

## Healthy People 2020

### Topic Area AHS - Access to Health Services - Pennsylvania

#### Objective AHS-1.1

##### **% adults under 65 with health insurance**

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective AHS-5.3

##### **% adults (18-64) with specific source of ongoing care**

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective AHS-5.4

##### **% adults (65+) with specific source of ongoing care**

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

## Healthy People 2020

### Topic Area AOCBC - Arthritis, Osteoporosis, and Chronic Back Conditions - PA

#### Objective AOCBC-2

**Adults with doctor diagnosed arthritis whose usual activities are limited in any way by arthritis**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective AOCBC-6.1

**Adults ages 18 to 64 diagnosed with arthritis who are unemployed or unable to work (students, homemakers, and retired removed)**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective AOCBC-7.1

**Overweight and obese adults diagnosed with arthritis who have been counseled in weight reduction**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective AOCBC-7.2

**Adults diagnosed with arthritis who have been counseled to do physical activity or exercise**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

(Continued on Next Page)

Objective AOCBC-8

**Adults diagnosed with arthritis  
who have taken a class on how  
to manage their arthritis**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective AOCBC-9

**Adults with chronic joint symptoms  
who have seen a health care  
provider for those symptoms**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective AOCBC-10

**Adults age 50 and over told by a  
doctor they have osteoporosis**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective AOCBC-11.1

**Hip fracture hospitalization rate for females 65+**

(per 100,000 females 65+) (age-adjusted to 2000 std population)

Source: PA Health Care Cost Containment Council

Objective AOCBC-11.2

**Hip fracture hospitalization rate for males 65+**

(per 100,000 males 65+) (age-adjusted to 2000 std population)

Source: PA Health Care Cost Containment Council

## Healthy People 2020

### Topic Area C - Cancer - Pennsylvania

#### Objective C-1

##### **Cancer death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective C-2

##### **Lung cancer death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective C-3

##### **Female breast cancer death rate**

(per 100,000 females)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective C-4

##### **Cervical cancer death rate**

(per 100,000 females)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective C-5

##### **Colorectal cancer death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective C-6

##### **Oropharyngeal cancer death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective C-7

##### **Prostate cancer death rate**

(per 100,000 males)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective C-8

##### **Melanoma (skin) cancer death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

(Continued on next page)

Objective C-12

**Statewide cancer registry\***

\*that captures 95% of expected cancer cases

Source: PA Department of Health, Pennsylvania Cancer Registry

Objective C-15

**% of women aged 21-65 who have received a cervical cancer screening based on the most recent guidelines**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective C-16.1

**% of adults aged 50+ who received a fecal occult blood test (FOBT) for colorectal cancer within the past 2 years**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective C-16.2

**% of adults aged 50+ who ever received a sigmoidoscopy for colorectal cancer**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective C-17

**% of women aged 50-74 with a mammogram in last 2 years**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

## Healthy People 2020

### Topic Area CKD - Chronic Kidney Disease - Pennsylvania

Objective CKD-8

**End-stage renal disease  
incidence rate**

(age-sex-race adjusted rate per 1,000,000)

Source: United States Renal Data System (USRDS)

## Healthy People 2020

### Topic Area D - Diabetes - Pennsylvania

#### Objective D-3

**Diabetes death rate** (per 100,000)  
(age-adjusted to 2000 std population)

NOTE: For deaths listing diabetes as an underlying or contributing cause  
Source: PA Department of Health, Division of Health Informatics

#### Objective D-9

**% of adults with diabetes  
who have an annual foot  
examination**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective D-10

**% of adults with diabetes  
who have an annual dilated  
eye examination**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective D-11

**% of adults with diabetes  
who have a glycosylated  
hemoglobin measurement  
at least twice a year**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

(Continued on next page)

Objective D-13

**% of adults with diabetes who perform  
self-blood-glucose-monitoring  
at least once daily**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective D-14

