Related Objectives

Topic Area	Page(s)
Access to Health Services	22-24
Adolescent Health	8, 9, 21-24, 55, 56
Cancer	24
Diabetes	25
Disability and Health	4, 5, 9, 57
Earlier and Middle Childhood	10-15, 57, 58
Educational and Community-Based Programs	9, 15-18, 25-29
Environmental Health	5, 6, 10, 44-49
Family Planning	29, 30
Health Communication and Health Information Technology	31-33, 59
HIV	33
Immunization and Infectious Diseases	33
Injury and Violence Prevention	34, 49, 50
Maternal, Infant, and Child Health	37, 60-62
Mental Health and Mental Disorders	6, 34-36, 59
Nutrition and Weight Status	7, 37, 51
Occupational Safety and Health	7
Older Adults	37, 38
Physical Activity	19, 20, 52
Respiratory Diseases	53, 54
Social Determinants of Health	2-4, 8
Tobacco	20, 21, 41-44

Healthy People 2020 Summary of Objectives
Social Determinants of Health (SDOH)

SDOH-1 Proportion of children aged 0-17 years living with at least one parent employed year round, full time

Baseline: 71 percent of children ages 0-17 were living with at least one parent employed year round, full time in 2010

Target: Not applicable

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

Data Source: Current Population Survey (CPS), Census and DOL/BLS

SDOH-2 Proportion of high school completers who were enrolled in college the October immediately after completing high school

Baseline: 68.1 percent of high school completers were enrolled in college the October immediately after completing high school in 2010

Target: Not applicable

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

Data Source: Current Population Survey (CPS), Census and DOL/BLS

SDOH-3 Proportion of persons living in poverty

SDOH-3.1 Proportion of persons living in poverty

Baseline: 15.1 percent of persons were living below the poverty threshold in 2010

Target: Not applicable

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

Data Source: Current Population Survey (CPS), Census and DOL/BLS

SDOH-3.2 Proportion of children aged 0-17 years living in poverty

Baseline: 22.0 percent of children ages 0 to 17 were living below the poverty threshold in 2010

Target: Not applicable

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

Data Source: Current Population Survey (CPS), Census and DOL/BLS

Economic Stability

SDOH-1 Proportion of children aged 0-17 years living with at least one parent employed year round, full time

Baseline: 71 percent of children ages 0-17 were living with at least one parent employed year round, full time in 2010

Target: Not applicable

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

Data Source: Current Population Survey (CPS), Census and DOL/BLS

SDOH-3 Proportion of persons living in poverty

SDOH-3.1 Proportion of persons living in poverty

Baseline: 15.1 percent of persons were living below the poverty threshold in 2010

Target: Not applicable

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

Data Source: Current Population Survey (CPS), Census and DOL/BLS

SDOH-3.2 Proportion of children aged 0-17 years living in poverty

Baseline: 22.0 percent of children ages 0 to 17 were living below the poverty threshold in 2010

Target: Not applicable

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

Data Source: Current Population Survey (CPS), Census and DOL/BLS

DH-15 Reduce unemployment among people with disabilities

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

Target: 13.1 percent

Target-Setting Method: 10 percent improvement

Data Source: Current Population Survey (CPS), Census and DOL/BLS

DH-16 Increase employment among people with disabilities

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

Target: 21.1 percent

Target-Setting Method: 10 percent improvement

Data Source: Current Population Survey (CPS), Census and DOL/BLS

EH-2 Increase use of alternative modes of transportation for work

EH-2.1 Increase trips to work made by bicycling

Baseline: 0.5 percent of trips were made to work via bicycle in 2008

Target: 0.6 percent

Target-Setting Method: 10 percent improvement

Data Source: American Community Survey (ACS), Census

EH-2.2 Increase trips to work made by walking

Baseline: 2.8 percent of trips were made to work via walking in 2008

Target: 3.1 percent

Target-Setting Method: 10 percent improvement

Data Source: American Community Survey (ACS), Census

EH-2.3 Increase trips to work made by mass transit

Baseline: 5.0 percent of trips were made to work via mass transit in 2008

Target: 5.5 percent

Target-Setting Method: 10 percent improvement

Data Source: American Community Survey (ACS), Census

EH-2.4 Increase the proportion of persons who telecommute

Baseline: 4.1 percent of employees telecommuted in 2008

Target: 5.3 percent

Target-Setting Method: Projection/trend analysis

Data Source: American Community Survey (ACS), Census

MHMD-8 Increase the proportion of persons with serious mental illness (SMI) who are employed

Baseline: 58.6 percent of persons with serious mental illness (SMI) were employed in 2008

Target: 64.4 percent

Target-Setting Method: 10 percent improvement

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

NWS-12 Eliminate very low food security among children

Baseline: 1.3 percent of households with children had very low food security among children in 2008

Target: 0.2 percent

Target-Setting Method: Maintain consistency with national programs, regulations, policies, and laws.

