

# 2012 Annual Status Report



## National Prevention, Health Promotion, and Public Health Council

June 13, 2012

# **National Prevention, Health Promotion, and Public Health Council Members**

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Surgeon General Regina M. Benjamin, United States Public Health Service

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## **Introduction**

To implement Section 4001 of the Affordable Care Act, on June 10, 2010, President Obama signed an Executive Order creating the National Prevention, Health Promotion, and Public Health Council. The National Prevention Council, chaired by U.S. Surgeon General Dr. Regina Benjamin provides coordination and leadership among 17 executive departments and agencies with respect to prevention, wellness, and health promotion activities. The Affordable Care Act also created the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (Prevention Advisory Group).

*The National Prevention Strategy: America's Plan for Better Health and Wellness* was released June 16, 2011.<sup>1</sup> The National Prevention Strategy's vision is "Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness." The strategy has an overarching goal of increasing the number of Americans who are healthy at every stage of life and envisions a prevention-oriented society where all sectors contribute to the health of individuals, families, and society.

This 2012 Annual Status Report highlights the activities and accomplishments of the National Prevention Council during this reporting period. It presents the National Prevention Council Action Plan (Appendix A) and an update on the National Prevention Strategy indicators (Appendix B). The National Prevention Council Action Plan identifies National Prevention Council commitments shared across all 17 departments and unique department actions being taken to implement federal actions related to each of the Strategic Directions and Priorities of the National Prevention Strategy. The National Prevention Council Action Plan is not intended to be a complete inventory of the full range or scope of prevention efforts across the federal government. It presents important actions that illustrate the significant breadth of activities and represent the commitment made by the entire council. In addition, all action items—whether new or existing initiatives—are subject to the annual budget processes that require balancing priorities within available resources.

## **The Affordable Care Act and Prevention**

The Affordable Care Act recognizes that focusing on wellness and prevention is key to improving the health of Americans. Preventive services without cost sharing and annual wellness visits enhance our health care system and through the Prevention and Public Health Fund, communities nationwide are implementing community-based strategies to address chronic diseases, such as heart disease, diabetes, and cancer. By promoting healthy lifestyles, especially among people experiencing the greatest burden of chronic disease, these programs are already working to improve health, reduce health disparities, and control health care spending. The Affordable Care Act also expands and develops the skills of the public health workforce and ensures that people have increased access to primary care and behavioral health services through programs that improve and expand health centers and provide incentives (e.g., Medicare primary care bonuses) for providers to practice in primary care settings.

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<sup>1</sup> National Prevention Strategy—<http://www.healthcare.gov/prevention/nphpphc/strategy/report.html>

The National Prevention Council’s work demonstrates the Obama Administration’s commitment to and focus on prevention and aligns with the other prevention initiatives in the Affordable Care Act.

### **National Prevention Council: A Shared Commitment**

Since the National Prevention Council was established in June 2010, the council’s representatives have met regularly; engaged stakeholders, subject matter experts, and the public; and worked with the Prevention Advisory Group to implement the National Prevention Strategy.

One role of the National Prevention Council is to ensure federal health and prevention efforts are coordinated, aligned, and championed. The National Prevention Council recognizes that some opportunities are shared across all departments and that synergies may occur when all departments work together to make progress. Thus, under the leadership of Dr. Regina Benjamin, the National Prevention Council has identified specific areas for accelerating prevention through the combined efforts of all 17 National Prevention Council departments. The National Prevention Council has identified these shared commitments:

- Identifying opportunities to consider prevention and health within National Prevention Council departments and encouraging partners to do so voluntarily as appropriate.
- Increasing tobacco free environments within National Prevention Council departments and encouraging partners to do so voluntarily as appropriate.
- Increasing access to healthy, affordable food within National Prevention Council departments and encouraging partners to do so voluntarily as appropriate.

Each National Prevention Council department is pursuing specific actions aligned with the Strategic Directions and Priorities of the National Prevention Strategy, providing examples of activities that help achieve the strategy’s goal. These department actions are both innovative programs and proven initiatives. Each of the federal actions within the National Prevention Strategy is being addressed by one or more National Prevention Council departments. The actions showcase each department’s contribution to implementation as they work to prioritize prevention in their efforts. These actions do not represent an inventory of the full set of prevention-related activities ongoing within the departments.

The following table includes programs and initiatives that exemplify coordinated approaches to prevention and highlight collaborative work being done by the federal government.

