11	Survival after AIDS diagnosis
HIV–12	HIV deaths
HIV Testing	
HIV–13	Awareness of HIV serostatus
HIV–14	HIV testing
HIV–15	HIV testing in TB patients
HIV Prevention	
HIV–16	HIV/AIDS education in substance abuse treatment programs
HIV–17	Condom use
HIV–18	(Developmental) Unprotected sex among men who have sex with men

Topic Area: HIV

HIV–1: (Developmental) Reduce the number of new HIV diagnoses among adolescents and adults.

Potential data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–2: (Developmental) Reduce new (incident) HIV infections among adolescents and adults.

Potential data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–3: Reduce the rate of HIV transmission among adolescents and adults.

Target: 3.5 new infections per 100 persons living with HIV.

Baseline: The HIV transmission rate was 5.0 new infections per 100 persons living with HIV in 2006.

Target setting method: Consistent with the National HIV/AIDS Strategy.

Data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–4: Reduce the number of new AIDS cases among adolescents and adults.

Target: 13.0 new cases per 100,000 population.

Baseline: 14.4 new cases of AIDS per 100,000 population aged 13 years and older were diagnosed in 2007.

Target setting method: 10 percent improvement.

Data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–5: Reduce the number of new AIDS cases among adolescent and adult heterosexuals.

Target: 10,000 new cases.

Baseline: 11,110 new cases of AIDS were diagnosed among persons 13 years and older who reported specific heterosexual contact with a person known to have, or be at high risk for, HIV infection in 2007.

Target setting method: 10 percent improvement.

Data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–6: Reduce the number of new AIDS cases among adolescent and adult men who have sex with men.

Target: 15,074 new cases.

Baseline: 16,749 new AIDS cases were diagnosed among males aged 13 years and older who reported sexual contact with other men or with both men and women in 2007.

Target setting method: 10 percent improvement.

Data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–7: Reduce the number of new AIDS cases among adolescents and adults who inject drugs.

Target: 5,409 new cases.

Baseline: 6,010 new AIDS cases were diagnosed among injection drug users 13 years and older in 2007.

Target setting method: 10 percent improvement.

Data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–8: Reduce the number of perinatally acquired HIV and AIDS cases.

HIV–8.1 (Developmental) Number of newly diagnosed perinatally acquired HIV cases.

Potential data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–8.2 Number of new cases of perinatally acquired AIDS.

Target: 25 cases.

Baseline: 28 perinatally acquired AIDS cases were diagnosed in 2007.

Target setting method: 10 percent improvement.

Data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–9: (Developmental) Increase the proportion of new HIV infections diagnosed before progression to AIDS.

Potential data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–10: (Developmental) Increase the proportion of HIV-infected adolescents and adults who receive HIV care and treatment consistent with current standards.

Potential data source: Medical Monitoring Project (MMP), CDC, NCHHSTP.

HIV–11 Increase the proportion of persons surviving more than 3 years after a diagnosis with AIDS.

Target: 90.2 percent.

Baseline: 82.0 percent of persons diagnosed with AIDS survived more than 3 years after diagnosis in 2002.

Target setting method: 10 percent improvement.

Data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–12: Reduce deaths from HIV infection.

Target: 3.3 deaths per 100,000 population.

Baseline: 3.7 deaths due to HIV infection per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System, CDC, NCHS.

HIV–13: Increase the proportion of persons living with HIV who know their serostatus.

Target: 90.0 percent.

Baseline: 79.0 percent of persons aged 13 years and older living with HIV were aware of their HIV infection in 2006.

Target setting method: Consistent with the National HIV/AIDS Strategy.

Data source: HIV Surveillance System, CDC, NCHHSTP.

HIV–14: Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.

HIV–14.1 Adolescents and adults.

Target: 16.9 percent.

Baseline: 15.4 percent of persons 15 to 44 years of age reported that they had an HIV test in the past 12 months, outside of blood donation in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–14.2 (Developmental) Men who have sex with men (MSM).

Potential data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–14.3 Pregnant women.

Target: 74.1 percent.

Baseline: 67.4 percent of women 15 to 44 years of age who completed a pregnancy in the past 12 months reported that they had an HIV test as part of prenatal care in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–14.4 Adolescents and young adults.

Target: 17.2 percent.

Baseline: 15.6 percent of persons 15 to 24 years of age reported that they had an HIV test in the past 12 months, outside of blood donation in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–15: Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV.

Target: 71.5 percent.

Baseline: 65.0 percent of persons aged 25 to 44 years with TB were tested for HIV in 2005.

Target setting method: 10 percent improvement.

Data source: National TB Surveillance System, CDC, NCHHSTP.

HIV–16: Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling, and support.

Target: 59.8 percent.

Baseline: 54.4 percent of publicly and privately funded treatment facilities known to SAMHSA reported that they offer HIV testing, HIV/AIDS education, counseling, and support, or have special substance abuse treatment programs for persons living with HIV/AIDS in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey of Substance Abuse Treatment Services (N–SSATS), SAMHSA.

HIV–17: Increase the proportion of sexually active persons who use condoms.

HIV–17.1 Unmarried females aged 15 to 44 years.

Target: 38.0 percent.

Baseline: 34.5 percent of sexually active, unmarried females aged 15 to 44 years reported using a condom at last sexual intercourse in 2006–2008.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–17.2 Unmarried males aged 15 to 44 years.

Target: 60.7 percent.

Baseline: 55.2 percent of sexually active, unmarried males aged 15 to 44 years reported using a condom at last sexual intercourse in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–18: (Developmental) Decrease the proportion of men who have sex with men who reported unprotected anal sex in the past 12 months.

Potential data source: National HIV Behavioral Surveillance System, CDC, NCHHSTP.

Immunization and Infectious Diseases

Number	Objective Short Title
IID–1	Vaccine-preventable diseases
IID–2	Group B streptococcal disease among newborns
IID–3	Meningococcal disease
IID–4	Invasive pneumococcal infections
IID–5	Antibiotics misuse for ear infections
IID–6	Antibiotics misuse for common cold
IID–7	Vaccination coverage among young children
IID–8	Complete vaccination coverage among young children
IID–9	Zero doses of vaccination
IID–10	Vaccination coverage among kindergartners
IID–11	Vaccination coverage among adolescents
IID–12	Seasonal influenza vaccination coverage
IID–13	Pneumococcal vaccination coverage
IID–14	Shingles vaccination coverage
IID–15	Hepatitis B vaccination coverage among high-risk populations
IID–16	Vaccine safety
IID–17	Provider vaccination coverage assessment
IID–18	Immunization Information Systems (IIS)
IID–19	States collecting kindergarten vaccination records
IID–20	State participation in Immunization Information Systems (IIS)
IID–21	Electronic surveillance of rabies
IID–22	Monitoring of influenza-virus resistance to antiviral agents
IID–23	Hepatitis A
IID–24	Chronic hepatitis B perinatal infections
IID–25	Hepatitis B
IID–26	Hepatitis C
IID–27	Awareness of hepatitis C infection status in minority communities
IID–28	Hepatitis B testing
IID–29	TB
IID–30	Curative therapy for TB
IID–31	Treatment for latent TB
IID–32	Timeliness of TB test confirmation

Topic Area: Immunization and Infectious Diseases

IID–1: Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases.

IID–1.1 Congenital Rubella Syndrome (CRS) (children less than one year of age) (U.S.-acquired cases).

Target: Zero cases.

Baseline: Zero cases of confirmed and probable U.S.-acquired cases of congenital rubella syndrome were reported among children aged 1 year and under in 2008.

Target setting method: Total elimination.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.2 Serotype b cases of *Haemophilus influenzae* (Hib) invasive disease (children aged 5 years and under).

Target: 0.27 cases per 100,000 children under age 5 years.

Baseline: 0.3 confirmed and probable cases of *Haemophilus influenzae* invasive disease were reported per 100,000 children under age 5 years in 2008.

Target setting method: 10 percent improvement.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC, Active Bacterial Core Surveillance (ABCs), CDC, NCIRD.

IID–1.3 New hepatitis B cases (persons aged 2 to 18 years).

Target: Zero cases.

Baseline: 0.06 cases of new symptomatic hepatitis B per 100,000 population aged 2 to 18 years were reported in 2007.

Target setting method: Total elimination.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC,.

IID–1.4 Measles (U.S.-acquired cases).

Target: 30 cases.

Baseline: 115 confirmed U.S.-acquired measles cases were reported in 2008.

Target setting method: Projection.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.5 Mumps (U.S.-acquired cases).

Target: 500 cases.

Baseline: 421 confirmed and probably U.S.-acquired cases of mumps were reported in 2008.

Target setting method: Projection.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.6 Pertussis (children under age 1 year).

Target: 2,500 cases.

Baseline: An annual average of 2,777 confirmed and probable cases of pertussis (including cases identified in outbreak settings) were reported among children under age 1 year during 2004–08.

Target setting method: 10 percent improvement.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.7 Pertussis among adolescents aged 11 to 18 years.

Target: 2,000 cases.

Baseline: An annual average of 3,995 confirmed and probable cases of pertussis (including cases identified in outbreak settings) was reported among adolescents aged 11 to 18 years during 2000–04.

Target setting method: Projection.

Data source: National Notifiable Disease Surveillance System (NNDSS), CDC.

IID–1.8 Acute paralytic poliomyelitis (U.S.-acquired cases).

Target: Zero cases.

Baseline: Zero cases of U.S.-acquired acute paralytic poliomyelitis were reported in 2008.

Target setting method: Total elimination.

Data source: National Notifiable Disease Surveillance System (NNDSS), CDC.

IID–1.9 Rubella (U.S.-acquired cases).

Target: 10 cases.

Baseline: 10 confirmed U.S.-acquired cases of rubella were reported in 2008.

Target setting method: Projection.

Data source: National Notifiable Disease Surveillance System (NNDSS), CDC.

IID–1.10 Varicella (chicken pox) (persons aged 17 years of age or under).

Target: 100,000 persons.

Baseline: 582,535 persons aged 17 years of age and under were reported to have had chicken pox (varicella) in the past year in 2008.

Target setting method: Projection.

Data sources: National Health Interview Survey (NHIS), CDC, NCHS.

IID–2: Reduce early onset group B streptococcal disease.

Target: 0.25 new cases among newborns aged 0 through 6 days per 1,000 live births.

Baseline: 0.28 newly reported cases of laboratory-confirmed early onset group B streptococcal disease were diagnosed among newborns aged 0 to 6 days per 1,000 live births in 2008.

Target setting method: 10 percent improvement.

Data sources: Active Bacterial Core Surveillance (ABCs), CDC, NCIRD.

IID–3: Reduce meningococcal disease.

Target: 0.3 cases per 100,000 population.

Baseline: An annual average of 0.34 cases of new laboratory-confirmed meningococcal disease per 100,000 population were reported in 2004–08.

Target setting method: 10 percent improvement.

Data sources: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–4: Reduce invasive pneumococcal infections.

IID–4.1 New invasive pneumococcal infections among children under age 5 years.

Target: 12 cases per 100,000 children under age 5 years.

Baseline: 20.3 cases of laboratory-confirmed invasive pneumococcal infection were reported per 100,000 children under age 5 years in 2008.

Target setting method: Projection.

Data source: Active Bacterial Core Surveillance (ABCs), NCIRD, Emerging Infections Program Network, CDC.

IID–4.2 New invasive pneumococcal infections among adults aged 65 years and older.

Target: 31 new cases per 100,000 adults aged 65 years and older.

Baseline: 40.4 new cases of laboratory-confirmed invasive pneumococcal infection per 100,000 adults aged 65 years and older were diagnosed in 2008.

Target setting method: Projection.

Data source: Active Bacterial Core Surveillance (ABCs), NCIRD, Emerging Infections Program Network, CDC.

IID–4.3 Invasive penicillin-resistant pneumococcal infections among children under age 5 years.

Target: 3 new cases per 100,000 children under age 5 years.

Baseline: 4.3 new cases of laboratory-confirmed invasive penicillin-resistant pneumococcal infection per 100,000 children under age 5 years were diagnosed in 2008.

Target setting method: Projection.

Data source: Active Bacterial Core surveillance (ABCs), NCIRD, Emerging Infections Program Network, CDC.

IID–4.4 Invasive penicillin-resistant pneumococcal infections among adults aged 65 years and older.

Target: 2 new cases per 100,000 population adults aged 65 years and older.

Baseline: 2.6 new cases of laboratory-confirmed invasive penicillin-resistant pneumococcal infection per 100,000 adults aged 65 years and older were diagnosed in 2008.

Target setting method: Projection.

Data sources: Active Bacterial Core Surveillance (ABCs), CDC, NCIRD, Emerging Infections Program Network, CDC.

IID–5: Reduce the number of courses of antibiotics for ear infections for young children.

Target: 35 courses per 100 children.

Baseline: 47 percent of children under age 5 years who had an ear infection were prescribed antibiotic courses in 2007.

Target setting method: Projection.

Data sources: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

IID–6: Reduce the number of courses of antibiotics prescribed for the sole diagnosis of the common cold.

Target: 864 courses of antibiotics per 100,000 population.

Baseline: An annual average of 1,728 courses of antibiotics per 100,000 persons diagnosed with the common cold was prescribed in 2007.

Target setting method: Projection.

Data sources: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

IID–7: Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

IID–7.1 4 doses diphtheria-tetanus-acellular pertussis (DTaP) vaccine by 19 to 35 months.

Target: 90 percent.

Baseline: 85 percent of children aged 19 to 35 months received 4 or more doses of the combination of diphtheria, tetanus, and acellular pertussis antigens in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.2 3 doses *Haemophilus influenzae* type b (Hib) vaccine by 19 to 35 months.

Target: 90 percent.

Baseline: 57 percent of children aged 19 to 35 months received 3 or more doses of Hib vaccine in the first and second quarter of 2009.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.3 3 doses hepatitis B (hep B) vaccine by age 19 to 35 months.

Target: 90 percent.

Baseline: 94 percent of children aged 19 to 35 months received at least 3 doses of the hepatitis B antigen in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.4 1 dose measles-mumps-rubella (MMR) vaccine by 19 to 35 months.

Target: 90 percent.

Baseline: 92 percent of children aged 19 to 35 months received 1 dose of measles-mumps-rubella (MMR) vaccine in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.5 3 doses polio vaccine by 19 to 35 months.

Target: 90 percent.

Baseline: 94 percent of children aged 19 to 35 months received at least 3 doses of polio vaccine in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

1 IID–7.6 1 dose varicella vaccine by 19 to 35 months.

Target: 90 percent.

Baseline: 91 percent of children aged 19 to 35 months received at least 1 dose of the varicella antigen in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.7 4 doses pneumococcal conjugate vaccine (PCV) by 19 to 35 months.

Target: 90 percent.

Baseline: 80 percent of children aged 19 to 35 months received at least 4 doses of the pneumococcal conjugate vaccine in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.8 2 doses hepatitis A vaccine by 19 to 35 months.

Target: 60 percent.

Baseline: 40 percent of children aged 19 to 35 months received 2 or more doses of hepatitis A vaccine in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.9 A birth dose of hepatitis B vaccine (0 to 3 days between birth date and date of vaccination, reported by annual birth cohort).

Target: 85 percent.

Baseline: 51 percent of the 2005 birth cohort received the first dose of hepatitis B vaccine within 3 days of birth between 2006 and 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.10 2 or more doses rotavirus vaccine by aged 19 to 35 months.

Target: 80 percent.

Baseline: 38 percent of children aged 19 to 35 months received 2 or more doses of rotavirus vaccine in the first and second quarter of 2009.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–8: Increase the proportion of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines.

Target: 80 percent.

Baseline: 68 percent children aged 19 to 35 months received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

IID–9: Proportion of children in the United States who receive zero doses of recommended vaccines by 19 to 35 months.

Target: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Baseline: 0.6 percent of children in the United States received zero doses of recommended vaccines by age 19 to 35 months in 2008.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

Statistics System–Natality (NVSS–N), CDC, NCHS.

IID–10: Maintain vaccination coverage levels for children in kindergarten.

IID–10.1 DTaP vaccine (4 or more doses).

Target: 95 percent.

Baseline: 95 percent of children enrolled in kindergarten received 4 doses of DTaP vaccine in the 2007–08 school year.

Target setting method: Consistency with national programs.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.2 MMR vaccine (2 or more doses).

Target: 95 percent.

Baseline: 95 percent of children enrolled in kindergarten received 2 doses of MMR vaccine in the 2007–08 school year.

Target setting method: Consistency with national programs.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.3 Polio vaccine (3 or more doses).

Target: 95 percent.

Baseline: 96 percent of children enrolled in kindergarten received 3 or more doses of polio vaccine in the 2007–08 school year.

Target setting method: Consistency with national programs.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.4 Hepatitis B vaccine (3 or more doses).

Target: 95 percent.

Baseline: 96 percent of children enrolled in kindergarten received 3 or more doses of hepatitis B vaccine in the 2007–08 school year.

Target setting method: Consistency with national programs.

Data Source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.5 Varicella vaccine (2 or more doses).

Target: 95 percent.

Baseline: 94 percent of children enrollees in kindergarten received 2 or more doses of varicella vaccine in the 2007–08 school year.

Target setting method: Consistency with national programs.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–11: Increase routine vaccination coverage levels for adolescents.

IID–11.1 1 dose of tetanus-diphtheria-acellular pertussis (Tdap) booster vaccine by 13 to 15 years.

Target: 80 percent.

Baseline: 47 percent of adolescents aged 13 to 15 years reported having been vaccinated with 1 or more doses of a tetanus-diphtheria-acellular pertussis (Tdap) booster in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS) Teen, CDC, NCIRD, and NCHS.

IID–11.2 2 doses of varicella vaccine by age 13 to 15 years (excluding children who have had varicella).

Target: 90 percent.

Baseline: 37 percent of adolescents aged 13 to 15 years reported having been vaccinated with at least 2 doses of varicella (excluding adolescents who have had varicella) in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS) Teen, CDC, NCIRD, and NCHS.

IID–11.3 1 dose Meningococcal vaccine (MCV) by age 13 to 15 years.

Target: 80 percent.

Baseline: 44 percent of persons aged 13 to 15 years reported having been vaccinated with 1 or more doses of Meningococcal conjugate vaccine in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS) Teen, CDC, NCIRD, and NCHS.

IID–11.4 3 doses Human papillomavirus vaccine (HPV) for females by age 13 to 15 years.

Target: 80 percent.

Baseline: 17 percent of females aged 13 to 15 years reported having been vaccinated with 3 or more doses of the human papillomavirus (HPV) vaccine in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS) Teen, CDC, NCIRD, and NCHS.

IID–12: Increase the proportion of children and adults who are vaccinated annually against seasonal influenza.

IID–12.1 Children aged 6 to 23 months (1 or 2 doses, depending on age-appropriateness and previous doses received).

Target: 80 percent.

Baseline: 23 percent of children aged 6 to 23 months received 1 or 2 doses in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

IID–12.2 Children aged 2 to 4 years.

Target: 80 percent.

Baseline: 40 percent of children aged 2 to 4 years were vaccinated against seasonal influenza in 2008.

Target setting method: Consistency with national programs.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–12.3 Children aged 5 to 12 years.

Target: 80 percent.

Baseline: 26 percent of children aged 5 to 12 years were vaccinated against seasonal influenza in 2008.

Target setting method: Consistency with national programs.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–12.4 Children aged 13 to 17 years.

Target: 80 percent.

Baseline: 10 percent of children aged 13 to 17 years were vaccinated against seasonal influenza in 2008.

Target setting method: Consistency with national programs.

Data source: National Immunization Survey (NIS)- Teen.

IID–12.5 Noninstitutionalized adults aged 18 to 64 years.

Target: 80 percent.

Baseline: 25 percent of noninstitutionalized adults aged 18 to 64 years were vaccinated against seasonal influenza in 2008.

Target setting method: Consistency with national programs.

Data source: National Health Interview survey (NHIS), CDC, NCHS.

IID–12.6 Noninstitutionalized high-risk adults aged 18 to 64 years.

Target: 90 percent.

Baseline: 39 percent of noninstitutionalized high-risk adults aged 18 to 64 years were vaccinated against seasonal influenza in 2008.

Target setting method: Retention of Healthy People 2010 target.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–12.7 Noninstitutionalized adults aged 65 years and older.

Target: 90 percent.

Baseline: 67 percent of noninstitutionalized high-risk adults aged 65 years and older were vaccinated against seasonal influenza in 2008.

Target setting method: Retention of Healthy People 2010 target.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–12.8 Institutionalized adults aged 18 years and older in long-term or nursing homes.

Target: 90 percent.

Baseline: 62 percent of institutionalized adults 18 years and older in long-term or nursing homes were vaccinated against seasonal influenza in 2006.

Target setting method: Retention of Healthy People 2010 target.

Data source: Minimum Data Set (MDS), CMS.

IID–12.9 Health care personnel.

Target: 90 percent.

Baseline: 45 percent of health care personnel were vaccinated against seasonal influenza in 2008.

Target setting method: Consistency with national programs.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–12.10 Pregnant women.

Target: 80 percent.

Baseline: 28 percent of pregnant women were vaccinated against seasonal influenza in 2008.

Target setting method: Consistency with national programs.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–13: Increase the percentage of adults who are vaccinated against pneumococcal disease.

IID–13.1 Noninstitutionalized adults aged 65 years and older.

Target: 90 percent.

Baseline: 60 percent of persons aged 65 years and older reported ever receiving a pneumococcal vaccination in 2008.

Target setting method: Consistency with national programs.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–13.2 Noninstitutionalized high-risk adults aged 18 to 64 years.

Target: 60 percent.

Baseline: 17 percent of high-risk persons aged 18 to 64 years reported ever receiving a pneumococcal vaccination in 2008.

Target setting method: Consistency with national programs.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–13.3 Institutionalized adults (persons aged 18 years and older in long-term or nursing homes).

Target: 90 percent.

Baseline: 66 percent of persons in long-term care facilities and nursing homes certified by the Centers for Medicare and Medicaid Services (CMS) reported having up-to-date pneumococcal vaccinations in 2006.

Target setting method: Consistency with national programs.

Data source: Minimum Data Set (MDS), CMS.

IID–14: Increase the percentage of adults who are vaccinated against zoster (shingles).

Target: 30 percent.

Baseline: 7 percent of adults aged 60 years and older reported having ever received zoster (shingles) vaccine in 2008.

Target setting method: Consistency with national programs.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–15: Increase hepatitis B vaccine coverage among high-risk populations.

IID–15.1 (Developmental) Long-term hemodialysis patients.

Potential data source: Healthcare Quality Survey, DHQP, CDC.

IID–15.2 (Developmental) Men who have sex with men.

Potential data source: National Notifiable Disease Surveillance System (NNDSS) CDC.

IID–15.3 Health care personnel.

Target: 90 percent.

Baseline: 64 percent of health care workers reported they had had at least 3 doses of hepatitis B vaccine in 2008.

Target setting method: Consistency with national programs.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–15.4 (Developmental) Injection drug users.

Potential data sources: National HIV Behavioral Surveillance System (NHBS) CDC.

IID–16: (Developmental) Increase the scientific knowledge on vaccine safety and adverse events.

Potential data sources: FDA Sentinel Initiative, Vaccine Adverse Event Reporting System (VAERS), Vaccine Safety Datalink Project (VSD), and the Vaccine Analytic Unit (VAU), DHQP, CDC.

IID–17: Increase the proportion of providers who have had vaccination coverage levels among children in their practice population measured within the past year.

IID–17.1 Public health providers.

Target: 50 percent.

Baseline: 40 percent of public provider sites that routinely provided immunizations to children aged 6 years and under participated in a provider assessment at least once in the past year in 2009.

Target setting method: .Consistency with national programs.

Data source: Annual Immunization Assessment Reports, CDC, NCIRD.

IID–17.2 Private providers.

Target: 50 percent.

Baseline: 33 percent of private provider sites that routinely provided immunizations to children aged 6 years and under participated in a provider assessment at least once in the past year in 2009.

Target setting method: Consistency with national programs.

Data source: Annual Immunization Assessment Reports, CDC, NCIRD.

IID–18: Increase the proportion of children under age 6 years of age whose immunization records are in fully operational, population-based immunization information systems.

Target: 95 percent.

Baseline: 75 percent of children under 6 years of age had two or more immunizations recorded in the immunization information system in 2008.

Target setting method: Projection.

Data source: Immunization Program Annual Reports, CDC, NCIRD.

IID–19: Increase the number of States collecting kindergarten vaccination coverage data according to CDC minimum standards.

Target: 51 (States and the District of Columbia).

Baseline: 13 States (including the District of Columbia) collected kindergarten vaccination coverage data according to CDC minimum standards in 2009.

Target setting method: Consistency with national programs/regulations/policies/laws.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–20: Increase the number of States that have 80 percent of adolescents with two or more age-appropriate immunizations recorded in immunization information systems (adolescents aged 11 to 18 years).

Target: 40 (States and the District of Columbia).

Baseline: 14 States (including the District of Columbia) recorded 80 percent of adolescents with two or more age-appropriate immunizations in immunization information systems in 2009.

Target setting method: Consistency with national programs/regulations/polices/laws.

Data source: Immunization Program Annual Reports, CDC, NCIRD.

IID–21: Increase the number of States that use electronic data from rabies animal surveillance to inform public health prevention programs.

Target: 49 States (excluding Hawaii), the District of Columbia, Puerto Rico, and New York City.

Baseline: 8 States used electronic data from rabies animal surveillance to inform public health prevention programs in 2010.

Target setting method: Projection.

Data source: Rabies Surveillance Network (RSN), CDC, NCEZID.

IID–22: Increase the number of public health laboratories monitoring influenza-virus resistance to antiviral agents.

Target: 25 public health laboratories.

Baseline: 3 public health laboratories monitored influenza virus resistance to antiviral agents in 2009.

Target setting method: Consistency with national programs/regulations/laws.

Data source: State Laboratory Reports, Influenza Division, National Center for Immunization and Respiratory Diseases, CDC.

IID–23: Reduce hepatitis A.

Target: 0.3 cases per 100,000 population.

Baseline: 1.0 cases of hepatitis A virus per 100,000 population were reported in 2007.

Target setting method: Projection.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–24: Reduce chronic hepatitis B virus infections in infants and young children (perinatal infections).

Target: 400 cases.

Baseline: 799 cases of chronic hepatitis B virus (HBV) infection are estimated among infants and children aged 1 to 24 months who were born to mothers with HBV infections in 2007.

Target setting method: Consistency with national programs.

Data sources: Perinatal Hepatitis B Prevention Program, CDC, NCHHSTP; National Vital Statistics System-Natality (NVSS-N), CDC, NCHS.

IID–25: Reduce hepatitis B.

IID–25.1 Reduce new hepatitis B infections in adults aged 19 and older.

Target: 1.5 cases per 100,000.

Baseline: 2.0 symptomatic cases of hepatitis B per 100,000 persons aged 19 years and older were reported in 2007.

Target setting method: Consistency with national programs/regulations/policies/laws.

Data sources: National Notifiable Diseases Surveillance System (NNDSS).

IID–25.2 Reduce new hepatitis B infections among high-risk populations—Injection drug users.

Target: 215 cases.

Baseline: 285 symptomatic cases of hepatitis B were reported among injection drug users in 2007.

Target setting method: Consistency with national programs/regulations/policies/laws.

Data sources: National Notifiable Diseases Surveillance System (NNDSS); Viral Hepatitis Active Surveillance Sites.

IID–25.3 Reduce new hepatitis B infections among high-risk populations—Men who have sex with men.

Target: 45 new infections.

Baseline: 62 new hepatitis B infections were reported among men who indicated homosexual or bisexual preference in 2007.

Target setting method: Consistency with national programs/regulations/policies/laws.

Data sources: National Notifiable Diseases Surveillance System (NNDSS).

IID–26: Reduce new hepatitis C infections.

Target: 0.2 new cases per 100,000.

Baseline: 0.3 new symptomatic hepatitis C cases per 100,000 population were reported in the past 12 months in 2007.

Target setting method: Consistency with national programs.

Data sources: National Notifiable Disease Surveillance System (NNDSS), CDC, Funded Viral Hepatitis Surveillance Sites.

IID–27: Increase the proportion of persons aware they have a hepatitis C infection.

Target: 60 percent.

Baseline: 49 percent of NHANES survey respondents, who tested positive for chronic hepatitis C and reported that they were aware of their hepatitis C infection status prior to the laboratory confirmation in 2002–07.

Target setting method: Projection.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

IID–28: (Developmental) Increase the proportion of persons who have been tested for hepatitis B virus within minority communities experiencing health disparities.

Potential data source: Racial and Ethnic Approaches to Community Health (REACH) U.S. Risk Factor Survey.

IID–29: Reduce tuberculosis (TB).

Target: 1.0 new case per 100,000 population.

Baseline: 4.9 confirmed new cases of tuberculosis per 100,000 population were reported to CDC by local health departments in all 50 States and the District of Columbia in 2005.

Target setting method: Consistency with national programs.

Data source: National Tuberculosis Indicators Project (NTIP), NCHHSTP, CDC.

IID–30: Increase treatment completion rate of all tuberculosis patients who are eligible to complete therapy.

Target: 93 percent.

Baseline: 83.8 percent of persons with confirmed tuberculosis completed curative therapy in 2006.

Target setting method: Consistency with national programs.

Data source: National TB Surveillance System and national Tuberculosis Indicators Project (NTIP), CDC, NCHHSTP.

IID–31: Increase the treatment completion rate of contacts to sputum smear-positive cases who are diagnosed with latent tuberculosis infection and started LTBI treatment.

Target: 79.0 percent.

Baseline: 68.1 percent of contact to sputum smear-positive patients who are diagnosed with latent tuberculosis infection completed a course of treatment in 2007.

Target setting method: Consistency with national programs.

Data source: Aggregate Reports for Tuberculosis Program Evaluation and National Tuberculosis Indicators Project (NTIP), CDC, NCHHSTP.

IID–32: Reduce the average time for a laboratory to confirm and report tuberculosis cases.

Target: 75 percent.

Baseline: 32 percent of patients with a positive nucleic acid amplification test (NAAT) had their test results confirmed within 2 days of specimen collection in 2008.

Target setting method: Consistency with national programs.

Data source: CDC Electronic Report of Verified Case of Tuberculosis, NCHHSTP, CDC.

Injury and Violence Prevention

Number	Objective Short Title
Injury Prevention	
IVP–1	Total injury
IVP–2	Traumatic brain injury
IVP–3	Traumatic spinal cord injury
IVP–4	Child fatality review of child deaths due to external causes
IVP–5	Child fatality review of sudden and unexpected infant deaths
IVP–6	Emergency department routine E-code collection
IVP–7	Hospital discharge routine E-code collection
IVP–8	Trauma care access
IVP–9	Poisoning deaths
IVP–10	Nonfatal poisonings
IVP–11	Unintentional injury deaths
IVP–12	Nonfatal unintentional injuries
IVP–13	Deaths from motor vehicle crashes
IVP–14	Nonfatal injuries from motor vehicle crashes
IVP–15	Safety belt use
IVP–16	Age-appropriate child restraint use
IVP–17	Graduated driver licensing laws
IVP–18	Pedestrian deaths
IVP–19	Nonfatal pedestrian injuries
IVP–20	Pedalcyclist deaths
IVP–21	Bicycle helmet laws
IVP–22	Motorcycle helmet use

IVP–23 Deaths from falls

IVP–24 Unintentional suffocation deaths

IVP–25 Drownings

IVP–26 Sports and recreation injuries

IVP–27 Protective gear in school physical activities

IVP–28 Residential fire deaths

Violence Prevention

IVP–29 Homicides

IVP–30 Firearm-related deaths

IVP–31 Nonfatal firearm-related injuries

IVP–32 Nonfatal physical assault injuries

IVP–33 Physical assaults

IVP–34 Physical fighting among adolescents

IVP–35 Bullying among adolescents

IVP–36 Weapon carrying by adolescents on school property

IVP–37 Child maltreatment deaths

IVP–38 Nonfatal child maltreatment

IVP–39 Intimate partner violence

IVP–40 Sexual violence

IVP–41 Nonfatal intentional self-harm injuries

IVP–42 Children's exposure to violence

IVP–43 Violent death surveillance system

Topic Area: Injury and Violence Prevention

Injury Prevention

IVP–1: Reduce fatal and nonfatal injuries.

IVP–1.1.Reduce fatal injuries.

Target: 53.3 deaths per 100,000 population.

Baseline: 59.2 deaths per 100,000 population were caused by injuries in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–1.2 Reduce hospitalization for nonfatal injuries.

Target: 555.8 hospitalizations per 100,000 population.

Baseline: 617.6 hospitalizations for nonfatal injuries per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

IVP–1.3 Reduce emergency department visits for nonfatal injuries.

Target: 7,533.4 emergency department visits per 100,000 population.

Baseline: 8,370.4 emergency department for nonfatal injuries per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data sources: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

IVP–2: Reduce fatal and nonfatal traumatic brain injuries.

IVP–2.1 Reduce fatal traumatic brain injuries.

Target: 15.6 deaths per 100,000 population.

Baseline: 17.3 deaths per 100,000 population were caused by traumatic brain injuries in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS-M), CDC, NCHS.

IVP–2.2 Reduce hospitalization for nonfatal traumatic brain injuries.

Target: 77.0 hospitalizations per 100,000 population.

Baseline: 85.6 hospitalizations for nonfatal traumatic brain injuries per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

IVP–2.3 Reduce emergency department visits for nonfatal traumatic brain injuries.

Target: 366.5 emergency department visits per 100,000 population.

Baseline: 407.2 emergency department visits for nonfatal traumatic brain injuries per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data sources: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

IVP–3: Reduce fatal and nonfatal spinal cord injuries.

IVP–3.1 Reduce fatal spinal cord injuries.

Target: 0.48 deaths per 100,000 population.

Baseline: 0.53 deaths per 100,000 population were caused by spinal cord injuries in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–3.2 Reduce hospitalization for nonfatal traumatic spinal cord injuries.

Target: 3.2 hospitalizations per 100,000 population.

Baseline: 3.6 hospitalizations for nonfatal spinal cord injuries per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

IVP–4: (Developmental) Increase the number of States and the District of Columbia where 90 percent of deaths among children aged 17 years and under that are due to external causes are reviewed by a child fatality review team.

Potential data sources: National Center for Child Death Review; National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–5: (Developmental) Increase the number of States and the District of Columbia where 90 percent of sudden and unexpected deaths to infants are reviewed by a child fatality review team.

Potential data sources: National Center for Child Death Review; National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–6: Increase the proportion of States and the District of Columbia with statewide emergency department data systems that routinely collect external-cause-of injury codes for 90 percent or more of injury-related visits.

Target: 85.0 percent.

Baseline: 75.0 percent of States had statewide emergency department data systems that routinely collected external-cause-of injury codes for 90 percent or more of injury-related visits (21 of 28 participating States in HCUP SEDD) in 2008.

Target setting method: Threshold analysis.

Data source: Healthcare Cost and Utilization Project State Emergency Department Databases (HCUP SEDD).

IVP–7: Increase the proportion of States and the District of Columbia with statewide hospital discharge data systems that routinely collect external-cause-of injury codes for 90 percent or more of injury-related discharges.

Target: 85.0 percent.

Baseline: 66.7 percent of States had statewide hospital discharge data systems that routinely collect external-cause-of injury codes for 90 percent or more of injury-related discharges (28 of 42 participating States in HCUP SID) in 2008.

Target setting method: Threshold analysis.

Data source: Healthcare Cost and Utilization Project State Inpatient Databases (HCUP SIDS).

IVP–8: Increase access to trauma care in the United States.

IVP–8.1 Proportion of the population residing within the continental United States with access to trauma care.

Target: 91.4 percent.

Baseline: 83.1 percent of the population residing within the continental United States had access to trauma care in 2009.

Target setting method: 10 percent improvement.

Data sources: Trauma Information Exchange Program, American Trauma Society.

IVP–8.2 Proportion of the land mass of the continental United States with access to trauma care.

Target: 31.6 percent.

Baseline: 28.7 percent of the land mass of the continental United States had access to trauma care in 2009.

Target setting method: 10 percent improvement.

Data sources: Trauma Information Exchange Program, American Trauma Society.

IVP–9: Prevent an increase in the rate of poisoning deaths.

IVP–9.1 All persons.

Target: 13.1 deaths per 100,000 population.

Baseline: 13.1 deaths per 100,000 population were caused by poisonings in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Maintain the baseline rate.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–9.2 Persons aged 35 to 54 years.

Target: 25.5 deaths per 100,000 population.

Baseline: 25.5 deaths per 100,000 population aged 35 to 54 years were caused by poisonings in 2007.

Target setting method: Maintain the baseline rate.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–9.3 Unintentional or undetermined intent among all persons.

Target: 11.1 deaths per 100,000 population.

Baseline: 11.1 deaths per 100,000 population were caused by unintentional and undetermined poisonings in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Maintain the baseline rate.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–9.4 Unintentional or undetermined intent among persons aged 35 to 54 years.

Target: 21.6 deaths per 100,000 population.

Baseline: 21.6 deaths per 100,000 population aged 35 to 54 years were caused by unintentional and undetermined poisonings in 2007.

Target setting method: Maintain the baseline rate.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–10: Prevent an increase in the rate of nonfatal poisonings.

Target: 304.4 nonfatal poisonings per 100,000 population.

Baseline: 304.4 nonfatal poisonings per 100,000 population occurred in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Maintain the baseline rate.

Data source: National Electronic Injury Surveillance System–All Injury Program (NEISS–AIP), CDC, NCIPC, US Consumer Product Safety Commission (CPSC).

IVP–11: Reduce unintentional injury deaths.

Target: 36.0 deaths per 100,000 population.

Baseline: 40.0 deaths per 100,000 population were caused by unintentional injuries in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS-M), CDC, NCHS.

IVP–12: Reduce nonfatal unintentional injuries.

Target: 8,297.4 injuries per 100,000 population.

Baseline: 9,219.3 emergency department visits for nonfatal unintentional injuries per 100,000 population occurred in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Electronic Injury Surveillance System–All Injury Program (NEISS–AIP), CDC, NCIPC, US Consumer Product Safety Commission (CPSC).

IVP–13: Reduce motor vehicle crash-related deaths.

IVP–13.1 Deaths per 100,000 population.

Target: 12.4 deaths per 100,000 population.

Baseline: 13.8 deaths per 100,000 population were caused by motor vehicle crashes in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–13.2 Deaths per 100 million vehicle miles traveled.

Target: 1.2 deaths per 100 million vehicle miles traveled.

Baseline: 1.3 motor vehicle crash-related deaths per 100 million vehicle miles traveled occurred in 2008.

Target setting method: 10 percent improvement.

Data source: Fatality Analysis Reporting System (FARS), DOT, NHTSA.

IVP–14: Reduce nonfatal motor vehicle crash-related injuries.

Target: 694.4 nonfatal injuries per 100,000 population.

Baseline: 771.5 nonfatal injuries per 100,000 population were caused by motor vehicle crashes in 2008.

Target setting method: 10 percent improvement.

Data source: General Estimates System (GES), DOT, NHTSA.

IVP–15: Increase use of safety belts.

Target: 92.4 percent.

Baseline: 84.0 percent of motor vehicle drivers and right-front seat passengers used safety belts in 2009.

Target setting method: 10 percent improvement.

Data sources: National Occupant Protection Use Survey (NOPUS), DOT, NHTSA..

IVP–16: Increase age-appropriate vehicle restraint system use in children.

IVP–16.1 Birth to 12 months.

Target: 95 percent.

Baseline: 86 percent of children aged 0 to 12 months were restrained in rear-facing child safety seats in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA.

IVP–16.2 Children aged 1 to 3 years.

Target: 79 percent.

Baseline: 72 percent of children aged 1 to 3 years were restrained in front-facing child safety seats in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA.

IVP–16.3 Children aged 4 to 7 years.

Target: 47 percent.

Baseline: 43 percent of children aged 4 to 7 years were restrained in booster seats in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA.

IVP–16.4 Children aged 8 to 12 years.

Target: 86 percent.

Baseline: 78 percent of children aged 8 to 12 years used safety belts in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA.

IVP–17: Increase the number of States and the District of Columbia with “good” graduated driver licensing (GDL) laws.

Target: 51 States (including the District of Columbia).

Baseline: 35 States (including the District of Columbia) had “good” graduated driver licensing laws in 2009.

Target setting method: Trend analysis and total coverage.

Data source: U.S. Licensing Systems for Young Drivers, Insurance Institute for Highway Safety.

IVP–18: Reduce pedestrian deaths on public roads.

Target: 1.3 deaths per 100,000 population.

Baseline: 1.4 pedestrian deaths per 100,000 population occurred on public roads in 2008.

Target setting method: 10 percent improvement.

Data source: Fatality Analysis Reporting System (FARS), DOT, NHTSA.

IVP–19: Reduce nonfatal pedestrian injuries on public roads.

Target: 20.3 injuries per 100,000 population.

Baseline: 22.6 nonfatal pedestrian injuries per 100,000 population occurred on public roads in 2008.

Target setting method: 10 percent improvement.

Data source: General Estimates System (GES), DOT, NHTSA.

IVP-20: Reduce pedalcyclist deaths on public roads.

Target: 0.22 deaths per 100,000 population.

Baseline: 0.24 pedalcyclist deaths per 100,000 population occurred on public roads in 2008.

Target setting method: 10 percent improvement.

Data source: Fatality Analysis Reporting System (FARS), DOT, NHTSA.

IVP–21: Increase the number of States and the District of Columbia with laws requiring bicycle helmets for bicycle riders.

Target: 27 (including District of Columbia).

Baseline: 19 States (including the District of Columbia) had laws requiring bicycle helmets for bicycle riders under age 15 years in 2009.

Target setting method: Trend analysis.

Data source: Bicycle Helmet Safety Institute.

IVP–22: Increase the proportion of motorcycle operators and passengers using helmets.

Target: 73.7 percent.

Baseline: 67.0 percent of all motorcycle operators and passengers used helmets in 2009.

Target setting method: 10 percent improvement.

Data sources: National Occupant Protection Use Survey (NOPUS), DOT, NHTSA

IVP–23: Prevent an increase in the rate of fall-related deaths.

IVP–23.1 All persons.

Target: 7.0 deaths per 100,000 population.

Baseline: 7.0 deaths per 100,000 population were caused by falls in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Maintain the baseline rate.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–23.2 Adults aged 65 years and older.

Target: 45.3 deaths per 100,000 population.

Baseline: 45.3 deaths per 100,000 population aged 65 years and older were caused by falls in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Maintain the baseline rate.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–24: Reduce unintentional suffocation deaths.

IVP–24.1 All persons.

Target: 1.7 deaths per 100,000 population.

Baseline: 1.9 deaths per 100,000 population were caused by unintentional suffocation in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–24.2 Infants 0 to 12 months.

Target: 20.3 deaths per 100,000 population.

Baseline: 22.5 deaths per 100,000 infants 0 to 12 months were caused by unintentional suffocation in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–24.3 Persons aged 65 years and older.

Target: 7.2 deaths per 100,000 population.

Baseline: 8.0 deaths per 100,000 population aged 65 years and older were caused by unintentional suffocation in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–25: Reduce drowning deaths.

Target: 1.1 drownings per 100,000 population.

Baseline: 1.2 drownings per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–26: Reduce sports and recreation injuries.

Target: 41.0 injuries per 1,000 population.

Baseline: 45.6 medically consulted injuries per 1,000 population resulted from engaging in sports and exercise or leisure activities in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IVP–27: Increase the proportion of public and private schools that require students to wear appropriate protective gear when engaged in school-sponsored physical activities.

IVP–27.1 Physical education.

Target: 84.5 percent.

Baseline: 76.8 percent of public and private schools required students to wear appropriate protective gear when engaged in physical education in 2006.

Target setting method: 10 percent improvement.

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

IVP–27.2 Intramural activities or physical activity clubs.

Target: 94.4 percent.

Baseline: 85.8 percent of public and private schools required students to wear appropriate protective gear when engaged in school-sponsored intramural activities or physical activity clubs in 2006.

Target setting method: 10 percent improvement.

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

IVP–28: Reduce residential fire deaths.

Target: 0.86 deaths per 100,000 population.

Baseline: 0.95 deaths per 100,000 population were caused by residential fires in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

Violence Prevention

IVP–29: Reduce homicides.

Target: 5.5 homicides per 100,000 population.

Baseline: 6.1 homicides per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–30: Reduce firearm-related deaths.

Target: 9.2 deaths per 100,000 population.

Baseline: 10.2 firearm-related deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–31: Reduce nonfatal firearm-related injuries.

Target: 18.6 injuries per 100,000 population.

Baseline: 20.7 nonfatal firearm-related injuries per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Electronic Injury Surveillance System (NEISS), US Consumer Product Safety Commission (CPSC).

IVP–32: Reduce nonfatal physical assault injuries.

Target: 462.7 injuries per 100,000 population.

Baseline: 514.1 emergency department visits for nonfatal physical assault injuries per 100,000 population occurred in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Electronic Injury Surveillance System—All Injury Program (NEISS-AIP), CDC, NCIPC, US Consumer Product Safety Commission (CPSC).

IVP–33: Reduce physical assaults.

Target: 14.7 physical assaults per 1,000 population.

Baseline: 16.3 physical assaults per 1,000 population aged 12 years and older occurred in 2008.

Target setting method: 10 percent improvement.

Data source: National Crime Victimization Survey (NCVS), DOJ, BJS.

IVP–34: Reduce physical fighting among adolescents.

Target: 28.4 percent.

Baseline: 31.5 percent of students in grades 9 through 12 reported that they engaged in physical fighting in the previous 12 months in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

IVP–35: Reduce bullying among adolescents.

Target: 17.9 percent.

Baseline: 19.9 percent of students in grades 9 through 12 reported that they were bullied on school property in the previous 12 months in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

IVP–36: Reduce weapon carrying by adolescents on school property.

Target: 4.6 percent.

Baseline: 5.6 percent of students in grades 9 through 12 reported that they carried weapons on school property during the past 30 days in 2009.

Target setting method: Trend analysis.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

IVP–37: Reduce child maltreatment deaths.

Target: 2.2 deaths per 100,000 children.

Baseline: 2.4 child maltreatment deaths per 100,000 children under age 18 years occurred in 2008.

Target setting method: 10 percent improvement.

Data source: National Child Abuse and Neglect Data System (NCANDS), ACYF, ACF, HHS.

IVP–38: Reduce nonfatal child maltreatment.

Target: 8.5 maltreatment victims per 1,000 children aged 17 years and under.

Baseline: 9.4 victims of nonfatal child maltreatment per 1,000 children under age 18 years were reported in 2008.

Target setting method: 10 percent improvement.

Data source: National Child Abuse and Neglect Data System (NCANDS), ACYF, ACF, HHS.

IVP–39: (Developmental) Reduce violence by current or former intimate partners.

IVP–39.1 (Developmental) Reduce physical violence by current or former intimate partners.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–39.2 (Developmental) Reduce sexual violence by current or former intimate partners.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–39.3 (Developmental) Reduce psychological abuse by current or former intimate partners.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–39.4 (Developmental) Reduce stalking by current or former intimate partners.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–40: (Developmental) Reduce sexual violence.

IVP–40.1 (Developmental) Reduce rape or attempted rape.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–40.2 (Developmental) Reduce abusive sexual contact other than rape or attempted rape.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–40.3 (Developmental) Reduce non-contact sexual abuse.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–41: Reduce nonfatal intentional self-harm injuries.

Target: 112.8 injuries per 100,000 population.

Baseline: 125.3 emergency department visits for nonfatal intentional self-harm injuries per 100,000 population occurred in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Electronic Injury Surveillance System—All Injury Program (NEISS–AIP), CDC, NCIPC, US Consumer Product Safety Commission (CPSC).

IVP-42: Reduce children's exposure to violence.

Target: 54.5 percent.

Baseline: 60.6 percent of children were exposed to any form of violence, crime and abuse measured in 2008.

Target setting method: 10 percent improvement.

Data Source: National Survey of Children's Exposure to Violence (NatSCEV), DOJ, OJJDP.

IVP–43: Increase the number of States and the District of Columbia that link data on violent deaths from death certificates, law enforcement, and coroner and medical examiner reports to inform prevention efforts at the State and local levels.

Target: 51 States (including the District of Columbia).

Baseline: 16 States linked data on violent deaths from death certificates, law enforcement, and coroner and medical examiner reports to inform prevention efforts at the State and local levels in 2009.

Target setting method: Total coverage.

Data source: National Violent Death Reporting System (NVDRS), CDC, NCIPC.

Maternal, Infant, and Child Health

Number	Objective Short Title
Morbidity and Mortality	
MICH–1	Fetal and infant deaths
MICH–2	Deaths among infants with Down syndrome
MICH–3	Child deaths
MICH–4	Adolescent and young adult deaths
MICH–5	Maternal deaths
MICH–6	Maternal illness and complications due to pregnancy
MICH–7	Cesarean births
MICH–8	Low birth weight and very low birth weight
MICH–9	Preterm births
Pregnancy Health and Behaviors	
MICH–10	Prenatal care
MICH–11	Prenatal substance exposure
MICH–12	Childbirth classes
MICH–13	Weight gain during pregnancy
Preconception Health and Behaviors	
MICH–14	Optimum folic acid levels
MICH–15	Low red blood-cell folate concentrations
MICH–16	Preconception care services and behaviors
MICH–17	Impaired fecundity
Postpartum Health and Behavior	
MICH–18	Postpartum relapse of smoking
MICH–19	Postpartum care visit with a health worker

Infant Care

MICH–20 Infants put to sleep on their backs

MICH–21 Breastfeeding

MICH–22 Worksite lactation support programs

MICH–23 Formula supplementation in breastfed newborns

MICH–24 Lactation care in birthing facilities

Disability and Other Impairments

MICH–25 Fetal alcohol syndrome

MICH–26 Disorders diagnosed through newborn bloodspot screening

MICH–27 Birth weight of children with cerebral palsy

MICH–28 Neural tube defects

MICH–29 Children with Autism Spectrum Disorder and developmental delay screening

Health Services

MICH–30 Access to medical home

MICH–31 Care in family-centered, comprehensive, coordinated systems

MICH–32 Newborn bloodspot screening and follow-up testing

MICH–33 Very low birth weight infants born at level III hospitals

Topic Area: Maternal, Infant, and Child Health

Morbidity and Mortality

MICH–1: Reduce the rate of fetal and infant deaths.

MICH–1.1 Fetal deaths at 20 or more weeks of gestation.

Target: 5.6 fetal deaths per 1,000 live births and fetal deaths.

Baseline: 6.2 fetal deaths at 20 or more weeks of gestation per 1,000 live births and fetal deaths occurred in 2005.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.2 Fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth).

Target: 5.9 perinatal deaths per 1,000 live births and fetal deaths.

Baseline: 6.6 fetal and infant deaths per 1,000 live births and fetal deaths occurred during the perinatal period (28 weeks of gestation to 7 days after birth) in 2005.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.3 All infant deaths (within 1 year).

Target: 6.0 infant deaths per 1,000 live births.

Baseline: 6.7 infant deaths per 1,000 live births occurred within the first year of life in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.4 Neonatal deaths (within the first 28 days of life).

Target: 4.1 neonatal deaths per 1,000 live births.

Baseline: 4.5 neonatal deaths per 1,000 live births occurred within the first 28 days of life in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.5 Postneonatal deaths (between 28 days and 1 year).

Target: 2.0 postneonatal deaths per 1,000 live births.

Baseline: 2.2 postneonatal deaths per 1,000 live births occurred between 28 days and 1 year of life in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.6 Infant deaths related to birth defects (all birth defects).

Target: 1.3 infant deaths per 1,000 live births.

Baseline: 1.4 Infant deaths per 1,000 live births were attributed to birth defects (all birth defects) in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.7 Infant deaths related to birth defects (congenital heart defects).

Target: 0.34 infant deaths per 1,000 live births.

Baseline: 0.38 infant deaths per 1,000 live births were attributed to congenital heart and vascular defects in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.8 Infant deaths from sudden infant death syndrome (SIDS).

Target: 0.50 infant deaths per 1,000 live births.

Baseline: 0.55 infant deaths per 1,000 live births were attributed to sudden infant death syndrome in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.9 Infant deaths from sudden unexpected infant deaths (includes SIDS, Unknown Cause, Accidental Suffocation, and Strangulation in Bed).

Target: 0.84 infant deaths per 1,000 live births.

Baseline: 0.93 infant deaths per 1,000 live births were attributed to sudden unexpected/unexplained causes in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–2: Reduce the 1-year mortality rate for infants with Down syndrome.

Target: 43.7 deaths within the first year of life per 1,000 infants with Down syndrome.

Baseline: 48.6 deaths within the first year of life per 1,000 infants diagnosed with Down syndrome occurred in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Birth Defects Prevention Network (NBDPN), CDC, NCBDDD.

MICH–3: Reduce the rate of child deaths.

MICH–3.1 Children aged 1 to 4 years.

Target: 25.7 deaths per 100,000 population.

Baseline: 28.6 deaths among children aged 1 to 4 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–3.2 Children aged 5 to 9 years.

Target: 12.3 deaths per 100,000 population.

Baseline: 13.7 deaths among children aged 5 to 9 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–4: Reduce the rate of adolescent and young adult deaths.

MICH–4.1 Adolescents aged 10 to 14 years.

Target: 15.2 deaths per 100,000 population.

Baseline: 16.9 deaths among adolescents aged 10 to 14 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–4.2 Adolescents aged 15 to 19 years.

Target: 55.7 deaths per 100,000 population.

Baseline: 61.9 deaths among adolescents aged 15 to 19 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–4.3 Young adults aged 20 to 24 years.

Target: 88.5 deaths per 100,000 population.

Baseline: 98.3 deaths among young adults aged 20 to 24 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–5: Reduce the rate of maternal mortality.

Target: 11.4 maternal deaths per 100,000 live births.

Baseline: 12.7 maternal deaths per 100,000 live births occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–6: Reduce maternal illness and complications due to pregnancy (complications during hospitalized labor and delivery).

Target: 28.0 percent.

Baseline: 31.1 percent of pregnant females suffered complications during hospitalized labor and delivery in 2007.

Target setting method: 10 percent improvement.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

MICH–7: Reduce cesarean births among low-risk (full-term, singleton, vertex presentation) women.

MICH–7.1 Women giving birth for the first time.

Target: 23.9 percent.

Baseline: 26.5 percent of low-risk females giving birth for the first time had a cesarean birth in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–7.2 Prior cesarean birth.

Target: 81.7 percent.

Baseline: 90.8 percent of low-risk females giving birth with a prior cesarean birth had a cesarean birth in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–8: Reduce low birth weight (LBW) and very low birth weight (VLBW).

MICH–8.1 Low birth weight (LBW).

Target: 7.8 percent.

Baseline: 8.2 percent of live births were low birth weight in 2007.

Target setting method: 5 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–8.2 Very low birth weight (VLBW).

Target: 1.4 percent.

Baseline: 1.5 percent of live births were very low birth weight in 2007.

Target setting method: 5 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–9: Reduce preterm births.

MICH–9.1 Total preterm births.

Target: 11.4 percent.

Baseline: 12.7 percent of live births were preterm in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–9.2 Late preterm or live births at 34 to 36 weeks of gestation.

Target: 8.1 percent.

Baseline: 9.0 percent of live births were late preterm or occurred at 34 to 36 weeks of gestation in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–9.3 Live births at 32 to 33 weeks of gestation.

Target: 1.4 percent.

Baseline: 1.6 percent of live births occurred at 32 to 33 weeks of gestation in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–9.4 Very preterm or live births at less than 32 weeks of gestation.

Target: 1.8 percent.

Baseline: 2.0 percent of live births occurred at less than 32 weeks of gestation in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

Pregnancy Health and Behaviors

MICH–10: Increase the proportion of pregnant women who receive early and adequate prenatal care.

MICH–10.1 Prenatal care beginning in first trimester.

Target: 77.9 percent.

Baseline: 70.8 percent of females delivering a live birth received prenatal care beginning in the first trimester in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–10.2 Early and adequate prenatal care.

Target: 77.6 percent.

Baseline: 70.5 percent of pregnant females received early and adequate prenatal care in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–11: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women.

MICH–11.1 Alcohol.

Target: 98.3 percent.

Baseline: 89.4 percent of pregnant females aged 15 to 44 years reported abstaining from alcohol in the past 30 days in 2007–08.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MICH–11.2 Binge drinking.

Target: 100 percent.

Baseline: 95.0 percent of pregnant females aged 15 to 44 years reported abstaining from binge drinking during the past 30 days in 2007–08.