Data Source: Current Population Survey (CPS), Census and DOL/BLS

NWS-13 Reduce household food insecurity and in doing so reduce hunger

Baseline: 14.6 percent of households were food insecure in 2008

Target: 6.0 percent

Target-Setting Method: Retention of Healthy People 2010 target

Data Source: Current Population Survey (CPS), Census and DOL/BLS

OSH-1.1 Reduce deaths from work-related injuries in all industries

Baseline: 4.0 work-related injury deaths per 100,000 full-time equivalent workers occurred in 2007

Target: 3.6 deaths per 100,000 full-time equivalent workers

Target-Setting Method: 10 percent improvement

Data Source: Census of Fatal Occupational Injuries (CFOI), DOL/BLS; Current Population Survey (CPS), Census and DOL/BLS

Education:

SDOH-2 Proportion of high school completers who were enrolled in college the October immediately after completing high school

Baseline: 68.1 percent of high school completers were enrolled in college the October immediately after completing high school in 2010

Target: Not applicable

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

Data Source: Current Population Survey (CPS), Census and DOL/BLS

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

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

Target: 82.4 percent

Target-Setting Method: 10 percent improvement

Data Source: Common Core of Data (CCD), ED/NCES

AH-6 Increase the proportion of schools with a school breakfast program

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

Target: 75.5 percent

Target-Setting Method: 10 percent improvement

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

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

Baseline:	22.7 percent of students in grades 9 through 12 were offered, sold, or given an illegal drug on school property during the past 12 months, as reported in 2009
Target:	20.4 percent
Target-Setting Method:	10 percent improvement
Data Source:	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP

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

Baseline:	56.8 percent of children and youth with disabilities spent at least 80 percent of their time in regular education classrooms in 2007–08
Target:	73.8 percent
Target-Setting Method:	Projection/trend analysis
Data Source:	Data Accountability Center (DAC), ED/OSERS

ECBP-6 Increase the proportion of the population that completes high school education

Baseline:	89.0 percent of persons aged 18 to 24 years old had completed high school in 2007
Target:	97.9 percent
Target-Setting Method:	10 percent improvement
Data Source:	Current Population Survey (CPS), Census and DOL/BLS

EH-23 Reduce the number of new schools sited within 500 feet of an interstate or Federal or State highway

Baseline: 18.9 percent of schools were located within 500 feet of an interstate or Federal or State highway in 2005–06

Target: 18.9 percent or less of schools located within 500 feet

Target-Setting Method: Maintain consistency with national programs, regulations, policies, and laws.

Data Source: Geospatial Research, Analysis and Services Program (GRASP), CDC/ATSDR

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

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

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

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

Target: 38.7 percent

Target-Setting Method: 10 percent improvement

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

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

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

Target: 62.6 percent

Target-Setting Method: 10 percent improvement

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

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

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

Target: 84.5 percent

Target-Setting Method: 10 percent improvement

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

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

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

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

Target: 35.8 percent

Target-Setting Method: 10 percent improvement

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

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

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

Target: 55.8 percent

Target-Setting Method: 10 percent improvement

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

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

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

Target: 80.1 percent

Target-Setting Method: 10 percent improvement

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

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

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

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

Target: 11.5 percent

Target-Setting Method: 4 percent improvement

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

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

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

Target: 14.3 percent

Target-Setting Method: 4 percent improvement

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

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

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

Target: 10.5 percent

Target-Setting Method: 4 percent improvement

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

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

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

Target: 57.8 percent

Target-Setting Method: 10 percent improvement

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

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

ECBP-2.1 Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems in all priority areas

Baseline: 25.6 percent of elementary, middle, and senior high schools provided comprehensive school health

education to prevent health problems in all priority areas in 2006

Target: 28.2 percent

Target-Setting Method: 10 percent improvement

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

ECBP-2.2 Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems in unintentional injury

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

Target: 89.9 percent

Target-Setting Method: 10 percent improvement

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

ECBP-2.3 Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems in violence

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

Target: 90.1 percent

Target-Setting Method: 10 percent improvement

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

ECBP-2.4 Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems in suicide

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

Target: 48.3 percent

Target-Setting Method: 10 percent improvement

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

ECBP-2.5 Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems in tobacco use and addiction

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

Target: 89.1 percent

Target-Setting Method: 10 percent improvement

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

ECBP-2.6 Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems in alcohol and other drug use

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

Target: 89.9 percent

Target-Setting Method: 10 percent improvement

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

ECBP-2.7 Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems in unintended pregnancy, HIV/AIDS, and STD infection

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

Target: 43.2 percent

Target-Setting Method: 10 percent improvement

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

ECBP-2.8 Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems in unhealthy dietary patterns

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

Target: 92.7 percent

Target-Setting Method: 10 percent improvement

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

ECBP-2.9 Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems in inadequate physical activity

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

Target: 87.1 percent

Target-Setting Method: 10 percent improvement

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

PA-4 Increase the proportion of the Nation's public and private schools that require daily physical education for all students

PA-4.1 Increase the proportion of the Nation's public and private elementary schools that require daily physical education for all students

Baseline: 3.8 percent of public and private elementary schools required daily physical education for all students in 2006

Target: 4.2 percent

Target-Setting Method: 10 percent improvement

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

PA-4.2 Increase the proportion of the Nation's public and private middle and junior high schools that require daily physical education for all students

Baseline: 7.8 percent of public and private middle and junior high schools required daily physical education for all students in 2006

Target: 8.6 percent

Target-Setting Method: 10 percent improvement

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

PA-4.3 Increase the proportion of the Nation's public and private senior high schools that require daily physical education for all students

Baseline: 2.1 percent of public and private senior high schools required daily physical education for all students in 2006

Target: 2.3 percent

Target-Setting Method: 10 percent improvement

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

PA-7 Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time

Baseline: 61.5 percent of school districts required or recommended elementary school recess for an appropriate period of time in 2006

Target: 67.7 percent

Target-Setting Method: 10 percent improvement

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

TU-15 Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events

TU-15.1 Increase tobacco-free environments in junior high schools, including all school facilities, property, vehicles, and school events

