Healthy People 2020 Objective Topic Areas and Page Numbers

* Objectives for these topic areas are under development.

Access to Health Services

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

Topic Area: Access to Health Services

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

AHS-1.1 Increase the proportion of persons with medical insurance.

Target: 100 percent.

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

Target setting method: Total coverage.

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

AHS-1.2 (Developmental) Increase the proportion of persons with dental insurance.

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

AHS-1.3 (Developmental) Increase the proportion of persons with prescription drug insurance.

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

AHS-2: (Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.

Potential data sources: Children's Health Insurance Program (CHIP), CMS; AGing Integrated Database (AGID), AoA; Medicare Current Beneficiary Survey (MCBS) and claims data, CMS.

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

Target: 83.9 percent.

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

Target setting method: 10 percent improvement.

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

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

AHS-4.1 (Developmental) Increase the number of practicing medical doctors.

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

AHS-4.2 (Developmental) Increase the number of practicing doctors of osteopathy.

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

AHS-4.3 (Developmental) Increase the number of practicing physician assistants.

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

AHS-4.4 (Developmental) Increase the number of practicing nurse practitioners.

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

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

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

Target: 95.0 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 100 percent.

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

Target setting method: Total coverage.

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

AHS-5.3 Increase the proportion of adults aged 18 to 64 years who have a specific source of ongoing care.

Target: 89.4 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 100 percent.

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

Target setting method: Total coverage.

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

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

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

Target: 9.0 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 4.2 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 5.0 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 2.8 percent.

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

Target setting method: 10 percent improvement.

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

AHS-7: (Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.

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

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

AHS-8.1 Increase the proportion of persons who are covered by basic life support.

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

AHS-8.2 Increase the proportion of persons who are covered by advanced life support.

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

AHS-9: (Developmental) Reduce the proportion of hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

AHS-9.1 (Developmental) Reduce the proportion of all hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

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

AHS-9.2 (Developmental) Reduce the proportion of Level 1–immediate hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

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

AHS-9.3 (Developmental) Reduce the proportion of level 2–emergent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

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

AHS-9.4 (Developmental) Reduce the proportion of level 3–urgent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

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

AHS-9.5 (Developmental) Reduce the proportion of level 4–semi-urgent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

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

AHS-9.6 (Developmental) Reduce the proportion of level 5–non-urgent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

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

Adolescent Health

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

Topic Area: Adolescent Health

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

Target: 75.6 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 90.8 percent.

Baseline: 82.5 percent of adolescents aged 12 to 17 years participated in extracurricular and/or out-of-school activities in the past 12 months, as reported in 2007.

Target setting method: 10 percent improvement.

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

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

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

Target: 83.3 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 90.3 percent.

Baseline: 82.1 percent of 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 setting method: 10 percent improvement.

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

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

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

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

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

Target: 82.4 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 65.2 percent.

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

Target setting method: 10 percent improvement.

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

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

AH–5.3.1 Increase the proportion of 4th grade students whose reading skills are at or above the proficient achievement level for their grade.

Target: 36.3 percent.

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

Target setting method: 10 percent improvement.

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

AH–5.3.2 Increase the proportion of 8th grade students whose reading skills are at or above the proficient achievement level for their grade.

Target: 35.6 percent.

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

Target setting method: 10 percent improvement.

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

AH–5.3.3 Increase the proportion of 12th grade students whose reading skills are at or above the proficient achievement level for their grade.

Target: 38.9 percent.

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

Target setting method: 10 percent improvement.

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

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

AH–5.4.1 Increase the proportion of 4th grade students whose mathematics skills are at or above the proficient achievement level for their grade.

Target: 43.0 percent.

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

Target setting method: 10 percent improvement.

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

AH–5.4.2 Increase the proportion of 8th grade students whose mathematics skills are at or above the proficient achievement level for their grade.

Target: 37.3 percent.

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

Target setting method: 10 percent improvement.

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

AH–5.4.3 Increase the proportion of 12th grade students whose mathematics skills are at or above the proficient achievement level for their grade.

Target: 25.3 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 29.3 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: TBD.

Baseline: 5.0 percent of adolescents aged 12 to 17 years missed 11 or more whole school days due to illness or injury in the previous 12 months, as reported in 2008.

Target setting method: 10 percent improvement.

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

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

Target: 75.5 percent.

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

Target setting method: 10 percent improvement.

Data source: School Health Policies and 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.

Target: 20.4 percent.

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 setting method: 10 percent improvement.

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

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

Target: 95.0 percent.

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

Target setting method: 10 percent improvement.

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

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

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

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

Target: 15.5 percent.

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

Target setting method: 10 percent improvement.

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

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

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

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

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

Target setting method: 10 percent improvement.

Data source: Violent Crime, Crime in the United States, Uniform Crime Reporting (UCR) Program, DOJ, FBI, CJIS.

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

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

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

Target setting method: 10 percent improvement.

Data source: Property Crime, Crime in the United States, Uniform Crime Reporting (UCR) Program, DOJ, FBI, CJIS.

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

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

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

Potential data source: National Crime Victimization Survey (NCVS), DOJ, OJP, BJS.

Arthritis, Osteoporosis, and Chronic Back Conditions

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

Topic Area: Arthritis, Osteoporosis, and Chronic Back Conditions

Arthritis

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

Target: 5.0 mean pain level.

Baseline: 5.6 was the mean level of joint pain on a visual analog scale of 0 (no pain) to 10 (pain as bad as it can be) among adults aged 18 years and older with doctor-diagnosed arthritis in 2006 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

AOCBC–2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.

Target: 35.5 percent.

Baseline: 39.4 percent of adults aged 18 years and older with doctor-diagnosed arthritis experienced a limitation in activity due to arthritis or joint symptoms in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

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

AOCBC–3.1 Reduce the proportion of adults with doctor-diagnosed arthritis who find it "very difficult" to walk a quarter of a mile—about 3 city blocks.

Target: 13.7 percent.

Baseline: 15.2 percent of adults aged 18 years and older with doctor-diagnosed arthritis found it "very difficult" to walk a quarter of a mile in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

AOCBC–3.2 Reduce the proportion of adults with doctor-diagnosed arthritis who find it "very difficult" to walk up 10 steps without resting.

Target: 9.7 percent.

Baseline: 10.8 percent of adults aged 18 years and older with doctor-diagnosed arthritis found it "very difficult" to walk up 10 steps without resting in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

AOCBC–3.3 Reduce the proportion of adults with doctor-diagnosed arthritis who find it "very difficult" to stoop, bend, or kneel.

Target: 19.5 percent.

Baseline: 21.7 percent of adults aged 18 years and older with doctor-diagnosed arthritis found it "very difficult" to stoop, bend, or kneel in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

AOCBC–3.4 Reduce the proportion of adults with doctor-diagnosed arthritis who find it "very difficult" to use fingers to grasp or handle small objects.

Target: 4.0 percent.

Baseline: 4.4 percent of adults aged 18 years and older with doctor-diagnosed arthritis found it "very difficult" to use fingers to grasp or handle small objects in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

AOCBC–4: Reduce the proportion of adults with doctor-diagnosed arthritis who have difficulty in performing two or more personal care activities, thereby preserving independence.

Target: 2.4 percent.

Baseline: 2.7 percent of adults aged 18 years and older with doctor-diagnosed arthritis had difficulty in performing two or more personal care activities in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

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

Target: 6.6 percent.

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

Target setting method: 10 percent improvement.

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

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

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

Target: 31.5 percent.

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

Target setting method: 10 percent improvement.

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

AOCBC–6.2 Reduce the proportion of adults with doctor-diagnosed arthritis who are limited in their ability to work for pay due to arthritis.

Target: 29.8 percent.

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

Target setting method: 10 percent improvement.

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

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

AOCBC–7.1 Increase the proportion of overweight and obese adults with doctor-diagnosed arthritis who receive health care provider counseling for weight reduction.

Target: 45.3 percent.

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

Target setting method: 10 percent improvement.

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

AOCBC–7.2 Increase the proportion of adults with doctor-diagnosed arthritis who receive health care provider counseling for physical activity or exercise.

Target: 57.4 percent.

Baseline: 52.2 percent of adults aged 18 years and older with doctor-diagnosed arthritis received health care provider counseling for physical activity or exercise in 2006 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

AOCBC–8: Increase the proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition.

Target: 11.7 percent.

Baseline: 10.6 percent of adults aged 18 years and older with doctor-diagnosed arthritis had effective, evidence-based arthritis education as an integral part of the management of their condition in 2006 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

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

Target: 79.2 percent.

Baseline: 72.0 percent of adults aged 18 years and older with chronic joint symptoms saw a health care provider for their symptoms in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

Osteoporosis

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

Target: 5.3 percent.

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

Target setting method: 10 percent improvement.

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

AOCBC–11: Reduce hip fractures among older adults.

AOCBC–11.1 Reduce hip fractures among females aged 65 years and older.

Target: 741.2 hospitalizations per 100,000 population.

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

Target setting method: 10 percent improvement.

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

AOCBC–11.2 Reduce hip fractures among males aged 65 years and older.

Target: 418.4 hospitalizations per 100,000 population.

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

Target setting method: 10 percent improvement.

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

Chronic Back Conditions

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

Target: 27.6 adults per 1,000 population.

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

Target setting method: 10 percent improvement.

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

Blood Disorders and Blood Safety

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

Topic Area: Blood Disorders and Blood Safety

Hemoglobinopathies

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Bleeding and Clotting

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

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

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

Target: 48.9 per 10,000 population.

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

Target setting method: 10 percent improvement.

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

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

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

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

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

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

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

Potential data source: To be determined.

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

Target: 31.2 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 74.6 percent.

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

Target setting method: 10 percent improvement.

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

Blood Safety

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

Target: 6.7 percent.

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

Target setting method: 10 percent improvement.

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

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

BDBS–18.1 (Developmental) Reduce the proportion of persons who develop adverse events due to transfusion-related acute lung injury (TRALI).

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

BDBS–18.2 (Developmental) Reduce the proportion of persons who develop adverse events due to blood incompatibility.

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

BDBS–18.3 (Developmental) Reduce the proportion of persons who develop adverse events due to transfusion-transmitted infections.

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

BDBS–18.4 (Developmental) Reduce the proportion of persons who develop adverse events due to alloimmunization among persons with hemoglobinopathies.

Potential data sources: Registry and Surveillance in Hemoglobinopathies (RuSH), NIH.

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

BDBS–19.1 (Developmental) Reduce the proportion of persons who did not receive red blood cells due to a blood product shortage.

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

BDBS–19.2 (Developmental) Reduce the proportion of persons who did not receive platelets due to a blood product shortage.

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

BDBS–19.3 (Developmental) Reduce the proportion of persons who did not receive plasma derivatives due to a blood product shortage.

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

Cancer

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

Topic Area: Cancer

C–1: Reduce the overall cancer death rate.

Target: 160.6 deaths per 100,000 population.

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

Target setting method: 10 percent improvement.

Data source*:* National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

C–2: Reduce the lung cancer death rate.

Target: 45.5 deaths per 100,000 population.

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

Target setting method: 10 percent **i**mprovement.

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

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

Target: 20.6 deaths per 100,000 females.

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

Target setting method: 10 percent improvement.

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

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

Target: 2.2 deaths per 100,000 females.

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

Target setting method: 10 percent improvement.

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

C–5: Reduce the colorectal cancer death rate.

Target: 14.5 deaths per 100,000 population.

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

Target setting method: Projection/trend analysis.

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

C–6: Reduce the oropharyngeal cancer death rate.

Target: 2.3 deaths per 100,000 population.

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

Target setting method: 10 percent improvement.

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

C–7: Reduce the prostate cancer death rate.

Target: 21.2 deaths per 100,000 males.

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

Target setting method: 10 percent improvement.

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

C–8: Reduce the melanoma cancer death rate.

Target: 2.4 deaths per 100,000 population.

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

Target setting method: 10 percent improvement.

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

C–9: Reduce invasive colorectal cancer.

Target: 38.6 new cases per 100,000 population.

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

Target setting method: Projection/trend analysis.

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

C–10: Reduce invasive uterine cervical cancer.

Target: 7.1 new cases per 100,000 females.

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

Target setting method: 10 percent improvement.

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

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

Target: 41.0 new cases per 100,000 females.

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

Target setting method: Projection/trend analysis.

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

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

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

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

Target setting method: Total coverage.

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

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

Target: 72.8 percent.

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

Target setting method: 10 percent improvement.

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

C–14: (Developmental) Increase the mental and physical health-related quality of life of cancer survivors.

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

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

Target: 93.0 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 70.5 percent.

Baseline: 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 setting method: Projection/trend analysis.

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

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

Target: 81.1 percent.

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

Target setting method: 10 percent improvement.

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

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

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

Target: 76.8 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 65.8 percent.

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

Target setting method: 10 percent improvement.

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

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

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

C–19: (Developmental) Increase the proportion of men who have discussed with their health care provider whether to have a prostate-specific antigen (PSA) test to screen for prostate cancer.

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

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

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

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

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

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

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

Target: 14.0 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 13.7 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 11.2 percent.

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

Target setting method: Minimal statistical significance.

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

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

Target: 80.1 percent.

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

Target setting method: 10 percent improvement.

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

Chronic Kidney Disease

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

Topic Area: Chronic Kidney Disease

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

Target: 13.6 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 11.3 percent.

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

Target setting method: 4 percentage point improvement.

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

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

Target: 12.4 percent.

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

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

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

Target: 28.4 percent.

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

CKD–4.2 Increase the proportion of persons with type 1 or type 2 diabetes and chronic kidney disease who receive medical evaluation with serum creatinine, microalbuminuria, A1c, lipids, and eye examinations.

Target: 25.4 percent.

Baseline: 23.1 percent of persons with type 1 or type 2 diabetes and chronic kidney disease received medical evaluation with serum creatinine, microalbuminuria, A1c, lipids, and eye examinations in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

CKD–5: Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical treatment with angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBS).

Target: 60.0 percent.

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

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

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

Target: 66.7 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 26.6 percent.

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

Target setting method: 10 percent improvement.

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

CKD–7: Reduce the number of deaths among persons with chronic kidney disease.

Target: Not applicable.

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

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

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

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

Target: 318.5 new cases per million population.

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

CKD–9: Reduce kidney failure due to diabetes.

CKD–9.1 Reduce kidney failure due to diabetes.

Target: 139.2 per million population.

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

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

Target: 2,374.1 per million population.

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

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

Target: 29.8 percent.

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

CKD–11: Improve vascular access for hemodialysis patients.

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

Target: 50.6 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 26.1 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 34.5 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 18.8 percent of dialysis patients.

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

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

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

Target: 19.7 percent.

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

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

Target: Not applicable.

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

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

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

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

CKD–14.1 Reduce the total number of deaths for persons on dialysis.

Target: 190.8 deaths per 1,000 patient years.

Baseline: 2212.0 deaths per 1,000 patient years occurred among persons on dialysis in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

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

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

Baseline: 355.5 deaths per 1,000 patient years occurred among persons on dialysis within the first 3 months of initiation of therapy in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

CKD–14.3 Reduce the number of cardiovascular deaths for persons on dialysis.

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

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

CKD–14.4 Reduce the total number of deaths for persons with a functioning kidney transplant.

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

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

CKD–14.5 Reduce the number of cardiovascular deaths in persons with a functioning kidney transplant.

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

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

Target setting method: 2 percentage point improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

Dementias, including Alzheimer's Disease

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

Topic Area: Dementias, Including Alzheimer's Disease

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

Potential data sources: Medicare Current Beneficiary Survey (MCBS) and Medicare Beneficiary Annual Summary File, CMS.

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

Potential data sources: Health and Retirement Study (HRS) cohort linked to Medicare Part A and Part B claims, CMS.

Diabetes

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

Topic Area: Diabetes

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

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

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

Target setting method: 10 percent improvement.

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

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

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

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

D–2.2 Reduce the rate of cardiovascular disease deaths in persons with diagnosed diabetes.

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

D–3: Reduce the diabetes death rate.

Target: 65.8 deaths per 100,000 population.

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

Target setting method: 10 percent improvement.

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

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

Target: Not applicable.

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

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

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

D–5: Improve glycemic control among persons with diabetes.

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

Target: 16.1 percent.

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 setting method: 10 percent improvement.

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

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

Target: 58.9 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 58.4 percent.

Baseline: 53.1 percent of adults aged 18 years and older with doctor diagnosed diabetes had an LDL cholesterol value <100 mg/dl in 2005–08.

Target setting method: 10 percent improvement.

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

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

Target: 57.0 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 61.2 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 74.8 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 58.7 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 71.1 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 37.0 percent.

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

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System (USRDS), NIH, NIDDK.

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

Target: 70.4 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 62.5 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 80.1 percent.

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

Target setting method: 10 percent improvement.

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

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

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

Target: 49.1 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 55.0 percent.

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

Target setting method: 10 percent improvement.

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

D–16.3 Increase the proportion of persons at high risk for diabetes with prediabetes who report reducing the amount of fat or calories in their diet.

Target: 53.4 percent.

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

Target setting method: 10 percent improvement.

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

Disability and Health

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

DH–20 Early intervention services.

Topic Area: Disability and Health

Systems and Policies

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

Target: 4 data systems.

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

Target setting method: Projection/trend analysis.

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

DH–2: Increase the number of Tribes, States, and the District of Columbia that have public health surveillance and health promotion programs for people with disabilities and caregivers.

States and District of Columbia

DH–2.1 Increase the number of State and the District of Columbia health departments that have at least one health promotion program aimed at improving the health and well-being of people with disabilities.

Target: 18 States and the District of Columbia.

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

Target setting method: 10 percent improvement.

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

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

Target: 51 States and the District of Columbia.

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

Target setting method: Retention of HP2010 target.

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

DH–2.3 Increase the number of State and the District of Columbia health departments that have at least one health promotion program aimed at improving the health and well-being of caregivers of people with disabilities.

Target: 16 States and the District of Columbia.

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

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

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

Tribes

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

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

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

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

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

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

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

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

DH–3: (Developmental) Increase the proportion of U.S. master of public health (M.P.H.) programs that offer graduate-level courses in disability and health.

Potential data source: Periodic Assessment of Schools of Public Health Courses, CDC, NCBDDD.

Barriers to Health Care

DH–4: (Developmental) Reduce the proportion of people with disabilities who report delays in receiving primary and periodic preventive care due to specific barriers.

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

DH–5: Increase the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric to adult health care.

Target: 45.3 percent.

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

Target setting method: 10 percent improvement.

Data source: National Survey of Children with Special Health Care Needs (NS–CSHN), HRSA, MCHB.

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

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

DH–7: (Developmental) Reduce the proportion of older adults with disabilities who use inappropriate medications.

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

Environment

DH–8: (Developmental) Reduce the proportion of people with disabilities who report physical or program barriers to local health and wellness programs.

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

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

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

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

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

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

Target: 46.3 percent.

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

Target setting method: 10 percent improvement.

Data sources: American Housing Survey (AHS), HUD.

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

DH–12.1 Reduce the number of adults with disabilities aged 22 years and older living in congregate care residences that serve 16 or more persons.

Target: 31,604 adults.

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

Target setting method: Projection/trend analysis.

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

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

Target: 26,001 children and youth with disabilities.

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

Target setting method: 10 percent improvement.

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

Activities and Participation

DH–13: (Developmental) Increase the proportion of people with disabilities who participate in social, spiritual, recreational, community, and civic activities to the degree that they wish.

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

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

Target: 73.8 percent.

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

Target setting method: Projection/trend analysis.

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

DH–15: Reduce unemployment among people with disabilities.

Target: 13.1 percent.

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

Target setting method: 10 percent improvement.

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

DH–16: Increase employment among people with disabilities.

Target: 21.1 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 76.5 percent.

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

Target setting method: 10 percent improvement.

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

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

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

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

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

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

Target: 95 percent.

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

Target setting method: Projection/trend analysis.

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

Early and Middle Childhood

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

Topic Area: Early and Middle Childhood

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

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

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

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

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

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

Target: 76.8 percent.

Baseline: 69.8 percent of 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 setting method: 10 percent improvement.

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

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

Target: 52.6 percent.

Baseline: 47.8 percent of 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 setting method: 10 percent improvement.

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

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

Target: 52.8 percent.

Baseline: 48.0 percent of 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 setting method: 10 percent improvement.

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

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

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

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

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

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

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

EMC–4.1.1 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.

Target: 38.7 percent.

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

Target setting method: 10 percent improvement.

Data source: School Health Policies and 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.

Target: 62.6 percent.

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

Target setting method: 10 percent improvement.

Data source: School Health Policies and 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.

Target: 84.5 percent.

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

Target setting method: 10 percent improvement.

Data source: School Health Policies and 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.

Target: 35.8 percent.

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

Target setting method: 10 percent improvement.

Data source: School Health Policies and 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.

Target: 55.8 percent.

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

Target setting method: 10 percent improvement.

Data source: School Health Policies and 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.

Target: 80.1 percent.

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

Target setting method: 10 percent improvement.

Data source: School Health Policies and 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.

Target: 11.5 percent.

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

Target setting method: 4 percentage point improvement.

Data source: School Health Policies and 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.

Target: 14.3 percent.

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

Target setting method: 4 percentage point improvement.

Data source: School Health Policies and 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 schools.

Target: 10.5 percent.

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

Target setting method: 4 percentage point improvement.

Data source: School Health Policies and 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.

Target: 57.8 percent.

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

Target setting method: 10 percent improvement.

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

Educational and Community-Based Programs

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

Topic Area: Educational and Community-Based Programs

ECBP–1: (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in the following areas: unintentional injury; violence; tobacco use and addiction; alcohol and drug use, unhealthy dietary patterns; and inadequate physical activity, dental health, and safety.

ECBP–1.1 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in all priority areas.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.2 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in unintentional injury.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.3 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in violence.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.4 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in tobacco use and addiction.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.5 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in alcohol or other drug use.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.6 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in unhealthy dietary patterns.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.7 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in inadequate physical activity.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.8 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in dental and oral health.

Potential data sources: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

ECBP–1.9 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in safety.

Potential data source: National Head Start Program Survey; National Household Education Surveys Program (NHES); National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

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.

Target: 28.2 percent.

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 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.

Target: 89.9 percent.

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

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.

Target: 90.1 percent.

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

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.

Target: 48.3 percent.

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

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.

Target: 89.1 percent.

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 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.

Target: 90.0 percent.

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 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.

Target: 43.2 percent.

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 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.

Target: 92.7 percent.

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

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.

Target: 87.1 percent.

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

Target setting method: 10 percent improvement.

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

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

ECBP–3.1 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address the comprehension of concepts related to health promotion and disease prevention (knowledge).

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–3.2 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address accessing valid information and health promoting products and services (skills).

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–3.3 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address advocating for personal, family, and community health (skills).

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–3.4 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address analyzing the influence of culture, media, technology, and other factors on health (skills).

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–3.5 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address practicing health-enhancing behaviors and reducing health risks (skills).

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–3.6 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address using goal-setting and decisionmaking skills to enhance health (skills).

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–3.7 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address using interpersonal communication skills to enhance health (skills).

Target: 100 percent.

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

Target setting method: Total coverage.

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

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

ECBP–4.1 Increase the proportion of elementary, middle, and senior high schools that provide school health education in hand washing or hand hygiene to promote personal health and wellness.

Target: 91.7 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–4.2 Increase the proportion of elementary, middle, and senior high schools that provide school health education in dental and oral health to promote personal health and wellness.

Target: 71.3 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–4.3 Increase the proportion of elementary, middle, and senior high schools that provide school health education in growth and development to promote personal health and wellness.

Target: 83.6 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–4.4 Increase the proportion of elementary, middle, and senior high schools that provide school health education in sun safety or skin cancer prevention to promote personal health and wellness.

Target: 79.6 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–4.5 Increase the proportion of elementary, middle, and senior high schools that provide school health education in benefits of rest and sleep to promote personal health and wellness.

Target: 99.2 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–4.6 Increase the proportion of elementary, middle, and senior high schools that provide school health education in ways to prevent vision and hearing loss to promote personal health and wellness.

Target: 54.3 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–4.7 Increase the proportion of elementary, middle, and senior high schools that provide school health education in the importance of health screenings and checkups to promote personal health and wellness.

Target: 66.7 percent.

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

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP. ECBP-8

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

ECBP–5.1 Increase the proportion of elementary, middle, and senior high schools that have a full-time registered school nurse-to-student ratio of at least 1:750.

Target: 44.7 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–5.2 Increase the proportion of senior high schools that have a full-time registered school nurse-to-student ratio of at least 1:750.

Target: 36.9 percent.

Baseline: 33.5 percent of senior high schools had a nurse-to-student ratio of at least 1:750 in 2006.

Target setting method: 10 percent improvement.

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

ECBP–5.3 Increase the proportion of middle schools that have a full-time registered school nurse-to-student ratio of at least 1:750.

Target: 48.3 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–5.4 Increase the proportion of elementary schools that have a full-time registered school nurse-to-student ratio of at least 1:750.

Target: 45.5 percent.

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

Target setting method: 10 percent improvement.

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

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

Target: 97.9 percent.

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

Target setting method: 10 percent improvement.

Data source: Current Population Survey (CPS), U.S. Census Bureau.

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

ECBP– 7.1 (Developmental) Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas.

Potential data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.2 Increase the proportion of college and university students who receive information from their institution on unintentional injury.

Target: 30.0 percent.

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

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.3 Increase the proportion of college and university students who receive information from their institution on violence.

Target: 37.7 percent.

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

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.4 Increase the proportion of college and university students who receive information from their institution on suicide.

Target: 32.1 percent.

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

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.5 Increase the proportion of college and university students who receive information from their institution on tobacco use and addiction.

Target: 36.7 percent.

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

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.6 Increase the proportion of college and university students who receive information from their institution on alcohol or other drug use.

Target: 72.8 percent.

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

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.7 Increase the proportion of college and university students who receive information from their institution on unintended pregnancy.

Target: 43.9 percent.

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

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.8 Increase the proportion of college and university students who receive information from their institution on HIV/AIDS and STD infection.

Target: 57.8 percent.

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

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA)

ECBP–7.9 Increase the proportion of college and university students who receive information from their institution on unhealthy dietary patterns.

Target: 57.2 percent.

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

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

ECBP–7.10 Increase the proportion of college and university students who receive information from their institution on inadequate physical activity.

Target: 61.6 percent.

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

Target setting method: 10 percent improvement.

Data source: National College Health Assessment (NCHA), American College Health Association (ACHA).

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

ECBP–8.1 (Developmental) Increase the proportion of worksites with fewer than 50 employees that offer an employee health promotion program to their employees.

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

ECBP–8.2 (Developmental) Increase the proportion of worksites with 50 or more employees that offer an employee health promotion program to their employees.

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

ECBP–8.3 (Developmental) Increase the proportion of worksites with 50 to 99 employees that offer an employee health promotion program to their employees.

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

ECBP–8.4 (Developmental) Increase the proportion of worksites with 100 to 249 employees that offer an employee health promotion program to their employees.

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

ECBP–8.5 (Developmental) Increase the proportion of worksites with 250 to 749 employees that offer an employee health promotion program to their employees.

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

ECBP–8.6 (Developmental) Increase the proportion of worksites with 750 or more employees that offer an employee health promotion program to their employees.

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

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, Mercer.

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 injury.

Target: 84.3 percent.

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 setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), 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 violence.

Target: 73.5 percent.

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 setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), 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 mental illness.

Target: 69.5 percent.

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 setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), 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 tobacco use.

Target: 96.7 percent.

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 setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), 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 substance abuse.

Target: 75.8 percent.

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 setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), 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 unintended pregnancy.

Target: 89.4 percent.

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 setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), 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 chronic disease programs.

Target: 90.8 percent.

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 setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), 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 nutrition.

Target: 94.7 percent.

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 setting method: 10 percent improvement.

Data source: National Profile of Local Health Departments (Profile), 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 physical activity.

Target: 88.5 percent.

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 setting method: 10 percent improvement.

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

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

Potential data sources: Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards, OMH; Guidance and Standards on Language Access Services, OIG.

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

ECBP–12.1 Increase the inclusion of counseling for health promotion and disease prevention in M.D.-granting medical schools.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–12.2 Increase the inclusion of cultural diversity in M.D.-granting medical schools.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–12.3 Increase the inclusion of evaluation of health sciences literature in M.D.-granting medical schools.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–12.4 Increase the inclusion of environmental health in M.D.-granting medical schools.

Target: 94.3 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–12.5 Increase the inclusion of public health systems in M.D.-granting medical schools.

Target: 86.5 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–12.6 Increase the inclusion of global health in M.D.-granting medical schools.

Target: 85.6 percent.

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

Target setting method: 10 percent improvement.

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

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

ECBP–13.1 Increase the inclusion of counseling for health promotion and disease prevention in D.O.-granting medical schools.

Target: Not applicable.

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

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

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

ECBP–13.2 Increase the inclusion of cultural diversity in D.O.-granting medical schools.

Target: Not applicable.

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

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

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

ECBP–13.3 Increase the inclusion of evaluation of health sciences literature in D.O.-granting medical schools.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–13.4 Increase the inclusion of environmental health in D.O.-granting medical schools.

Target: 70.7 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–13.5 Increase the inclusion of public health systems in D.O.-granting medical schools.

Target: 90.4 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–13.6 Increase the inclusion of global health in D.O.-granting medical schools.

Target: 51.1 percent.

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

Target setting method: 10 percent improvement.

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

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

ECBP–14.1 Increase the inclusion of counseling for health promotion and disease prevention in undergraduate nursing.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–14.2 Increase the inclusion of cultural diversity in undergraduate nursing.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–14.3 Increase the inclusion of evaluation of health sciences literature in undergraduate nursing.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–14.4 Increase the inclusion of environmental health in undergraduate nursing.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–14.5 Increase the inclusion of public health systems in undergraduate nursing.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–14.6 Increase the inclusion of global health in undergraduate nursing.

Target: 100 percent.

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

Target setting method: Total coverage.

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

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

ECBP–15.1 Increase the inclusion of counseling for health promotion and disease prevention in nurse practitioner training.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–15.2 Increase the inclusion of cultural diversity in nurse practitioner training.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–15.3 Increase the inclusion of evaluation of health sciences literature in nurse practitioner training.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–15.4 Increase the inclusion of environmental health in nurse practitioner training.

Target: 81.7 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–15.5 Increase the inclusion of public health systems in nurse practitioner training.

Target: 89.7 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–15.6 Increase the inclusion of global health in nurse practitioner training.

Target: 79.8 percent.

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

Target setting method: 10 percent improvement.

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

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

ECBP–16.1 Increase the inclusion of counseling for health promotion and disease prevention in physician assistant training.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–16.2 Increase the inclusion of cultural diversity in physician assistant training.

Target: 100 percent.

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

Target setting method: Total coverage.

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

ECBP–16.3 Increase the inclusion of evaluation of health sciences literature in physician assistant training.

Target: 100 percent.

Baseline: 99 percent of physician assistant schools provided content on evaluation of health sciences literature in required courses in 2010.

Target setting method: Total coverage.

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

ECBP–16.4 Increase the inclusion of environmental health.

Target: 58.3 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–16.5 Increase the inclusion of public health systems in physician assistant training.

Target: 97.9 percent.

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

Target setting method: 10 percent improvement.

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

ECBP–16.6 Increase the inclusion of global health in physician assistant training.

Target: 53.9 percent.

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

Target setting method: 10 percent improvement.

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

Environmental Health

Number Objective Short Title

Outdoor Air Quality

EH–1 Air Quality Index (AQI) exceeding 100

EH–2 Alternative modes of transportation

EH–3 Airborne toxins

Water Quality

EH–4 Safe drinking water

EH–5 Waterborne disease outbreaks

EH–6 Per capita domestic water withdrawals

EH–7 Beach closings

Toxics and Waste

EH–8 Blood lead levels in children

EH–9 Risks posed by hazardous sites

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

EH–11 Toxic pollutants

EH–12 Recycling of municipal waste

Healthy Homes and Healthy Communities

EH–13 Indoor allergen levels

EH–14 Radon mitigation systems in homes

EH–15 Radon-reducing new home construction

EH–16 School policies to promote healthy and safe environment

EH–17 Home test for lead-based paint

EH–18 Homes with lead-based paint

EH–19 Housing units with physical problems

Infrastructure and Surveillance

EH–20 Exposure to environmental chemicals

EH–21 Information systems used for environmental health

EH–22 Monitoring diseases caused by exposure to environmental hazards

EH–23 Schools located near highways

Global Environmental Health

EH–24 Global burden of disease

Topic Area: Environmental Health

OUTDOOR AIR QUALITY

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

Target: 1.98 billion AQI-weighted people days.

Baseline: 2.20 billion Air Quality Index (AQI)-weighted people days exceeded 100 on the AQI in 2008.

Target setting method: 10 percent improvement.

Data source: Air Quality System (AQS) (formerly the Aerometric Information Retrieval System), EPA.

EH–2: Increase use of alternative modes of transportation for work.

EH–2.1 Increase trips to work made by bicycling.

Target: 0.6 percent.

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

Target setting method: 10 percent improvement.

Data source: American Community Survey (ACS), U.S. Census Bureau.

EH–2.2 Increase trips to work made by walking.

Target: 3.1 percent.

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

Target setting method: 10 percent improvement.

Data source: American Community Survey (ACS), U.S. Census Bureau.

EH–2.3 Increase trips to work made by mass transit.

Target: 5.5 percent.

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

Target setting method: 10 percent improvement.

Data source: American Community Survey (ACS), U.S. Census Bureau.

EH–2.4 Increase the proportion of persons who telecommute.

Target: 5.3 percent.

Baseline: 4.1 percent of employees telecommuted in 2008.

Target setting method: Projection/trend analysis.

Data source: American Community Survey (ACS), U.S. Census Bureau.

EH–3: Reduce air toxic emissions to decrease the risk of adverse health effects caused by mobile, area, and major sources of airborne toxics.

EH–3.1 Reduce the risk of adverse health effects caused by mobile sources of airborne toxics.

Target: 1.0 million tons (2015 modeled data to be reported in 2020).

Baseline: 1.8 million tons of mobile sources of air toxic emissions were reported in 2005.

Target setting method: Projection/trend analysis.

Data source: National Emissions Inventory (NEI), EPA.

EH–3.2 Reduce the risk of adverse health effects caused by area sources of airborne toxics.
Target: 1.7 million tons (2015 modeled data to be reported in 2020).

Target: 1.7 million tons (2015 modeled data to be reported in 2020).

Baseline: 1.3 million tons of area sources of air toxic emissions were reported in 2005.

Target setting method: Modeling.

Data source: National Emissions Inventory (NEI), U.S. Environmental Protection Agency (EPA), Office of Air and Radiation (OAR), Office of Air Quality Planning and Standards (OAQPS).

EH–3.3 Reduce the risk of adverse health effects caused by major sources of airborne toxics.

Target: 0.7 million tons.

Baseline: 0.8 million tons of major sources of air toxic emissions were reported in 2005.

Target setting method: Modeling.

Data source: National Emissions Inventory (NEI), EPA.

WATER QUALITY

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

Target: 91 percent.

Baseline: 92 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 setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: Potable Water Surveillance System (PWSS), Safe Drinking Water Information System (SDWIS), EPA, OW.

EH–5: Reduce waterborne disease outbreaks arising from water intended for drinking among persons served by community water systems.

Target: 2 outbreaks.

Baseline: 7 outbreaks per year developed from water intended for drinking among persons served by community water systems in 1999–2008.

Target setting method: Projection/trend analysis.

Data sources: Morbidity and Mortality Weekly Report (MMWR), CDC, NCID; State health departments.

EH–6: Reduce per capita domestic water withdrawals with respect to use and conservation.

Target: 89.1 gallons per capita.

Baseline: 99 gallons of public-supplied domestic water per capita were withdrawn per capita in 2005.

Target setting method: 10 percent improvement.

Data source: "Estimated Use of Water in the United States," DOI, USGS, NWIS. State publications prepared as part of the USGS National Water-Use Information Program as referenced at http://water.usgs.gov/watuse.

EH–7: Increase the proportion of days that beaches are open and safe for swimming.

Target: 96.0 percent.

Baseline: 95.0 percent of beach days were open and safe for swimming during the 2008 swimming season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Beaches Environmental Assessment and Coastal Health Program, EPA, OW.

TOXICS AND WASTE

EH–8: Reduce blood lead levels in children.

