APPENDIX

Objective Status: Early and Middle Childhood

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

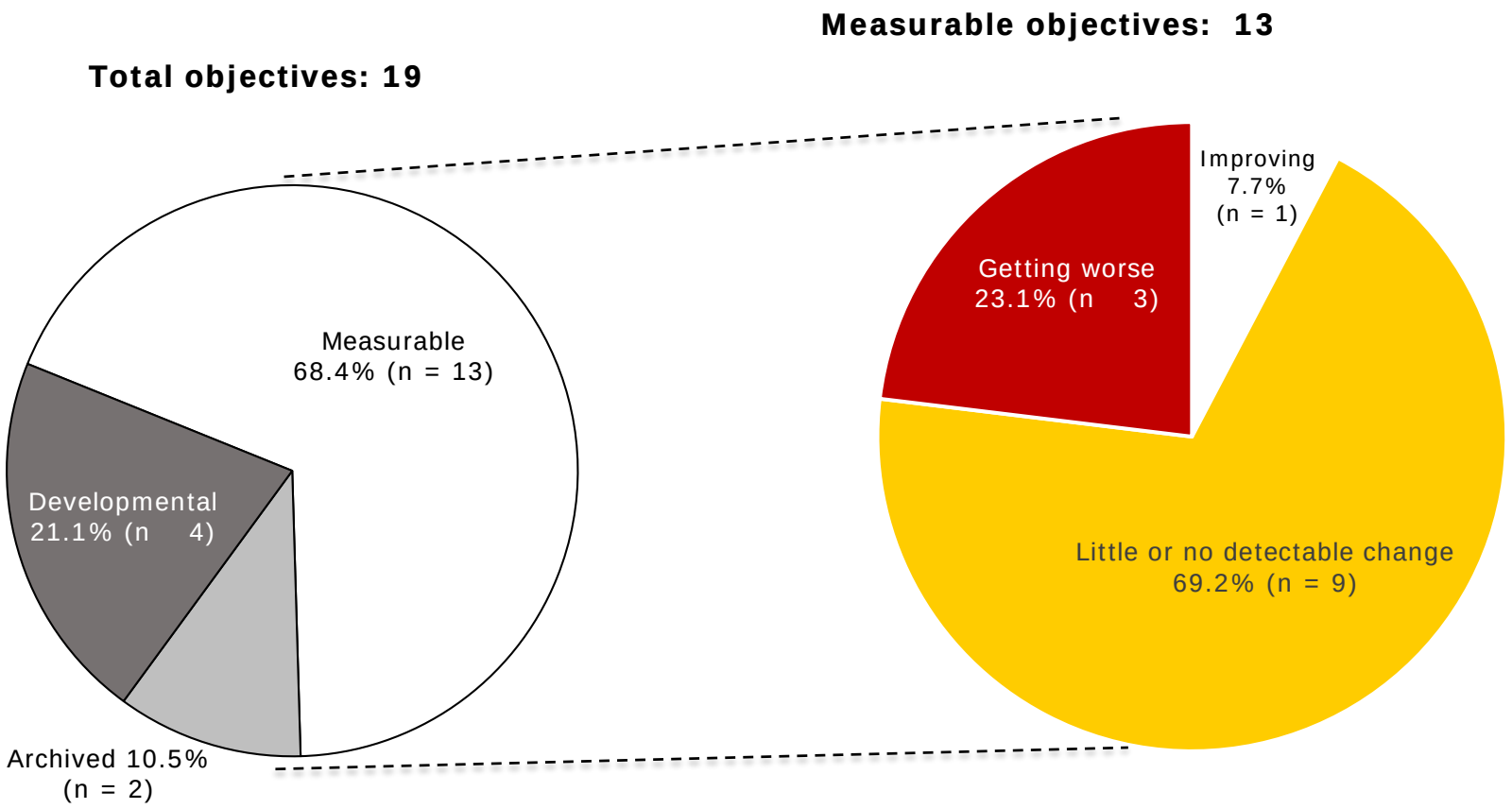
- ○ EMC-1 (Developmental) Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development
- EMC-2.2 Increase the proportion of parents who use positive communication with their child
- EMC-2.3 Increase the proportion of parents who read to their young child
- EMC-2.4 Increase the proportion of parents who receive information from their doctors or other health care professionals when they have a concern about their children's learning, development, or behavior
- ○ EMC-3 (Developmental) Reduce the proportion of children who have poor quality of sleep
- EMC-4.1.1 Increase the proportion of elementary schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education
- EMC-4.1.2 Increase the proportion of middle schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education
- EMC-4.1.3 Increase the proportion of high schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education
- EMC-4.2.1 Increase the proportion of elementary schools that require newly hired staff who teach required health instruction to be certified, licensed, or endorsed by the State in health education

Objective Status: Early and Middle Childhood

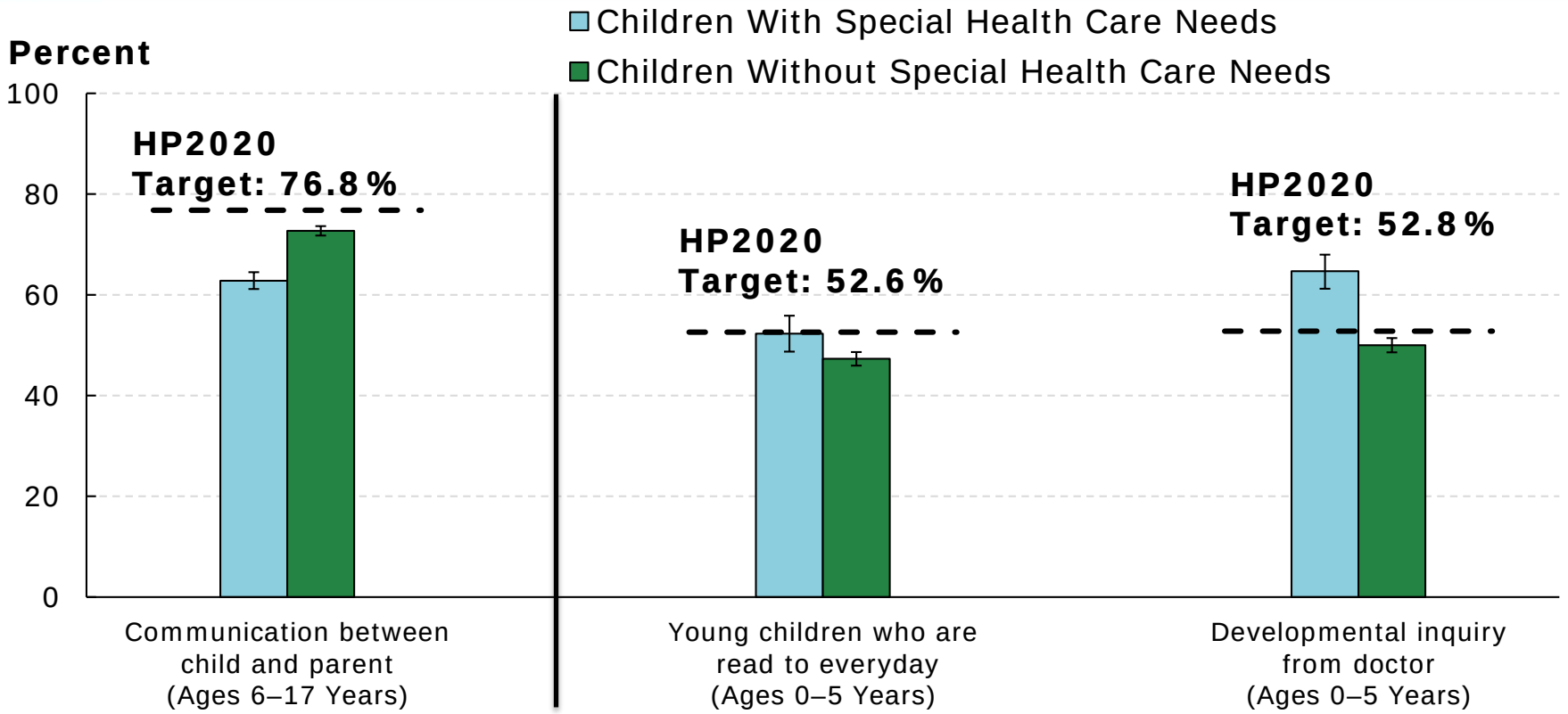
Target met | Improving | Little/No change | Getting worse | Baseline only | Developmental