### **Collaborative Federal Activities Aligned to the National Prevention Strategy<sup>2</sup>**

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<sup>2</sup> Table includes National Prevention Council departments only. Other federal departments may also be involved.

Initiative	Departments	Description
Federal Interagency Council on Outdoor Recreation	EPA, HHS, USDA	Supports and enhances outdoor recreation access and opportunities on federal public lands, waters, and shores. Promotes coordination and collaboration among federal agencies whose missions or programs include providing outdoor recreation amenities/opportunities and conserving or managing natural and cultural resources used or visited for outdoor recreation.
Green Ribbon Schools	BIA, ED, EPA, HHS, USDA	The recognition award encourages state education agencies and schools to recognize the links between education, health, and the environment, and to make all three of these areas a priority. The award also encourages states, districts and schools, including tribal and Department of Defense schools, to increase physical activity time, improve nutrition and ensure that schools are healthy and safe places.
Let's Move! In Indian Country	BIA, CNCS, ED, HHS, USDA	Dedicates efforts to solving the problem of obesity within a generation, so that children born today will grow up healthier. Engages tribal leaders, schools, urban Indian centers, and other community organizations to promote physical activity, breastfeeding, and healthy eating.
Million Hearts™	HHS, VA	Aims to prevent 1 million heart attacks and strokes by 2017. Brings together existing efforts and new programs to improve health across communities by focusing on the ABCS (Aspirin for people at risk, Blood pressure control, Cholesterol control, Smoking cessation).
National Forum on Youth Violence Prevention	DOJ, DOL, ED, HHS, HUD, ONDCP	Builds local capacity to prevent and reduce youth violence through a network of communities and federal agencies that work together and share information.
Safe Routes to Schools	DOT, ED, EPA, HHS	Supports efforts to improve the ability of students to walk and bicycle to school safely, which can encourage a healthy and active lifestyle from an early age.
Stopbullying.gov	ED, HHS	Provides practical strategies for schools and communities to ensure safe environments and suggestions on how parents can talk about this sensitive subject with their children.
Task Force on Environmental Health Risks and Safety Risks to Children	ED, EPA, DOL, DOT, HHS, HUD, USDA,	Recommends strategies for protecting children's health and safety, including specific priorities around asthma, unintentional injuries, lead poisoning, cancer, environmental health in schools, the National Children's Study, and Children's Health Month.

## Partners in Prevention: Engaging States and Communities

The National Prevention Strategy encourages partnerships among federal, state, tribal, local, and territorial governments; business, industry, and other private sector partners; philanthropic organizations; early learning centers, schools, colleges and universities; community and faith-based organizations; and all Americans to improve health through prevention.

Since the release of the National Prevention Strategy, a growing number of state and local governments, professional organizations, and community groups are incorporating the Strategic Directions and Priorities into their policies and programs, as the following examples show:

- The City of Chicago’s Healthy Chicago 2020 and the County of San Diego: Live Well San Diego!, both modeled after the strategy.
- The National Association of Counties has endorsed the strategy and supports its implementation across all levels of government and in communities.
- The National Association of County and City Health Officials and the Association of State and Territorial Health Officials are developing tools to enhance implementation at state and local levels.
- The National Forum for Heart Disease and Stroke Prevention is aligning its priorities with the strategy.
- The Institute of Medicine has released two reports, *For the Public’s Health: Investing in a Healthier Future* and *Primary Care and Public Health: Exploring Integration to Improve Population Health*, making recommendations that build upon the National Prevention Council’s efforts and the strategy.
- The Rhode Island and Massachusetts legislatures are working to establish state prevention councils.

Members of the advisory group with assistance from HHS Regional Health Administrators, state health directors, and local organizations organized regional meetings that involved the regional offices of the federal departments represented on the National Prevention Council, state and local leaders, public health officials, health care professionals, funders, business leaders, community groups, academics, children, representatives from communities of faith, and the media. Such meetings serve to educate local communities about the National Prevention Strategy, build local partnerships, and highlight prevention programs and initiatives. Meetings have been held in three cities involved about 4,000 community members and yielded these accomplishments:

- Chicago, IL (December 7–8, 2011)—Local organizations commit to using the National Prevention Strategy to inform their prevention funding decisions.
- Raleigh, NC (January 26–27, 2012)—Local business leaders convened a business roundtable to support prevention efforts.
- Boston, MA (March 20–23, 2012)—Regional representatives from 11 National Prevention Council departments participated.

