

Healthy People 2020

An End of
Decade Snapshot



OFFICE OF THE
ASSISTANT SECRETARY FOR HEALTH



HHS Assistant Secretary for Health Foreword

The Healthy People initiative develops science-based objectives with 10-year targets intended to improve health for all Americans. Healthy People provides data, information, and tools to drive action and help all Americans live long and healthy lives. At the end of each decade, we reflect on how the initiative has progressed, identifying achievements and nationwide areas for improvement for the next decade.

This report provides a snapshot of the progress the initiative has achieved across the decade. Of the 42 Healthy People 2020 topic areas, 25 topics had 50% or more of their trackable objectives improved upon, met, or exceeded. Closer examination of the Leading Health Indicators (LHIs), a subset of the objectives representing high-priority health issues, shows that 54% of LHIs improved upon, met, or exceeded their target.

The LHIs are composed of 26 indicators organized under 12 topics. Four LHI topics -- Environmental Quality; Maternal, Infant, and Child Health; Social Determinants; and Tobacco -- made particularly notable progress, with all indicators having improved upon, met, or exceeded their targets. It has been inspiring to see the hard work at the national, state, and local levels contribute to these successes.

This report also highlights areas for which the initiative made progress, as well as areas that still need improvement. When reporting how specific populations progressed toward achieving Healthy People 2020 targets, the initiative recognized disparities across populations. For example, for persons with advanced degrees, rates either improved upon, met, or exceeded the Healthy People 2020 targets for 70% of trackable objectives. However, for persons with less than a high school education, rates improved upon, met, or exceeded their targets for 39% of trackable objectives.

While Healthy People 2020 targets are set for the entire population, not for specific subgroups, the target attained by subgroups identifies areas in need of focused action in the next decade.

Through data reporting, we measure the impact of prevention activities and help motivate collaborative action to address public health threats and challenges. As we look to the next decade of the initiative, Healthy People 2030, we will continue to build on four decades of work toward achieving our vision of a healthier Nation for all Americans.

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CDC National Center for Health Statistics Foreword

Since its inception, Healthy People has relied on high-quality data to measure progress toward meeting national disease prevention and health promotion goals and objectives each decade. The initiative is unique among indicator initiatives led by the U.S. Department of Health and Human Services because it includes quantifiable objectives with numerical targets to be achieved over the decade.

Healthy People 2020 included 1,318 objectives, spanning 42 Topic Areas. These objectives used data from about 230 different federal and nonfederal data sources, representing a variety of sectors. Of these 1,318 objectives, 84.3% (n = 1,111) were measurable, meaning they had a baseline value. This report focuses on the 985 trackable objectives, which include a target, baseline value, and at least one follow-up point during the decade. Of these objectives:

- 33.9% (n = 334) met or exceeded their targets.
- 20.8% (n = 205) improved.
- 31.0% (n = 305) had little or no detectable change.
- 14.3% (n = 141) got worse.

This document presents similar analyses of progress by topic area, Leading Health Indicator, and key population subgroup, providing users with a high-level snapshot of progress achieved over the decade, as well as opportunities for improvement moving forward. More detailed analyses and health disparities data are forthcoming in the more comprehensive *Healthy People 2020 Final Review*, a quantitative end-of-decade assessment of progress in achieving the Healthy People 2020 objectives and goals, which is scheduled for release by the National Center for Health Statistics (NCHS) by the end of 2021. In addition, all Healthy People 2020 data, including health disparities data, will be archived on the NCHS Healthy People website, https://www.cdc.gov/nchs/healthy_people/index.htm.

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Healthy People 2020: An End of Decade Snapshot

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The Healthy People Initiative

What is Healthy People?

Led by the U.S. Department of Health and Human Services (HHS), the Healthy People initiative establishes 10-year national health objectives and provides states, cities, communities, and individuals with the data and tools to collaboratively achieve health targets and goals. Moving into its fifth decade, the Healthy People initiative continues to move the Nation toward better health by focusing on health promotion and disease prevention.

A Collaborative Effort





The achievements outlined in this snapshot of progress are a result of actions at the federal, state, and local levels. Healthy People serves as a prevention platform, aligning efforts and motivating action to improve the Nation's health.

- **HHS Office of the Assistant Secretary for Health** (OASH) oversees HHS public health offices and programs, certain Presidential and Secretarial advisory committees, 10 nationwide regional health offices, the Office of the Surgeon General, and the U.S. Public Health Service Commissioned Corps. OASH's **Office of Disease Prevention and Health Promotion** (ODPHP) manages the Healthy People initiative in collaboration with a diverse group of stakeholders, partners, and organizations.
- The **National Center for Health Statistics** (NCHS) provides statistical expertise and oversees data-related activities for the initiative.
- A **Federal Interagency Workgroup**, representing subject matter experts within HHS and across the federal government, provides ongoing oversight of the initiative.
- **Topic area lead agencies and workgroups** conduct day-to-day work to support the Healthy People topic areas and objectives.
- The **Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020** provided recommendations regarding the development and implementation of Healthy People 2020.
- The **public** (both individuals and organizations) provided comments on various aspects of the Healthy People 2020 initiative throughout the decade.

- **Healthy People 2020 Partners** included state and local health departments, the American Public Health Association, the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, and the Association for Prevention Teaching and Research. Coalitions like the Diabetes Advocacy Alliance combined their collective resources and efforts to focus on specific topic areas. Funders, like the Robert Wood Johnson Foundation, supported efforts to include information about the role of evidence-based laws and policies to drive systems-level change. Organizations, agencies, businesses, schools, universities, faith-based organizations, and government entities were responsible for on-the-ground implementation of the Healthy People 2020 initiative.

Healthy People has evolved over the past four decades to accommodate the expanding and changing definition of public health. The initiative has grown substantially, going from over 200 objectives across 15 topic areas in Healthy People 1990 to over 1,300 objectives across 42 topic areas in Healthy People 2020. The graphic below outlines how Healthy People has evolved over the decades.

Figure 1. Evolution of the Healthy People Initiative Over the Decades

Target Year	Overarching Goals	Topic Areas	Objectives
1990 	Decrease mortality: infants–adults Increase independence among older adults	15	~200
2000 	Increase span of healthy life Reduce health disparities Achieve access to preventive services for all	22	~300
2010 	Increase quality and years of healthy life Eliminate health disparities	28	~1,000
2020 	Attain high-quality, longer lives free of preventable disease Achieve health equity; eliminate disparities Create social and physical environments that promote good health Promote quality of life, healthy development, healthy behaviors across life stages	42	~1,300

Healthy People 2020 At-A-Glance

Healthy People 2020 key components and resources.

Healthy People includes several key components that define and drive the initiative.

Key Components of Healthy People 2020

- **Overarching Goals:** High-level aspirational goals to achieve by the end of the decade. Actions and interventions at the individual, community, and local levels helped the initiative make progress toward reaching these goals.
- **Topic Areas:** Healthy People 2020 objectives were organized into 42 distinct topic areas.
- **Objectives:** National health objectives to be achieved during the 10-year period.
- **Targets:** Numeric targets for objectives. Targets were intended to motivate action. Progress toward targets was measured over the course of the decade.
- **Foundation Health Measures (FHM):** Crosscutting summary measures that reflect the impact of actions and interventions implemented to achieve the objectives and overarching goals. FHMs were used to monitor improvement in population health over the course of the decade.
- **Leading Health Indicators (LHIs):** A subset of Healthy People objectives selected to communicate high-priority health issues and challenges.

Healthy People resources provide stakeholders data and information to take action at the federal, state, and local levels.

Healthy People 2020 Website Tools and Resources

- **DATA2020:** Included interactive data tools, such as population-based data, to track objective progress.
- **Health Disparities Widget:** Reported health disparities data across topic areas.
- **Healthy People Sharing Library:** Highlighted implementation efforts across the country.
- **Evidence-Based Resources Database:** Identified resources to help make progress on the Healthy People objectives and goals.

- **Law and Health Policy Project:** Highlighted evidence-based legal and policy interventions and strategies that impact health and can be leveraged to reach Healthy People goals.
- **Webinars:** Used as a communication tool to share Healthy People data and information. Archived Healthy People 2020 webinars are available on the [Healthy People 2020 website](#).