- EMC-4.2.2 Increase the proportion of middle schools that require newly hired staff who teach required health instruction to be certified, licensed, or endorsed by the State in health education
- EMC-4.2.3 Increase the proportion of high schools that require newly hired staff who teach required health instruction to be certified, licensed, or endorsed by the State in health education
- EMC-4.3.1 Increase the proportion of elementary schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools
- EMC-4.3.2 Increase the proportion of middle schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools
- EMC-4.3.3 Increase the proportion of high schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools
- EMC-4.4 Increase the proportion of required health education classes or courses with a teacher who has had professional development related to teaching personal and social skills for behavior change within the past 2 years
- EMC-5.1 (Developmental) Increase the proportion of children aged 4-5 years diagnosed with ADHD who receive recommended behavioral treatment
- EMC-5.2 (Developmental) Increase the proportion of children aged 6-17 years diagnosed with ADHD who receive recommended behavioral treatment, medication treatment, or both

Current HP2020 Objective Status: Early and Middle Childhood



Positive Parenting: Children With Special Health Care Needs, 2011–2012

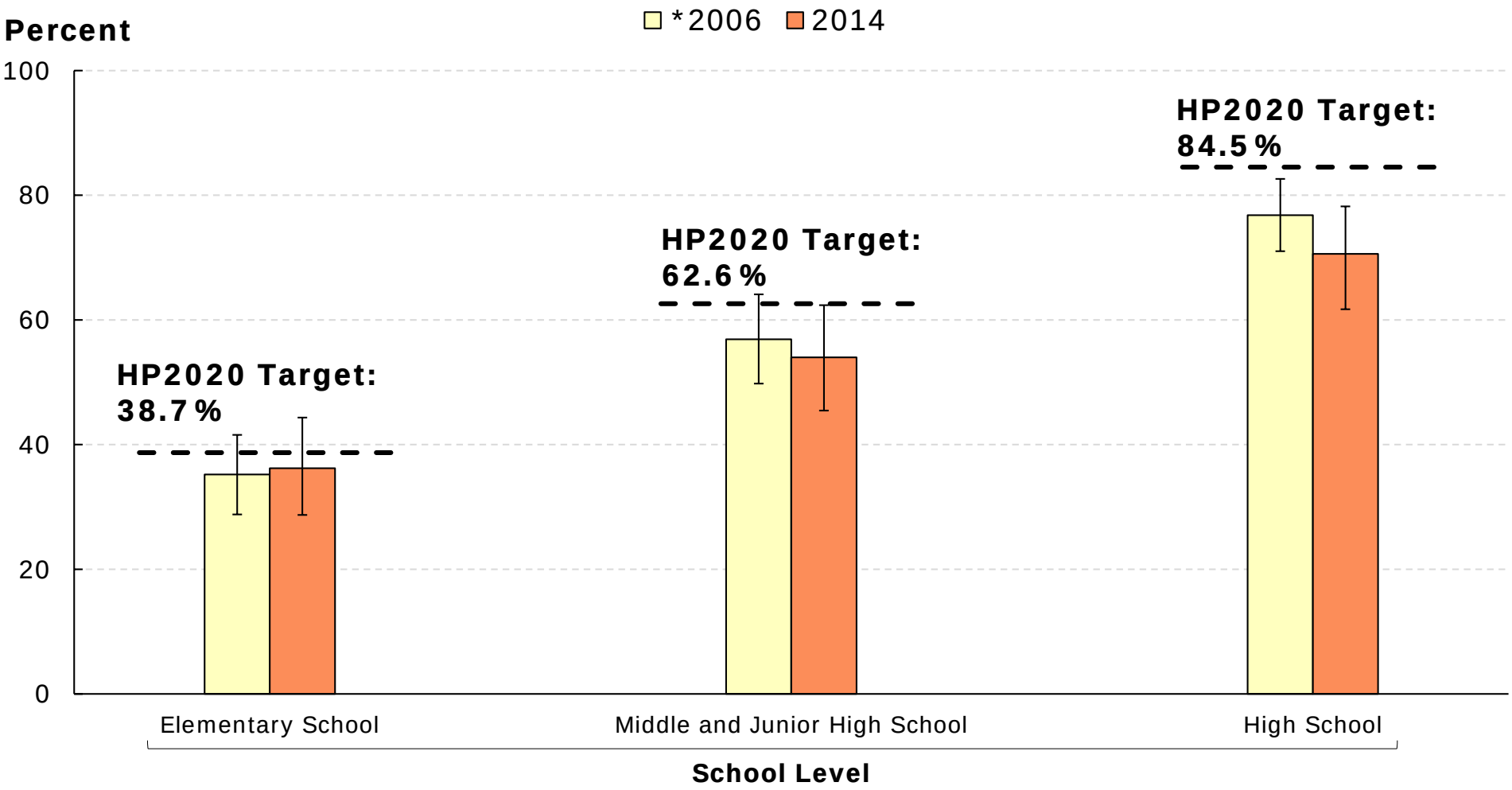


NOTES: I= 95% confidence interval. Children with special health care needs are identified by parents' reports that their child has a health problem expected to last at least 12 months and which requires prescription medication, more services than most children, special therapies, or which limits their child's ability to do things most children can do. Data for 'communication between child and parent' are for children aged 6 to 17 years whose parents reported they could share ideas and talk with them about things that mattered "very well". Data for 'young children who are read to everyday' are for children aged 0 to 5 years whose parents reported that someone in their family read to the child every day in the past week. Data for 'developmental advice from doctor' are for children aged 0 to 5 years who visited or used a health service in the past 12 months and whose parents reported that their child's doctor or other health professional gave them specific information to address their concerns about the child's learning, development, or behavior.