Target setting method: Total coverage.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MICH–11.3 Cigarette smoking.

Target: 98.6 percent.

Baseline: 89.6 percent of females delivering a live birth reported abstaining from smoking cigarettes during pregnancy in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–11.4 Illicit drugs.

Target: 100 percent.

Baseline: 94.9 percent of pregnant females aged 15 to 44 years reported abstaining from illicit drugs in the past 30 days in 2007–08.

Target setting method: Total coverage.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MICH–12: (Developmental) Increase the proportion of pregnant women who attend a series of prepared childbirth classes.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–13: (Developmental) Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies.

Potential data source: National Vital Statistics System (NVSS), CDC, NCHS.

Preconception Health and Behaviors

MICH–14: Increase the proportion of women of childbearing potential with intake of at least 400 µg of folic acid from fortified foods or dietary supplements.

Target: 26.2 percent.

Baseline: 23.8 percent of non-pregnant females aged 15 to 44 years reported a usual daily total intake of at least 400 µg of folic acid from fortified foods or dietary supplements in 2003–06.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

MICH–15: Reduce the proportion of women of childbearing potential who have low red blood cell folate concentrations.

Target: 22.1 percent.

Baseline: 24.5 percent of non-pregnant females aged 15 to 44 years had low red blood cell folate concentrations in 2003–06.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES) CDC, NCHS.

MICH–16: Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors.

MICH–16.1 (Developmental) Discussed preconception health with a health care worker prior to pregnancy.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.2 Took multivitamins/folic acid prior to pregnancy.

Target: 33.1 percent.

Baseline: 30.1 percent of females delivering a recent live birth took multivitamins/folic acid every day in the month prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.3 Did not smoke prior to pregnancy.

Target: 85.4 percent.

Baseline: 77.6 percent of females delivering a recent live birth did not smoke in the 3 months prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.4 Did not drink alcohol prior to pregnancy.

Target: 56.4 percent.

Baseline: 51.3 percent of females delivering a recent live birth did not drink alcohol in the 3 months prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.5 Had a healthy weight prior to pregnancy.

Target: 53.4 percent.

Baseline: 48.5 percent of females delivering a recent live birth had a normal weight (i.e., a BMI of 18.5-24.9) prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16. 6 (Developmental) Used contraception to plan pregnancy.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–17: Reduce the proportion of persons aged 18 to 44 years who have impaired fecundity (i.e., a physical barrier preventing pregnancy or carrying a pregnancy to term).

MICH–17.1 Reduce the proportion of women aged 18 to 44 years who have impaired fecundity.

Target: 10.8 percent.

Baseline: 12.0 percent of females aged 18 to 44 years had impaired fecundity in 2006-08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

MICH–17.2 (Developmental) Reduce the proportion of men aged 18 to 44 years who have impaired fecundity.

Potential data source: National Survey of Family Growth (NSFG), CDC, NCHS.

Postpartum Health and Behavior

MICH–18: (Developmental) Reduce postpartum relapse of smoking among women who quit smoking during pregnancy.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–19: (Developmental) Increase the proportion of women giving birth who attend a postpartum care visit with a health worker.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

Infant Care

MICH–20: Increase the proportion of infants who are put to sleep on their backs.

Target: 75.9 percent.

Baseline: 69.0 percent of infants were put to sleep on their backs in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–21: Increase the proportion of infants who are breastfed.

MICH–21.1 Ever.

Target: 81.9 percent.

Baseline: 74.0 percent of infants born in 2006 were ever breastfed as reported in 2007–09.

Target setting method: Modeling/projection.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–21.2 At 6 months.

Target: 60.6 percent.

Baseline: 43.5 percent of infants born in 2006 were breastfed at 6 months as reported in 2007–09.

Target setting method: Modeling/projection.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–21.3 At 1 year.

Target: 34.1 percent.

Baseline: 22.7 percent of infants born in 2006 were breastfed at 1 year as reported in 2007–09.

Target setting method: Modeling/projection.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–21.4 Exclusively through 3 months.

Target: 46.2 percent.

Baseline: 33.6 percent of infants born in 2006 were breastfed exclusively through 3 months as reported in 2007–09.

Target setting method: Modeling/projection.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–21.5 Exclusively through 6 months.

Target: 25.5 percent.

Baseline: 14.1 percent of infants born in 2006 were breastfed exclusively through 6 months as reported in 2007–09.

Target setting method: Modeling/projection.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–22: Increase the proportion of employers that have worksite lactation support programs.

Target: 38 percent.

Baseline: 25 percent of employers reported providing an on-site lactation/mother's room in 2009.

Target setting method: Modeling/projection.

Data source: Employee Benefits Survey, Society for Human Resource Management (SHRM).

MICH–23: Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.

Target: 14.2 percent.

Baseline: 24.2 percent of breastfed newborns born in 2006 received formula supplementation within the first 2 days of life as reported in 2007–09.

Target setting method: 10 percentage point improvement.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–24: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.

Target: 8.1 percent.

Baseline: 2.9 percent of 2007 live births occurred in facilities that provide recommended care for lactating mothers and their babies as reported in 2009.

Target setting method: Modeling/projection.

Data source: Breastfeeding Report Card, CDC, NCCDPHP.

Disability and Other Impairments

MICH–25: Reduce the occurrence of fetal alcohol syndrome (FAS).

Target: Not applicable.

Baseline: 3.6 cases of fetal alcohol syndrome per 10,000 live births in 2006 were suspected or confirmed among children born in 2001–04.

Target setting method: This measure is being tracked for informational purposes. If warranted a target will be set during the decade.

Data source: Fetal Alcohol Syndrome Surveillance Network (FASSnet), CDC, NCBDDD.

MICH–26: Reduce the proportion of children diagnosed with a disorder through newborn blood spot screening who experience developmental delay requiring special education services.

Target: 13.6 percent.

Baseline: 15.1 percent of children aged 3 to 10 years diagnosed with a disorder through newborn bloodspot screening experienced developmental delay requiring special education services in 1991–2004.

Target setting method: 10 percent improvement.

Data sources: The Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), CDC, NCBDDD.

MICH–27: Reduce the proportion of children with cerebral palsy born as low birth weight infants (less than 2,500 grams).

Target: 45.0 percent.

Baseline: 50.0 percent of children aged 8 years with cerebral palsy were born as low birth weight infants (less than 2,500 grams) as reported in 2006.

Target setting method: 10 percent improvement.

Data source: Autism and Developmental Disabilities Monitoring (ADDM) Network, CDC, NCBDDD.

MICH–28: Reduce occurrence of neural tube defects.

MICH–28.1 Reduce the occurrence of spina bifida.

Target: 30.8 live births and/or fetal deaths with spina bifida per 100,000 live births.

Baseline: 34.2 live births and/or fetal deaths with spina bifida per 100,000 live births were diagnosed in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Birth Defects Prevention Network (NBDPN), CDC, NCBDDD.

MICH–28.2 Reduce occurrence of anencephaly.

Target: 22.1 live births and/or fetal deaths with anencephaly per 100,000 live births.

Baseline: 24.6 live births and/or fetal deaths with anencephaly per 100,000 live births were diagnosed in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Birth Defects Prevention Network (NBDPN), CDC, NCBDDD.

MICH–29: Increase the proportion of young children with an Autism Spectrum Disorder (ASD) and other developmental delays who are screened, evaluated, and enrolled in early intervention services in a timely manner.

MICH–29.1 Increase the proportion of young children who are screened for an Autism Spectrum Disorder (ASD) and other developmental delays by 24 months of age.

Target: 21.5 percent.

Baseline: 19.5 percent of children aged 10 to 36 months who were screened for an Autism Spectrum Disorder (ASD) and other developmental delays were screened by 24 months of age as reported in 2007.

Target setting method: 10 percent improvement.

Data source: National Survey on Children's Health (NSCH), HRSA, MCHB and CDC, NCHS.

MICH–29.2 Increase the proportion of children with an ASD with a first evaluation by 36 months of age.

Target: 42.9 percent.

Baseline: 39.0 percent of children aged 8 years with an ASD had a first evaluation by 36 months of age as reported in 2006.

Target setting method: 10 percent improvement.

Data source: The Autism and Developmental Disabilities Monitoring (ADDM) Network, CDC, NCBDDD.

MICH–29.3 Increase the proportion of children with an ASD enrolled in special services by 48 months of age.

Target: 57.6 percent.

Baseline: 52.4 percent of children aged 8 years with an ASD were enrolled in special services by 48 months of age as reported in 2006.

Target setting method: 10 percent improvement.

Data source: Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), CDC, NCBDDD.

MICH–29.4 (Developmental) Increase the proportion of children with a developmental delay with a first evaluation by 36 months of age.

Potential data source: National Survey of Child's Health (NSCH), HRSA, MCHB and CDC, NCHS.

MICH–29.5 (Developmental) Increase the proportion of children with a developmental delay enrolled in special services by 48 months of age.

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

Health Services

MICH–30: Increase the proportion of children, including those with special health care needs, who have access to a medical home.

MICH–30.1 Increase the proportion of children who have access to a medical home.

Target: 63.3 percent.

Baseline: 57.5 percent of children under age 18 years had access to a medical home in 2007.

Target setting method: 10 percent improvement.

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

MICH–30.2 Increase the proportion of children with special health care needs who have access to a medical home.

Target: 51.8 percent.

Baseline: 47.1 percent of children under age 18 years with special health care needs had access to a medical home in 2007.

Target setting method: 10 percent improvement.

Data source: National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA, MCHB and CDC, NCHS.

MICH–31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems.

MICH–31.1 Children aged 0 to 11 years.

Target: 22.4 percent.

Baseline: 20.4 percent of children aged 0 through 11 years with special health care needs received their care in family-centered, comprehensive, coordinated systems in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA, MCHB and CDC, NCHS.

MICH–31.2 Children aged 12 to 17 years.

Target: 15.1 percent.

Baseline: 13.7 percent of children aged 12 through 17 years with special health care needs received their care in family-centered, comprehensive, coordinated systems in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA, MCHB and CDC, NCHS.

MICH–32: Increase appropriate newborn blood-spot screening and followup testing.

MICH–32.1 Increase the number of States and the District of Columbia that verify through linkage with vital records that all newborns are screened shortly after birth for conditions mandated by their State-sponsored screening program.

Target: 45 States (44 States and the District of Columbia).

Baseline: 21 States verified through linkage with vital records that all newborns were screened shortly after birth for conditions mandated by their State-sponsored screening program in 2010.

Target setting method: 115 percent improvement.

Data source: National Newborn Screening and Genetics Resource Center, HRSA, MCHB.

MICH–32.2 Increase the proportion of screen-positive children who receive follow-up testing within the recommended time period.

Target: 100 percent.

Baseline: 98.3 percent of screen-positive children received follow-up testing within the recommended time period in 2006–08.

Target setting method: Total coverage.

Data source: Title V Information System, HRSA, MCHB.

MICH–32. 3 (Developmental) Increase the proportion of children with a diagnosed condition identified through newborn screening who have an annual assessment of services needed and received.

Potential data source: National Newborn Screening and Genetic Resource Center, HRSA, MCHB.

MICH–33: Increase the proportion of very low birth weight (VLBW) infants born at level III hospitals or subspecialty perinatal centers.

Target: 83.7 percent.

Baseline: 76.1 percent of VLBW infants were born at level III hospitals or subspecialty perinatal centers in 2008.

Target setting method: 10 percent improvement.

Potential data source: Title V Information System, HRSA, MCHB.

Medical Product Safety

Number Objective Short Title

MPS–1 Monitoring and analysis of adverse events associated with medical therapies

MPS–2 Pain treatment

MPS–3 Adverse events from medical products

MPS–4 Medical products associated with predictive biomarkers

MPS–5 Emergency department visits for adverse events from medications

Topic Area: Medical Product Safety

MPS-1: Increase the proportion of health care organizations that are monitoring and analyzing adverse events associated with medical therapies within their systems.

Target: 66.8 percent.

Baseline: 60.7 percent of general and children's hospital systems reported adverse drug events externally in 2009.

Target setting method: 10 percent improvement.

Data source: National Survey of Pharmacy Practice in Acute Care Settings, American Society of Health System Pharmacists (ASHP).

MPS-2: (Developmental) Increase the safe and effective treatment of pain.

MPS-2.1 (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.

MPS-2.2 Reduce the number of non-FDA-approved pain medications.

Target: 518 non-FDA-approved pain medications on the market for the year 2007.

Baseline: 575 non-FDA-approved pain medications (opioids, NSAIDs, and acetaminophen used to treat pain) are on the market in one year beginning January, in 2007.

Target setting method: 10 percent improvement

Potential data source: The FDA Drug Registration and Listing database, FDA; Intercontinental Marketing Services (IMS).

MPS-2.3 (Developmental) Reduce serious injuries from the use of pain medicines.

Potential data source: FDA Adverse Event Reporting System (FAERS), FDA.

MPS-2.4 (Developmental) Reduce deaths from the use of pain medicines.

Potential data source: FDA Adverse Event Reporting System (FAERS), FDA.

MPS-3: (Developmental) Reduce the number of adverse events from medical products.

Potential data source: Sentinel Initiative, FDA.

MPS-4: (Developmental) Increase the use of safe and effective medical products which are associated with predictive biomarkers.

Potential data sources: FDA's Pre-Market Approval (PMA) database and device application tracking database (the "510(k) database"); Electronic Medical Records, CMS; U.S. System of Oversight of Genetic Testing: A Response to the Charge of the Secretary of Health and Human Services Report of the Secretary's Advisory Committee on Genetics, Health, and Society, April 2008" available http://oba.od.nih.gov/oba/SACGHS/reports/SACGHS_oversight_report.pdf.

MPS-5: Reduce emergency department (ED) visits for common, preventable adverse events from medications.

MPS-5.1 Reduce emergency department (ED) visits for overdoses from oral anticoagulants.

Target: 35.9 ED visits per 10,000 outpatient prescription visits.

Baseline: 39.9 ED visits per 10,000 outpatient prescription visits for overdoses from oral anticoagulants occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System-Cooperative Adverse Drug Event Project (NEISS-CADES), CDC, National Ambulatory Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Surveys (NHAMCS), CDC.

MPS-5.2 Reduce emergency department (ED) visits for overdoses from injectable antidiabetic agents.

Target: 46.2 ED visits per 10,000 outpatient prescription visits.

Baseline: 51.3 ED visits per 10,000 outpatient prescription visits for overdoses from injectable antidiabetic agents occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System-Cooperative Adverse Drug Event Project (NEISS-CADES), CDC, National Ambulatory Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Surveys (NHAMCS), CDC.

MPS-5.3 Reduce emergency department (ED) visits for overdoses from narrow-therapeutic-index medications.

Target: 8.3 ED visits per 10,000 outpatient prescription visits.

Baseline: 9.2 ED visits per 10,000 outpatient prescription visits for overdoses from narrow-therapeutic-index medications occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System-Cooperative Adverse Drug Event Project (NEISS-CADES), CDC, National Ambulatory Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Surveys (NHAMCS), CDC.

MPS-5.4 Reduce emergency department (ED) visits for medication overdoses among children less than 5 years of age.

Target: 29.5 ED visits per 10,000 children less than 5 years of age.

Baseline: 32.8 ED visits per 10,000 children less than 5 years of age occurred in 2008.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System-Cooperative Adverse Drug Event Surveillance Project (NEISS-CADES), CDC; Annual Estimates of the Resident Population, U.S. Census Bureau.

Mental Health and Mental Disorders

Number	Objective Short Title
Mental Health Status Improvement	
MHMD–1	Suicide
MHMD–2	Adolescent suicide attempts
MNMD–3	Eating disorders
MHMD–4	Major depressive episodes
Treatment Expansion	
MHMD–5	Mental health treatment provided in primary care facilities
MHMD–6	Treatment for children with mental health problems
MHMD–7	Juvenile justice facility screening
MHMD–8	Employment of persons with serious mental illness
MHMD–9	Treatment of adults with mental health disorders
MHMD–10	Treatment for co-occurring substance abuse and mental disorders
MHMD–11	Depression screening by primary care providers
MHMD–12	Receipt of mental health services among homeless adults

Topic Area: Mental Health and Mental Disorders

Mental Health Status Improvement

MHMD–1: Reduce the suicide rate.

Target: 10.2 suicides per 100,000.

Baseline: 11.3 suicides per 100,000 occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MHMD–2: Reduce suicide attempts by adolescents.

Target: 1.7 suicide attempts per 100.

Baseline: 1.9 suicide attempts per 100 occurred in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC.

MHMD–3: Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight.

Target: 12.9 percent.

Baseline: 14.3 percent of adolescents engaged in disordered eating behaviors in an attempt to control their weight in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

MHMD–4: Reduce the proportion of persons who experience major depressive episodes (MDE).

MHMD–4.1 Adolescents aged 12 to 17 years.

Target: 7.4 percent.

Baseline: 8.3 percent of adolescents aged 12 to 17 years experienced a major depressive episode in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health, SAMHSA.

MHMD–4.2 Adults aged 18 years and older.

Target: 6.1 percent.

Baseline: 6.8 percent of adults aged 18 years and older experienced a major depressive episode in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health, SAMHSA.

Treatment Expansion

MHMD–5: Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral.

Target: 87 percent.

Baseline: 79 percent of primary care facilities provided mental health treatment onsite or by paid referral in 2006.

Target setting method: 10 percent improvement.

Data source: Uniform Data System (UDS), HRSA.

MHMD–6: Increase the proportion of children with mental health problems who receive treatment.

Target: 75.8 percent.

Baseline: 68.9 percent of children with mental health problems received treatment in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

MHMD–7: Increase the proportion of juvenile residential facilities that screen admissions for mental health problems.

Target: 64 percent.

Baseline: 58 percent of juvenile residential facilities screened admissions for mental health problems in 2006.

Target setting method: 10 percent improvement.

Data source: National Juveniles in Residential Facilities Census (JFRC), National Center for Juvenile Justice.

MHMD–8: Increase the proportion of persons with serious mental illness (SMI) who are employed.

Target: 64.4 percent.

Baseline: 58.5 percent of persons with serious mental illness (SMI) were employed in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–9: Increase the proportion of adults with mental disorders who receive treatment.

MHMD–9.1 Adults aged 18 years and older with serious mental illness (SMI).

Target: 64.6 percent.

Baseline: 58.7 percent of adults aged 18 years and older with serious mental illness (SMI) received treatment in 2008.

Target setting method: 10 percent Improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–9.2 Adults aged 18 years and older with major depressive episodes.

Target: 75.1 percent.

Baseline: 68.3 percent of adults aged 18 years and older with major depressive episodes received treatment in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.

Target: 3.3 percent.

Baseline: 3.0 percent of persons with co-occurring substance abuse and mental disorders received treatment for both disorders in 2008.

Target setting method: 10 percent Improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–11: Increase depression screening by primary care providers.

MHMD–11.1 Increase the proportion of primary care physician office visits that screen adults aged 19 years and older for depression.

Target: 2.4 percent.

Baseline: 2.2 percent of primary care physician office visits screened adults aged 19 years and older for depression in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

MHMD–11.2 Increase the proportion of primary care physician office visits that screen youth aged 12 to 18 years for depression.

Target: 2.3 percent.

Baseline: 2.1 percent of primary care physician office visits screened for depression in 2005–07.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

MHMD–12: Increase the proportion of homeless adults with mental health problems who receive mental health services.

Target: 41 percent.

Baseline: 37 percent of homeless adults with mental health problems received mental health services in 2006.

Target setting method: 10 percent improvement.

Data source: Projects for Assistance in Transition from Homelessness (PATH), SAMHSA.

Nutrition and Weight Status

Number	Objective Short Title
Healthier Food Access	
NWS–1	State nutrition standards for child care
NWS–2	Nutritious foods and beverages offered outside of school meals
NWS–3	State-level incentive policies for food retail
NWD–4	Retail access to foods recommended by Dietary Guidelines for Americans
Health Care and Worksite Settings	
NWS–5	Primary care physicians who measure patients' body mass index (BMI)
NWS–6	Physician office visits with nutrition or weight counseling or education
NWS–7	Worksite nutrition and weight management classes and counseling
Weight Status	
NWS–8	Healthy weight in adults
NWS–9	Obesity in adults
NWS–10	Obesity in children and adolescents
NWS–11	Inappropriate weight gain
Food Insecurity	
NWS–12	Food insecurity among children
NWS–13	Food insecurity among households
Food and Nutrient Consumption	
NWS–14	Fruit intake
NWS–15	Vegetable intake
NWS–16	Whole grain intake
NWS–17	Solid fat and added sugar intake
NWS–18	Saturated fat intake

NWS–19 Sodium intake

NWS–20 Calcium intake

Iron Deficiency

NWS–21 Iron deficiency in young children and in females of childbearing age

NWS–22 Iron deficiency in pregnant females

Topic Area: Nutrition and Weight Status

Healthier Food Access

NWS–1: Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care.

Target: 34 States (can include the District of Columbia).

Baseline: 24 States had nutrition standards for foods and beverages provided to preschool-aged children in child care in 2006.

Target setting method: 1 State per year improvement (can include the District of Columbia).

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.

NWS–2: Increase the proportion of schools that offer nutritious foods and beverages outside of school meals.

NWS–2.1 Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students.

Target: 21.3 percent.

Baseline: 9.3 percent of schools did not sell or offer calorically sweetened beverages to students in 2006.

Target setting method: Modeled on previous data: 12 percentage point increase.

Data source: School Health Policies and Programs Study, CDC.

NWS–2.2 Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold.

Target: 18.6 percent.

Baseline: 6.6 percent of school districts required schools to make fruits or vegetables available whenever other foods are offered or served in 2006.

Target setting method: 12.0 percentage point increase.

Data source: School Health Policies and Program Study, CDC.

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.

Target: 18 States (including the District of Columbia).

Baseline: 8 States (including the District of Columbia) had State-level policies that incentivized food retail outlets to provide foods that are encouraged by the Dietary Guidelines in 2009.

Target setting method: Modeled on previous data; 1 State per year improvement.

Data sources: CDC State Indicator Report on Fruits and Vegetables. The report gathers data from three data sources: (1) CDC Nutrition, Physical Activity, and Obesity Legislative Database, (2) National Conference of State Legislatures Health Community Design and Access to Healthy Food Legislative Database, (3) The Food Trust.

NWS–4: (Developmental) Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the *Dietary Guidelines for Americans*.

Proposed data source: To be determined.

Health Care and Worksite Settings

NWS–5: Increase the proportion of primary care physicians who regularly measure the body mass index of their patients.

NWS–5.1 Increase the proportion of primary care physicians who regularly assess body mass index (BMI) in their adult patients.

Target: 53.6 percent.

Baseline: 48.7 percent of primary care physicians regularly assessed body mass index (BMI) in their adult patients in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Energy Balance Related Care among Primary Care Physicians.

NWS–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.

Target: 54.7 percent.

Baseline: 49.7 percent of primary care physicians regularly assessed body mass index (BMI) for age and sex in their child or adolescent patients in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Energy Balance Related Care Among Primary Care Physicians.

NWS–6: Increase the proportion of physician office visits that include counseling or education related to nutrition or weight.

NWS–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.

Target: 22.9 percent.

Baseline: 20.8 percent of physician office visits of adult patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia included counseling or education related to diet and nutrition in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey, CDC, NCHS.

NWS–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.

Target: 31.8 percent.

Baseline: 28.9 percent of physician office visits of adult patients who are obese included counseling or education related to weight reduction, nutrition, or physical activity in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey, CDC, NCHS.

NWS–6.3 Increase the proportion of physician visits made by all child or adult patients that include counseling about nutrition or diet.

Target: 15.2 percent.

Baseline: 12.2 percent of physician office visits of all child or adults patients included counseling about nutrition or diet in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 3 percentage point improvement.

Data source: National Ambulatory Medical Care Survey, CDC, NCHS.

NWS–7: (Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling.

Potential data source: A followup survey to the 2004 National Worksite Health Promotion Survey.

Weight Status

NWS–8: Increase the proportion of adults who are at a healthy weight.

Target: 33.9 percent.

Baseline: 30.8 percent of persons aged 20 years and over were at a healthy weight in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–9: Reduce the proportion of adults who are obese.

Target: 30.6 percent.

Baseline: 34.0 percent of persons aged 20 years and over were obese in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–10 Reduce the proportion of children and adolescents who are considered obese.

NWS–10.1 Children aged 2 to 5 years.

Target: 9.6 percent.

Baseline: 10.7 percent of children aged 2 to 5 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–10.2 Children aged 6 to 11 years.

Target: 15.7 percent.

Baseline: 17.4 percent of children aged 6 to 11 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–10.3 Adolescents aged 12 to 19 years.

Target: 16.1 percent.

Baseline: 17.9 percent of adolescents aged 12 to 19 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–10.4 Children and adolescents aged 2 to 19 years.

Target: 14.6 percent.

Baseline: 16.2 percent of children and adolescents aged 2 to 19 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11: (Developmental) Prevent inappropriate weight gain in youth and adults.

NWS–11.1 Children aged 2 to 5 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.2 Children aged 6 to 11 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.3 Adolescents aged 12 to 19 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.4 Children and adolescents aged 2 to 19 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.5 Adults aged 20 years and older.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Food Insecurity

NWS–12: Eliminate very low food security among children.

Target: 0.2 percent.

Baseline: 1.3 percent of households with children had very low food security among children in 2008.

Target setting method: Consistent with the Department of Agriculture's policy to eliminate childhood hunger by 2015.

Data source: Food Security Supplement to the Current Population Survey, U.S. Department of Commerce, Bureau of the Census.

NWS–13: Reduce household food insecurity and in so doing reduce hunger.

Target: 6.0 percent.

Baseline: 14.6 percent of households were food insecure in 2008.

Target setting method: Retain 2010 target.

Data source: Food Security Supplement to the Current Population Survey, U.S. Department of Commerce, Bureau of the Census.

Food and Nutrient Consumption

NWS–14: Increase the contribution of fruits to the diets of the population aged 2 years and older.

Target: 0.9 cup equivalents per 1,000 calories.

Baseline: 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.

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).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

NWS–15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.

> NWS–15.1 Increase the contribution of total vegetables to the diets of the population aged 2 years and older.

Target: 1.1 cup equivalents per 1,000 calories.

Baseline: 0.8 cup equivalents of total vegetables per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

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).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

NWS–15.2 Increase the contribution of dark green vegetables, orange vegetables, and legumes to the diets of the population aged 2 years and older.

Target: 0.3 cup equivalents per 1,000 calories.

Baseline: 0.1 cup equivalents of dark green or orange vegetables or legumes per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

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).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

NWS–16 Increase the contribution of whole grains to the diets of the population aged 2 years and older.

Target: 0.6 ounce equivalents per 1,000 calories.

Baseline: 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 (age adjusted to the year 2000 standard population).

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).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

NWS–17: Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older.

NWS–17.1 Reduce consumption of calories from solid fats.

Target: 16.7 percent.

Baseline: 18.9 percent was the mean percentage of total daily calorie intake provided by solid fats for the population aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

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).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

NWS–17.2 Reduce consumption of calories from added sugars.

Target: 10.8 percent.

Baseline: 15.7 percent was the mean percentage of total daily calorie intake provided by added sugars for the population aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

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).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

NWS–17.3 Reduce consumption of calories from solid fats and added sugars.

Target: 29.8 percent.

Baseline: 34.6 percent was the mean percentage of total daily calorie intake provided by solid fats and added sugars for the population aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

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).

Data source*:* National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

NWS–18: Reduce consumption of saturated fat in the population aged 2 years and older.

Target: 9.5 percent.

Baseline: 11.3 percent 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).

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).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

NWS–19: Reduce consumption of sodium in the population aged 2 years and older.

Target: 2,300 milligrams.

Baseline: 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).

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).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

NWS–20: Increase consumption of calcium in the population aged 2 years and older.

Target: 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).

Target setting method: Evidence-based approach (Considered the baseline in relation to IOM DRIs, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

Iron Deficiency

NWS–21: Reduce iron deficiency among young children and females of childbearing age.

NWS–21.1 Children aged 1 to 2 years.

Target: 14.3 percent.

Baseline: 15.9 percent of children aged 1 to 2 years were iron deficient in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–21.2 Children aged 3 to 4 years.

Target: 4.3 percent.

Baseline: 5.3 percent of children aged 3 to 4 years were iron deficient in 2005–08.

Target setting method: 1 percentage point improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–21.3 Females aged 12 to 49 years.

Target: 9.4 percent.

Baseline: 10.4 percent of females aged 12 to 49 years old were iron deficient in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–22: Reduce iron deficiency among pregnant females.

Target: 14.5 percent.

Baseline: 16.1 percent of pregnant females were iron deficient in 2003–06.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Occupational Safety and Health

Number	Objective Short Title
OSH–1	Work-related injury deaths
OSH–2	Nonfatal work-related injuries
OSH–3	Overexertion or repetitive motion
OSH–4	Pneumoconiosis deaths
OSH–5	Work-related homicides
OSH–6	Work-related assaults
OSH–7	Elevated blood lead concentrations from work exposures
OSH–8	Occupational skin diseases or disorders
OSH–9	Worksite stress reduction programs
OSH–10	Work-related, noise-induced hearing loss

Topic Area: Occupational Safety and Health

OSH–1: Reduce deaths from work-related injuries.

OSH–1.1 All industry.

Target: 3.6 deaths per 100,000 full-time equivalent workers.

Baseline: 4.0 work-related injury deaths per 100,000 full-time equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: Census of Fatal Occupational Injuries (CFOI), DOL, BLS; Current Population Survey (CPS), U.S. Bureau of the Census.

OSH–1.2 Mining.

Target: 19.3 deaths per 100,000 full-time equivalent workers.

Baseline: 21.4 mining work-related injury deaths per 100,000 full-time equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: Census of Fatal Occupational Injuries (CFOI), DOL, BLS; Current Population Survey (CPS), U.S. Bureau of the Census.

OSH–1.3 Construction.

Target: 9.7 deaths per 100,000 full-time equivalent workers.

Baseline: 10.8 construction work-related injury deaths per 100,000 full-time equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: Census of Fatal Occupational Injuries (CFOI), DOL, BLS; Current Population Survey (CPS), U.S. Bureau of the Census.

OSH–1.4 Transportation and warehousing.

Target: 14.8 deaths per 100,000 full-time equivalent workers.

Baseline: 16.5 transportation and warehousing work-related injury deaths per 100,000 full-time equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: Census of Fatal Occupational Injuries (CFOI), DOL, BLS; Current Population Survey (CPS), U.S. Bureau of the Census.

OSH–1.5 Agriculture, forestry, fishing, and hunting.

Target: 24.3 deaths per 100,000 fulltime equivalent workers.

Baseline: 27.0 agriculture, forestry, fishing, and hunting work-related injury deaths per 100,000 fulltime equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: Census of Fatal Occupational Injuries (CFOI), DOL, BLS; Current Population Survey (CPS), U.S. Bureau of the Census.

OSH–2: Reduce nonfatal work-related injuries.

OSH–2.1 Injuries in private sector industries resulting in medical treatment, lost time from work, or restricted work activity, as reported by employers.

Target: 3.8 injuries per 100 full-time equivalent workers.

Baseline: 4.2 injuries per 100 full-time equivalent workers in private sector industries resulted in medical treatment, lost time from work, or restricted work activity, as reported by employers in 2008.

Target setting method: 10 percent improvement.

Data source: Survey of Occupational Injuries and Illnesses (SOII), DOL, BLS.

OSH–2.2 Injuries treated in emergency departments.

Target: 2.2 injuries per 100 full-time equivalent workers.

Baseline: 2.4 injuries per 100 full-time equivalent workers were treated in emergency departments in 2007.

Target setting method: 10 percent improvement.

Data source: National Electronic Injury Surveillance System- Work Supplement (NEISS-Work), CDC, NIOSH; Current Population Survey, U.S. Bureau of the Census.

OSH–2.3 Adolescent workers aged 15 to 19 years.

Target: 4.9 injuries per 100 full-time equivalent workers.

Baseline: 5.5 injuries per 100 full-time equivalent workers occurred among adolescent workers aged 15 to 19 years in 2007.

Target setting method: 10 percent improvement.

Data source: National Electronic Injury Surveillance System-Work Supplement (NEISS-Work), CDC, NIOSH, Current Population Survey, U.S. Bureau of the Census

OSH–3: Reduce the rate of injury and illness cases involving days away from work due to overexertion or repetitive motion.

Target: 26.64 injury and illness cases per 10,000 workers.

Baseline: 29.6 injury and illness cases per 10,000 workers involved days away from work due to overexertion or repetitive motion in 2008.

Target setting method: 10 percent improvement.

Data source: Survey of Occupational Injuries and Illnesses, DOL, BLS.

OSH–4: Reduce pneumoconiosis deaths.

Target: 2,187 deaths.

Baseline: 2,430 pneumoconiosis deaths occurred in 2005.

Target setting method: 10 percent improvement.

Data source: National Surveillance System for Pneumoconiosis Mortality (NSSPM), CDC, NIOSH.

OSH–5: Reduce deaths from work-related homicides.

Target: 565 deaths.

Baseline: 628 deaths were work-related homicides in 2007.

Target setting method: 10 percent improvement.

Data source: Census of Fatal Occupational Injuries (CFOI), DOL, BLS.

OSH–6: Reduce work-related assaults.

Target: 7.6 assaults per 10,000 full-time equivalent workers.

Baseline: 8.4 assaults per 10,000 fulltime equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Electronic Injury Surveillance System–Work Supplement (NEISS–Work), CDC, NIOSH.

OSH–7: Reduce the proportion of persons who have elevated blood lead concentrations from work exposures.

Target: 20.2 persons per 100,000 employed adults.

Baseline: 22.5 persons per 100,000 employed adults had elevated blood lead concentrations from work exposures in 2008.

Target setting method: 10 percent improvement.

Data source: Adult Blood Lead Epidemiology and Surveillance (ABLES) Program, CDC, NIOSH.

OSH–8: Reduce occupational skin diseases or disorders among full-time workers.

Target: 4.0 occupational skin diseases or disorders per 10,000 full-time workers.

Baseline: 4.4 occupational skin diseases or disorders per 10,000 full-time workers occurred in 2008.

Target setting method: 10 percent improvement.

Data source: Survey of Occupational Injuries and Illnesses, DOL, BLS.

OSH–9: (Developmental) Increase the proportion of employees who have access to workplace programs that prevent or reduce employee stress.

Potential data source: Quality of Worklife (QWL) module, CDC, NIOSH.

OSH–10: Reduce new cases of work-related, noise-induced hearing loss.

Target: 2.0 new cases of work-related, noise-induced hearing loss per 10,000 workers.

Baseline: 2.2 new cases of work-related, noise-induced hearing loss per 10,000 workers occurred in 2008.

Target setting method: 10 percent improvement.

Data source: Survey of Occupational Injuries and Illnesses, DOL, BLS.

Older Adults

Number	Objective Short Title
Prevention	
OA–1	Use of Welcome to Medicare benefit
OA–2	Older adults up to date on clinical preventive services
OA–3	Older adults' confidence in managing their chronic conditions
OA–4	Receipt of Diabetes Self-Management Benefits by older adults
OA–5	Functional limitations in older adults
OA–6	Leisure-time physical activities among older adults
OA–7	Pressure ulcer-related hospitalizations among older adults
Long-Term Services and Supports	
OA–8	Need for long-term services and support
OA–9	Caregiver support services
OA–10	Health care workforce with geriatric certification
OA–11	Emergency department visits due to falls among older adults
OA-12	Information on elder abuse, neglect, and exploitation

Topic Area: Older Adults

Prevention

OA–1: Increase the proportion of older adults who use the Welcome to Medicare benefit.

Target: 8.0 percent.

Baseline: 7.3 percent of older adults used the Welcome to Medicare benefit in 2008.

Target setting method: 10 percent improvement.

Data source: Medicare Claims Data, CMS.

OA–2: Increase the proportion of older adults who are up to date on a core set of clinical preventive services.

OA–2.1 Males.

Target: 50.9 percent.

Baseline: 46.3 percent of males aged 65 years and older were up to date on a core set of clinical preventive services in 2008.

Target setting method: 10 percent improvement.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, Office of Surveillance, Epidemiology, and Laboratory Services (proposed office).

OA–2.2 Females.

Target: 52.7 percent.

Baseline: 47.9 percent of females aged 65 years and older were up to date on a core set of clinical preventive services in 2008.

Target setting method: 10 percent improvement.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, Office of Surveillance, Epidemiology, and Laboratory Services (proposed office).

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.

OA–4: Increase the proportion of older adults who receive Diabetes Self-Management Benefits.

Target: 2.4 percent.

Baseline: 2.2 percent of adults aged 65 years and older received Diabetes Self-Management Benefits in 2008.

Target setting method: 10 percent improvement.

Data source: Medicare Claims Data, CMS.

OA–5 Reduce the proportion of older adults who have moderate to severe functional limitations.

Target: 25.5 percent.

Baseline: 28.3 percent of older adults had moderate to severe functional limitations (age-adjusted) in 2007.

Target setting method: 10 percent improvement.

Data source: Medicare Current Beneficiary Survey (MCBS), CMS.

OA–6: Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities.

Target: 37.1 percent.

Baseline: 33.7 percent of older adults with reduced physical or cognitive function engaged in light, moderate, or vigorous leisure-time physical activities in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

OA–7: Increase the proportion of the health care workforce with geriatric certification.

OA–7.1 Physicians.

Target: 3.0 percent.

Baseline: 2.7 percent of physicians had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: American Board of Internal Medicine, American Board of Family Medicine, American Osteopathic Organization, and American Medical Association (Physician Characteristics and Distribution in the US, 2009).

OA–7.2 Geriatric psychiatrists.

Target: 4.7 percent.

Baseline: 4.3 percent of geriatric psychiatrists had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: American Board of Psychiatry and Neurology and American Medical Association (Physician Characteristics and Distribution in the US, 2009).

OA–7.3 Registered nurses.

Target: 1.5 percent.

Baseline: 1.4 percent of registered nurses had geriatric certification in 2004.

Target setting method: 10 percent improvement.

Data source: 2004 National Sample Survey of Registered Nurses (HRSA); Census Data: Employed Civilians by Occupation, Sex, Race, and Hispanic Origin: 2003.

OA–7.4 Dentists.

Target: 0.22 percent.

Baseline: 0.20 percent of dentists had geriatric certification in 2007.

Target setting method: 10 percent improvement.

Data source: Special Care Dentistry Association (SCDA); 2007 Distribution of Dentists in the U.S. by Region and State (American Dental Association).

OA–7.5 Physical therapists.

Target: 0.7 percent.

Baseline: 0.6 percent of physical therapists had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: Statistics provided by American Physical Therapy Association and American Board of Physical Therapy Specialties (ABPTS) that coordinates and oversees the specialist certification process.

OA–7.6 Registered dieticians.

Target: 0.33 percent.

Baseline: 0.30 percent of registered dieticians had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: Statistics provided by American Dietetic Association (ADA) on the number of registered dieticians with geriatric certification offered by the Commission on Dietetic Registration (CDR), the credentialing agency for the ADA.

Long-Term Services and Supports

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).

OA–9: (Developmental) Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services.

Potential data source: National Health and Aging Trends Study (NHATS).

OA–10: Reduce the rate of pressure ulcer-related hospitalizations among older adults.

Target: 887.3 pressure ulcer-related hospitalizations per 100,000 persons aged 65 years and over.

Baseline: 985.8 pressure ulcer-related hospitalizations per 100,000 persons aged 65 years and over occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS), AHRQ.

OA–11 Reduce the rate of emergency department visits due to falls among older adults.

Target: 4,711.6 emergency department visits per 100,000 due to falls among older adults.

Baseline: 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).

Target setting method: 10 percent improvement.

Data source: National Hospital Ambulatory Medical Care Survey, CDC, NCHS.

OA–12: Increase the number of States, the District of Columbia, and Tribes that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation.

OA–12.1 States and the District of Columbia.

Target: 4 States and the District of Columbia.

Baseline: 3 States collected and made publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation in 2004.

Target setting method: 10 percent improvement.

Data source: National Center on Elder Abuse, AoA.

OA–12.2 (Developmental) Tribes.

Potential data source: National Center on Elder Abuse, AoA.

Oral Health

Number	Objective Short Title
Oral Health of Children and Adolescents	
OH–1	Dental caries experience
OH–2	Untreated dental decay in children and adolescents
Oral Health of Adults	
OH–3	Untreated dental decay in adults
OH–4	No permanent tooth loss
OH–5	Destructive periodontal disease
OH–6	Early detection of oral and pharyngeal cancers
Access to Preventive Services	
OH–7	Use of oral health care system
OH–8	Dental services for low-income children and adolescents
OH–9	School-based centers with an oral health component
OH–10	Health centers with oral health component
OH–11	Receipt of oral health services at health centers
Oral Health Interventions	
OH–12	Dental sealants
OH–13	Community water fluoridation
OH–14	Preventive dental screening and counseling
Monitoring, Surveillance Systems	
OH–15	Systems that record cleft lip or palate and referrals
OH–16	Oral and craniofacial State-based health surveillance system
Public Health Infrastructure	
OH–17	Health agencies with a dental professional directing their dental program

Topic Area: Oral Health

Oral Health of Children and Adolescents

OH–1: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.

OH–1. Reduce the proportion of young children aged 3 to 5 years with dental caries experience in their primary teeth.

Target: 30.0 percent.

Baseline: 33.3 percent of children aged 3 to 5 years had dental caries experience in at least one primary tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–1.2 Reduce the proportion of children aged 6 to 9 years with dental caries experience in their primary and permanent teeth.

Target: 49.0 percent.

Baseline: 54.4 percent of children aged 6 to 9 years had dental caries experience in at least one primary or permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–1.3 Reduce the proportion of adolescents aged 13 to 15 years with dental caries experience in their permanent teeth.

Target: 48.3 percent.

Baseline: 53.7 percent of adolescents aged 13 to 15 years had dental caries experience in at least one permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–2: Reduce the proportion of children and adolescents with untreated dental decay.

OH–2.1 Reduce the proportion of young children aged 3 to 5 years with untreated dental decay in their primary teeth.

Target: 21.4 percent.

Baseline: 23.8 percent of children aged 3 to 5 years had untreated dental decay in at least one primary tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–2.2 Reduce the proportion of children aged 6 to 9 years with untreated dental decay in their primary and permanent teeth.

Target: 25.9 percent.

Baseline: 28.8 percent of children aged 6 to 9 years had untreated dental decay in at least one primary or permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–2.3 Reduce the proportion of adolescents aged 13 to 15 years with untreated dental decay in their permanent teeth.

Target: 15.3 percent.

Baseline: 17.0 percent of adolescents aged 13 to 15 years had untreated dental decay in at least one permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Oral Health of Adults

OH–3: Reduce the proportion of adults with untreated dental decay.

OH–3.1 Reduce the proportion of adults aged 35 to 44 years with untreated dental decay.

Target: 25.0 percent.

Baseline: 27.8 percent adults aged 35 to 44 years had untreated dental decay in at least one permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–3.2 Reduce the proportion of older adults aged 65 to 74 years with untreated coronal caries.

Target: 15.4 percent.

Baseline: 17.1 percent of adults aged 65 to 74 years had untreated coronal caries in at least one permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–3.3 Reduce the proportion of older adults aged 75 years and older with untreated root surface caries.

Target: 34.1 percent.

Baseline: 37.9 percent of adults aged 75 years and older had untreated root surface caries in at least one permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–4: Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.

OH–4.1 Reduce the proportion of adults aged 45 to 64 years who have ever had a permanent tooth extracted because of dental caries or periodontitis.

Target: 68.8 percent.

Baseline: 76.4 percent of adults aged 45 to 64 years have ever had a permanent tooth extracted because of dental caries or periodontitis in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–4.2 Reduce the proportion of older adults aged 65 to 74 years who have lost all of their natural teeth.

Target: 21.6 percent.

Baseline: 24.0 percent of adults aged 65 to 74 years had lost all of their natural teeth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–5: Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis.

Target: 11.4 percent.

Baseline: 12.7 percent of adults aged 45 to 74 years had moderate or severe periodontitis in 2001–04.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–6: Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.

Target: 35.8 percent.

Baseline: 32.5 percent of oral and pharyngeal cancers were diagnosed at the localized stage (stage 1) in 2007.

Target setting method: 10 percent improvement.

Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.

Access to Preventive Services

OH–7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months.

Target: 49.0 percent.

Baseline: 44.5 percent of persons aged 2 years and older had a dental visit in the past 12 months in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

OH–8: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Target: 29.4 percent.

Baseline: 26.7 percent 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.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

OH–9: Increase the proportion of school-based health centers with an oral health component.

OH–9.1 Increase the proportion of school-based health centers with an oral health component that includes dental sealants.

Target: 26.5 percent.

Baseline: 24.1 percent of school-based health centers with an oral health component included dental sealants in 2007–08.

Target setting method: 10 percent improvement.

Data source: School-based Health Care Census, National Assembly of School Based Health Care (NASBHC).

OH–9.2 Increase the proportion of school-based health centers with an oral health component that includes dental care.

Target: 11.1 percent.

Baseline: 10.1 percent of school-based health centers with an oral health component included fillings and extractions in 2007–08.

Target setting method: 10 percent improvement.

Data source: School-based Health Care Census, National Assembly of School Based Health Care (NASBHC).

OH–9.3 Increase the proportion of school-based health centers with an oral health component that includes topical fluoride.

Target: 32.1 percent.

Baseline: 29.2 percent of school-based health centers with an oral health component included fluoride rinses, varnish, or supplements in 2007–08.

Target setting method: 10 percent improvement.

Data source: School-based Health Care Census, National Assembly of School Based Health Care (NASBHC).

OH–10: Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component.

OH–10.1 Increase the proportion of Federally Qualified Health Centers that have an oral health care program.

Target: 83 percent.

Baseline: 75 percent of Federally Qualified Health Centers had an oral health care component in 2007.

Target setting method: 10 percent improvement.

Data source: Uniform Data System (UDS), HRSA, BPHC.

OH–10.2 Increase the proportion of local health departments that have oral health prevention or care programs.

Target: 28.4 percent.

Baseline: 25.8 percent of local health departments had an oral health prevention or care program in 2008.

Target setting method: 10 percent improvement.

Data sources: Association of State and Territorial Dental Directors (ASTDD); National Association of County and City Health Officials.

OH–11: Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year.

Target: 33.3 percent.

Baseline: 17.5 percent of patients at Federally Qualified Health Centers received oral health services in 2007.

Target setting method: 90 percent improvement.

Data source: Uniform Data System (UDS), HRSA, BPHC.

Oral Health Interventions

OH–12: Increase the proportion of children and adolescents who have received dental sealants on their molar teeth.

OH–12.1 Increase the proportion of children aged 3 to 5 years who have received dental sealants on one or more of their primary molar teeth.

Target: 1.5 percent.

Baseline: 1.4 percent of children aged 3 to 5 years received dental sealants on one or more of their primary molars in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–12.2 Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth.

Target: 28.1 percent.

Baseline: 25.5 percent children aged 6 to 9 years received dental sealants on one or more of their first permanent molars in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–12.3 Increase the proportion of adolescents aged 13 to 15 years who have received dental sealants on one or more of their permanent molar teeth.

Target: 21.9 percent.

Baseline: 19.9 percent of adolescents aged 13 to 15 years received dental sealants on one or more of their first permanent molars and one or more second permanent molars in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–13: Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.

Target: 79.6 percent.

Baseline: 72.4 percent of the U.S. population served by community water systems received optimally fluoridated water in 2008.

Target setting method: 10 percent improvement.

Data source: CDC Water Fluoridation Reporting System (WFRS), CDC, ONDIEH, NCCDPHP.

OH–14: (Developmental) Increase the proportion of adults who receive preventive interventions in dental offices.

OH– 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.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH– 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.

OH–14.3 (Developmental) Increase the proportion of adults who are tested or referred for glycemic control from a dentist or dental hygienist in the past year.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Monitoring, Surveillance Systems

OH–15: (Developmental) 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.

OH– 15.1 (Developmental)Increase the number of States and the District of Columbia that have a system for recording cleft lips and cleft palates.

Potential data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).

OH– 15.2 (Developmental)Increase the number of States and the District of Columbia that have a system for referral for cleft lips and cleft palates to rehabilitative teams.

Potential data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).

OH–16: Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system.

Target: 51 (50 States and the District of Columbia).

Baseline: 32 States had an oral and craniofacial health surveillance system in 2009.

Target setting method: Total coverage (all 50 States and the District of Columbia).

Data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).

Public Health Infrastructure

OH–17: Increase health agencies that have a dental public health program directed by a dental professional with public health training.

OH–17.1 Increase the proportion of States (including the District of Columbia) and local health agencies that serve jurisdictions of 250,000 or more persons with a dental public health program directed by a dental professional with public health training.

Target: 25.7 percent.

Baseline: 23.4 percent 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.

Target setting method: 10 percent improvement.

Data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).

OH–17.2 Increase the number of Indian Health Service Areas and Tribal health programs that serve jurisdictions of 30,000 or more persons with a dental public health program directed by a dental professional with public health training.

Target: 12 programs.

Baseline: 11 Indian Health Service Areas and Tribal health programs that served jurisdictions of 30,000 or more persons had a dental public health program directed by a dental professional with public health training in 2010.

Target setting method: 10 percent improvement.

Data source: Indian Health Service, Division of Oral Health.

Physical Activity

Number	Objective Short Title
PA–1	No leisure-time physical activity
PA–2	Adult aerobic physical activity and muscle-strengthening activity
PA–3	Adolescent aerobic physical activity and muscle-strengthening activity
PA–4	Daily physical education in schools
PA–5	Adolescent participation in daily school physical education
PA–6	Regularly scheduled recess
PA–7	Time for recess
PA–8	Child and adolescent screen time
PA–9	Physical activity policies in child care settings
PA–10	Access to school physical activity facilities
PA–11	Physician counseling about physical activity
PA–12	Worksite physical activity
PA–13	Active transportation – walking
PA–14	Active transportation – bicycling
PA–15	Built environment policies

Topic Area: Physical Activity

PA–1: Reduce the proportion of adults who engage in no leisure-time physical activity.

Target: 32.6 percent.

Baseline: 36.2 percent of adults engaged in no leisure-time physical activity in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

PA–2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

PA–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.

Target: 47.9 percent.

Baseline: 43.5 percent of adults engaged 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 in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

PA–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.

Target: 31.3 percent.

Baseline: 28.4 percent of adults engaged 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 in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

PA–2.3 Increase the proportion of adults who perform muscle-strengthening activities on 2 or more days of the week.

Target: 24.1 percent.

Baseline: 21.9 percent of adults performed muscle-strengthening activities on 2 or more days of the week in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

PA–2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity.

Target: 20.1 percent.

Baseline: 18.2 percent of adults met the objectives for aerobic physical activity and for muscle-strengthening activity in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

PA–3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

PA–3.1 Aerobic physical activity.

Target: 20.2 percent.

Baseline: 18.4 percent of adolescents met current physical activity guidelines for aerobic physical activity in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

PA–3.2 (Developmental) Muscle-strengthening activity.

Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

PA–3.3 (Developmental) Aerobic physical activity and muscle-strengthening activity.

Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

PA–4: Increase the proportion of the Nation's public and private schools that require daily physical education for all students.

PA–4.1 Elementary schools.

Target: 4.2 percent.

Baseline: 3.8 percent of public and private elementary schools required daily physical education for all students in 2006.

Target setting method: 10 percent improvement.

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

PA–4.2 Middle and junior high schools.

Target: 8.6 percent.

Baseline: 7.9 percent of public and private middle and junior high schools required daily physical education for all students in 2006.

Target setting method: 10 percent improvement.

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

PA–4.3 Senior high schools.

Target: 2.3 percent.

Baseline: 2.1 percent of public and private senior high schools required daily physical education for all students in 2006.

Target setting method: 10 percent improvement.

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

PA–5: Increase the proportion of adolescents who participate in daily school physical education.

Target: 36.6 percent.

Baseline: 33.3 percent of adolescents participated in daily school physical education in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

PA–6: Increase regularly scheduled elementary school recess in the United States.

PA–6.1 Increase the number of States that require regularly scheduled elementary school recess.

Target: 17 States.

Baseline: 7 States required regularly scheduled elementary school recess in 2006.

Target setting method: One State per year.

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

PA–6.2 Increase the proportion of school districts that require regularly scheduled elementary school recess.

Target: 62.8 percent.

Baseline: 57.1 percent of school districts required regularly scheduled elementary school recess in 2006.

Target setting method: 10 percent improvement.

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

PA–7: Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time.

Target: 67.7 percent.

Baseline: 61.5 percent of school districts required or recommended elementary school recess for an appropriate period of time in 2006.

Target setting method: 10 percent improvement.

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

PA–8: Increase the proportion of children and adolescents who do not exceed recommended limits for screen time.

PA–8.1 Increase the proportion of children aged 0 to 2 years who view no television or videos on an average weekday.

Target: 44.7 percent.

Baseline: 40.6 percent of children aged 0 to 2 years viewed no television or videos on an average weekday in 2007.

Target setting method: 10 percent improvement.

Data source: National Survey of Children's Health (NSCH), HRSA, MCHB.

PA–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.

PA–8.2.1 Children aged 2 to 5 years.

Target: 83.2 percent.

Baseline: 75.6 percent of children aged 2 to 5 years viewed television, videos, or played video games for no more than 2 hours a day in 2005–08 (NHANES).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES).

PA–8.2.2 Children and adolescents aged 6 to 14 years.

Target: 86.8 percent.

Baseline: 78.9 percent of children and adolescents aged 6 to 14 years viewed television, videos, or played video games for no more than 2 hours a day in 2007 (NSCH).

Target setting method: 10 percent improvement.

Data source: National Survey of Children's Health (NSCH).

PA–8.2.3 Adolescents in grades 9 through 12.

Target: 73.9 percent.

Baseline: 67.2 percent of adolescents in grades 9 through 12 viewed television, videos, or played video games for no more than 2 hours a day in 2009 (YRBSS).

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS).

PA–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.

PA–8.3.1 Children aged 2 to 5 years.

Target: Not applicable.

Baseline: 97.4 percent of children aged 2 to 5 years used a computer or played computer games outside of school (for nonschool work) for no more than 2 hours a day in 2005–08 (NHANES).

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Health and Nutrition Examination Survey (NHANES).

PA–8.3.2 Children aged 6 to 14 years.

Target: 100 percent.

Baseline: 93.3 percent of children and adolescents aged 6 to 14 years used a computer or played computer games outside of school (for nonschool work) for no more than 2 hours a day in 2007 (NSCH).

Target setting method: 10 percent improvement.

Data source: National Survey of Children's Health (NSCH).

PA–8.3.3 Adolescents in grades 9 through 12.

Target: 82.6 percent.

Baseline: 75.1 percent of adolescents in grades 9 through 12 used a computer or played computer games outside of school (for nonschool work) for no more than 2 hours a day in 2009 (YRBSS).

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS).

PA–9: Increase the number of States with licensing regulations for physical activity provided in child care.

PA–9.1 Require activity programs providing large muscle or gross motor activity, development, and/or equipment.

Target: 35 States.

Baseline: 25 States required activity programs providing large muscle or gross motor activity, development, and/or equipment in 2006.

Target setting method: One State per year for each measure.

Data source: National Resource Center for Health and Safety in Child Care and Early Education maintain a public access database of licensing regulations for all 50 U.S. States and the District of Columbia.

PA–9.2 Require children to engage in vigorous or moderate physical activity.

Target: 13 States.

Baseline: 3 States required children to engage in vigorous or moderate physical activity in 2006.

Target setting method: One State per year for each measure.

Data source: National Resource Center for Health and Safety in Child Care and Early Education maintain a public access database of licensing regulations for all 50 U.S. States and the District of Columbia.

PA–9.3 Require number of minutes of physical activity per day or by length of time in care.

Target: 11 States.

Baseline: 1 State required a number of minutes of physical activity per day or by length of time in care in 2006.

Target setting method: One State per year for each measure.

Data source: National Resource Center for Health and Safety in Child Care and Early Education maintain a public access database of licensing regulations for all 50 U.S. States and the District of Columbia.

PA–10: 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).

Target: 31.7 percent.

Baseline: 28.8 percent of the Nation's public and private schools provided 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) in 2006.

Target setting method: 10 percent improvement.

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

PA–11: Increase the proportion of physician office visits that include counseling or education related to physical activity.

PA–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.

Target: 14.3 percent.

