

CHAPTER 35

On April 7, 2017, the target for objective PHI-12.2 was corrected due to a calculation error. Therefore, the progress calculations, progress status, and text were revised. Corrected data and text are highlighted in yellow and can be found on pages 35–2, 35–3, and 35–16.

Public Health Infrastructure (PHI)

Lead Agencies

Centers for Disease Control and Prevention
Health Resources and Services Administration

Contents

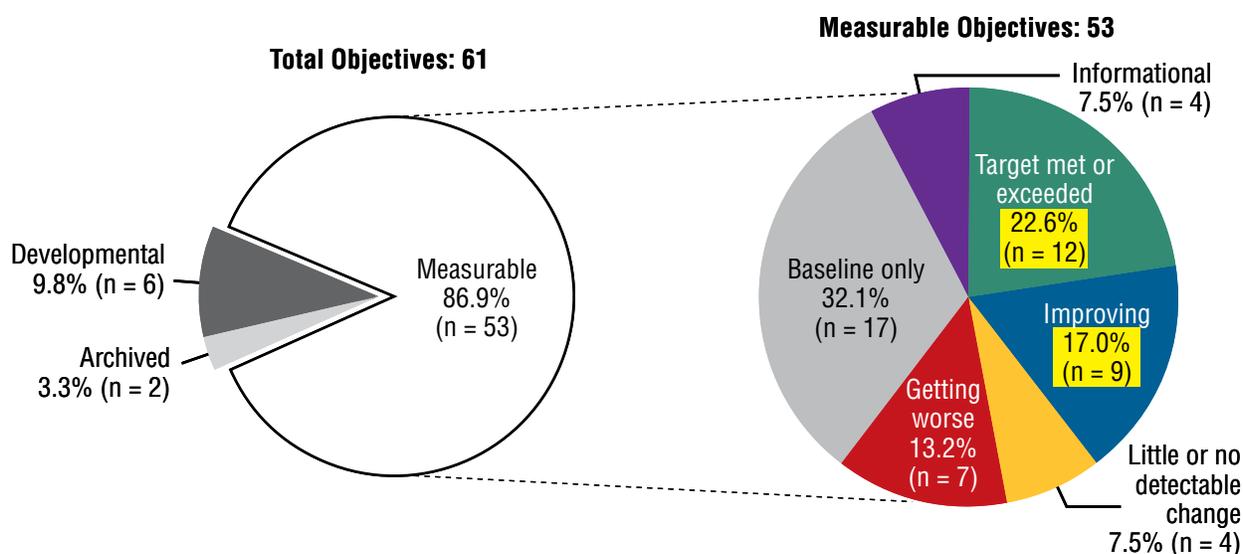
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Goal: To ensure that federal, state, tribal, territorial, and local health agencies have the necessary infrastructure to effectively provide essential public health services.

This chapter includes objectives that monitor the public health workforce, data and information systems, and public health organizations. The *Reader's Guide* provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.¹

Status of Objectives

Figure 35–1. Midcourse Status of the Public Health Infrastructure Objectives



Of the 61 objectives in the Public Health Infrastructure Topic Area, 2 were archived,² 6 were developmental,³ and 53 were measurable⁴ (Figure 35–1, Table 35–1). The midcourse status of the measurable objectives was as follows (Table 35–2):

- 12 objectives had met or exceeded their 2020 targets,⁵
- 9 objectives were improving,⁶
- 4 objectives had demonstrated little or no detectable change,⁷
- 7 objectives were getting worse,⁸
- 17 objectives had baseline data only,⁹ and
- 4 objectives were informational.¹⁰

Selected Findings

Workforce

The nine measurable objectives tracking use of Core Competencies for Public Health Professionals and public health educational offerings had baseline data only, so progress toward their 2020 targets could not be assessed (Table 35–2).

Data and Information Systems

Of the 10 measurable objectives tracking data and information systems, 6 had improved; progress toward target attainment could not be assessed for 1 objective with baseline data only and 3 objectives that were informational (Table 35–2).

- Between 2014 and 2015, the availability of data used to **track Healthy People 2020 objectives** at the national level increased, moving toward the 2020 targets: the proportion of objectives **that had at least one data point** (PHI-8.1) increased from 81% to 86%; the proportion of objectives **that had at least two data points** (PHI-8.2) increased from 48% to 69%; and the proportion of objectives **that were tracked at least every 3 years** (PHI-8.3) increased from 45% to 58%; all moving toward their respective 2020 targets (Table 35–2).
- Between 2008 and 2014, there was an increase in the number of **reporting areas (including the 50 states, the District of Columbia, and New York City) that used the latest U.S. Standard Birth Certificate** (PHI-10.1), from 28 to 49; **the latest U.S. Standard Death Certificate** (PHI-10.2), from 32 to 46; and **the latest U.S. Standard Fetal Death Report** (PHI-10.3), from 22 to 43; all moving toward their respective 2020 targets (Table 35–2).
 - » As of 2014, three reporting areas had not adopted the latest U.S. Standard Birth Certificate: Connecticut, New Jersey, and Rhode Island (Map 35–1, PHI-10.1).
 - » As of 2014, six reporting areas had not adopted the latest U.S. Standard Death Certificate: Alabama, Colorado, Maryland, Massachusetts, Virginia, and West Virginia (Map 35–2, PHI-10.2).
 - » As of 2014, nine reporting areas had not adopted the latest U.S. Standard Fetal Death Report: Alaska, Colorado, Connecticut, Massachusetts, New Jersey, New York State (excluding New York City), Rhode Island, Virginia, and West Virginia (Map 35–3, PHI-10.3).
- From 55% to 92%; the proportion that **supported food safety** (PHI-11.5) increased from 27% to 74%; the proportion that **advanced laboratory improvement and regulation** (PHI-11.6) increased from 43% to 94%; the proportion that **supported policy development** (PHI-11.7) increased from 67% to 76%; the proportion that **supported emergency response** (PHI-11.8) increased from 69% to 100%; the proportion that **supported public health research** (PHI-11.9) increased from 29% to 55%; and the proportion that **supported training and education programs** (PHI-11.10) increased from 49% to 90% (Table 35–2).
- One of the 11 objectives addressing **public health laboratory services** had improved. The proportion of state public health agencies with laboratories that **supported disease prevention, control, and surveillance** (PHI-11.1) increased from 90% in 2008 to 96% in 2014, moving toward the 2020 target (Table 35–2).
- Two of the 11 objectives addressing **public health laboratory services** had worsened. Between 2008 and 2014, the proportion of state public health agencies with laboratories that **supported environmental health and protection** (PHI-11.4) decreased from 55% to 41%, while the proportion that **fostered partnerships and communication** (PHI-11.11) decreased from 61% to 47%, moving away from their respective baselines and 2020 targets (Table 35–2).