Baseline: 65.4 percent of junior high schools had tobacco-free environments, including all school facilities, property, vehicles, and school events, in 2006

Target: 100 percent

Target-Setting Method: Total coverage

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

TU-15.2 Increase tobacco-free environments in middle schools, including all school facilities, property, vehicles, and school events

Baseline: 58.7 percent of middle schools had tobacco-free environments, including all school facilities, property, vehicles, and school events, in 2006

Target: 100 percent

Target-Setting Method: Total coverage

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

TU-15.3 Increase tobacco-free environments in high schools, including all school facilities, property, vehicles, and school events

Baseline: 66.1 percent of high schools had tobacco-free environments, including all school facilities, property, vehicles, and school events in 2006

Target: 100 percent

Target-Setting Method: Total coverage

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

Health and Health Care:

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

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

Target: 75.6 percent

Target-Setting Method: 10 percent improvement

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

AHS-1.1 Increase the proportion of persons with medical insurance

Baseline: 83.2 percent of persons had medical insurance in 2008

Target: 100 percent

Target-Setting Method: Total coverage

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

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

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

Target: 83.9 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

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

AHS-5.1 Increase the proportion of persons of all ages who have a specific source of ongoing care

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

Target: 95.0 percent

Target-Setting Method: 10 percent improvement

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

AHS-5.2 Increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care

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

Target: 100 percent

Target-Setting Method: Total coverage

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

AHS-5.3 Increase the proportion of persons of all aged 18-64 who have a specific source of ongoing care

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

Target: 89.4 percent

Target-Setting Method: 10 percent improvement

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

AHS-5.4 Increase the proportion of persons of all aged 65 years and older who have a specific source of ongoing care

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

Target: 100 percent

Target-Setting Method: Total coverage

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

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

AHS-6.1 Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines

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

Target: 9.0 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

AHS-6.2 Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care

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

Target: 4.2 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

AHS-6.3 Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary dental care

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

Target: 5.0 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

AHS-6.4 Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary prescription medicines

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

Target: 2.8 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

C-16 Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines (LHI)

Baseline: 52.1 percent of adults aged 50 to 75 years received a colorectal cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population)

Target: 70.5 percent

Target-Setting Method: Projection/trend analysis

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

D-5.1 Reduce the proportion of persons with diabetes with an A1c value greater than 9 percent (LHI)

Baseline: 17.9 percent of adults aged 18 years and older with diagnosed diabetes had an A1c value greater than 9 percent in 2005–08 (age adjusted to the year 2000 standard population)

Target: 16.1 percent

Target-Setting Method: 10 percent improvement

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

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

ECBP-10.1 Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in injury

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

Target: 84.3 percent

Target-Setting Method: 10 percent improvement

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

ECBP-10.2 Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in violence

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

Target: 73.5 percent

Target-Setting Method: 10 percent improvement

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

ECBP-10.3 Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in mental illness

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

Target: 69.5 percent

Target-Setting Method: 10 percent improvement

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

ECBP-10.4 Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in tobacco use

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

Target: 96.7 percent

Target-Setting Method: 10 percent improvement

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

ECBP-10.5 Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in substance abuse

Baseline 68.9 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State

agencies) provided population-based primary prevention services in substance abuse in 2008

Target: 75.8 percent

Target-Setting Method: 10 percent improvement

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

ECBP-10.6 Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in unintended pregnancy

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

Target: 89.4 percent

Target-Setting Method: 10 percent improvement

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

ECBP-10.7 Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in chronic disease programs

Baseline: 82.6 percent of community-based organizations (including local health departments, Tribal health

services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in chronic disease programs in 2008

Target: 90.8 percent

Target-Setting Method: 10 percent improvement

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

ECBP-10.8 Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in nutrition

Baseline: 86.1 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in nutrition in 2008

Target: 94.7 percent

Target-Setting Method: 10 percent improvement

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

ECBP-10.9 Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services injury in physical activity

Baseline: 80.5 percent of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) provided population-based primary prevention services in physical activity in 2008

Target: 88.5 percent

Target-Setting Method: 10 percent improvement

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

FP-3 Increase the proportion of publicly funded family planning clinics that offer the full-range of FDA-approved methods of contraception, including emergency contraception, onsite

FP-3.1 Increase the proportion of publicly funded family planning clinics that offer the full-range of FDA-approved methods of contraception onsite

Baseline: 38.3 percent of publicly funded family planning clinics offered the full range of FDA-approved methods of contraception onsite, as reported in 2003

Target: 47.9 percent

Target-Setting Method: Projection/trend analysis

Data Source: Survey of Contraceptive Service Providers, Guttmacher Institute

FP-3.2 Increase the proportion of publicly funded family planning clinics that offer emergency contraception onsite

Baseline: 79.7 percent of publicly funded family planning clinics offered emergency contraception onsite, as reported in 2003

Target: 87.7 percent

Target-Setting Method: 10 percent improvement

Data Source: Survey of Contraceptive Service Providers, Guttmacher Institute

FP-7 Increase the proportion of sexually experienced persons who received reproductive health services

FP-7.1 Increase the proportion of sexually experienced females aged 15 to 44 years who received reproductive health services in the past 12 months (LHI)

Baseline: 78.6 percent of sexually experienced females aged 15 to 44 years received reproductive health services in the past 12 months, as reported in 2006–10