Baseline: 13.0 percent of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia included counseling or education related to exercise in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey, CDC, NCHS.

PA–11.2 Increase the proportion of physician visits made by all child and adult patients that include counseling about exercise.

Target: 8.7 percent.

Baseline: 7.9 percent of physician office visits made by all child and adult patients included counseling or education related to exercise in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey, CDC, NCHS.

PA–12: (Developmental) Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

PA–13: (Developmental) Increase the proportion of trips made by walking.

PA–13.1.Adults aged 18 years and older, trips of 1 mile or less.

Potential data source: National Household Travel Survey (NHTS), Department of Transportation (DOT), Federal Highway Administration (FHWA).

PA–13.2 Children and adolescents aged 5 to 15 years, trips to school of 1 mile or less.

Potential data source: National Household Travel Survey (NHTS), Department of Transportation (DOT), Federal Highway Administration (FHWA).

PA–14: (Developmental) Increase the proportion of trips made by bicycling.

PA–14.1 Adults aged 18 years and older, trips of 5 miles or less.

Potential data source: National Household Travel Survey (NHT), Department of Transportation (DOT), Federal Highway Administration (FHWA).

PA–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).

PA–15: (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities.

PA–15.1 Community-scale policies.

Potential data source: CDC Division of Nutrition, Physical Activity, and Obesity Legislative Database.

PA–15.2 Street-scale policies.

Potential data source: CDC Division of Nutrition, Physical Activity, and Obesity Legislative Database.

PA–15.3 Transportation and travel policies.

Potential data source: CDC Division of Nutrition, Physical Activity, and Obesity Legislative Database.

Preparedness

Number	Objective Short Title
PREP–1	Public health emergency alert
PREP–2	Emergency personnel activation
PREP–3	Laboratory proficiency
PREP–4	Improvement plans

Topic Area: Preparedness

PREP–1: (Developmental) Reduce the time necessary to issue official information to the public about a public health emergency.

Potential data source: Centers for Disease Control and Prevention (CDC), Division of State and Local Readiness (DSLR) data.

PREP–2: Reduce the time necessary to activate designated personnel in response to a public health emergency.

Target: 60 minutes.

Baseline: 66 minutes were needed for designated personnel to report for immediate duty with no advance notice in 2009.

Target setting method: 10 percent improvement.

Data source: Centers for Disease Control and Prevention (CDC), Division of State and Local Readiness (DSLR) data.

PREP–3: Increase the proportion of Laboratory Response Network (LRN) laboratories that meet proficiency standards.

PREP–3.1 (Developmental) Proportion of LRN biological laboratories that meet proficiency standards for Category A and B threat agents.

Potential data source: Centers for Disease Control and Prevention (CDC), Division of Preparedness and Emerging Infections data collected annually from LRN biological laboratories.

PREP–3.2 Proportion of LRN chemical laboratories that meet proficiency standards for chemical threat agents.

Target: 95 percent.

Baseline: 92 percent of LRN chemical laboratories met proficiency standards for chemical threat agents in 2008.

Target setting method: Modeling/projection.

Data source: Centers for Disease Control and Prevention, CDC National Center for Environmental Health (NCEH) data collected annually from LRN chemical laboratories.

PREP–4: Reduce the time for State public health agencies to establish after-action reports and improvement plans following responses to public health emergencies and exercises.

Target: 41 days.

Baseline: 46 days were required for State public health agencies to establish after-action reports and improvement plans following responses to public health emergencies and exercises in 2009.

Target setting method: 10 percent improvement.

Data source: Centers for Disease Control and Prevention (CDC), Division of State and Local Readiness (DSLR) data.

Public Health Infrastructure

Number	Objective Short Title
Workforce	
PHI–1	Competencies for public health professionals
PHI–2	Continuing education of public health personnel
PHI–3	Integration of core competencies in public health into curricula
PHI–4	Public health majors and minors
PHI–5	Public health majors and minors consistent with core competencies
PHI–6	Associate degrees and certificate programs in public health
Data and Information Systems	
PHI–7	National data for Healthy People 2020 objectives
PHI–8	National tracking of Healthy People 2020 objectives
PHI–9	Timely release of national data for Healthy People 2020 objectives
PHI–10	State vital event reporting
Public Health Organizations	
PHI-11	Public health agencies laboratory services
PHI–12	Public health laboratory systems performance of essential services
PHI–13	Epidemiology services
PHI–14	Public health system assessment
PHI–15	Health improvement plans
PHI–16	Public health agency quality improvement program
PHI–17	Accredited public health agencies

Topic Area: Public Health Infrastructure

WORKFORCE

PHI-1: Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.

PHI-1.1 (Developmental) Federal agencies.

Potential data source: Office of Personnel Management.

PHI-1.2 (Developmental) Tribal agencies.

Potential data source: Indian Health Service.

PHI-1.3 (Developmental) State public health agencies.

Potential data source: State and Territorial Public Health Survey, Association of State and Territorial Health Officials (ASTHO).

PHI-1.4 Local public health agencies.*

Target: 25 percent.

Baseline: 15 percent of local public health agencies incorporated Core Competencies for Public Health Professionals into job descriptions in 2008.

Target setting method: 10 percentage point improvement.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO). (*data for local public health agencies include only data on job descriptions.)

PHI-2: (Developmental) Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with Core Competencies for Public Health Professionals.

Potential data sources: Indian Health Service, the Public Health Foundation TRAIN database, and HRSA's Public Health Training Centers.

PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula.

Target: 94 percent.

Baseline: 91 percent of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) integrated Core Competencies for Public Health Professionals into curricula for public health professionals in 2006.

Target setting method: 3 percent improvement.

Data source: Council on Linkages Study, Council on Linkages Between Academic and Public Health Practice.

PHI-4: Increase the proportion of 4-year colleges and universities that offer public health or related majors and/or minors.

PHI-4.1 Majors.

Target: 10 percent.

Baseline: 7 percent of 4-year colleges and universities offered public health or related majors in 2008.

Target setting method: Modeling/projection.

Data source: Catalog Scan of Undergraduate Public Health Programs, the Association of American Colleges and Universities (AAC&U).

PHI-4.2 Minors.

Target: 15 percent.

Baseline: 11 percent of 4-year colleges and universities offered public health or related minors in 2008.

Target setting method: Modeling/projection.

Data source: Catalog Scan of Undergraduate Public Health Programs, the Association of American Colleges and Universities (AAC&U).

PHI-5: (Developmental) Increase the proportion of 4-year colleges and universities that offer public health or related majors and/or minors which are consistent with the core competencies of undergraduate public health education.

Potential data source: Association of Schools of Public Health (ASPH) in collaboration with the American Association of Colleges and Universities (AAC&U).

PHI-6: Increase the proportion of 2-year colleges that offer public health or related associate degrees and/or certificate programs.

PHI-6.1 Associate degrees.

Target: 3 percent.

Baseline: 2 percent of 2-year colleges offered public health or related associate degrees in 2009.

Target setting method: Modeling/projection.

Data source: American Association of Colleges and Universities (AAC&U); American Association of Community Colleges (AACC).

PHI-6.2 Certificate programs.

Target: 1 percent.

Baseline: 0 percent of 2-year colleges offered public health or related associate certificate programs in 2009.

Target setting method: Modeling/projection.

Data source: American Association of Colleges and Universities (AAC&U); American Association of Community Colleges (AACC).

DATA AND INFORMATION SYSTEMS

PHI-7: (Developmental) Increase the proportion of population-based Healthy People 2020 objectives for which national data are available for all major population groups.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-8: Increase the proportion of Healthy People 2020 objectives that are tracked regularly at the national level.

PHI-8.1 (Developmental) Increase the proportion of objectives that originally did not have baseline data but now have at least baseline data.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-8.2 (Developmental) Increase the proportion of objectives that have at least a baseline and one additional data point.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-8.3 (Developmental) Increase the proportion of objectives that are tracked at least every 3 years.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-9: (Developmental) Increase the proportion of Healthy People 2020 objectives for which national data are released within 1 year of the end of data collection.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-10: Increase the number of States that record vital events using the latest U.S. standard certificates and report.

PHI-10.1 States using the standard certificate of birth.

Target: 52 (50 States, the District of Columbia, and New York City.)

Baseline: 28 States used the 2003 U.S. standard birth certificate in 2008.

Target setting method: Total coverage.

Data source: National Vital Statistics System-Natality (NVSS-N), CDC, NCHS.

PHI-10.2 States using the standard certificate of death.

Target: 52 (50 States, the District of Columbia, and New York City.)

Baseline: 30 States used the 2003 U.S. standard death certificate in 2008.

Target setting method: Total coverage.

Data source: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS.

PHI-10.3 States using the standard report of fetal death.

Target: 52 (50 States, the District of Columbia, and New York City).

Baseline: 22 States used the 2003 U.S. standard report of fetal death in 2008.

Target setting method: Total coverage.

Data source: National Vital Statistics System-Fetal Death (NVSS-Fetal Death), CDC, NCHS.

PUBLIC HEALTH ORGANIZATIONS

PHI-11: Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support essential public health services.

PHI-11.1 Disease prevention, control, and surveillance.

Target: 97 percent.

Baseline: 88 percent of State public health agencies provided or assured comprehensive laboratory services to support disease prevention, control, and surveillance in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.2 Integrated data management.

Target: 61 percent.

Baseline: 55 percent of State public health agencies provided or assured comprehensive laboratory services that had integrated data management in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.3 Reference and specialized testing.

Target: 86 percent.

Baseline: 78 percent of State public health agencies provided or assured comprehensive laboratory services that had reference and specialized testing in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.4 Environmental health and protection.

Target: 61 percent.

Baseline: 55 percent of State public health agencies provided or assured comprehensive laboratory services for environmental health and protection in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.5 Food safety.

Target: 34 percent.

Baseline: 31 percent of State public health agencies provided or assured comprehensive laboratory services for food safety in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.6 Laboratory improvement and regulation.

Target: 45 percent.

Baseline: 41 percent of State public health agencies provided or assured comprehensive laboratory services that had laboratory improvement or regulation in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.7 Policy development.

Target: 74 percent.

Baseline: 67 percent of State public health agencies provided or assured comprehensive laboratory services for policy development in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.8 Emergency response.

Target: 67 percent.

Baseline: 61 percent of State public health agencies provided or assured comprehensive laboratory services for emergency response in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.9 Public health-related research.

Target: 32 percent.

Baseline: 29 percent of State public health agencies provided or assured comprehensive laboratory services for public health-related research in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.10 Training and education.

Target: 52 percent.

Baseline: 47 percent of State public health agencies provided or assured comprehensive laboratory services training and education in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.11 Partnerships and communication.

Target: 67 percent.

Baseline: 61 percent of State public health agencies provided or assured comprehensive laboratory services partnerships and communication in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey, Association of Public Health Laboratories (APHL).

PHI-12: (Developmental) Increase the proportion of public health laboratory systems (including State, Tribal, and local) which perform at a high level of quality in support of the 10 Essential Public Health Services.

Potential data source: Association of Public Health Laboratories.

PHI-13: Increase the proportion of Tribal, State, and local public health agencies that provide or assure comprehensive epidemiology services to support essential public health services.

PHI-13.1 State epidemiologists with formal training in epidemiology.

Target: 100 percent.

Baseline: 87 percent of State epidemiologists had received formal training in epidemiology, as reported in 2009.

Target setting method: Total coverage.

Data source: Epidemiology Capacity Assessment (ECA), Council of State and Territorial Epidemiologists (CSTE).

PHI-13.2 (Developmental) Tribal public health agencies.

Potential data source: Survey of Regionally Based Public Health Services/Infrastructure in Indian Country, Tribal Epidemiology Centers (Epi Centers), CDC, and IHS.

PHI-13.3 State public health agencies.

Target: 100 percent.

Baseline: 55 percent of State public health agencies provided or assured comprehensive epidemiology services to support essential public health services in 2009.

Target setting method: Total coverage.

Data source: Epidemiology Capacity Assessment (ECA), Council of State and Territorial Epidemiologists (CSTE).

PHI-13.4 Local public health agencies.

Target: 100 percent.

Baseline: 64 percent of local public health agencies provided or assured comprehensive epidemiology services to support essential public health services in 2008.

Target setting method: Total coverage.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

PHI-14: Increase the proportion of State and local public health jurisdictions that conduct a public health system assessment using national performance standards.

PHI-14.1 State public health systems.

Target: 78 percent.

Baseline: 49 percent of State public health systems had ever submitted State Public Health System Performance Assessment data to the National Public Health Performance Standards Program in 2009.

Target setting method: Modeling/projection.

Data source: National Public Health Performance Standards Program, CDC, Office for State, Tribal, Local and Territorial Support.

PHI-14.2 Local public health systems.

Target: 50 percent.

Baseline: 28 percent of local public health systems had ever submitted Local Public Health System Performance Assessment data to the National Public Health Performance Standards Program in 2009.

Target setting method: Modeling/projection.

Data source: National Public Health Performance Standards Program, CDC, Office for State, Tribal, Local and Territorial Support.

PHI- 14.3 (Developmental) Local boards of health.

Potential data source: National Public Health Performance Standards Program, CDC, Office for State, Tribal, Local and Territorial Support.

PHI-15: Increase the proportion of Tribal, State, and local public health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have implemented a health improvement plan linked with their State plan.

PHI-15.1 (Developmental) Tribal agencies.

Potential data source: Indian Health Service.

PHI-15.2 (Developmental) State public health agencies.

Potential data source: State and Territorial Public Health Survey, Association of State and Territorial Health Officials (ASTHO).

PHI-15.3 (Developmental) Local public health agencies.

Potential data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

PHI-15.4 (Developmental) Local jurisdictions that have linked health improvement plans to the State plans.

Potential data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

PHI-16: (Developmental) Increase the proportion of Tribal, State, and local public health agencies that have implemented an agency-wide quality improvement process.

Potential data sources: State and Territorial Public Health Survey, Association of State and Territorial Health Officials (ASTHO); National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO) and the Indian Health Service.

PHI-17: (Developmental) Increase the proportion of Tribal, State, and local public health agencies that are accredited.

Potential data source: Public Health Accreditation Board.

Respiratory Diseases

Number	Objective Short Title
Asthma	
RD–1	Deaths from asthma
RD–2	Hospitalizations for asthma
RD–3	Emergency department visits for asthma
RD–4	Asthma activity limitations
RD–5	School or workdays missed
RD–6	Patient education
RD–7	Appropriate asthma care
RD–8	Asthma surveillance systems
Chronic Obstructive Pulmonary Disease (COPD)	
RD–9	Chronic obstructive pulmonary disease activity limitations
RD–10	Deaths from chronic obstructive pulmonary disease
RD–11	Hospitalizations for chronic obstructive pulmonary disease
RD–12	Emergency department visits for chronic obstructive pulmonary disease
RD–13	Diagnosis of underlying obstructive disease

Topic Area: Respiratory Diseases

Asthma

RD–1: Reduce asthma deaths.

RD–1.1 Children and adults under age 35 years.

Target: Not applicable.

Baseline: 3.4 asthma deaths per million children and adults under age 35 years occurred in 2007.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Vital Statistics System–Mortality (NVSS-M), CDC, NCHS.

RD–1.2 Adults aged 35 to 64 years old.

Target: 6.0 deaths per million.

Baseline: 11.0 asthma deaths per million adults aged 35 to 64 years occurred in 2007.

Target setting method: Projection.

Data source: National Vital Statistics System–Mortality (NVSS-M), CDC, NCHS.

RD–1.3 Adults aged 65 years and older.

Target: 22.9 deaths per million.

Baseline: 43.3 asthma deaths per million adults aged 65 years and older occurred in 2007.

Target setting method: Projection.

RD–2: Reduce hospitalizations for asthma.

RD–2.1 Children under age 5 years.

Target: 18.1 hospitalizations per 10,000.

Baseline: 41.4 hospitalizations for asthma per 10,000 children under age 5 years occurred in 2007.

Target setting method: Minimal statistical significance.[i]

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

RD–2.2 Children and adults aged 5 to 64 years.

Target: 8.6 hospitalizations per 10,000.

Baseline: 11.1 hospitalizations for asthma per 10,000 children and adults aged 5 to 64 years occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

RD–2.3 Adults aged 65 years and older.

Target: 20.3 hospitalizations per 10,000.

Baseline: 25.3 hospitalizations for asthma per 10,000 adults aged 65 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

RD–3: Reduce hospital emergency department visits for asthma.

RD–3.1 Children under age 5 years.

Target: 95.5 emergency department visits per 10,000.

Baseline: 132.7 emergency department visits for asthma per 10,000 children under age 5 years occurred in 2005–07.

Target setting method: Minimal statistical significance.[i]

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

RD–3.2 Children and adults aged 5 to 64 years.

Target: 49.1 emergency department visits per 10,000.

Baseline: 56.4 emergency department visits for asthma per 10,000 children and adults aged 5 to 64 years occurred in 2005–07.

Target setting method: Minimal statistical significance.[i]

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

RD–3.3 Adults aged 65 years and older.

Target: 13.2 emergency department visits per 10,000.

Baseline: 21.0 emergency department visits for asthma per 10,000 adults aged 65 years and older occurred in 2005–07.

Target setting method: Minimal statistical significance.[i]

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

RD–4: Reduce activity limitations among persons with current asthma.

Target: 10.2 percent.

Baseline: 12.7 percent of persons with current asthma experienced activity limitations due to chronic lung and breathing problems in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–5: Reduce the proportion of persons with asthma who miss school or work days.

RD–5.1 Reduce the proportion of children aged 5 to 17 years with asthma who miss school days.

Target: 48.7 percent.

Baseline: 58.7 percent of children aged 5 to 17 years who had an asthma episode or attack in the past 12 months missed school days due to asthma in the past 12 months in 2008.

Target setting method: Minimal statistical significance.[i]

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–5.2 Reduce the proportion of adults aged 18 to 64 years with asthma who miss work days.

Target: 26.8 percent.

Baseline: 33.2 percent of adults aged 18 to 64 years who had an asthma episode or attack in the past 12 months missed work days due to asthma in the past 12 months in 2008.

Target setting method: Minimal statistical significance.[i]

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–6: Increase the proportion of persons with current asthma who receive formal patient education.

Target: 14.4 percent.

Baseline: 12.1 percent of persons with current asthma received formal patient education in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–7: Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines.

RD–7.1 Persons with current asthma who receive written asthma management plans from their health care provider.

Target: 36.8 percent.

Baseline: 33.4 percent of persons with current asthma received written asthma management plans from their health care provider in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–7.2 Persons with current asthma with prescribed inhalers who receive instruction on their use.

Target: Not applicable.

Baseline: 95.9 percent of persons with current asthma with prescribed inhalers received instruction on their use in 2008 (age adjusted to the year 2000 standard population).

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–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.

Target: 68.5 percent.

Baseline: 64.8 percent of persons with current asthma received education about appropriate response to an asthma episode, including recognizing early signs and symptoms or monitoring peak flow results in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–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.

Target: 90.2 percent.

Baseline: 87.9 percent of persons with current asthma did not use more than one canister of short-acting inhaled beta agonist per month in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–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.

Target: 54.5 percent.

Baseline: 50.8 percent of persons with current asthma were 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 in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD– 7.6 (Developmental) Persons with current asthma who have had at least one routine follow-up visit in the past 12 months.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD– 7.7 (Developmental) Persons with current asthma whose doctor assessed their asthma control in the past 12 months.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD– 7.8 (Developmental) Adults with current asthma who have discussed with a doctor or other health professional whether their asthma was work related.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–8: Increase the numbers of States, Territories, and the District of Columbia with a comprehensive asthma surveillance system for tracking asthma cases, illness, and disability at the State level.

Target: 47 areas.

Baseline: 43 areas (41 States, the District of Columbia, and Puerto Rico) had a comprehensive asthma surveillance system for tracking asthma cases, illness, and disability at the State level in 2009.

Target setting method: 10 percent improvement.

Data source: National Asthma Control Program, NCEH, CDC.

Chronic Obstructive Pulmonary Disease (COPD)

RD–9: Reduce activity limitations among adults with chronic obstructive pulmonary disease (COPD).

Target: 18.7 percent.

Baseline: 23.2 percent of adults with COPD aged 45 years and older experienced activity limitations due to chronic lung and breathing problems in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–10: Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.

Target: 98.5 deaths per 100,000.

Baseline: 112.4 COPD deaths per 100,000 adults aged 45 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

RD–11: Reduce hospitalizations for chronic obstructive pulmonary disease (COPD).

Target: 50.1 hospitalizations per 10,000.

Baseline: 56.0 hospitalizations for COPD per 10,000 adults aged 45 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

RD–12: Reduce hospital emergency department visits for chronic obstructive pulmonary disease (COPD).

Target: 55.2 emergency department visits per 10,000.

Baseline: 79.6 emergency department visits for COPD per 10,000 adults aged 45 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

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.

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[i] Minimal statistical significance: the smallest improvement that results in a statistically significant difference when tested against the baseline value.

Sexually Transmitted Diseases

Number	Objective Short Title
STD–1	Chlamydia
STD–2	Chlamydia among females
STD–3	Annual screening for genital Chlamydia by Medicaid
STD–4	Annual screening for genital Chlamydia by insurance plans
STD–5	Pelvic inflammatory disease
STD–6	Gonorrhea
STD–7	Primary and secondary syphilis
STD–8	Congenital syphilis
STD–9	Human papillomavirus infection
STD–10	Genital herpes

Topic Area: Sexually Transmitted Diseases

STD–1: Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections.

STD–1.1 Among females aged 15 to 24 years attending family planning clinics.

Target: 6.7 percent.

Baseline: In 2008, 7.4 percent of females aged 15 to 24 years who attended family planning clinics in the past 12 months tested positive for Chlamydia trachomatis infections.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–1.2 Among females aged 24 years and under enrolled in a National Job Training Program.

Target: 11.5 percent.

Baseline: In 2008, 12.8 percent of females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis infections.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP; National Job Training Program.

STD–1.3 Among males aged 24 years and under enrolled in a National Job Training Program.

Target: 6.3 percent.

Baseline: In 2008, 7.0 percent of males aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis infections.

Target setting method: 10 percent improvement.

Data sources: STD Surveillance System (STDSS), CDC, NCHHSTP; National Job Training Program.

STD–2: (Developmental) Reduce Chlamydia rates among females aged 15 to 44 years.

Potential data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–3: Increase the proportion of sexually active females aged 24 years and under enrolled in Medicaid plans who are screened for genital Chlamydia infections during the measurement year.

STD–3.1 Females aged 16 to 20 years.

Target: 74.4 percent.

Baseline: As reported in 2008, 52.7 percent of sexually active females aged 16 to 20 years enrolled in Medicaid plans were screened for genital Chlamydia infections during the measurement year.

Target setting method: 10 percent improvement.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), National Committee for Quality Assurance (NCQA).

STD–3.2 Females aged 21 to 24 years.

Target: 80.0 percent.

Baseline: 59.4 percent of sexually active females aged 21 to 24 years enrolled in Medicaid plans were screened for genital Chlamydia infections during the measurement year, as reported in 2008.

Target setting method: 10 percent improvement.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), National Committee for Quality Assurance (NCQA).

STD–4: Increase the proportion of sexually active females aged 24 years and under enrolled in commercial health insurance plans who are screened for genital Chlamydia infections during the measurement year.

STD–4.1 Females aged 16 to 20 years.

Target: 65.9 percent.

Baseline: As reported in 2008, 40.1 percent of sexually active females aged 16 to 20 years enrolled in commercial health insurance plans were screened for genital Chlamydia infections during the measurement year.

Target setting method: 10 percent improvement.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), National Committee for Quality Assurance (NCQA).

STD–4.2 Females aged 21 to 24 years.

Target: 78.3 percent.

Baseline: As reported in 2008, 43.5 percent of sexually active females aged 21 to 24 years enrolled in commercial health insurance plans were screened for genital Chlamydia infections during the measurement year.

Target setting method: 10 percent improvement.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), National Committee for Quality Assurance (NCQA).

STD–5: Reduce the proportion of females aged 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID).

Target: 3.59 percent.

Baseline: In 2006–08, 3.99 percent of females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory disease (PID).

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

STD–6: Reduce gonorrhea rates.

STD–6.1 Females aged 15 to 44 years.

Target: 257 new cases per 100,000 population.

Baseline: 285 new cases of gonorrhea per 100,000 females aged 15 to 44 years were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–6.2 Males aged 15 to 44 years.

Target: 198 new cases per 100,000 population.

Baseline: 220 new cases of gonorrhea per 100,000 males aged 15 to 44 years were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–7: Reduce sustained domestic transmission of primary and secondary syphilis.

STD–7.1 Among females.

Target: 1.4 new cases per 100,000 population.

Baseline: 1.5 new cases of primary and secondary syphilis per 100,000 females were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–7.2 Among males.

Target: 6.8 new cases per 100,000 population.

Baseline: 7.6 new cases of primary and secondary syphilis per 100,000 males were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–8: Reduce congenital syphilis.

Target: 9.1 new cases per 100,000 live births.

Baseline: 10.1 new cases of congenital syphilis per 100,000 live births were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–9: (Developmental) Reduce the proportion of females with human papillomavirus (HPV) infection.

STD–9.1 Females with types 6 and 11.

Potential data sources: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; National Health Interview Study (NHIS), CDC, NCHS.

STD–9.2 Females with types 16 and 18.

Potential data sources: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; National Health Interview Study (NHIS), CDC, NCHS.

STD–9.3 Females with other types.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

STD–10: Reduce the proportion of young adults with genital herpes infection due to herpes simplex type 2.

Target: 9.5 percent.

Baseline: 10.5 percent of young adults tested positive for herpes simplex virus type 2 in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Sleep Health

Number	Objective Short Title
SH–1	Evaluation for obstructive sleep apnea
SH–2	Vehicular crashes due to drowsy driving
SH–3	Sufficient sleep among 9th to 12th graders
SH–4	Sufficient sleep among adults

Topic Area: Sleep Health

SH–1: Increase the proportion of persons with symptoms of obstructive sleep apnea who seek medical evaluation.

Target: 28.0 percent.

Baseline: 25.5 percent of persons with symptoms of obstructive sleep apnea sought medical evaluation in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.[i]

Data source*:* National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

SH–2: Reduce the rate of vehicular crashes per 100 million miles traveled that are due to drowsy driving.

Target: 2.1 vehicular crashes per 100 million miles traveled.

Baseline: 2.7 vehicular crashes per 100 million miles traveled were due to drowsy driving in 2008.

Target setting method: Minimal statistical significance.[i]

Data source: General Estimates System (GES), DOT, NHTSA.

SH–3: Increase the proportion of students in grades 9 through 12 who get sufficient sleep.

Target: 33.2 percent.

Baseline: 30.9 percent of students in grades 9 through 12 got sufficient sleep (defined as 8 or more hours of sleep on an average school night) in 2009.

Target setting method: Minimal statistical significance.[i]

Data source**:** Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

SH–4: Increase the proportion of adults who get sufficient sleep.

Target: 70.9 percent.

Baseline: 69.6 percent of adults got sufficient sleep (defined as ≥ 8 hours for those aged 18 to 21 years and ≥ 7 hours for those aged 22 years and older on average during a 24-hour period) in 2008.

Target setting method: Minimal statistical significance.[i]

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

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[i] Minimal statistical significance: the smallest improvement that results in a statistically significant difference when tested against the baseline value.

Substance Abuse

Number	Objective Short Title
Policy and Prevention	
SA–1	Adolescents riding with a driver who has been drinking
SA–2	Substance-free adolescents
SA–3	Adolescent disapproval of substance abuse
SA–4	Adolescent perception of risk associated with substance abuse
SA–5	Specialty courts
SA–6	Mandatory ignition interlock laws
Screening and Treatment	
SA–7	Admissions for injection drug use
SA–8	Receipt of specialty treatment for substance abuse or dependence
SA–9	Referral for care and treatment
SA–10	Trauma centers implementing alcohol Screening and Brief Intervention
Epidemiology and Surveillance	
SA–11	Cirrhosis deaths
SA–12	Drug-induced deaths
SA–13	Recent use of illicit substances
SA–14	Binge drinking
SA–15	Excessive drinking
SA–16	Average annual alcohol consumption
SA–17	Alcohol-impaired driving deaths
SA–18	Steroid use among adolescents
SA–19	Prescription drug abuse
SA–20	Alcohol-attributable deaths

SA–21 Inhalant use among adolescents

Topic Area: Substance Abuse

Policy and Prevention

SA–1: Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.

Target: 25.5 percent.

Baseline: 28.3 percent of students in grades 9 through 12 reported that they rode, during the previous 30 days, with a driver who had been drinking alcohol in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

SA–2: Increase the proportion of adolescents never using substances.

SA–2.1 Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using alcohol for the first time.

Target: 94.4 percent.

Baseline: 85.8 percent of adolescents aged 12 to 17 years who had never used alcohol in their lives refrained from using alcohol for the first time in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–2.2 Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using marijuana for the first time.

Target: 96.4 percent.

Baseline: 94.4 percent of adolescents aged 12 to 17 years who had never used marijuana in their lives refrained from using marijuana for the first time in 2008.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–2.3 Increase the proportion of high school seniors never using substances—Alcoholic beverages.

Target: 30.5 percent.

Baseline: 27.7 percent of high school seniors reported never using alcoholic beverages in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–2.4 Increase the proportion of high school seniors never using substances—Illicit drugs.

Target: 58.6 percent.

Baseline: 53.3 percent of high school seniors reported never using illicit drugs in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–3: Increase the proportion of adolescents who disapprove of substance abuse.

SA–3.1 Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day—8th graders.

Target: 86.4 percent.

Baseline: 78.5 percent of 8th graders reported that they disapproved of people having one or two alcoholic drinks nearly every day in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–3.2 Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day—10th graders.

Target: 85.4 percent.

Baseline: 77.6 percent of 10th graders reported that they disapproved of people having one or two alcoholic drinks nearly every day in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–3.3 Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day—12th graders.

Target: 77.6 percent.

Baseline: 70.5 percent of 12th graders reported that they disapproved of people having one or two alcoholic drinks nearly every day in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–3.4 Increase the proportion of adolescents who disapprove of trying marijuana or hashish once or twice—8th graders.

Target: 82.8 percent.

Baseline: 75.3 percent of 8th graders reported that they disapproved of people trying marijuana or hashish once or twice in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–3.5 Increase the proportion of adolescents who disapprove of trying marijuana or hashish once or twice—10th graders.

Target: 66.1 percent.

Baseline: 60.1 percent of 10th graders reported that they disapproved of people trying marijuana or hashish once or twice in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–3.6 Increase the proportion of adolescents who disapprove of trying marijuana or hashish once or twice—12th graders.

Target: 60.3 percent.

Baseline: 54.8 percent of 12th graders reported that they disapproved of people trying marijuana or hashish once or twice in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–4: Increase the proportion of adolescents who perceive great risk associated with substance abuse.

SA–4.1 Increase the proportion of adolescents aged 12 to 17 years perceiving great risk associated with substance abuse—Consuming five or more alcoholic drinks at a single occasion once or twice a week.

Target: 44.6 percent.

Baseline: 40.5 percent of adolescents aged 12 to 17 years reported that they perceived great risk associated with consuming five or more alcoholic drinks at a single occasion once or twice a week in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–4.2 Increase the proportion of adolescents aged 12 to 17 years perceiving great risk associated with substance abuse—Smoking marijuana once per month.

Target: 37.3 percent.

Baseline: 33.9 percent of adolescents aged 12 to 17 years reported that they perceived great risk associated with smoking marijuana once per month in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–4.3 Increase the proportion of adolescents aged 12 to 17 years perceiving great risk associated with substance abuse—Using cocaine once per month.

Target: 54.7 percent.

Baseline: 49.7 percent of adolescents aged 12 to 17 years reported that they perceived great risk associated with using cocaine once per month in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–5: (Developmental) Increase the number of drug, driving while impaired (DWI), and other specialty courts in the United States.

Potential data source: National Association of Drug Court Professionals (NADCP) database.

SA–6: Increase the number of States with mandatory ignition interlock laws for first and repeat impaired driving offenders in the United States.

Target: 51 (50 States and the District of Columbia).

Baseline: 13 States had mandatory ignition interlock laws for first and repeat impaired driving offenders in 2009.

Target setting method: Total coverage.

Data source: Mothers Against Drunk Driving (MADD).

Screening and Treatment

SA–7: Increase the number of admissions to substance abuse treatment for injection drug use.

Target: 279,706 admissions.

Baseline: 254,278 admissions to substance abuse treatment programs for injection drug use were reported in 2006.

Target setting method: 10 percent improvement.

Data source: Treatment Episodes Data Set (TEDS), SAMHSA.

SA–8: Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year.

SA–8.1 Illicit drug treatment.

Target: 17.6 percent.

Baseline: 16.0 percent of persons aged 12 years and older who needed illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–8.2 Alcohol and/or illicit drug treatment.

Target: 10.9 percent.

Baseline: 9.9 percent of persons aged 12 years and older who needed alcohol treatment and/or illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–8.3 Alcohol abuse or dependence treatment.

Target: 9.0 percent.

Baseline: 8.2 percent of persons aged 12 years and older who needed alcohol treatment reported that they received specialty treatment for abuse or dependence in the past year in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–9: (Developmental) Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department.

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

SA–10: Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI).

Target: 358 Level I and Level II trauma centers.

Baseline: 325 Level I and Level II trauma centers met the criteria for implementing evidence-based alcohol Screening and Brief Intervention in 2009.

Target setting method: 10 percent improvement.

Data source: National Trauma Verification Registry, American College of Surgeons.

Epidemiology and Surveillance

SA–11: Reduce cirrhosis deaths.

Target: 8.2 deaths per 100,000 population.

Baseline: 9.1 cirrhosis deaths per 100,000 population occurred in 2007 (age adjusted per 100,000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

SA–12: Reduce drug-induced deaths.

Target: 11.3 deaths per 100,000 population.

Baseline: 12.6 drug-induced deaths per 100,000 population occurred in 2007 (age adjusted per 100,000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

SA–13: Reduce past-month use of illicit substances.

SA–13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days.

Target: 16.5 percent.

Baseline: 18.3 percent of adolescents aged 12 to 17 years reported use of alcohol or any illicit drugs during the past 30 days in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–13.2 Reduce the proportion of adolescents reporting use of marijuana during the past 30 days.

Target: 6.0 percent.

Baseline: 6.7 percent of adolescents aged 12 to 17 years reported use of marijuana during the past 30 days in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–13.3 Reduce the proportion of adults reporting use of any illicit drug during the past 30 days.

Target: 7.1 percent.

Baseline: 7.9 percent of adults aged 18 years and older reported use of any illicit drug during the past 30 days in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–14: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.

SA–14.1 Reduce the proportion of students engaging in binge drinking during the past 2 weeks—High school seniors.

Target: 22.7 percent.

Baseline: 25.2 percent of high school seniors reported that they engaged in binge drinking during the past 2 weeks in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–14.2 Reduce the proportion of students engaging in binge drinking during the past 2 weeks—College students.

Target: 36.0 percent.

Baseline: 40.0 percent of college students reported that they engaged in binge drinking during the past 2 weeks in 2008.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–14.3 Reduce the proportion of persons engaging in binge drinking during the past 30 days—Adults aged 18 years and older.

Target: 24.3 percent.

Baseline: 27.0 percent of adults aged 18 years and older reported that they engaged in binge drinking during the past 30 days in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–14.4 Reduce the proportion of persons engaging in binge drinking during the past month—Adolescents aged 12 to 17 years.

Target: 8.5 percent.

Baseline: 9.4 percent of adolescents aged 12 to 17 years reported that they engaged in binge drinking during the past month in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–15: Reduce the proportion of adults who drank excessively in the previous 30 days.

Target: 25.3 percent.

Baseline: 28.1 percent of adults aged 18 years and older reported that they drank excessively in the previous 30 days in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–16: Reduce average annual alcohol consumption.

Target: 2.1 gallons.

Baseline: 2.3 gallons of ethanol per person aged 14 years and older were consumed in 2007.

Target setting method: 10 percent improvement.

Data source: Alcohol Epidemiologic Data System (AEDS), NIH.

SA–17: Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities.

Target: 0.38 deaths per 100 million vehicle miles traveled.

Baseline: 0.40 deaths per 100 million vehicle miles traveled involved a driver or motorcycle rider with a BAC of .08 or greater in 2008.

Target setting method: 5 percent improvement.

Data source: Fatality Analysis Reporting System (FARS), DOT.

SA–18: Reduce steroid use among adolescents.

SA–18.1 Among 8th graders.

Target: Not applicable.

Baseline: 1.3 percent of 8th graders reported that they used steroids in the past year in 2009.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–18.2 Among 10th graders.

Target: Not applicable.

Baseline: 1.3 percent of 10th graders reported that they used steroids in the past year in 2009.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–18.3 Among 12th graders.

Target: Not applicable.

Baseline: 2.2 percent of 12th graders reported that they used steroids in the past year in 2009.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Monitoring the Future Survey (MTF), NIH.

SA–19: Reduce the past-year nonmedical use of prescription drugs.

SA–19.1 Pain relievers.

Target: Not applicable.

Baseline: 4.8 percent of persons aged 12 years and older reported nonmedical use of pain relievers in the past year in 2008.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–19.2 Tranquilizers.

Target: Not applicable.

Baseline: 2.0 percent of persons aged 12 years and older reported nonmedical use of tranquilizers in the past year in 2008.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–19.3 Stimulants.

Target: Not applicable.

Baseline: 1.06 percent of persons aged 12 years and older reported nonmedical use of stimulants in the past year in 2008.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–19.4 Sedatives.

Target: Not applicable.

Baseline: 0.25 percent of persons aged 12 years and older reported nonmedical use of sedatives in the past year in 2008.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–19.5 Any psychotherapeutic drug (including any of those noted above).

Target: 5.5 percent.

Baseline: 6.1 percent of persons aged 12 years and older reported nonmedical use of any psychotherapeutic drug in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–20: Decrease the number of deaths attributable to alcohol.

Target: 71,681 deaths.

Baseline: 79,646 deaths attributable to the harmful effects of excessive alcohol use occurred in 2001–05 (average annual number).

Target setting method: 10 percent improvement.

Data source: Alcohol Related Disease Impact (ARDI) System, CDC.

SA–21: Reduce the proportion of adolescents who use inhalants.

Target: Not applicable.

Baseline: 3.9 percent of adolescents aged 12 to 17 years reported that they used inhalants in the past year in 2008.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

Tobacco Use

Number	Objective Short Title
Tobacco Use	
TU–1	Adult tobacco use
TU–2	Adolescent tobacco use
TU–3	Initiation of tobacco use
TU–4	Smoking cessation attempts by adults
TU–5	Adult success in smoking cessation
TU–6	Smoking cessation during pregnancy
TU–7	Smoking cessation attempts by adolescents
Health Systems Change	
TU–8	Medicaid coverage for smoking cessation
TU–9	Tobacco screening in health care settings
TU–10	Tobacco cessation counseling in health care settings
Social and Environmental Changes	
TU–11	Exposure to secondhand smoke
TU–12	Indoor worksite smoking policies
TU–13	Smoke-free indoor air laws
TU–14	Smoke-free homes
TU–15	Tobacco-free schools
TU–16	Preemptive tobacco control laws
TU–17	Tobacco tax
TU–18	Exposure of adolescents and young adults to advertising and promotion
TU–19	Enforcement of illegal sales to minors laws
TU–20	Evidence-based tobacco control programs

Topic Area: Tobacco Use

Tobacco Use

TU–1: Reduce tobacco use by adults.

TU–1.1 Cigarette smoking.

Target: 12.0 percent.

Baseline: 20.6 percent of adults aged 18 years and older were current cigarette smokers in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Retain Healthy People 2010 target of 12 percent.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–1.2 Smokeless tobacco products.

Target: 0.3 percent.

Baseline: 2.3 percent 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).

Target setting method: 2 percentage point improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–1.3 Cigars.

Target: 0.2 percent.

Baseline: 2.2 percent of adults aged 18 years and older were current cigar smokers in 2005 (age adjusted to the year 2000 standard population).

Target setting method: 2 percentage point improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–2: Reduce tobacco use by adolescents.

TU–2.1 Tobacco products (past 30 days).

Target: 21.0 percent.

Baseline: 26.0 percent of adolescents in grades 9 through 12 used cigarettes, chewing tobacco, snuff, or cigars in the past 30 days in 2009.

Target setting method**:** Retain Healthy People 2010 target.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

TU–2.2 Cigarettes (past 30 days).

Target: 16.0 percent.

Baseline: 19.5 percent of adolescents in grades 9 through 12 smoked cigarettes in the past 30 days in 2009.

Target setting method: Retain Healthy People 2010 target of 16 percent.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

TU–2.3 Smokeless tobacco products (past 30 days).

Target: 6.9 percent.

Baseline: 8.9 percent of adolescents in grades 9 through 12 used smokeless (chewing tobacco or snuff) tobacco products in the past 30 days in 2009.

Target setting method: 2 percentage point improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

TU–2.4 Cigars (past 30 days).

Target: 8.0 percent.

Baseline:14.0 percent of adolescents in grades 9 through 12 smoked cigars in the past 30 days in 2009.

Target setting method: Retain Healthy People 2010 target of 8 percent.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

TU–3: Reduce the initiation of tobacco use among children, adolescents, and young adults.

TU–3.1 Children and adolescents aged 12 to 17 years—Tobacco products.

Target: 5.7 percent.

Baseline: 7.7 percent 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.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.2 Children and adolescents aged 12 to 17 years—Cigarettes.

Target: 4.2 percent.

Baseline: 6.2 percent 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.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.3 Children and adolescents aged 12 to 17 years—Smokeless tobacco products.

Target: 0.5 percent.

Baseline: 2.5 percent 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.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.4 Children and adolescents aged 12 to 17 years—Cigars.

Target: 2.8 percent.

Baseline: 4.8 percent 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.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.5 Young adults aged 18 to 25 years—Tobacco products.

Target: 8.8 percent.

Baseline: 10.8 percent 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.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.6 Young adults aged 18 to 25 years—Cigarettes.

Target: 6.3 percent.

Baseline: 8.3 percent 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.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.7 Young adults aged 18 to 25 years—Smokeless tobacco products.

Target: 0.2 percent.

Baseline: 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.

Target setting method**:** 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.8 Young adults aged 18 to 25 years—Cigars.

Target: 4.1 percent.

Baseline: 6.1 percent 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.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–4: Increase smoking cessation attempts by adult smokers.

TU–4.1 Increase smoking cessation attempts by adult smokers.

Target: 80.0 percent.

Baseline: 48.3 percent 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).

Target setting method**:** Retain Healthy People 2010 target of 80 percent.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU– 4.2 (Developmental) Increase smoking cessation attempts using evidence-based strategies by adult smokers.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–5: Increase recent smoking cessation success by adult smokers.

5.1 Increase recent smoking cessation success by adult smokers.

Target: 8.0 percent.

Baseline: 6.0 percent 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).

Target setting method: 2 percentage point improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU– 5.2 (Developmental) Increase recent smoking cessation success using evidence-based strategies by adult smokers.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–6: Increase smoking cessation during pregnancy.

Target: 30.0 percent.

Baseline: 11.3 percent 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.

Target setting method: Retain the Healthy People 2010 target.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–7: Increase smoking cessation attempts by adolescent smokers.

Target: 64.0 percent.

Baseline: 58.5 percent of adolescent smokers in grades 9 through 12 tried to stop smoking in the past 12 months in 2009.

Target setting method: Retain Healthy People 2010 target of 64 percent.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

Health Systems Change

TU–8: Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in States and the District of Columbia.

Target: 51 (50 States and the District of Columbia).

Baseline: 6 States had comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in 2007.

Target setting method: Total coverage.

Data source: State Medicaid Coverage Survey for Tobacco-Dependence Treatments, CDC.

TU–9: Increase tobacco screening in health care settings.

TU–9.1 Increase tobacco screening in office-based ambulatory care settings.

Target: 68.6 percent.

Baseline: 62.4 percent of office-based ambulatory care setting visits among patients aged 18 years and older had tobacco screening in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), NCHS.

TU–9.2 Increase tobacco screening in hospital ambulatory care settings.

Target: 66.2 percent.

Baseline: 60.2 percent of hospital ambulatory care setting visits among patients aged 18 years and older had tobacco screening in 2007.

Target setting method: 10 percent improvement.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), NCHS.

TU– 9.3 (Developmental) Increase tobacco screening in dental care settings.

Potential data source: American Dental Association's Survey of Dental Practice.

TU– 9.4 (Developmental) Increase tobacco screening in substance abuse care settings.

Potential data source: National Survey of Substance Abuse Treatment Services.

TU–10: Increase tobacco cessation counseling in health care settings.

TU–10.1 Increase tobacco cessation counseling in office-based ambulatory care settings.

Target: 21.1 percent.

Baseline: 19.2 percent of visits to an office-based ambulatory care setting among current tobacco users aged 18 years and older had tobacco cessation counseling ordered or provided during that visit in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), NCHS.

TU–10.2 Increase tobacco cessation counseling in hospital ambulatory care settings.

Target: 24.9 percent.

Baseline: 22.6 percent of visits to a hospital ambulatory care setting among current tobacco users aged 18 years and older had tobacco cessation counseling ordered or provided during that visit in 2007.

Target setting method: 10 percent improvement.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), NCHS.

TU–10.3 (Developmental) Increase tobacco cessation counseling in dental care settings.

Potential data source: American Dental Association's Survey of Dental Practice.

TU–10.4 (Developmental) Increase tobacco cessation counseling in substance abuse care settings.

Potential data source: National Survey of Substance Abuse Treatment Services.

Social and Environmental Changes

TU–11: Reduce the proportion of nonsmokers exposed to secondhand smoke.

TU–11.1 Children aged 3 to 11 years.

Target: 47.0 percent.

Baseline: 52.2 percent of children aged 3 to 11 years were exposed to secondhand smoke in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

TU–11.2 Adolescents aged 12 to 17 years.

Target: 41.0 percent.

Baseline: 45.5 percent of nonsmoking adolescents aged 12 to 17 years were exposed to secondhand smoke in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

TU–11.3 Adults aged 18 years and older.

Target: 33.8 percent.

Baseline: 37.6 percent of nonsmoking adults aged 18 years and older were exposed to secondhand smoke in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

TU–12: Increase the proportion of persons covered by indoor worksite policies that prohibit smoking.

Target: 100.0 percent.

Baseline: 75.3 percent 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.

Target setting method: Projected trend data.

Data source: Tobacco Use Supplement to the Current Population Survey (TUS-CPS), U.S. Bureau of the Census and BLS.

TU–13: Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites.

TU–13.1 Private workplaces.

Target: 51 (50 States and the District of Columbia).

Baseline: 30 (29 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in private workplaces in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–13.2 Public workplaces.

Target: 51 (50 States and the District of Columbia).

Baseline: 34 (33 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in public workplaces in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–13.3 Restaurants.

Target: 51 (50 States and the District of Columbia).

Baseline: 28 (27 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in restaurants in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–13.4 Bars.

Target: 51 (50 States and the District of Columbia).

Baseline: 22 (21 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in bars in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU– 13.5 (Developmental) Gaming halls.

Potential data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–13.6 Commercial daycare centers.

Target: 51 (50 States and the District of Columbia).

Baseline: 38 (37 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in commercial daycare centers in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–13.7 Home-based daycare centers.

Target: 51 (50 States and the District of Columbia).

Baseline: 37 (36 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in home-based daycare centers in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–13.8 Public transportation.

Target: 51 (50 States and the District of Columbia).

Baseline: 38 (37 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in public transportation in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–13.9 Hotels and motels.

Target: 51 (50 States and the District of Columbia).

Baseline: Zero States or the District of Columbia had smoke-free indoor air laws that prohibit smoking in hotels and motels in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–13.10 Multiunit housing.

Target: 51 (50 States and the District of Columbia).

Baseline: Zero States or the District of Columbia had smoke-free indoor air laws that prohibit smoking in multiunit housing in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–13.11 Vehicles with children.

Target: 51 (50 States and the District of Columbia).

Baseline: 4 States had smoke-free indoor air laws that prohibit smoking in vehicles with children in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–13.12 Prisons and correctional facilities.

Target: 51 (50 States and the District of Columbia).

Baseline: 8 States had smoke-free indoor air laws that prohibit smoking in prisons and correctional facilities in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU– 13.13 (Developmental) Substance abuse treatment facilities.

Potential data source**:** State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU– 13.14 (Developmental) Mental health treatment facilities.

Potential data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU– 13.15 (Developmental) Entrances and exits of all public places.

Potential data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–13.16 (Developmental) Hospital campuses.

Potential data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU– 13.17 (Developmental) College and university campuses.

Potential data source**:** State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–14: Increase the proportion of smoke-free homes.

Target: 87.0 percent.

Baseline: 79.1 percent of adults aged 18 years and older reported that no smoking is allowed in their home in 2006–07.

Target setting method: 10 percent improvement

Data source**:** Tobacco Use Supplement to the Current Population Survey (TUS-CPS), U.S. Bureau of the Census and BLS.

TU–15: Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.

15.1 Junior high school.

Target: 100 percent.

Baseline: 65.4 percent of junior high schools had tobacco-free environments, including all school facilities, property, vehicles, and school events, in 2006.

Target setting method: Total coverage.

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

TU–15.2 Middle school.

Target: 100 percent.

Baseline: 58.7 percent of middle schools had tobacco-free environments, including all school facilities, property, vehicles, and school events, in 2006.

Target setting method: Total coverage.

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

TU–15.3 High school.

Target: 100 percent.

Baseline: 66.1 percent of high schools had tobacco-free environments, including all school facilities, property, vehicles, and school events in 2006.

Target setting method: Total coverage.

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

TU– 15.4 (Developmental) Head Start.

Potential data sources: To be determined.

TU–16: Eliminate State laws that preempt stronger local tobacco control laws.

TU–16.1 Preemption on smoke-free indoor air.

Target: Zero States and the District of Columbia.

Baseline: 12 States preempted stronger local tobacco control laws on smoke-free indoor air in 2009.

Target setting method: Total elimination.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–16.2 Preemption in advertising.

Target: Zero States and the District of Columbia.

Baseline: 18 States preempted stronger local tobacco control laws in advertising in 2009.

Target setting method: Total elimination.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–16.3 Preemption on youth access.

Target: Zero States and the District of Columbia.

Baseline: 22 States preempted stronger local tobacco control laws on youth access to tobacco products in 2009.

Target setting method: Total elimination.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–17: Increase the Federal and State tax on tobacco products.

TU–17.1 Cigarettes.

Target: 52 (50 States, the District of Columbia, and the Federal Government).

Baseline: Zero States increased tax on cigarettes by $1.50 over the tracking decade in 2010 (States, the District of Columbia, and the Federal Government).

Target setting method: Consistency with national programs and policies.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–17.2 Smokeless tobacco products.

Target: 52 (50 States, the District of Columbia, and the Federal Government).

Baseline: 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).

Target setting method: Consistency with national programs and policies.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–17.3 (Developmental) Other smoked tobacco products.

Potential data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–18: Reduce the proportion of adolescents and young adults grades 6 through 12 who are exposed to tobacco advertising and promotion.

TU–18.1 Internet advertising and promotion.

Target: 33.1 percent.

Baseline: 36.8 percent of adolescents and young adults in grades 6 through 12 were exposed to tobacco advertising and promotion on the Internet in 2009.

Target setting method: 10 percent improvement.

Data source: National Youth Tobacco Survey (NYTS), CDC.

TU–18.2 Magazine and newspaper advertising and promotion.

Target: 19.3 percent.

Baseline: 48.6 percent of adolescents and young adults in grades 6 through 12 were exposed to tobacco advertising and promotion in magazines and newspapers in 2009.

Target setting method: Projected trend data.

Data source: National Youth Tobacco Survey (NYTS), CDC.

TU– 18.3 (Developmental) Movies.

Potential data source: To be determined.

TU– 18.4 (Developmental) Point of purchase (convenience store, supermarket, or gas station).

Potential data source: To be determined.

TU–19: Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors.

TU–19.1 States and the District of Columbia.

Target: 51 (50 States and the District of Columbia).

Baseline: 5 States reported an illegal sales rate to minors of 5 percent or less in compliance checks in 2009.

Target setting method: Retain the Healthy People 2010 target of total coverage.

Data source: State Synar Enforcement Reporting, SAMHSA, CSAP.

TU–19.2 Territories.

Target: 8 Territories.

Baseline: 1 Territory reported an illegal sales rate to minors of 5 percent or less in compliance checks in 2009.

Target setting method: Retain the Healthy People 2010 target of total coverage.

Data source: State Synar Enforcement Reporting, SAMHSA, CSAP.

TU–20: (Developmental) Increase the number of States and the District of Columbia, Territories, and Tribes with sustainable and comprehensive evidence-based tobacco control programs.

TU–20.1(Developmental) States and the District of Columbia.

Potential data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU– 20.2 (Developmental) Territories.

Potential data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

TU–20.3 (Developmental) Tribes.

Potential data source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

Vision

Number	Objective Short Title
V–1	Vision screening for children
V–2	Visual impairment in children and adolescents
V–3	Occupational eye injury
V–4	Dilated eye examinations
V–5	Visual impairment
V–6	Protective eyewear use
V–7	Vision rehabilitation
V–8	Comprehensive vision health services in Federally Qualified Health Centers

Topic Area: Vision

V–1: Increase the proportion of preschool children aged 5 years and under who receive vision screening.

Target: 44.1 percent.

Baseline: 40.1 percent of preschool children aged 5 years and under received vision screening in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), NCHS, CDC.

V–2: Reduce blindness and visual impairment in children and adolescents aged 17 years and under.

Target: 25.4 per 1,000.

Baseline: 28.2 per 1,000 children and adolescents aged 17 years and under were blind or visually impaired in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), NCHS, CDC.

V–3: Reduce occupational eye injuries.

V–3.1 Reduce occupational eye injuries resulting in lost work days.

Target: 2.6 per 10,000 full-time workers.

Baseline: 2.9 per 10,000 full-time workers had occupational eye injuries resulting in lost work days in 2008.

Target setting method: 10 percent improvement.

Data source: Survey of Occupational Injuries and Illnesses (SOII), Bureau of Labor Statistics (BLS), U.S. Department of Labor.

V–3.2 Reduce occupational eye injuries treated in emergency departments.

Target: 11.6 per 10,000 full-time workers.

Baseline: 12.9 per 10,000 full-time workers were treated for occupational eye injuries in emergency departments in 2008.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System (NEISS), Consumer Product Safety Commission (CPSC) and National Institute for Occupational Safety and Health (NIOSH), CDC; Annual Survey of Occupational Injuries and Illnesses (ASOII), ED.

V–4: Increase the proportion of adults who have a comprehensive eye examination, including dilation, within the past 2 years.

Target: 60.5 percent.

Baseline: 55.0 percent of adults aged 18 years and older had a comprehensive eye examination, including dilation, within the past 2 years in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), NCHS, CDC.

V–5: Reduce visual impairment.

V–5.1 Reduce visual impairment due to uncorrected refractive error.

Target: 122.5 per 1,000.

Baseline: 136.1 per 1,000 population aged 12 years and older had uncorrected refractive errors in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

V–5.2 Reduce visual impairment due to diabetic retinopathy.

Target: 30.7 per 1,000.

Baseline: 34.1 per 1,000 population aged 18 years and over with diabetes had visual impairment due to diabetic retinopathy in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–5.3 Reduce visual impairment due to glaucoma.

Target: 12.3 per 1,000.

Baseline: 13.7 per 1,000 population aged 45 years and over had visual impairment due to glaucoma in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–5.4 Reduce visual impairment due to cataract.

Target: 98.6 per 1,000.

Baseline: 109.6 per 1,000 population aged 65 years and over had visual impairment due to cataract in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–5.5 Reduce visual impairment due to age-related macular degeneration (AMD).

Target: 14.0 per 1,000 population.

Baseline: 15.6 per 1,000 population aged 45 years and over had visual impairment due to age-related macular degeneration (AMD) in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–6: Increase the use of personal protective eyewear in recreational activities and hazardous situations around the home.

V–6.1 Increase the use of personal protective eyewear in recreational activities and hazardous situations around the home among children and adolescents aged 6 to 17 years.

Target: 18.2 percent.

Baseline: 16.5 percent of children and adolescents aged 6 to 17 years used personal protective eyewear in recreational activities and hazardous situations around the home in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–6.2 Increase the use of protective eyewear in recreational activities and hazardous situations around the home among adults aged 18 years and over.

Target: 43.7 percent.

Baseline: 39.7 percent of adults aged 18 years and over used protective eyewear in recreational activities and hazardous situations around the home in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), NCHS, CDC.