Healthy People underscores the influence of Social Determinants of Health (SDOH) on health risks and outcomes. The Healthy People 2020 SDOH topic area was designed to identify ways to create social and physical environments that promote good health for all.

Social Determinants of Health Framework

New to the initiative, Healthy People 2020 developed a “place-based” organizing framework for SDOH. The framework includes five focus areas: Economic Stability, Education, Social and Community Context, Health and Health Care, and Neighborhood and Built Environment.

Tracking Progress of Healthy People 2020 Objectives

Healthy People 2020 objective types.

At the end of the Healthy People 2020 tracking period, the initiative included 1,318 objectives spanning 42 topic areas. Data used in Healthy People 2020 come from nearly 200 sources.^{1,2} Healthy People 2020 included several types of objectives:

- **Measurable:** These objectives had baseline data. There were 1,111 measurable objectives.
- **Developmental:** These objectives did not have baseline data. There were 112 developmental objectives.
- **Archived:** These objectives were no longer being monitored due to lack of data source, change in science, or replacement with other objectives. There were 95 archived objectives.

Of the measurable objectives, 6.4% (n = 71) had baseline data only;³ 5.0% (n = 55) were informational⁴ (no targets set); and 88.7% (n = 985) were trackable⁵ in that they had a target, baseline data, and at least one follow-up data point collected during the decade. This report focuses on progress achieved on trackable objectives. Progress was measured using data available on the [Healthy People 2020 website](#) as of January 2020. In 2021, NCHS will publish a comprehensive *Healthy People 2020 Final Review*, which will include more in-depth analysis by objective and health disparities information.

Figure 2. Measurable Objectives in Healthy People 2020

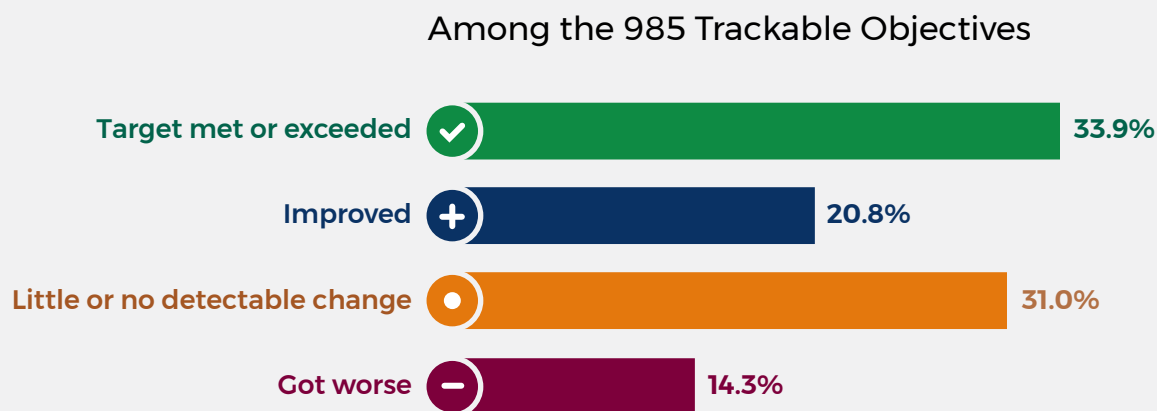


Have the Healthy People 2020 objectives met their targets?

Over the decade, Healthy People stakeholders across the Nation, including states, communities, and a diverse array of organizations, worked toward achieving the Healthy People 2020 vision: “A society in which all people live long, healthy lives.”

As a result of these efforts, by the end of the decade, 55% of trackable objectives had improved, or met or exceeded their targets.

Figure 3. End of Decade Status of Healthy People 2020 Trackable Objectives



The final status of the 985 trackable objectives (Figure 3):

- 33.9% (n = 334) met or exceeded their targets.⁶
- 20.8% (n = 205) improved.⁷
- 31.0% (n = 305) had little or no detectable change.⁸
- 14.3% (n = 141) got worse.⁹

Overall, 25 topic areas had 50% or more of their trackable objectives improve, or meet or exceed their targets. More detailed information on the status of objectives by topic area can be found in the [Healthy People 2020 Data Tables](#) section.

Figure 4. End of Decade Status of Healthy People 2020 Trackable Objectives, by Topic Area

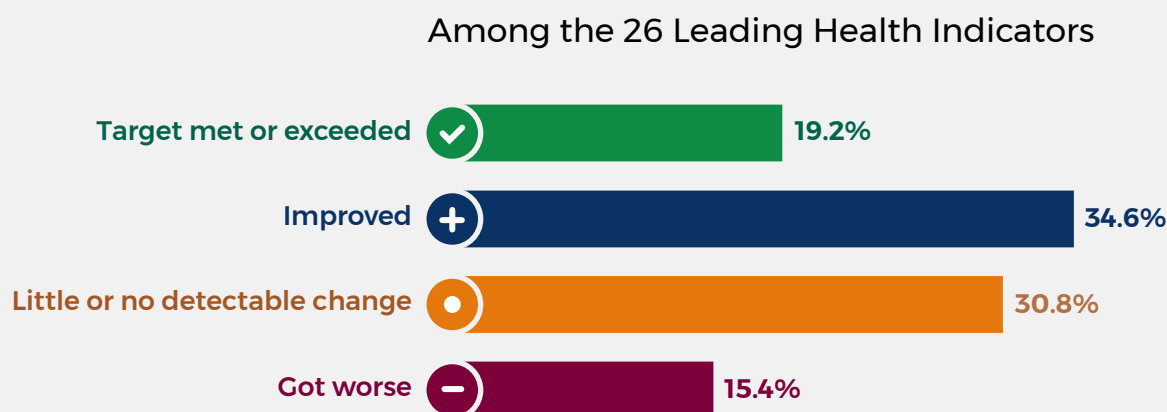
<p>Topic areas where 50% or more of trackable objectives improved, or met or exceeded Healthy People 2020 targets</p>	<ul style="list-style-type: none"> • Access to Health Services • Adolescent Health • Cancer • Chronic Kidney Disease • Disability and Health • Educational and Community-Based Programs • Environmental Health • Genomics • Global Health 	<ul style="list-style-type: none"> • Health Communication and Health Information Technology • Healthcare-Associated Infections • Heart Disease and Stroke • HIV • Immunization and Infectious Diseases • Maternal, Infant, and Child Health • Medical Product Safety 	<ul style="list-style-type: none"> • Nutrition and Weight Status • Occupational Safety and Health • Oral Health • Physical Activity • Preparedness • Public Health Infrastructure • Sexually Transmitted Diseases • Tobacco Use • Vision
<p>Topic areas where less than 50% of trackable objectives improved, or met or exceeded Healthy People 2020 targets</p>	<ul style="list-style-type: none"> • Arthritis, Osteoporosis, and Chronic Back Conditions • Blood Disorders and Blood Safety • Dementias, Including Alzheimer's Disease • Diabetes • Early and Middle Childhood 	<ul style="list-style-type: none"> • Family Planning • Food Safety • Hearing and Other Sensory or Communication Disorders • Injury and Violence Prevention • Lesbian, Gay, Bisexual, and Transgender Health 	<ul style="list-style-type: none"> • Mental Health and Mental Disorders • Older Adults • Respiratory Diseases • Sleep Health • Substance Abuse

Status of the Leading Health Indicators (LHIs)

A closer look at Healthy People 2020 high-priority health issues.

The LHIs are a small subset of Healthy People objectives selected to communicate high-priority health issues and actions that can be taken to address them. The Healthy People 2020 LHIs included 26 Healthy People objectives organized under 12 topics.

Figure 5. End of Decade Status of Healthy People 2020 Leading Health Indicators



The final status of the 26 trackable LHIs (Figure 5):

- 19.2% (n = 5) met or exceeded their targets.
- 34.6% (n = 9) improved.
- 30.8% (n = 8) had little or no detectable change.
- 15.4% (n = 4) got worse.

Additional details on each of these 26 LHIs can be found in Figure 6.

Action to Achieve the LHIs

Over the decade, ODPHP collected implementation stories showcasing states, communities, and organizations addressing the Healthy People 2020 LHIs. ODPHP communicated successes to the public via a sharing library database and a webinar series. These resources were available on the Healthy People 2020 website. Stories focused on implementation of evidence-based interventions and strategies, evaluation, and collaborative efforts.

