Healthy People 2020 Missing Disparities Data:

This document provides the disparities charts which are missing from the Healthy People 2020 collection on Archive-It.

Last updated October 2022

Disparities Details by Age Group for 2009

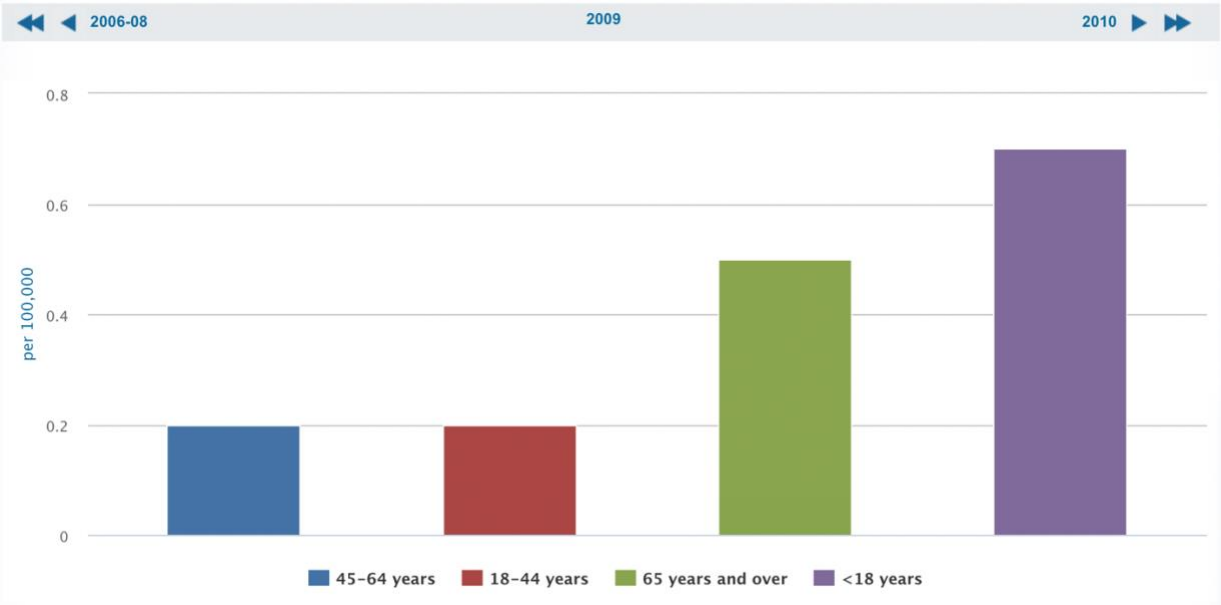
FS-1.7: *Yersinia* species infections transmitted through food (per 100,000 population)

This chart compares rates by population.

2020 Baseline (year): 0.4 (2006–08)

2020 Target: 0.3

Desired Direction: ↓ Decrease Desired



[1]

This chart shows disparities by age group for the objective FS-1.7: Reduce infections caused by Yersinia species transmitted commonly through food in 2009. The data shows that in 2009, this rate of people attained infections caused by Yersinia species by age:

- 0.2 cases on average of laboratory-confirmed *Yersinia* species infections per 100,000 population per year were reported in people aged 45 to 64.
- 0.2 cases on average of laboratory-confirmed *Yersinia* species infections per 100,000 population per year were reported in people aged 18 to 44.
- 0.5 cases on average of laboratory-confirmed *Yersinia* species infections per 100,000 population per year were reported in people 65 and over.

[1] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 0.7 cases on average of laboratory-confirmed *Yersinia* species infections per 100,000 population per year were reported in people aged less than 18.

Data Source: Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

FS-1.7 Reduce infections caused by Yersinia species transmitted commonly through food

Yersinia species infections transmitted through food (per 100,000 population)

2020 Baseline (year): 0.4 (2006–08)

2020 Target: 0.3
Desired Direction: ↓ Decrease Desired

Age Group Data for 2009

45-64 years
- **Yersinia species infections:** 0.2
- **Disparity:** ÷ 1.000 (Best rate)

18-44 years
- **Yersinia species infections:** 0.2
- **Disparity**: ÷ 1.065

65 years and over
- **Yersinia species infections:** 0.5
- **Disparity:** ÷ 3.049

<18 years
- **Yersinia species infections:** 0.7
- **Disparity:** ÷ 4.598

Average group rate excluding best group rate
- **Yersinia species infections:** 0.4
- **Disparity**: ÷ 2.904

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population.

Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Age Group — 2009

- The best group rate for this objective, 0.2 cases per 100,000, was attained by persons aged 45-64 years.
- The worst group rate for this objective, 0.7 cases per 100,000, was attained by persons aged <18 years.
- The absolute difference (or range) between the best and worst group rates was 0.5 cases per 100,000.
- The worst group rate was 4.598 times the best group rate.
- The average rate for all other age groups (excluding the best), 0.4 cases per 100,000, was 2.904 times the best group rate.

Detailed measures of health disparities by Age Group — 2009

Persons aged 45-64 years achieved the best group rate for this objective, 0.2 cases per 100,000.

- The rate among persons aged 18-44 years was <1.1 times the best group rate.
- The rate among persons aged 65 years and over was 3.049 times the best group rate.
- The rate among persons aged <18 years was 4.598 times the best group rate.

Disparities Details by Health Insurance Status for 2013

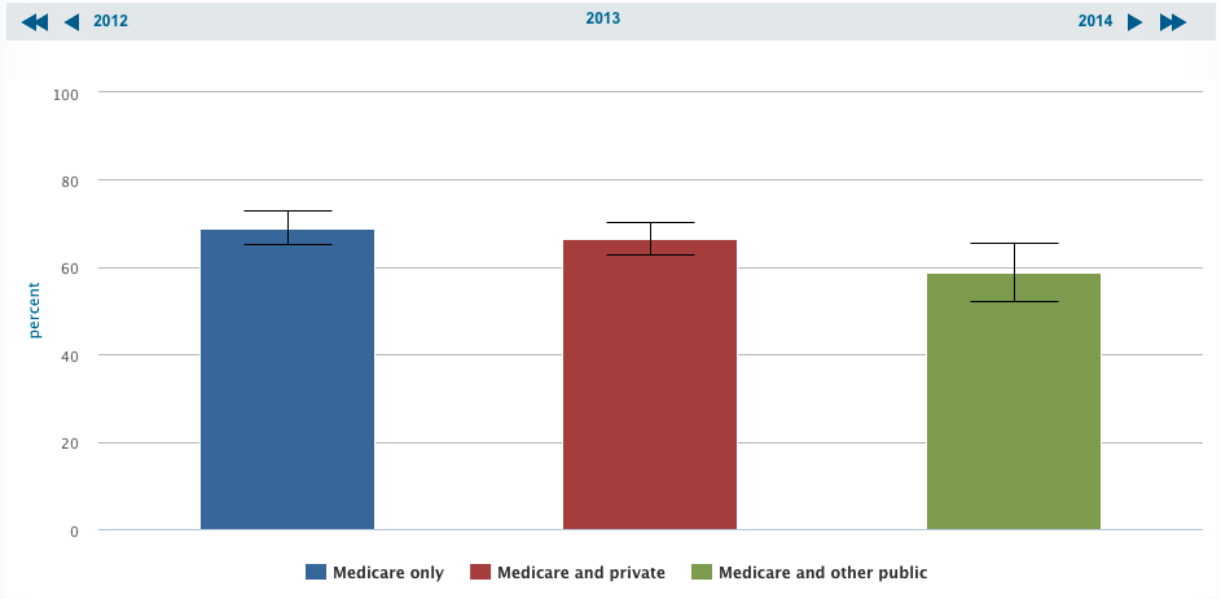
HC/HIT-1.1: Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years)

This chart compares rates by population.

2020 Baseline (year): 64.1 (2011)

2020 Target: 70.5

Desired Direction: ↑ Increase Desired



[2]

This chart shows disparities by health insurance status for the objective HC/HIT-1.1: Increase the proportion of persons who report their health care provider always gave them easy-to-understand instructions about what to do to take care of their illness or health condition in 2013. The data shows that in 2013, this percent of persons who reported that instructions from health care providers were easy to understand by insurance status.

- 68.9 percent of people aged 18 years and over with Medicare only reported that instructions from health care providers were easy to understand. The confidence interval is 65.0 to 72.9, and the standard error is 2.013.
- 66.5 percent of people aged 18 years and over with Medicare and private insurance reported that instructions from health care providers were easy to understand. The confidence interval is 62.9 to 70.1, and the standard error is 1.853.

[2] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 58.8 percent of people aged 18 years and over with Medicare and other public insurance reported that instructions from health care providers were easy to understand. The confidence interval is 52.0 to 65.5, and the standard error is 3.443.

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

HC/HIT-1.1 Increase the proportion of persons who report their health care provider always gave them easy-to-understand instructions about what to do to take care of their illness or health condition

Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years)

2020 Baseline (year): 64.1 (2011)

2020 Target: 70.5

Desired Direction: ↑ Increase Desired

Health Insurance Status Data for 2013

Medicare only

- **Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years):** 68.9 (CI 65.0/72.9, SE 2.013)
- **Disparity**: x 1.000 (Best rate)

Medicare and private

- **Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years):** 66.5 (CI 62.9/70.1, SE 1.853)
- **Disparity**: x 1.000 (Best rate)

Medicare and other public

- **Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years):** 58.8
  (CI 52.0/65.5, SE 3.443)
- **Disparity**: x 1.173 (CI 1.000/1.306)

Average group rate excluding best group rate

- **Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years):** 62.6 (SE 3.910)

- **Disparity**: x 1.101 (CI 1.000/1.233)

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Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Health Insurance Status — 2013

- The best group rate for this objective, 68.9%, was attained by persons aged 65 years and over with Medicare only insurance.
- The worst group rate for this objective, 58.8%, was attained by persons aged 65 years and over with Medicare and other public insurance.
- The absolute difference (or range) between the best and worst group rates was 10.2 percentage points.
- The best group rate was 1.173 times the worst group rate.
- The best group rate was 1.101 times the average rate for all other health insurance status groups (excluding the best), 62.6%.

Detailed measures of health disparities by Health Insurance Status — 2013

Persons aged 65 years and over with Medicare only insurance achieved the best group rate for this objective, 68.9%.

The best group rate was:

- <1.1 times the rate among persons aged 65 years and over with Medicare and private insurance.
- 1.173 times the rate among persons aged 65 years and over with Medicare and other public insurance.

Disparities Details by Health Insurance Status for 2014

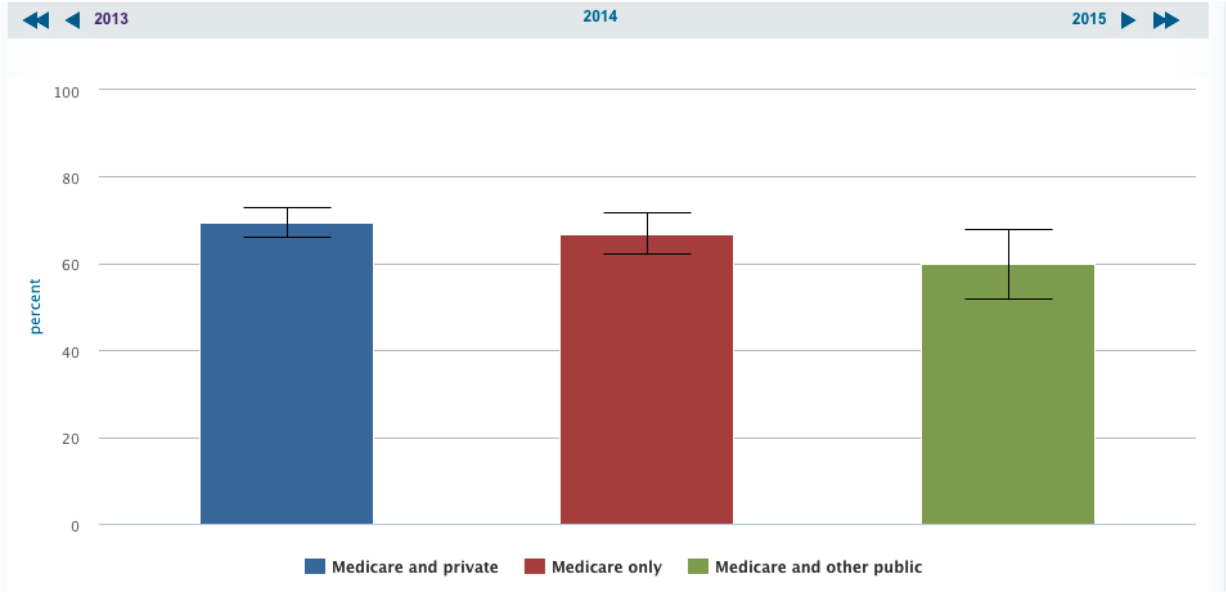
HC/HIT-1.1: Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years)

This chart compares rates by population.

2020 Baseline (year): 64.1 (2011)

2020 Target: 70.5

Desired Direction: ↑ Increase Desired



[3]

This chart shows disparities by health insurance status for the objective HC/HIT-1.1: Increase the proportion of persons who report their health care provider always gave them easy-to-understand instructions about what to do to take care of their illness or health condition in 2014. The data shows that in 2014, this percent of persons who reported that instructions from health care providers were easy to understand by insurance status.

- 69.5 percent of people aged 18 years and over with Medicare and private insurance reported that instructions from health care providers were easy to understand. The confidence interval is 66.0 to 72.9, and the standard error is 1.746.
- 69.5 percent of people aged 18 years and over with Medicare only reported that instructions from health care providers were easy to understand. The confidence interval is 66.0 to 72.9, and the standard error is 1.746.

[3] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 59.9 percent of people aged 18 years and over with Medicare and other public insurance reported that instructions from health care providers were easy to understand. The confidence interval is 51.9 to 67.8, and the standard error is 4.039.

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

HC/HIT-1.1 Increase the proportion of persons who report their health care provider always gave them easy-to-understand instructions about what to do to take care of their illness or health condition

Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years)

2020 Baseline (year): 64.1 (2011)

2020 Target: 70.5

Desired Direction: ↑ Increase Desired

Health Insurance Status Data for 2014

Medicare and private

- **Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years):** 69.5 (CI 66.0/72.9, SE 1.746)
- **Disparity**: x 1.000 (Best rate)

Medicare only

- **Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years):** 69.5 (CI 66.0/72.9, SE 1.746)
- **Disparity**: x 1.038 (CI 1.000/1.117)

Medicare and other public

- **Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years):** 59.9 (CI 51.9/67.8, SE 4.039)
- **Disparity**: x 1.160 (CI 1.000/1.306)

Average group rate excluding best group rate

- **Persons whose health care provider gives easy-to-understand instructions (percent, 18+ years):** 63.4 (SE 4.732)

- **Disparity**: x 1.096 (CI 1.000/1.247)

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Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Health Insurance Status — 2014

- The best group rate for this objective, 69.5%, was attained by persons aged 65 years and over with Medicare and private insurance.
- The worst group rate for this objective, 59.9%, was attained by persons aged 65 years and over with Medicare and other public insurance.
- The absolute difference (or range) between the best and worst group rates was 9.6 percentage points.
- The best group rate was 1.160 times the worst group rate.
- The best group rate was <1.100 times the average rate for all other health insurance status groups (excluding the best), 63.4%.

Detailed measures of health disparities by Health Insurance Status — 2014

Persons aged 65 years and over with Medicare and private insurance achieved the best group rate for this objective, 69.5%.
The best group rate was:

- <1.1 times the rate among persons aged 65 years and over with Medicare only insurance.
- 1.160 times the rate among persons aged 65 years and over with Medicare and other public insurance.

Disparities Details by Sex for 2017

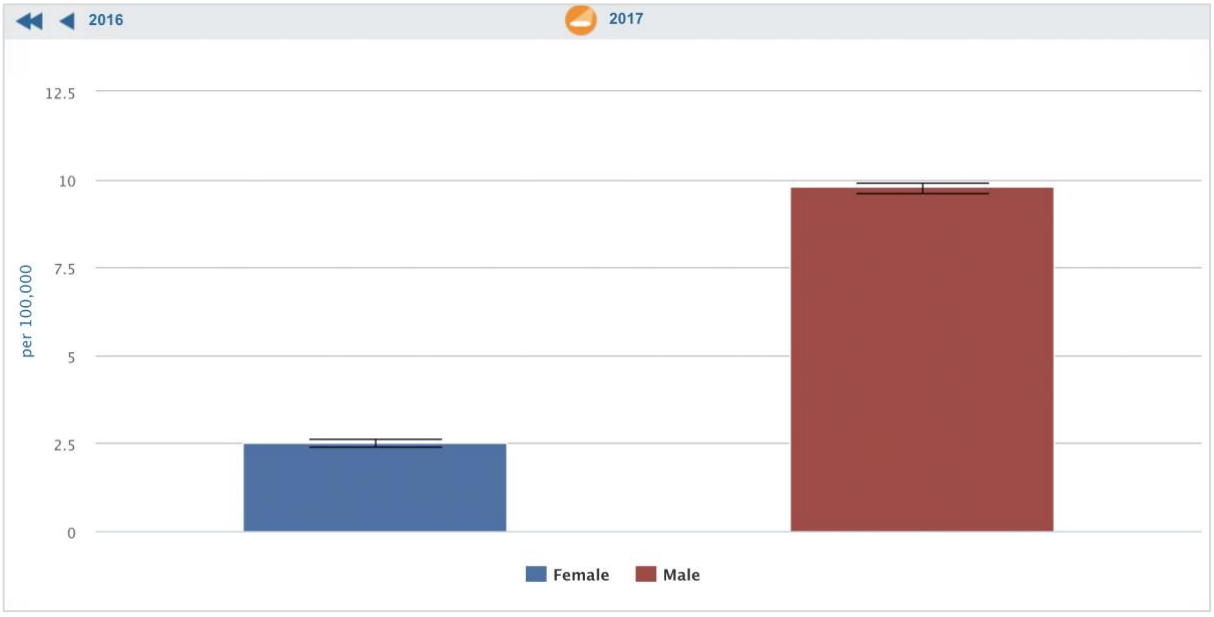
IVP-29: Homicides (age-adjusted, per 100,000 population)

This chart compares rates by population.

2020 Baseline (year): 6.1 (2007)

2020 Target: 5.5

Desired Direction: ↓ Decrease Desired



[4]

This chart shows disparities by sex for the objective IVP-29: reduce homicides in 2017. The data shows that in 2017 this was the rate of homicides by sex.

- 2.5 homicides per 100,000 females (age adjusted to the year 2000 standard population). The confidence interval is 2.4 to 2.6, and the standard error is 0.040.
- 9.8 homicides per 100,000 males (age adjusted to the year 2000 standard population). The confidence interval is 9.6 to 9.9, and the standard error is 0.079.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

[4] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

IVP-29 Reduce homicides

Homicides (age-adjusted, per 100,000 population)

2020 Baseline (year): 6.1 (2007)

2020 Target: 5.5

Desired Direction: ↓ Decrease Desired

Sex Data for 2017

Female

- **Homicides (age-adjusted, per 100,000 population)**: 2.5 (CI 2.4/2.6, SE 0.040)
- **Disparity:** ÷ 1.000 (Best rate)

Male

- **Homicides (age-adjusted, per 100,000 population)**: 9.8 (CI 9.6/9.9, SE 0.079)
- **Disparity**: ÷ 3.945 (CI 1.000/4.063)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population.

Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Sex — 2017

- The better group rate for this objective, 2.5 homicides per 100,000 population (age adjusted), was attained by the female population.
- The worse group rate for this objective, 9.8 homicides per 100,000 population (age adjusted), was attained by the male population.
- The absolute difference (or range) between the best and worst group rates was 7.3 homicides per 100,000 population.
- The worst group rate was 3.945 times the best group rate.

Detailed measures of health disparities by Sex — 2017

The female population achieved the better group rate for this objective, 2.5 homicides per 100,000 population (age adjusted).
The rate for male the population was 3.945 times the better group rate.

Disparities Details by Sex for 2009

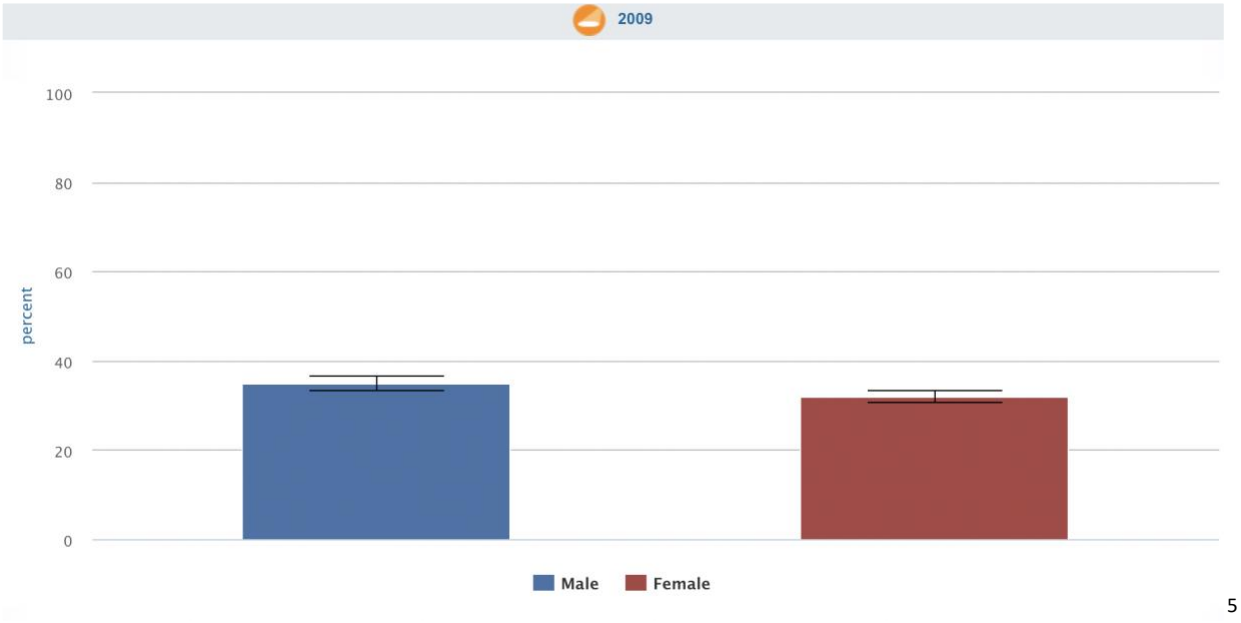
PA-13.1: Walking for transportation - Adults - Trips of 1 mile or less (age-adjusted, percent, 18+ years)

This chart compares rates by population.

2020 Baseline (year): 33.4 (2009)

2020 Target: 36.7

Desired Direction: ↑ Increase Desired



[5]

This chart shows disparities by sex for the objective PA-13.1: Increase the proportion of trips of 1 mile or less made by walking by adults aged 18 years and older in 2009. The data shows that in 2009, this percent of trips of 1 mile or less were made by walking by adults aged 18 years by sex.

- 34.9 percent of trips of 1 mile or less were made by walking by adult males aged 18 years and over in 2009 (age adjusted to the year 2000 standard population). The confidence interval is 33.4 to 36.5, and the standard error is 0.787.
- 32.0 percent of trips of 1 mile or less were made by walking by adult females aged 18 years and over in 2009 (age adjusted to the year 2000 standard population). The confidence interval is 30.6 to 33.4, and the standard error is 0.715.

[5] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Data Source: National Household Travel Survey (NHTS), DOT/FHA

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

PA-13.1 Increase the proportion of trips of 1 mile or less made by walking by adults aged 18 years and older

Walking for transportation - Adults - Trips of 1 mile or less (age-adjusted, percent, 18+ years)

2020 Baseline (year): 33.4 (2009)

2020 Target: 36.7

Desired Direction: ↑ Increase Desired

Sex Data for 2009

Male

- **Walking for transportation - Adults - Trips of 1 mile or less (age-adjusted, percent, 18+ years):** 34.9 (CI 33.4/36.5, SE 0.787)
- **Disparity**: x 1.000 (Best rate)

Female

- **Walking for transportation - Adults - Trips of 1 mile or less (age-adjusted, percent, 18+ years):** 32.0 (CI 30.6/33.4, SE 0.715)
- **Disparity:** x 1.092 (CI 1.000/1.150)

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Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Sex — 2009

- The better group rate for this objective, 34.9%, was attained by the male population.
- The worse group rate for this objective, 32.0%, was attained by the female population.
- The absolute difference (or range) between the best and worst group rates was 2.9 percentage points.
- The best group rate was <1.100 times the worst group rate.

Detailed measures of health disparities by Sex — 2009

The male population achieved the better group rate for this objective, 34.9%.
The better group rate was <1.1 times the rate for the female population.

Disparities Details by Age Group for 2009

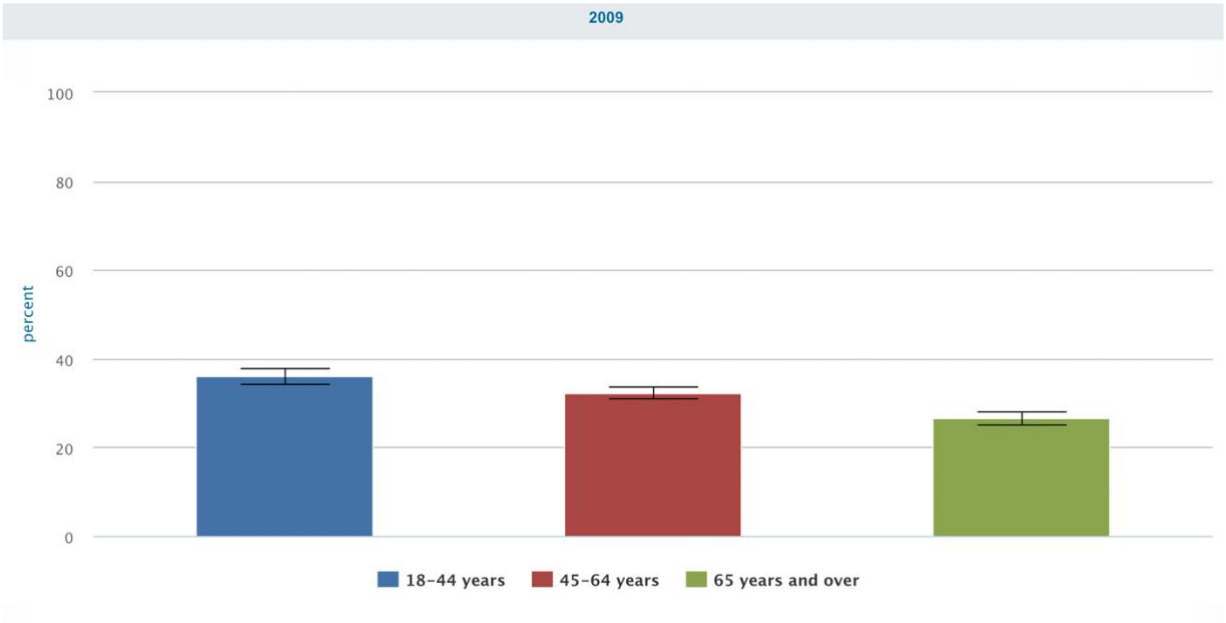
PA-13.1: Walking for transportation - Adults - Trips of 1 mile or less (age-adjusted, percent, 18+ years)

This chart compares rates by population.

2020 Baseline (year): 33.4 (2009)

2020 Target: 36.7

Desired Direction: ↑ Increase Desired



[6]

This chart shows disparities by age group for the objective PA-13.1: Increase the proportion of trips of 1 mile or less made by walking by adults aged 18 years and older in 2009. The data shows that in 2009, this percent of trips of 1 mile or less were made by walking by adults aged 18 years by age group.

- 36.0 percent of trips of 1 mile or less were made by walking by adults aged 18 to44 years in 2009 (age adjusted to the year 2000 standard population). The confidence interval is 34.2 to 37.8, and the standard error is 0.899.
- 32.3 percent of trips of 1 mile or less were made by walking by adults aged 45 to64 years in 2009 (age adjusted to the year 2000 standard population). The confidence interval is 31.0 to 33.6, and the standard error is 0.659.

[6] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 26.5 percent of trips of 1 mile or less were made by walking by adults aged 65 years and over in 2009 (age adjusted to the year 2000 standard population). The confidence interval is 25.0 to 27.9, and the standard error is 0.737.

Data Source: National Household Travel Survey (NHTS), DOT/FHA

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

PA-13.1 Increase the proportion of trips of 1 mile or less made by walking by adults aged 18 years and older

Walking for transportation - Adults - Trips of 1 mile or less (age-adjusted, percent, 18+ years)

2020 Baseline (year): 33.4 (2009)

2020 Target: 36.7

Desired Direction: ↑ Increase Desired

Age Group Data for 2009

18-44 years

- **Walking for transportation - Adults - Trips of 1 mile or less (age-adjusted, percent, 18+ years)**: 36.0 (CI 34.2/37.8. SE 0.899)
- **Disparity**: x 1.000 (Best rate)

45-64 years

- **Walking for transportation - Adults - Trips of 1 mile or less (age-adjusted, percent, 18+ years):** 32.3 (CI 31.0/33.6, SE 0.659)
- **Disparity**: x 1.115 (CI 1.000/1.176)

65 years and over

- **Walking for transportation - Adults - Trips of 1 mile or less (age-adjusted, percent, 18+ years):** 26.5 (CI 25.0/27.9, SE 0.737)
- **Disparity**: x 1.359 (CI 1.000/1.446)

Average group rate excluding best group rate

- **Walking for transportation - Adults - Trips of 1 mile or less (age-adjusted, percent, 18+ years):** 29.4 (SE 0.989)
- **Disparity:** x 1.225 (CI 1.000/1.313)

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Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Age Group — 2009

- The best group rate for this objective, 36.0%, was attained by persons aged 18-44 years.
- The worst group rate for this objective, 26.5%, was attained by persons aged 65 years and over.
- The absolute difference (or range) between the best and worst group rates was 9.5 percentage points.
- The best group rate was 1.359 times the worst group rate.
- The best group rate was 1.225 times the average rate for all other age groups (excluding the best), 29.4%.

Detailed measures of health disparities by Age Group — 2009

Persons aged 18-44 years achieved the best group rate for this objective, 36.0%.
The best group rate was:

- 1.115 times the rate among persons aged 45-64 years.
- 1.359 times the rate among persons aged 65 years and over.

Disparities Details by Age Group for 2012

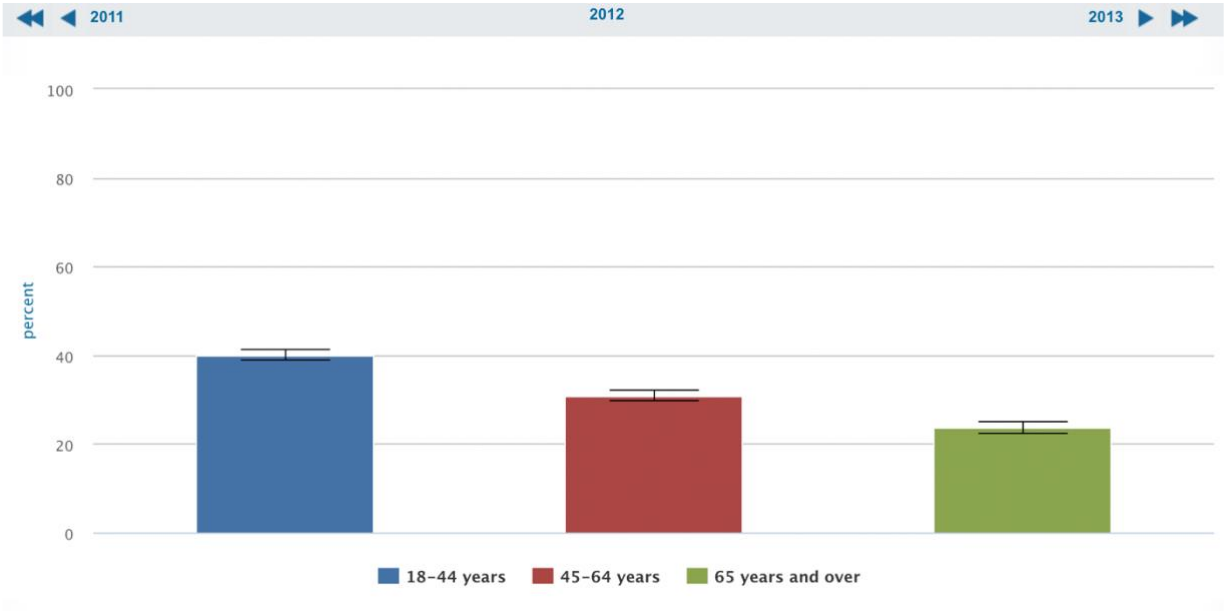
PA-2.2: Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age adjusted, percent, 18+ years)

This chart compares rates by population.

2020 Baseline (year): 28.4 (2008)

2020 Target: 31.3

Desired Direction: ↑ Increase Desired



[7]

This chart shows disparities by age group for the objective PA-2.2: Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination in 2012. The data shows that in 2012, this percent of adults engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination by age group.

- 40.0 percent of adults aged 18 to 44 years engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous

[7] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

intensity, or an equivalent combination in 2012 (age adjusted to the year 2000 standard population). The confidence interval is 38.8 to 41.2, and the standard error is 0.607.

- 30.9 percent of adults aged 45 to 64 years engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination in 2012 (age adjusted to the year 2000 standard population). The confidence interval is 29.7 to 32.3, and the standard error is 0.623.
- 23.8 percent of adults aged 65 years and over engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination in 2012 (age adjusted to the year 2000 standard population). The confidence interval is 22.4 to 25.1, and the standard error is 0.684.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

PA-2.2 Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination

Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age adjusted, percent, 18+ years)

2020 Baseline (year): 28.4 (2008)

2020 Target: 31.3

Desired Direction: ↑ Increase Desired

Age Group Data for 2012

18-44 years

- **Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age-adjusted, percent, 18+ years)**: 40.0 (CI 38.8/41.2, SE 0.607)
- **Disparity**: x 1.000 (Best rate)

45-64 years

- **Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age-adjusted, percent, 18+ years)**: 30.9 (CI 29.7/32.2, SE 0.623)
- **Disparity**: x 1.684 (CI 1.000/1.777)

65 years and over

- **Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age-adjusted, percent, 18+ years)**: 23.8 (CI 22.4/25.1, SE 0.684)
- **Disparity**: x 1.684 (CI 1.000/1.777)

Average group rate excluding best group rate

- **Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age-adjusted, percent, 18+ years)**: 27.3 (SE 0.925)
- **Disparity***:* x 1.463 (CI 1.000/1.555)

Data are subject to revision and may have changed since a previous release.

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Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Age Group — 2012

- The best group rate for this objective, 40.0%, was attained by persons aged 18-44 years.
- The worst group rate for this objective, 23.8%, was attained by persons aged 65 years and over.
- The absolute difference (or range) between the best and worst group rates was 16.2 percentage points.
- The best group rate was 1.684 times the worst group rate.
- The best group rate was 1.463 times the average rate for all other age groups (excluding the best), 27.3%.

Detailed measures of health disparities by Age Group — 2012

Persons aged 18-44 years achieved the best group rate for this objective, 40.0%.
The best group rate was:

- 1.293 times the rate among persons aged 45-64 years.
- 1.684 times the rate among persons aged 65 years and over.

Disparities Details by Age Group for 2013

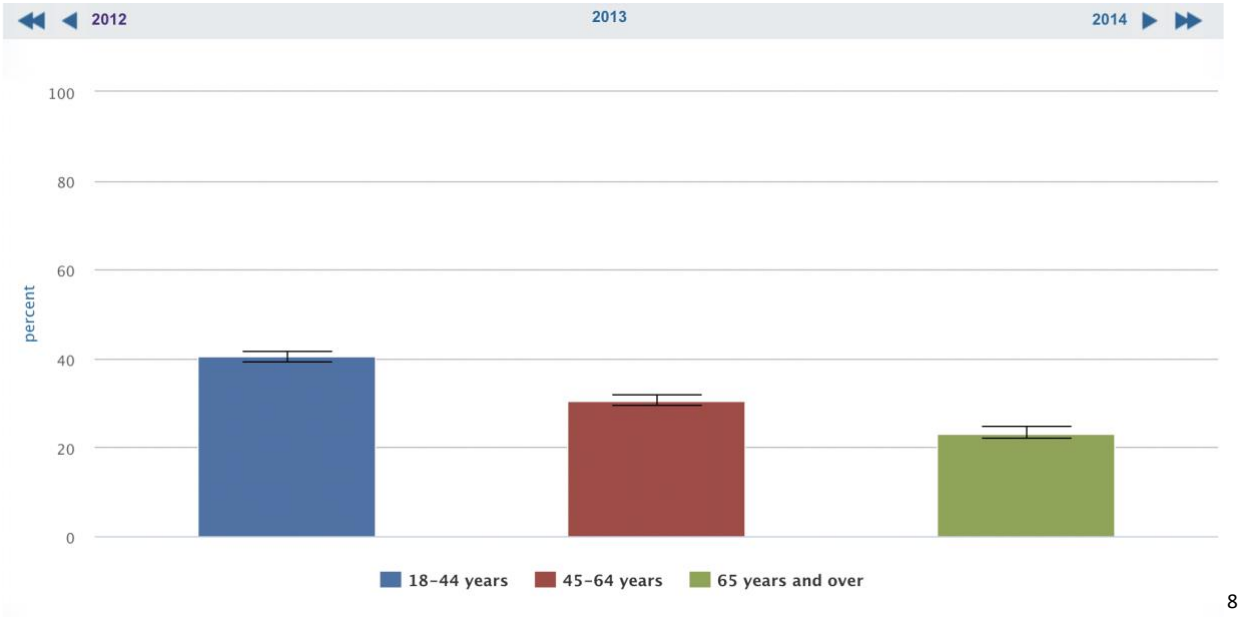
PA-2.2: Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age adjusted, percent, 18+ years)

This chart compares rates by population.

2020 Baseline (year): 28.4 (2008)

2020 Target: 31.3

Desired Direction: ↑ Increase Desired



[8]

This chart shows disparities by age group for the objective PA-2.2: Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination in 2013. The data shows that in 2013, this percent of adults engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination by age group.

- 40.5 percent of adults aged 18 to 44 years engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous

[8] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

intensity, or an equivalent combination in 2013 (age adjusted to the year 2000 standard population). The confidence interval is 39.3 to 41.7, and the standard error is 0.614.

- 30.6 percent of adults aged 45 to 64 years engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination in 2013 (age adjusted to the year 2000 standard population). The confidence interval is 29.4 to 31.8, and the standard error is 0.629.
- 23.2 percent of adults aged 65 years and over engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination in 2013 (age adjusted to the year 2000 standard population). The confidence interval is 21.9 to 24.6, and the standard error is 0.687.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

PA-2.2 Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination

Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age adjusted, percent, 18+ years)

2020 Baseline (year): 28.4 (2008)

2020 Target: 31.3

Desired Direction: ↑ Increase Desired

Age Group Data for 2013

18-44 years

- **Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age-adjusted, percent, 18+ years)**: 40.5 (CI 39.3/41.7, SE 0.614)
- **Disparity**: x 1.000 (Best rate)

45-64 years

- **Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age-adjusted, percent, 18+ years)**: 30.6 (CI 29.4/31.8, SE 0.629)
- **Disparity**: x 1.322 (CI 1.000/1.378)

65 years and over

- **Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age-adjusted, percent, 18+ years)**: 23.2 (CI 21.9/24.6, SE 0.687)
- **Disparity**: x 1.741 (CI 1.000/1.839)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population.

Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Age Group — 2013

- The best group rate for this objective, 40.5%, was attained by persons aged 18-44 years.
- The worst group rate for this objective, 23.2%, was attained by persons aged 65 years and over.
- The absolute difference (or range) between the best and worst group rates was 17.2 percentage points.
- The best group rate was 1.741 times the worst group rate.
- The best group rate was 1.503 times the average rate for all other age groups (excluding the best), 26.9%.

Detailed measures of health disparities by Age Group — 2013

Persons aged 18-44 years achieved the best group rate for this objective, 40.5%.
The best group rate was:

- 1.322 times the rate among persons aged 45-64 years.
- 1.741 times the rate among persons aged 65 years and over.

Disparities Details by Age Group for 2014

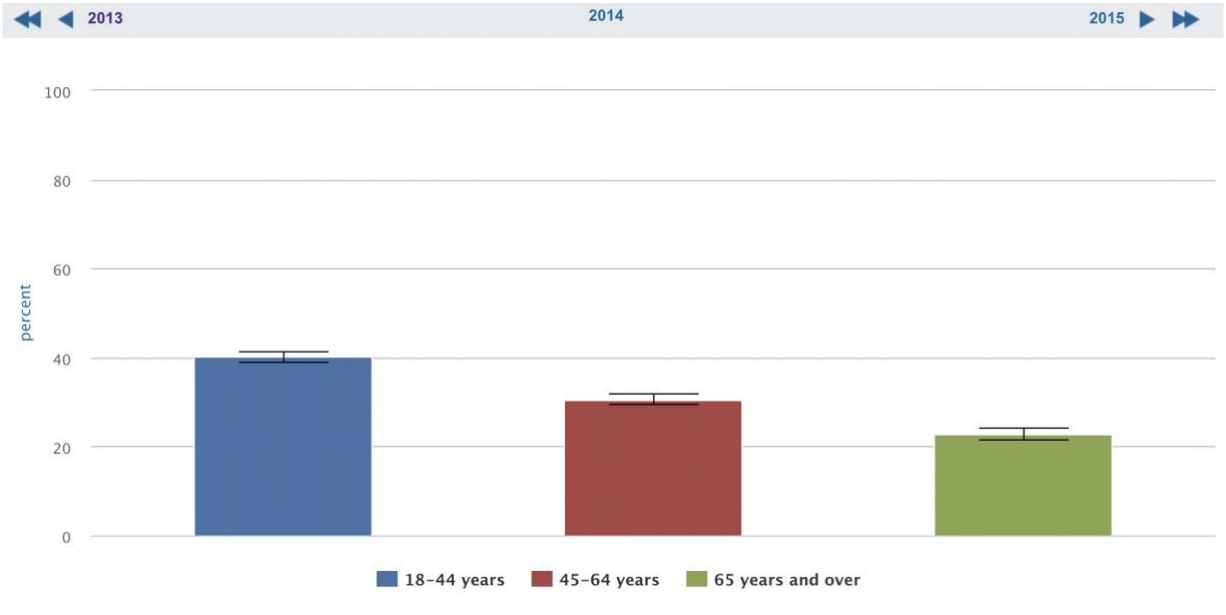
PA-2.2: Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age adjusted, percent, 18+ years)

This chart compares rates by population.

2020 Baseline (year): 28.4 (2008)

2020 Target: 31.3

Desired Direction: ↑ Increase Desired



[9]

This chart shows disparities by age group for the objective PA-2.2: Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination in 2014. The data shows that in 2014, this percent of adults engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination (age adjusted to the year 2000 standard population) by age group.

- 40.1 percent of adults aged 18 to44 years engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous

[9] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

intensity, or an equivalent combination in 2014 (age adjusted to the year 2000 standard population). The confidence interval is 38.8 to 41.4, and the standard error is 0.651.

- 30.6 percent of adults aged 45 to64 years engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination in 2013 (age adjusted to the year 2000 standard population). The confidence interval is 29.4 to 31.8, and the standard error is 0.612.
- 22.7 percent of adults aged 65 years and over engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination in 2013 (age adjusted to the year 2000 standard population). The confidence interval is 21.4 to 24.0, and the standard error is 0.657.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

PA-2.2 Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination

Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age adjusted, percent, 18+ years)

2020 Baseline (year): 28.4 (2008)

2020 Target: 31.3

Desired Direction: ↑ Increase Desired

Age Group Data for 2014

18-44 years

- **Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age-adjusted, percent, 18+ years)**: 40.1 (CI 38.8/41.4, SE 0.651)
- **Disparity:** x 1.000 (Best rate)

45-64 years

- **Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age-adjusted, percent, 18+ years)**: 30.6 (CI 29.4/31.8, SE 0.612)
- **Disparity**: x 1.310 (CI 1.000/1.367)

65 years and over

- **Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age-adjusted, percent, 18+ years)**: 22.7 (CI 21.4/24.0, SE 0.657)
- **Disparity**: x 1.768 (CI 1.000/1.867)

Average group rate excluding best group rate

- **Adults engaging in regular physical activity—Light or moderate for 300+ minutes/week or vigorous for 150+ minutes/week (age-adjusted, percent, 18+ years)**: 26.6 (SE 0.898)
- **Disparity**: x 1.505 (CI 1.000/1.600)

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Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population.

Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Age Group — 2014

- The best group rate for this objective, 40.1%, was attained by persons aged 18-44 years.
- The worst group rate for this objective, 22.7%, was attained by persons aged 65 years and over.
- The absolute difference (or range) between the best and worst group rates was 17.4 percentage points.
- The best group rate was 1.768 times the worst group rate.
- The best group rate was 1.505 times the average rate for all other age groups (excluding the best), 26.6%.

Detailed measures of health disparities by Age Group — 2014

Persons aged 18-44 years achieved the best group rate for this objective, 40.1%.
The best group rate was:

- 1.310 times the rate among persons aged 45-64 years.
- 1.768 times the rate among persons aged 65 years and over.

Disparities Details by Sex for 2011

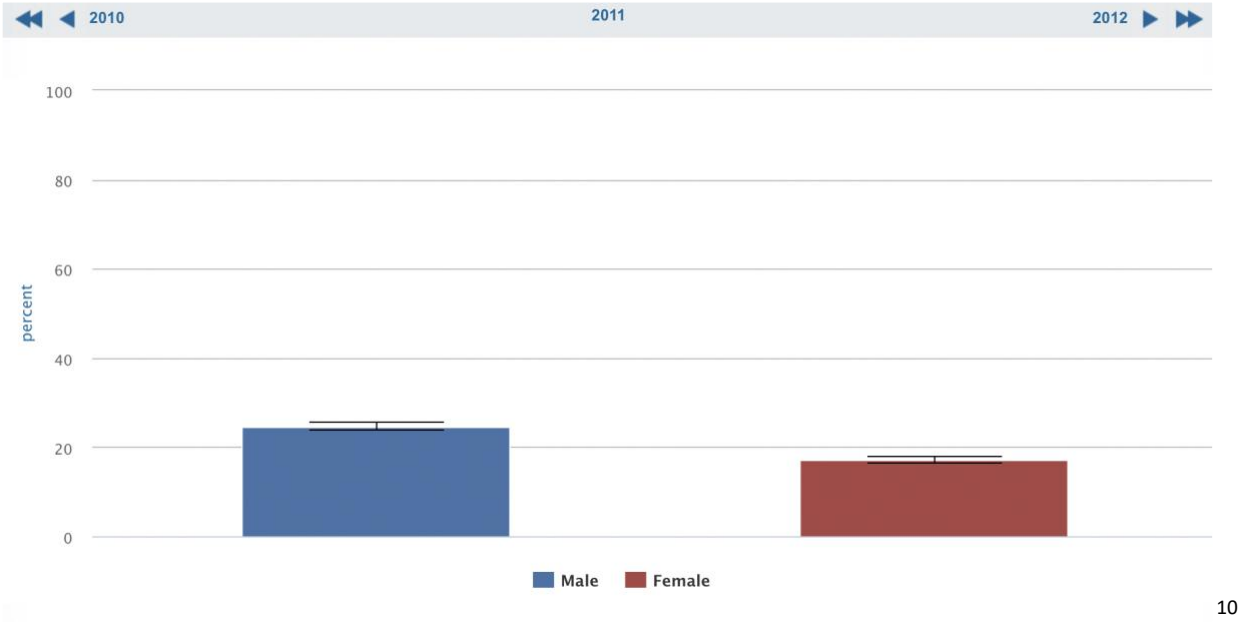
PA-2.4: Adults meeting aerobic physical activity and muscle-strengthening objectives (age adjusted, percent, 18+ years)

This chart compares rates by population.

2020 Baseline (year): 18.2 (2008)

2020 Target: 20.1

Desired Direction: ↑ Increase Desired



[10]

This chart shows disparities by sex for the objective PA-2.4: Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity in 2011. The data shows that in 2011, this percent of adults aged 18 years or older met aerobic physical activity and muscle-strengthening objectives by sex.

- 24.6 percent of males aged 18 years or older met aerobic physical activity and muscle-strengthening objectives in 2011 (age adjusted using the year 2000 standard population). The confidence interval is 23.7 to 25.6, and the standard error is 0.481.
- 17.1 percent of females aged 18 years or older met aerobic physical activity and muscle-strengthening objectives in 2011 (age adjusted using the year 2000 standard population). The confidence interval is 16.4 to 17.9, and the standard error is 0.398.

[10] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS
Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

PA-2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity

Adults meeting aerobic physical activity and muscle-strengthening objectives (age adjusted, percent, 18+ years)

2020 Baseline (year): 18.2 (2008)

2020 Target: 20.1

Desired Direction: ↑ Increase Desired

Sex Data for 2011

Male

- **Adults meeting aerobic physical activity and muscle-strengthening objectives (age-adjusted, percent, 18+ years)**: 24.6 (CI 23.7/25.6, SE 0.481)
- **Disparity**: x 1.000 (Best rate)

Female

- **Adults meeting aerobic physical activity and muscle-strengthening objectives (age-adjusted, percent, 18+ years)**: 17.1 (CI 16.4/17.9, SE 0.398)
- **Disparity**: x 1.436 (CI 1.000/1.509)

Data are subject to revision and may have changed since a previous release.

Unless noted, any age-adjusted data are adjusted using the year 2000 standard population.
Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Sex — 2011

- The better group rate for this objective, 24.6% (age adjusted), was attained by the male population.
- The worse group rate for this objective, 17.1% (age adjusted), was attained by the female population.
- The absolute difference (or range) between the best and worst group rates was 7.5 percentage points.
- The best group rate was 1.436 times the worst group rate.

Detailed measures of health disparities by Sex — 2011

The male population achieved the better group rate for this objective, 24.6% (age adjusted). The better group rate was 1.436 times the rate for the female population.

Disparities Details by Sex for 2012

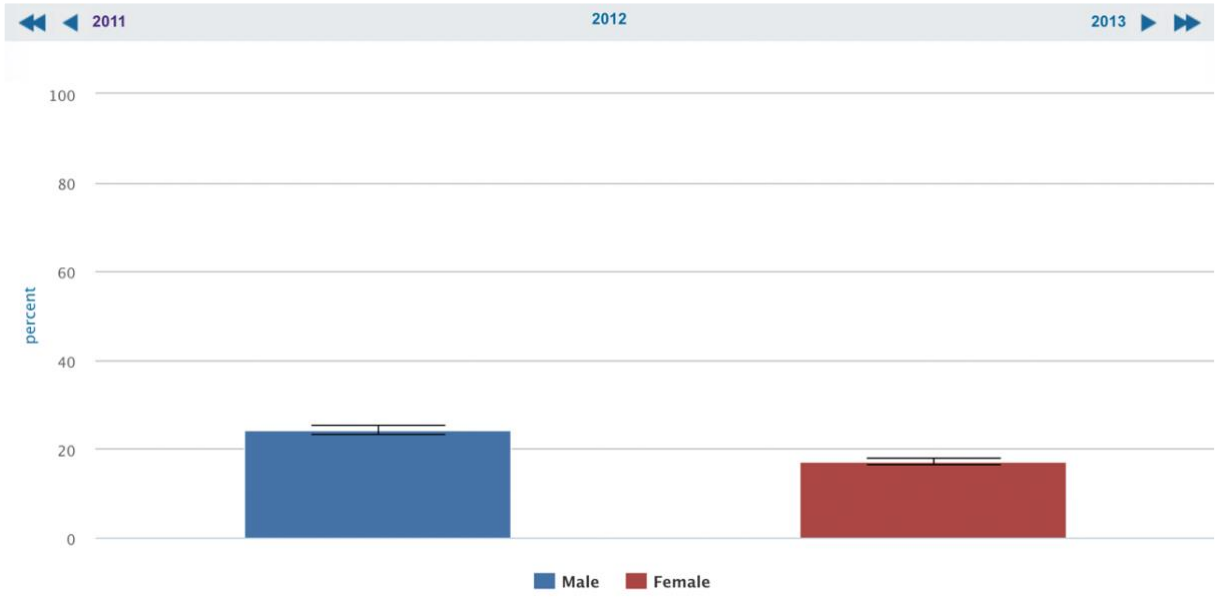
PA-2.4: Adults meeting aerobic physical activity and muscle-strengthening objectives (age adjusted, percent, 18+ years)

This chart compares rates by population.

2020 Baseline (year): 18.2 (2008)

2020 Target: 20.1

Desired Direction: ↑ Increase Desired



[11]

This chart shows disparities by sex for the objective PA-2.4: Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity in 2012. The data shows that in 2012, this percent of adults aged 18 years or older met aerobic physical activity and muscle-strengthening objectives by sex.

- 24.3 percent of males aged 18 years or older met aerobic physical activity and muscle-strengthening objectives in 2012 (age adjusted using the year 2000 standard population). The confidence interval is 23.3 to 25.3, and the standard error is 0.504.
- 17.1 percent of females aged 18 years or older met aerobic physical activity and muscle-strengthening objectives in 2012 (age adjusted using the year 2000 standard population). The confidence interval is 16.3 to 17.8, and the standard error is 0.393.

[11] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

PA-2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity

Adults meeting aerobic physical activity and muscle-strengthening objectives (age adjusted, percent, 18+ years)

2020 Baseline (year): 18.2 (2008)

2020 Target: 20.1

Desired Direction: ↑ Increase Desired

Sex Data for 2012

Male

- **Adults meeting aerobic physical activity and muscle-strengthening objectives (age-adjusted, percent, 18+ years)**: 24.3 (CI 23.3/25.3, SE 0.504)
- **Disparity**: x 1.000 (Best rate)

Female

- **Adults meeting aerobic physical activity and muscle-strengthening objectives (age-adjusted, percent, 18+ years)**: 17.1 (CI 16.3/17.8, SE 0.393)
- **Disparity**: x 1.424 (CI 1.000/1.498)

Data are subject to revision and may have changed since a previous release.

Unless noted, any age-adjusted data are adjusted using the year 2000 standard population.
Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Sex — 2012

- The better group rate for this objective, 24.3% (age adjusted), was attained by the male population.
- The worse group rate for this objective, 17.1% (age adjusted), was attained by the female population.
- The absolute difference (or range) between the best and worst group rates was 7.2 percentage points.
- The best group rate was 1.424 times the worst group rate.

Detailed measures of health disparities by Sex — 2012

The male population achieved the better group rate for this objective, 24.3% (age adjusted). The better group rate was 1.424 times the rate for the female population.

Disparities Details by Sex for 2013

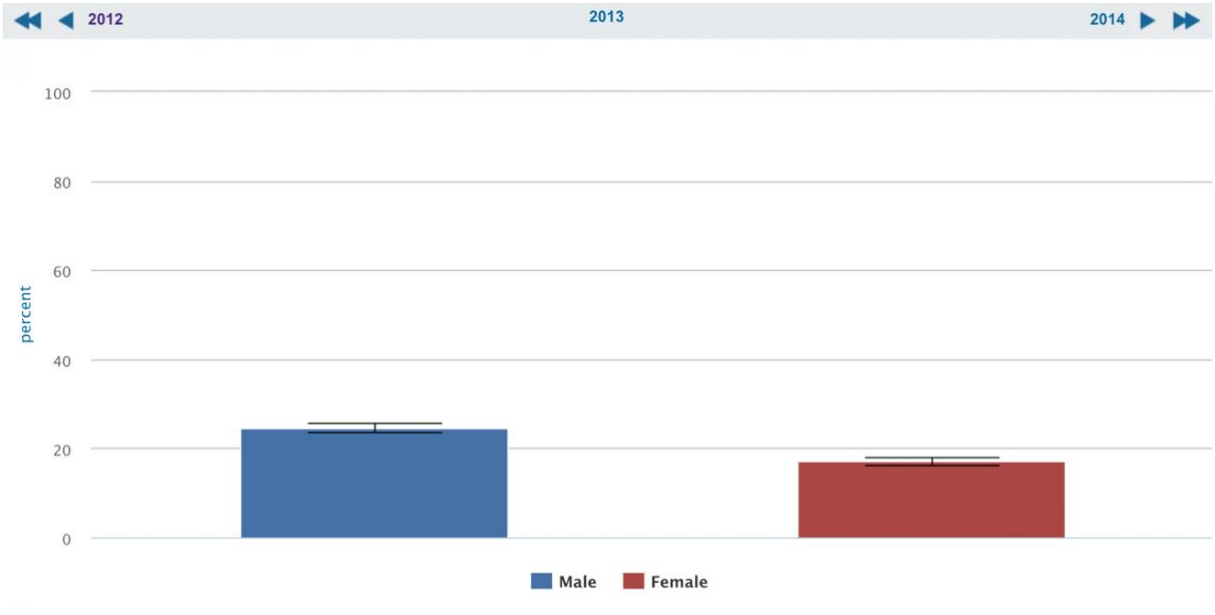
PA-2.4: Adults meeting aerobic physical activity and muscle-strengthening objectives (age adjusted, percent, 18+ years)

This chart compares rates by population.

2020 Baseline (year): 18.2 (2008)

2020 Target: 20.1

Desired Direction: ↑ Increase Desired



[12]

This chart shows disparities by sex for the objective PA-2.4: Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity in 2013. The data shows that in 2013, this percent of adults aged 18 years or older met aerobic physical activity and muscle-strengthening objectives by sex.

- 24.6 percent of males aged 18 years or older met aerobic physical activity and muscle-strengthening objectives in 2013 (age adjusted using the year 2000 standard population). The confidence interval is 23.6 to 25.6, and the standard error is 0.490.
- 17.1 percent of females aged 18 years or older met aerobic physical activity and muscle-strengthening objectives in 2013 (age adjusted using the year 2000 standard population). The confidence interval is 16.2 to 17.9, and the standard error is 0.414.

[12] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS
Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

PA-2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity

Adults meeting aerobic physical activity and muscle-strengthening objectives (age adjusted, percent, 18+ years)

2020 Baseline (year): 18.2 (2008)

2020 Target: 20.1

Desired Direction: ↑ Increase Desired

Sex Data for 2013

Male

- **Adults meeting aerobic physical activity and muscle-strengthening objectives (age-adjusted, percent, 18+ years)**: 24.6 (CI 23.6/25.6 SE 0.490)
- **Disparity**: x 1.000 (Best rate)

Female

- **Adults meeting aerobic physical activity and muscle-strengthening objectives (age-adjusted, percent, 18+ years)**: 17.1 (CI 16.2/17.9, SE 0.414)
- **Disparity**: x 1.442 (CI 1.000/ 1.518)

Data are subject to revision and may have changed since a previous release.

Unless noted, any age-adjusted data are adjusted using the year 2000 standard population.
Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Sex — 2013

- The better group rate for this objective, 24.6% (age adjusted), was attained by the male population.
- The worse group rate for this objective, 17.1% (age adjusted), was attained by the female population.
- The absolute difference (or range) between the best and worst group rates was 7.5 percentage points.
- The best group rate was 1.442 times the worst group rate.

Detailed measures of health disparities by Sex — 2013

The male population achieved the better group rate for this objective, 24.6% (age adjusted). The better group rate was 1.442 times the rate for the female population.

Disparities Details by Sex for 2014

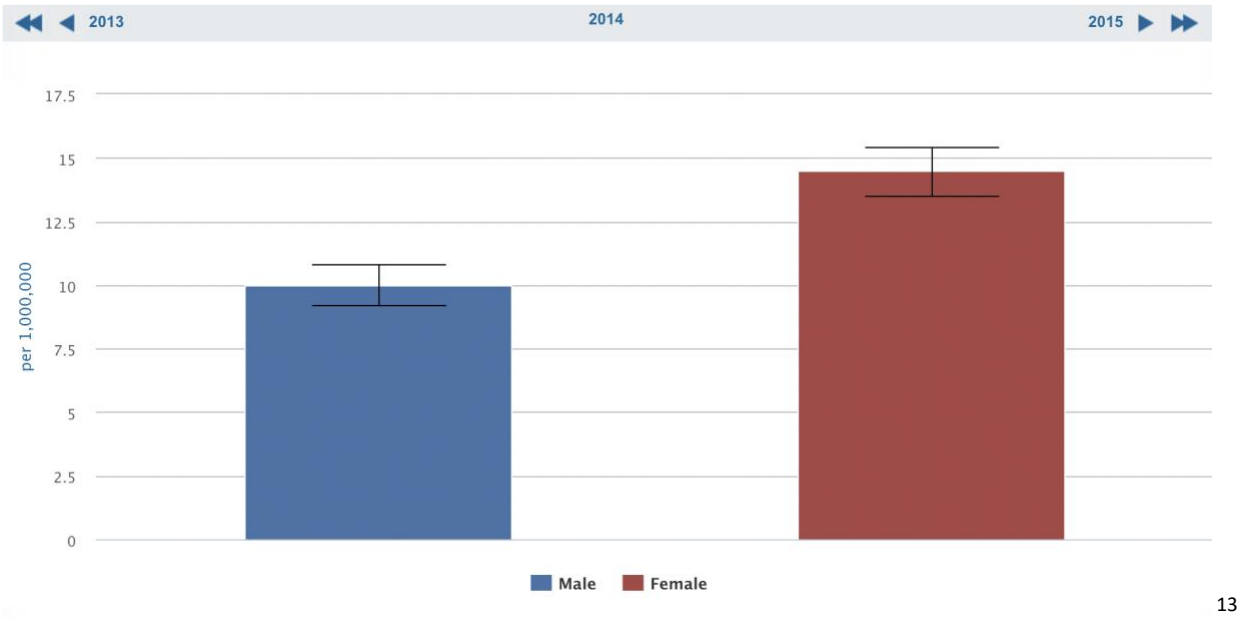
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[13]

This chart shows disparities by sex for the objective RD-1.2: Asthma deaths among adults aged 35 to 64 years in 2014. The data shows that in 2014, this many asthma deaths per million population of adults aged 35 to 64 years by sex.

- 10.0 asthma deaths per million was attained by males aged 35 to 64 years in 2014. The confidence interval is 9.2 to 10.8, and the standard error is 0.405.
- 14.5 asthma deaths per million was attained by females aged 35 to 64 years in 2014. The confidence interval is 13.5 to 15.4, and the standard error is 0.479.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

[1] Target has been revised. See Data Details for more information.

[13] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Sex Data for 2014

Male

- **Asthma deaths (per million population, 35–64 years)**: 10.0 (CI 9.2/10.8, SE 0.405)
- **Disparity**: ÷ 1.000 (Best rate)

Female

- **Asthma deaths (per million population, 35–64 years)**: 14.5 (CI 13.5/15.4, SE 0.479)
- **Disparity**: ÷ 1.451 (CI 1.000/1.581)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Sex — 2014

- The better group rate for this objective, 10.0 deaths per million, was attained by the male population.
- The worse group rate for this objective, 14.5 deaths per million, was attained by the female population.
- The absolute difference (or range) between the best and worst group rates was 4.5 deaths per million.
- The worst group rate was 1.451 times the best group rate.

Detailed measures of health disparities by Sex — 2014

The male population achieved the better group rate for this objective, 10.0 deaths per million. The rate for female the population was 1.451 times the better group rate.

Disparities Details by Sex for 2015

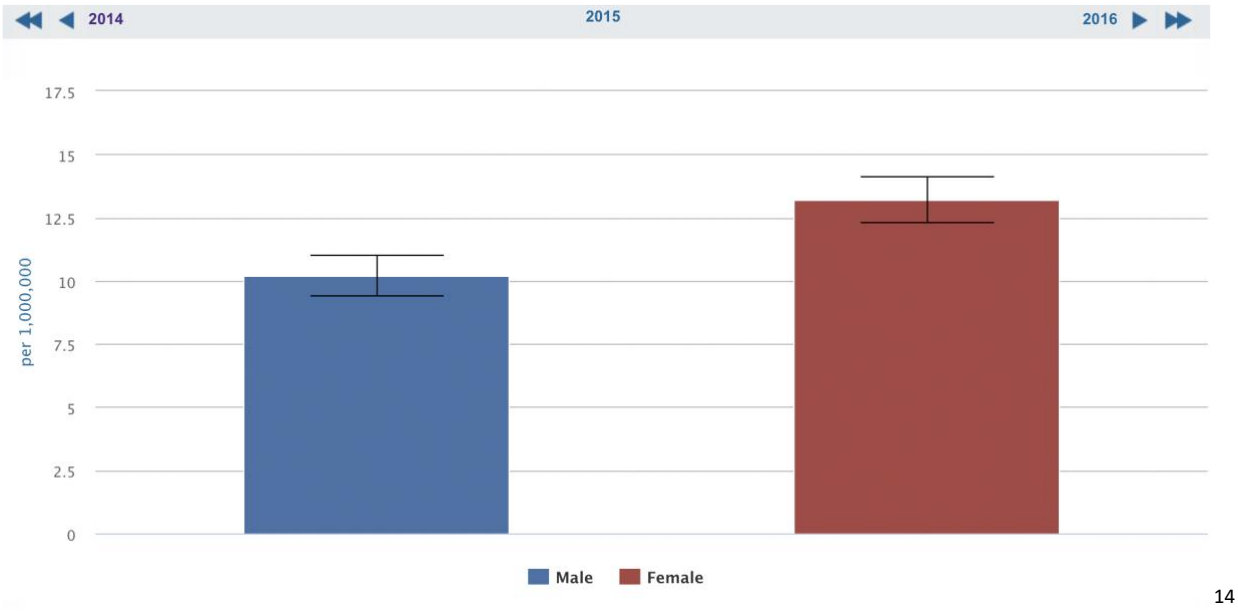
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[14]

This chart shows disparities by sex for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2015. The data shows that in 2015, this many asthma deaths per million population of adults aged 35 to 64 years old by sex.

- 10.2 asthma deaths per million was attained by males aged 35 to 64 years in 2015. The confidence interval is 9.4 to 11.0, and the standard error is 0.408.
- 13.2 asthma deaths per million was attained by females aged 35 to 64 years in 2015. The confidence interval is 12.3 to 14.1, and the standard error is 0.456.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

[14] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Sex Data for 2015

Male

- **Asthma deaths (per million population, 35–64 years)**: 10.2 (CI 9.4/11.0, SE 0.408)
- **Disparity**: ÷ 1.000 (Best rate)

Female

- **Asthma deaths (per million population, 35–64 years)**: 13.2 (CI 12.3/14.1, SE 0.456)
- **Disparity**: ÷ 1.295 (CI 1.000/1.413)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Sex — 2015

- The better group rate for this objective, 10.2 deaths per million, was attained by the male population.
- The worse group rate for this objective, 13.2 deaths per million, was attained by the female population.
- The absolute difference (or range) between the best and worst group rates was 3.0 deaths per million.
- The worst group rate was 1.295 times the best group rate.

Detailed measures of health disparities by Sex — 2015

The male population achieved the better group rate for this objective, 10.2 deaths per million. The rate for female the population was 1.295 times the better group rate.

Disparities Details by Sex for 2016

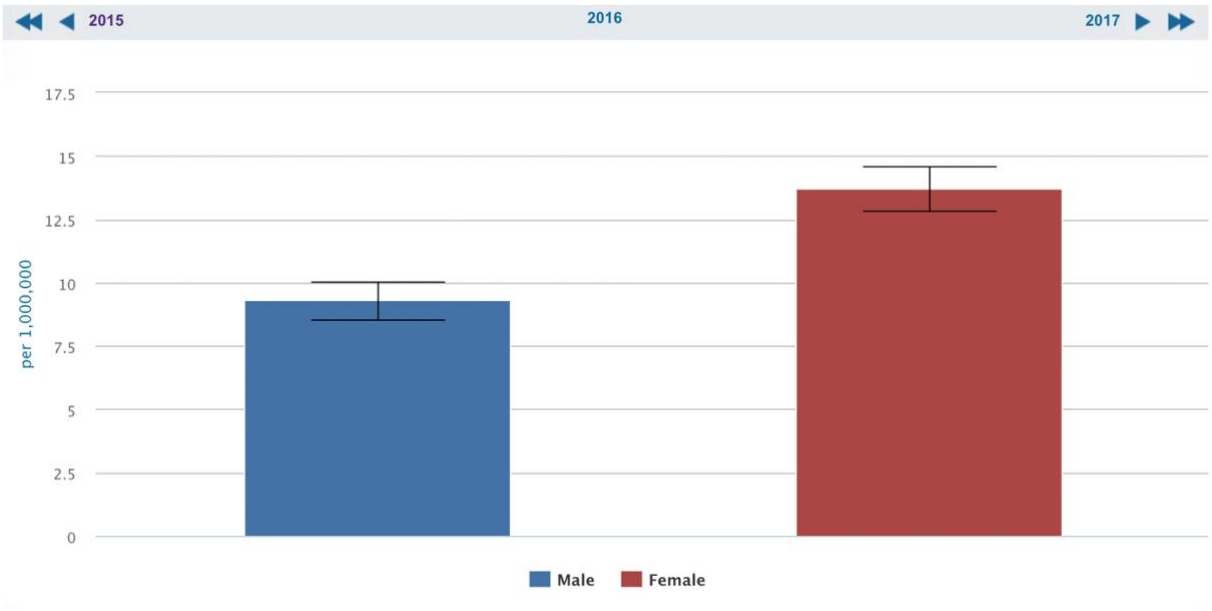
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



15

This chart shows disparities by sex for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old (in 2016. The data shows that in 2016, this many asthma deaths per million population of adults aged 35 to 64 years by sex.

- 9.3 asthma deaths per million was attained by males aged 35 to 64 years in 2016. The confidence interval is 8.5 to 10.0, and the standard error is 0.389.
- 13.7 asthma deaths per million was attained by females aged 35 to 64 years in 2016. The confidence interval is 12.8 to 14.6, and the standard error is 0.465.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

[15] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Sex Data for 2016

Male

- **Asthma deaths (per million population, 35–64 years)**: 9.3 (CI 8.5/10.0, SE 0.389)
- **Disparity**: ÷ 1.000 (Best rate)

Female

- **Asthma deaths (per million population, 35–64 years)**: 13.7 (CI 12.8/14.6, SE 0.465)
- **Disparity**: ÷ 1.483 (CI 1.000/1.620)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Sex — 2016

- The better group rate for this objective, 9.3 deaths per million, was attained by the male population.
- The worse group rate for this objective, 13.7 deaths per million, was attained by the female population.
- The absolute difference (or range) between the best and worst group rates was 4.5 deaths per million.
- The worst group rate was 1.483 times the best group rate.

Detailed measures of health disparities by Sex — 2016

The male population achieved the better group rate for this objective, 9.3 deaths per million. The rate for female the population was 1.483 times the better group rate.

Disparities Details by Sex for 2017

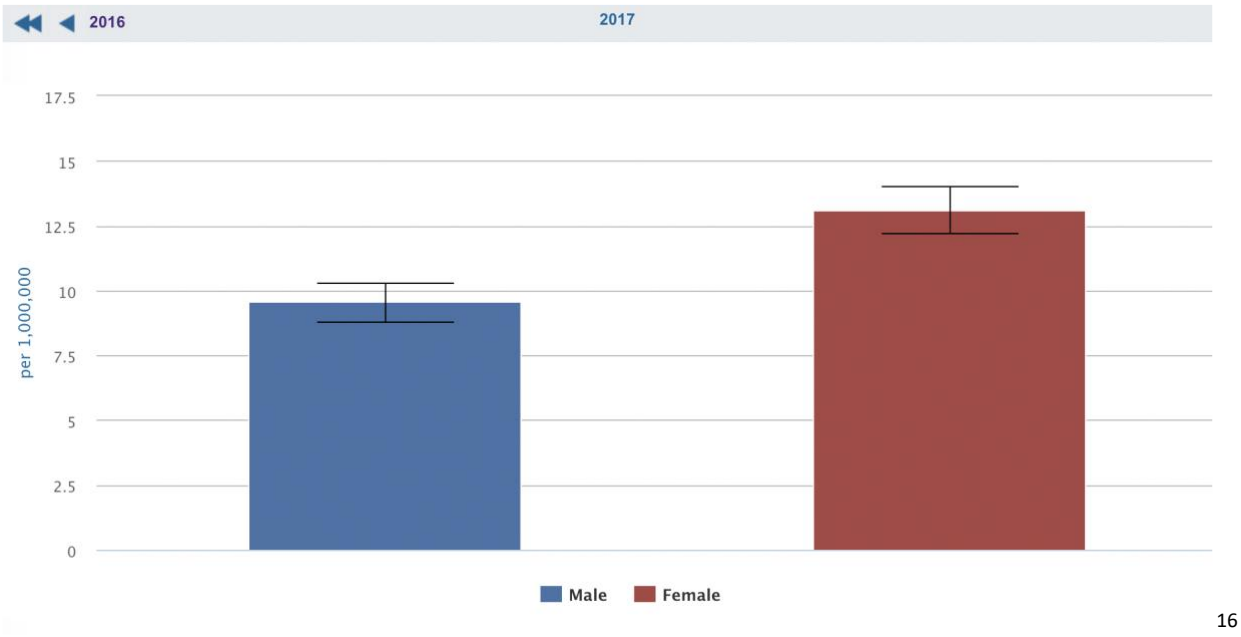
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



16

This chart shows disparities by sex for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2017. The data shows that in 2017, this many asthma deaths per million population of adults aged 35 to 64 years by sex.

- 9.6 asthma deaths per million was attained by males aged 35 to 64 years in 2017. The confidence interval is 8.8 to 10.3, and the standard error is 0.394.
- 13.1 asthma deaths per million was attained by females aged 35 to 64 years in 2017. The confidence interval is 12.2 to 14.0, and the standard error is 0.454.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

[16] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Sex Data for 2017

Male

- **Asthma deaths (per million population, 35–64 years)**: 9.6 (CI 8.8/10.3, SE 0.394)
- **Disparity**: ÷ 1.000 (Best rate)

Female

- **Asthma deaths (per million population, 35–64 years)**: 13.1 (CI 12.2/14.0, SE 0.454)
- **Disparity**: ÷ 1.371 (CI 1.000/1.498)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Sex — 2017

- The better group rate for this objective, 9.6 deaths per million, was attained by the male population.
- The worse group rate for this objective, 13.1 deaths per million, was attained by the female population.
- The absolute difference (or range) between the best and worst group rates was 3.5 deaths per million.
- The worst group rate was 1.371 times the best group rate.

Detailed measures of health disparities by Sex — 2017

The male population achieved the better group rate for this objective, 9.6 deaths per million. The rate for female the population was 1.371 times the better group rate.

Disparities Details by Race and Ethnicity for 2007

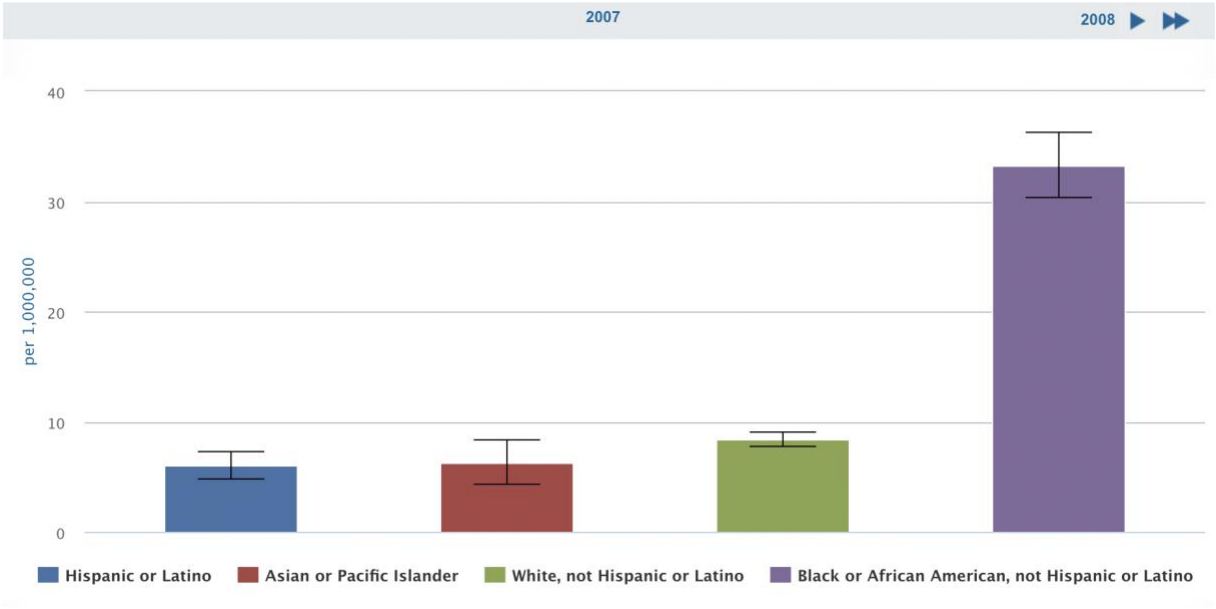
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



17

This chart shows disparities by race and ethnicity for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2007. The data shows that in 2007, this many asthma deaths per million population of adults aged 35 to 64 years by race and ethnicity.

- 6.0 asthma deaths per million was attained by Hispanic or Latino persons aged 35 to 64 years in 2007. The confidence interval is 4.8 to 7.3, and the standard error is 0.651.
- 6.3 asthma deaths per million was attained by Asian or Pacific Islander persons aged 35 to 64 years in 2007. The confidence interval is 4.3 to 8.3, and the standard error is 1.020.
- 8.4 asthma deaths per million was attained by White, not Hispanic or Latino persons aged 35 to 64 years in 2007. The confidence interval is 7.7 to 9.0, and the standard error is 0.314.

[17] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 33.3 asthma deaths per million was attained by Black or African American, not Hispanic or Latino persons aged 35 to 64 years in 2007. The confidence interval is 30.3 to 36.3, and the standard error is 0.1.539.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Race and Ethnicity Data for 2007

Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 6.0 (CI 4.8/7.3, SE 0.651)
- **Disparity:** ÷ 1.000 (Best rate)

Asian or Pacific Islander

- **Asthma deaths among adults (per million population, 35–64 years)**: 6.3 (CI 4.3/8.3, SE 1.020)
- **Disparity:** ÷ 1.041 (CI 1.000/1.435)

White, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 8.4 (CI 7.7/9.0, SE 0.314)
- **Disparity:** ÷ 1.384 (CI 1.000/1.669)

Black or African American, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 33.3 (CI 30.3/36.3, SE 1.539)
- **Disparity:** ÷ 5.521 (CI 1.000/6.696)

Average group rate excluding best group rate

- **Asthma deaths among adults (per million population, 35–64 years)**: 16.0 (SE 1.324)
- **Disparity**: ÷ 2.649 (CI 1.000/3.313)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Race and Ethnicity — 2007

- The best group rate for this objective, 6.0 deaths per million, was attained by Hispanic or Latino persons.
- The worst group rate for this objective, 33.3 deaths per million, was attained by Black or African American, not Hispanic or Latino persons.
- The absolute difference (or range) between the best and worst group rates was 27.3 deaths per million.
- The worst group rate was 5.521 times the best group rate.
- The average rate for all other race/ethnicity groups (excluding the best), 16.0 deaths per million, was 2.649 times the best group rate.