Public Health Laboratory System Quality

- **Four** of the 10 objectives addressing **public health laboratory system quality** exceeded their 2020 targets. Between 2012 and 2014, the proportion of public health laboratory systems **that diagnosed and investigated health problems and health hazards in the community** (PHI-12.2) increased from 58% to 64%; the proportion that **mobilized community partnerships and action to identify and solve health problems** (PHI-12.4) increased from 14% to 19%; the proportion that **assured a competent public and personal health care workforce** (PHI-12.8) increased from 21% to 26%; and the proportion that **supported research into new insights and innovative solutions to health problems** (PHI-12.10) increased from 5% to 12% (Table 35–2).
- Five of the 10 objectives addressing **public health laboratory system quality** had worsened. Between 2012 and 2014, the proportion of public health laboratory systems that **monitored health status to identify and solve community health problems** (PHI-12.1) decreased from 35% to 31%; the proportion

Public Health Organizations

Of the 34 measurable objectives on public health organizations, **12** had exceeded their 2020 targets, **3** had improved, 4 had demonstrated little or no detectable change, and 7 had worsened; progress toward target attainment could not be assessed for 7 objectives with only baseline data and 1 objective that was informational (Table 35–2).

Public Health Laboratory Services¹¹

- Seven of the 11 objectives addressing **public health laboratory services** exceeded their 2020 targets. Between 2008 and 2014, the proportion of state public health agencies with laboratories that **incorporated integrated data management** (PHI-11.2) increased

that **informed, educated, and empowered people about health issues** (PHI-12.3) decreased from 28% to 24%; the proportion that **developed policies and plans to support individual and community health** (PHI-12.5) decreased from 26% to 19%; the proportion that **enforced laws and regulations that protect health and ensure safety** (PHI-12.6) decreased from 60% to 52%; and the proportion that **linked people to needed public health services and assured the provision of health care when otherwise unavailable** (PHI-12.7) decreased from 35% to 24%; all moving away from their respective baselines and 2020 targets (Table 35–2).

Public Health Agencies

- The proportion of **state public health agencies that provided comprehensive epidemiologic services** (PHI-13.3) increased from 55% in 2009 to 80% in 2013, moving toward the 2020 target (Table 35–2).

Accreditation of Public Health Agencies

- The proportion of **accredited state public health agencies** (PHI-17.2) increased from 9.8% as of 2014 to 17.6% as of 2015, exceeding the 2020 target (Table 35–2).
 - » Nine reporting areas had accredited state public health agencies as of August 2015: California, the District of Columbia, Florida, Illinois, Minnesota, New York, Oklahoma, Vermont, and Washington (Map 35–4).
- The proportion of **accredited local public health agencies** (PHI-17.3) increased from 1.7% as of 2014 to 3.0% as of 2015, moving toward the 2020 target (Table 35–2).
 - » The number of accredited local health departments as of August 2015 varied by state. Three states (Illinois, Kentucky, and Wisconsin) had 6–8 accredited local public health agencies (Map 35–5).

More Information

Objectives that monitor tribal public health agencies remain developmental (Table 35-1). Reliable data regarding tribal public health infrastructure persists as a challenge, but new opportunities are being explored with tribal organizations and upcoming national surveys. Readers interested in more detailed information about the objectives in this topic area are invited to visit the HealthyPeople.gov website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: <https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure>
- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: <https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure/objectives>
Select an objective, then click on the “Data Details” icon.
- For objective data, including rates, percentages, or counts for multiple years, see: <https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure/objectives>
Select an objective, then click on the “Data2020” icon.

Data for the measurable objectives in this chapter were from the following data sources:

- Accredited Health Department List: <http://www.phaboard.org/news-room/accredited-health-departments/>
- Association of State and Territorial Health Officials Profile of State Public Health: <http://www.astho.org/profile/>
- Catalog Scan of Undergraduate Public Health Programs: <https://www.healthypeople.gov/2020/data-source/catalog-scan-of-undergraduate-public-health-programs>
- Community College and Public Health: <https://www.healthypeople.gov/2020/data-source/community-college-and-public-health>
- Comprehensive Laboratory Services Survey: http://www.aphl.org/programs/quality_systems/healthy/Pages/default.aspx
- Council on Linkages Study: <https://www.healthypeople.gov/2020/data-source/council-on-linkages-study>
- Epidemiology Capacity Assessment: <http://www.cste.org/group/ECA>
- Healthy People 2020 Database: <https://www.healthypeople.gov/2020/data-source/healthy-people-2020-database>
- National Profile of Local Health Departments: <http://nacchoprofilestudy.org/>
- National Public Health Performance Standards Program: <http://www.cdc.gov/nphpsp/>
- National Vital Statistics System—Fetal Deaths: http://www.cdc.gov/nchs/fetal_death.htm

- National Vital Statistics System—Mortality:
<http://www.cdc.gov/nchs/deaths.htm>
- National Vital Statistics System—Nativity:
<http://www.cdc.gov/nchs/births.htm>
- Public Health Laboratory Systems Survey:
http://www.aphl.org/programs/quality_systems/healthy/Pages/default.aspx

Footnotes

¹The **Technical Notes** provide more information on Healthy People 2020 statistical methods and issues.

²**Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

³**Developmental** objectives did not have a national baseline value.

⁴**Measurable** objectives had a national baseline value.

⁵**Target met or exceeded**—One of the following, as specified in the Midcourse Progress Table:

- » At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
- » The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

⁶**Improving**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

⁷**Little or no detectable change**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
- » There was no change between the baseline and the midcourse data point.

⁸**Getting worse**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

⁹**Baseline only**—The objective only had one data point, so progress toward target attainment could not be assessed.

¹⁰**Informational**—A target was not set for this objective, so progress toward target attainment could not be assessed.

¹¹Objectives monitoring public health laboratory services currently focus on state public health laboratories and do not include tribal public health laboratories.

Suggested Citation

National Center for Health Statistics. Chapter 35: Public Health Infrastructure. Healthy People 2020 Midcourse Review. Hyattsville, MD. 2016.

Table 35–1. Public Health Infrastructure Objectives

LEGEND

	Data for this objective are available in this chapter's Midcourse Progress Table.		Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.		A state or county level map for this objective is available at the end of the chapter.
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<div style="border: 1px solid black; padding: 2px;">Not Applicable</div>	Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.
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Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Workforce			
PHI-1.1	(Archived) Increase the proportion of Federal agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations		<div style="border: 1px solid black; padding: 2px;">Not Applicable</div>
PHI-1.2	(Developmental) Increase the proportion of tribal public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations	To be determined	<div style="border: 1px solid black; padding: 2px;">Not Applicable</div>
PHI-1.3.1	Increase the proportion of state public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions	ASTHO Profile of State Public Health (ASTHO Profile), Association of State and Territorial Health Officials (ASTHO)	
PHI-1.3.2	Increase the proportion of state public health agencies that incorporate Core Competencies for Public Health Professionals into performance evaluations	ASTHO Profile of State Public Health (ASTHO Profile), Association of State and Territorial Health Officials (ASTHO)	
PHI-1.4.1	Increase the proportion of local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	
PHI-1.4.2	Increase the proportion of local public health agencies that incorporate Core Competencies for Public Health Professionals into performance evaluations	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	
PHI-2	(Developmental) Increase the proportion of tribal, state, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals	To be determined	<div style="border: 1px solid black; padding: 2px;">Not Applicable</div>
PHI-3	Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula	Council on Linkages Study, Public Health Foundation (PHF)	