Target: 86.5 percent

Target-Setting Method: 10 percent improvement

Data Source: National Survey of Family Growth (NSFG), CDC/NCHS

FP-7.2 Increase the proportion of sexually experienced males aged 15 to 44 years who received reproductive health services in the past 12 months

Baseline: 14.8 percent of sexually experienced males aged 15 to 44 years received reproductive health services in the past 12 months, as reported in 2006–10

Target: 16.3 percent

Target-Setting Method: 10 percent improvement

Data Source: National Survey of Family Growth (NSFG), CDC/NCHS

HC/HIT-2 Increase the proportion of persons who report that their health care providers have satisfactory communication skills

HC/HIT-2.1 Increase the proportion of person who report that their health care providers always listened carefully to them

Baseline: 59.0 percent of persons reported that their health care providers always listened carefully to them in 2007

Target: 65.0 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

HC/HIT-2.2 Increase the proportion of persons who report that their health care providers always explain things so they could understand them

Baseline: 60.0 percent of persons reported that their health care providers always explained things so they could understand them in 2007

Target: 66.0 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

HC/HIT-2.3 Increase the proportion of persons who report that their health care providers always showed respect for what they had to say

Baseline: 62.0 percent of persons reported that their health care providers always showed respect for what they had to say in 2007

Target: 68.2 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

HC/HIT-2.4 Increase the proportion of persons who report that their health care providers always spend enough time with them

Baseline: 49.0 percent of persons reported that their health care providers always spent enough time with them in 2007

Target: 54.0 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

HC/HIT-3 Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted

Baseline: 51.6 percent of persons reported that their health care providers always involved them in decisions about their health care as much as they wanted in 2007

Target: 56.8 percent

Target-Setting Method: 10 percent improvement

Data Source: Health Information National Trends Survey (HINTS), NIH/NCI

HC/HIT-10 Increase the proportion of medical practices that use electronic health records.

Baseline: 25.0 percent of medical practices reported using electronic health records in 2007

Target: 27.5 percent

Target-Setting Method: 10 percent improvement

Data Source: National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS

HIV-13 Increase the proportion of persons living with HIV who know their serostatus (LHI)

Baseline: 80.6 percent of persons aged 13 years and older living with HIV were aware of their HIV infection in 2006

Target: 90.0 percent

Target-Setting Method: Maintain consistency with national programs, regulations, policies, and laws.

Data Source: National HIV Surveillance System (NHSS), CDC/NCHHSTP

IID-8 Increase the proportion of children ages 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (PCV) (LHI)

Baseline: 44.3 percent of children aged 19 to 35 months in 2009 received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV

Target: 80.0 percent

Target-Setting Method: Maintain consistency with national programs, regulations, policies, and laws.

Data Source: National Immunization Survey (NIS), CDC/NCHS and CDC/NCIRP

IVP-8 Increase access to trauma care in the United States

IVP-8.1 Increase the proportion of the population residing within the continental United States with access to trauma care

Baseline: 83.1 percent of the population residing within the continental United States had access to trauma care in 2009

Target: 91.4 percent

Target-Setting Method: 10 percent improvement

Data Source: Trauma Information Exchange Program (TIEP), American Trauma Society (ATS)

IVP-8.2 Increase the proportion of the land mass of the continental United States had access to trauma care

Baseline: 28.7 percent of the land mass of the continental United States had access to trauma care in 2009

Target: 31.6 percent

Target-Setting Method: 10 percent improvement

Data Source: Trauma Information Exchange Program (TIEP), American Trauma Society (ATS)

MHMD-1 Reduce the suicide rate (LHI)

Baseline: 11.3 suicides per 100,000 population occurred in 2007

Target: 10.2 suicides per 100,000 population

Target-Setting Method: 10 percent improvement

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS

MHMD-9 Increase the proportion of adults with mental disorders who receive treatment

MHMD-9.1 Increase the proportion of adults aged 18 years and older with serious mental illness (SMI) who receive treatment

Baseline: 58.7 percent of adults aged 18 years and older with serious mental illness (SMI) received treatment in 2008

Target: 64.6 percent

Target-Setting Method: 10 percent improvement

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

MHMD-9.2 Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment

Baseline: 71.1 percent of adults aged 18 years and older with major depressive episodes received treatment in 2008

Target: 78.2 percent

Target-Setting Method: 10 percent improvement

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

MHMD-11 Increase depression screening by primary care providers

MHMD-11.1 Increase the proportion of primary care physicians who screen adults aged 19 years and older for depression during office visits

Baseline: 2.2 percent of primary care physicians screened adults aged 19 years and older for depression during office visits in 2007

Target: 2.4 percent

Target-Setting Method: 10 percent improvement

Data Source: National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS

MHMD-11.2 Increase the proportion of primary care physicians who screen youth aged 12 to 18 years for depression during office visits

Baseline: 2.1 percent of primary care physicians screened youth aged 12 to 18 for depression during office visits in 2005–07

Target: 2.3 percent

Target-Setting Method: 10 percent improvement

Data Source: National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS

MHMD-12 Increase the proportion of homeless adults with mental health problems who receive mental health services

Baseline: 37.0 percent of homeless adults with mental health problems received mental health services in 2006

Target: 41.0 percent

Target-Setting Method: 10 percent improvement

Data Source: Projects for Assistance in Transition from Homelessness (PATH), SAMHSA/CMHS

MICH-1.3 Reduce the rate of fetal and infant deaths**.** (within 1 year) (LHI)

Baseline: 6.7 infant deaths per 1,000 live births occurred within the first year of life in 2006