SOURCE: National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS.

Objs. EMC-2.2–EMC-2.4
Increase desired

School Health Educator Requirements: Training for Newly Hired Staff, 2006 and 2014

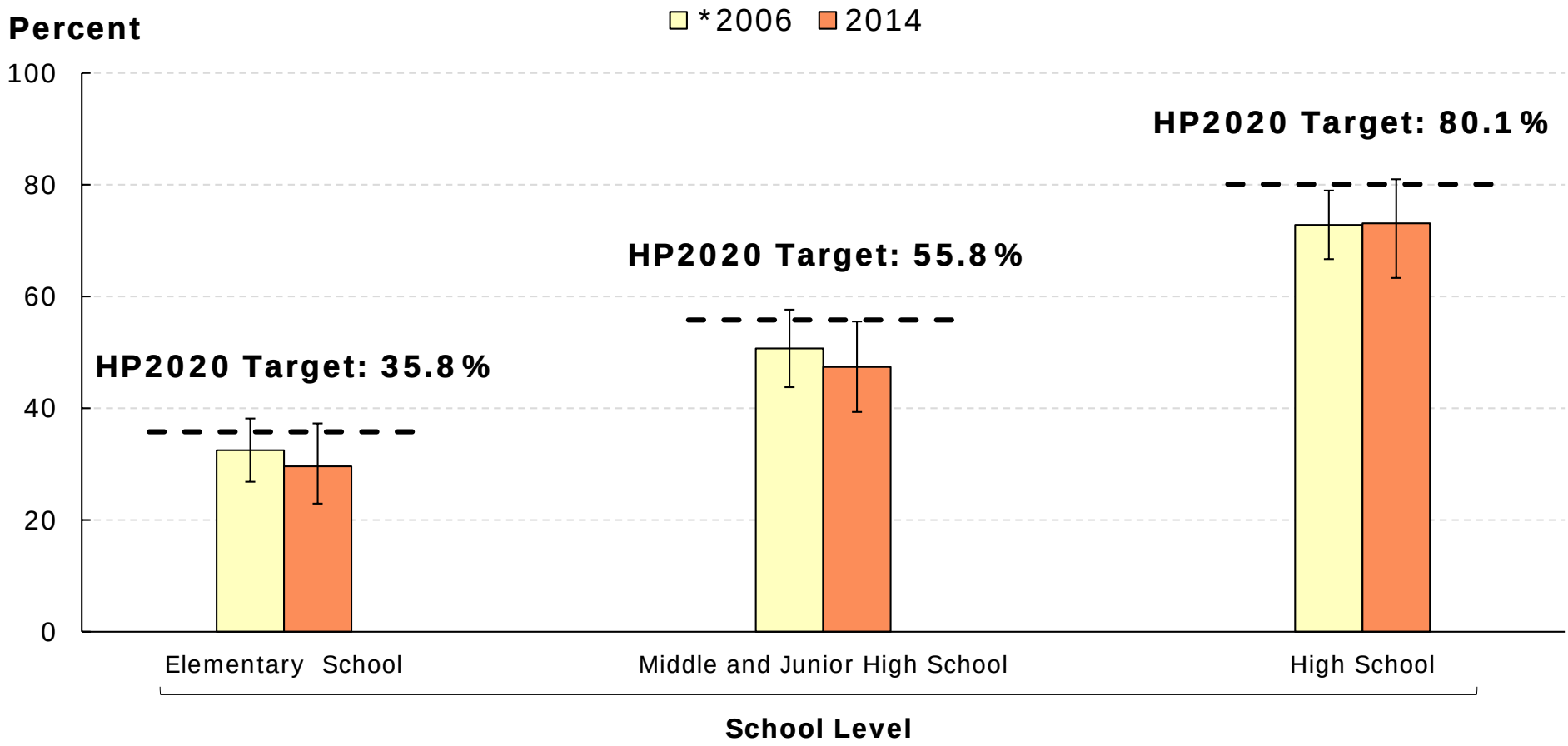


NOTES: I = 95% confidence interval. *2006 = HP2020 baseline. Data for training for newly hired staff are for schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education.

SOURCE: School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP.

Objs. EMC-4.1.1–EMC-4.1.3
Increase desired

School Health Educator Requirements: Certification for Newly Hired Staff, 2006 and 2014