Figure 6. End of Decade Progress for Healthy People 2020 Leading Health Indicators

Legend: - Got worse o Little or no detectable change + Improved ✓ Target met or exceeded

Objective Description	Baseline value (year)	Final value (year)	Target	Movement away from baseline ¹⁰ (if movement not toward target)	Movement toward target ¹¹	Movement statistically significant ^{12,13}
Access to Health Services						
+ Persons with medical insurance (% , under 65 yrs) (AHS-1.1)	83.2% (2008)	89.0% (2018)	100%		34.5%	Yes
o Persons with a usual primary care provider (%) (AHS-3)	76.3% (2007)	76.4% (2016)	83.9%		1.3%	No
Clinical Preventive Services						
+ Adults receiving colorectal cancer screening based on the most recent guidelines (age adjusted, %, 50-75 yrs) (C-16)	52.1% (2008)	65.2% (2018)	70.5%		71.2%	Yes
o Persons with diagnosed diabetes whose A1c value is greater than 9% (age adjusted, %, 18+ yrs) (D-5.1)	18.0% (2005-08)	18.7% (2013-16)	16.2%	3.9%		No
+ Adults with hypertension whose blood pressure is under control (age adjusted, %, 18+ yrs) (HDS-12)	43.7% (2005-08)	47.8% (2013-16)	61.2%		23.4%	Yes
+ Children receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines by age 19-35 months (%) (IID-8)	68.4% (2012)	72.8% (2018)	80.0%		37.9%	Yes
Environmental Quality						
✓ Air Quality Index >100 (number of days, weighted by population and Air Quality Index value) (EH-1)	7,603,280,922 (2006-08)	4,295,962,018 (2016-18)	6,842,952,830		435.0%	
✓ Children exposed to secondhand smoke (% , nonsmokers, 3-11 yrs) (TU-11.1)	52.2% (2005-08)	38.1% (2013-16)	47.0%		271.2%	Yes

Legend: Got worse Little or no detectable change Improved Target met or exceeded

Objective Description	Baseline value (year)	Final value (year)	Target	Movement away from baseline ¹⁰ (if movement not toward target)	Movement toward target ¹¹	Movement statistically significant ^{12,13}
Injury and Violence						
Injury deaths (age adjusted, per 100,000 population) (IVP-1.1)	59.7 (2007)	71.5 (2017)	53.7	19.8%		Yes
Homicides (age adjusted, per 100,000 population) (IVP-29)	6.1 (2007)	6.2 (2017)	5.5	1.6%		No
Maternal, Infant, and Child Health						
All infant deaths (per 1,000 live births, <1 yr) (MICH-1.3)	6.7 (2006)	5.8 (2017)	6.0		128.6%	Yes
Total preterm live births (% , <37 wks gestation) (D-5.1)	10.4% (2007)	9.9% (2017)	9.4%		50.0%	Yes
Mental Health						
Suicide (age adjusted, per 100,000 population) (MHMD-1)	11.3 (2007)	14.0 (2017)	10.2	23.9%		Yes
Adolescents with a major depressive episode in the past 12 months (% , 12-17 yrs) (MHMD-4.1)	8.3% (2008)	14.4% (2018)	7.5%	73.5%		Yes
Nutrition, Physical Activity, and Obesity						
Obesity among adults (age adjusted, % , 20+ yrs) (NWS-9)	33.9% (2005-08)	38.6% (2013-16)	30.5%	13.9%		Yes
Obesity among children and adolescents (% , 2-19 yrs) (NWS-10.4)	16.1% (2005-08)	17.8% (2013-16)	14.5%	10.6%		No
Mean daily intake of total vegetables (age adjusted, cup equivalents per 1,000 calories, 2+ years) (NWS-15.1)	0.76 (2005-08)	0.76 (2013-16)	1.16		0.0%	
Adults meeting aerobic physical activity and muscle-strengthening objectives (age adjusted, % , 18+ yrs) (PA-2.4)	18.2% (2008)	24.0% (2018)	20.1%		305.3%	Yes

Legend: Got worse Little or no detectable change Improved Target met or exceeded

Objective Description	Baseline value (year)	Final value (year)	Target	Movement away from baseline ¹⁰ (if movement not toward target)	Movement toward target ¹¹	Movement statistically significant ^{12,13}
Oral Health						
Children, adolescents, and adults who visited the dentist in the past year (age adjusted, %, 2+ yrs) (OH-7)	44.5% (2007)	43.3% (2016)	49.0%	2.7%		No
Reproductive and Sexual Health						
Sexually active females receiving reproductive health services (%, 15-44 yrs) (FP-7.1)	78.6% (2006-10)	78.0% (2015-17)	86.5%	0.8%		No
Knowledge of serostatus among HIV-positive persons (%, 13+ yrs) (HIV-13)	82.8% (2010)	85.8% (2016)	90.0%		41.7%	
Social Determinants						
Students graduating from high school within 4 years of starting 9th grade (%) (AH-5.1)	79% (2010-11)	85% (2016-17)	87%		75.0%	
Substance Abuse						
Adolescents using alcohol or illicit drugs in past 30 days (%, 12-17 yrs) (SA-13.1)	14.2% (2015)	13.2% (2018)	12.8%		71.4%	Yes
Binge drinking in past month-Adults (%, 18+ yrs) (SA-14.3)	26.9% (2015)	26.5% (2018)	24.2%		14.8%	No
Tobacco						
Adult cigarette smoking (age adjusted, %, 18+ yrs) (TU-1.1)	20.6% (2008)	13.9% (2018)	12.0%		77.9%	Yes
Adolescent cigarette smoking in past 30 days (%, grades 9-12) (TU-2.2)	19.5% (2009)	8.8% (2017)	16.0%		305.7%	Yes

Status of Objectives by Population Subgroup

How were demographic factors associated with progress toward achieving objectives?

Monitoring data at the population level uncovers health disparities

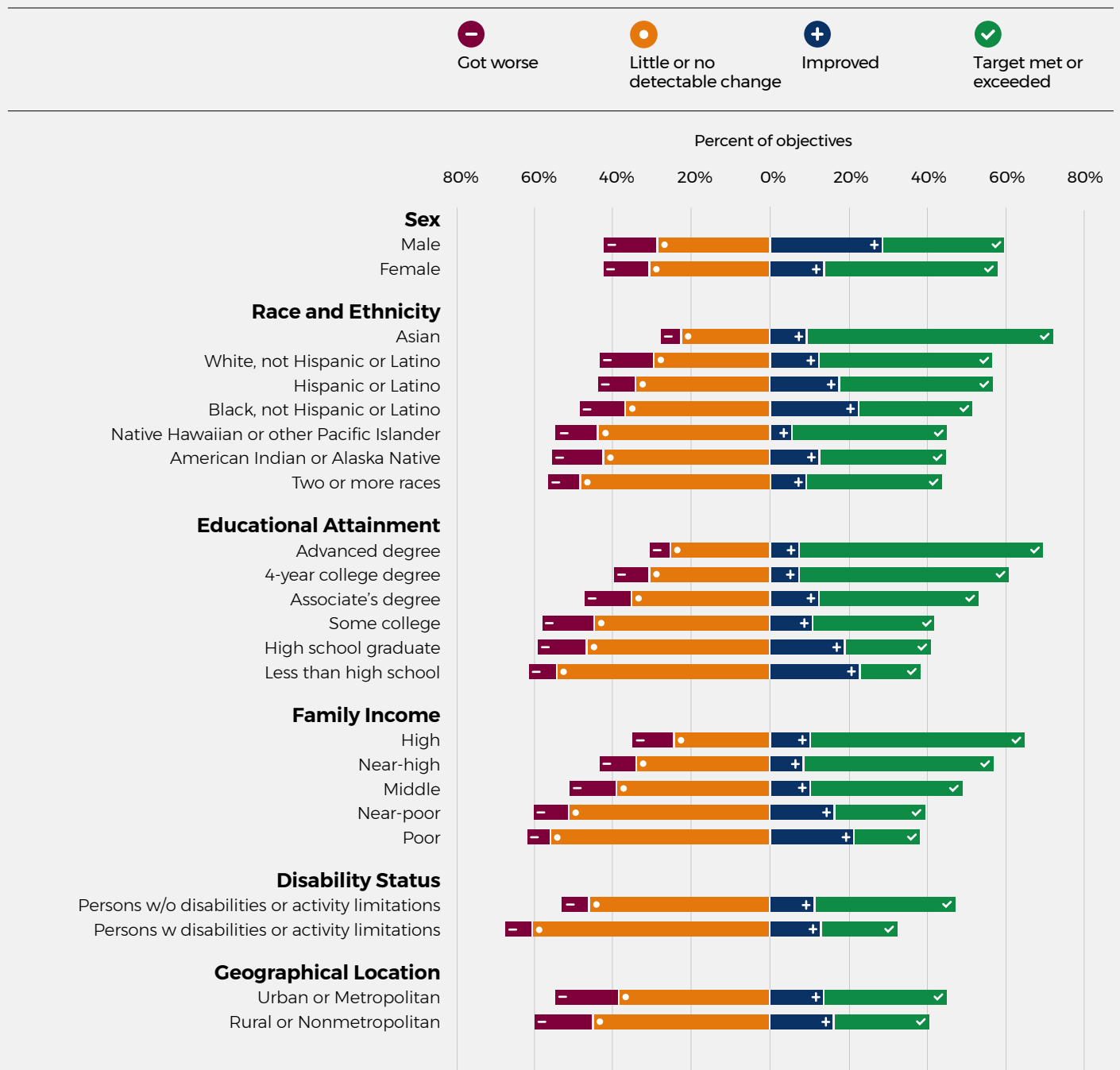
It is important to recognize the impact of social determinants on health outcomes for specific populations. Environmental, economic, and sociocultural factors such as structural racism or systemic bias can contribute to health disparities by race, ethnicity, sex, sexual orientation, gender identity, age, disability, socioeconomic status, or geographic location.