Table 35–1. Public Health Infrastructure Objectives—Continued

LEGEND



Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Workforce—Continued			
PHI-4.1	Increase the proportion of 4-year colleges and universities that offer public health or related majors	Catalog Scan of Undergraduate Public Health Programs, Association of American Colleges and Universities (AAC&U)	
PHI-4.2	Increase the proportion of 4-year colleges and universities that offer public health or related minors	Catalog Scan of Undergraduate Public Health Programs, Association of American Colleges and Universities (AAC&U)	
PHI-5	(Developmental) Increase the proportion of 4-year colleges and universities that offer public health or related majors and/or minors that are consistent with the core competencies of undergraduate public health education	To be determined	Not Applicable
PHI-6.1	Increase the proportion of 2-year colleges that offer public health or related associate degrees	Community College and Public Health, American Association of Colleges & Universities and American Association of Community Colleges (AAC&U and AACCC)	
PHI-6.2	Increase the proportion of 2-year colleges that offer public health certificate programs	Community College and Public Health, American Association of Colleges & Universities and American Association of Community Colleges (AAC&U and AACCC)	
Data and Information Systems			
PHI-7.1	Increase the proportion of population-based Healthy People 2020 objectives for which national data are available by race and ethnicity	Healthy People 2020 Database (DATA2020), CDC/NCHS	
PHI-7.2	Increase the proportion of population-based Healthy People 2020 objectives for which national data are available by sex	Healthy People 2020 Database (DATA2020), CDC/NCHS	
PHI-7.3	Increase the proportion of population-based Healthy People 2020 objectives for which national data are available by socioeconomic status	Healthy People 2020 Database (DATA2020), CDC/NCHS	
PHI-8.1	Increase the proportion of Healthy People 2020 objectives that have at least one data point	Healthy People 2020 Database (DATA2020), CDC/NCHS	

Table 35–1. Public Health Infrastructure Objectives—Continued

LEGEND

	Data for this objective are available in this chapter's Midcourse Progress Table.		Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.		A state or county level map for this objective is available at the end of the chapter.
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Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Data and Information Systems—Continued			
PHI-8.2	Increase the proportion of Healthy People 2020 objectives that have at least two data points	Healthy People 2020 Database (DATA2020), CDC/NCHS	
PHI-8.3	Increase the proportion of Healthy People 2020 objectives that are tracked at least every 3 years	Healthy People 2020 Database (DATA2020), CDC/NCHS	
PHI-9	Increase the proportion of Healthy People 2020 objectives for which national data are released within 1 year of the end of data collection	Healthy People 2020 Database (DATA2020), CDC/NCHS	
PHI-10.1	Increase the number of reporting areas that record vital events using the latest U.S. standard certificate of birth	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS	 
PHI-10.2	Increase the number of reporting areas that record vital events using the latest U.S. standard certificate of death	National Vital Statistics System—Mortality (NVSS–M), CDC/NCHS	 
PHI-10.3	Increase the number of reporting areas that record vital events using the latest U.S. standard report of fetal death	National Vital Statistics System—Fetal Death (NVSS–FD), CDC/NCHS	 
Public Health Organizations			
PHI-11.1	Increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services to support disease prevention, control, and surveillance	Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)	
PHI-11.2	Increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services that incorporate integrated data management	Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)	
PHI-11.3	Increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services that support reference and specialized testing	Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)	

Table 35–1. Public Health Infrastructure Objectives—Continued

LEGEND



Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Public Health Organizations—Continued			
PHI-11.4	Increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services in support of environmental health and protection	Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)	
PHI-11.5	Increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services in support of food safety	Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)	
PHI-11.6	Increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services that advance laboratory improvement and regulation	Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)	
PHI-11.7	Increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services that support policy development	Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)	
PHI-11.8	Increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services in support of emergency response	Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)	
PHI-11.9	Increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services in support of public health-related research	Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)	
PHI-11.10	Increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services that support training and education	Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)	
PHI-11.11	Increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services that foster partnerships and communication	Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)	

Table 35–1. Public Health Infrastructure Objectives—Continued

LEGEND



Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Public Health Organizations—Continued			
PHI-12.1	Increase the proportion of public health laboratory systems (including state, tribal, and local) that perform at a high level of quality in the monitoring of health status to identify and solve community health problems	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)	
PHI-12.2	Increase the proportion of public health laboratory systems (including state, tribal, and local) that perform at a high level of quality in support of diagnosing and investigating health problems and health hazards in the community	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)	
PHI-12.3	Increase the proportion of public health laboratory systems (including state, tribal, and local) that perform at a high level of quality with respect to informing, educating, and empowering people about health issues	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)	
PHI-12.4	Increase the proportion of public health laboratory systems (including state, tribal, and local) that perform at a high level of quality in mobilizing community partnerships and action to identify and solve health problems	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)	
PHI-12.5	Increase the proportion of public health laboratory systems (including state, tribal, and local) that perform at a high level of quality in developing policies and plans that support individual and community health efforts	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)	
PHI-12.6	Increase the proportion of public health laboratory systems (including state, tribal, and local) that perform at a high level of quality in the enforcement of laws and regulations that protect health and ensure safety	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)	
PHI-12.7	Increase the proportion of public health laboratory systems (including state, tribal, and local) that perform at a high level of quality in linking people to needed personal health services and assure the provision of health care when otherwise unavailable	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)	

Table 35–1. Public Health Infrastructure Objectives—Continued

LEGEND



Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Public Health Organizations—Continued			
PHI-12.8	Increase the proportion of public health laboratory systems (including state, tribal, and local) that perform at a high level of quality in assuring a competent public and personal health care workforce	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)	
PHI-12.9	Increase the proportion of public health laboratory systems (including state, tribal, and local) that perform at a high level of quality in evaluating effectiveness, accessibility, and quality of personal and population-based health services	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)	
PHI-12.10	Increase the proportion of public health laboratory systems (including state, tribal, and local) that perform at a high level of quality in supporting research into new insights and innovative solutions to health problems	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)	
PHI-13.1	Increase the proportion of state epidemiologists with formal training in epidemiology in state public health agencies	Epidemiology Capacity Assessment (ECA), Council of State and Territorial Epidemiologists (CSTE)	
PHI-13.2	(Developmental) Increase the proportion of tribal public health agencies that provide or assure comprehensive epidemiology services to support essential public health services	To be determined	Not Applicable
PHI-13.3	Increase the proportion of state public health agencies that provide or assure comprehensive epidemiology services to support essential public health services	Epidemiology Capacity Assessment (ECA), Council of State and Territorial Epidemiologists (CSTE)	
PHI-13.4	Increase the proportion of local public health agencies that provide or assure comprehensive epidemiology services to support essential public health services	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	
PHI-14.1	Increase the proportion of state public health systems that conduct a public health system assessment using national performance standards	National Public Health Performance Standards Program (NPHPSP), CDC	

Table 35–1. Public Health Infrastructure Objectives—Continued

LEGEND

 Data for this objective are available in this chapter’s Midcourse Progress Table.  Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.  A state or county level map for this objective is available at the end of the chapter.