V–7: Increase vision rehabilitation.

V–7.1 Increase the use of vision rehabilitation services by persons with visual impairment.

Target: 33.1 per 1,000.

Baseline: 30.1 per 1,000 persons with visual impairment used vision rehabilitation services in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–7.2 Increase the use of assistive and adaptive devices by persons with visual impairment.

Target: 12.3 percent.

Baseline: 11.2 percent of persons with visual impairment used assistive and adaptive devices in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), NCHS, CDC.

V–8 (Developmental) Increase the proportion of Federally Qualified Health Centers (FQHCs) that provide comprehensive vision health services.

Potential data source: Health Center Management Information System, Bureau of Primary Health Care, Health Resources and Services Administration (HRSA).

H.

HP 2020 All Objectives (excel worksheet)

Healthy People 2020 Objectives

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
1	Access to Health Services	AHS-1	N	Increase the proportion of persons with health insurance										
1	Access to Health Services	AHS-1.1	N	Medical insurance	100	percent		83.2	percent	of persons had medical insurance in	2008	Total coverage		National Health Interview Survey (NHIS), CDC, NCHS
1	Access to Health Services	AHS-1.2	Y	(Developmental) Dental insurance										National Health Interview Survey (NHIS), CDC, NCHS
1	Access to Health Services	AHS-1.3	Y	(Developmental) Prescription drug insurance										National Health Interview Survey (NHIS), CDC, NCHS
1	Access to Health Services	AHS-2	Y	(Developmental) Increase the proportion of insured persons with coverage for										Children's Health Insurance Program (CHIP), CMS; AGing
1	Access to Health Services	AHS-3	N	Increase the proportion of persons with a usual primary care provider	83.9	percent		76.3	percent	of persons had a usual primary care provider	2007	10 percent improvement		Medical Expenditure Panel Survey (MEPS), AHRQ
1	Access to Health Services	AHS-4	Y	(Developmental) Increase the number of practicing primary care providers.										
1	Access to Health Services	AHS-4.1	Y	(Developmental) Medical Doctor										American Medical Association (AMA) Masterfile, AMA
1	Access to Health Services	AHS-4.2	Y	(Developmental) Doctor of osteopathy										American Osteopathic Association (AOA) Masterfile, AOA
1	Access to Health Services	AHS-4.3	Y	(Developmental) Physician assistant										American Academy of Physician Assistants (AAPA) Census, AAPA
1	Access to Health Services	AHS-4.4	Y	(Developmental) Nurse practitioner										National Provider Identifier (NPI) Registry, CMS
1	Access to Health Services	AHS-5	N	Increase the proportion of persons who have a specific source of ongoing care										
1	Access to Health Services	AHS-5.1	N	All ages	95.0	percent		86.4	percent	of persons of all ages had a specific source	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
1	Access to Health Services	AHS-5.2	N	Children and youth aged 17 years and under	100	percent		94.3	percent	of children and youth aged 17 years and	2008	6.0 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
1	Access to Health Services	AHS-5.3	N	Adults aged 18 to 64 years	89.4	percent		81.3	percent	of persons aged 18 to 64 years had a	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
1	Access to Health Services	AHS-5.4	N	Adults aged 65 years and older	100	percent		96.3	percent	of persons aged 65 years and older had	2008	3.8 percent improvement		National Health Interview Survey (NHIS), CDC

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
1	Access to Health Services	AHS-6	N	Reduce the proportion of individuals who are unable to obtain or delay in										
1	Access to Health Services	AHS-6.1	N	Individuals: medical care, dental care, or prescription medicines	9.0	percent		10.0	percent	of all persons were unable to obtain or	2007	10 percent improvement		Medical Expenditure Panel Survey (MEPS), AHRQ
1	Access to Health Services	AHS-6.2	N	Individuals: medical care	4.2	percent		4.7	percent	of all persons were unable to obtain or	2007	10 percent improvement		Medical Expenditure Panel Survey (MEPS), AHRQ
1	Access to Health Services	AHS-6.3	N	Individuals: dental care	5.0	percent		5.5	percent	of all persons were unable to obtain or	2007	10 percent improvement		Medical Expenditure Panel Survey (MEPS), AHRQ
1	Access to Health Services	AHS-6.4	N	Individuals: prescription medicines	2.8	percent		3.1	percent	of all persons were unable to obtain or	2007	10 percent improvement		Medical Expenditure Panel Survey (MEPS), AHRQ
1	Access to Health Services	AHS-7	Y	(Developmental) Increase the proportion of persons who receive appropriate										Medical Expenditure Panel Survey (MEPS), AHRQ
1	Access to Health Services	AHS-8	Y	(Developmental) Increase the proportion of persons who have access to rapidly										
1	Access to Health Services	AHS-8.1	Y	Population covered by basic life support										National EMS Information System (NEMSIS)
1	Access to Health Services	AHS-8.2	Y	Population covered by advanced life support										National EMS Information System (NEMSIS)
1	Access to Health Services	AHS-9	Y	(Developmental) Reduce the proportion of hospital emergency department										
1	Access to Health Services	AHS-9.1	Y	(Developmental) All Visits										National Hospital Ambulatory Medical Care Survey (NHAMCS),
1	Access to Health Services	AHS-9.2	Y	(Developmental) Level 1: Immediate										National Hospital Ambulatory Medical Care Survey (NHAMCS),
1	Access to Health Services	AHS-9.3	Y	(Developmental) Level 2: Emergent										National Hospital Ambulatory Medical Care Survey (NHAMCS),
1	Access to Health Services	AHS-9.4	Y	(Developmental) Level 3: Urgent										National Hospital Ambulatory Medical Care Survey (NHAMCS),
1	Access to Health Services	AHS-9.5	Y	(Developmental) Level 4: Semiurgent										National Hospital Ambulatory Medical Care Survey (NHAMCS),
1	Access to Health Services	AHS-9.6	Y	(Developmental) Level 5: Nonurgent										National Hospital Ambulatory Medical Care Survey (NHAMCS),

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2	Adolescent Health	AH-1	N	Increase the proportion of adolescents who have had a wellness checkup in the	75.6	percent		68.7	percent	of adolescents aged 10 to 17 years had a	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
2	Adolescent Health	AH-2	N	Increase the proportion of adolescents who participate in extracurricular and out-of	90.8	percent		82.5	percent	of adolescents aged 12 to 17 years	2007	10 percent improvement		National Survey of Children's Health (NSCH), HRSA, MCHB;
2	Adolescent Health	AH-3	N	Increase the proportion of adolescents who are connected to a parent or										
2	Adolescent Health	AH-3.1	N	Increase the proportion of adolescents who have an adult in their lives with	83.3	percent		75.7	percent	of adolescents aged 12 to 17 years had an	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
2	Adolescent Health	AH-3.2	N	Increase the proportion of parents who attend events and activities in which their	90.3	percent		82.1	percent	of parents of adolescents aged 12 to 17	2007	10 percent improvement		National Survey of Children's Health (NSCH), HRSA, MCHB;
2	Adolescent Health	AH-4	Y	(Developmental) Increase the proportion of adolescents and young										National Youth in Transition Database (NYTD), ACF, ACYF
2	Adolescent Health	AH-5	N	Increase educational achievement of adolescents and young adults										
2	Adolescent Health	AH-5.1	N	Increase the proportion of students who graduate with a regular diploma 4 years	82.4	percent		74.9	percent	of students attending public schools	2007–08	10 percent improvement		Common Core of Data (CCD), State Nonfiscal Survey of Public
2	Adolescent Health	AH-5.2	N	Increase the proportion of students who are served under the Individuals with	65.2	percent		59.3	percent	of students aged 14 to 21 years served	2007–08	10 percent improvement		Individuals with Disabilities Education Act, ED, OSEP, DANS
2	Adolescent Health	AH-5.3	N	Increase the proportion of students whose reading skills are at or above the										
2	Adolescent Health	AH-5.3.1	N	Fourth (4th) grade	36.3	percent		33.0	percent	of 4th grade students, including those	2009	10 percent improvement		National Assessment of Educational Progress, ED, IES, NCES
2	Adolescent Health	AH-5.3.2	N	Eighth (8th) grade	35.6	percent		32.4	percent	of 8th grade students, including those	2009	10 percent improvement		National Assessment of Educational Progress, ED, IES, NCES
2	Adolescent Health	AH-5.3.3	N	Twelfth (12th) grade	38.9	percent		35.4	percent	of 12th grade students, including those	2005	10 percent improvement		National Assessment of Educational Progress, ED, IES, NCES
2	Adolescent Health	AH-5.4	N	Increase the proportion of students whose mathematics skills are at or										
2	Adolescent Health	AH-5.4.1	N	Fourth (4th) grade	43.0	percent		39.1	percent	of 4th grade students, including those	2009	10 percent improvement		National Assessment of Educational Progress, ED, IES, NCES
2	Adolescent Health	AH-5.4.2	N	Eighth (8th) grade	37.3	percent		33.9	percent	of 8th grade students, including those	2009	10 percent improvement		National Assessment of Educational Progress, ED, IES, NCES

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
2	Adolescent Health	AH-5.4.3	N	Twelfth (12th) grade	25.3	percent		23.0	percent	of 12th grade students, including those	2005	10 percent improvement		National Assessment of Educational Progress, ED, IES, NCES
2	Adolescent Health	AH-5.5	N	Increase the proportion of adolescents who consider their school work to be	29.3	percent		26.6	percent	of adolescents aged 12 to 17 years always	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
2	Adolescent Health	AH-5.6	N	Decrease school absenteeism among adolescents due to illness or	13.1	percent		14.6	percent	of adolescents aged 12 to 17 years missed	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
2	Adolescent Health	AH-6	N	Increase the proportion of schools with a school breakfast program	75.5	percent		68.6	percent	of schools overall, including	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
2	Adolescent Health	AH-7	N	Reduce the proportion of adolescents who have been offered, sold, or given an	20.4	percent		22.7	percent	of students in grades 9–12 were offered,	2009	10 percent improvement		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
2	Adolescent Health	AH-8	N	Increase the proportion of adolescents whose parents consider them to be safe at	95.0	percent		86.4	percent	of parents of adolescents aged 12 to 17	2007	10 percent improvement		National Survey of Children's Health (NSCH), HRSA, MCHB;
2	Adolescent Health	AH-9	Y	(Developmental) Increase the proportion of middle and high schools that										School Health Profiles Study (SHPS), CDC, NCCDPHP
2	Adolescent Health	AH-10	N	Decrease the proportion of public schools with a serious violent incident	15.5	percent		17.2	percent	of public schools overall, including	2007-2008	10 percent improvement		School Survey on Crime and Safety (SSOCS), ED, IES, NCES
2	Adolescent Health	AH-11	N	Reduce adolescent and young adult perpetration of, as well as victimization										
2	Adolescent Health	AH-11.1	N	Decrease the rate of minor and young adult perpetration of violent	399.6	arrests	per 100,000 population aged 10 to 24 years	444.0	per 100,000	adolescents and young adults aged 10	2008	10 percent improvement		Violent Crime Index, Uniform Crime Reporting Program,
2	Adolescent Health	AH-11.2	N	Decrease the rate of minor and young adult perpetration of serious	1,374.0	arrests	per 100,000 population aged 10 to 24 years	1,526.7	per 100,000	adolescents and young adults aged 10	2008	10 percent improvement		Property Crime Index, Uniform Crime Reporting Program,
2	Adolescent Health	AH-11.3	Y	(Developmental) Decrease the percentage of counties and cities reporting youth										National Youth Gang Survey, DOJ, OJP, OJJDP
2	Adolescent Health	AH-11.4	Y	(Developmental) Reduce the rate of adolescent and young adult victimization										Criminal Victimization in the United States, DOJ, OJP, BJS
3	Arthritis, Osteoporosis, and	AOCBC-1	N	Reduce the mean level of joint pain among adults with doctor-diagnosed	5.0	mean	pain level	5.6	was the mean level	of joint pain on a visual analog scale of 0 (no	2006	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-2	N	Reduce the proportion of adults with doctor-diagnosed arthritis who	35.5	percent		39.4	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-3	N	Reduce the proportion of adults with doctor-diagnosed arthritis who find										

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3	Arthritis, Osteoporosis, and	AOCBC-3.1	N	Walk a quarter of a mile—about 3 city blocks	13.7	percent		15.2	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-3.2	N	Walk up 10 steps without resting	9.7	percent		10.8	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-3.3	N	Stoop, bend, or kneel	19.5	percent		21.7	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-3.4	N	Use fingers to grasp or handle small objects	4.0	percent		4.4	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-4	N	Reduce the proportion of adults with doctor-diagnosed arthritis who	2.4	percent		2.7	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-5	N	Reduce the proportion of adults with doctor-diagnosed arthritis who	6.6	percent		7.3	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-6	N	Reduce the impact of doctor-diagnosed arthritis on employment in the										
3	Arthritis, Osteoporosis, and	AOCBC-6.1	N	Reduction in the unemployment rate among adults with doctor-	31.5	percent		35.0	percent	of adults aged 18 to 64 years with doctor-	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-6.2	N	Reduction in the proportion of adults with doctor-diagnosed arthritis who are	29.8	percent		33.1	percent	of adults aged 18 to 64 years with doctor-	2006	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-7	N	Increase the proportion of adults with doctor-diagnosed arthritis who										
3	Arthritis, Osteoporosis, and	AOCBC-7.1	N	For weight reduction among overweight and obese persons	45.3	percent		41.2	percent	of overweight and obese adults aged 18	2000	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-7.2	N	For physical activity or exercise	57.4	percent		52.2	percent	of adults aged 18 years and older with	2000	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-8	N	Increase the proportion of adults with doctor-diagnosed arthritis who	11.7	percent		10.6	percent	of adults aged 18 years and older with	2006	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-9	N	Increase the proportion of adults with chronic joint symptoms who have seen a	79.2	percent		72.0	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-10	N	Reduce the proportion of adults with osteoporosis	5.3	percent		5.9	percent	of adults aged 50 years and older had	2005–2008	10 percent improvement		National Health and Nutrition Examination Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-11	N	Reduce hip fractures among older adults										

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3	Arthritis, Osteoporosis, and	AOCBC-11.1	N	Females aged 65 years and older	741.2	hospitalizations	per 100,000 population	823.5	hospitalizations for hip	per 100,000 females aged 65 years and	2007	10 percent improvement		National Hospital Discharge Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-11.2	N	Males aged 65 years and older	418.4	hospitalizations	per 100,000 population	464.9	hospitalizations for hip	per 100,000 males aged 65 years and older	2007	10 percent improvement		National Hospital Discharge Survey, CDC, NCHS
3	Arthritis, Osteoporosis, and	AOCBC-12	N	Reduce activity limitation due to chronic back conditions	27.6	adults	per 1,000 population	30.7	adults	per 1,000 population aged 18 years	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
4	Blood Disorders and Blood	BDBS-1	Y	(Developmental) Increase the proportion of persons with hemoglobinopathies										Registries and Surveillance in Hemoglobinopathies
4	Blood Disorders and Blood	BDBS-2	Y	(Developmental) Increase the proportion of persons with a diagnosis of										Registries and Surveillance in Hemoglobinopathies
4	Blood Disorders and Blood	BDBS-3	Y	(Developmental) Increase the proportion of persons with hemoglobinopathies										Registries and Surveillance in Hemoglobinopathies
4	Blood Disorders and Blood	BDBS-4	Y	(Developmental) Increase the proportion of persons with a diagnosis of										Registries and Surveillance in Hemoglobinopathies
4	Blood Disorders and Blood	BDBS-5	Y	(Developmental) Increase the proportion of persons with hemoglobinopathies										Registries and Surveillance in Hemoglobinopathies
4	Blood Disorders and Blood	BDBS-6	Y	(Developmental) Increase the proportion of children with sickle cell disease who										Registries and Surveillance in Hemoglobinopathies
4	Blood Disorders and Blood	BDBS-7	Y	(Developmental) Reduce hospitalizations due to preventable complications										Sickle Cell Disease Treatment Demonstration Program
4	Blood Disorders and Blood	BDBS-8	Y	(Developmental) Increase the proportion of persons with a diagnosis of										Registries and Surveillance in Hemoglobinopathies
4	Blood Disorders and Blood	BDBS-9	Y	(Developmental) Increase the proportion of community-based										Registries and Surveillance in Hemoglobinopathies
4	Blood Disorders and Blood	BDBS-10	Y	(Developmental) Increase the proportion of hemoglobinopathy carriers										Registries and Surveillance in Hemoglobinopathies
4	Blood Disorders and Blood	BDBS-11	Y	(Developmental) Increase the proportion of persons with bleeding disorders										Potential data source: Universal Data Collection Project
4	Blood Disorders and Blood	BDBS-12	N	Reduce the number of persons who develop venous thromboembolism	48.9	per 10,000 populatio		54.3	persons	per 10,000 population aged 18 years	2007	10 percent improvement		National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS;
4	Blood Disorders and Blood	BDBS-13	Y	(Developmental) Reduce the number of adults who develop venous										National Hospital Discharge Survey (NHDS), CDC, NCHS

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4	Blood Disorders and Blood	BDBS-13.1	Y	(Developmental) VTE among adult medical inpatients.										National Hospital Discharge Survey (NHDS), CDC, NCHS
4	Blood Disorders and Blood	BDBS-13.2	Y	(Developmental) VTE among adult surgical patients.										National Hospital Discharge Survey (NHDS), CDC, NCHS;
4	Blood Disorders and Blood	BDBS-14	Y	(Developmental) Increase the proportion of providers who refer women with										American College of Obstetricians and Gynecologists (ACOG)
4	Blood Disorders and Blood	BDBS-15	N	Increase the proportion of women with von Willebrand disease (vWD) who are	31.2	percent		28.4	percent	of females with von Willebrand disease (vWD)	2008	10 percent improvement		Universal Data Collection Project (UDC), CDC
4	Blood Disorders and Blood	BDBS-16	N	Reduce the proportion of persons with hemophilia who develop reduced joint	74.6	percent		82.9	percent	of persons with hemophilia developed	2008	10 percent improvement		Universal Data Collection Project (UDC), CDC
4	Blood Disorders and Blood	BDBS-17	N	Increase the proportion of persons who donate blood	6.7	percent		6.1	percent	of the population aged 18 years	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
4	Blood Disorders and Blood	BDBS-18	Y	(Developmental) Reduce the proportion of persons who develop adverse										National Healthcare Safety Network (NHSN) Hemovigilance Module,
4	Blood Disorders and Blood	BDBS-18.1	Y	Due to transfusion-related acute lung injury (TRALI)										National Healthcare Safety Network (NHSN) Hemovigilance Module,
4	Blood Disorders and Blood	BDBS-18.2	Y	Due to blood incompatibility										National Healthcare Safety Network (NHSN) Hemovigilance Module,
4	Blood Disorders and Blood	BDBS-18.3	Y	Due to transfusion-transmitted infections										National Healthcare Safety Network (NHSN) Hemovigilance Module,
4	Blood Disorders and Blood	BDBS-18.4	Y	Due to alloimmunization among persons with hemoglobinopathies										National Healthcare Safety Network (NHSN) Hemovigilance Module,
4	Blood Disorders and Blood	BDBS-19	Y	(Developmental) Reduce the proportion of persons who did not receive a										
4	Blood Disorders and Blood	BDBS-19.1	Y	Persons who did not receive red blood cells										National Blood Collection and Utilization Survey
4	Blood Disorders and Blood	BDBS-19.2	Y	Persons who did not receive platelets										National Blood Collection and Utilization Survey
4	Blood Disorders and Blood	BDBS-19.3	Y	Persons who did not receive plasma derivatives										National Blood Collection and Utilization Survey
5	Cancer	C-1	N	Reduce the overall cancer death rate	160.6	deaths	per 100,000 population	178.4	cancer deaths	per 100,000 population occurred in	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS

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5	Cancer	C-2	N	Reduce the lung cancer death rate	45.5	deaths	per 100,000 population	50.6	lung cancer deaths	per 100,000 population occurred in	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
5	Cancer	C-3	N	Reduce the female breast cancer death rate	20.6	deaths	per 100,000 females	22.9	female breast cancer	per 100,000 females occurred in	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
5	Cancer	C-4	N	Reduce the death rate from cancer of the uterine cervix	2.2	deaths	per 100,000 females	2.4	uterine cervix cancer	per 100,000 females occurred in	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
5	Cancer	C-5	N	Reduce the colorectal cancer death rate	14.5	deaths	per 100,000 population	17.0	colorectal cancer deaths	per 100,000 population occurred in	2007	Modeling/projection		National Vital Statistics System (NVSS), CDC, NCHS
5	Cancer	C-6	N	Reduce the oropharyngeal cancer death rate	2.3	deaths	per 100,000 population	2.5	oropharyngeal cancer	per 100,000 population occurred in	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
5	Cancer	C-7	N	Reduce the prostate cancer death rate	21.2	deaths	per 100,000 males	23.5	prostate cancer deaths	per 100,000 males occurred in 2007 (age	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
5	Cancer	C-8	N	Reduce the melanoma cancer death rate	2.4	deaths	per 100,000 population	2.7	melanoma cancer deaths	per 100,000 population occurred in	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
5	Cancer	C-9	N	Reduce invasive colorectal cancer	38.6	new cases	per 100,000 population	45.4	new cases of invasive colorectal	per 100,000 population were reported	2007	Modeling/projection		National Program of Cancer Registries (NPCR), CDC;
5	Cancer	C-10	N	Reduce invasive uterine cervical cancer	7.1	new cases	per 100,000 females	7.9	new cases of invasive uterine	per 100,000 females were reported in	2007	10 percent improvement		National Program of Cancer Registries (NPCR), CDC;
5	Cancer	C-11	N	Reduce late-stage female breast cancer	41.0	new cases	per 100,000 females	43.2	new cases of late-stage	per 100,000 females were reported in	2007	Modeling/projection		National Program of Cancer Registries (NPCR), CDC;
5	Cancer	C-12	N	Increase the number of central, population-based registries from the 50 States	51	(50 States and the District of		42	states	had central, population-based	2006	Total coverage		National Program of Cancer Registries (NPCR), CDC;
5	Cancer	C-13	N	Increase the proportion of cancer survivors who are living 5 years or longer after	72.8	percent		66.2	percent	of persons with cancer were living 5 years	2007	10 percent improvement		Surveillance Epidemiology and End Results (SEER) Program,
5	Cancer	C-14	Y	(Developmental) Increase the mental and physical health-related quality of life										National Health Interview Survey (NHIS), CDC, NCHS
5	Cancer	C-15	N	Increase the proportion of women who receive a cervical cancer screening	93.0	percent		84.5	percent	of women aged 21 to 65 years received a	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
5	Cancer	C-16	N	Increase the proportion of adults who receive a colorectal cancer screening	70.5	percent		54.2	percent	of adults aged 50 to 75 years received a	2008	Modeling/projection		National Health Interview Survey (NHIS), CDC, NCHS
5	Cancer	C-17	N	Increase the proportion of women who receive a breast cancer screening	81.1	percent		73.7	percent	of females aged 50 to 74 years received	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS

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5	Cancer	C-18	N	Increase the proportion of adults who were counseled about cancer screening										
5	Cancer	C-18.1	N	Increase the proportion of women who were counseled by their	76.8	percent		69.8	percent	of women aged 50 to 74 years were	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
5	Cancer	C-18.2	N	Increase the proportion of women who were counseled by their	65.8	percent		59.8	percent	of women aged 21 to 65 years were	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
5	Cancer	C-18.3	Y	(Developmental) Increase the proportion of adults who were counseled by										National Health Interview Survey (NHIS), NCHS, CDC
5	Cancer	C-19	Y	(Developmental) Increase the proportion of men who have discussed with their										National Health Interview Survey (NHIS), CDC, NCHS
5	Cancer	C-20	N	Increase the proportion of persons who participate in behaviors that reduce their										
5	Cancer	C-20.1	Y	(Developmental) Reduce the proportion of adolescents in grades 9										Youth Risk Behavior Surveillance Survey (YRBSS), CDC
5	Cancer	C-20.2	Y	(Developmental) Reduce the proportion of adults aged 18 years and older										National Health Interview Survey (NHIS), NCHS, CDC
5	Cancer	C-20.3	N	Reduce the proportion of adolescents in grades 9 through 12 who report	14.0	percent		15.6	percent	of adolescents in grades 9 through 12	2009	10 percent improvement		Youth Risk Behavior Surveillance Survey (YRBSS), CDC
5	Cancer	C-20.4	N	Reduce the proportion of adults aged 18 and older who report using artificial	13.7	percent		15.2	percent	of adults aged 18 and older reported using	2008	10 percent improvement		National Health Interview Survey (NHIS), NCHS, CDC
5	Cancer	C-20.5	N	Increase the proportion of adolescents in grades 9 through 12 who follow	11.2	percent		9.3	percent	of adolescents in grades 9 through 12	2009	20 percent improvement		Youth Risk Behavior Surveillance Survey (YRBSS), CDC
5	Cancer	C-20.6	N	Increase the proportion of adults aged 18 years and older who follow protective	80.1	percent		72.8	percent	of adults aged 18 years and older followed	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
6	Chronic Kidney Disease	CKD-1	N	Reduce the proportion of the U.S. population with chronic kidney disease	13.6	percent		15.1	percent	of the U.S. population had chronic kidney	1999-2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
6	Chronic Kidney Disease	CKD-2	N	Increase the proportion of persons with chronic kidney disease (CKD) who know	11.3	percent		7.3	percent	of persons with CKD knew they had impaired	1999-2004	4 percentage points		National Health and Nutrition Examination Survey (NHANES), CDC,
6	Chronic Kidney Disease	CKD-3	N	Increase the proportion of hospital patients who incurred acute kidney injury	12.4	percent		11.3	percent	of hospital patients who incurred acute	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK
6	Chronic Kidney Disease	CKD-4	N	Increase the proportion of persons with diabetes and chronic kidney disease who										

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6	Chronic Kidney Disease	CKD-4.1	N	Increase the proportion of persons with chronic kidney disease who receive	28.4	percent		25.8	percent	of persons with chronic kidney disease	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK
6	Chronic Kidney Disease	CKD-4.2	N	Increase the proportion of persons with type 1 or type 2 diabetes and chronic	25.4	percent		23.1	percent	of persons with type 1 or type 2 diabetes and	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK
6	Chronic Kidney Disease	CKD-5	N	Increase the proportion of persons with diabetes and chronic kidney disease who	60.0	percent		54.6	percent	of persons with diabetes and chronic kidney	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK
6	Chronic Kidney Disease	CKD-6	N	Improve cardiovascular care in persons with chronic kidney disease										
6	Chronic Kidney Disease	CKD-6.1	N	Reduce the proportion of persons with chronic kidney disease who have elevated	66.7	percent		74.1	percent	of persons with chronic kidney disease had	1999-2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
6	Chronic Kidney Disease	CKD-6.2	N	Reduce the proportion of persons with chronic kidney disease who have elevated	26.6	percent		29.6	percent	of persons with chronic kidney disease had	1999-2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
6	Chronic Kidney Disease	CKD-7	N	Reduce the death rate among persons with chronic kidney disease			Not applicable	2.5	deaths	per 100 person years occurred among persons		This measure is being tracked for		National Health and Nutrition Examination Survey (NHANES), CDC,
6	Chronic Kidney Disease	CKD-8	N	Reduce the rate of new cases of end-stage renal disease (ESRD)	318.5	new cases	per million population	353.8	new cases	of end-stage renal disease per million	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK.
6	Chronic Kidney Disease	CKD-9	N	Reduce kidney failure due to diabetes										
6	Chronic Kidney Disease	CKD-9.1	N	Reduce kidney failure due to diabetes	139.2	per million populatio		154.7	per million	population reported kidney failure	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK
6	Chronic Kidney Disease	CKD-9.2	N	Reduce kidney failure due to diabetes among persons with diabetes	2,374.1	per million populatio		2,637.9	persons	with diabetes per million population	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK
6	Chronic Kidney Disease	CKD-10	N	Increase the proportion of chronic kidney disease patients receiving care from	29.8	percent		27.1	percent	of chronic kidney disease patients	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK
6	Chronic Kidney Disease	CKD-11	N	Improve vascular access for hemodialysis patients										
6	Chronic Kidney Disease	CKD-11.1	N	Increase the proportion of adult hemodialysis patients who use arteriovenous	50.6	percent		46.0	percent	of adult hemodialysis patients used	2006	10 percent improvement		U.S. Renal Data System, NIH, NIDDK; and Clinical Performance Measures
6	Chronic Kidney Disease	CKD-11.2	N	Decrease the proportion of adult hemodialysis patients who use catheters as the	26.1	percent		29.0	percent	of adult hemodialysis patients used	2006	10 percent improvement		U.S. Renal Data System, NIH, NIDDK; and Clinical Performance Measures
6	Chronic Kidney Disease	CKD-11.3	N	Increase the proportion of adult hemodialysis patients who use arteriovenous	34.5	percent		31.3	percent	of adult hemodialysis patients used	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK

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6	Chronic Kidney Disease	CKD-12	N	Increase the proportion of dialysis patients wait-listed and/or receiving a deceased	18.8	percent	of dialysis patients	17.1	percent	of dialysis patients under 70 years of age	2006	10 percent improvement		U.S. Renal Data System, NIH, NIDDK
6	Chronic Kidney Disease	CKD-13	N	Increase the proportion of patients with treated chronic kidney failure who										
6	Chronic Kidney Disease	CKD-13.1	N	Increase the proportion of patients receiving a kidney transplant within 3 years of	19.7	percent		17.9	percent	of patients under 70 years of age who	2004	10 percent improvement		U.S. Renal Data System, NIH, NIDDK
6	Chronic Kidney Disease	CKD-13.2	N	Increase the proportion of patients who receive a preemptive transplant at			Not applicable	3.4	percent	of patients under 70 years of age who	2007	This measure is being tracked for		U.S. Renal Data System, NIH, NIDDK
6	Chronic Kidney Disease	CKD-14	N	Reduce deaths in persons with end-stage renal disease (ESRD)										
6	Chronic Kidney Disease	CKD-14.1	N	Reduce the total death rate for persons on dialysis	190.8	deaths	per 1,000 patient years	212.0	deaths	of persons on dialysis per 1,000 patient	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK.
6	Chronic Kidney Disease	CKD-14.2	N	Reduce the death rate in dialysis patients within the first 3 months of initiation	319.9	deaths	per 1,000 patient years at risk	355.5	deaths	of dialysis patients per 1,000 patient	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK.
6	Chronic Kidney Disease	CKD-14.3	N	Reduce the cardiovascular death rate for persons on dialysis	81.3	deaths	per 1,000 patient years at risk	90.3	deaths	from cardiovascular disease among	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK.
6	Chronic Kidney Disease	CKD-14.4	N	Reduce the total death rate for persons with a functioning kidney	29.4	deaths	per 1,000 patient years at risk	32.6	deaths	among persons with a functioning	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK.
6	Chronic Kidney Disease	CKD-14.5	N	Reduce the cardiovascular death rate for persons with a functioning kidney	4.5	cardiovascular deaths	per 1,000 patient years at risk	6.5	cardiovascular deaths	among persons with a functioning	2007	2 percentage point improvement		U.S. Renal Data System, NIH, NIDDK.
7	Dementias, Including	DIA-1	Y	(Developmental) Increase the proportion of persons with diagnosed Alzheimer's										Medicare Current Beneficiary Survey (MCBS) and Medicare
7	Dementias, Including	DIA-2	Y	(Developmental) Reduce the proportion of preventable hospitalizations										Medicare Current Beneficiary Survey (MCBS) and Medicare
8	Diabetes	D-1	N	Reduce the annual number of new cases of diagnosed diabetes in the population	7.2	new cases	per 1,000 population aged 18 to 84 years	8.0	new cases of diabetes	per 1,000 population aged 18 to 84	2006-2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
8	Diabetes	D-2	Y	(Developmental) Reduce the death rate among the population with diabetes										
8	Diabetes	D-2.1	Y	Reduce the rate of all-cause mortality among the population with diabetes										National Health Interview Survey (NHIS), CDC, NCHS; National
8	Diabetes	D-2.2	Y	Reduce the rate of cardiovascular disease deaths in persons with										National Health Interview Survey (NHIS), CDC, NCHS; National

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8	Diabetes	D-3	N	Reduce the diabetes death rate	65.8	deaths	per 100,000 population	73.1	deaths	per 100,000 population were related to	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
8	Diabetes	D-4	N	Reduce the rate of lower extremity amputations in persons with diagnosed			Not applicable	3.5	lower extremity amputatio	per 1,000 population with diagnosed	2005-2007	This measure is being tracked for		National Hospital Discharge Survey (NHDS), CDC, NCHS;
8	Diabetes	D-5	N	Improve glycemic control among the population with diagnosed diabetes										
8	Diabetes	D-5.1	N	Reduce the proportion of the diabetic population with an A1c value greater than	14.6	percent		16.2	percent	of adults aged 18 years and older with	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
8	Diabetes	D-5.2	N	Increase the proportion of the diabetic population with an A1c value less than 7	58.9	percent		53.5	percent	of adults aged 18 years and older with	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
8	Diabetes	D-6	Y	(Developmental) Improve lipid control among persons with diagnosed diabetes										National Health and Nutrition Examination Survey (NHANES), CDC,
8	Diabetes	D-7	N	Increase the proportion of the population with diagnosed diabetes whose	57.0	percent		51.8	percent	of adults aged 18 years and older with	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
8	Diabetes	D-8	N	Increase the proportion of persons with diagnosed diabetes who have at least	61.2	percent		55.6	percent	of the population aged 2 years	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
8	Diabetes	D-9	N	Increase the proportion of adults with diabetes who have at least an annual foot	74.8	percent		68.0	percent	of adults aged 18 years and older with	2008	10 percent improvement		Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP
8	Diabetes	D-10	N	Increase the proportion of adults with diabetes who have an annual dilated eye	58.7	percent		53.4	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
8	Diabetes	D-11	N	Increase the proportion of adults with diabetes who have a glycosylated	71.1	percent		64.6	percent	of adults aged 18 years and older with	2008	10 percent improvement		Behavioral Risk Factor Surveillance System, CDC, NCCDPHP
8	Diabetes	D-12	N	Increase the proportion of persons with diagnosed diabetes who obtain an	37.0	percent		33.6	percent	of Medicare beneficiaries with diabetes	2007	10 percent improvement		U.S. Renal Data System, NIH, NIDDK
8	Diabetes	D-13	N	Increase the proportion of adults with diabetes who perform self-blood glucose-	70.4	percent		64.0	percent	of adults aged 18 years and older with	2008	10 percent improvement		Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP
8	Diabetes	D-14	N	Increase the proportion of persons with diagnosed diabetes who receive	62.5	percent		56.8	percent	of adults aged 18 years and older with	2008	10 percent improvement		Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP
8	Diabetes	D-15	N	Increase the proportion of persons with diabetes whose condition has been	80.1	percent		72.8	percent	of adults aged 20 years and older with	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
8	Diabetes	D-16	N	Increase prevention behaviors in persons at high risk for diabetes with pre-										

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8	Diabetes	D-16.1	N	Increase the proportion of persons at high risk for diabetes with pre-diabetes	49.1	percent		44.6	percent	of adults aged 18 years and older who	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
8	Diabetes	D-16.2	N	Increase the proportion of persons at high risk for diabetes with pre-diabetes	55.0	percent		50.0	percent	of adults aged 18 years and older who	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
8	Diabetes	D-16.3	N	Increase the proportion of persons at high risk for diabetes with pre-diabetes	53.4	percent		48.5	percent	of adults aged 18 years and older who	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
9	Disability and Health	DH-1	N	Include in the core of Healthy People 2020 population data systems a	4	data systems		2	of 26 Healthy People		2010	Modeling/projection		Periodic Assessment of Healthy People Population Data
9	Disability and Health	DH-2	N	Increase the number of Tribes, States, and the District of Columbia that										
9	Disability and Health	DH-2.1	N	Increase the number of State and the District of Columbia health	18	States and the District of		16	States and the District of	had health promotion programs for	2010	10 percent improvement		Periodic Assessment of State Health Promotion Programs, CDC,
9	Disability and Health	DH-2.2	N	Increase the number of State and the District of Columbia health	51	States and the District of		2	States and the District of	conducted health surveillance for		Retention of HP2010 target		Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP
9	Disability and Health	DH-2.3	N	Increase the number of State and the District of Columbia health	16	States and the District of		0	States and the District of	had health promotion programs for	2010	Consistency with other programs		Periodic Assessment of State Health Promotion Programs, CDC,
9	Disability and Health	DH-2.4	Y	(Developmental) Increase the number of Tribes that conduct health surveillance										Tribal, State, and District of Columbia reports; CDC, Disability
9	Disability and Health	DH-2.5	Y	(Developmental) Increase the number of Tribes that have at least one health										Tribal, State, and District of Columbia reports; CDC, Disability
9	Disability and Health	DH-2.6	Y	(Developmental) Increase the number of Tribes that conduct health surveillance										Tribal, State, and District of Columbia reports; CDC, Disability
9	Disability and Health	DH-2.7	Y	(Developmental) Increase the number of Tribes that have at least one health										Tribal, State, and District of Columbia reports; CDC, Disability
9	Disability and Health	DH-3	Y	(Developmental) Increase the proportion of U.S. master of public health										Periodic Assessment of Schools of Public Health Courses, CDC, NCBDDD.
9	Disability and Health	DH-4	Y	(Developmental) Reduce the proportion of people with disabilities who report										National Health Interview Survey (NHIS), CDC, NCHS
9	Disability and Health	DH-5	N	Increase the proportion of youth with special health care needs whose health	45.3	percent		41.2	percent	of youth with special health care needs had	2005-06	10 percent improvement		National Survey of Children with Special Health Care Needs (NS-
9	Disability and Health	DH-6	Y	(Developmental) Increase the proportion of people with epilepsy and										National Health Interview Survey (NHIS), CDC, NCHS

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9	Disability and Health	DH-7	Y	(Developmental) Reduce the proportion of older adults with disabilities who										Medical Expenditure Panel Survey (MEPS), AHRQ, Center for
9	Disability and Health	DH-8	Y	(Developmental) Reduce the proportion of people with disabilities who report										National Health Interview Survey Supplement (NHIS),
9	Disability and Health	DH-9	Y	(Developmental) Reduce the proportion of people with disabilities who										National Health Interview Survey Supplement (NHIS),
9	Disability and Health	DH-10	Y	(Developmental) Reduce the proportion of people with disabilities who report										National Health Interview Survey Supplement, CDC, NCHS
9	Disability and Health	DH-11	N	Increase the proportion of newly constructed and retrofitted U.S. homes and	46.3	percent		42.1	percent	of newly constructed and retrofitted	2007	10 percent improvement		American Housing Survey (AHS), DHUD, Office of Policy
9	Disability and Health	DH-12	N	Reduce the number of people with disabilities living in congregate care						(aged 22 years and older) with disabilities				
9	Disability and Health	DH-12.1	N	Reduce the number of adults with disabilities (aged 22 years and older)	31,604	adults		57,462	adults	(aged 22 years and older) with disabilities	2008	Modeling/projection		Survey of State Developmental Disabilities Directors,
9	Disability and Health	DH-12.2	N	Reduce the number of children and youth with disabilities (aged 21 years	26,001	children and youth with		28,890	children and youth	(aged 21 years and under) with disabilities	2009	10 percent improvement		Survey of State Developmental Disabilities Directors,
9	Disability and Health	DH-13	Y	(Developmental) Increase the proportion of people with disabilities who										National Health Interview Survey Supplement, CDC, NCHS
9	Disability and Health	DH-14	N	Increase the proportion of children and youth with disabilities who spend at	73.8	percent		56.8	percent	of children and youth with disabilities	2007-2008	Modeling/projection		Individuals with Disabilities Education Act (IDEA) database,
9	Disability and Health	DH-15	N	Reduce unemployment among people with disabilities	13.1	percent		14.5	percent	of people with disabilities were	2009	10 percent improvement		Current Population Survey (CPS), DOL, BLS
9	Disability and Health	DH-16	N	Increase employment among people with disabilities	21.1	percent		19.2	percent	of people with disabilities were	2009	10 percent improvement		Current Population Survey (CPS), DOL, BLS
9	Disability and Health	DH-17	N	Increase the proportion of adults with disabilities who report sufficient social and	76.5	percent		69.5	percent	of adults with disabilities reported	2008	10 percent improvement		Behavioral Risk Factor Surveillance system (BRFSS), CDC, NCCDPHP
9	Disability and Health	DH-18	Y	(Developmental) Reduce the proportion of people with disabilities who report										National Health Interview Survey (NHIS), CDC, NCHS
9	Disability and Health	DH-19	Y	(Developmental) Reduce the proportion of people with disabilities who										National Health Interview Survey (NHIS), CDC, NCHS
9	Disability and Health	DH-20	N	Increase the proportion of children with disabilities, birth through age 2 years,	95	percent		91	percent	of children with disabilities,	2007	Modeling/projection		Individuals with Disabilities Education Act (IDEA) database,

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10	Early and Middle Childhood	EMC-1	Y	(Developmental) Increase the proportion of children who are ready for school in										National Survey of Children's Health (NSCH), HRSA, MCHS;
10	Early and Middle Childhood	EMC-2	N	Increase the proportion of parents who use positive parenting and communicate										National Survey of Children's Health (NSCH)/National Survey
10	Early and Middle Childhood	EMC-2.1	Y	(Developmental) Increase the proportion of parents who report a close										National Survey of Children's Health (NSCH)/National Survey
10	Early and Middle Childhood	EMC-2.2	N	Increase the proportion of parents who use positive communication with their	76.8	percent		69.8	percent	of parents of children aged 6 to 17 years	2007	10 percent improvement		National Survey of Children's Health (NSCH), HRSA, MCHB;
10	Early and Middle Childhood	EMC-2.3	N	Increase the proportion of parents who read to their young child	52.6	percent		47.8	percent	of parents of children aged 0 to 5 years	2007	10 percent improvement		National Survey of Children's Health (NSCH), HRSA, MCHB;
10	Early and Middle Childhood	EMC-2.4	N	Increase the proportion of parents who receive information from their	52.8	percent		48.0	percent	of parents of children aged 0 to 5 years who	2007	10 percent improvement		National Survey of Children's Health (NSCH), HRSA, MCHB;
10	Early and Middle Childhood	EMC-2.5	Y	(Developmental) Increase the proportion of parents with children under the age										National Survey of Early Childhood Health (NSECH), HRSA, MCHB;
10	Early and Middle Childhood	EMC-3	Y	(Developmental) Decrease the proportion of children who have poor quality of										National Survey of Children's Health (NSCH), HRSA, MCHB;
10	Early and Middle Childhood	EMC-4	N	Increase the proportion of elementary, middle, and senior high schools that										
10	Early and Middle Childhood	EMC-4.1	N	Increase the proportion of schools that require newly hired staff who teach										
10	Early and Middle Childhood	EMC-4.1.1	N	Elementary schools	38.7	percent		35.2	percent	of elementary schools, including	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
10	Early and Middle Childhood	EMC-4.1.2	N	Middle schools	62.6	percent		56.9	percent	of middle schools, including	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
10	Early and Middle Childhood	EMC-4.1.3	N	High schools	84.5	percent		76.8	percent	of high schools, including public and	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
10	Early and Middle Childhood	EMC-4.2	N	Increase the proportion of schools that require newly hired staff who teach										
10	Early and Middle Childhood	EMC-4.2.1	N	Elementary schools	35.8	percent		32.5	percent	of elementary schools, including	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
10	Early and Middle Childhood	EMC-4.2.2	N	Middle schools	55.8	percent		50.7	percent	of middle schools, including	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP

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10	Early and Middle Childhood	EMC-4.2.3	N	High schools	80.1	percent		72.8	percent	of high schools, including public and	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
10	Early and Middle Childhood	EMC-4.3	N	Increase the proportion of schools that require cumulative instruction in										
10	Early and Middle Childhood	EMC-4.3.1	N	Elementary schools	11.5	percent		7.5	percent	of elementary schools, including	2006	4 percentage point improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
10	Early and Middle Childhood	EMC-4.3.2	N	Middle schools	14.3	percent		10.3	percent	of middle schools, including	2006	4 percentage point improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
10	Early and Middle Childhood	EMC-4.3.3	N	High schools	10.5	percent		6.5	percent	of high schools, including public and	2006	4 percentage point improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
10	Early and Middle Childhood	EMC-4.4	N	Increase the proportion of required health education classes or courses with a	57.8	percent		52.5	percent	of required health education	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-1	Y	(Developmental) Increase the proportion of preschools and Early Head										
11	Educational and Communit	ECBP-1.1	Y	All priority areas										National Head Start Program Survey; National Household
11	Educational and Communit	ECBP-1.2	Y	Unintentional injury										National Head Start Program Survey; National Household
11	Educational and Communit	ECBP-1.3	Y	Violence										National Head Start Program Survey; National Household
11	Educational and Communit	ECBP-1.4	Y	Tobacco use and addiction										National Head Start Program Survey; National Household
11	Educational and Communit	ECBP-1.5	Y	Alcohol and other drug use										National Head Start Program Survey; National Household
11	Educational and Communit	ECBP-1.6	Y	Unhealthy dietary patterns										National Head Start Program Survey; National Household
11	Educational and Communit	ECBP-1.7	Y	Inadequate physical activity										National Head Start Program Survey; National Household
11	Educational and Communit	ECBP-1.8	Y	Dental and oral health										National Head Start Program Survey; National Household
11	Educational and Communit	ECBP-1.9	Y	Safety										National Head Start Program Survey; National Household

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11	Educational and Communit	ECBP-2	N	Increase the proportion of elementary, middle, and senior high schools that										
11	Educational and Communit	ECBP-2.1	N	All priority areas	28.2	percent		25.6	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-2.2	N	Unintentional injury	89.9	percent		81.7	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-2.3	N	Violence	90.1	percent		81.9	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-2.4	N	Suicide	48.3	percent		43.9	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-2.5	N	Tobacco use and addiction	89.1	percent		81.0	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-2.6	N	Alcohol and other drug use	90.0	percent		81.7	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-2.7	N	Unintended pregnancy, HIV/AIDS, and STD infection	43.2	percent		39.3	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-2.8	N	Unhealthy dietary patterns	92.7	percent		84.3	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-2.9	N	Inadequate physical activity	87.1	percent		79.2	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-3	N	Increase the proportion of elementary, middle, and senior high schools that										
11	Educational and Communit	ECBP-3.1	N	Comprehending concepts related to health promotion and disease prevention	100	percent		97.2	percent	of elementary, middle, and senior high	2006	Total coverage		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-3.2	N	Accessing valid information and health promoting products and services	100	percent		86.1	percent	of elementary, middle, and senior high	2006	Total coverage		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-3.3	N	Advocating for personal, family, and community health (skills)	100	percent		92.1	percent	of elementary, middle, and senior high	2006	Total coverage		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-3.4	N	Analyzing the influence of culture, media, technology, and other factors on health	100	percent		85.4	percent	of elementary, middle, and senior high	2006	Total coverage		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-3.5	N	Practicing health-enhancing behaviors and reducing health risks (skills)	100	percent		98.9	percent	of elementary, middle, and senior high	2006	Total coverage		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP

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11	Educational and Communit	ECBP-3.6	N	Using goal-setting and decision-making skills to enhance health (skills)	100	percent		95.9	percent	of elementary, middle, and senior high	2006	Total coverage		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-3.7	N	Using interpersonal communication skills to enhance health (skills)	100	percent		94.2	percent	of elementary, middle, and senior high	2006	Total coverage		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-4	N	Increase the proportion of elementary, middle, and senior high schools that										
11	Educational and Communit	ECBP-4.1	N	Hand washing or hand hygiene	91.7	percent		83.4	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-4.2	N	Dental and oral health	71.3	percent		64.8	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-4.3	N	Growth and development	83.6	percent		76.0	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-4.4	N	Sun safety or skin cancer prevention	79.6	percent		72.4	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-4.5	N	Benefits of rest and sleep	99.2	percent		90.2	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-4.6	N	Ways to prevent vision and hearing loss	54.3	percent		49.4	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-4.7	N	Importance of health screenings and checkups	66.7	percent		60.6	percent	of elementary, middle, and senior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-5	N	Increase the proportion of the Nation's elementary, middle, and senior high										
11	Educational and Communit	ECBP-5.1	N	All elementary, middle, and senior high schools	44.7	percent		40.6	percent	of all elementary, middle, and	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-5.2	N	Senior high schools	36.9	percent		33.5	percent	of all senior high school had a nurse-to-	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-5.3	N	Middle schools	48.3	percent		43.9	percent	of all middle schools had a nurse-to-	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-5.4	N	Elementary schools	45.5	percent		41.4	percent	of all elementary schools had a	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
11	Educational and Communit	ECBP-6	N	Increase the proportion of the population that completes high school	97.9	percent		89.0	percent	of persons aged 18 to 24 years old had	2007	10 percent improvement		Current Population Survey, U.S. Department of

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
11	Educational and Communit	ECBP-7	N	Increase the proportion of college and university students who receive										
11	Educational and Communit	ECBP-7.1	Y	(Developmental) All priority areas										National College Health Assessment, American College Health
11	Educational and Communit	ECBP-7.2	N	Unintentional injury	30.0	percent		27.3	percent	of college and university students	2009	10 percent improvement		National College Health Assessment, American College Health
11	Educational and Communit	ECBP-7.3	N	Violence	37.7	percent		34.3	percent	of college and university students	2009	10 percent improvement		National College Health Assessment, American College Health
11	Educational and Communit	ECBP-7.4	N	Suicide	32.1	percent		29.2	percent	of college and university students	2009	10 percent improvement		National College Health Assessment, American College Health
11	Educational and Communit	ECBP-7.5	N	Tobacco use and addiction	36.7	percent		33.4	percent	of college and university students	2009	10 percent improvement		National College Health Assessment, American College Health
11	Educational and Communit	ECBP-7.6	N	Alcohol and other drug use	72.8	percent		66.2	percent	of college and university students	2009	10 percent improvement		National College Health Assessment, American College Health
11	Educational and Communit	ECBP-7.7	N	Unintended pregnancy	43.9	percent		39.9	percent	of college and university students	2009	10 percent improvement		National College Health Assessment, American College Health
11	Educational and Communit	ECBP-7.8	N	HIV, AIDS and STD infection	57.8	percent		52.5	percent	of college and university students	2009	10 percent improvement		National College Health Assessment, American College Health
11	Educational and Communit	ECBP-7.9	N	Unhealthy dietary patterns	57.2	percent		52.0	percent	of college and university students	2009	10 percent improvement		National College Health Assessment, American College Health
11	Educational and Communit	ECBP-7.10	N	Inadequate physical activity	61.6	percent		56.0	percent	of college and university students	2009	10 percent improvement		National College Health Assessment, American College Health
11	Educational and Communit	ECBP-8	Y	(Developmental) Increase the proportion of worksites that offer an employee										
11	Educational and Communit	ECBP-8.1	Y	Worksites with fewer than 50 employees										National Survey of Employer-Sponsored Health Plans
11	Educational and Communit	ECBP-8.2	Y	Worksites with 50 or more employees										National Survey of Employer-Sponsored Health Plans
11	Educational and Communit	ECBP-8.3	Y	Worksites with 50 to 99 employees										National Survey of Employer-Sponsored Health Plans
11	Educational and Communit	ECBP-8.4	Y	Worksites with 100 to 249 employees										National Survey of Employer-Sponsored Health Plans

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11	Educational and Communit	ECBP-8.5	Y	Worksites with 250 to 749 employees										National Survey of Employer-Sponsored Health Plans
11	Educational and Communit	ECBP-8.6	Y	Worksites with 750 or more employees										National Survey of Employer-Sponsored Health Plans
11	Educational and Communit	ECBP-9	Y	(Developmental) Increase the proportion of employees who participate										National Survey of Employer-Sponsored Health Plans
11	Educational and Communit	ECBP-10	N	Increase the number of community-based organizations (including										
11	Educational and Communit	ECBP-10.1	N	Injury	84.3	percent		76.6	percent	of community-based organizations	2008	10 percent improvement		National Profile of Local Health Departments, National Association of
11	Educational and Communit	ECBP-10.2	N	Violence	73.5	percent		66.9	percent	of community-based organizations	2008	10 percent improvement		National Profile of Local Health Departments, National Association of
11	Educational and Communit	ECBP-10.3	N	Mental illness	69.5	percent		63.2	percent	of community-based organizations	2008	10 percent improvement		National Profile of Local Health Departments, National Association of
11	Educational and Communit	ECBP-10.4	N	Tobacco use	96.7	percent		88.0	percent	of community-based organizations	2008	10 percent improvement		National Profile of Local Health Departments, National Association of
11	Educational and Communit	ECBP-10.5	N	Substance abuse	75.8	percent		68.9	percent	of community-based organizations	2008	10 percent improvement		National Profile of Local Health Departments, National Association of
11	Educational and Communit	ECBP-10.6	N	Unintended pregnancy	89.4	percent		81.3	percent	of community-based organizations	2008	10 percent improvement		National Profile of Local Health Departments, National Association of
11	Educational and Communit	ECBP-10.7	N	Chronic disease programs	90.8	percent		82.6	percent	of community-based organizations	2008	10 percent improvement		National Profile of Local Health Departments, National Association of
11	Educational and Communit	ECBP-10.8	N	Nutrition	94.7	percent		86.4	percent	of community-based organizations	2008	10 percent improvement		National Profile of Local Health Departments, National Association of
11	Educational and Communit	ECBP-10.9	N	Physical activity	88.5	percent		80.5	percent	of community-based organizations	2008	10 percent improvement		National Profile of Local Health Departments, National Association of
11	Educational and Communit	ECBP-11	Y	(Developmental) Increase the proportion of local health departments that										Culturally and Linguistically Appropriate Services in
11	Educational and Communit	ECBP-12	N	Increase the inclusion of core clinical prevention and population health content										
11	Educational and Communit	ECBP–12.1	N	Counseling for health promotion and disease prevention.	100	percent		95.2	percent	of M.D.-granting medical	2008	10 percent improvement		Liaison Committee on Medical Education (LCME) Annual Medical

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11	Educational and Communit	ECBP–12.2	N	Cultural diversity	100	percent		99.2	percent	of M.D.-granting medical	2008	Total coverage		Liaison Committee on Medical Education (LCME) Annual Medical
11	Educational and Communit	ECBP–12.3	N	Evaluation of health sciences literature	100	percent		93.7	percent	of M.D.-granting medical	2008	Total coverage		Liaison Committee on Medical Education (LCME) Annual Medical
11	Educational and Communit	ECBP–12.4	N	Environmental health	94.3	percent		85.7	percent	of M.D.-granting medical	2008	10 percent improvement		Liaison Committee on Medical Education (LCME) Annual Medical
11	Educational and Communit	ECBP–12.5	N	Public health systems	86.5	percent		78.6	percent	of M.D.-granting medical	2008	10 percent improvement		Liaison Committee on Medical Education (LCME) Annual Medical
11	Educational and Communit	ECBP–12.6	N	Global health	85.6	percent		77.8	percent	of M.D.-granting medical	2008	10 percent improvement		Liaison Committee on Medical Education (LCME) Annual Medical
11	Educational and Communit	ECBP-13	N	Increase the inclusion of core clinical prevention and population health content										
11	Educational and Communit	ECBP–13.1	N	Counseling for health promotion and disease prevention			Tracking method only	100	percent	of D.O.-granting medical	2009	This measure is being tracked for		Annual Report on Osteopathic Medical Education, American
11	Educational and Communit	ECBP–13.2	N	Cultural diversity			Tracking method only	100	percent	of D.O.-granting medical	2009	This measure is being tracked for		Annual Report on Osteopathic Medical Education, American
11	Educational and Communit	ECBP–13.3	N	Evaluation of health sciences literature	100	percent		92.9	percent	of D.O.-granting medical	2009	Total coverage.		Annual Report on Osteopathic Medical Education, American
11	Educational and Communit	ECBP–13.4	N	Environmental health	70.7	percent		64.3	percent	of D.O.-granting medical	2009	10 percent improvement		Annual Report on Osteopathic Medical Education, American
11	Educational and Communit	ECBP–13.5	N	Public health systems	90.4	percent		82.1	percent	of D.O.-granting medical	2009	10 percent improvement		Annual Report on Osteopathic Medical Education, American
11	Educational and Communit	ECBP–13.6	N	Global health	51.1	percent		46.4	percent	of D.O.-granting medical	2009	10 percent improvement		Annual Report on Osteopathic Medical Education, American
11	Educational and Communit	ECBP-14	N	Increase the inclusion of core clinical prevention and population health content										
11	Educational and Communit	ECBP-14.1	N	Counseling for health promotion and disease prevention	100	percent		99	percent	of undergraduate nursing schools	2009	Total coverage		Women's Health in the Baccalaureate Nursing School Curriculum
11	Educational and Communit	ECBP-14.2	N	Cultural diversity	100	percent		98	percent	of undergraduate nursing schools	2009	Total coverage		Women's Health in the Baccalaureate Nursing School Curriculum
11	Educational and Communit	ECBP-14.3	N	Evaluation of health sciences literature	100	percent		97	percent	of undergraduate nursing schools	2009	Total coverage		Women's Health in the Baccalaureate Nursing School Curriculum

