

***Healthy People 2020:
Arkansas's Chronic Disease
Framework for Action***



HP 2020
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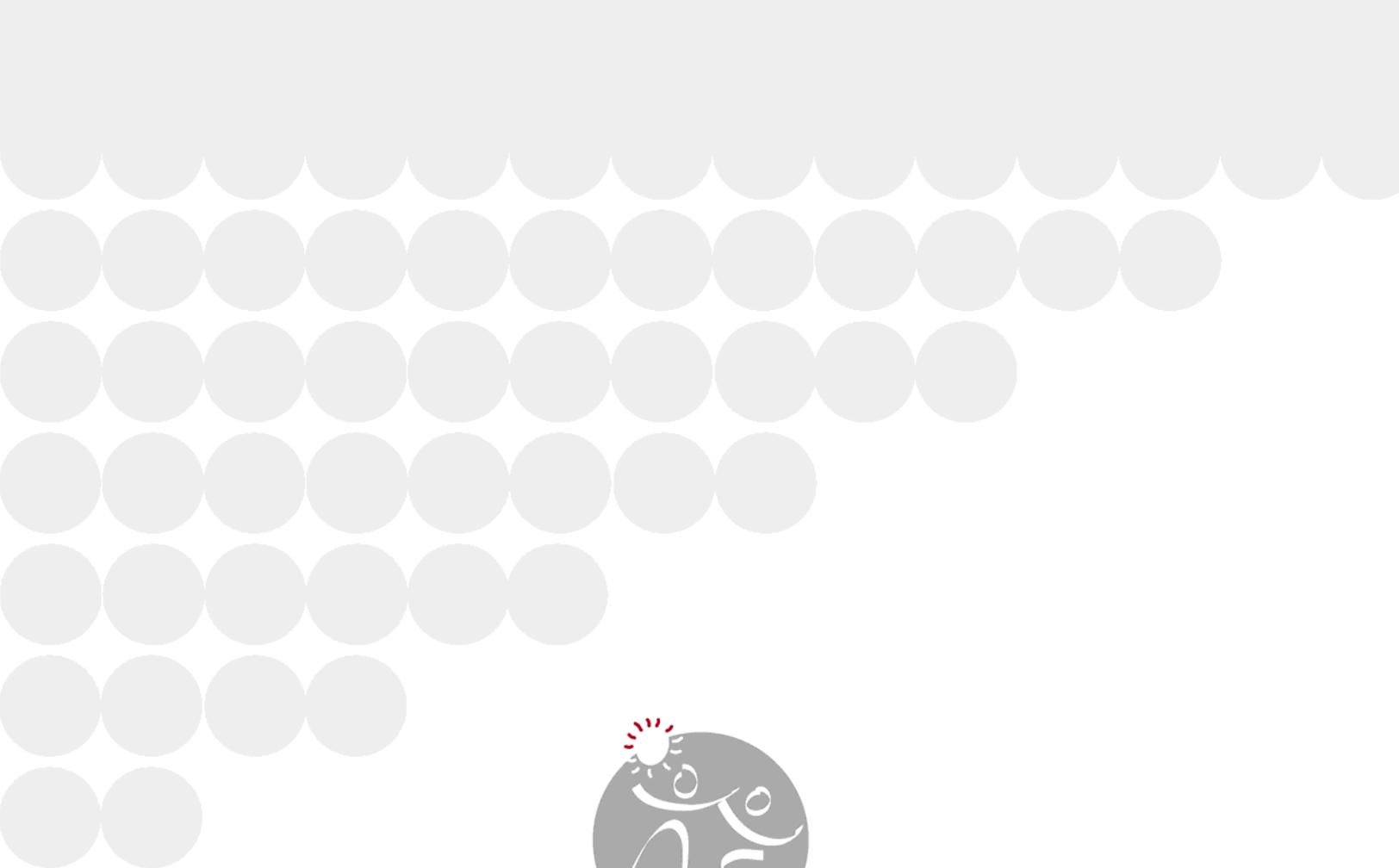
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Section A Messages

A Message from the Arkansas Department of Health Director and State Health Officer



Greetings!

I am very pleased to welcome everyone to the fifth Annual Chronic Disease Forum and to the launch of the Healthy People 2020 Chronic Disease Arkansas Framework for Action.

As you well know, we have a tremendous burden of chronic disease in our state. The more people and sectors in the state that are involved in reducing this burden, the better our chances of success. A statewide comprehensive plan like this does not just happen. I applaud all the hard work that so many have put into the research and development of this plan – specifically, the Arkansas Chronic Disease Coordinating Council, its coalitions, and other partners. Our agency could not be successful without so many hard-working and dedicated partners!

As Director of the Arkansas Department of Health and State Health Officer, I have had the pleasure to travel the state and meet individuals and partners working tirelessly on public health initiatives such as these. Please know that you have the commitment from our agency as you continue your work to reach or even surpass these ambitious 2020 chronic disease goals and objectives.

A big “thank you” to everyone involved in our chronic disease efforts. I appreciate your dedication and efforts as you continue this battle so that our fellow Arkansans can live longer and healthier lives.

Best regards,

Paul K. Halverson, DrPH, FACHE
Director and State Health Officer



A Message from the Arkansas Chronic Disease Director



A state's resources can be measured in many ways. By most measures, Arkansas is resource-poor. Economically, our median household income ranks 48th in the U.S., personal income per capita ranks 46th, and at 17.3% we have the second highest rate of persons living in poverty in the nation. In education, we rank 49th in the number of persons 25 years and older with a bachelor's or higher degree, we pay our public school teachers less than 30 other states, and our violent crime rate is 12th highest. In health, our infant mortality rate ranks 5th highest, we are 44th in the number of doctors per capita, and we have the nation's highest stroke mortality rate.¹

Yet, Arkansas is a very fortunate state because in one very important measure we are prosperous. In my years of working in the chronic disease area in Arkansas, I have had the fortune of meeting and working with an army of dedicated, enthusiastic, and selfless partners in the fight against chronic diseases. The coming together of these partners, both as individuals and as organizations and coalitions within the Arkansas Chronic Disease Forum, is a force that I am sure will ultimately prevail over our other limited assets.

The chronic disease burden in Arkansas is immense—about 70% of all deaths in the state are as a result of a preventable chronic disease—and chronic diseases and their complications take their toll in draining our state's resources even further, both economically and in human terms. In the face of this challenge, it is only through collaborative action and focused attention that we can address the tasks ahead. The Chronic Disease Forum's overarching goals, and now a set of Arkansas-specific chronic disease objectives, provide a platform for developing strategic plans and related activities aimed at reducing this burden.

It is my great pleasure to announce *Healthy People 2020: Arkansas's Chronic Disease Framework for Action*. I commend to your attention these goals and objectives and encourage everyone to join in the effort to achieve and even surpass these goals by 2020.

My personal thanks and appreciation to the members of the Arkansas Chronic Disease Coordinating Council and specifically the committee charged with developing these objectives. Watching this group work tirelessly over the past year to bring this project to fruition has reinforced my conviction that Arkansas is indeed a rich state.

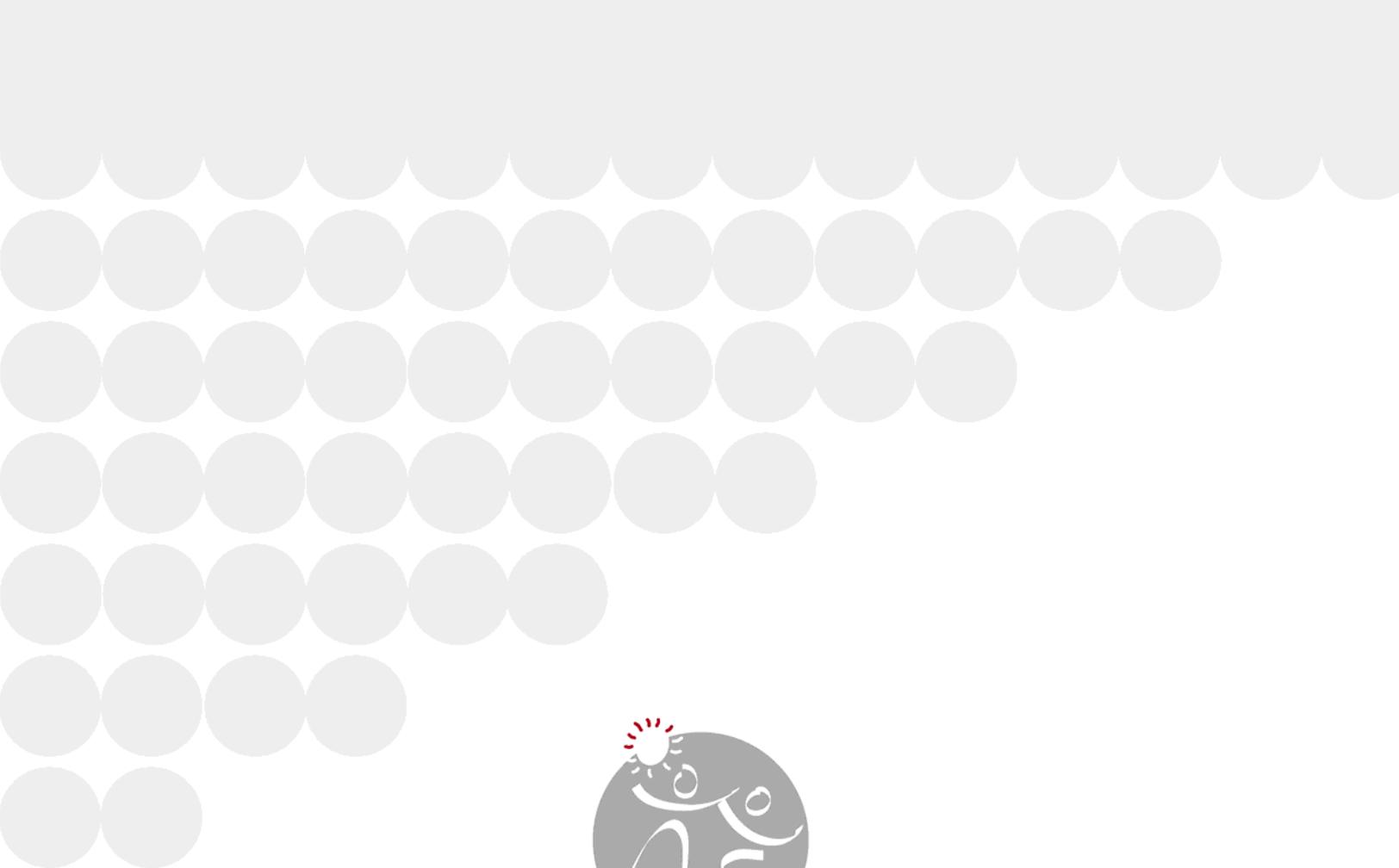
Respectfully,

A handwritten signature in black ink, appearing to read "Namvar Zohoori". The signature is fluid and cursive.

Namvar Zohoori, MD, MPH, PhD
Chronic Disease Director, Arkansas Department of Health

¹ Data from the US Census Bureau, 2010 Statistical Abstract: State Rankings.
<http://www.census.gov/compendia/statab/rankings.html> (accessed March 20, 2011)





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Section B

Preamble



Preamble

Introduction

Over the past three decades, the *Healthy People* project has guided the nation's efforts toward common health objectives. In Arkansas, we have used these national objectives to measure our progress in reaching our goals and evaluating the performance of various programs and plans. In doing this, we have used the national targets as our state targets, often falling short. For the first time, we have developed a set of Arkansas-specific Healthy People 2020 Chronic Disease Objectives. The rationale and methodology for developing these objectives, as well as baseline data and target goals for Arkansas are presented in this edition of *Healthy People 2020: Arkansas's Chronic Disease Framework for Action*.

This *Framework for Action* is not a roadmap. It sets a destination and provides a structure to build upon. It is up to programs, coalitions, and partners to develop the roadmaps that will get us to these goals and beyond by 2020. It also sets the stage for collaboration across many sectors to achieve common objectives. Even the process of developing these objectives over the past several months has provided many opportunities for discussion and cooperation between programs and coalitions. It is the hope of the Arkansas Chronic Disease Coordinating Council that this *Framework for Action* will continue to foster even greater partnerships, alliances, and coordinated activities within the state.

Acknowledgements

Arkansas's Healthy People 2020 Chronic Disease Objectives project was supported in part by a grant from the US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, a grant from John Snow Inc., and by the Centers for Disease Control and Prevention through cooperative agreements that fund the chronic disease programs of the Arkansas Department of Health.

The Arkansas Chronic Disease Coordinating Council would like to acknowledge and thank the following who have been involved in the development of Arkansas's Healthy People 2020 Chronic Disease Objectives and this document:



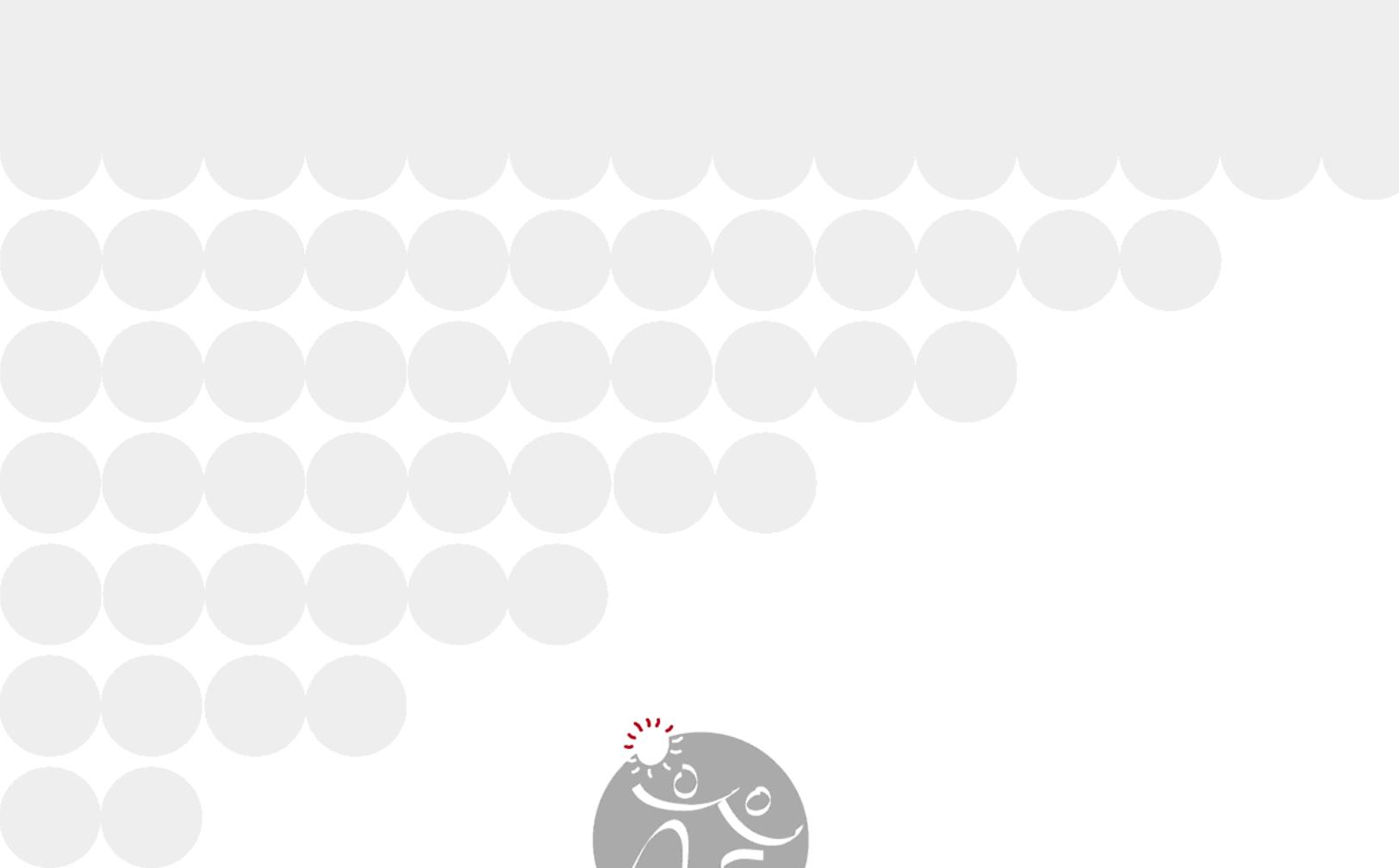


Arkansas Cancer Coalition, Arkansas Coalition for Obesity Prevention, Arkansas Oral Health Coalition, Arkansas Wellness Coalition, Arkansas Asthma Coalition, Community Health Centers of Arkansas, Inc., Diabetes Advisory Council, Heart Disease and Stroke Prevention Coalition, Respiratory Care Licensing Committee for the Arkansas State Medical Board, Arkansas Department of Health (Analytical Epidemiology Branch, Center for Health Advancement, Chronic Disease Branch, Office of Health Communications and Marketing, Oral Health Program, Lifestage Health Branch, Science Advisory Council, and Tobacco Prevention and Cessation Program).

Suggested Citation

Arkansas Chronic Disease Coordinating Council, Healthy People 2020: Arkansas's Chronic Disease Framework for Action. Chronic Disease Branch, Arkansas Department of Health. Little Rock, AR. 2013.





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Section C

Arkansas Chronic
Disease
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Arkansas Chronic Disease Coordinating Council

Mission and History

Mission Statement of the Chronic Disease Forum:

“Increase the quality and years of healthy life for all Arkansans by reducing the burden of chronic disease through collaborative action aimed at education, prevention, and treatment.”

The Arkansas Chronic Disease Forum was an ‘open’ (no membership application required) and informally structured group of Arkansas organizations and individuals interested in combating chronic disease in the state. The first Chronic Disease Forum meeting was held in 2005. Since then, through annual meetings and a growing audience, the Forum has worked to increase awareness and collaboration around chronic disease issues in Arkansas. In October 2008, the Forum became more structured with the formation of the Arkansas Chronic Disease Coordinating Council (ARCDCC). Since then, the Coordinating Council has overseen the development of a mission statement, overarching goals, and objectives for the Forum.

Organizations of the Coordinating Council and Overarching Goals

The Chronic Disease Coordinating Council works by encouraging focus and collaboration among various sectors and through the development of overarching goals and recommended strategies for the prevention and management of chronic diseases in the state. The chronic disease programs, coalitions, and members of the Forum have been encouraged to develop their individual organizational plans in support of these overarching goals. A number of such groups have already begun addressing these goals in their strategic plans.





Goal 1

The overarching goals and recommended strategies are:

Increase the percentage of Arkansans of all ages who engage in regular physical activity.

Recommended Strategies:

1. Increase education on the importance of exercise.
2. Implement a statewide media campaign to increase public awareness of effects of obesity and physical inactivity on health.
3. Utilize worksites as health promotion venues, reaching adult Arkansans for the purpose of creating a culture of health and changing unhealthy behaviors around tobacco use, obesity, and physical inactivity.
4. Provide recommendations for Arkansans on how to include physical activity in their daily schedules.

Goal 2

Promote tobacco prevention and cessation among Arkansans of all ages.

Recommended Strategies:

1. Utilize evidence-based financing strategy (increase taxes) to reduce tobacco consumption (with portion of tax revenue dedicated to tobacco control).
2. Develop a communication/marketing plan for tobacco cessation.
3. Provide technical assistance to minority communities.
4. Increase diversity and skills of the public health and health care workforce to increase tobacco cessation.

Goal 3

Improve access to screening and health care services for all chronic diseases in rural and underserved areas.

Recommended Strategies:

1. Identify disparities among population groups.
2. Devise systems or promote system changes that will increase screening, particularly for minority and underserved populations.





3. Support the efforts among rural providers and urban providers so that optimal care is more accessible to all patients.
4. Increase collaboration among chronic disease programs in order to spread evidence-based interventions and health communication to areas in Arkansas with the greatest disease burden and need.

Goal 4

Educate and inform the public on health issues related to community partnerships, prevention, screening, treatment, outreach, and control of chronic diseases.

Recommended Strategies:

1. Create and promote a clearinghouse for initiatives to reduce the burden of chronic diseases. Develop a clearinghouse for resources and information across the state in order to prevent duplication of work and increase ease of access to resources.
2. Support a combined media campaign on chronic disease to leverage media purchasing power.
3. Promote education regarding treatment and support services, especially in the underserved populations.
4. Provide training to program leaders on Chronic Disease Self-Management.

Goal 5

Develop and implement a legislative agenda to support the policy and fiscal needs of chronic disease activities.

Recommended Strategies:

1. Promote and encourage comprehensive tobacco-free laws in public places and encourage voluntary change towards tobacco-free homes, cars, and private establishments.
2. Influence legislation that will support increased screening and education for hypertension, heart disease, and stroke.
3. Support legislation that would provide reimbursement for coordination of care for those with chronic disease.
4. Explore funding options to increase Arkansas's capacity to address chronic disease.





Goal 6

Support the development of communities that promote life-long physical activity, healthy nutrition, and tobacco-free environments.

Recommended Strategies:

1. Develop collaborative relationships with city planners and private developers, government officials, and grassroots citizens to increase the level of importance of the built environment.
2. Improve access to affordable and nutritious foods in all communities (farmer's market, community gardens, coops, farm to school-farm to table, local growers). Disclose where foods are grown.
3. Utilize schools as health promotion venues, reaching Arkansas students and the general public for the purpose of creating a culture of health and changing unhealthy behaviors around tobacco use, obesity, and physical inactivity.
4. Encourage and assist organizations and state and local government entities to adopt guidelines or policies for food and beverage for catered meals, events, and vending.





National Prevention Strategy

In June 2011, the National Prevention, Health Promotion and Public Health Council released the first ever National Prevention Strategy for the United States. Taking their cue from this blueprint, the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention (CDC) developed a new paradigm for combating chronic diseases across states. This new paradigm focuses work in four main domains:

1. Epidemiology and surveillance;
2. Environmental approaches that promote health;
3. Health systems interventions; and
4. Community-clinical linkages.

Linking Overarching Goals with National Prevention Strategy and CDC Domains

In response to this, the Chronic Disease Prevention and Control (CDPC) Branch of the Arkansas Department of Health is also organizing its work around these domains. The CDPC Branch is developing units of work for the following areas of operation:

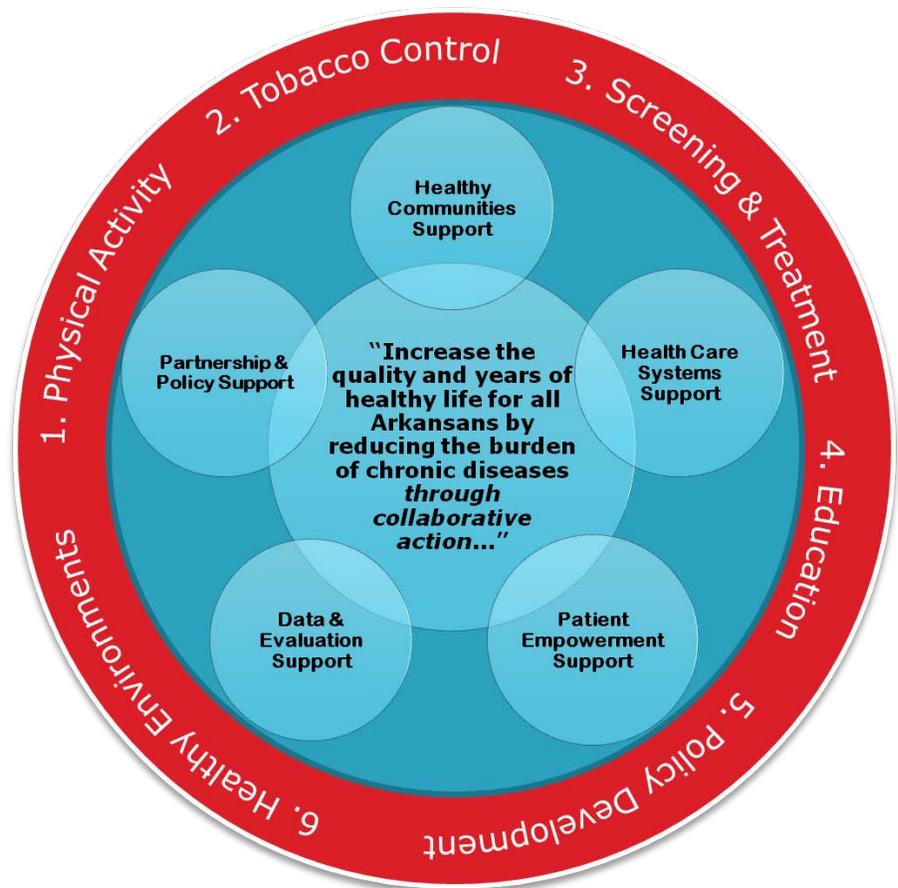
1. Healthy Communities Support: Developing healthy communities through environmental and policy changes that promote healthy living and maintain healthy individuals;
2. Health Care Systems Support: Working with clinical partners to develop systems of care that respond to patients' needs and provide evidence-based and guidelines-driven preventive, screening and treatment services;
3. Patient Empowerment Support: Creating clinical-community linkages that support and empower individuals in the community to take better care of themselves and their chronic conditions, therefore reducing the chances of relapse and preventable additional encounters with health care providers;





4. Data and Evaluation Support: Improving the quality of data on which better decisions and policies can be based; and
5. Partnership and Policy Support: Building better partnerships to improve collaboration and coordination, and support for policy development and dissemination.

In turn, the Arkansas Chronic Disease Coordinating Council (ARCDCC) is in full support of this paradigm and encourages all those involved in chronic disease prevention and control in Arkansas to reflect on how their work can support these domains. The six overarching goals are fully compatible with these domains, as illustrated below and in the vignettes that follow:





**Vignettes:
Working In Support
of Overarching
Goals and Domains**

The following examples illustrate only a few ways in which organizations and partners in Arkansas can support the overarching goals of the Arkansas Chronic Disease Framework for Action, as well as working in support of the CDC Chronic Disease Prevention and Health Promotion Domains.

Vignette 1

Growing Healthy Communities (GHC) is a project of the Arkansas Coalition for Obesity Prevention (ArCOP) to help communities develop their own strategies around the goal of increasing access to healthy foods and physical activity and the policy issues needed for those strategies. Since 2010, ArCOP has supported twenty-seven Growing Healthy Communities sites around the state to implement policy, systems, and environmental changes to ensure healthy living. The coalition serves as a resource and provides technical assistance to communities throughout the state.

This project primarily supports overarching goals one, three, four and six of the Chronic Disease Framework, and is an example of a project that falls within the Healthy Communities Support and Partnership and Policy Support Domains.

Vignette 2

The mission of the Diabetes Advisory Council (DAC) is to reduce the economic, social, physical and psychological impact of diabetes in Arkansas by improving access to care and enhancing the quality of services by linking and maintaining effective network management relationships and implementing sound public health strategies. The Policy-Maker Education Subcommittee of DAC has received technical assistance from the National Association of Chronic Disease Directors to develop policies for improving funding for diabetes self-management education (DSME) and training across the state, to reduce the risk of complications and the high cost of care for persons with diabetes. In addition, the Policy-Maker Education Subcommittee developed an evidence-based “White Paper” to present to policy-makers to support the cost-saving benefits of DSME.





Vignette 3

This project primarily supports overarching goals three and five of the Chronic Disease Framework, and is an example of a project that falls within the Patient Empowerment Support Domain.

The Fay W. Boozman College of Public Health provides 'Public Health in Arkansas Community Search (PHACS)'. This website is a one-stop source for Arkansans looking for community specific health data. The website is designed primarily for community-based organizations and ordinary Arkansans who want to find health data that will help them take charge of health outcomes and risks in their community. PHACS can also be used by researchers and public health practitioners for the latest available county-level data. The (PHACS) website can help to guide the development of a legislative agenda and other policy and fiscal support to educate the public and create communities that provide access to promote life-long physical activity, healthy nutrition, tobacco-free environments and screening and health services particularly in rural and underserved populations. The College of Public Health also maintains an Office of Public Health Informatics with data management capability and expertise in the availability and analysis of public health data.

This project supports all the overarching goals of the Chronic Disease Framework, and is an example of a project that falls within the Healthy Communities Support and Data and Evaluation Support Domains.

Vignette 4

The Arkansas Cancer Plan is published and implemented with many partners by the Arkansas Cancer Coalition (ACC). The purpose of the Arkansas Cancer Plan is to serve as an outline for what can and should be done at the state and local levels for cancer prevention, detection, and care efforts in Arkansas. It identifies activities for coordinated action by government, the private sector, the non-profit sector, Arkansas's communities and people. The ACC provides funding for projects that support the Arkansas Cancer Plan. In collaboration with the ACC and in support of the Arkansas Cancer Plan, the Arkansas Department of Health's Comprehensive Cancer Control program helps to





expand the reach of the health care system related to screening and reducing the burden of cancer. Equal access is increased through mobile vans and use of Esperanza y Vida and the Witness Project. Quality driven care ensures quality screenings.

The Cancer Plan primarily supports overarching goals three and four of the Chronic Disease Framework, and is an example of a project that falls within the Health Care Systems Support and Patient Empowerment Support Domains.

Vignette 5

The Arkansas Department of Health's Tobacco Prevention and Cessation Program has developed an outreach program to work with health care providers serving populations within their practices or areas of influence. The Systems Training Outreach Program (STOP) currently uses Outreach Specialists located in the Central and Northeast Arkansas regions to provide education and support to providers. Increasing the capacity and efficiency of care systems by asking, documenting tobacco use and advising patients to stop, the Outreach Specialists make sure that health care providers are aware of available and accessible cessation treatment interventions. In particular, the specialists will help providers systematically identify patients who are tobacco users, provide guidance to quit and connect them to available resources to successfully quit.

This project primarily supports overarching goals two, four, five and six of the Chronic Disease Framework, and is an example of a project that falls within the Health Care System Support Domain.

Vignette 6

The Arkansas Wellness Coalition is a not-for-profit coalition of health care professionals from several Arkansas health organizations. The Coalition's main purpose is to put forth uniform guidelines and other tools to improve the health of patients in Arkansas. Goals of the Coalition include: consolidate efforts among health care providers and advocacy organizations to improve quality of care and health outcomes on targeted disease entities; enhance consistency and efficiency of care by





providing common core principles; implement nationally recognized standards of care; reduce the duplication of efforts by stakeholders and provide consistency of care. Each year a set of guidelines and accompanying tools are mailed to physicians. Additionally, updates are distributed for previously released guidelines as needed.

This project primarily supports overarching goals three and four of the Chronic Disease Framework, and is an example of a project that falls within the Health Care Systems Support Domain.

Vignette 7

Community Health Centers of Arkansas, Inc. (CHCA), Arkansas Primary Care Association, is a non-profit organization which serves as the “Voice” for Arkansas’ network of Community Health Centers. CHCA focuses on fostering access to comprehensive, affordable, accessible, quality primary and preventive health care services for underserved Arkansans. CHCA facilitates shared resources, collaborative partnerships, technical assistance and training focused on helping Community Health Center members strengthen and expand their services. CHCA fosters and supports development of new community-based health services in underserved communities and partners with CHCs to function as “Medical/Health Care Homes” for their patients, providing access to complete and comprehensive care.

The CHCA primarily supports overarching goal three of the Chronic Disease Framework, and is an example of a project that falls within the Health Care Systems Support and Patient Empowerment Support Domains.

Vignette 8

The Arkansas Tobacco Settlement Commission, in collaboration with the Arkansas Department of Education Office of Coordinated School Health, Arkansas Children’s Hospital and the Arkansas Center for Health Improvement, has offered grants to Arkansas public schools to address childhood obesity in the state. The Arkansas Child Wellness Intervention Project Grant (CWIP) used proven methods to increase time spent in physical activity during





the school day through providing quality physical education programs. CWIP provided eligible schools with the SPARK physical education curriculum and equipment, Fitnessgram software, HealthTeacher.com curriculum and all teacher trainings. Schools awarded a CWIP grant must have committed to increasing the number of active physical education minutes per week from the current 60 minutes required by law to at least 120 minutes.

This project primarily supports overarching goals one, four, five and six of the Chronic Disease Framework, and is an example of a project that falls within the Healthy Communities Support, Data and Evaluation Support and Partnership and Policy Support Domains.