EH–8.1 Eliminate elevated blood lead levels in children.

Target: Not applicable

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

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.

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

Baseline: Children aged 1 to 5 years had an average blood lead level of 1.5 µg/dL in 2005–08.

Target setting method: 10 percent improvement.

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

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

Target: 1,151 sites.

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

Target setting method: 10 percent improvement.

Data source: Comprehensive Environmental Response and Cleanup Liability Information System (CERCLIS), EPA, OSWER.

EH–10: Reduce pesticide exposures that result in visits to a health care facility.

Target: 9,819 pesticide exposures.

Baseline: 14,963 pesticide exposures resulted in visits to a health care facility in 2008.

Target setting method: Projection/trend analysis.

Data source: National Poison Data System, American Association of Poison Control Centers AAPCCC).

EH–11: Reduce the amount of toxic pollutants released into the environment.

Target: 1,746,876 tons.

Baseline: 1,940,973 tons of toxic pollutants were released in to the environment in 2008.

Target setting method: 10 percent improvement.

Data source: National Toxics Release Inventory (TRI), EPA.

EH–12: Increase recycling of municipal solid waste.

Target: 36.5 percent.

Baseline: 33.2 percent of municipal solid waste was recycled in 2008.

Target setting method: 10 percent improvement.

Data source: Characterization of Municipal Solid Waste, EPA, OSWER.

HEALTHY HOMES AND HEALTHY COMMUNITIES

EH–13: Reduce indoor allergen levels.

EH–13.1 Reduce indoor allergen levels—cockroach.

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

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

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS), HUD.

EH–13.2 Reduce indoor allergen levels—mouse.

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

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

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS), HUD.

EH–14: Increase the proportiom of homes with an operating radon mitigation system for persons living in homes at risk for radon exposure.

Target: 30 percent (3.1 million of 9.2 million homes) of homes with radon levels at or above 4 Pico curies per liter of air (pCi/L).

Baseline: 10.2 percent (788,000 of 7.7 million homes) of homes with radon levels of 4 pCi/L or more prior to mitigation had installed a radon mitigation system in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Annual Report to EPA by Radon Vent Fan Manufacturers, EPA, Indoor Environments Division.

EH–15: Increase the proportion of new single family homes (SFH) constructed with radon-reducing features, especially in high-radon-potential areas.

Target: 100 percent of homes in high-radon-potential areas built to include radon-reducing features.

Baseline: 28.6 percent (62,900) of SFH homes built (220,000) in high-radon-potential areas included radon-reducing features in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Builder Practices Report: Radon-Resistant Construction Practices in New U.S. Homes 2008, Annual Builder and Consumer Practices Surveys, National Association of Home Builders Research Center, Inc, as reported to EPA, Indoor Environments Division.

EH–16: Increase the proportion of the Nation's elementary, middle, and high schools that have official school policies and engage in practices that promote a healthy and safe physical school environment:

EH–16.1 Increase the proportion of the Nation's elementary, middle, and high schools that have an indoor air quality management program to promote a healthy and safe physical school environment.

Target: 56.5 percent.

Baseline: 51.4 percent of the Nation's elementary, middle, and high schools had an indoor air quality management program, as reported in 2006.

Target setting method: 10 percent improvement.

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

EH–16.2 Increase the proportion of the Nation's elementary, middle, and high schools that have a plan for how to address mold problems promote a healthy and safe physical school environment.

Target: 73.7 percent.

Baseline: 67.0 percent of the Nation's elementary, middle, and high schools had a plan for how to address mold problems in 2006.

Target setting method: 10 percent improvement.

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

EH–16.3 Increase the proportion of the Nation's elementary, middle, and high schools that have a plan for how to use, label, store, and dispose of hazardous materials to promote a healthy and safe physical school environment.

Target: 94.5 percent.

Baseline: 85.9 percent of the Nation's elementary, middle, and high schools had a plan for how to use, label, store, and dispose of hazardous materials in 2006.

Target setting method: 10 percent improvement.

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

EH–16.4 Increase the proportion of the Nation's elementary, middle, and high schools that promote a healthy and safe physical school environment by using spot treatments and baiting rather than widespread application of pesticide.

Target: 63.7 percent.

Baseline: 57.9 percent of the Nation's elementary, middle, and high schools used spot treatments and baiting rather than widespread application of pesticide in 2006.

Target setting method: 10 percent improvement.

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

EH–16.5 Increase the proportion of the Nation's elementary, middle, and high schools that promote a healthy and safe physical school environment by reducing exposure to pesticides by marking areas to be treated with pesticides.

Target: 61.8 percent.

Baseline: 56.2 percent of the Nation's elementary, middle, and high schools marked areas to be treated by pesticides in 2006.

Target setting method: 10 percent improvement.

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

EH–16.6 Increase the proportion of the Nation's elementary, middle, and high schools that p romote a healthy and safe physical school environment by reducing exposure to pesticides by informing students and staff prior to application of the pesticide.

Target: 71.9 percent.

Baseline: 65.4 percent of the Nation's elementary, middle, and high schools informed students and staff prior to application of pesticide in 2006.

Target setting method: 10 percent improvement.

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

EH–16.7 Increase the proportion of the Nation's elementary, middle, and high schools that promote a healthy and safe physical school environment by inspecting drinking water outlets for lead.

Target: 61.3 percent.

Baseline: 55.7 percent of the Nation's elementary, middle, and high schools inspected drinking water outlets for lead in 2006.

Target setting method: 10 percent improvement.

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

EH–16.8 Increase the proportion of the Nation's elementary, middle, and high schools with community water systems that promote a healthy and safe physical school environment by inspecting drinking water outlets for bacteria.

Target: 64.7 percent.

Baseline: 58.8 percent of the Nation's elementary, middle, and high schools with community water systems inspected drinking water outlets for bacteria in 2006.

Target setting method: 10 percent improvement.

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

EH–16.9 Increase the proportion of the Nation's elementary, middle, and high with community water systems that promote a healthy and safe physical school environment by inspecting drinking water outlets for coliforms.

Target: 60.7 percent.

Baseline: 55.2 percent of the Nation's elementary, middle, and high schools with community water systems inspected drinking water outlets for coliforms in 2006.

Target setting method: 10 percent improvement.

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

EH–17: (Developmental) Increase the proportion of persons living in pre-1978 housing that has been tested for the presence of lead-based paint or related hazards.

EH–17.1 (Developmental) Increase the proportion of pre-1978 housing that has been tested for the presence of lead-based paint.

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

EH–17.2 (Developmental) Increase the proportion of pre-1978 housing that has been tested for the presence of paint-lead hazards.

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

EH–17.3 Increase the proportion of pre-1978 housing that has been tested for the presence of lead in dust.

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

EH–17.4 (Developmental) Increase the proportion of pre-1978 housing that has been tested for the presence of lead in soil.

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

EH–18: Reduce the number of U.S. homes that are found to have lead-based paint or related hazards.

EH–18.1 Reduce the number of U.S. homes that are found to have lead-based paint.

Target: 33.3 million homes.

Baseline: 37.0 million homes were found to have lead-based paint in 2005–06.

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS), HUD.

EH–18.2 Reduce the number of U.S. homes that have paint-lead hazards.

Target: 13.8 million homes.

Baseline: 15.3 million homes had paint-lead hazards in 2005–06.

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS), HUD.

EH–18.3 Reduce the number of U.S. homes that have dust-lead hazards.

Target: 12.3 million homes.

Baseline: 13.7 million homes had dust-lead hazards in 2005–06.

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS) HUD.

EH–18.4 Reduce the number of U.S. homes that have soil-lead hazards.

Target: 3.4 million homes.

Baseline: 3.8 million homes had soil-lead hazards in 2005–06.

Target setting method: 10 percent improvement.

Data source: American Healthy Homes Survey (AHHS), HUD.

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

Target: 4.2 percent.

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

Target setting method: Projection/trend analysis.

Data source: American Housing Survey (AHHS), U.S. Census Bureau.

INFRASTRUCTURE AND SURVEILLANCE

EH–20: Reduce exposure to selected environmental chemicals in the population, as measured by blood and urine concentrations of the substances or their metabolites.

Metals

EH–20.1 Reduce exposure to arsenic in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 35.28 µg/g of creatinine.

Baseline: 50.4 µg/g of creatinine: Concentration level of urinary total arsenic (creatinine corrected) at which 95 percent of the population aged 6 years and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–20.2 Reduce exposure to cadmium in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 1.12 µg/L.

Baseline: 1.60 µg/L: Concentration level of cadmium in blood samples at which 95 percent of the population aged 1 year and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–20.3 Reduce exposure to lead in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 2.94 µg/dL.

Baseline: 4.20 µg/dL: Concentration level of lead in blood samples at which 95 percent of the population aged 1 year and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–20.4 Reduce exposure to mercury among children aged 1 to 5 years, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 1.26 µg/L.

Baseline: 1.80 µg/L: Concentration level of mercury in blood samples at which 95 percent of children aged 1 to 5 years is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–20.5 Reduce exposure to mercury among females aged 16 to 49 years, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 3.22 µg/L.

Baseline: 4.60 µg/L: Concentration level of mercury in blood samples at which 95 percent of females aged 16 to 49 years is below the measured level in 2001–02.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Organochlorine pesticides

EH–20.6 Reduce exposure to chlordane (oxychlordane) in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 26.39 ng/g of lipid.

Baseline: 37.7 ng/g of lipid: Concentration level of oxychlordane (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–20.7 Reduce exposure to DDT (DDE) in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 1302 ng/g of lipid.

Baseline: 1860 ng/g of lipid: Concentration level of DDE (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years or more is below the measured level in 2003–04.

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

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–20.8 Reduce exposure to beta-hexachlorocyclohexane (beta-HCH) in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 39.55 ng/g of lipid.

Baseline: .5 ng/g of lipid: Concentration level of beta-hexachlorocyclohexane (lipid adjusted) iin serum samples at which 95 percent of the population aged 12 years and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Nonpersistent insecticides

EH–20.9 Reduce exposure to para-nitrophenol (methyl parathion and parathions) in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 2.02 µg/g of creatinine.

Baseline: 2.89 µg/of creatinine: Concentration level of *para*-Nitrophenol (creatinine corrected) in urine samples at which 95 percent of the population aged 6 years and older is below the measured level in 2001–02.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–20.10 Reduce exposure to 3,4,6-trichloro-2-pyridinol (chlorpyrifos) in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 6.45 µg/g of creatinine.

Baseline: 9.22 µg/g of creatinine: Concentration level of 3,5,6-trichloro-2-pyridinol in urine samples at which 95 percent of the population aged 6 years and older is below the measured level in 2001.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–20.11 Reduce exposure to 3-phenoxybenzoic acid in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 2.32 µg/g of creatinine.

Baseline: 3.10 µg/g of creatinine: Concentration level of 3-phenoxybenzoic acid (creatinine corrected) in urine samples at which 95 percent of the population aged 6 years and older is below the measured level in 2001–02.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Persistent industrial chemicals: Polychlorinated biphenyls (PCBs)

EH–20.12 Reduce exposure to PCB 153, representative of nondioxin-like PCBs. in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 67.97 ng/g of lipid.

Baseline: 97.1 ng/g of lipid: Concentration level of 2,2',4,4',5,5'-hexachlorobiphenyl (PCB 153) (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–20.13 Reduce exposure to PCB 126, representative of dioxin-like PCBs, in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 48.09 pg/g of lipid.

Baseline: 68.7 pg/g of lipid: Concentration level of 3,3',4,4',5-pentachlorobiphenyl (PCB 126) (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Persistent industrial chemicals: Dioxins

EH–20.14 Reduce exposure to 1,2,3,6,7,8-hexachlorodibenzo-p-dioxin, representative of the dioxin class, in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 47.95 pg/g of lipid.

Baseline: 68.5 pg/g of lipid: Concentration level of 1,2,3,6,7,8-hexachlorodibenzo-p-dioxin (HxCDD) (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Potential endocrine disruptors

EH–20.15 Reduce exposure to bisphenol A in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 7.84 µg/g of creatinine.

Baseline: 11.2 µg/g of creatinine: Concentration level of bisphenol A (2,2-bis[4-hydroxyphenyl] propane) (creatinine corrected) in urine samples at which 95 percent of the population aged 6 years and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–20.16 Reduce exposure to perchlorate in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 8.4 µg/g of creatinine.

Baseline: 12.0 µg/g of creatinine: Concentration level of perchlorate (creatinine corrected) in urine samples at which 95 percent of the population aged 6 years and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–20.17 Reduce exposure to mono-n-butyl phthalate in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 64.12 µg/g of creatinine.

Baseline: 91.6 µg/g of creatinine: Concentration level of mono-n-butyl phthalate (MnBP) (creatinine corrected) in urine samples at which 95 percent of the population aged 6 years and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Flame retardants: Polybrominated diphenyl ethers (BDEs)

EH–20.18 Reduce exposure to BDE 47 (2,2',4,4'-tetrabromodiphenyl ether) in the population, as measured by blood and urine concentrations of the substance or its metabolites.

Target: 114.1 ng/g of lipid.

Baseline: 163 ng/g of lipid: Concentration level of 2,2',4,4'-tetrabromodiphenyl ether (BDE 47) (lipid adjusted) in serum samples at which 95 percent of the population aged 12 years and older is below the measured level in 2003–04.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Report on Human Exposure to Environmental Chemicals, CDC, NCEH; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

EH–21: Improve quality, utility, awareness, and use of existing information systems for environmental health.

Target: 50 States and the District of Columbia.

Baseline: 16 States used an integrated information system to monitor environmental health in 2010.

Target setting method: Total coverage.

Data source: National Environmental Public Health Tracking Network, CDC.

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.

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

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

Target setting method: Total coverage.

Data source: State Reportable Conditions Data Inventory, 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.

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

Baseline: 28 States monitored pesticide poisoning in 2009.

Target setting method: Total coverage.

Data source: State Reportable Conditions Data Inventory, CSTE
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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.

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

Baseline: 24 States monitored mercury poisoning in 2009.

Target setting method: Total coverage.

Data source: State Reportable Conditions Data Inventory, 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.

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

Baseline: 22 States monitored arsenic poisoning in 2009.

Target setting method: Total coverage.

Data source: State Reportable Conditions Data Inventory, 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.

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

Baseline: 21 States monitored cadmium poisoning in 2009.

Target setting method: Total coverage.

Data source: State Reportable Conditions Data Inventory, 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 acute chemical poisoning.

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

Baseline: 17 States monitored acute chemical poisoning in 2009.

Target setting method: Total coverage.

Data source: State Reportable Conditions Data Inventory, 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.

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

Baseline: 20 States monitored carbon monoxide poisoning in 2009.

Target setting method: Total coverage.

Data source: State Reportable Conditions Data Inventory, CSTE.

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

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

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

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Geographic Research, Analysis and Services Program/Agency for Toxic Substances and Disease Registry (GRASP/ATSDR) geocoded data from Homeland Security Information Program.

GLOBAL ENVIRONMENTAL HEALTH

EH–24: Reduce the global burden of disease due to poor water quality, sanitation, and insufficient hygiene.

Target: 2.0 million deaths.

Baseline: 2.2 million deaths were caused by poor water quality, sanitation, and insufficient hygiene in 2004.

Target setting method: 10 percent improvement.

Data source: Global Burden of Disease project, World Health Organization (WHO).

Family Planning

Number	Objective Short Title
FP–1	Intended pregnancy
FP–2	Contraceptive failure
FP–3	Emergency contraception available at family planning clinics
FP–4	Health insurance coverage for contraceptive supplies and services
FP–5	Birth spacing
FP–6	Contraceptive use at most recent sexual intercourse
FP–7	Receipt of reproductive health services
FP–8	Adolescent pregnancy
FP–9	Abstinence ages 17 and under
FP–10	Use of condoms for pregnancy prevention and protection against disease
FP–11	Dual method use for pregnancy and disease prevention
FP–12	Adolescent reproductive health education
FP–13	Parent-adolescent communication about reproductive health topics
FP–14	Medicaid eligibility for pregnancy-related care
FP–15	Receipt of publicly supported contraceptive services and supplies

Topic Area: Family Planning

FP–1: Increase the proportion of pregnancies that are intended.

Target: 56 percent.

Baseline: 51.0 percent of all pregnancies were intended, as reported in 2002.

Target setting method: 10 percent improvement.

Data sources: National Survey of Family Growth (NSFG), CDC, NCHS; National Vital Statistics System–Natality (NVSS–N), CDC, NCHS; Abortion Provider Survey (APS), Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP.

FP–2: Reduce the proportion of females experiencing pregnancy despite use of a reversible contraceptive method.

Target: 9.9 percent.

Baseline: 12.4 percent of females experienced pregnancy despite use of a reversible contraceptive method, as reported in 2002.

Target setting method: Projection/trend analysis.

Data sources: National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Provider Survey (APS), Guttmacher Institute.

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

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

Target: 47.9 percent.

Baseline: 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 setting method: Modeling/projection.

Data source: Contraceptive Needs and Services, Guttmacher Institute.

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

Target: 87.7 percent.

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

Target setting method: 10 percent improvement.

Data source: Contraceptive Needs and Services, Guttmacher Institute.

FP–4: (Developmental) Increase the proportion of health insurance plans that cover contraceptive supplies and services.

Potential data source: Guttmacher Institute.

FP–5: Reduce the proportion of pregnancies conceived within 18 months of a previous birth.

Target: 31.7 percent.

Baseline: 35.3 percent of pregnancies were conceived within 18 months of a previous birth, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–6: Increase the proportion of females at risk of unintended pregnancy or their partners who used contraception at most recent sexual intercourseed contraception at most recent sexual intercourse.

Target: 91.3 percent.

Baseline: 83.0 percent of females at risk of unintended pregnancy or their partners used contraception at most recent sexual intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

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.

Target: 86.5 percent.

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 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.

Target: 16.4 percent.

Baseline: 14.9 percent of sexually active males aged 15 to 44 years received reproductive health services in the past 12 months, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–8: Reduce pregnancies among adolescent females.

FP–8.1 Reduce pregnancies among adolescent females aged 15 to 17 years.

Target: 36.2 pregnancies per 1,000.

Baseline: 40.2 pregnancies per 1,000 females aged 15 to 17 years occurred in 2005.

Target setting method: 10 percent improvement.

Data sources: Abortion Provider Survey (APS), Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP; National Vital Statistics System–Natality (NVSS–N), CDC, NCHS; National Survey of Family Growth (NSFG), CDC, NCHS.

FP–8.2 Reduce the pregnancies among adolescent females aged 18 to 19 years.

Target: 105.9 pregnancies per 1,000.

Baseline: 117.7 pregnancies per 1,000 females aged 18 to 19 years occurred in 2005.

Target setting method: 10 percent improvement.

Data sources: Abortion Provider Survey (APS), Guttmacher Institute; National Vital Statistics System –Natality (NVSS–N), CDC, NCHS; National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Surveillance Data, CDC, NCCDPHP.

FP–9: Increase the proportion of adolescents aged 17 years and under who have never had sexual intercourse.

FP–9.1 Increase the proportion of female adolescents aged 15 to 17 years who have never had sexual intercourse.

Target: 79.3 percent.

Baseline: 72.1 percent of female adolescents aged 15 to 17 years reported they had never had sexual intercourse in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–9.2 Increase the proportion of male adolescents aged 15 to 17 years who have never had sexual intercourse.

Target: 78.3 percent.

Baseline: 71.2 percent of male adolescents aged 15 to 17 years reported they had never had sexual intercourse in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–9.3 Increase the proportion of female adolescents aged 15 years and under who had never had sexual intercourse.

Target: 91.2 percent.

Baseline: 82.9 percent of female adolescents aged 15 years and under had never had sexual intercourse, in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–9.4 Increase the proportion of male adolescents aged 15 years and under who had never had sexual intercourse.

Target: 90.2 percent.

Baseline: 82.0 percent of male adolescents aged 15 years and under had never had sexual intercourse, in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC.

FP–10: Increase the proportion of sexually active persons aged 15 to 19 years who use condoms to both effectively prevent pregnancy and provide barrier protection against disease.

FP–10.1 Increase the proportion of sexually active females aged 15 to 19 years who use a condom at first intercourse.

Target: 73.6 percent.

Baseline: 66.9 percent of sexually active females aged 15 to 19 years used a condom at first intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC.

FP–10.2 Increase the proportion of sexually active males aged 15 to 19 years who use a condom at first intercourse.

Target: 88.6 percent.

Baseline: 80.6 percent of sexually active males aged 15 to 19 years used a condom at first intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–10.3 Increase the proportion of sexually active females aged 15 to 19 years who use a condom at last intercourse.

Target: 58.1 percent.

Baseline: 52.8 percent of sexually active females aged 15 to 19 years used a condom at last intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–10.4 Increase the proportion of sexually active males aged 15 to 19 years who use a condom at last intercourse.

Target: 85.7 percent.

Baseline: 77.9 percent of sexually active males aged 15 to 19 years used a condom at last intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–11: Increase the proportion of sexually active persons aged 15 to 19 years who use condoms and hormonal or intrauterine contraception to both effectively prevent pregnancy and provide barrier protection against disease.

FP–11.1 Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at first intercourse.

Target: 14.8 percent.

Baseline: 13.4 percent of sexually active females aged 15 to 19 years used a condom and hormonal or intrauterine contraception at first intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–11.2 Increase the proportion of sexually active males aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at first intercourse.

Target: 19.9 percent.

Baseline: 18.1 percent of sexually active males aged 15 to 19 years used a condom and hormonal or intrauterine contraception at first intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–11.3 Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at last intercourse.

Target: 20.2 percent.

Baseline: 18.4 percent of sexually active females aged 15 to 19 years used a condom and hormonal or intrauterine contraception at last intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–11.4 Increase the proportion of sexually active males aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at last intercourse.

Target: 36.3 percent.

Baseline: 33.0 of sexually active males aged 15 to 19 years used a condom and hormonal or intrauterine contraception at last intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12: Increase the proportion of adolescents who received formal instruction on reproductive health topics before they were 18 years old.

FP–12.1 Increase the proportion of female adolescents who received formal instruction on abstinence before they were 18 years old females.

Target: 95.9 percent.

Baseline: 87.2 percent of female adolescents received formal instruction on how to say no to sex before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.2 Increase the proportion of male adolescents who received formal instruction on abstinence before they were 18 years old.

Target: 89.2 percent.

Baseline: 81.1 percent of male adolescents received formal instruction on how to say no to sex before they were 18 years old in 2002, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.3 Increase the proportion of female adolescents who received formal instruction on birth control methods before they were 18 years old.

Target: 76.4 percent.

Baseline: 69.5 percent of females received formal instruction on birth control methods before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.4 Increase the proportion of male adolescents who received formal instruction on birth control methods before they were 18 years old.

Target: 68.1 percent.

Baseline: 61.9 percent of males received formal instruction on birth control methods before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.5 Increase the proportion of female adolescents who received formal instruction on HIV/AIDS prevention before they were 18 years old.

Target: 97.2 percent.

Baseline: 88.3 percent of females received formal instruction on HIV/AIDS prevention before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.6 Increase the proportion of male adolescents who received formal instruction on HIV/AIDS prevention before they were 18 years old.

Target: 97.9 percent.

Baseline: 89.0 percent of males received formal instruction on HIV/AIDS prevention before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.7 Increase the proportion of female adolescents who received formal instruction on sexually transmitted diseases before they were 18 years old

Target: 95.2 percent.

Baseline: 93.2 percent of females received formal instruction on sexually transmitted disease prevention methods before they were 18 years old, as reported in 2006–08.

Target setting method: 2 percentage point improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.8 Increase the proportion of male adolescents who received formal instruction on sexually transmitted diseases before they were 18 years old.

Target: 94.2 percent.

Baseline: 92.2 percent of males received formal instruction on sexually transmitted disease prevention methods before they were 18 years old, as reported in 2006–08.

Target setting method: 2 percentage point improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13: Increase the proportion of adolescents who talked to a parent or guardian about reproductive health topics before they were 18 years old.

FP–13.1 Increase the proportion of female adolescents who talked to a parent or guardian about abstinence before they were 18 years old.

Target: 69.4 percent.

Baseline: 63.1 percent of female adolescents talked with a parent or guardian about how to say no to sex before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.2 Increase the proportion of male adolescents who talked to a parent or guardian about abstinence before they were 18 years old.

Target: 45.9 percent.

Baseline: 41.8 percent of male adolescents talked to a parent or guardian about how to say no to sex before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.3. Increase the proportion of female adolescents who talked to a parent or guardian about birth control methods before they were 18 years old.

Target: 55.6 percent.

Baseline: 50.5 percent of female adolescents talked to a parent or guardian about birth control methods before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.4 Increase the proportion of male adolescents who talked to a parent or guardian about birth control methods before they were 18 years old.

Target: 33.6 percent.

Baseline: 30.6 percent of male adolescents talked to a parent or guardian about birth control methods before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.5 Increase the proportion of female adolescents who talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old.

Target: 60.7 percent.

Baseline: 55.2 percent of female adolescents talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.6 Increase the proportion of female adolescents who talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old.

Target: 54.3 percent.

Baseline: 49.3 percent of male adolescents talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.7 Increase the proportion of female adolescents who talked to a parent or guardian about sexually transmitted diseases before they were 18 years old.

Target: 60.7 percent.

Baseline: 55.2 percent of female adolescents talked to a parent or guardian about sexually transmitted diseases before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.8 Increase the proportion of male adolescents who talked to a parent or guardian about sexually transmitted diseases before they were 18 years old.

Target: 42.3 percent.

Baseline: 38.5 percent of male adolescents talked to a parent or guardian about sexually transmitted diseases before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–14: Increase the number of States that set the income eligibility level for Medicaid-covered family planning services to at least the same level used to determine eligibility for Medicaid-covered, pregnancy-related care.

Target: 32 States.

Baseline: 21 States set the income eligibility level for Medicaid-covered family planning services to at least the same level used to determine eligibility for Medicaid-covered, pregnancy-related care in 2010.

Target setting method: Projection/trend analysis.

Data sources: State Medicaid Family Planning Eligibility Expansions—national, State-based data (includes data for all 50 States), Guttmacher Institute; State Medicaid Family Planning Eligibility Expansions, Guttmacher Institute; Medicaid Income Eligibility Levels for Pregnant Women, Kaiser Family Foundation (KFF)—national, State-based data (includes data for all 50 States).

FP–15: Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies.

Target: 64.5 percent.

Baseline: 53.8 percent of females in need of publicly supported contraceptive services and supplies reported receiving those services and supplies in 2006.

Target setting method: Projection/trend analysis.

Data source**:** Contraceptive Needs and Services, Guttmacher Institute.

Food Safety

Number	Objective Short Title
FS–1	Infections caused by key foodborne pathogens
FS–2	Outbreak-associated infections associated with food commodity groups
FS–3	Antimicrobial resistance
FS–4	Allergic reactions to food
FS–5	Consumer food safety practices
FS–6	Safe food preparation practices in foodservice and retail establishments

Topic Area: Food Safety

FS–1: Reduce infections caused by key pathogens transmitted commonly through food.

FS–1.1 Reduce infections caused by *Campylobacter* species transmitted commonly through food.

Target: 8.5 cases per 100,000.

Baseline: 12.7 cases, on average, of laboratory-confirmed *Campylobacter* species infections per 100,000 population per year were reported in 2006–08.

Target setting method: Projection/trend analysis.

Data source: Foodborne Diseases Active Surveillance Network (FoodNet), CDC, NCEZID.

FS–1.2 Reduce infections caused by Shiga toxin-producing *Escherichia coli* (STEC) O157 transmitted commonly through food.

Target: 0.6 cases per 100,000.

Baseline: 1.2 cases, on average, of laboratory-confirmed Shiga toxin-producing *Escherichia coli* (STEC) O157 infections per 100,000 population per year were reported in 2006–08.

Target setting method: Projection/trend analysis.

Data source: Foodborne Diseases Active Surveillance Network (FoodNet), CDC, NCEZID.

FS–1.3 Reduce infections caused by *Listeria monocytogenes* transmitted commonly through food.

Target: 0.2 cases per 100,000.

Baseline: 0.3 cases, on average, of laboratory-confirmed *Listeria monocytogenes* infections per 100,000 population per year were reported in 2006–08.

Target setting method: Projection/trend analysis.

Data source: Foodborne Diseases Active Surveillance Network (FoodNet), CDC, NCEZID.

FS–1.4 Reduce infections caused by *Salmonella* species transmitted commonly through food.

Target: 11.4 cases per 100,000.

Baseline: 15.2 cases, on average, of laboratory-confirmed *Salmonella* species infections per 100,000 population per year were reported in 2006–08.

Target setting method: Projection/trend analysis.

Data source: Foodborne Diseases Active Surveillance Network (FoodNet), CDC, NCEZID.

FS–1.5 Reduce postdiarrheal hemolytic uremic syndrome (HUS) in children under 5 years of age.

Target: 0.9 cases per 100,000.

Baseline: 1.8 cases, on average, of postdiarrheal hemolytic uremic syndrome (HUS) per 100,000 children under 5 years of age per year were reported in 2005–07.

Target setting method: Projection/trend analysis.

Data source: Foodborne Diseases Active Surveillance Network (FoodNet), CDC, NCEZID.

FS–1.6 *R*educe infections caused by *Vibrio* species transmitted commonly through food.

Target: 0.2 cases per 100,000.

Baseline: 0.3 cases, on average, of laboratory-confirmed *Vibrio* species infections per 100,000 population per year were reported in 2006–08.

Target setting method: Projection/trend analysis.

Data source: Foodborne Diseases Active Surveillance Network (FoodNet), CDC, NCEZID.

FS–1.7 Reduce infections caused by *Yersinia* species transmitted commonly through food.

Target: 0.3 cases per 100,000.

Baseline: 0.4 cases, on average, of laboratory-confirmed *Yersinia* species infections per 100,000 population per year were reported in 2006–08.

Target setting method: Projection/trend analysis.

Data source: Foodborne Diseases Active Surveillance Network (FoodNet), CDC, NCEZID.

FS–2: Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella* species associated with food commodity groups:

FS–2.1 Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria*, or *Salmonella* species associated with beef.

Target: 180 cases per year.

Baseline: 200 reported outbreak-associated infections, on average, per year due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella species* were associated with beef in 2005–07.

Target setting method: 10 percent improvement.

Data source*:* National Outbreak Reporting System (NORS), CDC, NCEZID.

FS–2.2 Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria*, or *Salmonella* species associated with dairy.

Target: 707 cases per year.

Baseline: 786 reported outbreak-associated infections, on average, per year due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella species were associated with* dairy products in 2005–07.

Target setting method: 10 percent improvement.

Data source: National Outbreak Reporting System (NORS), CDC, NCEZID.

FS–2.3 Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria*, or *Salmonella* species associated with fruits and nuts.

Target: 280 cases per year.

Baseline: 311 reported outbreak-associated infections, on average, per year due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella species* were associated with fruits and nuts in 2005–07.

Target setting method: 10 percent improvement.

Data source: National Outbreak Reporting System (NORS), CDC, NCEZID.

FS–2.4 Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria*, or *Salmonella* species associated with leafy vegetables.

Target: 185 cases per year.

Baseline: 205 reported outbreak-associated infections, on average, per year due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella species* were associated with leafy vegetables in 2005–07.

Target setting method: 10 percent improvement.

Data source: National Outbreak Reporting System (NORS), CDC, NCEZID.

FS–2.5 Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria*, or *Salmonella* species associated with poultry.

Target: 232 cases per year.

Baseline: 258 reported outbreak-associated infections, on average, per year due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria,* or *Salmonella species* were associated with poultry in 2005–07.

Target setting method: 10 percent improvement.

Data source: National Outbreak Reporting System (NORS), CDC, NCEZID.

FS–3: Prevent an increase in the proportion of nontyphoidal *Salmonella* and *Campylobacter jejuni* isolates from humans that are resistant to antimicrobial drugs.

FS–3.1 Prevent an increase in the proportion of nontyphoidal *Salmonella* isolates from humans that are resistant to nalidixic acid (quinolone).

Target: 2 percent.

Baseline: 2 percent of nontyphoidal *Salmonella* isolates from humans were resistant to nalidixic acid (quinolone) in 2006–08.

Target setting method: Maintain the baseline measure.

Data source: National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC, NCEZID.

FS–3.2 Prevent an increase in the proportion of nontyphoidal *Salmonella* isolates from humans that are resistant to ceftriaxone (third-generation cephalosporin).

Target: 3 percent.

Baseline: 3 percent of nontyphoidal *Salmonella* isolates from humans were resistant to ceftriaxone (third-generation cephalosporin) in 2006–08.

Target setting method: Maintain the baseline measure.

Data source: National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC, NCEZID.

FS–3.3 Prevent an increase in the proportion of nontyphoidal *Salmonella* isolates from humans that are resistant to gentamicin.

Target: 2 percent.

Baseline: 2 percent of nontyphoidal *Salmonella* isolates from humans were resistant to gentamicin in 2006–08.

Target setting method: Maintain the baseline measure.

Data source: National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC, NCEZID.

FS–3.4 Prevent an increase in the proportion of nontyphoidal *Salmonella* isolates from humans that are resistant to ampicillin.

Target: 10 percent.

Baseline: 10 percent of nontyphoidal *Salmonella* isolates from humans were resistant to ampicillin in 2006–08.

Target setting method: Maintain the baseline measure.

Data source: National Antimicrobial Resistance Monitoring System (NARMS), CDC, NCEZID.

FS–3.5 Prevent an increase in the proportion of nontyphoidal *Salmonella* isolates from humans that are resistant to three or more classes of antimicrobial agents.

Target: 11 percent.

Baseline: 11 percent of nontyphoidal *Salmonella* isolates from humans were resistant to three or more classes of antimicrobial agents in 2006–08.

Target setting method: Maintain the baseline measure.

Data source: National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC, NCEZID.

***Campylobacter jejuni* isolates from humans that are resistant to:**

FS–3.6 Prevent an increase in the proportion of *Campylobacter jejuni* isolates from humans that are resistant to erythromycin.

Target: 2 percent.

Baseline: 2 percent of *Campylobacter jejuni* isolates from humans were resistant to erythromycin in 2006–08.

Target setting method: Maintain the baseline measure.

Data source: National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC, NCEZID.

FS–4: Reduce severe allergic reactions to food among adults with a food allergy diagnosis.

Target: 21.0 percent.

Baseline: 29.3 percent of adults with a food allergy diagnosis experienced severe allergic reactions to food in 2006.

Target setting method: Projection/trend analysis.

Data source: Food Safety Survey, FDA and USDA, FSIS.

FS–5: Increase the proportion of consumers who follow key food safety practices.

FS–5.1 Increase the proportion of consumers who follow the key food safety practice of "Clean: wash hands and surfaces often."

Target: 74.0 percent.

Baseline: 67.2 percent of consumers followed the key food safety practice of "Clean: wash hands and surfaces often." in 2006.

Target setting method: 10 percent improvement.

Data source: Food Safety Survey, FDA and USDA, FSIS.

FS–5.2 Increase the proportion of consumers who follow the key food safety practice of "Separate: don't cross-contaminate."

Target: 92 percent.

Baseline: 89 percent of consumers followed the key food safety practice of "Separate: don't cross-contaminate." in 2006.

Target setting method: Projection/trend analysis.

Data source: Food Safety Survey, FDA and USDA, FSIS.

FS–5.3 Increase the proportion of consumers who follow the key food safety practice of "Cook: cook to proper temperatures."

Target: 50 percent.

Baseline: 37 percent of consumers followed the key food safety practice of "Cook: cook to proper temperatures." in 2006.

Target setting method: Projection/trend analysis.

Data source: Food Safety Survey, FDA and USDA, FSIS.

FS–5.4 Increase the proportion of consumers who follow the key food safety practice of "Chill: refrigerate promptly."

Target: 91.1 percent.

Baseline: 88.1 percent of consumers followed the key food safety practice of "Chill: refrigerate promptly." in 2006.

Target setting method: Projection/trend analysis.

Data sources*:* Food Safety Survey, FDA and USDA, FSIS.

FS–6: (Developmental) Improve food safety practices associated with foodborne illness in foodservice and retail establishments.

Potential data source: Retail Risk Factor Studies, FDA, CFSAN.