**% of adults diagnosed with  
diabetes who have attended a  
class in managing their diabetes**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

## Healthy People 2020

### Topic Area ECBP - Educational and Community-Based Programs - Pennsylvania

#### Objective ECBP-5.1

##### **% of elementary, middle, and senior high schools that have a nurse-to-student ratio of 1:750 or less**

NOTE: PA data are % of public school districts with a school nurse (Full-Time CSN's)-to-student ratio of 1:750 or less

Source: PA Department of Health, Division of School Health

#### Objective ECBP-6

##### **% persons aged 18-24 who completed high school**

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

## Healthy People 2020

### Topic Area EH - Environmental Health - Pennsylvania

#### Objective EH-1

**Number of days the Air Quality  
Index (AQI) exceeds 100**

Source: PA Department of Environmental Protection, Bureau of Air Quality;

#### Objective EH-4

**% persons receiving safe drinking  
water from community  
water systems**

Source: PA Department of Environmental Protection, Drinking Water Management Division

#### Objective EH-5

**Waterborne disease outbreaks  
from community water systems**

(Number per year)

Source: PA Department of Health, Division of Infectious Disease Epidemiology

#### Objective EH-22.1

**State monitors environmentally  
related diseases (lead poisoning)**

Source: PA Department of Health, Bureau of Family Health

## Healthy People 2020

### Topic Area FP - Family Planning - Pennsylvania

Objective FP-8.1

**Pregnancy rate among  
adolescent females aged 15-17**

(per 1,000 females 15-17)

Source: PA Department of Health, Division of Health Informatics

## Healthy People 2020

### Topic Area FS - Food Safety - Pennsylvania

Objective FS-1.1

**Campylobacter incidence rate**

(reported cases per 100,000)

Source: PA Department of Health, Division of Infectious Disease Epidemiology

Objective FS-1.2

**Shiga toxin-producing E-coli**

(reported cases per 100,000)

Source: PA Department of Health, Division of Infectious Disease Epidemiology

Objective FS-1.4

**Salmonella incidence rate**

(reported cases per 100,000)

Source: PA Department of Health, Division of Infectious Disease Epidemiology

Objective FS-2.1

**Outbreaks of infections\* associated with beef**

\*infections due to Shiga toxin-producing E. coli O157, Campylobacter, Listeria, or Salmonella species

Source: PA Department of Health, Division of Infectious Disease Epidemiology

## Healthy People 2020

### Topic Area ENT-VSL - **Hearing and Other Sensory or Communication Disorders\*** - PA \* also named "Ear, Nose, and Throat - Voice, Speech, and Language"

Objective ENT-VSL-1.2

**% infants (with possible hearing loss) who receive audiologic evaluation by age 3 months**

Source: Division of Newborn Screening and Genetics, PA Department of Health

## Healthy People 2020

### Topic Area HC/HIT - Health Communication and Health Information Technology- PA

Objective HC/HIT-6.1

**% of persons with access to  
the internet**

Source: U.S. Department of Commerce, National Telecommunications and Information Administration (NTIA)

## Healthy People 2020

### Topic Area HDS - Heart Disease and Stroke - Pennsylvania

#### Objective HDS-2

**Coronary heart disease  
death rate** (per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective HDS-3

**Stroke death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective HDS-5.1

**% adults aged 20 and older ever  
told blood pressure was high**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective HDS-6

**% adults who had their blood  
cholesterol checked within the  
last 5 years**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective HDS-24.1

**Hospitalization rate for  
heart failure as the principal  
diagnosis (ages 65 to 74)**

(per 1,000 ages 65-74)

Source: PA Health Care Cost Containment Council

#### Objective HDS-24.2

**Hospitalization rate for  
heart failure as the principal  
diagnosis (ages 75 to 84)**

(per 1,000 ages 75-84)

Source: PA Health Care Cost Containment Council

(Continued on next page)

