



# APPENDIX

# Objective Status: Environmental Health

● Target met   ● Improving   ● Little/No change   ● Getting worse   ● Baseline only   ○ Developmental

- EH-1 Reduce the number of days the Air Quality Index (AQI) exceeds 100
- EH-2.1 Increase trips to work made by bicycling
- EH-2.2 Increase trips to work made by walking
- EH-2.3 Increase trips to work made by mass transit
- EH-2.4 Increase the proportion of persons who telecommute
- EH-3.1 Reduce the risk of adverse health effects caused by mobile sources of airborne toxics
- EH-3.2 Reduce the risk of adverse health effects caused by area sources of airborne toxics
- EH-3.3 Reduce the risk of adverse health effects caused by major sources of airborne toxics
- EH-4 Increase safe drinking water
- EH-5 Reduce waterborne disease outbreaks
- EH-6 Reduce per capita domestic water withdrawals with respect to use and conservation
- EH-7 Increase the proportion of days that beaches are open and safe for swimming
- EH-8.1 Reduce blood lead level in children aged 1–5 years
- EH-8.2 Reduce the mean blood lead levels in children
- EH-9 Minimize the risks to human health and the environment posed by hazardous sites
- EH-10 Reduce pesticide exposures that result in visits to a health care facility
- EH-11 Reduce the amount of toxic pollutants released into the environment

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- EH-12 Increase recycling of municipal solid waste
- EH-13.1 Reduce indoor allergen levels—cockroach
- EH-13.2 Reduce indoor allergen levels—mouse
- EH-14 Increase the proportion of homes with an operating radon mitigation system for persons living in homes at risk for radon exposure
- EH-15 Increase the proportion of new single-family homes (SFH) constructed with radon-reducing features, especially in high-radon-potential areas
- EH-16 Increase the proportion of the Nation's elementary, middle, and high schools that have a healthy and safe physical school environment
- EH-16.1 Have an indoor air quality management program
- EH-16.2 Have a plan for how to address mold problems
- EH-16.3 Have a plan for how to use, label, store, and dispose of hazardous materials
- EH-16.4 Use spot treatments and baiting rather than widespread application of pesticide
- EH-16.5 Reducing exposure to pesticides by marking areas to be treated with pesticides
- EH-16.6 Reducing exposure to pesticides by informing students and staff prior to application of the pesticide
- EH-16.7 Inspecting drinking water outlets for lead
- EH-16.8 Inspecting drinking water outlets for bacteria
- EH-16.9 Inspecting drinking water outlets for coliforms