Vignette 9

At the request of Governor Mike Beebe, several state agencies and stakeholders throughout Arkansas are working to proactively shape the future of Arkansas's health system. The Health System Improvement Initiative is being led by the Arkansas Surgeon General and includes four important activities necessary to prepare the state for the demands of the 21st Century. These activities are: developing the state's first health workforce strategic plan to address the needs of Arkansans living in medically underserved areas of the state; restructuring the health payment system to align financial incentives with quality outcomes; accelerating use of health information technology; and expanding health insurance coverage. At the heart of the initiative is a patient-centered health care system providing all Arkansans with affordable access to highly coordinated medical care and preventive services.

This initiative supports overarching goals three, four and five of the Chronic Disease Framework and is a project that falls within the Health Care System Support and Patient Empowerment Support Domains.





Vignette 10

Since 2003, the Arkansas Chronic Illness Collaborative (ACIC) has provided quality care improvement training to 109 community health practices, private practices, and other health care facilities to improve health outcomes for Arkansans living with chronic diseases. Key stakeholders include the Arkansas Foundation for Medical Care (AFMC), the Randy Walker Clinic, Community Health Centers of Arkansas (CHC), Arkansas Department of Health (ADH), the Arkansas Geriatric Education Center (AGEC) and the UAMS Department of Family and Preventive Medicine, CME Division.

The ACIC has been renamed the **Arkansas Clinical Transformation (ACT) Collaborative** to focus on more extensive care transformation to help clinics improve how they manage their chronic disease populations. Managing high-risk patients will be a key component to succeeding in this new model of healthcare delivery. ACT helps prepare health care practices for the implementation of Meaningful Use (MU) and Patient Centered Medical Home (PCMH) certification. Participation in ACT decreases the risk of emergency room (ER) and hospital utilization, and improves the care of patients with episodes of acute illness, chronic disease and preventative care needs. It also improves patient and caregiver satisfaction, and works to decrease the overall cost of care.

This project primarily supports overarching goals two, three, four and five of the Chronic Disease Framework, and is an example of a project that falls within the Health Care Systems Support, Patient Empowerment Support and Partnership and Policy Support.





Million Hearts™ Initiative



Million Hearts™ is a national initiative to prevent 1 million heart attacks and strokes in the US over five years. Million Hearts brings together communities, health systems, nonprofit organizations, government agencies, and private-sector partners from across the country to fight heart disease and stroke.

Million Hearts aims to prevent heart disease and stroke by:

- Improving access to effective care.
- Improving the quality of care for the ABCS:
 - **A** — Appropriate Aspirin Therapy
 - **B** — Blood Pressure Control
 - **C** — Cholesterol Management
 - **S** — Smoking Cessation
- Focusing clinical attention on the prevention of heart attack and stroke.
- Activating the public to lead a heart-healthy lifestyle.
- Improving the prescription and adherence to appropriate medications for the ABCS.





**The ABCS:
 Five-Year Objectives
 for Arkansas**

In support of this national initiative, the Arkansas Chronic Disease Coordinating Council (ARCDCC) has adopted the objectives of the Million Hearts initiative as its priority objectives for the next five years—through 2016.

The Table below sets out the objectives as defined for Arkansas, their baseline values and targets to be achieved by the end of 2017.

Intervention	Baseline	Target ⁶
A spirin for those at high risk ¹	37%	50% ⁷
B lood pressure control ²	37%	50% ⁷
C holesterol control ³	42%	50% ⁷
S moking cessation ⁴	25%	50% ⁷
Sodium reduction ⁵	3.4 g/day	20% reduction ⁸
Trans fat reduction ⁵	2.3% of calories	50% reduction ⁸

1. Based on USPSTF recommendations: For men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage, and for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. Baseline data source: ARCHES, 2007-08, age-adjusted.
2. Among people who are diagnosed with hypertension, those with a blood pressure of <140 mmHg systolic and <90 mmHg diastolic. Baseline data source: ARCHES, 2007-08, age-adjusted.
3. Among people who are diagnosed with high total cholesterol, those whose cholesterol is < 200 mg/dl. Baseline data source: ARCHES, 2007-08, age-adjusted.
4. Among smokers who saw a health care provider, those who received or were referred to counseling (including telephone quitline) and/or were recommended or received medications. Baseline data source: Arkansas ATS, 2010, age-adjusted.
5. Baseline data source: ARCHES, 2007-08, age-adjusted.
6. With the exception of smoking cessation, Arkansas does not have an ongoing source of data for these targets at this time. The ACDCC will work towards the development of datasets for measuring these interventions by the year 2017.
7. The national targets set for the ABCS are 65%. However, the Arkansas targets are set at 50% to be more achievable (because in most cases Arkansas's baseline numbers are lower (worse) than the national baseline numbers), and yet challenging and high enough to contribute to the national targets. For a more detailed explanation of the rationale for adopting Arkansas-specific targets, please see Section D.
8. These targets are the same as the national targets.





Recommended Strategies Specific to Million Hearts

The overarching goals and recommended strategies have already been listed on Page C2. In addition to these general strategies, the ARCDCC has identified supplementary recommended strategies for each overarching goal, more specific to achieving the Million Hearts objectives for Arkansas.

Goal 1

Increase the percentage of Arkansans of all ages who engage in regular physical activity.

Recommended Strategies:

1. Increase education on the specific role of physical activity in blood pressure and cholesterol control, as well as in tobacco cessation.
2. Increase access to community facilities by developing joint use agreements within communities.
3. Develop and promote statewide complete streets policies.

Goal 2

Promote tobacco prevention and cessation among Arkansans of all ages.

Recommended Strategies:

1. Increase tobacco taxes to increase and bring funding for tobacco prevention and cessation efforts up to the CDC-recommended levels.
2. Remove exemptions from the Clean Indoor Air Act of 2006 (Act 8).
3. Develop policies regarding the sale and advertising of e-cigarettes, and add e-cigarettes to Act 8.
4. Incorporate Million Hearts principles and goals into all tobacco-related patient and professional educational materials and activities, in both clinical and community settings.





Goal 3

Improve access to screening and health care services for all chronic diseases in rural and underserved areas.

Recommended Strategies:

1. Increase screening for blood pressure and cholesterol in compliance with US Preventive Services Task Force recommendations.
2. Improve reimbursement of preventive services related to the ABCS (e.g. screening, patient education, counseling, addressing health literacy issues, etc.
3. Improve 'enabling' services, such as translation, mental health, transportation, etc.
4. Improve communication across providers.

Goal 4

Educate and inform the public on health issues related to community partnerships, prevention, screening, treatment, outreach, and control of chronic diseases.

Recommended Strategies:

1. Focus all media and public education campaigns and efforts on the ABCS.
2. Partners with stores and vendors to use Million Hearts logo and messaging.

Goal 5

Develop and implement a legislative agenda to support the policy and fiscal needs of chronic disease activities.

Recommended Strategies:

1. Increase tobacco taxes to increase and bring funding for tobacco prevention and cessation efforts up to the CDC-recommended levels.
2. Remove exemptions from the Clean Indoor Air Act of 2006 (Act 8).
3. Develop policies regarding the sale and advertising of e-cigarettes, and add e-cigarettes to Act 8.
4. Promote Medicaid and Medicare reimbursement for the purpose of improving tobacco cessation and blood pressure control.





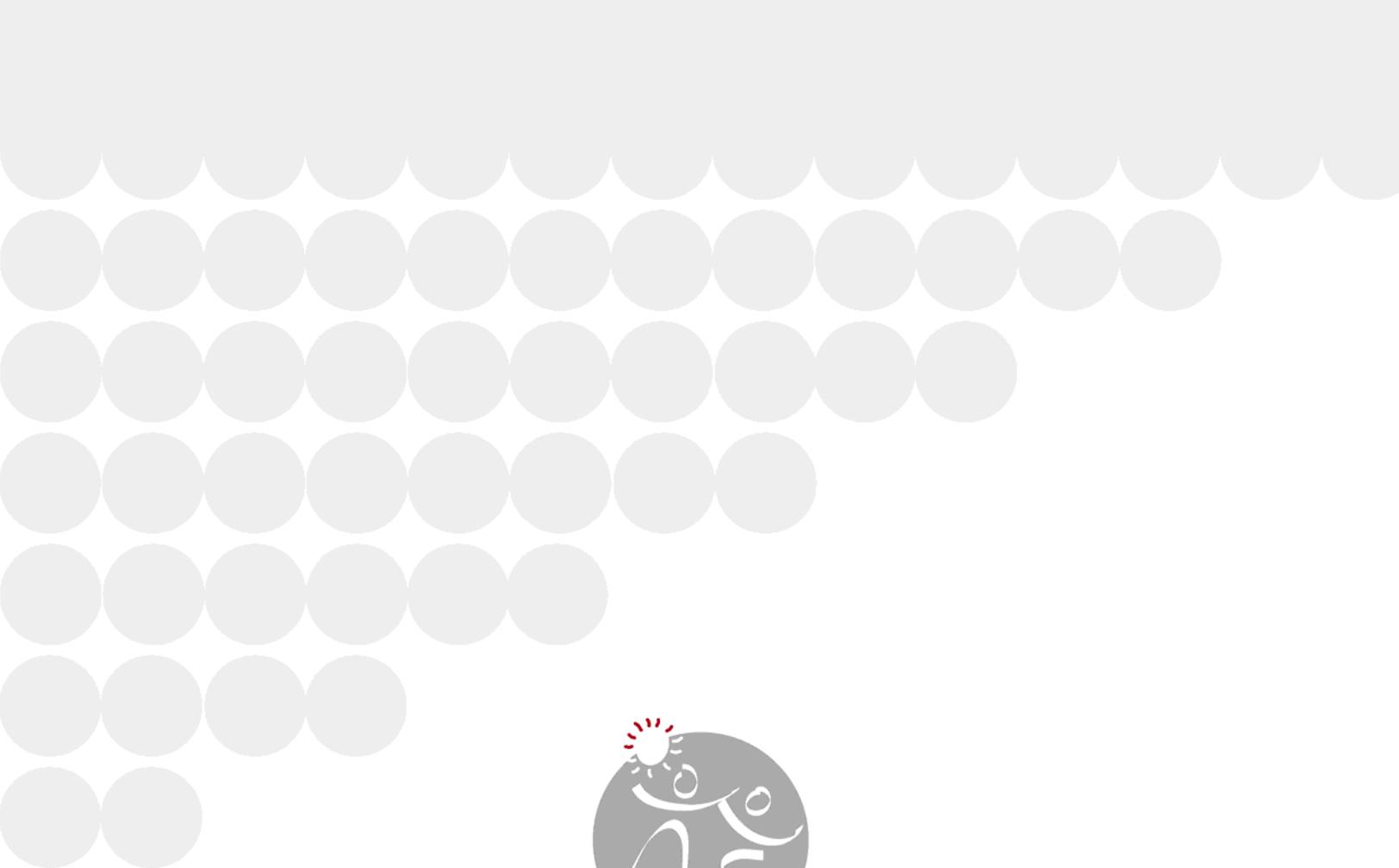
5. Advocate for legislation that would encourage food stores to provide healthy food choices.
6. Develop and establish agency and organizational procurement policies for healthy foods targeted at the ABCS.
7. Support the Child Health Advisory Committee's recommendations.

Goal 6 *Support the development of communities that promote life-long physical activity, healthy nutrition, and tobacco-free environments.*

Recommended Strategies:

Note: No new recommended strategies were identified here since it was felt that all the general recommended strategies on page C4 are also specifically supportive of the ABCS.





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Section D

Healthy People



Healthy People

At the national level, *Healthy People* provides science-based, 10-year objectives for improving the health of all Americans. For three decades, *Healthy People* has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals towards making informed health decisions.
- Measure the impact of prevention activities.

The national *Healthy People 2020* objectives, consisting of some 573 objectives (635 including sub-objectives), were launched on December 2, 2010, by the US Department of Health and Human Services (Appendix A). Providing an ambitious, yet achievable, agenda for improving the nation's health, *Healthy People 2020* reflects the idea that setting objectives and providing science-based benchmarks to track and monitor progress should motivate and focus action. The vision of *Healthy People 2020* is a society in which all people live long healthy lives.

Rationale for Developing Arkansas-Specific Objectives

National Healthy People target goals are set for the entire country. As such, they represent an expectation of the average standing of all the states within the U.S. in 2020, with some states surpassing the goals, and some falling short. The position of a specific state with respect to the national goals in 2020 will depend on a number of factors, including resources within the state, the level of effort towards achieving the goals, and the baseline data within the state at the beginning of the process.

Whereas resources and level of effort allow for improvement and are amenable to adjustment according to circumstances, perhaps more than these, baseline data, which are what the state has to start with, are fixed. They also have a strong bearing on the likelihood of achieving, surpassing or falling short of national goals.





By most measures, Arkansas has some of the worst health indicators of any state in the U.S. Achieving the national target goals for 2020 will require a much greater level of effort and resources in Arkansas than most other states and in many cases may not be feasible. For example, for the coronary heart disease mortality objective (HDS 02), the national baseline (2007) is 126.0 deaths per 100,000 population, and the 2020 target goal is 100.8 deaths per 100,000, using a target setting method of 20% improvement. For this objective, Arkansas's baseline is 149.9 deaths per 100,000 (2007). Achieving the national target goal of 100.8 deaths per 100,000 would require a 33 percent improvement in Arkansas over the next 10 years, a 65% *higher* rate than the expected 20% improvement nationally. However, historical trends demonstrate the difficulty of trying to achieve this goal—since 1980, even though Arkansas has improved its coronary heart disease mortality rate along with the nation as a whole, its average rate of decline has been 36% *lower* than the national rate of decline; this has resulted in Arkansas moving from a coronary heart disease mortality rate that was *lower than the nation* (291.7 versus 344.9 deaths per 100,000) in 1980, to one that was *higher than the nation* (149.9 versus 126.0 deaths per 100,000) in 2007.

This scenario, repeated for many objectives, coupled with Arkansas's limited resources, can make the national goals discouraging targets for which to aim. Using Arkansas-specific baseline data and target goals, rather than the national target goals, will improve the ability to encourage collaboration and to set and pursue reasonable and achievable goals for the state, perhaps contributing even more effectively to the national health improvement plan under Healthy People 2020.

These Arkansas-specific goals should be viewed as *minimum targets* that are ambitious and yet achievable for our state. The ideal scenario will be for Arkansas to *at least* achieve these goals but to also try to surpass them and get as close to the national target as possible.

**Objective
Development
Process**

This first version of Arkansas's Healthy People 2020 Chronic Disease Objectives was developed over a one-year period through an iterative process between the Arkansas Chronic





Disease Coordinating Council, the Chronic Disease programs of the Arkansas Department of Health, and their coalitions and partners. The goal of this process was to develop a set of chronic disease objectives, with Arkansas baseline data and target goals, to be used to track progress towards Healthy People 2020 objectives in Arkansas. In this process, the collaboration of all entities involved was a key component. Program managers, epidemiologists, scientists, coalitions and their chairs, boards and advisory councils, and staff at the Arkansas Department of Health, all contributed to identifying data sources and developing target goals.

The process started with the list of draft national objectives released in early 2010. From these objectives, the staff of the Chronic Disease Branch of the Arkansas Department of Health first identified a subset of objectives that initially were thought to fall within the interests of chronic disease programs. These were then organized under the six overarching goals of the Chronic Disease Forum (described above) and were provided to the programs and coalitions of the Chronic Disease Coordinating Council (Appendix B). These coalitions together represent 133 member organizations (Appendix C) in Arkansas.

Coalitions and programs (and their members and staff) were asked to identify those objectives which fell within their purview and interest and to add to the list any other Healthy People 2020 objectives in which they were interested but which were not already included. The Coordinating Council then reviewed these lists to reduce redundancies and to fill gaps where objectives which it thought were important had not been selected by any coalition or program. Revised lists were given back to coalitions and programs, which then, with the help of epidemiologists, identified sources of data and baseline information, where available.

The final cycle of objective development involved setting 2020 target goals. This was done by a committee of the Coordinating Council, including chronic disease program managers, program epidemiologists, coalition chairs, and the Chronic Disease Branch staff of the Arkansas Department of Health. In this process the following principles were followed:





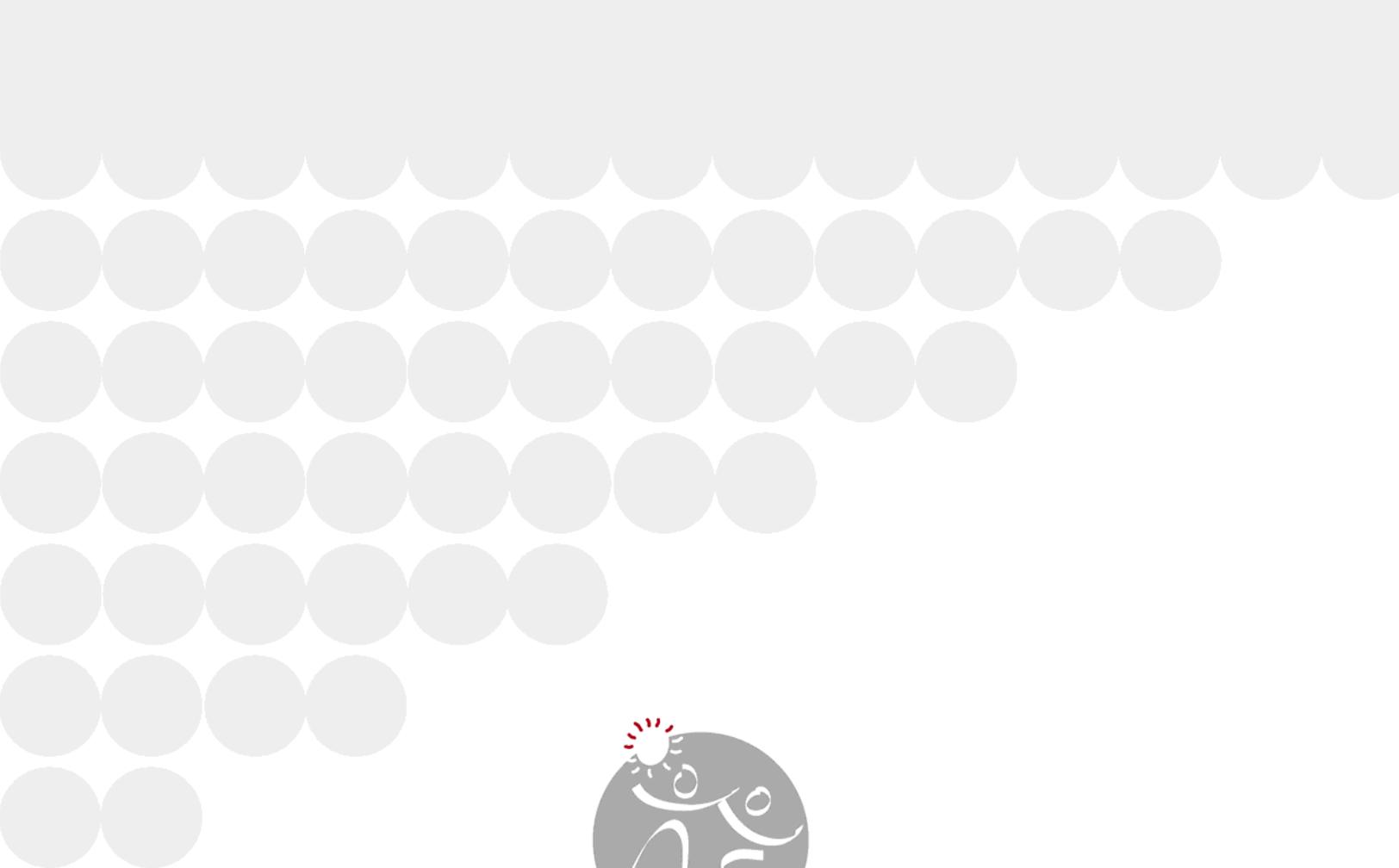
- Objectives were checked against the final December 2010 release version of national Healthy People 2020 to correct any changes between the draft working version and the final version.
- For consistency and comparability, the wordings of all objectives were left the same as those of the national objectives.
- Where available, Arkansas baseline data were identified. For some objectives, no source of Arkansas data could be identified.
- Where baseline data were identified, an Arkansas-specific 2020 target goal was set. These target goals were decided on by one of the following methods:
 - Projections and trend data, where available; or
 - Use of goals already set by coalitions/programs as part of a strategic plan; or
 - Consensus among committee members; or
 - A 10% improvement over baseline.
- For a few objectives exact local data matches could not be found, but Arkansas data were available closely matching the objective. Where these were used, the alternative wordings are indicated.
- Some objectives are nationally designated as ‘Developmental’ objectives, meaning no current national data are available for them. For some of these it was possible to identify Arkansas data, and, therefore, target goals have been set for these.
- On the other hand, for some National objectives, no Arkansas data were identified. These were designated as ‘Potential’ objectives, meaning they are included with the hope of a data source during the decade.

Not all national Healthy People 2020 objectives or even all national chronic disease objectives are included in this edition of Arkansas’s Healthy People 2020 Chronic Disease Objectives. Arguably, most national objectives will have some impact on chronic diseases, even if indirectly. However, the intent of the Chronic Disease Coordinating Council in putting this list together was to come up with a set that is as comprehensive as possible while still addressing and focusing attention on some of the more





common objectives already addressed by programs and coalitions within the state. The Coordinating Council plans to review this list periodically during the next decade and to adopt other objectives as circumstances and interests present themselves.



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Section E

Get Involved



Get Involved

Arkansas needs your help. Coalitions and partnerships are the foundation for creating preventive chronic disease solutions. Individuals, employers, legislators, health care professionals, organizations, and educational institutions; basically anyone can become involved.

Individuals

Individuals can join coalitions. Coalitions are the point at which public health action begins. Contact a coalition, attend the meetings, learn more, and offer recommendations and support.

Community Organizations and Faith-Based Organizations

Community organizations and faith-based organizations have an organized audience with built-in support systems already in place. Offer educational workshops and/or materials, invite a representative from a coalition, or invite a health professional to present the organization with valuable life-saving information. Encourage active participation on a coalition.

Employers

Employers can demonstrate a commitment to the health of their employees. Offer incentives for eliminating tobacco use, increasing exercise and/or managing weight. Learn about employee wellness programs and review what other companies are successfully implementing. Encourage employee participation by planning convenient blood pressure screenings, cholesterol screenings, and practical healthy living workshops. Healthier employees mean fewer sick days and greater efficiency and production. Encourage active participation on a coalition.

Higher Education Institutions

Higher education institutions can impact students' lives. Offer courses, workshops, or events in relation to tobacco free lifestyles, improved eating choices, healthy cooking, and the benefits of strength, flexibility, cardiovascular fitness and relaxation. Implement campus wide policies to encourage healthier behaviors. Encourage active participation on a coalition.





Legislators

Legislators can sponsor policy, systems, and environmental changes. Validate movements toward healthy lifestyles. Encourage preventive medical screenings and champion affordable medical services for all Arkansans. Help protect funding that supports preventive and primary care. Actively participate on a coalition.

Physicians

Physicians have a captive audience. Speak frankly with patients about the future and consequences of unhealthy behaviors. Give guidance about ideal body weight, nutrition, exercise, becoming tobacco free as well as other preventive lifestyles. Actively participate on a coalition.

Public and Private Schools

Public and private schools can model healthy behaviors and educate students at an early age. Demonstrate the importance of a healthy lifestyle by offering nutrient dense foods, keeping physical activity on the schedule, and encouraging water consumption. Teachable moments in health exist throughout the day. Seize a moment to educate young people about the future of their health. Encourage active participation on a coalition.

State Agencies

State agencies can set the example. Demonstrate support for encouraging employee health and lifestyle change. Move forward on policy, systems, and environmental changes. Offer employee incentives and encourage participation on coalitions.



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Section F
Arkansas Healthy People 2020
Chronic Disease Objectives,
Sorted Alphanumerically



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Introduction: The following chart outlines draft Healthy People 2020 objectives for Arkansas. The objectives are listed alphanumerically by “number” as they appear in the National Healthy People 2020 Objectives. National baseline data are given for each objective as well as the national target goal. The latest Arkansas baseline data are given where available along with the Arkansas 2020 goals.

Acronyms used in this document:

Acronym	Meaning
AAPA	American Academy of Physician Assistants
ACHI	Arkansas Center for Health Improvement
ACS	American Community Survey
ADE	Arkansas Department of Education
ADH	Arkansas Department of Health
AHA	American Heart Association
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
AOSN	Arkansas Out Of School Network
APNA	Arkansas Prevention Needs Assessment Survey
AR	Arkansas
ARCHES	Arkansas Cardiovascular Health Examination Survey
ARS	Agricultural Research Service
ATS	Arkansas Tobacco Survey
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHAC	Child Health Advisory Committee
CHIP	Children's Health Insurance Program
CKD	Chronic Kidney Disease
CMS	Centers for Medicare and Medicaid Services
COPH	College of Public Health
CSHCN	Children with Special Health Care Needs
CVH Survey	Survey of Employer Cardiovascular Health Resources, Policies and Programs

Acronym	Meaning
DDS	Division of Data Systems
DGA	Dietary Guidelines for Americans
DHS	Department of Human Services
DOT	Department of Transportation
ESRD	End-Stage Renal Disease
FHWA	Federal Highway Administration
GWTG-Stroke	Get with the Guidelines Program–Stroke Module
HDSP	Heart Disease and Stroke Prevention
HHS	Health and Human Services
HINTS	Health Information National Trends Survey
LDH	Local Health Unit
MEPS	Medical Expenditure Panel Survey
NACCHO	National Association of County and City Health Officials
NAEPP	National Asthma Education and Prevention Program
NAMCS	National Ambulatory Medical Care Survey
NASBHC	National Assembly of School Based Health Care
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCHS	National Center for Health Statistics
NCI	National Cancer Institute
NDI	National Death Index
NEMIS	National EMS Information System
NHAMCS	National Hospital Ambulatory Medical Care Survey
NHATS	National Health and Aging Trends Study
NHANES	National Health and Nutrition Examination Survey
NHDS	National Hospital Discharge Survey
NHIS	National Health Interview Survey
NHTS	National Household Travel Survey
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIH	National Institutes of Health

Acronym	Meaning
NPHIC	The National Public Health Information Coalition
NPI	National Provider Identifier Registry
NSCH	National Survey of Children's Health
NSDUH	National Survey on Drug Use and Health
NVSS	National Vital Statistics System
NVSS-M	National Vital Statistics System--Mortality
NYTS	National Youth Tobacco Survey
PEW	Pew Internet and American Life Project
PRAMS	Pregnancy Risk Assessment Monitoring System
SHPPS	School Health Policies and Program Study
SHPPS	School Health Policies and Programs Study
STATE	State Tobacco Activities Tracking & Evaluation System
TUS-CPS	Tobacco Use Supplement to the Current Population Survey
USDA	United States Department of Agriculture
USRDS	United States Renal Data System
YRBSS	Youth Risk Behavior Surveillance System
YTS	Youth Tobacco Survey

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AH 2	Increase the proportion of adolescents who participate in extracurricular and out-of-school activities.	82.5% of adolescents aged 12 to 17 years participated in extracurricular and/or out-of-school activities in the past 12 months, as reported in 2007. Data Source: National Survey of Children's Health (NSCH), HRSA, MCHB, CDC, NCHS.	90.8%. Target setting method: 10% improvement.	12% of Arkansas' K-12 grade youths participate in afterschool programs AOSN 2009	13.2% of K-12 grade youths participating in afterschool. Target setting method: 10% improvement.	Arkansas Out of School Network
AHS 1	Increase the proportion of persons with health insurance. (1.1)Medical Insurance (1.2)(Developmental) Dental Insurance (1.3)(Developmental) Prescription Drug Insurance	(1.1)83.2% in 2008. Data source: NHIS, CDC,NCHS (1.2) Potential data source: NHIS, CDC, NCHS. (1.3) Potential data source: NHIS, CDC, NCHS.	100%.Target setting method: Total coverage.	(1.1) 83% (1.2) Not Available (1.3) Not Available ACS 2005-2009	100% Target setting method: Total coverage	ACS
AHS 2	(Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.	Potential data sources: Children's Health Insurance Program (CHIP), CMS; Aging Integrated Database (AGID), AoA; CMS claims data and Medicare Current Beneficiary Survey (MCBS), CMS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
AHS 3	Increase the proportion of persons with a usual primary care provider.	76.3% in 2007. Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	83.9%. Target setting method: 10% improvement.	83.8% BRFSS 2007	92.2% Target setting method: 10% improvement	BRFSS

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

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 6	Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. (6.1) Individuals: medical care, dental care, or prescription medicines (6.2) Individuals: medical care (6.3) Individuals: dental care (6.4) Individuals: prescription medicines	(6.1) 10.0% in 2007 (6.2) 4.7% in 2007 (6.3) 5.5% in 2007 (6.4) 3.1% in 2007 Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	(6.1) 9.0% (6.2) 4.2% (6.3) 5.0% (6.4) 5.5% Target setting method: 10% improvement.	(6.1) Not Available (6.2) 17.4% of adults delay seeing MD because of lack of money (6.3) Not Available (6.4) Not Available ARCHES 2007	(6.2) 15.7% Target setting method: 10% improvement. Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
AHS 7	(Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.	Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
AHS 8	(Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services (8.1) Population covered by basic life support (8.2) Population covered by advanced life support	(8.1) Potential data source: National EMS Information System (NEMSIS). (8.2) Potential data source: National EMS Information System (NEMSIS).	Not Available	100% All Arkansas counties are covered by either ambulance services or air medical services	Continue to meet this goal.	EMS Section

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 9	(Developmental) Reduce the proportion of hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe (9.1) (Developmental) All Visits (9.2) (Developmental) Level 1: Immediate (9.3) (Developmental) Level 2: Emergent (9.4) (Developmental) Level 3: Urgent (9.5) (Developmental) Level 4: Semiurgent (9.6) (Developmental) Level 5: Nonurgent	Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.	Not Available	Not Available	Not Available	Not Available
AOCBC 1	Reduce the mean level of joint pain among adults with doctor-diagnosed arthritis.	5.6 (U.S.) was the mean level of joint pain on a visual analog scale of 0 (no pain) to 10 (pain as bad as it can be) among adults aged 18 years and older with doctor-diagnosed arthritis in 2006 (age adjusted to the year 200 standard population).	Target setting method: 10 percent improvement National Health Interview Survey, CDC, NCHS	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	Not Available
AOCBC 2	Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.	39.4% of adults aged 18 years and older with doctor-diagnosed arthritis experienced a limitation in activity due to arthritis or joint symptoms in 2008 (age adjusted to the year 2000 standard population).	35.5% Target setting method: 10 percent improvement National Health Interview Survey, CDC, NCHS	30.0% BRFSS 2004	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS

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

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

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AOCBC 7	Increase the proportion of adults with doctor-diagnosed arthritis who receive health care provider counseling. (7.1) For weight reduction among overweight and obese persons. (7.2) For physical activity or exercise.	(7.1) 41.25% of overweight and obese adults aged 18 years and older with doctor-diagnosed arthritis received health care provider counseling for weight reduction in 2006 (age adjusted to the year 2000 standard). (7.2) 52.2% of overweight and obese adults aged 18 years and older with doctor-diagnosed arthritis received health care provider counseling for physical activity or exercise in 2006 (age adjusted to the year 2000 standard).	(7.1) 45.3% Target setting method: 10% improvement (7.2) 57.4% Target setting method: 10% improvement	(7.1) 23.6% (7.2) 43.8% BRFSS 2004	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS
AOCBC 8	Increase the proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition.	10.6% of adults aged 18 years and older with doctor-diagnosed arthritis had effective, evidence-based arthritis education as an integral part of the management of their condition in 2006 (age adjusted to the year 2000 standard).	11.7% Target setting method: 10% improvement	10.6% BRFSS 2004	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS
AOCBC 9	Increase the proportion of adults with chronic joint symptoms who have seen a health care provider for their symptoms.	72.0% of adults aged 18 years and older with chronic joint symptoms saw a health care provider for their symptoms in 2008 (age adjusted to the year 2000 standard).	79.2% Target setting method: 10% improvement	74.1% BRFSS 2004	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AOCBC 10	Reduce the proportion of adults with osteoporosis.	5.9% of adults aged 50 years and older had osteoporosis in 2005-08 (age adjusted to the year 2000 standard population).	Target 5.3% Target setting method: 10% improvement	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS
AOCBC 11	Reduce hip fractures among older adults. (11.1) Females aged 65 years and older. (11.2) Males aged 65 years and older.	(11.1) 823.5 hospitalizations per 100,000 for hip fractures per 1000,000 females aged 65 years and older (age adjusted to the year 2000 standard population) occurred in 2007. (11.2) 418.4 hospitalizations per 100,000 for hip fractures per 1000,000 males aged 65 years and older (age adjusted to the year 2000 standard population) occurred in 2007.	(11.1) Target 741.2 hospitalizations per 100,000 population Target setting method: 10% improvement (11.2) 418.4 hospitalizations for hip fractures per 100,000 population	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS
AOCBC 12	Reduce activity limitation due to chronic back conditions.	30.7 adults per 1,000 population aged 18 years and older experienced activity limitation due to chronic back conditions in 2088 (age adjusted to the year 2000 standard population).	Target: 27.6 adults per 1,000 population	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS
C 1	Reduce the overall cancer death rate.	178.4 deaths per 100,000 in 2007. Data source: National Vital Statistics System (NVSS), CDC, NCHS	160.6 deaths per 100,000. Target setting method: 10% improvement.	200.2 per 100,000 ADH Query System, ICD – 10 Cause of Death Reports 2007	180.2 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD – 10 Cause of Death Reports