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11	Educational and Communit	ECBP-14.4	N	Environmental health	100	percent		94	percent	of undergraduate nursing schools	2009	Total coverage		Women's Health in the Baccalaureate Nursing School Curriculum
11	Educational and Communit	ECBP-14.5	N	Public health systems	100	percent		97	percent	of undergraduate nursing schools	2009	Total coverage		Women's Health in the Baccalaureate Nursing School Curriculum
11	Educational and Communit	ECBP-14.6	N	Global health	100	percent		93	percent	of undergraduate nursing schools	2009	Total coverage		Women's Health in the Baccalaureate Nursing School Curriculum
11	Educational and Communit	ECBP-15	N	Increase the inclusion of core clinical prevention and population health content										
11	Educational and Communit	ECBP-15.1	N	Counseling for health promotion and disease prevention	100	percent		95.8	percent	of nurse practitioner schools		Total coverage		Collaborative Curriculum Survey, AACN and National
11	Educational and Communit	ECBP-15.2	N	Cultural diversity	100	percent		96.6	percent	of nurse practitioner schools		Total coverage		Collaborative Curriculum Survey, AACN and National
11	Educational and Communit	ECBP-15.3	N	Evaluation of health sciences literature	100	percent		98.1	percent	of nurse practitioner schools		Total coverage		Collaborative Curriculum Survey, AACN and National
11	Educational and Communit	ECBP-15.4	N	Environmental health	81.7	percent		74.3	percent	of nurse practitioner schools		10 percent improvement		Collaborative Curriculum Survey, AACN and National
11	Educational and Communit	ECBP-15.5	N	Public health systems	89.7	percent		81.5	percent	of nurse practitioner schools		10 percent improvement		Collaborative Curriculum Survey, AACN and National
11	Educational and Communit	ECBP-15.6	N	Global health	79.6	percent		72.5	percent	of nurse practitioner schools		10 percent improvement		Collaborative Curriculum Survey, AACN and National
11	Educational and Communit	ECBP-16	N	Increase the inclusion of core clinical prevention and population health content										
11	Educational and Communit	ECBP-16.1	N	Counseling for health promotion and disease prevention	100	percent		97	percent	of physician assistant schools		Total coverage		Curriculum Survey, Physician Assistant Education Association
11	Educational and Communit	ECBP-16.2	N	Cultural diversity	100	percent		99	percent	of physician assistant schools		Total coverage		Curriculum Survey, Physician Assistant Education Association
11	Educational and Communit	ECBP-16.3	N	Evaluation of health sciences literature	100	percent		99.0	percent	of physician assistant schools		Total coverage		Curriculum Survey, Physician Assistant Education Association
11	Educational and Communit	ECBP-16.4	N	Environmental health	58.3	percent		53	percent	of physician assistant schools		10 percent improvement		Curriculum Survey, Physician Assistant Education Association
11	Educational and Communit	ECBP-16.5	N	Public health systems	97.9	percent		89	percent	of physician assistant schools		10 percent improvement		Curriculum Survey, Physician Assistant Education Association

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11	Educational and Communit	ECBP-16.6	N	Global health	53.9	percent		49	percent	of physician assistant schools		10 percent improvement		Curriculum Survey, Physician Assistant Education Association
12	Environmental Health	EH-1	N	Reduce the number of days the Air Quality Index (AQI) exceeds 100	10	days		11	Days	exceeded 100 on the Air Quality Index	2008	Modeling/projection		Air Quality System (formerly the Aerometric Information
12	Environmental Health	EH-2	N	Increase use of alternative modes of transportation for work										
12	Environmental Health	EH-2.1	N	Trips made by bicycling	0.6	percent		0.5	percent	of trips were made to work via bicycle in	2008	10 percent improvement		American Community Survey (ACS), U.S. Bureau of the Census
12	Environmental Health	EH-2.2	N	Trips made by walking	3.1	percent		2.8	percent	of trips were made to work via walking in	2008	10 percent improvement		American Community Survey (ACS), U.S. Bureau of the Census
12	Environmental Health	EH-2.3	N	Trips made by mass transit	5.5	percent		5.0	percent	of trips were made to work via mass transit	2008	10 percent improvement		American Community Survey (ACS), U.S. Bureau of the Census
12	Environmental Health	EH-2.4	N	Persons who telecommute	5.3	percent		4.1	percent	of employees teleworked in 2008	2008	Modeling/projection		American Community Survey (ACS), U.S. Bureau of the Census
12	Environmental Health	EH-3	N	Reduce air toxic emissions to decrease the risk of adverse health effects										
12	Environmental Health	EH-3.1	N	Mobile sources	1.0	million tons	(2015 modeled data to be reported in	1.8	million tons	of mobile sources of air toxic emissions	2005	Modeling/projection		National Emissions Inventory(NEI), U.S. Environmental
12	Environmental Health	EH-3.2	N	Area sources	1.7	million tons	(2015 modeled data to be reported in	1.3	million tons	of area sources of air toxic emissions were	2005	(2015 modeled data to be reported		National Emissions Inventory (NEI), U.S. Environmental
12	Environmental Health	EH-3.3	N	Major sources	0.7	million tons		0.8	million tons	of major sources of air toxic emissions	2005	Modeling/projection		National Emissions Inventory (NEI), U.S. Environmental
12	Environmental Health	EH-4	N	Increase the proportion of persons served by community water systems	91	percent		89	percent	of persons served by community	2005	Consistency with national programs/reg		Potable Water Surveillance System (PWSS), Safe Drinking
12	Environmental Health	EH-5	N	Reduce waterborne disease outbreaks arising from water intended for drinking	2	outbreaks		7	outbreaks	per year developed from water	1998-2008	Modeling/projection		Morbidity and Mortality Weekly Report (MMWR), CDC, NCID,
12	Environmental Health	EH-6	N	Reduce per capita domestic water withdrawals with respect to use and	89.1	gallons	per capita	99.0	gallons	of public-supplied domestic	2005	10 percent improvement		"Estimated Use of Water in the United States," U.S.
12	Environmental Health	EH-7	N	Increase the proportion of days that beaches are open and safe for swimming	96.0	percent		95.0	percent	of beach days were open and safe for	2007	Consistency with national programs/reg		BEACH Program, EPA, Office of Water
12	Environmental Health	EH-8	N	Reduce blood lead levels in children										

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12	Environmental Health	EH-8.1	N	Eliminate elevated blood lead levels in children	Not applicable			0.9	percent	of children had elevated blood lead levels in	2005-2008			National Health and Nutrition Examination Survey (NHANES), CDC,
12	Environmental Health	EH-8.2	N	Reduce the mean blood lead levels in children	1.4	µg/dL	average blood lead level in children aged 1	1.5	µg/dL	average blood lead level in children aged 1	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
12	Environmental Health	EH-9	N	Minimize the risks to human health and the environment posed by	1,151	sites		1,279	hazardous sites	presented risks to human health and the	2010	10 percent improvement		Comprehensive Environmental Response and Cleanup
12	Environmental Health	EH-10	N	Reduce pesticide exposures that result in visits to a health care facility	10,377	pesticide exposures		15,965	pesticide exposures	resulted in visits to a health care		Modeling/projection		National Poison Data System, American Association of Poison
12	Environmental Health	EH-11	N	Reduce the amount of toxic pollutants released into the environment	3.5	billion pounds		3.9	billion pounds	of toxic pollutants were released	2008	10 percent improvement		U.S. National Toxics Release Inventory (TRI), EPA
12	Environmental Health	EH-12	N	Increase recycling of municipal solid waste	36.5	percent		33.2	percent	of municipal solid waste was recycled in	2008	10 percent improvement		Characterization of Municipal Solid Waste, EPA, OSW
12	Environmental Health	EH-13	N	Reduce indoor allergen levels										
12	Environmental Health	EH-13.1	N	Reduce indoor allergen levels: cockroach	0.46	units	of cockroach allergen/ gram of settled dust	0.51	units	of cockroach allergen/ gram of settled dust	2006	10 percent improvement		American Healthy Homes Survey (AHHS), HUD
12	Environmental Health	EH-13.2	N	Reduce indoor allergen levels: mouse	0.14	micrograms	of mouse allergen/ gram of settled dust	0.16	micrograms	of mouse allergen/ gram of settled dust	2006	10 percent improvement		American Healthy Homes Survey (AHHS), HUD
12	Environmental Health	EH-14	N	Increase the number of homes with an operating radon mitigation system for	30	percent	(3.1 million of 9.2 million homes) of	10.2	percent	(788,000 of 7.7 million homes) of homes with	2007	Consistency with national programs/reg		Annual Report to EPA by Radon Vent Fan Manufacturers, EPA,
12	Environmental Health	EH-15	N	Increase the percentage of new single family homes (SFH) constructed with	100	percent	of homes in high-radon-potential areas built to	28.6	percent	(62,900) of SFH homes built (220,000) in		Consistency with national programs/		Builder Practices Report: Radon-Resistant Construction Practices
12	Environmental Health	EH-16	N	Increase the proportion of the Nation's elementary, middle, and high schools										
12	Environmental Health	EH-16.1	N	Have an indoor air quality management program	56.5	percent		51.4	percent	of the Nation's elementary, middle, and	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC
12	Environmental Health	EH-16.2	N	Have a plan for how to address mold problems	74.0	percent		67.0	percent	of the Nation's elementary, middle, and	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC
12	Environmental Health	EH-16.3	N	Have a plan for how to use, label, store, and dispose of hazardous materials	94.5	percent		85.9	percent	of the Nation's elementary, middle, and	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC
12	Environmental Health	EH-16.4	N	Reduce exposure to pesticides by using spot treatments and baiting	63.7	percent		57.9	percent	of the Nation's elementary, middle, and	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
12	Environmental Health	EH-16.5	N	Reduce exposure to pesticides by marking areas to be treated with	61.8	percent		56.2	percent	of the Nation's elementary, middle, and	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC
12	Environmental Health	EH-16.6	N	Reduce exposure to pesticides by informing students and staff prior to	71.9	percent		65.4	percent	of the Nation's elementary, middle, and	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC
12	Environmental Health	EH-16.7	N	Inspect drinking water outlets for lead	61.3	percent		55.7	percent	percent of the Nation's elementary,	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC
12	Environmental Health	EH-16.8	N	Among schools with community water systems, inspect drinking water	64.7	percent		58.8	percent	of the Nation's elementary, middle, and	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC
12	Environmental Health	EH-16.9	N	Among schools with community water systems, inspect drinking water	60.7	percent		55.2	percent	of the Nation's elementary, middle, and	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC
12	Environmental Health	EH-17	Y	(Developmental) Increase the proportion of persons living in pre-1978 housing										
12	Environmental Health	EH-17.1	Y	Increase the proportion of pre-1978 housing that has been tested for the										Potential source: National Health Interview Survey (NHIS),
12	Environmental Health	EH-17.2	Y	Increase the proportion of pre-1978 housing that has been tested for the										Potential source: National Health Interview Survey (NHIS),
12	Environmental Health	EH-17.3	Y	Increase the proportion of pre-1978 housing that has been tested for the levels of										Potential source: National Health Interview Survey (NHIS),
12	Environmental Health	EH-17.4	Y	Increase the proportion of pre-1978 housing that has been tested for the										National Health Interview Survey, CDC, NCHS
12	Environmental Health	EH-18	N	Reduce the number of U.S. homes that are found to have lead-based paint or										
12	Environmental Health	EH-18.1	N	Reduce the number of U.S. homes that are found to have lead-based paint	3.7	million fewer homes	with lead-based paint	37	million homes	were found to have lead-based paint in	2005-2006	10 percent improvement		American Healthy Homes Survey (AHHS), U.S. Department of
12	Environmental Health	EH-18.2	N	Reduce the number of U.S. homes that have paint-lead hazards	1.5	million fewer homes	with paint-lead hazards	15.3	million homes	had paint-lead hazards in 2005–06	2005-2006	10 percent improvement		American Healthy Homes Survey (AHHS), U.S. Department of
12	Environmental Health	EH-18.3	N	Reduce the number of U.S. homes that have dust-lead hazards	1.4	million fewer homes	with dust-lead hazards	13.7	million homes	had dust-lead hazards in 2005–06	2005-2006	10 percent improvement		American Healthy Homes Survey (AHHS), U.S. Department of
12	Environmental Health	EH-18.4	N	Reduce the number of U.S. homes that have soil-lead hazards	380,000	fewer homes	with soil-lead hazards	3.8	million homes	had soil-lead hazards in 2005–06	2005-2006	10 percent improvement		American Healthy Homes Survey (AHHS), U.S. Department of
12	Environmental Health	EH-19	N	Reduce the proportion of occupied housing units that have moderate or severe	4.2	percent		5.2	percent	of housing units had moderate or	2007	Modeling/projection		American Housing Survey, U.S. Department of

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
12	Environmental Health	EH-20	N	Reduce exposure to selected environmental chemicals in the population,										
12	Environmental Health	EH-20.1	N	Arsenic	35.28	µg/g	of creatinine	50.4	µg/g	of creatinine: Concentration level of urinary	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.2	N	Cadmium	1.12	µg/L		1.6	µg/L	Concentration level of cadmium in	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.3	N	Lead	2.94	µg/dL		4.2	µg/dL	Concentration level of lead in blood samples	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.4	N	Mercury, children aged 1 to 5 years	1.26	µg/L		1.8	µg/L	Concentration level of mercury in	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.5	N	Mercury, females aged 16 to 49 years	3.22	µg/L		4.6	µg/L	Concentration level of mercury in	2001-2002	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.6	N	Chlordane (Oxychlordane)	26.39	ng/g	of lipid	37.7	ng/g	of lipid: Concentration level of	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.7	N	DDT (DDE)	1,302	ng/g	of lipid	1,860	ng/g	of lipid: Concentration level of DDE	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.8	N	beta-hexachlorocyclohexane or beta-HCH	39.55	ng/g	of lipid	56.5	ng/g	of lipid: Concentration level of beta-	2003-2004	Retention of Healthy People 2010		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.9	N	Paranitrophenol (methyl parathion and parathions)	2.02	µg/g	of creatinine	2.89	µg/g	of creatinine: Concentration level of para-	2001-2002	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.10	N	3,4,6-trichloro-2-pyridinol (chlorpyrifos)	6.45	µg/g	of creatinine	9.22	µg/g	of creatinine: Concentration level of 3,5,6-	2001-2002	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.11	N	3-phenoxybenzoic acid	2.32	µg/g	of creatinine	3.1	µg/g	of creatinine: Concentration level of 3-	2001-2002	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.12	N	PCB 153, representative of nondioxin-like PCBs	67.97	ng/g	of lipid	97.1	ng/g	of lipid: Concentration level of	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.13	N	PCB 126, representative of dioxin-like PCBs	48.09	pg/g	of lipid	68.7	pg/g	of lipid: Concentration level of	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.14	N	1,2,3,6,7,8-hexachlorodibenzo-p-dioxin, representative of	47.95	pg/g	of lipid	68.5	pg/g	of lipid: Concentration level of	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.15	N	Bisphenol A	7.84	µg/g	of creatinine	11.2	µg/g	of creatinine: Concentration level of	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental

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12	Environmental Health	EH-20.16	N	Perchlorate	8.4	µg/g	of creatinine	12	µg/g	of creatinine: Concentration level of	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.17	N	Mono-n-butyl phthalate	64.12	µg/g	of creatinine	91.6	µg/g	of creatinine: Concentration level of Mono-	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-20.18	N	BDE 47, (2,2',4,4'-tetrabromodiphenyl ether)	114.1	ng/g	of lipid	163	ng/g	of lipid: Concentration level of	2003-2004	30 percent improvement		National Report on Human Exposure to Environmental
12	Environmental Health	EH-21	N	Improve quality, utility, awareness, and use of existing information	51	States and the District of		16	states	used an integrated information	2006	Total coverage		National Environmental Public Health Tracking Network (EPHT), CDC,
12	Environmental Health	EH-22	N	Increase the number of States, Territories, Tribes, and the District of Columbia										
12	Environmental Health	EH-22.1	N	Lead poisoning	56	States, Territories, and the		29	States and the District of	monitored lead poisoning in 2009	2009	Total coverage		Council of State and Territorial Epidemiologists (CSTE)
12	Environmental Health	EH-22.2	N	Pesticide poisoning	56	States, Territories, and the		28	States	monitored pesticide poisoning in	2009	Total coverage		Council of State and Territorial Epidemiologists (CSTE)
12	Environmental Health	EH-22.3	N	Mercury poisoning	56	States, Territories, and the		24	States	monitored mercury poisoning in	2009	Total coverage		Council of State and Territorial Epidemiologists (CSTE)
12	Environmental Health	EH-22.4	N	Arsenic poisoning	56	States, Territories, and the		22	States	monitored arsenic poisoning in	2009	Total coverage		Council of State and Territorial Epidemiologists (CSTE)
12	Environmental Health	EH-22.5	N	Cadmium poisoning	56	States, Territories, and the		21	States	monitored cadmium poisoning in	2009	Total coverage		Council of State and Territorial Epidemiologists (CSTE)
12	Environmental Health	EH-22.6	N	Acute chemical poisoning	56	States, Territories, and the		17	States	monitored acute chemical poisoning in	2009	Total coverage		Council of State and Territorial Epidemiologists (CSTE)
12	Environmental Health	EH-22.7	N	Carbon monoxide poisoning	56	States, Territories, and the		20	States	monitored carbon monoxide	2009	Total coverage		Council of State and Territorial Epidemiologists (CSTE)
12	Environmental Health	EH-23	N	Reduce the number of new schools sited within 500 feet of an interstate or	18.9	percent	or less of schools located within 500 feet	18.9	percent	of schools were located within 500 feet	2005-2006	Consistency with national programs/reg		GRASP/ATSDR geocoded data from Homeland Security
12	Environmental Health	EH-24	N	Reduce the global burden of disease due to poor water quality, sanitation, and	2.0	million deaths		2.2	million deaths	were caused by poor water quality,	2004	10 percent improvement		Global Burden of Disease Project, World Health Organization
13	Family Planning	FP-1	N	Increase the proportion of pregnancies that are intended	56.0	percent		51.0	percent	of all pregnancies were intended,	2002	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS; National
13	Family Planning	FP-2	N	Reduce the proportion of females experiencing pregnancy despite use of a	9.9	percent		12.4	percent	of females experienced pregnancy	2002	20 percent improvement based on		National Survey of Family Growth (NSFG), CDC, NCHS; Abortion

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13	Family Planning	FP-3	N	Increase the proportion of publicly funded family planning clinics that offer										
13	Family Planning	FP-3.1	N	Increase the proportion of publicly funded family planning clinics that offer	47.9	percent		38.3	percent	of publicly funded family planning clinics	2003	25 percent improvement		Survey of Contraceptive Service Providers, Guttmacher Institute
13	Family Planning	FP-3.2	N	Increase the proportion of publicly funded family planning clinics that offer	87.7	percent		79.7	percent	of publicly funded family planning clinics	2003	10 percent improvement		Survey of Contraceptive Service Providers, Guttmacher Institute
13	Family Planning	FP-4	Y	(Developmental) Increase the proportion of health insurance plans that cover										Guttmacher Institute
13	Family Planning	FP-5	N	Reduce the proportion of pregnancies conceived within 18 months of a	31.7	percent		35.3	percent	of pregnancies were conceived	2006-08	10 percent improvement		National Survey of Family Growth, CDC, NCHS
13	Family Planning	FP-6	N	Increase the proportion of females or their partners at risk of unintended	91.3	percent		83.0	percent	of females or their partners at risk of	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-7	N	Increase the proportion of sexually active persons who received reproductive										
13	Family Planning	FP-7.1	N	Increase the proportion of sexually active females aged 15 to 44 years who received	86.7	percent		78.8	percent	of sexually active females aged 15 to 44	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-7.2	N	Increase the proportion of sexually active males aged 15 to 44 years who received	16.4	percent		14.9	percent	of sexually active males aged 15 to 44	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-8	N	Reduce pregnancy rates among adolescent females										
13	Family Planning	FP-8.1	N	Reduce the pregnancy rate among adolescent females aged 15 to 17 years	36.2	pregnancies	per 1,000	40.2	pregnancies	per 1,000 females aged 15 to 17 years	2005	10 percent improvement		Abortion Provider Survey, Guttmacher Institute; Abortion
13	Family Planning	FP-8.2	N	Reduce the pregnancy rate among adolescent females aged 18 to 19 years	105.9	pregnancies	per 1,000	117.7	pregnancies	per 1,000 females aged 18 to 19 years	2005	10 percent improvement		Abortion Provider Survey, Guttmacher Institute; National Vital
13	Family Planning	FP-9	N	Increase the proportion of adolescents aged 17 years and under who have never										
13	Family Planning	FP-9.1	N	Female adolescents aged 15 to 17 years	79.3	percent		72.1	percent	of female adolescents aged 15 to 17	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-9.2	N	Male adolescents aged 15 to 17 years	78.3	percent		71.2	percent	of male adolescents aged 15 to 17	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-9.3	N	Female adolescents aged 15 years and under	91.2	percent		82.9	percent	of female adolescents aged 15 years	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS

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13	Family Planning	FP-9.4	N	Male adolescents aged 15 years and under	90.2	percent		82.0	percent	of male adolescents aged 15 years	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC
13	Family Planning	FP-10	N	Increase the proportion of sexually active persons aged 15 to 19 years who										
13	Family Planning	FP-10.1	N	Increase the proportion of sexually active females aged 15 to 19 years who use a	73.6	percent		66.9	percent	of sexually active females aged 15 to 19	2008	10 percent improvement		National Survey of Family Growth (NSFG), CDC
13	Family Planning	FP-10.2	N	Increase the proportion of sexually active males aged 15 to 19 years who use a	88.6	percent		80.6	percent	of sexually active males aged 15 to 19	2008	10 percent improvement		National Survey of Family Growth (NSFG), CDC
13	Family Planning	FP-10.3	N	Increase the proportion of sexually active females aged 15 to 19 years who use a	58.1	percent		52.8	percent	of sexually active females aged 15 to 19	2008	10 percent improvement		National Survey of Family Growth (NSFG), CDC
13	Family Planning	FP-10.4	N	Increase the proportion of sexually active males aged 15 to 19 years who use a	85.7	percent		77.9	percent	of sexually active males aged 15 to 19	2008	10 percent improvement		National Survey of Family Growth (NSFG), CDC
13	Family Planning	FP-11	N	Increase the proportion of sexually active persons aged 15 to 19 years who										
13	Family Planning	FP-11.1	N	Increase the proportion of sexually active females aged 15 to 19 years who use a	14.8	percent		13.4	percent	of sexually active females aged 15 to 19	2008	10 percent improvement		National Survey of Family Growth (NSFG), CDC
13	Family Planning	FP-11.2	N	Increase the proportion of sexually active males aged 15 to 19 years who use a	19.9	percent		18.1	percent	of sexually active males aged 15 to 19	2008	10 percent improvement		National Survey of Family Growth (NSFG), CDC
13	Family Planning	FP-11.3	N	Increase the proportion of sexually active females aged 15 to 19 years who use a	20.2	percent		18.4	percent	of sexually active females aged 15 to 19	2008	10 percent improvement		National Survey of Family Growth (NSFG), CDC
13	Family Planning	FP-11.4	N	Increase the proportion of sexually active males aged 15 to 19 years who use a	36.3	percent		33.0		of sexually active males aged 15 to 19	2008	10 percent improvement		National Survey of Family Growth (NSFG), CDC
13	Family Planning	FP-12	Y	Increase the proportion of adolescents who received formal instruction on										
13	Family Planning	FP-12.1	N	Abstinence—females	95.9	percent		87.2	percent	of female adolescents received	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-12.2	N	Abstinence—males	89.2	percent		81.1	percent	of male adolescents received	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-12.3	N	Birth control methods—females	76.4	percent		69.5	percent	of females received formal	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-12.4	N	Birth control methods—males	68.1	percent		61.9	percent	of males received formal	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS

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13	Family Planning	FP-12.5	N	HIV/AIDS prevention—females	97.2	percent		88.3	percent	of females received formal	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-12.6	N	HIV/AIDS prevention—males	97.9	percent		89.0	percent	of males received formal	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-12.7	N	Sexually transmitted diseases—females	95.2	percent		93.2	percent	of females received formal	2006-08	2 percentage point improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-12.8	N	Sexually transmitted diseases—males	94.2	percent		92.2	percent	of males received formal	2006-08	2 percentage point improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-13	Y	Increase the proportion of adolescents who talked to a parent or guardian about										
13	Family Planning	FP-13.1	N	Abstinence—females	69.4	percent		63.1	percent	of female adolescents talked with a	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-13.2	N	Abstinence—males	45.9	percent		41.8	percent	of male adolescents talked to a	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-13.3	N	Birth control methods—females	55.6	percent		50.5	percent	of female adolescents talked to a	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-13.4	N	Birth control methods—males	33.6	percent		30.6	percent	of male adolescents talked to a	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-13.5	N	HIV/AIDS prevention—females	60.7	percent		55.2	percent	of female adolescents talked to a	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-13.6	N	HIV/AIDS prevention—males	54.3	percent		49.3	percent	of male adolescents talked to a	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-13.7	N	Sexually transmitted diseases—females	60.7	percent		55.2	percent	of female adolescents talked to a	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-13.8	N	Sexually transmitted diseases—males	42.3	percent		38.5	percent	of male adolescents talked to a	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
13	Family Planning	FP-14	N	Increase the number of States that set the income eligibility level for Medicaid-	32	States		21	States	set the income eligibility level for Medicaid-	2010	Trend analysis		Guttmacher Institute, State Medicaid Family Planning Eligibility
13	Family Planning	FP-15	N	Increase the proportion of females in need of publicly supported contraceptive	64.5	percent		53.8	percent	of females in need of publicly	2006	20 percent improvement		Contraceptive Needs and Services, Guttmacher Institute
14	Food Safety	FS-1	N	Reduce infections caused by key pathogens transmitted commonly										

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14	Food Safety	FS-1.1	N	Campylobacter species	8.5	cases	per 100,000	12.7	cases on average	of laboratory-confirmed Campylo	2006-2008	33 percent improvement		The Foodborne Disease Active Surveillance Network (FoodNet),
14	Food Safety	FS-1.2	N	Shiga toxin-producing Escherichia coli (STEC) O157:H7	0.6	cases	per 100,000	1.2	cases on average	of laboratory-confirmed Shiga toxin-	2006-2008	50 percent improvement		The Foodborne Disease Active Surveillance Network (FoodNet),
14	Food Safety	FS-1.3	N	Listeria monocytogenes	0.2	cases	per 100,000	0.3	cases on average	of laboratory-confirmed Listeria	2006-2008	25 percent improvement		The Foodborne Disease Active Surveillance Network (FoodNet),
14	Food Safety	FS-1.4	N	Salmonella species	11.4	cases	per 100,000	15.2	cases on average	of laboratory-confirmed Salmonell	2006-2008	25 percent improvement		The Foodborne Disease Active Surveillance Network (FoodNet),
14	Food Safety	FS-1.5	N	Postdiarrheal hemolytic-uremic syndrome (HUS) in children under 5 years of	0.9	cases	per 100,000	1.8	cases on average	of laboratory-confirmed postdiarrheal	2005-2007	50 percent improvement		The Foodborne Disease Active Surveillance Network (FoodNet),
14	Food Safety	FS-1.6	N	Vibrio species	0.2	cases	per 100,000	0.3	cases on average	of laboratory-confirmed Vibrio</e	2006-2008	25 percent improvement		The Foodborne Disease Active Surveillance Network (FoodNet),
14	Food Safety	FS-1.7	N	Yersinia species	0.3	cases	per 100,000	0.4	cases on average	of laboratory-confirmed Yersinia<	2006-2008	25 percent improvement		The Foodborne Disease Active Surveillance Network (FoodNet),
14	Food Safety	FS-2	N	Reduce the number of outbreak-associated infections due to Shiga toxin										
14	Food Safety	FS-2.1	N	Beef	180	cases	per year	200	reported	outbreak-associated infections, on	2006-2008	10 percent improvement		National Outbreak Reporting System (NORS), CDC and States
14	Food Safety	FS-2.2	N	Dairy	707	cases	per year	786	reported	outbreak-associated infections, on	2006-2008	10 percent improvement		National Outbreak Reporting System (NORS), CDC and States
14	Food Safety	FS-2.3	N	Fruits and nuts	280	cases	per year	311	reported	outbreak-associated infections, on	2006-2008	10 percent improvement		National Outbreak Reporting System (NORS), CDC and States
14	Food Safety	FS-2.4	N	Leafy vegetables	185	cases	per year	205	reported	outbreak-associated infections, on	2006-2008	10 percent improvement		National Outbreak Reporting System (NORS), CDC and States
14	Food Safety	FS-2.5	N	Poultry	232	cases	per year	258	reported	outbreak-associated infections, on	2006-2008	10 percent improvement		National Outbreak Reporting System (NORS), CDC and States
14	Food Safety	FS-3	N	Prevent an increase in the proportion of nontyphoidal Salmonella and										
14	Food Safety	FS-3.1	N	Nontyphoidal Salmonella isolates from humans that	2	percent		2	percent	of nontyphoidal Salmonell	2006-2008	Prevent an increase		National Antimicrobial Resistance Monitoring System (NARMS), CDC
14	Food Safety	FS-3.2	N	Nontyphoidal Salmonella isolates from humans that	3	percent		3	percent	of nontyphoidal Salmonell	2006-2008	Prevent an increase		National Antimicrobial Resistance Monitoring System (NARMS), CDC

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14	Food Safety	FS-3.3	N	Nontyphoidal Salmonella isolates from humans that	2	percent		2	percent	of nontyphoidal Salmonell	2006-2008	Prevent an increase		National Antimicrobial Resistance Monitoring System (NARMS), CDC
14	Food Safety	FS-3.4	N	Nontyphoidal Salmonella isolates from humans that	10	percent		10	percent	of nontyphoidal Salmonell	2006-2008	Prevent an increase		National Antimicrobial Resistance Monitoring System (NARMS), CDC
14	Food Safety	FS-3.5	N	Nontyphoidal Salmonella isolates from humans that	11	percent		11	percent	of nontyphoidal Salmonell	2006-2008	Prevent an increase		National Antimicrobial Resistance Monitoring System (NARMS), CDC
14	Food Safety	FS-3.6	N	Campylobacter jejuni isolates from humans that are resistant	2	percent		2	percent	of Campylo bacter	2006-2008	Prevent an increase		National Antimicrobial Resistance Monitoring System (NARMS), CDC
14	Food Safety	FS-4	N	Reduce severe allergic reactions to food among adults with a food allergy	21	percent		29.3	percent	of adults with a food allergy diagnosis	2006	27.6 percent improvement		Food Safety Survey, FDA; USDA FSIS
14	Food Safety	FS-5	N	Increase the proportion of consumers who follow key food safety practices										
14	Food Safety	FS-5.1	N	Clean: wash hands and surfaces often	74	percent		67.2	percent	of consumers followed the key food safety	2006	10 percent improvement		Food Safety Survey, FDA and USDA FSIS
14	Food Safety	FS-5.2	N	Separate: don’t cross-contaminate	92	percent		89	percent	of consumers followed the key food safety	2006	3.4 percent improvement		Food Safety Survey, FDA and USDA FSIS
14	Food Safety	FS-5.3	N	Cook: cook to proper temperatures	50	percent		37	percent	of consumers followed the key food safety	2006	35 percent improvement		Food Safety Survey, FDA and USDA FSIS
14	Food Safety	FS-5.4	N	Chill: refrigerate promptly	91.1	percent		88.1	percent	of consumers followed the key food safety	2006	3.4 percent improvement		Food Safety Survey, FDA and USDA FSIS
14	Food Safety	FS-6	Y	(Developmental) Improve food safety practices associated with foodborne										Retail Risk Factor Studies, FDA CFSAN
15	Genomics	G-1	N	Increase the proportion of women with a family history of breast and/or	25.6	percent		23.3	percent	of women with a family history of breast	2005	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
15	Genomics	G-2	Y	(Developmental) Increase the proportion of persons with newly diagnosed										National Program of Cancer Registries (NPCR), CDC;
16	Global Health	GH-1	N	Reduce the number of cases of malaria reported in the United States	999	new cases		1,298	new cases	of malaria were reported in the United	2008	Modeling/projection		National Malaria Surveillance System (NMSS), CDC
16	Global Health	GH-2	N	Decrease the tuberculosis (TB) case rate for foreign-born persons living in the	14.0	cases	per 100,000 population	20.2	cases	of tuberculosis (TB) per 100,000	2008	Modeling/projection		National Tuberculosis Indicators Project (NTIP), CDC
16	Global Health	GH-3	N	Increase the number of Global Disease Detection (GDD) Regional Centers	13	centers		7	Global Disease Detection	worldwide were active in 2009	2009	Consistency with national programs		GDD Monitoring and Evaluation Database, CDC

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16	Global Health	GH-4	N	Increase the number of public health professionals trained by Global Disease	144,132	public health profession		37,132	public health profession	were trained by Global Disease	2009	Modeling/projection		GDD Monitoring and Evaluation Database, CDC
16	Global Health	GH-5	N	Increase diagnostic testing capacity in host countries and regionally through the	264	tests		154	tests	were established or substantially	2009	Modeling/projection		GDD Monitoring and Evaluation Database, CDC
18	Health Communication and	HC/HIT-1	Y	(Developmental) Improve the health literacy of the population										
18	Health Communication and	HC/HIT-1.1	Y	Increase the proportion of persons who report their health care provider always										Medical Expenditure Survey (MEPS), AHRQ
18	Health Communication and	HC/HIT-1.2	Y	Increase the proportion of persons who report their health care provider always										Medical Expenditure Survey (MEPS), AHRQ
18	Health Communication and	HC/HIT-1.3	Y	Increase the proportion of persons who report their health care providers' office										Medical Expenditure Panel Survey (MEPS), AHRQ
18	Health Communication and	HC/HIT-2	N	Increase the proportion of persons who report that their health care providers										
18	Health Communication and	HC/HIT-2.1	N	Increase the proportion of persons who report that their health care provider	65	percent		59	percent	of persons reported in 2007 that their	2007	10 percent improvement		Medical Expenditure Panel Survey (MEPS), AHRQ
18	Health Communication and	HC/HIT-2.2	N	Increase the proportion of persons who report that their health care provider	66	percent		60	percent	of persons reported in 2007 that their	2007	10 percent improvement		Medical Expenditure Panel Survey (MEPS), AHRQ
18	Health Communication and	HC/HIT-2.3	N	Increase the proportion of persons who report that their health care provider	68.2	percent		62	percent	of persons reported in 2007 that their	2007	10 percent improvement		Medical Expenditure Panel Survey (MEPS), AHRQ
18	Health Communication and	HC/HIT-2.4	N	Increase the proportion of persons who report that their health care provider	54	percent		49	percent	of persons reported in 2007 that their	2007	10 percent improvement		Medical Expenditure Survey (MEPS), AHRQ
18	Health Communication and	HC/HIT-3	N	Increase the proportion of persons who report that their health care providers	56.8	percent		51.6	percent	of persons reported in 2007 that their	2007	10 percent improvement		Health Information National Trends Survey (HINTS), NIH, NCI
18	Health Communication and	HC/HIT-4	Y	(Developmental) Increase the proportion of patients whose doctor recommends										Pew Internet and American Life Project, PEW
18	Health Communication and	HC/HIT-5	N	Increase the proportion of persons who use electronic personal health										
18	Health Communication and	HC/HIT-5.1	N	Increase the proportion of persons who use the Internet to keep track of	15.7	percent		14.3	percent	of persons reported in 2007 using the	2007	10 percent improvement		Health Information National Trends Survey (HINTS), NIH, NCI
18	Health Communication and	HC/HIT-5.2	N	Increase the proportion of persons who use the Internet to communicate	15.0	percent		13.6	percent	of persons reported in 2007 using the	2007	10 percent improvement		Health Information National Trends Survey (HINTS), NIH, NCI

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18	Health Communication and	HC/HIT-6	N	Increase individuals' access to the Internet										
18	Health Communication and	HC/HIT-6.1	N	Increase the proportion of persons with access to the Internet	75.4	percent		68.5	percent	of persons reported in 2007 having	2007	10 percent improvement		Health Information National Trends Survey (HINTS), NCI
18	Health Communication and	HC/HIT-6.2	N	Increase the proportion of persons with broadband access to the Internet	83.2	percent		75.6	percent	of persons reported in 2007 having	2007	10 percent improvement		Health Information National Trends Survey (HINTS), NCI
18	Health Communication and	HC/HIT-6.3	N	Increase the proportion of persons who use mobile devices	7.7	percent		6.7	percent	of persons reported in 2007 using	2007	10 percent improvement		Health Information National Trends Survey (HINTS), NCI
18	Health Communication and	HC/HIT-7	N	Increase the proportion of adults who report having friends or family members	87.5	percent		79.5	percent	of adults reported in 2007 having	2007	10 percent improvement		Health Information National Trends Survey (HINTS), NIH, NCI
18	Health Communication and	HC/HIT-8	N	Increase the proportion of quality, health-related Websites										
18	Health Communication and	HC/HIT-8.1	N	Increase the proportion of health-related Websites that meet three or more	57.2	percent		52	percent	of health-related Websites in	2009	10 percent improvement		Office of Disease Prevention and Health Promotion survey, HHS
18	Health Communication and	HC/HIT-8.2	Y	(Developmental) Increase the proportion of health-related Websites that										Office of Disease Prevention and Health Promotion survey, HHS
18	Health Communication and	HC/HIT-9	N	Increase the proportion of online health information seekers who report easily	41.0	percent		37.3	percent	of online health information	2007	10 percent improvement		Health Information National Trends Survey (HINTS), NIH, NCI
18	Health Communication and	HC/HIT-10	N	Increase the proportion of medical practices that use electronic health records	27.5	percent		25.0	percent	of medical practices reported in	2007	10 percent improvement		National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS
18	Health Communication and	HC/HIT-11	Y	(Developmental) Increase the proportion of meaningful users of health										Centers for Medicare and Medicaid Services (CMS) Update/Report
18	Health Communication and	HC/HIT-13	Y	(Developmental) Increase social marketing in health promotion and disease										
18	Health Communication and	HC/HIT-12	Y	(Developmental) Increase the proportion of crisis and emergency risk messages										CDC Risk Communication Message Survey, CDC
18	Health Communication and	HC/HIT-13.1	Y	Increase the proportion of State health departments that report using social										The National Public Health Information Coalition (NPHIC/CDC
18	Health Communication and	HC/HIT-13.2	Y	Increase the proportion of schools of public health and accredited master of public										National Survey of Public Health Competencies in Social
18	Health Communication and	HC/HIT-13.3	Y	Increase the proportion of schools of public health and accredited MPH programs										National Survey of Public Health Competencies in Social

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17	Healthcare-Associate	HAI-1	N	Reduce central line-associated bloodstream infections (CLABSI).	0.25	SIR	or 75 percent reduction.	1.00	Standardized Infection	was reported in 2006–08.	2006-08	Consistency with national programs/reg		National Healthcare Safety Network (NHSN), CDC
17	Healthcare-Associate	HAI-2	N	Reduce invasive healthcare-associated methicillin-resistant	6.56	infections	per 100,000 persons or 75 percent	26.24	infections	per 100,000 persons were reported in		Consistency with national programs/reg		Emerging Infections Program (EIP) network Active Bacterial Core
20	Hearing and Other Sensory or	ENT-VSL-1	N	Increase the proportion of newborns who are screened for hearing loss by										
20	Hearing and Other Sensory or	ENT-VSL-1.1	N	Screening for hearing loss no later than age 1 month	90.2	percent		82.0	percent	of newborns aged 1 month or less had	2007	10 percent improvement		State-based Early Hearing Detection and Intervention (EHDI)
20	Hearing and Other Sensory or	ENT-VSL-1.2	N	Receipt of audiologic evaluation no later than age 3 months for infants who	72.6	percent		66.0	percent	of infants aged 3 months and under who did	2007	10 percent improvement		State-based Early Hearing Detection and Intervention (EHDI)
20	Hearing and Other Sensory or	ENT-VSL-1.3	N	Enrollment of infants with confirmed hearing loss for intervention services no	55.0	percent		50.0	percent	of infants aged 6 months and under with	2007	10 percent improvement		State-based Early Hearing Detection and Intervention (EHDI)
20	Hearing and Other Sensory or	ENT-VSL-2	N	Decrease otitis media in children and adolescents	221.5	persons	per 1,000 population	246.1	per 1,000 persons	under age 18 years had otitis media in 2007	2007	10 percent improvement		National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS;
20	Hearing and Other Sensory or	ENT-VSL-3	N	Increase the proportion of persons with hearing impairments who have ever										
20	Hearing and Other Sensory or	ENT-VSL-3.1	N	Adults aged 20 to 69 years with hearing loss who have ever used a hearing aid	179.0	adults	per 1,000 population	162.7	per 1,000 adults	aged 20 to 69 years had ever used a hearing	2006	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS; National
20	Hearing and Other Sensory or	ENT-VSL-3.2	N	Persons who are deaf or very hard of hearing and who have new cochlear	84.7	persons	per 10,000 persons	77.0	per 10,000 persons	who are deaf or very hard of hearing had	2004	10 percent improvement		Healthcare Cost and Utilization Project (HCUP), AHRQ; National
20	Hearing and Other Sensory or	ENT-VSL-3.3	N	Adults aged 70 years and older with hearing loss who have ever used a hearing	318.0	persons	per 1,000 population	289.1	per 1,000 adults	aged 70 years and older had ever used a	2007	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS; National
20	Hearing and Other Sensory or	ENT-VSL-3.4	N	Adults aged 70 years and older with hearing loss who use assistive listening	110.0	persons	per 1,000 population	100.0	per 1,000 adults	aged 70 years and older used assistive	2005-06	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
20	Hearing and Other Sensory or	ENT-VSL-4	N	Increase the proportion of persons who have had a hearing examination on										
20	Hearing and Other Sensory or	ENT-VSL-4.1	N	Adults aged 20 to 69 years who have had a hearing examination in the past 5	31.5	percent		28.6	percent	of adults aged 20 to 69 years had a hearing	2003-2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
20	Hearing and Other Sensory or	ENT-VSL-4.2	N	Adults aged 70 years and older who have had a hearing examination in the	42.4	percent		38.5	percent	of adults aged 70 years and older had had	2003-2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
20	Hearing and Other Sensory or	ENT-VSL-4.3	N	Adolescents aged 12 to 19 years who have had a hearing examination in the	87.2	percent		79.3	percent	of adolescents aged 12 to 19 years had had	2005-2006	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,

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20	Hearing and Other Sensory or	ENT-VSL-5	N	Increase the number of persons who are referred by their primary care	311.7	persons	per 1,000 population	283.4	per 1,000 adults	aged 18 years and older were referred by	2007	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-6	N	Increase the use of hearing protection devices										
20	Hearing and Other Sensory or	ENT-VSL-6.1	N	Adults aged 20 to 69 years who have ever used hearing protection devices	531.3	persons	per 1,000 population	483.0	adults	per 1,000 aged 20 to 69 years had ever used	2003-2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
20	Hearing and Other Sensory or	ENT-VSL-6.2	N	Adolescents aged 12 to 19 years who have ever used hearing protection devices	451.8	persons	per 1,000 population	410.7	adolescents	per 1,000 12 to 19 years had ever used	2005-2006	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
20	Hearing and Other Sensory or	ENT-VSL-7	N	Reduce the proportion of adolescents who have elevated hearing	41.3	persons	per 1,000 population	45.9	adolescents	per 1,000 aged 12 to 18 years had elevated	2005-2006	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
20	Hearing and Other Sensory or	ENT-VSL-8	N	Reduce the proportion of adults who have elevated hearing thresholds, or	109.3	persons	per 1,000 population	121.4	adults	per 1,000 aged 20 to 69 years had elevated	2003-2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
20	Hearing and Other Sensory or	ENT-VSL-9	N	Increase the proportion of adults bothered by tinnitus who have seen a doctor or										
20	Hearing and Other Sensory or	ENT-VSL-9.1	N	Increase the proportion of adults bothered by tinnitus in the past 12 months who	48.9	percent		44.5	percent	of adults aged 18 years and older bothered	2007	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-9.2	N	Increase the proportion of adults bothered by the onset of tinnitus in the past	50.4	percent		45.8	percent	of adults 18 years and older bothered by	2007	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-10	N	Increase the proportion of adults for whom tinnitus is a moderate to severe	89.0	percent		80.9	percent	of adults aged 18 years and older for whom	2007	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-11	N	Increase the proportion of adults with balance or dizziness problems in the	53.2	percent		48.4	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-12	N	Increase the proportion of adults with moderate to severe balance or dizziness	72.0	percent		65.4	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-13	Y	Increase the proportion of persons who have tried recommended methods for										
20	Hearing and Other Sensory or	ENT-VSL-13.1	Y	(Developmental) Increase the proportion of children who have tried										National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-13.2	N	Increase the proportion of adults who have tried recommended methods for	26.8	percent		24.4	percent	of adults aged 18 years and older tried	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-14	N	Reduce the proportion of adults with balance and dizziness problems who										

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20	Hearing and Other Sensory or	ENT-VSL-14.1	N	Reduce the proportion of adults with balance and dizziness problems in the	55.3	percent		61.5	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-14.2	N	Reduce the proportion of adults with balance and dizziness problems in the	21.0	percent		23.3	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-14.3	N	Reduce the proportion of adults who have missed days of work or school in	13.0	percent		14.5	percent	of adults aged 18 years and older missed	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-15	N	Reduce the proportion of adults with balance and dizziness problems who										
20	Hearing and Other Sensory or	ENT-VSL-15.1	N	Reduce the proportion of adults with balance and dizziness problems who	50.0	percent		55.6	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-15.2	N	Reduce the proportion of adults with balance and dizziness problems who	37.5	percent		41.7	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-16	Y	(Developmental) Increase the proportion of adults with chemosensory (smell										National Health and Nutrition Examination Survey (NHANES), CDC,
20	Hearing and Other Sensory or	ENT-VSL-17	Y	(Developmental) Increase the proportion of adults who have tried										National Health and Nutrition Examination Survey (NHANES), CDC,
20	Hearing and Other Sensory or	ENT-VSL-18	Y	(Developmental) Reduce the proportion of adults with chemosensory (smell										National Health and Nutrition Examination Survey (NHANES), CDC,
20	Hearing and Other Sensory or	ENT-VSL-19	Y	(Developmental) Increase the proportion of persons with communication										National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-20	Y	(Developmental) Increase the proportion of persons with communication										National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-21	Y	(Developmental) Increase the proportion of young children with phonological										National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-22	Y	(Developmental) Increase the proportion of persons with communication										National Health Interview Survey (NHIS), CDC, NCHS
20	Hearing and Other Sensory or	ENT-VSL-23	Y	(Developmental) Increase the proportion of persons with hearing loss and other										National Health Interview Survey (NHIS), CDC, NCHS
21	Heart Disease and	HDS-1	Y	(Developmental) Increase overall cardiovascular health in the										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-2	N	Reduce coronary heart disease deaths	100.8	deaths	per 100,000 population	126.0	coronary heart disease	per 100,000 population occurred in	2007	Projection (20 percent improvement)		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS

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21	Heart Disease and	HDS-3	N	Reduce stroke deaths	33.8	deaths	per 100,000 population	42.2	stroke deaths	per 100,000 population occurred in	2007	Projection (20 percent improvement)		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
21	Heart Disease and	HDS-4	N	Increase the proportion of adults who have had their blood pressure measured	92.6	percent		90.6	percent	of adults aged 18 years and older had their	2008	2 percentage point improvement		National Health Interview Survey (NHIS), CDC, NCHS
21	Heart Disease and	HDS-5	N	Reduce the proportion of persons in the population with hypertension										
21	Heart Disease and	HDS-5.1	N	Reduce the proportion of adults with hypertension	26.9	percent		29.9	percent	of adults aged 18 years and older had high	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-5.2	N	Reduce the proportion of children and adolescents with hypertension	3.2	percent		3.5	percent	of children and adolescents aged 8 to 17	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-6	N	Increase the proportion of adults who have had their blood cholesterol checked	82.1	percent		74.6	percent	of adults aged 18 years and older had their	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
21	Heart Disease and	HDS-7	N	Reduce the proportion of adults with high total blood cholesterol levels	13.5	percent		15.0	percent	of adults aged 20 years and older had total	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-8	N	Reduce the mean total blood cholesterol levels among adults	177.9	mg/dl (mean)		197.7	mg/dl	was the mean total blood cholesterol	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-9	Y	(Developmental) Increase the proportion of adults with prehypertension who										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-9.1	Y	(Developmental) Body mass index (BMI)										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-9.2	Y	(Developmental) Saturated fat consumption										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-9.3	Y	(Developmental) Sodium intake										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-9.4	Y	(Developmental) Physical activity										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-9.5	Y	(Developmental) Moderate alcohol consumption										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-10	Y	(Developmental) Increase the proportion of adults with hypertension who										
21	Heart Disease and	HDS-10.1	Y	(Developmental) BMI										National Health and Nutrition Examination Survey (NHANES), CDC,

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21	Heart Disease and	HDS-10.2	Y	(Developmental) Saturated fat consumption										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-10.3	Y	(Developmental) Sodium intake										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-10.4	Y	(Developmental) Physical activity										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-10.5	Y	(Developmental) Moderate alcohol consumption										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-11	N	Increase the proportion of adults with hypertension who are taking the	77.4	percent		70.4	percent	of adults aged 18 years and older with high	2005-2008	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-12	N	Increase the proportion of adults with hypertension whose blood pressure is	61.2	percent		43.7	percent	of adults aged 18 years and older with high	2005-2008	Projection (40 percent improvement)		National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-13	Y	(Developmental) Increase the proportion of adults with elevated LDL										
21	Heart Disease and	HDS-13.1	Y	(Developmental) Cholesterol-lowering diet										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-13.2	Y	(Developmental) Physical activity										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-13.3	Y	(Developmental) Weight control										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-13.4	Y	(Developmental) Prescribed drug therapy										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-14	Y	(Developmental) Increase the proportion of adults with elevated LDL-										
21	Heart Disease and	HDS-14.1	Y	(Developmental) Cholesterol-lowering diet										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-14.2	Y	(Developmental) Physical activity										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-14.3	Y	(Developmental) Weight control										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-14.4	Y	(Developmental) Prescribed drug therapy										National Health and Nutrition Examination Survey (NHANES), CDC,

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21	Heart Disease and	HDS-15	Y	(Developmental) Increase aspirin use as recommended among										
21	Heart Disease and	HDS-15.1	Y	(Developmental) Women aged 55 to 79 years										National Ambulatory Medical Care Survey (NAMCS)/National
21	Heart Disease and	HDS-15.2	Y	(Developmental) Men aged 45 to 79 years										National Ambulatory Medical Care Survey (NAMCS)/National
21	Heart Disease and	HDS-16	N	Increase the proportion of adults aged 20 years and older who are aware of, and										
21	Heart Disease and	HDS-16.1	N	Increase the proportion of adults aged 20 years and older who are aware of the	43.1	percent		39.2	percent	of adults aged 20 years and older were	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
21	Heart Disease and	HDS-16.2	N	Increase the proportion of adults aged 20 years and older who are aware of the	46.2	percent		42.0	percent	of adults aged 20 years and older were	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
21	Heart Disease and	HDS-16.3	N	Increase the proportion of adults aged 20 years and older who are aware of the	94.9	percent		92.9	percent	of adults aged 20 years and older were	2008	2 percentage point improvement		National Health Interview Survey (NHIS), CDC, NCHS
21	Heart Disease and	HDS-17	Y	(Developmental) Increase the proportion of adults aged 20 years and older										
21	Heart Disease and	HDS-17.1	Y	(Developmental) Increase the proportion of adults who are aware of the early										National Health Interview Survey (NHIS), CDC, NCHS
21	Heart Disease and	HDS-17.2	Y	(Developmental) Increase the proportion of adults aged 20 years and older										National Health Interview Survey (NHIS), CDC, NCHS
21	Heart Disease and	HDS-17.3	Y	(Developmental) Increase the proportion of adults aged 20 years and older										National Health Interview Survey (NHIS), CDC, NCHS
21	Heart Disease and	HDS-18	Y	(Developmental) Increase the proportion of out-of-hospital cardiac arrests in										National Emergency Medical Services Information System
21	Heart Disease and	HDS-19	N	Increase the proportion of eligible patients with heart attacks or strokes who										
21	Heart Disease and	HDS-19.1	N	Fibrinolytic therapy within 30 minutes of hospital arrival for patients with	75.1	percent		68.3	percent	of eligible heart attack patients	2009	10 percent improvement		Acute Coronary Treatment and Intervention Outcomes
21	Heart Disease and	HDS-19.2	N	Percutaneous intervention (PCI) within 90 minutes of hospital arrival for patients	97.5	percent		88.6	percent	of eligible heart attack patients	2009	10 percent improvement		Acute Coronary Treatment and Intervention Outcomes
21	Heart Disease and	HDS-19.3	Y	(Developmental) Acute reperfusion therapy within 3 hours from symptom										Get with The Guidelines-Stroke Module (GWTG–Stroke),

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21	Heart Disease and	HDS-20	Y	(Developmental) Increase the proportion of adults with coronary heart disease										
21	Heart Disease and	HDS-20.1	Y	(Developmental) Increase the proportion of adults with coronary heart disease										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-20.2	Y	(Developmental) Increase the proportion of adults who have had a stroke who										National Health and Nutrition Examination Survey (NHANES), CDC,
21	Heart Disease and	HDS-21	Y	(Developmental) Increase the proportion of adults with a history of										National Ambulatory Medical Care Survey (NAMCS)/National
21	Heart Disease and	HDS-22	Y	(Developmental) Increase the proportion of adult heart attack survivors who										Acute Coronary Treatment and Intervention Outcomes
21	Heart Disease and	HDS-23	Y	(Developmental) Increase the proportion of adult stroke survivors who are										Acute Coronary Treatment and Intervention Outcomes
21	Heart Disease and	HDS-24	N	Reduce hospitalizations of older adults with heart failure as the principal										
21	Heart Disease and	HDS-24.1	N	Adults aged 65 to 74 years	8.8	hospitalizations	per 1,000 population	9.8	hospitalizations	for heart failure per 1,000	2007	10 percent improvement		Chronic Conditions Warehouse (CCW), CMS
21	Heart Disease and	HDS-24.2	N	Adults aged 75 to 84 years	20.2	hospitalizations	per 1,000 population	22.4	hospitalizations	for heart failure per 1,000	2007	10 percent improvement		Chronic Conditions Warehouse (CCW), CMS
21	Heart Disease and	HDS-24.3	N	Adults aged 85 years and older	38.6	hospitalizations	per 1,000 population	42.9	hospitalizations	for heart failure per 1,000	2007	10 percent improvement		Chronic Conditions Warehouse (CCW), CMS
22	HIV	HIV-1	Y	(Developmental) Reduce the number of new HIV diagnoses among										HIV Surveillance System, CDC, NCHHSTP
22	HIV	HIV-2	Y	(Developmental) Reduce new (incident) HIV infections among										HIV Surveillance System, CDC, NCHHSTP
22	HIV	HIV-3	N	Reduce the rate of HIV transmission among adolescents and adults	3.5	new infections	per 100 persons living with HIV	The HIV transmission	rate was	5.0 new infections per 100 persons	2006	Consistent with the National		HIV Surveillance System, CDC, NCHHSTP
22	HIV	HIV-4	N	Reduce the number of new AIDS cases among adolescents and adults	13	new cases	per 100,000 population	14.4	new cases	of AIDS per 100,000 population	2007	10 percent improvement		HIV Surveillance System, CDC, NCHHSTP
22	HIV	HIV-5	N	Reduce the number of new AIDS cases among adolescent and adult	10,000	new cases		11,110	new cases of AIDS were		2007	10 percent improvement		HIV Surveillance System, CDC, NCHHSTP
22	HIV	HIV-6	N	Reduce the number of new AIDS cases among adolescent and adult men	15,074	new cases		16,749	new AIDS cases	were diagnosed among males	2007	10 percent improvement		HIV Surveillance System, CDC, NCHHSTP