Not Applicable Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Public Health Organizations—Continued			
PHI-14.2	Increase the proportion of local public health systems that conduct a public health system assessment using national performance standards	National Public Health Performance Standards Program (NPHPSP), CDC	
PHI-14.3	(Archived) Increase the proportion of local boards of health that conduct a public health system assessment using national performance standards	(Potential) National Public Health Performance Standards Program (NPHPSP), CDC	Not Applicable
PHI-15.1	(Developmental) Increase the proportion of tribal agencies that have developed a health improvement plan	To be determined	Not Applicable
PHI-15.2	Increase the proportion of state public health agencies that have developed a health improvement plan	ASTHO Profile of State Public Health (ASTHO Profile), Association of State and Territorial Health Officials (ASTHO)	
PHI-15.3	Increase the proportion of local public health agencies that have developed a health improvement plan	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	
PHI-15.4	Increase the proportion of local public health agencies that have health improvement plans linked to their state plan	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	
PHI-16.1	(Developmental) Increase the proportion of tribal public health agencies that have implemented an agency-wide quality improvement process	To be determined	Not Applicable
PHI-16.2	Increase the proportion of state public health agencies that have implemented an agency-wide quality improvement process	ASTHO Profile of State Public Health (ASTHO Profile), Association of State and Territorial Health Officials (ASTHO)	
PHI-16.3	Increase the proportion of local public health agencies that have implemented an agency-wide quality improvement process	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)	

Table 35-1. Public Health Infrastructure Objectives—Continued

LEGEND

-  Data for this objective are available in this chapter's Midcourse Progress Table.
-  Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.
-  A state or county level map for this objective is available at the end of the chapter.

Not Applicable Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Public Health Organizations—Continued			
PHI-17.1	Increase the number of tribal public health agencies that are accredited	Accredited Health Department List, Public Health Accreditation Board (PHAB)	
PHI-17.2	Increase the proportion of state public health agencies that are accredited	Accredited Health Department List, Public Health Accreditation Board (PHAB)	 
PHI-17.3	Increase the proportion of local public health agencies that are accredited	Accredited Health Department List, Public Health Accreditation Board (PHAB)	 

Table 35–2. Midcourse Progress for Measurable¹ Public Health Infrastructure Objectives

LEGEND

 Target met or exceeded ^{2,3}	 Improving ^{4,5}	 Little or no detectable change ^{6–10}	 Getting worse ^{11,12}	 Baseline only ¹³	 Informational ¹⁴
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Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
Workforce						
 ¹³ PHI-1.3.1 State public health agencies incorporating Core Competencies for Public Health Professionals into job descriptions (percent)	25% (2012)		28%			
 ¹³ PHI-1.3.2 State public health agencies incorporating Core Competencies for Public Health Professionals into performance evaluations (percent)	15% (2012)		16%			
 ¹³ PHI-1.4.1 Local public health agencies incorporating Core Competencies for Public Health Professionals into job descriptions (percent)	13% (2013)		14%			
 ¹³ PHI-1.4.2 Local public health agencies incorporating Core Competencies for Public Health Professionals into performance evaluations (percent)	14% (2013)		15%			
 ¹³ PHI-3 Schools of public health and schools of nursing incorporating Core Competencies for Public Health Professionals into curricula (percent)	91% (2006)		94%			
 ¹³ PHI-4.1 Four-year colleges and universities offering public health majors (percent)	7% (2008)		10%			
 ¹³ PHI-4.2 Four-year colleges and universities offering public health minors (percent)	11% (2008)		15%			
 ¹³ PHI-6.1 Two-year colleges offering public health or related associate degrees (percent)	2% (2009)		3%			
 ¹³ PHI-6.2 Two-year colleges offering public health or related certificate programs (percent)	0.25% (2009)		1.00%			
Data and Information Systems						
 ¹⁴ PHI-7.1 Population-based objectives that report estimates by race and ethnicity (percent)	39.9% (2013)	40.4% (2015)				
 ¹⁴ PHI-7.2 Population-based objectives that report estimates by sex (percent)	85.7% (2013)	82.1% (2015)				
 ¹⁴ PHI-7.3 Population-based objectives that report estimates by socioeconomic status (percent)	57.1% (2013)	56.6% (2015)				
 ⁵ PHI-8.1 Objectives that have at least one data point (percent)	81% (2014)	86% (2015)	97%	31.3%		

Table 35–2. Midcourse Progress for Measurable¹ Public Health Infrastructure Objectives—Continued

LEGEND

 Target met or exceeded ^{2,3}	 Improving ^{4,5}	 Little or no detectable change ^{6–10}	 Getting worse ^{11,12}	 Baseline only ¹³	 Informational ¹⁴
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Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
Data and Information Systems—Continued						
 ⁵ PHI-8.2 Objectives that have at least two data points (percent)	48% (2014)	69% (2015)	84%	58.3%		
 ⁵ PHI-8.3 Objectives that are tracked at least every 3 years (percent)	45% (2014)	58% (2015)	66%	61.9%		
 ¹³ PHI-9 Objectives for which national data are reported in a timely manner (percent)	74% (2014)		81%			
 ⁵ PHI-10.1 Reporting areas using the latest U.S. Standard Birth Certificate (number of states, D.C., and New York City)	28 (2008)	49 (2014)	52	87.5%		
 ⁵ PHI-10.2 Reporting areas using the latest U.S. Standard Death Certificate (number of states, D.C., and New York City)	32 (2008)	46 (2014)	52	70.0%		
 ⁵ PHI-10.3 Reporting areas using the latest U.S. Standard Fetal Death Report (number of states, D.C., and New York City)	22 (2008)	43 (2014)	52	70.0%		
Public Health Organizations						
 ⁵ PHI-11.1 Tribal and state public health agencies with laboratories supporting disease prevention, control, and surveillance (percent)	90% (2008)	96% (2014)	99%	66.7%		
 ² PHI-11.2 Tribal and state public health agencies with laboratories that incorporate integrated data management (percent)	55% (2008)	92% (2014)	60%	740.0%		
 ⁹ PHI-11.3 Tribal and state public health agencies with laboratories that support reference and specialized testing (percent)	78% (2008)	76% (2014)	86%		2.6%	
 ¹² PHI-11.4 Tribal and state public health agencies with laboratories that support environmental health and protection (percent)	55% (2008)	41% (2014)	60%		25.5%	
 ² PHI-11.5 Tribal and state public health agencies with laboratories that support food safety (percent)	27% (2008)	74% (2014)	30%	1567.0%		
 ² PHI-11.6 Tribal and state public health agencies with laboratories that advance laboratory improvement and regulation (percent)	43% (2008)	94% (2014)	47%	1275.0%		