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

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 8	Reduce the melanoma cancer death rate.	2.7 deaths per 100,000 in 2007. Data source: NVSS, CDC, NCHS.	2.4 deaths per 100,000. Target setting method: 10% improvement.	2.6 per 100,000 ADH Query System, ICD – 10 Cause of Death Reports 2007	2.3 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD – 10 Cause of Death Reports
C 9	Decrease incidence of invasive colorectal cancer.	45.4 new cases per 100,000 in 2007. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	38.6 new cases per 100,000. Target setting method: Modeling/projection.	45.3 per 100,000 2007 Arkansas Cancer Registry Query System	40.8 per 100,000 Target setting method: 10% improvement 2003 – 2007 Invasive Cancer Incidence, Colorectal n = 7503, age adj. rate: 48.8 / 100,000	Arkansas Cancer Registry Query System
C 10	Decrease incidence of invasive uterine cervical cancer.	7.9 new cases per 100,000 in 2007. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	7.1 new cases per 100,000. Target setting method: 10% improvement	9.7 per 100,000 2007 Arkansas Cancer Registry Query System	8.7 per 100,000 Target setting method: 10% improvement 2003 – 2007 Invasive Cancer Incidence, Cervix Uteri n = 698, age adj. rate: 9.8 / 100,000	Arkansas Cancer Registry Query System

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

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 13	Increase the proportion of cancer survivors who are living 5 years longer after diagnosis.	66.2% in 2007. Data source: Surveillance Epidemiology and End Results (SEER) Program, NIH, NCI.	72.8%. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
C 14	(Developmental) Increase the mental and physical health-related quality of life of cancer survivors.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
C 15	Increase the proportion of women aged 18 years and older who receive a cervical cancer screening based on the most recent guidelines.	84.5% of women aged 21 to 65 years. Data source: NHIS, CDC, NCHS.	93.0%. Target setting method: 10% improvement.	80.8% BRFSS 2008	88.9% Target setting method: 10% improvement	BRFSS
C 16	Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.	54.2% in 2008. Data source: NHIS, CDC, NCHS.	70.5%. Target setting method: Modeling/projection.	55.3% BRFSS 2008	60.8% Target setting method: 10% improvement	BRFSS
C 17	Increase the proportion of women aged 40 years and older who have received a breast cancer screening based on the most recent guidelines.	73.7% of females aged 50 to 74 years. Data source: NHIS, CDC, NCHS.	81.1%. Target setting method: 10% improvement.	70.9% BRFSS 2008	78.0% *BRFSS questionnaire may change due to 2009 US Preventive Service breast cancer screening guidelines. Target setting method: 10% improvement	BRFSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 18	(18.1) Increase the proportion of women counseled by their providers about mammograms. (18.2) Increase the proportion of women counseled by their providers about Pap tests. (18.3) (Developmental) Increase the proportion of adults who were counseled by their providers about colorectal cancer screening.	(18.1) 69.8% in 2008. Data source: NHIS, CDC, NCHS. (18.2) 59.8% in 2008. Data source: NHIS, CDC, NCHS. (18.3) Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	(18.1) 76.8%. Target setting method: 10% improvement. (18.2) 65.8%. Target setting method: 10% improvement. (18.3) Not available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
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.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 20	<p>(20.1) (Developmental) Reduce the proportion of adolescents in grades 9 – 12 who report sunburn.</p> <p>(20.2) (Developmental) Reduce proportion of adults aged 18 years and older who report sunburn</p> <p>(20.3) (Developmental) Reduce proportion of adolescents in grades 9-12 who report using artificial sources of ultraviolet light for tanning.</p> <p>(20.4) Reduce the proportion of adults aged 18 and above who report using artificial sources of ultraviolet light for tanning.</p> <p>(20.5) Increase the proportion of adolescents in grades 9-12 who followed protective measures that may reduce the risk of skin cancer.</p> <p>(20.6) Increase the proportion of adults aged 18 years and older who follow protective measures that may reduce risk of skin cancer.</p>	<p>(20.1) Potential data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC.</p> <p>(20.2) Potential data source: National Health Interview Survey (NHIS), NCHS, CDC.</p> <p>(20.3) 15.6% in 2009. Data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC.</p> <p>(20.4) 15.2% in 2008. Data source: NHIS, NCHS, CDC.</p> <p>(20.5) 9.3% in 2009. Data source: YRBSS, CDC.</p> <p>(20.6) 72.8% in 2008. Data source: NHIS, CDC, NCHS.</p>	<p>(20.1) Not available</p> <p>(20.2) Not Available</p> <p>(20.3) 14.0%. Target setting method: 10% improvement.</p> <p>(20.4) 13.7%. Target setting method: 10% improvement.</p> <p>(20.5) 11.2%; Target setting method: 20% improvement.</p> <p>(20.6) 80.1%. Target setting method: 10% improvement.</p>	<p>(20.1) Not Available</p> <p>(20.2) Not Available</p> <p>(20.3) Not Available</p> <p>(20.4) Not Available</p> <p>(20.5) Not Available</p> <p>(20.6) Not Available</p>	<p>Potential objective. Currently no data, but an opportunity for data collection in the future</p>	<p>Potential data source: BRFSS, YRBSS</p>
CKD 1	Reduce the proportion of the Arkansas population with chronic kidney disease.	15.1% of the U.S. population had CKD in 1999-2004. Data source: NHANES, CDC, NCHS.	13.6%. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
CKD 2	Increase the proportion of persons with chronic kidney disease (CKD) who know they have impaired renal function.	7.3% in 1999-2004. Data source: NHANES, CDC, NCHS.	11.3%	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
CKD 4	Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical evaluation. (4.1) Increase the proportion of persons with chronic kidney disease who receive medical evaluation with serum creatinine, lipids, and microalbuminuria. (4.2) Increase the proportion of persons with type 1 or type 2 diabetes and chronic kidney disease who receive medical evaluation with serum creatinine, microalbuminuria, HbA1c, lipids, and eye examinations.	(4.1) 25.8% in 2007 (4.2) 23.1% in 2007 Data source: U.S. Renal Data System, NIH, NIDDK.	(4.1) 28.4% (4.2) 25.4% Target setting method: 10 % improvement	USRDS have not run power analyses on the HP 2020 objective that utilize the 5% Medicare sample to see if reporting objectives CKD-4, CKD-5, and D-12 by state would be possible. They will look into this further as they develop the HP 2020 chapter for the 2011 ADR in the coming months.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
CKD 5	Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical treatment with angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBS).	54.6% in 2007. Data source: U.S. Renal Data System, NIH, NIDDK.	60.6%. Target setting method: 10% improvement.	USRDS have not run power analyses on the HP 2020 objective that utilize the 5% Medicare sample to see if reporting objectives CKD-4, CKD-5, and D-12 by state would be possible. They will look into this further as they develop the HP 2020 chapter for the 2011 ADR in the coming months.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
CKD 6	<p>Improve cardiovascular care in persons with chronic kidney disease.</p> <p>(6.1) Reduce the proportion of persons with chronic kidney disease who have elevated blood pressure.</p> <p>(6.2) Reduce the proportion of persons with chronic kidney disease who have elevated lipid levels.</p>	<p>(6.1) 74.1% in 1999-2004 (6.2) 29.6% in 1999-2004 Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.</p>	<p>(6.1) 66.7% (6.2) 26.6% Target setting method: 10% improvement</p>	Not Available	<p>Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	Not Available
CKD 7	<p>Reduce the death rate among people with chronic kidney disease.</p>	<p>2.5 deaths per 100 person years in 1988-2006. Data source: NHANES, CDC, NCHS; National Death Index, CDC, NCHS.</p>	Not Available	Not Available	<p>Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	Possible Source USRDS
CKD 8	<p>Reduce the rate of new cases of end-stage renal disease (ESRD).</p>	<p>353.8 new cases per million population in 2007. Data source: U.S. Renal Data System, NIH, NIDDK.</p>	<p>318.5 new cases per million population. Target setting method: 10% improvement.</p>	<p>361.9 per million population USRDS 2008</p>	<p>325.7 Target setting method: 10% improvement</p>	USRDS
CKD 9	<p>Reduce kidney failure due to diabetes.</p> <p>(9.1) Reduce kidney failure due to diabetes</p> <p>(9.2) Reduce kidney failure due to diabetes among persons with diabetes</p>	<p>(9.1) 154.7 per million population in 2007 (9.2) 2,637.9 persons per million population in 2007 Data source: U.S. Renal Data System, NIH, NIDDK.</p>	<p>(9.1) 139.2 million (9.2) 2,374.1 per million population Target setting method: 10% improvement.</p>	<p>(9.1) 199.7 per million (9.2) 216.5 per 100,000 diabetic population USRDS 2007</p>	<p>(9.1) 179.1 (9.2) 194.7 Target setting method: 10% improvement</p>	USRDS



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



Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
D 3	Reduce the diabetes death rate.	73.1 deaths per 100,000 population in 2007. Data source: National Vital Statistics System (NVSS), CDC, NCHS.	65.8 deaths per 100,000 population; Target setting method: 10% improvement.	67.8 per 100,000-age adjusted 2007 Mortality	61.0 Target setting method: 10% improvement	Vital Statistics Mortality Data
D 4	Reduce the rate of lower extremity amputations in persons with diabetes.	3.5 per 1,000 population in 2005-07. Data sources: National Hospital Discharge Survey (NHDS), CDC, NCHS; National Health Interview Survey (NHIS), CDC, NCHS.	Not Available Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.	3.6 per 1,000 population Hospital Discharge Data 2007	3.2 Target setting method: 10% improvement	Hospital Discharge Data
D 5	Improve glycemic control among the population with diagnosed diabetes: (5.1) Reduce the proportion of the diabetic population with an A1c value greater than 9 percent. (5.2) Increase the proportion of the diabetic population with an A1c value less than 7 percent.	(5.1) 16.2% in 2005-08 (5.2) 53.5% in 2005-08 Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	(5.1) 14.6% (5.2) 58.9% Target setting method: 10% improvement.	(5.1) 26.5% (5.2) 35.5% ARCHES 2007	(5.1) 23.8% (5.2) 39.0% Potential objective. Currently no data, but an opportunity for data collection in the future. Target setting method: 10% improvement	Not Available
D 6	(Developmental) Improve lipid control among the population with diagnosed diabetes.	Potential data source: NHANES, CDC, NCHS.	Not Available	56.6% ARCHES 2007 (Known diabetics whose LDL is less than 100)	62.3% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
D 7	Increase the proportion of the population with diagnosed diabetes whose blood pressure is under control.	51.8% in 2005-08. Data source: NHANES, CDC, NCHS.	57.0% Target setting method: 10% Improvement	37.2% ARCHES 2007 (Known diabetics whose blood pressure is less than 130/80)	40.9% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
D 8	Increase the proportion of persons with diabetes who have at least an annual dental examination	55.6% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	61.2%; Target setting method: 10% improvement.	63.1% BRFSS 2006, 2008	69.4% Target setting method: 10% improvement	BRFSS
D 9	Increase the proportion of adults with diabetes who have at least an annual foot examination	68.0% in 1008. Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.	74.8% Target setting method: 10% improvement.	61.4% BRFSS 2003-2007	67.5% Target setting method: 10% improvement	BRFSS
D 10	Increase the proportion of adults with diabetes who have an annual dilated eye examination	53.4% in 2008; Data source: National Health Interview Survey (NHIS), CDC, NCHS	58.7% Target setting method: 10% improvement	63.8 % BRFSS 2003-2007	70.2% Target setting method: 10% improvement	BRFSS
D 11	Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year.	64.6% in 2008. Data source: Behavioral Risk Factor Surveillance System, CDC, NCCDPHP.	71.1%. Target setting method: 10% improvement.	89.9% BRFSS 2003-2007	98.9% Target setting method: 10% improvement	BRFSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
D 12	Increase the proportion of persons with diabetes who obtain an annual urinary microalbumin measurement.	33.6% in 2007; Data source: U.S. Renal Data System, NIH, NIDDK	37.0%. Target setting method: 10% improvement.	USRDS have not run power analyses on the HP 2020 objective that utilize the 5% Medicare sample to see if reporting objectives CKD-4, CKD-5, and D-12 by state would be possible. They will look into this further as they develop the HP 2020 chapter for the 2011 ADR in the coming months.	Not Available	USRDS
D 13	Increase the proportion of adults with diabetes who perform self-blood-glucose-monitoring at least once daily.	64.0% in 2008. Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.	70.4%. Target setting method: 10% improvement.	91.5% BRFSS 2003-2007	95% Target setting method: 5% improvement	BRFSS
D 14	Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.	56.8% in 2008. Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.	62.5%. Target setting method: 10% improvement.	49.5% BRFSS 2003-2007	54.5% Target setting method: 10% improvement	BRFSS
D 15	Increase the proportion of adults with diabetes whose condition has been diagnosed	72.8% in 2005-08. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	80.1%. Target setting method: 10% improvement.	76.7% ARCHES 2007	84.4% Target setting method: 10% improvement. Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
D 16	<p>Increase prevention behaviors in persons at high risk for diabetes with pre-diabetes.</p> <p>(16.1) Increase the proportion of persons at high risk for diabetes with pre-diabetes who report increasing their levels of physical activity.</p> <p>(16.2) Increase the proportion of persons at high risk for diabetes with pre-diabetes who report trying to lose weight.</p> <p>(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.</p>	<p>Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.</p> <p>(16.1) 44.6% in 2005-08 (16.2) 50.5% in 2005-08 (16.3) 48.5% in 2005-08</p>	<p>(16.1) 49.1% (16.2) 55% (16.3) 53.4%</p> <p>Target setting method: 10% improvement.</p>	<p>Not Available currently. Will be available with 2011 BRFSS.</p>	<p>Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	<p>BRFSS</p>

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 2	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. (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. (2.2) Increase the number of State and the District of Columbia health departments that conduct health surveillance for caregivers of people with disabilities. (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.	(2.1) 0 States and the District of Columbia had health promotion programs for caregivers in 2010. Data source: Periodic Assessment of State Health Promotion Programs, CDC, NCBDDD. (2.2) Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch. (2.3) Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.	(2.1) 16 States and the District of Columbia. Target setting method: Consistency with other programs.	Arkansas meets this goal through Partners for Inclusive Communities.	Continue to meet this goal.	ADH
DH 3	Increase the proportion of U.S. master of public health (M.P.H.) programs that offer graduate-level courses in disability and health.	Potential data source: Periodic Assessment of Schools of Public Health Courses, CDC, NCBDDD.	Not Available	100% (COPH has a Children with Special Health Care Needs Class)	Continue to meet this goal.	Survey of masters of public health programs
DH 4	Reduce the proportion of people with disabilities who report delays in receiving primary and periodic preventive care due to specific barriers.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	NHIS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 5	Increase the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric to adult health care.	41.2% of youth with special health care needs had health care providers who discussed transition planning from pediatric to adult health care in 2005–06. Data source: National Survey of Children with Special Health Care Needs (NS-CSHN), HRSA, Data Resource Center for Children and Adolescent Health.	45.3% Target setting method: 10% improvement.	Arkansas rate 33.1% National Survey of CSHCN 2005-2006	Support DDS CMS goal, once set by them.	DDS CMS
DH 7	Reduce the proportion of older adults with disabilities who use inappropriate medications.	Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ, Center for Financing, Access, and Cost Trends (CFACT).	Not Available	Not Available	Currently no data, but an opportunity for data collection in the future.	MEPS
DH 8	(Developmental) Reduce the proportion of people with disabilities who report physical or program barriers to local health and wellness programs.	Potential data source: National Health Interview Survey (NHIS) Supplement, CDC, NCHS.	Not Available	Not Available	Currently no data, but an opportunity for data collection in the future.	Not Available
DH 9	Reduce the proportion of people with disabilities who encounter barriers to participating in home, school, work, or community activities.	Potential data source: National Health Interview Survey (NHIS) Supplement, CDC, NCHS.	Not Available	Percent of disabled people who reported not being able to do what they want because of physical barriers at least once in the last 30 days (BRFSS): 2009—74.5%	67.0% Target setting method: 10% improvement	BRFSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 10	(Developmental) Reduce the proportion of people with disabilities who report barriers to obtaining assistive devices, service animals, technology services, and accessible technologies they need.	Potential data source: National Health Interview Survey Supplement, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
DH 12	Reduce the number of people with disabilities living in congregate care residences. (12.1) Reduce the number of adults with disabilities (aged 22 years and older) living in congregate care residences that serve 16 or more persons. (12.2) Reduce the number of children and youth with disabilities (aged 21 years and under) living in congregate care facilities.	(12.1) 57,462 adults (aged 22 years and older) with disabilities lived in congregate care residences that served 16 or more persons in 2008. Data source: Survey of State Developmental Disabilities Directors, University of Minnesota (12.2) 28,890 children and youth (aged 21 years and under) with disabilities lived in congregate care facilities in 2009. Data source: Survey of State Developmental Disabilities Directors, University of Minnesota.	(12.1) 31,604 adults. Target setting method: Modeling/projection. (12.2) 26,001 children and youth with disabilities. Target setting method: 10% improvement.	In Arkansas, on June 30, 2010 1062 people were in Human Development Centers and 204 were in the 4 large private Intermediate Care Facilities (APF, Brownwood, Easter Seals, and Millcreek). DHS	Reduce the number of disabled people living in congregate care residences to 1140 total Target setting method: 10% improvement	DHS
DH 13	(Developmental) Increase the proportion of people with disabilities who participate in social, spiritual, recreational, community, and civic activities to the degree that they wish.	Potential data source: National Health Interview Survey Supplement, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 14	Increase the proportion of children and youth with disabilities who spend at least 80 percent of their time in regular education programs.	56.8% of children and youth with disabilities spent at least 80 percent of their time in regular education classrooms in 2007–08. Data source: Individuals with Disabilities Education Act (IDEA) database, DoED, Office of Special Education.	73.8% Target setting method: Modeling/projection.	53.1% IDEA Data and Research Office at UALR	58.4% Target setting method: 10% improvement	IDEA Data and Research Office at UALR
DH 15	Reduce unemployment among people with disabilities.	14.5% in 2009 Current Population Survey (CPS), DOL, BLS	13.1% Target setting method: 10 percent improvement	Percent of disabled persons between 18 and 64 years old who reported being unemployed 2008-2009 6.9% BRFSS	6.2% Target setting method: 10% improvement	BRFSS
DH 16	Increase employment among people with disabilities.	19.2% in 2009 Current Population Survey (CPS), DOL, BLS	21.2% Target setting method: 10% improvement.	Percent of disabled persons between 18 and 64 years old who reported being employed 2008-2009 41.4% BRFSS	45.5% Target setting method: 10% improvement	BRFSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 17	Increase the proportion of adults with disabilities reporting sufficient social and emotional support. (BRFSS Questions: Are you limited in any way in any activities because of physical, mental, or emotional problems? Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? How often do you get the social and emotional support you need? (always or usually is considered sufficient support)	69.5% of adults with disabilities reported sufficient social and emotional support in 2008. Data source: Behavioral Risk Factor Surveillance system (BRFSS), CDC, NCCDPHP.	76.5% Target setting method: 10% improvement.	66.6% BRFSS 2009	73.3% Target setting method: 10% improvement	BRFSS



Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 18	<p>Reduce the proportion of people with disabilities who report serious psychological distress.</p> <p>BRFSS Questions: Are you limited in any way in any activities because of physical, mental, or emotional problems? Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? During the past 30 days about how often did you feel so depressed that nothing could cheer you up? During the past 30 days about how often did you feel restless or fidgety? About how often during the past 30 days did you feel nervous-would you say? About how often during the past 30 days did you feel hopeless-would you say? During the past 30 days about how often did you feel worthless? During the past 30 days about how often did you feel that everything was an effort?</p>	<p>Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.</p>	Not Available	<p>BRFSS 2007 Percent of disabled people who reported at least one mental health symptom (depression, restlessness, nervousness, hopelessness, worthlessness or that everything was an effort) all or most of the time in the last 30 days was 33.0%.</p> <p>Percent of disabled people who reported Serious Psychological Stress (Kessler scale) was 14.9%.</p>	<p>Reporting mental health symptom 29.7%, Serious Psychological Stress 13.4%, Target setting method: 10% improvement</p>	BRFSS
DH 19	<p>Reduce the proportion of people with disabilities who report on non-fatal unintentional injuries that require medical care.</p>	<p>Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.</p>	Not Available	Not Available	<p>Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	Not Available



Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
ECBP 1	(Developmental) Increase the proportion of preschools and Early Head Start programs that provide health education to prevent health problems in the following areas: (1.6) unhealthy dietary patterns (1.7) inadequate physical activity.	Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.	Not Available	All Early Head Start in Arkansas require health education on unhealthy dietary patterns and inadequate physical activity.	100% of Head Start Programs requiring health education on unhealthy dietary patterns and inadequate physical activity.	Arkansas Head Start
ECBP 8	(Developmental) Increase the proportion of worksites that offer an employee health promotion program to their employees. (8.1) Worksites with fewer than 50 employees. (8.2) Worksites with 50 or more employees. (8.3) Worksites with 50 to 99 employees. (8.4) Worksites with 100 to 249 employees. (8.5) Worksites with 250 to 749 employees. (8.6)Worksites with 750 or more employees.	Potential data source: National Survey of Employer-Sponsored Health Plans.	Not Available	Employers who offered health education classes, workshops, lectures, or special events in the past 12 months: 2008 (8.1, 8.2) 50 + (All) 45% (8.3) 50-99 38% (8.4) 100-249 42% (8.5, 8.6) 249+ 63%	(8.1) 49.5% (8.3) 41.8% (8.4) 46.2% (8.5) 69.3% Target setting method: 10% improvement	Survey of Employer Cardio-vascular Health Resources, Policies, and Programs (CVH Survey)
ECBP 9	(Developmental) Increase the proportion of employees who participate in employer-sponsored health promotion activities.	Potential data source: National Survey of Employer-Sponsored Health Plans.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available



Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
ECBP 10	Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, State agencies) providing population-based primary prevention services in the following areas: Nutrition, Physical Activity	Nutrition- Baseline: In 2008, 86.4% of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in nutrition. Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO). Physical Activity- Baseline: In 2008, 80.5% of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in physical activity. Data source: NACCHO.	Nutrition- Target: 94.7%. Target setting method: 10% improvement. Physical Activity- Target: 88.5%. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
EH 2	Increase use of alternative modes of transportation for work. (2.1) Trips made by bicycling. (2.2) Trips made by walking.	Data source: American Community Survey (ACS), U.S. Bureau of the Census. (2.1) Trips made to work via bicycle in 2008 was 0.5% (2.2) Trips made to work via walking in 2008 was 2.8%	(2.1) 0.6% (2.2) 3.1 % Target setting method: 10% improvement.	Bicycling 0.1% Walking 1.9% Alternative modes of transportation ACS 2009	Bicycling 1% Walking 4% Target setting method: Consensus	American Community Survey (ACS)

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
G 1	(Developmental) Increase the proportion of women with a family history of breast and/or ovarian cancer who receive genetic counseling	23.3% in 2005. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	25.6%. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
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.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
HC/HIT 1	(Developmental) Improve the health literacy of the population (1.1) Increase the proportion of persons who report their health care provider always gave them easy-to-understand instructions about what to do to take care of their illness or health condition (1.2) Increase the proportion of persons who report their health care provider always asked them to describe how they will follow the instructions (1.3) Increase the proportion of persons who report their health care providers' office always offered help in filling out a form	(1.1) Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ. (1.2) Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ. (1.3) Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	Not Available	Not Available	Not Available	Not Available



Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HC/HIT 2	Increase the proportion of persons who report that their health care providers have satisfactory communication skills. (2.1) Increase the proportion of persons who report that their health care provider always listened carefully to them (2.2) Increase the proportion of persons who report that their health care provider always explained things so they could understand them (2.3)Increase the proportion of persons who report that their health care provider always showed respect for what they had to say (2.4) Increase the proportion of persons who report that their health care provider always spent enough time with them	(2.1) 59% in 2007 (2.2) 60% in 2007 (2.3) 62% in 2007 (2.4) 49% in 2007 Data source: Medical Expenditure Panel Survey (MEPS), AHRQ	(2.1) 65% (2.2) 66% (2.3) 68.2% (2.4) 54% Target setting method: 10% improvement.	Had good communication with providers – adults on Medicare managed care: 75.7% Had good communication with providers – adults on Medicare fee for service: 71.5% Source: National Healthcare Quality Report, 2009 State Snapshots	Potential objective. Currently no data, but an opportunity for data collection in the future.	Agency for Healthcare Research and Quality (AHRQ) National Consumer Assessment of Healthcare Providers and Systems (CAHPS).
HC/HIT 3	Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted	Baseline: In 2007, 51.6% of persons reported that their health care providers always involved them in decisions about their health care as much as they wanted. Data source: Health Information National Trends Survey (HINTS), NIH, NCI.	Target: 56.8% Target setting method: 10% improvement.	Not Available	Not Available	Not Available
HC/HIT 4	(Developmental) Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health	Potential data source: Pew Internet and American Life Project, PEW.	Not Available	Not Available	Not Available	Not Available



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

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HC/HIT 7	Increase the proportion of adults who report having friends or family members whom they talk with about their health	Baseline: In 2007, 79.5% of adults reported having friends or family members that they talk to about their health. Data source: HINTS, NIH, NCI.	Target: 87.5% Target setting method: 10% improvement.	Not Available	Not Available	Not Available
HC/HIT 8	Increase the proportion of quality, health-related Websites (8.1) Increase the proportion of health-related Websites that meet three or more evaluation criteria disclosing information that can be used to assess information reliability (8.2) (Developmental) Increase the proportion of health-related Websites that follow established usability principles	(8.1)Baseline: In 2009, 52 percent of health-related Websites met three or more evaluation criteria disclosing information that can be used to assess information reliability. Data source: Office of Disease Prevention and Health Promotion survey, HHS. (8.2)Potential data source: Office of Disease Prevention and Health Promotion survey, HHS.	Target: 57.2% Target setting method: 10% improvement.	Not Available	Not Available	Not Available
HC/HIT 9	Increase the proportion of online health information seekers who report easily accessing health information	Baseline: In 2007, 37.3% of online health information seekers reported easily accessing health information. Data source: HINTS, NIH, NCI.	Target: 41.0% Target setting method: 10% improvement.	Not Available	Not Available	Not Available
HC/HIT 10	Increase the proportion of medical practices that use electronic health records	Baseline: In 2007, 25.0% of medical practices reported using electronic health records. Data source: NAMCS, CDC, NCHS.	Target: 27.5% Target setting method: 10% improvement.	Not Available	Not Available	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HC/HIT 11	(Developmental) Increase the proportion of meaningful users of health information technology (HIT)	Potential data source: Centers for Medicare and Medicaid Services (CMS) Update/Report on Meaningful Use.	Not available	Not Available	Not Available	Not Available
HC/HIT 12	(Developmental) Increase the proportion of crisis and emergency risk messages intended to protect the public's health that demonstrate the use of best practices	Potential data source: CDC Risk Communication Message Survey, CDC.	Not available	Not Available	Not Available	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HC/HIT 13	(Developmental) Increase social marketing in health promotion and disease prevention (13.1) Increase the proportion of State health departments that report using social marketing in health promotion and disease prevention programs (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 (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	(13.1) Potential data source: The National Public Health Information Coalition (NPHIC/CDC Cooperative Agreement Healthy People 2020 Survey), CDC (13.2) Potential data sources: National Survey of Public Health Competencies in Social Marketing: Survey of ASPH member schools and accredited MPH programs (Florida Prevention Research Center, University of South Florida). (13.3) Potential data sources: National Survey of Public Health Competencies in Social Marketing: Survey of ASPH member schools and accredited MPH programs (Florida Prevention Research Center, University of South Florida).	Not Available	Not Available	Not Available	Not Available
HDS 1	(Developmental) Increase overall cardiovascular health in the U.S. population	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Not Available	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 2	Reduce coronary heart disease deaths.	126.0 coronary heart disease deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population). Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.	100.8 deaths per 100,000 population. Target setting method: Projection (20% improvement).	149.9 deaths per 100,000 Notes: ICD-10 codes I20-I25; age-adjusted rate; 2007 data.	119.9 deaths/100,000 Target setting method: 20% improvement	ADH Health Statistics Branch
HDS 3	Reduce stroke deaths	42.2 stroke deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population). Data source: NVSS–M, CDC, NCHS.	33.8 deaths per 100,000 population. Target setting method: Projection (20% improvement).	57.3 deaths per 100,000 Notes: ICD-10 codes I60-I69; age-adjusted rate; 2007 data.	45.8 deaths/100,000 (Method: 20% improvement)	ADH Health Statistics Branch
HDS 4	Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.	92.9% of adults aged 18 years and older had their blood pressure measured within the preceding years and could state whether it was normal or high in 008 (age adjusted to the year 2000 standard population). Data source: National Health Interview Survey (NHIS), CDC, NCHS.	94.9% Target setting method: 2 percentage point improvement	94.9% Target setting method: 2 percentage point improvement.	Not Available	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 5	Reduce the proportion of persons in the population with hypertension. (5.1) Reduce the proportion of adults with hypertension. (5.2) Reduce the proportion of children and adolescents with hypertension.	(5.1) 29.9% of adults aged 18 years and older had high blood pressure/hypertension in 2005-08 (age adjusted to the year 2000 standard population). (5.2) 3.5% of children and adolescents aged 8 to 17 years had high blood pressure/ hypertension in 2005-08. Data source: NHANES, CDC, NCHS.	(5.1) 26.9% Target setting method: 10% improvement. (5.2) 3.2% Target setting method: 10% improvement.	(5.1) 42.8% (5.2) Not Available ARCHES 2007	38.5% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
HDS 6	Increase the proportion of adults who have their blood cholesterol checked within the preceding 5 years.	74.6% 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).	82.1% Target setting method: 10% improvement.	69.6% ARCHES 2007	76.9% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
HDS 7	Reduce the proportion of adults with high total blood cholesterol levels.	15.0% of adults aged 20 years and older had total blood cholesterol levels of 240mg/dL or greater in 2005-08 (age adjusted to the year 2000 standard population). Data source: NHANES, CDC, NCHS.	13.5% Target setting method: 10% improvement	12.1% ARCHES 2007 Note: High total cholesterol level ≥ 240	10.9% Target setting method: 10% Improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 8	Reduce the mean total blood cholesterol levels among adults.	197.7 mg/dL was the mean total blood cholesterol level for adults aged 20 years and older in 2005-08 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	177.9 mg/dL (mean). Target setting method: 10% improvement.	196.6 mg/dL Source: ARCHES 2007	176.9 mg/dL Target setting method: 10% improvement	Not Available
HDS 9	Increase the proportion of adults with prehypertension who meet the recommended guidelines for: (9.1) (Developmental) Body mass index (BMI) (9.2) (Developmental) Saturated fat consumption (9.3) (Developmental) Sodium intake (9.4) (Developmental) Physical activity (9.5) (Developmental) Moderate alcohol consumption	Potential data source: NHANES, CDC, NCHS.	Not Available	(9.1) 20.7% (9.2) 27.2% (9.3) 28.8% (9.4) Not Available (9.5) Not Available Source: ARCHES 2007	(9.1) 22.8% (9.2) 29.9% (9.3) 31.7% (9.4) Not Available (9.5) Not Available Potential objective. Currently no data, but an opportunity for data collection in the future Target setting method: 10% improvement	Not Available
HDS 10	Increase the proportion of adults with hypertension who meet the recommended guidelines for: (10.1) (Developmental) BMI (10.2) (Developmental) Saturated fat consumption (10.3) (Developmental) Sodium intake (10.4) (Developmental) Physical activity (10.5) (Developmental) Moderate alcohol consumption	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	(10.1) 12.8% BMI<25 (10.2) 26.0% <10% calories from saturated fats (10.3) 30.1% <2300mg sodium (10.4) Not Available (10.5) Not Available ARCHES 2007	(10.1) 14.1% (10.2) 28.6% (10.3) 33.1% (10.4) not available (10.5) not available Target setting method: 10% improvement	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 11	(Developmental) Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure.	70.4% of adults with high blood pressure/hypertension were taking the prescribed medications to lower their blood pressure in 2005-08 (age adjusted to the year 2000 standard population). Data source: NHANES, CDC, NCHS.	77.4% Target setting method: 10% improvement.	Not available	Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 12	Increase the proportion of adults with high blood pressure whose blood pressure is under control.	43.7% of adults aged 18 years and older with high blood pressure/hypertension had it under control in 2005-08 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	61.2% Target setting method: Projection (40% improvement).	37.5% ARCHES 2007	41.3% Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 13	(Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering management including lifestyle changes, and, if indicated, medication. (13.1) (Developmental) Cholesterol-lowering diet (13.2) (Developmental) Physical activity (13.3) (Developmental) Weight control (13.4) (Developmental) Prescribed drug therapy	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 14	(Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed LDL-cholesterol lowering management lifestyle changes and, if indicated, medication. (14.1) Cholesterol-lowering diet (14.2) Physical activity (14.3) Weight control (14.4) Prescribed drug therapy	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 15	(Developmental) Increase aspirin use as recommended among adults with no history of cardiovascular disease (15.1) (Developmental) Women aged 55 to 79 years (15.2) (Developmental) Men aged 45 to 79 years	Potential data source: National Ambulatory Medical Care Survey (NAMCS)/National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.	Not Available	Not Available	Not Available	Not Available
HDS 16	Increase the proportion of adults aged 20 years and older who are aware of, and respond to, early warning symptoms and signs of a heart attack.	39.2% of adults aged 20 years and older were aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9-1-1 or another emergency number in 2008 (age adjusted to the year 2000 standard population). Data source: National Health Interview Survey (NHIS), CDC, NCHS.	43.1% Target setting method: 10% improvement.	11.4% BRFSS 2007	13.7% Target setting method: 20% improvement based on projection	BRFSS-Heart Attack and Stroke module