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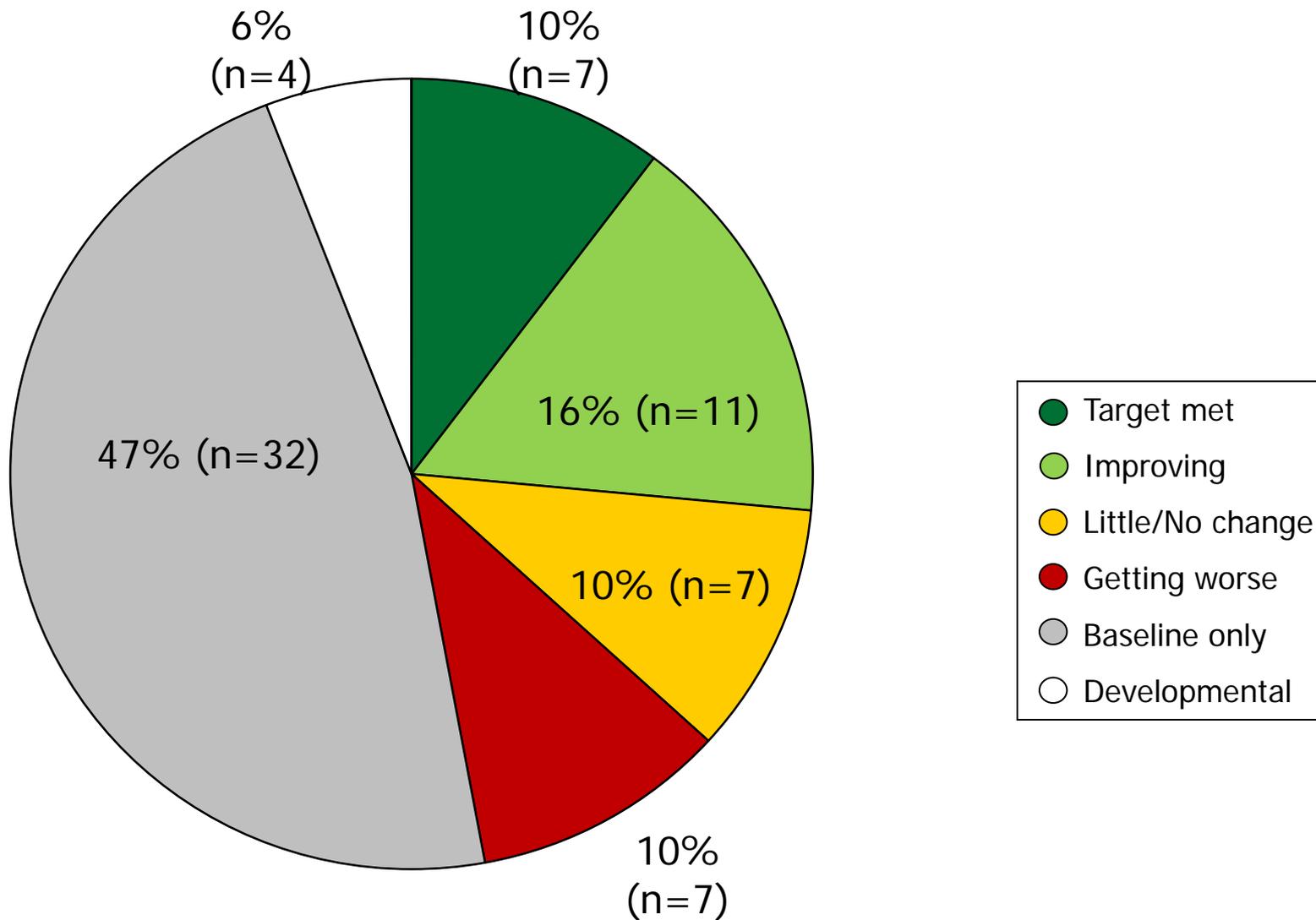
- EH-17.1 Increase the proportion of pre-1978 housing that has been tested for the presence of lead-based paint
- EH-17.2 Increase the proportion of pre-1978 housing that has been tested for the presence of paint-lead hazards
- EH-17.3 Increase the proportion of pre-1978 housing that has been tested for the presence of lead in dust
- EH-17.4 Increase the proportion of pre-1978 housing that has been tested for the presence of lead in soil
- EH-18.1 Reduce the number of U.S. homes that are found to have lead-based paint
- EH-18.2 Reduce the number of U.S. homes that have paint-lead hazards
- EH-18.3 Reduce the number of U.S. homes that have dust-lead hazards
- EH-18.4 Reduce the number of U.S. homes that have soil-lead
- EH-19 Reduce the proportion of occupied housing units that have moderate or severe physical problems
- EH-20 Reduce exposure to selected environmental chemicals in the population, as measured by blood and urine concentrations of the substances or their metabolites
  - EH-20.1 Arsenic
  - EH-20.2 Cadmium
  - EH-20.3 Lead
  - EH-20.4 Mercury (Children aged 1-5 years)
  - EH-20.5 Mercury (Women aged 16-49 years)
  - EH-20.6 Chlordane
  - EH-20.7 DDT (DDE)
  - EH-20.8 beta-hexachlorocyclohexane (beta-HCH)
  - EH-20.9 para-nitrophenol (methyl parathion and parathions)

# Objective Status: Environmental Health

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- EH-20.10 3,4,6-trichloro-2-pyridinol (chlorpyrifos)
- EH-20.11 3-phenoxybenzoic acid
- EH-20.12 PCB 153, representative of nondioxin-like PCBs
- EH-20.13 PCB 126, representative of dioxin-like PCBs
- EH-20.14 1,2,3,6,7,8-hexachlorodibenzo-p-dioxin, representative of the dioxin class
- EH-20.15 bisphenol A
- EH-20.16 perchlorate
- EH-20.17 mono-n-butyl phthalate
- EH-20.18 BDE 47 (2,2',4,4'-tetrabromodiphenyl ether)
- EH-21 Improve quality, utility, awareness, and use of existing information systems for environmental health
- EH-22 Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to environmental hazards
- EH-22.1 Lead poisoning
- EH-22.2 Pesticide poisoning
- EH-22.3 Mercury poisoning
- EH-22.4 Arsenic poisoning
- EH-22.5 Cadmium poisoning
- EH-22.6 Chemical poisoning
- EH-22.7 Acute chemical poisoning
- EH-22.8 Carbon monoxide poisoning
- EH-23 Reduce the number of public schools located within 150 meters of major highways
- EH-24 Reduce the global burden of disease due to poor water quality, sanitation, and insufficient hygiene

# Current HP2020 Objective Status: Environmental Health



# Objective Status: Tobacco Use

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental

## TU-1 Tobacco Use by Adults

- TU-1.1 Cigarette Smoking
- TU-1.2 Smokeless Tobacco Products
- TU-1.3 Cigars

## TU-2 Tobacco Use by Adolescents

- TU-2.1 Tobacco Products
- TU-2.2 Cigarettes
- TU-2.3 Smokeless Tobacco Products
- TU-2.4 Cigars

## TU-3 Initiation of Tobacco Use

- TU-3.1 Tobacco Products: Ages 12-17
- TU-3.2 Cigarettes: Ages 12-17
- TU-3.3 Smokeless Tobacco: Ages 12-17
- TU-3.4 Cigars: Ages 12-17
- TU-3.5 Tobacco Products: Ages 18-25
- TU-3.6 Cigarettes: Ages 18-25
- TU-3.7 Smokeless Tobacco: Ages 18-25
- TU-3.8 Cigars: Ages 18-25