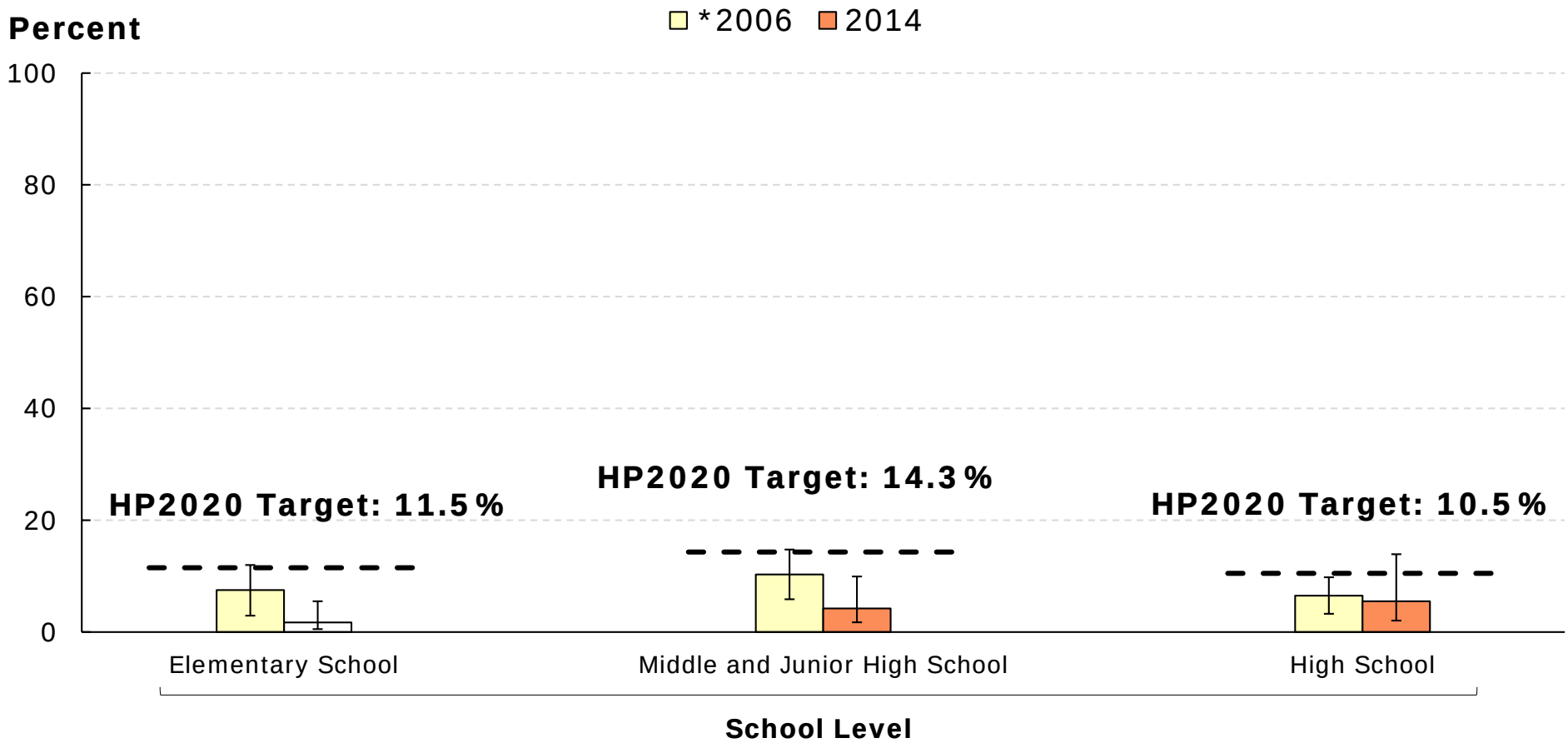


NOTES: I = 95% confidence interval. *2006 = HP2020 baseline. Data for certification for newly hired staff are for schools that require newly hired staff who teach required health education topics to have certification in health education.

SOURCE: School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP.

Objs. EMC-4.2.1–EMC-4.2.3
Increase desired

School Health Education Requirements: Cumulative Instruction Time, 2006 and 2014

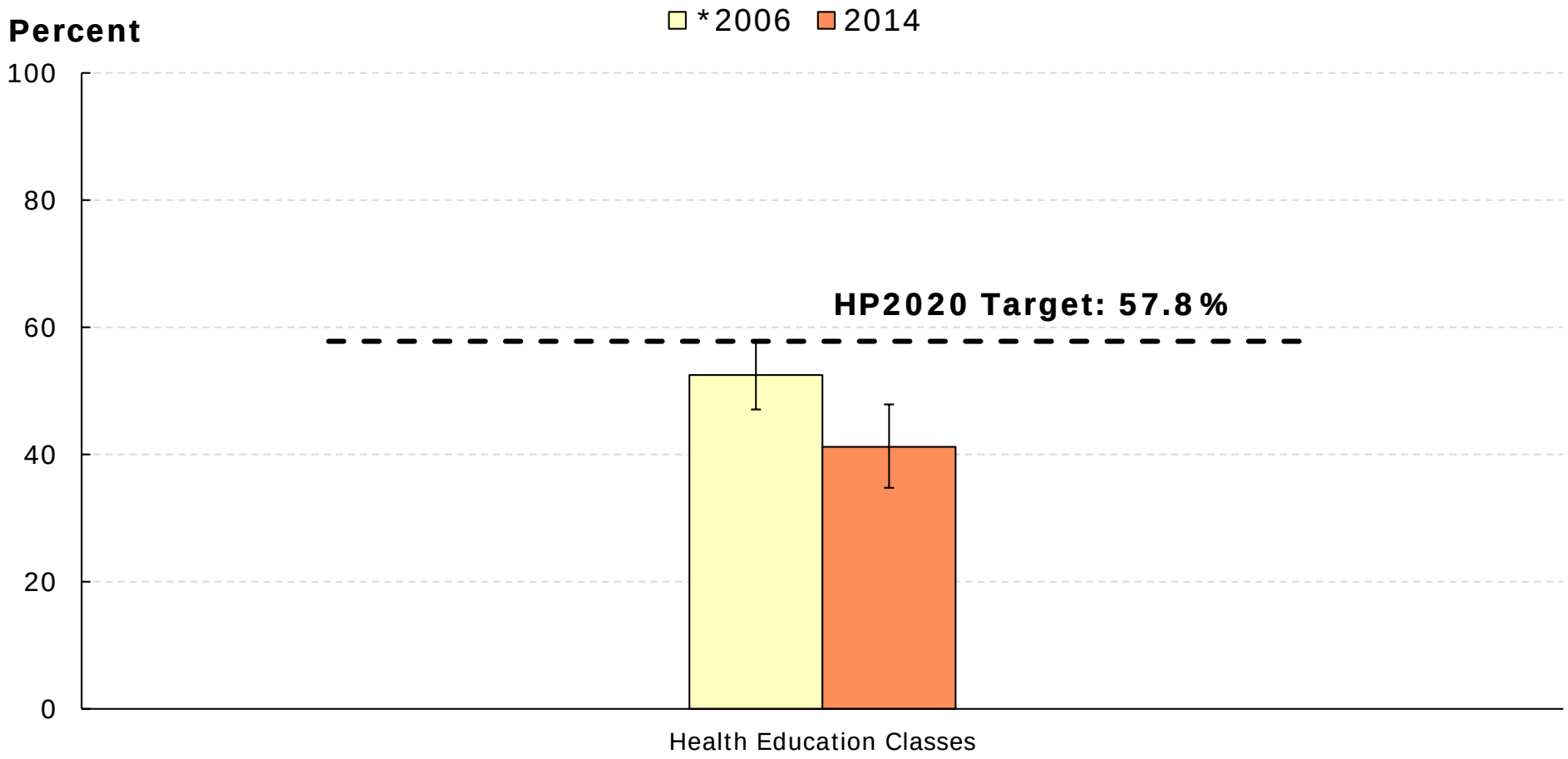


NOTES: I = 95% confidence interval. *2006 = HP2020 baseline. Data for cumulative instruction time are for schools that require cumulative instruction in health education that meet national standards for cumulative time. The US National Health Education Standards are: 360 hours for Elementary Schools, 240 hours for Middle Schools, and 320 hours for High Schools.

SOURCE: School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP.

Objs. EMC-4.3.1–EMC-4.3.3
Increase desired

School Health Educator Requirements: Professional Development for Behavior Change, 2006 and 2014



NOTES: I = 95% confidence interval. *2006 = HP2020 baseline. Data are for health education classes taught by a teacher who has had professional development related to teaching skills for behavior change in the past 2 years.

SOURCE: School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP.

Obj. EMC-4.4
Increase desired

Objective Status: Adolescent Health

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

- AH-1 Increase the proportion of adolescents who have had a wellness checkup in the past 12 months
- AH-2 Increase the proportion of adolescents who participate in extracurricular and/or out-of-school activities
- AH-3.1 Increase the proportion of adolescents who have an adult in their lives with whom they can talk
- AH-3.2 Increase the proportion of parents who attend events and activities in which their adolescents participate
- AH-4.1 Increase the proportion of adolescents in foster care who exhibit positive early indicators of readiness for transition to adulthood
- AH-5.1 Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade
- AH-5.2 Increase the proportion of students who are served under the Individuals with Disabilities Education Act who graduate high school with a diploma
- AH-5.3.1 Increase the proportion of 4th grade students whose reading skills are at or above the proficient achievement level for their grade
- AH-5.3.2 Increase the proportion of 8th grade students whose reading skills are at or above the proficient achievement level for their grade
- AH-5.3.3 Increase the proportion of 12th grade students whose reading skills are at or above the proficient achievement level for their grade