Table 35–2. Midcourse Progress for Measurable¹ Public Health Infrastructure Objectives—Continued

LEGEND

	Target met or exceeded ^{2,3}		Improving ^{4,5}		Little or no detectable change ^{6–10}		Getting worse ^{11,12}		Baseline only ¹³		Informational ¹⁴
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Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
Public Health Organizations—Continued						
 ² PHI-11.7 Tribal and state public health agencies with laboratories that support policy development (percent)	67% (2008)	76% (2014)	74%	128.6%		
 ² PHI-11.8 Tribal and state public health agencies with laboratories that support emergency response (percent)	69% (2008)	100% (2014)	76%	442.9%		
 ² PHI-11.9 Tribal and state public health agencies with laboratories that support public health research (percent)	29% (2008)	55% (2014)	32%	866.7%		
 ² PHI-11.10 Tribal and state public health agencies with laboratories that support training and education programs (percent)	49% (2008)	90% (2014)	54%	820.0%		
 ¹² PHI-11.11 Tribal and state public health agencies with laboratories that foster partnerships and communication (percent)	61% (2008)	47% (2014)	67%		23.0%	
 ¹² PHI-12.1 Public health laboratory systems that monitor health status to identify and solve community health problems at a high level of quality (percent)	35% (2012)	31% (2014)	38%		11.4%	
 ² PHI-12.2 Public health laboratory systems that diagnose and investigate health problems and health hazards in the community at a high level of quality (percent)	58% (2012)	64% (2014)	64%	100.0%		
 ¹² PHI-12.3 Public health laboratory systems that inform, educate, and empower people about health issues at a high level of quality (percent)	28% (2012)	24% (2014)	31%		14.3%	
 ² PHI-12.4 Public health laboratory systems that mobilize community partnerships and action to identify and solve health problems at a high level of quality (percent)	14% (2012)	19% (2014)	15%	500.0%		
 ¹² PHI-12.5 Public health laboratory systems that develop policies and plans that support individual and community health efforts at a high level of quality (percent)	26% (2012)	19% (2014)	29%		26.9%	

Table 35–2. Midcourse Progress for Measurable¹ Public Health Infrastructure Objectives—Continued

LEGEND

 Target met or exceeded ^{2,3}	 Improving ^{4,5}	 Little or no detectable change ^{6–10}	 Getting worse ^{11,12}	 Baseline only ¹³	 Informational ¹⁴
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Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
Public Health Organizations—Continued						
 ¹² PHI-12.6 Public health laboratory systems that enforce laws and regulations that protect health and ensure safety at a high level of quality (percent)	60% (2012)	52% (2014)	66%		13.3%	
 ¹² PHI-12.7 Public health laboratory systems that link people to needed personal health services and assure the provision of health care when otherwise unavailable at a high level of quality (percent)	35% (2012)	24% (2014)	38%		31.4%	
 ² PHI-12.8 Public health laboratory systems that assure a competent public and personal health care workforce at a high level of quality (percent)	21% (2012)	26% (2014)	23%	250.0%		
 ¹⁰ PHI-12.9 Public health laboratory systems that evaluate effectiveness, accessibility, and quality of personal and population-based health services at a high level of quality (percent)	5% (2012)	5% (2014)	6%	0.0%		
 ² PHI-12.10 Public health laboratory systems that support research into new insights and innovative solutions to health problems at a high level of quality (percent)	5% (2012)	12% (2014)	6%	700.0%		
 ⁶ PHI-13.1 State epidemiologists with formal training in epidemiology (percent)	87% (2009)	88% (2013)	100%	7.7%		No
 ⁵ PHI-13.3 State public health agencies providing comprehensive epidemiology services (percent)	55% (2009)	80% (2013)	100%	55.6%		
 ⁷ PHI-13.4 Local public health agencies providing comprehensive epidemiology services (percent)	35% (2008)	37% (2013)	100%	3.1%		
 ¹³ PHI-14.1 State public health systems conducting public health system assessments (percent)	49% (2009)		78%			
 ¹³ PHI-14.2 Local public health systems conducting public health system assessments (percent)	28% (2009)		50%			
 ¹³ PHI-15.2 State public health agencies with a health improvement plan (percent)	49% (2012)		54%			

Table 35–2. Midcourse Progress for Measurable¹ Public Health Infrastructure Objectives—Continued

LEGEND

	Target met or exceeded ^{2,3}		Improving ^{4,5}		Little or no detectable change ^{6–10}		Getting worse ^{11,12}		Baseline only ¹³		Informational ¹⁴
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Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
Public Health Organizations—Continued						
 ¹³ PHI-15.3 Local public health agencies with a health improvement plan (percent)	55% (2013)		61%			
 ¹³ PHI-15.4 Local public health agencies with a health improvement plan linked to their state plan (percent)	65% (2013)		72%			
 ¹³ PHI-16.2 State public health agencies with an agency-wide quality improvement program (percent)	27% (2012)		30%			
 ¹³ PHI-16.3 Local public health agencies with an agency-wide quality improvement program (percent)	23% (2013)		25%			
 ¹⁴ PHI-17.1 Accredited tribal public health agencies (number)	0 (2014)	0 (2015)				
 ² PHI-17.2 Accredited state public health agencies (percent)	9.8% (2014)	17.6% (2015)	15.8%	130.0%		
 ⁵ PHI-17.3 Accredited local public health agencies (percent)	1.7% (2014)	3.0% (2015)	3.7%	65.0%		

Table 35–2. Midcourse Progress for Measurable¹ Public Health Infrastructure Objectives—Continued

NOTES	DATA SOURCES
See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of progress.	PHI-1.3.1 ASTHO Profile of State Public Health (ASTHO Profile), Association of State and Territorial Health Officials (ASTHO)
	PHI-1.3.2 ASTHO Profile of State Public Health (ASTHO Profile), Association of State and Territorial Health Officials (ASTHO)
	PHI-1.4.1 National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)
	PHI-1.4.2 National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)
	PHI-3 Council on Linkages Study, Public Health Foundation (PHF)
	PHI-4.1 Catalog Scan of Undergraduate Public Health Programs, Association of American Colleges and Universities (AAC&U)
	PHI-4.2 Catalog Scan of Undergraduate Public Health Programs, Association of American Colleges and Universities (AAC&U)
	PHI-6.1 Community College and Public Health, American Association of Colleges & Universities and American Association of Community Colleges (AAC&U and AAC)
	PHI-6.2 Community College and Public Health, American Association of Colleges & Universities and American Association of Community Colleges (AAC&U and AAC)
	PHI-7.1 Healthy People 2020 Database (DATA2020), CDC/NCHS
	PHI-7.2 Healthy People 2020 Database (DATA2020), CDC/NCHS
	PHI-7.3 Healthy People 2020 Database (DATA2020), CDC/NCHS
	PHI-8.1 Healthy People 2020 Database (DATA2020), CDC/NCHS
	PHI-8.2 Healthy People 2020 Database (DATA2020), CDC/NCHS
	PHI-8.3 Healthy People 2020 Database (DATA2020), CDC/NCHS
	PHI-9 Healthy People 2020 Database (DATA2020), CDC/NCHS
	PHI-10.1 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS
	PHI-10.2 National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS
	PHI-10.3 National Vital Statistics System–Fetal Death (NVSS–FD), CDC/NCHS
	PHI-11.1 Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
	PHI-11.2 Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
	PHI-11.3 Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
	PHI-11.4 Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
	PHI-11.5 Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
	PHI-11.6 Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
	PHI-11.7 Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
	PHI-11.8 Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
	PHI-11.9 Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
	PHI-11.10 Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
	PHI-11.11 Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
	PHI-12.1 Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)
	PHI-12.2 Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)
	PHI-12.3 Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)