## TU-4 and TU-5 Smoking Cessation, Adult Smokers

- TU-4.1 Smoking Cessation Attempts
- TU-4.2 Smoking Cessation Attempts Using Evidence Based Strategies
- TU-5.1 Recent Smoking Cessation Success
- TU-5.2 Recent Smoking Cessation Success Using Evidence Based Strategies

## ● TU-6 Smoking Cessation During Pregnancy

## ● TU-7 Smoking Cessation Attempts, Adolescents

## ● TU-8 Comprehensive Medicaid Coverage of Evidence Based Treatment for Nicotine Dependence

## TU-9 Tobacco Screening in Health Care Settings

- TU-9.1 Office Based Ambulatory Care Settings
- TU-9.2 Hospital Ambulatory Care Settings
- TU-9.3 Dental Care Settings
- TU-9.4 Substance Abuse Care Settings
- TU-9.5 Mental Health Care Setting
- TU-9.6 Vision Care Settings

## TU-10 Tobacco Cessation Counseling in Health Care Settings

- TU-10.1 Office Based Ambulatory Care Settings
- TU-10.2 Hospital Ambulatory Care Settings
- TU-10.3 Dental Care Settings
- TU-10.4 Substance Abuse Care Settings
- TU-10.5 Mental Health Care Settings
- TU-10.6 Vision Care Settings

## TU-11 Secondhand Smoke Exposure, Nonsmokers

- TU-11.1 Children: Ages 3-11
- TU-11.2 Adolescents: Ages 12-17
- TU-11.3 Adults: Ages 18+

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# Objective Status: Tobacco Use

Target met    Improving    Little/No change    Getting worse    Baseline only    Developmental

(continued from previous slide...)

## TU-12 Indoor Worksite Policies that Prohibit Smoking

### TU-13 Smoke-free Indoor Air Laws

- TU-13.1 Private Workplaces
- TU-13.2 Public Workplaces
- TU-13.3 Restaurants
- TU-13.4 Bars
- TU-13.5 Gaming Halls
- TU-13.6 Day Care Centers (Commercial)
- TU-13.7 Day Care Centers (Home-based)
- TU-13.8 Public Transportation
- TU-13.9 Hotels and Motels
- TU-13.10 Multi-Unit Housing
- TU-13.11 Vehicles with Children
- TU-13.12 Prisons/Corrections Facilities
- TU-13.13 Substance Abuse Treatment Facilities
- TU-13.14 Mental Health Treatment Facilities
- TU-13.15 Entrances/Exits of Public Places
- TU-13.16 Hospital Campuses
- TU-13.17 College/University Campuses

## TU-14 Smoke Free Homes

### TU-15 Tobacco-Free Schools

- TU-15.1 Junior High Schools
- TU-15.2 Middle Schools
- TU-15.3 High Schools
- TU-15.4 Head Start

## TU-16 State Laws that Preempt Stronger Local Laws

- TU-16.1 Smoke-free Indoor Air
- TU-16.2 Advertising
- TU-16.3 Youth Access
- TU-16.4 Licensure

## TU-17 Federal and State Tax on Tobacco Products

- TU-17.1 Cigarettes
- TU-17.2 Smokeless Tobacco
- TU-17.3 Other Smoked Tobacco Products

## TU-18 Exposure to Tobacco Advertising and Promotion, Youth and Young Adults

- TU-18.1 Internet
- TU-18.2 Magazine and Newspaper
- TU-18.3 Movies
- TU-18.4 Point of Purchase