Objective Status: Adolescent Health - Continued

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

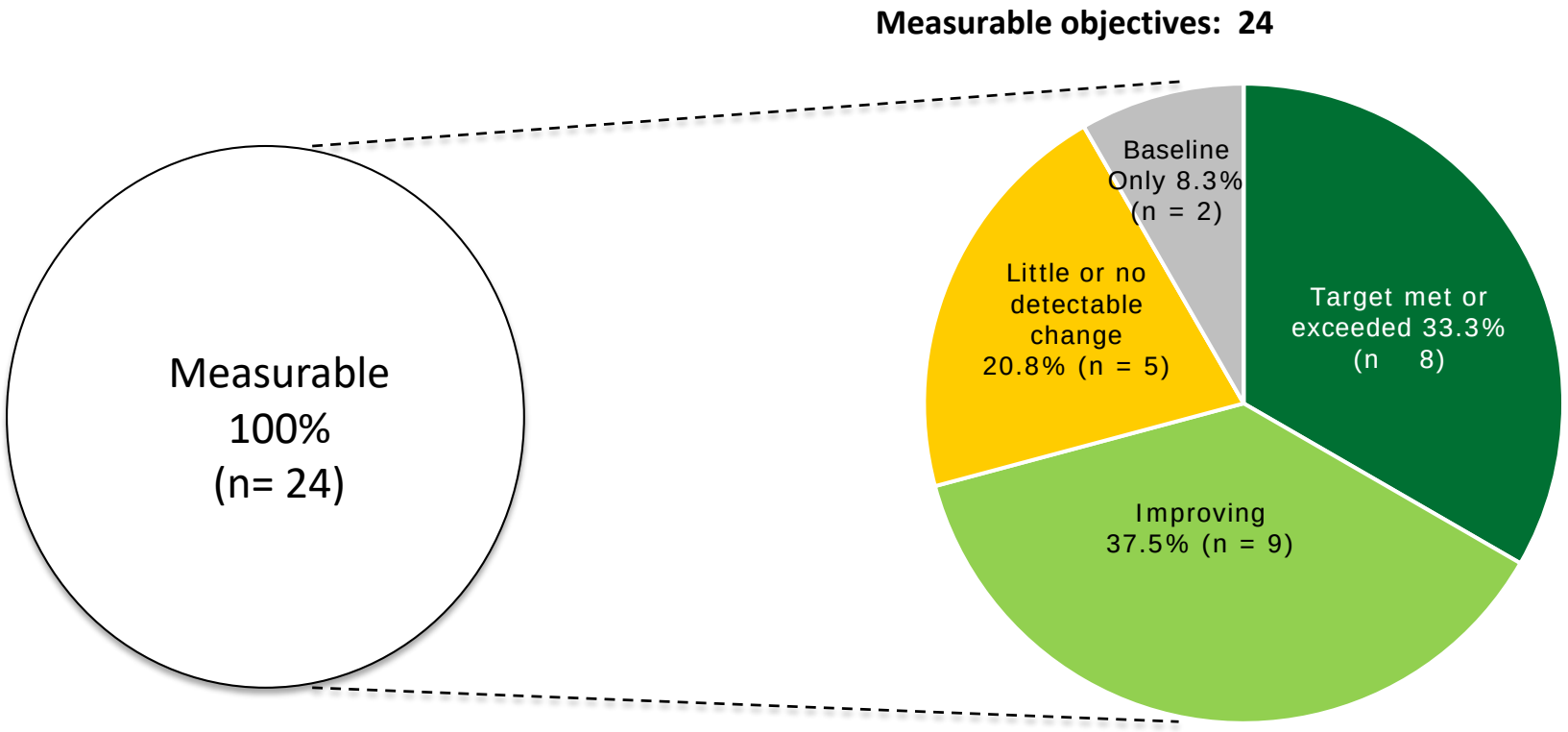
- AH-5.4.1 Increase the proportion of 4th grade students whose mathematics skills are at or above the proficient achievement level for their grade
- AH-5.4.2 Increase the proportion of 8th grade students whose mathematics skills are at or above the proficient achievement level for their grade
- AH-5.4.3 Increase the proportion of 12th grade students whose mathematics skills are at or above the proficient achievement level for their grade
- AH-5.5 Increase the proportion of adolescents who consider their school work to be meaningful and important
- AH-5.6 Decrease school absenteeism among adolescents due to illness or injury
- AH-6 Increase the proportion of schools with a school breakfast program
- AH-7 Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property
- AH-8 Increase the proportion of adolescents whose parents consider them to be safe at school
- AH-9 Increase the proportion of middle and high schools that prohibit harassment based on a student's sexual orientation or gender identity
- AH-10 Reduce the proportion of public schools with a serious violent incident

Objective Status: Adolescent Health - Continued

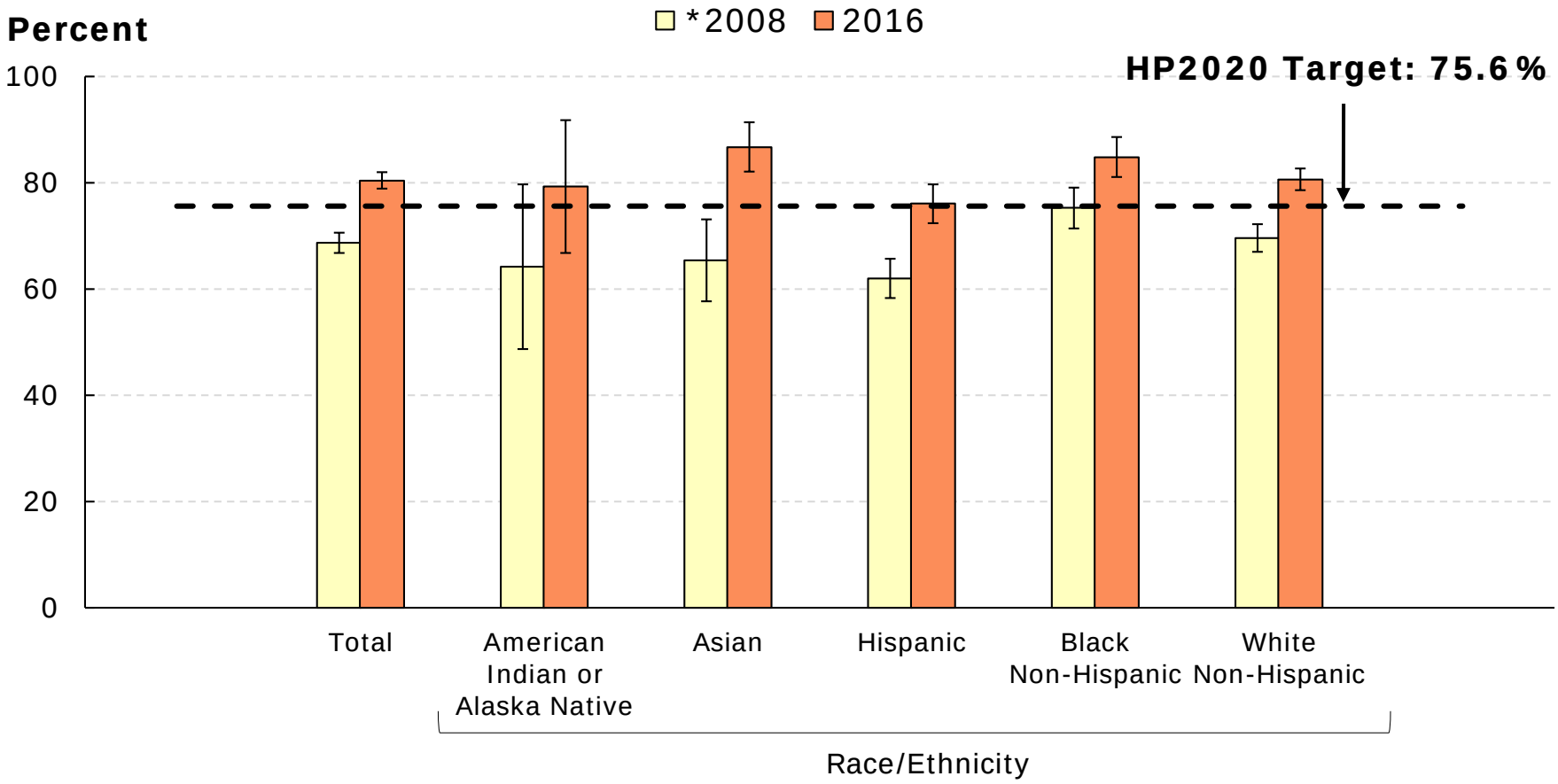
Target met | Improving | Little/No change | Getting worse | Baseline only | Developmental