### **Prevention Advisory Group: Key Activities**

The advisory group offers recommendations to the members of the National Prevention Council and advises them on effective, evidence-based prevention and health promotion practices. During this reporting period, the advisory group met three times (two in person meetings, one web meeting) and created ad hoc work groups to gather and review background information to develop recommendations for the National Prevention Council. The advisory group presented its first report of recommendations to the National Prevention

Council on November 29, 2011.<sup>3</sup> The National Prevention Council has addressed many of the advisory group's recommendations:

- Identifying short-term commitments in the National Prevention Council Action Plan.
- Identifying opportunities for National Prevention Council departments to apply a health “lens” to initiatives and programs.
- Participating in regional meetings to educate National Prevention Council departments, including the Department of Housing and Urban Development and the Environmental Protection Agency, about the strategy.
- Including representatives of nongovernmental sectors (e.g., business community, community based organizations) on the advisory group.
- Coordinating with *Healthy People 2020* to support measuring strategy- related indicators.

Visit the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health Council website to learn more.<sup>4</sup>

## Measuring Progress

The National Prevention Council Action Plan demonstrates how the National Prevention Council works across sectors to implement the recommendations and actions of the National Prevention Strategy. Similar to the National Prevention Strategy, this action plan is dynamic and will evolve as the needs, interests, and priorities of the nation change. As federal leaders in prevention, the National Prevention Council departments will work together to achieve their commitments and continue to align their actions with the Strategic Directions and Priorities of the National Prevention Strategy. The federal commitments contained in the National Prevention Council Action Plan will measure progress against key indicators, including those that align with *Healthy People 2020*, identified in the strategy. In the next year, the National Prevention Council will evaluate progress in implementing the National Prevention Council Action Plan.

The National Prevention Council uses the best available data to monitor our nation's progress in achieving positive health outcomes. The National Prevention Strategy includes key indicators for the overarching goal, the leading causes of death, and each Strategic Direction and Priority. The baselines and 10-year targets for these indicators were drawn from existing measurement efforts. NPS indicators are aligned to the *Healthy People 2020* objective(s) where appropriate. This alignment is available for reference and review in Appendix 2 of the National Prevention Strategy.<sup>5</sup> The National Prevention Council will continue to update indicators and report updated data. The 2012 reporting can be found in Appendix B.

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<sup>3</sup> First Report of the Advisory Group on Prevention, Health Promotion, and Public Health—  
<http://www.healthcare.gov/prevention/nphpphc/advisorygrp/ag-reportfinal1121201.pdf>

<sup>4</sup> Advisory Group on Prevention, Health Promotion, and Integrative and Public Health Council—  
<http://www.healthcare.gov/prevention/nphpphc/advisorygrp/index.html#mem>

<sup>5</sup> National Prevention Strategy, Appendix 2: National Prevention Strategy Indicators—  
<http://www.healthcare.gov/prevention/nphpphc/strategy/appendix2.pdf>

The National Prevention Council recognizes the importance of partners and their role as trusted members of the communities and populations they serve. The National Prevention Strategy encourages partnerships among federal, state, tribal, local, and territorial governments; business, industry, and other private sector partners; health care systems, insurers, and clinicians; early learning centers, schools, colleges, and universities; community, nonprofit, and faith-based organizations, and individual Americans to improve health through prevention.

Improvements in health are amplified when those working both within and outside of government consider opportunities to address prevention and wellness. Continued effective implementation of the National Prevention Strategy will require on-going leadership, a focus on the Strategic Directions and Priorities, and engagement of both public and private partners. Together, we can work to improve the health and quality of life for individuals, families, and communities and move the nation from a focus on sickness and disease to one based on prevention and wellness.



## **Appendix A**

### **National Prevention Council Action Plan**

See attached document

## Appendix B

### 2012 Reporting: National Prevention Strategy Indicators

Key Indicator <sup>1</sup>	Data Source	Frequency	Baseline (Year)	Reporting (Year)
<b>GOAL INDICATORS</b>				
Rate of infant mortality per 1,000 live births	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	6.7 per 1,000 live births (2007)	6.6 per 1,000 live births (2008)
Proportion of Americans who live to age 25	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	98.3% (2007)	N/A
Proportion of Americans who live to age 65	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	83.6% (2007)	N/A
Proportion of Americans who live to age 85	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	38.6% (2007)	N/A
Proportion of 0 to 24 year old Americans in good or better health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	97.7% (2009)	97.4% (2010)
Proportion of 25-64 year old Americans in good or better health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	88.6% (2009)	88.4% (2010) <sup>2</sup>
Proportion of 65 to 84 year old Americans in good or better health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	77.5% (2009)	76.5% (2010)
Proportion of 85+	National Health	Annually	64.9% (2009)	69.1% (2010)

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.healthcare.gov/prevention/nphpphc/strategy/report.html>.)