Detailed measures of health disparities by Race and Ethnicity — 2007

Hispanic or Latino persons achieved the best group rate for this objective, 6.0 deaths per million.

- The rate for the Asian or Pacific Islander population was <1.1 times the best group rate.
- The rate for the White, not Hispanic or Latino population was 1.384 times the best group rate.
- The rate for the Black or African American, not Hispanic or Latino population was 5.521 times the best group rate.

Disparities Details by Race and Ethnicity for 2008

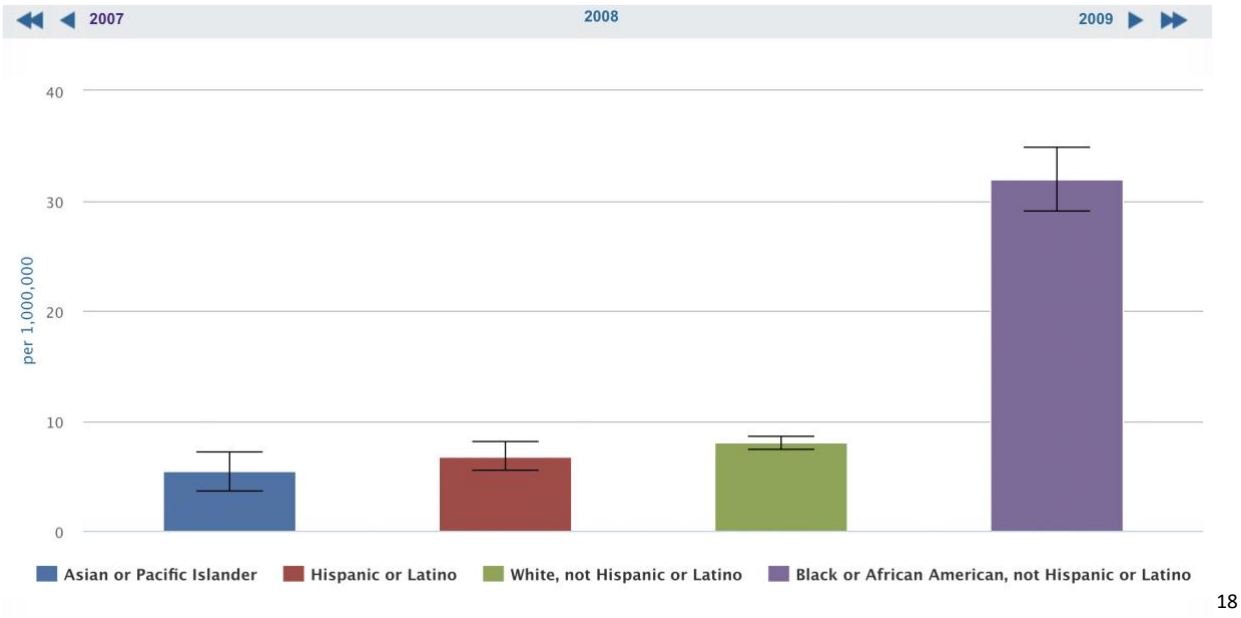
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007) **2020**

Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[18]

This chart shows disparities by race and ethnicity for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2008. The data shows that in 2008, this many asthma deaths per million population of adults aged 35 to 64 years (by race and ethnicity.

- 5.4 asthma deaths per million was attained by Asian or Pacific Islander persons aged 35 to 64 years in 2008. The confidence interval is 3.6 to 7.2, and the standard error is 0.926.
- 6.8 asthma deaths per million was attained by Hispanic or Latino persons aged 35 to 64 years in 2008. The confidence interval is 5.5 to 8.1, and the standard error is 0.676.
- 8.0 asthma deaths per million was attained by White, not Hispanic or Latino persons aged 35 to 64 years in 2008. The confidence interval is 7.4 to 8.6, and the standard error is 0.307.

[18] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 32.0 asthma deaths per million was attained by Black or African American, not Hispanic or Latino persons aged 35 to 64 years in 2008. The confidence interval is 29.0 to 34.9, and the standard error is 0.1.495.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Race and Ethnicity Data for 2008

Asian or Pacific Islander

- **Asthma deaths among adults (per million population, 35–64 years)**: 5.4 (CI 3.6/7.2, SE 0.926)
- **Disparity:** ÷ 1.000 (Best Rate)

Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 6.8 (CI 5.5/8.1, SE 0.676)
- **Disparity:** ÷ 1.258 (CI 1.000/1.743)

White, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 8.0 (CI 7.4/8.6, SE 0.307)
- **Disparity:** ÷ 1.474 (CI 1.000/1.968)

Black or African American, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 32.0 (CI 29.0/34.9, SE 1.495)
- **Disparity:** ÷ 5.920 (CI 1.000/7.931)

Average group rate excluding best group rate

- **Asthma deaths among adults (per million population, 35–64 years)**: 15.6 (SE 1.180)

- **Disparity:** ÷ 2.884 (CI 1.000/3.926)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Race and Ethnicity — 2008

- The best group rate for this objective, 5.4 deaths per million, was attained by Asian or Pacific Islander persons.
- The worst group rate for this objective, 32.0 deaths per million, was attained by Black or African American, not Hispanic or Latino persons.
- The absolute difference (or range) between the best and worst group rates was 26.6 deaths per million.
- The worst group rate was 5.920 times the best group rate.
- The average rate for all other race/ethnicity groups (excluding the best), 15.6 deaths per million, was 2.884 times the best group rate.

Detailed measures of health disparities by Race and Ethnicity — 2008

Asian or Pacific Islander persons achieved the best group rate for this objective, 5.4 deaths per million.

- The rate for the Hispanic or Latino population was 1.258 times the best group rate.
- The rate for the White, not Hispanic or Latino population was 1.474 times the best group rate.
- The rate for the Black or African American, not Hispanic or Latino population was 5.920 times the best group rate.

Disparities Details by Race and Ethnicity for 2009

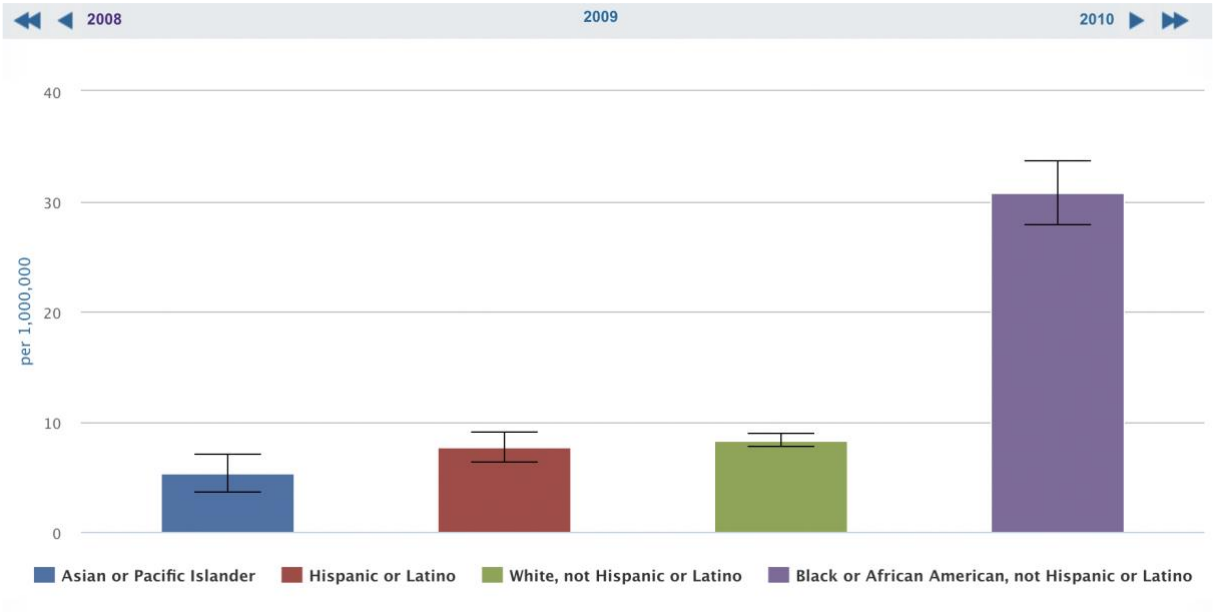
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007) **2020**

Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



19

This chart shows disparities by race and ethnicity for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2009. The data shows that in 2009, this many asthma deaths per million population of adults aged 35 to 64 years by race and ethnicity.

- 5.3 asthma deaths per million was attained by Asian or Pacific Islander persons aged 35 to 64 years) in 2009. The confidence interval is 3.6 to 7.1, and the standard error is 0.904.
- 7.7 asthma deaths per million was attained by Hispanic or Latino persons aged 35 to 64 years in 2009. The confidence interval is 6.3 to 9.1, and the standard error is 0.704.
- 8.3 asthma deaths per million was attained by White, not Hispanic or Latino persons aged 35 to 64 years in 2009. The confidence interval is 7.7 to 8.9, and the standard error is 0.313.

[19] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 30.8 asthma deaths per million was attained by Black or African American, not Hispanic or Latino persons aged 35 to 64 years in 2009. The confidence interval is 27.9 to 33.7, and the standard error is 0.1.457.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Race and Ethnicity Data for 2009

Asian or Pacific Islander

- **Asthma deaths among adults (per million population, 35–64 years)**: 5.3 (CI 3.6/7.1, SE 0.904)
- **Disparity:** ÷ 1.000 (Best rate)

Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 7.7 (CI 6.3/9.1, SE 0.704)
- **Disparity:** ÷ 1.436 (CI 1.000/1.970)

White, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 8.3 (CI 7.7/8.9, SE 0.313)
- **Disparity:** ÷ 1.547 (CI 1.000/2.057)

Black or African American, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 30.8 (CI 27.9/33.7, SE 1.457)
- **Disparity:** ÷ 5.759 (CI 1.000/7.687)

Average group rate excluding best group rate

- **Asthma deaths among adults (per million population, 35–64 years)**: 15.6 (SE 1.165)
- **Disparity:** ÷ 2.914 (CI 1.000/3.949)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Race and Ethnicity — 2009

- The best group rate for this objective, 5.3 deaths per million, was attained by Asian or Pacific Islander persons.
- The worst group rate for this objective, 30.8 deaths per million, was attained by Black or African American, not Hispanic or Latino persons.
- The absolute difference (or range) between the best and worst group rates was 25.5 deaths per million.
- The worst group rate was 5.759 times the best group rate.
- The average rate for all other race/ethnicity groups (excluding the best), 15.6 deaths per million, was 2.914 times the best group rate.

Detailed measures of health disparities by Race and Ethnicity — 2009

Asian or Pacific Islander persons achieved the best group rate for this objective, 5.3 deaths per million.

- The rate for the Hispanic or Latino population was 1.436 times the best group rate.
- The rate for the White, not Hispanic or Latino population was 1.547 times the best group rate.
- The rate for the Black or African American, not Hispanic or Latino population was 5.759 times the best group rate.

Disparities Details by Race and Ethnicity for 2010

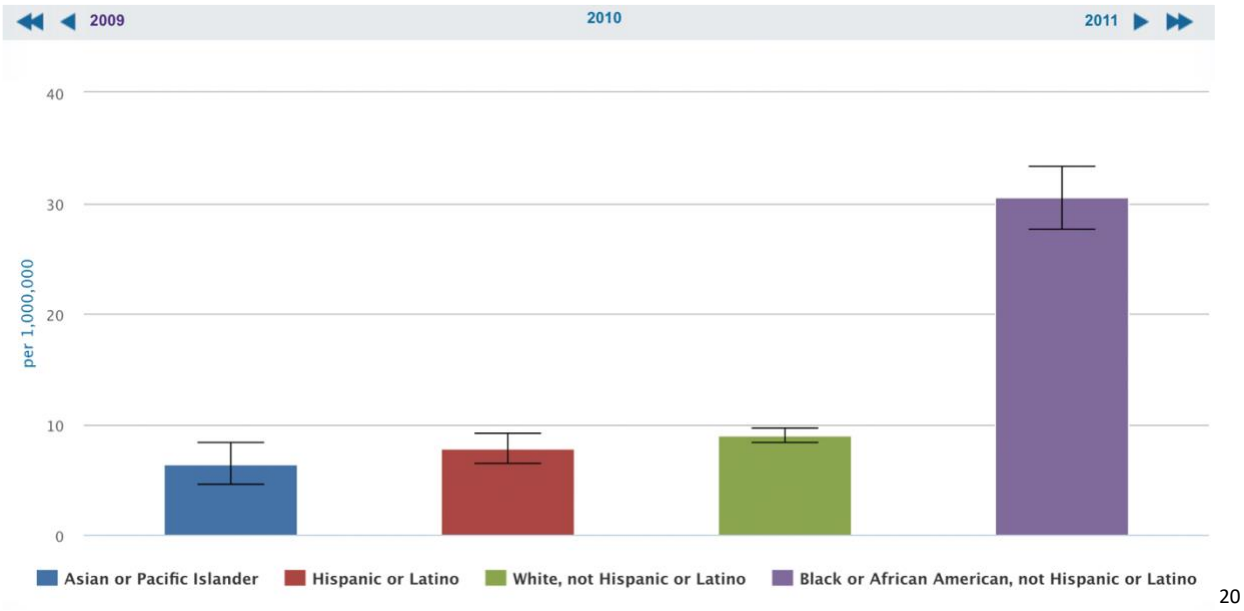
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[20]

This chart shows disparities by race and ethnicity for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2010. The data shows that in 2010, this many asthma deaths per million population of adults aged 35 to 64 years by race and ethnicity.

- 6.4 asthma deaths per million was attained by Asian or Pacific Islander persons aged 35 to 64 years in 2010. The confidence interval is 4.5 to 8.3, and the standard error is 0.975.
- 7.8 asthma deaths per million was attained by Hispanic or Latino persons aged 35 to 64 years in 2010. The confidence interval is 6.5 to 9.2, and the standard error is 0.700.
- 9.0 asthma deaths per million was attained by White, not Hispanic or Latino persons aged 35 to 64 years in 2010. The confidence interval is 8.3 to 9.6, and the standard error is 0.326.

[20] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 30.5 asthma deaths per million was attained by Black or African American, not Hispanic or Latino persons aged 35 to 64 years in 2010. The confidence interval is 27.6 to 33.3, and the standard error is 0.1.440.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Race and Ethnicity Data for 2010

Asian or Pacific Islander

- **Asthma deaths among adults (per million population, 35–64 years)**: **6.4 (4.5/8.3**, SE 0.975)
- **Disparity: ÷ 1.000 (Best rate)**

Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: **7.8** (CI 6.5/9.2, SE 0.700)
- **Disparity: ÷ 1.224 (**CI 1.000/1.637)

White, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: **9.0** (CI 8.3/9.6, SE 0.326)
- **Disparity: ÷ 1.402 (**CI 1.000/1.815)

Black or African American, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: **30.5** (CI 27.6/33.3, SE 1.440)
- **Disparity: ÷ 4.765 (**CI 1.000/6.196)

Average group rate excluding best group rate

- **Asthma deaths among adults (per million population, 35–64 years)**: 15.7 (SE 1.156)

- **Disparity: ÷ 2.464 (**CI 1.000/3.255)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Race and Ethnicity — 2010

- The best group rate for this objective, 6.4 deaths per million, was attained by Asian or Pacific Islander persons.
- The worst group rate for this objective, 30.5 deaths per million, was attained by Black or African American, not Hispanic or Latino persons.
- The absolute difference (or range) between the best and worst group rates was 24.1 deaths per million.
- The worst group rate was 4.765 times the best group rate.
- The average rate for all other race/ethnicity groups (excluding the best), 15.7 deaths per million, was 2.464 times the best group rate.

Detailed measures of health disparities by Race and Ethnicity — 2010

Asian or Pacific Islander persons achieved the best group rate for this objective, 6.4 deaths per million.

- The rate for the Hispanic or Latino population was 1.224 times the best group rate.
- The rate for the White, not Hispanic or Latino population was 1.402 times the best group rate.
- The rate for the Black or African American, not Hispanic or Latino population was 4.765 times the best group rate.

Disparities Details by Race and Ethnicity for 2011

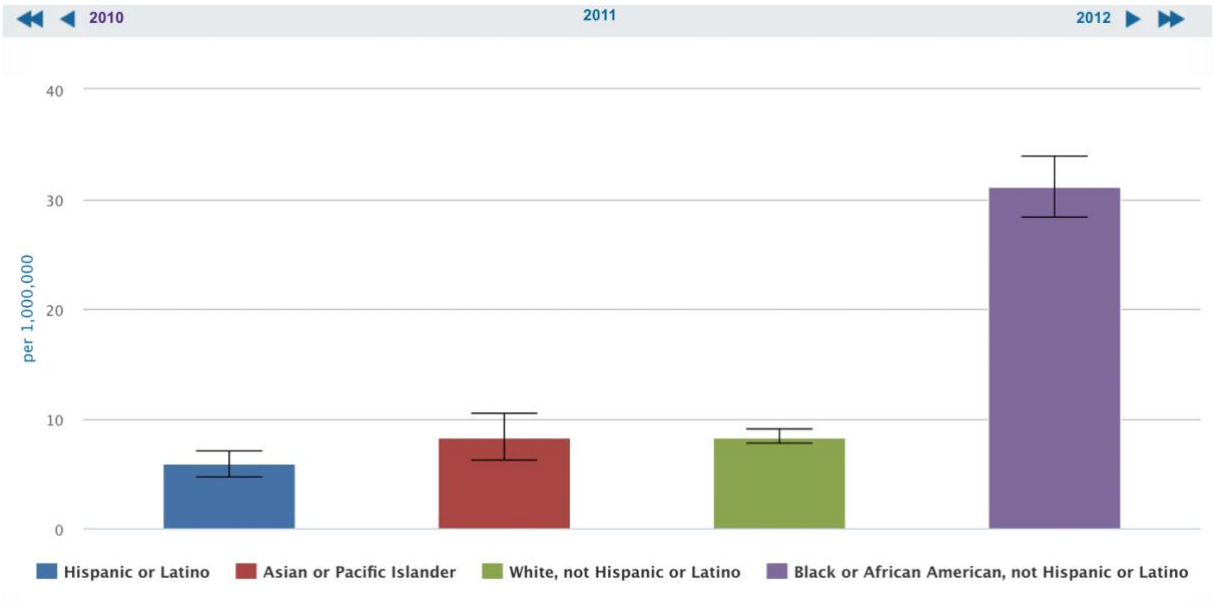
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[21]

This chart shows disparities by race and ethnicity for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2011. The data shows that in 2011, this many asthma deaths per million population of adults aged 35 to 64 years by race and ethnicity.

- 5.9 asthma deaths per million was attained by Hispanic or Latino persons aged 35 to 64 years in 2011. The confidence interval is 4.7 to 7.0, and the standard error is 0.593.
- 8.3 asthma deaths per million was attained by Asian or Pacific Islander persons aged 35 to 64 years in 2011. The confidence interval is 6.2 to 10.5, and the standard error is 1.094.
- 8.3 asthma deaths per million was attained by White, not Hispanic or Latino persons aged 35 to 64 years in 2011. The confidence interval is 7.7 to 9.0, and the standard error is 0.315.

[21] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 31.1 asthma deaths per million was attained by Black or African American, not Hispanic or Latino persons aged 35 to 64 years in 2011. The confidence interval is 28.3 to 33.9, and the standard error is 0.1.447.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Race and Ethnicity Data for 2011

Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 5.9 (CI 4.7/7.0, SE 0.593)
- **Disparity: ÷ 1.000 (Best rate)**

Asian or Pacific Islander

- **Asthma deaths among adults (per million population, 35–64 years)**: 8.3 (CI 6.2/10.5, SE 1.094)
- **Disparity: ÷ 1.418 (CI 1.000/1.862)**

White, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 8.3 (CI 7.7/9.0, SE 0.315)
- **Disparity: ÷ 1.421 (CI 1.000/1.697)**

Black or African American, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 31.1 (CI 28.3/33.9, SE 1.447)
- **Disparity: ÷ 5.295 (CI 1.000/6.358)**

Average group rate excluding best group rate

- **Asthma deaths among adults (per million population, 35–64 years)**: 15.9 (SE 1.302)

- **Disparity: ÷ 2.711 (CI 1.000/3.357)**

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Race and Ethnicity — 2011

- The best group rate for this objective, 5.9 deaths per million, was attained by Hispanic or Latino persons.
- The worst group rate for this objective, 31.1 deaths per million, was attained by Black or African American, not Hispanic or Latino persons.
- The absolute difference (or range) between the best and worst group rates was 25.2 deaths per million.
- The worst group rate was 5.295 times the best group rate.
- The average rate for all other race/ethnicity groups (excluding the best), 15.9 deaths per million, was 2.711 times the best group rate.

Detailed measures of health disparities by Race and Ethnicity — 2011

Hispanic or Latino persons achieved the best group rate for this objective, 5.9 deaths per million.

- The rate for the Asian or Pacific Islander population was 1.418 times the best group rate.
- The rate for the White, not Hispanic or Latino population was 1.421 times the best group rate.
- The rate for the Black or African American, not Hispanic or Latino population was 5.295 times the best group rate.

Disparities Details by Race and Ethnicity for 2012

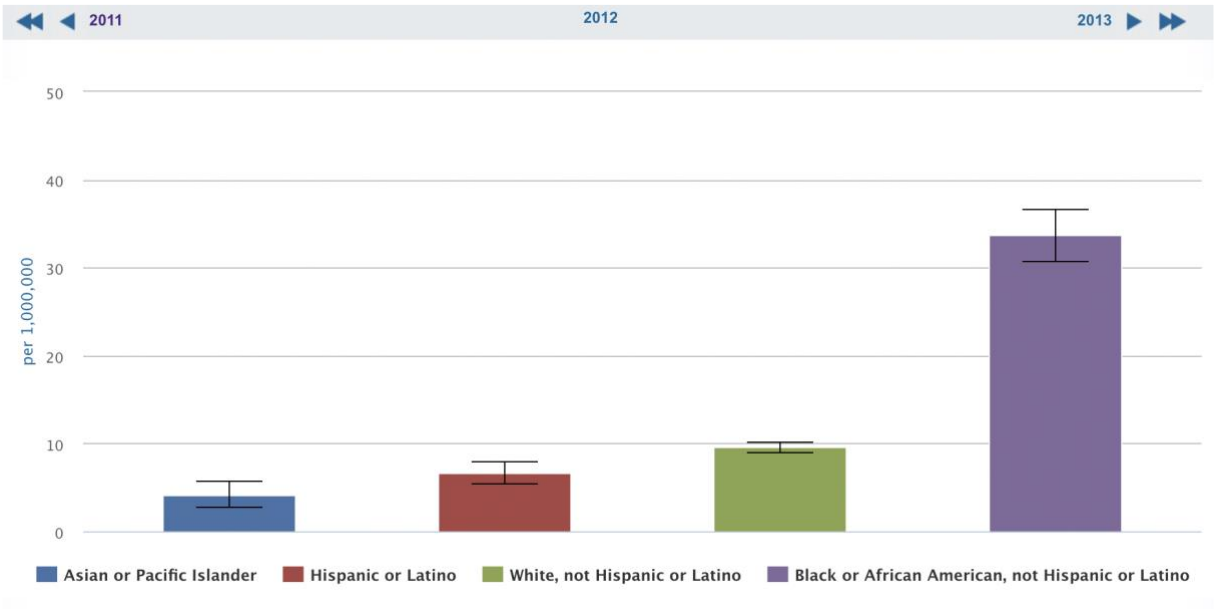
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[22]

This chart shows disparities by race and ethnicity for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2012. The data shows that in 2012, this many asthma deaths per million population of adults aged 35 to 64 years in 2012 by race and ethnicity.

- 4.2 asthma deaths per million was attained by Asian or Pacific Islander persons aged 35 to 64 years in 2012. The confidence interval is 2.7 to 5.7, and the standard error is 0.761.
- 6.6 asthma deaths per million was attained by Hispanic or Latino persons aged 35 to 64 years in 2012. The confidence interval is 5.4 to 7.9, and the standard error is 0.622.
- 9.6 asthma deaths per million was attained by White, not Hispanic or Latino persons aged 35 to 64 years in 2012. The confidence interval is 8.9 to 10.2, and the standard error is 0.339.

[22] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 33.7 asthma deaths per million was attained by Black or African American, not Hispanic or Latino persons aged 35 to 64 years in 2012. The confidence interval is 30.7 to 36.6, and the standard error is 1.499.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Race and Ethnicity Data for 2012

Asian or Pacific Islander

- **Asthma deaths among adults (per million population, 35–64 years)**: 4.2 (CI 2.7/5.7, SE 0.761)
- **Disparity: ÷ 1.000 (Best rate)**

Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: **6.6** (CI 5.4/7.9, SE 0.622)
- **Disparity:** ÷ 1.592 (CI 1.000/2.231)

White, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: **9.6** (CI 8.9/10.2, SE 0.339)
- **Disparity:** ÷ 2.297 (CI 1.000/3.118)

Black or African American, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: **33.7** (CI 30.7/36.6, SE 1.499)
- **Disparity:** ÷ 8.069 (CI 1.000/10.992)

Average group rate excluding best group rate

- **Asthma deaths among adults (per million population, 35–64 years)**: **16.6** (SE 1.172)
- **Disparity:** ÷ 3.986 (CI 1.000/5.500)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Race and Ethnicity — 2012

- The best group rate for this objective, 4.2 deaths per million, was attained by Asian or Pacific Islander persons.
- The worst group rate for this objective, 33.7 deaths per million, was attained by Black or African American, not Hispanic or Latino persons.
- The absolute difference (or range) between the best and worst group rates was 29.5 deaths per million.
- The worst group rate was 8.069 times the best group rate.
- The average rate for all other race/ethnicity groups (excluding the best), 16.6 deaths per million, was 3.986 times the best group rate.

Detailed measures of health disparities by Race and Ethnicity — 2012

Asian or Pacific Islander persons achieved the best group rate for this objective, 4.2 deaths per million.

- The rate for the Hispanic or Latino population was 1.592 times the best group rate.
- The rate for the White, not Hispanic or Latino population was 2.297 times the best group rate.
- The rate for the Black or African American, not Hispanic or Latino population was 8.069 times the best group rate.

Disparities Details by Race and Ethnicity for 2013

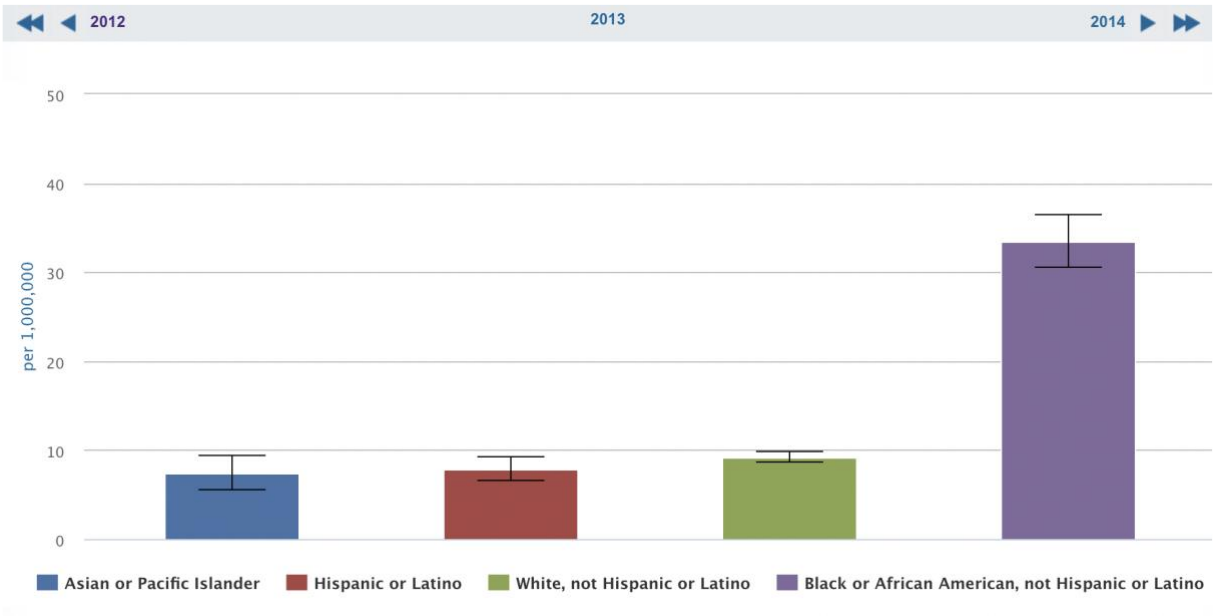
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[23]

This chart shows disparities by race and ethnicity for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2013. The data shows that in 2013, this many asthma deaths per million population of adults aged 35 to 64 years by race and ethnicity.

- 7.4 asthma deaths per million was attained by Asian or Pacific Islander persons aged 35 to 64 years in 2013. The confidence interval is 5.5 to 9.4, and the standard error is 1.002.
- 7.9 asthma deaths per million was attained by Hispanic or Latino persons aged 35 to 64 years) in 2013. The confidence interval is 6.6 to 9.2, and the standard error is 0.669.
- 9.2 asthma deaths per million was attained by White, not Hispanic or Latino persons aged 35 to 64 years in 2013. The confidence interval is 8.6 to 9.9, and the standard error is 0.334.

[23] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 33.5 asthma deaths per million was attained by Black or African American, not Hispanic or Latino persons aged 35 to 64 years in 2013. The confidence interval is 30.6 to 36.5, and the standard error is 1.491.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Race and Ethnicity Data for 2013

Asian or Pacific Islander

- **Asthma deaths among adults (per million population, 35–64 years)**: 7.4 (CI 5.5/9.4, SE 1.002)
- **Disparity:** ÷ **1.000** (Best rate)

Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 7.9 (CI 6.6/9.2, SE 0.669)
- **Disparity:** ÷ 1.065 (CI 1.000/1.383)

White, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 9.2 (CI 8.6/9.9, SE 0.334)
- **Disparity:** ÷ 1.239 (CI 1.000/1.559)

Black or African American, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 33.5 (CI 30.6/36.5, SE 1.491)
- **Disparity:** ÷ 4.513 (CI 1.000/5.700)

Average group rate excluding best group rate

- **Asthma deaths among adults (per million population, 35–64 years)**: 16.9 (SE 1.179)

- **Disparity:** ÷ 2.272 (CI 1.000/2.917)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Race and Ethnicity — 2013

- The best group rate for this objective, 7.4 deaths per million, was attained by Asian or Pacific Islander persons.
- The worst group rate for this objective, 33.5 deaths per million, was attained by Black or African American, not Hispanic or Latino persons.
- The absolute difference (or range) between the best and worst group rates was 26.1 deaths per million.
- The worst group rate was 4.513 times the best group rate.
- The average rate for all other race/ethnicity groups (excluding the best), 16.9 deaths per million, was 2.272 times the best group rate.

Detailed measures of health disparities by Race and Ethnicity — 2013

Asian or Pacific Islander persons achieved the best group rate for this objective, 7.4 deaths per million.

- The rate for the Hispanic or Latino population was <1.1 times the best group rate.
- The rate for the White, not Hispanic or Latino population was 1.239 times the best group rate.
- The rate for the Black or African American, not Hispanic or Latino population was 4.513 times the best group rate.

Disparities Details by Race and Ethnicity for 2016

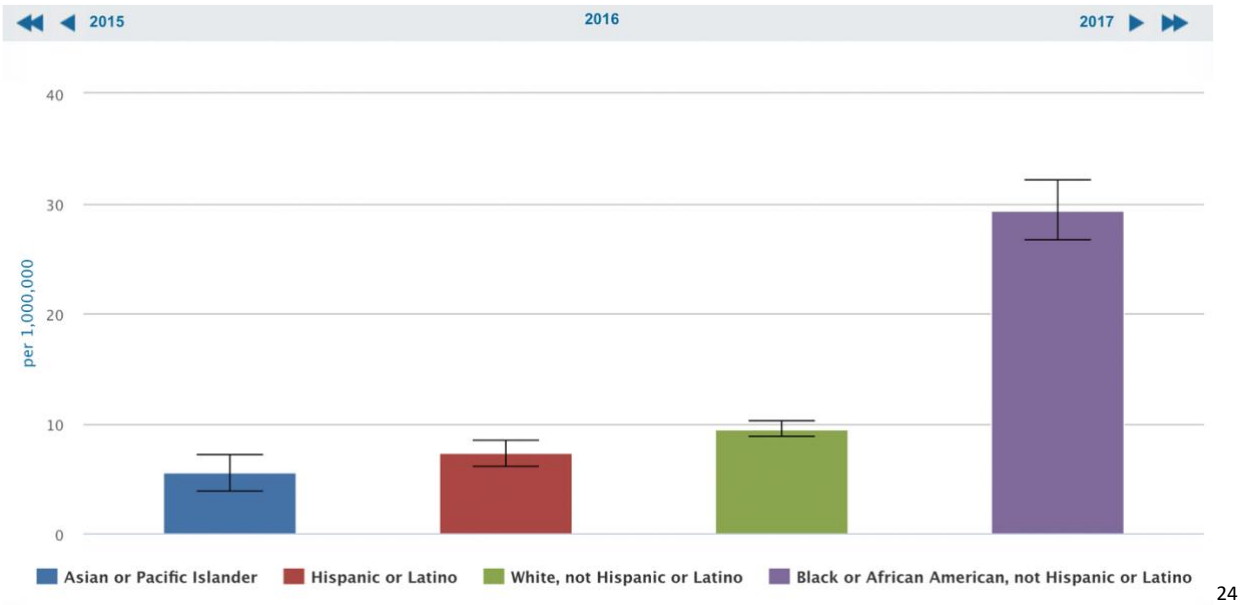
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population

2020 Baseline (year): 11.0 (2007) **2020**

Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[24]

This chart shows disparities by race and ethnicity for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2016. The data shows that in 2016, this many asthma deaths per million population of adults aged 35 to 64 years by race and ethnicity.

- 5.6 asthma deaths per million was attained by Asian or Pacific Islander persons aged 35 to 64 years in 2016. The confidence interval is 3.9 to 7.2, and the standard error is 0.830.
- 7.3 asthma deaths per million was attained by Hispanic or Latino persons aged 35 to 64 years in 2016. The confidence interval is 6.1 to 8.5, and the standard error is 0.612.
- 9.5 asthma deaths per million was attained by White, not Hispanic or Latino persons aged 35 to 64 years in 2016. The confidence interval is 8.8 to 10.2, and the standard error is 0.343.

[24] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 29.4 asthma deaths per million was attained by Black or African American, not Hispanic or Latino persons aged 35 to 64 years in 2016. The confidence interval is 26.7 to 32.1, and the standard error is 1.379.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Race and Ethnicity Data for 2016

Asian or Pacific Islander

- **Asthma deaths among adults (per million population, 35–64 years)**: 5.6 (CI 3.9/7.2, SE 0.830)
- **Disparity: ÷ 1.000** (Best rate)

Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 7.3 (CI 6.1/8.5, SE 0.612)
- **Disparity:** ÷ 1.306 (CI 1.000/1.730)

White, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 9.5 (CI 8.8/10.2, SE 0.343)
- **Disparity:** ÷ 1.711 (CI 1.000/2.201)

Black or African American, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 29.4 (CI 26.7/32.1, SE 1.379)
- **Disparity:** ÷ 5.285 (CI 1.000/6.834)

Average group rate excluding best group rate

- **Asthma deaths among adults (per million population, 35–64 years)**: 15.4 (SE 1.094)
- **Disparity:** ÷ 2.767 (CI 1.000/3.631)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Race and Ethnicity — 2016

- The best group rate for this objective, 5.6 deaths per million, was attained by Asian or Pacific Islander persons.
- The worst group rate for this objective, 29.4 deaths per million, was attained by Black or African American, not Hispanic or Latino persons.
- The absolute difference (or range) between the best and worst group rates was 23.9 deaths per million.
- The worst group rate was 5.285 times the best group rate.
- The average rate for all other race/ethnicity groups (excluding the best), 15.4 deaths per million, was 2.767 times the best group rate.

Detailed measures of health disparities by Race and Ethnicity — 2016

Asian or Pacific Islander persons achieved the best group rate for this objective, 5.6 deaths per million.

- The rate for the Hispanic or Latino population was 1.306 times the best group rate.
- The rate for the White, not Hispanic or Latino population was 1.711 times the best group rate.
- The rate for the Black or African American, not Hispanic or Latino population was 5.285 times the best group rate.

Disparities Details by Race and Ethnicity for 2017

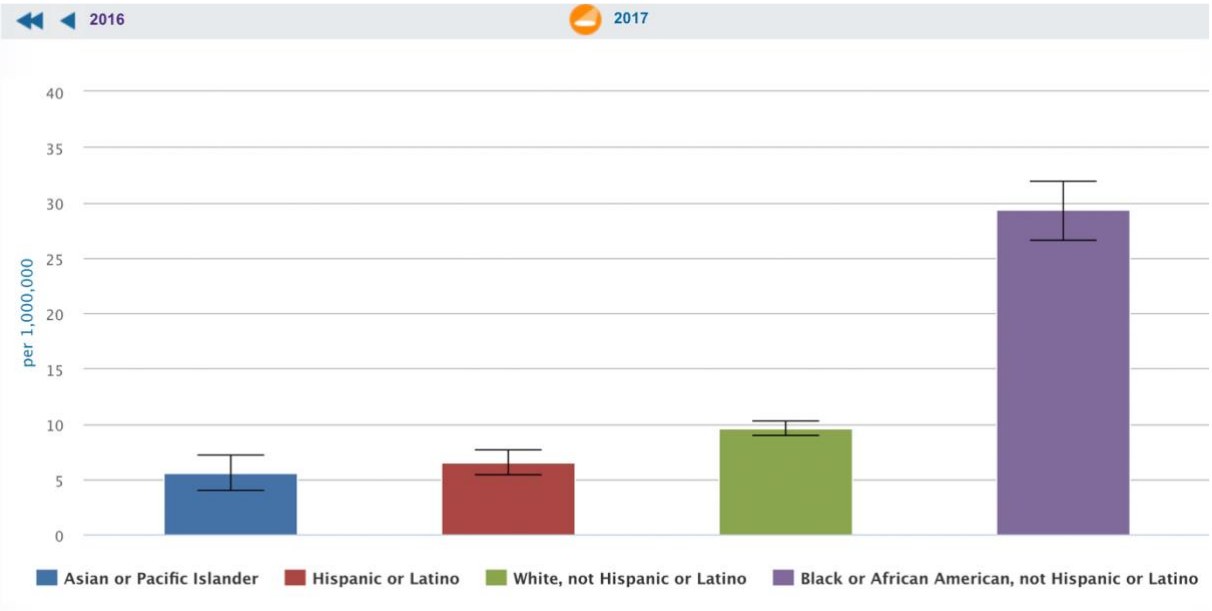
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[25]

This chart shows disparities by race and ethnicity for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2017. The data shows that in 2017, this many asthma deaths per million population of adults aged 35 to 64 years in 2017 by race and ethnicity.

- 5.6 asthma deaths per million was attained by Asian or Pacific Islander persons aged 35 to 64 years in 2017. The confidence interval is 4.0 to 7.2, and the standard error is 0.816.
- 6.5 asthma deaths per million was attained by Hispanic or Latino persons aged 35 to 64 years in 2017. The confidence interval is 5.4 to 7.6, and the standard error is 0.568.
- 9.6 asthma deaths per million was attained by White, not Hispanic or Latino persons aged 35 to 64 years in 2017. The confidence interval is 8.9 to 10.2, and the standard error is 0.345.