Target: 6.0 infant deaths per 1,000 live births

Target-Setting Method: 10 percent improvement

Data Source: Linked Birth/Infant Death Data Set, CDC/NCHS

MICH-9 Reduce total preterm births (LHI)

Baseline: 12.7 percent of live births were preterm in 2007

Target: 11.4 percent

Target-Setting Method: 10 percent improvement

Data Source: National Vital Statistics System-Natality (NVSS-N), CDC/NCHS

NWS-9 Reduce the proportion of adults who are obese (LHI)

Baseline: 33.9 percent of persons aged 20 years and older were obese in 2005–08 (age adjusted to the year 2000 standard population)

Target: 30.5 percent

Target-Setting Method: 10 percent improvement

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

OA-2 Increase the proportion of older adults who are up to date on a core set of clinical preventive services

OA-2.1 Increase the proportion of males aged 65 years and older who are up to date on a core set of clinical preventive services

Baseline: 46.3 percent of males aged 65 years and older were up to date on a core set of clinical preventive services in 2008

Target: 50.9 percent

Target-Setting Method: 10 percent improvement

Data Source: Behavioral Risk Factor Surveillance System (BRFSS), CDC/PHSPO

OA-2.2 Increase the proportion of females aged 65 years and older who are up to date on a core set of clinical preventive services

Baseline: 47.9 percent of males aged 65 years and older were up to date on a core set of clinical preventive services in 2008

Target: 52.7 percent

Target-Setting Method: 10 percent improvement

Data Source: Behavioral Risk Factor Surveillance System (BRFSS), CDC/PHSPO

OH-7 Increase the proportion of children, adolescents and adults who used the oral health care system in the past year (LHI)

Baseline: 44.5 percent of persons aged 2 years and older had a dental visit in the past year in 2007

Target: 49.0 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year

Baseline: 30.2 percent of children and adolescents aged 2 to 18 years at or below 200 percent of the Federal poverty level received a preventive dental service during the past year in 2007

Target: 33.2 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

OH-11 Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers (FQHCs) each year

Baseline: 17.5 percent of patients at FQHCs received oral health services in 2007

Target: 33.3 percent

Target-Setting Method: Projection/trend analysis

Data Source: Uniform Data System (UDS), HRSA/BPHC

SA-13 Reduce past-month use of illicit substances

SA-13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days (LHI)

Baseline: 18.4 percent of adolescents aged 12 to 17 years reported use of alcohol or any illicit drugs during the past 30 days in 2008

Target: 16.6 percent

Target-Setting Method: 10 percent improvement

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

SA-13.2 Reduce the proportion of adolescents reporting use of marijuana during the past 30 days

Baseline: 6.7 percent of adolescents aged 12 to 17 years reported use of marijuana during the past 30 days in 2008

Target: 6.0 percent

Target-Setting Method: 10 percent improvement

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

SA-13.3 Reduce the proportion of adults reporting use of any illicit drug during the past 30 days

Baseline: 7.9 percent of adults aged 18 years and older reported use of any illicit drug during the past 30 days in 2008

Target: 7.1 percent

Target-Setting Method: 10 percent improvement

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

SA-14.3 Reduce the proportion of persons engaging in binge drinking during the past 30 days—adults aged 18 years and older (LHI)

Baseline: 27.1 percent of adults aged 18 years and older reported that they engaged in binge drinking during the past 30 days in 2008

Target: 24.4 percent

Target-Setting Method: 10 percent improvement

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

TU-1 Reduce tobacco use by adults

TU-1.1 Reduce cigarette smoking by adults

Baseline: 20.6 percent of adults aged 18 years and older were current cigarette smokers in 2008 (age adjusted to the year 2000 standard population)

Target: 12.0 percent

Target-Setting Method: Retention of Healthy People 2010 target

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

TU-1.2 Reduce use of smokeless tobacco products by adults

Baseline: 2.3 percent of adults aged 18 years and older were current users of snuff or chewing tobacco products in 2005 (age adjusted to the year 2000 standard population)

Target: 0.3 percent

Target-Setting Method: 2 percentage point improvement

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

TU-1.3 Reduce use of cigars by adults

Baseline: 2.2 percent of adults aged 18 years and older were current cigar smokers in 2005 (age adjusted to the year 2000 standard population)

Target: 0.2 percent

Target-Setting Method: 2 percentage point improvement

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

TU-2 Reduce tobacco use by adolescents

TU-2.1 Reduce use of tobacco products by adolescents (past month)

Baseline: 26.0 percent of adolescents in grades 9 through 12 used cigarettes, chewing tobacco, snuff, or cigars in the past 30 days in 2009

Target: 21.0 percent

Target-Setting Method: Retention of Healthy People 2010 target

Data Source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP

TU-2.2 Reduce use of cigarettes by adolescents (past month)

Baseline: 19.5 percent of adolescents in grades 9 through 12 smoked cigarettes in the past 30 days in 2009

Target: 16.0 percent

Target-Setting Method: Retention of Healthy People 2010 target

Data Source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP

TU-2.3 Reduce use of smokeless tobacco products by adolescents (past month)

Baseline: 8.9 percent of adolescents in grades 9 through 12 used smokeless (chewing tobacco or snuff) tobacco products in the past 30 days in 2009

Target: 6.9 percent

Target-Setting Method: 2 percentage point improvement

Data Source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP

TU-2.4 Reduce use of cigars by adolescents (past month)

Baseline: 14.0 percent of adolescents in grades 9 through 12 smoked cigars in the past 30 days in 2009

