

Healthy People 2020 Summary of Objectives

Public Health Infrastructure

Number	Objective Short Title
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Workforce

PHI-1	Competencies for public health professionals
PHI-2	Continuing education of public health personnel
PHI-3	Integration of core competencies in public health into curricula
PHI-4	Public health majors and minors
PHI-5	Public health majors and minors consistent with core competencies
PHI-6	Associate degrees and certificate programs in public health

Data and Information Systems

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PHI-8	National tracking of Healthy People 2020 objectives
PHI-9	Timely release of national data for Healthy People 2020 objectives
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Public Health Organizations

PHI-11	Public health agencies laboratory services
PHI-12	Public health laboratory systems performance of essential services
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PHI-14	Public health system assessment
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PHI-16	Public health agencies' quality improvement process
PHI-17	Accredited public health agencies

Topic Area: Public Health Infrastructure

WORKFORCE

PHI-1: Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.

PHI-1.1 (Developmental) Increase the proportion of Federal agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.

Potential data source: Office of Personnel Management (OPM).

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.

Potential data sources: IHS; and National Indian Health Board (NIHB).

PHI-1.3 (Developmental) Increase the proportion of State public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.

Potential data source: State and Territorial Public Health Survey, Association of State and Territorial Health Officials (ASTHO).

PHI-1.4 Increase the proportion of local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.*

Target: 25 percent.

Baseline: 15 percent of local public health agencies incorporated Core Competencies for Public Health Professionals into job descriptions in 2008.

Target setting method: Retention of Healthy People 2010 target.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO). (*Data for local public health agencies include only data on job descriptions.)

PHI-2: (Developmental) Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with Core Competencies for Public Health Professionals.

Potential data sources: IHS; National Indian Health Board (NIHB); Public Health Foundation TRAIN database; and Public Health Training Centers, HRSA.

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.

Target: 94 percent.

Baseline: 91 percent 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) integrated Core Competencies for Public Health Professionals into curricula for public health professionals in 2006.

Target setting method: 3 percentage improvement.

Data source: Council on Linkages Study, Council on Linkages Between Academia and Public Health Practice.

PHI-4: Increase the proportion of 4-year colleges and universities that offer public health or related majors and/or minors.

PHI-4.1 Increase the proportion of 4-year colleges and universities that offer public health or related majors.

Target: 10 percent.

Baseline: 7 percent of 4-year colleges and universities offered public health or related majors in 2008.

Target setting method: Projection/trend analysis.

Data source: 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.

Target: 15 percent.

Baseline: 11 percent of 4-year colleges and universities offered public health or related minors in 2008.

Target setting method: Projection/trend analysis.

Data source: 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.

Potential data sources: Association of Schools of Public Health (ASPH); American Association of Colleges and Universities (AAC&U).

PHI-6: Increase the proportion of 2-year colleges that offer public health or related associate degrees and/or certificate programs.

PHI-6.1 Increase the proportion of 2-year colleges that offer public health or related associate degrees.

Target: 3 percent.

Baseline: 2 percent of 2-year colleges offered public health or related associate degrees in 2009.

Target setting method: Projection/trend analysis.

Data sources: American Association of Colleges and Universities (AAC&U); American Association of Community Colleges (AACC).

PHI-6.2 Increase the proportion of 2-year colleges that offer public health certificate programs.

Target: 1 percent.

Baseline: 0 percent of 2-year colleges offered public health or related associate certificate programs in 2009.

Target setting method: Projection/trend analysis.

Data sources: American Association of Colleges and Universities (AAC&U); American Association of Community Colleges (AACC).

DATA AND INFORMATION SYSTEMS

PHI-7: (Developmental) Increase the proportion of population-based Healthy People 2020 objectives for which national data are available for all major population groups. Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-8: (Developmental) Increase the proportion of Healthy People 2020 objectives that are tracked regularly at the national level.