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 17	Increase the proportion of adults aged 20 years and older who are aware of and respond to early warning signs of a stroke.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	17.1% Note: question is asked among adults ages 18 and older. Question regarding 911 as a first response addresses both stroke and heart attack. Excludes persons who do NOT correctly identify decoy symptom. BRFSS 2007	20.5% Target setting method: 20% improvement based on trends 2003=14.9% 2007=17.1% 14.8%↑	BRFSS-Heart Attack and Stroke Module
HDS 18	(Developmental) Increase the proportion of out-of-hospital cardiac arrests in which appropriate bystander and emergency medical services (EMS) were administered	Potential data source: National Emergency Medical Services Information System (NEMSIS), National Highway Traffic Safety Administration (NHTSA), Department of Transportation (DOT).	Not Available	Not Available	Not Available	Not Available
HDS 19	Increase the proportion of eligible patients with heart attacks or stroke who receive timely artery-opening therapy as specified by current guidelines.	Baseline: 68.3% of eligible heart attack patients received fibrinolytics within 30 minutes of hospital arrival in 2009.	Target: 75.1% Target setting method: 10% improvement. Target: 97.5% Target setting method: 10% improvement.	Not Available	15.1% Target Setting method: 10% improvement	Being developed through Stroke Registry

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 20	(Developmental) Increase the proportion of adults with coronary heart disease or stroke who have their low-density lipoprotein (LDL) cholesterol level at or below recommended levels (20.1) (Developmental) Increase the proportion of adults with coronary heart disease who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels (20.2) (Developmental) Increase the proportion of adults who have had a stroke who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	(20.1) 46.8% (20.2) 44.4% ARCHES 2007	(20.1) 51.5% (20.2) 48.8% Target setting method: 10% improvement. Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 21	(Developmental) Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events.	(Developmental) Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events.	Not Available	60.5% use aspirin ARCHES 2007	66.5% Target setting method: 10% improvement. Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 22	(Developmental) Increase the proportion of adult heart attack survivors who are referred to a cardiac rehabilitation program at discharge.	Potential data source: Acute Coronary Treatment and Intervention Outcomes Network Registry— <i>Get with the Guidelines</i> (ACTION Registry-GWTG), American College of Cardiology Foundation and American Heart Association.	Not Available	18.9% ARCHES 2007	37.8% Target setting method: Doubling. Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
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— <i>Get with the Guidelines</i> Program—Stroke Module (GWTG-Stroke), American Heart Association/American Stroke Association.	Not Available	23.6% ARCHES 2007	47.2% Target setting method: Doubling. Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 24	(Developmental) Reduce hospitalizations of older adults with heart failure as the principle diagnosis.	Baseline: 9.8 hospitalizations for heart failure per 1,000 population aged 65 to 74 years occurred in 2007. Baseline: 22.4 hospitalizations for heart failure per 1,000 population aged 75 to 84 years occurred in 2007. Baseline: 42.9 hospitalizations for heart failure per 1,000 population aged 85 years and older occurred in 2007. Data source: Chronic Conditions Warehouse (CCW), CMS.	Target: 8.8 hospitalizations per 1,000 population. Target: 20.2 hospitalizations per 1,000 population. Target: 38.6 Hospitalizations per 1,000 population. Target setting method: 10% improvement.	21.5 HF hospitalizations per 1,000 AR adults ages 65+	16.5 hospitalizations/ 1,000 adults ages 65+ Target setting method: 20% improvement Trend: 2004=26.1 hosp. per 1,000 2005=24.9 hosp. per 1,000 2006=24.4 hosp. per 1,000 2007=22.2 hosp. per 1,000 2008=21.5 hosp. per 1,000 17.9%↓	Hospital Discharge Data System, HCUP State Inpatient Database 2004, HCUPnet
MHMD 3	Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight.	14.3% in 2009. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	12.9% Target setting method: 10% improvement.	16.6% YRBSS 2009	14.9% Target setting method: 10% improvement	YRBSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
MPS 2.1	(Developmental) Reduce the proportion of patients suffering from untreated pain due to a lack of access to pain treatment. (Developmental) Reduce the proportion of patients suffering from untreated pain due to a lack of access to pain treatment	Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
NWS 1	Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in childcare.	24 states had nutrition standards in 2006; Data sources: National Resource Center for Health and Safety in Child Care and Early Education, and child care licensing websites from each State government and the District of Columbia.	34 states (can include the District of Columbia). Target setting method: 1 State per year improvement (can include the District of Columbia).	Arkansas has set nutrition standards for all childcare.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Legislature/ Policy
NWS 2	Increase the percentage of schools that offer nutritious foods and beverages outside of school meals. (2.1) Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students. (2.2)Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold.	(2.1) 9.3% in 2006 (2.2) 6.6% in 2006 Data source: School Health Policies and Programs Study, CDC.	(2.1) 21.3% (2.2) 18.6% Target setting method: Modeled on previous data: 12% point increase.	28% of schools in Arkansas had nutrition policies for after school programs in 2009 (COPH Act 1220 evaluation)	30.8% Target setting method: 10% improvement	COPH Act 1220 annual evaluation

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 3	Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines.	8 States (including the District of Columbia) in 2009. Data sources: CDC State Indicator Report on Fruits and Vegetables.	18 States (can include the District of Columbia). Target setting method: Modeled on previous data; 1 state per year improvement (can include the District of Columbia).	Currently Arkansas does not have any policies.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Legislature/ Policy
NWS 5	Increase the proportion of primary care physicians who regularly measure the body mass index of their patients. (5.1) Increase the proportion of primary care physicians who regularly assess body mass index (BMI) in their adult patients. (5.2) Increase the proportion of primary care physicians who regularly assess body mass index (BMI) for age and sex in their child or adolescent patients.	(5.1) 48.7% in 2008 (5.2) 49.7% in 2008 Data source: National Survey on Energy Balance Related Care among Primary Care Physicians.	(5.1) 53.6% (5.2) 54.7% Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 06	<p>Increase the proportion of physician offices visits that include counseling or education related to nutrition or weight.</p> <p>(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.</p> <p>(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.</p> <p>(6.3) Increase the proportion of physician visits made by all child or adult patients that include counseling about nutrition or diet.</p>	<p>(6.1) 20.8% in 2007 (6.2) 28.9% in 2007 (6.3) 12.2% in 2007</p> <p>Data source: National Ambulatory Medical Care Survey, CDC, NCHS</p>	<p>(6.1) 22.9% (6.2) 31.8% (6.3) 15.2%</p> <p>Target setting method: 10% improvement</p>	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
NWS 7	(Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling.	Potential data source: A follow-up survey to the 204 National Worksite Health Promotion Survey.	Not Available	Employers who offer nutrition or weight control programs to employees 2008—34% 2002—18%	44.2% Target setting method: 30% improvement	Survey of Employer Cardio-vascular Health Resources, Policies, and Programs (CVH Survey)
NWS 8	Increase the proportion of adults who are at a healthy weight.	30.8% of persons ages 20 years and over were at a healthy weight in 2005-08. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	33.9% Target setting method: 10% improvement	33.4% of adult Arkansans are neither obese nor overweight BRFSS 2009	36.7% Target setting method: 10% improvement	BRFSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 9	Reduce the proportion of adults who are obese.	34.0% of persons ages 20 years and over were obese in 2005-08. Data source: NHANES, CDC, NCHS.	30.6%. Target setting method: 10% improvement	31.5% of adult Arkansans are obese BRFSS 2009	28.6% Target setting method: 10% improvement	BRFSS
NWS 10	Reduce the proportion of children and adolescents who are considered obese. (10.1) Children age 2 to 5 years. (10.2) Children age 6 to 11 years. (10.3) Adolescents aged 12 to 19 years. (10.4) Children and adolescents aged 2 to 19 years.	(10.1) 10.7% were considered obese in 2005-08. (10.2) 17.4% were considered obese in 2005-08. (10.3) 17.9% were considered obese in 2005-08. (10.4) 16.2% were considered obese in 2005-08. Data source: NHANES, CDC, NCHS.	(10.1) 9.6% children age 2 to 5 years. (10.2) 15.7% children age 6 to 11 years. (10.3) 16.1% children age 12 to 19 years (10.4) 14.6% children age 2 to 19 years. Target setting method: 10% improvement	AR Public School Students were obese in the 2009-2010 school year. All 21% obese Grade K 16% Grade 2 19% Grade 4 23% Grade 6 25% Grade 8 23% Grade 10 21%	All 18.9% Grade K 14.4% Grade 2 17.1% Grade 4 20.76% Grade 6 22.5% Grade 8 20.7% Grade 10 18.9% Target setting method: 10% improvement	ACHI
NWS 12	Eliminate very low food security among children.	1.3% of households with children had very low food security among children in 2008. Data source: Food Security Supplement to the Current Population Survey, U.S. Department of Commerce, Bureau of the Census.	0.2%. Target setting method: Consistent with the Department of Agriculture's policy to eliminate childhood hunger by 2015.	6.4% very low food security in Arkansas Household Food Security in the US 2009	5.8% Target setting method: 10% improvement	Household Food Security in the United States

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

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

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



Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 17	Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older. (17.1) Reduce consumption of calories from solid fats. (17.2) Reduce consumption of calories from added sugars. (17.3) Reduce consumption of calories from solid fats and added sugars.	(17.1) 18.9% was the mean percentage of total daily calorie intake in 2001-04 (17.2) 15.7% was the mean percentage of total daily calorie intake in 2001-04. (17.3) 34.6% was the mean percentage of total daily calorie intake in 2001-04 Data source: NHANES, CDC, NCHS and USDA, ARS	(17.1) 16.7% (17.2) 10.8% (17.3) 29.8% 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).	Percent of daily calories consumed by adults 18 and over: Solid fats 15.3% (Saturated fats 12.8%, Trans fats 2.5%) Added sugars 34.4% (Sucrose 19.7%, Fructose 15%) Combined solid fats and added sugar 49.7% ARCHES 2007	Percent of daily calories consumed by adults 18 and over: Solid fats 13.7% (Saturated fats 11.5%, Trans fats 2.2%) Added sugars 31.2% (Sucrose 17.7%, Fructose 13.5%) Combined solid fats and added sugar 44.9% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
NWS 18	Reduce consumption of saturated fat in the population aged 2 years and older.	11.3% was the mean percentage of total daily calorie intake provided by saturated fat for the population aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.	9.5% Target setting method: Evidence-based approach (Considered the baseline in relation to 2005 DGA recommendation, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).	Percent of daily calories consumed by adults 18 and over 12.8% ARCHES 2007	Percent of daily calories consumed by adults 18 and over 11.5%, Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

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

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 20	Increase consumption of calcium in the population aged 2 years and older.	1,118 milligrams of calcium from foods, dietary supplements and antacids, and drinking water was the mean total daily intake by persons aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.	1,300 milligrams. Target setting method: Evidence-based approach	For adults 18 and over 902 mg per day ARCHES 2007	For adults 18 and over 1,300mg per day. Target setting method: Evidence-based approach	Not Available
OA 03	(Developmental) Increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions.	Potential data source: Behavioral Risk Factor Surveillance System, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Possible source: BRFSS
OA 4	Increase the proportion of older adults who receive Diabetes Self-Management Benefits	2.2% in 2008. Data source: Medicare Claims Data, CMS.	2.4%. Target setting method: 10% improvement.	2.0% Medicare Claims 2008	2.2% Target setting method: 10% improvement	Medicare Claims Data
OA 5	Reduce the proportion of older adults who have moderate to severe functional limitations.	28.3% of older adults had moderate to severe functional limitations (age-adjusted) in 2007. Data source: Medicare Current Beneficiary Survey (MCBS), CMS.	25.5% Target setting method: 10% improvement.	22.3% of adults 65 and over reported needing the help of other persons to handle routine needs or to assist with personal care BRFSS 2003, 2004, 2005	20.1%, Target setting method: 10% improvement	BRFSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OA 6	<p>Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities.</p> <p>BRFSS Questions: What is your age? Are you limited in any way in any activities because of physical, mental or emotional problems? Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Because of any impairment or health problem do you need the help of other persons in handling your routine needs such as everyday household chores doing necessary business shopping or getting around for other purposes? Because of any impairment or health problem do you need the help of other persons with your personal care needs such as eating bathing dressing or getting around the house? During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?)</p>	<p>33.7% of older adults with reduced physical or cognitive function engaged in light, moderate, or vigorous leisure-time physical activities in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHS.</p>	<p>37.1%. Target setting method: 10% improvement.</p>	<p>35.2% of adults 65 and over with moderate to severe functional limitations (N = 388) reported participating in some exercise during the past month. BRFSS 2005</p>	<p>38.7% Target setting method: 10% improvement</p>	BRFSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OA 8	(Developmental) Reduce the proportion of noninstitutionalized Older adults with disabilities who have an unmet need for long-term services and supports	Potential data source: National health and Aging Trends Study (NHATS)	Not Available	Not Available	Not Available	Not Available
OA 11	Reduce the rate of emergency department visits due to falls among older adults.	5,235.1 emergency department visits per 100,000 due to falls occurred among older adults in 2007(age adjusted to year 2000 standard population). Data source: National Hospital Ambulatory Medical Care Survey, CDC, NCHS.	4,711.6 emergency department visits per 100,000 due to falls among older adults. Target setting method: 10 percent improvement.	Arkansas does not collect ED data currently. In 2009, among 65+ year olds, there were 152,923 inpatient episodes, of which 9,735 (636.6 per 10,000) were due to falls	573 per 10,000 inpatient episodes due to falls. Target setting method: 10% improvement	Inpatient visits
OH 1	Reduce the proportion of children who have dental caries experience in their primary or permanent teeth.	33.3% of children aged 3 to 5 years had dental caries experience in at least one primary tooth in 1999–2004. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	30.0% Target setting method: 10% improvement.	2010 Arkansas Oral Health Screening Report. 64% of children had evidence of past cavities, 2010	57.6% Target setting method: 10% improvement	2010 Arkansas Oral Health Screening Report.
OH 2	Reduce the proportion of children with untreated dental decay.	23.8% of children aged 3 to 5 years had untreated dental decay in at least one primary tooth in 1999–2004. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	21.4% Target setting method: 10% improvement.	Children with untreated caries = 29%, 2010 2010 Arkansas Oral Health Screening Report	26% Target setting method: 10% improvement	2010 Arkansas Oral Health Screening Report

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 3	Reduce the proportion of adults with untreated dental decay.	Baseline: 27.8% adults aged 35 to 44 years had untreated dental decay in at least one permanent tooth in 1999–2004. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Target: 25.0% Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity to collect data in the future.	Possible Source: BRFSS
OH 4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.	76.4% of adults aged 45 to 64 years have ever had a permanent tooth extracted because of dental caries or periodontitis in 1999–2004. Data source: NHANES, CDC, NCHS.	68.8% Target setting method: 10% improvement.	54% had tooth extracted due to dental disease, BRFSS 2008	48.6% Target setting method: 10% improvement	BRFSS
OH 5	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.	32.5% of oral and pharyngeal cancers were diagnosed at the localized stage (stage 1) in 2007. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	35.8% Target setting method: 10% improvement.	Oral cavity and pharynx cancer incidence: Stage I = 2.2 per 100,000, Stage II = 1.3 per 100,000 (2007 data) BRFSS, 2008	Stage I = 2 per 100,00 Stage II = 1.2 per 100,000 Target setting method: 10% improvement	Arkansas Central Cancer Registry – CancerCORE database, 2007
OH 6	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.	44.5% of persons aged 2 years and older had a dental visit in the past 12 months in 2007. Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	49.0% Target setting method: 10% improvement.	Adults – 64% visited dental clinic in past year for any reason BRFSS 2008	70.4% Target setting method: 10% improvement	BRFSS 2008

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 7	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.	26.7% of children and adolescents aged 2 to 18 years at or below 200 percent of the Federal poverty level received a preventive dental service during the past year in 2007.	29.4% Target setting method: 10% improvement.	27% of children on Medicaid participated in Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program , FY2006 2008 AR Medicaid Services Report - EPSDT Dental Utilization Rates	29.7% Target setting method: 10% improvement	2008 AR Medicaid Services Report - EPSDT Dental Utilization Rates
OH 8	Increase the proportion of school-based health centers with an oral health component that includes dental sealants.	24.1% of school-based health centers with an oral health component included dental sealants in 2007–08. Data source: School-based Health Care Census, National Assembly of School Based Health Care (NASBHC).	26.5% Target setting method: 10% improvement.	The Wakefield school-based dental clinic provided 7,330 dental sealants to 2,482 children over past 5-years: http://ualr.edu/children/index.php/future-smiles-dental-clinic/ (services provided over the past 5-years of the program 2006 – 2010)	Increase to 2 Target setting method: doubling	Office of Oral Health and UALR Children's International Program
OH 9	Increase the proportion of patients that receive oral health services at Federally Qualified Health Centers each year.	17.5% of patients at Federally Qualified Health Centers received oral health services in 2007	33.3% Target setting method: 90% improvement.	15.7% of all CHC patients receive dental services. Not all of the CHCs' locations provide dental services, 2009.	17.3% of CHC patients will receive dental services.	Community Health Centers of Arkansas

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 10	(Developmental) Increase the proportion of preschools and Head Start programs that provide health education to prevent health problems in the following areas: unintentional injury; violence; tobacco use and addiction; alcohol and drug use, unhealthy dietary patterns; and inadequate physical activity, dental health, and safety.	Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity to collect data in the future.	Not Available
OH 11	Increase the proportion of children who have received dental sealants on their molar teeth.	1.4% of children aged 3 to 5 years received dental sealants on one or more of their primary molars in 1999–2004. Data source: NHANES, CDC, NCHS.	1.5% Target setting method: 10% improvement.	Children screened had dental sealants on one or more tooth surfaces, 27%, 2010 2010 Arkansas Oral Health Screening Report	30% Target setting method: 10% improvement	2010 Arkansas Oral Health Screening Report
OH 12	Increase the proportion of the Arkansas population served by community water systems with optimally fluoridated water.	72.4% of the U.S. population served by community water systems received optimally fluoridated water in 2008. Data source: CDC Water Fluoridation Reporting System (WFRS), CDC, ONDIEH, NCCDPHP.	79.6% Target setting method: 10% improvement.	64.5%, 2008	70.9% Target setting method: 10% improvement	CDC
OH 13	(Developmental) Increase the proportion of adults who receive preventive interventions in dental offices.	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Adults – 62% had teeth cleaning in past year. BRFSS 2008	68% Target setting method: 10% improvement	BRFSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 14	(14.1)(Developmental) Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or smoking cessation in the past year. (14.2) (Developmental) Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year.	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS. (14.2) Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity to collect data in the future.	Possible data source: BRFSS
OH 15	Increase the number of States, and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams.	Potential data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).	Not Available	Completed	Continue to meet this goal	UAMS cleft lip and palate data center
OH 16	Increase the number of states with an oral and craniofacial health surveillance system	32 States had an oral and craniofacial health surveillance system in 2009. Data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).	51 (50 States and the District of Columbia). Target setting method: Total coverage (all 50 States and the District of Columbia).	Completed	Continue to meet this goal.	UAMS cleft lip and palate data center

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 17	Increase the number of health agencies that have a public dental health program directed by a dental professional with public health training.	23.4% of States (including the District of Columbia) and local health agencies that served jurisdictions of 250,000 or more persons had a dental public health program directed by a dental professional with public health training in 2009. Data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).	25.7%. Target setting method: 10% improvement.	Completed	Continue to meet this goal.	ADH Office of Oral Health

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
PA 2	<p>Increase the proportion of adults that meet current Federal physical activity guidelines for aerobic physical activity and for muscle strength training.</p> <p>(2.1) Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination.</p> <p>(2.2) Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination.</p> <p>(2.3) Increase the proportion of adults who perform muscle-strengthening activities on 2 or more days of the week.</p> <p>(2.4) Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity.</p>	<p>(2.1) 43.5% of adults in 2008</p> <p>(2.2) 28.4% of adults in 2008</p> <p>(2.3) 21.9% of adults in 2008</p> <p>(2.4) 18.2% of adults in 2008</p> <p>Data source: National Health Interview Survey, CDC, NCHS.</p>	<p>(2.1) 47.9%</p> <p>(2.2) 31.3%</p> <p>(2.3) 24.1%</p> <p>(2.4) 20.1%</p> <p>Target setting method: 10% improvement</p>	<p>Percent of adults that meet current guidelines for physical activity (BRFSS):</p> <p>2009—47.3%</p> <p>2007—45.9%</p> <p>2005—46.4%</p> <p>2003—45.3%</p> <p>2001—45.2%</p>	<p>49.4%</p> <p>Target setting method: trend</p>	BRFSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
PA 3	Increase the proportion of adolescents that meet current physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. (3.1) Aerobic physical activity. (3.2) (Developmental) Muscle-strengthening activity. (3.3) (Developmental) Aerobic physical activity and muscle-strengthening activity.	(3.1) 18.4%. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP. (3.2) Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP. (3.3) Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	20.1%. Target setting method: 10% improvement.	Percent Physically active at least 60 minutes per day 7 days per week: 2009—24.3% 2007—24.9% 2005—18.4%	26.7% Target setting method: 10% improvement	YRBSS
PA 5	Increase the proportion of adolescents who participate in daily school physical education.	33.3% of adolescents participated in daily school physical education in 2009. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	36.6%. Target setting method: 10% improvement.	22.7% of adolescents participated in daily school physical education YBRS 2009	24.97% Target setting method: 10% improvement	YBRSS
PA 6	Increase regularly scheduled elementary school recess in the United States. (6.1) Increase the number of States that require regularly scheduled elementary school recess. (6.2) Increase the proportion of school districts that require regularly scheduled elementary school recess.	Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP. (6.1) 7 states (6.2) 57.1%	Target setting method: 10% improvement. (6.1) 17 states (6.2) 62.8%	Not Available	Will support Child Health Advisory Committee (CHAC)	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
PA 7	Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time.	61.5%. Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.	67.7%. Target setting method: 10% improvement.	Not Available	Will support Child Health Advisory Committee (CHAC)	Not Available
PA 8	Increase the proportion of children and adolescents who do not exceed recommended limits for screen time. (8.1) Increase the proportion of children aged 0 to 2 years who view no television or videos on an average weekday. (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. (8.2.1) Children aged 2 to 5 years (8.2.2) Children and adolescents aged 6 to 14 years. (8.2.3) Adolescents in grades 9 through 12. 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 (8.3.1) Children aged 2 to 5 years. (8.3.2) Children aged 6 to 14 years. (8.3.3) Adolescents in grades 9 through 12.	(8.1) 40.6%. Data source: National Survey of Children's Health (NSCH), HRSA, MCHB. (8.2.1) 75.6% Data source: NHANES, CDC, NCHS. (8.2.2) 78.9%. Data source: NHANES, CDC, NCHS. (8.2.3) 67.2%. Data source: YRBSS, CDC, NCCDHP. (8.3.1) 97.4%. Data source: NHANES, CDC, NCHS. (8.3.2) 93.3%. Data source: NSCH, HRSA, MCHB. (8.3.3) 75.1%. Data source: YRBSS, CDC, NCCDPHP.	(8.1) 44.7% (8.2.1) 83.2% (8.2.2) 86.8% (8.2.3) 73.9% (8.3.1) Not Available (8.3.2) 100% (8.3.3) 82.6% Target setting method: 10% improvement.	Did not watch TV 3 or more hours per day on an average school day (YRBSS): 2009 - 63.6% 2007 - 65.7% Did not use computers 3 or more hours per day on an average school day (YRBS): 2009 - 79% 2007 - 81%	TV—69.9% Computer—86.9% Target setting method: 10% improvement	YRBSS

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
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).	28.8% in 2006. Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.	31.7%. Target setting method: 10% improvement.	This data is currently being collected in Arkansas.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Joint Use agreement funded sites as identified by ADE.
PA 11	Increase the proportion of physician office visits that include counseling or education related to physical activity. (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. (11.2) Increase the proportion of physician visits made by all child and adult patients that include counseling about exercise.	(11.1) 13.0% in 2007. Data source: National Ambulatory Medical Care Survey; CDC, NCHS. (11.2) 7.9% in 2007. Data source: National Ambulatory Medical Care Survey, CDC, NCHS.	(11.1) 14.3% (11.2) 8.7% Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
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.	Not Available	Employers that have a designated place for employees to walk. 2008 – 35% 2002 – 28% Employers that have an indoor exercise facility 2008 – 23% 2002 – 20% Estimated (by employer) percent of employees that use the indoor exercise facilities 2008 – 17% 2002 – Not Available Estimated (by employer) percent that use stairs 2008 – 22% 2002 – Not Available	Employers that have a designated place for employees to walk 38.5% Employers that have an indoor exercise facility 25.3% Estimated (by employer) percent of employees that use the indoor exercise facilities 18.7% Estimated (by employer) percent that use stairs 24.2% Target setting method: 10% improvement	Survey of Employer Cardio-vascular Health Resources, Policies, and Programs (CVH Survey)
PA 13	(Developmental) Increase the proportion of trips made by walking. (13.1) Adults aged 18 years and older, trips of one mile or less. (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).	Not Available	All trips, unknown Trips for Work, all ages, 1.9% ACS 2009	4% Target setting method: consensus	American Community Survey (ACS)

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
PA 14	(Developmental) Increase the proportion of trips made by bicycling. (14.1) Adults aged 18 years and older, trips of 5 mile or less. (14.2) Children and adolescents aged 5 to 15 years, trips to school of 2 miles or less	Potential Data source: National Household Travel Survey (NHTS), Department of Transportation (DOT), Federal Highway Administration (FHWA).	Not Available	All trips, unknown Trips for Work, all ages, 0.1% ACS 2009	1% Target setting method: consensus	American Community Survey (ACS)
RD 1	Reduce asthma deaths. (1.1) Children and adults under age 35 years. (1.2) Adults aged 35 to 64 years old. (1.3) Adults aged 65 years and older	(1.1) 3.4 asthma deaths per million. Data source: NVSS-M, CDC, NCHS. (1.2) 11.0 asthma deaths per million; Data source: NVSS-M, CDC, NCHS (1.3) 43.3 asthma deaths per million	Not Available; Target setting method: This measure is being tracked for informational purposes. (1.2) 6.0 deaths per million. Target setting method: Projection. (1.3) 22.9 deaths per million. Target setting method: Projection.	(1.1) 3.0 (1.2) 19.2 (1.3) 56.3 Mortality Data 2007	(1.1) 2.7 (1.2) 17.2 (1.3) 50.7 Target setting method: 10% improvement	Vital Statistics Mortality Data
RD 2	Reduce hospitalizations for asthma (2.1) Children under age 5 years. (2.2) Children and adults aged 5 to 64 years. (2.3) Adults aged 65 years and older	Data source: NHDS, CDC, NCHS (2.1) 41.4 hospitalizations per 10,000 (2.2) 11.1 hospitalizations per 10,000 (2.3) 25.3 hospitalizations per 10,000	Target setting method: Minimal statistical significance. (2.1) 18.1 hospitalizations per 10,000 (2.2) 8.6 hospitalizations per 10,000 (2.3) 20.3 hospitalizations per 10,000	(2.1) 247.7 (2.2) 94.1 (2.3) 171.4 Hospital Discharge 2007	(2.1) 222.9 (2.2) 84.7 (2.3) 54.3 Target setting method: 10% improvement	Hospital Discharge Data

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
RD 3	Reduce hospital emergency department visits for asthma. (3.1) Children under age 5 years (3.2) Children and adults aged 5 to 64 years. (3.3) Adults aged 65 years and older.	(3.1) 132.7 visits per 10,000 (3.2) 56.4 visits per 10,000 (3.3) 21.0 visits per 10,000 Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.	(3.1) 95.5 visits per 10,000 (3.2) 49.1 visits per 10,000 (3.3) 13.2 visits per 10,000 Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
RD 4	Reduce activity limitations among persons with current asthma.	12.7% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHA.	10.2%. Target setting method: Minimal statistical significance.	13.1% BRFSS 2007	11.8% Target setting method: 10% improvement	BRFSS
RD 5	Reduce the number of school- or workdays missed among persons with current asthma. (5.1) Reduce the proportion of children aged 5 to 17 years with asthma who miss school days. (5.2) Reduce the proportion of adults aged 18 to 64 years with asthma who miss work days.	(5.1) 58.7% in 2008 (5.2) 33.2% in 2008 Data source: NHIS, CDC, NCHS	(5.1) 48.7% (5.2) 26.8% Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
RD 6	Increase the proportion of persons with current asthma who receive formal patient education.	12.1% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	14.4%. Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

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

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
	with current asthma whose doctor assessed their asthma control in the past 12 months. (7.8) (Developmental) Adults with current asthma who have discussed with a doctor or other health professional whether their asthma was work related.					
RD 8	Increase the numbers of States, Territories, and the District of Columbia with a comprehensive asthma surveillance system for tracking asthma cases.	43 areas (41 states, the District of Columbia, and Puerto Rico) in 2009. Data source: National Asthma Control Program, NCEH, CDC.	47 areas. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
RD 9	Reduce activity limitations among adults with chronic obstructive pulmonary disease (COPD).	23.2% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	18.7%. Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
RD 10	Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.	112.4 COPD deaths per 100,000 in 2007. Data source: National Vital Statistics System--Mortality (NVSS--M), CDC, NCHS	98.5 deaths per 100,000. Target setting method: Projection.	80.2/100,000 population Mortality Data 2007	72.2/100,000 population Target setting method: 10% improvement	CDC Wonder
RD 11	Reduce hospitalizations for chronic obstructive pulmonary disease (COPD).	56.0 hospitalizations per 10,000 in 2007. Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.	50.1 hospitalizations per 10,000. Target setting method: Minimal statistical significance.	39.1 Hospital Discharge Data 2007	35.22.4 Target setting method: 10% improvement	Hospital Discharge Data
RD 12	Reduce hospital emergency department visits for chronic obstructive pulmonary disease (COPD).	79.6 visits per 10,000 in 2007. Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.	55.2 visits per 10,000. Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
RD 13	(Developmental) Increase the proportion of adults with abnormal lung function whose underlying obstructive disease has been diagnosed.	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
SA 15	Decrease the proportion of adults who drank excessively in the previous 30 days.	28.1% of adults aged 18 years and older reported that they drank excessively in the previous 30 days in 2008. Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA	25.3% Target setting method: 10% improvement.	11.3% (binge drinkers=males 5+ drinks/occasion or females 4+ drinks/occasion) BRFSS 2009	10.7% Target setting method: 10% improvement No statistically significant difference between 2006 and 2009.	BRFSS – Alcohol Consumption Section
STD 9	(Developmental) Reduce the proportion of females with human papillomavirus (HPV) infection.	Potential data sources: National Health and Examination Survey (NHANES), CDC, NCHS; National Health Interview Study (NHIS), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

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

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

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

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

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

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

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

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 13	<p>Establish laws in Sates, District of Columbia, territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites.</p> <p>(13.1) Private workplaces (13.2) Public workplaces (13.3) Restaurants (13.4) Bars (13.5) (Developmental) Gaming halls (13.6) Commercial daycare centers (13.7) Home-based daycare centers (13.8) Public transportation (13.9) Hotels and motels (13.10) Multiunit housing (13.11) Vehicles with children (13.12) Prisons and correctional facilities (13.13) (Developmental) Substance abuse treatment facilities (13.14) (Developmental) Mental health treatment facilities (13.15) (Developmental) Entrances and exits of all public places (13.16) (Developmental) Hospital campuses (13.17) (Developmental) College and university campuses</p>	<p>(13.1) 30 (29 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in private workplaces in 2009. (13.2) 34 (33 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in public workplaces in 2009. (13.3) 28 (27 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in restaurants in 2009. (13.4) 22 (21 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in bars in 2009. (13.5) Not Available (13.6) 38 (37 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in private workplaces in 2009. (13.7) 37 (36 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in home-based daycares in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.8) 38 (37 States and</p>	<p>(13.1) 51 (50 states and the District of Columbia) Target setting method: Total coverage (13.2) 51 (50 states and the District of Columbia) Target setting method: Total coverage (13.3) 51 (50 states and the District of Columbia) Target setting method: Total coverage (13.4) 51 (50 states and the District of Columbia) Target setting method: Total coverage (13.5) Not Available (13.6) 51 (50 states and the District of Columbia) Target setting method: Total coverage (13.7) 51(50 states and the District of Columbia) Target setting method: Total coverage (13.8) 51(50 states and the District of Columbia) Target setting method: Total coverage (13.9) 51(50 states</p>	<p>(13.1) Yes, only for >2 people in workplace (13.2) Yes, if only>=21 yo (13.3) Yes, if only>=21 yo (13.4) Yes, if only>=21 yo (13.5)No (13.6) Yes (13.7) Yes (13.8) Yes (13.9) Yes- for >25 rooms or 20% of the rooms (13.10) No (13.11) Yes, if <6 yo/60# (13.12) Yes (13.13) Some (see above) (13.14) Some (see above) (13.15) No (13.16) Yes (13.17) Yes – state financed</p>	<p>(13.1) Yes (13.2) Yes (13.3) Yes (13.4) Yes (13.5) Yes (13.6) Yes (13.7) Yes (13.8) Yes (13.9) Yes (13.10) Yes (13.11) Yes<18 yo (13.12) Yes (13.13) Yes (13.14) Yes (13.15) Yes (13.16) Yes (13.17) Yes</p>	Review of passed legislation

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
		<p>the District of Columbia) had smoke-free indoor air laws that prohibit smoking in public transportation in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.9) Zero States or the District of Columbia had smoke-free indoor air laws that prohibit smoking in hotels and motels in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.10) Zero States or the District of Columbia had smoke-free indoor air laws that prohibit multiunit housing in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.11) 4 States had smoke-free indoor air laws that prohibit smoking in vehicles with children in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.12) 4 States had smoke-free indoor air laws that prohibit smoking in prisons and correctional facilities in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.13) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH</p>	<p>and the District of Columbia) Target setting method: Total coverage (13.10) 51(50 states and the District of Columbia) Target setting method: Total coverage (13.11) 51(50 states and the District of Columbia) Target setting method: Total coverage (13.12) 51(50 states and the District of Columbia) Target setting method: Total coverage (13.13) Potential Objective. Currently no data, but an opportunity for data collection in the future. (13.14) Potential Objective. Currently no data, but an opportunity for data collection in the future. (13.15) Potential Objective. Currently no data, but an opportunity for data collection in the future.</p>			

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
		(13.14) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH (13.15) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH (13.16) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH (13.17) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH	(13.16) Potential Objective. Currently no data, but an opportunity for data collection in the future. (13.17) Potential Objective. Currently no data, but an opportunity for data collection in the future.			