Genomics

Number	Objective Short Title
G–1	Genetic counseling for women with a family history of breast and/or ovarian cancer
G–2	Genetic testing for persons with colorectal cancer to detect Lynch syndrome

Topic Area: Genomics

G–1: Increase the proportion of women with a family history of breast and/or ovarian cancer who receive genetic counseling.

Target: 25.6 percent.

Baseline: 23.3 percent of females with a family history of breast and/or ovarian cancer received genetic counseling in 2005.

Target setting method: 10 percent improvement.

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

G–2: (Developmental) Increase the proportion of persons with newly diagnosed colorectal cancer who receive genetic testing to identify Lynch syndrome (or familial colorectal cancer syndromes).

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

Global Health

Number	Objective Short Title
GH–1	Malaria in the United States
GH–2	Tuberculosis in foreign born persons

Enhance global capacity in support of the International Health Regulations to detect and contain emerging health threats.

GH–3	Global Disease Detection Regional Centers worldwide
GH–4	Global Disease Detection training for public health professionals
GH–5	Global Disease Detection diagnostic testing capacity

Topic Area: Global Health

GH–1: Reduce the number of cases of malaria reported in the United States.

Target: 999 new cases.

Baseline: 1,298 new cases of malaria were reported in the United States in 2008.

Target setting method: Projection/trend analysis.

Data source: National Malaria Surveillance System (NMSS), CDC.

GH-2: Decrease the tuberculosis (TB) case rate for foreign-born persons living in the United States.

Target: 14.0 cases per 100,000 population.

Baseline: 20.2 cases of tuberculosis (TB) per 100,000 population were reported for foreign-born persons living in the United States in 2008.

Target setting method: Projection/trend analysis.

Data source: National Tuberculosis Indicators Project (NTIP), CDC.

GH-3: Increase the number of Global Disease Detection (GDD) Regional Centers worldwide to detect and contain emerging health threats.

Target: 13 centers.

Baseline: 87,132 public health professionals had been trained by Global Disease Detection (GDD) programs by 2009.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: GDD Monitoring and Evaluation Database, CDC.

GH-4: Increase the number of public health professionals trained by Global Disease Detection Global Disease Detection (GDD) programs worldwide.

Target: 144,132 public health professionals.

Baseline: 37,132 public health professionals had been trained by Global Disease Detection (GDD) programs by 2009.

Target setting method: Projection/trend analysis.

Data source: GDD Monitoring and Evaluation Database, CDC.

GH-5: Increase diagnostic testing capacity in host countries and regionally through the Global Disease Detection (GDD) Regional Centers.

Target: 264 tests.

Baseline: 154 tests had been established or substantially improved by Global Disease Detection (GDD) programs by 2009.

Target setting method: Projection/trend analysis.

Data source: GDD Monitoring and Evaluation Database, CDC.

Health Communication and Health IT

Number	Objective Short Title
HC/HIT–1	Health literacy
HC/HIT–2	Satisfaction with health care providers' communication skills
HC/HIT–3	Individuals' involvement in their health care decisionmaking
HC/HIT–4	Receipt of providers' recommendations for personalized health care resources
HC/HIT–5	Electronic personal health management tools
HC/HIT–6	Internet access
HC/HIT–7	Social support
HC/HIT–8	Quality of Internet health information sources
HC/HIT–9	Access to online health information
HC/HIT–10	Electronic health records in medical practices
HC/HIT–11	Users of health information technology
HC/HIT–12	Best practices in health protection messages
HC/HIT–13	Social marketing in health promotion and disease prevention

Topic Area: Health Communication and Health IT

HC/HIT-1: (Developmental) Improve the health literacy of the population.

HC/HIT–1.1 Increase the proportion of persons who report their health care provider always gave them easy-to-understand instructions about what to do to take care of their illness or health condition.

Potential data source: Medical Expenditure Survey (MEPS), AHRQ.

HC/HIT–1.2 (Developmental) Increase the proportion of persons who report their health care provider always asked them to describe how they will follow the instructions.

Potential data source: Medical Expenditure Survey (MEPS), AHRQ.

HC/HIT–1.3 (Developmental) Increase the proportion of persons who report their health care providers' office always offered help in filling out a form.

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

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

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

Target: 65 percent.

Baseline: 59 percent of persons reported that their health care providers always listened carefully to them in 2007.

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 explained things so they could understand them.

Target: 66 percent.

Baseline: 60 percent of persons reported that their health care providers always explained things so they could understand them in 2007.

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.

Target: 68.2 percent.

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

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 spent enough time with them.

Target: 54 percent.

Baseline: 49 percent persons reported that their health care providers always spent enough time with them in 2007.

Target setting method: 10 percent improvement.

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

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

Target: 56.8 percent.

Baseline: 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 setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NIH, NCI.

HC/HIT-4: (Developmental) Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health.

Potential data source: Pew Internet and American Life Project, PEW.

HC/HIT-5: Increase the proportion of persons who use electronic personal health management tools.

HC/HIT–5.1 Increase the proportion of persons who use the Internet to keep track of personal health information, such as care received, test results, or upcoming medical appointments.

Target: 15.7 percent.

Baseline: 14.3 percent of persons reported using the Internet to keep track of personal health information, such as care received, test results, or upcoming medical appointments in 2007.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NIH, NCI.

HC/HIT–5.2 Increase the proportion of persons who use the Internet to communicate with their health provider.

Target: 15.0 percent.

Baseline: 13.6 percent of persons reported using the Internet to communicate with their health provider in 2007.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NIH, NCI.

HC/HIT-6: Increase individuals' access to the Internet.

HC/HIT–6.1 Increase the proportion of persons with access to the Internet.

Target: 75.4 percent.

Baseline: 68.5 percent of persons reported having access to the Internet in 2007.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NCI.

HC/HIT–6.2 Increase the proportion of persons with broadband access to the Internet.

Target: 83.2 percent.

Baseline: 75.6 percent of persons reported having broadband access to the Internet in 2007.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NCI.

HC/HIT–6.3 Increase the proportion of persons who use mobile devices.

Target: 7.7 percent.

Baseline: 6.7 percent of persons reported using mobile devices in 2007.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NCI.

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

Target: 87.5 percent.

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

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NIH, NCI.

HC/HIT–8: Increase the proportion of quality, health-related websites.

HC/HIT–8.1 Increase the proportion of health-related websites that meet three or more evaluation criteria disclosing information that can be used to assess information reliability.

Target: 57.1 percent.

Baseline: 51.9 percent of health-related websites met three or more reliability criteria in 2009.

Target setting method: 10 percent improvement.

Data source: Office of Disease Prevention and Health Promotion survey, HHS.

HC/HIT– 8.2 (Developmental) Increase the proportion of health-related websites that follow established usability principles.

Potential data source: Office of Disease Prevention and Health Promotion survey, HHS.

HC/HIT–9: Increase the proportion of online health information seekers who report easily accessing health information.

Target: 41.0 percent.

Baseline: 37.3 percent of online health information seekers reported easily accessing health information in 2007.

Target setting method: 10 percent improvement.

Data source: Health Information National Trends Survey (HINTS), NIH, NCI.

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

Target: 27.5 percent.

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

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

HC/HIT–11: (Developmental) Increase the proportion of meaningful users of health information technology (HIT).

Potential data source: Centers for Medicare and Medicaid Services (CMS) Update/Report on Meaningful Use.

HC/HIT-12: (Developmental) Increase the proportion of crisis and emergency risk messages intended to protect the public's health that demonstrate the use of best practices.

Potential data source: CDC Risk Communication Message Survey, CDC.

HC/HIT-13: (Developmental) Increase social marketing in health promotion and disease prevention.

HC/HIT–13.1 Increase the proportion of State health departments that report using social marketing in health promotion and disease prevention programs.

Potential data source: National Public Health Information Coalition (NPHIC/CDC Cooperative Agreement Healthy People 2020 Survey), CDC.

HC/HIT–13.2 Increase the proportion of schools of public health and accredited master of public health (MPH) programs that offer one or more courses in social marketing.

Potential data sources: National Survey of Public Health Competencies in Social Marketing: Survey of Association of Schools of Public Health (ASPH) member schools and accredited MPH programs (Florida Prevention Research Center, University of South Florida).

HC/HIT–13.3 Increase the proportion of schools of public health and accredited MPH programs that offer workforce development activities in social marketing for public health practitioners.

Potential data sources: National Survey of Public Health Competencies in Social Marketing: Survey of ASPH member schools and accredited MPH programs (Florida Prevention Research Center, University of South Florida).

Healthcare-Associated Infections

Number	Objective Short Title
HAI–1	Central line-associated bloodstream infections
HAI–2	Methicillin-resistant *Staphylococcus aureus* infections

Topic Area: Healthcare-Associated Infections

HAI–1: Reduce central line-associated bloodstream infections (CLABSIs).

Target: 0.25 SIR or 75 percent reduction.

Baseline: 1.00 Standardized Infection Ratio (SIR) was reported in 2006–08.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Healthcare Safety Network (NHSN), CDC, NCEZID.

HAI–2: Reduce invasive healthcare-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections.

Target: 6.56 infections per 100,000 persons or 75 percent reduction.

Baseline: 26.24 infections per 100,000 persons were reported in 2007–08.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Active Bacterial Core Surveillance (ABCs), CDC, NCIRD.

Hearing and Other Sensory or Communication Disorders (Ear, Nose, and Throat [ENT]—Voice, Speech, and Language [VSL])

Number	Objective	Short Title
Newborn Hearing Screening		
ENT–VSL–1	Newborn hearing screening, evaluation, and intervention	
Ear Infections (Otitis Media)		
ENT–VSL–2	Otitis media	
Hearing		
ENT–VSL–3	Hearing aids, assistive listening devices, and cochlear implants	
ENT–VSL–4	Hearing examination	
ENT–VSL–5	Evaluation and treatment referrals	
ENT–VSL–6	Hearing protection	
ENT–VSL–7	Noise-induced hearing loss in adolescents	
ENT–VSL–8	Noise-induced hearing loss in adults	
Tinnitus (Ringing in the Ears or Head)		
ENT–VSL–9	Health care for tinnitus	
ENT–VSL–10	Treatment for moderate to severe tinnitus	
Balance and Dizziness		
ENT–VSL–11	Health care for balance or dizziness problems	
ENT–VSL–12	Referrals for balance or dizziness problems	
ENT–VSL–13	Treatment for balance or dizziness problems	
ENT–VSL–14	Improved balance and dizziness outcomes	
ENT–VSL–15	Falls and injuries associated with balance and dizziness problems	
Smell and Taste (Chemosenses)		
ENT–VSL–16	Health care for chemosensory (smell or taste) disorders	

ENT–VSL–17	Treatment for chemosensory (smell or taste) disorders
ENT–VSL–18	Improved outcomes associated with chemosensory (smell or taste) disorders

Voice, Speech, and Language (VSL)

ENT–VSL–19	Evaluation and treatment by speech-language pathologist (SLP) or other health professional
ENT–VSL–20	Rehabilitation services for voice, speech, and language (VSL)/ communication disorders
ENT–VSL–21	Participation in speech-language or other intervention services
ENT–VSL–22	Improved outcomes following speech-language therapy or other rehabilitative and intervention services

Internet HealthCare Resources for Ear, Nose, and Throat (ENT)—Voice, Speech, and Language (VSL)

ENT–VSL–23	Use of Internet health care information resources for communication disorders

Topic Area: Hearing and Other Sensory or Communication Disorders (Ear, Nose, and Throat [ENT]—Voice, Speech, and Language [VSL])

Newborn Screening

ENT–VSL–1: Increase the proportion of newborns who are screened for hearing loss by no later than age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services no later than age 6 months.

ENT–VSL–1.1 Increase the proportion of newborns who are screened for hearing loss no later than age 1 month.

Target: 90.2 percent.

Baseline: 82.0 percent of newborns aged 1 month or less had screening for hearing loss in 2007.

Target setting method: 10 percent improvement.

Data sources: State-based Early Hearing Detection and Intervention (EHDI) Program Network, CDC, and/or specific State data.

ENT–VSL–1.2 Increase the proportion of newborns who receive audiologic evaluation no later than age 3 months for infants who did not pass the hearing screening.

Target: 72.6 percent.

Baseline: 66.0 percent of infants aged 3 months and under who did not pass the hearing screening received audiologic evaluation in 2007.

Target setting method: 10 percent improvement.

Data sources: State-based Early Hearing Detection and Intervention (EHDI) Program Network, CDC, and/or specific State data.

ENT–VSL–1.3 Increase the proportion of infants with confirmed hearing loss who are enrolled for intervention services no later than age 6 months.

Target: 55.0 percent.

Baseline: 50.0 percent of infants aged 6 months and under with confirmed hearing loss were enrolled for intervention services in 2007.

Target setting method: 10 percent improvement.

Data sources: State-based Early Hearing Detection and Intervention (EHDI) Program Network, CDC, and/or specific State data.

Ear Infections (Otitis Media)

ENT–VSL–2: Reduce otitis media in children and adolescents.

Target: 221.5 persons per 1,000 population.

Baseline: 246.1 per 1,000 persons under age 18 years had otitis media in 2007.

Target setting method: 10 percent improvement.

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

Hearing

ENT–VSL–3: Increase the proportion of persons with hearing impairments who have ever used a hearing aid or assistive listening devices or who have cochlear implants.

ENT–VSL–3.1 Increase the proportion of adults aged 20 to 69 years with hearing loss who have ever used a hearing aid.

Target: 179.0 adults per 1,000 population.

Baseline: 162.7 per 1,000 adults aged 20 to 69 years had ever used a hearing aid in 2006.

Target setting method: 10 percent improvement.

Data sources: National Health Interview Survey (NHIS), CDC, NCHS; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT–VSL–3.2 Increase the proportion of persons who are deaf or very hard of hearing and who have new cochlear implants.

Target: 84.7 persons per 10,000 persons.

Baseline: 77.0 per 10,000 persons who are deaf or very hard of hearing had new cochlear implants in 2004.

Target setting method: 10 percent improvement.

Data sources: Healthcare Cost and Utilization Project (HCUP), AHRQ; National Health Interview Survey (NHIS), CDC, NCHS.

ENT–VSL–3.3 Increase the proportion of adults aged 70 years and older with hearing loss who have ever used a hearing aid.

Target: 318.0 persons per 1,000 population.

Baseline: 289.1 per 1,000 adults aged 70 years and older had ever used a hearing aid in 2007.

Target setting method: 10 percent improvement.

Data sources: National Health Interview Survey (NHIS), CDC, NCHS; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

ENT–VSL–3.4 Increase the proportion of adults aged 70 years and older with hearing loss who use assistive listening devices.

Target: 110.0 persons per 1,000 population.

Baseline: 100.0 per 1,000 adults aged 70 years and older used assistive listening devices in 2005–06.

Target setting method: 10 percent improvement.

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

ENT–VSL–4: Increase the proportion of persons who have had a hearing examination on schedule.

ENT–VSL–4.1 Increase the proportion of adults aged 20 to 69 years who have had a hearing examination in the past 5 years.

Target: 31.5 percent.

Baseline: 28.6 percent of adults aged 20 to 69 years had a hearing examination in the past 5 years in 2003–04.

Target setting method: 10 percent improvement.

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

ENT–VSL–4.2 Increase the proportion of adults aged 70 years and older who have had a hearing examination in the past 5 years.

Target: 42.4 percent.

Baseline: 38.5 percent of adults aged 70 years and older had had a hearing examination in the past 5 years in 2003–04.

Target setting method: 10 percent improvement.

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

ENT–VSL–4.3 Increase the proportion of adolescents aged 12 to 19 years who have had a hearing examination in the past 5 years.

Target: 87.2 percent.

Baseline: 79.3 percent of adolescents aged 12 to 19 years had had a hearing examination in the past 5 years in 2005–06.

Target setting method: 10 percent improvement.

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

ENT–VSL–5: Increase the number of persons who are referred by their primary care physician or other health care provider for hearing evaluation and treatment.

Target: 311.7 persons per 1,000 population.

Baseline: 283.4 per 1,000 adults aged 18 years and older were referred by their primary care physician or other health care provider for hearing evaluation and treatment in 2007.

Target setting method: 10 percent improvement.

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

ENT–VSL–6: Increase the use of hearing protection devices.

ENT–VSL–6.1 Increase the proportion of adults aged 20 to 69 years who have ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or noise (age adjusted to the year 2000 standard population).

Target: 531.3 persons per 1,000 population.

Baseline: 483.0 per 1,000 adults aged 20 to 69 years had ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or noise in 2003–04.

Target setting method: 10 percent improvement.

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

ENT–VSL–6.2 Increase the proportion of adolescents aged 12 to 19 years who have ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or noise.

Target: 451.8 persons per 1,000 population.

Baseline: 410.7 per 1,000 adolescents 12 to 19 years had ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or noise in 2005–06.

Target setting method: 10 percent improvement.

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

ENT–VSL–7: Reduce the proportion of adolescents who have elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss.

Target: 41.3 persons per 1,000 population.

Baseline: 45.9 per 1,000 adolescents aged 12 to 18 years had elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss in 2005–06.

Target setting method: 10 percent improvement.

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

ENT–VSL–8: Reduce the proportion of adults who have elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss.

Target: 109.3 persons per 1,000 population.

Baseline: 121.4 per 1,000 adults aged 20 to 69 years had elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss in 2003–04.

Target setting method: 10 percent improvement.

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

Tinnitus (Ringing in the Ears or Head)

ENT–VSL–9: Increase the proportion of adults bothered by tinnitus who have seen a doctor or other health care professionals.

ENT–VSL–9.1 Increase the proportion of adults bothered by tinnitus in the past 12 months who have seen a doctor.

Target: 48.9 percent.

Baseline: 44.5 percent of adults aged 18 years and older bothered by tinnitus in the past 12 months had seen a doctor in 2007.

Target setting method: 10 percent improvement.

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

ENT–VSL–9.2 Increase the proportion of adults bothered by the onset of tinnitus in the past 5 years for whom it is a moderate, big, or very big problem, who have seen or been referred to an audiologist or otolaryngologist (ENT physician).

Target: 50.4 percent.

Baseline: 45.8 percent of adults 18 years and older bothered by the onset of tinnitus in the past 5 years for whom it is a moderate, big, or very big problem, had seen or been referred to an audiologist or otolaryngologist (ENT physician) in 2007.

Target setting method: 10 percent improvement.

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

ENT–VSL–10: Increase the proportion of adults for whom tinnitus is a moderate to severe problem who have tried appropriate treatments.

Target: 89.0 percent.

Baseline: 80.9 percent of adults aged 18 years and older for whom tinnitus is a moderate to severe problem tried appropriate treatments in 2007.

Target setting method: 10 percent improvement.

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

Balance and Dizziness

ENT–VSL–11: Increase the proportion of adults with balance or dizziness problems in the past 12 months who have ever seen a health care provider about their balance or dizziness problems.

Target: 53.2 percent.

Baseline: 48.4 percent of adults aged 18 years and older with balance or dizziness problems in the past 12 months had ever seen a health care provider in 2008.

Target setting method: 10 percent improvement.

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

ENT–VSL–12: Increase the proportion of adults with moderate to severe balance or dizziness problems who have seen or been referred to a health care specialist for evaluation or treatment.

Target: 72.0 percent.

Baseline: 65.4 percent of adults aged 18 years and older with moderate to severe balance or dizziness problems had seen or been referred to a health care specialist for evaluation or treatment in 2008.

Target setting method: 10 percent improvement.

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

ENT–VSL–13: Increase the proportion of persons who have tried recommended methods for treating their balance or dizziness problems.

ENT–VSL–13.1 (Developmental) Increase the proportion of children who have tried recommended methods for treating their balance or dizziness problem.

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

ENT–VSL–13.2 Increase the proportion of adults who have tried recommended methods for treating their balance or dizziness problem.

Target: 26.8 percent.

Baseline: 24.4 percent of adults aged 18 years and older tried recommended methods for treating their balance or dizziness problem in 2008.

Target setting method: 10 percent improvement.

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

ENT–VSL–14: Reduce the proportion of adults with balance and dizziness problems who experienced negative or adverse outcomes in the past 12 months.

ENT–VSL–14.1 Reduce the proportion of adults with balance and dizziness problems in the past 12 months who reported their condition got worse or did not improve.

Target: 55.3 percent.

Baseline: 61.5 percent of adults aged 18 years and older with balance and dizziness problems in the past 12 months reported their condition got worse or did not improve in 2008.

Target setting method: 10 percent improvement.

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

ENT–VSL–14.2 Reduce the proportion of adults with balance and dizziness problems in the past 12 months who were prevented from doing regular activities within the home or outside.

Target: 21.0 percent.

Baseline: 23.3 percent of adults aged 18 years and older with balance and dizziness problems in the past 12 months were prevented from doing regular activities within the home or outside in 2008.

Target setting method: 10 percent improvement.

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

ENT–VSL–14.3 Reduce the proportion of adults who have missed days of work or school in the past 12 months because of balance and dizziness problems.

Target: 13.0 percent.

Baseline: 14.5 percent of adults aged 18 years and older missed days of work or school in the past 12 months because of balance and dizziness problems in 2008.

Target setting method: 10 percent improvement.

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

ENT-VSL–15: Reduce the proportion of adults with balance and dizziness problems who have fallen and been injured.

ENT–VSL–15.1 Reduce the proportion of adults with balance and dizziness problems who have fallen in the past 5 years while experiencing symptoms of dizziness, vertigo, or imbalance.

Target: 50.0 percent.

Baseline: 55.6 percent of adults aged 18 years and older with balance and dizziness problems fell in the past 5 years while experiencing symptoms of dizziness, vertigo, or imbalance in 2008.

Target setting method: 10 percent improvement.

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

ENT–VSL–15.2 Reduce the proportion of adults with balance and dizziness problems who have been injured as a result of a fall for any reason in the past 12 months.

Target: 37.5 percent.

Baseline: 41.7 percent of adults aged 18 years and older with balance and dizziness problems were injured as a result of a fall for any reason in the past 12 months in 2008.

Target setting method: 10 percent improvement.

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

Smell and Taste (Chemosenses)

ENT-VSL–16: (Developmental) Increase the proportion of adults with chemosensory (smell or taste) disorders who have seen a health care provider about their disorder in the past 12 months.

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

ENT-VSL–17: (Developmental) Increase the proportion of adults who have tried recommended methods of treating their smell or taste disorders to improve their condition in the past 12 months.

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

ENT-VSL–18: (Developmental) Reduce the proportion of adults with chemosensory (smell or taste) disorders who as a result have experienced a negative impact on their general health status, work, or quality of life in the past 12 months.

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

Voice, Speech, and Language

ENT-VSL–19: (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language who have seen a speech-language pathologist (SLP) for evaluation or treatment.

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

ENT-VSL–20: (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language who have participated in rehabilitation services.

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

ENT-VSL–21: (Developmental) Increase the proportion of young children with phonological disorders, language delay, or other developmental language problems who have participated in speech-language or other intervention services.

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

ENT-VSL–22: (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language in the past 12 months whose personal or social functioning at home, school, or work improved after participation in speech-language therapy or other rehabilitative or intervention services.

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

Internet Health Care Resources for Ear, Nose, and Throat [ENT]—Voice, Speech, and Language [VSL]

ENT-VSL–23: (Developmental) Increase the proportion of persons with hearing loss and other sensory or communication disorders who have used Internet resources for health care information, guidance, or advice in the past 12 months.

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

Heart Disease and Stroke

Number	Objective Short Title
HDS–1	Cardiovascular health
HDS–2	Coronary heart disease deaths
HDS–3	Stroke deaths
HDS–4	Blood pressure screening
HDS–5	Hypertension
HDS–6	Blood cholesterol screening
HDS–7	High total blood cholesterol levels
HDS–8	Mean total blood cholesterol levels
HDS–9	Prehypertension lifestyle guidelines
HDS–10	Hypertension lifestyle guidelines
HDS–11	Hypertension medication compliance
HDS–12	High blood pressure control
HDS–13	Advice on elevated LDL cholesterol treatment
HDS–14	Compliance with elevated LDL cholesterol treatment
HDS-15	Aspirin use for primary cardiovascular disease prevention
HDS–16	Awareness of and response to early warning symptoms of heart attack
HDS–17	Awareness of and response to early warning symptoms of stroke
HDS–18	Bystander and emergency medical services response to cardiac arrest
HDS–19	Timely artery-opening therapy
HDS–20	Adults with heart disease or stroke who meet recommended low-density lipoprotein cholesterol levels
HDS-21	Aspirin or antiplatelet therapy for secondary cardiovascular disease prevention
HDS-22	Referral to cardiac rehabilitation program at discharge
HDS-23	Referral to stroke rehabilitation program at discharge
HDS–24	Heart failure hospitalizations

Topic Area: Heart Disease and Stroke

HDS–1: (Developmental) Increase overall cardiovascular health in the U.S. population.

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

HDS–2: Reduce coronary heart disease deaths.

Target: 100.8 deaths per 100,000 population.

Baseline: 126.0 coronary heart disease deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

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

HDS–3: Reduce stroke deaths.

Target: 33.8 deaths per 100,000 population.

Baseline: 42.2 stroke deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

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

HDS–4: Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.

Target: 92.6 percent.

Baseline: 90.6 percent of adults aged 18 years and older had their blood pressure measured within the preceding 2 years and could state their blood pressure level 2008 (age adjusted to the year 2000 standard population).

Target setting method: 2 percentage point improvement.

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

HDS–5: Reduce the proportion of persons in the population with hypertension.

HDS–5.1 Reduce the proportion of adults with hypertension.

Target: 26.9 percent.

Baseline: 29.9 percent of adults aged 18 years and older had high blood pressure/hypertension in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

HDS–5.2 Reduce the proportion of children and adolescents with hypertension.

Target: 3.2 percent.

Baseline: 3.5 percent of children and adolescents aged 8 to 17 years had high blood pressure/ hypertension in 2005–08.

Target setting method: 10 percent improvement.

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

HDS–6: Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

Target: 82.1 percent.

Baseline: 74.6 percent of adults aged 18 years and older had their blood cholesterol checked within the preceding 5 years in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

HDS–7: Reduce the proportion of adults with high total blood cholesterol levels.

Target: 13.5 percent.

Baseline: 15.0 percent of adults aged 20 years and older had total blood cholesterol levels of 240 mg/dL or greater in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

HDS–8: Reduce the mean total blood cholesterol levels among adults.

Target: 177.9 mg/dl (mean).

Baseline: 197.7 mg/dl was the mean total blood cholesterol level for adults aged 20 years and older in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

HDS–9: (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines.

HDS–9.1 (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines for body mass index (BMI).

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

HDS–9.2 (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines for saturated fat consumption.

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

HDS–9.3 (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines for sodium intake.

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

HDS–9.4 (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines for physical activity.

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

HDS–9.5 (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines for moderate alcohol consumption.

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

HDS–10: (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines.

HDS–10.1 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines for body mass index (BMI).

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

HDS–10.2 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines for saturated fat consumption.

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

HDS–10.3 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines for sodium intake.

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

HDS–10.4 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines for physical activity.

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

HDS–10.5 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines for moderate alcohol consumption.

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

HDS–11: Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure.

Target: 69.5 percent.

Baseline: 63.2 percent of adults aged 18 years and older with high blood pressure/hypertension were taking the prescribed medications to lower their blood pressure in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

HDS–12: Increase the proportion of adults with hypertension whose blood pressure is under control.

Target: 61.2 percent.

Baseline: 43.7 percent of adults aged 18 years and older with high blood pressure/hypertension had it under control in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

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

HDS–13: (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering management, including lifestyle changes and, if indicated, medication.

HDS–13.1 (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding a cholesterol-lowering diet.

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

HDS–13.2 (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering physical activity.

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

HDS–13.3 (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering weight control.

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

HDS–13.4 (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering prescribed drug therapy.

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

HDS–14: (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed LDL-cholesterol lowering management lifestyle changes and, if indicated, medication.

HDS–14.1 (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed cholesterol-lowering diet.

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

HDS–14.2 (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed cholesterol-lowering physical activity.

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

HDS–14.3 (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed cholesterol-lowering weight control.

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

HDS–14.4 (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed cholesterol-lowering drug therapy.

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

HDS–15: (Developmental) Increase aspirin use as recommended among adults with no history of cardiovascular disease.

HDS– 15.1 (Developmental) Increase aspirin use as recommended among women aged 55 to 79 years with no history of cardiovascular disease.

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

HDS– 15.2 (Developmental) Increase aspirin use as recommended among men aged 45 to 79 years with no history of cardiovascular disease.

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

HDS–16: Increase the proportion of adults aged 20 years and older who are aware of, and respond to, early warning symptoms and signs of a heart attack.

HDS–16.1 Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number.

Target: 40.9 percent.

Baseline: 37.2 percent of adults aged 20 years and older were aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

HDS–16.2 Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack.

Target: 43.6 percent.

Baseline: 39.6 percent of adults aged 20 years and older were aware of the early warning symptoms and signs of a heart attack in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

HDS–16.3 Increase the proportion of adults aged 20 years and older who are aware of the importance of accessing rapid emergency care for a heart attack by calling 9–1–1 or another emergency number.

Target: 93.8 percent.

Baseline: 91.8 percent of adults aged 20 years and older were aware of the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 2 percentage point improvement.

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

HDS–17: Increase the proportion of adults aged 20 years and older who are aware of and respond to early warning symptoms and signs of a stroke.

HDS– 17.1 Increase the proportion of adults who are aware of the early warning symptoms and signs of a stroke and the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number.

Baseline: 51.3 percent of adults aged 20 years and older were aware of the early warning symptoms and signs of a stroke and the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number in 2009 (age adjusted to the year 2000 standard population).

Target: 56.4 percent.

Target Setting Method: 10 percent improvement.

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

HDS–17.2 Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a stroke.

Baseline: 53.9 percent of adults aged 20 years and older were aware of the early warning symptoms and signs of a stroke in 2009 (age adjusted to the year 2000 standard population).

Target: 59.3 percent.

Target-Setting Method: 10 percent improvement.

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

HDS–17.3 Increase the proportion of adults aged 20 years and older who are aware of the importance of accessing rapid emergency care for a stroke by calling 9–1–1 or another emergency number.

Baseline: 92.7 percent of adults aged 20 years and older were aware of the importance of accessing rapid emergency care for a stroke by calling 9–1–1 or another emergency number in 2009 (age adjusted to the year 2000 standard population).

Target: 94.7 percent.

Target-Setting Method: 2 percentage point improvement.

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

HDS–18: (Developmental) Increase the proportion of out-of-hospital cardiac arrests in which appropriate bystander and emergency medical services (EMS) were administered.

Potential data source: National Emergency Medical Services Information System (NEMSIS), National Highway Traffic Safety Administration (NHTSA), Department of Transportation (DOT).

HDS–19: Increase the proportion of eligible patients with heart attacks or strokes who receive timely artery-opening therapy as specified by current guidelines.

HDS–19.1 Increase the proportion of eligible patients with heart attacks who receive fibrinolytic therapy within 30 minutes of hospital arrival.

Target: 75.1 percent.

Baseline: 68.3 percent of eligible heart attack patients received fibrinolytics within 30 minutes of hospital arrival in 2009.

Target setting method: 10 percent improvement.

Data Source: Acute Coronary Treatment and Intervention Outcomes Network Registry–Get with the Guidelines (ACTION Registry-GWTG), American College of Cardiology Foundation and American Heart Association.

HDS–19.2 Increase the proportion of eligible patients with heart attacks who receive percutaneous intervention (PCI) within 90 minutes of hospital arrival.

Target: 97.5 percent.

Baseline: 88.6 percent of eligible heart attack patients received percutaneous intervention within 90 minutes of hospital arrival in 2009.

Target setting method: 10 percent improvement.

Data source: Acute Coronary Treatment and Intervention Outcomes Network Registry–Get with the Guidelines (ACTION Registry–GWTG), American College of Cardiology Foundation and American Heart Association.

HDS–19.3 (Developmental) Increase the proportion of eligible patients with strokes who receive acute reperfusion therapy within 3 hours from symptom onset.

Potential data sources: Get with The Guidelines–Stroke Module (GWTG–Stroke), American Heart Association/American Stroke Association.

HDS–20: (Developmental) Increase the proportion of adults with coronary heart disease or stroke who have their low-density lipoprotein (LDL) cholesterol level at or below recommended levels.

HDS– 20.1 (Developmental) Increase the proportion of adults with coronary heart disease who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels.

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

HDS– 20.2 (Developmental) Increase the proportion of adults who have had a stroke who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels.

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

HDS–21: (Developmental) Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events.

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

HDS–22: (Developmental) Increase the proportion of adult heart attack survivors who are referred to a cardiac rehabilitation program at discharge.

Potential data source: Acute Coronary Treatment and Intervention Outcomes Network Registry–Get with the Guidelines (ACTION Registry–GWTG), American College of Cardiology Foundation and American Heart Association.

HDS–23: (Developmental) Increase the proportion of adult stroke survivors who are referred to a stroke rehabilitation program at discharge.

Potential data source: Acute Coronary Treatment and Intervention Outcomes Network Registry—Get with the Guidelines Program–Stroke Module (GWTG–Stroke), American Heart Association/American Stroke Association.

HDS–24: Reduce hospitalizations of older adults with heart failure as the principal diagnosis.

HDS–24.1 Reduce hospitalizations of adults aged 65 to 74 years with heart failure as the principal diagnosis.

Target: 8.8 hospitalizations per 1,000 population.

Baseline: 9.8 hospitalizations for heart failure per 1,000 population aged 65 to 74 years occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Chronic Conditions Warehouse (CCW), CMS.

HDS–24.2 Reduce hospitalizations of adults aged 75 to 84 years with heart failure as the principal diagnosis.

Target: 20.2 hospitalizations per 1,000 population.

Baseline: 22.4 hospitalizations for heart failure per 1,000 population aged 75 to 84 years occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Chronic Conditions Warehouse (CCW), CMS.

HDS–24.3 Reduce hospitalizations of adults aged 85 years and older with heart failure as the principal diagnosis.

Target: 38.6 hospitalizations per 1,000 population.

Baseline: 42.9 hospitalizations for heart failure per 1,000 population aged 85 years and older occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Chronic Conditions Warehouse (CCW), CMS.

HIV

Number	Objective Short Title
Diagnosis of HIV Infection and AIDS	
HIV–1	HIV diagnoses
HIV–2	New HIV infection
HIV–3	HIV transmission rate
HIV–4	AIDS
HIV–5	AIDS among heterosexuals
HIV–6	AIDS among men who have sex with men
HIV–7	AIDS among injection drug users
HIV–8	Perinatally acquired HIV and AIDS
Medical Health Care, Survival, and Death After Diagnosis of HIV Infection and AIDS	
HIV–9	Early HIV diagnosis
HIV–10	HIV care and treatment
HIV–11	Survival after AIDS diagnosis
HIV–12	HIV deaths
HIV Testing	
HIV–13	Awareness of HIV serostatus
HIV–14	HIV testing
HIV–15	HIV testing in TB patients
HIV Prevention	
HIV–16	HIV/AIDS education in substance abuse treatment programs
HIV–17	Condom use
HIV–18	Unprotected sex among men who have sex with men

Topic Area: HIV

HIV–1: (Developmental) Reduce new HIV diagnoses among adolescents and adults.

Potential data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–2: (Developmental) Reduce new (incident) HIV infections among adolescents and adults.

Potential data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–3: Reduce the rate of HIV transmission among adolescents and adults.

Target: 3.5 new infections per 100 persons living with HIV.

Baseline: The HIV transmission rate was 5.0 new infections per 100 persons living with HIV in 2006.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–4: Reduce new AIDS cases among adolescents and adults.

Target: 13.0 new cases per 100,000 population.

Baseline: 14.4 new cases of AIDS per 100,000 population aged 13 years and older were diagnosed in 2007.

Target setting method: 10 percent improvement.

Data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–5: Reduce new AIDS cases among adolescent and adult heterosexuals.

Target: 10,000 new cases.

Baseline: 11,110 new cases of AIDS were diagnosed among persons aged 13 years and older who reported specific heterosexual contact with a person known to have, or be at high risk for, HIV infection in 2007.

Target setting method: 10 percent improvement.

Data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–6: Reduce new AIDS cases among adolescent and adult men who have sex with men.

Target: 15,074 new cases.

Baseline: 16,749 new AIDS cases were diagnosed among males aged 13 years and older who reported sexual contact with other men or with both men and women in 2007.