Target: 8.0 percent

Target-Setting Method: Retention of Healthy People 2010 target

Data Source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP

TU-9 Increase tobacco screening in health care settings

TU-9.1 Increase tobacco screenings in office-based ambulatory care settings

Baseline: 62.4 percent of office-based ambulatory care setting visits among patients aged 18 years and older had tobacco screening in 2007

Target: 68.6 percent

Target-Setting Method: 10 percent improvement

Data Source: National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS

TU-9.2 Increase tobacco screenings in hospital ambulatory care settings

Baseline: 60.2 percent of hospital ambulatory care setting visits among patients aged 18 years and older had tobacco screening in 2007

Target: 66.2 percent

Target-Setting Method: 10 percent improvement

Data Source: National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS

TU-11 Reduce the proportion of non-smokers exposed to second hand smoke.

TU-11.1 Reduce the proportion of children aged 3 to 11 years exposed to secondhand smoke (LHI)

Baseline: 52.2 percent of children aged 3 to 11 years were exposed to secondhand smoke in 2005–08

Target: 47.0 percent

Target-Setting Method: 10 percent improvement

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

Neighborhood and Built Environment:

EH-1 Reduce the number of days the Air Quality Index (AQI) exceeds 100, weighted by population and AQI (LHI)

Baseline: 2,200,000,000 billion Air Quality Index (AQI)-weighted people days exceeded 100 on the AQI in 2008

Target: 1,980,000,000 billion AQI-weighted people days

Target-Setting Method: 10 percent improvement

Data Source: Air Quality System (AQS), EPA

EH-4 Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act

Baseline: 92.0 percent of persons served by community water systems received a supply of drinking water that meets the regulations of the Safe Drinking Water Act in 2008

Target: 91 percent

Target-Setting Method: Maintain consistency with national programs, regulations, policies, and laws.

Data Source: Safe Drinking Water Information System (SDWIS), EPA/OW

EH-8 Reduce blood lead levels in children

EH-8.1 Eliminate elevated blood lead levels in children

Baseline: 0.9 percent of children had elevated blood lead levels in 2005–08

Target: Not applicable

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

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

EH-8.2 Reduce the mean blood lead levels in children

Baseline: 1.5 µg/dL was the average blood lead level in children aged 1 to 5 years in 2005–08

Target: 1.4 µg/dL average blood lead level in children aged 1 to 5 years

Target-Setting Method: 10 percent improvement

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

EH-9 Minimize the risks to human health and the environment posed by hazardous sites.

Baseline: 1,279 hazardous sites presented risks to human health and the environment in 2010

Target: 1,151 sites

Target-Setting Method: 10 percent improvement

Data Source: Comprehensive Environmental Response and Cleanup Information System (CERLIS), EPA/OSWER

EH-13: Reduce indoor allergen levels

EH-13.1 Reduce indoor allergen levels—cockroach

Baseline: 0.51 units of cockroach allergen/gram of settled dust were reported in 2006

Target: 0.46 units of cockroach allergen/gram of settled dust

Target-Setting Method: 10 percent improvement

Data Source: American Healthy Homes Survey (AHHS), HUD

EH-13.1 Reduce indoor allergen levels—mouse

Baseline: 0.16 micrograms of mouse allergen/gram of settled dust were reported in 2006

Target: 0.14 micrograms of mouse allergen/gram of settled dust

Target-Setting Method: 10 percent improvement

Data Source: American Healthy Homes Survey (AHHS), HUD

EH-19 Reduce the proportion of occupied housing units that have moderate or severe physical problems

Baseline: 5.2 percent of housing units had moderate or severe physical problems in 2007

Target: 4.2 percent

Target-Setting Method: Projection/trend analysis

Data Source: American Housing Survey (AHS), HUD and Census

EH-22 Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to environmental hazards

EH-22.1 Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to lead poisoning

Baseline: 29 States and the District of Columbia monitored lead poisoning in 2009

Target: 56 States, Territories, and the District of Columbia

Target-Setting Method: Total coverage

Data Source: State Reportable Conditions Data Inventory, Council of State and Territorial Epidemiologists (CSTE)

EH-22.2 Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to pesticide poisoning

Baseline: 28 States monitored pesticide poisoning in 2009

Target: 56 States, Territories, and the District of Columbia

Target-Setting Method: Total coverage

Data Source: State Reportable Conditions Data Inventory, Council of State and Territorial Epidemiologists (CSTE)

EH-22.3 Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to mercury poisoning

Baseline: 24 States monitored mercury poisoning in 2009

Target: 56 States, Territories, and the District of Columbia

Target-Setting Method: Total coverage

Data Source: State Reportable Conditions Data Inventory, Council of State and Territorial Epidemiologists (CSTE)

EH-22.4 Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to arsenic poisoning

Baseline: 22 States monitored arsenic poisoning in 2009

Target: 56 States, Territories, and the District of Columbia

Target-Setting Method: Total coverage

Data Source: State Reportable Conditions Data Inventory, Council of State and Territorial Epidemiologists (CSTE)

EH-22.5 Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to cadmium poisoning

Baseline: 21 States monitored cadmium poisoning in 2009

Target: 56 States, Territories, and the District of Columbia

Target-Setting Method: Total coverage

Data Source: State Reportable Conditions Data Inventory, Council of State and Territorial Epidemiologists (CSTE)

EH-22.6 Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to chemical poisoning