Some of the most commonly reported population subgroups in Healthy People 2020 were defined by the following characteristics: sex,¹⁴ race and ethnicity,^{15,16} educational attainment,¹⁷ family income,¹⁸ disability status,¹⁹ and geographic location.²⁰ Healthy People 2020 aimed for consistency in tracking progress across population subgroups; however, the availability of information by subgroup varied by data source or by objective, due to survey design, data collection and presentation standards, or other considerations.

Each trackable objective had a single target for all population subgroups for which data were available. Because this single target was set for the total population, instead of unique targets set for each population subgroup, there were instances where some population subgroups met the 2020 target at the baseline data point, while other subgroups had not met the target. For more detail on progress toward meeting Healthy People targets for specific population subgroups, see Figure 7.

Additional subgroups for some objectives were tracked over the decade. These data were reported via the Healthy People 2020 database and disparities tools. Healthy People strives to improve the health of all Americans.

Figure 7. End of Decade Status of Healthy People 2020 Trackable Objectives, by Population Subgroup



A closer look at subgroup differences.

Sex

For trackable objectives with data by sex, male rates improved, or met or exceeded targets for 59.7% (n = 308 of 516), whereas female rates improved, or met or exceeded targets for 58.0% (n = 300 of 517) of objectives.

Race and Ethnicity

Rates improved, or met or exceeded targets for the following percentages of trackable objectives, by race and ethnicity: Asian (72.5%; n = 242 of 334); White, not Hispanic or Latino (56.9%; n = 327 of 575); Hispanic or Latino (56.4%; n = 303 of 537); Black, not Hispanic or Latino (51.5%; n = 289 of 561); American Indian or Alaska Native (44.8%; n = 126 of 281); Native Hawaiian or other Pacific Islander (45.3%; n = 63 of 139); and two or more races (43.8%; n = 106 of 242).

Over 50% of trackable objectives with race and ethnicity data improved, or met or exceeded their targets for Asian, Hispanic or Latino, White, and Black populations.

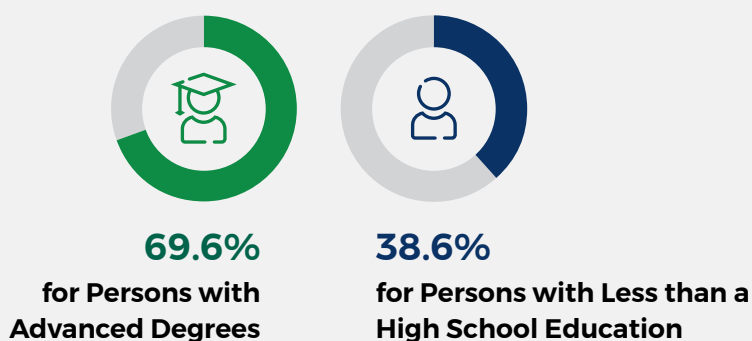
Educational Attainment

In Healthy People 2020, the definition of educational attainment varied by data source. Data were reported for several categories of educational attainment: advanced degree, 4-year college degree, associate's degree, some college education, high school graduate, and less than high school. However, many objectives only had data for some of these categories, or combined categories. Therefore, the number of trackable objectives with data for education groups varied for each of the education categories.

Rates improved, or met or exceeded targets for the following percentages of trackable objectives, by educational attainment: advanced degree (69.6%; n = 119 of 171); 4-year college degree (60.4%; n = 142 of 235); associate's degree (52.9%; n = 72 of 136); some college (42.0%; n = 111 of 264); high school graduate (41.1%; n = 109 of 265); and less than high school (38.6%; n = 98 of 254).

Rates improved, or met or exceeded targets for 69.6% (n = 119 of 171) of trackable objectives with data for persons with advanced degrees, compared to 38.6% (n = 98 of 254) of trackable objectives for persons with less than a high school education.

Figure 8. Percentage of Healthy People 2020 Trackable Objectives that Improved, or Met or Exceeded Targets, by Level of Educational Attainment



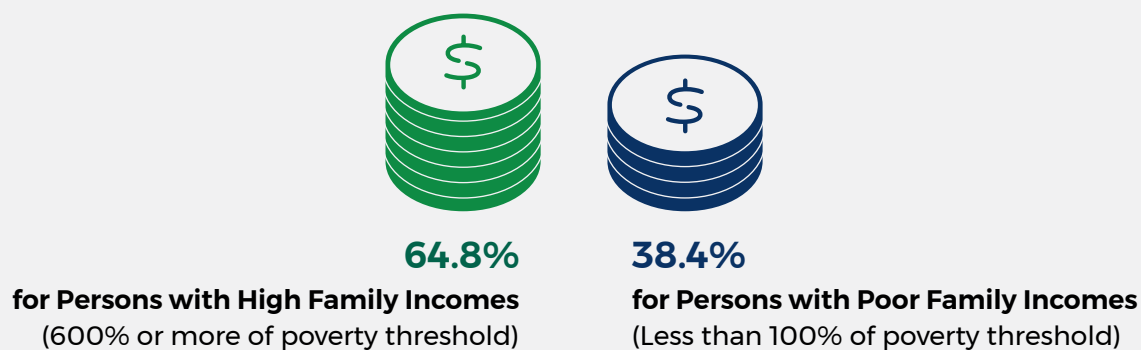
Family Income

Healthy People 2020 data tables included up to five categories of family income, usually expressed as a percentage of the poverty threshold: high (at or above 600% of the poverty threshold); near-high (400%–599%); middle (200%–399%); near-poor (100%–199%); and poor (less than 100%).

Rates improved, or met or exceeded targets for the following percentages of trackable objectives, by family income: high (64.8%; n = 166 of 256); near-high (56.8%; n = 154 of 271); middle (49.1%; n = 159 of 324); near-poor (39.7%; n = 129 of 325); and poor (38.4%; n = 124 of 323).

Rates improved, or met or exceeded targets for 64.8% (n = 166 of 256) of trackable objectives with data for persons with high family incomes, compared to 38.4% (n = 124 of 323) of trackable objectives with data for persons with poor family incomes.