PHI-8.1 (Developmental) Increase the proportion of objectives that originally did not have baseline data but now have at least baseline data.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-8.2 (Developmental) Increase the proportion of objectives that have at least a baseline and one additional data point.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-8.3 (Developmental) Increase the proportion of objectives that are tracked at least every 3 years.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-9: (Developmental) Increase the proportion of Healthy People 2020 objectives for which national data are released within 1 year of the end of data collection.

Potential data source: Assessment of Objective Data Availability (AODA), CDC, NCHS.

PHI-10: Increase the number of States that record vital events using the latest U.S. standard certificates and report.

PHI-10.1 Increase the number of States that record vital events using the latest U.S. standard certificate of birth.

Target: 52 (50 States, the District of Columbia, and New York City).

Baseline: 28 States used the 2003 U.S. standard birth certificate in 2008.

Target setting method: Total coverage.

Data source: National Vital Statistics System-Natality (NVSS–N), CDC, NCHS.

PHI-10.2 Increase the number of States that record vital events using the latest U.S. standard certificate of death.

Target: 52 (50 States, the District of Columbia, and New York City).

Baseline: 30 States used the 2003 U.S. standard death certificate in 2008.

Target setting method: Total coverage.

Data source: National Vital Statistics System-Mortality (NVSS–M), CDC, NCHS.

PHI-10.3 Increase the number of States that record vital events using the latest U.S. standard report of fetal death.

Target: 52 (50 States, the District of Columbia, and New York City).

Baseline: 22 States used the 2003 U.S. standard report of fetal death in 2008.

Target setting method: Total coverage.

Data source: National Vital Statistics System-Fetal Death (NVSS–Fetal Death), CDC, NCHS.

PUBLIC HEALTH ORGANIZATIONS

PHI-11: Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support essential public health services.

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.

Target: 97 percent.

Baseline: 88 percent of State public health agencies provided or assured comprehensive laboratory services to support disease prevention, control, and surveillance in 2008.

Target setting method: 10 percent improvement.

Data source: 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 have integrated data management.

Target: 61 percent.

Baseline: 55 percent of State public health agencies provided or assured comprehensive laboratory services that had integrated data management in 2008.

Target setting method: 10 percent improvement.

Data source: 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 have reference and specialized testing.

Target: 86 percent.

Baseline: 78 percent of State public health agencies provided or assured comprehensive laboratory services that had reference and specialized testing in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL).

PHI-11.4 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services for environmental health and protection.

Target: 61 percent.

Baseline: 55 percent of State public health agencies provided or assured comprehensive laboratory services for environmental health and protection in 2008.

Target setting method: 10 percent improvement.

Data source: 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 for food safety.

Target: 34 percent.

Baseline: 31 percent of State public health agencies provided or assured comprehensive laboratory services for food safety in 2008.

Target setting method: 10 percent improvement.

Data source: 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 have laboratory improvement and regulation.

Target: 45 percent.

Baseline: 41 percent of State public health agencies provided or assured comprehensive laboratory services that had laboratory improvement and regulation in 2008.

Target setting method: 10 percent improvement.

Data source: 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 for policy development.

Target: 74 percent.

Baseline: 67 percent of State public health agencies provided or assured comprehensive laboratory services for policy development in 2008.

Target setting method: 10 percent improvement.

Data source: 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 for emergency response.

Target: 67 percent.

Baseline: 61 percent of State public health agencies provided or assured comprehensive laboratory services for emergency response in 2008.

Target setting method: 10 percent improvement.

Data source: 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 for public health-related research.

Target: 32 percent.

Baseline: 29 percent of State public health agencies provided or assured comprehensive laboratory services for public health-related research in 2008.

Target setting method: 10 percent improvement.

Data source: 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 training and education.

Target: 52 percent.

Baseline: 47 percent of State public health agencies provided or assured comprehensive laboratory services training and education in 2008.

Target setting method: 10 percent improvement.

Data source: 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 partnerships and communication.

Target: 67 percent.