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

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

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



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



Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 19	Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors. (19.1) States and the DC (19.2) Territories	(19.1) 5 States reported an illegal sales rate to minors of 5% or less in compliance checks in 2009. Data source: State Synar Enforcement Reporting, SAMHSA, CSAP (19.2) 1 Territory reported an illegal sales rate to minors of 5% or less in compliance checks in 2009. Data source: State Synar Enforcement Reporting, SAMHSA, CSAP	(19.1) 51 (50 States and the District of Columbia) Target setting method: Retain the Healthy People 2010 target of total coverage (19.2) 8 Territories Target setting method: Retain the Healthy People 2010 target of total coverage	(19.1) 3.4% Synar FY2011 (19.2) Not Applicable	(19.1) 3% Target setting method: 10% improvement	Synar
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. (20.1) (Developmental) States and the District of Columbia (20.2) (Developmental) Territories (20.3) (Developmental) Tribes	(20.1) Developmental. Potential data source: STATE, CDC, NCCDPHP, OSH (20.2) Developmental. Potential data source: STATE, CDC, NCCDPHP, OSH (20.3) Developmental. Potential data source: STATE, CDC, NCCDPHP, OSH	(20.1) Potential objective. Currently no data, but an opportunity for data collection in the future. (20.2) Potential objective. Currently no data, but an opportunity for data collection in the future. (20.3) Potential objective. Currently no data, but an opportunity for data collection in the future.	Done	Continue to meet this goal.	

Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
V 4	Increase the proportion of adults who have a comprehensive eye examination, including dilation, within the last 2 years and/or by age 45.	55.0% in 2008. Data source: National Health Interview Survey (NHIS), NCHS, CDC.	60.5%. Target setting method: 10% improvement.	Not Available currently. Will be available with 2010 BRFSS	Potential objective. Currently no data, but an opportunity for data collection in the future.	BRFSS
V 5.2	Reduce visual impairment due to diabetic retinopathy	34.1 per 1,000 population in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHs.	30.7 per 1,000 Target setting method: 10% improvement.	22.7% BRFSS 2003-2007	20.5% Target setting method: 10% improvement	BRFSS



HP 2020
ARKANSAS
FRAMEWORK FOR ACTION

Section G
Arkansas Healthy People 2020
Chronic Disease Objectives,
Sorted by Coalition



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The chart below explains the acronyms used to identify the Healthy People 2020 objectives. These will be listed in the first column titled *Number*.

AH	Adolescent Health	MHMD	Mental Health and Mental Disorders
AHS	Access to Health Services	MPS	Medical Product Safety
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions	NWS	Nutrition Weight Status
C	Cancer	OA	Older Adults
CKD	Chronic Kidney Disease	OH	Oral Health
D	Diabetes	PA	Physical Activity
DH	Disability Health	RD	Respiratory Diseases
ECBP	Educational and Community-Based Programs	SA	Substance Abuse
EH	Environmental Health	STD	Sexually Transmitted Disease
G	Genomics	TU	Tobacco Use
HC/HIT	Health Communication/Health Information Technology	V	Vision
HDS	Heart Disease and Stroke		



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

Acronyms used in this document:

Acronym	Meaning
AAPA	American Academy of Physician Assistants
ACHI	Arkansas Center for Health Improvement
ACS	American Community Survey
ADE	Arkansas Department of Education
ADH	Arkansas Department of Health
AHA	American Heart Association
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
AOSN	Arkansas Out Of School Network
APNA	Arkansas Prevention Needs Assessment Survey
AR	Arkansas
ARCHES	Arkansas Cardiovascular Health Examination Survey
ARS	Agricultural Research Service
ATS	Arkansas Tobacco Survey
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHAC	Child Health Advisory Committee
CHIP	Children's Health Insurance Program
CKD	Chronic Kidney Disease
CMS	Centers for Medicare and Medicaid Services
COPH	College of Public Health
CSHCN	Children with Special Health Care Needs
CVH Survey	Survey of Employer Cardiovascular Health Resources, Policies and Programs

Acronym	Meaning
DDS	Division of Data Systems
DGA	Dietary Guidelines for Americans
DHS	Department of Human Services
DOT	Department of Transportation
ESRD	End-Stage Renal Disease
FHWA	Federal Highway Administration
GWTG-Stroke	Get with the Guidelines Program–Stroke Module
HDSP	Heart Disease and Stroke Prevention
HHS	Health and Human Services
HINTS	Health Information National Trends Survey
LDH	Local Health Unit
MEPS	Medical Expenditure Panel Survey
NACCHO	National Association of County and City Health Officials
NAEPP	National Asthma Education and Prevention Program
NAMCS	National Ambulatory Medical Care Survey
NASBHC	National Assembly of School Based Health Care
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCHS	National Center for Health Statistics
NCI	National Cancer Institute
NDI	National Death Index
NEMESIS	National EMS Information System
NHAMCS	National Hospital Ambulatory Medical Care Survey
NHATS	National Health and Aging Trends Study
NHANES	National Health and Nutrition Examination Survey
NHDS	National Hospital Discharge Survey
NHIS	National Health Interview Survey
NHTS	National Household Travel Survey
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIH	National Institutes of Health
NPHIC	The National Public Health Information Coalition

Acronym	Meaning
NPI	National Provider Identifier Registry
NSCH	National Survey of Children's Health
NSDUH	National Survey on Drug Use and Health
NVSS	National Vital Statistics System
NVSS-M	National Vital Statistics System--Mortality
NYTS	National Youth Tobacco Survey
PEW	Pew Internet and American Life Project
PRAMS	Pregnancy Risk Assessment Monitoring System
SHPPS	School Health Policies and Program Study
SHPPS	School Health Policies and Programs Study
STATE	State Tobacco Activities Tracking & Evaluation System
TUS-CPS	Tobacco Use Supplement to the Current Population Survey
USDA	United States Department of Agriculture
USRDS	United States Renal Data System
YRBSS	Youth Risk Behavior Surveillance System
YTS	Youth Tobacco Survey

Arkansas Asthma Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
RD 1	Reduce asthma deaths. (1.1) Children and adults under age 35 years. (1.2) Adults aged 35 to 64 years old. (1.3) Adults aged 65 years and older	(1.1) 3.4 asthma deaths per million. Data source: NVSS-M, CDC, NCHS. (1.2) 11.0 asthma deaths per million; Data source: NVSS-M, CDC, NCHS (1.3) 43.3 asthma deaths per million	(1.1) N/A; Target setting method: This measure is being tracked for informational purposes. (1.2) 6.0 deaths per million. Target setting method: Projection. (1.3) 22.9 deaths per million. Target setting method: Projection.	(1.1) 3.0 (1.2) 19.2 (1.3) 56.3 Mortality Data 2007	(1.1) 2.7 (1.2) 17.2 (1.3) 50.7 Target setting method: 10% improvement	Vital Statistics Mortality Data
RD 2	Reduce hospitalizations for asthma (2.1) Children under age 5 years. (2.2) Children and adults aged 5 to 64 years. (2.3) Adults aged 65 years and older	(2.1) 41.4 hospitalizations per 10,000 (2.2) 11.1 hospitalizations per 10,000 (2.3) 25.3 hospitalizations per 10,000 Data source: NHDS, CDC, NCHS	(2.1) 18.1 hospitalizations per 10,000 (2.2) 8.6 hospitalizations per 10,000 (2.3) 20.3 hospitalizations per 10,000 Target setting method: Minimal statistical significance.	(2.1) 247.7 (2.2) 94.1 (2.3) 171.4 Hospital Discharge 2007	(2.1) 222.9 (2.2) 84.7 (2.3) 154.3 Target setting method: 10% improvement	Hospital Discharge Data
RD 3	Reduce hospital emergency department visits for asthma. (3.1) Children under age 5 years (3.2) Children and adults aged 5 to 64 years. (3.3) Adults aged 65 years and older.	(3.1) 132.7 visits per 10,000 (3.2) 56.4 visits per 10,000 (3.3) 21.0 visits per 10,000 Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.	(3.1) 95.5 visits per 10,000 (3.2) 49.1 visits per 10,000 (3.3) 13.2 visits per 10,000 Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Arkansas Asthma Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
RD 4	Reduce activity limitations among persons with current asthma.	12.7% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHA.	10.2%. Target setting method: Minimal statistical significance.	13.1% BRFSS 2007	11.8% Target setting method: 10% improvement	BRFSS
RD 5	Reduce the number of school- or workdays missed among persons with current asthma. (5.1) Reduce the proportion of children aged 5 to 17 years with asthma who miss school days. (5.2) Reduce the proportion of adults aged 18 to 64 years with asthma who miss work days.	(5.1) 58.7% in 2008 (5.2) 33.2% in 2008 Data source: NHIS, CDC, NCHS.	(5.1) 48.7% (5.2) 26.8% Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
RD 6	Increase the proportion of persons with current asthma who receive formal patient education.	12.1% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	14.4%. Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

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

Arkansas Asthma Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
	with current asthma whose doctor assessed their asthma control in the past 12 months. (7.8) (Developmental) Adults with current asthma who have discussed with a doctor or other health professional whether their asthma was work related.					
RD 8	RD 8	Increase the numbers of States, Territories, and the District of Columbia with a comprehensive asthma surveillance system for tracking asthma cases.	43 areas (41 states, the District of Columbia, and Puerto Rico) in 2009. Data source: National Asthma Control Program, NCEH, CDC.	47 areas. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.
RD 9	RD 9	Reduce activity limitations among adults with chronic obstructive pulmonary disease (COPD).	23.2% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	18.7%. Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.
RD 10	RD 10	Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.	112.4 COPD deaths per 100,000 in 2007. Data source: National Vital Statistics System--Mortality (NVSS--M), CDC, NCHS	98.5 deaths per 100,000. Target setting method: Projection.	80.2/100,000 population 2007 Mortality Data	72.2/100,000 population Target setting method: 10% improvement
RD 11	RD 11	Reduce hospitalizations for chronic obstructive pulmonary disease (COPD).	56.0 hospitalizations per 10,000 in 2007. Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.	50.1 hospitalizations per 10,000. Target setting method: Minimal statistical significance.	39.1 Hospital Discharge Data 2007	35.2 Target setting method: 10% improvement

Arkansas Asthma Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
RD 12	RD 12	Reduce hospital emergency department visits for chronic obstructive pulmonary disease (COPD).	79.6 visits per 10,000 in 2007. Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.	55.2 visits per 10,000. Target setting method: Minimal statistical significance.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.
RD 13	RD 13	(Developmental) Increase the proportion of adults with abnormal lung function whose underlying obstructive disease has been diagnosed.	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.

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

Arkansas Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 7	Reduce the prostate cancer death rate.	23.5 deaths per 100,000 in 2007. Data source: NVSS, CDC, NCHS.	21.2 deaths per 100,000. Target setting method: 10% improvement.	28.0 per 100,000 ADH Query System, ICD – 10 Cause of Death Reports 2007	25.2 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD – 10 Cause of Death Reports
C 8	Reduce the melanoma cancer death rate.	2.7 deaths per 100,000 in 2007. Data source: NVSS, CDC, NCHS.	2.4 deaths per 100,000. Target setting method: 10% improvement.	2.6 per 100,000 ADH Query System, ICD – 10 Cause of Death Reports 2007	2.3 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD – 10 Cause of Death Reports
C 9	Decrease incidence of invasive colorectal cancer.	45.4 new cases per 100,000 in 2007. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	38.6 new cases per 100,000. Target setting method: Modeling/projection.	45.3 per 100,000 2007 Arkansas Cancer Registry Query System	40.8 per 100,000 Target setting method: 10% improvement 2003 – 2007 Invasive Cancer Incidence, Colorectal n = 7503, age adj. rate: 48.8 / 100,000	Arkansas Cancer Registry Query System
C 10	Decrease incidence of invasive uterine cervical cancer.	7.9 new cases per 100,000 in 2007. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	7.1 new cases per 100,000. Target setting method: 10% improvement	9.7 per 100,000 2007 Arkansas Cancer Registry Query System	8.7 per 100,000 Target setting method: 10% improvement 2003 – 2007 Invasive Cancer Incidence, Cervix Uteri n = 698, age adj. rate: 9.8 / 100,000	Arkansas Cancer Registry Query System

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

Arkansas Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 13	Increase the proportion of cancer survivors who are living 5 years longer after diagnosis.	66.2% in 2007. Data source: Surveillance Epidemiology and End Results (SEER) Program, NIH, NCI.	72.8%. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
C 14	(Developmental) Increase the mental and physical health-related quality of life of cancer survivors.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
C 15	Increase the proportion of women aged 18 years and older who receive a cervical cancer screening based on the most recent guidelines.	84.5% of women aged 21 to 65 years. Data source: NHIS, CDC, NCHS.	93.0%. Target setting method: 10% improvement.	80.8% BRFSS 2008	88.9% Target setting method: 10% improvement	BRFSS
C 16	Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.	54.2% in 2008. Data source: NHIS, CDC, NCHS.	70.5%. Target setting method: Modeling/projection.	55.3% BRFSS 2008	60.8% Target setting method: 10% improvement	BRFSS
C 17	Increase the proportion of women aged 40 years and older who have received a breast cancer screening based on the most recent guidelines.	73.7% of females aged 50 to 74 years. Data source: NHIS, CDC, NCHS.	81.1%. Target setting method: 10% improvement.	70.9% BRFSS 2008	78.0% *BRFSS questionnaire may change due to 2009 US Preventive Service breast cancer screening guidelines. Target setting method: 10% improvement	BRFSS

Arkansas Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 18	(18.1) Increase the proportion of women counseled by their providers about mammograms. (18.2) Increase the proportion of women counseled by their providers about Pap tests. (18.3) (Developmental) Increase the proportion of adults who were counseled by their providers about colorectal cancer screening.	(18.1) 69.8% in 2008. Data source: NHIS, CDC, NCHS. (18.2) 59.8% in 2008. Data source: NHIS, CDC, NCHS. (18.3) Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	(18.1) 76.8%. Target setting method: 10% improvement. (18.2) 65.8%. Target setting method: 10% improvement. (18.3) Not available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
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.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Arkansas Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
C 20	<p>(20.1) (Developmental) Reduce the proportion of adolescents in grades 9 – 12 who report sunburn.</p> <p>(20.2) (Developmental) Reduce proportion of adults aged 18 years and older who report sunburn</p> <p>(20.3) (Developmental) Reduce proportion of adolescents in grades 9-12 who report using artificial sources of ultraviolet light for tanning.</p> <p>(20.4) Reduce the proportion of adults aged 18 and above who report using artificial sources of ultraviolet light for tanning.</p> <p>(20.5) Increase the proportion of adolescents in grades 9-12 who followed protective measures that may reduce the risk of skin cancer.</p> <p>(20.6) Increase the proportion of adults aged 18 years and older who follow protective measures that may reduce risk of skin cancer.</p>	<p>(20.1) Potential data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC.</p> <p>(20.2) Potential data source: National Health Interview Survey (NHIS), NCHS, CDC.</p> <p>(20.3) 15.6% in 2009. Data source: Youth Risk Behavior Surveillance Survey (YRBSS), CDC.</p> <p>(20.4) 15.2% in 2008. Data source: NHIS, NCHS, CDC.</p> <p>(20.5) 9.3% in 2009. Data source: YRBSS, CDC.</p> <p>(20.6) 72.8% in 2008. Data source: NHIS, CDC, NCHS.</p>	<p>(20.1) Not available</p> <p>(20.2) Not Available</p> <p>(20.3) 14.0%. Target setting method: 10% improvement.</p> <p>(20.4) 13.7%. Target setting method: 10% improvement.</p> <p>(20.5) 11.2%; Target setting method: 20% improvement.</p> <p>(20.6) 80.1%. Target setting method: 10% improvement.</p>	<p>(20.1) Not Available</p> <p>(20.2) Not Available</p> <p>(20.3) Not Available</p> <p>(20.4) Not Available</p> <p>(20.5) Not Available</p> <p>(20.6) Not Available</p>	<p>Potential objective. Currently no data, but an opportunity for data collection in the future</p>	<p>Potential data source: BRFSS, YRBSS</p>

Arkansas Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
ECBP 10	Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, State agencies) providing population-based primary prevention services in the following areas: Nutrition, Physical Activity	Nutrition- Baseline: In 2008, 86.4% of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in nutrition. Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO). Physical Activity- Baseline: In 2008, 80.5% of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in physical activity. Data source: NACCHO.	Nutrition- Target: 94.7%. Target setting method: 10% improvement. Physical Activity- Target: 88.5%. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
G 1	(Developmental) Increase the proportion of women with a family history of breast and/or ovarian cancer who receive genetic counseling	23.3% in 2005. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	25.6%. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Arkansas Cancer Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
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.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
MPS 2.1	(Developmental) Reduce the proportion of patients suffering from untreated pain due to a lack of access to pain treatment.(Developmental) Reduce the proportion of patients suffering from untreated pain due to a lack of access to pain treatment.	Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
OH 5	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.	32.5% of oral and pharyngeal cancers were diagnosed at the localized stage (stage 1) in 2007. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	35.8%. Target setting method: 10% improvement.	Oral cavity and pharynx cancer incidence: Stage I = 2.2 per 100,000, Stage II = 1.3 per 100,000 (2007 data) BRFSS, 2008	Stage I = 2 per 100,00 Stage II = 1.2 per 100,000 Target setting method: 10% improvement	Arkansas Central Cancer Registry – CancerCORE database, 2007
STD 9	(Developmental) Reduce the proportion of females with human papillomavirus (HPV) infection.	Potential data sources: National Health and Examination Survey (NHANES), CDC, NCHS; National Health Interview Study (NHIS), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AH 2	Increase the proportion of adolescents who participate in extracurricular and out-of-school activities.	82.5% of adolescents aged 12 to 17 years participated in extracurricular and/or out-of-school activities in the past 12 months, as reported in 2007. Data Source: National Survey of Children's Health (NSCH), HRSA, MCHB, CDC, NCHS.	90.8%. Target setting method: 10% improvement.	12% of Arkansas' K-12 grade youths participate in afterschool programs AOSN 2009	13.2% of K-12 grade youths participating in afterschool Target setting method: 10% improvement.	Arkansas Out of School Network
AHS 7	(Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.	Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Potential data source: MEPS
ECBP 1	(Developmental) Increase the proportion of preschools and Early Head Start programs that provide health education to prevent health problems in the following areas: (1.6) unhealthy dietary patterns (1.7) inadequate physical activity.	Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.	Not Available	All Early Head Start in Arkansas require health education on unhealthy dietary patterns and inadequate physical activity.	100% of Head Start Programs requiring health education on unhealthy dietary patterns and inadequate physical activity.	Arkansas Head Start

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
ECBP 8	<p>(Developmental) Increase the proportion of worksites that offer an employee health promotion program to their employees.</p> <p>(8.1) Worksites with fewer than 50 employees. (8.2) Worksites with 50 or more employees. (8.3) Worksites with 50 to 99 employees. (8.4) Worksites with 100 to 249 employees. (8.5) Worksites with 250 to 749 employees. (8.6)Worksites with 750 or more employees.</p>	Potential data source: National Survey of Employer-Sponsored Health Plans.	Not Available	Employers who offered health education classes, workshops, lectures, or special events in the past 12 months: 2008 (8.1, 8.2) 50 + (All) 45% (8.3) 50-99 38% (8.4) 100-249 42% (8.5, 8.6) 249+ 63%	(8.1) 49.5% (8.3) 41.8% (8.4) 46.2% (8.5) 69.3% Target setting method: 10% improvement	Survey of Employer Cardio-vascular Health Resources, Policies, and Programs (CVH Survey)
ECBP 9	(Developmental) Increase the proportion of employees who participate in employer-sponsored health promotion activities.	Potential data source: National Survey of Employer-Sponsored Health Plans.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
ECBP 10	Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, State agencies) providing population-based primary prevention services in the following areas: Nutrition, Physical Activity	Nutrition- Baseline: In 2008, 86.4% of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in nutrition. Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO). Physical Activity- Baseline: In 2008, 80.5% of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in physical activity. Data source: NACCHO.	Nutrition- Target: 94.7%. Target setting method: 10% improvement. Physical Activity- Target: 88.5%. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
EH 2	Increase use of alternative modes of transportation for work. (2.1) Trips made by bicycling. (2.2) Trips made by walking.	Data source: American Community Survey (ACS), U.S. Bureau of the Census. (2.1) Trips made to work via bicycle in 2008 was 0.5% (2.2) Trips made to work via walking in 2008 was 2.8%	(2.1) 0.6% (2.2) 3.1 % Target setting method: 10% improvement.	Bicycling 0.1% Walking 1.9% Alternative modes of transportation ACS 2009	Bicycling 1% Walking 4% Target setting method: Consensus	American Community Survey (ACS)

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HC/HIT 2	<p>Increase the proportion of persons who report that their health care providers have satisfactory communication skills.</p> <p>(2.1) Increase the proportion of persons who report that their health care provider always listened carefully to them</p> <p>(2.2) Increase the proportion of persons who report that their health care provider always explained things so they could understand them</p> <p>(2.3)Increase the proportion of persons who report that their health care provider always showed respect for what they had to say</p> <p>(2.4) Increase the proportion of persons who report that their health care provider always spent enough time with them</p>	<p>(2.1) 59% in 2007 (2.2) 60% in 2007 (2.3) 62% in 2007 (2.4) 49% in 2007</p> <p>Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.</p>	<p>(2.1) 65% (2.2) 66% (2.3) 68.2% (2.4) 54%</p> <p>Target setting method: 10% improvement.</p>	<p>Had good communication with providers – adults on Medicare managed care: 75.7%</p> <p>Had good communication with providers – adults on Medicare fee for service: 71.5%</p> <p>Source: National Healthcare Quality Report, 2009 State Snapshots</p>	<p>Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	<p>Agency for Healthcare Research and Quality (AHRQ) National Consumer Assessment of Healthcare Providers and Systems (CAHPS).</p>
HDS 9	<p>Increase the proportion of adults with prehypertension who meet the recommended guidelines for:</p> <p>(9.1) (Developmental) Body mass index (BMI)</p> <p>(9.2) (Developmental) Saturated fat consumption</p> <p>(9.3) (Developmental) Sodium intake</p> <p>(9.4) (Developmental) Physical activity</p> <p>(9.5) (Developmental) Moderate alcohol consumption</p>	<p>Potential data source: NHANES, CDC, NCHS.</p>	<p>Not Available</p>	<p>(9.1) 20.7% (9.2) 27.2% (9.3) 28.8% (9.4) Not Available (9.5)Not Available</p> <p>ARCHES 2007</p>	<p>(9.1) 22.8% (9.2) 29.9% (9.3) 31.7% (9.4)Not Available (9.5) Not Available</p> <p>Potential objective. Currently no data, but an opportunity for data collection in the future Target setting method: 10% improvement</p>	<p>Not Available</p>

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 10	Increase the proportion of adults with hypertension who meet the recommended guidelines for: (10.1) (Developmental) BMI (10.2) (Developmental) Saturated fat consumption (10.3) (Developmental) Sodium intake (10.4) (Developmental) Physical activity (10.5) (Developmental) Moderate alcohol consumption	Potential data source: NHANES, CDC, NCHS.	Not Available	(10.1) 12.8% BMI<25 (10.2) 26.0% <10% calories from saturated fats (10.3) 30.1% <2300mg sodium (10.4) Not Available (10.5) Not Available ARCHES 2007	(10.1) 14.1% (10.2) 28.6% (10.3) 33.1% (10.4) not available (10.5) not available Target setting method: 10% improvement	Not Available
HDS 14	(Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed LDL-cholesterol lowering management lifestyle changes and, if indicated, medication. (14.1) Cholesterol-lowering diet (14.2) Physical activity (14.3) Weight control (14.4) Prescribed drug therapy	Potential data source: NHANES, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
NWS 1	Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in childcare.	24 states had nutrition standards in 2006; Data sources: National Resource Center for Health and Safety in Child Care and Early Education, and child care licensing websites from each State government and the District of Columbia.	34 states (can include the District of Columbia). Target setting method: 1 State per year improvement (can include the District of Columbia).	Arkansas has set nutrition standards for all childcare.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Legislature/ Policy

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 2	<p>Increase the percentage of schools that offer nutritious foods and beverages outside of school meals.</p> <p>(2.1) Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students.</p> <p>(2.2)Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold.</p>	<p>(2.1) 9.3% in 2006 (2.2) 6.6% in 2006 Data source: School Health Policies and Programs Study, CDC.</p>	<p>(2.1) 21.3% (2.2) 18.6% Target setting method: Modeled on previous data: 12% point increase.</p>	<p>28% of schools in Arkansas had nutrition policies for after school programs in 2009 (COPH Act 1220 evaluation)</p>	<p>30.8% Target setting method: 10% improvement</p>	<p>COPH Act 1220 annual evaluation</p>
NWS 3	<p>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.</p>	<p>8 States (including the District of Columbia) in 2009. Data sources: CDC State Indicator Report on Fruits and Vegetables.</p>	<p>18 States (can include the District of Columbia). Target setting method: Modeled on previous data; 1 state per year improvement (can include the District of Columbia).</p>	<p>Currently Arkansas does not have any policies.</p>	<p>Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	<p>Legislature/ Policy</p>
NWS 5	<p>Increase the proportion of primary care physicians who regularly measure the body mass index of their patients.</p> <p>(5.1) Increase the proportion of primary care physicians who regularly assess body mass index (BMI) in their adult patients.</p> <p>(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.</p>	<p>(5.1) 48.7% in 2008 (5.2) 49.7% in 2008 Data source: National Survey on Energy Balance Related Care among Primary Care Physicians.</p>	<p>(5.1) 53.6% (5.2) 54.7% Target setting method: 10% improvement</p>	<p>Not Available</p>	<p>Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	<p>Not Available</p>

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 6	<p>Increase the proportion of physician offices visits that include counseling or education related to nutrition or weight.</p> <p>(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.</p> <p>(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.</p> <p>(6.3) Increase the proportion of physician visits made by child or adult patients that include counseling about nutrition or diet.</p>	<p>(6.1) 20.8% in 2007 (6.2) 28.9% in 2007 (6.3) 12.2% in 2007</p> <p>Data source: National Ambulatory Medical Care Survey, CDC, NCHS</p>	<p>(6.1) 22.9% (6.2) 31.8% (6.3) 15.2%</p> <p>Target setting method: 10% improvement</p>	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
NWS 7	(Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling.	Potential data source: A follow-up survey to the 204 National Worksite Health Promotion Survey.	Not Available	Employers who offer nutrition or weight control programs to employees 2008—34% 2002—18%	44.2% Target setting method: 30% improvement	Survey of Employer Cardio-vascular Health Resources, Policies, and Programs (CVH Survey)
NWS 8	Increase the proportion of adults who are at a healthy weight.	30.8% of persons ages 20 years and over were at a healthy weight in 2005-08. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	33.9% Target setting method: 10% improvement	33.4% of adult Arkansans are neither obese nor overweight BRFSS 2009	36.7% Target setting method: 10% improvement	BRFSS

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 9	Reduce the proportion of adults who are obese.	34.0% of persons ages 20 years and over were obese in 2005-08. Data source: NHANES, CDC, NCHS.	30.6%. Target setting method: 10% improvement	31.5% of adult Arkansans are obese BRFSS 2009	28.6% Target setting method: 10% improvement	BRFSS
NWS 10	Reduce the proportion of children and adolescents who are considered obese. (10.1) Children age 2 to 5 years. (10.2) Children age 6 to 11 years. (10.3) Adolescents aged 12 to 19 years. (10.4) Children and adolescents aged 2 to 19 years.	(10.1) 10.7% were considered obese in 2005-08. (10.2) 17.4% were considered obese in 2005-08. (10.3) 17.9% were considered obese in 2005-08. (10.4) 16.2% were considered obese in 2005-08. Data source: NHANES, CDC, NCHS.	(10.1) 9.6% children age 2 to 5 years. (10.2) 15.7% children age 6 to 11 years. (10.3) 16.1% children age 12 to 19 years (10.4) 14.6% children age 2 to 19 years. Target setting method: 10% improvement	AR Public School Students were obese in the 2009-2010 school year. All 21% obese Grade K 16% Grade 2 19% Grade 4 23% Grade 6 25% Grade 8 23% Grade 10 21%	All 18.9% Grade K 14.4% Grade 2 17.1% Grade 4 20.76% Grade 6 22.5% Grade 8 20.7% Grade 10 18.9% Target setting method: 10% improvement	ACHI
NWS 12	Eliminate very low food security among children.	1.3% of households with children had very low food security among children in 2008. Data source: Food Security Supplement to the Current Population Survey, U.S. Department of Commerce, Bureau of the Census.	0.2%. Target setting method: Consistent with the Department of Agriculture's policy to eliminate childhood hunger by 2015.	6.4% very low food security in Arkansas (Household food Security in the US 2009)	5.8% Target setting method: 10% improvement	Household Food Security in the United States