Baseline: 17 States monitored acute chemical poisoning in 2009

Target: 56 States, Territories, and the District of Columbia

Target-Setting Method: Total coverage

Data Source: State Reportable Conditions Data Inventory, Council of State and Territorial Epidemiologists (CSTE)

EH-22.7 Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to carbon monoxide poisoning

Baseline: 20 States monitored carbon monoxide poisoning in 2009

Target: 56 States, Territories, and the District of Columbia

Target-Setting Method: Total coverage

Data Source: State Reportable Conditions Data Inventory, Council of State and Territorial Epidemiologists (CSTE)

IVP-1 Reduce fatal injuries (LHI)

Baseline: 59.2 deaths per 100,000 population were caused by injuries in 2007 (age adjusted to the year 2000 standard population)

Target: 53.3 deaths per 100,000 population

Target-Setting Method: 10 percent improvement

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS

IVP-29 Reduce homicides (LHI)

Baseline: 6.1 homicides per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)

Target: 5.5 homicides per 100,000 population

Target-Setting Method: 10 percent improvement

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS

IVP-30 Reduce firearm-related deaths

Baseline: 10.2 firearm-related deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)

Target: 9.2 deaths per 100,000 population

Target-Setting Method: 10 percent improvement

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS

IVP-33 Reduce physical assaults.

Baseline: 21.3 physical assaults per 1,000 population aged 12 years and older occurred in 2008

Target: 19.2 physical assaults per 1,000 population

Target-Setting Method: 10 percent improvement

Data Source: National Crime Victimization Survey, DOJ/BJS

IVP-42 Reduce children's exposure to violence

Baseline: 58.8 percent of children were exposed to any form of violence, crime, and abuse measured in 2008

Target: 52.9 percent

Target-Setting Method: 10 percent improvement

Data Source: National Survey of Children's Exposure to Violence (NatSCEV), DOJ/OJJDP

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 for Americans

Baseline: 8 States (including the District of Columbia) had State-level policies that incentivized food retail outlets to provide foods that are encouraged by the Dietary Guidelines in 2001–09

Target: 18 States (including the District of Columbia)

Target-Setting Method: Projection/trend analysis

Data Source: State Indicator Report on Fruits and Vegetables, CDC

NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.

NWS-15.1 Increase the contribution of total vegetables to the diets of the population aged 2 years and older (LHI)

Baseline: 0.8 cup equivalent of total vegetables per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population)

Target: 1.1 cup equivalent per 1,000 calories

Target-Setting Method: Modeling

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

PA-2 Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity

PA-2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity (LHI)

Baseline: 18.2 percent of adults met the objectives for aerobic physical activity and for muscle-strengthening activity in 2008

Target: 20.1 percent

Target-Setting Method: 10 percent improvement

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

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)

Baseline: 28.8 percent of the Nation's public and private schools provided access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations) in 2006

Target: 31.7 percent

Target-Setting Method: 10 percent improvement

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

RD-2 Reduce hospitalizations for asthma

RD-2.1 Reduce hospitalizations for asthma among children under age 5 years

Baseline: 41.4 hospitalizations for asthma per 10,000 children under age 5 years occurred in 2007

Target: 18.1 hospitalizations per 10,000

Target-Setting Method: Minimal statistical significance

Data Source: National Hospital Discharge Survey (NHDS), CDC/NCHS

RD-2.2 Reduce hospitalizations for asthma among children and adults aged 5 to 64 years

Baseline: 11.1 hospitalizations for asthma per 10,000 children and adults aged 5 to 64 years occurred in 2007 (age adjusted to the year 2000 standard population)

Target: 8.6 hospitalizations per 10,000

Target-Setting Method: Minimal statistical significance

Data Source: National Hospital Discharge Survey (NHDS), CDC/NCHS

RD-2.3 Reduce hospitalizations for asthma among adults aged 65 years and older

Baseline: 25.3 hospitalizations for asthma per 10,000 adults aged 65 years and older occurred in 2007 (age adjusted to the year 2000 standard population)

Target: 20.3 hospitalizations per 10,000

Target-Setting Method: Minimal statistical significance

Data Source: National Hospital Discharge Survey (NHDS), CDC/NCHS

RD-5 Reduce the proportion of persons with asthma who miss school or work days

RD-5.1 Reduce the proportion of children aged 5 to 17 years with asthma who miss school days

Baseline: 58.7 percent of children aged 5 to 17 years who had an asthma episode or attack in the past 12 months missed school days due to asthma in the past 12 months in 2008

Target: 48.7 percent

Target-Setting Method: Minimal statistical significance

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

RD-5.2 Reduce the proportion of children aged 18 to 64 years with asthma who miss work days

Baseline: 33.2 percent of adults aged 18 to 64 years who had an asthma episode or attack in the past 12 months missed work days due to asthma in the past 12 months in 2008

Target: 26.8 percent

Target-Setting Method: Minimal statistical significance

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

Social and Community Context:

AH-2 Increase the proportion of adolescents who participate in extracurricular and/or out-of-school activities

Baseline: 82.4 percent of adolescents aged 12 to 17 years participated in extracurricular and/or out-of-school activities in the past 12 months, as reported in 2007

Target: 90.6 percent

Target-Setting Method: 10 percent improvement

Data Source: National Survey of Children's Health (NSCH), CDC and HRSA/MCH

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

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

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

Target: 83.3 percent

Target-Setting Method: 10 percent improvement

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

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

Baseline: 82.1 percent of adolescents aged 12 to 17 years who participated in extracurricular or out-of-school activities during the past 12 months had parents who reported they usually or always attended events and

activities in which their adolescents participated, as reported in 2007

Target: 90.3 percent

Target-Setting Method: 10 percent improvement

Data Source: National Survey of Children's Health (NSCH), CDC and HRSA/MCH

AH-11 Reduce adolescent and young adult perpetration of, as well as victimization by, crimes

