

Healthy People 2020



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Healthy **People** in Healthy **Communities**

What Is *Healthy People*?

***Healthy People* is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States.**

Released by the U.S. Department of Health and Human Services each decade, *Healthy People* reflects the idea that setting objectives and providing science-based benchmarks to track and monitor progress can motivate and focus action. *Healthy People 2020* represents the fourth generation of this initiative, building on a foundation of three decades of work.

Healthy People is used as a tool for strategic management by the federal government, states, communities, and many other public- and private-sector partners. Its comprehensive set of objectives and targets is used to measure progress for health issues in specific populations, and serves as (1) a foundation for prevention and wellness activities across various sectors and within the federal government, and (2) a model for measurement at the state and local levels.

What's New in *Healthy People 2020*?

Healthy People 2020 is committed to the vision of a society in which all people live long, healthy lives. This decade, several new features will help make this vision a reality:

- Emphasizing ideas of health equity that address social determinants of health and promote health across all stages of life
- Replacing the traditional print publication with an interactive Web site as the main vehicle for dissemination
- Maintaining a Web site that allows users to tailor information to their needs and explore evidence-based resources for implementation



The **Mission, Vision,** and **Goals** of *Healthy People 2020*

Vision—A society in which all people live long, healthy lives.

Mission—*Healthy People 2020* strives to:

- Identify nationwide health improvement priorities
- Increase public awareness and understanding of the determinants of health, disease, and disability, and the opportunities for progress
- Provide measurable objectives and goals that are applicable at the national, state, and local levels
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge
- Identify critical research, evaluation, and data collection needs

Overarching Goals

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages

Foundation **Health Measures**

Healthy People 2020 includes broad, cross-cutting measures without targets that will be used to assess progress toward achieving the four overarching goals.

Overarching Goals of <i>Healthy People 2020</i>	Foundation Measures Category	Measures of Progress
Attain high quality, longer lives free of preventable disease, disability, injury, and premature death	General Health Status	<ul style="list-style-type: none"> • Life expectancy • Healthy life expectancy • Physical and mental unhealthy days • Self-assessed health status • Limitation of activity • Chronic disease prevalence • International comparisons (where available)
Achieve health equity, eliminate disparities, and improve the health of all groups	Disparities and Inequity	Disparities/inequity to be assessed by: <ul style="list-style-type: none"> • Race/ethnicity • Gender • Socioeconomic status • Disability status • Lesbian, gay, bisexual, and transgender status • Geography
Create social and physical environments that promote good health for all	Social Determinants of Health	Determinants can include: <ul style="list-style-type: none"> • Social and economic factors • Natural and built environments • Policies and programs
Promote quality of life, healthy development, and healthy behaviors across all life stages	Health-Related Quality of Life and Well-Being	<ul style="list-style-type: none"> • Well-being/satisfaction • Physical, mental, and social health-related quality of life • Participation in common activities

New to Healthy People 2020: **Leading Health Indicators**

Healthy People 2020 includes a small set of high-priority health issues that represent significant threats to the public's health. Selected from the Healthy People 2020 objectives, the 26 Leading Health Indicators (LHIs), organized under 12 topic areas, address determinants of health that promote quality of life, healthy behaviors, and healthy development across all life stages. The LHIs provide a way to assess the health of the Nation for key areas, facilitate collaboration across diverse sectors, and motivate action at the national, State, and local levels.

Leading Health Indicators

12 Topic Areas	26 Leading Health Indicators
Access to Health Services	<ul style="list-style-type: none"> • Persons with medical insurance • Persons with a usual primary care provider
Clinical Preventive Services	<ul style="list-style-type: none"> • Adults who receive a colorectal cancer screening based on the most recent guidelines • Adults with hypertension whose blood pressure is under control • Adult diabetic population with an A1c value greater than 9 percent • Children aged 19 to 35 months who receive the recommended doses of diphtheria, tetanus, and pertussis (DTaP); polio; measles, mumps, and rubella (MMR); Haemophilus influenza type b (Hib); hepatitis B; varicella; and pneumococcal conjugate (PCV) vaccines
Environmental Quality	<ul style="list-style-type: none"> • Air Quality Index (AQI) exceeding 100 • Children aged 3 to 11 years exposed to secondhand smoke
Injury and Violence	<ul style="list-style-type: none"> • Fatal injuries • Homicides
Maternal, Infant, and Child Health	<ul style="list-style-type: none"> • Infant deaths • Preterm births
Mental Health	<ul style="list-style-type: none"> • Suicides • Adolescents who experience major depressive episodes (MDEs)
Nutrition, Physical Activity, and Obesity	<ul style="list-style-type: none"> • Adults who meet current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity • Adults who are obese • Children and adolescents who are considered obese • Total vegetable intake for persons aged 2 years and older
Oral Health	<ul style="list-style-type: none"> • Persons aged 2 years and older who used the oral health care system in the past 12 months
Reproductive and Sexual Health	<ul style="list-style-type: none"> • Sexually active females aged 15–44 years who received reproductive health services in the past 12 months • Persons living with HIV who know their serostatus
Social Determinants	<ul style="list-style-type: none"> • Students who graduate with a regular diploma 4 years after starting ninth grade
Substance Abuse	<ul style="list-style-type: none"> • Adolescents using alcohol or any illicit drugs during the past 30 days • Adults engaging in binge drinking during the past 30 days
Tobacco	<ul style="list-style-type: none"> • Adults who are current cigarette smokers • Adolescents who smoked cigarettes in the past 30 days