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

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

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

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 17	<p>Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older.</p> <p>(17.1) Reduce consumption of calories from solid fats.</p> <p>(17.2) Reduce consumption of calories from added sugars.</p> <p>(17.3) Reduce consumption of calories from solid fats and added sugars.</p>	<p>(17.1) 18.9% was the mean percentage of total daily calorie intake in 2001-04</p> <p>(17.2) 15.7% was the mean percentage of total daily calorie intake in 2001-04.</p> <p>(17.3) 34.6% was the mean percentage of total daily calorie intake in 2001-04</p> <p>Data source: NHANES, CDC, NCHS and USDA, ARS</p>	<p>(17.1) 16.7%</p> <p>(17.2) 10.8%</p> <p>(17.3) 29.8%</p> <p>Target setting method: Evidence-based approach (Considered the baseline in relation to USDA Food Guide recommendations, potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).</p>	<p>Percent of daily calories consumed by adults 18 and over: Solid fats 15.3% (Saturated fats 12.8%, Trans fats 2.5%)</p> <p>Added sugars 34.4% (Sucrose 19.7%, Fructose 15%)</p> <p>Combined solid fats and added sugar 49.7%</p> <p>ARCHES 2007</p>	<p>Percent of daily calories consumed by adults 18 and over: Solid fats 13.7% (Saturated fats 11.5%, Trans fats 2.2%)</p> <p>Added sugars 31.2% (Sucrose 17.7%, Fructose 13.5%)</p> <p>Combined solid fats and added sugar 44.9%</p> <p>Target setting method: 10% improvement</p> <p>Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	Not Available

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OA 6	<p>Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities.</p> <p>BRFSS Questions: What is your age? Are you limited in any way in any activities because of physical, mental or emotional problems? Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Because of any impairment or health problem do you need the help of other persons in handling your routine needs such as everyday household chores doing necessary business shopping or getting around for other purposes? Because of any impairment or health problem do you need the help of other persons with your personal care needs such as eating bathing dressing or getting around the house? During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?)</p>	<p>33.7% of older adults with reduced physical or cognitive function engaged in light, moderate, or vigorous leisure-time physical activities in 2008.</p> <p>Data source: National Health Interview Survey (NHIS), CDC, NCHS.</p>	<p>37.1%.</p> <p>Target setting method: 10% improvement.</p>	<p>35.2% of adults 65 and over with moderate to severe functional limitations (N = 388) reported participating in some exercise during the past month.</p> <p>BRFSS 2005</p>	<p>38.7%</p> <p>Target setting method: 10% improvement</p>	BRFSS

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
PA 2	<p>Increase the proportion of adults that meet current Federal physical activity guidelines for aerobic physical activity and for muscle strength training.</p> <p>(2.1) Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination.</p> <p>(2.2) Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination.</p> <p>(2.3) Increase the proportion of adults who perform muscle-strengthening activities on 2 or more days of the week.</p> <p>(2.4) Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity.</p>	<p>(2.1) 43.5% of adults in 2008</p> <p>(2.2) 28.4% of adults in 2008</p> <p>(2.3) 21.9% of adults in 2008</p> <p>(2.4) 18.2% of adults in 2008</p> <p>Data source: National Health Interview Survey, CDC, NCHS.</p>	<p>(2.1) 47.9%</p> <p>(2.2) 31.3%</p> <p>(2.3) 24.1%</p> <p>(2.4) 20.1%</p> <p>Target setting method: 10% improvement</p>	<p>Percent of adults that meet current guidelines for physical activity (BRFSS):</p> <p>2009—47.3%</p> <p>2007—45.9%</p> <p>2005—46.4%</p> <p>2003—45.3%</p> <p>2001—45.2%</p>	<p>49.4%</p> <p>Target setting method: trend</p>	BRFSS

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
PA 3	<p>Increase the proportion of adolescents that meet current physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.</p> <p>(3.1) Aerobic physical activity. (3.2) (Developmental) Muscle-strengthening activity. (3.3) (Developmental) Aerobic physical activity and muscle-strengthening activity.</p>	<p>(3.1) 18.4%. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP. (3.2) Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP. (3.3) Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.</p>	20.1%. Target setting method: 10% improvement.	Percent Physically active at least 60 minutes per day 7 days per week: 2009—24.3% 2007—24.9% 2005—18.4%	26.7% Target setting method: 10% improvement	YRBSS
PA 5	Increase the proportion of adolescents who participate in daily school physical education.	33.3% of adolescents participated in daily school physical education in 2009. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	36.6%. Target setting method: 10% improvement.	22.7% of adolescents participated in daily school physical education YBRS 2009	24.97% Target setting method: 10% improvement	YBRSS
PA 6	<p>Increase regularly scheduled elementary school recess in the United States.</p> <p>(6.1) Increase the number of States that require regularly scheduled elementary school recess. (6.2) Increase the proportion of school districts that require regularly scheduled elementary school recess.</p>	<p>Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.</p> <p>(6.1) 7 states (6.2) 57.1%</p>	<p>(6.1) 17 states (6.2) 62.8%</p> <p>Target setting method: 10% improvement.</p>	Not Available	Will support Child Health Advisory Committee (CHAC)	Not Available

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
PA 7	Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time.	61.5%. Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.	67.7%. Target setting method: 10% improvement.	Not Available	Will support Child Health Advisory Committee (CHAC)	Not Available
PA 8	<p>Increase the proportion of children and adolescents who do not exceed recommended limits for screen time.</p> <p>(8.1) Increase the proportion of children aged 0 to 2 years who view no television or videos on an average weekday.</p> <p>(8.2) Increase the proportion of children and adolescents aged 2 years through 12th grade who view television, videos, or play video games for no more than 2 hours a day.</p> <p>(8.2.1) Children aged 2 to 5 years.</p> <p>(8.2.2) Children and adolescents aged 6 to 14 years.</p> <p>(8.2.3) Adolescents in grades 9 through 12.</p> <p>8.3 Increase the proportion of children and adolescents aged 2 years to 12th grade who use a computer or play computer games outside of school (for nonschool work) for no more than 2 hours a day</p> <p>(8.3.1) Children aged 2 to 5 years.</p> <p>(8.3.2) Children aged 6 to 14 years.</p> <p>(8.3.3) Adolescents in grades 9 through 12.</p>	<p>(8.1) 40.6%. Data source: National Survey of Children's Health (NSCH), HRSA, MCHB.</p> <p>(8.2.1) 75.6% Data source: NHANES, CDC, NCHS.</p> <p>(8.2.2) 78.9%. Data source: NHANES, CDC, NCHS.</p> <p>(8.2.3) 67.2%. Data source: YRBSS, CDC, NCCDHP.</p> <p>(8.3.1) 97.4%. Data source: NHANES, CDC, NCHS.</p> <p>(8.3.2) 93.3%. Data source: NSCH, HRSA, MCHB.</p> <p>(8.3.3) 75.1%. Data source: YRBSS, CDC, NCCDPHP.</p>	<p>(8.1) 44.7%</p> <p>(8.2.1) 83.2%</p> <p>(8.2.2) 86.8%</p> <p>(8.2.3) 73.9%</p> <p>(8.3.1) N/A</p> <p>(8.3.2) 100%</p> <p>(8.3.3) 82.6%</p> <p>Target setting method: 10% improvement</p>	<p>Did not watch TV 3 or more hours per day on an average school day: 2009 - 63.6% 2007 - 65.7%</p> <p>Did not use computers 3 or more hours per day on an average school day: 2009 - 79% 2007 - 81% YRBS</p>	<p>TV—69.9%</p> <p>Computer—86.9%</p> <p>Target setting method: 10% improvement</p>	YRBSS

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
PA 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).	28.8% in 2006. Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.	31.7%. Target setting method: 10% improvement.	This data is currently being collected in Arkansas.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Joint Use agreement funded sites as identified by ADE.
PA 11	Increase the proportion of physician office visits that include counseling or education related to physical activity. (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. (11.2) Increase the proportion of physician visits made by all child and adult patients that include counseling about exercise.	(11.1) 13.0% in 2007. Data source: National Ambulatory Medical Care Survey; CDC, NCHS. (11.2) 7.9% in 2007. Data source: National Ambulatory Medical Care Survey, CDC, NCHS.	(11.1) 14.3% (11.2) 8.7% Target setting method: 10% improvement	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Arkansas Coalition for Obesity Prevention						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
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.	Not Available	Employers that have a designated place for employees to walk. 2008 – 35% 2002 – 28% Employers that have an indoor exercise facility 2008 – 23% 2002 – 20% Estimated (by employer) percent of employees that use the indoor exercise facilities 2008 – 17% 2002 – n/a Estimated (by employer) percent that use stairs 2008 – 22% 2002 – n/a	Employers that have a designated place for employees to walk 38.5% Employers that have an indoor exercise facility 25.3% Estimated (by employer) percent of employees that use the indoor exercise facilities 18.7% Estimated (by employer) percent that use stairs 24.2% Target setting method: 10% improvement	Survey of Employer Cardio-vascular Health Resources, Policies, and Programs (CVH Survey)
PA 13	(Developmental) Increase the proportion of trips made by walking. (13.1) Adults aged 18 years and older, trips of one mile or less. (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).	Not Available	All trips, unknown Trips for Work, all ages, 1.9% ACS 2009	4% Target setting method: consensus	American Community Survey (ACS)

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

Arkansas Wellness Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 1	Increase the proportion of persons with health insurance (1.1) Medical insurance (1.2) (Developmental) Dental insurance (1.3) (Developmental) Prescription drug insurance	(1.1) 83.2% of persons had medical insurance in 2008. Data source: NHIS, CDC, NCHS. (1.2) Potential data source: NHIS, CDC, NCHS. (1.3) Potential data source: NHIS, CDC, NCHS.	100%. Target setting method: Total coverage.	(1.1) 83% (1.2) Not Available (1.3) Not Available ACS 2005-2009	100% Target setting method: Total coverage	Not Available
AHS 2	(Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.	Potential data sources: Children's Health Insurance Program (CHIP), CMS; Aging Integrated Database (AGID), AoA; CMS claims data and Medicare Current Beneficiary Survey (MCBS), CMS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
AHS 3	Increase the proportion of persons with a usual primary care provider.	76.3% of persons had a usual primary care provider in 2007. Data source: Medical Expenditure Panel Survey (MEPS), AHRQ	83.9%. Target setting method: 10% improvement.	83.8% BRFSS 2007	92.2% Target setting method: 10% improvement	BRFSS
AHS 4	(Developmental) Increase the number of practicing primary care providers. (4.1) (Developmental) Medical Doctor (4.2) (Developmental) Doctor of osteopathy (4.3) (Developmental) Physician assistant (4.4) (Developmental) Nurse practitioner	(4.1) Potential data source: American Medical Association (AMA), Masterfile (4.2) Potential data source: American Medical Association (AMA), Masterfile (4.3) Potential data source: American Academy of Physician Assistants (AAPA) Census. (4.4) Potential data source: National Provider Identifier (NPI) Registry, CMS.	Not Available	Not Available	Not Available	Not Available

Arkansas Wellness Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 5	<p>Increase the proportion of persons who have a specific source of ongoing care</p> <p>(5.1) All ages (5.2) Children and youth aged 17 years and under (5.3) Adults aged 18 to 64 years (5.4) Adults aged 65 years and older</p>	<p>(5.1) 86.4% in 2008 (5.2) 94.3% in 2008 (5.3) 81.3% in 2008 (5.4) 96.3% in 2008 Data source: National Health Interview Survey (NHIS), CDC, NCHS.</p>	<p>(5.1) 95.0%. Target setting method: 10% improvement. (5.2) 100%. Target setting method: 6.0% improvement. (5.3) 89.4%. Target setting method: 10% improvement. (5.4) 100%. Target setting method: 3.8% improvement.</p>	Not Available	Not Available	Not Available
AHS 6	<p>Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines</p> <p>(6.1) Individuals: medical care, dental care, or prescription medicines (6.2) Individuals: medical care (6.3) Individuals: dental care (6.4) Individuals: prescription medicines</p>	<p>(6.1) 10% in 2007 (6.2) 4.7% in 2007 (6.3) 5.5% in 2007 (6.4) 3.1% in 2007 Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.</p>	<p>(6.1) 9% (6.2) 4.2% (6.3) 5% (6.4) 2.8% Target setting method: 10% improvement.</p>	<p>(6.1) Not Available (6.2) 17.4% of adults delay seeing MD because of lack of money (6.3) Not Available (6.4) Not Available ARCHES 2007</p>	<p>(6.2) 15.7% Target setting method: 10% improvement. Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	Not Available
AHS 7	<p>(Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.</p>	<p>Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.</p>	Not Available	Not Available	<p>Potential objective. Currently no data, but an opportunity for data collection in the future.</p>	Not Available

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

Arkansas Wellness Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HC/HIT 3	Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted	Baseline: In 2007, 51.6% of persons reported that their health care providers always involved them in decisions about their health care as much as they wanted. Data source: Health Information National Trends Survey (HINTS), NIH, NCI.	Target: 56.8% Target setting method: 10% improvement.	Not Available	Not Available	Not Available
HC/HIT 4	(Developmental) Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health	Potential data source: Pew Internet and American Life Project, PEW.	Not Available	Not Available	Not Available	Not Available
HC/HIT 5	Increase the proportion of persons who use electronic personal health management tools (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 (5.2) Increase the proportion of persons who use the Internet to communicate with their provider	(5.1)Baseline: In 2007, 14.3% of persons reported using the Internet to keep track of personal health information, such as care received, test results, or upcoming medical appointments. Data source: Health Information National Trends Survey (HINTS), NIH, NCI. (5.2)Baseline: In 2007, 13.6 percent of persons reported using the Internet to communicate with their provider. Data source: Health Information National Trends Survey (HINTS), NIH, NCI.	(5.1)Target: 15.7% Target setting method: 10% improvement. (5.2) Target: 15.0 %. Target setting method: 10 percent improvement.	Not Available	Not Available	Not Available

Arkansas Wellness Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HC/HIT 6	Increase individuals' access to the Internet (6.1) Increase the proportion of persons with access to the Internet (6.2) Increase the proportion of persons with broadband access to the Internet (6.3) Increase the proportion of persons who use mobile devices	(6.1)Baseline: In 2007, 68.5% of persons reported having access to the Internet. Data source: HINTS, NCI. (6.2)Baseline: In 2007, 75.6% of persons reported having broadband access to the Internet. Data source: HINTS, NCI. (6.3)Baseline: In 2007, 6.7% of persons reported using mobile devices. Data source: HINTS, NCI.	(6.1)Target: 75.4%. Target setting method: 10 percent improvement. (6.2)Target: 83.2% Target setting method: 10% improvement. (6.3)Target: 7.7% Target setting method: 10% improvement.	Not Available	Not Available	Not Available
HC/HIT 7	Increase the proportion of adults who report having friends or family members whom they talk with about their health	Baseline: In 2007, 79.5% of adults reported having friends or family members that they talk to about their health. Data source: HINTS, NIH, NCI.	Target: 87.5% Target setting method: 10% improvement.	Not Available	Not Available	Not Available
HC/HIT 8	Increase the proportion of quality, health-related Websites (8.1) Increase the proportion of health-related Websites that meet three or more evaluation criteria disclosing information that can be used to assess information reliability (8.2) (Developmental) Increase the proportion of health-related Websites that follow established usability principles	(8.1)Baseline: In 2009, 52 percent of health-related Websites met three or more evaluation criteria disclosing information that can be used to assess information reliability. Data source: Office of Disease Prevention and Health Promotion survey, HHS. (8.2)Potential data source: Office of Disease Prevention and Health Promotion survey, HHS.	Target: 57.2% Target setting method: 10% improvement.	Not Available	Not Available	Not Available

Arkansas Wellness Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HC/HIT 9	Increase the proportion of online health information seekers who report easily accessing health information	Baseline: In 2007, 37.3% of online health information seekers reported easily accessing health information. Data source: HINTS, NIH, NCI.	Target: 41.0% Target setting method: 10% improvement.	Not Available	Not Available	Not Available
HC/HIT 10	Increase the proportion of medical practices that use electronic health records	Baseline: In 2007, 25.0% of medical practices reported using electronic health records. Data source: NAMCS, CDC, NCHS.	Target: 27.5% Target setting method: 10% improvement.	Not Available	Not Available	Not Available
HC/HIT 11	(Developmental) Increase the proportion of meaningful users of health information technology (HIT)	Potential data source: Centers for Medicare and Medicaid Services (CMS) Update/Report on Meaningful Use.	Not available	Not Available	Not Available	Not Available
HC/HIT 12	(Developmental) Increase the proportion of crisis and emergency risk messages intended to protect the public's health that demonstrate the use of best practices	Potential data source: CDC Risk Communication Message Survey, CDC.	Not available	Not Available	Not Available	Not Available

Arkansas Wellness Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HC/HIT 13	(Developmental) Increase social marketing in health promotion and disease prevention (13.1) Increase the proportion of State health departments that report using social marketing in health promotion and disease prevention programs (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 (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	(13.1) Potential data source: The National Public Health Information Coalition (NPHIC/CDC Cooperative Agreement Healthy People 2020 Survey), CDC (13.2) Potential data sources: National Survey of Public Health Competencies in Social Marketing: Survey of ASPH member schools and accredited MPH programs (Florida Prevention Research Center, University of South Florida). (13.3) Potential data sources: National Survey of Public Health Competencies in Social Marketing: Survey of ASPH member schools and accredited MPH programs (Florida Prevention Research Center, University of South Florida).	Not Available	Not Available	Not Available	Not Available

Arthritis						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AOCBC 1	Reduce the mean level of joint pain among adults with doctor-diagnosed arthritis.	5.6 (U.S.) was the mean level of joint pain on a visual analog scale of 0 (no pain) to 10 (pain as bad as it can be) among adults aged 18 years and older with doctor-diagnosed arthritis in 2006 (age adjusted to the year 200 standard population).	Target setting method: 10 percent improvement National Health Interview Survey, CDC, NCHS	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	Not Available
AOCBC 2	Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.	39.4% of adults aged 18 years and older with doctor-diagnosed arthritis experienced a limitation in activity due to arthritis or joint symptoms in 2008 (age adjusted to the year 2000 standard population).	35.5% Target setting method: 10 percent improvement National Health Interview Survey, CDC, NCHS	30.0% BRFSS 2004	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS

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

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

Arthritis						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AOCBC 7	Increase the proportion of adults with doctor-diagnosed arthritis who receive health care provider counseling. (7.1) For weight reduction among overweight and obese persons. (7.2) For physical activity or exercise.	(7.1) 41.25% of overweight and obese adults aged 18 years and older with doctor-diagnosed arthritis received health care provider counseling for weight reduction in 2006 (age adjusted to the year 2000 standard). (7.2) 52.2% of overweight and obese adults aged 18 years and older with doctor-diagnosed arthritis received health care provider counseling for physical activity or exercise in 2006 (age adjusted to the year 2000 standard).	(7.1) 45.3% Target setting method: 10% improvement (7.2) 57.4% Target setting method: 10% improvement	(7.1) 23.6% (7.2) 43.8% BRFSS 2004	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS
AOCBC 8	Increase the proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition.	10.6% of adults aged 18 years and older with doctor-diagnosed arthritis had effective, evidence-based arthritis education as an integral part of the management of their condition in 2006 (age adjusted to the year 2000 standard).	11.7% Target setting method: 10% improvement	10.6% BRFSS 2004	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS
AOCBC 9	Increase the proportion of adults with chronic joint symptoms who have seen a health care provider for their symptoms.	72.0% of adults aged 18 years and older with chronic joint symptoms saw a health care provider for their symptoms in 2008 (age adjusted to the year 2000 standard).	79.2% Target setting method: 10% improvement	74.1% BRFSS 2004	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS

Arthritis						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AOCBC 10	Reduce the proportion of adults with osteoporosis.	5.9% of adults aged 50 years and older had osteoporosis in 2005-08 (age adjusted to the year 2000 standard population).	Target 5.3% Target setting method: 10% improvement	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS
AOCBC 11	Reduce hip fractures among older adults. (11.1) Females aged 65 years and older. (11.2) Males aged 65 years and older.	(11.1) 823.5 hospitalizations per 100,000 for hip fractures per 1000,000 females aged 65 years and older (age adjusted to the year 2000 standard population) occurred in 2007. (11.2) 418.4 hospitalizations per 100,000 for hip fractures per 1000,000 males aged 65 years and older (age adjusted to the year 2000 standard population) occurred in 2007.	(11.1) Target 741.2 hospitalizations per 100,000 population Target setting method: 10% improvement (11.2) 418.4 hospitalizations for hip fractures per 100,000 population	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS
AOCBC 12	Reduce activity limitation due to chronic back conditions.	30.7 adults per 1,000 population aged 18 years and older experienced activity limitation due to chronic back conditions in 2088 (age adjusted to the year 2000 standard population).	Target: 27.6 adults per 1,000 population	Not Available	Potential objective. No data currently, but an opportunity for future data collection.	BRFSS

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

Diabetes Advisory Council						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 6	Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. (6.1) Individuals: medical care, dental care, or prescription medicines (6.2) Individuals: medical care (6.3) Individuals: dental care (6.4) Individuals: prescription medicines	(6.1) 10.0% in 2007 (6.2) 4.7% in 2007 (6.3) 5.5% in 2007 (6.4) 3.1% in 2007 Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	(6.1) 9.0% (6.2) 4.2% (6.3) 5.0% (6.4) 5.5% Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
CKD 1	Reduce the proportion of the Arkansas population with chronic kidney disease.	15.1% of the U.S. population had CKD in 1999-2004. Data source: NHANES, CDC, NCHS.	13.6%. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
CKD 2	Increase the proportion of persons with chronic kidney disease (CKD) who know they have impaired renal function.	7.3% in 1999-2004. Data source: NHANES, CDC, NCHS.	11.3%	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Diabetes Advisory Council						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
CKD 4	Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical evaluation. (4.1) Increase the proportion of persons with chronic kidney disease who receive medical evaluation with serum creatinine, lipids, and microalbuminuria. (4.2) Increase the proportion of persons with type 1 or type 2 diabetes and chronic kidney disease who receive medical evaluation with serum creatinine, microalbuminuria, HbA1c, lipids, and eye examinations.	(4.1) 25.8% in 2007 (4.2) 23.1% in 2007 Data source: U.S. Renal Data System, NIH, NIDDK.	(4.1) 28.4% (4.2) 25.4% Target setting method: 10 % improvement	USRDS have not run power analyses on the HP 2020 objective that utilize the 5% Medicare sample to see if reporting objectives CKD-4, CKD-5, and D-12 by state would be possible. They will look into this further as they develop the HP 2020 chapter for the 2011 ADR in the coming months.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
CKD 5	Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical treatment with angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs).	54.6% in 2007. Data source: U.S. Renal Data System, NIH, NIDDK.	60.6%. Target setting method: 10% improvement.	USRDS have not run power analyses on the HP 2020 objective that utilize the 5% Medicare sample to see if reporting objectives CKD-4, CKD-5, and D-12 by state would be possible. They will look into this further as they develop the HP 2020 chapter for the 2011 ADR in the coming months.	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
CKD 7	Reduce the death rate among people with chronic kidney disease.	2.5 deaths per 100 person years in 1988-2006. Data source: NHANES, CDC, NCHS; National Death Index, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Possible Source USRDS

Diabetes Advisory Council						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
CKD 8	Reduce the rate of new cases of end-stage renal disease (ESRD).	353.8 new cases per million population in 2007. Data source: U.S. Renal Data System, NIH, NIDDK.	318.5 new cases per million population. Target setting method: 10% improvement.	361.9 per million population USRDS 2008	325.7 Target setting method: 10% improvement	USRDS
CKD 9	Reduce kidney failure due to diabetes. (9.1) Reduce kidney failure due to diabetes (9.2) Reduce kidney failure due to diabetes among persons with diabetes	(9.1) 154.7 per million population in 2007 (9.2) 2,637.9 persons per million population in 2007 Data source: U.S. Renal Data System, NIH, NIDDK.	(9.1) 139.2 million (9.2) 2,374.1 per million population Target setting method: 10% improvement.	(9.1) 199.7 per million (9.2) 216.5 per 100,000 diabetic population USRDS 2007	(9.1) 179.1 (9.2) 194.7 Target setting method: 10% improvement	USRDS
CKD 14	Reduce deaths in persons with end-stage renal disease (ESRD). (14.1) Reduce the total death rate for persons on dialysis. (14.2) Reduce the death rate in dialysis patients within the first 3 months of initiation of renal replacement therapy (14.3) Reduce the cardiovascular death rate for persons on dialysis (14.4) Reduce the total death rate for persons with a functioning kidney transplant (14.5) Reduce the cardiovascular death rate for person with a functioning kidney transplant	Data source: U.S. Renal Data System, NIH, NIDDK. (14.1) 212.0 deaths per 1,000 patient years in 2007 (14.2) 355.5 deaths per 1,000 patient years at risk in 2007 (14.3) 90.3 deaths per 1,000 patient years in 2007 (14.4) 32.6 deaths per 1,000 patient years in 2007 (14.5) 6.5 deaths per 1,000 patient years in 2007	Target setting method: 10% improvement. (14.1) 190.8 deaths per 1,000 patient years (14.2) 319.9 deaths per 1,000 patient years at risk (14.3) 81.3 deaths per 1,000 patient years at risk (14.4) 29.4 deaths per 1,000 patient years at risk (14.5) 4.5 deaths per 1,000 patient years at risk	177.3 per 1,000 population USRDS 2008	159.6 Target setting method: 10% improvement	USRDS
D 1	Reduce the annual number of new cases of diagnosed diabetes in the population	8.0 new cases per 1,000 population aged 18 to 84 years in 2006-08. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	7.2 new cases per 1,000 population aged 18 to 84 years Target setting method: 10% improvement	11.2 per 1,000 population 18+ years BRFSS 2005-2007	10.1 Target setting method: 10% improvement	BRFSS

Diabetes Advisory Council						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
D 2	(Developmental) Reduce the death rate among the population with diabetes. (2.1) Reduce the rate of all-cause mortality among the population with diabetes. (2.2) Reduce the rate of cardiovascular disease deaths in persons with diagnosed diabetes.	Potential data sources: National Health Interview Survey (NHIS), CDC, NCHS; National Death Index.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Possible source USRDS
D 3	Reduce the diabetes death rate.	73.1 deaths per 100,000 population in 2007. Data source: National Vital Statistics System (NVSS), CDC, NCHS.	65.8 deaths per 100,000 population; Target setting method: 10% improvement.	67.8 per 100,000-age adjusted Mortality 2007	61.0 Target setting method: 10% improvement	Vital Statistics Mortality Data
D 4	Reduce the rate of lower extremity amputations in persons with diabetes.	3.5 per 1,000 population in 2005-07. Data sources: National Hospital Discharge Survey (NHDS), CDC, NCHS; National Health Interview Survey (NHIS), CDC, NCHS.	Not Available Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.	3.6 per 1,000 population Hospital Discharge Data 2007	3.2 Target setting method: 10% improvement	Hospital Discharge Data
D 5	Improve glycemic control among the population with diagnosed diabetes: (5.1) Reduce the proportion of the diabetic population with an A1c value greater than 9 percent. (5.2) Increase the proportion of the diabetic population with an A1c value less than 7 percent.	(5.1) 16.2% in 2005-08 (5.2) 53.5% in 2005-08 Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS	(5.1) 14.6% (5.2) 58.9% Target setting method: 10% improvement	(5.1) 26.5% (5.2) 35.5% ARCHES 2007	(5.1) 23.8% (5.2) 39.0% Target setting method: 10% improvement	Not Available

Diabetes Advisory Council						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
D 6	(Developmental) Improve lipid control among the population with diagnosed diabetes.	Potential data source: NHANES, CDC, NCHS.	Not Available	56.6% ARCHES 2007 (Known diabetics whose LDL is less than 100)	62.3% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
D 7	Increase the proportion of the population with diagnosed diabetes whose blood pressure is under control.	51.8% in 2005-08. Data source: NHANES, CDC, NCHS.	57.0% Target setting method: 10% Improvement	37.2% ARCHES 2007 (Known diabetics whose blood pressure is less than 130/80)	40.9% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
D 8	Increase the proportion of persons with diabetes who have at least an annual dental examination	55.6% in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHS.	61.2%; Target setting method: 10% improvement.	63.1% BRFSS 2006, 2008	69.4% Target setting method: 10% improvement	BRFSS
D 9	Increase the proportion of adults with diabetes who have at least an annual foot examination	68.0% in 1008. Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.	74.8% Target setting method: 10% improvement.	61.4% BRFSS 2003-2007	67.5% Target setting method: 10% improvement	BRFSS
D 10	Increase the proportion of adults with diabetes who have an annual dilated eye examination	53.4% in 2008; Data source: National Health Interview Survey (NHIS), CDC, NCHS	58.7% Target setting method: 10% improvement	63.8 % BRFSS 2003-2007	70.2% Target setting method: 10% improvement	BRFSS
D 11	Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year.	64.6% in 2008. Data source: Behavioral Risk Factor Surveillance System, CDC, NCCDPHP.	71.1%. Target setting method: 10% improvement.	89.9% BRFSS 2003-2007	98.9% Target setting method: 10% improvement	BRFSS

Diabetes Advisory Council						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
D 12	Increase the proportion of persons with diabetes who obtain an annual urinary microalbumin measurement.	33.6% in 2007; Data source: U.S. Renal Data System, NIH, NIDDK	37.0%. Target setting method: 10% improvement.	USRDS have not run power analyses on the HP 2020 objective that utilize the 5% Medicare sample to see if reporting objectives CKD-4, CKD-5, and D-12 by state would be possible. They will look into this further as they develop the HP 2020 chapter for the 2011 ADR in the coming months.	Not Available	USRDS
D 13	Increase the proportion of adults with diabetes who perform self-blood-glucose-monitoring at least once daily.	64.0% in 2008. Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.	70.4%. Target setting method: 10% improvement.	91.5% BRFSS 2003-2007	95% Target setting method: 5% improvement	BRFSS
D 14	Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.	56.8% in 2008. Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.	62.5%. Target setting method: 10% improvement.	49.5% BRFSS 2003-2007	54.5% Target setting method: 10% improvement	BRFSS
D 15	Increase the proportion of adults with diabetes whose condition has been diagnosed	72.8% in 2005-08. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	80.1%. Target setting method: 10% improvement.	76.6% ARCHES 2007	84.4% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Diabetes Advisory Council						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
D 16	Increase prevention behaviors in persons at high risk for diabetes with pre-diabetes. (16.1) Increase the proportion of persons at high risk for diabetes with pre-diabetes who report increasing their levels of physical activity. (16.2) Increase the proportion of persons at high risk for diabetes with pre-diabetes who report trying to lose weight. (16.3) Increase the proportion of persons at high risk for diabetes with pre-diabetes who report reducing the amount of fat or calories in their diet.	(16.1) 44.6% in 2005-08 (16.2) 50.5% in 2005-08 (16.3) 48.5% in 2005-08 Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	(16.1) 49.1% (16.2) 55% (16.3) 53.4% Target setting method: 10% improvement.	Not Available currently. Will be available with 2011 BRFSS.	Potential objective. Currently no data, but an opportunity for data collection in the future.	BRFSS
MHMD 3	Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight.	14.3% in 2009. Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	12.9% Target setting method: 10% improvement.	16.6% YRBSS 2009	14.9% Target setting method: 10% improvement	YRBSS
OA 4	Increase the proportion of older adults who receive Diabetes Self-Management Benefits	2.2% in 2008. Data source: Medicare Claims Data, CMS.	2.4%. Target setting method: 10% improvement.	Not Available currently. Will be available with 2010 BRFSS	2.2% Target setting method: 10% improvement	Medicare Claims Data
V 4	Increase the proportion of adults who have a comprehensive eye examination, including dilation, within the last 2 years and/or by age 45.	55.0% in 2008. Data source: National Health Interview Survey (NHIS), NCHS, CDC.	60.5%. Target setting method: 10% improvement.	N/A currently, will be available with 2010 BRFSS	Potential objective. Currently no data, but an opportunity for data collection in the future.	BRFSS
V 5.2	Reduce visual impairment due to diabetic retinopathy	34.1 per 1,000 population in 2008. Data source: National Health Interview Survey (NHIS), CDC, NCHs.	30.7 per 1,000 Target setting method: 10% improvement.	22.7% BRFSS 2003-2007	20.5% Target setting method: 10% improvement	BRFSS