[25] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 29.3 asthma deaths per million was attained by Black or African American, not Hispanic or Latino persons aged 35 to 64 years in 2017. The confidence interval is 26.6 to 31.9, and the standard error is 1.369.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Race and Ethnicity Data for 2017

Asian or Pacific Islander

- **Asthma deaths among adults (per million population, 35–64 years)**: 5.6 (CI 4.0/7.2, SE 0.816)
- **Disparity: ÷ 1.000** (Best rate)

Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 6.5 (CI 5.4/7.6, SE 0.568)
- **Disparity:** ÷ 1.158 (CI 1.000/1.531)

White, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 9.6 (CI 8.9/10.2, SE 0.345)
- **Disparity:** ÷ 1.710 (CI 1.000/2.189)

Black or African American, not Hispanic or Latino

- **Asthma deaths among adults (per million population, 35–64 years)**: 29.3 (CI 26.6/31.9, SE 1.369)
- **Disparity:** ÷ 5.230 (CI 1.000/6.728)

Average group rate excluding best group rate

- **Asthma deaths among adults (per million population, 35–64 years)**: 15.1 (SE 1.076)
- **Disparity:** ÷ 2.699 (CI 1.000/3.525)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Race and Ethnicity — 2017

- The best group rate for this objective, 5.6 deaths per million, was attained by Asian or Pacific Islander persons.
- The worst group rate for this objective, 29.3 deaths per million, was attained by Black or African American, not Hispanic or Latino persons.
- The absolute difference (or range) between the best and worst group rates was 23.7 deaths per million.
- The worst group rate was 5.230 times the best group rate.
- The average rate for all other race/ethnicity groups (excluding the best), 15.1 deaths per million, was 2.699 times the best group rate.

Detailed measures of health disparities by Race and Ethnicity — 2017

Asian or Pacific Islander persons achieved the best group rate for this objective, 5.6 deaths per million.

- The rate for the Hispanic or Latino population was 1.158 times the best group rate.
- The rate for the White, not Hispanic or Latino population was 1.710 times the best group rate.
- The rate for the Black or African American, not Hispanic or Latino population was 5.230 times the best group rate.

Disparities Details by Age Group for 2007

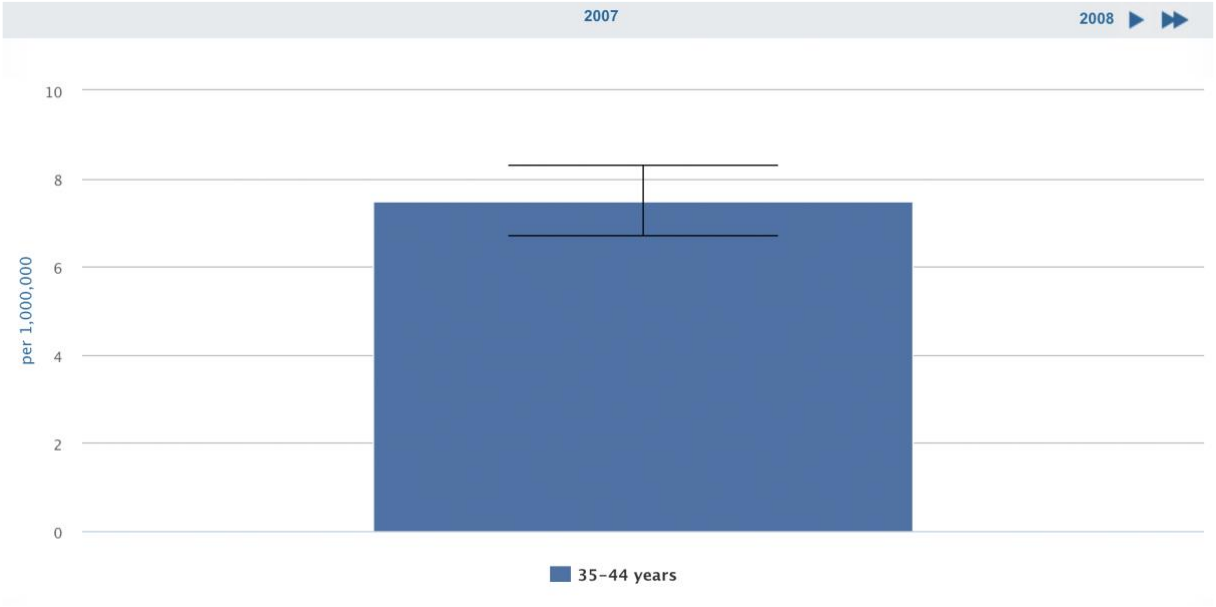
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007) **2020**

Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[26]

This chart shows disparities by age group for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years in 2007. The data shows that in 2007, this many asthma deaths per million population of adults aged 35 to 44 years by age group.

- 7.5 asthma deaths per million was attained by persons aged 35 to 44 years in 2007. The confidence interval is 6.7 to 8.3, and the standard error is 0.418.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

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[26] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Age Group Data for 2007

35-44 years

- **Asthma deaths among adults (per million population, 35–64 years)**: **7.5** (CI 6.7/8.3, SE 0.418)
- **Disparity: ÷ 1.000** (Best rate)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Age Group — 2007

- The better group rate for this objective, 7.5 deaths per million, was attained by persons aged 35-44 years.
- The worse group rate for this objective, 13.0 deaths per million, was attained by persons aged 45-64 years.
- The absolute difference (or range) between the best and worst group rates was 5.5 deaths per million.
- The worst group rate was 1.734 times the best group rate.

Detailed measures of health disparities by Age Group — 2007

Persons aged 35-44 years achieved the better group rate for this objective, 7.5 deaths per million.
The rate among persons aged 45-64 years was 1.734 times the better group rate.

Disparities Details by Age Group for 2008

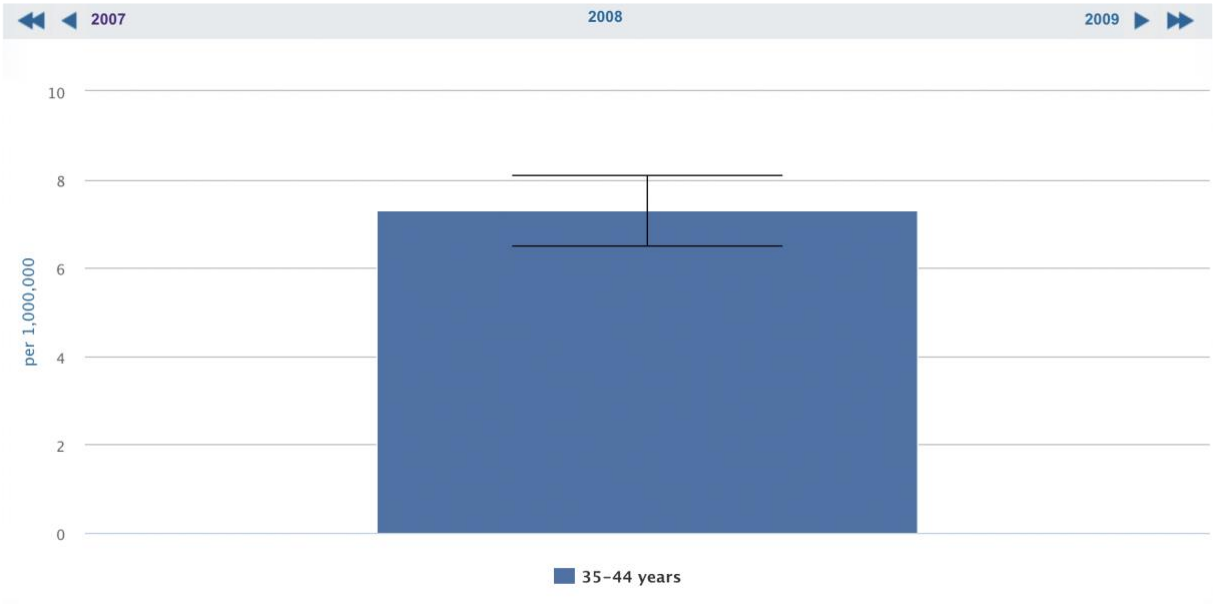
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[27]

This chart shows disparities by age group for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2008. The data shows that in 2008, this many asthma deaths per million population of adults aged 35 to 44 years by age group.

- 7.3 asthma deaths per million was attained by persons aged 35 to 44 years (age adjusted using the year 2000 standard population) in 2008. The confidence interval is 6.5 to 8.1, and the standard error is 0.416.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

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[27] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Age Group Data for 2008

35-44 years

- **Asthma deaths among adults (per million population, 35–64 years)**: 7.3 (CI 6.5/8.1, SE 0.416)
- **Disparity:** ÷ 1.000 (Best rate)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Age Group — 2008

- The better group rate for this objective, 7.3 deaths per million, was attained by persons aged 35-44 years.
- The worse group rate for this objective, 12.3 deaths per million, was attained by persons aged 45-64 years.
- The absolute difference (or range) between the best and worst group rates was 5.0 deaths per million.
- The worst group rate was 1.685 times the best group rate.

Detailed measures of health disparities by Age Group — 2008

Persons aged 35-44 years achieved the better group rate for this objective, 7.3 deaths per million.
The rate among persons aged 45-64 years was 1.685 times the better group rate.

Disparities Details by Age Group for 2009

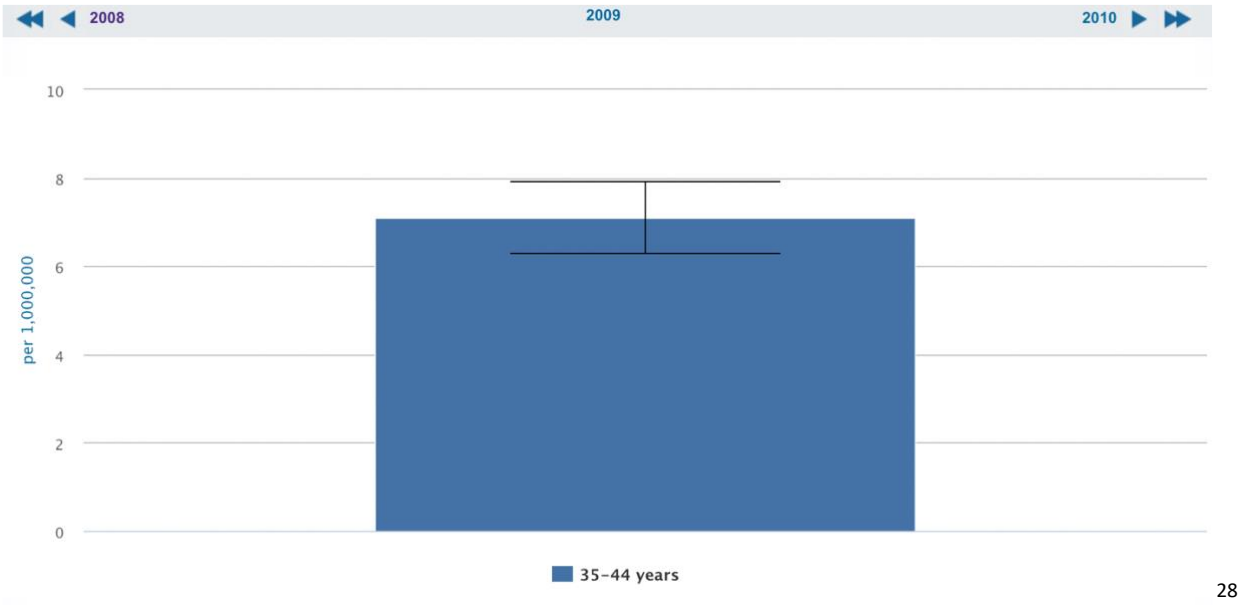
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[28]

This chart shows disparities by age group for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2009. The data shows that in 2009, this many asthma deaths per million population of adults aged 35 to 44 years by age group.

- 7.1 asthma deaths per million was attained by persons aged 35 to 44 years (in 2009. The confidence interval is 6.3 to 7.9, and the standard error is 0.414.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

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[28] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Age Group Data for 2009

35-44 years

- **Asthma deaths among adults (per million population, 35–64 years)**: 7.1 (CI 6.3/7.9, SE 0.414)
- **Disparity:** ÷ 1.000 (Best rate)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Age Group — 2009

- The better group rate for this objective, 7.1 deaths per million, was attained by persons aged 35-44 years.
- The worse group rate for this objective, 12.7 deaths per million, was attained by persons aged 45-64 years.
- The absolute difference (or range) between the best and worst group rates was 5.6 deaths per million.
- The worst group rate was 1.789 times the best group rate.

Detailed measures of health disparities by Age Group — 2009

Persons aged 35-44 years achieved the better group rate for this objective, 7.1 deaths per million.
The rate among persons aged 45-64 years was 1.789 times the better group rate.

Disparities Details by Age Group for 2010

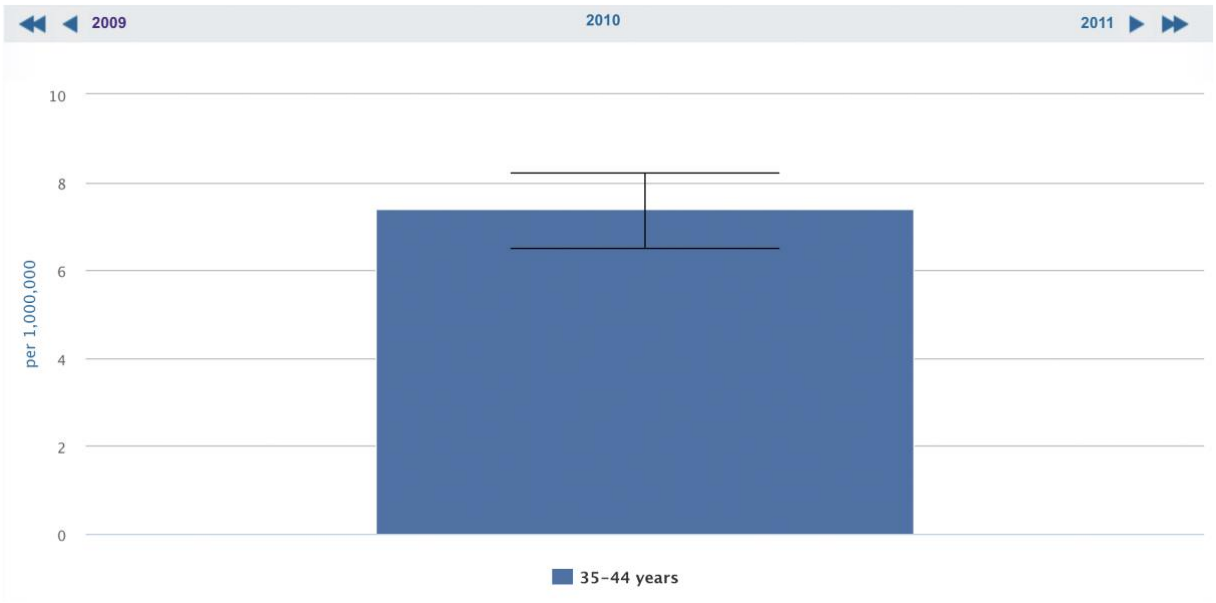
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007) **2020**

Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



29

This chart shows disparities by age group for the objective RD-1.2: Asthma deaths among adults aged 35 to 64 years (age adjusted using the year 2000 standard population) in 2010. The data shows asthma deaths per million population of adults aged 35 to 44 years (age adjusted using the year 2000 standard population) in 2010 by age group.

- 7.4 asthma deaths per million was attained by persons aged 35 to 44 years (age adjusted using the year 2000 standard population) in 2010. The confidence interval is 6.5 to 8.2, and the standard error is 0.424.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

[29] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Age Group Data for 2010

35-44 years

- **Asthma deaths among adults (per million population, 35–64 years)**: 7.4 (CI 6.5/8.2, SE 0.424)
- **Disparity:** ÷ 1.000 (Best rate)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Age Group — 2010

- The better group rate for this objective, 7.4 deaths per million, was attained by persons aged 35-44 years.
- The worse group rate for this objective, 13.3 deaths per million, was attained by persons aged 45-64 years.
- The absolute difference (or range) between the best and worst group rates was 5.9 deaths per million.
- The worst group rate was 1.803 times the best group rate.

Detailed measures of health disparities by Age Group — 2010

Persons aged 35-44 years achieved the better group rate for this objective, 7.4 deaths per million.
The rate among persons aged 45-64 years was 1.803 times the better group rate.

Disparities Details by Age Group for 2011

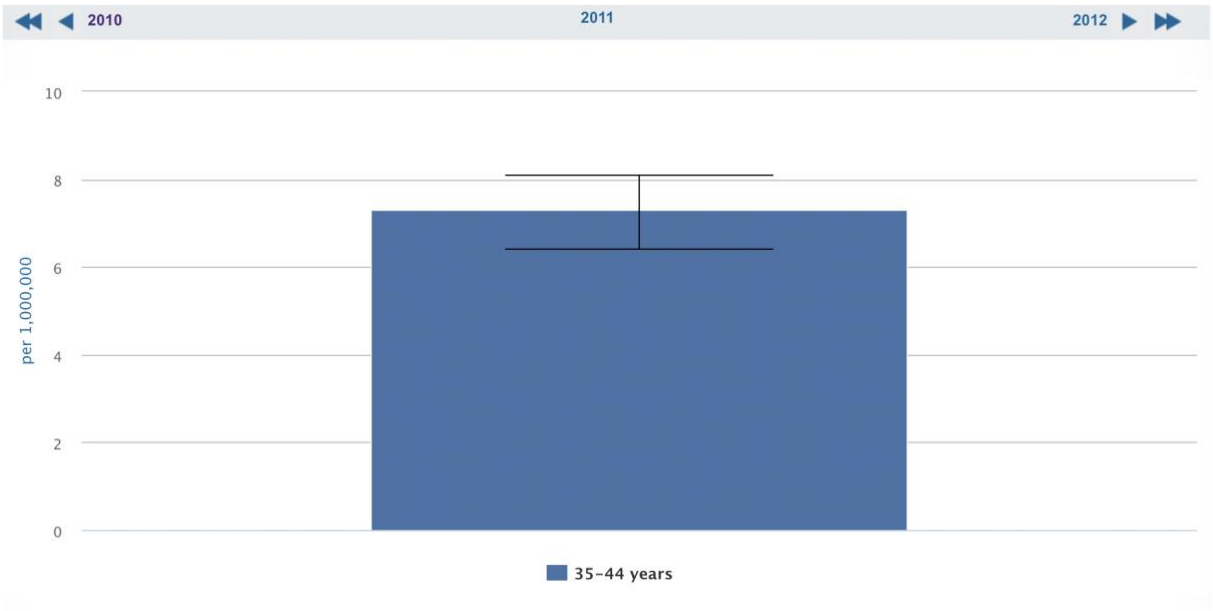
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[30]

This chart shows disparities by age group for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2011. The data shows asthma deaths per million population of adults aged 35 to 44 years (age adjusted using the year 2000 standard population) in 2011 by age group.

- 7.3 asthma deaths per million was attained by persons aged 35 to 44 years in 2011. The confidence interval is 6.4 to 8.1, and the standard error is 0.423.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

[30] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desire

Age Group Data for 2011

35-44 years

- **Asthma deaths among adults (per million population, 35–64 years)**: 7.3 (CI 6.4/8.1, SE 0.423)
- **Disparity:** ÷ 1.000 (Best rate)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Age Group — 2011

- The better group rate for this objective, 7.3 deaths per million, was attained by persons aged 35-44 years.
- The worse group rate for this objective, 12.5 deaths per million, was attained by persons aged 45-64 years.
- The absolute difference (or range) between the best and worst group rates was 5.3 deaths per million.
- The worst group rate was 1.727 times the best group rate.

Detailed measures of health disparities by Age Group — 2011

Persons aged 35-44 years achieved the better group rate for this objective, 7.3 deaths per million.
The rate among persons aged 45-64 years was 1.727 times the better group rate.

Disparities Details by Age Group for 2012

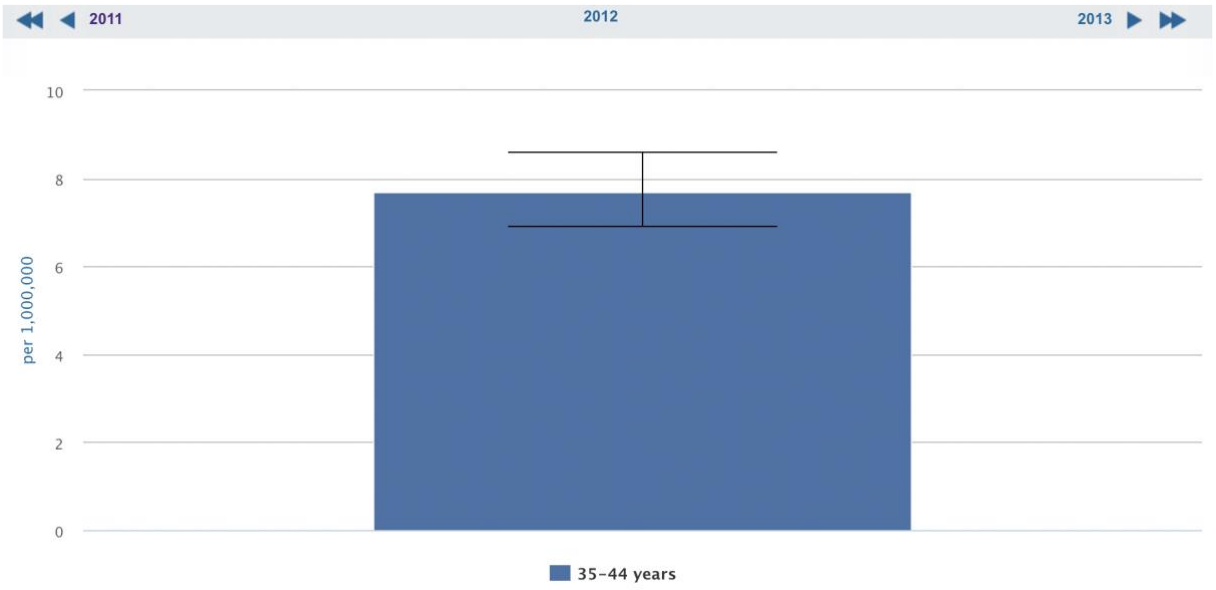
RD-1.2: Asthma deaths among adults (per million population, 35–64 years)

This chart compares rates by population.

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired



[31]

This chart shows disparities by age group for the objective RD-1.2: Reduce asthma deaths among adults aged 35 to 64 years old in 2012. The data shows that in 2012, this many asthma deaths per million population of adults aged 35 to 44 years by age group.

- 7.7 asthma deaths per million was attained by persons aged 35 to 44 years in 2012. The confidence interval is 6.9 to 8.6, and the standard error is 0.437.

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

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[31] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old

Asthma deaths among adults (per million population, 35–64 years)

2020 Baseline (year): 11.0 (2007)

2020 Target: 4.9 [1]

Desired Direction: ↓ Decrease Desired

Age Group Data for 2012

35-44 years

- **Asthma deaths among adults (per million population, 35–64 years)**: 7.7 (CI 6.9/8.6, SE 0.437)
- **Disparity:** ÷ 1.000 (Best rate)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Age Group — 2012

- The better group rate for this objective, 7.7 deaths per million, was attained by persons aged 35-44 years.
- The worse group rate for this objective, 13.9 deaths per million, was attained by persons aged 45-64 years.
- The absolute difference (or range) between the best and worst group rates was 6.2 deaths per million.
- The worst group rate was 1.796 times the best group rate.

Detailed measures of health disparities by Age Group — 2012

Persons aged 35-44 years achieved the better group rate for this objective, 7.7 deaths per million.
The rate among persons aged 45-64 years was 1.796 times the better group rate.

Disparities Details by Race and Ethnicity for 2005-07

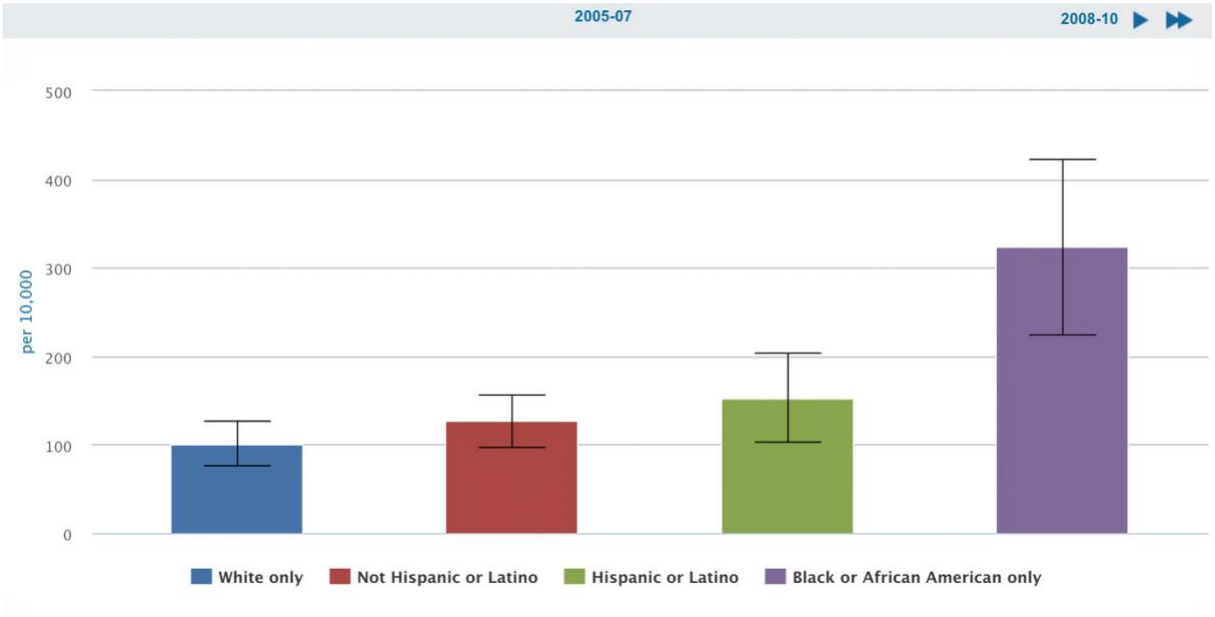
RD- 3.1: Emergency department visits for asthma among children (per 10,000 population, <5 years)

This chart compares rates by population.

2020 Baseline (year): 132.8 (2005–07)

2020 Target: 95.7 [1]

Desired Direction: ↓ Decrease Desired



[32]

This chart shows disparities by race and ethnicity for the objective RD-3.1: Reduce emergency department (ED) visits for asthma among children under age 5 years between the years 2005 and 2007. The data shows department visits for asthma among children under the age of 5 years per 10,000 population between the years 2005 and 2007.

- 100.9 emergency department visits for asthma per 10,000 was attained by White only persons under the age of 5 years between 2005 and 2007. The confidence interval is 75.7 to126.2, and the standard error is 12.873.
- 126.7 emergency department visits for asthma per 10,000 was attained by Not Hispanic or Latino persons under the age of 5 years between 2005 and 2007. The confidence interval is 97.2 to 156.3, and the standard error is 15.058.

[32] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 152.9 emergency department visits for asthma per 10,000 was attained by Hispanic or Latino persons under the age of 5 years between 2005 and 2007. The confidence interval is 102.1 to 203.7, and the standard error is 25.931.
- 323.4 emergency department visits for asthma per 10,000 was attained by Black or African American only persons under the age of 5 years between 2005 and 2007. The confidence interval is 224.2 to 422.6, and the standard error is 50.613.

Data Source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS; Population Estimates, Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-3.1 Reduce emergency department (ED) visits for asthma among children under age 5 years

Emergency department visits for asthma among children (per 10,000 population, <5 years)

2020 Baseline (year): 132.8 (2005–07)

2020 Target: 95.7[1]

Desired Direction: ↓ Decrease Desired

Race and Ethnicity Data for 2005-07

White only

- **Emergency department visits for asthma among children (per 10,000 population, <5 years)**: 100.9 (CI 75.7/126.2, SE 12.873)
- **Disparity:** ÷ 1.000 (Best rate)

Not Hispanic or Latino

- **Emergency department visits for asthma among children (per 10,000 population, <5 years)**: 126.7 (CI 97.2/156.3, SE 15.058)
- **Disparity:** ÷ 1.256 (CI 1.000/1.673)

Hispanic or Latino

- **Emergency department visits for asthma among children (per 10,000 population, <5 years)**: 152.9 (CI 102.1/203.7, SE 25.931)
- **Disparity:** ÷ 1.515 (CI 1.000/2.147)

Black or African American only

- **Emergency department visits for asthma among children (per 10,000 population, <5 years)**: 323.4 (CI 224.2/422.6, SE 50.613)
- **Disparity:** ÷ 3.204 (CI 1.000/4.466)

Average group rate excluding best group rate

- **Emergency department visits for asthma among children (per 10,000 population, <5 years)**: 201.0 (SE 41.598)
- **Disparity:** ÷ 1.991 (CI 1.000/2.970)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Race and Ethnicity — 2005-07

- The best group rate for this objective, 100.9 ED visits per 10,000, was attained by White only persons.
- The worst group rate for this objective, 323.4 ED visits per 10,000, was attained by Black or African American only persons.
- The absolute difference (or range) between the best and worst group rates was 222.4 ED visits per 10,000.
- The worst group rate was 3.204 times the best group rate.
- The average rate for all other race/ethnicity groups (excluding the best), 201.0 ED visits per 10,000, was 1.991 times the best group rate.

Detailed measures of health disparities by Race and Ethnicity — 2005-07

White only persons achieved the best group rate for this objective, 100.9 ED visits per 10,000.

- The rate for the Not Hispanic or Latino population was 1.256 times the best group rate.
- The rate for the Hispanic or Latino population was 1.515 times the best group rate.
- The rate for the Black or African American only population was 3.204 times the best group rate.

Disparities Details by Race and Ethnicity for 2008-10

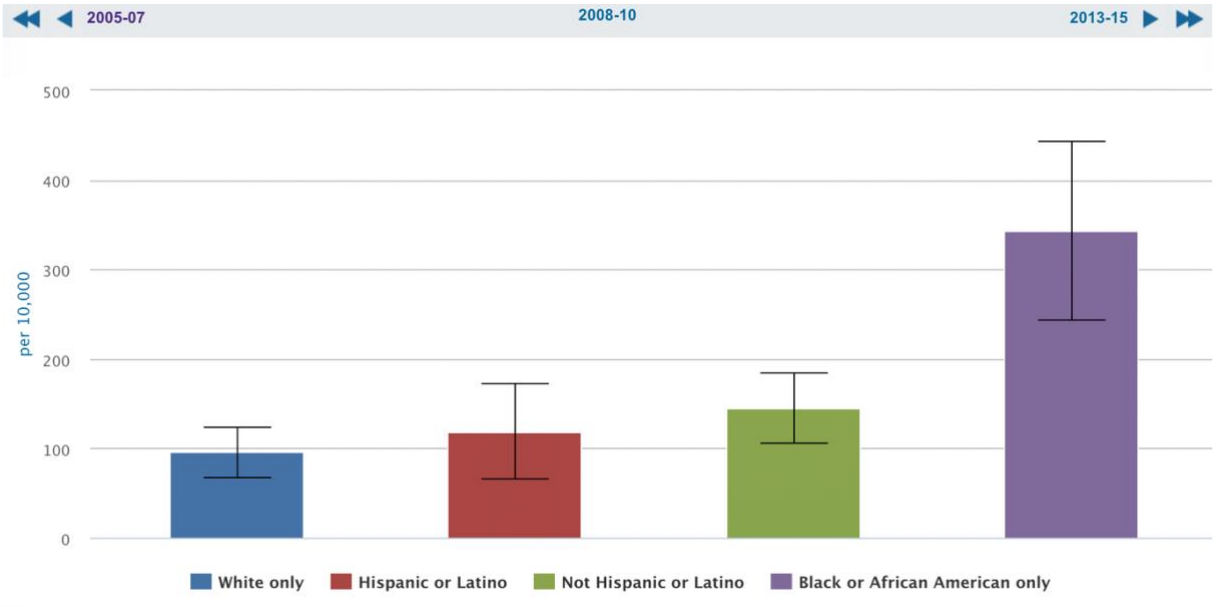
RD-3.1: Emergency department visits for asthma among children (per 10,000 population, <5 years)

This chart compares rates by population.

2020 Baseline (year): 132.8 (2005–07)

2020 Target: 95.7[1]

Desired Direction: ↓ Decrease Desired



[33]

This chart shows disparities by race and ethnicity for the objective RD-3.1: Reduce emergency department (ED) visits for asthma among children under age 5 years between the years 2008 and 2010. The data shows department visits for asthma among children under the age of 5 years per 10,000 population between the years 2008 and 2010.

- 95.8 emergency department visits for asthma per 10,000 was attained by White only persons under the age of 5 years between 2008 and 2010. The confidence interval is 67.6 to 124.0, and the standard error is 14.383.
- 145.0 emergency department visits for asthma per 10,000 was attained by Not Hispanic or Latino persons under the age of 5 years between 2008 and 2010. The confidence interval is 106.5 to 183.5, and the standard error is 19.636.

[33] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

- 119.0 emergency department visits for asthma per 10,000 was attained by Hispanic or Latino persons under the age of 5 years between 2008 and 2010. The confidence interval is 66.1 to 171.9, and the standard error is 27.004.
- 343.2 emergency department visits for asthma per 10,000 was attained by Black or African American only persons under the age of 5 years between 2008 and 2010. The confidence interval is 243.6 to 442.8, and the standard error is 50.827.

Data Source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS; Population Estimates, Census

Error Bar (I) represents the 95% confidence interval.
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

RD-3.1 Reduce emergency department (ED) visits for asthma among children under age 5 years

Emergency department visits for asthma among children (per 10,000 population, <5 years)

2020 Baseline (year): 132.8 (2005–07)

2020 Target: 95.7[1]

Desired Direction: ↓ Decrease Desired

Race and Ethnicity Data for 2008-10

White only

- **Emergency department visits for asthma among children (per 10,000 population, <5 years)**: **95.8** (CI 67.6/124.0, SE 14.383)
- **Disparity:** ÷ 1.000 (Best rate)

Not Hispanic or Latino

- **Emergency department visits for asthma among children (per 10,000 population, <5 years)**: **145.0** (CI 106.5/183.5, SE 19.636)
- **Disparity: ÷ 1.513** (CI 1.000/2.110)

Hispanic or Latino

- **Emergency department visits for asthma among children (per 10,000 population, <5 years)**: **119.0** (CI 66.1/171.9, SE 27.004)
- **Disparity: ÷ 1.242** (CI 1.000/1.943)

Black or African American only

- **Emergency department visits for asthma among children (per 10,000 population, <5 years)**: **343.2** (CI 243.6/442.8, SE 50.827)
- **Disparity: ÷ 3.582** (CI 1.000/5.067)

Average group rate excluding best group rate

- **Emergency department visits for asthma among children (per 10,000 population, <5 years)**: **202.4** (SE 43.001)
- **Disparity: ÷ 2.112** (CI 1.000/3.241)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Race and Ethnicity — 2008-10

- The best group rate for this objective, 95.8 ED visits per 10,000, was attained by White only persons.
- The worst group rate for this objective, 343.2 ED visits per 10,000, was attained by Black or African American only persons.
- The absolute difference (or range) between the best and worst group rates was 247.4 ED visits per 10,000.
- The worst group rate was 3.582 times the best group rate.
- The average rate for all other race/ethnicity groups (excluding the best), 202.4 ED visits per 10,000, was 2.112 times the best group rate.

Detailed measures of health disparities by Race and Ethnicity — 2008-10

White only persons achieved the best group rate for this objective, 95.8 ED visits per 10,000.

- The rate for the Hispanic or Latino population was 1.242 times the best group rate.
- The rate for the Not Hispanic or Latino population was 1.513 times the best group rate.
- The rate for the Black or African American only population was 3.582 times the best group rate.

Disparities Details by Geographic Location for 2014

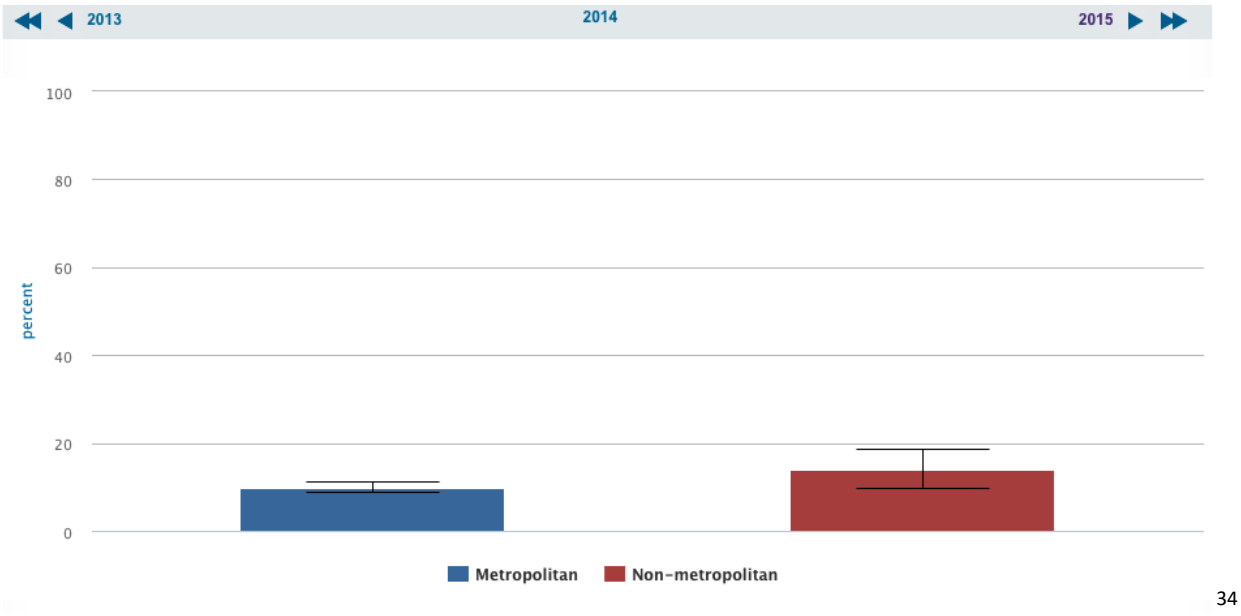
RD-4: Activity limitations among persons with asthma (age adjusted, percent)

This chart compares rates by population.

2020 Baseline (year): 12.7 (2008)

2020 Target: 10.3 [1]

Desired Direction: ↓ Decrease Desired



[34]

This chart shows disparities by geographic location for the objective RD-4: Reduce activity limitations among persons with asthma in 2014. The data shows that in 2014, this percent of activity limitations among persons with asthma by geographic location.

- 9.9 percent of activity limitations were among persons with asthma (age adjusted using the year 2000 standard population) living in a metropolitan area in 2014. The confidence interval is 8.7 to 11.2, and the standard error is 0.642.
- 14.0 percent of activity limitations were among persons with asthma (age adjusted using the year 2000 standard population) living in a non-metropolitan area in 2014. The confidence interval is 9.5 to 18.5, and the standard error is 2.281.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Error Bar (I) represents the 95% confidence interval.

[34] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

RD-4 Reduce activity limitations among persons with current asthma

Activity limitations among persons with asthma (age adjusted, percent)
2020 Baseline (year): 12.7 (2008)

2020 Target: 10.3[1]

Desired Direction: ↓ Decrease Desired

Geographic Location Data for 2014

Metropolitan

- **Activity limitations among persons with asthma (age adjusted, percent):** 9.9 (CI 8.7/11.2, SE 0.642)
- **Disparity:** ÷ 1.000 (Best rate)

Non-metropolitan

- **Activity limitations among persons with asthma (age adjusted, percent):** 14.0 (CI 9.5/18.5, SE 2.281)
- **Disparity:** ÷ 1.410 (CI 1.000/ 1.882)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Geographic Location — 2014

- The better group rate for this objective, 9.9% (age adjusted), was attained by persons living in a metropolitan area.
- The worse group rate for this objective, 14.0% (age adjusted), was attained by persons living in a non-metropolitan area.
- The absolute difference (or range) between the best and worst group rates was 4.1 percentage points.
- The worst group rate was 1.410 times the best group rate.