Objective HDS-24.3

**Hospitalization rate for  
heart failure as the principal  
diagnosis (age 85+)**

(per 1,000 age 85+)

Source: PA Health Care Cost Containment Council

## Healthy People 2020

### Topic Area HIV - HIV - Pennsylvania

#### Objective HIV-4

##### **AIDS incidence rate (persons aged 13+)**

(reported cases per 100,000 aged 13+)

Source: PA Department of Health, Bureau of Epidemiology

#### Objective HIV-6

##### **Number of new AIDS cases among men aged 13+ who have sex with men**

Source: PA Department of Health, Bureau of Epidemiology

#### Objective HIV-7

##### **Number of new AIDS cases among persons aged 13+ who inject drugs**

Source: PA Department of Health, Bureau of Epidemiology

#### Objective HIV-8.2

##### **Number of new cases of perinatally acquired AIDS**

Source: PA Department of Health, Bureau of Epidemiology

#### Objective HIV-12

##### **HIV disease death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective HIV-17.1

##### **% unmarried sexually active women who use condoms (to prevent pregnancy)**

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective HIV-17.2

##### **% unmarried sexually active men who use condoms (to prevent pregnancy)**

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

## Healthy People 2020

### Topic Area IID - Immunization and Infectious Diseases - Pennsylvania

#### Objective IID-1

**Number of new cases of  
vaccine-preventable diseases**

Source: PA Department of Health, Bureau of Communicable Diseases

#### Objective IID-3

**Meningococcal disease  
Incidence rate**

(per 100,000)

Source: PA Department of Health, Division of Infectious Disease Epidemiology

#### Objective IID-7.1

**% of vaccination coverage levels for  
4 doses diphtheria-tetanus-acellular  
pertussis (DTaP)  
(children aged 19-35 months)**

Source: Centers for Disease Control and Prevention, National Immunization Survey (NIS)

#### Objective IID-7.2

**% of vaccination coverage levels for  
full series Haemophilus influenzae  
type b (Hib)  
(children aged 19-35 months)**

Source: Centers for Disease Control and Prevention, National Immunization Survey (NIS)

#### Objective IID-7.3

**% of vaccination coverage levels for  
3 doses hepatitis B (hep B)  
(children aged 19-35 months)**

Source: Centers for Disease Control and Prevention, National Immunization Survey (NIS)

#### Objective IID-7.4

**% of vaccination coverage levels for  
1 dose measles-mumps-  
rubella (MMR)  
(children aged 19-35 months)**

Source: Centers for Disease Control and Prevention, National Immunization Survey (NIS)

#### Objective IID-7.5

**% of vaccination coverage levels for  
3 doses polio  
(children aged 19-35 months)**

Source: Centers for Disease Control and Prevention, National Immunization Survey (NIS)

(Continued on next page)

Objective IID-7.6

**% of vaccination coverage levels for  
1 dose varicella  
(children aged 19-35 months)**

Source: Centers for Disease Control and Prevention, National Immunization Survey (NIS)

Objective IID-7.7

**% of vaccination coverage levels for  
4 doses pneumococcal conjugate  
(children aged 19-35 months)**

Source: Centers for Disease Control and Prevention, National Immunization Survey (NIS)

Objective IID-8

**% of fully immunized\* children  
(children aged 19-35 months)**

\*4 DTaP, 3 polio, 1 MMR, full series Hib, 3 hep B, 1 varicella, 4 PCV

Source: Centers for Disease Control and Prevention, National Immunization Survey (NIS)

Objective IID-12.5

**% adults 18 to 64 with flu shot  
in past year**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective IID-12.7

**% adults 65+ with flu shot  
in past year**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective IID-13.1

**% adults 65+ ever vaccinated  
against pneumococcal disease**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

(Continued on next page)

Objective IID-13.2

**% adults 18 to 64 ever had  
vaccination against  
pneumococcal disease**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective IID-17.1