Leading Health Indicators Framework

The Healthy People 2020 LHIs were selected and organized using a health determinants and health outcomes by life stages conceptual framework. This approach is intended to draw attention to “upstream” determinants that affect the public’s health and contribute to health disparities from infancy through old age, thereby highlighting strategic opportunities to improve health and quality of life for all Americans. Collectively, the LHIs support Healthy People 2020’s overarching goals.

- **The LHIs, Health Determinants, and Health Disparities**

Recognizing that factors related to social and physical environments, multi-sector policies, individual behaviors, health services, and biology and genetics influence the ability of individuals and communities to make progress on these indicators, the LHIs will be examined using a health determinants perspective. Addressing determinants is key to improving health disparities and overall population health.

- **The LHIs Across the Life Stages**

The LHIs will also be examined using a life stages perspective. This approach recognizes that specific disease outcomes, risk factors, and health determinants need to be addressed at various stages across the lifespan and highlights the importance of tailoring strategies to fit a particular age group.

Taking Action To Improve Everyone’s Health

The LHIs are intended to motivate action at the national, State, and local levels, as well as among individuals, families, and communities. The indicators can help us best focus our energies—at home and in our communities, worksites, businesses, or States—to live better and longer.

Visit www.healthypeople.gov to learn more about the LHIs and what action is being taken to address them.



Topic Areas

The Topic Areas of *Healthy People 2020* identify and group objectives of related content, highlighting specific issues and populations. Each Topic Area is assigned to one or more lead agencies within the federal government that is responsible for developing, tracking, monitoring, and periodically reporting on objectives.

1. Access to Health Services
2. Adolescent Health
3. Arthritis, Osteoporosis, and Chronic Back Conditions
4. Blood Disorders and Blood Safety
5. Cancer
6. Chronic Kidney Disease
7. Dementias, Including Alzheimer's Disease
8. Diabetes
9. Disability and Health
10. Early and Middle Childhood
11. Educational and Community-Based Programs
12. Environmental Health
13. Family Planning
14. Food Safety
15. Genomics
16. Global Health
17. Healthcare-Associated Infections
18. Health Communication and Health Information Technology
19. Health-Related Quality of Life and Well-Being
20. Hearing and Other Sensory or Communication Disorders
21. Heart Disease and Stroke
22. HIV
23. Immunization and Infectious Diseases
24. Injury and Violence Prevention
25. Lesbian, Gay, Bisexual, and Transgender Health
26. Maternal, Infant, and Child Health
27. Medical Product Safety
28. Mental Health and Mental Disorders
29. Nutrition and Weight Status
30. Occupational Safety and Health
31. Older Adults
32. Oral Health
33. Physical Activity
34. Preparedness
35. Public Health Infrastructure
36. Respiratory Diseases
37. Sexually Transmitted Diseases
38. Sleep Health
39. Social Determinants of Health
40. Substance Abuse
41. Tobacco Use
42. Vision



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Office of Disease Prevention and Health Promotion
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November 2010
www.healthypeople.gov





Food Safety

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Goal

Reduce foodborne illnesses in the United States by improving food safety-related behaviors and practices.

Overview

Foodborne illnesses are a burden on public health and contribute significantly to the cost of health care. Each year foodborne illnesses sicken 48 million Americans (approximately 17% of people in the United States) and lead to 128,000 hospitalizations and 3,000 deaths.¹ A small percentage of these illnesses are the result of identified foodborne outbreaks, which happen when two or more cases of similar illnesses result from eating the same food.² Investigations of foodborne outbreaks, along with analyses of data on the germs that make us sick and behaviors that contribute to food contamination, help us identify where we can make improvements in the country's food safety system.³ This system spans from growing the food on the farm through processing, packing, distribution, transportation, and storage, to preparing it to be eaten.

Why Is Food Safety Important?

Foodborne illnesses are a preventable and underreported public health problem. These illnesses are a burden on public health and contribute significantly to the cost of health care. They also present a major challenge to certain groups of people. Although anyone can get a foodborne illness, some people are at greater risk. For example:

- Children younger than age 4 have the highest incidence of laboratory-confirmed infections from some foodborne pathogens, including *Campylobacter*, *Cryptosporidium*, *Salmonella*, *Shiga toxin-producing Escherichia coli* O157, *Shigella*, and *Yersinia*.⁴
- People older than age 50 and those with reduced immunity are at greater risk for hospitalizations and death from intestinal pathogens commonly transmitted through foods.⁴

Safer food promises healthier and longer lives and less costly health care, as well as a more resilient food industry.