Target setting method: 10 percent improvement.

Data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–7: Reduce new AIDS cases among adolescents and adults who inject drugs.

Target: 5,409 new cases.

Baseline: 6,010 new AIDS cases were diagnosed among injection drug users aged 13 years and older in 2007.

Target setting method: 10 percent improvement.

Data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–8: Reduce perinatally acquired HIV and AIDS cases.

HIV–8.1 (Developmental) Reduce newly diagnosed perinatally acquired HIV cases.

Potential data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–8.2 Reduce new cases of perinatally acquired AIDS.

Target: 25 new cases.

Baseline: 28 perinatally acquired AIDS cases were diagnosed in 2007.

Target setting method: 10 percent improvement.

Data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–9: (Developmental) Increase the proportion of new HIV infections diagnosed before progression to AIDS.

Potential data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–10: (Developmental) Increase the proportion of HIV-infected adolescents and adults who receive HIV care and treatment consistent with current standards.

Potential data source: Medical Monitoring Project (MMP), CDC, NCHHSTP.

HIV–11 Increase the proportion of persons surviving more than 3 years after a diagnosis with AIDS.

Target: 96.8 percent.

Baseline: 88.0 percent of persons diagnosed with AIDS survived more than 3 years after diagnosis in 2006.

Target setting method: 10 percent improvement.

Data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–12: Reduce deaths from HIV infection.

Target: 3.3 deaths per 100,000 population.

Baseline: 3.7 deaths due to HIV infection per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

HIV–13: Increase the proportion of persons living with HIV who know their serostatus.

Target: 90.0 percent.

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

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: HIV/AIDS Surveillance System, CDC, NCHHSTP.

HIV–14: Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.

HIV–14.1 Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.

Target: 16.9 percent.

Baseline: 15.4 percent of persons aged 15 to 44 years reported that they had an HIV test in the past 12 months, outside of blood donation, in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–14.2 (Developmental) Increase the proportion of men who have sex with men (MSM) who have been tested for HIV in the past 12 months.

Potential data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–14.3 Increase the proportion of pregnant women who have been tested for HIV in the past 12 months.

Target: 74.1 percent.

Baseline: 67.4 percent of women aged 15 to 44 years who completed a pregnancy in the past 12 months reported that they had an HIV test as part of prenatal care in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–14.4 Increase the proportion of adolescents and young adults who have been tested for HIV in the past 12 months.

Target: 17.2 percent.

Baseline: 15.6 percent of persons aged 15 to 24 years reported that they had an HIV test in the past 12 months, outside of blood donation, in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–15: Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV.

Target: 80.3 percent.

Baseline: 73.0 percent of persons aged 25 to 44 years with TB were tested for HIV in 2008.

Target setting method: 10 percent improvement.

Data source: National TB Surveillance System, CDC, NCHHSTP.

HIV–16: Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling, and support.

Target: 59.8 percent.

Baseline: 54.4 percent of publicly and privately funded treatment facilities known to SAMHSA reported that they offer HIV testing, HIV/AIDS education, counseling, and support, or have special substance abuse treatment programs for persons living with HIV/AIDS in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey of Substance Abuse Treatment Services (N–SSATS), SAMHSA.

HIV–17: Increase the proportion of sexually active persons who use condoms.

HIV–17.1 Increase the proportion of sexually active, unmarried females aged 15 to 44 years who use condoms.

Target: 38.0 percent.

Baseline: 34.5 percent of sexually active unmarried females aged 15 to 44 years reported using a condom at last sexual intercourse in 2006–2008.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–17.2 Increase the proportion of sexually active unmarried males aged 15 to 44 years who use condoms.

Target: 60.7 percent.

Baseline: 55.2 percent of sexually active unmarried males aged 15 to 44 years reported using a condom at last sexual intercourse in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

HIV–18: (Developmental) Reduce the proportion of men who have sex with men (MSN) who reported unprotected anal sex in the past 12 months.

Potential data source: National HIV Behavioral Surveillance System (NHBSS), CDC, NCHHSTP.

Immunization and Infectious Diseases

Number	Objective Short Title
IID–1	Vaccine-preventable diseases
IID–2	Group B streptococcal disease among newborns
IID–3	Meningococcal disease
IID–4	Invasive pneumococcal infections
IID–5	Antibiotics misuse for ear infections
IID–6	Antibiotics misuse for common cold
IID–7	Vaccination coverage among young children
IID–8	Complete vaccination coverage among young children
IID–9	Zero doses of vaccination
IID–10	Vaccination coverage among kindergartners
IID–11	Vaccination coverage among adolescents
IID–12	Seasonal influenza vaccination coverage
IID–13	Pneumococcal vaccination coverage
IID–14	Shingles vaccination coverage
IID–15	Hepatitis B vaccination coverage among high-risk populations
IID–16	Vaccine safety
IID–17	Provider vaccination coverage assessment
IID–18	Immunization Information Systems (IISs)
IID–19	States collecting kindergarten vaccination records
IID–20	State participation in Immunization Information Systems (IISs)
IID–21	Electronic surveillance of rabies
IID–22	Monitoring of influenza-virus resistance to antiviral agents
IID–23	Hepatitis A
IID–24	Chronic hepatitis B perinatal infections
IID–25	Hepatitis B
IID–26	Hepatitis C
IID–27	Awareness of hepatitis C infection status in minority communities
IID–28	Hepatitis B testing
IID–29	TB
IID–30	Curative therapy for TB
IID–31	Treatment for latent TB
IID–32	Timeliness of TB test confirmation

Topic Area: Immunization and Infectious Diseases

IID–1: Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases.

IID–1.1 Maintain elimination of cases of vaccine-preventable c ongenital rubella syndrome (CRS) among children under 1 year of age (U.S.-acquired cases).

Target: 0 cases.

Baseline: 0 cases of confirmed and probable U.S.-acquired cases of congenital rubella syndrome.

Target setting method: Total elimination.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.2 Reduce serotype b cases of Haemophilus influenzae (Hib) invasive disease among children aged 5 years and under.

Target: 0.27 cases per 100,000 children under age 5 years.

Baseline: 0.3 confirmed and probable cases of *Haemophilus influenzae* invasive disease were reported per 100,000 children under age 5 years in 2008.

Target setting method: 10 percent improvement.

Data sources: National Notifiable Diseases Surveillance System (NNDSS), CDC; Active Bacterial Core Surveillance (ABCs), Emerging Infections Programs (EIP) Network, CDC, NCIRD.

IID–1.3 Reduce new hepatitis B cases among persons aged 2 to 18 years.

Target: 0 cases per 100,000 persons aged 2 to 18 years.

Baseline: 0.06 cases of new symptomatic hepatitis B per 100,000 population aged 2 to 18 years were reported in 2007.

Target setting method: Total elimination.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.4 Reduce cases of measles (U.S.-acquired cases).

Target: 30 cases.

Baseline: 115 confirmed U.S.-acquired measles cases were reported in 2008.

Target setting method: Projection/trend analysis.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.5 Reduce cases of mumps (U.S.-acquired cases).

Target: 500 cases.

Baseline: 421 confirmed and probable U.S.-acquired cases of mumps were reported in 2008.

Target setting method: Projection/trend analysis.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.6 Reduce cases of pertussis among children under 1 year of age.

Target: 2,500 cases.

Baseline: An annual average of 2,777 confirmed and probable cases of pertussis (including cases identified in outbreak settings) were reported among children under age 1 year during 2004–08.

Target setting method: 10 percent improvement.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.7 Reduce cases of pertussis among adolescents aged 11 to 18 years.

Target: 2,000 cases among adolescents aged 11 to 18 years.

Baseline: An annual average of 3,995 confirmed and probable cases of pertussis (including cases identified in outbreak settings) was reported among adolescents aged 11 to 18 years during 2000–04.

Target setting method: Projection.

Data source: National Notifiable Disease Surveillance System (NNDSS), CDC.

IID–1.8 Maintain elimination of acute paralytic poliomyelitis (U.S.-acquired cases).

Target: 0 cases.

Baseline: 0 cases of U.S.-acquired acute paralytic poliomyelitis were reported in 2008.

Target setting method: Total elimination.

Data source: National Notifiable Disease Surveillance System (NNDSS), CDC.

IID–1.9 Maintain elimination of rubella (U.S.-acquired cases).

Target: 10 cases.

Baseline: 10 confirmed U.S.-acquired cases of rubella were reported in 2008.

Target setting method: Projection/trend analysis.

Data source: National Notifiable Disease Surveillance System (NNDSS), CDC.

IID–1.10 Reduce cases of varicella (chicken pox) among persons aged 17 years of age and under.

Target: 100,000 persons aged 17 years of age and under.

Baseline: 582,535 persons aged 17 years of age and under were reported to have had chicken pox (varicella) in the past year in 2008.

Target setting method: Projection/trend analysis.

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

IID–2: Reduce early onset group B streptococcal disease.

Target: 0.25 new cases among newborns aged 0 through 6 days per 1,000 live births.

Baseline: 0.28 newly reported cases of laboratory-confirmed early onset group B streptococcal disease were diagnosed among newborns aged 0 to 6 days per 1,000 live births in 2008.

Target setting method: 10 percent improvement.

Data sources: National Notifiable Diseases Surveillance System (NNDSS), CDC; Active Bacterial Core surveillance (ABCs), Emerging Infections Programs (EIP) Network, CDC, NCIRD.

IID–3: Reduce meningococcal disease.

Target: 0.3 cases per 100,000 population.

Baseline: An annual average of 0.34 cases of new laboratory-confirmed meningococcal disease per 100,000 population were reported in 2004–08.

Target setting method: 10 percent improvement.

Data sources: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–4: Reduce invasive pneumococcal infections.

IID–4.1 Reduce new invasive pneumococcal infections among children under age 5 years.

Target: 12 cases per 100,000 children under age 5 years.

Baseline: 20.3 cases of laboratory-confirmed invasive pneumococcal infection were reported per 100,000 children under age 5 years in 2008.

Target setting method: Projection/trend analysis.

Data sources: National Notifiable Diseases Surveillance System (NNDSS), CDC; Active Bacterial Core surveillance (ABCs), Emerging Infections Programs (EIP) Network, CDC, NCIRD.

IID–4.2 Reduce new invasive pneumococcal infections among adults aged 65 years and older.

Target: 31 new cases per 100,000 adults aged 65 years and older.

Baseline: 40.4 new cases of laboratory-confirmed invasive pneumococcal infection per 100,000 adults aged 65 years and older were diagnosed in 2008.

Target setting method: Projection/trend analysis.

Data source: Active Bacterial Core Surveillance (ABCs), Emerging Infections Program (EIP) Network, CDC, NCIRD.

IID–4.3 Reduce invasive antibiotic-resistant pneumococcal infections among children under age 5 years.

Target: 6 new cases per 100,000 children under age 5 years.

Baseline: 8.2 new cases of laboratory-confirmed invasive antibiotic-resistant pneumococcal infection per 100,000 children under age 5 years were diagnosed in 2008.

Target setting method: Projection/trend analysis.

Data source: Active Bacterial Core surveillance (ABCs), Emerging Infections Program (EIP) Network, CDC, NCIRD.

IID–4.4 Reduce invasive antibiotic-resistant pneumococcal infections among adults aged 65 years and older.

Target: 9 new cases per 100,000 adults aged 65 years and older.

Baseline: 12.2 new cases of laboratory-confirmed invasive antibiotic-resistant pneumococcal infection per 100,000 adults aged 65 years and older were diagnosed in 2008.

Target setting method: Projection/trend analysis.

Data sources: Active Bacterial Core Surveillance (ABCs), Emerging Infections Program (EIP) Network, CDC, NCIRD.

IID–5: Reduce the number of courses of antibiotics for ear infections for young children.

Target: 35 courses per 100 children under age 5 years.

Baseline: 47 percent of children under age 5 years who had an ear infection were prescribed antibiotic courses in 2007.

Target setting method: Projection/trend analysis.

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

IID–6: Reduce the number of courses of antibiotics prescribed for the sole diagnosis of the common cold.

Target: 864 courses of antibiotics per 100,000 population.

Baseline: An annual average of 1,728 courses of antibiotics per 100,000 persons diagnosed with the common cold was prescribed in 2007.

Target setting method: Projection/trend analysis.

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

IID–7: Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

IID–7.1 Maintain an effective vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 85 percent of children aged 19 to 35 months received 4 or more doses of the combination of diphtheria, tetanus, and acellular pertussis antigens in 2008.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.2 Achieve and maintain an effective vaccination coverage level of 3 or 4 doses of *Haemophilus influenzae* type b (Hib) vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 90.9 percent of children aged 19 to 35 months in 2009 received 3 or more, or 4 or more doses of Hib antigen, depending on product type received.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Program Annual Progress Assessments, CDC, NCIRD.

IID–7.3 Maintain an effective vaccination coverage level of 3 doses of hepatitis B (hep B) vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 92 percent of children aged 19 to 35 months in 2009 received at least 3 doses of hepatitis B antigen.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.4 Maintain an effective coverage level of 1 dose of measles-mumps-rubella (MMR) vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 90 percent of children aged 19 to 35 months in 2009 received at least 1 dose of measles-mumps-rubella (MMR) vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.5 Maintain an effective coverage level of 3 doses of polio vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 93 percent of children aged 19 to 35 months in 2009 received at least 3 doses of polio vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.6 Maintain an effective coverage level of 1 dose of varicella vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 90 percent of children aged 19 to 35 months in 2009 received at least 1 dose of the varicella antigen.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.7 Achieve and maintain an effective coverage level of 4 doses of pneumococcal conjugate vaccine (PCV) among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 80 percent of children aged 19 to 35 months received at least 4 doses of pneumococcal conjugate vaccine in 2008.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.8 Achieve and maintain an effective coverage level of 2 doses of hepatitis A vaccine among children by age 19 to 35 months.

Target: 85 percent.

Baseline: 47 percent of children aged 19 to 35 months in 2009 received 2 or more doses of hepatitis A vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.9 Achieve and maintain an effective coverage level of a birth dose of hepatitis B vaccine (0 to 3 days between birth date and date of vaccination, reported by annual birth cohort).

Target: 85 percent.

Baseline: 58 percent of the 2006 birth cohort received the first dose of hepatitis B vaccine within 3 days of birth based on National Immunization Survey data from 2007–09.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.10 Achieve and maintain an effective coverage level of 2 or more or 3 or more doses rotavirus vaccine among children by age 19 to 35 months.

Target: 80 percent.

Baseline: 44 percent of children aged 19 to 35 months in 2009 received 2 or more, or 3 or more doses of rotavirus vaccine by age 19 to 35 months, depending on product type received.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–8: Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and pneumococcal conjugate vaccine (PCV).

Target: 80 percent.

Baseline: 44 percent children aged 19 to 35 months in 2009 received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

IID–9: Decrease the percentage of children in the United States who receive 0 doses of recommended vaccines by age 19 to 35 months.

Target: Not applicable.

Baseline: 0.6 percent of children age 19 to 35 months in 2009 in the United States received 0 doses of recommended vaccines by age 19 to 35 months.

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

Data source: National Immunization Survey (NIS), CDC, NCIRD and NCHS.

IID–10: Maintain vaccination coverage levels for children in kindergarten.

IID–10.1 Maintain the vaccination coverage level of 4 doses of diphtheria-tetanus-acellular pertussis (DTaP) vaccine for children in kindergarten.

Target: 95 percent.

Baseline: 95 percent of children enrolled in kindergarten for the 2009–10 school year received 4 or more doses of DTaP vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.2 Maintain the vaccination coverage level of 2 doses of measles-mumps-rubella (MMR) vaccine for children in kindergarten.

Target: 95 percent.

Baseline: 95 percent of children enrolled in kindergarten for the 2009–10 school year received 2 or more doses of MMR vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.3 Maintain the vaccination coverage level of 3 doses of polio vaccine for children in kindergarten.

Target: 95 percent.

Baseline: 96 percent of children enrolled in kindergarten for the 2009–10 school year received 3 or more doses of polio vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.4 Maintain the vaccination coverage level of 3 doses of hepatitis B vaccine for children in kindergarten.

Target: 95 percent.

Baseline: 97 percent of children enrolled in kindergarten for the 2009–10 school year received 3 or more doses of hepatitis B vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data Source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.5 Maintain the vaccination coverage level of 2 doses of varicella vaccine for children in kindergarten.

Target: 95 percent.

Baseline: 96 percent of children enrolled in kindergarten for the 2009–10 school year received 2 or more doses of varicella vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–11: Increase routine vaccination coverage levels for adolescents.

IID–11.1 Increase the vaccination coverage level of 1 dose of tetanus-diphtheria-acellular pertussis (Tdap) booster vaccine for adolescents by age 13 to 15 years.

Target: 80 percent.

Baseline: 62 percent of adolescents aged 13 to 15 years in 2009 received 1 or more doses of a Tdap booster.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS)–Teen, CDC, NCIRD and NCHS.

IID–11.2 Increase the vaccination coverage level of 2 doses of varicella vaccine for adolescents by age 13 to 15 years (excluding children who have had varicella).

Target: 90 percent.

Baseline: 52 percent of adolescents aged 13 to 15 years in 2009 received at least 2 doses of varicella vaccine (excluding adolescents who had had varicella).

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS)–Teen, CDC, NCIRD and NCHS.

IID–11.3 Increase the vaccination coverage level of 1 dose meningococcal conjugate vaccine for adolescents by age 13 to 15 years.

Target: 80 percent.

Baseline: 55 percent of adolescents aged 13 to 15 years in 2009 received 1 or more doses of meningococcal conjugate vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS)–Teen, CDC, NCIRD and NCHS.

IID–11.4 Increase the vaccination coverage level of 3 doses of human papillomavirus (HPV) vaccine for females by age 13 to 15 years.

Target: 80 percent.

Baseline: 23 percent of females aged 13 to 15 years in 2009 received 3 or more doses of human papillomavirus (HPV) vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS)–Teen, CDC, NCIRD and NCHS.

IID–12: Increase the percentage of children and adults who are vaccinated annually against seasonal influenza.

IID–12.1 Increase the percentage of children aged 6 to 23 months who are vaccinated annually against seasonal influenza (1 or 2 doses, depending on age-appropriateness and previous doses received).

Target: 80 percent.

Baseline: 25 percent of children aged 6 to 23 months received 1 or 2 doses of influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD and NCHS.

IID–12.2 Increase the percentage of children aged 2 to 4 years who are vaccinated annually against seasonal influenza.

Target: 80 percent.

Baseline: 43 percent of children aged 2 to 4 years received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

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

IID–12.3 Increase the percentage of children aged 5 to 12 years who are vaccinated annually against seasonal influenza.

Target: 80 percent.

Baseline: 30 percent of children aged 5 to 12 years received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

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

IID–12.4 Increase the percentage of children aged 13 to 17 years who are vaccinated annually against seasonal influenza.

Target: 80 percent.

Baseline: 13 percent of children aged 13 to 17 years received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS) –Teen, CDC.

IID–12.5 Increase the percentage of noninstitutionalized adults aged 18 to 64 years who are vaccinated annually against seasonal influenza.

Target: 80 percent.

Baseline: 27 percent of noninstitutionalized adults aged 18 to 64 years received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

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

IID–12.6 Increase the percentage of noninstitutionalized high-risk adults aged 18 to 64 years who are vaccinated annually against seasonal influenza.

Target: 90 percent.

Baseline: 42 percent of noninstitutionalized high-risk adults aged 18 to 64 years received influenza vaccine for the 2008–09 influenza season.

Target setting method: Retention of Healthy People 2010 target.

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

IID–12.7 Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated annually against seasonal influenza.

Target: 90 percent.

Baseline: 66 percent of noninstitutionalized adults aged 65 years and older received influenza vaccine for the 2008–09 influenza season.

Target setting method: Retention of Healthy People 2010 target.

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

IID–12.8 Increase the percentage of institutionalized adults aged 18 years and older in long-term or nursing homes who are vaccinated annually against seasonal influenza.

Target: 90 percent.

Baseline: 70 percent of institutionalized adults 18 years and older in long-term or nursing homes received influenza vaccine for the 2008–09 influenza season.

Target setting method: Retention of Healthy People 2010 target.

Data source: Minimum Data Set (MDS), CMS.

IID–12.9 Increase the percentage of health care personnel who are vaccinated annually against seasonal influenza.

Target: 90 percent.

Baseline: 53 percent of health care personnel received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

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

IID–12.10 Increase the percentage of pregnant women who are vaccinated against seasonal influenza.

Target: 80 percent.

Baseline: 11 percent of pregnant women received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

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

IID–13: Increase the percentage of adults who are vaccinated against pneumococcal disease.

IID–13.1 Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease.

Target: 90 percent.

Baseline: 61 percent of persons aged 65 years and older in 2009 had ever received a pneumococcal vaccination.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

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

IID–13.2 Increase the percentage of noninstitutionalized high-risk adults aged 18 to 64 years who are vaccinated against pneumococcal disease.

Target: 60 percent.

Baseline: 17 percent of high-risk persons aged 18 to 64 years in 2009 had ever received a pneumococcal vaccination.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

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

IID–13.3 Increase the percentage of institutionalized adults (persons aged 18 years and older in long-term or nursing homes) who are vaccinated against pneumococcal disease.

Target: 90 percent.

Baseline: 72 percent of persons in long-term care facilities and nursing homes certified by the Centers for Medicare and Medicaid Services (CMS) in 2009 had ever received a pneumococcal vaccination.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Minimum Data Set (MDS), CMS.

IID–14: Increase the percentage of adults who are vaccinated against zoster (shingles).

Target: 30 percent.

Baseline: 10 percent of adults aged 60 years and older in 2009 had received zoster (shingles) vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

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

IID–15: (Developmental) Increase hepatitis B vaccine coverage among high-risk populations.

IID–15.1 (Developmental) Increase hepatitis B vaccine coverage among long-term hemodialysis patients.

Potential data source: Healthcare Quality Survey, DHQP, CDC.

IID–15.2 (Developmental) Increase hepatitis B vaccine coverage among men who have sex with men.

Potential data source: National Notifiable Disease Surveillance System (NNDSS) CDC.

IID–15.3 Increase hepatitis B vaccine coverage among health care personnel.

Target: 90 percent.

Baseline: 74 percent of health care personnel in 2009 had received at least 3 doses of hepatitis B vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

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

IID–15.4 (Developmental) Increase hepatitis B vaccine coverage among injection drug users.

Potential data sources: National HIV Behavioral Surveillance System (NHBS) CDC.

IID–16: (Developmental) Increase the scientific knowledge on vaccine safety and adverse events.

Potential data sources: FDA Sentinel Initiative, FDA; Vaccine Adverse Event Reporting System (VAERS), CDC and FDA; Vaccine Safety Datalink Project (VSD), CDC; and Vaccine Analytic Unit (VAU), CDC, DHQP.

IID–17: Increase the percentage of providers who have had vaccination coverage levels among children in their practice population measured within the past year.

IID–17.1 Increase the percentage of public health providers who have had vaccination coverage levels among children in their practice population measured within the past year.

Target: 50 percent.

Baseline: 40 percent of public provider sites that routinely provided immunizations to children aged 6 years and under participated in a provider assessment at least once in the past year in 2009.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Annual Immunization Assessment Reports, CDC, NCIRD.

IID–17.2 Increase the percentage of private providers who have had vaccination coverage levels among children in their practice population measured within the past year.

Target: 50 percent.

Baseline: 33 percent of private provider sites that routinely provided immunizations to children aged 6 years and under participated in a provider assessment at least once in the past year in 2009.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Annual Immunization Assessment Reports, CDC, NCIRD.

IID–18: Increase the percentage of children under age 6 years of age whose immunization records are in a fully operational, population-based immunization information system (IIS).

Target: 95 percent.

Baseline: 75 percent of children under 6 years of age had two or more immunizations recorded in immunization information system (IIS) in 2008.

Target setting method: Projection/trend analysis.

Data source: Immunization Program Annual Reports, CDC, NCIRD.

IID–19: Increase the number of States collecting kindergarten vaccination coverage data according to CDC minimum standards.

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

Baseline: 13 States (including the District of Columbia) collected kindergarten vaccination coverage data according to CDC minimum standards in 2009.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–20: Increase the number of States that have 80 percent of adolescents with 2 or more age-appropriate immunizations recorded in an immunization information (IIS) system among adolescents aged 11 to 18 years.

Target: 40 (States and the District of Columbia).

Baseline: 14 States (including the District of Columbia) recorded 80 percent of among adolescents aged 11 to 18 years with 2 or more age-appropriate immunizations in an immunization information system (IIS) in 2009.
Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Immunization Program Annual Reports, CDC, NCIRD.

IID–21: Increase the number of States that use electronic data from rabies animal surveillance to inform public health prevention programs.

Target: 49 States (excluding Hawaii), the District of Columbia, Puerto Rico, and New York City.

Baseline: 8 States used electronic data from rabies animal surveillance to inform public health prevention programs in 2010.

Target setting method: Projection/trend analysis.

Data source: Rabies Surveillance Network (RSN), CDC, NCEZID.

IID–22: Increase the number of public health laboratories monitoring influenza-virus resistance to antiviral agents.

Target: 25 public health laboratories.

Baseline: 3 public health laboratories monitored influenza virus resistance to antiviral agents in 2009.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: State Laboratory Reports, Influenza Division, National Center for Immunization and Respiratory Diseases, CDC.

IID–23: Reduce hepatitis A.

Target: 0.3 cases per 100,000 population.

Baseline: 1.0 cases of hepatitis A virus per 100,000 population were reported in 2007.

Target setting method: Projection/trend analysis.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–24: Reduce chronic hepatitis B virus infections in infants and young children (perinatal infections).

Target: 400 cases.

Baseline: 799 cases of chronic hepatitis B virus (HBV) infection were estimated among infants and children aged 1 to 24 months who were born to mothers with HBV infections in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: Perinatal Hepatitis B Prevention Program, CDC, NCHHSTP; National Vital Statistics System-Natality (NVSS-N), CDC, NCHS.

IID–25: Reduce hepatitis B.

IID–25.1 Reduce new hepatitis B infections in adults aged 19 and older.

Target: 1.5 cases per 100,000.

Baseline: 2.0 symptomatic cases of hepatitis B per 100,000 persons aged 19 years and older were reported in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Notifiable Diseases Surveillance System (NNDSS).

IID–25.2 Reduce new hepatitis B infections among high-risk populations—Injection drug users.

Target: 215 cases.

Baseline: 285 symptomatic cases of hepatitis B were reported among injection drug users in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Notifiable Diseases Surveillance System (NNDSS); Viral Hepatitis Active Surveillance Sites.

IID–25.3 Reduce new hepatitis B infections among high-risk populations—Men who have sex with men.

Target: 45 new infections.

Baseline: 62 new hepatitis B infections were reported among men who indicated homosexual or bisexual preference in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Notifiable Diseases Surveillance System (NNDSS).

IID–26: Reduce new hepatitis C infections.

Target: 0.2 new cases per 100,000.

Baseline: 0.3 new symptomatic hepatitis C cases per 100,000 population were reported in the past 12 months in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Notifiable Disease Surveillance System (NNDSS), CDC, Funded Viral Hepatitis Surveillance Sites.

IID–27: Increase the proportion of persons aware they have a hepatitis C infection.

Target: 60 percent.

Baseline: 49 percent of National Health and Nutrition Examination Survey respondents who tested positive for chronic hepatitis C reported that they were aware of their hepatitis C infection status prior to the laboratory confirmation in 2002–07.

Target setting method: Projection/trend analysis.

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

IID–28: (Developmental) Increase the proportion of persons who have been tested for hepatitis B virus within minority communities experiencing health disparities.

Potential data source: Racial and Ethnic Approaches to Community Health (REACH) U.S. Risk Factor Survey.

IID–29: Reduce tuberculosis (TB).

Target: 1.0 new case per 100,000 population.

Baseline: 4.9 confirmed new cases of tuberculosis per 100,000 population were reported to CDC by local health departments in all 50 States and the District of Columbia in 2005.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Tuberculosis Indicators Project (NTIP), NCHHSTP, CDC.

IID–30: Increase treatment completion rate of all tuberculosis patients who are eligible to complete therapy.

Target: 93 percent.

Baseline: 83.8 percent of persons with confirmed tuberculosis completed curative therapy in 2006.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National TB Surveillance System and national Tuberculosis Indicators Project (NTIP), CDC, NCHHSTP.

IID–31: Increase the treatment completion rate of contacts to sputum smear-positive cases who are diagnosed with latent tuberculosis infection and started LTBI treatment.

Target: 79.0 percent.

Baseline: 68.1 percent of contact to sputum smear-positive patients who are diagnosed with latent tuberculosis infection completed a course of treatment in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National TB Surveillance System and National Tuberculosis Indicators Project (NTIP), CDC, NCHHSTP

IID–32: Reduce the average time for a laboratory to confirm and report tuberculosis cases.

Target: 75 percent.

Baseline: 32 percent of patients with a positive nucleic acid amplification test (NAAT) had their test results confirmed within 2 days of specimen collection in 2008.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: CDC Electronic Report of Verified Case of Tuberculosis, NCHHSTP, CDC.

Injury and Violence Prevention

Number	Objective Short Title
Injury Prevention	
IVP–1	Total injury
IVP–2	Traumatic brain injury
IVP–3	Traumatic spinal cord injury
IVP–4	Child fatality review of child deaths due to external causes
IVP–5	Child fatality review of sudden and unexpected infant deaths
IVP–6	Emergency department data system routine E-code collection
IVP–7	Hospital discharge data system routine E-code collection
IVP–8	Trauma care access
IVP–9	Poisoning deaths
IVP–10	Nonfatal poisonings
IVP–11	Unintentional injury deaths
IVP–12	Nonfatal unintentional injuries
IVP–13	Deaths from motor vehicle crashes
IVP–14	Nonfatal injuries from motor vehicle crashes
IVP–15	Safety belt use
IVP–16	Age-appropriate child restraint use
IVP–17	Graduated driver licensing laws
IVP–18	Pedestrian deaths
IVP–19	Nonfatal pedestrian injuries
IVP–20	Pedalcyclist deaths
IVP–21	Bicycle helmet laws
IVP–22	Motorcycle helmet use

Violence Prevention

Topic Area: Injury and Violence Prevention

Injury Prevention

IVP–1: Reduce fatal and nonfatal injuries.

IVP–1.1.Reduce fatal injuries.

Target: 53.3 deaths per 100,000 population.

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

Target setting method: 10 percent improvement.

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

IVP–1.2 Reduce hospitalizations for nonfatal injuries.

Target: 555.8 hospitalizations per 100,000 population.

Baseline: 617.6 hospitalizations for nonfatal injuries per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–1.3 Reduce emergency department (ED) visits for nonfatal injuries.

Target: 7,533.4 ED visits per 100,000 population.

Baseline: 8,370.4 ED visits for nonfatal injuries per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–2: Reduce fatal and nonfatal traumatic brain injuries.

IVP–2.1 Reduce fatal traumatic brain injuries.

Target: 15.6 deaths per 100,000 population.

Baseline: 17.3 deaths per 100,000 population were caused by traumatic brain injuries in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–2.2 Reduce hospitalizations for nonfatal traumatic brain injuries.

Target: 77.0 hospitalizations per 100,000 population.

Baseline: 85.6 hospitalizations for nonfatal traumatic brain injuries per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–2.3 Reduce emergency department (ED) visits for nonfatal traumatic brain injuries.

Target: 366.5 ED visits per 100,000 population.

Baseline: 407.2 ED visits for nonfatal traumatic brain injuries per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–3: Reduce fatal and nonfatal spinal cord injuries.

IVP–3.1 Reduce fatal spinal cord injuries.

Target: 0.48 deaths per 100,000 population.

Baseline: 0.53 deaths per 100,000 population were caused by spinal cord injuries in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–3.2 Reduce hospitalizations for nonfatal traumatic spinal cord injuries.

Target: 3.2 hospitalizations per 100,000 population.

Baseline: 3.6 hospitalizations for nonfatal spinal cord injuries per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–4: (Developmental) Increase the number of States and the District of Columbia where 90 percent of deaths among children aged 17 years and under that are due to external causes are reviewed by a child fatality review team.

Potential data sources: National Center for Child Death Review; National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–5: (Developmental) Increase the number of States and the District of Columbia where 90 percent of sudden and unexpected deaths to infants are reviewed by a child fatality review team.

Potential data sources: National Center for Child Death Review; National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

IVP–6: Increase the proportion of States and the District of Columbia with statewide emergency department data systems that routinely collect external-cause-of-injury codes for 90 percent or more of injury-related visits.

Target: 85.0 percent.

Baseline: 75.0 percent of States had statewide emergency department data systems that routinely collected external-cause-of-injury codes for 90 percent or more of injury-related visits (21 of 28 participating States in HCUP SEDD) in 2008.

Target setting method: Projection/trend analysis.

Data source: Healthcare Cost and Utilization Project State Emergency Department Databases (HCUP SEDD), AHRQ.

IVP–7: Increase the proportion of States and the District of Columbia with statewide hospital discharge data systems that routinely collect external-cause-of-injury codes for 90 percent or more of injury-related discharges.

Target: 85.0 percent.

Baseline: 66.7 percent of States had statewide hospital discharge data systems that routinely collect external-cause-of-injury codes for 90 percent or more of injury-related discharges (28 of 42 participating States in HCUP SID) in 2008.

Target setting method: Projection/trend analysis.

Data source: National Electronic Injury Surveillance System—All Injury Program (NEISS–AIP), CDC, NCIPC, and Consumer Product Safety Commission (CPSC).

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.

Target: 91.4 percent.

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

Target setting method: 10 percent improvement.

Data sources: Trauma Information Exchange Program, American Trauma Society.

IVP–8.2 Increase the proportion of the land mass of the continental United States with access to trauma care.

Target: 31.6 percent.

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

Target setting method: 10 percent improvement.

Data sources: Trauma Information Exchange Program, American Trauma Society.

IVP–9: Prevent an increase in poisoning deaths.

IVP–9.1 Prevent an increase in poisoning deaths among all persons.

Target: 13.1 deaths per 100,000 population.

Baseline: 13.1 deaths per 100,000 population were caused by poisonings in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Maintain the baseline measure.

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

IVP–9.2 Prevent an increase in poisoning deaths among persons aged 35 to 54 years.

Target: 25.5 deaths per 100,000 population.

Baseline: 25.5 deaths per 100,000 population aged 35 to 54 years were caused by poisonings in 2007.

Target setting method: Maintain the baseline measure.

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

IVP–9.3 Prevent an increase in poisoning deaths caused by unintentional or undetermined intent among all persons.

Target: 11.1 deaths per 100,000 population.

Baseline: 11.1 deaths per 100,000 population were caused by unintentional and undetermined poisonings in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Maintain the baseline measure.

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

IVP–9.4 Prevent an increase in poisoning deaths caused by unintentional or undetermined intent among persons aged 35 to 54 years.

Target: 21.6 deaths per 100,000 population.

Baseline: 21.6 deaths per 100,000 population aged 35 to 54 years were caused by unintentional and undetermined poisonings in 2007.

Target setting method: Maintain the baseline measure.

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

IVP–10: Prevent an increase in nonfatal poisonings.

Target: 304.4 nonfatal poisonings per 100,000 population.

Baseline: 304.4 nonfatal poisonings per 100,000 population occurred in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Maintain the baseline measure.

Data source: National Electronic Injury Surveillance System—All Injury Program (NEISS–AIP), CDC, NCIPC, and Consumer Product Safety Commission (CPSC).

IVP–11: Reduce unintentional injury deaths.

Target: 36.0 deaths per 100,000 population.

Baseline: 40.0 deaths per 100,000 population were caused by unintentional injuries in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–12: Reduce nonfatal unintentional injuries.

Target: 8,297.4 injuries per 100,000 population.

Baseline: 9,219.3 emergency department (ED) visits for nonfatal unintentional injuries per 100,000 population occurred in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Electronic Injury Surveillance System—All Injury Program (NEISS–AIP), CDC, NCIPC, and Consumer Product Safety Commission (CPSC).

IVP–13: Reduce motor vehicle crash-related deaths.

IVP–13.1 Reduce motor vehicle crash-related deaths per 100,000 population.

Target: 12.4 deaths per 100,000 population.

Baseline: 13.8 motor vehicle traffic-related deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–13.2 Reduce motor vehicle crash-related deaths per 100 million vehicle miles traveled.