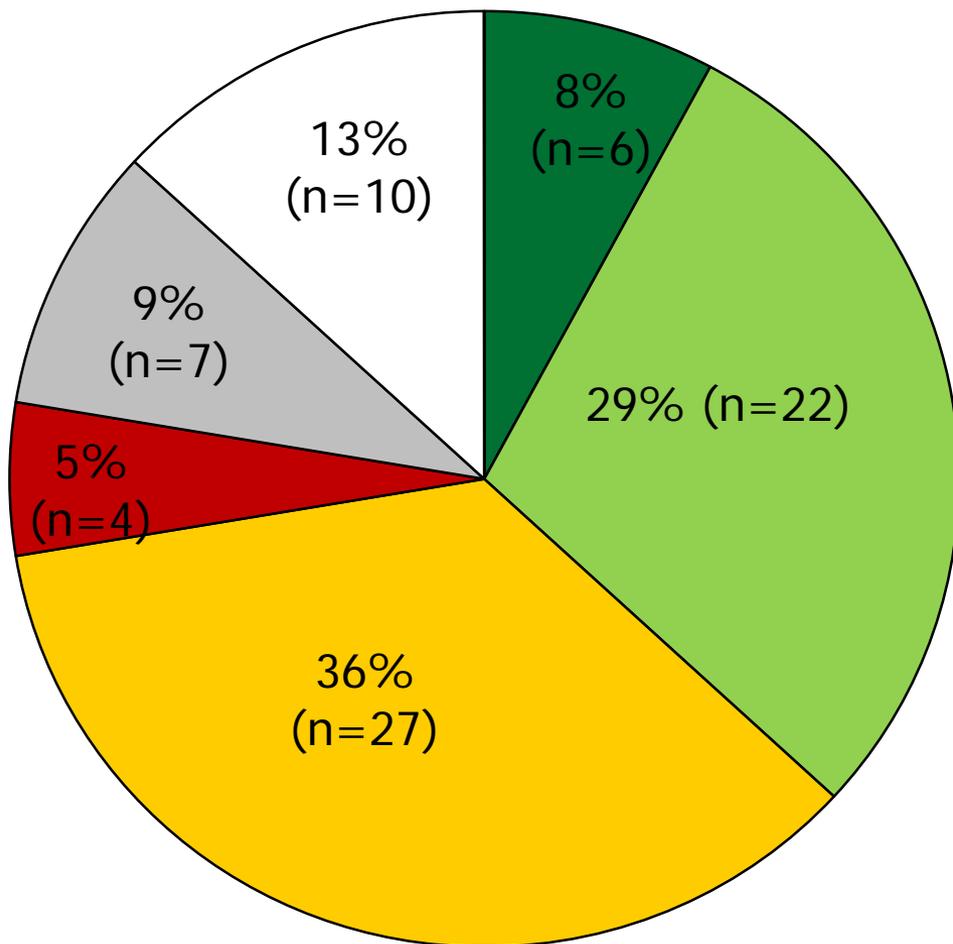
## TU-19 Illegal Sales Rate

- TU-19.1 States and DC
- TU-19.2 Territories

## TU-20 Evidence Based Tobacco Control Programs

- TU-20.1 States and DC
- TU-20.2 Territories
- TU-20.3 Tribes

# Current HP2020 Objective Status: Tobacco Use





# Tobacco Use—Background

Every day in the United States:

- The tobacco industry spends nearly 23 billion to market and promote its products<sup>1</sup>
- Almost 3,500 youth (under age 18) smoke their first cigarette<sup>2, 3</sup>
- Approximately 2,100 youth (under age 18) who were occasional smokers become daily smokers<sup>2, 3</sup>
- Approximately 1,300 people die prematurely from tobacco-related diseases (480,000 deaths annually)<sup>2</sup>
- The nation spends an estimated \$350 billion in direct medical costs related to smoking (\$130 billion annually)<sup>2</sup>
- The nation experiences nearly \$410 billion in lost productivity due to premature deaths from tobacco-related diseases (\$150 billion annually)<sup>2</sup>

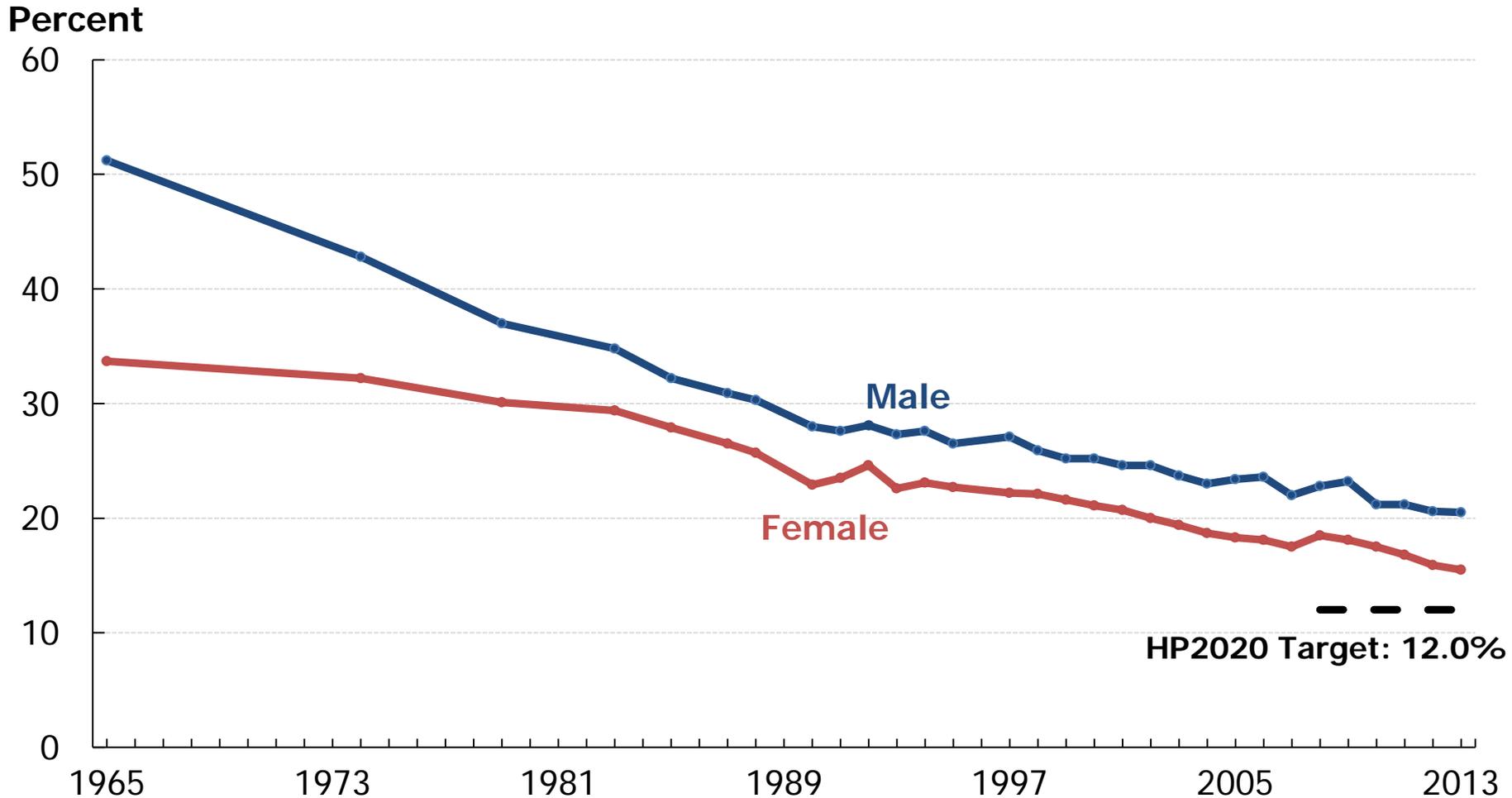
## SOURCES:

1. Federal Trade Commission (2011). Federal Trade Commission Cigarette Report for 2011. Available at: <http://www.ftc.gov/os/2013/05/130521cigarettereport.pdf>; accessed: February 21, 2014.

2. U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

3. U.S. Department of Health and Human Services. [Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2012 [accessed 2014 Feb 14].

# Current Cigarette Smoking Among Adults Ages 18 Years and Over by Sex, 1965-2013



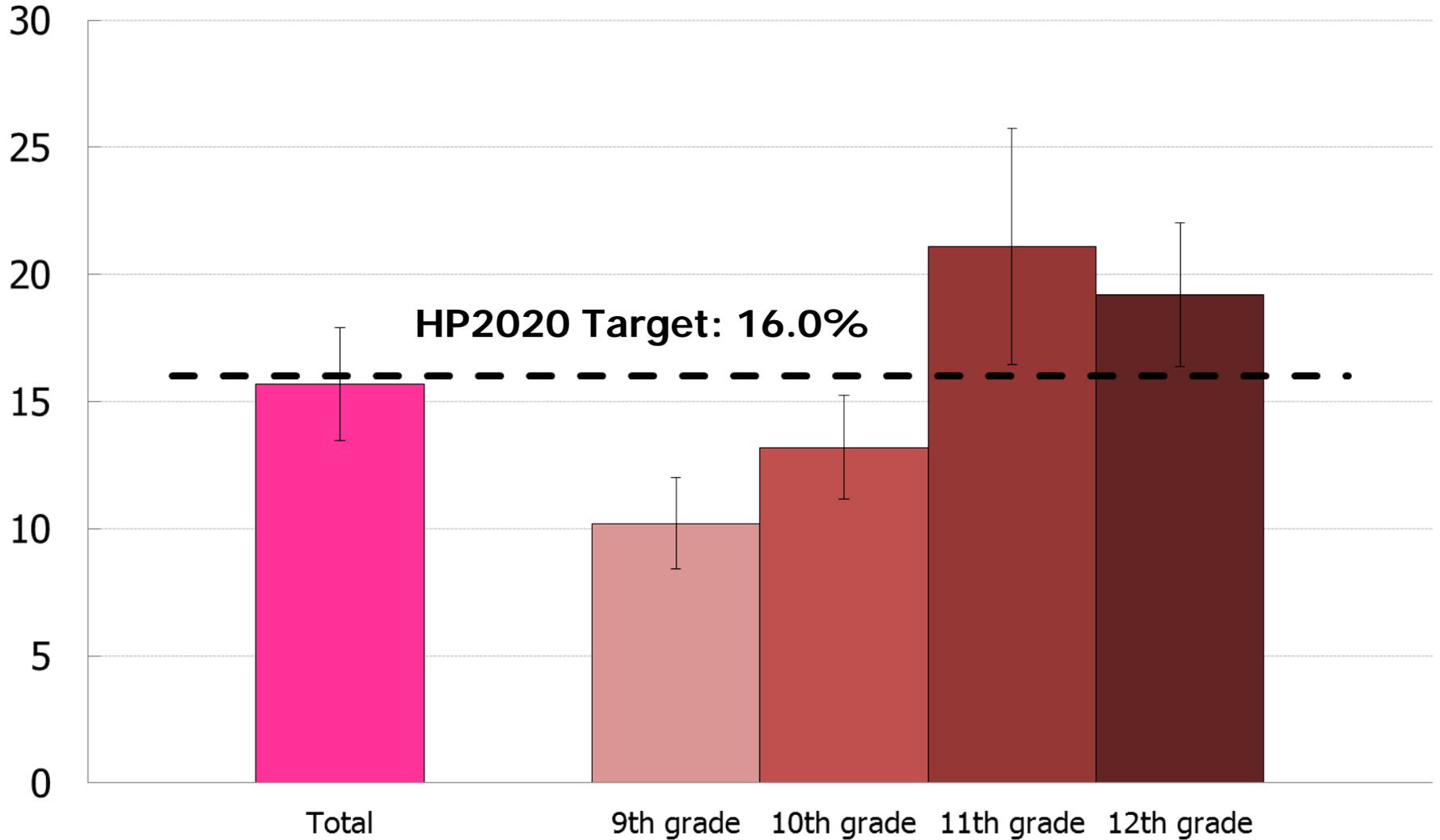
NOTES: Data are for adults 18+ who have smoked at least 100 cigarettes in their lifetime and currently report smoking every day or some days. Data are age adjusted to the 2000 standard population. Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