Baseline: 61 percent of State public health agencies provided or assured comprehensive laboratory services partnerships and communication in 2008.

Target setting method: 10 percent improvement.

Data source: Comprehensive Laboratory Services Survey, Association of Public Health Laboratories (APHL).

PHI-12: (Developmental) Increase the proportion of public health laboratory systems (including State, Tribal, and local) that perform at a high level of quality in support of the 10 Essential Public Health Services.

Potential data source: Association of Public Health Laboratories (APHL).

PHI-13: Increase the proportion of Tribal, State, and local public health agencies that provide or assure comprehensive epidemiology services to support essential public health services.

PHI-13.1 Increase the proportion of epidemiologists with formal training in epidemiology in State public health agencies.

Target: 100 percent.

Baseline: 87 percent of State epidemiologists had received formal training in epidemiology, as reported in 2009.

Target setting method: Total coverage.

Data source: 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.

Potential data source: Survey of Regionally Based Public Health Services/Infrastructure in Indian Country, Tribal Epidemiology Centers (Epi Centers), CDC, IHS, and National Indian Health Board (NIHB).

PHI-13.3 Increase the proportion of State public health agencies that provide or assure comprehensive epidemiology services to support essential public health services.

Target: 100 percent.

Baseline: 55 percent of State public health agencies provided or assured comprehensive epidemiology services to support essential public health services in 2009.

Target setting method: Total coverage.

Data source: 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.

Target: 100 percent.

Baseline: 64 percent of local public health agencies provided or assured comprehensive epidemiology services to support essential public health services in 2008.

Target setting method: Total coverage.

Data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

PHI-14: Increase the proportion of State and local public health jurisdictions that conduct a public health system assessment using national performance standards.

PHI-14.1 Increase the proportion of State public health systems that conduct a public health system assessment using national performance standards.

Target: 78 percent.

Baseline: 49 percent of State public health systems had ever submitted State Public Health System Performance Assessment data to the National Public Health Performance Standards Program in 2009.

Target setting method: Projection/trend analysis.

Data source: National Public Health Performance Standards Program (NPHPSP), CDC.

PHI-14.2 Increase the proportion of local public health systems that conduct a public health system assessment using national performance standards.

Target: 50 percent.

Baseline: 28 percent of local public health systems had ever submitted Local Public Health System Performance Assessment data to the National Public Health Performance Standards Program in 2009.

Target setting method: Projection/trend analysis.

Data source: National Public Health Performance Standards Program (NPHPSP), CDC.

PHI-14.3 (Developmental) Increase the proportion of local boards of health that conduct a public health system assessment using national performance standards.

Potential data source: National Public Health Performance Standards Program (NPHPSP), CDC.

PHI-15: (Developmental) Increase the proportion of Tribal, State, and local public health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have implemented a health improvement plan linked with their State plan.

PHI-15.1 (Developmental) Increase the proportion of Tribal agencies that have implemented a health improvement plan.

Potential data sources: IHS; and National Indian Health Board (NIHB).

PHI-15.2 (Developmental) Increase the proportion of State public health agencies that have implemented a health improvement plan.

Potential data source: State and Territorial Public Health Survey, Association of State and Territorial Health Officials (ASTHO).

PHI-15.3 (Developmental) Increase the proportion of local public health agencies that have implemented a health improvement plan.

Potential data source: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

PHI-15.4 (Developmental) Increase the proportion of local jurisdictions that have linked health improvement plans to their State plan.

Potential data source: National Profile of Local Health Departments, National Association of County City Officials (NACCHO).

PHI-16: (Developmental) Increase the proportion of Tribal, State, and local public health agencies that have implemented an agency-wide quality improvement process.

Potential data sources: State and Territorial Public Health Survey, Association of State and Territorial Health Officers (ASTHO); IHS; National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO).

PHI-17: (Developmental) Increase the proportion of Tribal, State, and local public health agencies that are accredited.

Potential data source: Public Health Accreditation Board.