Figure 9. Percentage of Healthy People 2020 Trackable Objectives that Improved, or Met or Exceeded Targets, by Family Income

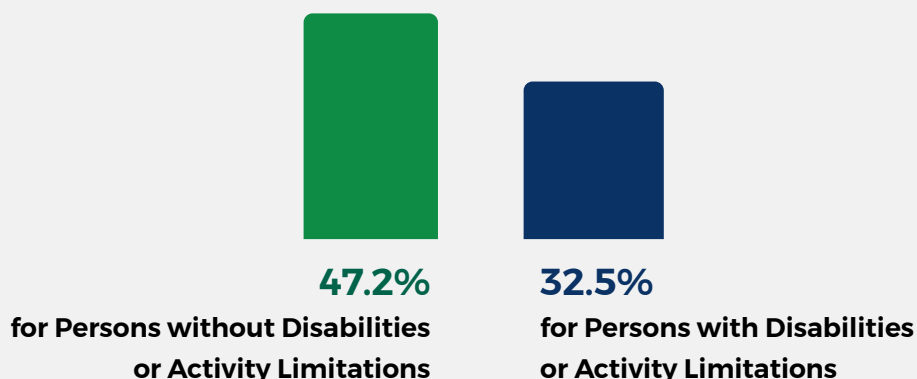


Disability Status

In Healthy People 2020, the specific definition of disability status varied by data source. Many data sources used the American Community Survey (ACS) disability questions to determine a person’s disability status.¹⁹

Rates improved, or met or exceeded the targets for 47.2% (n = 76 of 161) of trackable objectives with data for persons without disabilities or activity limitations, compared to 32.5% (n = 50 of 154) of trackable objectives with data for persons with disabilities or activity limitations.

Figure 10. Percentage of Healthy People 2020 Trackable Objectives that Improved, or Met or Exceeded Targets, by Disability Status



Geographic Location

In the Healthy People 2020 data, geographic location categorization varies by data source. For many data sources, the categories are “metropolitan” and “nonmetropolitan” as defined by the Office of Management and Budget. For other data sources, the categories urban and rural are used. Additionally, for selected objectives geographic location may refer to the location of the health care provider or school.

Rates improved, or met or exceeded targets for 45.4% (n = 149 of 328) of trackable objectives with data for persons in metropolitan areas, compared to 40.6% (n = 127 of 313) of trackable objectives with data for persons in nonmetropolitan areas.

For detailed information on the final status of population-based trackable objectives by population subgroup, see Table 3.

Tracking Data to Improve Health

Collaborative efforts at the federal, state, and local levels can help address health disparities. Healthy People offers a platform for collaboration; priority alignment, including alignment of federal strategies; and information sharing around disease prevention and health promotion priorities for the Nation. As we look to Healthy People 2030, it is important to learn from the previous decade and use Healthy People 2020 data to identify areas of achievement and areas for improvement.

Transition to Healthy People 2030

How does Healthy People 2030 differ from Healthy People 2020?

The fifth iteration of the Healthy People initiative, **Healthy People 2030**, was launched in August 2020. In response to stakeholder feedback and user surveys, Healthy People 2030 contains a reduced number of objectives. Objectives were chosen using a set of evidence-based and rigorous selection criteria developed by the Secretary's Advisory Committee, including higher data standards than previous decades, and were made available for public comment. As a result, Healthy People 2030 is more streamlined, offering fewer objectives to help focus the Nation's efforts to prevent disease and promote health.

The leaner set of objectives is categorized under an updated set of topic areas. Healthy People is a dynamic initiative. It will continue to respond to emerging and evolving issues that impact the public's health over the decade. A new interactive Healthy People 2030 website will facilitate sharing relevant and timely information.

Healthy People 2030 includes three types of objectives: Core, Developmental, and Research.

Figure 11. Healthy People 2030 Objective Types*

Core Objectives	Core objectives reflect high-priority public health issues and are associated with evidence-based interventions. Core objectives have valid, reliable, nationally representative data, including baseline data from no earlier than 2015. Each core objective has an accompanying numeric target for the decade.
Developmental Objectives	Developmental objectives represent high-priority public health issues that are associated with evidence-based interventions but do not yet have reliable baseline data.
Research Objectives	Research objectives represent public health issues with a high health or economic burden or significant disparities between population groups - but they are not yet associated with evidence-based interventions.

*At launch, Healthy People 2030 included 355 core objectives, 114 developmental objectives, and 40 research objectives. Over the course of the decade, data for core objectives will be reported via healthypeople.gov and progress toward achieving core objective's targets will be monitored.

Stakeholders can use Healthy People in their work in several ways:

- Identify needs and priority populations
- Set targets
- Find inspiration and practical needs
- Monitor national progress—and use Healthy People data as a benchmark

Healthy People drives action through data monitoring and regular reporting. Collaborative efforts at the federal, state, and local levels help achieve Healthy People targets and goals. Healthy People 2030 will continue this tradition by monitoring the health of the Nation, reporting health disparities, providing evidence-based resources for action, and bringing stakeholders together to improve the health of all Americans.

Healthy People 2020 Data Tables

Below, we provide more detailed information on the data presented in this report. Additionally, the **Technical Notes** section describes important data considerations.

Final Status of Healthy People 2020 Measurable Objectives

The number of measurable objectives varied across topic areas from one objective (Genomics) to 90 objectives (Educational and Community-Based Programs). An overview of progress for measurable objectives by topic area is presented in Table 1.

Among the 42 topic areas with measurable objectives (Table 1):

- Eight topic areas had five measurable objectives or fewer.
- Twenty-five areas did not have any informational objectives.
- Twenty-three topic areas did not have any baseline only objectives (all measurable objectives in these topic areas had at least two data points).
- Two topic areas did not have any trackable objectives.

Table 1. Final Status of Healthy People 2020 Measurable Objectives, by Topic Area

Topic Area	Informational		Baseline only		Trackable		Total	
	n	Percent	n	Percent	n	Percent	n	Percent
Access to Health Services	0	0.0%	0	0.0%	17	100.0%	17	100.0%
Adolescent Health	0	0.0%	1	4.2%	23	95.8%	24	100.0%
Arthritis, Osteoporosis, and Chronic Back Conditions	1	5.3%	0	0.0%	18	94.7%	19	100.0%
Blood Disorders and Blood Safety	0	0.0%	0	0.0%	3	100.0%	3	100.0%
Cancer	1	4.0%	0	0.0%	24	96.0%	25	100.0%
Chronic Kidney Disease	2	8.3%	0	0.0%	22	91.7%	24	100.0%
Dementias, Including Alzheimer's Disease	0	0.0%	0	0.0%	2	100.0%	2	100.0%
Diabetes	2	11.1%	0	0.0%	16	88.9%	18	100.0%
Disability and Health	0	0.0%	3	15.0%	17	85.0%	20	100.0%
Early and Middle Childhood	0	0.0%	0	0.0%	13	100.0%	13	100.0%
Educational and Community-Based Programs	3	3.3%	9	10.0%	78	86.7%	90	100.0%
Environmental Health	0	0.0%	12	20.7%	46	79.3%	58	100.0%
Family Planning	0	0.0%	0	0.0%	43	100.0%	43	100.0%
Food Safety	0	0.0%	0	0.0%	33	100.0%	33	100.0%
Genomics	0	0.0%	0	0.0%	1	100.0%	1	100.0%
Global Health	0	0.0%	0	0.0%	3	100.0%	3	100.0%
Health Communication and Health Information Technology	0	0.0%	2	8.0%	23	92.0%	25	100.0%
Healthcare-Associated Infections	0	0.0%	0	0.0%	2	100.0%	2	100.0%
Health-Related Quality of Life and Well-Being	0	0.0%	2	100.0%	0	0.0%	2	100.0%
Hearing and Other Sensory or Communication Disorders (Ear, Nose, and Throat - Voice, Speech, and Language)	11	28.9%	6	15.8%	21	55.3%	38	100.0%
Heart Disease and Stroke	1	2.7%	0	0.0%	36	97.3%	37	100.0%
HIV	0	0.0%	0	0.0%	12	100.0%	12	100.0%
Immunization and Infectious Diseases	1	1.4%	1	1.4%	67	97.1%	69	100.0%
Injury and Violence Prevention	0	0.0%	0	0.0%	53	100.0%	53	100.0%