**Obj. TU-1.1**  
Decrease desired

# Cigarette Use in Past Month Among Students in Grades 9–12 by Grade, 2013

Percent

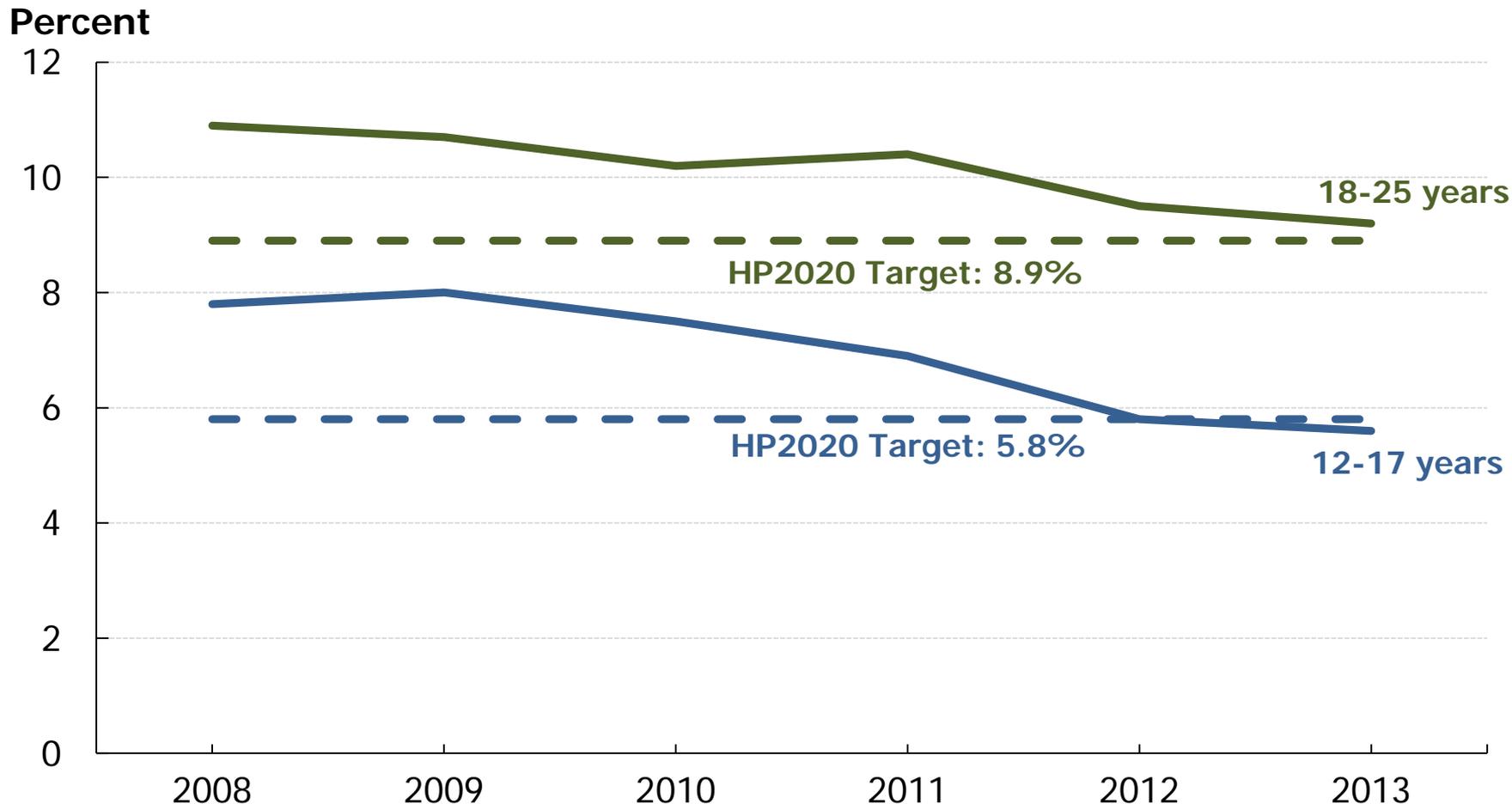


NOTE: Data are for the proportion of students in grades 9–12 who used cigarettes on 1 or more of the 30 days preceding the survey.