- AH-11.1 Reduce the rate of minor and young adult perpetration of violent crimes
- AH-11.2 Reduce the rate of minor and young adult perpetration of serious property crimes
- AH-11.3 Decrease the proportion of secondary school students who report the presence of youth gangs at school during the school year
- AH-11.4 Reduce the rate of adolescent and young adult victimization from crimes of violence

Current HP2020 Objective Status: Adolescent Health



Adolescent Wellness Checkup, 2008 and 2016

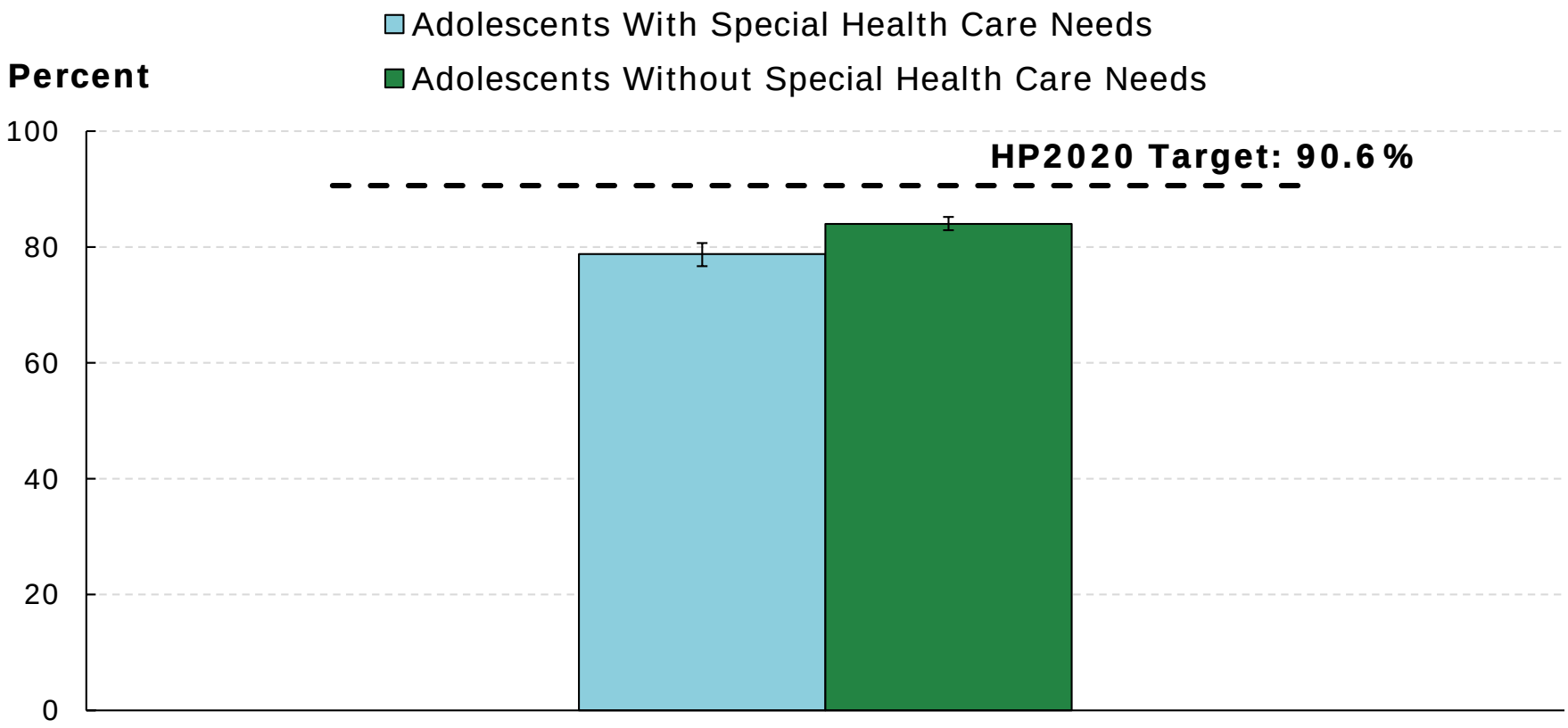


NOTES: I = 95% confidence interval. *2008 = HP2020 baseline. Data are for adolescents aged 10 to 17 years who received a wellness checkup during the past 12 months when not sick or injured. Persons of Hispanic origin may be or any race.

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

Obj. AH-1
Increase desired

Participation in Extracurricular Activities, 2011–2012



NOTES: I = 95% confidence interval. Adolescents with special health care needs are identified by parents' reports that their child has a health problem expected to last at least 12 months and which requires prescription medication, more services than most children, special therapies, or which limits their child's ability to do things most children can do. Data are for adolescents aged 12 to 17 years participating in one or more organized extracurricular and/or out-of-school activities in the past 12 months including: 1. being on a sports team or taking sports lessons after school or on weekends; 2. participating in any clubs or organizations after school or on weekends; 3. participating in any other organized events or activities.

SOURCE: National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS.

Obj. AH-2
Increase desired

Defining Achievement Levels

- **Achievement levels.** Performance standards set by the National Assessment Governing Board that provide a context for interpreting student performance on NAEP, based on recommendations from panels of educators and members of the public. The levels, basic, proficient, and advanced, measure what students should know and be able to do at each grade assessed. See each NAEP subject for a detailed description of what students should know and be able to do at each level at grade 4, 8, or 12.