Target: 1.2 deaths per 100 million vehicle miles traveled.

Baseline: 1.3 motor vehicle crash-related deaths per 100 million vehicle miles traveled occurred in 2008.

Target setting method: 10 percent improvement.

Data source: Fatality Analysis Reporting System (FARS), DOT, NHTSA.

IVP–14: Reduce nonfatal motor vehicle crash-related injuries.

Target: 694.4 nonfatal injuries per 100,000 population.

Baseline: 771.5 nonfatal injuries per 100,000 population were caused by motor vehicle crashes in 2008.

Target setting method: 10 percent improvement.

Data source: General Estimates System (GES), DOT, NHTSA.

IVP–15: Increase use of safety belts.

Target: 92.4 percent.

Baseline: 84.0 percent of motor vehicle drivers and right-front seat passengers used safety belts in 2009.

Target setting method: 10 percent improvement.

Data sources: National Occupant Protection Use Survey (NOPUS), DOT, NHTSA.

IVP–16: Increase age-appropriate vehicle restraint system use in children.

IVP–16.1 Increase age-appropriate vehicle restraint system use in children aged 0 to 12 months.

Target: 95 percent.

Baseline: 86 percent of children aged 0 to 12 months were restrained in rear-facing child safety seats in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA.

IVP–16.2 Increase age-appropriate vehicle restraint system use in children aged 1 to 3 years.

Target: 79 percent.

Baseline: 72 percent of children aged 1 to 3 years were restrained in front-facing child safety seats in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA.

IVP–16.3 Increase age-appropriate vehicle restraint system use in children aged 4 to 7 years.

Target: 47 percent.

Baseline: 43 percent of children aged 4 to 7 years were restrained in booster seats in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA.

IVP–16.4 Increase age-appropriate vehicle restraint system use in children aged 8 to 12 years.

Target: 86 percent.

Baseline: 78 percent of children aged 8 to 12 years used safety belts in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA.

IVP–17: Increase the number of States and the District of Columbia with "good" graduated driver licensing (GDL) laws.

Target: 51 States (including the District of Columbia).

Baseline: 35 States (including the District of Columbia) had "good" graduated driver licensing laws in 2009.

Target setting method: Total coverage.

Data source: U.S. Licensing Systems for Young Drivers, Insurance Institute for Highway Safety.

IVP–18: Reduce pedestrian deaths on public roads.

Target: 1.3 deaths per 100,000 population.

Baseline: 1.4 pedestrian deaths per 100,000 population occurred on public roads in 2008.

Target setting method: 10 percent improvement.

Data source: Fatality Analysis Reporting System (FARS), DOT, NHTSA.

IVP–19: Reduce nonfatal pedestrian injuries on public roads.

Target: 20.3 injuries per 100,000 population.

Baseline: 22.6 nonfatal pedestrian injuries per 100,000 population occurred on public roads in 2008.

Target setting method: 10 percent improvement.

Data source: General Estimates System (GES), DOT, NHTSA.

IVP-20: Reduce pedalcyclist deaths on public roads.

Target: 0.22 deaths per 100,000 population.

Baseline: 0.24 pedalcyclist deaths per 100,000 population occurred on public roads in 2008.

Target setting method: 10 percent improvement.

Data source: Fatality Analysis Reporting System (FARS), DOT, NHTSA.

IVP–21: Increase the number of States and the District of Columbia with laws requiring bicycle helmets for bicycle riders.

Target: 27 (including the District of Columbia).

Baseline: 19 States (including the District of Columbia) had laws requiring bicycle helmets for bicycle riders under age 15 years in 2009.

Target setting method: Projection/trend analysis.

Data source: Bicycle Helmet Safety Institute.

IVP–22: Increase the proportion of motorcycle operators and passengers using helmets.

Target: 73.7 percent.

Baseline: 67.0 percent of all motorcycle operators and passengers used helmets in 2009.

Target setting method: 10 percent improvement.

Data sources: National Occupant Protection Use Survey (NOPUS), DOT, NHTSA.

IVP–23: Prevent an increase in fall-related deaths.

IVP–23.1 Reduce unintentional suffocation deaths among all persons.

Target: 7.0 deaths per 100,000 population.

Baseline: 7.0 deaths per 100,000 population were caused by falls in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Maintain the baseline measure.

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

IVP–23.2 Prevent an increase in fall-related deaths among adults aged 65 years and older.

Target: 45.3 deaths per 100,000 population.

Baseline: 45.3 deaths per 100,000 population aged 65 years and older were caused by falls in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Maintain the baseline measure.

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

IVP–24: Reduce unintentional suffocation deaths.

IVP–24.1 Reduce unintentional suffocation deaths among all persons.

Target: 1.7 deaths per 100,000 population.

Baseline: 1.9 deaths per 100,000 population were caused by unintentional suffocation in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–24.2 Reduce unintentional suffocation deaths among infants 0 to 12 months.

Target: 20.3 deaths per 100,000 population.

Baseline: 22.5 deaths per 100,000 infants 0 to 12 months were caused by unintentional suffocation in 2007.

Target setting method: 10 percent improvement.

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

IVP–24.3 Reduce unintentional suffocation deaths among persons aged 65 years and older.

Target: 7.2 deaths per 100,000 population.

Baseline: 8.0 deaths per 100,000 population aged 65 years and older were caused by unintentional suffocation in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–25: Reduce drowning deaths.

Target: 1.1 drownings per 100,000 population.

Baseline: 1.2 drownings per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–26: Reduce sports and recreation injuries.

Target: 41.9 injuries per 1,000 population.

Baseline: 46.6 medically consulted injuries per 1,000 population resulted from engaging in sports and exercise or leisure activities in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

IVP–27: Increase the proportion of public and private schools that require students to wear appropriate protective gear when engaged in school-sponsored physical activities.

IVP–27.1 Increase the proportion of public and private schools that require students to wear appropriate protective gear when engaged in school-sponsored physical education.

Target: 84.5 percent.

Baseline: 76.8 percent of public and private schools required students to wear appropriate protective gear when engaged in physical education in 2006.

Target setting method: 10 percent improvement.

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

IVP–27.2 Increase the proportion of public and private schools that require students to wear appropriate protective gear when engaged in school-sponsored intramural activities or physical activity clubs.

Target: 94.4 percent.

Baseline: 85.8 percent of public and private schools required students to wear appropriate protective gear when engaged in school-sponsored intramural activities or physical activity clubs in 2006.

Target setting method: 10 percent improvement.

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

IVP–28: Reduce residential fire deaths.

Target: 0.86 deaths per 100,000 population.

Baseline: 0.95 deaths per 100,000 population were caused by residential fires in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

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

Violence Prevention

IVP–29: Reduce homicides.

Target: 5.5 homicides per 100,000 population.

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

Target setting method: 10 percent improvement.

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

IVP–30: Reduce firearm-related deaths.

Target: 9.2 deaths per 100,000 population.

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

Target setting method: 10 percent improvement.

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

IVP–31: Reduce nonfatal firearm-related injuries.

Target: 18.6 injuries per 100,000 population.

Baseline: 20.7 nonfatal firearm-related injuries per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Electronic Injury Surveillance System (NEISS), Consumer Product Safety Commission (CPSC).

IVP–32: Reduce nonfatal physical assault injuries.

Target: 462.7 injuries per 100,000 population.

Baseline: 514.1 emergency department (ED) visits for nonfatal physical assault injuries per 100,000 population occurred in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Electronic Injury Surveillance System—All Injury Program (NEISS–AIP), CDC, NCIPC, and Consumer Product Safety Commission (CPSC).

IVP–33: Reduce physical assaults.

Target: 14.7 physical assaults per 1,000 population.

Baseline: 16.3 physical assaults per 1,000 population aged 12 years and older occurred in 2008.

Target setting method: 10 percent improvement.

Data source: National Crime Victimization Survey (NCVS), DOJ, BJS.

IVP–34: Reduce physical fighting among adolescents.

Target: 28.4 percent.

Baseline: 31.5 percent of students in grades 9 through 12 reported that they engaged in physical fighting in the previous 12 months in 2009.

Target setting method: 10 percent improvement.

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

IVP–35: Reduce bullying among adolescents.

Target: 17.9 percent.

Baseline: 19.9 percent of students in grades 9 through 12 reported that they were bullied on school property in the previous 12 months in 2009.

Target setting method: 10 percent improvement.

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

IVP–36: Reduce weapon carrying by adolescents on school property.

Target: 4.6 percent.

Baseline: 5.6 percent of students in grades 9 through 12 reported that they carried weapons on school property during the past 30 days in 2009.

Target setting method: Projection/trend analysis.

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

IVP–37: Reduce child maltreatment deaths.

Target: 2.2 deaths per 100,000 children.

Baseline: 2.4 child maltreatment deaths per 100,000 children under age 18 years occurred in 2008.

Target setting method: 10 percent improvement.

Data source: National Child Abuse and Neglect Data System (NCANDS), ACF, ACYF.

IVP–38: Reduce nonfatal child maltreatment.

Target: 8.5 maltreatment victims per 1,000 children aged 17 years and under.

Baseline: 9.4 victims of nonfatal child maltreatment per 1,000 children under age 18 years were reported in 2008.

Target setting method: 10 percent improvement.

Data source: National Child Abuse and Neglect Data System (NCANDS), ACF, ACYF.

IVP–39: (Developmental) Reduce violence by current or former intimate partners.

IVP–39.1 (Developmental) Reduce physical violence by current or former intimate partners.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–39.2 (Developmental) Reduce sexual violence by current or former intimate partners.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–39.3 (Developmental) Reduce psychological abuse by current or former intimate partners.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–39.4 (Developmental) Reduce stalking by current or former intimate partners.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–40: (Developmental) Reduce sexual violence.

IVP–40.1 (Developmental) Reduce rape or attempted rape.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–40.2 (Developmental) Reduce abusive sexual contact other than rape or attempted rape.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–40.3 (Developmental) Reduce non-contact sexual abuse.

Potential data source: National Intimate Partner and Sexual Violence Surveillance (NISVS) System, CDC, NCIPC.

IVP–41: Reduce nonfatal intentional self-harm injuries.

Target: 112.8 injuries per 100,000 population.

Baseline: 125.3 emergency department visits for nonfatal intentional self-harm injuries per 100,000 population occurred in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Electronic Injury Surveillance System—All Injury Program (NEISS–AIP), CDC, NCIPC, and Consumer Product Safety Commission (CPSC).

IVP-42: Reduce children's exposure to violence.

Target: 54.5 percent.

Baseline: 60.6 percent of children were exposed to any form of violence, crime, and abuse measured in 2008.

Target setting method: 10 percent improvement.

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

IVP–43: Increase the number of States and the District of Columbia that link data on violent deaths from death certificates, law enforcement, and coroner and medical examiner reports to inform prevention efforts at the State and local levels.

Target: 51 States (including the District of Columbia).

Baseline: 16 States linked data on violent deaths from death certificates, law enforcement, and coroner and medical examiner reports to inform prevention efforts at the State and local levels in 2009.

Target setting method: Total coverage.

Data source: National Violent Death Reporting System (NVDRS), CDC, NCIPC.

Maternal, Infant, and Child Health

Number	Objective Short Title
Morbidity and Mortality	
MICH–1	Fetal and infant deaths
MICH–2	Deaths among infants with Down syndrome
MICH–3	Child deaths
MICH–4	Adolescent and young adult deaths
MICH–5	Maternal deaths
MICH–6	Maternal illness and complications due to pregnancy
MICH–7	Cesarean births
MICH–8	Low birth weight and very low birth weight
MICH–9	Preterm births
Pregnancy Health and Behaviors	
MICH–10	Prenatal care
MICH–11	Prenatal substance exposure
MICH–12	Childbirth classes
MICH–13	Weight gain during pregnancy
Preconception Health and Behaviors	
MICH–14	Optimum folic acid levels
MICH–15	Low red blood-cell folate concentrations
MICH–16	Preconception care services and behaviors
MICH–17	Impaired fecundity
Postpartum Health and Behavior	
MICH–18	Postpartum relapse of smoking
MICH–19	Postpartum care visit with a health worker

Infant Care

MICH–20 Infants put to sleep on their backs

MICH–21 Breastfeeding

MICH–22 Worksite lactation support programs

MICH–23 Formula supplementation in breastfed newborns

MICH–24 Lactation care in birthing facilities

Disability and Other Impairments

MICH–25 Fetal alcohol syndrome

MICH–26 Disorders diagnosed through newborn bloodspot screening

MICH–27 Birth weight of children with cerebral palsy

MICH–28 Neural tube defects

MICH–29 Children with Autism Spectrum Disorder and developmental delay screening

Health Services

MICH–30 Access to medical home

MICH–31 Care in family-centered, comprehensive, coordinated systems

MICH–32 Newborn bloodspot screening and follow-up testing

MICH–33 Very low birth weight infants born at level III hospitals

Topic Area: Maternal, Infant, and Child Health

Morbidity and Mortality

MICH–1: Reduce the rate of fetal and infant deaths.

MICH–1.1 Reduce the rate of fetal deaths at 20 or more weeks of gestation.

Target: 5.6 fetal deaths per 1,000 live births and fetal deaths.

Baseline: 6.2 fetal deaths at 20 or more weeks of gestation per 1,000 live births and fetal deaths occurred in 2005.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System-Fetal Death and Natality (NVSS–FD, NVSS–N), CDC, NCHS.

MICH–1.2 Fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth).

Target: 5.9 perinatal deaths per 1,000 live births and fetal deaths.

Baseline: 6.6 fetal and infant deaths per 1,000 live births and fetal deaths occurred during the perinatal period (28 weeks of gestation to 7 days after birth) in 2005.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Fetal Death, Mortality, and Natality (NVSS–FD, NVSS–M, NVSS–N), CDC, NCHS.

MICH–1.3 All infant deaths (within 1 year).

Target: 6.0 infant deaths per 1,000 live births.

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

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality and Natality (NVSS–M, NVSS–N), CDC, NCHS.

MICH–1.4 Neonatal deaths (within the first 28 days of life).

Target: 4.1 neonatal deaths per 1,000 live births.

Baseline: 4.5 neonatal deaths per 1,000 live births occurred within the first 28 days of life in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality and Natality (NVSS–M, NVSS–N), CDC, NCHS.

MICH–1.5 Postneonatal deaths (between 28 days and 1 year).

Target: 2.0 postneonatal deaths per 1,000 live births.

Baseline: 2.2 postneonatal deaths per 1,000 live births occurred between 28 days and 1 year of life in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality and Natality (NVSS–M, NVSS–N), CDC, NCHS.

MICH–1.6 Infant deaths related to birth defects (all birth defects).

Target: 1.3 infant deaths per 1,000 live births.

Baseline: 1.4 Infant deaths per 1,000 live births were attributed to birth defects (all birth defects) in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality and Natality (NVSS–M, NVSS–N), CDC, NCHS.

MICH–1.7 Infant deaths related to birth defects (congenital heart defects).

Target: 0.34 infant deaths per 1,000 live births.

Baseline: 0.38 infant deaths per 1,000 live births were attributed to congenital heart and vascular defects in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality and Natality (NVSS–M, NVSS–N), CDC, NCHS.

MICH–1.8 Infant deaths from sudden infant death syndrome (SIDS).

Target: 0.50 infant deaths per 1,000 live births.

Baseline: 0.55 infant deaths per 1,000 live births were attributed to sudden infant death syndrome in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality and Natality (NVSS–M, NVSS–N), CDC, NCHS.

MICH–1.9 Infant deaths from sudden unexpected infant deaths (includes SIDS, Unknown Cause, Accidental Suffocation, and Strangulation in Bed).

Target: 0.84 infant deaths per 1,000 live births.

Baseline: 0.93 infant deaths per 1,000 live births were attributed to sudden unexpected/unexplained causes in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality and Natality (NVSS–M, NVSS–N), CDC, NCHS.

MICH–2: Reduce the 1-year mortality rate for infants with Down syndrome.

Target: 43.7 deaths within the first year of life per 1,000 infants with Down syndrome.

Baseline: 48.6 deaths within the first year of life per 1,000 infants diagnosed with Down syndrome occurred in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Birth Defects Prevention Network.

MICH–3: Reduce the rate of child deaths.

MICH–3.1 Children aged 1 to 4 years.

Target: 25.7 deaths per 100,000 population.

Baseline: 28.6 deaths among children aged 1 to 4 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

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

MICH–3.2 Reduce the rate of deaths among children aged 5 to 9 years.

Target: 12.3 deaths per 100,000 population.

Baseline: 13.7 deaths among children aged 5 to 9 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

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

MICH–4: Reduce the rate of adolescent and young adult deaths.

MICH–4.1 Adolescents aged 10 to 14 years.

Target: 15.2 deaths per 100,000 population.

Baseline: 16.9 deaths among adolescents aged 10 to 14 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

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

MICH–4.2 Adolescents aged 15 to 19 years.

Target: 55.7 deaths per 100,000 population.

Baseline: 61.9 deaths among adolescents aged 15 to 19 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

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

MICH–4.3 Young adults aged 20 to 24 years.

Target: 88.5 deaths per 100,000 population.

Baseline: 98.3 deaths among young adults aged 20 to 24 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

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

MICH–5: Reduce the rate of maternal mortality.

Target: 11.4 maternal deaths per 100,000 live births.

Baseline: 12.7 maternal deaths per 100,000 live births occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality and Natality (NVSS–M, NVSS–N), CDC, NCHS.

MICH–6: Reduce maternal illness and complications due to pregnancy (complications during hospitalized labor and delivery).

Target: 28.0 percent.

Baseline: 31.1 percent of pregnant females suffered complications during hospitalized labor and delivery in 2007.

Target setting method: 10 percent improvement.

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

MICH–7: Reduce cesarean births among low-risk (full-term, singleton, vertex presentation) women.

MICH–7.1 Reduce cesarean births among low-risk women with no prior cesarean births.

Target: 23.9 percent.

Baseline: 26.5 percent of low-risk females with no prior cesarean birth had a cesarean birth in 2007.

Target setting method: 10 percent improvement.

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

MICH–7.2 Reduce cesarean births among low-risk women giving birth with a prior cesarean birth.

Target: 81.7 percent.

Baseline: 90.8 percent of low-risk females giving birth with a prior cesarean birth had a cesarean birth in 2007.

Target setting method: 10 percent improvement.

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

MICH–8: Reduce low birth weight (LBW) and very low birth weight (VLBW).

MICH–8.1 Low birth weight (LBW).

Target: 7.8 percent.

Baseline: 8.2 percent of live births were low birth weight in 2007.

Target setting method: Projection/trend analysis.

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

MICH–8.2 Very low birth weight (VLBW).

Target: 1.4 percent.

Baseline: 1.5 percent of live births were very low birth weight in 2007.

Target setting method: Projection/trend analysis.

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

MICH–9: Reduce preterm births.

MICH–9.1 Total preterm births.

Target: 11.4 percent.

Baseline: 12.7 percent of live births were preterm in 2007.

Target setting method: 10 percent improvement.

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

MICH–9.2 Late preterm or live births at 34 to 36 weeks of gestation.

Target: 8.1 percent.

Baseline: 9.0 percent of live births were late preterm or occurred at 34 to 36 weeks of gestation in 2007.

Target setting method: 10 percent improvement.

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

MICH–9.3 Live births at 32 to 33 weeks of gestation.

Target: 1.4 percent.

Baseline: 1.6 percent of live births occurred at 32 to 33 weeks of gestation in 2007.

Target setting method: 10 percent improvement.

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

MICH–9.4 Very preterm or live births at less than 32 weeks of gestation.

Target: 1.8 percent.

Baseline: 2.0 percent of live births occurred at less than 32 weeks of gestation in 2007.

Target setting method: 10 percent improvement.

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

Pregnancy Health and Behaviors

MICH–10: Increase the proportion of pregnant women who receive early and adequate prenatal care.

MICH–10.1 Prenatal care beginning in first trimester.

Target: 77.9 percent.

Baseline: 70.8 percent of females delivering a live birth received prenatal care beginning in the first trimester in 2007.

Target setting method: 10 percent improvement.

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

MICH–10.2 Early and adequate prenatal care.

Target: 77.6 percent.

Baseline: 70.5 percent of pregnant females received early and adequate prenatal care in 2007.

Target setting method: 10 percent improvement.

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

MICH–11: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women.

MICH–11.1 Alcohol.

Target: 98.3 percent.

Baseline: 89.4 percent of pregnant females aged 15 to 44 years reported abstaining from alcohol in the past 30 days in 2007–08.

Target setting method: 10 percent improvement.

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

MICH–11.2 Binge drinking.

Target: 100 percent.

Baseline: 95.0 percent of pregnant females aged 15 to 44 years reported abstaining from binge drinking during the past 30 days in 2007–08.

Target setting method: Total coverage.

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

MICH–11.3 Cigarette smoking.

Target: 98.6 percent.

Baseline: 89.6 percent of females delivering a live birth reported abstaining from smoking cigarettes during pregnancy in 2007.

Target setting method: 10 percent improvement.

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

MICH–11.4 Illicit drugs.

Target: 100 percent.

Baseline: 94.9 percent of pregnant females aged 15 to 44 years reported abstaining from illicit drugs in the past 30 days in 2007–08.

Target setting method: Total coverage.

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

MICH–12: (Developmental) Increase the proportion of pregnant women who attend a series of prepared childbirth classes.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–13: (Developmental) Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies.

Potential data source: National Vital Statistics System–Natality (NVSS–N), CDC, NCHS.

Preconception Health and Behaviors

MICH–14: Increase the proportion of women of childbearing potential with intake of at least 400 µg of folic acid from fortified foods or dietary supplements.

Target: 26.2 percent.

Baseline: 23.8 percent of non-pregnant females aged 15 to 44 years reported a usual daily total intake of at least 400 µg of folic acid from fortified foods or dietary supplements in 2003–06.

Target setting method: 10 percent improvement.

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

MICH–15: Reduce the proportion of women of childbearing potential who have low red blood cell folate concentrations.

Target: 22.1 percent.

Baseline: 24.5 percent of non-pregnant females aged 15 to 44 years had low red blood cell folate concentrations in 2003–06.

Target setting method: 10 percent improvement.

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

MICH–16: Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors.

MICH–16.1 (Developmental) Discussed preconception health with a health care worker prior to pregnancy.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.2 Took multivitamins/folic acid prior to pregnancy.

Target: 33.1 percent.

Baseline: 30.1 percent of females delivering a recent live birth took multivitamins/folic acid every day in the month prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.3 Did not smoke prior to pregnancy.

Target: 85.4 percent.

Baseline: 77.6 percent of females delivering a recent live birth did not smoke in the 3 months prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.4 Did not drink alcohol prior to pregnancy.

Target: 56.4 percent.

Baseline: 51.3 percent of females delivering a recent live birth did not drink alcohol in the 3 months prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.5 Had a healthy weight prior to pregnancy.

Target: 53.4 percent.

Baseline: 48.5 percent of females delivering a recent live birth had a normal weight (i.e., a BMI of 18.5-24.9) prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.6 (Developmental) Used contraception to plan pregnancy.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–17: Reduce the proportion of persons aged 18 to 44 years who have impaired fecundity (i.e., a physical barrier preventing pregnancy or carrying a pregnancy to term).

MICH–17.1 Reduce the proportion of women aged 18 to 44 years who have impaired fecundity.

Target: 10.8 percent.

Baseline: 12.0 percent of females aged 18 to 44 years had impaired fecundity in 2006—08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

MICH–17.2 (Developmental) Reduce the proportion of men aged 18 to 44 years who have impaired fecundity.

Potential data source: National Survey of Family Growth (NSFG), CDC, NCHS.

Postpartum Health and Behavior

MICH–18: (Developmental) Reduce postpartum relapse of smoking among women who quit smoking during pregnancy.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–19: (Developmental) Increase the proportion of women giving birth who attend a postpartum care visit with a health worker.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

Infant Care

MICH–20: Increase the proportion of infants who are put to sleep on their backs.

Target: 75.9 percent.

Baseline: 69.0 percent of infants were put to sleep on their backs in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–21: Increase the proportion of infants who are breastfed.

MICH–21.1 Ever.

Target: 81.9 percent.

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

Target setting method: Projection/trend analysis.

Data source: National Immunization Survey (NIS), CDC, NCIRD and NCHS.

MICH–21.2 At 6 months.

Target: 60.6 percent.

Baseline: 43.5 percent of infants born in 2006 were breastfed at 6 months as reported in 2007–09.

Target setting method: Projection/trend analysis.

Data source: National Immunization Survey (NIS), CDC, NCIRD and NCHS.

MICH–21.3 At 1 year.

Target: 34.1 percent.

Baseline: 22.7 percent of infants born in 2006 were breastfed at 1 year as reported in 2007–09.

Target setting method: Projection/trend analysis.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–21.4 Exclusively through 3 months.

Target: 46.2 percent.

Baseline: 33.6 percent of infants born in 2006 were breastfed exclusively through 3 months as reported in 2007–09.

Target setting method: Projection/trend analysis.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–21.5 Exclusively through 6 months.

Target: 25.5 percent.

Baseline: 14.1 percent of infants born in 2006 were breastfed exclusively through 6 months as reported in 2007–09.

Target setting method: Projection/trend analysis.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–22: Increase the proportion of employers that have worksite lactation support programs.

Target: 38 percent.

Baseline: 25 percent of employers reported providing an on-site lactation/mother's room in 2009.

Target setting method: Projection/trend analysis.

Data source: Employee Benefits Survey, Society for Human Resource Management (SHRM).

MICH–23: Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.

Target: 14.2 percent.

Baseline: 24.2 percent of breastfed newborns born in 2006 received formula supplementation within the first 2 days of life as reported in 2007–09.

Target setting method: Projection/trend analysis.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–24: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.

Target: 8.1 percent.

Baseline: 2.9 percent of 2007 live births occurred in facilities that provide recommended care for lactating mothers and their babies as reported in 2009.

Target setting method: Projection/trend analysis.

Data source: Breastfeeding Report Card, CDC, NCCDPHP.

Disability and Other Impairments

MICH–25: Reduce the occurrence of fetal alcohol syndrome (FAS).

Target: Not applicable.

Baseline: 3.6 cases of fetal alcohol syndrome per 10,000 live births in 2006 were suspected or confirmed among children born in 2001–04 (standardized to 2006 U.S. live births).

Target setting method: This measure is being tracked for informational purposes. If warranted a target will be set during the decade.

Data source: Fetal Alcohol Syndrome Surveillance Network (FASSnet), CDC, NCBDDD.

MICH–26: Reduce the proportion of children diagnosed with a disorder through newborn blood spot screening who experience developmental delay requiring special education services.

Target: 13.6 percent.

Baseline: 15.1 percent of children aged 3 to 10 years diagnosed with a disorder through newborn bloodspot screening experienced developmental delay requiring special education services in 1991–2004.

Target setting method: 10 percent improvement.

Data sources: The Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), CDC, NCBDDD.

MICH–27: Reduce the proportion of children with cerebral palsy born as low birth weight infants (less than 2,500 grams).

Target: 45.0 percent.

Baseline: 50.0 percent of children aged 8 years with cerebral palsy were born as low birth weight infants (less than 2,500 grams) as reported in 2006.

Target setting method: 10 percent improvement.

Data source: Autism and Developmental Disabilities Monitoring (ADDM) Network, CDC, NCBDDD.

MICH–28: Reduce occurrence of neural tube defects.

MICH–28.1 Reduce the occurrence of spina bifida.

Target: 30.8 live births and/or fetal deaths with spina bifida per 100,000 live births.

Baseline: 34.2 live births and/or fetal deaths with spina bifida per 100,000 live births were diagnosed in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Birth Defects Prevention Network (NBDPN), CDC, NCBDDD.

MICH–28.2 Reduce occurrence of anencephaly.

Target: 22.1 live births and/or fetal deaths with anencephaly per 100,000 live births.

Baseline: 24.6 live births and/or fetal deaths with anencephaly per 100,000 live births were diagnosed in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Birth Defects Prevention Network (NBDPN), CDC, NCBDDD.

MICH–29: Increase the proportion of young children with an Autism Spectrum Disorder (ASD) and other developmental delays who are screened, evaluated, and enrolled in early intervention services in a timely manner.

MICH–29.1 Increase the proportion of young children who are screened for an Autism Spectrum Disorder (ASD) and other developmental delays by 24 months of age.

Target: 21.5 percent.

Baseline: 19.5 percent of children aged 10 to 36 months who were screened for an Autism Spectrum Disorder (ASD) and other developmental delays were screened by 24 months of age as reported in 2007.

Target setting method: 10 percent improvement.

Data source: National Survey on Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

MICH–29.2 Increase the proportion of children with an ASD with a first evaluation by 36 months of age.

Target: 42.9 percent.

Baseline: 39.0 percent of children aged 8 years with an ASD had a first evaluation by 36 months of age, as reported in 2006.

Target setting method: 10 percent improvement.

Data source: The Autism and Developmental Disabilities Monitoring (ADDM) Network, CDC, NCBDDD.

MICH–29.3 Increase the proportion of children with an ASD enrolled in special services by 48 months of age.

Target: 57.6 percent.

Baseline: 52.4 percent of children aged 8 years with an ASD were enrolled in special services by 48 months of age, as reported in 2006.

Target setting method: 10 percent improvement.

Data source: Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), CDC, NCBDDD.

MICH–29.4 (Developmental) Increase the proportion of children with a developmental delay with a first evaluation by 36 months of age.

Potential data source: National Survey of Child's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

MICH–29.5 (Developmental) Increase the proportion of children with a developmental delay enrolled in special services by 48 months of age.

Potential data sources: National Survey of Child's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

Health Services

MICH–30: Increase the proportion of children, including those with special health care needs, who have access to a medical home.

MICH–30.1 Increase the proportion of children who have access to a medical home.

Target: 63.3 percent.

Baseline: 57.5 percent of children under age 18 years had access to a medical home in 2007.

Target setting method: 10 percent improvement.

Data source: National Survey of Children's Health (NSCH), HRSA, MCHB, and CDC, NCHS.

MICH–30.2 Increase the proportion of children with special health care needs who have access to a medical home.

Target: 51.8 percent.

Baseline: 47.1 percent of children under age 18 years with special health care needs had access to a medical home in 2007.

Target setting method: 10 percent improvement.

Data source: National Survey of Children with Special Health Care Needs (NS–CSHCN), HRSA, MCHB, and CDC, NCHS.

MICH–31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems.

MICH–31.1 Increase the proportion of children aged 0 to 11 years with special health care needs who receive their care in family-centered, comprehensive, and coordinated systems.

Target: 22.4 percent.

Baseline: 20.4 percent of children aged 0 through 11 years with special health care needs received their care in family-centered, comprehensive, and coordinated systems in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Survey of Children with Special Health Care Needs (NS–CSHCN), HRSA, MCHB, and CDC, NCHS.

MICH–31.2 Increase the proportion of children aged 12 to 17 years with special health care needs who receive their care in family-centered, comprehensive, and coordinated systems.

Target: 15.1 percent.

Baseline: 13.7 percent of children aged 12 through 17 years with special health care needs received their care in family-centered, comprehensive, and coordinated systems in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Survey of Children with Special Health Care Needs (NS–CSHCN), HRSA, MCHB, and CDC, NCHS.

MICH–32: Increase appropriate newborn blood-spot screening and followup testing.

MICH–32.1 Increase the number of States and the District of Columbia that verify through linkage with vital records that all newborns are screened shortly after birth for conditions mandated by their State-sponsored screening program.

Target: 45 States (44 States and the District of Columbia).

Baseline: 21 States verified through linkage with vital records that all newborns were screened shortly after birth for conditions mandated by their State-sponsored screening program in 2010.

Target setting method: Projection/trend analysis.

Data source: National Newborn Screening and Genetics Resource Center, HRSA, MCHB.

MICH–32.2 Increase the proportion of screen-positive children who receive follow-up testing within the recommended time period.

Target: 100 percent.

Baseline: 98.3 percent of screen-positive children received follow-up testing within the recommended time period in 2006–08.

Target setting method: Total coverage.

Data source: Title V Information System, HRSA, MCHB.

MICH–32.3 (Developmental) Increase the proportion of children with a diagnosed condition identified through newborn screening who have an annual assessment of services needed and received.

Potential data source: National Newborn Screening and Genetic Resource Center, HRSA, MCHB.

MICH–33: Increase the proportion of very low birth weight (VLBW) infants born at Level 3 hospitals or subspecialty perinatal centers.

Target: 83.7 percent.

Baseline: 76.1 percent of VLBW infants were born at Level III hospitals or subspecialty perinatal centers in 2008.

Target setting method: 10 percent improvement.

Potential data source: Title V Information System, HRSA, MCHB.

Medical Product Safety

Number Objective Short Title

MPS–1 Monitoring and analysis of adverse events associated with medical therapies

MPS–2 Pain treatment

MPS–3 Adverse events from medical products

MPS–4 Medical products associated with predictive biomarkers

MPS–5 Emergency department visits for adverse events from medications

Topic Area: Medical Product Safety

MPS-1: Increase the proportion of health care organizations that are monitoring and analyzing adverse events associated with medical therapies within their systems.

Target: 66.8 percent.

Baseline: 60.7 percent of general and children's hospital systems reported adverse drug events externally in 2009.

Target setting method: 10 percent improvement.

Data source: National Survey of Pharmacy Practice in Acute Care Settings, American Society of Health System Pharmacists (ASHP).

MPS-2: Increase the safe and effective treatment of pain.

MPS-2.1 (Developmental) Reduce the proportion of patients suffering from untreated pain due to a lack of access to pain treatment.

Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

MPS-2.2 Reduce the number of non-FDA-approved pain medications.

Target: 518 non-FDA-approved pain medications on the market for the year 2007.

Baseline: 575 non-FDA-approved pain medications (opioids, nonsteroidal anti-inflammatory drugs [NSAIDs], and acetaminophen used to treat pain) were on the market in 1 year beginning January 2007.

Target setting method: 10 percent improvement

Potential data sources: FDA Drug Registration and Listing database, FDA and Intercontinental Marketing Services (IMS).

MPS-2.3 (Developmental) Reduce serious injuries from the use of pain medicines.

Potential data source: FDA Adverse Event Reporting System (FAERS), FDA.

MPS-2.4 (Developmental) Reduce deaths from the use of pain medicines.

Potential data source: FDA Adverse Event Reporting System (FAERS), FDA.

MPS-3: (Developmental) Reduce the number of adverse events from medical products.

Potential data source: Sentinel Initiative, FDA.

MPS-4: (Developmental) Increase the use of safe and effective medical products that are associated with predictive biomarkers.

Potential data sources: FDA's Pre-Market Approval (PMA) database and device application tracking database (the "510(k) database"); U.S. System of Oversight of Genetic Testing: A Response to the Charge of the Secretary of Health and Human Services Report of the Secretary's Advisory Committee on Genetics, Health, and Society, April 2008" available at http://oba.od.nih.gov/oba/SACGHS/reports/SACGHS_oversight_report.pdf.

MPS-5: Reduce emergency department (ED) visits for common, preventable adverse events from medications.

MPS-5.1 Reduce emergency department (ED) visits for overdoses from oral anticoagulants.

Target: 35.9 ED visits per 10,000 outpatient prescription visits.

Baseline: 39.9 ED visits per 10,000 outpatient prescription visits for overdoses from oral anticoagulants occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System-Cooperative Adverse Drug Event Project (NEISS-CADES), CDC, CPSC, FDA; National Ambulatory Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

MPS-5.2 Reduce emergency department (ED) visits for overdoses from injectable antidiabetic agents.

Target: 46.2 ED visits per 10,000 outpatient prescription visits.

Baseline: 51.3 ED visits per 10,000 outpatient prescription visits for overdoses from injectable antidiabetic agents occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System–Cooperative Adverse Drug Event Project (NEISS–CADES), CDC, CPSC, and FDA; National Ambulatory Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

MPS-5.3 Reduce emergency department (ED) visits for overdoses from narrow-therapeutic-index medications.

Target: 8.3 ED visits per 10,000 outpatient prescription visits.

Baseline: 9.2 ED visits per 10,000 outpatient prescription visits for overdoses from narrow-therapeutic-index medications occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System–Cooperative Adverse Drug Event Project (NEISS–CADES), CDC, CPSC, and FDA; National Ambulatory Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

MPS-5.4 Reduce emergency department (ED) visits for medication overdoses among children less than 5 years of age.