SOURCE: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP.

**Obj. TU-2.2<sub>12</sub>**  
Decrease desired

# Tobacco Initiation, Adolescents and Young Adults

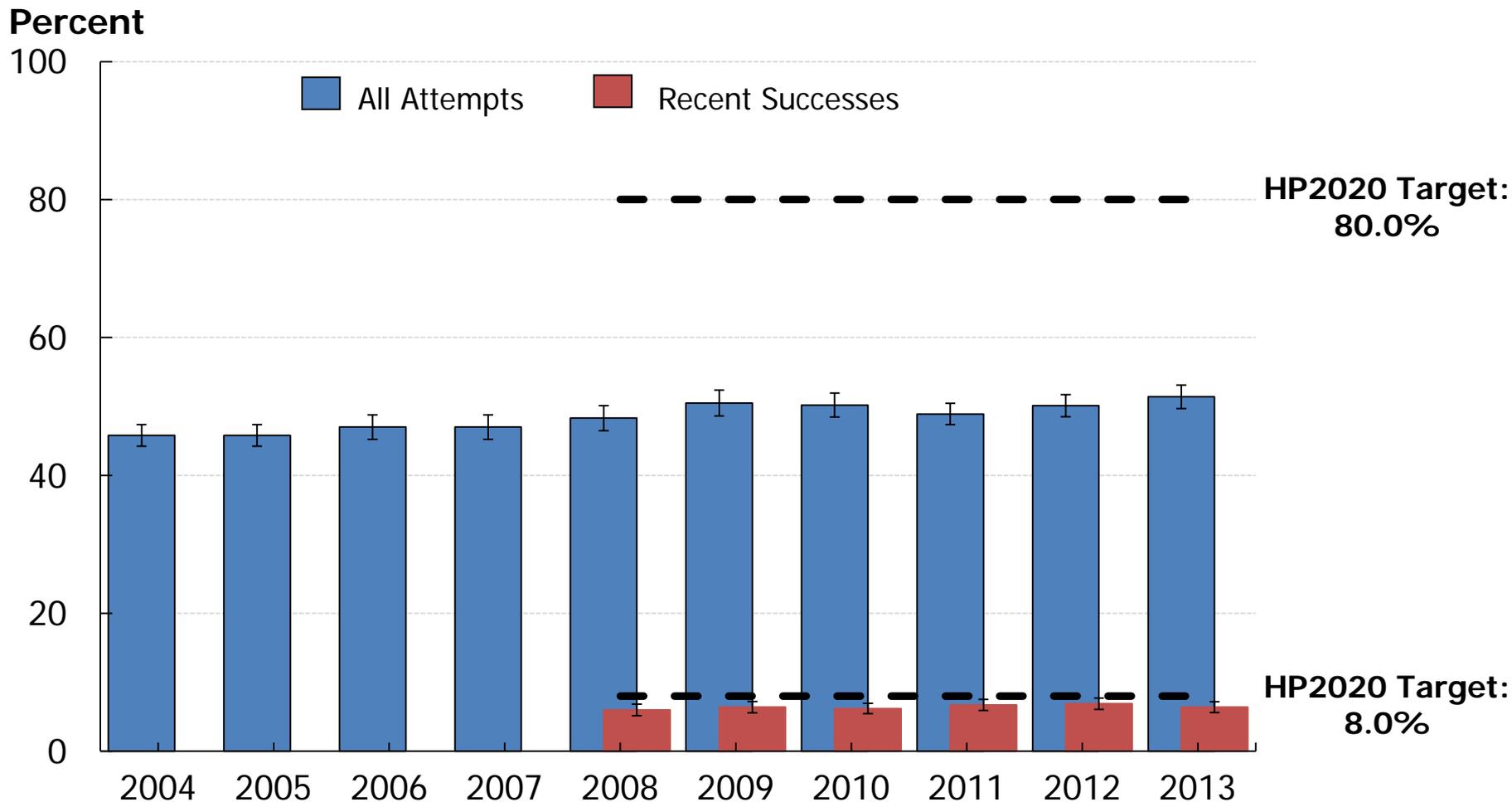


NOTE: Data are for the percent of adolescents (ages 12-17 years) or young adults (ages 18-25 years) who previously never used tobacco who initiated tobacco use in the 12 months prior to the interview. Tobacco use includes cigarettes, snuff, chewing tobacco, and any type of cigar.