Topic Area	Informational		Baseline only		Trackable		Total	
	n	Percent	n	Percent	n	Percent	n	Percent
Lesbian, Gay, Bisexual, and Transgender Health	0	0.0%	0	0.0%	5	100.0%	5	100.0%
Maternal, Infant, and Child Health	1	1.5%	3	4.5%	63	94.0%	67	100.0%
Medical Product Safety	4	40.0%	0	0.0%	6	60.0%	10	100.0%
Mental Health and Mental Disorders	0	0.0%	2	13.3%	13	86.7%	15	100.0%
Nutrition and Weight Status	0	0.0%	5	16.1%	26	83.9%	31	100.0%
Occupational Safety and Health	0	0.0%	0	0.0%	16	100.0%	16	100.0%
Older Adults	0	0.0%	1	6.7%	14	93.3%	15	100.0%
Oral Health	0	0.0%	4	12.1%	29	87.9%	33	100.0%
Physical Activity	1	3.1%	11	34.4%	20	62.5%	32	100.0%
Preparedness	1	4.5%	2	9.1%	19	86.4%	22	100.0%
Public Health Infrastructure	4	7.4%	2	3.7%	48	88.9%	54	100.0%
Respiratory Diseases	2	7.7%	0	0.0%	24	92.3%	26	100.0%
Sexually Transmitted Diseases	0	0.0%	0	0.0%	14	100.0%	14	100.0%
Sleep Health	0	0.0%	0	0.0%	4	100.0%	4	100.0%
Social Determinants of Health	11	100.0%	0	0.0%	0	0.0%	11	100.0%
Substance Abuse	8	19.0%	2	4.8%	32	76.2%	42	100.0%
Tobacco Use	1	1.4%	2	2.9%	66	95.7%	69	100.0%
Vision	0	0.0%	1	7.1%	13	92.9%	14	100.0%
Overall	55	5.0%	71	6.4%	985	88.7%	1,111	100.0%

Summary of Final Status of Healthy People 2020 Trackable Objectives, by Topic Area

Table 2 includes the number of trackable objectives in each topic area that got worse, had little or no detectable change, improved, or met or exceeded their targets.

Among the 40 topic areas with trackable objectives (Table 2):

- Eleven topic areas had zero trackable objectives that got worse. Conversely, half of the trackable objectives in the Sleep Health topic area (50.0%, n = 2 of 4) got worse.
- Four topic areas had zero trackable objectives that had little or no detectable change. All trackable objectives in the Dementias, Including Alzheimer's Disease topic area (100.0%, n = 2 of 2) and three-fourths of the trackable objectives in the Respiratory Diseases topic area (75.0%, n = 18 of 24) had little or no detectable change.
- Seven topic areas had zero trackable objectives that improved. Yet, all trackable objectives in the Healthcare-Associated Infections topic area (100.0%, n = 2 of 2) and Global Health topic area (100.0%, n = 3 of 3) improved.
- Five topic areas had zero trackable objectives that met or exceeded their targets. But all trackable objectives in the Genomics topic area (100.0%, n = 1 of 1) and seven-eighths of the trackable objectives in the Occupational Safety and Health topic area (87.5%; n = 14 of 16) met or exceeded their targets.

Table 2. Summary of Final Status of Healthy People 2020 Trackable Objectives, by Topic Area

Topic Area	Got worse		Little or no detectable change		Improved		Target met or exceeded		Total	
	n	Percent	n	Percent	n	Percent	n	Percent	n	Percent
Access to Health Services	1	5.9%	5	29.4%	5	29.4%	6	35.3%	17	100.0%
Adolescent Health	1	4.3%	7	30.4%	6	26.1%	9	39.1%	23	100.0%
Arthritis, Osteoporosis, and Chronic Back Conditions	4	22.2%	11	61.1%	1	5.6%	2	11.1%	18	100.0%
Blood Disorders and Blood Safety	0	0.0%	2	66.7%	0	0.0%	1	33.3%	3	100.0%
Cancer	3	12.5%	3	12.5%	6	25.0%	12	50.0%	24	100.0%
Chronic Kidney Disease	3	13.6%	4	18.2%	4	18.2%	11	50.0%	22	100.0%
Dementias, Including Alzheimer's Disease	0	0.0%	2	100.0%	0	0.0%	0	0.0%	2	100.0%
Diabetes	1	6.3%	8	50.0%	2	12.5%	5	31.3%	16	100.0%
Disability and Health	1	5.9%	4	23.5%	4	23.5%	8	47.1%	17	100.0%
Early and Middle Childhood	3	23.1%	9	69.2%	1	7.7%	0	0.0%	13	100.0%
Educational and Community-Based Programs	18	23.1%	18	23.1%	17	21.8%	25	32.1%	78	100.0%
Environmental Health	10	21.7%	11	23.9%	12	26.1%	13	28.3%	46	100.0%
Family Planning	7	16.3%	26	60.5%	4	9.3%	6	14.0%	43	100.0%
Food Safety	8	24.2%	9	27.3%	6	18.2%	10	30.3%	33	100.0%
Genomics	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1	100.0%
Global Health	0	0.0%	0	0.0%	3	100.0%	0	0.0%	3	100.0%
Health Communication and Health Information Technology	2	8.7%	5	21.7%	2	8.7%	14	60.9%	23	100.0%
Healthcare-Associated Infections	0	0.0%	0	0.0%	2	100.0%	0	0.0%	2	100.0%
Hearing and Other Sensory or Communication Disorders (Ear, Nose, and Throat - Voice, Speech, and Language)	2	9.5%	9	42.9%	2	9.5%	8	38.1%	21	100.0%
Heart Disease and Stroke	5	13.9%	11	30.6%	5	13.9%	15	41.7%	36	100.0%

Topic Area	Got worse		Little or no detectable change		Improved		Target met or exceeded		Total	
	n	Percent	n	Percent	n	Percent	n	Percent	n	Percent
HIV	0	0.0%	1	8.3%	7	58.3%	4	33.3%	12	100.0%
Immunization and Infectious Diseases	6	9.0%	9	13.4%	29	43.3%	23	34.3%	67	100.0%
Injury and Violence Prevention	14	26.4%	24	45.3%	7	13.2%	8	15.1%	53	100.0%
Lesbian, Gay, Bisexual, and Transgender Health	0	0.0%	3	60.0%	2	40.0%	0	0.0%	5	100.0%
Maternal, Infant, and Child Health	8	12.7%	17	27.0%	14	22.2%	24	38.1%	63	100.0%
Medical Product Safety	0	0.0%	1	16.7%	0	0.0%	5	83.3%	6	100.0%
Mental Health and Mental Disorders	6	46.2%	5	38.5%	0	0.0%	2	15.4%	13	100.0%
Nutrition and Weight Status	3	11.5%	8	30.8%	11	42.3%	4	15.4%	26	100.0%
Occupational Safety and Health	0	0.0%	1	6.3%	1	6.3%	14	87.5%	16	100.0%
Older Adults	4	28.6%	6	42.9%	1	7.1%	3	21.4%	14	100.0%
Oral Health	0	0.0%	10	34.5%	3	10.3%	16	55.2%	29	100.0%
Physical Activity	4	20.0%	6	30.0%	0	0.0%	10	50.0%	20	100.0%
Preparedness	0	0.0%	6	31.6%	10	52.6%	3	15.8%	19	100.0%
Public Health Infrastructure	1	2.1%	2	4.2%	9	18.8%	36	75.0%	48	100.0%
Respiratory Diseases	4	16.7%	18	75.0%	1	4.2%	1	4.2%	24	100.0%
Sexually Transmitted Diseases	6	42.9%	0	0.0%	6	42.9%	2	14.3%	14	100.0%
Sleep Health	2	50.0%	1	25.0%	0	0.0%	1	25.0%	4	100.0%
Substance Abuse	9	28.1%	12	37.5%	3	9.4%	8	25.0%	32	100.0%
Tobacco Use	3	4.5%	28	42.4%	18	27.3%	17	25.8%	66	100.0%
Vision	2	15.4%	3	23.1%	1	7.7%	7	53.8%	13	100.0%
Overall	141	14.3%	305	31.0%	205	20.8%	334	33.9%	985	100.0%

Summary of Final Status of Healthy People 2020 Trackable Objectives, by Population Subgroup

An overview of progress for population-based trackable objectives by selected population subgroup (defined by sex, race and ethnicity, educational attainment, family income, disability status, and geographic location) is presented in Table 3. Of the total trackable objectives (n = 985), only a subset of objectives (n = 611) had data available to permit assessment of progress for specific subgroups.

A single target was set for the total population and generally applied to all population subgroups for each population-based objective. Some population subgroups had met the target at the final data point, while other subgroups had not.