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Understanding Food Safety

Physical Determinants of Food Safety

Food hazards, including germs and chemical contaminants, can enter the food supply at any point from farm to table. Most of these hazards cannot be detected in food when it is purchased or consumed. In addition, a food itself can cause severe adverse reactions in people who are allergic to it. In the United States, food allergies are a significant concern, both among children under age 18 and some adults.^{5,6}

Social and Behavioral Determinants of Food Safety



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Midcourse Review Data
Are In!

[Check out our interactive infographic](#) to see progress toward the Food Safety objectives and other Healthy People topic areas.

Related Topic Areas

[Environmental Health](#)

It is important for people to understand how their behavior and activities contribute to the safety of food and how they can decrease the risk of foodborne illness. From processes on the farm to practices in the kitchen, human activities play an important role in food safety. We face many challenges in keeping our food safe.

The food industry is challenged by:


- Large employee populations with high rates of turnover, communication challenges, and cultural differences in how food is prepared
- Non-uniform systems for training and certifying workers
- Lack of sick leave policies for sick workers
- Difficulties in tracing food items to their sources
- Changes in production practices
- Increasing imports

Consumers are challenged by:

- Determining when certain foods are cooked to appropriate temperatures
- Separating more risky foods from less risky foods
- Storing food at safe temperatures
- Properly cleaning hands and surfaces

Foodborne illness surveillance and consumer complaints alert public health and regulatory agencies that a hazardous product is in commerce and should be recalled. The investigation of foodborne illnesses focuses agencies and the food industry on identifying problems, initiating control activities, and improving practices. Prevention activities and collaborative efforts by the food industry, regulatory and public health agencies, and consumers are needed to reduce foodborne illness in the United States.

References

¹Scallan E, Hoekstra RM, Angulo FJ, Tauxe RV, Widdowson M-A, Roy SL, et al. Foodborne illness acquired in the United States—major pathogens. *Emerg Infect Dis* [serial on the Internet]. 2011 Jan.2011 Jan [cited October 29, 2015]. <http://dx.doi.org/10.3201/eid1701.P11101> 

²Centers for Disease Control and Prevention, Appendix B, Guidelines for confirmation of foodborne-disease outbreaks, *MMWR CDC Surveill Summ* 2000 Mar 17, 49(SS-01); 54-62. <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss4901a3.htm>

³Council to Improve Foodborne Outbreak Response (CIFOR) Guidelines for Foodborne Disease Outbreak Response, 2nd ed. 2014. <http://www.cifor.us/toolkit.cfm> 

⁴Centers for Disease Control and Prevention. Preliminary FoodNet data on the incidence of infection with pathogens transmitted commonly through food—10 states, 2009. *MMWR*. 2010;59(14):418-22. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5914a2.htm>

⁵Branum AM, Lukacs SL. Food allergy among U.S. children: Trends in prevalence and hospitalizations. Hyattsville, MD: National Center for Health Statistics; 2008 Oct. 8 p. (DHHS publication; no. (PHS) 2009–1209); (NCHS Data Brief; no. 10).

⁶Verrill, L., R. Bruns, and S. Luccioli. Prevalence of self-reported food allergy in US adults: 2001, 2006, and 2010, *Allergy Asthma Proc* 36:1-10, 2015, doi: 10.2500/ aap.2015.36.3895

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FS-1 Reduce infections caused by key pathogens transmitted commonly through food

- FS-1.1 Reduce infections caused by *Campylobacter* species transmitted commonly through food +
- FS-1.2 Reduce infections caused by Shiga toxin-producing *Escherichia coli* (STEC) O157 transmitted commonly through food +
- FS-1.3 Reduce infections caused by *Listeria monocytogenes* transmitted commonly through food +
- FS-1.4 Reduce infections caused by *Salmonella* species transmitted commonly through food +
- FS-1.5 Reduce postdiarrheal hemolytic uremic syndrome (HUS) in children under 5 years of age +
- FS-1.6 Reduce infections caused by *Vibrio* species transmitted commonly through food +
- FS-1.7 Reduce infections caused by *Yersinia* species transmitted commonly through food +

FS-2 Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter*, *Listeria*, or *Salmonella* species associated with food commodity groups

- FS-2.1 Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter*, *Listeria*, or *Salmonella* species associated with beef +
- FS-2.2 Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter*, *Listeria*, or *Salmonella* species associated with dairy +
- FS-2.3 Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter*, *Listeria*, or *Salmonella* species associated with fruits and nuts +
- FS-2.4 Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter*, *Listeria*, or *Salmonella* species associated with leafy vegetables Revised +

FS-2.5

Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter*, *Listeria*, or *Salmonella* species associated with poultry

+

FS-3 Prevent an increase in the proportion of nontyphoidal *Salmonella* and *Campylobacter jejuni* isolates from humans that are resistant to antimicrobial drugs.