Detailed measures of health disparities by Geographic Location — 2014

Persons living in a metropolitan area achieved the better group rate for this objective, 9.9% (age adjusted).
The rate among persons living in a non-metropolitan area was 1.410 times the better group rate.

Disparities Details by Geographic Location for 2015

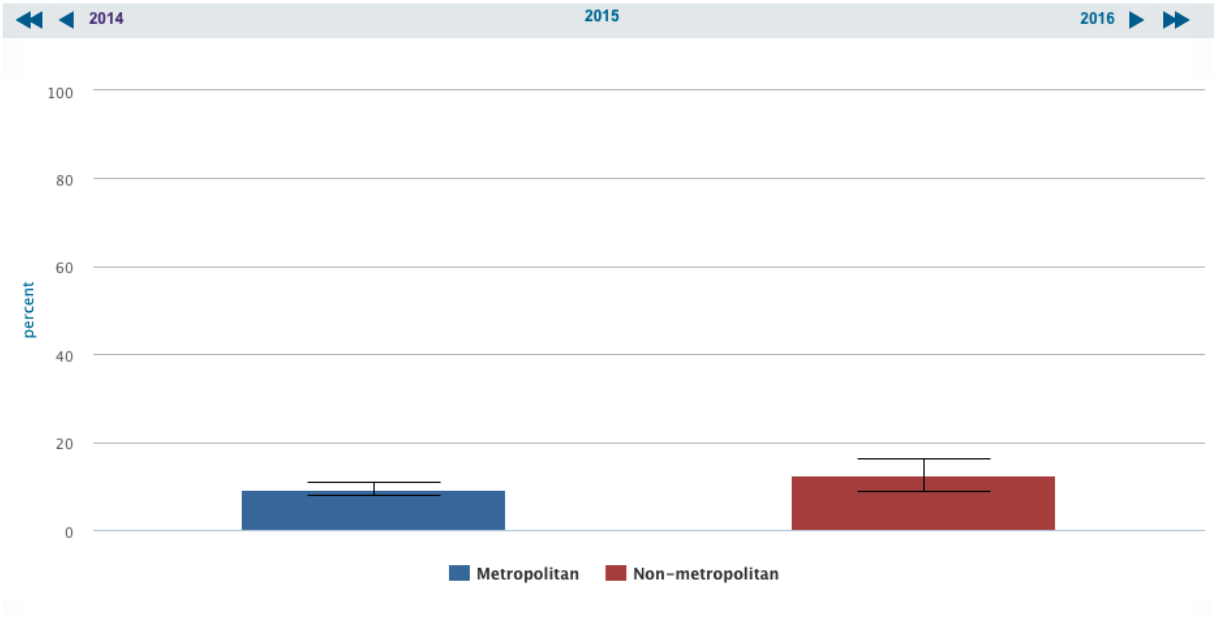
RD-4: Activity limitations among persons with asthma (age adjusted, percent)

This chart compares rates by population.

2020 Baseline (year): 12.7 (2008)

2020 Target: 10.3[1]

Desired Direction: ↓ Decrease Desired



[35]

This chart shows disparities by geographic location for the objective RD-4: Reduce activity limitations among persons with asthma in 2015. The data shows that in 2015, this percent of activity limitations among persons with asthma by geographic location.

- 9.3 percent of activity limitations were among persons with asthma living (age adjusted using the year 2000 standard population) in a metropolitan area in 2015. The confidence interval is 7.9 to 10.8, and the standard error is 0.745.
- 12.6 percent of activity limitations were among persons with asthma (age adjusted using the year 2000 standard population) living in a non-metropolitan area in 2015. The confidence interval is 8.9 to 16.3, and the standard error is 1.887.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

[35] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Error Bar (I) represents the 95% confidence interval.

RD-4 Reduce activity limitations among persons with current asthma

Activity limitations among persons with asthma (age adjusted, percent)

2020 Baseline (year): 12.7 (2008)

2020 Target: 10.3[1]

Desired Direction: ↓ Decrease Desired

Geographic Location Data for 2015

Metropolitan

- **Activity limitations among persons with asthma (age adjusted, percent):** 9.3 (CI 7.9/10.8, SE 0.745)
- **Disparity:** ÷ 1.000 (Best rate)

Non-metropolitan

- **Activity limitations among persons with asthma (age adjusted, percent):** 12.6 (CI 8.9/16.3, SE 1.887)
- **Disparity:** ÷ 1.347 (CI 1.000/ 1.783)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Geographic Location — 2015

- The better group rate for this objective, 9.3% (age adjusted), was attained by persons living in a metropolitan area.
- The worse group rate for this objective, 12.6% (age adjusted), was attained by persons living in a non-metropolitan area.
- The absolute difference (or range) between the best and worst group rates was 3.2 percentage points.
- The worst group rate was 1.347 times the best group rate.

Detailed measures of health disparities by Geographic Location — 2015

Persons living in a metropolitan area achieved the better group rate for this objective, 9.3% (age adjusted).
The rate among persons living in a non-metropolitan area was 1.347 times the better group rate.

Disparities Details by Geographic Location for 2016

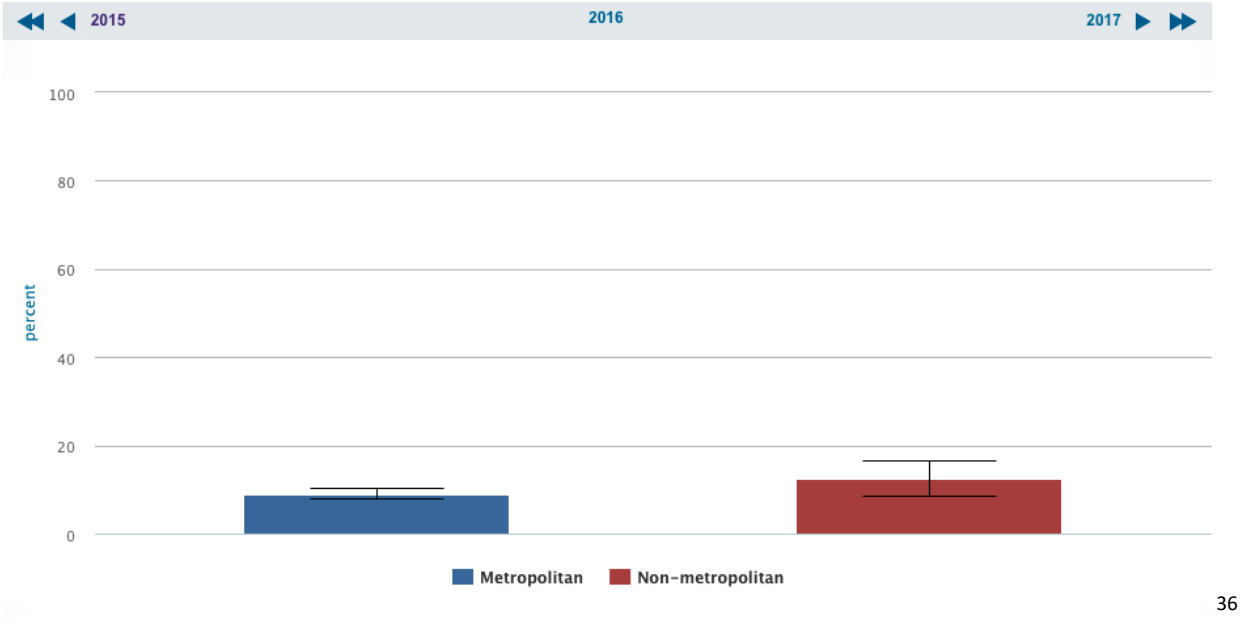
RD-4: Activity limitations among persons with asthma (age adjusted, percent)

This chart compares rates by population.

2020 Baseline (year): 12.7 (2008)

2020 Target: 10.3[1]

Desired Direction: ↓ Decrease Desired



[36]

This chart shows disparities by geographic location for the objective RD-4: Reduce activity limitations among persons with asthma in 2016. The data shows that in 2016, this percent of activity limitations among persons with asthma by geographic location.

- 9.0 percent of activity limitations were among persons with asthma (age adjusted using the year 2000 standard population) living in a metropolitan area in 2016. The confidence interval is 7.8 to 10.2, and the standard error is 0.619.
- 12.5 percent of activity limitations were among persons with asthma (age adjusted using the year 2000 standard population) living in a non-metropolitan area in 2016. The confidence interval is 8.6 to 16.4, and the standard error is 2.000.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

[36] Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Error Bar (I) represents the 95% confidence interval.

RD-4 Reduce activity limitations among persons with current asthma

Activity limitations among persons with asthma (age adjusted, percent)

2020 Baseline (year): 12.7 (2008)

2020 Target: 10.3[1]

Desired Direction: ↓ Decrease Desired

Geographic Location Data for 2016

Metropolitan

- **Activity limitations among persons with asthma (age adjusted, percent):** 9.0 (CI 7.8/10.2, SE 0.619)
- **Disparity:** ÷ 1.000 (Best rate)

Non-metropolitan

- **Activity limitations among persons with asthma (age adjusted, percent):** 12.5 (CI 8.6/16.4, SE 2.000)
- **Disparity:** ÷ 1.392 (CI 1.000/1.854)

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data are not available or not collected for populations not shown.
CI: 95% confidence interval.

Summary measures of health disparities by Geographic Location — 2016

- The better group rate for this objective, 9.0% (age adjusted), was attained by persons living in a metropolitan area.
- The worse group rate for this objective, 12.5% (age adjusted), was attained by persons living in a non-metropolitan area.
- The absolute difference (or range) between the best and worst group rates was 3.5 percentage points.
- The worst group rate was 1.392 times the best group rate.

Detailed measures of health disparities by Geographic Location — 2016

Persons living in a metropolitan area achieved the better group rate for this objective, 9.0% (age adjusted).
The rate among persons living in a non-metropolitan area was 1.392 times the better group rate.

Disparities Overview by Race and Ethnicity

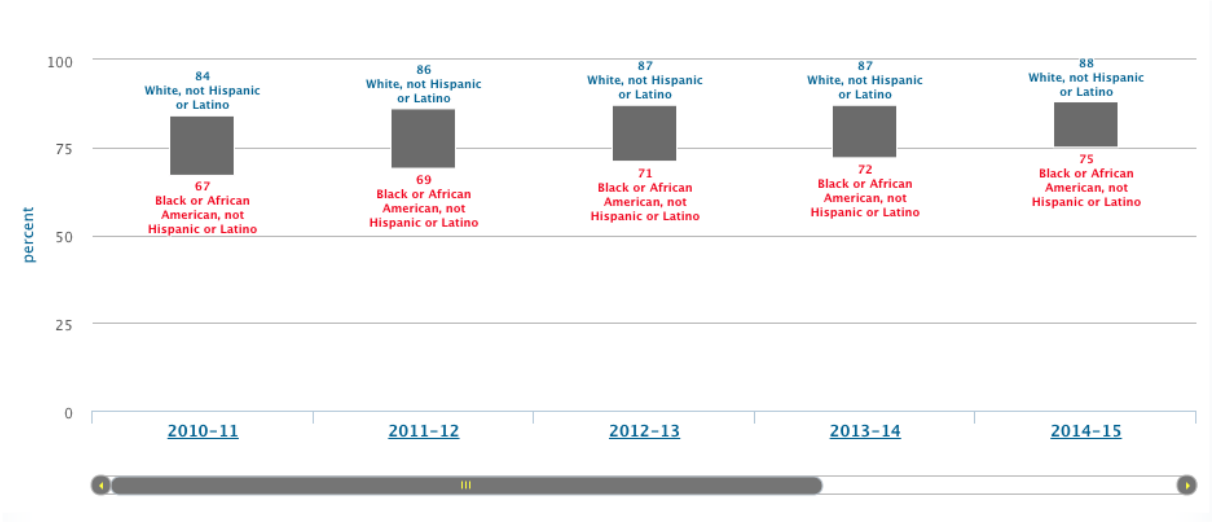
AH-5.1: Students graduating from high school within 4 years of starting 9th grade (percent)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 79 (2010–11)

2020 Target: 87[1]

Desired Direction: ↑ Increase Desired



[2], [3], [4]

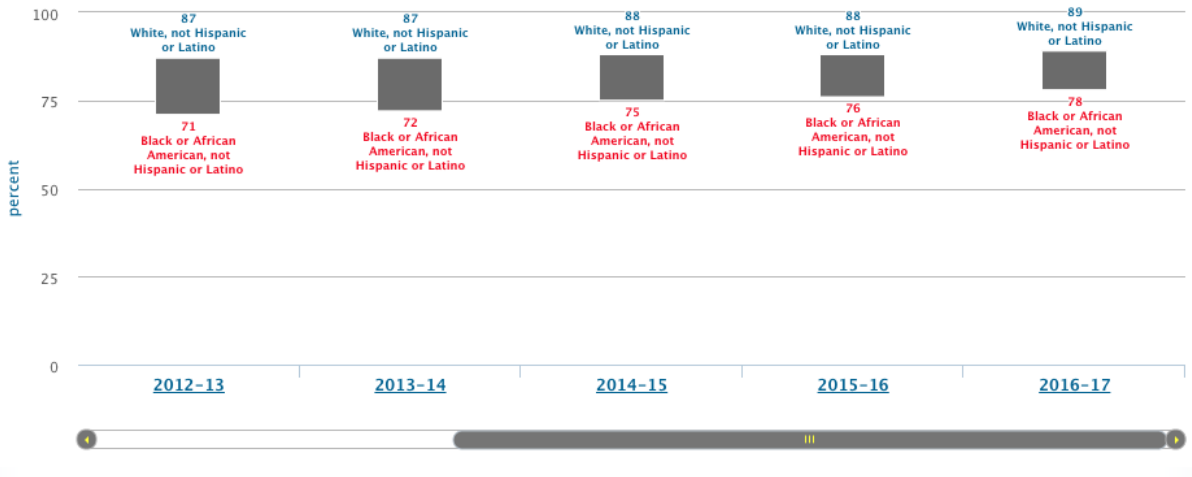
This first chart shows disparities by race and ethnicity for the populations with the highest and lowest values for the objective AH-5.1: Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade. The chart shows the percent of students that graduated from high school within four years of starting ninth grade each year from 2010 to 2015.

- From 2010 to 2011, 67 percent of Black or African American, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade and 84 percent of White, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade.
- From 2011 to 2012, 69 percent of Black or African American, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade and 86

[2] Baseline has been revised. See Data Details for more information.
[3] Data were imputed for Idaho, Kentucky, and Oklahoma.
[4] Data were imputed for Idaho.

percent of White, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade.

- From 2012 to 2013, 71 percent of Black or African American, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade and 87 percent of White, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade.
- From 2013 to 2014, 72 percent of Black or African American, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade and 87 percent of White, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade.
- From 2014 to 2015, 75 percent of Black or African American, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade and 88 percent of White, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade.



[2], [3], [4]

This second chart also shows disparities by race and ethnicity for the populations with the highest and lowest values for the objective AH-5.1: Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade. This second chart shows the percent of students that graduated from high school within four years of starting ninth grade each year from 2012 to 2017.

- From 2012 to 2013, 71 percent of Black or African American, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade and 87 percent of White, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade.

[2] Baseline has been revised. See Data Details for more information.
[3] Data were imputed for Idaho, Kentucky, and Oklahoma.
[4] Data were imputed for Idaho.

- From 2013 to 2014, 72 percent of Black or African American, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade and 87 percent of White, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade.
- From 2014 to 2015, 75 percent of Black or African American, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade and 88 percent of White, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade.
- From 2015 to 2016, 76 percent of Black or African American, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade and 88 percent of White, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade.
- From 2016 to 2017, 78 percent of Black or African American, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade and 89 percent of White, not Hispanic or Latino students graduated from high school within 4 years of starting ninth grade.

Data Source: Common Core of Data (CCD), ED/NCES

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Family Type

C-16: Adults receiving colorectal cancer screening based on the most recent guidelines (age-adjusted, percent, 50–75 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 52.1 (2008)

2020 Target: 70.5

Desired Direction: ↑ Increase Desired

5

This chart shows disparities by family type for the populations with the highest and lowest values for the objective C-16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines. The chart shows the percent of adults received colorectal cancer screening based on the most recent guidelines from 2008 to 2018.

- In 2008, 39.4 percent of adults aged 50 to 75 years (age adjusted using the year 2000 standard population) who identify their family type as a two parent family with children received a colorectal cancer screening based on the most recent guidelines and 58.4 percent of adults aged 50 to 75 years (age adjusted using the year 2000 standard population) who identify their family type as a single parent with children received a colorectal cancer screening based on the most recent guidelines.

[5] Baseline has been revised. See Data Details for more information. Data are subject to revision and may have changed since a previous release.

- In 2010, 49.3 percent of adults aged 50 to 75 years (age adjusted using the year 2000 standard population) who identify their family type as a two parent family with children received a colorectal cancer screening based on the most recent guidelines and 65.6 percent of adults aged 50 to 75 years (age adjusted using the year 2000 standard population) who identify their family type as a married couple or partners received a colorectal cancer screening based on the most recent guidelines.
- In 2013, 40.9 percent of adults aged 50 to 75 years (age adjusted using the year 2000 standard population) who identify their family type as a single parent with children received a colorectal cancer screening based on the most recent guidelines and 64.4 percent of adults aged 50 to 75 years (age adjusted using the year 2000 standard population) who identify their family type as a married couple or partners received a colorectal cancer screening based on the most recent guidelines.
- In 2015, 42.4 percent of adults aged 50 to 75 years (age adjusted using the year 2000 standard population) who identify their family type as a single parent with children received a colorectal cancer screening based on the most recent guidelines and 69.5 percent of adults aged 50 to 75 years (age adjusted using the year 2000 standard population) who identify their family type as a married couple or partners received a colorectal cancer screening based on the most recent guidelines.
- In 2018, 56.5 percent of adults aged 50 to 75 years (age adjusted using the year 2000 standard population) who identify their family type as a single parent with children received a colorectal cancer screening based on the most recent guidelines and 72.9 percent of adults aged 50 to 75 years (age adjusted using the year 2000 standard population) who identify their family type as a married couple or partners received a colorectal cancer screening based on the most recent guidelines.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Age Group

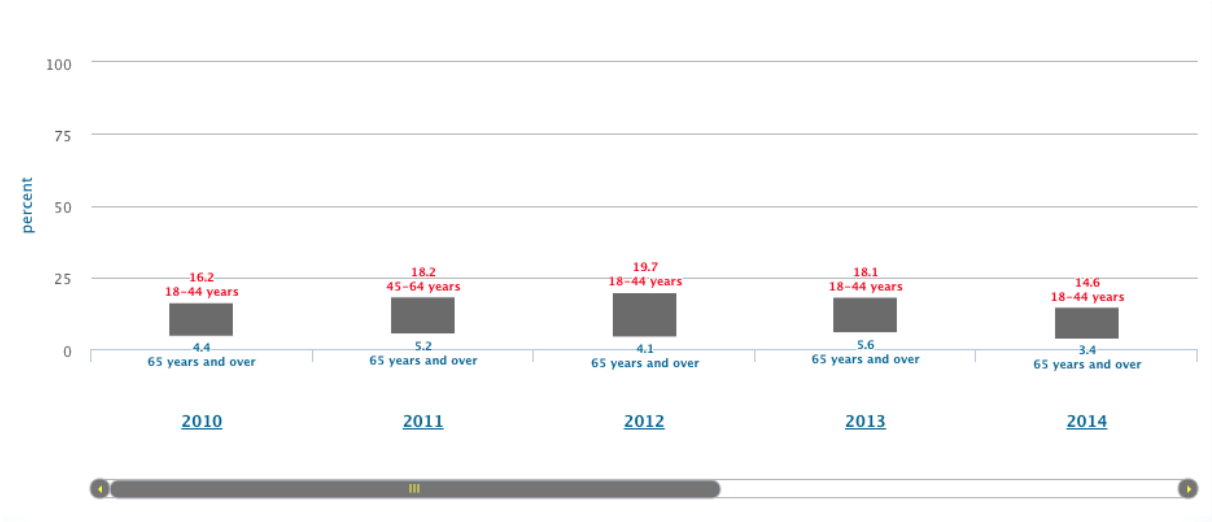
DH-18: Serious psychological distress (age adjusted, percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 14.4 (2010)

2020 Target: 13.0

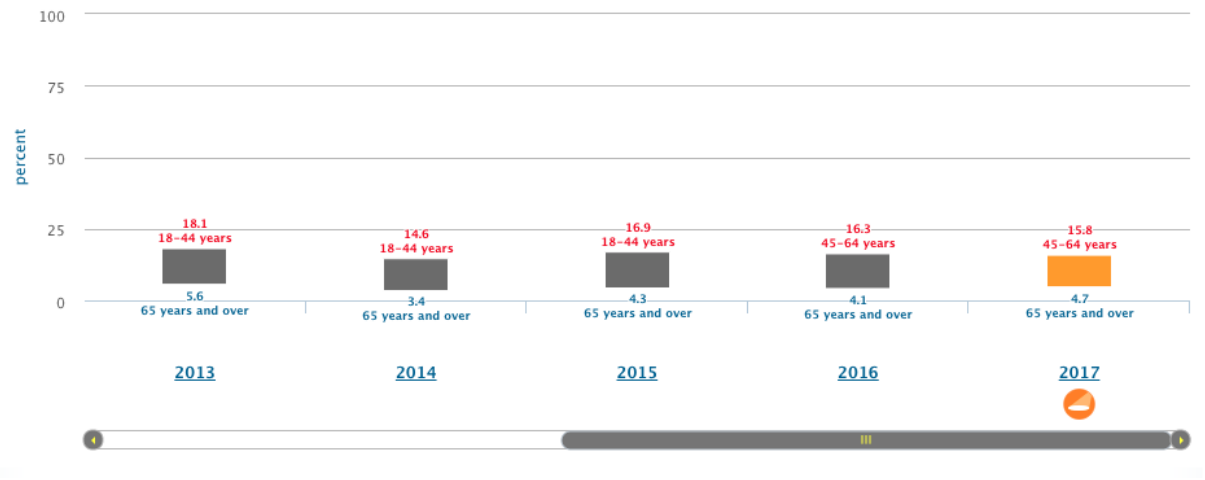
Desired Direction: ↓ Decrease Desired



This first chart shows disparities by age group for the populations with the highest and lowest values for the objective DH-18: Reduce the proportion of adults with disabilities aged 18 and older who experience serious psychological distress. The chart shows the percent of adults with disabilities aged 18 and older experienced serious psychological distress from 2010 to 2014.

- In 2010, 4.4 percent of adults with disabilities aged 65 years and over (age adjusted using the year 2000 standard population) experienced serious psychological distress and 16.2 percent of adults with disabilities aged 18 to 44 years (age adjusted using the year 2000 standard population) experienced serious psychological distress.
- In 2011, 5.2 percent of adults with disabilities aged 65 years and over (age adjusted using the year 2000 standard population) experienced serious psychological distress and 18.2 percent of adults with disabilities aged 45 to 64 years (age adjusted using the year 2000 standard population) experienced serious psychological distress.
- In 2012, 4.1 percent of adults with disabilities aged 65 years and over (age adjusted using the year 2000 standard population) experienced serious psychological distress and 19.7 percent of adults with disabilities aged 18 to 44 years (age adjusted using the year 2000 standard population) experienced serious psychological distress.

- In 2013, 5.6 percent of adults with disabilities aged 65 years and over (age adjusted using the year 2000 standard population) experienced serious psychological distress and 18.1 percent of adults with disabilities aged 18 to 44 years (age adjusted using the year 2000 standard population) experienced serious psychological distress.
- In 2014, 3.4 percent of adults with disabilities aged 65 years and over (age adjusted using the year 2000 standard population) experienced serious psychological distress and 14.6 percent of adults with disabilities aged 18 to 44 years (age adjusted using the year 2000 standard population) experienced serious psychological distress.



This second chart also shows disparities by age group for the populations with the highest and lowest values for the objective DH-18: Reduce the proportion of adults with disabilities aged 18 and older who experience serious psychological distress. The chart shows the percent of adults with disabilities aged 18 and older experienced serious psychological distress from 2013 to 2017.

- In 2013, 5.6 percent of adults with disabilities aged 65 years and over (age adjusted using the year 2000 standard population) experienced serious psychological distress and 18.1 percent of adults with disabilities aged 18 to 44 years (age adjusted using the year 2000 standard population) experienced serious psychological distress.
- In 2014, 3.4 percent of adults with disabilities aged 65 years and over (age adjusted using the year 2000 standard population) experienced serious psychological distress and 14.6 percent of adults with disabilities aged 18 to 44 years (age adjusted using the year 2000 standard population) experienced serious psychological distress.
- In 2015, 4.3 percent of adults with disabilities aged 65 years and over (age adjusted using the year 2000 standard population) experienced serious psychological distress and 16.9 percent of adults with disabilities aged 18 to 44 years (age adjusted using the year 2000 standard population) experienced serious psychological distress.
- In 2016, 4.1 percent of adults with disabilities aged 65 years and over (age adjusted using the year 2000 standard population) experienced serious psychological distress and

16.3 percent of adults with disabilities aged 45 to 64 years (age adjusted using the year 2000 standard population) experienced serious psychological distress.

- In 2017, 4.7 percent of adults with disabilities aged 65 years and older (age adjusted using the year 2000 standard population) experienced serious psychological distress and 15.8 percent of adults with disabilities aged 45 to 64 years (age adjusted using the year 2000 standard population) experienced serious psychological distress.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Health Insurance Status

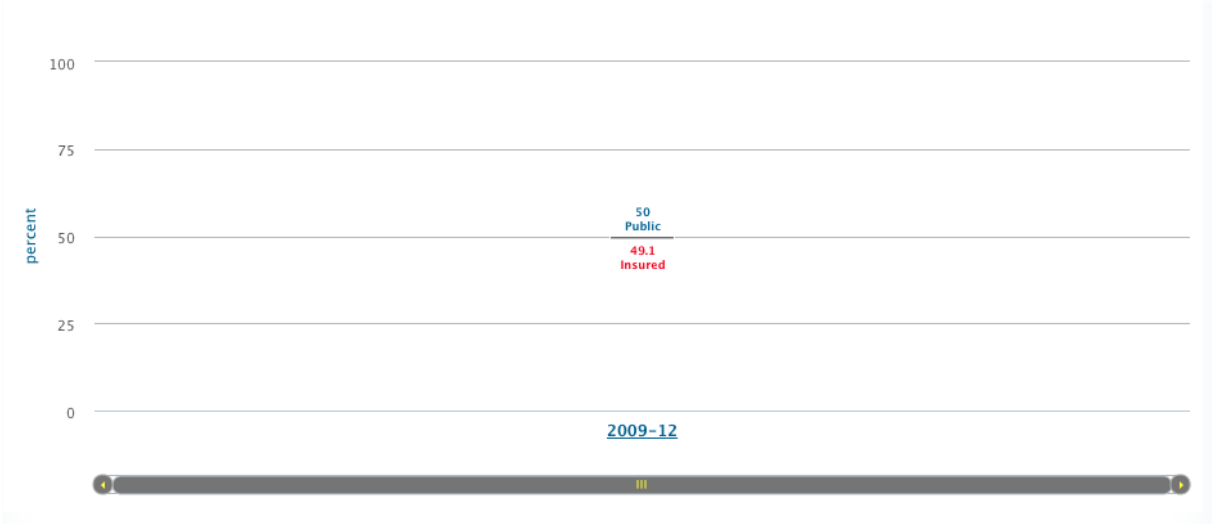
HDS-20.2: Adults who have had a stroke who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels (age adjusted, percent, 20+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 33.4 (2005–08)

2020 Target: 56.1[1,6]

Desired Direction: ↑ Increase Desired



This chart shows disparities by health insurance status for the populations with the highest and lowest values for the objective HDS-20.2: Increase the proportion of adults who have had a stroke who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels The chart shows the percent of adults who have had a stroke have their low-density lipoprotein (LDL) cholesterol at or below recommended levels from 2009 to 2012.

- Between 2009 and 2012, 49.1 percent of insured persons who have had a stroke and were aged under 65 years (age adjusted using the year 2000 standard population) had their LDL cholesterol at or below recommended levels and 50 percent of persons with public insurance who have had a stroke and were aged under 65 years (age adjusted using the year 2000 standard population) had their LDL cholesterol at or below recommended levels.

[6] Data for Veteran status may not be comparable across years; the question changed in the 2011-2012 cycle.

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Race and Ethnicity

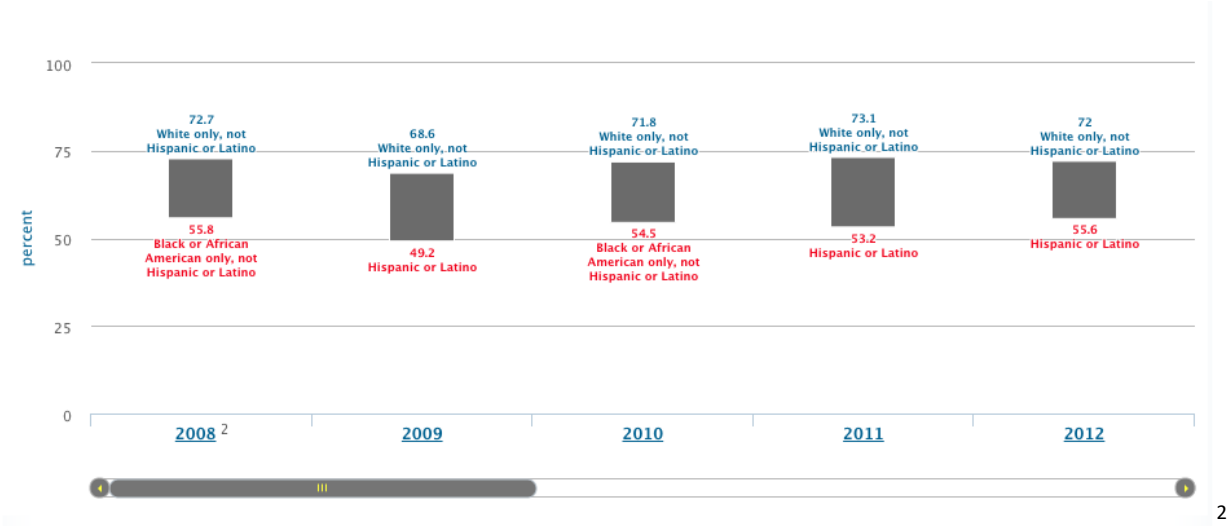
MHMD-9.2: Adults with major depressive episodes who receive treatment (percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 69.0 (2008)

2020 Target: 75.9[1, 7]

Desired Direction: ↑ Increase Desired



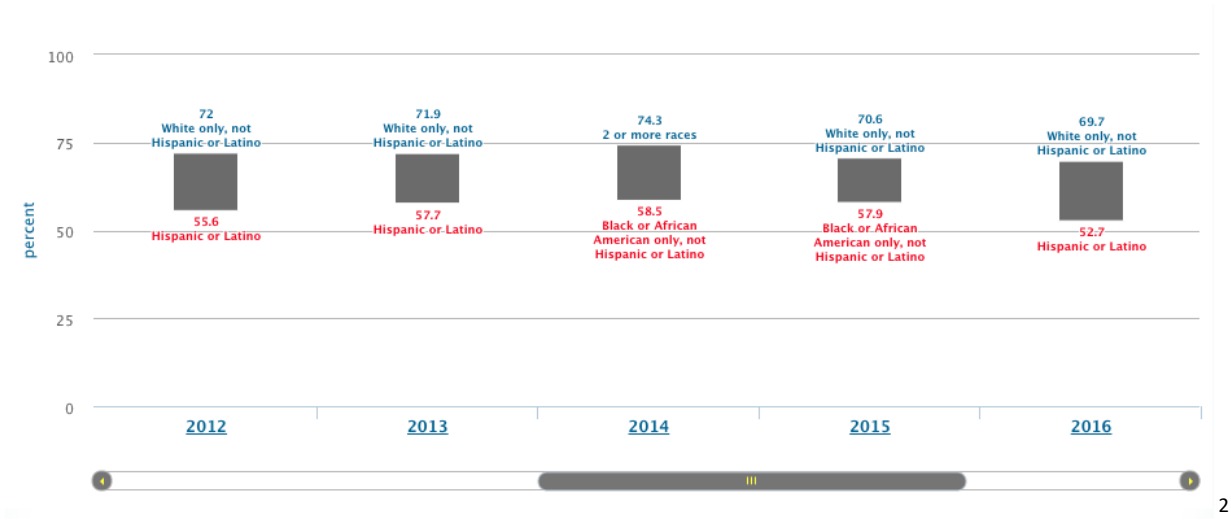
2

This first chart shows disparities by race and ethnicity for the populations with the highest and lowest values for the objective MHMD-9.2: Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment. The chart shows the percent of adults aged 18 years and older with major depressive episodes receive treatment from 2008 to 2012.

- In 2008, 55.8 percent of Black or African American only, not Hispanic or Latino adults with major depressive episodes received treatment and 72.7 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.
- In 2009, 49.2 percent of Hispanic or Latino adults with major depressive episodes received treatment and 68.6 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.

[7] Data prior to year 2015 are not comparable due to a change in the survey.

- In 2010, 54.5 percent of Black or African American only, not Hispanic or Latino adults with major depressive episodes received treatment and 71.8 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.
- In 2011, 53.2 percent of Hispanic or Latino adults with major depressive episodes received treatment and 73.1 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.
- In 2012, 55.6 percent of Hispanic or Latino adults with major depressive episodes received treatment and 72 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.

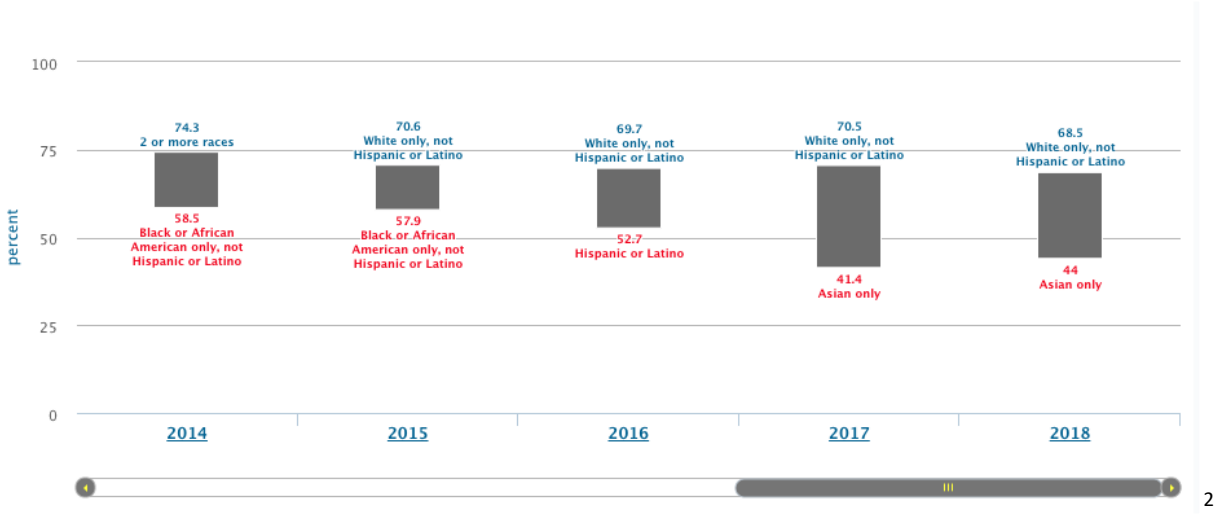


2

This second chart also shows disparities by race and ethnicity for the populations with the highest and lowest values for the objective MHMD-9.2: Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment. The chart shows the percent of adults aged 18 years and older with major depressive episodes receive treatment from 2012 to 2016.

- In 2012, 55.6 percent of Hispanic or Latino adults with major depressive episodes received treatment and 72 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.
- In 2013, 57.7 percent of Hispanic or Latino adults with major depressive episodes received treatment and 71.9 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.
- In 2014, 58.5 percent of Black or African American only, not Hispanic or Latino adults with major depressive episodes received treatment and 74.3 percent of adults identifying with two or more races with major depressive episodes received treatment.
- In 2015, 57.9 percent of Black or African American only, not Hispanic or Latino adults with major depressive episodes received treatment and 70.6 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.

- In 2016, 52.7 percent of Hispanic or Latino adults with major depressive episodes received treatment and 69.7 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.



2

This third chart also shows disparities by race and ethnicity for the populations with the highest and lowest values for the objective MHMD-9.2: Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment. The chart shows the percent of adults aged 18 years and older with major depressive episodes receive treatment from 2014 to 2018.

- In 2014, 58.5 percent of Black or African American only, not Hispanic or Latino adults with major depressive episodes received treatment and 74.3 percent of adults identifying with two or more races with major depressive episodes received treatment.
- In 2015, 57.9 percent of Black or African American only, not Hispanic or Latino adults with major depressive episodes received treatment and 70.6 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.
- In 2016, 52.7 percent of Hispanic or Latino adults with major depressive episodes received treatment and 69.7 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.
- In 2017, 41.4 percent of Asian only adults with major depressive episodes received treatment and 70.5 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.
- In 2018, 44 percent of Asian only adults with major depressive episodes received treatment and 68.5 percent of White only, not Hispanic or Latino adults with major depressive episodes received treatment.