**% of public health providers who  
had vaccination coverage levels  
among children in their practice  
population measured within the  
past year**

Source: PA Department of Health, Statewide Immunization Information System (SIIS)

Objective IID-18

**% of children under 6 who  
participate in population-based  
immunization registries**

Source: PA Department of Health, Statewide Immunization Information System (SIIS)

Objective IID-23

**Hepatitis A incidence rate**

(per 100,000)

Source: PA Department of Health, Division of Infectious Disease Epidemiology

Objective IID-25.1

**Hepatitis B incidence rate 19+**

(per 100,000 ages 19+)

Source: PA Department of Health, Division of Infectious Disease Epidemiology

Objective IID-26

**Hepatitis C incidence rate**

(per 100,000)

Source: PA Department of Health, Division of Infectious Disease Epidemiology

Objective IID-29

**Tuberculosis incidence rate**

(per 100,000)

Source: PA Department of Health, Division of TB/STD

## Healthy People 2020

### Topic Area IVP - Injury and Violence Prevention - Pennsylvania

#### Objective IVP-2.2

**Hospitalization rate for nonfatal traumatic brain injuries** (per 100,000)  
(age-adjusted to 2000 std population)

Source: PA Health Care Cost Containment Council

#### Objective IVP-3.2

**Hospitalization rate for nonfatal spinal cord injuries** (per 100,000)  
(age-adjusted to 2000 std population)

Source: PA Health Care Cost Containment Council

#### Objective IVP-4

**State-level child fatality review of external causes for children 17 and under**

Source: PA Child Death Review Program, PA Chapter of American Academy of Pediatrics

#### Objective IVP-6

**Statewide emergency department surveillance system that collects data on external causes of injury\***

\*for 90 percent or more of injury-related visits

Source: PA Department of Health, Division of Health Risk Reduction

#### Objective IVP-7

**State collects data on external causes of injury through hospital discharge data systems\***

\*for 90 percent or more of injury-related discharges

Source: PA Department of Health, Bureau of Health Promotion and Risk Reduction

#### Objective IVP-9.1

**Poisoning death rate** (per 100,000)  
(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective IVP-11

**Unintentional injury death rate**  
(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective IVP-13.1

**Motor vehicle crash death rate**  
(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

(Continued on next page)

Objective IVP-13.2

**Motor vehicle crash death rate**

(per 100 million vehicle miles traveled)

Source: PA Department of Transportation, Bureau of Highway Safety and Traffic Engineering

Objective IVP-15

**% adults using safety belts**

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective IVP-18

**Pedestrian death rate  
(on public roads)**

(per 100,000)

Source: PA Department of Transportation, Bureau of Highway Safety and Traffic Engineering

Objective IVP-21

**State law requiring bicycle  
helmets for riders under 15**

Source: PA Department of Health, Division of Health Risk Reduction

Objective IVP-23.1

**Accidental falls death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

Objective IVP-24.1

**Unintentional suffocation death rate** (per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

Objective IVP-25

**Drowning death rate** (per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

Objective IVP-28

**Residential fire death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

Objective IVP-29

**Homicide rate** (per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

(Continued on next page)

Objective IVP-30

**Firearm-related death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

Objective IVP-34

**Physical fighting among adolescents\*** (rate per 1,000 students)

\* aggravated and simple assault by school aged children up to grade 12

Source: PA Department of Education

Objective IVP-36

**Weapon possession among adolescents\* on school property** (rate per 1,000 students)

\* school aged children up to grade 12

Source: PA Department of Education

Objective IVP-37

**Child maltreatment fatality rate**

(rate per 100,000 children under 18)

Source: PA Department of Human Services

Objective IVP-38

**Maltreatment of children under 18**

(rate per 1,000 children under 18)