- FS-3.1** Prevent an increase in the proportion of nontyphoidal *Salmonella* isolates from humans that show reduced susceptibility to ciprofloxacin (fluoroquinolone) Revised +
- FS-3.2** Prevent an increase in the proportion of nontyphoidal *Salmonella* isolates from humans that are resistant to ceftriaxone (third-generation cephalosporin) Revised +
- FS-3.3** Prevent an increase in the proportion of nontyphoidal *Salmonella* isolates from humans that are resistant to gentamicin Revised +
- FS-3.4** Prevent an increase in the proportion of nontyphoidal *Salmonella* isolates from humans that are resistant to ampicillin Revised +
- FS-3.5** Prevent an increase in the proportion of nontyphoidal *Salmonella* isolates from humans that are resistant to three or more classes of antimicrobial agents Revised +
- FS-3.6** Prevent an increase in the proportion of *Campylobacter jejuni* isolates from humans that are resistant to erythromycin Revised +

FS-4 Reduce severe allergic reactions to food among adults with a food allergy diagnosis +

FS-5 Increase the proportion of consumers who follow key food safety practices

- FS-5.1** Increase the proportion of consumers who follow the key food safety practice of "Clean: wash hands and surfaces often." Revised +
- FS-5.2** Increase the proportion of consumers who follow the key food safety practice of "Separate: don't cross-contaminate." +
- FS-5.3** Increase the proportion of consumers who follow the key food safety practice of "Cook: cook to proper temperatures." +
- FS-5.4** Increase the proportion of consumers who follow the key food safety practice of "Chill: refrigerate promptly." +

FS-6 Increase the proportion of fast-food and full service restaurants that follow food safety practices that prevent foodborne illness outbreaks

- FS-6.1** Increase the proportion of fast-food restaurants where employees practice proper handwashing Revised +
- FS-6.2** Increase the proportion of fast-food restaurants where food employees do not contact ready-to-eat (RTE) foods with bare hands Revised +
- FS-6.3** Increase the proportion of fast-food restaurants where food contact surfaces are properly cleaned and sanitized Revised +
- FS-6.4** Increase the proportion of fast-food restaurants where foods requiring refrigeration are held at the proper temperature Revised +
- FS-6.5** Increase the proportion of fast-food restaurants where foods displayed or stored hot are held at the proper temperature Revised +
- FS-6.6** Increase the proportion of full-service restaurants where employees practice proper handwashing Revised +
- FS-6.7** Revised

Increase the proportion of full-service restaurants where food employees do not contact RTE foods with bare hands +

FS-6.8 Increase the proportion of full-service restaurants where food contact surfaces are properly cleaned and sanitized Revised +

FS-6.9 Increase the proportion of full-service restaurants where foods requiring refrigeration are held at the proper temperature Revised +

FS-6.10 Increase the proportion of full-service restaurants where foods displayed or stored hot are held at the proper temperature Revised +

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Find evidence-based information and recommendations related to Food Safety.

Strength of Evidence	Topic Area	Publication Date	Resource Type
4 out of 4	Food Safety Diagnosis and Management of Foodborne Illnesses: A Primer for Physicians and Other Health Care Professionals American Medical Association, American Nurses Association-American Nurses Foundation, Centers for Disease Control and Prevention, Center for Food Safety and Applied Nutrition/Food and Drug Administration, Food Safety and Inspection Service/US Department of Agriculture	2004	Systematic Review , Expert Opinion , Other
3 out of 4	Food Safety FDA CFSAN Education Resource Library: Foodborne Illnesses – What You Need to Know Food and Drug Administration	2013	Non-Systematic Review , Randomized Controlled Trial , Cross-Sectional or Prevalence Study , Expert Opinion , Field-Based Summary or Case Study , Experimental Study , Other
3 out of 4	Food Safety FDA CFSAN Education Resource Library: Refrigerator and Freezer Storage Chart Food and Drug Administration	2013	Non-Systematic Review , Randomized Controlled Trial , Cross-Sectional or Prevalence Study , Expert Opinion , Field-Based Summary or Case Study , Experimental Study , Other
3 out of 4	Food Safety FDA CFSAN Education Resource Library: Safe Cooking Temperatures Chart Food and Drug Administration	2013	Non-Systematic Review , Randomized Controlled Trial , Cross-Sectional or Prevalence Study , Expert Opinion , Field-Based Summary or Case Study , Experimental Study , Other
3 out of 4	Food Safety FDA CFSAN Education Resource Library: Safe Food Handling: What You Need to Know Food and Drug Administration	2013	Non-Systematic Review , Randomized Controlled Trial , Cross-Sectional or Prevalence Study , Expert Opinion , Field-Based Summary or Case Study , Experimental Study , Other
3 out of 4	Food Safety	2013	