Data Source: National Survey on Drug Use and Health (NSDUH), SAMHSA

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Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Age Group

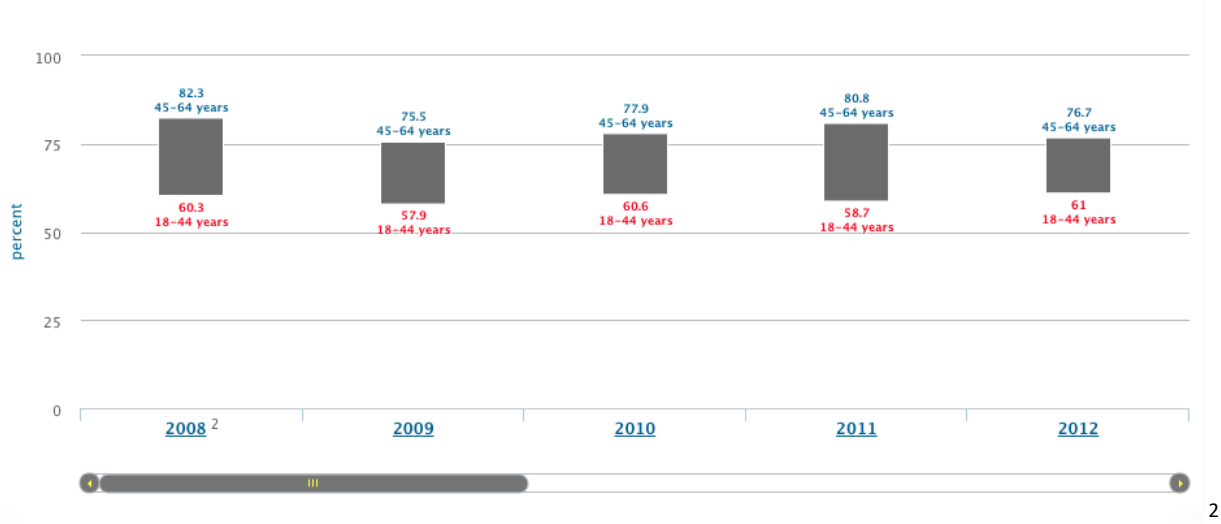
MHMD-9.2: Adults with major depressive episodes who receive treatment (percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 69.0 (2008)

2020 Target: 75.9[1,7]

Desired Direction: ↑ Increase Desired

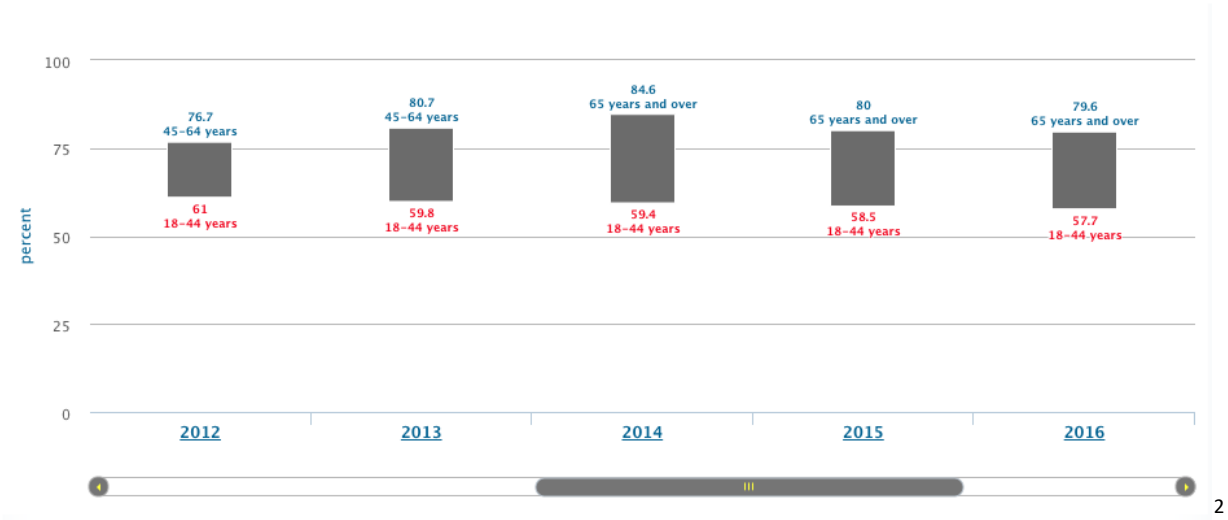


2

This first chart shows disparities by age group for the populations with the highest and lowest values for the objective MHMD-9.2: Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment. The chart shows the percent of adults aged 18 years and older with major depressive episodes receive treatment from 2008 to 2012.

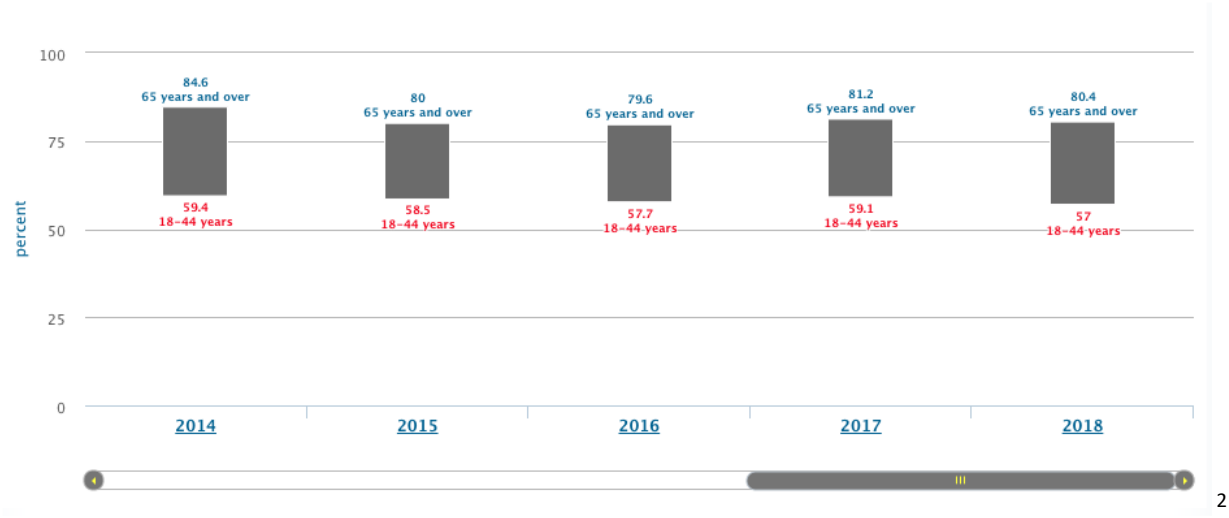
- In 2008, 60.3 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 82.3 percent of adults aged 45 to 64 years with major depressive episodes received treatment.
- In 2009, 57.9 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 75.5 percent of adults aged 45 to 64 years with major depressive episodes received treatment.
- In 2010, 60.6 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 77.9 percent of adults aged 45 to 64 years with major depressive episodes received treatment.

- In 2011, 58.7 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 80.8 percent of adults aged 45 to 64 years with major depressive episodes received treatment.
- In 2012, 61 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 76.7 percent of adults aged 45 to 64 years with major depressive episodes received treatment.



This second chart also shows disparities by age group for the populations with the highest and lowest values for the objective MHMD-9.2: Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment. The chart shows the percent of adults aged 18 years and older with major depressive episodes receive treatment from 2012 to 2016.

- In 2012, 61 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 76.7 percent of adults aged 45 to 64 years with major depressive episodes received treatment.
- In 2013, 59.8 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 80.7 percent of adults aged 45 to 64 years with major depressive episodes received treatment.
- In 2014, 59.4 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 84.6 percent of adults aged 65 years and over with major depressive episodes received treatment.
- In 2015, 58.5 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 80 percent of adults aged 65 years and over with major depressive episodes received treatment.
- In 2016, 57.7 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 79.6 percent of adults aged 65 years and over with major depressive episodes received treatment.



This third also chart shows disparities by age group for the populations with the highest and lowest values for the objective MHMD-9.2: Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment. The chart shows the percent of adults aged 18 years and older with major depressive episodes receive treatment from 2014 to 2018.

- In 2014, 59.4 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 84.6 percent of adults aged 65 years and over with major depressive episodes received treatment.
- In 2015, 58.5 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 80 percent of adults aged 65 years and over with major depressive episodes received treatment.
- In 2016, 57.7 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 79.6 percent of adults aged 65 years and over with major depressive episodes received treatment.
- In 2017, 59.1 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 81.2 percent of adults aged 65 years and over with major depressive episodes received treatment.
- In 2018, 57 percent of adults aged 18 to 44 years with major depressive episodes received treatment and 80.4 percent of adults aged 65 years and over with major depressive episodes received treatment.

Data Source: National Survey on Drug Use and Health (NSDUH), SAMHSA

Data are subject to revision and may have changed since a previous release.

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Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Family Income (percent poverty guidelines)

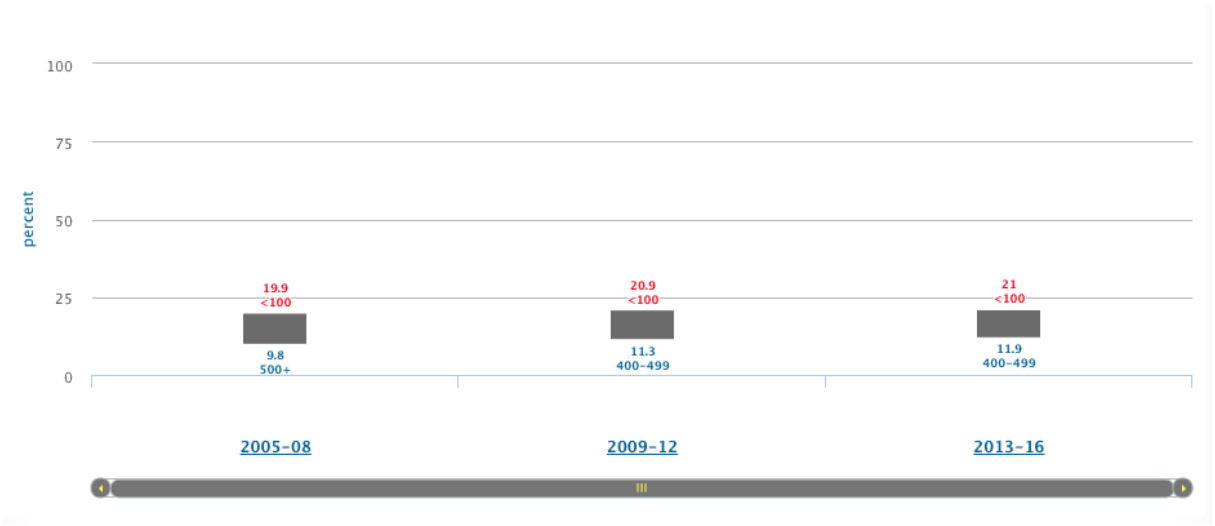
NWS-10.4: Obesity among children and adolescents (percent, 2–19 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 16.1 (2005–08)

2020 Target: 14.5[1,6]

Desired Direction: ↓ Decrease Desired



2

This chart shows disparities by family income for the populations with the highest and lowest values for the objective NWS-10.4: Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese. The chart shows the percent of children ages 2 to 19 years that were considered obese from 2005 to 2016.

- From 2005 to 2008, 9.8 percent of children whose family income were 500 plus percent of the poverty guidelines were obese and 19.9 percent of children whose family income were less than one hundred percent of the poverty guidelines were obese.
- From 20009 to 2012, 11.3 percent of children whose family income were 400 to 499 percent of the poverty guidelines were obese and 20.9 percent of children whose family income were less than one hundred percent of the poverty guidelines were obese.
- From 2013 to 2016, 11.9 percent of children whose family were 400 to 499 percent of the poverty guidelines were obese and 21 percent of children whose family income were less than one hundred percent of the poverty guidelines were obese.

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

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Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Health Insurance Status

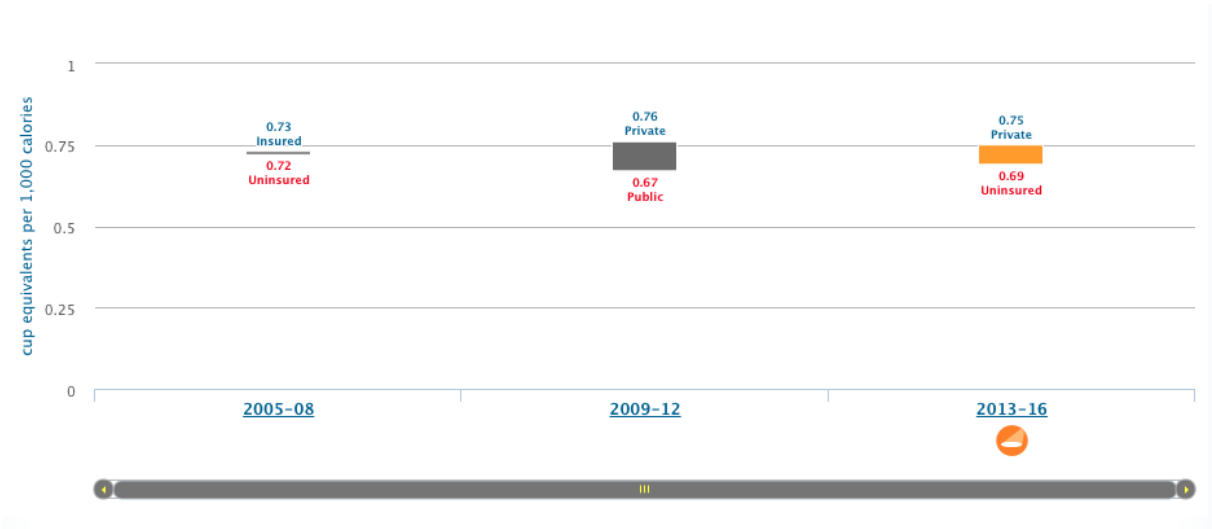
NWS-15.1: Mean daily intake of total vegetables (age adjusted, cup equivalents per 1,000 calories, 2+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 0.76 (2005–08)

2020 Target: 1.16[1,6]

Desired Direction: ↑ Increase Desired



This chart shows disparities by health insurance status for the populations with the highest and lowest values for the objective NWS-15.1: Increase the contribution of total vegetables to the diets of the population aged 2 years and older. The chart shows mean daily intake of total vegetables from 2005 to 2016.

- From 2005 to 2008, uninsured individuals (age adjusted using the year 2000 standard population) had a mean daily intake of 0.72 total vegetables and insured individuals (age adjusted using the year 2000 standard population) had a mean daily intake of 0.73 total vegetables.
- From 2009 to 2012, individuals with public insurance (age adjusted using the year 2000 standard population) had a mean daily intake of 0.67 total vegetables and individuals with private insurance (age adjusted using the year 2000 standard population) had a mean daily intake of 0.76 total vegetables.
- From 2013 to 2016, uninsured individuals (age adjusted using the year 2000 standard population) had a mean daily intake of 0.69 total vegetables and individuals with private

insurance (age adjusted using the year 2000 standard population) had a mean daily intake of 0.75 total vegetables.

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Health Insurance Status

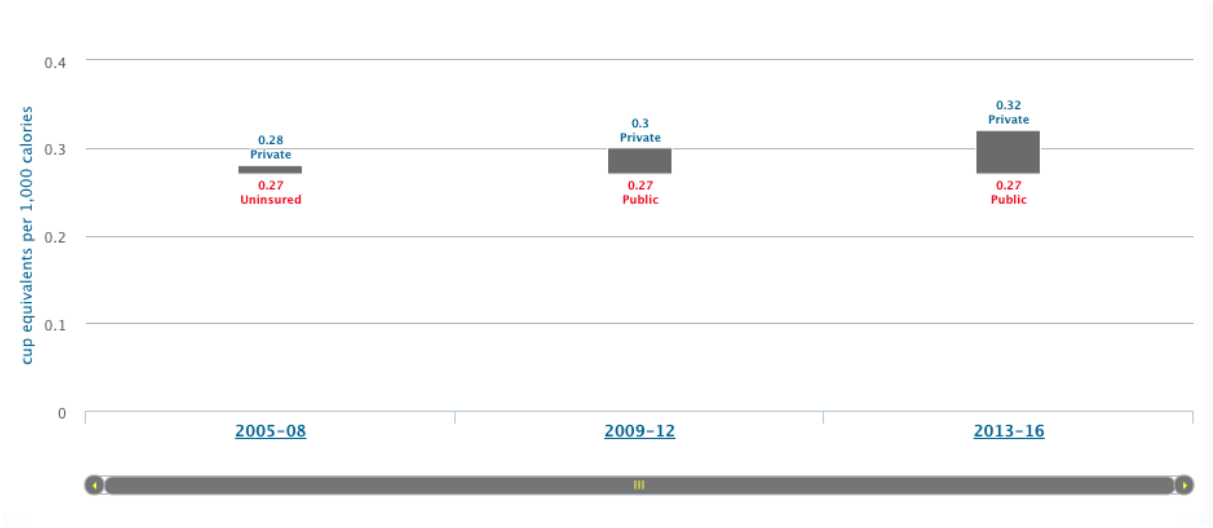
NWS-15.2: Mean daily intake of dark green vegetables, red and orange vegetables, and beans and peas (age adjusted, cup equivalents per 1,000 calories, 2+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 0.29 (2005–08)

2020 Target: 0.53[1,6]

Desired Direction: ↑ Increase Desired



This chart shows disparities by health insurance status for the populations with the highest and lowest values for the objective NWS-15.2: Increase the contribution of dark green vegetables, red and orange vegetables, and beans and peas to the diets of the population aged 2 years and older. The chart shows mean daily intake of dark green vegetables, red and orange vegetables, and beans and peas from 2005 to 2016.

- From 2005 to 2008, uninsured individuals (age adjusted using the year 2000 standard population) had a mean daily intake of 0.27 dark green vegetables, red and orange vegetables, and beans and peas and individuals with private insurance (age adjusted using the year 2000 standard population) had a mean daily intake of 0.28 dark green vegetables, red and orange vegetables, and beans and peas.
- From 2009 to 2012, individuals with public insurance (age adjusted using the year 2000 standard population) had a mean daily intake of 0.27 dark green vegetables, red and orange vegetables, and beans and peas and individuals with private insurance (age

adjusted using the year 2000 standard population) had a mean daily intake of 0.3 dark green vegetables, red and orange vegetables, and beans and peas.

- From 2013 to 2016, individuals with public insurance (age adjusted using the year 2000 standard population) had a mean daily intake of 0.27 dark green vegetables, red and orange vegetables, and beans and peas and individuals with private insurance (age adjusted using the year 2000 standard population) had a mean daily intake of 0.32 dark green vegetables, red and orange vegetables, and beans and peas.

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Age Group

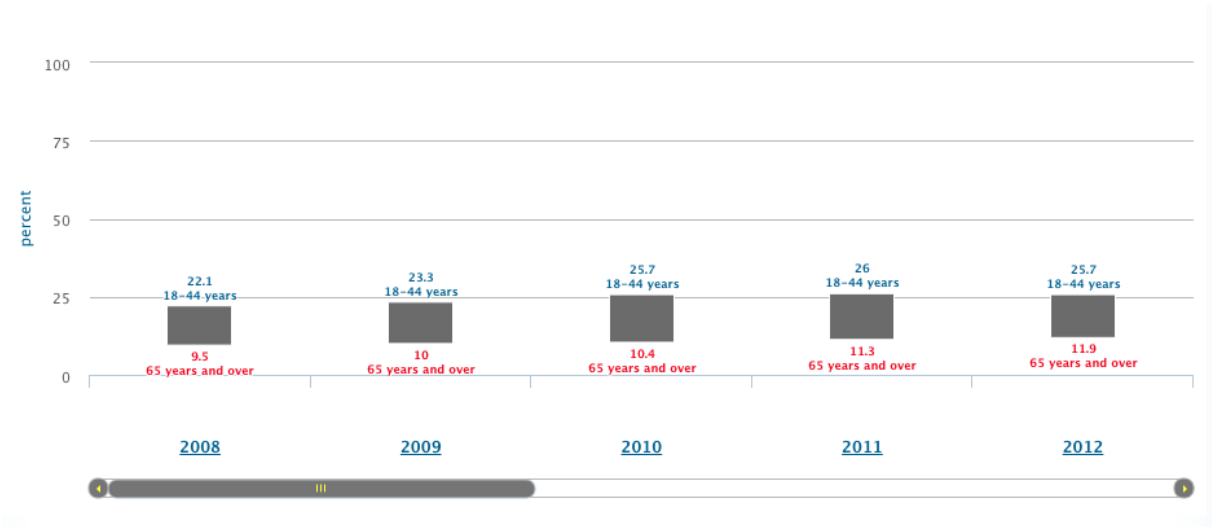
PA-2.4: Adults meeting aerobic physical activity and muscle-strengthening objectives (age adjusted, percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 18.2 (2008)

2020 Target: 20.1

Desired Direction: ↑ Increase Desired



This first chart shows disparities by age group for the populations with the highest and lowest values for the objective PA-2.4: Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity. The chart shows percent of adults meeting aerobic physical activity and muscle-strengthening objectives from 2008 to 2012.

- In 2008, 9.5 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 22.1 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.
- In 2009, 10 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 23.3 percent of adults 18 to 44 years (age adjusted using the

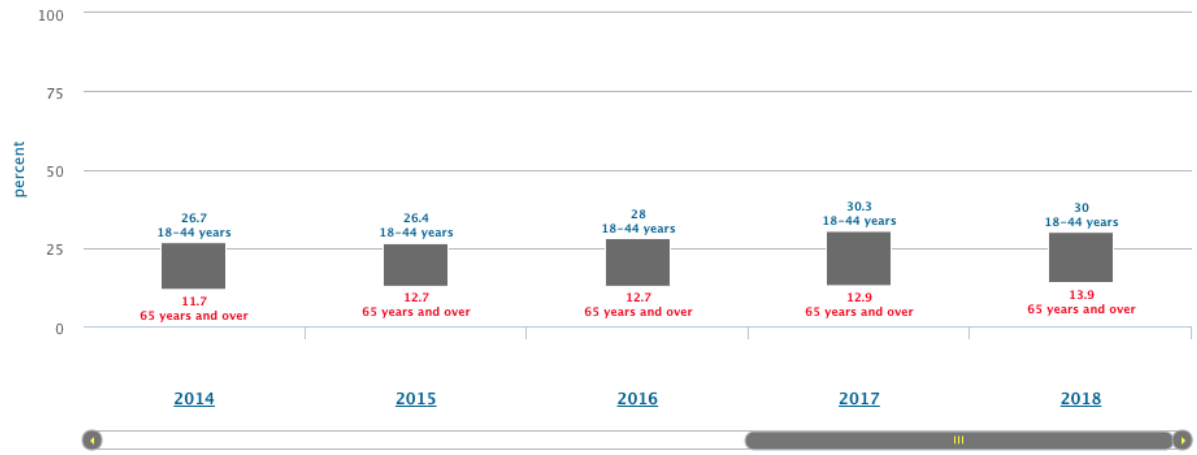
year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.

- In 2010, 10.4 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 25.7 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.
- In 2011, 11.3 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 26 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.
- In 2012, 11.9 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 25.7 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.

This second chart also shows disparities by age group for the populations with the highest and lowest values for the objective PA-2.4: Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity. The chart shows percent of adults meeting aerobic physical activity and muscle-strengthening objectives from 2012 to 2016.

- In 2012, 11.9 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 25.7 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.

- In 2013, 11.7 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 25.7 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.
- In 2014, 11.7 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 26.7 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.
- In 2015, 12.7 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 26.4 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.
- In 2016, 12.7 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 28 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.



This third chart also shows disparities by age group for the populations with the highest and lowest values for the objective PA-2.4: Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity. The chart shows percent of adults meeting aerobic physical activity and muscle-strengthening objectives from 2014 to 2018.

- In 2014, 11.7 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-

strengthening activity and 26.7 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.

- In 2015, 12.7 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 26.4 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.
- In 2016, 12.7 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 28 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.
- In 2017, 12.9 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 30.3 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.
- In 2018, 13.9 percent of adults 65 years and over (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity and 30 percent of adults 18 to 44 years (age adjusted using the year 2000 standard population) met the objectives for aerobic physical activity and for muscle-strengthening activity.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

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Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Country of Birth

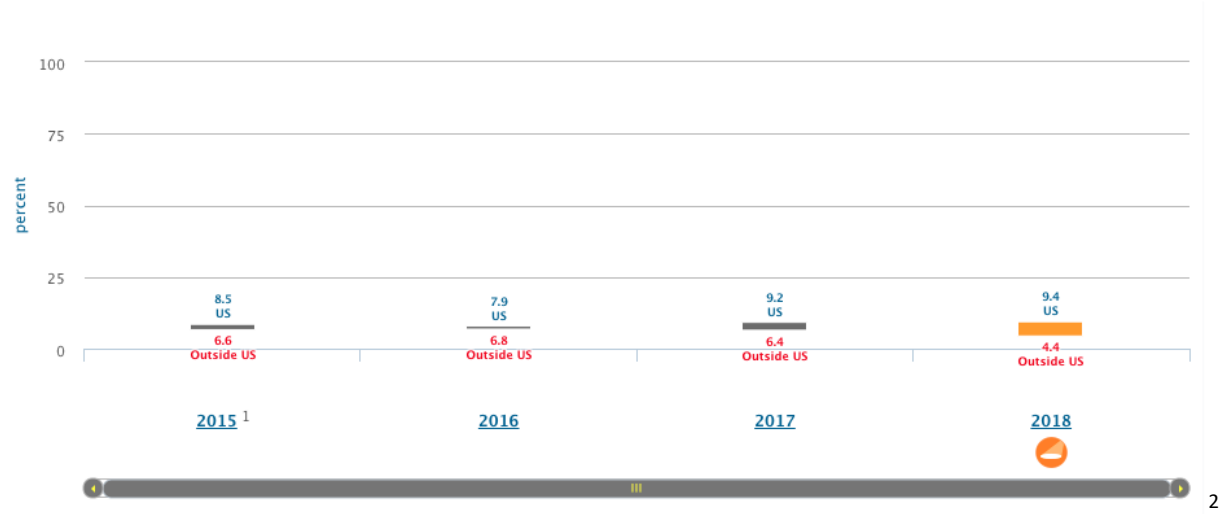
SA-8.3: Persons who needed and received alcohol treatment at a specialty facility in the past year (percent, 12+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 8.2 (2015)

2020 Target: 9.0

Desired Direction: ↑ Increase Desired



The chart shows disparities by country of birth for the populations with the highest and lowest values for the objective SA-8.3: Increase the proportion of persons who need alcohol abuse or dependence treatment and received specialty treatment for abuse or dependence in the past year. The chart shows percent of persons who needed and received alcohol treatment at a specialty facility in the past year from 2015 to 2018.

- In 2015, 6.6 percent of persons aged 12 years and over born outside of US who needed alcohol treatment and/or illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year and 8.5 percent of persons aged 12 years and over born in the US who needed alcohol treatment and/or illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year.
- In 2016, 6.8 percent of persons aged 12 years and over born outside of US who needed alcohol treatment and/or illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year and 7.9 percent of persons aged 12 years and over born in the US who needed alcohol treatment and/or illicit drug

treatment reported that they received specialty treatment for abuse or dependence in the past year.

- In 2017, 6.4 percent of persons aged 12 years and over born outside of US who needed alcohol treatment and/or illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year and 9.2 percent of persons aged 12 years and over born in the US who needed alcohol treatment and/or illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year.
- In 2018, 4.4 percent of persons aged 12 years and over born outside of US who needed alcohol treatment and/or illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year and 9.4 percent of persons aged 12 years and over born in the US who needed alcohol treatment and/or illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year.

Data Source: National Survey on Drug Use and Health (NSDUH), SAMHSA

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Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Race and Ethnicity

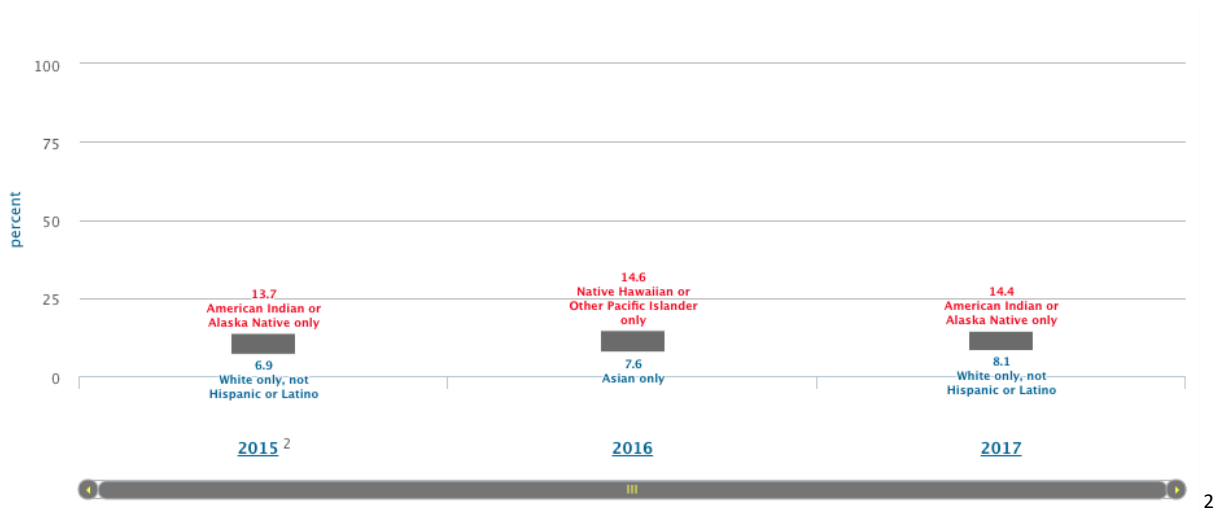
STD-1.1: Chlamydia trachomatis infections among females attending family planning clinics (percent, 15–24 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 8.0 (2015)

2020 Target: 7.2[1]

Desired Direction: ↓ Decrease Desired



The chart shows disparities by race and ethnicity for the populations with the highest and lowest values for the objective STD 1.1: Reduce the proportion of females aged 15 to 24 years with Chlamydia trachomatis infections attending family planning clinics. The chart shows percent of females with Chlamydia trachomatis attending family planning clinics from 2015 to 2017.

- In 2015, 6.9 percent of White only, not Hispanic or Latino females aged 15 to 24 years with Chlamydia trachomatis attended family planning clinics and 13.7 percent of American Indian or Alaska Native only females aged 15 to 24 years with Chlamydia trachomatis attended family planning clinics.
- In 2016, 7.6 percent of Asian only females aged 15 to 24 years with Chlamydia trachomatis attended family planning clinics and 14.6 percent of Native Hawaiian or Other Pacific Islander only females aged 15 to 24 years with Chlamydia trachomatis attended family planning clinics.

- In 2017, 8.1 percent of White only, not Hispanic or Latino females aged 15 to 24 years with Chlamydia trachomatis attended family planning clinics and 14.4 percent of American Indian or Alaska Native only females aged 15 to 24 years with Chlamydia trachomatis attended family planning clinics.

Data Source: STD Surveillance System (STDSS), CDC/NCHHSTP

Data are subject to revision and may have changed since a previous release.

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Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Race and Ethnicity

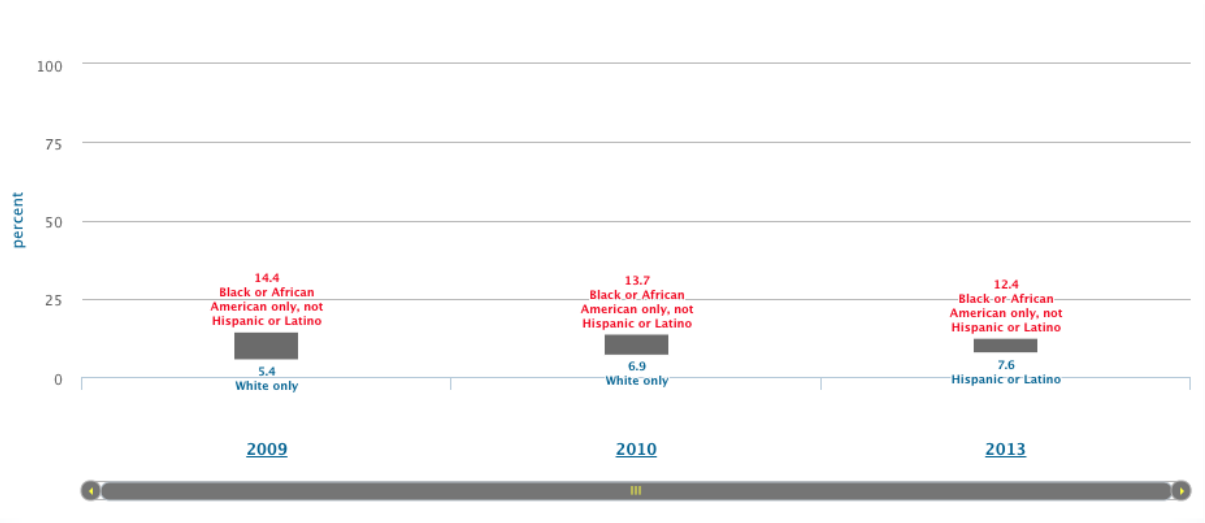
STD-1.2: Chlamydia trachomatis infections among females enrolled in a National Job Training Program (percent, 15–24 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 12.8 (2008)

2020 Target: 11.5

Desired Direction: ↓ Decrease Desired



The chart shows disparities by race and ethnicity for the populations with the highest and lowest values for the objective STD-1.2: Reduce the proportion of females aged 24 years and under with *Chlamydia trachomatis* infections enrolled in a National Job Training Program. The chart shows the percent of females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months and tested positive for Chlamydia trachomatis infections from 2009 to 2013.

- In 2009, 5.4 percent of White only females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 14.4 percent of Black or African American only, not Hispanic or Latino females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.
- In 2010, 6.9 percent of White only females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 13.7 percent of Black or African American only, not Hispanic or Latino

females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.

- In 2013, 7.6 percent of Hispanic or Latino females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 12.4 percent of Black or African American only, not Hispanic or Latino females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.

Data Source: STD Surveillance System (STDSS), CDC/NCHHSTP

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Disparities Overview by Age Group

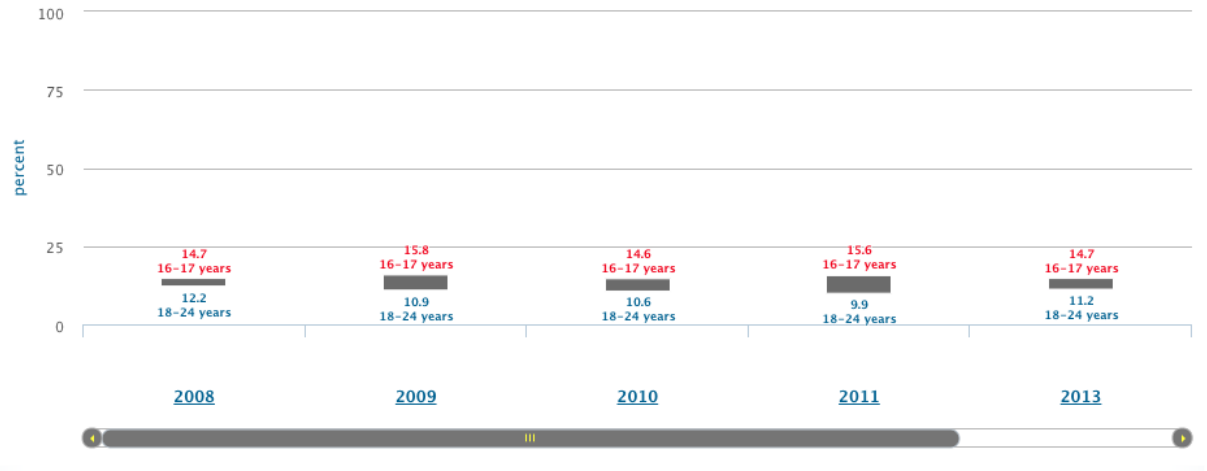
STD-1.2: Chlamydia trachomatis infections among females enrolled in a National Job Training Program (percent, 15–24 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 12.8 (2008)

2020 Target: 11.5

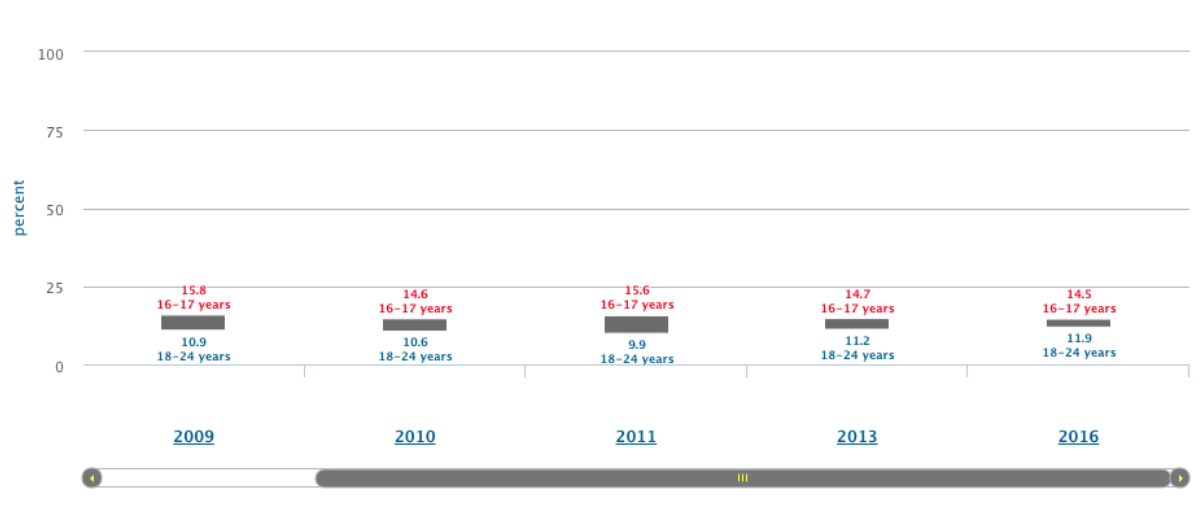
Desired Direction: ↓ Decrease Desired



This first chart shows disparities by age group for the populations with the highest and lowest values for the objective STD-1.2: Reduce the proportion of females aged 24 years and under with *Chlamydia trachomatis* infections enrolled in a National Job Training Program. The chart shows the percent of females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months and tested positive for Chlamydia trachomatis infections from 2008 to 2013.

- In 2008, 12.2 percent of females aged 18 to 24 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 14.7 percent of females aged 16 to 17 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.
- In 2009, 10.9 percent of females aged 18 to 24 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 15.8 percent of females aged 16 to 17 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.

- In 2010, 10.6 percent of females aged 18 to 24 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 14.6 percent of females aged 16 to 17 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.
- In 2011, 9.9 percent of females aged 18 to 24 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 15.6 percent of females aged 16 to 17 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.
- In 2013, 11.2 percent of females aged 18 to 24 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 14.7 percent of females aged 16 to 17 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.



This second chart also shows disparities by age group for the populations with the highest and lowest values for the objective STD-1.2: Reduce the proportion of females aged 24 years and under with *Chlamydia trachomatis* infections enrolled in a National Job Training Program. The chart shows the percent of females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months and tested positive for Chlamydia trachomatis infections from 2009 to 2016.

- In 2009, 10.9 percent of females aged 18 to 24 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 15.8 percent of females aged 16 to 17 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.
- In 2010, 10.6 percent of females aged 18 to 24 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 14.6 percent of females aged 16 to 17 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.

- In 2011, 9.9 percent of females aged 18 to 24 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 15.6 percent of females aged 16 to 17 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.
- In 2013, 11.2 percent of females aged 18 to 24 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 14.7 percent of females aged 16 to 17 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.
- In 2016, 11.9 percent of females aged 18 to 24 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis and 14.5 percent of females aged 16 to 17 years who enrolled in a National Job Training Program in the past 12 months tested positive for Chlamydia trachomatis.