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22	HIV	HIV-7	N	Reduce the number of new AIDS cases among adolescents and adults who	5,409	new cases		6,010	new AIDS cases	were diagnosed among	2007	10 percent improvement		HIV Surveillance System, CDC, NCHHSTP
22	HIV	HIV-8	N	Reduce the number of perinatally acquired HIV and AIDS cases										
22	HIV	HIV-8.1	Y	(Developmental) Number of newly diagnosed perinatally acquired HIV cases										HIV Surveillance System, CDC, NCHHSTP
22	HIV	HIV-8.2	N	Number of new cases of perinatally acquired AIDS	25	cases		28	perinatally acquired AIDS cases	were diagnosed in 2007	2007	10 percent improvement		HIV Surveillance System, CDC, NCHHSTP
22	HIV	HIV-9	Y	(Developmental) Increase the proportion of new HIV infections diagnosed before										HIV Surveillance System, CDC, NCHHSTP
22	HIV	HIV-10	Y	(Developmental) Increase the proportion of HIV-infected adolescents and										Medical Monitoring Project (MMP), CDC, NCHHSTP.
22	HIV	HIV-11	N	Increase the proportion of persons surviving more than 3 years after a	90.2	percent		82	percent	of persons diagnosed with AIDS survived	2002	10 percent improvement		HIV Surveillance System, CDC, NCHHSTP
22	HIV	HIV-12	N	Reduce deaths from HIV infection	3.3	deaths	per 100,000 population	3.7	deaths	due to HIV infection per 100,000	2007	10 percent improvement		National Vital Statistics System, CDC, NCHS
22	HIV	HIV-13	N	Increase the proportion of persons living with HIV who know their serostatus	90.0	percent		79.0	percent	of persons aged 13 years and older living	2006	Consistent with the National		HIV Surveillance System, CDC, NCHHSTP
22	HIV	HIV-14	N	Increase the proportion of adolescents and adults who have been tested for HIV in										
22	HIV	HIV-14.1	N	Adolescents and adults	16.9	percent		15.4	percent	of persons 15-44 years of age reported that	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
22	HIV	HIV-14.2	Y	(Developmental) Men who have sex with men (MSM)										National Survey of Family Growth (NSFG), CDC, NCHS
22	HIV	HIV-14.3	N	Pregnant women	74.1	percent		67.4	percent	of women 15 to 44 years of age who	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
22	HIV	HIV-14.4	N	Adolescents and young adults	17.2	percent		15.6	percent	of persons 15 to 24 years of age reported	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
22	HIV	HIV-15	N	Increase the proportion of adults with tuberculosis (TB) who have been tested	71.5	percent		65.0	percent	of persons aged 25 to 44 years with TB	2005	10 percent improvement		National TB Surveillance System, CDC, NCHHSTP
22	HIV	HIV-16	N	Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS	59.8	percent		54.4	percent	of publicly and privately funded	2008	10 percent improvement		National Survey of Substance Abuse Treatment Services

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22	HIV	HIV-17	N	Increase the proportion of sexually active persons who use condoms										
22	HIV	HIV-17.1	N	Unmarried females aged 15 to 44 years	38.0	percent		34.5	percent	of sexually active, unmarried	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
22	HIV	HIV-17.2	N	Unmarried males aged 15 to 44 years	60.7	percent		55.2	percent	of sexually active, unmarried	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
22	HIV	HIV-18	Y	(Developmental) Decrease the proportion of men who have sex with men who										HIV Behavioral Surveillance System, CDC, NCHHSTP.
23	Immunization and Infectious	IID-1	N	Reduce, eliminate, or maintain elimination of cases of vaccine-										
23	Immunization and Infectious	IID-1.1	N	Congenital Rubella Syndrome (CRS) (children less than 1 year of age)	0	cases		0	cases	of confirmed and probable U.S.-acquired	2008	Total elimination		National Notifiable Diseases Surveillance System (NNDSS), CDC
23	Immunization and Infectious	IID-1.2	N	Serotype b cases of Haemophilus influenzae (Hib) invasive disease	0.27	cases	per 100,000 children under age 5 years	0.3	confirmed and probable	of Haemophilus influenzae	2008	10 percent improvement		National Notifiable Diseases Surveillance System (NNDSS), CDC;
23	Immunization and Infectious	IID-1.3	N	New hepatitis B cases (persons aged 2 to 18 years)	0	cases		0.06	cases	of new symptomatic hepatitis B per	2007	Total elimination		National Notifiable Diseases Surveillance System (NNDSS), CDC
23	Immunization and Infectious	IID-1.4	N	Measles (U.S.-acquired cases)	30	cases		115	confirmed U.S.-acquired	were reported in 2008	2008	Projection		National Notifiable Diseases Surveillance System (NNDSS), CDC
23	Immunization and Infectious	IID-1.5	N	Mumps (U.S.-acquired cases)	500	cases		421	confirmed and probably	of mumps were reported in 2008	2008	Projection		National Notifiable Diseases Surveillance System (NNDSS), CDC
23	Immunization and Infectious	IID-1.6	N	Pertussis (children under age 1 year)	2,500	cases		2,777	confirmed and probable	of pertussis (including cases identified	2004-2008	10 percent improvement		National Notifiable Diseases Surveillance System (NNDSS), CDC
23	Immunization and Infectious	IID-1.7	N	Pertussis among adolescents aged 11 to 18 years	2,000	cases		3,995	confirmed and probable	of pertussis (including cases identified	2000-2004	Projection		National Notifiable Disease Surveillance System (NNDSS), CDC
23	Immunization and Infectious	IID-1.8	N	Acute paralytic poliomyelitis (U.S.-acquired cases)	0	cases		0	cases	of U.S.-acquired acute paralytic	2008	Total elimination		National Notifiable Disease Surveillance System (NNDSS), CDC
23	Immunization and Infectious	IID-1.9	N	Rubella (U.S.-acquired cases)	10	cases		10	confirmed U.S.-acquired	of rubella were reported in 2008	2008	Projection		National Notifiable Disease Surveillance System (NNDSS), CDC
23	Immunization and Infectious	IID-1.10	N	Varicella (chicken pox) (persons aged 17 years of age or under)	100,000	persons		582,535	persons	aged 17 years of age and under were	2008	Projection		National Health Interview Survey (NHIS), CDC, NCHS
23	Immunization and Infectious	IID-2	N	Reduce early onset group B streptococcal disease	0.25	new cases	among newborns aged 0 through 6 days	0.28	newly reported cases	of laboratory-confirmed early onset	2008	10 percent improvement		Active Bacterial Core Surveillance (ABCs), CDC, NCIRD

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23	Immunization and Infectious	IID-3	N	Reduce meningococcal disease	0.3	cases	per 100,000 population	0.3	was the annual average of	of new laboratory-confirmed	2004-2008	10 percent improvement		National Notifiable Diseases Surveillance System (NNDSS), CDC
23	Immunization and Infectious	IID-4	N	Reduce invasive pneumococcal infections										
23	Immunization and Infectious	IID-4.1	N	New invasive pneumococcal infections among children under age 5 years	12	cases	per 100,000 children under age 5 years	20.3	cases	of laboratory-confirmed invasive	2008	Projection		Active Bacterial Core Surveillance (ABCs), NCIRD, Emerging
23	Immunization and Infectious	IID-4.2	N	New invasive pneumococcal infections among adults aged 65 years and older	31	new cases	per 100,000 adults aged 65 years and older	40.4	new cases	of laboratory-confirmed invasive	2008	Projection		Active Bacterial Core Surveillance (ABCs), NCIRD, Emerging
23	Immunization and Infectious	IID-4.3	N	Invasive penicillin-resistant pneumococcal infections among children under age 5	3	new cases	per 100,000 children under age 5 years	4.3	new cases	of laboratory-confirmed invasive	2008	Projection		Active Bacterial Core surveillance (ABCs), NCIRD, Emerging
23	Immunization and Infectious	IID-4.4	N	Invasive penicillin-resistant pneumococcal infections among adults aged 65 years	2	new cases	per 100,000 population adults aged 65	2.6	new cases	of laboratory-confirmed invasive	2008	Projection		Active Bacterial Core Surveillance (ABCs), CDC, NCIRD, Emerging
23	Immunization and Infectious	IID-5	N	Reduce the number of courses of antibiotics for ear infections for young	35	courses	per 100 children	47	percent	of children under age 5 years who had	2007	Projection		National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS;
23	Immunization and Infectious	IID-6	N	Reduce the number of courses of antibiotics prescribed for the sole	864	courses	of antibiotics per 100,000 population	1,728	was the annual average of	of antibiotics per 100,000 persons	2007	Projection		National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS;
23	Immunization and Infectious	IID-7	N	Achieve and maintain effective vaccination coverage levels for										
23	Immunization and Infectious	IID-7.1	N	4 doses diphtheria-tetanus-acellular pertussis (DTaP) vaccine by 19 to 35 months	90	percent		85	percent	of children aged 19 to 35 months	2008	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD
23	Immunization and Infectious	IID-7.2	N	3 doses Haemophilus influenzae type b (Hib) vaccine by 19 to 35 months	90	percent		57	percent	of children aged 19 to 35 months	2009	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD
23	Immunization and Infectious	IID-7.3	N	3 doses hepatitis B (hep B) vaccine by 19 to 35 months	90	percent		94	percent	of children aged 19 to 35 months	2008	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD
23	Immunization and Infectious	IID-7.4	N	1 dose measles-mumps-rubella (MMR) vaccine by 19 to 35 months	90	percent		92	percent	of children aged 19 to 35 months	2008	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD
23	Immunization and Infectious	IID-7.5	N	3 doses polio vaccine by 19 to 35 months	90	percent		94	percent	of children aged 19 to 35 months	2008	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD, and NCHS
23	Immunization and Infectious	IID-7.6	N	1 dose varicella vaccine by 19 to 35 months	90	percent		91	percent	of children aged 19 to 35 months	2008	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD
23	Immunization and Infectious	IID-7.7	N	4 doses pneumococcal conjugate vaccine (PCV) by 19 to 35 months	90	percent		80	percent	of children aged 19 to 35 months	2008	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD, and NCHS

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23	Immunization and Infectious	IID-7.8	N	2 doses hepatitis A vaccine by 19 to 35 months	60	percent		40	percent	of children aged 19 to 35 months	2008	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD
23	Immunization and Infectious	IID-7.9	N	A birth dose of hepatitis B vaccine (0 to 3 days between birth date and	85	percent		51	percent	of the 2005 birth cohort received the	2006-2008	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD
23	Immunization and Infectious	IID-7.10	N	2 or more doses rotavirus vaccine by 19 to 35 months	80	percent		38	percent	of children aged 19 to 35 months	2009	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD, and NCHS
23	Immunization and Infectious	IID-8	N	Increase the proportion of children aged 19 to 35 months who receive the	80	percent		68	percent	of children aged 19 to 35 months	2008	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD, and NCHS
23	Immunization and Infectious	IID-9	N	Percentage of children in the U.S. who received zero doses of recommended			This measure is being tracked for informational	0.6	percent	of children in the United States received	2008			National Immunization Survey (NIS), CDC, NCIRD, and NCHS
23	Immunization and Infectious	IID-10	N	Maintain vaccination coverage levels for children in kindergarten										
23	Immunization and Infectious	IID-10.1	N	DTaP vaccine (4 or more doses)	95	percent		95	percent	of children enrolled in kindergarten	2007-2008	Consistency with national programs		School Immunization Assessment Survey, CDC, NCIRD
23	Immunization and Infectious	IID-10.2	N	MMR vaccine (2 or more doses)	95	percent		95	percent	of children enrolled in kindergarten	2007-2008	Consistency with national programs		School Immunization Assessment Survey, CDC, NCIRD
23	Immunization and Infectious	IID-10.3	N	Polio vaccine (3 or more doses)	95	percent		96	percent	of children enrolled in kindergarten	2007-2008	Consistency with national programs		School Immunization Assessment Survey, CDC, NCIRD
23	Immunization and Infectious	IID-10.4	N	Hepatitis B vaccine (3 or more doses)	95	percent		96	percent	of children enrolled in kindergarten	2007-2008	Consistency with national programs		School Immunization Assessment Survey, CDC, NCIRD
23	Immunization and Infectious	IID-10.5	N	Varicella vaccine (2 or more doses)	95	percent		94	percent	of children enrollees in kindergarten	2007-2008	Consistency with national programs		School Immunization Assessment Survey, CDC, NCIRD
23	Immunization and Infectious	IID-11	N	Increase routine vaccination coverage levels for adolescents										
23	Immunization and Infectious	IID-11.1	N	1 dose of tetanus-diphtheria-acellular pertussis (Tdap) booster	80	percent		47	percent	of adolescents aged 13 to 15 years reported	2008	Consistency with national programs		National Immunization Survey (NIS) Teen, CDC, NCIRD, and NCHS
23	Immunization and Infectious	IID-11.2	N	2 doses of varicella vaccine by age 13 to 15 years (excluding children who	90	percent		37	percent	of adolescents aged 13 to 15 years	2008	Consistency with national programs		National Immunization Survey (NIS) Teen, CDC, NCIRD, and NCHS
23	Immunization and Infectious	IID-11.3	N	1 dose Meningococcal vaccine (MCV) by age 13 to 15 years	80	percent		44	percent	of persons aged 13 to 15 years reported	2008	Consistency with national programs		National Immunization Survey (NIS) Teen, CDC, NCIRD, and NCHS
23	Immunization and Infectious	IID-11.4	N	3 doses Human papillomavirus vaccine (HPV) for females by age 13	80	percent		17	percent	of females aged 13 to 15 years reported	2008	Consistency with national programs		National Immunization Survey (NIS) Teen, CDC, NCIRD, and NCHS

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23	Immunization and Infectious	IID-12	N	Increase the percentage of children and adults who are vaccinated annually against										
23	Immunization and Infectious	IID-12.1	N	Children aged 6 to 23 months (1 or 2 doses, depending on age-	80	percent		23	percent	of children aged 6 to 23 months	2008	Consistency with national programs		National Immunization Survey (NIS), CDC, NCIRD, and NCHS
23	Immunization and Infectious	IID-12.2	N	Children aged 2 to 4 years	80	percent		40	percent	of children aged 2 to 4 years were	2008	Consistency with national programs		National Health Interview Survey (NHIS), CDC, NCHS
23	Immunization and Infectious	IID-12.3	N	Children aged 5 to 12 years	80	percent		26	percent	of children aged 5 to 12 years were	2008	Consistency with national programs		National Health Interview Survey (NHIS), CDC, NCHS
23	Immunization and Infectious	IID-12.4	N	Children aged 13 to 17 years	80	percent		10	percent	of children aged 13 to 17 years were	2008	Consistency with national programs		National Immunization Survey-Teen (NIS-T)
23	Immunization and Infectious	IID-12.5	N	Noninstitutionalized adults aged 18 to 64 years	80	percent		25	percent	of noninstitutionalized adults	2008	Consistency with national programs		National Health Interview survey (NHIS), CDC, NCHS
23	Immunization and Infectious	IID-12.6	N	Noninstitutionalized high-risk adults aged 18 to 64 years	90	percent		39	percent	of noninstitutionalized high-risk	2008	Retention of Healthy People 2010		National Health Interview Survey (NHIS), CDC, NCHS
23	Immunization and Infectious	IID-12.7	N	Noninstitutionalized adults aged 65 years and older	90	percent		67	percent	of noninstitutionalized high-risk	2008	Retention of Healthy People 2010		National Health Interview Survey (NHIS), CDC, NCHS
23	Immunization and Infectious	IID-12.8	N	Institutionalized adults aged 18 years and older in long-term or nursing homes	90	percent		62	percent	of institutionalized adults 18	2006	Retention of Healthy People 2010		Minimum Data Set (MDS), CMS
23	Immunization and Infectious	IID-12.9	N	Health care personnel	90	percent		45	percent	of health care personnel were	2008	Consistency with national programs		National Health Interview Survey (NHIS), NCHS, CDC
23	Immunization and Infectious	IID-12.10	N	Pregnant women	80	percent		28	percent	of pregnant women were vaccinated	2008	Consistency with national programs		National Health Interview Survey (NHIS), CDC, NCHS
23	Immunization and Infectious	IID-13	N	Increase the percentage of adults who are vaccinated against pneumococcal										
23	Immunization and Infectious	IID-13.1	N	Noninstitutionalized adults aged 65 years and older	90	percent		60	percent	of persons aged 65 years and older	2008	Consistency with national programs		National Health Interview Survey (NHIS), CDC, NCHS
23	Immunization and Infectious	IID-13.2	N	Noninstitutionalized high-risk adults aged 18 to 64 years	60	percent		17	percent	of high-risk persons aged 18 to 64 years	2008	Consistency with national programs		National Health Interview Survey (NHIS), CDC, NCHS
23	Immunization and Infectious	IID-13.3	N	Institutionalized adults (persons aged 18 years and older in long-term or	90	percent		66	percent	of persons in long-term care facilities and	2006	Consistency with national programs		Minimum Data Set (MDS), CMS
23	Immunization and Infectious	IID-14	N	Increase the percentage of adults who are vaccinated against zoster (shingles)	30	percent		7	percent	of adults aged 60 years and older reported	2008	Consistency with national programs		National Health Interview Survey (NHIS), CDC, NCHS

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23	Immunization and Infectious	IID-15	Y	Increase hepatitis B vaccine coverage among high-risk populations										
23	Immunization and Infectious	IID-15.1	Y	(Developmental) Long-term hemodialysis patients										Healthcare Quality Survey, DHQ, CDC
23	Immunization and Infectious	IID-15.2	Y	(Developmental) Men who have sex with men										National Notifiable Disease Surveillance System (NNDSS), CDC
23	Immunization and Infectious	IID-15.3	N	Health care personnel	90	percent		64	percent	of health care workers reported they	2008	Consistency with national programs		National Health Interview Survey (NHIS), CDC, NCHS
23	Immunization and Infectious	IID-15.4	Y	(Developmental) Injection drug users										National HIV Behavioral Surveillance System (NHBS), CDC
23	Immunization and Infectious	IID-16	Y	(Developmental) Increase the scientific knowledge on vaccine safety and adverse										FDA Sentinel Initiative, Vaccine Adverse Event Reporting System
23	Immunization and Infectious	IID-17	N	Increase the percentage of providers who have had vaccination coverage levels										
23	Immunization and Infectious	IID-17.1	N	Public health providers	50	percent		40	percent	of public provider sites that routinely	2009	Consistency with national programs		Annual Immunization Assessment Reports, CDC, NCIRD
23	Immunization and Infectious	IID-17.2	N	Private providers	50	percent		33	percent	of private provider sites that routinely	2009	Consistency with national programs		Annual Immunization Assessment Reports, CDC, NCIRD
23	Immunization and Infectious	IID-18	N	Increase the proportion of children under 6 years of age whose immunization	95	percent		75	percent	of children under 6 years of age had two	2008	Projection		Immunization Program Annual Reports, CDC, NCIRD
23	Immunization and Infectious	IID-19	N	Increase the number of States collecting kindergarten vaccination	51	(States and the District of		13	States (including the	collected kindergarten vaccination	2009	Consistency with national programs/reg		School Immunization Assessment Survey, CDC, NCIRD
23	Immunization and Infectious	IID-20	N	Increase the number of States that have 80 percent of adolescents with two or	40	(States and the District of		14	States (including the	recorded 80 percent of adolescents	2009	Consistency with national programs/reg		Immunization Program Annual Reports, CDC, NCIRD
23	Immunization and Infectious	IID-21	N	Increase the number of States that use electronic data from rabies animal	49	States	(excluding Hawaii), the District of	8	States	used electronic data from rabies animal	2010	Projection		Rabies Surveillance Network (RSN), CDC, NCEZID
23	Immunization and Infectious	IID-22	N	Increase the number of public health laboratories monitoring influenza virus	25	public health laboratori		3	public health laboratori	monitored influenza virus resistance to	2009	Consistency with national programs/reg		State Laboratory Reports, Influenza Division, National
23	Immunization and Infectious	IID-23	N	Reduce hepatitis A	0.3	cases	per 100,000 population	1.0	cases	of hepatitis A virus per 100,000	2007	Projection		National Notifiable Diseases Surveillance System (NNDSS), CDC
23	Immunization and Infectious	IID-24	N	Reduce chronic hepatitis B virus infections in infants and young children	400	cases		799	cases	of chronic hepatitis B virus (HBV)	2007	Consistency with national programs		Perinatal Hepatitis B Prevention Program, CDC, NCHHSTP;

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23	Immunization and Infectious	IID-25	N	Reduce hepatitis B										
23	Immunization and Infectious	IID-25.1	N	Reduce new hepatitis B infections in adults aged 19 and older	1.5	cases	per 100,000	2.0	symptomatic cases of	per 100,000 persons aged 19 years and	2007	Consistency with national programs/reg		National Notifiable Diseases Surveillance System (NNDSS)
23	Immunization and Infectious	IID-25.2	N	Reduce new hepatitis B infections among high-risk populations—Injection drug	215	cases		285	symptomatic cases of	were reported among injection drug	2007	Consistency with national programs/reg		National Notifiable Diseases Surveillance System (NNDSS); Viral
23	Immunization and Infectious	IID-25.3	N	Reduce new hepatitis B infections among high-risk populations—Men who	45	new infections		62	new hepatitis B infections	were reported among men who indicated	2007	Consistency with national programs/reg		National Notifiable Diseases Surveillance System (NNDSS)
23	Immunization and Infectious	IID-26	N	Reduce new hepatitis C infections	0.2	new cases	per 100,000	0.3	new symptomatic	per 100,000 population were reported	2007	Consistency with national programs		National Notifiable Disease Surveillance System (NNDSS)
23	Immunization and Infectious	IID-27	N	Increase the percentage of persons aware they have a hepatitis C infection	60	percent		49	percent	of NHANES survey respondents,	2002-2007	Projection		National Health and Nutrition Examination Survey (NHANES), CDC,
23	Immunization and Infectious	IID-28	Y	(Developmental) Increase the percentage of persons who have been tested for										Racial and Ethnic Approaches to Community Health
23	Immunization and Infectious	IID-29	N	Reduce tuberculosis (TB)	1.0	new case	per 100,000 population	4.9	confirmed new cases	of tuberculosis per 100,000 population	2005	Consistency with national programs		National Tuberculosis Indicators Project (NTIP), NCHHSTP, CDC
23	Immunization and Infectious	IID-30	N	Increase treatment completion rate of all tuberculosis patients who	93	percent		83.8	percent	of persons with confirmed tuberculosis	2006	Consistency with national programs		National TB Surveillance System and National Tuberculosis Indicators
23	Immunization and Infectious	IID-31	N	Increase the treatment completion rate of contacts to sputum smear-positive	79.0	percent		68.1	percent	of contact to sputum smear-positive	2007	Consistency with national programs		Aggregate Reports for Tuberculosis Program Evaluation, CDC,
23	Immunization and Infectious	IID-32	N	Reduce the average time for a laboratory to confirm and report tuberculosis	75	percent		32	percent	of patients with a positive nucleic acid	2008	Consistency with national programs		CDC Electronic Report of Verified Case of Tuberculosis, NCHHSTP,
24	Injury and Violence Preventio	IVP-1	N	Reduce fatal and nonfatal injuries										
24	Injury and Violence Preventio	IVP-1.1	N	Reduce fatal injuries	53.3	deaths	per 100,000 population	59.2	deaths	per 100,000 population were caused	2007	10 percent improvement		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-1.2	N	Reduce hospitalization for nonfatal injuries	555.8	hospitalizations	per 100,000 population	617.6	hospitalizations	for nonfatal injuries per 100,000	2007	10 percent improvement		National Hospital Discharge Survey (NHDS), CDC, NCHS
24	Injury and Violence Preventio	IVP-1.3	N	Reduce emergency department visits for nonfatal injuries	7533.4	emergency departme	per 100,000 population	8370.4	emergency departme	for nonfatal injuries per 100,000	2007	10 percent improvement		National Hospital Ambulatory Medical Care Survey (NHAMCS),
24	Injury and Violence Preventio	IVP-2	N	Reduce fatal and nonfatal traumatic brain injuries										

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24	Injury and Violence Preventio	IVP-2.1	N	Reduce fatal traumatic brain injuries	15.6	deaths	per 100,000 population	17.3	deaths	per 100,000 population were caused	2007	10 percent improvement		National Vital Statistics System–Mortality (NVSS-M), CDC, NCHS
24	Injury and Violence Preventio	IVP-2.2	N	Reduce hospitalization for nonfatal traumatic brain injuries	77.0	hospitalizations	per 100,000 population	85.6	hospitalizations	for nonfatal traumatic brain injuries per	2007	10 percent improvement		National Hospital Discharge Survey (NHDS), CDC, NCHS
24	Injury and Violence Preventio	IVP-2.3	N	Reduce emergency department visits for nonfatal traumatic brain	366.5	emergency departme	per 100,000 population	407.2	emergency departme	for nonfatal traumatic brain injuries per	2007	10 percent improvement		National Hospital Ambulatory Medical Care Survey (NHAMCS),
24	Injury and Violence Preventio	IVP-3	N	Reduce fatal and nonfatal spinal cord injuries										
24	Injury and Violence Preventio	IVP-3.1	N	Reduce fatal spinal cord injuries	0.48	deaths	per 100,000 population	0.53	deaths	per 100,000 population were caused	2007	10 percent improvement		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-3.2	N	Reduce hospitalization for nonfatal traumatic spinal cord injuries	3.2	hospitalizations	per 100,000 population	3.6	hospitalizations	for nonfatal spinal cord injuries per	2007	10 percent improvement		National Hospital Discharge Survey (NHDS), CDC, NCHS
24	Injury and Violence Preventio	IVP-4	Y	(Developmental) Increase the number of States and the District of Columbia										National Center for Child Death Review; National Vital Statistics
24	Injury and Violence Preventio	IVP-5	Y	(Developmental) Increase the number of States and the District of Columbia										National Center for Child Death Review; National Vital Statistics
24	Injury and Violence Preventio	IVP-6	N	Increase the proportion of States and the District of Columbia with statewide	85.0	percent		75.0	percent	of States had statewide emergency	2008	Threshold analysis		Healthcare Cost and Utilization Project State Emergency Department
24	Injury and Violence Preventio	IVP-7	N	Increase the proportion of States and the District of Columbia with statewide	85.0	percent		66.7	percent	of States had statewide hospital	2008	Threshold analysis		Healthcare Cost and Utilization Project State Inpatient Databases
24	Injury and Violence Preventio	IVP-8	N	Increase access to trauma care in the United States										
24	Injury and Violence Preventio	IVP-8.1	N	Proportion of the population residing within the continental United	91.4	percent		83.1	percent	of the population residing within	2009	10 percent improvement		Trauma Information Exchange Program, American Trauma
24	Injury and Violence Preventio	IVP-8.2	N	Proportion of the land mass of the continental United States with access to	31.6	percent		28.7	percent	of the population residing within	2009	10 percent improvement		Trauma Information Exchange Program, American Trauma
24	Injury and Violence Preventio	IVP-9	N	Prevent an increase in the rate of poisoning deaths										
24	Injury and Violence Preventio	IVP-9.1	N	All persons	13.1	deaths	per 100,000 population	13.1	deaths	per 100,000 population were caused	2007	Maintain the baseline rate		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-9.2	N	Persons aged 35 to 54 years	25.5	deaths	per 100,000 population	25.5	deaths	per 100,000 population aged 35 to 54	2007	Maintain the baseline rate		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS

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24	Injury and Violence Preventio	IVP-9.3	N	Unintentional or undetermined intent among all persons	11.1	deaths	per 100,000 population	11.1	deaths	per 100,000 population were caused	2007	Maintain the baseline rate		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-9.4	N	Unintentional or undetermined intent among persons aged 35 to	21.6	deaths	per 100,000 population	21.6	deaths	per 100,000 population aged 35 to 54	2007	Maintain the baseline rate		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-10	N	Prevent an increase in the rate of nonfatal poisonings	304.4	nonfatal poisoning s	per 100,000 population	304.4	nonfatal poisonings	per 100,000 population occurred in	2008	Maintain the baseline rate		National Electronic Injury Surveillance System—All Injury
24	Injury and Violence Preventio	IVP-11	N	Reduce unintentional injury deaths	36.0	deaths	per 100,000 population	40.0	deaths	per 100,000 population were caused	2007	10 percent improvement		National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS
24	Injury and Violence Preventio	IVP-12	N	Reduce nonfatal unintentional injuries	8,297.4	injuries	per 100,000 population	9,219.3	emergenc y departme	for nonfatal unintentional injuries per	2008	10 percent improvement		National Electronic Injury Surveillance System—All Injury
24	Injury and Violence Preventio	IVP-13	N	Reduce motor vehicle crash-related deaths										
24	Injury and Violence Preventio	IVP-13.1	N	Deaths per 100,000 population	12.4	deaths	per 100,000 population	13.8	deaths	per 100,000 population were caused	2007	10 percent improvement		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-13.2	N	Deaths per 100 million vehicle miles traveled	1.2	deaths	per 100 million vehicle miles traveled	1.3	motor vehicle crash-	per 100 million vehicle miles traveled	2008	10 percent improvement		Fatality Analysis Reporting System (FARS), DOT, NHTSA
24	Injury and Violence Preventio	IVP-14	N	Reduce nonfatal motor vehicle crash-related injuries	694.4	nonfatal injuries	per 100,000 population	771.5	nonfatal injuries	per 100,000 population were caused	2008	10 percent improvement		General Estimates System (GES), DOT, NHTSA
24	Injury and Violence Preventio	IVP-15	N	Increase use of safety belts	92.4	percent		84.0	percent	of motor vehicle drivers and right-front	2009	10 percent improvement		National Occupant Protection Use Survey (NOPUS), DOT, NHTSA
24	Injury and Violence Preventio	IVP-16	N	Increase age-appropriate vehicle restraint system use in children										
24	Injury and Violence Preventio	IVP-16.1	N	Birth to 12 months	95	percent		86	percent	of children aged 0 to 12 months were	2008	10 percent improvement		National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA
24	Injury and Violence Preventio	IVP-16.2	N	Children aged 1 to 3 years	79	percent		72	percent	of children aged 1 to 3 years were	2008	10 percent improvement		National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA
24	Injury and Violence Preventio	IVP-16.3	N	Children aged 4 to 7 years	47	percent		43	percent	of children aged 4 to 7 years were	2008	10 percent improvement		National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA
24	Injury and Violence Preventio	IVP-16.4	N	Children aged 8 to 12 years	86	percent		78	percent	of children aged 8 to 12 years used	2008	10 percent improvement		National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA
24	Injury and Violence Preventio	IVP-17	N	Increase the number of States and the District of Columbia with “good”	51	States (including the		35	States	(including the District of Columbia) had	2009	Trend analysis and total coverage		U.S. Licensing Systems for Young Drivers, Insurance Institute for

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24	Injury and Violence Preventio	IVP-18	N	Reduce pedestrian deaths on public roads	1.3	deaths	per 100,000 population	1.4	pedestrian deaths	per 100,000 population occurred on	2008	10 percent improvement		Fatality Analysis Reporting System (FARS), DOT, NHTSA
24	Injury and Violence Preventio	IVP-19	N	Reduce nonfatal pedestrian injuries on public roads	20.3	injuries	per 100,000 population	22.6	nonfatal pedestrian injuries	per 100,000 population occurred on	2008	10 percent improvement		General Estimates System (GES), DOT, NHTSA
24	Injury and Violence Preventio	IVP-20	N	Reduce pedalcyclist deaths on public roads	0.22	deaths	per 100,000 population	0.24	pedalcyclist deaths	per 100,000 population occurred on	2008	10 percent improvement		Fatality Analysis Reporting System (FARS), DOT, NHTSA
24	Injury and Violence Preventio	IVP-21	N	Increase the number of States and the District of Columbia with laws	27	(including the District of		19	States (including the	had laws requiring bicycle helmets	2009	Trend analysis		Bicycle Helmet Safety Institute
24	Injury and Violence Preventio	IVP-22	N	Increase the proportion of motorcycle operators and passengers using helmets	73.7	percent		67.0	percent	of all motorcycle operators and	2009	10 percent improvement		National Occupant Protection Use Survey (NOPUS), DOT, NHTSA
24	Injury and Violence Preventio	IVP-23	N	Prevent an increase in the rate of fall-related deaths										
24	Injury and Violence Preventio	IVP-23.1	N	All persons	7.0	deaths	per 100,000 population	7.0	deaths	per 100,000 population were caused	2007	Maintain the baseline rate		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-23.2	N	Adults aged 65 years and older	45.3	deaths	per 100,000 population	45.3	deaths	per 100,000 population aged 65 years	2007	Maintain the baseline rate		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-24	N	Reduce unintentional suffocation deaths										
24	Injury and Violence Preventio	IVP-24.1	N	All persons	1.7	deaths	per 100,000 population	1.9	deaths	per 100,000 population were caused	2007	10 percent improvement		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-24.2	N	Infants 0 to 12 months	20.3	deaths	per 100,000 population	22.5	deaths	per 100,000 infants 0 to 12 months were	2007	10 percent improvement		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-24.3	N	Persons aged 65 years and older	7.2	deaths	per 100,000 population	8.0	deaths	per 100,000 population aged 65 years	2007	10 percent improvement		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-25	N	Reduce drowning deaths	1.1	drownings	per 100,000 population	1.2	drownings	per 100,000 population occurred in	2007	10 percent improvement		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-26	N	Reduce sports and recreation injuries	41.0	injuries	per 1,000 population	45.6	medically consulted injuries	per 1,000 population resulted from	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
24	Injury and Violence Preventio	IVP-27	N	Increase the proportion of public and private schools that require students to										
24	Injury and Violence Preventio	IVP-27.1	N	Physical education	84.5	percent		76.8	percent	of public and private schools required	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP

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24	Injury and Violence Preventio	IVP-27.2	N	Intramural activities or physical activity clubs	94.4	percent		85.8	percent	of public and private schools required	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
24	Injury and Violence Preventio	IVP-28	N	Reduce residential fire deaths	0.86	deaths	per 100,000 population	0.95	deaths	per 100,000 population were caused	2007	10 percent improvement		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-29	N	Reduce homicides	5.5	homicides	per 100,000 population	6.1	homicides	per 100,000 population occurred in	2007	10 percent improvement		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-30	N	Reduce firearm-related deaths	9.2	deaths	per 100,000 population	10.2	firearm-related deaths	per 100,000 population occurred in	2007	10 percent improvement		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
24	Injury and Violence Preventio	IVP-31	N	Reduce nonfatal firearm-related injuries	18.6	injuries	per 100,000 population	20.7	nonfatal firearm-related	per 100,000 population occurred in	2007	10 percent improvement		National Electronic Injury Surveillance System (NEISS), US
24	Injury and Violence Preventio	IVP-32	N	Reduce nonfatal physical assault injuries	462.7	injuries	per 100,000 population	514.1	emergenc y departme	for nonfatal physical assault injuries	2008	10 percent improvement		National Electronic Injury Surveillance System—All Injury
24	Injury and Violence Preventio	IVP-33	N	Reduce physical assaults	14.7	physical assaults	per 1,000 population	16.3	physical assaults	per 1,000 population aged 12 years	2008	10 percent improvement		National Crime Victimization Survey (NCVS), DOJ, BJS
24	Injury and Violence Preventio	IVP-34	N	Reduce physical fighting among adolescents	28.4	percent		31.5	percent	of students in grades 9 through 12	2009	10 percent improvement		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
24	Injury and Violence Preventio	IVP-35	N	Reduce bullying among adolescents	17.9	percent		19.9	percent	of students in grades 9 through 12	2009	10 percent improvement		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
24	Injury and Violence Preventio	IVP-36	N	Reduce weapon carrying by adolescents on school property	4.6	percent		5.6	percent	of students in grades 9 through 12	2009	Trend analysis		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
24	Injury and Violence Preventio	IVP-37	N	Reduce child maltreatment deaths	2.2	deaths	per 100,000 children	2.4	child maltreatm ent deaths	per 100,000 children under age 18 years	2008	10 percent improvement		National Child Abuse and Neglect Data System (NCANDS),
24	Injury and Violence Preventio	IVP-38	N	Reduce nonfatal child maltreatment	8.5	maltreat ment victims	per 1,000 children aged 17 years and under	9.4	victims	of nonfatal child maltreatment	2008	10 percent improvement		National Child Abuse and Neglect Data System (NCANDS),
24	Injury and Violence Preventio	IVP-39	Y	(Developmental) Reduce violence by current or former intimate partners										
24	Injury and Violence Preventio	IVP-39.1	Y	(Developmental) Reduce physical violence by current or former intimate partners										National Intimate Partner and Sexual Violence Surveillance
24	Injury and Violence Preventio	IVP-39.2	Y	(Developmental) Reduce sexual violence by current or former intimate partners										National Intimate Partner and Sexual Violence Surveillance
24	Injury and Violence Preventio	IVP-39.3	Y	(Developmental) Reduce psychological abuse by current or former intimate										National Intimate Partner and Sexual Violence Surveillance

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24	Injury and Violence Preventio	IVP-39.4	Y	(Developmental) Reduce stalking by current or former intimate partners										National Intimate Partner and Sexual Violence Surveillance
24	Injury and Violence Preventio	IVP-40	Y	(Developmental) Reduce sexual violence										
24	Injury and Violence Preventio	IVP-40.1	Y	(Developmental) Reduce rape or attempted rape										National Intimate Partner and Sexual Violence Surveillance
24	Injury and Violence Preventio	IVP-40.2	Y	(Developmental) Reduce abusive sexual contact other than rape or										National Intimate Partner and Sexual Violence Surveillance
24	Injury and Violence Preventio	IVP-40.3	Y	(Developmental) Reduce non-contact sexual abuse										National Intimate Partner and Sexual Violence Surveillance
24	Injury and Violence Preventio	IVP-41	N	Reduce nonfatal intentional self-harm injuries	112.8	injuries	per 100,000 population	125.3	emergenc y departme	for nonfatal intentional self-harm injuries	2008	10 percent improvement		National Electronic Injury Surveillance System—All Injury
24	Injury and Violence Preventio	IVP-42	N	Reduce children's exposure to violence	54.5	percent		60.6	percent	of children were exposed to any form of	2008	10 percent improvement		National Survey of Children's Exposure to Violence (NatSCEV),
24	Injury and Violence Preventio	IVP-43	N	Increase the number of States and the District of Columbia that link data on	51	States (including the		16	States	linked data on violent deaths from death	2009	Total coverage		National Violent Death Reporting System (NVDRS), CDC, NCIPC
26	Maternal, Infant, and Child	MICH-1	N	Reduce the rate of fetal and infant deaths										
26	Maternal, Infant, and Child	MICH-1.1	N	Fetal deaths at 20 or more weeks of gestation.	5.6	fetal deaths	per 1,000 live births and fetal deaths	6.2	fetal deaths	at 20 or more weeks of gestation per	2005	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-1.2	N	Fetal and infant deaths during perinatal period (28 weeks of gestation to 7	5.9	perinatal deaths	per 1,000 live births and fetal deaths	6.6	fetal and infant deaths	per 1,000 live births and fetal deaths	2005	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-1.3	N	All infant deaths (within 1 year).	6.0	infant deaths	per 1,000 live births	6.7	infant deaths	per 1,000 live births occurred within the first	2006	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-1.4	N	Neonatal deaths (within the first 28 days of life)	4.1	neonatal deaths	per 1,000 live births	4.5	neonatal deaths	per 1,000 live births occurred within the first	2006	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-1.5	N	Postneonatal deaths (between 28 days and 1 year)	2.0	postneon atal deaths	per 1,000 live births	2.2	postneona tal deaths	per 1,000 live births occurred between 28	2006	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-1.6	N	Infant deaths related to birth defects (all birth defects)	1.3	infant deaths	per 1,000 live births	1.4	infant deaths	per 1,000 live births were attributed to	2006	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-1.7	N	Infant deaths related to birth defects (congenital heart defects)	0.34	infant deaths	per 1,000 live births	0.38	infant deaths	per 1,000 live births were attributed to	2006	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS

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26	Maternal, Infant, and Child	MICH-1.8	N	Infant deaths from sudden infant death syndrome (SIDS)	0.50	infant deaths	per 1,000 live births	0.55	infant deaths	per 1,000 live births were attributed to	2006	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-1.9	N	Infant deaths from sudden unexpected infant deaths (includes SIDS, Unknown	0.84	infant deaths	per 1,000 live births	0.93	infant deaths	per 1,000 live births were attributed to	2006	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-2	N	Reduce the 1-year mortality rate for infants with Down syndrome	43.7	deaths	within the first year of life per 1,000 infants	48.6	deaths	within the first year of life per 1,000 infants	2005-2006	10 percent improvement		National Birth Defects Prevention Network (NBDPN), CDC, NCBDDD
26	Maternal, Infant, and Child	MICH-3	N	Reduce the rate of child deaths										
26	Maternal, Infant, and Child	MICH-3.1	N	Children aged 1 to 4 years	25.7	deaths	per 100,000 population	28.6	deaths	among children aged 1 to 4 years per	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-3.2	N	Children aged 5 to 9 years	12.3	deaths	per 100,000 population	13.7	deaths	among children aged 5 to 9 years per	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-4	N	Reduce the rate of adolescent and young adult deaths										
26	Maternal, Infant, and Child	MICH-4.1	N	Adolescents aged 10 to 14 years	15.2	deaths	per 100,000 population	16.9	deaths	among adolescents aged 10 to 14	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-4.2	N	Adolescents aged 15 to 19 years	55.7	deaths	per 100,000 population	61.9	deaths	among adolescents aged 15 to 19	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-4.3	N	Young adults aged 20 to 24 years	88.5	deaths	per 100,000 population	98.3	deaths	among young adults aged 20 to 24 years per	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-5	N	Reduce the rate of maternal mortality	11.4	maternal deaths	per 100,000 live births	12.7	maternal deaths	per 100,000 live births occurred in	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-6	N	Reduce maternal illness and complications due to pregnancy (complications	28.0	percent		31.1	percent	of pregnant females suffered	2007	10 percent improvement		National Hospital Discharge Survey (NHDS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-7	N	Reduce cesarean births among low-risk (full-term, singleton, vertex										
26	Maternal, Infant, and Child	MICH-7.1	N	Women giving birth for the first time	23.9	percent		26.5	percent	of low-risk females giving birth for the	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-7.2	N	Prior cesarean birth	81.7	percent		90.8	percent	of low-risk females giving birth with a	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-8	N	Reduce low birth weight (LBW) and very low birth weight (VLBW)										

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26	Maternal, Infant, and Child	MICH-8.1	N	Low birth weight (LBW)	7.8	percent		8.2	percent	of live births were low birth weight in 2007	2007	5 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-8.2	N	Very low birth weight (VLBW)	1.4	percent		1.5	percent	of live births were very low birth weight in	2007	5 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-9	N	Reduce preterm births										
26	Maternal, Infant, and Child	MICH-9.1	N	Total preterm births	11.4	percent		12.7	percent	of live births were preterm in 2007	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-9.2	N	Late preterm or live births at 34 to 36 weeks of gestation	8.1	percent		9.0	percent	of live births were late preterm or	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-9.3	N	Live births at 32 to 33 weeks of gestation	1.4	percent		1.6	of live births occurred		2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-9.4	N	Very preterm or live births at less than 32 weeks of gestation	1.8	percent		2.0	percent	of live births occurred at less than 32	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-10	N	Increase the proportion of pregnant women who receive early and adequate										
26	Maternal, Infant, and Child	MICH-10.1	N	Prenatal care beginning in first trimester	77.9	percent		70.8	percent	of females delivering a live birth received	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-10.2	N	Early and adequate prenatal care	77.6	percent		70.5	percent	of pregnant females received early	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-11	N	Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant										
26	Maternal, Infant, and Child	MICH-11.1	N	Alcohol	98.3	percent		89.4	percent	of pregnant females aged 15 to 44 years	2007-2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
26	Maternal, Infant, and Child	MICH-11.2	N	Binge drinking	100	percent		95.0	percent	of pregnant females aged 15 to 44 years	2007-2008	Total coverage		National Survey on Drug Use and Health (NSDUH), SAMHSA
26	Maternal, Infant, and Child	MICH-11.3	N	Cigarette smoking	98.6	percent		89.6	percent	of females delivering a live birth reported	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-11.4	N	Illicit drugs	100	percent		94.9	percent	of pregnant females aged 15 to 44 years	2007-2008	Total coverage		National Survey on Drug Use and Health (NSDUH), SAMHSA
26	Maternal, Infant, and Child	MICH-12	Y	(Developmental) Increase the proportion of pregnant women who attend a series										Pregnancy Risk Assessment Monitoring System (PRAMS), CDC,

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26	Maternal, Infant, and Child	MICH-13	Y	(Developmental) Increase the proportion of mothers who achieve a										National Vital Statistics System (NVSS), CDC, NCHS
26	Maternal, Infant, and Child	MICH-14	N	Increase the proportion of women of childbearing potential with intake of at	26.2	percent		23.8	percent	of non-pregnant females aged		10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
26	Maternal, Infant, and Child	MICH-15	N	Reduce the proportion of women of childbearing potential who have low red	22.1	percent		24.5	percent	of non-pregnant females aged	2003-2006	10 percent improvement		National Health and Nutrition Examination Survey (NHANES) CDC,
26	Maternal, Infant, and Child	MICH-16	Y	Increase the proportion of women delivering a live birth who received										National Health and Nutrition Examination Survey (NHANES) CDC,
26	Maternal, Infant, and Child	MICH-16.1	Y	(Developmental) Discussed preconception health with a health care worker prior to										Pregnancy Risk Assessment Monitoring System (PRAMS), CDC,
26	Maternal, Infant, and Child	MICH-16.2	N	Took multivitamins/folic acid prior to pregnancy	33.1	percent		30.1	percent	of females delivering a recent live	2007	10 percent improvement		Pregnancy Risk Assessment Monitoring System (PRAMS), CDC,
26	Maternal, Infant, and Child	MICH-16.3	N	Did not smoke prior to pregnancy	85.4	percent		77.6	percent	of females delivering a recent live	2007	10 percent improvement		Pregnancy Risk Assessment Monitoring System (PRAMS), CDC,
26	Maternal, Infant, and Child	MICH-16.4	N	Did not drink alcohol prior to pregnancy	56.4	percent		51.3	percent	of females delivering a recent live	2007	10 percent improvement		Pregnancy Risk Assessment Monitoring System (PRAMS), CDC,
26	Maternal, Infant, and Child	MICH-16.5	N	Had a healthy weight prior to pregnancy	53.4	percent		48.5	percent	of females delivering a recent live	2007	10 percent improvement		Pregnancy Risk Assessment Monitoring System (PRAMS), CDC,
26	Maternal, Infant, and Child	MICH-16.6	Y	(Developmental) Used contraception to plan pregnancy										Pregnancy Risk Assessment Monitoring System (PRAMS), CDC,
26	Maternal, Infant, and Child	MICH-17	N	Reduce the proportion of persons aged 18 to 44 years who have impaired										
26	Maternal, Infant, and Child	MICH-17.1	N	Reduce the proportion of women aged 18 to 44 years who have impaired	10.8	percent		12.0	percent	of females aged 18 to 44 years had	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
26	Maternal, Infant, and Child	MICH-17.2	Y	(Developmental) Reduce the proportion of men aged 18 to 44 years who have										National Survey of Family Growth (NSFG), CDC, NCHS
26	Maternal, Infant, and Child	MICH-18	Y	(Developmental) Reduce postpartum relapse of smoking among women										Pregnancy Risk Assessment Monitoring System (PRAMS), CDC,
26	Maternal, Infant, and Child	MICH-19	Y	(Developmental) Increase the proportion of women giving birth who attend a										Pregnancy Risk Assessment Monitoring System (PRAMS), CDC,
26	Maternal, Infant, and Child	MICH-20	N	Increase the proportion of infants who are put to sleep on their backs	75.9	percent		69.0	percent	of infants were put to sleep on their backs in	2007	10 percent improvement		Pregnancy Risk Assessment Monitoring System (PRAMS), CDC,

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26	Maternal, Infant, and Child	MICH-21	N	Increase the proportion of infants who are breastfed										
26	Maternal, Infant, and Child	MICH-21.1	N	Ever	81.9	percent		74.0	percent	of infants born in 2006 were ever breastfed	2007-2009	Modeling/projection		National Immunization Survey (NIS), CDC, NCIRD, and NCHS
26	Maternal, Infant, and Child	MICH-21.2	N	At 6 months	60.6	percent		43.5	percent	of infants born in 2006 were breastfed at 6	2007-2009	Modeling/projection		National Immunization Survey (NIS), CDC, NCIRD, and NCHS
26	Maternal, Infant, and Child	MICH-21.3	N	At 1 year	34.1	percent		22.7	percent	of infants born in 2006 were breastfed at 1	2007-2009	Modeling/projection		National Immunization Survey (NIS), CDC, NCIRD, and NCHS
26	Maternal, Infant, and Child	MICH-21.4	N	Exclusively through 3 months	46.2	percent		33.6	percent	of infants born in 2006 were breastfed	2007-2009	Modeling/projection		National Immunization Survey (NIS), CDC, NCIRD, and NCHS
26	Maternal, Infant, and Child	MICH-21.5	N	Exclusively through 6 months	25.5	percent		14.1	percent	of infants born in 2006 were breastfed		Modeling/projection		National Immunization Survey (NIS), CDC, NCIRD, and NCHS
26	Maternal, Infant, and Child	MICH-22	N	Increase the proportion of employers that have worksite lactation support	38	percent		25	percent	of employers reported providing an	2009	Modeling/projection		Employee Benefits Survey, Society for Human Resource
26	Maternal, Infant, and Child	MICH-23	N	Reduce the proportion of breastfed newborns who receive formula	14.2	percent		24.2	percent	of breastfed newborns born in 2006	2007-2009	10 percentage point improvement		National Immunization Survey (NIS), CDC, NCIRD, and NCHS
26	Maternal, Infant, and Child	MICH-24	N	Increase the proportion of live births that occur in facilities that provide	8.1	percent		2.9	percent	of 2007 live births occurred in facilities that	2009	Modeling/projection		Breastfeeding Report Card, CDC, NCCDPHP
26	Maternal, Infant, and Child	MICH-25	N	Reduce the occurrence of fetal alcohol syndrome (FAS)			Not applicable	3.6	cases	of fetal alcohol syndrome per 10,000 live		This measure is being tracked for		Fetal Alcohol Syndrome Surveillance Network (FASSnet), CDC,
26	Maternal, Infant, and Child	MICH-26	N	Reduce the proportion of children diagnosed with a disorder through newborn	13.6	percent		15.1	percent	of children aged 3 to 10 years	1991-2004	10 percent improvement		The Metropolitan Atlanta Developmental Disabilities Surveillance
26	Maternal, Infant, and Child	MICH-27	N	Reduce the proportion of children with cerebral palsy born as low birth weight	45.0	percent		50.0	percent	of children aged 8 years with cerebral	2006	10 percent improvement		Autism and Developmental Disabilities Monitoring
26	Maternal, Infant, and Child	MICH-28	N	Reduce occurrence of neural tube defects										
26	Maternal, Infant, and Child	MICH-28.1	N	Reduce the occurrence of spina bifida	30.8	live births and/or fetal	with spina bifida per 100,000 live births	34.2	live births and/or fetal	with spina bifida per 100,000 live	2005-2006	10 percent improvement		National Birth Defects Prevention Network (NBDPN), CDC, NCBDDD
26	Maternal, Infant, and Child	MICH-28.2	N	Reduce occurrence of anencephaly	22.1	live births and/or fetal	with anencephaly per 100,000 live	24.6	live births and/or fetal	with anencephaly per 100,000	2005-2006	10 percent improvement		National Birth Defects Prevention Network (NBDPN), CDC, NCBDDD
26	Maternal, Infant, and Child	MICH-29	N	Increase the proportion of young children with an Autism Spectrum Disorder										

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26	Maternal, Infant, and Child	MICH-29.1	N	Increase the proportion of young children who are screened for an Autism	21.5	percent		19.5	percent	of children aged 10 to 36 months who	2007	10 percent improvement		National Survey on Children's Health (NSCH), HRSA, MCHB
26	Maternal, Infant, and Child	MICH-29.2	N	Increase the proportion of children with an ASD with a first evaluation by 36	42.9	percent		39.0	percent	of children aged 8 years with an ASD	2006	10 percent improvement		The Autism and Developmental Disabilities Monitoring
26	Maternal, Infant, and Child	MICH-29.3	N	Increase the proportion of children with an ASD enrolled in special services	57.6	percent		52.4	percent	of children aged 8 years with an ASD	2006	10 percent improvement		Metropolitan Atlanta Developmental Disabilities Surveillance
26	Maternal, Infant, and Child	MICH-29.4	Y	(Developmental) Increase the proportion of children with a developmental delay										National Survey of Child's Health (NSCH), HRSA, MCHB and CDC,
26	Maternal, Infant, and Child	MICH-29.5	Y	(Developmental) Increase the proportion of children with a developmental delay										National Survey of Child's Health (NSCH), HRSA, MCHB and CDC,
26	Maternal, Infant, and Child	MICH-30	N	Increase the proportion of children, including those with special health care										
26	Maternal, Infant, and Child	MICH-30.1	N	Increase the proportion of children who have access to a medical home	63.3	percent		57.5	percent	of children under age 18 years had	2007	10 percent improvement		National Survey of Children's Health (NSCH), HRSA, MCHB
26	Maternal, Infant, and Child	MICH-30.2	N	Increase the proportion of children with special health care needs who have access	51.8	percent		47.1	percent	of children under age 18 years with	2007	10 percent improvement		National Survey of Children with Special Health Care Needs (NS-
26	Maternal, Infant, and Child	MICH-31	N	Increase the proportion of children with special health care needs who receive										
26	Maternal, Infant, and Child	MICH-31.1	N	Children aged 0 to 11 years	22.4	percent		20.4	percent	of children aged 0 through 11 years with		10 percent improvement		National Survey of Children with Special Health Care Needs (NS-
26	Maternal, Infant, and Child	MICH-31.2	N	Children aged 12 to 17 years	15.1	percent		13.7	percent	of children aged 12 through 17		10 percent improvement		National Survey of Children with Special Health Care Needs (NS-
26	Maternal, Infant, and Child	MICH-32	Y	Increase appropriate newborn blood-spot screening and followup										
26	Maternal, Infant, and Child	MICH-32.1	N	Increase the number of States and the District of Columbia that verify	45	States (44 States and the		21	States	verified through linkage with	2010	115 percent improvement		National Newborn Screening and Genetics Resource Center, HRSA,
26	Maternal, Infant, and Child	MICH-32.2	N	Increase the proportion of screen-positive children who receive follow-up	100	percent		98.3	percent	of screen-positive children	2006-2008	Total coverage		Title V Information System, HRSA, MCHB
26	Maternal, Infant, and Child	MICH-32.3	Y	(Developmental) Increase the proportion of children with a diagnosed condition										National Newborn Screening and Genetic Resource Center, HRSA,
26	Maternal, Infant, and Child	MICH-33	N	Increase the proportion of very low birth weight (VLBW) infants born at level	83.7	percent		76.1	percent	of VLBW infants were born at level III	2008	10 percent improvement		Title V Information System, HRSA, MCHB