Strength of Evidence	Topic Area	Publication Date	Resource Type
3 out of 4	<p><u>FDA CFSAN Education Resource Library: Special Handling for Ready-to-Eat, Refrigerated Foods</u></p> <p>Food and Drug Administration</p> <p>Food Safety</p>		<p><u>Non-Systematic Review, Randomized Controlled Trial, Cross-Sectional or Prevalence Study, Expert Opinion, Field-Based Summary or Case Study, Experimental Study, Other</u></p>
3 out of 4	<p><u>FDA Food Code</u></p> <p>Food and Drug Administration</p> <p>Food Safety</p>	2013	<p><u>Non-Systematic Review</u></p>
3 out of 4	<p><u>FDA CFSAN Education Resource Library: Refrigerator Thermometers</u></p> <p>Food and Drug Administration</p> <p>Food Safety</p>	2011	<p><u>Non-Systematic Review, Randomized Controlled Trial, Cross-Sectional or Prevalence Study, Expert Opinion, Field-Based Summary or Case Study, Experimental Study, Other</u></p>
3 out of 4	<p><u>Foodborne Illness Acquired in the United States – Major Pathogens</u></p> <p>Centers for Disease Control and Prevention</p> <p>Food Safety</p>	2011	<p><u>Non-Systematic Review, Cross-Sectional or Prevalence Study, Expert Opinion, Experimental Study, Other</u></p>
3 out of 4	<p><u>FDA CFSAN Education Resource Library: Food Allergies: What You Need to Know</u></p> <p>Food and Drug Administration</p> <p>Food Safety</p>	2010	<p><u>Non-Systematic Review, Randomized Controlled Trial, Cross-Sectional or Prevalence Study, Expert Opinion, Field-Based Summary or Case Study, Experimental Study, Other</u></p>
3 out of 4	<p><u>National Institute of Allergy and Infectious Diseases: Guidelines for the Diagnosis and Management of Food Allergy in the United States</u></p> <p>National Institutes of Health, National Institute of Allergy and Infectious Disease</p> <p>Food Safety</p>	2010	<p><u>Randomized Controlled Trial, Cohort Study, Case-Control Study, Experimental Study, Other</u></p>
3 out of 4	<p><u>FDA CFSAN Education Resource Library: What You Should Know About Government Response to Foodborne Illness Outbreaks</u></p> <p>Food and Drug Administration</p> <p>Food Safety</p>	2009	<p><u>Non-Systematic Review, Randomized Controlled Trial, Cross-Sectional or Prevalence Study, Expert Opinion, Field-Based Summary or Case Study, Experimental Study, Other</u></p>
3 out of 4	<p><u>The Council to Improve Foodborne Outbreak Response Guidelines for Foodborne Disease Outbreak Response</u></p> <p>CIFOR</p> <p>Food Safety</p>	2009	<p><u>Expert Opinion, Field-Based Summary or Case Study, Experimental Study, Other</u></p>
3 out of 4	<p><u>Conference for Food Protection: Conference-Developed Guides and Documents</u></p> <p>Conference for Food Protection</p> <p>Food Safety</p>	2000	<p><u>Non-Systematic Review, Expert Opinion, Other</u></p>
3 out of 4	<p>Food Safety</p>	2000	<p><u>Non-Systematic Review, Randomized Controlled</u></p>

Strength of Evidence	Topic Area	Publication Date	Resource Type
	FDA CFSAN Education Resource Library: To Your Health! Food Safety for Seniors Food and Drug Administration		Trial, Cross-Sectional or Prevalence Study, Expert Opinion, Field-Based Summary or Case Study, Experimental Study, Other

The Healthy People 2020 evidence-based resources identified have been selected by subject matter experts at the U.S. Department of Health and Human Resources. Each of the selected evidence-based resources has been rated and classified according to a set of [selection criteria](#) based, in part, on publication status, publication type, and number of studies. This classification scheme does not necessarily consider all dimensions of quality, such as statistical significance, effect size (e.g., magnitude of effect), meaningfulness of effect, additional effect over control, and study design (e.g., sample size, power, internal validity, external validity, generalizability, potential biases, potential confounders).

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Consumer Information

The following consumer resources are from healthfinder.gov.

[Protect Your Family from Food Poisoning](#)

Get tips on buying, storing, and preparing food safely.