Source: PA Department of Human Services

## Healthy People 2020

### Topic Area MICH - Maternal, Infant, and Child Health - Pennsylvania

#### Objective MICH-1.1

##### **Fetal mortality rate (20+ weeks gestation)**

(per 1,000 live births and non-induced fetal deaths of 20+ weeks gestation)

Source: PA Department of Health, Division of Health Informatics

#### Objective MICH-1.2

##### **Perinatal mortality rate (fetal and infant mortality rate during perinatal period\*)**

(per 1,000 live births and non-induced fetal deaths of 28+ weeks gestation)

\*non-induced fetals of 28+ weeks gestation and (infant) deaths up to 6 days of age

Source: PA Department of Health, Division of Health Informatics

#### Objective MICH-1.3

##### **Infant mortality rate (under 1 year of age)**

(per 1,000 live births)

Source: PA Department of Health, Division of Health Informatics

#### Objective MICH-1.4

##### **Neonatal mortality rate (0-27 days of age)**

(per 1,000 live births)

Source: PA Department of Health, Division of Health Informatics

#### Objective MICH-1.5

##### **Postneonatal mortality rate (28-364 days of age)**

(per 1,000 live births)

Source: PA Department of Health, Division of Health Informatics

#### Objective MICH-1.6

##### **Infant mortality rate for birth defects**

(per 1,000 live births)

Source: PA Department of Health, Division of Health Informatics

#### Objective MICH-1.7

##### **Infant mortality rate for congenital heart defects**

(per 1,000 live births)

Source: PA Department of Health, Division of Health Informatics

(Continued on next page)

Objective MICH-1.8

**Infant mortality rate for sudden infant death syndrome (SIDS)**

(per 1,000 live births)

Source: PA Department of Health, Division of Health Informatics

Objective MICH-3.1

**Child death rate for ages 1-4**

(per 100,000 children ages 1-4)

Source: PA Department of Health, Division of Health Informatics

Objective MICH-3.2

**Child death rate for ages 5-9**

(per 100,000 children ages 5-9)

Source: PA Department of Health, Division of Health Informatics

Objective MICH-4.1

**Adolescent death rate for ages 10-14**

(per 100,000 ages 10-14)

Source: PA Department of Health, Division of Health Informatics

Objective MICH-4.2

**Adolescent death rate for ages 15-19**

(per 100,000 ages 15-19)

Source: PA Department of Health, Division of Health Informatics

Objective MICH-4.3

**Young adult death rate for ages 20-24**

(per 100,000 ages 20-24)

Source: PA Department of Health, Division of Health Informatics

Objective MICH-5

**Maternal mortality rate**

(per 100,000 live births)

Source: PA Department of Health, Division of Health Informatics

Objective MICH-6

**Rate of maternal complications during hospitalized labor and delivery**

(per 100 deliveries)

Source: PA Health Care Cost Containment Council

Objective MICH-7.1

**% of low-risk\* first-time mothers giving birth by cesarean**

\*full-term (37 or more weeks gestation), singleton, not breech or malpresentation

Source: PA Department of Health, Division of Health Informatics

(Continued on next page)

Objective MICH-7.2

**% of low-risk\* women giving birth by cesarean with a prior cesarean birth**

\*full-term (37 or more weeks gestation), singleton, not breech or malpresentation

Source: PA Department of Health, Division of Health Informatics

Objective MICH-8.1

**% of infants born at low birth weight\* (LBW)**

\*Less than 2500 grams

Source: PA Department of Health, Division of Health Informatics

Objective MICH-8.2

**% of infants born at very low birth weight\* (VLBW)**

\*Less than 1500 grams

Source: PA Department of Health, Division of Health Informatics

Objective MICH-9.1

**% of preterm\* live births**

\*Less than 37 weeks gestation

Source: PA Department of Health, Division of Health Informatics

Objective MICH-9.2

**% of live births at 34 to 36 weeks of gestation**

Source: PA Department of Health, Division of Health Informatics

Objective MICH-9.3

**% of live births at 32-33 weeks of gestation**

Source: PA Department of Health, Division of Health Informatics

Objective MICH-9.4

**% of live births at less than 32 weeks of gestation**

Source: PA Department of Health, Division of Health Informatics

Objective MICH-10.1

**% births to mothers beginning prenatal care in first trimester**

Source: PA Department of Health, Division of Health Informatics

Objective MICH-10.2

**% of live births to mothers who received early and adequate prenatal care\***

\*Adequacy of Prenatal Care Utilization Index

Source: PA Department of Health, Division of Health Informatics

(Continued on next page)