Source: National Assessment of Educational Progress (NAEP), ED/NCES. https://nces.ed.gov/nationsreportcard/glossary.aspx#scale_score

Objs. AH-5.3.2 & AH-5.4.2
Increase desired

Defining Basic, Proficient and Advanced Achievement Levels

- **Basic.** Denotes partial mastery of prerequisite knowledge and skills that are fundamental for proficient work at each grade assessed.

- **Proficient:** Represents solid academic performance for each grade assessed. Students reaching this level have demonstrated competency over challenging subject matter, including subject-matter knowledge, application of such knowledge to real-world situations, and analytical skills appropriate to the subject matter.

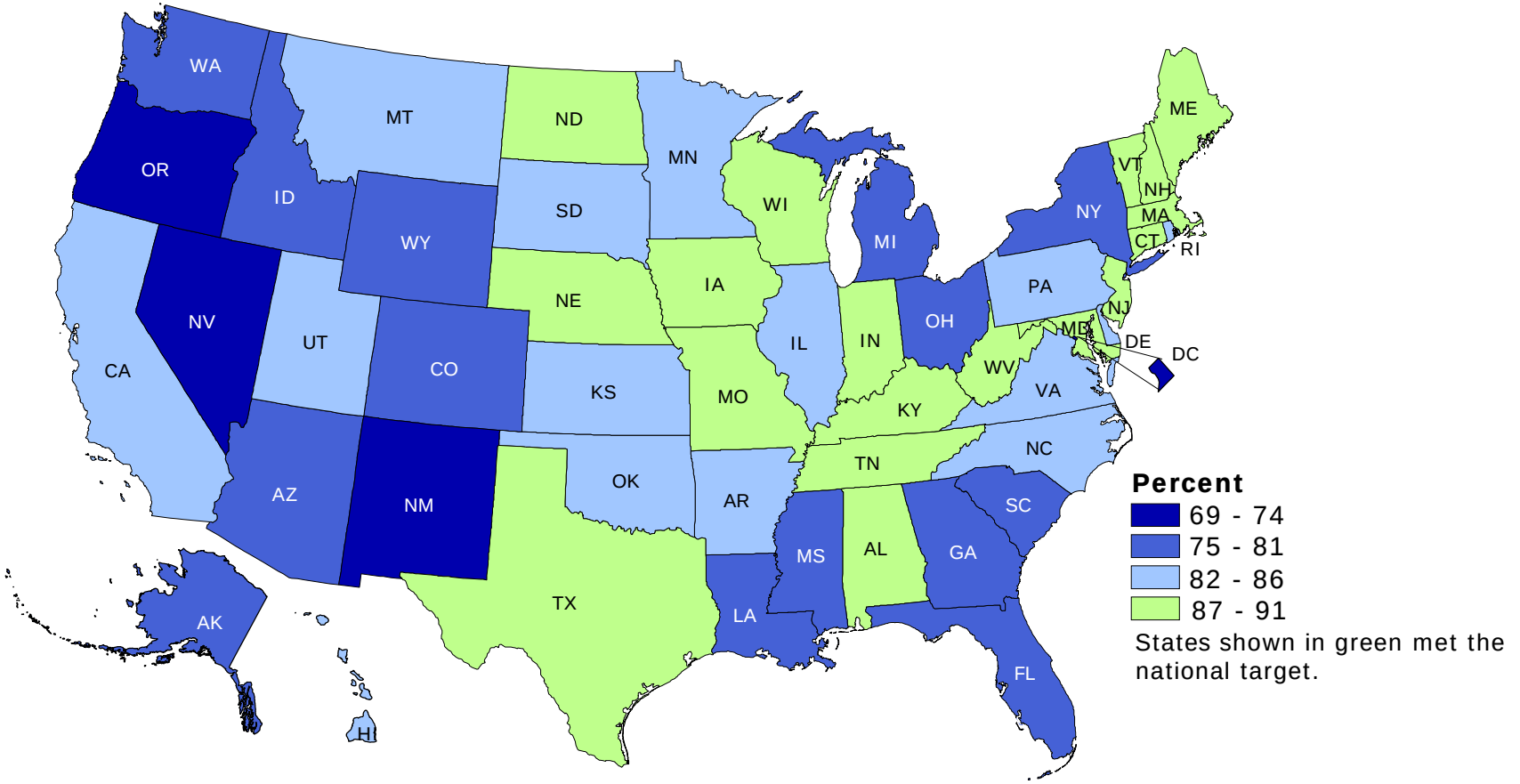
- **Advanced.** Refers to superior performance at each grade assessed.

Source: National Assessment of Educational Progress (NAEP), ED/NCES. https://nces.ed.gov/nationsreportcard/glossary.aspx#scale_score

Objs. AH-5.3.2 & AH-5.4.2
Increase desired

On-Time High School Graduation, 2014-15

Healthy People 2020 Objective AH-5.1 ● National Target = 87% ● National Rate = 83%