Target: 29.5 ED visits per 10,000 children less than 5 years of age.

Baseline: 32.8 ED visits per 10,000 children less than 5 years of age occurred in 2008.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System–Cooperative Adverse Drug Event Surveillance Project (NEISS–CADES), CDC, CPSC, and FDA; Current Population Survey (CPS), DOL, BLS, and U.S. Census Bureau.

Mental Health and Mental Disorders

Number	Objective Short Title
Mental Health Status Improvement	
MHMD–1	Suicide
MHMD–2	Adolescent suicide attempts
MNMD–3	Eating disorders
MHMD–4	Major depressive episodes
Treatment Expansion	
MHMD–5	Mental health treatment provided in primary care facilities
MHMD–6	Treatment for children with mental health problems
MHMD–7	Juvenile justice facility screening
MHMD–8	Employment of persons with serious mental illness
MHMD–9	Treatment of adults with mental health disorders
MHMD–10	Treatment for co-occurring substance abuse and mental disorders
MHMD–11	Depression screening by primary care providers
MHMD–12	Receipt of mental health services among homeless adults

Topic Area: Mental Health and Mental Disorders

Mental Health Status Improvement

MHMD–1: Reduce the suicide rate.

Target: 10.2 suicides per 100,000 population.

Baseline: 11.3 suicides per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

MHMD–2: Reduce suicide attempts by adolescents.

Target: 1.7 suicide attempts per 100 population.

Baseline: 1.9 suicide attempts per 100 population occurred in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCHPHP.

MHMD–3: Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight.

Target: 12.9 percent.

Baseline: 14.3 percent of adolescents engaged in disordered eating behaviors in an attempt to control their weight in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

MHMD–4: Reduce the proportion of persons who experience major depressive episodes (MDEs).

MHMD–4.1 Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs).

Target: 7.4 percent.

Baseline: 8.3 percent of adolescents aged 12 to 17 years experienced a major depressive episode in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–4.2 Reduce the proportion of adults aged 18 years and older who experience major depressive episodes (MDEs).

Target: 6.1 percent.

Baseline: 6.8 percent of adults aged 18 years and older experienced a major depressive episode in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

Treatment Expansion

MHMD–5: Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral.

Target: 87 percent.

Baseline: 79 percent of primary care facilities provided mental health treatment onsite or by paid referral in 2006.

Target setting method: 10 percent improvement.

Data source: Uniform Data System (UDS), HRSA.

MHMD–6: Increase the proportion of children with mental health problems who receive treatment.

Target: 75.8 percent.

Baseline: 68.9 percent of children with mental health problems received treatment in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

MHMD–7: Increase the proportion of juvenile residential facilities that screen admissions for mental health problems.

Target: 64 percent.

Baseline: 58 percent of juvenile residential facilities screened admissions for mental health problems in 2006.

Target setting method: 10 percent improvement.

Data source: Juvenile Residential Facilities Census (JFRC), DOJ, OJJDP.

MHMD–8: Increase the proportion of persons with serious mental illness (SMI) who are employed.

Target: 64.4 percent.

Baseline: 58.5 percent of persons with serious mental illness (SMI) were employed in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–9: Increase the proportion of adults with mental disorders who receive treatment.

MHMD–9.1 Increase the proportion of adults aged 18 years and older with serious mental illness (SMI) who receive treatment.

Target: 64.6 percent.

Baseline: 58.7 percent of adults aged 18 years and older with serious mental illness (SMI) received treatment in 2008.

Target setting method: 10 percent Improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–9.2 Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment.

Target: 75.1 percent.

Baseline: 68.3 percent of adults aged 18 years and older with major depressive episodes received treatment in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.

Target: 3.3 percent.

Baseline: 3.0 percent of persons with co-occurring substance abuse and mental disorders received treatment for both disorders in 2008.

Target setting method: 10 percent Improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–11: Increase depression screening by primary care providers.

MHMD–11.1 Increase the proportion of primary care physicians who screen adults aged 19 years and older for depression during office visits.

Target: 2.4 percent.

Baseline: 2.2 percent of primary care physicians screened adults aged 19 years and older for depression during office visits in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

MHMD–11.2 Increase the proportion of primary care physicians who screen youth aged 12 to 18 years for depression during office visits.

Target: 2.3 percent.

Baseline: 2.1 percent of primary care physicians screened youth aged 12 to 18 years for depression during office visits in 2005–07.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

MHMD–12: Increase the proportion of homeless adults with mental health problems who receive mental health services.

Target: 41 percent.

Baseline: 37 percent of homeless adults with mental health problems received mental health services in 2006.

Target setting method: 10 percent improvement.

Data source: Projects for Assistance in Transition from Homelessness (PATH), SAMHSA, CMHS.

Nutrition and Weight Status

Number	Objective Short Title
Healthier Food Access	
NWS–1	State nutrition standards for child care
NWS–2	Nutritious foods and beverages offered outside of school meals
NWS–3	State-level incentive policies for food retail
NWS–4	Retail access to foods recommended by Dietary Guidelines for Americans
Health Care and Worksite Settings	
NWS–5	Primary care physicians who measure patients' body mass index (BMI)
NWS–6	Physician office visits with nutrition or weight counseling or education
NWS–7	Worksite nutrition or weight management classes or counseling
Weight Status	
NWS–8	Healthy weight in adults
NWS–9	Obesity in adults
NWS–10	Obesity in children and adolescents
NWS–11	Inappropriate weight gain
Food Insecurity	
NWS–12	Food insecurity among children
NWS–13	Food insecurity among households
Food and Nutrient Consumption	
NWS–14	Fruit intake
NWS–15	Vegetable intake
NWS–16	Whole grain intake
NWS–17	Solid fat and added sugar intake
NWS–18	Saturated fat intake

NWS–19 Sodium intake

NWS–20 Calcium intake

Iron Deficiency

NWS–21 Iron deficiency in young children and in females of childbearing age

NWS–22 Iron deficiency in pregnant females

Topic Area: Nutrition and Weight Status

Healthier Food Access

NWS–1: Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care.

Target: 34 States (can include the District of Columbia).

Baseline: 24 States had nutrition standards for foods and beverages provided to preschool-aged children in child care in 2006.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Resource Center for Health and Safety in Child Care and Early Education; child care licensing websites from each State government and the District of Columbia.

NWS–2: Increase the proportion of schools that offer nutritious foods and beverages outside of school meals.

NWS–2.1 Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students.

Target: 21.3 percent.

Baseline: 9.3 percent of schools did not sell or offer calorically sweetened beverages to students in 2006.

Target setting method: Projection/trend analysis.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

NWS–2.2 Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold.

Target: 18.6 percent.

Baseline: 6.6 percent of school districts required schools to make fruits or vegetables available whenever other foods are offered or served in 2006.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCHPHP.

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.

Target: 18 States (including the District of Columbia).

Baseline: 8 States (including the District of Columbia) had State-level policies that incentivized food retail outlets to provide foods that are encouraged by the Dietary Guidelines in 2009.

Target setting method: Projection/trend analysis.

Data sources: CDC State Indicator Report on Fruits and Vegetables. The report gathers data from three data sources: (1) CDC Nutrition, Physical Activity, and Obesity Legislative Database, (2) National Conference of State Legislatures Healthy Community Design and Access to Healthy Food Legislation Database, and (3) The Food Trust.

NWS–4: (Developmental) Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans.

Proposed data source: To be determined.

Health Care and Worksite Settings

NWS–5: Increase the proportion of primary care physicians who regularly measure the body mass index of their patients.

NWS–5.1 Increase the proportion of primary care physicians who regularly assess body mass index (BMI) in their adult patients.

Target: 53.6 percent.

Baseline: 48.7 percent of primary care physicians regularly assessed body mass index (BMI) in their adult patients in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Energy Balance-related Care among Primary Care Physicians, NCI, ARP.

NWS–5.2 Increase the proportion of primary care physicians who regularly assess body mass index (BMI) for age and sex in their child or adolescent patients.

Target: 54.7 percent.

Baseline: 49.7 percent of primary care physicians regularly assessed body mass index (BMI) for age and sex in their child or adolescent patients in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Energy Balance-related Care Among Primary Care Physicians, NCI, ARP.

NWS–6: Increase the proportion of physician office visits that include counseling or education related to nutrition or weight.

NWS–6.1 Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet or nutrition.

Target: 22.9 percent.

Baseline: 20.8 percent of physician office visits of adult patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia included counseling or education related to diet or nutrition in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

NWS–6.2 Increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity.

Target: 31.8 percent.

Baseline: 28.9 percent of physician office visits of adult patients who are obese included counseling or education related to weight reduction, nutrition, or physical activity in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

NWS–6.3 Increase the proportion of physician visits made by all child or adult patients that include counseling about nutrition or diet.

Target: 15.2 percent.

Baseline: 12.2 percent of physician office visits of all child or adults patients included counseling about nutrition or diet in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

NWS–7: (Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling.

Potential data source: A followup to the 2004 National Worksite Health Promotion Survey, Association for Worksite Health Promotion (AWHP), ODPHP.

Weight Status

NWS–8: Increase the proportion of adults who are at a healthy weight.

Target: 33.9 percent.

Baseline: 30.8 percent of persons aged 20 years and older were at a healthy weight in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–9: Reduce the proportion of adults who are obese.

Target: 30.5 percent.

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 setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–10 Reduce the proportion of children and adolescents who are considered obese.

NWS–10.1 Reduce the proportion of children aged 2 to 5 years who are considered obese.

Target: 9.6 percent.

Baseline: 10.7 percent of children aged 2 to 5 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–10.2 Reduce the proportion of children aged 6 to 11 years who are considered obese.

Target: 15.7 percent.

Baseline: 17.4 percent of children aged 6 to 11 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–10.3 Reduce the proportion of adolescents aged 12 to 19 years who are considered obese.

Target: 16.1 percent.

Baseline: 17.9 percent of adolescents aged 12 to 19 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese.

Target: 14.5 percent.

Baseline: 16.1 percent of children and adolescents aged 2 to 19 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11: (Developmental) Prevent inappropriate weight gain in youth and adults.

NWS–11.1 Prevent inappropriate weight gain in children aged 2 to 5 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.2 Prevent inappropriate weight gain in children aged 6 to 11 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.3 Prevent inappropriate weight gain in adolescents aged 12 to 19 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.4 Prevent inappropriate weight gain in children and adolescents aged 2 to 19 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.5 Prevent inappropriate weight gain in adults aged 20 years and older.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Food Insecurity

NWS–12: Eliminate very low food security among children.

Target: 0.2 percent.

Baseline: 1.3 percent of households with children had very low food security among children in 2008.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Food Security Supplement to the Current Population Survey (FSS-CPS), U.S. Census Bureau.

NWS–13: Reduce household food insecurity and in so doing reduce hunger.

Target: 6.0 percent.

Baseline: 14.6 percent of households were food insecure in 2008.

Target setting method: Retention of Healthy People 2010 target.

Data source: Food Security Supplement to the Current Population Survey (FSS-CPS), U.S. Census Bureau.

Food and Nutrient Consumption

NWS–14: Increase the contribution of fruits to the diets of the population aged 2 years and older.

Target: 0.9 cup equivalent per 1,000 calories.

Baseline: 0.5 cup equivalent of fruits per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001–04.

Target setting method: Modeling.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS, and USDA, ARS.

NWS–15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.

NWS–15.1 Increase the contribution of total vegetables to the diets of the population aged 2 years and older.

Target: 1.1 cup equivalent per 1,000 calories.

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 setting method: Modeling.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS, and USDA, ARS.

NWS–15.2 Increase the contribution of dark green vegetables, orange vegetables, and legumes to the diets of the population aged 2 years and older.

Target: 0.3 cup equivalent per 1,000 calories.

Baseline: 0.1 cup equivalent of dark green or orange vegetables or legumes per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

Target setting method: Modeling.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS, and USDA, ARS.

NWS–16 Increase the contribution of whole grains to the diets of the population aged 2 years and older.

Target: 0.6 ounce equivalent per 1,000 calories.

Baseline: 0.3 ounce equivalent of whole grains per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

Target setting method: Modeling.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS, and USDA, ARS.

NWS–17: Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older.

NWS–17.1 Reduce consumption of calories from solid fats.

Target: 16.7 percent.

Baseline: 18.9 percent was the mean percentage of total daily calorie intake provided by solid fats for the population aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

Target setting method: Modeling.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS, and USDA, ARS.

NWS–17.2 Reduce consumption of calories from added sugars.

Target: 10.8 percent.

Baseline: 15.7 percent was the mean percentage of total daily calorie intake provided by added sugars for the population aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

Target setting method: Modeling.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS, and USDA, ARS.

NWS–17.3 Reduce consumption of calories from solid fats and added sugars.

Target: 29.8 percent.

Baseline: 34.6 percent was the mean percentage of total daily calorie intake provided by solid fats and added sugars for the population aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

Target setting method: Modeling.

Data source*:* National Health and Nutrition Examination Survey (NHANES), CDC, NCHS, and USDA, ARS.

NWS–18: Reduce consumption of saturated fat in the population aged 2 years and older.

Target: 9.5 percent.

Baseline: 11.3 percent was the mean percentage of total daily calorie intake provided by saturated fat for the population aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population).

Target setting method: Modeling.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS, and USDA, ARS.

NWS–19: Reduce consumption of sodium in the population aged 2 years and older.

Target: 2,300 milligrams.

Baseline: 3,641 milligrams of sodium from foods, dietary supplements and antacids, drinking water, and salt use at the table was the mean total daily intake by persons aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population).

Target setting method: Modeling.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS, and USDA, ARS.

NWS–20: Increase consumption of calcium in the population aged 2 years and older.

Target: 1,300 milligrams.

Baseline: 1,118 milligrams of calcium from foods, dietary supplements and antacids, and drinking water was the mean total daily intake by persons aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population).

Target setting method: Modeling.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS, and USDA, ARS.

Iron Deficiency

NWS–21: Reduce iron deficiency among children aged 1 to 2 years.

NWS–21.1 Children aged 1 to 2 years.

Target: 14.3 percent.

Baseline: 15.9 percent of children aged 1 to 2 years were iron deficient in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–21.2 Reduce iron deficiency among children aged 3 to 4 years.

Target: 4.3 percent.

Baseline: 5.3 percent of children aged 3 to 4 years were iron deficient in 2005–08.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–21.3 Reduce iron deficiency among females aged 12 to 49 years.

Target: 9.4 percent.

Baseline: 10.4 percent of females aged 12 to 49 years old were iron deficient in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–22: Reduce iron deficiency among pregnant females.

Target: 14.5 percent.

Baseline: 16.1 percent of pregnant females were iron deficient in 2003–06.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Occupational Safety and Health

Number	Objective Short Title
OSH–1	Work-related injury deaths
OSH–2	Nonfatal work-related injuries
OSH–3	Overexertion or repetitive motion
OSH–4	Pneumoconiosis deaths
OSH–5	Work-related homicides
OSH–6	Work-related assaults
OSH–7	Elevated blood lead concentrations from work exposures
OSH–8	Occupational skin diseases or disorders
OSH–9	Worksite stress reduction programs
OSH–10	Work-related, noise-induced hearing loss

Topic Area: Occupational Safety and Health

OSH–1: Reduce deaths from work-related injuries.

OSH–1.1 Reduce deaths from work-related injuries in all industries.

Target: 3.6 deaths per 100,000 full-time equivalent workers.

Baseline: 4.0 work-related injury deaths per 100,000 full-time equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: Census of Fatal Occupational Injuries (CFOI), DOL, BLS; Current Population Survey (CPS), U.S. Census Bureau.

OSH–1.2 Reduce deaths from work-related injuries in mining.

Target: 19.3 deaths per 100,000 full-time equivalent workers.

Baseline: 21.4 mining work-related injury deaths per 100,000 full-time equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: Census of Fatal Occupational Injuries (CFOI), DOL, BLS; Current Population Survey (CPS), U.S. Census Bureau.

OSH–1.3 Reduce deaths from work-related injuries in construction.

Target: 9.7 deaths per 100,000 full-time equivalent workers.

Baseline: 10.8 construction work-related injury deaths per 100,000 full-time equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: Census of Fatal Occupational Injuries (CFOI), DOL, BLS; Current Population Survey (CPS), U.S. Census Bureau.

OSH–1.4 Reduce deaths from work-related injuries in transportation and warehousing.

Target: 14.8 deaths per 100,000 full-time equivalent workers.

Baseline: 16.5 transportation and warehousing work-related injury deaths per 100,000 full-time equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: Census of Fatal Occupational Injuries (CFOI), DOL, BLS; Current Population Survey (CPS), U.S. Census Bureau.

OSH–1.5 Reduce deaths from work-related injuries in agriculture, forestry, fishing, and hunting.

Target: 24.3 deaths per 100,000 full-time equivalent workers.

Baseline: 27.0 agriculture, forestry, fishing, and hunting work-related injury deaths per 100,000 full-time equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: Census of Fatal Occupational Injuries (CFOI), DOL, BLS; Current Population Survey (CPS), U.S. Census Bureau.

OSH–2: Reduce nonfatal work-related injuries.

OSH–2.1 Reduce work-related injuries in private sector industries resulting in medical treatment, lost time from work, or restricted work activity, as reported by employers.

Target: 3.8 injuries per 100 full-time equivalent workers.

Baseline: 4.2 injuries per 100 full-time equivalent workers in private sector industries resulted in medical treatment, lost time from work, or restricted work activity, as reported by employers in 2008.

Target setting method: 10 percent improvement.

Data source: Survey of Occupational Injuries and Illnesses (SOII), DOL, BLS.

OSH–2.2 Reduce work-related injuries treated in emergency departments (EDs).

Target: 2.2 injuries per 100 full-time equivalent workers.

Baseline: 2.4 injuries per 100 full-time equivalent workers were treated in EDs in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System–Work Supplement (NEISS–Work), CDC, NIOSH; Current Population Survey (CPS), U.S. Census Bureau.

OSH–2.3 Reduce work-related injuries among adolescent workers aged 15 to 19 years.

Target: 4.9 injuries per 100 full-time equivalent workers.

Baseline: 5.5 injuries per 100 full-time equivalent workers occurred among adolescent workers aged 15 to 19 years in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System–Work Supplement (NEISS–Work), CDC, NIOSH; CPSC; Current Population Survey (CPS), U.S. Census Bureau.

OSH–3: Reduce the rate of injury and illness cases involving days away from work due to overexertion or repetitive motion.

Target: 26.64 injury and illness cases per 10,000 workers.

Baseline: 29.6 injury and illness cases per 10,000 workers involved days away from work due to overexertion or repetitive motion in 2008.

Target setting method: 10 percent improvement.

Data source: Survey of Occupational Injuries and Illnesses (SOII), DOL, BLS.

OSH–4: Reduce pneumoconiosis deaths.

Target: 2,187 deaths.

Baseline: 2,430 pneumoconiosis deaths occurred in 2005.

Target setting method: 10 percent improvement.

Data source: National Surveillance System for Pneumoconiosis Mortality (NSSPM–Work), CDC, NIOSH.

OSH–5: Reduce deaths from work-related homicides.

Target: 565 deaths per 10,000 full-time equivalent workers.

Baseline: 628 deaths were work-related homicides in 2007.

Target setting method: 10 percent improvement.

Data source: Census of Fatal Occupational Injuries (CFOI), DOL, BLS.

OSH–6: Reduce work-related assaults.

Target: 7.6 assaults per 10,000 full-time equivalent workers.

Baseline: 8.4 assaults per 10,000 full-time equivalent workers occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System–Work Supplement (NEISS–Work), CDC, NIOSH.

OSH–7: Reduce the proportion of persons who have elevated blood lead concentrations from work exposures.

Target: 20.2 persons per 100,000 employed adults.

Baseline: 22.5 persons per 100,000 employed adults had elevated blood lead concentrations from work exposures in 2008.

Target setting method: 10 percent improvement.

Data source: Adult Blood Lead Epidemiology and Surveillance (ABLES) Program, CDC, NIOSH.

OSH–8: Reduce occupational skin diseases or disorders among full-time workers.

Target: 4.0 occupational skin diseases or disorders per 10,000 full-time workers.

Baseline: 4.4 occupational skin diseases or disorders per 10,000 full-time workers occurred in 2008.

Target setting method: 10 percent improvement.

Data source: Survey of Occupational Injuries and Illnesses (SOII), DOL, BLS.

OSH–9: (Developmental) Increase the proportion of employees who have access to workplace programs that prevent or reduce employee stress.

Potential data source: Quality of Worklife (QWL) Module, CDC, NIOSH.

OSH–10: Reduce new cases of work-related, noise-induced hearing loss.

Target: 2.0 new cases of work-related, noise-induced hearing loss per 10,000 workers.

Baseline: 2.2 new cases of work-related, noise-induced hearing loss per 10,000 workers occurred in 2008.

Target setting method: 10 percent improvement.

Data source: Survey of Occupational Injuries and Illnesses (SOII), DOL, BLS.

Older Adults

Number	Objective Short Title
Prevention	
OA–1	Use of Welcome to Medicare benefit
OA–2	Older adults up to date on clinical preventive services
OA–3	Older adults' confidence in managing their chronic conditions
OA–4	Receipt of Diabetes Self-Management Benefits by older adults
OA–5	Functional limitations in older adults
OA–6	Leisure-time physical activities among older adults
OA–7	Pressure ulcer-related hospitalizations among older adults
Long-Term Services and Supports	
OA–8	Need for long-term services and support
OA–9	Caregiver support services
OA–10	Health care workforce with geriatric certification
OA–11	Emergency department visits due to falls among older adults
OA-12	Information on elder abuse, neglect, and exploitation

Topic Area: Older Adults

Prevention

OA–1: Increase the proportion of older adults who use the Welcome to Medicare benefit.

Target: 8.0 percent.

Baseline: 7.3 percent of older adults used the Welcome to Medicare benefit in 2008.

Target setting method: 10 percent improvement.

Data source: Medicare Claims Data, Use of Medicare Preventative Benefits, CMS.

OA–2: Increase the proportion of older adults who are up to date on a core set of clinical preventive services.

OA–2.1 Increase the proportion of older adults who are up to date on a core set of clinical preventive services males.

Target: 50.9 percent.

Baseline: 46.3 percent of males aged 65 years and older were up to date on a core set of clinical preventive services in 2008.

Target setting method: 10 percent improvement.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, PHSPO.

OA–2.2 Increase the proportion of older adults who are up to date on a core set of clinical preventive services females.

Target: 52.7 percent.

Baseline: 47.9 percent of females aged 65 years and older were up to date on a core set of clinical preventive services in 2008.

Target setting method: 10 percent improvement.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, PHSPO.

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 (BRFSS), CDC, PHSPO.

OA–4: Increase the proportion of older adults who receive Diabetes Self-Management Benefits.

Target: 2.4 percent.

Baseline: 2.2 percent of adults aged 65 years and older received Diabetes Self-Management Benefits in 2008.

Target setting method: 10 percent improvement.

Data source: Medicare Claims Data, Use of Medicare Preventative Benefits, CMS.

OA–5 Reduce the proportion of older adults who have moderate to severe functional limitations.

Target: 25.5 percent.

Baseline: 28.3 percent of older adults had moderate to severe functional limitations in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: Medicare Current Beneficiary Survey (MCBS), CMS.

OA–6: Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities.

Target: 37.1 percent.

Baseline: 33.7 percent of older adults with reduced physical or cognitive function engaged in light, moderate, or vigorous leisure-time physical activities in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

OA–7: Increase the proportion of the health care workforce with geriatric certification.

OA–7.1 Increase the proportion of physicians with geriatric certification.

Target: 3.0 percent.

Baseline: 2.7 percent of physicians had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: Physician Characteristics and Distribution in the United States, American Medical Association (AMA).

OA–7.2 Increase the proportion of psychiatrists with geriatric certification.

Target: 4.7 percent.

Baseline: 4.3 percent of psychiatrists had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: Physician Characteristics and Distribution in the United States, American Medical Association (AMA).

OA–7.3 Increase the proportion of registered nurses with geriatric certification.

Target: 1.5 percent.

Baseline: 1.4 percent of registered nurses had geriatric certification in 2004.

Target setting method: 10 percent improvement.

Data sources: National Sample Survey of Registered Nurses (NSSRN), HRSA, BHPr; Current Population Survey (CPS), Table 11. Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity, U.S. Census Bureau.

OA–7.4 Increase the proportion of dentists with geriatric certification.

Target: 0.22 percent.

Baseline: 0.20 percent of dentists had geriatric certification in 2007.

Target setting method: 10 percent improvement.

Data sources: Distribution of Dentists in the United States by Region and State, American Dental Association (ADA); American Society of Geriatric Dentistry (ASGD).

OA–7.5 Increase the proportion of physical therapists with geriatric certification.

Target: 0.7 percent.

Baseline: 0.6 percent of physical therapists had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: American Physical Therapy Association (APTA) and American Board of Physical Therapy Specialties (ABPTS).

OA–7.6 Increase the proportion of registered dieticians with geriatric certification.

Target: 0.33 percent.

Baseline: 0.30 percent of registered dieticians had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: American Dietetic Association (ADA) and Commission on Dietetic Registration (CDR).

Long-Term Services and Supports

OA–8: (Developmental) Reduce the proportion of noninstitutionalized older adults with disabilities who have an unmet need for long-term services and supports.

Potential data source: Johns Hopkins University Bloomberg School of Public Health.

OA–9: (Developmental) Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services.

Potential data source: Johns Hopkins University Bloomberg School of Public Health.

OA–10: Reduce the rate of pressure ulcer-related hospitalizations among older adults.

Target: 887.3 pressure ulcer-related hospitalizations per 100,000 persons aged 65 years and older.

Baseline: 985.8 pressure ulcer-related hospitalizations per 100,000 persons aged 65 years and older occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (HCUP–NIS), AHRQ.

OA–11 Reduce the rate of emergency department (ED) visits due to falls among older adults.

Target: 4,711.6 ED visits per 100,000 due to falls among older adults.

Baseline: 5,235.1 ED visits per 100,000 due to falls occurred among older adults in 2007 (age adjusted to year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

OA–12: Increase the number of States, the District of Columbia, and Tribes that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation.

OA–12.1 Increase the number of States and the District of Columbia that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation.

Target: 4 States and the District of Columbia.

Baseline: 3 States collected and made publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation in 2004.

Target setting method: 10 percent improvement.

Data source: National Center on Elder Abuse (NCEA), AoA.

OA–12.2 (Developmental) Increase the number of Tribes that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation.

Potential data source: National Center on Elder Abuse (NCEA), AoA.

Oral Health

Number	Objective Short Title
Oral Health of Children and Adolescents	
OH–1	Dental caries experience
OH–2	Untreated dental decay in children and adolescents
Oral Health of Adults	
OH–3	Untreated dental decay in adults
OH–4	No permanent tooth loss
OH–5	Destructive periodontal disease
OH–6	Early detection of oral and pharyngeal cancers
Access to Preventive Services	
OH–7	Use of oral health care system
OH–8	Dental services for low-income children and adolescents
OH–9	School-based centers with an oral health component
OH–10	Health centers with an oral health component
OH–11	Receipt of oral health services at health centers
Oral Health Interventions	
OH–12	Dental sealants
OH–13	Community water fluoridation
OH–14	Preventive dental screening and counseling
Monitoring and Surveillance Systems	
OH–15	Systems that record cleft lip or palate and referrals
OH–16	Oral and craniofacial State-based health surveillance system
Public Health Infrastructure	
OH–17	Health agencies with a dental professional directing their dental program

Topic Area: Oral Health

Oral Health of Children and Adolescents

OH–1: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.

OH–1. Reduce the proportion of children aged 3 to 5 years with dental caries experience in their primary teeth.

Target: 30.0 percent.

Baseline: 33.3 percent of children aged 3 to 5 years had dental caries experience in at least one primary tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–1.2 Reduce the proportion of children aged 6 to 9 years with dental caries experience in their primary and permanent teeth.

Target: 49.0 percent.

Baseline: 54.4 percent of children aged 6 to 9 years had dental caries experience in at least one primary or permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–1.3 Reduce the proportion of adolescents aged 13 to 15 years with dental caries experience in their permanent teeth.

Target: 48.3 percent.

Baseline: 53.7 percent of adolescents aged 13 to 15 years had dental caries experience in at least one permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–2: Reduce the proportion of children and adolescents with untreated dental decay.

OH–2.1 Reduce the proportion of children aged 3 to 5 years with untreated dental decay in their primary teeth.

Target: 21.4 percent.

Baseline: 23.8 percent of children aged 3 to 5 years had untreated dental decay in at least one primary tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–2.2 Reduce the proportion of children aged 6 to 9 years with untreated dental decay in their primary and permanent teeth.

Target: 25.9 percent.

Baseline: 28.8 percent of children aged 6 to 9 years had untreated dental decay in at least one primary or permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–2.3 Reduce the proportion of adolescents aged 13 to 15 years with untreated dental decay in their permanent teeth.

Target: 15.3 percent.

Baseline: 17.0 percent of adolescents aged 13 to 15 years had untreated dental decay in at least one permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Oral Health of Adults

OH–3: Reduce the proportion of adults with untreated dental decay.

OH–3.1 Reduce the proportion of adults aged 35 to 44 years with untreated dental decay.

Target: 25.0 percent.

Baseline: 27.8 percent adults aged 35 to 44 years had untreated dental decay in at least one permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–3.2 Reduce the proportion of adults aged 65 to 74 years with untreated coronal caries.

Target: 15.4 percent.

Baseline: 17.1 percent of adults aged 65 to 74 years had untreated coronal caries in at least one permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–3.3 Reduce the proportion of adults aged 75 years and older with untreated root surface caries.

Target: 34.1 percent.

Baseline: 37.9 percent of adults aged 75 years and older had untreated root surface caries in at least one permanent tooth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–4: Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.

OH–4.1 Reduce the proportion of adults aged 45 to 64 years who have ever had a permanent tooth extracted because of dental caries or periodontal disease.

Target: 68.8 percent.

Baseline: 76.4 percent of adults aged 45 to 64 years had ever had a permanent tooth extracted.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–4.2 Reduce the proportion of adults aged 65 to 74 years who have lost all of their natural teeth.

Target: 21.6 percent.

Baseline: 24.0 percent of adults aged 65 to 74 years had lost all of their natural teeth in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–5: Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis.

Target: 11.4 percent.

Baseline: 12.7 percent of adults aged 45 to 74 years had moderate or severe periodontitis in 2001–04.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–6: Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.

Target: 35.8 percent.

Baseline: 32.5 percent of oral and pharyngeal cancers were diagnosed at the localized stage (stage 1) in 2007.

Target setting method: 10 percent improvement.

Data sources: National Program of Cancer Registries (NPCR), CDC, NCCDPHP; Surveillance, Epidemiology, and End Results (SEER) Program, NIH, NCI.

Access to Preventive Services

OH–7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months.

Target: 49.0 percent.

Baseline: 44.5 percent of persons aged 2 years and older had a dental visit in the past 12 months in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

OH–8: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Target: 29.4 percent.

Baseline: 26.7 percent of children and adolescents aged 2 to 18 years at or below 200 percent of the Federal poverty level received a preventive dental service during the past year in 2007.

Target setting method: 10 percent improvement.

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

OH–9: Increase the proportion of school-based health centers with an oral health component.

OH–9.1 Increase the proportion of school-based health centers with an oral health component that includes dental sealants.

Target: 26.5 percent.

Baseline: 24.1 percent of school-based health centers with an oral health component included dental sealants in 2007–08.

Target setting method: 10 percent improvement.

Data source: School-Based Health Care Census (SBHCC), National Assembly of School-Based Health Care (NASBHC).

OH–9.2 Increase the proportion of school-based health centers with an oral health component that includes dental care.

Target: 11.1 percent.

Baseline: 10.1 percent of school-based health centers with an oral health component included fillings and extractions in 2007–08.

Target setting method: 10 percent improvement.

Data source: School-Based Health Care Census (SBHCC), National Assembly of School-Based Health Care (NASBHC).

OH–9.3 Increase the proportion of school-based health centers with an oral health component that includes topical fluoride.

Target: 32.1 percent.

Baseline: 29.2 percent of school-based health centers with an oral health component included fluoride rinses, varnish, or supplements in 2007–08.

Target setting method: 10 percent improvement.

Data source: School-Based Health Care Census (SBHCC), National Assembly of School-Based Health Care (NASBHC).

OH–10: Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health program.

OH–10.1 Increase the proportion of Federally Qualified Health Centers (FQHCs) that have an oral health care program.

Target: 83 percent.

Baseline: 75 percent of FQHCs had an oral health care component in 2007.

Target setting method: 10 percent improvement.

Data source: Uniform Data System (UDS), HRSA, BPHC.

OH–10.2 Increase the proportion of local health departments that have oral health prevention or care programs.

Target: 28.4 percent.

Baseline: 25.8 percent of local health departments had an oral health prevention or care program in 2008.

Target setting method: 10 percent improvement.

Data sources: ASTDD Synopses, Association of State and Territorial Dental Directors (ASTDD); National Association of County and City Health Officials (NACCHO).

OH–11: Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers (FQHCs) each year.

Target: 33.3 percent.

Baseline: 17.5 percent of patients at FQHCs received oral health services in 2007.

Target setting method: Projection/trend analysis.

Data source: Uniform Data System (UDS), HRSA, BPHC.

Oral Health Interventions

OH–12: Increase the proportion of children and adolescents who have received dental sealants on their molar teeth.

OH–12.1 Increase the proportion of children aged 3 to 5 years who have received dental sealants on one or more of their primary molar teeth.

Target: 1.5 percent.

Baseline: 1.4 percent of children aged 3 to 5 years received dental sealants on one or more of their primary molars in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–12.2 Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth.

Target: 28.1 percent.

Baseline: 25.5 percent children aged 6 to 9 years received dental sealants on one or more of their first permanent molars in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–12.3 Increase the proportion of adolescents aged 13 to 15 years who have received dental sealants on one or more of their permanent molar teeth.

Target: 21.9 percent.

Baseline: 19.9 percent of adolescents aged 13 to 15 years received dental sealants on one or more of their first permanent molars and one or more second permanent molars in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–13: Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.

Target: 79.6 percent.

Baseline: 72.4 percent of the U.S. population served by community water systems received optimally fluoridated water in 2008.

Target setting method: 10 percent improvement.

Data source: Water Fluoridation Reporting System (WFRS), CDC, NCCDPHP.

OH–14: (Developmental) Increase the proportion of adults who receive preventive interventions in dental offices.

OH–14.1 (Developmental) Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or on smoking cessation in the past year.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–14.2 (Developmental) Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

OH–14.3 (Developmental) Increase the proportion of adults who were tested or referred for glycemic control from a dentist or dental hygienist in the past year.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Monitoring and Surveillance Systems

OH–15: (Developmental) Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams.

OH–15.1 (Developmental)Increase the number of States and the District of Columbia that have a system for recording cleft lips and cleft palates.

Potential data source: Annual Synopses of State and Territorial Dental Public Health Programs, Association of State and Territorial Dental Directors (ASTDD).

OH–5.2 (Developmental)Increase the number of States and the District of Columbia that have a system for referral for cleft lips and cleft palates to rehabilitative teams.

Potential data source: Annual Synopses of State and Territorial Dental Public Health Programs (ASTDD Synopses), Association of State and Territorial Dental Directors (ASTDD).

OH–16: Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system.

Target: 51 (50 States and the District of Columbia).

Baseline: 32 States had an oral and craniofacial health surveillance system in 2009.

Target setting method: Total coverage (all 50 States and the District of Columbia).

Data source: Annual Synopses of State and Territorial Dental Public Health Programs (ASTDD Synopses), Association of State and Territorial Dental Directors (ASTDD).

Public Health Infrastructure

OH–17: Increase health agencies that have a dental public health program directed by a dental professional with public health training.

OH–17.1 Increase the proportion of States (including the District of Columbia) and local health agencies that serve jurisdictions of 250,000 or more persons with a dental public health program directed by a dental professional with public health training.

Target: 25.7 percent.

Baseline: 23.4 percent of States (including the District of Columbia) and local health agencies that served jurisdictions of 250,000 or more persons had a dental public health program directed by a dental professional with public health training in 2009.

Target setting method: 10 percent improvement.