Objective MICH-11.3

**% of live births to mothers who  
did not smoke during pregnancy**

Source: PA Department of Health, Division of Health Informatics

Objective MICH-21.1

**% of mothers who breastfeed their  
babies\***

\*from the certificate of live birth

Source: PA Department of Health, Division of Health Informatics

Objective MICH-32.1

**All newborns screened  
at birth for conditions as  
mandated by State programs**

Source: PA Department of Health, Bureau of Family Health

Objective MICH-33

**% of very low birth weight infants  
born at Level III hospitals**

Source: PA Department of Health, Division of Health Informatics

## Healthy People 2020

### Topic Area MHMD - **Mental Health and Mental Disorders - Pennsylvania**

Objective MHMD-1

**Suicide rate** (per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

## Healthy People 2020

### Topic Area NWS - Nutrition and Weight Status - Pennsylvania

#### Objective NWS-8

**% healthy weight adults** (age 20+)  
(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective NWS-9

**% obese adults** (age 20+)  
(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective NWS-10.2

**% of children grades K-6 who are obese\***

\* BMI is at or above the 95th percentile

Source: PA Department of Health, Division of School Health

#### Objective NWS-10.3

**% of students grades 7-12 who are obese\***

\* BMI is at or above the 95th percentile

Source: PA Department of Health, Division of School Health

## Healthy People 2020

### Topic Area OSH - Occupational Safety and Health - Pennsylvania

#### Objective OSH-1.1

**Work-related injury death rate  
for all industries** (aged 16+)

(per 100,000 workers 16+)

Source: U.S. Department of Labor, Bureau of Labor Statistics

#### Objective OSH-1.3

**Work-related injury death rate for  
construction industry** (aged 16+)

(per 100,000 workers 16+)

Source: U.S. Department of Labor, Bureau of Labor Statistics

#### Objective OSH-1.4

**Work-related injury death rate  
for transportation and warehousing  
industry** (aged 16+)

(per 100,000 workers 16+)

Source: U.S. Department of Labor, Bureau of Labor Statistics

#### Objective OSH-4

**Number of pneumoconiosis  
deaths\*** (aged 15+)

\*underlying or contributing cause of death

Source: PA Department of Health, Division of Health Informatics

#### Objective OSH-5

**Work-related homicides**  
(aged 16+)

(per 100,000 workers 16+)

Source: U.S. Department of Labor, Bureau of Labor Statistics

## Healthy People 2020

### Topic Area OH - Oral Health - Pennsylvania

#### Objective OH-4.1

**% adults (aged 45-64) who ever had a permanent tooth extraction due to dental caries or periodontal disease**

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective OH-4.2

**% older adults (aged 65-74) who had all their natural teeth extracted**

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective OH-6

**% of oral and pharyngeal cancers detected at the earliest stage**

Source: PA Department of Health, Pennsylvania Cancer Registry

#### Objective OH-7

**% of adults who have visited a dentist in the past year**

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective OH-13

**% of population served by optimally fluoridated community water systems**

Source: PA Department of Health, Oral Health Program

#### Objective OH-15.2

**State has a system for referring infants/children with cleft lips, cleft palates, and other craniofacial anomalies to rehabilitative teams**

Source: PA Department of Health, Bureau of Family Health

(Continued on next page)