Among the selected population subgroups (Table 3):

- Female rates met or exceeded the targets for 43.9% (n = 227 of 517) of trackable objectives with applicable data, whereas male rates met or exceeded the targets for 35.7% (n = 184 of 516) of trackable objectives with applicable data.
- Asian population rates met or exceeded the targets for 62.9% (n = 210 of 334) of trackable objectives with data on the Asian population, compared with 29.1% (n = 163 of 561) of trackable objectives with data on the Black, not Hispanic or Latino population.
- 62.0% (n = 106 of 171) of trackable objectives with data for persons with advanced degrees met or exceeded the targets compared with 15.7% (n = 40 of 254) of objectives with data for persons with less than a high school education.
- 54.7% (n = 140 of 256) of rates for persons with high family incomes met or exceeded the targets compared to 17.0% (n = 55 of 323) of rates for persons with poor family incomes.
- Rates for persons without disabilities or activity limitations met or exceeded the targets for 36.0% (n = 58 of 161) of trackable objectives with applicable data, whereas rates for persons with disabilities or activity limitations met or exceeded the targets for 19.5% (n = 30 of 154) of trackable objectives with applicable data.
- Urban or metropolitan area rates met or exceeded the targets for 31.4% (n = 103 of 328) of trackable objectives with data for persons living in urban or metropolitan areas, whereas rural or nonmetropolitan rates met or exceeded the targets for 24.3% (n = 76 of 313) of trackable objectives with data for persons living in rural or nonmetropolitan areas.

Table 3. Summary of Final Status of Population-based Healthy People 2020 Trackable Objectives, by Population Subgroup

Population Subgroup	Got worse		Little or no detectable change		Improved		Target met or exceeded		Total	
	n	Percent	n	Percent	n	Percent	n	Percent	n	Percent
Sex										
Male	61	11.8%	147	28.5%	124	24.0%	184	35.7%	516	100.0%
Female	61	11.8%	156	30.2%	73	14.1%	227	43.9%	517	100.0%
Race and Ethnicity										
American Indian or Alaska Native	36	12.8%	119	42.3%	36	12.8%	90	32.0%	281	100.0%
Asian	17	5.1%	75	22.5%	32	9.6%	210	62.9%	334	100.0%
Native Hawaiian or other Pacific Islander	15	10.8%	61	43.9%	8	5.8%	55	39.6%	139	100.0%
Two or more races	20	8.3%	116	47.9%	23	9.5%	83	34.3%	242	100.0%
Hispanic or Latino	50	9.3%	184	34.3%	95	17.7%	208	38.7%	537	100.0%
Black, not Hispanic or Latino	65	11.6%	207	36.9%	126	22.5%	163	29.1%	561	100.0%
White, not Hispanic or Latino	78	13.6%	170	29.6%	72	12.5%	255	44.3%	575	100.0%
Educational Attainment										
Less than high school	19	7.5%	137	53.9%	58	22.8%	40	15.7%	254	100.0%
High school graduate	33	12.5%	123	46.4%	51	19.2%	58	21.9%	265	100.0%
Some college	35	13.3%	118	44.7%	29	11.0%	82	31.1%	264	100.0%
Associate's degree	16	11.8%	48	35.3%	17	12.5%	55	40.4%	136	100.0%
4-year college degree	21	8.9%	72	30.6%	17	7.2%	125	53.2%	235	100.0%
Advanced degree	9	5.3%	43	25.1%	13	7.6%	106	62.0%	171	100.0%
Family Income										
Poor	19	5.9%	180	55.7%	69	21.4%	55	17.0%	323	100.0%
Near-poor	33	10.2%	163	50.2%	54	16.6%	75	23.1%	325	100.0%
Middle	39	12.0%	126	38.9%	34	10.5%	125	38.6%	324	100.0%
Near-high	25	9.2%	92	33.9%	23	8.5%	131	48.3%	271	100.0%
High	27	10.5%	63	24.6%	26	10.2%	140	54.7%	256	100.0%

Population Subgroup	Got worse		Little or no detectable change		Improved		Target met or exceeded		Total	
	n	Percent	n	Percent	n	Percent	n	Percent	n	Percent
Disability Status										
Persons with disabilities or activity limitations	11	7.1%	93	60.4%	20	13.0%	30	19.5%	154	100.0%
Persons without disabilities or activity limitations	11	6.8%	74	46.0%	18	11.2%	58	36.0%	161	100.0%
Geographic Location										
Urban or Metropolitan	54	16.5%	125	38.1%	46	14.0%	103	31.4%	328	100.0%
Rural or Nonmetropolitan	45	14.4%	141	45.0%	51	16.3%	76	24.3%	313	100.0%

Summary of Changes from Healthy People 2020 to Healthy People 2030

Of the measurable objectives included in Healthy People 2020 (Table 4):

- 17.2% (n = 191) were retained as Healthy People 2030 core objectives. These objectives had no changes in measurement between Healthy People 2020 and Healthy People 2030; therefore, the data for these objectives can be compared across decades.
- 16.3% (n = 181) were modified as Healthy People 2030 core objectives (n = 181). These objectives underwent a change in measurement between Healthy People 2020 and Healthy People 2030; therefore, the data for these objectives cannot be compared across decades.
- 13.8% (n = 153) have related Healthy People 2030 developmental or research objectives. These objectives are no longer measurable but are still included in Healthy People 2030.
- 52.7% (n = 586) were removed and not included in Healthy People 2030 in any form.

Table 4. Summary of Changes from Healthy People 2020 to Healthy People 2030

Healthy People 2020 Objectives	Healthy People 2030 (HP2030) Category									
	Retained (HP2030 core objective with no change in measurement)		Modified (HP2030 core objective with change in measurement)		Related (HP2030 developmental or research objective)		Removed (not in HP2030 as a core, developmental or research objective)		Total	
	n	Percent	n	Percent	n	Percent	n	Percent	n	Percent
Measurable	191	17.2%	181	16.3%	153	13.8%	586	52.7%	1,111	100.0%
Developmental	0	0.0%	10	8.9%	33	29.5%	69	61.6%	112	100.0%
Archived	0	0.0%	10	10.5%	9	9.5%	76	80.0%	95	100.0%
Overall	191	14.5%	201	15.3%	195	14.8%	731	55.5%	1,318	100.0%

Note: Multiple Healthy People 2020 objectives may have been combined into one Healthy People 2030 objective and vice versa.

Technical Notes

1. Technical details about data and methods for individual Healthy People 2020 objectives, including information on each Healthy People 2020 objective's baseline, target, target-setting method, data source, and revision history can be located via the Healthy People 2020 "Data Search":
<https://www.healthypeople.gov/2020/data-search>.
2. A complete list of data sources for Healthy People 2020 is available from:
<https://www.healthypeople.gov/2020/data-search/Data-Sources>.
3. **Baseline only** – The objective only had one data point, so progress toward target attainment could not be assessed. Note that if additional data points did not meet the criteria for statistical reliability, data quality, or confidentiality, the objective was categorized as baseline only.
4. **Informational** – A target was not set for this objective, so progress toward target attainment could not be assessed.
5. **Trackable** – The objective had a baseline value, a follow-up data point, and a target. Note that the data points had to meet the criteria for statistical reliability, data quality, and confidentiality to be used for tracking progress.
6. **Target met or exceeded** – One of the following applies:
 - a. At baseline, the target was not met or exceeded, and the most recent value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
 - b. The baseline and most recent values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)
7. **Improved** – One of the following applies:
 - a. Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant
 - b. Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.
8. **Little or no detectable change** – One of the following applies:
 - a. Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
 - b. Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
 - c. Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

- d. 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.
- e. There was no change between the baseline and the final data point.

9. Got worse – One of the following applies:

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

10. For objectives that were not improving, did not meet or exceed their targets, and moved away from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:

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

11. For 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):

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

12. Statistical significance was tested when the objective had a target, at least two data points, available standard errors of the data, and a normal distribution could be assumed. All available digits were used to test statistical significance. 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.

13. This statistical note describes the Healthy People 2020 methodology for measuring progress toward target attainment and the elimination of health disparities: Talih M, Huang DT. Measuring Progress Toward Target Attainment and the Elimination of Health Disparities in Healthy People 2020. Healthy

People Statistical Notes, no 27. Hyattsville, MD: National Center for Health Statistics. 2016. Available from: <https://www.cdc.gov/nchs/data/statnt/statnt27.pdf>.