NOTES

See [HealthyPeople.gov](https://www.healthypeople.gov) for all Healthy People 2020 data. The [Technical Notes](#) provide more information on the measures of progress.

FOOTNOTES

¹**Measurable** objectives had a national baseline value.

Target met or exceeded:

²At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)

³The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

Improving:

⁴Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.

⁵Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

Little or no detectable change:

⁶Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.

⁷Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.

⁸Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

⁹Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.

¹⁰There was no change between the baseline and the midcourse data point.

Getting worse:

¹¹Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.

¹²Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

¹³**Baseline only:** The objective only had one data point, so progress toward target attainment could not be assessed.

¹⁴**Informational:** A target was not set for this objective, so progress toward target attainment could not be assessed.

¹⁵For objectives that **moved toward** their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):

$$\text{Percentage of targeted change achieved} = \frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$$

¹⁶For objectives that **moved away** from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:

$$\text{Magnitude of percentage change from baseline} = \frac{|\text{Midcourse value} - \text{Baseline value}|}{\text{Baseline value}} \times 100$$

¹⁷Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.

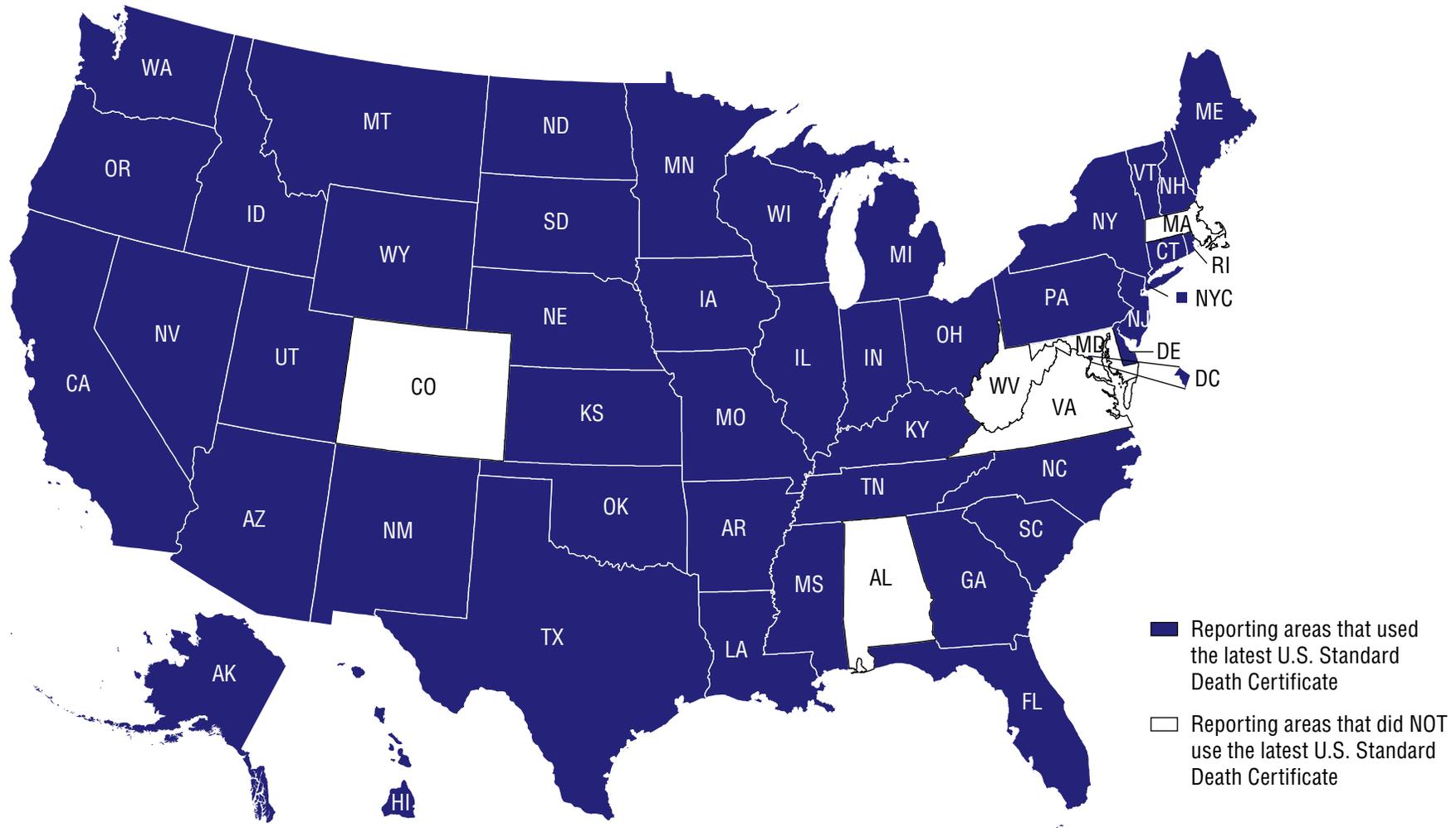
Table 35–2. Midcourse Progress for Measurable¹ Public Health Infrastructure Objectives—Continued

DATA SOURCES—Continued

PHI-12.4	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)
PHI-12.5	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)
PHI-12.6	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)
PHI-12.7	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)
PHI-12.8	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)
PHI-12.9	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)
PHI-12.10	Public Health Laboratory Systems Survey (PHLSS), Association of Public Health Laboratories (APHL)
PHI-13.1	Epidemiology Capacity Assessment (ECA), Council of State and Territorial Epidemiologists (CSTE)
PHI-13.3	Epidemiology Capacity Assessment (ECA), Council of State and Territorial Epidemiologists (CSTE)
PHI-13.4	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)
PHI-14.1	National Public Health Performance Standards Program (NPHSP), CDC
PHI-14.2	National Public Health Performance Standards Program (NPHSP), CDC
PHI-15.2	ASTHO Profile of State Public Health (ASTHO Profile), Association of State and Territorial Health Officials (ASTHO)
PHI-15.3	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)
PHI-15.4	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)
PHI-16.2	ASTHO Profile of State Public Health (ASTHO Profile), Association of State and Territorial Health Officials (ASTHO)
PHI-16.3	National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)
PHI-17.1	Accredited Health Department List, Public Health Accreditation Board (PHAB)
PHI-17.2	Accredited Health Department List, Public Health Accreditation Board (PHAB)
PHI-17.3	Accredited Health Department List, Public Health Accreditation Board (PHAB)