Objective OH-16

**State has an oral and  
craniofacial State-based  
surveillance system**

Source: PA Department of Health, Bureau of Health Promotion and Risk Reduction

Objective OH-17.1

**State has an effective public  
dental health program directed  
by a dental professional with  
public health training**

Source: PA Department of Health, Oral Health Program

## Healthy People 2020

### Topic Area PA - Physical Activity - Pennsylvania

#### Objective PA-1

##### **% adults who engage in no leisure-time physical activity**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective PA-2.1

##### **% adults who engage in vigorous or moderate physical activity**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

## Healthy People 2020

### Topic Area PHI - Public Health Infrastructure - Pennsylvania

Objective PHI-13.3

**State public health agency provides  
epidemiology services to support  
essential public health services**

Source: PA Department of Health, Bureau of Epidemiology

Objective PHI-15.2

**State has a health improvement plan**

Source: PA Department of Health, Division of Plan Development

## Healthy People 2020

### Topic Area RD - Respiratory Diseases - Pennsylvania

#### Objective RD-1.1

##### **Asthma death rate (persons under 35)**

(per 1,000,000 under 35)

Source: PA Department of Health, Division of Health Informatics

#### Objective RD-1.2

##### **Asthma death rate (persons 35 to 64)**

(per 1,000,000 ages 35-64)

Source: PA Department of Health, Division of Health Informatics

#### Objective RD-1.3

##### **Asthma death rate (persons 65+)**

(per 1,000,000 ages 65+)

Source: PA Department of Health, Division of Health Informatics

#### Objective RD-2.1

##### **Hospitalization rate for asthma (children under 5)**

(per 10,000 under 5)

Source: PA Health Care Cost Containment Council

#### Objective RD-2.2

##### **Hospitalization rate for asthma (persons 5 to 64)**

(per 10,000 ages 5-64)

(age-adjusted to 2000 std population)

Source: PA Health Care Cost Containment Council

#### Objective RD-2.3

##### **Hospitalization rate for asthma (persons 65+)**

(per 10,000 65+)

(age-adjusted to 2000 std population)

Source: PA Health Care Cost Containment Council

#### Objective RD-6

##### **% adults with current asthma who receive formal patient education**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

(Continued on next page)

Objective RD-7.1

**% adults with current asthma who receive written asthma management plans from their health care provider**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective RD-7.3

**% adults with current asthma ever taught by a health professional what to do during an asthma attack**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective RD-7.5

**% adults with asthma who were advised by a health professional to change things at work, home and school to reduce exposure to sensitive irritants or allergens**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective RD-8

**State asthma surveillance system for tracking asthma cases, illness, and disability**

Source: PA Department of Health, Bureau of Health Promotion and Risk Reduction

Objective RD-10

**Death rate due to chronic obstructive pulmonary disease (COPD) among adults 45+**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

## Healthy People 2020

### Topic Area STD - Sexually Transmitted Diseases - Pennsylvania

#### Objective STD-6.1

##### **Gonorrhea incidence rate among females ages 15-44**

(per 100,000)

Source: PA Department of Health, Division of TB/STD

#### Objective STD-6.2

##### **Gonorrhea incidence rate among males ages 15-44**

(per 100,000)

Source: PA Department of Health, Division of TB/STD

#### Objective STD-7.1

##### **Incidence rate of primary and secondary syphilis among females**

(per 100,000)

Source: PA Department of Health, Division of TB/STD

#### Objective STD-7.2

##### **Incidence rate of primary and secondary syphilis among males**

(per 100,000)

Source: PA Department of Health, Division of TB/STD

## Healthy People 2020

### Topic Area SA - Substance Abuse - Pennsylvania

#### Objective SA-11

##### **Cirrhosis death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective SA-12

##### **Drug-induced death rate**

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Division of Health Informatics

#### Objective SA-13.1

##### **% adolescents aged 12 to 17 not using alcohol or illicit drugs during past 30 days**

Source: U.S. Dept. of Health and Human Services, National Survey on Drug Use and Health