Data Source: STD Surveillance System (STDSS), CDC/NCHHSTP

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Disparities Overview by Age Group

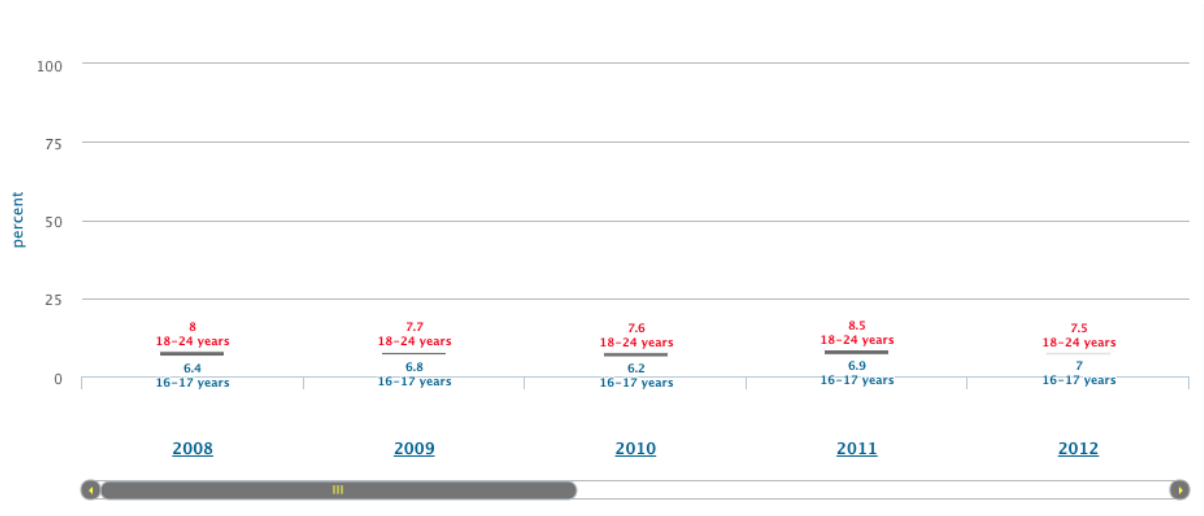
STD-1.3: Chlamydia trachomatis infections among males enrolled in a National Job Training Program (percent, 15–24 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 7.0 (2008)

2020 Target: 6.3

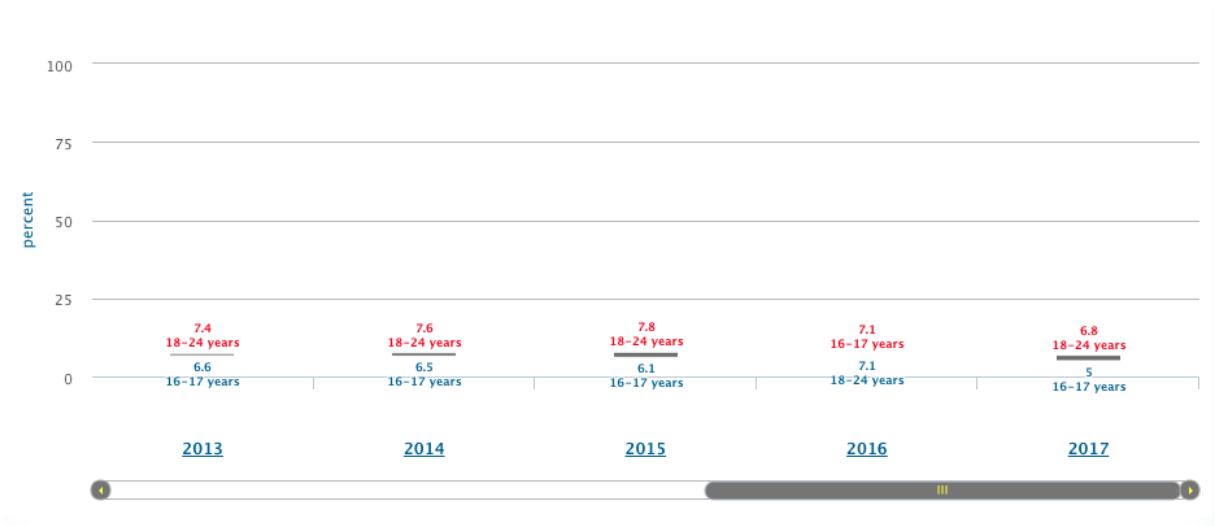
Desired Direction: ↓ Decrease Desired



This first chart show disparities by age group for the populations with the highest and lowest values for the objective STD-1.3: Reduce the proportion of males aged 24 years and under enrolled in a National Job Training Program with Chlamydia trachomatis infections. The chart shows how many men aged 15 to 24 years developed chlamydia infections each year from 2008 to 2012.

- In 2008, 6.4 percent of men aged 16 to 17 years developed chlamydia infections and 8 percent of men aged 18 to 24 years developed chlamydia infections.
- In 2009, 6.8 percent of men aged 16 to 17 years developed chlamydia infections and 7.7 percent of men aged 18 to 24 years developed chlamydia infections.
- In 2010, 6.2 percent of men aged 16 to 17 years developed chlamydia infections and 7.6 percent of men aged 18 to 24 years developed chlamydia infections.
- In 2011, 6.9 percent of men aged 16 to 17 years developed chlamydia infections and 8.5 percent of men aged 18 to 24 years developed chlamydia infections.

- In 2012, 7 percent of men aged 16 to 17 years developed chlamydia infections and 7.5 percent of men aged 18 to 24 years developed chlamydia infections.



This second chart also shows disparities by age group for the populations with the highest and lowest values for the objective STD-1.3: Reduce the proportion of males aged 24 years and under enrolled in a National Job Training Program with Chlamydia trachomatis infections. The chart shows how many men aged 15 to 24 years developed chlamydia infections each year from 2013 to 2017.

- In 2013, 6.6 percent of men aged 16 to 17 years developed chlamydia infections and 7.4 percent of men aged 18 to 24 years developed chlamydia infections.
- In 2014, 6.5 percent of men aged 16 to 17 years developed chlamydia infections and 7.6 percent of men aged 18 to 24 years developed chlamydia infections.
- In 2015, 6.1 percent of men aged 16 to 17 years developed chlamydia infections and 7.8 percent of men aged 18 to 24 years developed chlamydia infections.
- In 2016, 7.1 percent of men aged 18 to 24 years developed chlamydia infections and 7.1 percent of men aged 16 to 17 years developed chlamydia infections.
- In 2017, 5 percent of men aged 16 to 17 years developed chlamydia infections and 6.8 percent of men aged 18 to 24 years developed chlamydia infections.

Data Source: STD Surveillance System (STDSS), CDC/NCHHSTP

Data are subject to revision and may have changed since a previous release.

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Disparities Overview by Marital Status

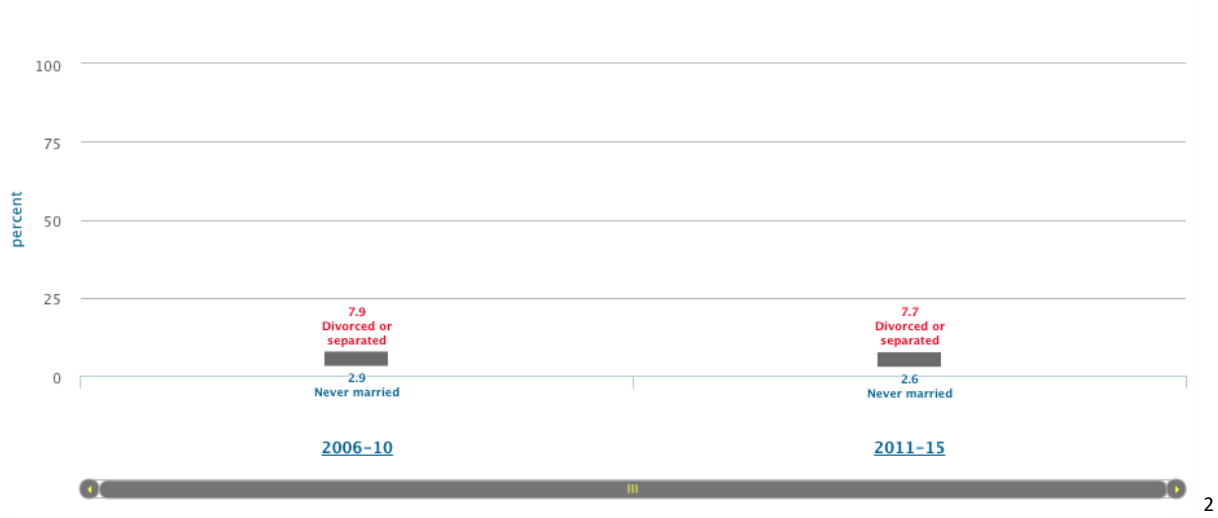
STD-5: Females ever treated for pelvic inflammatory disease (percent, 15–44 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 4.2 (2006–10)

2020 Target: 3.8[1]

Desired Direction: ↓ Decrease Desired



[2]

This chart show disparities by marital status for the populations with the highest and lowest values for the objective STD-5: Reduce the proportion of females aged 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID). The chart shows how many females aged 15 to 44 years were ever treated for pelvic inflammatory disease from 2006 to 2015.

- From 2006 to 2010, 2.9 percent of never married females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory disease and 7.9 percent of divorced or separated females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory disease.
- From 2011 to2015, 2.6 percent of never married females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory disease and 7.7 percent of divorced or separated females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory disease.

Data Source: National Survey of Family Growth (NSFG), CDC/NCHS

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Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Race and Ethnicity

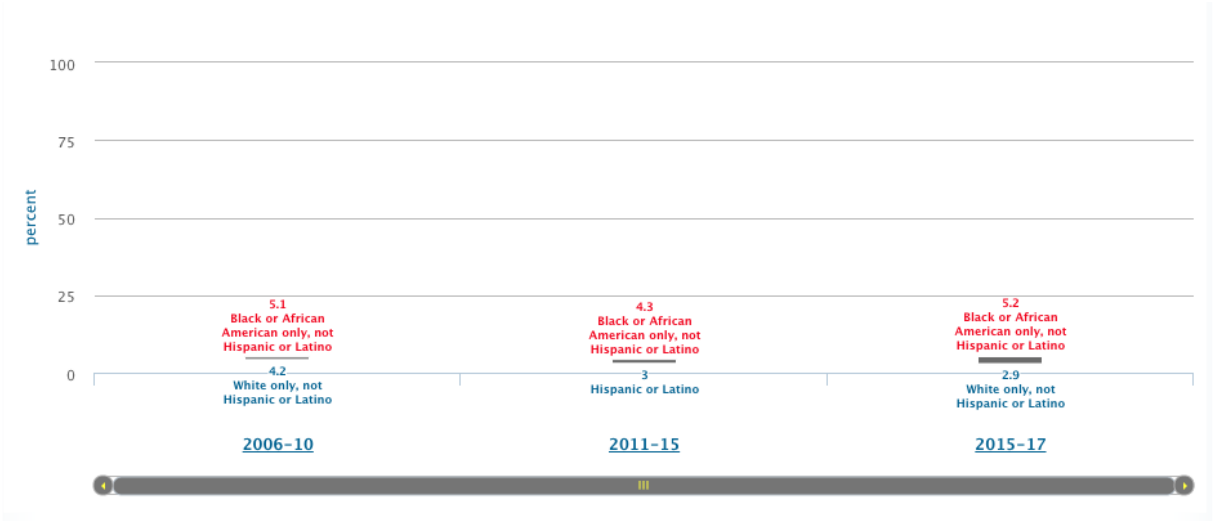
STD-5: Females ever treated for pelvic inflammatory disease (percent, 15–44 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 4.2 (2006–10)

2020 Target: 3.8[1]

Desired Direction: ↓ Decrease Desired



2

This chart shows disparities by race and ethnicity for the populations with the highest and lowest values for the objective STD-5: Reduce the proportion of females aged 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID). The chart shows the percent of females aged 15 to 44 years ever treated for pelvic inflammatory disease from 2006 to 2017.

- From 2006 to 2010, 4.2 percent of White only, not Hispanic or Latino females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory and 5.1 percent of Black or African American only, not Hispanic or Latino females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory.
- From 2011 to 2015, 3 percent of Hispanic or Latino females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory and 4.3 percent of Black or African American only, not Hispanic or Latino females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory.

- From 2015 to 2017, 2.9 percent of White only, not Hispanic or Latino females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory and 5.2 percent of Black or African American only, not Hispanic or Latino females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory.

Data Source: National Survey of Family Growth (NSFG), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Age Group

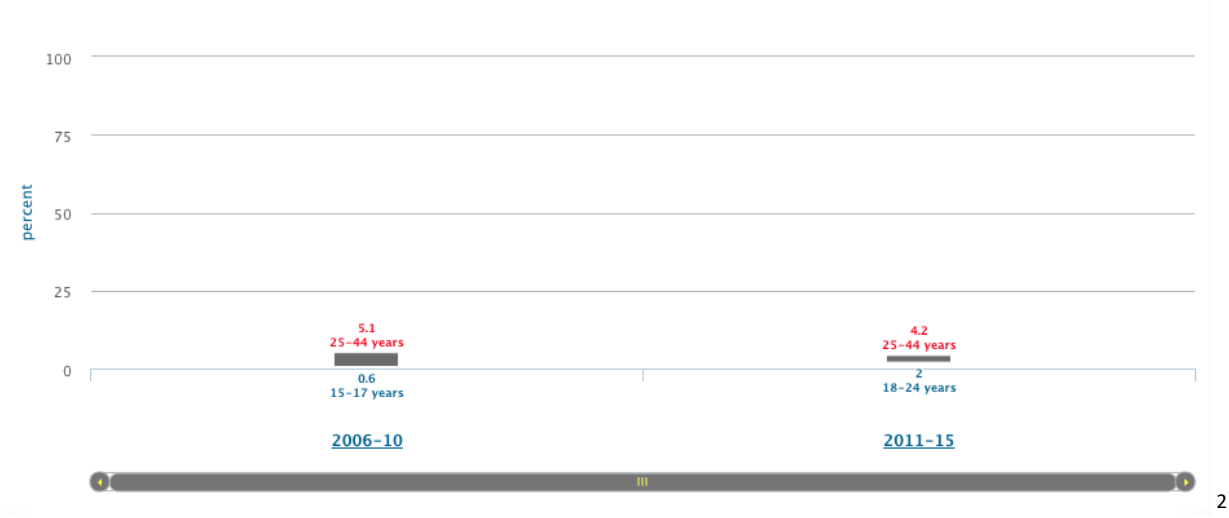
STD-5: Females ever treated for pelvic inflammatory disease (percent, 15–44 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 4.2 (2006–10)

2020 Target: 3.8[1]

Desired Direction: ↓ Decrease Desired



2

This chart shows disparities by age group for the populations with the highest and lowest values for the objective STD-5: Reduce the proportion of females aged 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID). The chart shows the percent of females aged 15 to 44 years ever treated for pelvic inflammatory disease from 2006 to 2015.

- From 2006 to 2010, 0.6 percent of females aged 15 to 17 years reported that they had ever required treatment for pelvic inflammatory and 5.1 percent of females aged 25 to 44 years reported that they had ever required treatment for pelvic inflammatory.
- From 2011 to 2015, 2 percent of females aged 18 to 24 years reported that they had ever required treatment for pelvic inflammatory and 4.2 percent of females aged 25 to 44 years reported that they had ever required treatment for pelvic inflammatory.

Data Source: National Survey of Family Growth (NSFG), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

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Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Educational Attainment

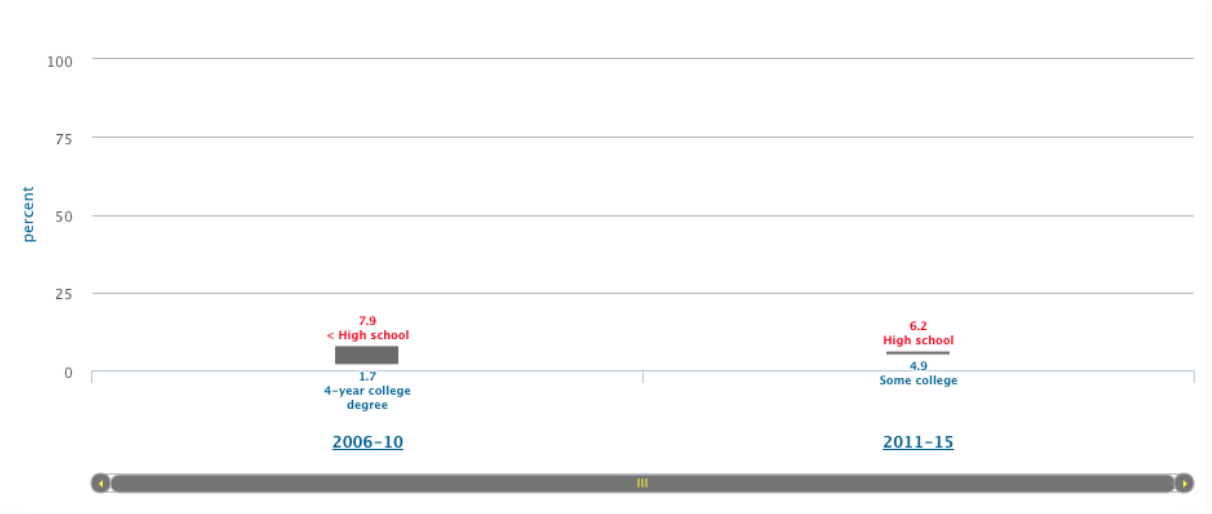
STD-5: Females ever treated for pelvic inflammatory disease (percent, 15–44 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 4.2 (2006–10)

2020 Target: 3.8[1]

Desired Direction: ↓ Decrease Desired



2

This chart shows disparities by educational attainment for the populations with the highest and lowest values for the objective STD-5: Reduce the proportion of females aged 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID). The chart shows the percent of females aged 15 to 44 years ever treated for pelvic inflammatory disease from 2006 to 2015.

- From 2006 to 2010, 1.7 percent of females aged 15 to 44 years with a 4-year college degree reported that they had ever required treatment for pelvic inflammatory and 7.9 percent of females aged 15 to 44 years with less than a high school education reported that they had ever required treatment for pelvic inflammatory.
- From 2011 to 2015, 4.9 percent of females aged 15 to 44 years with some college reported that they had ever required treatment for pelvic inflammatory and 6.2 percent of females aged 15 to 44 years with a high school education reported that they had ever required treatment for pelvic inflammatory.

Data Source: National Survey of Family Growth (NSFG), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Family Income (percent poverty threshold)

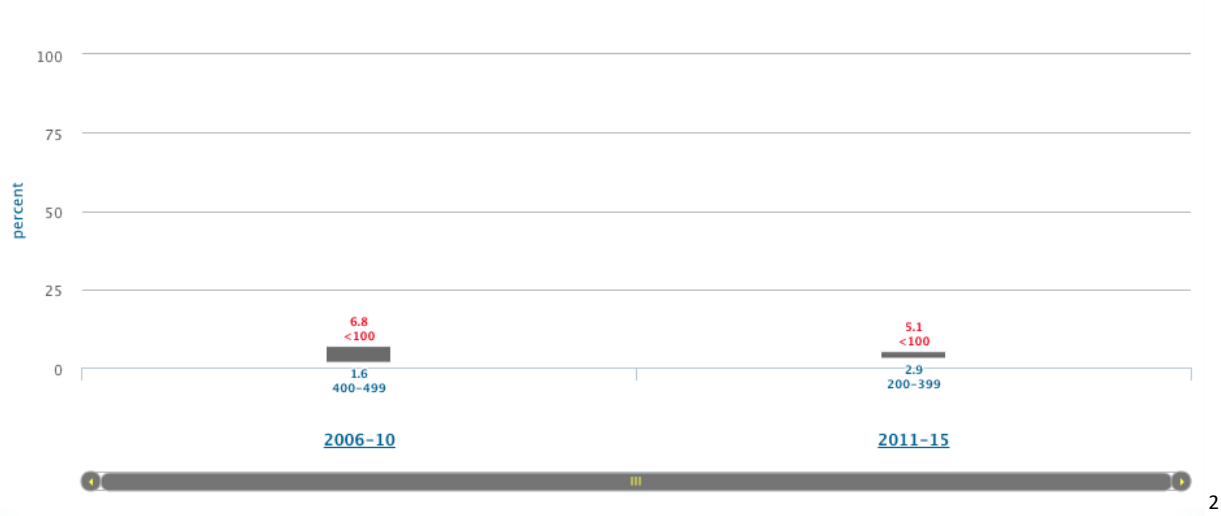
STD-5: Females ever treated for pelvic inflammatory disease (percent, 15–44 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 4.2 (2006–10)

2020 Target: 3.8[1]

Desired Direction: ↓ Decrease Desired



[2]

This chart shows disparities by family income for the populations with the highest and lowest values for the objective STD-5: Reduce the proportion of females aged 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID). The chart shows the percent of females aged 15 to 44 years ever treated for pelvic inflammatory disease from 2006 to 2015.

- From 2006 to 2010, 1.6 percent of females aged 15 to 44 years whose family income were 400 to 499 percent the poverty threshold reported that they had ever required treatment for pelvic inflammatory and 6.8 percent of females aged 15 to 44 years whose family income were less than 100 percent the poverty threshold reported that they had ever required treatment for pelvic inflammatory.
- From 2011 to 2015, 2.9 percent of females aged 15 to 44 years whose family income were 200 to 399 percent the poverty threshold reported that they had ever required treatment for pelvic inflammatory and 5.1 percent of females aged 15 to 44 years whose family income were less than 100 percent the poverty threshold reported that they had ever required treatment for pelvic inflammatory.

Data Source: National Survey of Family Growth (NSFG), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Country of Birth

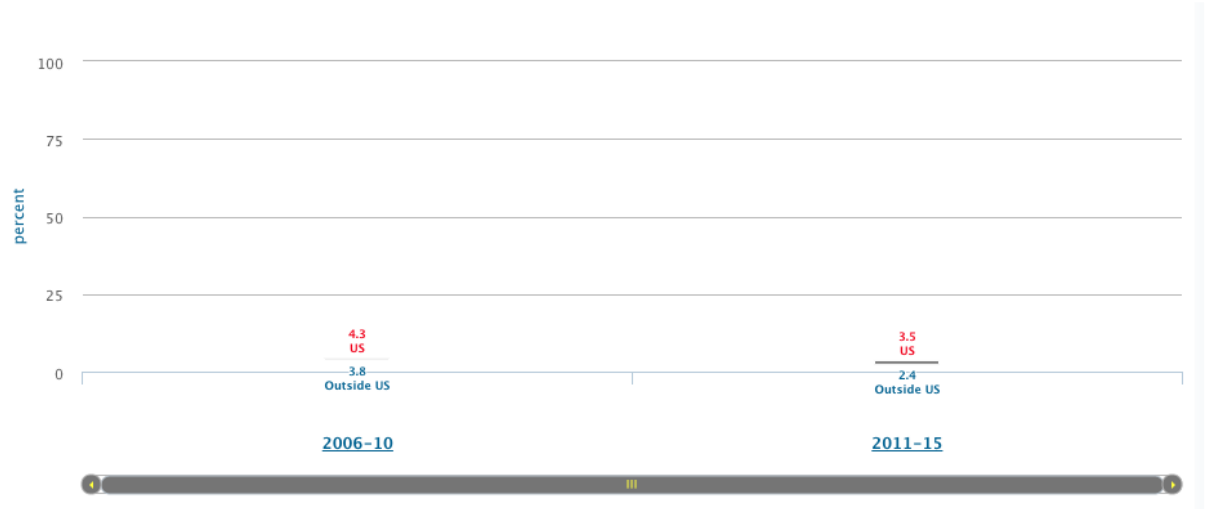
STD-5: Females ever treated for pelvic inflammatory disease (percent, 15–44 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 4.2 (2006–10)

2020 Target: 3.8[1]

Desired Direction: ↓ Decrease Desired



[2]

This chart shows disparities by country of birth for the populations with the highest and lowest values for the objective STD-5: Reduce the proportion of females aged 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID). The chart shows the percent of females aged 15 to 44 years ever treated for pelvic inflammatory disease from 2006 to 2015.

- From 2006 to 2010, 3.8 percent of females aged 15 to 44 years born outside the US reported that they had ever required treatment for pelvic inflammatory and 4.3 percent of females aged 15 to 44 years born in the US reported that they had ever required treatment for pelvic inflammatory.
- From 2011 to 2015, 2.4 percent of females aged 15 to 44 years born outside the US reported that they had ever required treatment for pelvic inflammatory and 3.5 percent of females aged 15 to 44 years born in the US reported that they had ever required treatment for pelvic inflammatory.

Data Source: National Survey of Family Growth (NSFG), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Age Group

STD-7.1: New cases of primary and secondary syphilis among females (per 100,000 population)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 1.4 (2008)

2020 Target: 1.3[1]

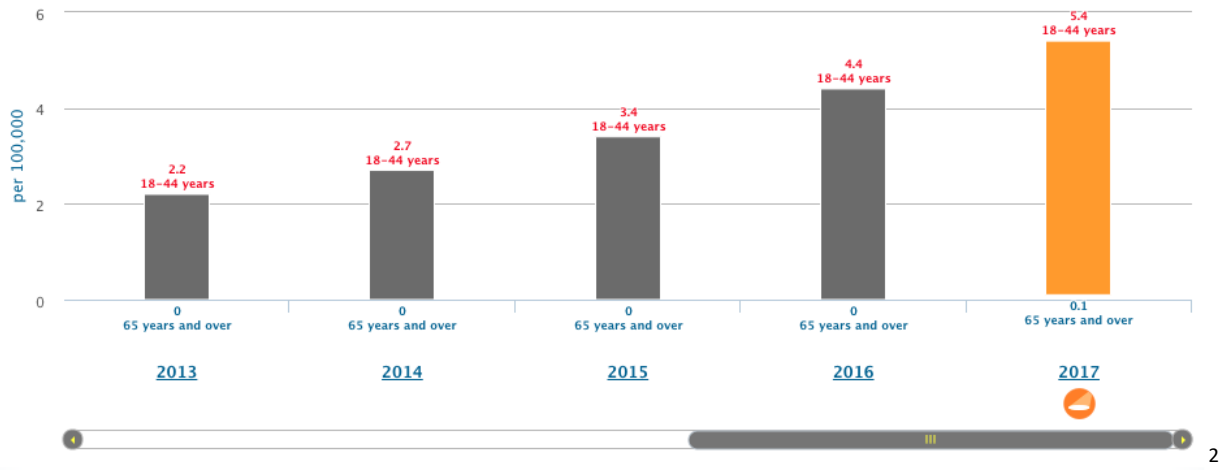
Desired Direction: ↓ Decrease Desired

2

This first chart shows disparities by age group for the populations with the highest and lowest values for the objective STD-7.1: Reduce domestic transmission of primary and secondary syphilis among females. The chart shows new cases of primary and secondary syphilis among females from 2008 to 2012.

- In 2008, 0 new cases of primary and secondary syphilis per 100,000 females aged 65 years and over were reported and 3.2 new cases of primary and secondary syphilis per 100,000 females aged 18 to 44 years were reported.
- In 2009, 0 new cases of primary and secondary syphilis per 100,000 females aged 65 years and over were reported and 3.2 new cases of primary and secondary syphilis per 100,000 females aged 18 to 44 years were reported.
- In 2010, 0 new cases of primary and secondary syphilis per 100,000 females aged 65 years and over were reported and 2.6 new cases of primary and secondary syphilis per 100,000 females aged 18 to 44 years were reported.

- In 2011, 0 new cases of primary and secondary syphilis per 100,000 females aged 65 years and over were reported and 2.2 new cases of primary and secondary syphilis per 100,000 females aged 18 to 44 years were reported.
- In 2012, 0 new cases of primary and secondary syphilis per 100,000 females aged 65 years and over were reported and 2.1 new cases of primary and secondary syphilis per 100,000 females aged 18 to44 years were reported.



2

This second chart also shows disparities by age group for the populations with the highest and lowest values for the objective STD-7.1: Reduce domestic transmission of primary and secondary syphilis among females. The chart shows new cases of primary and secondary syphilis among females from 2013 to 2017.

- In 2013, 0 new cases of primary and secondary syphilis per 100,000 females aged 65 years and over were reported and 2.2 new cases of primary and secondary syphilis per 100,000 females aged 18 to 44 years were reported.
- In 2014, 0 new cases of primary and secondary syphilis per 100,000 females aged 65 years and over were reported and 2.7 new cases of primary and secondary syphilis per 100,000 females aged 18-44 years were reported.
- In 2015, 0 new cases of primary and secondary syphilis per 100,000 females aged 65 years and over were reported and 3.4 new cases of primary and secondary syphilis per 100,000 females aged 18-44 years were reported.
- In 2016, 0 new cases of primary and secondary syphilis per 100,000 females aged 65 years and over were reported and 4.4 new cases of primary and secondary syphilis per 100,000 females aged 18-44 years were reported.
- In 2017, 0.1 new cases of primary and secondary syphilis per 100,000 females aged 65 years and over were reported and 5.4 new cases of primary and secondary syphilis per 100,000 females aged 18-44 years were reported.

Data Source: STD Surveillance System (STDSS), CDC/NCHHSTP; Population Estimates, Census
Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Race and Ethnicity

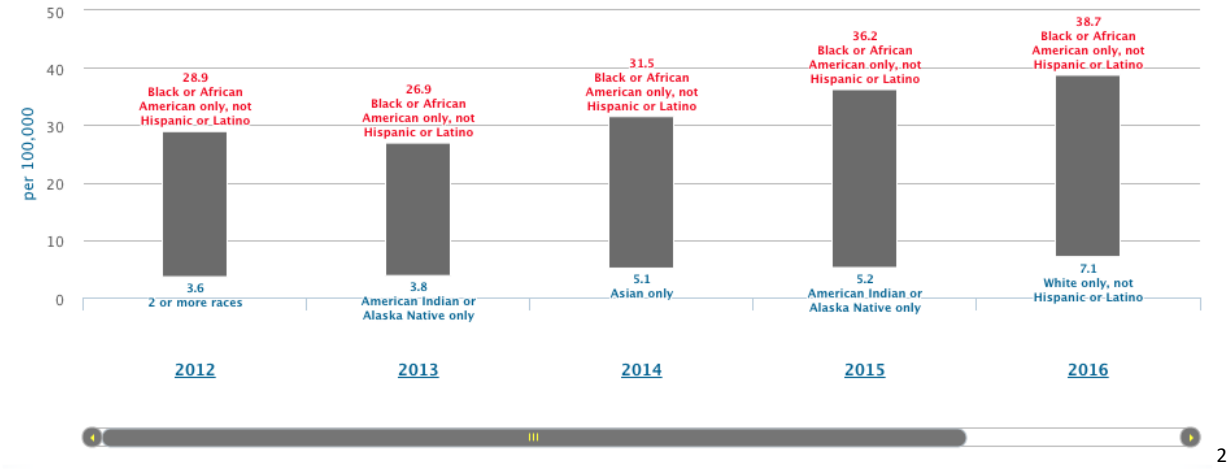
STD-7.2: New cases of primary and secondary syphilis among males (per 100,000 population)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 7.4 (2008)

2020 Target: 6.7[1]

Desired Direction: ↓ Decrease Desired

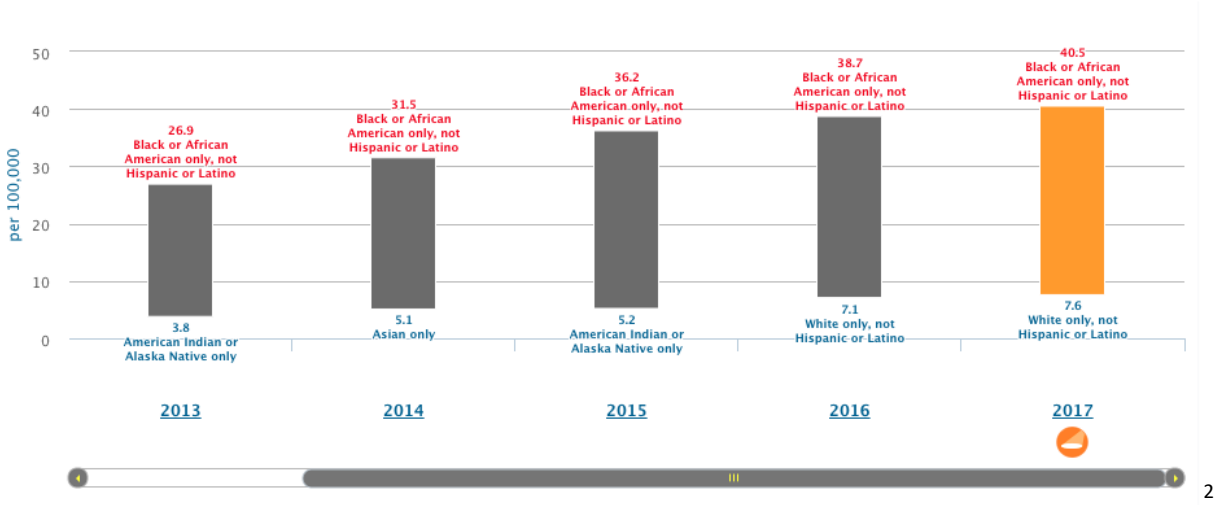


[2]

This first chart shows disparities by race and ethnicity for the populations with the highest and lowest values for the objective STD-7.2: Reduce domestic transmission of primary and secondary syphilis among males. The chart shows new cases of primary and secondary syphilis among males from 2012 to 2016.

- In 2012, 3.6 new cases of primary and secondary syphilis per 100,000 males of identifying with two or more races were reported and 28.9 new cases of primary and secondary syphilis per 100,000 Black or African American only, not Hispanic or Latino males were reported.
- In 2013, 3.8 new cases of primary and secondary syphilis per 100,000 American Indian or Alaska Native only males were reported and 26.9 new cases of primary and secondary syphilis per 100,000 Black or African American only, not Hispanic or Latino males were reported.

- In 2014, 5.1 new cases of primary and secondary syphilis per 100,000 Asian only males were reported and 31.5 new cases of primary and secondary syphilis per 100,000 Black or African American only, not Hispanic or Latino males were reported.
- In 2015, 5.2 new cases of primary and secondary syphilis per 100,000 American Indian or Alaska Native only males were reported and 36.2 new cases of primary and secondary syphilis per 100,000 Black or African American only, not Hispanic or Latino males were reported.
- In 2016, 7.1 new cases of primary and secondary syphilis per 100,000 White only, not Hispanic or Latino males were reported and 38.7 new cases of primary and secondary syphilis per 100,000 Black or African American only, not Hispanic or Latino males were reported.



2

This second chart also shows disparities by race and ethnicity for the populations with the highest and lowest values for the objective STD-7.2: Reduce domestic transmission of primary and secondary syphilis among males. The chart shows new cases of primary and secondary syphilis among males from 2013 to 2017.

- In 2013, 3.8 new cases of primary and secondary syphilis per 100,000 American Indian or Alaska Native only males were reported and 26.9 new cases of primary and secondary syphilis per 100,000 Black or African American only, not Hispanic or Latino males were reported.
- In 2014, 5.1 new cases of primary and secondary syphilis per 100,000 Asian only males were reported and 31.5 new cases of primary and secondary syphilis per 100,000 Black or African American only, not Hispanic or Latino males were reported.
- In 2015, 5.2 new cases of primary and secondary syphilis per 100,000 American Indian or Alaska Native only males were reported and 36.2 new cases of primary and secondary syphilis per 100,000 Black or African American only, not Hispanic or Latino males were reported.

- In 2016, 7.1 new cases of primary and secondary syphilis per 100,000 White only, not Hispanic or Latino males were reported and 38.7 new cases of primary and secondary syphilis per 100,000 Black or African American only, not Hispanic or Latino males were reported.
- In 2017, 7.6 new cases of primary and secondary syphilis per 100,000 White only, not Hispanic or Latino males were reported and 40.5 new cases of primary and secondary syphilis per 100,000 Black or African American only, not Hispanic or Latino males were reported.

Data Source: STD Surveillance System (STDSS), CDC/NCHHSTP; Population Estimates, Census

Data are subject to revision and may have changed since a previous release.

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Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Sexual Orientation

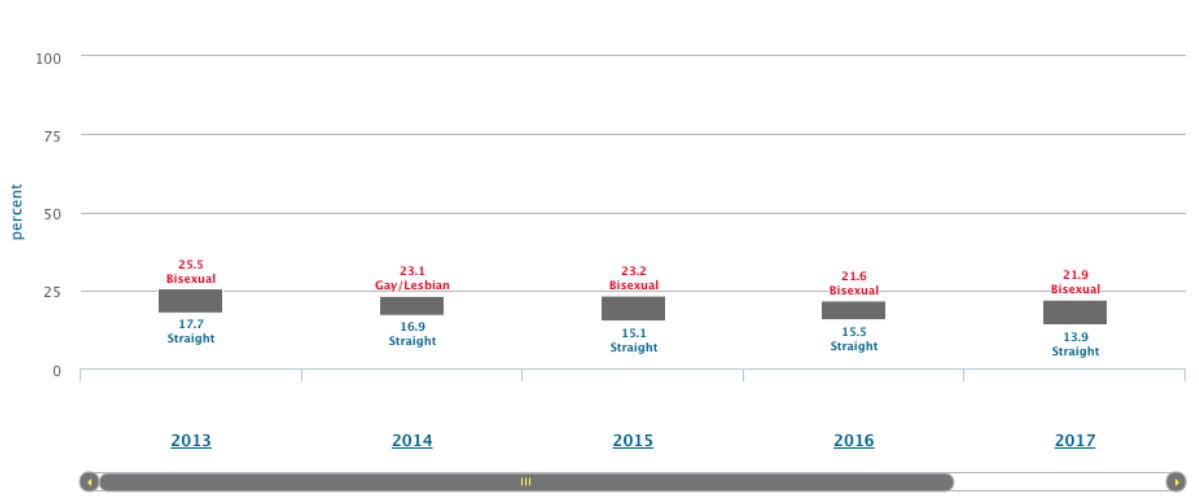
TU-1.1: Adult cigarette smoking (age adjusted, percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 20.6 (2008)

2020 Target: 12.0

Desired Direction: ↓ Decrease Desired

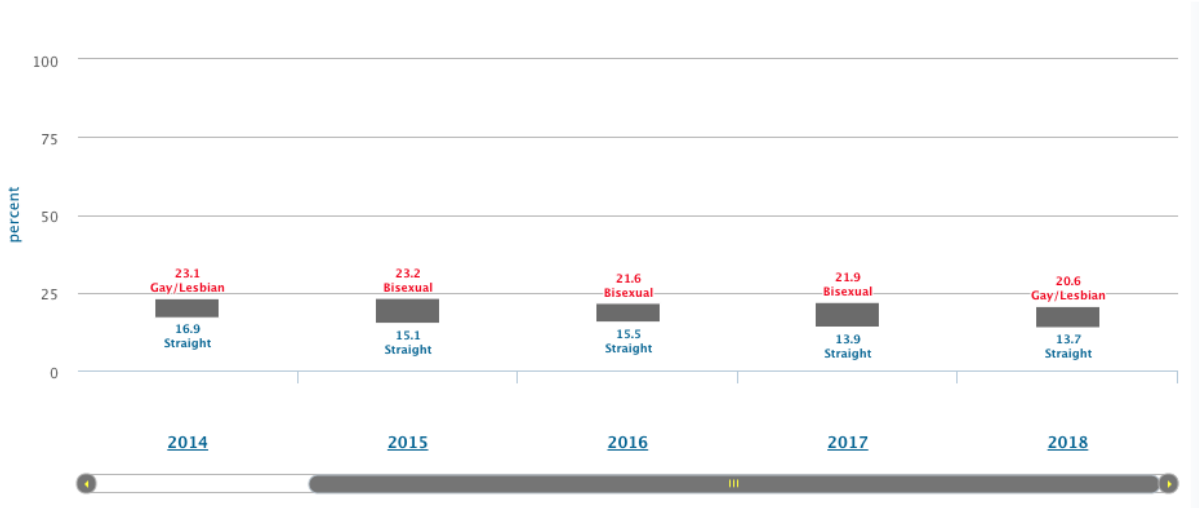


This first chart shows disparities by sexual orientation for the populations with the highest and lowest values for the objective TU-1.1: Reduce cigarette smoking by adults. The chart shows the percent adult cigarette smoking from 2013 to 2017.

- In 2013, 17.1 percent of straight adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers and 25.5 percent of bisexual adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2014, 16.9 percent of straight adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers and 23.1 percent of gay/lesbian adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers
- In 2015, 15.1 percent of straight adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers and 23.2 percent of

bisexual adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers

- In 2016, 15.5 percent of straight adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers and 21.6 percent of bisexual adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers
- In 2017, 13.9 percent of straight adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers and 21.9 percent of bisexual adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers



The second chart also shows disparities by sexual orientation for the populations with the highest and lowest values for the objective TU-1.1: Reduce cigarette smoking by adults. The chart shows the percent adult cigarette smoking from 2014 to 2018.

- In 2014, 16.9 percent of straight adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers and 23.1 percent of gay/lesbian adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2015, 15.1 percent of straight adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers and 23.2 percent of bisexual adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2016, 15.5 percent of straight adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers and 21.6 percent of bisexual adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2017, 13.9 percent of straight adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers and 21.9 percent of

bisexual adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers.