Map 35–2. Reporting Areas That Used the Latest U.S. Standard Death Certificate: 2014

Healthy People 2020 Objective PHI-10.2 • National Target = 52 reporting areas • National Total = 46 reporting areas

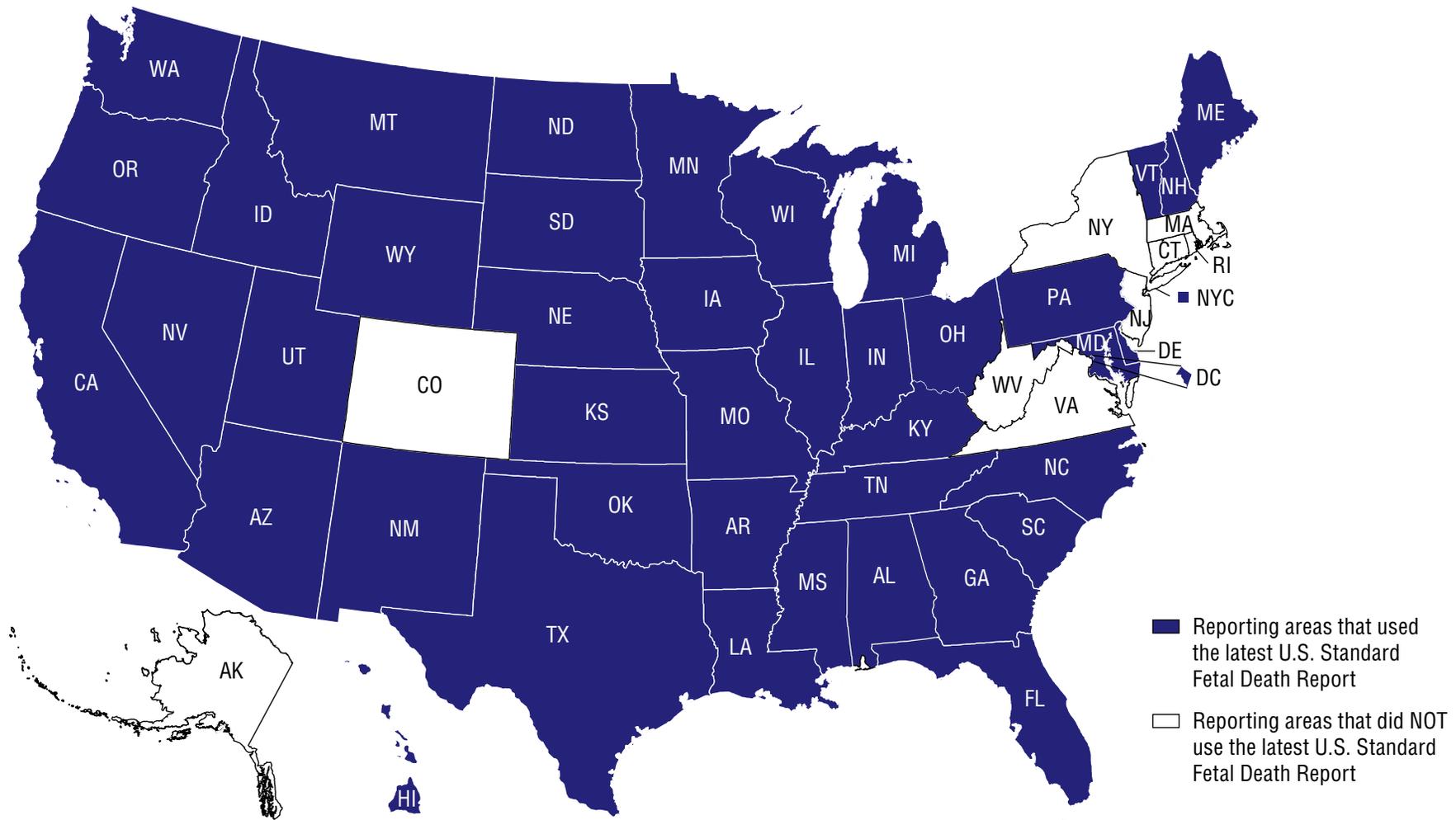


NOTES: Data are the reporting areas (the 50 states, the District of Columbia, and New York City) that used the 2003 U.S. Standard Birth Certificate as of January 1, 2014. Data are displayed by a Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

DATA SOURCE: National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS

Map 35–3. Reporting Areas That Used the Latest U.S. Standard Fetal Death Report: 2014

Healthy People 2020 Objective PHI-10.3 • National Target = 52 reporting areas • National Total = 43 reporting areas