#### Objective SA-13.2

##### **% adolescents aged 12 to 17 using marijuana during past 30 days**

Source: U.S. Dept. of Health and Human Services, National Survey on Drug Use and Health

#### Objective SA-13.3

##### **% adults using illicit drugs during the past 30 days**

Source: U.S. Dept. of Health and Human Services, National Survey on Drug Use and Health

#### Objective SA-14.3

##### **% adults who engaged in binge drinking\* in past month**

\*For males, 5+ alcoholic beverages at the same time or within couple hours

\*For females, 4+ alcoholic beverages at the same time or within couple hours

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective SA-21

##### **% adolescents aged 12 to 17 who used inhalants in past year**

Source: U.S. Dept. of Health and Human Services, National Survey on Drug Use and Health

## Healthy People 2020

### Topic Area TU- Tobacco Use - Pennsylvania

#### Objective TU-1.1

##### **% adults who smoke cigarettes**

(age-adjusted to 2000 std population)

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

#### Objective TU-1.2

##### **% adults who use smokeless (spit) tobacco**

(age-adjusted to 2000 std population)

Source: PA Department of Health, PA Adult Tobacco Survey or Behavioral Risk Factor Surveillance System (BRFSS)

#### Objective TU-1.3

##### **% adults who smoke cigars**

(age-adjusted to 2000 std population)

Source: PA Department of Health, PA Adult Tobacco Survey or Behavioral Risk Factor Surveillance System (BRFSS)

#### Objective TU-2.1

##### **% of students in grades 9-12 who used tobacco products in past month**

Source: PA Department of Health, Division of Tobacco Prevention & Control, PA Youth Tobacco Survey

#### Objective TU-2.2

##### **% of students in grades 9-12 who smoked cigarettes in past month**

Source: PA Department of Health, Division of Tobacco Prevention & Control, PA Youth Tobacco Survey

#### Objective TU-2.3

##### **% of students in grades 9-12 who used smokeless (spit) tobacco in past month**

Source: PA Department of Health, Division of Tobacco Prevention & Control, PA Youth Tobacco Survey

#### Objective TU-2.4

##### **% of students in grades 9-12 who used cigars in past month**

Source: PA Department of Health, Division of Tobacco Prevention & Control, PA Youth Tobacco Survey

(continued on next page)

Objective TU-4.1

**% adult smokers who attempted to quit smoking\***

(age-adjusted to 2000 std population)

\*for 1 day or longer in the past year

Source: PA Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added cellular telephone numbers to the sample and changed to a more advanced weighting method. These methodological changes will improve the accuracy, coverage, validity and representativeness of the PA BRFSS, but will also cause breaks in BRFSS trends. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Objective TU-6

**Percent smoke cessation during first trimester of pregnancy\***

\*for resident live births

Source: PA Department of Health, Division of Health Informatics

Objective TU-7

**% of students in grades 9-12 who tried to quit smoking\***

\* in past 12 months

Source: PA Department of Health, Division of Tobacco Prevention & Control, PA Youth Tobacco Survey

Objective TU-13

**Establish smoke-free indoor air laws that prohibit smoking**

Source: PA Department of Health, Division of Tobacco Prevention & Control

Objective TU-16

**State has preemptive laws to prevent local jurisdictions to enact more restrictive tobacco control laws**

Source: PA Department of Health, Division of Tobacco Prevention & Control

Objective TU-17

**Increase Federal and State tax on tobacco products by \$1.50**

Source: PA Department of Health, Division of Tobacco Prevention & Control

Objective TU-19.1

**State has a 5% or less illegal sales rate of tobacco products to minors**

Source: PA Department of Health, Division of Health Informatics

Objective TU-20.1

**State has an evidence-based tobacco control program**

Source: PA Department of Health, Division of Tobacco Prevention & Control