- In 2018, 13.7 percent of straight adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers and 20.6 percent of gay/lesbian adults aged 18 years and over (age adjusted using the year 2000 standard population) were current cigarette smokers.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

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Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Educational Attainment

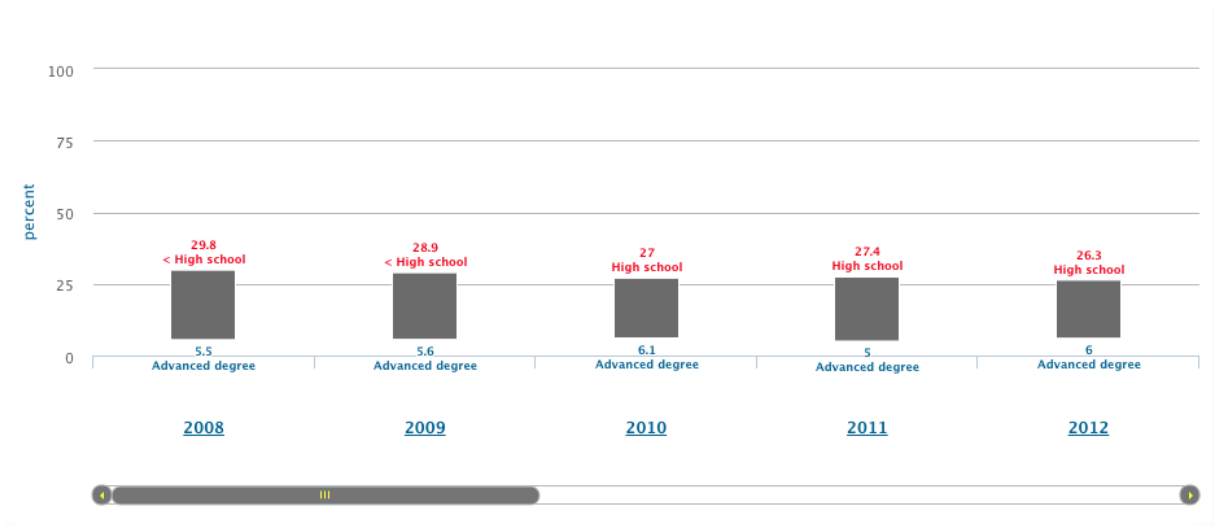
TU-1.1: Adult cigarette smoking (age adjusted, percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 20.6 (2008)

2020 Target: 12.0

Desired Direction: ↓ Decrease Desired

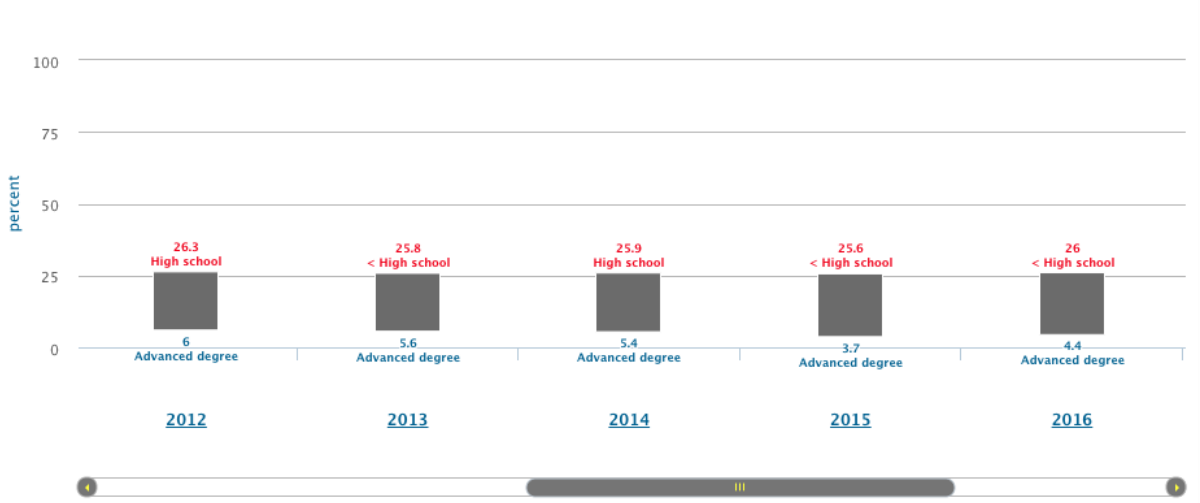


This first chart shows disparities by educational attainment for the populations with the highest and lowest values for the objective TU-1.1: Reduce cigarette smoking by adults. The chart shows the percent adult cigarette smoking from 2008 to 2012.

- In 2008, 5.5 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 29.8 percent of adults aged 18 years with less than a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2009, 5.6 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 28.9 percent of adults aged 18 years with less than a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2010, 6.1 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 27

percent of adults aged 18 years with a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.

- In 2011, 5 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 27.4 percent of adults aged 18 years with a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2012, 6 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 26.3 percent of percent of adults aged 18 years with a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.

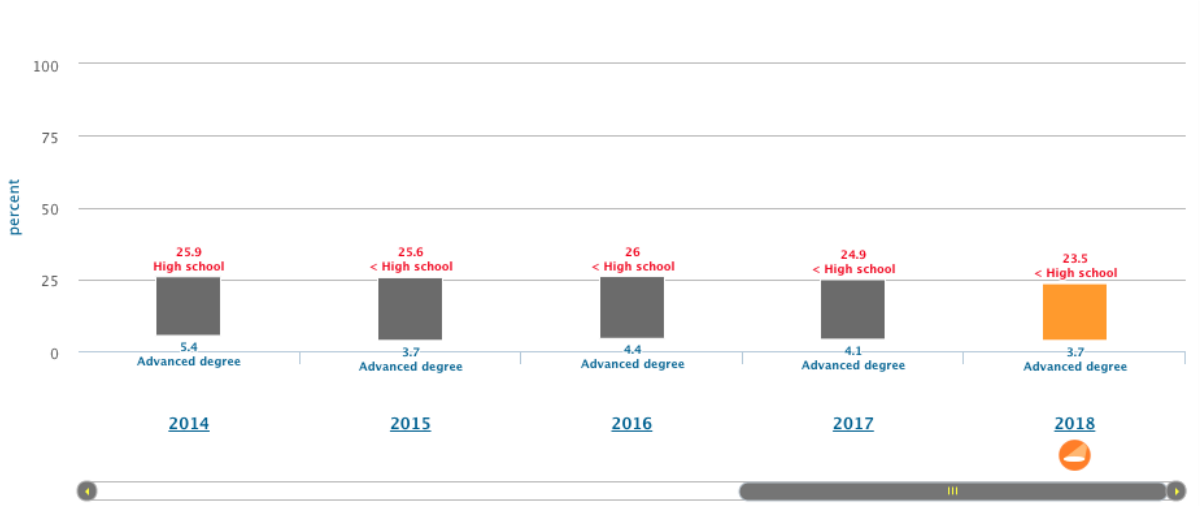


This second chart also shows disparities by educational attainment for the populations with the highest and lowest values for the objective TU-1.1: Reduce cigarette smoking by adults. The chart shows the percent adult cigarette smoking from 2012 to 2016.

- In 2012, 6 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 26.3 percent of adults aged 18 years with a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2013, 5.6 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 25.8 percent of adults aged 18 years with less than a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2014, 5.4 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 25.9 percent of adults aged 18 years with a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2015, 3.7 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 25.6

percent of adults aged 18 years with less than a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.

- In 2016, 4.4 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 26 percent of adults aged 18 years with less than a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.



This third chart also shows disparities by educational attainment for the populations with the highest and lowest values for the objective TU-1.1: Reduce cigarette smoking by adults. The chart shows the percent adult cigarette smoking from 2014 to 2018.

- In 2014, 5.4 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 25.9 percent of adults aged 18 years with a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2015, 3.7 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 25.6 percent of adults aged 18 years with less than a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2016, 4.4 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 26 percent of adults aged 18 years with less than a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2017, 4.1 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 24.9 percent of adults aged 18 years with less than a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.
- In 2018, 3.7 percent of adults aged 18 years with an advanced degree (age adjusted using the year 2000 standard population) were current cigarette smokers and 23.5

percent of adults aged 18 years with less than a high school education (age adjusted using the year 2000 standard population) were current cigarette smokers.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Marital Status

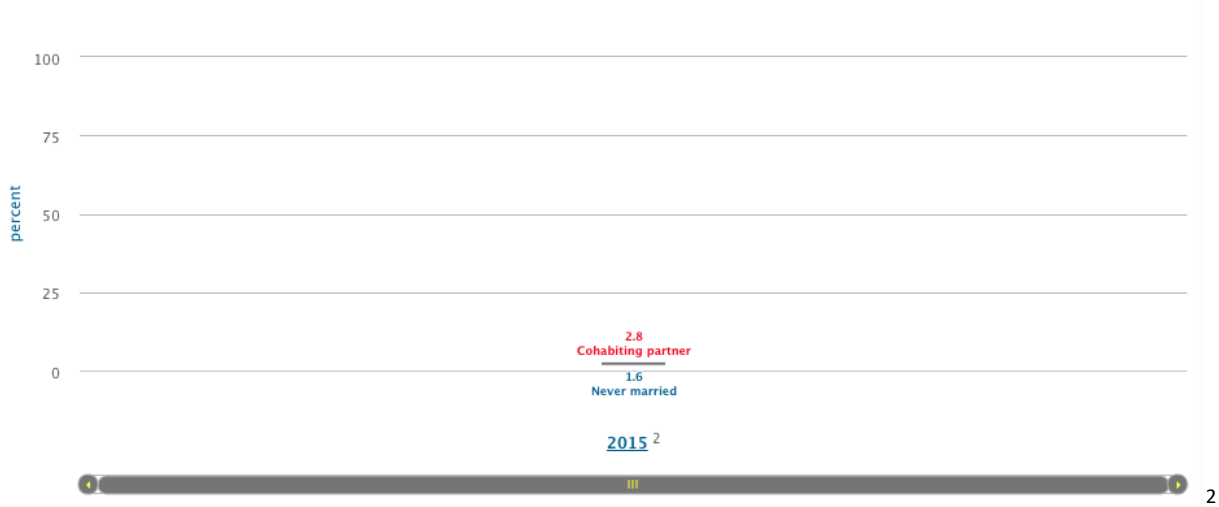
TU-1.2: Adult use of smokeless tobacco products (age adjusted, percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 2.2 (2015)

2020 Target: 0.2[1]

Desired Direction: ↓ Decrease Desired



2

This chart shows disparities by marital status for the populations with the highest and lowest values for the objective TU-1.2: Reduce use of smokeless tobacco products by adults. The chart shows the percent of adults aged 18 years and over that use smokeless tobacco products in 2015.

- In 2015, 1.6 percent of adults aged 18 years and over who were never married (age adjusted using the year 2000 standard population) used smokeless tobacco products and 2.8 percent of adults aged 18 years and over who were living with a cohabiting partner (age adjusted using the year 2000 standard population) used smokeless tobacco products.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Health Insurance Status

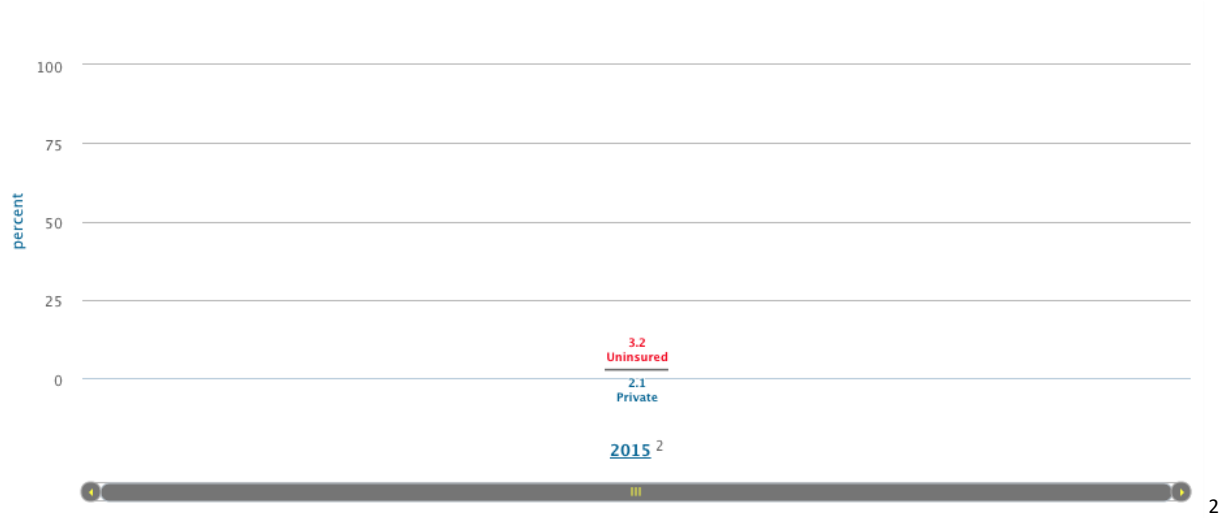
TU-1.3: Adult cigar smoking (age adjusted, percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 2.3 (2015)

2020 Target: 0.3[1]

Desired Direction: ↓ Decrease Desired



2

This chart shows disparities by health insurance status for the populations with the highest and lowest values for the objective TU-1.3: Reduce use of cigars, cigarillos, and little filtered cigars by adults. The chart shows the percent of adults aged 18 years and over that smoked cigars in 2015.

- In 2015, 2.1 percent of adults aged 18 years and over with private insurance (age adjusted using the year 2000 standard population) smoked cigars and 3.2 percent of uninsured adults aged 18 years and over (age adjusted using the year 2000 standard population) smoked cigars.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Age Group

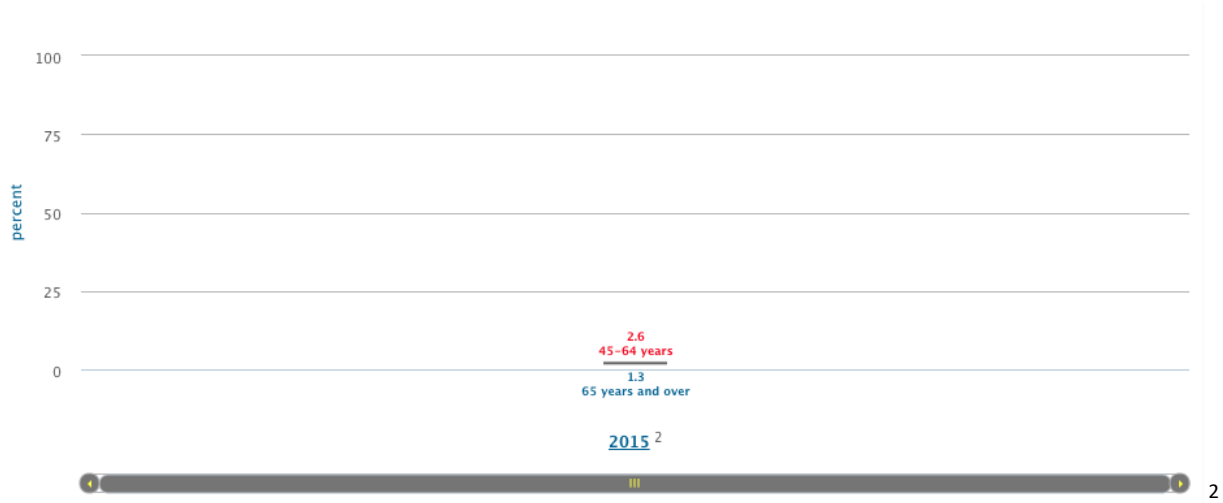
TU-1.3: Adult cigar smoking (age adjusted, percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 2.3 (2015)

2020 Target: 0.3[1]

Desired Direction: ↓ Decrease Desired



2

This chart shows disparities by age group for the populations with the highest and lowest values for the objective TU-1.3: Reduce use of cigars, cigarillos, and little filtered cigars by adults. The chart shows the percent of adults that smoked cigars in 2015.

- In 2015, 1.3 percent of adults aged 65 years and over (age adjusted using the year 2000 standard population) smoked cigars and 2.6 percent of adults aged 45 to 64 years (age adjusted using the year 2000 standard population) smoked cigars.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population.

Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited. Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Educational Attainment

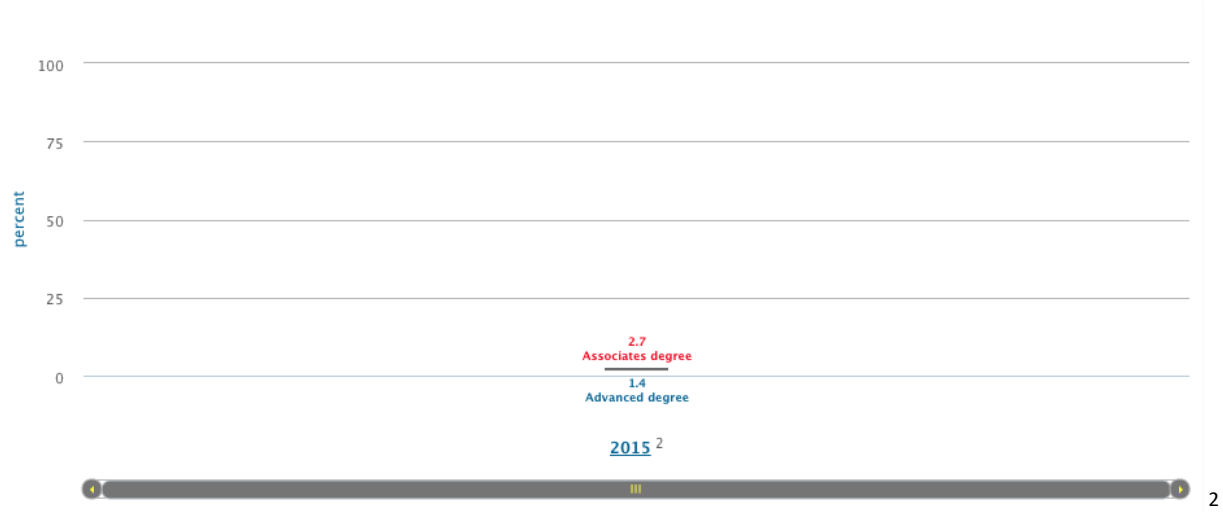
TU-1.3: Adult cigar smoking (age adjusted, percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 2.3 (2015)

2020 Target: 0.3[1]

Desired Direction: ↓ Decrease Desired



2

This chart shows disparities by educational attainment status for the populations with the highest and lowest values for the objective TU-1.3: Reduce use of cigars, cigarillos, and little filtered cigars by adults. The chart shows the percent of adults aged 18 years and over that smoked cigars in 2015.

- In 2015, 1.4 percent of adults aged 18 years and over with an advanced degree smoked cigars (age adjusted using the year 2000 standard population) and 2.7 percent of adults aged 18 years and over with an associate's degree smoked cigars (age adjusted using the year 2000 standard population).

Data Source: National Health Interview Survey (NHIS), CDC/NCHS
Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Educational Attainment

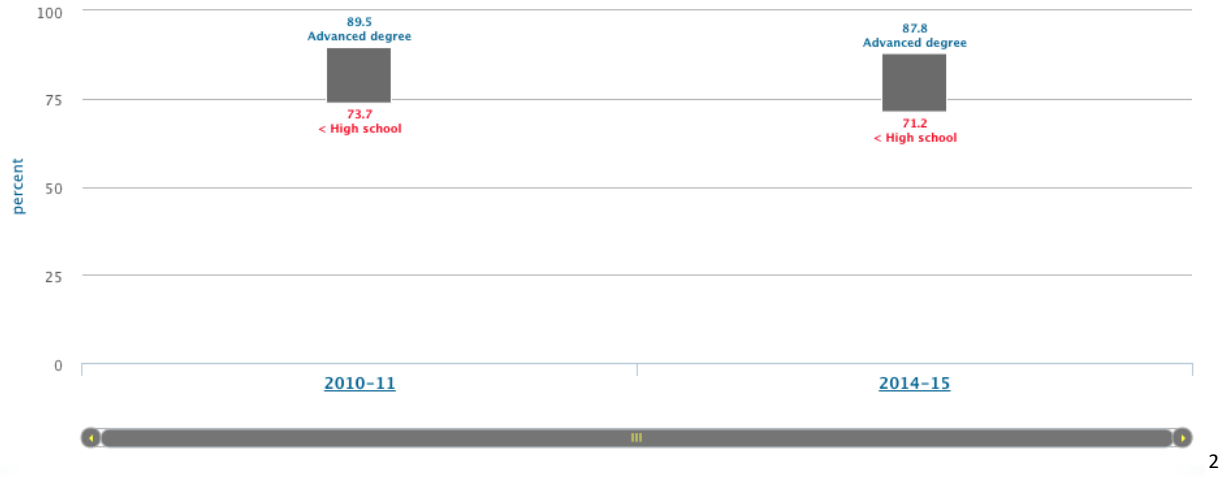
TU-12: Persons covered by indoor worksite policies prohibiting smoking (percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 83.4 (2010–11)

2020 Target: 100

Desired Direction: ↑ Increase Desired



This chart shows disparities by educational attainment status for the populations with the highest and lowest values for the objective TU-12: Increase the proportion of persons covered by indoor worksite policies that prohibit smoking. The chart shows the percent of persons aged 18 years and over covered by indoor worksite policies prohibiting smoking from 2010 to 2015.

- From 2010 to 2011, 73.7 percent of persons aged 18 years and over with less than high school education were covered by indoor worksite policies prohibiting smoking and 89.5 percent of persons aged 18 years and over with an advanced degree were covered by indoor worksite policies prohibiting smoking.
- From 2014 to 2015, 71.2 percent of persons aged 18 years and over with less than high school education were covered by indoor worksite policies prohibiting smoking and 87.8 percent of persons aged 18 years and over with an advanced degree were covered by indoor worksite policies prohibiting smoking.

Data Source: Tobacco Use Supplement-Current Population Survey (TUS-CPS), Census/DOL/BLS/NIH/NCI

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Race and Ethnicity

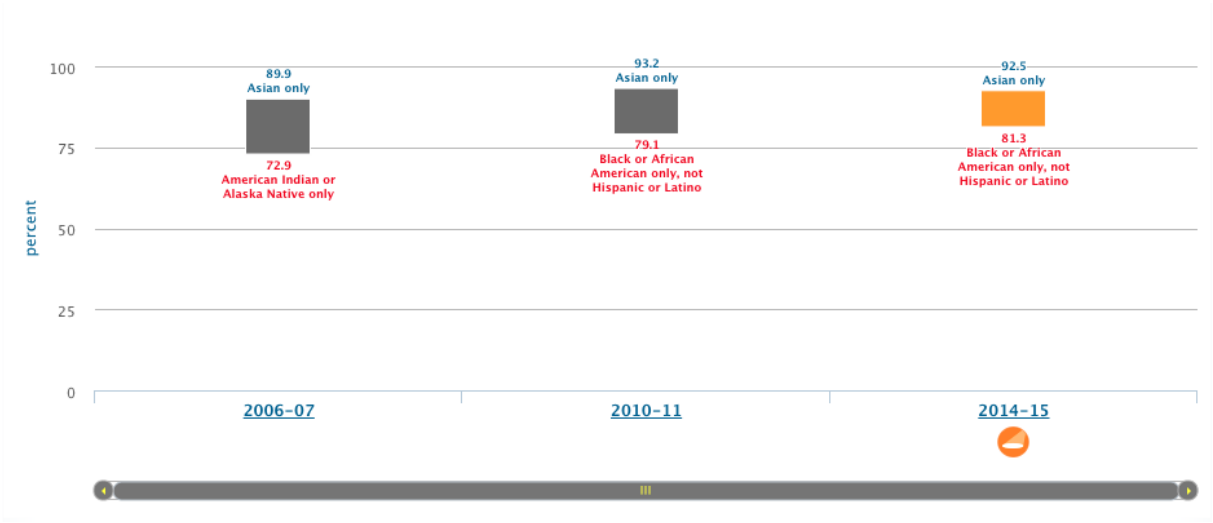
TU-14: Adults living in smoke-free homes (percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 79.1 (2006–07)

2020 Target: 87.0

Desired Direction: ↑ Increase Desired



This chart shows disparities by race and ethnicity status for the populations with the highest and lowest values for the objective TU-14: Increase the proportion of smoke-free homes. The chart shows the percent of adults aged 18 years and over living in smoke-free homes 2006 to 2015.

- From 2006 to 2007, 72.9 percent of American Indian or Alaska Native only adults aged 18 years and over lived in smoke-free homes and 89.9 percent of Asian only adults aged 18 years and over lived in smoke-free homes.
- From 2010 to 2011, 79.1 percent of Black or African American only, not Hispanic or Latino adults aged 18 years and over lived in smoke-free homes and 93.2 Asian only adults aged 18 years and over lived in smoke-free homes.
- From 2014 to 2015, 81.3 percent of Black or African American only, not Hispanic or Latino adults aged 18 years and over lived in smoke-free homes and 92.5 Asian only adults aged 18 years and over lived in smoke-free homes.

Data Source: Tobacco Use Supplement-Current Population Survey (TUS-CPS), Census/DOL/BLS/NIH/NCI

Data are subject to revision and may have changed since a previous release.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population. Data availability by population groups may vary for each time point. Hence, assessment of changes in summary measures over time may be limited.

Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Educational Attainment

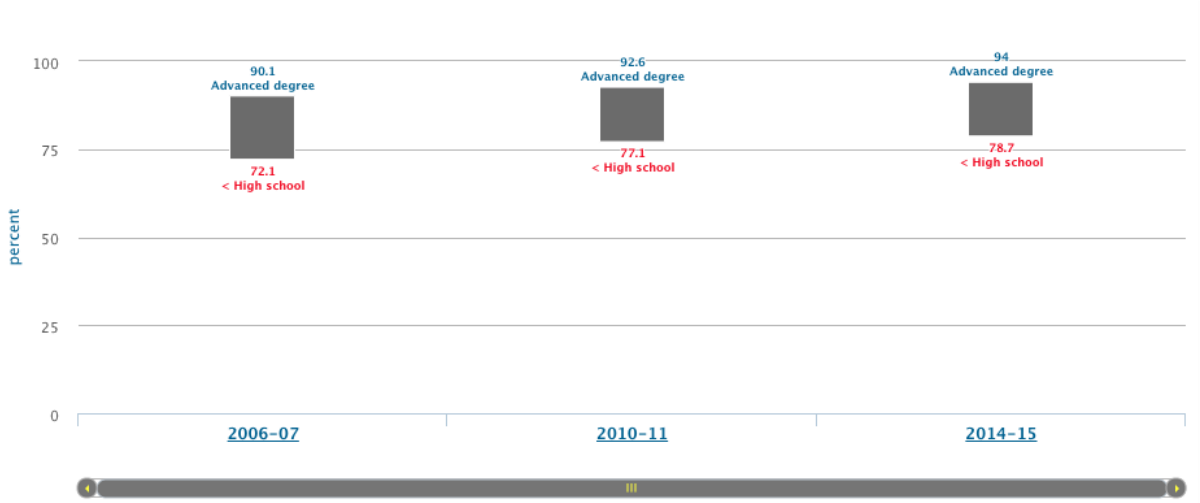
TU-14: Adults living in smoke-free homes (percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 79.1 (2006–07)

2020 Target: 87.0

Desired Direction: ↑ Increase Desired



This chart shows disparities by educational attainment for the populations with the highest and lowest values for the objective TU-14: Increase the proportion of smoke-free homes. The chart shows the percent of adults aged 18 years and over living in smoke-free homes 2006 to 2015.

- From 2006 to 2007, 72.1 percent of adults aged 18 years and over with less than high school education lived in smoke-free homes and 90.1 percent of adults aged 18 years and over with an advanced degree lived in smoke-free homes.
- From 2010 to 2011, 77.1 percent of adults aged 18 years and over with less than high school education lived in smoke-free homes and 92.6 percent of adults aged 18 years and over with an advanced degree lived in smoke-free homes.
- From 2014 to 2015, 78.7 percent of adults aged 18 years and over with less than high school education lived in smoke-free homes and 94 percent of adults aged 18 years and over with an advanced degree lived in smoke-free homes.

Data Source: Tobacco Use Supplement-Current Population Survey (TUS-CPS), Census/DOL/BLS/NIH/NCI

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Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Country of Birth

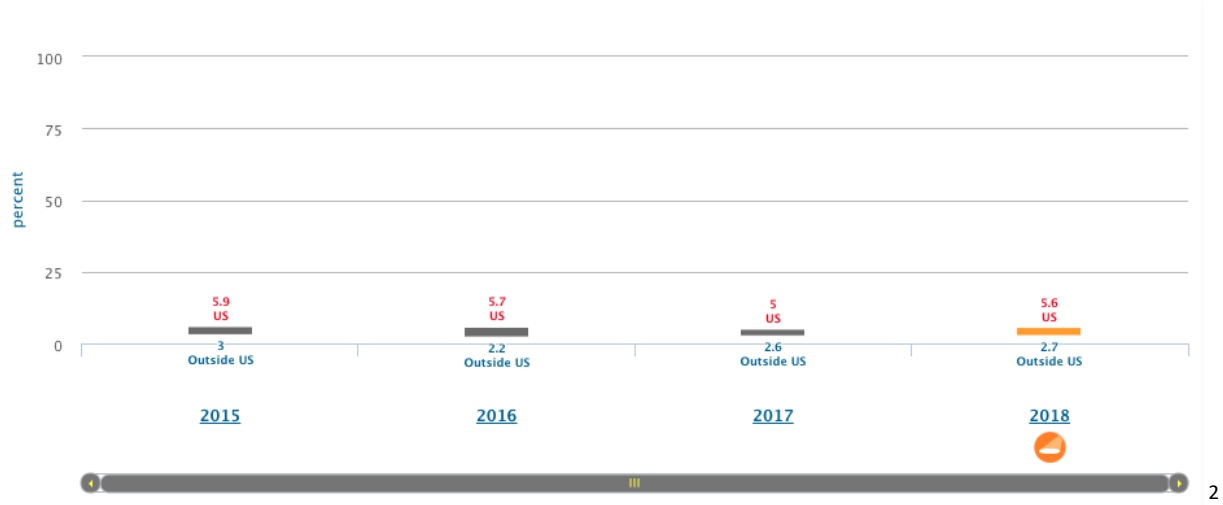
TU-3.8: Young adults initiating cigar smoking in past 12 months (percent, 18–25 years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 6.3 (2008)

2020 Target: 4.3[1]

Desired Direction: ↓ Decrease Desired



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This chart shows disparities by country of birth for the populations with the highest and lowest values for the objective TU-3.8: Reduce the initiation of the use of cigars by young adults aged 18 to 25 years. The chart shows the percent of persons aged 18 to 25 years initiating cigar smoking in the past 12 months from 2015 to 2018.

- In 2015, 3 percent of persons aged 18 to 25 years and living outside the US had initiated cigar smoking in the past 12 months and 5.9 percent of persons aged 18 to 25 years and living in the US had initiated cigar smoking in the past 12 months.
- In 2016, 2.2 percent of persons aged 18 to 25 years and living outside the US had initiated cigar smoking in the past 12 months and 5.7 percent of persons aged 18 to 25 years and living in the US had initiated cigar smoking in the past 12 months.
- In 2017, 2.6 percent of persons aged 18 to 25 years and living outside the US had initiated cigar smoking in the past 12 months and 5 percent of persons aged 18 to 25 years and living in the US had initiated cigar smoking in the past 12 months.

- In 2018, 2.7 percent of persons aged 18 to 25 years and living outside the US had initiated cigar smoking in the past 12 months and 5.6 percent of persons aged 18 to 25 years and living in the US had initiated cigar smoking in the past 12 months.

Data Source: National Survey on Drug Use and Health (NSDUH), SAMHSA

Data are subject to revision and may have changed since a previous release.

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Disparities are assessed relative to the group with the least adverse, or most favorable, event or condition.

Disparities Overview by Sex

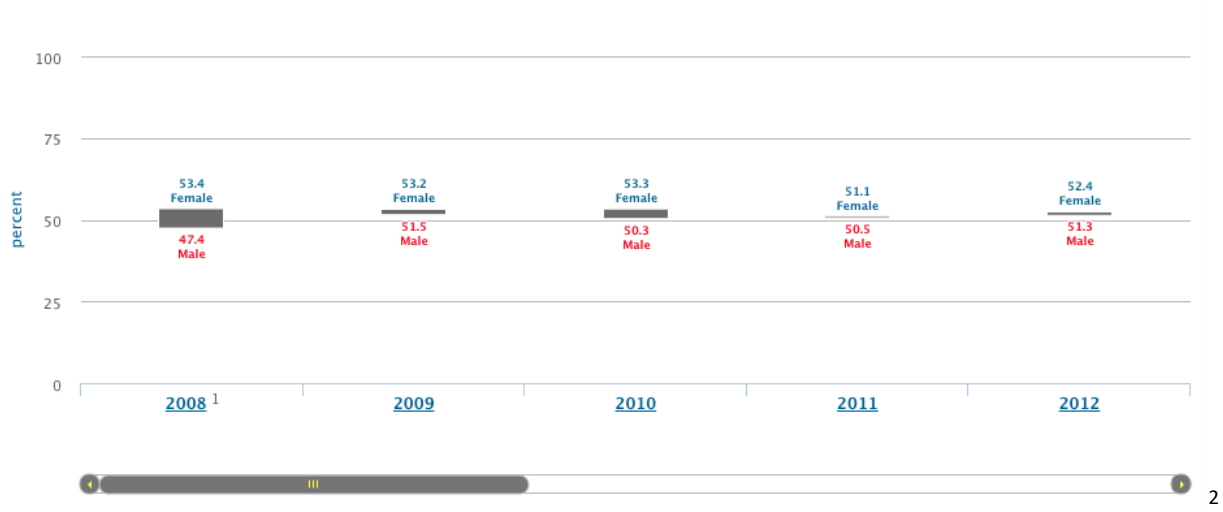
TU-4.1: Adult smokers attempting smoking cessation in past 12 months (age adjusted, percent, 18+ years)

This chart displays the range of estimates for each time point and identifies the populations with highest and lowest values.

2020 Baseline (year): 50.2 (2008)

2020 Target: 80.0

Desired Direction: ↑ Increase Desired

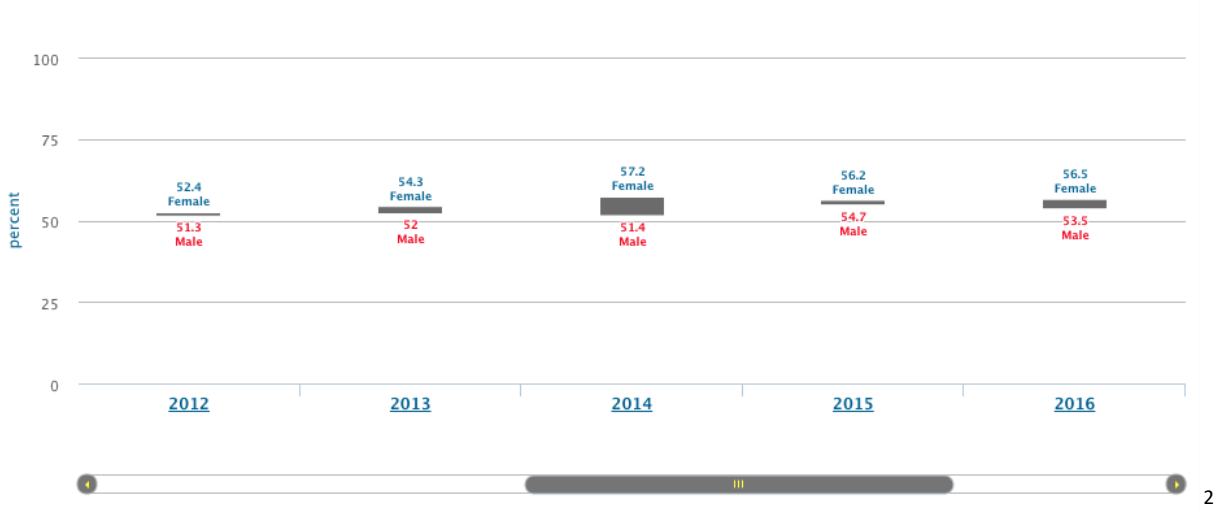


This first chart shows disparities by sex for the populations with the highest and lowest values for the objective TU-4.1: Increase smoking cessation attempts by adult smokers. The chart shows the percent of adult smokers aged 18 years and over attempting smoking cessation in the past 12 months from 2008 to 2012.

- In 2008, 47.4 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 53.4 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.
- In 2009, 51.5 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 53.2 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.
- In 2010, 50.3 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 53.3

percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.

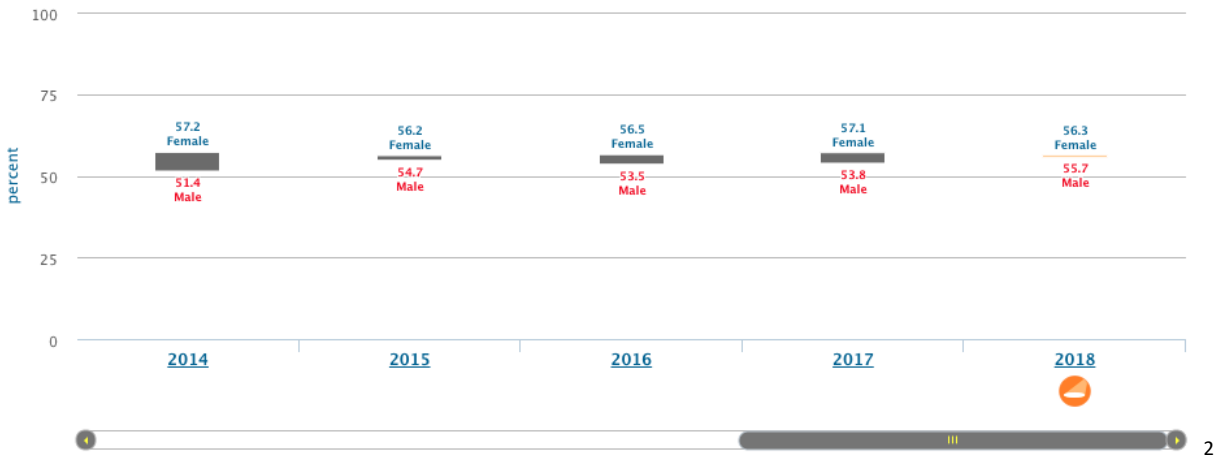
- In 2011, 50.5 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 51.1 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.
- In 2012, 51.3 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 52.4 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.



This second chart also shows disparities by sex for the populations with the highest and lowest values for the objective TU-4.1: Increase smoking cessation attempts by adult smokers This second chart shows the percent of adult smokers attempting smoking cessation in the past 12 months from 2012 to 2016.

- In 2012, 51.3 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 52.4 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.
- In 2013, 52 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 54.3 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.
- In 2014, 51.4 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 57.2 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.

- In 2015, 54.7 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 56.2 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.
- In 2016, 53.5 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 56.5 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.



This third chart also shows disparities by sex for the populations with the highest and lowest values for the objective TU-4.1: Increase smoking cessation attempts by adult smokers. This third chart shows the percent of adult smokers attempting smoking cessation in the past 12 months from 2014 to 2018.

- In 2014, 51.4 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 57.2 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.
- In 2015, 54.7 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 56.2 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.
- In 2016, 53.5 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 56.5 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.
- In 2017, 53.8 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 57.1

percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.

- In 2018, 55.7 percent of males aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months and 56.3 percent of females aged 18 years and over (age adjusted using the year 2000 standard population) attempted smoking cessation in the past 12 months.

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

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