<sup>2</sup> Due to the increasing percentage of adults in this age cohort who reported “fair” or “poor” health status, the aim for the target is to slow the decline in those who report “good” or “better” health status.

Key Indicator <sup>1</sup>	Data Source	Frequency	Baseline (Year)	Reporting (Year)
year old Americans in good or better health	Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics			
<b>LEADING CAUSES OF DEATH</b>				
Rate of cancer deaths	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	178.4 deaths per 100,000 population (2007)	173.2 deaths per 100,000 population (2009)
Rate of coronary heart disease deaths <sup>3</sup>	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	126.0 deaths per 100,000 population (2007)	116.1 deaths per 100,000 population (2009)
Rate of stroke deaths	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	42.2 deaths per 100,000 population (2007)	38.9 deaths per 100,000 population (2009)
Rate of chronic lower respiratory disease deaths	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	40.8 deaths per 100,000 population (2007)	42.3 deaths per 100,000 population (2009)
Rate of unintentional injury deaths	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	40.0 deaths per 100,000 population (2007)	37.3 deaths per 100,000 population (2009)
<b>HEALTHY AND SAFE COMMUNITY ENVIRONMENTS</b>				
Number of days the Air Quality Index (AQI) exceeds 100	Air Quality System (formerly the Aerometric Information Retrieval System), U.S. Environmental Protection Agency	Annually	11 days (2008) <sup>4</sup>	N/A
Amount of toxic pollutants released	U.S. National Toxics Release Inventory,	Annually	1,950,000 tons (2008) <sup>5</sup>	N/A

<sup>3</sup> Note: The leading cause of death is diseases of the heart (2007 baseline: 616,067 deaths, 190.9 deaths per 100,000 population); however, coronary heart disease deaths will be tracked because they account for most (66%) deaths from disease of the heart, are the most amenable to prevention, and have an available 10- year target established for *Healthy People 2020*.

<sup>4</sup> This baseline is based on combined days above AQI values of 100 for the current indices for ozone and PM 2.5, which were issued in 2008 and 1999, respectively. This baseline and target were derived by weighting the number of days the air quality indices for ozone and PM2.5 were above 100 (code orange and above) in 2008 by population and by “severity,” to determine an average nationwide value.

<sup>5</sup> This baseline and target reflect that certain industrial facilities that manufacture, process, or otherwise use specified toxic chemicals (more than 600 toxic chemicals and chemical categories) in amounts above reporting threshold levels are required to submit annually the release and other waste management information to EPA (Toxics Release Inventory (TRI)) and to designated State officials (42 U.S.C 11023; 42 U.S.C 13106). Executive Order 13148 extends these requirements to all federal facilities. [http:// www.epa.gov/tri/index.htm](http://www.epa.gov/tri/index.htm)

Key Indicator <sup>1</sup>	Data Source	Frequency	Baseline (Year)	Reporting (Year)
into the environment	Environmental Protection Agency			
Proportion of State public health agencies that can convene, within 60 minutes of notification, a team of trained staff who can make decisions about appropriate response and interaction with partners	Centers for Disease Control and Prevention, Division of State and Local Readiness	Annually	84.0% (2010)	N/A
Proportion of children aged 5 to 17 years with asthma who missed school days in the past 12 months	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	58.7% (2008)	N/A
<b>CLINICAL AND COMMUNITY PREVENTIVE SERVICES</b>				
Proportion of medical practices that use electronic health records <sup>6</sup>	National Ambulatory Medical Care Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	25.0% (2007)	N/A
Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	43.7% (2005–2008)	48.0% (2007 – 2010)
Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	33.2% (2005–2008)	N/A
Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	54.2% (2008)	59.2% (2010)
Proportion of children and adults who are vaccinated	National Immunization Survey, Centers for Disease Control and	Annually	6–23 mos: 23.0% (2007 – 2008 seasonal)	6 – 23 mos: 30.1% (2009 – 2010)

<sup>6</sup> Patients, clinicians, and health care systems can use electronic health records to improve delivery of clinical preventive services and improve the quality of preventive care.