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27	Medical Product Safety	MPS-1	N	Increase the proportion of health care organizations that are monitoring and	66.8	percent		60.7	percent	of general and children's hospital	2009	10 percent improvement		National Survey of Pharmacy Practice in Acute Care Settings,
27	Medical Product Safety	MPS-2	Y	(Developmental) Increase the safe and effective treatment of pain										
27	Medical Product Safety	MPS-2.1	Y	(Developmental) Reduce the proportion of patients suffering from untreated										Medical Expenditure Panel Survey (MEPS), AHRQ
27	Medical Product Safety	MPS-2.2	N	Reduce the number of non-FDA-approved pain medications	518	non-FDA-approved pain		575	non-FDA-approved pain	(opioids, NSAIDs, and acetaminophe	2007	10 percent improvement		The FDA Drug Registration and Listing database, FDA;
27	Medical Product Safety	MPS-2.3	Y	(Developmental) Reduce serious injuries from the use of pain medicines										FDA Adverse Event Reporting System (FAERS), FDA
27	Medical Product Safety	MPS-2.4	Y	(Developmental) Reduce deaths from the use of pain medicines										FDA Adverse Event Reporting System (FAERS), FDA
27	Medical Product Safety	MPS-3	Y	(Developmental) Reduce the number of adverse events from medical										Sentinel Initiative, FDA
27	Medical Product Safety	MPS-4	Y	(Developmental) Increase the use of safe and effective medical products that are										FDA's Pre-Market Approval (PMA) database and device
27	Medical Product Safety	MPS-5	N	Reduce emergency department (ED) visits for common, preventable										
27	Medical Product Safety	MPS-5.1	N	Reduce emergency department (ED) visits for overdoses from oral	35.9	ED visits	per 10,000 outpatient prescription	39.9	ED visits	per 10,000 outpatient prescription	2007	10 percent improvement		National Electronic Injury Surveillance System-Cooperative
27	Medical Product Safety	MPS-5.2	N	Reduce emergency department (ED) visits for overdoses from injectable	46.2	ED visits	per 10,000 outpatient prescription	51.3	ED visits	per 10,000 outpatient prescription	2007	10 percent improvement		National Electronic Injury Surveillance System-Cooperative
27	Medical Product Safety	MPS-5.3	N	Reduce emergency department (ED) visits for overdoses from narrow-	8.3	ED visits	per 10,000 outpatient prescription	9.2	ED visits	per 10,000 outpatient prescription	2007	10 percent improvement		National Electronic Injury Surveillance System-Cooperative
27	Medical Product Safety	MPS-5.4	N	Reduce emergency department (ED) visits for medication overdoses	29.5	ED visits	per 10,000 children less than 5 years of	32.8	ED visits	per 10,000 children less than 5 years of	2008	10 percent improvement		National Electronic Injury Surveillance System-Cooperative
28	Mental Health and	MHMD-1	N	Reduce the suicide rate	10.2	suicides	per 100,000	11.3	suicides	per 100,000 occurred in 2007	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
28	Mental Health and	MHMD-2	N	Reduce suicide attempts by adolescents	1.7	suicide attempts	per 100	1.9	suicide attempts	per 100 occurred in 2009	2009	10 percent improvement		Youth Risk Behavior Surveillance System (YRBSS), CDC
28	Mental Health and	MHMD-3	N	Reduce the proportion of adolescents who engage in disordered eating behaviors	12.9	percent		14.3	percent	of adolescents engaged in disordered	2009	10 percent improvement		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP

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28	Mental Health and	MHMD-4	N	Reduce the proportion of persons who experience major depressive episode										
28	Mental Health and	MHMD-4.1	N	Adolescents aged 12 to 17 years	7.4	percent		8.3	percent	of adolescents aged 12 to 17 years	2008	10 percent improvement		National Survey on Drug Use and Health, SAMHSA
28	Mental Health and	MHMD-4.2	N	Adults aged 18 years and older	6.1	percent		6.8	percent	of adults aged 18 years and older	2008	10 percent improvement		National Survey on Drug Use and Health, SAMHSA
28	Mental Health and	MHMD-5	N	Increase the proportion of primary care facilities that provide mental health	87	percent		79	percent	of primary care facilities provided	2006	10 percent improvement		Uniform Data System (UDS), HRSA
28	Mental Health and	MHMD-6	N	Increase the proportion of children with mental health problems who receive	75.8	percent		68.9	percent	of children with mental health	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
28	Mental Health and	MHMD-7	N	Increase the proportion of juvenile residential facilities that screen admissions for	64	percent		58	percent	of juvenile residential facilities	2006	10 percent improvement		National Juveniles in Residential Facilities Census (JFRC), National
28	Mental Health and	MHMD-8	N	Increase the proportion of persons with serious mental illness (SMI) who are	64.4	percent		58.5	percent	of persons with serious mental illness (SMI)	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
28	Mental Health and	MHMD-9	N	Increase the proportion of adults with mental health disorders who receive										
28	Mental Health and	MHMD-9.1	N	Adults aged 18 years and older with serious mental illness (SMI)	64.6	percent		58.7	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
28	Mental Health and	MHMD-9.2	N	Adults aged 18 years and older with major depressive episode	75.1	percent		68.3	percent	of adults aged 18 years and older with	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
28	Mental Health and	MHMD-10	N	Increase the proportion of persons with co-occurring substance abuse and	3.3	percent		3.0	percent	of persons with co-occurring substance	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
28	Mental Health and	MHMD-11	N	Increase depression screening by primary care providers										
28	Mental Health and	MHMD-11.1	N	Increase the proportion of primary care physician office visits that screen	2.4	percent		2.2	percent	of primary care physician office visits screened	2007	10 percent improvement		National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS
28	Mental Health and	MHMD-11.2	N	Increase the proportion of primary care physician office visits that screen	2.3	percent		2.1	percent	of primary care physician office visits screened	2005-07	10 percent improvement		National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS
28	Mental Health and	MHMD-12	N	Increase the proportion of homeless adults with mental health problems	41	percent		37	percent	of homeless adults with mental health	2006	10 percent improvement		Projects for Assistance in Transition from Homelessness (PATH),
29	Nutrition and Weight	NWS-1	N	Increase the number of States with nutrition standards for foods and	34	States	(can include the District of Columbia)	24	States	had nutrition standards for foods and	2006	1 State per year improvement		National Resource Center for Health and Safety in Child Care and

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29	Nutrition and Weight	NWS-2	N	Increase the proportion of schools that offer nutritious foods and beverages										
29	Nutrition and Weight	NWS-2.1	N	Increase the proportion of schools that do not sell or offer calorically sweetened	21.3	percent		9.3	percent	of schools did not sell or offer calorically	2006	Modeled on previous data: 12 percentage		School Health Policies and Programs Study, CDC
29	Nutrition and Weight	NWS-2.2	N	Increase the proportion of school districts that require schools to make fruits or	18.6	percent		6.6	percent	of school districts required	2006	12.0 percentage point increase		School Health Policies and Program Study, CDC
29	Nutrition and Weight	NWS-3	N	Increase the number of States that have State-level policies that incentivize	18	States	(including the District of Columbia)	8	States	(including the District of Columbia) had	2001-09	Modeled on previous data; 1 State per		CDC State Indicator Report on Fruits and Vegetables. The report
29	Nutrition and Weight	NWS-4	Y	(Developmental) Increase the proportion of Americans who have access										To be determined
29	Nutrition and Weight	NWS-5	N	Increase the proportion of primary care physicians who regularly measure the										
29	Nutrition and Weight	NWS-5.1	N	Increase the proportion of primary care physicians who regularly assess body	53.6	percent		48.7	percent	of primary care physicians regularly	2008	10 percent improvement		National Survey on Energy Balance Related Care among Primary
29	Nutrition and Weight	NWS-5.2	N	Increase the proportion of primary care physicians who regularly assess body	54.7	percent		49.7	percent	of primary care physicians regularly	2008	10 percent improvement		National Survey on Energy Balance Related Care Among Primary
29	Nutrition and Weight	NWS-6	N	Increase the proportion of physician office visits that include counseling or										
29	Nutrition and Weight	NWS-6.1	N	Increase the proportion of physician office visits made by patients with a diagnosis	22.9	percent		20.8	percent	of physician office visits of adult patients	2007	10 percent improvement		National Ambulatory Medical Care Survey, CDC, NCHS
29	Nutrition and Weight	NWS-6.2	N	Increase the proportion of physician office visits made by adult patients who are	31.8	percent		28.9	percent	of physician office visits of adult patients	2007	10 percent improvement		National Ambulatory Medical Care Survey, CDC, NCHS
29	Nutrition and Weight	NWS-6.3	N	Increase the proportion of physician visits made by all child or adult patients that	15.2	percent		12.2	percent	of physician office visits of all child or	2007	3 percentage point improvement		National Ambulatory Medical Care Survey, CDC, NCHS
29	Nutrition and Weight	NWS-7	Y	(Developmental) Increase the proportion of worksites that offer nutrition or										A followup survey to the 2004 National Worksite Health Promotion
29	Nutrition and Weight	NWS-8	N	Increase the proportion of adults who are at a healthy weight	33.9	percent		30.8	percent	of persons aged 20 years and over were	2005-08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-9	N	Reduce the proportion of adults who are obese	30.6	percent		34.0	percent	of persons aged 20 years and over were	2005-08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-10	N	Reduce the proportion of children and adolescents who are considered obese										

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29	Nutrition and Weight	NWS-10.1	N	Children aged 2 to 5 years	9.6	percent		10.7	percent	of children aged 2 to 5 years were	2005-08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-10.2	N	Children aged 6 to 11 years	15.7	percent		17.4	percent	of children aged 6 to 11 years were	2005-08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-10.3	N	Adolescents aged 12 to 19 years	16.1	percent		17.9	percent	of adolescents aged 12 to 19 years were	2005-08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-10.4	N	Children and adolescents aged 2 to 19 years	14.6	percent		16.2	percent	of children and adolescents aged 2 to 19	2005-08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-11	Y	(Developmental) Prevent inappropriate weight gain in youth and adults										
29	Nutrition and Weight	NWS-11.1	Y	Children aged 2 to 5 years										National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-11.2	Y	Children aged 6 to 11 years										National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-11.3	Y	Adolescents aged 12 to 19 years										National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-11.4	Y	Children and adolescents aged 2 to 19 years										National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-11.5	Y	Adults aged 20 years and older										National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-12	N	Eliminate very low food security among children	0.2	percent		1.3	percent	of households with children had very low	2008	Consistent with the Department of		Food Security Supplement to the Current Population
29	Nutrition and Weight	NWS-13	N	Reduce household food insecurity and in doing so reduce hunger	6.0	percent		14.6	percent	of households were food insecure in	2008	Retain 2010 target		Food Security Supplement to the Current Population
29	Nutrition and Weight	NWS-14	N	Increase the contribution of fruits to the diets of the population aged 2 years	0.9	cup equivalents	per 1,000 calories	0.5	cup equivalents	of fruits per 1,000 calories was the mean	2001-04	Evidence-based approach		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-15	N	Increase the variety and contribution of vegetables to the diets of the										
29	Nutrition and Weight	NWS-15.1	N	Increase the contribution of total vegetables to the diets of the population aged 2	1.1	cup equivalents	per 1,000 calories	0.8	cup equivalents	of total vegetables per 1,000 calories	2001-04	Evidence-based approach		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-15.2	N	Increase the contribution of dark green vegetables, orange vegetables, and	0.3	cup equivalents	per 1,000 calories	0.1	cup equivalents	of dark green or orange vegetables or	2001-04	Evidence-based approach		National Health and Nutrition Examination Survey (NHANES), CDC,

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29	Nutrition and Weight	NWS-16	N	Increase the contribution of whole grains to the diets of the population aged 2 years	0.6	ounce equivalents	per 1,000 calories	0.3	ounce equivalents	of whole grains per 1,000 calories was	2000	Evidence-based approach		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-17	N	Reduce consumption of calories from solid fats and added sugars in the										
29	Nutrition and Weight	NWS-17.1	N	Reduce consumption of calories from solid fats	16.7	percent		18.9	percent	was the mean percentage of total daily	2001-04	Evidence-based approach		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-17.2	N	Reduce consumption of calories from added sugars	10.8	percent		15.7	percent	was the mean percentage of total daily	2001-04	Evidence-based approach		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-17.3	N	Reduce consumption of calories from solid fats and added sugars	29.8	percent		34.6	percent	was the mean percentage of total daily	2001-04	Evidence-based approach		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-18	N	Reduce consumption of saturated fat in the population aged 2 years	9.5	percent		11.3	percent	was the mean percentage of total daily	2003-09	Evidence-based approach		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-19	N	Reduce consumption of sodium in the population aged 2 years and older	2,300	milligrams		3,641	milligrams	of sodium from foods, dietary supplements	2003-06	Evidence-based approach		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-20	N	Increase consumption of calcium in the population aged 2 years and older	1,300	milligrams		1,118	milligrams	of calcium from foods, dietary	2003-06	Evidence-based approach		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-21	N	Reduce iron deficiency among young children and females of childbearing age										
29	Nutrition and Weight	NWS-21.1	N	Children aged 1 to 2 years	14.3	percent		15.9	percent	of children aged 1 to 2 years were iron	2005-08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-21.2	N	Children aged 3 to 4 years	4.3	percent		5.3	percent	of children aged 3 to 4 years were iron	2005-08	1 percentage point improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-21.3	N	Females aged 12 to 49 years	9.4	percent		10.4	percent	of females aged 12 to 49 years old were	2005-08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
29	Nutrition and Weight	NWS-22	N	Reduce iron deficiency among pregnant females	14.5	percent		16.1	percent	of pregnant females were iron deficient	2003-06	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
30	Occupational Safety and	OSH-1	N	Reduce deaths from work-related injuries										
30	Occupational Safety and	OSH-1.1	N	All industry	3.6	deaths	per 100,000 full-time equivalent workers	4.0	work-related injury	per 100,000 full-time equivalent	2007	10 percent improvement		Census of Fatal Occupational Injuries (CFOI), DOL, BLS;
30	Occupational Safety and	OSH-1.2	N	Mining	19.3	deaths	per 100,000 full-time equivalent workers	21.4	mining work-related	per 100,000 full-time equivalent	2007	10 percent improvement		Census of Fatal Occupational Injuries (CFOI), DOL, BLS;

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
30	Occupational Safety and	OSH-1.3	N	Construction	9.7	deaths	per 100,000 full-time equivalent workers	10.8	construction work-related	per 100,000 full-time equivalent	2007	10 percent improvement		Census of Fatal Occupational Injuries (CFOI), DOL, BLS;
30	Occupational Safety and	OSH-1.4	N	Transportation and warehousing	14.8	deaths	per 100,000 full-time equivalent workers	16.5	transportation and warehousi	per 100,000 full-time equivalent	2007	10 percent improvement		Census of Fatal Occupational Injuries (CFOI), DOL, BLS;
30	Occupational Safety and	OSH-1.5	N	Agriculture, forestry, fishing, and hunting	24.3	deaths	per 100,000 full-time equivalent workers	27.0	agriculture, forestry,	per 100,000 fulltime equivalent	2007	10 percent improvement		Census of Fatal Occupational Injuries (CFOI), DOL, BLS;
30	Occupational Safety and	OSH-2	N	Reduce nonfatal work-related injuries										
30	Occupational Safety and	OSH-2.1	N	Injuries in private sector industries resulting in medical treatment, lost	3.8	injuries	per 100 full-time equivalent workers	4.2	injuries	per 100 full-time equivalent	2008	10 percent improvement		Survey of Occupational Injuries and Illnesses, DOL, BLS
30	Occupational Safety and	OSH-2.2	N	Injuries treated in emergency departments	2.2	injuries	per 100 full-time equivalent workers	2.4	injuries	per 100 full-time equivalent	2007	10 percent improvement		National Electronic Injury Surveillance System- Work
30	Occupational Safety and	OSH-2.3	N	Adolescent workers aged 15 to 19 years	4.9	injuries	per 100 full-time equivalent workers	5.5	injuries	per 100 full-time equivalent	2007	10 percent improvement		National Electronic Injury Surveillance System-Work
30	Occupational Safety and	OSH-3	N	Reduce the rate of injury and illness cases involving days away from work due	26.64	injury and illness cases	per 10,000 workers	29.6	injury and illness cases	per 10,000 workers involved days	2008	10 percent improvement		Survey of Occupational Injuries and Illnesses, DOL, BLS
30	Occupational Safety and	OSH-4	N	Reduce pneumoconiosis deaths	2,187	deaths		2,430	pneumoconiosis deaths	occurred in 2005	2005	10 percent improvement		National Surveillance System for Pneumoconiosis
30	Occupational Safety and	OSH-5	N	Reduce deaths from work-related homicides	565	deaths		628	deaths	were work-related homicides in	2007	10 percent improvement		Census of Fatal Occupational Injuries (CFOI), DOL, BLS
30	Occupational Safety and	OSH-6	N	Reduce work-related assaults	7.6	assaults	per 10,000 full-time equivalent workers	8.4	assaults	per 10,000 fulltime equivalent	2007	10 percent improvement		National Electronic Injury Surveillance System–Work
30	Occupational Safety and	OSH-7	N	Reduce the proportion of persons who have elevated blood lead concentrations	20.2	persons	per 100,000 employed adults	22.5	persons	per 100,000 employed adults had	2008	10 percent improvement		Adult Blood Lead Epidemiology and Surveillance (ABLES)
30	Occupational Safety and	OSH-8	N	Reduce occupational skin diseases or disorders among full-time workers	4	occupational skin diseases	per 10,000 full-time workers	4.4	occupational skin diseases	per 10,000 full-time workers occurred in	2008	10 percent improvement		Survey of Occupational Injuries and Illnesses, DOL, BLS
30	Occupational Safety and	OSH-9	Y	(Developmental) Increase the proportion of employees who have access										Quality of Worklife (QWL) module, CDC, NIOSH
30	Occupational Safety and	OSH-10	N	Reduce new cases of work-related, noise-induced hearing loss	2.0	new cases of work-related,	per 10,000 workers	2.2	new cases	of work-related, noise-induced	2008	10 percent improvement		Survey of Occupational Injuries and Illnesses, DOL, BLS
31	Older Adults	OA-1	N	Increase the proportion of older adults who use the Welcome to Medicare	8.0	percent		7.3	percent	of older adults used the Welcome to	2008	10 percent improvement		Medicare Claims Data, CMS

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31	Older Adults	OA-2	N	Increase the proportion of older adults who are up to date on a core set of clinical										
31	Older Adults	OA-2.1	N	Males	50.9	percent		46.3	percent	of males aged 65 years and older were up	2008	10 percent improvement		Behavioral Risk Factor Surveillance System (BRFSS), CDC, Office of
31	Older Adults	OA-2.2	N	Females	52.7	percent		47.9	percent	of females aged 65 years and older were	2008	10 percent improvement		Behavioral Risk Factor Surveillance System (BRFSS), CDC, Office of
31	Older Adults	OA-3	Y	(Developmental) Increase the proportion of older adults with one or more										Behavioral Risk Factor Surveillance System, CDC, NCHS
31	Older Adults	OA-4	N	Increase the proportion of older adults who receive Diabetes Self-Management	2.4	percent		2.2	percent	of adults aged 65 years and older received	2008	10 percent improvement		Medicare Claims Data, CMS
31	Older Adults	OA-5	N	Reduce the proportion of older adults who have moderate to severe	25.5	percent		28.3	percent	of older adults had moderate to severe	2007	10 percent improvement		Medicare Current Beneficiary Survey (MCBS), CMS
31	Older Adults	OA-6	N	Increase the proportion of older adults with reduced physical or cognitive	37.1	percent		33.7	percent	of older adults with reduced physical or	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
31	Older Adults	OA-7	N	Increase the proportion of the health care workforce with geriatric certification										
31	Older Adults	OA-7.1	N	Physicians	3.0	percent		2.7	percent	of physicians had geriatric certification in	2009	10 percent improvement		American Board of Internal Medicine, American Board of
31	Older Adults	OA-7.2	N	Geriatric psychiatrists	4.7	percent		4.3	percent	of geriatric psychiatrists had geriatric	2009	10 percent improvement		American Board of Psychiatry and Neurology and
31	Older Adults	OA-7.3	N	Registered nurses	1.5	percent		1.4	percent	of registered nurses had geriatric	2004	10 percent improvement		2004 National Sample Survey of Registered Nurses (HRSA); Census
31	Older Adults	OA-7.4	N	Dentists	0.22	percent		0.20	percent	of dentists had geriatric certification in	2007	10 percent improvement		Special Care Dentistry Association (SCDA); 2007 Distribution of
31	Older Adults	OA-7.5	N	Physical therapists	0.7	percent		0.6	percent	of physical therapists had geriatric	2009	10 percent improvement		Statistics provided by American Physical Therapy Association and
31	Older Adults	OA-7.6	N	Registered dieticians	0.33	percent		0.30	percent	of registered dieticians had geriatric	2009	10 percent improvement		Statistics provided by American Dietetic Association (ADA) on
31	Older Adults	OA-8	Y	(Developmental) Reduce the proportion of noninstitutionalized older										National Health and Aging Trends Study (NHATS)
31	Older Adults	OA-9	Y	(Developmental) Reduce the proportion of unpaid caregivers of older adults										National Health and Aging Trends Study (NHATS)

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31	Older Adults	OA-10	N	Reduce the rate of pressure ulcer-related hospitalizations among	887.3	pressure ulcer-related	per 100,000 persons aged 65 years and over	985.8	pressure ulcer-related	per 100,000 persons aged 65 years and	2007	10 percent improvement		Healthcare Cost and Utilization Project (HCUP) Nationwide
31	Older Adults	OA-11	N	Reduce the rate of emergency department visits due to falls among	4,711.6	emergency departme	per 100,000 due to falls among older adults	5,235.1	emergency departme	per 100,000 due to falls occurred	2007	10 percent improvement		National Hospital Ambulatory Medical Care Survey, CDC, NCHS
31	Older Adults	OA-12	N	Increase the number of States, the District of Columbia, and Tribes that										
31	Older Adults	OA-12.1	N	States and the District of Columbia	4		(States and the District of Columbia)	3		States collected and made publicly	2004	10 percent improvement		National Center on Elder Abuse, AoA
31	Older Adults	OA-12.2	Y	(Developmental) Tribes										National Center on Elder Abuse, AoA
32	Oral Health	OH-1	N	Reduce the proportion of children and adolescents who have dental caries										
32	Oral Health	OH-1.1	N	Reduce the proportion of young children aged 3 to 5 years with dental caries	30.0	percent		33.3	percent	of children aged 3 to 5 years had	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-1.2	N	Reduce the proportion of children aged 6 to 9 years with dental caries	49.0	percent		54.4	percent	of children aged 6 to 9 years had	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-1.3	N	Reduce the proportion of adolescents aged 13 to 15 years with dental caries	48.3	percent		53.7	percent	of adolescents aged 13 to 15 years had	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-2	N	Reduce the proportion of children and adolescents with untreated dental										
32	Oral Health	OH-2.1	N	Reduce the proportion of young children aged 3 to 5 years with untreated dental	21.4	percent		23.8	percent	of children aged 3 to 5 years had	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-2.2	N	Reduce the proportion of children aged 6 to 9 years with untreated dental	25.9	percent		28.8	percent	of children aged 6 to 9 years had	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-2.3	N	Reduce the proportion of adolescents aged 13 to 15 years with untreated dental	15.3	percent		17.0	percent	of adolescents aged 13 to 15 years had	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-3	N	Reduce the proportion of adults with untreated dental decay										National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-3.1	N	Reduce the proportion of adults aged 35 to 44 years with untreated dental	25.0	percent		27.8	percent	adults aged 35 to 44 years had untreated	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-3.2	N	Reduce the proportion of older adults aged 65 to 74 years with untreated	15.4	percent		17.1	percent	of adults aged 65 to 74 years had untreated	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,

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32	Oral Health	OH-3.3	N	Reduce the proportion of older adults aged 75 years and older with untreated	34.1	percent		37.9	percent	of adults aged 75 years and older had	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-4	N	Reduce the proportion of adults who have ever had a permanent tooth extracted										
32	Oral Health	OH-4.1	N	Reduce the proportion of adults aged 45 to 64 years who have ever had a	68.8	percent		76.4	percent	of adults aged 45 to 64 years have ever had	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-4.2	N	Reduce the proportion of older adults aged 65 to 74 years who have lost all of	21.6	percent		24.0	percent	of adults aged 65 to 74 years had lost all of	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-5	N	Reduce the proportion of adults aged 45 to 74 years with moderate or severe	11.4	percent		12.7	percent	of adults aged 45 to 74 years had moderate	2001-04	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-6	N	Increase the proportion of oral and pharyngeal cancers detected at the earliest	35.8	percent		32.5	percent	of oral and pharyngeal cancers were	2005-06	10 percent improvement		National Program of Cancer Registries (NPCR), CDC;
32	Oral Health	OH-7	N	Increase the proportion of children, adolescents, and adults who used the oral	49.0	percent		44.5	percent	of persons aged 2 years and older had	2007	10 percent improvement		Medical Expenditure Panel Survey (MEPS), AHRQ
32	Oral Health	OH-8	N	Increase the proportion of low-income children and adolescents who received	29.4	percent		26.7	percent	of children and adolescents aged 2 to 18	2007	10 percent improvement		Medical Expenditure Panel Survey (MEPS), AHRQ
32	Oral Health	OH-9	N	Increase the proportion of school-based health centers with an oral health										
32	Oral Health	OH-9.1	N	Increase the proportion of school-based health centers with an oral health	26.5	percent		24.1	percent	of school-based health centers with an	2007–08	10 percent improvement		School-based Health Care Census, National Assembly of School
32	Oral Health	OH-9.2	N	Increase the proportion of school-based health centers with an oral health	11.1	percent		10.1	percent	of school-based health centers with an	2007–08	10 percent improvement		School-based Health Care Census, National Assembly of School
32	Oral Health	OH-9.3	N	Increase the proportion of school-based health centers with an oral health	32.1	percent		29.2	percent	of school-based health centers with an	2007–08	10 percent improvement		School-based Health Care Census, National Assembly of School
32	Oral Health	OH-10	N	Increase the proportion of local health departments and Federally Qualified										
32	Oral Health	OH-10.1	N	Increase the proportion of Federally Qualified Health Centers that have an oral	83	percent		75	percent	of Federally Qualified Health Centers	2007	10 percent improvement		Uniform Data System (UDS), HRSA, BPHC
32	Oral Health	OH-10.2	N	Increase the proportion of local health departments that have oral health	28.4	percent		25.8	percent	of local health departments had an oral	2008	10 percent improvement		Association of State and Territorial Dental Directors (ASTDD);
32	Oral Health	OH-11	N	Increase the proportion of patients who receive oral health services at Federally	33.3	percent		17.5	percent	of patients at Federally Qualified	2007	90 percent improvement		Uniform Data System (UDS), HRSA, BPHC

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32	Oral Health	OH-12	N	Increase the proportion of children and adolescents who have received dental										
32	Oral Health	OH-12.1	N	Increase the proportion of children aged 3 to 5 years who have received dental	1.5	percent		1.4	percent	of children aged 3 to 5 years received	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-12.2	N	Increase the proportion of children aged 6 to 9 years who have received dental	28.1	percent		25.5	percent	children aged 6 to 9 years received dental	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-12.3	N	Increase the proportion of adolescents aged 13 to 15 years who have received	21.9	percent		19.9	percent	of adolescents aged 13 to 15 years received	1999–2004	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-13	N	Increase the proportion of the U.S. population served by community water	79.6	percent		72.4	percent	of the U.S. population served by	2008	10 percent improvement		CDC Water Fluoridation Reporting System (WFRS), CDC, ONDIEH,
32	Oral Health	OH-14	Y	(Developmental) Increase the proportion of adults who receive preventive										
32	Oral Health	OH-14.1	Y	(Developmental) Increase the proportion of adults who received information										National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-14.2	Y	(Developmental) Increase the proportion of adults who received an oral and										National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-14.3	Y	(Developmental) Increase the proportion of adults who are tested or referred										National Health and Nutrition Examination Survey (NHANES), CDC,
32	Oral Health	OH-15	Y	(Developmental) Increase the number of States and the District of Columbia										
32	Oral Health	OH-15.1	Y	(Developmental)Increase the number of States and the District of Columbia										Annual Synopses of State and Territorial Dental Public Health
32	Oral Health	OH-15.2	Y	(Developmental)Increase the number of States and the District of Columbia										Annual Synopses of State and Territorial Dental Public Health
32	Oral Health	OH-16	N	Increase the number of States and the District of Columbia that have an oral	51		(50 States and the District of Columbia)	32	States	had an oral and craniofacial health	2009	Total coverage (all 50 States and the		Annual Synopses of State and Territorial Dental Public Health
32	Oral Health	OH-17	N	Increase health agencies that have a dental public health program directed by										
32	Oral Health	OH- 17.1	N	Increase the proportion of States (including the District of Columbia) and local	25.7	percent		23.4	percent	of States (including the District of	2009	10 percent improvement		Annual Synopses of State and Territorial Dental Public Health
32	Oral Health	OH-17.2	N	Increase the number of Indian Health Service Areas and Tribal health programs	12	programs		11		Indian Health Service Areas and Tribal	2010	10 percent improvement		Indian Health Service, Division of Oral Health

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
33	Physical Activity	PA-1	N	Reduce the proportion of adults who engage in no leisure-time physical	32.6	percent		36.2	percent	of adults engaged in no leisure-time	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
33	Physical Activity	PA-2	N	Increase the proportion of adults who meet current Federal physical activity										
33	Physical Activity	PA-2.1	N	Increase the proportion of adults who engage in aerobic physical activity of	47.9	percent		43.5	percent	of adults engaged in aerobic	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
33	Physical Activity	PA-2.2	N	Increase the proportion of adults who engage in aerobic physical activity of	31.3	percent		28.4	percent	of adults engaged in aerobic	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
33	Physical Activity	PA-2.3	N	Increase the proportion of adults who perform muscle-strengthening activities on	24.1	percent		21.9	percent	of adults performed muscle-	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
33	Physical Activity	PA-2.4	N	Increase the proportion of adults who meet the objectives for aerobic	20.1	percent		18.2	percent	of adults met the objectives for aerobic	2008	10 percent improvement		National Health Interview Survey, CDC, NCHS
33	Physical Activity	PA-3	N	Increase the proportion of adolescents who meet current Federal physical										
33	Physical Activity	PA-3.1	N	Aerobic physical activity	20.2	percent		18.4	percent	of adolescents met current physical	2009	10 percent improvement		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
33	Physical Activity	PA-3.2	Y	(Developmental) Muscle-strengthening activity										Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
33	Physical Activity	PA-3.3	Y	(Developmental) Aerobic physical activity and muscle-strengthening activity										Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
33	Physical Activity	PA-4	N	Increase the proportion of the Nation's public and private schools that require										
33	Physical Activity	PA-4.1	N	Elementary schools	4.2	percent		3.8	percent	of public and private elementary	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
33	Physical Activity	PA-4.2	N	Middle and junior high schools	8.6	percent		7.9	percent	of public and private middle and junior high	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
33	Physical Activity	PA-4.3	N	Senior high schools	2.3	percent		2.1	percent	of public and private senior high schools	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
33	Physical Activity	PA-5	N	Increase the proportion of adolescents who participate in daily school physical	36.6	percent		33.3	percent	of adolescents participated in daily school	2009	10 percent improvement		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
33	Physical Activity	PA-6	N	Increase regularly scheduled elementary school recess in the United										

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33	Physical Activity	PA-6.1	N	Increase the number of States that require regularly scheduled elementary	17	States		7	States	required regularly scheduled	2006	One State per year		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
33	Physical Activity	PA-6.2	N	Increase the proportion of school districts that require regularly scheduled	62.8	percent		57.1	percent	of school districts required	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
33	Physical Activity	PA-7	N	Increase the proportion of school districts that require or recommend elementary	67.7	percent		61.5	percent	of school districts required or	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
33	Physical Activity	PA-8	N	Increase the proportion of children and adolescents who do not exceed										
33	Physical Activity	PA-8.1	N	Increase the proportion of children aged 0 to 2 years who view no television or	44.7	percent		40.6	percent	of children aged 0 to 2 years viewed	2007	10 percent improvement		National Survey of Children's Health (NSCH), HRSA, MCHB
33	Physical Activity	PA-8.2	N	Increase the proportion of children and adolescents aged 2 years through 12th										
33	Physical Activity	PA-8.2.1	N	Children aged 2 to 5 years	83.2	percent		75.6	percent	of children aged 2 to 5 years viewed	2005-08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES)
33	Physical Activity	PA-8.2.2	N	Children and adolescents aged 6 to 14 years	86.8	percent		78.9	percent	of children and adolescents aged 6 to 14	2007	10 percent improvement		National Survey of Children's Health (NSCH)
33	Physical Activity	PA-8.2.3	N	Adolescents in grades 9 through 12	73.9	percent		67.2	percent	of adolescents in grades 9 through 12	2009	10 percent improvement		Youth Risk Behavior Surveillance System (YRBSS)
33	Physical Activity	PA-8.3	N	Increase the proportion of children and adolescents aged 2 years to 12th grade										
33	Physical Activity	PA-8.3.1	N	Children aged 2 to 5 years			Not applicable	97.4	percent	of children aged 2 to 5 years used a	2005-08	This measure is being tracked for		National Health and Nutrition Examination Survey (NHANES)
33	Physical Activity	PA-8.3.2	N	Children aged 6 to 14 years	100	percent		93.3	percent	of children and adolescents aged 6 to 14	2007	10 percent improvement		National Survey of Children's Health (NSCH)
33	Physical Activity	PA-8.3.3	N	Adolescents in grades 9 through 12	82.6	percent		75.1	percent	of adolescents in grades 9 through 12	2009	10 percent improvement		Youth Risk Behavior Surveillance System (YRBSS)
33	Physical Activity	PA-9	N	Increase the number of States with licensing regulations for physical										
33	Physical Activity	PA-9.1	N	Require activity programs providing large muscle or gross motor activity,	35	States		25	States	required activity programs	2006	One State per year for each measure		National Resource Center for Health and Safety in Child Care and
33	Physical Activity	PA-9.2	N	Require children to engage in vigorous or moderate physical activity	13	States		3	States	required children to engage in	2006	One State per year for each measure		National Resource Center for Health and Safety in Child Care and

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33	Physical Activity	PA-9.3	N	Require number of minutes of physical activity per day or by length of time in care	11	States		1	State	required a number of minutes of	2006	One State per year for each measure		National Resource Center for Health and Safety in Child Care and
33	Physical Activity	PA-10	N	Increase the proportion of the Nation's public and private schools that provide	31.7	percent		28.8	percent	of the Nation's public and private schools	2006	10 percent improvement		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
33	Physical Activity	PA-11	N	Increase the proportion of physician office visits that include counseling or										
33	Physical Activity	PA-11.1	N	Increase the proportion of office visits made by patients with a diagnosis of	14.3	percent		13.0	percent	of physician office visits made by	2007	10 percent improvement		National Ambulatory Medical Care Survey, CDC, NCHS
33	Physical Activity	PA-11.2	N	Increase the proportion of physician visits made by all child and adult patients that	8.7	percent		7.9	percent	of physician office visits made by all	2007	10 percent improvement		National Ambulatory Medical Care Survey, CDC, NCHS
33	Physical Activity	PA-12	Y	(Developmental) Increase the proportion of employed adults who have access to										National Health Interview Survey (NHIS), CDC, NCHS
33	Physical Activity	PA-13	Y	(Developmental) Increase the proportion of trips made by walking										
33	Physical Activity	PA-13.1	Y	(Developmental) Adults aged 18 years and older, trips of 1 mile or less										National Household Travel Survey (NHTS), Department of
33	Physical Activity	PA-13.2	Y	(Developmental) Children and adolescents aged 5 to 15 years, trips to school of 1										National Household Travel Survey (NHTS), Department of
33	Physical Activity	PA-14	Y	(Developmental) Increase the proportion of trips made by bicycling										
33	Physical Activity	PA-14.1	Y	(Developmental) Adults aged 18 years and older, trips of 5 miles or less										National Household Travel Survey (NHTS), Department of
33	Physical Activity	PA-14.2	Y	(Developmental) Children and adolescents aged 5 to 15 years, trips to school of 2										National Household Travel Survey (NHTS), Department of
33	Physical Activity	PA-15	Y	(Developmental) Increase legislative policies for the built environment that										
33	Physical Activity	PA-15.1	Y	Community-scale policies										CDC Division of Nutrition, Physical Activity, and Obesity
33	Physical Activity	PA-15.2	Y	Street-scale policies										CDC Division of Nutrition, Physical Activity, and Obesity
33	Physical Activity	PA-15.3	Y	Transportation and travel policies										CDC Division of Nutrition, Physical Activity, and Obesity

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
34	Preparedness	PREP-1	Y	(Developmental) Reduce the time necessary to issue official information to the										Centers for Disease Control and Prevention (CDC), Division of State
34	Preparedness	PREP-2	N	Reduce the time necessary to activate designated personnel in response to a	60	minutes		66	minutes	were needed for designated personnel to	2009	10 percent improvement		Centers for Disease Control and Prevention (CDC), Division of State
34	Preparedness	PREP-3	N	Increase the proportion of Laboratory Response Network (LRN) laboratories										Centers for Disease Control and Prevention (CDC), Division of
34	Preparedness	PREP-3.1	Y	(Developmental) Proportion of LRN biological laboratories that meet										Centers for Disease Control and Prevention (CDC), Division of
34	Preparedness	PREP-3.2	N	Proportion of LRN chemical laboratories that meet proficiency standards for	95.0	percent		92.0	percent	of LRN biological laboratories	2008	Modeling/projection		Centers for Disease Control and Prevention (CDC), National Center
34	Preparedness	PREP-4	N	Reduce the time for State public health agencies to establish after action	41	days		46	days	were required for State public health	2009	10 percent improvement		Centers for Disease Control and Prevention (CDC), Division of State
35	Public Health Infrastruct	PHI-1	Y	Increase the proportion of Federal, Tribal, State, and local public health agencies										
35	Public Health Infrastruct	PHI-1.1	Y	(Developmental) Federal agencies										Office of Personnel Management
35	Public Health Infrastruct	PHI-1.2	Y	(Developmental) Tribal agencies										Indian Health Service
35	Public Health Infrastruct	PHI-1.3	Y	(Developmental) State public health agencies										State and Territorial Public Health Survey, Association of State and
35	Public Health Infrastruct	PHI-1.4	N	Local public health agencies*	25	percent		15	percent	of local public health agencies	2008	10 percentage point improvement		National Profile of Local Health Departments, National Association of
35	Public Health Infrastruct	PHI-2	Y	(Developmental) Increase the proportion of Tribal, State, and local public										Indian Health Service, the Public Health Foundation TRAIN
35	Public Health Infrastruct	PHI-3	N	Increase the proportion of Council on Education for Public Health (CEPH)	94	percent		91	percent	of Council on Education for Public Health	2006	3 percent improvement		Council on Linkages Study, Council on Linkages Between
35	Public Health Infrastruct	PHI-4	N	Increase the proportion of 4-year colleges and universities that offer public										
35	Public Health Infrastruct	PHI-4.1	N	Majors	10	percent		7	percent	of 4-year colleges and universities	2008	Modeling/projection		Catalog Scan of Undergraduate Public Health Programs, the
35	Public Health Infrastruct	PHI-4.2	N	Minors	15	percent		11	percent	of 4-year colleges and universities	2008	Modeling/projection		Catalog Scan of Undergraduate Public Health Programs, the

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35	Public Health Infrastruct	PHI-5	Y	(Developmental) Increase the proportion of 4-year colleges and universities										Association of Schools of Public Health (ASPH) in collaboration with the
35	Public Health Infrastruct	PHI-6	N	Increase the proportion of 2-year colleges that offer public health or related										A potential data source is the Association of Schools of Public Health
35	Public Health Infrastruct	PHI-6.1	N	Associate degrees	3	percent		2	percent	of 2-year colleges offered public	2009	Modeling/projection		American Association of Colleges and Universities (AAC&U);
35	Public Health Infrastruct	PHI-6.2	N	Certificate programs	1	percent		0	percent	of 2-year colleges offered public	2009	Modeling/projection		American Association of Colleges and Universities (AAC&U);
35	Public Health Infrastruct	PHI-7	Y	(Developmental) Increase the proportion of population-based Healthy										Assessment of Objective Data Availability (AODA), CDC, NCHS
35	Public Health Infrastruct	PHI-8	N	Increase the proportion of Healthy People 2020 objectives that are tracked										
35	Public Health Infrastruct	PHI-8.1	Y	(Developmental) Increase the proportion of objectives that originally did not have										Assessment of Objective Data Availability (AODA), CDC, NCHS
35	Public Health Infrastruct	PHI-8.2	Y	(Developmental) Increase the proportion of objectives that have at least a baseline										Assessment of Objective Data Availability (AODA), CDC, NCHS
35	Public Health Infrastruct	PHI-8.3	Y	(Developmental) Increase the proportion of objectives that are tracked at least										Assessment of Objective Data Availability (AODA), CDC, NCHS
35	Public Health Infrastruct	PHI-9	Y	(Developmental) Increase the proportion of Healthy People 2020 objectives for										Assessment of Objective Data Availability (AODA), CDC, NCHS
35	Public Health Infrastruct	PHI-10	N	Increase the number of States that record vital events using the latest										
35	Public Health Infrastruct	PHI-10.1	N	States using the standard certificate of birth	52	(50 States, the		28	States	used the 2003 U.S. standard birth certificate	2008	Total coverage		National Vital Statistics System–Natality (NVSS–N), CDC, NCHS
35	Public Health Infrastruct	PHI-10.2	N	States using the standard certificate of death	52	(50 States, the		30	States	used the 2003 U.S. standard death	2008	Total coverage		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
35	Public Health Infrastruct	PHI-10.3	N	States using the standard report of fetal death	52	(50 States, the		22	States	used the 2003 U.S. standard report of fetal	2008	Total coverage		National Vital Statistics System–Fetal Death (NVSS–Fetal Death),
35	Public Health Infrastruct	PHI-11	N	Increase the proportion of Tribal and State public health agencies that										
35	Public Health Infrastruct	PHI-11.1	N	Disease prevention, control, and surveillance	97	percent		88	percent	of State public health agencies	2008	10 percent improvement		Comprehensive Laboratory Services Survey (CLSS),

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35	Public Health Infrastruct	PHI-11.2	N	Integrated data management	61	percent		55	percent	of State public health agencies	2008	10 percent improvement		Comprehensive Laboratory Services Survey (CLSS),
35	Public Health Infrastruct	PHI-11.3	N	Reference and specialized testing	86	percent		78	percent	of State public health agencies	2008	10 percent improvement		Comprehensive Laboratory Services Survey (CLSS),
35	Public Health Infrastruct	PHI-11.4	N	Environmental health and protection	61	percent		55	percent	of State public health agencies	2008	10 percent improvement		Comprehensive Laboratory Services Survey (CLSS),
35	Public Health Infrastruct	PHI-11.5	N	Food safety	34	percent		31	percent	of State public health agencies	2008	10 percent improvement		Comprehensive Laboratory Services Survey (CLSS),
35	Public Health Infrastruct	PHI-11.6	N	Laboratory improvement and regulation	45	percent		41	percent	of State public health agencies	2008	10 percent improvement		Comprehensive Laboratory Services Survey (CLSS),
35	Public Health Infrastruct	PHI-11.7	N	Policy development	74	percent		67	percent	of State public health agencies	2008	10 percent improvement		Comprehensive Laboratory Services Survey (CLSS),
35	Public Health Infrastruct	PHI-11.8	N	Emergency response	67	percent		61	percent	of State public health agencies	2008	10 percent improvement		Comprehensive Laboratory Services Survey (CLSS),
35	Public Health Infrastruct	PHI-11.9	N	Public health-related research	32	percent		29	percent	of State public health agencies	2008	10 percent improvement		Comprehensive Laboratory Services Survey (CLSS),
35	Public Health Infrastruct	PHI-11.10	N	Training and education	52	percent		47	percent	of State public health agencies	2008	10 percent improvement		Comprehensive Laboratory Services Survey (CLSS),
35	Public Health Infrastruct	PHI-11.11	N	Partnerships and communication	67	percent		61	percent	of State public health agencies	2008	10 percent improvement		Comprehensive Laboratory Services Survey (CLSS),
35	Public Health Infrastruct	PHI-12	Y	(Developmental) Increase the proportion of public health laboratory systems										Association of Public Health Laboratories
35	Public Health Infrastruct	PHI-13	N	Increase the proportion of Tribal, State, and local public health agencies that										
35	Public Health Infrastruct	PHI-13.1	N	State epidemiologists with formal training in epidemiology	100	percent		87	percent	of State epidemiologist s had received	2009	Total coverage		Epidemiology Capacity Assessment (ECA), Council of State and
35	Public Health Infrastruct	PHI-13.2	Y	(Developmental) Tribal public health agencies										Survey of Regionally Based Public Health Services/Infrastructure
35	Public Health Infrastruct	PHI-13.3	N	State public health agencies	100	percent		55	percent	of State public health agencies	2009	Total coverage		Epidemiology Capacity Assessment (ECA), Council of State and
35	Public Health Infrastruct	PHI-13.4	N	Local public health agencies	100	percent		64	percent	of local public health agencies	2008	Total coverage		National Profile of Local Health Departments, National Association of

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35	Public Health Infrastruct	PHI-14	N	Increase the proportion of State and local public health jurisdictions that conduct a										
35	Public Health Infrastruct	PHI-14.1	N	State public health systems	78	percent		49	percent	of State public health systems had ever	2009	Modeling/projection		National Public Health Performance Standards Program, CDC, Office
35	Public Health Infrastruct	PHI-14.2	N	Local public health systems	50	percent		28	percent	of local public health systems had ever	2009	Modeling/projection		National Public Health Performance Standards Program, CDC, Office
35	Public Health Infrastruct	PHI-14.3	Y	(Developmental) Local boards of health										National Public Health Performance Standards Program, CDC, Office of
35	Public Health Infrastruct	PHI-15	N	Increase the proportion of Tribal, State, and local public health agencies that										
35	Public Health Infrastruct	PHI-15.1	Y	(Developmental) Tribal agencies										Indian Health Service
35	Public Health Infrastruct	PHI-15.2	Y	(Developmental) State public health agencies										State and Territorial Public Health Survey, Association of State and
35	Public Health Infrastruct	PHI-15.3	Y	(Developmental) Local public health agencies										National Profile of Local Health Departments, National Association of
35	Public Health Infrastruct	PHI-15.4	Y	(Developmental) Local jurisdictions that have linked health improvement										National Profile of Local Health Departments, National Association of
35	Public Health Infrastruct	PHI-16	Y	(Developmental) Increase the proportion of Tribal, State, and local public										State and Territorial Public Health Survey, Association of State and
35	Public Health Infrastruct	PHI-17	Y	(Developmental) Increase the proportion of Tribal, State, and local public										Public Health Accreditation Board
36	Respiratory Diseases	RD-1	N	Reduce asthma deaths										
36	Respiratory Diseases	RD-1.1	N	Children and adults under age 35 years			Not applicable	3.4	asthma deaths	per million children and adults under	2007	This measure is being tracked for		National Vital Statistics System–Mortality (NVSS-M), CDC, NCHS
36	Respiratory Diseases	RD-1.2	N	Adults aged 35 to 64 years old	6.0	deaths	per million	11.0	asthma deaths	per million adults aged 35 to 64 years	2007	Projection		National Vital Statistics System–Mortality (NVSS-M), CDC, NCHS
36	Respiratory Diseases	RD-1.3	N	Adults aged 65 years and older	22.9	deaths	per million	43.3	asthma deaths	per million adults aged 65 years and older	2007	Projection		National Vital Statistics System–Mortality (NVSS-M), CDC, NCHS
36	Respiratory Diseases	RD-2	N	Reduce hospitalizations for asthma										

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36	Respiratory Diseases	RD-2.1	N	Children under age 5 years	18.1	hospitalizations	per 10,000	41.4	hospitalizations for asthma	per 10,000 children under age 5 years	2007	Minimal statistical significance		National Hospital Discharge Survey (NHDS), CDC, NCHS
36	Respiratory Diseases	RD-2.2	N	Children and adults aged 5 to 64 years	8.6	hospitalizations	per 10,000	11.1	hospitalizations for asthma	per 10,000 children and adults aged 5	2007	Minimal statistical significance		National Hospital Discharge Survey (NHDS), CDC, NCHS
36	Respiratory Diseases	RD-2.3	N	Adults aged 65 years and older	20.3	hospitalizations	per 10,000	25.3	hospitalizations for asthma	per 10,000 adults aged 65 years and older	2007	Minimal statistical significance		National Hospital Discharge Survey (NHDS), CDC, NCHS
36	Respiratory Diseases	RD-3	N	Reduce hospital emergency department visits for asthma										
36	Respiratory Diseases	RD-3.1	N	Children under age 5 years	95.5	emergency departme	per 10,000	132.7	emergency departme	per 10,000 children under age 5 years	2005-07	Minimal statistical significance		National Hospital Ambulatory Medical Care Survey (NHAMCS),
36	Respiratory Diseases	RD-3.2	N	Children and adults aged 5 to 64 years	49.1	emergency departme	per 10,000	56.4	emergency departme	per 10,000 children and adults aged 5	2005-07	Minimal statistical significance		National Hospital Ambulatory Medical Care Survey (NHAMCS),
36	Respiratory Diseases	RD-3.3	N	Adults aged 65 years and older	13.2	emergency departme	per 10,000	21.0	emergency departme	per 10,000 adults aged 65 years and		Minimal statistical significance		National Hospital Ambulatory Medical Care Survey (NHAMCS),
36	Respiratory Diseases	RD-4	N	Reduce activity limitations among persons with current asthma	10.2	percent		12.7	percent	of persons with current asthma experienced	2008	Minimal statistical significance		National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-5	N	Reduce the proportion of persons with asthma who miss school or work days										
36	Respiratory Diseases	RD-5.1	N	Reduce the proportion of children aged 5 to 17 years with asthma who miss	48.7	percent		58.7	percent	of children aged 5 to 17 years who had	2008	Minimal statistical significance		National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-5.2	N	Reduce the proportion of adults aged 18 to 64 years with asthma who miss work	26.8	percent		33.2	percent	of adults aged 18 to 64 years who had an	2008	Minimal statistical significance		National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-6	N	Increase the proportion of persons with current asthma who receive formal	14.4	pecent		12.1	percent	of persons with current asthma received	2008	Minimal statistical significance		National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-7	N	Increase the proportion of persons with current asthma who receive										
36	Respiratory Diseases	RD-7.1	N	Persons with current asthma who receive written asthma management plans	36.8	percent		33.4	percent	of persons with current asthma received	2008	Minimal statistical significance		National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-7.2	N	Persons with current asthma with prescribed inhalers who receive			Not applicable	95.9	percent	of persons with current asthma with	2008	This measure is being tracked for		National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-7.3	N	Persons with current asthma who receive education about	68.5	percent		64.8	percent	of persons with current asthma received	2008	Minimal statistical significance		National Health Interview Survey (NHIS), CDC, NCHS

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36	Respiratory Diseases	RD-7.4	N	Increase the proportion of persons with current asthma who do not use	90.2	percent		87.9	percent	of persons with current asthma did not use	2008	Minimal statistical significance		National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-7.5	N	Persons with current asthma who have been advised by a health	54.5	percent		50.8	percent	of persons with current asthma were advised	2008	Minimal statistical significance		National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-7.6	Y	(Developmental) Persons with current asthma who have had at least one										National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-7.7	Y	(Developmental) Persons with current asthma whose doctor assessed their										National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-7.8	Y	(Developmental) Adults with current asthma who have discussed with a										National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-8	N	Increase the numbers of States, Territories, and the District of Columbia with a	47	areas		43	areas	(41 States, the District of Columbia, and	2009	10 percent improvement		National Asthma Control Program, NCEH, CDC
36	Respiratory Diseases	RD-9	N	Reduce activity limitations among adults with chronic obstructive pulmonary	18.7	percent		23.2	percent	of adults with COPD aged 45 years and older	2008	Minimal statistical significance		National Health Interview Survey (NHIS), CDC, NCHS
36	Respiratory Diseases	RD-10	N	Reduce deaths from chronic obstructive pulmonary disease (COPD) among	98.5	deaths	per 100,000	112.4	COPD deaths	per 100,000 adults aged 45 years and older	2007	Projection		National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS
36	Respiratory Diseases	RD-11	N	Reduce hospitalizations for chronic obstructive pulmonary disease (COPD)	50.1	hospitalizations	per 10,000	56.0	hospitalizations for COPD	per 10,000 adults aged 45 years and older	2007	Minimal statistical significance		National Hospital Discharge Survey (NHDS), CDC, NCHS
36	Respiratory Diseases	RD-12	N	Reduce hospital emergency department visits for chronic obstructive	55.2	emergency departme	per 10,000	79.6	emergency departme	per 10,000 adults aged 45 years and older	2007	Minimal statistical significance		National Hospital Ambulatory Medical Care Survey (NHAMCS),
36	Respiratory Diseases	RD-13	Y	(Developmental) Increase the proportion of adults with abnormal lung										National Health and Nutrition Examination Survey (NHANES), CDC,
37	Sexually Transmitted	STD-1	N	Reduce the proportion of adolescents and young adults with Chlamydia										
37	Sexually Transmitted	STD-1.1	N	Among females aged 15 to 24 years attending family planning clinics	6.7	percent		7.4	percent	of females aged 15 to 24 years who	2008	10 percent improvement		STD Surveillance System (STDSS), CDC, NCHHSTP
37	Sexually Transmitted	STD-1.2	N	Among females aged 24 years and under enrolled in a National Job Training	11.5	percent		12.8	percent	of females aged 24 years and under who	2008	10 percent improvement		STD Surveillance System (STDSS), CDC, NCHHSTP; National Job Training
37	Sexually Transmitted	STD-1.3	N	Among males aged 24 years and under enrolled in a National Job Training	6.3	percent		7.0	percent	of males aged 24 years and under who	2008	10 percent improvement		STD Surveillance System (STDSS), CDC, NCHHSTP; National Job Training
37	Sexually Transmitted	STD-2	Y	(Developmental) Reduce Chlamydia rates among females aged 15 to 44 years										STD Surveillance System (STDSS), CDC, NCHHSTP

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
37	Sexually Transmitted	STD-3	N	Increase the proportion of sexually active females aged 24 years and under enrolled										
37	Sexually Transmitted	STD-3.1	N	Females aged 16 to 20 years	74.4	percent		52.7	percent	of sexually active females aged 16 to 20	2008	Modeling/projection		Healthcare Effectiveness Data and Information Set (HEDIS),
37	Sexually Transmitted	STD-3.2	N	Females aged 21 to 24 years	80.0	percent		59.4	percent	of sexually active females aged 21 to 24	2008	Modeling/projection		Healthcare Effectiveness Data and Information Set (HEDIS),
37	Sexually Transmitted	STD-4	N	Increase the proportion of sexually active females aged 24 years and under enrolled										
37	Sexually Transmitted	STD-4.1	N	Females aged 16 to 20 years	65.9	percent		40.1	percent	of sexually active females aged 16 to 20	2008	Modeling/projection		Healthcare Effectiveness Data and Information Set (HEDIS),
37	Sexually Transmitted	STD-4.2	N	Females aged 21 to 24 years	78.3	percent		43.5	percent	of sexually active females aged 21 to 24	2008	Modeling/projection		Healthcare Effectiveness Data and Information Set (HEDIS),
37	Sexually Transmitted	STD-5	N	Reduce the proportion of females aged 15 to 44 years who have ever required	3.59	percent		3.99	percent	of females aged 15 to 44 years reported	2006-08	10 percent improvement		National Survey of Family Growth (NSFG), CDC, NCHS
37	Sexually Transmitted	STD-6	N	Reduce gonorrhea rates										
37	Sexually Transmitted	STD-6.1	N	Females aged 15 to 44 years	257	new cases	per 100,000 population	285	new cases of gonorrhea	per 100,000 females aged 15 to 44 years	2008	10 percent improvement		STD Surveillance System (STDSS), CDC, NCHHSTP
37	Sexually Transmitted	STD-6.2	N	Males aged 15 to 44 years	198	new cases	per 100,000 population	220	new cases of gonorrhea	per 100,000 males aged 15 to 44 years	2008	10 percent improvement		STD Surveillance System (STDSS), CDC, NCHHSTP
37	Sexually Transmitted	STD-7	N	Reduce sustained domestic transmission of primary and secondary syphilis										
37	Sexually Transmitted	STD-7.1	N	Among females	1.4	new cases	per 100,000 population	1.5	new cases of primary and	per 100,000 females were reported in	2008	10 percent improvement		STD Surveillance System (STDSS), CDC, NCHHSTP
37	Sexually Transmitted	STD-7.2	N	Among males	6.8	new cases	per 100,000 population	7.6	new cases of primary and	per 100,000 males were reported in	2008	10 percent improvement		STD Surveillance System (STDSS), CDC, NCHHSTP
37	Sexually Transmitted	STD-8	N	Reduce congenital syphilis	9.1	new cases	per 100,000 live births	10.1	new cases of congenital	per 100,000 live births were reported in	2008	10 percent improvement		STD Surveillance System (STDSS), CDC, NCHHSTP
37	Sexually Transmitted	STD-9	Y	(Developmental) Reduce the proportion of females with human papillomavirus										
37	Sexually Transmitted	STD-9.1	Y	Females with types 6 and 11										National Health and Nutrition Examination Survey (NHANES), CDC,