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

**Objs. TU-3.1 and TU-3.5**  
Decrease desired

# Smoking Cessation Attempts and Recent Success Among Adults, 2004-2013



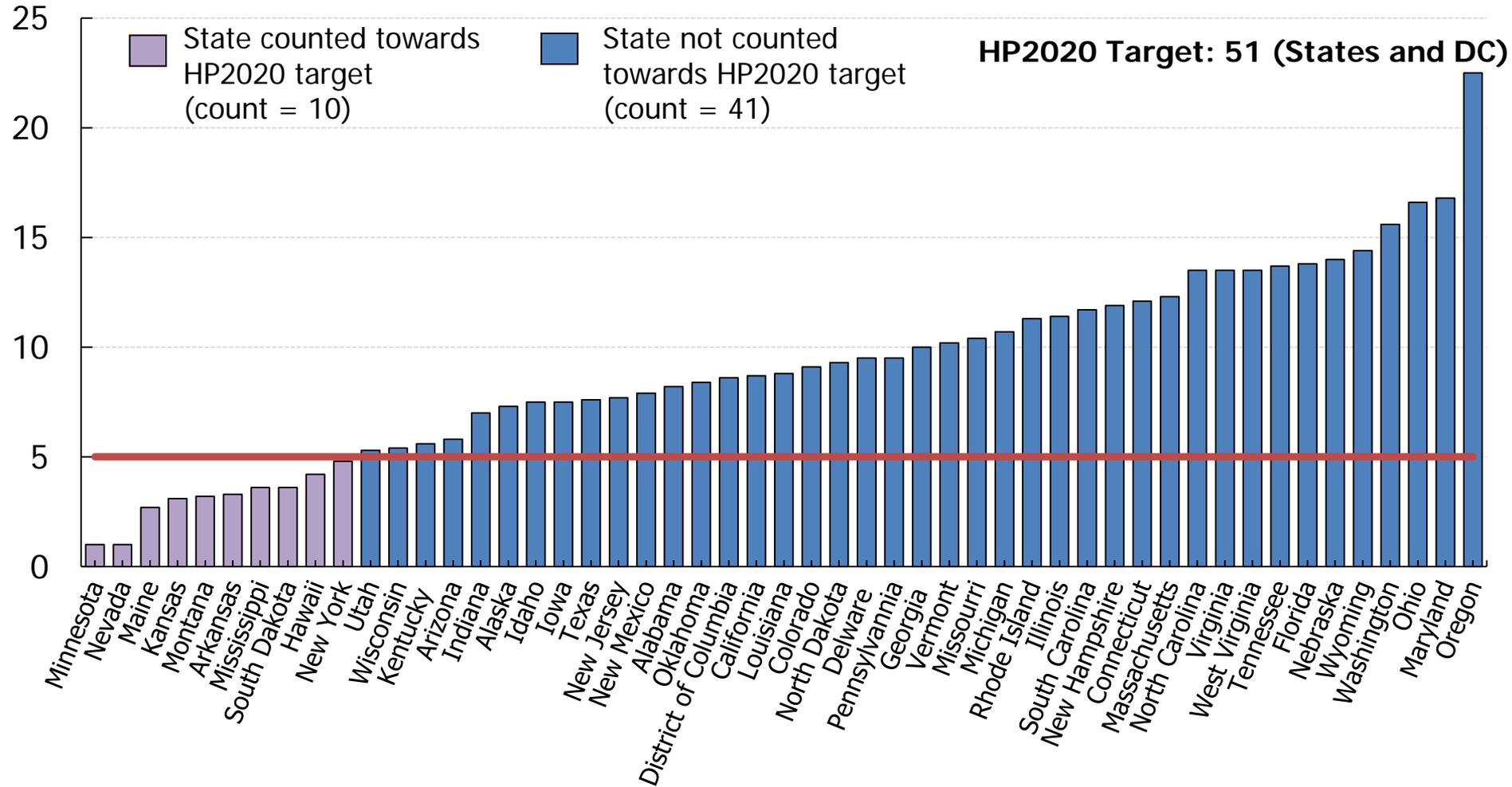
NOTES: Data are for adults 18+ and are age adjusted to the 2000 standard population. Data for smoking cessation attempts are for the percent of adult current smokers who quit smoking for more than one day in the 12 months prior to the interview OR the percent of adult former smokers abstinent less than 365 days. Data for recent cessation success are for the percent of adult smokers who ever smoked 100 cigarettes and who last smoked 6 months to one year ago. Current smokers who smoked less than 2 years are excluded from the denominator for recent cessation success.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

**Objs. TU-4.1 and 5.1**  
Increase desired

# Illegal Sales Rate to Minors in Compliance Checks, 2013

Percent



NOTES: Data shown are for the percent of illegal sales to minors in compliance checks. The HP2020 objective is to, "Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors in States and District of Columbia" by increasing the number of states with a 5% or less illegal sales rate to minors. The HP2020 target is 51 (50 states, plus the District of Columbia). Data shown are reported in the Federal Fiscal Year 2013 SYNAR Program reports and are from Federal Fiscal Year 2012.

SOURCE: Synar Program, SAMHSA/CSAP.

**Obj. TU-19.1**  
 Increase desired