AH-11.1 Reduce the rate of minor and young adult perpetration of violent crimes

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

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

Target-Setting Method: 10 percent improvement

Data Source: Uniform Crime Reporting Program (UCR), DOJ/FBI

AH-11.2 Reduce the rate of minor and young adult perpetration of serious property crimes

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

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

Target-Setting Method: 10 percent improvement

Data Source: Uniform Crime Reporting Program (UCR), DOJ/FBI

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

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

Target: 76.5 percent

Target-Setting Method: 10 percent improvement

Data Source: Behavioral Risk Factor Surveillance System (BRFSS), CDC/PHSPO

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

Baseline: 91.0 percent of children with disabilities, birth through age 2 years, received early intervention services in home or community-based settings in 2007

Target: 95.0 percent

Target-Setting Method: Projection/trend analysis

Data Source: Data Accountability Center (DAC), ED/OSERS

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

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

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

Target: 76.8 percent

Target-Setting Method: 10 percent improvement

Data Source: National Survey of Children's Health (NSCH), CDC and HRSA/MCH

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

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

Target: 52.6 percent

Target-Setting Method: 10 percent improvement

Data Source: National Survey of Children's Health (NSCH), CDC and HRSA/MCH

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

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

Target: 52.8 percent

Target-Setting Method: 10 percent improvement

Data Source: National Survey of Children's Health (NSCH), CDC and HRSA/MCH

HC/HIT-7 Increase the proportion of adults who report having friends or family members whom they talk with about their health

Baseline: 79.5 percent of adults reported having friends or family members with whom they talk about their health in 2007

Target: 87.5 percent

Target-Setting Method: 10 percent improvement

Data Source: Health Information National Trends Survey (HINTS), NIH/NCI

MHMD-4 Reduce the proportion of persons who experience major depressive episodes

MHMD-4.1 Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs) (LHI)

Baseline: 8.3 percent of adolescents aged 12 to 17 years experienced a major depressive episode in 2008

Target: 7.4 percent

Target-Setting Method: 10 percent improvement

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

MHMD-4.2 Reduce the proportion of adolescents aged 18 years and older who experience major depressive episodes (MDEs)

Baseline: 6.4 percent of adults aged 18 years and older experienced a major depressive episode in 2008

Target: 5.8 percent

Target-Setting Method: 10 percent improvement

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

MICH-21 Increase the proportion of infants who are breastfed

MICH-21.1 Increase the proportion of infants who are ever breastfed

Baseline: 74.0 percent of infants born in 2006 were ever breastfed, as reported in 2007–09

Target: 81.9 percent

Target-Setting Method: Projection/trend analysis

Data Source: National Immunization Survey (NIS), CDC/NCHS and CDC/NCIRP

MICH-21.2 Increase the proportion of infants who are ever breastfed at 6 months

Baseline: 43.5 percent of infants born in 2006 were breastfed at 6 months, as reported in 2007–09

Target: 60.6 percent

Target-Setting Method: Projection/trend analysis

Data Source: National Immunization Survey (NIS), CDC/NCHS and CDC/NCIRP

MICH-21.3 Increase the proportion of infants who are breastfed at 1 year

Baseline: 22.7 percent of infants born in 2006 were breastfed at 1 year, as reported in 2007–09

Target: 34.1 percent

Target-Setting Method: Projection/trend analysis

Data Source: National Immunization Survey (NIS), CDC/NCHS and CDC/NCIRP

MICH-21.4 Increase the proportion of infants who are breastfed exclusively through 3 months

Baseline: 33.6 percent of infants born in 2006 were breastfed exclusively through 3 months, as reported in 2007–09

Target: 46.2 percent

Target-Setting Method: Projection/trend analysis

Data Source: National Immunization Survey (NIS), CDC/NCHS and CDC/NCIRP

MICH-21.5 Increase the proportion of infants who are breastfed exclusively through 6 months

Baseline: 14.1 percent of infants born in 2006 were breastfed exclusively through 6 months, as reported in 2007–09

Target: 25.5 percent

Target-Setting Method: Projection/trend analysis

Data Source: National Immunization Survey (NIS), CDC/NCHS and CDC/NCIRP

MICH-31 Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, and coordinated systems

MICH-31.1 Increase the proportion of children aged 0-11 years with special health care needs who receive their care in family-centered, comprehensive, and coordinated systems

Baseline: 20.4 percent of children aged 0 through 11 years with special health care needs received their care in

family-centered, comprehensive, and coordinated systems in 2005–06

Target: 22.4 percent

Target-Setting Method: 10 percent improvement

Data Source: National Survey of Children with Special Health Care Needs (NS-CSHCN), CDC and HRSA/MCH

MICH-31.2 Increase the proportion of children aged 12-17 years with special health care needs who receive their care in family-centered, comprehensive, and coordinated systems

Baseline: 13.8 percent of children aged 12 through 17 years with special health care needs received their care in family-centered, comprehensive, and coordinated systems in 2005–06

Target: 15.1 percent

Target-Setting Method: 10 percent improvement

Data Source: National Survey of Children with Special Health Care Needs (NS-CSHCN), CDC and HRSA/MCH