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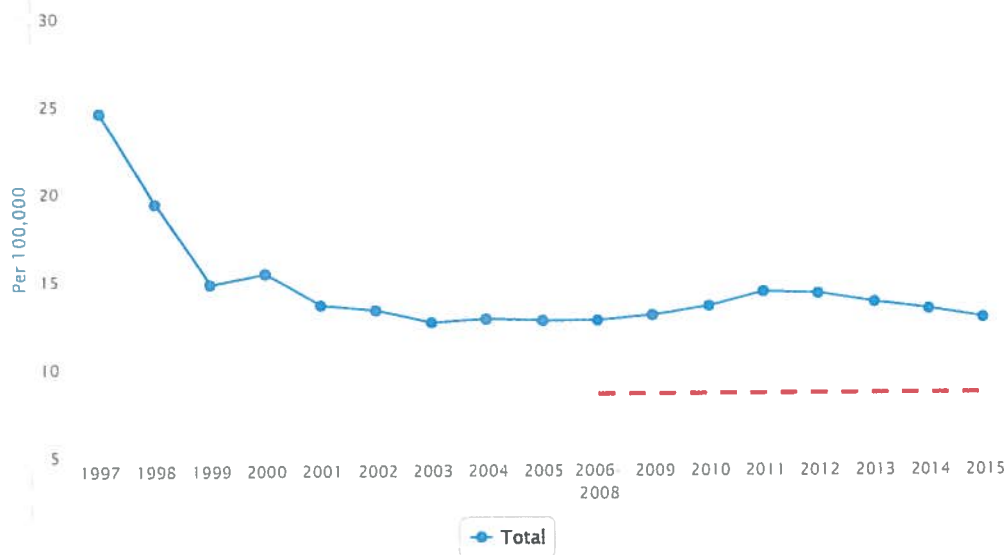
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FS-1.1 *Campylobacter* species infections transmitted commonly through food (per 100,000 population)

2020 Target = 8.5 ↓ **Decrease desired**



At baseline, 12.7 cases on average of laboratory-confirmed *Campylobacter* species infections per 100,000 population per year were reported in 2006–08. The target is 8.5 cases, based on a target-setting method of Projection/trend analysis.

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

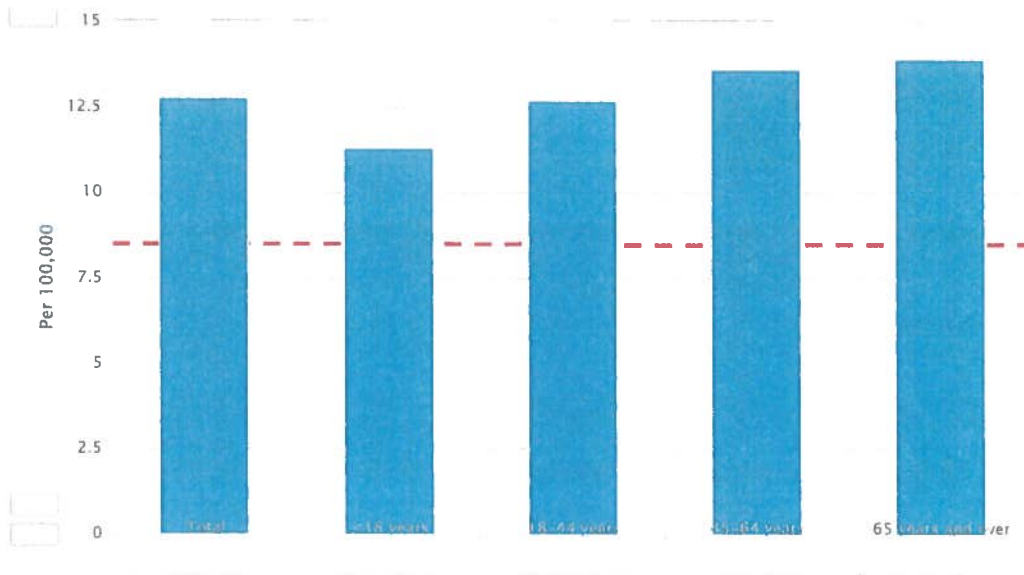
Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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FS-1.1 *Campylobacter* species infections transmitted commonly through food (per 100,000 population) By Age group