Key Indicator <sup>1</sup>	Data Source	Frequency	Baseline (Year)	Reporting (Year)
annually against seasonal influenza <sup>7</sup>	Prevention, National Center for Immunization and Respiratory Diseases, National Center for Health Statistics			seasonal)
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics		2–4 yrs: 40.0% (2007 – 2008 seasonal)	2–4 yrs: 57.7% (2009 – 2010 seasonal)
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics		5–12 yrs: 26.0% (2007 – 2008 seasonal)	5–12 yrs: 42.3% (2009 – 2010 seasonal)
	National Immunization Survey - Teen		13–17 yrs: 10.0% (2007 – 2008 seasonal)	13–17 yrs: 17.0% (2009 – 2010 seasonal)
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics		18– 64 yrs: 24.9% (2007 – 2008 seasonal)	18– 64 yrs: 30.8% (2009 – 2010 seasonal)
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics		65+ yrs: 67% (2007 – 2008 seasonal)	65+ yrs: 66.5% (2009 – 2010 seasonal)
<b>EMPOWERED PEOPLE</b>				
Proportion of persons who report their health care providers always explained things so they could understand them	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	60.0% (2007)	N/A
Proportion of adults reporting that they receive the social and emotional support they need	Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention	Annually	80% (2008)	80.5% (2010)
<b>ELIMINATION OF HEALTH DISPARITIES</b>				
Proportion of persons (from racial/ethnic minority	National Health Interview Survey, Centers for Disease	Annually	African Americans: 14.2% (2007)	African Americans: 14.9% (2010)

<sup>7</sup> This key indicator is being reassessed in light of recent ACIP recommendations and data sources.

Key Indicator <sup>1</sup>	Data Source	Frequency	Baseline (Year)	Reporting (Year)
groups) in fair or poor health	Control and Prevention, National Center for Health Statistics		Hispanics: 13.0% (2007)	Hispanics: 13.1% (2010)
			American Indian or Alaska Native: 17.1% (2007)	American Indian or Alaska Native: 17.8% (2010)
Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines <sup>8</sup>	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	10.0% (2007)	11.1% (2009)
Proportion of persons who report their health care provider always listens carefully	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	59.0% (2007)	N/A
<b>TOBACCO FREE LIVING</b>				
Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days)	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	20.6% (2008)	19.3% (2010)
Proportion of adolescents who smoked cigarettes in the past 30 days	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Biennially	19.5% (2009)	N/A
Proportion of youth aged 3 to 11 years exposed to secondhand smoke	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	52.2% (2005–2008)	N/A
<b>PREVENTING DRUG ABUSE AND EXCESSIVE ALCOHOL USE</b>				
Proportion of adults aged 18 years and older who reported that they engaged in binge drinking during the past month	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	27.0% (2008)	N/A
Proportion of high school seniors who reported binge	Monitoring the Future Survey, National Institutes of Health	Annually	25.2% (2009)	N/A

<sup>8</sup> In addition to national summary data, as data are available, these indicators will be tracked by subgroup.

Key Indicator <sup>1</sup>	Data Source	Frequency	Baseline (Year)	Reporting (Year)
drinking during the past two weeks				
Proportion of persons aged 12 years or older who reported nonmedical use of any psychotherapeutic drug in the past year	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	6.1% (2008)	N/A
Proportion of youth aged 12 to 17 years who have used illicit drugs in the past 30 days	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	10.0% (2009)	10.1% (2010)
<b>HEALTHY EATING</b>				
Proportion of adults and children and adolescents who are obese	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	Adults 20+ yrs: 34.0% (2005 - 2008)	Adults 20+ yrs: 35.7% (2009 - 2010)
			Children and Adolescents 2-19 yrs: 16.2% (2005 - 2008)	Children and Adolescents 2 - 19 yrs: 16.9% (2009 - 2010)
Average daily sodium consumption in the population	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics; U.S. Department of Agriculture, Agricultural Research Service	Annually, released in 2-year increments biennially	3,641 mg (2003-2006)	N/A
Average number of infections caused by salmonella species transmitted commonly through food	The Foodborne Disease Active Surveillance Network, Centers for Disease Control and Prevention	Annually	15.2 cases per 100,000 population (2006-2008)	N/A
Proportion of infants who are breastfed exclusively through 6 months	National Immunization Survey, Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, National Center for Health Statistics	Annually	14.1% (2006)	13.8% (2007)
<b>ACTIVE LIVING</b>				
Proportion of adults who meet physical activity guidelines for aerobic physical activity	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	43.5% (2008)	47.1% (2010)
Proportion of	Youth Risk Behavior	Biennially	18.4% (2008)	N/A