14. Sex was self-reported by respondents in surveys and other interview-based data collection systems. In many surveillance systems (e.g., National Vital Statistics System), sex was often recorded by health care professionals based on observation or written records. Sex may also have been reported by proxies (e.g., the adult head of family or household may report sex of children).

Additionally, in Healthy People 2020 there were a few sex-specific objectives, meaning they tracked progress toward a 2020 target only for **males** or **females**. Examples include C-7 (Reduce the prostate cancer death rate), which only applied to males, and C-4 (Reduce the death rate from cancer of the uterine cervix), which only applied to females.

15. Federal agencies that collect information on race and ethnicity were required to offer respondents the option of selecting one or more of the following five racial categories:

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American:** A person having origins in any of the Black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

These five categories are the minimum set for data on race for federal statistics, program administrative reporting, and civil rights compliance reporting. The Office of Management and Budget issued the 1997 **standards** and the U.S. Census Bureau implemented the standards starting with the 2000 decennial census.

However, not all data sources used in Healthy People 2020 have adopted these standards. For example, some data sources still reported on Asian or Pacific Islander as a single race category. If an objective reported data on

the population group Asian or Pacific Islander but not Asian, the objective was included in the Asian count. If an objective reported data on the two population subgroups [(1) Asian and (2) Asian or Pacific Islander] separately, then only Asian was included in the Asian count.

The standards regarding Hispanic origin provide for the collection of data on whether a person is of Hispanic or Latino culture or origin. This category is defined as follows:

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to Hispanic or Latino. Persons of Hispanic origin may be of any race, and persons in the various race groups may be of any of the Hispanic origin subgroups.

Note that these categories do vary somewhat by data system and objective. For example, some data sources might only collect data on the Asian, not Hispanic or Latino population, while other data sources might collect data on the Asian population (which may include people who are also of Hispanic or Latino origin). Additionally, the data for some objectives might not meet the criteria for statistical reliability, data quality, or confidentiality. For the purpose of measuring progress across Healthy People 2020 objectives, race and ethnicity categories may have been combined to increase sample size.

- The Mexican American population data were included with the Hispanic or Latino category. If both Mexican American and Hispanic or Latino population data were available for an objective, only the Hispanic or Latino data were included in measuring final progress.
- Black population data were included in Black, not Hispanic or Latino, and White population data are included in White, not Hispanic or Latino. Additionally, if both Black and Black, not Hispanic or Latino data were available for an objective, only the Black, not Hispanic or Latino data were included in measuring final progress. The same is true for White and White, not Hispanic or Latino.

16. Healthy People 2020 General Data Issues covers a wide range of methodological and statistical issues related to Healthy People 2020. Available from: https://www.cdc.gov/nchs/healthy_people/hp2020/hp2020_data_issues.htm

17. Educational attainment is typically measured either by the number of years of education an individual has completed or by the highest credential received. The categories for educational attainment generally used in Healthy People 2020 were:

- **Less than high school:** Persons with less than 12 years of schooling or no high school diploma.
- **High school graduate:** Persons with either 12 years of schooling, a high school diploma, or a Certificate of General Educational Development (GED).
- **Some college:** Persons with a high school diploma or GED and 13 years or more of schooling, but without a college degree.
- **Associate’s degree:** A.A., A.S., or other 2-year degree.
- **4-year college degree:** B.A., B.S., or other 4-year degree.
- **Advanced degree:** Master’s degree, Ph.D., M.D., or other doctoral or advanced degree.

In general, data on educational attainment are presented beginning with age 25, the age at which education has been completed for most people. However, some objectives have different age groups for the education variable. Those objectives were still included in the measure of progress if they fit into the categories above. Note, some educational attainment categories vary by data system and/or objective.

18. Family income is the sum of the personal incomes for all persons in the family. The operational definition of “family” varies across data systems. For example, to assess family income, the National Health Interview Survey (NHIS) and the National Health and Nutrition Examination Survey (NHANES) consider that all persons within a household who are related to each other by blood, marriage, or adoption constitute a family. Thus, each member of a family is classified according to the total income of the family. Unrelated individuals are classified according to their income. Family income data are used in the computation of the poverty threshold. Converting family income to poverty status adjusts for family size and composition as well as inflation, facilitating comparisons between groups and over time. Poverty status measures family income relative to family size and composition (e.g., single parent, married couple with children) using the poverty thresholds developed by the U.S. Census Bureau and based on definitions originally developed by the Social Security Administration. Detailed poverty thresholds by year, size of family, and number of children are available on the U.S. Census Bureau website: <http://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>.

In Healthy People 2020, five categories of poverty status based on family income were generally analyzed:

- **Poor:** Below the poverty threshold.
- **Near-poor:** At 100%–199% of the poverty threshold.

- **Middle:** At 200%–399% of the poverty threshold.
- **Near-high:** At 400%–599% of the poverty threshold.
- **High:** At or above 600% of the poverty threshold.

The use of five categories of family income, rather than the simple dichotomy of “above” versus “below” poverty, permitted examination of a broader range of family income categories on progress toward meeting Healthy People 2020 objective targets.

Note that these categories and thresholds do vary somewhat by data system. For example, some data systems only collect family income data relative to specific income ranges, while others use different poverty thresholds for income categories. To measure final progress across Healthy People 2020 objectives, family income ranges might have been combined. For example, a data source that collects data on the income range 400%–499% of the poverty threshold would have been included in the category *Near-high: At 400%–599% of the poverty threshold*.

19. In Healthy People 2020, many data sources used the ACS disability questions to assess a person’s disability status. During the development of Healthy People 2020, HHS endorsed the ACS questions as a standard definition of disability.

The six questions used to gauge disability in ACS are:

- *Is this person deaf or does he/she have serious difficulty hearing? [Yes/No]*
- *Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? [Yes/No]*
- *[For persons aged 5 years and over] Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? [Yes/No]*
- *Does this person have serious difficulty walking or climbing stairs? [Yes/No]*
- *Does this person have difficulty dressing or bathing? [Yes/No]*
- *[For persons aged 15 and over] Because of a physical, mental, or emotional condition does this person have difficulty doing errands alone, such as visiting a doctor’s office or shopping? [Yes/No]*

Respondents who answer “yes” to one or more of the questions are classified as **having a disability**. HHS endorsed the ACS disability questions in 2011 as a standard set of disability questions to be included on HHS national surveys. However, some data systems still use other definitions of disability, including **basic actions difficulty** (a composite measure of disability designed to capture any limitations or difficulties in movement, emotional, sensory, or cognitive functioning associated with a health problem), and

activity limitation (a composite measure of disability that assesses any inability to function successfully in certain social roles, also described below).

To measure progress across measurable Healthy People 2020 objectives, these definitions of disability were combined to create the following two categories:

- **Persons with disabilities or activity limitations**
- **Persons without disabilities or activity limitations**

20. In Healthy People 2020 data tables, geographic location is typically classified as either **metropolitan** or **nonmetropolitan**. For many data sources, these categories were based on standards for metropolitan statistical areas (MSAs). MSAs are defined by the Office of Management and Budget as a county or group of contiguous counties that contains at least one urbanized area of 50,000 or more population. In addition to the county or counties that contain all or part of the urbanized area, an MSA may contain other counties that are metropolitan in character as well as economically and socially integrated with the main city. In New England, cities and towns, rather than counties, are used to define MSAs. Counties that are not within an MSA are considered to be nonmetropolitan.

For some Healthy People 2020 data sources, metropolitan refers to **urban areas** and nonmetropolitan refers to **rural areas**. Urban areas are within or outside an MSA or within or outside an urbanized area or urban place as designated by the U.S. Census Bureau. They refer to urbanized areas and the urban portion of places outside an urbanized area that have a decennial census population of 2,500 or more. An urbanized area consists of a central place(s) and adjacent urban fringe that together have a minimum residential population of at least 50,000 people and generally an overall population density of at least 1,000 people per square mile of land area. For more information see the Census Bureau website: <https://www.census.gov/programs-surveys/metro-micro/about.html>.

Note that for either definition (MSA or urban area), geographic location in Healthy People 2020 may refer to the location of an individual's residence, a family's residence, a health care provider, or a school, depending on the focus of the specific objective. To measure final progress across Healthy People 2020 objectives, these definitions of geography were combined to create two categories:

- **Metropolitan or Urban**
- **Nonmetropolitan or Rural**