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
37	Sexually Transmitted	STD-9.2	Y	Females with types 16 and 18										National Health and Nutrition Examination Survey (NHANES), CDC,
37	Sexually Transmitted	STD-9.3	Y	Females with other types										National Health and Nutrition Examination Survey (NHANES), CDC,
37	Sexually Transmitted	STD-10	N	Reduce the proportion of young adults with genital herpes infection due to	9.5	percent		10.5	percent	of young adults tested positive for herpes	2005-08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
38	Sleep Health	SH-1	N	Increase the proportion of persons with symptoms of obstructive sleep apnea	28.0	percent		25.5	percent	of persons with symptoms of obstructive	2005-08	Minimal statistical significance		National Health and Nutrition Examination Survey (NHANES), CDC,
38	Sleep Health	SH-2	N	Reduce the rate of vehicular crashes per 100 million miles traveled that are due	2.1	vehicular crashes	per 100 million miles traveled	2.7	vehicular crashes	per 100 million miles traveled were due to	2008	Minimal statistical significance		General Estimates System (GES), DOT, NHTSA
38	Sleep Health	SH-3	N	Increase the proportion of students in grades 9 through 12 who get	33.2	percent		30.9	percent	of students in grades 9 through 12 got	2009	Minimal statistical significance		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
38	Sleep Health	SH-4	N	Increase the proportion of adults who get sufficient sleep	70.9	percent		69.6	percent	of adults got sufficient sleep (defined as ≥ 8	2008	Minimal statistical significance		National Health Interview Survey (NHIS), CDC, NCHS
40	Substance Abuse	SA-1	N	Reduce the proportion of adolescents who report that they rode, during the	25.5	percent		28.3	percent	of students in grades 9 through 12	2009	10 percent improvement		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
40	Substance Abuse	SA-2	N	Increase the proportion of adolescents never using substances										
40	Substance Abuse	SA-2.1	N	Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past	94.4	percent		85.8	percent	of adolescents aged 12 to 17 years who had	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-2.2	N	Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past	96.4	percent		94.4	percent	of adolescents aged 12 to 17 years who had	2008	2 percentage point improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-2.3	N	Increase the proportion of high school seniors never using substances—Alcoholic	30.5	percent		27.7	percent	of high school seniors reported never	2009	10 percent improvement		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-2.4	N	Increase the proportion of high school seniors never using substances—Illicit	58.6	percent		53.3	percent	percent of high school seniors reported never	2009	10 percent improvement		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-3	N	Increase the proportion of adolescents who disapprove of substance										Alcohol Epidemiologic Data System (AEDS), NIH
40	Substance Abuse	SA-3.1	N	Increase the proportion of adolescents who disapprove of having one or	86.4	percent		78.5	percent	of 8th graders reported that they	2009	10 percent improvement		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-3.2	N	Increase the proportion of adolescents who disapprove of having one or	85.4	percent		77.6	percent	of 10th graders reported that they	2009	10 percent improvement		Monitoring the Future Survey (MTF), NIH

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
40	Substance Abuse	SA-3.3	N	Increase the proportion of adolescents who disapprove of having one or	77.6	percent		70.5	percent	of 12th graders reported that they	2009	10 percent improvement		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-3.4	N	Increase the proportion of adolescents who disapprove of trying	82.8	percent		75.3	percent	of 8th graders reported that they	2009	10 percent improvement		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-3.5	N	Increase the proportion of adolescents who disapprove of trying	66.1	percent		60.1	percent	of 10th graders reported that they	2009	10 percent improvement		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-3.6	N	Increase the proportion of adolescents who disapprove of trying	60.3	percent		54.8	percent	of 12th graders reported that they	2009	10 percent improvement		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-4	N	Increase the proportion of adolescents who perceive great risk associated with										
40	Substance Abuse	SA-4.1	N	Increase the proportion of adolescents aged 12 to 17 years perceiving great risk	44.6	percent		40.5	percent	of adolescents aged 12 to 17 years reported	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-4.2	N	Increase the proportion of adolescents aged 12 to 17 years perceiving great risk	37.3	percent		33.9	percent	of adolescents aged 12 to 17 years reported	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-4.3	N	Increase the proportion of adolescents aged 12 to 17 years perceiving great risk	54.7	percent		49.7	percent	of adolescents aged 12 to 17 years reported	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-5	Y	(Developmental) Increase the number of drug, driving while impaired (DWI), and										National Association of Drug Court Professionals (NADCP)
40	Substance Abuse	SA-6	N	Increase the number of States with mandatory ignition interlock laws for	51	(50 States and the District of		13	States	had mandatory ignition interlock laws	2009	Total coverage		Mothers Against Drunk Driving (MADD)
40	Substance Abuse	SA-7	N	Increase the number of admissions to substance abuse treatment for	279,706	Level I and Level II trauma		254,278	Level I and Level II trauma	to substance abuse treatment	2006	10 percent improvement		Treatment Episodes Data Set (TEDS), SAMHSA
40	Substance Abuse	SA-8	N	Increase the proportion of persons who need alcohol and/or illicit drug treatment						per 100,000 population occurred in				Fatality Analysis Reporting System (FARS), DOT
40	Substance Abuse	SA-8.1	N	Illicit drug treatment	17.6	percent		16.0	percent	of persons aged 12 years and older who	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-8.2	N	Alcohol and/or illicit drug treatment	10.9	percent		9.9	percent	of persons aged 12 years and older who	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-8.3	N	Alcohol abuse or dependence treatment	9.0	percent		8.2	percent	of persons aged 12 years and older who	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-9	Y	(Developmental) Increase the proportion of persons who are referred for follow-										National Hospital Ambulatory Medical Care Survey (NHAMCS),

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40	Substance Abuse	SA-10	N	Increase the number of Level I and Level II trauma centers and primary care	358	Level I and Level II trauma		325	Level I and Level II trauma	met the criteria for implementing	2009	10 percent improvement		National Trauma Verification Registry, American College of
40	Substance Abuse	SA-11	N	Reduce cirrhosis deaths	8.2	deaths	per 100,000 population	9.1	cirrhosis deaths	per 100,000 population occurred in	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
40	Substance Abuse	SA-12	N	Reduce drug-induced deaths	11.3	deaths	per 100,000 population	12.6	drug-induced deaths	per 100,000 population occurred in	2007	10 percent improvement		National Vital Statistics System (NVSS), CDC, NCHS
40	Substance Abuse	SA-13	N	Reduce past-month use of illicit substances										National Trauma Verification Registry, American College of
40	Substance Abuse	SA-13.1	N	Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs	16.5	percent		18.3	percent	of adolescents aged 12 to 17 years reported	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-13.2	N	Reduce the proportion of adolescents reporting use of marijuana during the	6.0	percent		6.7	percent	of adolescents aged 12 to 17 years reported	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-13.3	N	Reduce the proportion of adults reporting use of any illicit drug during the past	7.1	percent		7.9	percent	of adults aged 18 years and older reported	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-14	N	Reduce the proportion of persons engaging in binge drinking of alcoholic			per 100 million vehicle miles traveled			per 100 million vehicle miles traveled				National Vital Statistics System (NVSS), CDC, NCHS
40	Substance Abuse	SA-14.1	N	Reduce the proportion of students engaging in binge drinking during the past 2	22.7	percent		25.2	percent	of high school seniors reported that	2009	10 percent improvement		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-14.2	N	Reduce the proportion of students engaging in binge drinking during the past 2	36	percent		40	percent	of college students reported that	2008	10 percent improvement		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-14.3	N	Reduce the proportion of persons engaging in binge drinking during the past 30	24.3	percent		27	percent	of adults aged 18 years and older reported	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-14.4	N	Reduce the proportion of persons engaging in binge drinking during the past	8.5	percent		9.4	percent	of adolescents aged 12 to 17 years reported	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-15	N	Reduce the proportion of adults who drank excessively in the previous	25.3	percent		28.1	percent	of adults aged 18 years and older reported	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-16	N	Reduce average annual alcohol consumption	2.1	gallons		2.3	gallons	of ethanol per person aged 14 years and older	2007	10 percent improvement		Alcohol Epidemiologic Data System (AEDS), NIH
40	Substance Abuse	SA-17	N	Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC])	0.38	deaths	per 100 million vehicle miles traveled	0.40	deaths	per 100 million vehicle miles traveled	2008	5 percent improvement		Analysis Reporting System (FARS), DOT
40	Substance Abuse	SA-18	N	Reduce steroid use among adolescents										

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40	Substance Abuse	SA-18.1	N	Among 8th graders			Not applicable	1.3	percent	of 8th graders reported that they used	2009	This measure is being tracked for		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-18.2	N	Among 10th graders			Not applicable	1.3	percent	of 10th graders reported that they used	2009	This measure is being tracked for		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-18.3	N	Among 12th graders			Not applicable	2.2	percent	of 12th graders reported that they used	2009	This measure is being tracked for		Monitoring the Future Survey (MTF), NIH
40	Substance Abuse	SA-19	N	Reduce the past-year nonmedical use of prescription drugs										
40	Substance Abuse	SA-19.1	N	Pain relievers			Not applicable	4.8	percent	of persons aged 12 years and older	2008	This measure is being tracked for		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-19.2	N	Tranquilizers			Not applicable	2.0	percent	of persons aged 12 years and older	2008	This measure is being tracked for		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-19.3	N	Stimulants			Not applicable	1.06	percent	of persons aged 12 years and older	2008	This measure is being tracked for		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-19.4	N	Sedatives			Not applicable	0.25	percent	of persons aged 12 years and older	2008	This measure is being tracked for		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-19.5	N	Any psychotherapeutic drug (including any of those noted above)	5.5	percent		6.1	percent	of persons aged 12 years and older	2008	10 percent improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
40	Substance Abuse	SA-20	N	Decrease the number of deaths attributable to alcohol	71,681	deaths		79,646	deaths	attributable to the harmful effects of	2001-05	10 percent improvement		Alcohol Related Disease Impact (ARDI) System, CDC
40	Substance Abuse	SA-21	N	Reduce the proportion of adolescents who use inhalants			Not applicable	3.9	percent	of adolescents aged 12 to 17 years reported	2008	This measure is being tracked for		National Survey on Drug Use and Health (NSDUH), SAMHSA
41	Tobacco Use	TU-1	N	Reduce tobacco use by adults										
41	Tobacco Use	TU-1.1	N	Cigarette smoking	12.0	percent		20.6	percent	of adults aged 18 years and older were	2008	Retain Healthy People 2010 target of 12		National Health Interview Survey (NHIS), CDC, NCHS
41	Tobacco Use	TU-1.2	N	Smokeless tobacco products	0.3	percent		2.3	percent	of adults aged 18 years and older were	2005	2 percentage point improvement		National Health Interview Survey (NHIS), CDC, NCHS
41	Tobacco Use	TU-1.3	N	Cigars	0.2	percent		2.2	percent	of adults aged 18 years and older were	2005	2 percentage point improvement		National Health Interview Survey (NHIS), CDC, NCHS
41	Tobacco Use	TU-2	N	Reduce tobacco use by adolescents										

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41	Tobacco Use	TU-2.1	N	Tobacco products (past 30 days)	21.0	percent		26.0	percent	of adolescents in grades 9 through 12	2009	Retain Healthy People 2010 target		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
41	Tobacco Use	TU-2.2	N	Cigarettes (past 30 days)	16.0	percent		19.5	percent	of adolescents in grades 9 through 12	2009	Retain Healthy People 2010 target of 16		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
41	Tobacco Use	TU-2.3	N	Smokeless tobacco products (past 30 days)	6.9	percent		8.9	percent	of adolescents in grades 9 through 12	2009	2 percentage point improvement		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
41	Tobacco Use	TU-2.4	N	Cigars (past 30 days)	8.0	percent		14.0	percent	of adolescents in grades 9 through 12	2009	Retain Healthy People 2010 target of 8		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
41	Tobacco Use	TU-3	N	Reduce the initiation of tobacco use among children, adolescents, and										
41	Tobacco Use	TU-3.1	N	Children and adolescents aged 12 to 17 years—Tobacco products	5.7	percent		7.7	percent	of children and adolescents aged 12 to 17	2008	2 percentage point improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
41	Tobacco Use	TU-3.2	N	Children and adolescents aged 12 to 17 years—Cigarettes	4.2	percent		6.2	percent	of children and adolescents aged 12 to 17	2008	2 percentage point improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
41	Tobacco Use	TU-3.3	N	Children and adolescents aged 12 to 17 years—Smokeless tobacco	0.5	percent		2.5	percent	of children and adolescents aged 12 to 17	2008	2 percentage point improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
41	Tobacco Use	TU-3.4	N	Children and adolescents aged 12 to 17 years—Cigars	2.8	percent		4.8	percent	of children and adolescents aged 12 to 17	2008	2 percentage point improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
41	Tobacco Use	TU-3.5	N	Young adults aged 18 to 25 years—Tobacco products	8.8	percent		10.8	percent	of young adults aged 18 to 25 years who had	2008	2 percentage point improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
41	Tobacco Use	TU-3.6	N	Young adults aged 18 to 25 years—Cigarettes	6.3	percent		8.3	percent	of young adults aged 18 to 25 years who had	2008	2 percentage point improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
41	Tobacco Use	TU-3.7	N	Young adults aged 18 to 25 years—Smokeless tobacco products	0.2	percent		2.2	percent	of young adults aged 18 to 25 years who had	2008	2 percentage point improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
41	Tobacco Use	TU-3.8	N	Young adults aged 18 to 25 years—Cigars	4.1	percent		6.1	percent	of young adults aged 18 to 25 years who had	2008	2 percentage point improvement		National Survey on Drug Use and Health (NSDUH), SAMHSA
41	Tobacco Use	TU-4	N	Increase smoking cessation attempts by adult smokers										
41	Tobacco Use	TU-4.1	N	Increase smoking cessation attempts by adult smokers	80.0	percent		48.3	percent	of adult smokers aged 18 years and	2008	Retain Healthy People 2010 target of 80		National Health Interview Survey (NHIS), CDC, NCHS
41	Tobacco Use	TU-4.2	Y	(Developmental) Increase smoking cessation attempts using evidence-based										National Health Interview Survey (NHIS), CDC, NCHS

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41	Tobacco Use	TU-5	N	Increase recent smoking cessation success by adult smokers										
41	Tobacco Use	TU-5.1	N	Increase recent smoking cessation success by adult smokers	8.0	percent		6.0	percent	of adult smokers aged 18 years and	2008	2 percentage point improvement		National Health Interview Survey (NHIS), CDC, NCHS
41	Tobacco Use	TU-5.2	Y	(Developmental) Increase recent smoking cessation success using evidence-										National Health Interview Survey (NHIS), CDC, NCHS
41	Tobacco Use	TU-6	N	Increase smoking cessation during pregnancy	30.0	percent		11.3	percent	of women aged 18 to 49 years (who reported	2005	Retain Healthy People 2010 target		National Health Interview Survey (NHIS), CDC, NCHS
41	Tobacco Use	TU-7	N	Increase smoking cessation attempts by adolescent smokers	64.0	percent		58.5	percent	of adolescent smokers in grades 9	2009	Retain Healthy People 2010 target of 64		Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP
41	Tobacco Use	TU-8	N	Increase comprehensive Medicaid insurance coverage of evidence-based	51		(50 States and the District of Columbia)	6	states	had comprehensive Medicaid	2007	Total coverage		State Medicaid Coverage Survey for Tobacco-Dependence
41	Tobacco Use	TU-9	N	Increase tobacco screening in health care settings										
41	Tobacco Use	TU-9.1	N	Increase tobacco screening in office-based ambulatory care settings	68.6	percent		62.4	percent	of office-based ambulatory care setting	2007	10 percent improvement		National Ambulatory Medical Care Survey (NAMCS), NCHS
41	Tobacco Use	TU-9.2	N	Increase tobacco screening in hospital ambulatory care settings	66.2	percent		60.2	percent	of hospital ambulatory care setting	2007	10 percent improvement		National Hospital Ambulatory Medical Care Survey (NHAMCS),
41	Tobacco Use	TU-9.3	Y	(Developmental) Increase tobacco screening in dental care settings										American Dental Association's Survey of Dental Practice
41	Tobacco Use	TU-9.4	Y	(Developmental) Increase tobacco screening in substance abuse care										National Survey of Substance Abuse Treatment Services
41	Tobacco Use	TU-10	N	Increase tobacco cessation counseling in health care settings										
41	Tobacco Use	TU-10.1	N	Increase tobacco cessation counseling in office-based ambulatory care settings	21.1	percent		19.2	percent	of visits to an office-based ambulatory	2007	10 percent improvement		National Ambulatory Medical Care Survey (NAMCS), NCHS
41	Tobacco Use	TU-10.2	N	Increase tobacco cessation counseling in hospital ambulatory care settings	24.9	percent		22.6	percent	of visits to a hospital ambulatory	2007	10 percent improvement		National Hospital Ambulatory Medical Care Survey (NHAMCS),
41	Tobacco Use	TU-10.3	Y	(Developmental) Increase tobacco cessation counseling in dental care										American Dental Association's Survey of Dental Practice
41	Tobacco Use	TU-10.4	Y	(Developmental) Increase tobacco cessation counseling in substance										Survey of Substance Abuse Treatment Services

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41	Tobacco Use	TU-11	N	Reduce the proportion of nonsmokers exposed to secondhand smoke										
41	Tobacco Use	TU-11.1	N	Children aged 3 to 11 years	47.0	percent		52.2	percent	of children aged 3 to 11 years were	2005–08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
41	Tobacco Use	TU-11.2	N	Adolescents aged 12 to 17 years	41.0	percent		45.5	percent	of nonsmoking adolescents aged 12-17	2005–08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
41	Tobacco Use	TU-11.3	N	Adults aged 18 years and older	33.8	percent		37.6	percent	of nonsmoking adults aged 18 years and older	2005–08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
41	Tobacco Use	TU-12	N	Increase the proportion of persons covered by indoor worksite policies that	100	percent		75.3	percent	of the employed population	2006-07	Projected trend data		Tobacco Use Supplement to the Current Population
41	Tobacco Use	TU-13	N	Establish laws in States, District of Columbia, Territories, and Tribes on										
41	Tobacco Use	TU-13.1	N	Private workplaces	51		(50 States and the District of Columbia)	30		(29 States and the District of Columbia) had	2009	Total coverage		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.2	N	Public workplaces	51		(50 States and the District of Columbia)	34		(33 States and the District of Columbia) had	2009	Total coverage		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.3	N	Restaurants	51		(50 States and the District of Columbia)	28		(27 States and the District of Columbia) had	2009	Total coverage		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.4	N	Bars	51		(50 States and the District of Columbia)	22		(21 States and the District of Columbia) had	2009	Total coverage		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.5	Y	(Developmental) Gaming halls										State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.6	N	Commercial daycare centers	51		(50 States and the District of Columbia)	38		(37 States and the District of Columbia) had	2009	Total coverage		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.7	N	Home-based daycare centers	51		(50 States and the District of Columbia)	37		(36 States and the District of Columbia) had	2009	Total coverage		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.8	N	Public transportation	51		(50 States and the District of Columbia)	38		(37 States and the District of Columbia) had	2009	Total coverage		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.9	N	Hotels and motels	51		(50 States and the District of Columbia)			Zero States or the District of Columbia had	2009	Total coverage		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.10	N	Multiunit housing	51		(50 States and the District of Columbia)			Zero States or the District of Columbia had	2009	Total coverage		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
41	Tobacco Use	TU-13.11	N	Vehicles with children	51		(50 States and the District of Columbia)	4	States	had smoke-free indoor air laws that	2009	Total coverage		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.12	N	Prisons and correctional facilities	51		(50 States and the District of Columbia)	8	States	had smoke-free indoor air laws that	2009	Total coverage		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.13	Y	(Developmental) Substance abuse treatment facilities										State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.14	Y	(Developmental) Mental health treatment facilities										State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.15	Y	(Developmental) Entrances and exits of all public places										State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.16	Y	(Developmental) Hospital campuses										State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-13.17	Y	(Developmental) College and university campuses										State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-14	N	Increase the proportion of smoke-free homes	87.0	percent		79.1	percent	of adults aged 18 years and older reported	2006-07	10 percent improvement		Tobacco Use Supplement to the Current Population
41	Tobacco Use	TU-15	N	Increase tobacco-free environments in schools, including all school facilities,										
41	Tobacco Use	TU-15.1	N	Junior high school	100	percent		65.4	percent	of junior high schools had tobacco-free	2006	Total coverage		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
41	Tobacco Use	TU-15.2	N	Middle school	100	percent		58.7	percent	of middle schools had tobacco-free	2006	Total coverage		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
41	Tobacco Use	TU-15.3	N	High school	100	percent		66.1	percent	of high schools had tobacco-free	2006	Total coverage		School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP
41	Tobacco Use	TU-15.4	Y	(Developmental) Head Start										To be determined
41	Tobacco Use	TU-16	N	Eliminate State laws that preempt stronger local tobacco control laws										
41	Tobacco Use	TU-16.1	N	Preemption on smoke-free indoor air			Zero States and the District of Columbia	12	States	preempted stronger local tobacco	2009	Total elimination		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-16.2	N	Preemption in advertising			Zero States and the District of Columbia	18	States	preempted stronger local tobacco	2009	Total elimination		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
41	Tobacco Use	TU-16.3	N	Preemption on youth access			Zero States and the District of Columbia	22	States	preempted stronger local tobacco	2009	Total elimination		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-17	N	Increase the Federal and State tax on tobacco products										
41	Tobacco Use	TU-17.1	N	Cigarettes	52		(50 States, the District of Columbia, and			Zero States increased tax on cigarettes	2010	Consistency with national programs and		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-17.2	N	Smokeless tobacco products	52		(50 States, the District of Columbia, and			Zero States increased tax on smokeless	2010	Consistency with national programs and		State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-17.3	Y	(Developmental) Other smoked tobacco products										State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-18	N	Reduce the proportion of adolescents and young adults grades 6 through 12										
41	Tobacco Use	TU-18.1	N	Internet advertising and promotion	33.1	percent		36.8	percent	of adolescents and young adults in	2009	10 percent improvement		National Youth Tobacco Survey (NYTS), CDC
41	Tobacco Use	TU-18.2	N	Magazine and newspaper advertising and promotion	19.3	percent		48.6	percent	of adolescents and young adults in	2009	Projected trend data		National Youth Tobacco Survey (NYTS), CDC
41	Tobacco Use	TU-18.3	Y	(Developmental) Movies										To be determined
41	Tobacco Use	TU-18.4	Y	(Developmental) Point of purchase (convenience store, supermarket, or gas										To be determined
41	Tobacco Use	TU-19	N	Reduce the illegal sales rate to minors through enforcement of laws		States								
41	Tobacco Use	TU-19.1	N	States and the District of Columbia	51		(50 States and the District of Columbia)	5	States	reported an illegal sales rate to minors	2009	Retain the Healthy People 2010		State Synar Enforcement Reporting, SAMHSA, CSAP
41	Tobacco Use	TU-19.2	N	Territories	8	Territories		1	Territory	reported an illegal sales rate to minors	2009	Retain the Healthy People 2010		State Synar Enforcement Reporting, SAMHSA, CSAP
41	Tobacco Use	TU-20	Y	(Developmental) Increase the number of States and the District of Columbia,										
41	Tobacco Use	TU-20.1	Y	(Developmental) States and the District of Columbia										State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
41	Tobacco Use	TU-20.2	Y	(Developmental) Territories										State Tobacco Activities Tracking and Evaluation System (STATE), CDC,

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
41	Tobacco Use	TU-20.3	Y	(Developmental) Tribes										State Tobacco Activities Tracking and Evaluation System (STATE), CDC,
42	Vision	V-1	N	Increase the proportion of preschool children aged 5 years and under who	44.1	percent		40.1	percent	of preschool children aged 5 years and	2008	10 percent improvement		National Health Interview Survey (NHIS), NCHS, CDC
42	Vision	V-2	N	Reduce blindness and visual impairment in children and adolescents aged 17 years	25.4		per 1,000	28.2	per 1,000 children and		2008	10 percent improvement		National Health Interview Survey (NHIS), NCHS, CDC
42	Vision	V-3	N	Reduce occupational eye injuries										
42	Vision	V-3.1	N	Reduce occupational eye injuries resulting in lost work days	2.6		per 10,000 full-time workers	2.9		per 10,000 full-time workers had	2008	10 percent improvement		Survey of Occupational Injuries and Illnesses (SOII), Bureau of Labor
42	Vision	V-3.2	N	Reduce occupational eye injuries treated in emergency departments	11.6		per 10,000 full-time workers	12.9		per 10,000 full-time workers were treated	2008	10 percent improvement		National Electronic Injury Surveillance System (NEISS),
42	Vision	V-4	N	Increase the proportion of adults who have a comprehensive eye	60.5	percent		55	percent	of adults aged 18 years and older had a	2008	10 percent improvement		National Health Interview Survey (NHIS), NCHS, CDC
42	Vision	V-5	N	Reduce visual impairment										
42	Vision	V-5.1	N	Reduce visual impairment due to uncorrected refractive error	122.5		per 1,000	136.1		per 1,000 population aged 12 years	2005-08	10 percent improvement		National Health and Nutrition Examination Survey (NHANES), CDC,
42	Vision	V-5.2	N	Reduce visual impairment due to diabetic retinopathy	30.7		per 1,000	34.1		per 1,000 population aged 18 years	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
42	Vision	V-5.3	N	Reduce visual impairment due to glaucoma	12.3		per 1,000	13.7		per 1,000 population aged 45 years	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
42	Vision	V-5.4	N	Reduce visual impairment due to cataract	98.6		per 1,000	109.6		per 1,000 population aged 65 years	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
42	Vision	V-5.5	N	Reduce visual impairment due to age-related macular degeneration (AMD)	14.0		per 1,000 population	15.6		per 1,000 population aged 45 years	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
42	Vision	V-6	N	Increase the use of personal protective eyewear in recreational activities and										
42	Vision	V-6.1	N	Increase the use of personal protective eyewear in recreational activities and	18.2	percent		16.5	percent	of children and adolescents aged 6 to 17	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
42	Vision	V-6.2	N	Increase the use of protective eyewear in recreational activities and	43.7	percent		39.7	percent	of adults aged 18 years and over used	2008	10 percent improvement		National Health Interview Survey (NHIS), NCHS, CDC

Topic Area ID	Topic Area	Final Launch Objective Number	Developmental	Objective Text	Target Measurement	Target Data Type	Target Data Type Description	Base Line Measurement	Base Line Data Type	Base Line Data Type Description	Base Line Year	Target Setting Methodology	Target Methodology Rationale	Data Source
42	Vision	V-7	N	Increase vision rehabilitation										
42	Vision	V-7.1	N	Increase the use of vision rehabilitation services by persons with visual	33.1		per 1,000	30.1		per 1,000 persons with visual	2008	10 percent improvement		National Health Interview Survey (NHIS), CDC, NCHS
42	Vision	V-7.2	N	Increase the use of assistive and adaptive devices by persons with visual	12.3	percent		11.2	percent	of persons with visual impairment	2008	10 percent improvement		National Health Interview Survey (NHIS), NCHS, CDC
42	Vision	V-8	Y	(Developmental) Increase the proportion of Federally Qualified Health Centers										Health Center Management Information System,

I.

Arkansas Public Health Virtual Library – Arkansas Specific Healthy People Support Activities

Home
Agencies/Organizations
Bioterrorism/PH Preparedness
Clinical Information Resources
Continuing Ed./Tutorials
Databases
Grants/Funding
Health Info for the Public
Healthy People 2010
Online Books/Publications
PH History Resources
Regulations
Statistics
Submit a Site
About
Site Map

Healthy People 2010

5 A Day Program for Arkansas

DHHS
http://arpublichealth.info/siteredir.aspx?ls=613&la=http%3a%2f%2fwww.healthyarkansas.com%2fservices%2fservices_5aday.html
The 5 A Day for Better Health Program is the largest public-private nutrition education program ever launched. It is one of the first programs to approach Americans with a simple, positive message - to eat 5 or more serving of fruits and vegetables every day for better health.

Health Communication Activities

Office of Disease Prevention and Health Promotion
http://arpublichealth.info/siteredir.aspx?ls=648&la=http%3a%2f%2fwww.health.gov%2fcommunication%2f
ODPHP is pleased to launch a new Web site that brings together work on the Healthy People 2010 Health Communication Focus Area and consumer and patient e-health.

Healthy People 2010

US DHHS
http://arpublichealth.info/siteredir.aspx?ls=614&la=http%3a%2f%2fwww.healthypeople.gov%2f
Healthy People 2010 is a set of health objectives for the Nation.

Healthy People 2010 Data and Progress Reviews

CDC
http://arpublichealth.info/siteredir.aspx?ls=618&la=http%3a%2f%2fwww.cdc.gov%2fnchs%2fhphome.htm
This site provides information about tracking the Nation's health using data and progress reviews. The data are displayed by HP 2010 focus area.

Healthy People 2010 Information Access Project

PH Partners
http://arpublichealth.info/siteredir.aspx?ls=617&la=http%3a%2f%2fphpartners.org%2fhp%2f
This site lets you search for published literature related to the Healthy People 2010 focus areas.

Healthy People 2010: Understanding and Improving Health, 2nd ed.

Biostatistics
Health Behavior & Health Education
Environmental & Occupational Health
Health Policy & Management
Epidemiology
Maternal & Child Health

US DHHS
http://arpublichealth.info/siteredir.aspx?ls=616&la=http%3a%2f%2fwww.healthypeople.gov%2fDocument%2ftableofcontents.htm%23under
Healthy People 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

Leading Health Indicators of HP 2010

US DHHS
http://arpublichealth.info/siteredir.aspx?ls=615&la=http%3a%2f%2fwww.healthypeople.gov%2fLHI%2f
The Leading Health Indicators (LHIs) established by Healthy People 2010 will be used to measure the health of the Nation over the next 10 years.

Quick Health Data Online

Office on Women's Health - DHHS
http://arpublichealth.info/siteredir.aspx?ls=746&la=http%3a%2f%2fwww.healthstatus2010.com%2fowh%2findex.html
The Department of Health and Human Services' Office on Women's Health (OWH) is pleased to provide access to Quick Health Data Online, formerly known as the National Women's Health Indicators Database (NWHID).

State Healthy People 2010 Coordinators

US DHHS
http://arpublichealth.info/siteredir.aspx?ls=620&la=http%3a%2f%2fwww.healthypeople.gov%2fHPScripts%2fStateContact.asp
This site is a directory of Healthy People Coordinators by State.

State Healthy People 2010 Tool Library

http://arpublichealth.info/siteredir.aspx?ls=619&la=http%3a%2f%2fwww.phf.org%2fHPtools%2fstate.htm
This ebook is specifically aimed at public health professionals who are looking for guidance in forming and running healthy community coalitions.

Initial funding provided by the National Library of Medicine [contract #NO1-LM-1-2515] to the University of Arkansas for Medical Sciences Library

J.

Healthy People 2020 (Power Point Presentation)

Healthy People 2020

A Resource for Promoting Health and Preventing Disease Throughout the Nation

Healthy People 2020

Office of Disease Prevention and Health Promotion

Today's Presentation

- Background and History of Healthy People
- Development of Healthy People 2020
- Healthy People 2020 Framework, Topic Areas, and Objectives
- Using Healthy People 2020

Healthy People 2020

Healthy People Background and History

Healthy People 2020

Office of Disease Prevention and Health Promotion

What Is Healthy People?

- A **national agenda** that communicates a vision for improving health and achieving health equity.
- A set of specific, **measurable objectives** with targets to be achieved over the decade.
- These objectives are organized within distinct **Topic Areas.**

Healthy People 2020

Key Features of Healthy People

- Creates a comprehensive, **strategic framework** that unites health promotion and disease prevention issues under a single umbrella.
- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action.
- Engages a network of multidisciplinary, multisectoral **stakeholders at all levels.**
- Guides national **research**, **program planning**, and **policy** efforts to promote health and prevent disease.
- Establishes **accountability** requiring all PHS grants to demonstrate support of Healthy People objectives.

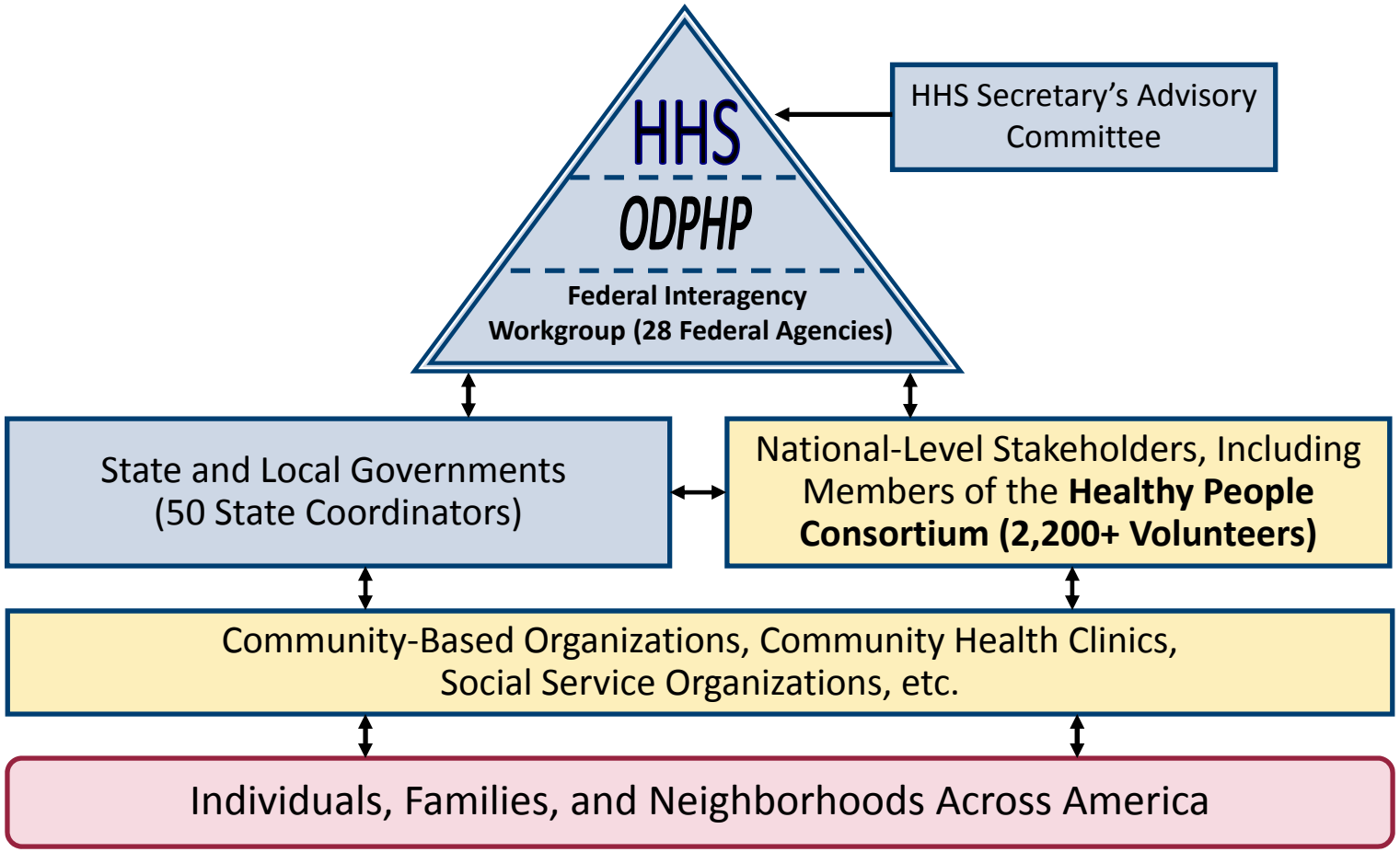
Healthy People 2020

How Stakeholders Are Using Healthy People

- **Data tool** for measuring program performance
- Framework for **program planning and development**
- **Goal setting** and **agenda building**
- **Teaching** public health courses
- Benchmarks to **compare** State and local data
- Way to develop nontraditional **partnerships**

Healthy People 2020

Federally Led, Stakeholder-Driven Process



Healthy People 2020

History of Healthy People

- **1979—ASH/SG Julius Richmond establishes first national prevention agenda:** *Healthy People: Surgeon General's Report on Health Promotion and Disease Prevention*
- **HP 1990—Promoting Health/Preventing Disease:** *Objectives for the Nation*
- **HP 2000—Healthy People 2000:** *National Health Promotion and Disease Prevention Objectives*
- **HP 2010—Healthy People 2010:** *Objectives for Improving Health*
- **Healthy People 2020** – *Launched December 2010*

Evolution of Healthy People

Target Year	1990	2000	2010	2020
Overarching Goals	• Decrease mortality: infants–adults • Increase independence among older adults	• Increase span of healthy life • Reduce health disparities • Achieve access to preventive services for all	• Increase quality and years of healthy life • Eliminate health disparities	• Attain high-quality, longer lives free of preventable disease • Achieve health equity; eliminate disparities • Create social and physical environments that promote good health • Promote quality of life, healthy development, healthy behaviors across life stages
# Topic Areas	15	22	28	39*
# Objectives/ Measures	226/NA	312/NA	467/1,000	>580/1200

* With objectives

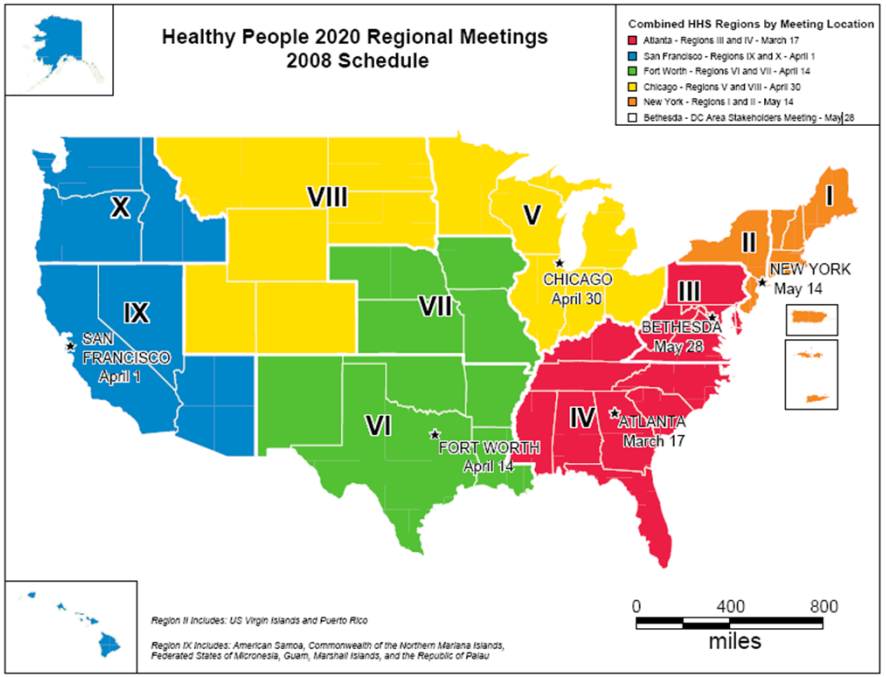
Healthy People 2020 Development, Framework, Topic Areas, and Objectives

Healthy People 2020

Office of Disease Prevention and Health Promotion

Stakeholder Input

- Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020
- Public Meetings
- Public Comment Web Site
- Healthy People Consortium
- Federal Interagency Workgroup (FIW)



Healthy People 2020

Healthy People 2020…

- Builds on a foundation of three decades of work in health promotion and disease prevention objectives aimed at improving the health of all Americans.
- Is grounded in science, guided by public input, and designed to measure progress.
- Seeks to improve health outcomes through prevention strategies that address "ecological contexts" and determinants of health.

Healthy People 2020

Healthy People 2020 Mission

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.

Healthy People 2020

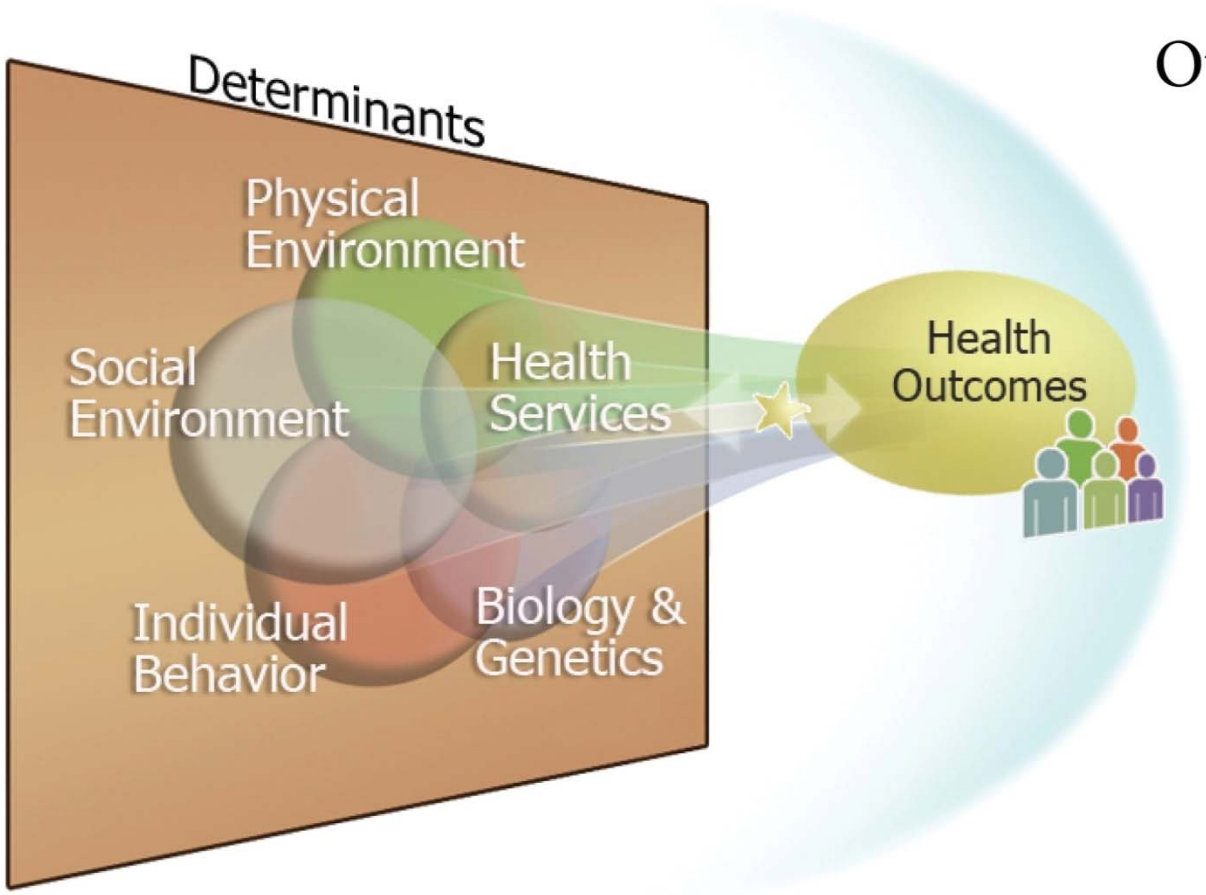
Healthy People 2020 Mission (continued)

- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Healthy People 2020

Healthy People 2020

A society in which all people live long, healthy lives



Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

Involving Non-Health Sectors To Address Determinants of Health

- Healthy People 2020 will emphasize involving sectors outside health, including:
  - Education
  - Housing
  - Environment
  - Transportation
  - Labor
  - Agriculture

Healthy People 2020

Healthy People 2020 Topic Areas

1. Access to Health Services	8. Diabetes
2. Adolescent Health*	9. Disability and Health
3. Arthritis, Osteoporosis, and Chronic Back Conditions	10. Early and Middle Childhood*
4. Blood Disorders and Blood Safety*	11. Educational and Community-Based Programs
5. Cancer	12. Environmental Health
6. Chronic Kidney Disease	13. Family Planning
7. Dementias, Including Alzheimer's Disease*	14. Food Safety

** New Topic Area for 2020*

Healthy People 2020

Healthy People 2020 Topic Areas (continued)

15. Genomics*	22. HIV
16. Global Health*	23. Immunization and Infectious Diseases
17. Healthcare-Associated Infections*	24. Injury and Violence Prevention
18. Health Communication and Health Information Technology	25. Lesbian, Gay, Bisexual and Transgender Health Issues*
19. Health-Related Quality of Life*	26. Maternal, Infant and Child Health
20. Hearing and Other Sensory or Communication Disorders	27. Medical Product Safety
21. Heart Disease and Stroke	28. Mental Health and Mental Disorders

** New Topic Area for 2020*

Healthy People 2020

Healthy People 2020 Topic Areas (continued)

29. Nutrition and Weight Status	36. Respiratory Diseases
30. Occupational Safety and Health	37. Sexually Transmitted Diseases
31. Older Adults*	38. Sleep Health*
32. Oral Health	39. Social Determinants of Health*
33. Physical Activity	40. Substance Abuse
34. Preparedness*	41. Tobacco Use
35. Public Health Infrastructure	42. Vision

** New Topic Area for 2020*

Healthy People 2020

Healthy People 2020 Objectives

- Represent quantitative values to be achieved over the decade.
- Organized within the Topic Areas.
- Managed by lead Federal agencies.
- Supported by scientific evidence.
- Address population disparities.
- Data driven and prevention oriented.

Healthy People 2020

Sample Objective: Cancer

- **Objective C-1:** Reduce the overall cancer death rate.
- **Target:** 160.6 deaths per 100,000 population.
- **Baseline:** 178.4 cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).
- **Target Setting Method:** 10 percent improvement.
- **Data Source:** National Vital Statistics System (NVSS), CDC, NCHS.

Healthy People 2020

Implementing Healthy People 2020

Healthy People 2020

Office of Disease Prevention and Health Promotion

Ways To Use Healthy People 2020

- Go online: visit http://www.healthypeople.gov, a user-centered Web site that provides a platform to learn, collaborate, plan, and implement strategies to reach the 2020 objectives.
- Integrate Healthy People 2020 into your programs, initiatives, special events, publications, and meetings.
- Use Healthy People as a tool to engage partners at all levels of government, across sectors, and in the community.
- Use Healthy People 2020 in health program planning.

Healthy People 2020

Ways To Connect With Healthy People

- Join the **Healthy People Consortium**, a diverse and dedicated group of organizations committed to achieving Healthy People 2020's health goals and objectives.
  - Learn about Healthy People activities at the Federal, State, local, and tribal levels.
  - Get guidance on how agencies or organizations can use Healthy People objectives to help their communities.
  - Gain access to timely information and resources.
- Sign up at www.healthypeople.gov.

Healthy People 2020

Ways To Connect With Healthy People (continued)

- Spread the word about the 2020 objectives.
- Follow Healthy People on Twitter (@gohealthypeople).
- Connect with Healthy People on LinkedIn.
- Join the Healthy People listserv.
- Visit www.healthypeople.gov for up-to-date information and announcements.
- E-mail: healthypeople@nhic.org.

Healthy People 2020

Healthy People 2020: Looking Ahead

- Web-based interactive resource to expand reach and usability (www.healthypeople.gov).
- Dynamic system to accommodate changing health needs and priorities.
- "Health in All Policies" approach.
- Integration of social and physical environment determinants of health across multiple disciplines and sectors.
- Spring 2012: Healthy People Implementation Conference.

Healthy People 2020

Achieve Your Organization's Goals With Healthy People

[INSERT TAILORED SLIDES FOR SPECIFIC TARGET AUDIENCES]

Healthy People 2020

Use the Following Slides to Tailor Your Presentation for Specific Audiences:

- Business
- Community
- Education
- Environment
- Health Care
- Housing
- Public Health

Don't forget to delete the slides you won’t be using!

Healthy People 2020

How Businesses Can Use Healthy People To Improve the Health of Their Employees and Communities

- Understand priority health issues that may impact the productivity of your employees and affect the health of your community.
- Use the Healthy People objectives as guidance for developing worksite wellness programs, and to benchmark employee health against that of the Nation.
- Use the objectives to talk with your employees about the health issues that affect the well-being, productivity, and health care costs of employees.
- By getting involved, you can help to make the United States a Nation of Healthy People living in healthier communities.

Healthy People 2020

Topic Areas Relevant to Businesses

- Educational and Community-Based Programs
- Nutrition and Weight Status
- Occupational Safety and Health
- Physical Activity
- Vision

Healthy People 2020

How Community Members Can Use Healthy People To Improve the Health of Their Communities

- Understand how health issues are changing in your community over time.
- Compare the health of your community to that of other communities and the Nation.
- Use this information to talk with leaders in your area about the health issues that are important to you.
- Sound the alarm when problems are getting worse, or are not improving fast enough.
- By getting involved, you can help make the United States a Nation of Healthy People living in healthier communities.
- Go to www.healthypeople.gov for specific objectives related to community health within the Topic Areas.

Healthy People 2020

How Educators Can Use Healthy People To Integrate Prevention Into Education

- Understand how prevention can be integrated across the continuum of education—starting from the earliest ages.
- Understand the correlation between educational status and health status.
- Use the Healthy People objectives in curriculum development.
- Contribute to national progress on the Healthy People objectives by working with public health partners at Federal, State, and local levels to achieve important educational goals (e.g., improved high school graduation rates) that will result in improved population health outcomes.

Healthy People 2020

Topic Areas Relevant to Education

- Adolescent Health, Early and Middle Childhood
- Educational and Community-Based Programs
- Health Communication and Health IT
- Nutrition and Weight Status
- Physical Activity
- Public Health Infrastructure
- Tobacco Use

Healthy People 2020

How Environmental Health Professionals Can Use Healthy People To Improve Population Health and the Environment

- Understand how environmental health issues can be integrated across various sectors and Healthy People objectives.
  - E.g., eliminate elevated blood lead levels in children, reduce indoor allergen levels, increase use of alternative modes of transportation for work.
- Understand the correlation between educational status, physical environment, and health status.
- Contribute to national progress by working with public health and environmental health partners at the Federal, State, and local levels to achieve important environmental goals (e.g., reduce air toxic emissions) that will result in improved population health outcomes.

Healthy People 2020

Topic Areas Relevant to the Environment

- Cancer
- Educational and Community-Based Programs
- Environmental Health
- Occupational Safety
- Respiratory Diseases

Healthy People 2020

How Health Care Providers Can Use Healthy People To Improve Population Health

- Understand how health care and health services fit into the context of population health.
- Contribute to national progress on the Healthy People objectives by offering patients relevant counseling, education, and other preventive services.
- Find objectives that pertain to your specific areas of specialization.
  - Understand how your patient population compares with the U.S. population as a whole.
  - Learn about key issues within each Topic Area that are important to address on a national level.
- Go to www.healthypeople.gov for specific objectives related to health care within the Topic Areas.

Healthy People 2020

How People Working on Housing Issues Can Use Healthy People To Improve Population Health

- Understand the relationship between the built environment and health (e.g., exposure to lead, mold, overcrowding).
- Find objectives that pertain to your specific areas of programmatic interest.
- Contribute to national progress by working with public health partners and housing advocates at the Federal, State, and local levels to achieve important housing related goals (e.g., reduce number of housing units that have moderate or severe physical problems) that will result in improved population health outcomes.

Healthy People 2020

Topic Areas Relevant to Housing

- Disability and Health
- Environmental Health
- Educational and Community-Based Programs
- Health-Related Quality of Life
- Social Determinants of Health

Healthy People 2020

How State and Local Public Health Professionals Can Use Healthy People To Improve Population Health

- Understand how State and local efforts can align with Federal efforts to improve population health.
- Contribute to national progress on the objectives by aligning Federal, State, and local programs with Healthy People 2020.
- Find objectives that pertain to your specific areas of programmatic interest.
  - Understand how your State or locality compares with the U.S. population as a whole.
  - Learn about key issues that are important to address on a national level.
- Go to www.healthypeople.gov for specific objectives related to public health within the Topic Areas.

Healthy People 2020

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Internet Links, Resources and References

Information included in the ADH/HHI Healthy People 2020 Toolkit is based on Internet links, resources and references.

- Healthy People 2020 website

  http://www.healthypeople.gov/2020/default.aspx

- Healthy People Brochure and Leading Heath Indicators

  http://www.healthypeople.gov/2020/TopicsObjectives2020/pdfs/HP2020_brochure_with_LHI_508.pdf

- HP 2020 Framework

  http://www.healthypeople.gov/2020/Consortium/HP2020Framework.pdf

- American Public Health Association Guidance Document for HP 2020 website

  APHA's Guidance Document to the Navigation and Use of the Healthy People 2020 Web site [PDF - 196 KB]. The Health Communication Working Group of the APHA Public Health Education and Health Promotion section developed this resource to assist public health professionals become better acquainted with Healthy People 2020.

- HP 2020- Determinates of Health

  http://www.healthypeople.gov/2020/about/DOHAbout.aspx

- 2020 Topics and Objectives

  http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf

  http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx

Implementing Healthy People 2020-MAP-IT: A Guide To Using Healthy People 2020 in Your Community

Healthy People is based on a simple but powerful model:

1. Establish national health objectives.
2. Provide data and tools to enable States, cities, communities, and individuals across the country to combine their efforts to achieve them.

A Framework for Implementation

No two public health interventions are exactly alike. But most interventions share a similar path to success: **M**obilize, **A**ssess, **P**lan, **I**mplement, **T**rack. Otherwise known as MAP-IT, this framework can be used to plan and evaluate public health interventions to achieve Healthy People 2020 objectives. Whether you are a seasoned public health professional or new to the field, the MAP-IT framework will help you create your own path to a healthy community and a healthier Nation.

- IMPLEMENTING HP2020 -Planning resources:

  http://www.healthypeople.gov/2020/implementing/planning.aspx

  Centers for Disease Control and Prevention's (CDC) Health Impact Assessment

  CDC's Healthy Communities Program

  Healthy People 2020 program planning tools [PDF - 551 KB]

- IMPLEMENTING HP2020 –Funding resources:

  http://www.healthypeople.gov/2020/implementing/funding.aspx

- **Healthy People Funding Opportunity Archive-Healthy People 2020 Community Innovations Project**

  Download the RFP [PDF - 206 KB]

Download the RFP [DOC - 106 KB]

Review the Bidders' Conference Questions and Answers Transcript

(June 27, 2011) [PDF - 434 KB]

- **Healthy People 2020 Action Project**

View the list of awarded projects [PDF - 116 KB]

Download the RFP [PDF - 95 KB]

Download the RFP [DOC - 127 KB]

- **Subscribe to the Grants.gov RSS feed**

http://www.grants.gov/help/rss.jsp

Grants.gov is a central clearinghouse managed by the U.S. Department of Health and Human Services with information on more than 1,000 grant programs and provides access to approximately $500 billion in annual awards.

Search grants.gov for funding opportunities.

- **Other Federal Funding Resources**

Catalog of Federal Domestic Assistance

U.S. Department of Education

Department of Health and Human Services (HHS)

U.S. Department of Housing and Urban Development (HUD)

Environmental Protection Agency (EPA)

Federal Business Opportunities

A Guide to Funding Resources U.S. Dept of Agriculture (USDA)

RSS Feeds: You can sign up for RSS feeds to get the latest funding announcements and information. You will need an RSS Reader. Learn more about RSS.

RSS: RSS stands for Really Simple Syndication. It's an easy way to keep up with news and information without searching a bunch of Web sites or cluttering your email inbox.Funding-related RSS Feeds are available from the following Government Agencies:

U.S. Department of Housing and Urban Development (HUD)

U.S. Department of Education

Environmental Protection Agency (EPA)

Grants.gov

Or you can view a listing of all .gov RSS feeds

- Arkansas Public Health Virtual Library. - 2010 Leading Health Indicators

  http://arpublichealth.info/hd/hd1.aspx?h1=10

- **Healthy People Consortium Toolkit**

Download the ready-to-use Healthy People PowerPoint presentation with talking points [PPT - 1.59 MB]. The presentation contains slides tailored for specific audiences including:

- Healthcare providers
- State and local public health professionals
- Educators
- Community members
- Businesses
- Environmental health professionals
- Housing professionals

- For more information or technical assistance contact a Hometown Health Improvement leader. Hometown Health Improvement is a locally owned and locally controlled initiative that stresses:

- collaboration,
- coalition building,
- community health assessment,
- prioritization of health issues, and
- development and implementation of community health strategies that are locally designed and sustained.