Year: 2015

2020 Target = 8.5 ↓ **Decrease desired**



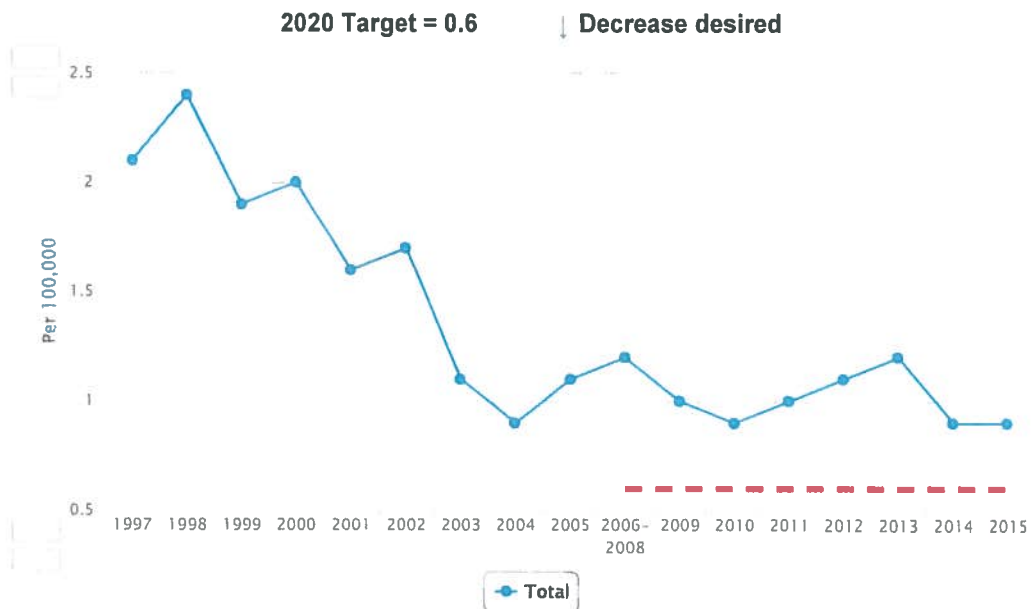
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Data Source: Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID

Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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FS-1.2 *Escherichia coli* O157:H7 infections commonly transmitted through food (per 100,000 population)



At baseline, 1.2 cases on average of laboratory-confirmed Shiga toxin-producing *Escherichia coli* (STEC) O157 infections per 100,000 population per year were reported in 2006–08. The target is 0.6 cases, based on a target-setting method of Projection/trend analysis.

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

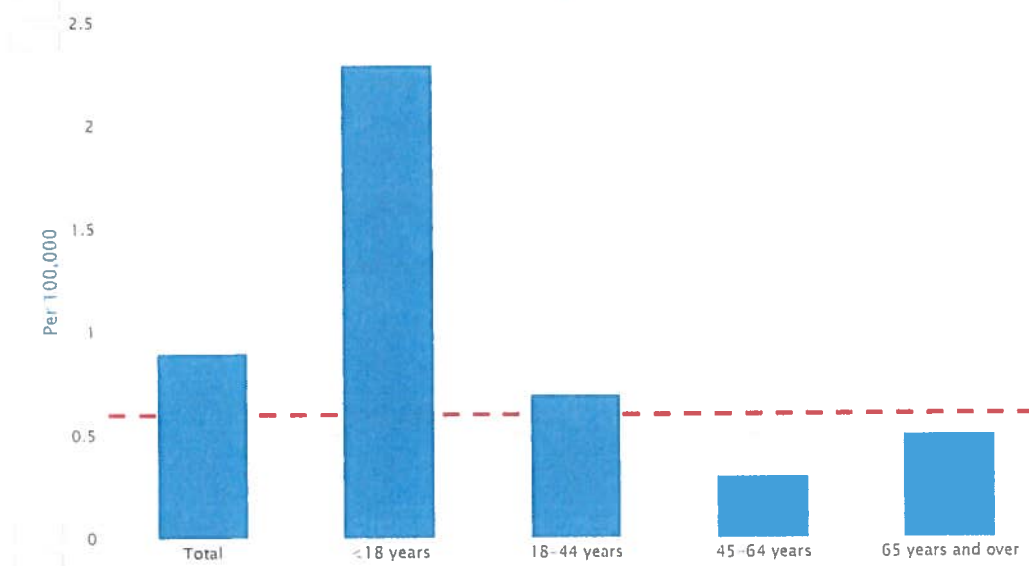
Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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**FS-1.2 *Escherichia coli* O157:H7 infections commonly transmitted through food (per 100,000 population)
By Age group**

Year: 2015

2020 Target = 0.6 ↓ Decrease desired



At baseline, 1.2 cases on average of laboratory-confirmed Shiga toxin-producing *Escherichia coli* (STEC) O157 infections per 100,000 population per year were reported in 2006–08. The target is 0.6 cases, based on a target-setting method of Projection/trend analysis.

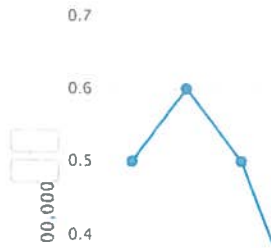
Data Source: Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID

Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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FS-1.3 *Listeria monocytogenes* infections commonly transmitted through food (per 100,000 population)

2020 Target = 0.2 ↓ Decrease desired



At baseline, 0.3 cases on average of laboratory-confirmed *Listeria monocytogenes* infections per 100,000 population per year were reported in 2006–08. The target is 0.2 cases, based on a target-setting method of Projection/trend analysis.