Key Indicator <sup>1</sup>	Data Source	Frequency	Baseline (Year)	Reporting (Year)
adolescents who meet physical activity guidelines for aerobic physical activity	Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion			
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	School Health Policies and Programs Study, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Periodically	28.8% (2006)	N/A
Proportion of commuters who use active transportation (i.e. walk, bicycle, and public transit) to travel to work	U.S. Census Bureau's American Community Survey	Annually	8.7% (2009)	N/A
<b>INJURY AND VIOLENCE FREE LIVING</b>				
Rate of fatalities due to alcohol impaired driving	Fatality Analysis Reporting System, U.S. Department of Transportation	Annually	0.40 deaths per 100 million vehicle miles traveled (2008)	N/A
Rate of fall related deaths among adults aged 65 years and older	National Vital Statistics System-Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	45.3 deaths per 100,000 population (2007)	49.1 deaths per 100,000 population (2009)
Rate of homicides	National Vital Statistics System-Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	6.1 homicides per 100,000 population (2007)	5.5 homicides per 100,000 population (2009)
Rate of motor vehicle crash-related deaths	National Vital Statistics System-Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	13.8 deaths per 100,000 population (2007)	11.1 deaths per 100,000 population (2009)
<b>REPRODUCTIVE AND SEXUAL HEALTH</b>				
Proportion of children born with low birth weight (LBW) and very low birth weight (VLBW)	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	LBW: 8.2% (2007)	LBW: 8.2% (2009)
			VLBW: 1.5% (2007)	VLBW: 1.5% (2009)
Proportion of pregnant females who received early and adequate	National Vital Statistics System, Centers for Disease Control and Prevention,	Annually	70.5% (2007)	N/A



Key Indicator <sup>1</sup>	Data Source	Frequency	Baseline (Year)	Reporting (Year)
prenatal care	National Center for Health Statistics			
Pregnancy rates among adolescent females aged 15 to 19 years	Abortion Provider Survey, Guttmacher Institute; Abortion Surveillance Data, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion; National Vital Statistics System-Nativity Centers for Disease Control and Prevention, National Center for Health Statistics; National Survey of Family Growth, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	15–17 yrs: 40.2 pregnancies per 1,000 females (2005)	N/A
			18–19 yrs: 117.7 pregnancies per 1,000 females (2005)	N/A
Proportion of sexually active persons aged 15 to 44 years who received reproductive health services	National Survey of Family Growth, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	Females: 78.9% (2006 – 2008)	Females: 78.6% (2006 – 2010)
			Males: 14.9% (2006–2008)	N/A
Proportion of people living with HIV who know their serostatus	HIV Surveillance System, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.	Annually	79.0% (2006)	N/A
Proportion of sexually active females aged 24 years or younger enrolled in Medicaid and commercial health insurance plans who were screened for genital Chlamydia infections during the measurement year.	Healthcare Effectiveness Data and Information Set, National Committee for Quality Assurance	Annually	16–20 year-old females enrolled in Medicaid plans: 52.7% (2008)	N/A
			21–24 year-old females enrolled in Medicaid plans: 59.4% (2008)	N/A
			16–20 year-old females enrolled in commercial health insurance plans: 40.1% (2008)	N/A
			21–24 year-old	N/A

Key Indicator <sup>1</sup>	Data Source	Frequency	Baseline (Year)	Reporting (Year)
			females enrolled in commercial health insurance plans: 43.5% (2008)	
<b>MENTAL AND EMOTIONAL WELL-BEING</b>				
Proportion of primary care physician office visits that screen adults and youth for depression	National Ambulatory Medical Care Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	Adults (19+ yrs): 2.2% (2007)	Adults (19+ yrs): 1.6% (2008)
			Youth (12–18 yrs): 2.1% (2005-2007)	N/A
Proportion of children exposed to violence within the past year, either directly or indirectly (e.g., as a witness to a violent act; a threat against their home or school)	National Survey of Children’s Exposure to Violence, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention	Periodically	60.6% (2008)	N/A
Rate of suicide attempts by adolescents	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention	Biennially	1.9 suicide attempts per 100 (2009)	N/A
Proportion of persons who experience major depressive episode (MDE)	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	Adolescents (12–17 yrs): 8.3% (2008)	Adolescents (12 – 17 yrs): 8.0% (2010)
			Adults (18+ yrs): 6.8% (2008)	Adults (18+ yrs): 6.8% (2010)