Data source: Annual Synopses of State and Territorial Dental Public Health Programs (ASTDD Synopses), Association of State and Territorial Dental Directors (ASTDD).

OH–17.2 Increase the number of Indian Health Service Areas and Tribal health programs that serve jurisdictions of 30,000 or more persons with a dental public health program directed by a dental professional with public health training.

Target: 12 programs.

Baseline: 11 Indian Health Service Areas and Tribal health programs that served jurisdictions of 30,000 or more persons had a dental public health program directed by a dental professional with public health training in 2010.

Target setting method: 10 percent improvement.

Data source: IHS, Division of Oral Health.

Physical Activity

Number	Objective Short Title
PA–1	No leisure-time physical activity
PA–2	Adult aerobic physical activity and muscle-strengthening activity
PA–3	Adolescent aerobic physical activity and muscle-strengthening activity
PA–4	Daily physical education in schools
PA–5	Adolescent participation in daily school physical education
PA–6	Regularly scheduled recess
PA–7	Time for recess
PA–8	Child and adolescent screen time
PA–9	Physical activity policies in child care settings
PA–10	Access to school physical activity facilities
PA–11	Physician counseling about physical activity
PA–12	Worksite physical activity
PA–13	Active transportation – walking
PA–14	Active transportation – bicycling
PA–15	Built environment policies

Topic Area: Physical Activity

PA–1: Reduce the proportion of adults who engage in no leisure-time physical activity.

Target: 32.6 percent.

Baseline: 36.2 percent of adults engaged in no leisure-time physical activity in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

PA–2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

PA–2.1 Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination.

Target: 47.9 percent.

Baseline: 43.5 percent of adults engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

PA–2.2 Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination.

Target: 31.3 percent.

Baseline: 28.4 percent of adults engaged in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

PA–2.3 Increase the proportion of adults who perform muscle-strengthening activities on 2 or more days of the week.

Target: 24.1 percent.

Baseline: 21.9 percent of adults performed muscle-strengthening activities on 2 or more days of the week in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey, CDC, NCHS.

PA–2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity.

Target: 20.1 percent.

Baseline: 18.2 percent of adults met the objectives for aerobic physical activity and for muscle-strengthening activity in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

PA–3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

PA–3.1 Aerobic physical activity.

Target: 20.2 percent.

Baseline: 18.4 percent of adolescents met current physical activity guidelines for aerobic physical activity in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

PA–3.2 (Developmental) Muscle-strengthening activity.

Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

PA–3.3 (Developmental) Aerobic physical activity and muscle-strengthening activity.

Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

PA–4: Increase the proportion of the Nation's public and private schools that require daily physical education for all students.

PA–4.1 Elementary schools.

Target: 4.2 percent.

Baseline: 3.8 percent of public and private elementary schools required daily physical education for all students in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

PA–4.2 Increase the proportion of the Nation's public and private middle and junior high schools that require daily physical education for all students.

Target: 8.6 percent.

Baseline: 7.9 percent of public and private middle and junior high schools required daily physical education for all students in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

PA–4.3 Increase the proportion of the Nation's public and private senior high schools that require daily physical education for all students.

Target: 2.3 percent.

Baseline: 2.1 percent of public and private senior high schools required daily physical education for all students in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

PA–5: Increase the proportion of adolescents who participate in daily school physical education.

Target: 36.6 percent.

Baseline: 33.3 percent of adolescents participated in daily school physical education in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

PA–6: Increase regularly scheduled elementary school recess in the United States.

PA–6.1 Increase the number of States that require regularly scheduled elementary school recess.

Target: 17 States.

Baseline: 7 States required regularly scheduled elementary school recess in 2006.

Target setting method: Projection/trend analysis.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

PA–6.2 Increase the proportion of school districts that require regularly scheduled elementary school recess.

Target: 62.8 percent.

Baseline: 57.1 percent of school districts required regularly scheduled elementary school recess in 2006.

Target setting method: Projection/trend analysis.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

PA–7: Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time.

Target: 67.7 percent.

Baseline: 61.5 percent of school districts required or recommended elementary school recess for an appropriate period of time in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

PA–8: Increase the proportion of children and adolescents who do not exceed recommended limits for screen time.

PA–8.1 Increase the proportion of children aged 0 to 2 years who view no television or videos on an average weekday.

Target: 44.7 percent.

Baseline: 40.6 percent of children aged 0 to 2 years viewed no television or videos on an average weekday in 2007.

Target setting method: 10 percent improvement.

Data source: National Survey of Children's Health (NSCH), HRSA, MCHB.

PA–8.2 Increase the proportion of children and adolescents aged 2 years through 12th grade who view television, videos, or play video games for no more than 2 hours a day.

PA–8.2.1 Increase the proportion of children aged 2 to 5 years who view television, videos, or play video games for no more than 2 hours a day.

Target: 83.2 percent.

Baseline: 75.6 percent of children aged 2 to 5 years viewed television, videos, or played video games for no more than 2 hours a day in 2005–08 (NHANES).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES).

PA–8.2.2 Increase the proportion of children and adolescents aged 6 to 14 years who view television, videos, or play video games for no more than 2 hours a day.

Target: 86.8 percent.

Baseline: 78.9 percent of children and adolescents aged 6 to 14 years viewed television, videos, or played video games for no more than 2 hours a day in 2007 (NSCH).

Target setting method: 10 percent improvement.

Data source: National Survey of Children's Health (NSCH).

PA–8.2.3 Increase the proportion of adolescents in grades 9 through 12 who view television, videos, or play video games for no more than 2 hours a day.

Target: 73.9 percent.

Baseline: 67.2 percent of adolescents in grades 9 through 12 viewed television, videos, or played video games for no more than 2 hours a day in 2009 (YRBSS).

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS).

PA–8.3 Increase the proportion of children and adolescents aged 2 years to 12th grade who use a computer or play computer games outside of school (for nonschool work) for no more than 2 hours a day.

PA–8.3.1 Increase the proportion of children aged 2 to 5 years who use a computer or play computer games outside of school (for nonschool work) for no more than 2 hours a day.

Target: Not applicable.

Baseline: 97.4 percent of children aged 2 to 5 years used a computer or played computer games outside of school (for nonschool work) for no more than 2 hours a day in 2005–08 (NHANES).

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Health and Nutrition Examination Survey (NHANES).

PA–8.3.2 Increase the proportion of children and adolescents aged 6 to 14 years who use a computer or play computer games outside of school (for nonschool work) for no more than 2 hours a day.

Target: 100 percent.

Baseline: 93.3 percent of children and adolescents aged 6 to 14 years used a computer or played computer games outside of school (for nonschool work) for no more than 2 hours a day in 2007 (NSCH).

Target setting method: 10 percent improvement.

Data source: National Survey of Children's Health (NSCH).

PA–8.3.3 Increase the proportion of adolescents in grades 9 through 12 who use a computer or play computer games outside of school (for nonschool work) for no more than 2 hours a day.

Target: 82.6 percent.

Baseline: 75.1 percent of adolescents in grades 9 through 12 used a computer or played computer games outside of school (for nonschool work) for no more than 2 hours a day in 2009 (YRBSS).

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS).

PA–9: Increase the number of States with licensing regulations for physical activity provided in child care.

PA–9.1 Increase the number of States with licensing regulations for physical activity in child care that require activity programs providing large muscle or gross motor activity, development, and/or equipment.

Target: 35 States.

Baseline: 25 States required activity programs providing large muscle or gross motor activity, development, and/or equipment in 2006.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Resource Center for Health and Safety in Child Care and Early Education maintains a public access database of licensing regulations for all 50 U.S. States and the District of Columbia.

PA–9.2 Increase the number of States with licensing regulations for physical activity in child care that require children to engage in vigorous or moderate physical activity.

Target: 13 States.

Baseline: 3 States required children to engage in vigorous or moderate physical activity in 2006.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Resource Center for Health and Safety in Child Care and Early Education maintains a public access database of licensing regulations for all 50 U.S. States and the District of Columbia.

PA–9.3 Increase the number of States with licensing regulations for physical activity in child care that require a number of minutes of physical activity per day or by length of time in care.

Target: 11 States.

Baseline: 1 State required a number of minutes of physical activity per day or by length of time in care in 2006.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Resource Center for Health and Safety in Child Care and Early Education maintains a public access database of licensing regulations for all 50 U.S. States and the District of Columbia.

PA–10: Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).

Target: 31.7 percent.

Baseline: 28.8 percent of the Nation's public and private schools provided access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations) in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

PA–11: Increase the proportion of physician office visits that include counseling or education related to physical activity.

PA–11.1 Increase the proportion of office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to exercise.

Target: 14.3 percent.

Baseline: 13.0 percent of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia included counseling or education related to exercise in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey, CDC, NCHS.

PA–11.2 Increase the proportion of physician visits made by all child and adult patients that include counseling about exercise.

Target: 8.7 percent.

Baseline: 7.9 percent of physician office visits made by all child and adult patients included counseling or education related to exercise in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey, CDC, NCHS.

PA–12: (Developmental) Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

PA–13: (Developmental) Increase the proportion of trips made by walking.

PA–13.1.Adults aged 18 years and older, trips of 1 mile or less.

Potential data source: National Household Travel Survey (NHTS), Department of Transportation (DOT), Federal Highway Administration (FHWA).

PA–13.2 Children and adolescents aged 5 to 15 years, trips to school of 1 mile or less.

Potential data source: National Household Travel Survey (NHTS), Department of Transportation (DOT), Federal Highway Administration (FHWA).

PA–14: (Developmental) Increase the proportion of trips made by bicycling.

PA–14.1 Adults aged 18 years and older, trips of 5 miles or less.

Potential data source: National Household Travel Survey (NHT), Department of Transportation (DOT), Federal Highway Administration (FHWA).

PA–14.2 Children and adolescents aged 5 to 15 years, trips to school of 2 miles or less.

Potential data source: National Household Travel Survey (NHTS), Department of Transportation (DOT), Federal Highway Administration (FHWA).

PA–15: (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities.

PA–15.1 Community-scale policies.

Potential data source: CDC Division of Nutrition, Physical Activity, and Obesity Legislative Database.

PA–15.2 Street-scale policies.

Potential data source: CDC Division of Nutrition, Physical Activity, and Obesity Legislative Database.

PA–15.3 Transportation and travel policies.

Potential data source: CDC Division of Nutrition, Physical Activity, and Obesity Legislative Database.

Preparedness

Number	Objective Short Title
PREP–1	Public health emergency alert
PREP–2	Emergency personnel activation
PREP–3	Laboratory proficiency
PREP–4	Improvement plans

Topic Area: Preparedness

PREP–1: (Developmental) Reduce the time necessary to issue official information to the public about a public health emergency.

Potential data source: Laboratory Response Network (LRN), CDC, DSLR.

PREP–2: Reduce the time necessary to activate designated personnel in response to a public health emergency.

Target: 60 minutes.

Baseline: 66 minutes were needed for designated personnel to report for immediate duty with no advance notice in 2009.

Target setting method: 10 percent improvement.

Data source: Laboratory Response Network (LRN), CDC, DSLR.

PREP–3: Increase the proportion of Laboratory Response Network (LRN) laboratories that meet proficiency standards.

PREP–3.1 (Developmental) Increase the proportion of LRN biological laboratories that meet proficiency standards for Category A and B threat agents.

Potential data source: Laboratory Response Network (LRN), CDC, DBPR.

PREP–3.2 Increase the proportion of LRN chemical laboratories that meet proficiency standards for chemical threat agents.

Target: 95 percent.

Baseline: 92 percent of LRN chemical laboratories met proficiency standards for chemical threat agents in 2008.

Target setting method: Projection/trend analysis.

Data source: CDC, NCEH.

PREP–4: Reduce the time for State public health agencies to establish after-action reports and improvement plans following responses to public health emergencies and exercises.

Target: 41 days.

Baseline: 46 days were required for State public health agencies to establish after-action reports and improvement plans following responses to public health emergencies and exercises in 2009.

Target setting method: 10 percent improvement.

Data source: Laboratory Response Network (LRN), CDC, DSLR.

Public Health Infrastructure

Number	Objective Short Title
Workforce	
PHI–1	Competencies for public health professionals
PHI–2	Continuing education of public health personnel
PHI–3	Integration of core competencies in public health into curricula
PHI–4	Public health majors and minors
PHI–5	Public health majors and minors consistent with core competencies
PHI–6	Associate degrees and certificate programs in public health
Data and Information Systems	
PHI–7	National data for Healthy People 2020 objectives
PHI–8	National tracking of Healthy People 2020 objectives
PHI–9	Timely release of national data for Healthy People 2020 objectives
PHI–10	State vital event reporting
Public Health Organizations	
PHI-11	Public health agencies laboratory services
PHI–12	Public health laboratory systems performance of essential services
PHI–13	Epidemiology services
PHI–14	Public health system assessment
PHI–15	Health improvement plans
PHI–16	Public health agencies' quality improvement process
PHI–17	Accredited public health agencies

Topic Area: Public Health Infrastructure

WORKFORCE

PHI-1: Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.

PHI-1.1 (Developmental) Increase the proportion of Federal agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.

Potential data source: Office of Personnel Management (OPM).

PHI-1.2 (Developmental) Increase the proportion of Tribal public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.

Potential data sources: IHS; and National Indian Health Board (NIHB).

PHI-1.3 (Developmental) Increase the proportion of State public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.

Potential data source: State and Territorial Public Health Survey, Association of State and Territorial Health Officials (ASTHO).

PHI-1.4 Increase the proportion of local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.*

Target: 25 percent.

Baseline: 15 percent of local public health agencies incorporated Core Competencies for Public Health Professionals into job descriptions in 2008.

Target setting method: Retention of Healthy People 2010 target.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO). (*Data for local public health agencies include only data on job descriptions.)

PHI-2: (Developmental) Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with Core Competencies for Public Health Professionals.

Potential data sources: IHS; National Indian Health Board (NIHB); Public Health Foundation TRAIN database; and Public Health Training Centers, HRSA.

PHI-3: Increase the proportion of Council on Education for Public Health (CEPH)-accredited schools of public health, CEPH-accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula.

Target: 94 percent.

Baseline: 91 percent of Council on Education for Public Health (CEPH)-accredited schools of public health, CEPH-accredited academic programs, and schools of nursing (with a public health or community health component) integrated Core Competencies for Public Health Professionals into curricula for public health professionals in 2006.

Target setting method: 3 percentage improvement.

Data source: Council on Linkages Study, Council on Linkages Between Academia and Public Health Practice.

PHI-4: Increase the proportion of 4-year colleges and universities that offer public health or related majors and/or minors.

PHI-4.1 Increase the proportion of 4-year colleges and universities that offer public health or related majors.

Target: 10 percent.

Baseline: 7 percent of 4-year colleges and universities offered public health or related majors in 2008.

Target setting method: Projection/trend analysis.

Data source: Catalog Scan of Undergraduate Public Health Programs, Association of American Colleges and Universities (AAC&U).

PHI-4.2 Increase the proportion of 4-year colleges and universities that offer public health or related minors.

Target: 15 percent.

Baseline: 11 percent of 4-year colleges and universities offered public health or related minors in 2008.

Target setting method: Projection/trend analysis.

Data source: Catalog Scan of Undergraduate Public Health Programs, Association of American Colleges and Universities (AAC&U).

PHI-5: (Developmental) Increase the proportion of 4-year colleges and universities that offer public health or related majors and/or minors that are consistent with the core competencies of undergraduate public health education.

Potential data sources: Association of Schools of Public Health (ASPH); American Association of Colleges and Universities (AAC&U).

PHI-6: Increase the proportion of 2-year colleges that offer public health or related associate degrees and/or certificate programs.

PHI-6.1 Increase the proportion of 2-year colleges that offer public health or related associate degrees.

Target: 3 percent.

Baseline: 2 percent of 2-year colleges offered public health or related associate degrees in 2009.

Target setting method: Projection/trend analysis.

Data sources: American Association of Colleges and Universities (AAC&U); American Association of Community Colleges (AACC).

PHI-6.2 Increase the proportion of 2-year colleges that offer public health certificate programs.

Target: 1 percent.

Baseline: 0 percent of 2-year colleges offered public health or related associate certificate programs in 2009.

Target setting method: Projection/trend analysis.

Data sources: American Association of Colleges and Universities (AAC&U); American Association of Community Colleges (AACC).

DATA AND INFORMATION SYSTEMS

PHI-7: (Developmental) Increase the proportion of population-based Healthy People 2020 objectives for which national data are available for all major population groups. Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-8: (Developmental) Increase the proportion of Healthy People 2020 objectives that are tracked regularly at the national level.

PHI-8.1 (Developmental) Increase the proportion of objectives that originally did not have baseline data but now have at least baseline data.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-8.2 (Developmental) Increase the proportion of objectives that have at least a baseline and one additional data point.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-8.3 (Developmental) Increase the proportion of objectives that are tracked at least every 3 years.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-9: (Developmental) Increase the proportion of Healthy People 2020 objectives for which national data are released within 1 year of the end of data collection.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-10: Increase the number of States that record vital events using the latest U.S. standard certificates and report.

PHI-10.1 Increase the number of States that record vital events using the latest U.S. standard certificate of birth.

Target: 52 (50 States, the District of Columbia, and New York City).

Baseline: 28 States used the 2003 U.S. standard birth certificate in 2008.

Target setting method: Total coverage.

Data source: National Vital Statistics System-Natality (NVSS–N), CDC, NCHS.

PHI-10.2 Increase the number of States that record vital events using the latest U.S. standard certificate of death.

Target: 52 (50 States, the District of Columbia, and New York City).

Baseline: 30 States used the 2003 U.S. standard death certificate in 2008.

Target setting method: Total coverage.

Data source: National Vital Statistics System-Mortality (NVSS–M), CDC, NCHS.

PHI-10.3 Increase the number of States that record vital events using the latest U.S. standard report of fetal death.

Target: 52 (50 States, the District of Columbia, and New York City).

Baseline: 22 States used the 2003 U.S. standard report of fetal death in 2008.

Target setting method: Total coverage.

Data source: National Vital Statistics System-Fetal Death (NVSS–Fetal Death), CDC, NCHS.

PUBLIC HEALTH ORGANIZATIONS

PHI-11: Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support essential public health services.

PHI-11.1 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support disease prevention, control, and surveillance.

Target: 97 percent.

Baseline: 88 percent of State public health agencies provided or assured comprehensive laboratory services to support disease prevention, control, and surveillance in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.2 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services that have integrated data management.

Target: 61 percent.

Baseline: 55 percent of State public health agencies provided or assured comprehensive laboratory services that had integrated data management in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.3 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services that have reference and specialized testing.

Target: 86 percent.

Baseline: 78 percent of State public health agencies provided or assured comprehensive laboratory services that had reference and specialized testing in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.4 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services for environmental health and protection.

Target: 61 percent.

Baseline: 55 percent of State public health agencies provided or assured comprehensive laboratory services for environmental health and protection in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.5 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services for food safety.

Target: 34 percent.

Baseline: 31 percent of State public health agencies provided or assured comprehensive laboratory services for food safety in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.6 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services that have laboratory improvement and regulation.

Target: 45 percent.

Baseline: 41 percent of State public health agencies provided or assured comprehensive laboratory services that had laboratory improvement and regulation in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.7 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services for policy development.

Target: 74 percent.

Baseline: 67 percent of State public health agencies provided or assured comprehensive laboratory services for policy development in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehe nsive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.8 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services for emergency response.

Target: 67 percent.

Baseline: 61 percent of State public health agencies provided or assured comprehensive laboratory services for emergency response in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.9 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services for public health-related research.

Target: 32 percent.

Baseline: 29 percent of State public health agencies provided or assured comprehensive laboratory services for public health-related research in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.10 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services training and education.

Target: 52 percent.

Baseline: 47 percent of State public health agencies provided or assured comprehensive laboratory services training and education in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.11 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services partnerships and communication.

Target: 67 percent.

Baseline: 61 percent of State public health agencies provided or assured comprehensive laboratory services partnerships and communication in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey, Association of Public Health Laboratories (APHL).

PHI-12: (Developmental) Increase the proportion of public health laboratory systems (including State, Tribal, and local) that perform at a high level of quality in support of the 10 Essential Public Health Services.

Potential data source: Association of Public Health Laboratories (APHL).

PHI-13: Increase the proportion of Tribal, State, and local public health agencies that provide or assure comprehensive epidemiology services to support essential public health services.

PHI-13.1 Increase the proportion of epidemiologists with formal training in epidemiology in State public health agencies.

Target: 100 percent.

Baseline: 87 percent of State epidemiologists had received formal training in epidemiology, as reported in 2009.

Target setting method: Total coverage.

Data source: Epidemiology Capacity Assessment (ECA), Council of State and Territorial Epidemiologists (CSTE).

PHI-13.2 (Developmental) Increase the proportion of Tribal public health agencies that provide or assure comprehensive epidemiology services to support essential public health services.

Potential data source: Survey of Regionally Based Public Health Services/Infrastructure in Indian Country, Tribal Epidemiology Centers (Epi Centers), CDC, IHS, and National Indian Health Board (NIHB).

PHI-13.3 Increase the proportion of State public health agencies that provide or assure comprehensive epidemiology services to support essential public health services.

Target: 100 percent.

Baseline: 55 percent of State public health agencies provided or assured comprehensive epidemiology services to support essential public health services in 2009.

Target setting method: Total coverage.

Data source: Epidemiology Capacity Assessment (ECA), Council of State and Territorial Epidemiologists (CSTE).

PHI-13.4 Increase the proportion of local public health agencies that provide or assure comprehensive epidemiology services to support essential public health services.

Target: 100 percent.

Baseline: 64 percent of local public health agencies provided or assured comprehensive epidemiology services to support essential public health services in 2008.

Target setting method: Total coverage.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

PHI-14: Increase the proportion of State and local public health jurisdictions that conduct a public health system assessment using national performance standards.

PHI-14.1 Increase the proportion of State public health systems that conduct a public health system assessment using national performance standards.

Target: 78 percent.

Baseline: 49 percent of State public health systems had ever submitted State Public Health System Performance Assessment data to the National Public Health Performance Standards Program in 2009.

Target setting method: Projection/trend analysis.

Data source: National Public Health Performance Standards Program (NPHPSP), CDC.

PHI-14.2 Increase the proportion of local public health systems that conduct a public health system assessment using national performance standards.

Target: 50 percent.

Baseline: 28 percent of local public health systems had ever submitted Local Public Health System Performance Assessment data to the National Public Health Performance Standards Program in 2009.

Target setting method: Projection/trend analysis.

Data source: National Public Health Performance Standards Program (NPHPSP), CDC.

PHI-14.3 (Developmental) Increase the proportion of local boards of health that conduct a public health system assessment using national performance standards.

Potential data source: National Public Health Performance Standards Program (NPHPSP), CDC.

PHI-15: (Developmental) Increase the proportion of Tribal, State, and local public health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have implemented a health improvement plan linked with their State plan.

PHI-15.1 (Developmental) Increase the proportion of Tribal agencies that have implemented a health improvement plan.

Potential data sources: IHS; and National Indian Health Board (NIHB).

PHI-15.2 (Developmental) Increase the proportion of State public health agencies that have implemented a health improvement plan.

Potential data source: State and Territorial Public Health Survey, Association of State and Territorial Health Officials (ASTHO).

PHI-15.3 (Developmental) Increase the proportion of local public health agencies that have implemented a health improvement plan.

Potential data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

PHI-15.4 (Developmental) Increase the proportion of local jurisdictions that have linked health improvement plans to their State plan.

Potential data source: National Profile of Local Health Departments, National Association of County City Officials (NACCHO).

PHI-16: (Developmental) Increase the proportion of Tribal, State, and local public health agencies that have implemented an agency-wide quality improvement process.

Potential data sources: State and Territorial Public Health Survey, Association of State and Territorial Health Officers (ASTHO); IHS; National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

PHI-17: (Developmental) Increase the proportion of Tribal, State, and local public health agencies that are accredited.

Potential data source: Public Health Accreditation Board.

Respiratory Diseases

Number	Objective Short Title
Asthma	
RD–1	Deaths from asthma
RD–2	Hospitalizations for asthma
RD–3	Emergency department (ED) visits for asthma
RD–4	Asthma activity limitations
RD–5	School or workdays missed
RD–6	Patient education
RD–7	Appropriate asthma care
RD–8	Asthma surveillance systems
Chronic Obstructive Pulmonary Disease (COPD)	
RD–9	Chronic obstructive pulmonary disease activity limitations
RD–10	Deaths from chronic obstructive pulmonary disease
RD–11	Hospitalizations for chronic obstructive pulmonary disease
RD–12	Emergency department (ED) visits for chronic obstructive pulmonary disease
RD–13	Diagnosis of underlying obstructive disease

Topic Area: Respiratory Diseases

Asthma

RD–1: Reduce asthma deaths.

RD–1.1 Reduce asthma deaths among children and adults under age 35 years.

Target: Not applicable.

Baseline: 3.4 asthma deaths per million children and adults under age 35 years occurred in 2007.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

RD–1.2 Reduce asthma deaths among adults aged 35 to 64 years old.

Target: 6.0 deaths per million.

Baseline: 11.0 asthma deaths per million adults aged 35 to 64 years occurred in 2007.

Target setting method: Projection/trend analysis.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

RD–1.3 Reduce asthma deaths among adults aged 65 years and older.

Target: 22.9 deaths per million.

Baseline: 43.3 asthma deaths per million adults aged 65 years and older occurred in 2007.

Target setting method: Projection/trend analysis.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

RD–2: Reduce hospitalizations for asthma.

RD–2.1 Reduce hospitalizations for asthma among children under age 5 years.

Target: 18.1 hospitalizations per 10,000.

Baseline: 41.4 hospitalizations for asthma per 10,000 children under age 5 years occurred in 2007.

Target setting method: Minimal statistical significance.

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.

Target: 8.6 hospitalizations per 10,000.

Baseline: 11.1 hospitalizations for asthma per 10,000 children and adults aged 5 to 64 years occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

RD–2.3 Reduce hospitalizations for asthma among adults aged 65 years and older.

Target: 20.3 hospitalizations per 10,000.

Baseline: 25.3 hospitalizations for asthma per 10,000 adults aged 65 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

RD–3: Reduce emergency department (ED) visits for asthma.

RD–3.1 Reduce emergency department (ED) visits for asthma among children under age 5 years.

Target: 95.6 ED visits per 10,000.

Baseline: 132.8 ED visits for asthma per 10,000 children under age 5 years.

Target setting method: Minimal statistical significance.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

RD–3.2 Reduce emergency department (ED) visits for asthma among children and adults aged 5 to 64 years.

Target: 49.7 ED visits per 10,000.

Baseline: 57.0 ED visits for asthma per 10,000 children and adults aged 5 to 64 years occurred in 2005–07.

Target setting method: Minimal statistical significance.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

RD–3.3 Reduce emergency department (ED) visits for asthma among adults aged 65 years and older.

Target: 13.8 ED visits per 10,000.

Baseline: 21.9 ED visits for asthma per 10,000 adults aged 65 years and older occurred in 2005–07.

Target setting method: Minimal statistical significance.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

RD–4: Reduce activity limitations among persons with current asthma.

Target: 10.2 percent.

Baseline: 12.7 percent of persons with current asthma experienced activity limitations due to chronic lung and breathing problems in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–5: Reduce the proportion of persons with asthma who miss school or work days.

RD–5.1 Reduce the proportion of children aged 5 to 17 years with asthma who miss school days.

Target: 48.7 percent.

Baseline: 58.7 percent of children aged 5 to 17 years who had an asthma episode or attack in the past 12 months missed school days due to asthma in the past 12 months in 2008.

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–5.2 Reduce the proportion of adults aged 18 to 64 years with asthma who miss work days.

Target: 26.8 percent.

Baseline: 33.2 percent of adults aged 18 to 64 years who had an asthma episode or attack in the past 12 months missed work days due to asthma in the past 12 months in 2008.

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–6: Increase the proportion of persons with current asthma who receive formal patient education.

Target: 14.4 percent.

Baseline: 12.1 percent of persons with current asthma received formal patient education in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–7: Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines.

RD–7.1 Increase the proportion of persons with current asthma who receive written asthma management plans from their health care provider according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Target: 36.8 percent.

Baseline: 33.4 percent of persons with current asthma received written asthma management plans from their health care provider in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–7.2 Increase the proportion of persons with current asthma with prescribed inhalers who receive instruction on their use according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Target: Not applicable.

Baseline: 95.9 percent of persons with current asthma with prescribed inhalers received instruction on their use in 2008 (age adjusted to the year 2000 standard population).

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–7.3 Increase the proportion of 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, according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Target: 68.5 percent.

Baseline: 64.8 percent of persons with current asthma received education about appropriate response to an asthma episode, including recognizing early signs and symptoms or monitoring peak flow results in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–7.4 Increase the proportion of persons with current asthma who do not use more than one canister of short-acting inhaled beta agonist per month according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Target: 90.2 percent.

Baseline: 87.9 percent of persons with current asthma did not use more than one canister of short-acting inhaled beta agonist per month in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–7.5 Increase the proportion of 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 according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Target: 54.5 percent.

Baseline: 50.8 percent of persons with current asthma were advised by a health professional to change things in their home, school, and work environments to reduce exposure to irritants or allergens to which they are sensitive in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD– 7.6 (Developmental) Increase the proportion of persons with current asthma who have had at least one routine followup visit in the past 12 months according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD– 7.7 (Developmental) Increase the proportion of persons with current asthma whose doctor assessed their asthma control in the past 12 months according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD– 7.8 (Developmental) Increase the proportion of persons adults with current asthma who have discussed with a doctor or other health professional whether their asthma was work related according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–8: Increase the number of States, Territories, and the District of Columbia with a comprehensive asthma surveillance system for tracking asthma cases, illness, and disability at the State level.

Target: 47 areas.

Baseline: 43 areas (41 States, the District of Columbia, and Puerto Rico) had a comprehensive asthma surveillance system for tracking asthma cases, illness, and disability at the State level in 2009.

Target setting method: 10 percent improvement.

Data source: National Asthma Control Program, CDC, NCEH.

Chronic Obstructive Pulmonary Disease (COPD)

RD–9: Reduce activity limitations among adults with chronic obstructive pulmonary disease (COPD).

Target: 18.7 percent.

Baseline: 23.2 percent of adults with COPD aged 45 years and older experienced activity limitations due to chronic lung and breathing problems in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–10: Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.

Target: 98.5 deaths per 100,000.

Baseline: 112.4 COPD deaths per 100,000 adults aged 45 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

RD–11: Reduce hospitalizations for chronic obstructive pulmonary disease (COPD).

Target: 50.1 hospitalizations per 10,000.

Baseline: 56.0 hospitalizations for COPD per 10,000 adults aged 45 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

RD–12: Reduce emergency department (ED) visits for chronic obstructive pulmonary disease (COPD).

Target: 57.3 ED visits per 10,000.

Baseline: 81.7 ED visits for COPD per 10,000 adults aged 45 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

RD–13: (Developmental) Increase the proportion of adults with abnormal lung function whose underlying obstructive disease has been diagnosed.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Sexually Transmitted Diseases

Number	Objective Short Title
STD–1	Chlamydia
STD–2	Chlamydia among females
STD–3	Annual screening for genital Chlamydia by Medicaid
STD–4	Annual screening for genital Chlamydia by insurance plans
STD–5	Pelvic inflammatory disease
STD–6	Gonorrhea
STD–7	Primary and secondary syphilis
STD–8	Congenital syphilis
STD–9	Human papillomavirus infection
STD–10	Genital herpes

Topic Area: Sexually Transmitted Diseases

STD–1: Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections.

STD–1.1 Reduce the proportion of females aged 15 to 24 years with *Chlamydia trachomatis* infections attending family planning clinics.

Target: 6.7 percent.

Baseline: 7.4 percent of females aged 15 to 24 years who attended family planning clinics in the past 12 months tested positive for *Chlamydia trachomatis* infections in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–1.2 Reduce the proportion of females aged 24 years and under with *Chlamydia trachomatis* infections enrolled in a National Job Training Program.

Target: 11.5 percent.

Baseline: 12.8 percent of females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for *Chlamydia trachomatis* infections in 2008.

Target setting method: 10 percent improvement.

Data sources: STD Surveillance System (STDSS), CDC, NCHHSTP; the National Job Training Program, U.S. Department of Labor.

STD–1.3 Reduce the proportion of males aged 24 years and under enrolled in a National Job Training Program with *Chlamydia trachomatis* infections.

Target: 6.3 percent.

Baseline: 7.0 percent of males aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for *Chlamydia trachomatis* infections in 2008.

Target setting method: 10 percent improvement.

Data sources: STD Surveillance System (STDSS), CDC, NCHHSTP; National Job Training Program, U.S. Department of Labor.

STD–2: (Developmental) Reduce Chlamydia rates among females aged 15 to 44 years.

Potential data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–3: Increase the proportion of sexually active females aged 24 years and under enrolled in Medicaid plans who are screened for genital Chlamydia infections during the measurement year.

STD–3.1 Increase the proportion of sexually active females aged 16 to 20 years enrolled in Medicaid plans who are screened for genital Chlamydia infections during the measurement year.

Target: 74.4 percent.

Baseline: 52.7 percent of sexually active females aged 16 to 20 years enrolled in Medicaid plans were screened for genital Chlamydia infections during the measurement year, as reported in 2008.

Target setting method: Projection/trend analysis.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), NCQA.

STD–3.2 Increase the proportion of sexually active females aged 21 to 24 years enrolled in Medicaid plans who are screened for genital Chlamydia infections during the measurement year.

Target: 80.0 percent.

Baseline: 59.4 percent of sexually active females aged 21 to 24 years enrolled in Medicaid plans were screened for genital Chlamydia infections during the measurement year, as reported in 2008.

Target setting method: Projection/trend analysis.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), NCQA.

STD–4: Increase the proportion of sexually active females aged 24 years and under enrolled in commercial health insurance plans who are screened for genital Chlamydia infections during the measurement year.

STD–4.1 Increase the proportion of sexually active females aged 16 to 20 years enrolled in commercial health insurance plans who are screened for genital Chlamydia infections during the measurement year.

Target: 65.9 percent.

Baseline: 40.1 percent of sexually active females aged 16 to 20 years enrolled in commercial health insurance plans were screened for genital Chlamydia infections during the measurement year, as reported in 2008.

Target setting method: Projection/trend analysis.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), NCQA.

STD–4.2 Increase the proportion of sexually active females aged 21 to 24 years enrolled in commercial health insurance plans who are screened for genital Chlamydia infections during the measurement year.

Target: 78.3 percent.

Baseline: 43.5 percent of sexually active females aged 21 to 24 years enrolled in commercial health insurance plans were screened for genital Chlamydia infections during the measurement year, as reported in 2008.

Target setting method: Projection/trend analysis.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), NCQA.

STD–5: Reduce the proportion of females aged 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID).

Target: 3.59 percent.

Baseline: In 2006–08, 3.99 percent of females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory disease (PID).

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

STD–6: Reduce gonorrhea rates.

STD–6.1 Reduce gonorrhea rates among females aged 15 to 44 years.

Target: 257 new cases per 100,000 population.

Baseline: 285 new cases of gonorrhea per 100,000 females aged 15 to 44 years were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–6.2 Reduce gonorrhea rates among males aged 15 to 44 years.

Target: 198 new cases per 100,000 population.

Baseline: 220 new cases of gonorrhea per 100,000 males aged 15 to 44 years were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–7: Reduce sustained domestic transmission of primary and secondary syphilis.

STD–7.1 Reduce sustained domestic transmission of primary and secondary syphilis among females.

Target: 1.4 new cases per 100,000 population.

Baseline: 1.5 new cases of primary and secondary syphilis per 100,000 females were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–7.2 Reduce sustained domestic transmission of primary and secondary syphilis among males.

Target: 6.8 new cases per 100,000 population.

Baseline: 7.6 new cases of primary and secondary syphilis per 100,000 males were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–8: Reduce congenital syphilis.

Target: 9.1 new cases per 100,000 live births.

Baseline: 10.1 new cases of congenital syphilis per 100,000 live births were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–9: (Developmental) Reduce the proportion of females with human papillomavirus (HPV) infection.

STD–9.1 (Developmental) Reduce the proportion of females with human papillomavirus (HPV) types 6 and 11.

Potential data sources: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; National Health Interview Study (NHIS), CDC, NCHS.