Disability and Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 2	<p>Increase the number of Tribes, States, and the District of Columbia that have public health surveillance and health promotion programs for people with disabilities and caregivers.</p> <p>(2.1) Increase the number of State and the District of Columbia health departments that have at least one health promotion program aimed at improving the health and well-being of people with disabilities.</p> <p>(2.2) Increase the number of State and the District of Columbia health departments that conduct health surveillance for caregivers of people with disabilities.</p> <p>(2.3) Increase the number of State and the District of Columbia health departments that have at least one health promotion program aimed at improving the health and well-being of caregivers of people with disabilities.</p>	<p>(2.1) 0 States and the District of Columbia had health promotion programs for caregivers in 2010. Data source: Periodic Assessment of State Health Promotion Programs, CDC, NCBDDD.</p> <p>(2.2) Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.</p> <p>(2.3) Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.</p>	(2.1) 16 States and the District of Columbia. Target setting method: Consistency with other programs.	Arkansas meets this goal through Partners for Inclusive Communities.	Continue to meet this goal.	ADH
DH 3	Increase the proportion of U.S. master of public health (M.P.H.) programs that offer graduate-level courses in disability and health.	Potential data source: Periodic Assessment of Schools of Public Health Courses, CDC, NCBDDD.	Not Available	100% (COPH has a Children with Special Health Care Needs Class)	Continue to meet this goal.	Survey of masters of public health programs
DH 4	Reduce the proportion of people with disabilities who report delays in receiving primary and periodic preventive care due to specific barriers.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	NHIS

Disability and Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 5	Increase the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric to adult health care.	41.2% of youth with special health care needs had health care providers who discussed transition planning from pediatric to adult health care in 2005–06. Data source: National Survey of Children with Special Health Care Needs (NS-CSHN), HRSA, Data Resource Center for Children and Adolescent Health.	45.3% Target setting method: 10% improvement.	Arkansas rate 33.1% National Survey of CSHCN 2005-2006	Support DDS CMS goal, once set by them.	DDS CMS
DH 7	Reduce the proportion of older adults with disabilities who use inappropriate medications.	Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ, Center for Financing, Access, and Cost Trends (CFACT).	Not Available	Not Available	Currently no data, but an opportunity for data collection in the future.	MEPS
DH 8	(Developmental) Reduce the proportion of people with disabilities who report physical or program barriers to local health and wellness programs.	Potential data source: National Health Interview Survey (NHIS) Supplement, CDC, NCHS.	Not Available	Not Available	Currently no data, but an opportunity for data collection in the future.	Not Available
DH 9	Reduce the proportion of people with disabilities who encounter barriers to participating in home, school, work, or community activities.	Potential data source: National Health Interview Survey (NHIS) Supplement, CDC, NCHS.	Not Available	Percent of disabled people who reported not being able to do what they want because of physical barriers at least once in the last 30 days BRFSS 2009—74.5%	67.0% Target setting method: 10% improvement	BRFSS

Disability and Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 10	(Developmental) Reduce the proportion of people with disabilities who report barriers to obtaining assistive devices, service animals, technology services, and accessible technologies they need.	Potential data source: National Health Interview Survey Supplement, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
DH 12	Reduce the number of people with disabilities living in congregate care residences. (12.1) Reduce the number of adults with disabilities (aged 22 years and older) living in congregate care residences that serve 16 or more persons. (12.2) Reduce the number of children and youth with disabilities (aged 21 years and under) living in congregate care facilities.	(12.1) 57,462 adults (aged 22 years and older) with disabilities lived in congregate care residences that served 16 or more persons in 2008. Data source: Survey of State Developmental Disabilities Directors, University of Minnesota (12.2) 28,890 children and youth (aged 21 years and under) with disabilities lived in congregate care facilities in 2009. Data source: Survey of State Developmental Disabilities Directors, University of Minnesota.	(12.1) 31,604 adults. Target setting method: Modeling/projection. (12.2) 26,001 children and youth with disabilities. Target setting method: 10% improvement.	In Arkansas, on June 30, 2010 1062 people were in Human Development Centers and 204 were in the 4 large private Intermediate Care Facilities (APF, Brownwood, Easter Seals, and Millcreek). DHS	Reduce the number of disabled people living in congregate care residences to 1140 total Target setting method: 10% improvement	DHS
DH 13	(Developmental) Increase the proportion of people with disabilities who participate in social, spiritual, recreational, community, and civic activities to the degree that they wish.	Potential data source: National Health Interview Survey Supplement, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Disability and Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 14	Increase the proportion of children and youth with disabilities who spend at least 80 percent of their time in regular education programs.	56.8% of children and youth with disabilities spent at least 80 percent of their time in regular education classrooms in 2007–08. Data source: Individuals with Disabilities Education Act (IDEA) database, DoED, Office of Special Education.	73.8% Target setting method: Modeling/projection.	53.1% IDEA Data and Research Office at UALR	58.4% Target setting method: 10% improvement	IDEA Data and Research Office at UALR
DH 15	Reduce unemployment among people with disabilities.	14.5% in 2009 (Current Population Survey (CPS), DOL, BLS)	13.1% Target setting method: 10 percent improvement.	Percent of disabled persons between 18 and 64 years old who reported being unemployed 2008-2009 6.9% BRFSS	6.2% Target setting method: 10% improvement	BRFSS
DH 16	Increase employment among people with disabilities.	19.2% in 2009 (Current Population Survey (CPS), DOL, BLS)	21.2% Target setting method: 10% improvement.	Percent of disabled persons between 18 and 64 years old who reported being employed 2008-2009 41.4% BRFSS	45.5% Target setting method: 10% improvement	BRFSS

Disability and Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 17	<p>Increase the proportion of adults with disabilities reporting sufficient social and emotional support. (BRFSS Questions: Are you limited in any way in any activities because of physical, mental, or emotional problems? Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? How often do you get the social and emotional support you need? (always or usually is considered sufficient support)</p>	<p>69.5% of adults with disabilities reported sufficient social and emotional support in 2008. Data source: Behavioral Risk Factor Surveillance system (BRFSS), CDC, NCCDPHP.</p>	<p>76.5%</p> <p>Target setting method: 10% improvement.</p>	<p>66.6% BRFSS 2009</p>	<p>73.3%</p> <p>Target setting method: 10% improvement</p>	BRFSS

Disability and Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
DH 18	<p>Reduce the proportion of people with disabilities who report serious psychological distress.</p> <p>BRFSS Questions: Are you limited in any way in any activities because of physical, mental, or emotional problems? Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? During the past 30 days about how often did you feel so depressed that nothing could cheer you up? During the past 30 days about how often did you feel restless or fidgety? About how often during the past 30 days did you feel nervous-would you say? About how often during the past 30 days did you feel hopeless-would you say? During the past 30 days about how often did you feel worthless? During the past 30 days about how often did you feel that everything was an effort?</p>	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	<p>Percent of disabled people who reported at least one mental health symptom (depression, restlessness, nervousness, hopelessness, worthlessness or that everything was an effort) all or most of the time in the last 30 days was 33.0%.</p> <p>Percent of disabled people who reported Serious Psychological Stress (Kessler scale) was 14.9%. BRFSS 2007</p>	Reporting mental health symptom 29.7%, Serious Psychological Stress 13.4%, Target setting method: 10% improvement	BRFSS
DH 19	Reduce the proportion of people with disabilities who report on non-fatal unintentional injuries that require medical care.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Disability and Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OA 3	(Developmental) Increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions.	Potential data source: Behavioral Risk Factor Surveillance System, CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Possible source: BRFSS
OA 5	Reduce the proportion of older adults who have moderate to severe functional limitations.	28.3% of older adults had moderate to severe functional limitations (age-adjusted) in 2007. Data source: Medicare Current Beneficiary Survey (MCBS), CMS.	25.5% Target setting method: 10% improvement.	22.3% of adults 65 and over reported needing the help of other persons to handle routine needs or to assist with personal care BRFSS 2003, 2004, 2005	20.1%, Target setting method: 10% improvement	BRFSS
OA 8	(Developmental) Reduce the proportion of noninstitutionalized Older adults with disabilities who have an unmet need for long-term services and supports	Potential data source: National Health and Aging Trends Study (NHATS)	Not Available	Not Available	Not Available	Not Available
OA 11	Reduce the rate of emergency department visits due to falls among older adults.	5,235.1 emergency department visits per 100,000 due to falls occurred among older adults in 2007(age adjusted to year 2000 standard population). Data source: National Hospital Ambulatory Medical Care Survey, CDC, NCHS.	4,711.6 emergency department visits per 100,000 due to falls among older adults. Target setting method: 10 percent improvement.	Arkansas does not collect ED data currently. In 2009, among 65+ year olds, there were 152,923 inpatient episodes, of which 9,735 (636.6 per 10,000) were due to falls	573 per 10,000 inpatient episodes due to falls. Target setting method: 10% improvement	Inpatient visits

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
AHS 8	(Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services (8.1) Population covered by basic life support (8.2) Population covered by advanced life support	(8.1) Potential data source: National EMS Information System (NEMSIS). (8.2) Potential data source: National EMS Information System (NEMSIS).	Not Available	100% All Arkansas counties are covered by either ambulance services or air medical services	Continue to meet this goal.	EMS Section
CKD 6	Improve cardiovascular care in persons with chronic kidney disease. (6.1) Reduce the proportion of persons with chronic kidney disease who have elevated blood pressure. (6.2) Reduce the proportion of persons with chronic kidney disease who have elevated lipid levels.	(6.1) 74.1% in 1999-2004 (6.2) 29.6% in 1999-2004 Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	(6.1) 66.7% (6.2) 26.6% Target setting method: 10% improvement	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
ECBP 10	Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, State agencies) providing population-based primary prevention services in the following areas: Nutrition, Physical Activity	Nutrition- Baseline: In 2008, 86.4% of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in nutrition. Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO). Physical Activity- Baseline: In 2008, 80.5% of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in physical activity. Data source: NACCHO.	Nutrition- Target: 94.7%. Target setting method: 10% improvement. Physical Activity- Target: 88.5%. Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
HDS 2	Reduce coronary heart disease deaths.	126.0 coronary heart disease deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population). Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.	100.8 deaths per 100,000 population. Target setting method: Projection (20% improvement).	149.9 deaths per 100,000 Notes: ICD-10 codes I20-I25; age-adjusted rate; 2007 data.	119.9 deaths/100,000 Target setting method: 20% improvement	ADH Health Statistics Branch

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 3	Reduce stroke deaths	42.2 stroke deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population). Data source: NVSS–M, CDC, NCHS.	33.8 deaths per 100,000 population. Target setting method: Projection (20% improvement).	57.3 deaths per 100,000 Notes: ICD-10 codes I60-I69; age-adjusted rate; 2007 data.	45.8 deaths/100,000 (Method: 20% improvement)	ADH Health Statistics Branch
HDS 5	Reduce the proportion of persons in the population with hypertension. (5.1) Reduce the proportion of adults with hypertension. (5.2) Reduce the proportion of children and adolescents with hypertension.	(5.1) 29.9% of adults aged 18 years and older had high blood pressure/hypertension in 2005-08 (age adjusted to the year 2000 standard population). (5.2) 3.5% of children and adolescents aged 8 to 17 years had high blood pressure/ hypertension in 2005-08. Data source: NHANES, CDC, NCHS.	(5.1) 26.9% Target setting method: 10% improvement. (5.2) 3.2% Target setting method: 10% improvement.	(5.1) 42.8% (5.2) Not Available ARCHES 2007	38.5% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
HDS 6	Increase the proportion of adults who have their blood cholesterol checked within the preceding 5 years.	74.6% 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).	82.1% Target setting method: 10% improvement.	69.6% ARCHES 2007	76.9% Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 7	Reduce the proportion of adults with high total blood cholesterol levels.	15.0% of adults aged 20 years and older had total blood cholesterol levels of 240mg/dL or greater in 2005-08 (age adjusted to the year 2000 standard population). Data source: NHANES, CDC, NCHS.	13.5% Target setting method: 10% improvement	12.1% Source: ARCHES 2007 Note: High total cholesterol level \geq 240	10.9% Target setting method: 10% Improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available
HDS 8	Reduce the mean total blood cholesterol levels among adults.	197.7 mg/dL was the mean total blood cholesterol level for adults aged 20 years and older in 2005-08 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	177.9 mg/dL (mean). Target setting method: 10% improvement.	196.6 mg/dL Source: ARCHES 2007	176.9 mg/dL Target setting method: 10% improvement. Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 9	Increase the proportion of adults with prehypertension who meet the recommended guidelines for: (9.1) (Developmental) Body mass index (BMI) (9.2) (Developmental) Saturated fat consumption (9.3) (Developmental) Sodium intake (9.4) (Developmental) Physical activity (9.5) (Developmental) Moderate alcohol consumption	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	(9.1) 20.7% (9.2) 27.2% (9.3) 28.8% (9.4) not available (9.5) not available Source: ARCHES 2007	Target setting method: 10% improvement (9.1) 22.8% (9.2) 29.9% (9.3) 31.7% (9.4, 9.5) Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 10	Increase the proportion of adults with hypertension who meet the recommended guidelines for: (10.1) (Developmental) BMI (10.2) (Developmental) Saturated fat consumption (10.3) (Developmental) Sodium intake (10.4) (Developmental) Physical activity (10.5) (Developmental) Moderate alcohol consumption	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	(10.1) 12.8% BMI<25 (10.2) 26.0% <10% calories from saturated fats (10.3) 30.1% <2300mg sodium (10.4) Not Available (10.5) Not Available ARCHES 2007	(10.1) 14.1% (10.2) 28.6% (10.3) 33.1% (10.4) not available (10.5) not available Target setting method: 10% improvement	Not Available
HDS 11	(Developmental) Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure.	70.4% of adults with high blood pressure/hypertension were taking the prescribed medications to lower their blood pressure in 2005-08 (age adjusted to the year 2000 standard population). Data source: NHANES, CDC, NCHS.	77.4% Target setting method: 10% improvement.	Not available	Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 12	Increase the proportion of adults with high blood pressure whose blood pressure is under control.	43.7% of adults aged 18 years and older with high blood pressure/hypertension had it under control in 2005-08 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	61.2% Target setting method: Projection (40% improvement).	37.5% Source ARCHES 2007	41.3% Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 13	(Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering management including lifestyle changes, and, if indicated, medication. (13.1) (Developmental) Cholesterol-lowering diet (13.2) (Developmental) Physical activity (13.3) (Developmental) Weight control (13.4) (Developmental) Prescribed drug therapy	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 14	(Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed LDL-cholesterol lowering management lifestyle changes and, if indicated, medication. (14.1) Cholesterol-lowering diet (14.2) Physical activity (14.3) Weight control (14.4) Prescribed drug therapy	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 16	Increase the proportion of adults aged 20 years and older who are aware of, and respond to, early warning symptoms and signs of a heart attack.	39.2% of adults aged 20 years and older were aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9-1-1 or another emergency number in 2008 (age adjusted to the year 2000 standard population). Data source: National Health Interview Survey (NHIS), CDC, NCHS.	43.1% Target setting method: 10% improvement.	11.4% Source BRFSS 2007	13.7% Target setting method: 20% improvement based on projection	BRFSS-Heart Attack and Stroke module
HDS 17	Increase the proportion of adults aged 20 years and older who are aware of and respond to early warning signs of a stroke.	Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.	Not Available	17.1% Source: 2007 BRFSS Note: question is asked among adults ages 18 and older. Question regarding 911 as a first response addresses both stroke and heart attack. Excludes persons who do NOT correctly identify decoy symptom.	20.5% Target setting method: 20% improvement based on trends 2003=14.9% 2007=17.1% 14.8%↑	BRFSS-Heart Attack and Stroke Module
HDS 19	Increase the proportion of eligible patients with heart attacks or stroke who receive timely artery-opening therapy as specified by current guidelines.	Baseline: 68.3% of eligible heart attack patients received fibrinolytics within 30 minutes of hospital arrival in 2009.	Target: 75.1% Target setting method: 10% improvement. Target: 97.5% Target setting method: 10% improvement.	Not Available	15.1% Target Setting method: 10% improvement	Being developed through Stroke Registry

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 24	(Developmental) Reduce hospitalizations of older adults with heart failure as the principle diagnosis.	Baseline: 9.8 hospitalizations for heart failure per 1,000 population aged 65 to 74 years occurred in 2007. Baseline: 22.4 hospitalizations for heart failure per 1,000 population aged 75 to 84 years occurred in 2007. Baseline: 42.9 hospitalizations for heart failure per 1,000 population aged 85 years and older occurred in 2007. Data source: Chronic Conditions Warehouse (CCW), CMS.	Target: 8.8 hospitalizations per 1,000 population. Target: 20.2 hospitalizations per 1,000 population. Target: 38.6 Hospitalizations per 1,000 population. Target setting method: 10% improvement.	21.5 HF hospitalizations per 1,000 AR adults ages 65+	16.5 hospitalizations/ 1,000 adults ages 65+ Target setting method: 20% improvement Trend: 2004=26.1 hosp. per 1,000 2005=24.9 hosp. per 1,000 2006=24.4 hosp. per 1,000 2007=22.2 hosp. per 1,000 2008=21.5 hosp. per 1,000 17.9%	Hospital Discharge Data System, HCUP State Inpatient Database 2004, HCUPnet
SA 15	Decrease the proportion of adults who drank excessively in the previous 30 days.	28.1% of adults aged 18 years and older reported that they drank excessively in the previous 30 days in 2008. Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA>	25.3% Target setting method: 10% improvement.	11.3% (binge drinkers- =males 5+ drinks/occasion or females 4+ drinks/occasion) 2009 BRFSS data	10.7% Target setting method: 10% improvement No statistically significant difference between 2006 and 2009.	BRFSS – Alcohol Consumption Section
HDS 1	(Developmental) Increase overall cardiovascular health in the U.S. population	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Not Available	Not Available

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 15	(Developmental) Increase aspirin use as recommended among adults with no history of cardiovascular disease (15.1) (Developmental) Women aged 55 to 79 years (15.2) (Developmental) Men aged 45 to 79 years	Potential data source: National Ambulatory Medical Care Survey (NAMCS)/National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.	Not Available	Not Available	Not Available	Not Available
HDS 18	(Developmental) Increase the proportion of out-of-hospital cardiac arrests in which appropriate bystander and emergency medical services (EMS) were administered	Potential data source: National Emergency Medical Services Information System (NEMSIS), National Highway Traffic Safety Administration (NHTSA), Department of Transportation (DOT).	Not Available	Not Available	Not Available	Not Available
HDS 20	(Developmental) Increase the proportion of adults with coronary heart disease or stroke who have their low-density lipoprotein (LDL) cholesterol level at or below recommended levels (20.1) (Developmental) Increase the proportion of adults with coronary heart disease who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels (20.2) (Developmental) Increase the proportion of adults who have had a stroke who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	(20.1) 46.8% (20.2) 44.4% ARCHES 2007	(20.1) 51.5% (20.2) 48.8% Target setting method: 10% improvement. Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
HDS 21	(Developmental) Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events.	(Developmental) Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events.	Not Available	60.5% use aspirin ARCHES 2007	66.5% Target setting method: 10% improvement. Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 22	(Developmental) Increase the proportion of adult heart attack survivors who are referred to a cardiac rehabilitation program at discharge.	Potential data source: Acute Coronary Treatment and Intervention Outcomes Network Registry—Get with the Guidelines (ACTION Registry-GWTG), American College of Cardiology Foundation and American Heart Association.	Not Available	18.9% ARCHES 2007	37.8% Target setting method: Doubling. Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available
HDS 23	(Developmental) Increase the proportion of adult stroke survivors who are referred to a stroke rehabilitation program at discharge.	Potential data source: Acute Coronary Treatment and Intervention Outcomes Network Registry—Get with the Guidelines Program—Stroke Module (GWTG-Stroke), American Heart Association/American Stroke Association.	Not Available	23.6% ARCHES 2007	47.2% Target setting method: Doubling. Potential objective. Currently no data, but an opportunity for data collection in the future	Not Available

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 18	Reduce consumption of saturated fat in the population aged 2 years and older.	11.3% was the mean percentage of total daily calorie intake provided by saturated fat for the population aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.	9.5% Target setting method: Evidence-based approach (Considered the baseline in relation to 2005 DGA recommendation, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).	Percent of daily calories consumed by adults 18 and over 12.8% ARCHES 2007	Percent of daily calories consumed by adults 18 and over 11.5%, Target setting method: 10% improvement Potential objective. Currently no data, but an opportunity for data collection in the future.	Not Available

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

Heart Disease and Stroke Coalition						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
NWS 20	Increase consumption of calcium in the population aged 2 years and older.	1,118 milligrams of calcium from foods, dietary supplements and antacids, and drinking water was the mean total daily intake by persons aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population). Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.	1,300 milligrams. Target setting method: Evidence-based approach..	For adults 18 and over 902 mg per day ARCHES 2007	For adults 18 and over 1,300mg per day Target setting method: Evidence-based approach	Not Available

Oral Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 1	Reduce the proportion of children who have dental caries experience in their primary or permanent teeth.	33.3% of children aged 3 to 5 years had dental caries experience in at least one primary tooth in 1999–2004. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	30.0% Target setting method: 10% improvement	2010 Arkansas Oral Health Screening Report. 64% of children had evidence of past cavities, 2010	57.6% Target setting method: 10% improvement	2010 Arkansas Oral Health Screening Report.
OH 2	Reduce the proportion of children with untreated dental decay.	23.8% of children aged 3 to 5 years had untreated dental decay in at least one primary tooth in 1999–2004. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	21.4% Target setting method: 10% improvement	Children with untreated caries = 29%, 2010 2010 Arkansas Oral Health Screening Report	26% Target setting method: 10% improvement	2010 Arkansas Oral Health Screening Report
OH 3	Reduce the proportion of adults with untreated dental decay.	Baseline: 27.8% adults aged 35 to 44 years had untreated dental decay in at least one permanent tooth in 1999–2004. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Target: 25.0% Target setting method: 10% improvement.	Not Available	Potential objective. Currently no data, but an opportunity to collect data in the future	Possible Source: BRFSS
OH 4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.	76.4% of adults aged 45 to 64 years have ever had a permanent tooth extracted because of dental caries or periodontitis in 1999–2004. Data source: NHANES, CDC, NCHS.	68.8% Target setting method: 10% improvement	54% had tooth extracted due to dental disease, BRFSS 2008	48.6% Target setting method: 10% improvement	BRFSS

Oral Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 5	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.	32.5% of oral and pharyngeal cancers were diagnosed at the localized stage (stage 1) in 2007. Data sources: National Program of Cancer Registries (NPCR), CDC; Surveillance, Epidemiology and End Results (SEER) Program, NIH, NCI.	35.8% Target setting method: 10% improvement	Oral cavity and pharynx cancer incidence: stage I = 2.2 per 100,000, stage II = 1.3 per 100,000 (2007 data) BRFSS 2008	Stage I = 2 per 100,000 Stage II = 1.17 per 100,000 Target setting method: 10% improvement	Arkansas Central Cancer Registry – CancerCORE database, 2007
OH 6	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.	44.5% of persons aged 2 years and older had a dental visit in the past 12 months in 2007. Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.	49.0% Target setting method: 10% improvement.	Adults – 64% visited dental clinic in past year for any reason, BRFSS 2008	70.4% Target setting method: 10% improvement	BRFSS 2008
OH 7	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.	26.7% of children and adolescents aged 2 to 18 years at or below 200 percent of the Federal poverty level received a preventive dental service during the past year in 2007.	29.4% Target setting method: 10% improvement.	27% of children on Medicaid participated in Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program , FY2006 2008 AR Medicaid Services Report - EPSDT Dental Utilization Rates	29.7% Target setting method: 10% improvement	2008 AR Medicaid Services Report - EPSDT Dental Utilization Rates

Oral Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 8	Increase the proportion of school-based health centers with an oral health component that includes dental sealants.	24.1% of school-based health centers with an oral health component included dental sealants in 2007–08. Data source: School-based Health Care Census, National Assembly of School Based Health Care (NASBHC).	26.5% Target setting method: 10% improvement.	The Wakefield school-based dental clinic provided 7,330 dental sealants to 2,482 children over past 5-years: http://ualr.edu/children/index.php/future-smiles-dental-clinic/ (services provided over the past 5-years of the program 2006 – 2010)	Increase to 2 Target setting method: doubling	Office of Oral Health and UALR Children's International Program
OH 9	Increase the proportion of patients that receive oral health services at Federally Qualified Health Centers each year.	17.5% of patients at Federally Qualified Health Centers received oral health services in 2007	33.3% Target setting method: 90% improvement.	15.7% of all CHC patients receive dental services. Not all of the CHCs' locations provide dental services, 2009.	17.3% of CHC patients will receive dental services.	Community Health Centers of Arkansas
OH 10	(Developmental) Increase the proportion of preschools and Head Start programs that provide health education to prevent health problems in the following areas: unintentional injury; violence; tobacco use and addiction; alcohol and drug use, unhealthy dietary patterns; and inadequate physical activity, dental health, and safety.	Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity to collect data in the future.	Not Available

Oral Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 11	Increase the proportion of children who have received dental sealants on their molar teeth.	1.4% of children aged 3 to 5 years received dental sealants on one or more of their primary molars in 1999–2004. Data source: NHANES, CDC, NCHS.	1.5% Target setting method: 10% improvement.	Children screened had dental sealants on one or more tooth surfaces, 27%, 2010 2010 Arkansas Oral Health Screening Report	30% Target setting method: 10% improvement	2010 Arkansas Oral Health Screening Report
OH 12	Increase the proportion of the Arkansas population served by community water systems with optimally fluoridated water.	72.4% of the U.S. population served by community water systems received optimally fluoridated water in 2008. Data source: CDC Water Fluoridation Reporting System (WFRS), CDC, ONDIEH, NCCDPHP.	79.6% Target setting method: 10% improvement.	64.5%, 2008	70.9% Target setting method: 10% improvement	CDC
OH 13	(Developmental) Increase the proportion of adults who receive preventive interventions in dental offices.	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Adults – 62% had teeth cleaning in past year. BRFSS 2008	68% Target setting method: 10% improvement	BRFSS
OH 14	(14.1)(Developmental) Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or smoking cessation in the past year. (14.2) (Developmental) Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year.	Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS. (14.2) Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	Not Available	Not Available	Potential objective. Currently no data, but an opportunity to collect data in the future.	Possible data source: BRFSS

Oral Health						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
OH 15	Increase the number of States, and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams.	Potential data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).	Not Available	Completed	Continue to meet this goal.	UAMS cleft lip and palate data center
OH 16	Increase the number of states with an oral and craniofacial health surveillance system	32 States had an oral and craniofacial health surveillance system in 2009. Data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).	51 (50 States and the District of Columbia). Target setting method: Total coverage (all 50 States and the District of Columbia).	Completed	Continue to meet this goal.	UAMS cleft lip and palate data center
OH 17	Increase the number of health agencies that have a public dental health program directed by a dental professional with public health training.	23.4% of States (including the District of Columbia) and local health agencies that served jurisdictions of 250,000 or more persons had a dental public health program directed by a dental professional with public health training in 2009. Data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).	25.7%. Target setting method: 10% improvement.	Completed	Continue to meet this goal.	ADH Office of Oral Health

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

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

Tobacco Control						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 3	<p>Reduce the initiation of tobacco use among children, adolescents, and young adults.</p> <p>(3.1) 12 to 17 years – tobacco products (3.2) 12 to 17 years – cigarettes (3.3) 12 to 17 years – smokeless tobacco products (3.4) 12 to 17 years – cigars (3.5) 18 to 25 – tobacco products (3.6) 18 to 25 – cigarettes (3.7) 18 to 25 – smokeless tobacco products (3.8) 18 to 25 - cigars</p>	<p>(3.1) 7.7% of children and adolescents aged 12 to 17 years who had not previously used tobacco products in their lifetime first used tobacco products in the past 12 months in 2008.</p> <p>(3.2) 6.2% of children and adolescents aged 12 to 17 years who had not previously smoked cigarettes in their lifetime first smoked cigarettes in the past 12 months in 2008.</p> <p>(3.3) 2.5% of children and adolescents aged 12 to 17 years who had not previously used smokeless tobacco in their lifetime first used smokeless tobacco in the previous 12 months in 2008</p> <p>(3.4) 4.8% of children and adolescents aged 12 to 17 years who had not previously smoked cigars in their lifetime first smoked cigars in the previous 12 months in 2008.</p> <p>Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.</p> <p>(3.5) 10.8% of young adults aged 18 to 25 years who had not previously used</p>	<p>(3.1) 5.7%. (3.2) 4.2%. (3.3) 0.5%. (3.4) 2.8%</p> <p>Target setting method: 2 percentage point improvement.</p> <p>(3.5) 8.8% (3.6) 6.3% (3.7) 0.2% (3.8) 4.1%</p>	<p>(3.1) Not Available (3.2) Not available (3.3) Not available (3.4) Not available (3.5) Not Available (3.6) Not Available (3.7) Not Available (3.8) Not Available</p>	<p>(3.1) Potential objective. Currently no data, but an opportunity to collect data in the future.</p> <p>(3.2) Potential objective. Currently no data, but an opportunity to collect data in the future.</p> <p>(3.3) Potential objective. Currently no data, but an opportunity to collect data in the future.</p> <p>(3.4) Potential objective. Currently no data, but an opportunity to collect data in the future.</p> <p>(3.5) Potential objective. Currently no data, but an opportunity to collect data in the future.</p> <p>(3.6) Potential objective. Currently no data, but an opportunity to collect data in the future.</p> <p>(3.7) Potential</p>	APNA

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

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

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

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

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

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

Tobacco Control						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 13	Establish laws in Sates, District of Columbia, territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites. (13.1) Private workplaces (13.2) Public workplaces (13.3) Restaurants (13.4) Bars (13.5) (Developmental) Gaming halls (13.6) Commercial daycare centers (13.7) Home-based daycare centers (13.8) Public transportation (13.9) Hotels and motels (13.10) Multiunit housing (13.11) Vehicles with children (13.12) Prisons and correctional facilities (13.13) (Developmental) Substance abuse treatment facilities (13.14) (Developmental) Mental health treatment facilities (13.15) (Developmental) Entrances and exits of all public places (13.16) (Developmental) Hospital campuses (13.17) (Developmental) College and university campuses	(13.1) 30 (29 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in private workplaces in 2009. (13.2) 34 (33 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in public workplaces in 2009. (13.3) 28 (27 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in restaurants in 2009. (13.4) 22 (21 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in bars in 2009. (13.5) Not Available (13.6) 38 (37 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in private workplaces in 2009. (13.7) 37 (36 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in home-based daycares in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.8) 38 (37 States and	(13.1) 51 (50 states and the District of Columbia) Target setting method: Total coverage (13.2) 51 (50 states and the District of Columbia) Target setting method: Total coverage (13.3) 51 (50 states and the District of Columbia) Target setting method: Total coverage (13.4) 51 (50 states and the District of Columbia) Target setting method: Total coverage (13.5) Not Available (13.6) 51 (50 states and the District of Columbia) Target setting method: Total coverage (13.7) 51(50 states and the District of Columbia) Target setting method: Total coverage (13.8) 51(50 states and the District of Columbia) Target setting method: Total coverage (13.9) 51(50 states	(13.1) Yes, only for >2 people in workplace (13.2) Yes, if only>=21 yo (13.3) Yes, if only>=21 yo (13.4) Yes, if only>=21 yo (13.5)No (13.6) Yes (13.7) Yes (13.8) Yes (13.9) Yes- for >25 rooms or 20% of the rooms (13.10) No (13.11) Yes, if <6 yo/60# (13.12) Yes (13.13) Some (see above) (13.14) Some (see above) (13.15) No (13.16) Yes (13.17) Yes – state financed	(13.1) Yes (13.2) Yes (13.3) Yes (13.4) Yes (13.5) Yes (13.6) Yes (13.7) Yes (13.8) Yes (13.9) Yes (13.10) Yes (13.11) Yes<18 yo (13.12) Yes (13.13) Yes (13.14) Yes (13.15) Yes (13.16) Yes (13.17) Yes	Review of passed legislation

