EXCEL file

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 athritis 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.

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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, Bureau of Health Statistics and Research

Objective C-2

Lung cancer death rate

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective C-3

Female breast cancer death rate

(per 100,000 females)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective C-4

Cervical cancer death rate

(per 100,000 females)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective C-5

Colorectal cancer death rate

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective C-6

Oropharyngeal cancer death rate

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective C-7

Prostate cancer death rate

(per 100,000 males)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective C-8

Melanoma (skin) cancer death rate

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

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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, Bureau of Health Statistics and Research

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.

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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, Bureau of Health Statistics and Research

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, Bureau of Health Statistics and Research

Objective HDS-3

Stroke death rate

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

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

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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, Bureau of Health Statistics and Research

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 3 doses 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)

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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, 3 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.

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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, Bureau of Health Statistics and Research

Objective IVP-11

Unintentional injury death rate
(per 100,000)
(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective IVP-13.1

Motor vehicle crash death rate
(per 100,000)
(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

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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, Bureau of Health Statistics and Research

Objective IVP-24.1

Unintentional suffocation death rate (per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective IVP-25

Drowning death rate (per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective IVP-28

Residential fire death rate

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective IVP-29

Homicide rate (per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

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Objective IVP-30

Firearm-related death rate

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective IVP-34

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

* aggrevated 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 Public Welfare

Objective IVP-38

Maltreatment of children under 18

(rate per 1,000 children under 18)

Source: PA Department of Public Welfare

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, Bureau of Health Statistics and Research

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, Bureau of Health Statistics and Research

Objective MICH-1.3

Infant mortality rate
(under 1 year of age)
(per 1,000 live births)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-1.4

Neonatal mortality rate
(0-27 days of age)
(per 1,000 live births)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-1.5

Postneonatal mortality rate
(28-364 days of age)
(per 1,000 live births)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-1.6

Infant mortality rate for
birth defects
(per 1,000 live births)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-1.7

Infant mortality rate for
congenital heart defects
(per 1,000 live births)

Source: PA Department of Health, Bureau of Health Statistics and Research

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Objective MICH-1.8

Infant mortality rate for sudden infant death syndrome (SIDS)

(per 1,000 live births)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-3.1

Child death rate for ages 1-4

(per 100,000 children ages 1-4)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-3.2

Child death rate for ages 5-9

(per 100,000 children ages 5-9)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-4.1

Adolescent death rate for ages 10-14

(per 100,000 ages 10-14)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-4.2

Adolescent death rate for ages 15-19

(per 100,000 ages 15-19)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-4.3

Young adult death rate for ages 20-24

(per 100,000 ages 20-24)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-5

Maternal mortality rate

(per 100,000 live births)

Source: PA Department of Health, Bureau of Health Statistics and Research

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, Bureau of Health Statistics and Research

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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, Bureau of Health Statistics and Research

Objective MICH-8.1

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

*Less than 2500 grams

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-8.2

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

*Less than 1500 grams

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-9.1

% of preterm* live births

*Less than 37 weeks gestation

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-9.2

% of live births at 34 to 36 weeks of gestation

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-9.3

% of live births at 32-33 weeks of gestation

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-9.4

% of live births at less than 32 weeks of gestation

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-10.1

% births to mothers beginning prenatal care in first trimester

Source: PA Department of Health, Bureau of Health Statistics and Research

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, Bureau of Health Statistics and Research

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Objective MICH-11.3

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

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective MICH-21.1

% of mothers who breastfeed their babies*

*from the certificate of live birth

Source: PA Department of Health, Bureau of Health Statistics and Research

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, Bureau of Health Statistics and Research

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, Bureau of Health Statistics and Research

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, Bureau of Health Statistics and Research

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

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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, Divison 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, Bureau of Health Statistics and Research

Objective RD-1.2

Asthma death rate
(persons 35 to 64)
(per 1,000,000 ages 35-64)
Source: PA Department of Health, Bureau of Health Statistics and Research

Objective RD-1.3

Asthma death rate
(persons 65+)
(per 1,000,000 ages 65+)
Source: PA Department of Health, Bureau of Health Statistics and Research

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.

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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, Bureau of Health Statistics and Research

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-2.3

% of high school seniors who never used any alcoholic beverages

Source: PA Commission on Crime and Delinquency, PA Youth Survey

Objective SA-3.1

% of 8th graders who disapprove of drinking alcohol regularly

Source: PA Comission on Crime and Delinquency, PA Youth Survey

Objective SA-3.2

% of 10th graders who disapprove of drinking alcohol regularly

Source: PA Comission on Crime and Delinquency, PA Youth Survey

Objective SA-3.3

% of 12th graders who disapprove of drinking alcohol regularly

Source: PA Comission on Crime and Delinquency, PA Youth Survey

Objective SA-3.4

% of 8th graders who said they would never use marijuana

Source: PA Commission on Crime and Delinquency, PA Youth Survey

Objective SA-3.5

% of 10th graders who said they would never use marijuana

Source: PA Commission on Crime and Delinquency, PA Youth Survey

Objective SA-3.6

% of 12th graders who said they would never use marijuana

Source: PA Commission on Crime and Delinquency, PA Youth Survey

Objective SA-11

Cirrhosis death rate

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

Objective SA-12

Drug-induced death rate

(per 100,000)

(age-adjusted to 2000 std population)

Source: PA Department of Health, Bureau of Health Statistics and Research

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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-14.1

% high school seniors who engaged in binge drinking in past two weeks

Source: PA Commission on Crime and Delinquency, PA Youth Survey

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

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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, Bureau of Health Statistics and Research

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, Bureau of Health Statistics and Research

Objective TU-20.1

State has an evidence-based tobacco control program

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