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

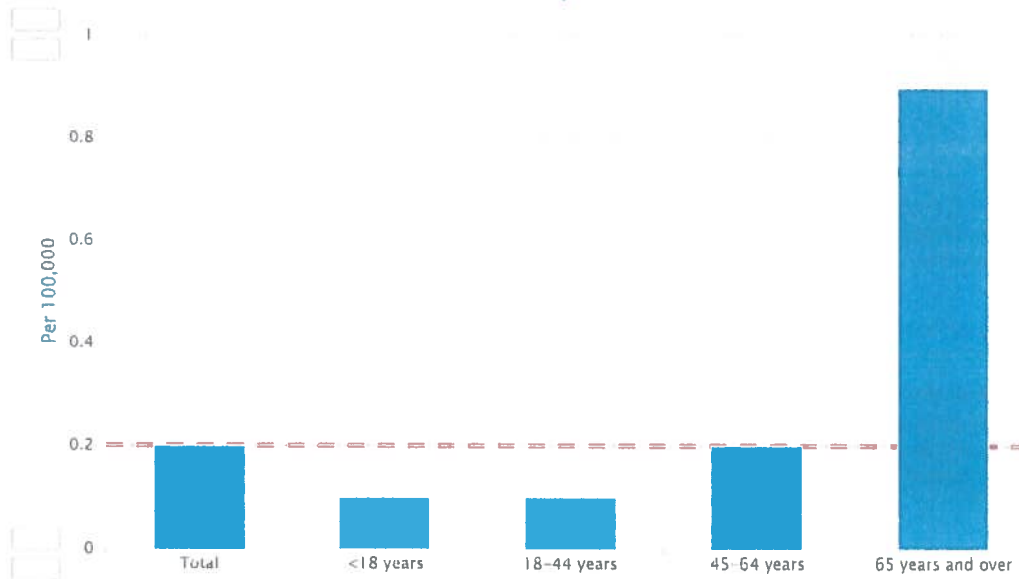
Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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**FS-1.3 *Listeria monocytogenes* infections commonly transmitted through food (per 100,000 population)
By Age group**

Year: 2015

2020 Target = 0.2 ↓ **Decrease desired**



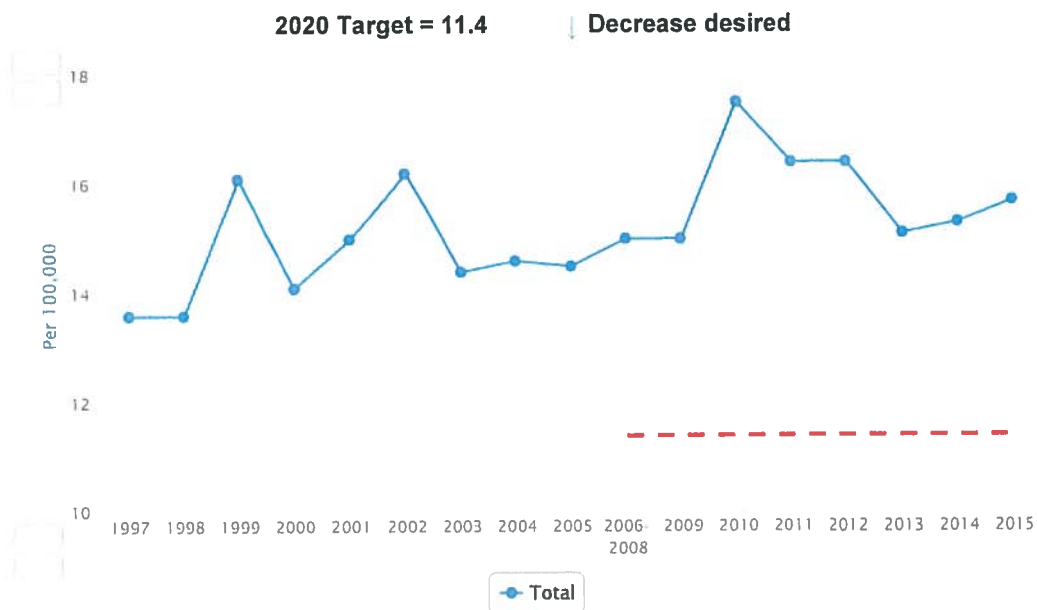
At baseline, 0.3 cases on average of laboratory-confirmed *Listeria monocytogenes* infections per 100,000 population per year were reported in 2006–08. The target is 0.2 cases, based on a target-setting method of Projection/trend analysis.

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

Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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FS-1.4 *Salmonella* species infections commonly transmitted through food (per 100,000 population)



At baseline, 15.0 cases on average of laboratory-confirmed *Salmonella* species infections per 100,000 population per year were reported in 2006–08. The target is 11.4 cases, based on a target-setting method of Projection/trend analysis.

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

Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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FS-1.4 *Salmonella* species infections commonly transmitted through food (per 100,000 population)
By Age group

Year: 2015

2020 Target = 11.4 ↓ **Decrease desired**

Total <18 years 18-44 years 45-64 years 65 years and over

At baseline, 15.0 cases on average of laboratory-confirmed *Salmonella* species infections per 100,000 population per year were reported in 2006–08. The target is 11.4 cases, based on a target-setting method of Projection/trend analysis.

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

Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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