STD–9.2 (Developmental) Reduce the proportion of females with human papillomavirus (HPV) types 16 and 18.

Potential data sources: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; National Health Interview Study (NHIS), CDC, NCHS.

STD–9.3 (Developmental) Reduce the proportion of females with other human papillomavirus (HPV) types.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

STD–10: Reduce the proportion of young adults with genital herpes infection due to herpes simplex type 2.

Target: 9.5 percent.

Baseline: 10.5 percent of young adults tested positive for herpes simplex virus type 2 in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Sleep Health

Number	Objective Short Title
SH–1	Evaluation for obstructive sleep apnea
SH–2	Vehicular crashes due to drowsy driving
SH–3	Sufficient sleep among 9th through 12th graders
SH–4	Sufficient sleep among adults

Topic Area: Sleep Health

SH–1: Increase the proportion of persons with symptoms of obstructive sleep apnea who seek medical evaluation.

Target: 28.0 percent.

Baseline: 25.5 percent of persons with symptoms of obstructive sleep apnea sought medical evaluation in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source*:* National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

SH–2: Reduce the rate of vehicular crashes per 100 million miles traveled that are due to drowsy driving.

Target: 2.1 vehicular crashes per 100 million miles traveled.

Baseline: 2.7 vehicular crashes per 100 million miles traveled involved drowsy driving in 2008.

Target setting method: Minimal statistical significance.

Data source: General Estimates System (GES), DOT, NHTSA.

SH–3: Increase the proportion of students in grades 9 through 12 who get sufficient sleep.

Target: 33.2 percent.

Baseline: 30.9 percent of students in grades 9 through 12 got sufficient sleep (defined as 8 or more hours of sleep on an average school night) in 2009.

Target setting method: Minimal statistical significance.

Data source**:** Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

SH–4: Increase the proportion of adults who get sufficient sleep.

Target: 70.9 percent.

Baseline: 69.6 percent of adults got sufficient sleep (defined as 8 or more hours for those aged 18 to 21 years and 7 or more hours for those aged 22 years and older, on average, during a 24-hour period) in 2008.

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

Substance Abuse

Number	Objective Short Title
Policy and Prevention	
SA–1	Adolescents riding with a driver who has been drinking
SA–2	Substance-free adolescents
SA–3	Adolescent disapproval of substance abuse
SA–4	Adolescent perception of risk associated with substance abuse
SA–5	Specialty courts
SA–6	Mandatory ignition interlock laws
Screening and Treatment	
SA–7	Admissions for injection drug use
SA–8	Receipt of specialty treatment for substance abuse or dependence
SA–9	Referral for care and treatment
SA–10	Trauma centers implementing alcohol Screening and Brief Intervention
Epidemiology and Surveillance	
SA–11	Cirrhosis deaths
SA–12	Drug-induced deaths
SA–13	Recent use of illicit substances
SA–14	Binge drinking
SA–15	Excessive drinking
SA–16	Average annual alcohol consumption
SA–17	Alcohol-impaired driving deaths
SA–18	Steroid use among adolescents
SA–19	Prescription drug abuse
SA–20	Alcohol-attributable deaths

SA–21 Inhalant use among adolescents

Topic Area: Substance Abuse

Policy and Prevention

SA–1: Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.

Target: 25.5 percent.

Baseline: 28.3 percent of students in grades 9 through 12 reported that they rode, during the previous 30 days, with a driver who had been drinking alcohol in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

SA–2: Increase the proportion of adolescents never using substances.

SA–2.1 Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using alcohol for the first time.

Target: 94.4 percent.

Baseline: 85.8 percent of adolescents aged 12 to 17 years who had never used alcohol in their lives refrained from using alcohol for the first time in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–2.2 Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using marijuana for the first time.

Target: 96.4 percent.

Baseline: 94.4 percent of adolescents aged 12 to 17 years who had never used marijuana in their lives refrained from using marijuana for the first time in 2008.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–2.3 Increase the proportion of high school seniors never using substances—Alcoholic beverages.

Target: 30.5 percent.

Baseline: 27.7 percent of high school seniors reported never using alcoholic beverages in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–2.4 Increase the proportion of high school seniors never using substances—Illicit drugs.

Target: 58.6 percent.

Baseline: 53.3 percent of high school seniors reported never using illicit drugs in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–3: Increase the proportion of adolescents who disapprove of substance abuse.

SA–3.1 Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day—8th graders.

Target: 86.4 percent.

Baseline: 78.5 percent of 8th graders reported that they disapproved of people having one or two alcoholic drinks nearly every day in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–3.2 Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day—10th graders.

Target: 85.4 percent.

Baseline: 77.6 percent of 10th graders reported that they disapproved of people having one or two alcoholic drinks nearly every day in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–3.3 Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day—12th graders.

Target: 77.6 percent.

Baseline: 70.5 percent of 12th graders reported that they disapproved of people having one or two alcoholic drinks nearly every day in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–3.4 Increase the proportion of adolescents who disapprove of trying marijuana or hashish once or twice—8th graders.

Target: 82.8 percent.

Baseline: 75.3 percent of 8th graders reported that they disapproved of people trying marijuana or hashish once or twice in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–3.5 Increase the proportion of adolescents who disapprove of trying marijuana or hashish once or twice—10th graders.

Target: 66.1 percent.

Baseline: 60.1 percent of 10th graders reported that they disapproved of people trying marijuana or hashish once or twice in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–3.6 Increase the proportion of adolescents who disapprove of trying marijuana or hashish once or twice—12th graders.

Target: 60.3 percent.

Baseline: 54.8 percent of 12th graders reported that they disapproved of people trying marijuana or hashish once or twice in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–4: Increase the proportion of adolescents who perceive great risk associated with substance abuse.

SA–4.1 Increase the proportion of adolescents aged 12 to 17 years perceiving great risk associated with substance abuse—Consuming five or more alcoholic drinks at a single occasion once or twice a week.

Target: 44.6 percent.

Baseline: 40.5 percent of adolescents aged 12 to 17 years reported that they perceived great risk associated with consuming five or more alcoholic drinks at a single occasion once or twice a week in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–4.2 Increase the proportion of adolescents aged 12 to 17 years perceiving great risk associated with substance abuse—Smoking marijuana once per month.

Target: 37.3 percent.

Baseline: 33.9 percent of adolescents aged 12 to 17 years reported that they perceived great risk associated with smoking marijuana once per month in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–4.3 Increase the proportion of adolescents aged 12 to 17 years perceiving great risk associated with substance abuse—Using cocaine once per month.

Target: 54.7 percent.

Baseline: 49.7 percent of adolescents aged 12 to 17 years reported that they perceived great risk associated with using cocaine once per month in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–5: (Developmental) Increase the number of drug, driving while impaired (DWI), and other specialty courts in the United States.

Potential data source: National Association of Drug Court Professionals (NADCP) database.

SA–6: Increase the number of States with mandatory ignition interlock laws for first and repeat impaired driving offenders in the United States.

Target: 51 (50 States and the District of Columbia).

Baseline: 13 States had mandatory ignition interlock laws for first and repeat impaired driving offenders in 2009.

Target setting method: Total coverage.

Data source: Status of State Ignition Interlock Laws, Mothers Against Drunk Driving (MADD).

Screening and Treatment

SA–7: Increase the number of admissions to substance abuse treatment for injection drug use.

Target: 279,706 Level I and Level II trauma centers.

Baseline: 254,278 Level I and Level II trauma centers to substance abuse treatment programs for injection drug use were reported in 2006.

Target setting method: 10 percent improvement.

Data source: Treatment Episodes Data Set (TEDS), SAMHSA.

SA–8: Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year.

SA–8.1 Increase the proportion of persons who need illicit drug treatment and received specialty treatment for abuse or dependence in the past year.

Target: 17.6 percent.

Baseline: 16.0 percent of persons aged 12 years and older who needed illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–8.2 Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year.

Target: 10.9 percent.

Baseline: 9.9 percent of persons aged 12 years and older who needed alcohol treatment and/or illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–8.3 Increase the proportion of persons who need alcohol abuse or dependence treatment and received specialty treatment for abuse or dependence in the past year.

Target: 9.0 percent.

Baseline: 8.2 percent of persons aged 12 years and older who needed alcohol treatment reported that they received specialty treatment for abuse or dependence in the past year in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–9: (Developmental) Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (ED).

Potential data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

SA–10: Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI).

Target: 358 Level I and Level II trauma centers.

Baseline: 325 Level I and Level II trauma centers met the criteria for implementing evidence-based alcohol Screening and Brief Intervention in 2009.

Target setting method: 10 percent improvement.

Data source: National Trauma Registry System (TRACS), American College of Surgeons (ACS).

Epidemiology and Surveillance

SA–11: Reduce cirrhosis deaths.

Target: 8.2 deaths per 100,000 population.

Baseline: 9.1 cirrhosis deaths per 100,000 population occurred in 2007 (age adjusted per 100,000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

SA–12: Reduce drug-induced deaths.

Target: 11.3 deaths per 100,000 population.

Baseline: 12.6 drug-induced deaths per 100,000 population occurred in 2007 (age adjusted per 100,000 standard population).

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

SA–13: Reduce past-month use of illicit substances.

SA–13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days.

Target: 16.6 percent.

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 setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–13.2 Reduce the proportion of adolescents reporting use of marijuana during the past 30 days.

Target: 6.0 percent.

Baseline: 6.7 percent of adolescents aged 12 to 17 years reported use of marijuana during the past 30 days in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–13.3 Reduce the proportion of adults reporting use of any illicit drug during the past 30 days.

Target: 7.1 percent.

Baseline: 7.9 percent of adults aged 18 years and older reported use of any illicit drug during the past 30 days in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–14: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.

SA–14.1 Reduce the proportion of students engaging in binge drinking during the past 2 weeks—high school seniors.

Target: 22.7 percent.

Baseline: 25.2 percent of high school seniors reported that they engaged in binge drinking during the past 2 weeks in 2009.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–14.2 Reduce the proportion of students engaging in binge drinking during the past 2 weeks—college students.

Target: 36.0 percent.

Baseline: 40.0 percent of college students reported that they engaged in binge drinking during the past 2 weeks in 2008.

Target setting method: 10 percent improvement.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–14.3 Reduce the proportion of persons engaging in binge drinking during the past 30 days—adults aged 18 years and older.

Target: 24.4 percent.

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 setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–14.4 Reduce the proportion of persons engaging in binge drinking during the past month—adolescents aged 12 to 17 years.

Target: 8.5 percent.

Baseline: 9.4 percent of adolescents aged 12 to 17 years reported that they engaged in binge drinking during the past month in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–15: Reduce the proportion of adults who drank excessively in the previous 30 days.

Target: 25.3 percent.

Baseline: 28.1 percent of adults aged 18 years and older reported that they drank excessively in the previous 30 days in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–16: Reduce average annual alcohol consumption.

Target: 2.1 gallons.

Baseline: 2.3 gallons of ethanol per person aged 14 years and older were consumed in 2007.

Target setting method: 10 percent improvement.

Data source: Alcohol Epidemiologic Data System (AEDS), NIH, NIAAA.

SA–17: Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities.

Target: 0.38 deaths per 100 million vehicle miles traveled.

Baseline: 0.40 deaths per 100 million vehicle miles traveled involved a driver or motorcycle rider with a BAC of .08 or greater in 2008.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Fatality Analysis Reporting System (FARS), DOT, NHTSA.

SA–18: Reduce steroid use among adolescents.

SA–18.1 Reduce steroid use among 8th graders.

Target: Not applicable.

Baseline: 1.3 percent of 8th graders reported that they used steroids in the past year in 2009.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–18.2 Reduce steroid use among 10th graders.

Target: Not applicable.

Baseline: 1.3 percent of 10th graders reported that they used steroids in the past year in 2009.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–18.3 Reduce steroid use among 12th graders.

Target: Not applicable.

Baseline: 2.2 percent of 12th graders reported that they used steroids in the past year in 2009.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: Monitoring the Future Survey (MTF), NIH, NIDA.

SA–19: Reduce the past-year nonmedical use of prescription drugs.

SA–19.1 Reduce the past-year nonmedical use of pain relievers.

Target: Not applicable.

Baseline: 4.8 percent of persons aged 12 years and older reported nonmedical use of pain relievers in the past year in 2008.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–19.2 Reduce the past-year nonmedical use of tranquilizers.

Target: Not applicable.

Baseline: 2.0 percent of persons aged 12 years and older reported nonmedical use of tranquilizers in the past year in 2008.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–19.3 Reduce the past-year nonmedical use of stimulants.

Target: Not applicable.

Baseline: 1.06 percent of persons aged 12 years and older reported nonmedical use of stimulants in the past year in 2008.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–19.4 Reduce the past-year nonmedical use of sedatives.

Target: Not applicable.

Baseline: 0.25 percent of persons aged 12 years and older reported nonmedical use of sedatives in the past year in 2008.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–19.5 Reduce the past-year nonmedical use of any psychotherapeutic drug (including pain relievers, tranquilizers, stimulants, and sedatives).

Target: 5.5 percent.

Baseline: 6.1 percent of persons aged 12 years and older reported nonmedical use of any psychotherapeutic drug in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

SA–20: Reduce the number of deaths attributable to alcohol.

Target: 71,681 deaths.

Baseline: 79,646 deaths attributable to the harmful effects of excessive alcohol use occurred in 2001–05 (average annual number).

Target setting method: 10 percent improvement.

Data source: Alcohol Related Disease Impact (ARDI) System, CDC.

SA–21: Reduce the proportion of adolescents who use inhalants.

Target: Not applicable.

Baseline: 3.9 percent of adolescents aged 12 to 17 years reported that they used inhalants in the past year in 2008.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

Tobacco Use

Number	Objective Short Title
Tobacco Use	
TU–1	Adult tobacco use
TU–2	Adolescent tobacco use
TU–3	Initiation of tobacco use
TU–4	Smoking cessation attempts by adults
TU–5	Adult success in smoking cessation
TU–6	Smoking cessation during pregnancy
TU–7	Smoking cessation attempts by adolescents
Health Systems Change	
TU–8	Medicaid coverage for smoking cessation
TU–9	Tobacco screening in health care settings
TU–10	Tobacco cessation counseling in health care settings
Social and Environmental Changes	
TU–11	Exposure to secondhand smoke
TU–12	Indoor worksite smoking policies
TU–13	Smoke-free indoor air laws
TU–14	Smoke-free homes
TU–15	Tobacco-free schools
TU–16	Preemptive tobacco control laws
TU–17	Tobacco tax
TU–18	Exposure of adolescents and young adults to advertising and promotion
TU–19	Enforcement of illegal sales to minors laws
TU–20	Evidence-based tobacco control programs

Topic Area: Tobacco Use

Tobacco Use

TU–1: Reduce tobacco use by adults.

TU–1.1 Reduce cigarette smoking by adults.

Target: 12.0 percent.

Baseline: 20.6 percent of adults aged 18 years and older were current cigarette smokers in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 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.

Target: 0.3 percent.

Baseline: 2.3 percent of adults aged 18 years and older were current users of snuff or chewing tobacco products in 2005 (age adjusted to the year 2000 standard population).

Target setting method: 2 percentage point improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–1.3 Reduce use of cigars by adults.

Target: 0.2 percent.

Baseline: 2.2 percent of adults aged 18 years and older were current cigar smokers in 2005 (age adjusted to the year 2000 standard population).

Target setting method: 2 percentage point improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–2: Reduce tobacco use by adolescents.

TU–2.1 Reduce use of tobacco products by adolescents (past month).

Target: 21.0 percent.

Baseline: 26.0 percent of adolescents in grades 9 through 12 used cigarettes, chewing tobacco, snuff, or cigars in the past 30 days in 2009.

Target setting method**:** 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).

Target: 16.0 percent.

Baseline: 19.5 percent of adolescents in grades 9 through 12 smoked cigarettes in the past 30 days in 2009.

Target setting method: 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).

Target: 6.9 percent.

Baseline: 8.9 percent of adolescents in grades 9 through 12 used smokeless (chewing tobacco or snuff) tobacco products in the past 30 days in 2009.

Target setting method: 2 percentage point improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

TU–2.4 Reduce use of cigars by adolescents (past month).

Target: 8.0 percent.

Baseline:14.0 percent of adolescents in grades 9 through 12 smoked cigars in the past 30 days in 2009.

Target setting method: Retention of Healthy People 2010 target.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

TU–3: Reduce the initiation of tobacco use among children, adolescents, and young adults.

TU–3.1 Reduce the initiation of the use of tobacco products among children and adolescents aged 12 to 17 years.

Target: 5.7 percent.

Baseline: 7.7 percent of children and adolescents aged 12 to 17 years who had not previously used tobacco products in their lifetime first used tobacco products in the past 12 months in 2008.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.2 Reduce the initiation of the use of cigarettes among children and adolescents aged 12 to 17 years.

Target: 4.2 percent.

Baseline: 6.2 percent of children and adolescents aged 12 to 17 years who had not previously smoked cigarettes in their lifetime first smoked cigarettes in the past 12 months in 2008.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.3 Reduce the initiation of the use of smokeless tobacco products by children and adolescents aged 12 to 17 years.

Target: 0.5 percent.

Baseline: 2.5 percent of children and adolescents aged 12 to 17 years who had not previously used smokeless tobacco in their lifetime first used smokeless tobacco in the previous 12 months in 2008.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.4 Reduce the initiation of the use of cigars by children and adolescents aged 12 to 17 years.

Target: 2.8 percent.

Baseline: 4.8 percent of children and adolescents aged 12 to 17 years who had not previously smoked cigars in their lifetime first smoked cigars in the previous 12 months in 2008.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.5 Reduce the initiation of the use of tobacco products by young adults aged 18 to 25 years.

Target: 8.8 percent.

Baseline: 10.8 percent of young adults aged 18 to 25 years who had not previously used tobacco products in their lifetime first used tobacco products in the past 12 months in 2008.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.6 Reduce the initiation of the use of cigarettes by young adults aged 18 to 25 years.

Target: 6.3 percent.

Baseline: 8.3 percent of young adults aged 18 to 25 years who had not previously smoked cigarettes in their lifetime first smoked cigarettes in the past 12 months in 2008.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.7 Reduce the initiation of the use of smokeless tobacco products by young adults aged 18 to 25 years.

Target: 0.2 percent.

Baseline: 2.2 percent of young adults aged 18 to 25 years who had not previously used smokeless tobacco in their lifetime first used smokeless tobacco products in the previous 12 months in 2008.

Target setting method**:** 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–3.8 Reduce the initiation of the use of cigars by young adults aged 18 to 25 years.

Target: 4.1 percent.

Baseline: 6.1 percent of young adults aged 18 to 25 years who had not previously smoked cigars in their lifetime first smoked cigars in the previous 12 months in 2008.

Target setting method: 2 percentage point improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

TU–4: Increase smoking cessation attempts by adult smokers.

TU–4.1 Increase smoking cessation attempts by adult smokers.

Target: 80.0 percent.

Baseline: 48.3 percent of adult smokers aged 18 years and older attempted to stop smoking in the past 12 months in 2008 (age adjusted to the year 2000 standard population).

Target setting method**:** Retention of Healthy People 2010 target.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–4.2 (Developmental) Increase smoking cessation attempts using evidence-based strategies by adult smokers.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–5: Increase recent smoking cessation success by adult smokers.

5.1 Increase recent smoking cessation success by adult smokers.

Target: 8.0 percent.

Baseline: 6.0 percent of adult smokers aged 18 years and older last smoked 6 months to 1 year ago in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 2 percentage point improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–5.2 (Developmental) Increase recent smoking cessation success by adult smokers using evidence-based strategies.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–6: Increase smoking cessation during pregnancy.

Target: 30.0 percent.

Baseline: 11.3 percent of females aged 18 to 49 years (who reported having a live birth in the past 5 years and smoking at any time during their pregnancy with their last child), stopped smoking during the first trimester of their pregnancy and stayed off cigarettes for the rest of their pregnancy in 2005.

Target setting method: Retention of Healthy People 2010 target.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

TU–7: Increase smoking cessation attempts by adolescent smokers.

Target: 64.0 percent.

Baseline: 58.5 percent of adolescent smokers in grades 9 through 12 tried to stop smoking in the past 12 months in 2009.

Target setting method: Retention of Healthy People 2010 target.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

Health Systems Change

TU–8: Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in States and the District of Columbia.

Target: 51 (50 States and the District of Columbia).

Baseline: 6 States had comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in 2007.

Target setting method: Total coverage.

Data source: State Medicaid Coverage Survey for Tobacco-Dependence Treatments, Berkeley, Center for Health and Public Policy Studies (CHPPS).

TU–9: Increase tobacco screening in health care settings.

TU–9.1 Increase tobacco screening in office-based ambulatory care settings.

Target: 69.1 percent.

Baseline: 62.8 percent of office-based ambulatory care setting visits among patients aged 18 years and older had tobacco screening in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

TU–9.2 Increase tobacco screening in hospital ambulatory care settings.

Target: 66.3 percent.

Baseline: 60.3 percent of hospital ambulatory care setting visits among patients aged 18 years and older had tobacco screening in 2007.

Target setting method: 10 percent improvement.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

TU–9.3 (Developmental) Increase tobacco screening in dental care settings.

Potential data source: Survey of Dental Practice, American Dental Association (ADA).

TU–9.4 (Developmental) Increase tobacco screening in substance abuse care settings.

Potential data source: National Survey of Substance Abuse Treatment Services (N-SSATS), SAMHSA.

TU–10: Increase tobacco cessation counseling in health care settings.

TU–10.1 Increase tobacco cessation counseling in office-based ambulatory care settings.

Target: 21.2 percent.

Baseline: 19.3 percent of visits to an office-based ambulatory care setting among current tobacco users aged 18 years and older had tobacco cessation counseling ordered or provided during that visit in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

TU–10.2 Increase tobacco cessation counseling in hospital ambulatory care settings.

Target: 24.8 percent.

Baseline: 22.5 percent of visits to a hospital ambulatory care setting among current tobacco users aged 18 years and older had tobacco cessation counseling ordered or provided during that visit in 2007.

Target setting method: 10 percent improvement.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

TU–10.3 (Developmental) Increase tobacco cessation counseling in dental care settings.

Potential data source: Survey of Dental Practice, American Dental Association (ADA).

TU–10.4 (Developmental) Increase tobacco cessation counseling in substance abuse care settings.

Potential data source: National Survey of Substance Abuse Treatment Services (N–SSATS), SAMHSA.

Social and Environmental Changes

TU–11: Reduce the proportion of nonsmokers exposed to secondhand smoke.

TU–11.1 Reduce the proportion of children aged 3 to 11 years exposed to secondhand smoke.

Target: 47.0 percent.

Baseline: 52.2 percent of children aged 3 to 11 years were exposed to secondhand smoke in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

TU–11.2 Reduce the proportion of adolescents aged 12 to 17 years exposed to secondhand smoke.

Target: 41.0 percent.

Baseline: 45.5 percent of nonsmoking adolescents aged 12 to 17 years were exposed to secondhand smoke in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

TU–11.3 Reduce the proportion of adults aged 18 years and older exposed to secondhand smoke.

Target: 33.8 percent.

Baseline: **3**7.6 percent of nonsmoking adults aged 18 years and older were exposed to secondhand smoke in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

TU–12: Increase the proportion of persons covered by indoor worksite policies that prohibit smoking.

Target: 100.0 percent.

Baseline: 75.3 percent of employed persons aged 18 years and older (who worked in indoor public worksites) were covered by indoor worksite policies that prohibited smoking in 2006–07.

Target setting method: Projection/trend analysis.

Data source: Tobacco Use Supplement to the Current Population Survey (TUS–CPS), U.S. Census Bureau; DOL, BLS.

TU–13: Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites.

TU–13.1 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in private worksites.

Target: 51 (50 States and the District of Columbia).

Baseline: 30 had smoke-free indoor air laws that prohibit smoking in private worksites in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.2 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in public worksites.

Target: 51 (50 States and the District of Columbia).

Baseline: 34 had smoke-free indoor air laws that prohibit smoking in public worksites in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.3 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in restaurants.

Target: 51 (50 States and the District of Columbia).

Baseline: 28 (27 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in restaurants in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.4 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in bars.

Target: 51 (50 States and the District of Columbia).

Baseline: 22 (21 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in bars in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.5 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in gaming halls.

Target: 51 (50 States and the District of Columbia).

Baseline: 20 States had smoke-free indoor air laws prohibiting smoking in gaming halls in 2009.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.6 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in commercial daycare centers.

Target: 51 (50 States and the District of Columbia).

Baseline: 38 (37 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in commercial daycare centers in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.7 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in home-based daycare centers.

Target: 51 (50 States and the District of Columbia).

Baseline: 37 (36 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in home-based daycare centers in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.8 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in public transportation.

Target: 51 (50 States and the District of Columbia).

Baseline: 38 (37 States and the District of Columbia) had smoke-free indoor air laws that prohibit smoking in public transportation in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.9 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in hotels and motels.

Target: 51 (50 States and the District of Columbia).

Baseline: 0 States or the District of Columbia had smoke-free indoor air laws that prohibit smoking in hotels and motels in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.10 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in multiunit housing.

Target: 51 (50 States and the District of Columbia).

Baseline: 0 States or the District of Columbia had smoke-free indoor air laws that prohibit smoking in multiunit housing in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.11 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in vehicles with children.

Target: 51 (50 States and the District of Columbia).

Baseline: 4 States had smoke-free indoor air laws that prohibit smoking in vehicles with children in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.12 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in prisons and correctional facilities.

Target: 51 (50 States and the District of Columbia).

Baseline: 8 States had smoke-free indoor air laws that prohibit smoking in prisons and correctional facilities in 2009.

Target setting method: Total coverage.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU– 13.13 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in substance abuse treatment facilities.

Target: 51 (50 States and the District of Columbia).

Baseline: 9 States had smoke-free indoor air laws prohibiting smoking in substance abuse treatment facilities in 2009.

Data source**:** State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.14 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in mental health treatment facilities.

Target: 51 (50 States and the District of Columbia).

Baseline: 9 States had smoke-free indoor air laws prohibiting smoking in mental health treatment facilities in 2009.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU– 13.15 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in entrances and exits of all public places.

Target: 51 (50 States and the District of Columbia).

Baseline: 1 State had a smoke-free indoor air law prohibiting smoking in entrances and exits of restaurants, bars, private worksites, and government worksites in 2009.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.16 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking on hospital campuses.

Target: 51 (50 States and the District of Columbia).

Baseline: 0 States and the District of Columbia had smoke-free indoor air laws prohibiting smoking on hospital campuses in 2009.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–13.17 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking on college and university campuses.

Target: 51 (50 States and the District of Columbia).

Baseline: 1 State had a smoke-free indoor air law prohibiting smoking on college and university campuses in 2009.

Data source**:** State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–14: Increase the proportion of smoke-free homes.

Target: 87.0 percent.

Baseline: 79.1 percent of adults aged 18 years and older reported that no smoking is allowed in their home in 2006–07.

Target setting method: 10 percent improvement

Data source**:** Tobacco Use Supplement to the Current Population Survey (TUS-CPS), U.S. Census Bureau; DOL, BLS.

TU–15: Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.

15.1 Increase tobacco-free environments in junior high schools, including all school facilities, property, vehicles, and school events.

Target: 100 percent.

Baseline: 65.4 percent of junior high schools had tobacco-free environments, including all school facilities, property, vehicles, and school events, in 2006.

Target setting method: Total coverage.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

TU–15.2 Increase tobacco-free environments in middle schools, including all school facilities, property, vehicles, and school events.

Target: 100 percent.

Baseline: 58.7 percent of middle schools had tobacco-free environments, including all school facilities, property, vehicles, and school events, in 2006.

Target setting method: Total coverage.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

TU–15.3 Increase tobacco-free environments in high schools, including all school facilities, property, vehicles, and school events.

Target: 100 percent.

Baseline: 66.1 percent of high schools had tobacco-free environments, including all school facilities, property, vehicles, and school events, in 2006.

Target setting method: Total coverage.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

TU–15.4 (Developmental) Increase tobacco-free environments in Head Start, including all school facilities, property, vehicles, and school events.

Potential data sources: To be determined.

TU–16: Eliminate State laws that preempt stronger local tobacco control laws.

TU–16.1 Eliminate State laws that preempt stronger local tobacco control laws on smoke-free indoor air.

Target: 0 States and the District of Columbia.

Baseline: 12 States preempted stronger local tobacco control laws on smoke-free indoor air in 2009.

Target setting method: Total elimination.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–16.2 Eliminate State laws that preempt stronger local tobacco control laws on advertising.

Target: 0 States and the District of Columbia.

Baseline: 18 States preempted stronger local tobacco control laws on advertising in 2009.

Target setting method: Total elimination.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–16.3 Eliminate State laws that preempt stronger local tobacco control laws on youth access.

Target: 0 States and the District of Columbia.

Baseline: 22 States preempted stronger local tobacco control laws on youth access to tobacco products in 2009.

Target setting method: Total elimination.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–17: Increase the Federal and State tax on tobacco products.

TU–17.1 Increase the Federal and State tax cigarettes.

Target: 52 (50 States, the District of Columbia, and the Federal Government).

Baseline: 0 States, the District of Columbia, and the Federal Governrment increased tax on cigarettes by $1.50 over the tracking period beginning in 2010.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–17.2 Increase the Federal and State tax smokeless tobacco products.

Target: 52 (50 States, the District of Columbia, and the Federal Government).

Baseline: 0 States, the District of Columbia, and the Federal Government increased tax on smokeless tobacco products by $1.50 over the tracking period beginning in 2010.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–17.3 (Developmental) Increase the Federal and State tax on other smoked tobacco products.

Potential data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–18: Reduce the proportion of adolescents and young adults in grades 6 through 12 who are exposed to tobacco advertising and promotion.

TU–18.1 Reduce the proportion of adolescents and young adults in grades 6 through 12 who are exposed to tobacco advertising and promotion on the Internet.

Target: 33.1 percent.

Baseline: 36.8 percent of adolescents and young adults in grades 6 through 12 were exposed to tobacco advertising and promotion on the Internet in 2009.

Target setting method: 10 percent improvement.

Data source: National Youth Tobacco Survey (NYTS), CDC.

TU–18.2 Reduce the proportion of adolescents and young adults in grades 6 through 12 who are exposed to tobacco advertising and promotion in magazines and newspapers.

Target: 19.3 percent.

Baseline: 48.6 percent of adolescents and young adults in grades 6 through 12 were exposed to tobacco advertising and promotion in magazines and newspapers in 2009.

Target setting method: Projection/trend analysis.

Data source: National Youth Tobacco Survey (NYTS), CDC.

TU– 18.3 (Developmental) Reduce the proportion of adolescents and young adults in grades 6 through 12 who are exposed to tobacco advertising and promotion in movies.

Potential data source: To be determined.

TU– 18.4 (Developmental) Reduce the proportion of adolescents and young adults in grades 6 through 12 who are exposed to tobacco advertising and promotion at point of purchase (convenience store, supermarket, or gas station).

Potential data source: To be determined.

TU–19: Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors.

TU–19.1 Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors in States and the District of Columbia.

Target: 51 (50 States and the District of Columbia).

Baseline: 5 States reported an illegal sales rate to minors of 5 percent or less in compliance checks in 2009.

Target setting method: Total coverage.

Data source: State Synar Enforcement Reporting, SAMHSA, CSAP.

TU–19.2 Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors in Territories.

Target: 8 Territories.

Baseline: 1 Territory reported an illegal sales rate to minors of 5 percent or less in compliance checks in 2009.

Target setting method: Total coverage.

Data source: State Synar Enforcement Reporting, SAMHSA, CSAP.

TU–20: (Developmental) Increase the number of States and the District of Columbia, Territories, and Tribes with sustainable and comprehensive evidence-based tobacco control programs.

TU–20.1 (Developmental) Increase the number of States and the District of Columbia with sustainable and comprehensive evidence-based tobacco control programs.

Potential data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU– 20.2 (Developmental) Increase the number of Territories with sustainable and comprehensive evidence-based tobacco control programs.

Potential data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

TU–20.3 (Developmental) Increase the number of Tribes with sustainable and comprehensive evidence-based tobacco control programs.

Potential data source: State Tobacco Activities Tracking and Evaluation System, CDC, NCCDPHP.

Vision

Number	Objective Short Title
V–1	Vision screening for children
V–2	Visual impairment in children and adolescents
V–3	Occupational eye injury
V–4	Dilated eye examinations
V–5	Visual impairment
V–6	Protective eyewear use
V–7	Vision rehabilitation
V–8	Comprehensive vision health services in Federally Qualified Health Centers

Topic Area: Vision

V–1: Increase the proportion of preschool children aged 5 years and under who receive vision screening.

Target: 44.1 percent.

Baseline: 40.1 percent of preschool children aged 5 years and under received vision screening in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–2: Reduce blindness and visual impairment in children and adolescents aged 17 years and under.

Target: 25.4 per 1,000.

Baseline: 28.2 per 1,000 children and adolescents aged 17 years and under were blind or visually impaired in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–3: Reduce occupational eye injuries.

V–3.1 Reduce occupational eye injuries resulting in lost work days.

Target: 2.6 per 10,000 full-time workers.

Baseline: 2.9 per 10,000 full-time workers had occupational eye injuries resulting in lost work days in 2008.

Target setting method: 10 percent improvement.

Data source: Survey of Occupational Injuries and Illnesses (SOII), DOL, BLS.

V–3.2 Reduce occupational eye injuries treated in emergency departments (EDs).

Target: 11.6 per 10,000 full-time workers.

Baseline: 12.9 per 10,000 full-time workers were treated for occupational eye injuries in EDs in 2008.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System (NEISS), CPSC and CDC, NIOSH; Survey of Occupational Injuries and Illnesses (SOII), DOL, BLS.

V–4: Increase the proportion of adults who have a comprehensive eye examination, including dilation, within the past 2 years.

Target: 60.5 percent.

Baseline: 55.0 percent of adults aged 18 years and older had a comprehensive eye examination, including dilation, within the past 2 years in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–5: Reduce visual impairment.

V–5.1 Reduce visual impairment due to uncorrected refractive error.

Target: 122.5 per 1,000.

Baseline: 136.1 per 1,000 population aged 12 years and older had uncorrected refractive errors in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

V–5.2 Reduce visual impairment due to diabetic retinopathy.

Target: 30.7 per 1,000.

Baseline: 34.1 per 1,000 population aged 18 years and older with diabetes had visual impairment due to diabetic retinopathy in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–5.3 Reduce visual impairment due to glaucoma.

Target: 12.3 per 1,000.

Baseline: 13.7 per 1,000 population aged 45 years and older had visual impairment due to glaucoma in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–5.4 Reduce visual impairment due to cataract.

Target: 98.6 per 1,000.

Baseline: 109.6 per 1,000 population aged 65 years and older had visual impairment due to cataract in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–5.5 Reduce visual impairment due to age-related macular degeneration (AMD).

Target: 14.0 per 1,000 population.

Baseline: 15.6 per 1,000 population aged 45 years and older had visual impairment due to age-related macular degeneration (AMD) in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–6: Increase the use of personal protective eyewear in recreational activities and hazardous situations around the home.

V–6.1 Increase the use of personal protective eyewear in recreational activities and hazardous situations around the home among children and adolescents aged 6 to 17 years.

Target: 18.2 percent.

Baseline: 16.5 percent of children and adolescents aged 6 to 17 years used personal protective eyewear in recreational activities and hazardous situations around the home in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–6.2 Increase the use of protective eyewear in recreational activities and hazardous situations around the home among adults aged 18 years and older.

Target: 43.7 percent.

Baseline: 39.7 percent of adults aged 18 years and older used protective eyewear in recreational activities and hazardous situations around the home in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), NCHS, CDC.

V–7: Increase vision rehabilitation.

V–7.1 Increase the use of vision rehabilitation services by persons with visual impairment.

Target: 33.1 per 1,000.

Baseline: 30.1 per 1,000 persons with visual impairment used vision rehabilitation services in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–7.2 Increase the use of assistive and adaptive devices by persons with visual impairment.

Target: 12.3 percent.

Baseline: 11.2 percent of persons with visual impairment used assistive and adaptive devices in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

V–8 (Developmental) Increase the proportion of Federally Qualified Health Centers (FQHCs) that provide comprehensive vision health services.

Potential data source: Bureau of Primary Health Care Health Center Management Information System, HRSA.