Tobacco Control						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
		<p>the District of Columbia) had smoke-free indoor air laws that prohibit smoking in public transportation in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.9) Zero States or the District of Columbia had smoke-free indoor air laws that prohibit smoking in hotels and motels in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.10) Zero States or the District of Columbia had smoke-free indoor air laws that prohibit multiunit housing in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.11) 4 States had smoke-free indoor air laws that prohibit smoking in vehicles with children in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.12) 4 States had smoke-free indoor air laws that prohibit smoking in prisons and correctional facilities in 2009. Data source: STATE, CDC, NCCDPHP, OSH (13.13) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH</p>	<p>and the District of Columbia) Target setting method: Total coverage (13.10) 51(50 states and the District of Columbia) Target setting method: Total coverage (13.11) 51(50 states and the District of Columbia) Target setting method: Total coverage (13.12) 51(50 states and the District of Columbia) Target setting method: Total coverage (13.13) Potential Objective. Currently no data, but an opportunity for data collection in the future. (13.14) Potential Objective. Currently no data, but an opportunity for data collection in the future. (13.15) Potential Objective. Currently no data, but an opportunity for data collection in the future.</p>			

Tobacco Control						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
		(13.14) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH (13.15) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH (13.16) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH (13.17) (Developmental) Potential data source: STATE, CDC, NCCDPHP, OSH	(13.16) Potential Objective. Currently no data, but an opportunity for data collection in the future. (13.17) Potential Objective. Currently no data, but an opportunity for data collection in the future.			
TU 14	Increase the proportion of smoke-free homes.	79.1% of adults aged 18 years and older reported that no smoking is allowed in their home in 2006-07. Data source: TUS-CPS, US Bureau of the Census and BLS	87% Target setting method: 10% improvement	78.6% ATS2008	86.5% Target setting method: 10% improvement	ATS

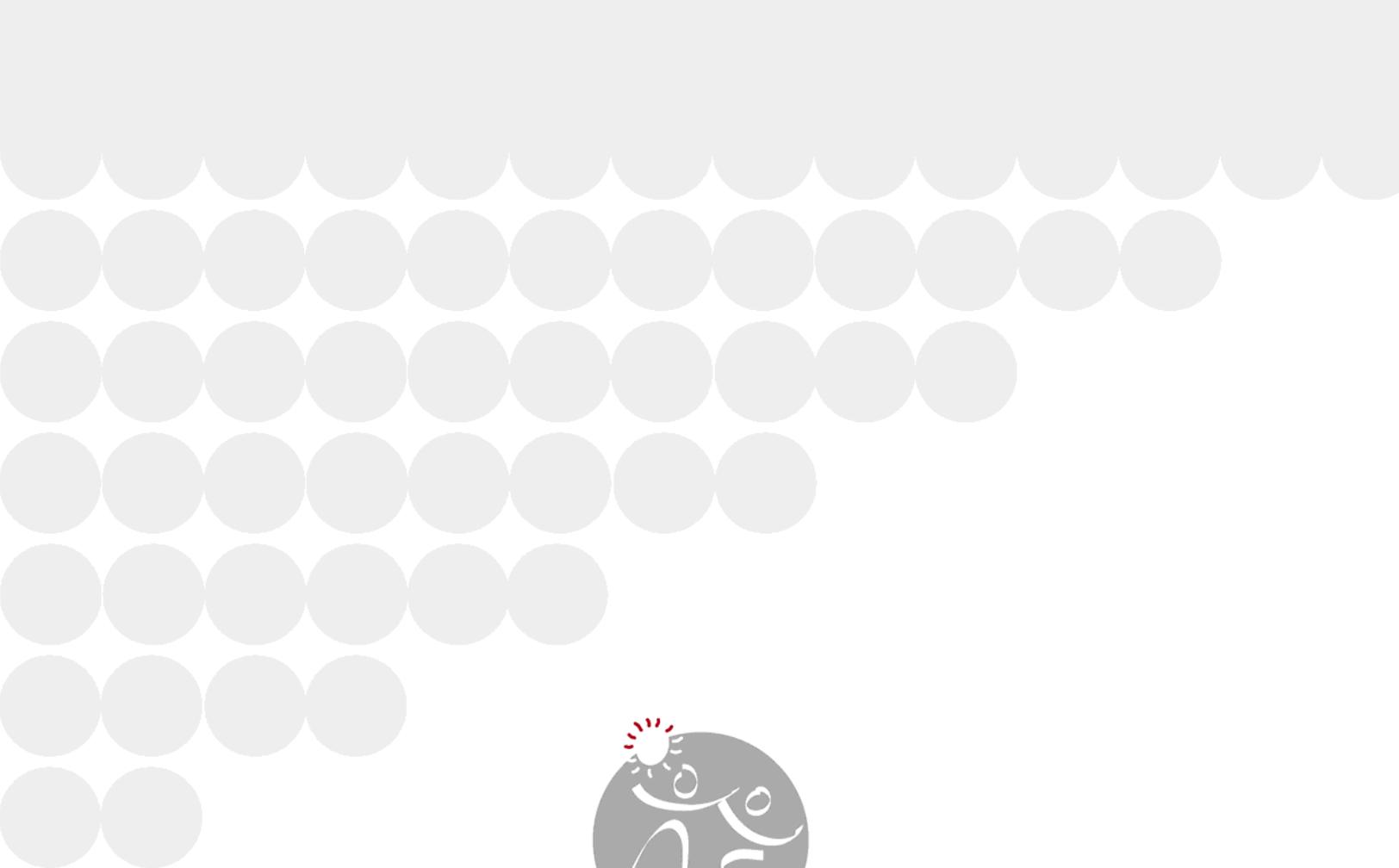
Tobacco Control						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 15	Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events. (15.1) Junior high school (15.2) Middle school (15.3) High school (15.4) (Developmental) Head Start	(15.1) 65.4% of junior high schools had tobacco-free environments, including at school facilities, property, vehicles and school events, in 2006. Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP (15.2) 58.7% of middle schools had tobacco-free environments, including all school facilities, property, vehicles, and school events in 2006. Data source: SHPPS, CDC, NCCDPHP (15.3) 66.1% of high schools had tobacco-free environments, including all school facilities, property, vehicles, and school events in 2006. Data source: SHPPS, CDC, NCCDPHP (15.4) Developmental. Potential data sources: To be determined	(15.1) 100% Target setting method: total coverage (15.2) 100% Target setting method: total coverage (15.3) 100% Target setting method: total coverage (15.4) Not Available	100% facilities, property, and buses 13 school districts or 5.4% of school districts have comprehensive policies (TCP/ADH Survey)	20 school districts to have comprehensive polices Target setting method: Consensus	TPCP/ADH Survey

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

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

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

Tobacco Control						
Number	Healthy People 2020 Objective	National Baseline Data	National 2020 Target Goal	Arkansas Baseline Data	Arkansas 2020 Target Goal	Data Source for Tracking
TU 19	Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors. (19.1) States and the DC (19.2) Territories	(19.1) 5 States reported an illegal sales rate to minors of 5% or less in compliance checks in 2009. Data source: State Synar Enforcement Reporting, SAMHSA, CSAP (19.2) 1 Territory reported an illegal sales rate to minors of 5% or less in compliance checks in 2009. Data source: State Synar Enforcement Reporting, SAMHSA, CSAP	(19.1) 51 (50 States and the District of Columbia) Target setting method: Retain the Healthy People 2010 target of total coverage (19.2) 8 Territories Target setting method: Retain the Healthy People 2010 target of total coverage	(19.1) 3.4% Synar FY2011 (19.2) Not Applicable	(19.1) 3% Target setting method: 10% improvement	Synar
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. (20.1) (Developmental) States and the District of Columbia (20.2) (Developmental) Territories (20.3) (Developmental) Tribes	(20.1) Developmental. Potential data source: STATE, CDC, NCCDPHP, OSH (20.2) Developmental. Potential data source: STATE, CDC, NCCDPHP, OSH (20.3) Developmental. Potential data source: STATE, CDC, NCCDPHP, OSH	(20.1) Potential objective. Currently no data, but an opportunity for data collection in the future. (20.2) Potential objective. Currently no data, but an opportunity for data collection in the future. (20.3) Potential objective. Currently no data, but an opportunity for data collection in the future.	Done	Continue to meet this goal.	



HP 2020
ARKANSAS
FRAMEWORK FOR ACTION

Section H

Appendices

Appendix A: National Healthy People 2020 Topic Areas

A

Access to Health Services (AHS)
Adolescent Health (AH)
Arthritis, Osteoporosis, and Chronic Back
Conditions (AOCBC)

B

Blood Disorders and Blood Safety (BDBS)

C

Cancer (C)
Chronic Kidney Disease (CKD)

D

Dementias, Including Alzheimer's Disease (DIA)
Diabetes (D)
Disability and Health (DH)

E

Early and Middle Childhood (EMC)
Educational and Community-Based Programs
(ECBP)
Environmental Health (EH)

F

Family Planning (FP)
Food Safety (FS)

G

Genomics (G)
Global Health (GH)

H

Health Communication and Health Information
Technology (HC/HIT)
Healthcare-Associated Infections (HAI)
*Health-Related Quality of Life & Well-Being
Hearing and Other Sensory or Communication
Disorders (ENT)
Heart Disease and Stroke (HDS)
HIV (HIV)

I

Immunization and Infectious Diseases (IID)
Injury and Violence Prevention (IVP)

L

*Lesbian, Gay, Bisexual, and Transgender
Health

M

Maternal, Infant, and Child Health (MICH)
Medical Product Safety (MPS)
Mental Health and Mental Disorders (MHMD)

N

Nutrition and Weight Status (NWS)

O

Occupational Safety and Health (OSH)
Older Adults (OA)
Oral Health (OH)

P

Physical Activity (PA)
Preparedness (PREP)
Public Health Infrastructure (PHI)

R

Respiratory Diseases (RD)

S

Sexually Transmitted Diseases (STD)
Sleep Health (SH)
*Social Determinants of Health
Substance Abuse (SA)

T

Tobacco Use (TU)

V

Vision (V)

*Objectives for these topic areas are under development at the national level.

Appendix B: Development Support

Support for the development of the Arkansas Healthy People 2020 Chronic Disease Objectives was provided by the following:

- Arkansas Asthma Coalition
http://hp2010.nhlbihin.net/ast_maps/arkansas.html
Linda Cullers, Chair
lcullers@breathehealthy.org
- Arkansas Cancer Coalition
<http://www.arcancercoalition.org>
901 North University Avenue Little Rock, AR 72207
501-603-5211 Fax 501-603-5223
- Arkansas Coalition for Obesity Prevention
<http://www.arkansasobesity.org>
e-mail address: arkansasobesity@yahoo.com
Twitter: #AROBESITY
- Arkansas Coordinating Council Liaison (ADH)
Contact: Becky Adams, Partnership and Policy Support Director
Arkansas Department of Health
4815 W. Markham Street, Slot #41
Little Rock, AR 72205
501-661-2334 Fax 501-280-4207
- Arkansas Department of Health
<http://www.healthy.arkansas.gov/Pages/default.aspx>
4815 W. Markham
Little Rock, AR 72205
501-661-2000 or 1-800-462-0599
- Arkansas Oral Health Coalition
<http://www.healthy.arkansas.gov/programsServices/oralhealth/Pages/ArkansasOralHealthCoalition.aspx>
- Arkansas Wellness Coalition
Becky Fortenbury (501) 378-3154
bafortenbury@arkbluecross.com
Treg Long (501) 603-5216
treg.m.long@cancer.org
- Community Health Centers of Arkansas, Inc.
<http://chc-ar.org/>
420 West 4th Street, Suite A
North Little Rock, Arkansas 72114
501-374-8225 or 1-877-666-CHCA

- Comprehensive Cancer Control (ADH)
<http://www.healthy.arkansas.gov/programsServices/chronicDisease/ComprehensiveCancerControl/Pages/default.aspx>
Contact: Michelle Snortland, Community-Clinical Linkages Domain Lead
michelle.snorthland@arkansas.gov
Arkansas Department of Health
4815 West Markham, Slot #11
Little Rock, AR 72205
501-661-2000 or 1-800-462-0599
- Centers for Disease Control and Prevention
<http://cdc.gov/>
1600 Clifton Rd, Atlanta, GA 30333, U.S.A.
800-CDC-INFO (800-232-4636)
- Diabetes Advisory Council
<http://www.healthy.arkansas.gov/PROGRAMSSERVICES/CHRONICDISEASE/DIABETESPREVENTIONCONTROL/Pages/DiabetesAdvisoryCouncil.aspx>
4815 West Markham, Slot #6
Little Rock, Arkansas 72205
501-661-2000 or 1-800-462-0599
- Diabetes Prevention and Control (ADH)
<http://www.healthy.arkansas.gov/programsServices/chronicDisease/diabetesPreventionControl/Pages/default.aspx>
Contact: Bonnie Bradley
Bonnie.bradley@arkansas.gov
Arkansas Department of Health
4815 West Markham Street, Slot #6
Little Rock, Arkansas 72205
501-661-2000 or 1-800-462-0599
- Healthy Communities Program
<http://www.cdc.gov/healthycommunitiesprogram/tools/>
CDC Health Impact Assessment
<http://www.cdc.gov/healthyplaces/hia.htm>
- Healthy People 2020
<http://www.healthypeople.gov/2020/default.aspx>
Office of Disease Prevention and Health Promotion
P.O. Box 1133
Washington, DC 20013-1133
301-565-4167 or 1-800-336-4797
- Heart Disease and Stroke Prevention (ADH)
<http://www.healthy.arkansas.gov/programsServices/chronicDisease/HeartDiseaseandStrokePrevention/Pages/default.aspx>
Contact: Linda Faulkner, Health Care System Domain Lead
Linda.faulkner@arkansas.gov
4815 West Markham, Slot #6
Little Rock, Arkansas 72205
501-661-2000 or 1-800-462-0599

- Heart Disease and Stroke Prevention Coalition
<http://www.healthy.arkansas.gov/programsServices/chronicDisease/HeartDiseaseandStrokePrevention/Pages/Activities.aspx>
www.arkansashearthealth.com
- Oral Health Program (ADH)
<http://www.healthy.arkansas.gov/programsServices/oralhealth/Pages/default.aspx>
4815 W. Markham, Slot 18
Little Rock, AR 72205
501-661-2595 Fax: 501-661-2240
- Tobacco Prevention and Cessation Program (ADH)
<http://www.healthy.arkansas.gov/programsServices/tobaccoprevent/Pages/default.aspx>
<http://www.stampoutsmoking.com/>

Contact: Debbie Rushing, Section Chief- State and Community Interventions
Debbie.Rushing@arkansas.gov
Arkansas Department of Health
4815 West Markham Street, Slot #3
Little Rock, AR 72205
501-661-2380 Fax: 501-280-4040
Tobacco Quitline: 1-800-QUIT-NOW (1-800-784-8669)

- Tobacco Settlement Commission
<http://www.atsc.arkansas.gov/Pages/default.aspx>
Arkansas Tobacco Settlement Commission
101 East Capitol Avenue, Suite 108
Little Rock, AR 72201
- YES! Team (statewide youth tobacco control coalition)
www.yesteam.org
info@yesteam.org
628 West Broadway, Suite 201
North Little Rock, AR 72114
501-375-1338 fax 501-376-3747

Appendix C: Member Organizations of Chronic Disease Coalitions

Arkansas Cancer Coalition

- American Cancer Society
- American Lung Association of the Plains Gulf Region – Arkansas
- Arkansas Central Cancer Registry
- Arkansas Coalition for Excellence
- Arkansas Coalition of Obesity Prevention
- Arkansas Department of Health
- Arkansas Department of Health—Breast and Cervical Cancer Control (BreastCare)
- Arkansas Department of Health—Comprehensive Cancer Control
- Arkansas Department of Health—Hometown Health Improvement
- Arkansas Department of Health—Office of Minority Health and Health Disparities
- Arkansas Department of Health—Tobacco Prevention and Cessation Program
- Arkansas Foundation for Skin Cancer
- Arkansas Geriatric Education Center
- Arkansas Minority Health Commission
- Arkansas Ovarian Cancer Coalition
- Arkansas Prostate Cancer Foundation
- Arkansas State Hospice and Palliative Care Association
- CARTI
- Centers for Disease Control and Prevention
- Coalition for a Tobacco Free Arkansas
- Community Clinic
- Community Health Centers of Arkansas
- Donald W. Reynolds Cancer Support House
- Greater Delta Alliance for Health, Inc
- Hope Cancer Resources
- Pride Youth Programs
- St. Bernard's Medical Center
- St. Joseph's Mercy Health Center
- St. Vincent's – New Outlook
- Stamp Out Smoking
- Susan G. Komen – Arkansas Affiliate
- Susan G. Komen – Ozark Affiliate
- The Colon Club
- University of Arkansas at Pine Bluff Minority Initiative Sub-Recipient Grant Office
- University of Arkansas for Medical Sciences – Partners for Inclusive Communities
- University of Arkansas for Medical Sciences – Winthrop P. Rockefeller Cancer Institute
- Washington Regional Cancer Support Home

- Witness Project

Arkansas Coalition for Obesity Prevention

- Alzheimer Association
- American Academy of Pediatrics, Arkansas Chapter
- ARCare
- Arkansas Advocates for Children and Families
- Arkansas Arts Council
- Arkansas Association for Retired Persons (AARP)
- Arkansas Baptist College
- Arkansas Center for Health Improvement
- Arkansas Children’s Hospital
- Arkansas Cooperative Extension Service
- Arkansas Department of Education – Coordinated School Health
- Arkansas Foundation for Medical Care
- Arkansas Game and Fish Commission
- Arkansas Hunger Relief Alliance
- Arkansas Minority Health Commission
- Arkansas Parks and Tourism
- Arkansas State Highway and Transportation Department
- ARS Delta Obesity Prevention Research Unit
- City of Little Rock
- Coalition for a Tobacco Free Arkansas
- DHS Division of Medical Services
- Employee Benefits Division
- Head Start
- ICF International, Results Weight Loss
- Injury Prevention Center - Safe Routes to School
- Metroplan
- MidWest Dairy Council
- National Association of University Women
- Office of the Governor
- Partners for Inclusive Communities
- Pfizer
- RWJF Center to Prevent Childhood Obesity
- St. Edward’s Mercy Hospital
- University of Arkansas at Pine Bluff
- University of Arkansas for Medical Sciences—Area Health Education Centers
- University of Arkansas for Medical Sciences—College of Public Health
- University of Arkansas for Medical Sciences
- US Department of Agriculture

Arkansas Oral Health Coalition

- Arkansas Academy of General Dentistry
- Arkansas Advocates for Children and Families
- Arkansas Center for Health Improvement
- Arkansas Children’s Hospital
- Arkansas Commission on Child Abuse, Rape and Domestic Violence
- Arkansas Dental Assistants Association
- Arkansas Department of Education—Coordinated School Health
- Arkansas Department of Health—Connect Care Program
- Arkansas Department of Health—Hometown Health Improvement
- Arkansas Department of Health—Office of Minority Health & Health Disparities
- Arkansas Department of Health—Office of Oral Health
- Arkansas Department of Health—Rural Health and Primary Care
- Arkansas Department of Health—STAR Health
- Arkansas Department of Health—Tobacco Prevention & Cessation Branch
- Arkansas Department of Higher Education
- Arkansas Department of Human Services—Developmental Disabilities Services
- Arkansas Department of Human Services—Division of Medical Services Dental Unit
- Arkansas Head Start Association—Collaboration Office
- Arkansas Health Care Access Foundation / Donated Dental Services
- Arkansas Minority Health Commission
- Arkansas School Nurses Association
- Arkansas State Board of Dental Examiners
- Arkansas State Dental Association
- Arkansas State Dental Hygienists’ Association
- Child Development, Inc.
- Community Dental Clinic of Fort Smith
- Community Health Centers of Arkansas
- Conway Interfaith Clinic
- Delta Dental Plan of Arkansas
- Donald W. Reynolds Institute on Aging/UAMS
- ECCO UAMS Head Start
- Healthy Connections, Inc.
- Interfaith Clinic of El Dorado
- Office of the Governor
- Partners for Inclusive Communities
- Pulaski Technical College Dental Assisting Department
- Ronald McDonald House Charities of Arkoma
- University of Arkansas at Fort Smith Dental Hygiene Program
- University of Arkansas Division of Agriculture—Cooperative Extension Service

- University of Arkansas for Medical Sciences—College of Health Related Professions - Department of Dental Hygiene
- University of Arkansas for Medical Sciences—College of Public Health
- University of Arkansas for Medical Sciences, Office of Regional Programs—The Arkansas AHEC Program
- University of Arkansas for Medical Sciences Winthrop P. Rockefeller Cancer Institute—Cancer Control Program
- University of Arkansas—Little Rock Children International
- White Rive Health Center
- White River Rural Health Initiative

Arkansas Wellness Coalition

- Abbott
- American Cancer Society
- American Heart Association
- American Lung Association of the Plains Gulf Region – Arkansas
- Amylin
- Arkansas Academy of Family Physicians
- Arkansas Blue Cross & Blue Shield
- Arkansas Children’s Hospital
- Arkansas Department of Health—Cardiovascular
- Arkansas Department of Health—CPHP
- Arkansas Department of Health—Diabetes
- Arkansas Department of Health—Tobacco Prevention and Cessation
- Arkansas Foundation for Medical Care
- AstraZeneca
- Boehringer Ingleheim
- Bristol-Myers Squibb
- City of Little Rock
- IMWell Health
- Merck
- Ortho Biotech
- Pfizer
- QualChoice
- Sanofi Aventis
- University of Arkansas for Medical Sciences

Arkansas Asthma Coalition

- American Lung Association of the Plains Gulf Region – Arkansas

- Arkansas Blue Cross and Blue Shield
- Arkansas Center for Health improvement
- Arkansas Children’s Hospital
- Arkansas Department of Education
- Arkansas Department of Health—Chronic Disease Branch
- Arkansas Department of Health—Diabetes Prevention & Control Program
- Arkansas Department of Health—Tobacco Prevention and Cessation Program
- Arkansas Foundation for Medical Care
- Center for Health Advancement
- Community Health Centers of Arkansas, Inc.
- Pfizer
- Respiratory Care Licensing Committee for the Arkansas State Medical Board
- University of Arkansas for Medical Sciences

Diabetes Advisory Council

- All Care Pharmacy—Arkadelphia
- American Amputee Organization
- American Diabetes Association—Central Arkansas market
- Arkansas Blue Cross and Blue Shield
- Arkansas Center for Health Improvement
- Arkansas Children’s Hospital
- Arkansas Coalition for Obesity Prevention
- Arkansas Department of Education
- Arkansas Department of Health Office of Minority Health and Health Disparities
- Arkansas Department of Health—Heart Disease and Stroke Program
- Arkansas Department of Health—Tobacco Prevention and Cessation Program
- Arkansas Department of Health—Women, Infant and Children Program
- Arkansas Department of Human Services—Developmental Disabilities Services
- Arkansas Department of Human Services—Division of Aging and Adult health Services
- Arkansas Foundation for Medical Care
- Arkansas Geriatric Education Center
- Arkansas Kidney Commission
- Arkansas Minority Health Commission
- Arkansas Optometric Organization
- Arkansas Wellness Coalition
- Baptist Health Medical Center
- CCS Medical
- Community Health Centers of Arkansas
- Daughters of Charity Services of Arkansas—St. Elizabeth and DePaul Health Clinics
- Eclipse Medical

- Eli Lilly
- Harding University
- Healthy Connection-Mena
- Hunter Pharmacy—Lake Village
- Juvenile Diabetes Research Foundation
- Mainline Health Clinic
- Merck
- Novo Nordisk Inc
- Roche Diagnostics Corporation
- Sanofi-Aventis
- University of Arkansas Cooperative Extension Services
- University of Arkansas for Medical Sciences—Area Health Education Centers
- University of Arkansas for Medical Sciences—Arkansas Diabetes Program
- University of Arkansas for Medical Sciences—College of Pharmacy
- University of Arkansas for Medical Sciences—College of Public Health
- University of Arkansas for Medical Sciences—Family and Preventive Medicine
- University of Arkansas for Medical Sciences—Internal Medicine
- University of Central Arkansas (UCA) —Department of Health and Physical Therapy
- US Department of Agriculture—Agriculture Research

Heart Disease & Stroke Prevention Taskforce

- American Cancer Society
- American Heart/American Stroke Association
- Arkansas Academy of Family Physicians
- Arkansas Blue Cross/Blue Shield
- Arkansas Center for Health Improvement
- Arkansas Children’s Hospital
- Arkansas Department of Education
- Arkansas Department of Health—Center for Health Advancement-Center Support Services
- Arkansas Department of Health—Comprehensive Cancer Control
- Arkansas Department of Health—Diabetes Prevention and Control Section
- Arkansas Department of Health—Epidemiology
- Arkansas Department of Health—Hometown Health Improvement
- Arkansas Department of Health—Lifestage Health Branch
- Arkansas Department of Health—Nutrition/Women, Infants and Children
- Arkansas Department of Health—Obesity Treatment
- Arkansas Department of Health—Office of Minority Health and Health Disparities
- Arkansas Department of Health—Office of Oral Health
- Arkansas Department of Health—Tobacco Prevention and Cessation

- Arkansas Foundation for Medical Care
- Arkansas Minority Health Commission
- Baptist Health Systems
- CareLink
- Community Health Centers of Arkansas, Inc.
- eMedAmerica
- QualChoice of Arkansas, Inc.
- St. Bernard Medical Center
- University of Arkansas' Division of Agriculture Cooperative Extension Service
- University of Arkansas for Medical Sciences—Area Health Education Centers
- University of Arkansas for Medical Sciences—Arkansas Geriatric Education Center
- University of Arkansas for Medical Sciences—Center for Distance Health-AR SAVES
- University of Arkansas for Medical Sciences—College of Nursing
- University of Arkansas for Medical Sciences—College of Public Health
- University of Arkansas for Medical Sciences—Department of Family and Preventive Medicine Continuing Medical Education Division
- University of Arkansas for Medical Sciences—Partners for Inclusive Communities-College of Medicine

Tobacco Prevention and Cessation is represented by the Arkansas Cancer Coalition as well as:

- YES! Team Coalition
 - BEAT Tobacco Control UAMS-Special Prevention Units
 - Drew Central
 - El Dorado Pride Team
 - Forrest City Mad Tag
 - In His Image-Live Free
 - Mississippi County Tobacco Free Coalition
 - Naw, I'm Good (Baxter County Coalition)
 - Newport Coordinated School
 - Students Working against Tobacco-THUGS
 - Youth On a Mission (YOAM)

Appendix D: Communication Plan

The Arkansas Chronic Disease Communication Plan's objectives will achieve the following:

The Objectives

- Reveal to stakeholders and the general public the social and economic burden of chronic disease and its conditions and risk factors.
- Reveal the need for and impact of chronic disease prevention and health promotion interventions and the reach and impact of these interventions across the state.
- The development and implementation of the communication plan will directly reflect the activities and actions of the Arkansas Coordinated Chronic Disease State Plan which conveys the need for a coordinated statewide effort, including sustainability and educating key decision makers in the prevention and control of chronic diseases.
- Continue to communicate to internal and external partners about the reorganization and merging of the Chronic Disease and Lifestage branches within the Arkansas Department of Health.

The Goals

The Chronic Disease Prevention and Control Branch (CDPC) within the Arkansas Department of Health with assistance from the CDPC section chiefs and the Arkansas Chronic Disease Coordinating Council (ACDCC) members will meet the above objectives by implementing a fluid communication plan. The ACDCC has designed the strategies and structure of this communication plan, which will accomplish the following goals:

1. Push the information out in a manner more aggressive than posting on a website.
2. Extensively push the knowledge of resources available to the ACDCC and its coalition members.
3. Execute grassroots networks.
4. Coordinate and frame all messages across coalitions with consistent and standard information (facts, data, etc.).
5. Send targeted messages to specific chronic disease interest groups.
6. Consider health literacy for secondary audiences (see section on *The Audience* below).
7. Track reach in number of visits to websites, Facebook accounts, email messages, etc.
8. Incorporate these communication strategies into coalition work plans.
9. Create a chronic disease communications tool-kit to coordinate all messaging.

The Structure

This plan will be two tiered with separate strategies for the primary secondary audiences. This plan will reach the stakeholders, general public, as well as employees of the Arkansas Department of Health (ADH). In addition, the ADH Marketing and Communications Section will assist with all aspects of this communication plan in order to properly disseminate information to the public and other stakeholders.

The Chronic Disease Prevention and Control Branch of the ADH includes the following program areas:

- Comprehensive Cancer
- Diabetes Prevention & Control
- Heart Disease & Stroke Prevention
- Physical Activity & Nutrition
- Worksite Wellness

The ACDCC includes the chairs of the following coalitions:

- Arkansas Cancer Coalition
- Arkansas Coalition for Obesity Prevention
- Arkansas Wellness Coalition
- Asthma Coalition
- Diabetes Advisory Council
- Heart Disease and Stroke Prevention
- Oral Health Coalition
- Arkansas Coalition for a Tobacco-Free Arkansas

The Audience

The target audience for Arkansas's Communication plan is broken into two groups, a primary and a secondary audience:

Primary:

Coalition chairs and members
ADH executive staff
Arkansas Surgeon General
Arkansas Board of Health
Arkansas Insurance Commissioner
Arkansas Minority Health Commission
Arkansas's Governor and/or designees

Secondary:

Members of organizations that make up the eight chronic disease coalitions
Members of the Arkansas Chronic Disease Forum
Employees of the Arkansas Department of Health

The Strategies/Actions

The primary strategies for the Chronic Disease Communication plan are listed below. These actions will be initiated by the CDPC branch Epidemiology, Surveillance and Evaluation Domain, the CDPC Partnership and Policy Director, and the ACDCC.

- The creation of toolkits for ACDCC to use and disseminate for all communication that includes a unified, simply stated message.
- Annual data releases and targeted fact sheets contained in the toolkits at the end of each calendar year.
- Topical campaigns related to the current goals of the ACDCC
- Chronic Disease issues on agendas of commissions, Board of Health, etc.
- Educate audiences about Chronic Diseases in terms of definitions, prevention, etc.
- Create a tag-line for all correspondence that is produced.
- Face to face monthly meetings with audiences.
- Quarterly day-long retreats for the ACDCC.
- Continue to educate audiences and reiterate the goals and priorities of the Chronic Disease State Plan.
- Create position statements on various topics and a one-pager about the ACDCC.
- Send quarterly updates about activities and status of ACDCC.
- Send monthly reminders of goals through ACDCC to coalition members to promote overarching goals and strategies.
- Interactive website for monthly reporting by the ACDCC to record activities completed toward short term and long term goals

Potential secondary strategies for the Chronic Disease Communication plan are listed below:

- Town hall meetings
- Apps for mobile devices
- Blogs
- Topical campaigns
- Events
- Unified messaging
- Tag-line use on all communication produced
- PSAs



- E-newsletters
- Websites
- Quarterly updates
- Monthly reminders
- Continue to work with Arkansas Educational Television Network
- Manuals disseminated for education and knowledge
- Presence on agendas for meetings, new employee's orientations, and organizations.

Online Communication

Over the last few years there has been a fundamental shift in the way we communicate and social media has played a significant role. As a cost-effective way to engage online, social media will give our chronic disease goals and objectives broader reach beyond the traditional communication methods we have used in the past.

Therefore each domain within the Chronic Disease Prevention and Control Branch at ADH will utilize the following social media tactics to reach the primary and secondary audiences in addition to supporting all goals and objectives.

- Facebook – Continuously update information for the public regarding chronic disease, current activities and information
- Twitter – Establishing multiple Twitter accounts allowing the public, legislatures, and other partners to get the most updated information quickly.
- Podcasts – Quick videos that can be posted on Facebook and Section websites that could feature anything related to public health.
- YouTube – A YouTube Channel created specifically for the Chronic Disease Prevention and Control Branch.
- LinkedIn – A LinkedIn group can be created for the Chronic Disease Prevention and Control Branch. Members of coalitions, partners, and staff can communicate in a private area about various topics related to the sections of the Chronic Disease Prevention and Control Branch.



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