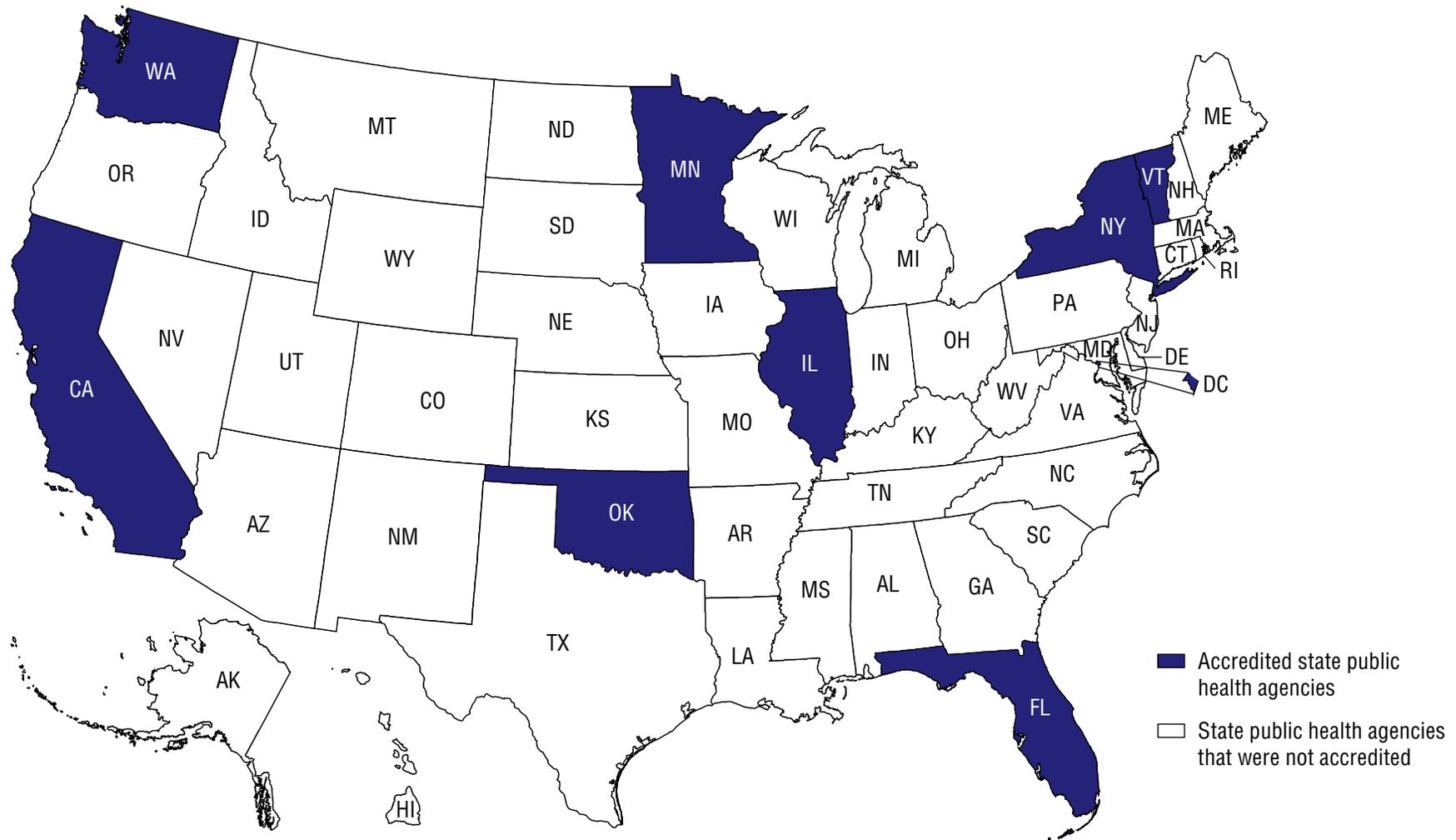


NOTES: Data are the reporting areas (the 50 states, the District of Columbia, and New York City) that used the 2003 U.S. Standard Fetal Death Report as of January 1, 2014. Data are displayed by a Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

DATA SOURCE: National Vital Statistics System–Fetal Death (NVSS–FD), CDC/NCHS

Map 35–4. Accredited State Public Health Agencies: 2015

Healthy People 2020 Objective PHI-17.2 • Related State Data

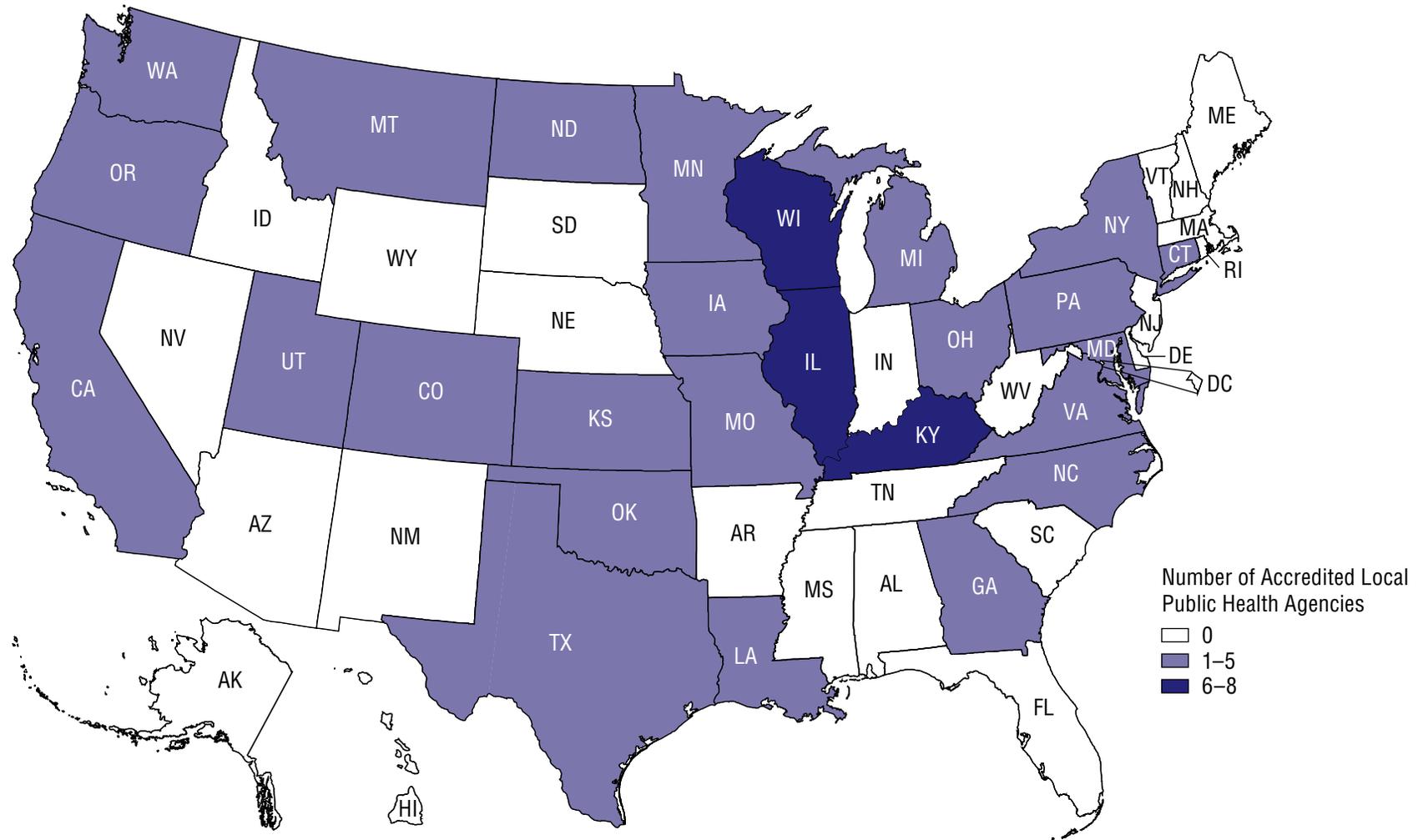


NOTES: Data are the state public health agencies, including the District of Columbia, that were nationally accredited by the Public Health Accreditation Board as of August 2015. Of the public health agencies in the 50 states and the District of Columbia, 17.6% were nationally accredited as of 2015 (PHI-17.2). The national target for PHI-17.2 is 15.8%. Data are displayed by a Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

DATA SOURCE: Accredited Health Department List, Public Health Accreditation Board (PHAB)

Map 35–5. Accredited Local Public Health Agencies, by State: 2015

Healthy People 2020 Objective PHI-17.3 • Related State Data



NOTES: Data are the number of local public health agencies that were nationally accredited by the Public Health Accreditation Board as of August 2015. Of the local public health agencies, 3.0% were nationally accredited as of 2015 (PHI-17.3). The national target for PHI-17.3 is 3.7%.

DATA SOURCE: Accredited Health Department List, Public Health Accreditation Board (PHAB)