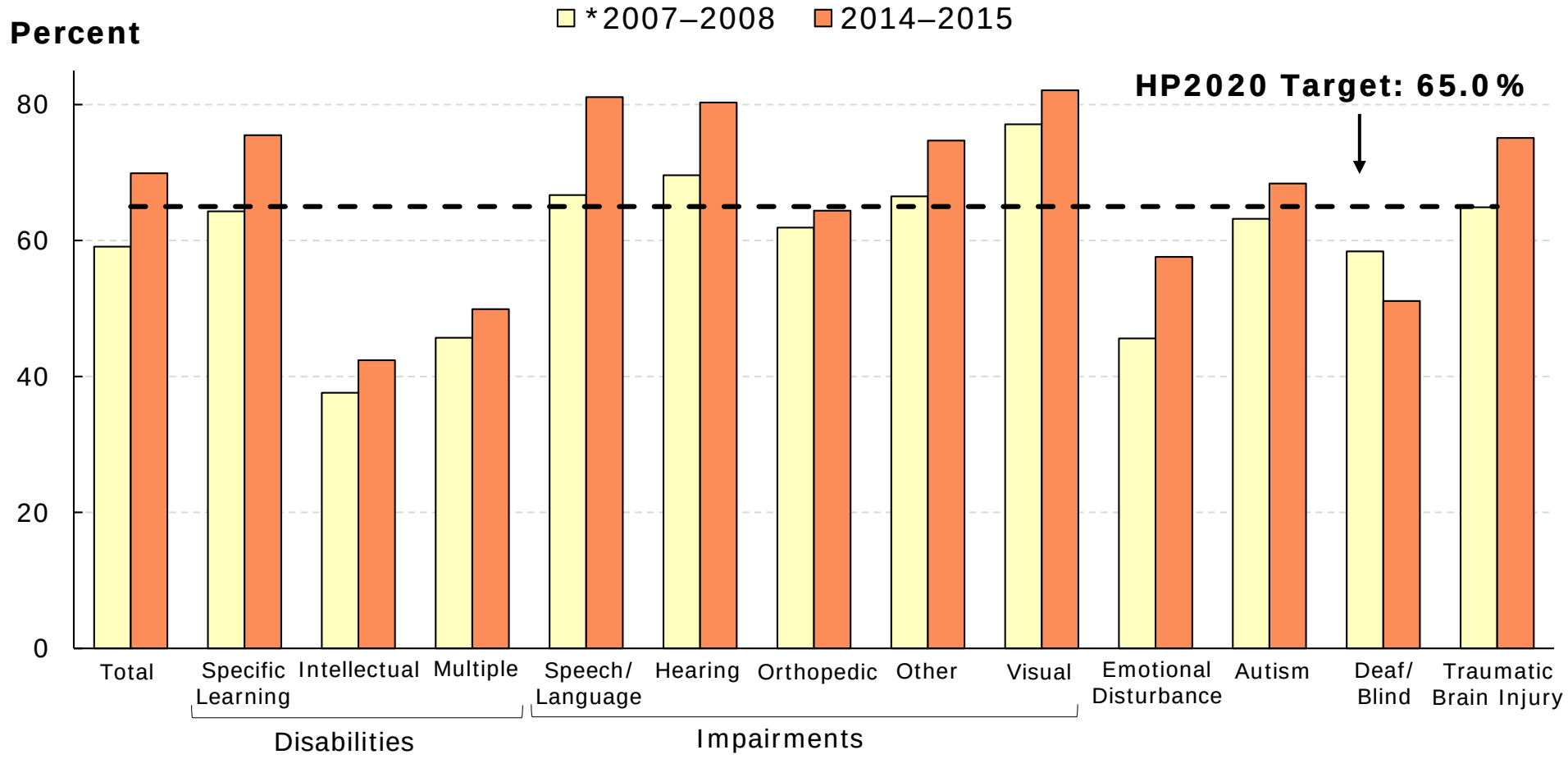


NOTES: Data are for public high school students who graduated with a regular diploma 4 years after starting 9th grade the first time and are measured using the 4-year adjusted cohort graduation rate. There are some differences in how states implemented the requirements for the ACGR, leading to the potential for differences across states in how the rates are calculated. Data are displayed by a modified Jenks classification for states. For more information see National Center for Health Statistics. Appendix A: Technical Notes. *Healthy People 2020 Midcourse Review.* Hyattsville, MD. 2016. https://www.cdc.gov/nchs/data/hpdata2020/HP2020MCR-D01-Technical-Notes.pdf

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

Obj. AH-5.1
Increase desired

High School Graduation of Students Served Under the IDEA, 2007–2008 and 2014–2015

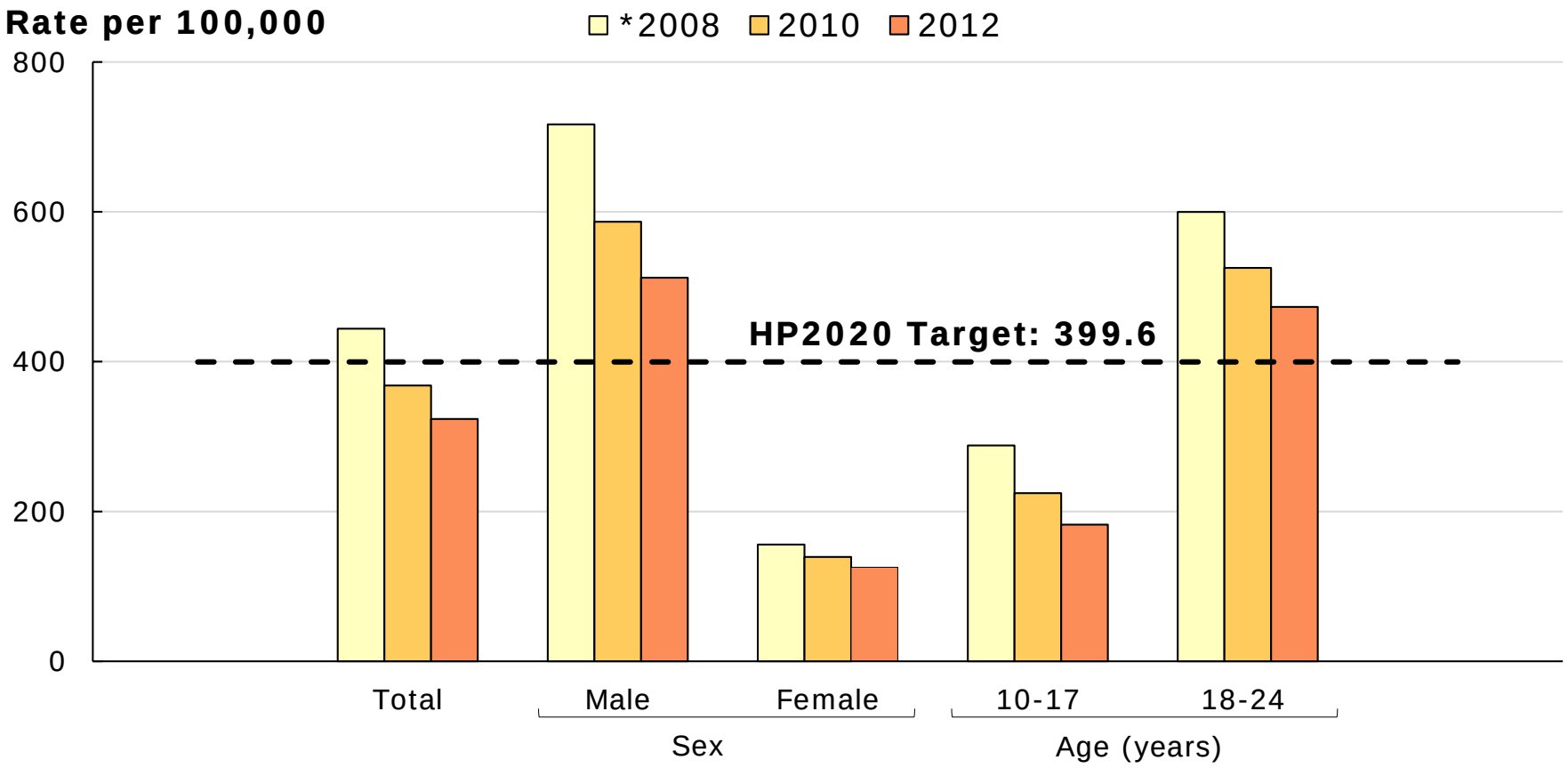


NOTES: *2007–2008 = HP2020 baseline. Data are for students aged 14 to 21 years served under the Individuals with Disabilities Education Act (IDEA), Part B, who graduated from high school with a diploma.

SOURCE: Individuals with Disabilities Education Act data (IDEA data), ED/OSERS.

Obj. AH-5.2
Increase desired

Perpetration of Violent Crimes, 2008, 2010, and 2012



NOTES: *2008 = HP2020 baseline. Data are for arrests of juveniles aged 10 to 17 years and young adults aged 18 to 24 years for crimes included in the Violent Crime Index (murder and non-negligent manslaughter, forcible rape, and aggravated assault).

SOURCE: Uniform Crime Reporting Program (UCR), DOJ/FBI.

Obj. AH-11.1
Decrease desired